

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF ARIZONA

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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CDC reports that risk behavior increasing among men who have sex with men

Gay, bisexual, and other men who have sex with men are disproportionately impacted by HIV, syphilis, and other STI. This population represents only 2% of the entire U.S. population.

Syphilis rates are increasing among gay and bisexual men, accounting for 70% of all infections. In 2010, young MSM (aged 13-24) accounted for 72% of new HIV infections among all persons aged 13 to 24. By end of 2010, 56% of persons living with an HIV diagnosis in the U.S. were MSM or MSM-IDU.

High STI/HIV incident and prevalence, lack of awareness of STI/HIV status, unprotected anal sex, and lacking or inadequate medical treatment all contribute substantially to new infections among this population.

This report describes the results of the analysis of national behavioral data to determine if HIV risk behaviors and testing has increased among men gay, bisexual, and other men who have sex with men.

Methodology

The CDC analyzed data from the National HIV Surveillance System to estimate the percentage of HIV diagnosis among MSM and data

from the National HIV Behavioral Surveillance System to estimate unprotected anal sex in the past 12 months among MSM in 2005, 2008, and 2011, unprotected discordant anal sex at last sex in 2008 and 2001, and HIV testing history and percent HIV positive but unaware of their status.

Outcomes of the Study

Major findings include:

- In all but two states, the majority of new HIV diagnoses were among MSM in 2001.
- Unprotected anal sex at least once in the past two months increased from 48% in 2005 to 57% in 2011.
- The percentage engaging in unprotected discordant anal sex was 13% in both years 2008 and 2011.
- In 2011, one-third of HIV-positive but unaware MSM reported unprotected discordant anal sex.
- Among MSM with either negative or unknown HIV status, 67% had an HIV test in the past two months.
- Among those tested recently, the percentage HIV-positive but unaware of their infection was 4%, 5%, and 7% among those

tested in the past ≤ 3 , 4-6, and 7-12 months, respectively.

- One-third of MSM had not tested for HIV in the past 12 months.
- Awareness of their HIV-positive status among HIV-negative MSM increased from 56% in 2008 to 66% in 2011 in the 20 cities participating in the NHBS.

Implications for Prevention

This analysis revealed increased risky behavior among men who have sex with men. HIV treatment and risk reduction are valuable HIV control efforts: about eight transmissions would be averted for every 100 persons newly aware of their infection as a result of HIV treatment and risk reduction. Sexually active MSM should be tested at least annually for HIV and other STI.

Reducing the burden of HIV among MSM is fundamental to reducing HIV infection in the United States

SOURCE:

CDC. (2013). HIV testing and risk behaviors among gay, bisexual, and other men who have sex with men -- United States. *MMWR*, 62, 958-962.

Voluntary medical male circumcision increased in Africa

VMMC (voluntary male medical circumcision) has been shown to reduce the risk for heterosexually acquired HIV among men by about 60%. The protection from HIV acquisition conferred by VMMC was sustained for 6 years following surgery.

This report presents the results of VMMC scale-up in nine Southern and Eastern African countries where CDC implemented VMMC services for HIV prevention.

During 2010-2012, about 1 million males were circumcised at CDC-supported sites in the nine countries. VMMC acceptance increased nearly fourfold from years 2010 to 2012. Surgical complications were less than one percent.

Mathematical modeling suggests that reaching 80% VMMC coverage among males aged 15-49 years in the priority countries would require 20.3 circumcisions by 2015, averting 3.4 million HIV infections through 2025 resulting in savings of nearly \$16.5 billion in HIV care and treatment.

SOURCE: CDC. (2013). Voluntary medical male circumcision -- Southern and Eastern Africa, 2010-2012. *MMWR*, 62, 953-957.

Adverse neighborhood conditions impede HIV outcomes

Prior research suggests that neighborhood conditions impact health behaviors, and thus health outcomes.

This study aimed to assess the relationship between neighborhood conditions and HIV management and engagement in high-risk behaviors. Participants were 762 individuals from the St. Louis metropolitan area during routine out-patient HIV clinic visits. Most were male and African American.

Individuals residing in neighborhoods with higher poverty rates were more likely to have lower CD4 cell counts and be current smokers. In neighborhoods with higher rates of unemployment, individuals were less likely to have a current antiretroviral prescription. In more racially segregated neighborhoods, individuals reported more depressive symptoms.

The study concluded that neighborhood characteristics contribute to disparities in HIV care. Interventions that address neighborhood conditions as barriers to HIV management may result in improved health outcomes.

SOURCE: Shacham, E., et al. (2013). Are neighborhood conditions associated with HIV management? *HIV Medicine*, 14, 624-632

Anal cancer risk increased from HIV and HPV infection

Data from 1,200 men found that older men (40-69 ages) who have sex with men are at higher risk of infection from the strains of HPV that cause anal cancer. HIV-infected participants taking ART had a lower risk of acquiring the HPV infections that cause cancer. Not using tobacco lowered the risk of HPV infections.

SOURCE: Wiley, D. J., et al. (2013). Factors affecting the prevalence of strongly and weakly carcinogenic and lower-risk human papillomavirus in anal specimens in a cohort of men who have sex with men (MSM). *PLoS ONE*. doi: 10.1371/journal.pone.0079492.

19% of persons with HIV are older adults

Americans aged 55 and older accounted for 19% (217,300) of the estimated 1.1 million people living with HIV infection in the United States in 2010. Older Americans are more likely than younger Americans to be diagnosed with HIV infection later in the course of their disease.

SOURCE: CDC. (2014). CDC Fact Sheet: HIV among older adults Atlanta, GA.

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Arizona, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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