HIV infection in Oregon among men who have sex with men (MSM)

Men who have sex with men living with HIV in Oregon

Men who have sex with men (MSM)* represented 65% (4,498/6,969) of people estimated to be living with HIV/AIDS in Oregon at the end of 2015, and an additional 9% (654/6,969) were MSM who also reported using injection drugs (MSM/IDU). Among living MSM HIV cases, 7% were under 30 years of age and 49% were over 50 years of age at the end of 2015 (2,214/4,498). The average age of living MSM HIV cases at the end of 2015 was 48 years.

By the end of 2015, 54% of all living MSM HIV cases resided in Multnomah County. Ten percent of all living MSM cases in Oregon were foreign-born. Seventy-eight percent (3,526/4,498) of living MSM were non-Hispanic White; 13% (562/4,498) were Hispanic; and 5% (217/4,498) were Black or African American. Among all living MSM cases, 30% had AIDS upon or within 12 months of diagnosis, an indicator of delayed diagnosis.


MSM accounted for 61% (1,530/2,501) of all HIV cases diagnosed during 2006–2015 in Oregon, and MSM represented 70% (1,530/2,198) of recently diagnosed cases among men (Figure 1). Nationally, males accounted for 80% of new HIV diagnoses (2010–2014) of which 80% were MSM. MSM remains the only category in the United States in which the number of new HIV infections is increasing. In Oregon, the number of new HIV diagnoses among MSM did not change much from 1997 to 2012; it averaged approximately 165 HIV diagnoses/year between 1997 and 2012. New diagnoses decreased markedly to 125 cases in 2015.

HIV infection and MSM at a glance

- Men who have sex with men represented 65% of people estimated to be living with HIV in Oregon at the end of 2015.
- Only 7% of HIV-infected MSM living in Oregon at the end of 2015 were under the age of 30.
- Thirty-three percent of HIV-infected MSM diagnosed from 2006 to 2015 in Oregon were under the age of 30.
- Thirty-three percent of MSM diagnosed from 2006 to 2015 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 that 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.
An additional 10% (216/2,198) of recently diagnosed male cases reported having sex with other men in addition to having used injection drugs (MSM/IDU). Twenty-three percent (353/1,530) of MSM cases diagnosed during 2006–2015 also reported having had one or more female sex partners. Heterosexual transmission among men is relatively rare in Oregon. During 2006–2015, 3% (62/2,198) of newly diagnosed men were assumed to have acquired the infection from a female partner infected with HIV or who used injection drugs. Thirteen percent of cases among men (274/2,198) 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 2006–2015, 37 was the average age at diagnosis among MSM HIV cases. Approximately one-third (33%) was under 30 years of age at diagnosis; 14% were older than 50 years of age at diagnosis. During 2006–2015, newly diagnosed MSM HIV cases were predominately White (71%). Nineteen percent of diagnosed MSM HIV cases were Hispanic and 4% were Black or African American. Seventeen percent (257/1,530) of MSM cases were foreign-born.

Among recently diagnosed MSM cases (2006–2015), 33% had AIDS at or within 12 months after HIV diagnosis. MSM cases were more likely to achieve viral suppression for HIV/AIDS in 2015 than male IDU cases or MSM/IDU.

Sexually transmitted diseases were common among MSM living with HIV at the end of 2015. HIV-infected MSM accounted for 41% (863/2,111) of syphilis cases reported in Oregon from 2008 to 2015.

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. The reasons for this disproportionate prevalence are not all 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. 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 in a limited number of MSM.

Epidemiologic resources:


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