

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 2008–2012, the average annual rates reported among HIV-infected males aged 13 years and older were 1,673 (chlamydia), 2,040 (gonorrhea) and 1,363 (syphilis) cases per 100,000 population (Figure 1). Among women living with HIV, there was one case of syphilis co-infection, two gonorrhea co-infections, and 13 chlamydia co-infections occurred during 2008–2012. During 2008–2012 the average annual rates of reported STDs in the general Oregon population were 383 (chlamydia), 40 (gonorrhea) and 4.4 (syphilis) cases per 100,000.

Rates of STDs among male cases of HIV aged 13 years and older, Oregon, 2008–2012

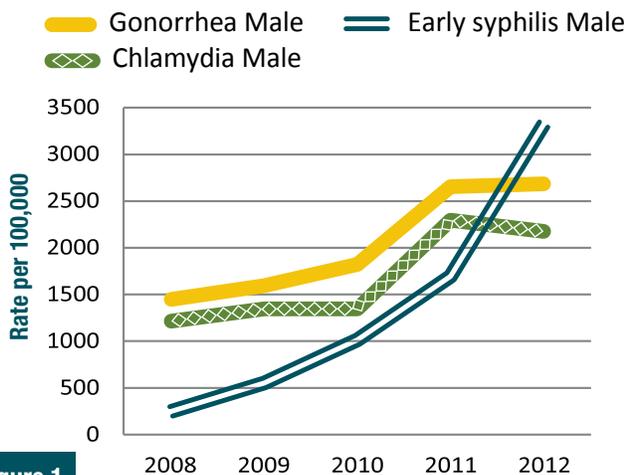


Figure 1

Oregon HIV-STD facts at a glance:

- During 2008–2012, the average annual rate of syphilis was 272 times higher among people with HIV than among the general population (1,196 per 100,000 vs. 4.4 per 100,000).
- During 2008–2012, the average annual rate of gonorrhea was 45 times higher among people with HIV than among the general population (1,792 per 100,000 vs. 40 per 100,000).
- Among people living with HIV as of Dec. 31, 2012, the following were more likely to acquire another STD in addition to HIV in the previous five years:
 - » People younger than 26 relative to older people (26–44);
 - » 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 residents.
- Syphilis and HIV often occur together: During 2008–2012, 47% (323/695) of all Oregon syphilis cases also had HIV.

* 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 1,010 who are infected but have yet to be tested [Hall, H. (2013). “Differences in human immunodeficiency virus care and treatment among subpopulations in the United States.” JAMA Intern Med 173(14): 1337–1344].

Among Oregon HIV/AIDS cases living as of Dec. 31, 2012, some groups had higher rates of STDs in the previous five years. After their HIV diagnosis, the risk of acquiring an STD during 2008–2012 was higher among men than women (12% vs. 2%, respectively), younger people (aged 18–25 years) than older (26–44 years) (39% vs. 19%, respectively), men who have sex with other men (MSM) than male injection drug users (IDU) (14% vs. 2%, respectively), and men with less advanced HIV disease (never progressed to AIDS) more likely than men with advanced disease (17% vs. 7%, respectively). People living with HIV/AIDS from Multnomah County (urban) had a higher risk of acquiring an STD during 2008–2012 than those from other counties in Oregon (mixed urban/rural and rural) (14%, 9% and 4%, respectively).

Early syphilis cases among males by MSM status, 2008–2012

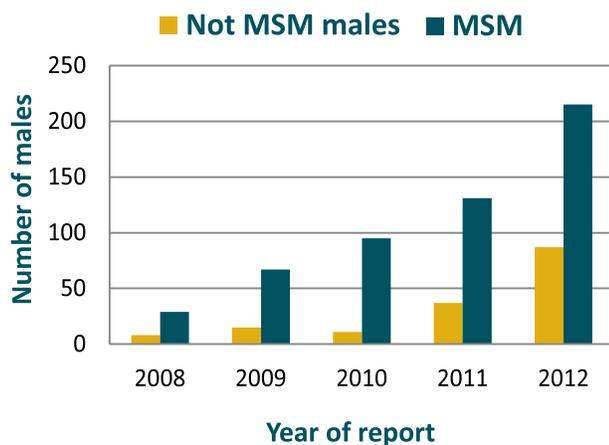


Figure 2

Overlapping risk

STDs can increase susceptibility to HIV infection and can be markers 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 2008–2012, 97% (695/715) of reported syphilis cases occurred in men. Among men with syphilis during 2008–2012 who answered questions about sex partners, 93% (537/576) reported having sex with men (Figure 2). Forty-seven percent (323/695) of syphilis cases reported during 2008–2012 occurred among men with already reported HIV. Therefore, approximately half of 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 2.1% (387/18,684) of male chlamydia cases reported from 2008 to 2012 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 testing for rectal or pharyngeal chlamydia is less prevalent.

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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