

# HEALTH IN MEN

## Number 8: May 2006

### NEWSLETTER

#### HIM receives funding into 2007

Most of you will be aware by now that the HIM study received the extra funding it needed for us to continue the important work we started back in June 2001.

Those of you who attended the HIMformation evening held at ARQ Sydney in early December 2005 (when this announcement was made) will have heard various speakers from local HIV/AIDS authorities tell us how the data collected from the HIM study is being used and how it is helping to address the current HIV issues within our community.

For those of you who couldn't attend or as a record for those of you that did, we will be sending you a DVD of the HIMformation evening. The evening was a thank you to you, the participants and a chance to keep you informed of HIM's achievements and direction for the future. It was also a great opportunity for you to meet each other and the HIM staff in more relaxed surroundings.

#### Do we still need you?

As you would appreciate, for the success of any longitudinal study (long-term study where the same participants are interviewed regularly, over a period of time) it is most important for the study to maintain its original participants for as long as possible to obtain the most effective results. So yes, we need you more than ever. Some of you have told us you feel you should leave the study because you have either stopped having sex or feel you have nothing exciting to offer but let me

reassure you. The value of any research project is its ability to get data from a broad cross-section of its community to avoid getting a misrepresented result. So, while you may feel you have nothing exciting to offer, having no sex or lots of sex, your input is just as important as the next boy's. Excitement's only part of the story.

#### In this newsletter

You will find a brief update of sexually transmitted infections (STI) in HIM and some preliminary findings from the Anal intraepithelial neoplasia (AIN) testing, that many of you consented to during your last face to face interview with us. Your excellent response to this extra testing has proven, yet again, HIM's value to gay men's health. We have also included some information about a new vaccine trial study, called the STEP study. (Also available online at <http://www.stepstudy.com.au>)

Finally, the HIM team and I express our sincere **thanks** for your continuing support and participation in the Health in Men study. HIM's findings have not only helped us become more vigilant, but more informed in regards to safe sex practises and attitudes in the gay community.

*Garrett Prestage*

You will find a broader view of this update at the HIM website:

[http://www.med.unsw.edu.au/nchecr/him\\_study.html](http://www.med.unsw.edu.au/nchecr/him_study.html)

#### HIM Study.

2<sup>nd</sup> Floor, 376 Victoria Street, Darlinghurst NSW 2010

Phone: (02) 9380-5858 or freecall 1800 445569

Fax: (02) 9385 0920

Email: [HIM@nchecr.unsw.edu.au](mailto:HIM@nchecr.unsw.edu.au)

## **Sexually transmitted Infections (STIs) in HIM**

### **HIV**

Since the beginning of HIM, only eight men (0.6%) tested HIV-positive at their first interview. Thirty-eight men who tested HIV-negative at their first interview had become HIV-positive by June 2005, which means nearly 1% of men were newly infected with HIV each year during the course of the study. Having unprotected anal intercourse with an HIV positive partner or a partner of unknown HIV status is still the major risk factor for HIV acquisition. Risk of HIV infection associated with receptive sex is much higher than that associated with insertive sex, although some men continue to be infected by insertive anal sex.

### **Hepatitis A**

Nearly 70% of HIM participants tested positive to hepatitis at their first interview, indicating a history of hepatitis A infection or vaccination. These men are thought to have life long immunity to hepatitis A. However, for those aged under 25 years, 57% were still susceptible to hepatitis A infection.

Each year, over a quarter of those who were susceptible to hepatitis A were vaccinated. The cost of hepatitis A vaccination was identified as a barrier to vaccination.

### **Hepatitis B**

At the first interview, results of hepatitis B testing indicated that 19% of the HIM participants had either a past or current hepatitis B infection, 53% had been vaccinated, and the remaining 29% were still susceptible to future hepatitis B infection. For those aged under 25 years, 48% were still susceptible to hepatitis B infection.

The rate of uptake of hepatitis B vaccination was similar to that for hepatitis A.

### **Hepatitis C**

Of the men recruited in 2001 and 2002, only 0.9% tested positive to hepatitis C. This is thought to be about the same as the general Australian population. There was no evidence of sexual transmission of this virus. Almost all of those HIM participants who tested positive had a history of injecting drug use.

### **Syphilis**

At their first interview, 42 HIM participants (3.0%) had either a past or current syphilis infection. The results of blood testing showed a striking relationship with age: only 1% of those aged under 25 years, but 21% of those aged over 55 had a history of syphilis. This probably reflects very high rates of syphilis prior to the HIV epidemic.

During the study period, sixteen men were identified with new syphilis infection. The risk of a new syphilis infection was 0.60% per year.

### **Gonorrhoea**

Each year, about 0.3% men were diagnosed with penile gonorrhoea and 1.0% were diagnosed with anal gonorrhoea by the HIM study. Gonorrhoea is common among HIV-negative gay men, particularly in younger gay men. Risk factors for both penile and anal gonorrhoea were not restricted to having unprotected anal intercourse. The HIM study has made an important new finding in relation to anal infections: although unprotected anal sex is an important risk factor, we have found that other anal sexual practices, particularly receptive rimming and fingering, put men at increased risk of gonorrhoea infection.

## Chlamydia

Each year, about 0.9% men were diagnosed with penile chlamydia and 2.9% were diagnosed with anal infection. Again, chlamydia is also common among HIV-negative gay men. Similar to gonorrhoea, risk factors for chlamydia were not restricted to having unprotected anal sex.

## Herpes

There are two types of virus which can cause herpes, herpes simplex virus types 1 and 2 (HSV-1 and HSV-2). Until recently, we have usually thought that HSV-1 usually causes cold sore on lips and HSV-2 is generally responsible for genital herpes. However, each virus can cause either sores on lips or around the genital area, and as sexual practices change, the pattern of infection by type of herpes infection is changing. By using stored serum drawn at the time of the first interview, we found that 75% of men had HSV-1 infection and 23% had HSV-2 infection at the first interview. However, most men with either HSV-1 or HSV-2 infection did not report any symptoms.

During the course of the study, among those who were negative (for HSV1 and HSV2) at the first interview, around 5.6% each year were newly infected with HSV-1 and 1.5% each year were newly infected with HSV-2. Younger men were at increased risk of recent HSV-1 infection. Oral sex was a risk factor for recent HSV-1 infection and fingering and the use of dildos were related to recent HSV-2 infection.

## References

Some of the data on sexually transmitted infections from HIM have now been published in the medical literature. The following lists those publications that concern STIs. If you would like a copy, please feel free to ask us to send you a copy or check out

the HIM website [http://www.med.unsw.edu.au/nchecr/him\\_study.html](http://www.med.unsw.edu.au/nchecr/him_study.html) where you will find links to these reports in PDF format.

1. Jin F, Prestage GP, Pell CM, et al. **Hepatitis A and B infection and vaccination in a cohort of homosexual men in Sydney.** Sex Health. 2004;1:227-37.
2. Jin F, Prestage GP, Kippax SC, Kaldor JM, Dore GJ, Grulich AE. **Prevalence and risk factors of hepatitis C in HIV-negative homosexual men in Sydney, Australia.** Aust N Z J Public Health. 2005;29:536-9.
3. Jin F, Prestage GP, Kippax SC, et al. **Epidemic syphilis among homosexually active men in Sydney.** Med J Aust. 2005;183:179-83.



## Anal intraepithelial neoplasia (AIN) testing in HIM

Many of you consented to the anal PAP testing when you came in for your annual interview and STI tests.

AIN is the name given to the appearance of abnormal cells of the anal canal. People who have AIN don't know they have it and usually have no symptoms. High-grade AIN, if untreated, may progress to anal cancer. Homosexual men are at greatly increased risk of anal cancer compared to heterosexuals. In the United States, around 7% of HIV-negative gay or bisexual men have AIN, though very few of these lesions will develop into anal cancer. Whilst the precise cause of AIN is not yet known, it is

typically associated with anal infection by certain types of human papilloma virus (HPV). Several overseas researchers advocate the need for routine screening of homosexual men for AIN and HPV, but the prevalence of these conditions in Australia is unknown.

In 2005, a selection of HIM participants were offered an anal Pap test for AIN as part of the first community-based study of AIN amongst gay men in Australia. In total, 204 eligible and consenting participants were tested, and adequate samples were obtained in 184(90%). Of these:

- 139(76%) participants had a normal Pap test result.
- 10(5%) had a low-grade abnormality. Low-grade abnormalities are considered completely benign and are commonly associated with HPV infection.
- 35(19%) had an abnormality for which the grade could not be determined with certainty and have been referred to a specialist clinic at St Vincent's Hospital for additional tests.

There were no high-grade abnormalities. Over the coming months the samples will also be tested for HPV.

The results of the HPV testing, together with the behavioural information also collected as part of the HIM study may help identify factors that put some men at higher risk for AIN than others. In the long term, research such as this may contribute to the use of anal Pap test to prevent anal cancer, in much the same way as a Pap test has been successfully used to prevent cervical cancer in women.



<b>CHANGE OF DETAILS FORM</b>	
<b>Please complete this form if you have changed your details since your last interview.</b>	
<b>Send completed form to: Reply Post #72814 Darlinghurst NSW 2010 (no stamp required)</b>	
<b>Otherwise, you can call us on 9380-5858 or 1800 445569 or email: HIM@nchechr.unsw.edu.au</b>	
<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>Contact Phone Numbers</b>	
<b>Home:</b>	Discretion (tick) YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Work:</b>	Discretion (tick) YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Mobile:</b>	Discretion (tick) YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>EMAIL:</b>	<b>FAX:</b>
<b>DOCTOR:</b>	

HIM is a joint project of the National Centre in HIV Epidemiology and Clinical Research, the National Centre in HIV Social Research, the Australian Federation of AIDS Organisations, and the AIDS Council of NSW.