



Gay Men's Safer Sex Guidelines

2008

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Definition of Safer Sex

Sexual activity presents a risk of acquiring HIV, Hepatitis A,B,C and Sexually Transmitted Infections (STIs). The risk varies depending on the activity undertaken and the infection present. Safer sex is the physical, behavioural and practical steps individuals can take to reduce this risk.

Considerations

Whilst people can be advised as how best to reduce the risk they may expose themselves to the practice of safer sex will vary greatly from person to person. There are many outside influences that will affect a person's decisions about safer sex practices and their ability to negotiate safer sex for example relationship status, self-esteem, and drug and alcohol use. All of these factors need to be taken into consideration when advising about the practice of safer sex with this population group and any other.

These guidelines serve ultimately to outline advice that can be used to inform gay men (including bisexual men and men who have sex with men) as to how best they can reduce the risk they may expose themselves to.

It should be noted that whilst every endeavour has been made to base these guidelines on existing evidence, the research is in places sparse and therefore this should be considered as a working document that will need revisited and reviewed in light of continuing research in the field of sexual health.

Post Exposure Prophylaxis

NHS Greater Glasgow and Clyde has produced guidance on managing sexual exposure to blood borne viruses which is contained within "Management of Occupational and Non-Occupational Exposure to Borne-Viruses" available at www.nhsggc.org.uk/phpu

This guidance outlines instances where arranging prophylaxis for a man who may have been at risk of sexual exposure to blood borne viruses would be clinically appropriate.

Guideline I

Anal sex

Definition

Anal sex is putting a penis into a sexual partners rectum (insertive) or having sexual partners penis inserted in to the rectum (receptive) 80% of gay men in the 2002 MRC survey reported anal sex in the previous 12 months.

HIV Transmission Risk

Anal sex is the highest risk exposure for men who have sex with men for the transmission of HIV. Most HIV transmission for men who have sex with men has occurred through this route/practice.

The risk of transmission through anal sex can be increased by:

1. Unprotected anal sex – the receptive partner is thought to be at most risk in this situation due to the lining of the rectum being absorbent and small tears may be present due to the friction of the sex, although the insertive partner still is participating in a high risk activity for transmission because HIV be absorbed through the urethra or small tears in the penis which may be too small to see.
2. Allowing a partner to ejaculate inside the rectum. The lining of the rectum is absorbent and semen deposited there will be absorbed into the blood stream through the blood vessels in the lining of the rectum.
3. Anal sex without lubricant. This can cause strain and tears on the lining of the rectum and penis allowing HIV entry into the body.
4. Co-infection with other STIs.
5. Viral load of the anal sex partner- increased viral load (at seroconversion or advanced disease stage) may increase the risk of transmission.
6. Frequency of unprotected anal sex (number of exposures).
7. The number of anal sex partners.
8. Duration of intercourse (longer exposure may increase exposure to the virus).

Other infections

Other infections can be transmitted through anal sex (gonorrhoea, chlamydia, syphilis, herpes simplex virus, human papilloma virus, hepatitis B, hepatitis C and meningococcus and enteric pathogens can be transmitted).

Risk Reduction

For HIV, the risk of transmission can be reduced by

1. Using condoms and water or silicon based lubrication during anal sex.
2. Performing unprotected anal sex without ejaculation (although this only reduces not eliminates the risk, HIV is present in pre-ejaculatory fluid and there are cases of HIV transmission without ejaculation).
3. Ensuring in sexual relationship that both parties have cleared the 3-month window period and tested for negative for HIV prior to ceasing condom use.
4. In relationships practicing unprotected anal sex, it is important for both parties to have agreed the boundaries and trust issues within the relationship, and if other partners are allowed out with the relationship the type of sex with these external partners must be agreed.
5. Not douching. Having receptive anal sex after a douche or enema can increase the risk of HIV transmission, as it can cause tears and irritations inside which make it easier for the virus to enter the bloodstream. It may also destroy any natural protection the rectum may have.
6. Looking at ways of decreasing exposure e.g. minimising the number of incidents of unprotected anal intercourse (this will not negate the risk but it may decrease the number of exposures).

For Chlamydia and Gonorrhoea, the risk of transmission can be reduced by:

1. Using Condoms and water or silicon based lubricant during anal sex.
2. Ensuring in relationship that both parties have had a sexual health check up to ensure free from STIs prior to ceasing condom use.
3. In relationships practicing unprotected anal sex parties have agreed boundaries and trust issues, and

if other partners allowed outside of relationship the type of sex this can be.

For Herpes Simplex Virus, Human Papilloma Virus (Genital Warts), and Syphilis the risk of transmission can be reduced by:

1. Using Condoms and water based lubricant during anal sex will reduce the risk but not completely stop the risk of these infections as skin to skin contact can also transmit these infections.
2. Awareness around self and partners genital health important in relation observation for skin conditions which may indicate that an infection is present, although some sores or signs will be inside the rectum itself and not seen also important to remember these infections can also be transmitted when no signs or symptoms present.

For Hepatitis A, B and C, the risk of transmission can be reduced by:

1. Using Condoms and water based lubricant during anal sex.
2. Ensuring partners and self are vaccinated for Hepatitis A & B.
3. Using condoms and lubrication when using sex toys, the condom must be changed between users.

Sources

www.aidsmap.com

www.aidsinfo.nih.gov

www.advisorybodies.doh.gov.uk/eaga/pdfs/oralsexdocfin.pdf

www.avert.org

www.bashh.org

www.bhiva.org

www.cdc.gov/hiv

www.cdcnpin.org

www.dh.gov.uk

www.hivtest.org

www.ssha.info

www.tht.org.uk

Hart GJ, Williamson LM. Increase in sexual risk behaviour in homosexual men in Scotland, 1996-2002: prevention failure? Sexually Transmitted Infections 2005; 81:367-372

Anal sex may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14).

Guideline 2

Felching

Definition

Felching is a practice that involves sucking the semen out of a partner's anus or vagina, with or without a straw.

HIV Transmission Risk

As this activity involves unprotected intercourse the risk of HIV transmission is high for all partners. The risk associated with ingesting a person's own semen is nil, however with felching because the semen is ejaculated into another person the risk of HIV transmission may be increased. This is because whilst in a person's anus or vagina the semen could come into contact with blood or other bodily fluids which could contain HIV meaning that the risk of transmission has increased for the person who then consumes the semen.

The risk of transmission can be increased if:

1. Blood or other bodily fluids containing high levels of HIV from the partner receiving the semen anally or vaginally are present.
2. Semen from another sexual partner is being ingested (person consuming is not person who ejaculated).

Other infections

As unprotected intercourse is involved, the risk of transmission of STIs is high. There are also significant risks of acquiring Hepatitis A or B, other viruses, bacteria and enteric parasites.

Risk Reduction

Unless all partners involved have been tested and are diagnosed as being HIV negative and free of STIs and Hepatitis it is extremely difficult to reduce the risk of HIV, Hepatitis and STI transmission.

For HIV and Hepatitis C, the risk of transmission can be reduced by:

1. Avoiding douching prior to sex.

For Hepatitis A & B, the risk of transmission can be reduced by:

1. Avoiding douching prior to sex.
2. Being vaccinated against Hepatitis A & B.

Sources

Foxman B; Aral S.O & Holmes K.K. (1998). **Interrelationships among douching practices, risky sexual practices, and history of self-reported sexually transmitted diseases in an urban population. Sexually Transmitted Diseases** Vol. 25:90-99

As Felching involves unprotected anal (Guideline 1) or vaginal sex (Guideline 12), please also refer to the guidelines for these activities and for oral sex (Guideline 7) and rimming (Guideline 8). Also refer to guidelines on safer sex (Guideline 14)

Guideline 3

Fisting

(also known as **Ano-brachial intercourse** or **Vagino-brachial intercourse**)

Definition

Fisting involves inserting the entire hand, and sometimes part of the arm, into the anus or vagina of a sexual partner. Data from the 2002 Gay Men's Sex Survey (Hickson et al, 2003) indicated that 12% of gay men had engaged in the practice in the preceding 12 months.

HIV Transmission Risk

HIV transmission through fisting is plausible if there are internal tears in the partner being fisted and cuts on the hands of the fister.

The risk of HIV transmission can be increased if:

1. The partner being fisted douches - it may dry out and traumatize rectal and vaginal mucosa and make them more susceptible to tears that would facilitate transmission (Foxman et al, 1998).
2. The partner doing the fisting has sharp nails and causes internal tears.

Other infections

There is a plausible risk of infection with blood-borne viruses, including HIV and Hepatitis B, as well as bacterial STIs (gonorrhoea, syphilis, etc). Recent findings indicate that HIV positive gay men who are having unprotected sexual intercourse and are fisting are at risk of infection from Hepatitis C and LGV (Lymphogranuloma venereum) (Fletcher, 2003; Ruys et al, 2004; Gambotti et al, 2005).

Other health issues

If not done correctly, fisting can result in serious injuries including ruptured bowels, internal tears and infections, mucosal laceration, muscle tearing, temporary faecal incontinence, and even death (Cohen et al, 2004).

Risk Reduction

For HIV and Hepatitis B, C and other STIs the risk of transmission can be reduced by:

1. The person doing the fisting wearing latex gloves (or latex free gloves if either partner has a latex allergy).
2. Using lots of appropriate lubricant to reduce tearing.

3. Keeping nails well trimmed.

4. Avoiding douching prior to fisting.

5. For Hep B only -Being vaccinated against Hepatitis B.

Sources

- Cohen, C.E.; Giles, A.; Nelson, M (2004). Sexual trauma associated with fisting and recreational drugs. *Sexually Transmitted Infections* Vol. 80(6)(pp 469-470)
- Fletcher S. (2003). **Sexual Transmission of Hepatitis C and Early Intervention.** *Journal of the Association of Nurses in AIDS Care*, Sept-Oct. 2003; 14(5): 87S-94S.
- Foxman B; Aral S.O & Holmes K.K. (1998). **Interrelationships among douching practices, risky sexual practices, and history of self-reported sexually transmitted diseases in an urban population.** *Sexually Transmitted Diseases* Vol. 25:90-99
- Gambotti L. and the acute hepatitis C collaborating group. (2005) **Acute hepatitis C infection in HIV positive men who have sex with men in Paris, France, 2001-2004.** *Euro Surveill.* 10(5)
- Hickson, F; Weatherburn, P; Reid, D & Stephens, M (2003). **Findings from the United Kingdom Gay Men's Sex Survey 2002.** *Sigma Research.* ISBN 1 872956 71 8
- Ruys Th.A; Den Hollander J.G; Beld M.G.H.M.; Van Der Ende M.E & Van Der Meer J.T.M.(2004) **Sexual transmission of hepatitis C in HIV-positive gay men.** *Nederlands Tijdschrift voor Geneeskunde.* Vol. 148(47)(pp 2309-2312),

Fisting may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14). The 2002 Gay Men's Sex Survey found that men who had been fisted were more likely to have had unprotected anal intercourse than those who had not been fisted.

Guideline 4

Frottage

Definition

Frottage is the act of achieving sexual gratification by rubbing one's body, either clothed or naked, against another person. It may take the form of either:

- intercrural/interfemoral intercourse (where the penis of one partner is placed between the thighs of the other, either from the front or the rear).
- rubbing the penises of both partners together.
- axillary intercourse/bagpiping (where the penis of one person is placed in the others armpit).
- docking (where the foreskin of one partner is slipped over the glans penis of another).

HIV Transmission Risk

The risk of HIV transmission for most frottage activities is nil provided the penis does not enter the anus or vagina of the other partner. There may however be a plausible if low risk with docking.

The risk of HIV transmission during docking can be increased if:

- I. One of the partners has tears or cuts on their glans penis or under their foreskin. This may come into contact with pre-ejaculate from the other partner.

Other infections

There is a risk of transmission of syphilis, other bacterial STIs and Hepatitis B with some of the activities involved in frottage.

Risk Reduction

For Hepatitis A & B, the risk of transmission can be reduced by:

- I. Being vaccinated against Hepatitis A & B.

Frottage may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14).

Guideline 5

Kissing

Definition

Mouth to mouth contact.

HIV Transmission Risk

It is not thought that kissing poses a risk of infection. HIV is present in saliva but in smaller quantities than in semen.

The risk of transmission can be increased by

1. Trauma or bleeding during deep or rough kissing.

Other infections

It is not thought that kissing poses a risk of other infections. There is no conclusive evidence but there is potential for transmission of other STIs (syphilis, chlamydia, herpes, HPV, hepatitis B).

Risk Reduction

If own or partner's lips become cut or bleed during deep or rough kissing, oral sex should be avoided and if both are bleeding, kissing should be avoided until the bleeding stops.

Sources

NAM – www.aidsmap.com

Department of Health (2000). Review of the Evidence on Risk of HIV Transmission associated with Oral Sex: Report of a Working Group of the UK Chief Medical Officers' Expert Advisory Group on AIDS. London, Department of Health.

Kubo, N., N. Furusyo, et al. (2003). "A patient in whom only hepatitis B virus (HBV) was thought to have been contracted, by kissing, from a same-sex partner coinfecting with HBV and human immunodeficiency virus-1." *Journal of Infection & Chemotherapy* **9**(3): 260-264.

Pauk, J., M. L. Huang, et al. (2000). "Mucosal shedding of human herpesvirus 8 in men." *New England Journal of Medicine* **343**(19): 1369-1377.

Piazza, M., A. Chirianni, et al. (1994). "Blood in Saliva of Patients with Acquired-Immunodeficiency-Syndrome - Possible Implication in Sexual Transmission of the Disease." *Journal of Medical Virology* **42**(1): 38-41.

Kissing may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14)

Guideline 6

Masturbation (wanking)

Definition

Hand to genital contact by self or partner.

HIV Transmission Risk

Masturbation does not pose a risk of infection because there is minimal contact with body fluids (semen or blood).

The risk of transmission can be increased if:

- I. Infected semen comes into contact with open sores or cuts on the skin.

Other infections

There is potential for transmission of syphilis, herpes, and HPV because skin to skin contact can transmit these infections.

Risk Reduction

The risk of HIV transmission can be reduced by:

- I. Avoiding masturbation if there are open sores or cuts on the skin.

Sources

Department of Health. Review of the Evidence on Risk of HIV Transmission associated with Oral Sex: Report of a Working Group of the UK Chief Medical Officers' Expert Advisory Group on AIDS. London, Department of Health, 2000.

Terrence Higgins Trust - www.tht.org.uk

Masturbation may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14)

Guideline 7

Oral Sex (Fellatio, Cunnilingus, Blowjob)

Definition

Oral Sex is mouth to genital contact (oral-penile, oral-vaginal), which can be given (receptive fellatio) or received (insertive fellatio), with or without ejaculation.

HIV Transmission Risk

HIV transmission through oral sex is plausible and there are reports of HIV transmission associated with oral sex. Receptive fellatio with ejaculation in the mouth (giving oral sex) represents the highest exposure risk. Oral sex is less risky than unprotected anal intercourse but riskier than non-penetrative sex.

The risk of transmission through oral sex can be increased by:

1. Frequency of unprotected oral sex (number of exposures).
2. The number of oral sex partners.
3. Allowing partner to ejaculate into the mouth.
4. Co-infection with other STIs (Sexually Transmitted Infection).
5. Presence of lesions in the mouth or throat (conditions involving oral inflammation or bleeding of the gums can increase the risk of exposure to HIV in saliva).
6. Viral load of oral sex partner- increased viral load (at seroconversion or advanced disease stage) may increase the risk of transmission.
7. Teeth cleaning or the use of mouthwash prior to or during oral sex reduces the levels of protective substances in the mouth.
8. Insertive fellatio by a partner with a penile piercing could increase risk of transmission.
9. Performing oral sex during menstruation.

Other infections

Other infections can be transmitted through oral sex (gonorrhoea, chlamydia, syphilis, herpes simplex virus, human papilloma virus, hepatitis B and meningococcus and enteric pathogens can be transmitted).

Risk Reduction

For HIV, the risk of transmission can be reduced by:

1. Using condoms and dental dams for oral sex.
2. Performing oral sex without ejaculation (although this only reduces not eliminates the risk, HIV is present in pre-ejaculatory fluid and there are cases of HIV transmission without ejaculation).
3. Avoiding oral sex when lesions in the mouth or throat, oral inflammation or bleeding of the gums are present.
4. Avoiding teeth cleaning or the use of mouthwash prior to or after oral sex.
5. Looking at ways of decreasing exposure e.g. minimising the number of incidents of unprotected vaginal intercourse (this will not negate the risk but it may decrease the number of exposures).

For other STIs, the risk of transmission can be reduced by:

1. Using condoms and dental dams for oral sex.
2. Ensuring partners and self are vaccinated for hepatitis B.
3. Avoiding oral sex when lesions in the mouth or throat, oral inflammation or bleeding of the gums are present.
4. Avoiding teeth cleaning or the use of mouthwash prior to or after oral sex.
5. Looking at ways of decreasing exposure e.g. minimising the number of incidents of unprotected vaginal intercourse (this will not negate the risk but it may decrease the number of exposures).

Sources

Department of Health. Review of the Evidence on Risk of HIV Transmission associated with Oral Sex: Report of a Working Group of the UK Chief Medical Officers' Expert Advisory Group on AIDS. London, Department of Health, 2000.

Richters, J. et al. HIV transmission among gay men through oral sex and other uncommon routes: case series of HIV seroconverters, Sydney. *AIDS* 2003;17(15):2269-2271.

Oral sex may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14)

Guideline 8

Rimming (oral-anal contact, anilingus)

Definition

Rimming involves oral (mouth, tongue) contact with the anus for the purpose of sexual stimulation.

HIV Transmission Risk

There is a plausible risk of HIV infection from any behaviour in which a body fluid, which is known to contain HIV, comes in contact with another person's mucous membranes or blood stream.

Rimming carries a plausible risk of transmission for the insertive partner (the person who is licking or sucking) if there is exposure to infected blood either through bloody faecal matter or cuts/sores in the anal area. Anal secretions and faecal matter may contain lymphocytes (small white blood cells) and therefore theoretically there could be a risk of transmission. There has been one published case of HIV transmission associated with oral/anal sexual contact.

Other infections

Rimming does present a risk of transmission for other infections associated with ill health such as, E Coli (bacteria), amebiasis (gut parasite) and Hepatitis A, B and

C. Other sexually transmitted infections such as Herpes, syphilis, gonorrhoea, genital warts can also be passed on through rimming.

Risk Reduction

For HIV and Other STIs risk can be reduced by:

1. Using condoms and dental dams for oral sex.
2. Ensuring partners and self are vaccinated for hepatitis A & B.

Sources

Centre for disease control America 2004

DHAP - www.cdc.gov/hiv

Avert organisation - www.avrt.org

Rimming may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines, in particular on similar activities such as oral sex (Guideline 7) and the guidance on safer sex (Guideline 14).

Guideline 9

Sado-masochism (SM) (sexual)

also referred to as bondage and discipline, dominance and submission.

Definition

The deriving of pleasure, especially sexual gratification from inflicting or submitting to physical or emotional abuse (including being humiliated, beaten and bound).

HIV Transmission Risk

Depending on the type of SM activity being undertaken the risk of HIV transmission varies. The risk of HIV transmission can be increased during SM if:

1. Bodily fluids such as blood, vaginal fluids or semen get into another persons blood stream or mucus membranes.

Other infections

There is a significant risk of transmission of Hepatitis A, B & C.

Risk Reduction

For HIV, the risk of transmission can be reduced by:

1. Minimising exposure to blood and other bodily fluids.
2. SM equipment should be washed thoroughly before being used on someone else and any equipment used to pierce the skin should not be disposed of safely after use. Needles, razors should not be used on more than one person.
3. Refer to other guidelines.

For Hepatitis A & B, the risk of transmission can be reduced by:

1. Being vaccinated against Hepatitis A & B.

SM may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines and the guidance on safer sex (Guideline 14).

Guideline 10

Scatting (Coprophilia, Faecophilia or 'brown')

Definition

This relates to sexual arousal from the presence of faeces. In some cases faeces may be ingested (Coprophagia).

HIV Transmission Risk

HIV transmission through scat is biologically plausible but low.

The risk of HIV transmission can be increased if:

- I. Blood present with faeces comes into contact with open wounds in another partner.

Other infections

There is a significant risk of transmission of Hepatitis A & B, as well as a range of other viruses, bacteria and enteric parasites, particularly if the faeces are ingested (Law *et al.*, 1994; Eslick, 2002)

Risk Reduction

For HIV, the risk of transmission can be reduced by:

- I. Ensuring that faecal matter does not come into contact with open cuts or wounds.

For Hepatitis A & B, the risk of transmission can be reduced by:

- I. Being vaccinated against Hepatitis A & B.

Sources

Eslick G.D. (2002) **Sexual transmission of *Helicobacter pylori* via oral-anal intercourse.** *International Journal of STD & AIDS*. Vol. 13(1)(pp 7-11)

Law C.L.H; Grierson J.M & Stevens S.M.B (1994) **Rectal spirochaetosis in homosexual men: The association with sexual practices, HIV infection and enteric flora.** *Genitourinary Medicine*. Vol. 70(1)(pp 26-29)

Scatting may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines, in particular similar activities such as watersports (Guideline 13) and the guidance on safer sex (Guideline 14).

Guideline 11

Sex Toys

Definition

Sex toys can be used during sex for sexual stimulation. They can be a variety of things, some of the most common are dildos, butt plugs, vibrators and love eggs. Foreign objects are also some times used in this role; many household items are adapted for sexual purposes. Enemas and a douch may also be considered in the context of sex toys.

HIV Transmission Risk

Sex toys have a plausible risk of transmitting HIV when being shared during sex.

The risk of transmission through sex toys can be increased by:

1. Sharing any toy with a sexual partner without using barrier protection such as a condom.
2. Using sex toys without lubricant. This can cause strain and tears on the lining of the rectum and penis allowing HIV entry into the body.

Other infections

Other infections can also be possibly transmitted through sex toys (gonorrhoea, chlamydia, syphilis, herpes simplex virus, human papilloma virus, hepatitis B, hepatitis C and meningococcus and enteric pathogens can be transmitted).

Risk Reduction

The risk of transmission can be reduced by

1. Using condoms and water or silicon based lubrication during the use of sex toys. Ensuring the condom is changed between sexual partners.
2. Not sharing sex toys at all.
3. Ensuring that when improvising with household objects anything that may splinter or break or cause any other kind of damage are avoided.

4. Not using anything that may get lost inside the person.
5. Ensuring toys are always cleaned thoroughly and that there is no tears or splits on the toy that may harbour germs.
6. Ensuring self and partners are vaccinated for Hepatitis A & B.
7. Not douching. Having receptive anal sex after a douche or enema can increase the risk of HIV transmission, as it can cause tears and irritations inside which make it easier for the virus to enter the bloodstream. It may also destroy any natural protection the rectum may have.

Sources

www.aidsmap.com

www.aidsinfo.nih.gov

www.avert.org

www.dh.gov.uk

www.fpa.org.uk

www.hivtest.org

www.ssha.info

www.tht.org.uk

Sex Toys may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines where required and the guidance on safer sex (Guideline 14)

Guideline 12

Vaginal Intercourse

Definition

Sexual activity involving the insertion of a penis into a vagina.

HIV Transmission Risk

Men who have sex with men may also have sex with women.

During vaginal intercourse women are more at risk of HIV transmission than men. This is because semen is more infectious than vaginal fluids. Additionally men are exposed to infectious fluids for a much shorter period than women; men are only exposed to vaginal fluids during the act itself whereas semen remains in a women's reproductive tract until it is fully absorbed. Although male to female transmission is more likely, female to male transmission is possible and does occur.

The risk of female to male HIV transmission as a result of vaginal sex can be increased by:

1. Unprotected vaginal intercourse (although thought to be less infectious than semen, vaginal secretions do contain the HIV and therefore transmission is possible).
2. Duration of intercourse (longer exposure to vaginal fluids may increase exposure to the virus).
3. Quantity of cervicovaginal fluids (greater the quantity of fluid the greater the exposure).
4. Viral load (high level of infectiousness increases risk of exposure).
5. Frequency of intercourse (more often unprotected intercourse occurs, greater the risk of being exposed to HIV).
6. Sexual intercourse during menstruation or in presence of blood.
7. Co-infection with STIs (Sexually transmitted infections).
8. Number of partners.

Other infections

Other infections can be transmitted through vaginal sex (gonorrhoea, chlamydia, syphilis, herpes simplex virus, human papilloma virus, hepatitis B, hepatitis C and meningococcus and enteric pathogens can be transmitted)

Risk Reduction

For HIV, the risk of transmission can be reduced by

1. Using condoms and water based or silicon based lubricant for vaginal intercourse.
2. Testing for HIV and other STIs before participating in unprotected vaginal intercourse allowing for 3-month window period in relation to HIV.
3. Looking at ways of decreasing exposure e.g. minimising the number of incidents of unprotected vaginal intercourse (this will not negate the risk but it may decrease the number of exposures).
4. Not having unprotected vaginal intercourse in the presence of blood.

For Chlamydia and Gonorrhoea, the risk of transmission can be reduced by:

1. Using Condoms and water based lubricant during vaginal sex.
2. Ensuring in relationship that both parties have had a sexual health check up to ensure free from STIs prior to ceasing condom use.

For Herpes Simplex Virus and Human Papilloma Virus (Genital Warts) and Syphilis the risk of transmission can be reduced by:

1. Using Condoms and water based lubricant during vaginal sex will reduce the risk but not completely stop the risk of these infections as skin to skin contact can also transmit these infections.
2. Awareness around self and partners genital health important in relation observation for skin conditions which may indicate that an infection is present, although some sores or signs will be inside the vagina itself and not seen also important to remember these infections can also be transmitted when no signs or symptoms present.

For Hepatitis B and C, the risk of transmission can be reduced by:

1. Using Condoms and water based lubricant during vaginal sex.
2. Ensuring partners and self are vaccinated for Hepatitis B.
3. Not having vaginal intercourse when blood is present e.g. during menstruation

Sources

Bouvet, J.-., Gresenguet, G. and Belec, L., 1997. Vaginal pH neutralization by semen as a cofactor of HIV transmission. *Clinical Microbiology & Infection*, **3**(1), pp. 19-23.

Garnett, Geoff P.; Rottingen, John-Arne, 2001. Measuring the risk of HIV transmission (Editorial comment) *AIDS*, **15** (5) 641-643

Kalichman SC, Simbayi LC., 2004. Sex during genital bleeding and risks for HIV infection: Preliminary study of sexually transmitted infection clinic patients in Cape Town, South Africa. *African Journal of AIDS Research*, **3** (1) 51-55

Mastro Timothy D; Satten, Glen A; Nopkesorn Taweesak; Sangkharomya, Suebpong; Longini, Ira M JR, 1994. Probability of female-to-male transmission of HIV-1 in Thailand. *The Lancet* **343** (8891) 204-207

Nicolosi, A., Leite, M.L.C., Musicco, M., Arici, C., Gacazzeni, G. and Lazzarin, A., 1994. The efficiency of male-to-female and female-to-male sexual transmission of the human immunodeficiency virus: A study of 730 stable couples. *Epidemiology*, **5**(6), pp. 570-575.

O'Farrell, Nigel MSc, MD, MRCP, 2001. Enhanced efficiency of female-to-male HIV transmission in core groups in Developing Countries: The need to target men. *Sexually transmitted diseases*, **28** (2) 84-91

Varghese, B., Maher, J.E., Peterman, T.A., Branson, B.M., and Steketee, R.W., 2002. Reducing the risk of sexual HIV transmission: Quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use. *Sexually transmitted diseases*, **29**(1), pp. 38-43.

Vaginal sex may or may not be carried out in isolation with other sexual activities. Please refer to other guidelines, and the guidance on safer sex (Guideline 14).

Guideline 13

Watersports (Urophilia)(Golden Shower)

Definition

Sexual activity involving urine. (Can involve drinking urine, exchange of urine over or into the body).

HIV Transmission Risk

The evidence that exists would suggest that HIV transmission through watersports is low risk. It is however plausible that were blood present in the urine, HIV could be transmitted during sexual activities where urine is taken internally (swallowed or received anally or vaginally). Urination on unbroken skin poses no risk of HIV. Drinking one's own urine poses no risk of HIV transmission.

The risk of transmission through watersports can be increased if:

1. Blood is present in the urine (perhaps due to presence of other conditions).
2. Urine is received anally or vaginally as this may involve the insertion of a penis without a condom.
3. Watersports is performed during menstruation as this may increase the likelihood of blood in the urine.

Other infections

Other infections can be transmitted through watersports such as Hepatitis A and B. Cytomegalovirus (CMV), which is the virus that can cause blindness, and other serious illnesses in people with HIV can also be passed on.

Risk Reduction

The risk of transmission of HIV and other infections can be reduced by

1. Urinating only onto unbroken skin.
2. Closing eyes and mouth when being urinated on.
3. Not drinking urine unless one's own.
4. Not having unprotected penetration of the anus, vagina or mouth in order to receive or pass urine.
5. Being vaccinated against Hep A and B.

Sources:

National Aids Manual: www.nam.org.uk

AIDS Vancouver: www.aidsvancouver.org/basics/prevention/safersex

Watersports may involve urination into a person's anus, vagina or mouth, therefore please also refer to the guidance on anal sex (Guideline 1), oral sex (Guideline 7) and vaginal sex (Guideline 12) and also safer sex (Guideline 14).

Guideline 14

Safer Sex

Condom Use

For anal and vaginal intercourse, condoms offer the best protection against HIV and other STIs. Condom use should be promoted to all sexually active individuals as a means of safer sex practice, however in instances where both partners have been tested for HIV and STIs, have been diagnosed negative and are in a mutually exclusive relationship this may not be necessary.

Flavoured and non-flavoured condoms also offer the best protection against HIV and other infections when participating in oral sex or rimming.

HIV positive men with HIV positive partners should also be encouraged to practice safer sex. Protected sex between HIV positive men is still preferable as they may put themselves at risk of cross-resistance, which may lower individuals' options in terms of antiretroviral therapies. In addition HIV positive men are still at risk of getting other STIs from unprotected sex.

Types of Condoms

Evidence suggests that condom failure does not appear to be related to condom thickness. Extra strong condoms are therefore one option available to gay men but not the only one.

Types of condoms include:

- Extra strong condoms.
- Standard strength condoms.
- Allergy free condoms.
- Larger condoms.
- Smaller fit condoms.

For anal sex the use of flavoured condoms or condoms lubricated with Nonoxynol 9 spermicide are not recommended as they may irritate the inner linings of the rectum or vagina increasing the risk of exposure to HIV.

Many fisting lubricants are oil based. As oil based lubricants have the potential to weaken condoms, men having penetrative sex after fisting should be advised to use either a polyurethane non-latex condom or a femidom.

Risk Reduction

Listed below are some common reasons for condom failure and accompanying risk reduction strategies

Risk of condom failure	Risk Reduction Strategy
Condom dries out	Men should be encouraged to use plenty of water or silicon based lubricant on the outside of condoms. This can be reapplied throughout sexual intercourse.
Using the same condom for long periods of time	Men should be encouraged to change condoms and reapply lubricant if sexual intercourse lasts more than 30 minutes.
Not putting a condom on correctly	It should be highlighted to men that this can be a risk. Information about using condoms can be found in packets of condoms. Information is also available in 'Clever Dicks', which is an information leaflet for gay and bisexual men about condoms and lubricant (see Resource Section)
Using the wrong size or fit of condoms	The importance of using the correct size and shape of condom should be highlighted to men. Men should be encouraged to find the size and shape that suits them best. A range of free condoms and lubricant are available through the c-card service.

Lubricant Use

- Plenty of lubricant will help prevent condoms drying out or bursting
- Only water based or silicon based lubricant should be used with condoms. Oil based lubricant and some everyday products can weaken condoms and therefore if they are used with condoms it may cause them to break. Some medicines e.g. pile creams and suppositories are oil based and therefore they may weaken condoms. Men should be advised of this when discussing condom use for anal sex.
- Using lubricant on the inside of condoms may increase the risk of slippage. Lubricant should be used on the outside of condoms. If lubricant has been used on the penis, as much as possible should be removed before putting on a condom.

Dams

Dams are small square sheets of latex that can be placed across the anus or vagina to give protection when rimming or having oral sex. Important information for dam use includes:

- The anus or vagina should be wet using a water based or silicon based lubricant before use
- The dam should only ever be licked on one side (not the one which has been in contact with the anus or vagina)
- A new dam should be used if switching between partners or between anus and vagina
- Dams should not be shared
- A dam should not be used more than once
- As with condoms it is important to check the expiry date before use

Accessing free condoms, lubricant and dams

C-Card Service

Offers variety free condoms, dams and lubricants

Range of venues across Glasgow

Info available from www.sandyford.org or 0141 211 8130

www.healthygayscotland.com

Guideline 15

Testing

If sexually active, ideally men should be encouraged to have a sexual health checkup every 6 months. Whilst a full sexual health screen is recommended, the tests required will depend on the different activities being undertaken and the risk reduction strategies employed within each of these activities.

It is important to remind men that many infections will show no symptoms and that screening is important even in the absence of any signs of infection. However at times the need for 6 monthly testing may be negated or increased.

The need for testing may be reduced when

- Safer sex practices are being employed and adhered to
- Partners have tested and are in a mutually exclusive relationship
- The person is participating in non-risk activities
- The person is not currently sexually active

The need for testing for testing within 6 months may be increased when

- Someone feels they may have been at risk
- There has been an incident of unprotected anal intercourse
- A condom has failed
- A new relationship has started

Benefits of testing

- Treatment
- Reduced long terms effects of leaving condition undiagnosed
- Better outcomes for individual
- Reduced risk of transmission to others

Where to test

- Within GP Practice
- Sandyford GUM
- Steve Retson Project
- Brownlee Centre

Resource Section

Clinical Services

The Sandyford

2-6 Sandyford Place

Glasgow

G3 7NB

0141 211 8130

Open Monday, Tuesday, Wednesday 8.30am - 7.45pm

Open Thursday 8.30am - 7.30pm;

Friday 8.30am - 4.30pm and Saturday 9 - 11am

Drop-in – No appointment needed:

Monday, Tuesday, Wednesday, Thursday, Friday

8.30 - 10.30am

Steve Retson Project

Sandyford: 2-6 Sandyford Place Glasgow

Sexual and emotional health project for gay and bisexual men.

Offers testing (same day HIV testing), treatment, counseling, advice and info.

Appointments and enquiries 0141 211 8628

www.steveretsonproject.org.uk

Sandyford North

Springburn Health Centre

200 Springburn Way

Glasgow

0141 531 6703

Open Monday 9.30am - 4.30pm,

Wednesday 9.30am - 7pm and Thursday 9.30am - 4pm

Drop-in – No appointment needed:

Monday and Thursday 1 - 4pm; Wednesday 12 - 3pm

Sandyford South East

Govanhill Health Centre

Community Wing

233 Calder Street

Glasgow

0141 531 8349

Open Monday 9am - 7pm; Wednesday 9am - 6.30pm and Friday 9am - 2pm

Drop-in – No appointment needed:

Monday 12 - 3pm; Wednesday 1 - 7pm;

Friday 9am - 11.30pm (men only)

Sandyford South West

Pollok Health Centre

21 Cowglen Road

Glasgow

0141 531 6807

Open Monday 9.30am - 10pm; Wednesday and Friday 9.30am - 4pm

Drop-in – No appointment needed:

Monday, Wednesday and Friday 9.30 - 11.30am

Sandyford East

Parkhead Health Centre

101 Salamanca Street

Glasgow

0141 2327413

Open Monday 11am - 6pm, Wednesday, Thursday and Friday 9.30am - 4.30pm

Sandyford East Renfrewshire

Barrhead Health Centre

201 Main Street

Barrhead

0141 314 0885

Open Monday 11am - 6pm; Thursday 9.30am - 6pm and Friday 9.30am - 4.30pm

Drop-in – No appointment needed:

Monday 11am - 2pm, Thursday 9.30am - 12.30pm, Friday 9.30am - 1pm

Sandyford Inverclyde

Block 1 and 2

Residential Complex

Inverclyde Royal Hospital

Larkfield Road

Greenock

01475 504 978

Open Monday 10.30am - 6pm;

Wednesday 9am - 6.30pm and Thursday 9am - 4.30pm

Drop-in – No appointment needed:

Monday 10.30am - 1.30pm, Wednesday 12.30 - 3pm, Thursday 12.30 - 4.30pm

Sandyford Renfrewshire

The Russell Institute

Causeyside Street
Paisley
PA1 1UR

0141 314 0726

Open Monday, Wednesday, Thursday; 9am - 7pm;
Tuesday 9am - 11am and Friday 9am - 4pm

Drop-in – No appointment needed:
Monday to Friday 9am - 11am

The Counselling Clinic- Brownlee Centre

Gartnavel General Hospital

Confidential counseling, testing, information and advice
for HIV and Hepatitis

0141 211 1075

The Lennox Service

Dumbarton Joint Hospital

Confidential testing, information and advice for HIV and
Hepatitis

01389 812 035

Condoms and Lubricant

C-Card Service

Offers variety free condoms, dams and lubricants

Range of venues across Glasgow

Info available from www.sandyford.org
or 0141 211 8600

Information and Support Services

Gay Men's Health

84 Bell Street
Glasgow
G1 1LQ

0141 552 0112

www.gmh.org.uk

LGBT Youth Scotland

www.lgbtyouth.org.uk

0141 548 8121

Helplines and Websites

National Sexual Health Helpline (Health professionals and public)

24-hour helpline offering confidential advice and
information

0800 567 123

Terrence Higgins Trust

Info and advice about HIV

0845 1221 200 (Helpline)

www.tht.org.uk

Healthy Gay Scotland

Health information for gay and bisexual men

www.healthygayScotland.com

A free guide for gay and bisexual men on condoms and
lubricant is available to download at

www.phru.net/shin

