HIV and Black/African American Women in the United States

HIV Diagnoses in 2016*

17,528 AFRICAN AMERICANS
7,529 ALL WOMEN
4,560 AFRICAN AMERICAN WOMEN

Diagnoses of HIV Infection and Population among Female Adults and Adolescents, >13 years of age, by Race/Ethnicity, 2016—United States

- American Indian/Alaska Native: 1%
- Asian: 6%
- Black/African American: 13%
- Hispanic/Latino: 16%
- Native Hawaiian/Other Pacific Islander: <1%
- White: 19%
- Multiple races: 2%

*Data for the year 2016 are preliminary and based on 6 months reporting delay.

Although HIV diagnoses declined by 20% among African American women between 2011 and 2015, racial/ethnic disparities still exist.

**HIV-negative African American women** are less likely to access PrEP.

**HIV-positive African American women** are less likely to be diagnosed early, linked to care, retained in care and be virally suppressed or have an undetectable viral load.

**Social and structural context:** Due to social determinants of health and equity, African American women may have limited access to quality healthcare and HIV services, less HIV education, lower income, and higher rates of unemployment.

**Community context:** Due to higher background/neighborhood rates of some sexually transmitted infections (STI), including HIV, African American women have a greater chance of being exposed to HIV.

In 2016, African American women represented 13% of the female population, but 61% of HIV diagnoses among female adults and adolescents.
Should You Get Tested For HIV?

- Everyone ages 13 to 64 should get tested for HIV at least once.
- If you are pregnant or planning to get pregnant, get tested as early as possible to protect your baby.

You should get tested at least once a year if:

- You’ve had sex with an HIV-positive partner who is not virally suppressed or have an undetectable viral load.
- You’ve had more than one partner since your last HIV test.
- You’ve shared needles or works to inject drugs.
- You’ve exchanged sex for drugs or money.
- You have another STI, hepatitis, or tuberculosis.
- You’ve had sex with anyone who has done anything listed above or with someone whose sexual history you don’t know.

Should You Consider PrEP?

- Pre-exposure Prophylaxis (PrEP) is a daily medicine that can reduce your chance of getting HIV.
- Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%.
- Your risk of getting HIV from sex can be even lower if you combine PrEP with condoms and other prevention methods.

PrEP should be considered if:

- You aren’t in a mutually monogamous relationship with an HIV-negative partner or person who is not virally suppressed (has an undetectable viral load).
- Your partner is a man who has had anal sex without a condom or been diagnosed with a STI in the past 6 months.
- You are a heterosexual woman who does not use condoms during sex with partners of unknown HIV status.

Helpful Resources and Information

The right way to use a female condom: www.cdc.gov/condomeffectiveness/female-condom-use.html
The right way to use a male condom: www.cdc.gov/condomeffectiveness/male-condom-use.html
Where to get tested for HIV/STIs: gettested.cdc.gov/

If you are HIV-negative, but your partner is HIV-positive

- Talk to a doctor about taking PrEP.
- Talk to your partner(s) about their HIV treatment. People living with HIV who take HIV medications daily, as prescribed, can achieve and maintain an undetectable viral load (virus is under control), decreasing their risk of sexual transmission to an HIV-negative partner.

If you are HIV-positive, but your partner is HIV-negative

- Talk to your doctor about ways to stay healthy and take your medication, as prescribed, to achieve and maintain an undetectable viral load.
- Talk to your partner about PrEP and seeking HIV-prevention resources from a doctor.

If you are HIV-negative and your partner is HIV-negative

- Get tested at least once a year as a part of your routine healthcare visit.
- Discuss condoms with your partner(s) and, if used, use condoms consistently and correctly every time.
- Talk to your doctor about PrEP and, if it is prescribed as the best choice for your health, use it consistently.
- Be tested and treated for other STIs. These infections can increase your risk for HIV.

If you think you may have been exposed to HIV

- Visit a doctor right away. The doctor may decide that you should get post-exposure prophylaxis (PEP). PEP is an anti-HIV medicine that may lower your chances of getting HIV after you have been exposed to the virus.

References