

Sexually Transmitted Infections in Women who have Sex with Women: a Fact Sheet for Healthcare Providers

Adapted by the Mautner Project from: JM Marrazzo. Barriers to Infectious Disease Care among Lesbians. Emerging Infectious Diseases, Vol. 10, No. 11, November 2004

Link to full text of original article (pdf available): <http://www.cdc.gov/ncidod/EID/vol10no11/04-0467.htm>

Sexual identity & behavior:

- **Sexual behavior** among female sex partners may include oral-genital sex, genital-genital contact, vaginal or anal sex using hands, fingers, or penetrative sex toys, and oral-anal sex.
- **Sexual identity is not the same as sexual behavior.** Most lesbian identified women (53%-99%) have had sex with men, and many (21%-30%) continue to do so.ⁱ Many women who do not identify as lesbian or bisexual may also engage in same-sex sexual activity. Women who have sex with women (WSW) may identify as LGBT (lesbian, gay, bisexual, transgender). WSW may not identify as LGBT, but as straight or heterosexual.

Transmission and Incidence of STI in WSW:

- Transmission of common viral Sexually Transmitted Infections (STI), especially **human papillomavirus (HPV)** and **herpes simplex virus (HSV)** infections and of *Treponema palladium*, the causative agent of **syphilis**, requires only skin-to-skin or mucosa contact, which can easily occur in the context of lesbian sex.
- Studies have detected **HPV** DNA in 13%- 30% of lesbians screened.^{ii iii} Both high- and low-grade squamous intraepithelial lesions (SIL) were detected on Pap smear testing, even in women who reported no sexual history with men.^{iv}
- Genital transmission of **HSV-2** between female sex partners occurs in a relatively inefficient manner, though lesbians relatively frequent practice of orogenital sex may place them at somewhat higher risk of genital infection with **HSV-1**.^v
- Female to female transmission of **HIV** has been reported,^{vi vii} though a case has not yet been officially documented by the CDC. Transmission is uncommon, though possible, especially through sexual activity that involves exposure to blood.
- Reports of **chlamydia** and **gonorrhea** through female-female transmission are unpublished and largely anecdotal. Survey data of lesbian women indicates that a chlamydial infection had been previously diagnosed in 3%-5% of respondents.^{viii}
- **Bacterial vaginosis**, the most common cause of vaginitis among women of reproductive age, is associated with pelvic inflammatory disease, increased risk of acquiring gonorrhea and HIV, and adverse outcomes in pregnancy.^{ix} Studies show prevalence of BV among lesbians ranges from 24%-51%.^{x xi xii xiii}
- Although *T. pallidum* (causative agent of **syphilis**) infection is relatively uncommon compared to the viral STIs discussed above, sexual transmission between female partners has recently been reported.^{xiv}

Practice guidelines:

- A complete and accurate sexual history is necessary to determine STI risk regardless of the genders of sexual partners or the age of the patient.
- All WSW should undergo Pap smear screening according to national guidelines.^{xv} Screening among lesbians should not differ from those for heterosexual women.^{xvi} Those women who meet the criteria for the HPV vaccine should receive it.
- Until data exist that show Chlamydia is not transmitted through female-female sexual contact, all WSW should be screened, regardless of history of sex with men.
- All WSW should be counseled appropriately in modes of STI transmission and in safer sex practices that can be used to minimize transmission.
- Barrier methods include dental dams for oral sex (gloves or condoms cut flat or plastic wrap can also be used), gloves for manual penetration, and condoms for sex toys or penile-vaginal intercourse. Non-latex materials are also available
- Harm reduction approaches to STI prevention include getting tested regularly for STIs and informing partners of STI status, avoiding fluid exchange (especially during menstruation), avoiding unprotected contact when herpes viral outbreak may be likely, avoiding drug and alcohol use before sexual activity, and keeping nails short and well groomed.
- Sexual health print materials for WSW should be displayed and distributed.
- Avoid Assumptions. Older women are often sexually active. In addition to needing STI screenings, many may be uninformed about STI risk behaviors and need more information about safer sex practices.

ⁱ Marrazzo JM. Barriers to Infectious Disease Care among Lesbians. *Emerging Infectious Diseases*, Vol.10, No.11, November 2004. 1975

ⁱⁱ Marrazzo JM, Koutsky LA, Stine KL, Kuypers JM, Grubert TA, Galloway DA, et al. Genital human papillomavirus infection in women who have sex with women. *J Infect Dis*. 1998;178:1604–9.

ⁱⁱⁱ Marrazzo JM, Koutsky LA, Kiviat NB, Kuypers JM, Stine K. Papanicolaou test screening and prevalence of genital human papillomavirus among women who have sex with women. *Am J Public Health*. 2001;91:947–52.

^{iv} Marrazzo JM. Barriers to Infectious Disease Care among Lesbians. *Emerging Infectious Diseases*. 1975.

^v Marrazzo JM. Barriers to Infectious Disease Care among Lesbians. *Emerging Infectious Diseases*. 1975.

^{vi} Kwakwa HA, Ghobrial MW. Female-to-female transmission of human immunodeficiency virus. *Clin Infect Dis*. 2003 Feb 1;36(3):e40-1.

^{vii} Troncoso AR, Romani A, Carranza CM, Macias JR, Masini R. [Probable HIV transmission by female homosexual contact]. *Medicina (B Aires)*. 1995;55(4):334-6. [Article in Spanish]

^{viii} Marrazzo JM. Barriers to Infectious Disease Care among Lesbians. *Emerging Infectious Diseases*. 1975.

^{ix} Hillier S, Holmes KK. Bacterial vaginosis. In: Holmes KK, Mardh P-A, Lemon SM, Stamm WE, Piot P, Wasserheit J, editors. *Sexually transmitted diseases*. 3rd ed. New York: McGraw-Hill; 1999. p. 563–86.

^x Fethers K, Marks C, Mindel A, Estcourt CS. Sexually transmitted infections and risk behaviours in women who have sex with women. *Sex Transm Infect*. 2000;76:345–9.

^{xi} Marrazzo J, Koutsky LA, Eschenbach DA, Agnew K, Stine K, Hillier SL. Characterization of vaginal flora and bacterial vaginosis in women who have sex with women. *J Infect Dis*. 2001.

^{xii} Edwards A TR. Sexually transmitted diseases in lesbians. *Int J STD AIDS*. 1990;1:178–81.

^{xiii} McCaffrey M, Varney P, Evans B, Taylor-Robinson D. Bacterial vaginosis in lesbians: evidence for lack of sexual transmission. *Int J STD AIDS*. 1999;10:305–8.

^{xiv} Campos-Outcalt D, Hurwitz S. Female-to-female transmission of syphilis: a case report. *Sex Transm Dis*. 2002;29:119–20.

^{xv} Marrazzo JM. Barriers to Infectious Disease Care among Lesbians. *Emerging Infectious Diseases*. 1975.

^{xvi} Marrazzo JM. Barriers to Infectious Disease Care among Lesbians. *Emerging Infectious Diseases*. 1976.