

HIV Serosorting Practices Among HIV-Uninfected Gay/Bisexual Men in California: SF Bay Area Residents vs. Circuit Party Attendees

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Revised Abstract

Background: HIV serosorting has gained recent attention as a community-originated, HIV prevention strategy. Recent data presented at CROI 2008 suggest that HIV serosorting may reduce the risk of HIV acquisition in high-risk HIV-uninfected gay/bisexual men. We compared HIV serosorting intention and practices in a population-based sample vs. a high-risk circuit party sample of HIV-uninfected gay/bisexual men in California.

Methods: We collected information about HIV serosorting intention and practices from 766 gay/bisexual men self-reporting a negative or unknown HIV serostatus from 1) SF: 403 men residing in the San Francisco Bay Area using time-location probability sampling between February and May 2006, and 2) CP: 363 men attending a circuit party in Palm Springs or San Diego, CA in 2006. Chi square statistics were used to evaluate differences between populations.

Results: Compared with SF, CP men reported higher rates of recreational drug use (71% in CP vs. 61% in SF, $p < 0.01$) and unprotected anal sex (53% CP vs. 37% SF, $p < .01$) in the past 6 months. Among men who reported unprotected anal sex, 67% reported unprotected anal sex with one or more HIV-negative partners only. In both populations, less than half of men were in a primary relationship. Of men with a primary partner, only 8% had a serodiscordant partner. Overall, 39% of men reported always asking partners their HIV status, and 20% asked most of the time. CP men were more likely to report they would not have sex with a known HIV-positive partner (47% CP vs. 29% SF, $p < 0.001$). In SF and CP, men who reported they would not have sex with a known HIV-positive partner were less likely to report having one or more HIV-positive anal sex partners in the past 6 months ($p < 0.0001$).

Conclusions: HIV serosorting practices were common in two distinct populations of HIV-negative gay/bisexual men and were more prevalent among circuit party attendees vs. a population-based sample in California. Population-related differences in HIV serosorting should be further explored and may play a role in tailoring HIV prevention interventions for HIV-uninfected gay/bisexual men.

Introduction

HIV serosorting has gained recent attention as a community-originated HIV prevention strategy

- Serosorting refers to:
 - Selecting sexual partners of the same serostatus, or
 - Modifying sexual practices based on the partner's serostatus

Data presented at CROI 2008 suggests serosorting is associated with decreased risk of HIV seroconversion (Philip et al.)

- We evaluated the prevalence of HIV serosorting intention and practices in 2 populations of HIV-uninfected gay/bisexual men:
 - Population-based sample of gay/bisexual men in SF Bay Area
 - High risk gay/bisexual men attending circuit parties in California

Methods

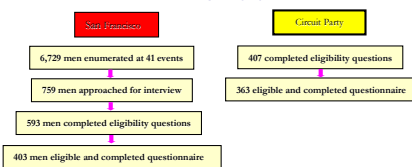
- Cross-sectional quantitative survey of 766 HIV-uninfected men
 - SF: Population-based sample of 403 men residing in the San Francisco Bay Area using time-location sampling (2/06-5/06)
 - CP: 363 men attending circuit party in Palm Springs or San Diego, CA in 2006
- Eligible respondents were ≥ 18 years, self-reported negative or unknown HIV status, English speaking, identified as gay/bisexual
- Interviews completed in person by trained staff
- Data entered into a handheld personal computer

Serosorting Questions

- If a sex partner tells you that he is HIV-positive, how does this affect your decision to have sex with him?
 - Mutual masturbation, oral sex, anal sex with a condom, anal sex w/o a condom
 - Same question asked for an unknown HIV status partner
- In having sex with an HIV-positive partner, what types of sex would you have with this partner?
 - Mutual masturbation, oral sex, anal sex with a condom, anal sex w/o a condom
 - Same question asked for an unknown HIV status partner

Results

Enrollment



Demographic characteristics, by population

Characteristic	SF n=403 (%)	CP n=363 (%)	P value
Age			
18-24	22%	17%	<0.0001
25-45	60%	76%	
≥ 45	18%	6%	
Race/Ethnicity			0.02
White	58%	61%	
African-American	8%	3%	
Hispanic/Latino	18%	15%	
Asian	10%	14%	
Education level			<0.001
\leq High school	13%	8%	
Some college	33%	25%	
\geq Bachelor's degree	54%	67%	
Income			<0.0001
<20,000	25%	6%	
20,000-59,999	45%	40%	
60,000-99,999	20%	29%	
$\geq 100,000$	10%	25%	
Median # circuit parties attended	n/a	6	n/a
Median age at first circuit party	n/a	27	n/a
Any drug use, past 6 mo	61%	71%	0.002

HIV status of Primary Partner

	SF	CP
No Primary partner	61%	53%
HIV-negative	34%	45%
HIV-positive	3%	2%
Unknown HIV status	2%	1%

- Over half of men were not in a primary relationship
- Few men in a primary relationship had a serodiscordant primary partner

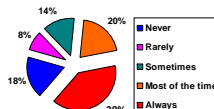
Anal sex practices in the past 6 months

Anal Sex practices, past 6 months	SF (%)	CP (%)
No anal sex	20%	11%
Protected anal sex only	44%	37%
Unprotected anal sex w/ one HIV-negative partner	12%	18%
Unprotected anal sex with >1 HIV-negative partner	11%	18%
Unprotected anal sex with at least 1 HIV+ or HIV-unknown status partner	13%	17%

- 1/2 to 2/3 men did not report unprotected anal sex
- Of the remaining men, approximately 2/3 reported unprotected anal sex with HIV-negative partners only

Discussing HIV status:

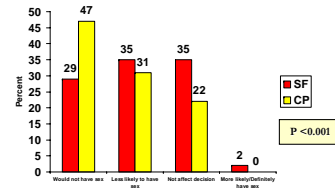
Do you usually ask the HIV status of your sex partners before sex?



More than 1/2 of men asked the HIV status of their partners before sex most or all of the time

Serosorting Intention:

If a sex partner tells you that he is HIV-positive, how does this affect your decision to have sex with him?



- 2/3 - 3/4 of men reported they would be less likely or would not have sex with an HIV+ partner
- CP men more likely to report they would not have sex with an HIV+ partner

Anticipated Sexual Practices, by HIV-status of partner

Among men who would have sex with an HIV+ or HIV-unknown status partner: What types of sex would you have with this partner?

Sex practice	With an HIV+ partner	With an unknown HIV-status partner
Mutual masturbation	92%	89%
Oral Sex	72%	81%
Anal sex w/ a condom	58%	70%
Anal sex w/o a condom	4%	10%

- Relatively few men would have anal sex without a condom with a serodiscordant partner
- Anticipated anal sex rates higher with a partner of unknown HIV status vs. an HIV+ partner

Association between serosorting intention and actual risk behavior in past 6 months

SEROSORTING INTENTION <i>Of men who said...</i>	ACTUAL RISK BEHAVIOR
They would not have sex with an HIV+ partner	1% had anal sex with 1+ HIV+ partners in past 6 mo.
They would be less likely to have sex with an HIV+ partner	8% had anal sex with 1+ HIV+ partners in past 6 mo.
Decision not affected OR they would be more likely to have sex with an HIV+ partner	26% had anal sex with 1+ HIV+ partners in past 6 mo.

Men intending to serosort were less likely to report one or more HIV+ anal sex partners in the past 6 months

Limitations

- Results may be not generalizable to all HIV-uninfected gay/bisexual men
- HIV-positive gay/bisexual men were not surveyed and may have differences in serosorting practices
- Cross-sectional study design has limitations in evaluating association between serosorting intent and risk behavior

Conclusions

- Over half of men asked the HIV status of their partners before sex most or all of the time
- If a partner disclosed an HIV+ serostatus, over 2/3 of men would be less likely or would not have sex with that partner
- Men intending to serosort were less likely to report one or more HIV+ anal sex partners in the past 6 months
- Serosorting intent was more prevalent among higher risk circuit party attendees vs. a population based sample of men living in the San Francisco Bay Area

