CDC

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HIV/AIDS CASES AMONG GAY AND BISEXUAL MEN OF COLOR NOW EXCEED CASES AMONG WHITE GAY AND BISEXUAL MEN

Men of color now account for a greater proportion of AIDS cases among men who have sex with men than do white men, according to a new report in the January 14th issue of CDC's *Morbidity and Mortality Weekly Report*.

Based on an examination of U.S. AIDS cases over the past decade, the CDC study found that men of color represent an increasing proportion of AIDS cases among gay and bisexual men, rising from 31% in 1989 to 52% in 1998. African-American men comprised one-third of AIDS cases among gay and bisexual men, while Latino men represented 18% of cases. While declining from 69% in 1989, white men continued to represent 48% of AIDS cases among gay and bisexual men in 1998.

"The face of AIDS among gay and bisexual men is changing," said Helene D. Gayle, MD, MPH, director of CDC's National Center for HIV, STD, and TB Prevention. "African-American and Hispanic men must recognize that this is not a disease that only affects white gay men – gay and bisexual men of all races are affected."

The report examines the areas hardest hit by AIDS and finds that in recent years (from January 1996 to December 1998), 85% of AIDS cases among gay and bisexual men of color were concentrated in cities with populations over 500,000. The five cities with the highest proportion of cases were New York (12%), Los Angeles (9%), Miami (5%), Washington, D.C. (4%), and Chicago (3%). Trends varied by race (see attached table).

New York City had the highest number of cases among African-American gay and bisexual men, followed by Washington D.C. and Atlanta. Los Angeles had the highest number of cases among Latino gay and bisexual men, followed by New York and Miami. While Asian/Pacific Islanders and American Indian/Alaska Natives represent less than 2% of overall cases among gay and bisexual men, the cities with the highest number of cases among men of these races were Los Angeles and Phoenix, respectively.

Burden of Stigma in Communities of Color

Researchers outline possible factors contributing to the disproportionate toll of HIV and AIDS among gay and bisexual men of color. In addition to economic factors, such as high rates of poverty, unemployment, and lack of access to health care, cultural factors, such as the stigma of homosexuality, may be playing a role.

The study reports the results of a multi-site CDC survey of 8,780 HIV-positive men who have sex with men. Of those surveyed, 24% of African-American and 15% of Latino men who have sex with men identified themselves as being heterosexual. By contrast, only 6% of white men who have sex with men identified themselves as being heterosexual.

Researchers believe the stigma of homosexuality in communities of color may inhibit men of color from identifying themselves as gay or bisexual, despite having sex with other men. According to Gayle, this may prevent men of color from seeking or receiving the HIV prevention and treatment services they need.

Additionally, by not identifying as gay or bisexual, these men may not accept their own risk for HIV, and therefore, may unintentionally put their female partners and children at risk. HIV infection has increased significantly in women of color over the last decade.

"This is a very real and sensitive issue requiring increased dialogue and attention from leaders in communities of color," Gayle said. "The stigma associated with homosexuality in African-American and Latino communities only compounds the traditional factors associated with high rates of disease in our communities. To truly win the battle against HIV, we must be willing to acknowledge and wrestle with the difficult issues."

Gay Men of Color May be More Likely to Contract HIV at Young Age

The CDC study also points to the need to reach African-American and Latino men with HIV prevention programs and messages at an early age.

Because AIDS cases alone are no longer indicative of new HIV infections, CDC also examined data collected from 1996-1998 in 25 states that report HIV diagnoses in addition to cases of full-blown AIDS. Data on HIV diagnoses among men in the youngest age group (13-24) provide the best indication of recent trends in infection in these states.

Among gay and bisexual men diagnosed with HIV during this period, 16% of African Americans and 13% of Latinos were age 13-24, compared with 9% of white men. Although data are not national, they can point to possible trends.

"These data suggest that African American and Hispanic gay and bisexual men are being infected at younger ages than white men," said CDC study author, Janet Blair, Ph.D., M.P.H., "Men of color must be reached early with comprehensive HIV prevention programs, especially in high risk communities."

According to Blair, in addition to expanding prevention programs for men of color, locally based community efforts must also address the need for early HIV testing, diagnosis, and treatment to reduce new infections and improve survival. Since powerful new drug treatments became available in 1996, annual AIDS cases (AIDS incidence) and deaths have declined among all gay men. However, declines have not been as steep among gay and bisexual men of color, as among white gay and bisexual men. Between 1996 and 1998, AIDS incidence among gay and bisexual men dropped 23% among African Americans, 26% among Latinos, and 39% among whites. AIDS deaths among gay and bisexual men dropped 53% among African Americans, 60% among Latinos, and 65% among whites.

Expanded Prevention Urgently Needed

CDC's prevention initiatives to address the growing epidemic among gay men of color include, expanded surveillance to better track the path of local epidemics, increased efforts to reach individuals with HIV counseling and testing linked to prevention and treatment services, and continued expansion of community-based prevention programs. One important element of prevention efforts for gay and bisexual men is the provision of anonymous HIV testing sites. Access to anonymous testing may help ensure that stigma and fear do not prevent individuals from seeking HIV testing. CDC has been working with organizations throughout the country to implement locally designed, targeted prevention programs specifically for men of color who have sex with men, including several designed to reach men who don't identify as gay. To expand these efforts in 1999, CDC awarded an additional \$7 million in grants for HIV prevention services specifically targeted to gay and bisexual men of color.

"We must continue to combat complacency about HIV infection, " said Gayle, "HIV remains a serious, lifelong and incurable disease—a disease that can and must be prevented." The above mentioned \$7million is part of a larger initiative. Since October 1998, HHS has been working in a partnership with the Congressional Black Caucus to address the severe and ongoing crisis of HIV/AIDS in communities of color, given the disproportionate impact of the disease in racial and ethnic communities. As part of this effort, HHS spent an additional \$156 million in fiscal year 1999 to attack HIV/AIDS in racial and ethnic minority communities. The partnership also includes the deployment of special Crisis Response Teams of HHS experts to work alongside local officials, public health personnel and minority community-based organizations in highly affected communities to help them address their communities of color HIV/AIDS crisis.