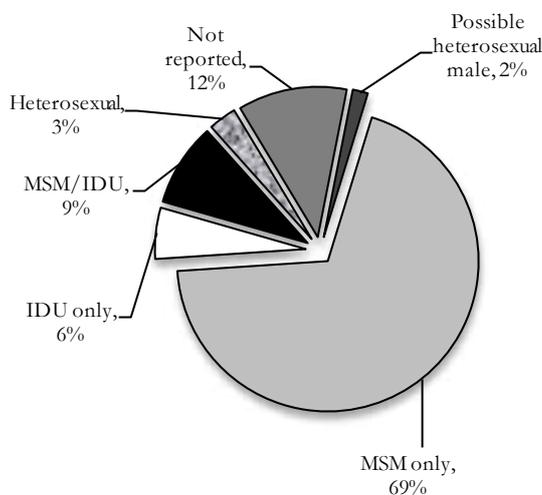


HIV INFECTION IN OREGON AMONG MEN WHO HAVE SEX WITH MEN

NEWLY DIAGNOSED HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN

Men who have sex with men (MSM)¹ accounted for 61 percent (806/1,328) of all Oregon HIV/AIDS cases² diagnosed during 2005–2009 among all genders, and 69 percent (805/1,163) of all new cases among men (Figure 1).

Fig. 1. Probable route of transmission among men newly diagnosed with HIV/AIDS during 2005–2009 (n=1,163)*



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.

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 2005–2009, 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.³ Another 2 percent of men reported heterosexual partners, 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.”

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

* 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.

¹ 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.

² 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).

³ For this report, “heterosexual sex” includes vaginal and/or anal and/or oral sex between a male and a female.

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 the underestimation of the numbers of cases transmitted by MSM and IDU.

MSM LIVING WITH HIV IN OREGON SINCE 1981

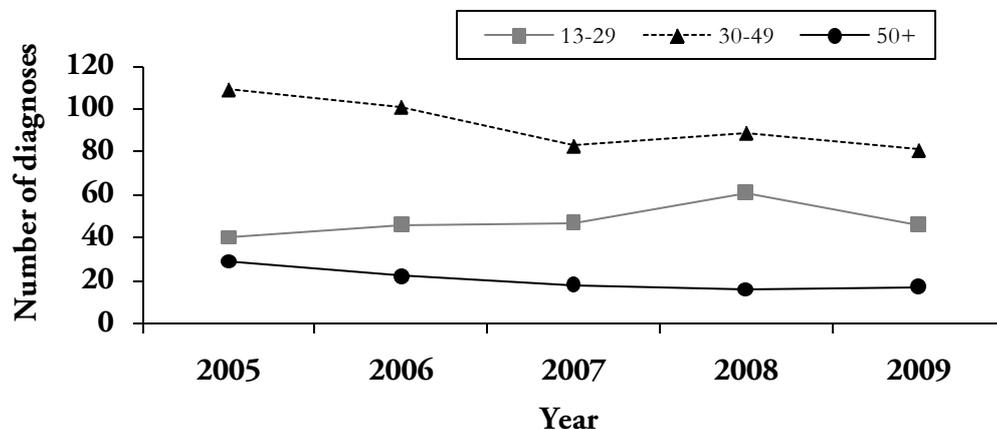
- MSM cases were more likely to receive medical care for HIV/AIDS in 2009 (as measured by evidence of having at least one CD4 or viral load laboratory test during the year) than male IDU cases and MSM/IDU cases.
- From 1998-2009, MSM were more likely to survive longer after diagnosis than IDU and cases with an unidentified route of transmission.
- At least 3% of MSM HIV/AIDS cases had reported cases of hepatitis B and C.
- Sexually transmitted diseases were common among MSM living with HIV/AIDS during 2005-2009.
- MSM with reported cases of HIV/AIDS represented 19% of all syphilis cases reported in Oregon during 2005-2009.

- MSM represent 62% of all Oregon cases that remained alive at the end of 2009. (Another 8% consisted of MSM/IDU.)
- 64% were Multnomah County residents when diagnosed.
- Average age at the end of 2009 was 46.4 years.
- 7% were under 30 years of age and 38.1% were over 50 years of age.
- 84% were white, 10% were Hispanic, 4% were black or African American.
- 14% reported having sex with females.
- 7% were foreign-born.
- 36% had AIDS upon or within 12 months of diagnosis.

RECENT CASES AMONG MSM (DIAGNOSED 2005–2009)

- Average age at diagnosis was 36.5 years.
- 30% were under 30 years of age at diagnosis, 13% were older than 50 years of age (Figure 2).
- 77% were white, 14% were Hispanic, 4% black/African American.
- 17% reported having sex with females;
- 13% were foreign-born.
- 34% had AIDS within 12 months of diagnosis.

Fig. 2. Oregon HIV/AIDS cases, MSM, diagnoses 2005–2009



⁴Believed to be underestimates of the true proportions of MSM HIV/AIDS cases that are co-infected with hepatitis B or C.

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 disease are more prevalent among MSM.
- A minority of MSM with 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. We don't know for sure, but 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 30 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.