

HIV and Gay and Bisexual Men's Health

Know your Risks Know your Rights







Three Phases of HIV/AIDS Epidemic





Phase 1 – HIV = AIDS= Death

Phase 2 – Treatment = Living with HIV

Phase 3 – Long Term Health Management



Phase One



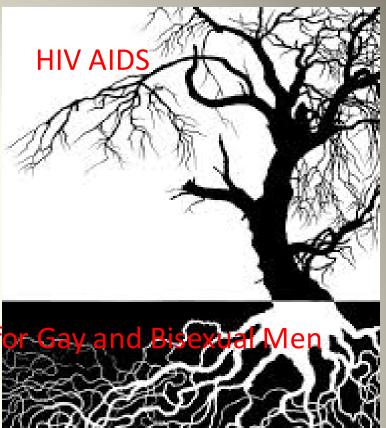
Now





Beneath the Surface

Health Inequalities for







These issues are generally ignored by the health system



The system does not count or acknowledge the heightened risk for Gay and Bisexual Men

It does very little to control these specific risks and to support men to make informed choices.





Syphilis

83% of cases in NZ are Gay and Bisexual Men (i)

Accelerating epidemic - ten fold increase in a decade (i)

18% of MSM with Syphilis had HIV $_{\mbox{\tiny (i)}}$

Only half had symptoms (i)







Overall national rate of Gonorrhoea increased 35% 2011-1012 (ii)

Anorectal gonorrhoea increased 114% (ii)

NZ Doesn't collect sexuality data on Gonorrhoea



Anecdotally over 80% of Gonorrhoea in men are Gay and Bisexual – could be over 1300 men in 2012 alone (ii)

Incurable and treatment resistant strains have developed

Often no symptoms



Hep C

Sexually transmitted especially for Gay and Bisexual Men (iii)

Microscopic blood to blood transfers during sex (iii)

An epidemic for Gay and Bisexual Men in Europe Britain and America (iii)

In Australia 500-1000 MSM living with HIV also have Hep C (iii)

Chances of getting Hep C go up 400% if you have HIV (iv)

As at Sept' highest number of cases ever in NZ - not yet a full year (ii)

Again no specific Gay and Bisexual data gathered in NZ





Anal Cancer

More a risk to Gay and Bisexual Men than cervical cancer is to women (v)

Gay and Bisexual Men are 20 times more at risk than heterosexuals (vi)



Men who are living with HIV are 100 times more at risk than the general population (vii)

On the increase - now as common as prostate cancer in Australia (ix)

Decade 1999-2009 156 kiwi men diagnosed with anal cancer (x)

- around 20 men pa
- given risk, most will be gay and bisexual and many HIV positive
- once again we don't actually count how many cases are for MSM despite the risk.





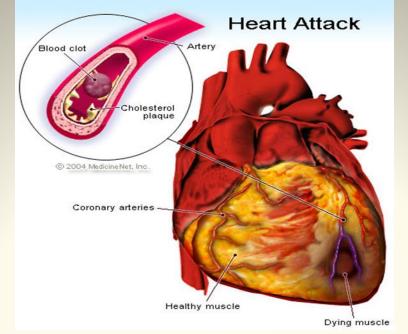
Anal and Genital Warts

Caused by the same virus (HPV) that causes anal cancer and cervical cancer

Likely elevated risk for MSM and people living with HIV (iv)







Heart Disease

A major killer of people living with HIV (xi)

Cardio Vascular Disease more common than AIDS defining events for people living with HIV in Australia (xiii

As common as prostate cancer and bowl cancer in Australia (xi)

In New Zealand – we can only assume it is the same as we don't count this by sexual orientation.

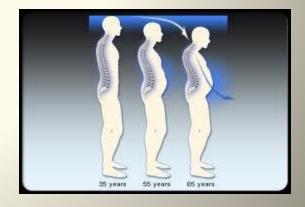


And On and On...













What Can We Do?

Knowledge

Test

Vaccination – Gardasil





Have Sex Safely Condoms

v high protection: syphilis, gonorrhoea, Hep C, Halves your risk of anal cancer

Maintain the best health we can: Stop Smoking, Eat well

Be a bit angry!



What NZ Doesn't Bother to Count for Gay and Bisexual Men

- Anal cancer don't count it.
- Heart Disease- don't count it
- Hep C don't count it
- Syphilis just got some good information enhanced surveillance
- Gonorrhoea don't count it.
- Drug and alcohol use don't count it
- Mental health issues don't count it
- Suicide attempts don't count it
- Bone density don't count it
- Other Sexually transmitted diseases don't count it except HIV

It's a world wide thing – Institutional homophobia is alive and well

- Last two World Aids Conferences less than 17% of the papers were on Gay & Bisexual men (xii).
- Yet Gay and Bi men is the one area where HIV numbers continue to increase world wide.



Should This Be?



"The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

International Covenant on Economic, Social and Cultural Rights, Article 12, ratified by New Zealand 28th December, 1978





References

- i. Psutka, R. et al. Enhanced surveillance of infectious syphilis in New Zealand sexual health clinics. Int J STD AIDS 2013; 24: 791-798.
- ii. Sexually transmitted infections in New Zealand 2012: Annual surveillance report 2012. The institute of environmental science and research Ltd. Porirua, New Zealand.
- iii. Pieper, D. HIV and hepatitis C co-infection: Can we avert another epidemic in Australia by acting fast? HIV Australia 2013; 11: 24-26.
- iv. Saxton, P.J.W. Sexually transmitted dieses and hepatitis in a national sample of men who have sex with men in New Zealand. NZ Med J 2002; 115: U106.
- v. Dietz, C. A. Nyberg, C.R. Genital, oral, and anal human papillomavirus infection in men who have sex with men. *J Am Osteopath Assoc* 2011; 111 (Suppl 2): S19-25.
- vi. Daling, J. et al. Sexual practices, sexually transmitted diseases, and the incidence of anal cancer. N Eng J Med 1987; 317: 973-977.
- vii. Hillman, R. Screening for anal cancer. Presentation to Clinical Round, Auckland Hospital 2012.
- viii. Cranston, R.D. Anal cancer prevention: How we are failing men who have sex with men. Sex Transm Infect 2008; 84: 417-419.
- ix. Ong, J. An elephant in the room? Anal cancer and people with HIV. HIV Australia 2013; 11:11-12.
- x. Ludlam, A. Correspondence. Colorectal cancer, data from: The New Zealand Cancer Registry; New Zealand Ministry of Health.
- xi. McDonald, K. Elliott, J. Cardiovascular disease, smoking and HIV: Findings from the HealthMap qualitative study. HIV Australia 2013; 11:30-32.
- xii. O'Keefe, F. (ed.) Forbes, L. (ed.) Key community groups under-represented at AIDS 2012. HIV Australia 2013; 11:4.