

HIV Prevention in New York City

New York City has made significant progress in reducing new HIV infections since the epidemic's onset, but there were still 1,917 new diagnoses in 2018. New HIV diagnoses occur disproportionately among men who have sex with men (MSM), Black and Latino/a people, and transgender women. Certain populations may be at higher risk of HIV exposure because there is a higher prevalence of HIV in their sexual networks.² Additionally, those with limited access to health care (e.g., uninsured people) may have inadequate access to HIV prevention services. Condoms, HIV testing and sexual health care remain important

components of HIV prevention. Additionally, the first drug for pre-exposure prophylaxis (PrEP) was approved by the FDA in 2012. PrEP can reduce the risk of sexual HIV transmission by over 90% when taken orally and daily as prescribed.³ Despite its effectiveness, PrEP remains underutilized.⁴⁻⁵ Continued monitoring of key HIV prevention indicators is important, especially given the rapidly changing HIV prevention landscape. This report reviews condom use, HIV testing, sexual history taking by a provider, and awareness of PrEP. It includes recommendations for providers, policymakers and all sexually active New Yorkers.

Condom use declined among adult New Yorkers, but remained higher in priority groups

From 2012 to 2016, among sexually active adult New Yorkers:

- Condom use at most recent sexual intercourse decreased from 32% to 29%.
- MSM were more likely than men who have sex with women only (MSW only) and women who have sex with men (WSM) to report condom use.
- People with three or more sexual partners in the past 12 months were more likely to report condom use than those with one or two sexual partners.
- Black, Latino/a and Asian/Pacific Islander New Yorkers were more likely to report condom use than White adults. However, reports of condom use decreased among Black and Latino/a New Yorkers.
- Uninsured New Yorkers were more likely to report condom use compared with insured New Yorkers. Additionally, condom use among insured New Yorkers decreased.

Condom use[^] in New York City, 2012-2016

Condom Use	2012		2016	5-year pooled rate
Overall*	32%		29%	31%
Sexual Behavior				
MSM	62%*		51%	56%
MSW only	33%		31%	34%
WSM*	29%		27%	27%
Number of Sexual Partners				
1	26%		25%	26%
2	55%		58%	57%
3 or more	67%		61%	64%
Race/Ethnicity				
White	27%		28%	28%
Black*	38%		33%	37%
Latino/a*	33%		27%	30%
Asian/Pacific Islander	34%		37%	36%
Insurance Status				
Insured*	32%		29%	30%
Uninsured	36%		37%	37%

[^]At last intercourse

* Trend is statistically significant and indicated by green spark lines

* Interpret estimate with caution due to small sample size

MSM= men who have sex with men; MSW= men who have sex with women; WSM= women who have sex with men; Black, White, and Asian/Pacific Islander racial categories do not include individuals who identified as Latino/a. Latino/a includes all those who identify as Latino/a regardless of race.

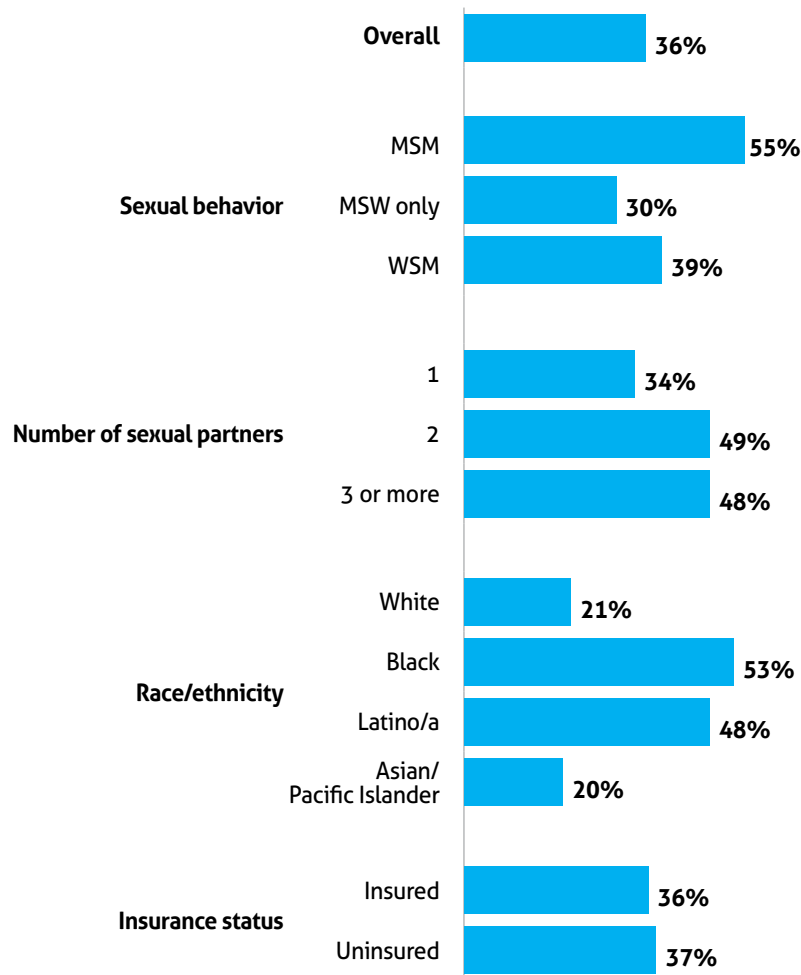
Source: New York City Community Health Survey, 2012-2016

Ending the Epidemic (EtE) Plan

In June 2014, New York State initiated EtE, a plan to dramatically reduce new HIV infections with the aim of decreasing the number of New Yorkers living with HIV/AIDS by 2020.⁶ EtE is the culmination of community activism, political will and scientific advances such as PrEP. Its primary objectives are to diagnose and connect and retain New Yorkers living with HIV in care, and to provide access to PrEP for those at risk of infection.

HIV testing rates among adult New Yorkers remained unchanged 2012 to 2016

HIV testing[^] in New York City, 2012-2016



In 2012-2016, among sexually active adult New Yorkers:

- Thirty-six percent reported being tested for HIV in the past 12 months. The annual prevalence did not change between 2012 and 2016.
- MSM were more likely than MSW only and WSM to be tested for HIV in the past 12 months.
- People with two and three or more sex partners in the past 12 months were more likely to get tested for HIV in the past 12 months than those with one sexual partner.
- Black and Latino/a New Yorkers reported higher rates of HIV testing compared with White and Asian/Pacific Islander New Yorkers.
- People with and without health insurance were similarly likely to have been tested for HIV in the past year. However, those with private insurance were less likely to be tested in the past year when compared with those with Medicaid (30% vs. 51%).

[^] In the past 12 months.

MSM= men who have sex with men; MSW= men who have sex with women; WSM= women who have sex with men;

Black, White, and Asian/Pacific Islander racial categories do not include individuals who identified as Latino/a. Latino/a includes all those who identify as Latino/a regardless of race.

Source: New York City Community Health Survey, 2012-2016

REFERENCES

1. HIV Epidemiology and Field Services Program. HIV Surveillance Annual Report, 2018. New York City Department of Health and Mental Hygiene: New York, NY. November 2019.
2. Mustanski B, Morgan E, A'Aquila R, et al. Individual and network factors associated with racial disparities in HIV among young men who have sex with men: results From the RADAR cohort study. *J Acquir Immune Defic Syndr.* 2019; 80(1):24-30.
3. Grant RM, Anderson PL, McMahan V, et al. Uptake of pre-exposure prophylaxis, sexual practices, and HIV incidence in men and transgender women who have sex with men: a cohort study. *Lancet Infect Dis.* 2014; 14(9):820-829.
4. Salcuni P, Smolen J, Jain S, et al. Trends and associations with PrEP prescription among 602 NYC ambulatory care practices, 2014-16. Presented at IDWeek, October 2017. San Diego, CA. Abstract #898.
5. Gandhi A, Appel E, Scanlin K, et al. PrEP Awareness, interest, and use among women of color in New York City, 2016. Presented at the 12th International Conference on HIV Treatment and Prevention Adherence, June 2017. Miami Beach, FL. Abstract #378.
6. New York State Department of Health. 2015 Blueprint to End the AIDS Epidemic, State of New York: Albany, NY. March 20, 2015.

Missed opportunities: Less than half of New Yorkers were asked about their sexual history by their doctor and many were not aware of PrEP

Sexual history taking

In 2016, among sexually active adult New Yorkers:

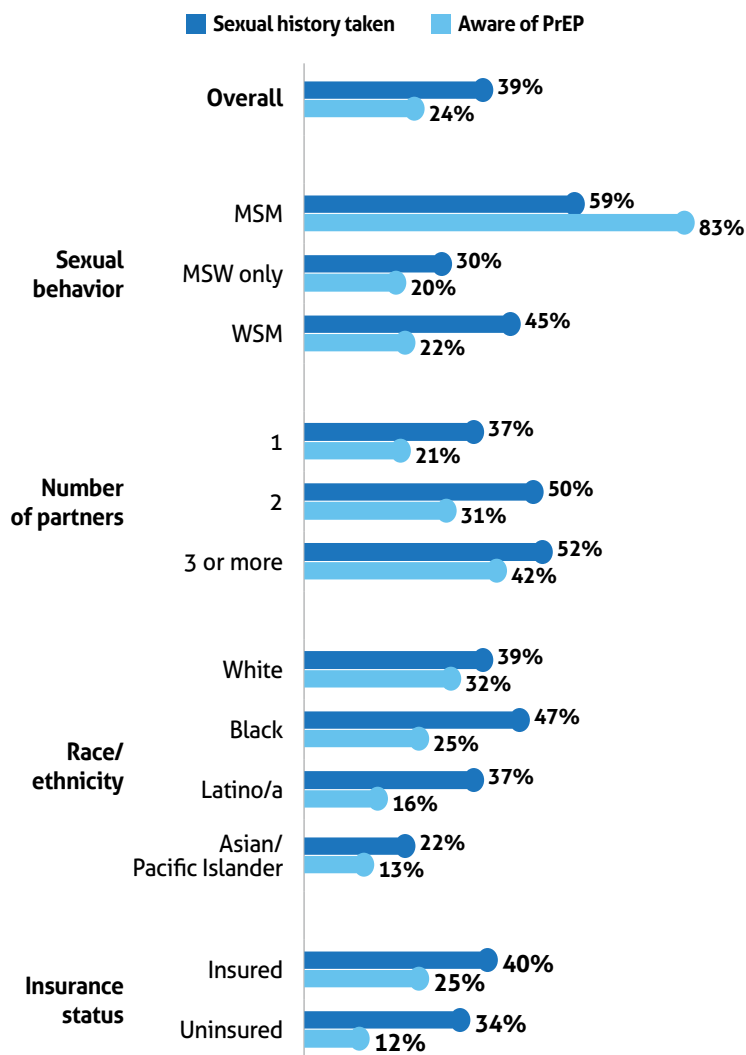
- 39% reported being asked about their sexual history at their last visit to a health care provider.
- MSM were more likely to report being asked about their sexual history at their last visit to a health care provider (59%) compared with WSM (45%) and MSW only (30%).
- People with three or more sex partners were more likely to report being asked about their sexual history (52%) than those with one sex partner (37%).
- Black New Yorkers were more likely to report being asked about their sexual history (47%) than White (39%), Latino/a (37%), and Asian/Pacific Islander adults (22%).
- Insured New Yorkers were more likely to report being asked about their sexual history (40%) than uninsured New Yorkers (34%).

PrEP awareness

In 2016, among sexually active adult New Yorkers:

- 24% had heard of PrEP.
- A higher proportion of MSM were aware of PrEP (83%) compared with WSM (22%) and MSW only (20%).
- People with three or more sex partners were more likely to be aware of PrEP (42%) than those with one sex partner (21%).
- White New Yorkers were more likely to be aware of PrEP (32%) than Blacks (25%), Latinos/as (16%) and Asian/Pacific Islanders (13%).
- PrEP awareness among uninsured New Yorkers was lower (12%) than among the insured (25%).
- PrEP awareness was less prevalent than sexual history taking, except among MSM, which suggests missed opportunities for providers to discuss PrEP with their patients.

Sexual history taken by health care provider* and pre-exposure prophylaxis (PrEP) awareness among sexually active^ New Yorkers, New York City, 2016



* At last visit to health care provider

^ In the past 12 months.

MSM= men who have sex with men; MSW= men who have sex with women; WSM= women who have sex with men;

Black, White, and Asian/Pacific Islander racial categories do not include individuals who identified as Latino/a. Latino/a includes all those who identify as Latino/a regardless of race.

Source: New York City Community Health Survey, 2012-2016

Data source: New York City Community Health Survey (CHS) 2012-2016. The CHS is conducted annually by the NYC Health Department with about 9,000-10,000 non-institutionalized adults ages 18 and over. All data are self-reported. Prevalence estimates as well as significance of trends are all age-adjusted to the year 2000 US standard population. For more survey details, visit nyc.gov/health/survey.

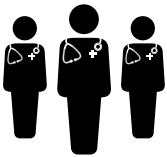
Definitions: Black, White, and Asian/Pacific Islander racial categories do not include individuals who identified as Latino/a; Latino/a includes all those who identify as Latino/a regardless of race. Women includes transgender women and men includes transgender men.

Recommendations



All sexually active New Yorkers should:

- Use condoms. Consistent condom use helps prevent HIV and other sexually transmitted infections (STIs). To find free condoms in NYC, visit nyc.gov/health and search for "condoms."
- Get tested for HIV at least once a year. MSM, transgender people who have sex with men, and people who have a sex partner with HIV may benefit from getting tested as often as every three to six months. To find a free and confidential HIV test in NYC:
 - Text TESTNYC to 877877
 - Call 311
 - Visit nyc.gov/health and search for "HIV testing."
- Learn about PrEP. Ask your doctor or visit nyc.gov/health and search for "PrEP"
 - In New York State, PrEP is covered by Medicaid and most private health insurance plans. Call 311 for help getting Medicaid or low-cost insurance. If you are uninsured, you may be eligible for a patient assistance program that can help you pay for PrEP. Your doctor or nurse can help you apply. For help enrolling in Medicaid or other low cost insurance, call 311.
- The New York City Health Department's Sexual Health Clinics provide low- to no-cost sexual health services, regardless of insurance or immigration status. Anyone who is 12 years or older can walk in for services. For a list of clinic locations, hours, and services, visit nyc.gov/health/clinics.



All health care systems and providers should:

- Use a nonjudgmental approach, ask all patients about their sex lives to guide the physical exam, and offer counseling on safer sex and pregnancy.
- Provide culturally responsive care that is mindful of patients' sexual health care needs. Employ multilingual staff, and hold trainings on providing sexual health care, including about caring for MSM.
- Learn about PrEP by visiting nyc.gov/health and searching for "PrEP provider."
- When taking a sexual history, provide patients with information about HIV prevention such as PrEP and discuss whether they might benefit from PrEP.
- Assist uninsured patients access free or low-cost sexual health services.



Authors: Zoe Edelstein, Paul Salcuni, Molly Remch, Fardina Miah, Bisrat Abraham, Benjamin Tsoi, Julie Myers

Acknowledgments: Liza King, Kinjia Hinterland, Hannah Gould, Charon Gwynn, Amber Levanon-Seligson, Michael Sanderson, Wen Qin Deng, Jennifer Matsuki, Adrian Guzman, Oni Blackstock, Demetre Daskalakis

Suggested citation: Edelstein Z, Salcuni P, Remch M, Miah, F, Abraham B, Tsoi B, Myers J. HIV Prevention in New York City. NYC Vital Signs 2021, 19(2); 1-4.