



African Americans and HIV

Black people, especially in the South, are disproportionately affected by HIV.

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Throughout the United States, Black people bear the greatest burden of HIV. While African Americans make up just 12% of the U.S. population, they accounted for 38% of all new HIV diagnoses in 2023, with more than 14,700 new cases, according to the Centers for Disease Control and Prevention (CDC). This proportion has remained roughly stable over the past five years. Compared with white people, Black people are about eight times more likely to be diagnosed with HIV. Of the estimated 1.2 million Americans living with HIV, around 40% are Black.

Black men accounted for 47% of new HIV diagnoses among young gay, bisexual and other men who have sex with men (ages 13 to 24), though Latinos accounted for a higher proportion among those older than 24. The highest number of new cases is among Black gay men in the South.

Black women make up half of all new HIV diagnoses among women—11 times higher than the diagnosis rate for white women. Although data for transgender people are limited, Black trans women have disproportionately high HIV prevalence. Only 57 children were diagnosed with HIV in 2023, but 60% of them were Black. Just over a quarter of cases among Black men and women are attributable to injection drug use.

Despite having a higher rate of HIV acquisition, Black people in the United States are substantially less likely than their white peers to use pre-exposure prophylaxis (PrEP), which reduces the risk of acquiring the virus by around 99%. Along with using condoms and not sharing drug injection equipment, PrEP is a highly effective tool for preventing HIV. Experts are hopeful that the approval of twice-yearly injectable PrEP (lenacapavir, or Yeztugo) in June 2025 will help close the gap.

Advances in antiretroviral therapy have benefited all people living with HIV. Since the advent of effective treatment, HIV-related mortality has declined dramatically—and it is no longer among the top 10 leading causes of death for Black men or women—but African Americans still account for around 40% of HIV-related deaths.

Antiretrovirals do not work differently in people of different racial/ethnic groups, and treatment

guidelines are the same. But access is key, and Black people are less likely than white people to receive HIV care and treatment.

In 2022, an estimated 88% of African Americans living with HIV had been tested and knew their status—about the same as the HIV population overall, according to the CDC. HIV testing is important because people who know their status can start treatment, which halts disease progression and prevents HIV transmission via sex if viral load is suppressed. Among those diagnosed, 74% of Black people received some HIV care, 52% were retained in care and 61% achieved viral suppression—the lowest of any racial/ethnic group.

Beyond HIV, African Americans are at greater risk for other health conditions that can complicate HIV care, including high blood pressure, heart disease, kidney disease, type 2 diabetes, hepatitis C and sexually transmitted infections.

Higher rates of poverty, homelessness and incarceration, lower health insurance coverage and limited access to high--quality health care, especially in rural areas, all contribute to the disproportionate burden of HIV in Black communities. Racism, homophobia, stigma and distrust of the health care system can leave African Americans less likely to seek out HIV prevention, testing and care, but many AIDS organizations offer services specifically tailored to the needs of Black people at risk for or living with HIV.