Introduction

- NYC has the largest population of men who have sex with men (MSM) of any U.S. city
- MSM are the largest transmission category living with HIV/AIDS and with new HIV diagnoses
- Black MSM are disproportionately affected by the HIV epidemic
- In NYC, black men make up 24% of the population, but in 2010 were 36.6% of new diagnoses among MSM
- Nationally, HIV incidence has increased among young, black MSM
- Most studies have found that black MSM are not more likely to engage in unprotected anal sex
- The reasons for this race/ethnic disparity in HIV infection are not well understood

Materials and methods

The Centers for Disease Control and Prevention-sponsored National HIV Behavioral Surveillance System is a cross-sectional, cyclical study of MSM, injection drug users, and heterosexuals at high-risk. The 3rd MSM cycle was conducted in NYC in 2011. Eligible MSM were venue-sampled, interviewed, and offered HIV testing (oral-fluid-based).

Eligibility criteria

- Born male, currently identifies as male
- At least 18 years old
- NYC Resident
- Ever had oral or anal sex with another man
- Speaks English or Spanish
- Currently Homeless
-最も低価格なものから
- Ever had oral or anal sex with another man
- Self-report being HIV positive
- Ever had unprotected sex with a man (bivariate model)
- Not tested for HIV (past 12 months)
- Drugs or money received for sex
- Last sex partner was black
- Currently Homeless
- Unemployed
- Income ≤$20,000/year
- Recruited in Park (vs. Bars)
- Recruited in Other venues (vs. Bars)

Results

Table 1. Sociodemographics and venue recruitment

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Age</th>
<th>Other</th>
<th>Sexual identity</th>
<th>Venues Recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>19.5%</td>
<td>18-29</td>
<td>Gay</td>
<td>Bar</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.1%</td>
<td>≥ 30</td>
<td>Bisexual</td>
<td>Park</td>
</tr>
<tr>
<td>White</td>
<td>30.5%</td>
<td></td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

Table 2. HIV prevalence by race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>HIV-Positive</th>
<th>95% CI</th>
<th>OR</th>
<th>P &lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>416</td>
<td>8.7%</td>
<td>6.0 – 11.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| By Race
| Black (ref)    | 81 | 24.7%        | 15.3 – 34.1% | 1.0 | 0.8 |
| Hispanic       | 127 | 7.6%         | 3.6 – 14.0% | 0.02 | 0.003 |
| White          | 171 | 0.8%         | 0.0 – 2.3%  | 0.3 | 0.5 |
| Other          | 37  | 5.4%         | 0.0 – 12.7% | 0.2 | 0.4 |

Discussion

- In the multivariate model, the magnitude of the association of black race/ethnicity with testing HIV positive was reduced by 47.7% from the bivariate model
- Black race/ethnicity was not associated with being more likely to engage in unprotected anal sex with a man
- The disparity in undiagnosed HIV infection of black MSM may result in part from: assortative sexual networks with other black MSM, which increases their risk of exposure to HIV

Conclusions

- Research on the disparity in HIV infection of black MSM needs to focus more on the relationship of their sexual networks, economic impoverishment and social marginalization to their risk of infection

- Interventions among black MSM should target their sexual networks to further reduce unsafe sex among network members and to lower the network prevalence of HIV infection and viral load, develop strategies to ameliorate their economic impoverishment and social marginalization, and promote frequent testing

Literature cited


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