The lowdown on going down

Research still indicates that oral sex is low risk

by Rob Gair

The extent to which HIV is transmitted through unprotected oral sex is a matter of debate. On February 20, 2003, the BC Centre for Disease Control published a full-page warning in Xtra West about the risks of getting syphilis from oral sex. No one appears to dispute that syphilis and gonorrhea can be transmitted through oral sex, but a statement at the bottom of the page warning that "blow jobs can transmit HIV" generated some controversy. Some say the warning promotes awareness and discussion about the risk of HIV transmission via oral sex. Others are concerned it may cause unnecessary fear because it does not put the issue into context. Men who have sex with men (MSM) commonly engage in unprotected oral sex. As long as ejaculation does not occur in the mouth, the risk is generally perceived to be so low as to be negligible. The research examining this issue is a confusing mixture of epidemiological studies and case reports, all with varying methodologies, many with low numbers of study subjects.

Options Project, San Francisco

At an opportunistic infections conference in early 2000, a group of researchers presented preliminary data from a San Francisco study showing that eight of 102 recently seroconverted men (7.8%) were classified as cases of "oral sex transmission." These findings might be alarming if interpreted at face value, and certainly they caught the attention of the mainstream media and other researchers. However, often overlooked is that only one of the eight men was classified as a "probable" case because a partner corroborated his report of exclusive oral sex. The remaining seven were classified as "possible" cases. One reported only oral sex, and four reported only protected anal intercourse, but no partner corroboration was available. Two reported only unprotected anal sex with a documented HIV-negative partner. It's noteworthy that one of the men subsequently reported a single risk encounter that eliminated him from the oral risk category. This example demonstrates that oral sex transmission can be easily overestimated because other risk factors often are not initially revealed and standards for investigating cases of reported oral transmission are lacking. The authors concluded that "unprotected oral sex is lower risk than anal or vaginal sex, but still has a risk of HIV transmission."

Vanguard Project, Vancouver

In contrast, Vancouver researchers found no cases of HIV transmission attributable to oral sex. The Vanguard Project is a long-term study looking at sexual behaviours and their association with HIV seroconversion in a group of HIV-negative gay and bisexual men aged 18–30. The study started in May 1995 and participants were followed with an annual HIV test and questionnaire. By March 2000, over 850 men had entered the study and some had been followed for nearly five years, although it is not clear how many had been followed for how long. Of the 850 participants, 790 remained HIV-negative. Those who became HIV-positive reported only known high-risk behaviours such as unprotected anal sex or needle-sharing. None reported oral sex as a cause for their infection. Furthermore, approximately 90% of those who remained HIV-nega-

tive reported having engaged in receptive oral sex in the previous year without using a condom. Unfortunately, the oral sex data for this study has not been officially published.

Collaborative Seroincidence Study, USA

In 1999, a US group published data from one of the few studies attempting to quantify per-contact risks for HIV infection. Over 1500 MSM were followed semi-annually for up to 18 months with questionnaires asking about sexual behaviours during the previous six months. The study analyzed six types of sexual contact, including oral sex. The authors estimate that the risk of contracting HIV from unprotected receptive oral sex is approximately 1 in 2500 contacts, much less than known high-risk activities, such as unprotected receptive anal intercourse with an HIV-positive partner (1 in 120 contacts). However, the accuracy of this type of data is hard to establish. Obviously, since these are per-contact risk numbers, the risk increases as the number of sexual contacts increase. Other studies confirm increased HIV infection rates in people with multiple partners.

An ad in XTRA West warning that "blow jobs can transmit HIV" generated some controversy.

Department of Health Review, UK

The most comprehensive review of the literature on oral sex and HIV transmission to date was published by the United Kingdom Department of Health in June 2000. Experts reviewed evidence from almost 30 epidemiological studies, 13 independent case reports, 17 papers discussing female-to-female transmission, and more than 20 related papers. Of the more than 12,000 individuals studied in these various reports, 39 cases of HIV transmission through oral sex were identified. Of course, this finding cannot be interpreted to mean that only 39 of 12,000 got HIV from oral sex because the manner in which this information was retrieved differs significantly from study to study. As well, many flaws exist in the collection of this type of data. Acknowledging that some cases may result from reluctance or embarrassment to report other high-risk behaviours, the authors consider reluctance to report unlikely to be a factor in all reports. Further, they suggest more cases than have been published in the literature are likely. Still, it would appear from this review that the incidence of HIV transmission through oral sex is very low. The entire report can be viewed at <www.doh.gov.uk/eaga/oralsexdocfin.pdf>

Health Canada Review

After reviewing over 20 case reports, epidemiological studies, and other related papers, Health Canada, in it's own review of the literature, concludes that oral sex is a lower risk activity than unprotected anal or vaginal intercourse and that unprotected receptive fellatio with ejaculation is a potential risk factor for HIV transmission. This report also acknowledges the difficulty in assessing risk because patients "may under-report higher-risk activities". The report can be viewed <www.hc-sc.gc.ca/pphb-dgspsp/publicat/epiu-aepi/hiv-vih/oral_e.html>.

Centre for AIDS Prevention Studies, San Francisco

Recently published data from the US confirms low risk in a group of MSM who practice oral sex exclusively. Clients were required to give a six-month history of sexual practices before knowing the results of their HIV tests. Getting the history before the client knows his HIV status may increase validity by reducing the number of clients who may be embarrassed to report riskier activities following an HIV-positive diagnosis. Of more than 10,000 clients who sought HIV testing in a two-year period, 239 men were eligible for the study and able to participate. No HIV infections were detected in this group of men, thus the estimated probability of orally acquiring HIV was zero in this study. Obvious limitations to this study are the relatively small numbers of people and the short period over which sexual behaviours were examined. Also, very few individuals in the general population practice oral sex exclusively, so this zero-risk data cannot be applied to the general MSM population.

Conclusion

Evidence suggesting that HIV can be acquired through oral sex has accumulated from case reports and population-based studies. Most claims come from people who deny other risk activities. There appears to be agreement that the risk is low and recent evidence confirms low risk. Just how low is difficult to quantify because the only way to conduct a meaningful assessment is to study large numbers of people who practice oral sex exclusively over a long period of time. This kind of study would be virtually impossible to execute from a cost and logistics perspective, not to mention the difficulty of finding sufficient numbers of individuals who practice oral sex exclusively. On the bright side, that large numbers of individuals are required to produce enough cases for a worthwhile analysis confirms a low risk.

Despite a lack of optimal data, a few things are clear. The risk of acquiring HIV through oral sex is very low, but it is not likely to be zero and may increase under certain conditions. Receptive partners who have mouth or throat infections and who are exposed to ejaculate may be at increased risk for acquiring HIV. By far, the majority of people get HIV through higher-risk activities such as unprotected anal or vaginal intercourse and needle-sharing.⊕

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