

The intersection between HIV and other sexually transmitted diseases in Oregon

Other sexually transmitted diseases among people infected with HIV

Sexually transmitted diseases (STDs) other than HIV 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 uncontrolled HIV infection 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 2013–2017, the average annual rates reported among HIV-infected males were 3,809.1 (chlamydia), 4,006.7 (gonorrhea) and 3,067.2 (syphilis) cases per 100,000 population (Figure 1). Among women living with HIV, six cases of syphilis co-infection, 14 gonorrhea co-infections and 25 chlamydia co-infections occurred during 2013–2017. During 2013–2017, the average annual rates of reported STDs in the Oregon population without HIV (males and females) were 401.3 (chlamydia), 75.8 (gonorrhea) and 7.7 (syphilis) cases per 100,000.

Among Oregon HIV/AIDS cases living as of Dec. 31, 2017, some groups experience higher rates of other

Oregon HIV STD facts at a glance

- During 2013–2017, the average annual incidence of early syphilis (primary, secondary or early latent) was 353 times higher among people with HIV than among the general population without HIV (2,719.8 vs. 7.7 syphilis reports per 100,000 population).
- During 2013–2017, the average annual incidence of gonorrhea was 47 times higher among people with HIV than among the general population without HIV (3,569.5 vs. 75.8 gonorrhea reports per 100,000 population).
- Syphilis and HIV often occur together: During 2013–2017, 40% (1,021/2,573) of all Oregon syphilis cases also had HIV.

Figure 1 Male rates of STDs per 100,000 among persons co-diagnosed or later diagnosed with HIV, Oregon, 2008–2017

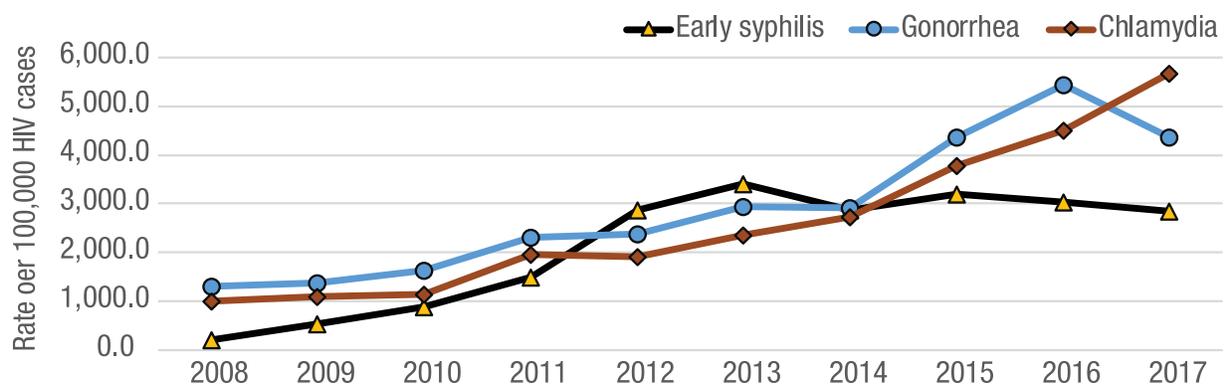
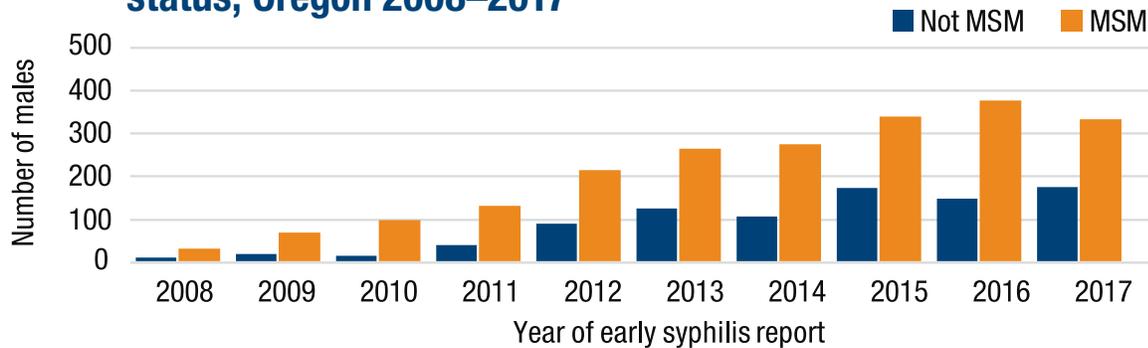


Figure 2 Early syphilis cases among males having sex with males (MSM) status, Oregon 2008–2017



STDs than others. After their HIV diagnosis, the risk of acquiring an STD during 2013–2017 was higher among:

- Men than women (29% vs. 5%, respectively)
- Males aged 30–39 years as of Dec. 31, 2017 (46%) than males aged 20–24 years (29%), 40–49 years (35%), 50–59 years (24%), and 60 years and over (14%). Males aged 25–29 (42%) were not different from 30–39 year-olds.
- Females aged 30–39 years as of Dec. 31, 2017 (6%) and 25–29 years of age were higher than females aged 40–49 years (4%), 50–59 (3%), and 60 years of age and older (1%).
- Multiracial males (42%) and Hispanic males (35%) compared to White males (28%). There were no differences among females by race/ethnicity.
- MSM (33%) had a higher risk compared to males whose risk was only injection drug use (IDU) (9%), unknown risk (12%), and heterosexual contact (9%). There were no differences among females by risk.
- HIV positive males residing in Multnomah County had a higher risk of an STD (37%) compared to mixed urban/rural (24%) or rural

counties of Oregon (15%). There were no urban/rural differences among females with HIV.

Overlapping risk

Other STDs can increase susceptibility to HIV infection and can be markers for risky sexual practices that can lead to HIV infection. People with another STD, such as syphilis, are more likely than others to be subsequently diagnosed with HIV. In Oregon during 2013–2017, 91% (2,329/2,573) of reported syphilis cases occurred in men.

Among men with syphilis during 2013–2017 who answered questions about sex partners, 69% (1,604/2,329) reported having sex with men (Figure 2). Forty-three percent (1,015/2,329) of syphilis cases reported during 2013–2017 occurred among men with already reported HIV.

The HIV-gonorrhea overlap was lower with 12.4% (1,335/10,725) of male gonorrhea cases reported from 2013 to 2017 occurring in co-diagnosed or previously reported HIV infection cases. The reason for the apparently lower co-infection rate was that screening rates for gonorrhea were lower than for syphilis among people with HIV infection who were in care (31% vs 70%, Medical Monitoring Project).

Epidemiologic resources:

Oregon Health Authority, HIV/AIDS epidemiology: <https://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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