

Oral Sex and Transmission of HIV

Statement of Risk

“There is a risk of HIV transmission during unprotected oral sex. This risk is less than that from unprotected anal or vaginal sex. The risk of HIV and other sexually transmitted infections can be reduced by using a condom for all forms of penetrative sex, including oral sex. If a condom is not used, avoiding ejaculation into the mouth probably lessens (but does not eliminate) the risk of HIV transmission”.

Questions and Answers^{*}

Q1. Has HIV transmission due to oral sex ever been reported?

A1. There is evidence from individual case reports, confirmed by recent studies, that HIV can be transmitted through oral sex. Potentially the most risky form of oral sex for an uninfected person is receptive fellatio with ejaculation into the mouth as this would involve exposure to the greatest amount of HIV in the infected partner's semen.

Q2. As regards risk of HIV transmission, is oral sex safer than other forms of unprotected penetrative sex?

A2. The evidence shows that oral sex is less risky than unprotected anal intercourse and unprotected vaginal intercourse. It is well established that receptive unprotected anal intercourse is the highest risk sexual activity for HIV transmission.

The risk associated with oral, anal or vaginal sex can be increased - for example, if there is inflammation or ulceration in the mouth, vagina, penis or rectum.

Oral sex is common in both homosexual and heterosexual relationships. Although unprotected oral sex may be a less risky means of transmitting HIV than unprotected anal or vaginal sex, the frequency of oral sex in some groups may increase its relative contribution to overall HIV transmission.

^{*}Based on 'Review of the Evidence on Risk of HIV Transmission associated with Oral Sex', Department of Health, June 2000. For further information, see: <http://www.doh.gov.uk/eaga/oralsexdocfin.pdf>

Q3. What proportion of new HIV infections might be attributed to oral sex?

A3. Recent studies, in predominantly gay men, in San Francisco [1] and London [2] suggest that 6 to 8% of those with HIV infection believed they had acquired it through oral sex alone.

Q4. Is oral sex more risky than non-penetrative sex?

A4. Oral sex poses more risk of HIV transmission than non-penetrative sexual acts such as mutual masturbation, mouth to mouth contact, body rubbing, hugging and massage where there is minimal opportunity for contact with potentially infectious body fluids. There are no reports of HIV transmission related to these activities.

Q5. Will good oral hygiene increase or decrease the risk of HIV transmission via oral sex?

A5. Good oral hygiene may reduce the risk but brushing or dental flossing shortly before oral sex may increase the risk, especially if gums bleed. Use of mouthwash prior to or after oral sex may not be helpful as it may lessen, rather than increase protection by removing the protective substances normally found in the mouth.

Q6. What factors may increase the risk of HIV transmission through oral sex?

A6. Diseases or infections of the mouth, which disrupt or inflame the lining of the mouth and throat are likely to increase the risk of HIV transmission during oral sex. Examples would be mouth ulcers, severely inflamed gums, sore throat or bleeding gums after tooth brushing and dental flossing. Oro-vaginal sex with an HIV-infected woman during her period could pose a greater risk of HIV transmission than at other times.

High levels of virus in the blood (high viral load) may be mirrored in semen and vaginal fluids and this may increase the risk of HIV transmission through unprotected penetrative sex, including oral sex. There is a very high viral load at the time when HIV infection is first established and later in advanced HIV disease.

Q7. How is HIV believed to be transmitted through oral sex?

A7. HIV is present in genital fluids such as semen, pre-ejaculatory fluid, vaginal and cervical secretions. Current knowledge about the levels of virus in genital fluids and saliva indicate that some infectious material could be passed between partners if one partner was infected with HIV.

What we know about the biology of both HIV and the mouth indicates that transmission of HIV through oral sex is possible and supports the conclusion that the risk is real, but less per exposure than for other forms of unprotected penetrative sex.

Q8. Does avoiding ejaculation eliminate the risk of transmission?

A8. Some people practise oral sex avoiding ejaculation as a risk reduction strategy. But HIV has been found in pre-ejaculatory fluid and there have been reports of HIV transmission through oral sex without ejaculation in the mouth. It is likely that an increased volume of infected fluid would result in greater exposure to HIV and that avoiding ejaculation in the mouth may help reduce the risk of HIV transmission.

Q9. Can other infections be transmitted through oral sex?

A9. Sexually transmitted infections such as gonorrhoea, chlamydia, syphilis, herpes simplex virus, human papilloma virus (wart virus) and hepatitis B virus can all be transmitted through oral sex.

Q10. What else can be done to decrease the risk of transmission by oral sex?

A10. The use of a condom during oral sex will reduce the risk of transmission of HIV and other infections by acting as a protective barrier against infectious body fluids (e.g. semen, vaginal fluid).

References

1. Dillon B, Hecht FM, Swanson M *et al.* Primary HIV infections associated with oral transmission. *7th Conference on Retroviruses and Opportunistic Infections*, San Francisco, 30 January-2 February 2000 (Abstract 473).
2. Khan WA, Richardson C, Mandalia S, Barton SE. Safer sex in HIV infected patients in London: practices and risks. *Sex Transm Infect* 2001; **77**: 394.

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<http://www.phls.org.uk/publications/cdr/archive/news/news2701.html#oral>

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