HIV Data Analysis Project

Increase in cisgender women newly diagnosed with HIV who reported male-female sexual contact in Wisconsin



Background

- The WI HIV Surveillance Team has noticed an increase in the number of people newly diagnosed with HIV who reported male-female sexual contact with no other transmission factors.
- This group is not commonly analyzed as a priority population, because the CDC does not recognize male-female sexual contact, without any other transmission factors, as a priority transmission factor for HIV.



Background

- In addition, HIV counseling, testing, and referral (CTR) sites, including communitybased organizations and local health departments, funded by the Wisconsin HIV Program across the state have seen an increase in HIV testing among people who report male-female sexual contact only.
- HIV surveillance data were further analyzed to evaluate this increase in new HIV diagnoses among people reporting male-female sexual contact.



CDC hierarchy of HIV transmission categories

High-risk male-female sexual contact (MFSC): New HIV diagnoses among people who reported any of the following, and no other transmission factors:

- MFSC with person with documented HIV
- MFSC with person who injected drugs
- MFSC with person with hemophilia/coagulation disorder with documented HIV
- MFSC with transfusion or transplant recipient with documented HIV
- MFSC with bisexual male (for females assigned at birth only)



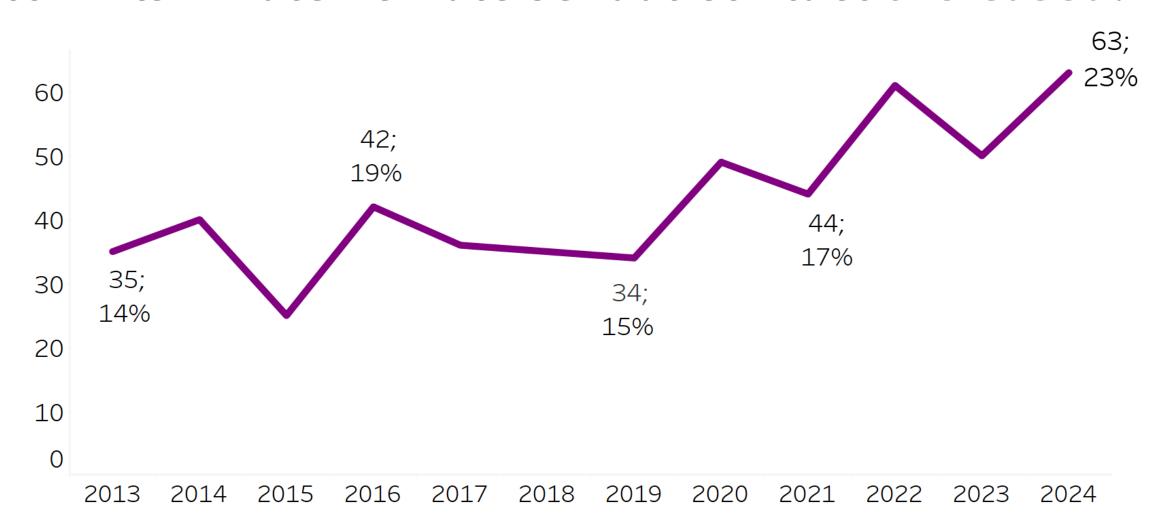
CDC hierarchy of HIV transmission categories

Low-risk male-female sexual contact (MFSC):

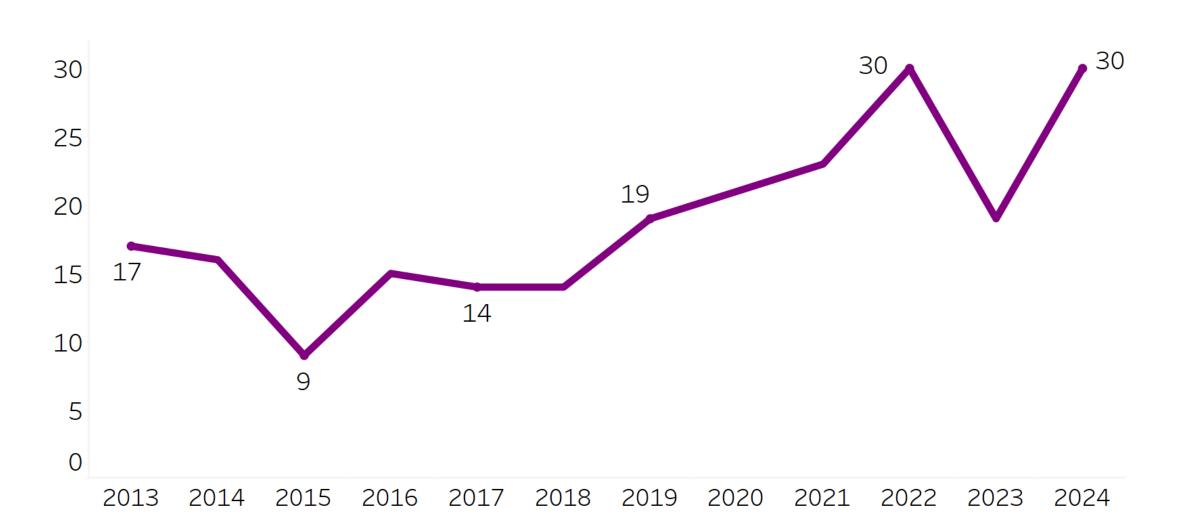
New HIV diagnoses among people who reported MFSC without the additional details underlined in the five MFSC factors listed on the previous slide, and no other transmission factors.



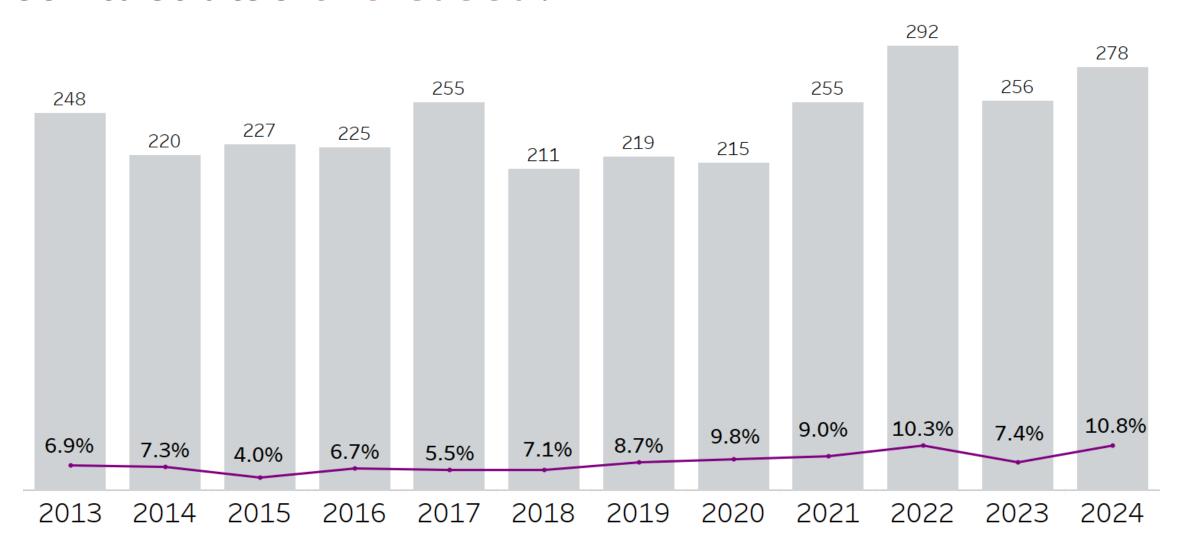
From 2013 to 2024, the number and percent of new HIV diagnoses among people who reported low-risk male-female sexual contact increased.



From 2013 to 2024, the number of new HIV diagnoses among females who reported low-risk male-female sexual contact increased.



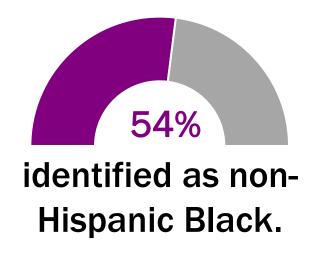
The percent of all new HIV diagnoses among females who reported low-risk male-female sexual contact also increased.



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Of the 227 new HIV diagnoses among females who reported low-risk male-female sexual contact:





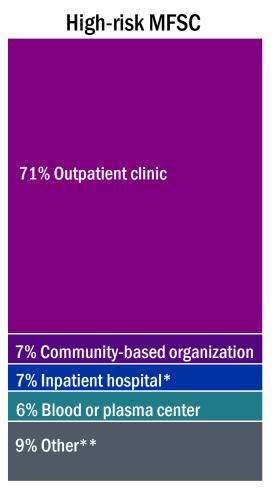
was the median age at HIV diagnosis.

Cisgender women who reported low-risk male-female sexual contact (MFSC) were more likely to be diagnosed with HIV in an inpatient hospital and a blood or plasma center.

Low-risk MFSC 66% Outpatient clinic 12% Inpatient hospital* 9% Blood or plasma center 13% Other**

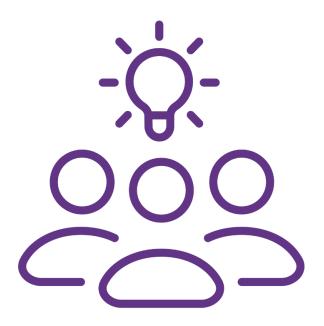
*Inpatient hospital includes diagnoses among people first seen in an emergency or urgent care facility and then admitted to a hospital.

**Other includes diagnoses at an emergency or urgent care facility, family planning clinic, correctional facility, local health department, HIV clinic, or other facilities.



Recommendations

 While people who reported male-male sexual contact had the highest rates of diagnosis in Wisconsin, the results suggest that expansion of HIV testing and prevention outreach within this lowrisk male-female sexual contact group among cisgender women in Wisconsin would be valuable.



Recommendations

- CDC recommendations for HIV testing include testing once in a lifetime for any person between the ages of 13 and 64 years regardless of exposure factors and testing more often for people with <u>certain exposure factors</u>. These recommendations also include a <u>universal opt-out HIV</u> testing approach.
- The HIV Program at the Wisconsin Department of Health Services funds agencies to provide HIV testing at no-cost or reduced service fee to the public through partnerships with local and Tribal health departments, community-based organizations, family planning clinics, and health systems.

Questions?

Thank you!

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