

The Numbers

New HIV Infections^b

- In 2010, gay and bisexual men accounted for 63% of estimated new HIV infections in the United States and 78% of infections among all newly infected men. From 2008 to 2010, new HIV infections increased 22% among young (aged 13-24) gay and bisexual men and 12% among gay and bisexual men overall.
- Among all gay and bisexual men, white gay and bisexual men accounted for 11,200 (38%) estimated new HIV infections in 2010. The largest number of new infections among white gay and bisexual men (3,300; 29%) occurred in those aged 25 to 34.
- Among all gay and bisexual men, black/African American gay and bisexual men accounted for 10,600 (36%) estimated new HIV infections in 2010. The largest number of new infections among black/African American gay and bisexual men (4,800; 45%) occurred in those aged 13 to 24. From 2008 to 2010 new infections increased 20% among young black/African American gay and bisexual men aged 13 to 24.
- Among all gay and bisexual men, Hispanic/Latino gay and bisexual men accounted for 6,700 (22%) estimated new HIV infections in 2010. The largest number of new infections among Hispanic/Latino gay and bisexual men (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). 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

- In 2011, in the United States, gay and bisexual men 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 gay and bisexual men. Forty-seven percent of gay and bisexual men living with an HIV diagnosis were white, 31% were black/African American, and 19% were Hispanic/Latino.
- In 2011, gay and bisexual men accounted for 52% of estimated AIDS diagnoses among all adults and adolescents in the United States. Of the estimated 16,694 AIDS diagnoses among gay and bisexual men, 39% were in blacks/African Americans; 34% were in whites; and 23% were in Hispanics/Latinos.
- By the end of 2010, an estimated 302,148 gay and bisexual men with an AIDS diagnosis had died in the United States since the beginning of the epidemic, representing 48% of all deaths of persons with AIDS.

Prevention Challenges

The **large percentage of gay and bisexual men living with HIV** means that, as a group, gay and bisexual men have an increased chance of being exposed to HIV. Results of HIV testing conducted in 20 cities as part of the National HIV Behavioral Surveillance System (NHBS) indicated that 18% of gay and bisexual men tested in 2011 had HIV and that HIV prevalence increased with increasing age.

Many gay and bisexual men with HIV are unaware they have it. Even though the NHBS study showed that the overall percentage of gay and bisexual men with HIV who knew of their HIV infection increased from 56% in 2008 to 66% in 2011, there were still many who did not know they had HIV. Among those infected, only 49% of young gay and bisexual men aged 18 to 24 years knew of their infection, whereas 76% of those aged 40 and older were aware of their HIV infection. Fifty-four percent of black/African American gay and bisexual men knew of their infection, compared with 63% of Hispanic/Latino gay and bisexual men and 86% of white gay and bisexual men. People who don't know they have HIV cannot get the medicines they need to stay healthy and may infect others without knowing it. The Centers for Disease Control and Prevention (CDC) recommends that all gay and bisexual men get tested for HIV at least once a year. Sexually active gay and bisexual men may benefit from more frequent testing (e.g., every 3 to 6 months). **Sexual risk behaviors** account for most HIV infections in gay and bisexual men. Most gay and bisexual men acquire HIV through anal

sex, which is the riskiest type of sex for getting or transmitting HIV. For sexually active gay and bisexual men, the most effective ways to prevent transmitting or becoming infected with HIV are to be on antiretroviral medications (to either treat or prevent infection) and to correctly use a condom every time for anal or vaginal sex. Gay men are at increased risk for sexually transmitted diseases (STDs), like syphilis, gonorrhea, and chlamydia, and CDC recommends that all sexually active gay and bisexual be tested at least annually for these infections and obtain treatment, if necessary.

Having more sex partners compared to other men means gay and bisexual men have more opportunities to have sex with someone who can transmit HIV or another STD. Similarly, among gay men, those who have more partners are more likely to acquire HIV.

Homophobia, stigma, and discrimination may place gay men at risk for multiple physical and mental health problems and affect whether they seek and are able to obtain high-quality health services.

What CDC Is Doing

CDC awarded \$55 million over 5 years to 34 community-based organizations to provide HIV testing to more than 90,000 young gay and bisexual men of color and transgender youth of color with the goals of identifying more than 3,500 previously unrecognized HIV infections and linking those who have HIV to care and prevention services. Additionally, CDC's MSM Testing Initiative seeks to identify at least 3,000 MSM with HIV who were previously unaware of their infection and link at least 85% to care.

CDC is aligning surveillance and program activities more closely. For example, more people living with HIV should be linked to care, receive continuous care and antiretroviral treatment, and achieve a suppressed HIV viral load—the most important goal for maximizing a person's health as well as reducing the risk of transmission. By increasing the reporting of CD4 and viral load data across the country, CDC will aid health departments and clinicians in monitoring treatment progress toward viral load suppression. Currently, CDC estimates that only 25% of the 1.1 million individuals with HIV have their viral loads adequately suppressed. CDC supports biomedical approaches to HIV prevention. Pre-exposure prophylaxis (PrEP), which involves taking antiretroviral medications prior to becoming exposed to HIV, can reduce the risk of HIV infection in individuals at substantial risk of infection. Post-exposure prophylaxis, which involves taking antiretroviral

medications soon after possible exposure to HIV, also plays a role in HIV prevention, but should be not be considered a primary means of HIV prevention. Also, while HIV treatments can dramatically improve the health of HIV-positive persons who are treated, they also have prevention benefits: individuals whose HIV viral loads are suppressed have a greatly reduced chance of transmitting the virus to their partners.

Through its *Act Against AIDS* campaigns, CDC aims to provide MSM with effective and culturally appropriate messages about HIV prevention. The *REASONS/RAZONES* testing campaign features Latino gay and bisexual men sharing their reasons for getting an HIV test. *Testing Makes Us Stronger* encourages black gay and bisexual men to get tested for HIV. *Let's Stop HIV Together* focuses on raising awareness of HIV and AIDS and combatting complacency and stigma by increasing support for people living with the disease. *Start Talking. Stop HIV.* encourages gay and bisexual men to communicate about testing and other HIV prevention issues. CDC also funds state and local health departments and community-based organizations to support HIV prevention services for MSM. Read more about CDC [activities to reduce HIV risk and improve the health of MSM](#).

Additional Resources

[CDC-INFO](#) 1-800-CDC-INFO (232-4636) **[CDC HIV Website](#)** **[CDC Act Against AIDS Campaign](#)**

a The term men who have sex with men (MSM) is used in CDC surveillance systems. It indicates a behavior that transmits HIV infection, not how individuals self-identify in terms of their sexuality. b New HIV infections refer to HIV incidence, or the estimated number of people who are newly infected with HIV each year. c HIV 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.

Rise in Unprotected Sex by Gay Men Spurs H.I.V. Fears

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Published: November 27, 2013

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Federal health officials are reporting a sharp increase in unprotected sex among gay American men, a development that makes it harder to fight the AIDS epidemic.

The same trend has recently been documented among gay men in Canada, Britain, the Netherlands, France and Australia, heightening concerns among public health officials worldwide.

According to the Centers for Disease Control and Prevention, the number of men who told federal health investigators that they had had unprotected anal sex in the last year rose nearly 20 percent from 2005 to 2011. In the 2011 survey, unprotected sex was more than twice as common among men who said they did not know whether they were infected with H.I.V.

Being tested even once for H.I.V. is associated with men taking fewer risks, whether the test is positive or negative, health experts say. But the most recent survey found that a third of the men interviewed had not been tested in the past year.

The findings are worrying because “unprotected anal intercourse is in a league of its own as far as risk is concerned,” Dr. Thomas R. Frieden, director of the disease centers, said on Wednesday as the figures were released.

The data, published in the agency’s [Morbidity and Mortality Weekly Report](#), do not explain why unprotected sex has risen so rapidly, but a leading hypothesis, Dr. Frieden said, is that more men are “sero-sorting” — that is, those who are uninfected (“H.I.V. seronegative” on lab reports) try to sleep only with other men who are uninfected, or who hope they are, or who merely promise they are.

“The problem with sero-sorting is that it’s really easy to get it

wrong,” Dr. Frieden said. “When one-third of men aren’t even tested in the last year and a tenth of those who thought they were negative were actually positive, you don’t want to risk your life on a guess.”

Other hypotheses, say Dr. Frieden and Dr. Jonathan Mermin, the disease centers’ director of H.I.V. prevention, are that many young men have never known anyone dying of AIDS and so do not fear it, or that they believe that they can easily stay on antiretroviral drugs for life.

Two leading independent AIDS researchers agreed only partly with those explanations.

“Young guys are less worried,” said Alex Carballo-Diéguez, a researcher at the H.I.V. Center of the New York State Psychiatric Institute and Columbia University who has studied gay men’s behavior since the 1980s. “H.I.V. has become a chronic disease, and everyone knows some behaviors are bad for you, like smoking and trans fats. But in the moment of excitement, they’re going to do what they enjoy.”

Perry N. Halkitis, a researcher at New York University who has been in the field for 20 years and has repeatedly surveyed a cohort of 600 young gay men for the last five years — all of whom were uninfected when the study began — says young men still fear getting the disease.

He attributes the rise of unprotected sex to two factors.

First, recent [studies](#) have shown that people who take their antiretroviral drugs daily are very unlikely to transmit disease, so uninfected men think it is relatively safe to sleep with them. A problem with that line of thinking, however, is that not all men on the drugs take them every day. Second, he said, the collapse of the economy over the last six years has put many young men out of work, “and we see higher-risk behavior when people have more risk in their lives.”

The C.D.C. suggests that sexually active gay men be tested at least annually, many doctors treating gay patients suggest intervals as short as three to six months, and many adult film producers now require that actors be tested every two weeks.

Since 2005, the disease centers have been conducting the National H.I.V. Behavioral Surveillance System survey every three years in 20 cities, mostly in gay bars, but also in parks and on streets in gay neighborhoods. The agency concedes that it probably undercounts some high-risk groups, including prisoners, teenagers too young or poor to go to bars and men who keep their homosexuality secret.

Surveys have consistently found infection rates highest among young black gay men, even though they were more likely than their white counterparts to use condoms. The chief reason for that, experts say, is that most people have sex within their own ethnic groups and older black gay men have very high rates of undiagnosed and untreated H.I.V.

The survey is the only large national one of its kind, but a similar survey begun in San Francisco in 1997 showed a rise in unprotected sex from 1998 through 2008, Dr. Mermin said.

The number of new H.I.V. infections in the United States has been stuck at roughly 50,000 a year for many years, although public health officials are trying to bring it down. Among the factors working against them: The United States population is growing, and infected men are living longer and staying sexually active thanks to antiretroviral drugs.

“It’s like what the Red Queen said to Alice: ‘You have to run faster and faster to stay in the same place,’ ” Dr. Frieden said. “When you go from one million infected to 1.2 million, you have to do better and better just to stay steady.”

The goal of the national AIDS strategy put in place by the Obama administration in 2010 is to have new infections down to roughly

38,000 a year by 2015. “Whether that will be reached, only time will tell,” Dr. Frieden said.

A version of this article appears in print on November 28, 2013, on page A4 of the New York edition with the headline: H.I.V. Concern Rises Along With Unprotected Sex.

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