

**Winter Quarterly Report: January 2008**  
*HIV/AIDS and Men Who Have Sex with Men*

*Intro by guest contributor Jerry Cheney, HIV/STD Prevention Education Coordinator, NMDOH HIV Prevention Program*

**The Impact of HIV on Men who have Sex with Men: A History of Activism**

Since gay men opened the pages of the July 3, 1981, *New York Times* and read the headline, "Rare Cancer Seen in 41 Homosexuals," gay and bisexual men and male-to-female transgenders have been disproportionately affected and stigmatized because of high rates of a then mysterious syndrome, now known as AIDS caused by HIV, but first called Gay Related Immune Deficiency.

As many people watched their friends and lovers waste away and die, the response of many officials in Washington seemed non-existent while others preached that gay men were paying the price for not conforming to some views of religion and morality. In March 1987, after a speech by activist and playwright Larry Kramer, the AIDS Coalition to Unleash Power (ACT-UP) was born. There were soon protests and die-ins at governmental organizations and a massive March on Washington on October 11, 1987. Gay and bisexual men developed a network of new non-profit community organizations to respond to the epidemic and deliver services and support. Organizations, such as Gay Men's Health Crisis in New York City, continue to serve those affected with HIV today.

In 1996, combination anti-virals were developed that began to drastically reduce deaths due to AIDS. By then, the Centers for Disease Control and Prevention (CDC) began to classify gay and bisexual men who were infected with HIV as "Men who have Sex with Men" (MSM) in order to describe behavior and recognize the number of men who do not identify as "gay", but have sex with men.

New Mexican MSM of all colors from cities, towns, ranches, pueblos, and reservations have

fought and lobbied hard for HIV care funding and prevention. Those involved in HIV prevention and treatment across New Mexico are a diverse, dedicated, and committed group.

HIV prevention remains daunting as on-line hook-ups, safer sex fatigue, treatment optimism, co-infection with syphilis, and the influence of crystal methamphetamine on sexual behavior begin to affect HIV infection among MSM both young and old. Yet we will, we must, labor on until discrimination, stigmas, inequality, sexual and gender violence, and ignorance and other obstacles to MSM sexual health are overcome. Together we will make a difference for MSM, gay and bisexual men, and transgender persons in the Land of Enchantment.

**Epidemiology of HIV/AIDS and MSM**

According to the CDC, more than half a million MSM in the US have been diagnosed with AIDS and over 300,000 have died with AIDS since the beginning of the epidemic.<sup>1</sup> While only about 5% to 7% of men in the US reported having sex with other men, MSM made up more than two-thirds of all men living with HIV in 2005.<sup>1</sup>

MSM have cumulatively accounted for almost two-thirds (61%) of all cases diagnosed in New Mexico (NM), and over half (52%) of newly diagnosed cases in 2007\*. As shown in Table 1, when combined with MSM/IDU, this group constituted nearly three-quarters of the total burden of HIV/AIDS in the state.

Table 1. HIV/AIDS cases diagnosed in NM by mode of exposure, through 2007\*

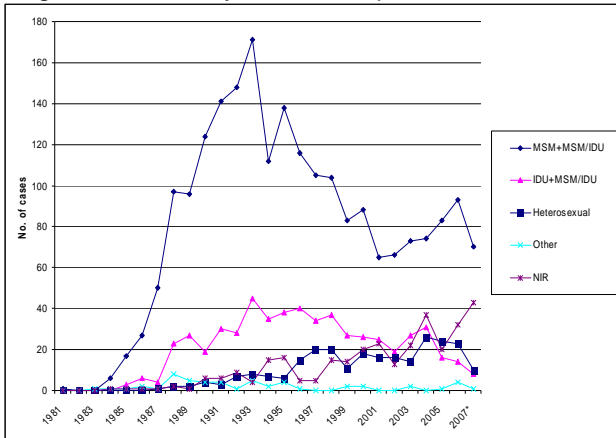
	Incidence	Living	Cumulative
MSM	52%	59%	61%
MSM/IDU	3%	10%	10%
IDU	3%	9%	10%
Heterosexual	8%	11%	8%
Other	0%	1%	1%
NIR	34%	10%	9%

Source: NMDOH, HIV & Hepatitis Epidemiology Program, Dec 28, 2007

\*Due to reporting delays, 2007 data are considered preliminary until July 2008.

MSM in NM have made up the largest number of newly diagnosed cases of HIV each year since AIDS became a reportable condition in 1981 (Figure 1). The first woman, and first heterosexual case, diagnosed with AIDS was not reported until 1987 in the state. It was also not until 1987 that the first pediatric case of AIDS was reported in NM. Up until 1987, AIDS cases were only reported among MSM, MSM/IDU, and hemophiliacs.

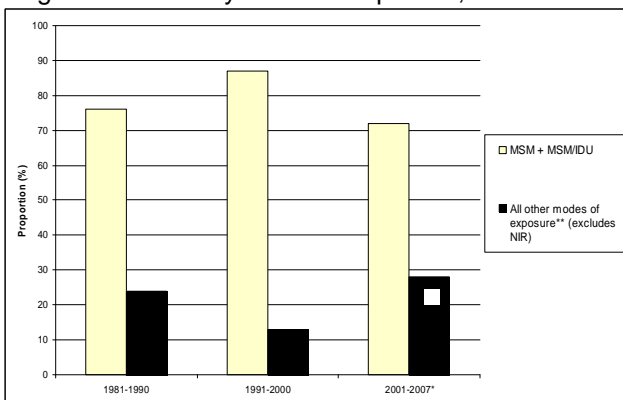
Figure 1. Incidence of HIV/AIDS among cases diagnosed in NM by mode of exposure, 1981-2007



Source: NMDOH, HIV & Hepatitis Epidemiology Program, Dec 28, 2007

Both the number and proportion of MSM diagnosed in NM with HIV have been larger than all other modes of exposure combined. Figure 2 shows the proportion of cases newly diagnosed with HIV by mode of exposure for the years 1981-1990, 1991-2000, and 2001-2007.

Figure 2. Incidence of HIV/AIDS among cases diagnosed in NM by mode of exposure, 1981-2007



Source: NMDOH, HIV & Hepatitis Epidemiology Program, Dec 28, 2007

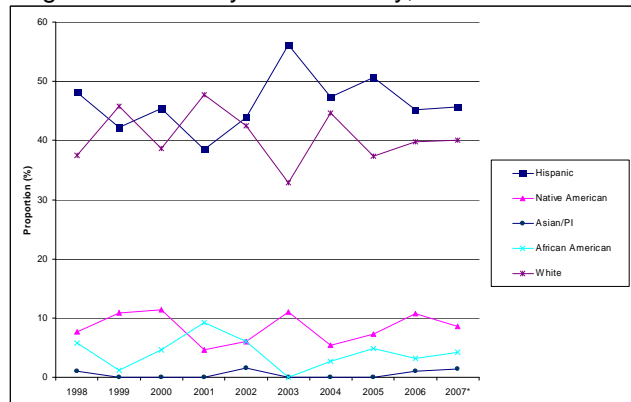
\*\*Excludes the category No Identified Risk (NIR)

For all time periods, the proportion of cases that identified as MSM, including MSM/IDU, was

larger than for all other modes of exposure combined.

Since 1998, the proportion of White MSM and Hispanic MSM newly diagnosed with HIV were about equal; together, these groups made up the majority of cases (Figure 3). However, there has been a recent increase in cases among Hispanic MSM. Starting in 2003, there have been more Hispanic MSM newly diagnosed in NM with HIV than any other race/ethnicity group. In 2007, Hispanic MSM represented 46% of all new cases.

Figure 3. Incidence of HIV/AIDS among MSM cases diagnosed in NM by race/ethnicity, 1998-2007



Source: NMDOH, HIV & Hepatitis Epidemiology Program, Dec 28, 2007

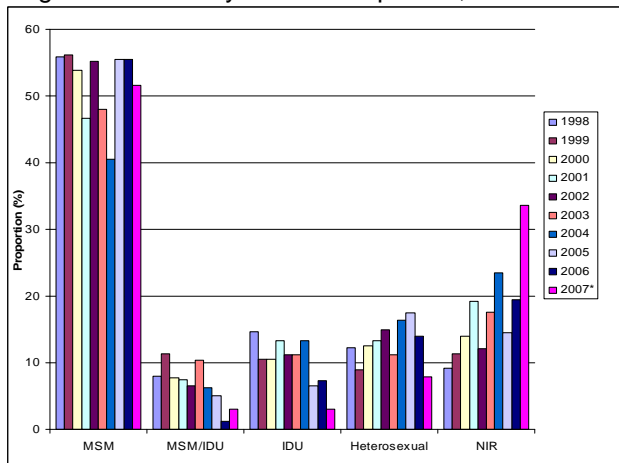
Prevalence is not normally used to describe the current HIV epidemic, but rather to inform service providers. However, comparing newly diagnosed cases to living cases can assist in the detection of possible shifts in the epidemic.

The characteristics of newly diagnosed MSM and MSM living with HIV/AIDS were generally similar from 1998-2007. Among people living with HIV/AIDS, MSM made up the largest proportion; that proportion has remained fairly stable while MSM/IDU and IDU have decreased and the proportion of those reporting high risk heterosexual contact and NIR have both increased (Figures 4a, 4b). The majority of both newly diagnosed and living cases among MSM reported their residence at diagnosis in Region 3, Bernalillo County.

One significant difference in 2007, among newly diagnosed and MSM living with HIV/AIDS, was a greater proportion of MSM newly diagnosed with HIV at a younger age. Through 2007, the majority of MSM living with HIV/AIDS diagnosed in NM were diagnosed between the ages of 30-

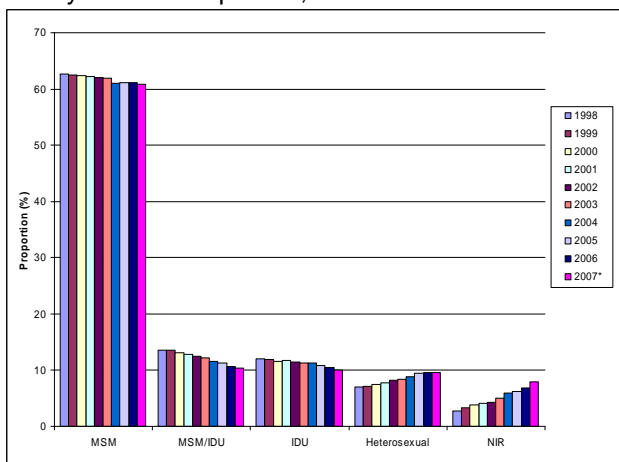
39 years (40%), followed by 40-49 years (25%), and 20-29 years (22%). Incident cases in 2007 among MSM were greatest among those with an age at diagnosis of 20-29 years (31%), followed by 30-39 years (27%), and 40-49 years (23%).

Figure 4a. Incidence of HIV/AIDS among cases diagnosed in NM by mode of exposure, 1981-2007



Source: NMDOH, HIV & Hepatitis Epidemiology Program, Dec 28, 2007

Figure 4b. People living with HIV/AIDS diagnosed in NM by mode of exposure, 1998-2007



Source: NMDOH, HIV & Hepatitis Epidemiology Program, Dec 28, 2007

Out-of-state cases, or those diagnosed with HIV or AIDS outside of NM, continue to contribute to the state's overall burden. These cases made up about one-third of the total number of all reported cases in NM through 2007. The mode of exposure reported for the majority of both living and cumulative cases diagnosed outside of NM was MSM (64%), followed by MSM/IDU (14%), IDU (6%), and high risk heterosexual contact (about 6%). About two-thirds of these MSM were White and their age at diagnosis for almost half was between 30-39 years.

## Other Considerations

New Mexico Counseling and Testing Services data from 2006 revealed that 1,049 (14%) of persons seeking HIV testing self-identified as either MSM or MSM/IDU. This group accounted for 31 (60%) of all positive HIV tests that year.

The Supplement to HIV/AIDS Surveillance project in NM also provided insight into behaviors that increase transmission of HIV. Among MSM who reported having sex with a partner of unknown serostatus or who were known to be HIV negative, over 50% reported practicing unprotected sex with their partners.<sup>2</sup> These data reinforce the significance of the MSM population among persons at risk for HIV in NM.

Other considerations among HIV positive MSM are co-infections with syphilis and hepatitis C virus (HCV). Between 1986 and 2006, 135 persons were identified as having been infected with both HIV and syphilis during their lifetime. Of these, 95% were men; the most frequently identified exposure risk was MSM (70%). When MSM/IDU were included, MSM represented 88% of all syphilis co-infections. Although most cases of HIV and HCV co-infection have been among injection drug users, MSM living with HIV at the end of 2007 made up more than one-third of those co-infected.

HIV prevention efforts must find ways to address risky sexual behaviors to meet the needs of at-risk MSM and others. As we become more technologically savvy, prevention methods are also evolving. There are prevention activities in place around the state that include online chat rooms, web blogs, and alternative health education. As in the beginning, MSM, gay and bisexual men, and transgender persons have continued to play a significant part in developing these HIV prevention methods and continue to be on the forefront of HIV activism.

## References

1. CDC HIV/AIDS and Men Who Have Sex with Men. [www.cdc.gov/hiv/topics/msm](http://www.cdc.gov/hiv/topics/msm)
2. New Mexico Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning, 2006

The HIV & Hepatitis Epidemiology Program recently released the 2006 Annual Report. If you have not received a copy, please send an email to [lily.foster@state.nm.us](mailto:lily.foster@state.nm.us).

## HIV/AIDS IN NEW MEXICO FACT SHEET

Cases reported through January 2, 2008

In previous reports, the HIV & Hepatitis Epidemiology Program summarized only cases diagnosed in New Mexico. Living cases diagnosed in New Mexico are used by the U.S. Centers for Disease Control (CDC) to represent prevalent cases. However, data that include out-of-state diagnoses provide a better reflection of local prevalence patterns and are now also provided in the summary.

	Cases diagnosed in New Mexico					All cases in New Mexico				
	N	Living %	Rate*	Cumulative N	Cumulative %	N	Living %	Rate	Cumulative N	Cumulative %
<b>Type of case</b>										
HIV	922	42%	45.9	998	27%	1295	38%	64.4	1390	26%
AIDS	1298	58%	64.6	2662	73%	2093	62%	104.1	3968	74%
<b>Sex</b>										
Male	1930	87%	195.2	3266	89%	2981	88%	301.4	4810	90%
Female	290	13%	28.4	394	11%	407	12%	39.8	548	10%
<b>Race/Ethnicity</b>										
White	971	44%	111.9	1751	48%	1685	50%	194.1	2808	52%
Hispanic	974	44%	111.6	1490	41%	1231	36%	141.0	1865	35%
AI/AN	149	7%	74.1	224	6%	237	7%	117.8	351	7%
African American	114	5%	282.4	178	5%	213	6%	527.6	306	6%
Asian/PI	12	1%	42.6	17	0%	22	1%	78.1	28	1%
<b>Region at Diagnosis**</b>										
Region 1 (Northwest)	270	12%	64.4	424	12%	310	9%	73.9	485	9%
Region 2 (Northeast)	440	20%	145.2	765	21%	527	16%	173.9	916	17%
Region 3 (Bernalillo Co.)	1019	46%	162.2	1751	48%	1160	34%	184.7	2010	38%
Region 4 (Southeast)	126	6%	49.9	224	6%	157	5%	62.1	274	5%
Region 5 (Southwest)	365	16%	89.6	496	14%	410	12%	100.7	577	11%
Out of state	-	-	-	-	-	824	24%	-	1096	20%
<b>Age at Diagnosis</b>										
< 13	9	0%	2.5	13	0%	15	0%	4.2	22	0%
13-19	57	3%	27.3	60	2%	71	2%	34.0	76	1%
20-29	509	23%	177.0	742	20%	788	23%	274.1	1123	21%
30-39	879	40%	363.5	1502	41%	1396	41%	577.3	2289	43%
40-49	564	25%	190.5	952	26%	842	25%	284.4	1354	25%
50+	202	9%	32.5	391	11%	276	8%	44.4	494	9%
Unknown										
<b>Exposure Risk</b>										
MSM	1320	59%	-	2232	61%	2064	61%	-	3321	62%
IDU	220	10%	-	368	10%	343	10%	-	547	10%
MSM/IDU	192	9%	-	352	10%	349	10%	-	587	11%
Heterosexual	237	11%	-	305	8%	323	10%	-	411	8%
Other	14	1%	-	48	1%	18	1%	-	59	1%
NIR	223	10%	-	334	9%	269	8%	-	401	7%
Pediatric	14	1%	-	21	1%	22	1%	-	32	1%
<b>TOTALS</b>	<b>2220</b>	<b>100%</b>	<b>110.4</b>	<b>3660</b>	<b>100%</b>	<b>3388</b>	<b>100%</b>	<b>168.5</b>	<b>5358</b>	<b>100%</b>

\*Rates per 100,000 based on Bureau of Business and Economic Research data for 2006; \*\*Residence at time of HIV or AIDS diagnosis.

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