# Statement by the Los Angeles County Department of Public Health to the Cal/OSHA Advisory Subcommittee on Medical Issues, Bloodborne Pathogens in the Adult Film Industry September 14, 2010

In June of 2010 the County of Los Angeles Department of Public Health declared its support for proposed changes to the Bloodborne Pathogens Standard (California Health and Safety Code, Title 8, Section 5193)[[1]](#endnote-1) by adding a new subsection that would clarify required protections for workers in this industry and limit their exposure to bloodborne pathogens, other potentially infectious material, fecal pathogens and STDs, including HIV. [[2]](#endnote-2) The Department suggested the following proposed language:

* + - 1. Require all performers to use condoms;
      2. Require screening for STDs consistent with incubation periods, anatomic sites and performance characteristic of the diagnostic tests;
      3. Require medical monitoring of workers consistent with the bloodborne pathogen and Cal/OSHA standards set by the State, with screening costs paid by the industry;
      4. Maintain confidentiality of worker testing and other medical records out of view of the employer;
      5. Require full cooperation of test sites, production companies and talent agencies during any investigation of possible workplace exposures;
      6. Require ongoing monitoring to ensure compliance with reporting, Cal/OSHA workplace requirements and cooperation with investigation by state and local health departments.

After an HIV outbreak occurred in the adult film industry in 2004, Cal/OSHA determined that the blood borne pathogen standard applied to this industry. The standard requires use of barrier protection such as condoms; medical monitoring requirements for HIV/STD testing and hepatitis B vaccine, to be paid by the employer; a confidential medical record for each employee; an exposure control plan; and worker health and safety training.

The current industry standard relies on monthly voluntary STD testing of performers. There are low rates of condom use and high risk sexual practices in the industry such as unprotected, prolonged and repeated sexual acts with multiple sexual partners over short time periods. These practices increase the likelihood of acquisition and transmission of STDs. Rates of STDs such as chlamydia and gonorrhea, are over seven times higher in the adult film industry than are found in the general population, and up to one-quarter of performers are diagnosed with an STD in the course of one year. Between 1998 and 2008, 17 HIV cases were reported among performers.[[3]](#endnote-3)

## Inadequacy of Screening as the Primary Method for the Prevention of STDs/HIV

It has been the consistent position of the County of Los Angeles, Department of Public Health that screening alone without barrier protection is insufficient for preventing the spread of STDs, including HIV. [[4]](#endnote-4),[[5]](#endnote-5) The 2004 HIV outbreak revealed that three of 14 female performers exposed to HIV became infected from a single infected male performer. The index case had 61 primary and secondary sexual contacts within 23 days, and the attack rate was 23%.[[6]](#endnote-6) The infected male performer had consistently followed the industry standard of voluntary, monthly HIV testing.

Other studies have shown the limitations of screening as a sole prevention method. Coyne and colleagues[[7]](#endnote-7) (2009) found that among 115 adult film performers (56 women, 59 men) who were screened for STDs/HIV on a regular basis over a 13 month period, all reported unprotected sex during filming. Seventy-five percent had at least one sexual partner outside work, and 90% used condoms inconsistently with them. Thirty-eight percent of performers (44/115) were diagnosed with 77 infections, including non-specific urethritis (51), gonorrhea (10), chlamydia (6) and genital warts (6). Gonorrhea was found exclusively at the pharynx in three heterosexual men. There were no cases of HIV, syphilis, hepatitis B or hepatitis C.

## Specific Sexual Acts and Association with STD/HIV Risks

**Oral sex.** D’Souza [[8]](#endnote-8)et al. (2007) conducted a case–control study of 100 patients with newly diagnosed oropharyngeal cancer and 200 control patients without cancer to evaluate associations between HPV infection (genital warts) and oropharyngeal cancer. Multivariate logistic regression models were used for case–control comparisons. People who had one to five oral sex partners in their lifetime had approximately a doubled risk of throat cancer compared with those who never engaged in this activity. A person with 6 or more lifetime oral sex partners was 3.4 times more likely to have oropharyngeal cancer. Oropharyngeal cancer was significantly associated with oral HPV type 16 infection.

A report by the Centers for Disease Control and Prevention [[9]](#endnote-9) (CDC, 2009) discusses how the risk of HIV transmission from an infected partner through oral sex is much less than the risk of HIV transmission from anal or vaginal sex. The report notes that measuring the exact risk of HIV transmission as a result of oral sex is very difficult because most sexually active individuals practice oral sex in addition to other forms of sex, such as vaginal and/or anal sex, which makes it difficult to determine the mode of transmission. Several co-factors may also increase the risk of HIV transmission through oral sex, including: oral ulcers, bleeding gums, genital sores, and the presence of other STDs. What is known is that HIV has been transmitted through fellatio, cunnilingus, and anilingus. In addition to HIV, other STDs can be transmitted through oral sex with an infected partner. Examples of these STDs include herpes, syphilis, gonorrhea, genital warts (HPV), intestinal parasites (amebiasis), and hepatitis A.

The use of a physical barrier during oral sex can reduce the risk of transmission of HIV and other STDs. A latex or plastic condom may be used on the penis to reduce the risk of oral-penile transmission. If the partner is a female, a cut-open condom or a dental dam can be used between the mouth and the vagina. Similarly, regardless of the sex of one’s partner, if the mouth will come in contact with the partner’s anus, a cut-open condom or dental dam can be used to create a barrier for reducing contact with fecal pathogens.

## Medical services recommendations to mitigate STD/HIV risks

The County of Los Angeles Department of Public Health recommends the following medical monitoring practices to reduce the acquisition and transmission of STDs and HIV among performers in the adult film industry.

1. Hepatitis A and B vaccination prior to first shoot;
2. Periodic STD/HIV screening consistent with incubation periods, anatomic sites and performance characteristic of the diagnostic tests, i.e.,
   1. Screening for urethral, vaginal, and rectal chlamydia
   2. Screening for urethral, vaginal, rectal and oral-pharyngeal gonorrhea
   3. Screening for HIV
   4. Screening for HPV
3. Post exposure prophylaxis for Hepatitis B and HIV exposure

These recommendations are based on the CDC’s recommendation for screening rectal and pharyngeal anatomical sites for gonorrhea and chlamydia because often these infections are asymptomatic.[[10]](#endnote-10) Besides the recognized negative long term health outcomes, asymptomatic performers are likely to unknowingly infect their professional and personal sexual partners.

1. California Code of Regulations, Title 8, *§5193.* Bloodborne Pathogens. Retrieved on September 4, 2010, from <http://www.dir.ca.gov/title8/5193.HTML> [↑](#endnote-ref-1)
2. Statement by Robert Kim Farley, MD, MPH to the California Occupational Safety and Health Advisory Committee Hearing on Prevention and Control Measures, June 29, 2010. Retrieved on September 8, 2010, from <http://www.dir.ca.gov/dosh/DoshReg/5193-CommentsAndDocuments.htm> [↑](#endnote-ref-2)
3. Mitchell S. Committee on revenue and taxation informational hearing on AB 2914, May 8, 2008. [↑](#endnote-ref-3)
4. Statement by Robert Kim Farley, MD, MPH to the California Occupational Safety and Health Standards Board, March 18, 2010. [↑](#endnote-ref-4)
5. Testimony by Jonathan Fielding, MD, MPH, California State Assembly Committee On Labor And Employment, Paul Koretz, Chair, "*Worker Health And Safety In The Adult Film Industry"* Post-Hearing Report. Retrieved on August 15, 2010, from <http://web.nswp.org/pdf/CAL-ADULTFILM.PDF> [↑](#endnote-ref-5)
6. Centers for Disease Control and Prevention. HIV transmission in the adult film industry---Los Angeles, California, 2004. MMWR 2005; 54:923-926. [↑](#endnote-ref-6)
7. Coyne KM, Banks A, Heggie C, Scott CJ, Grover D, Evans C, Mandalia S, McLean KA, Cohen CE. Sexual health of adults working in pornographic films. Int J STD AIDS. 2009 Nov;20(11):809-10. [↑](#endnote-ref-7)
8. [D'Souza G](http://www.ncbi.nlm.nih.gov/pubmed?term=%22D'Souza%20G%22%5BAuthor%5D), [Kreimer AR](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Kreimer%20AR%22%5BAuthor%5D), [Viscidi R](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Viscidi%20R%22%5BAuthor%5D), [Pawlita M](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Pawlita%20M%22%5BAuthor%5D), [Fakhry C](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Fakhry%20C%22%5BAuthor%5D), [Koch WM](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Koch%20WM%22%5BAuthor%5D), [Westra WH](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Westra%20WH%22%5BAuthor%5D), [Gillison ML](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Gillison%20ML%22%5BAuthor%5D). Case-control study of human papillomavirus and oropharyngeal cancer. N Engl J Med. 2007 May 10;356(19):1944-56. [↑](#endnote-ref-8)
9. Centers for Disease Control and Prevention. Oral sex and HIV risk. June 2009. Retrieved on September 1, 2010, from <http://www.cdc.gov/hiv/resources/factsheets/oralsex.htm> [↑](#endnote-ref-9)
10. Clinic-based testing for rectal and pharyngeal Neisseria gonorrhoeae and Chlamydia trachomatis infections by community-based organizations--five cities, United States, 2007. MMWR Morb Mortal Wkly Rep. 2009 Jul 10;58(26):716-9. [↑](#endnote-ref-10)