

The Nation's Approach to HIV Prevention for Gay and Bisexual Men

Stopping the spread of HIV among gay and bisexual men in the United States is CDC's highest prevention priority.

We've made tremendous advances in HIV prevention and treatment in the United States over the past 30 years. Yet gay and bisexual men still account for the majority of new HIV infections, and HIV is rebounding in some parts of the gay community – with an especially alarming rise in new infections among young, black men who have sex with men (MSM).

Confronting this resurgence with new tools and innovative ideas is essential to driving HIV down for good in the United States. There are many new reasons to be optimistic that we can succeed.

Powerful new HIV prevention tools like pre-exposure prophylaxis (PrEP) have the potential to alter the course of the epidemic. And recent research shows that starting HIV treatment early not only helps people with HIV stay healthy, but can nearly eliminate the risk they will pass the virus to others.

These new advances have transformed the HIV prevention landscape – as well as CDC's approach to prevention among gay and bisexual men.

CDC in Action

We focus our HIV prevention investments for gay and bisexual men on three fronts:

1. Identifying unrecognized infections
2. Preventing HIV through treatment
3. Harnessing all prevention strategies to help men protect themselves and their partners from HIV

Figure 1: State of the epidemic among men who have sex with men*



MSM accounted for **63% of all new HIV infections** in 2010



New infections have **increased overall by 22% among young (aged 13-24) MSM** from 2008 to 2010



New infections were **twice as high among young black MSM** as among young white or Latino** MSM in 2010

*The term men who have sex with men (MSM) is used in CDC surveillance systems because it indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

**The term Latino is inclusive of individuals who are identified as Hispanic or Latino on surveillance reporting forms.

Today, one of CDC's highest prevention priorities for gay and bisexual men is to ensure that every man infected with HIV knows it and receives effective care and treatment. At the same time, all gay men must have the knowledge and tools they need to protect themselves from infection. CDC is aggressively investing in scientifically proven technologies and approaches, and pioneering new technologies and solutions that will redefine the nation's approach to HIV prevention. We fund state and local health departments, and community-based organizations (CBOs) across the country to reach those at highest risk with the strategies that can have the greatest impact – with more prevention resources now going to reach gay and bisexual men than any other population.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

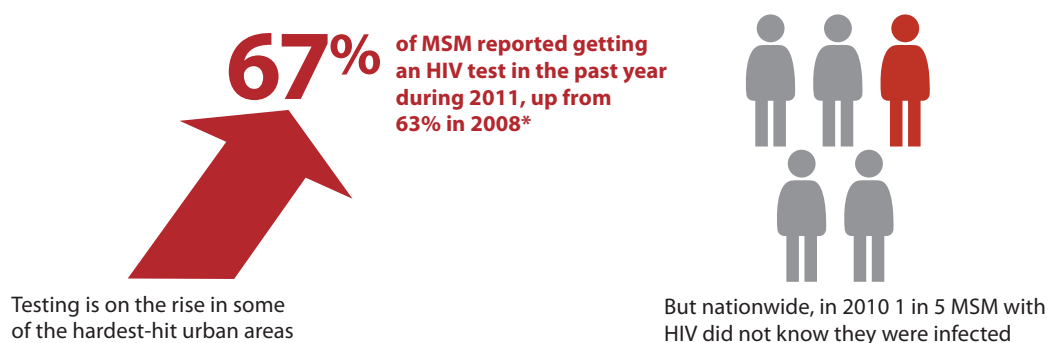
CDC's HIV prevention investments for gay and bisexual men focus on three fronts.

1. Identifying unrecognized infections

To stop HIV, it is critical that everyone who is infected with the virus knows it. While a growing proportion of gay and bisexual men are getting tested, there are still far too many who are infected but don't know it.

That's why we're working to make testing simple, accessible, and routine – whether at a doctor's office, a community center, or at home. And because HIV is most easily transmitted in the earliest stage of infection, CDC is developing and promoting new technologies that can identify infections in this critical stage.

Figure 2: Progress and gaps in HIV testing



* Based on data from 20 U.S. cities with high AIDS burden

CDC in Action: HIV Testing

Leading efforts to increase the number of gay and bisexual men who know their status:

- Launched 11-city *MSM Testing Initiative* to identify best practices for delivering HIV testing to gay and bisexual men. The program aims to reach 50,000 gay and bisexual men through social networks and at places like bars and health clubs. CDC will use lessons learned from this program to help health departments and CBOs across the country scale up HIV testing for gay and bisexual men.
- Developed new laboratory testing recommendations to help diagnose HIV infections earlier, when people are most likely to transmit the virus – as many as 3-4 weeks sooner than previous testing approaches.
- Provided \$55 million to 34 CBOs to test an additional 90,000 young gay, bisexual, and transgender youth of color – the populations most severely affected by HIV.
- Launched *Evaluation of Rapid HIV Self-testing Among MSM* clinical trial to assess the use and impact of free rapid HIV home-based testing among 3,500 gay and bisexual men.
- Worked with community leaders, physicians, other experts, and 400 African American gay and bisexual men to develop *Testing Makes Us Stronger*, a national campaign to encourage HIV testing among African American gay and bisexual men.
- Launched *HIV Screening. Standard Care.*, a communications campaign to encourage health care providers to incorporate HIV testing into routine medical care.

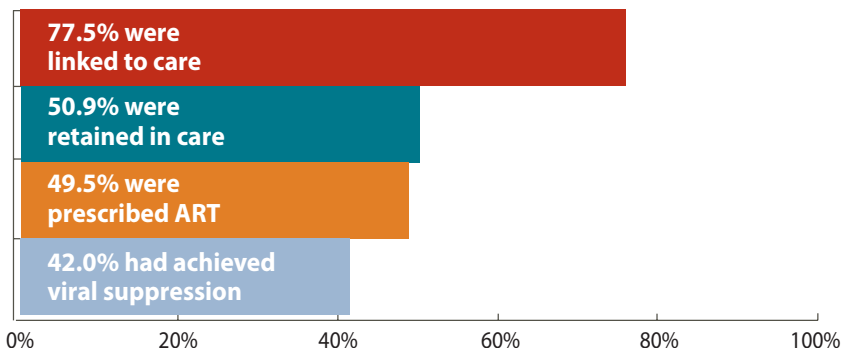
2. Preventing HIV through treatment

Antiretroviral therapy has saved and prolonged millions of lives over the past two decades. Recent breakthrough research has also shown that people living with HIV who begin treatment early and achieve undetectable viral load are far less likely to pass on the virus to others – reducing the risk of HIV transmission by 96 percent. Data indicate that helping people receive and adhere to HIV treatment is one of the most cost-effective ways to stop the spread of the virus and stop new infections.

CDC has responded with new initiatives to help diagnose HIV positive gay and bisexual men earlier, link them to effective HIV care and treatment, and help them adhere to medication regimens. This is essential to ensure they can keep the amount of virus in their bodies at a low enough level to improve their own health and reduce the risk of transmitting the virus. We are actively partnering with doctors, health clinics, CBOs and health departments across the country to understand and implement the most effective programs that keep people in care and on treatment.

Figure 3: Too few gay and bisexual men receive treatment

In 2010, among MSM living with diagnosed HIV infection:



CDC in Action: Treatment as Care and Prevention

Connecting people living with HIV to treatment to protect their health and prevent transmission:

- Launched the *Care and Prevention in the United States* project, a \$44.2 million pilot program that is helping 8 state health departments increase the number of people with HIV who receive ongoing medical care and treatment, particularly African Americans and gay and bisexual men.
- Improved the nation's HIV surveillance system to capture more data on whether people living with HIV are in medical care and have achieved undetectable viral loads. These systems help identify those who have fallen out of care and connect them with the services they need to get back into treatment – so they can stay healthy and avoid transmitting the virus to others.
- Provided training for the *Antiretroviral Treatment and Access to Services* (ARTAS) program to more than 900 health care providers from 469 health agencies across the country. ARTAS helps providers work with newly diagnosed people to create personal goals and plans in order to retain them in care and treatment.
- Launched the national HIV *Treatment Works* communications campaign, which aims to increase the number of people living with HIV, including gay and bisexual men, who enter and remain in medical care.
- As part of CDC's *Enhanced Comprehensive HIV Prevention Planning Project*, New York City created a grading system that encourages clinics to improve their programs to help patients stay in regular care, and Washington, D.C. created the "Red Carpet" program, which arranges same-day care for people who test positive.

3. Harnessing all prevention strategies to help men protect themselves and their partners from HIV

Today, we have more prevention options than ever before, from behavior change, to condoms, to pre- and post-exposure prophylaxis, to treatment for HIV-positive individuals. But making sense of this rapidly expanding toolkit can be challenging for both doctors and patients. CDC is arming providers, individuals, and community programs with tools and information about all available options – so that each man can choose the strategies that are best for him.

At the same time, CDC continues to drive innovation in labs, in clinics, and in the real world. We are working to evaluate the best ways to raise awareness of and deliver the approaches already proven effective, and investigating the next generation of prevention tools – from new, longer-lasting methods for PrEP to microbicide gels that may block transmission of the virus among gay and bisexual men.

CDC in Action: Using the Full Prevention Toolkit

Leveraging existing and new HIV prevention options:

- Working to reach gay and bisexual men across the nation with information on the full range of prevention options. For example, one of CDC's many national communication campaigns, *Start Talking. Stop HIV.*, encourages men to talk openly with their sexual partners about HIV risk and how to identify the prevention strategies that are right for them.
- Educating health care providers and gay men on effective and appropriate use of PrEP and partnering with researchers across the country to assess this strategy's real-world use and impact – building on CDC's public health guidance that recommends PrEP for those at highest risk of infection.
- Investigating the next generation of PrEP options, including long-acting injectable methods.
- Funding community-based organizations nationwide to implement targeted behavior change programs for gay and bisexual men at highest risk of becoming infected with or transmitting HIV infection. CDC supports those programs shown to be the most cost-effective, including *Many Men, Many Voices*, a multi-session peer-based intervention for African American gay and bisexual men, and *Popular Opinion Leader*, a program that enlists and trains community opinion leaders to encourage safer sexual norms and behaviors within their social networks through risk-reduction conversations.
- Formally evaluating prevention strategies and sharing findings through *Effective Interventions*, an easy-to-use online resource, so health departments and CBOs can choose from the full range of effective programs for gay and bisexual men and others.
- Encouraging local health departments and CBOs to concentrate condom distribution programs in places that reach gay and bisexual men who may be at high risk of acquiring or transmitting HIV, including bars, community organizations, clinics, and shelters.

We are monitoring progress at every step.

To help ensure that HIV prevention efforts are focused and effective – and respond to changes in the epidemic – CDC has expanded the nation’s HIV surveillance systems. We measure progress against HIV and AIDS for every population in several ways:

- Tracking new HIV diagnoses and infections, AIDS cases, and AIDS deaths – by gender, race, and route of transmission – to have accurate information about the populations and geographic areas most affected.
- Documenting trends in HIV testing and knowledge of HIV status in order to target testing programs to those least aware of their infection, such as African American gay and bisexual men.
- Conducting surveys to assess risk behaviors and use of prevention strategies.
- Keeping the national scorecard on access to and use of HIV care and suppression of viral load to help local health departments and clinics close health care gaps and retain people in HIV treatment.
- Modeling the impact and cost-effectiveness of the growing arsenal of HIV prevention options.

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