



UCSF Alliance Health Project

Training Program www.ucsf-ahp.org/provider-resources

Online Resources for the Basic I

HIV Risk from Topping

Our clients are correct when they maintain topping is a lower risk than being on bottom. Unfortunately, some clients believe that because topping is a lower risk than bottoming, topping is no risk. People have become infected from being the top and therefore it does present risk for infection with HIV.

Co-Factors Which Can Increase the Risk for Insertive Anal Sex

HIGH VIRAL LOAD

Generally, there is a spike in viral load during early infection before the person's immune system has a chance to quell the virus. During this time the top partner is more vulnerable to infection with HIV if the bottom partner is infected.

STDs

If the insertive partner has an STD localized in his penis, the mucosal lining of the urethra can be inflamed, placing him at greater risk for infection. If the receptive partner has HIV and has an STD localized to the rectum, there will be an increase of white blood cells in the area. HIV clusters in white blood cells. In the rectum this would increase the risk of HIV for the insertive partner if he did not use a condom.

NOT BEING CIRCUMCISED

In addition to the possibility of tears during intercourse in the connecting tissue between the foreskin and penis, fluids from the partner that may contain HIV can get trapped under the foreskin.

DRUG USE

Crystal methamphetamine and Viagra can raise the risk for the top. These drugs allow for longer and sustained, sometimes vigorous intercourse which can create chaffing, tears or abrasions on the penis as well as bring about bleeding in the rectum. Both of these circumstances could raise the risk of infection to the top partner if the bottom partner is infected with HIV.

TOPPING AS HARM REDUCTION

If a client is not going to use condoms and has a choice between being bottom and being top, topping represents a significantly lower risk. Being top rather than being bottom is a valid harm reduction strategy.

When Is It Safe To Not Use Condoms?

Initiating a conversation with clients about what circumstances need to happen before they feel safe to not use condoms can be helpful. It might assist clients to think about condom use and consider having conversations with partners about HIV status.

Clients may assume they know a partner's HIV status. For example, a client may think, "He wouldn't want me to bottom if he was infected because he would know that he would put me at high risk." Or, "If he was negative, he would tell me to use a condom, so he is probably also positive." Negotiating safety on one's own behalf rather than leaving the choice solely to the partner may be a new and difficult behavior for some clients. Helping them with gentle, open ended questions and possible role-playing on this can be of great help in moving a client in this direction.

General Information Regarding the HIV Risk From Topping

- The per-act risk is hard to estimate. (Varghese, B., 2002).
- Numbers show how a group of individuals might fare on average. Numbers can NOT be used on an individual basis. Infection rate varies from one person to the next. A person can become infected after one or two risk encounters or remain HIV negative after hundreds of risky encounters.

HIV Risk of Unprotected Anal Sex

- Being a top is about 10x less risky than being a bottom. (Klausner, J., San Francisco City Clinic Website).



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- There is a 1 in 500 chance of becoming infected from one incident of unprotected anal sex with an HIV positive bottom. (Klausner, J., San Francisco City Clinic Website).
- There is a 1 in 50 chance of becoming infected from one incident of unprotected anal sex with an HIV positive top. (Klausner, J., San Francisco City Clinic Website).

Prevention Strategies

- Knowing a partner's HIV status is one effective way to reduce risk of infection.
- Picking an HIV negative partner reduces HIV risk 47 fold in comparison to picking a partner of unknown status. (Varghese, B., 2002).
- Men who have sex with men (MSM) should try to adopt two or more safer sex behaviors. Due to high rates of HIV among MSM, one risk reduction step might not prevent HIV over an entire lifetime. (Varghese, B., 2002).

Sources

Adapted from Klausner J. San Francisco City Clinic, <http://www.dph.sf.ca.us/sfcityclinic/drk/faq3.asp>, and Varghese B. et al. 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*. 2002; 29(1): 38-43.