

HIV infection in Oregon among men who have sex with men*

Men who have sex with men living with HIV in Oregon

Men who have sex with men (MSM) represented 65% (4,892/7,557) of people estimated to be living with HIV/AIDS (regardless of year of diagnosis or state or country of residence at diagnosis) in Oregon at the end of 2017; an additional 9% (702/7,557) were MSM who also reported using injection drugs (MSM/IDU). Among living MSM HIV cases, 7% were under 30 years of age and 52% were 50 years of age or older at the end of 2017 (2,542/4,892). The average age of living MSM HIV cases at the end of 2017 was 49.2 years.

By the end of 2017, 52% of all MSM known to be living with HIV in Oregon resided in Multnomah County. Nine percent of all living MSM cases in Oregon were foreign-born. Seventy-eight percent (3,801/4,892) of living MSM were non-Hispanic White; 13% (632/4,892) were Hispanic; and 5% (249/4,892) were non-Hispanic Black or African American. Among all living MSM cases, 30% had AIDS upon or within 12 months of diagnosis, which is an indicator of delayed diagnosis.

Recent trends (2008–2017)

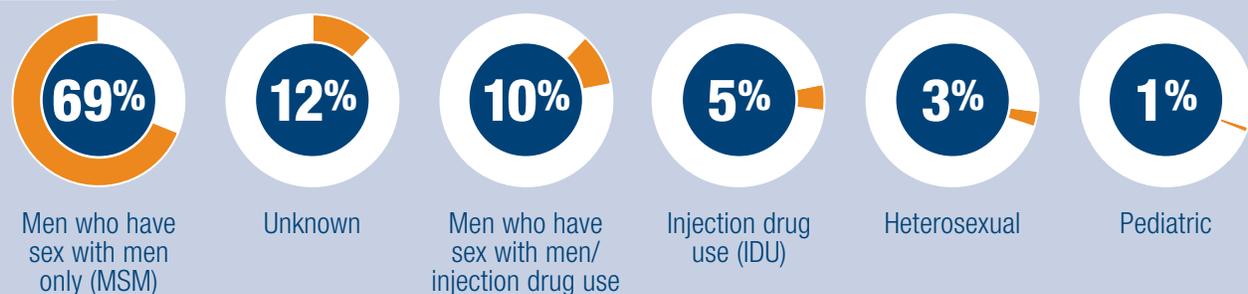
MSM accounted for 61% (1,472/2,425) of all HIV cases (regardless of sex) diagnosed during 2008–2017 in Oregon, and MSM represented 69% (1,472/2,125) of recently diagnosed cases among men (Figure 1). Nationally, 82% of diagnosed HIV infections in men were attributed to male-to-male sexual contact (2015). In Oregon, the number of new HIV diagnoses among MSM did not change much from 1997 to 2011; it averaged approximately 165 new diagnoses per year between 1997 and 2011. New diagnoses among MSM in Oregon decreased markedly from 180 in 2012 to 106 cases in 2017.

HIV infection and MSM at a glance

- Men who have sex with men represented 65% (4,892/7,557) of people estimated to be living with HIV in Oregon at the end of 2017.
- Only 7% of HIV-infected MSM living in Oregon at the end of 2017 were under the age of 30.
- Thirty-five percent of HIV-infected MSM diagnosed from 2008 to 2017 in Oregon were under the age of 30.
- Thirty-one percent of MSM diagnosed from 2008 to 2017 developed AIDS within 12 months of their initial diagnosis.

* For the purposes of this report, men who have sex with men (MSM) are defined as males who reported ever having had anal and/or oral sex with another male. The category “MSM” refers to an act or behavior, not a sexual orientation.

Figure 1 Male transmission categories among Oregon cases of HIV infection, 2008–2017



An additional 10% (216/2,125) of recently diagnosed male cases reported having sex with other men in addition to having used injection drugs (MSM/IDU). Twenty-two percent (323/1,472) of MSM cases diagnosed during 2008–2017 also reported having had one or more female sex partners. Heterosexual transmission among men is relatively rare in Oregon. During 2008–2017, 3% (59/2,125) of newly diagnosed men were assumed to have acquired the infection from a female partner infected with HIV or who used injection drugs. Twelve percent of cases among men (262/2,125) had missing information about transmission risk. MSM and IDU HIV transmission may be underestimated due to cases in which men did not disclose sex with other men or injection drug use.

During 2008–2017, 41.7 was the average age at diagnosis among MSM HIV cases. Approximately one-third (35%) were under 30 years of age at diagnosis; 16% were 50 years of age or older at diagnosis. During 2008–2017, newly diagnosed MSM HIV cases were predominately non-Hispanic White (70%). Nineteen percent of diagnosed MSM HIV cases were Hispanic and 5% were non-Hispanic Black or African American. Fifteen percent (213/1,472) of MSM cases were foreign-born.

Among recently diagnosed MSM cases (2008–2017), 31% had AIDS at or within 12 months after HIV diagnosis. MSM cases were more likely to achieve viral suppression for HIV/AIDS in 2017 than male IDU cases, MSM/IDU cases, those reporting a heterosexual risk (regardless of sex) and those not reporting any known risk (regardless of sex).

Sexually transmitted diseases were common among MSM living with HIV at the end of 2017. HIV-infected MSM and MSM/IDU accounted for 38% (1,259/3,294) of early syphilis cases reported in Oregon from 2008 to 2017.

Summary

- 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.
- 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 may 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 for some number of MSM.

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. <http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-slides-msm.pdf>

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