HIV Risk and Prevalence among Men who Have Sex with Men in New York City

Results from the

2017 National HIV Behavioral Surveillance Study



Background

- NYC has the largest population of men who have sex with men (MSM) of any U.S. city.
- MSM are the largest group of people living with HIV/AIDS by HIV transmission risk, and the majority of new HIV diagnoses in NYC are among MSM.
- HIV case surveillance in NYC show that there were:
 - 1,243 new diagnoses among MSM in 2017
 58% of all new diagnoses and 72% of new diagnoses with known risk
 - 51,591 MSM living with HIV/AIDS as of 2017
 41% of all people living with HIV/AIDS (PLWHA) and 52% of PLWHA with known risk

National HIV Behavioral Surveillance (NHBS)

- Ongoing, cyclical study of three groups at elevated risk for HIV: MSM, persons who inject drugs (PWID), and high-risk heterosexuals
 - Conducted in 22 cities through the U.S.
 - Funded by CDC, designed collaboratively
 - Cross-sectional study design
 - Anonymous, structured interview and HIV testing
- In NYC, the fifth MSM cycle (MSM5) included optional testing for extragenital sexually transmitted infections (STI).

NHBS-MSM5 Objectives

- Determine frequency and correlates of HIV risk behaviors
- Assess HIV testing history and patterns
- Assess exposure to and use of HIV prevention services
- Estimate the prevalence of HIV infection
- Understand trends in HIV risk and prevalence
- Determine the epidemiology of extragenital gonorrhea and chlamydia
- Evaluate the value and feasibility of screening for extragenital STIs in venue-based settings

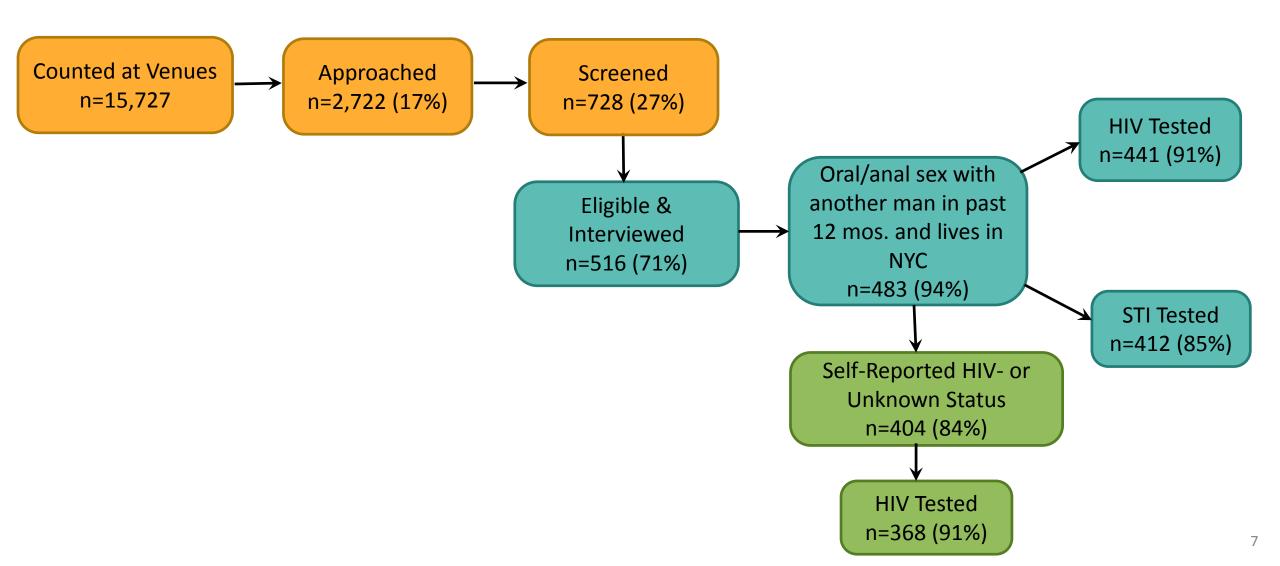
Eligibility Criteria

- Born male and currently identifies as male
- At least 18 years old
- Resident of NYC metropolitan statistical area (MSA)
- Ever had oral or anal sex with another man
- Speaks English or Spanish

Venue-Based Sampling

- Universe of MSM-oriented venues constructed
 - Bars, clubs, parks, restaurants, cruising areas
- Venues randomly selected, placed on monthly calendar
 - Special events or venues also added non-randomly
- Field team sequentially approach men at venue
 - Men must cross an imaginary line; venue volume measured
- Approached men are screened, and if eligible, provide informed consent, are interviewed, and offered testing for HIV and extragenital STIs
- Data were collected June November 2017

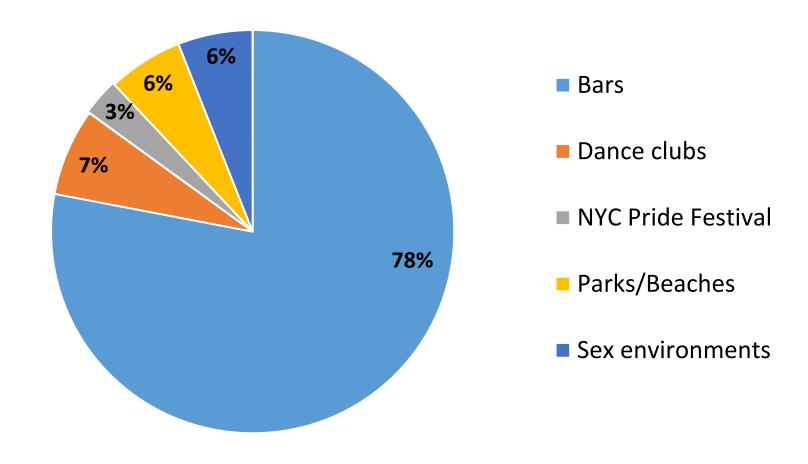
Study Sample



Statistical Analysis

- Analyses restricted to those who live in NYC and reported oral or anal sex with another man in the past 12 months (n=483)
- Basic descriptive frequencies of demographics, risk behaviors, and use of HIV testing and prevention services
- Chi-square tests (categorical variables) and Wilcoxon tests (non-normal continuous variables) were used to compare differences in HIV risks and use of HIV testing and prevention services
 - Most slides focus only on MSM who did not self-report as HIV-positive (n=404), since awareness of HIV infection influences risk
- Overall prevalence of HIV infection determined by HIV test result among those with a confirmed test result (n=435)
 - Awareness of HIV status evaluated among those who tested HIV positive (n=79)

Recruitment Venues



Demographics

Race/Ethnicity		Age	
Hispanic/Latino	31%	18-29	38%
Black	22%	30-39	36%
White	40%	40-49	16%
Other*	5%	50+	11%
Not reported	2%		
Sexual orientation		Birthplace	
Homosexual/Gay	84%	United States	72%
Bisexual	14%	Outside the US	27%
Heterosexual/Straight	1%	Puerto Rico	2%
Unknown	1%		

¹⁰

Demographics

Annual household income (12m)		Education level		
<\$10,000	9%	< High school		2%
\$10,000-\$29,999	23%	High school graduate or some		32%
\$30,000-\$49,999	16%	college		
<u>></u> \$50,000	51%	<u>></u> College graduate		67%
Borough of Residence				
Bronx	11%	Homelessness* (12m)		
Brooklyn	25%	Homeless	8%	
Manhattan	40%	Not homeless	92%	
Queens	23%			
Staten Island	1%			

Sexual Behavior

Number of Male Sex* Partners in Past 12 Months

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)

	Median	Mean	Minimum	Maximum
Main	1.0	1.1	0	30
Casual	5.0	12.6	0	269
All Types	6.0	13.6	1	269

¹³

Median Number of Male Sex* Partners in Past 12 Months by Participants' Race/Ethnicity

NYC NHBS-MSM5, 2017, n=371 (HIV-/Unknown Status)¹

	Hispanic/Latino	Black	White
Main	1.0	1.0	1.0
Casual**	4.0	4.0	6.0
All Types**	5.0	5.0	6.5

^{*}Defined as oral or anal sex **p<0.05 for differences in the number of male sex partners by race/ethnicity; Kruskal-Wallis test ¹Other' race (American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) not shown due to small sample size}.

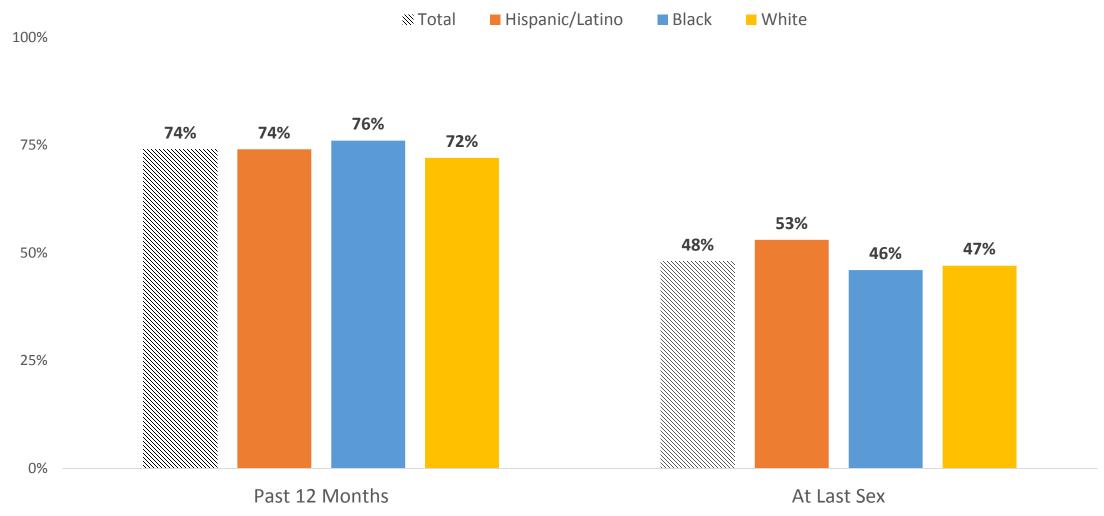
Sexual Behavior

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)

Condomless Anal Sex with a Man (12m)	72%
Condomless Anal Sex with a Man (Last Sex)	47%
Vaginal or Anal Sex with a Woman (12m)	9%
Condomless Vaginal or Anal Sex with a Woman (12m)	4%

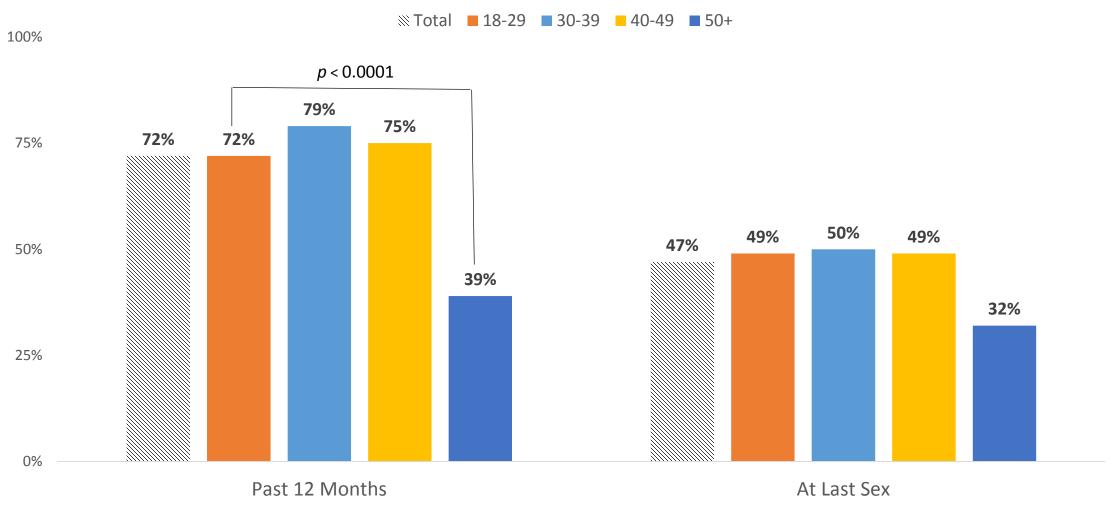
Condomless Anal Sex with a Man in Past 12 Months and at Last Sex by Participants' Race/Ethnicity

NYC NHBS-MSM5, 2017, n=371 (HIV-/Unknown Status)¹



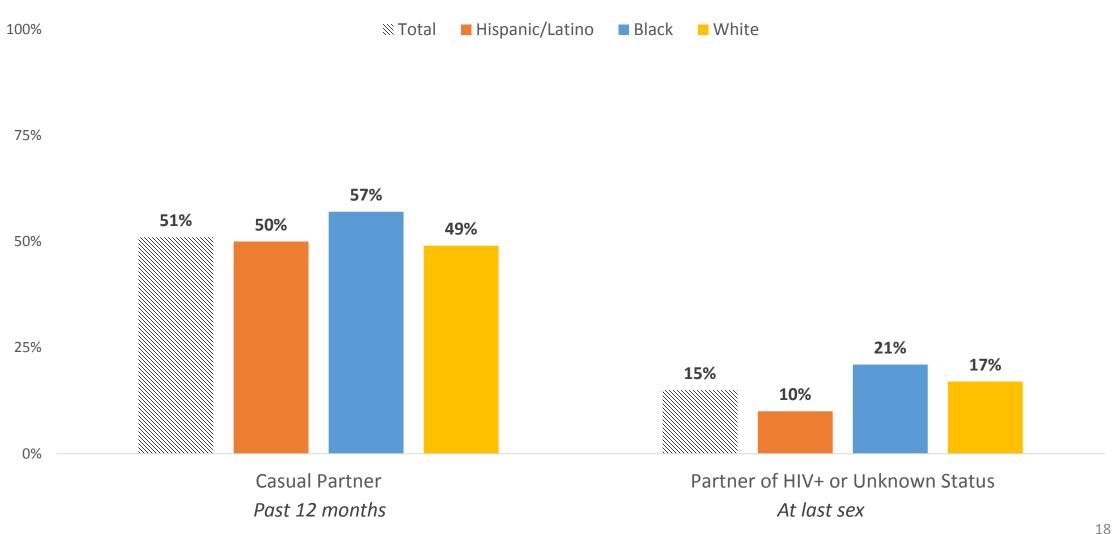
Condomless Anal Sex with a Man in Past 12 Months and at Last Sex by Participants' Age

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)



Male Condomless Anal Sex Partner Characteristics by Participants' Race/Ethnicity

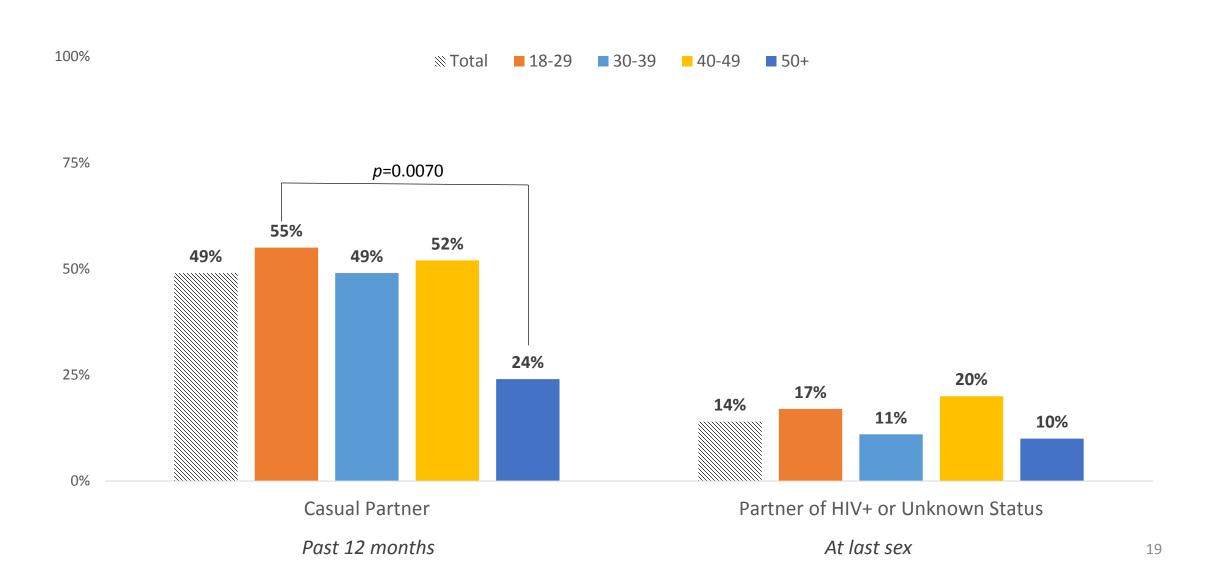
NYC NHBS-MSM5, 2017, n=371 (HIV-/Unknown Status)¹



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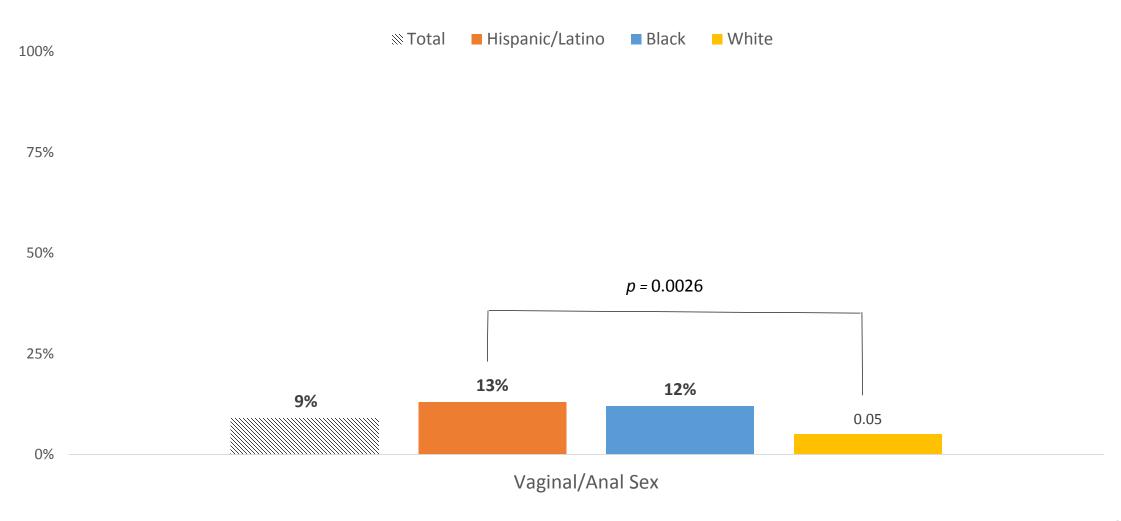
Male Condomless Anal Sex Partner Characteristics by Participants' Age

NYC NHBS-MSM5, 2017, n=395 (HIV-/Unknown Status)



Sex with a Woman in Past 12 Months by Participants' Race/Ethnicity

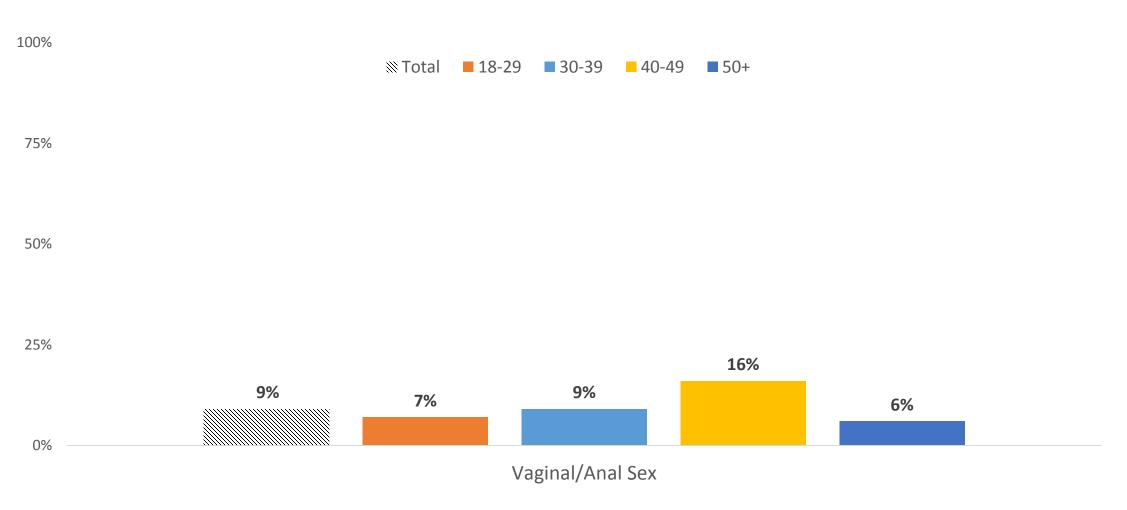
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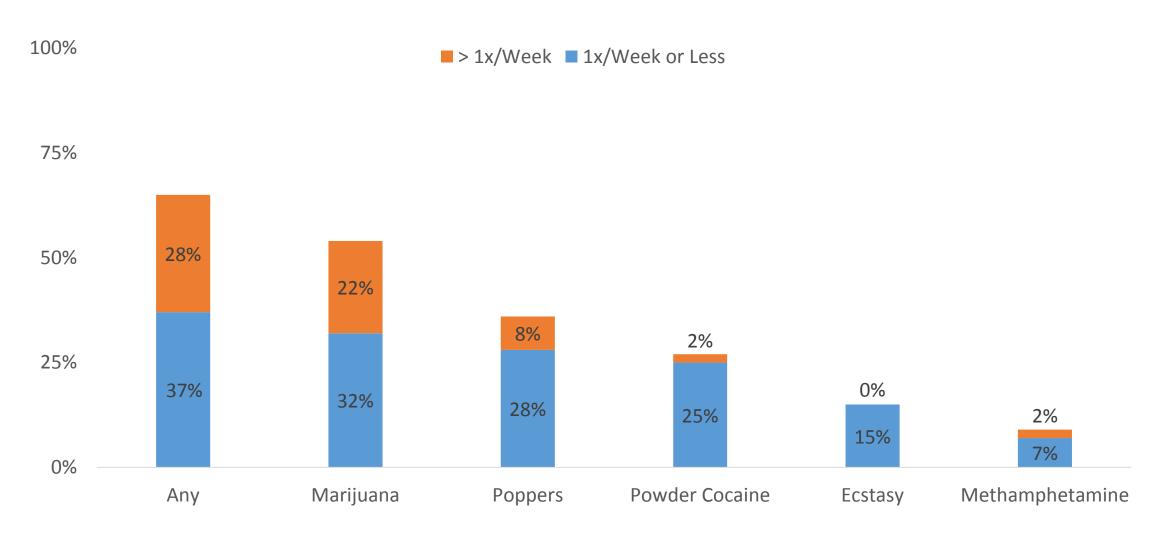
Sex with a Woman in Past 12 Months by Participants' Age

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)

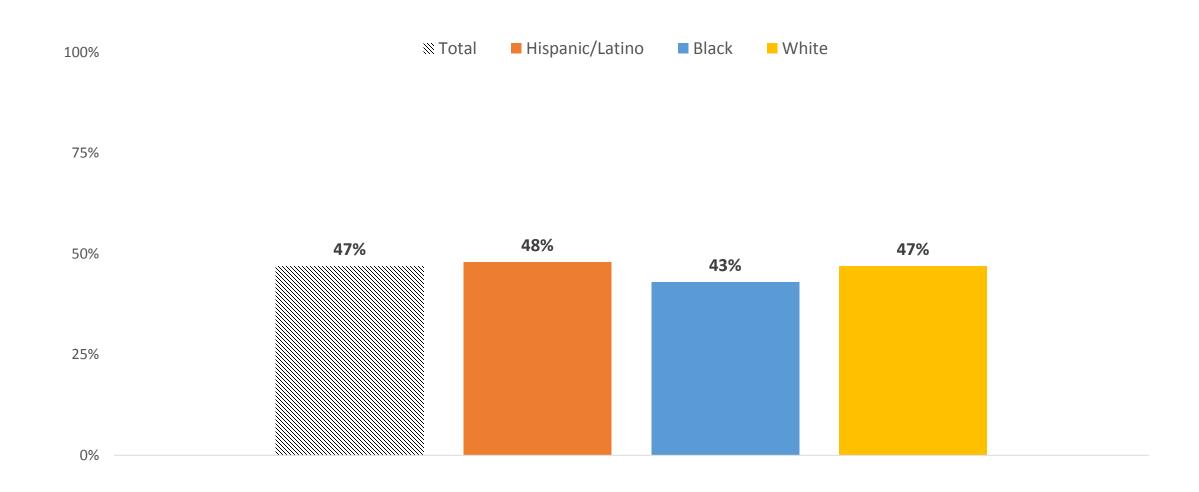


Substance Use

Non-Injection Drug Use in Past 12 Months



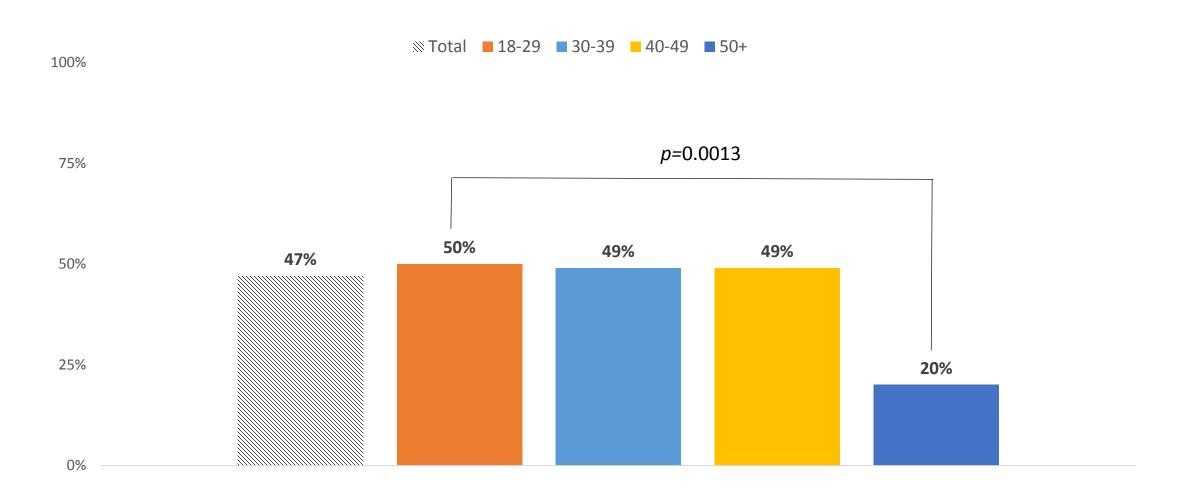
Binge Alcohol Use* in Past 12 Months by Participants' Race/Ethnicity NYC NHBS-MSM5, 2017, n=4431



^{*}Binge alcohol use defined as 5 or more drinks in one sitting.

¹Excludes 'other' race category (American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) due to small sample size.

Binge Alcohol Use* in Past 12 Months by Participants' Age

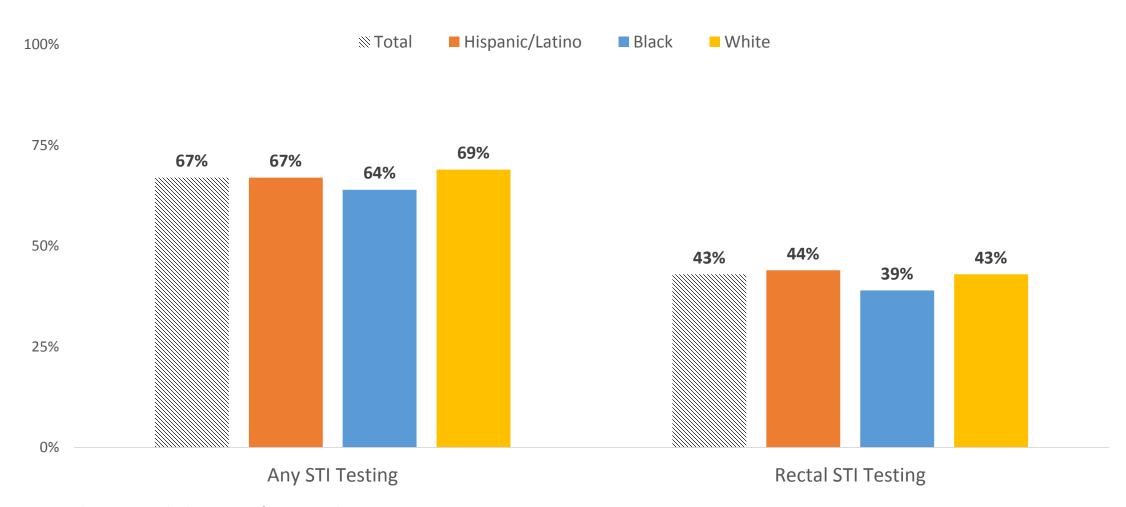


^{*}Binge alcohol use defined as 5 or more drinks in one sitting.

Sexually Transmitted Infections

Self-Reported Sexually Transmitted Infection (STI) Testing* in Past 12 Months by Participants' Race/Ethnicity

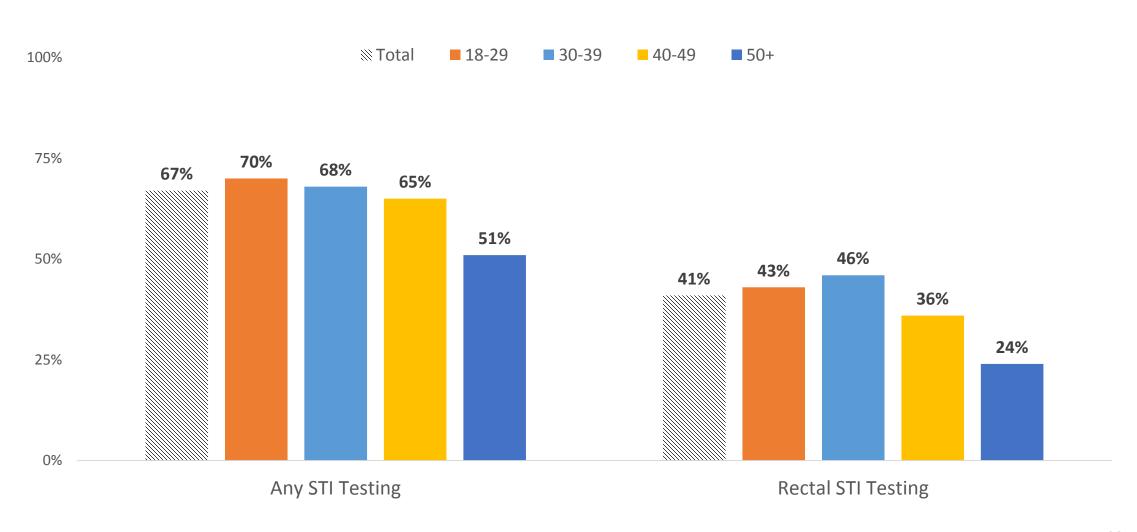
NYC NHBS-MSM5, 2017, n=371 (HIV-/Unknown Status)¹



^{*}STI testing does not include testing for HIV or hepatitis.

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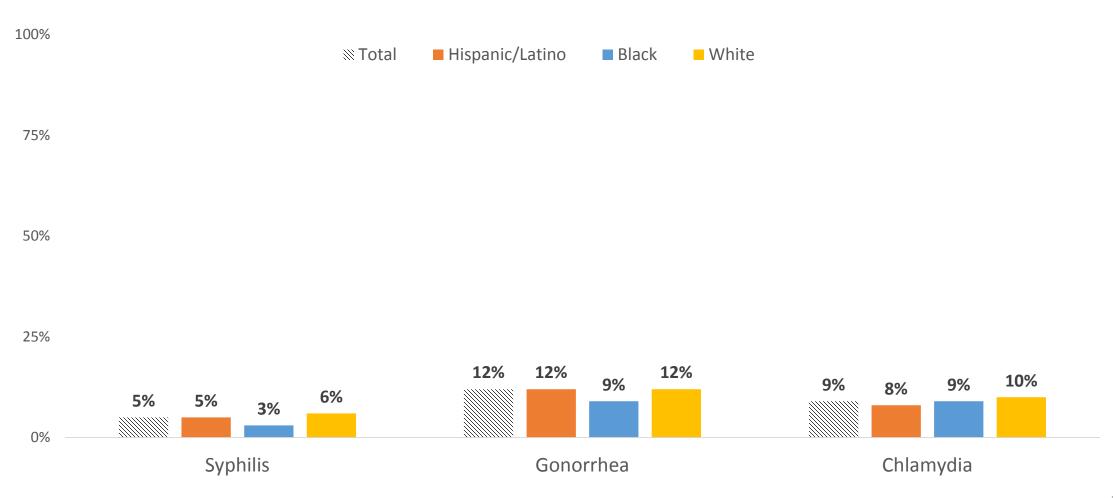
Sexually Transmitted Infection (STI) Testing* in Past 12 Months by Participants' Age NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)



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Self-Reported STI Diagnoses in Past 12 Months by Participants' Race/Ethnicity

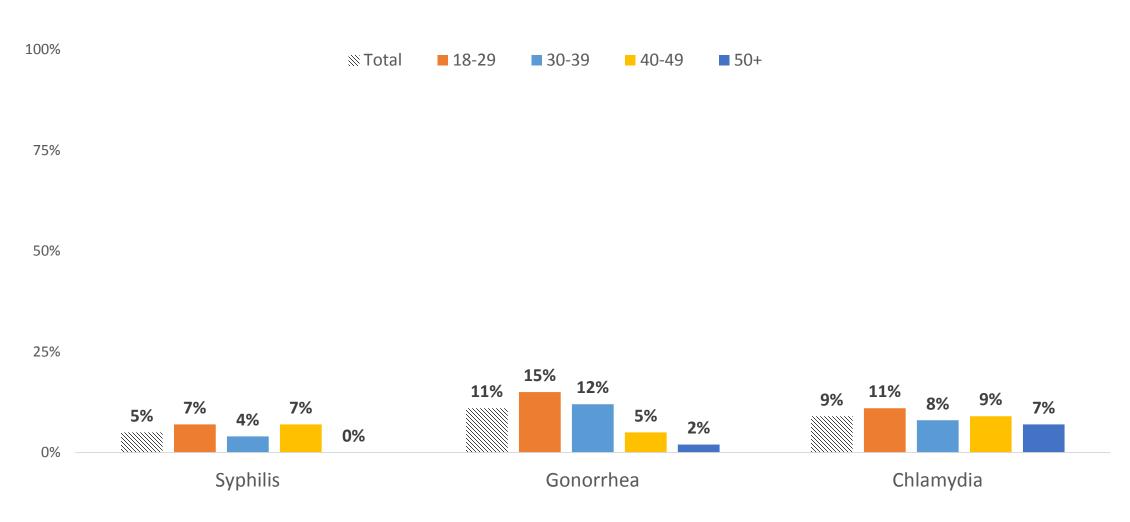
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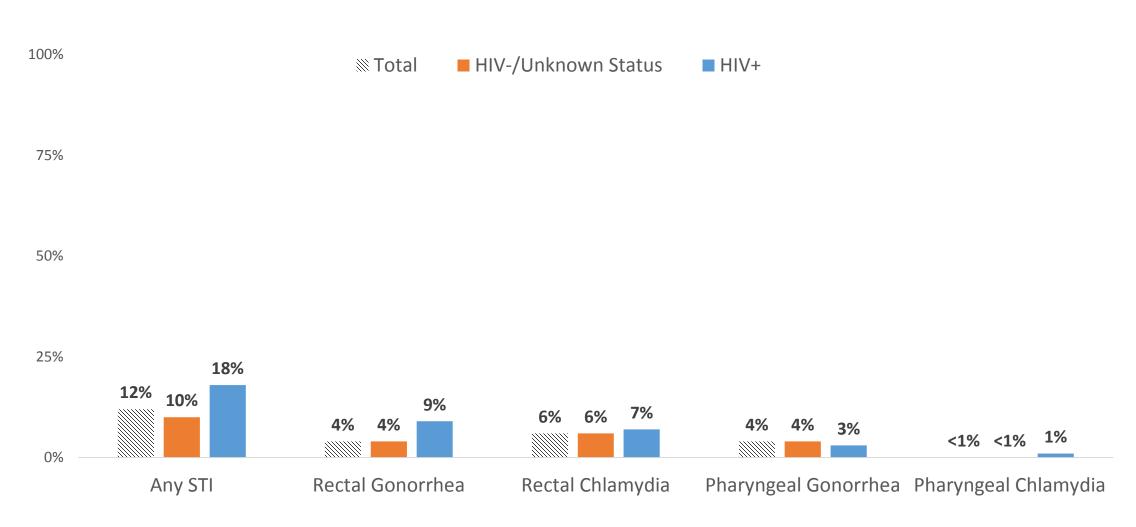
Self-Reported STI Diagnoses in Past 12 Months by Participants' Age

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)



Extragenital STI Prevalence by Self-Reported HIV Status*

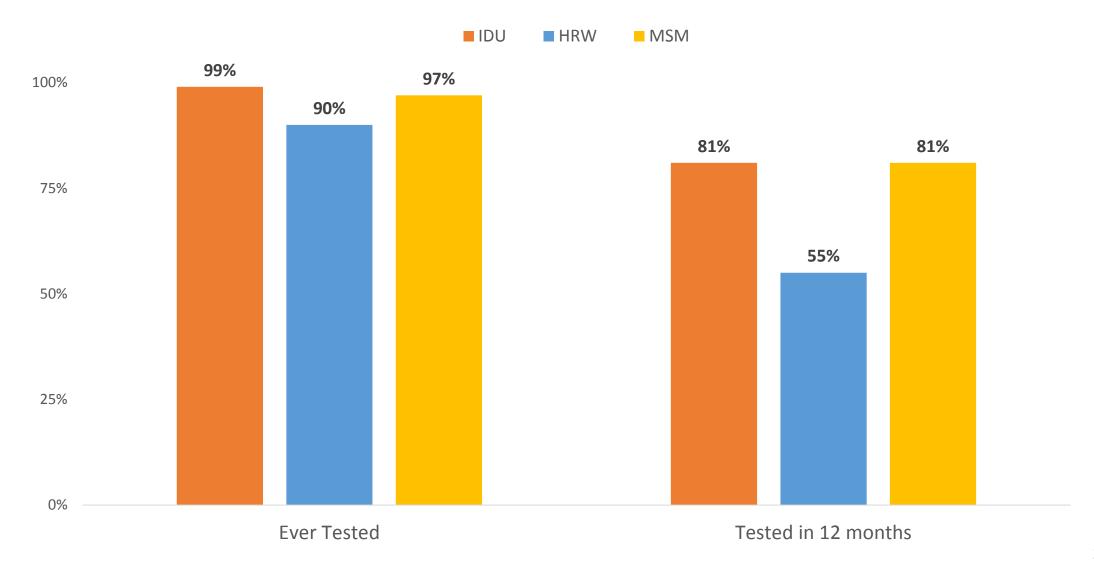
NYC NHBS-MSM5, 2017, n=412 (tested in study)



HIV Testing and Prevention Services

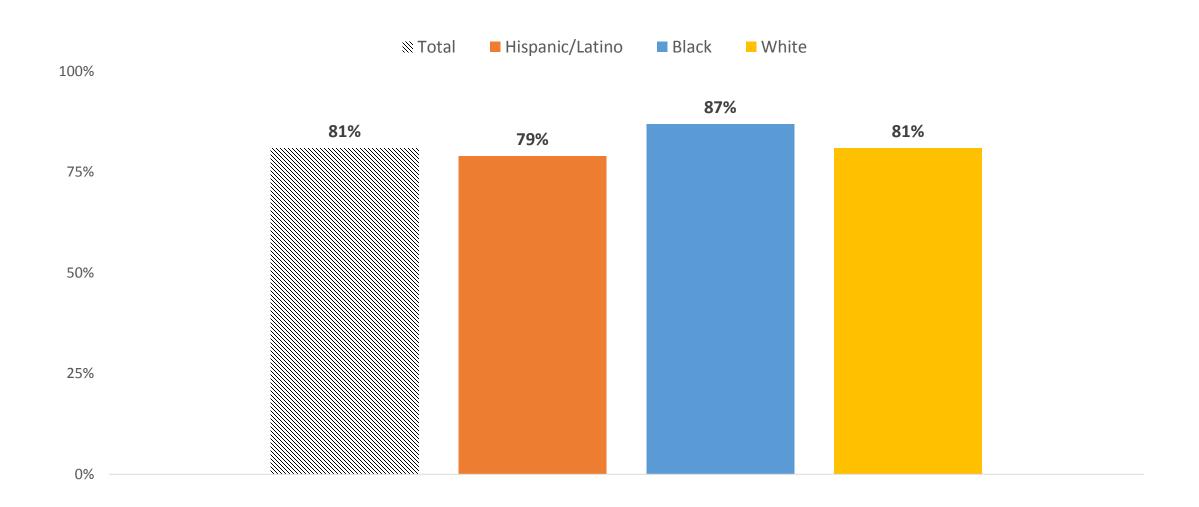
HIV Testing History among MSM Compared to Other NHBS High-Risk Groups

NYC NHBS IDU (2015), HRW (2016)*, and MSM (2017) (HIV-/Unknown status across all cycles)



HIV Testing in Past 12 Months by Participants' Race/Ethnicity

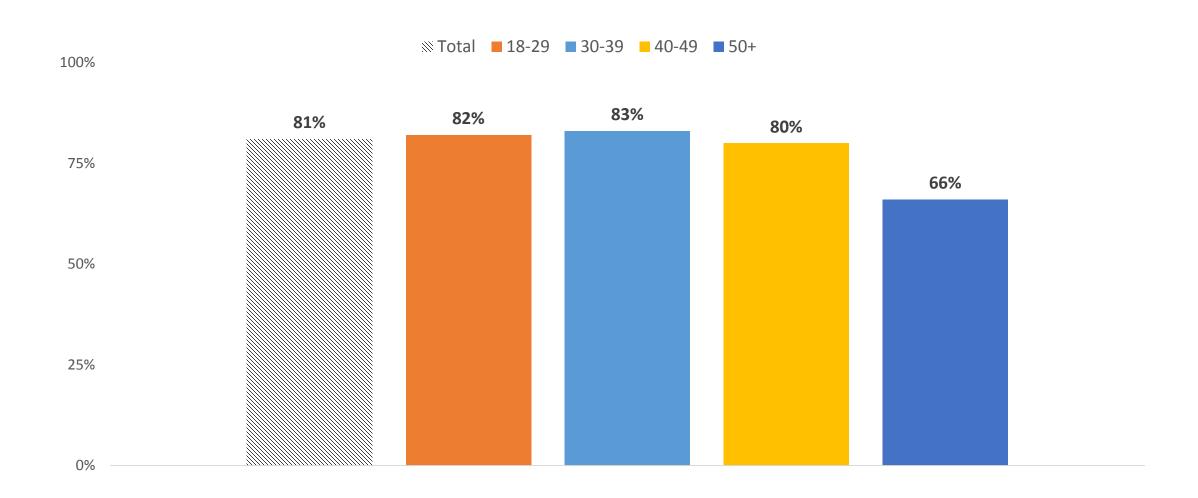
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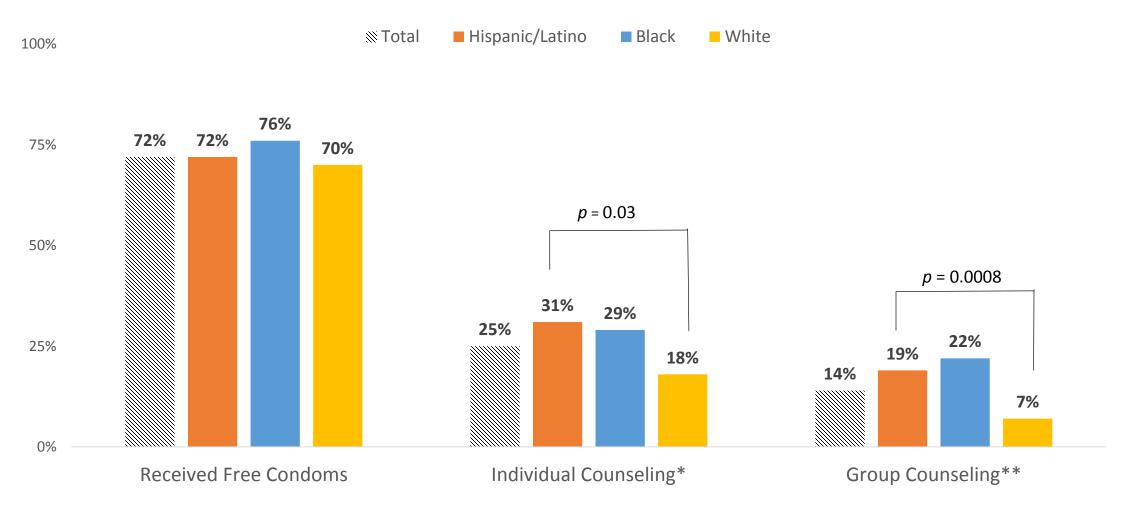
HIV Testing in Past 12 Months by Participants' Age

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)¹



Use of HIV Prevention Services by Participants' Race/Ethnicity

NYC NHBS-MSM5, 2017, n=371 (HIV-/Unknown Status)¹



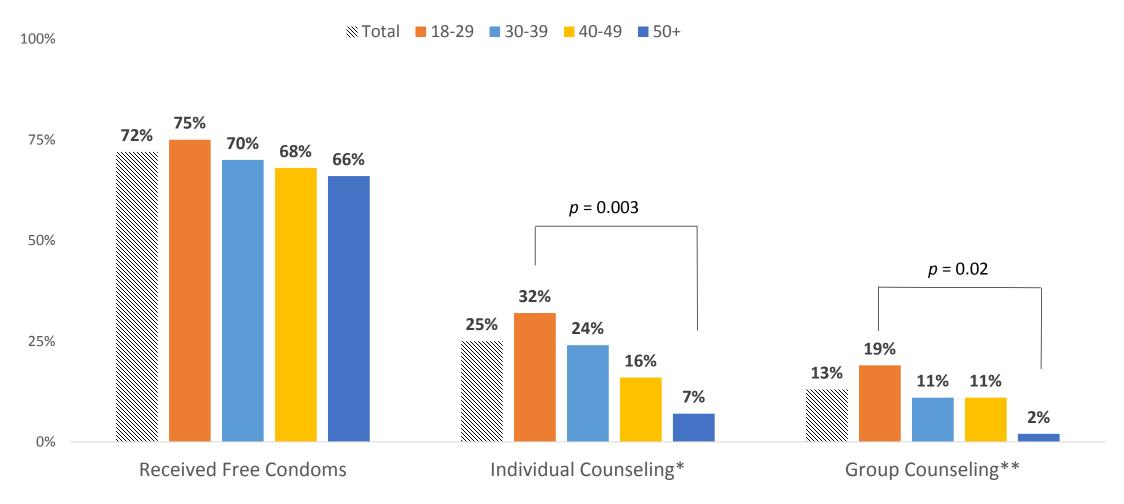
¹Excludes 'other' race category (American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) due to small sample size.

^{*}Defined as a one-on-one conversation with an outreach worker, counselor, or prevention program worker about ways to prevent HIV. Does not include counseling as part of an HIV test. 36

^{**}Defined as any organized session with a small group of people to discuss ways to prevent HIV. Does not include discussions with a group of friends.

Use of HIV Prevention Services by Participants' Age

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)¹



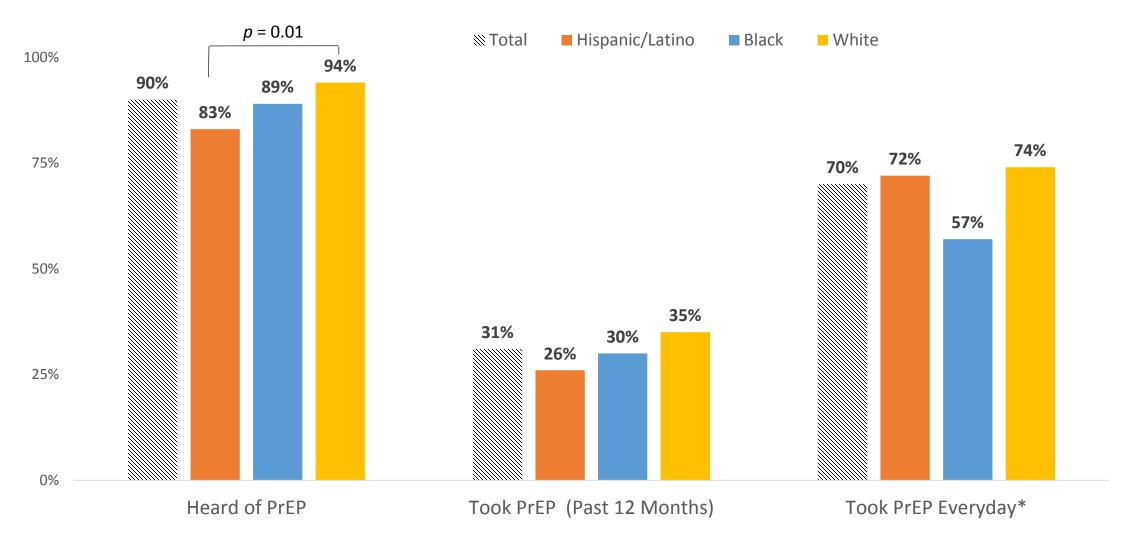
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^{**}Defined as any organized session with a small group of people to discuss ways to prevent HIV. Does not include discussions with a group of friends.

Pre-Exposure Prophylaxis (PrEP) Awareness, Use, and Adherence by Participants' Race/Ethnicity

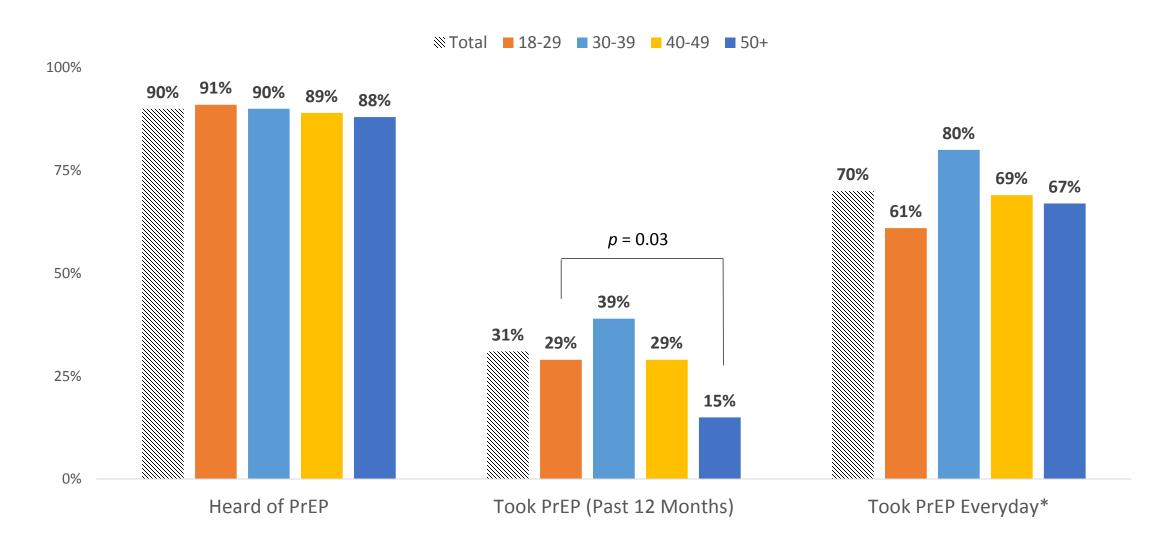
NYC NHBS-MSM5, 2017, n=371 (HIV-/Unknown Status)¹



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PrEP Awareness, Use, and Adherence by Participants' Age

NYC NHBS-MSM5, 2017, n=404 (HIV-/Unknown Status)¹



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HIV Prevalence

HIV Prevalence and Awareness by Race/Ethnicity

NYC NHBS-MSM5, 2017, n=435 (confirmed test result)

	Proportion of Participants Tested in Study	HIV-Positive*	95% CI	Unaware of HIV- Positive Status**
Overall	90.1%	18.2%	14.5%-21.8%	8.9%
By Race/Ethnicity ¹				
Hispanic/Latino	89.9%	21.8%	14.8% - 28.8%	13.8%
Black	91.5%	29.9%	20.8% - 39.0%	6.9%
White	89.2%	10.4%	0.0% - 25.7%	0%

^{*}p=0.0003 for difference in HIV prevalence by race/ethnicity

**n=79

¹Excludes 'other' race category (American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) due to small sample size.

HIV Prevalence and Awareness by Age

NYC NHBS-MSM5, 2017, n=435 (confirmed test result)

	Proportion of Participants Tested in Study	HIV-Positive*	95% CI	Unaware of HIV- Positive Status**
Overall	90.1%	18.2%	14.5%-21.8%	8.9%
By Age				
18-29	91.9%	10.6%	6.0% - 15.2%	5.6%
30-39	93.6%	19.3%	13.2% - 25.4%	39.2%
40-49	84.0%	31.8%	20.3% - 43.2%	25.3%
<u>≥</u> 50	80.4%	24.4%	11.3% - 37.5%	0%

^{*} p=0.0014 for difference in HIV prevalence by age

^{**}Among those who tested HIV-positive (n=79).

Summary of Findings (1)

• Although white MSM reported more sex partners, no statistically significant racial/ethnic differences were found in frequency of unprotected anal sex or in partner characteristics.

 Collection of extragenital samples for STI screenings at MSM venues is a feasible and may catch undiagnosed STI infections.

• Similar levels of PrEP use by race/ethnicity in this sample may reflect disparities in appropriate PrEP coverage given that HIV incidence, and therefore need for PrEP varies across racial/ethnic groups.

Summary of Findings (2)

• Racial/ethnic differences in HIV prevalence and unawareness of HIV-positive status were found, with Latino and black MSM having both higher prevalence and percentage unaware than white MSM.

• In regards to age, although HIV prevalence was highest among those aged 40-49 years, unawareness of HIV-positive status was highest among those aged 30-39 years.

NYC National HIV Behavioral Surveillance Team — MSM5

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