

PRiSMTG 2022 - HIV Prevalence and Risk behavioural Survey of Men who have sex with men people in Hong Kong and Transgenders



Background

Men who have sex with men (MSM) have continued to account for a significant proportion of newly acquired HIV infection in many areas around the world, including Hong Kong. As a public health surveillance programme to monitor the HIV epidemic, the Special Preventive Programme of the Department of Health (DH) conducted the first PRiSM (HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong) in 2006, and subsequently repeated in 2008, 2011, and 2017. Since the fourth round in 2017, the scope of the survey was expanded to include transgender women (TGW).

In the fifth round of PRiSMTG in 2022, the scope was further expanded to include all transgender (and non-binary) people in accordance with the latest UNAIDS' recommendation.

The main objectives of PRiSMTG 2022 are:

- To estimate the HIV prevalence among local MSM and transgender people;
- To evaluate the effectiveness of current prevention efforts against HIV and sexually transmitted infections (STI); and
- To identify and evaluate the local profile of HIV/STI-related behavioural risk factors.

Methods

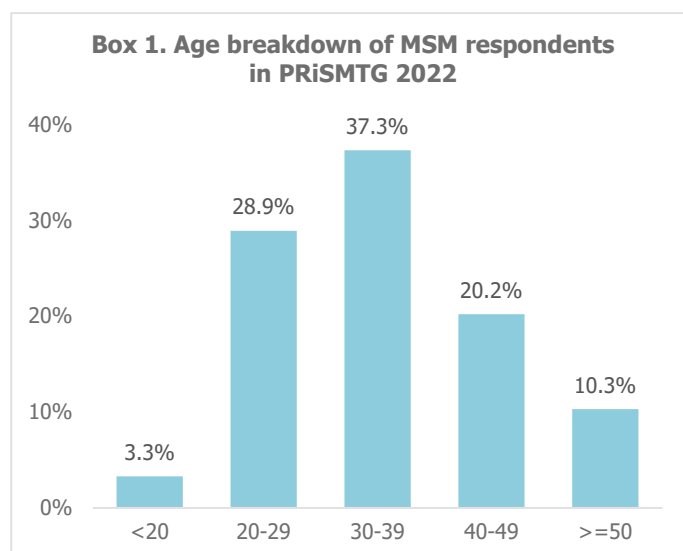
The survey fieldwork spanned from June to December 2022. The commencement of the survey was announced in a press release. MSM and transgender people who were permanent residents or had resided in Hong Kong for more than 50% of the time in the preceding 6 months were invited to participate in the survey. Online recruitment was conducted via several local gay websites, gay and transgender apps, and social media platforms. Additionally, posters were distributed to lesbian, gay, bisexual, transgender, queer (LGBTQ) venues, and non-governmental organisations (NGOs) to promote recruitment.

Participants were asked to complete an online questionnaire on a designated website and submit urine specimens for HIV antibody testing. After completing the questionnaire, each eligible participant was assigned a unique code for submission of urine sample to one of the 48 Community Collection Points, including 25 private clinics, 13 government clinics, and 8 community organizations located at various geographical districts, as well as the DH AIDS Counselling and Testing Service and Red Ribbon Centre. All urine specimens were sent to the Public Health Laboratory Services Branch of DH for HIV antibody testing. Test results were disseminated using a Test Result Delivery System on the survey website, allowing participants to retrieve their results with their individual codes. Those who were tested positive for HIV were referred to the DH HIV clinic at the Integrated Treatment Centre for further management.

Results

A total of 1,969 MSM respondents were recruited. 92.9% of the respondents were Chinese. The median age was 34 years (range 16 to 80). The age distribution was shown in Box 1.

75.0% of the MSM respondents were sexually active, defined as having anal sex with other cisgender men within the past 6 months. Among sexually active MSM respondents, 17.5% reported that they had engaged in anal sex work with men ("sold" sex) and 20.6% reported that they had offered monetary/other rewards to other men for having anal sex with them ("bought" sex).



HIV/STI testing and HIV prevalence

82.9% of MSM respondents had ever had an HIV test and 57.9% had had one in the last 12 months. NGOs (44.2%) were the commonest location of HIV testing within the past 12 months, followed by self-test (24.2%) and Social Hygiene Clinics (10.9%).

109 respondents reported being HIV positive (5.5% among all subjects, 6.7% among ever tester). 86.2% of them were receiving highly active antiretroviral therapy (HAART).

Overall, 605 (30.7%) respondents had submitted urine specimens, of which 554 (91.6%) were successfully tested for the presence of HIV antibody. 28 of the tested specimens were submitted by respondents who reported to be HIV positive. After exclusion of these specimens, 6 out of 526 (1.14%) specimens were positive for HIV. **The adjusted HIV prevalence for all MSM respondents and sexually active MSM respondents were estimated to be 6.61% and 6.73% respectively.**

Regarding sexually transmitted infections other than HIV, 72.3% of MSM respondents had ever been tested for STI and 48.3% had had one in the last 12 months. Among those who were tested for STI within the past 12 months, around a quarter (24.7%) were diagnosed with any STI. The commonest three STIs were syphilis (10.7%), chlamydia (8.6%) and gonorrhoea (8.2%).

Box 2. HIV status of MSM respondents

HIV status	All MSM	Sexually active MSM
% of respondents with known HIV	5.54%	5.62%
% of respondents without known HIV and having positive urine result	1.14%	1.18%
Adjusted HIV prevalence	6.61%	6.73%

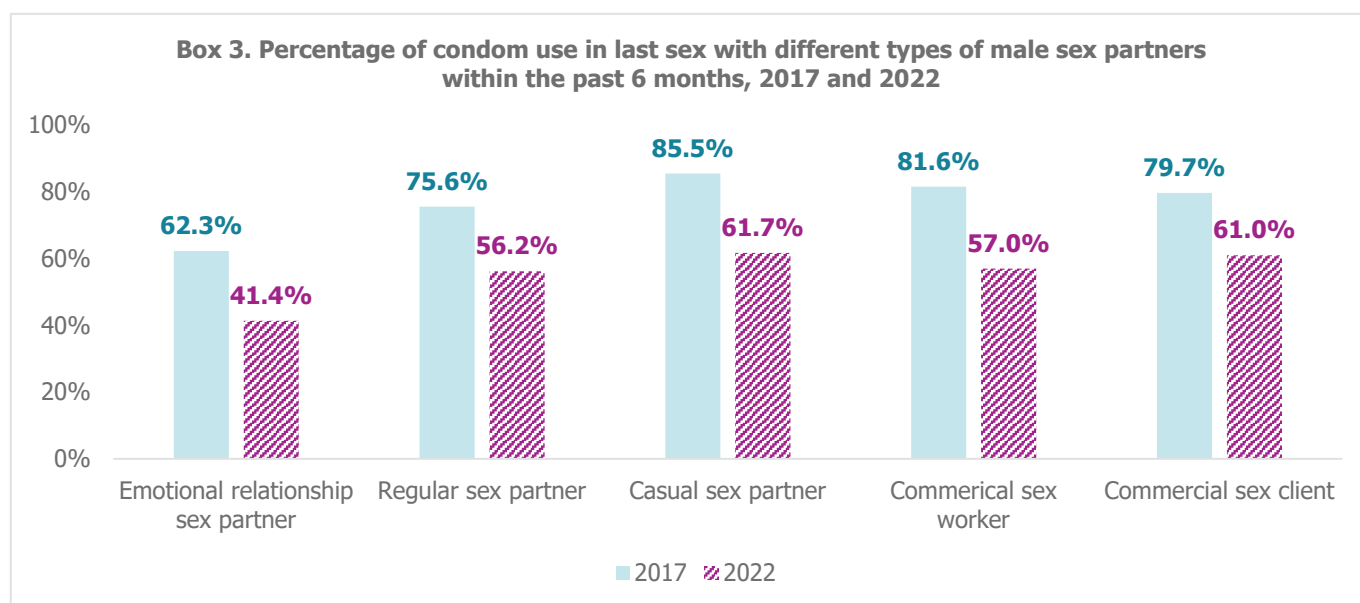
HIV prevention intervention

(i) Exposure to HIV prevention intervention

Over half (55.0%) of MSM respondents had received HIV prevention messages in the past 12 months. 47.1% had received free condoms in Hong Kong in the past 12 months. 12.2% had received either medical, social, or hotline service on mental health support.

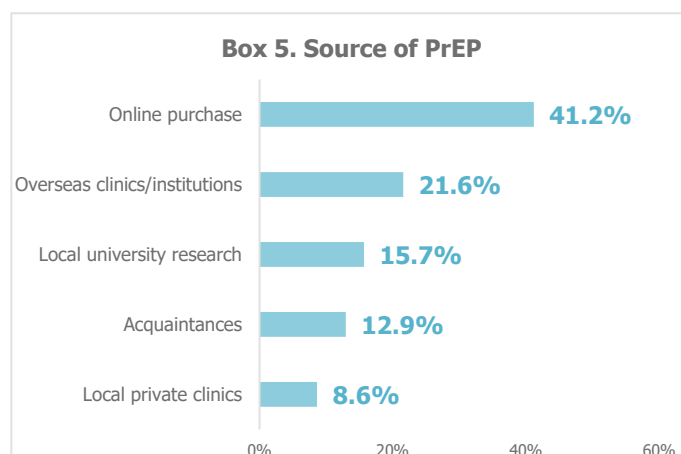
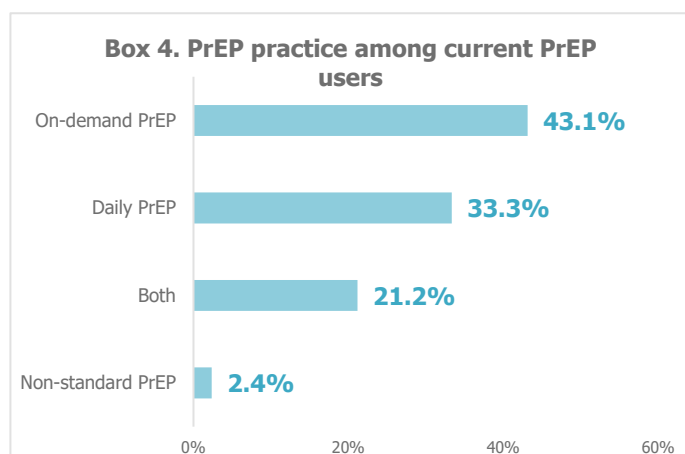
(ii) Condom use

The percentages of condom use in last sex with different types of male sex partners within the past 6 months declined compared with the figures in 2017, as shown in Box 3.



(iii) HIV Pre-exposure prophylaxis (PrEP) use

Among sexually active MSM respondents who had never been tested positive for HIV, 23.2% indicated that they had previously used PrEP, while 18.3% reported using or having used PrEP within the previous 12 months ("current PrEP users"). Box 4 illustrates that on-demand PrEP was the most frequently implemented method. Online purchase (41.2%) was the commonest source of obtaining PrEP among respondents (Box 5).



(iv) HIV Post-exposure prophylaxis (PEP) use

While the majority (84.4%) of MSM respondents have heard of PEP, only 20% of those who had encountered unplanned/unexpected unsafe sex sought medical advice. Around half did not seek medical assessment despite not knowing the HIV status of their sex partner.

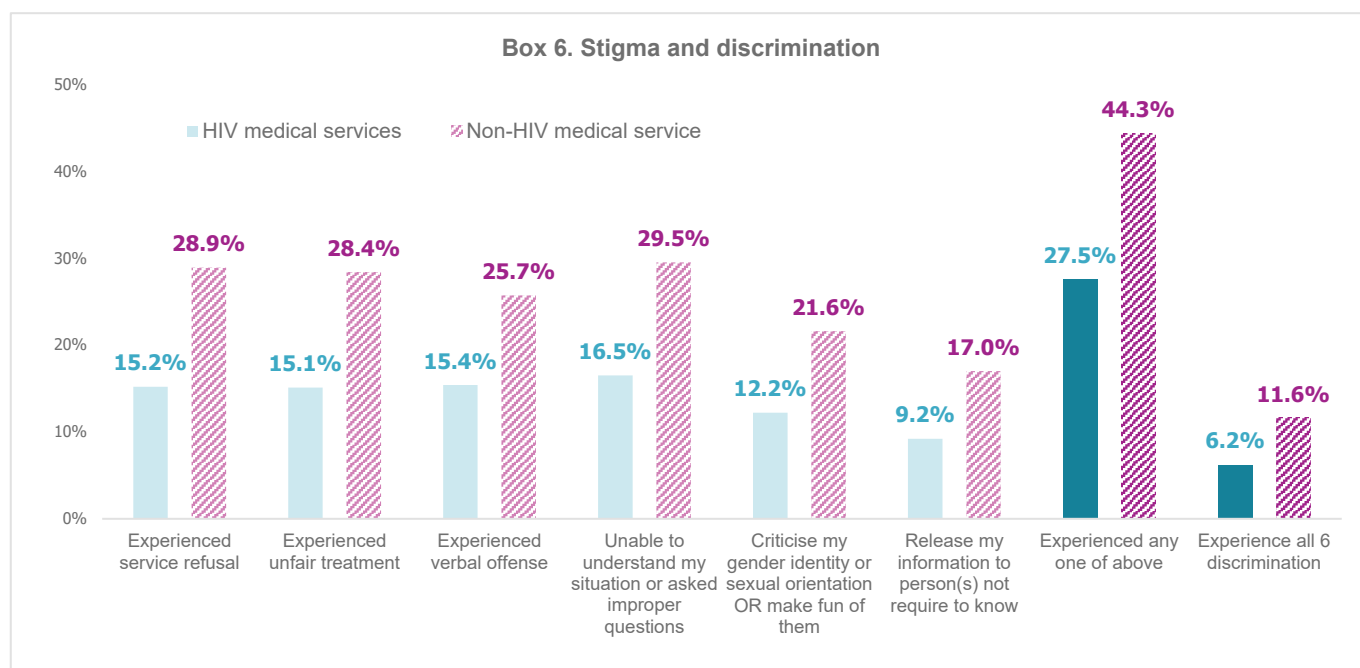
Chemsex engagement

Chemsex was defined as the use of specific drugs (methamphetamine/ice, GHB/GBL, mephedrone/meow meow) before or during sex. Chemsex engagement among sexually active MSM in the past 6 months was measured. The prevalence of chemsex engagement was 9.3%, which was similar to the figure in 2017 using the same definition (8.3%). GHB (85.5%) and methamphetamine (83.3%) were the most frequently used "chemsex-specific" drugs among MSM respondents with chemsex engagement.

There was a notable increase in sexually active MSM who reported history of chemsex with injecting drug use (slamming) in the previous six months (2.0%) compared to the corresponding percentage in 2017 (0.5%). Among these MSM respondents, the commonest drug injected was methamphetamine (100%). Among those who injected drugs, 73.3% of them had not received any drug rehabilitation service, while 20.0%, 3.3% and 3.3% had received services provided by the Hospital Authority, NGOs, and the private sector respectively.

Stigma and discrimination

A total of 801 (40.7%) and 440 (22.3%) respondents reported disclosure of their sexual orientation to HIV-related medical services and non-HIV related medical services respectively. Respondents were enquired regarding their prior encounters with stigma and discrimination when disclosing their sexual orientation to medical personnel. Such incidents included service refusal, unfair treatment, verbal offence, improper questions, being criticised of gender identity or sexual orientation, and information being released to person(s) not required to know. 27.5% and 44.3% of the respondents indicated that they had encountered some kind of stigma while receiving HIV medical services and non-HIV medical services respectively.



Discussion

1. The prevalence of HIV in MSM in the previous rounds of PRiSM in 2006, 2008, 2011 and 2017 were 4.05%, 4.31%, 3.61% and 6.54% respectively. The prevalence of HIV among MSM respondents was 6.61% in 2022. The figure had increased marginally, and the difference with the prevalence in 2017 was not statistically significant.
2. HIV testing rate in the past 12 months among MSM respondents (57.9%) was higher than that in PRiSM 2017 (52.6%). HIV self-test has become the second most common method for HIV testing (24.2%), compared with just around 12% in the previous round. Self-testing has become a more acceptable practice among the general public as a result of the COVID-19 pandemic.
3. The rates of condom use in last sex with male sex partners has declined compared with the figures in PRiSM 2017, while the rate of PrEP use has markedly increased. While taking PrEP is an effective method to prevent HIV transmission, education on safer sex, which includes the use of condom for the prevention of other sexually transmitted infections, should be strengthened.
4. The rate of STIs among sexually active MSM respondents who had been tested within the past 12 months increased from 9.6% in 2017 to 24.7% in 2022. Only 48.3% had STI screening within the past 12 months as recommended by the Scientific Committee on AIDS and STI in November 2020. Education on the importance of regular STI screening, particularly targeting PrEP users, should be enhanced.
5. Chemsex engagement in the past 6 months among sexually active MSM was similar to that in PRiSM 2017. However, slamming during or before sexual activity among sexually active MSM has become more prevalent (2.0%) than in PRiSM 2017 (0.5%). It is necessary to raise the awareness of the potential sequelae of substance misuse associated with chemsex. Counselling on drug use could be offered in conjunction with other HIV and STI prevention services, as part of a comprehensive HIV prevention programme.
6. Many MSM has experienced stigma and discrimination when utilizing medical services, especially non-HIV related medical services. Further emphasis should be put on enhancing sensitivity towards sexual minorities among health care providers.

FACTSHEET on PRiSMTG 2022

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