



CALIFORNIA
HIV / AIDS POLICY
RESEARCH CENTERS

The Gap in Rates of New HIV Cases Continues to Widen between Latino and White Men Who Have Sex With Men (MSM)

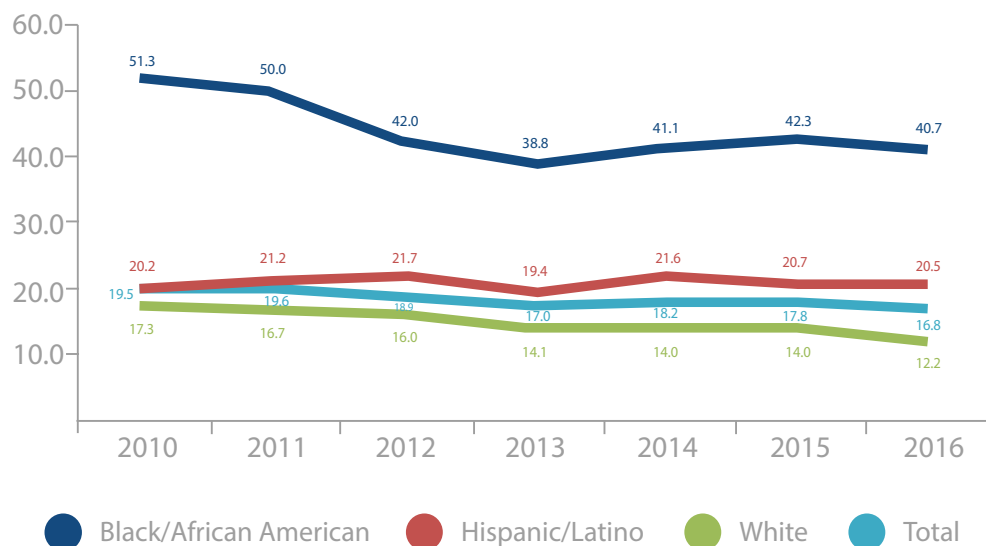
Overview

Based on OA data from 2010 to 2016, disparities have continued and increased over time in terms of overall rates of new HIV diagnoses among California’s Latino men who have sex with men (MSM).

In 2010, Latino and White MSM had fairly similar HIV rates -- 17.3 new MSM cases per 100,000 White males and 20.2 per 100,000 Latino males. By 2016, however, rates in Whites had declined 29% to 12.2 per 100,000 males while increasing slightly among Latino males to 20.5 per 100,000 – resulting in a 68% higher rate of new HIV infections among Latino than white MSM.

These data are particularly striking as, over the same time period, California’s Black/African American MSM population showed decreases in both the number and rate of new HIV diagnoses. Although Black /African American MSM remain at the highest risk compared to other racial/ethnic groups, their rates did decline 21% between 2010 and 2016, from 51.3 new MSM cases per 100,000 to 40.7 per 100,000 Black males.

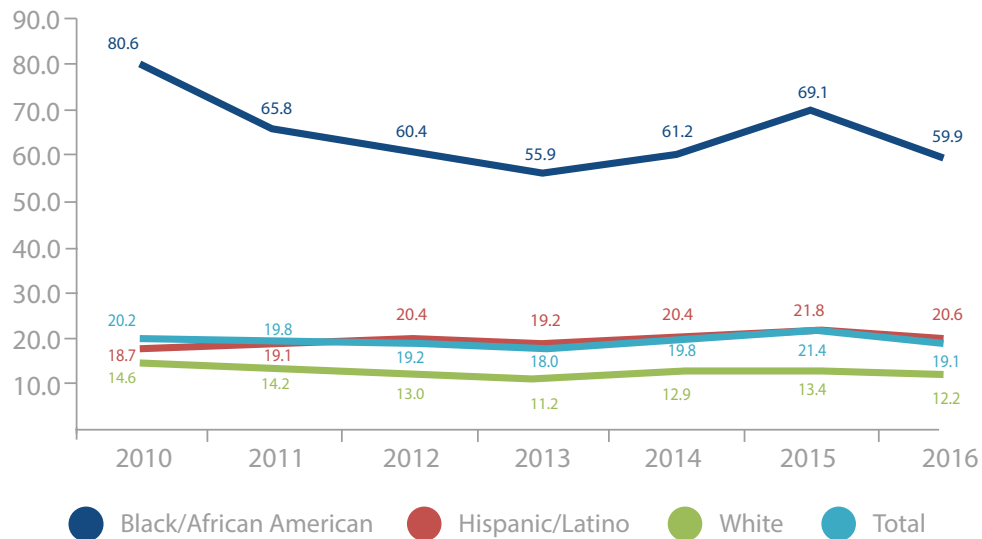
Rate* of HIV Infection by Race/Ethnicity and Year of Diagnosis in Men Having Sex with Men of All Ages in California, 2010-2016



*Rates are per 100,000 male population. Male-to-male sexual contact and injection drug use are included. Transgender male-to-female are excluded.

Source: California Department of Public Health, Office of AIDS, Surveillance Section

Rate* of HIV Infection by Race/Ethnicity and Year of Diagnosis in 12-24 year-old Men Having Sex with Men in California, 2010-2016



*Rates are per 100,000 male population. Male-to-male sexual contact and injection drug use are included. Transgender male-to-female are excluded.

Source: California Department of Public Health, Office of AIDS, Surveillance Section

HIV rates in young MSM, those ages 12-24, showed similar patterns, with small but increasing rates among Latino (10%), slightly decreasing rates among white (16%), and a substantial (26%) decline among Black/African American MSM.

Implications

Increasing disparities in rates of new HIV infection among Latino MSM underscore the urgent need to improve and expand HIV prevention efforts in this population. This means ensuring that Latino MSM have access to proven HIV prevention services, including HIV testing, condoms, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), and treatment if they are living with HIV. At the same time, efforts must address social and economic factors that drive these disparities, including poverty, housing instability, limited access to health care, discrimination, language barriers, and stigma. The declining infection rates in other groups indicate evidence-based approaches can be successful in shifting trends downward. Increased efforts, tailored to the needs of Latino MSM, hold great potential for addressing disparities in HIV.

Data

Data provided by the California Department of Public Health (CDPH), Office of AIDS (OA), summarized HIV diagnoses and rates over time among men who have sex with men (MSM) by race/ethnicity. Data included HIV surveillance data from 2010 to 2016. Because CDPH does not have accurate figures for the overall number of MSM in California by race/ethnicity, rates reported represent the number of MSM cases per 100,000 males within each race/ethnicity. Comparisons within a subgroup over time may be more accurate than comparisons between different racial/ethnic subgroups.