Risk of oral acquisition of HIV infection and oral sexual behavior among men who exclusively practice oral sex in San Francisco, CA

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Hypothesized Co-Factors
- Genetics, biological history
- Oral health
- Co-morbidity
- Drug use
- Sexual behavior
- Partner infectiousness factors

Method and Results
HIV Oral Transmission (HOT) Study:
- Risk of HIV seroconversion in MSM who report only ROS
  - Per contact risk: unprotected ROS: 0.04 (95% CI=0.001-0.17)
- Epidemiological studies: Receptive Oral Sex (ROS)

ATTITUDES AND RISK PERCEPTION ABOUT ORAL SEX AND HIV INFECTION AMONG MSM WHO PRACTICED ORAL SEX EXCLUSIVELY IN THE PREVIOUS 6 MONTHS

Receptive Oral Sex behaviors in previous 6 mo. n/N (%)
- Any unprotected ROS partners in previous 6 months 188/192 (98%)
- Semen in mouth 56/176 (32%)
- Swallow semen (among those who get semen in mouth) 38/56 (68%)
- Two or more ROS partners in previous 6 months 141/198 (71%)

Semen in mouth (among those w/2 ROS partners) 47/129 (36%)
Swallow semen (among those who get semen in mouth) 29/47 (62%)
ROS with known HIV positive partner 39/193 (20%)
Did not use condom with HIV+ ROS partner 34/38 (90%)
Swallow semen from HIV+ partner 15/34 (40%)
Don’t like the taste of a condom during oral sex 146/164 (89%)

ESTIMATED PROBABILITY OF ORALLY ACQUIRED HIV INFECTION
0 (95% CI: 0, 2.1%).

Conclusions
- Multiple programmatic and policy changes to reduce HIV transmission among MSM who practice exclusively oral sex
- Although MSM who practice exclusively oral sex worry about becoming infected with HIV, they are “willing” to risk it, since their behavior is a low risk activity. Many use the HIV rapidly to increase the risk.
- Among MSM who practice exclusively oral sex, the probability of acquiring HIV through this behavior is extremely low. The very low risk found in this sample confirms previous scientific reports that have shown that orally-acquired HIV infection is a rare event.

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