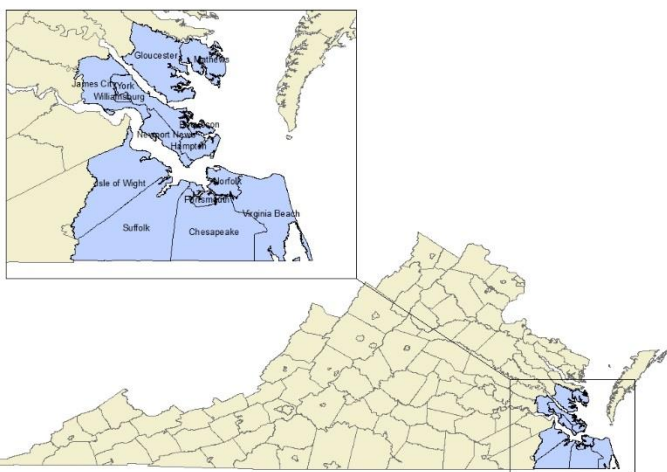


National HIV Behavioral Surveillance (NHBS) is the Centers for Disease Control and Prevention’s (CDC) surveillance project that collects behavioral data and conducts anonymous HIV testing among persons at increased risk for acquiring HIV¹. NHBS collects data in 22 urban areas with high prevalence of HIV, each of which rotate data collection between three key populations: men who have sex with men (MSM), persons who inject drugs (PWID), and heterosexual persons at increased risk of HIV infection (HET). Virginia conducts NHBS activities in the Hampton Roads Metropolitan Statistical Area (MSA) — Figure 1. NHBS participants answer sociodemographic, behavioral, and health-related questions during a face-to-face interview and, for those who agree to HIV testing, receive an HIV test. This fact sheet presents data for HET in Virginia who completed the 2019 NHBS interview.

Figure 1. Hampton Roads Metropolitan Statistical Area (MSA)



SAMPLE RECRUITMENT AND ELIGIBLTY

In 2019, NHBS participants were recruited through a process called respondent driven sampling, in which participants recruit other people they know to participate. All interviews were conducted at one of two field sites (Norfolk or Newport News) from June–November 2019. Individuals were eligible to complete the NHBS survey and receive HIV testing if they lived in the Hampton Roads MSA, were aged 18-60 years, had sex with someone of the opposite sex in the past 12 months, reported low socioeconomic status defined as either no more than high school education or income below the Federal poverty line², did not report injection drug use during the past 12 months, did not identify as transgender, and could provide informed consent and complete the survey³. Virginia NHBS screened 864 persons for participation, of which 685 were eligible and completed the survey (79%). Among those who completed the survey, 678 (99%) received an HIV test and 562 (82%) were considered high-risk heterosexuals — Figure 2. The remainder of this fact sheet will focus on the 562 HET participants who completed the survey.

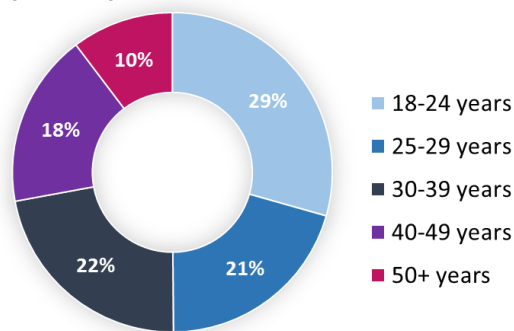
Figure 2. NHBS Eligibility, Hampton Roads MSA, 2019



SOCIODEMOGRAPHIC CHARACTERISTICS

Among the 562 participants, the majority lived in either Newport News (43%) or Norfolk (38%). Fifty-four percent of participants were female and 46% were male. The majority of participants were black (87%); 4% were Hispanic, 1% were white, and 8% reported some other race. Participants ranged in age from 18 to 60 years, and the median age was 30 years. Persons aged 18 to 24 years represented 29% of the sample — Figure 3. More than half of participants had completed high school or received a GED (52%) and an additional 25% reported less than a high school education. At the time of the NHBS survey, 50% of participants reported being employed (29% full time, 21% part time), 25% reported being unemployed, and 13% reported being unable to work for health reasons. Twenty percent of participants reported homelessness in the past 12 months and 31% of participants who have ever been incarcerated reported incarceration at some point in the past 12 months.

Figure 3. Age Among HET Sample, Hampton Roads MSA, 2019



HEALTH INSURANCE COVERAGE AND HEALTH CARE UTILIZATION

Thirty-one percent of participants reported that they did not have health insurance at the time of the survey. Among the 69% of participants who reported having insurance, 77% had Medicaid, 16% had private insurance, 11% had Medicare, 2% had TRICARE/CHAMPUS, 1% had Veterans Administration, 1% had other insurance, and 1% had some other government plan. The majority of participants (88%) reported having a usual place where they can go when sick or in need of health-related advice: a hospital emergency room (41%), doctor’s office or HMO (36%), clinic or health center (18%), or some other location (4%). Most participants (84%) reported visiting a health care provider in the 12 months before the NHBS interview.



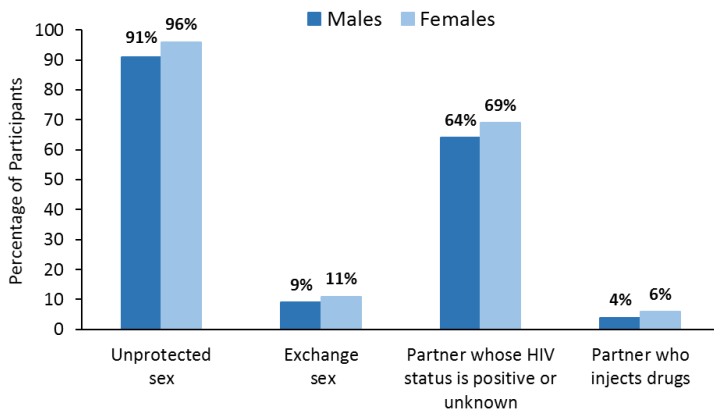
SUBSTANCE USE

Seventy-eight percent of participants reported having had at least one alcoholic drink in the past 30 days. Of those with recent alcohol use (within the past 30 days), 47% of participants reported binge drinking (≥ 4 drinks for females and ≥ 5 drinks for males in about 2 hours). Sixty-three percent of participants reported non-injection drug use in the 12 months before their interview, with marijuana being reported most frequently.

SEXUAL BEHAVIORS

All participants reported sex with a person of the opposite sex in the 12 months before the NHBS interview. The median number of sexual partners reported by males was three and by females was two. Among males, 51% reported main and casual partnerships, 36% reported only main partnerships, and 13% reported only casual partnerships. Among females, 46% reported only main partnerships, 42% reported main and casual partnerships, and 12% reported only casual partnerships. More female participants reported having unprotected sex compared to male participants (96% and 91%, respectively); additionally, more female participants reported exchanging sex for drugs or money in the past 12 months than male participants (11% and 9%, respectively) – Figure 4. Sex with a partner whose HIV status is positive or unknown was reported by 64% of males and 69% of females, while 4% of males and 6% of females reported having sex with a partner who injects drugs in the past 12 months.

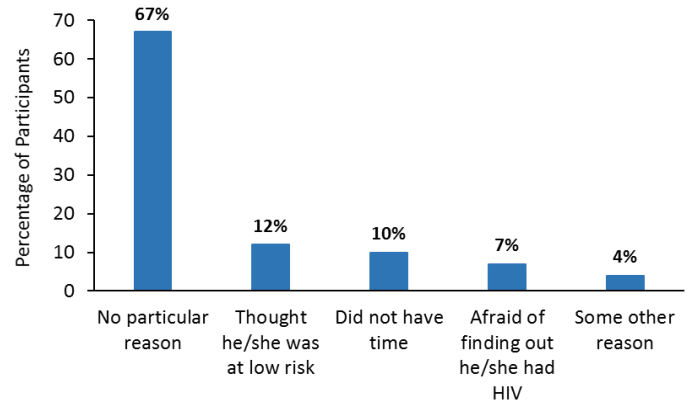
Figure 4. Sex Behaviors Among HET During the Past 12 Months, Hampton Roads MSA, 2019



HIV/STI TESTING

Seventy-three percent of participants reported having ever had an HIV test in their lifetime. Among participants ever tested, 44% reported recent HIV testing (in the past 12 months). Forty-seven percent of participants reported gonorrhea, chlamydia, and/or syphilis testing in the past 12 months. For participants with recent HIV testing, the most frequently reported location for testing was a public health clinic or community health center (24%); 20% reported testing at a private doctor’s office, 13% reported testing at a family planning or obstetrics clinic, and 12% reported testing at a hospital. For participants who have never tested positive for HIV and did not report recent HIV testing, the majority reported “no particular reason” for not testing (67%) – Figure 5.

Figure 5. Reason for Not Receiving HIV Test Among HET During the Past 12 Months, Hampton Roads MSA, 2019



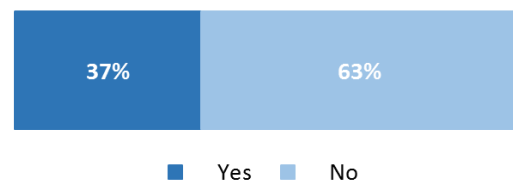
HIV PREVALENCE

Among the participants who have been tested for HIV, less than 1% (n=1) reported testing positive for HIV. This participant was told where to get HIV care within 30 days of his or her first positive HIV test and visited a health care provider for his or her HIV infection; however, he or she reported not currently taking antiretroviral medication at the time of the interview and reported he or she never had a viral load test.

HIV PREVENTION

Twenty-eight percent of participants reported receiving free condoms in the past 12 months; the most frequently reported location for receiving free condoms was a doctor’s office, health center, clinic, or hospital (55%). Five percent of participants had a one-on-one conversation or group session with an outreach worker about HIV prevention. Among participants who have never tested positive for HIV, 37% had heard of pre-exposure prophylaxis (PrEP) before the interview – Figure 6. Five percent of these participants discussed taking PrEP with a health care provider, but none reported taking PrEP in the past 12 months.

Figure 6. Knowledge of Pre-Exposure Prophylaxis (PrEP) Among HET Before NHBS Interview, Hampton Roads MSA, 2019



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