

HIV Among Black/African American Gay, Bisexual, & Other Men Who Have Sex With Men

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Fast Facts

- Among men who have sex with men (MSM), black/African American MSM are at highest risk of HIV.
- Young black/African American MSM accounted for the highest number of new HIV infections in 2010 among MSM.

In the United States, gay, bisexual, and other men who have sex with men (MSM)^a are disproportionately affected by HIV. MSM represent approximately 2% of the US population, but accounted for more than half of all estimated new HIV infections annually from 2008 to 2010. Among MSM, black/African American MSM—especially young black/African American MSM—are at highest risk of HIV. In 2010, black/African American MSM accounted for almost as many new HIV infections as white MSM, despite their differences in population size.

The Numbers

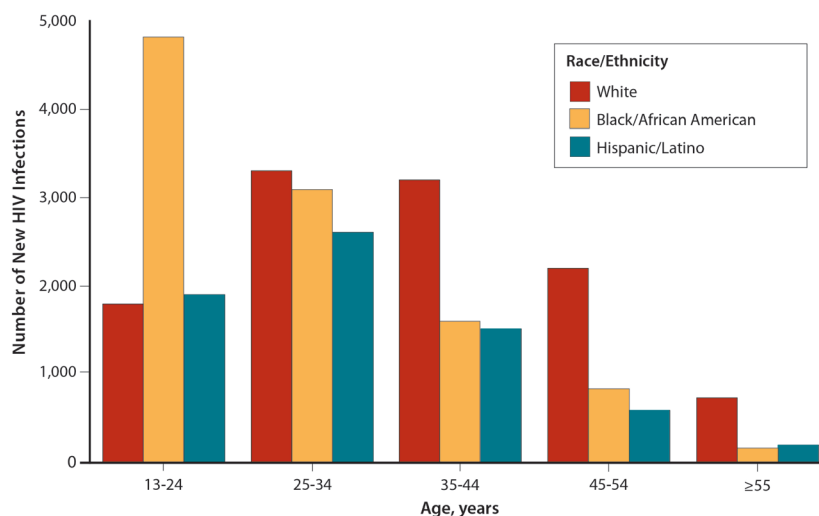
New HIV Infections

- In 2010, there were an estimated 10,600 new HIV infections among black/African American MSM. By comparison, in the same year, there were an estimated 11,200 new HIV infections among white MSM and 6,700 new HIV infections among Hispanic/Latino^b MSM.
- Young black/African American MSM aged 13 to 24 are especially affected by HIV. In 2010,
 - They accounted for approximately 4,800 new HIV infections—more than any other age group or race of MSM.
 - They accounted for more than half of new infections among MSM aged 13 to 24.

HIV and AIDS^c Diagnoses

- Among MSM in 2011 in the United States, black/African American MSM accounted for the largest estimated number and percentage of diagnoses of HIV infection (11,805, 39%), followed by white MSM (10,375, 34%) and Hispanic/Latino MSM (6,949, 23%).
- Among MSM in 2011, black/African American MSM accounted for the highest estimated number and percentage of AIDS diagnoses (6,468, 39%), followed by white MSM (5,648, 34%) and Hispanic/Latino MSM (3,758, 23%).
- In 2010, there were an estimated 440,408 MSM living with diagnosed HIV infection. Of those, 134,746 were black, 205,195 were white, and 84,758 were Hispanic/Latino.

Estimated Number of New HIV Infections Among Men Who Have Sex with Men, by Race/Ethnicity and Age at Infection, United States, 2010



Source: CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. *HIV Surveillance Supplemental Report* 2012;17(4).

^a The term men who have sex with men (MSM) is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

^b Hispanics/Latinos can be of any race.

^c HIV diagnoses and stage 3 (AIDS) classifications indicate that a person is diagnosed with HIV infection (regardless of stage of disease at diagnosis) or is classified with stage 3 HIV infection (AIDS), but does not indicate when the person was infected.

Prevention Challenges

Several factors are associated with the disproportionate burden of HIV infection among black/African American MSM. For example, black/African American MSM are more likely than MSM of other races/ethnicities to encounter broader social and economic factors such as limited access to and use of quality health care, lower income and educational attainment, higher rates of unemployment, and incarceration, which place them at higher risk for HIV.

Additionally, the higher prevalence of HIV infection and sexually transmitted infections among MSM and in African American communities leads to a greater risk of acquiring HIV among black/African American MSM, even when risk behaviors are similar to those of other populations. Sexual relationships with older men, who are more likely to have HIV, also may increase risk for exposure among young black/African American MSM.

Awareness of HIV status is also a factor. Many black/African American MSM with HIV, particularly young MSM, are unaware of their status. People who do not know they have HIV do not get medical care and may not adopt prevention behaviors, and thus, they can unknowingly infect others.

Stigma, homophobia, and discrimination put MSM of all races and ethnicities at risk for multiple physical and mental health problems, and may affect whether MSM seek and are able to receive high-quality health services, including HIV testing, treatment, and other prevention services.

Complacency and decreased worry about HIV in the general population and among MSM may also play a role. Since young MSM did not experience the severity of the early HIV epidemic, some may falsely believe that HIV is no longer a serious health threat because of treatment advances and decreased death rates.

What CDC Is Doing

Guided by the National HIV/AIDS Strategy for the United States, CDC and its partners are **pursuing a high-impact prevention approach** to reducing new HIV infections by using combinations of scientifically proven, cost-effective, and scalable interventions directed to the most vulnerable populations in the geographic areas where HIV prevalence is highest. CDC's approach to addressing the HIV epidemic among black/African American gay, bisexual, and other MSM involves three areas of commitment:

- Engaging black/African American gay, bisexual, and other MSM communities and strategic partners.
- Expanding and focusing on the prevention strategies and programs with the greatest impact.
- Evaluating and disseminating information on strategies and programs.

CDC is using this approach to **fund state and local health departments** and community-based organizations (CBOs) to support HIV prevention services for MSM. For example, CDC's Division of HIV/AIDS Prevention spends the biggest proportion of its budget to directly fund all state and eight big-city health departments to conduct high-impact prevention, and a significant portion of this funding is directed toward prevention with MSM.

In addition, to expand HIV prevention services for young MSM of color, transgender youth of color, and their partners, CDC awarded \$55 million to 34 CBOs with strong links to these populations. This funding will be used to provide HIV testing to more than 90,000 young MSM and transgender youth of color, with a goal of identifying more than 3,500 previously unrecognized HIV infections and linking those who have an HIV infection to care and prevention services.

Through its **Act Against AIDS campaigns** and other collaborative activities, CDC aims to provide MSM with effective and culturally appropriate messages about HIV prevention. The *Testing Makes Us Stronger* campaign encourages black gay and bisexual men aged 18 to 44 to get tested for HIV. *Let's Stop HIV Together*, the newest *Act Against AIDS* campaign, focuses on reducing stigma and raises general awareness about HIV.

Finally, through the **Diffusion of Effective Behavioral Interventions** project, CDC supports programs such as d-up: Defend Yourself, Mpowerment, and Many Men, Many Voices (3MV)! for MSM most at risk of acquiring or transmitting HIV. For information on these and other behavioral interventions, visit the Behavioral Interventions website at <http://www.effectiveinterventions.org/>.

To learn more about CDC activities to reduce HIV risk and improve the health of MSM, visit the Gay and Bisexual Men's Health page at <http://www.cdc.gov/msmhealth/>.

Additional Resources

CDC-INFO

1-800-CDC-INFO (232-4636)
cdcinfo@cdc.gov
Get answers to questions
and find HIV testing sites.

CDC HIV Website

www.cdc.gov/hiv

National HIV and STD Testing Resources

<http://hivtest.cdc.gov>

CDC National Prevention Information Network (NPIN)

1-800-458-5231
www.cdcpin.org
Technical assistance and
resources.

Act Against AIDS

www.cdc.gov/actagainstaids

AIDSinfo

1-800-448-0440
www.aidsinfo.nih.gov
Treatment and clinical trials.

AIDS.gov

www.aids.gov
Comprehensive government
HIV resources.