

# HIV Infection among Black and Latino MSM: What's Known and Where We Need to Go

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*The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention*

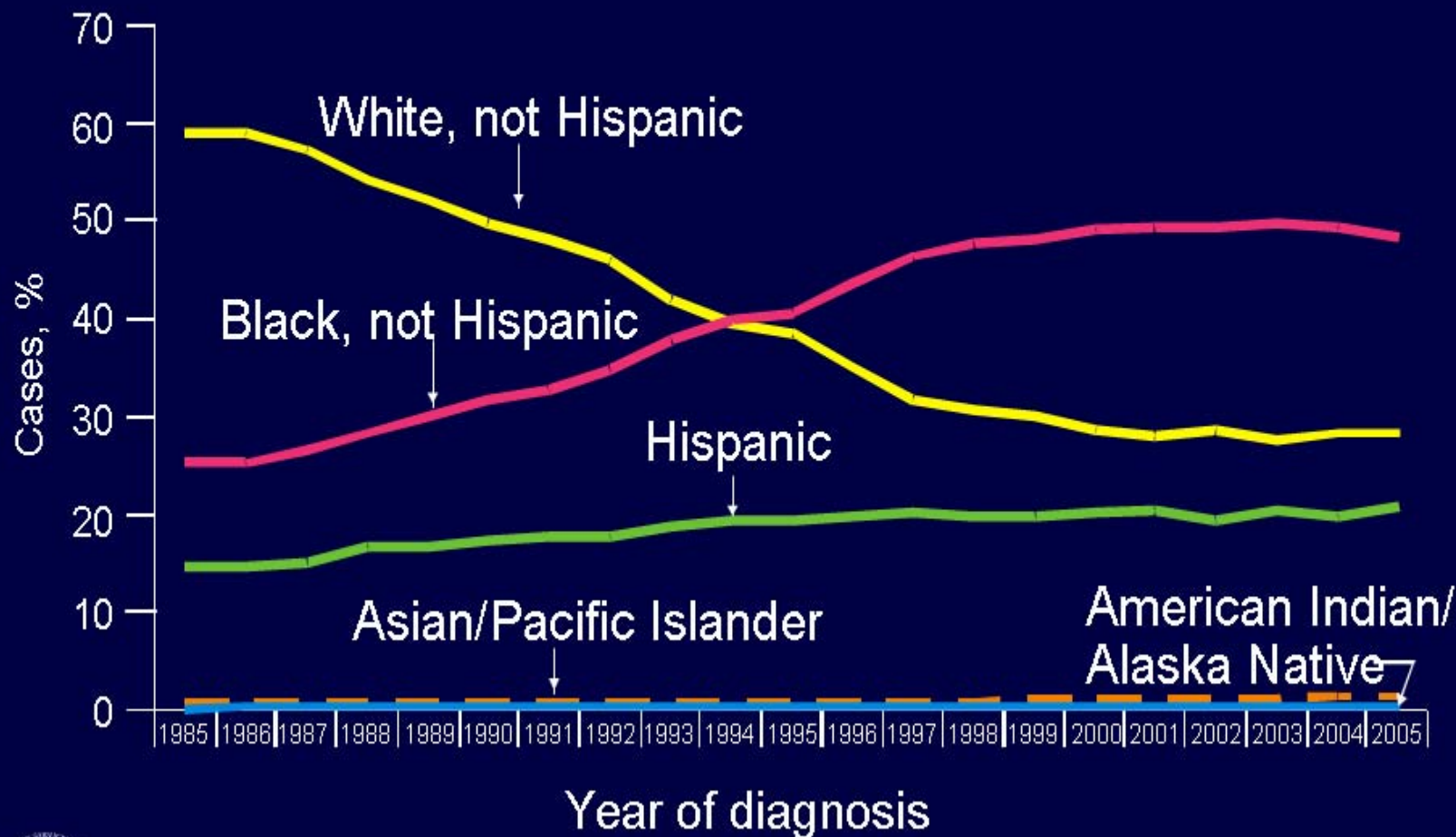


# Outline

- Impact of the epidemic among Black and Latino MSM
- The limits of traditional HIV risk factors
- What else places Black and Latino MSM at risk?
- CDC's response
- Take-home points to consider



# Proportions of AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Year of Diagnosis 1985–2005—United States and Dependent Areas

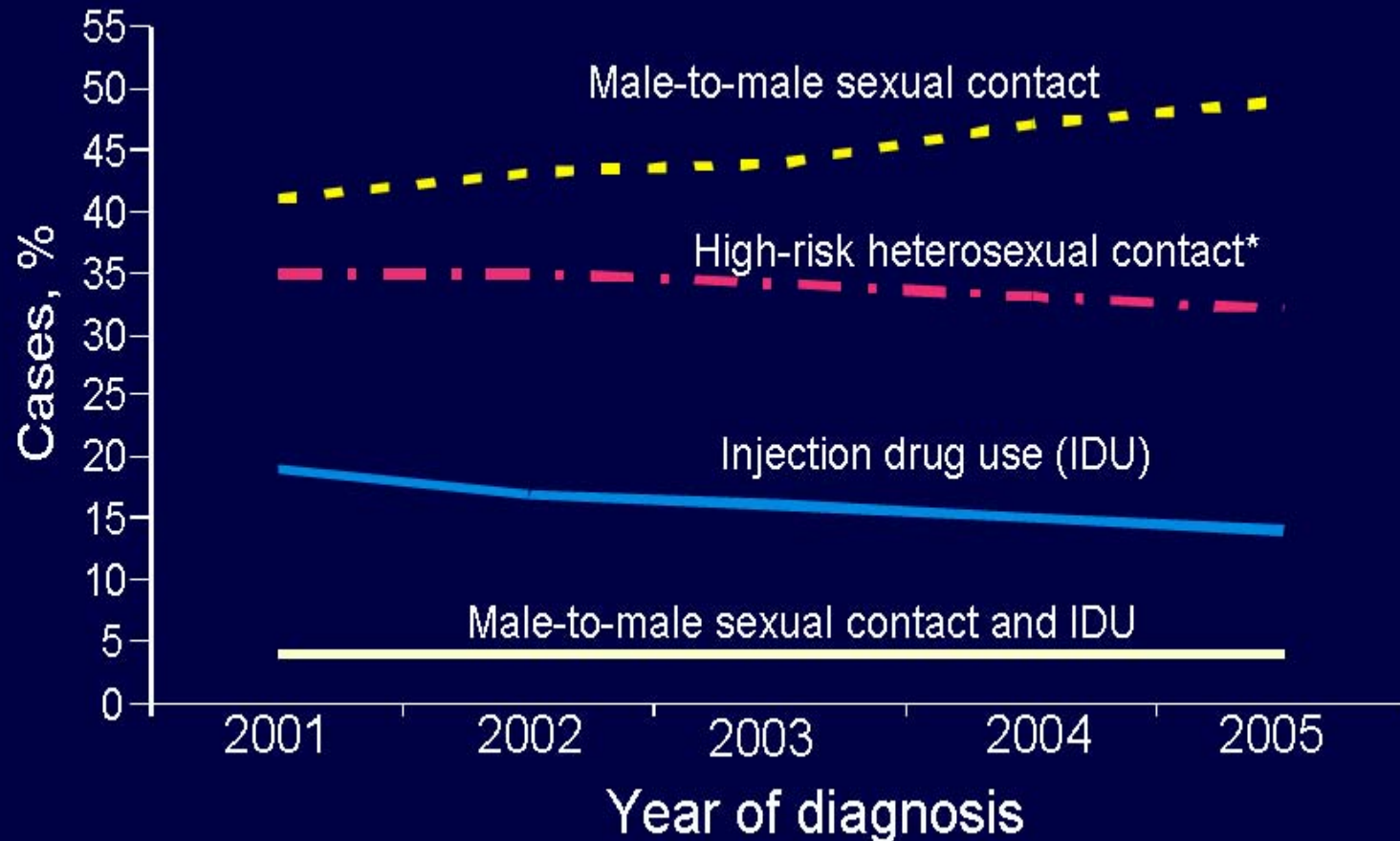


Note. Data have been adjusted for reporting delays.

Revised June 2007



# Proportion of HIV/AIDS Cases among Adults and Adolescents, by Transmission Category 2001–2005—33 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2001. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

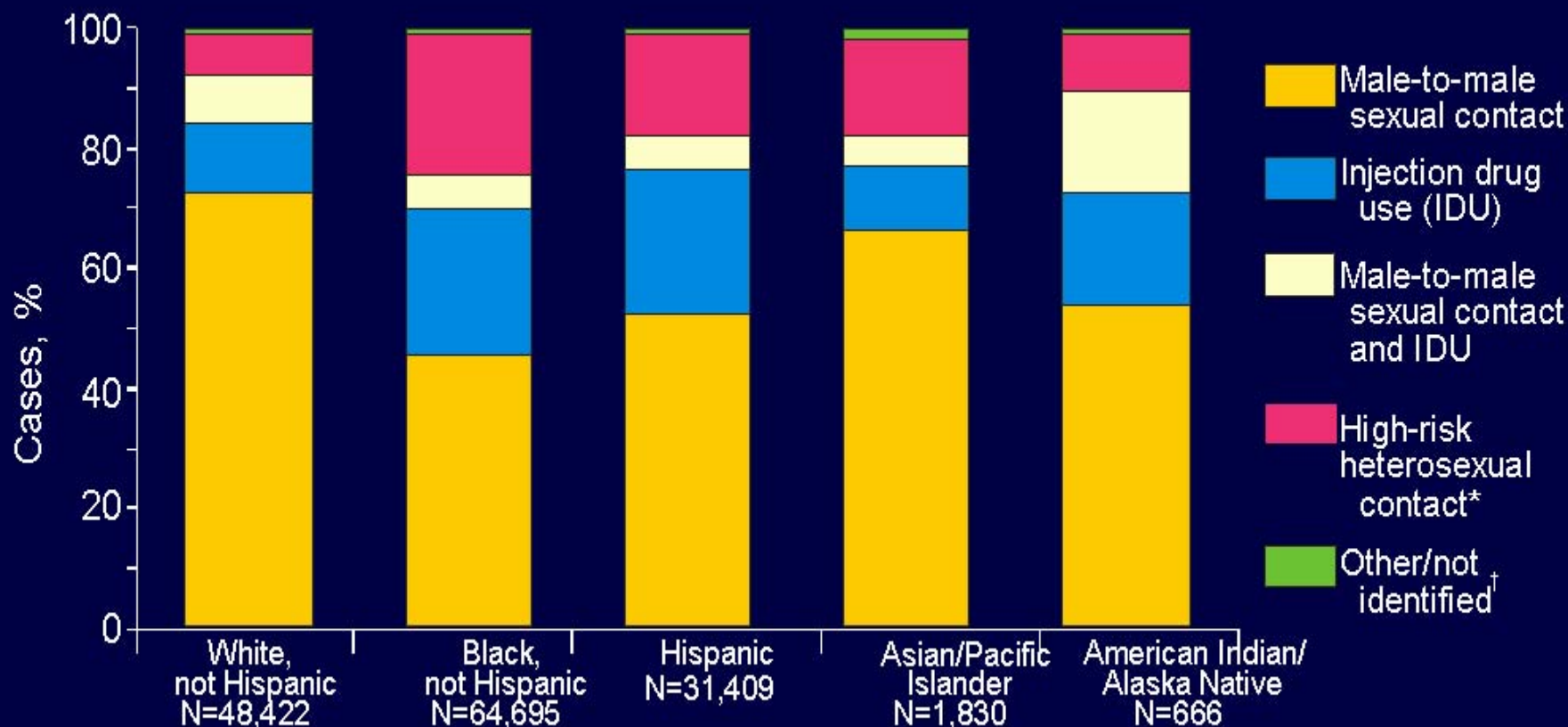
\* Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.



Revised June 2007



# Proportions of AIDS Cases among Male Adults and Adolescents, by Transmission Category and Race/Ethnicity 2001–2005—United States and Dependent Areas



Note. Data have been adjusted for reporting delays, and cases without risk factor information have been proportionally redistributed. IDU, injection drug use.

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

† Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



Revised June 2007



## Transmission categories and country of birth of Hispanics/Latinos with AIDS diagnosed in the United States during 2005

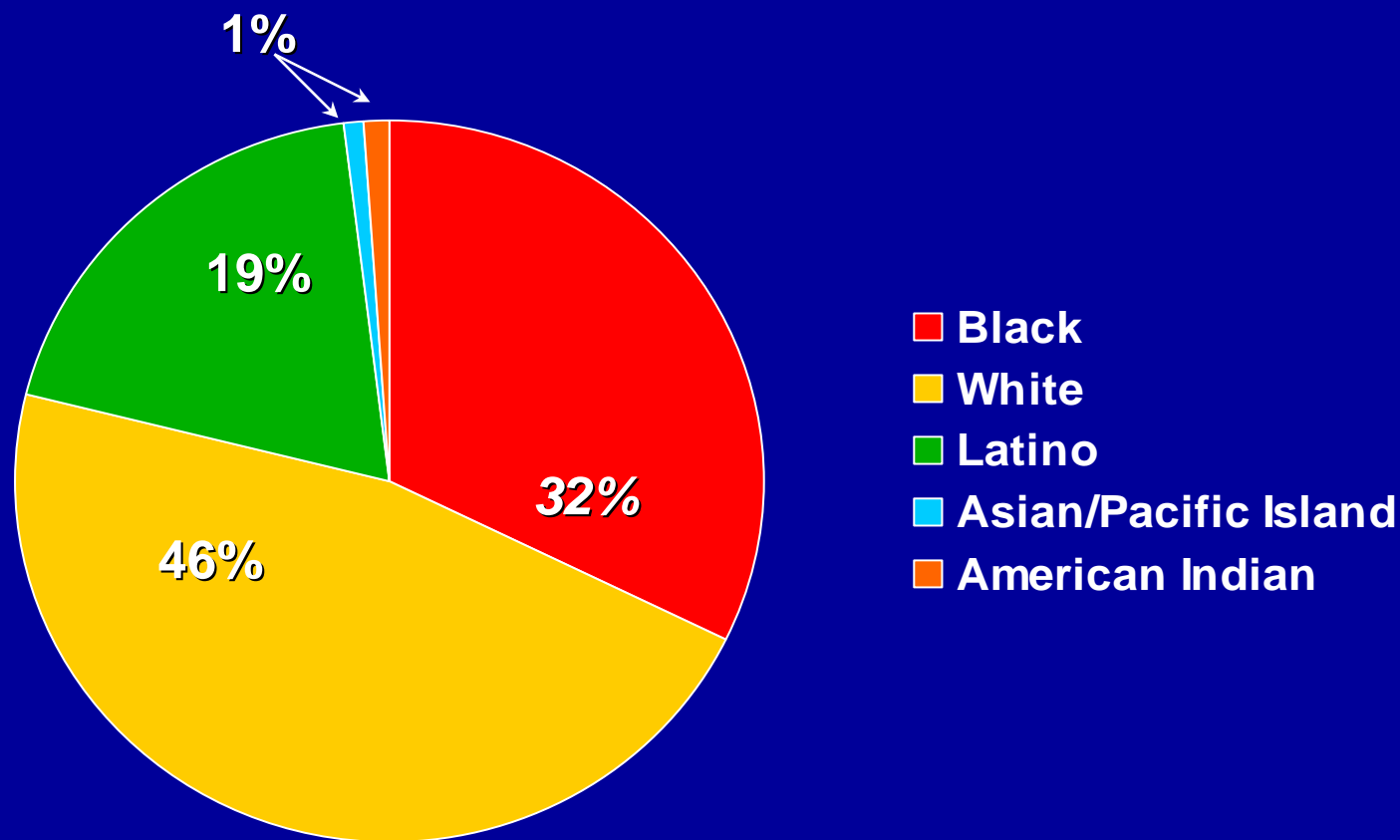
	Central/South America (n = 861) %	Cuba (n = 182) %	Mexico (n = 1,488) %	Puerto Rico (n = 1,536) %	United States (n = 2,809) %
Male-to-male sexual contact	51	52	59	17	44
Injection drug use	11	13	11	42	24
Male-to-male sexual contact and injection drug use	2	8	4	4	5
High-risk heterosexual contact	34	27	25	36	26
Other <sup>a</sup>	1	0	2	1	2

<sup>a</sup> Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

Source: Centers for Disease Control and Prevention. "HIV/AIDS among Hispanics/Latinos." Fact Sheet. August 2007.



# Race/ethnicity of MSM Diagnosed with HIV, 2005

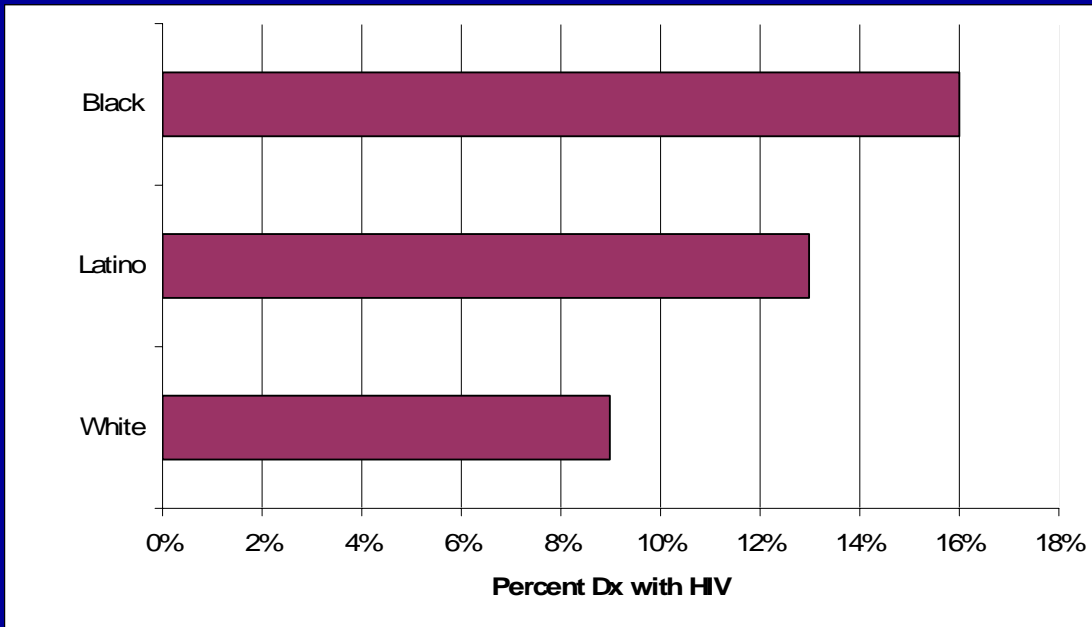


Source: Centers for Disease Control and Prevention. "HIV/AIDS among Men who have Sex with Men." Fact Sheet. June 2007.



# HIV Diagnoses by Age

HIV Dx among MSM ages 13-24



Age	HIV Prevalence
15-22	14%
23-29	32%
Median age 32	46%

(MMWR, 2001; MWWR, 2005)



# HIV Diagnosis & AIDS Mortality

Diagnosed later in infection (Wortley et al., 1995)

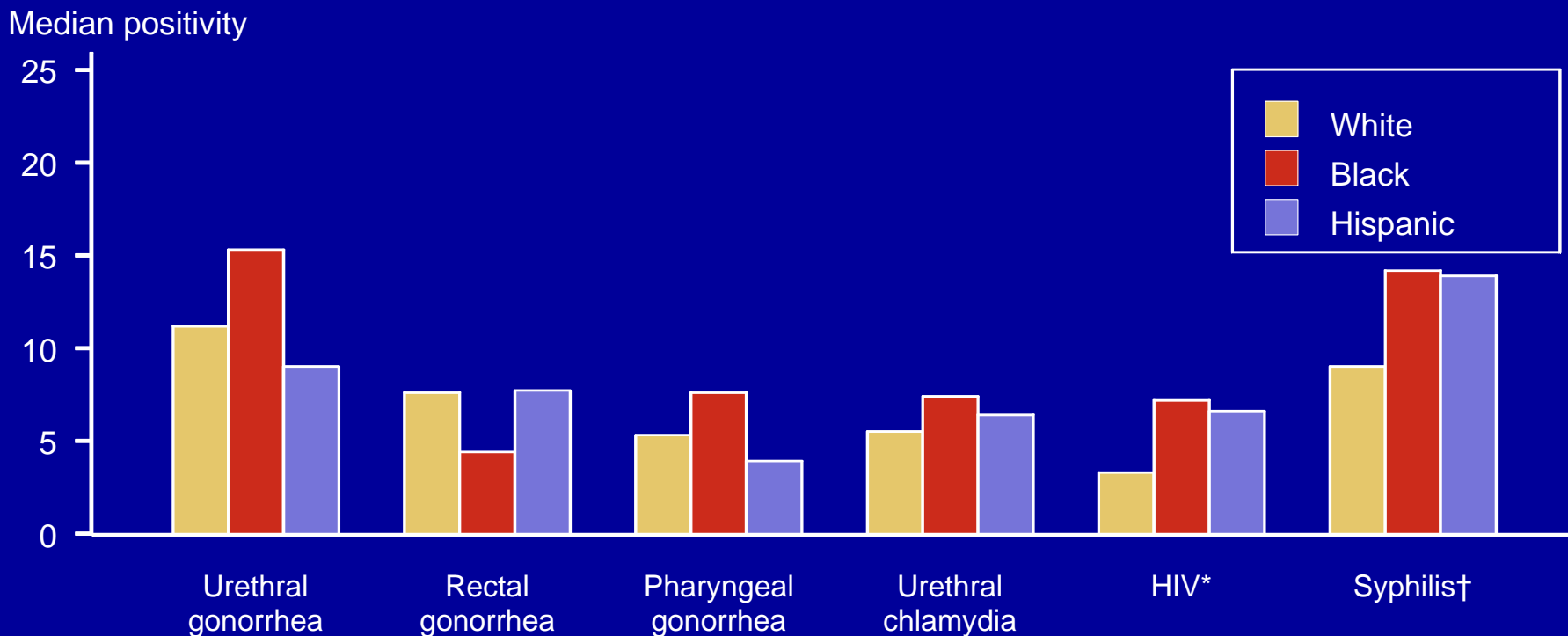
Quicker disease progression (Blair et al., 2002; Hall et al., 2007)

Mortality (era after HAART)

- 1996-1998 (Blair et al., 1995)
- 1996-2002 (Hall et al., 2007)



# Gonorrhea, Chlamydia, Syphilis and HIV among men who have sex with men, by race/ethnicity, STD clinics, 2005



\*Excludes persons previously known to be HIV-positive.

†Seroreactivity.



# Behavioral Interventions for Black or Latino MSM

- Of 129 effective interventions for African Americans, only 1 targets Black MSM
- Of 157 effective interventions for Latinos, none target Latino MSM

(Darbes, 2002)



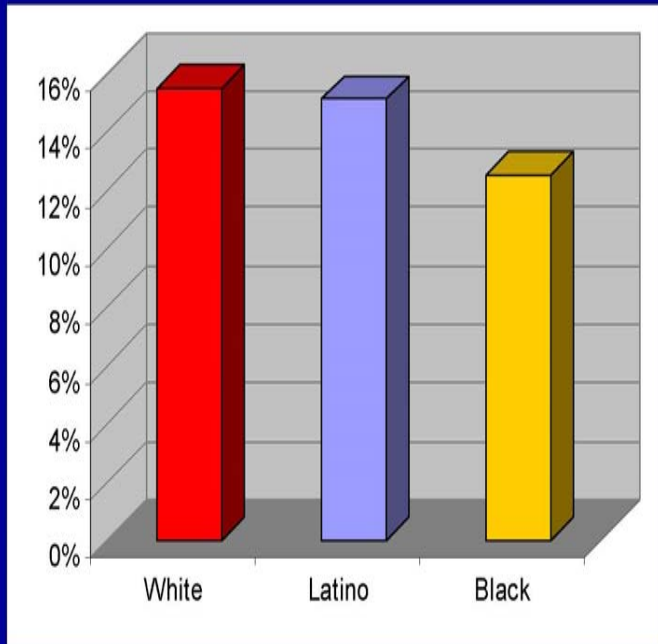
# The limits of traditional HIV risk factors...



- Unprotected anal intercourse
- Substance use (during sex and/or injection)
  - Crack/ Cocaine
  - Heroin
  - Poppers
  - Meth



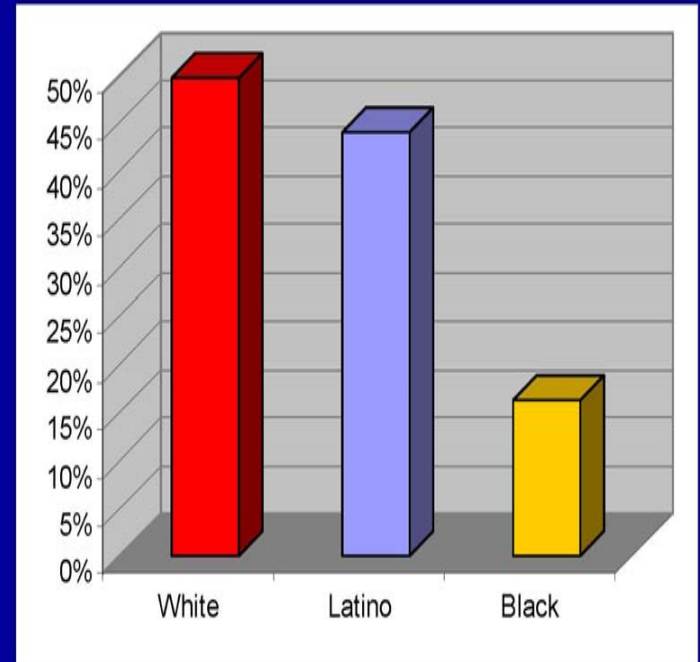
## Meth Use among MSM: Miami (past yr)



(Miami Dade KAAB Survey, 2005)

## YMS Amphetamine Use (lifetime)

Data collection 1994-1998 (7 cities)



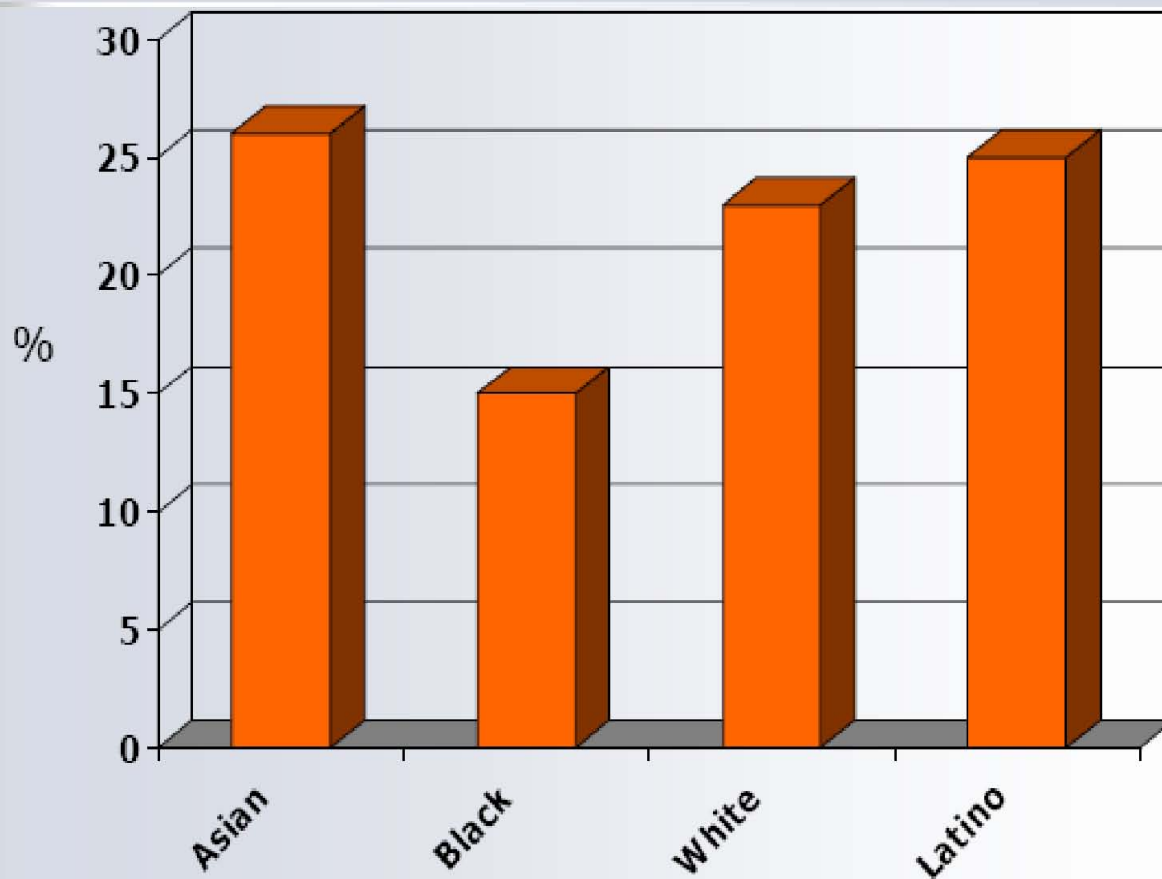
n=1259

n=1042

n=814

(CDC, 2006)

# San Francisco --- Crystal use by race/ethnicity



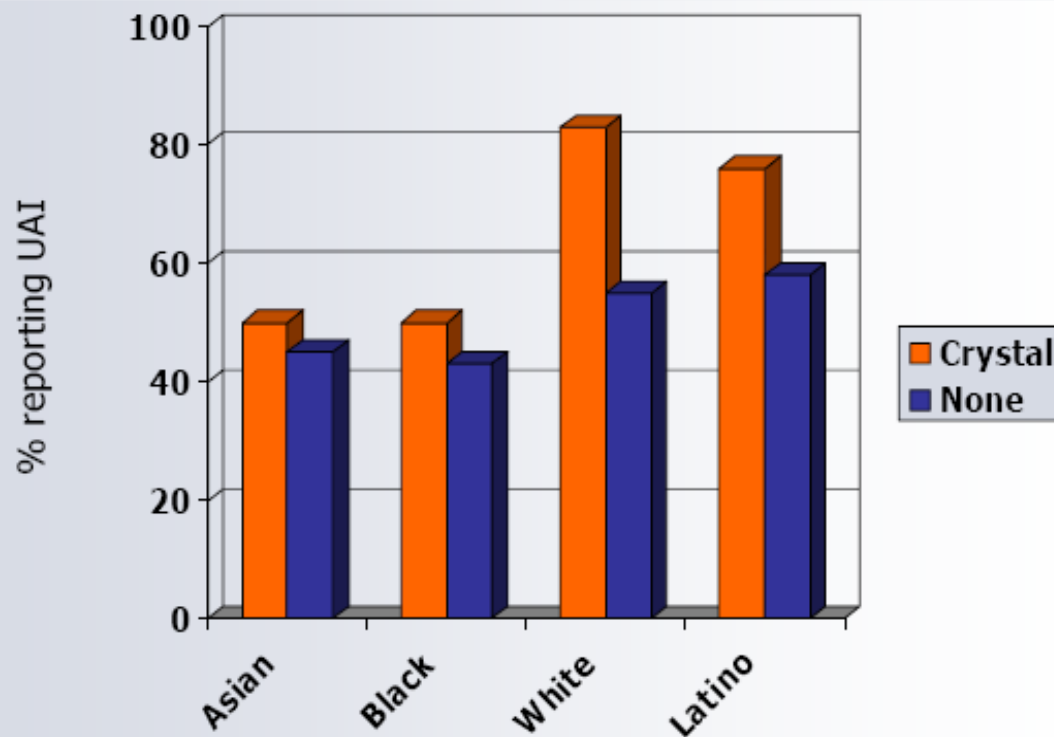
N=524; Past 6 months

(Bingham, 2005)



# NHBS Los Angeles

## Unprotected anal sex (12 mo.) and Crystal by race/ethnicity



(N=507)

(Bingham, 2006)



# Young MSM (ages 15-22): Substance Use Behavior

Drug use past 6 months	% Black (n=814)	% Latino (n=1042)	% White (n=1259)
Injection drug use	3.1	6.0*	9.9*
Needle sharing	0.6	1.6*	4.3*
Uppers/ speed	16.2	44.0*	49.6*
Powder cocaine	11.6	35.8*	38.8*
Crack cocaine	4.6	10.0*	12.2*
Nitrites/ poppers	6.4	23.8*	28.8*

(Harawa et al., 2004)

\*P< .05



# Substance Use Across All Studies

Compared with Black MSM, White MSM across studies:

- 3 times more likely to use amyl nitrites
- 54% more likely to use drugs associated with HIV infection (IDU, amphetamines, crack/cocaine, needle sharing, opiates, nitrites)
- 40% more likely to use any illegal substance

(Millett et al., 2007)



# Young MSM (ages 15-22): Sexual Risk Behavior

Sexual behavior past 6 months	% Black (n=814)	% Latino (n=1042)	% White (n=1259)
Casual male sex partner	49.3	57.6	59.7*
IDU male sex partner	5.9	7.5	10.6*
HIV+ male sex partner	4.8	6.0	6.1*
UAI	48	-	59*

(Harawa et al., 2004)

\*P < .05



# Young MSM (ages 15-22): Sexual Risk Behavior

Sexual behavior past 6 months	% Black (n=814)	% Latino (n=1042)	% White (n=1259)
Casual male sex partner	49.2	57.6	59.7*
IDU			*
HIV+			*
UAI	48	-	59*

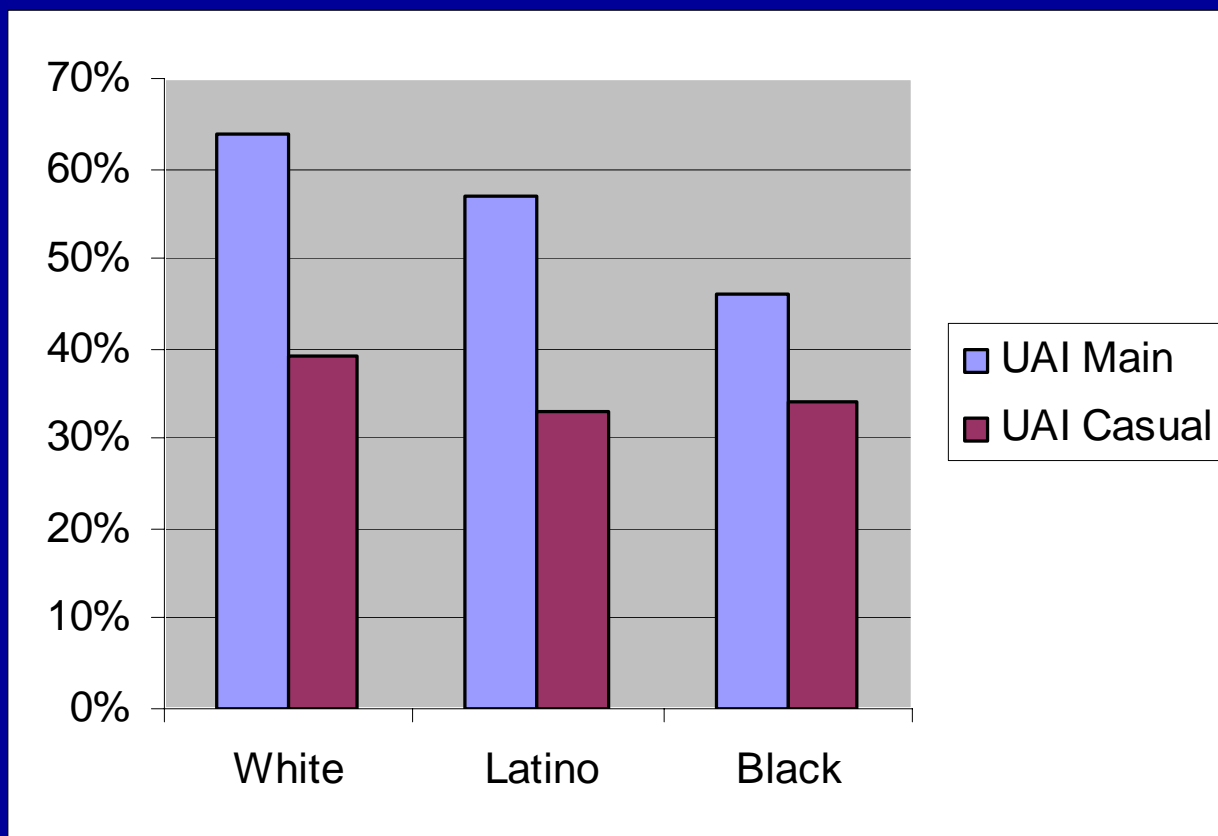
**Yet compared with White MSM in this sample:  
Latino MSM were twice as likely to be HIV-positive  
Black MSM were 9 times more likely to be HIV-positive**

(Harawa et al., 2004)

\*P < .05



# NHBS: Sexual Risk (ages 18-81)



n= 4510

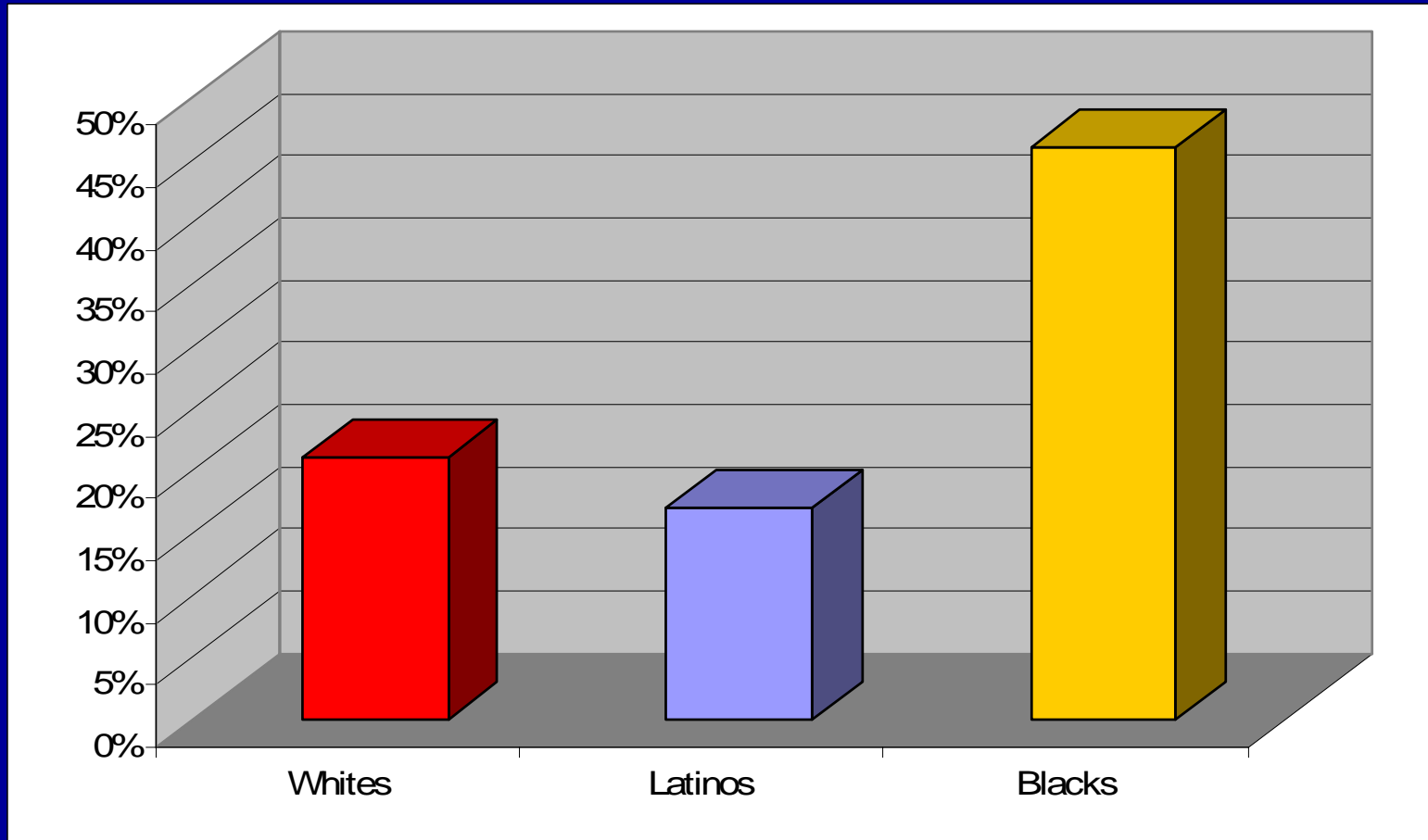
n= 2680

n= 1739

(CDC, 2006)



# NHBS: HIV Prevalence by Race



(MMWR, 2005)



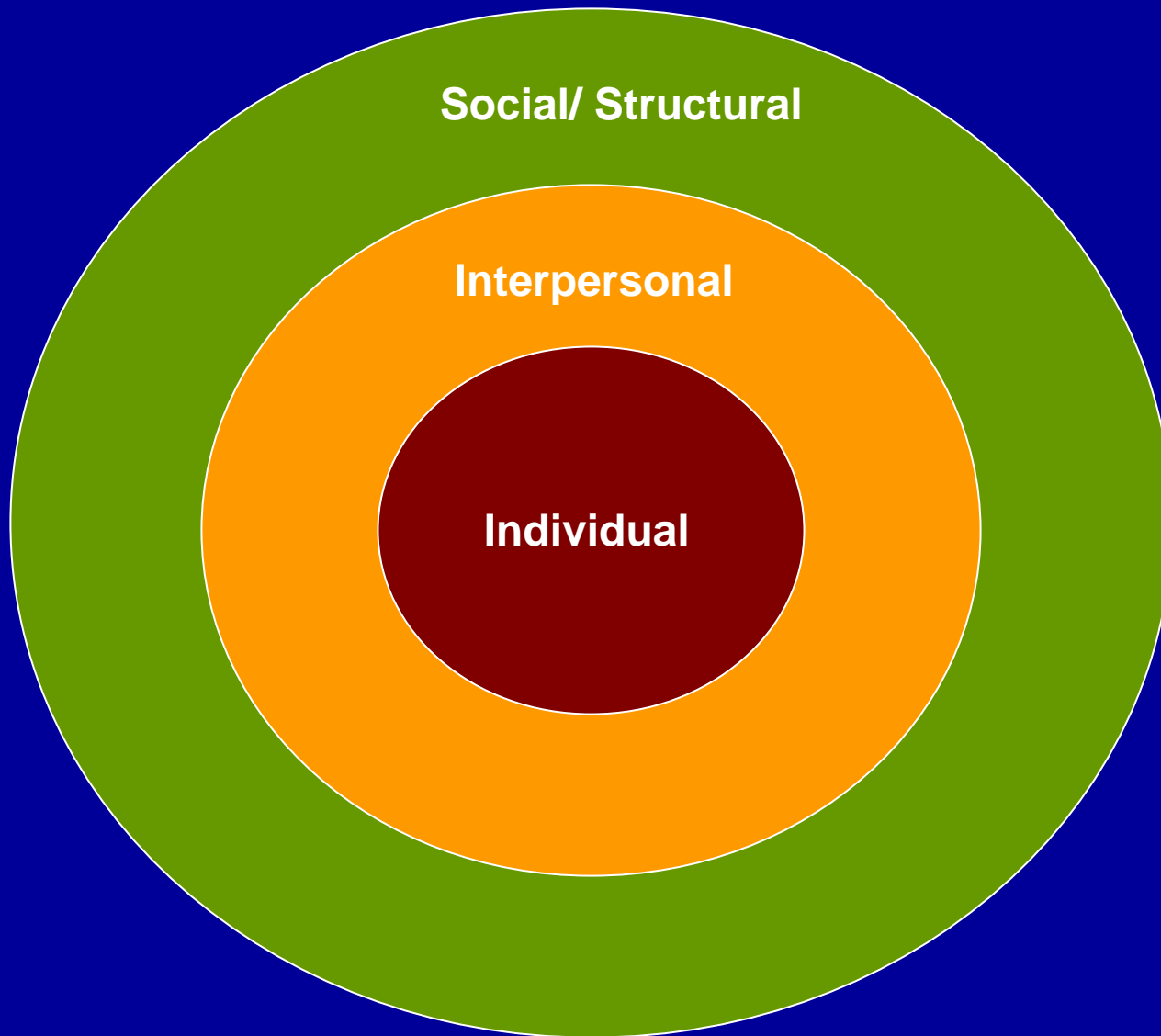
# UAI Across All Studies

- Comparable rates of UAI by time period
- Comparable rates of receptive UAI
- Comparable rates of UAI with 'known' HIV-positive partners

(Millett, 2007)

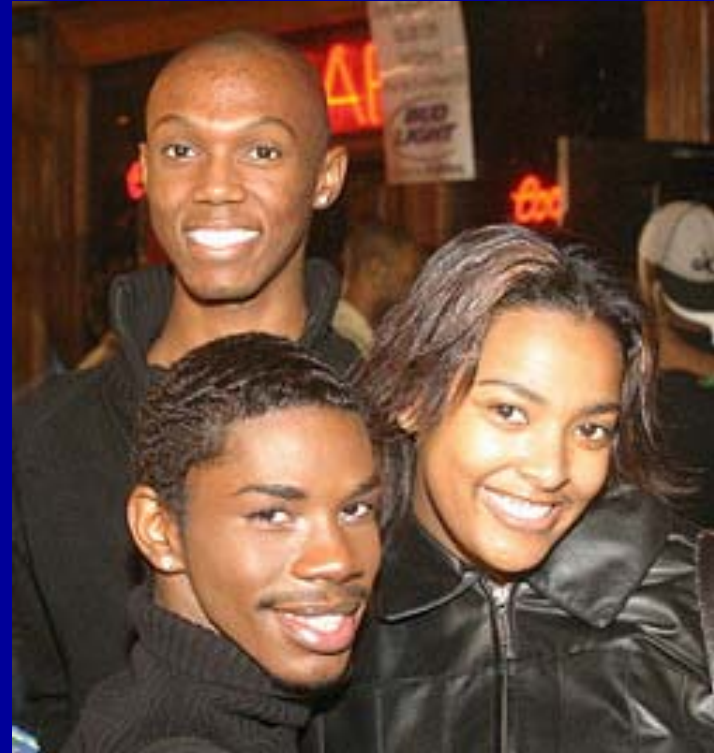
Which Black and Latino MSM  
are at risk?





# Individual-Level Demographic Factors: Age

- Latino MSM: Younger age associated with greater risk behavior (Jarama, 2005)
- Black MSM: Older age associated with greater risk behavior (Peterson, 1997; Mays, 1996)
  - Across studies: Young Black MSM 34% less likely to report UAI and 75% less likely to report any substance use (Millett, 2007)



# Individual-Level

## Demographic Factors: Gay ID/ Disclosure

- **Latinos** (Jarama, 2005)
  - 65% of 250 ID as gay
  - 45% ever involved in gay org
- **Blacks**
  - 70% less likely to identify as gay (Millett, 2007)
  - 60% less likely to disclose sexuality (Millett, 2007)
  - Less likely to join gay org or read gay media (McKirnan, 1995; Stokes, 1996; Kenamer, 2000)
- Sexual risk with male partners and HIV prevalence is higher among gay ID men compared with nongay-ID (Wood, 1993; Pathela, 2006)
- Sexual risk with male partners and HIV prevalence is greater among disclosing rather than nondisclosing MSM (CDC, 2003)



# Individual-Level Demographic Factors: Undiagnosed HIV

- Greater rates among Black and Latino MSM
  - Ages 15-22: Black 91%, Latino 69%, White 60% (MacKellar et al., 2005)
  - Ages 18-81: Black 67%, Latino 48%, White 23% (CDC, 2005)
- Known positives engage in fewer sexual risk behaviors with negative or unknown status partners (Colfax et al., 2002)
- People with unrecognized infection primarily responsible for ongoing epidemic (Marks et al, 2006)



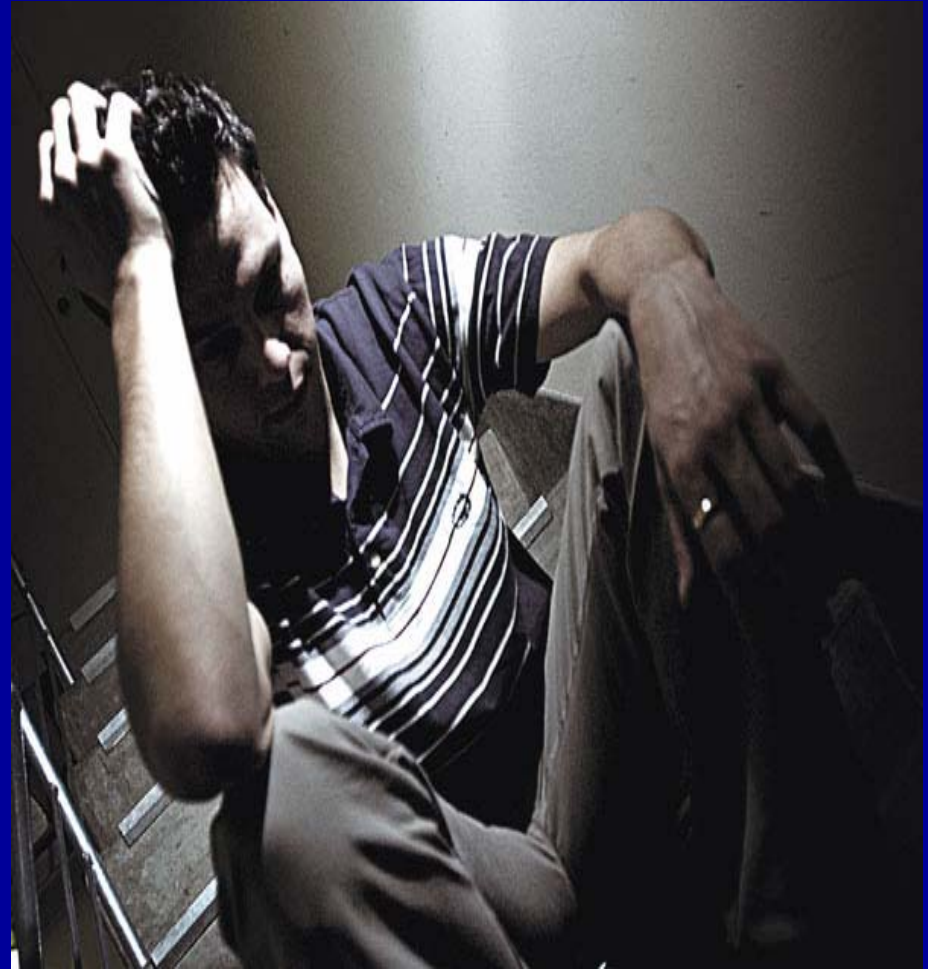
# Individual-Level Psychological Factors: Depression/ Distress

## Latino MSM

- Depression associated with greater rates of sexual risk (Poppen, 2004)

## Black MSM

- Depressive distress associated with greater rates of sexual risk (Crawford, 2002; Myers, 2003)



# Individual-Level

## Psychological Factors: Childhood Sexual Abuse

- Latino MSM
  - Significant association with sexual risk (Diaz, 1999; Carballo-Diequez & Dolezal, 1995)
  - No association with sexual risk among HIV-positive men (Poppen, 2005)
- Black MSM
  - Significant association with sexual risk (Wheeler, in press)



# Individual-Level Biological Factors: Immunogenetics and STI

- CCR5 base 32 allele
  - Protective against HIV infection (Marmor, 2001; Stephenson, 2001)
  - Slower disease progression (Huang, 1996; Michael, 1997)
  - <.1% of non-Whites (Martinson, 2000)
  - Few studies of MSM and none of MSM of color (Millett, 2006)
- STI (Black MSM)
  - Increases risk of HIV infection or transmission (Flemming, 1999):
  - Meta-analysis (Millett, 2007):
    - Black MSM 2x more likely to be dx with a current STD
    - 50% more likely to have GC
    - 2x more likely to have syphilis
  - Coinfection (Torian, 2002):
    - HIV+ Black MSM more likely to be coinfecting with GC, syphilis or nongonococcal urethritis (60% vs. 18%)



# Individual-Level Biological Factors: Circumcision

- General population
  - Prevalence: White (81-88%), Black (65-73%), Latinos (42-54%) (Xu, 2007; Laumann, 1997)
- MSM
  - Protects insertive partner only
  - U.S. studies: protective effect (Kriess, 1993; Buchbinder, 2005); no association (Mor, 2007)
  - Too few Black or Latino MSM in U.S. studies
  - Latino MSM: Peru sentinel surveillance (N=2048)
    - No association between circumcision and HIV infection (Guanaria, 2007)
    - 3.7% circumcised



# Interpersonal Level: Communication/ Peer norms



## Latino MSM

- Poor communication about safer sex associated with greater number of sex partners (Jarama, 2005)

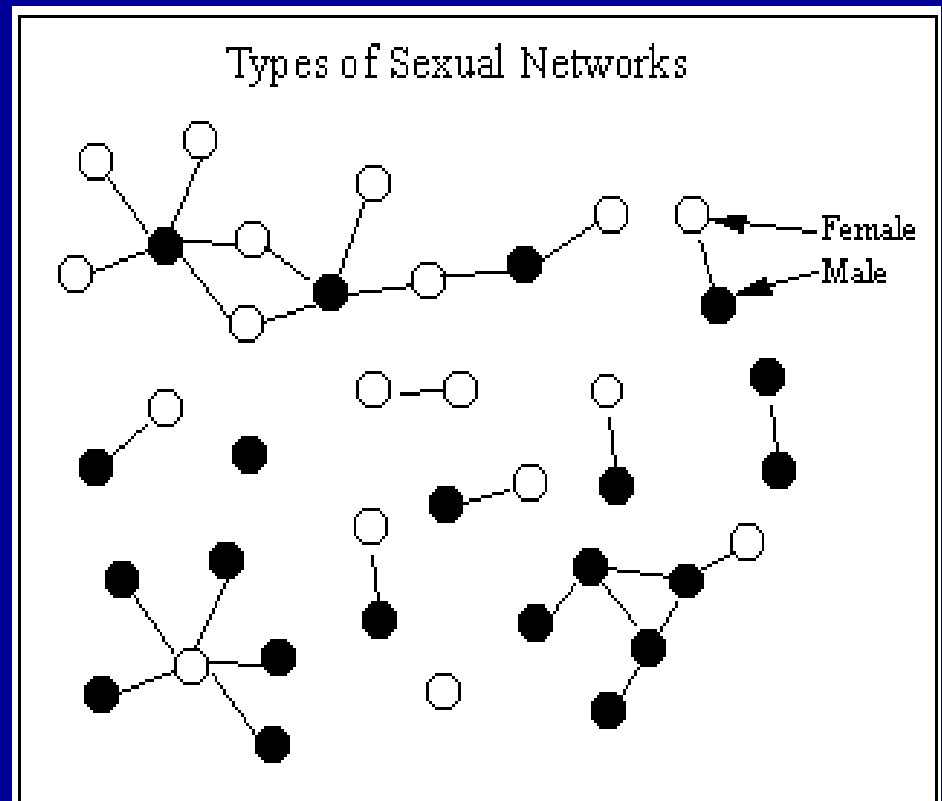
## Black MSM and Latino MSM

- Negative peer norms toward condom use associated with greater rates of UAI (Bakeman, 2007; Jones, 2007; Hart & Peterson, 2004; VanOss Marin, 1998)

# Interpersonal Level: Sexual Networks

## Young Black MSM

- Sex with older male partners (Bingham, 2003)
- Intraracial sexual mixing (Bingham, 2003; CDC, 2003)



# Social/Structural Level: Poverty/ Healthcare

- Poverty
  - Black MSM: Lower income associated with greater likelihood of HIV infection (Peterson, 1992; Mays, 1995; Millett, in press)
- Healthcare access/ utilization
  - Black MSM: HIV-positive Black MSM 57% less likely to access ART compared with HIV-positive White MSM (Millett, 2007)

# Social/Structural Level: Healthcare, contd

## Latino MSM and healthcare access/ utilization:

- HIV prevalence among non-U.S.-born Latino MSM (5-35%) in various studies (Sanchez, 2004)
- Compared with U.S.-born HIV-positive patients, non-U.S. born HIV-positive Latinos more likely to:
  - Present with lower CD4 at dx
  - Have an opportunistic infection at dx
  - Be hospitalized at dx (Levy, 2007)



# Social/ Structural: Machismo/ Acculturation

## Machismo

- Higher levels of machismo predicts having a greater number of sex partners (Jarama, 2005)

## Acculturation

- Latino MSM who were less acculturated engaged in fewer risks (Poppen, 2004)



# Social/Structural Level: Discrimination

## Black MSM

- History of discrimination associated with greater sexual risk (Zamboni, 2006)

## Latino MSM

- Experience with discrimination associated with greater rates of sexual risk (Jarama, 2005)
- Homophobia, racism, poverty, psychological distress associated with sexual risk (Diaz, 2004)



Okay, so what is CDC doing...?



# New and ongoing research

## Exploratory Research: Structural/ Sociocultural

- Brothers y Hermanos
- Racial identity & masculinity
- Unrecognized HIV infection
  - PCRS, Alt venue testing, social networks



# New and ongoing research, contd

## Intervention Research: Structural/ Biological

- Latino and African-American Prevention project (2 Latino sites; 4 African-American sites)
- Community-level intervention (Mpowerment)
- Popular opinion leader intervention
- Tenofovir trial (PrEP)



# Points to Consider



- Traditional risk factors for HIV infection (UAI, substance use) are not similar for Black and Latino MSM
  - But share other individual, interpersonal, structural risk factors for HIV risk behavior or infection
- Must address differences in HIV risk within Black and Latino MSM communities
  - U.S.- born vs. non-U.S. born (Latino MSM)
  - Drug use East and West coast (Black MSM)
- Must address structural and interpersonal factors since individual risk does not explain HIV disparities among Black MSM



- Create new behavioral interventions specific to Black and Latino MSM
- Tailor existing effective behavioral interventions for MSM for Black and Latino MSM populations
  - Listen to the community
- Investigate applicable biological interventions (PrEP, rectal microbicides, etc)



- Frequent HIV/STI screening (every 6 mos) to reduce high rates of STD and unrecognized HIV infection
- Link HIV-positive MSM (especially Black MSM) with appropriate care
- Target men most at risk: gay-identified, 'out', or acculturated men
  - Caveat: Non-acculturated Latino MSM less likely to engage in sexual risk, but also less likely to have access to care after seroconverting



- Support men throughout their lifetime, not just when they are young. Too many men are seroconverting in their 30s and 40s.
- Focus on the whole person, not just sexual health
- Encourage, recognize and celebrate resiliency



“Our greatest glory is not in never falling, but  
in rising every time we fall.”

Confucius

