

HIV infection in Oregon among men who have sex with men

Men who have sex with men living with HIV in Oregon

Men who sex with men (MSM)* represented 64 percent of the 6,444 people estimated to be living with HIV/AIDS in Oregon at the end of 2013, and an additional 10 percent were MSM who also reported using injection drugs (MSM/IDU). Among all living MSM cases, 7 percent were under 30 years of age and 41 percent were over 50 years of age at the end of 2013. The average age of living MSM cases at the end of 2013 was 48 years.

By the end of 2013, 57 percent of all living MSM cases resided in Multnomah County. Seven percent of all living MSM cases in Oregon were foreign-born. Eighty-two percent (3,397/4,138) of living MSM were white; 10 percent (422/4,138) were Hispanic; and

HIV infection and MSM at a glance

- Men who have sex with men (MSM) represented 64 percent of people estimated to be living with HIV/AIDS in Oregon at the end of 2013.
- Only 7 percent of HIV-infected MSM living in Oregon at the end of 2013 were under the age of 30.
- 23 percent of HIV-infected MSM diagnosed from 2004 to 2013 in Oregon were under the age of 30.
- Thirty-five percent of MSM diagnosed from 2003 to 2012 had AIDS when they were diagnosed with HIV or within 12 months after that date.

Male transmission categories among Oregon cases of HIV infection, 2004–2013

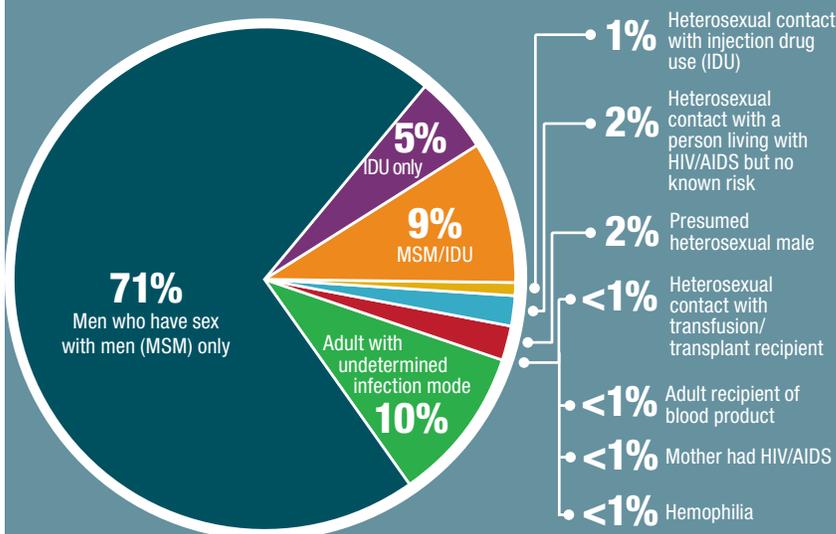


Figure 1

6 percent (197/4,138) were black or African American. Among all living MSM cases, 31 percent had AIDS upon or within 12 months of diagnosis, an indicator of delayed diagnosis.

Recent trends (2004–2013)

Men who have sex with men accounted for 62 percent (1,606/2,595) of all HIV/AIDS cases

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

diagnosed during 2004–2013 in Oregon, and MSM represented 71 percent (1,606/2,268) of recently diagnosed cases among men (Figure 1). Nationally, MSM accounted for approximately three out of five (63 percent) of all newly diagnosed HIV infections. This is the only category in the United States in which the number of new HIV infections is increasing.

An additional 9 percent (208/2,268) of recently diagnosed male cases reported having sex with other men in addition to having used injection drugs (MSM/IDU). Twenty percent (327/1,606) of MSM cases diagnosed during 2004–2013 also reported having had one or more female sex partners. Heterosexual transmission among men is relatively rare in Oregon. During 2004–2013, 3 percent (66/2,268) of newly diagnosed men were assumed to have acquired the infection from a female partner who was infected with HIV or used injection drugs. Ten percent of cases among men (223/2,268) had missing information about transmission risk. MSM and IDU HIV transmission may be underestimated due to some cases in which men that did not disclose sex with other men or injection drug use.

During 2004–2013, 42 was the average age at diagnosis among MSM HIV cases. Approximately one-quarter (23 percent) was under 30 years of age at diagnosis; 13 percent were older than 50 years of age at diagnosis.

During 2004–2013, newly diagnosed MSM HIV cases were predominately white (76 percent).

Sixteen percent of diagnosed MSM HIV cases were Hispanic and 4 percent were black or African American. Twelve percent (190/1,606) of MSM cases were foreign-born.

Among recently diagnosed MSM cases (2003–2012), 35 percent had AIDS at or within 12 months after HIV diagnosis. MSM cases were more likely to achieve viral suppression for HIV/AIDS in 2013 than male IDU cases.** Suppressed viral load corresponds to low levels of virus detected in the blood, which causes HIV to be less easily transmitted.

Sexually transmitted diseases were common among MSM living with HIV at the end of 2013. HIV-infected MSM accounted for 41 percent of syphilis cases reported in Oregon from 2008 to 2013.

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. Not all of the reasons are known for this disproportionate prevalence. 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. These diseases are more prevalent among MSM.

** Among Oregon residents living with HIV at the end of 2013, 89 percent of men that have sex with men were virally suppressed compared to 81 percent of injection drug users.

- A minority of MSM with unrecognized HIV infection might be responsible for disproportionate rates of transmission because of high-risk sex with multiple partners.
- Some men who have sex with men may not feel comfortable disclosing that fact, leading to unrecognized and undiagnosed infections that might be transmitted to others.

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;
- Antiretroviral treatment to reduce the amount of virus in semen and the bloodstream and risk of transmission per sex act; and
- Post- and pre-exposure prophylaxis that 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

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