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HIV Risk, Prevention, and Testing Behaviors **National HIV Behavioral Surveillance System** **Men Who Have Sex with Men** **20 U.S. Cities, 2011**

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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Members of the NHBS Study Group

Atlanta, GA: Jianglan White, Jeff Todd, Greg Bautista

Baltimore, MD: Colin Flynn, Danielle German

Boston, MA: Maura Mimos, Rose Doherty, Chris Wittke

Chicago, IL: Nikhil Prachand, Nanette Benbow

Dallas, TX: Sharon Melville, Shane Sheu, Alicia Novoa

Denver, CO: Mark Thrun, Alia Al-Tayyib, Ralph Wilmoth

Detroit, MI: Vivian Griffin, Emily Higgins, Karen MacMaster

Houston, TX: Marcia Wolverton, Hafeez Rehman, Paige Padgett

Los Angeles, CA: Trista Bingham, Ekow Kwa Sey

Miami, FL: Marlene LaLota, Lisa Metsch, David Forrest

Nassau-Suffolk, NY: Bridget J. Anderson, Carol-Ann Watson, Lou Smith

New Orleans, LA: DeAnn Gruber, William T. Robinson, Narquis Barak

New York City, NY: Alan Neaigus, Kathleen H. Reilly, Travis Wendel

Newark, NJ: Barbara Bolden, Afework Wogayehu, Henry Godette

Philadelphia, PA: Kathleen A. Brady, Andrea Sifferman

San Diego, CA: Vanessa Miguelino-Keasling, Al Velasco, Veronica Tovar

San Francisco, CA: H. Fisher Raymond

San Juan, PR: Sandra Miranda De León, Yadira Rolón-Colón, Melissa Marzan

Seattle, WA: Tom Jaenicke, Hanne Thiede, Richard Burt

Washington, DC: Manya Magnus, Irene Kuo, Tiffany West

CDC: Division of HIV/AIDS Prevention, Behavioral Surveillance Team

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Approximately 1.1 million persons in the United States are living with HIV infection [1]. In 2010, the estimated number of new HIV infections was 47,500: of those, 63% were attributed to male-to-male sexual contact, 25% to heterosexual contact, 8% to injection drug use, and 3% to male-to-male sexual contact *and* injection drug use [2]. The National HIV/AIDS Strategy (NHAS), which was released in July 2010, provides for a coordinated response to preventing HIV infection in the United States by reducing incidence, improving access to care and health outcomes for people living with HIV, reducing HIV-related disparities and health inequities, and improving the coordination of HIV programs across federal, state, territorial, tribal, and local governments [3].

A key objective of the NHAS is to lower the annual number of new infections by 25% in 5 years. This objective can be achieved by implementing 3 critical steps to reduce HIV infections: intensifying HIV prevention efforts in communities where HIV is most heavily concentrated (including gay, bisexual, and other men who have sex with men [collectively referred to as MSM], blacks, Hispanics/Latinos, and substance users); expanding efforts to prevent HIV infection by using a combination of effective, evidence-based approaches; and educating the general public about the threat of HIV infection and how to prevent it. State and local health departments are expected to monitor local progress toward the goals of the NHAS and contribute data critical to the federal agencies that monitor progress at the national level. The National HIV Behavioral Surveillance (NHBS) System was designed to help state and local health departments in areas with high AIDS prevalence monitor selected risk behaviors, HIV testing experiences, use of prevention programs, and HIV prevalence in 3 populations at high risk of HIV infection: MSM, persons who inject drugs, and heterosexual adults at increased risk of HIV infection [4].

This report summarizes results from cycle 3 of NHBS data collection conducted among MSM in 2011. Data from cycles 1 and 2 among MSM (2003–2005, 2008) have been published [5, 6]; the results of HIV testing activities conducted during the 2011 NHBS cycle have been reported elsewhere as well [7].

In order to monitor risk behaviors and the use of prevention services—including HIV testing—among those considered at risk of acquiring HIV, this report focuses on sexually active participants who reported their HIV status as HIV-negative or unknown.

HIGHLIGHTS

Characteristics of Participants

Men participating in the survey were of diverse racial/ethnic backgrounds; however, the largest proportion (40%) were white (not Hispanic/Latino) (Table 1). Many (70%) of the men reported at least some college or technical school education. Most participants (81%) self-identified as gay or homosexual; 18% self-identified as bisexual. Approximately half (51%) reported having private health insurance, and 31% had no health insurance.

Although all venues in the sampling frame had an equal probability of being selected for sampling events, most were bars or dance clubs. Of the men included in this summary, 67% were recruited from a bar or dance club. On average, participating areas contributed 401 interviews (range, 212–496) to this analysis.

Sexual Behavior

Type of male partner

Of the 8,012 participants, 6,136 (77%) reported having more than 1 male sex partner during the 12 months before the interview (not reported in table). The median and the range of male sex partners varied slightly depending on the type of partner. Of the 8,012 participants, a total of 5,275 (66%) reported a main male sex partner (median, 1; intraquartile range, 1–2); 6,153 (77%) reported having a casual male sex partner (median, 3; intraquartile range, 2–8) (not reported in table). Overall, 3,420 (43%) reported having both types of partners in the past 12 months (not reported in table).

Sexual behavior with male partners

Of the 8,012 participants, 57% reported having anal sex without a condom with a male partner (either main or casual) during the past 12 months; 40% reported having anal sex without a condom with a main male partner; and 28% reported having anal sex

without a condom with a casual male partner (Table 2). Regardless of partner type, the lowest percentage of participants who had anal sex without a condom was that among blacks.

Participants were asked several questions about their most recent male sex partner. Of the total number of participants, 3,547 (44%) reported that their most recent partner was a main partner, and 4,457 (56%) reported that their most recent partner was a casual partner (Table 3). Among men whose most recent sexual encounter was with a main partner, 83% reported having anal sex, and 49% reported having anal sex without a condom during that encounter. Among men whose most recent sexual encounter was with a casual partner, 68% reported having anal sex, and 24% reported having anal sex without a condom during that encounter. A total of 3,115 (39%) participants did not know the HIV infection status of their most recent male partner. More than half (57%) of the men whose most recent partner was a casual partner did not know the status of that partner; by contrast, only 16% of the men whose most recent partner was a main partner did not know the status of that partner (not reported in table). During their most recent sexual encounter, 12% (n = 967) of the 8,012 men did not use a condom when they had either insertive or receptive anal sex with an HIV-positive partner or a partner of unknown HIV status; 8% (n = 667) did not use a condom when they had insertive sex; and 6% (n = 469) did not use a condom when they had receptive sex. Of the 8,012 men surveyed, 14% (n = 1,150) reported both using drugs or alcohol and engaging in anal sex without a condom during their most recent sexual encounter. Of the 6,913 men who reported that the duration of the relationship with their most recent sex partner was ≤ 3 years, 2,404 (35%) had met the partner at a bar or club, and 1,772 (26%) had met the partner on the Internet or through a chat line.

Sexual behavior with female partners

All the participants had at least 1 male sex partner; 943 (12%) participants also reported having anal or vaginal sex with a female partner, and 628 (8%) reported having vaginal or anal sex without a condom with a female partner (Table 4). Higher percentages of participants who had less than a high school education or who self-identified as heterosexual reported not using a condom during vaginal or anal sex with a female partner. The percentage of participants who

reported having not used a condom during sex with a female partner did not vary by age.

Drug and Alcohol Use

During the 12 months before the interview, 49% of 8,012 participants had used noninjection drugs that were not prescribed for them; 41% had used marijuana; 17% had used cocaine; 14% had used poppers (i.e., amyl nitrate); and 11% had used ecstasy (Table 5). Noninjection methamphetamine use was uncommon (5%). Among the 8,012 participants, 403 (5%) had ever injected drugs for nonmedical purposes; 144 (2%) had injected drugs during the past 12 months; 81 (1%) injected methamphetamine during the past 12 months; and 48 (<1%) reported high-risk injection practices, such as sharing syringes or other drug injection equipment (not reported in table). Of the 3,890 men who had used noninjection drugs during the past 12 months, 12% had participated in a drug treatment program during their lifetime. By contrast, of the 144 men who had injected drugs during the past 12 months, 63% had participated in a drug treatment program during their lifetime (not reported in table).

Noninjection use of cocaine during the past 12 months was most commonly reported by white participants; the use of poppers during the past 12 months was least commonly reported by black participants (Table 6). The use of poppers increased with educational attainment and higher income, whereas marijuana and ecstasy use decreased with increasing age and educational attainment. Among men who self-identified as heterosexual, 57% reported using marijuana; among men who self-identified as gay or homosexual, 39% reported using marijuana.

Most (85%) participants had consumed an alcoholic beverage during the past 30 days (i.e., were current drinkers) (Table 7). Of all participants, 16% reported heavy drinking, and 50% reported at least 1 episode of binge drinking during the 30 days before the interview. The largest percentage of men who reported heavy alcohol use were those with less than a high school education (21%). Current and binge drinking increased with income. Of the 1,244 men who reported heavy alcohol use during the past 12 months, 19% had participated in an alcohol treatment program during their lifetime. Of the 4,008 men who reported binge drinking during the past 12 months, 13% had participated in an alcohol treatment program during their lifetime.

Use of Prevention Services and Programs

HIV testing

Almost all participants (91%) had been tested for HIV infection during their lifetime, and many (66%) had been tested during the 12 months before the interview (Table 8). Although a high percentage of participants had been tested, the percentages of men who had been tested within the past 12 months decreased with education and were lowest among men who were aged ≥ 40 years and who self-identified as heterosexual. Men who were tested during the past 12 months, received their most recent HIV test in the offices of private physicians (25%), HIV counseling and testing programs (25%), public health clinics or community health centers (23%), or street outreach programs or mobile units (10%) (Table 9). Of the participants who had not been tested during the past 12 months, the main reasons most frequently reported for not having an HIV test during that period were the participants' belief that they were at low risk of HIV infection (42%), followed by fear of testing positive (20%) and not having time to get a test (11%) (not reported in table). Six percent of men reported some other reason (e.g., lack of transportation, money, or health insurance) for not testing; 20% did not provide a reason.

Hepatitis vaccination

About one-half of the participants (48%) reported ever having received at least 1 dose of hepatitis A or hepatitis B vaccine (not reported in table). More specifically, 42% of the men surveyed had received at least 1 dose of hepatitis A vaccine; 46% had received at least the first dose in the hepatitis B vaccination series (Table 10). Hepatitis vaccination was low among men aged ≥ 50 years, men who had no health insurance, and men who relied solely on public insurance. The percentages of men who received hepatitis vaccine increased with education. Receipt of a hepatitis vaccine was most commonly reported among men who self-identified as gay or homosexual.

STD testing and diagnosis

Of the 8,012 participants, 41% reported STD testing during the past 12 months. Overall, 36% had been tested for syphilis, 36% for gonorrhea, and 35% for chlamydia (Table 11). The percentages of men who had received an STD test during the past 12 months increased with education. STD testing was lowest among men aged 40–49 (33%) and men aged ≥ 50 years (27%); testing was highest among men who

reported having private insurance and among those who self-identified as gay or homosexual. At least 1 STD had been diagnosed during the past 12 months for 9% of participants. Among the 8,012 participants, syphilis had been diagnosed for 2%, gonorrhea for 4%, chlamydia for 3%, and some other STD (e.g., herpes simplex virus, genital or anal warts, pubic lice, or scabies) for 1% (Table 12).

Other prevention interventions

Overall, 69% of the men surveyed had received free condoms, and 22% had participated in a behavioral intervention during the past 12 months (Table 13). The lowest percentage of men receiving free condoms was that among men who self-identified as heterosexual (49%); percentages decreased as age increased. The lowest percentage of men participating in HIV behavioral interventions was that among white men (16%), and the highest percentage was that among black men (30%); percentages decreased as age increased. Among men who participated in an HIV behavioral intervention in the 12 months before the interview, HIV/AIDS-focused community-based organizations were the most commonly reported provider of individual-level interventions (46%); lesbian, gay, bisexual, and transgender (LGBT) organizations or community health clinics were the most common providers of group-level interventions (50%) (Table 14).

Of the men surveyed, 2,089 (26%) had heard of taking antiretrovirals to avoid acquiring infection (not reported in table). However, in the past 12 months, only 121 (2%) of participants had used antiretrovirals before or after sex (preexposure prophylaxis [PrEP] or postexposure prophylaxis [PEP]) to avoid infection: 43 had used it before having sex, and 101 had used it after having sex (not reported in table).

DISCUSSION

Sexual Behavior

Over half the men surveyed reported having anal sex without a condom, a behavior which, for MSM, can pose a very high risk of acquiring HIV [8–12]. In addition, approximately 1 in 8 men reported not having used a condom during their most recent sexual encounter with an infected partner or a partner of unknown HIV status. Not knowing a partner's HIV status was particularly common among men whose recent encounter was with a partner to whom they did not feel committed or whom they did not know very well.

Improving communication skills related to discussing HIV status and condom use with sex partners might reduce the sexual transmission of HIV among MSM [13, 14]. However, improved communication will have a limited effect if men are unaware of their HIV infection. A separate analysis of the men who tested positive for HIV during the survey found that only two-thirds of them had been aware of their infection [7]. Because the men surveyed reported having met most new male partners in bars and clubs, on the Internet, or through chat lines, interventions delivered in these settings might reach a large proportion of MSM at risk of HIV infection.

Drug and Alcohol Use

Drug and alcohol use was prevalent in this sample of men. Of particular concern is the number of men who reported using drugs or alcohol while engaging in unprotected sex during their most recent sexual encounter. Research has indicated a relationship between drug use and risky sexual behavior [15–21]. Drug use may facilitate risky sexual behaviors by interfering with the ability or desire to engage in safer sex. Substance abuse treatment programs, which focus on reducing substance use, and HIV behavioral interventions, which focus on engaging in healthy sexual behaviors, might be more effective at preventing transmission if they focused on simultaneously reducing substance use and promoting healthy sexual behaviors [22, 23].

Use of Prevention Services and Programs

HIV testing

Although two-thirds of the MSM surveyed had been tested for HIV in the past 12 months, annual testing among MSM is far from universal. A separate publication of NHBS data indicates that HIV awareness among HIV-positive MSM increased from 56% in 2008 to 66% in 2011, which suggests that HIV testing is improving men's awareness of their infection [7]. Awareness of infection is important because persons who are aware of their infection are less likely to transmit the virus [24].

HIV-infected persons must also know they are infected if they are to seek and receive treatment, care, and prevention services, which are designed to improve their health, reduce mortality, and reduce the likelihood of HIV transmission. Therefore, CDC recommends that all sexually active MSM be tested for HIV infection at least annually [25, 26]. Health care

providers and public health officials should encourage MSM to get tested for HIV at least once a year.

Some of the reasons that NHBS participants had not been tested during the past 12 months indicate that some MSM might benefit from prevention efforts that increase their awareness of personal risk and decrease the fear associated with learning that one is HIV-positive.

To increase the proportion of MSM who are tested annually, CDC continues to support HIV testing efforts that reach populations that are disproportionately affected by the epidemic. In addition, CDC has recently implemented an HIV testing program among MSM that will help develop the best practices for identifying men who are unaware of their infection and linking them to HIV medical care (For additional information, go to <http://www.cdc.gov/hiv/dhap/bcsb/ssdt/>.)

Hepatitis vaccination

In 1982, the Advisory Committee on Immunization Practices (ACIP) first recommended vaccination to prevent the spread of hepatitis B virus among sexually active MSM [27]. Because MSM are at increased risk of infection with hepatitis A and hepatitis B virus, public health recommendations for sexually active MSM continue to include vaccinations for hepatitis A and B [28, 29]. Despite these long-standing recommendations, less than half of the participants in NHBS had received a hepatitis vaccination.

To increase the proportion of men who receive a hepatitis vaccination, one strategy is for providers of primary and specialty medical care to offer information about hepatitis B and the health benefits of hepatitis B vaccination to all adult patients [29]. Still, these efforts might not reach all MSM at risk of hepatitis infection, because lower rates of hepatitis vaccination in NHBS participants were among men without private health insurance. To further increase the proportion of men vaccinated, immunization efforts might prioritize reaching men without private insurance.

STD testing and diagnosis

Of the sexually active men in NHBS, 40% had been tested for an STD during the past 12 months. Because MSM are at increased risk of acquiring STDs [30], which can increase the likelihood of acquiring HIV [31], public health recommendations for sexually active MSM include testing at least annually for common STDs, including syphilis, gonorrhea, and chlamydia [26]. More frequent STD test-

CONCLUSION

ing (i.e., every 3–6 months) is recommended for MSM who have anonymous or multiple sex partners, have sex while using illegal drugs, or have sex partners who engage in these behaviors [26]. Because testing was more frequently reported by the gay-identified men surveyed, efforts to educate sexually active men, including MSM who do not self-identify as gay or homosexual, about the importance of STD testing might contribute to increased STD testing. In addition, STD testing efforts that prioritize men without private insurance may increase the number of sexually active men who are tested for STD.

Other prevention interventions

Almost two-thirds of the men reported receiving free condoms; a smaller percentage of men reported participation in an individual or a group-level HIV behavioral intervention; and a smaller percentage reported taking PrEP or PEP to prevent HIV infection. Evidence-based behavioral interventions can substantially reduce sexual risk behaviors and thus the likelihood of acquiring HIV [32]; effective evidence-based behavioral interventions are supported as part of CDC's prevention efforts [33] (for additional information, go to <http://www.cdc.gov/hiv/prevention/programs/>).

In 2010, PrEP, a prevention strategy in which uninfected people take a daily dose of antiretroviral medication to lower their chances of acquiring HIV, was proven to reduce HIV infection among MSM [34]. CDC's published guidance recommends that health care providers consider offering PrEP as a prevention option for HIV-negative MSM who are at substantial risk of acquiring HIV infection [35].

Also, because sustained high adherence to PrEP is critical for its effectiveness but is not always achieved, patients are encouraged to combine PrEP with other prevention methods, such as safer sex and drug-injection behaviors. Combining effective prevention interventions is an essential component of the High-Impact Prevention approach pursued by CDC to reduce new infections [36]. This approach focuses on combinations of scientifically proven, cost-effective, and scalable prevention interventions, such as PrEP and effective risk-reduction services, for the most affected populations [36, 37]. As additional HIV prevention strategies like these are implemented for MSM, NHBS data can provide information on the delivery of combined interventions to specific populations.

Although MSM are a small proportion of the U.S. population [38], they represent the majority of persons with diagnosed HIV infection [1]. Data in this report provide information about behaviors and circumstances associated with HIV acquisition among MSM and thus may help to increase capacity to develop, implement, and continually improve the effectiveness of prevention responses. Despite prevention efforts, a large proportion of MSM have sex without using condoms and do not know their partner's HIV status before having sex. These behaviors can lead to HIV infection. To make healthy decisions about sexual behavior, men need to know their own HIV status and that of their partners. Although barriers to healthy decisions need to be explored more fully to better understand how they contribute to HIV transmission among MSM, this population may benefit from prevention efforts that empower them to consistently share their HIV test results with all their sex partners and to ask sex partners (1) whether they have been tested for HIV recently, and if so, (2) to share the results of that test with them.

Data in this report indicate a need to find innovative strategies for reaching men who are not being reached by current HIV testing and other prevention efforts. Intensified prevention, care, and treatment efforts are becoming more critical to curb HIV infection rates because the survival rates of those infected and the number of men who can transmit the virus are increasing [36, 37]. To advance the prevention goals of NHAS and maximize the effectiveness of current HIV prevention methods, CDC and its partners are pursuing the High-Impact Prevention approach to reduce new infections [36]. By using combinations of scientifically proven, cost-effective, and scalable interventions directed to populations and places most affected by HIV, this approach promises to greatly increase the impact of HIV prevention efforts. To reduce the spread of HIV infection among MSM, this approach necessarily includes a focus on HIV testing and linkage to care; access to condoms and risk-reduction programs for infected and uninfected persons; antiretroviral therapy for infected persons to reduce the risk of transmission to others; and antiretroviral medicines such as PrEP and PEP for uninfected MSM at substantial risk of HIV acquisition [36, 37]. As a key component of CDC's comprehen-

sive approach to reducing the spread of HIV in the United States, NHBS data will continue to be the primary source for monitoring innovative prevention strategies used to reduce HIV infection among MSM.

Technical Notes

NHBS data are collected in annual cycles from 1 risk group per year so that each group is surveyed once every 3 years. A period of data collection with each specific population is referred to as a cycle, and the cycles for each population are numbered consecutively for each 3-year period. NHBS collects birth date and ZIP code, not participant names or other personal identifying information. The same basic eligibility criteria are used in each cycle: age of ≥ 18 years, current residence in the metropolitan statistical area (MSA) or specified MSA division where the survey is being administered, no previous participation in NHBS during the current survey cycle, ability to complete the survey in either English or Spanish, and ability to provide informed consent. In addition to these basic eligibility criteria, participation in the MSM cycle is limited to males who reported having had sex with another man in their lifetime.

A standardized questionnaire is used to collect information about behavioral risks for HIV infection, HIV testing, and use of other HIV prevention services. The in-person survey is administered by a trained interviewer using a handheld computer. Each participating area attempts to interview 450–500 eligible persons, depending on the survey cycle. All participants are offered an anonymous HIV test, which is linked to the survey data through a unique survey identifier. Activities for NHBS were approved by local institutional review boards (IRBs) for each of the 20 participating cities. The CDC IRB determined that NHBS activities were research in which CDC was not directly engaged; therefore, review by the CDC IRB was not required.

PARTICIPATING AREAS

State and local health departments eligible to participate in NHBS are among those whose jurisdictions included an MSA or a specified division within an MSA where AIDS prevalence is among the highest. In 2011, NHBS was conducted in 20 MSAs (see list at the end of the report), which represented approximately 65% of all AIDS cases in urban areas with a population of at least 500,000 in 2011 [39]. Throughout this report, MSAs and divisions are referred to by the name of the principal city.

SAMPLING METHOD

Participants for the survey were recruited through venue-based, time-space sampling methods [40]. The primary steps were identifying venues frequented by MSM, determining the best time for sampling at each venue and the number of sampling events to be conducted each month, and recruiting men at the sampling event.

Identification of Venues Frequented by MSM

In each city, a team of staff members familiar with the local community conducted formative research to establish a list of venues frequented by MSM [41]. To identify possible venues for inclusion in the venue list, the team consulted local publications, online media, members of the local MSM community, business owners, staff members at community-based organizations, health department staff members, and persons providing medical and social services to MSM. If a venue did not exclusively serve MSM, the team observed venue attendees and conducted brief interviews at the venue. Brief interviews were used to assess the eligibility of male patrons for NHBS and their sexual history with other men. If the information from these brief interviews indicated that the venue would yield a sufficient number of MSM (i.e., $\geq 50\%$ of men approached would meet the basic eligibility criteria and would report sex with other men), the venue was included on the venue list. Clinics and other health care settings were specifically excluded because of the potential for introducing bias in several key indicators (e.g., HIV testing history and access to health care). Venues on the list were categorized as a bar, dance club, fitness club or gymnasium, Gay Pride event, park or beach, large dance party (e.g., rave or circuit party), café or restaurant, retail business, sex establishment or sex environment, social organization, street location, or other venue type, such as an event hosted by the local house ball community.

Determination of Best Time for Sampling at Each Venue

After identifying the venues frequented by MSM, the team determined the best days of the week and the best times (typically 4-hour periods) at each venue to interview a sufficient number of eligible men. Days

and times for each venue were placed on a list that was later used to determine sampling events for each month. This venue list became the sampling frame.

Determination of Sampling Events for a Given Month

To reach the target sample size for each MSA, each local team planned to conduct a minimum of 14 sampling events every month. A sampling event consisted of a single visit to a venue during one day and time specified for that venue. From the sampling frame, the team would first randomly select 14 venues without replacement. Then for each of the 14 venues, the team would randomly select a day and time period. These sampling periods were scheduled on a calendar for the month so that the local team would know where to conduct sampling events.

Recruitment at a Sampling Event

During each sampling event, a team of recruiters and interviewers visited the venue to enroll men in the study. After arrival, the team would establish boundaries (an area or a line) for use in recruiting potential participants. The established boundaries were unknown to potential participants. Men entering the defined area or crossing the defined line were approached sequentially for recruitment.

DATA COLLECTION

Men who were recruited were escorted to a private area for the interview. A brief assessment was conducted to determine eligibility for NHBS; men who were deemed eligible were invited to participate. Men who accepted the invitation to participate were asked to provide informed consent for the interview. Men who consented to, and completed, the interview were offered an anonymous HIV test as part of the survey. Trained interviewers, using handheld computers, conducted face-to-face interviews. Interviews (approximately 30 minutes) consisted of questions about demographic characteristics, HIV testing history, sexual and drug use behaviors, hepatitis testing and vaccination, STD testing and diagnosis, and use of other HIV prevention services and programs. Participants received \$20–\$30 in cash or as a gift certificate for participation; the specific amount was determined locally. For participants who consented to the anonymous HIV testing, local testing procedures were followed, and an additional incentive was provided.

DATA ANALYSIS

In 2011, a total of 39,792 persons were approached for participation at 666 venues in 20 cities. Of the 12,123 screened for eligibility in NHBS, 10,166 (84%) were eligible for the survey interview. From those 10,166 persons, 2,154 records were excluded: those for men who did not consent to the survey or complete the interview ($n = 338$), did not report having sex with a man in the past 12 months ($n = 564$), self-reported being HIV-positive ($n = 1,244$), or provided invalid interview data ($n = 8$). The final sample for this report comprises 8,012 men.

This surveillance summary presents data on HIV-related behaviors used to monitor HIV prevention efforts for MSM in the 20 MSAs or MSA divisions where data were collected during 2011. The data are descriptive; no statistical tests were performed. Reported comparisons were based on differences of ≥ 5 percentage points. Reported percentages are based on the overall number of participants or the total participants in a row category; one exception is that the denominator of percentages for some injection drug behaviors is the number of participants who reported injecting drugs, not the overall number of participants. Because these data are cross-sectional, we do not attempt to infer causal relationships. Data for this report are not weighted.

In addition to the NHBS eligibility criteria, 3 criteria were applied for inclusion in this report. During the interview, participants must have reported (1) being male at birth, (2) having had oral or anal sex with at least 1 male partner during the 12 months before the interview, and (3) not having previously received a positive HIV test result. Men who were HIV-positive and aware that they were infected with HIV were excluded from this analysis in order to focus the summary on the risk behaviors and prevention experiences of men at risk of acquiring HIV infection.

The data on participants were analyzed according to race/ethnicity, age group, education level, sexual identity, health insurance status, annual household income, and MSA.

- Responses for race/ethnicity were categorized into mutually exclusive categories: non-Hispanic white; non-Hispanic black; Hispanic or Latino; American Indian or Alaska Native; Asian, Native Hawaiian, or other Pacific Islander; and multiple races, which included persons of multiple racial

backgrounds. Persons of Hispanic or Latino ethnicity might be of any race.

- Education level was categorized as less than high school, high school diploma or equivalent (e.g., general educational development [GED] diploma), some college or technical degree, and college degree or postgraduate education.
- Health insurance was categorized as none, private only (e.g., health insurance obtained through a private insurance policy or employer, TRICARE, or membership in a health maintenance organization), public only (e.g., Medicare, Medicaid, or Veterans Administration), or other coverage.
- Annual household income was collected from participants in ranges, which were combined into 4 categories: \leq \$19,999, \$20,000–\$39,999, \$40,000–\$74,999, and \geq \$75,000. Each income category consisted of approximately one-fourth of the total number of men surveyed. Income was not adjusted for household size because most of the participants had a household size of 1.
- Homelessness was defined as living on the street, in a shelter, in a single-room–occupancy hotel, or in a car.

For self-reported behaviors or experiences, 4 time frames were included in analyses: ever (i.e., at any point in the participant’s lifetime), during the 12 months before the interview, during the 30 days before the interview, and the most recent time the participant engaged in the behavior.

Sexual Behavior

Specific information about anal sex with male partners (in the past 12 months and the most recent sexual encounter) is presented. Male sex partners were categorized as main or casual partners. A main partner was someone to whom the participant felt most committed (e.g., boyfriend, spouse, significant other, or life partner). A casual partner was someone to whom the participant did not feel committed or whom he did not know very well. Participants could report having >1 main or casual partner in the past 12 months. Sex without a condom in the past 12 months was defined as not using a condom at least once when having anal sex in the past 12 months. Characteristics of the most recent sexual encounter with a male sex partner include having anal sex without a condom and type of anal sex, either insertive (participant placed his penis

in the anus of his sex partner) or receptive (participant’s sex partner placed his penis in the participant’s anus). Participants who reported being in a relationship with the most recent sexual partner for ≤ 3 years were asked where they met that partner. Participants who reported both male and female sex partners were asked about their sexual behaviors during the past 12 months with partners of both sexes. For sex with female partners, data are presented for vaginal and anal sex. Vaginal sex without a condom was defined as having vaginal sex without a condom at least once in the past 12 months.

Drug and Alcohol Use

Participants were asked about their use of multiple types of injection and noninjection drugs (that had not been prescribed for them) in the past 12 months. Alcohol use was defined as drinking any alcoholic beverage, such as beer, wine, malt liquor, or hard liquor. Both heavy drinking and binge drinking are reported; heavy drinking was defined as drinking, on average, >2 alcoholic beverages per day in the 30 days before the interview. Binge drinking was defined as drinking >5 alcoholic beverages at one sitting in the 30 days before the interview. Participants who reported using alcohol and drugs were asked whether they had ever participated in a drug or alcohol treatment program.

Use of Prevention Services and Programs

HIV testing

Data are presented on whether participants had an HIV test ever and during the 12 months before the interview. For those who were tested during the past 12 months, the type of facility where the participant received his most recent HIV test is specified. Participant’s reasons for not having been tested during the past 12 months are also presented. Participants were asked to select from a list the reasons for not having been tested during the past 12 months.

Hepatitis vaccination

Hepatitis A vaccination was defined as having ever received at least 1 dose of hepatitis A vaccine. Hepatitis B vaccination was defined as having ever received at least 1 dose of hepatitis B vaccine.

STD testing

Participants were asked if they had been tested for syphilis, for chlamydia, and for gonorrhea during the 12 months before the interview and whether they had been

told during the past 12 months by a nurse, physician, or other health care provider that they had an STD.

Other prevention interventions

Participants were asked about participation in HIV prevention interventions other than testing services, including whether they had received free condoms, taken antiretroviral medicines before sex (PrEP) or after sex (PEP) to prevent HIV infection, or had participated in an individual- or a group-level HIV-related behavioral intervention during the past 12 months. Conversations that took place solely as a part of obtaining HIV testing (e.g., pretest or posttest counseling) were not considered HIV behavioral interventions.

LIMITATIONS

The findings in this report are subject to several limitations. (1) These data do not represent all MSM living in a given MSA and may not be generalizable to other U.S. states or cities. (2) Because the survey was administered by an interviewer, certain behaviors might have been underreported or overreported. (3) Because statistical tests were not performed, differences in behaviors between groups should be interpreted with caution. (4) The data in this report are not weighted to account for variations in venue attendance, likelihood of being selected to participate in the survey, variations across cities, or the slight changes in data collection and recruitment methods between cycles. (5) Changes between cycles should be considered before making comparisons to similar published reports presenting NHBS MSM data. However, a recent comparison of NHBS MSM data collected in 2011 and 2008 found these differences to be minimal [7].

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Table 1. Selected characteristics of participants—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	No.	%
Race/ethnicity		
American Indian/Alaska Native	63	1
Asian/Native Hawaiian/Other Pacific Islander ^a	253	3
Black/African American	2,069	26
Hispanic/Latino ^b	2,147	27
White	3,177	40
Multiple races	284	4
Age (yr)		
18–19	354	4
20–24	1,855	23
25–29	1,584	20
30–39	1,874	23
40–49	1,468	18
≥50	877	11
Education		
Less than high school	425	5
High school diploma or GED	1,927	24
Some college or technical degree	2,680	33
College degree or postgraduate education	2,980	37
Sexual identity		
Gay or homosexual	6,459	81
Bisexual	1,432	18
Straight or heterosexual	99	1
Health insurance		
None	2,520	31
Private only ^c	4,094	51
Public only ^d	1,134	14
Other	240	3
Homeless^e (during past 12 months)		
Currently	230	3
Not currently	374	5
Not homeless	7,406	92
Annual household income (US\$)		
0–19,999	2,427	30
20,000–39,999	1,951	24
40,000–74,999	1,940	24
≥75,000	1,561	19

Table 1. Selected characteristics of participants—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	No.	%
Recruitment venue		
Bar	3,746	47
Dance club	1,614	20
Social organization	517	6
Sex establishment or environment	525	7
Café or restaurant	368	5
Street location	314	4
Retail business	187	2
Gay Pride or a similar event	201	3
Park or beach	142	2
Fitness club or gymnasium	175	2
Large dance party (e.g., rave or circuit party)	84	1
Other	139	2
Metropolitan statistical area		
Atlanta, Georgia	464	6
Baltimore, Maryland	396	5
Boston, Massachusetts	377	5
Chicago, Illinois	420	5
Dallas, Texas	375	5
Denver, Colorado	472	6
Detroit, Michigan	411	5
Houston, Texas	444	6
Los Angeles, California	444	6
Miami, Florida	422	5
Nassau–Suffolk, New York	328	4
New Orleans, Louisiana	428	5
New York, New York	457	6
Newark, New Jersey	212	3
Philadelphia, Pennsylvania	496	6
San Diego, California	401	5
San Francisco, California	367	5
San Juan, Puerto Rico	355	4
Seattle, Washington	305	4
Washington, DC	438	5
Total	8,012	100

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data. Percentages might not sum to 100 because of rounding.

^a Combined because of small numbers.

^b Hispanics/Latinos can be of any race.

^c Coverage through a health insurance plan (including TRICARE) from an employer or purchased from a private company; such plans may be memberships in health maintenance organizations.

^d Coverage through Medicare, Medicaid, or Veterans Administration.

^e Living on the street, in a shelter, in a single-room–occupancy hotel, or in a car.

Table 2. Sexual behaviors during the past 12 months with male partners—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Main partner ^a				Casual partner ^b				Either partner				Total
	Anal sex		Sex without a condom ^c		Anal sex		Sex without a condom ^c		Anal sex		Sex without a condom ^c		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Race/ethnicity													
American Indian/Alaska Native	38	(60)	28	(44)	33	(52)	19	(30)	57	(90)	39	(62)	63
Asian/Native Hawaiian/Other Pacific Islander ^d	144	(57)	104	(41)	168	(66)	74	(29)	235	(93)	154	(61)	253
Black/African American	1,259	(61)	707	(34)	1,223	(59)	488	(24)	1,839	(89)	1,004	(49)	2,069
Hispanic/Latino ^e	1,344	(63)	964	(45)	1,386	(65)	642	(30)	1,986	(93)	1,341	(62)	2,147
White	1,759	(55)	1,310	(41)	1,889	(59)	918	(29)	2,684	(84)	1,840	(58)	3,177
Multiple races	172	(61)	110	(39)	185	(65)	81	(29)	250	(88)	157	(55)	284
Age (yr)													
18–19	263	(74)	156	(44)	214	(60)	94	(27)	331	(94)	202	(57)	354
20–24	1,275	(69)	843	(45)	1,205	(65)	509	(27)	1,733	(93)	1,100	(59)	1,855
25–29	1,025	(65)	718	(45)	1,028	(65)	458	(29)	1,464	(92)	966	(61)	1,584
30–39	1,111	(59)	781	(42)	1,167	(62)	544	(29)	1,693	(90)	1,119	(60)	1,874
40–49	711	(48)	503	(34)	837	(57)	416	(28)	1,213	(83)	784	(53)	1,468
≥50	340	(39)	229	(26)	448	(51)	211	(24)	634	(72)	377	(43)	877
Education													
Less than high school	224	(53)	158	(37)	269	(63)	137	(32)	365	(86)	235	(55)	425
High school diploma or GED	1,159	(60)	765	(40)	1,162	(60)	557	(29)	1,709	(89)	1,090	(57)	1,927
Some college or technical degree	1,601	(60)	1,110	(41)	1,651	(62)	737	(28)	2,383	(89)	1,544	(58)	2,680
College degree or postgraduate education	1,741	(58)	1,197	(40)	1,817	(61)	801	(27)	2,611	(88)	1,679	(56)	2,980
Sexual identity													
Gay or homosexual	4,042	(63)	2,793	(43)	3,917	(61)	1,813	(28)	5,785	(90)	3,825	(59)	6,459
Bisexual	659	(46)	419	(29)	926	(65)	391	(27)	1,215	(85)	686	(48)	1,432
Straight or heterosexual	16	(16)	14	(14)	42	(42)	19	(19)	51	(52)	28	(28)	99
Annual household income (US\$)													
0–19,999	1,371	(56)	909	(37)	1,559	(64)	744	(31)	2,149	(89)	1,354	(56)	2,427
20,000–39,999	1,199	(61)	799	(41)	1,180	(60)	533	(27)	1,743	(89)	1,114	(57)	1,951
40,000–74,999	1,119	(58)	765	(39)	1,167	(60)	515	(27)	1,697	(87)	1,072	(55)	1,940
≥75,000	953	(61)	708	(45)	912	(58)	402	(26)	1,361	(87)	936	(60)	1,561

Table 2. Sexual behaviors during the past 12 months with male partners—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Main partner ^a				Casual partner ^b				Either partner				Total
	Anal sex		Sex without a condom ^c		Anal sex		Sex without a condom ^c		Anal sex		Sex without a condom ^c		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Metropolitan statistical area													
Atlanta, Georgia	294	(63)	183	(39)	287	(62)	121	(26)	414	(89)	252	(54)	464
Baltimore, Maryland	214	(54)	133	(34)	223	(56)	88	(22)	333	(84)	186	(47)	396
Boston, Massachusetts	215	(57)	141	(37)	247	(66)	105	(28)	336	(89)	215	(57)	377
Chicago, Illinois	243	(58)	161	(38)	267	(64)	134	(32)	374	(89)	249	(59)	420
Dallas, Texas	216	(58)	144	(38)	221	(59)	103	(27)	318	(85)	197	(53)	375
Denver, Colorado	289	(61)	225	(48)	305	(65)	173	(37)	420	(89)	308	(65)	472
Detroit, Michigan	260	(63)	171	(42)	240	(58)	105	(26)	369	(90)	231	(56)	411
Houston, Texas	264	(59)	186	(42)	279	(63)	135	(30)	383	(86)	264	(59)	444
Los Angeles, California	267	(60)	190	(43)	291	(66)	130	(29)	400	(90)	255	(57)	444
Miami, Florida	244	(58)	174	(41)	301	(71)	119	(28)	392	(93)	245	(58)	422
Nassau–Suffolk, New York	195	(59)	149	(45)	196	(60)	94	(29)	281	(86)	198	(60)	328
New Orleans, Louisiana	250	(58)	174	(41)	219	(51)	90	(21)	349	(82)	222	(52)	428
New York, New York	244	(53)	159	(35)	293	(64)	118	(26)	415	(91)	243	(53)	457
Newark, New Jersey	136	(64)	90	(42)	138	(65)	57	(27)	194	(92)	126	(59)	212
Philadelphia, Pennsylvania	302	(61)	166	(33)	244	(49)	107	(22)	444	(90)	233	(47)	496
San Diego, California	211	(53)	161	(40)	244	(61)	119	(30)	346	(86)	242	(60)	401
San Francisco, California	197	(54)	131	(36)	240	(65)	119	(32)	314	(86)	208	(57)	367
San Juan, Puerto Rico	252	(71)	175	(49)	193	(54)	85	(24)	335	(94)	215	(61)	355
Seattle, Washington	174	(57)	141	(46)	180	(59)	100	(33)	261	(86)	201	(66)	305
Washington, DC	258	(59)	176	(40)	291	(66)	130	(30)	390	(89)	258	(59)	438
Total	4,725	(59)	3,230	(40)	4,899	(61)	2,232	(28)	7,068	(88)	4,548	(57)	8,012

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a A man with whom the participant had sex and to whom he felt most committed (e.g., boyfriend, spouse, significant other, or life partner).

^b A man with whom the participant had sex but to whom he did not feel committed or whom he did not know very well.

^c Neither the participant nor his partner used a condom.

^d Combined because of small numbers.

^e Hispanics/Latinos can be of any race.

Table 3. Sexual behaviors during the most recent sexual encounter with a male partner—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Insertive ^a				Receptive ^b				Either				Total
	Anal sex ^c		Sex without a condom ^d		Anal sex ^c		Sex without a condom ^d		Anal sex ^c		Sex without a condom ^d		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Type of partner													
Main ^e	2,034	(57)	1,202	(34)	1,692	(48)	1,005	(28)	2,937	(83)	1,752	(49)	3,547
Casual ^f	2,036	(46)	701	(16)	1,517	(34)	509	(11)	3,012	(68)	1,048	(24)	4,457
Partner's HIV status													
Positive	184	(56)	80	(24)	105	(32)	51	(15)	238	(72)	108	(33)	330
Negative	2,437	(53)	1,238	(27)	2,021	(44)	1,043	(23)	3,584	(79)	1,833	(40)	4,560
Unknown	1,451	(47)	587	(19)	1,081	(35)	418	(13)	2,127	(68)	859	(28)	3,115
Type of location where partner was first met^g													
Bar or club	1,273	(53)	545	(23)	936	(39)	397	(17)	1,790	(74)	774	(32)	2,404
Internet or chat line	849	(48)	415	(23)	763	(43)	348	(20)	1,333	(75)	633	(36)	1,772
Cruising area, adult bookstore, or private party	147	(41)	69	(19)	111	(31)	50	(14)	231	(65)	104	(29)	356
Bathhouse, sex club, or sex resort	75	(47)	31	(20)	38	(24)	16	(10)	98	(62)	41	(26)	158
Large dance party (e.g., rave or circuit party)	33	(50)	10	(15)	19	(29)	6	(9)	48	(73)	14	(21)	66
Other	1,142	(53)	474	(22)	889	(41)	381	(18)	1,651	(77)	699	(33)	2,144
Substance use during encounter													
None	2,338	(50)	1,098	(23)	1,935	(41)	922	(20)	3,503	(75)	1,654	(35)	4,679
Alcohol only	1,140	(50)	508	(22)	850	(37)	370	(16)	1,616	(71)	722	(32)	2,284
Drugs only	186	(54)	96	(28)	142	(41)	75	(22)	272	(79)	141	(41)	343
Alcohol and drugs	412	(59)	205	(29)	282	(40)	148	(21)	562	(80)	287	(41)	704
Total	4,076	(51)	1,907	(24)	3,211	(40)	1,515	(19)	5,955	(74)	2,804	(35)	8,012

Note. Numbers might not add to totals because of missing or unknown data.

The denominator for percentages is the row total.

^a The participant placed his penis in the anus of his sex partner.

^b The participant's sex partner placed his penis in the participant's anus.

^c Men may have engaged in both insertive and receptive sex with their partner.

^d Neither the participant nor his partner used a condom.

^e A man with whom the participant had sex and to whom he felt most committed (e.g., boyfriend, spouse, significant other, or life partner).

^f A man with whom the participant had sex but to whom he did not feel committed or whom he did not know very well.

^g Among those who reported a relationship duration of ≤3 years with the most recent partner (n = 6,913).

Table 4. Sexual behaviors during the past 12 months with female partners—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Vaginal or anal sex		Sex without a condom ^a		Total
	No.	(%)	No.	(%)	
Race/ethnicity					
American Indian/Alaska Native	13	(21)	8	(13)	63
Asian/Native Hawaiian/Other Pacific Islander ^b	14	(6)	7	(3)	253
Black/African American	363	(18)	229	(11)	2,069
Hispanic/Latino ^c	231	(11)	151	(7)	2,147
White	279	(9)	205	(6)	3,177
Multiple races	39	(14)	24	(8)	284
Age (yr)					
18–19	34	(10)	19	(5)	354
20–24	257	(14)	157	(8)	1,855
25–29	184	(12)	127	(8)	1,584
30–39	197	(11)	131	(7)	1,874
40–49	178	(12)	126	(9)	1,468
≥50	93	(11)	68	(8)	877
Education					
Less than high school	132	(31)	110	(26)	425
High school diploma or GED	294	(15)	204	(11)	1,927
Some college or technical degree	310	(12)	194	(7)	2,680
College degree or postgraduate education	207	(7)	120	(4)	2,980
Sexual identity					
Gay or homosexual	169	(3)	93	(1)	6,459
Bisexual	700	(49)	476	(33)	1,432
Straight or heterosexual	69	(70)	55	(56)	99
Annual household income (US\$)					
0–19,999	402	(17)	296	(12)	2,427
20,000–39,999	221	(11)	136	(7)	1,951
40,000–74,999	176	(9)	99	(5)	1,940
≥75,000	124	(8)	83	(5)	1,561

Table 4. Sexual behaviors during the past 12 months with female partners—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Vaginal or anal sex		Sex without a condom ^a		Total
	No.	(%)	No.	(%)	
Metropolitan statistical area					
Atlanta, Georgia	47	(10)	27	(6)	464
Baltimore, Maryland	99	(25)	69	(17)	396
Boston, Massachusetts	35	(9)	22	(6)	377
Chicago, Illinois	38	(9)	29	(7)	420
Dallas, Texas	73	(19)	56	(15)	375
Denver, Colorado	36	(8)	19	(4)	472
Detroit, Michigan	75	(18)	54	(13)	411
Houston, Texas	51	(11)	31	(7)	444
Los Angeles, California	40	(9)	20	(5)	444
Miami, Florida	63	(15)	40	(9)	422
Nassau–Suffolk, New York	47	(14)	29	(9)	328
New Orleans, Louisiana	64	(15)	49	(11)	428
New York, New York	36	(8)	23	(5)	457
Newark, New Jersey	22	(10)	13	(6)	212
Philadelphia, Pennsylvania	68	(14)	43	(9)	496
San Diego, California	32	(8)	25	(6)	401
San Francisco, California	30	(8)	20	(5)	367
San Juan, Puerto Rico	27	(8)	22	(6)	355
Seattle, Washington	23	(8)	19	(6)	305
Washington, DC	37	(8)	18	(4)	438
Total	943	(12)	628	(8)	8,012

Abbreviation: GED, general developmental education.

Note. Numbers might not add to totals because of missing or unknown data.

The denominator for percentages is the row total.

^a Neither the participant nor his partner used a condom.

^b Combined because of small numbers.

^c Hispanics/Latinos can be of any race.

Table 5. Types of noninjection drugs used during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

Type of noninjection drug	Used Drug	
	No.	%
Marijuana	3,270	41
Cocaine	1,326	17
Poppers (amyl nitrate)	1,116	14
Ecstasy	862	11
Pain killer (e.g., Oxycontin or Percocet)	620	8
Downer (e.g., Valium, Ativan, or Xanax)	539	7
Methamphetamine (e.g., crystal meth)	416	5
Crack	347	4
Hallucinogen (e.g., LSD or mushrooms)	340	4
Other club drug (e.g., GHB or ketamine)	371	5
Heroin	96	1
Total reported drug use	3,890	49

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services or the Centers for Disease Control and Prevention.

Abbreviations: LSD, lysergic acid diethylamide; GHB, gamma hydroxybutyrate.

Note. Number = 8,012. Participants could report >1 drug type.

Table 6. Noninjection drug use during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Marijuana		Cocaine		Popper		Ecstasy		Methamphetamine		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Race/ethnicity											
American Indian/Alaska Native	21	(33)	8	(13)	8	(13)	7	(11)	7	(11)	63
Asian/Native Hawaiian/Other Pacific Islander ^a	87	(34)	28	(11)	35	(14)	43	(17)	11	(4)	253
Black/African American	901	(44)	217	(10)	108	(5)	190	(9)	39	(2)	2,069
Hispanic/Latino ^b	758	(35)	352	(16)	315	(15)	225	(10)	118	(5)	2,147
White	1,360	(43)	673	(21)	600	(19)	357	(11)	220	(7)	3,177
Multiple races	133	(47)	45	(16)	44	(15)	36	(13)	19	(7)	284
Age (yr)											
18–19	177	(50)	21	(6)	13	(4)	46	(13)	7	(2)	354
20–24	929	(50)	275	(15)	205	(11)	289	(16)	74	(4)	1,855
25–29	717	(45)	338	(21)	230	(15)	227	(14)	83	(5)	1,584
30–39	735	(39)	376	(20)	292	(16)	197	(11)	133	(7)	1,874
40–49	470	(32)	236	(16)	247	(17)	81	(6)	82	(6)	1,468
≥50	242	(28)	80	(9)	129	(15)	22	(3)	37	(4)	877
Education											
Less than high school	230	(54)	89	(21)	40	(9)	65	(15)	38	(9)	425
High school diploma or GED	868	(45)	291	(15)	188	(10)	213	(11)	97	(5)	1,927
Some college or technical degree	1,140	(43)	449	(17)	359	(13)	290	(11)	152	(6)	2,680
College degree or postgraduate education	1,032	(35)	497	(17)	529	(18)	294	(10)	129	(4)	2,980
Sexual identity											
Gay or homosexual	2,540	(39)	1,046	(16)	949	(15)	668	(10)	307	(5)	6,459
Bisexual	662	(46)	254	(18)	156	(11)	178	(12)	98	(7)	1,432
Straight or heterosexual	56	(57)	21	(21)	6	(6)	12	(12)	8	(8)	99
Annual household income (US\$)											
0–19,999	1,107	(46)	372	(15)	256	(11)	276	(11)	143	(6)	2,427
20,000–39,999	804	(41)	325	(17)	260	(13)	205	(11)	108	(6)	1,951
40,000–74,999	740	(38)	324	(17)	293	(15)	195	(10)	87	(4)	1,940
≥75,000	551	(35)	291	(19)	300	(19)	173	(11)	75	(5)	1,561
Drug treatment program											
Never	2,881	(39)	1,094	(15)	981	(13)	734	(10)	267	(4)	7,335
≤12 months preceding interview	119	(58)	76	(37)	41	(20)	40	(19)	61	(30)	206
>12 months preceding interview	270	(57)	156	(33)	94	(20)	88	(19)	88	(19)	470

Table 6. Noninjection drug use during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Marijuana		Cocaine		Popper		Ecstasy		Methamphetamine		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Metropolitan statistical area											
Atlanta, Georgia	172	(37)	77	(17)	56	(12)	34	(7)	17	(4)	464
Baltimore, Maryland	176	(44)	46	(12)	26	(7)	45	(11)	8	(2)	396
Boston, Massachusetts	172	(46)	72	(19)	90	(24)	32	(8)	26	(7)	377
Chicago, Illinois	180	(43)	50	(12)	92	(22)	41	(10)	13	(3)	420
Dallas, Texas	147	(39)	66	(18)	46	(12)	46	(12)	35	(9)	375
Denver, Colorado	209	(44)	95	(20)	84	(18)	57	(12)	30	(6)	472
Detroit, Michigan	192	(47)	42	(10)	15	(4)	26	(6)	8	(2)	411
Houston, Texas	139	(31)	78	(18)	36	(8)	21	(5)	33	(7)	444
Los Angeles, California	172	(39)	83	(19)	81	(18)	64	(14)	35	(8)	444
Miami, Florida	174	(41)	97	(23)	74	(18)	70	(17)	25	(6)	422
Nassau–Suffolk, New York	139	(42)	72	(22)	47	(14)	30	(9)	10	(3)	328
New Orleans, Louisiana	182	(43)	81	(19)	54	(13)	51	(12)	35	(8)	428
New York, New York	212	(46)	90	(20)	72	(16)	45	(10)	19	(4)	457
Newark, New Jersey	103	(49)	14	(7)	9	(4)	35	(17)	1	(0)	212
Philadelphia, Pennsylvania	178	(36)	64	(13)	6	(1)	27	(5)	9	(2)	496
San Diego, California	143	(36)	44	(11)	42	(10)	53	(13)	23	(6)	401
San Francisco, California	202	(55)	102	(28)	91	(25)	84	(23)	35	(10)	367
San Juan, Puerto Rico	66	(19)	25	(7)	34	(10)	6	(2)	2	(1)	355
Seattle, Washington	160	(52)	62	(20)	76	(25)	58	(19)	38	(12)	305
Washington, DC	152	(35)	66	(15)	85	(19)	37	(8)	14	(3)	438
Total	3,270	(41)	1,326	(17)	1,116	(14)	862	(11)	416	(5)	8,012

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a Combined because of small numbers.

^b Hispanics/Latinos can be of any race.

Table 7. Alcohol use during the past 30 days—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Current ^a		Heavy ^b		Binge ^c		Total
	No.	(%)	No.	(%)	No.	(%)	
Race/ethnicity							
American Indian/Alaska Native	51	(81)	12	(19)	33	(52)	63
Asian/Native Hawaiian/Other Pacific Islander ^d	216	(85)	27	(11)	106	(42)	253
Black/African American	1,615	(78)	249	(12)	800	(39)	2,069
Hispanic/Latino ^e	1,840	(86)	329	(15)	1,128	(53)	2,147
White	2,834	(89)	591	(19)	1,791	(56)	3,177
Multiple races	245	(86)	36	(13)	142	(50)	284
Age (yr)							
18–19	256	(72)	37	(10)	140	(40)	354
20–24	1,593	(86)	278	(15)	958	(52)	1,855
25–29	1,411	(89)	271	(17)	879	(55)	1,584
30–39	1,653	(88)	295	(16)	1,030	(55)	1,874
40–49	1,219	(83)	241	(16)	685	(47)	1,468
≥50	681	(78)	122	(14)	316	(36)	877
Education							
Less than high school	341	(80)	90	(21)	218	(51)	425
High school diploma or GED	1,525	(79)	315	(16)	885	(46)	1,927
Some college or technical degree	2,302	(86)	426	(16)	1,373	(51)	2,680
College degree or postgraduate education	2,645	(89)	413	(14)	1,532	(51)	2,980
Sexual identity							
Gay or homosexual	5,522	(85)	975	(15)	3,250	(50)	6,459
Bisexual	1,188	(83)	248	(17)	693	(48)	1,432
Straight or heterosexual	86	(87)	18	(18)	53	(54)	99
Annual household income (US\$)							
0—19,999	1,940	(80)	368	(15)	1,119	(46)	2,427
20,000—39,999	1,663	(85)	294	(15)	971	(50)	1,951
40,000—74,999	1,690	(87)	306	(16)	1,019	(53)	1,940
≥75,000	1,426	(91)	261	(17)	850	(54)	1,561
Alcohol treatment program							
Never	6,120	(86)	1,003	(14)	3,497	(49)	7,151
≤12 months preceding interview	194	(69)	59	(21)	130	(46)	283
>12 months preceding interview	498	(86)	182	(32)	380	(66)	577

Table 7. Alcohol use during the past 30 days—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Current ^a		Heavy ^b		Binge ^c		Total
	No.	(%)	No.	(%)	No.	(%)	
Metropolitan statistical area							
Atlanta, Georgia	412	(89)	53	(11)	207	(45)	464
Baltimore, Maryland	282	(71)	50	(13)	158	(40)	396
Boston, Massachusetts	348	(92)	48	(13)	202	(54)	377
Chicago, Illinois	380	(90)	68	(16)	279	(66)	420
Dallas, Texas	323	(86)	65	(17)	194	(52)	375
Denver, Colorado	422	(89)	89	(19)	263	(56)	472
Detroit, Michigan	322	(78)	55	(13)	185	(45)	411
Houston, Texas	417	(94)	125	(28)	271	(61)	444
Los Angeles, California	393	(89)	59	(13)	229	(52)	444
Miami, Florida	353	(84)	43	(10)	187	(44)	422
Nassau–Suffolk, New York	296	(90)	47	(14)	184	(56)	328
New Orleans, Louisiana	390	(91)	84	(20)	246	(57)	428
New York, New York	353	(77)	54	(12)	172	(38)	457
Newark, New Jersey	149	(70)	29	(14)	68	(32)	212
Philadelphia, Pennsylvania	363	(73)	78	(16)	213	(43)	496
San Diego, California	345	(86)	37	(9)	189	(47)	401
San Francisco, California	317	(86)	64	(17)	197	(54)	367
San Juan, Puerto Rico	290	(82)	81	(23)	188	(53)	355
Seattle, Washington	267	(88)	48	(16)	168	(55)	305
Washington, DC	391	(89)	67	(15)	208	(47)	438
Total	6,813	(85)	1,244	(16)	4,008	(50)	8,012

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a Participants who drank at least 1 alcoholic beverage during the preceding 30 days. Alcoholic beverage was defined as a 12-ounce beer, 5-ounce glass of wine, or 1.5-ounce shot of liquor.

^b Participants who drank, on average, >2 alcoholic beverages per day during the preceding 30 days.

^c Participants who drank >5 alcoholic beverages at one sitting during the preceding 30 days.

^d Combined because of small numbers.

^e Hispanics/Latinos can be of any race.

Table 8. HIV testing—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Ever		Past 12 months		Total
	No.	(%)	No.	(%)	
Race/ethnicity					
American Indian/Alaska Native	59	(94)	45	(71)	63
Asian/Native Hawaiian/Other Pacific Islander ^a	237	(94)	188	(74)	253
Black/African American	1,888	(91)	1,441	(70)	2,069
Hispanic/Latino ^b	1,911	(89)	1,366	(64)	2,147
White	2,951	(93)	2,056	(65)	3,177
Multiple races	264	(93)	216	(76)	284
Age (yr)					
18–19	271	(77)	234	(66)	354
20–24	1,625	(88)	1,320	(71)	1,855
25–29	1,467	(93)	1,145	(72)	1,584
30–39	1,785	(95)	1,286	(69)	1,874
40–49	1,386	(94)	889	(61)	1,468
≥50	794	(91)	451	(51)	877
Education					
Less than high school	350	(82)	240	(56)	425
High school diploma or GED	1,655	(86)	1,208	(63)	1,927
Some college or technical degree	2,473	(92)	1,814	(68)	2,680
College degree or postgraduate education	2,850	(96)	2,063	(69)	2,980
Sexual identity					
Gay or homosexual	5,992	(93)	4,369	(68)	6,459
Bisexual	1,237	(86)	891	(62)	1,432
Straight or heterosexual	79	(80)	49	(49)	99
Health insurance					
None	2,239	(89)	1,572	(62)	2,520
Private only ^c	3,841	(94)	2,868	(70)	4,094
Public only ^d	1,010	(89)	727	(64)	1,134
Other	216	(90)	143	(60)	240
Annual household income (US\$)					
0–19,999	2,113	(87)	1,543	(64)	2,427
20,000–39,999	1,786	(92)	1,300	(67)	1,951
40,000–74,999	1,824	(94)	1,341	(69)	1,940
≥75,000	1,494	(96)	1,066	(68)	1,561

Table 8. HIV testing—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Ever		Past 12 months		Total
	No.	(%)	No.	(%)	
Metropolitan statistical area					
Atlanta, Georgia	435	(94)	315	(68)	464
Baltimore, Maryland	353	(89)	245	(62)	396
Boston, Massachusetts	357	(95)	259	(69)	377
Chicago, Illinois	393	(94)	288	(69)	420
Dallas, Texas	329	(88)	221	(59)	375
Denver, Colorado	437	(93)	288	(61)	472
Detroit, Michigan	367	(89)	258	(63)	411
Houston, Texas	401	(90)	287	(65)	444
Los Angeles, California	422	(95)	329	(74)	444
Miami, Florida	382	(91)	265	(63)	422
Nassau–Suffolk, New York	280	(85)	191	(58)	328
New Orleans, Louisiana	393	(92)	280	(65)	428
New York, New York	430	(94)	349	(76)	457
Newark, New Jersey	195	(92)	155	(73)	212
Philadelphia, Pennsylvania	414	(83)	329	(66)	496
San Diego, California	383	(96)	306	(76)	401
San Francisco, California	355	(97)	273	(74)	367
San Juan, Puerto Rico	291	(82)	175	(49)	355
Seattle, Washington	288	(94)	195	(64)	305
Washington, DC	423	(97)	317	(72)	438
Total	7,328	(91)	5,325	(66)	8,012

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a Combined because of small numbers.

^b Hispanics/Latinos can be of any race.

^c Coverage through a health insurance plan (including TRICARE) from an employer or purchased from a private company; such plans may be memberships in health maintenance organizations.

^d Coverage through Medicare, Medicaid, or Veterans Administration.

Table 9. Types of facilities where participants received most recent HIV test—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

Type of facility	No.	%
Private doctor's office	1,349	25
HIV counseling and testing site	1,326	25
Public health clinic or community health center	1,245	23
Street outreach program or mobile unit	517	10
Hospital (inpatient)	132	2
Correctional facility (jail or prison)	51	1
Emergency department	102	2
Other	576	11

Note. Number = 5,325. Numbers might not add to total because the facility type was missing or unknown. Percentages might not sum to 100 because of rounding.

Table 10. Hepatitis vaccination—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Hepatitis A ^a		Hepatitis B ^b		Total
	No.	(%)	No.	(%)	
Race/ethnicity					
American Indian/Alaska Native	25	(40)	25	(40)	63
Asian/Native Hawaiian/Other Pacific Islander ^c	144	(57)	156	(62)	253
Black/African American	728	(35)	788	(38)	2,069
Hispanic/Latino ^d	842	(39)	980	(46)	2,147
White	1,445	(45)	1,609	(51)	3,177
Multiple races	144	(51)	154	(54)	284
Age (yr)					
18–19	145	(41)	147	(42)	354
20–24	841	(45)	918	(49)	1,855
25–29	717	(45)	810	(51)	1,584
30–39	794	(42)	874	(47)	1,874
40–49	574	(39)	662	(45)	1,468
≥50	265	(30)	307	(35)	877
Education					
Less than high school	110	(26)	116	(27)	425
High school diploma or GED	651	(34)	707	(37)	1,927
Some college or technical degree	1,116	(42)	1,224	(46)	2,680
College degree or postgraduate education	1,459	(49)	1,671	(56)	2,980
Sexual identity					
Gay or homosexual	2,805	(43)	3,132	(48)	6,459
Bisexual	495	(35)	550	(38)	1,432
Straight or heterosexual	29	(29)	28	(28)	99
Health insurance					
None	885	(35)	979	(39)	2,520
Private only ^e	1,941	(47)	2,179	(53)	4,094
Public only ^f	422	(37)	459	(40)	1,134
Other	80	(33)	93	(39)	240
Annual household income (US\$)					
0–19,999	838	(35)	950	(39)	2,427
20,000–39,999	830	(43)	904	(46)	1,951
40,000–74,999	875	(45)	977	(50)	1,940
≥75,000	763	(49)	852	(55)	1,561

Table 10. Hepatitis vaccination—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Hepatitis A ^a		Hepatitis B ^b		Total
	No.	(%)	No.	(%)	
Metropolitan statistical area					
Atlanta, Georgia	219	(47)	239	(52)	464
Baltimore, Maryland	115	(29)	131	(33)	396
Boston, Massachusetts	185	(49)	205	(54)	377
Chicago, Illinois	159	(38)	194	(46)	420
Dallas, Texas	123	(33)	132	(35)	375
Denver, Colorado	221	(47)	234	(50)	472
Detroit, Michigan	150	(36)	155	(38)	411
Houston, Texas	141	(32)	166	(37)	444
Los Angeles, California	213	(48)	219	(49)	444
Miami, Florida	122	(29)	192	(45)	422
Nassau–Suffolk, New York	104	(32)	116	(35)	328
New Orleans, Louisiana	164	(38)	190	(44)	428
New York, New York	246	(54)	251	(55)	457
Newark, New Jersey	86	(41)	89	(42)	212
Philadelphia, Pennsylvania	112	(23)	115	(23)	496
San Diego, California	225	(56)	247	(62)	401
San Francisco, California	240	(65)	251	(68)	367
San Juan, Puerto Rico	116	(33)	162	(46)	355
Seattle, Washington	185	(61)	193	(63)	305
Washington, DC	210	(48)	237	(54)	438
Total	3,336	(42)	3,718	(46)	8,012

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a Ever had at least 1 vaccination for hepatitis A.

^b Ever had at least 1 vaccination for hepatitis B.

^c Combined because of small numbers.

^d Hispanics/Latinos can be of any race.

^e Coverage through a health insurance plan (including TRICARE) from an employer or purchased from a private company; such plans may be memberships in health maintenance organizations.

^f Coverage through Medicare, Medicaid, or Veterans Administration.

Table 11. STD testing during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Any STD ^a		Syphilis		Gonorrhea		Chlamydia		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Race/ethnicity									
American Indian/Alaska Native	29	(46)	22	(35)	22	(35)	22	(35)	63
Asian/Native Hawaiian/Other Pacific Islander ^b	111	(44)	99	(39)	94	(37)	94	(37)	253
Black/African American	849	(41)	742	(36)	743	(36)	730	(35)	2,069
Hispanic/Latino ^c	848	(39)	764	(36)	752	(35)	735	(34)	2,147
White	1,263	(40)	1,137	(36)	1,104	(35)	1,079	(34)	3,177
Multiple races	141	(50)	133	(47)	131	(46)	128	(45)	284
Age (yr)									
18–19	158	(45)	140	(40)	140	(40)	139	(39)	354
20–24	863	(47)	752	(41)	772	(42)	758	(41)	1,855
25–29	743	(47)	663	(42)	658	(42)	647	(41)	1,584
30–39	770	(41)	710	(38)	687	(37)	674	(36)	1,874
40–49	480	(33)	429	(29)	403	(27)	394	(27)	1,468
≥50	234	(27)	210	(24)	193	(22)	183	(21)	877
Education									
Less than high school	141	(33)	116	(27)	120	(28)	115	(27)	425
High school diploma or GED	710	(37)	620	(32)	623	(32)	611	(32)	1,927
Some college or technical degree	1,087	(41)	964	(36)	941	(35)	926	(35)	2,680
College degree or postgraduate education	1,310	(44)	1,204	(40)	1,169	(39)	1,143	(38)	2,980
Sexual identity									
Gay or homosexual	2,682	(42)	2,406	(37)	2,355	(36)	2,305	(36)	6,459
Bisexual	537	(38)	475	(33)	475	(33)	467	(33)	1,432
Straight or heterosexual	25	(25)	19	(19)	19	(19)	20	(20)	99
Health insurance									
None	933	(37)	825	(33)	814	(32)	789	(31)	2,520
Private only ^d	1,790	(44)	1,621	(40)	1,579	(39)	1,556	(38)	4,094
Public only ^e	433	(38)	379	(33)	380	(34)	371	(33)	1,134
Other	83	(35)	70	(29)	71	(30)	71	(30)	240
Annual household income (US\$)									
0—19,999	898	(37)	789	(33)	773	(32)	757	(31)	2,427
20,000—39,999	802	(41)	716	(37)	715	(37)	704	(36)	1,951
40,000—74,999	821	(42)	747	(39)	721	(37)	704	(36)	1,940
≥75,000	673	(43)	606	(39)	596	(38)	582	(37)	1,561

Table 11. STD testing during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Any STD ^a		Syphilis		Gonorrhea		Chlamydia		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Metropolitan statistical area									
Atlanta, Georgia	187	(40)	161	(35)	166	(36)	161	(35)	464
Baltimore, Maryland	117	(30)	102	(26)	103	(26)	103	(26)	396
Boston, Massachusetts	165	(44)	148	(39)	150	(40)	149	(40)	377
Chicago, Illinois	212	(50)	194	(46)	189	(45)	186	(44)	420
Dallas, Texas	128	(34)	110	(29)	95	(25)	87	(23)	375
Denver, Colorado	201	(43)	184	(39)	171	(36)	176	(37)	472
Detroit, Michigan	135	(33)	110	(27)	109	(27)	105	(26)	411
Houston, Texas	180	(41)	152	(34)	138	(31)	127	(29)	444
Los Angeles, California	254	(57)	242	(55)	245	(55)	244	(55)	444
Miami, Florida	148	(35)	139	(33)	140	(33)	132	(31)	422
Nassau–Suffolk, New York	117	(36)	109	(33)	109	(33)	109	(33)	328
New Orleans, Louisiana	154	(36)	126	(29)	132	(31)	127	(30)	428
New York, New York	200	(44)	190	(42)	189	(41)	187	(41)	457
Newark, New Jersey	86	(41)	75	(35)	77	(36)	76	(36)	212
Philadelphia, Pennsylvania	160	(32)	138	(28)	138	(28)	137	(28)	496
San Diego, California	164	(41)	150	(37)	147	(37)	144	(36)	401
San Francisco, California	208	(57)	186	(51)	183	(50)	184	(50)	367
San Juan, Puerto Rico	109	(31)	98	(28)	84	(24)	82	(23)	355
Seattle, Washington	153	(50)	138	(45)	132	(43)	132	(43)	305
Washington, DC	170	(39)	152	(35)	156	(36)	147	(34)	438
Total	3,248	(41)	2,904	(36)	2,853	(36)	2,795	(35)	8,012

Abbreviation: STD, sexually transmitted disease; GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a Includes syphilis, gonorrhea, chlamydia, or other STDs (except HIV).

^b Combined because of small numbers.

^c Hispanics/Latinos can be of any race.

^d Coverage through a health insurance plan (including TRICARE) from an employer or purchased from a private company; such plans may be memberships in health maintenance organizations.

^e Coverage through Medicare, Medicaid, or Veterans Administration.

Table 12. STD diagnosis during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Any STD ^a		Syphilis		Gonorrhea		Chlamydia		Other STDs ^b		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Race/ethnicity											
American Indian/Alaska Native	7	(11)	1	(2)	5	(8)	2	(3)	0	(0)	63
Asian/Native Hawaiian/Other Pacific Islander ^c	15	(6)	3	(1)	8	(3)	7	(3)	2	(1)	253
Black/African American	206	(10)	50	(2)	108	(5)	81	(4)	12	(1)	2,069
Hispanic/Latino ^d	207	(10)	58	(3)	103	(5)	68	(3)	18	(1)	2,147
White	241	(8)	44	(1)	114	(4)	92	(3)	37	(1)	3,177
Multiple races	24	(8)	7	(2)	10	(4)	7	(2)	3	(1)	284
Age (yr)											
18–19	39	(11)	7	(2)	23	(6)	16	(5)	2	(1)	354
20–24	213	(11)	42	(2)	107	(6)	79	(4)	23	(1)	1,855
25–29	163	(10)	31	(2)	87	(5)	69	(4)	14	(1)	1,584
30–39	156	(8)	39	(2)	83	(4)	51	(3)	15	(1)	1,874
40–49	89	(6)	31	(2)	34	(2)	27	(2)	11	(1)	1,468
≥50	41	(5)	14	(2)	15	(2)	16	(2)	7	(1)	877
Education											
Less than high school	56	(13)	12	(3)	31	(7)	22	(5)	1	(0)	425
High school diploma or GED	171	(9)	43	(2)	88	(5)	66	(3)	12	(1)	1,927
Some college or technical degree	214	(8)	54	(2)	102	(4)	70	(3)	22	(1)	2,680
College degree or postgraduate education	260	(9)	55	(2)	128	(4)	100	(3)	37	(1)	2,980
Sexual identity											
Gay or homosexual	563	(9)	130	(2)	285	(4)	209	(3)	62	(1)	6,459
Bisexual	128	(9)	33	(2)	62	(4)	45	(3)	7	(0)	1,432
Straight or heterosexual	6	(6)	1	(1)	0	(0)	4	(4)	1	(1)	99
Health insurance											
None	259	(10)	65	(3)	139	(6)	83	(3)	22	(1)	2,520
Private only ^e	315	(8)	68	(2)	143	(4)	126	(3)	38	(1)	4,094
Public only ^f	105	(9)	28	(2)	51	(4)	39	(3)	8	(1)	1,134
Other	19	(8)	3	(1)	10	(4)	8	(3)	4	(2)	240
Annual household income (US\$)											
0—19,999	234	(10)	69	(3)	111	(5)	87	(4)	22	(1)	2,427
20,000—39,999	196	(10)	37	(2)	103	(5)	75	(4)	20	(1)	1,951
40,000—74,999	138	(7)	30	(2)	70	(4)	49	(3)	16	(1)	1,940
≥75,000	115	(7)	22	(1)	54	(3)	45	(3)	13	(1)	1,561

Table 12. STD diagnosis during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (cont)

	Any STD ^a		Syphilis		Gonorrhea		Chlamydia		Other STDs ^b		Total
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
Metropolitan statistical area											
Atlanta, Georgia	40	(9)	8	(2)	24	(5)	13	(3)	5	(1)	464
Baltimore, Maryland	43	(11)	9	(2)	21	(5)	20	(5)	3	(1)	396
Boston, Massachusetts	21	(6)	6	(2)	10	(3)	8	(2)	3	(1)	377
Chicago, Illinois	54	(13)	18	(4)	22	(5)	19	(5)	9	(2)	420
Dallas, Texas	31	(8)	9	(2)	17	(5)	7	(2)	4	(1)	375
Denver, Colorado	30	(6)	9	(2)	11	(2)	14	(3)	6	(1)	472
Detroit, Michigan	24	(6)	3	(1)	15	(4)	8	(2)	0	(0)	411
Houston, Texas	27	(6)	11	(2)	11	(2)	7	(2)	1	(0)	444
Los Angeles, California	57	(13)	6	(1)	31	(7)	22	(5)	6	(1)	444
Miami, Florida	31	(7)	13	(3)	13	(3)	9	(2)	0	(0)	422
Nassau–Suffolk, New York	16	(5)	3	(1)	9	(3)	4	(1)	2	(1)	328
New Orleans, Louisiana	27	(6)	6	(1)	14	(3)	10	(2)	1	(0)	428
New York, New York	61	(13)	18	(4)	37	(8)	26	(6)	1	(0)	457
Newark, New Jersey	20	(9)	3	(1)	10	(5)	9	(4)	0	(0)	212
Philadelphia, Pennsylvania	26	(5)	5	(1)	10	(2)	12	(2)	2	(0)	496
San Diego, California	35	(9)	5	(1)	22	(5)	13	(3)	2	(0)	401
San Francisco, California	57	(16)	5	(1)	38	(10)	25	(7)	1	(0)	367
San Juan, Puerto Rico	18	(5)	7	(2)	4	(1)	4	(1)	4	(1)	355
Seattle, Washington	34	(11)	5	(2)	18	(6)	13	(4)	8	(3)	305
Washington, DC	49	(11)	15	(3)	12	(3)	15	(3)	14	(3)	438
Total	701	(9)	164	(2)	349	(4)	258	(3)	72	(1)	8,012

Abbreviation: STD, sexually transmitted disease; GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a Includes syphilis, gonorrhea, chlamydia, or other STDs (except HIV).

^b Other than syphilis, gonorrhea, or chlamydia.

^c Combined because of small numbers.

^d Hispanics/Latinos can be of any race.

^e Coverage through a health insurance plan (including TRICARE) from an employer or purchased from a private company; such plans may be memberships in health maintenance organizations.

^f Coverage through Medicare, Medicaid, or Veterans Administration.

Table 13. HIV prevention materials or programs received during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

	Free condoms		Behavioral intervention						Total
	No.	%	Individual ^a		Group ^b		Either		
			No.	%	No.	%	No.	%	
Race/ethnicity									
American Indian/Alaska Native	39	(62)	9	(14)	7	(11)	13	(21)	63
Asian/Native Hawaiian/Other Pacific Islander ^c	191	(75)	55	(22)	17	(7)	62	(25)	253
Black/African American	1,350	(65)	523	(25)	310	(15)	621	(30)	2,069
Hispanic/Latino ^d	1,547	(72)	401	(19)	180	(8)	466	(22)	2,147
White	2,220	(70)	423	(13)	166	(5)	513	(16)	3,177
Multiple races	206	(73)	72	(25)	31	(11)	83	(29)	284
Age (yr)									
18–19	270	(76)	112	(32)	79	(22)	139	(39)	354
20–24	1,360	(73)	466	(25)	287	(15)	571	(31)	1,855
25–29	1,122	(71)	319	(20)	135	(9)	365	(23)	1,584
30–39	1,298	(69)	311	(17)	104	(6)	356	(19)	1,874
40–49	961	(65)	191	(13)	65	(4)	218	(15)	1,468
≥50	557	(64)	87	(10)	41	(5)	112	(13)	877
Education									
Less than high school	267	(63)	79	(19)	40	(9)	93	(22)	425
High school diploma or GED	1,297	(67)	388	(20)	229	(12)	473	(25)	1,927
Some college or technical degree	1,910	(71)	543	(20)	257	(10)	635	(24)	2,680
College degree or postgraduate education	2,094	(70)	476	(16)	185	(6)	560	(19)	2,980
Sexual identity									
Gay or homosexual	4,599	(71)	1,202	(19)	580	(9)	1,435	(22)	6,459
Bisexual	904	(63)	272	(19)	125	(9)	311	(22)	1,432
Straight or heterosexual	49	(49)	10	(10)	5	(5)	13	(13)	99
Health insurance									
None	1,766	(70)	479	(19)	229	(9)	561	(22)	2,520
Private only ^e	2,853	(70)	700	(17)	309	(8)	827	(20)	4,094
Public only ^f	785	(69)	257	(23)	135	(12)	306	(27)	1,134
Other	149	(62)	43	(18)	33	(14)	57	(24)	240
Annual household income (US\$)									
0—19,999	1,687	(70)	525	(22)	297	(12)	631	(26)	2,427
20,000—39,999	1,385	(71)	384	(20)	164	(8)	447	(23)	1,951
40,000—74,999	1,330	(69)	321	(17)	141	(7)	385	(20)	1,940
≥75,000	1,067	(68)	217	(14)	81	(5)	251	(16)	1,561

Table 13. HIV prevention materials or programs received during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011 (*cont*)

	Free condoms		Behavioral intervention						Total
	No.	(%)	Individual ^a		Group ^b		Either		
			No.	(%)	No.	(%)	No.	(%)	
Metropolitan statistical area									
Atlanta, Georgia	295	(64)	96	(21)	47	(10)	118	(25)	464
Baltimore, Maryland	205	(52)	68	(17)	36	(9)	79	(20)	396
Boston, Massachusetts	314	(83)	65	(17)	21	(6)	76	(20)	377
Chicago, Illinois	348	(83)	89	(21)	39	(9)	103	(25)	420
Dallas, Texas	186	(50)	57	(15)	32	(9)	68	(18)	375
Denver, Colorado	340	(72)	78	(17)	49	(10)	99	(21)	472
Detroit, Michigan	290	(71)	127	(31)	46	(11)	136	(33)	411
Houston, Texas	337	(76)	83	(19)	28	(6)	95	(21)	444
Los Angeles, California	342	(77)	44	(10)	36	(8)	59	(13)	444
Miami, Florida	293	(69)	60	(14)	17	(4)	68	(16)	422
Nassau–Suffolk, New York	225	(69)	68	(21)	42	(13)	87	(27)	328
New Orleans, Louisiana	301	(70)	90	(21)	50	(12)	109	(25)	428
New York, New York	357	(78)	77	(17)	37	(8)	91	(20)	457
Newark, New Jersey	154	(73)	75	(35)	52	(25)	85	(40)	212
Philadelphia, Pennsylvania	232	(47)	62	(13)	34	(7)	75	(15)	496
San Diego, California	282	(70)	94	(23)	29	(7)	103	(26)	401
San Francisco, California	296	(81)	62	(17)	27	(7)	78	(21)	367
San Juan, Puerto Rico	242	(68)	81	(23)	38	(11)	96	(27)	355
Seattle, Washington	227	(74)	63	(21)	23	(8)	74	(24)	305
Washington, DC	302	(69)	47	(11)	28	(6)	62	(14)	438
Total	5,568	(69)	1,486	(19)	711	(9)	1,761	(22)	8,012

Abbreviation: GED, general educational development.

Note. Numbers might not add to total because of missing or unknown data.

The denominator for percentages is the row total.

^a One-on-one conversation with an outreach worker, a counselor, or a prevention program worker about ways to protect against HIV or other sexually transmitted diseases; excludes conversations that took place solely as a part of obtaining HIV testing (e.g., pretest or posttest counseling).

^b Small-group discussion about ways to protect against HIV or other sexually transmitted diseases.

^c Combined because of small numbers.

^d Hispanics/Latinos can be of any race.

^e Coverage through a health insurance plan (including TRICARE) from an employer or purchased from a private company; such plans may be memberships in health maintenance organizations.

^f Coverage through Medicare, Medicaid, or Veterans Administration.

Table 14. Types of organizations providing or sponsoring HIV behavioral interventions during the past 12 months—National HIV Behavioral Surveillance System: Men Who Have Sex with Men, 20 U.S. cities, 2011

Type of organization ^a	Individual ^b (n = 1,486)		Group ^c (n = 711)	
	No.	(%)	No.	(%)
HIV/AIDS-focused community-based organization	689	(46)	322	(45)
LGBT organization or community health clinic	493	(33)	353	(50)
Health center or clinic	397	(27)	129	(18)
Bar, club, bookstore, or other business	52	(3)	27	(4)
Some other place	157	(11)	114	(16)
Total	1,486		711	

Abbreviation: LGBT, lesbian, gay, bisexual, or transgender.

Note. Numbers might not add to total because responses are not mutually exclusive.

^a Participants could select >1 organization for each type of prevention.

^b One-on-one conversation with an outreach worker, a counselor, or a prevention program worker about ways to protect against HIV or other sexually transmitted diseases; excludes conversations that took place solely as a part of obtaining HIV testing (e.g., pretest or posttest counseling).

^c Small-group discussion about ways to protect against HIV or other sexually transmitted diseases.

Participating Metropolitan Statistical Areas, 2011

Principal city	Metropolitan statistical area division
Atlanta, Georgia	Atlanta–Sandy Springs–Marietta, Georgia
Baltimore, Maryland	Baltimore–Towson, Maryland
Boston, Massachusetts	Boston, Massachusetts–New Hampshire (Boston Division)
Chicago, Illinois	Chicago, Illinois–Indiana–Wisconsin (Chicago Division)
Dallas, Texas	Dallas, Texas (Dallas Division)
Denver, Colorado	Denver–Aurora, Colorado
Detroit, Michigan	Detroit, Michigan (Detroit Division)
Houston, Texas	Houston–Baytown–Sugar Land, Texas
Los Angeles, California	Los Angeles, California (Los Angeles Division)
Miami, Florida	Miami Florida (Miami Division)
Nassau–Suffolk, New York	New York, New York–New Jersey–Pennsylvania (Nassau Division)
New Orleans, Louisiana	New Orleans–Metairie–Kenner, Louisiana
New York, New York	New York, New York–New Jersey–Pennsylvania (New York–White Plains–Wayne Division)
Newark, New Jersey	New York, New York–New Jersey–Pennsylvania (Newark Division)
Philadelphia, Pennsylvania	Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland (Philadelphia Division)
San Diego, California	San Diego–Carlsbad–San Marcos, California
San Francisco, California	San Francisco, California (San Francisco Division)
San Juan, Puerto Rico	San Juan–Caguas–Guaynabo, Puerto Rico
Seattle, Washington	Seattle, Washington (Seattle Division)
Washington, DC	Washington, District of Columbia (DC)–Virginia–Maryland–West Virginia (Washington Division)