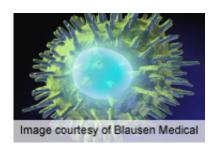


HIV racial disparities noted for men who have sex with men

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Similar racial disparities are seen in HIV infection for men who have sex with men in the United States and the United Kingdom, according to a study published online July 20 in *The Lancet*.

(HealthDay) -- Similar racial disparities are seen in HIV infection for men who have sex with men (MSM) in the United States and the United Kingdom, according to a study published online July 20 in *The Lancet*.

Gregorio A. Millett, M.P.H., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues conducted a meta-analysis to assess factors associated with disparities in HIV infection in black MSM. Seven studies from Canada, 13 from the United Kingdom, and 174 from the United States were included, involving 106,148 black MSM and 581,577 other MSM.

In every country, the researchers found that black MSM were as likely as other MSM to engage in serodiscordant unprotected sex. U.S. and



Canadian black MSM were significantly less likely to have a history of substance abuse, compared with other MSM. U.S. and U.K. black MSM were more likely to be HIV-positive, and black HIV-positive MSM were less likely to initiate combination antiretroviral therapy (cART). Compared with other U.S. HIV-positive MSM, black HIV-positive MSM were less likely to have health insurance, adhere to cART, be virally suppressed, and have a high CD4 count. U.S. black MSM were significantly more likely than others to report any preventive behavior against HIV infection, despite having increased odds of any structural barrier that increases HIV risk. For black versus other U.S. MSM, disparities for HIV outcomes were greatest for structural barriers, sex partner demographics, and HIV care outcomes, and were least for sexual risk outcomes.

"Elimination of disparities in <u>HIV infection</u> in black MSM cannot be accomplished without addressing structural barriers or differences in HIV clinical care access and outcomes," the authors write.

More information: Abstract

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