



Personal Risk Assessment Preventing Sexual Transmission of HIV

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In order to make educated and responsible decisions we need to have information. Much is known about the ways in which the HIV virus is transmitted. It is important to educate ourselves about the facts and make our own conclusions as to what personal risks we are and are not willing to take. The following information is based on the available results of medical research to date and is presented for the purpose of assessing personal risk.

- **Kissing** – Although the saliva of some infected people can contain small amounts of HIV, there are no documented cases to date that the virus is transmitted via saliva. Kissing is not believed to be an effective means of transmitting HIV. If either partner has open sores on the lips or in the mouth, risk may increase through the exchange of contaminated blood.
- **Masturbation** – Getting semen, pre-ejaculate, blood, or vaginal secretions on unbroken skin poses no risk for infection. Skin is a protective barrier and these fluids cannot penetrate it. Do not get semen, pre-ejaculate, blood or vaginal secretions on cuts and bruises nor into the mouth, eyes, ears, nose, throat, or anus. Wash thoroughly after climax to avoid accidentally getting these fluids into the areas named above. Do not use another person's saliva as a lubricant for masturbation since it can enter the opening of the penis or the vagina.
- **Fellatio (Mouth to Penis Sex)** – Licking the scrotum or shaft of the penis before semen or pre-ejaculate is produced is not risky. Oral contact with the head of the penis may involve the exchange of pre-ejaculate or semen unless it is protected by a condom. Pre-ejaculate and semen can be infectious. If infected semen or pre-ejaculate is ingested, there is a possibility of absorption of the virus through the membranes of the mouth, especially if sores are present. Activities which cause mouth or genital irritation may increase risk.
- **Cunnilingus (Mouth to Vagina Sex)** – Since saliva and vaginal secretions can contain HIV, oral-vaginal contact may pose some risk. If menstruation is occurring, risk is probably greater. To reduce risk, latex sheets (dental dams) may be used to cover the vulva and vaginal area before oral contact is made.
- **Oral-Anal Contact (Rimming)** – HIV may be transmitted by blood-contaminated feces. Rimming can transmit parasites, hepatitis A, and various forms of dysentery. If open fissures or sores are present in the mouth or rectum, risk is increased. The use of a latex sheet (dental dam) may reduce the risk of this activity.
- **Urine Contact** – Since urine can contain blood and other secretions possibly contaminated with the virus, direct contact with broken skin should be avoided. If urine contacts only unbroken skin, risk may be low. Urine should not contact the mouth, eyes, ears, nose, rectum, or vagina.
- **Rectal-Finger Play** – Fingers can carry infections and uncut nails can tear rectal tissue which may facilitate the transmission of HIV and other sexually transmitted diseases. If you use fingers in anal sex be sure to clip the nails, and always wash the hands and under the nails thoroughly before and after. Keep soiled fingers away from mouth, eyes, and face. As an added precaution, put a condom or finger cot on the finger(s) or wear surgical gloves.
- **Anal Intercourse** – HIV can be transmitted through semen as well as blood, and perhaps feces. During anal intercourse, injury occurs to rectal tissue allowing direct access of semen or pre-ejaculate to the bloodstream. The risk of acquisition of AIDS virus for the insertive partner is unknown, but some studies indicate that it is less risky to the insertive partner than to the receptive partner since no semen is received by the insertive partner. However, the risk of exposure to blood and feces is high, and it is well known that other sexually transmitted diseases can be acquired in this manner. Studies have shown that persons who engage in both insertive and receptive anal intercourse are at the highest risk. Withdrawing before ejaculation is considered insufficient protection since pre-ejaculate fluid may contain HIV. The use of a condom and water-based, spermicidal lubricant is recommended. There should be minimal chance for transfer of the virus if the condom does not break and spillage of semen into the rectum is prevented. The risk is further reduced if one withdraws before climax.

- **Vaginal Intercourse** – There are cases of heterosexual transmission of HIV through vaginal intercourse. In the United States, women appear to be at higher risk than men for becoming infected with the virus through this activity. Vaginal secretions and menstrual blood can contain the AIDS virus. The risk may be higher during menstruation, or if there is tissue damage during intercourse. To reduce this risk, partners should observe the same precautions as recommended for anal intercourse.
- **Manual-Anal or Manual-Vaginal Intercourse** – Rectal or vaginal tissue can be damaged during this activity, which would allow direct access for semen to the bloodstream if it were preceded or followed by anal or vaginal intercourse. The insertive partner's hand is exposed to blood or blood-contaminated feces and infectious agents which may enter through breaks in the skin. The risk would be reduced by use of latex gloves, lubricants, and the absence of semen.
- **Douching** – Douching can irritate the vagina and the rectum and weaken natural immune defenses. Natural defecation is the best way to clean the rectum before and after intercourse.
- **Toys and Paraphernalia** – Use of toys and paraphernalia is risky when used in such a way that blood is drawn. Dildos can spread infections, so never share them. Wash them thoroughly between uses with a disinfectant normally used for human skin.

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