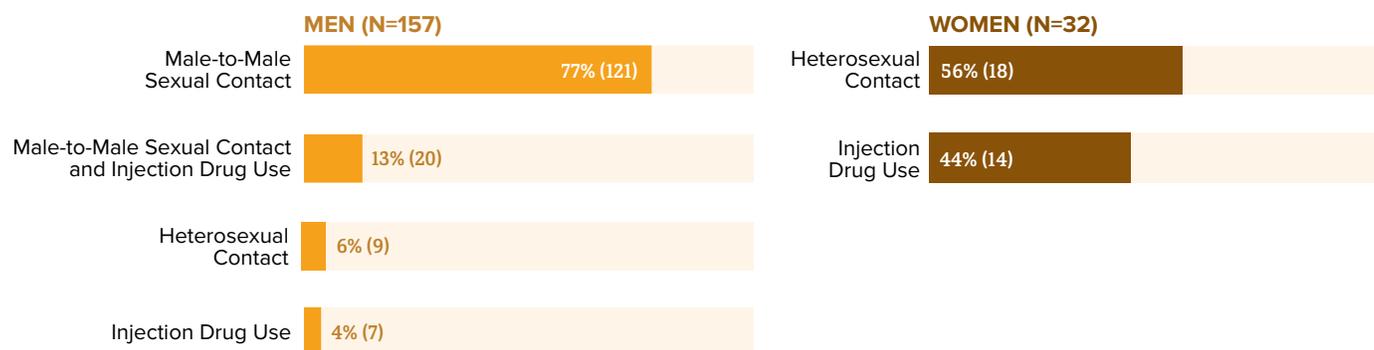


HIV and American Indians/Alaska Natives



Of the **37,832 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, <1% were among American Indians/Alaska Natives (AI/AN).

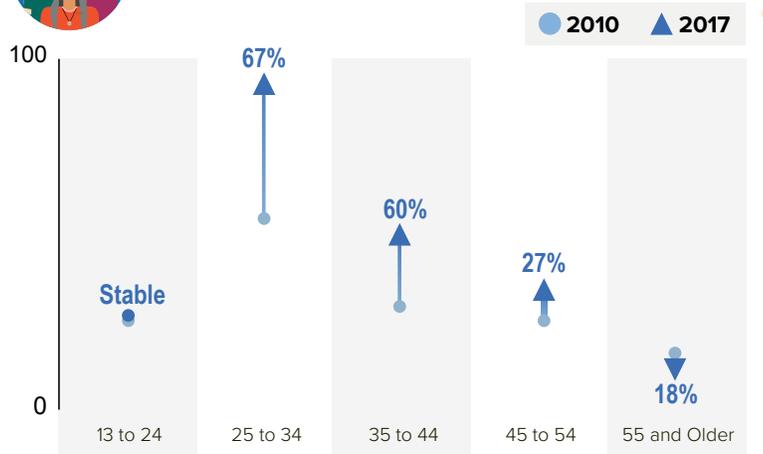
Most new HIV diagnoses were among AI/AN gay and bisexual men.†



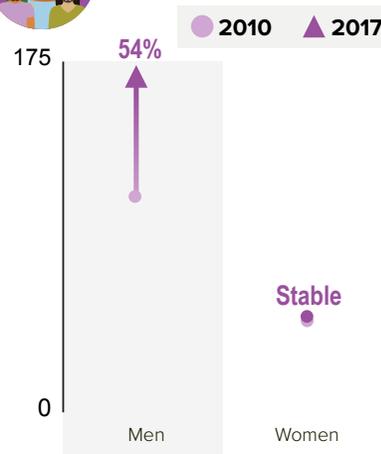
Though HIV diagnoses increased 39% among AI/AN overall from 2010-2017, trends varied by age and gender. ‡ **



AI/AN Trends by Age



AI/AN Trends by Gender



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
 † The terms *male-to-male sexual contact* and *male-to-male sexual contact and injection drug use* are used in the CDC surveillance system. They indicate the behaviors that transmit HIV infection, not how individuals self-identify in terms of their sexuality. This fact sheet uses the term *gay and bisexual men*.
 ‡ In 50 states and District of Columbia.
 ** Changes in populations with fewer HIV diagnoses can lead to a large percentage increase or decrease.



AI/AN who don't know they have HIV cannot get the care and treatment they need to stay healthy.



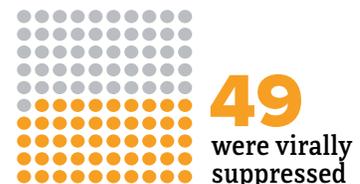
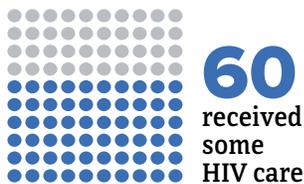
At the end of 2016, an estimated **1.1 MILLION PEOPLE** had HIV. † Of those, 3,600 were AI/AN.

4 in 5
AI/AN knew they had the virus.



It is important for AI/AN to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. AI/AN who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners.

Compared to all people with HIV, AI/AN have lower viral suppression rates. More work is needed to increase these rates. **For every 100 AI/AN with HIV: †**



For comparison, for every **100 people overall** with HIV, **64 received some HIV care**, **49 were retained in care**, and **53 were virally suppressed**.

There are several challenges that place AI/AN at higher risk for HIV.

Unaware of HIV Status



Some AI/AN are unaware of their HIV status. People who do not know they have HIV cannot get the treatment they need and may pass the infection to others without knowing it.

Difficult to Create Prevention Programs



With hundreds of federally recognized tribes and many different languages, creating culturally appropriate prevention programs for each group can be challenging.

Stigma



AI/AN gay and bisexual men may face culturally based stigma and confidentiality concerns that could limit opportunities for education and HIV testing, especially among those who live in rural communities or on reservations.

Alcohol and Substance Misuse



Many AI/AN communities have high rates of alcohol and other substance misuse. Alcohol and substance misuse can impair judgment and lead to behaviors that increase the risk of HIV.

How is CDC making a difference for AI/AN?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

For more information about HIV surveillance data and how it is used, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For more information visit www.cdc.gov/hiv