

## Fast Facts

- More than 1.1 million people in the United States are living with HIV infection, and almost 1 in 6 (15.8%) are unaware of their infection.
- Gay, bisexual, and other men who have sex with men (MSM<sup>1</sup>), particularly young black/African American MSM, are most seriously affected by HIV.
- By race, blacks/African Americans face the most severe burden of HIV.

CDC estimates that 1,144,500 persons aged 13 years and older are living with HIV infection, including 180,900 (15.8%) who are unaware of their infection [1]. Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Still, the pace of new infections continues at far too high a level—particularly among certain groups.

**HIV Incidence** (new infections): The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year [2]. Within the overall estimates, however, some groups are affected more than others. MSM continue to bear the greatest burden of HIV infection, and among races/ethnicities, African Americans continue to be disproportionately affected.

**HIV Diagnoses** (new diagnoses, regardless of when infection occurred): In 2011, an estimated 49,273 people were diagnosed with HIV infection in the United States. In that same year, an estimated 32,052 people were diagnosed with AIDS. Overall, an estimated 1,155,792 people in the United States have been diagnosed with AIDS [3].

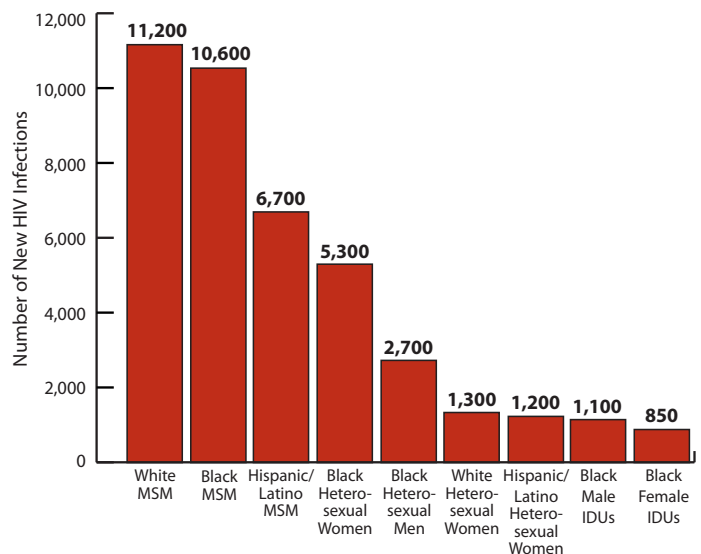
**Deaths:** An estimated 15,529 people with an AIDS diagnosis died in 2010, and approximately 636,000 people in the United States with an AIDS diagnosis have overall. [3]. The deaths of persons with an AIDS diagnosis can be due to any cause—that is, the death may or may not be related to AIDS.

## By Risk Group

**Gay, bisexual, and other men who have sex with men (MSM)** of all races and ethnicities remain the population most profoundly affected by HIV.

- In 2010, the estimated number of new HIV infections among MSM was 29,800, a significant 12% increase from the 26,700 new infections among MSM in 2008 [2].
- Although MSM represent about 4% of the male population in the United States [4], in 2010, MSM accounted for 78% of new HIV infections among males and 63% of all new infections [2]. MSM accounted for 52% of all people living with HIV infection in 2009, the most recent year these data are available [1].
- In 2010, white MSM continued to account for the largest number of new HIV infections (11,200), by transmission category, followed closely by black MSM (10,600) [2].
- The estimated number of new HIV infections was greatest among MSM in the youngest age group. In 2010, the greatest number of new HIV infections (4,800) among MSM occurred in young black/African American MSM aged 13–24. Young black MSM accounted for 45% of new HIV infections among black MSM and 55% of new HIV infections among young MSM overall [2].

Estimates of New HIV Infections in the United States, 2010, for the Most Affected Subpopulations



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

<sup>1</sup>For assessing disease risk, the term MSM is often used instead of *gay*, *homosexual*, or *bisexual* because it refers to a risk behavior, rather than an identity that may or may not be tied to a behavior.

- Since the epidemic began, an estimated 302,148 MSM with an AIDS diagnosis have died, including an estimated 5,909 in 2010 [3].

**Heterosexuals and injection drug users** also continue to be affected by HIV.

- Heterosexuals accounted for 25% of estimated new HIV infections in 2010 and 27% of people living with HIV infection in 2009 [1,2].
- Since the epidemic began, almost 85,000 persons with an AIDS diagnosis, infected through heterosexual sex, have died, including an estimated 4,003 in 2010 [3].
- New HIV infections among women are primarily attributed to heterosexual contact (84% in 2010) or injection drug use (16% in 2010). Women accounted for 20% of estimated new HIV infections in 2010 and 24% of those living with HIV infection in 2009 [1,2]. The 9,500 new infections among women in 2010 reflect a significant 21% decrease from the 12,000 new infections that occurred among this group in 2008 [2].
- Injection drug users represented 8% of new HIV infections in 2010 and 16% of those living with HIV in 2009 [1,2].
- Since the epidemic began, nearly 182,000 injection drug users with an AIDS diagnosis have died, including an estimated 4,218 in 2010 [3].

## By Race/Ethnicity

Blacks/African Americans continue to experience the most severe burden of HIV, compared with other races and ethnicities.

- Blacks represent approximately 12% of the U.S. population, but accounted for an estimated 44% of new HIV infections in 2010. They also accounted for 44% of people living with HIV infection in 2009 [1,2].
- Since the epidemic began, more than 260,800 blacks with an AIDS diagnosis have died, including an estimated 7,678 in 2010 [3].
- Unless the course of the epidemic changes, at some point in their lifetime, an estimated 1 in 16 black men and 1 in 32 black women will be diagnosed with HIV infection [5].

**Hispanics/Latinos** are also disproportionately affected by HIV.

- Hispanics/Latinos represented 16% of the population but accounted for 21% of new HIV infections in 2010 [2]. Hispanics/Latinos accounted for 19% of people living with HIV infection in 2009 [1].
- Disparities persist in the estimated rate of new HIV infections in Hispanics/Latinos. In 2010, the rate of new HIV infections for Latino males was 2.9 times that for white males, and the rate of new infections for Latinas was 4.2 times that for white females [2].
- Since the epidemic began, more than 96,200 Hispanics/Latinos with an AIDS diagnosis have died, including 2,370 in 2010 [3].

## References

1. CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2011. *HIV Surveillance Supplemental Report* 2013;18(No. 5). Available at <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published October 2013.
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3. CDC. *HIV Surveillance Report*, 2011; vol. 23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013.
4. Purcell D, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *Open AIDS Journal* 2012;6 (Suppl 1: M6): 98-107. <http://www.benthamscience.com/open/toaidj/articles/V006/SI0065TOAIDJ/98TOAIDJ.pdf>.
5. CDC. Estimated lifetime risk for diagnosis of HIV infection among Hispanics/Latinos—37 states and Puerto Rico, 2007. *MMWR* 2010;59 (40):1297-1301. <http://www.cdc.gov/mmwr/pdf/wk/mm5940.pdf>.

### Additional Resources:

#### CDC-INFO

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[www.cdc.gov/info](http://www.cdc.gov/info)  
 Get answers to questions  
 and locate HIV testing sites.

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#### AIDS.gov

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 Comprehensive government  
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## 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.

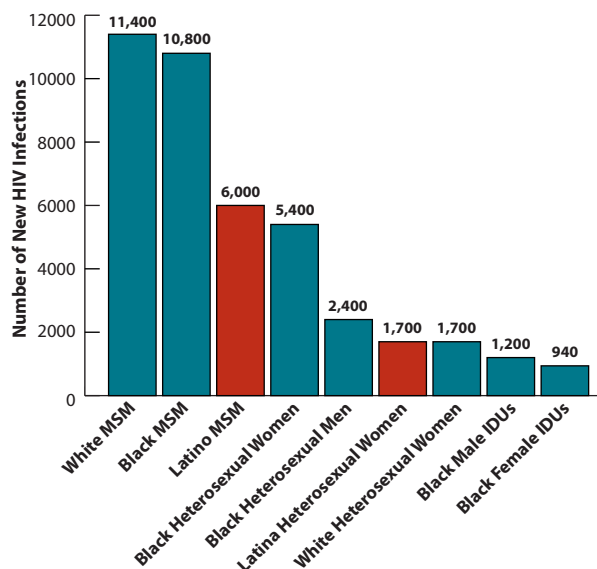
The HIV epidemic is a serious public health issue in the Latino<sup>1</sup> community. In 2009, Latinos accounted for 20% (9,400) of new HIV infections while representing approximately 16% of the total US population. The HIV infection rate among Latinos in 2009 was nearly three times as high as that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

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# HIV Among Transgender People in the United States

November 2013

## Fast Facts

- Transgender women are at high risk for HIV infection.
- By race/ethnicity, black/African American transgender women have the highest percentage of new HIV-positive test results.
- Efforts are under way to improve the quality of HIV data collected on transgender communities.

Transgender communities in the United States are among the groups at highest risk for HIV infection. The term *gender identity* refers to a person's basic sense of self, and transgender refers to people whose gender identity does not conform to a binary classification of gender based on biological sex, external genitalia, or their sex assigned at birth. It includes gender-nonconforming people with identities beyond the gender binary who self-identify as: male-to-female or transgender women; female-to-male or transgender men; two-spirit; and people who self-identify simply as women or men.

## The Numbers

Because 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 levels of HIV infection and racial/ethnic disparities.

- In 2010, more than half of the HIV testing events among transgender people occurred at non-healthcare facilities (55.1%). The Centers for Disease Control and Prevention (CDC) reported that the highest percentage of newly identified HIV-positive test results was among transgender people (2.1%). For comparison, the lowest percentages of newly identified HIV-positive test results were among females (0.4%), followed by males (1.2%). Among transgender people in 2010, the highest percentages of newly identified HIV-positive test results were among racial and ethnic minorities: blacks/African Americans comprised 4.1% of newly identified HIV-positive test results, followed by Latinos (3.0%), American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders (both 2.0%), and whites (1.0%).
- In New York City, from 2007–2011, there were 191 new diagnoses of HIV infection among transgender people, 99% of which were among transgender women. The racial/ethnic disparities were large: approximately 90% of transgender women newly diagnosed with HIV infection were blacks/African Americans or Latinos. Over half (52%) of newly diagnosed transgender women were in their twenties. Also, among newly diagnosed people, 51% 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. Higher percentages of newly identified HIV-positive test results were found among black/African American transgender women (56.3%) than among white (16.7%) or Latino (16.1%) transgender women; and self-reported HIV infection in studies made up of predominantly of black/African American transgender women (30.8%) was higher than positivity reported in studies comprising mainly white transgender women (6.1%). Studies also indicate that black transgender women are more likely to become infected with HIV than non-black transgender women.
- A review of studies of HIV infection in countries with data available for transgender people estimated that HIV prevalence for transgender women was nearly 50 times as high as for other adults of reproductive age.

## Prevention Challenges

Individual behaviors alone do not account for the high burden of HIV infection among transgender people. Many cultural, socioeconomic, and health-related factors contribute to the HIV epidemic and prevention challenges in US transgender communities.

- **Identifying transgender people within current data systems can be challenging.** Some transgender people may not identify as transgender due to fear of discrimination or previous negative experiences. Since some people in this community do not self-identify as transgender, relying solely upon gender to identify transgender people is not enough. Gender expression may fluctuate for some transgender people due to issues such as perceived safety or reluctance to identify as transgender in certain situations. 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. 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 because there is great diversity in orientation and behavior in this population, and some identify as both transgender and gay, heterosexual, bisexual, or lesbian. For example, transgender men claim a variety of sexual orientations and have sexual partners that include gay men and transgender women.
- **Transgender men's sexual health has been understudied.** Compared to transgender women, little is known about HIV risk and sexual health needs among transgender men. One meta-analysis of 29 studies involving transgender people showed that only 5 of them had separate data concerning transgender men.
- **Behaviors and factors that contribute to high risk of HIV infection** among transgender people 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.
- **Police policies can conflict with public health initiatives.** For example, some law enforcement officers and agencies view the presence of condoms as evidence of sex work, even though public health initiatives identify condoms as a way to prevent HIV infection.
- **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 men who have sex with men or heterosexual women to live in transient housing and be less educated. Discrimination and social stigma may help explain why transgender people who experience significant economic difficulties often pursue high-risk activities, including sex work, to meet their basic survival needs.
- Interventions that address multiple **co-occurring 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-infected transgender women are 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 in studies, generally involving relatively small samples of transgender women. Most have shown at least modest reductions in HIV risk behaviors among transgender women, such as fewer sex partners and/or unprotected anal sex acts, although none have involved a control group. Behavioral HIV prevention interventions developed for other at-risk groups with similar behaviors have been adapted for use with transgender people; however, their effectiveness is still unknown.

## What CDC Is Doing

CDC and its partners are pursuing a **high-impact prevention** approach to advance the goals of the *National HIV/AIDS Strategy* and maximize the effectiveness of current HIV prevention methods among transgender people. Activities include:

- Providing support and technical assistance to providers that help community-based organizations enhance structural interventions for transgender people (condom distribution, community mobilization, HIV testing, and coordinated referral networks and service integration).
- Funding researchers to develop groundbreaking HIV prevention interventions for transgender people. Examples include *Life Skills* (for young transgender women aged 16-24) and *Girlfriends* (for adult transgender women).
- Releasing campaigns under the *Act Against AIDS* umbrella, such *Let's Stop HIV Together* to address HIV-related stigma and raise awareness, and *Testing Makes Us Stronger* to increase HIV testing among transgender men and women.
- Issuing awards of \$55 million for *HIV Prevention Projects for Young Men of Color Who Have Sex with Men* and *Young Transgender Persons of Color* (**FOA PS11-1113**; September 2011), to provide effective HIV prevention services over 5 years to young transgender people of color and their partners regardless of age, gender, and race/ethnicity.
- Revising the fields used to identify transgender people in the National HIV Surveillance System, which is used for reporting diagnoses of HIV infection. In addition, CDC has developed guidance for state and local health departments that collect these data. Some city or state health departments include data on diagnosed HIV infection among transgender people in annual, quarterly, or special reports.

For more information, visit CDC's Lesbian, Gay, Bisexual, and Transgender Health website at <http://www.cdc.gov/lgbthealth/index.htm>.

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