Racial Disparities in the Gay Male HIV Epidemic Appear Entrenched

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Despite many efforts to fight racial disparities in HIV rates among men who have sex with men (MSM), black MSM will likely continue to have disproportionately high HIV rates for decades. Publishing their findings in The Lancet HIV, researchers conducted a modeling analysis, using data from the Centers for Disease Control and Prevention (CDC) to project how varying rates of HIV testing and retention in HIV care would affect racial disparities between black and white MSM.

In order to make these projections, the researchers first established the "care continuum" rates for black and white MSM from 2009 to 2010. Also known as the "treatment cascade," the care continuum is the step-by-step process by which people with HIV are diagnosed with the virus, linked to care, retained in care, prescribed antiretrovirals (ARVs) and then achieve a fully suppressed viral load.

In 2010, there were an estimated 562,500 black MSM and 3,231,061 white MSM living in the United States. Of those groups, an estimated 180,477 of the black men and 243,174 of the white men were living with HIV, meaning a 32 percent HIV prevalence rate among black MSM and an 8 percent prevalence among white MSM.

The researchers found racial disparities throughout the care continuum. Among black MSM, an estimated 75 percent were diagnosed, 24 percent were retained in care, 20 percent were taking ARVs and 16 percent had achieved full viral suppression. Among white MSM, 84 percent were retained in care, 43 percent were taking ARVs, 39 percent were retained in care and 34 percent were virally suppressed.

The researchers estimated that because such a higher proportion of black MSM are living with HIV compared with white MSM, even if black MSM were to eliminate the care gap disparity between them and white MSM, this would only narrow the racial gap in new infection rates by 27 percent. And if black MSM living with HIV had a 95 percent diagnosis rate, or a 95 retention-in-care rate, or both, this would reduce the racial gap in new infection rates by a respective 27 percent, 25 percent, and 59 percent.

"Our findings show the substantial challenges that remain ahead in our efforts to reduce and eliminate racial disparities in HIV incidence among black and white MSM here in the U.S.," Eli Rosenberg, PhD, an assistant professor of epidemiology at Emory University Rollins School of

Public Health and the study's lead author, said in a press release. "There is an urgent need to improve our rates of HIV testing, linkage and retention in care, and prescription of and adherence to antiretroviral therapy for black men living with HIV."

"We have an opportunity to change the course of the epidemic here in the U.S. by implementing the steps laid out in the National HIV/AIDS Strategy by focusing on the populations at greatest risk and ensuring that all men who have sex with men, especially black MSM, have access to healthcare," said Greg Millett, vice president and director of public policy at amfAR, The Foundation for AIDS Research, and one of the co-authors of the study, said in the same press release. "We must also scale up programs for medications that prevent HIV infection at reduced or no cost for uninfected black gay men, while continuing to invest in research toward a cure and a vaccine. Otherwise, these disparities in HIV incidence among MSM will persist."

To read the press release, click here.

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