



Men Who Have Sex With Men

HIV affects many different populations of all ages, races and/or ethnicities, and identities; however men who have sex with men (MSM) continue to be heavily impacted by the HIV epidemic. MSM are defined as males with a lifetime history of any male-to-male sexual contact. According to the Centers for Disease Control and Prevention (CDC), MSM are more severely affected by HIV than any other population in the United States. Overall, recent national data shows that diagnoses among MSM have increased from 2005 to 2014; approximately 54% of persons in the United States (US) diagnosed with HIV were MSM.¹

In Virginia, an estimated 6.2% of adult males aged 18 years or older are MSM. Approximately 6.7% of White, non-Hispanic (NH), 5.2% Black, NH, and 6.4% Hispanic/Latino males in Virginia are estimated to be MSM in Virginia.² As of December 31, 2015, 47% of persons living with HIV (PLWH) in Virginia identified male-to-male sexual contact as the primary mode of HIV transmission.

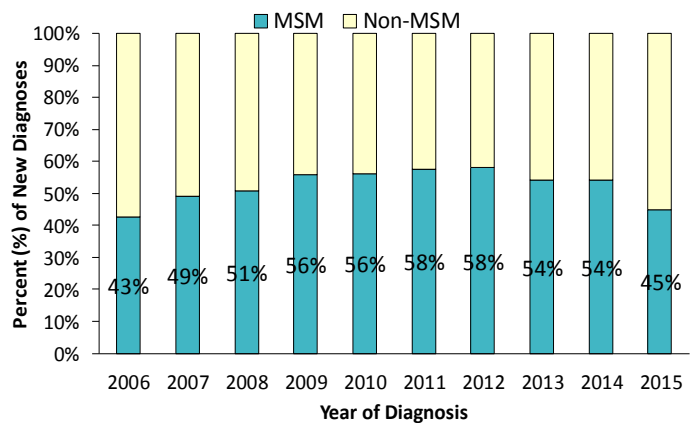
Due to the disparity of HIV diagnoses among MSM as compared to other populations, national, state, and local organizations work together to support HIV prevention services for MSM. In addition to providing HIV testing, support services, and a focus on culturally appropriate HIV medical care for MSM, the recent introduction of biomedical approaches to HIV prevention are compelling. PrEP, or Pre-Exposure Prophylaxis, is a medication for persons with risk behaviors for HIV to take once a day to reduce the chance of acquiring HIV. By taking this one-pill regimen daily as directed, PrEP can reduce the risk of HIV by over 90%, and a person's risk is even lower with condom use and other HIV prevention methods.³

Effective and comprehensive HIV prevention and care strategies for MSM can greatly improve health outcomes for MSM living with HIV in Virginia and nationwide.

HIV DISEASE DIAGNOSES

On average from 2006 to 2015, 52% of the total number of newly diagnosed HIV cases in Virginia were among MSM (Figure 1). Although 45% of the newly diagnosed HIV cases in 2015 were among MSM, there appears to be a slight decrease in the number of new diagnoses attributed to male-to-male sexual contact from previous years. The 2015 data is still considered preliminary and should be interpreted with caution.

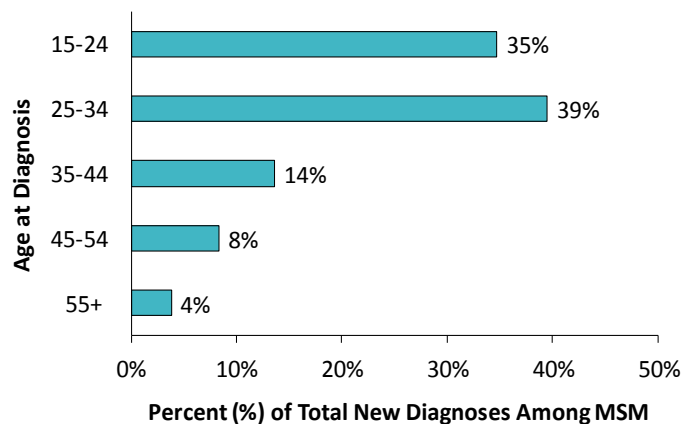
Figure 1: New HIV Disease Diagnoses among MSM, 2006-2015



By Age at Diagnosis

Among the 413 new HIV diagnoses among MSM in 2015, 74% were diagnosed between the ages of 15 and 34 years (Figure 2). Overall, there was a 28% increase in the number of MSM diagnosed with HIV ages 15 to 34 from 2006 to 2015.

Figure 2: Age of Diagnosis Distribution of New HIV Disease Diagnoses among MSM, 2015

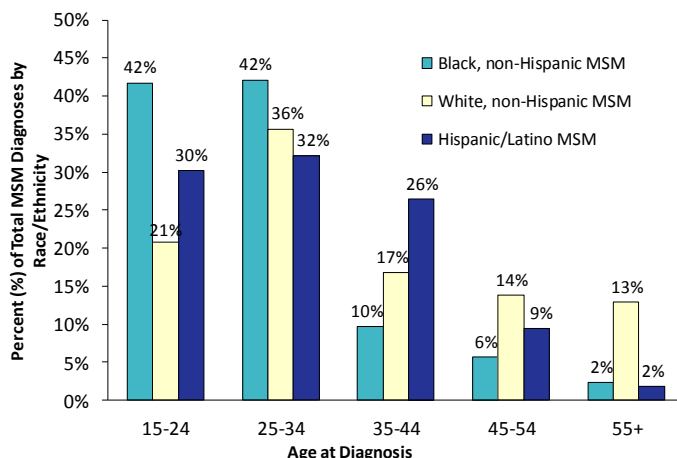


By Race/Ethnicity

In 2015, 59% of the new HIV diagnoses among MSM were Black, NH, followed by 24% White, NH, and 11% Hispanic/Latino, mirroring the race/ethnicity distribution for all new HIV cases diagnosed in Virginia in 2015. Approximately 2% of new MSM diagnoses in 2015 were Asian/Hawaiian/Pacific Islander. Overall, the distribution of newly diagnosed HIV cases among MSM by race/ethnicity group has remained relatively stable over the past 10 years.

Although new HIV diagnoses among Black, NH MSM overall have remained relatively stable over the past decade, similar to national trends¹, new HIV diagnoses among young Black MSM aged 15 to 34 years have increased from 2006 to 2015. In 2015, Black MSM aged 15 to 34 years represented 84% of all new HIV diagnoses among all Black MSM. From 2006 to 2015 in Virginia, there was an 88% increase in the number of new HIV diagnoses among young Black MSM. Young Hispanic/Latino MSM made up 62% of all Hispanic/Latino MSM diagnosed in 2015, and over half (56%) of new diagnoses in 2015 among White MSM were 15 to 34 years of age. White MSM were more likely to be older at age of diagnosis, as 27% of White MSM were newly diagnosed in 2015 at 45 years or older, compared to 11% of Hispanic/Latino MSM and 8% of Black MSM. (Figure 3).

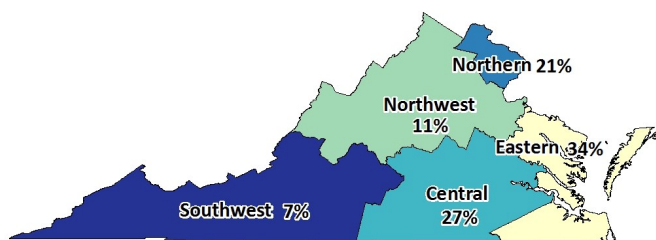
Figure 3: Age at Diagnosis by Race/Ethnicity among Newly Diagnosed MSM, 2015



By Health Region

Virginia consists of five health regions: Eastern, Central, Northern, Northwest, and Southwest. In 2015, 34% of the new HIV diagnoses among MSM were diagnosed in the Eastern region, followed by Central at 27%, and Northern at 21%. The Northwest region represented 11% of the new HIV diagnoses among MSM, and 7% of MSM were newly diagnosed in the Southwest (Figure 4).

Figure 4: Percentage of New HIV Diagnoses among MSM by Health Region in Virginia, 2015

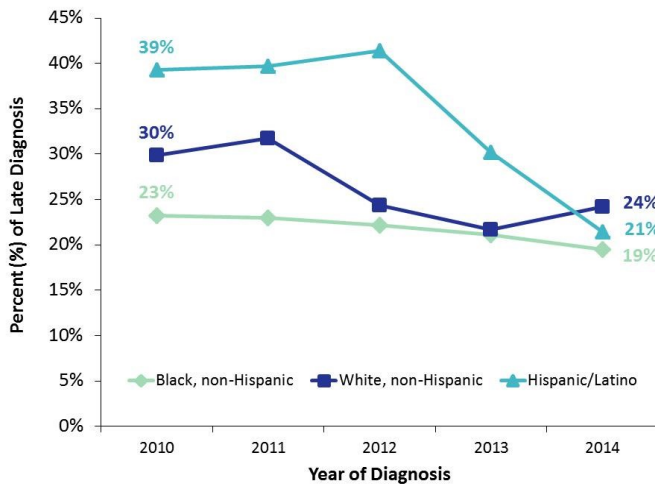


In the Eastern region, a majority of the newly diagnosed MSM in 2015 were Black, NH (73%) and diagnosed between the ages of 15 and 34 (84%). The Central region displayed similar demographics; seventy-two percent of new diagnoses among MSM in 2015 were Black, and 77% were diagnosed at 15 to 34 years of age. New diagnoses among MSM in the Northern region showed a slightly different demographic, as Hispanic/Latino MSM represented the highest percentage of new diagnoses among MSM in the Northern region, at 38%. MSM diagnosed in the Northern region were also more likely to be older at age of diagnosis; approximately 58% were diagnosed between the ages of 25 and 44. Fifty-eight percent of new MSM diagnoses were Black, NH in the Northwest, and 56% were diagnosed between the ages of 25 and 44 years. The Southwest region was the only region with more new HIV diagnoses among White MSM (52%), and the majority of MSM (48%) were diagnosed between the ages of 25 and 34 years.

LATE DIAGNOSIS

Early knowledge of HIV infection can improve a person's health outcomes and help prevent further HIV transmission. Late diagnosis is defined as having an initial AIDS diagnosis or having an AIDS diagnosis within 12 months of an HIV diagnosis. To determine late diagnosis, one year of follow-up from the first HIV diagnosis is needed to see if a person is also diagnosed with AIDS in that year. Because of this reason, the most recent year of data available in Virginia is 2014. In 2014, 21% of MSM were diagnosed late. White MSM (24%) had higher rates of late diagnosis than Hispanic/Latino MSM (21%) or Black MSM (19%) in 2014. However, from 2010 to 2014, Hispanic/Latino MSM had the highest rate of late diagnosis as compared to White or Black MSM (Figure 5).

Figure 5: Late Diagnosis among MSM by Race/Ethnicity, 2010-2014



HIV/AIDS PREVALENCE

As of December 31, 2015, there were 11,563 MSM living with HIV in Virginia, 47% of whom had progressed to an AIDS-defining condition.

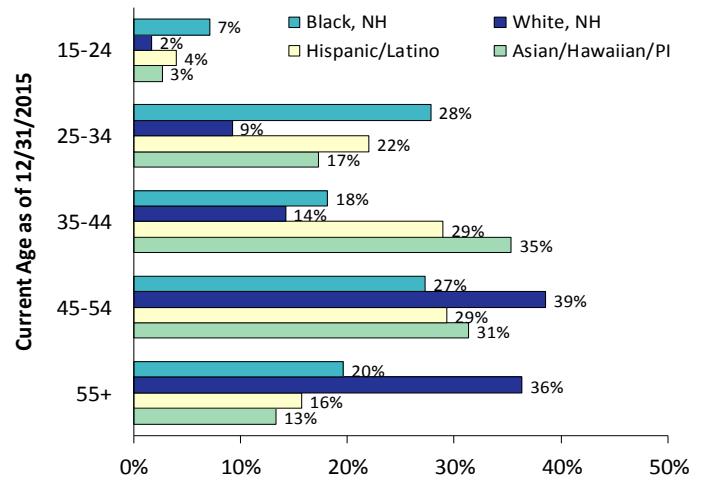
By Current Age and Race/Ethnicity

A greater number of persons are living longer with HIV due to advances in medical treatment and care. As of December 31, 2015, over half (58%) of MSM living with HIV were 45 years of age or older.

Forty-seven percent of MSM living with HIV as of December 31, 2015 were Black, NH, followed by 41% White, NH. Hispanic/Latino MSM represented 8% of the HIV-positive MSM population, and 1% were Asian/Hawaiian/Pacific Islander. Compared with the overall HIV epidemic in Virginia, there is a higher proportion of White MSM (41%) than White PLWH (29%) in Virginia. In addition, there was a lower proportion of Black MSM (47%) than Black PLWH (59%) in Virginia.

By current age and race/ethnicity, Black, NH MSM and Hispanic/Latino MSM were more likely to be living with HIV at a younger age at the end of 2015. Thirty-five percent of Black MSM and 26% of Hispanic/Latino MSM were 34 years of age or younger at the end of 2015, as compared to 20% of Asian/Hawaiian/Pacific Islander MSM and 11% of White MSM (Figure 6).

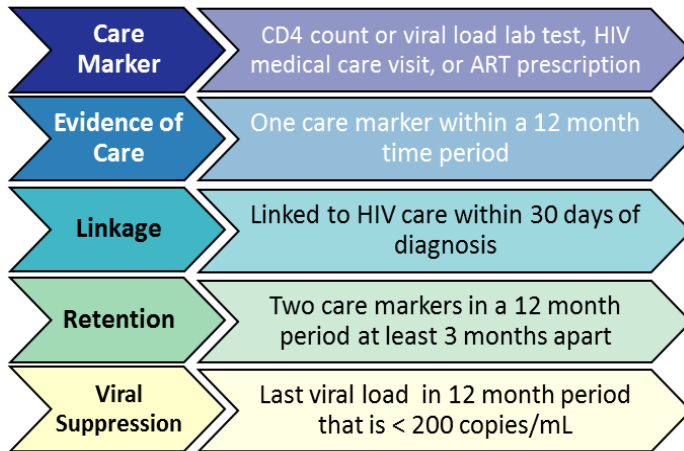
Figure 6: MSM Living with HIV by Race/Ethnicity and Current Age as of December 31, 2015



By Health Region

Over half of MSM living with HIV were residing in the Northern (30%) or Eastern (29%) health regions of Virginia at the end of 2015. Approximately 22% of MSM living with HIV were in the Central region, followed by the Southwest region at 9%, and the Northwest region at 8%. The three top localities of Fairfax County (Northern), Richmond city (Central), and Norfolk city (Eastern) represented 31% of all MSM living with HIV in Virginia as of December 31, 2015.

Figure 7: HIV Care Continuum Definitions



The HIV Care Continuum (HCC) is a framework for assessing health outcomes among PLWH in Virginia. Figure 7 shows definitions for the HCC health outcomes of linkage, retention, and viral suppression. Evidence of HIV care is defined through a “care marker”: a CD4 or viral load test, HIV medical care visit, or antiretroviral (ART) prescription. In 2015, out of 11,563 MSM living with HIV in Virginia, 58% had evidence of HIV care, 45% were retained in HIV care, and 44% were virally suppressed in 2015. Among the 413 newly diagnosed HIV cases among MSM in 2015, 70% were linked to HIV care within 30 days. Compared to the overall HCC in Virginia, MSM living with HIV show similar health outcomes to all PLWH in Virginia.

¹ HIV Among Gay and Bisexual Men. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/hiv/group/msm/index.html>

² Lieb, S., Fallon, S.J., Friedman, S.R., Thompson, D.R., Gates, G.J., Liberti T.M., Malow R.M. (2011). Statewide estimation of racial/ethnic populations of men who have sex with men in the U.S. *Public Health Reports*, 126(1): 60-72. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001824/>

³ HIV PrEP Guidelines Press Release. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/nchstp/newsroom/2014/PrEP-Guidelines-Press-Release.html>

⁴ HIV Among African American Gay and Bisexual Men. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/hiv/group/msm/bmsm.html>

Figure 8: HIV Care Continuum among MSM versus PLWH in Virginia, 2015

