

Gay Latino Men at Highest Risk for HIV Are Five Times More Likely to Use PrEP

But disparities in access to health care and PrEP are limiting access for young men, who are acquiring HIV at higher rates.

March 24, 2022 By [Heather Boerner](#)

When it comes to [pre-exposure prophylaxis \(PrEP\)](#) use among Latino men who have sex with men (MSM), a high risk of acquiring HIV is the biggest determinant of uptake, according to data presented at the [Conference on Retroviruses and Opportunistic Infections \(CROI 2022\)](#). The biggest barrier appears to be lack of access to health care at all.

Cisgender Latino gay men have the [second highest rate of HIV diagnoses](#) in the United States, after Black MSM. But just [14% of Latino MSM were using PrEP](#) in 2019, according to the Centers for Disease Control and Prevention (CDC).

Mike Barry, MPH, an epidemiologist at the University of Washington Center for AIDS Research, and colleagues culled through Emory University's 2014–2020 American Men's Internet Survey of cisgender gay, bisexual and other MSM to identify 9,011 HIV-negative Latino/Hispanic teens and adults who answered the survey's questions about PrEP.

More than one in five participants were between ages 15 and 19; slightly more than half (52%) were in their 20s or 30s. Nearly three quarters (74%) identified as gay, while most of the rest (23%) identified as bisexual; 1% identified as straight. More than a third had some college, another 36% had completed college or additional higher education and 23% made more than \$75,000 a year. The vast majority lived in large cities or suburbs in the South and the West.

About half of the respondents met the [CDC's criteria for PrEP](#), with 80% reporting condomless anal sex in the last year, 3% reporting methamphetamine use and 2% reporting injection drug use.

Between 2014 and 2020, the respondents' awareness of PrEP rose from 52% to 84%. However, despite 84% being aware of it, only 30% had talked to their provider about PrEP, and just half of those got a prescription for the HIV prevention pill. As a result, between 2016 and 2020, Latino men's current PrEP use rose only from 11% to 12%.

When Barry and colleagues looked at which men did use HIV prevention pills, they found that men who were at highest risk for HIV according to CDC guidelines were five times more likely to use

PrEP than those who didn't meet the criteria.

But the researchers also found disparities. Latino men were more likely to use PrEP if they had health insurance than if they didn't, and people living in small cities were 34% less likely to use PrEP than their big-city peers. Men in their 30s were most likely to use PrEP. Teenagers were 86% less likely and men in their 20s were 47% less likely to use PrEP than men in their 40s or older. [CDC data](#) show that in 2019, the highest rates of HIV in Latino communities were among people ages 25 to 34, followed by people ages 13 to 24 and then men in their 30s.

In addition, people who identified as gay were 85% more likely to use it than men who identified as bisexual or straight.

“Encouragingly, PrEP eligibility based on risk criteria is strongly associated with PrEP use,” the researchers concluded. However, Barry added in a comment on the presentation, “I suspect based on our findings and other work I’ve read on this matter that health care access, broadly, is the main issue. If folks can’t get to a doctor for general health care, then referrals for PrEP can’t happen.”

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