

HIV/AIDS Fact Sheet

Men Who Have Sex with Men in King County



KEY POINTS

Men who have sex with men (MSM) account for 64% of all new HIV diagnoses in King County.

Since 2007 the rate of new diagnoses among MSM has declined 47%.

Hispanic MSM account for 9% of the estimated King County MSM population but account for 24% of all new diagnoses among MSM.

83% of HIV-infected MSM are virally suppressed.

Approximately 1 in 5 HIV-uninfected MSM in King County is currently using PrEP.

Overview

In King County, men who have sex with men (MSM) have been, and continue to be, the most heavily impacted risk group in the HIV epidemic. In 2016, MSM accounted for 64% of all new HIV diagnoses in King County and 83% of all diagnoses where an exposure category was identified. There were 141 new HIV diagnoses among MSM in 2016, which is the lowest number of new diagnoses among MSM since 1995. The 2016 rate of new diagnosis among MSM was 320 per 100,000 MSM, which is a 14% reduction in the rate of new diagnoses among MSM since 2015 and a 47% reduction in the rate of new diagnoses since 2007 (**Figure 1**). Approximately one in 10 MSM in King County is living with HIV and an estimated 83% of HIV-infected MSM are virally suppressed (93% of those with one or more viral loads reported).

Population Size: We estimate that 5.7% of men aged 15 years or older in King County are MSM, per the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey (King County data) from

2013 and 2014 (Personal Communication Lin Song, Assessment, Policy Development, and Evaluation PHSKC). We assume that the percentage of men who are MSM is relatively consistent across age and racial/ethnic groups.

HIV Epidemiology among Sub-Populations of

MSM: In 2016, 59% of new HIV diagnoses among MSM occurred in individuals who were between 20 and 34 years old, who account for only 30% of the estimated population of King County MSM (**Figure 2**). Nearly half of all new HIV diagnoses among MSM occurred among White MSM, who comprise 65% of the estimated MSM population in King County. Hispanic MSM and Black MSM account for 24% and 12% of all new HIV diagnoses, respectively, but are only 9% and 6% of the estimated KC MSM population, respectively (**Figure 2**). The rate of new HIV diagnosis among Hispanic MSM has increased 28% in the last five years, from 689 cases per 100,000 Hispanic MSM in 2012 to 879 cases per 100,000 Hispanic MSM in 2016 (**Figure 1**). The rate of new HIV diagnoses has declined steadily among White MSM since 2010 and has remained relatively stable among Black MSM since 2011.

PRIMARY METRICS	ESTIMATE
HIV PREVALENCE IN 2016	
Number of MSM prevalent cases	5,199
Prevalence (%)	10.6%
Percent of all HIV cases	83%
HIV INCIDENCE (NEW DIAGNOSIS)	
2016 incidence (# new diagnoses)	141
2016 diagnosis incidence rate	320 cases per 100,000
10-year trend (2007-2016)	47% decrease
ESTIMATED NUMBER OF MSM IN KING COUNTY (2016)	
	49,229 (age 15+)
VIRAL SUPPRESSION AMONG HIV+ MSM*	
	83% of MSM are virally suppressed

* Among all MSM with diagnosed HIV-infection. Viral suppression defined as plasma HIV RNA < 200 copies/mL. Among those with ≥1 viral load reported in 2016, 93% were virally suppressed.

Interventions

HIV Testing: Public Health – Seattle & King County (PHSKC) and Washington State Department of Health (WA DOH) fund HIV testing activities, primarily for persons at higher risk of HIV infection. Since 2007 the number of HIV tests performed among MSM increased by 51% and in 2016 there were 7,015 publicly-funded HIV tests performed for MSM in King County. HIV testing among MSM in King County is widespread and has been successful in minimizing the time from HIV infection to diagnosis for most men. In 2016, the median time since last HIV negative test among newly diagnosed MSM

was 8.8 months. HIV testing histories were known for 86% of MSM diagnosed with HIV in King County in 2016, and, of these, 10% had never had a prior negative test. Of MSM with a negative HIV test prior to an HIV diagnosis, 58% had tested negative within one year of their HIV diagnosis. PHSKC publishes HIV testing locations on the PHSKC website. The largest single source of new HIV diagnoses in King County is the PHSKC STD clinic at Harborview Medical Center, which provides walk-in services five days per week. The STD clinic provides care on a sliding fee scale.

PrEP: In 2016-2017, an estimated 14-19% of all HIV-uninfected King County MSM and 35-58% of higher risk MSM currently use PrEP. PHSKC promotes PrEP for MSM in several ways, including providing PrEP referrals via STD partner services, providing PrEP at the PHSKC STD clinic, and maintaining (on the PHSKC website) a publicly available list of PrEP providers and a map of PrEP provider locations. In 2016, 240 MSM diagnosed with a bacterial STI (who did not report currently using PrEP) were referred to PrEP by the PHSKC partner services program. The PHSKC STD clinic initiated 334 MSM patients on PrEP from October 2014 to December 2016 and had 174 patients actively on PrEP as of December 2016.

Condom Distribution: In 2016, PHSKC distributed 462,245 condoms and 45,000 packets of lubricant. Forty-two

percent of condoms were distributed through the HIV prevention contractors, most of whom focus much of their work on MSM. The 2017 Seattle Pride survey asked MSM participants where they usually got their condoms from. Half bought condoms themselves, 38% got free condoms, and 6% got condoms from their sexual partners. To increase condom distribution, the PHSKC HIV/STD Program is now piloting new condom access and distribution projects. One new project is a mobile-enabled interactive web page that allows users to identify locations in King County and Washington State where they can obtain free condoms.

Behavioral Surveillance: The PHSKC HIV/STD Program monitors trends in seroadaptive behaviors using data from community-based surveys, behavioral surveillance surveys, research studies, and the PHSKC STD clinic. Findings from our recent behavioral monitoring and evaluation activities, described elsewhere in this report, indicate that several newer behavioral strategies to prevent HIV infection – such as only having sex with HIV-negative MSM taking PrEP – are becoming increasingly common and may reduce one's risk of HIV infection. The PHSKC HIV/STD program uses these data to evaluate the impact of PHSKC HIV/STD program activities and to explain changes in population-level HIV/STI rates.

Figure 1. Rate of New HIV Diagnoses among MSM, Overall and by Select Race/Ethnicity, King County, 2007-2016

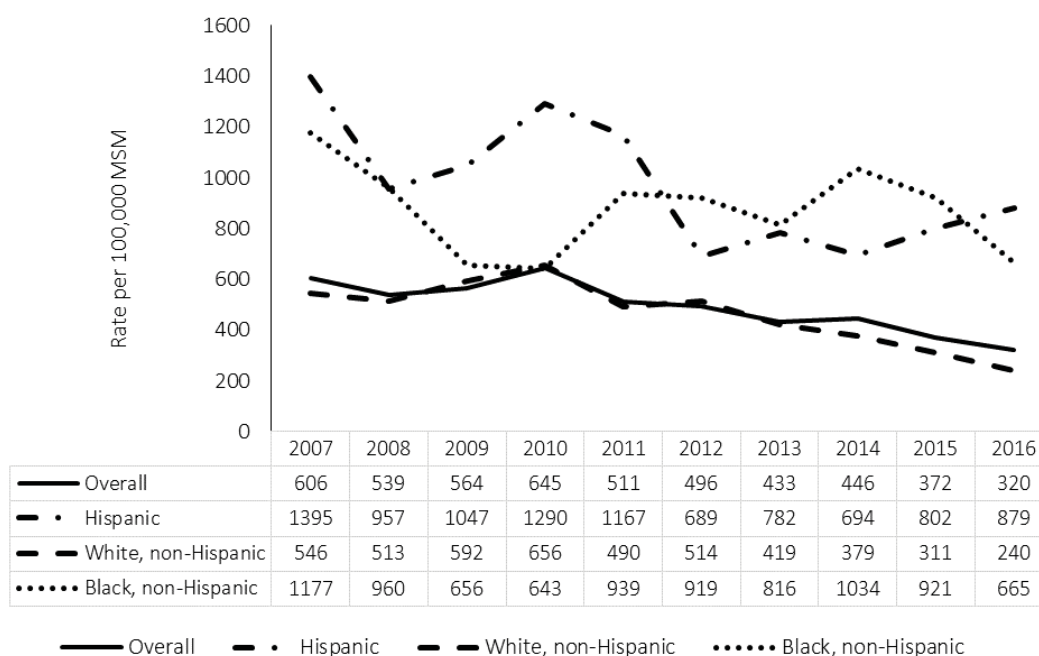
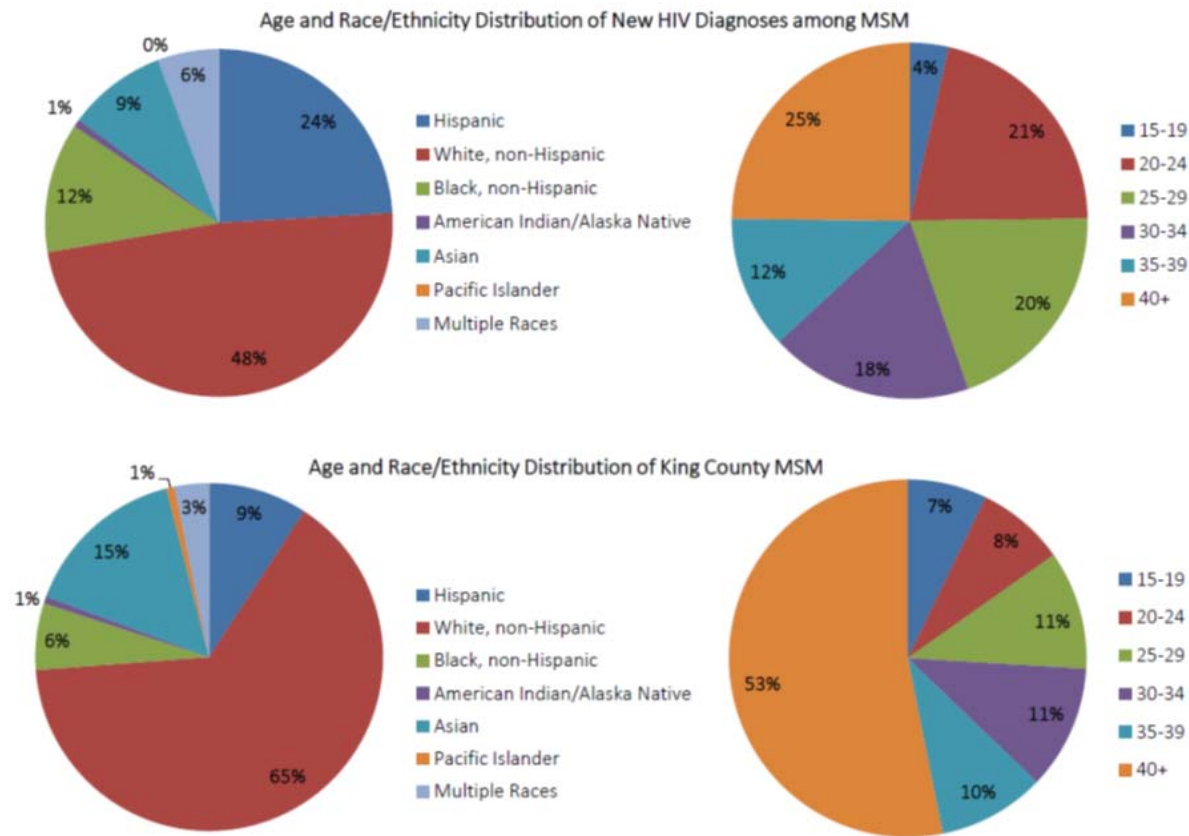


Figure 2. Age and Race/Ethnicity Distribution of New HIV Diagnoses Among MSM Compared to the Distribution of all MSM, King County, 2016



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