

## **ANNUAL TESTING MESSAGE FOR MSM**

Prevention Topic, March 2007 Statewide Action Planning Group  
Homework sheet

In this packet you will find the goal, end product, rationale, and questions to consider for the topic above. Also, several articles/documents are attached for you to read prior to the next meeting. Please use these first two sheets as guides to your reading and thoughts on this topic.

### **Goal**

The overall goal is to increase the number of MSM in Wisconsin who are aware of their HIV status. The message we want to promote is to normalize routine annual HIV testing among MSM.

### **End Product**

The end product we are hoping to have is a set of written recommendations and strategies we can provide to HIV prevention grantees that will assist them in the development and implementation of services that will normalize annual HIV testing among Wisconsin MSM.

### **Rationale**

MSM continue to be disproportionately affected by HIV.

- Historically, the population most affected by HIV infection in Wisconsin has been men who have sex with men (MSM). In 2006, 73% of reported cases were among MSM (including 67% among MSM without history of injection drug use [MSM/IDU]). After a significant decline in the 1990's, MSM-attributed cases have increased in recent years. Between 2001 and 2006, cases reported among MSM increased 55% and cases among MSM/IDU increased 10%. (Review of Wisconsin HIV case surveillance data through 2006 at <http://dhfs.wisconsin.gov/aids-hiv/Stats/index.htm> )

MSM have significantly higher estimated rates of HIV infection per 100,000 population than other populations.

- The percentage of reported HIV cases in males is almost four times higher for MSM than men in other HIV risk categories.
- The reported MSM HIV infection rates (cases per 100,000) are even more significant among MSM of color. (HIV infection among Wisconsin men who have sex with men - Article enclosed)

MSM are more likely to obtain an HIV infection even if they practice risk reduction at an equal level to other groups.

- Studies of the construct of "sexual networks" have demonstrated that minority and marginalized populations are more likely to contract HIV at higher rates than other groups even when they practice risk reduction at equal levels. This is, in part, due to smaller networks of potential sexual partners and the close knit nature of social and sexual groups due to the need to protect one another from negative outside forces. (Use of social networks to identify persons with undiagnosed HIV infection --- Seven U.S. cities, October 2003—September 2004, Article enclosed)

Annual testing correlates to lower HIV rates.

- In another CDC-sponsored project, MSM in 258 venues in 5 U.S. cities were surveyed and offered testing. Of the 1767 participants, 92% of MSM reported being previously tested for HIV. However, only 64% of the men were tested in the previous year. 25% of all the

participants tested positive, 48% of them were unaware they were positive. And, 64% of the men with unrecognized HIV infection were not tested in the previous year. (HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men --- Five U.S. cities, June 2004 – April 2005, Article enclosed)

A significant percent of MSM currently do not have an annual HIV test.

- In a 2001 national HIV testing survey sponsored by the CDC, 88% of MSM participants recruited in bars reported having had an HIV test. However, 23% had not had an HIV test in the previous year. The main reason participants identified for not having been tested in the previous year is they felt they were “unlikely to have been exposed through sex,” the second most frequently cited reason was they “thought they were HIV negative.” (For full report, go to <http://www.cdc.gov/search.do?action=search&queryText=HIV+testing+Survey>)
- Results from the Wisconsin Men’s Health Survey--conducted at the 2005 Milwaukee PrideFest--revealed a similar significant percent of WI MSM who currently do not have an annual HIV test despite the fact that 98% of participants had seen HIV prevention information in multiple locations and via multiple venues. (Men’s Health Survey conducted at Milwaukee LGBT PrideFest - Article enclosed. For full slide set, go to <http://www.wihivpts.wisc.edu/library.asp> and scroll down to Wisconsin Men's Health Survey-June 2005.)

Increased knowledge of HIV status can greatly reduce infection rates as persons aware of their HIV infection take steps to reduce risk to others.

- The CDC estimates that the estimated 25% of persons in the U.S. who are unaware of their HIV infection can be linked to 67% of new cases. (HIV infection transmission in the United States, by awareness of HIV serostatus(2003) in the *2005-2008 Wisconsin Comprehensive HIV Prevention Plan* at <http://www.wihivpts.wisc.edu/library.asp#Plan>)
- Studies indicate that the majority of persons aware of their HIV infections substantially reduce sexual activities that might transmit HIV after they become aware they are infected. (Marks G, Crepaz N, Senterfitt JW, Janssen RS. Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: implications for HIV prevention programs. *J Acquir Immune Defic Syndr* 2005;39:446—53).

Timely access to diagnostic HIV test results improves health outcomes.

- Since the introduction of highly active antiretroviral therapy (HAART), treatment has improved quality of life and survival rates dramatically. (US Preventive Services Task Force. Screening for HIV: recommendation statement. *Ann Intern Med* 2005;143:32--7.)

## Questions

**Please consider these questions and be prepared to discuss them at the March meeting.**

- How do we get a message promoting routine annual testing to MSM communities?
- How should the message be tailored to subgroups of MSM (groups to which you are most connected)?
- How do we get MSM to want to respond to the message and be tested annually?