

April 2010

Behavioral Surveillance among Men Who Have Sex with Men (NHBS-MSM2) Preliminary Findings

The Florida Department of Health, Bureau of HIV/AIDS is collaborating with the University of Miami and CDC to conduct National HIV Behavioral Surveillance (NHBS) in South Florida. NHBS involves a repeated, cross-sectional survey and HIV testing of populations at high risk for HIV infection: men who have sex with men (MSM), injection drug users (IDU), and heterosexuals at increased risk for HIV (HET). NHBS activities are implemented in one-year cycles so that data are collected from each risk group approximately once every three years; these study cycles are referred to as NHBS-MSM, NHBS-IDU, and NHBS-HET. Individuals who consent to participate undergo an anonymous interview and HIV test and are paid for their time. NHBS is conducted in over 20 US metropolitan areas with high AIDS prevalence rates. Data collection for the second MSM study cycle (NHBS-MSM2) was conducted from June through November 2008 in Miami-Dade County. Venue-based, time-space sampling was used to recruit a sample of 527 MSM ages 18 and older.

Of the 527 NHBS-MSM2 participants, two-thirds (368, 69.8%) were Hispanic, one-fifth (94, 17.8%) were black (non-Hispanic), one-tenth (52, 9.9%) were white (non-Hispanic), and 13 (2.5%) were of another racial/ethnic group or multiracial. The mean age was 35 years. Nearly two-thirds of the sample (338, 64.1%) identified as gay; one-third (170, 32.3%) identified as bisexual, and 19 participants (3.6%) identified as heterosexual or other. The majority (309, 58.7%) of participants were born outside the US. Over half reported not having health insurance at the time of the interview (303, 57.6%) and having an annual income under \$20,000 (271, 51.6%). Other relevant issues among the sample include high rates of depression (CES-D 10 scale) (196, 37.2%), incarceration during the past 12 months (86, 16.3%), binge drinking (five or more drinks in one sitting at least once a month) (170, 32.3%), and non-injection drug use during the past 12 months, including marijuana (166, 31.5%), cocaine (134, 25.4%), crack (54, 10.2%), poppers (amyl nitrate) (106, 20.1%), ecstasy (52, 9.9%), downers (42, 8.0%), and amphetamines (36, 6.8%) (data not shown).

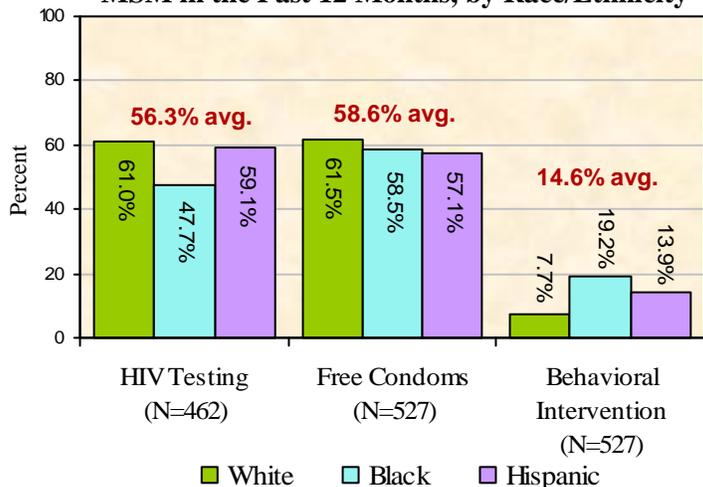
One in four participants (133, 25.2%) tested HIV positive, and nearly half (60, 45.1%) of these men were previously unaware of their infection (Table 1). HIV positivity rates were similar across racial/ethnic groups, but knowledge of infection varied significantly. Of the 52 white MSM, 15 (28.8%) tested HIV positive; 2 (13.3%) had a previously undiagnosed infection. Of the 94 black MSM, 25 (26.6%) tested HIV positive; 18 (72.0%) had a previously undiagnosed infection. Of the 368 Hispanic MSM, 87 (23.6%) tested HIV positive; 38 (43.7%) had a previously undiagnosed infection.

Table 1. HIV Prevalence and Unrecognized Infection among MSM, by Race/Ethnicity

Race/Ethnicity (N=527)	HIV+ No. (%)	Of HIV+
		Unaware of Infection No. (%)
White (N=52)	15 (28.8%)	2 (13.3%)
Black (N=94)	25 (26.6%)	18 (72.0%)
Hispanic (N=368)	87 (23.6%)	38 (43.7%)
Total ¹ (N=527)	133 (25.2%)	60 (45.1%)

¹ Total includes those of other or multiple race/ethnicity

Figure 1. Receipt of Prevention Services among MSM in the Past 12 Months, by Race/Ethnicity



The majority of participants received one or more HIV prevention services in the past 12 months (Figure 1 shows these data by race/ethnicity). Over half of the sample reported testing for HIV (267, 56.3%) (N=462, excludes those who tested HIV positive over 12 months ago) and receiving free condoms (from a source other than a partner, friend, or relative) (309, 58.6%). One in seven (77, 14.6%) participants reported participating in an individual- or group-level intervention or one-on-one conversation with an HIV prevention program representative (excluding HIV pre- and post-test counseling sessions). These data underscore the need to employ strategies that expand the reach and use of prevention services among MSM, particularly HIV testing among black MSM. Other important and far-reaching initiatives for MSM include in-person and online outreach efforts, media campaigns, community mobilization initiatives, and structural and community-level interventions.