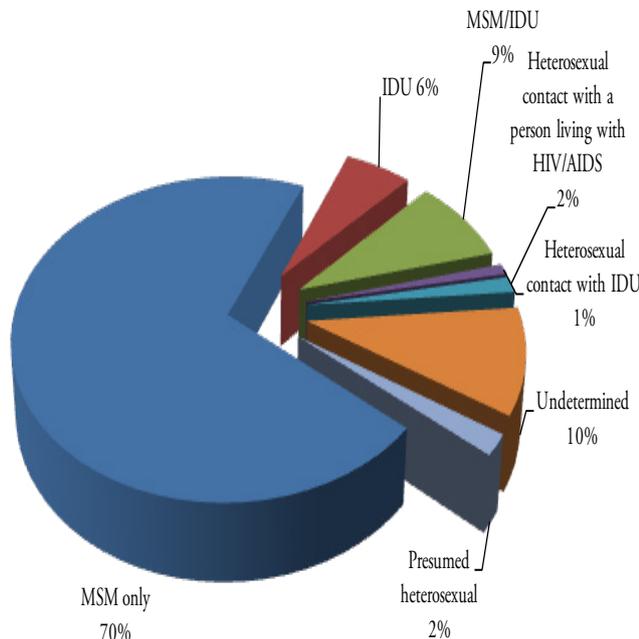


HIV INFECTION IN OREGON AMONG MEN WHO HAVE SEX WITH MEN

NEWLY DIAGNOSED HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN

Nationally, MSM* account for 53 percent of all newly diagnosed HIV infections, and this is the only category in the United States for which new HIV infections are increasing. MSM accounted for 61 percent (795/1,301) of all Oregon HIV/AIDS cases** diagnosed during 2006–2010 among all genders, and 70 percent (795/1,132) of all new cases among men (Figure 1).

Fig. 1. Probable route of transmission among men newly diagnosed with HIV/AIDS during 2006–2010 (N=1,132)[†]



HIV INFECTION AND MSM AT A GLANCE:

- MSM represent 72 percent of all Oregon HIV cases living at the end of 2010. (Another 9% consisted of MSM/IDU).
- Among living MSM Oregon HIV cases, 36 percent had AIDS upon or within 12 months of diagnosis.
- Only 8 percent of all living MSM Oregon HIV cases are under the age of 30, but from 2006–2010, 34 percent of MSM HIV diagnoses were under the age of 30.

An additional 9 percent of male cases reported having sex with other men and having used injection drugs (MSM/IDU). Heterosexual transmission among men is relatively rare in Oregon. During 2006–2010, 3 percent of newly diagnosed men were assumed to have acquired the infection from a female partner who was infected with HIV or used injection drugs.[‡] Another 2 percent of men reported heterosexual partners, but did not know the transmission risk of their female partners and denied all other transmission risks. We list this group as having “possible heterosexual transmission.”

* For the purposes of this report, men who have sex with men (MSM) is defined as a male who has anal and/or oral sex with another male.

** For this report, a “case” is defined as an Oregon resident diagnosed with HIV/AIDS before being diagnosed in another state. Only those cases reported to the Oregon Health Authority HIV Program were included. People living with HIV in Oregon not counted in this report include those who resided in another state when they were diagnosed and approximately 1,100 who are infected but have yet to be tested (MMWR 08;57:1073-6).

† MSM: cases with history of sex with other men but not injection drug use; IDU: cases with history of injection drug use but not sex with other men; MSM/IDU: cases that acknowledge both sex with other men and injection drug use; Heterosexual: cases that acknowledge a female sex partner known to be HIV positive, IDU, or herself a partner of MSM; Not Reported: cases for which risk factor information is unavailable; Possible Heterosexual: includes cases that acknowledge heterosexual activity but deny injection drug use, sex with other men, or knowledge of a female partner who is HIV-infected, an injection drug user, or who has a history herself of sex with MSM.

‡ For this report, “heterosexual sex” includes vaginal and/or anal and/or oral sex between a male and a female.

In Oregon, cases without a known transmission route have increased in recent years. Ten percent of cases among men are missing information about transmission risk.

To the extent that cases of possible heterosexual transmission include men who did not disclose sex with other men or injection drug use, this might lead to an underestimate of MSM and IDU HIV transmission.

From 2006–2010, the average age at diagnosis among MSM HIV cases was 35.9 years. Thirty-four percent were under 30 years of age at diagnosis, 13.4 percent were older than 50 years of age. Nineteen percent of MSM cases diagnosed from 2006–2010 also reported having sex with women, and 14 percent of cases were foreign-born. During 2006–2010, 73 percent of the diagnoses were white, 17 percent were Hispanic, and 4 percent were black or African American. Sexually transmitted diseases were common among MSM living with HIV during 2006–2010. MSM with HIV during 2006–2010 represented 37 percent of all syphilis cases. Among MSM cases diagnosed with HIV from 2005–2010, 34 percent had AIDS within 12 months of diagnosis. MSM cases were more likely to receive medical care for HIV/AIDS in 2010 than male IDU cases and MSM/IDU cases.[§]

MSM LIVING WITH HIV IN OREGON SINCE 1981

MSM HIV cases represented 72 percent of all Oregon HIV cases reported since 1981 and living at the end of 2010, and an additional 9 percent consisted of MSM/IDU. Among all living MSM cases, 8 percent were under 30 years of age and

40 percent were over 50 years of age. The average age of MSM cases at the end of 2010 was 46.8 years. At least 3 percent of MSM cases also reported coinfection of hepatitis B and C. By the end of 2010, 63 percent of all living MSM cases were residents in Multnomah County at the time of their diagnosis. Seven percent of all living MSM cases in Oregon were foreign-born. Eighty-three percent of living MSM in Oregon were white, 10 percent were Hispanic, and 4 percent were black or African American. Fifteen percent of living MSM cases in Oregon reported having sex with females. Among all living MSM cases, 36 percent had AIDS upon or within 12 months of diagnosis, an indicator of delayed diagnosis.

SUMMARY

Men who have sex with men continue to comprise the largest proportion of HIV/AIDS cases diagnosed in Oregon by presumed route of transmission. All of the reasons for disproportionate prevalence among MSM are not known. Some explanations include:

- The risk of transmission of HIV per sex act when a condom is not used is higher for anal intercourse than for other forms of sex.
- Other sexually transmitted diseases, such as syphilis and gonorrhea, increase risk of transmitting or acquiring HIV during sex, and these diseases are more prevalent among MSM.
- A minority of MSM with

[§] Measured by evidence of having at least one CD4 or viral load laboratory test during the year.

unrecognized HIV infection might be responsible for disproportionate rates of transmission by virtue of concurrent high-risk sex with multiple partners.

- Some men who have sex with men do not feel comfortable disclosing they have sex with men, leading to unrecognized and undiagnosed infections that might be transmitted to others.

Newly diagnosed cases among young MSM have risen during the past few years. This might not represent an increasing number of new infections in this group, but earlier diagnosis. As HIV testing becomes more widespread, the average interval from infection to diagnosis among young people will likely shorten. Some support for this explanation is seen in the declining number of new diagnoses among men 25 years and more. MSM with HIV/AIDS seem to be a little less likely to have advanced disease

at diagnosis and more likely to see a physician for HIV/AIDS care than their counterparts who acquired their infection by other means.

Presently available approaches to reducing the rate of new infections among MSM include frequent HIV testing to reduce the number of unrecognized infections, increasing condom use, reducing the total number of partners, minimizing multiple concurrent partners, and antiretroviral treatment to reduce seminal and bloodstream amounts of virus and risk of transmission per sex act. Post and pre-exposure prophylaxis may be useful strategies in a limited number of MSM.

Epidemiologic resources:

Oregon Health Authority, HIV/AIDS epidemiology: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Pages/index.aspx>

Centers for Disease Control and Prevention: www.cdc.gov/hiv