

Fast Facts

- Gay and bisexual men are more severely affected by HIV than any other group in the United States.
- Among all gay and bisexual men, blacks/African Americans bear the greatest disproportionate burden of HIV.
- From 2008 to 2010, new HIV infections among young black/African American gay and bisexual men increased 20%.

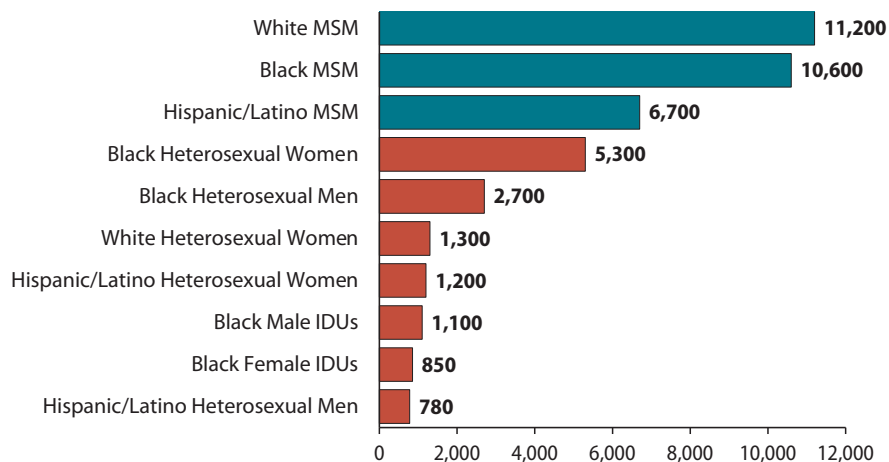
Gay, bisexual, and other men who have sex with men (MSM)^a represent approximately 2% of the US population, yet are the population most severely affected by HIV. In 2010, MSM accounted for 63% of all new HIV infections, and MSM with a history of injection drug use (MSM-IDU) accounted for an additional 3% of new infections. That same year, young MSM (aged 13-24 years) accounted for 72% of new HIV infections among all persons aged 13 to 24, and 30% of new infections among all MSM. At the end of 2010, an estimated 489,121(56%) persons living with an HIV diagnosis in the United States were MSM or MSM-IDU.

The Numbers

New HIV Infections^b

- In 2010, MSM accounted for 63% of estimated new HIV infections in the United States and 78% of infections among all newly infected men. Compared with other transmission groups, MSM accounted for the largest numbers of new HIV infections in 2010.
- Among all MSM, white MSM accounted for 11,400 (38%) estimated new HIV infections in 2010. The largest number of new infections among white MSM (3,300; 29%) occurred in those aged 25 to 34.
- Among all MSM, black/African American MSM accounted for 10,600 (36%) estimated new HIV infections in 2010. From 2008 to 2010, new HIV infections increased 22% among young (aged 13-24) MSM and 12% among MSM overall—an increase largely due to a 20% increase among young black/African American MSM.
- Among all MSM, Hispanic/Latino MSM accounted for 6,700 (22%) estimated new HIV infections in 2010. The largest number of new infections among Hispanic/Latino MSM (3,300; 39%) occurred in those aged 25 to 34.

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

HIV and AIDS Diagnoses^c and Deaths

- In 2011, in the United States, MSM accounted for 79% of 38,825 estimated HIV diagnoses among all males aged 13 years and older and 62% of 49,273 estimated diagnoses among all persons receiving an HIV diagnosis that year.
- At the end of 2010, of the estimated 872,990 persons living with an HIV diagnosis, 440,408 (50%) were MSM. Forty-seven percent of MSM living with an HIV diagnosis were white, 31% were black/African American, and 19% were Hispanic/Latino.
- In 2011, MSM accounted for 52% of estimated AIDS diagnoses among all adults and adolescents in the United States. Of the estimated 16,694 AIDS diagnoses among MSM, 39% were in blacks/African Americans; 34% were in whites; and 23% were in Hispanics/Latinos.

^aThe 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.

^bNew HIV infections refer to HIV incidence, or the estimated number of people who are newly infected with HIV each year.

^cHIV and AIDS diagnoses are the number of persons diagnosed with HIV infection and the number of persons diagnosed with AIDS, respectively, during a given time period. The terms do not indicate when the persons were infected.

- By the end of 2010, an estimated 302,148 MSM with an AIDS diagnosis had died in the United States since the beginning of the epidemic, representing 48% of all deaths of persons with an AIDS diagnosis.

Prevention Challenges

As a group, gay, bisexual, and other MSM have an increased chance of being exposed to HIV because of the large number of MSM living with HIV. Results of HIV testing conducted in 21 cities as part of the National HIV Behavioral Surveillance System indicated that 19% of MSM tested in 2008 were HIV-positive and that HIV prevalence increased with increasing age and decreased with increasing education and income. Men aged 40 years and older had higher rates of HIV infection than men aged 18 to 39.

Further, many gay and bisexual men with HIV do not know they have HIV, especially MSM of color and young MSM. Of MSM who tested positive for HIV in 2008, 44% did not know they were infected. Among those infected, young MSM (aged 18 to 29 years; 63%) and racial/ethnic minority MSM (54%) were more likely to be unaware they had HIV. Persons who don't know they have HIV don't get medical care and can unknowingly infect others. The Centers for Disease Control and Prevention (CDC) recommends that all MSM get tested for HIV at least once a year. Sexually active MSM might benefit from HIV testing every 3 to 6 months.

Sexual risk behaviors account for most HIV infections in MSM. Unprotected receptive anal sex is the sexual behavior that carries the highest risk for HIV acquisition. For sexually active MSM, the most effective ways to prevent HIV and many other sexually transmitted infections (STIs) are to avoid anal sex, or for MSM who do have anal sex, to always use condoms. MSM are at increased risk for syphilis, gonorrhea, and chlamydia, and CDC recommends that all sexually active MSM be tested annually for these STIs.

Alcohol and illegal drug use increases risk for HIV and other STIs. Using substances such as alcohol and methamphetamines can impair judgment and increase risky sexual behavior.

Homophobia, stigma, and discrimination can put MSM at risk for multiple physical and mental health problems and affect whether MSM seek and are able to obtain high-quality health services. Negative attitudes about homosexuality can lead to rejection by friends and family, discriminatory acts, and bullying and violence. These dynamics may make it difficult for some MSM to be open about same-sex behaviors with others, which can increase stress, limit social support, and negatively affect health.

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 is using this new approach to fund state and local health departments and community-based organizations to support HIV prevention services for MSM, including innovative behavioral health interventions. Through the Diffusion of Effective Behavioral Interventions (DEBI) project, CDC supports such programs as **Many Men, Many Voices (3MV)**, **Mpowerment**, and **d-up: Defend Yourself!** for MSM. For information on other **behavioral interventions** and other high-impact prevention strategies, visit the **DEBI website** (<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions.aspx>).

Through its **Act Against AIDS** campaigns (<http://www.cdc.gov/actagainstaids/>) 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.

To expand HIV prevention services for young gay and bisexual men of color, transgender youth of color, and their partners, CDC recently awarded \$55 million over 5 years to 34 community-based organizations (CBOs) with strong links to these populations. This funding will be used to provide HIV testing to more than 90,000 young gay and bisexual men and transgender youth of color, with a goal of identifying more than 3,500 previously unrecognized HIV infections and linking those who are HIV-infected to care and prevention services. CBOs will also carry out proven behavioral change HIV prevention programs.

Read more about CDC activities to reduce HIV risk and improve the health of MSM at <http://www.cdc.gov/msmhealth/msm-programs.htm>.

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.gov/hiv

National HIV and STD Testing Resources

hivtest.cdc.gov

CDC National Prevention Information Network (NPIN)

1-800-458-5231
www.cdccnpin.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.*