

Blacks/African Americans and HIV

(updated June 2021)



Blacks/African Americans and HIV

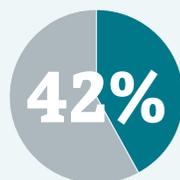
This educational packet is a curated compilation of resources on HIV among Blacks/African Americans.

The contents of this packet are listed below:

- HIV and African American People (CDC fact sheet)
- Black Americans and HIV/AIDS: The Basics (Kaiser Family Foundation issue brief)
- HIV and African American Gay and Bisexual Men (CDC fact sheet)
- Highlighted CDC HIV Prevention Activities Concerning HIV and African American Gay and Bisexual Men (CDC issue brief)
- HIV Surveillance by Race/Ethnicity 2018 – preliminary (CDC slide set; selected slides focusing on Blacks/African Americans)

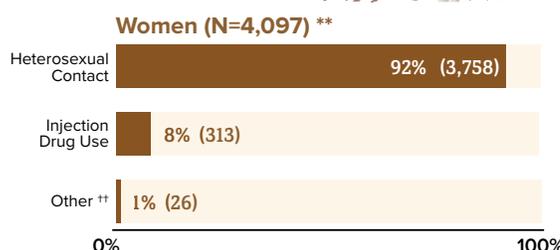
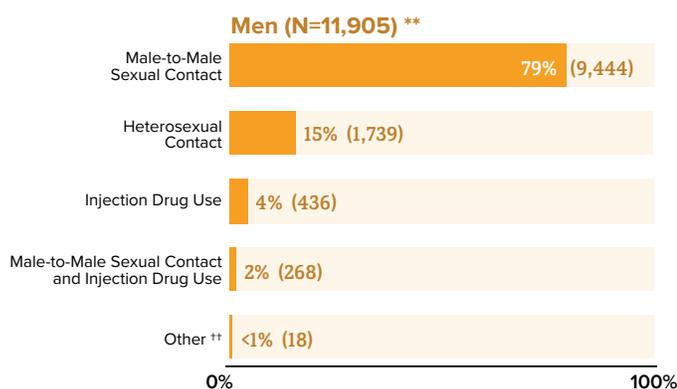
You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

HIV and African American People



Black/African American* people made up 42% (16,002)[†] of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas[‡] in 2018.

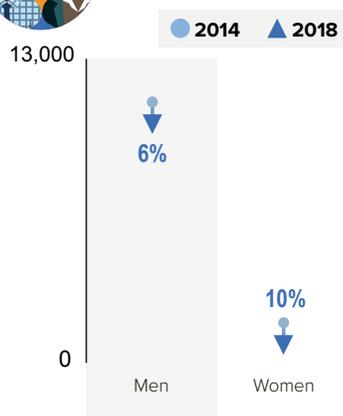
Among Black/African American people, most new HIV diagnoses were among men.



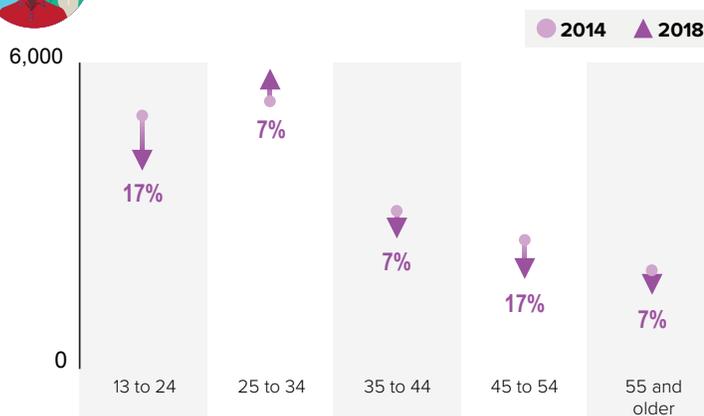
Good progress has been made with reducing HIV diagnoses among most age groups, with HIV diagnoses decreasing 7% among Black/African American people overall from 2014 to 2018.



Trends by Sex



Trends by Age ††



* *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America. This fact sheet uses *African American*, unless referencing surveillance data.

[†] Adult and adolescent Black/African American people aged 13 and older.

[‡] American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

** Based on sex assigned at birth and includes transgender people.

†† Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.

Does not include *perinatal* and *other* transmission categories.



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Black/African American people who don't know they have HIV can't get the care and treatment they need to stay healthy.



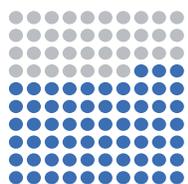
At the end of 2018, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 482,900 were among Black/African American people. ***

6 in 7
Black/African American people knew they had the virus.

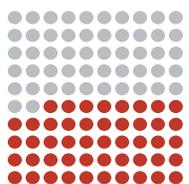


It is important for Black/African American people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

Compared to all people with HIV, Black/African American people have lower viral suppression rates. More work is needed to increase these rates. For **every 100 Black/African American people with HIV in 2018:**



63
received
some
HIV care



48
were
retained
in care



51
were virally
suppressed

For comparison, for every **100 people overall** with HIV, **65 received some HIV care**, **50 were retained in care**, and **56 were virally suppressed**.

There are several challenges that place some African American people at higher risk for HIV.

Knowledge of HIV Status



Some African American people don't know their HIV status. People who don't know they have HIV can't get the care they need and may pass HIV to others without knowing it.

Sexually Transmitted Diseases (STDs)



African American people have higher rates of some STDs. Having another STD can increase a person's chance of getting or transmitting HIV.

Racism, HIV Stigma, and Homophobia



Racism, HIV stigma, and homophobia can negatively impact risk-taking behaviors, knowledge of HIV status, HIV care, and other needed services for many African American people.

Social and Economic Issues



African American people experiencing poverty may find it harder to get HIV prevention and care services.

How is CDC making a difference for African American people?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

*** In 50 states and the District of Columbia.

For more information about HIV surveillance data, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For more information visit www.cdc.gov/hiv

Black Americans and HIV/AIDS: The Basics

 kff.org/hivaids/fact-sheet/black-americans-and-hivaids-the-basics

Published: Feb 07,
2020

February 7,
2020

Key Facts

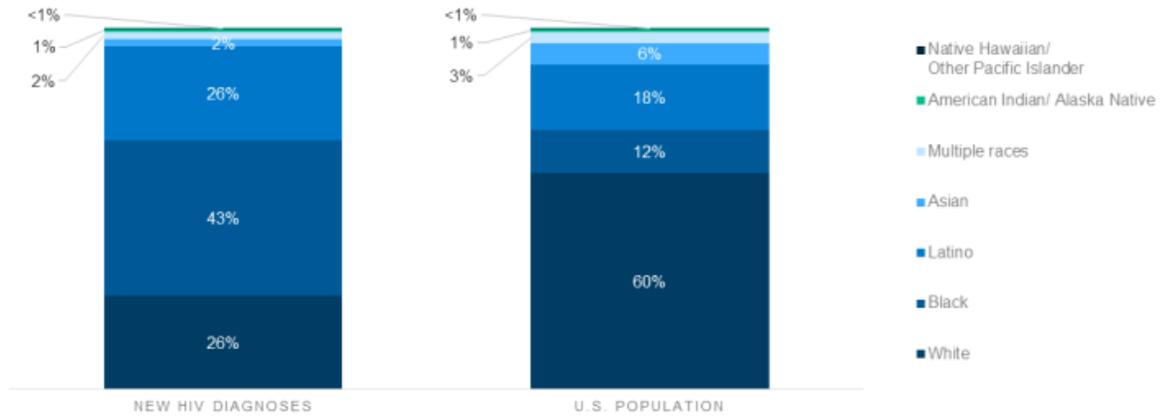
- Black Americans have been disproportionately affected by HIV/AIDS since the epidemic's beginning, and that disparity has deepened over time.^{1,2}
- Although they represent only 12% of the U.S. population, Blacks account for a much larger share of HIV diagnoses (43%), people estimated to be living with HIV disease (42%), and deaths among people with HIV (44%) than any other racial/ethnic group in the U.S.^{3,4}
- Among Black Americans, Black women, youth, and gay and bisexual men have been especially hard hit.^{5,6}
- A number of challenges contribute to the epidemic among Blacks, including poverty, lack of access to health care, higher rates of some sexually transmitted infections, smaller sexual networks, lack of awareness of HIV status, and stigma.⁷
- Despite this impact, recent data indicate some encouraging trends, including declining new HIV diagnoses among Blacks overall, especially among women, and a leveling off of new diagnoses among Black gay and bisexual men.^{8,9} However, given the epidemic's continued and disproportionate impact among Blacks, a continued focus is critical to addressing HIV in the United States.

Overview

- Today, there are more than 1.1 million people living with HIV/AIDS in the U.S., including 476,100 who are Black.^{10,11,12}
- Although Black Americans represent only 12% of the U.S. population,¹³ they accounted for 43% of new HIV diagnoses in 2018 (see Figure 1) and an estimated 42% of people living with HIV.¹⁴

Figure 1

New HIV Diagnoses & U.S. Population, by Race/Ethnicity, 2018



NOTES: HIV diagnosis data are preliminary estimates and based on 6 months reporting delay.
SOURCES: CDC, NCHHSTP Atlas Plus. Accessed February 2020; KFF, State Health Facts; accessed February 2020.

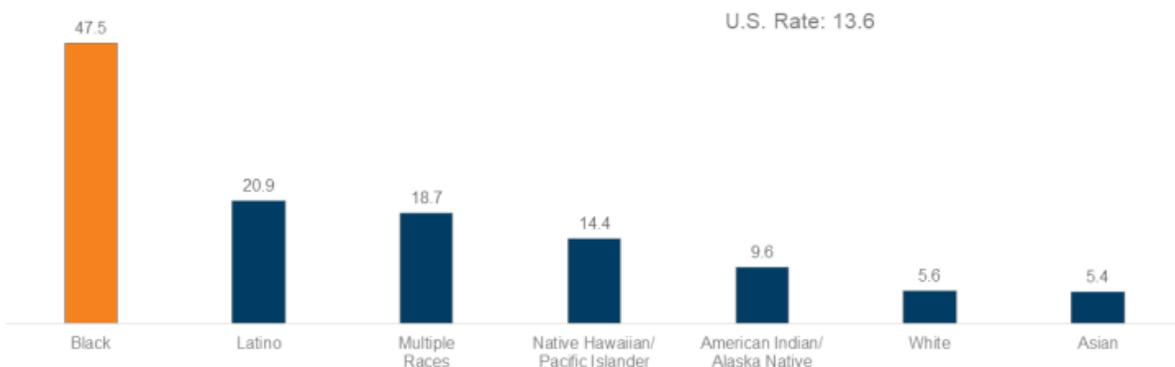


Figure 1: New HIV Diagnoses & U.S. Population, by Race/Ethnicity, 2018

The rate of new HIV diagnoses per 100,000 among Black adults/adolescents (47.5) was 8 times that of whites (5.6) and more than twice that of Latinos (20.9) in 2018 (see Figure 2).¹⁵ The rate for Black men (74.8) was the highest of any group, twice that of Latino men (36.4), the second highest group. Black women (23.1) had the highest rate among women.¹⁶

Figure 2

Rates of New HIV Diagnoses per 100,000, by Race/Ethnicity, 2018



NOTES: HIV diagnosis data are preliminary estimates and based on 6 months reporting delay.
SOURCE: CDC, NCHHSTP Atlas Plus. Accessed February 2020



Figure 2: Rates of New HIV Diagnoses per 100,000, by Race/Ethnicity, 2018

- The latest data indicate declines in both the number and rate of annual new diagnoses among Blacks in recent years, including among women.¹⁷
- Blacks accounted for more than 4 in 10 (44%) deaths among people with an HIV diagnosis (deaths may be due to any cause) in 2017.¹⁸ The number of deaths among Blacks with an HIV diagnosis decreased 8% between 2010 and 2017.¹⁹ Despite these declines, HIV was the 6th leading cause of death for Black men ages 25-34 and 8th for Black women ages 35-44 in 2017, ranking higher than for their respective counterparts in any other racial/ethnic group.²⁰
- HIV death rates (deaths for which HIV was indicated as the leading cause of death) are highest among Blacks. In 2017, Blacks had the highest age-adjusted HIV death rate per 100,000 – 6.6, compared to 0.9 per 100,000 whites.²¹

Transmission

- Transmission patterns vary by race/ethnicity. While male-to-male sexual contact accounts for the largest share of HIV cases among both Blacks and whites, proportionately, fewer Blacks contract HIV this way and heterosexual sex plays a bigger role among Blacks compared with whites. Among Blacks, 59% of new HIV diagnoses in 2018 were attributable to male-to-male sexual contact and 34% were attributable to heterosexual sex; among whites, 67% of new HIV diagnoses in 2018 were attributable to male-to-male sexual contact and 15% were attributable to heterosexual sex. The remainder of HIV diagnoses in each group were attributable to other causes, including injection drug use.²²
- Black women are most likely to have been infected through heterosexual transmission, the most common transmission route for women overall. Black women are less likely to have been infected through injection drug use than white women.²³

Women and Young People

- Among all women, Black women account for the largest share of new HIV diagnoses (4,114, or 58% in 2018), and the rate of new diagnoses among Black women (23.1) is 14 times the rate among white women and almost 5 times the rate among Latinas.²⁴ Black women also accounted for the largest share of women living with an HIV diagnosis at the end of 2017.²⁵
- Although new HIV diagnoses continue to occur disproportionately among Black women, data show a 43% decrease in new diagnoses for Black women between 2008 and 2018.²⁶
- In 2018, Black women represented about one quarter (26%) of new HIV diagnoses among all Blacks – a higher share than Latinas and white women (who represented 12% and 16% of new diagnoses among their respective groups).²⁷
- In 2016, more than half of gay and bisexual teens and young adults with HIV were black.²⁸

- According to a national survey of young adults ages 18-30, about three times as many Blacks (46%) as whites (15%) say HIV today is a “very serious” concern for people they know. Almost twice as many Black young adults (30%) say they know someone who is living with, or has died of, HIV/AIDS, compared to whites (16%).²⁹

Gay and Bisexual Men

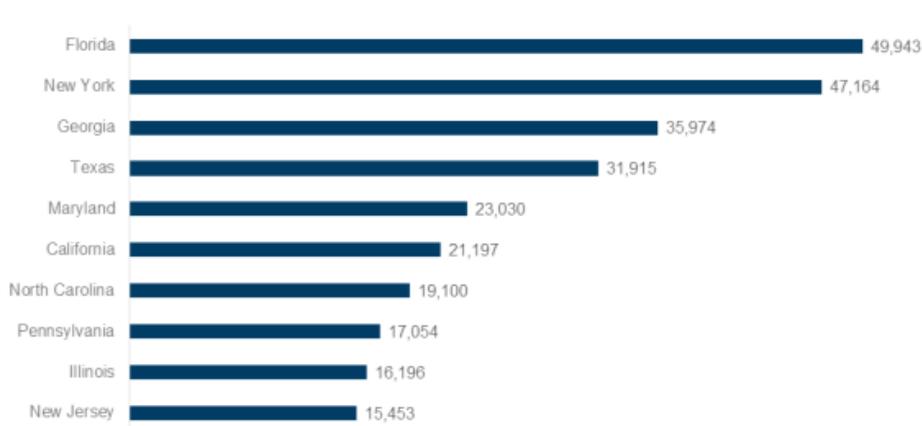
- Among gay and bisexual men, Blacks have been disproportionately affected by HIV and Blacks account for 39% of HIV diagnoses attributable to male-to-male sexual contact.³⁰
- In 2018, male-to-male sexual contact accounted for more than half (59%) of new HIV diagnoses among Blacks overall and a majority (80%) of new diagnoses among Black men.³¹
- Young Black gay and bisexual men are particularly affected, with those ages 13-24 representing over half (52%) of new HIV diagnoses among all gay and bisexual men in that age group.³²
- In addition, newly diagnosed Black gay and bisexual men are younger than their white counterparts, with those ages 13-24 accounting for 34% of new HIV diagnoses among Black gay and bisexual men in 2018, compared to 16% among whites.³³
- Annual new infections among Black gay and bisexual men have remained stable in recent years, as have new infections among gay and bisexual men overall.³⁴
- A study in 23 major U.S. cities found that HIV prevalence among Black gay and bisexual men was 39%, compared to 23% of gay and bisexual men overall.³⁵

Geography

- Although HIV diagnoses among Blacks have been reported throughout the country, the impact of the epidemic is not uniformly distributed.
- Regionally, the South accounts for both the majority of Blacks newly diagnosed with HIV (63% in 2018) and the majority living with an HIV diagnosis at the end of 2017 (58%).^{36,37}
- As with the nation as a whole, HIV diagnoses among Blacks are clustered in a handful of states, with the 10 states with the highest number of Blacks living with an HIV diagnosis accounting for the majority (84%) of cases among Blacks in 2018 (see Figure 3). Florida and New York top the list. In addition, the District of Columbia had the highest rate of Blacks living with an HIV diagnosis at the end of 2017 (3,799.3 per 100,000).³⁸

Figure 3

Number of Black Adults/Adolescents Estimated to be Living with an HIV Diagnosis, Top 10 States, year-end 2017



NOTES: Data are estimates for adults/adolescents aged 13 and older.

SOURCE: CDC. HIV Surveillance Report, Diagnosis of HIV Infection in the United States and Dependent Areas, 2018 (Preliminary), Vol. 30, November 2019. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas.



Figure 3: Number of Black Adults/Adolescents Estimated to be Living with an HIV Diagnosis, Top 10 States, year-end 2017

HIV Testing and Access to Prevention & Care

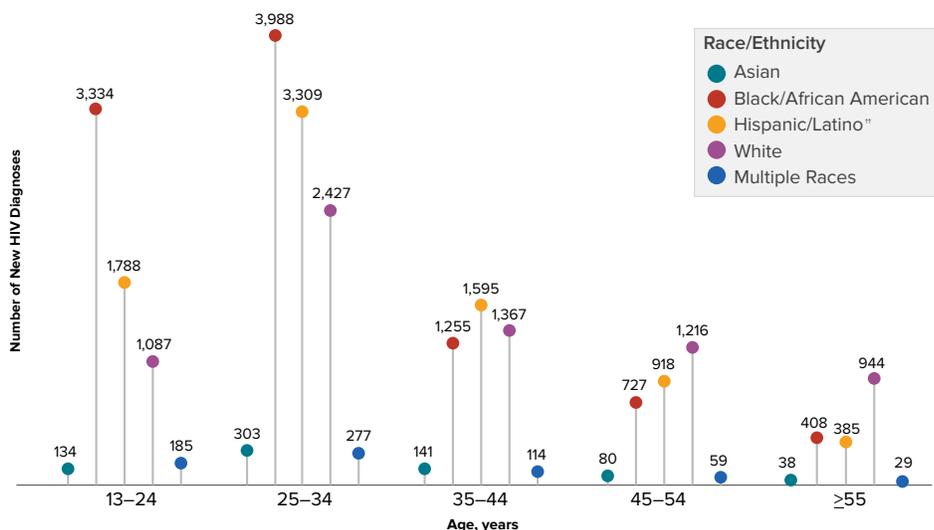
- In 2014, three quarters (76%) of Blacks over age 18 report ever having been tested for HIV and they are more likely than Latinos or whites to report having been tested (58% and 50%, respectively).³⁹
- Among those who are HIV positive, 20% of Blacks were tested for HIV late in their illness – that is, were diagnosed with AIDS within 3 months of testing positive for HIV; by comparison, 22% of whites and 21% of Latinos were tested late.⁴⁰
- Looking across the care continuum, from HIV diagnosis to viral suppression, missed opportunities are revealed. Eight-five percent (85%) of Blacks with HIV are diagnosed, 60% are linked to care, and 46% are virally suppressed.⁴¹ Compared with Whites, Blacks are less likely to have reached each of these goals in the continuum – diagnosis, linkage to care and viral suppression and thus disparities are likely to persist.⁴²

HIV and African American Gay and Bisexual Men



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, 26% were among Black/African American† gay and bisexual men. ‡ **

About 3 out of 4 Black/African American gay and bisexual men who received an HIV diagnosis were aged 13 to 34.

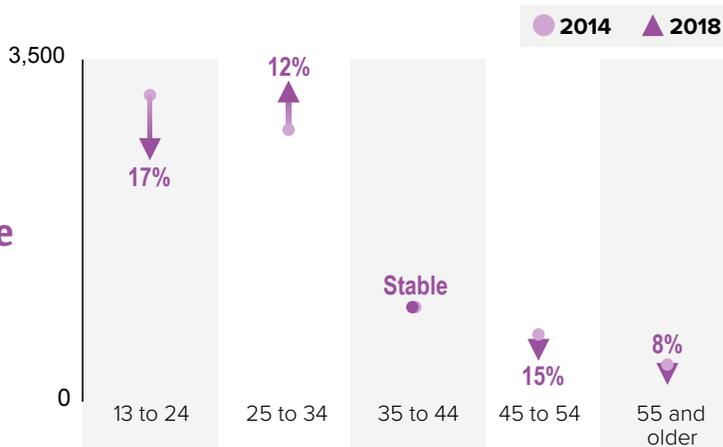


Subpopulations representing 2% or less of HIV diagnoses among gay and bisexual men are not reflected in this chart.

From 2014 to 2018, HIV diagnoses remained stable among Black/African American gay and bisexual men. ** But trends varied by age.



Trends by Age



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for Americans of African descent with ancestry in North America. This fact sheet uses African American, unless referencing surveillance data.

‡ This fact sheet uses the term *gay and bisexual men* to represent gay, bisexual, and other men who reported male-to-male sexual contact aged 13 and older.

** Includes infections attributed to male-to-male sexual contact *and* injection drug use.

†† Hispanics /Latinos can be of any race.

‡‡ In 50 states and the District of Columbia.



Black/African American gay and bisexual men who don't know they have HIV cannot get the care and treatment they need to stay healthy.



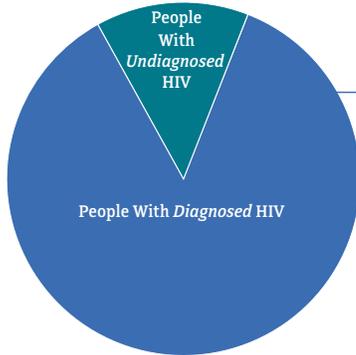
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV. #
Of those, 235,100 were Black/African American gay and bisexual men.

4 in 5

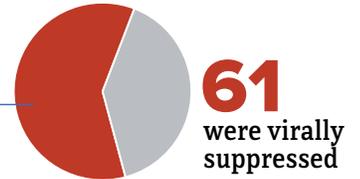
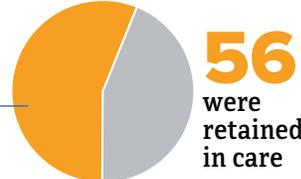
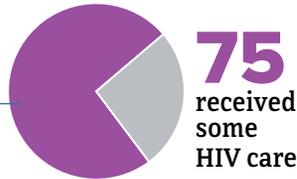
Black/African American gay and bisexual men knew they had the virus.***



It is important for Black/African American gay and bisexual men to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy life. They also have effectively no risk of transmitting HIV to HIV-negative sex partners.



Compared to all *people with diagnosed HIV*, Black/African American gay and bisexual men have lower viral suppression rates. More work is needed to increase these rates. For every **100 Black/African American gay and bisexual men with diagnosed HIV** in 2018:###



For comparison, for every **100 people overall with diagnosed HIV**, **76 received some HIV care**, **58 were retained in care**, and **65 were virally suppressed**.##

There are several challenges that place some African American gay and bisexual men at higher risk for HIV.

Delay in Linkage to HIV Medical Care



Not all African American gay and bisexual men with diagnosed HIV are linked to care within 90 days of the diagnosis.

Lower Viral Suppression Percentages



African American gay and bisexual men have lower percentages of viral suppression than gay and bisexual men of other races/ethnicities.

Socioeconomic Factors



Higher poverty rates among some African American gay and bisexual men can mean limited access to quality health care, HIV prevention education, and lower income, placing them at higher risk for HIV.

Racism, HIV Stigma, and Homophobia



Racism, HIV stigma, and homophobia can negatively impact risk-taking behaviors, knowledge of HIV status, HIV care, and other needed services for many African American gay and bisexual men.

How is CDC making a difference for African American gay and bisexual men?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

*** Includes infections attributed male-to-male sexual contact only. Among Black/African American men with HIV attributed to male-to-male sexual contact and injection drug use, 94% knew they had HIV.

In 41 states and the District of Columbia.

Learn more about CDC's different HIV care continuum approaches at www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf. For more information about HIV surveillance data and how it is used, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For more information visit www.cdc.gov/hiv

Highlighted CDC HIV Prevention Activities Concerning HIV and African American Gay and Bisexual Men

 [cdc.gov/hiv/group/msm/brief.html](https://www.cdc.gov/hiv/group/msm/brief.html)

Guided by the [National HIV/AIDS Strategy](#) for the United States, the CDC and its partners are pursuing a [high-impact prevention](#) approach to reducing new HIV infections by using combinations of scientifically proven, cost-effective, and scalable interventions directed to the most vulnerable populations in the geographic areas where HIV prevalence is highest.

Factors Contributing to Increase in HIV Infections among Black MSM

Published research does not provide definitive answers about why new HIV infections among young, black/African American gay, bisexual, and other men who have sex with men (MSM) have increased. However, black/African American MSM of all ages experience racial disparities in health and are more likely than other gay and bisexual men of other races/ethnicities to encounter broader social and economic barriers¹. These and other factors place black/African American MSM at higher risk for HIV.

- Black/African American MSM and MSM of other races and ethnicities have an increased chance of being exposed to HIV because of the larger number of MSM living with HIV. This **higher prevalence** of HIV infection among MSM leads to a higher possibility of transmission, even with similar frequency of risk behaviors as other populations.
- Many black/African American MSM with HIV, particularly young MSM, are **unaware of their HIV infection**². Low awareness of HIV status among young MSM may reflect several factors: recent infection, underestimation of personal risk, fewer opportunities to get tested, or belief that HIV treatment minimizes their risk of acquiring or transmitting HIV²⁻³. Persons who do not know they have HIV do not get medical care and can unknowingly infect others.
- **Stigma, homophobia, and discrimination** put MSM of all races and ethnicities at risk for multiple physical and mental health problems and affect whether MSM seek and obtain high-quality health services⁴. Negative attitudes about homosexuality (including complacency), discriminatory acts, and bullying and violence can make it difficult for some MSM to be open about same-sex behaviors with others, which can increase stress, limit social support, and negatively affect health.

- **Sexual risk behaviors** account for most HIV infections in MSM⁵. Unprotected receptive anal sex is the sexual behavior that carries the highest risk for HIV acquisition⁶. For sexually active MSM, the most effective ways to prevent HIV and many other sexually transmitted infections (STIs) such as syphilis, gonorrhea, and chlamydia, are to avoid unprotected anal sex and always use condoms⁷. The CDC recommends that all sexually active MSM be tested annually for these STIs⁸. **Undiagnosed or untreated STIs** may increase the risk of both acquiring and transmitting HIV.
- Men aged 40 years and older are more likely to have HIV than men aged 18–39². Young black MSM are more likely to have older sex partners and therefore are more likely to encounter an HIV-positive partner. Thus, **sexual relationships** with older men may increase risk of exposure to HIV.

Highlights of CDC Program Activities

In fiscal year (FY) 2011, approximately 41 percent of the CDC's budget was targeted to HIV prevention activities for MSM. The CDC's approach to addressing the HIV epidemic among black/African American gay, bisexual, and other MSM involves three areas of commitment:

- Engaging black/African American gay, bisexual, and other MSM communities and strategic partners;
- Expanding effective prevention strategies and programs; and
- Evaluating and disseminating information on strategies and programs.

National HIV/AIDS Awareness Days

Working together with state and local public health agencies, community-based organizations (CBOs), and other partners, CDC supports [National Black HIV/AIDS Awareness Day](#) and [National Gay Men's HIV/AIDS Awareness Day \(NGMHAAD\)](#). These Awareness Days urge individuals to have open dialogue about HIV with partners, peers, and families.

Surveillance and Research

The CDC is actively involved in providing information through surveillance and research to further understanding of HIV risk in affected populations.

- The **[National HIV Behavioral Surveillance System \(NHBS\)](#)** has provided important findings on populations at risk of HIV infection. For example, in a recent [publication](#) from this system, the authors found that differences in HIV infection between black/African American and white MSM may be partially explained by less knowledge of partner HIV status and lower antiretroviral use among black MSM⁹.

- The **Web-Based HIV Behavioral Surveillance System among MSM (WHBS)** conducts an annual, national web-based behavioral survey among Internet-using MSM in the United States, including black/African American MSM. The objectives of the project are to describe HIV risk behaviors, HIV testing behaviors, and exposure to and use of HIV prevention services. After three years of data collection, the survey data will be used to conduct a trend analysis to assess changes over time in risk behaviors of Internet-using MSM.
- In FY 2011, the CDC provided \$11.6 million for the first year of the 3-year **Enhanced Comprehensive HIV Prevention Planning (ECHPP)** demonstration projects for the 12 U.S. cities with the highest number of people living with AIDS for enhanced program planning and coordination. Implementation plans are tailored to match the local epidemic to facilitate local activities that will have a greater chance of reaching MSM, and black/African American MSM in particular, for many services.
- For the **Latino and African American MSM Project (LAAMP)**, six sites were funded to evaluate the preliminary efficacy of newly developed behavioral interventions designed to reduce HIV acquisition and transmission among high-risk black/African American MSM and Hispanic/Latino MSM.

Expanding Effective HIV Prevention by Health Departments and Community-Based Organizations

Between 2009 and 2012, the CDC awarded over \$360 million to state and local health departments across the United States to fund HIV prevention activities. In most places in the United States, this meant directing resources to populations where HIV is most concentrated, including among MSM and communities of color.

- In 2009, supplemental funds were awarded to 51 health departments to either develop a prevention plan for MSM or enhance existing prevention programs for MSM.
- In 2010, 51 state and city health departments were funded to 1) assess activities necessary to prevent HIV infection, including reducing STIs and drug use and increasing access to HIV care and prevention services; and 2) identify additional activities or enhancements to the current activities that could be implemented to further prevent HIV infection among MSM.
- In 2011, 69 CBOs specifically serving black MSM were funded to conduct HIV prevention activities.

Reaching Gay, Bisexual, and Transgender Youth of Color

In FY 2011, the CDC awarded \$55 million over 5 years to 34 CBOs to expand HIV prevention services for young gay and bisexual men of color, transgender youth of color, and their partners. The awards expand upon a previous program to reach these populations with an increase of \$10 million to fund a larger number of CBOs.

Building Capacity to Address the HIV Prevention Needs of Racial/Ethnic Minorities and Other Individuals at High Risk for HIV Infection

In 2009, the CDC awarded \$110 million over 4.5 years to 31 national and regional organizations that seek to build the capacity of the nation's HIV prevention workforce, with a focus on capacity building for organizations serving racial and ethnic minorities and other persons at high risk for HIV infection. A significant number of these organizations focus on building the capacity of CBOs that serve black/African American MSM. In 2010, an additional \$1.4 million was awarded to nine of these agencies to substantially increase services provided to, and community mobilization among, black/African American MSM.

Expanding Routine HIV Testing

The CDC recommends sexually active MSM be tested for HIV infection at least annually and that gay and bisexual men at high risk (i.e., those who have multiple or anonymous partners, who have sex in conjunction with illicit drug use, or whose partners participate in these activities) be tested more frequently.

- The \$111 million Expanded Testing Initiative (ETI) was implemented in 2010 to support HIV testing among MSM of all races and ethnicities, Hispanics/Latinos, and injection drug users, and the provision of HIV testing in non-clinical settings, such as pharmacy clinics.
- The CDC continues to focus on providing HIV testing to MSM. In 2011, the CDC provided \$55 million to 34 states and cities with large populations of blacks/African Americans and Hispanics/Latinos to support HIV testing services for these at-risk populations.
- Through its **MSM Testing Initiative**, the CDC aims to scale up HIV testing among blacks/African Americans and Hispanics/Latinos. The goal of this project is to establish and evaluate an HIV Testing and Linkage to Care Program to identify HIV-infected MSM previously unaware of their infection and link them to HIV medical care. HIV testing and linkage to care activities will take place in 11 cities from September 2011 to August 2014.

Enhancing HIV Mobilization among Organizations Serving Gay, Bisexual, and Other Men Who Have Sex with Men

In September 2012, the CDC awarded \$240,000 over two years to two organizations—AIDS United and the Center for Black Equity (formerly the International Federation of Black Prides)—to focus on the sexual health of MSM by increasing HIV awareness, prevention, communication, and mobilization efforts and taking action to improve the health of MSM living with HIV.

Behavioral Interventions

Adapting and Evaluating Effective Behavioral Interventions for MSM

- The **Diffusion of Effective Behavioral Interventions (DEBI)** project aims to reduce the spread of HIV and STIs and to promote healthy behaviors. Recent significant activities include:
 - Repackaging Many Men, Many Voices [PDF – 926 KB] (*3MV*),¹⁰;
 - Translating the current in-person training of *d-up: Defend Yourself! (d-up!)*, a community-level intervention designed for and developed by black MSM, into an engaging web-based educational tool. *d-up!* is a cultural adaptation of the Popular Opinion Leader (POL) intervention and is designed to change social norms and perceptions of black MSM regarding condom use¹¹;
 - An adaptation of Mpowerment for young black/African American MSM, aged 18–29 years, is currently being tested and evaluated.

Evaluating Recruitment Strategies for Improving the Effectiveness of HIV Testing Programs among MSM

The **African American MSM Testing Project** evaluated the relative effectiveness of three recruitment strategies—alternate venue testing, the social network strategy, and partner counseling and partner services—for identifying and motivating black/African American MSM, aged 18–64 years, to be tested for HIV and linked to appropriate prevention services. Four sites—one health department and three CBOs located in Atlanta, Baltimore, Washington, DC, and New York City—collected data for this project, and data dissemination activities are ongoing.

Evaluating Locally Developed Behavioral Interventions Focused on MSM

The CDC supports the rigorous evaluation of locally developed behavioral interventions as a way to identify innovative strategies developed by the community, and for the community, that are effective in reducing HIV risk among black/African American MSM.

- The CDC completed an evaluation study of the evidence-based intervention—Many Men, Many Voices [PDF – 926 KB].

- The CDC is supporting the evaluation of two locally developed interventions for black/African American MSM: the ***Critical Thinking and Cultural Affirmation*** intervention, developed by Black Men’s Exchange Program in New York City; and ***My Life. My Style.***, developed by In the Meantime Men’s Group, Inc., in Los Angeles.

Organizational Initiatives to Support Focus on Populations Most Affected by HIV

The CDC has created structures within its organization that aid in addressing the HIV epidemic among MSM, including black/African American MSM.

- The goals of the agency-wide **CDC/ATSDR Sexual and Gender Minorities (SGM) Workgroup** are to improve understanding of SGM health disparities and needs, increase two-way communication with key SGM external partners, and promote SGM program services, education and communication products, data collection, and research within CDC.
- The primary purpose of the CDC **MSM Executive Committee** is to provide a forum to discuss and coordinate activities related to preventing HIV and AIDS, viral hepatitis, and other STIs among gay, bisexual, and other MSM. The Executive Committee is responsible for providing input on emerging issues that affect risk for STIs among MSM to address the inclusion of these issues in surveillance, research, prevention programs, capacity building, policy, monitoring and evaluation, and communications to appropriate staff, external partners, and consumers.
- The **Office of Health Equity within the Division of HIV/AIDS Prevention (DHAP OHE)** was established in 2010 to provide leadership on understanding the determinants of HIV and AIDS inequities and developing strategies for increasing health equity, and to coordinate and monitor the Division’s activities related to reducing health inequities among populations most disproportionately affected by the epidemic. The OHEMSM Coordinator manages activities directed to gay, bisexual, and other MSM, including black/African American MSM, and provides assistance to Division leadership on a wide array of HIV-related research, surveillance, and programmatic activities that guide the national HIV prevention mission.

CDC’s Commitment

CDC is committed to the continued prioritizing of proven strategies for those at highest risk of HIV infection. Additionally, the CDC’s [Strategic Plan](#), the [National HIV/AIDS Strategy for the United States](#), and [High-Impact HIV Prevention](#) provide direction to prioritize prevention activities for gay and bisexual men—particularly young black/African American and Hispanic/Latino gay and bisexual men—and engage in strategies to reduce HIV incidence, increase access to care and optimize health outcomes, and reduce HIV-related health disparities among these populations.

HIV Prevention Communication

The *Let's Stop HIV Together* campaign raises awareness about HIV through multiple campaigns and partnerships, including:

References

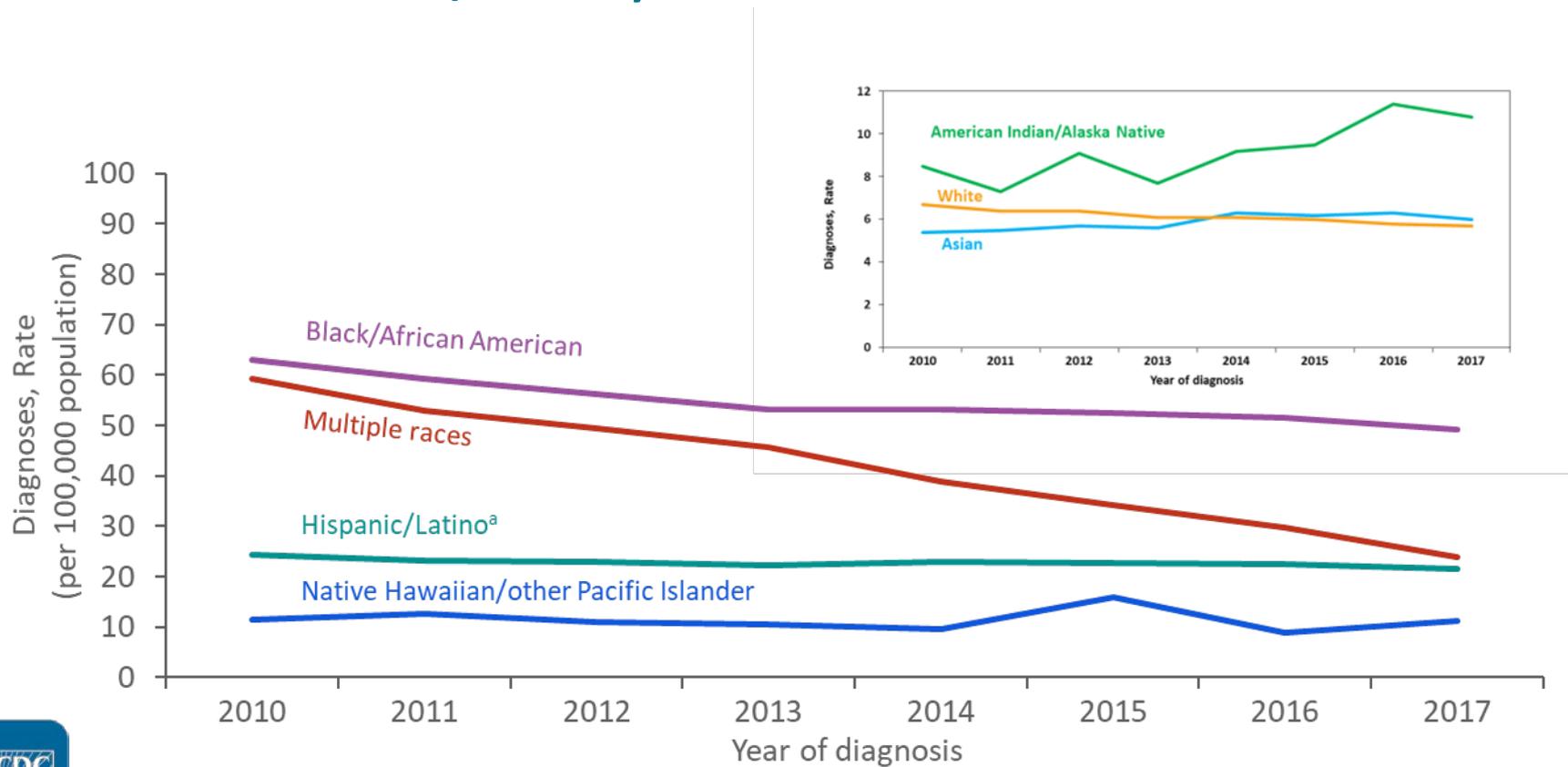
1. Millett GA, Peterson JL, Flores SA, et al. Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis. *Lancet* 2012;388:341-8.
2. CDC. Prevalence and awareness of HIV infection among men who have sex with men —21 cities, United States, 2008. *MMWR* 2010;59:1201-7.
3. Crepaz N, Hart TA, Marks G. Highly active antiretroviral therapy and sexual risk behavior: a meta-analytic review. *JAMA* 2004;292:224-36.
4. Wolitski RJ, Fenton KA. Sexual health, HIV, and sexually transmitted infections among gay, bisexual, and other men who have sex with men in the United States. *AIDS Behav* 2011;Suppl 15:S9-17.
5. Fenton KA. Changing epidemiology of HIV/AIDS in the United States: implications for enhancing and promoting HIV testing strategies. *Clin Infect Dis* 2007;45(Suppl 4):S213-20.
6. Crepaz N, Marks G, Liau A, et al. Prevalence of unprotected anal intercourse among HIV-diagnosed MSM in the United States: a meta-analysis. *AIDS* 2009;23:1617-29.
7. CDC. Statement on serosorting among gay, bisexual and other men who have sex with men. <https://www.cdc.gov/msmhealth/Serosorting.htm>. Accessed August 15, 2012.
8. CDC. Sexually Transmitted Diseases Treatment Guidelines, 2010. *MMWR* 2010;59(RR-12). Special Populations: MSM, p. 12.
9. Oster AM, Wiegand RE, Sionean C, et al. Understanding disparities in HIV infection between black and white MSM in the United States. *AIDS* 2011;25:1103-12.
10. Wilton L, Herbst JH, Coury-Doniger P, et al. Efficacy of an HIV/STI prevention intervention for black men who have sex with men: findings from the Many Men, Many Voices (3MV) project. *AIDS Behav* 2009;13:532-44.
11. Jones KT, Gray P, Whiteside YO, et al. Evaluation of an HIV prevention intervention adapted for Black men who have sex with men. *Am J Public Health* 2008;98:1043-50.



HIV Surveillance by Race/Ethnicity 2018 (preliminary)



Rates of Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity 2010–2017—United States

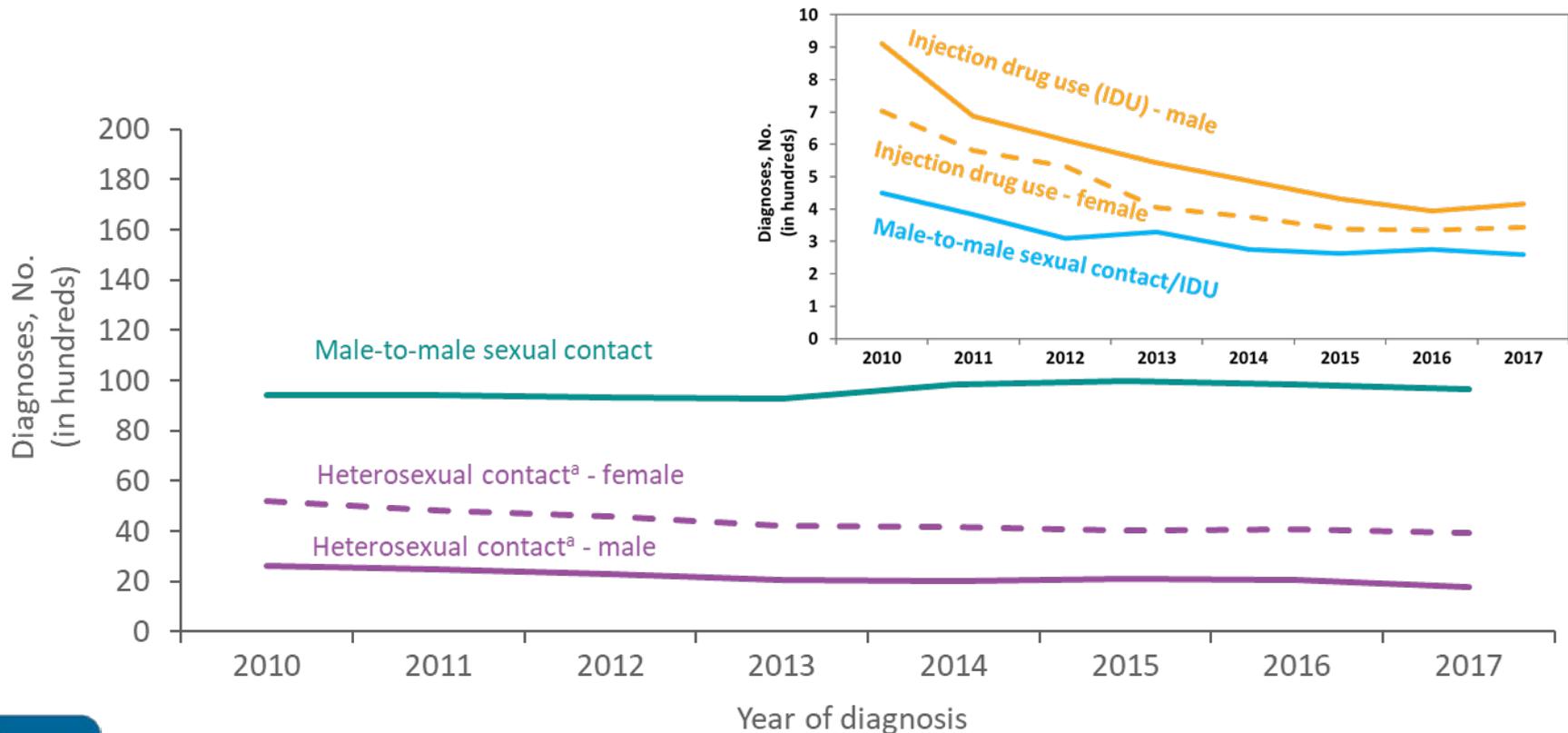


^a Hispanics/Latinos can be of any race.





Diagnoses of HIV Infection among Black/African American Adults and Adolescents by Sex and Transmission Category, 2010–2017—United States



Note. Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises less than 1% of cases.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.





Deaths of Persons with Diagnosed HIV Infection by Race/Ethnicity, 2017—United States

Race/ethnicity	No.	Rate	%
American Indian/Alaska Native	39	1.6	0.2
Asian ^a	84	0.5	0.5
Black/African American	7,049	17.4	44.1
Hispanic/Latino ^b	2,606	4.4	16.3
Native Hawaiian/other Pacific Islander	8	1.4	<1
White	5,123	2.6	32.1
Multiple races	1,061	15.3	6.6
Total^c	15,971	4.9	100

Note. Deaths of persons with diagnosed HIV infection may be due to any cause. Rates are per 100,000 population.

^a Includes Asian/Pacific Islander legacy cases.

^b Hispanics/Latinos can be of any race.

^c Includes one person whose race/ethnicity is unknown.





Adults and Adolescents Living with Diagnosed HIV Infection by Race/Ethnicity Year-end 2017—United States

Race/Ethnicity	No.	Rate	%
American Indian/Alaska Native	3,032	126.2	0.3
Asian ^a	14,244	78.1	1.4
Black/African American	414,747	1,022.0	41.3
Hispanic/Latino ^b	222,662	379.3	22.2
Native Hawaiian/other Pacific Islander	839	145.6	0.1
White	300,619	152.1	29.9
Multiple races	46,857	675.9	4.7
Total^c	1,003,782	308.7	100

Note. Rates are per 100,000 population.

^a Includes Asian/Pacific Islander legacy cases.

^b Hispanics/Latinos can be of any race.

^c Includes persons 897 whose race/ethnicity is unknown.





Adults and Adolescents Living with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS), by Race/Ethnicity, Year-end 2017—United States

Race/Ethnicity	No.	Rate	%
American Indian/Alaska Native	1,472	75.2	0.3
Asian ^a	6,433	41.2	1.2
Black/African American	215,134	645.3	41.0
Hispanic/Latino ^b	120,780	267.7	23.0
Native Hawaiian/other Pacific Islander	405	86.1	0.1
White	153,293	89.4	29.2
Multiple races	27,065	595.5	5.2
Total^c	524,622	192.5	100

Note. Rates are per 100,000 population.

^a Includes Asian/Pacific Islander legacy cases.

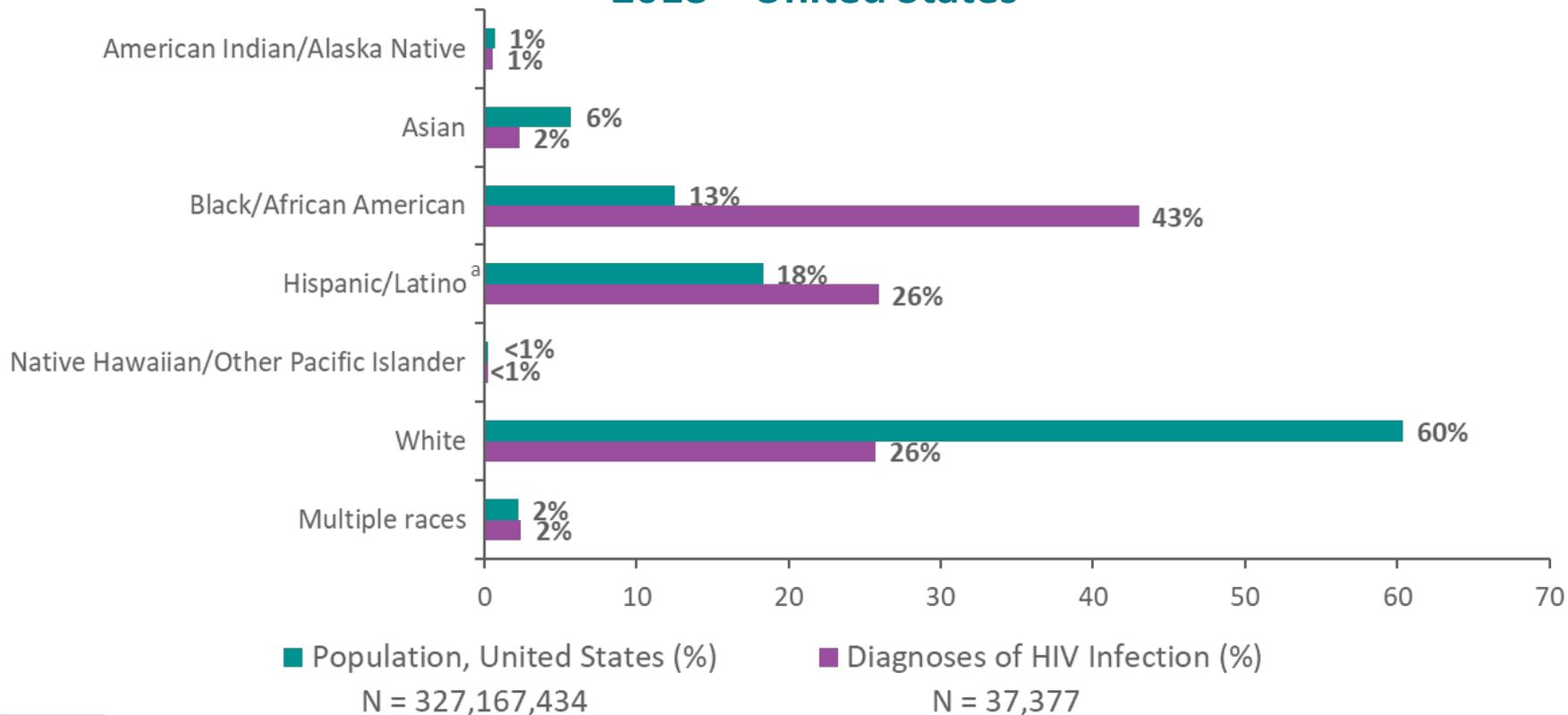
^b Hispanics/Latinos can be of any race.

^c Includes 40 persons whose race/ethnicity is unknown.





Diagnoses of HIV Infection and Population by Race/Ethnicity 2018—United States



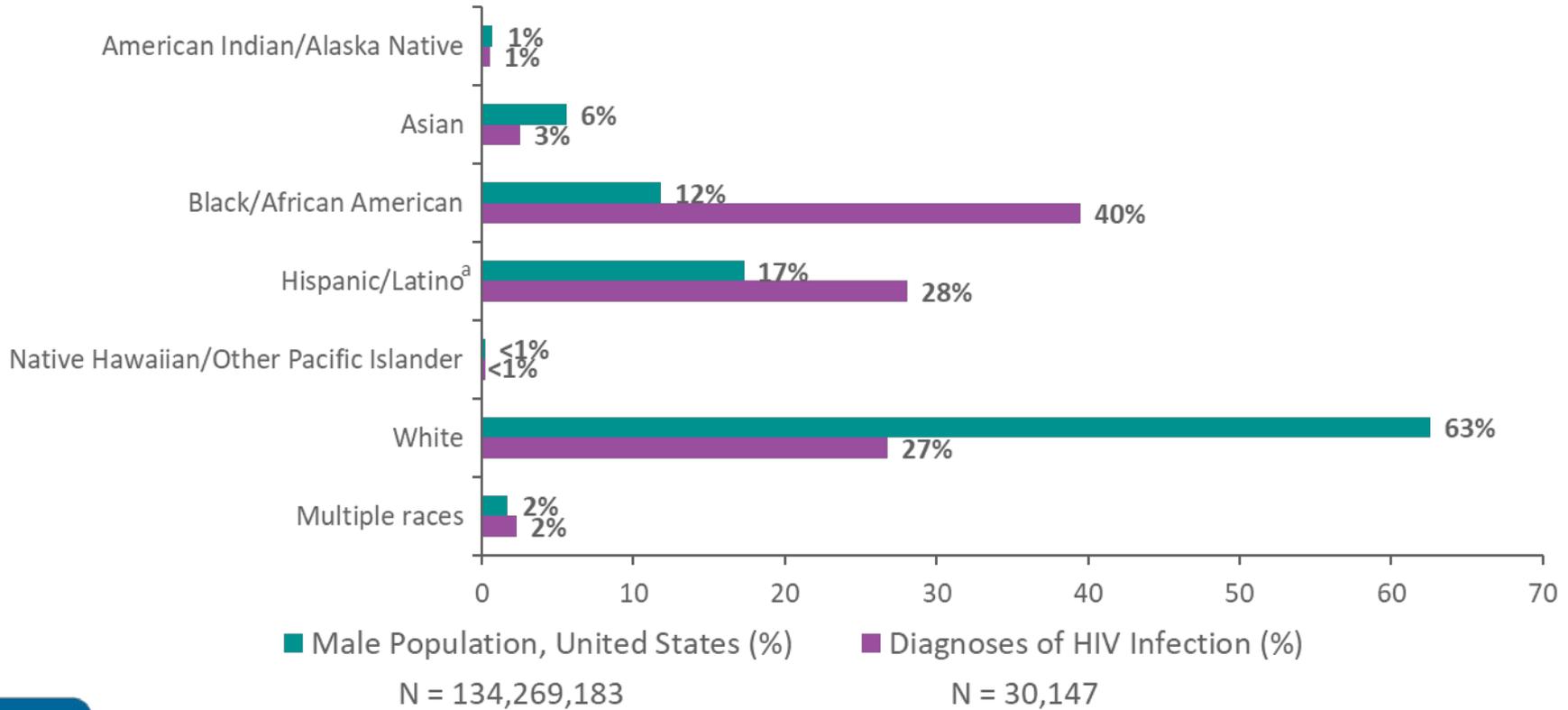
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

^a Hispanics/Latinos can be of any race.





Diagnoses of HIV Infection and Population among Male Adults and Adolescents, by Race/Ethnicity, 2018—United States



Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

^a Hispanics/Latinos can be of any race.



Diagnoses of HIV Infection among Male Adults and Adolescents by Race/Ethnicity, 2018—United States

Race/ethnicity	No.	Rate	%
American Indian/Alaska Native	157	16.3	0.5
Asian	766	10.1	2.5
Black/African American	11,894	74.8	39.5
Hispanic/Latino ^a	8,481	36.4	28.1
Native Hawaiian/other Pacific Islander	64	26.6	0.2
White	8,080	9.6	26.8
Multiple races	705	30.9	2.3
Total	30,147	22.5	100

Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay. Rates are per 100,000 population.

^a Hispanics/Latinos can be of any race.





Diagnoses of HIV Infection among Female Adults and Adolescents by Race/Ethnicity, 2018—United States

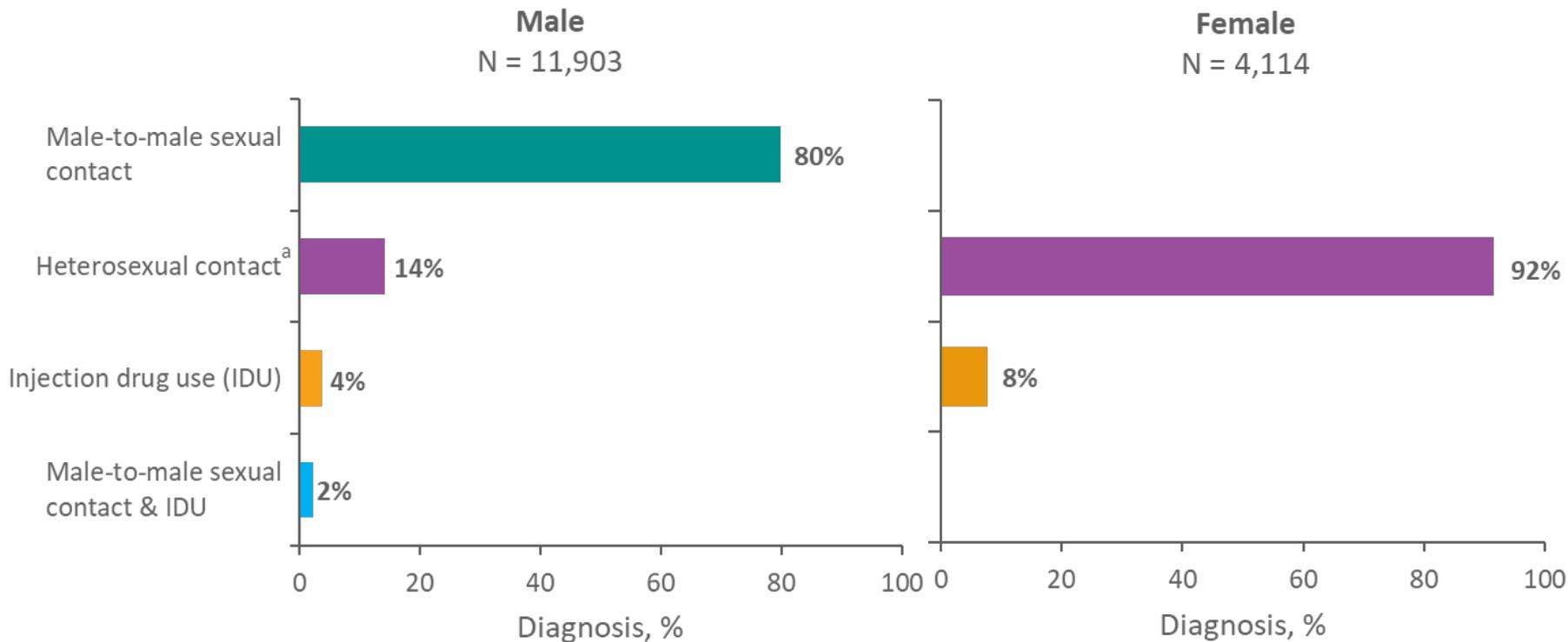
Race/ethnicity	No.	Rate	%
American Indian/Alaska Native	32	3.2	0.4
Asian	103	1.2	1.4
Black/African American	4,114	23.1	57.6
Hispanic/Latino ^a	1,183	5.2	16.6
Native Hawaiian/other Pacific Islander	5	2.1	0.1
White	1,526	1.7	21.4
Multiple races	176	7.3	2.5
Total	7,139	5.1	100

Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay. Rates are per 100,000 population.

^a Hispanics/Latinos can be of any race.



Diagnoses of HIV Infection among Black/African American Adults and Adolescents by Sex and Transmission Category, 2018—United States and 6 Dependent Areas



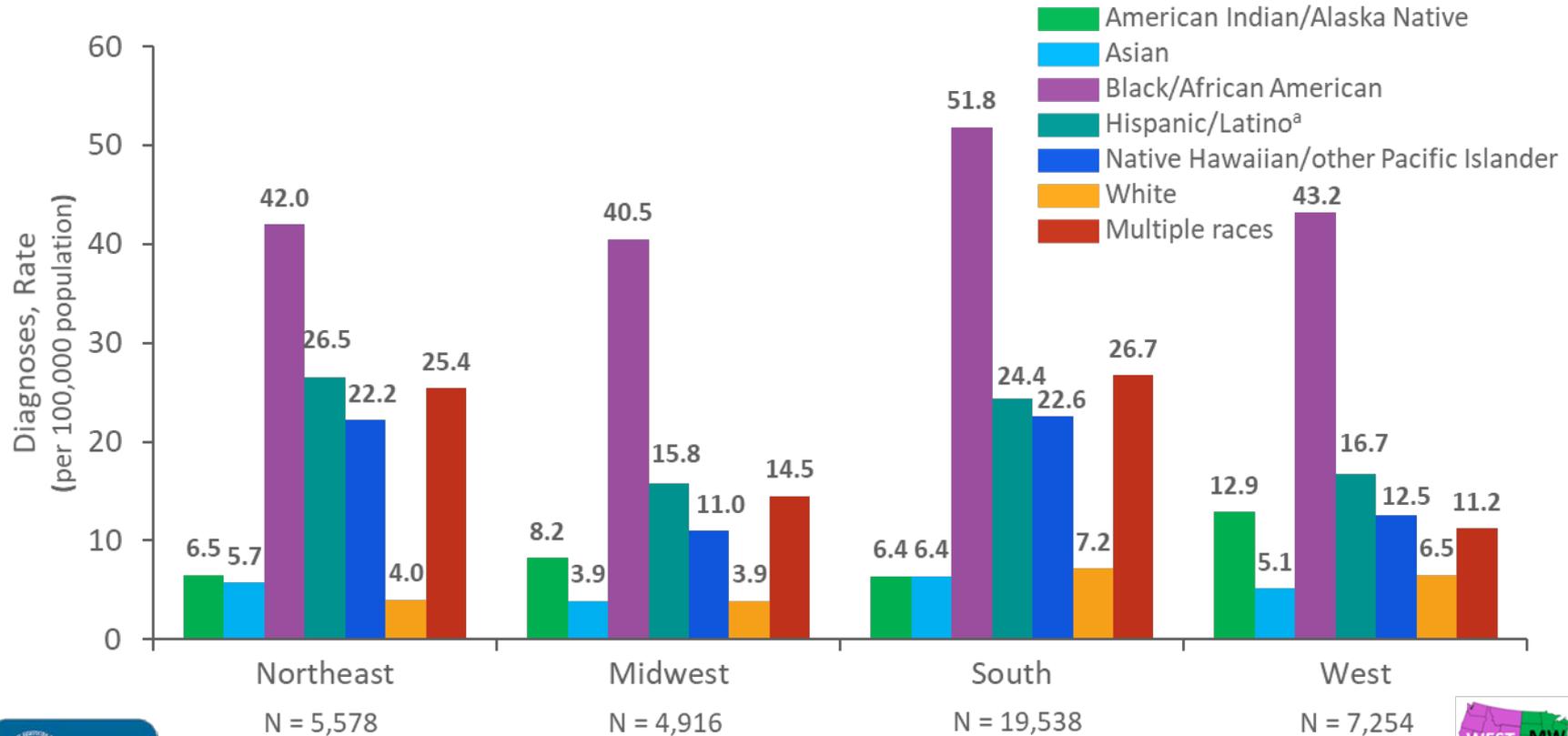
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises 1% or less of cases.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.





Diagnoses of HIV Infection among Adults and Adolescents by Region and Race/Ethnicity, 2018—United States



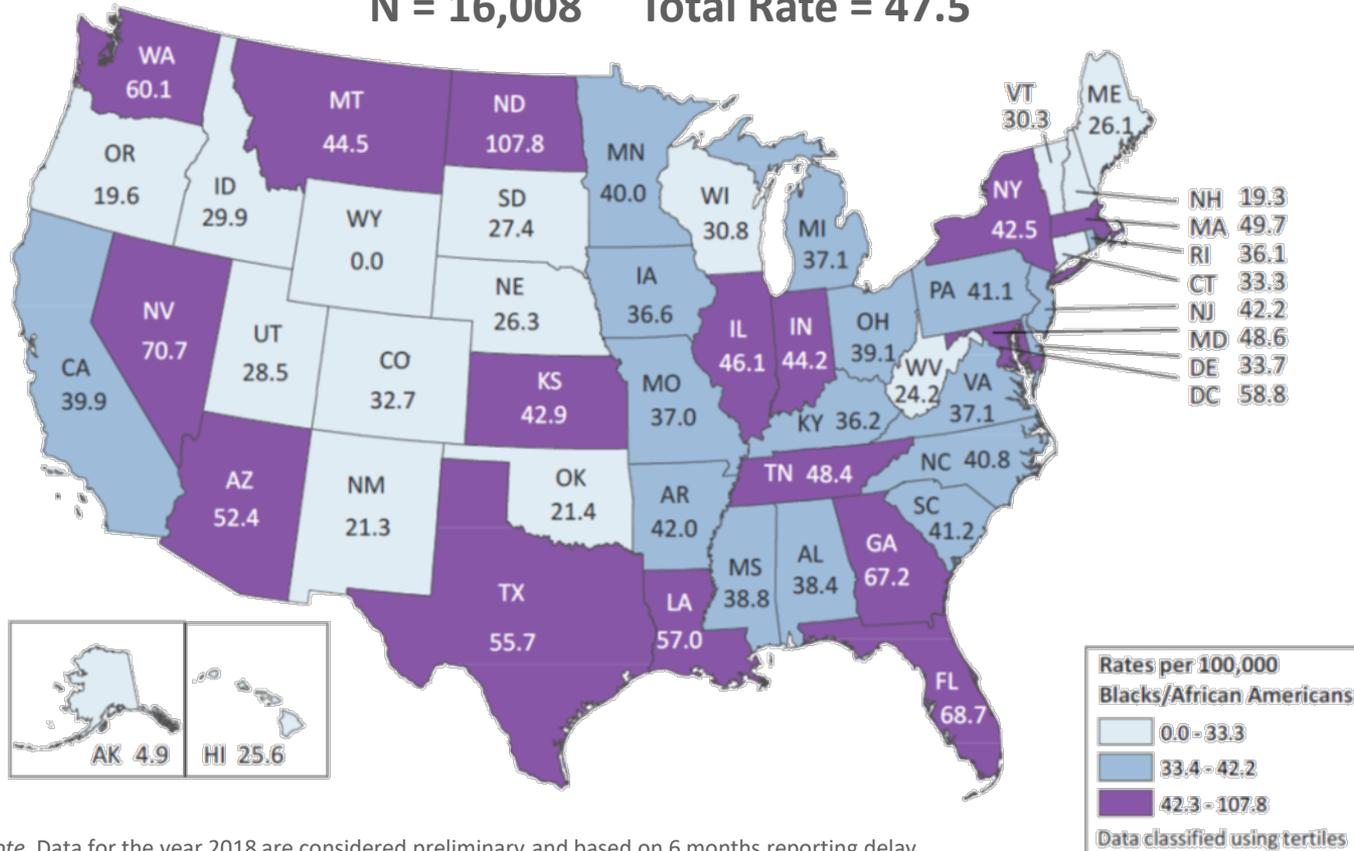
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

^a Hispanics/Latinos can be of any race.



Rates of Diagnoses of HIV Infection among Black/African American Adults and Adolescents, 2018—United States

N = 16,008 Total Rate = 47.5

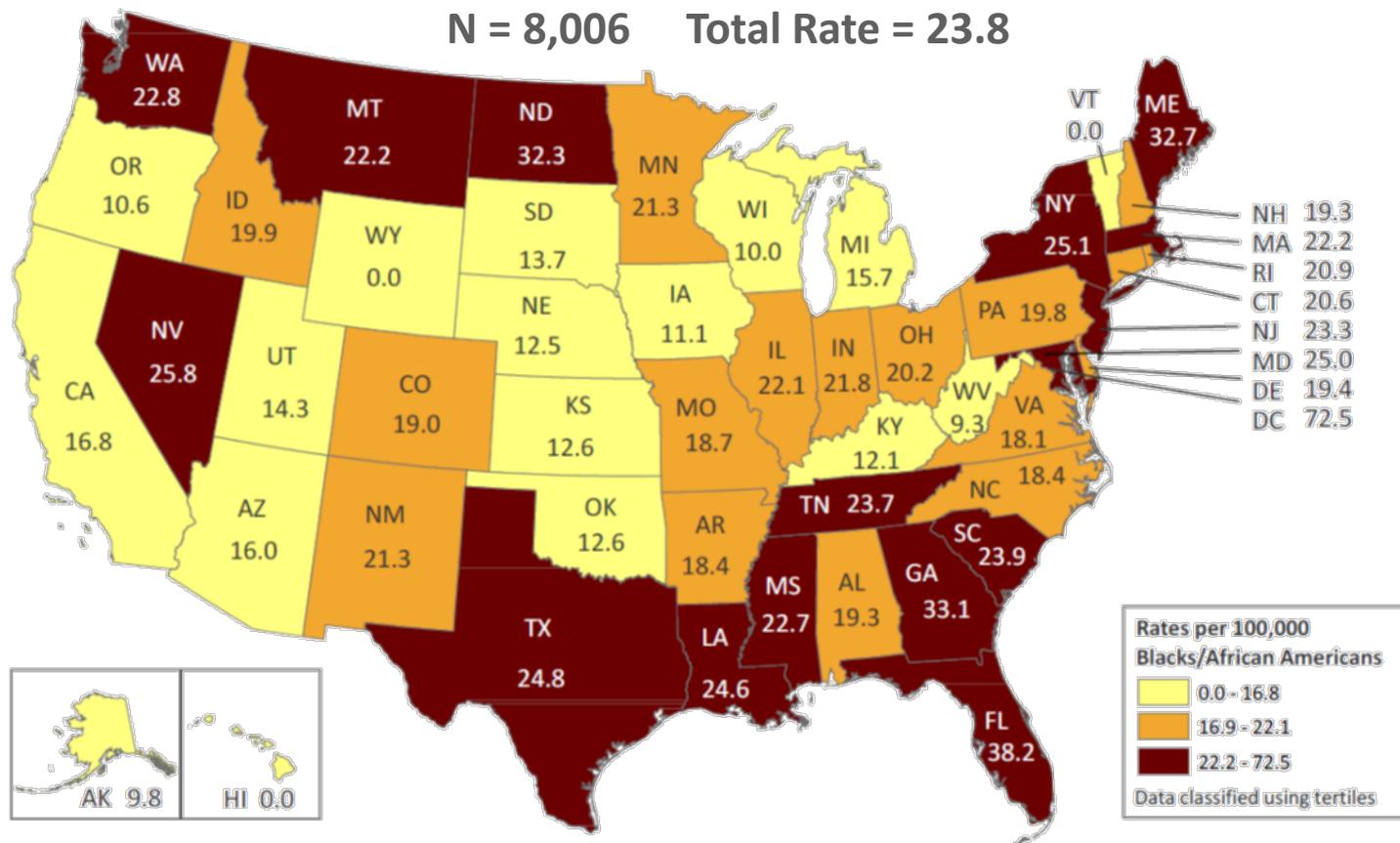


Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.





Rates of Diagnosed HIV Infections Classified as Stage 3 (AIDS) among Black/African American Adults and Adolescents, 2018—United States



Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

