HIV among Gay & Bisexual Men

About four percent of men living in Washington State are either gay or bisexual. Often described as Men Who Have Sex with Men (MSM), this population continues to be more severely affected by the HIV than any other. Estimates suggest that as many as 10 percent of MSM living in Washington are HIV-positive. Between 2009 and 2013, roughly 3 out of 4 new HIV cases among Washington residents were MSM, including those who also reported using injection drugs (MSM/IDU).* Most MSM are exposed to HIV through unprotected anal sex. Factors that increase HIV risk among MSM include:

- inconsistent condom use
- recreational drug use, especially before or during sex
- not getting routinely tested for HIV
- lack of communication between sex partners about HIV status
- co-infection with other sexually transmitted diseases

In addition, community-wide problems such as racism and homophobia often create additional barriers that prevent MSM from getting the HIV-related services they need.

### NEW HIV CASES

Statewide, nearly 400 MSM are newly diagnosed with HIV each year. About 10 percent of these cases also report using injection drugs, which substantially increases the chances they will transmit HIV to someone else.

<table>
<thead>
<tr>
<th>Year of HIV Dx</th>
<th>Non-IDU MSM (no.)</th>
<th>MSM/IDU (no.)</th>
<th>Total MSM (no.)</th>
<th>% of All New HIV Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>358</td>
<td>45</td>
<td>404</td>
<td>71%</td>
</tr>
<tr>
<td>2010</td>
<td>388</td>
<td>31</td>
<td>419</td>
<td>74%</td>
</tr>
<tr>
<td>2011</td>
<td>325</td>
<td>52</td>
<td>377</td>
<td>75%</td>
</tr>
<tr>
<td>2012</td>
<td>333</td>
<td>43</td>
<td>377</td>
<td>76%</td>
</tr>
<tr>
<td>2013</td>
<td>307</td>
<td>37</td>
<td>375</td>
<td>73%</td>
</tr>
</tbody>
</table>

By Race and Hispanic Origin

During 2009-2013, approximately two-thirds (65%) of new HIV cases among MSM were white (non-Hispanic).** Seventeen percent were Hispanic, and 10 percent were black. White MSM case counts have gradually decreased in recent years, while non-white case counts remain stable.

* The term “new HIV cases” refers to all new diagnoses of HIV infection, with or without AIDS.

** These data represent actual HIV cases (not estimates) reported to the Washington State Department of Health as of August 31, 2014.
NEW HIV CASES (continued)

By Race/Ethnicity and HIV Risk Behavior

Most male HIV cases in Washington are probably the result of unprotected anal sex. Likewise, within most racial and ethnic populations in Washington, the majority of HIV infections occur among gay or bisexual men.

Being gay in the United States has historically been associated with negative stereotypes. The same is true of being HIV-positive. Anti-gay sentiment, or homophobia, has caused many gay men to become the focus of harmful prejudice, even violence. Fear of discrimination is a common reason why many gay men don’t get routinely tested for HIV. Some HIV-positive gay men choose to not disclose their own sexual behavior, even when asked by a doctor. Incomplete information about sexual risk behaviors reduces the quality of HIV surveillance data, making HIV prevention more difficult.

By Race/Ethnicity and HIV Risk Behavior

White Males
No. = 1,345

82%

11%

5%

2%

African American Males*
No. = 191

64%

26%

4%

5%

Hispanic Males
No. = 376

81%

7%

5%

7%

Asian Males
No. = 108

75%

16%

5%

5%

Figure 2. New HIV Cases among Males, by Race/Ethnicity and Risk Behavior, WA State, 2009-2013

A Note about MSM and Recreational Drug Use

MSM who use injection drugs (MSM/IDU) are at especially high risk for HIV infection. Between 2009 and 2013, this sub-population accounted for 11 percent of all new HIV cases among MSM in Washington. As many as one in four MSM/IDU are thought to be HIV-positive. Yet, despite the risks of sharing contaminated needles, research suggests that many HIV infections among MSM/IDU are the result of unprotected anal sex.

Although most MSM cases do not report using injection drugs, a large proportion (10%-20%) do report using other recreational drugs, especially stimulants such as methamphetamine and cocaine. These substances are often taken before or during sex. Similar to MSM/IDU, stimulant-using MSM are often exposed to HIV during unprotected sex.

Regardless of how these drugs are taken, it is clear that they can compromise a person’s ability to make healthy choices, such as wearing a condom during sex or discussing HIV status before sex. As a result, drug use contributes to the spread of HIV in Washington.

* Excludes foreign-born black cases, most of which are attributed to heterosexual sex that occurred outside the U.S.
** MSM/IDU includes MSM who are also IDU.
NEW HIV CASES (continued)

By Age

Between 2009 and 2013, most new HIV cases among MSM (84%) were ages 25 and older, and more than a quarter (25%) were over age forty-five. These data suggest that many MSM engage in risky behaviors throughout adulthood.

Figure 3. New HIV Cases among MSM, by Age at HIV Diagnosis, Washington State, 2009-2013

LIVING HIV CASES*

As of December 2013, there were 9,217 HIV-positive MSM living in Washington State, 54% of whom had AIDS. The number of MSM with HIV rises about 2 percent each year.

Figure 4. Living Cases of HIV Disease among MSM, Washington State, 2009-2013

AIDS CASES AND DEATHS

Approximately 10,900 MSM have been diagnosed with AIDS in Washington, and more than 5,300 are known to have died as a result of the disease. This is more than 80 percent of all HIV deaths in Washington since the epidemic began.

Figure 5. AIDS Diagnoses and AIDS Deaths among MSM in Washington State, 2005-2013

† To measure AIDS mortality, we used death certificate information to select only cases in which HIV or AIDS was determined by a physician to have been a contributing factor in the patient’s death.

HIV PREVENTION

There are many proven strategies for preventing HIV infection. Examples include the correct and consistent use of condoms, never sharing needles or other injection works, limiting the number sexual partners, and not having more than one sexual relationship at the same time. In addition, young people should strongly consider delaying the decision to begin having sex.

Pre-exposure prophylaxis, or PrEP (pronounced “prep”), involves taking a pill every day to prevent HIV infection. PrEP is for people who do not have HIV but are at substantial risk of getting it. This might include:

- anyone who is in an ongoing relationship with an HIV-positive partner,
HIV PREVENTION (cont’d)

- a gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months, or
- someone who has injected drugs within the past 6 months.

Financial assistance is available for people who can’t afford to pay for PrEP. However, to be effective, PrEP requires taking HIV medication daily, and going to the doctor every three months. Some people could experience side effects such as upset stomach or loss of appetite.

People living with HIV can protect themselves and their partners by going to the doctor and getting anti-retroviral treatment (ART). Taking ART reduces the amount of virus (viral load) in a person’s blood and bodily fluids. ART both improves individual health and prevents HIV transmission.

Key Points

- Regardless of race or ethnicity, most new HIV cases in Washington are MSM.
- Most MSM become HIV-infected as a result of unprotected anal sex.
- Many MSM remain at risk for HIV throughout adulthood.