

# Gay and Bisexual Men and HIV

(updated June 2021)



## Gay and Bisexual Men and HIV

This educational packet is a curated compilation of resources about gay and bisexual men and HIV.

The contents of this packet are listed below:

- Diagnoses of HIV Infection in the United States and Dependent Areas, 2019 - Gay, Bisexual, and Other Men Who Have Sex with Men (CDC Special Focus Profile)
- HIV and Gay and Bisexual Men (CDC fact sheet)
- HIV and Gay and Bisexual Men (HIVinfo fact sheet)
- El VIH y los Hombres Gay y Bisexuales (HIVinfo fact sheet)
- HIV and African American Gay and Bisexual Men (CDC fact sheet)
- HIV and Hispanic/Latino Gay and Bisexual Men (CDC fact sheet)

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.

# Diagnoses of HIV Infection in the United States and Dependent Areas 2019

[cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html](https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html)

## Special Focus Profiles

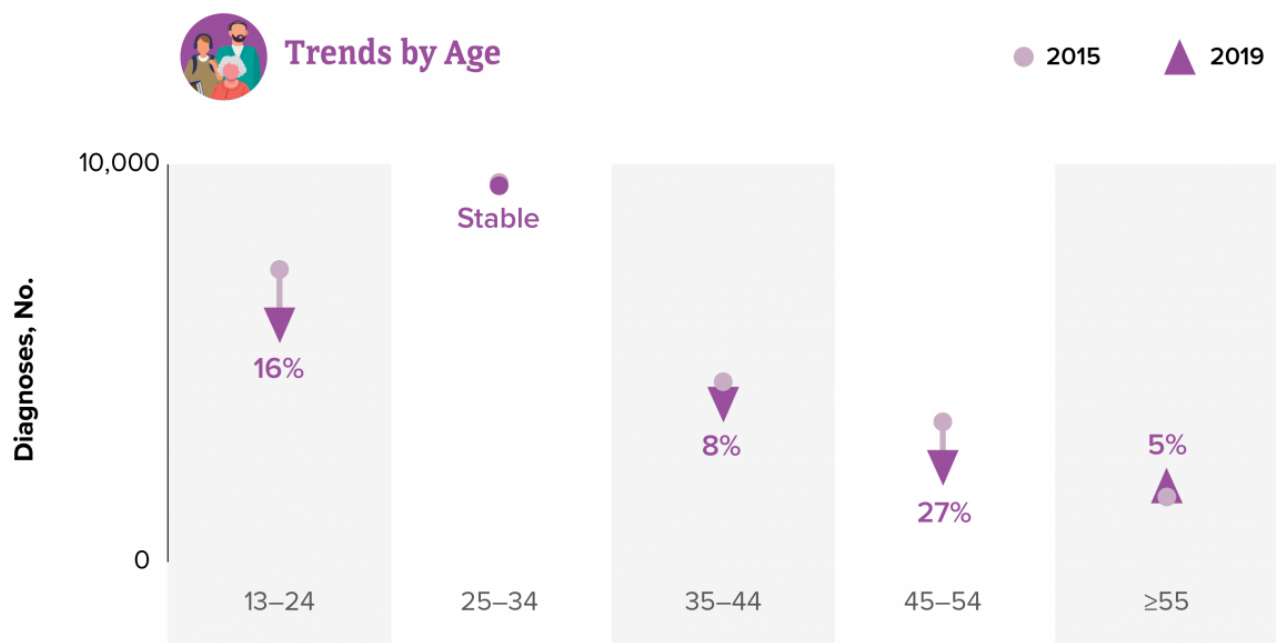
### Gay, Bisexual, and Other Men Who Have Sex With Men

Gay, bisexual, and other men who have sex with men (MSM) are the population most affected by HIV in the United States. Stigma, homophobia, and discrimination make MSM of all races/ethnicities susceptible to multiple physical and mental health problems and can affect whether they seek and receive high-quality health services, including HIV testing, treatment, and other prevention services. In 2019, MSM accounted for 69% (24,084 MMSC and 1,468 MMSC *and* IDU) of the 36,801 new HIV diagnoses in the United States and 6 dependent areas (Table 1b). Many Black/African American and Hispanic/Latino MSM with HIV, particularly young MSM, are unaware of their HIV infection. Lack of awareness of HIV status among young MSM may be due to recent infection, not getting tested due to underestimation of personal risk, or fewer opportunities to get tested. Persons who do not know they have HIV do not get medical care or receive treatment and can unknowingly infect others.

#### Diagnoses of HIV infection:

**Age group:** From 2015 through 2019 in the United States and 6 dependent areas, the largest number of diagnoses of HIV infection attributed to MMSC was among MSM aged 25–34 years (Figure 11). The number of diagnoses among MSM aged  $\geq 55$  years increased 5% (from 1,635 in 2015 to 1,718 in 2019) (Table 5b). From 2015 through 2019, the number of diagnoses among MSM aged 45–54 years decreased 27%, aged 13–24 years decreased 16%, and aged 35–44 years decreased 8%. The number of diagnoses among MSM aged 25–34 years remained stable.

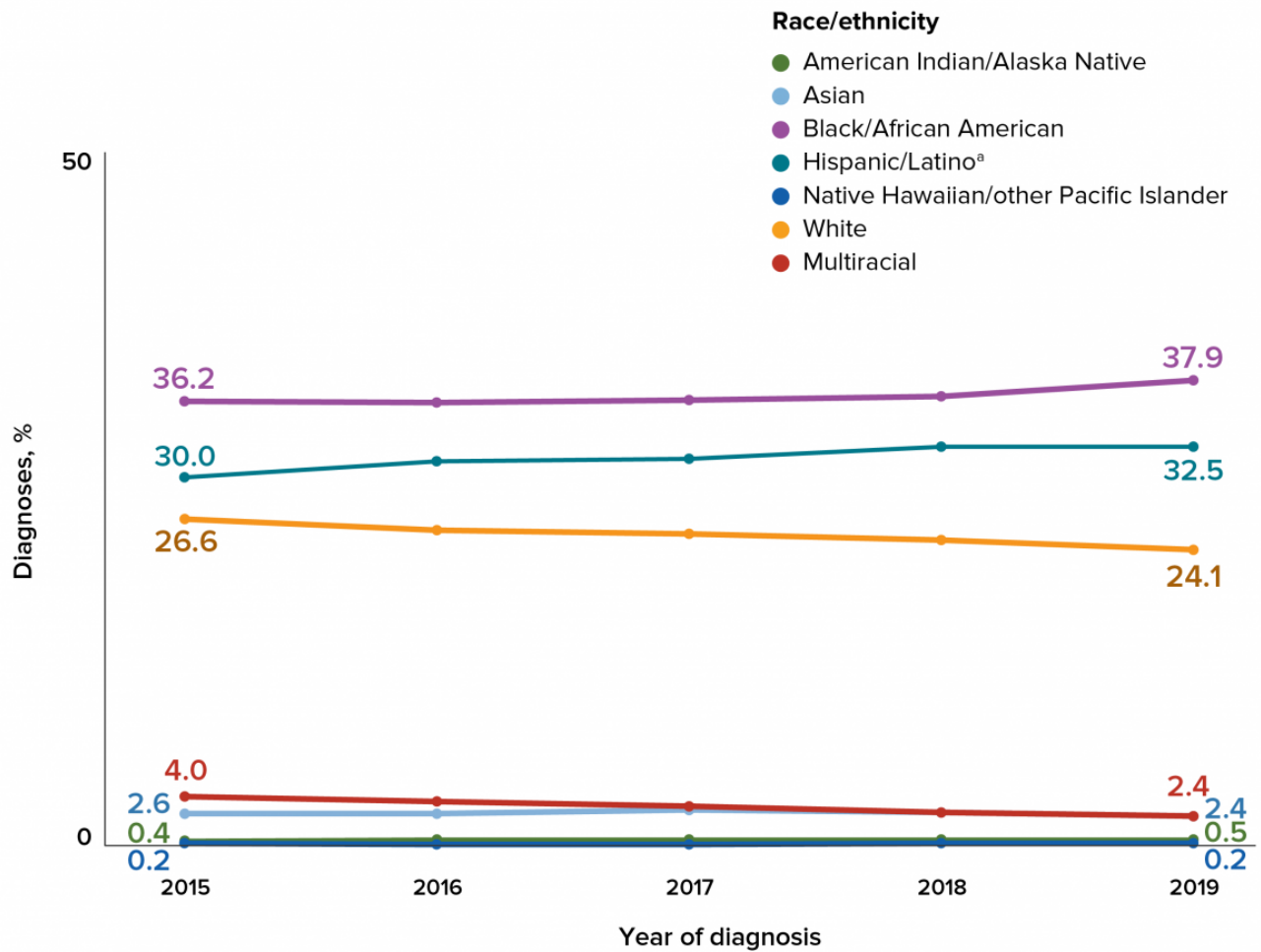
**Figure 11. Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group, 2015–2019—United States and 6 Dependent Areas**



Note: Data have been statistically adjusted to account for missing transmission category. See section D4 in the Technical Notes for more information on transmission categories.

**Race/ethnicity:** From 2015 through 2019 in the United States and 6 dependent areas, Black/African American MSM accounted for more than 36% and White MSM accounted for more than 30% of HIV diagnoses among MSM annually (Figure 12). From 2015 through 2019, HIV diagnoses increased 24% among American Indian/Alaska Native MSM (from 102 in 2015 to 126 in 2019) (Table 5b). HIV diagnoses decreased 46% among multiracial MSM (from 1,072 in 2015 to 577 in 2019), decreased 18% among White MSM (from 7,074 in 2015 to 5,805 in 2019), decreased 16% among Asian MSM (from 690 in 2015 to 579 in 2019), and decreased 5% among Black/African American MSM (from 9,630 in 2015 to 9,123 in 2019). The number of diagnoses among Hispanic/Latino and Native Hawaiian/other Pacific Islander MSM remained stable.

**Figure 12. Percentages of Diagnoses of HIV Infection among Men Who Have Sex with Men, by Race/Ethnicity, 2015–2019—United States and 6 Dependent Areas**

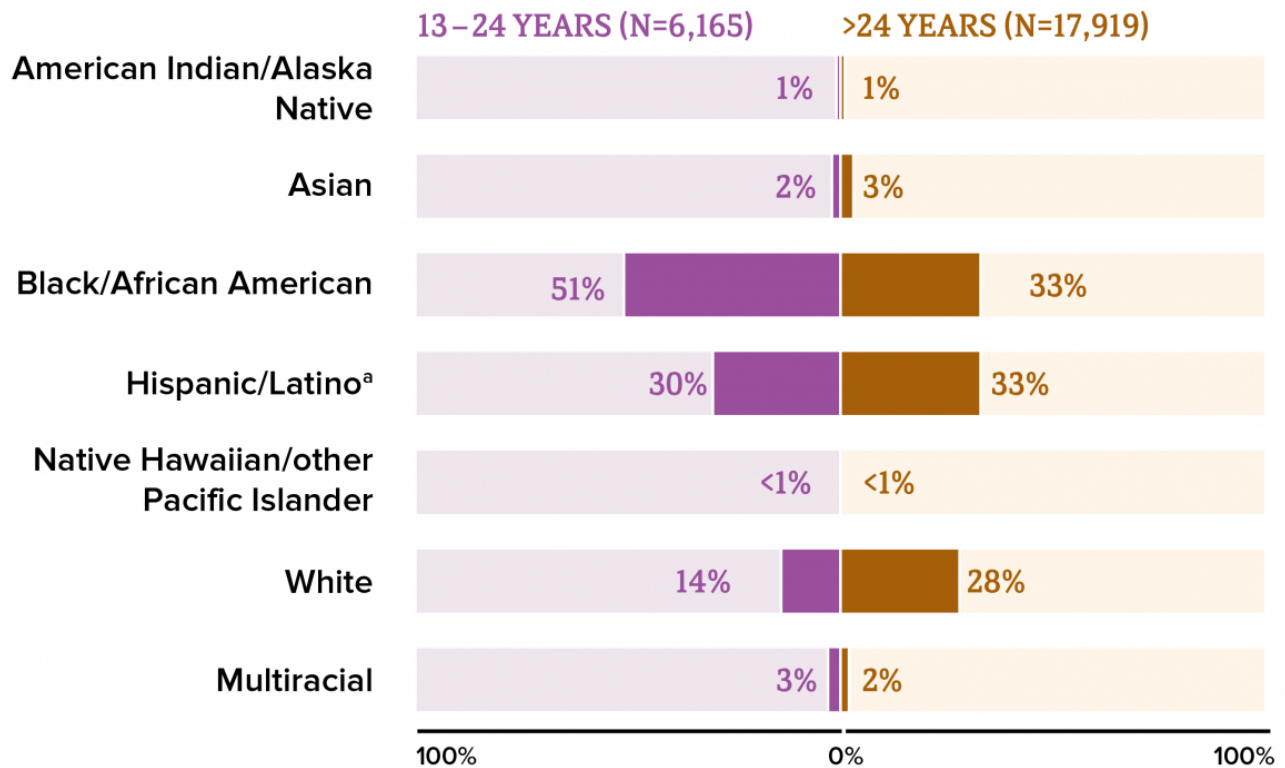


Note: Data have been statistically adjusted to account for missing transmission category. See sections D3 and D4 in the Technical Notes for more information on race/ethnicity and transmission categories.

<sup>a</sup>Hispanic/Latino persons can be of any race.

**Race/ethnicity and Age Group:** In 2019, in the United States and 6 dependent areas, Black/African American MSM accounted for 25% of the 36,801 HIV diagnoses and 38% of diagnoses (51% of MSM aged 13–24 years and 33% of MSM aged >24 years) among all MSM (Figure 13). Hispanic/Latino MSM made up 21% (7,820) of the 36,801 new HIV diagnoses. From 2015 through 2019 among MSM >24 years, HIV diagnoses increased among American Indian/Alaska Native and Native Hawaiian/other Pacific Islander MSM (Table 5b). Among MSM aged 13–24 years, HIV diagnoses decreased or were stable among all racial/ethnic groups. Please use caution when interpreting data for Native Hawaiian/other Pacific Islander MSM aged 13–24 years: the numbers are small.

**Figure 13. Percentages of Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group and Race/Ethnicity, 2019—United States and 6 Dependent Areas**

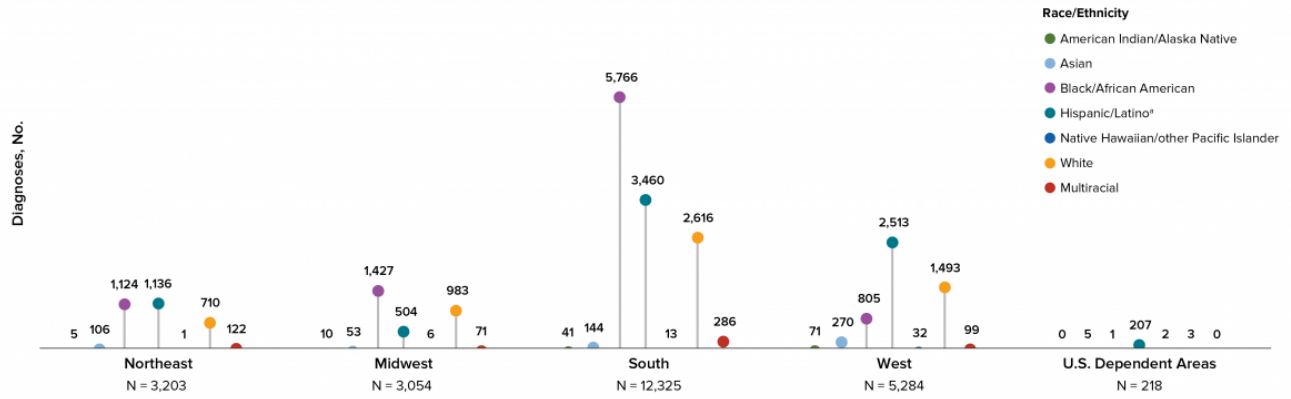


Note: Data have been statistically adjusted to account for missing transmission category. See sections D3 and D4 in the Technical Notes for more information on race/ethnicity and transmission categories.

<sup>a</sup>Hispanic/Latino persons can be of any race.

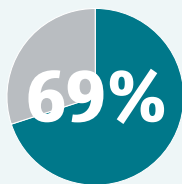
**Region and Race/Ethnicity:** In 2019 in the United States and 6 dependent areas, the South had more diagnoses of HIV infection (12,325) among MSM than any other region and accounted for 51% of all diagnoses of HIV infection among MSM (Figure 14 and Table 5b). The largest percentage of MSM with HIV diagnoses in the South was among Black/African American MSM (47%), followed by Hispanic/Latino (28%), and White (21%) MSM. The largest percentage of MSM with HIV diagnoses in the West was among Hispanic/Latino MSM (48%), followed by White (28%), and Black/African American MSM (15%). The largest percentage of MSM with HIV diagnoses in the Northeast was among Hispanic/Latino (35%), followed by Black/African American (35%) and White MSM (22%). The largest percentage of MSM with HIV diagnoses in the Midwest was among Black/African American MSM (47%), followed by White (32%), and Hispanic/Latino MSM (17%). Multiracial MSM and American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander MSM combined accounted for less than 10 percent of all diagnoses of HIV infection among MSM in any region.

**Figure 14. Diagnoses of HIV Infection among Men Who Have Sex with Men, by Region of Residence and Race/Ethnicity, 2019—United States and 6 Dependent Areas**



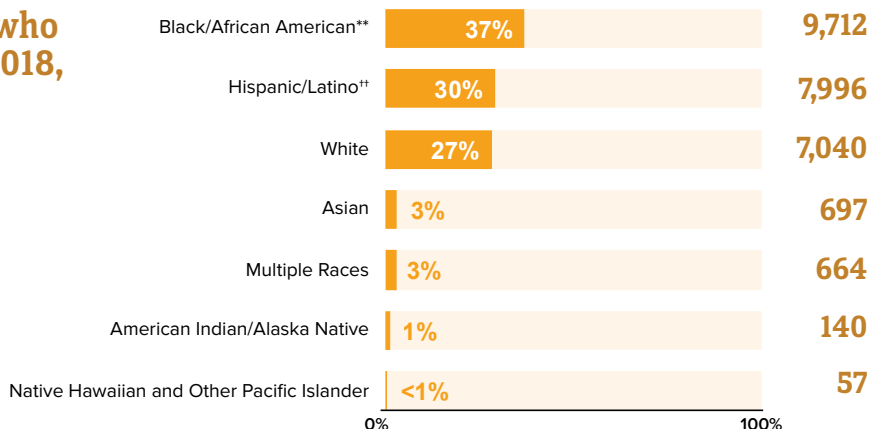
**Prevalence and Race/Ethnicity:** At year-end 2019 in the United States and 6 dependent areas, 592,579 MSM were living with diagnosed HIV infection (Table 16b). Approximately 36% of MSM living with diagnosed HIV infection were White, followed by Black/African American (31%), and Hispanic/Latino (26%) MSM. Multiracial males accounted for 5% of MSM living with diagnosed HIV infection, Asian MSM accounted for 2%, and American Indian/Alaska Native and Native Hawaiian/other Pacific Islander MSM each accounted for less than 1%.

# HIV and Gay and Bisexual Men



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas\* in 2018, 69% were among gay and bisexual men.†‡

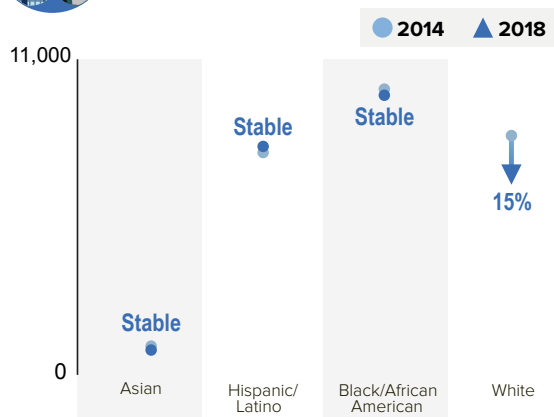
**Among gay and bisexual men who received an HIV diagnosis in 2018, racial and ethnic disparities continue to exist.**



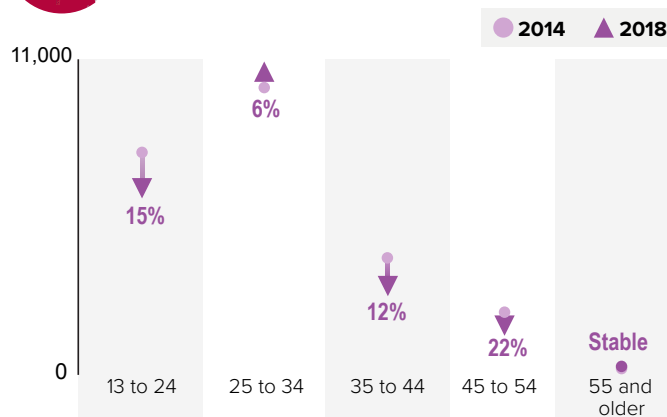
**From 2014 to 2018, HIV diagnoses decreased 7% among gay and bisexual men overall.**



## Trends by Race and Ethnicity



## Trends by Age



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

\* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.  
 † 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 (men who reported both risk factors).  
 \*\* *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.  
 †† Hispanics/Latinos can be of any race.





# Gay and bisexual men who don't know they have HIV can't get the care and treatment they need to stay healthy.

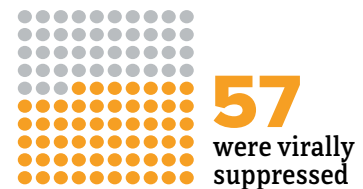
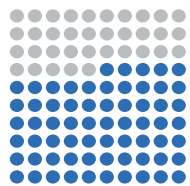


At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV.## Of those, 740,400 were gay and bisexual men.



It is important for 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 HIV, gay and bisexual men have about the same viral suppression rates. For every **100 gay and bisexual men with HIV** in 2018:##



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 gay and bisexual men at higher risk for HIV.

### Lack of Awareness of 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.

### Increased Risk for Other STDs



Having another sexually transmitted disease (STD) can greatly increase the chance of getting or transmitting HIV.

### Sexual Behaviors



Some factors put gay and bisexual men at higher risk for HIV, including having anal sex with someone who has HIV without using protection (like condoms or medicine to prevent or treat HIV).

### Stigma, Homophobia, and Discrimination



Stigma, homophobia, and discrimination may affect whether gay and bisexual men seek or receive high-quality health services.

## How is CDC making a difference for 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.

## In 50 states and the District of Columbia.

\*\*\* Includes infections attributed to male-to-male sexual contact *only*. Among men with HIV infection attributed to male-to-male sexual contact *and* injection drug use, 12 in 13 knew they had HIV.

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](http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html)

For more information visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

# HIV and Gay and Bisexual Men

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 [hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-gay-and-bisexual-men](https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-gay-and-bisexual-men)

## HIV and Specific Populations

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Last Reviewed: September 24, 2020

### Key Points

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- In the United States, gay and bisexual men are the population most affected by HIV.
- The Centers for Disease Control and Prevention (CDC) recommends that all sexually active gay and bisexual men get tested for HIV at least once a year. Some sexually active gay and bisexual men may benefit from getting tested more often, for example, every 3 to 6 months.
- HIV-negative gay and bisexual men at risk of getting HIV should consider pre-exposure prophylaxis (PrEP). PrEP is when people who don't have HIV but who are at risk of getting HIV take HIV medicine every day to reduce their chances of HIV infection.

### Does HIV affect gay and bisexual men?

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In the United States, gay and bisexual men are the population most affected by HIV. According to the [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov), in 2017, adult and adolescent gay and bisexual men accounted for 70% of the new HIV diagnoses in the United States and dependent areas.

**In the United States, gay and bisexual men are the population most affected by HIV.**



## What factors put gay and bisexual men at risk for HIV infection?

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The high percentage of gay and bisexual men who are living with HIV means that, as a group, they have a greater risk of being exposed to HIV.

Other factors may also put gay and bisexual men at risk for HIV infection:

- **Anal sex.** Most gay and bisexual men get HIV from having anal sex without using condoms or without taking medicines to prevent or treat HIV. Anal sex is the riskiest type of sex for getting HIV or passing it on to others (called HIV transmission).
- **Homophobia, stigma, and discrimination.** Negative attitudes about homosexuality may discourage gay and bisexual men from getting tested for HIV and finding health care to prevent and treat HIV.

## What steps can gay and bisexual men take to prevent HIV infection?

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Gay and bisexual men can take the following steps to reduce their risk of HIV infection:

### **Choose less risky sexual behaviors.**

Receptive anal sex is the riskiest type of sex for getting HIV. Insertive anal sex (topping) is less risky for getting HIV than receptive anal sex (bottoming). In general, there is little to no risk of getting or transmitting HIV from oral sex.

### **Limit your number of sex partners.**

The more partners you have, the more likely you are to have a partner with poorly controlled HIV or to have a partner with a sexually transmitted disease (STD). Both factors can increase the risk of HIV transmission.

### **Use condoms correctly every time you have sex.**

Read this CDC fact sheet: [The Right Way to Use a Male Condom.](#)

### **Consider pre-exposure prophylaxis (PrEP).**

PrEP is when people who don't have HIV but who are at risk of getting HIV take HIV medicine every day to reduce their chances of HIV infection. PrEP can be combined with other prevention methods, such as condoms, to reduce the risk of HIV even further. To learn more, read the [ClinicalInfo fact sheet on PrEP.](#)

### **Consider post-exposure prophylaxis (PEP).**

PEP is the use of HIV medicines soon after a possible exposure to HIV to prevent becoming infected with HIV. For example, a person who is HIV negative may use PEP after having sex without a condom with a person who is HIV positive. To be effective, PEP must be started within 72 hours after the possible exposure to HIV. To learn more, read the [Clinicalinfo fact sheet on PEP.](#)

## **Get tested for HIV.**

Whether you test HIV positive or HIV negative, you can take action to protect your health and prevent HIV transmission.

## **How often is HIV testing recommended for gay and bisexual men?**

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CDC recommends that all sexually active gay and bisexual men get tested for HIV at least once a year. Some sexually active gay and bisexual men (including those who have more than one partner or have had casual sex with people they don't know) may benefit from getting tested more often, for example, every 3 to 6 months.

Visit this CDC webpage to learn more about HIV testing and to find a testing location near you: [Start Talking. Stop HIV.](#)

## **I am a gay man living with HIV. How can I protect my partner from HIV?**

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Take HIV medicines every day. Treatment with HIV medicines (called antiretroviral therapy or ART) is recommended for everyone who has HIV. ART can't cure HIV infection, but it can reduce the amount of HIV in the body (called the viral load).

A main goal of ART is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV whose viral load stays undetectable have effectively no risk of transmitting HIV to an HIV-negative partner through sex. Maintaining an undetectable viral load is also the best way to stay healthy.

Other steps you can take include using condoms during sex and talking to your partner about taking PrEP.

Provided in collaboration with NIH's Office of Aids Research.

# El VIH y los hombres gay y bisexuales

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 [hivinfo.nih.gov/es/understanding-hiv/fact-sheets/el-vih-y-los-hombres-gay-y-bisexuales](https://hivinfo.nih.gov/es/understanding-hiv/fact-sheets/el-vih-y-los-hombres-gay-y-bisexuales)

## El VIH y las poblaciones específicas

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Última revisión: October 6, 2020

### Puntos importantes

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- En los Estados Unidos, los hombres gay y bisexuales son la población más afectada por el VIH.
- Los Centros para el Control y la Prevención de Enfermedades (CDC) recomiendan que todos los hombres gay y bisexuales que sean sexualmente activos se sometan a la prueba de detección del VIH al menos una vez al año. Algunos de ellos se pueden beneficiar de una prueba más frecuente, por ejemplo, cada 3 a 6 meses.
- Se debe considerar la posibilidad de administrar la profilaxis preexposición (PrEP) a los hombres gay y bisexuales seronegativos expuestos al riesgo de contraer la infección por el VIH. La PrEP consiste en administrar medicamentos a diario a las personas seronegativas pero expuestas al riesgo de contraer la infección por el VIH con el fin de reducir su posibilidad de contraerla.

### ¿Afecta el VIH a los hombres gay y bisexuales?

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En los Estados Unidos, los hombres gay y bisexuales son la población más afectada por el VIH. De acuerdo con los Centros para el Control y la Prevención de Enfermedades (CDC), en el 2017, los hombres gay y bisexuales tanto adolescentes como adultos representaron 70% de los nuevos diagnósticos de infección por el VIH en los Estados Unidos y sus territorios dependientes.

En los Estados Unidos, los hombres gay y bisexuales son la población más afectada por el VIH.



## ¿Qué factores colocan a los hombres gay y bisexuales en riesgo de contraer la infección por el VIH?

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El alto porcentaje de hombres gay y bisexuales que son seropositivos significa que, como grupo, tienen un mayor riesgo de exposición al VIH.

Otros factores podrían también colocar a los hombres gay y bisexuales en riesgo de contraer la infección por el VIH:

- **Sexo anal.** La mayoría de los hombres gay y bisexuales contraen la infección por el VIH por medio de relaciones sexuales por vía anal, sin usar condones o sin tomar medicamentos para prevenir o tratar esa infección. Las relaciones sexuales por vía anal son la práctica sexual que representa el mayor riesgo de contraer la infección por el VIH o de transmitírsela a otras personas (lo cual se llama transmisión del VIH).
- **Homofobia, estigma y discriminación.** Las actitudes negativas acerca de la homosexualidad podrían desanimar a los hombres gay y bisexuales de hacerse la prueba del VIH y de buscar atención médica para prevenir y tratar el VIH.

## ¿Qué medidas pueden tomar los hombres gay y bisexuales para prevenir la infección por el VIH?

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Los hombres gay y bisexuales pueden tomar las siguientes medidas para reducir su riesgo de infección por el VIH:

### **Escoja patrones de comportamiento sexual menos arriesgados.**

Las relaciones sexuales receptivas por vía anal son la práctica sexual más arriesgada para contraer la infección por el VIH. Las relaciones sexuales insertivas (activas) por vía anal

representan un menor riesgo de contraer la infección por el VIH que las receptivas (pasivas). En general, el riesgo de contraer o de transmitir la infección por el VIH por medio de las relaciones sexuales por vía oral es poco o nulo.

### **Limite el número de parejas sexuales que tenga.**

Cuantas más parejas tenga, mayores serán sus probabilidades de tener una pareja con un caso mal controlado de infección por el VIH o con una enfermedad de transmisión sexual (ETS). Ambos factores pueden incrementar el riesgo de transmisión del VIH.

### **Use condones constante y correctamente cada vez que tenga relaciones sexuales.**

Lea esta hoja informativa de los CDC: [El modo correcto de usar el condón masculino.](#)

### **Considere la profilaxis preexposición (PrEP).**

La PrEP consiste en administrar medicamentos a diario a las personas seronegativas pero expuestas al riesgo de contraer la infección por el VIH con el fin de reducir su posibilidad de contraerla. Se puede administrar junto con otros métodos de prevención, como condones, para disminuir aún más ese riesgo.

Para información adicional, lea la [hoja informativa de PrEP](#) de ClinicalInfo.

### **Considere la profilaxis posexposición (PEP).**

La PEP es el uso de medicamentos contra el VIH para reducir el riesgo de infección por ese virus poco después de una posible exposición al mismo con el fin de evitar contraerla o de reducir el riesgo de contraerla. Por ejemplo, una persona seronegativa puede usar la PEP después de tener relaciones sexuales sin condón con una persona seropositiva. Para que surta efecto, la PEP debe comenzar dentro de las 72 horas siguientes a la posible exposición al VIH. Para más información, lea la [hoja de informativa sobre la PEP](#) de ClinicalInfo.

### **Hágase la prueba del VIH.**

Independientemente de que el resultado de su prueba del VIH sea positivo o negativo, usted puede tomar cartas en el asunto para proteger su salud y prevenir la transmisión del VIH.

## **¿Con qué frecuencia se recomienda la prueba del VIH para los hombres gay y bisexuales?**

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Los CDC recomiendan que todos los hombres gay y bisexuales que sean sexualmente activos se hagan la prueba de detección del VIH al menos una vez al año. Algunos de ellos (incluso las personas que tienen más de una pareja sexual o que han tenido relaciones sexuales casuales con personas desconocidas) se pueden beneficiar de una prueba más frecuente, por ejemplo, cada 3 a 6 meses.

Visite la página web de los CDC para aprender más acerca de la prueba del VIH y para encontrar los lugares cerca de usted donde se puede hacer la prueba: [Inicia la conversación. Detén el VIH.](#)

## **Soy un hombre gay que tiene el VIH. ¿Cómo puedo proteger a mi pareja del virus?**

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Tome los medicamentos contra el VIH todos los días. El tratamiento con los medicamentos contra el VIH (conocido como tratamiento antirretroviral o TAR) se recomienda para todas las personas que tienen ese virus. El TAR no cura la infección por el VIH pero puede reducir la concentración del VIH en el cuerpo (llamada carga viral).

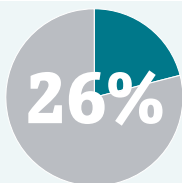
Una meta importante del TAR es reducir la carga viral de una persona a un nivel indetectable. Una carga viral indetectable significa que la concentración del VIH en la sangre es demasiado baja para detectarla con una prueba para ese fin. Las personas seropositivas cuya carga viral se mantiene indetectable efectivamente no presentan ningún riesgo de transmitir el VIH por medio de las relaciones sexuales a una pareja seronegativa. El mantenimiento de una carga viral indetectable también es la mejor manera de conservar el buen estado de salud.

Entre otras medidas que usted puede tomar están usar condones y hablar con su pareja sobre la conveniencia de tomar la PrEP.

Proporcionado en colaboración con la Oficina de Investigación del SIDA de los NIH

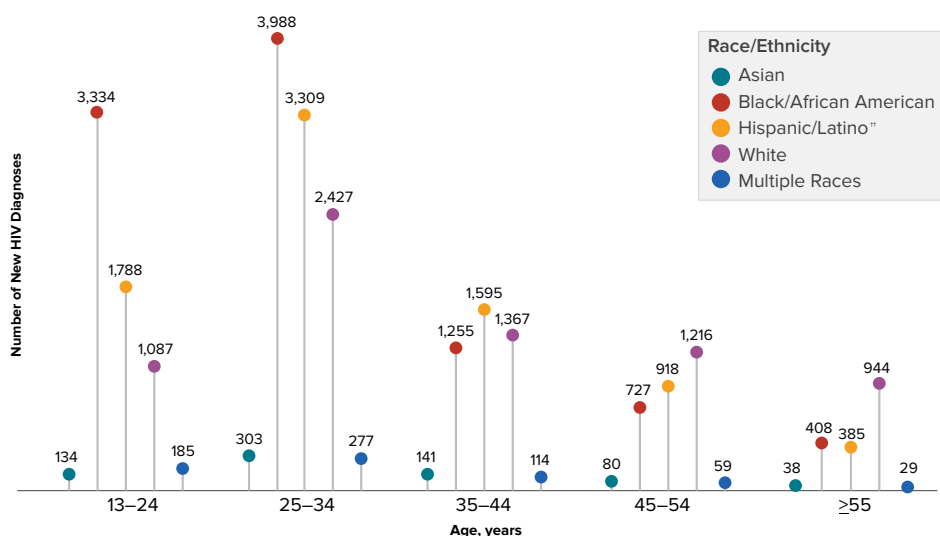


# HIV and African American Gay and Bisexual Men



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.

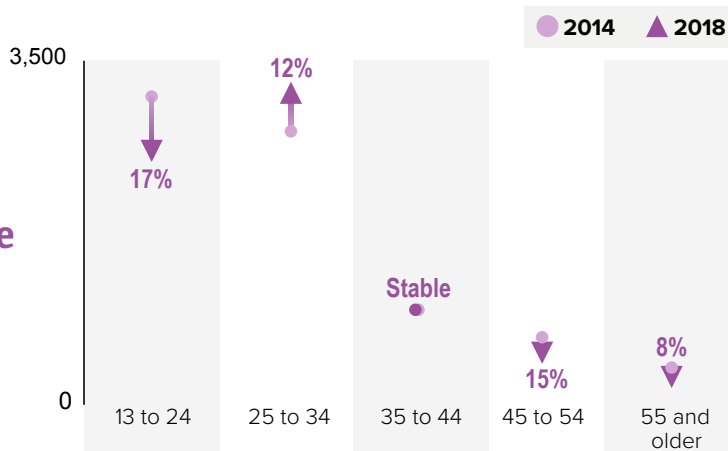


Subpopulations representing 2% or less of HIV diagnoses among gay and bisexual men are not reflected in this chart.

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.



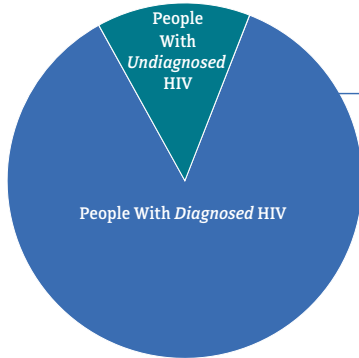
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV. #  
Of those, 235,100 were Black/African American gay and bisexual men.

# 4 in 5

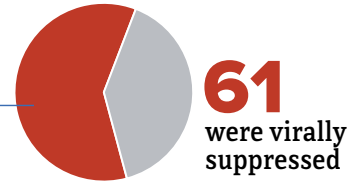
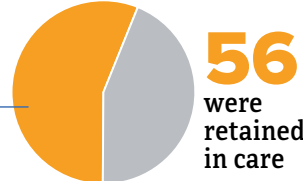
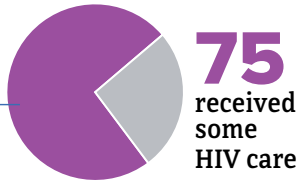
Black/African American gay and bisexual men knew they had the virus.\*\*\*



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.

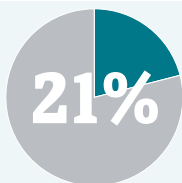
\*\*\* Includes infections attributed male-to-male sexual contact only. Among Black/African American men with HIV attributed to male-to-male sexual contact and injection drug use, 94% knew they had HIV.

### 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](http://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](http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html).

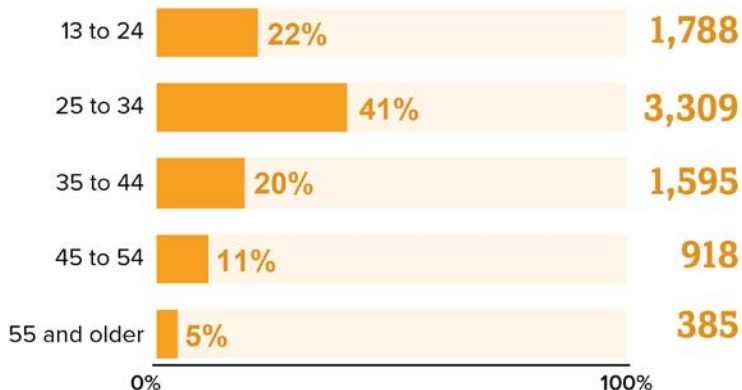
For more information visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

# HIV and Hispanic/Latino Gay and Bisexual Men



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas\* in 2018, 21% were among Hispanic/Latino<sup>†</sup> gay and bisexual men.<sup>‡\*\*</sup>

About 2 out of 3 Hispanic/Latino gay and bisexual men who received an HIV diagnosis were aged 13 to 34.

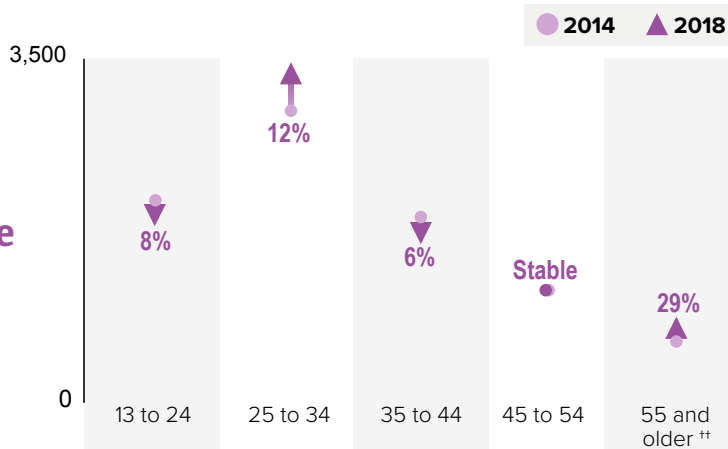


The numbers have been statistically adjusted to account for missing transmission categories. Values may not equal the subpopulation total.

Though HIV diagnoses remained stable among Hispanic/Latino gay and bisexual men overall from 2014 to 2018, 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.

<sup>†</sup> Hispanics/Latinos can be of any race.

<sup>‡</sup> 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.

<sup>\*\*</sup> Includes infections attributed to male-to-male sexual contact *and* injection drug use (men who reported both risk factors).

<sup>‡‡</sup> Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

<sup>‡‡‡</sup> In 50 states and the District of Columbia.



# Hispanic/Latino gay and bisexual men who don't know they have HIV can't get the care and treatment they need to stay healthy.

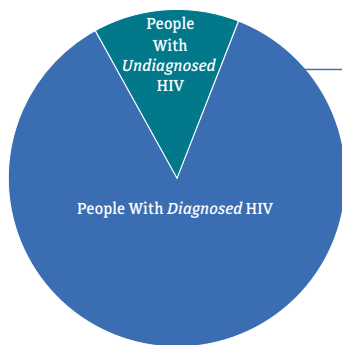


At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV.<sup>##</sup> Of those, 186,900 were Hispanic/Latino gay and bisexual men.

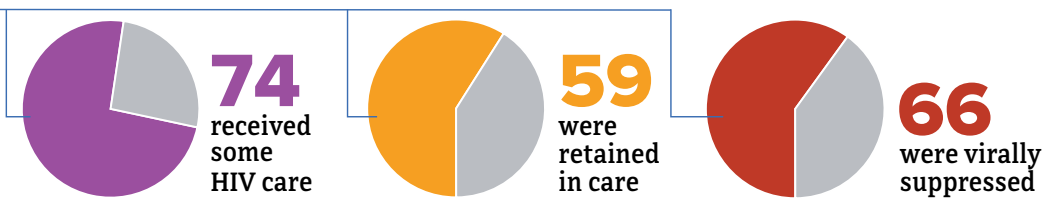
**4 in 5**  
Hispanic/Latino gay and bisexual men knew they had the virus.<sup>\*\*\*</sup>



It is important for Hispanic/Latino 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**, Hispanic/Latino gay and bisexual men have about the same viral suppression rates. For every **100 Hispanic/Latino gay and bisexual men with diagnosed HIV**:<sup>†††</sup>



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**.<sup>##</sup>

## There are several challenges that place some Hispanic/Latino gay and bisexual men 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 Hispanic/Latino gay and bisexual men.

### Low PrEP Use



A small number of Hispanic/Latino gay and bisexual men reported using pre-exposure prophylaxis (PrEP). If taken as prescribed, PrEP is highly effective for preventing HIV.

### Older Sex Partners



Hispanic/Latino gay and bisexual men are more likely to report that their last sex partner was older. Having older partners may increase the likelihood of being exposed to HIV.

### Access to HIV Prevention and Treatment Services



Immigration status, poverty, migration patterns, lower educational level, and language barriers may make it harder for some Hispanic/Latino gay and bisexual men to access HIV services.

## How is CDC making a difference for Hispanic/Latino 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.

<sup>\*\*\*</sup> Includes infections attributed male-to-male sexual contact only. Among Hispanic/Latino men with HIV attributed to male-to-male sexual contact and injection drug use, 10 in 11 knew they had HIV.

<sup>†††</sup> In 41 states and the District of Columbia.

<sup>##</sup> Learn more about CDC's different HIV care continuum approaches at [www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf](http://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](http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html).

For more information visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)