

Clinical Differences between Black and White MSM Newly Diagnosed with HIV Disease in the District of Columbia

Jenevieve Opoku¹, Sarah Willis², Amanda Castel², Tiffany West¹, Gregory Pappas¹

¹HIV/AIDS, Hepatitis, STD, and TB Administration, DC DOH, ²George Washington University, School of Public Health and Health Services

Background

- Black men who have sex with men (MSM) continue to be disproportionately impacted by HIV/AIDS among MSM in the District of Columbia (DC).
- Several studies have explored HIV-related behavioral differences among Black and White MSM, yet there is little research that examines other disparities between these groups.
- This analysis investigates clinical differences between Black and White MSM newly diagnosed with HIV/AIDS in DC.

Methods

- Surveillance data from the enhanced HIV/AIDS Reporting System (eHARS) were analyzed from 2005 to 2009.
- Age at diagnosis, late testing, linkage to care, retention in care, and initial median viral load (VL) and CD4 counts after diagnosis were evaluated.
- Late testing was defined as an AIDS diagnosis less than a year after HIV diagnosis. Retention in care was defined as having at least two laboratory tests 3 months apart within 12 months of initial linkage laboratory test date.
- Multivariate logistic regression was performed.

Results

- From 2005-2009, 1,660 Black and White MSM were newly diagnosed with HIV/AIDS.
- Compared to White MSM, Black MSM were more likely to be late testers (OR: 2.49, CI: 1.91-3.25) and less likely to be linked to care (OR: 0.50 CI: 0.33-0.74).
- Black MSM were no different than White MSM in age at diagnosis and retention in care.
- Lab results revealed initial median VL and CD4 counts were 19,710 c/ml and 176 respectively for Black MSM and 17,568 c/ml and 315 respectively for White MSM

Figure 2. HIV Continuum of Care for White and Black MSM Cases Diagnosed in the District of Columbia, 2005-2009

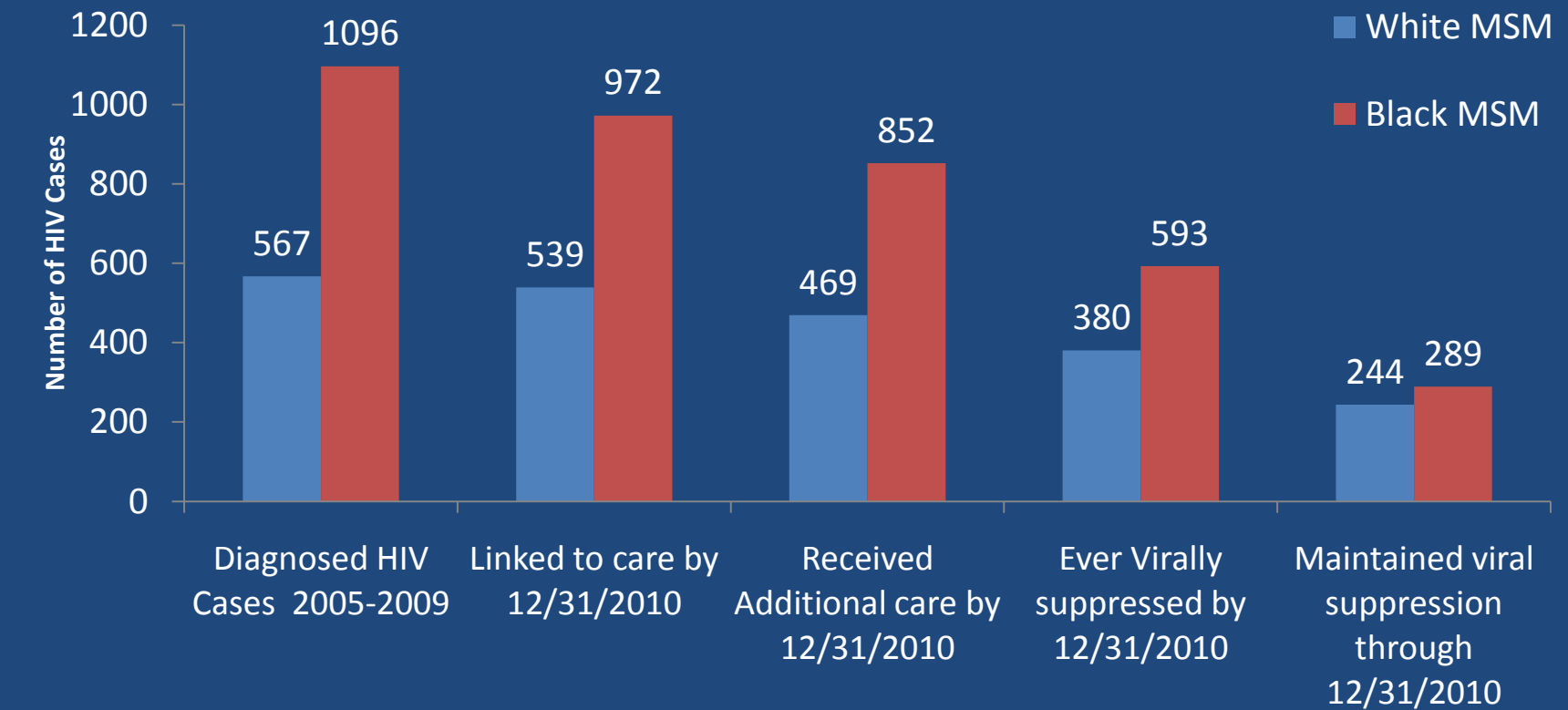
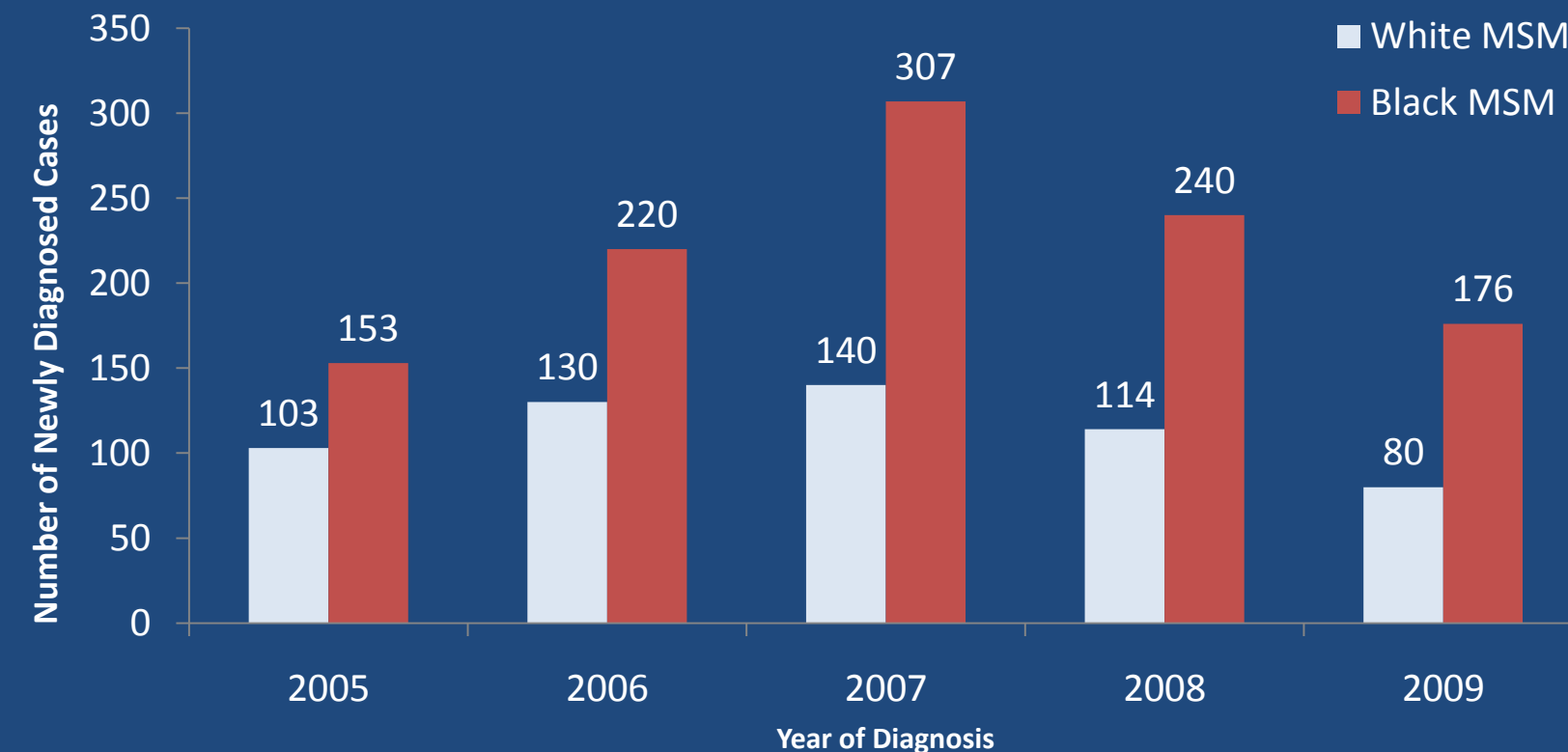


Figure 1. Number of Newly Diagnosed HIV Cases among MSM by Year and Race, District of Columbia, 2005-2009



Discussion

This analysis reveals clinical disparities among Black and White MSM. Black MSM are diagnosed at later stages of disease with higher VL and lower CD4 counts and are also less likely to be linked to care. Though there have been efforts in expanding HIV testing and linkages to care, specific programs are needed for Black MSM. Further research is needed to understand barriers of HIV testing and care services among Black MSM.

For more information, please address correspondence to:

Jenevieve Opoku, MPH
DOH, 899 North Capital St NE,
Washington DC 20002
email: jenevieve.opoku@dc.gov