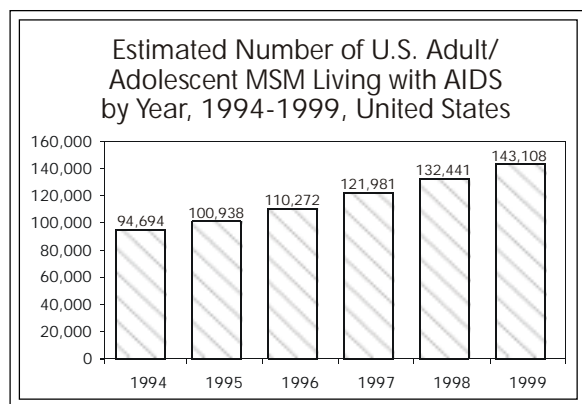


Need for Sustained HIV Prevention Among Men who Have Sex with Men

In the United States, HIV-related illness and death historically have had a tremendous impact on men who have sex with men (MSM). Even though the toll of the epidemic among injection drug users (IDUs) and heterosexuals has increased during the last decade, MSM continue to account for the largest number of people reported with AIDS each year. In 2000 alone, 13,562 AIDS cases were reported among MSM, compared with 8,531 among IDUs and 6,530 among men and women who acquired HIV heterosexually.

Overall, the number of MSM of all races and ethnicities who are living with AIDS has increased steadily, partly as a result of the 1993 expanded AIDS case definition and, more recently, of improved survival. (See chart below.)



Continuing Risk Among Young MSM

Abundant evidence shows a need to sustain prevention efforts for each generation of young gay and bisexual men. We cannot assume that the positive attitudinal and behavioral change seen among older men also applies to younger men. Recent data on HIV prevalence and risk behaviors suggest that young gay and bisexual men continue to place themselves at considerable risk for HIV infection and other sexually transmitted diseases (STDs).

□ Ongoing studies show that both HIV prevalence ratio (the proportion of people living with HIV in a population) and prevalence of risk behaviors remain high among some young MSM. In a sample of MSM 15-22 years old in seven urban areas, CDC researchers found that, overall, 7% already were infected with HIV. Higher percentages of African Americans (14%) and Hispanics (7%) were infected than were whites (3%).

□ In the 34 areas with confidential HIV reporting, data show that substantial numbers of MSM still are being infected, especially young men. In 2000, 59% of reported HIV infections among adolescent males aged 13-19 and 53% of cases among men aged 20-24 were attributed to male-to-male sexual contact.

□ Research among gay and bisexual men suggests that some individuals are now less concerned about becoming infected than in the past and may be inclined to take more risks. This is backed up by reported increases in gonorrhea among gay men in several large U.S. cities between 1993 and 1996. Despite medical advances, HIV infection remains a serious, usually fatal disease that requires complex, costly, and difficult treatment regimens that do not work for everyone. As better treatment options are developed, we must not lose sight of the fact that preventing HIV infection in the first place precludes the need for people to undergo these difficult and expensive therapies.

These data highlight the need to design more effective prevention efforts for gay and bisexual men of color. The involvement of community and opinion leaders in prevention efforts will be critical for overcoming cultural barriers to prevention, including homophobia. For example, there remains

a tremendous stigma to acknowledging gay and bisexual activity in African American and Hispanic communities.

Need to Combat Other STDs

Studies among MSM who are treated in STD clinics have shown consistently high percentages of HIV infection, ranging from nearly 4% in Seattle to a high of almost 36% in Atlanta. (See CDC's National HIV Prevalence Surveys, 1997 Summary, Table 1.) Some studies have shown that the likelihood of both acquiring and spreading HIV is 2-5 times greater in people with STDs, and that aggressively treating STDs in a community may help to reduce the rate of new HIV infections. Along with prompt attention to and treatment of STDs, efforts to reduce the behaviors that spread STDs are critical.

Prevention Services Must Reach Both Uninfected and Infected

Research has shown that high-risk behavior is continuing in some populations of MSM, including those who are infected with HIV. Because HIV-infected gay and bisexual men are living longer and healthier lives, greater efforts must be made to reach them with behavioral interventions that can help them protect their own health and prevent transmission to others.

For information about national HIV prevention activities, see the following CDC fact sheets:

- “CDC’s Role in HIV and AIDS Prevention”
- “Linking Science and Prevention Programs—The Need for Comprehensive Strategies”

For more information...

CDC National STD & AIDS Hotlines:

1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

**CDC National Prevention
Information Network:**

P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:

NCHSTP: <http://www.cdc.gov/nchstp/od/nchstp.html>
DHAP: <http://www.cdc.gov/hiv>
NPIN: <http://www.cdcnpin.org>