

THE WHITE HOUSE  
WASHINGTON

*File: AIDS  
Condom  
Campaign*

December 30, 1993

TO: David Gergen  
Mark Gearan

FROM: Carol H. Rasco *CHR*

SUBJ: AIDS Condom Campaign

As you will recall, in early to mid-December I brought up at an 8:45 a.m. meeting in Mack's office that the CDC would start an AIDS prevention campaign for the public stressing the need to use latex condoms. The campaign was then scheduled for Dec. 21 or so. In talking with Kris Gebbie we discussed at that time the fact that the President and Sec. Shalala would be on that same date having a UNICEF event and the news might clash...quite frankly I was also concerned we were going to spend all of Christmas answering press questions on condoms. Therefore we successfully negotiated the delay of the campaign kickoff until Jan. 4.

At that time in December I received a tape of the PSA's that will be aired and I at his request forwarded that tape to David Gergen with a complete packet of materials. He stated then he would share the information with the press office. I am attaching for you today a copy of Kevin Thurm's latest memo and attachments on the matter. Please note the Jan. 4 date is on go.

Please do not hesitate to have Rosalyn Miller in my office contact me if you have questions. Also, I would restate that in the previous material I gave David there was a memo from Gebbie stating she would serve on the White House contact on this matter unless notified differently. Because no one has yet raised objections I have not instructed her differently. I would suggest that our press office might want to have a discussion with her no later than Jan. 3 to coordinate any last minute details.

Thank you.

cc: Christine Varney

*cc: Bill Galston*



DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Chief of Staff

Washington D.C. 20201

**FACSIMILE**DATE DEC 29 1993

TO: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Carol Rasco  
Assistant to the President  
for Domestic Policy

456-2216

FROM: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Kevin Thurm  
Chief of Staff

690-6133

RECIPIENT'S FAX NUMBER: ( ) 456-2878NUMBER OF PAGES TO SEND (INCLUDING COVER SHEET): 8

COMMENTS:



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

DEC 29 1993

MEMORANDUM TO CAROL RASCO

FROM: Kevin Thurn *K-T*

SUBJECT: Prevention Marketing Initiative

Although I understand that Kristine Gebbie has kept you informed, I wanted to bring you up-to-date on the CDC AIDS Prevention Marketing Initiative.

On January 4, Secretary Shalala will kick off the CDC Initiative aimed at preventing the transmission of HIV and other sexually transmitted diseases among young people. This Initiative will forge a new partnership among representatives from all levels of government and religious, business, education and community groups. A press release for the kick off event is attached, mentioning the involvement of among others, CDC Director David Satcher, Kristine Gebbie, and Surgeon General Joycelyn Elders.

As part of the Initiative, HHS is developing a national media campaign with key messages to be aired through new public service announcements (PSAs). The messages of these PSAs will be: protect yourself and others; refrain from sexual activity; if you are sexually active, use latex condoms consistently and correctly. ABC is expected to air one of the new condom spots on January 4 during prime time. We have already provided a video cassette of these PSAs to Cabinet Affairs.

To help people develop the skills necessary to use condoms correctly, the Center for Disease Control and Prevention (CDC) has produced a short step-by-step brochure (copy attached). Single copies of the brochure will be available by telephoning the National AIDS Hotline.

The Initiative will also involve a technical assistance program to assist local communities in devising and sharing prevention efforts. HHS will distribute planning guides, statistical data, case studies and other materials and will also support local projects aimed at demonstrating new prevention interventions.

If you have any questions, please do not hesitate to contact me.

## Attachments

January 4 Press Release  
CDC Brochure

cc:  
Christine Varney

# HHS NEWS

**DRAFT**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR RELEASE  
Tuesday, Jan. 4, 10:30 a.m., ESTContact: CDC Press Office  
(404) 639-3297

HHS Secretary Donna E. Shalala today announced the first steps in a new initiative designed to prevent the sexual transmission of HIV and other sexually transmitted diseases (STDs) among young people.

The Prevention Marketing Initiative, coordinated by the Centers for Disease Control and Prevention, is being kicked off with a series of new public service announcements (PSAs) for radio and television.

The ads target young people at increased risk for HIV infection -- sexually active men and women between the ages of 18 to 25.

The PSAs deliver two main HIV prevention messages: to protect yourself and others, refrain from sexual activity; if you are sexually active, use latex condoms consistently and correctly.

"Young people need to know that the surest way to prevent AIDS is to refrain from having sex, but we also need to be realistic," Shalala said.

"By age 20, 86% of young men and 77% of young women report having had intercourse, according to the CDC. Our duty as public health officials is to save lives," Shalala added.

The announcements are the most visible, but not the only, component of the CDC's transformed and reinvigorated HIV/AIDS prevention effort.

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The initiative will also provide technical assistance to local prevention efforts. It will engage government at all levels in a partnership with religious, business, educational and community groups to devise and share prevention strategies. And it will include a community planning process to allow individual communities to reach out to persons most at risk and help them change risky behavior.

"We must break through the denial that all too often leads to risky behavior," said Shalala. "The Clinton administration will provide strong leadership, but everyone has a role: parents, educators, religious and community leaders, state and local officials, and members of the news and entertainment media, among others," she said.

As evidence of the new partnership, representatives from more than 110 national, religious and community-based organizations attended the kick-off in Washington. These included the AIDS Action Council, the United Way, the National Council of La Raza, the National Minority AIDS Council, the National Community AIDS Partnership, and the Episcopal AIDS Coalition.

As further evidence of the new partnership, Shalala announced commitments from major broadcast and cable networks to broadcast the new PSAs. "I applaud these broadcasters for their vision," she said, adding that ABC will begin airing one of the new condom spots tonight (January 4) during prime time.

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CDC Director Dr. David Satcher said the initiative is targeting young people because AIDS has become a leading cause of death among them. Although young people know the facts about HIV and AIDS, many have not changed their behavior.

"Of the 12 million new cases of STDs each year, two-thirds occur in people under 25 years of age," Dr. Satcher said. "These numbers cause great concern, because the behaviors that put people at risk for STDs are the same behaviors that put them at risk for HIV," Dr. Satcher added.

The kick-off also included presentations by Dr. Satcher; Kristine Gebble, the national AIDS policy coordinator; Dr. James W. Curran, the CDC's associate director for HIV/AIDS; and Denise Stokes, a peer educator who also appears in two of the new PSAs. In addition, U. S. Surgeon General Joycelyn Elders lent her support for the initiative as keynote speaker at a luncheon for members of the participating organizations.

The experts agreed that while refraining from sexual activity is the best way to avoid the sexual transmission of HIV, those who are sexually active can significantly reduce their risk of infection by using latex condoms consistently and correctly.

Dr. Curran cited a recent study of couples where one partner was HIV infected and the other was not. "Among the 123 couples who used condoms correctly and consistently over a two-year period, not a single one of the uninfected partners became infected," Dr. Curran said.

- More -

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"This scientific evidence substantiates what we've been saying for years -- that latex condoms work extremely well when used correctly and consistently," Dr. Curran added.

"We recognize the difficulties associated with educating young people about this disease," said Paul Kawata, executive director of the National Minority AIDS Council. "We must work to communicate these HIV prevention messages to bridge the gap between general awareness and behavior change, especially in communities of color," he added.

Dan Bross, executive director of the AIDS Action Council, added: "We wholeheartedly endorse this campaign and stand ready to assist CDC in the battle against the spread of HIV."

As the nation's disease prevention agency within the U.S. Public Health Service, Atlanta-based CDC has the responsibility to provide Americans with accurate scientific information to help them reduce the risk of contracting HIV.

To that end, the CDC has produced a short, step-by-step brochure to help people develop the skills necessary to use condoms correctly. Single copies of the brochure are available free by phoning the CDC's National AIDS Hotline at 1-800-342-AIDS.

###

## Latex Condoms Are Highly Effective In Preventing the Transmission of HIV and Other Sexually Transmitted Diseases

Latex condoms can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases (STDs), including HIV Infection. HIV is the virus that causes AIDS.

But for condoms to provide maximum protection, they must be used *consistently* and *correctly*.

*Consistent use* means using a condom from start to finish every time you have sex.

## Here's all you need to do

*Correct use* means to:

- 1 Use a new latex condom for each act of intercourse—whether vaginal, anal, or oral.
- 2 Be careful when opening the condom. Do not use your teeth, fingernails, or other sharp object to open the condom wrapper because you might tear the condom inside.
- 3 Put the condom on after the penis is erect and before any sexual contact.
- 4 Hold the tip of the condom and unroll the condom all the way down the erect penis—the

rolled rim should be on the outside. Leave space at the tip of the condom for semen, but make sure that no air is trapped in the condom's tip.

5 If additional lubrication is needed, lubricate the outside of the condom if it is not pre-lubricated. Use *only* water-based lubricants. You can purchase a lubricant at any pharmacy. Your pharmacist can tell you which lubricants are water-based.

Oil-based lubricants, such as petroleum jelly, cold cream, hand cream, cooking oil, or baby oil, *will* weaken the condom.

12/14/97

**6** Withdraw from your partner while the penis is still erect. Hold the condom firmly to keep it from slipping off.

**7** Throw the used condom away in the trash. Never reuse a condom.

**8** If the condom breaks during sex, withdraw from your partner and put on a new condom.

Always keep condoms handy, but store them in a cool, dry place that is out of direct sunlight. Do not use a condom after its expiration date or if it has been damaged in any way.

Latex condoms are available in different sizes, colors, and textures. Find the one that is right for you.

Novelty products are not effective in preventing STDs.

Not having sex is the best way to avoid getting HIV infection or other STDs. However, if you do have sex, condoms are highly effective, ~~if used~~ correctly from start to finish each time you have intercourse.

For more information on condoms or preventing HIV infection, contact:

CDC National AIDS Hotline: 1-800-342-AIDS  
Spanish Service: 1-800-344-7434  
TDD Service for the Deaf: 1-800-243-7869

## Using Condoms to Prevent HIV Infection and Other STDs

CDC, Department of Health and Human Services  
Public Health Services



12/18/93

THE WHITE HOUSE

WASHINGTON

December 10, 1993

MEMORANDUM TO CAROL RASCO

FROM:

KRISTINE M. GEBBIE  
NATIONAL AIDS POLICY COORDINATOR

*file*

SUBJECT:

CDC Release of Prevention Marketing Campaign including Condom  
TV Ads

*AIDS*

This memo contains summary information on the CDC Campaign to be launched on December 21 which was referenced in the memo to Carol Rasco dated November 22. This release is the culmination of efforts on the part of HHS to present an HIV/AIDS public information campaign that delivers verbal and visual messages that specifically talk of how to stop HIV transmission. ONAP staff is available for more in depth information on the events.

Background

On December 21, the Centers for Disease Control and Prevention (CDC) will launch their Prevention Marketing Campaign to prevent the spread of HIV, primarily in young people under 25. This campaign is a major step in our fight to end the epidemic is the first national public information campaign that specifically states how to stop the spread of HIV. CDC must be praised for its efforts to present to the nation these messages.

The goals of the campaign will be as follows: 1) for those not engaging in sexual intercourse to continue this healthy behavior; 2) for sexually active teenagers who do not use condoms to start using them; 3) for those who use condoms every time to continue using them; and 4) for those who are using latex condoms inconsistently to use them correctly and consistently every time.

Although abstinence is the best way to prevent HIV transmission, this campaign is aimed at young people that, due to personal decisions or circumstances, have chosen to be sexually active. Special attention will be placed on young people at high risk for infection and groups for which rates of new infections are rising, including: young women, minority youth, young men who have sex with men (including gay-identified youth) and economically disadvantaged youth.

Negative feedback may come from certain groups because the ads specifically encourage individuals already engaging in risky sexual behavior to use latex condoms and those already using condoms inconsistently to begin using them correctly and consistently. Through the use of graphics, CDC has developed television ads that explicitly tell viewers of the need to use condoms to protect themselves. These television ads are accompanied by a radio spots with the voices of celebrities.

CDC PREVENTION CAMPAIGN  
PAGE TWO

Policy considerations

The ads specifically talk of the need to use condoms and are very appealing. They have been tested repeatedly with very enthusiastic responses from the community and policy makers. However, we are expecting three specific types of negative reactions from the community: 1) those who may see these ads as promoting promiscuity among young people; and 2) those who may say that this campaign is not enough and it took too long to be developed; and 3) there will be those who will question the effectiveness of condoms in preventing the spread of HIV. Relative to that concern, I have included copies of the latest CDC report that scientifically proves the effectiveness of condoms. Another concern relates to the extent that the TV networks will participate in the distribution of the ads.

Strategy

The primary focus of the discussion will be that this is a public health issue and that the public health authorities are doing what they have been delegated to do to safeguard the health of the public. The campaign is intended to demonstrate the leadership of the new administration on this issue. Although abstinence is the most effective way of preventing infection, recent surveys of high school seniors indicate that 72% have had sex. One fifth (19%) have had four or more partners. The public health authorities believe that this campaign will help prevent sexually transmitted diseases and HIV/AIDS. The campaign is aimed specifically at young people that are at greatest risk and at the same time reinforcing those who choose to abstain.

CDC has been working actively in obtaining support from national and local organizations, primarily those working with young men and women, to participate in the activities of December 21. At this point, 72 organizations have agreed to participate. Among those who have expressed their support have been the National Association of Parent Teacher Associations, AIDS National Interfaith Network, American Medical Association, American Public Health Association and many others. More organizations are being approached to obtain their support.

These organizations have already viewed the ads and have expressed their support for CDC activities. This will help in preempting opposition from the conservatives and those who may say that this campaign is not enough. CDC is also seeking the support of religious communities that will participate in the meeting.

CDC has been working actively with the networks who have accepted the PSAs. ABC and NBC have been particularly enthusiastic and CDC is working to have both of them on stage signifying their support. These details are currently being finalized.

To assure message consistency, I will serve as the White House spokesperson on this issue and all inquires should be directed to my office.

**FOR MESSAGE TRAINING ONLY: NOT FOR DISTRIBUTION**

**QUESTIONS AND ANSWERS: PREVENTION MARKETING INITIATIVE**

**PROGRAM-SPECIFIC:**

1. **Why is the federal government starting a new prevention program now?**
  - Since 1987, through the America Responds to AIDS public education program, the CDC has orchestrated the largest AIDS information program in the U.S. The America Responds to AIDS program has played a key role in increasing awareness of HIV and AIDS, which is an important step in encouraging risk reduction behaviors. Today, virtually every young American knows the facts about HIV and AIDS.
  - We have long been committed to helping increase public awareness and understanding of HIV and AIDS; to advocating the correct and consistent use of latex condoms for those who are sexually active; to helping encourage and reinforce risk reduction behaviors that can prevent HIV infection; and to helping focus the attention of media and community leaders on this issue.
  - Yet many Americans continue to engage in unsafe sexual intercourse. A recent study found that only 17% of heterosexuals with multiple sex partners used condoms all of the time. (Catania) For this reason, the CDC must redouble its efforts to deliver crucial prevention messages and to focus our attention on behavioral objectives.
  
2. **What is the specific significance of this prevention program compared to the previous programs?**
  - This program incorporates the theories and practices of social marketing to go beyond information to address the challenge of impacting certain behaviors.
  - In addition, this program recognizes that people often have the solutions to their own problems and must be given a voice and the tools to participate fully in designing programs that address their needs.
  - Therefore, action plans for this program will be developed by a collaborative effort between the CDC and a group of prevention planning partners. More than 75 groups are involved in this effort - from the American Medical Association to the AIDS Action Council. These prevention planning partners will serve as individual consultants to the CDC and will develop action plans for local, state and national levels.

3. **Why is the prevention program targeting young people?**

- Young people's current sexual behaviors demonstrate that we need to continue to reach them with prevention messages. Young people are more sexually active now than ever. By age 20, 86% of men and 77% of women have had sexual intercourse, and 19% of all high school students have had four or more sex partners.
- Because most young people are not taking vital steps to protect themselves, the consequences are tragic. Young people are the fastest growing group of people with HIV and AIDS. Due to the long incubation period between HIV infection and the onset of AIDS, many of these people were probably infected in their teens and early twenties.
- Plus, one in four sexually active adolescents has a sexually transmitted disease.

4. **How does this initiative, and these materials, differ from those in past CDC HIV prevention efforts?**

- The materials we are previewing today are part of a new, Prevention Marketing Initiative designed to prevent the sexual transmission of HIV and other sexually transmitted diseases (STDs) among young Americans. This is a behavior-based program, targeted to the following audiences:
  1. Young people who are not currently sexually active;
  2. Young people who always use latex condoms correctly and consistently; and
  3. Young people who are having unprotected sex.
- Currently, with these materials, we are targeting the last group mentioned -- namely, those individuals who are sexually active and at **highest risk** of contracting HIV.
- The Prevention Marketing Program includes three main components. The first component is the development and production of national media materials and outreach to media.
- The second component, prevention collaboration, ensures the program is constantly developed, reviewed and tested by a variety of culturally sensitive and ethnically diverse organizations. In addition, the prevention collaboration effort will focus on information and technology exchange to support and build capacity for state and local efforts.

- The third component, local demonstration projects, will offer intensive technical assistance to local communities on prevention marketing activities. These local projects will serve as laboratories for creating and implementing behaviorally focused projects. In addition, this effort will demonstrate how a national prevention marketing program works in tandem with local projects toward shared objectives.
5. **Isn't it ironic that the federal government is announcing this new program – which promotes sex and condom use – around the Christmas holiday, a religious holiday that is traditionally shared by family and friends?**
- We wanted to release the program as soon as it was available, because we don't have a minute to waste in trying to stop more people from becoming infected with HIV.
  - Unfortunately, AIDS does not go away for the holidays. It is a public health problem that millions of Americans face every day.
  - We encourage families to discuss AIDS as they gather at home for the holidays. Families need to talk about the realities of AIDS.
  - At this time of year, people are making New Year's resolutions. We hope that one resolution everyone makes this year is to use a latex condom if they are going to have sex or delay having sex.
  - It is particularly important to discuss AIDS at this time of year because holiday parties and events may lead to behaviors, such as excessive drinking, which may lower inhibitions and, therefore, increase the risk of contracting HIV.

#### **MATERIALS-SPECIFIC:**

6. **What is the prevention strategy that you are advocating for sexually active young people 18-25 years of age?**
- There are three important strategies. First, if you are sexually active, a highly effective strategy for preventing HIV is the correct and consistent use of latex condoms. Using latex condoms should be automatic.
  - Second, if your partner refuses to use a condom, you should refuse to have sex.

- Equally as important, even if you are sexually active, you can still choose to delay future sexual intercourse until you feel confident that you can practice safer sex behaviors consistently.

**7. Why are you not targeting even younger groups?**

- 18-25 year-olds need to be the initial focus of our public service advertising because they are sexually active now more than ever, and most of them are not taking the vital steps necessary to protect themselves from HIV and other STDs.
- By age 20, 86% of men and 77% of women have had sexual intercourse. Because most are not practicing safer sex behaviors, 18-25 year-olds are the fastest growing people with HIV and AIDS. AIDS is the third leading cause of death among adults ages 25-44. Due to the long incubation period between HIV infection and the onset of AIDS, many of these people were probably infected in their teens and early twenties.
- Furthermore, one in four sexually active young people today suffers from an STD.
- In the future, we will be developing appropriate prevention messages for younger age groups.

**8. What about addressing the disproportionately high incidence of HIV among Hispanics and African-Americans?**

- All materials developed for the Prevention Marketing Initiative are based on the most current scientific data and consumer research relating to people of color. All of the materials released today were tested among Hispanic and African American individuals.
- Our materials also feature African-American and Hispanic individuals. For example, a radio PSA features TV celebrity Martin Lawrence, while the "Turned Down" TV spot features two Latino individuals. All spots have been tested among young Hispanic and African-American people and the results show the PSAs effectively deliver our messages to target audiences.
- Many of the materials being presented today are being produced in Spanish.
- These materials will be distributed through targeted media channels and organizations that reach people of color.

- Prevention planning partners include African-American and Hispanic representation to ensure that future activities continue to address the needs of people of color.

**9. This sounds like a latex condom promotion campaign.**

- The CDC is simply reinforcing the message that using latex condoms will greatly reduce the risk of sexually contracting HIV and many other STDs. This program is not designed to promote sexual activity nor to condone sexual behaviors. However, it is designed to provide lifesaving public health information to a generation of young Americans, including those who choose to be sexually active.

**10. Why are these public service announcements targeting sexually active young people 18-25 years of age in particular?**

- The Prevention Marketing Initiative focuses on three different groups of young people: young people who are not currently sexually active; young people who always use latex condoms correctly and consistently; and young people who are having unprotected sex.
- The new public service announcements target one segment of young people who are at increased risk of HIV -- sexually active young people between 18-25 years of age. However, we have developed messages for the other groups and will continue to do so in the future.
- Sexual transmission is the most common route of contracting HIV.

**11. Some people might say that the "Naked" radio PSA promotes the kind of risky behaviors that you want to curb?**

- In order to reach an audience of sexually active young people 18 - 25 years of age with our messages, it is critical that we use techniques that will appeal to them. This means using spokespeople whom young people can relate to, and it means framing the messages in innovative ways. We can't get our message through if our audience will not listen. Research with our target audience demonstrated that this PSA is highly effective in communicating the key messages.
- Furthermore, several studies have shown that levels of sexual activity among young people decreased or remained the same after exposure to comprehensive sex education programs which included information about condoms.

- Among them, a 1992 Family Planning Perspectives study found that AIDS education and sex education resulted in decreases in the number of sexual partners and the frequency of intercourse. Having received education was also associated with more consistent condom use.
- In message testing, this PSA was well received. People especially liked Anthony Kiedis' message that he is "not saying to have sex, but he's not saying not to have sex." Some people were initially unsure about using Anthony Kiedis as a spokesman because of his "rebel" image. But many felt he was a good choice – because if young people see him as a "wild man" and a wild man uses a condom, then they should too.

**12. Why are many of the PSAs focused on women and actions they can take?**

- Women are one of the fastest growing groups of people with HIV and AIDS. Almost two of every three new AIDS cases occur in women. Heterosexual sex is the fastest-growing risk behavior for new infections, especially for women. Women are 12 times more likely than men to contract HIV from an infected partner during heterosexual intercourse. (Yale University, AIDS Weekly, 1992)
- Women need to take vital steps to protect themselves from contracting HIV. This means insisting on using latex condoms correctly each and every time you have sex, from start to finish. This means refusing to have sex if your partner refuses to wear a latex condom. This means delaying sexual intercourse until you feel confident that you can practice safer sex behaviors consistently.

**13. What is the total cost of these public service announcements, and how were they developed?**

- The production of these materials cost approximately \$800,000.
- Since 1987, \$9 million has been spent for development, production, and distribution of television PSAs. \$150 million has been donated by the networks and affiliates for TV and radio airplay of PSAs. So for every 1 dollar that has been spent on production, over 16 dollars has been donated for airing of PSAs. Simply put, there has been a \$141 million return on CDC's investment.

14. **What kind of cooperation have you received from the networks regarding airing of the PSAs? When will they be aired?**

- (All) major television networks have agreed to air the new PSAs on condom effectiveness. They have committed to air the spots on a national basis. While we are pleased with the networks' cooperation, we encourage them to air the PSAs during primetime without restrictions. We also anticipate that local affiliates throughout the country will offer similar support through donated airtime as well.
- Network contributions have helped make America Responds to AIDS the largest federal PSA campaign in history – 150 million dollars in free air time has been donated to the program.
- We have met with the networks and they have indicated they are committed to delivering condom specific messages about HIV prevention not only through public service advertising, but also through television programming. We are currently working with award-winning producer Linda Ellerbee for a television information special about HIV and AIDS that will be targeted to young people.

#### **CONDOM EFFECTIVENESS/QUALITY/USE:**

15. **Some people feel it is deceptive to tell young people that latex condoms are an effective barrier against HIV. How do you respond to that?**

- Rigorous new scientific studies of high-risk couples – in which one partner was HIV-infected and the other partner was not infected – prove that correct and consistent use of latex condoms can dramatically reduce the risk of HIV infection during vaginal, anal, or oral sex.
- In a European study of 123 such couples who used latex condoms correctly and consistently, none of the uninfected partners contracted HIV over a 2-year period. In an Italian study of 171 such couples, 2% of the uninfected partners contracted HIV over a 2-year period. (DeVincenzi et al., Saracco et al.)
- When condoms were used inconsistently, 10% of the partners became infected in the European study, and 15% became infected in the Italian study.
- Simply put, in the extreme risk situation, those who failed to use condoms consistently increased their risk of HIV infection by 900% compared to those who used condoms consistently and correctly.

- It should also be noted that we in public health promote many behaviors that significantly reduce health risk but do not entirely eliminate it. For example, we promote wearing bicycle helmets, which are 85% effective at reducing injury or death, and we promote wearing seat belts, which are 40-55% effective at reducing injury.

## **CONDOM EFFECTIVENESS/QUALITY/USE**

### **16. Are certain brands of condoms better than others? Are all condoms of similar quality?**

- As a medical device, all latex condoms are rigorously tested to ensure that they meet federal and industry quality assurance standards. Every condom manufactured in the United States is tested by manufacturers for defects, including holes or areas of thinning, before it is packaged. The CDC does not endorse particular brands but it does recommend only latex condoms, which are highly effective in preventing transmission of HIV.
- Latex condoms are the only contraceptive labelled by the FDA to be effective in preventing sexual transmission of HIV. Other contraceptives are required to carry a statement that they do not protect against HIV infection and other STDs.
- The FDA believes that the Mariposa study on condom effectiveness is flawed and therefore cannot be relied upon to judge the relative quality of various brands of condoms. The study is flawed because: too few batches of condoms were sampled to generalize about any brand as a whole, and the study did not consider possible deterioration of condoms due to improper storage conditions or age.

### **17. What about the studies that claim that condoms have high failure rates, both in terms of contraception and prevention of HIV.**

- Studies suggesting a 15.7% contraceptive failure rate of condoms are based on self-reported data and include people who used condoms inconsistently or incorrectly. Recent studies show that pregnancy rates are reported to be 2% for couples who use condoms correctly and consistently. (Trussell)

- A University of Texas retrospective study, which found a 69% condom effectiveness rate, is flawed for many reasons. First, the study only cites data collected prior to July 1990, overlooking recent studies that provide some of the most compelling evidence that condoms are effective. Second, this study presented data from a variety of different populations studied under different control conditions and attempted to draw parallel conclusions. Third, the study did not control for proper and consistent use of condoms.
- Rigorous new scientific studies of high-risk couples – in which one partner was HIV-infected and the other partner was not infected – prove that correct and consistent use of latex condoms can dramatically reduce the risk of HIV infection during vaginal, anal, or oral sex. In fact, in one Italian study, those in the extreme risk situation – who failed to use condoms consistently – had a 900% increased risk of infection relative to those who used condoms consistently and correctly. (Saracco et al.)

#### 18. Can't condoms break?

- Condoms rarely break or fail. The biggest failure is not taking condoms out of their wrappers.
- In those cases where breakage occurs, it is usually related to user error rather than condom quality. Using old condoms is a leading cause of condom breakage. Other common reasons for breakage include fingernail tears, exposure to heat or sunlight, reusing condoms, or unrolling the condom before putting it on.
- Use of oil-based lubricants such as baby oil, vegetable oil, petroleum jelly, and cold cream can weaken latex condoms considerably and cause them to break. Mineral oil, a common ingredient of hand lotions, can cause a 90% decrease in condom strength after as little as 60 seconds of exposure.

#### 19. How can we be sure that latex condoms are high quality products?

- Rigorous studies indicate that latex condoms are excellent quality products. Because they are classified as medical devices, latex condoms undergo rigorous tests by manufacturers and the FDA to ensure that they meet federal quality assurance requirements.
- Every condom manufactured in the U.S. is tested electronically for defects, including holes or areas of thinning, before it is packaged.

- Studies by the FDA Center for Devices and Radiological Health confirm that latex condoms are a highly effective mechanical barrier to HIV-sized particles. (Peterson)

## **GENERAL RISK REDUCTION/PREVENTION STRATEGIES**

### **20. Why aren't you advocating abstinence for all young adults? Isn't abstinence the only guaranteed way of preventing the transmission of HIV?**

- Refraining from sexual intercourse with an infected partner is the best strategy to prevent HIV infection. However, we must emphasize that abstinence is only effective if people practice it all the time. A 1988 National Survey of Family Growth found abstinence to have a contraceptive failure rate of 31.4% when not practiced consistently.
- Correct and consistent use of latex condoms is another critical prevention strategy, especially for sexually active individuals who choose not to delay sexual intercourse. Recent studies provide compelling evidence that latex condoms are highly effective barriers to the sexual transmission of HIV when used correctly and consistently. In fact, in one Italian study, those in the extreme risk situation -- who failed to use condoms consistently -- had a 900% increased risk of infection relative to those who used condoms consistently and correctly. (Saracco et al.)
- The key issue is compliance. Either strategy can be highly effective if it is practiced all the time. If people choose abstinence to prevent HIV, they must abstain at all times. If people choose to use latex condoms to prevent HIV, they must use them correctly and consistently.

### **21. How safe is "safe sex"?**

- The only 100% effective way to prevent HIV transmission is to abstain from sex. However, if a person is sexually active, using latex condoms is a highly effective prevention strategy to help reduce the risk of HIV infection. Studies do show that correct and consistent use of latex condoms is highly effective in preventing the transmission of HIV and many other STDs during vaginal, anal, or oral sex. In fact, in one Italian study, those in the extreme risk situation -- who failed to use condoms consistently -- had a 900% increased risk of infection relative to those who used condoms consistently and correctly. (Saracco et al.)

- It should be noted that we promote many behaviors that significantly reduce health risk but do not entirely eliminate it. For example, we promote wearing bicycle helmets, which are 85% effective at reducing injury or death, and we promote wearing seat belts, which are 40-55% effective at reducing injury.
- It is our duty and responsibility, as public health officials, as the media, and as a society, to work together to help provide potentially lifesaving information to reduce people's risk of contracting HIV.

**22. Is the federal government promoting or condoning sexual intercourse outside of marriage?**

- There are many sound public health reasons to delay the initiation of sexual intercourse, such as preventing pregnancy, HIV, and other STDs. For a variety of reasons, not everyone chooses to abstain – and those people need information on how to keep themselves safe.
- As public health professionals, we can tell people who choose to be sexually active that they should use latex condoms correctly and consistently in order to prevent HIV infection.

**23. Aren't enough people already using condoms?**

- No, most sexually active people are not using latex condoms every time they have sex. For example, in San Francisco, only 6% of heterosexual males with multiple sex partners reported always using condoms. (Roper, Peterson, Curran)
- In another study, only about 20% of sexually active American women reported that their male partners used condoms. (Roper, Peterson, Curran)
- A national survey of heterosexual adults with multiple sex partners found that only 17% used condoms all of the time. (Catania)

**24. Why do you need to tell people that condoms work?**

- There is some confusion among the public about whether latex condoms are effective in preventing the transmission of HIV, despite recent scientific studies proving that latex condoms are highly effective. According to a 1991 National Center for Health Statistics study, 24% of people surveyed do not believe condoms are effective against HIV. People are not likely to use condoms if they don't believe that they are effective. It is therefore important to disseminate accurate information about condom effectiveness.

**25. Haven't we seen that condom promotion doesn't work? People might listen to your messages, but will they actually adopt risk reduction behaviors?**

- While condom use and other risk reduction behaviors are nowhere near ideal levels, it must be recognized that every day more and more people are using latex condoms in order to protect themselves. There has been a significant increase in practicing risk reduction behaviors.
- Thirty-seven percent of college students in 1988 reported limiting their numbers of sexual partners in order to reduce their risk of HIV, up from 19% in 1987 and 11% in 1986.(College Research Data)
- Forty-one to fifty-one percent of women college students always or almost always use a condom, up from 21% in 1986.(College Research Data)
- Reported condom use by metropolitan-area adolescent males during both first and most recent sexual intercourse more than doubled between 1979 and 1988; 56.9% of sexually active, never-married males used a condom at most recent intercourse in 1988.(Pleck JH et al.)
- However, even when people report that they use condoms, they may not be using them consistently and correctly. The real challenge we face is communicating to young people that they need to use condoms correctly each and every time they have sex. We need much more scientific research on sexual behaviors among Americans and how to most effectively increase risk reduction behaviors. That much needed information will help us plan even better prevention programs.

**26. Don't education programs about condoms result in increased sexual activity among adolescents?**

- No.
- Several studies have shown that levels of sexual activity among young adults decreased or remained the same after exposure to comprehensive sex education programs which included information about condoms.
- In a recent Swiss study of 16-19 year-olds, an AIDS prevention effort focusing on condom use did not increase the level of sexual activity or the number of sexual partners of young people. However, condom use did increase among those already sexually active.

- A 1992 Family Planning Perspectives study found that AIDS education and sex education resulted in decreases in the number of sexual partners and the frequency of intercourse. Having received education was also associated with more consistent condom use.

**27. Is this the first administration to promote condom use?**

- Condoms, as an HIV prevention strategy for sexually active adults, has been supported by both Democratic and Republican administrations. Surgeon Generals C. Everett Koop and Antonia Novello have supported and endorsed the use of condoms as an HIV prevention strategy.
- Compelling new data, released this past summer indicating that latex condoms are highly effective against the sexual transmission of HIV and other STDs, supports a more aggressive approach to the promotion of condoms.
- Programs promoting condom use to prevent transmission of STDs have been implemented by the federal government throughout history, primarily targeting the military since World War I.

# Prevention Marketing Initiative — Message Strategies

## Human Face of Epidemic is of Young People

- Worldwide, affected more than any other age group
- 1/4 have an STD; 75% of new STDs in people under 25
- AIDS third leading cause of death among 25-44 years old; many infected as teens

## Must Provide Lifesaving Information To Generation of Young Americans

- Can't let people die
- Abstinence most effective strategy
- For those who choose to be sexually active, need to provide information about latex condoms to prevent disease & death

## Young People Reach 25 Years of Age Free From HIV Infection

## National and Local Programs Essential for Success

- National media outreach
- Collaboration with organizations
- Community demonstration projects

## Community Plays Key Role in Prevention

- Work together to plan programs
- Families, schools, religious, community agencies

# Public Service Advertising — Message Strategies

Target Audience - Sexually active young people 18-25 years of age

## Latex Condoms Highly Effective When Used Consistently & Correctly

- FDA regulated & approved
- New data - compelling, significant
- Takes information to new level

## Refraining From/Delaying Sex Highly Effective When Practiced Consistently

- Key is compliance
- Viable option for people who have been sexually active in past

## These Condom Messages Do Not Overpromise

- General public underrates effectiveness of condoms
- Message testing confirms target audience did not take away message of absolute effectiveness

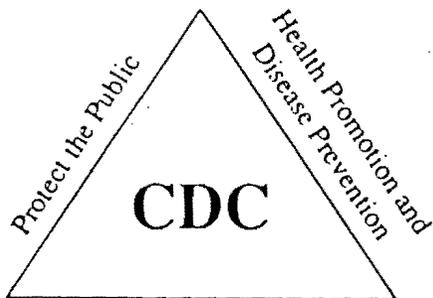
## PSA Messages Based on Strong Credible Science

## Promoting Condoms Does Not Promote Sex

- Studies show AIDS/sex education decreased sexual activity, increased condom use

## Condom Use Proven to Have Dramatic Effect on Reducing Number of New HIV Infections

- People who fail to use condoms consistently increase risk of HIV infection by 900% compared to consistent users



Accurate, timely science

# Condom Effectiveness — Message Strategies

## Latex Condoms Work

*Highly effective against HIV*

- One study — no infections
- 2nd study — 2% infected (1%/yr.)

## Quality Product

- FDA Center for Devices and Radiolog. Health
- FDA Label rules
- Double dipped in latex
- Quality control standards
- Every condom tested
- Random testing

## MMWR

- Newest studies
- Takes information to new level
- Focus on discordant couples (extreme risk)
- Data — compelling, significant, powerful, important

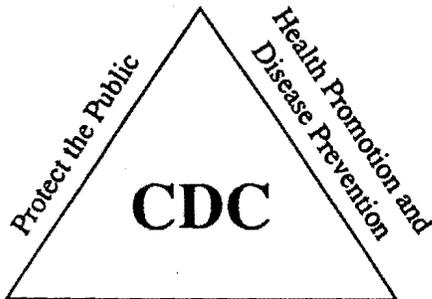
## Correct and Consistent Use

*Highly effective, only if . . .*

- Used every time
- Used correctly
- Motivated to use
- Believe they work

## User Error

- Not used consistently
- Fingernail tears
- Water-based vs. oil-based lubricants
- Not used from start to finish
- Old, badly stored



Accurate, timely science

## Proposed Prevention Marketing Initiative Planning Partners

Organization	Contacted	Yes/No	Letter Sent	Visited
<b>Adolescent AIDS Program at Montefiore</b> 111 East 210 Street Bronx, NY 10467 718-882-0322 718-882-0432 FAX Donna Futterman, Acting Director	X	Yes	X	
<b>AIDS Action Committee of Boston</b> 131 Clarendon Street Boston, MA 02116 617-437-6200, ext. 259 617-437-6445 FAX Larry Kessler	X	Yes	X	
<b>AIDS Action Foundation</b> 1875 Connecticut Ave., NW, Suite 700 Washington, DC 20009 202-986-1300 202-986-1345 FAX Jeff Levi, Director	X	Yes	X	X
<b>AIDS National Interfaith Network</b> 110 Maryland Avenue, NE, Suite 504 Washington, D.C. 20002 202-546-0807 202-546-5103 FAX Rev. Ken South, Executive Director	X	Yes	X	X
<b>AIDS Project Los Angeles</b> 1313 Vine Street Los Angeles, CA 90028 213-962-1600 213-993-1595 FAX Lenny Bloom, Executive Director	X	Yes	X	
<b>AIDS Services of Dallas</b> Post Office Box 4338 Dallas, TX 75208-0338 214-941-0523 214-941-8144 FAX Don Maison, Executive Director			X	

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>American College Health Association</b> AIDS Task Force University of Wisconsin University Health Services 1552 University Avenue Madison, WI 53705 608-262-1885 608-262-9160 FAX Dr. Richard Keeling, Chair	X	Yes	X	
<b>American College of Obstetricians            and Gynecologists</b> 409 12th Street, SW Washington, DC 20024 202-638-5577 202-484-5107 FAX Ralph W. Hale, M.D., Executive Director			X	
<b>American Foundation for AIDS Research</b> 40 West 57th Street New York, NY 10019 212-682-7440 212-682-9812 FAX Margaret Reinfeld, Director of Education	X	Yes	X	X
<b>American Medical Association</b> 515 North State Street Chicago, IL 60610 312-464-5570 312-464-5842 FAX Arthur Elster, M.D., Director, Department of Adolescent Health	X	Yes	X	X
<b>American Public Health Association</b> 1015 15th Street, NW Washington, DC 20005 202-789-5600 202-789-5661 FAX Margaret Anderson, AIDS Coordinator	X	Yes	X	X

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>American Red Cross</b> 1750 K Street, NW, Seventh Floor Washington, DC 20006 202-973-6001 202-973-6043 FAX Mary Cotton, Ph.D.	X	Yes	X	X
<b>American Social Health Association</b> Post Office Box 13827 Research Triangle Park, NC 27709 919-361-8400 919-361-8425 FAX Peggy Clark, Executive Director	X	Yes	X	X
<b>Asian-American Health Forum</b> 116 New Montgomery St., Suite 531 San Francisco, CA 94105 415-541-0866 415-541-0748 FAX Paul Chen	X	Yes	X	
<b>Association of Reproductive Health Professionals</b> 2401 Pennsylvania Ave., NW, Suite 350 Washington, DC 20037 202-466-3825 Dennis Barbour, President	X		X	
<b>Association of State and Territorial Health Officials</b> 415 Second Street, NE, Suite 200 Washington, DC 20002 202-546-5400 202-544-9349 FAX Margaret Skelley, AIDS Coordinator	X	Yes	X	X
<b>The Balm in Gilead</b> P. O. Box 88 Lincolnton Station New York, NY 10037 212-281-4887 212-281-8102 FAX Pernessa C. Seele, Founder & CEO	X			

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>Children's Defense Fund</b> 25 E Street, NW Washington, DC 20001 202-662-3549 Carol Regan, Health Director	X	No		
<b>Congress of National Black Churches, Inc.</b> 1225 Eye Street, NW, Suite 750 Washington, DC 20005-3914 202-371-1091 202-371-0908 FAX Rev. Michael Lemmons, Executive Director	X	Yes	X	X
<b>Deafpride, Inc.</b> 1350 Potomac Avenue, S.E. Washington, D.C. 20003 202-675-6700 Margaret Bibum, Deputy Director	X		X	
<b>Alan Guttenmacher Institute</b> 2010 Massachusetts Avenue, N.W. Fifth Floor Washington, D.C. 20036 202-296-4012	X		X	
<b>Helena Hansen</b> 230 Bergen Street, Apartment 2 Brooklyn, NY 11217 718-722-7530 or 201-267-5533 201-267-2903 FAX	X	Yes	X	
<b>HDI Projects</b> 1000 16th Street, NW, #401 Washington, DC 20036 202-452-8750 202-452-0086 FAX Penny Harrison, President	X	Yes	X	X
<b>Human Rights Campaign Fund</b> 1012 14th Street, NW, Suite 607 Washington, DC 20005 202-628-4160 202-347-5323 FAX Greg King, Director of Communications	X	Yes	X	X

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>Shawniqua Jenkin</b> Twitchell Hall, Room 305 Hampton University Hampton, Virginia 23668 804-728-4053	X	Yes	X	
<b>The Learning Partnership</b> 314 Bedford Road P.O. Box 199 Pleasantville, NY 10570-0199 914-769-0055 914-769-5676 FAX John Fisher	X	Yes	X	
<b>Maricopa County Community AIDS Partnership</b> 2122 E. Highland Avenue, Suite 400 Phoenix, AZ 85016 602-381-1400 602-381-1575 FAX Jan Kenney, Consultant	X	Yes	X	X
<b>National Alliance of State and Territorial AIDS Directors</b> 444 N. Capital Street, NW Washington, DC 20001 202-434-8090 202-434-8092 FAX Julie Scofield, Executive Director	X	Yes	X	X
<b>Randall Pope, Chief</b> HIV/AIDS Prevention and Intervention Department of Public Health 3423 N Logan/Martin Luther King P.O. Box 30195 Lansing, MI 48909 517-335-8371 517-335-9611 FAX	X	Yes	X	

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>National Assembly and National Collaboration for Youth</b> 1319 F Street, NW, Suite 601 Washington, DC 20004 202-347-2080 202-393-4517 FAX Gordon Raley, Executive Director	X	Yes	X	X
<b>National Association of Broadcasters</b> 1771 N Street, NW Washington, DC 20036 202-429-5300 202-783-1583 FAX Don LeBrecht	X	Yes	X	X
<b>National Association of County Health Officials</b> 440 First Street, NW, Suite 500 Washington, DC 20001 202-783-5550 202-783-1583 FAX Christine Layton, Project Manager Maternal and Child Health	X	Yes	X	
<b>National Association for Equal Opportunity in Higher Education</b> 400 12th Street, NE, Second Floor Washington, DC 20002 202-543-9111 202-543-9113 FAX Millie Freeman, Project Manager	X	Yes	X	X
<b>National Association of People with AIDS</b> 1413 K Street, NW 10th Floor Washington, DC 20005 202-898-0414 202-898-0435 FAX William Freeman, Executive Director	X	Yes	X	X

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>National Association of State Boards of Education</b> 1012 Cameron Street Alexandria, VA 22314 703-684-4000 703-836-2313 FAX Brenda Wellborn, Executive Director	X	Yes	X	X
<b>National Catholic AIDS Network</b> P.O. Box 422984 San Francisco, CA 941242-2984 707-874-3031 707-874-1433 FAX Father Rodney DiMartini, Executive Director	X	Yes	X	X
<b>National Coalition of Hispanic Health and Human Services Organizations</b> Division of Chronic Diseases 1501 16th Street, NW Washington, DC 20036 202-387-5000 202-797-4353 FAX Carlos Vega, Director, Division of AIDS and Chronic Disease	X	Yes	X	X
<b>National Community AIDS Partnership</b> 1140 Connecticut Avenue, NW Suite 901 Washington, DC 20036 202-429-2820 202-424-2814 FAX Paula Van Ness, Executive Director	X	Yes	X	X
<b>National Conference of State Legislators</b> 1560 Broadway, Suite 700 Denver, CO 80202 303-830-2200 303-863-8003 FAX Candice Roemig, Group Director, Human Services	X	Yes	X	

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>National Council of Churches</b> 475 Riverside Drive, Room 572 New York, NY 10115 212-870-2491 212-870-3112 FAX Kenyon C. Burke, Ed.D., Unit Director/ Associate General Secretary Justice Unit	X	Yes	X	X
<b>National Council of La Raza</b> 810 First Street, NE, Suite 300 Washington, DC 20002 202-289-1380 202-289-8173 FAX Christina Lopez, Vice President for Institutional Development	X	Yes	X	X
<b>National Council of Negro Women</b> 1667 K Street, NW, Suite 700 Washington, DC 20006 202-659-0006 202-785-8733 FAX Eleanor Hinton-Hoytt	X	Yes	X	
<b>National Education Association Health            Information Network</b> 1201 16th Street, NW Washington, DC 20036 202-822-7570 202-822-7775 FAX James Williams, Executive Director	X	Yes	X	X
<b>National Episcopal AIDS Coalition</b> 2025 Pennsylvania Ave., NW, Suite 509 Washington, DC 20006 202-628-6628 202-293-3944 FAX Rev. Ted Karpf, Executive Director	X	Yes	X	X

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>National Family Planning &amp; Reproductive Health Association</b> 122 C Street, NW, Suite 380 Washington, DC 20001-2109 202-628-3535 202-737-2690 FAX Marilyn Keefe, Director, Service Delivery Deborah Horan, Director of Government Relations	X	Yes	X	
<b>National Gay and Lesbian Task Force</b> 1734 14th Street, NW Washington, DC 20009 202-332-6483 Robin Cain	X	Yes	X	X
<b>National Leadership Coalition on AIDS</b> 1730 M Street, NW, Suite 905 Washington, DC 20036 202-429-0930 202-872-1977 FAX B.J. Stiles, President	X	Yes	X	X
<b>National Medical Association</b> 1012 Tenth St., NW Washington, DC 20001 202-347-1895 202-842-3293 FAX Tracey Walter, M.D.	X	Yes	X	X
<b>National Minority AIDS Council</b> 300 I Street, NE, Suite 400 Washington, DC 20002-4389 202-544-1076 202-544-0378 FAX Paul Kawata, Executive Director	X	Yes	X	X
<b>National Minority Health Association</b> P.O. Box 11876 Harrisburg, PA 17108 717-763-1323 Leroy Robinson, Executive Director	X		X	

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>National Native American AIDS Prevention Center</b> 3515 Grand Avenue, Suite 100 Oakland, CA 94610 510-444-2051 510-444-1593 FAX Ron Rowell, Executive Director	X	Yes	X	
<b>National Network of Runaway and Youth Services</b> 1319 F Street, NW, Suite 401 Washington, DC 20004 202-783-7949 202-783-7955 FAX Geneva Pham, Program Assistant, Safe Choices Project	X	Yes	X	X
<b>National Organization of Black County Officials</b> 440 First Street, NW, Suite 500 Washington, DC 20001 202-347-6953 Crandall O. Jones, Executive Director	X		X	
<b>National Parent Teacher Association</b> 330 North Wabash Avenue, Suite 2100 Chicago, IL 60011-3690 Gene Honn, Executive Director 312-670-6782	X		X	
<b>National Public Health Information Coalition</b> Nancy Kay Sullivan, President Mississippi State Department of Health 2423 North State Street Jackson, MS 39215-1700 601-960-7667 601-960-7434 FAX	X	Yes	X	

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>Jim McVay, Dr.P.A., Incoming President</b> <b>Alabama Department of Public Health Promotion</b> <b>and Information</b> <b>434 Monroe Street, Room 644</b> <b>Montgomery, AL 36130-1701</b> <b>205-613-5296</b> <b>205-240-3097 FAX</b>	X	Yes	X	
<b>National Task Force on AIDS Prevention</b> <b>631 O'Farrell Street</b> <b>San Francisco, CA 94109</b> <b>415-749-6700</b> <b>415-749-6706 FAX</b> <b>Reggie Williams, Executive Director</b>	X	Yes	X	
<b>Northwest AIDS Foundation</b> <b>127 Broadway East, Suite 200</b> <b>Seattle, WA 98102-5786</b> <b>206-329-6923</b> <b>206-325-2689 FAX</b> <b>Liz Smith, Communications Director</b>			X	
<b>Planned Parenthood Federation of America</b> <b>810 Seventh Avenue</b> <b>New York, NY 10019</b> <b>212-541-7800</b> <b>212-247-6269 FAX</b> <b>Mike Policar, Medical Director</b>	X	Yes	X	X
<b>People for the American Way</b> <b>2000 M Street, NW, Suite 400</b> <b>Washington, DC 20036</b> <b>202-467-4999</b> <b>202-293-2672 FAX</b> <b>Arthur J. Crompt, President</b>	X	Yes	X	X
<b>Regene Polk</b> <b>Centers for Disease Control</b> <b>and Prevention</b> <b>1600 Clifton Road, NE (D-21)</b> <b>Atlanta, GA 30333</b> <b>404-639-0906</b>	X	Yes	X	

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>San Francisco AIDS Foundation</b> 1170 Market Street, Suite 500 San Francisco, CA 94102 415-864-5855 415-487-3098 FAX Ms. Pat Christen, Executive Director	X	Yes	X	
<b>Sex Information and Education            Council of the U.S.</b> 130 West 42nd Street, Suite 2500 New York, NY 10036 212-819-9770 212-819-9776 FAX Carolyn Patierno, Director, AIDS Initiative	X	Yes	X	X
<b>Terron Taylor</b> c/o Jemeille Borselli Boys and Girls Clubs of Metropolitan Phoenix 2645 North 24th Street Phoenix, Arizona 85008 602-954-8182 602-956-3320 FAX	X	Yes	X	
<b>The Community AIDS Foundation            of New Jersey</b> Know Hill Road P.O. Box 317 Morristown, NJ 07693-0317 201-267-5533 Sheila Williamson, Executive Director	X	Yes	X	X
<b>The Community AIDS Partnership            of Middle Tennessee</b> United Way of Middle Tennessee P.O. Box 24667 250 Venture Circle Nashville, TN 37202-4667 615-780-2432 615-780-2426 FAX Cissy Mynatt, Vice President of Community Initiatives	X	Maybe	X	X

<b>Organization</b>	<b>Contacted</b>	<b>Yes/No</b>	<b>Letter Sent</b>	<b>Visited</b>
<b>The Northern Virginia HIV Consortium</b> Northern Virginia Planning District Commission 7535 Little River Turnpike, Suite 100 Annadale, VA 22003 703-642-0700 703-642-5077 FAX Callie Gass	X	Yes	X	X
<b>The United Way Regional AIDS Planning  and Coordination Committee</b> 8912 Volunteer Lane, Suite 200 Sacramento, CA 95826-3221 916-368-3000 916-368-3060 FAX Peter Simpson, Project Director	X	Yes	X	X
<b>U.S. Conference of Local Health Officials</b> 150 W. Congress Street, Suite 237 Tucson, AZ 85701 602-740-8261 602-623-1432 FAX Guadalupe Olivas, Ph.D., President	X	Yes	X	
<b>U.S. Conference of Mayors</b> 1620 Eye Street, NW Washington, DC 20006 202-293-7330 202-293-2352 FAX Mara Paternaster	X	Yes	X	X
<b>United Way</b> 701 North Fairfax Street Alexandria, VA 22314-2045 703-683-7814 703-683-7840 FAX Curtis Johnson, Director, Community Problem Solving	X	Yes	X	X

Organization	Contacted	Yes/No	Letter Sent	Visited
<b>Whitman-Walker Clinic</b> 1407 S Street, NW Washington, DC 20009 202-797-3506 202-797-3504 FAX Jim Graham, Executive Director			X	X
<b>Women's AIDS Network</b> Post Office Box 426182 San Francisco, CA 94142-6182 415-824-8884 Eilleen Hansen	X		X	
<b>Kimberly Young</b> <div data-bbox="90 772 488 909" style="background-color: #cccccc; padding: 5px; border: 1px solid black;">P6/(b)(6)</div>	X	Yes	X	
<b>Pedro Zamora</b> <div data-bbox="90 968 483 1108" style="background-color: #cccccc; padding: 5px; border: 1px solid black;">P6/(b)(6)</div>	X	Yes	X	



Morbidity &

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Mortality

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Weekly Report:

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The Effectiveness  
of Condoms

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**UPDATE**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control



Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

August 3, 1993

Dear Colleague:

On August 6, the Centers for Disease Control and Prevention (CDC) will be releasing a *Morbidity and Mortality Weekly Report (MMWR)* containing an article about condom effectiveness. This article is co-authored by CDC, the Food and Drug Administration (FDA), and the National Institutes of Health (NIH), and updates the 1988 *MMWR* article on the same subject.

There has been a great deal of media attention lately on the topic of condom effectiveness in preventing the transmission of HIV. For this reason, CDC is anticipating an increased level of interest in this particular *MMWR* article.

As advocates of public health, we have a responsibility to promote HIV prevention through factual disclosure of information using the best science available. The joint efforts of CDC, FDA, and NIH have provided compelling evidence that further substantiates our earlier findings and recommendations about condom effectiveness.

Enclosed is an information kit designed to update you about recent scientific findings on condom effectiveness. This material and information may help in your efforts to inform the public and prevent new sexually transmitted diseases and human immunodeficiency virus infections in your state and local communities.

A referral list is included in the information kit. If you need additional information or clarification, please do not hesitate to contact the CDC programs listed.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James W. Curran".

James W. Curran, M.D., M.P.H.  
Assistant Surgeon General  
Associate Director for HIV/AIDS

Enclosure

## *Facts about*

# Condoms and Their Use in Preventing HIV Infection and Other STDs

With more than 1 million Americans infected with HIV, most of them through sexual transmission, and an estimated 12 million other sexually transmitted diseases occurring each year in the United States, effective strategies for preventing these diseases are critical.

The proper and consistent use of latex condoms when engaging in sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting STDs, including HIV infection. In fact, *recent studies provide compelling evidence that latex condoms are highly effective in protecting against HIV infection when used properly for every act of intercourse.*

The protection that proper use of latex condoms provides against HIV transmission is most evident from studies of couples in which one member is infected with HIV and the other is not, i.e., "discordant couples." In a study of discordant couples in Europe, among 123 couples who reported *consistent* condom use, *none* of the uninfected partners became infected. In contrast, among the 122 couples who used condoms *inconsistently*, 12 of the uninfected partners became infected.

As these studies indicate, condoms must be used *consistently and correctly* to provide maximum protection. *Consistent use* means using a condom from start to finish with each act of intercourse. *Correct condom use* should include the following steps:

*Latex condoms are highly effective when used consistently and correctly—new studies provide additional evidence that condoms work*

- Use a new condom for each act of intercourse.
- Put on the condom as soon as erection occurs and before any sexual contact (vaginal, anal, or oral).
- Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, yet ensuring that no air is trapped in the condom's tip.
- Adequate lubrication is important, but use only water-based lubricants, such as glycerine or lubricating jellies (which can be purchased at any pharmacy). Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, or baby oil, can weaken the condom.
- Withdraw from the partner immediately after ejaculation, holding the condom firmly to keep it from slipping off.

## *Myths About Condoms*

There continues to be misinformation and misunderstanding about condom effectiveness. The Centers for Disease Control and Prevention (CDC) provides the following updated information to address some common myths about condoms. This information is based on findings from recent epidemiologic, laboratory, and clinical studies.

▶ *Myth #1: Condoms don't work*

Some persons have expressed concern about studies that report failure rates among couples using condoms for pregnancy prevention. Analysis of these studies indicates that the large range of efficacy rates is related to incorrect or inconsistent use. The fact is: latex condoms are highly effective for pregnancy prevention, but only when they are used properly. Research indicates that only 30 to 60 percent of men who claim to use condoms for contraception actually use them for every act of intercourse. Further, even people who use condoms every time may not use them correctly. Incorrect use contributes to the possibility that the condom could leak from the base or break.

▶ *Myth #2: HIV can pass through condoms*

A commonly held misperception is that latex condoms contain "holes" that allow passage of HIV. Although this may be true for natural membrane condoms, laboratory studies show that intact latex condoms provide a continuous barrier to microorganisms, including HIV, as well as sperm.

▶ *Myth #3: Condoms frequently break*

Another area of concern expressed by some is about the quality of latex condoms. Condoms are classified as medical devices and are regulated by the FDA. Every latex condom manufactured in the United States is tested for defects before it is packaged. During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures. Several studies clearly show that condom breakage rates in this country are less than 2 percent. Most of the breakage is due to incorrect usage rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, or they can be torn by teeth or fingernails.

# Preventing HIV Infection and Other STDs

## Recommended Prevention Strategies

Abstaining from sexual activity is the most effective HIV prevention strategy. However, for individuals who choose to be sexually active, the following are highly effective:

- Engaging in sexual activities that do not involve vaginal, anal, or oral intercourse
- Having intercourse only with one uninfected partner
- Using latex condoms correctly from start to finish with each act of intercourse

## Other HIV Prevention Strategies

### ► *Condoms for Women*

The FDA recently approved a female condom, which will soon be available in the United States. A limited study of this condom as a contraceptive indicates a failure rate of about 26 percent in 1 year. Although laboratory studies indicate that the device serves as a mechanical barrier to viruses, further clinical research is necessary to determine its effectiveness in preventing transmission of HIV.

### ► *Spermicides*

The role of spermicides in preventing HIV infection is uncertain. Condoms lubricated with spermicides are not likely to be more effective than condoms used with other water-based lubricants. Spermicides added to the tip of the condom are also not likely to add protection against HIV.

## *Making Responsible Choices*

In summary, sexually transmitted diseases, including HIV infection, are preventable, and individuals have several responsible prevention strategies to choose from. But the effectiveness of each one depends largely on the individual. Those who practice abstinence as a prevention strategy will find it effective only if they always abstain. Similarly, those who choose any of the other recommended prevention strategies, including condoms, will find them highly effective if used correctly and consistently.

### **For further information, contact:**

**CDC National AIDS Hotline: 1-800-342-AIDS**  
**Spanish: 1-800-344-7432**  
**Deaf: 1-800-243-7889**

**CDC National AIDS Clearinghouse**  
**P.O. Box 6003**  
**Rockville, MD 20849-8003**

# Commentary: Condoms and HIV/STD Prevention—Clarifying the Message

## ABSTRACT

In the United States and throughout the world, the majority of human immunodeficiency virus (HIV) infections are sexually transmitted. An estimated 12 million other sexually transmitted diseases occur annually in the United States. Avoiding sexual intercourse altogether or restricting sex to partners known to be uninfected will prevent infection; this needs to be promoted as the most effective strategy. Studies show that correct and consistent use of latex condoms is highly effective in preventing sexually transmitted HIV infection and other sexually transmitted diseases. The effectiveness of condoms depends on individual behavior leading to correct and consistent use. Further studies are needed to maximize the use and effectiveness of condoms for those who choose to be sexually active as well as to develop and evaluate other methods, particularly those more under the control of women. In the interim, our prevention message should be clear: When used correctly and consistently, condoms are highly effective; when used otherwise, they are not. (*Am J Public Health*. 1993;83:501-503)

William L. Roper, MD, MPH, Herbert B. Peterson, MD, and James W. Curran, MD, MPH

More than 1 million Americans have been infected with the human immunodeficiency virus (HIV), and more than 250 000 have already been reported with acquired immunodeficiency syndrome (AIDS). In the United States and throughout the world, the majority of HIV infections are sexually transmitted. Furthermore, an estimated 12 million other sexually transmitted diseases occur each year in the United States, resulting in mortality and serious morbidity for many thousands of adults and children.

How can we reduce the sexual transmission of HIV and other diseases? Avoiding sexual intercourse altogether or restricting sex to partners known to be uninfected will prevent infection, and this needs to be widely and consistently promoted as the most effective strategy. However, many people at risk for HIV infection and other sexually transmitted diseases do not adopt these behaviors. Studies of sexually active persons show that correct and consistent use of latex condoms is highly effective in preventing HIV infection and other sexually transmitted diseases, including gonorrhea, chlamydia, genital ulcers, and herpes simplex virus infection.<sup>1</sup>

Two issues generally surface in the debate over advocating condom use in the prevention of HIV infection: One concerns the concepts of efficacy and effectiveness, the other the fear that making condoms available will encourage early sexual activity among adolescents and extramarital sex among adults. We deal with each argument in turn.

Condoms are not 100% efficacious and a high degree of individual compliance is required for condoms to be effective in use. Critics of the role of condoms in prevention cite worst-case-scenario estimates of condom efficacy and focus on results from studies that include persons who are inconsistent condom users. The problems associated with insisting on providing information only about perfectly effective prevention techniques have been recently reviewed.<sup>2</sup> Assertions that minimize the potential efficacy of condoms may be self-fulfilling prophecies, because condoms may be used less consistently by those who

do not believe them to be effective. However, Fineberg has developed a mathematical model that predicts that consistent condom use could prevent nearly half of the sexually transmitted HIV infections in persons with one sexual partner and over half of HIV infections in persons with multiple partners.<sup>3</sup> Such a reduction could help interrupt the propagation of the epidemic. Therefore, promoting more widespread understanding of condoms' efficacy and advocating their consistent use by those who choose to be sexually active is crucial to protecting people from HIV infection and to slowing the spread of the HIV and sexually transmitted disease epidemics.

The effectiveness of consistent condom use is evident from recent epidemiologic studies of couples in which one partner has HIV infection. In three such prospective studies, consistent condom use provided a 70% to 100% reduction in the risk of transmitting HIV infection.<sup>4-6</sup> One of these studies<sup>6</sup> makes the critical distinction between the benefits of consistent and inconsistent condom use. In that study, from the European Study Group on Heterosexual Transmission of HIV, 563 couples from nine European Community countries were evaluated. Overall, 12% of the male partners and 20% of the female partners of HIV-infected persons became infected. However, among the 24 couples who consistently used condoms, none of the partners became infected. By contrast, among the 44 couples who reported inconsistent use of condoms, six female partners became infected. For condoms to provide a high degree of protection against HIV infection, they must be used correctly and consistently; inconsistent condom use provides an unacceptably low rate of protection.

The importance of compliance is illuminated by an analogy with pregnancy

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The authors are with the Centers for Disease Control and Prevention, Atlanta, Ga.

Requests for reprints should be sent to James W. Curran, MD, MPH, Centers for Disease Control and Prevention, 1600 Clifton Rd, Mail Stop D21, Atlanta, GA 30333.

**Editor's Note.** See related editorial by Hein (p 492) in this issue.

prevention programs. Although typical pregnancy rates for couples who use condoms are as high as 10% to 15%,<sup>7,8</sup> rates are estimated to be as low as 2% for couples who use condoms correctly and consistently.<sup>7</sup> This discrepancy makes clear that any condom strategy must rely on the continuing behavior of the condom user. It is necessary, therefore, to integrate consistent condom use into our HIV prevention strategies.

Despite the widespread understanding that HIV infection is transmitted sexually, most sexually active Americans at risk for acquiring HIV infection have intercourse without using condoms. For example, in San Francisco, only 6% of heterosexual males with multiple sex partners reported always using condoms; a much higher proportion (48%) of gay and bisexual men reported always using condoms.<sup>9</sup> In another study, only about 20% of sexually active American women reported that their male partners used condoms.<sup>10</sup> But even among these couples, condom use was inconsistent; only one in five who reported condom use said that they were used at last intercourse.<sup>10</sup>

The factors that contribute to the low use of condoms and the ready acceptance of risk of HIV infection or other sexually transmitted diseases are complex and not completely understood. Among heterosexual men and women and gay and bisexual men in San Francisco,<sup>9</sup> sexual communication between partners and enjoyment of intercourse with condoms were the only statistically significant correlates of condom use. Although in that study Black and Hispanic women were less likely to report condom use by their partners than were White women,<sup>9</sup> national data suggest that there are no significant differences in reports of condom use by partners of Black women, non-Hispanic White women, and Hispanic women once social and demographic variables are accounted for.<sup>10</sup> This suggests that poverty and culture are important determinants of condom use.

After social and demographic factors are controlled for, women with multiple partners are less likely than those with one partner to report consistent condom use, perhaps because of the burden of negotiating condom use with many partners.<sup>10</sup> Also, decisions regarding condom use may be complicated by strategies for pregnancy prevention. In Philadelphia<sup>11</sup> and Baltimore,<sup>12</sup> women who had undergone surgical sterilization were less likely than nonsterilized women to report condom use. It is possible that if the woman is

protected against pregnancy, the motivation of the woman or the man to use a condom may be reduced.

We turn now to the second issue of ten raised against advocacy of the condom. Many persons assert that those who promote condom use to prevent HIV infection appear to be condoning sexual intercourse outside of marriage among adolescents as well as among adults. Some information relevant to this possibility is now at hand. For example, recent data from Switzerland suggest that a public education campaign promoting condom use can be effective without increasing the proportion of adolescents who are sexually active.<sup>13,14</sup> From January 1987 to October 1991, self-reported consistent condom use among persons aged 17 to 30 years increased from 8% to 52% in association with the campaign.<sup>13</sup> By contrast, the proportion of adolescents (aged 16 to 19 years) who had sexual intercourse did not increase over that 3-year period.<sup>14</sup>

A clear message about condoms may in fact have been obscured by controversy over providing condoms for adolescents in schools while at the same time trying to discourage these same young people from initiating sexual activity. Sexual activity among adolescent women and men in the United States has increased steadily since the 1970s.<sup>15-17</sup> The AIDS epidemic has brought new dimensions of complexity and urgency to the debate over adolescent sexual activity. Some have urged abstinence as the only solution; others champion condom use as the most practical public health approach.

There must be a common ground. We should all be able to agree that premature initiation of sexual activity carries health risks. Therefore, we must exercise leadership in encouraging young people to postpone sexual activity. Adolescents are bombarded with messages encouraging them to "do it." We need to strive for a climate supportive of young people who are not having sex and so help to create a new health-oriented social norm for adolescents and teenagers about sexuality.

As we proceed toward this objective, we must be mindful that many will continue to engage in sexual activity. It is essential that these youngsters receive the message that they must practice safer sex and use condoms. The message that those who initiate or continue sexual activity must reduce their risk through correct and consistent condom use needs to be delivered as strongly and persuasively as the message "Don't do it." Protection of the

individual and the public health will depend on our ability to effectively combine these messages.

Scientific studies are urgently needed to further understanding of how to maximize the use and effectiveness of condoms, to clarify the effectiveness of other barrier methods, and to develop and evaluate other preventive methods. In particular, studies should address the male, female, and couple determinants of consistent condom use, including the crucial role of peers and the need for a better understanding of economic and cultural variables. Because the male condom must be used by the man, a woman at risk must, in part, rely on her male partner(s) to protect her. Therefore, to enhance the ability of women to reduce their risks, further evaluation of mechanical and chemical barriers—including female condoms—is needed, as is the development of new methods over which women have greater control.<sup>18-21</sup> Finally, studies should evaluate how condom use is related to the use of other methods to prevent unintended pregnancy so as to address the overall reproductive health needs of both partners.

For adolescents and adults alike who have multiple sex partners, partners who engage in high-risk behaviors, or partners whose infection status is unknown, the risk of HIV infection or other sexually transmitted diseases can be dramatically reduced by correct and consistent condom use. Our prevention message should be clear on this point: When used correctly and consistently, condoms are highly effective; when used otherwise, they are not. □

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## Man-To-Woman Sexual Transmission of HIV: Longitudinal Study of 343 Steady Partners of Infected Men

\*Alberto Saracco, †Massimo Musicco, †Alfredo Nicolosi, ‡Gioacchino Angarano,  
§Claudio Arici, §Giovanna Gavazzeni, ¶Paolo Costigliola, ¶Sergio Gafa,  
\*\*Cristina Gervasoni, ††Roberto Luzzati, ††Felice Piccinino, §§Francesco Puppo,  
|| Bernardino Salassa, ¶¶Alessandro Sinicco, \*\*\*Roberto Stellini, †††Umberto Tirelli,  
†††Giuseppe Turbessi, §§§Gian Marco Vigevani, |||Giuseppe Visco,  
¶¶¶Roberto Zerboni, and \*\*\*\*Adriano Lazzarin

\*Epiunit and \*\*\*\*Clinic of Infectious Diseases, HIV Center, IRCCS San Raffaele, Milano; †ITBA Department of Epidemiology and Medical Informatics, National Research Council of Italy, Milano; Clinic of Infectious Diseases Universities of †Bari, †Bologna, \*\*Milano, ¶¶Torino, †††Roma, ††Verona, and ††Napoli; Department of Infectious Diseases, §Bergamo, ¶Reggio Emilia, ||Torino, \*\*\*Brescia, §§Milano, and |||Roma; §§Department of Internal Medicine, University of Genova, Genova; †††Cancer Hospital, Aviano; and Dermathological Clinic, University of Milano; Milano, Italy

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**Summary:** To study incidence and risk factors of heterosexually transmitted HIV infection, we followed a cohort of 343 seronegative women, stable, monogamous partners of infected men whose only risk of acquiring HIV was sexual exposure to the infected partner. Nineteen seroconversions occurred in 529.6 person years (py) of observation, yielding an incidence rate of 3.6 per 100 py. The incidence rate was 7.2 per 100 py among women who did not always use or never used condoms and 1.1 among those who always used them [relative risk (RR) 6.6, 95% confidence interval (CI) 1.9–21.9]. Anal sex was associated with a risk increase in only those women not always using condoms (RR 1.4, 95% CI 0.4–4.8). No seroconversions were observed among 22 women using oral contraceptives. One of the women using intrauterine devices seroconverted. In couples who did not always use condoms, seroconversions occurred more frequently in partners of men with symptomatic diseases, with a low CD4+ cell number (<400 per mm<sup>3</sup>) or with a detectable p24 antigen. In couples not always using condoms and where the man had a low CD4+ cell count, the joint presence of blood viral antigens and AIDS symptoms conditioned a fivefold increased risk of seroconversion of the woman (RR 5.4, CI 1.4–20.3). At multivariate analysis, women with longer relationships (≥1 year) showed a lower risk of seroconversion (RR 0.3, CI 0.1–0.8), and those partners of men positive for p24 antigen in serum had an increased risk of seroconversion (RR = 4.0, CI 0.1–0.8). **Key Words:** Heterosexually transmitted HIV—Seroconversion—Risk factors.

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Several cross-sectional studies on heterosexual HIV transmission have been conducted on steady partners of infected men (1–11) and on prostitutes

or women with multiple partners (12–18). These surveys consistently showed a protective role of condom use (9,11–15) and a risk associated with anal sex (11,19), but they also reported different prevalence rates (15–50%) and inconsistencies in other potential risk factors. Most studies failed to show any relationship between infection and duration or frequency of sexual exposure (9,11,20). It

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Address correspondence and reprint requests to Dr. Saracco at Epiunit, HIV Center, IRCCS Ospedale San Raffaele, Via Salaria d' Ancona 20, 20127 Milano, Italy.

Manuscript received April 13, 1992; accepted September 23, 1992.

remained unclear whether sexually transmitted diseases (STDs) or genital infections, signs of HIV infection or factors that enhance the transmission of the virus, are indicators of high-risk sexual behavior (11,16,21,22). Different results were reported on the infectiousness of the infected partner, since only few studies found a direct relationship between stage of HIV disease and risk of transmission (3,23).

In cross-sectional studies it is generally impossible to quantify the duration of exposure of the unaffected partner. In fact, the duration of infectivity of the index case is generally unknown, and the date of transmission from the index case to his/her partner cannot be retrospectively assessed. The risk of transmission and the role of potential cofactors can be better detected by longitudinal studies on stable, monogamous couples discordant for HIV. In these couples the duration of exposure is a controlled factor, and the possibility of biases related to the presence of multiple partners is lessened. However, these couples are expected to have a low rate of seroconversion because of personal and media counseling (24), and a large group must be followed up to provide reliable estimates.

We have previously reported the results of a cross-sectional study of 364 women whose only exposure to HIV was sexual intercourse with an HIV-infected man (25). We have continued to follow those couples who were discordant for HIV infection to determine the incidence and risk factors for man-to-woman sexual transmission.

## METHODS

The couples were recruited in 16 participating centers: eight hospital departments of infectious diseases, five intravenous drug user outpatient clinics, and three centers for HIV surveillance. All of the HIV-infected subjects attending the centers (who were or had previously been intravenous drug users or recipients of blood or blood derivatives as well as men reporting homosexual contacts) were asked about their steady heterosexual partners. Each partner who was not already known to be HIV-infected was invited for an interview and screening tests. The presence of serum antibodies against HIV was assessed by immunoenzymatic methods using commercially available kits. Positive sera were tested again with a second immunoenzymatic test and confirmed by Western blot. Seroconversion was defined as the development of a positive ELISA test and Western blot according to international criteria. Information on intravenous drug use, sexual intercourse with other subjects at risk, blood transfusions or blood-derivative therapies, and prostitution was collected in order to exclude subjects with risk factors other than sexual exposure to their infected partner.

Between February 1, 1987, and May 30, 1991, 368 women seronegative at the first visit were asked to return to the center

at least every 6 months for interview and to repeat the HIV antibody test. Of these women, 343 (98.2%) came for at least one follow-up visit and were included in this study.

At each visit a structured interview was administered to the woman by the attending physician. The questionnaire elicited information about history of STDs, frequency and type of sexual intercourse, and contraceptive methods used since the last follow-up visit. The last available questionnaire and the man's concurrent status were used for the analysis.

## Ethical Considerations

Men and women were separately advised on risk and prevention of sexual HIV transmission by the same physician. The use of condoms was strongly and repeatedly recommended. Since the results of the cross-sectional study suggested an increased risk of HIV infection for women using intrauterine devices (IUDs), it was suggested that they have the device removed.

## Analysis

Incidence of seroconversion was evaluated by the person-year method, and seroconversion rates were derived (26). The time of seroconversion was conventionally considered as the midpoint between the first seropositive and the last seronegative test. Relative risks (RR) were estimated as incidence rate ratios, and confidence intervals (CI) of the relative risks were calculated with Wolff's method (27,28).

For the study of risk factors, frequency of intercourse was divided into two categories: twice a week or less and more than twice a week. The type of sexual intercourse was dichotomized as ever or never anal. Condom use was grouped into three frequency categories: always, not always, and never. A history of STDs was never reported. The only reported genital disease was vaginitis (diagnosed by a physician or described as vaginal discharges). The last available information on the infected partner (CD4<sup>+</sup> cell count, disease stage, p24 antigen serum positivity) was collected from the standard medical records used by all centers. Men were classified according to disease stage into symptomatic (CDC group IV) and asymptomatic (CDC groups II and III).

Condom use prevents the contact of infected semen with genital mucosa and is expected to act as an effective modifier of other risk factors. For this reason two analyses were carried out, separately for women always using seropositives (consistent use) and not always or never using condoms (not consistent use).

A multivariate analysis using Cox's proportional hazard model was carried out, including all the variables considered as potential risk factors for transmission, to estimate the independent contribution of each variable to the risk of infection.

## RESULTS

The general and clinical characteristics of the 343 couples included in the study are shown in Table 1. The couples had a mean duration of their relationship of ~4 years, and the women were mainly between 20 and 30 years old (Table 1). Most men acquired the infection through intravenous drug use

TABLE 1. General and clinical characteristics of the women and of the infected men

Mean duration (months) of the relationship at enrollment (range)	44.3 (1-134)
Mean age (years) of the women (range)	25.5 (15-51)
Mean CD4 <sup>+</sup> cell number per mm <sup>3</sup> of the men (range)	134 (10-1,346)
Men with AIDS	47 (13.7%)
Men treated with zidovudine	92 (26.8%)
Man's method of infection	
intravenous drug use	270 (78.7%)
other	73 (21.3%)
Mean follow-up time (months) to seroconversion of the women (range)	14.1 (2-36)

(78.7%). Forty-seven men (13.7%) had a symptomatic infection, four became symptomatic during follow-up, 92 (26.8%) were treated with zidovudine. Nineteen women seroconverted after a mean time from inclusion of 14.1 months. The first seroconversion was observed 2 months after inclusion and the last one after 3 years.

#### Risk of Seroconversion and Condom Use

The 343 women who had at least one follow-up visit made up a total of 529.6 person years (py) of observation. The median follow-up was 24 months (range 1-55). The incidence rate based on the 19 observed seroconversions was 3.6 per 100 py. Thirty-eight women, followed for a total of 41.7 py altogether suspended sexual intercourse with their infected partners at or just before the time of enrollment: no seroconversions occurred in this group, which was excluded from further analyses. Among the remaining 305 women, the yearly seroconversion rate was 3.9%.

Three seroconversions were noted among couples always using condoms (Table 2), and most seroconversions (16/19, 84%) occurred in couples never or not always using this device. The risk of infection was increased sixfold among women with nonconsistent use of condoms (never or not always) (RR 6.4, CI 1.9-21.9).

TABLE 2. Incidence rates (IR) and relative risks (RR) of seroconversion by condom use

Condom use	N	py <sup>a</sup>	HIV <sup>+</sup>	IR	RR (95% CI) <sup>a</sup>
Never	79	139.3	8	5.7	1
Not always	55	82.5	8	9.7	1.7 (0.6-4.5)
Always	171	266.0	3	1.1	0.2 (0.1-0.7)

<sup>a</sup> 95% confidence interval.

<sup>b</sup> Person years at risk of acquiring the infection.

#### Relationship Length, Sexual Behavior, and Vaginitis

Women who had, at the time of inclusion, been in their relationships  $\leq 1$  year had a higher incidence of seroconversion when compared with women with longer relationships (Table 3). This finding was observed in both groups of condom use. In the group with nonconsistent condom use, a small and not statistically significant risk increase was seen for higher frequencies of sexual intercourse and for a history of vaginitis. In the same group, anal sex was associated with a 40% risk increase that did not reach statistical significance.

Twenty-two women used oral contraceptives (11 in association with condoms), and none of them seroconverted. Despite counseling two women continued to use intrauterine devices, and the one who did not use condoms seroconverted.

#### Man's Disease Stage, CD4<sup>+</sup> Cell Count, and p24 Antigen Positivity

Women in the group of nonconsistent condom use had incidence rates about three times higher when exposed to symptomatic partners or those with low CD4<sup>+</sup> cell count (Table 4). A detectable p24 antigen in the man was associated with increased risks both in condom users and nonusers.

#### Analysis of Couples with Inconsistent Use of Condoms and Where the Man Has a Low CD4<sup>+</sup> Cell Number

Since a low CD4<sup>+</sup> cell number and the presence of detectable HIV-1 antigens in blood are frequently associated with advanced stages of disease, we focused the analysis on 87 couples with nonconsistent use of condoms and where the infected man had a CD4<sup>+</sup> cell count  $< 400$ . As shown in Table 4, this subgroup was 28.5% of the entire population but contributed to 14 of 19 (73.7%) of the observed seroconversions (incidence rate 9.3 per 100 py). Taking partners of men asymptomatic and negative to HIV antigen (incidence rate 4.7 per 100 py) as the reference category, the incidence was about three times higher among partners of symptomatic or antigen-positive men (12.4 and 13.3, respectively, per 100 py). The joint presence of the antigen and of symptoms of AIDS had an additive effect on the incidence rate of seroconversion of the woman (25.2 per 100 py).

TABLE 3. Incidence rates (IR) and relative risks (RR) of seroconversion by relationship duration, sexual behavior, history of vaginitis, and oral contraceptive use

Variables	Condom use									
	Not always-never					Always				
	N	py <sup>a</sup>	HIV <sup>+</sup>	IR	RR (95% CI) <sup>b</sup>	N	py <sup>a</sup>	HIV <sup>+</sup>	IR	RR (95% CI) <sup>b</sup>
Relationship length										
≤1 yr	33	39.2	4	10.2	1	26	40.5	3	7.4	1
>1 yr	101	181.8	12	6.6	0.7 (0.2-2.0)	145	225.4	0	0	0
Frequency of intercourse										
<2 weeks	74	129.3	9	6.7	1	100	159.4	1	0.6	1
>2 weeks	60	92.6	7	7.6	1.1 (0.4-2.9)	71	106.6	2	1.9	3.0 (0.3-32.9)
Anal intercourse										
No	113	189.8	13	6.9	1	159	246.1	3	1.2	1
Yes	21	32.1	3	9.3	1.4 (0.4-4.8)	12	20.0	0	0	0
Vaginitis										
No	123	200.2	14	7.0	1	162	246.5	3	1.2	1
Yes	11	21.6	2	9.2	1.3 (0.3-5.8)	9	19.6	0	0	0
Oral contraceptive use										
No	123	203.7	16	7.9	1	160	251.0	3	1.2	1
Yes	11	18.1	0	0	0	11	15.0	0	0	0

<sup>a</sup> Person years at risk of acquiring the infection.<sup>b</sup> 95% confidence interval.

### Multivariate Analysis

The use of condoms during all sexual intercourse was associated with a 90% risk reduction. Women with relationships lasting >1 year had a 70% statistically significant risk reduction. A low and nonsignificant risk increase was found for women reporting intercourse two or more times weekly and for those practicing anal sex. Among the indicators of a partner's infectiousness, the increased risk of infection in female partners of men positive for HIV p24 was higher than in univariate analysis (RR 4.0, CI 1.2-13.3). A borderline statistically significant risk increase remained for female partners of symptomatic men.

### DISCUSSION

The results of this study confirm in a prospective setting the protective effect of condom use. The annual seroconversion rate was 5.7% and 9.7%, respectively, in couples never or not always using condoms and was reduced to 1.1% in those who always used this device. Inconsistent use of condoms, in this study, had no effect on the risk of acquiring the infection, since no significant difference was noted between those never or not always using condoms.

Condom use reduced so dramatically the number of seroconversions that the role of many reported risk factors was not recognizable in the group of

TABLE 4. Incidence rates (IR) and relative risks (RR) of seroconversion by characteristics of the infected man

Variables	Condom use									
	Not always-never					Always				
	N	py <sup>a</sup>	HIV <sup>+</sup>	IR	RR (95% CI) <sup>b</sup>	N	py <sup>a</sup>	HIV <sup>+</sup>	IR	RR (95% CI) <sup>b</sup>
Disease stage										
Asymptomatic	97	160.7	7	4.4	1	122	190.9	2	1.1	1
Symptomatic	37	61.1	9	14.7	3.4 (1.3-9.1)	39	75.2	1	1.3	1.2 (0.1-14.0)
Viral p24 antigen										
Negative	117	200.9	12	6.0	1	147	233.3	2	0.9	1
Positive	17	30.0	4	13.3	2.2 (0.7-6.9)	24	32.4	1	3.1	3.4 (0.4-40.0)
CD4 <sup>+</sup> per mm <sup>3</sup>										
>400	47	72.1	2	2.7	1	77	120.6	3	2.5	1
≤400	87	149.8	14	9.4	3.4 (0.8-14.8)	94	145.5	0	0	0

<sup>a</sup> Person years at risk of acquiring the infection.<sup>b</sup> 95% confidence interval.

TABLE 5. Incidence rates (IR) and relative risks (RR) of seroconversion of female sexual partners of men with CD4<sup>+</sup> counts <400 per mm<sup>3</sup> not using condoms

Characteristics	N	py <sup>a</sup>	HIV <sup>+</sup>	IR	RR (95% CI) <sup>b</sup>
Asymptomatic, p24 antigen negative	47	84.6	4	4.7	1
Symptomatic, p24 antigen negative	6	8.1	1	12.4	2.6 (0.3-23.3)
Asymptomatic, p24 antigen positive	25	45.2	6	13.3	2.8 (0.8-10.0)
Symptomatic, p24 antigen positive	9	11.9	3	25.2	5.4 (1.2-23.8)

<sup>a</sup> Person years at risk of acquiring the infection.

<sup>b</sup> 95% confidence interval.

women who always used them. In couples with inconsistent use of condoms we have found a high infectiousness of partners with symptomatic disease or those positive to p24 antigen. Furthermore, when the man had a CD4<sup>+</sup> cell count <400 cells per mm<sup>3</sup>, the concurrent presence of symptoms of disease and of p24 antigen in serum carried an additive effect on incidence. Based on the incidence estimates of this study, one-quarter of the women not using condoms who are partners of symptomatic men positive to p24 antigen and with a CD4<sup>+</sup> cell count of ≤400 are expected to seroconvert in 1 year of sexual exposure. This result suggests that counseling must be an ongoing process. In fact, the reduction of CD4<sup>+</sup> cells, symptoms of AIDS, and p24 antigenemia are signs of disease progression, and over time all infected subjects are expected to increase their infectiousness in parallel with the evolution of the disease.

Women seronegative at the time of inclusion after long-standing relationships (>1 year) with an infected man had 70% less risk of seroconversion. Some women might carry latent infections that do not express antibodies (29); in this case, an imbalance in their number between the two groups with shorter and longer relationships could explain the difference in the risk observed in this study. However, asymptomatic carriers have been described to be rare, and even their existence has been questioned (30-32). On the other hand, women still seronegative after long-standing relationships with infected men might represent a subpopulation with less susceptibility to infection. A lower susceptibility might be due to genetic factors, which have been hypothesized on the basis of variations in CD4<sup>+</sup> receptor molecules on the surface of T cells (33). Molecular variations in HIV might influence its capacity to infect a new host (34), and women remain-

ing seronegative after long-term relationships might be partners of men carrying viral strains with less of a sexual infectivity.

The practice of anal sex was associated with a risk increase only in women reporting that they never or rarely used condoms during sexual intercourse. This result confirms that this practice has to be discouraged in partners of seropositive men. However, it also suggests that the effect of high-risk practices can be lessened or completely prevented by the use of condoms.

Small and nonsignificant risk increases were observed among women reporting a higher frequency of sexual intercourse. This result does not agree with what we observed in the cross-sectional part of the study, where women reporting sexual intercourse more than two times weekly had a twofold risk increase (25). A lack of consistency of the risk of transmission per each single sexual act with an infected person (35,36) has been noted in other studies. The lack of association between seroconversion and frequency of intercourse in this study might stem from the small number of seroconversions, which prevents reliable estimates when the investigated variable is not strongly associated with the risk of seroconversion.

The results on oral contraceptives and IUDs, although somewhat anecdotal, agree with our previ-

TABLE 6. Relative risks (RR) of seroconversion estimated by multivariate analysis (Cox's proportional hazard model)

Variables	RR (95% CI) <sup>a</sup>
Relationship length	
≤1 year	1
>1 year	0.3 (0.1-0.8)
Condom use	
Not always-never	1
Always	0.1 (0.0-0.5)
Frequency of intercourse	
<2 weeks	1
≤2 weeks	1.3 (0.5-3.7)
Anal intercourse	
No	1
Yes	1.1 (0.3-4.4)
Vaginitis	
No	1
Yes	0.8 (0.2-3.57)
Partner's disease	
Asymptomatic	1
Symptomatic	2.6 (0.9-7.1)
Partner's p24 antigen	
Negative	1
Positive	4.0 (1.2-13.3)
Partner's CD4 <sup>+</sup> count	
≥400	1
<400	1.2 (0.4-4.0)

<sup>a</sup> 95% confidence interval.

ous findings in the cross-sectional part of the study (25,37). No seroconversion was observed among the 22 women using oral contraceptives, whereas one of the two women who used IUDs seroconverted. As condoms are not completely successful in preventing unwanted pregnancies, it is advisable to use oral contraceptives and not IUDs in association with condoms when maximal contraceptive efficacy is required in women sexually exposed to HIV.

**Acknowledgment:** This research was supported in part by grants from the Ministry of Health (Istituto Superiore di Sanità-Progetto AIDS) and from the National Research Council of Italy (Progetto finalizzato FATMA).

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# From the Surgeon General, US Public Health Service

**Condom Use for Prevention of Sexual Transmission of HIV Infection:** In 1989, a Public Health Service committee including representatives from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA) reviewed with the Surgeon General the scientific data based on which condoms were recommended as part of a national strategy to prevent transmission of the human immunodeficiency virus (HIV). Although the committee concluded that only sexual abstinence or mutual monogamy between uninfected partners completely eliminate the risk of sexual transmission of HIV, it also concluded that latex condoms are highly effective barriers and should be used consistently by all persons who have multiple partners or have a primary partner who is infected or whose serostatus is unknown.

Recently, members of the committee met again with the Surgeon General to review data from the epidemic, new studies on condom efficacy, and statistical studies projecting the impact of condom use on the epidemic. The following updated data support the 1989 recommendation and indicate that proper use of latex condoms provides a high degree of protection against the sexual transmission of HIV.

## Status of the Epidemic

Infection with HIV continues to increase in the United States and heterosexual transmission plays an increasingly important role. The proportion of cases of the acquired immunodeficiency syndrome (AIDS) attributable to heterosexual transmission increased by 21% during 1991, making heterosexual transmission the category with the largest percentage increase in AIDS cases from 1990 through 1991.

## In Vitro Studies of Latex Condoms

One NIH study that evaluated latex condoms using scanning electronic microscopy found no holes even on magnification at  $\times 2000$ . Although the inability of this investigation to identify holes in latex condoms is reassuring, microscopic holes in latex condoms can occur. The FDA conducts periodic testing of condom lots using the water-leak test, which can identify holes as small as 10  $\mu\text{m}$ . Recent FDA data indicate that the average batch of condoms has a water-leak rate of 0.3%.

Fortunately, there are obstacles to the passage of HIV through a microscopic hole. A free virus, which is non-motile, would pass through a hole only if it were associated with a cell that moves or if it were moved by hydrostatic pressure through the hole. Monocytes and lymphocytes that may carry HIV are 10 to 15  $\mu\text{m}$  in diameter, too large to pass through the microscopic holes detected by routine testing. An FDA study simulated free HIV in fluid under pressure and found that most condoms leaked no fluid at all, and that even the worst-performing condom reduced estimated viral exposure by 10 000-fold. This evaluation was reassuring, especially since several extreme assumptions were made; for example, the titer of HIV-sized particles used was 100 million times the titer of HIV in semen.

## Epidemiologic and Statistical Studies

Although laboratory data now demonstrate the barrier effectiveness to HIV of condoms, one must go beyond the laboratory to look at effectiveness during actual use. Studies of people who use condoms for contraception report failure rates ranging from less than one per 100 to 16 per 100 users per year. The importance of proper condom use is evident from a recent report of Great Britain's Oxford Family Planning Cohort study, in which condom-user failure rates for pregnancy among married, more experienced users were predicted to be as low as six per 1000 users per year.

Since 1989, both statistical modeling and prospective observational studies have provided evidence that the relative risk of HIV infection among condom users is equivalent to that for pregnancy, but that the absolute risk of acquiring HIV infection from condom failure is lower than the comparable risk for pregnancy. The results of two recent observational studies from the highest-risk group (discordant couples, in which one partner is HIV-seropositive and one is not) have now demonstrated a relative risk reduction for HIV of 80% or better. Based on an underlying seroconversion rate of 20 in 100 discordant couples and an 80% risk reduction, four seroconversions in 100 discordant couples using condoms are expected per year.

Consistent with this projection, a recently published prospective study from Zaire identified an annualized condom-

user HIV failure rate of 3.1 in 100 in discordant couples. Other studies in discordant couples have shown no seroconversions among consistent condom users, and condom-user HIV failure rates for the general population have been projected to be two to four seroconversions per 100 000 condom users. Not only are the failure rates for condom users low but, independent of the level of HIV in the general population, 20%, 40%, or 80% of all new HIV seroconversions in the United States will be avoided if 25%, 50%, or 100%, respectively, of persons use condoms consistently and correctly.

## New Behavioral Studies

Because proper condom use is key to preventing the sexual transmission of HIV, it is imperative to better understand the determinants of correct condom use. Some studies are under way and more are planned. One early finding is that motivation plays a key role. It is unreasonable to expect that people at risk will be highly motivated to systematically use condoms unless they believe that condoms will be highly effective if they do so. We have a responsibility to let them know that a compelling case now exists for condom effectiveness—if condoms are used consistently and correctly.

## Conclusion

Our message must be clear and simple. First, the only sure way to avoid the risk of sexual exposure to HIV is to have sex in a monogamous relationship with an uninfected partner or to abstain. Insertive sex with an infected partner or one of unknown serostatus is unsafe. If one engages in these unsafe practices, a latex condom should be used every time from start to finish. Doing so is a highly effective way to reduce the risk of sexual exposure to HIV. Instructions for proper condom use are contained in the FDA brochure *Condoms and Sexually Transmitted Diseases... Especially AIDS*, which is available through the National AIDS Hotline, (800) 342-AIDS.

—by Antonia C. Novello, MD, MPH  
Herbert B. Peterson, MD  
J. Thomas Arrowsmith-Lowe, DDS, MPH  
Joseph Kelaghan, MD, MPH  
Jeffrey A. Perlman, MD, MSc

**Editor's Note:** From the Office of the Surgeon General and the US Public Health Service. Address all correspondence to Dr Perlman, Room 300, Executive Plaza North, Bethesda, MD 20392.

## ABSTRACT

### **HETEROSEXUAL TRANSMISSION OF HIV IN EUROPEAN COHORT OF COUPLES**

De Vincenzi Isabelle for the European Communities Study Group on heterosexual transmission of HIV. European Centre for the Epidemiological Monitoring of AIDS.

Paris, France.

**Objective:** To determine risk factors and rates of HIV transmission in serologically discordant couples receiving regular safe-sex counselling.

**Methods:** From 1987 to 1991, 563 couples were recruited from 9 countries in a cross-sectional study. 378 HIV(-) partners recruited in settings where follow-up was achievable were included in the prospective study. At each interview, partners were tested, interviewed and counselled. Only partners presenting no risk factors for HIV infection other than sexual contacts with the index (HIV(+) partner) were included.

**Results:** The follow-up rate was 80.4% (304/378). 128 couples (42%) stopped sexual contacts (less than 3 months after inclusion for 59). Mostly because of death or severe disease of the index. 245 couples still having sexual contacts 3 months after inclusion were followed for a median of 22 months. 123 (50.2%) couples used condoms for each episode of vaginal or anal intercourse. No seroconversions occurred among these 123 partners (95% CI: 0-1.5/100 person-years). 12 seroconversions occurred among the remaining 122 partners (seroconversion rate = 5/100 person-years (95% CI: 2.6-8.8), or 1.2 per 1000 unprotected contacts (95% CI: 0.6-2.1). Cumulative rates of seroconversion at 24 months (SR) were compared using Kaplan-Meier survival analysis. Among irregular condom users, SR were similar whatever the frequency of condom use, and the sex of the partner (12.5% for females versus 11.0% for males). For partners of symptomatic (or with  $T4 < 200/\text{mm}^3$ ) index cases. SR was 36.7%, compared to 8.5% for partners of asymptomatic index cases with  $T4 > 200/\text{mm}^3$  ( $p < 0.01$ ). SR were different ( $p = 0.05$ ) between partners reporting 1) no STD (9.5%), 2) non-ulcerative STD (25.0%), and 3) ulcerative STD (40.0%) The SR for female partners were different ( $p = 0.02$ ) according to the frequency of sperm ejaculation by male index cases: no ejaculation (0%), ejaculation for about half of sexual contacts (6.7%) and nearly always ejaculation (29.7%).

**Conclusion:** 1. No seroconversion occurred in regular condom users. 2. The observed transmission rate of 1.2/1000 unprotected contacts should be interpreted with caution since it may greatly vary according to the presence or absence of risk factors: Advanced stage of infection for the index and partner's STD were found to increase the risk, whilst avoidance of sperm ejaculation showed some protective effect.

# M M W R

- 589** Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases
- 597** Nosocomial Enterococci Resistant to Vancomycin — United States, 1989–1993

## MORBIDITY AND MORTALITY WEEKLY REPORT

### Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases

Although refraining from intercourse with infected partners remains the most effective strategy for preventing human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs), the Public Health Service also has recommended condom use as part of its strategy. Since CDC summarized the effectiveness of condom use in preventing HIV infection and other STDs in 1988 (1), additional information has become available, and the Food and Drug Administration has approved a polyurethane "female condom." This report updates laboratory and epidemiologic information regarding the effectiveness of condoms in preventing HIV infection and other STDs and the role of spermicides used adjunctively with condoms.\*

Two reviews summarizing the use of latex condoms among serodiscordant heterosexual couples (i.e., in which one partner is HIV positive and the other HIV negative) indicated that using latex condoms substantially reduces the risk for HIV transmission (2,3). In addition, two subsequent studies of serodiscordant couples confirmed this finding and emphasized the importance of consistent (i.e., use of a condom with each act of intercourse) and correct condom use (4,5). In one study of serodiscordant couples, none of 123 partners who used condoms consistently seroconverted; in comparison, 12 (10%) of 122 seronegative partners who used condoms inconsistently became infected (4). In another study of serodiscordant couples (with seronegative female partners of HIV-infected men), three (2%) of 171 consistent condom users seroconverted, compared with eight (15%) of 55 inconsistent condom users. When person-years at risk were considered, the rate for HIV transmission among couples reporting consistent condom use was 1.1 per 100 person-years of observation, compared with 9.7 among inconsistent users (5).

Condom use reduces the risk for gonorrhea, herpes simplex virus (HSV) infection, genital ulcers, and pelvic inflammatory disease (2). In addition, intact latex condoms provide a continuous mechanical barrier to HIV, HSV, hepatitis B virus (HBV), *Chlamydia trachomatis*, and *Neisseria gonorrhoeae* (2). A recent laboratory study (6) indicated that latex condoms are an effective mechanical barrier to fluid containing HIV-sized particles.

Three prospective studies in developed countries indicated that condoms are unlikely to break or slip during proper use. Reported breakage rates in the studies were 2% or less for vaginal or anal intercourse (2). One study reported complete slippage

\* Single copies of this report will be available free until August 6, 1994, from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231.

*Barrier Protection — Continued*

off the penis during intercourse for one (0.4%) of 237 condoms and complete slippage off the penis during withdrawal for one (0.4%) of 237 condoms (7).

Laboratory studies indicate that the female condom (Reality™<sup>†</sup>)—a lubricated polyurethane sheath with a ring on each end that is inserted into the vagina—is an effective mechanical barrier to viruses, including HIV. No clinical studies have been completed to define protection from HIV infection or other STDs. However, an evaluation of the female condom's effectiveness in pregnancy prevention was conducted during a 6-month period for 147 women in the United States. The estimated 12-month failure rate for pregnancy prevention among the 147 women was 26%. Of the 86 women who used this condom consistently and correctly, the estimated 12-month failure rate was 11%.

Laboratory studies indicate that nonoxynol-9, a nonionic surfactant used as a spermicide, inactivates HIV and other sexually transmitted pathogens. In a cohort study among women, vaginal use of nonoxynol-9 without condoms reduced risk for gonorrhea by 89%; in another cohort study among women, vaginal use of nonoxynol-9 without condoms reduced risk for gonorrhea by 24% and chlamydial infection by 22% (2). No reports indicate that nonoxynol-9 used alone without condoms is effective for preventing sexual transmission of HIV. Furthermore, one randomized controlled trial among prostitutes in Kenya found no protection against HIV infection with use of a vaginal sponge containing a high dose of nonoxynol-9 (2). No studies have shown that nonoxynol-9 used with a condom increases the protection provided by condom use alone against HIV infection.

*Reported by: Food and Drug Administration, Center for Population Research, National Institute of Child Health and Human Development, National Institutes of Health, Office of the Associate Director for HIV/AIDS; Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion; Div of Sexually Transmitted Diseases and HIV Prevention, National Center for Prevention Svcs; Div of HIV/AIDS, National Center for Infectious Diseases, CDC.*

**Editorial Note:** This report indicates that latex condoms are highly effective for preventing HIV infection and other STDs when used consistently and correctly. Condom availability is essential in assuring consistent use. Men and women relying on condoms for prevention of HIV infection or other STDs should carry condoms or have them readily available.

Correct use of a latex condom requires 1) using a new condom with each act of intercourse; 2) carefully handling the condom to avoid damaging it with fingernails, teeth, or other sharp objects; 3) putting on the condom after the penis is erect and before any genital contact with the partner; 4) ensuring no air is trapped in the tip of the condom; 5) ensuring adequate lubrication during intercourse, possibly requiring use of exogenous lubricants; 6) using only water-based lubricants (e.g., K-Y jelly™ or glycerine) with latex condoms (oil-based lubricants [e.g., petroleum jelly, shortening, mineral oil, massage oils, body lotions, or cooking oil] that can weaken latex should never be used); and 7) holding the condom firmly against the base of the penis during withdrawal and withdrawing while the penis is still erect to prevent slippage.

Condoms should be stored in a cool, dry place out of direct sunlight and should not be used after the expiration date. Condoms in damaged packages or condoms that show obvious signs of deterioration (e.g., brittleness, stickiness, or discoloration) should not be used regardless of their expiration date.

<sup>†</sup> Use of trade names is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

*Barrier Protection — Continued*

Natural-membrane condoms may not offer the same level of protection against sexually transmitted viruses as latex condoms. Unlike latex, natural-membrane condoms have naturally occurring pores that are small enough to prevent passage of sperm but large enough to allow passage of viruses in laboratory studies (2).

The effectiveness of spermicides in preventing HIV transmission is unknown. Spermicides used in the vagina may offer some protection against cervical gonorrhea and chlamydia. No data exist to indicate that condoms lubricated with spermicides are more effective than other lubricated condoms in protecting against the transmission of HIV infection and other STDs. Therefore, latex condoms with or without spermicides are recommended.

The most effective way to prevent sexual transmission of HIV infection and other STDs is to avoid sexual intercourse with an infected partner. If a person chooses to have sexual intercourse with a partner whose infection status is unknown or who is infected with HIV or other STDs, men should use a new latex condom with each act of intercourse. When a male condom cannot be used, couples should consider using a female condom.

Data from the 1988 National Survey of Family Growth underscore the importance of consistent and correct use of contraceptive methods in pregnancy prevention (8). For example, the typical failure rate during the first year of use was 8% for oral contraceptives, 15% for male condoms, and 26% for periodic abstinence. In comparison, persons who always abstain will have a zero failure rate, women who always use oral contraceptives will have a near-zero (0.1%) failure rate, and consistent male condom users will have a 2% failure rate (9). For prevention of HIV infection and STDs, as with pregnancy prevention, consistent and correct use is crucial.

The determinants of proper condom use are complex and incompletely understood. Better understanding of both individual and societal factors will contribute to prevention efforts that support persons in reducing their risks for infection. Prevention messages must highlight the importance of consistent and correct condom use (10).

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### **Nosocomial Enterococci Resistant to Vancomycin — United States, 1989–1993**

As part of continual surveillance for antibiotic resistance among pathogens associated with nosocomial infections, a recent analysis of data reported to CDC's National Nosocomial Infections Surveillance (NNIS) system demonstrated a 20-fold increase in the percentage of enterococci associated with nosocomial infections that are resistant to vancomycin from January 1, 1989, through March 31, 1993. Many of these strains are resistant to all available antimicrobial agents. This report summarizes that analysis.

The NNIS system began in 1970 when selected U.S. hospitals routinely reported nosocomial infection surveillance data for aggregation into a national data base; it is the only source of national data on the epidemiology of nosocomial infections in the United States. Isolates of *Enterococcus* sp. from nosocomial infections reported to the NNIS system from January 1, 1989, through March 31, 1993, were examined. Up to four pathogens could be reported for each episode of nosocomial infection. Multiple isolates of the same species from the same patient were not reported. Information on site of isolation (e.g., respiratory tract or urinary tract), place of acquisition of infection (intensive-care unit [ICU] or non-ICU), medical school affiliation of hospital (teaching or nonteaching), hospital size, and the hospital's susceptibility testing method was obtained for each infection and/or isolate.

Of 16,571 nosocomial *Enterococcus* isolates, 10,961 (66.2%) were tested for vancomycin susceptibility; 278 (2.5%) were resistant. The percentage of nosocomial enterococci resistant to vancomycin increased from 0.3% in 1989 to 7.9% in 1993 ( $p < 0.0001$ , chi-square test). Among patients in ICUs with nosocomial infections, the percentage of enterococcal isolates resistant to vancomycin increased from 0.4% in 1989 to 13.6% in 1993 ( $p < 0.0001$ ) (Figure 1). Vancomycin resistance varied by site of infection: gastrointestinal (e.g., intraabdominal abscess), skin and soft tissue, and bloodstream sites had the highest percentage of resistant nosocomial enterococci (7.8%, 4.1%, and 3.8%, respectively).

Of the 10,961 nosocomial enterococcal isolates tested for vancomycin susceptibility and reported to the NNIS system, 1881 were from primary bloodstream infections; 323 (17.2%) patients died. Of the patients with primary bloodstream infection, mortality was significantly higher in those with vancomycin-resistant isolates compared with those with vancomycin-susceptible isolates (26 [36.6%] of 71 versus 297 [16.4%] of 1810;  $p < 0.0001$ , chi-square test). Insufficient data on comorbidity were obtained to determine the relation of the bloodstream infection to death in these patients.

Vancomycin-resistant nosocomial enterococci have been reported from nine of 33 states with NNIS hospitals; the highest percentages were from NNIS hospitals in New York, Pennsylvania, and Maryland (8.9%, 5.6%, and 3.6%, respectively). Vancomycin resistance also varied by teaching affiliation of hospital: 14 (0.6%) of 2154 nosocomial enterococci at nonteaching hospitals were resistant versus 264 (3.0%) of 8807 at teaching hospitals ( $p < 0.0001$ , chi-square test). The percentage of vancomycin resistance varied also by number of beds in the hospital: none of

*Let me help you.*

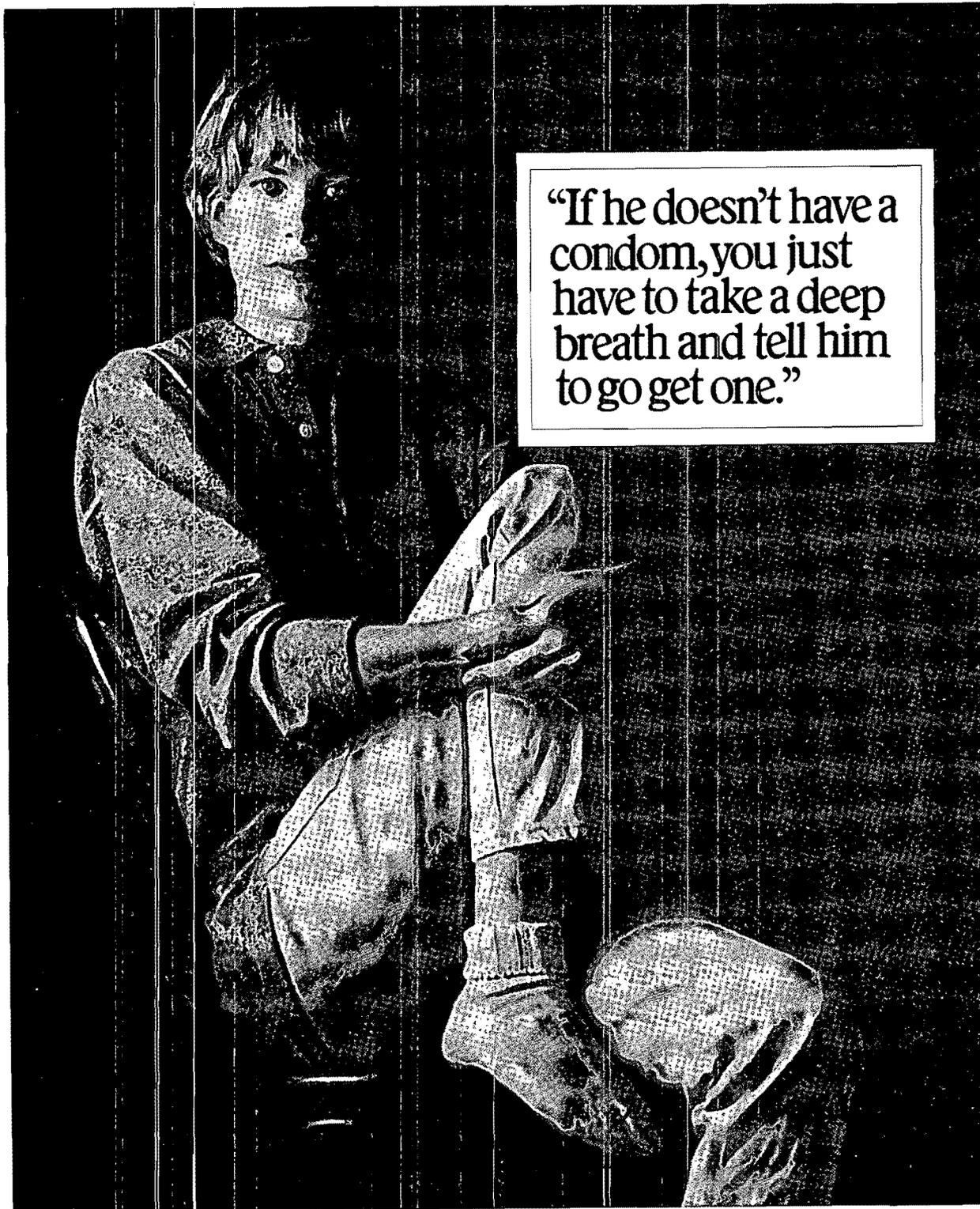
**If you want him to use a condom,  
this is all you have to say.**

If you'd like information about condoms, HIV, and HIV prevention, call 1-800-342-AIDS.

AMERICA  
RESPONDS  
TO AIDS



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Public Health Service



“If he doesn’t have a condom, you just have to take a deep breath and tell him to go get one.”

It's not the easiest thing in the world to say.

But these days, you have to. If you're dating someone who doesn't like condoms, talk before having sex. Explain how you feel. Offer to help during the awkward moments. And if this doesn't work, ask yourself, is it worth the risk?

For more information on condoms and AIDS, call 1-800-342-AIDS for answers you can count on.

AMERICA  
RESPONDS  
TO AIDS



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Public Health Service

# What Have You Got Against A Condom?



The simple act of putting on a condom can save your life, if they're used properly and every time you have sex. For more information about AIDS and condoms, call 1-800-342-AIDS.

AMERICA  
RESPONDS  
TO AIDS



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Public Health Service

**TALKING POINTS & SUPPORTING DATA:  
MMWR ON THE EFFECTIVENESS OF CONDOMS**

1. **Latex condoms are highly effective against the sexual transmission of HIV when used consistently and correctly during sexual intercourse.**
  - New, compelling studies demonstrate that latex condoms are highly effective when used correctly and consistently. (MMWR)
  - Two studies present the strongest evidence to date that latex condoms are highly effective in preventing HIV. The studies monitored people at extremely high risk by studying couples in which one person was HIV-positive and the other was uninfected. With repeated exposures to HIV, condoms proved to be highly effective for couples using condoms consistently and correctly.
  - Of 123 couples studied from 1987 to 1991, in which one of the partners was HIV-infected and they consistently and correctly used condoms, none of their partners became infected. However, among 122 couples who inconsistently used condoms, 10% (12 of 122) became infected. (DeVincenzi)
  - In an Italian study of uninfected female partners of HIV-infected men, only 2% (3 of 171) of the women whose male partners always used condoms during sexual activity became infected. However, 15% (8 of 55) of inconsistent condom users became infected. (Saracco)
  
2. **Latex condoms must be used consistently and correctly in order to be highly effective in preventing the transmission of HIV.**
  - Consistent use means using a condom from start to finish with every act of intercourse.
  - Correct use involves a few simple steps.
    - Use a new condom every time you have sex – anal, oral or vaginal.
    - Put the condom on after the penis is erect and before it touches any part of your partner's mouth, anus, or vagina. (If the penis is uncircumcised, pull the foreskin back before putting on the condom).

- To put the condom on, pinch the reservoir tip of the condom, then unroll it all the way down the penis. (If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect.) Always insure that no air is trapped in the tip. It can cause the condom to break.
- If you feel a condom break during sex, stop, pull out, and put on a new condom.
- After ejaculation and while the penis is still erect, hold the rim of the condom and carefully withdraw so no semen is spilled.
- Using lubricants: you may want to apply additional lubrication to reduce the possibility the condom will break. You should only use water-based lubricants, such as glycerin or over-the-counter lubricating jelly.

Never use "oil-based" products with condoms, such as cooking or vegetable oils, baby oil, hand lotion, or petroleum jelly. They can weaken the latex and cause the condom to break.

- Storing condoms: Condoms should be stored in a drawer or closet -- somewhere cool, dry and out of direct sunlight. Changes in temperature, rough handling or age can make the latex brittle or gummy. Never use condoms that are damaged or discolored, brittle, or sticky. And don't store them in your wallet or car glove compartment for a long time.

### 3. Latex condoms are excellent quality products.

- Recognizing that latex condoms are highly effective, in April 1993 the FDA announced that labeling for latex condoms should inform the public that: "if used properly, latex condoms will help to reduce the risk of transmission of HIV infection and many other STDs." Other contraceptives are required to carry a statement that they do *not* protect against HIV infection and other STDs.
- Studies by the FDA Center for Devices and Radiological Health confirm that latex condoms are a highly effective mechanical barrier to HIV-sized particles.
- During the manufacturing process, condoms are double-dipped in latex and undergo stringent quality control procedures.

**4. As a medical device, latex condoms are rigorously tested to ensure that they meet federal and industry quality assurance standards.**

- Every condom manufactured in the United States is tested by manufacturers for defects, including holes or areas of thinning, before it is packaged.
- The FDA randomly tests condoms produced domestically or imported into the U.S. to ensure that they meet quality assurance requirements. The standard test used by the FDA is the water-leak test, in which the condom is filled with 300 ml of water, stretching it to as much as four times its original size. If FDA finds that more than 4 per 1000 condoms leak, the lot is not allowed to be sold here.

**5. When condoms fail, it is usually due to user error.**

- Most condom breakage is due to incorrect usage rather than poor condom quality. Common reasons for breakage include teeth or fingernail tears, using oil-based lubricants, using old condoms, exposure to heat, reusing condoms, unrolling the condom before putting it on, or leaving air in the tip.
- There is no indication that condom breakage rates are different for anal or vaginal intercourse.
- Many Americans don't know that latex condoms provide better protection from HIV than natural membrane condoms, and don't understand that they should be used from start to finish, or that only water-based lubricant should be used. It is vital to step up our efforts in educating the public about correct condom use.

**6. Both refraining from intercourse with infected partners and consistent and correct condom usage are effective prevention strategies.**

- A two-pronged AIDS prevention approach is needed in this country -- with messages encouraging both abstinence and the correct and consistent use of condoms. Both strategies can be highly effective if practiced all the time.
- We know that one of the key determinants of condom use is the belief that condoms work. Stated another way, sexually active individuals will be less motivated to use condoms if they don't believe that they will be effective barriers. Therefore, it is important that sexually active individuals get the message that latex condoms provide effective protection from HIV if they are

used correctly and consistently. We have a responsibility to let the public know that a compelling case now exists for condom use as a prevention strategy -- if condoms are used consistently and correctly.

- A clear message about condoms is not incompatible with the message to young people that initiation of sexual activities at an early age carries health risks. In fact, recent data from Switzerland demonstrates that a public education campaign promoting condom use can be effective without increasing the proportion of adolescents who are sexually active. (Hausser)

**QUESTIONS & ANSWERS: MMWR ON THE EFFECTIVENESS OF CONDOMS**

	QUESTION	ANSWER
1	<p>What about studies that suggest condoms have as high as a 15.7% contraceptive failure rate?</p>	<p>These studies do not distinguish between inconsistent and consistent condom use. Recent studies show that pregnancy rates are estimated to be as low as 2% for couples who use condoms consistently and correctly. (Trussell)</p> <p>Similarly, in two studies involving extremely high-risk couples in which one partner was HIV-infected and the other was not, condoms were found to be highly effective when used consistently and correctly.</p>
2	<p>What does highly effective mean?</p>	<p>We know from the discordant couple studies that in extreme risk situations, the consistent use of condoms provides a significant reduction in risk. (Refer back to Talking Point #1 about discordant couple studies)</p>
3	<p>Isn't it naive to think that people can use condoms consistently and correctly?</p>	<p>No, people can use condoms correctly by following a few simple steps (See talking points).</p> <p>Discordant couple studies clearly demonstrate that consistent <u>and</u> correct condom use is possible if the couple is highly motivated.</p>

4	<b>Can't condoms break?</b>	<p>Condoms rarely break. In those cases where breakage occurs, it is usually related to user error rather than condom quality.</p> <p>Using old condoms is a leading cause of breakage. Other common reasons for breakage include fingernail tears, exposure to heat or sunlight, reusing condoms, or unrolling the condom before putting it on.</p> <p>Use of oil-based lubricants such as baby oil, vegetable oil, petroleum jelly, and cold cream can weaken latex condoms considerably and cause them to break. Mineral oil, a common ingredient of hand lotions can cause a 90% decrease in condom strength after as little as 60 seconds of exposure. (Voeller)</p>
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5	<p><b>How are condoms regulated and tested?</b></p>	<p>Condoms are classified as medical devices, regulated by the FDA, and manufactured according to national standards.</p> <p>Every condom sold in the U.S. is tested by the manufacturer electronically for defects, including holes or areas of thinning, before it is packaged. During the manufacturing process, condoms undergo stringent quality testing.</p> <p>In addition, the FDA randomly tests condoms using the water-leak test, in which a condom is filled with 300 ml of water. If FDA finds that more than four per 1000 condoms leak, the lot is not allowed to be sold here.</p>
6	<p><b>Don't condoms have microscopic holes that allow HIV to pass through?</b></p>	<p>Condoms are required to undergo demanding tests, including tests for holes before they are sold. If any holes are found, the condoms are discarded.</p> <p>Laboratory studies show that intact latex condoms provide a continuous barrier to microorganisms as well as sperm.</p>
7	<p><b>Researchers studying surgical gloves made out of latex found "channels of 5 microns that penetrated the entire thickness of the glove."</b></p>	<p>The quality of latex condoms is higher than that of latex gloves. Condoms are made differently than gloves. Condoms are doubled-dipped in latex while gloves are only single-dipped. Condoms also undergo much more stringent quality control procedures than gloves.</p>

<p>8</p>	<p><b>What about a University of Texas Medical Branch study that estimated condoms to be only 69% effective in preventing HIV in heterosexual couples?</b></p>	<p>The University of Texas did not conduct a new study. It is a meta-analysis of existing studies. That is, it applied statistical methods to previously published studies. This method has several flaws. First, the study only cites data collected prior to July 1990, overlooking recent studies that provide some of the most compelling evidence that condoms are effective. Second, the study did not distinguish between consistent and inconsistent use of condoms.</p>
<p>9</p>	<p><b>Why did the FDA approve the female condom if it has proven to be only 74% effective in recent studies?</b></p>	<p>The female condom is the first barrier method of contraception available within the control of the female partner which provides some level of protection against pregnancy and STDs, including HIV.</p> <p>As a very new product, limited studies have been conducted on its effectiveness against STDs and HIV. However, the clinical data do suggest that female condoms provide some level of protection against some STDs and HIV.</p> <p>PHS is currently undertaking additional studies to assess the effectiveness of female condoms against HIV and other STDs as well as to develop additional methods of contraception for women.</p>

<p>10</p>	<p>Isn't abstinence the only foolproof way to prevent HIV infection?</p>	<p>Refraining from intercourse with infected partners is the most effective HIV prevention strategy. This is an especially important message for young people.</p> <p>There is little disagreement that premature initiation of sexual activity carries health risks. We need to strive for a climate supportive of young people who are choosing to delay sexual activity.</p> <p>Periodic abstinence, however, carries with it certain risks. A 1988 National Survey of Family Growth found abstinence to have a contraceptive failure rate of 26% when not practiced consistently. So, in abstinence -- as in condom use -- consistency is key.</p>
<p>11</p>	<p>Why are you changing your position on the effectiveness of condoms used in conjunction with a spermicide?</p>	<p>Scientific studies show that condoms are more effective than many people previously thought and that spermicides may be less effective than had been hoped.</p> <p>CDC recommendations actually are not changing significantly. We are reinforcing the recommendation to use condoms. We don't encourage the use of spermicides except as an adjunct to condoms and for those whose goal is contraception.</p>

12	Is the federal government advocating/condoning sexual intercourse outside of marriage?	<p>There are many sound public health reasons to abstain from sexual intercourse, such as preventing STDs, including HIV, and unwanted pregnancy. However, the federal government does not determine what is or is not morally acceptable behavior.</p> <p>From a public health perspective, if a person chooses to have sexual intercourse, using condoms correctly every time during sex is the best way to prevent HIV infection.</p>
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<p>13</p>	<p>Why are you releasing this information now? Aren't people already using condoms?</p>	<p>We are releasing this information now because recently presented scientific data sheds new light on this important public health issue. We feel the public needs this information, and the MMWR is the most rapid means to disseminate it to health professionals and the public.</p> <p>Most sexually active people are not using latex condoms every time they have sex.</p> <p>For example, in San Francisco, only 6% of heterosexual males with multiple sex partners reported always using condoms.</p> <p>In another study, only about 20% of sexually active American women reported that their male partners used condoms.</p> <p>A national survey of heterosexual adults with multiple sex partners found only 17% used condoms all of the time (Catania).</p> <p>One of the key determinants of condom use is the belief that they work. Therefore, it is important for sexually active individuals to get the message that latex condoms can provide effective protection from HIV if they are used correctly and consistently.</p>
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<p>14</p>	<p>Don't education programs about condoms result in increased sexual activity among adolescents?</p>	<p>No. Several studies have shown that levels of sexual activity among young adults decreased or remained the same after sex education programs which included information about condoms.</p> <p>In a recent Swiss study of 16-19 year olds, an AIDS prevention effort focusing on condom use did not increase the level of sexual activity or the number of sex partners of young people. However, condom use did increase among those already sexually active.</p> <p>A 1992 study reported in Family Planning Perspectives found that AIDS education and sex education resulted in decreases in the number of sex partners and the frequency of intercourse. Having received education was also associated with more consistent condom use.</p>
<p>15</p>	<p>In choosing a condom, is there any way to know which brand is best? Do some condoms have higher quality standards than others?</p>	<p>All of the condoms marketed in the U.S. today meet federal quality assurance standards. The CDC recommends latex condoms for prevention of HIV and STDs. Consumers should look for the word "latex" on the package. Color, shape, and packaging are all issues of personal preference. All are effective.</p>

16

What are you going to do now that you have this information? Is the government going to start a condom promotion campaign? Are you going to release ads on condoms?

The CDC is now planning the next stage of its HIV Public Information Program. It will include the implementation of a 5-year prevention marketing program to prevent the sexual transmission of HIV among sexually active young Americans.

The CDC is faced with opposition regarding condoms from both sides of the issue. Some people want the CDC to promote only abstinence as a strategy to prevent HIV and not to discuss condoms at all. Others say the CDC is not talking enough about condoms.

The CDC's education programs are driven by science. As the nation's leading prevention agency, our mission is to prevent disease and protect the health of all Americans. For people who are sexually active, it is our duty to provide them with accurate, scientific information about the effectiveness of condoms against STDs, including HIV when they are used correctly and consistently.

CDC-supported public health and education programs provide young Americans with information about the actions they can take to reduce their risk of acquiring HIV infection, including delaying and abstaining from sexual activity.

17	Why are you promoting this information now?	Two recent studies -- especially the discordant couple studies -- have provided the data to make a compelling new case for condom effectiveness.
18	Why are you promoting condoms even though they're not foolproof?	Because they substantially reduce the risk of HIV infection during vaginal, anal or oral sex. Similarly, we promote many other health behaviors that significantly reduce risk, but do not entirely eliminate it. For example, we promote wearing bicycle helmets which are 85% effective at reducing injury or death and wearing seat belts which are 40-55% effective at reducing injury.

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# WAYS TO LOCALIZE THE MMWR

## TIP SHEET

The MMWR provides a wonderful opportunity to work with local media to help frame support and awareness around your organization's HIV/AIDS public information efforts. The scientific findings outlined in the report can be used to generate local media attention and can be used to reinforce your agency's public information efforts.

### Take advantage of media opportunities

- **Be proactive.** Contact a local print or broadcast reporter to "pitch" a local story idea that incorporates the report's findings and features an agency program or service. Discuss the need for more education and prevention, cite local statistics reflecting an increase in the rate of HIV infection among different populations, such as young people. Convey how the report's findings have positive implications for the state and local HIV/AIDS education and prevention programs.
- **Make a statement.** Develop a statement and release it along with the enclosed CDC statement to local media, AIDS service organizations and other interested constituencies outlining your agency's policy on condom efficacy.
- **Utilize experts.** Develop a list of local experts that a reporter or journalist can use to generate story ideas and or quotes. Develop the list to include representatives from local AIDS service organizations, state and local health department spokespersons, and science and public health officials.

### Use the MMWR materials to create tie-in opportunities

- **Release a local study.** Use the findings to build support for education and prevention programs that link HIV/AIDS education and awareness with condom education. Develop and release a local report about the current status and success of HIV/AIDS programs with recommendations that call for condom education including information about condom efficacy and the need for providing the public with more information about condoms.
- **Make it known.** Provide AIDS service organizations, state government offices and departments (e.g. public affairs), public interest groups, and other supportive constituencies with the MMWR update to make sure that they too can use it to bolster their HIV/AIDS communication efforts. Find out if there are upcoming events, health fairs, town meetings or conferences where the MMWR materials can be distributed.

# CONVEY A NEW PERSPECTIVE: DEVELOP AN OP-ED

## TIP SHEET

Op-ed's are an excellent tool to help frame your organization's message about the effectiveness of condoms and other HIV/AIDS education and prevention issues. To place an op-ed piece in a local newspaper or magazine isn't complicated -- the key to success is making sure that the key ingredients - timeliness, a fresh perspective and factual information -- are presented clearly to an editor.

An opposite-editorial, or "op-ed" as it is commonly referred to, is the page adjacent to (opposite) the editorial page in newspapers and is used for columns and opinion articles by newspaper staffers, syndicated columnists, guest writers and for the newspaper readership. Most newspapers consider this page as belonging to their readers and look for articles that reflect local concerns, issues and opinions. Here are some quick tips for successfully developing an op-ed.

### DO

- ✓ Contact the newspaper or magazine that you want to submit the piece to and find out:
  - Who the piece should be sent to. Typically, this a staff person who works in the editorial department.
  - What the deadline is for submitting the piece, this will vary among daily, weekly or monthly news publications.
  - The recommended length and format for the piece. Most newspapers require the piece to be typed and doublespaced. The typical length of an op-ed is 800 words.
- ✓ State your position or opinion upfront in the first paragraph. Editors look specifically for pieces that convey clearly a position or opinion.
- ✓ Make it timely. Examine the newspaper to see what topics are currently being covered by the newspaper. Generally editors look for pieces that reflect local concerns and issues or national topics that have a local angle and offer variation on issues. It is unlikely for a newspaper to print similar op-ed viewpoints on the same day or even during the same week.
- ✓ Express your viewpoint in a way that adds to public understanding or offers a fresh perspective. Reviewers look for pieces that are informative, factual and provide reasoning to back up your opinion. Being contrary or using humor is fine, as long as it reinforces your lead.
- ✓ Remember to submit your name, professional affiliation, job title and phone number.

### DON'T

- ✗ Use jargon or acronyms that won't be understood by the general reader.
- ✗ Use an op-ed as a forum to personally attack an individual or organization.
- ✗ Expect to be paid. Newspapers don't compensate readers for sending in a piece.
- ✗ Don't be surprised if your piece appears edited. This is what editors do.

# **FOR MORE INFORMATION**

**For additional information on the contents of this kit, please contact:**

**National AIDS Information and  
Education Program**

(404) 639-0956

(404) 639-0973 (fax)

**Centers for Disease Control  
and Prevention**

Mail Stop E-25

1600 Clifton Road

Atlanta, GA 30333

**For media inquiries, please contact:**

**CDC Press Office (Media Only)**

(404) 639-3286

**CDC National AIDS  
Clearinghouse**

PO Box 6003

Rockville, MD 20849-6003

800-458-5231

**CDC National AIDS  
Hotline**

800-342-AIDS

800-344-7432 (Spanish)

800-243-7889 (Deaf)

Put my 12/30 memo  
& attachment  
w/ this  
FILE: CDC AIDS/Condom  
Advertisement Campaign

THE WHITE HOUSE

WASHINGTON

December 10, 1993

MEMORANDUM TO CAROL RASCO

FROM: KRISTINE M. GEBBIE  
NATIONAL AIDS POLICY COORDINATOR

SUBJECT: CDC Release of Prevention Marketing Campaign including Condom  
TV Ads

Jan. 4 This memo contains summary information on the CDC Campaign to be launched on ~~December 21~~ which was referenced in the memo to Carol Rasco dated November 22. This release is the culmination of efforts on the part of HHS to present an HIV/AIDS public information campaign that delivers verbal and visual messages that specifically talk of how to stop HIV transmission. ONAP staff is available for more in depth information on the events.

Background Jan. 4

On ~~December 21~~, the Centers for Disease Control and Prevention (CDC) will launch their Prevention Marketing Campaign to prevent the spread of HIV, primarily in young people under 25. This campaign is a major step in our fight to end the epidemic is the first national public information campaign that specifically states how to stop the spread of HIV. CDC must be praised for its efforts to present to the nation these messages.

The goals of the campaign will be as follows: 1) for those not engaging in sexual intercourse to continue this healthy behavior; 2) for sexually active teenagers who do not use condoms to start using them; 3) for those who use condoms every time to continue using them; and 4) for those who are using latex condoms inconsistently to use them correctly and consistently every time.

Although abstinence is the best way to prevent HIV transmission, this campaign is aimed at young people that, due to personal decisions or circumstances, have chosen to be sexually active. Special attention will be placed on young people at high risk for infection and groups for which rates of new infections are rising, including: young women, minority youth, young men who have sex with men (including gay-identified youth) and economically disadvantaged youth.

Negative feedback may come from certain groups because the ads specifically encourage individuals already engaging in risky sexual behavior to use latex condoms and those already using condoms inconsistently to begin using them correctly and consistently. Through the use of graphics, CDC has developed television ads that explicitly tell viewers of the need to use condoms to protect themselves. These television ads are accompanied by a radio spots with the voices of celebrities.

CDC PREVENTION CAMPAIGN  
PAGE TWO

Policy considerations

The ads specifically talk of the need to use condoms and are very appealing. They have been tested repeatedly with very enthusiastic responses from the community and policy makers. However, we are expecting three specific types of negative reactions from the community: 1) those who may see these ads as promoting promiscuity among young people; and 2) those who may say that this campaign is not enough and it took too long to be developed; and 3) there will be those who will question the effectiveness of condoms in preventing the spread of HIV. Relative to that concern, I have included copies of the latest CDC report that scientifically proves the effectiveness of condoms. Another concern relates to the extent that the TV networks will participate in the distribution of the ads.

Strategy

The primary focus of the discussion will be that this is a public health issue and that the public health authorities are doing what they have been delegated to do to safeguard the health of the public. The campaign is intended to demonstrate the leadership of the new administration on this issue. Although abstinence is the most effective way of preventing infection, recent surveys of high school seniors indicate that 72% have had sex. One fifth (19%) have had four or more partners. The public health authorities believe that this campaign will help prevent sexually transmitted diseases and HIV/AIDS. The campaign is aimed specifically at young people that are at greatest risk and at the same time reinforcing those who choose to abstain.

CDC has been working actively in obtaining support from national and local organizations, primarily those working with young men and women, to participate in the activities of December 21. At this point, 72 organizations have agreed to participate. Among those who have expressed their support have been the National Association of Parent Teacher Associations, AIDS National Interfaith Network, American Medical Association, American Public Health Association and many others. More organizations are being approached to obtain their support.

These organizations have already viewed the ads and have expressed their support for CDC activities. This will help in preempting opposition from the conservatives and those who may say that this campaign is not enough. CDC is also seeking the support of religious communities that will participate in the meeting.

CDC has been working actively with the networks who have accepted the PSAs. ABC and NBC have been particularly enthusiastic and CDC is working to have both of them on stage signifying their support. These details are currently being finalized.

To assure message consistency, I will serve as the White House spokesperson on this issue and all inquires should be directed to my office.