

HIV Disease in Young African American Men Who Have Sex with Men, Mississippi, 2008

A Summary of What We Found

I. BACKGROUND AND PURPOSE

In November 2007, the Mississippi State Department of Health (MSDH) noted an increase in the number of young black men diagnosed with human immunodeficiency virus (HIV) infection at a sexually transmitted disease clinic in Jackson, MS. A review of state surveillance data showed a 48% increase in the number of newly diagnosed HIV cases among young black men from 2005 through 2007. The predominant HIV risk factor was male-male sex. To characterize risk behaviors and sociocultural factors that may contribute to HIV transmission in young black men who have sex with men (MSM) in Jackson MS, MSDH and the Centers for Disease Control and Prevention (CDC) conducted an investigation during January–April 2008.

II. INVESTIGATION COMPONENTS

- Medical and surveillance records of black men aged 13–31 who were diagnosed with HIV during 2006–2007 in the Jackson area were reviewed.
- Interviews were conducted individually and in groups with approximately 25 people, including community leaders, staff from organizations and universities, disease intervention specialists, young black MSM aged 18–30 years, and additional key informants from the community.
- A case-control study was conducted in which 29 HIV-infected and 90 HIV-uninfected black MSM aged 16–25 years from the Jackson area were interviewed using a self-administered computer-assisted survey.

Ongoing Components

Analysis for these components is ongoing, and results are not yet available.

- In-depth qualitative interviews were conducted with 16 HIV-infected and uninfected young black MSM which assessed personal and community social networks, sexual partnerships, perceptions of risk, and community attitudes towards black MSM.
- A network analysis was done which interviewed 23 HIV-infected young black MSM regarding their social and sexual networks.
- Phylogenetic lab analysis was undertaken to look at the relatedness of sequences of HIV strains in Mississippi.

III. SUMMARY OF KEY FINDINGS

The results of this investigation listed below are preliminary. The findings are being finalized by the CDC and the MSDH, and a formal report will be published.

- The median age of HIV-infected participants (22 years) was higher than that of HIV-uninfected participants (20 years).
- Two-thirds of all participants identified as gay or homosexual and one-quarter identified as bisexual.

- Although over one-third of HIV-infected and HIV-uninfected participants reported marijuana use, very few participants reported use of other non-injection drugs, and none reported injection drug use.
- HIV-infected and HIV-uninfected participants reported similar ages of onset of sexual activity (median age 17 years) and similar numbers of male partners (median 3-3.5).
- A higher proportion of HIV-infected participants than HIV-uninfected participants (three-fifths versus one-fifth) reported having sex partners who were older. The majority of older partners were in the 26 to 30 year age group.
- Half of all participants reported unprotected anal intercourse over a one year period. This proportion was higher among HIV-infected than in HIV-uninfected participants.
- Higher proportions of HIV-uninfected participants reported having health insurance (two-thirds versus one-third) and primary care providers (three-fifths versus one-fifth) compared to HIV-infected participants.
- Nearly 40% of HIV-infected participants reported having ≤ 1 HIV test in the two years prior to their first positive HIV test.
- There was no difference between HIV-infected and HIV-uninfected participants reported perceptions of their risk for developing HIV infection during their lifetimes. Approximately half of participants believed that their lifetime chances of becoming infected with HIV were unlikely or very unlikely.
- Greater than ninety percent of both HIV-infected and HIV-uninfected participants reported that they believed they had enough information to prevent HIV transmission.

IV. SELECTED RECOMMENDATIONS

This investigation found that HIV-infected young black MSM were more likely to engage in certain risk behaviors and more likely to have ≤ 1 HIV test over two years. Therefore, strategies to reduce HIV transmission in this population should focus on HIV prevention, preventive health care, and HIV testing. MSDH should consider the following:

- Improve efforts to collect risk information on all tested for HIV in order to improve quality of surveillance data and better understand trends in at-risk populations.
- Disseminate information to young black MSM regarding the importance of primary care and means for obtaining health insurance or free health care.
- Promote HIV testing as a routine part of medical services and in non-clinical settings
- Disseminate prevention messages to young black MSM regarding the higher risk of exposure to HIV with older sex partners and the importance of condom use with each sexual encounter.

What We're Doing About It

As this investigation evolves, the MSDH has implemented the following:

- Collaboration with the lesbian, gay, bisexual, transgender,(LGBT) community to evaluate barriers to access to health care
- Partnered with Jackson State University (JSU) Campus Rapid HIV Testing Program with funding for one staff member and providing supplies (rapid HIV test kits, controls, gloves, sharp containers and contaminated waste bags) and logistic support for confirmatory tests and linkage to care.

- Continued progress toward initiating rapid HIV screening in the emergency departments of four hospitals selected based on the HIV morbidity in the area and the proportion of African American patients.
- Upgraded the STD/HIV content on the agency web site (www.healthmys.com).
- Formed a committee at JSU with appropriate faculty and staff partners (social sciences, psychology, drama, music, business, visual arts, student health, etc.) to explore the development of a historically black college and university (HBCU) social marketing campaign. Plans include evaluation for statewide implementation.
- Dedicated state funds for an Internet project targeted to African-American MSM (iHIM) with the purpose of providing health awareness, HIV-risk behavior reduction messages and referral to available HIV screening and prevention services.
- Dedicated state funds to a prevention intervention (Nia) targeted to African-American men who do not self-identify as gay or bisexual.
- Conducted an African-American Men's Forum on October 31, 2008 to discuss issues related to HIV prevention, care and services experienced by African American men..
- Convened a statewide meeting of "house" and "family matriarchs" on July 18, 2008, to discuss the potential for creating a "Rainbow Summit." The summit (or however it will be described by the attendees) is designed to develop functional relationships among the LGBT organizations in the context of discussions about STD and HIV prevention issues, stigma, and access to care and services.
- Participated in the November 21, 2008, Black Pride event sponsored by My Brothers Keeper.

As a result of the investigation's preliminary findings, the MSDH plans to implement the following:

- Conduct supplemental surveillance for newly-diagnosed HIV cases in sentinel clinics. The project will be piloted at the Crossroads Clinics starting January 2, 2009, with plans to expand to Crossroads Clinics North (Greenville) and South (McComb).
- Expand the Crossroads Clinics operation hours for a LGBT clinic. This clinic will serve as a bridge provider between the LGBT community in central Mississippi and the health care system.
- Partner with community-based organizations in selected high morbidity areas to provide expanded access to HIV screening in non-clinical settings.
- Partner with selected Mississippi HBCUs to provide HIV screening in non-clinical settings. The MSDH will provide support to one or two pilot sites that demonstrate interest and the capacity to develop screening programs targeting events around campus life. These events include, but are not limited to, athletic competitions, homecomings, Greek organization gatherings, etc.
- Redefine existing community-based organization contracts to emphasize the need for more community-level Health Education and Risk Reduction (HE/RR) efforts targeting African-American males.
- Form a task force of respected African-American community leaders to discuss issues related to stigma and discrimination based on sexual orientation and HIV status.