



OFFICE OF DISEASE PREVENTION AND EPIDEMIOLOGY

THE INTERSECTION BETWEEN HIV AND OTHER SEXUALLY TRANSMITTED DISEASES IN OREGON

OTHER SEXUALLY TRANSMITTED DISEASES AMONG PEOPLE INFECTED WITH HIV

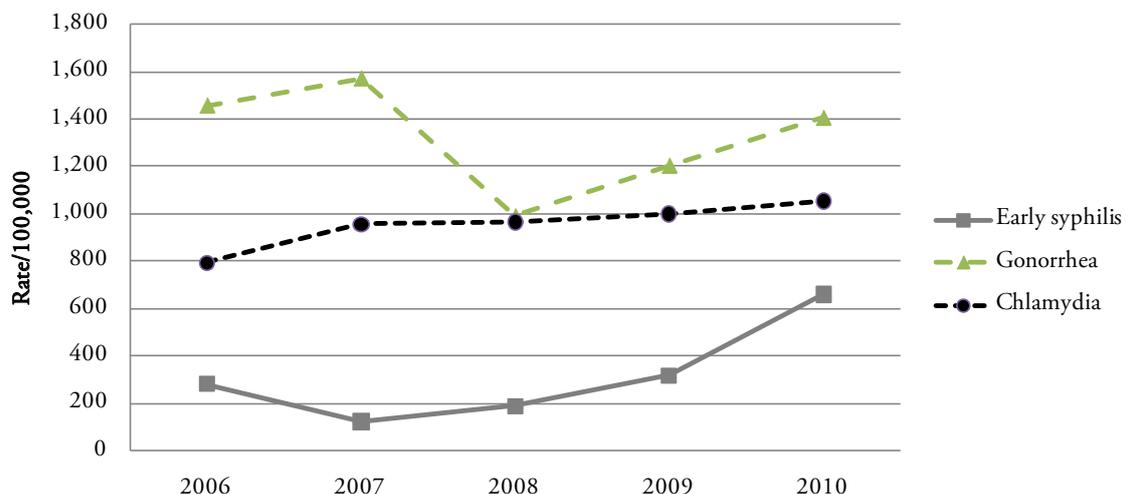
Sexually transmitted diseases (STDs) are indicators of ongoing high-risk sexual behavior, such as multiple concurrent partners and inconsistent condom use. Having another concurrent STD can increase the likelihood that someone with HIV might transmit HIV to uninfected partners.

Rates of other STDs among Oregon men with previously reported HIV infection* are much higher than they are in the general population. During 2006–2010, the average annual rates reported among HIV-infected males aged 13 years and older were 952 (Chlamydia),

OREGON HIV STD FACTS AT A GLANCE:

- During 2006–2010, the average annual rate of syphilis was 174 times higher among people with HIV than among the general population (278 per 100,000 vs. 1.6 per 100,000).
- During 2006–2010, the average annual rate of gonorrhea was 36 times higher among people with HIV than among the general population (1,162 per 100,000 vs. 33 per 100,000).
- Among people with HIV, the following were more likely to acquire another STD in addition to HIV: people younger than 25 relative to older people (25–44); men who have sex with men relative to other male probable transmission categories; men with less advanced HIV (never progressed to AIDS); and urban dwellers relative to rural resident/
- Syphilis and HIV often occur together: during 2006–2010, 23 percent of syphilis cases also had HIV.

Fig. 1. Rates of STDs among male cases of HIV aged 13 years and older, Oregon, 2006–2010

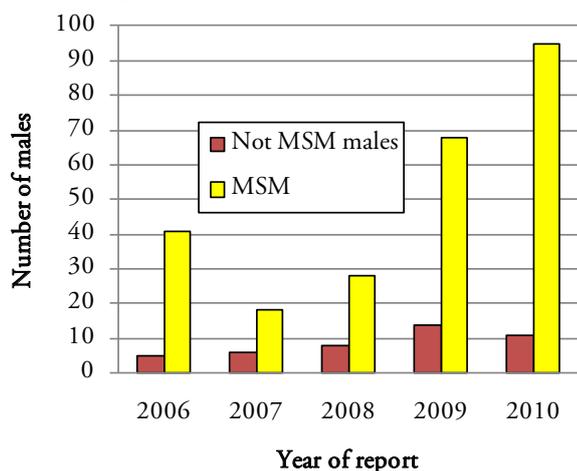


*For this report, an HIV “case” is defined as an Oregon resident diagnosed with HIV/AIDS before being diagnosed in another state. Only those cases reported to the Oregon Health Authority HIV Program were included. People living with HIV in Oregon not counted in this report include those who resided in another state when they were diagnosed and approximately 1,043 who are infected but have yet to be tested (MMWR Vol60, No21: 689-693).

1,323 (gonorrhea) and 313 (syphilis) cases per 100,000 population (Fig 1). During 2006–2010 the average annual rates of reported STDs in the general Oregon population were 210 (Chlamydia), 44 (gonorrhea) and four (syphilis) cases per 100,000 in males aged 13 years and older. Among women living with HIV, there was one case of syphilis co-infection, three gonorrhea co-infections, and nine Chlamydia co-infections occurred among women during 2006–2010.

Among Oregon HIV/AIDS cases diagnosed during 2006–2010, some groups had higher rates of STDs. After their HIV diagnosis, men were more likely than women to acquire a reported STD, younger people (aged 13–25 yrs.) more likely than older (aged 25–44 yrs.), men who have sex with other men (MSM) more likely than male injecting drug users (IDU), and men with less advanced HIV disease (never progressed to AIDS) more likely than men with advanced disease. Men with HIV/AIDS from Multnomah County (urban) were more likely to have an STD than those from other counties in Oregon (mixed urban/rural and rural).

Fig. 2. Early syphilis cases among males by MSM status, 2006–2010



OVERLAPPING RISK

STDs can increase susceptibility to HIV infection, and can be a marker for risky sexual practices that can lead to HIV infection. Accordingly, people with another STD, such as syphilis, are more likely than others to be subsequently diagnosed with HIV. In particular, syphilis is strongly associated with MSM. In Oregon during 2006–2010, 95 percent (294/309) of reported syphilis cases occurred in men. Among men with syphilis during 2006–2010 who answered questions about sex partners, 85 percent (250/294) acknowledged MSM (Figure 2). Twenty-three percent (68/294) of male syphilis cases during 2006–2010 occurred among men with already reported HIV. Therefore, approximately one in four men with syphilis in Oregon acquired their infection from someone who also had HIV.

The HIV-STD overlap is less evident among Chlamydia cases. Only 1.2 percent (203/16,434) of male Chlamydia cases reported from 2006–2010 were among males with previously reported HIV infection. The reason for this difference is not entirely clear. The overlap among HIV and Chlamydia would be small as observed, if Chlamydia is truly more prevalent among people with primarily heterosexual partners. Alternatively, Chlamydia might simply be under recognized in MSM with HIV because these cases can be asymptomatic in men and because Oregon has limited laboratory capacity to test for rectal or pharyngeal Chlamydia.

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