

## Gay men at high risk for HPV

### GAY MEN'S HEALTH SUMMIT / HPV rates in gay men 10 times higher than cervical cancer rates in women, summit hears

*Nathaniel Christopher / Vancouver / Friday, November 13, 2009*

The fifth annual Gay Men's Health Summit held Nov 9-10 at the SFU Harbour Centre in Vancouver brought out the "best crowd to date," according to co-organiser Rick Marchand.

"I think we did a good job about addressing the broader health issues that affect gay men, including social and health issues," he says.

This year's summit, titled "Exposing the Determinants of Health," was organised by the Community Based Research Centre in partnership with the Health Initiative for Men (HIM) and the BC Centre for Disease Control (CDC).

Dr Joel Palefsky, an infectious disease expert from the University of San Francisco School of Medicine, spoke about the prevalence of human papillomavirus (HPV) among gay men, especially those already infected with HIV.

"When you are HIV-positive virtually everyone has HPV," Palefsky says. "And gay men who are HIV-negative are still at high risk."

Palefsky's results, based on a study of an urban-based gay population in San Francisco, found that nearly 100 percent of positive men were also infected with HPV.

"The rates are 10 times higher than cervical cancer rates in women," he says. "If we had cervical cancer rates of 75 to 100 percent in San Francisco there'd be a congressional investigation."

Palefsky believes that all boys should receive a universal HPV vaccine before they are sexually active "because there's no way to know who is going to be gay."

He believes resistance to a universal HPV vaccine for boys may be rooted in homophobia because men who engage in receptive anal intercourse are at particularly high risk of contracting the virus.

The 2008-2009 ManCount survey's preliminary results on HPV infection and anal dysplasia in Vancouver found that 67 percent of survey respondents were infected with HPV.

"There's a high prevalence among gay men and other MSM [men who have sex with men], particularly with men who have HIV," says the survey's principal investigator Dr Mark Gilbert.

Gilbert found that 62 percent of HIV-positive respondents were infected with low-risk HPV, compared to 28 percent for HIV-negative men. The results also indicate that 71 percent of HIV-positive men were infected with high-risk HPV, compared to 39 percent of HIV-negative men.

"At the moment, there aren't any places men can routinely go for HPV or anal pap testing," says Gilbert, who works at the BC Centre for Disease Control. "Anal pap tests are currently done by a small number of primary care physicians in Vancouver for their gay or HIV-positive clients."

There is currently one anal dysplasia clinic in Vancouver located at St Paul's, which sees men who already have an abnormal pap test result (otherwise known as anal dysplasia) for the next stages of assessment.

"This is why anal pap tests are not more widely used, as currently there is not enough capacity in BC for the treatment and follow-up of men who have an abnormal pap result," says Gilbert.

"There's no statement of care, it's not in the guidelines," says Dr Natasha Press, who runs the clinic at St Paul's Hospital. "It runs one and a half days a week and we don't have any formal guidelines about who can come and why. Eighty percent come because of an anal pap."

But it's not just about tests, pills and physical treatment, says Olivier Ferlatte. He believes the mental health needs



*HPV PREVENTION. Dr Joel Palefsky, an infectious disease expert from the University of San Francisco (left with Dr Mark Gilbert and Dr Natasha Press), told the gay men's health summit in Vancouver that all boys should be vaccinated against HPV. (Nathaniel Christopher photo)*

of gay men must also be addressed.

Ferlatte is the community health co-ordinator for the CDC. He presented a study he conducted about counselling approaches for newly diagnosed gay men testing HIV-positive in BC.

"I was speaking to one guy in the study who had been diagnosed with HIV four years ago and he told me that I was the first person who had ever asked him how it felt to get diagnosed."

Ferlatte says that when people get diagnosed they are fast-tracked into care and medical services but their psycho-social needs are not addressed.

"We have medical care but people are not being given a chance to talk about it and they don't know where to go for services."

He notes that, from a medical point of view, HIV is no longer a death sentence but a chronic manageable illness similar to diabetes. As such, greater emphasis must be placed on addressing the psychological impact of a positive diagnosis, he says.

"When you have HIV you have a disease that puts you at risk of discrimination," he says. "It changes the way you'll be viewed by sexual partners and family. Sex will never be the same again. I think this is what the guy was saying. I felt at the time of diagnoses they are connected to a doctor and hospital but nobody thought about making referral to counselling services."

Such services might best be delivered outside of the traditional medical realm, suggests Bill Coleman of the CDC. He advocates peer support over traditional counselling.

"You're gay but you can't always find or afford a therapist," he says. "Sometimes it's easier to talk to peers than professionals."

"You want people with shared experiences and understanding," says Coleman, who worked as a psychologist for 20 years. "Gay men are looking for people who can relate and understand. When a gay guy goes to a straight counsellor, for example, he may have to educate him about gay life and sexual behaviours."

With all the cutbacks, he argues, the time is right for peer counselling in the community which has a relatively low overhead cost.

"What peers bring is their peerness. There are no questions. It's just listening," he says. "People are their own best expert in what they need to do and what action they should take."

An overarching theme in the summit is that the health issues of gay men are all but ignored by the government and mainstream society.

"Statistics Canada's census is the number one go-to place for population level data that is used by all levels of government, academics, researchers and the health care system generally," Dr Verlé Harrop, a senior scientist at the National Collaborating Centre for Determinants of Health in Halifax, said in her keynote address.

"Being able to determine what percentage of the overall population is gay, for example, would have a significant impact on determinants research around gay men's health. Without national, comparative data it is impossible to grasp the magnitude of the health issues facing the gay community and the appropriate programs, services and infrastructure required to address those issues."

Harrop's presentation inspired interest among attendees to establish a working group to develop a suite of questions around gay men's health to be incorporated into the Canadian Community Health Survey.

As the summit came to a close co-organiser Terry Trussler reflected on the importance of forming alliances with the wider community to advance gay men's health.

"It just seems to me we have to keep forming alliances to make this matter known and to get support from those parts of society where people get it," he says. "That's the way we extend our influence. Since gay men are a minority we really need to get more people in the majority on our side and the way to do that is to work with our allies, such as Dr Harrop, who recognise that there is something important here and that they can lend a hand."

**Tags:** gay men's health summit