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Articles

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Increase in reported HIV infections among MSM in Oslo, Norway

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An increase in the number of newly diagnosed HIV infections among men who have sex with men (MSM) in several western European countries has been reported previously (1,2). Figures released by the department of infectious disease epidemiology at the Nasjonalt folkehelseinstitutt (Norwegian Institute of Public Health, NIPH) in Oslo now show that the same trend can be observed in Norway (3).

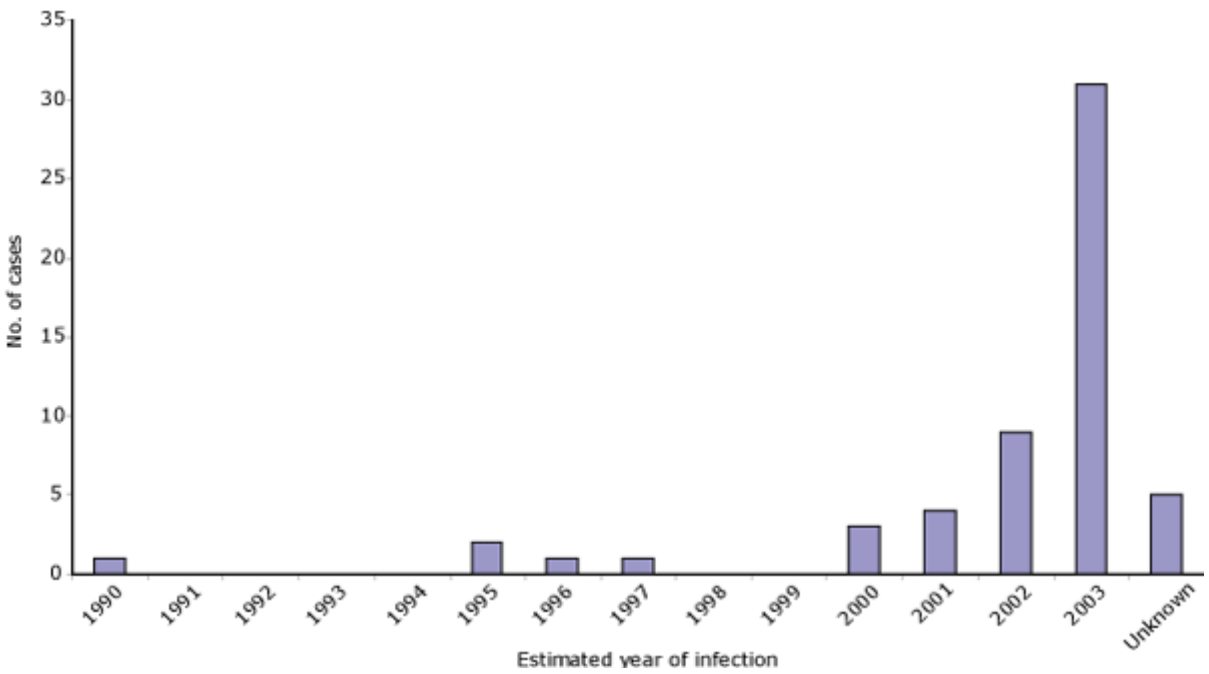
In 2003, a total of 238 cases of newly diagnosed HIV infections were reported to the Meldingssystem for smittsomme sykdommer (Norwegian surveillance system for communicable diseases, MSIS); 145 males and 93 females. This is the highest ever reported annual number of newly diagnosed HIV cases in Norway. Cases diagnosed in people who originated from countries outside Europe with generalised HIV epidemics and arrived as asylum seekers and refugees still dominate the Norwegian HIV statistics. In 2003, this group constituted 59% of reported HIV cases. Another reason for the high number of cases reported in 2003 is a near twofold increase of cases in MSM, from 30 reported cases in 2002 to 57 cases in 2003. The number of reported cases among MSM had previously remained stable during the 1990s and early 2000s (Table).

Median age of MSM at the time of diagnosis remains high. In 2003, the median age was 37 years (range 23-80). Of the 57 reported cases, 32 were in patients who were thought to have acquired their infection in Oslo, 3 in other Norwegian cities, 15 abroad, and in 7 cases the place of infection was unknown. Thirty two MSM reported that they were most likely to have been infected by a casual sexual partner, 11 reported that they were infected by their regular partner, while in 14 cases, no further information about the sexual relationship was available.

There is no satisfactory data on behavioural surveillance for MSM in Norway. HIV test activity is monitored by regular questionnaire studies carried out at social venues in Oslo where gay men gather. In the 2003 study, 87% of the gay men reported that they had taken an HIV test at least once. This was a slight increase compared with 1998, when 80% reported having had an HIV test. There have been no major changes in the HIV reporting system since its introduction in 1985.

In the Norwegian HIV surveillance system, the time of infection is estimated for every reported case of newly diagnosed HIV infection (except for HIV infections among immigrants infected before entering Norway). This estimate is based on previous negative test, clinical signs of primary HIV infection or other individual epidemiological data (Figure). Fifty four per cent (31/57) of the cases reported in MSM in 2003 are estimated to have been infected in 2003, while 16% (9/57) were estimated to be new infections in 2002.

Figure. Newly diagnosed HIV infection among MSM in Norway 2003 by estimated time of infection.



Discussion

The sudden increase in the number of MSM infected with HIV in Oslo in 2003 is of great concern and can be seen as a local outbreak of HIV. This increase can not be explained by changes in the

reporting system although there is data available which indicates higher HIV test activity among MSM. Many of the patients are thought to have been infected at venues for casual sex such as gay saunas. During the past four years, an increasing number of cases of syphilis and gonorrhoea connected to these venues has been reported in Oslo (4).

Rising incidence of other sexually transmitted infections in MSM suggests that unsafe sex practices at such venues may be more risky today than at any time since the early 1980s. The reason for this change in behaviour is probably complex and must be seen within an international perspective of increased risk behaviour among MSM. More behavioural data is needed in order to develop effective prevention strategies.

The most urgent public health measure to be taken now is to inform the gay community about the increased risk of acquiring HIV and other sexually transmitted infections in Oslo and other major European cities. This can be achieved by increased outreach activity by the Norwegian gay health committee and health authorities in Oslo. Cooperation with gay sauna owners is an essential part of this work. The internet (including chat sites for MSM) will be actively used to disseminate information.

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