

Safer sex in 2007

Different factors can turn a low-risk activity into a real threat. Find out what they are! **by Dr. Roger P. LeBlanc**

The only way to have absolutely zero risk of disease or pregnancy is sexual abstinence, that is, no sex at all. This isn't acceptable to most individuals today. In discussing "safer sex," we concentrate on maximizing harm reduction.

The concept of safer sex is an attempt by the medical profession to respond to the many questions doctors are asked about how to engage in sexual acts safely. The definition of "safe" has changed over time along with people's preoccupations about what they're seeking to prevent.

Everyone's curious to know his or her chances of acquiring a sexually transmitted disease (STD). Statistics satisfy this curiosity on a population level but are rather meaningless at an individual level. One person may get "lucky" and avoid transmission even in high-risk conditions, while another may be "unlucky" enough to contract a disease under lower-risk conditions. That said, a considerable amount is known about what makes different situations more or less risky.

The strategies explained

The following recommendations are applicable to heterosexual, homosexual and transgender couples.

Oral sex

The most frequently asked questions concern the safety of oral sex.

Oral sex implies lip, tongue or throat contact mainly with the vulva, vagina, penis and/or anus. Each of these body

parts is lined by tissue that has a natural ability to resist infections. If none of the organisms that cause STDs are present, then ordinary oral-vulvar and oral-penile contact will likely be a low-risk situation. The problem is the inability to be absolutely sure the person isn't a carrier of a disease. A carrier is someone who has the organism on the surface of their tissues but isn't sick him or herself, or someone who has just recently been exposed and whose infection hasn't yet had time to declare itself. Simply because your partner says he or she's okay or has been recently tested doesn't necessarily mean you're not at risk.

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Active infections (herpes, syphilis), recent dental work or gingivitis can cause painful or painless sores or ulcers, mucosal inflammation or bleeding in the mouth. These breaks in the body's defense mechanisms can permit organisms such as HIV and hepatitis B (HBV) to be more readily passed from one partner to the next.

In the absence of these factors, oral sex without a condom and without swallowing the seminal ejaculate carries a rather small chance of acquiring HIV infection. However if the partner is HIV+ with a high blood viral load (as in those who are recently infected), or has stopped or interrupted treatment, or has an evolving or active infection in the penis, vagina or cervix, then the chances for successful transmission of HIV will skyrocket.

Another consideration is that prolonged oral foreplay with the penis can cause damage to the back of the throat or the mouth, which can also



facilitate infection. Dental trauma and beard or friction burns to the penis can also increase the risk of infection transmission. The presence of skin lesions or rashes (psoriasis, eczema) on the penis or vulva will again increase one's susceptibility to infection.

Swallowing

Questions regarding the safety of swallowing semen are often raised. Some people believe that the digestive enzymes in saliva and in the stomach eliminate the risk of infection with HIV. HIV+ persons with an undetectable viral load in the blood may still harbour active HIV infection in their semen or cervical fluids. There are many potential places for HIV to gain access between the mouth and the stomach, which is why swallowing isn't recommended.

What about precum? Precum is a clear stringy fluid that's produced by both men and women to variable degrees (lots to almost none) and doesn't contain many cells (HIV generally lives either in or is attached to cells). Even if there are a few free-ranging HIV particles, precum doesn't appear to be an effective means of transmission and therefore carries a low risk. For those to whom even this seems too risky, a condom can be placed on the penis or a vaginal dam over the vulva.

Oral-anal sex has all of the caveats of the above but in addition this practice carries a high risk of transmitting bowel parasites such as amebiasis and giardiasis. Again the absence of symptoms in your partner (no diarrhea, cramps etc.) doesn't mean that he or she isn't a carrier of these organisms.

Penetration

The next most frequent question is whether vaginal or anal penetration without a condom is safe as long as there's no ejaculate. This is a very high-risk sexual act. Men will generally leak seminal fluid long before their actual orgasm. The rectal mucosa contains all the right types of cells to enable HIV

to enter into the host. This is the reason why unprotected anal intercourse carries the greatest risk for acquiring HIV/AIDS. For women, ulcers on the cervix or lesions in the vagina will increase transmission efficiency.

The sexual act itself causes a certain amount of damage to the mucous membranes. The presence of other ulcerative or inflammatory infections (syphilis, herpes, lymphogranuloma venereum [LGV]) will again further increase risk. Condoms not only prevent unwanted pregnancies, STDs and HIV but also serve to decrease the transmission of human papilloma virus (HPV), which can cause genital warts, and in some cases cancer of the cervix, anus and rectum. The incidence of squamous ano-rectal cancer has been increasing dramatically in men.

The more partners you have, the more frequently you should be screened

Traumatic anal intercourse (fisting, large dildos) has been associated with transmission of hepatitis C (HCV) for which there is no known vaccine. The current treatment regimen is very lengthy and difficult to tolerate.

Precautionary measures

To engage in sex responsibly and safely it's important to be vaccinated for hepatitis A and B and to undergo STD screening regularly. The more partners you have, the more frequently you should be screened. It would also be prudent to reconsider engaging in sex when your judgment is altered by recreational drugs or alcohol. Remember that oral sex without swallowing and wearing condoms for penetrative acts will help avoid infections and result in safer sex. **R**

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Safer sex strategies make a difference

During the 80s and the early 90s when the fear of HIV was at its peak and safer sex rules were being actively applied, there was a marked reduction in the incidence of syphilis, gonorrhea, chlamydia and HIV. The arrival of crystal meth, sildenafil (Viagra®), GHB (gamma hydroxyl butyrate), more effective treatments for HIV, and the apparent lack of end-stage AIDS complications and deaths, led to the rampant abandonment of the condom and seemingly of common sense among some. Since the late 90s, all of the classical STDs are back and the incidence of HIV has risen greatly with new infections occurring in both men and women of all ages.