Comparisons of HIV Testing History among Men Who Have Sex with Men (MSM) in New York City



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Background

HIV testing is an important strategy for populations at risk for HIV. The Centers for Disease Control and Prevention (CDC) recently announced recommendations expanding the role of health-care providers in HIV testing. The revised guidelines aim to augment HIV screening, thereby increasing the rate of earlier diagnosis. Of those infected in the U.S., approximately one-quarter are unaware of their disease status. People who are unaware of their infection disproportionately account for new transmissions and are unable to benefit from treatment. [Lyons MS, Lindsell GJ, Fichtenbabum GJ, Camargo CA Jr. Interpreting and implementing the 2006 CDC recommendations for HIV testing in health-care settings. Public Health Rep. 2007; 122(5):579-83]

Our objective was to compare the HIV testing history among men who have sex with men (MSM) from behavioral surveys conducted in 2004 - 2007 in New York City.

Methodology

The data source of this analysis came from four cross-sectional anonymous surveys: National HIV Behavioral Surveillance (NHBS), House Ball Survey (HBS) and two cycles of Web-based HIV Behavioral Surveillance (WHBS).

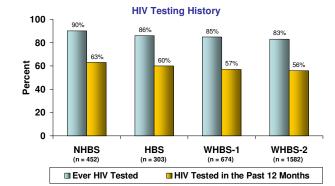
| NHBS | HBS | WHBS-1 | WHBS-2 |
|-------------|----------------------------|--|---|
| 2004 | 2004 | 2006 | 2007 |
| MSM | House Ball Community* | MSM using Internet | MSM using Internet |
| Venue-based | Venue-based | Web-based | Web-based |
| 504 | 503 | 916 | 2046 |
| | 2004 MSM Venue-based | 2004 2004 MSM House Ball Community* Venue-based Venue-based | 2004 2004 2006 MSM House Ball Community* MSM using Internet Venue-based Venue-based Web-based |

*The House Bail community is a well established group of individuals attending and participating in dance and fashion competitions known as 'bails.' The community is composed of social networks of 'houses,' which are often named after famous clothing designers or clebridines that compete with each other to traphes and prize monry at bails. The community provides a social famework for young, predominantly Bailk and Latino'a, gay and transgender persons.

Inclusion criteria for this analysis: Only sexually active MSM who self-reported negative or unknown HIV status were included.

Demographics

| | • • | | | |
|--------------------------------|----------------|----------------|----------------|-----------------|
| | NHBS | HBS | WHBS-1 | WHBS-2 |
| | (n = 452) % | (n = 303) % | (n = 674) % | (n = 1582) % |
| Age (Median, Yr) | 28 | 21 | 32 | 26 |
| Race/Ethnicity | 20 | 21 | 52 | 20 |
| White | 40 | 3 | 78 | 64 |
| Black | 23 | 51 | 5 | 12 |
| Latino | 28 | 44 | 12 | 18 |
| Asian/Pacific Islander | 5 | 1 | 3 | 3 |
| Other | 4 | 1 | 2 | 3 |
| Country of Birth | | | | |
| US-Born | 78 | 93 | 87 | 84 |
| Foreign-Born | 22 | 7 | 12 | 13 |
| Education | | | | |
| High School Graduate or Higher | 92 | 77 | 99 | 98 |
| Income | | | | |
| < \$10,000 | 22 | 46 | 7 | n/a |
| \$10,000 - \$29,999 | 26 | 29 | 12 | n/a |
| <u>≥</u> \$30,000 | 50 | 21 | 78 | n/a |
| Sexual Identity | | | | |
| Homosexual | 78 | 73 | 87 | 84 |
| Bisexual | 19 | 21 | 10 | 13 |
| Heterosexual | 1 | 2 | 1 | 1 |



Location of Last HIV Test in Past 12 Months

| | NHBS | HBS | WHBS-1 | WHBS-2 |
|--|-----------|-----------|-----------|-----------|
| | (n = 283) | (n = 181) | (n = 384) | (n = 880) |
| | % | % | % | % |
| Private Doctors Office/HMO | 38 | 23 | 55 | 51 |
| Hospital (inpatient) | 2 | 6 | 1 | 2 |
| Emergency Room | <1 | 0 | 1 | 1 |
| Adult HIV/AIDS Specialty Clinic | <1 | 3 | 2 | 1 |
| Sexually Transmitted Disease | <1 | 5 | 2 | 1 |
| Community Health Center/Public Health Clinic | 26 | 35 | 20 | 22 |
| Family Planning Clinic | 0 | 1 | 1 | 1 |
| Prenatal/Obstetrics Clinic | 0 | 0 | 0 | 1 |
| Other Outpatient Facility | 9 | 1 | 1 | <1 |
| HIV/AIDS Street Outreach/Mobile Unit | 2 | 5 | 2 | 2 |
| HIV Counseling and Testing Site | 7 | 10 | 10 | 9 |
| Needle Exchange Program | <1 | 0 | 0 | 0 |
| Drug Treatment Program | 1 | 1 | 0 | 0 |
| Correctional Facility | 1 | 2 | 0 | 1 |
| Blood Bank/Plasma Center | 0 | 1 | 1 | 1 |
| Military | <1 | 0 | <1 | 1 |
| At Home | 1 | 1 | 3 | 3 |
| Other | 6 | 7 | 2 | 0 |
| Medical Commun | ity-based | | Other | |

Type of Last HIV Test in Past 12 Months

| | NHBS (n = 283) | HBS (n = 181) | WHBS-1 (n = 384) | WHBS-2 (n = 880) |
|------------------------|-------------------|------------------|---------------------|---------------------|
| | % | % | % | % |
| Rapid Test (Blood) | 18 | 10 | n/a | n/a |
| Rapid Test (Oral) | 10 | 17 | n/a | n/a |
| Traditional Blood Test | 70 | 72 | n/a | n/a |
| | | | | |

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Top 5 Reasons for Not Testing in Past 12 Months

| NHBS (n = 169) | % | HBS (n = 122) | % |
|--|----|--|----|
| Afraid of finding out HIV positive | 44 | Have not done anything to get HIV | 43 |
| Have not done anything to get HIV | 38 | Afraid of finding out HIV positive | 39 |
| Did not have time to get tested | 28 | Did not have time to get tested | 27 |
| Worried someone would find out the results | 20 | Worried someone would find out the results | 23 |
| Worried name would be reported to the government | 19 | Worried name would be reported to the government | 18 |

| WHBS-1 (n = 290) | % | WHBS-2 (n = 702) | % |
|--|----|---|----|
| Have not done anything to get HIV | 27 | Have not done anything to get HIV | 27 |
| Afraid of finding out HIV positive | 19 | Afraid of finding out HIV positive | 20 |
| Did not have time to get tested | 15 | Do not know where to go get an HIV test | 15 |
| Worried someone would find out the | 15 | | |
| results | | Did not have time to get tested | 14 |
| Worried name would be reported to the government | 14 | No money or insurance to pay for test | 13 |

Conclusions

- · While most MSM reported having ever tested for HIV, many were not tested in the last year.
- · The majority of MSM reported testing in medical settings.

- · Across the surveys, the most frequently reported reasons for not testing in the past 12 months were perception of not being at risk for HIV, fear of positive HIV diagnosis and lack of time.
- · These findings underscore the importance of CDC recommendations that medical providers routinely offer HIV testing to all patients regardless of reported risk status, and offer testing to MSM at least annually.

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