

1.3 Summary of main results

Methods

The results presented in this report are based on several sources of data. We led national surveys among men having sex with men (MSM, Gaysurvey studies 2012 and 2014), among migrants from sub-Saharan Africa, (SSA migrants, ANSWER study 2014), among sex workers (SW, SWAN study 2016), and among drug users frequenting low-threshold services (DU, SBS study 2011). Moreover, a secondary analysis of the data on sexual behaviour of the Swiss Health Survey (SHS 2012) was carried out. Monitoring data was also collected on the number of syringes distributed to intravenous drug users (IDU) in various settings (low -threshold services, heroin prescription programs, and pharmacies), as well as data on the provision of condoms on the Swiss market.

We led or participated in five additional surveys which brought a complementary perspective to the results presented in this report: evaluation of the campaign « Break the chains » 2015 (collaboration with the University of Zürich), analysis of the data available to estimate the number of condoms sold on the Swiss market, interviews with experts about the evolution of preventive behaviours among IDU, inventory of the strategies of distribution of sterile injection material in prison environment, rapid assessment of the situation of transgender persons regarding HIV and other STI infection risk. Finally, we included results published by the Swiss HIV cohort study and the Health Behaviour in School-aged Children survey.

Data stemming from biological surveillance

Most new declared HIV cases concern men (410 men vs. 122 women in 2015). Among them, the mode “sexual contact with a man” was identified by physicians as the most probable exposure in 58% of declarations provided for 2015. We note a slight decreasing trend is in the number of cases linked to this transmission mode over the last five years. Yet, among these cases, the number of recent infection has increased from 101 in 2013 to 158 in 2015. As regards heterosexual transmission, 18% of new registered cases in 2014 were declared among persons originating from high prevalence countries (mainly from sub-Saharan Africa).

We observe a significant increase in the number of new confirmed cases of Chlamydia infection since the early 2000's. Two thirds of the 10'166 confirmed cases in 2015 are women. We also note a strong increase in the number of new cases of gonorrhoea since the early 2000s, with 1'896 cases confirmed in 2015, of which 80% were men. The higher increase is observed among MSM. If the increase of new syphilis cases is a little less strong, these also concern mainly MSM.

HIV/STI Knowledge and screening places

The vast majority (82%) of migrants from sub-Saharan Africa (SSA migrants) as well as 90% of sex workers (SW) know the usefulness of condoms for reducing the risk of HIV transmission.

A little more (54%) than half the men having sex with men (MSM) declare being well informed about the post-exposure prophylaxis (PEP), which is the case for a lower proportion of SW (28%).

Be it for PEP or primo-infection, the knowledge of MSM has improved recently. This is happening as various prevention campaigns have made efforts to inform about primo-infection. The proportion of MSM feeling well informed about pre-exposure prophylaxis (PrEP) increased slightly between 2012 and 2014, but remains low (26%).

About half the SW has had contact with a person doing HIV prevention within the last 12 month. Seventy percent of SSA migrants have already seen or heard information about HIV and STI in Switzerland.

The information level on STI other than HIV is lower than the information level about HIV. This seems especially true for SSA migrants. Only 45% of them feel well informed about these other STI.

The vast majority of survey participants from sub-Saharan Africa (73%), of SW (77%), and of MSM (90%) know where to go for a HIV screening test.

Sexual activity, forced sexual intercourses and access to condoms

Among the general population, the proportion of SHS 2012 participants to declare having had his/her first sexual intercourse before the age of 16 is 30% within the 16-24 age category, 16% for 25-44, and 10% for 45 and over. Thus, we observe a marked generational effect, with early entry into sexuality clearly more frequent among the younger generation.

The median number of sexual partners during the last 12 months is higher among MSM who participated in the Gaysurvey surveys (median = 5) than among SSA migrants who participated in the ANSWER survey (median = 1). The median is also equal to one among SHS 2012 participants.

Three percent of men and four percent of women having replied to SHS 2012 declare having had one or several sexual intercourses with a person of the same sex. This situation concerns a higher proportion of participants to the ANSWER survey (men = 8%, and women = 7%).

The data collected among conscripts in 2010 and 2011 (ch-x study) suggest that about 15% of young men between 18 and 20 already may have paid once for sexual intercourse. This proportion is clearly higher than those obtained in EPSS surveys in the general population (5% in 2000 and 4% in 2007).

One third (32%) of ASS migrant women and 11% of ASS migrant men who replied to the ANSWER survey declare having suffered from forced sexual intercourses during their life. In lesser proportions, yet just as worrying, 28% of male SW (mostly MSM) and 18% of female SW who replied to the SWAN survey report having been through such a situation.

The number of condoms intended for the Swiss market strongly increased from 1986 to the early 2000s. It later stabilized around 18 millions of items per year until 2011.

Intravenous use of drugs

The proportion of drug users, among those attending low-threshold services, who resorted to intravenous drug injection (IDU) during the last 6 months clearly decreased between 1996 (86%) and 2006 (56%). The injection during the last month also decreased between 2006 (51%) and 2011 (37%).

Sharing syringes and injection preparation material has also decreased strongly over the last 20 years. Syringes sharing during the last month concerns 5% of participants in the 2011 survey.

The decrease in the total number of syringes delivered monthly to IDU started a little later (in the early 2000s), but is steady ever since.

The access to sterile injection material in deprivation of liberty structures still appears very limited (only 8 out of 110 structures have set up a sterile injection material provision scheme).

The HIV+ (8%) and HCV+ (33%) test rates reported in 2011 among DU show that these two epidemics still require particular attention in this population.

High-risk situations for sexual HIV/STI transmission

Not using a condom upon the last sexual intercourse by persons who have had two or more sexual partners within the last 12 months concerns a non negligible proportion of individuals in the general population (37%) and among SSA migrants (39%).

While the proportion of persons not having used a condom during the last sexual intercourse marginally decreased in the general population between 2007 and 2012 among persons who have had two or more sexual partners within the last 12 months, the proportion of MSM having practiced (active or passive) anal penetration without a condom with an occasional partner has increased steadily from 1992 (16%) until 2014 (30%). This increase was particularly marked among HIV seropositive persons (from 14% in 1992 to 64% in 2014). This rise can be observed with stable partners as well as with occasional partners, and concerns survey participants declaring an undetectable viremia as well as those declaring a detectable viremia. (Gaysurvey data).

The non systematic use of condom during sexual intercourses with penetration with one or several occasional partners during the last 12 months is reported by 41% of SSA migrants, by 30% of MSM and by 44% of DU. Non systematic use of condom during paid sexual intercourses with penetration over the last 30 days is reported by 15% of SW.

Although no direct information on this subject is available, the scientific literature suggests a high HIV and other STI infection risk among transgender persons who engaged in sex work.

Resorting to screening tests and reported prevalence (HIV, other STI, HCV)

A majority of MSM (81%) and DU (91%) have been tested for HIV during their life. As regards the HIV test during the last 12 months, SW (66%), DU (55%), MSM (40%) and SSA migrants (31%) resort to this test in much greater proportions than the general population (5%).

Among tested persons, the reported rates of HIV+ results are rather similar within the studied populations: 11% among SSA migrants, 16% among MSM and 8% among DU. As a reminder, these rates strongly depend on the sampling method and must not be interpreted as seroprevalences within these populations as a whole.

Nearly half of MSM (49%) and SW (48%) participants were tested for other STI over the last 12 months. One positive test result was reported for at least one STI among 17% of tested MSM and 22% of tested SW. Be it for MSM or for SW tested over the last 12 months, the main three positive diagnosed STI are Chlamydia infection, syphilis and gonorrhoea.

About a quarter of MSM (24%) and a little more than half of DU (55%) took the HCV test in the last 12 months. Mainly DU report a positive result for HCV infection (33% of those having taken a test during their life). The reported HCV+ test rates are notably lower among SW (10%), MSM (5%) and SSA migrants (4%).

Access to HIV and HCV care

In 2014, a vast majority of MSM declaring being HIV+ report being on antiretroviral treatment (92%). The proportions of HIV+ participants declaring being on antiretroviral treatment are lower among other populations: they reach 81% among DU and 79% among SSA migrants.

The proportion of persons having followed or currently following an anti VHC treatment was 26% among DU in 2011 and 42% among MSM in 2014.