

# Gay Men/MSM STI Summary 2005-2009:

taken from the Sexually Transmitted Disease Services Quarterly Surveillance Reports

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STD Services Surveillance Unit  
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Gay/MSM STI Summary 2005-2009

Taken from the Sexually Transmitted Diseases Services Quarterly Surveillance Report's 2005-2010

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Adapted from the 'Sexually Transmitted Diseases Services Quarterly Surveillance Report' 2005-2010, STD Services Surveillance Unit, by Richard Cannon, Senior Policy Analyst, AIDS Council of South Australia with tables provided by Ms. Tess Davey, STD Surveillance Unit.

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# GLOSSARY

<b>ACSA</b>	AIDS Council of South Australia
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDU</b>	Injecting Drug User
<b>MSM</b>	Men who have sex with men
<b>STI</b>	Sexually Transmissible Infection

## Purpose

The purpose of the Gay/MSM STI Summary 2005-2009 is to present a précis of the data that has been captured by Clinic 275 each quarter for the 'Sexually Transmitted Diseases Services Quarterly Surveillance Reports' in a format that is more accessible for ACSA communities, and with an emphasis on men who have sex with men (MSM). The more recent data is presented and compared to the data captured by Clinic 275 over the last five years and from this, trends and fluctuations in statistics can be identified and highlighted.

## MSM Population in South Australia

While an anecdotal estimate of the lesbian, gay male and bisexual population in Australia of around 10% of the total population is generally accepted, the further disaggregated numbers of MSM in our community is a difficult statistic to quantify for a variety of reasons. Due to the pervasive effects of heteronormativity<sup>1</sup> and homophobia<sup>2</sup>, men who have sex with men may not identify as 'gay' or 'bisexual' and as such would be less likely to count themselves within gay/bisexual male statistics. However, the Australian Study of Health and Relationships (2007) reported that 2.5% of the male population between 16 and 59 years identified as gay or bisexual with a further 8.6% of men indicating that they have had some form of same sex attraction or experience. Based upon these figures, an estimation can be calculated based upon current ABS population statistics for South Australia. If we assume that 2.5% of the South Australian population is gay or bisexual and a further 8.6% has had a same sex experience or has had some form of same sex attraction then the MSM population of South Australia can be estimated to be between 40,737 and 140,137 (ABS, 2010; Smith et al, 2003; NSWSTI, 2008).

## Key Findings

Through an analysis of the Quarterly reports over the last five years a series of key findings were elucidated that may have impacts not only upon health services but also upon prevention and health promotion activities. The reports showed that;

- **Men who have sex with men (MSM)** continue to represent a disproportionately high number of HIV diagnoses within all HIV diagnoses (**50% in 2009 and 69.9% since 2005**) despite accounting for only 11% of the total South Australian population. However, after peaking in 2006, the number of notified HIV infections in MSMs has consistently declined from 32 in 2006 to 23 by the end of 2009 (representing a 28% decrease).
- HIV infection rates amongst people identifying as '**African MSM**' are disproportionately high for such a statistically small section of the community.
- Over the five years, **an average of two thirds of MSM who tested positive for HIV had not had an HIV test in the previous 12 months or had never had an HIV test** (104 of 158).
- **MSM** are disproportionately represented in diagnoses of syphilis (**77% in 2009 and 78.9% since 2005**). However, while peaking in 2008, by the end of 2009, rates of **Syphilis notifications in South Australia in MSM decreased by 22%**.
- **Chlamydial notifications have risen by 28.2% for the general population since 2005** with an accompanying **rise in MSM notifications over that time (20.8%)**.
- **Chlamydial notifications in MSM since 2005 make up 8.3% (579) of total male notifications (6969)**.
- Rates of HIV, Gonococcal, and Chlamydial infections amongst the **Aboriginal MSM** population are disproportionately high in South Australia when the entire Aboriginal population only accounts for 1.7% of the total South Australian population (ABS, 2006).

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1 The heterosexual environmental structures that assume that the human population is heterosexual, and as such, other sexualities are deemed deviant and/or immoral (Rondahl, 2005).

2 An irrational fear and/or hatred for homosexuals and homosexuality (Brown, 1993: 1254, cited in Plummer 2001).

# Data

## *HIV Infections in South Australia*

HIV infection was diagnosed in 52 individuals (42 male and 10 female) in South Australia in 2009 which is an increase of 5 individuals from the end of 2008. However, after peaking in 2006, the number of notified HIV infections in South Australia in MSMs has consistently declined from 32 in 2006 to 23 by the end of 2009 (representing a 28% decrease).

As with the other years analysed, by the end of 2009, MSM were still disproportionately represented within HIV statistics (despite accounting for only 11.1% of the total South Australian population) with over 50% of individuals reporting male to male sexual contact amongst all diagnoses. Over the five calendar years, 2005 – 2009, out of the 265 notified cases of HIV, 158 can be attributed to MSM (69.9%).

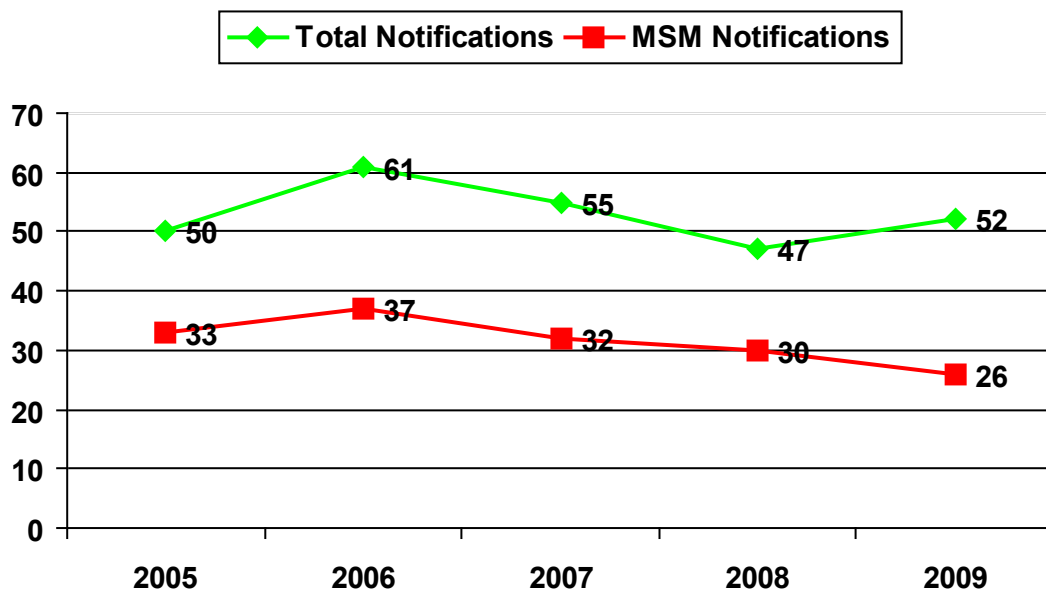
When we look at HIV infections by racial origin for MSM, since 2005, individuals indicating that they are of Asian or African heritage are increasingly becoming disproportionately represented in HIV notifications. Since 2005, five MSM have indicated that they were of African heritage (3.1% of the total figure) and ten (6.3%) reported that they were of Asian descent. This is significant when we acknowledge that these two racial groups make up small numbers of the total population.

While MSMs over 40 years of age constitute the majority of HIV infections the approximate average age of diagnosis between 2005 and 2009 was 39 years. With these figures in mind there was no statistically significant change in the rates of HIV infections in South Australia in 2009 from previous years.

**Figure 1: HIV Infection notified in South Australia 2005-2009**

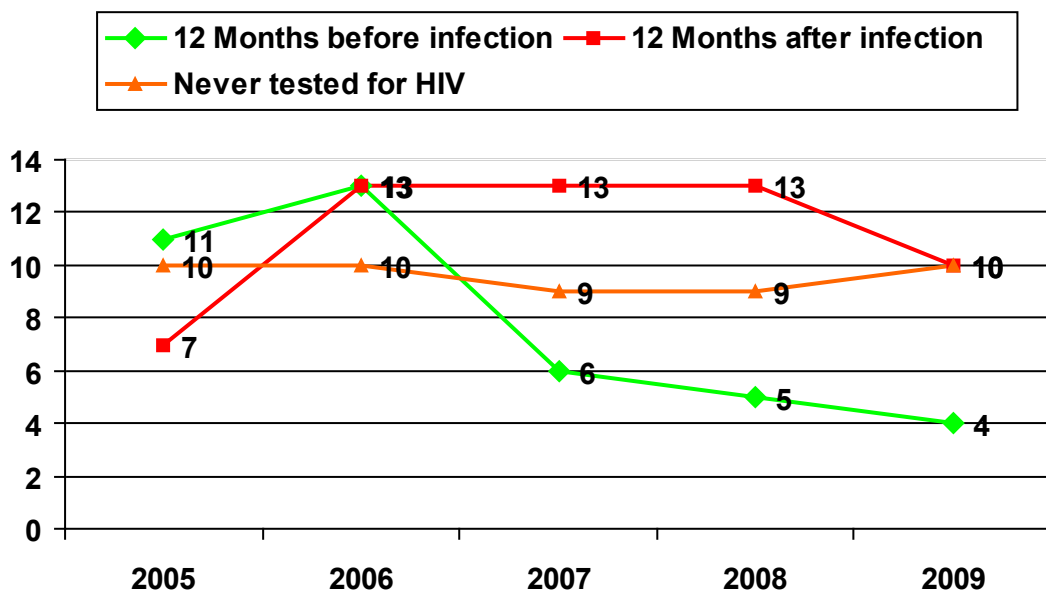
Characteristics	2005	2006	2007	2008	2009	Total
<b>Number diagnosed</b>						
Male	46	52	44	42	42	226
Female	4	9	11	5	10	39
<b>Sexual identity of males notified</b>						
Homosexual	28	32	27	26	23	136
Bisexual	5	5	5	4	3	22
Heterosexual	6	8	4	5	5	28
Heterosexual (overseas)	7	5	8	6	11	37
Not applicable	-	2	-	1	-	3
<b>Exposure category for MSM</b>						
MSM	31	32	30	29	23	145
MSM/IDU	2	5	2	1	3	13
<b>Testing History for MSM</b>						
< 12 months	11	13	6	5	4	39
Sero-conversion illness	3	1	-	-	1	5
> 12 months	7	13	13	13	10	56
Never	10	10	9	9	10	48
Known positive from overseas	2	-	4	3	1	10
<b>Racial origin for MSM</b>						
Caucasian	29	35	32	24	18	138
Aboriginal	-	-	-	3	-	3
Asian	2	2	-	2	4	10
African	1	-	-	1	3	5
Other	-	-	-	-	1	1
Not stated	1	-	-	-	-	1
<b>Age group for MSM</b>						
< 20	1	-	-	-	-	1
20-24	2	2	2	1	3	10
25-29	2	3	-	2	2	9
30-34	8	6	5	5	7	31
35-39	6	12	7	6	6	37
≥ 40	14	14	18	16	8	70

Figure 2: Trend in rates of HIV notifications 2005-2010; total notifications and MSM notifications.



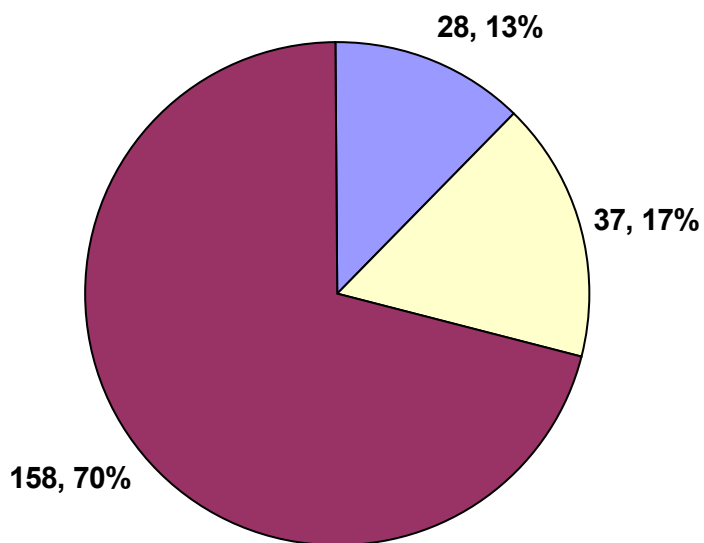
While notification rates peaked for total notifications (With concurrent rises in MSM populations) in 2006, rates of HIV notifications then decreased in 2008. The groups then diverged with gradually reducing rates of HIV infection amongst MSM populations and increasing rates of HIV notifications amongst heterosexual populations (Figure 2).

Figure 3: Testing history for MSM; 12 months before infection, 12 months after infection and those who have never tested.



Over the five years studied, figures showed that an average of two thirds of MSM who tested positive for HIV had not had an HIV test in the previous 12 months or had never had an HIV test and this number is steadily decreasing (Figure 3).

Figure 4: Comparison of notifications based upon the sexual identity of males.



The chart show above (Figure 4) demonstrates that while heterosexual notifications of HIV are increasing, MSM are still disproportionately represented amongst HIV notification statistics.

## Syphilis Infection in South Australia

While there had been a gradual increase in the notifications of syphilis between 2005 and the third quarter of 2009 peaking in 2008, the end of 2009 saw a decrease in the notifications of syphilis for both the general population (14%) and the MSM population (22%).

By the end of 2009, 37 individuals (36 male, 1 female) were diagnosed with early syphilis infection in South Australia. The racial origin of most cases were Caucasian, three cases were of Aboriginal origin and in one case the racial origin was not stated.

MSM are disproportionately represented in syphilis diagnoses in South Australia with 77% of individuals diagnosed with syphilis reporting male to male sexual contact amongst male diagnoses in 2009. In addition, since 2005, MSM make up 78.9% of the total number of notifications for males.

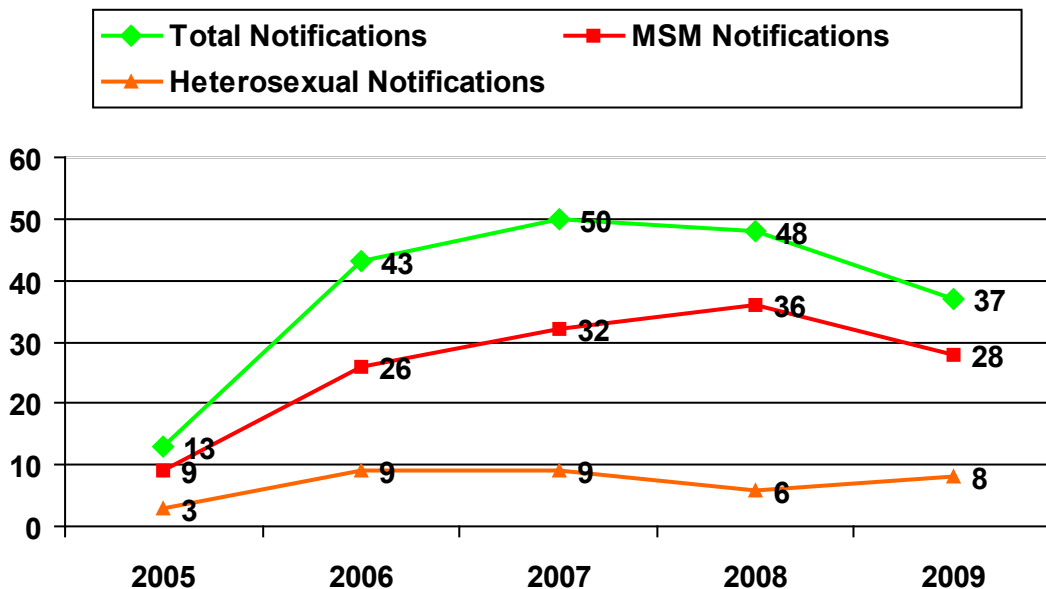
A strong correlation between HIV and syphilis infection was also demonstrated within the statistics. Out of 131 MSM diagnosed with syphilis, 62 (47%) MSM were co-infected with HIV.

The quarterly reports also demonstrated that by the end of 2009 while the incidences of syphilis were principally within the 40+ aged group, the under 40 age groups made up 57% of the total number of MSM notifications.

Figure 5: Syphilis infection in South Australia 2005-2009

Characteristics	2005	2006	2007	2008	2009	Total
<b>Number diagnosed</b>						
Male	12	35	41	42	36	166
Female	1	8	9	6	1	25
<b>Sexual identity of males notified</b>						
Homosexual	9	26	32	36	28	131
Bisexual	-	-	-	-	-	-
Heterosexual	3	9	9	6	8	35
<b>Co-infection for MSM</b>						
HIV and Syphilis	5	8	18	21	10	62
Syphilis only	4	18	14	15	18	69
<b>Syphilis stage at diagnosis for MSM</b>						
Primary (symptomatic)	2	6	3	7	5	23
Secondary (symptomatic)	3	11	11	15	12	52
Early latent (asymptomatic) < 2yrs	4	9	18	14	11	56
<b>Racial origin for MSM</b>						
Caucasian	9	25	28	34	24	120
Aboriginal	-	1	1	1	-	3
Asian	-	-	2	-	3	5
African	-	-	-	-	-	-
Other	-	-	1	-	1	2
Not stated	-	-	-	-	-	-
<b>Age group for MSM</b>						
< 20	-	2	2	-	-	4
20-24	1	6	3	1	8	19
25-29	2	6	5	3	1	17
30-34	1	2	5	9	5	22
35-39	2	4	9	6	2	23
≥ 40	3	6	8	16	12	45

Figure 6: Trend in rates of Syphilis notifications 2005-2010; Total notifications, MSM notifications and Heterosexual notifications.



Rates of Syphilis increased significantly in South Australia from 2005 up until 2008 and MSM have made up over ¾ of the total notification figures over the five years studied. However, Figure 6 (above) shows that after the peak in 2008 MSM notifications have decreased by 22%.

Figure 7: Rates of co-infection for MSM: HIV and Syphilis and HIV only.

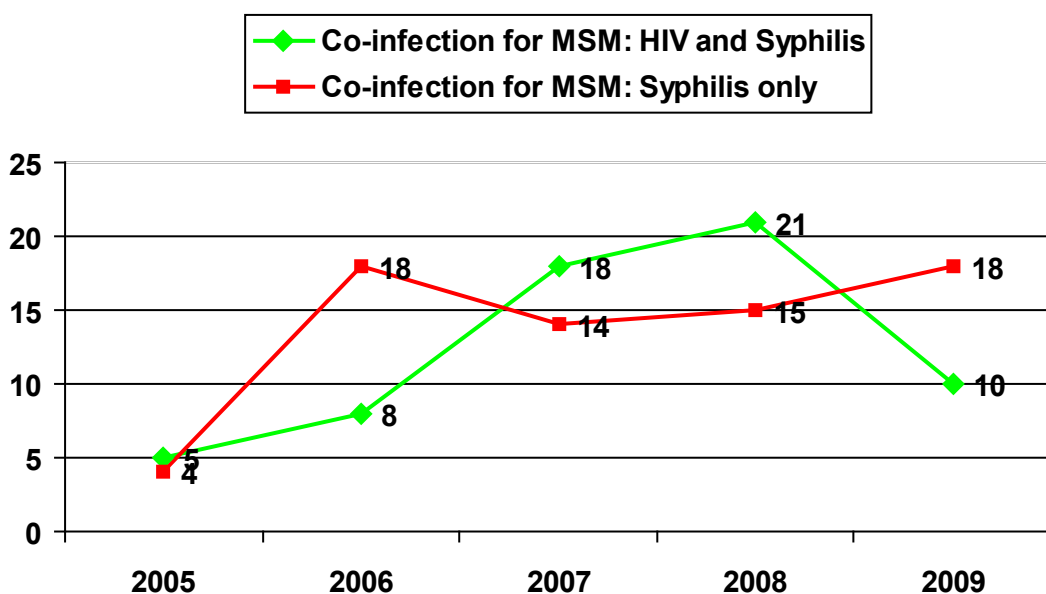
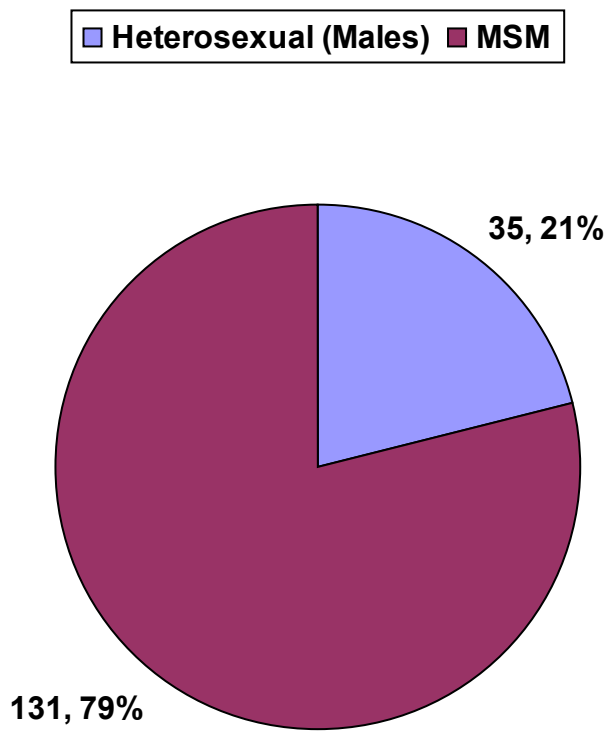


Figure 7 (above) shows that concomitant with the peak in Syphilis notifications that occurred in 2008, there were increasing rates of co-infection with HIV that also decreased significantly in 2009 (52%).

Figure 8: Comparison of notifications based upon the sexual identity of males.



The chart above (Figure 8) demonstrates that while rates of Syphilis notifications have decreased in South Australia since 2008, MSM comprise the majority of notifications.

## Genital Chlamydial Infections in South Australia

In the five years of data examined in this summary, rates of Chlamydia have increased by 28.2% across the general population since 2005 with an accompanying rise in MSM notifications over that time (20.8%).

MSM comprise a relatively small number of notifications for Chlamydia - 7.5% of male notifications in 2009 and 8.3% (579) since 2005 of total notifications.

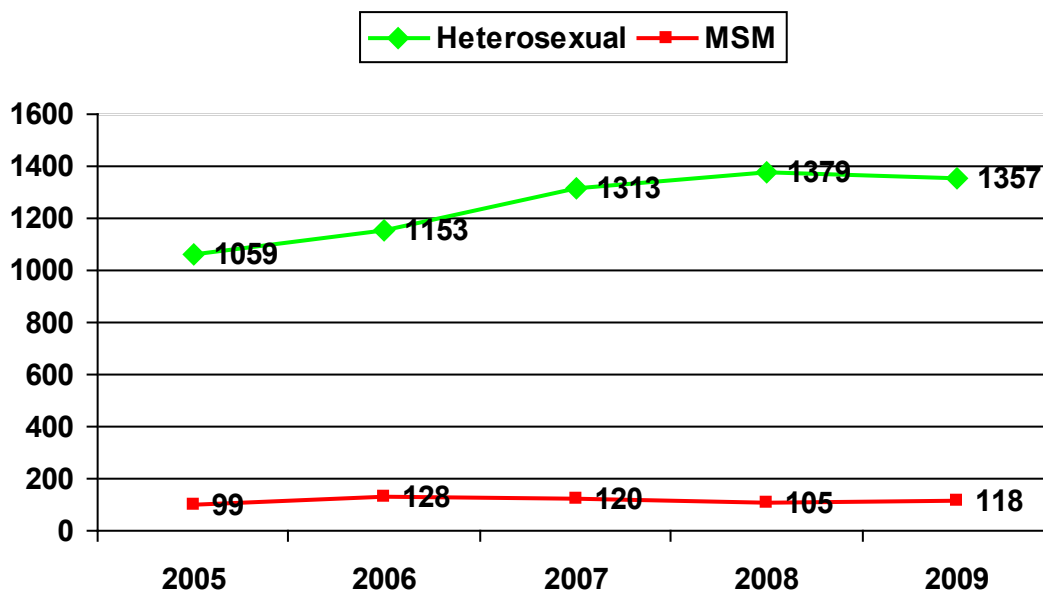
The statistics demonstrate that females make up the majority of Chlamydial notifications in South Australia. Conversely, MSM and MSM by cultural origin (particularly Aboriginal, African and Asian MSM) make up statistically small numbers of the total cohort. In addition, the figures pertaining to these groups have remained relatively stable since 2005.

While Chlamydial infections are a considerable issue for people under 34 years of age (this groups makes up 67.2% of the total MSM notifications) notifications in MSM over 40 years is quite significant also (32.8%).

Figure 9: Chlamydial infection notified in South Australia 2005-2009

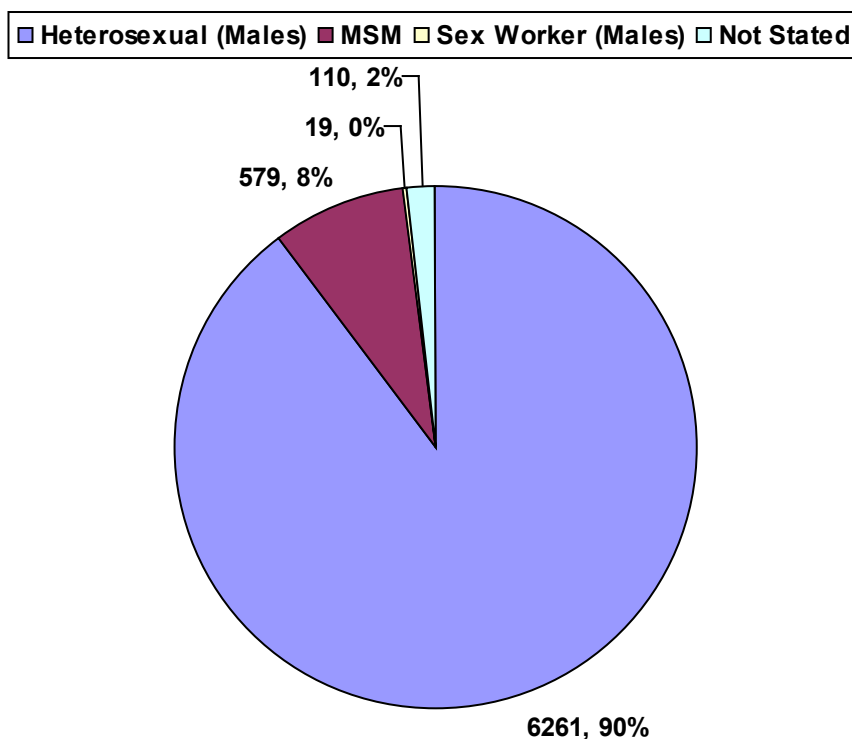
Characteristics	2005	2006	2007	2008	2009	Total
<b>Number diagnosed</b>						
Male	1168	1285	1436	1513	1567	6969
Female	1583	1906	2093	2188	2266	10036
<b>Sexual identity of males notified</b>						
Homosexual	99	128	120	105	118	570
Bisexual	-	-	-	2	7	9
Heterosexual	1059	1153	1313	1379	1357	6261
Sex worker	-	-	-	12	7	19
Not stated	10	4	3	15	78	110
<b>Specimen site for MSM notified</b>						
Urine	50	61	71	59	51	292
Urethra	2	6	2	3	2	15
Rectum	47	61	47	45	72	272
<b>Racial origin for MSM</b>						
Caucasian	92	113	111	91	113	520
Aboriginal	1	4	3	7	4	19
Asian	6	9	5	8	5	33
African	-	-	-	-	1	1
Other	-	-	1	-	-	1
Not stated	-	2	-	1	2	5
<b>Age group for MSM</b>						
< 20	5	4	6	10	6	31
20-24	18	32	29	35	25	139
25-29	18	31	29	15	23	116
30-34	21	15	10	7	19	72
35-39	17	17	18	8	11	71
≥ 40	20	29	28	32	41	150

Figure 10: Trend in rates of Genital Chlamydial notifications 2005-2010; total notifications and MSM notifications.



In the five years studied, rates of Genital Chlamydia have increased by 28.2% across the general population. Further, while MSM only comprise a small section of notifications, there had been a 20.8% increase in MSM notification between 2005-2009.

Figure 11: Comparison of notifications based upon the sexual identity of males.



When viewed as a pie chart (Figure 11 shown above), it is illustrative of the dominance of heterosexual notifications amongst all male notifications.

## Gonococcal Infection in South Australia

Gonococcal infections in South Australia occur mainly in men, with 59% of cases in 2009 attributed to this group. Between 2005 and 2009 males made up 62.4% of total notifications.

Of the total number of male cases in 2009 (219), MSM make up (21%) of reported cases of gonorrhoea in South Australia and figures pertaining to this group have remained relatively steady since 2005. Since 2005, MSM have comprised 19.9% of the total male notifications in South Australia.

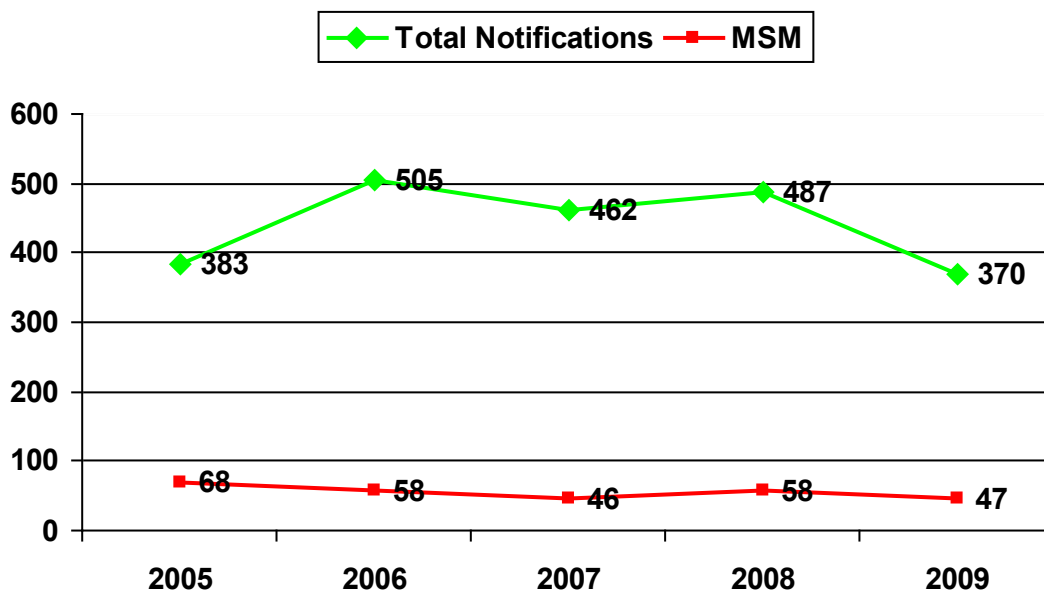
According to the data, incidences of gonorrhoea occur disproportionately in Aboriginal MSM with 22 notifications since 2005 (7.9% of the total MSM notifications (278) since 2005). This is a marked disparity when you consider that the entire Aboriginal population comprises just 1.7% of the South Australian population (ABS 2006).

MSM under the age of 40 made up the majority of reported MSM infections (74% of notifications).

**Figure 12: Gonococcal infection notified in South Australia 2005-2009**

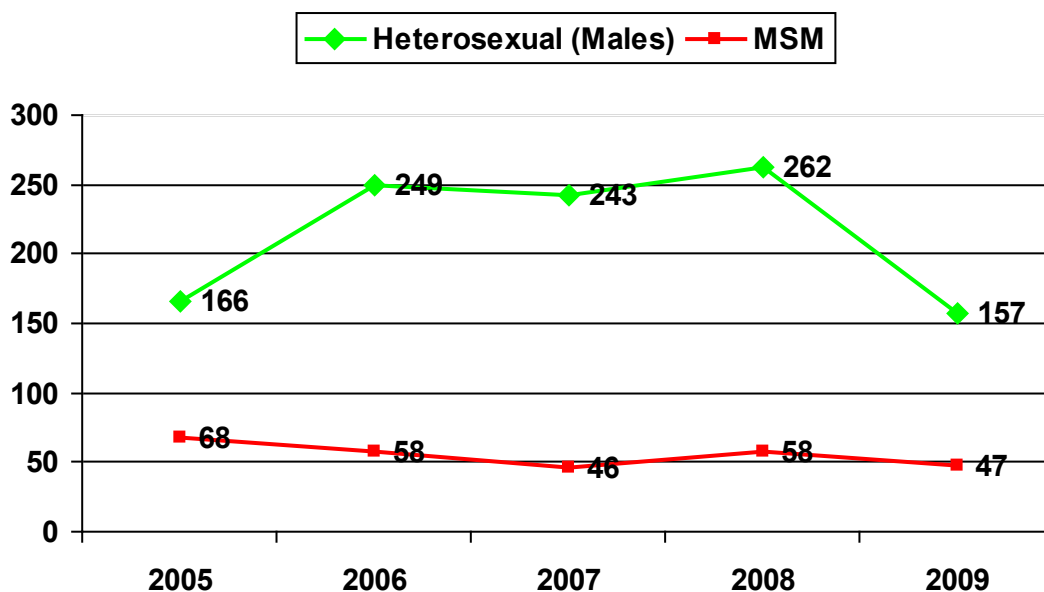
Characteristics	2005	2006	2007	2008	2009	Total
<b>Number diagnosed</b>						
Male	241	311	290	334	219	1395
Female	169	194	172	153	151	839
<b>Sexual identity of males notified</b>						
Homosexual	68	58	46	58	47	277
Bisexual	-	-	-	-	1	1
Heterosexual	166	249	243	262	157	1077
Sex worker	-	1	-	11	6	18
Not stated	7	3	1	3	8	22
<b>Specimen site for MSM notified</b>						
Urine	7	12	3	3	6	31
Urethra	27	22	24	17	17	107
Rectum	26	12	12	21	11	82
Pharynx	8	12	6	17	14	57
Other	-	-	1	-	-	1
<b>Racial origin for MSM</b>						
Caucasian	59	47	41	51	41	239
Aboriginal	7	8	4	3	-	22
Asian	1	3	-	4	5	13
African	-	-	-	-	-	-
Other	1	-	1	-	1	3
Not stated	-	-	-	-	1	1
<b>Age group for MSM</b>						
< 20	6	4	4	3	2	19
20-24	20	13	11	13	12	69
25-29	12	19	4	15	9	59
30-34	5	1	4	9	4	23
35-39	6	10	6	7	7	36
≥40	19	11	17	11	14	72

Figure 13: Trend in rates of Gonococcal notifications 2005-2010; total notifications and MSM notifications.



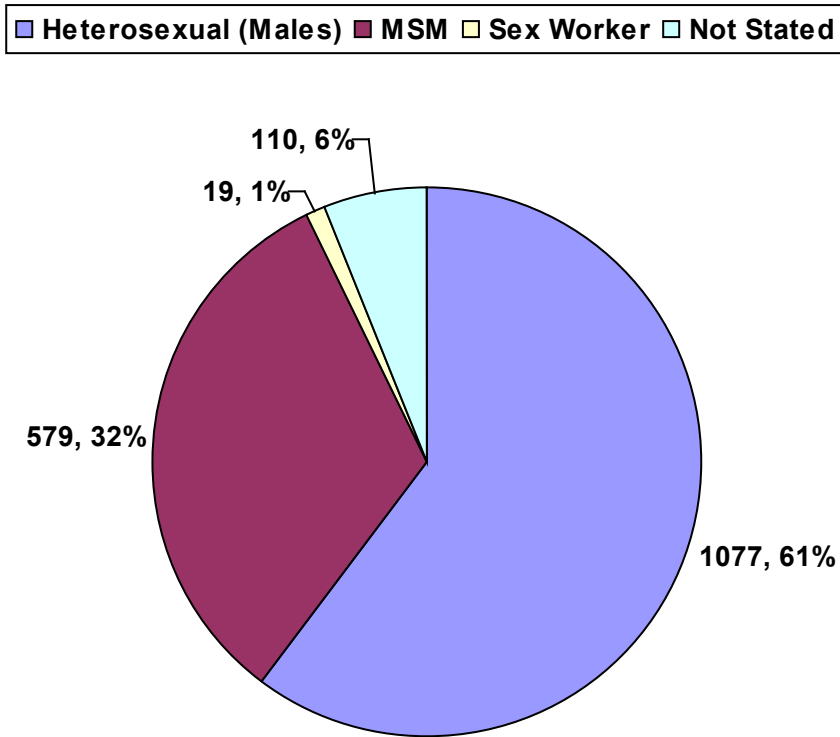
Over the five years studied, MSM make up (12.4%) of total reported cases of gonorrhoea in South Australia and while the numbers of notifications has decreased in the last 12 months, MSM numbers have remained steady since 2005.

Figure 13: Trend in rates of Gonococcal notifications 2005-2010; total notifications and MSM notifications.



When we compare the total male notifications to MSM notifications we see a significant decrease in heterosexual notifications from 2008 – 2009, with a similar increase noted from 2005 to 2006.

Figure 14: Comparison of notifications based upon the sexual identity of males.



When viewed as a pie chart again it is evident that males who identify as heterosexual make up the majority of notifications for gonorrhoea. However, while MSM notifications have remained relatively steady since 2005, this group is still disproportionately represented within the statistics.

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