

To MCPS Board of Education and Superintendent Weast

Health education is important. We the undersigned recognize that anal intercourse is a particular high risk sexual practice¹ and it is associated with the highest risk of HIV infection. We further recognize that “although there is strong evidence that condom use generally reduces sexual transmission of HIV, solid data showing the effectiveness of currently available condoms during AI, a particularly high-risk sexual practice, still are lacking.”

As physicians, we are concerned for the health of the students and recommend that the new MCPS condom use lesson must use the Surgeons Generals statement² and NIH consensus conference³ statement to warn students of the risks of anal intercourse and of the risks of condom failure during anal intercourse.

Signature

Printed Name

¹“The concept that condom use equals universally “safe sex” has given way to the promotion of options that result in “safer sex” for those who are sexually active. These options include limiting sexual contacts to those known to be uninfected, avoidance of those activities such as” (Anal Intercourse) “AI, that are associated with the highest risk of infection, and correct consistent condom use. Although there is strong evidence that condom use generally reduces sexual transmission of HIV, solid data showing the effectiveness of currently available condoms during AI, a particularly high-risk sexual practice, still are lacking. Because unprotected AI is known to carry with it a higher risk of HIV transmission than does unprotected” (Vaginal Intercourse)” VI, the consequence of condom failure during AI are potentially far more devastating than during VI. In addition, the possibility always exists that for some user, the false sense of security provided by an improperly used or inadequate protective measure could increase, rather than decrease, the risk of infection.”

Use and Effectiveness of Condoms During Anal Intercourse: A Review
J. of the Am. Sexually Transmitted Dis. Ass. Volume 24(1), January 1997,
p11-17 Reprint request: Barbara G Silverman, MD, MPH, U. S. Food and Drug
Administration AI= Anal Intercourse VI= Vaginal Intercourse

“Are condoms strong enough for anal intercourse?”

The Surgeon General has said, "Condoms provide some protection, but anal intercourse is simply too dangerous to practice"

Condoms may be more likely to break during anal intercourse than during other types of sex because of the greater amount of friction and other stresses involved.

Even if the condom doesn't break, anal intercourse is very risky because it can cause tissue in the rectum to tear and bleed. These tears allow disease germs to pass more easily from one partner to the other.”

Condoms and Sexually Transmitted Diseases ...especially AIDS
<http://www.fda.gov/oashi/aids/condom.html>. 2005 revision

“HIV/AIDS can be sexually transmitted by anal, penile-vaginal, and oral intercourse. The highest rate of transmission is through anal exposure

2000 NIH Consensus Conference, Workshop Summary, Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention.

<http://www3.niaid.nih.gov/research/topics/STI/pdf/condomreport.pdf>

Risk of transmission and management of adults exposed to HIV

Up To Date

February 14, 2006

[John G Bartlett, MD](#)

[David J Weber, MD, MPH](#)

“Other exposures — The exact risk of transmission of HIV with sexual exposure or sharing needles is not known, however the risk with a single such exposure is probably lower than many patients and providers assume. A cost-effectiveness analysis of PEP reviewed a number of sources and used the following estimates [10]:

- Receptive anal intercourse — 2 percent
- Receptive vaginal intercourse — 0.1 percent
- Insertive anal or vaginal intercourse — 0.06 percent
- Receptive oral sex with a male partner — 0.04 percent
- Other sexual exposure — 0.004 percent
- Needle or syringe sharing — 0.3 percent
- Bite or assault — 0.004 percent

These numbers are imprecise, particularly for the lower risk events, but others have made similar estimates [11]. There are no documented cases of HIV being transmitted by kissing....

[10.](#) Pinkerton, SD, Martin, JN, Roland, ME, et al. Cost-effectiveness of postexposure prophylaxis after sexual or injection-drug exposure to human immunodeficiency virus. Arch Intern Med 2004; 164:46.

[11.](#) Havens, PL. Postexposure prophylaxis in children and adolescents for nonoccupational exposure to human immunodeficiency virus. Pediatrics 2003; 111:1475”