



Enhancing HIV/STI Prevention for MSM in the United States

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Overview

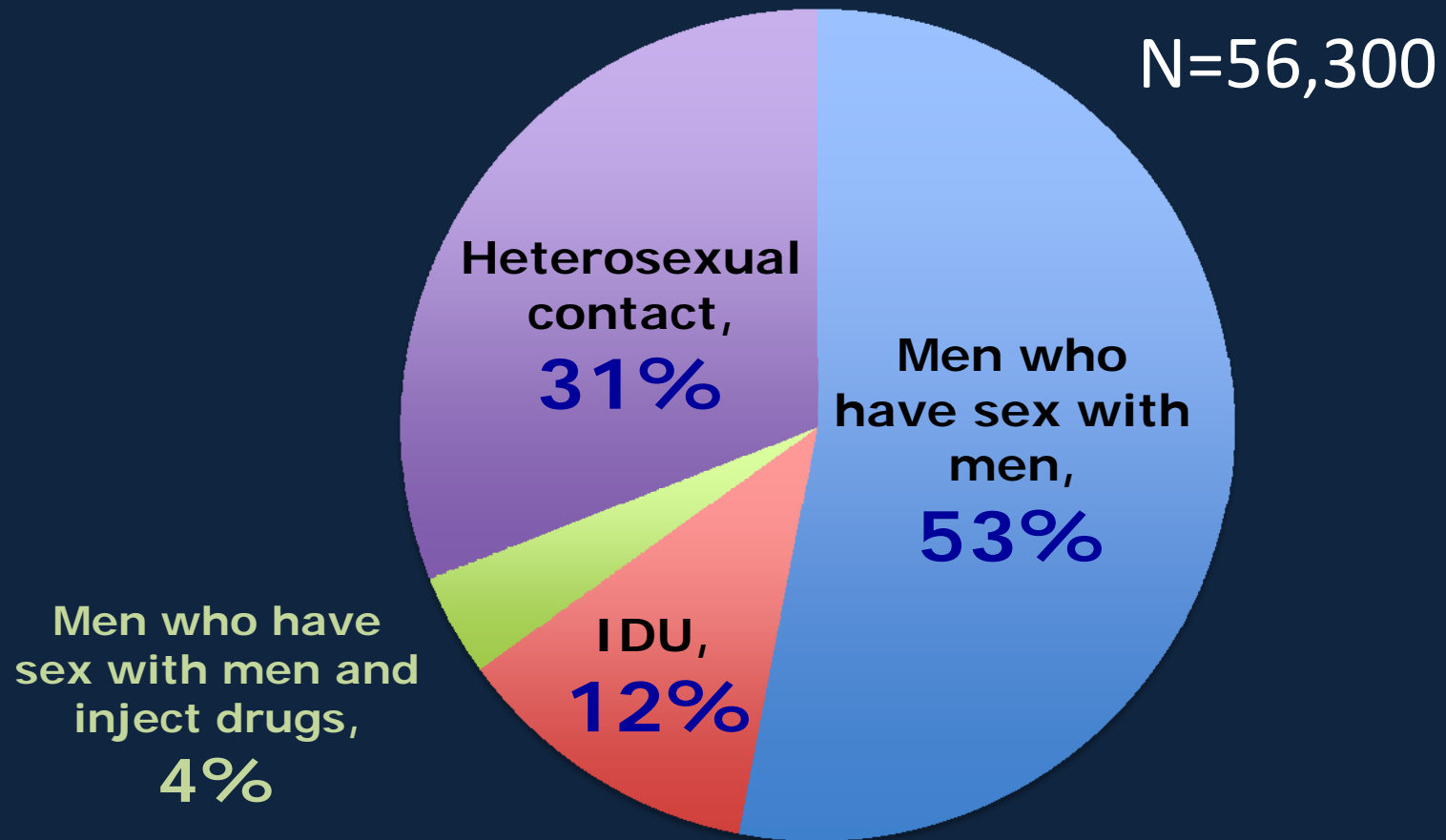
- **Overview of HIV and other STIs among MSM in the United States**
- **Epidemic drivers and determinants**
- **CDC's Strategic Approach to Enhancing HIV and STI Prevention for MSM**
- **Game Changers: Novel Approaches for Consideration and Implementation**

HIV/AIDS and STIs in Gay and other MSM

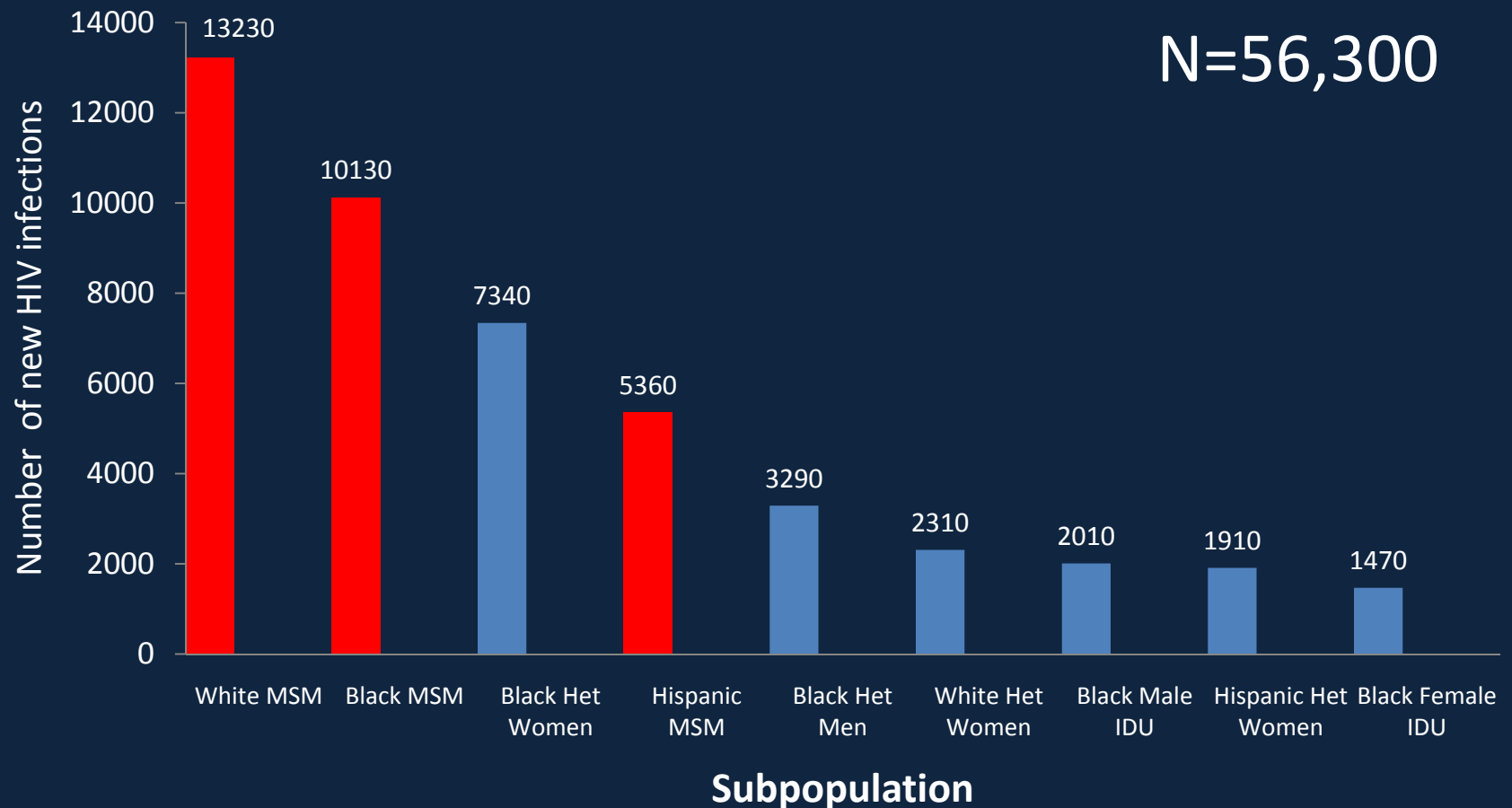
Gay and other MSM

- Account for 57% of **new HIV infections** and are the only group in which HIV incidence is rising
- 44 times as likely to be **HIV positive** than other men
- 46 times as likely to have **syphilis** than other men
- 62% of P&S **syphilis cases** are among MSM, compared to only 4 percent of cases in 2000
- High rates of HIV **co-infection** for syphilis 40-60% and gonorrhea (5-10%)
- Account for 15%–25% of all new **Hep B** infections
- Experience emerging conditions including LGV, anal cancer, HPV infections

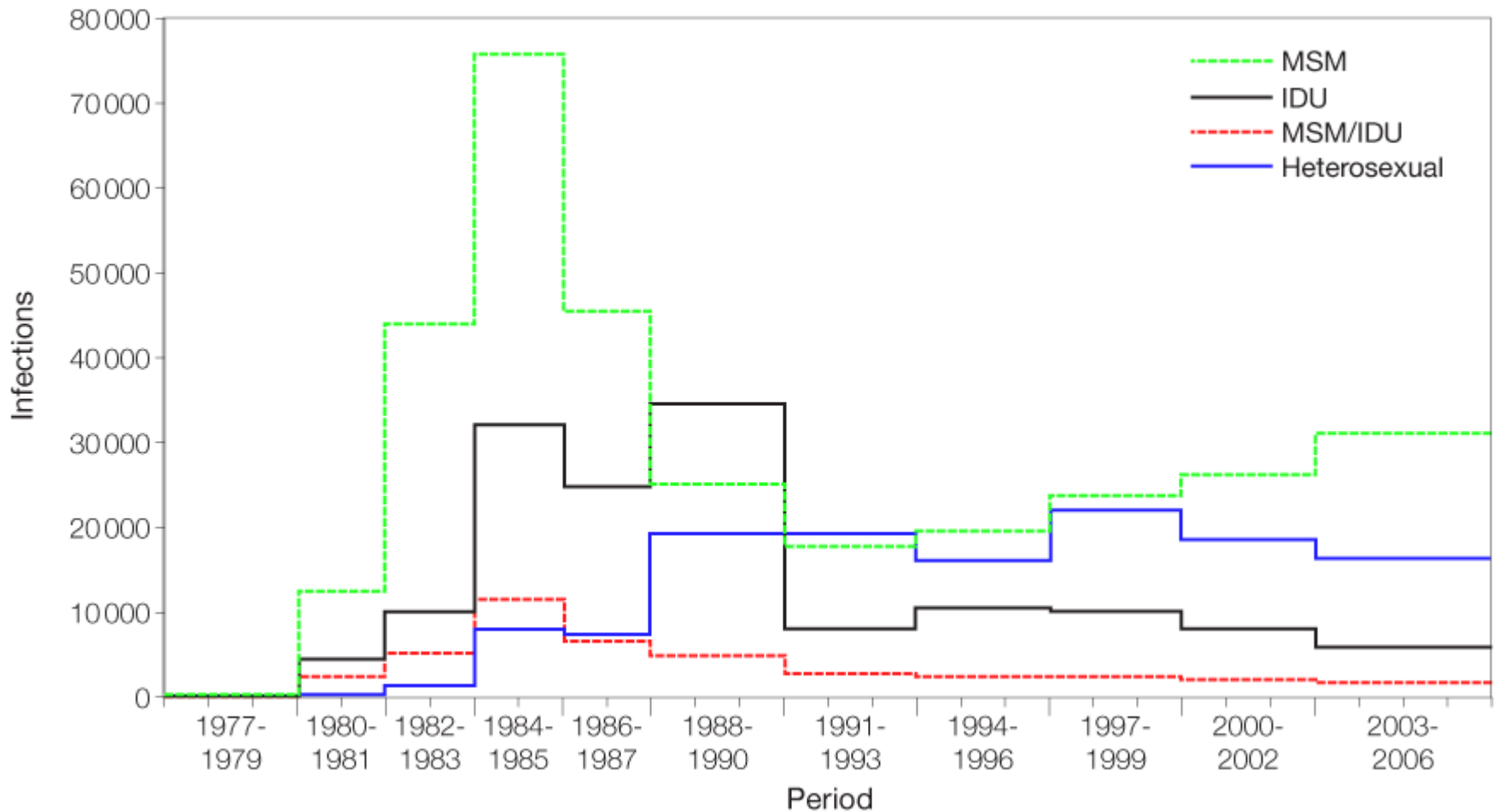
Estimated Percentage of New HIV Infections, by Transmission Category, 2006*



Estimated new HIV Infections by Risk, Race/Ethnicity, and Gender--US, 2006



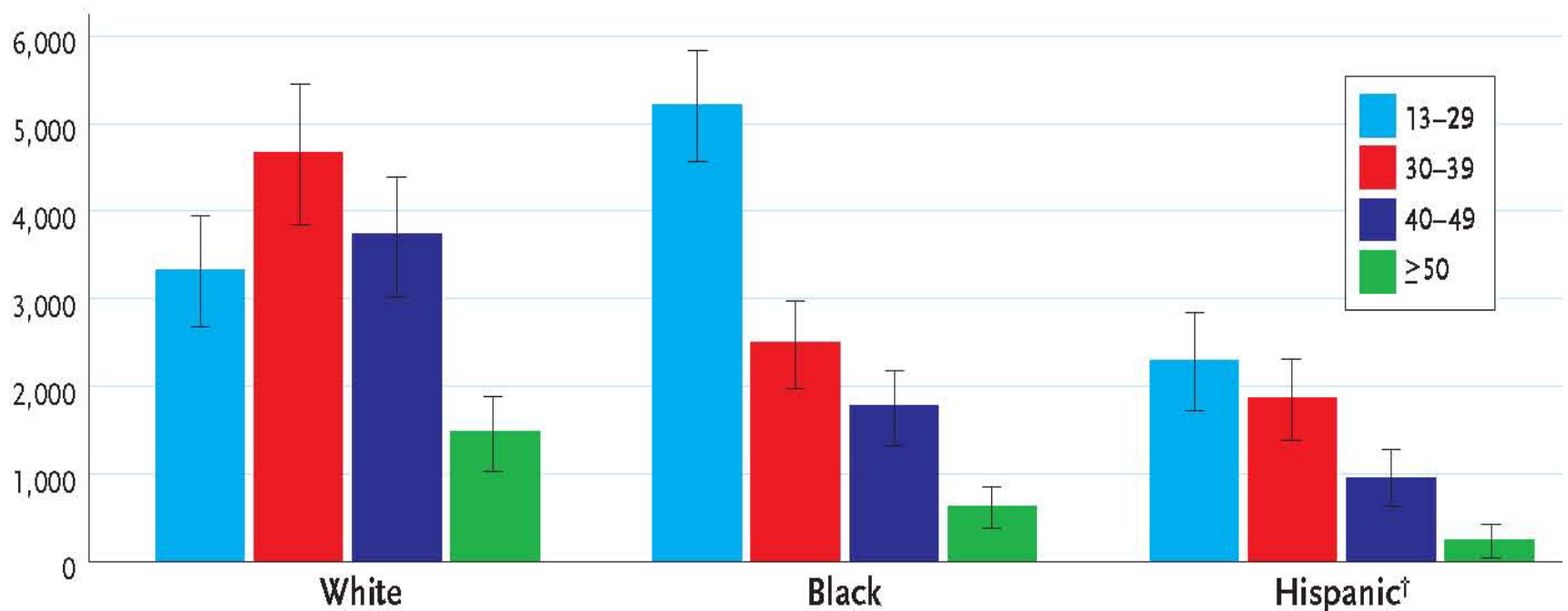
Trends in New HIV Infections by Transmission Category, 2006



Hall et al., *JAMA*, 2008.

*50 States and District of Columbia

Estimated HIV Infections among MSM by Race/Ethnicity & Age, 2006



Prevalence and Awareness of HIV Infection Among MSM – 21 Cities, US 2008. MMWR Vol 59. No. 37, 2010

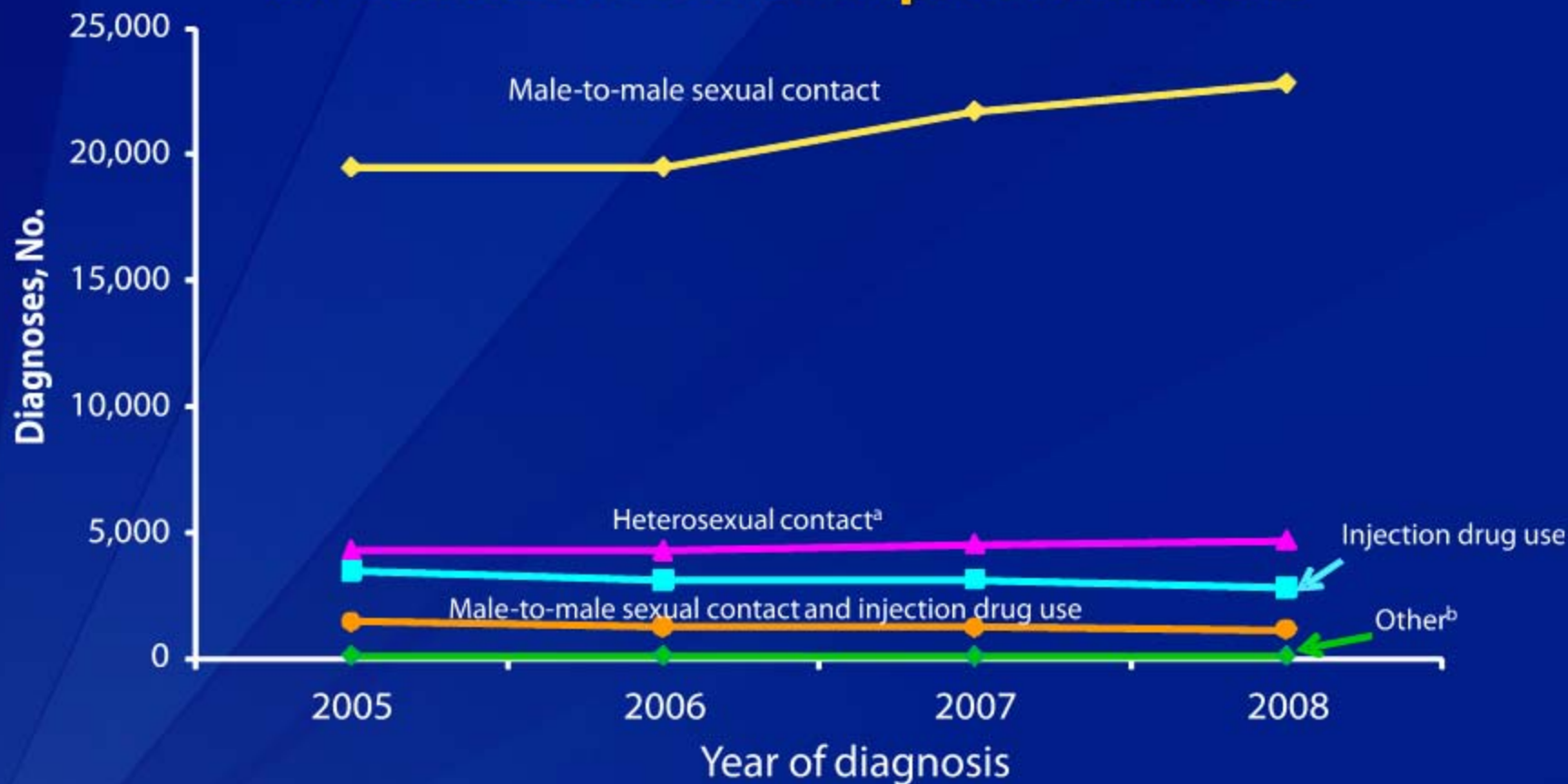
TABLE 2. Prevalence of human immunodeficiency virus (HIV) infection and proportion unaware of HIV infection among young men who have sex with men, by age group and race/ethnicity — National HIV Behavioral Surveillance System, 21 U.S. cities, 2008

Characteristic	Total no. tested	HIV prevalence			Unaware of HIV infection		
		No.	(%)	(95% CI)*	No.	(%)	(95% CI)
18–19 yrs							
Black, non-Hispanic	193	17	(9)	(5–14)	12	(71)	(44–90)
Hispanic	137	5	(4)	(1–8)	4	(80)	(28–100)
White, non-Hispanic	63	—†	—†	—†	—†	—†	—†
20–24 yrs							
Black, non-Hispanic	482	95	(20)	(16–24)	66	(69)	(59–79)
Hispanic	415	33	(8)	(6–11)	24	(73)	(55–87)
White, non-Hispanic	440	29	(7)	(5–9)	16	(55)	(36–74)
25–29 yrs							
Black, non-Hispanic	346	105	(30)	(26–36)	76	(72)	(63–81)
Hispanic	412	50	(12)	(9–16)	27	(54)	(39–68)
White, non-Hispanic	607	46	(8)	(6–10)	14	(30)	(18–46)
Total	3,098	382	(12)	(11–14)	241	(63)	(58–68)

* Confidence interval. Calculated using the Clopper-Pearson method.

† Suppressed because of small cell size (fewer than five).

Diagnoses of HIV Infection among Adult and Adolescent Males, by Transmission Category, 2005–2008—37 States and 5 U.S. Dependent Areas



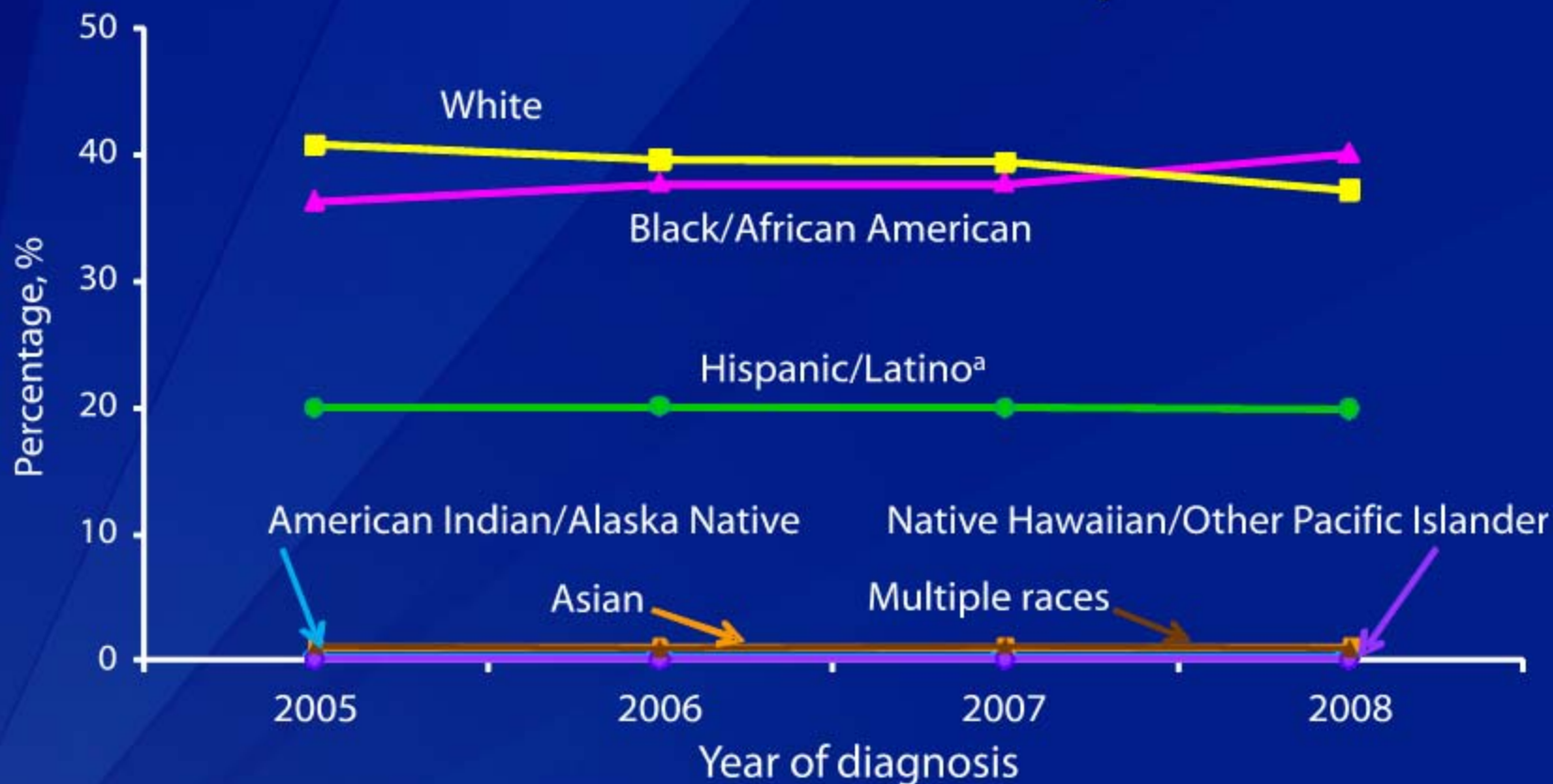
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk-factor not reported or identified.



Diagnoses of HIV Infection among Adult and Adolescent Men Who Have Sex with Men, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas

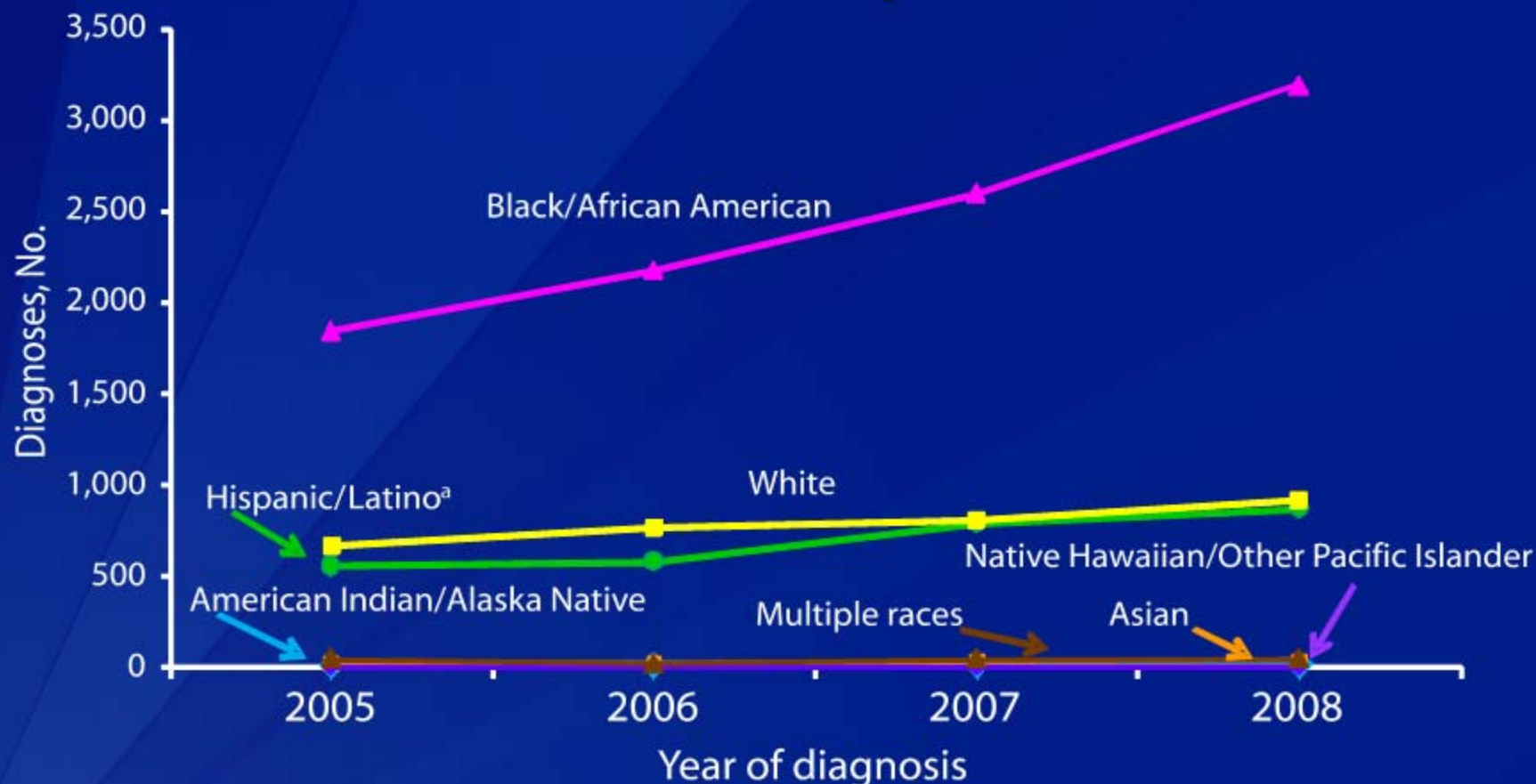


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^aHispanics/Latinos can be of any race.



Diagnoses of HIV Infection among Men Who Have Sex with Men Aged 13–24, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas

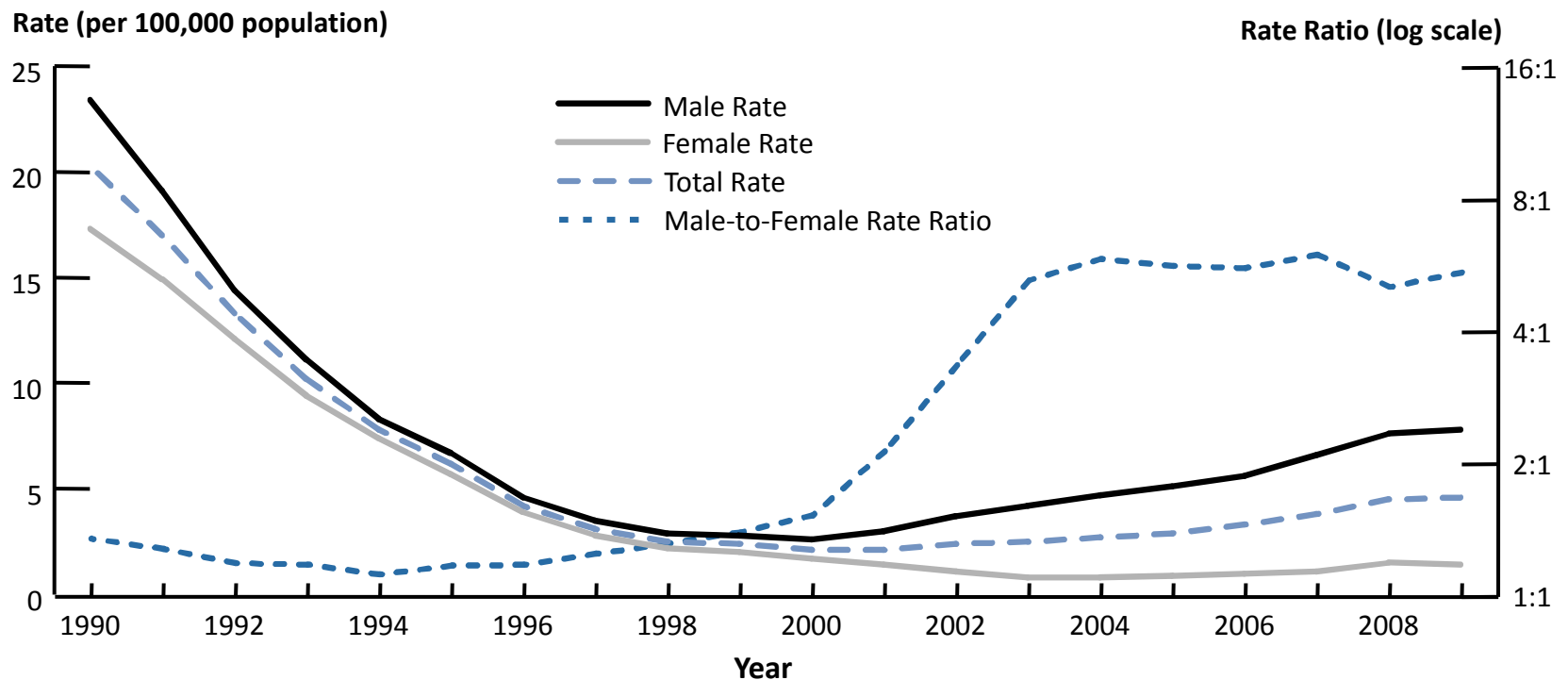


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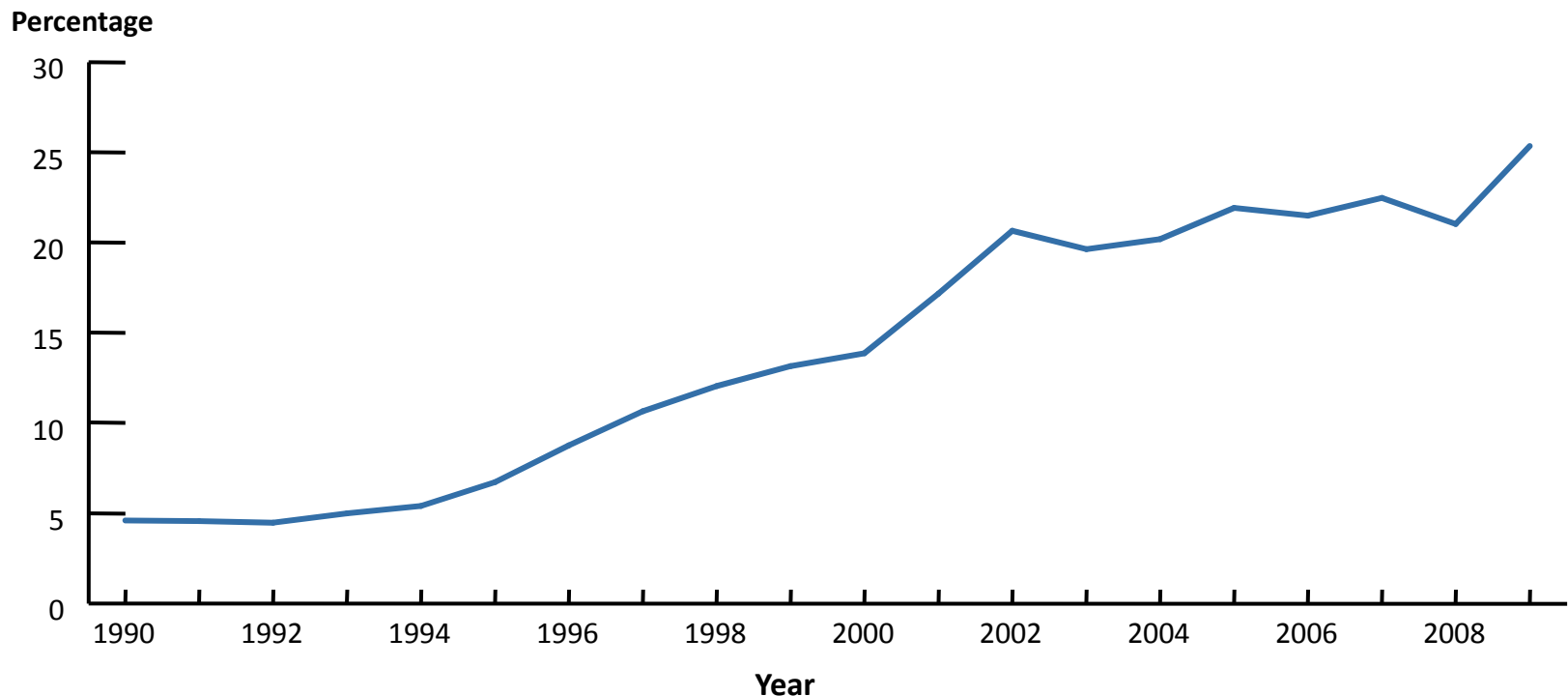


Primary and Secondary Syphilis—Rates by Sex and Male-to-Female Rate Ratios, United States, 1990–2009



Summary: An estimated 62% of all syphilis cases occur in MSM.

Percent of Urethral *Neisseria gonorrhoeae* Isolates Obtained from MSM Attending STD Clinics, 1990–2009, GISP



Summary: The percentage of *N. gonorrhoeae* isolates obtained from MSM through CDC's Gonococcal Isolate Surveillance Project (GISP) has increased from about 5% in 1990 to about 25% in 2009.

Drivers of HIV/STI Transmission among MSM

- **Lack awareness, concern or complacency**
- **Evolving patterns of sexual risk behavior, sexual mixing and partnerships**
- **Poor access to curative and preventive services**
 - Increasing STDs facilitate HIV transmission and acquisition
 - High prevalent undiagnosed HIV infection
 - Unmanaged HIV infection (undiagnosed, late diagnoses, not in care, loss to follow-up)
- **Failure to adequately target and scale effective prevention interventions**
 - HIV and STD screening and linkage to care; Condoms; DEBIs; Referral for drug counselling and treatment
- **Failure to address concurrent syndemics**
 - Drug, alcohol use and abuse; Mental ill health; other STIs

Gay Men's Sexual Risk Behaviors are Evolving

- National Behavioral HIV Risk Surveillance found that of 10,030 MSM participants:
 - 76% (7,628) reported more than one male sex partner in the past year, and **54% reported UAI** during this time
 - 4,322 (43%) MSM reported **non-injection drug use (NIDU)** in the past year
- Population-based survey of MSM conducted in San Francisco in 1997 (n = 915) and 2002 (n = 879)
 - Self-reported HIV prevalence increased from 19.6% in 1997 to 26.8% in 2002
 - Sexual risk behavior also increased
 - Men between ages of 30 and 50 reported largest increase in **unprotected anal sex**
 - Men between ages of 18-29 reported largest increase in **serosorting**

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Major social and structural barriers persist in the U.S. and are major determinants

- Stigma, homophobia, racism, poverty and homelessness limit program effectiveness
- Legal barriers continue to prevent equal access to care (e.g., restrictions on insurance coverage for partners)
- Public attitudes may have shifted, but 40% of Americans in 2006, still believed that sex between same-gender partners should be illegal

A Call to Action

These health disparities are stark, enduring and unacceptable. The data call for an urgent need to reprioritize resources and refocus attention on MSM prevention and sexual health nationally. This is a significant **health equity** and **social justice** issue.

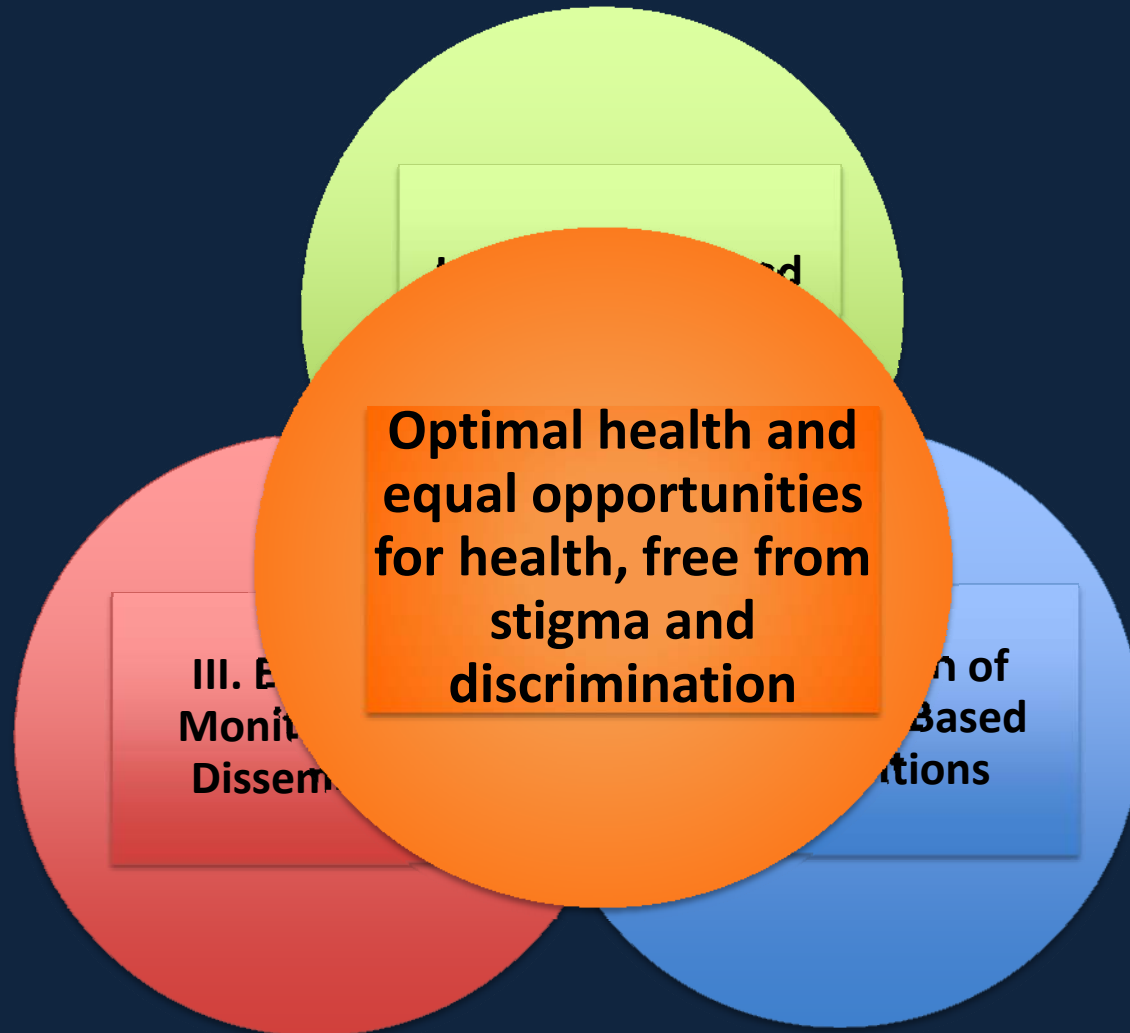
A future in which all gay and other MSM have optimal health outcomes, and an equal opportunity to achieve health, free from stigma and discrimination.

CDC VISION FOR CHANGE

CDC MSM HIV/STI Prevention and Health Framework

- **Goal**
 - To improve the health of all gay and other MSM in the United States by promoting health equity and reducing HIV, STD, and viral hepatitis transmission
- **Purpose**
 - Guide the nature, priorities, and content of CDC's MSM programs, research, and policy activities;
 - Facilitate communication with partners, the public, and federal colleagues;
 - Identify and leverage opportunities with other government entities to reach shared goals

Pillars of Strategic Action to Improve MSM HIV/STI prevention and health



I. Engagement and Leadership

- *CDC will proactively and consistently engage gay and other MSM communities and strategic partners in this effort, while increasing accountability for success*
- **Priority Actions:**
 - Implement National HIV/AIDS Strategy recommendations
 - Increase use of new and social media to engage men
 - Expand strategic partnerships with allied NRO organizations
- **Example of current activities**
 - Expansion of the AAA Leadership Initiative
 - CDC campaigns targeting MSM of all races
 - CDC technical consultations on MSM sexual health issues
 - Development of internet and social media tools for MSM

II. Expand Effective, Evidence-Based Prevention Interventions

- *CDC will expand evidence-based interventions aimed at reducing HIV/STI transmission and improving health*
- **Priority Actions**
 - Ensure states prioritize and fund MSM activities
 - Deliver clear and consistent messages on risk reduction strategies
 - Expand delivery of EB clinical and behavioral interventions
 - Improve access to quality screening, prevention and care
- **Example of current activities**
 - CDC's Expanded HIV Testing Initiative targeting MSM
 - Funding CBO's to provide services to young MSM of color and their partners who are at high risk of HIV

III. Evaluation, Monitoring and Dissemination

- *CDC will improve data collection and analysis to characterize HIV/STI transmission and health in gay and other MSM, and improve the timely dissemination of this intervention*
- **Priority actions**
 - Strengthen and modernize surveillance for MSM health
 - Expand research on social determinants of health and HIV risk
 - Fund demonstration projects of combination prevention
 - Expand the proactive and timely dissemination of findings
- **Example of current activities**
 - HIV incidence data reporting in MSM
 - Developing population-based estimates of MSM
 - Disseminating evidence of best & promising interventions

New directions and new commitments for impact

**BUT WE MUST AND CAN DO
MORE...**

New Directions for CDC's MSM HIV Prevention and Health Programming

- **National AIDS Strategy:**
 - CDC has worked closely with the White House on the National AIDS Strategy, which will include critical new actions for reducing HIV incidence among MSM, improving care, reducing health disparities, and increasing coordination of federal partners
- **CDC Sexual Health Initiative**
 - CDC has launched the “Advancing a Public Health Approach to Sexual Health” initiative to change social norms, stigma
 - CDC will be implementing a new “Framework for Action” in MSM HIV/STI prevention and health

New Directions for CDC's MSM HIV Prevention and Health Programming

- **Risk reduction guidance:**
 - Serosorting guidance is under development.
 - CDC is examining additional tools to provide evidence on range of prevention strategies for MSM
- **PrEP guidance for MSM**
 - CDC issued guidance January 2011 for health-care providers to provide PrEP for HIV prevention in adult MSM who are at high risk for sexual acquisition of HIV
- **MSM Demonstration Projects:**
 - CDC is developing demonstration projects as part of an FY 2011 initiative to evaluate the best combination of prevention programs for MSM and improve access to preventive services

Summary

- **The health of gay and other MSM remains a major public health concern in the U.S.**
- **CDC's goal is to promote health equity and reduce HIV/STI transmission for all gay and other MSM in the U.S.**
- **We need to better understand the current drivers and contexts; identify and scale the most appropriate interventions; target efforts where needed most; and increase accountability for success**



Thank you

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