

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

May 2013

## 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)<sup>a</sup> 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

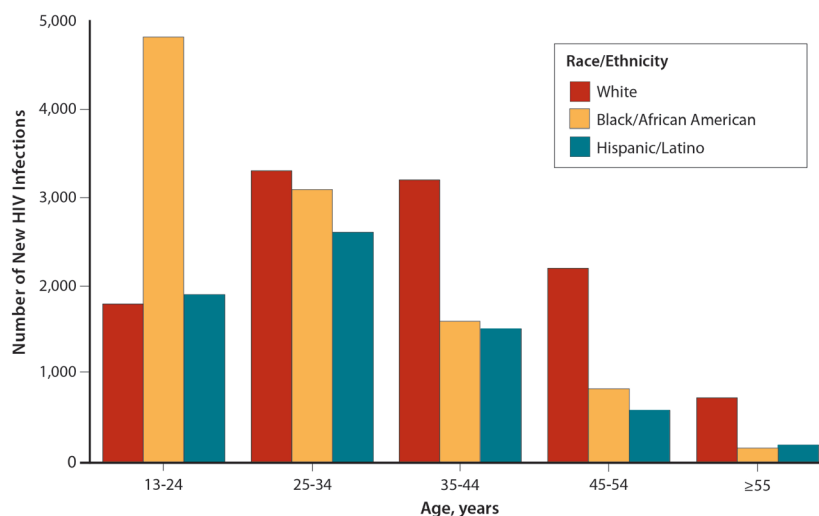
### New HIV Infections

- 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<sup>b</sup> 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<sup>c</sup> 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).

<sup>a</sup> 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.

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

<sup>c</sup> 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](mailto:cdcinfo@cdc.gov)  
Get answers to questions  
and find HIV testing sites.

#### CDC HIV Website

[www.cdc.gov/hiv](http://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](http://www.cdcpin.org)  
Technical assistance and  
resources.

#### Act Against AIDS

[www.cdc.gov/actagainstaids](http://www.cdc.gov/actagainstaids)

#### AIDSinfo

1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
Treatment and clinical trials.

#### AIDS.gov

[www.aids.gov](http://www.aids.gov)  
Comprehensive government  
HIV resources.

# HIV Infection among Transgender People

August 2011

## Fast Facts

**Transgender communities in the United States are among the groups at highest risk for HIV infection.**

**In 2009, among transgender persons, the highest percentage of newly identified HIV infection was among blacks and Hispanics.**

**Many cultural, socioeconomic, and health-related factors contribute to the HIV epidemic and prevention challenges in the U.S. transgender community.**

Transgender communities in the United States are among the groups at highest risk for HIV infection. Transgender people are *gender identity* minorities. The term gender identity refers to a person's basic sense of self, of identifying as male, female, or some other gender (e.g., transgender, bigender, intersex). Transgender refers to people whose gender identity does not conform to norms and expectations traditionally associated with a binary classification of gender based on external genitalia, or, more simply, their sex assigned at birth. It includes people who self-identify as gender variant; male-to-female (MtF) or transgender women; female-to-male (FtM) or transgender men; many other gender nonconforming people with identities beyond the gender binary; and people who self-identify simply as female or male. Gender identity, gender expression, and sexual orientation are separate, distinct concepts, none of which is necessarily linked to one's genital anatomy.

## The Numbers

Because surveillance data for this population are not uniformly collected, information is lacking on how many transgender people in the United States are infected with HIV. However, data collected by local health departments and scientists studying these communities show high HIV positivity among transgender people.

- Data from CDC-funded HIV testing programs show high percentages of newly identified HIV infections among transgender people. In 2009, about 4,100 of 2.6 million HIV testing events were conducted with someone who identified as transgender. Newly identified HIV infection was 2.6% among transgender persons compared with 0.9% for males and 0.3% for females. Among transgender persons, the highest percentage of newly identified HIV infection was among blacks (4.4%) and Hispanics (2.5%). More than half (52%) of testing events with transgender persons occurred in non-clinical settings.
- In New York City, from 2005–2009, there were 206 new diagnoses of HIV infection among transgender people, 95% of which were among transgender women. Approximately 90% of MtF and FtM people newly diagnosed with HIV infection were

black or Hispanic. Newly diagnosed transgender people were more likely to have been in their teens or twenties than their non-transgender counterparts. Also, among newly diagnosed people, 50% of transgender women had documentation in their medical records of substance use, commercial sex work, homelessness, incarceration, and/or sexual abuse as compared with 31% of other people who were not transgender.

- Findings from a meta-analysis of 29 published studies showed that 27.7% of transgender women tested positive for HIV infection (4 studies), but when testing was not part of the study, only 11.8% of transgender women self-reported having HIV (18 studies). In one study, 73% of the transgender women who tested HIV-positive were unaware of their status. Studies also indicate that black transgender women are more likely to become newly infected with HIV.

## Prevention Challenges

Many cultural, socioeconomic, and health-related factors contribute to the HIV epidemic and prevention challenges in the U.S. transgender community. These include higher rates of drug and alcohol abuse, sex work, incarceration, homelessness, attempted suicide, unemployment, lack of familial support, violence, stigma and discrimination, limited health care access, and negative health care encounters.

- **Identifying transgender people** can be challenging. Using gender alone is not enough because some people in this community do not self-identify as transgender. Using the 2-step data collection method of asking for sex assigned at birth and current gender identity increases the likelihood that all transgender people will be accurately identified. It is important to avoid making assumptions about sexual orientation and sexual behavior based on gender identity as there is great diversity in orientation and behavior among this population, and some identify as both transgender *and* gay, bisexual, or lesbian. The Institute of Medicine has recommended that behavioral and surveillance data for transgender men and women should be collected and analyzed separately and not grouped with data for men who have sex with men (MSM).

**Additional Resources:****CDC HIV and AIDS**

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)  
Visit CDC's HIV and AIDS Web site.

**CDC-INFO**

**1-800-CDC-INFO or  
1-800 (232-4636)**

**[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)**

Get information about personal risk, prevention, and testing.

**CDC National HIV Testing Resources**

[www.hivtest.org](http://www.hivtest.org)  
Text your ZIP code to KNOW IT or 566948.  
Locate an HIV testing site near you.

**CDC National Prevention Information Network (CDC NPIN)**

1-800-458-5231  
[www.cdnpin.org](http://www.cdnpin.org)  
Find CDC resources and technical assistance.

**AIDSinfo**

1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
Locate resources on HIV and AIDS treatment and clinical trials.

For more information, visit the CDC HIV Web site at [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

- **High levels of HIV risk behaviors** have been reported among transgender people. HIV infection among transgender women is associated with having multiple sex partners and unprotected receptive or insertive anal intercourse.

Additionally, many transgender women reported high levels of alcohol and substance use. These substances can affect judgment and lead to unsafe sexual practices, which can increase HIV risk.

The few studies examining HIV risk behaviors among transgender men suggest some have multiple male sex partners and engage in unprotected receptive anal or vaginal intercourse with men; however, no studies have reported links between these behaviors and HIV infection among transgender men. Nonetheless, these are established HIV risk behaviors in other populations.

- **Discrimination and social stigma** can hinder access to education, employment, and housing opportunities. In a study conducted in San Francisco, transgender people were more likely than MSM or heterosexual women to live in transient housing and have completed fewer years of education. Discrimination may help explain why transgender people who experience significant economic difficulties often pursue high-risk activities, including commercial sex work, to meet their basic survival needs. Social stigma also may explain why some transgender people engage in unprotected receptive intercourse with their sex partners. Qualitative data suggest that some transgender people who fear sex partner rejection or need their gender affirmed through sex may engage in unprotected receptive intercourse. High rates of depression, emotional distress, loneliness, and social isolation have been linked to suicidal thoughts and suicide attempts by transgender people. Therefore, interventions that address multiple co-occurring, syndemic public health problems—including substance use, poor mental health, violence and victimization, discrimination, and economic hardship—should be developed and evaluated for transgender people.
- **Health care provider insensitivity** to transgender identity or sexuality can be a barrier for HIV-infected transgender people seeking health care. Although research shows a similar proportion of HIV-positive transgender women have health insurance coverage as compared with other infected people who are not transgender, HIV-positive transgender women were less likely to be on antiretroviral therapy.

- **Additional research is needed to identify factors that prevent HIV in this population.** Several behavioral HIV prevention interventions developed for transgender people have been reported, generally involving relatively small samples comprised entirely or primarily of transgender women. Most have shown at least modest reductions in HIV risk behaviors, such as fewer sex partners and/or reducing unprotected anal sex acts, although none have involved a control group.

**What CDC Is Doing**

CDC recognizes that accurate information is key to understanding the HIV epidemic, public health needs, and gaps in services among all people at risk for HIV infection.

- In response to recommendations for collecting data from transgender people, CDC is currently revising the national system for reporting HIV cases to capture sex assigned at birth and current gender identity. This will improve the likelihood of accurately identifying diagnoses of HIV infection among transgender women and men.
- CDC is developing an HIV-related behavioral survey to monitor current HIV-related risk behaviors and prevention experiences among transgender women.
- CDC is currently collecting information on gender identity in its HIV testing programs.
- To respond to a shortage of proven behavioral HIV prevention interventions for the transgender community, CDC funded researchers to develop ground-breaking interventions for transgender people. Data from this research will be available later in 2011.
- CDC has funded organizations to adapt proven behavioral HIV prevention interventions for use with transgender people. Adapted curricula and supporting materials and technical assistance for implementing agencies are available.
- CDC-funded capacity building assistance (CBA) providers help community-based organizations (CBOs) serving transgender people to enhance structural interventions such as condom distribution, community mobilization, HIV testing, and coordinated referral networks and service integration.
- YMSM and YTransgender CBO Project — CDC currently funds prevention programs for transgender youth of color through the Prevention Program Branch.

## Fast Facts

- Latinos are disproportionately affected by HIV.
- In 2009, Latinos accounted for 20% of new HIV infections in the United States while representing approximately 16% of the total US population.
- Latino MSM are particularly affected by HIV.

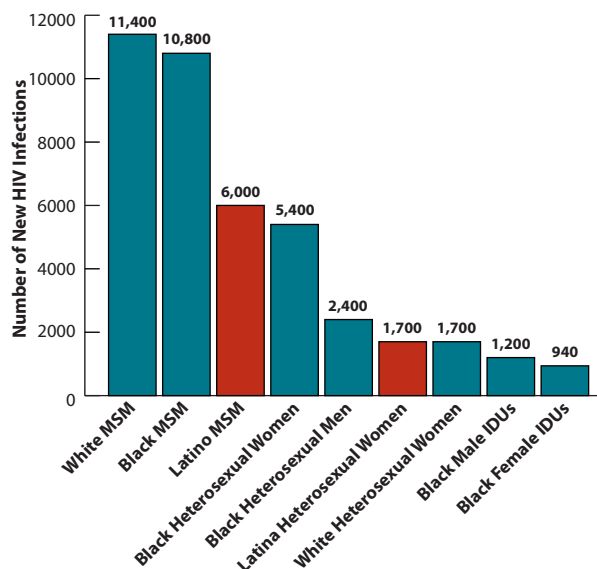
The HIV epidemic is a serious public health issue in the Latino<sup>1</sup> community. In 2009, Latinos accounted for 20% (9,400) of new HIV infections while representing approximately 16% of the total US population. The HIV infection rate among Latinos in 2009 was nearly three times as high as that of whites (26.4 vs 9.1 per 100,000 population).

## The Numbers

### New HIV Infections<sup>2</sup>

- In 2009, Latino men accounted for 79% (7,400) of new infections among all Latinos. The rate of new infections among Latino men was two and a half times as high as that of white men (39.9/100,000 vs. 15.9/100,000).
- In 2009, Latino men who have sex with men (MSM)<sup>3</sup> accounted for 81% (6,000) of new HIV infections among all Latino men and 20% among all MSM. Among Latino MSM, 45% of new HIV infections occurred in those under age 30.
- While Latina women accounted for 21% (2,000) of new infections among Latinos in 2009, their rate of HIV infection was more than four times that of white women (11.8/100,000 vs. 2.6/100,000).

### Estimates of New HIV Infections in the United States, 2009, for the Most-Affected Subpopulations



Subpopulations representing 2% or less of the overall US epidemic are not reflected in this chart.

### HIV and AIDS Diagnoses<sup>1</sup> and Deaths

- At some point in life, 1 in 36 Latino men will be diagnosed with HIV, as will 1 in 106 Latina women.
- In 2009, Latinos accounted for 19% of the 42,959 new diagnoses of HIV infection in the 40 states and 5 US dependent areas with long-term confidential name-based HIV infection reporting.
- In 2009, an estimated 7,442 Latinos were diagnosed with AIDS in the US and 5 US dependent areas. This number has decreased since 2006.
- By the end of 2008, an estimated 111,438 Latinos with an AIDS diagnosis had died in the US and dependent areas. In 2007, HIV was the fourth leading cause of death among Latinos aged 35–44 and the sixth leading cause of death among Latinos aged 25–34 in the US.

<sup>1</sup> Latinos can be of any race.

<sup>2</sup> **New HIV Infections** refer to HIV incidence, or the number of people who are newly infected with HIV.

<sup>3</sup> The term **men who have sex with men (MSM)** is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, not how individuals self-identify in terms of their sexuality.

<sup>4</sup> HIV and AIDS Diagnoses indicates when a person is diagnosed with HIV infection or AIDS but does not indicate when the person was infected.

## Prevention Challenges

A number of factors contribute to the HIV epidemic in Latino communities.

- **Behavioral risk factors for HIV infection differ by country of birth.** Data suggest that the highest percentages of diagnosed HIV infections among Latino men are attributed to sexual contact with other men, regardless of place of birth, but men born in Puerto Rico have a substantially larger percentage of diagnosed HIV infections attributed to injection drug use than Latino men born in other countries.
- Latino men and women are most likely to be infected with HIV as a result of **sexual contact with men**. Latina women may be unaware of their male partner's risk factors.
- **Injection drug use** continues to be a risk factor for Latinos, particularly those living in Puerto Rico. In addition, both casual and chronic substance users may be more likely to engage in risky sexual behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol.
- The presence of certain **sexually transmitted infections (STIs)** can significantly increase one's chances of contracting HIV infection. A person who has both HIV infection and certain STIs has a greater chance of infecting others with HIV. The rates of STIs remain high among Latinos.
- **Cultural factors** may affect the risk of HIV infection. Some Latinos may avoid seeking testing, counseling, or treatment if infected out of fear of discrimination, stigmatization or immigration status. Traditional gender roles and the stigma around homosexuality may add to prevention challenges.
- **Greater acculturation into the US culture** has both negative (engaging in behaviors that increase the risk for HIV infection) and positive (communicating with partners about practicing safer sex) effects on the health behaviors of Latinos.
- **Socioeconomic factors** such as poverty, migration patterns, lower educational attainment, inadequate health insurance, limited access to health care or language barriers add to Latino HIV infection rates. These factors may limit Latinos' awareness about HIV infection risks and opportunities for counseling, testing, and treatment.
- Due to **fear of disclosure**, undocumented immigrants may be less likely to access HIV prevention services, get an HIV test, or receive adequate treatment and care if living with HIV.

## What CDC Is Doing

CDC supports research to develop new, effective behavioral interventions and to adapt existing interventions for Latino populations. CDC also supports the national dissemination of effective HIV behavioral interventions for Latinos that are delivered by health departments and community-based organizations (CBOs) around the country. These interventions, in various stages of development and dissemination, include **Connect (Connectémonos); ¡Cuidate!; Modelo de Intervención Psicomédica (MIP); Project AIM; Project FIO; and Salud, Educacion, Prevencion y Autocuidado (SEPA).**

CDC has also initiated new projects and included language in funding opportunity announcements to expand the HIV prevention services currently available to Latinos. CDC funds states, territories, and CBOs within the US, Puerto Rico, and the US Virgin Islands to provide HIV prevention services to high-risk populations, including Latinos.

In 2009, as part of CDC's *Act Against AIDS* campaign, CDC launched the **Act Against AIDS Leadership Initiative (AAALI)**, a \$15.6 million, six-year partnership to increase HIV-related awareness, knowledge, and action in minority communities across the US. In 2010, CDC expanded **AAALI** to include three national organizations that focus on Latino populations. Also in 2010, CDC placed Spanish-language versions of *Act Against AIDS* campaign messages on billboards and bus shelters in predominantly Latino neighborhoods in six cities, as well as Spanish-language dioramas in five airports. CDC also distributed Spanish-language *Act Against AIDS* television public service announcements to Univision, Telemundo, TeleFutura, and NBC en Español television networks and their affiliate stations in 34 markets.

In 2011, CDC awarded \$55 million over five years to 34 community-based organizations through **Funding Opportunity Announcement (FOA) PS11-1113: Human Immunodeficiency Virus (HIV) Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color** to expand HIV prevention services for young gay and bisexual men of color and their partners. Organizations that serve Latinos were included in the funding to expand upon a previous program to reach these populations with an increase of \$10 million to fund a larger number of community organizations. The average award for each organization is approximately \$300,000 per year. The new CDC awards are designed to enable CBOs with strong links to these populations to meet their specific HIV prevention needs.

### Additional Resources:

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

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resources.*

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*Treatment and clinical trials.*

**AIDS.gov**  
[www.aids.gov](http://www.aids.gov)  
*Comprehensive government  
HIV resources.*

## Fast Facts

- As of the end of 2010, one in four people living with a diagnosis of HIV infection in the United States were women.
- Black/African American women and Latinas are disproportionately affected by HIV infection compared with women of other races/ethnicities.
- New HIV infections among black/African American women decreased in 2010.

At the end of 2010, an estimated 25% of adults and adolescents aged 13 years or older living with a diagnosis of HIV in the United States were women.<sup>a</sup> But not all women are equally at risk for HIV infection. Women of color, especially black/African American women, are disproportionately affected by HIV infection compared with women of other races/ethnicities.

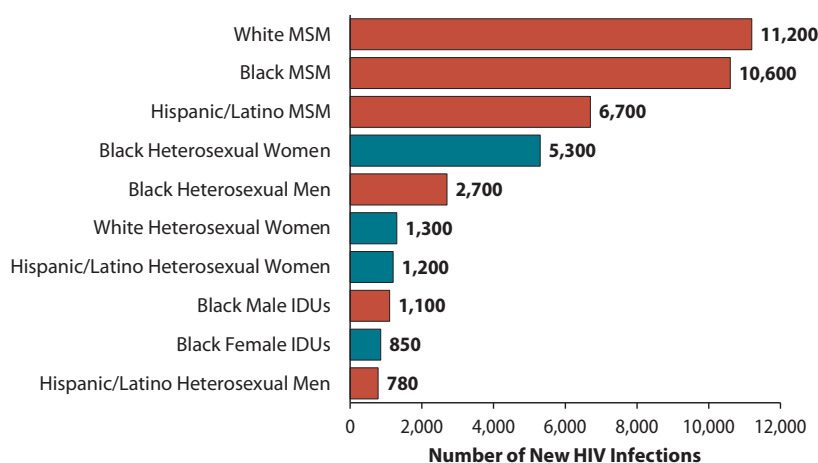
## The Numbers

While black/African American women continue to be far more affected by HIV than women of other races/ethnicities, recent data show early signs of an encouraging decrease in new HIV infections. CDC is cautiously optimistic that this is the beginning of a longer-term trend. CDC recommends that all people aged 13 to 64 get tested for HIV. Yet, 15% of women who are HIV-positive are unaware of their status.

### New HIV Infections<sup>b</sup>

- In 2010, women accounted for an estimated 9,500, or 20%, of the estimated 47,500 new HIV infections in the United States. Most of these (8,000, or 84%) were from heterosexual contact with a person known to have, or to be a high risk for, HIV infection
- In 2010, the fourth largest number of all new HIV infections among all people in the United States occurred among black/African American women with heterosexual contact (5,300 infections)<sup>c</sup> (see bar graph). Of the total number of new HIV infections among women in the United States in 2010, 64% occurred in blacks/African Americans, 18% were in whites, and 15% were in Hispanics/Latinas.<sup>d</sup>
- At some point in their lifetimes, an estimated 1 in 32 black/African American women will be diagnosed with HIV infection, compared with 1 in 106 Hispanic/Latino women and 1 in 526 white women.
- In 2010, the rate of new HIV infections (per 100,000 population) among black/African American women was 20 times that of white women, and the rate among Hispanic/Latino women was 4 times the rate of white women. However, the number of new infections among black/African American women in 2010 (6,100) represented a decrease of 21% since 2008.
- Young women aged 25 to 44 accounted for the majority of new HIV infections among women in 2010.

### Estimates of New HIV Infections in the United States for the Most-Affected US Populations, 2010



Source: CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. *HIV Surveillance Supplemental Report* 2012;17(4). <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm#supplemental>. Subpopulations representing 2% or less of the overall US epidemic are not reflected in this chart.

Abbreviations: MSM, men who have sex with men; IDU, injection drug user.

<sup>a</sup> Unless otherwise noted, this fact sheet defines women as adult and adolescent females aged 13 and older.

<sup>b</sup> New HIV infections refer to HIV incidence, or the estimated number of people who are newly infected with HIV each year.

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

<sup>d</sup> Can be any race.

## HIV and AIDS Diagnoses<sup>e</sup> and Deaths

- In 2011, an estimated 10,257 women aged 13 years or older received a diagnosis of HIV infection in the United States, down from 12,146 in 2008.
- Women accounted for 25% (7,949) of the estimated 32,052 AIDS diagnoses in 2011 and represent 20% (232,902) of the 1,155,792 cumulative AIDS diagnoses (including children) in the United States from the beginning of the epidemic through the end of 2011.
- In 2010, HIV was among the top 10 leading causes of death for black/African American women aged 15 to 64 and Hispanic/Latino women aged 25 to 44.

## Prevention Challenges

The following risk factors contribute to prevention challenges for women

- Women may be **unaware of their partner's risk factors** for HIV (such as injection drug use or unprotected sex with men, with multiple partners, or with anyone who has, or is at a high risk for, HIV). Some women may not insist on condom use because they fear that their partner will leave them or even physically abuse them.
- **Unprotected vaginal sex** is a much higher risk for HIV for women than for men, and **unprotected anal sex** is riskier for women than unprotected vaginal sex. Abstaining from sex or having sex with only a mutually monogamous partner who does not have HIV, and using condoms correctly and consistently, reduce the risk for HIV transmission.
- Women who have experienced **sexual abuse** may be more likely than women with no abuse history to engage in high-risk sexual behaviors like exchanging sex for drugs, having multiple partners, or having sex with a partner who is physically abusive when asked to use a condom.
- A substantial number of HIV infections among women are attributable to **injection drug and other substance use**—either directly, through sharing drug injection equipment contaminated with HIV, or indirectly, through engaging in high-risk behaviors like unprotected sex, while under the influence of drugs or alcohol.
- Some **sexually transmitted diseases** greatly increase the likelihood of acquiring or transmitting HIV. Rates of gonorrhea and syphilis are higher among women of color than among white women.

## What CDC Is Doing

CDC supports the national dissemination of effective HIV behavioral interventions (<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions.aspx>), including many designed for women. In addition, CDC developed *Take Charge. Take the Test.*, a phase of the *Act Against AIDS* (AAA) campaign designed to increase HIV testing among African American women aged 18 to 34. The newest AAA campaign, *Let's Stop HIV Together*, is a general-awareness campaign that fights stigma by telling the stories of people who are living with HIV, including women. CDC continues to

- Fund HIV testing and prevention programs in state and local health departments and community-based organizations, including reaching previously undiagnosed African American women at high risk for HIV and linking them to prevention and care services.
- Be actively involved in the research of microbicides—creams or gels that can be applied vaginally or anally before sexual contact to prevent HIV transmission.
- Support clinical trials of preexposure prophylaxis (PrEP)—a daily dose of HIV drugs to prevent HIV infection for people at high risk.
- Work to further reduce mother-to-child HIV transmission in the United States through prevention campaigns, better surveillance, and education programs.

Through education about HIV risk and transmission, testing, and information about treatment for women who are living with HIV, CDC is committed to ensuring that all women, especially populations that are most heavily affected, have the tools they need to prevent HIV.

See the Resources and Bibliography at <http://www.cdc.gov/hiv/topics/women/index.htm> for more information.

### Additional Resources

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

**CDC HIV Website**  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

**National HIV and STD Testing Resources**  
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**CDC National Prevention Information Network (NPIN)**  
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[www.cdcnpin.org](http://www.cdcnpin.org)  
*Technical assistance and resources.*

**Act Against AIDS**  
<http://www.cdc.gov/actagainstaids>

**AIDSinfo**  
1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
*Treatment and clinical trials.*

**AIDS.gov**  
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<sup>e</sup> HIV and AIDS diagnoses indicate that a person is diagnosed, but not when the person was infected.



# HIV Among American Indians and Alaska Natives

March 2013

## Fast Facts

- HIV infection affects American Indians and Alaska Natives (AI/AN) in ways that are not always apparent because of their small population size.
- Compared with other races/ethnicities, AI/AN have poorer survival rates after an HIV diagnosis.
- AI/AN face special HIV prevention challenges, including poverty and culturally based stigma.

HIV is a critical public health issue among the approximately 5.2 million American Indians and Alaska Natives (AI/AN) who represent about 1.7%<sup>a</sup> of the US population. AI/AN represented less than 1% of estimated new HIV infections in 2010. When compared with other racial/ethnic groups, AI/AN ranked fifth in estimated rates of HIV infection diagnoses in 2011, with lower rates than blacks/African Americans, Hispanics/Latinos, Native Hawaiians/Other Pacific Islanders, and people reporting multiple races, but higher rates than Asians and whites.

## The Numbers

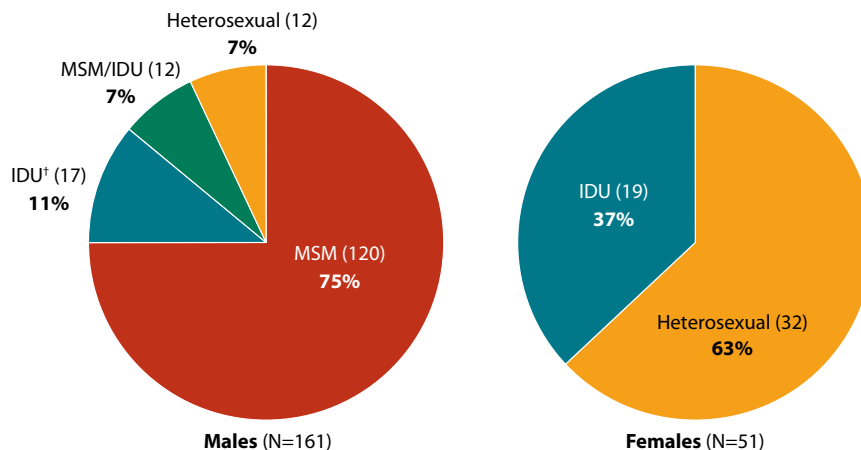
### New HIV Infections<sup>b</sup>

- In 2010, AI/AN accounted for less than 1% (210) of the estimated 47,500 new HIV infections in the United States.

### HIV and AIDS Diagnoses<sup>c</sup> and Deaths

- AI/AN men accounted for 76% (161) and AI/AN women accounted for 24% (51) of the estimated 212 AI/AN diagnosed with HIV infection in 2011.
- Seventy five percent (120) of the estimated 161 HIV diagnoses among AI/AN men in 2011 were attributed to male-to-male sexual contact. Sixty-three percent (32) of the estimated 51 HIV diagnoses among AI/AN women were attributed to heterosexual contact.
- In 2011, an estimated 146 AI/AN were diagnosed with AIDS, a number that has remained relatively stable since 2008.
- By the end of 2010, an estimated 1,945 AI/AN with an AIDS diagnosis had died in the United States. In 2010, HIV infection was the ninth leading cause of death among AI/AN men and women aged 25 to 34.

### Estimated Diagnoses of HIV Infection among Adult and Adolescent American Indians/Alaska Natives by Transmission Category and Gender, United States, 2011\*



\*Because of rounding, the percentages do not equal 100%. Because the estimated total (N) was calculated independently of the values of the subpopulation, the subpopulation values do not sum to the total. <sup>†</sup>Injection drug use.

<sup>a</sup>Census population estimates for AI/AN include those reporting Hispanic ethnicity or one or more races.

<sup>b</sup>New HIV infections refer to HIV incidence, or the number of people who are newly infected with HIV.

<sup>c</sup>HIV and AIDS diagnoses refer to the number of people diagnosed with HIV infection and the number of people diagnosed with AIDS, respectively, during a given time period. The terms do not indicate when they were infected.

## Prevention Challenges

Race and ethnicity are not, by themselves, risk factors for HIV infection. However, AI/AN are likely to face challenges associated with risk for HIV infection.

- **Sexually transmitted diseases (STIs).** AI/AN have higher rates of chlamydia, gonorrhea, and syphilis than whites and Hispanics/Latinos and are second only to blacks/African Americans, who have the highest rates for all three STIs. STIs increase the susceptibility to HIV infection.
- AI/AN gay and bisexual or “two-spirit” men may face **culturally based stigma and confidentiality issues** that may limit opportunities for education and HIV testing, especially among those who live in rural communities or on reservations.
- **Cultural diversity.** There are 566 federally recognized AI/AN tribes, whose members speak some 200 languages. Because each tribe has its own culture, beliefs, and practices and these tribes may be subdivided into language groups, it can be challenging to create culturally appropriate prevention programs for each group. Tribal and cultural differences regarding gender and sexuality within the AI/AN community must be considered in developing culturally appropriate prevention strategies.
- **Socioeconomic issues.** Poverty, including limited access to high-quality health care, housing, and HIV prevention education, directly and indirectly increase the risk for HIV infection and affect the health of people living with and at risk for HIV infection. Compared with other racial/ethnic groups, AI/AN have higher poverty rates, have completed fewer years of education, are younger, are less likely to be employed, and have lower rates of health insurance coverage.
- **Mistrust of government and its health care facilities.** The federally funded Indian Health Service (IHS) provides health care for approximately 2 million AI/AN and consists of direct services delivered by the IHS, tribally operated health care programs, and urban Indian health care services and resource centers. However, because of confidentiality and quality-of-care issues and a general distrust toward the US government, some AI/AN may avoid IHS.
- **Alcohol and illicit drug use.** Substance use can lead to sexual behaviors that increase the risk of HIV infection. Although alcohol and substance abuse does not cause HIV infection, it is an associated risk factor because of its ability to reduce inhibitions and impair judgment. Compared with other racial/ethnic groups, AI/AN tend to use alcohol and drugs at a younger age, use them more often and in higher quantities, and experience more negative consequences from them.
- **Lack of awareness of HIV status.** Overall, approximately one in five (18%) US adults and adolescents living with HIV infection at the end of 2009 were unaware of their HIV infection. However, a greater percentage of adult and adolescent AI/AN (25%) were estimated to have undiagnosed HIV infection at the end of 2009. This translates to approximately 1,100 people in the AI/AN community living with undiagnosed HIV infection at the end of 2009.
- **Data limitations.** Racial misidentification of AI/AN may lead to the undercounting of this population in HIV surveillance systems and may contribute to the underfunding of AI/AN-targeted services.

## What CDC Is Doing

The Centers for Disease Control and Prevention (CDC) and its partners are pursuing a **High-Impact Prevention** approach to advance the goals of the **National HIV/AIDS Strategy (NHAS)**, maximize the effectiveness of current HIV prevention methods and **improve surveillance among AI/AN.**

Activities include

- Support and technical assistance to health departments and community-based organizations to deliver effective prevention interventions for AI/AN, such as **Community PROMISE** and **Commitment to Action for 7<sup>th</sup> Generation Awareness & Education: HIV/AIDS Prevention Project (CA7AE:HAPP).**
- Phases of the **Act Against AIDS (AAA)** campaign, including *Greater Than AIDS*, which focuses on gay and bisexual men of all races; and *Let's Stop HIV Together*, which addresses stigma and raises awareness.
- The **Care and Prevention in the United States (CAPUS) Demonstration Project** that supports increased testing and optimizes linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.
- In January 2012, CDC began the **Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments (Funding Opportunity Announcement [FOA] PS 12-1201)**, a 5-year, \$339 million HIV prevention FOA for health departments in states, territories, and select cities including those serving AI/AN clients.
- The **Office for State, Tribal, Local, and Territorial Support (OSTLTS)** serves as the primary link between CDC, the Agency for Toxic Substance and Disease Registry, and tribal governments. OSTLTS' tribal support activities are focused on fulfilling CDC's supportive role in ensuring that AI/AN communities receive public health services that keep them safe and healthy.

### Additional Resources

#### CDC-INFO

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

[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

Get answers to questions and find HIV testing sites.

#### CDC HIV Website

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

Technical assistance and resources.

#### Act Against AIDS

[www.cdc.gov/actagainstaids](http://www.cdc.gov/actagainstaids)

#### AIDSinfo

1-800-448-0440

[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)

Treatment and clinical trials.

#### AIDS.gov

[www.aids.gov](http://www.aids.gov)

Comprehensive government HIV resources.

## Fast Facts

- Young people aged 13–29 accounted for 39% of all new HIV infections in 2009.
- With regard to youth, HIV disproportionately affects young gay and bisexual men and young African Americans.
- All young people should know how to protect themselves from HIV infection.

Too many young people in the United States (US) are at risk for HIV infection. This risk is especially notable for young gay, bisexual, and other men who have sex with men (MSM)<sup>1</sup>, especially young African American or Latino MSM, and all youth of minority races and ethnicities. Continual HIV prevention outreach and education efforts, including programs on abstinence, delaying the initiation of sex, and negotiating safer sex, are required as new generations replace the generations that benefited from earlier prevention strategies.

## The Numbers

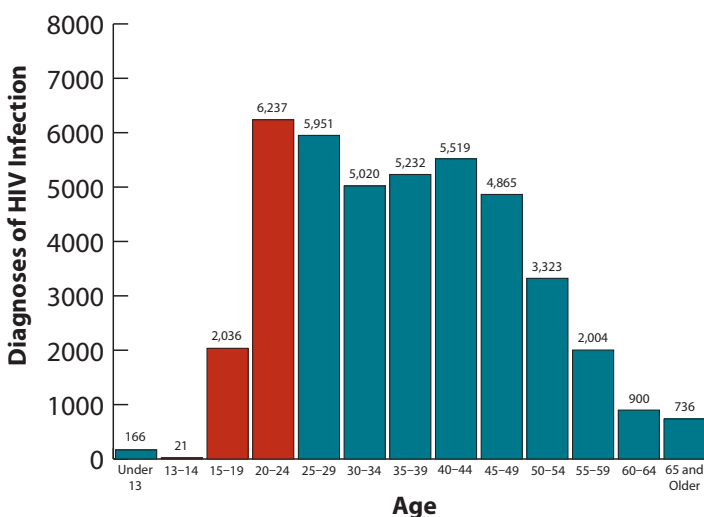
### New HIV Infections (Ages 13–29 Years)

- In 2009, young persons accounted for 39% of all new HIV infections in the US. For comparison's sake, persons aged 15–29 comprised 21% of the US population in 2010.
- Young MSM, especially those of minority races and ethnicities, are at increased risk for HIV infection. In 2009, young MSM accounted for 27% of new HIV infections in the US and 69% of new HIV infections among persons aged 13–29. Among young black MSM, new HIV infections increased 48% from 2006 through 2009.

### HIV and AIDS Diagnoses<sup>2</sup> (Ages 13–24 Years)

- An estimated 8,294 young persons were diagnosed with HIV infection in 2009 in the 40 states with long-term HIV reporting, representing about 20% of the persons diagnosed during that year.
  - Seventy-five percent (6,237) of these diagnoses occurred in young people aged 20–24 years. Indeed, those aged 20–24 had the highest number and rate of HIV diagnoses of any age group (36.9 new HIV diagnoses/100,000 people).
- In 2009, young blacks accounted for 65% (5,404) of diagnoses of HIV infection reported among persons aged 13–24 years.
  - In 2008, an estimated 22% of persons aged 13–24 living with diagnosed HIV infection were infected through hemophilia, blood transfusion, birth, or unknown transmission mode, with the majority being infected perinatally.

## Diagnoses of HIV Infection in the United States, 2009, by Age



## Prevention Challenges

### Sexual Risk Factors

**Early age at sexual initiation; unprotected sex; older sex partners.** According to CDC's 2009 National Youth Risk Behavior Survey (YRBS), many adolescents begin having sexual intercourse at early ages: 46.0% of high school students have had sexual intercourse, and 5.9% reported first sexual intercourse before the age of 13. Of the 34.2% of students reporting sexual intercourse during the 3 months before the survey, 38.9% did not use a condom. Young people with older sex partners may be at increased risk for HIV. HIV education needs to take place before young people engage in sexual behaviors that put them at risk. Parent communication and monitoring may play an important role in reaching youth early with prevention messages.

<sup>1</sup>The term **men who have sex with men (MSM)** is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, not how individuals self-identify in terms of their sexuality.

<sup>2</sup>The category **HIV and AIDS Diagnoses** indicates when a person is diagnosed with HIV infection or AIDS but does not indicate when the person was infected.

**Male-to-male sex.** CDC data have shown that young gay, bisexual, and other MSM, especially young African American and young Latino MSM, have high rates of new HIV infections. Another CDC study showed that young MSM and minority MSM were more likely to be unaware of their HIV infection, a situation that puts their health and the health of their partners at risk. Young MSM may be at risk because they have not always been reached by effective HIV interventions or prevention education—especially because some sex education programs exclude information about sexual orientation. A CDC study of MSM in 15 cities found that 80% had not been reached in the past year by HIV interventions known to be most effective. Young MSM may also have increased risk factors for HIV (such as risky sexual behaviors) due to isolation and lack of support.

**Sexual abuse.** Young adults, both male and female, who have experienced sexual abuse are more likely to engage in sexual or drug-related risk behaviors that could put them at risk for HIV infection.

**Sexually transmitted infections (STIs).** The presence of an STI greatly increases a person's likelihood of acquiring or transmitting HIV. Some of the highest STI rates in the country are among young people, especially young people of minority races and ethnicities.

### Substance Use

Young people in the US use alcohol, tobacco, and other drugs at high rates. CDC's 2009 National YRBS found that 24.2% of high school students had had five or more drinks of alcohol in a row on at least 1 day during the 30 days before the survey, and 20.8% had used marijuana at least one time during the 30 days before the survey. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol. Runaways, homeless young people, and young persons who have become dependent on drugs are at high risk for HIV infection if they exchange sex for drugs, money, or shelter.

### Lack of Awareness

Research has shown that a large proportion of young people are not concerned about becoming infected with HIV. This lack of awareness can translate into not taking measures that could protect their health.

Abstaining from sex and drug use is the most effective way to avoid HIV infection, but adolescents need accurate, age-appropriate information about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors and how to negotiate safer sex, where to get tested for HIV, and how to use a condom correctly. Parents also need to reinforce health messages, including how to protect oneself from HIV infection.

## What CDC Is Doing

CDC employs a multifaceted approach to addressing the high number of HIV infections occurring in young people in the US.

**Programs:** CDC provides effective interventions that can be carried out locally for the highest impact. Examples include *Project AIM* to reduce HIV risk behaviors among at-risk youth; *Mpowerment* for young gay and bisexual men of diverse backgrounds to reduce sexual risk-taking, encourage regular HIV testing, and build positive social connections; *Choosing Life: Empowerment! Action! Results!* for those older than 16 living with HIV infection or AIDS or at high risk for HIV; and *Focus on Youth* for African American young people aged 12–15.

**Research:** CDC is engaged in research to better understand certain populations and to create or adapt interventions to reduce their risk for HIV infection. For example,

- The Division of Adolescent and School Health collects and reports data on youth health risk behaviors and school-based health policies and practices, and develops guidelines for schools to promote health among young people, among other activities.
- The Youth Risk Behavioral Surveillance System is a CDC surveillance system that monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including alcohol and other drug use, and sexual risk behaviors.
- The Division of HIV/AIDS Prevention evaluates HIV prevention interventions, such as those for adolescent African American girls in juvenile detention facilities, young African American MSM, and Hispanic parents; adapts current interventions for transgender young adults; and explores new forms of media, such as motion comics, that can deliver stories and content with HIV prevention messages over mobile phones, gaming systems, websites, and social media.

Overall, a multifaceted approach to HIV prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of HIV infection and AIDS in young people.

### Additional Resources:

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

**CDC HIV Web Site**  
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**Locate an HIV Testing Site**  
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**CDC National Prevention Information Network (NPIN)**  
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*Technical assistance and resources.*

**AIDSInfo**  
1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
*Treatment and clinical trials.*

**AIDS.gov**  
[www.aids.gov](http://www.aids.gov)  
*Comprehensive government HIV resources.*