Female-to-Female Transmission of Human Immunodeficiency Virus

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We describe a case of female-to-female transmission of human immunodeficiency virus (HIV). A 20-year-old African American woman with no obvious risk factors received a diagnosis of HIV infection, and the genotype of the infecting strain closely matched that of the strain infecting her openly bisexual female partner. The route of transmission was probably use of sex toys, used vigorously enough to cause exchange of blood-tinged body fluids.

Data on transmission of HIV between women are scarce and incongruent. Although several studies have shown no evidence of transmission between women who have sex with women (WSW) [1–3], there have been a few reports describing cases of transmission between women who have sex with women incongruent. Although several studies have shown no evidence of such transmission, WSW, therefore, often are exposed to other traditionally recognized modes of transmission, such as substance abuse and heterosexual intercourse, which are presumed to be the modes of acquisition of infection. (2) The number of women whose sexual partners are exclusively women and who have no other identified risk factor for HIV infection is small, rendering even more difficult the task of proving the existence of a risk factor—or lack thereof—with any statistical power. These consid-

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erations provide an explanation for the uneasy coexistence of case reports such as this one and the lack of firm evidence of lesbian sexual transmission of HIV in larger studies of women with multiple risk factors, among them lesbian contact.

The sexual practices engaged in by our patient—specifically, using sex toys vigorously enough to cause exchange of blood-tinged body fluids—pose a reasonable theoretical risk of HIV transmission. As this case illustrates, failure to identify lesbian sex as a potential risk for HIV transmission may result in untoward consequences. Given the higher-risk behavior among the community of WSW, HIV-seronegative WSW may be at increased risk of HIV infection on the basis of their sexual practices alone. Although the risk of HIV transmission between women needs to be elucidated further, prudence dictates that HIV-seronegative and HIV-seropositive WSW be counseled to use safe-sex practices with female partners.

References