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Oral Sex, Crack Smoking, and HIV Infection among Female Sex Workers Who Do Not Inject Drugs

Recent research on oral exposure to simian immunodeficiency virus (SIV) infection in macaque monkeys indicates that oral susceptibility is considerably higher than expected.¹ These data, though

they cannot be applied directly to human immunodeficiency virus (HIV) infection, raise questions about the safety of unprotected receptive oral sex in humans. Although there are reports of seroconversion among adults after oral-genital sex,² epidemiological data are scarce. Wallace et al. reported in 1992 that, among female sex workers, smoking crack cocaine and inconsistent condom use while performing fellatio were both associated with a high risk of HIV infection.³

Although the relationship between crack smoking and the risk of HIV transmission through unprotected vaginal sex has been documented,⁴ research also shows that the risk of HIV transmission through unprotected oral sex may be increased among crack smokers due to their frequent lip and mouth injuries.⁵ Among female prostitutes who are heavy crack smokers, extensive lip and mouth injuries and frequent unprotected oral sex create a potential route of infection.⁶ Wallace's most recent data indicate that smoking crack and performing unprotected fellatio are significantly related to HIV infection among female sex workers in New York City who have no history of injection drug use.

Since 1988, FROST'D (Foundation for Research in Sexually Transmitted Diseases) has provided services and testing for HIV infection to female sex workers in low-income stroll districts in New York City. Clients are surveyed on issues related to drug use and sexual practices. Cumulative data from 1989 through 1995 show that 60.1% (1952) of the 3246 streetwalkers surveyed have never used IV drugs. Among sex workers who do not inject drugs, use of crack, performing mostly oral sex, and inconsistent condom use during oral sex are all significantly related to HIV seropositivity: 21.3% of those using crack are HIV positive compared to 13.2% of those who do not use crack ($P = .00$); 21.5% of those performing mostly oral sex are HIV positive compared with 15% of those who perform mostly vaginal sex ($P = .00$); and 25.4% of those who use condoms in consistently during oral sex are seropositive

compared to 14.7% of those who report always using condoms for fellatio ($P = .00$). Among women with no history of injecting drugs and who perform mostly fellatio with clients, 23.9% of those who smoked crack are HIV positive compared with 16.7% among women who do not smoke crack cocaine. These data suggest the need for epidemiological studies of HIV transmission by oral sex, especially among crack smokers who frequently sustain lip and mouth injuries. □

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