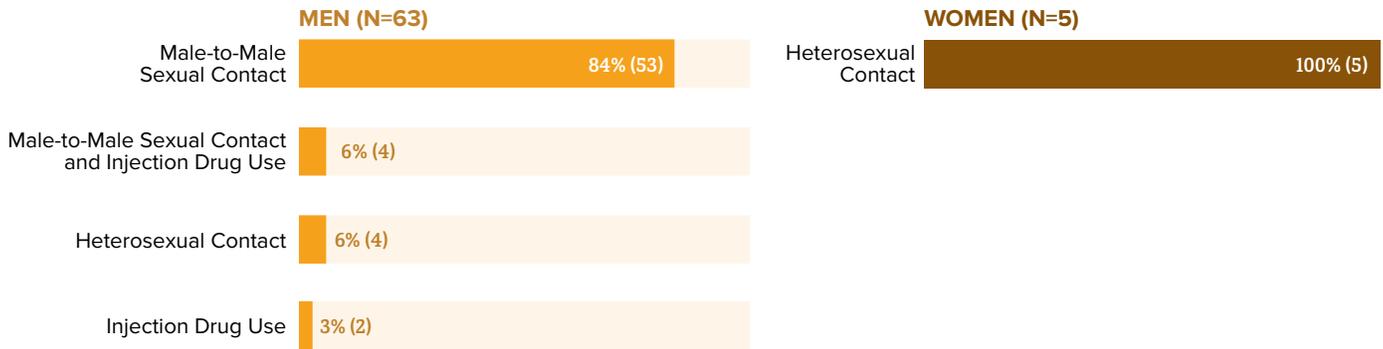


HIV and Native Hawaiians and Other Pacific Islanders



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, <1% (68) were among Native Hawaiians and Other Pacific Islanders (NHOPI).†

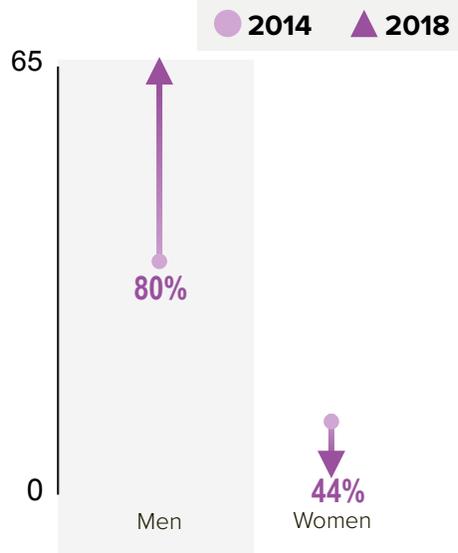
All new HIV diagnoses among NHOPI women were attributed to heterosexual contact.



HIV diagnoses increased 51% (from 45 to 68) among NHOPI overall from 2014 to 2018. ‡



Trends by Sex



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
 † Adult and adolescent Native Hawaiians and Other Pacific Islanders aged 13 and older.
 ‡ Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.
 ** In 50 states and the District of Columbia.



NHOPI who don't know they have HIV can't get the care and treatment they need to stay healthy.

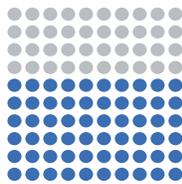


At the end of 2018, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 1,100 were NHOPI. **

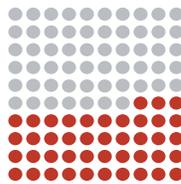


It is important for NHOPI to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting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

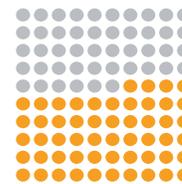
Compared to all people with HIV, NHOPI have about the same viral suppression rates. But more work is needed to increase these rates. For every **100 NHOPI with HIV in 2016**: **



60
received
some
HIV care



43
were
retained
in care



54
were virally
suppressed

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 some NHOPI at higher risk for HIV.

Socioeconomic Issues



Poverty, lack of health insurance, language barriers, and lower educational attainment may make it harder to access HIV services.

Limited Research



With limited research about NHOPI and HIV, creating targeted prevention programs for this population can be challenging.

Cultural Factors



Some cultural customs may stigmatize sex and make it difficult to talk about HIV prevention.

Data Limitations



Race/ethnicity misidentification could lead to an underestimation of HIV cases.

How is CDC making a difference for NHOPI?



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