

Prevalence of Sexually Transmitted Infections among a U.S. Cohort of Sexually Active HIV-Seropositive Men who have Sex with Men

Cynthia A. Gómez, PhD¹; Caroline J. Bailey, MA²; Ann O'Leary, PhD²; Cindy Lyles, PhD²; Colleen Hoff, PhD¹; Jeff Parsons, PhD³; Perry Halkitis, PhD⁴ and the Seropositive Urban Men's Intervention Trial Team

¹ Center for AIDS Prevention Studies, AIDS Research Institute, University of California San Francisco, San Francisco, California, USA; ² Behavioral Intervention Research Branch, Centers for Disease Control and Prevention, Atlanta, Georgia, USA; ³ Center for HIV/AIDS Educational Studies and Training, Hunter College of the City University of New York, New York, New York, USA; ⁴ New York University, New York, New York, USA

Background

- Persons living with HIV are living longer, healthier lives, and are also likely to increase their sexual activity.
- Little is known about HIV-seropositive (HIV+) men who have sex with men's (MSM) attention to the prevention of other sexually transmitted infections (STI) to protect their own and others' health.

Methods

- As part of a randomized controlled intervention trial, HIV+ MSM (N=1164) were recruited from AIDS service organizations, gay venues, and public sex environments in New York and San Francisco.
- Self-reported data including sexual risk behaviors were collected using audio-computer-assisted self-interviews (A-CASI).
- 1110 HIV+ MSM or 95% of sample submitted baseline biological specimens.
- Chlamydia and gonorrhea were detected using DNA assay from urine (BDProbeTec ET System).
- Syphilis tests included a rapid plasma reagin (18-MM Circle Card) with confirmatory Treponema pallidum particle agglutination and fluorescent treponemal antibody-absorption double-staining tests.

Demographics (N = 1110)

- Mean Age: 41 years
- Race/Ethnicity:
 - Latino 17%
 - African-American 28%
 - White 45%
 - Asian or Pacific Islander 1%
 - Mixed/other race 9%
- Mean Years Since HIV+ 8.5 (range <1 to 17)

Results

- 4% of HIV+ MSM tested positive for a current STI at study entry.
- 3% tested positive for primary syphilis.
- 0.5% had a current case of chlamydia.
- 0.5% had a current case of gonorrhea.
- Of these 49 men with a current STI, 96% had received HIV-related care in the previous 6 months.*
- 18% of men had latent or previously treated syphilis.
- 62% tested positive for HSV-II.
- The rates for syphilis (χ^2 , $p < .03$) and HSV-II ($p < .01$) varied by city with HIV+ MSM from New York having higher rates.
- African American HIV+ MSM displayed higher rates of active syphilis ($p < .03$) and HSV-II ($p < .01$).
- Unprotected anal insertive sex was positively associated with rates of chlamydia ($p < .04$).

Conclusion

- STI prevalence among these HIV+ MSM is higher than previously reported among MSM living with AIDS in the U.S.
- New research also suggests that HIV+ persons with HSV-II are more likely to transmit HIV which could have a significant impact given the large proportion of HIV+ MSM with HSV-II in this sample.
- Geographic and demographic differences may reflect sexual networks with higher prevalence of syphilis and HSV-II.

Recommendations

- It is critical for clinicians to target HIV+ MSM for risk reduction and regular STI screening and treatment to prevent HIV transmission and promote the health of HIV+ MSM.
- Prevention messages and STI screening should be a part of **every** clinical encounter with HIV+ persons.
- HIV+ MSM may need more intensive counseling on the health consequences of STI.
- Dual prevention messages regarding STI prevention and the prevention of HIV transmission are necessary as we move forward in developing new HIV prevention interventions for HIV+ MSM.

University of California
San Francisco



AIDS Research Institute
Center for AIDS Prevention Studies
www.caps.ucsf.edu