



FACT SHEET – 6 August 2018

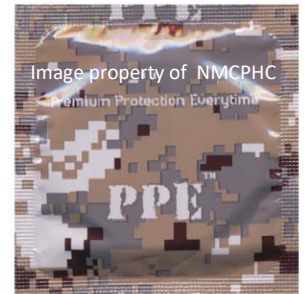
CONDOMS



Introduction

With over 1 million Americans infected with HIV, most of them through sexual transmission, and an estimated 19 million cases of other sexually transmitted infections (STIs) occurring each year in the United States, effective strategies for preventing these diseases are critical.

Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other STIs. But for those who have sexual intercourse, the correct and consistent use of latex condoms during sexual intercourse - vaginal, anal, or oral - can greatly reduce a person's risk of acquiring or transmitting HIV infection. Use of latex condoms reduces the risk of acquiring or transmitting other STIs, including diseases transmitted by genital secretions (such as gonorrhea, chlamydia, and trichomoniasis) and, to a lesser degree, genital ulcer diseases (such as genital herpes, syphilis, and chancroid). Condom use may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases (such as genital warts and cervical cancer).



Condoms must be used consistently and correctly to provide maximum protection. Consistent use means using a condom with each act of intercourse. Correct condom use includes all of the following steps:

- Use a new condom for each act of vaginal, anal, or oral intercourse.
- Put on the condom on before any penetration.
- Hold the tip of the condom as you unroll it, leaving space at the tip of the condom.
- You can buy lubricated condoms. If you feel you need to add lubrication to a latex condom, use only water-based lubricants, which may be purchased at any NEX, MCX or pharmacy. Oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, or baby oil, can weaken the condom and cause it to break.
- After ejaculation, hold the condom firmly at the base and withdraw while erect, to keep the condom from slipping off.

Myths About Condoms

Misinformation and misunderstanding persist about the effectiveness of condoms. 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 studies.

Myth #1: Condoms frequently break. Some have questioned the quality of latex condoms. Condoms are classified as medical devices and are regulated by the Food and Drug Administration. 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 likely 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.





Myth #2: HIV can pass through condoms. A commonly held misperception is that latex condoms contain "holes" that allow passage of HIV. Laboratory studies show that intact latex condoms provide a highly effective barrier to sperm and micro-organisms, including HIV and the much smaller hepatitis B virus. Natural membrane or animal skin condoms, are not recommended for STI prevention. They contain natural pores in the membrane through which HIV and other STIs may pass.

Preventing HIV Infection and Other STIs: Recommended Prevention Strategies

Abstaining from sexual intercourse is the most effective HIV prevention strategy. For individuals who are sexually active, the following are highly effective:

- Having intercourse only with one uninfected partner
- Using latex condoms correctly from start to finish with each act of intercourse

Condoms for Women. The **female condom** or vaginal pouch has recently become available in the United States. A small study of this condom as a contraceptive indicates a failure rate of 21-26 percent in 1 year among typical users; for those who use the female condom correctly and consistently, the rate was approximately 5 percent. 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. If a male condom cannot be used, consider using a female condom.

Plastic Condoms. A polyurethane male condom was approved by FDA in 1991 and is now available in the United States. It is made of the same type of plastic as the female condom. The lab studies show that the new polyurethane condoms have the same barrier qualities as latex. Lab testing has shown that particles as small as sperm and HIV cannot pass through this polyurethane material. A study of the effectiveness of this polyurethane condom for prevention of pregnancy and STIs is underway. The new polyurethane condoms offer an alternative for condom users who are allergic to latex. Also, polyurethane condoms can be made thinner than latex, have no odor, and are safe for use with oil-based lubricants.

Spermicides. In one study, of women at very high risk of exposure to HIV infection, researchers found that the women who used Nonoxynol-9 (N-9) gel had become infected with HIV at about a 50% higher rate than women who used a placebo gel. Further, the more frequently women used only N-9 gel (without a condom) to protect themselves, the higher their risk of becoming infected. Simply stated, **N-9 did not protect against HIV infection and may have caused more transmission.** Women who used N-9 also had more vaginal lesions, which might have facilitated HIV transmission. While N-9 will not offer any additional protection against HIV, a condom lubricated with N-9 is clearly better than using no condom at all. The protection provided by the condom against HIV far outweighs the potential risk of N-9. If given the choice, **condoms without N-9 may be a better option for HIV prevention.**

Where can I get more information?

Your medical care provider should be consulted if you think you may have been exposed to any sexually transmitted disease. CDC provides information through their National STD Hotline at (800) 227-8922 and their National AIDS Hotline at (800) 342-AIDS (2437). For further information regarding your sexual health, visit the SHARP Home Page at <http://www-nehc.med.navy.mil/hp/sharp>.



This information adapted by the Sexual Health and Responsibility Program (SHARP), Navy and Marine Corps Public Health Center from material developed by the Centers for Disease Control and Prevention

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