

# Sexually Transmitted Infections and Men who have Sex with Men in the UK: 2008 Report



# Key findings in 2007

- Of all new HIV diagnoses in 2007, 41% (3,160 adjusted) were among MSM, and 82% of these infections were probably acquired in the UK.
- An estimated 32,000 MSM were living with HIV, with at least one in four of those aged 15-59 unaware of their infection.
- A total of 23,990 HIV diagnosed MSM were seen for HIV-related care, more than double the number accessing services in 1998.
- Surveillance indicates that a high proportion of MSM with an acute STI were also infected with HIV, for example 32% of those diagnosed with gonorrhoea, 40% of those with syphilis, 78% with lymphogranuloma venereum and 97% with hepatitis C.
- In genitourinary medicine (GUM) clinics the uptake of HIV testing among MSM continues to increase reaching 86%, compared to 84% in 2006.
- Despite increases in HIV testing, almost one in five MSM are still diagnosed after the point at which treatment would normally begin.

# Recommendations

- Annual sexual health screening, including HIV testing, should be recommended to all MSM attending genitourinary medicine (GUM) clinics.
- HIV testing for MSM should be offered and recommended in a wider range of settings. Sufficiently large initiatives to expand HIV testing of MSM should be formally evaluated so as to inform policy and practice.
- Opportunities for one-to-one behavioural interventions for MSM to reinforce safer sex messages and reduce HIV and STI transmission should be available through sexual health services as well as community and other non-NHS settings.
- Wide dissemination of the evidence base for HIV and STI interventions among MSM is needed to promote the implementation and subsequent evaluation of novel and innovative interventions.

## Living with HIV

In 2007 there were an estimated 32,000 men who have sex with men (MSM) living with both diagnosed and undiagnosed HIV in the UK (all ages), approximately a quarter (range 20%-32%) of whom were unaware of their positive status. The prevalence of HIV (both diagnosed and undiagnosed infections) among MSM aged 15-44 was estimated to be 8.5% (range 7.0-10.5%) within London, 3.7% (range 3.1-4.5%) elsewhere in England and Wales and 5.3% (range 4.7-6.1%) overall. MSM accounted for 42% (range 39%-45%) of all the reported HIV infections seen for care during 2007 in the 15-59 age group,

There were 23,990 MSM (all ages) seen for HIV-related care in 2007, more than double those seen in 1998 (*Figure 1*); equivalent to 3,713 per 100,000 MSM aged 15-44. The proportion of HIV-infected MSM among all persons seen for HIV care decreased from 58% in 1998, to 42% in 2007. During the same period the median age of MSM accessing care has increased from 36 to 41 years. By 2007 32% of all MSM seen for HIV care were aged over 45, and 17% were over 50.

## New diagnoses of HIV and STIs among MSM

There has been a large rise in newly diagnosed HIV infections among MSM each year since the turn of the century. In 2007 there were a total of 2,679 newly diagnosed HIV infections (increasing to 3,160 if adjusted for missing data), representing an increase of 8% since 2006, and 74% since 2000 (*Figure 1*). MSM accounted for 41% (2,679/6,566) of all new HIV diagnoses reported in 2007; equivalent to 533 per 100,000 MSM aged 15-44.

The greatest numbers of new diagnoses were in men aged 35-39, accounting for 37% (988) of HIV-infected MSM diagnosed in 2007, followed closely by those aged 35-44 (33%, 890). As in previous years, where reported, the majority of HIV-infected MSM were of white ethnicity (96%, 2,234), and acquired their infection in the UK (82%). Where country of birth was reported, the majority of those MSM diagnosed with HIV were born in the UK (69%, 1,133).

## Gonorrhoea

MSM are disproportionately affected by STIs, and with the exception of non-specific urethritis and gonorrhoea, newly diagnosed cases of all STIs are continuing to rise in this prevention group (*Figure 2*). Despite a small drop in 2007, gonorrhoea remained the second most common STI (after non-specific urethritis) in MSM in the UK with a 23% increase in cases since 2000. MSM accounted for 30% (3,868/12,933) of all men diagnosed with gonorrhoea in 2007, the majority of whom were aged 25-34 (39%; 1,499/3,868).

## Lymphogranuloma venereum

By the end of August 2008 a cumulative total of 672 cases of lymphogranuloma venereum (LGV) had been diagnosed in MSM in the UK. The greatest proportion of cases were aged 35-44 (45%, 302), and diagnosed in London (72%, 485). The proportion of LGV cases reporting more than five sexual partners within the past three months was 31% for those co-infected with HIV and 21% without HIV co-infection.

## Syphilis

Between 2000 and 2007, diagnoses of infectious syphilis among MSM in genitourinary medicine (GUM) clinics increased over 11-fold, from 130 to 1463. Enhanced surveillance in 2007 reported 1,568 diagnoses of infectious syphilis among MSM. The highest proportion of cases was seen in the 35-44 age group (37%, 518/1,439). Primary syphilis was diagnosed in 40% of cases, with secondary and early latent syphilis being seen in 30% and 24% of cases respectively. Infection was likely to have been acquired through oral sex in 25% of diagnoses.

## HIV/STI co-infection

Enhanced STI surveillance data indicate that a high proportion of MSM diagnosed with an STI also had a diagnosed HIV infection. The proportion of those co-infected varied with age group and STI, with older STI affected MSM more likely to be HIV positive (*Figure 3*). In 2007 32% (105/324) of gonorrhoea, 40% (556/1,394) of syphilis, 78% (118/152) of LGV and 97% of hepatitis C (28/29) cases reported through enhanced surveillance were also infected with HIV.

## Late HIV diagnoses, AIDS and death

In 2007 19% (499/2,679) of MSM were diagnosed after the point at which treatment should have begun (CD4 cell count less than 200 cells per mm<sup>3</sup>), a reduction from 30% (417/1,384) seen in 1998. Between 2003 and 2007, late diagnosis (CD4<200) was associated with a 13-fold increase in mortality

Figure 1: Number of new HIV and AIDS diagnoses, numbers accessing care and deaths in HIV-infected MSM, UK

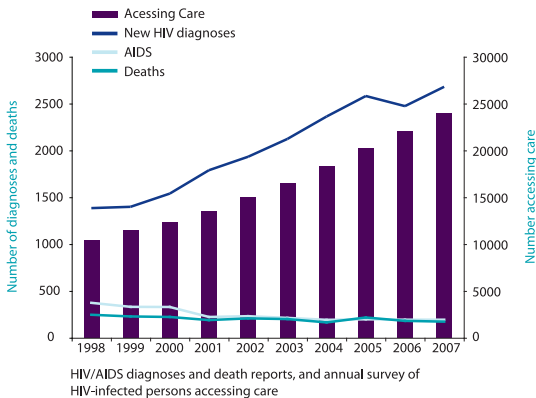
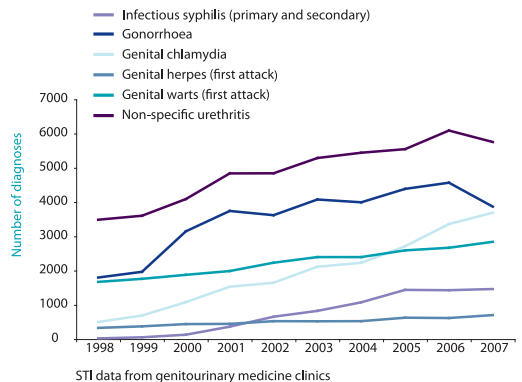


Figure 2: Diagnoses of selected STIs among MSM, UK



within a year of diagnosis, compared to those diagnosed more promptly. Deaths within the first year of diagnosis accounted for 18% (29/159) of all deaths among MSM in 2007. Late diagnosis is more common among older MSM and those diagnosed outside London [3].

Since 1996 new diagnoses of AIDS and deaths (from any cause) among HIV positive individuals have remained low. In 2007, there were 193 cases of AIDS reported among MSM, of which 74% (142) were made at the same time as their HIV diagnosis. MSM accounted for 32% (159/495) of deaths among all HIV-infected people in 2007. The median age of death was 47, with 57% occurring in those aged over 50.

### Previously undiagnosed HIV

Unlinked anonymous testing of residual syphilis blood samples from MSM attending sentinel GUM clinics across the UK during 2007 showed the proportion with HIV infection that was not previously diagnosed to be 3.4%. Previously undiagnosed HIV infection has remained relatively constant in clinics in London at around 4%, with those outside London showing a slight but not significant increase from 1.6% in 1998 to 2.3% in 2007. The highest levels of undiagnosed infection were among men aged 35-44 (5%).

Of those unaware of their infection, 65% (228/349) were newly diagnosed at that visit; however, 35% (121) left the clinic undiagnosed. In 2007 5% (112/2,427) of MSM presenting with an acute STI had a previously undiagnosed HIV infection compared to 3% (242/7,743) of men who did not present with one.

### Recently acquired HIV infections

Of 336 HIV positive men attending sentinel GUM clinics in England, Wales and Northern Ireland (who were not previously diagnosed), 326 had a Serological Testing Algorithm for Recent HIV Seroconversion (STARHS) result available. Of these, 57 were found to have a recently acquired infection,

Figure 3: HIV co-infection of new cases of syphilis, gonorrhoea and LGV in MSM by age group, England & Wales: 2007

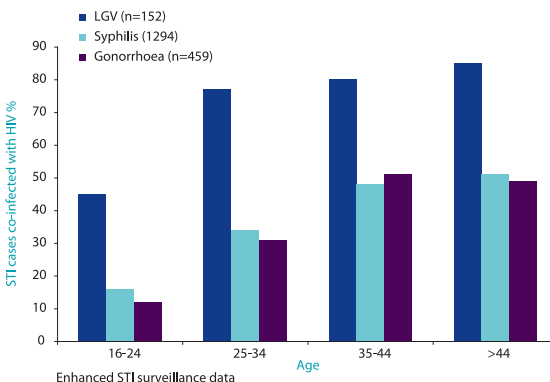
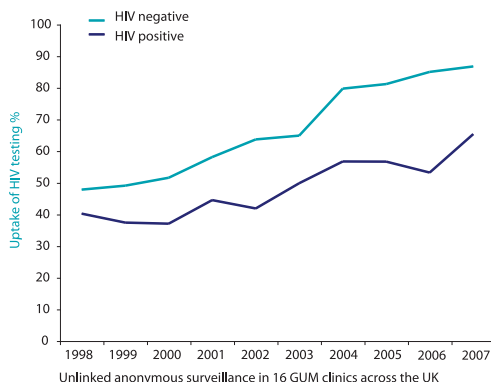


Figure 4: Proportion of MSM attending sentinel GUM clinics across the UK receiving an HIV test, by unlinked anonymous HIV test result



equivalent to an estimated annual incidence of 1.8% (range 1.02 to 3.39) in 2007.

## MSM from ethnic minorities

The prevalence of previously undiagnosed HIV in 2007 was higher among MSM born outside the UK (4.1%, 116/2,855) than those born in the UK (3.1%, 184/5,935). Combining data for 2005-2008 revealed that the prevalence was particularly high amongst those born in the rest of Europe (3.7%, 121/3,245) and in South and Central America and the Caribbean (6.5%, 73/1,130).

## Uptake of HIV testing

The proportion of MSM offered and accepting an HIV test in GUM clinics across the UK has continued to rise. Of the 45,748 HIV tests offered in 2007, 86% (39,361) were accepted, increasing from 81% (26,323/32,511) in 2003. Unlinked anonymous surveillance in sentinel GUM clinics show higher uptake among younger (under 25) MSM (92%) compared to those aged 25 years and over (84%). HIV test uptake was high and with little difference observed between those MSM born in the UK (87%) and abroad (84%) and similarly those attending with an acute STI (84%) and those without (86%).

Unlinked anonymous HIV testing also revealed that over the last decade HIV test uptake has consistently been lower among those who are HIV positive compared to those who are HIV negative (*Figure 4*). In 2007 HIV test uptake was 65% (228/349) among those who were HIV positive compared to 87% (8,512/9,814) among those who were HIV negative. This may be a true difference, but may also be due to men of known HIV positive status attending alternative clinics for sexual health screens and STI treatment, and not disclosing their status.

Approximately 11% of MSM undertook an HIV test (45,748 HIV tests) at a GUM clinic during 2007. Behavioural surveillance in a range of community venues, however, suggests a much higher level of HIV testing, with 31% of MSM testing in a national survey in 2006 [4], 47% of men attending London gyms in 2008 and 48% in the University College London community survey of MSM in London in 2006 [5].

## Behaviour change and sexual health promotion

MSM remain a priority for targeted HIV/STI prevention and health promotion work in the UK, a framework for which has been set out by the Community HIV and AIDS Prevention Strategy (CHAPS) partnership in '*Making it Count*' [6]. Efforts need to focus on reducing the high numbers of sexual partners and rates of partner change, and addressing the irregularity of condom use during anal intercourse reported among MSM [7]. A wide range of health promotion initiatives exist, which not only reinforce safe sex messages for MSM but also address the diverse needs of MSM including issues of stigma and discrimination.

# Sexual health messages for men who have sex with men (MSM)

To control and prevent sexually transmitted infections (STI's) and HIV in MSM, the following sexual health messages need to be widely disseminated:

- At least annual HIV testing as part of a full sexual health screen should be the norm for MSM who change sexual partners.
- Early diagnosis of STIs and HIV leads to fewer complications and reduced transmission to sexual partners.
- Have fewer sexual partners, and avoid overlapping or concurrent sexual partnerships.
- Use condoms consistently with all casual and new sexual partners, and continue to do so until both partners have been screened.
- For HIV negative men, serosorting (unprotected sex with men who are of the same HIV status) carries a considerable risk as up to one in 25 MSM in London and one in 50 outside London have undiagnosed HIV. For HIV positive men, serosorting poses a risk of acquiring other STIs, with serious treatment implications.

MSM are a socially and culturally diverse group, some of whom may not self-identify as 'gay'. Estimating the size of the MSM population is difficult. Current estimates are based on data collected as part of the National Survey of Sexual Attitudes and Lifestyles. Given the suggestion that the population of MSM has increased<sup>[1,2]</sup>, the 2007 estimate of MSM aged 15-44 living in the UK was 415,700 (359, 500 – 477, 800).



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#### Links to the data:

Health Protection Agency  
[www.hpa.org.uk](http://www.hpa.org.uk)

#### Other useful contacts:

Terrence Higgins Trust  
[www.tht.org.uk](http://www.tht.org.uk)

Gay Men Fighting AIDS  
[www.gmfa.org.uk/aboutgmfa/index](http://www.gmfa.org.uk/aboutgmfa/index)

Community HIV and AIDS Prevention Strategy (CHAPS)  
[www.chapsonline.org.uk/Home/](http://www.chapsonline.org.uk/Home/)

National Aids trust  
[www.nat.org.uk](http://www.nat.org.uk)

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