Black Americans and HIV/AIDS: The Basics

Key Facts

- Black Americans have been disproportionately affected by HIV/AIDS since the epidemic’s beginning, and that disparity has deepened over time.\(^1\)\(^2\)
- Although they represent only 12% of the U.S. population, Blacks account for a much larger share of HIV diagnoses (43%), people estimated to be living with HIV disease (43%), and deaths among people with HIV (44%) than any other racial/ethnic group in the U.S.\(^3\)\(^4\)
- Among Black Americans, Black women, youth, and gay and bisexual men have been especially hard hit.\(^5\)\(^6\)
- A number of challenges contribute to the epidemic among Blacks, including poverty, lack of access to health care, higher rates of some sexually transmitted infections and smaller sexual networks, lack of awareness of HIV status, and stigma.\(^7\)
- Despite this impact, recent data indicate some encouraging trends, including declining new HIV diagnoses among Blacks overall, especially among women, and a leveling off of new diagnoses among Black gay and bisexual men.\(^8\)\(^9\)\(^10\) However, given the epidemic’s continued and disproportionate impact among Blacks, a continued focus is critical to addressing HIV in the United States.

![Figure 1: New HIV Diagnoses & U.S. Population, by Race/Ethnicity, 2016](image)

NOTE: HIV diagnosis data are preliminary estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas.

Overview

- Today, there are more than 1.1 million people living with HIV/AIDS in the U.S., including 471,500 who are Black.\textsuperscript{11,12}

- Although Black Americans represent only 12% of the U.S. population,\textsuperscript{13} they accounted for 43% of new HIV diagnoses in 2016 (see Figure 1) and an estimated 43% of people living with HIV.\textsuperscript{14,15}

- The rate of new HIV diagnoses per 100,000 among Black adults/adolescents (43.6) was 8 times that of whites (5.2) and more than twice that of Latinos (17.0) in 2016 (see Figure 2).\textsuperscript{16} The rate for Black men (82.8) was the highest of any group, more than twice that of Latino men (38.8), the second highest group. Black women (26.2) had the highest rate among women.\textsuperscript{17}

- The latest data indicate declines in both the number and rate of annual new diagnoses among Blacks in recent years.\textsuperscript{18,19} Black women, as a subgroup, have experienced a sizable drop in new diagnoses over the years, decreasing by more than 40% between 2008 and 2015.\textsuperscript{20}

- Blacks accounted for more than 4 in 10 (44%) deaths among people with an HIV diagnosis (deaths may be due to any cause) in 2015.\textsuperscript{21} The number of deaths among Blacks with an HIV diagnosis decreased 12% between 2011 and 2015; deaths among Latinos and whites decreased as well (by 12% and 2%, respectively).\textsuperscript{22} Despite these declines, HIV was the 6th leading cause of death for Black men 20-44 and 4th for Black women ages 35-44 in 2015, ranking higher than for their respective counterparts in any other racial/ethnic group.\textsuperscript{23}

- HIV death rates (deaths for which HIV was indicated as the leading cause of death) are highest among Blacks. In 2015, Blacks had the highest age-adjusted HIV death rate per 100,000 – 7.9, compared to 1.1 per 100,000 whites.\textsuperscript{24}
Transmission

- Transmission patterns vary by race/ethnicity. While male-to-male sexual contact accounts for the largest share of HIV cases among both Blacks and whites, fewer Blacks are infected this way and heterosexual sex plays a bigger role among Blacks compared with whites. Among Blacks, 58% of new HIV diagnoses in 2016 were attributable to male-to-male sexual contact and 35% were attributable to heterosexual sex; among whites, 71% of new HIV diagnoses in 2016 were attributable to male-to-male sexual contact and 14% were attributable to heterosexual sex. The remainder of HIV diagnoses in each group were attributable to other causes, including injection drug use.

- HIV transmission patterns among Black men vary from those of white men as well. Although both groups are most likely to have been infected through sex with other men, white men are more likely to have been infected this way. Heterosexual transmission accounts for a greater share of new diagnoses among Black men than white men.

- Black women are most likely to have been infected through heterosexual transmission, the most common transmission route for women overall. Black women are less likely to have been infected through injection drug use than white women.

Women and Young People

- Among all women, Black women account for the largest share of new HIV diagnoses (about 4,500, or 60% in 2016), and the rate of new diagnoses among Black women (26.2) is 15 times the rate among white women and nearly 5 times the rate among Latinas. Black women also accounted for the largest share of women living with an HIV diagnosis at the end of 2015.

- Although new HIV diagnoses continue to occur disproportionately among Black women, data show a 40% decrease in new diagnoses for Black women between 2008 and 2015.

- In 2016, Black women represented about one quarter (26%) of new HIV diagnoses among all Blacks – a higher share than Latinas and white women (who represented 12% and 14% of new diagnoses among their respective groups).

- In 2016, Black teens and young adults, ages 13-24, represented more than half (54%) of new HIV diagnoses in that age group, the majority of whom were young gay and bisexual men.

- According to a national survey of young adults ages 18-30, about three times as many Blacks (46%) as whites (15%) say HIV today is a “very serious” concern for people they know. Almost twice as many Black young adults (30%) say they know someone who is living with, or has died of, HIV/AIDS, compared to whites (16%).

Gay and Bisexual Men

- Among gay and bisexual men, Blacks have been disproportionately affected by HIV and Blacks account for 38% of HIV diagnoses attributable to male-to-male sexual contact.

- In 2016, male-to-male sexual contact accounted for more than half (58%) of new HIV diagnoses among Blacks overall and a majority (79%) of new diagnoses among Black men.

- Young Black gay and bisexual men are particularly affected, with those ages 13-24 representing over half (54%) of new HIV diagnoses among all gay and bisexual men in that age group.
• In addition, newly diagnosed Black gay and bisexual men are younger than their white counterparts, with those ages 13-24 accounting for 36% of new HIV diagnoses among Black gay and bisexual men in 2016, compared to 15% among whites.\textsuperscript{36}

• Annual new infections among Black gay and bisexual men have remained stable in recent years, as have new infections among gay and bisexual men overall.\textsuperscript{37}

• A study in 20 major U.S. cities found that about 36% of Black gay and bisexual men were infected with HIV, compared to 22% of gay and bisexual men overall, and awareness of infection among Black gay and bisexual men was lower compared with gay and bisexual men in the study overall.\textsuperscript{38}

**Geography**

• Although HIV diagnoses among Blacks have been reported throughout the country, the impact of the epidemic is not uniformly distributed.

• Regionally, the South accounts for the majority of Blacks newly diagnosed with HIV (63% in 2016) and Blacks living with an HIV diagnosis at the end of 2015 (58%).\textsuperscript{39}

• As with the nation as a whole, HIV diagnoses among Blacks are clustered in a handful of states, with the 10 states with the highest number of Blacks living with an HIV diagnosis accounting for the majority (67%) of cases at the end of 2015 (see Figure 3). Florida and New York top the list. In addition, the District of Columbia had the highest rate of Blacks living with an HIV diagnosis at the end of 2015 (4,113.7 per 100,000).\textsuperscript{40}

**Figure 3**

**Number of Black Adults/Adolescents Estimated to be Living with an HIV Diagnosis, Top 10 States, year-end 2015**

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>49,338</td>
</tr>
<tr>
<td>New York</td>
<td>46,171</td>
</tr>
<tr>
<td>Georgia</td>
<td>33,946</td>
</tr>
<tr>
<td>Texas</td>
<td>30,207</td>
</tr>
<tr>
<td>Maryland</td>
<td>24,240</td>
</tr>
<tr>
<td>California</td>
<td>20,804</td>
</tr>
<tr>
<td>North Carolina</td>
<td>18,596</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>16,545</td>
</tr>
<tr>
<td>Illinois</td>
<td>16,508</td>
</tr>
<tr>
<td>New Jersey</td>
<td>16,134</td>
</tr>
</tbody>
</table>

NOTES: Data are estimates for adults/adolescents aged 13 and older.

**HIV Testing and Access to Prevention & Care**

• Three quarters (76%) of Blacks over age 18 report ever having been tested for HIV and they are more likely than Latinos or whites to report having been tested (58% and 50%, respectively).\textsuperscript{41}
- Among those who are HIV positive, 20% of Blacks were tested for HIV late in their illness — that is, were diagnosed with AIDS within 3 months of testing positive for HIV; by comparison, 23% of whites and 23% of Latinos were tested late.\textsuperscript{42}

- Looking across the spectrum of access to care, from HIV diagnosis to viral suppression, reveals missed opportunities for reaching Blacks. While many Blacks (84%) are diagnosed, 46% remain in regular care, and fewer are virally suppressed (43%).\textsuperscript{43} Blacks also may be less likely to sustain viral suppression and may experience longer periods of time with higher viral loads, compared to other groups.\textsuperscript{44}
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27. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.


30. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.

31. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.

32. KFF. *National Survey of Young Adults on HIV/AIDS*; November 2017.

33. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.

34. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.

35. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.

36. CDC. *HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*, Vol. 28; November 2017. HIV diagnosis data are estimates from 50 states, the District of Columbia, and 6 U.S. dependent areas. Estimates for 2016 are preliminary and are not included in trend calculations.


