

# Gay and Bisexual Men and HIV

(updated January 2023)



## Gay and Bisexual Men and HIV

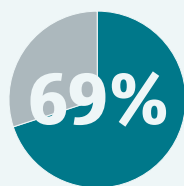
This educational packet is a curated compilation of resources about gay and bisexual men and HIV.

The contents of this packet are listed below:

- HIV and Gay and Bisexual Men (CDC)
- HIV and Gay and Bisexual Men (HIVinfo)
- El VIH y los Hombres Gay y Bisexuales (HIVinfo)
- HIV and African American Gay and Bisexual Men (CDC)
- HIV and Hispanic/Latino Gay and Bisexual Men (CDC)
- RWHAP: Gay, Bisexual, and Other Men Who Have Sex with Men Clients, 2020 (HRSA)
- Infographics from CDC

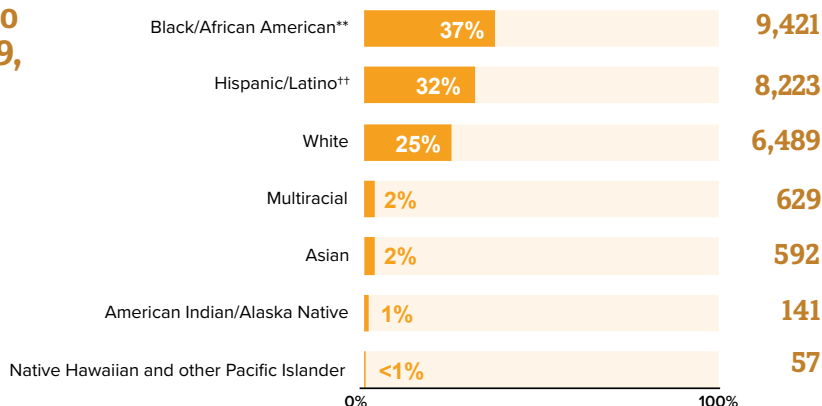
You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

# HIV and Gay and Bisexual Men



Of the **36,801 NEW HIV DIAGNOSES** in the US and dependent areas\* in 2019, 69% (25,552) were among gay and bisexual men.†‡

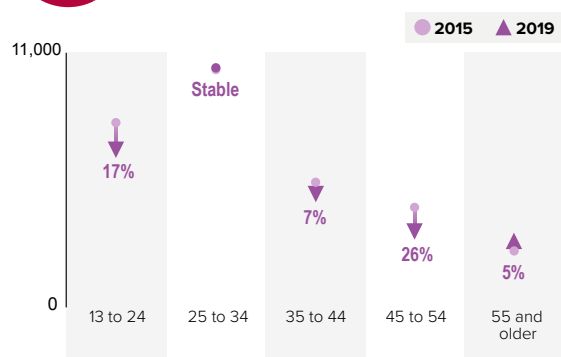
**Among gay and bisexual men who received an HIV diagnosis in 2019, racial and ethnic disparities continue to exist.**



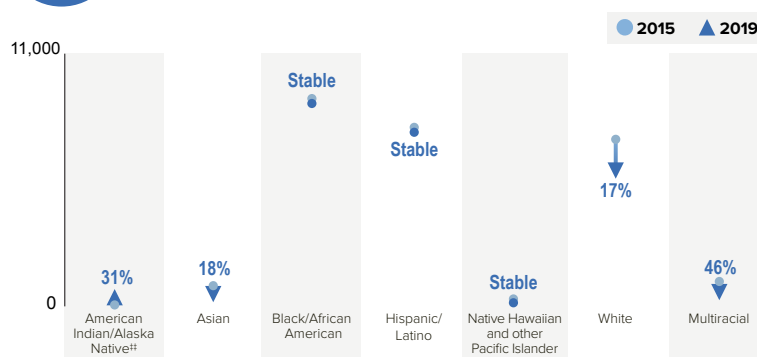
**From 2015 to 2019, HIV diagnoses decreased 9% among gay and bisexual men overall.**



## Trends by Age



## Trends by Race and Ethnicity



\* 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 people of African descent with ancestry in North America.

†† Hispanic/Latino people can be of any race.

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



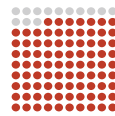
**Centers for Disease Control and Prevention**  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention

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



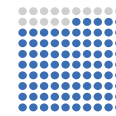
In 2019, an estimated **1.2 MILLION PEOPLE** had HIV.<sup>\*\*\*</sup> Of those, **754,700** were gay and bisexual men.

For every 100 people with HIV



**87** knew their HIV status.

For every 100 gay and bisexual men with HIV

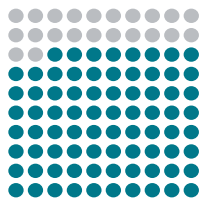


**85** knew their HIV status.<sup>†††</sup>

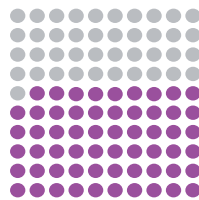


It is important for gay and bisexual men to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many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

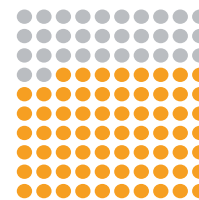
Compared to all people with diagnosed HIV, gay and bisexual men have higher viral suppression rates. For every **100 gay and bisexual men with diagnosed HIV in 2019:**<sup>‡‡</sup>



**78** received some HIV care



**59** were retained in care



**68** were virally suppressed

For comparison, for every **100 people overall** with diagnosed HIV, **76** received some care, **58** were retained in care, and **66** 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 medicines 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 in the U.S.* initiative.

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

<sup>†††</sup> Includes infections attributed to male-to-male sexual contact *only*. Among men with HIV attributed to male-to-male sexual contact *and* injection drug use, 92% knew they had HIV.

<sup>‡‡</sup> In 44 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](http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html).

For data on HIV risk behaviors and barriers to HIV care, visit [www.cdc.gov/hiv/group/msm](http://www.cdc.gov/hiv/group/msm).

# HIV and Gay and Bisexual Men

---

 [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)

## Key Points

---

- 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.
- Gay and bisexual men who are HIV negative but at risk of getting HIV should consider pre-exposure prophylaxis (PrEP). PrEP is when people who do not 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?

---

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), in 2019, adult and adolescent gay and bisexual men accounted for 69% of the new HIV diagnoses in the United States and dependent areas.

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

---

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?

---

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: External (sometimes called Male) Condom Use.

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

Pre-exposure prophylaxis (PrEP) is when people who do not 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 HIVinfo fact sheet on Pre-Exposure Prophylaxis (PrEP).

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

Post-exposure prophylaxis (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 HIVinfo fact sheet on Post-Exposure Prophylaxis (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?**

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 do not 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: Let's Stop HIV Together.

---

**How should a gay man living with HIV protect his partner from HIV?**

---

Take HIV medicines every day. Treatment with HIV medicines (called antiretroviral therapy or ART) is recommended for everyone who has HIV. ART cannot 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

---

 [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)

## Puntos importantes

---

- 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?

---

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 2019, los hombres gay y bisexuales tanto adolescentes como adultos representaron 69% de los nuevos diagnósticos de infección por el VIH en los Estados Unidos y sus territorios dependientes.

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

---

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?

---

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.**

Cuanto 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 profilaxis posexposición (PEP) 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 profilaxis posexposición (PEP) de HIVinfo.

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

La profilaxis posexposición (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 profilaxis posexposición (PEP) de HIVinfo.

## **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?**

---

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.](#)

## **¿ Como debe proteger un hombre gay viviendo con el VIH a su pareja del virus?**

---

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.

La hoja informativa precedente se basa en la correspondiente en [inglés](#).

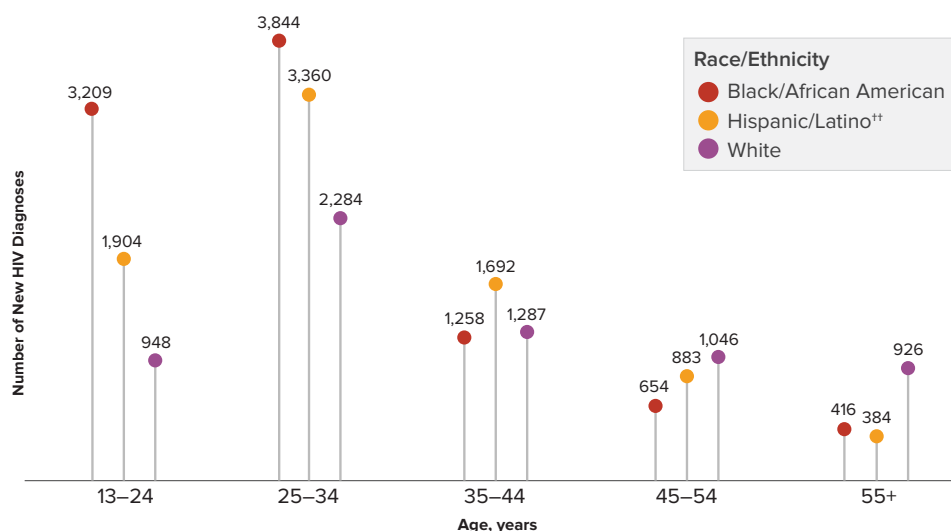
Véase también una colección de enlaces y recursos sobre el VIH en [HIV Source](#).

# HIV and African American Gay and Bisexual Men

26%

Of the **36,801 NEW HIV DIAGNOSES** in the US and dependent areas\* in 2019, 26% (9,421) were among Black/African American<sup>†</sup> gay and bisexual men.<sup>‡</sup> \*\*

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

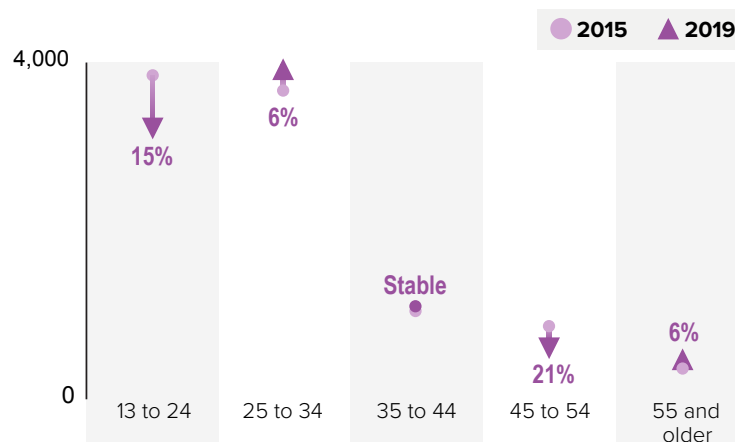


Subpopulations representing 2% or less of HIV diagnoses among gay and bisexual men are not reflected in this chart.

From 2015 to 2019, 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.

<sup>†</sup> *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.

<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.

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

<sup>††</sup> Hispanic/Latino people can be of any race.

<sup>‡‡</sup> 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.

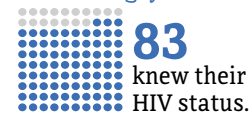


In 2019, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, **235,400** were Black/African American gay and bisexual men.

For every 100 people with HIV

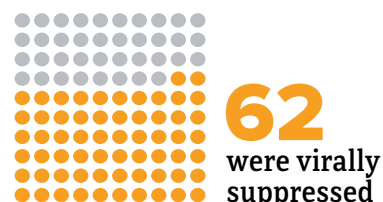
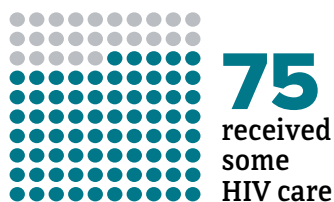


For every 100 Black/African American gay and bisexual men



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 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 diagnosed HIV, Black/African American gay and bisexual men have lower viral suppression rates. For every **100 Black/African American gay and bisexual man with diagnosed HIV in 2019**:<sup>\*\*\*</sup>



For comparison, for every **100 people overall** with diagnosed HIV, **76** received some care, **58** were retained in care, and **66** 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 in the U.S.* initiative.

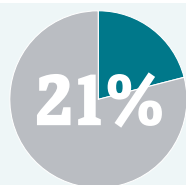
<sup>\*\*\*</sup> Includes infections attributed male-to-male sexual contact only. Among Black/African American men with HIV attributed to male-to-male sexual contact and injection drug use, 94% knew they had HIV.

<sup>\*\*\*</sup> In 44 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](http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html).

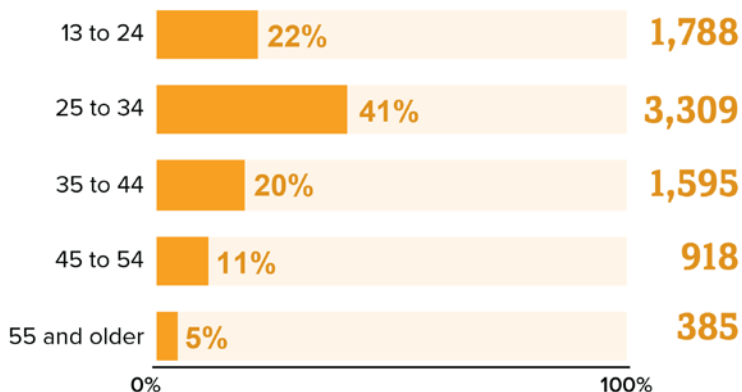
For data on HIV risk behaviors and barriers to HIV care, visit [www.cdc.gov/hiv/group/msm/bmsm.html](http://www.cdc.gov/hiv/group/msm/bmsm.html).

# 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.

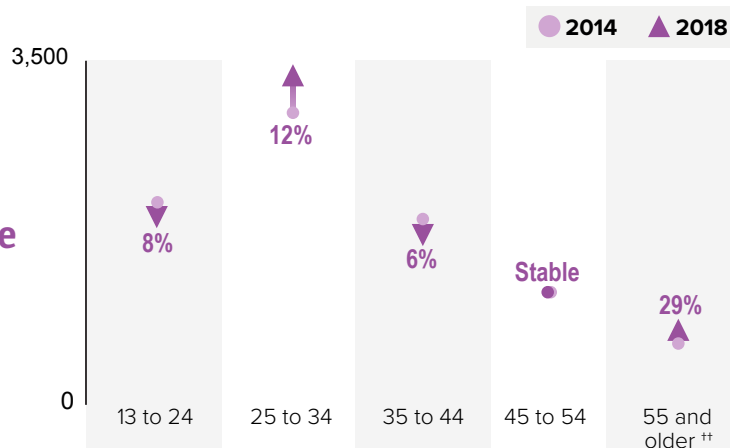


The numbers have been statistically adjusted to account for missing transmission categories. Values may not equal the subpopulation total.

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.

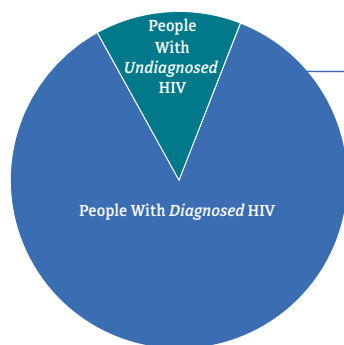
# Hispanic/Latino gay and bisexual men who don't know they have HIV can't get the care and treatment they need to stay healthy.



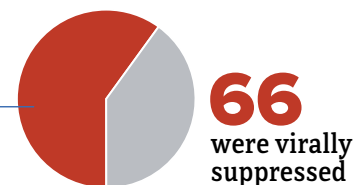
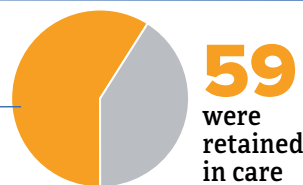
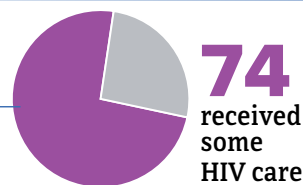
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV.<sup>##</sup> Of those, 186,900 were Hispanic/Latino gay and bisexual men.



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)

# Gay, Bisexual, and Other Men Who Have Sex with Men (MSM) Clients:

## HRSA's Ryan White HIV/AIDS Program, 2020



### Population Fact Sheet | July 2022

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 562,000 people in 2020—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health.

#### Ryan White HIV/AIDS Program Fast Facts: Gay, Bisexual, and Other Men Who Have Sex with Men (MSM) Clients

**66.7%**  
OF ALL  
MALE  
RWHAP  
CLIENTS



**52.6%**

LIVE AT  
OR BELOW  
**100%** of the  
Federal Poverty Level



**90.3%**  
ARE VIRALLY  
SUPPRESSED



**40.9%**

ARE  
AGED  
50+



A significant proportion of RWHAP clients are men who have sex with men (MSM). Of the more than half a million clients served by RWHAP, 48.2 percent are MSM. Of male clients served by RWHAP, 66.7 percent are MSM.

Learn more about MSM clients served by the RWHAP:

- **The majority of MSM clients served by RWHAP are from a diverse population.** Data show that 65.0 percent of MSM RWHAP clients are people from racial and ethnic minorities. Among MSM RWHAP clients, 35.0 percent are white, 35.5 percent are Black/African American, and 25.9 percent are Hispanic/Latino.
  - **More than half of MSM clients served by RWHAP are people with lower incomes.** Of the MSM RWHAP clients served, 52.6 percent are living at or below 100 percent of the federal poverty level, which is significantly lower than the national RWHAP average (60.9 percent).
  - **Among MSM RWHAP clients, 4.4 percent experience unstable housing.** This percentage is slightly lower than the national RWHAP average (4.8 percent).
  - **MSM RWHAP clients are aging.** MSM clients aged 50 years and older account for 40.9 percent of all MSM RWHAP clients. This percentage is lower than the national RWHAP average (47.9 percent).
- Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. In 2020, 90.3 percent of MSM receiving RWHAP HIV medical care are virally suppressed,\* which is slightly higher than the national RWHAP average (89.4 percent).
- 83.3 percent of young MSM (aged 13–24) receiving RWHAP HIV medical care are virally suppressed.
  - 80.4 percent of young Black/African American MSM (aged 13–24) receiving RWHAP HIV medical care are virally suppressed.

\*Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

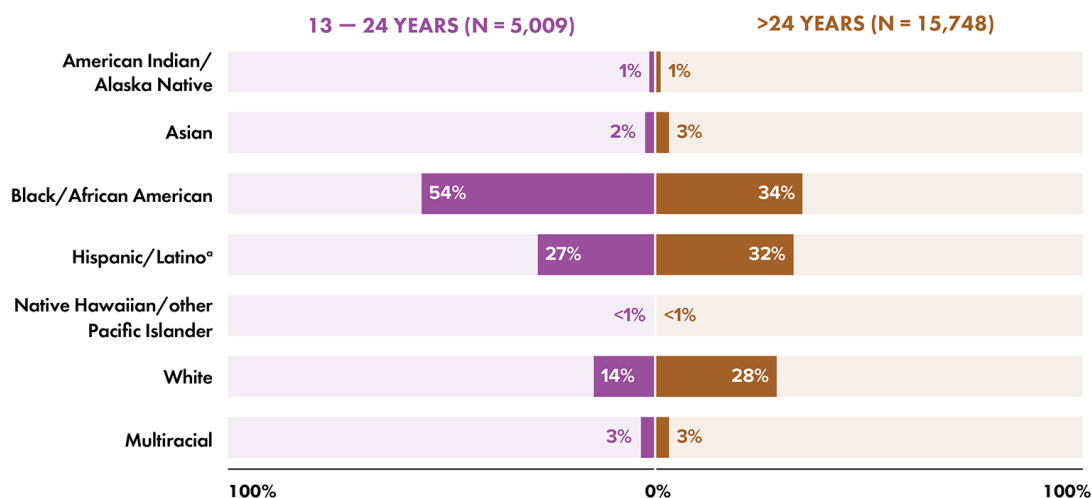


# Infographics from CDC

## (including information about HIV Among Gay and Bisexual Men)

**FIGURE 13**

Percentages of diagnoses of HIV infection among men who have sex with men, by age group and race/ethnicity, 2020 (COVID-19 Pandemic)  
—United States and 6 dependent areas

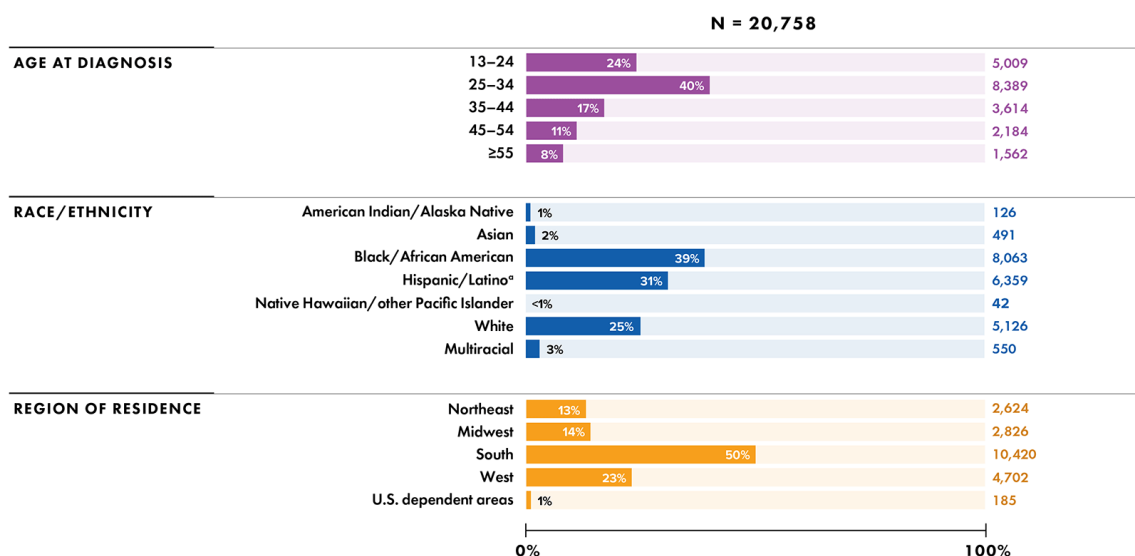


NOTE: Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.  
\*Hispanic/Latino persons can be of any race.



**FIGURE 12**

Percentages of diagnoses of HIV infection among men who have sex with men, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE: Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.  
\*Hispanic/Latino persons can be of any race.



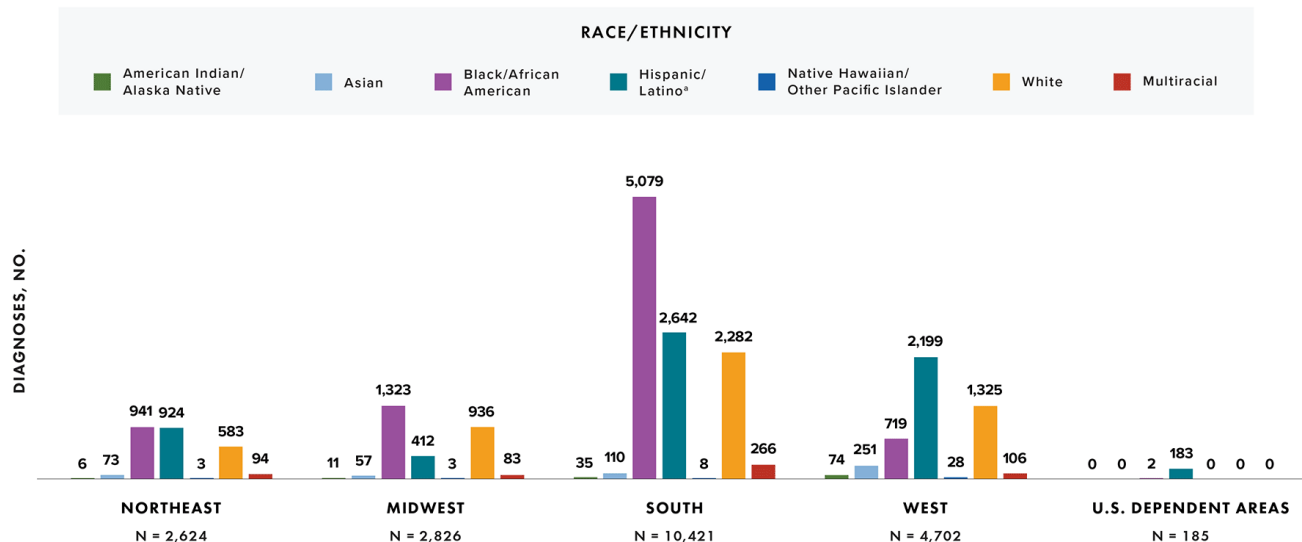


# Infographics from CDC

(including information about HIV Among Gay and Bisexual Men)

**FIGURE 14**

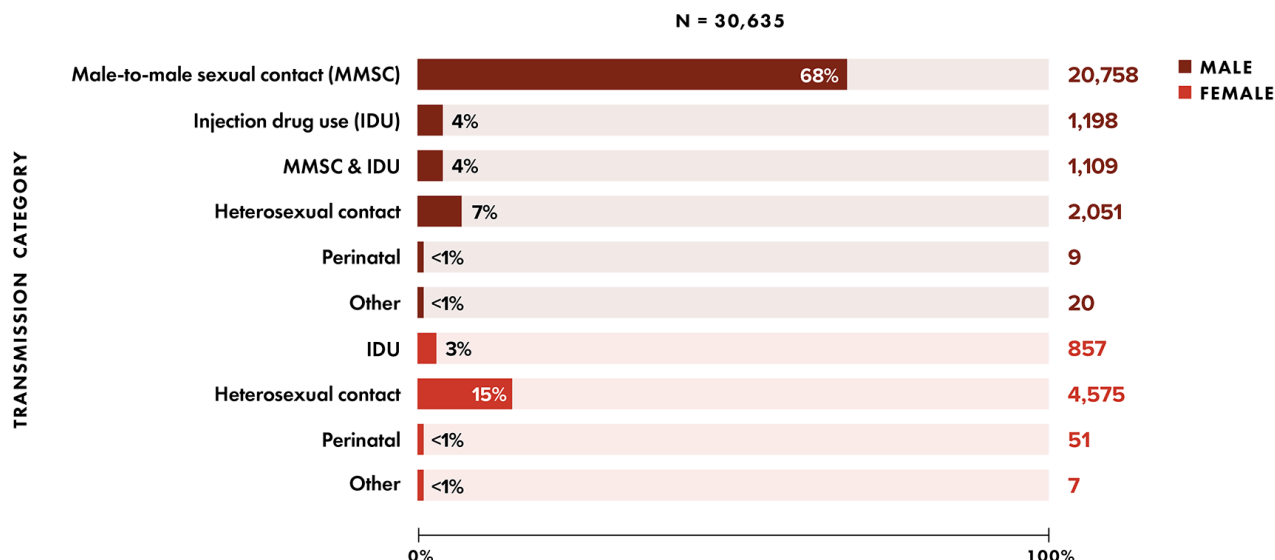
Diagnoses of HIV infection among men who have sex with men, by region of residence and race/ethnicity, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

**FIGURE 6**

Percentages of diagnoses of HIV infection among persons aged ≥13 years, by sex assigned at birth and transmission category, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



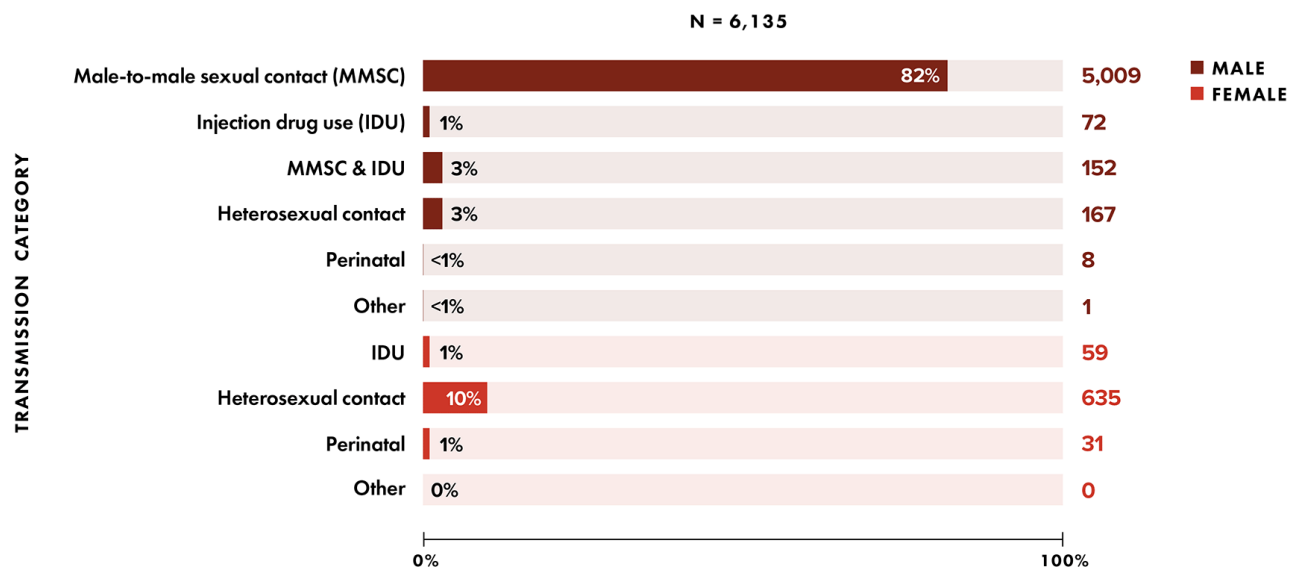
NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

# Infographics from CDC

## (including information about HIV Among Gay and Bisexual Men)

**FIGURE 27**

Percentages of diagnoses of HIV infection among persons aged 13–24 years, by sex assigned at birth and transmission category, 2020 (COVID-19 Pandemic)  
—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

