Incarceration and HIV/STI-related Sexual Risk Behavior and Infection among Black Men who have Sex with Men Only, Black Men who have Sex with Men and Women, and Black Transgender Women in Six U.S. Cities (HPTN 061)

Maria R Khan1, Russell Brewer2, Jasmin Abrams1, Medha Mazumdar1, Joy D. Scheidell1, Jonathan Feelemyer1, Typhanye Dyer1, Rodman Turpin1, Christopher Hucks-Ortiz3, Charlotte A Gaydos5, MacRegga Severe1, Natalie Irvine1, Jay S. Kaufman1, Charles M. Cleland1, Kenneth H Mayer2

1Department of Population Health, New York University Grossman School of Medicine, New York, University, New York NY, USA, 2Department of Medicine, University of Chicago, Chicago, IL, USA, 3Division of Infectious Diseases, Department of Medicine, Johns Hopkins University, Baltimore, MD, USA, 4Department of Epidemiology, Biostatistics, and Occupational Health, McGill University, Montreal, QC, Canada, 5The Fenway Institute, and Department of Medicine, Beth Israel Deaconess Medical Center/Harvard Medical School, Boston, MA, USA

INTRODUCTION

1. In the US, there is an alarming race disparity in incarceration: an estimated 22 per 1,000 Black men are currently incarcerated versus 3.8 per 1,000 white men1
2. Racial/ethnic and also sexual minorities face disproportionate incarceration.2 This disparity in large part to disparities in policing, detainment, and sentencing.
3. There is evidence incarceration disrupts networks, increasing partnership exchange and HIV/STI
4. Research on the role of incarceration in STI/HIV risk among Black sexual and gender minorities is limited despite substantial exposure.
5. We know little about associations in different sub-populations of Black minority men including Black men who have sex with men only (BMSMO), Black men who have sex with men and women (BMSMW), and Black transgender women (BTW).
6. We aimed to measure longitudinal associations between incarceration and HIV/STI risk among BMSMO, BMSMW, and BTW.

METHODS

DATA SOURCE & SAMPLE

• The HIV Prevention Trials Network (HPTN) 061 cohort (N=1553)
• BMSMO, BMSMW, and BTW recruited in six US cities (Atlanta, GA; Boston, MA; New York, NY; Los Angeles, CA; San Francisco, CA; Washington, DC)

MEASURES

• Exposure: Incarceration and release in the past 6 months (measured 6 month follow-up when recent incarceration was first measured)

OUTCOMES

6-month Post Incarceration: Past six month multiple (5+) partnerships and buying and/or selling sex for money, drugs, goods, or place to stay; six month incident STI including gonorrhea, chlamydia, or syphilis (measured 12 month follow-up)

ANALYSES

• Using inverse probability of treatment weighted (IPTW) regression to control for over 25 confounding factors including pre-incarceration poverty, psychosocial vulnerability, depression, alcohol and drug use, baseline sexual risk behaviors, and STI indicators, we estimated risk ratios (RRs) and 95% confidence intervals (CIs) for associations between incarceration and outcomes and assessed differences among BMSMO, BMSMW, BTW. Additionally, we assessed differences in the effect of incarceration on STI by city.

RESULTS

• Past six-month incarceration was common, over one in five BMSMW and BTW reported recent incarceration.
• Incarceration remained associated with at least one STI/HIV risk behavior in each group (BMSMO, BMSMW, BTW), while adjusting for over 25 baseline confounders, suggesting incarceration is an independent risk factor for STI/HIV-related risk-taking and may play a contributing role to STI/HIV risk.

• Incarceration appeared to be a significant independent risk factor for incident gonorrhea, though city-specific associations were highlighted.
• RCT is needed to test this hypothesis.
• In addition, we need to reach BMSM and BTW during incarceration and re-entry with the care and prevention services:
  • STI screening and treatment
  • Pre-exposure prophylaxis (PrEP)
  • Programs that help mitigate risky behaviors/situations

SUMMARY & CONCLUSIONS

• Given the trend towards strong associations in BTW, findings highlight the need for more research on effects of incarceration in this group.

REFERENCES


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CONTACT: Maria R Khan, PhD MPH Department of Population Health NYU Grossman School of Medicine
Email: Maria.Khan@nyulangone.org Phone: 646.501.2840
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