HIV Risk and Prevalence among New York City High-Risk Heterosexuals

Results from the National HIV Behavioral Surveillance Study

HIV Epidemiology Program

New York City Department of Health
and Mental Hygiene



Center for Drug Use and HIV Research
National Development and
Research Institutes



Background

- At least 33% of NYC HIV diagnoses in 2006 attributable to heterosexual transmission
- Underreport of heterosexual transmission due to "unknown" risk
- Disproportionately impacts women and Blacks
 & Hispanics
- Possible overlapping sexual networks with men who have sex with men (MSM) and injection drug users (IDU)





National HIV Behavioral Surveillance (NHBS)

- 25 cities throughout the United States
- Funded by CDC, designed collaboratively
- Ongoing, cyclical study of three risk groups: MSM, IDU, and high-risk heterosexuals (HET)
- NHBS-HET data collection in 2006-7
- Cross-sectional study design
- Interviewer-administered quantitative survey & HIV test
- Anonymous recruitment, survey & test





NHBS-HET Objectives

- Test new definition for high-risk heterosexuals
- Determine frequency and correlates of HIV risk behaviors
- Assess HIV testing history and patterns
- Assess exposure to and use of HIV prevention services
- Estimate the prevalence of HIV infection





What is a High-Risk Heterosexual?

Past Definitions

- Multiple sexual partners
 - But most women and many men recently infected report
 1 sexual partner in past year
- Sexual partners' risks
 - But most did not accurately know partners' risks

Newer Ideas

- Geography
 - Heterosexual HIV is clustered in high-poverty neighborhoods
- Social networks
 - Some social and sexual networks have high HIV levels despite equal individual risks
 - Greater inter-network mixing may drive infections



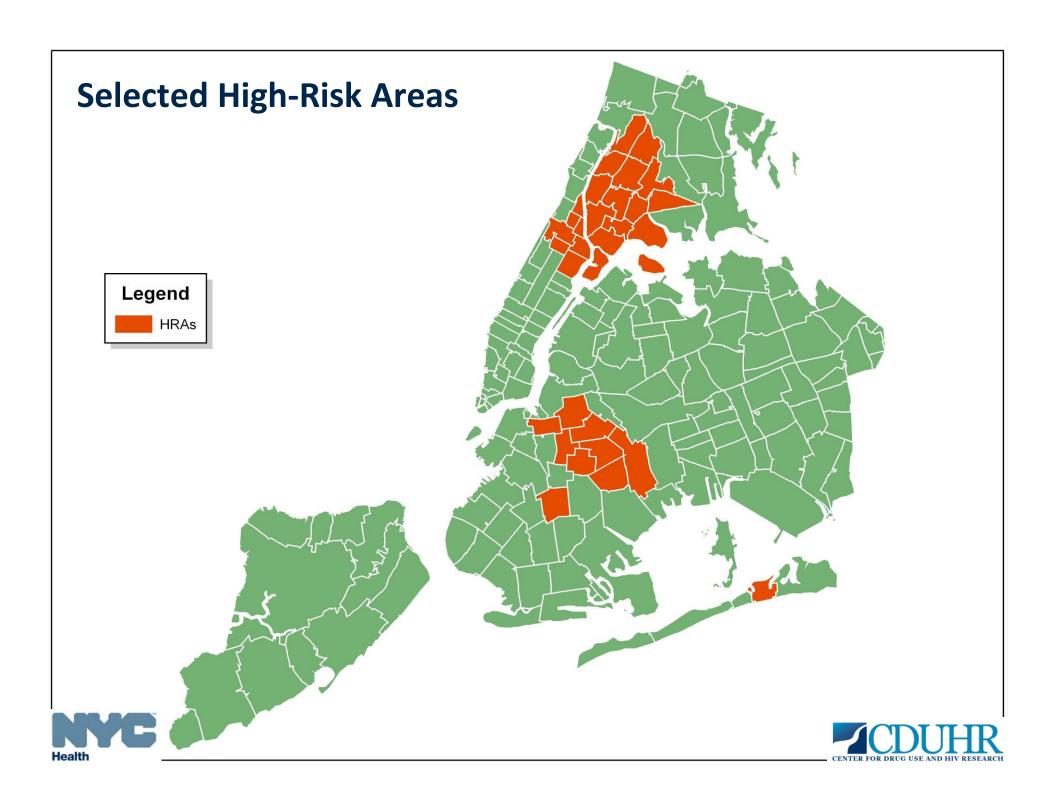


High-Risk Areas

- 1. Created high-risk area (HRA) index with:
 - New HIV diagnoses, 2001-6, NYC HIV surveillance
 - Household poverty, 2000, census
- 2. Explored index to identify:
 - Geographic clustering
 - Non-residential zip codes (for exclusion)
- 3. Selected top 30 zip codes as HRAs (top 20%)







High-Risk Heterosexual Definition

- Has a geographic or social connection to an HRA
 - Lives in HRA (geographic connection)
 - Recruited by someone who lives in HRA (social connection)
- A man or woman between 18-50 years old
- Vaginal or anal sex with opposite-sex partner in the past year
- Resident of NYC
- Speaks English or Spanish





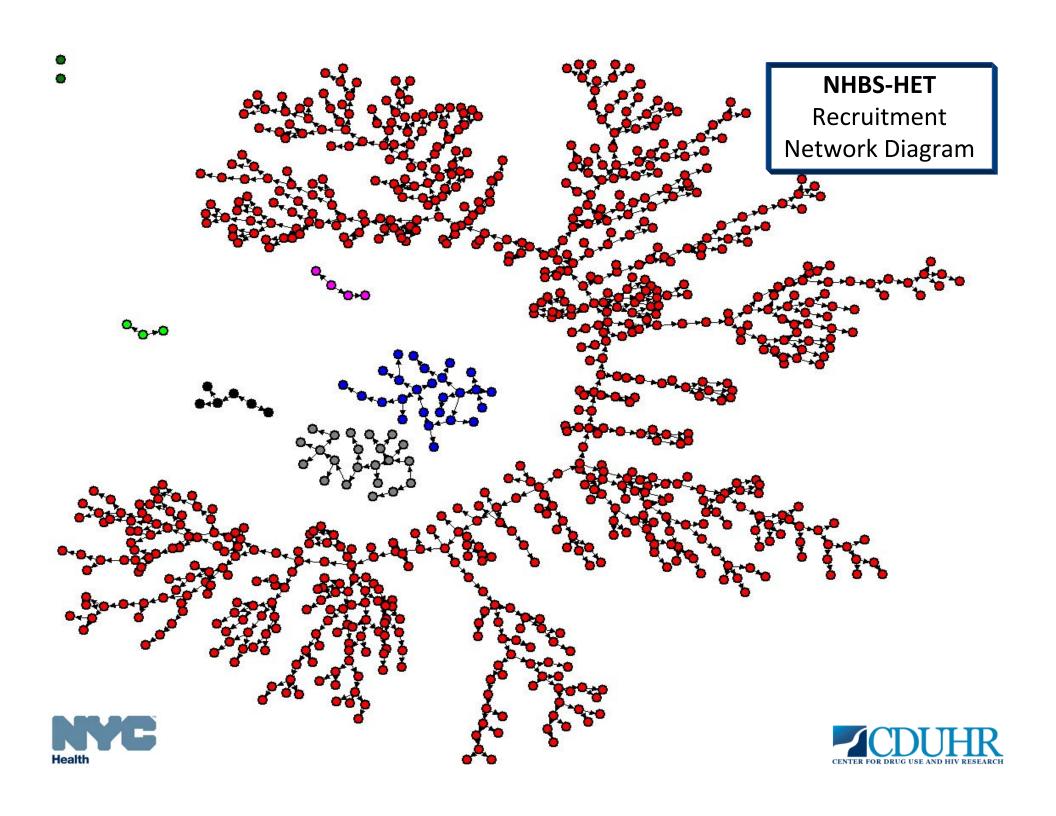
Respondent-Driven Sampling (RDS)

- 1. Study team recruits initial participants ("seeds") through street and facility outreach
- 2. Seeds recruit up to 3 other participants
- 3. Those participants recruit up to 3 others
- 4. Recruitment until sample size is met

Incentives provided for participating and recruiting







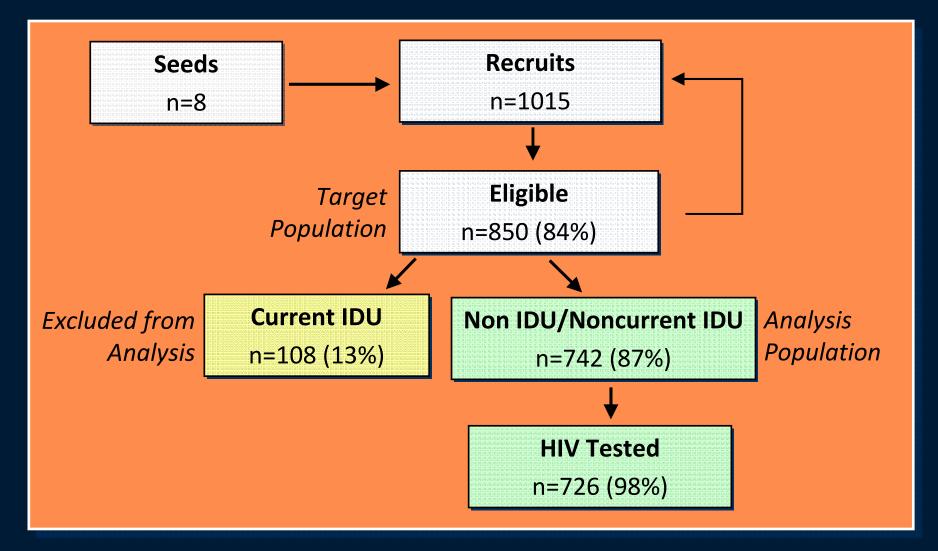
Statistical Analysis

- Weighted analysis conducted with RDS Analysis Tool (RDSAT) 5.6 and SAS 9.1
- RDS weighting may reduce recruitment biases common in chain-referral methods
- If RDS methodological assumptions are met, RDSAT may generate generalizable population proportions (%'s). RDSAT cannot generate population sizes (n's).





NHBS-HET Sample







Demographics

Gender		Age	
Male	50%	18-29	30%
Female	50%	30-39	19%
		40-50	51%
Race/Ethnicity			
Black	76%	Birthplace	
Hispanic	19%	United States	96%
White	4%	Puerto Rico	2%
Other	1%	Foreign	2%





Demographics

NYC NHBS-HET, 2006-7, n=742

Ever	51%	<10k	66%	

39%

Income

>10k

Incarceration

Currently

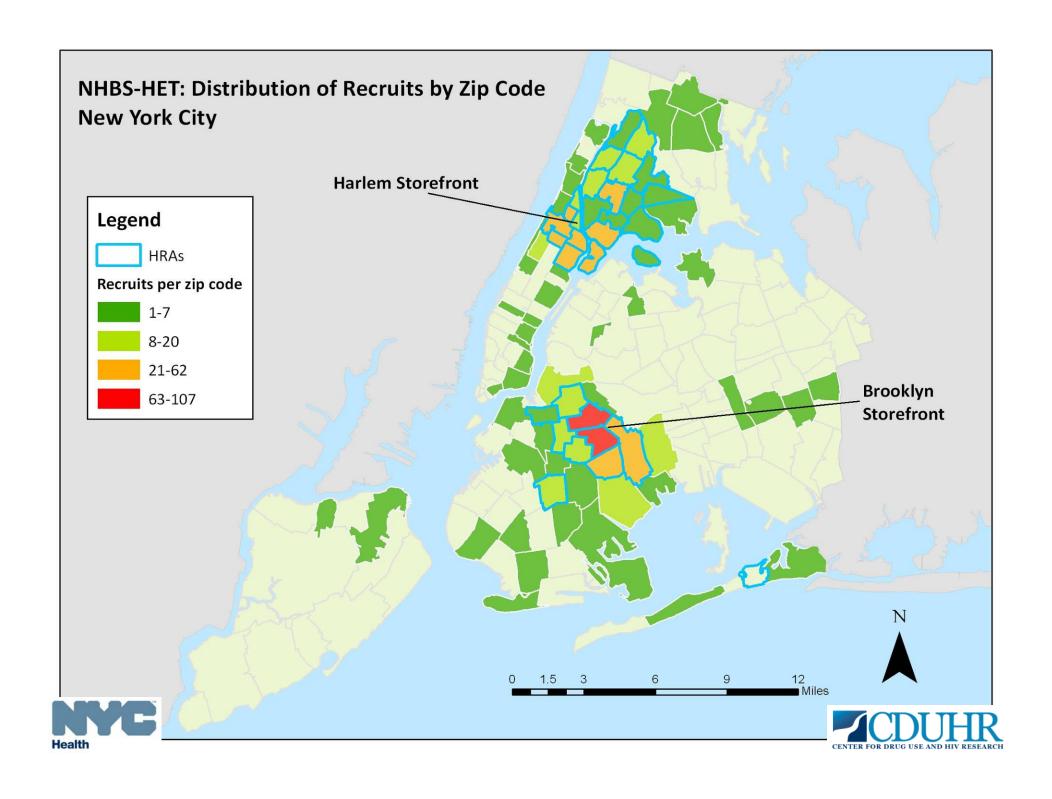
Homeless

>1 day	30%	Employment	
Past year		Employed	16%
>3 months	37%	Unemployed	84%
Ever		• •	





24%



Average Number of Past Year Sex* Partners NYC NHBS-HET, 2006-7, n=742

	Median	Mean	95% CI
Main	1	1.3	1.1 - 1.4
Casual	1	4.5	2.6 - 6.5
Exchange	0	4.9	3.8 - 6.0
All Types	3	10.7	8.4 - 13.0





^{*} Oral, vaginal, or anal sex

Unprotected Sex* in Past Year and Last Sex, by Gender and Partner Type

NYC NHBS-HET, 2006-7, n=742

	Me	en	Won	nen
	Past Year	Last Sex	Past Year	Last Sex
Main	69%	51%	73%	58%
Casual	45%	21%	46%	12%
Exchange	16%	7%	30%	6%
All Types	93%	78%	94%	78%

* Vaginal or anal sex

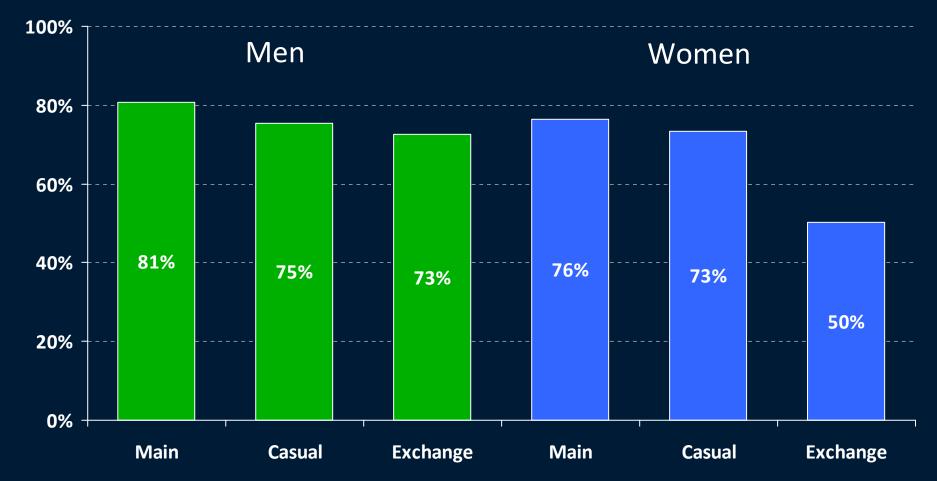


Denominators: All Men or Women



Unprotected Sex at Last Sex, by Partner Type at Last Sex & by Gender

NYC NHBS-HET, 2006-7, n=742

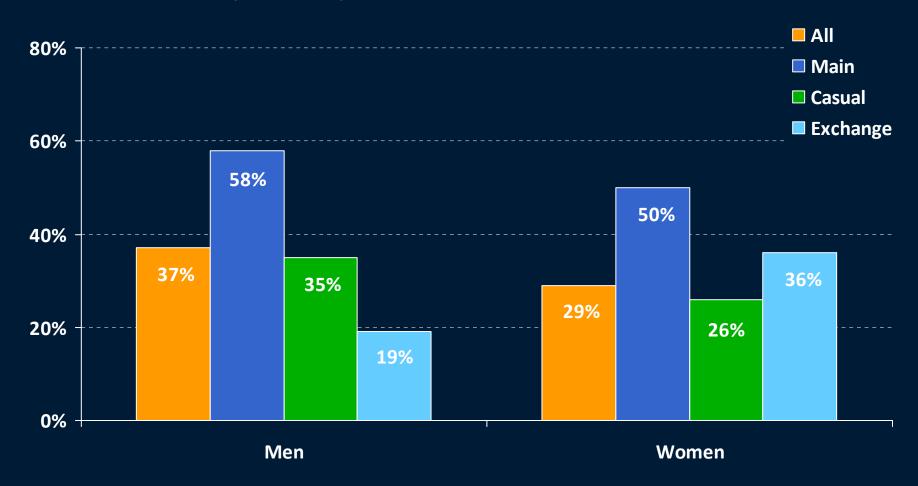




Denominators: Men or women who had sex with respective partner type at last sex



Discussed HIV with All New Sex Partners in Past Year, by Gender and Partner Type

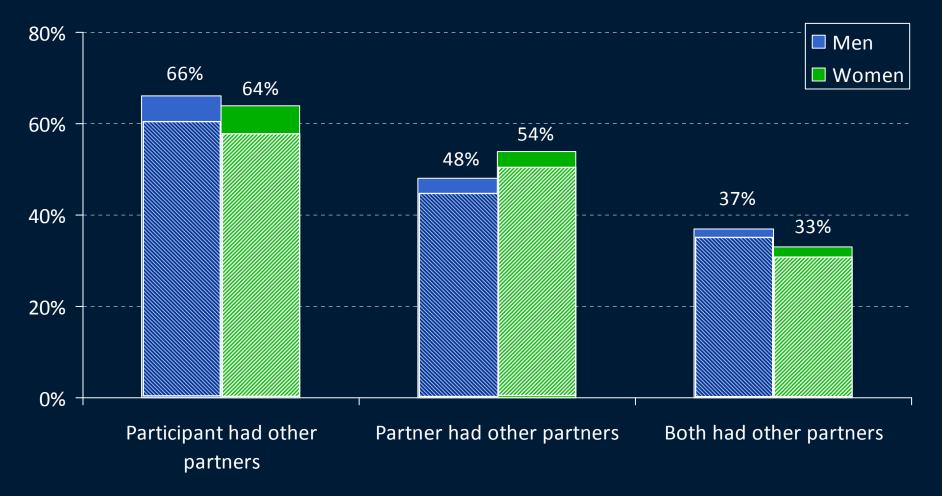






Concurrent Partnerships with Last Sex Partner

NYC NHBS-HET, 2006-7, n=742

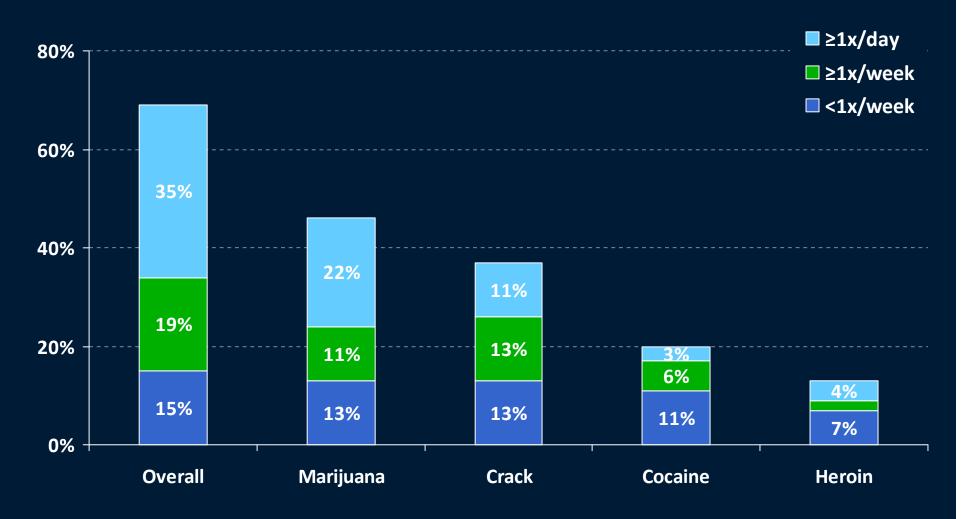


Cross-hatch: % who had unprotected sex at last sex





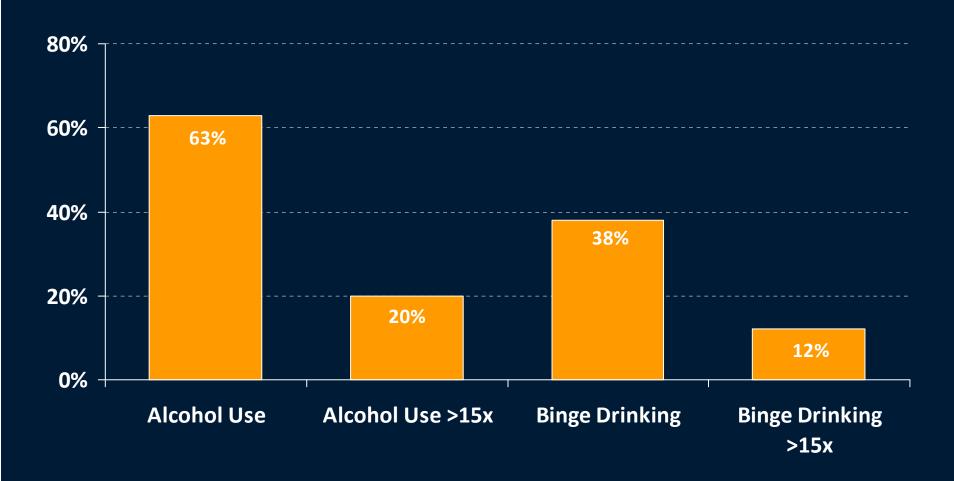
Non-Injection Drug Use in Past Year







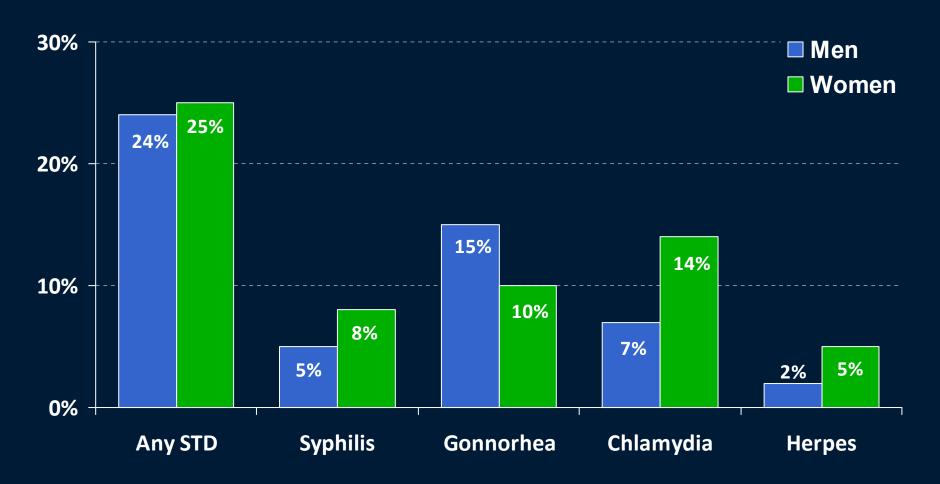
Alcohol Use in Past Month







STD Diagnoses in Past Year

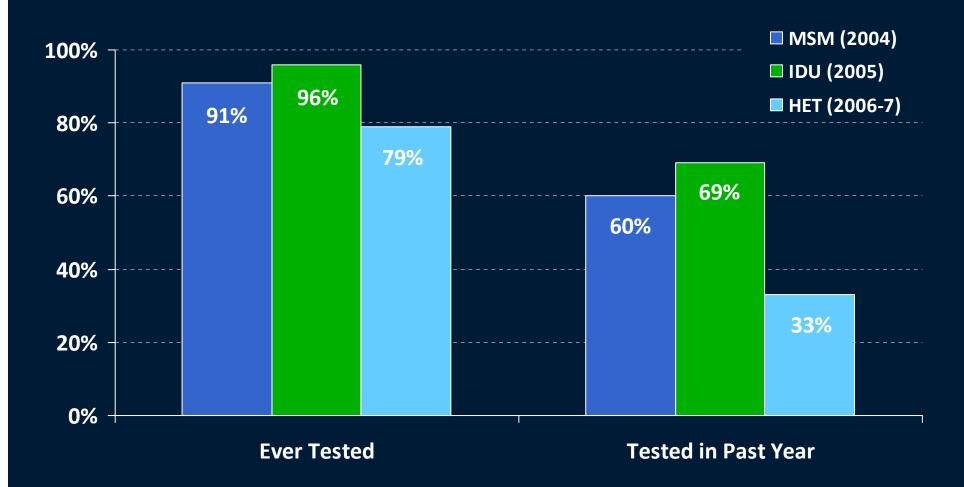






HIV Testing History by Risk Group

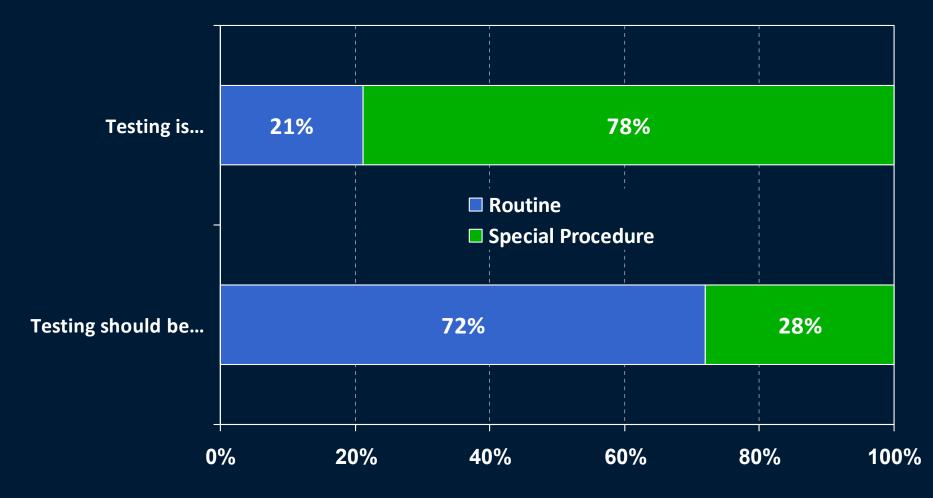
NYC NHBS (MSM, IDU, and HET), 2004-7







Beliefs about Routine HIV Testing







Estimated HIV Prevalence

	%	95% CI		
Overall	8.4	4.9 - 11.9		
By Gender				
Men	7.6	3.1 - 12.1		
Women	9.2	3.8 - 14.6		
By Gender, excluding past IDU and MSM				
Men	6.1	1.1 - 11.1		
Women	7.1	2.5 - 11.8		







Summary

Low numbers of partners for most

Average overall rates of unprotected sex

High rates of unprotected sex among those with risky partners

Low/moderate discussion about HIV before sex

High rates of concurrent partnerships

High non-injection drug use and alcohol use

High rates of STDs

Low rates of HIV testing

High heterosexual HIV prevalence





Discussion

- Individual risks may not fully explain the considerable heterosexual HIV prevalence
 - Social network factors (e.g., concurrent partnerships) may be important to consider
- Partners' risks are often unknown (i.e., discussions about HIV before first sex)
- HIV testing is largely supported in this group
- A mix of routine HIV prevention efforts and targeted outreach should be considered





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