HIV INCIDENCE AMONG MSM IN PORTUGAL AS A MATTER OF RISK MANAGEMENT

MOPE 152

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AIDS 2014 STEPPING UP THE PACE

Introduction

After several years of a drug injection driven HIV epidemic in Western Europe, sex between men regains importance as a transmission mode: In Portugal between 2005 and 2011 there has been a 6% annual increase in the number of newly-diagnosed HIV cases among MSM, while cases due to drug injection and heterosexual intercourse decreased 22% and 4% in the same period.

New infections among MSM may result from risk management strategies that bypass classic primary prevention.

We aimed to estimate the incidence of HIV infection in a cohort of HIV-negative MSM and to identify the predictors of seroconversion.

Materials and methods

Ongoing dynamic cohort

Setting

Peer-based VCTC in Lisbon, Portugal (CheckpointLX)

Eligibility criteria

HIV-negative MSM
Aged 18 or more
Presenting for HIV testing

Follow-up at intended intervals of 6 months but adjusted according with participants convenience

Ethics

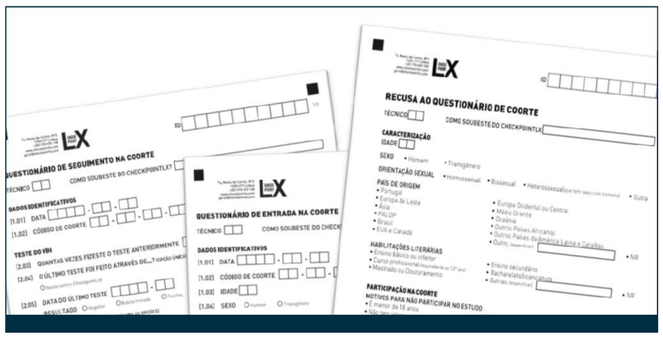
Written informed consent
Study protocol approved by the Ethics Committee of São João Hospital and Medical School, University of Porto

Evaluations

Rapid HIV and Syphilis testing
Behavioral and sociodemographic questionnaire

Statistics

Poisson generalized linear model
Association between baseline characteristics and HIV seroconvertions presented as crude and adjusted Incidence rate ratios (IRR) and 95% confidence intervals (95% CI)



Results

HIV Incidence: 3.35 per 100 MSM-year (95% CI: 2.15-4.55)

	HIV Incidence	IRR (95%CI)	p-value	aIRR (95%IC)	p-value
Age					
< 35 years	3.00	1			
>= 35 years	4.16	1.39 (0.65-2.96)	0.400		
Country of birth					
Portugal	3.19	1			
Other	3.72	1.16 (0.52-2.63)	0.716		
Education					
Higher education	2.78	1			
Less than higher education	4.10	1.48 (0.72-3.02)	0.285		
Sexual identity					
Homosexual	3.24	1			
Bisexual/Heterosexual/Other	3.93	1.21 (0.42-3.48)	0.719		
History of HIV previous test					
No	0.82	1		1	
Yes	3.78	4.60 (0.63-33.80)	0.134	3.79 (0.51-28.33)	0.194
Concerned with recent exposure to HIV at baseline					
No	2.42	1		1	
Yes	4.52	1.87 (0.90-3.88)	0.093	1.37 (0.62-3.03)	0.441

	HIV Incidence	IRR (95%CI)	p-value	aIRR (95%IC)	p-value
Sexual intercourse in the previous 12 months with:					
Bisexual men					
No	2.40	1			
Yes	4.17	1.74 (0.78-3.88)	0.177		
Does not know	5.09	2.12 (0.78-5.73)	0.139		
Men with different partners					
No	2.71	1			
Yes	3.66	1.35 (0.47-3.88)	0.577		
Does not know	1.72	0.63 (0.07-5.66)	0.683		
Sex workers (even if not payed)					
No	2.79	1		1	
Yes	8.09	2.90 (1.10-7.66)	0.032**	2.88 (1.05-7.92)	0.041*
Does not know	8.19	2.94 (0.88-9.81)	0.080*	1.89 (0.43-8.35)	0.399
HIV infected men					
No	2.20	1		1	
Yes	7.68	3.49 (1.42-8.59)	0.007*	2.84 (1.08-7.47)	0.034*
Does not know	3.48	1.58 (0.67-3.72)	0.294	1.32 (0.51-3.40)	0.565
Women					
No	3.20	1			
Yes	4.66	1.46 (0.56-3.80)	0.444		
Trios/Group sex					
No	3.27	1			
Yes	3.64	1.11 (0.52-2.37)	0.785		

	HIV Incidence	IRR (95%CI)	p-value
Age at first anal intercourse			
More than 15	3.55	1	
15 or less	2.19	0.62 (0.19-2.04)	0.429
Number of occasional sexual partners in the last year			
<=1	2.37	1	
2 to 9	3.36	1.42 (0.41-4.93)	0.583
>=10	2.86	1.21 (0.31-4.67)	0.784
Role on anal sex			
Insertive only	3.68	1	
Receptive/Both	3.29	0.89 (0.40-2.01)	0.787
Having sex for drugs in the 12 previous months at baseline			
No	3.27	1	
Yes	5.26	1.61 (0.22-11.84)	0.642
Condom use in the previous 12 months with steady partner			
Always/Often	4.03	1	
Occasionally/Rarely/Never	3.00	0.75 (0.30-1.83)	0.522
Condom use in the LSE with occasional partner			
Yes	3.52	1	
No	3.74	1.06 (0.40-2.81)	0.901
Condom use in the previous 12 months with occasional partner			
Always/Often	3.61	1	
Occasionally/Rarely/Never	3.48	0.97 (0.45-2.08)	0.929

	HIV Incidence	IRR (95%CI)	p-value	aIRR (95%IC)	p-value
Use of alcohol before or during AI					
Rarely/Never	3.49	1			
Always/Often /Occasionally	3.03	0.868 (0.40-1.90)	0.723		
Use of recreational drugs before or during sex					
Rarely/Never	2.52	1		1	
Always/Often /Occasionally	7.72	3.06 (1.41-6.64)	0.005**	2.74 (1.22-6.13)	0.014**
Lifetime history of Syphilis					
No	3.02	1		1	
Yes	7.09	2.35 (0.90-6.14)	0.081*	1.80 (0.64-5.02)	0.263
Lifetime history of Hepatitis C					
No	3.28	1			
Yes	35.21	10.72 (1.46-78.89)	0.020**		
Does not know	2.87	0.88 (0.21-3.68)	0.857		
Post-exposure Prophylaxis (PEP)					
Does not know about PEP	3.38	1			
Knows but never used	3.01	0.89 (0.42-1.90)	0.764		
Knows and used	4.49	1.33 (0.18-10.04)	0.784		

*significant at p<0.10 **significant at p <0.05

Conclusions

This is the first incidence study in Portugal in men who have sex with men. Independent predictors of HIV seroconversion among this cohort were sexual intercourse with sex workers or with HIV-positive men and the use of recreational drugs before or during sex in previous 12 months to baseline.

Risk management involves complex strategies that appear to go beyond primary prevention being testing one of the strategies adopted.

MSM adopting individual risk management behaviors may require targeted preventive actions that go beyond classic health promotion and education strategies.

"New and innovative services developed in Portugal reflecting the Communication's emphasis on key vulnerable populations, including MSM
In light of the Communication's emphasis on key vulnerable populations and following similar initiatives in various European countries, in 2010, GAT opened the first peer-to--peer VCT centre in Portugal (CheckpointLX), specifically targeting the MSM population in Lisbon. To implement this innovative approach in Portugal, advocacy was necessary to adopt changes in the national law in order to allow for community-based HIV testing. Due to the success of the MSM initiative, similar VCT centres are now being programmed, directed specifically at people who inject drugs, sex workers and migrants, according to the latest testing guidelines"

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