

2010 Profile of HIV/AIDS in Michigan

Ranked Behavioral Group: MSM

Data from HIV/AIDS Reporting System (eHARS) & Supplement to HIV/AIDS Surveillance Project II (SHAS)

Overview:

Men who have sex with men (MSM) are the number-one ranked behavioral group in Michigan for HIV infection. MSM remain the single largest behavioral group affected by this epidemic, and account for over half (53 percent) of all reported infected persons, including MSM/IDU. MDCH estimates that there are approximately 9,930 MSM living with HIV disease in Michigan. This includes an estimated 880 HIV-infected men whose risk is a combination of having sex with other men and injecting drugs. (See Table 5, page 3-85)

Race/Ethnicity:

MSM accounts for most HIV infection among men in Michigan. This is true for black, white and Hispanic men. In reviewing reported cases for MSM and MSM/IDU of all races (8,073 cases), white males comprise a little less than half of men in this combined category (47 percent, 3,863 cases); black males account for just under half (46 percent, 3,743 cases); and Hispanic males account for four percent (319 cases). See Table , page 3-8.

Age at HIV Diagnosis:

Among those reporting male-male sex (including MSM/IDU), the highest percent of all living cases of HIV/AIDS is found among those aged 30-39 at diagnosis (37 percent). MSM is the predominant mode of transmission for males aged 13 and up, accounting for 78 percent of infections among those aged 20-29 at diagnosis. See Table 9, page 3-90.

Concurrent Diagnoses:

Of the 15,285 persons living with HIV/AIDS in Michigan, 54 percent (8,317 cases) have progressed to AIDS. Of these, 3,561 (43 percent) had concurrent HIV and AIDS diagnoses. MSM make up 55 percent (N = 4,601) of persons living with AIDS, of which 42 percent (N = 1,931) had concurrent HIV and AIDS diagnoses. MSMs make up the majority of those getting tested for HIV late in the course of the disease and are more likely to test later when compared to IDU and persons reporting heterosexual sex. See Table 5, page 3-85.

Geographic Distribution:

In both the high and low HIV/AIDS prevalence areas (see Figure 2, page 3-15), MSM comprise the single largest mode of transmission. Within high prevalence counties MSM comprise over half of reported cases (53 percent) while in the lower prevalence counties 62 percent of reported persons living with HIV/AIDS are MSM. About two-thirds (62 percent) of HIV-infected MSM statewide reside in the Detroit Metro Area, which is in line with the percent of all HIV cases in the DMA. These percentages include MSM who are also IDU. Data not shown in Tables.

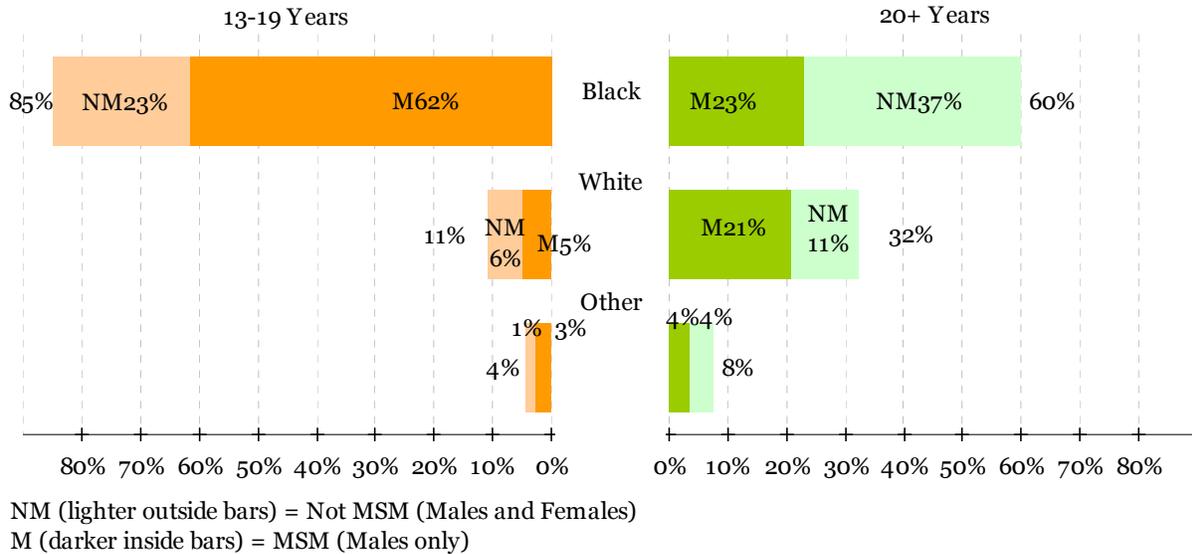
Trends and Conclusions:

MDCH estimates that HIV infection among men who have sex with men remained stable from 2004 to 2008, with this group comprising 44 percent of all new diagnoses in 2008. However, the percent of cases among black MSM increased significantly, while the percent among white MSM decreased. Also, the rate of infection in those who were 13-24 years old at the time of HIV diagnosis has significantly increased during this time period. Those in this age group are much more likely to be black MSM compared to adults 20 years and older (62 percent vs. 23 percent) (Figure 24). For more information on trends overtime, see the section on Trends in HIV/AIDS Data on pages 3-18–21.

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Figure 24: Race/Ethnicity by Age at HIV Diagnosis, All Persons Living with HIV, 2004-2008



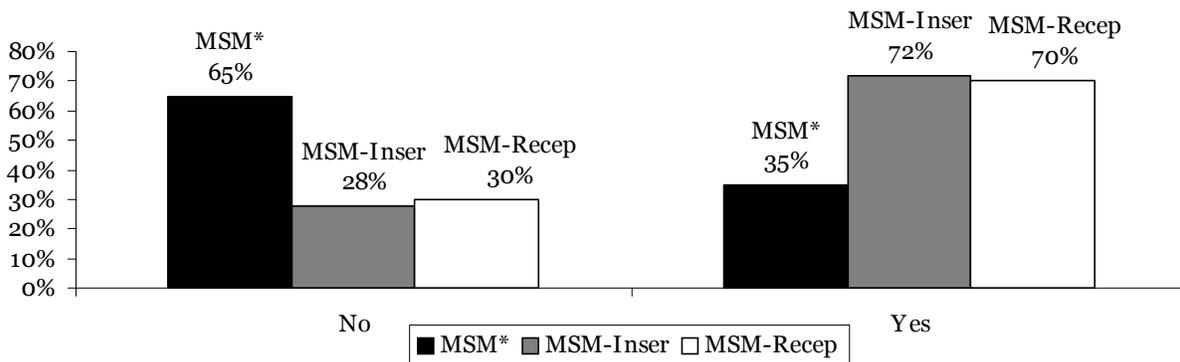
Ranked Behavioral Group: MSM: A Look at Condom Usage

Data from Supplement to HIV/AIDS Surveillance Project II (SHAS) & Medical Monitoring Project (MMP)

Among the 333 men who report having sex with a man in the 12 months prior to the SHAS interview between 2000 and 2004, 111 reported having insertive anal sex with a steady male partner. As seen in Figure 25, 72 percent reported using condoms the last time they had sex. Of the 119 male respondents who reported having receptive anal sex with a steady male partner, 70 percent reported that their partner used a condom.

More recent data shows that among the persons living with HIV who were in care and interviewed for MMP in 2007, 35 percent of men that have sex with men (MSM) reported having unprotected sex with at least 1 partner. Although the populations interviewed in SHAS and MMP are different, it is difficult to ignore this drastic decrease in condom usage among MSM.

Figure 25: Condom Use among HIV Infected Men (SHAS-2000-2004 & MMP* - 2007)



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Ranked Behavioral Group: MSM: Discussion of Behaviorally Bisexual Men

Data from HIV/AIDS Reporting System (eHARS) & Supplement to HIV/AIDS Surveillance Project II (SHAS)

Case reporting data are collected statewide but have only limited information on male bisexual behavior. Case reports are completed by health care providers and surveillance staff reviewing medical records rather than through interviews with infected persons. Only 56 percent of all completed case reports have complete 'yes or no' answers to both questions, "prior to HIV diagnosis, has the patient had sex with men" and "prior to HIV diagnosis, has the patient had sex with women". Based on these complete forms, 60 percent of all MSM (including MSM/IDU) reported also having sex with a woman. These more complete forms also show that 10 percent of women report having sex with behaviorally bisexual men. These data should be viewed as minimum estimates of these behaviors, because 44 percent of case reports did not have these two questions answered completely. Nonetheless, they suggest that more women are having sex with behaviorally bisexual men than the surveillance system collects.

In an effort to help focus prevention activities, we present the data that are available on bisexual behavior among HIV-infected men in southeast (SE) Michigan from the Supplement to HIV/AIDS Surveillance Project (SHAS), which was conducted in Michigan 1990-2004. The SHAS interview asked HIV-infected persons directly about specific behaviors. It was conducted only in SE Michigan; therefore, is not representative of all HIV-infected persons in the state. Please see the Data Sources Section (page 1-7) to learn more about SHAS. Of all male SHAS respondents who reported having vaginal, oral, and/or anal sex in the 12 months prior to the interview (530 persons), 63 percent (333 persons) reported having sex with other men in the 12 months prior to the interview; 77 percent (254 persons) were black and 22 percent (72 persons) were white. Of these 332 men, 10 percent (33 persons) also reported having sex with women in the 12 months prior to the interview. This represents 12 percent (30 persons) of the 254 black men and three percent (2 persons) of the 72 white men who reported same-sex behavior.

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Ranked Behavioral Group: MSM: Health Needs & Risk Perceptions

HIV/AIDS and Health Related Needs and Risk Perceptions Among African-American Men who Have Sex with Men in Michigan

In October of 2005, the health related needs and risk perceptions of HIV/AIDS among African-American men who have sex with other men were assessed by MDCH/DHWDC. Interviews (N=32) and/or focus groups (N = 6 with 37 participants) were conducted in six communities around Michigan: Benton Harbor, Detroit, Flint, Grand Rapids, Lansing, and Ypsilanti. Quota and network sampling methodology were used to access participants on streets, in parks, at clubs, and at community-based organizations known to serve MSM.



Few of the interview participants listed HIV/AIDS as their primary health concern (unless they reported being HIV positive), but many said they think HIV is the most important health issue facing African American men today, generally because most men perceived that African Americans are at higher risk for getting HIV. People did not see HIV as a personal risk factor, but as a risk for the larger African American community. However, when asked about the personal importance of HIV relative to other health risks, most rated it as more important or as important as other health issues. Further, most participants reported fear or negative emotion associated with hearing the term HIV.

Questions were asked concerning where participants would and would not feel comfortable going for information on HIV. When asked about the places they would *not* go for HIV information, there was a very consistent pattern to participant's responses. Specifically, many participants said they would not go to churches, clubs, bars, or parks, generally because of confidentiality concerns and fears about the type of information they would get from the sources in these places. There were a number of places people listed that they *would* go for HIV-related information including their private doctor, the internet, the health department, hospitals, and community-based organizations. The reasons people gave for choosing these particular organizations were because they were perceived as being open (one can "speak freely"), confidential, and comfortable. Importantly, concerns about going to particular places for information seemed to be largely related to stigma around gay sexual identity and HIV, rather than about concerns about racism. Agencies targeting African American MSM with prevention interventions should carefully consider the venue in which these services are provided. It appears that the public nature of bars and clubs in particular raises concerns among this population.

In this sample, people's perceptions of HIV risk and vulnerability did not seem to be closely tied with homosexuality. The MSM in this sample, who would not talk to others about their sexual orientation, were quite willing to talk with those same people about HIV (as long as they were talking about other people), and at community-based organizations known to serve MSM.