

ANORECTAL CHLAMYDIA IS NOT ASSOCIATED WITH RIMMING, FINGERING OR WITH SALIVA USE AS ANAL LUBRICANT: A CROSS-SECTIONAL SURVEY

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Background: Condomless anal sex is a known transmission route for chlamydia among men who have sex with men (MSM), but it remains unclear to what extent oro-anal sex practices contribute to its spread. We aimed to determine whether oro-anal sex (rimming), fingering and the use of saliva as anal lubricant are risk factors for anorectal chlamydia among MSM.

Methods: This cross-sectional study was conducted at Melbourne Sexual Health Centre from July 2014 to June 2015. Routinely-collected computer-assisted self-interview data includes demographics, number of sexual partners and condom use for peno-anal sex. We added questions on receptive rimming, receptive fingering or penis “dipping”, and the use of a partner’s saliva as lubricant during fingering or penis dipping.

Results: 1691 MSM completed the questionnaire and tested for rectal chlamydia. In univariate analyses, anorectal chlamydia was associated with using a partner’s saliva as lubricant (OR 1.97, 95%CI 1.26-3.09), with receptive rimming (OR 1.59, 95%CI 1.04-2.45), and with receptive fingering or penis dipping (OR 1.90, 95%CI 1.06-3.43). In multivariate analysis, rectal chlamydia was not associated with receptive rimming, receptive fingering or penis dipping, or with the use of saliva as lubricant, after adjusting for number of sex partners, HIV status, self-reported contact with chlamydia and condom use for peno-anal sex. Anorectal chlamydia was associated with inconsistent use of condoms and with self-reported contact with chlamydia.

Conclusion: The use of a partner’s saliva during receptive anal sex practices such as rimming, fingering or penis dipping was not an independent risk factor for anorectal chlamydia in MSM. This contrasts with our previously reported findings that the use of saliva as anal lubricant is associated with anorectal gonorrhoea. This suggests that the transmission dynamics for chlamydia are different from those for gonorrhoea, and that anorectal chlamydia may be a stronger marker for recent receptive condomless peno-anal sex.

Disclosure of interest

None to declare