Georgia Department of Public Health

GEORGIA HIV BEHAVIORAL SURVEILLANCE (GHBS)
Survey of Men who have sex with men (MSM) in Metro Atlanta, 2017

What is GHBS?

Each year throughout the United States, 22 health departments serving the cities with the highest HIV prevalence collaborate with the Centers for Disease Control and Prevention (CDC) to implement the National HIV Behavioral Surveillance System (NHBS). NHBS assesses and monitors HIV-related risk behavior, testing behavior, and use of prevention programs among three populations at heightened risk for HIV infection: men who have sex with men (MSM), people who inject drugs (PWID), and heterosexual men and women living in areas of high poverty (HET). In 2017, the Georgia Department of Public Health implemented the NHBS survey with a focus on MSM in the Atlanta area. Between August and December of 2017, participants were recruited into the study using venue-based time-space sampling method. A total of 42 recruitment events occurred at 13 venues attended primarily by MSM. Surveys were conducted by trained interviewers with handheld computers. All participants were offered anonymous HIV testing and counseling. HIV testing was conducted using the Insti® HIV-1/2 Rapid Antibody Test. Reactive results were confirmed with a Uni-Gold™ Recombigen® HIV-1/2 rapid immunoassay.

Background: HIV among MSM

Per the most recently available CDC HIV Surveillance Report, in 2017, Georgia ranked 5th in the nation for new HIV diagnoses among adults and adolescents (2,588). Georgia also ranked 5th nationally for the total number of adults and adolescents living with HIV (51,350). Similarly, in 2017, the Atlanta MSA ranked 3th in the nation for new HIV diagnoses [(1)]. In Georgia, male-to-male sexual transmission accounted for approximately 66% of all new HIV diagnoses in 2016 [(2)].

1. Centers for Disease Control and Prevention. *HIV Surveillance Report, 2017*; vol. 29. Published November 2018. [Accessed: December 05 , 2018].
2. Georgia Department of Public Health, *HIV/AIDS Epidemiology Section HIV Surveillance Summary, Georgia 2016*, Published July 2018. [Accessed: December 1, 2018].

Table 1. Demographic Characteristics, GHBS MSM Survey, 2017 (n=530)[†]

	n	%
Age		
18-29	199	38%
30-39	192	36%
40-49	81	15%
50+	58	11%
Race/Ethnicity		
Black	320	60%
White	124	23%
Other[a]	86	16%
County of residence		
Fulton	323	61%
DeKalb	87	16%
Cobb	39	7%
Gwinnett	34	6%
Clayton	18	3%
Other	29	5%
Education		
Less than high school	17	3%
High school diploma/GED	88	17%
At least some college	425	80%
Annual Income		
0k to 24k	122	23%
25k to 39k	110	21%
40k to 59k	122	23%
60k+	172	33%
Health insurance at time of interview	403	76%
Lacked healthcare due to cost	72	14%
Saw a healthcare provider in past 12 months	452	85%
Offered an HIV test by healthcare provider[*]	203	64%

[†]Inclusion criteria: At least 18 years of age, born and identify as male, reporting ever having oral or anal sex with a male, and a resident of the Atlanta Metropolitan Statistical Area.
[*] Among 315 participants who saw a healthcare provider in past 12 months and did not report being HIV-positive during interview.
[a] Includes persons who indicated Hispanic/Latino, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, multiple races or other race.

Survey of MSM in Metro Atlanta, 2017

A total of 530 participants met the inclusion criteria, consented to and completed the survey, and provided valid responses to the NHBS Survey (Table 1).

All of the 530 participants were male. Most of the participants (77%) identified themselves as homosexual or gay while another 22% described themselves as bisexual and less than 1% identified as heterosexual. Approximately 38% of participants were aged 18 to 29 years, 36% were aged 30-39 years, 15% were aged 40-49 and 11% were aged 50 years or older. By race and ethnicity, 60% of participants were Black, followed by 23% White, 10% Hispanic or Latino, and 6% other race. By county of residence, most participants reported living in Fulton (61%), followed by DeKalb (16%), Cobb County (7%), Gwinnett (6%), and Clayton (3%).

Overall, educational attainment was high among participants. Eighty percent of males reported at least some college education, while another 17% completed high school. Only 3% of participants reported having less than a high school education.

Annual income was diverse among participants. One in three males (33%) reported an annual household income of $60,000 or more while another 23% reported earning at least $40,000 to $59,999 annually. Approximately 23% of participants reported their annual household income to be under $25,000.

With respect to healthcare services and resources, 76% of participants reported health care coverage at the time of interview. Among those covered, 81% had private health insurance and only 14% had a publicly funded program such as Medicaid or Medicare. Additionally, 14% of participants needed healthcare services but could not access them due to cost.

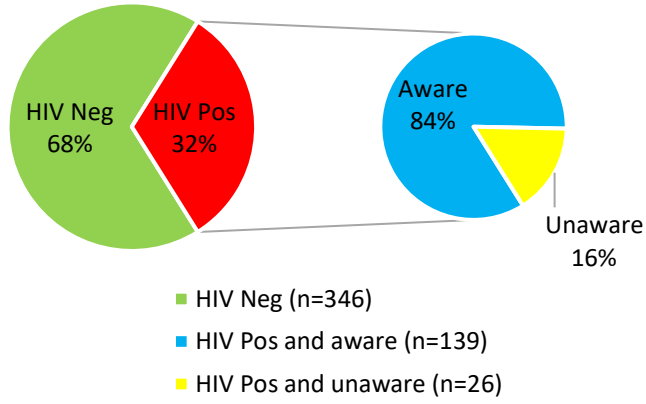
Drug and Alcohol Use

Over one half (53%) of participants reported non-injection drug use in the past 12 months. Marijuana was the most commonly used drug (48%), followed powdered cocaine (20%), and poppers (amyl nitrite) at (19%). Additionally, 32% of participants reported poly-substance abuse and <1% reported injection drug use in the past 12 months. Excluding those who reported only marijuana use, 6% participated in a program to treat drug use in the past 12 months and another 3% of tried but were unable to access a treatment program.

HIV Status and Care History

Among the 513 participants who consented to HIV testing as part of the survey, 165 (32%) had a confirmed HIV-positive test result. Of the 165 participants who tested HIV-positive, 139 (84%) reported being HIV-positive during the interview [Fig 1]. Thirty-eight percent of Black males and 15% of White males tested HIV-positive. The median age of diagnosis was 27 and 31 for Black and White males, respectively. Median age of diagnosis overall was 28 years.

Figure 1. HIV Prevalence and Awarness of Infection, GHBS MSM Survey, 2017



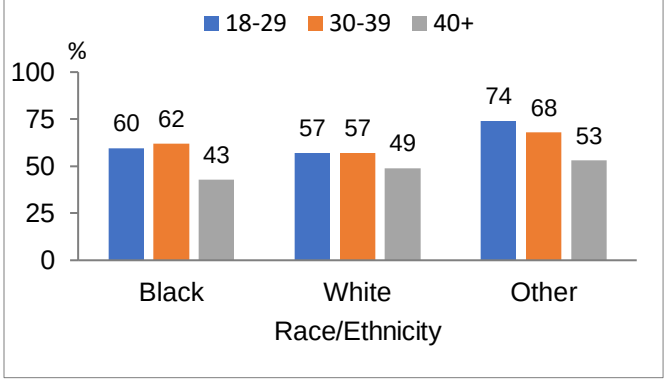
Of the 139 participants who were self-report positive, 88% were taking antiretroviral therapy at the time of the interview. By race, 85% of Blacks and 100% of Whites were taking antiretroviral therapy at the time of the interview.

Of the 78 participants not tested for HIV in the past 12 months, the most common reason was “no particular reason” (36%) followed by “perceived low risk for HIV infection” (35%), and “afraid of learning HIV status” (14%).

Other Sexually Transmitted Diseases

Among all 530 participants, 14% reported being diagnosed in the past 12 months with a bacterial sexually transmitted disease (STD) such as chlamydia, gonorrhea, or syphilis. The proportion of participants tested for a bacterial STD in the past 12 months differed by age and race [Figure 2].

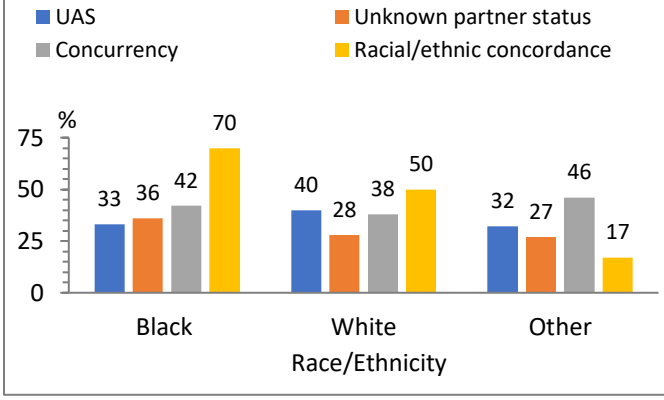
Figure 2. Bacterial STD Test in Past 12 Months by Age Group, GHBS MSM Survey, 2017



Sexual Risk Behaviors

Among the 387 participants who did not report a previous positive test result, 66% reported unprotected anal sex (UAS) in the past 12 months and 35% reported UAS with their most recent sexual partner. Additionally, 32% of participants did not know their last sexual partner's HIV status, 41% reported being in a concurrent sexual relationship, and 56% were racially or ethnically concordant with their last partner. Characteristics of the last sexual partnership differed by race [Figure 3].

Figure 3. Last Sexual Partnership Characteristics, GHBS MSM Survey, 2017



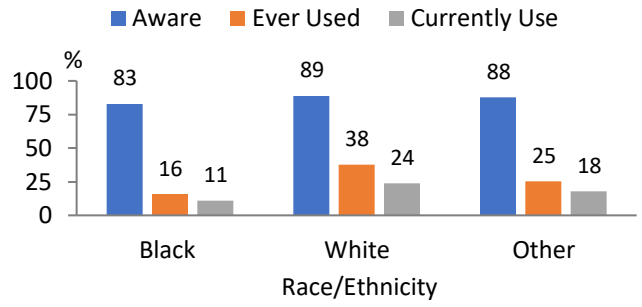
Pre-Exposure Prophylaxis Utilization

Of the 387 participants who did not report a previous positive test result, only 36% talked to a healthcare provider in the past 12 months about pre-exposure prophylaxis (PrEP), the medication HIV-negative people take to prevent infection.

Approximately one out of every four males (23%) reported lifetime PrEP use and only 16% were currently using PrEP. The proportion of males ever and currently taking PrEP differed by race/ethnicity [Figure 4].

Among the 265 participants who had never used PrEP, the most frequently cited reasons included low perceived risk of HIV infection (26%), other unspecified reason (23%), and potential side effects (16%).

Figure 4. PrEP Awareness and Use, GHBS MSM Survey, 2017



Utilization of Prevention Services

Among all 530 participants, 70% received free condoms in the past 12 months. The most commonly reported source of free condoms included bars, clubs, bookstores, or other business (59%). Nearly one out of every three participants (30%) engaged in either an individual level or group counseling session to discuss ways to prevent HIV infection.

Among participants who did not report a previous positive test result, 81% percent visited a health care provider in the past 12 months. Among those, only 64% were offered an HIV test. In terms of perceived risk, approximately one out of every four participants (23%) believe they are either "somewhat likely," "very likely," or "extremely likely" to be infected with HIV in the future. Twenty-five percent of Black males vs. 18% of White males believe they are at least "somewhat likely" to become infected with HIV in the next 12 months.

Sexual and HIV-related Stigma

All participants were asked if they had experienced various types of enacted stigma related to sexual minority status during the past 12 months. Twenty-six percent of men experienced name calling and verbal insults related to their attraction to men, 17% reported unfair treatment at work or school, and 14% reported poor service at restaurants, stores, businesses, or agencies. One out of every two participants (53%) agreed with the statement "Most people in Metro Atlanta would discriminate against someone with HIV."

Implications

In Metropolitan Atlanta, male-to-male sexual transmission accounts for over half of new HIV infections. Moreover, significant disparities exist, with the heaviest HIV burden experienced by MSM of color. Awareness of serostatus is a critical first step in the HIV prevention and care continuum. While most participants visited a health care provider in the past 12 months, only 64% of those not known to be HIV-positive were offered an HIV test, suggesting missed opportunities for diagnosis and treatment. In addition to the routinization of HIV testing in healthcare settings there is a need for expanded prevention strategies/services in non-healthcare settings such as street outreach and mobile testing.

Despite being a highly effective HIV prevention strategy, pre-exposure prophylaxis (PrEP) uptake remains suboptimal, particularly among Black MSM. These survey findings suggest a need to increase both provider and consumer knowledge of PrEP and to expand community-level programs with a focus on PrEP access, uptake, and adherence. Opportunities should also be explored to increase the use of existing online resources and identify new ways to leverage mobile operating systems and social-media platforms in order to improve health literacy and facilitate the navigation of healthcare systems.

Additionally, consistent with HIV care continuum data which show lower rates of viral suppression among MSM of color, fewer Blacks reported current ART use compared with Whites. This highlights the importance of efforts to address barriers to retention in care and treatment adherence in order to both improve care outcomes and to reduce transmission of HIV.

Limitations

The data presented in this summary are unweighted and findings may not be representative of the entire population of MSM living in Metropolitan Atlanta. Findings might not be generalizable to other cities. Behavioral questionnaires that rely on self-report are prone to several response biases that might affect data quality. Additionally, the number of participants unaware of their HIV-positive status might be inflated because those who knew their positive status may have described their status as HIV-negative to the interviewer due to HIV-related stigma.

Acknowledgements

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