



HIV & AIDS in the United States

INFORMATION FROM CDC'S DIVISION OF HIV/AIDS PREVENTION

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Dear Colleague,

Today is [National Gay Men's HIV/AIDS Awareness Day](#). On this day, we join together in taking actions to prevent HIV among gay and bisexual men and ensure that all gay and bisexual men living with HIV get the care they need to stay healthy. Gay and bisexual men are severely affected by HIV. More than 26,000 gay and bisexual men received an HIV diagnosis in 2015, representing two-thirds of all new diagnoses in the United States, and diagnoses increased among Hispanic/Latino gay and bisexual men from 2010 to 2014.

However, recent trends suggest that prevention efforts are slowing the spread of HIV among some gay and bisexual men. From 2010 to 2014, HIV diagnoses fell among white gay and bisexual men and remained stable among African American gay and bisexual men after years of increases.

Scientific advances have shown that antiretroviral therapy (ART) preserves the health of people living with HIV. We also have strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission. Across three different studies, including thousands of couples and many thousand acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV transmissions to an HIV-negative partner were observed when the HIV-positive

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person was virally suppressed. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

However, according to a recent [Morbidity and Mortality Weekly Report](#), too many gay and bisexual men living with HIV are not getting the care and treatment they need. Among gay and bisexual men living with diagnosed HIV, 61% have achieved viral suppression, more than in previous years, but well short of where we want to be. More work is needed to close this gap and to address the barriers that make it more difficult for some gay and bisexual men, including African American and Hispanic/Latino men, to get HIV care and treatment. For example, socioeconomic factors such as lower income and educational levels and cultural factors such as stigma and discrimination may affect whether some gay and bisexual men seek and are able to receive HIV treatment and prevention services.

Some of the Centers for Disease Control and Prevention's (CDC) activities to reduce new HIV infections among gay and bisexual men, increase testing, improve treatment outcomes, and reduce HIV-related disparities include:

- [Funding](#) health departments and community-based organizations (CBOs) to support HIV prevention services for gay and bisexual men. For example, under current cooperative agreements, CDC has awarded [at least \\$330 million](#) per year to health departments for HIV prevention among the most affected populations and is awarding nearly [\\$11 million](#) per year to CBOs to provide HIV testing to young gay and bisexual men of color and transgender youth of color.

- Supporting biomedical approaches to HIV prevention such as [PrEP](#) and [post-exposure prophylaxis](#) (PEP).
- Supporting projects to identify promising prevention strategies, such as Project PrIDE (PrEP, Implementation, Data to Care, and Evaluation), which is helping health departments implement PrEP and Data to Care demonstration projects for gay and bisexual men of color.
- Providing gay and bisexual men with HIV prevention and treatment messages through [Act Against AIDS](#) campaigns. For example, [Doing It](#), which encourages all adults to get tested for HIV, includes many resources for gay and bisexual men. [Start Talking. Stop HIV](#) helps gay and bisexual men communicate about HIV prevention, and [HIV Treatment Works](#) provides resources to help people live well with HIV.

CDC encourages public and private stakeholders to implement interventions that increase retention in HIV care and viral suppression. In addition, partners such as health departments, CBOs, and others can help address stigma and discrimination—using the resources of the *Act Against AIDS* campaign [Let's Stop HIV Together](#), for example—and extend the reach of their HIV prevention and testing services that focus on gay and bisexual men. Learn more about [how CDC can support your prevention programs](#).

Thank you for your contributions to HIV prevention efforts for gay and bisexual men. With your help, we have made tremendous strides over the decades. And while there is still much work to do, today we have powerful prevention and treatment tools that can dramatically reduce HIV infections among gay and bisexual men and move us closer to a future free of HIV.

Sincerely,

/Eugene McCray/

Eugene McCray, MD

Director

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB
Prevention

Centers for Disease Control and Prevention

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