HIV in Specific Populations

HIV and African Americans

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 rate for white women. Although data for transgender people are limited, Black trans women have a disproportionately high rate of HIV. 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.

HIV Prevention

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.

There are two approved PrEP pills, tenofovir disoproxil fumarate/emtricitabine (Truvada or generic TDF/FTC) and tenofovir alafenamide/emtricitabine (Descovy). Both are usually taken once daily, though Truvada can also be used “on-demand” before and after sex.

There are also two long-acting injectable PrEP options, Apretude (cabotegravir), administered by a health care provider every two months, and Yeztugo (lenacapavir), administered once every six months.

HIV Care and Treatment

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, 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.

Special Concerns

Beyond HIV, African Americas are at a higher risk for certain other health problems that can complicate HIV care, including:

- High blood pressure. Nearly 60% of Black Americans have high blood pressure, or hypertesion, which can lead to heart attack, stroke, kidney damage, cognitive impairment and sexual dysfunction. Not only is hypertension more common among African Americans, but they are also less likely to have their blood pressure under control.
- Heart disease. Heart disease and its complications, including heart attack, stroke and heart failure, are more common among African Americans. In 2022, Black people died of heart disease about 4% more often than the population at large. Because people with HIV are more prone to cardiovascular disease—and develop it at an earlier age—monitoring heart health is an important part of medical care for Black men and women living with HIV.
- Diabetes. Black people are nearly twice as likely as white people to have type 2 diabetes, which occurs when the body is unable to properly regulate insulin and blood sugar. Left untreated, diabetes can damage the kidneys, heart, eyes and nerves. Exercise, a healthy diet, weight management and, in some cases, medications can reduce the risk of developing diabetes and help keep it under control.
- Kidney disease. African Americans are about four times more likely than white people to

develop advanced kidney disease. What's more, Black people, especially men, are much more likely to have HIV-associated nephropathy, or kidney damage.

- Hepatitis C. Black people, along with Native Americans, are more likely to have hepatitis C virus (HCV), which is often transmitted via shared drug injection equipment. Over time, chronic hepatitis C can lead to complications, including cirrhosis and liver cancer. Hepatitis C can now be cured with antiviral medications taken for just two or three months, but a majority of people who could benefit have not received treatment.

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

Last Reviewed: November 14, 2025

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/basics/hiv-basics/hiv-african-americans