MSM reporting participation in group sex had higher sexual risk and drug use

Men who sex with men (MSM) are more than 40 times more likely to be HIV-infected than other men, largely due to the high transmission during receptive anal intercourse. Lack of awareness of one's HIV serostatus increased HIV risk.

Group sex facilitates concurrent sex partnerships, drug use, and lack of serostatus disclosure among MSM. Group sex (sexual intercourse with two or more partners at the same time), in contrast to the traditional bathhouse, is increasingly being reported in private locations and planned online. This situation eludes public health care and prevention involvement.

This study surveyed MSM to assess if sexual risk behaviors, recent drug use, and other psychosocial problems differed between men who engaged in one-on-one and group sexual encounters.

Methodology
Data were from an internet-based cross-sectional survey of 7,158 MSM aged 18 years or older. States. These men were recruited from a gay-oriented sexual networking Web site in 2008.

The survey assessed past 60-day sexual behaviors that took place within (1) one-on-one encounters, (2) encounters with 2 or 3 partners, or (3) encounters with 4 or more partners. Anal sex was defined as insertive or receptive anal intercourse with a male partner.

Outcomes of the Study
Median age was 39 years and most men were White. Men resided in each U.S. state. Most had college degree and lived in urban areas. Major findings include:

- 85% self-identified as homosexual; 6% self-reported as HIV-positive; 15% self-reported having a past 60-day STI diagnosis; and 27% reported more than 100 lifetime male anal sexual partners.
- 25% reported past-60-day polydrug use; 16% reported depressive symptoms; 17% had been incarcerated; and 25% had their first drink at age 14 years or younger.
- Compared with men reporting an encounter with 2 or 3 partners, men with 4 or more partners were significantly more likely to report being HIV-positive, have a past-60-day STI diagnosis, report multiple one-on-one encounters, and report condomless anal sex with serodiscordant or unknown-status partners in their one-on-one encounters.
- Men with encounters with 4 or more partners reported a greater prevalence and number of psychosocial problems and higher use of individual and multiple drugs in past 60 days.
- The most common group sex locations were private residences (94%) and private parties (61%).
- Men with encounters with 4 or more partners were more likely to organize their group encounters online in advance and less likely to have a main partner involved in the group sex.

Implications for Prevention
This study found that men who have sex with men whom reported a group sex encounter had significantly higher sexual risk behavior and multiple drug use than men not reporting group sex in the past 60 days. Further, the odds of engaging in group sex with 4 or more sexual partners increased the number of psychosocial problems.

SOURCE:
Nearly half of AIDS patients died from non-AIDS causes

With the advent of newer antiretroviral drugs, the life span of HIV-infected persons has been greatly extended in the past 30 years. This result rivals, in the developed world and urban areas, the lifespan of an individual not infected with HIV.

A retrospective study was conducted of 459 patients in an urban, academic medical center who died between 2005 and 2013. The validated Cause of Death Project was used.

Among the deaths, 25.9% were sudden and 15.2% unexpected. Almost one-fifth were related to AIDS-related infections, 47.5% were related to non-AIDS causes, and the rest remained unknown. Significant increases in CD4 counts and decreasing viral loads were observed over the study period. There were no significant differences by HIV risk behavior, race, gender, age at death, or on antiretrovirals at death.

Improved medical care appeared to reduce AIDS-related attributable death among the study patients.


Reported cases of STDs on the rise in the United States

The CDC reported that three nationally notifiable sexually transmitted diseases -- chlamydia, gonorrhea, and syphilis -- have increased for the first time since 2006, according to the CDC 2014 STD Surveillance Report.

About 1.4 million reported cases of chlamydia, a rate of 456.1 cases per 100,000 population is up 2.8% since 2013. Rates of primary and secondary syphilis -- the most infectious stages of syphilis -- and gonorrhea have both increased since 2013, by 15.1% and 5.1%, respectively. In 2014, there were 350,062 reported cases of gonorrhea (a rate of 110.7 per 100,000) and 19,999 cases of P&S syphilis (for a rate of 6.3 per 100,000).

The sexually transmitted diseases continue to affect young people, particularly women, most severely, but increasing rates among men contributed to the overall increases in 2014 across all three diseases. Primary and secondary syphilis among men who have sex with men has been increasing since at least 2000. More than half of the MSM (51%) diagnosed with syphilis in 2001 were also HIV positive.

Source: CDC. (2015). Reported cases of sexually transmitted diseases on the rise, some at alarming rates. Atlanta, GA: CDC.

Genital warts decreased among youth HPV vaccinated

Genital warts and HPV vaccination rates among adolescents from 7 medical clinics were compared. As HPV vaccination rates rose from 0% to 59% (females) and 0 to 41% (males), between 2004-2013, genital warts rates decreased from 3.5% (females) and 3.6% (males) to 1.5% (females) and 2.9% (males). Genital warts rates for males decreased after introduction of female HPV vaccination and decreased after male vaccination introduction.


20 million new STI infections each year

The CDC estimates that nearly 20 million new STI infections occur yearly in the United States, half among young people aged 15-24, at almost $16 billion in health care costs.


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RCAP is located within the Department of Applied Health Science, Indiana University School of Public Health-Bloomington. The major focus of RCAP is the promotion of AIDS/STD prevention in the American rural communities, with the goal of reducing HIV/STD incidence. RCAP began operations on March 1, 1994.

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