



NCHHSTP Newsroom

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HIV Among Gay and Bisexual Men in the U.S.

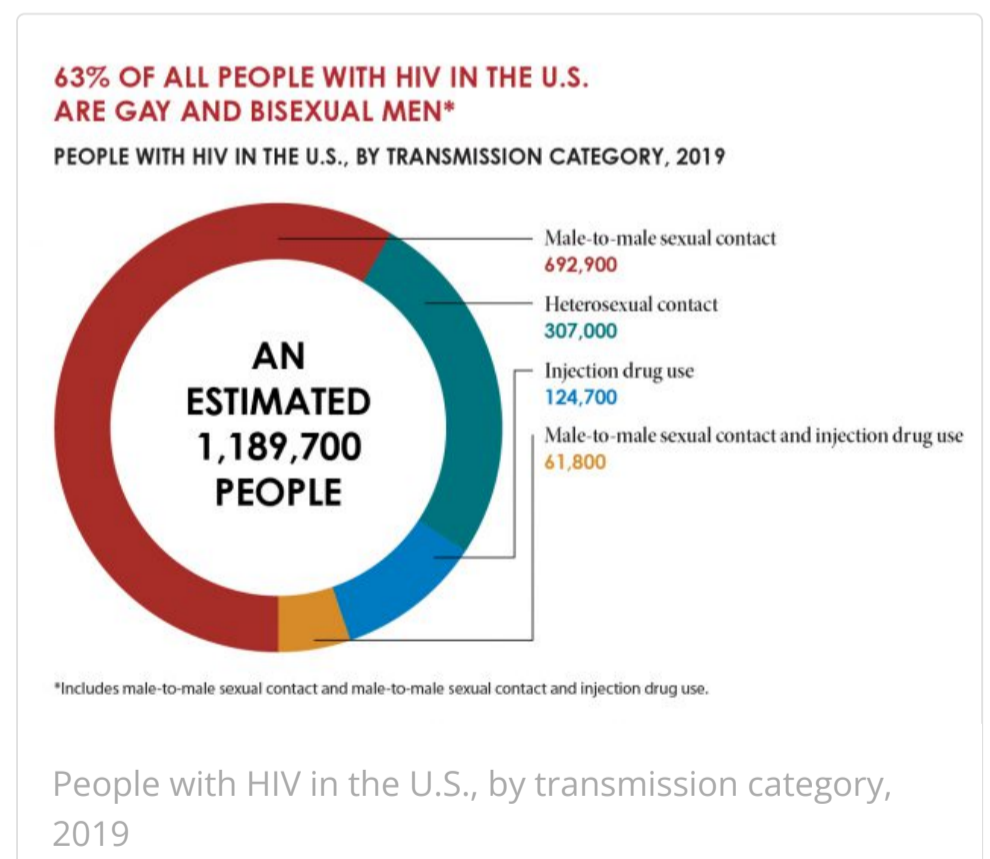
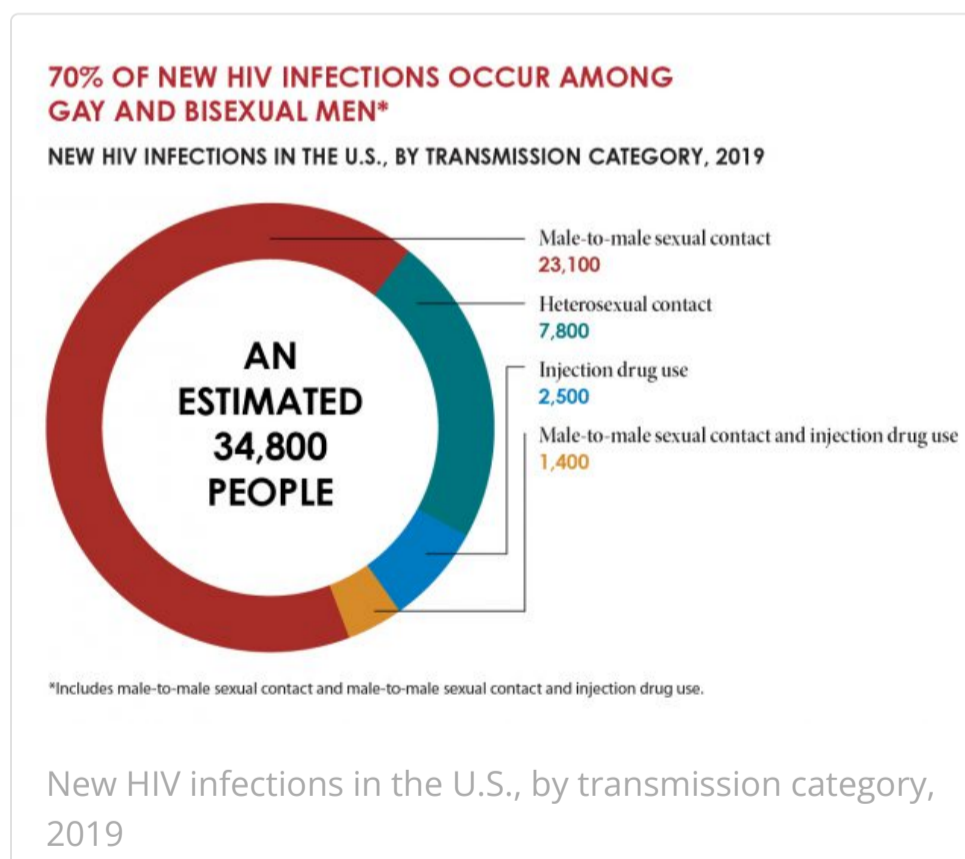
New HIV infections declined among gay and bisexual men in the last decade, but HIV continues to disproportionately affect gay and bisexual men relative to other communities in the U.S. Progress in reducing new HIV infections among gay and bisexual men has also not been equal, with differences by race, ethnicity, and age.

Factors that influence health outcomes—including HIV-related stigma, homophobia, racism, discrimination, poverty, limited access to high-quality health care, and other longstanding barriers—have contributed to the unequal reach of HIV prevention and treatment; higher levels of HIV in some communities; and continued inequities.

COVID-19 and HIV

The COVID-19 pandemic in the U.S. led to disruptions in HIV testing and access to clinical services throughout 2020. Although the full impact of the COVID-19 pandemic on HIV in the U.S. will not be known for some time, recent CDC data have shown concerning setbacks to HIV prevention, including sharp declines in HIV testing and diagnosis, as well as slowed [pre-exposure prophylaxis \(PrEP\)](#) prescriptions. Additionally, in 2020, [49% fewer HIV tests were administered](#) among gay and bisexual men in non-healthcare settings than in 2019.

Due to the disruptions in testing and clinical care services, CDC is not able to estimate new HIV infections (“HIV incidence”) for 2020 or to provide HIV trends through 2020. CDC is also unable to estimate the total number of diagnosed and undiagnosed HIV infections (“HIV prevalence”); or knowledge of HIV status for 2020.



With effective prevention and treatment tools at our disposal, the nation has a decades-in-the-making opportunity to end the domestic HIV epidemic and eliminate disparities in HIV prevention and care among gay and bisexual men and other populations disproportionately affected by HIV. CDC is working with partners on many fronts—including through the federal [Ending the HIV Epidemic in the U.S.](#) (EHE) initiative—to deliver and scale up key, science-based HIV treatment and prevention strategies in innovative ways that reach populations equitably.

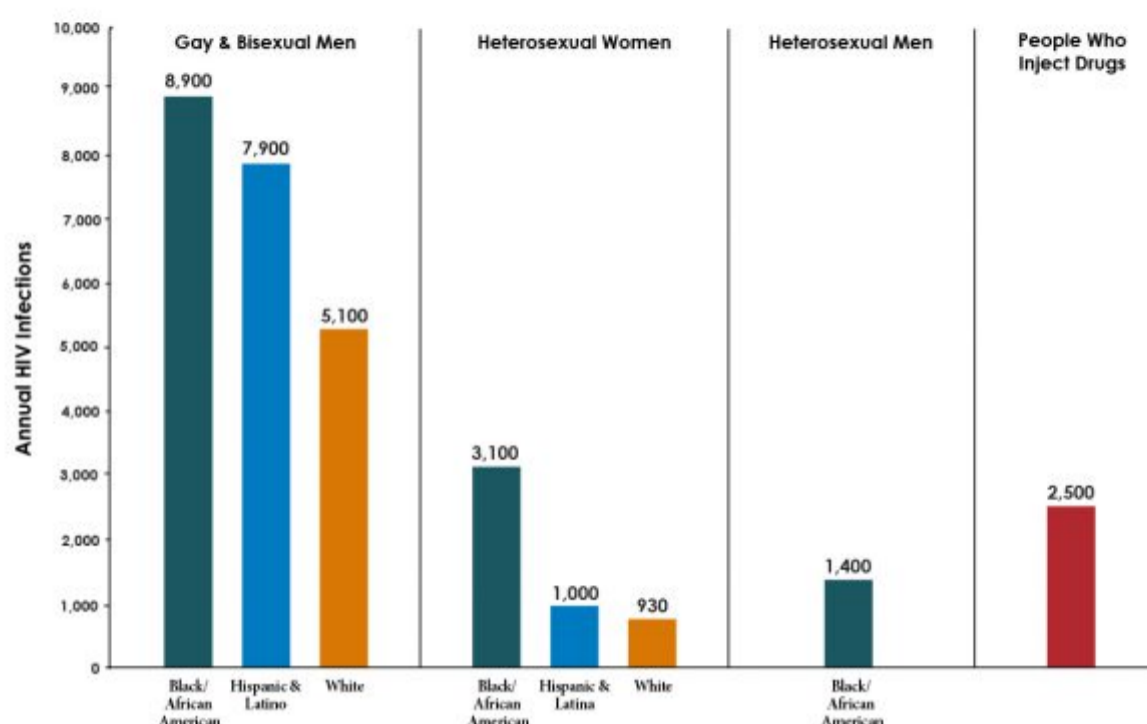
SECTION 1: NEW INFECTIONS DISPROPORTIONATELY AFFECT BLACK AND HISPANIC AND

LATINO GAY AND BISEXUAL MEN

CDC estimates that, as of 2019, about 1.2 million people in the U.S. have HIV. Of those, more than 754,000 (63%) were gay and bisexual men. New HIV infections declined 8% overall from 2015 to 2019 and 9% among gay and bisexual men during that timeframe. Progress has not been even, however, with nearly half of new HIV infections occurring among Black gay and bisexual men, as well as Hispanic and Latino gay and bisexual men, in 2019.

48% OF NEW HIV INFECTIONS OCCUR AMONG BLACK AND HISPANIC & LATINO GAY AND BISEXUAL MEN

NEW HIV INFECTIONS IN THE U.S. BY RACE AND TRANSMISSION GROUP, 2019



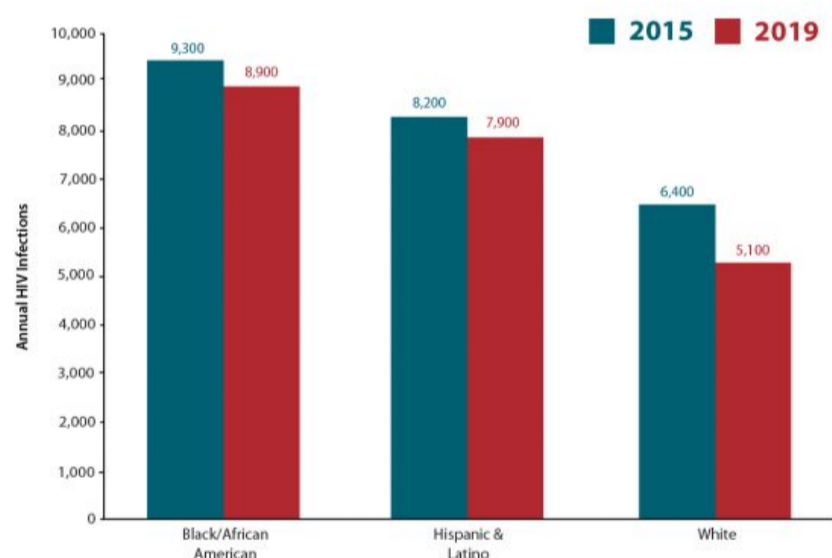
A growing body of research shows that century-old practices like redlining, lynchings, and the impact of other social and economic benefits. These practices have contributed to the persistence of health inequities, causing people within some populations to experience greater risk for poor health outcomes.

New HIV infections in the U.S. by race and transmission group, 2019

Furthermore, a CDC analysis found that Black and Hispanic and Latino gay and bisexual men were less likely to receive an HIV diagnosis, use pre-exposure prophylaxis (PrEP) to prevent HIV, and be virally suppressed compared to White gay and bisexual men. This analysis also found that Black and Hispanic and Latino gay and bisexual men were more likely than White gay and bisexual men to report they experienced HIV-related stigma.

UNEQUAL PROGRESS IN REDUCING NEW HIV INFECTIONS AMONG GAY AND BISEXUAL MEN

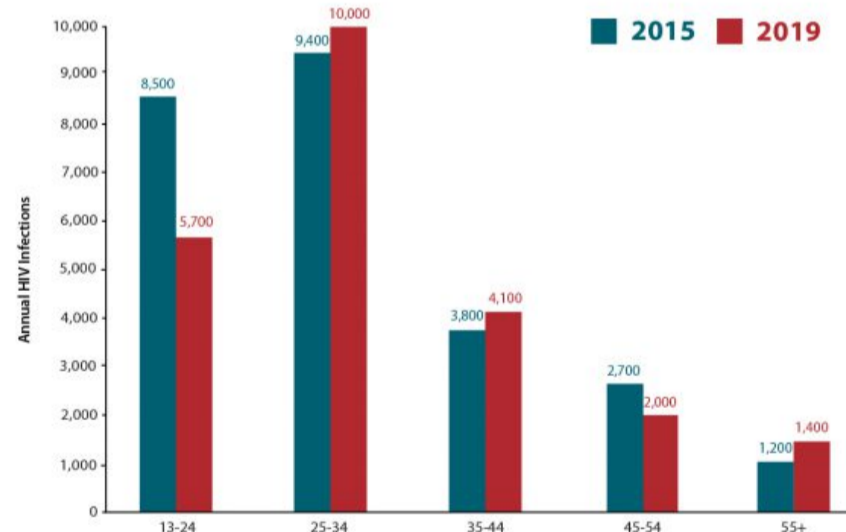
NEW HIV INFECTIONS AMONG GAY AND BISEXUAL MEN IN THE U.S. BY RACE/ETHNICITY, 2015 VS. 2019



New HIV infections among gay and bisexual men in the U.S. by race_ethnicity, 2015 vs. 2019

AGE DISPARITIES IN NEW HIV INFECTIONS AMONG GAY AND BISEXUAL MEN CONTINUE TO OCCUR

NEW HIV INFECTIONS AMONG GAY AND BISEXUAL MEN IN THE U.S. BY AGE, 2015 VS. 2019



New HIV infections among gay and bisexual men in the U.S. by age, 2015 vs. 2019

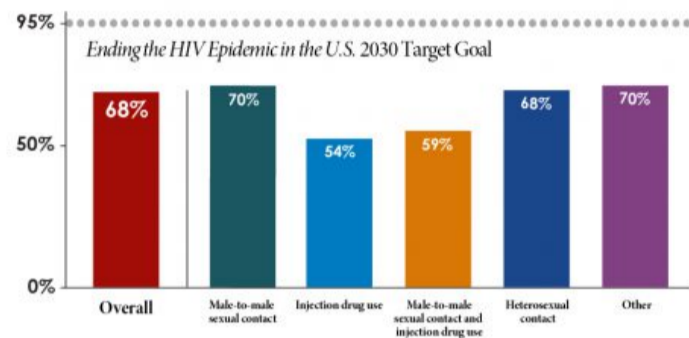
SECTION 2: HIV PREVENTION AND TREATMENT ARE NOT REACHING THE GAY AND BISEXUAL MEN WHO COULD MOST BENEFIT

To end the HIV epidemic, HIV testing must be scaled up; people with HIV must be linked to care and treatment; and equitable access to HIV prevention—including PrEP—must be ensured for everyone who could benefit.

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. Approximately 15% of gay and bisexual men with HIV in the U.S. do not know their HIV status, and too few are receiving adequate HIV care and treatment.* 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 will not transmit HIV to their sex partners.

IN 2020, 70% OF GAY AND BISEXUAL MEN WERE VIRALLY SUPPRESSED WITHIN SIX MONTHS OF DIAGNOSIS

VIRAL SUPPRESSION BY TRANSMISSION CATEGORY, 2020

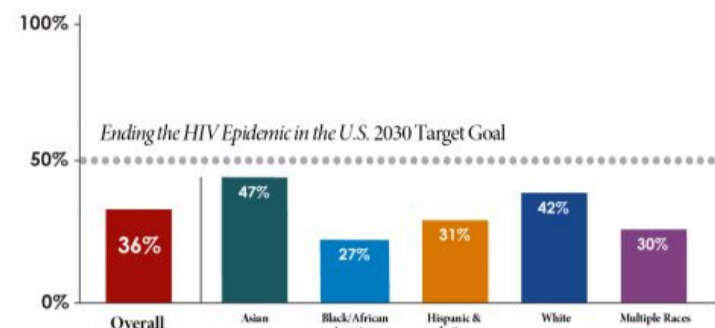


Viral suppression by transmission category, 2020

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PrEP IS NOT REACHING GAY AND BISEXUAL MEN EQUITABLY

PERCENT OF GAY AND BISEXUAL MEN USING PrEP IN THE U.S., BY RACE/ETHNICITY, 2017*



*The HIV incidence estimate for American Indian/Alaska Native was statistically unreliable and therefore not included.

Percent of gay and bisexual men using PrEP in the U.S., by race_ethnicity, 2017

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*Includes people with HIV attributed to male-to-male sexual contact and injection drug use.

SECTION 3: WE MUST EQUITABLY DELIVER EFFECTIVE HIV PREVENTION AND TREATMENT

To achieve health equity and end the HIV epidemic, the nation must overcome barriers that have contributed to disparities for far too long.

Innovation is also key. For example, a total-person approach to care integrates HIV prevention and treatment into health services that people are already seeking. This approach also addresses interconnected epidemics, such as [sexually transmitted infections, which also disproportionately affect gay and bisexual men](#) [↗](#), and hepatitis. [HIV self-testing](#) and mobile services should be maximized to reach people where they are—which, for many, is outside of traditional healthcare settings. And because not all areas have the resources to implement the most recent advances in HIV prevention and care, CDC is working with partners and through the EHE initiative to deliver resources to the communities most in need.

CDC's key efforts include:

- CDC monitors and reports HIV data, including diagnoses, linkage to care, viral suppression, and PrEP prescriptions. CDC shares these data publicly through various channels—including annual data reports and [America's HIV Epidemic Dashboard \(AHEAD\)](#) [↗](#)—so that federal, state, and local health authorities can use this information to equitably address HIV.
- CDC analyzes data to call urgent attention to concerning trends in disparities. For example, recent CDC analyses have identified that despite overall progress, new HIV infections [remained flat among Black and Hispanic and Latino gay and bisexual men](#) in the decade leading up to the federal EHE.
- CDC awards approximately \$400 million per year to health departments for integrated HIV data collection and prevention efforts. Through these awards, health departments work to reach the populations and geographic areas of greatest need, including gay and bisexual men.
- The federal EHE initiative is working to address disparities. In July 2020, [CDC awarded approximately \\$109 million](#) to state and local health departments within the [57 EHE jurisdictions](#) to begin the first year of a five-year funding program. In July 2021, CDC [awarded \\$117 million](#) to those areas to help rebuild and begin to expand HIV prevention and treatment efforts as the U.S. continues to respond to COVID-19. In August 2022, [CDC awarded more than \\$120 million](#) to 57 EHE jurisdictions to support the expansion of HIV prevention, linkage to treatment, PrEP, and post-

exposure prophylaxis efforts through [clinics](#) for sexually transmitted infections, and expanded outbreak response capacity.

- CDC funds community-based organizations (CBOs), which are positioned to complement the HIV prevention work of health departments, in two ways: CDC provides direct funding to CBOs, as well as indirect funding to CBOs through health departments. CDC is [providing up to \\$210 million](#) in direct funding over five years, through 2026, to nearly 100 CBOs to implement comprehensive HIV prevention programs. These resources are focused on Black and Hispanic and Latino gay and bisexual men and other communities disproportionately affected by HIV.
- In April 2022, CDC [awarded funds to 36 CBOs](#) to develop and implement high-impact prevention programs for young gay and bisexual men of color and transgender youth of color. These programs will be guided by a status-neutral approach to care; continually engage people who could benefit from HIV care, prevention, and essential support services; and address the social determinants of health that adversely affect HIV outcomes in young gay and bisexual men.
- To help reduce stigma and encourage people at risk for and with HIV to seek out vital testing, treatment, and prevention services, CDC works with community partners to design and deliver education and awareness campaigns such as [Let's Stop HIV Together](#). *Let's Stop HIV Together* reaches gay and bisexual men with culturally appropriate messages about HIV testing, prevention, and treatment.
- CDC centers its work on health equity by developing and implementing strategies and programs to address health disparities through the [Office of Health Equity](#).
- CDC builds capacity for HIV epidemiologic and prevention research in Black and Hispanic and Latino gay and bisexual men through the Minority HIV/AIDS Research Initiative program.

To end the HIV epidemic once and for all, the nation must work together to address social determinants of health, including but not limited to, economic policies and systems, development agendas, social norms, social policies, and political systems that are responsible for most health inequities. Doing this can help to increase the accessibility and uptake of powerful HIV prevention and treatment tools by everyone.

To end the HIV epidemic once and for all, the nation must work together to increase the accessibility and uptake of powerful HIV prevention and treatment tools by everyone.

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Last Reviewed: October 11, 2022