



Epi Data Brief

New York City Department of Health and Mental Hygiene

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Sexual Activity among HIV-Positive Persons in Care in New York City

Persons living with HIV/AIDS (PLWHA) often adopt safer sex practices after initial diagnosis.¹ However, as PLWHA live longer and healthier lives, many may re-engage in high risk sexual behaviors.² It is estimated that 20% to 40% of PLWHA in clinical care in the United States engage in high risk sexual behaviors.³ The integration of risk behavior screening in HIV primary care settings has been shown to assist providers in identifying individuals at highest risk of transmitting HIV to their partners⁴ and may help identify those at risk for new sexually transmitted infections.

Prevalence of sexual activity

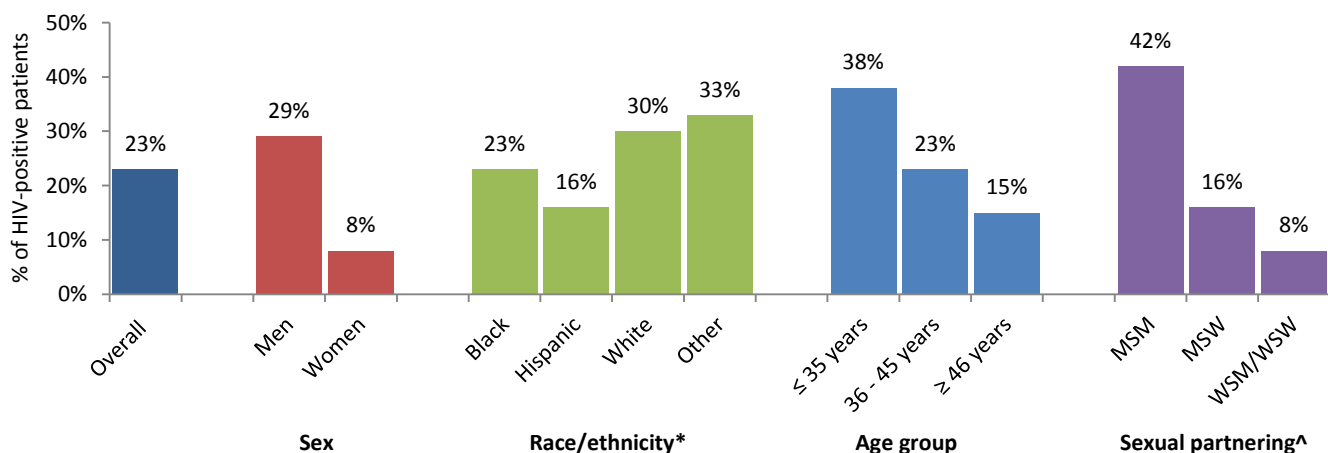
- Sexual risk screening was conducted among 1,334 HIV-positive patients as part of regular medical visits.
- Over half (51%) of the patients screened reported no sexual activity within the past three months.
- Among the 49% of patients who reported sexual activity, 58% reported any high risk sexual behavior, and 24% reported two or more high risk behaviors within the past three months.
- The most common risk behavior reported was sex without a condom during the last sexual encounter (33%) (“condomless sex”), followed by multiple sexual partners in the past three months (30%), sex under the influence of drugs or alcohol in the past three months (27%) (“sex under the influence”), and sex in exchange for drugs or money in the past three months (5%) (“exchange sex”).

Data Source:

Prevention with Positives Pilot Project

is a sexual behavior screening and counseling intervention implemented in January 2012 by the Health Department’s Bureau of HIV/AIDS Prevention and Control in collaboration with six HIV primary care clinics in diverse settings in New York City. As part of the Prevention with Positives Pilot Project, a sexual behavior screening tool was built into each clinic’s electronic medical record system. The tool was used with all patients as part of regular HIV primary care visits. This brief presents baseline data self-reported by all HIV-positive clinic patients in care in the first two clinics to start the project (January 2012 to August 2013). The screening tool collected information on four sexual behaviors: condomless sex, multiple sexual partners, sex under the influence of drugs or alcohol and sex in exchange for drugs or money.

Percent of sexually active HIV-positive patients reporting two or more high risk sexual behaviors in the past three months, overall and by patient characteristics



*Black, white race are non-Hispanic. ‘Other’ includes non-Hispanic Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, multiple races.

^MSM=men reporting any sex with men, MSW=men who have sex with women only, WSM=women reporting any sex with men, WSW=women who have sex with women only

Source: Prevention with Positives Pilot Project, January 2012 to August 2013

Risk Behaviors Measured:

Condomless sex: Vaginal or anal intercourse without a condom at last sexual encounter

Multiple partners: More than one sexual partner in the past three months

Sex under the influence: Anal or vaginal sex while under the influence of drugs or alcohol in the past three months

Exchange sex: Sex in exchange for drugs, money, gifts or somewhere to live in the past three months

Data Limitations:

Adherence to antiviral treatment for HIV, and subsequent viral suppression, has been shown to reduce the likelihood of transmission by up to 96%. While information about viral suppression is critical to the discussion about HIV transmission, information about adherence to treatment and viral suppression was not available for this analysis.

High risk sexual behavior by race/ethnicity

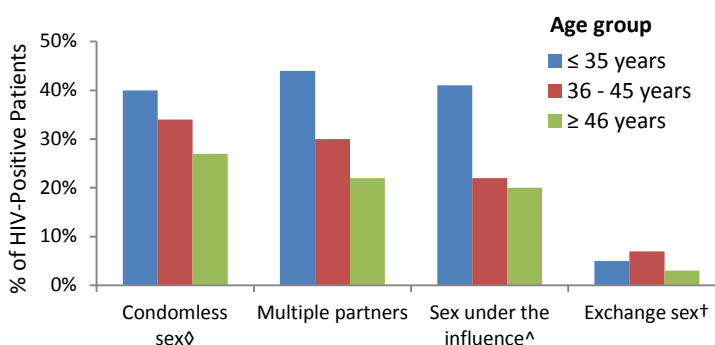
- White patients (69%) were more likely than black (59%) or Hispanic (48%) patients to report at least one risk behavior.
- Over half (51%) of white patients reported condomless sex, compared with 32% of black patients and 21% of Hispanic patients.

High risk sexual behavior by gender and sexual partnering

- Condomless sex at last sexual encounter was more common among men who reported sex with men (MSM) when compared with men who reported sex with women only (MSW) (35% vs. 26%).
- Men were over seven times more likely than women to report multiple partners (38% vs. 5%). Among male patients, MSM were nearly two times more likely to report multiple partners than MSW (52% vs. 26%).
- Sex under the influence was two times more common among men than women (32% vs. 15%). Among male patients, sex under the influence was more common among MSM compared with MSW (42% vs. 21%).
- Exchange sex was rare among all groups (5%), but MSM had the highest prevalence (7%) followed by women who reported sex with at least one man (WSM) (4%), and MSW (3%).

High risk sexual behavior by age

- High risk sexual behavior was most common among younger patients (35 years of age and younger). Seventy-five percent of younger patients reported at least one risk behavior, compared with 53% of those ages 36 to 45 and 49% of those 46 and older.
- Condomless sex was highest among younger patients (40%), compared with those ages 36 to 45 (32%) and 46 and older (27%).
- Multiple sexual partners was most common among younger patients (43%) compared with those ages 36 to 45 (32%) or 46 and older (22%).
- Younger patients were most likely to report sex under the influence (41%) when compared with those ages 36 to 45 (23%) or 46 and older (19%).

High risk sexual behaviors* among HIV-positive patients, by age group

*All risk behaviors are during the past three months, except condomless sex
 ◊ Condomless sex=vaginal or anal intercourse without a condom at last sexual encounter

^Sex under the influence of drugs or alcohol

†Sex in exchange for drugs, money, gifts or somewhere to live

Source: Prevention with Positives Pilot Project, January 2012 to August 2013

Condom use associated with other sexual risk behaviors

- Almost half (44%) of patients who reported condomless sex also reported another high risk sexual behavior in the past three months.
- Condomless sex was most commonly reported by patients who also reported sex under the influence (41%).
- MSM were more likely to report condomless sex and another risk behavior (28%) when compared with MSW (7%) and WSM (5%).

Implications:

Medical providers have long played a pivotal role in supporting PLWHA to adhere to antiviral medications, with the ultimate goal of viral suppression, but providers may not be aware of sexual behaviors that may be putting their patients and their partners at risk of HIV/STD transmission/acquisition because of inconsistency in obtaining a comprehensive sexual history.

Recent research has shown that adherence to HIV medication, and subsequent viral suppression can reduce the likelihood of forward HIV transmission by up to 96%.⁵ Despite this strong evidence that treatment is prevention, in NYC it is estimated that less than half of PLWHA have achieved viral suppression.⁶ In light of this, and given that most HIV is transmitted through sexual contact, providing HIV primary care providers with the tools to screen for and counsel their patients living with HIV about high risk sexual behaviors is still important to reduce HIV (and STD) transmission.

The data in this brief provide a description of the types of risk behavior in which PLWHA in care may be engaging and serve as a strong reminder of the importance of obtaining a complete sexual history and providing risk reduction counseling (in addition to providing medication adherence support) as part of comprehensive HIV primary care.

HIV/AIDS Prevention Activities at the Health Department:

The Health Department is committed to providing resources to help clinicians implement sexual risk behavior screening as part of regular care and to help sexual partners of HIV-positive persons remain HIV negative.

- **Future Prevention with Positives Programs.** Findings from this pilot will be used to inform future sexual risk behavior screening and risk reduction interventions in HIV Primary Care settings.
- **Effective biomedical interventions and support for partners of HIV-positive persons.** The Health Department actively supports the use of evidence-based biomedical interventions such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), to prevent HIV transmission from HIV-positive persons to their HIV-negative partners. The Health Department provides ongoing support to providers wishing to implement biomedical HIV prevention strategies and will soon launch a public health detailing campaign to raise awareness of PrEP and PEP among providers and provide them with tools for doing so. Furthermore, PrEP and PEP information is now available to consumers and providers through [the Health Department's PrEP and PEP website](#). For more information, call 311, visit [nyc.gov](#) and search "HIV PrEP and PEP," or email PrEPandPEP@health.nyc.gov.

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References

1. 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(4):446–453.
2. Eaton LA, Kalichman SC. Changes in transmission risk behaviors across stages of HIV disease among people living with HIV. *J Assoc Nurses AIDS Care*. 2009;20(1):39-49.
3. Gardner LI, Marks G, O'Daniels CM, et al. Implementation and evaluation of a clinic-based behavioral intervention: positive steps for patients with HIV. *AIDS Patient Care and STDs*. 2008; 22(8): 627-635.
4. Centers for Disease Control and Prevention. Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. *MMWR* 2003;52(RR-12):1-24.
5. Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med*. 2011;365(6): 493-505.
6. New York City Department of Health and Mental Hygiene. HIV Surveillance Annual Report, 2012. <http://www.nyc.gov/html/doh/downloads/pdf/dires/surveillance-report-dec-2013.pdf>. Accessed July 15, 2014.

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- Visit EpiQuery – the Health Department's online, interactive health data system at nyc.gov/health/EpiQuery

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