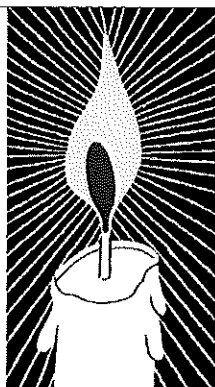


RAP* Time



RURAL CENTER *for*
AIDS/STD PREVENTION

DEPARTMENT OF APPLIED HEALTH SCIENCE

INDIANA UNIVERSITY SCHOOL OF PUBLIC
HEALTH-BLOOMINGTON

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

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One in ten Hispanic immigrant/migrant MSM reported bacterial STI in past 12 months

In 2014, the CDC reported that the rates of syphilis, chlamydia, and gonorrhea among Hispanics were twice as high as among non-Hispanic white ethnicities.

Hispanic immigrants and migrants account for 53% of the total Hispanic adult population in the United States and 6.5% of the total US population. STI prevalence estimates among Hispanic immigrant/migrant men who have sex with men are not currently available.

Hispanic immigrant/migrant MSM should be at a higher risk for STI/HIV infection than other MSM populations in the US given individual-level factors associated with the migrant process theorized to increase susceptibility.

This study analyzed demographic characteristics, sexual risk behaviors, migration patterns, and factors related to the diagnosis of three bacterial STI in the past 12 months among Hispanic immigrant/migrant MSM.

Methodology

During 2005-2007, foreign-born men and women Hispanics were surveyed at three community-based organizations with services to immigrant/migrant communi-

ties in the US. The sample was restricted to immigrant/migrant Hispanic men (N=302) who reported sex with a man in the past two months and reported whether he had a STI test (syphilis, chlamydia, gonorrhea) in past 12 months.

Outcomes of the Study

79% were born in Mexico. 38% were younger than 26 years of age. Major findings include:

- In the past 12 months, 58% of the participants reported anonymous sex, and 57% reported having sex under the influence of alcohol or drugs.
- In the past 12 months, 49% of the participants reported more than five partners, 39% reported unprotective receptive anal intercourse, 32 reported giving money or goods for sex, and 8% received money or goods for sex.
- 29% of the participants reported that they received a bacterial STI diagnosis in the past year.
- In the past 12 months, 1% of the participants reported a syphilis diagnosis, 2% reported a gonorrhea diagnosis, and 2% reported a chlamydia diagnosis.
- Only 38% of participants reported ever having been tested for HIV.

- Participants receiving money or goods for sex was significantly associated with self-reported STI diagnosis.
- The prevalence of bacterial STIs among these Hispanic immigrant/migrant MSM is lower than the prevalence of bacterial STIs among other MSM in the US.

Implications for Prevention

This investigation of immigrant/migrant Hispanic men who reported having had sex with men found that almost 10% reported a diagnosis of bacterial STI infection in the previous 12 months. This diagnosis was significantly associated with receiving money or goods for sex.

HIV/STI prevention interventions tailored to non-gay identifying men who have sex with men are important for Hispanic immigrant/migrant MSM.

SOURCE:

Valverde, E. E., et al. (2016). Sexually transmitted infection diagnosis among Hispanic immigrant and migrant men who have sex with men in the United States. *International Journal of STD & AIDS*, 27, 1162-1169.

Syringe exchange increased but sharing continues

In 2014, 9% of HIV diagnoses was among persons who inject drugs (PWID).

HIV diagnoses among black/African American and Hispanic/Latino PWID decreased about 50% during 2008-2014. Blacks now comprise 19% of new PWID in 22 cities, down from 38% in 2005. Syringe sharing also decreased for these groups.

HIV diagnosis among urban white PWID decreased 28% during 2008-2014 but the decline stopped in 2012. Whites continue to have the highest rate of syringe sharing and now make up over 50% of new PWID.

Among PWID who received all their syringes from sterile sources in the past year, 13% shared syringes; 41% who did not receive all their syringes from sterile sources shared syringes. More than half (54%) PWID reported using a syringe services program (SSP) in 2015 compared to 36% in 2005. Greater access to desperately needed, particularly in rural areas.

SOURCE: Wejnert, C., et al. (2016). Vital signs: Trends in HIV diagnoses, risk behaviors, and prevention among persons who inject drugs--United States. *MMWR*, 65, 1336-1342.

PrEP could have impact for MSM HIV epidemic in Europe

Even with increased antiretroviral treatment programs, the annual number of new HIV infections remains high and not declining among men who have sex with men. Possibly ART will not alone turn around the course of the HIV epidemic.

Additional tools are needed, and PrEP could be an important additional prevention strategy. PrEP is a new type of biomedical prevention which involves the use of antiretrovirals before, during, and after periods of sexual exposure to HIV. Research has shown that oral PrEP provides high levels of protection from HIV infection provided that adherence is high and that it is safe. The efficacy of both event-driven and daily PrEP for the prevention of HIV among MSM is now confirmed.

PrEP might not be a successful HIV prevention strategy itself. However, it will remain an effective additional tool. PrEP has the potential to be a game changer in international efforts to combat HIV.

SOURCE: Reyniers, T., et al. (2016). Pre-exposure prophylaxis (PrEP) for men who have sex with men in Europe: Review of evidence for a much needed prevention tool. *Sexually Transmitted Infections*. doi: 10.1136/sextrans-2106-052699.

Life expectancy of HIV+ persons near of those not infected

A Denmark study shows that with optimal care life expectancy of HIV+ persons approach those not infected from study periods of 1995 to 2015. The estimated median age of death for a 25-year of HIV-infected person increased from 35 years in 1995 to 1996, to 52 years in 1997 to 1999, 63 years in 2000 to 2004, to 67 years in 2005 to 2009, and to 74 years in 2010 to 2015. The general Denmark life expectancy is 80 years.

SOURCE: Lohse, N., et al. (2016). Update of survival for persons with HIV infection in Denmark. *Annals of Internal Medicine*, 165, 749-750.

WHO declare end of Zika emergency

The World Health Organization declared in November 2016 that the Zika virus and related neurological complications no longer constitute an international emergency. WHO said Zika is here to stay and will continue to work on the outbreak through a robust program.

SOURCE: WHO declares end of Zika emergency but still needs action. *Medscape*. November 18, 2016.

RAP* Time is a monthly AIDS and other sexually transmitted diseases prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington.

RCAP is located within the Department of Applied Health Science, Indiana University School of Public Health-Bloomington. The major focus of RCAP is the promotion of AIDS/STD prevention in the American rural communities, with the goal of reducing HIV/STD incidence. RCAP began operations on March 1, 1994.

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