

Men Who Have Sex with Men

Although estimates vary, men who have sex with men (MSM) are estimated to represent about 7% of the U.S. male population (Lieb et al., 2011; Purcell et al., 2012). MSM account for the majority of people infected with HIV in the United States. In 2010, MSM accounted for 78% of new HIV infections among U.S. men (CDC, 2015) and an estimated 56% of persons living with an HIV diagnosis (CDC, 2015).

A higher percentage of MSM are living with HIV disease, therefore, as a group, MSM have an increased chance of being exposed to HIV (CDC, 2015). MSM are also at higher risk for acquiring HIV because anal sex is the riskiest type of sexual intercourse for contracting or transmitting HIV. Because MSM, on average, have more sexual partners than heterosexual men, MSM have more opportunities to acquire or transmit HIV (CDC, 2015).

Homophobia, stigma, and discrimination place MSM at risk for multiple physical and mental health issues and may affect whether MSM seek out and are able to obtain high-quality health services (CDC, 2015). In Illinois, many non-profit organizations provide HIV prevention and care services targeted to meet the needs of MSM (Illinois HIV Care Connect, 2015).

HIV Disease Diagnoses

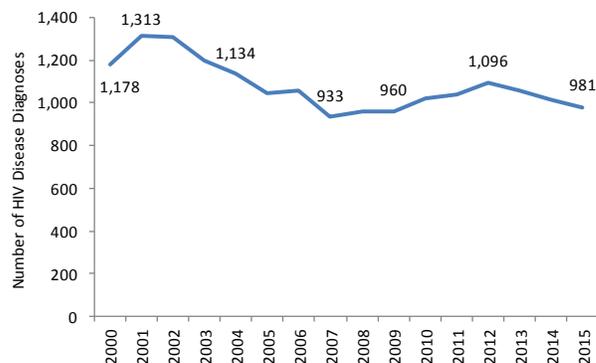
As seen nationally, the majority of new HIV disease diagnoses in Illinois have occurred among MSM. From 2011–2015, 4,976 MSM were diagnosed with HIV disease, accounting for 74% of all new HIV disease diagnoses where a transmission risk category was reported.* An additional 218 new diagnoses or 3.3% of all new HIV disease diagnoses with an identified transmission risk factor were among men who reported injection drug use (IDU), in addition to being MSM.**

*8,212 new HIV diagnoses were reported in Illinois from 2011–2015; 1,525 had no transmission risk category reported

**Subsequent numbers for MSM reported in this section include both MSM and MSM who also reported injection drug use as a transmission risk factor

The number of new HIV disease diagnoses among MSM fluctuated from 2000–2015 from a high in 2001 of 1,313 new diagnoses to a low of 933 in 2007. From 2007–2012, the annual number of new diagnoses among MSM increased. Since 2013, new diagnoses among MSM in Illinois have declined.

Figure 1. HIV Disease Diagnoses among MSM by Year of Diagnosis, Illinois, 2000–2015

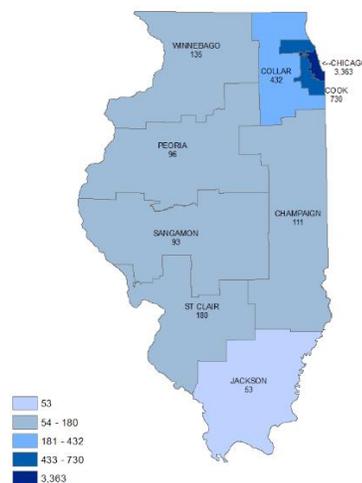


Source: Illinois Department of Public Health, June, 2016

Geography

The majority of MSM (65%) in Illinois diagnosed with HIV disease from 2011–2015 resided in the City of Chicago (n=3,363). Cook County, excluding Chicago, had the next highest number with 730 new HIV disease diagnoses among MSM during this time.

Figure 2. HIV Disease Diagnoses among MSM by Region, Illinois, 2011–2015

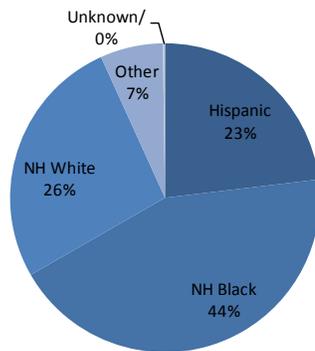


Source: Illinois Department of Public Health, June, 2016

Race/Ethnicity

Among MSM, the highest proportion (44%) of new HIV disease diagnoses in Illinois from 2011–2015 were among non-Hispanic (NH) black men. NH black MSM have a greater risk of being exposed to HIV as sexual partners tend to be other men of the same race in a population with higher HIV prevalence. Additionally, lack of awareness of positive HIV status and factors such as limited access to and use of quality health care, can increase risk for transmission in this population (CDC, 2014a).

Figure 3. HIV Disease Diagnoses among MSM by Race/Ethnicity, Illinois, 2011–2015

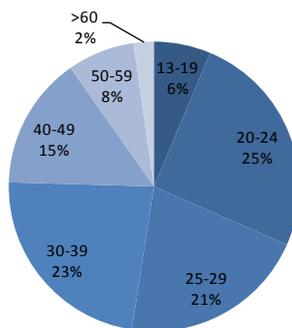


Source: Illinois Department of Public Health, June, 2016

Age at Diagnosis

Young MSM are particularly vulnerable to HIV infection. Nationally, in 2011, among adolescent males aged 13–19 years, approximately 93% of diagnosed HIV infections were from male-to-male sexual contact (CDC, 2014c). Adolescents accounted for 6% of new HIV diagnoses in Illinois from 2011–2015. Young adults aged 20–29 years accounted for 46% of new diagnoses from 2011–2015.

Figure 4. HIV Disease Diagnoses among MSM by Age at Diagnosis, Illinois, 2011–2015

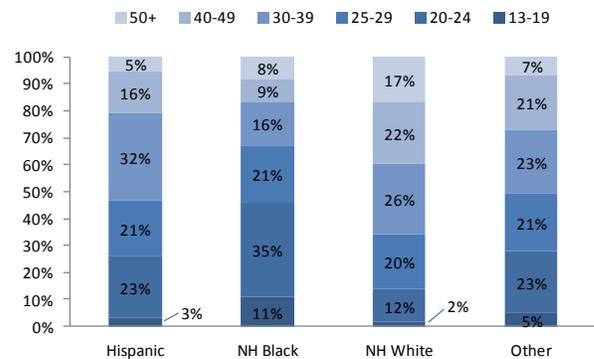


Source: Illinois Department of Public Health, June, 2016

Age at Diagnosis and Race/Ethnicity

NH black MSM were more likely to be diagnosed at a younger age than either Hispanic or NH white MSM. Among NH black MSM, 67% were diagnosed with HIV before age 30, compared to 47% of Hispanic MSM and 34% of NH white MSM. Higher HIV diagnosis rates among young, NH black MSM have also been found nationally (CDC, 2014a). Although the reasons for this disparity are not fully understood, possible factors include inadequate prevention education; limited awareness of infection; low perception of risk; alcohol and illegal drug use; and feelings of rejection and isolation due to bullying, harassment or family disapproval (CDC, 2014c). Targeted testing efforts among NH black MSM may also lead to earlier diagnosis than among other racial/ethnic groups.

Figure 5. Distribution of HIV Disease Diagnoses among MSM by Age at Diagnosis and Race/Ethnicity, Illinois, 2011–2015



Source: Illinois Department of Public Health, June, 2016

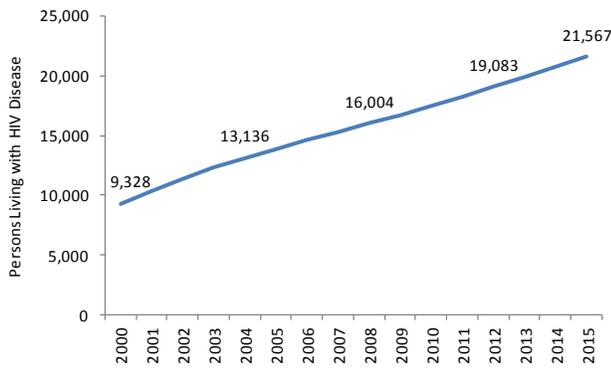
Persons Living with HIV Disease

Determining the overall prevalence of HIV infection among MSM is difficult. One study conducted in 20 U.S. metropolitan statistical areas with the largest burden of AIDS found that 18% of MSM in the study were HIV positive (Wejnert et al., 2013). Prevalence rates were highest among MSM ≥40 years (26%) and among NH black MSM of all ages (30%) (Wejnert et al., 2013).

The number of MSM living with HIV disease in Illinois has more than doubled since 2000. This increase reflects ongoing transmission of HIV in this population, as well as improved life expectancy of individuals diagnosed with HIV disease due to improved care and treatment. MSM accounted for

58% of all persons living with HIV disease in Illinois at the end of 2015.

Figure 6. Number of MSM Living with HIV Disease by Year, Illinois, 2000–2015

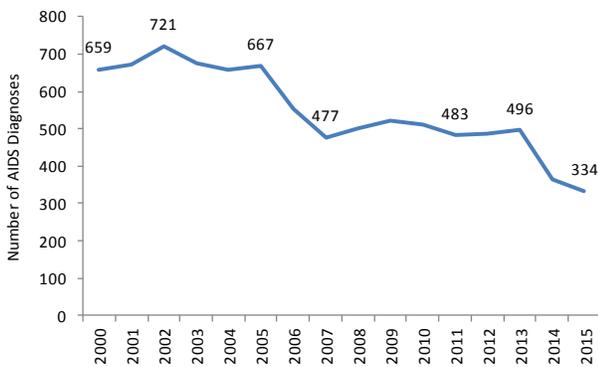


Source: Illinois Department of Public Health, June, 2016

AIDS Diagnoses

Among Illinois MSM, the number of AIDS diagnoses, or persons infected with HIV that have progressed to AIDS, decreased from 2000–2015, with a large decline between 2013 and 2015 (Figure 7). This decline may reflect targeted testing efforts among MSM resulting in early HIV diagnosis and efforts to improve linkage to care to prevent progression to AIDS.

Figure 7. AIDS Diagnoses among MSM by Year of Diagnosis, Illinois, 2000–2015



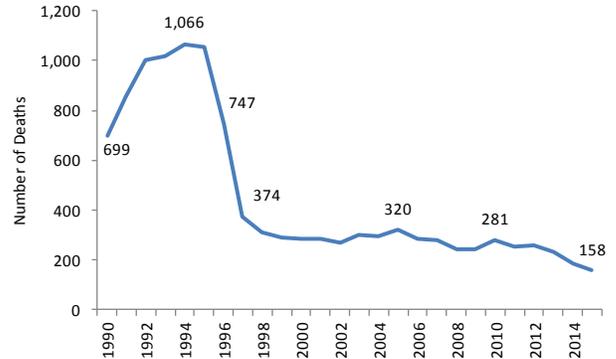
Source: Illinois Department of Public Health, June, 2016

Mortality

Despite the increased number of MSM living with HIV in Illinois, the number of deaths among MSM has declined since the peak in 1994 when 1,066 MSM living with HIV disease died. In 2015, according to preliminary estimates, 158 deaths occurred

among MSM living with HIV disease in Illinois. This is the lowest number of HIV deaths among MSM since 1985.

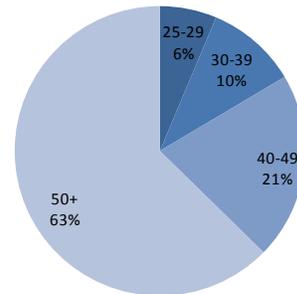
Figure 8. Deaths among MSM Living with HIV Disease by Year of Death, Illinois, 1990–2015



Source: Illinois Department of Public Health, June, 2016

In 2015, 63% of deaths among Illinois MSM living with HIV disease were among men aged 50 years and older. There were no deaths reported among youth <25 years living with HIV disease in 2015.

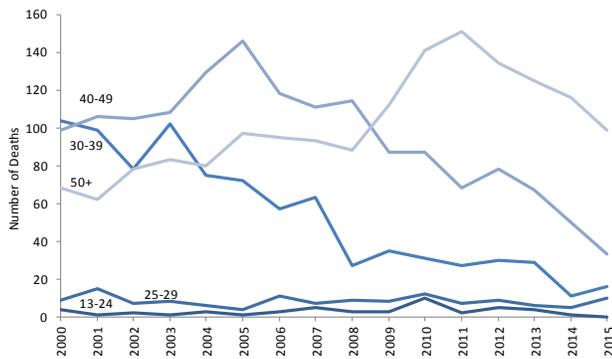
Figure 9. Deaths among MSM with Diagnosed HIV Disease by Age at Death, Illinois, 2015



Source: Illinois Department of Public Health, April, 2015

Prior to 2009, deaths among Illinois MSM living with HIV disease primarily occurred among men between the ages of 30–49 years. Since 2009, the majority of deaths have been among men aged 50 years and older. However, deaths in this age group have been declining since peaking in 2011.

Figure 10. Deaths among MSM with Diagnosed HIV Disease by Age at Death, Illinois, 2000–2015



Source: Illinois Department of Public Health, June, 2016

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