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Update: Men who have Sex with Men and the HIV/AIDS Epidemic

In 2008, the Centers for Disease Control and Prevention conducted an analysis of trends in diagnoses of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) among men who have sex with men (MSM) in the 33 states that have had confidential, name-based HIV case reporting since at least 2001. This report summarizes the results of that analysis, which indicated that the number of HIV/AIDS diagnoses among MSM overall during 2001-2006 increased 8.6%. During 2001-2006, an estimated 214,379 persons had HIV/AIDS diagnosed in the 33 states. Of these diagnoses, 46% were in MSM, and 4% were in MSM who engaged in illicit injection-drug use (IDU).

Of 214,379 HIV/AIDS diagnoses, a total of 97,577 (46%) were among MSM. Decreases in diagnoses were observed in all transmission categories except MSM, (excluding MSM and IDU). Among males, MSM accounted for 97,577 (63%) of cases. Men aged 25-44 years accounted for 64% of cases among MSM. Among MSM, the number of diagnoses increased from 16,081 in 2001 to 17,465 in 2006.

From 2001 to 2006, a 12.4% increase in the number of HIV/AIDS diagnoses among black MSM was observed; however, an increase of 93.1% was observed among black MSM aged 13-24 years. During 2001-2006, approximately twice as many (7,658) diagnoses occurred in black MSM aged 13-24 years as in their white counterparts (3,221) (1).

To reduce transmission of HIV among MSM of all races/ethnicities, prevention strategies should be strengthened, improved, and implemented more broadly. Testing is important in preventing HIV transmission because it provides knowledge of one's infection status; after persons become aware that they are HIV-positive, most reduce their high-risk sexual behavior (2). CDC recommends at least, annual testing for sexually active MSM (3).

Ulcerative and non-ulcerative sexually transmitted diseases (STDs) such as syphilis and gonorrhea facilitate HIV transmission from infected MSM and acquisition of HIV by non-infected MSM; therefore, screening for STDs in private and public clinical settings is an important component of HIV prevention in MSM (4).

CDC assists in the creation, development, and dissemination of behavioral interventions for the MSM population. Recently, CDC implemented a successful intervention for young black MSM (d-up: Defend Yourself!) (5). This intervention has resulted in decreases in high-risk sexual behavior and the number of sex partners with whom such behavior occurred. CDC recommends that state and local health departments allocate HIV prevention resources to ensure that program operations reflect the current state of the HIV/AIDS epidemic in the geographic areas for which each health department is responsible. In support of CDC's strategic goal of reducing the number of new HIV infections in the United States, the proportion of MSM who adopt behaviors that reduce risk for HIV transmission must increase.



- References:
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 4. Fleming DT, Wasserheit JN. From epidemiologic synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. Sex Trans Infect 1999;75:3-17.
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