

**California Department of Public Health
Office of AIDS
Talking Points**

**“Trends in HIV Diagnoses among Men Who Have Sex with Men – 33 States,
2001 – 2006”**

**Morbidity and Mortality Weekly Report
June 27, 2008**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5725a2.htm>

Purpose and Findings of this Article

This article describes concerning increases in HIV/AIDS diagnoses between 2001 and 2006 in men who have sex with men (MSM) in 33 states nationally. The increases are especially marked in younger (13-24 years of age) African American MSM. The full report can be found at the end of this document. Key points from the article or commentary include:

- Decreases in diagnoses were observed in all transmission categories except MSM.
- The number of HIV/AIDS diagnoses among MSM overall increased 8.6 percent.
 - Forty-six percent were in MSM, and 4 percent were in MSM who engaged in illicit injection drug use (IDU).
 - Men aged 25-44 years accounted for 64 percent of cases among MSM.
 - A 12.4 percent increase in the number of HIV/AIDS diagnoses among all African American MSM was observed; however, an increase of 93.1 percent was observed among African American MSM aged 13-24 years.
- Among MSM aged 13-24 years, statistically significant increases in diagnoses were observed in all racial/ethnic populations except American Indian/Alaska Natives. Among MSM of all ages, statistically significant increases were observed in African Americans, Hispanics, and Asian/Pacific Islanders.
- These findings underscore the need for continued effective testing and risk-reduction interventions for MSM, particularly those aged over 25 years.

California was not one of the States Included in this Analysis

It is not possible to replicate trend analysis for the period reported by the Centers for Disease Control and Prevention (CDC) (2001–2006) with data from the California HIV surveillance system due to changes in the reporting system during this period. Name-based HIV reporting began in April 2006 and, in anticipation of this reporting change, some of the local health jurisdictions with higher case loads stopped aggressive active surveillance in 2005. As a result, trends from code-based reporting may be under-reported after 2004 and the names-based registry is not yet complete enough to provide useful trends.

African Americans and HIV/AIDS in the United States

Studies indicate that African Americans living with HIV:

- learn their HIV status significantly later than individuals of other races;¹
- access health care later after diagnosis;² and
- progress from HIV to AIDS at a faster rate than Whites.³

African Americans and HIV/AIDS in California

The California Department of Public Health, Office of AIDS (CDPH/OA) staff examined AIDS and HIV surveillance data and CDPH/OA-funded HIV counseling and testing data⁴ to describe estimates of age- and race/ethnicity-specific trends in California.

- The HIV epidemic in California has had a disproportionate impact on African Americans.
 - African Americans comprise less than 7 percent of the population in the state, but represent almost 20 percent of cumulative AIDS cases.
 - Since 1987, African Americans have had a higher AIDS case rate than all other races in the state.
 - African Americans represent 36 percent of all female AIDS cases in California.
 - The incidence of HIV among African Americans is three times that of Whites since 2002.
 - Some good news: the AIDS surveillance system shows a moderately decreasing number of new cases (approximately 20 percent) among African Americans between 2001–2006 in California (from about 1,000 during 2000-2002, to less than 800 during 2004-2006). Comparing to other racial groups, Whites experienced a greater decrease than African Americans, Latinos decreased a smaller decrease than African Americans, and Asian/Pacific Islanders showed stable trends.
- Among all men, MSM are the most highly impacted group, representing over 50 percent of California's cumulative male African American AIDS cases.
 - The HIV surveillance system shows stable case reporting rates among all African American and Hispanic MSM, but an increasing trend in those aged 13-24. Among this age group, Latino MSM show lower rates of case reporting than African American.
 - CDPH/OA counseling and testing data (from CDPH/OA-funded public sites only) show a level trend in HIV diagnoses among African American MSM overall and in the 13-24 year age group between 2001–2007.

¹ June 27, 2003 MMWR [52(25);581-586].

² Andersen R. et al. HSR: Health Services Research, V. 32, No. 2, 2000, pp. 389-416 and other HCSUS publications.

³ Hall H, et al. Annals of Epidemiology, V 16, Issue 11, PP. 824-833.

⁴ Proportions HIV positive from the counseling and testing data do not represent all testing conducted in California and may not be representative of all people testing for HIV in California

- While counseling and testing data suggest an increase in the proportion of HIV-positive results among Asian/Pacific Islander MSM 13-24 years old between 2001 and 2006, due to small numbers we cannot accurately assess trends.
- Note: California has a significantly higher proportion of HIV/AIDS cases among MSM (approximately two-thirds) than the states/areas that were included in the Morbidity and Mortality Weekly Report (MMWR) analysis (46 percent). Thus, California would be less likely to observe percentage increases from year to year as large as those shown in the MMWR article

CDPH/OA African American Strategic Response

The goal of CDPH/OA's African American Strategic Response is to reduce the disproportionate HIV incidence and prevalence among African Americans in California. The initiative includes:

- Program and Policy Development;
- Research;
- Legislation and Technical Assistance; and
- Community Relations.

Program and Policy Development

- In 2003, CDPH/OA established the African American HIV Policy and Program Coordinator position. This position is responsible for the overall coordination of CDPH/OA's efforts to address HIV/AIDS in the African American community. This position has been vacant since the beginning of 2008 and is currently being recruited.
- The faith-based statewide contract, funded from July 1999 to June 2006, created a progressive education manual that specifically addressed HIV stigma and advocating for compassion within the African American church. The manual has been cited as a national model for collaboration between state health department and faith-based institutions.
- CDPH/OA has required 18 local health jurisdiction to develop action plans to adequately address the HIV prevention needs of African American MSM. These action plans were submitted in July 2007 and are being evaluated by CDPH/OA.
- All prevention services throughout the state target people of color: two out of three prevention contacts are people of color. These focus on MSM and youth.
- The California Perinatal Project reaches African American women and their infants by providing rapid HIV testing to women who do not have a documented perinatal HIV test. The goal of the project is to reduce the vertical HIV transmission rate to less than 2 percent per year.

- The Black Infant Health (BIH) Collaborative works to integrate HIV testing and prevention into BIH sites and thus increases access to HIV treatment for pregnant women and prevents vertical HIV transmission.
- A new (2008) initiative provides HIV testing in emergency departments serving high proportions of African Americans, and links those who test HIV positive to HIV care and prevention services. The model combines broad screening with an incentivized social networking program in order to reach others within the individual's social, sexual, and needle-sharing networks. The program operates in collaboration with three Bay Area hospitals.

Research

- CDPH/OA funds the California HIV/AIDS Research Program to study issues related to HIV primary and secondary prevention among African Americans. Two ongoing studies examine non-gay identified African American MSM and African American women at risk.
- CDPH/OA continues to analyze HIV counseling and testing, AIDS and sexually transmitted diseases (STDs) data for African Americans to better understand the HIV epidemic in California and provide targeted services for the African American community.

Legislation and Technical Assistance

- The California State Legislature passed Assembly Bill 1142 (Statutes of 2005, Chapter 403, Dymally) to reduce the effects of AIDS on African Americans by coordinating prevention and services while increasing the capacity of service providers.
- The legislation established the California African American HIV/AIDS Coalition, which is supported by regional efforts and activities in regions where African Americans are most highly impacted by the epidemic. These regions are:
 - Riverside/San Bernardino;
 - San Diego;
 - Los Angeles;
 - Sacramento/Central Valley; and
 - San Francisco Bay Area.
- As mandated by the legislation, the Statewide African American HIV/AIDS Initiative established itself as a separate nonprofit entity by January 1, 2008.
- In December 2006, CDPH/OA awarded a community-based organization, OnTrack Program Resources, with a contract to provide technical assistance and capacity building to improve HIV prevention services for agencies serving African Americans.

OnTrack has supported the activities in the regions established by the Statewide African American HIV/AIDS Initiative.

Community Relations

- CDPH/OA collaborates in national efforts including the National Alliance of State and Territorial AIDS Directors' African American Advisory Committee and the National Black Gay Men's Advocacy Coalition in order to share and learn best practices for HIV prevention for African Americans.
- CDPH/OA coordinates with other state agencies, including CDPH's Child and Maternal Health and STD Control Branch, to create and implement targeted interventions.