

# Hispanics/Latinos and HIV

(updated June 2021)



## Hispanics/Latinos and HIV

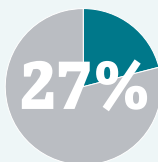
This educational packet is a curated compilation of resources on HIV among Hispanics/Latinos.

The contents of this packet are listed below:

- HIV and Hispanics/Latinos (CDC fact sheet in English)
- El VIH y Los Hispanos o Latinos (CDC fact sheet in Spanish)
- HIV and Hispanic/Latino Gay and Bisexual Men (CDC fact sheet in English)
- HIV Prevention for Hispanic/Latino Gay and Bisexual Men (CDC issue brief)
- HIV Surveillance by Race/Ethnicity 2018 – preliminary (CDC slide set; selected slides focusing on Hispanics/Latinos)

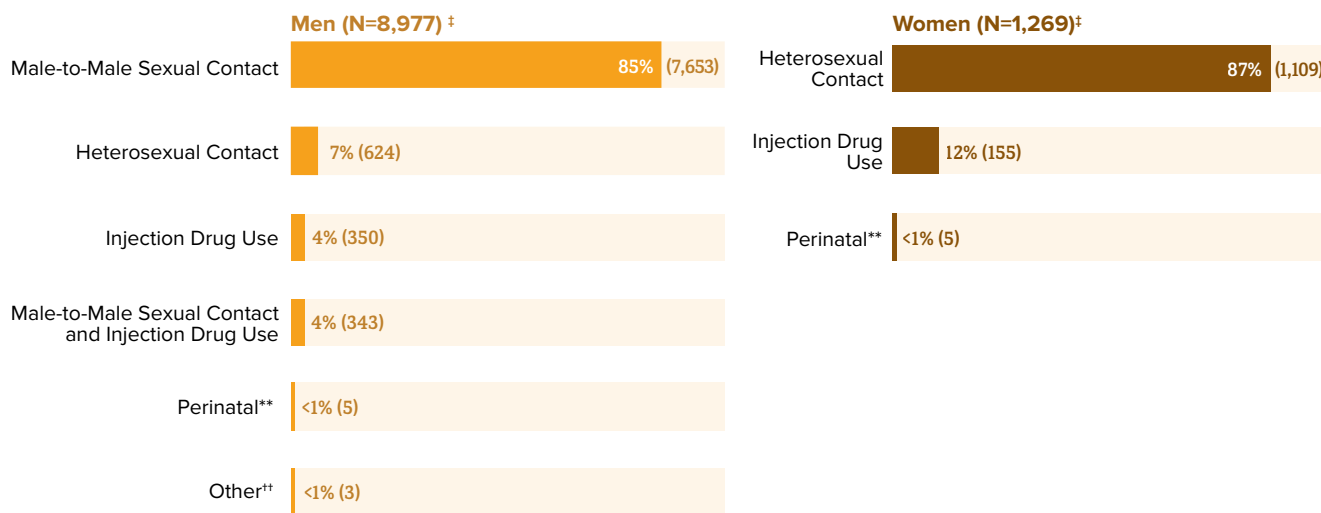
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# HIV and Hispanics/Latinos



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas\* in 2018, 27% were among Hispanics/Latinos.†

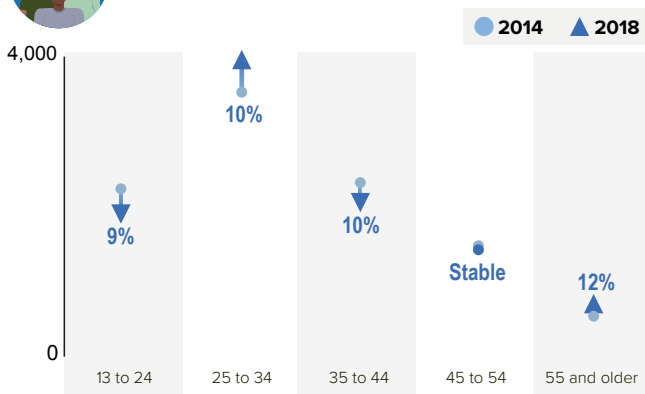
Most new HIV diagnoses among Hispanics/Latinos were among gay and bisexual men.



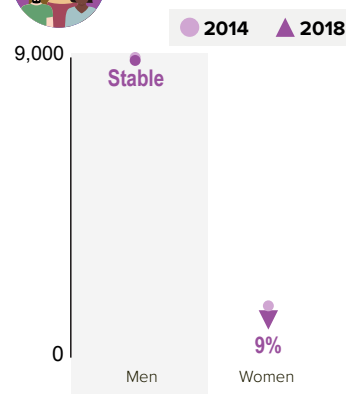
From 2014 to 2018, HIV diagnoses remained stable among Hispanics/Latinos overall. Although trends varied for different groups of Hispanics/Latinos, HIV diagnoses declined for some groups, including Hispanic women/Latinas and young Hispanics/Latinos aged 13 to 24.



Trends by Age‡‡



Trends by Sex



\* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.  
 † Hispanics/Latinos can be of any race.  
 ‡ Based on sex at birth and includes transgender people.  
 \*\* People who got HIV through perinatal transmission but aged 13 or older at the time of diagnosis.  
 †† Includes blood transfusion, hemophilia, and risk factors not reported or not identified.  
 ‡‡ Does not include *perinatal* and *other* transmission categories.  
 \*\*\* In 50 states and the District of Columbia.



# Hispanics/Latinos who don't know they have HIV can't get the care and treatment they need to stay healthy.



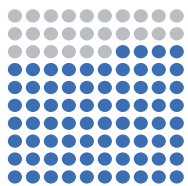
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV.\*\*\*  
Of those, 274,100 were Hispanics/Latinos.

**5 in 6**  
Hispanics/Latinos knew they had the virus.

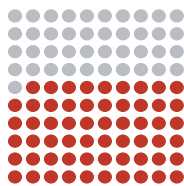


It is important for Hispanics/Latinos to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy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

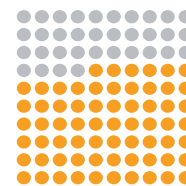
Compared to all people with HIV, Hispanics/Latinos have lower viral suppression rates. More work is needed to increase these rates. For every **100 Hispanics/Latinos with HIV**:



**61**  
received  
some  
HIV care



**49**  
were  
retained  
in care



**53**  
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 Hispanics/Latinos at higher risk for HIV.

### Knowledge of HIV Status



People who don't know they have HIV can't get the care they need and may transmit HIV to others without knowing it.

### Sexually Transmitted Diseases (STDs)



Hispanics/Latinos 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 Hispanics/Latinos.

### Access to HIV Prevention and Treatment Services



Immigration status, poverty, migration patterns, lower educational level, and language barriers may make it harder for some Hispanics/Latinos to get HIV services.

## How is CDC making a difference for Hispanics/Latinos?



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.

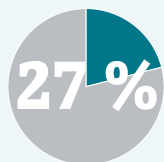


Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

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

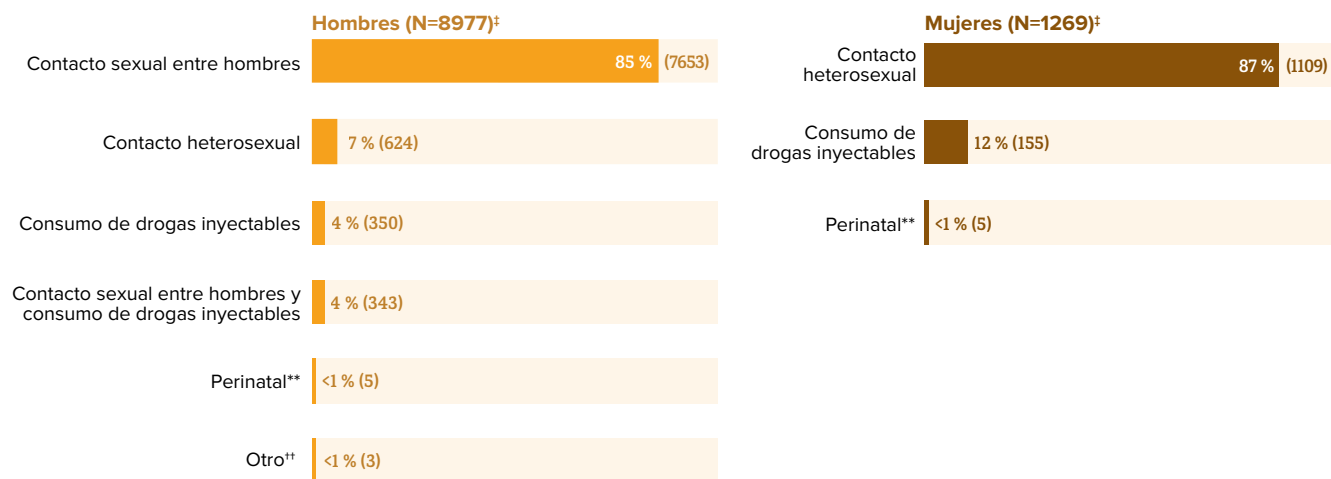
For more information visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

# El VIH y los hispanos o latinos



De los **37 968 diagnósticos nuevos de infección por el VIH** en los EE. UU. y áreas dependientes\* en el 2018, el 27 % fue entre hispanos o latinos.†

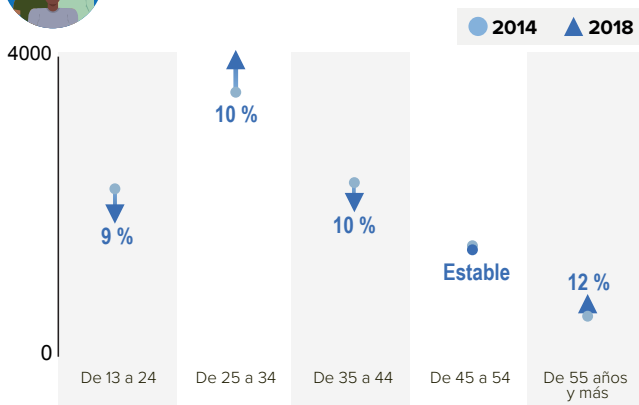
## La mayoría de los diagnósticos nuevos en los hispanos o latinos fue entre hombres gays y bisexuales.



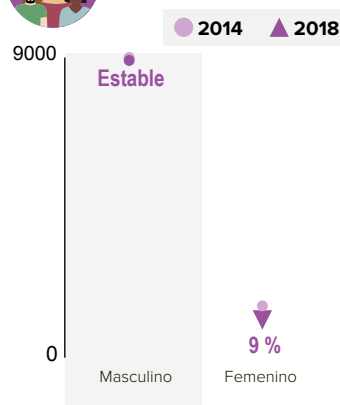
Del 2014 al 2018, la cantidad de diagnósticos de infección por el VIH se mantuvo estable entre los hispanos o latinos en general. Si bien las tendencias variaron para diferentes grupos de hispanos o latinos, la cantidad de diagnósticos de infección por el VIH declinaron en el caso de algunos grupos, incluidos los de mujeres hispanas o latinas y los de jóvenes hispanos o latinos de 13 a 24 años.



### Tendencias por edad##



### Tendencias por sexo



\* Samoa Estadounidense, Guam, Islas Marianas del Norte, Puerto Rico, la República de Palaos y las Islas Vírgenes de los EE. UU.  
 † Los hispanos o latinos pueden ser de cualquier raza.  
 ‡ Según el sexo al nacer e incluye a las personas transgénero.  
 \*\* Personas que contrajeron el VIH por transmisión perinatal, pero que en el momento del diagnóstico tenían 13 años o más.  
 †† Incluye transfusión de sangre, hemofilia y factores de riesgo no reportados o no identificados.  
 ‡‡ No incluye las categorías de transmisión *perinatal* ni de *otro* tipo.  
 \*\*\* En los 50 estados y el Distrito de Columbia.



## Los hispanos o latinos que no saben que tienen el VIH no pueden recibir el cuidado y tratamiento que necesitan para mantenerse sanos.



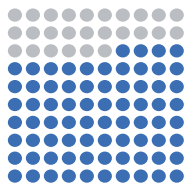
A fines del 2018, se estima que **1.2 MILLONES DE PERSONAS EN LOS ESTADOS UNIDOS** tenían el VIH.\*\*\* Entre esas personas, 274 100 eran hispanas o latinas.

**5** de cada **6**  
hispanos o latinos sabían que tenían el virus.

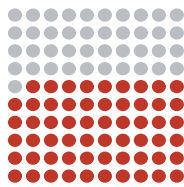


Es importante que los hispanos o latinos sepan si tienen el VIH para que puedan tomar medicamentos para tratarlo. Tomar medicamentos para el VIH todos los días puede hacer que la carga viral llegue a niveles indetectables. Las personas que consiguen y mantienen una carga viral indetectable (o mantienen la supresión viral) pueden vivir muchos años y de manera saludable. Tampoco tienen, efectivamente, el riesgo de transmitir el VIH a parejas sexuales VIH negativas.

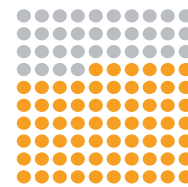
En comparación con todas las personas infectadas por el VIH, las tasas de supresión viral son más bajas en los hispanos o latinos. Es necesario trabajar más para aumentar estas tasas. De cada **100 hispanos o latinos infectados con el VIH**:



**61**  
recibieron algo de atención médica para el VIH



**49**  
se mantuvieron bajo atención médica



**53**  
habían logrado la supresión viral

Para comparar, de cada **100 personas en general** con el VIH, **65** recibieron algo de atención médica para el VIH, **50** se mantuvieron bajo atención médica y **56** habían logrado la supresión viral.

### Hay varias dificultades que ponen a algunas personas hispanas o latinas en mayor riesgo de contraer el VIH.

#### Saber si se tiene el VIH



Las personas que no saben que están infectadas por el VIH no pueden recibir la atención médica que necesitan y podrían transmitir el VIH a otras personas sin saberlo.

#### Racismo, estigma del VIH y homofobia



El racismo, la estigma del VIH y la homofobia pueden afectar negativamente a muchos hispanos o latinos en cuanto a los comportamientos de riesgo adoptados, saber si tienen el VIH, la atención médica para el VIH, y otros servicios necesarios.

#### Enfermedades de transmisión sexual (ETS)



Los hispanos o latinos tienen tasas más altas de algunas ETS. Tener otra ETS puede aumentar las probabilidades de contraer o transmitir el VIH.

#### Acceso a los servicios de prevención y tratamiento del VIH



Algunos hispanos o latinos podrían tener mayor dificultad para conseguir servicios para el VIH debido a factores como estado migratorio, pobreza, patrones de migración, nivel de estudios más bajo y barreras de idioma.

### ¿De qué manera están los CDC cambiando las cosas para los hispanos o latinos?



Recolectan y analizan datos, y monitorean las tendencias del VIH.



Realizan investigaciones sobre la prevención y brindan directrices para aquellos que trabajan en la prevención del VIH.



Apoyan a los departamentos de salud y las organizaciones comunitarias con fondos para el trabajo de prevención del VIH y les proporcionan asistencia técnica.



Dan apoyo a las organizaciones comunitarias que aumentan el acceso a las pruebas de detección y la atención médica del VIH.



Promueven la realización de la prueba, así como la prevención y el tratamiento del VIH mediante la campaña *Detengamos Juntos el VIH*.

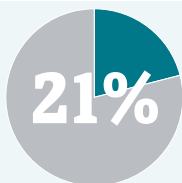


Fortalecen los programas de prevención del VIH exitosos y apoyan los esfuerzos nuevos, que se financian a través de la iniciativa *Ending the HIV Epidemic*.

Para obtener más información sobre los datos de vigilancia del VIH, lea la sección "Technical Notes" (Notas técnicas) de los informes de vigilancia del VIH en [www.cdc.gov/hiv/library/reports/hiv-surveillance.html](http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html).

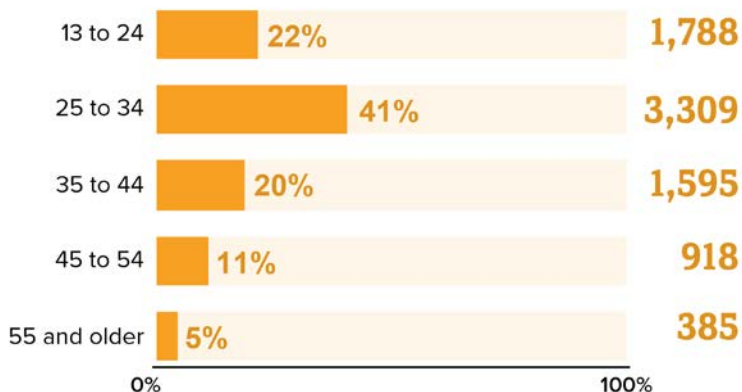
Para obtener más información, visite [www.cdc.gov/hiv/spanish](http://www.cdc.gov/hiv/spanish)

# 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.

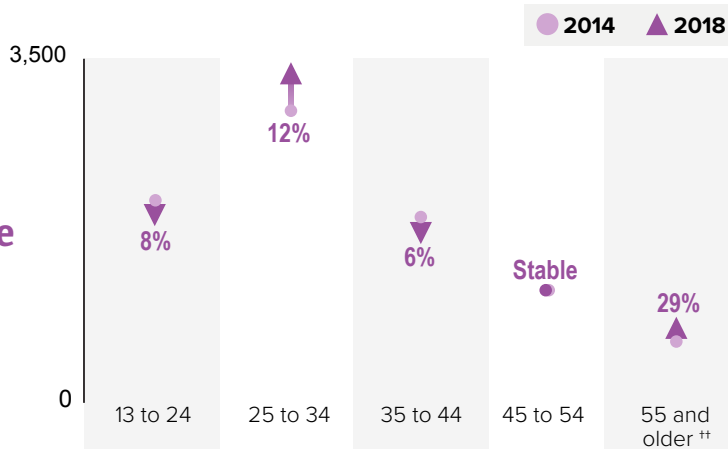


The numbers have been statistically adjusted to account for missing transmission categories. Values may not equal the subpopulation total.

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.

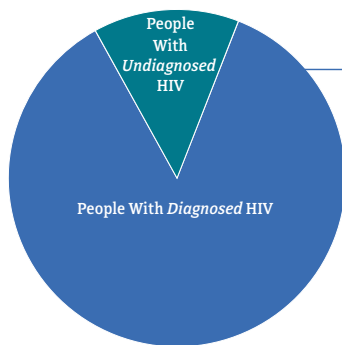


At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV.##  
Of those, 186,900 were Hispanic/Latino gay and bisexual men.

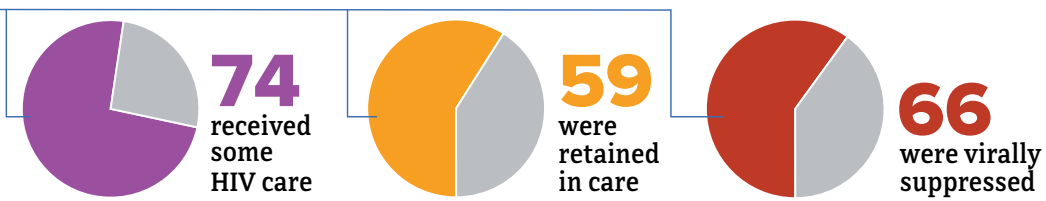
**4 in 5**  
Hispanic/Latino gay and bisexual men knew they had the virus.\*\*\*



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.

\*\*\* 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.

††† 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 Prevention for Hispanic / Latino Gay and Bisexual Men

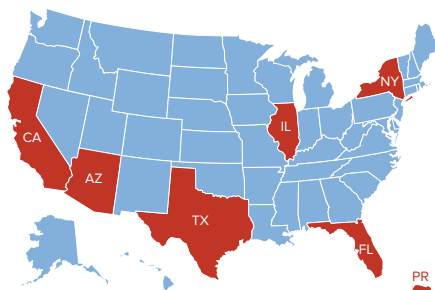
**CDC recently reported that the estimated annual number of HIV infections among Hispanic/Latino men who have sex with men (MSM) have increased over the past five years, despite having stabilized for MSM overall. CDC, along with its partners, is actively working to reverse this alarming trend.**

## What the Latest Data Tell Us

Although Hispanics/Latinos make up 18 percent of the U.S. population, they accounted for nearly 23 percent (252,400) of the estimated 1.1 million people with HIV in the United States in 2015. As in other racial and ethnic communities, the majority (nearly 60 percent) of Hispanics/Latinos now living with HIV are MSM.<sup>1</sup>

Surveillance data indicate that the number of Hispanic/Latino MSM who are newly *diagnosed* with HIV is increasing, even as new diagnoses are stabilizing among MSM overall and declining for the overall U.S. population. From 2011 to 2015, HIV diagnoses among Hispanic/Latino MSM grew by 14 percent.<sup>2</sup> This increase can be partly explained by higher rates of HIV testing, reflecting progress toward national HIV testing goals. Yet a separate CDC analysis estimated that actual new *infections* among Hispanic/Latino MSM did, in fact, increase 18 percent during the same period.<sup>3</sup>

Available data also help illustrate where HIV prevention efforts should be expanded and intensified for Hispanic/Latino MSM. One recent CDC analysis (see *sidebar*) found that the increases in HIV diagnoses were concentrated in just six main states (Arizona, California, Florida, Illinois, New York and Texas) and Puerto Rico.<sup>4</sup>



Low awareness of HIV status remains a challenge for Hispanic/Latino MSM – 20 percent have undiagnosed HIV infection, indicating that increased testing efforts are a priority. The problem is even more serious among young Hispanic/Latino MSM aged 13–24, among whom only 44 percent are aware of their HIV status.<sup>5</sup>

## How Surveillance Advances Drive Prevention

To better understand the drivers of increased diagnoses among Hispanic/Latino MSM, CDC convened a data driven review team of HIV experts from various specialties – including epidemiology, surveillance, program implementation and behavioral science – to conduct a comprehensive review of existing data and recommend a strategy to address the increases.

The group found that 84 percent of the total relative percent increase in HIV diagnoses among Hispanic/Latino MSM from 2010–2014 was geographically concentrated in six states and Puerto Rico. Their review found that low viral suppression rates are likely contributing to ongoing transmission among Hispanic/Latino MSM and their partners.<sup>6</sup>

As one element of its response to these and other findings, CDC funded a new demonstration project that uses molecular diagnostics to identify and address clusters with high rates of HIV transmission among Hispanic/Latino MSM in New York (New York City Department of Health and Mental Hygiene and New York State Department of Health) and Texas (City of Houston Health Department and Texas Department of State and Health Services) – two areas where diagnoses are increasing. By identifying these transmission clusters, health officials can determine if enhanced testing, treatment and other prevention services are needed to slow transmission.

<sup>1</sup> CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

<sup>2</sup> CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2016. November 2017. Accessed June 19, 2018.

<sup>3</sup> CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

<sup>4</sup> McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010–2014. *Prev Med* 2018 Jun 14.

<sup>5</sup> CDC. Estimated HIV incidence and prevalence in the United States, 2010–2015. March 2018. Accessed June 19, 2018.

<sup>6</sup> McCree DH, Walker T, DiNenno E, et al. A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010–2014. *Prev Med* 2018 Jun 14.

Another factor may be limited access to highly effective biomedical prevention tools. A recent CDC study found a substantial unmet prevention need for pre-exposure prophylaxis (PrEP) among Hispanics/Latinos: of all Hispanic/Latino persons who could potentially benefit from PrEP based on CDC’s clinical guidelines, only 3 percent filled PrEP prescriptions between September 2015 and August 2016.<sup>7</sup>

### Unique Social and Structural Factors Increase HIV Risk

Hispanic/Latino MSM face distinct social and cultural challenges that may contribute to increased HIV risk. They include:

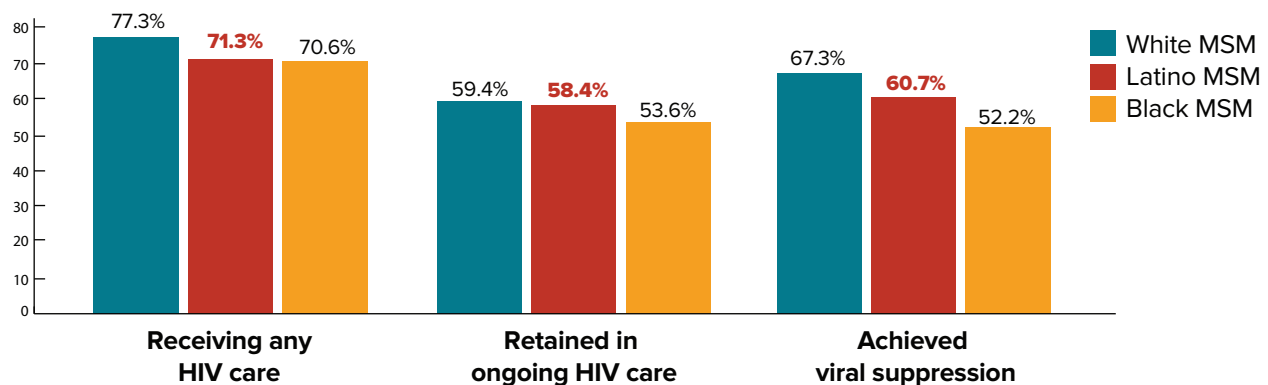
- **Inadequate health insurance coverage.** Hispanics/Latinos have the highest uninsured rate of any racial or ethnic group in the United States,<sup>8</sup> which can result in missed opportunities for HIV testing; delayed engagement in care; lower adherence to HIV treatment; and limited access to preventive services.<sup>9</sup>
- **Language barriers.** In many Hispanic/Latino households, English is not the primary language. In fact, surveys indicate that roughly one-third of Hispanics/Latinos in the United States have limited English proficiency.<sup>10</sup> Language barriers can make it especially difficult for people to access primary and preventive care services; can interfere in HIV medication adherence; and can result in misinterpreted communication between patients and providers.<sup>11</sup>
- **Mistrust of the healthcare system.** Hispanics/Latinos experience high levels of mistrust of the healthcare system.<sup>12,13</sup> While trust in healthcare providers is associated with better health outcomes for people with HIV, lower levels of trust can reduce the likelihood of clinic visits and result in lower use of and adherence to antiretroviral medications.<sup>14</sup>

### HIV Care Outcomes for Hispanic/Latino Gay and Bisexual Men

Recent scientific advances have shown that antiretroviral therapy (ART) not only preserves the health and quality of life of people with HIV – but also that people with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. By ensuring that everyone with HIV is aware of their infection, receives the treatment they need, and achieves sustained viral suppression, we can sharply reduce new infections.

To monitor progress towards achieving viral suppression, CDC tracks the HIV care continuum, a series of steps from the time a person receives an HIV diagnosis through the successful treatment of their infection with HIV medications. While care outcomes among Hispanic/Latino MSM are generally better than those among black MSM, they are lower than those for white MSM – especially on the crucial measure of viral suppression.

### Select HIV care outcomes among MSM living with diagnosed HIV, end of 2014<sup>15</sup>:



<sup>7</sup> CDC. HIV prevention pill not reaching most Americans who could benefit – especially people of color. March 6, 2018. Accessed June 19, 2018.

<sup>8</sup> United States Census Bureau. Health Insurance Coverage in the United States: 2016. September 12, 2017. Accessed June 19, 2018.

<sup>9</sup> Institute of Medicine US Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. National Academies Press: 2002.

<sup>10</sup> Pew Research Center. English Proficiency on the Rise Among Latinos. May 12, 2015. Accessed June 19, 2018.

<sup>11</sup> Flores, G. Language Barriers to Health Care in the United States. *N Engl J Med*. 2006 Jul 20;355(3):229-31.

<sup>12</sup> Rhodes SD, Hergenrather KC, Aronson RE, et al. Latino men who have sex with men and HIV in the rural south-eastern USA: findings from ethnographic in-depth interviews. *Cult Health Sex*. 2010 Oct;12(7):797-812.

<sup>13</sup> Rhodes SD, Hergenrather KC, Zometa C et al. Characteristics of immigrant Latino men who utilize formal healthcare services in rural North Carolina: baseline findings from the HoMBReS study. *J Natl Med Assoc*. 2008;100(10):1177–85.

<sup>14</sup> Exploring Lack of Trust in Care Providers and the Government as a Barrier to Health Service Use. *Am J Public Health*. 2006 April; 96(4): 716–721.

<sup>15</sup> CDC MMWR. HIV Care Outcomes Among Men Who Have Sex With Men With Diagnosed HIV Infection – United States, 2015. September 22, 2017. Accessed June 19, 2018.

- **Low awareness of HIV risk factors and perception of HIV risk.** Though not unique to Hispanic/Latino communities, stigma, fear, discrimination and homophobia have a ripple effect on HIV knowledge and healthcare access. This is associated with a range of consequences, including: discouraging people from getting information on HIV prevention resources or programs; limiting openness about a person’s sexual orientation or HIV status; discouraging people from seeking out testing and treatment; and limiting an individual’s ability to access and adhere to treatment and prevention methods.

## Intensifying HIV Prevention for Hispanic/Latino Gay and Bisexual Men

To better reflect the distinct needs of Hispanic/Latino MSM, CDC has strengthened its HIV prevention portfolio in recent years to increase the relevance of prevention programs for groups disproportionately affected by HIV, including Hispanic/Latino MSM. Key changes have included:

- **Reallocating CDC funding to align with current needs.** Every year, CDC awards approximately \$400 million to state and local health departments for HIV surveillance and prevention efforts – its primary means of directing prevention to affected communities. This funding for health departments is fully aligned with the current geographic distribution of the disease, a shift CDC has been working toward for years as part of High-Impact Prevention. This has resulted in increased funding for many of the states with the highest burden of HIV among Hispanics/Latinos.

*Within* jurisdictions, health departments receiving CDC funding are required to monitor HIV in their communities and direct funding based on local trends. At the beginning of 2018, when CDC renewed its flagship funding program for health departments, surveillance and prevention programs were integrated for the first time. This change allows health departments to plan and execute more efficient, data-driven prevention – more effectively reaching communities like Hispanic/Latino MSM that are in greatest need.

- **Requiring partners to use the latest, most cost-effective interventions.** Funded health department and community-based partners are required to prioritize proven HIV prevention strategies with the greatest potential to reduce new HIV infections. This includes increasing HIV testing and diagnosis efforts; expanding innovative approaches such as Data to Care to engage and retain people in HIV care; providing referrals and linkages to prevention options like PrEP for people at substantial risk; and expanding the use of cutting-edge approaches, such as using data from HIV surveillance to identify and respond to HIV transmission clusters (*see sidebar on page 1*).
- **Increasing cultural competency and tailoring prevention programs.** CDC supports several initiatives that, either in part or in full, work to increase the provision of culturally relevant HIV prevention and care services for Hispanic/Latino MSM. For example:
  - In 2017, the agency awarded \$54 million over five years to 30 community-based organizations (CBOs) to provide comprehensive HIV prevention services to young MSM of color and young transgender people of color and their partners.
  - CDC is providing \$216 million over five years directly to 90 CBOs with demonstrated experience working with populations most affected by HIV for testing and linkage to treatment and prevention services. Fifteen primarily serve Hispanics/Latinos and 64 primarily serve MSM.
  - In 2015, CDC awarded \$60.5 million over four years to fund demonstration projects that provide HIV prevention and other support services that address social determinants of health for MSM of color. The demonstration projects aim to increase linkage to substance abuse treatment, mental healthcare services, job training and housing, and to improve HIV prevention workforce capacity and cultural competency.
  - CDC funds 21 capacity building assistance (CBA) organizations – six have staff who are bilingual in Spanish and English – to provide HIV prevention trainings and technical assistance events throughout the United States. A substantial number of services are provided in Puerto Rico, including with the Puerto Rico Health Department and CDC-funded CBOs. CBA providers address topics ranging from PrEP delivery and HIV testing and linkage to care to grant writing and program sustainability.

– CDC also develops culturally and linguistically appropriate HIV awareness campaigns through the Act Against AIDS initiative, including:

- **Let's Stop HIV Together** (Detengamos Juntos el VIH), which raises awareness about how HIV affects every corner of American society and fights stigma by giving a voice to people living with HIV as well as their friends and family;
- **Doing It** (Lo Estoy Haciendo), which encourages all adults to be tested for HIV;
- **Start Talking. Stop HIV.** (Inicia la conversación. Detén el VIH.), which encourages open communication between gay and bisexual male sex partners and friends about HIV prevention strategies;
- **HIV Treatment Works** (El tratamiento del VIH Es Efectivo), which encourages people with HIV to get in care and stay on treatment so they may stay healthy, protect others, and live longer, healthier lives.

– CDC is funding the development and testing of tailored risk-reduction interventions for Hispanic/Latino MSM. For example, partners at Temple University are evaluating an intervention for male Hispanic/Latino couples that, if proven effective, could be delivered in other urban areas as well.

– Additionally, CDC works with several Hispanic/Latino organizations through its Partnering and Communicating Together (PACT) initiative to implement large-scale community awareness efforts. Hispanic/Latino PACT Members include the National Hispanic Medical Association; the League of United Latin American Citizens; the ASPIRA Association; and the Pinyon Foundation.



## The Path Forward

With a focused approach and more collaboration, new infections can be reduced among Hispanic/Latino MSM. CDC is taking steps to galvanize action and engage community members in the response. For example, the agency is participating in upcoming listening sessions with Hispanic/Latino community leaders to inform CDC's HIV prevention efforts; working with the six states where HIV diagnoses among Hispanic/Latino MSM are increasing and Puerto Rico to evaluate and implement focused prevention strategies; and conducting provider outreach to increase awareness of powerful prevention strategies like treatment for people with HIV, as well as PrEP, HIV testing, and referral and linkage to HIV care.

Success is equally dependent on the work of CDC's partners in affected communities, and all have a role to play:

- **State and local health departments** can ensure that programs and funding are directed to communities in need, and that their surveillance and program activities rely on the most cost-effective strategies.
- **Community-based organizations** can educate policymakers about HIV in Hispanic/Latino communities, while continuing to deliver services to people who have limited interactions with the healthcare system.
- **Community and religious leaders** can speak boldly about the importance of HIV testing, prevention and care – and confront the stigma that keeps many from seeking the services they need.
- **Everyone** can take steps to protect their health, including getting tested for HIV and, if infection is diagnosed, seeking out the care they need to stay healthy and protect the people they care about from infection.

### For More Information:

Call 1-800-CDC-INFO (232-4636)

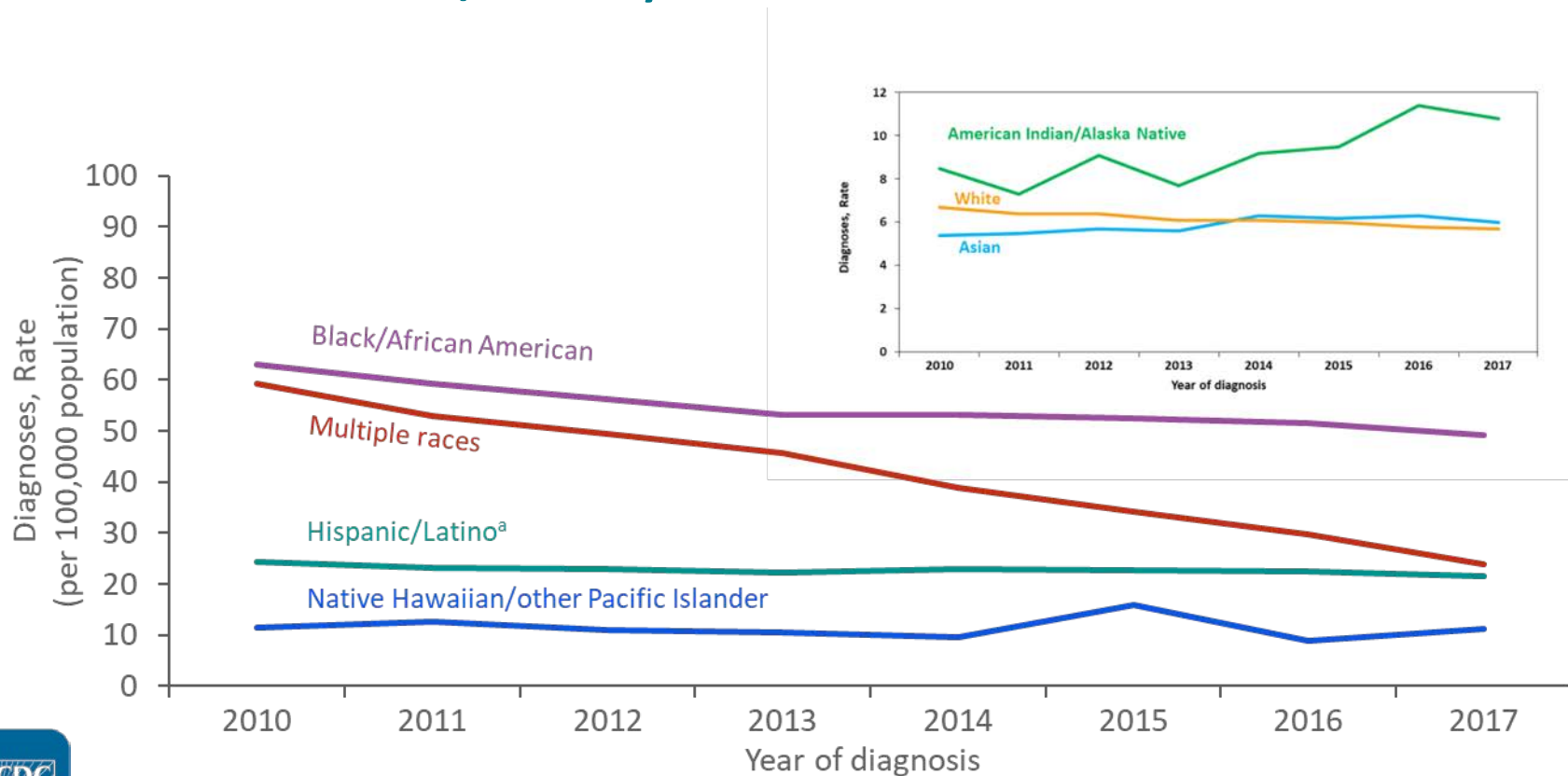
Visit [www.cdc.gov/hiv](http://www.cdc.gov/hiv)



# HIV Surveillance by Race/Ethnicity 2018 (preliminary)



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

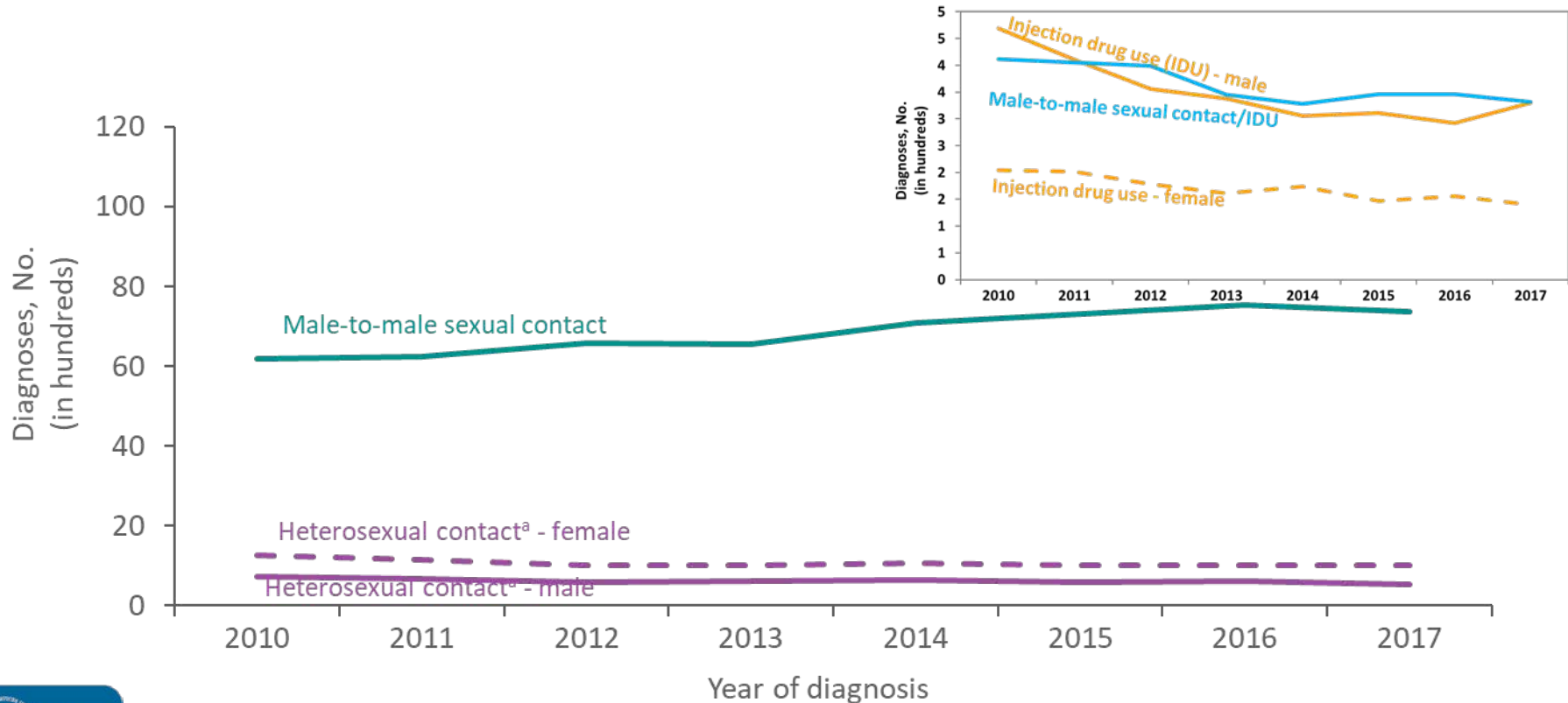


<sup>a</sup>Hispanics/Latinos can be of any race.





# Diagnoses of HIV Infection among Hispanic/Latino 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.

<sup>a</sup> 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 <sup>a</sup>	84	0.5	0.5
Black/African American	7,049	17.4	44.1
Hispanic/Latino <sup>b</sup>	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
<b>Total<sup>c</sup></b>	<b>15,971</b>	<b>4.9</b>	<b>100</b>

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

<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

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

<sup>c</sup> 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 <sup>a</sup>	14,244	78.1	1.4
Black/African American	414,747	1,022.0	41.3
Hispanic/Latino <sup>b</sup>	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
<b>Total<sup>c</sup></b>	<b>1,003,782</b>	<b>308.7</b>	<b>100</b>

Note. Rates are per 100,000 population.

<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

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

<sup>c</sup> 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 <sup>a</sup>	6,433	41.2	1.2
Black/African American	215,134	645.3	41.0
Hispanic/Latino <sup>b</sup>	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
<b>Total<sup>c</sup></b>	<b>524,622</b>	<b>192.5</b>	<b>100</b>

Note. Rates are per 100,000 population.

<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

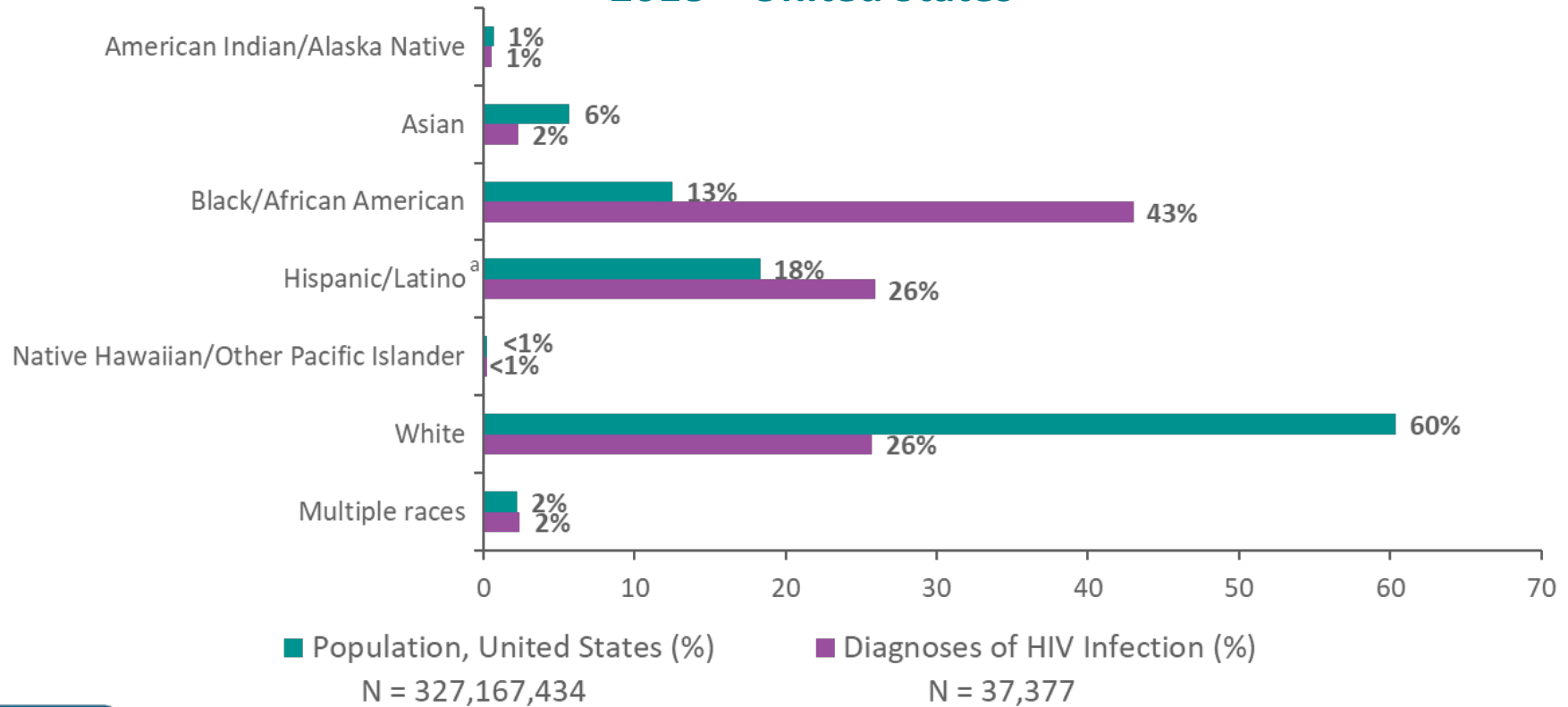
<sup>b</sup> Hispanics/Latinos can be of any race.

<sup>c</sup> Includes 40 persons whose race/ethnicity is unknown.





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



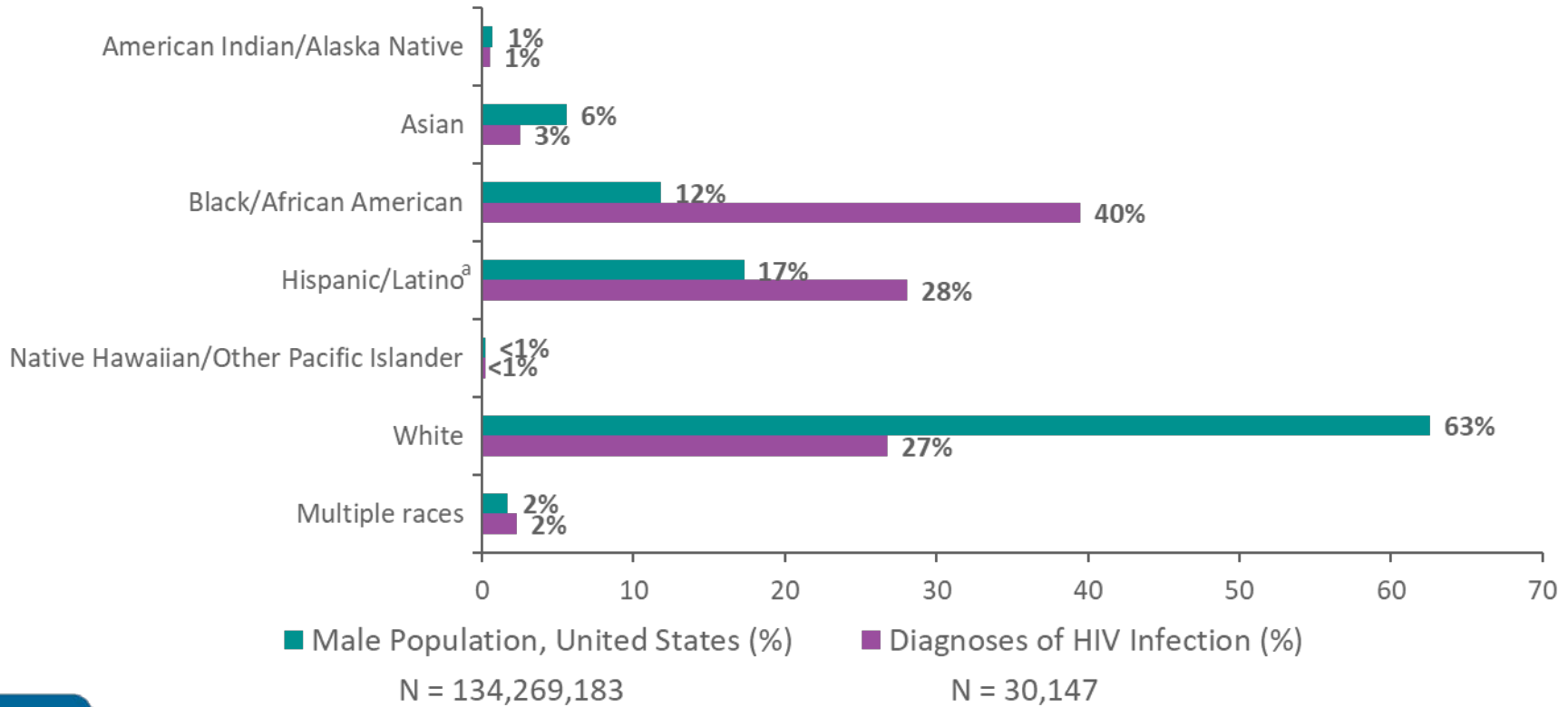
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

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





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

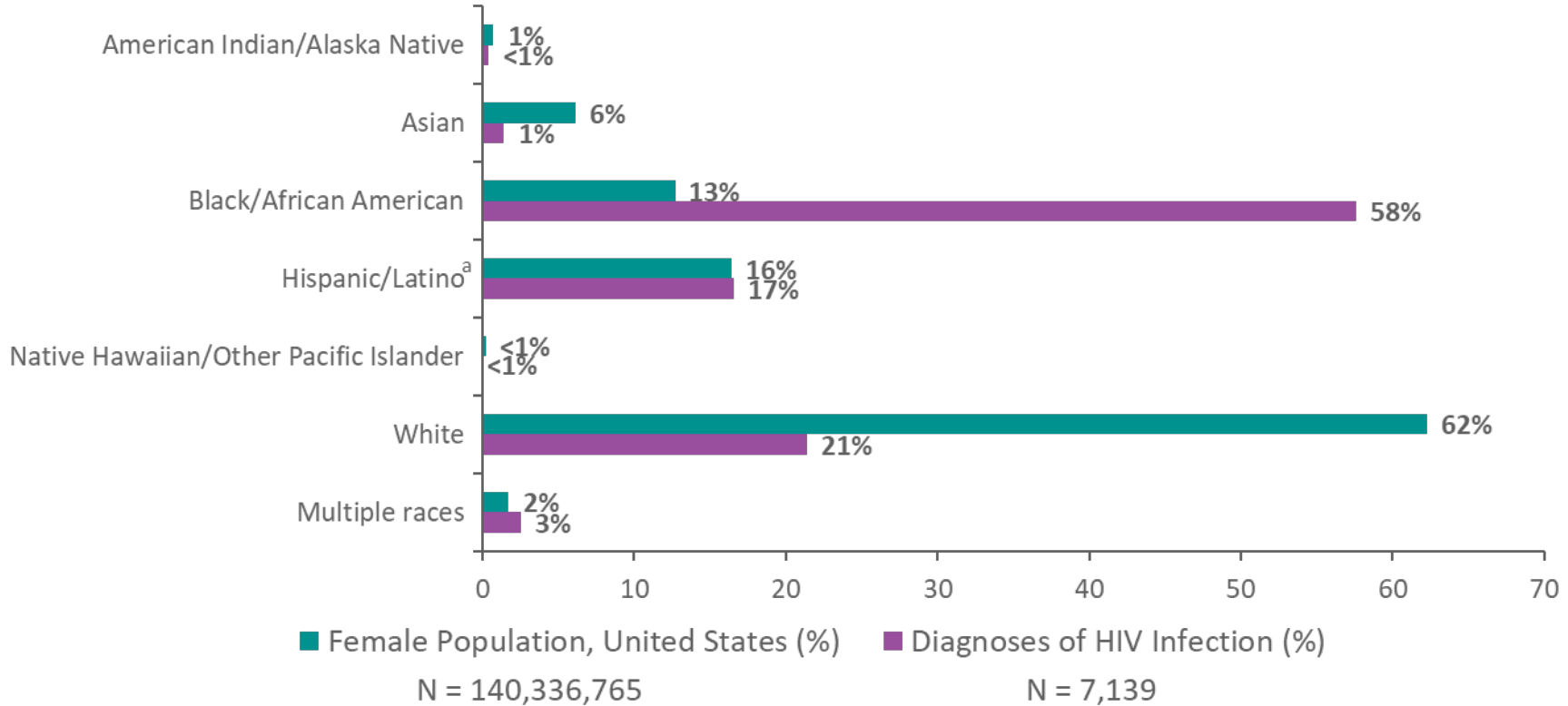


Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

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



# Diagnoses of HIV Infection and Population among Female 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.

<sup>a</sup> 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 <sup>a</sup>	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
<b>Total</b>	<b>30,147</b>	<b>22.5</b>	<b>100</b>

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

<sup>a</sup> 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 <sup>a</sup>	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
<b>Total</b>	<b>7,139</b>	<b>5.1</b>	<b>100</b>

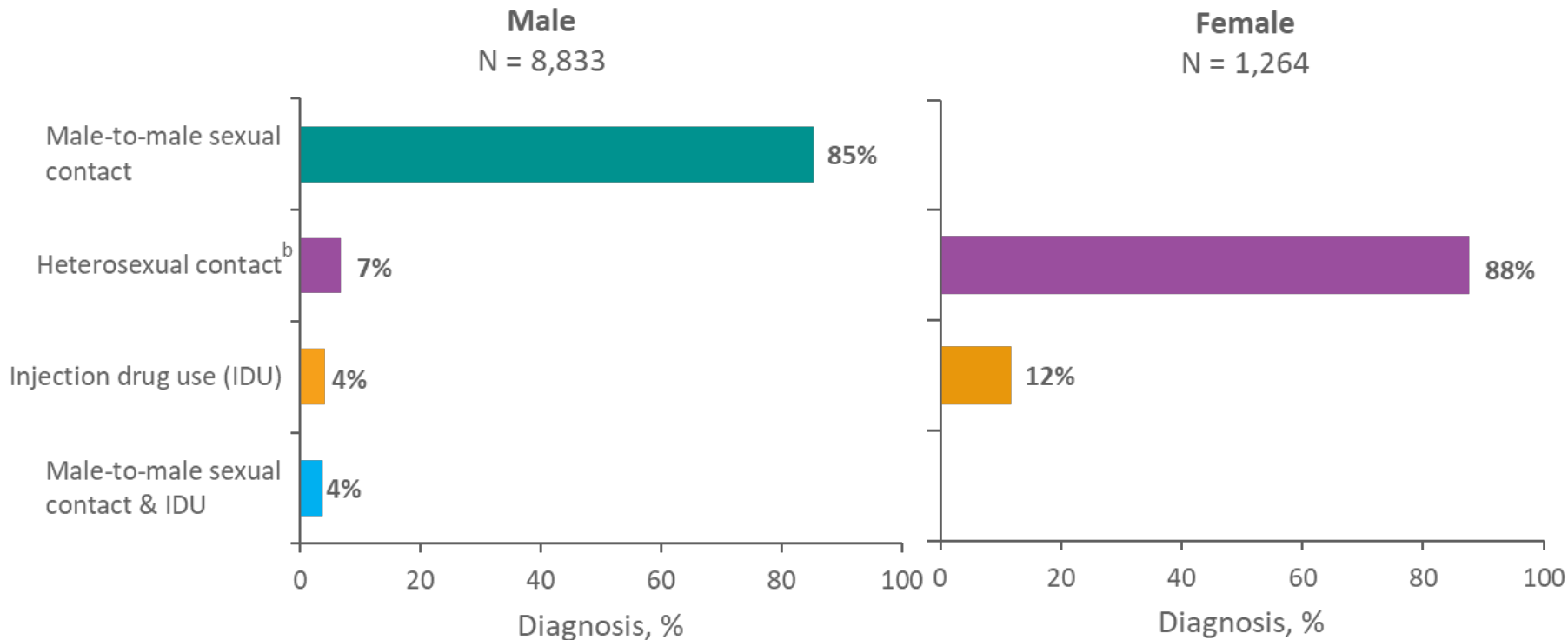
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay. Rates are per 100,000 population.

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





# Diagnoses of HIV Infection among Hispanic/Latino<sup>a</sup> 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.

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

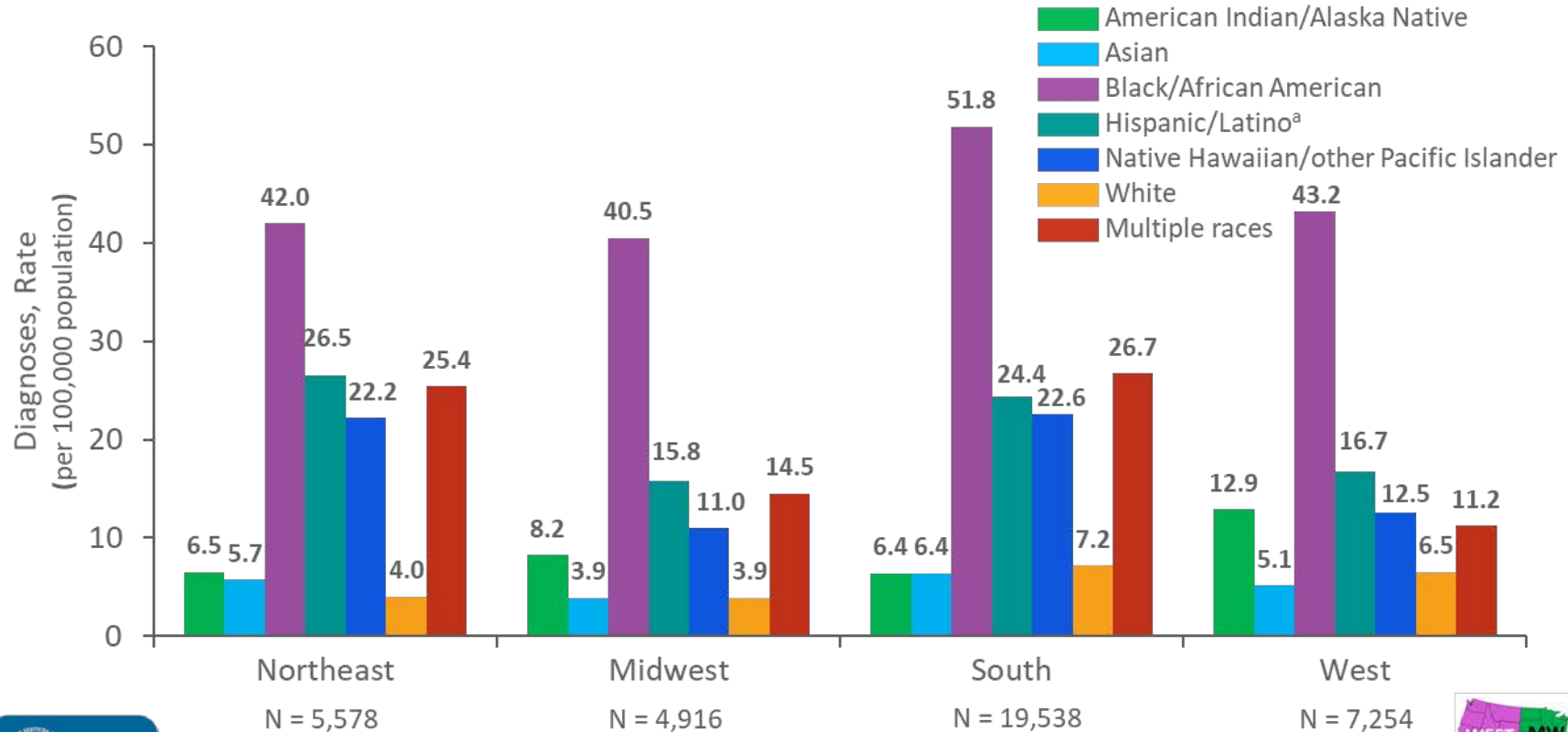
<sup>b</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.







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



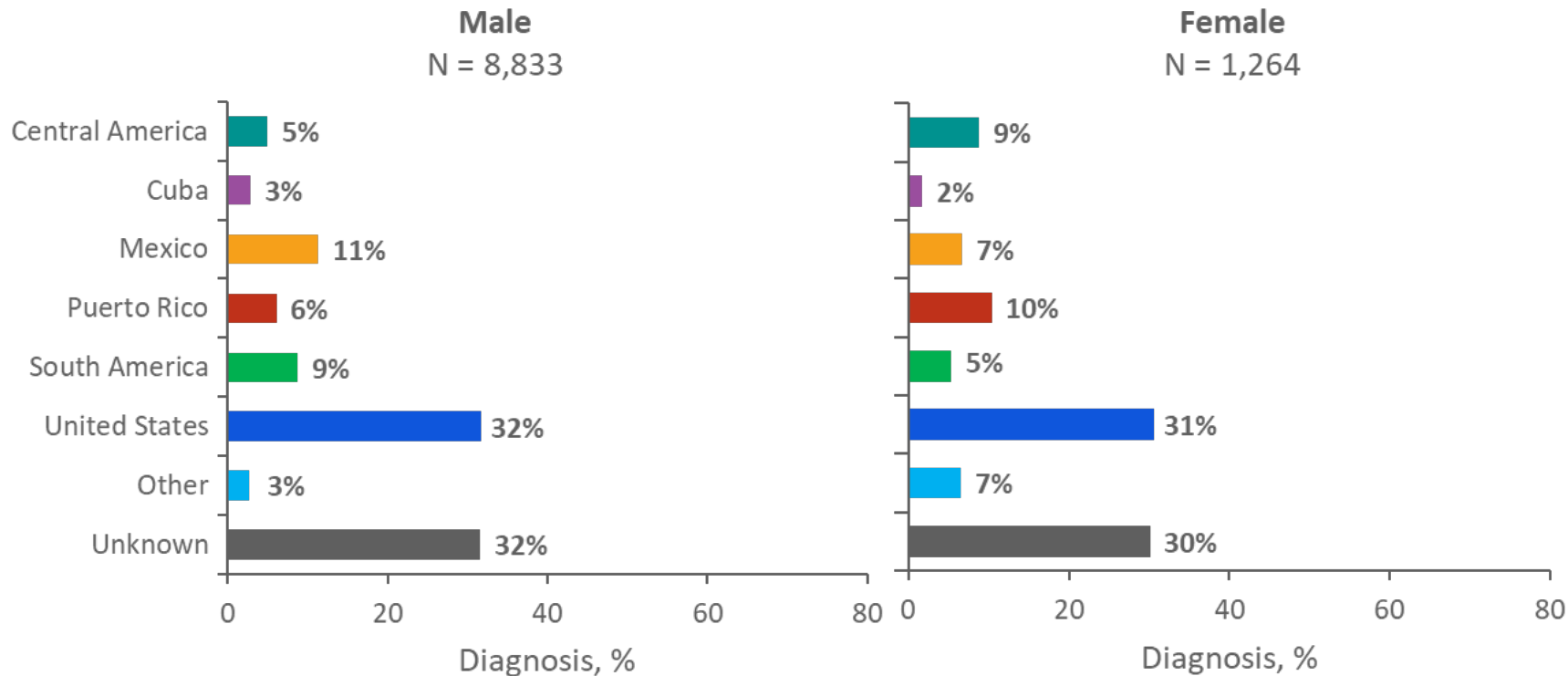
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.

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





# Diagnoses of HIV Infection among Hispanic/Latino<sup>a</sup> Adults and Adolescents, by Sex and Place of Birth, 2018—United States and 6 Dependent Areas



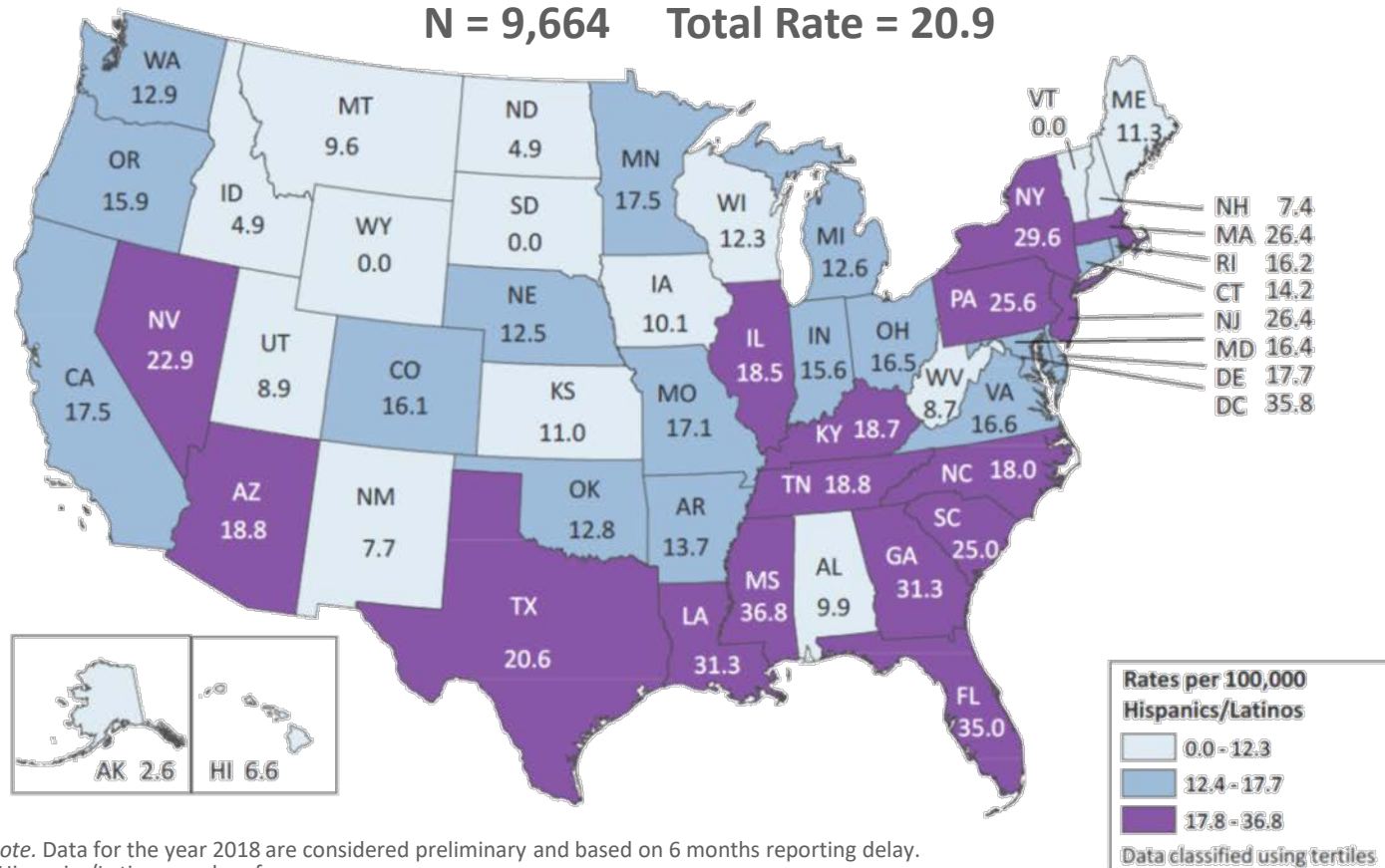
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.  
<sup>a</sup>Hispanics/Latinos can be of any race.





# Rates of Diagnoses of HIV Infection among Hispanic/Latino<sup>a</sup> Adults and Adolescents, 2018—United States

N = 9,664 Total Rate = 20.9



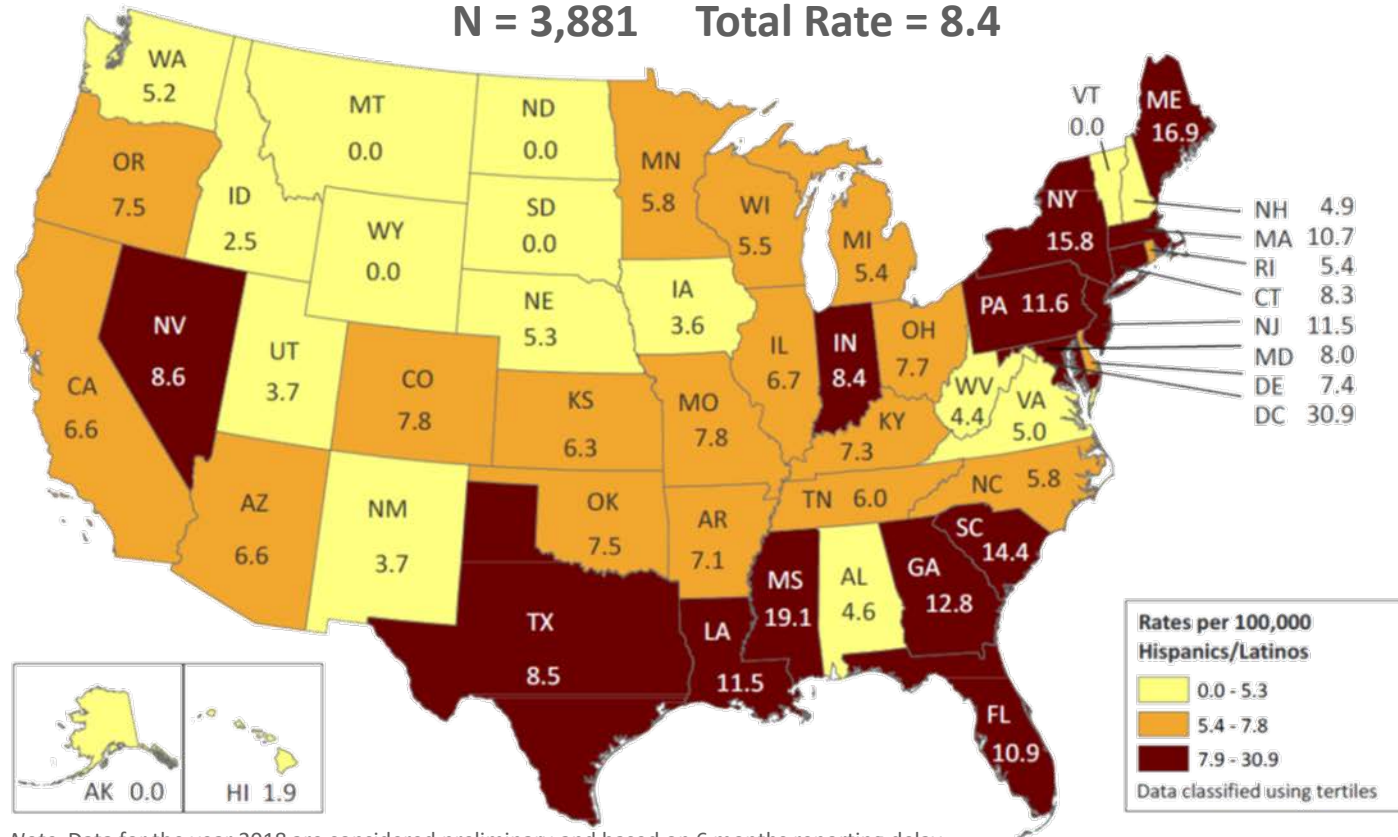
Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.  
<sup>a</sup> Hispanics/Latinos can be of any race.





# Rates of Diagnosed HIV Infections Classified as Stage 3 (AIDS) among Hispanic/Latino<sup>a</sup> Adults and Adolescents, 2018—United States

N = 3,881 Total Rate = 8.4



Note. Data for the year 2018 are considered preliminary and based on 6 months reporting delay.  
<sup>a</sup> Hispanics/Latinos can be of any race.

