

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, but these advances are still not reaching everyone in need. Gay and bisexual men represent approximately two percent of the U.S. population, but they accounted for nearly 67 percent of all diagnosed HIV infections in 2014. Diagnosis data from 2005 to 2014 suggest that after years of increasing HIV diagnoses among gay and bisexual men, new diagnoses may finally be slowing down and, for some populations, even declining.

But driving HIV down for good will require innovative ideas. There are many reasons to be optimistic that we can succeed.

Powerful 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 transmit the virus to others.

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

CDC in Action

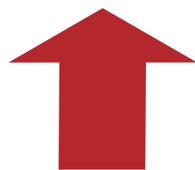
We focus our HIV prevention investments for gay and bisexual men on three fronts:

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 **67% of all new HIV diagnoses** in 2014



New diagnoses **increased overall by 80% among young (aged 13-24) MSM** from 2005 to 2014, mainly in the first five years of that time period



New diagnoses were **three times as high among young black MSM** as among young white MSM in 2014

* 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.

Today, one of CDC's highest prevention priorities is to ensure that every gay and bisexual man infected with HIV knows it and receives effective care and treatment. At the same time, all gay and bisexual men must have knowledge and tools to protect themselves from infection. CDC is aggressively investing in scientifically proven technologies and approaches – and pioneering new ones – 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 targeted prevention resources now going to reach gay and bisexual men than any other population.



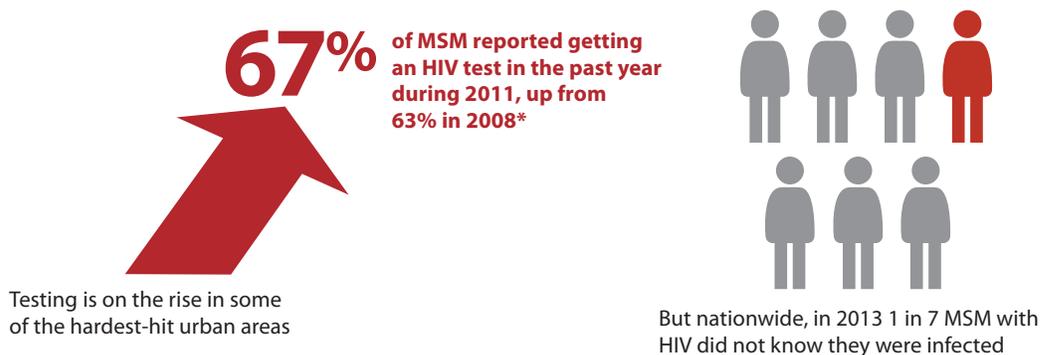
CDC's HIV prevention investments for gay and bisexual men focus on three fronts:

1. Identifying unrecognized infections

To stop HIV, it is critical that everyone 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 three to four 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.

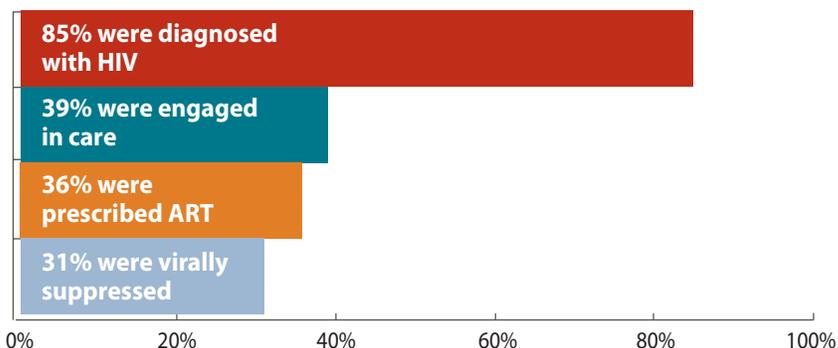
2. Preventing HIV through treatment

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 loads are far less likely to pass on the virus to others – reducing the risk of HIV transmission by 96 percent. Data also 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-infected gay and bisexual men earlier, link them to effective HIV care and treatment and help them adhere to medication regimens – which is essential to keeping the amount of virus in their bodies at low enough levels to improve their own health and reduce the risk of further transmission to partners. 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 2012, among the estimated 666,900 MSM living with 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 eight 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 including a new Data to Care initiative that helps health departments capture more information to determine whether people living with HIV are in medical care and have achieved undetectable viral loads. These systems help identify those who are no longer in care and connect them with services to resume treatment.
- Developed resources to improve linkage to care, retention in care and adherence to medications, such as the Every Dose, Every Day toolkit. The toolkit includes a mobile app that provides dose, refill and medical appointment reminders.
- Launched a four-year project that supports state and local health departments, CBOs, healthcare clinics and providers to improve prevention, care and social services for gay and bisexual men of color living with or at risk for HIV infection.
- Trained more than 900 health care providers from 469 health agencies across the country through the Antiretroviral Treatment and Access to Services (ARTAS) program. ARTAS helps providers work with newly diagnosed people to create personal goals and plans 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-infected people. But making sense of this expanding toolkit can be challenging for both doctors and patients. CDC is arming providers, individuals and community programs with resources and information about the most effective prevention 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.
- Funding health departments and local partners to scale up the most effective new prevention strategies to fight HIV among gay and bisexual men, especially men of color. CDC provides targeted funding to programs that increase knowledge and uptake of PrEP, as well as initiatives that utilize HIV surveillance data to help connect and re-engage people with HIV with needed services and treatment to reduce transmission.
- 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.
- Creating new resources to help gay and bisexual men better understand their risk of infection and help them make more informed choices about their health. As an example, CDC's online HIV Risk Reduction Tool lets people get customized information about behaviors that place them at risk for HIV infection and strategies to reduce their risk of infection. It allows people to compare the risks of different sexual activities and see how one or a combination of prevention methods – such as condoms, PrEP or HIV treatment for those living with HIV – could change their level of protection.
- Funding CBOs 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 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.
- Maintaining a national scorecard on access to and use of HIV care and suppression of viral load to help local health departments and clinics close gaps and retain people in HIV treatment.
- Modeling the impact and cost-effectiveness of HIV prevention options.

If you are a member of the news media and need more information, please visit www.cdc.gov/nchhstp/newsroom or contact the News Media Line at CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 404-639-8895 or NCHHSTPMediaTeam@cdc.gov.