

# HIV/AIDS among Men Who Have Sex with Men



February 2009

Approximately 4% of adult and adolescent males in Washington state identify themselves as either homosexual or bisexual. Men who have sex with men (MSM) continue to be the group most affected by the HIV epidemic in our state. Between 2003-2007, nearly two-thirds (63%) of all new HIV diagnoses\* in Washington were attributed to male-to-male sexual contact, including those also reporting a history of injection drug use (IDU). Most HIV transmission among MSM is believed to be a result of behavioral factors such as:

- unprotected anal intercourse / inconsistent condom use
- substance abuse, especially before or during sex
- not getting routinely tested for HIV
- lack of communication between sex partners regarding HIV status

Health issues such as depression and co-infection with other STDs also increase HIV risk among MSM, as do societal factors such as homophobia and racism.

## HIV DIAGNOSES

Statewide, annual numbers of new HIV diagnoses among MSM have been stable in recent years. From 2003 to 2007, case counts ranged from 349 to 386, with an **average of 361 new cases per year.\*\***

\* The term "new HIV diagnoses" refers to all diagnoses of HIV infection, with or without the presence of AIDS. This could also be thought of as newly detected cases of HIV disease.

\*\* These surveillance data are not estimates but instead represent actual cases that have been reported to the Washington State Department of Health's HIV/AIDS Reporting System (HARS) as of December 31, 2008.

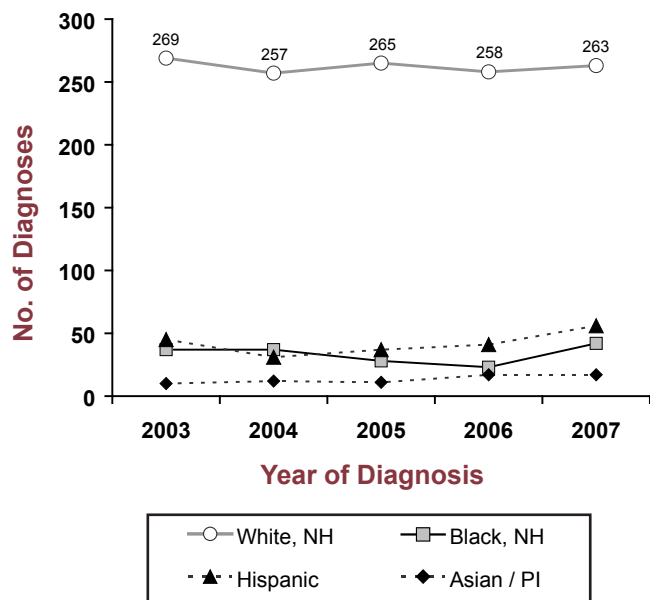
**Table 1. New HIV Diagnoses by Mode of Exposure, Washington State, 2003-2007**

Year of HIV Dx	MSM Only (no.)	MSM/ IDU (no.)	Total MSM (no.)	% MSM Among All New HIV Dx (%)
2003	334	37	371	66%
2004	312	39	351	63%
2005	297	53	350	62%
2006	311	38	349	64%
2007	342	44	386	63%

## By Race and Hispanic Origin

Between 2003 and 2007, most newly diagnosed MSM cases were either White non-Hispanic (NH; 73%), Black NH (9%), or Hispanic (12%). MSM case counts within racial/ethnic groups have remain relatively constant in recent years.

**Figure 1. MSM New HIV Diagnoses, by Race / Ethnicity, Washington State, 2003-2007**



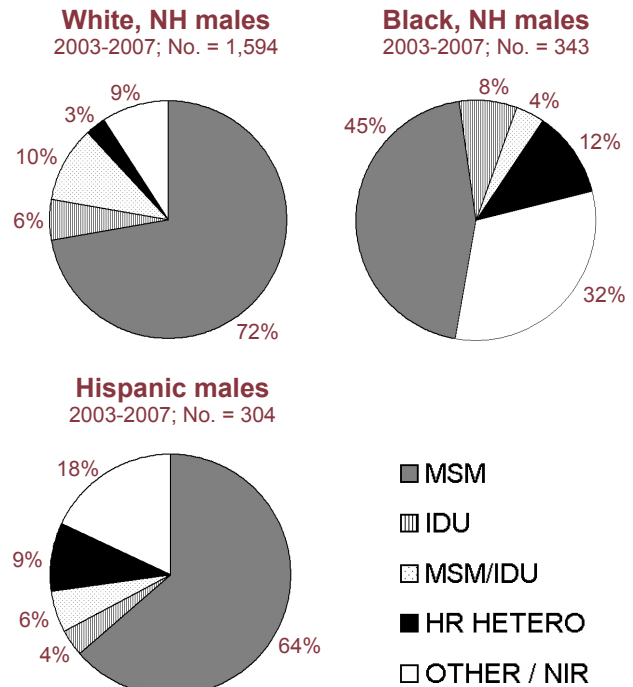
## HIV DIAGNOSES (continued)

### By Race/Ethnicity and Mode of HIV Exposure

The majority of recent, male HIV diagnoses are probably the result of unprotected anal intercourse between men. Culturally-based stigma associated with homosexuality and/or HIV disease causes some MSM to conceal or deny their own sexual risk behaviors. This results in some MSM cases being mis-labeled 'No Identified Risk' (NIR). Black male cases appear less likely to report MSM behavior than either White or Hispanic male cases (Figure 2), yet surveillance data describing country of origin suggests that up to one third of Black male cases may have become infected outside the U.S. - primarily in sub-Saharan African countries in which HIV is much more prevalent and is spread mainly through heterosexual transmission.

Note: Cases whose mode of exposure is classified as high-risk heterosexual contact (HR HETERO) are those who report heterosexual contact with a person who is either HIV-positive or at increased risk for HIV infection (e.g., an injection drug user).

**Figure 2. Male New HIV Diagnoses by Race / Ethnicity, Washington State, 2003-2007**



### Focusing on MSM who are also injection drug users (MSM/IDU)

Because both MSM and IDU are considered important risk behaviors for HIV transmission, cases reporting a history of both behaviors comprise a unique and important risk population - one that is at especially high risk for HIV transmission. Yet, new research evidence has emerged in recent years to suggest that the bulk of HIV transmission among MSM/IDU is actually the result of unprotected sex while under the influence of drugs vs. the sharing of dirty needles or other drug injection equipment. Injection drugs, especially methamphetamines and other stimulants, are often used by MSM/IDUs to enhance sexual pleasure and increase stamina. Unfortunately, these drugs can also result in

poor judgement, decreased condom usage, and increased risk for HIV and other sexually transmitted diseases.

Between 2003 and 2007, MSM/IDU accounted for about 12% of all MSM new HIV diagnoses in Washington. MSM and MSM/IDU strongly resemble one another with regard to both age at HIV diagnosis and race/ethnicity. However, MSM/IDU cases are the least likely of any risk population to be diagnosed late in the course of their HIV illness. This is presumably because MSM/IDU perceive themselves as being at higher risk for HIV, and therefore get tested more frequently.

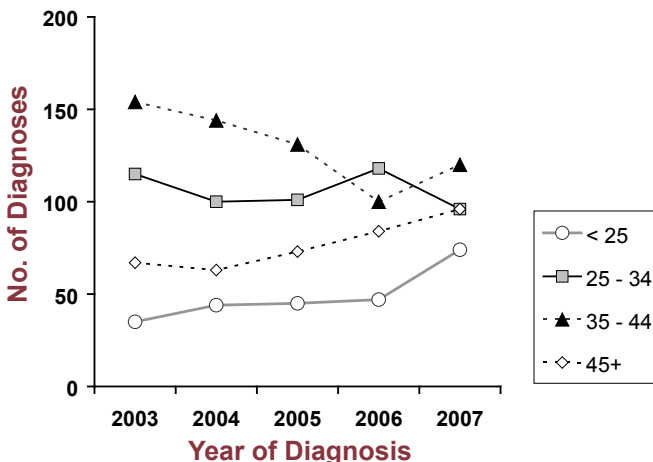
## HIV DIAGNOSES (continued)

### By Age

Among MSM diagnosed with HIV in Washington between 2003 and 2007, 73% were at least thirty years old at diagnosis, and 36% were over the age of forty. Since most cases of HIV disease (>80%) are believed to be diagnosed and reported within 10 years of initial viral infection, these data suggest that many MSM are actively engaging in HIV risk behaviors (and becoming infected) as middle and older age adults.

Young MSM, or those below the age of 25 at HIV diagnosis, remain a small proportion of all newly diagnosed MSM cases in Washington (14% during 2003-2007). Yet, this proportion appears to be increasing over time, prompting some to question whether young MSM are progressively engaging in more HIV risk behaviors over time. The answer remains a mystery. However, there is evidence suggesting that MSM in Washington are getting tested for HIV much more frequently than they used to. Also, new HIV diagnoses among the next youngest adult MSM (ages 25-34, 35-44) have dropped slightly in recent years. Hence, part of the increase in young MSM cases may be due to the fact that we are doing a better job detecting MSM cases earlier in the course of their HIV infection vs. in the past. Most young MSM cases are probably the result of HIV transmission that occurs in early adulthood.

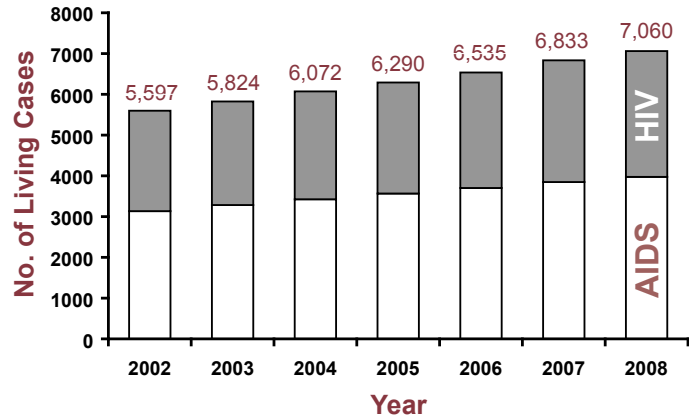
**Figure 3. MSM New HIV Diagnoses, by Age at HIV Diagnosis, Washington State, 2003-2007**



## HIV/AIDS PREVALENCE

Statewide, the reported number of MSM who are living with HIV disease continues to rise at a rate of about 4% per year. As of December 31, 2008, there were 7,060 HIV-positive MSM living in Washington State, 56% of whom had AIDS.

**Figure 4. MSM Living with HIV Disease in Washington State, 2002-2008**



### Key Points

- Most new HIV diagnoses in Washington are either MSM or MSM/IDU.
- HIV risk is highest among MSM/IDU, many of whom report engaging in unprotected sex while under the influence of drugs.
- MSM in Washington are becoming infected with HIV throughout adulthood.

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