NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD, AND TB PREVENTION

Characteristics of MSM Recruited via Virtual *vs.* In-Person Venue-Based Sampling

Danielle Lonbong Njiometio MSPH[1,2], Julie Berg MS[3],Catlainn Sionean PhD[1], Amy Baugher MPH[1], for the National HIV Behavioral Surveillance Study Group
[1]Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia, USA
[2]Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee, USA
[3]DLH Corporation, Atlanta, Georgia, USA

1079

CROI

BACKGROUND

- Men who have sex with men (MSM) have a high HIV incidence.
- Virtual (e.g., dating apps) and in-person (e.g., clubs) spaces provide opportunities for people, including MSM, to socialize.
- This analysis aimed to compare demographics and sexual behaviors among samples of MSM drawn through recruitment in virtual spaces (virtual recruitment; VR) and at in-person locations (in-person recruitment; IPR).

METHODS

- We used data from seven US urban areas that used both virtual and in-person sampling to recruit MSM for CDC's 2023 National HIV Behavioral Surveillance.
- Our analysis sample was restricted to adult MSM living in the seven US urban areas (Baltimore, Indianapolis, Newark, Philadelphia, San Diego, San Francisco, San Juan).
- We report weighted percentages and 95% confidence intervals (95% CIs) of MSM demographics and sexual behaviors, comparing them by recruitment type.
- Adjusted prevalence ratios (aPRs) and 95% CIs with predicted marginal means were calculated with logistic regression models weighted for unequal selection probabilities, multiplicity, and nonresponse biases.
- The aPRs characterize the associations between recruitment type and MSM demographics and sexual behaviors.

RESULTS

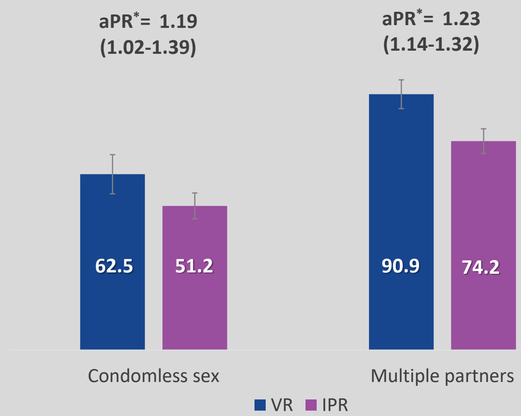
- Among 2822 MSM, 386 (13.7%) were recruited virtually and 2436 (86.3%) were recruited in-person.
- A plurality (n=1005, 35.8%) were Hispanic/Latino. Among VR participants, 125 (32.4%) were recruited in San Juan, while 386 (15.8%) IPR participants were recruited in San Juan.
- Compared with MSM recruited through IPR, MSM recruited through VR had a higher prevalence of having condomless (anal or vaginal) sex with a casual partner and multiple (≥2) sex partners in the past 12 months. These differences remained statistically significant even after controlling for region of the country.

CONCLUSION

- VR and IPR yielded similar samples of MSM, though MSM in the VR sample were more likely to report condomless sex and having multiple sex partners in the past 12 months.

Both virtual and in-person recruitment are valuable methods of reaching MSM and may complement each other when combined into a single data collection.

Figure: Differences in Demographics and HIV-related Behaviors of MSM by recruitment type in 7 cities for NHBS 2023 (N=2822)



Condomless sex: Condomless sex (anal or vaginal) with a male or female casual partner in the past 12 months.
Multiple partners: Multiple (≥2) male or female sex partners in the past 12 months.
aPR: Adjusted Prevalence Ratio .
*Significant at p-value <0.05 after adjusting for region of residence; "In-Person" recruitment (IPR) was used as reference group.
Error Bars depict 95% CIs for weighted percentages.

LIMITATIONS:

- It is unknown what percentage of MSM recruited in-person also attend virtual spaces or what percentage of MSM recruited virtually also attend physical venues.
- VR sample was not proportionally distributed by city, likely contributing to oversampling of Hispanic MSM in the VR sample.
- Due to sparse data, estimates were not adjusted by city. Observed differences may be confounded by substantial city-level differences.
- HIV risk is unknown because PrEP use and viral suppression are unknown.

Disclaimer: This research was supported in part by an appointment to the Research Participation Program at the CDC administered by the Oak Ridge Institute for Science and Education through an interagency agreement between the U.S. Department of Energy and CDC.

CONTACT INFO
Danielle Lonbong Njiometio, MSPH
danielleln18@gmail.com

CDC