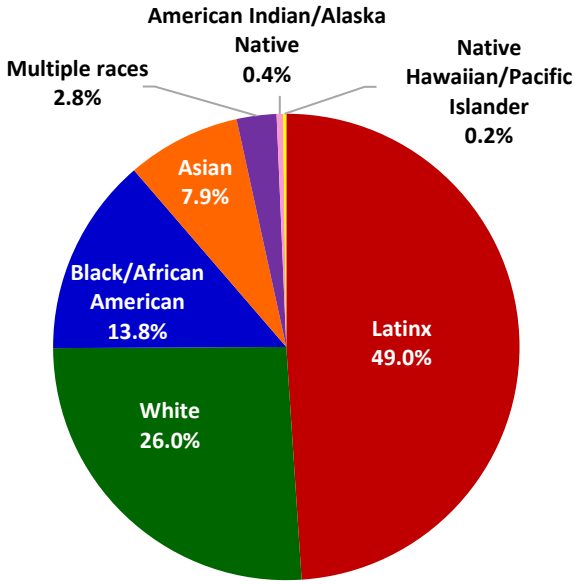
HIV Trends among Gay Men and Other MSM

November 2019

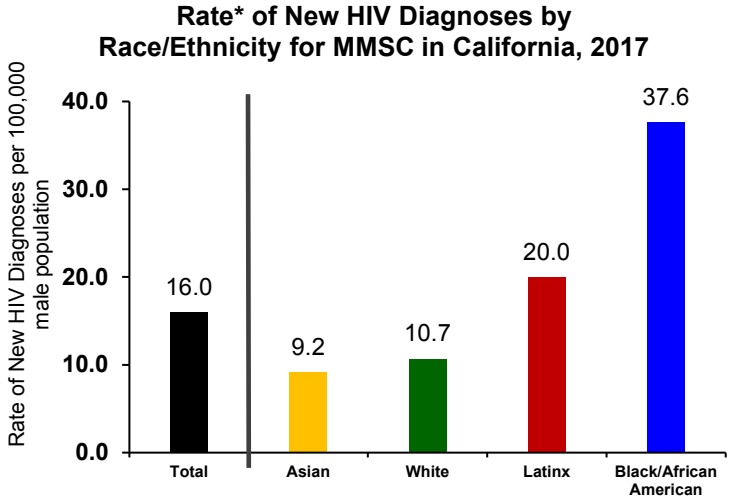
This fact sheet provides 2008-2017 trend data for HIV transmissions attributable to male to male sexual contact (MMSC), including individuals reporting both male to male sexual contact *and* injection drug use (MMSC/IDU).

Of the 4,791 new HIV diagnoses in California in 2017, 3,154 (65.8%) were attributable to male to male sexual contact (MMSC), including 3.5% MMSC/IDU.

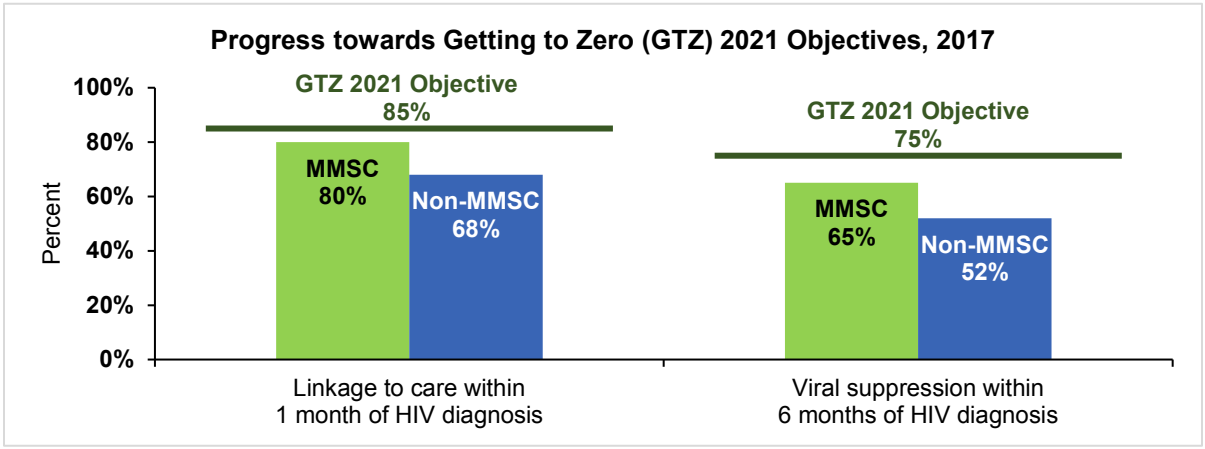
Nearly half of new HIV diagnoses attributable to MMSC were Latinx.



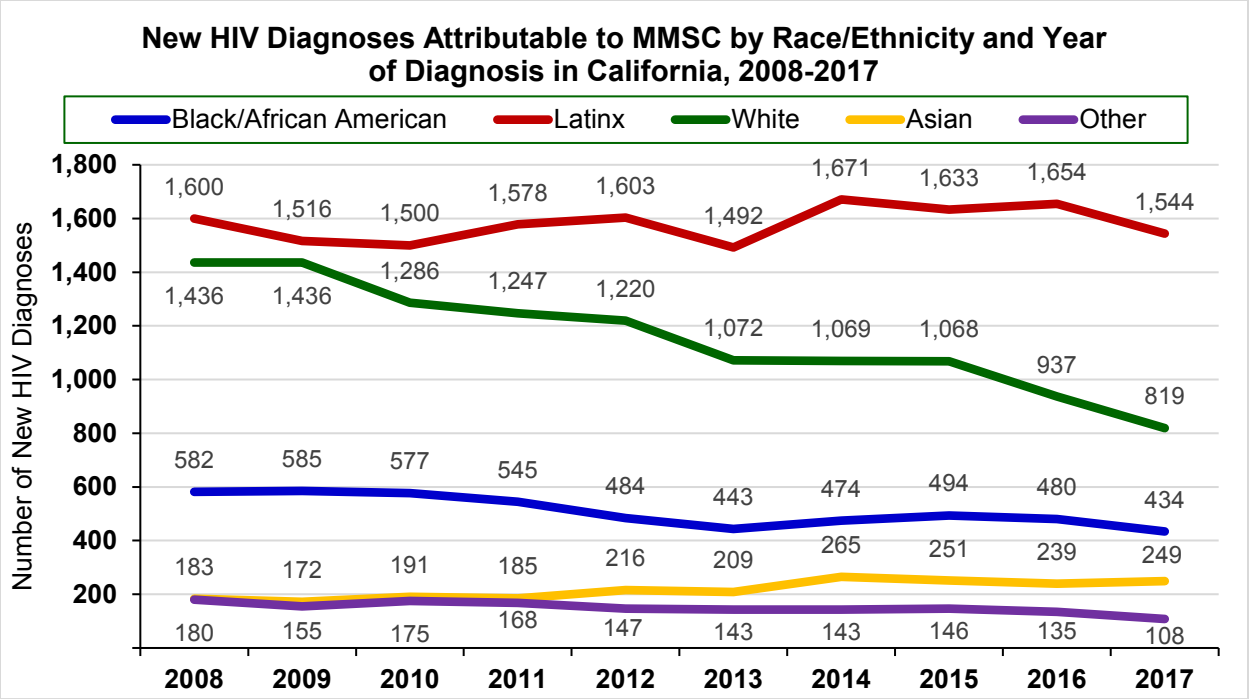
Among new diagnoses attributable to MMSC, Black/African Americans had the highest rate.



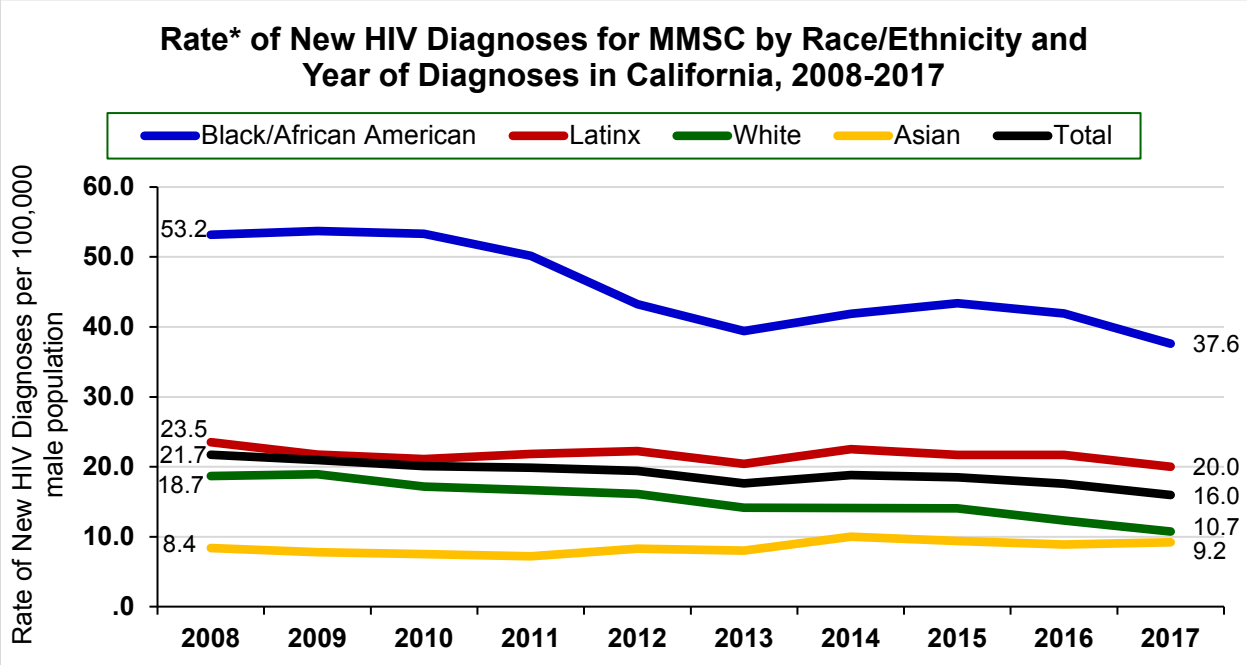
Among new diagnoses attributable to MMSC in 2017, 80 percent were linked to care within one month of diagnosis and 65 percent were virally suppressed within six months of diagnosis. Compared to other transmission categories, MMSC new diagnoses are much closer to meeting the Getting to Zero (GTZ) 2021 health outcome objectives for linkage to care and viral suppression.



*Traditionally, disease rates take the form of "X number of cases per 100,000" of the population group specified. However, for some populations, such as MSM, it can be difficult to accurately estimate population denominators. For that reason, the rates reported on this fact sheet represent the number of MMSC cases per 100,000 males within the specified race/ethnicity and/or age group.

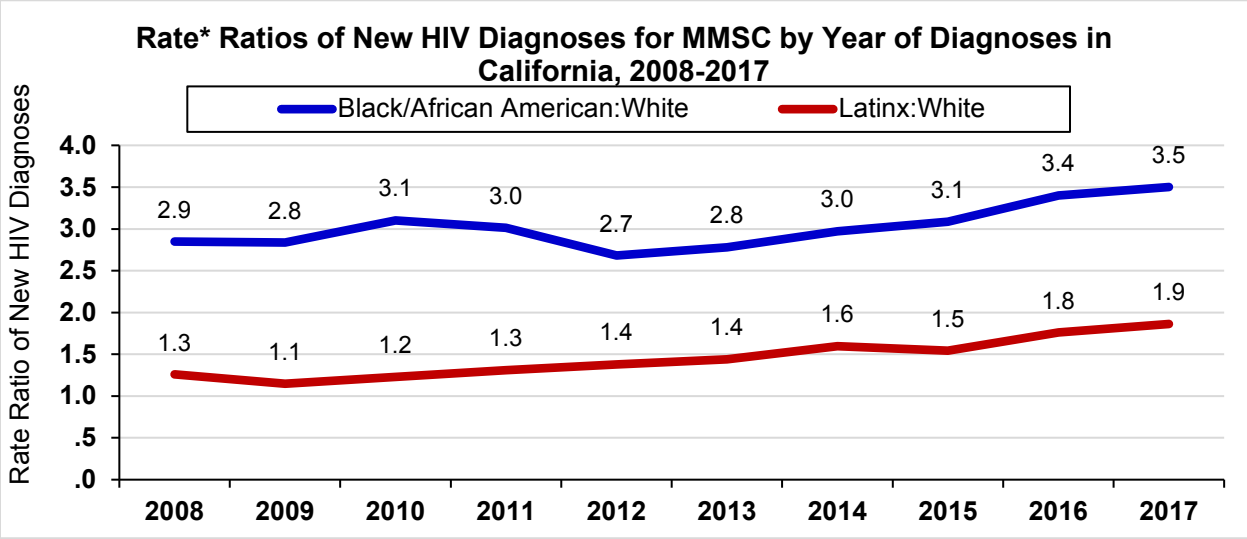


From 2008 to 2017, the number of new HIV diagnoses for MMSC in all race/ethnicity groups declined, except for Asians.

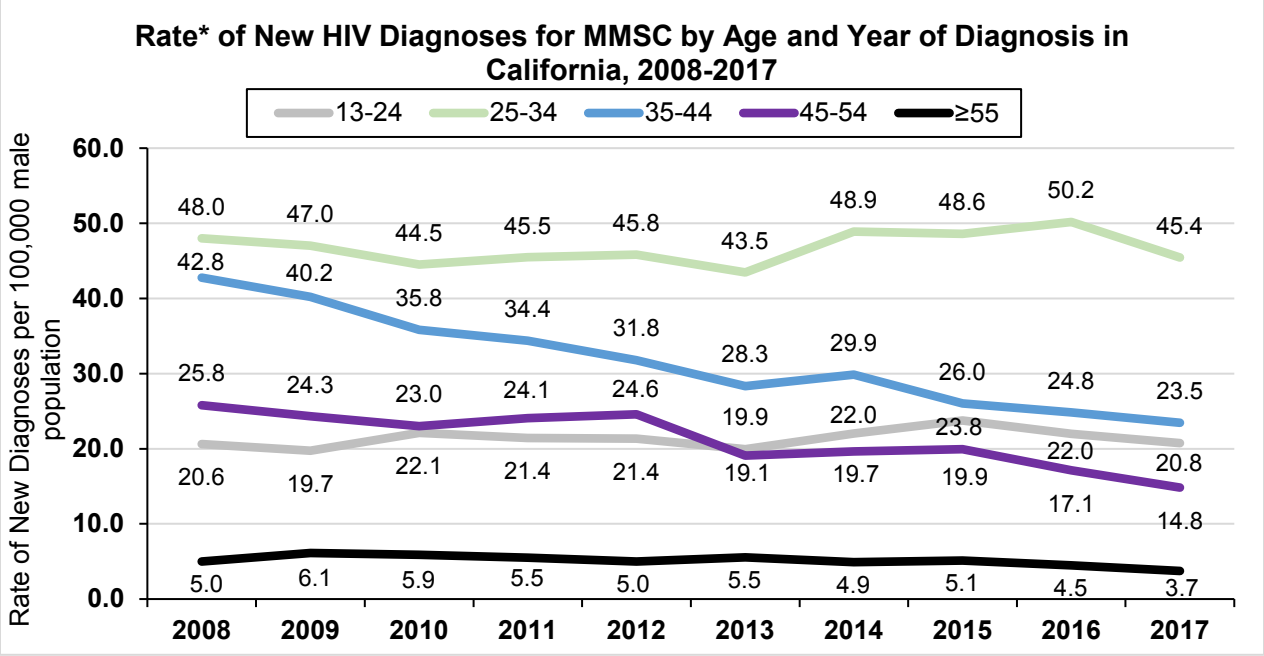


While rates of new HIV diagnoses decreased overall, disparities persist. Black/African American MSM had the highest rates of new HIV infection, while White MSM had the lowest rates and experienced the greatest decline in the last ten years. The rate of new HIV diagnoses for Asian MSM increased 9.5% from 8.4 per 100,000 in 2008 to 9.2 in 2017.

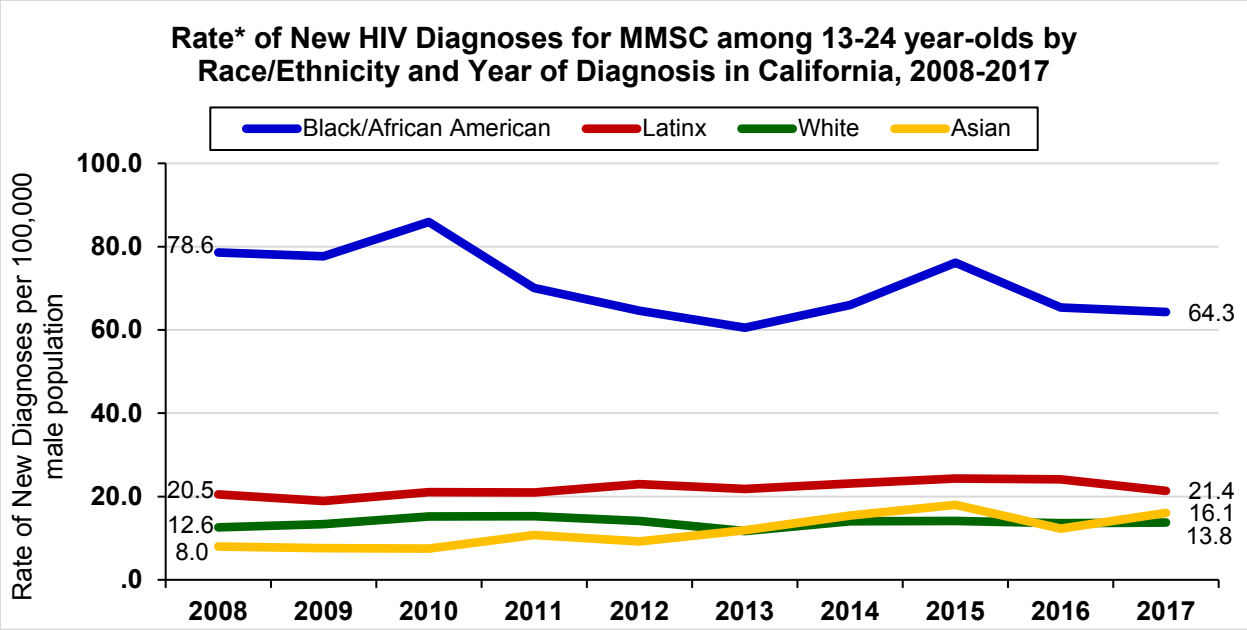
Rate ratios describe the magnitude of disparities between compared groups. In 2017, Black/African American MSM were 3.5 times more likely to be diagnosed with HIV than White MSM, and Latinx MSM were 1.9 times more likely to be diagnosed with HIV than White MSM.



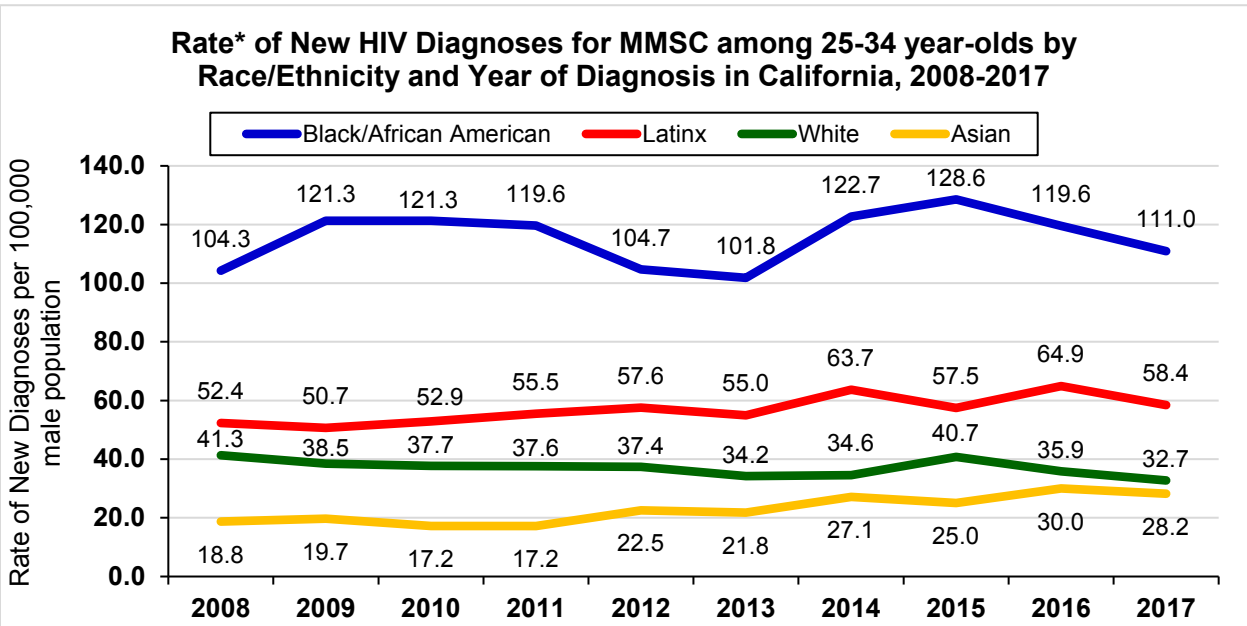
From 2008 to 2017, racial/ethnic disparities in new diagnoses attributable MMSC have increased for Black/African Americans and Latinxs compared to Whites, with a consistently larger disparity for Black/African Americans than for Latinxs.



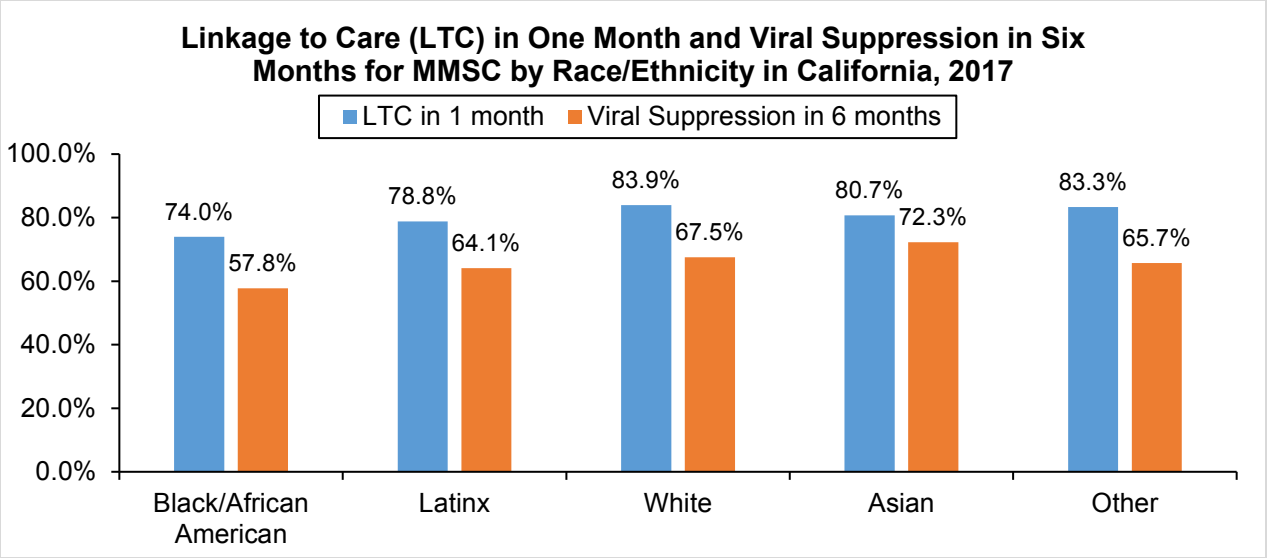
The highest rates of new HIV diagnoses for MMSC were among 25-34 year olds and remained consistently high across ten years. The largest declines from 2008-2017 were among 35-44 year olds, followed by 45-54 year olds. The rates of new HIV diagnoses for MMSC among both 13-24 year olds and 25-34 year olds remained relatively stable.



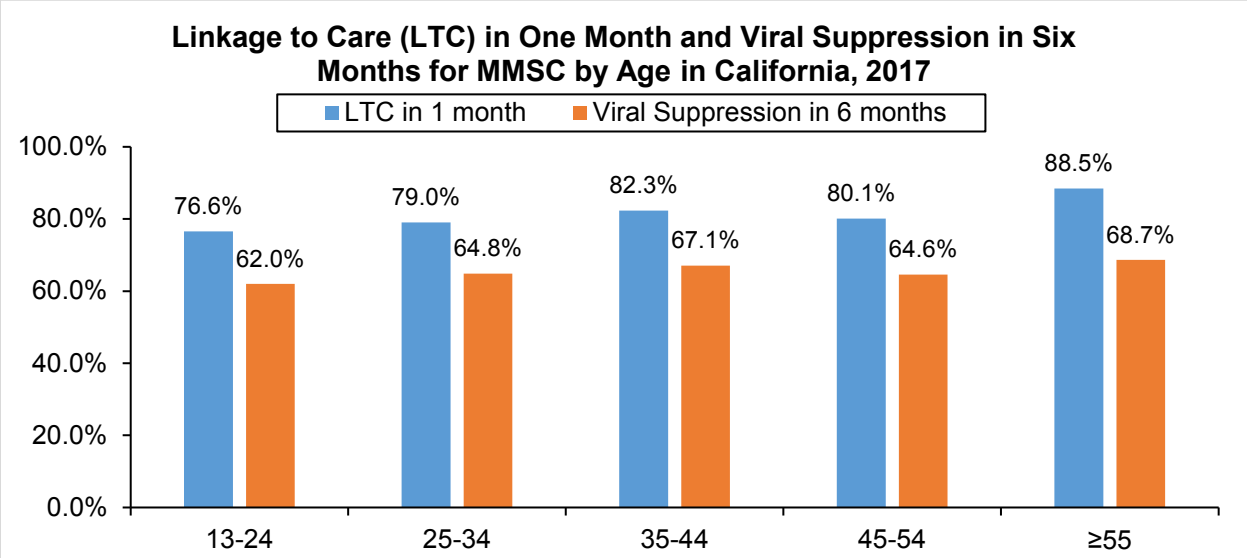
Among MSM aged 13-24 years, Black/African Americans had the highest rate of new HIV diagnoses and were the only group that declined in the last ten years. From 2008 to 2017, the rate of new HIV diagnoses doubled for Asian MSM aged 13-24 years.



From 2008 to 2017, the rate of new HIV diagnoses among MSM aged 25-34 years increased for all race/ethnicity groups, except for Whites. Among this age group, Black/African Americans had the highest rates with an increase of 6.4% from 2008 to 2017. Asians had the lowest rates across all years, but had an increase of 50% from 2008 to 2017.



In 2017, for MMSC, Black/Africans had the lowest linkage to care within one month of HIV diagnosis and the lowest viral suppression within six months of HIV diagnosis.



In 2017, among MMSC, youth aged 13-24 years old had the lowest LTC within one month of HIV diagnosis and the lowest viral suppression within six months of HIV diagnosis.

Conclusion

In 2017, two-thirds of all new HIV diagnoses in California were attributable to MMSC, including MMSC/IDU. Despite better LTC and viral suppression for new diagnoses attributable to MMSC compared to other transmission categories, racial/ethnic disparities persist within this group.

- Black/African American MSM consistently had the highest rates of new HIV diagnoses across the time period, while Asian MSM had the lowest rates.
- Overall, both the number and rate of new HIV diagnoses among MSM declined over the 10-year time period. This decline was present to some degree in all

race/ethnicities except Asians, which showed an increase. White MSM experienced the greatest decline in rates of new diagnoses in the last ten years compared to other race/ethnicities, resulting in an increase in the disparity between White MSM and both Latinx and Black/African American MSM.

- In addition to the highest rate of new diagnoses, Black/African American MSM also had the lowest LTC in one month and viral suppression in six months. This group was the only race/ethnicity among MSM that fell below the state average for those health outcomes.

Although there is evidence of some success in reducing new HIV infections and improving health outcomes among MSM, this success is unevenly distributed across racial/ethnic groups, in a familiar pattern which is also apparent among other transmission categories. In this group, as others, the key to ending the HIV epidemic lies in identifying ways to reduce or eliminate disparities.

Technical Notes

The information presented in this report is based on HIV surveillance data reported to the Office of AIDS (OA) through January 9, 2019, allowing for a minimum of 12 months' reporting delay. Includes all newly diagnosed cases with HIV infection whose residence was in California at the time of diagnosis.

Age: For newly diagnosed persons, the age group is based on the date of diagnosis.

Gender: Persons were classified as being transgender if a case report form affirming their transgender status was present in HIV surveillance data by January 9, 2019. Otherwise individuals were classified according to their sex-at-birth.

Race and ethnicity: Latinx persons can be of any race. Race/ethnicity data were collected using Asian/Native Hawaiian/Pacific Islander as a single category until 2003; therefore persons who were classified as Asian/Native Hawaiian/Pacific Islander prior to 2003 and for whom no subsequent race/ethnicity information is available are classified as Asian, because they cannot be disaggregated. Although California Government Code Section 8310.5 requires CDPH to tabulate information by expanded ethnicities for each major Asian and Pacific Islander group, the data shown here are not disaggregated into those groups in order to maintain the confidentiality of these persons.

Transmission category: Transmission category is the term for classifying cases based on a person's reported HIV risk factors. The classification is based on the CDC algorithm and results from selecting the single risk factor most likely to have been responsible for transmission, even if multiple risk factors were reported. The CDC hierarchy of risk factors, from most likely to lead to HIV transmission, to least likely, is as follows: male-to-male sexual contact (MMSC) and injection drug use (IDU), MMSC alone, IDU alone, receipt of clotting factor blood product for treatment of hemophilia or other chronic coagulation disorder, and heterosexual contact. Classification is based on sex-at-birth. Gay, bisexual, and other men who have sex with men are in the transmission category of MMSC; transgender women who have sex with men are also placed by CDC in this transmission category. However, for this factsheet, the definition of MMSC includes MMSC alone, MMSC/IDU and excludes transgender women. Persons who inject drugs are in the transmission category IDU. The heterosexual category excludes men who report ever having had sexual contact with both men and women— these persons are classified as MMSC. Perinatal includes persons who were exposed immediately before or during birth, or by breastfeeding. Cases of HIV infection reported without a risk factor listed in the hierarchy of transmission categories are classified as "unknown risk." Other includes exposure to blood transfusion or blood products, receiving a transplant, and other unspecified risks.

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In Care: Persons who had at least one CD4, viral load, or HIV-1 genotype test within 30 days after diagnosis were considered to be in care.

Viral Suppression: Persons whose most recent HIV viral load test result during the six months after diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

2010-2017 Population Data Source: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, May 2018. http://dof.ca.gov/Forecasting/Demographics/Projections/

2008-2009 Population Data Source: California Department of Finance, Race/Hispanics Population with Age and Gender Detail, 2000-2010. Sacramento, CA, September 2012. http://dof.ca.gov/Forecasting/Demographics/Estimates/Race-Ethnic/2000-2010/