



Perspective

The U.S. Latino HIV Crisis — Ending an Era of Invisibility

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In May 2024, the Centers for Disease Control and Prevention (CDC) released its annual HIV surveillance reports. The new data show a continuation of year-over-year reductions through 2022 in

the estimated number of new HIV infections in the United States.¹ But disconcerting trends among Latino people — the country's second-largest racial or ethnic group after White, non-Latino people — reflect persistent failures in HIV-prevention and treatment systems that have been overshadowed by this overall progress.

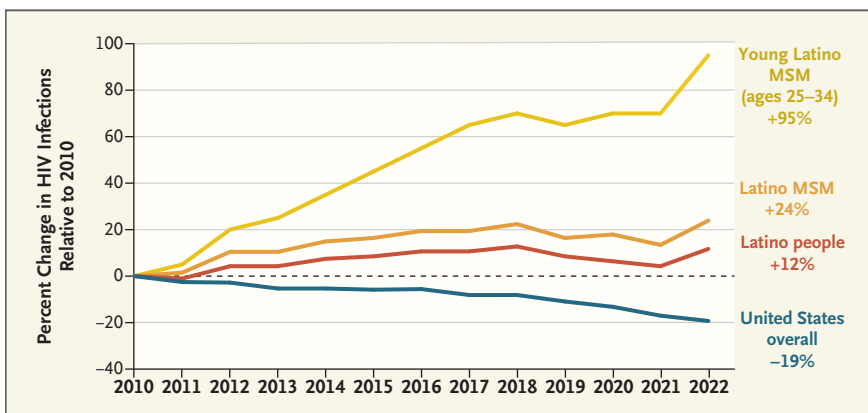
In 2020, we called attention to an accelerating HIV crisis in the Latino population.² At the time, the Hispanic Health Network, a delegation of more than 100 Latino health and social welfare organizations from throughout the United States, engaged in a consensus-building process with the CDC to establish open channels of communication and collaboration to address growing concerns about HIV in the Latino population.² In 2024, the Hispanic Health

Network hosted a national summit about HIV and interrelated epidemics in Latino communities. These community-led mobilization efforts have focused on raising awareness and obtaining policy and programmatic support and resources to strengthen the national Latino-focused response to HIV. Neither the continuing crisis nor advocacy efforts have yet resulted in adequate investments, however.

According to the new CDC data, although the estimated number of new HIV infections per year in the United States decreased by 19% between 2010 and 2022, there was a 12% increase among Latino people (see graph). In comparison, the estimated number of new HIV infections per year decreased by 29% among Black people and by 25% among White people over the

same period.¹ In 2022, an estimated one third of new HIV infections occurred in Latino people — reflecting a stark increase since 2010, when the proportion was approximately one fourth.¹ This increase cannot be explained by growth in the Latino population alone and reflects inequities in progress toward reducing HIV incidence. Specifically, between 2010 and 2022, the estimated rate of new HIV infections per 100,000 people fell nearly twice as fast for the U.S. population overall (a 27% decrease) as it did for the Latino population (a 16% decrease).¹

This crisis has had the most profound effect among Latino men who have sex with men (MSM). The estimated number of new HIV infections per year that were attributable to male-to-male sexual contact increased by 24% between 2010 and 2022 among Latino men, as compared with a 15% decrease in such infections among men in the United States overall; 2022 was the first year that more new HIV infections occurred



Percent Change in Estimated Numbers of New HIV Infections, 2010–2022.

Data are from the Centers for Disease Control and Prevention.¹ MSM denotes men who have sex with men.

in Latino MSM than in MSM of any other racial or ethnic group, according to estimates.¹ There were increases in the estimated number of new HIV infections among Latino MSM between 2021 and 2022 in all age groups for which data were available, with the exception of those 13 to 24 years of age, among whom the estimated number of new infections remained constant.¹ The most alarming finding is a 15% single-year increase among Latino MSM 25 to 34 years of age, part of a 95% increase in this group since 2010.¹ In addition, although incidence estimates are not available, the number of new HIV diagnoses among transgender Latina women increased by 94% between 2014 and 2022.¹

These statistics indicate a failure of the U.S. response to HIV among Latino people, including key populations. Adding to this concern is insufficient understanding of the drivers of increasing numbers of new HIV infections in Latino communities. Several factors most likely contribute to this growing inequity; elucidating the relative importance of these factors and their interrelationships

requires urgent attention, prioritization, and resource allocation.

The inequitable reach of existing HIV-prevention, testing, and treatment services is a particularly important contributor. National data show that HIV preexposure prophylaxis (PrEP) coverage in Latino populations remains inadequate and that Latino people living with HIV are more likely to be unaware of their status, less likely to receive HIV care, and less likely to have viral suppression than people with HIV in the United States overall.¹ More broadly, recognition and prioritization of Latino populations' health as a key driver of overall U.S. population health remains lacking, and inadequate preparedness of the health care and public health workforce to address the cultural and linguistic needs of Latino people is an ongoing barrier. In the context of the federal Ending the HIV Epidemic initiative, the failed response to HIV in Latino populations threatens national goals.

Harmful social determinants of health also disproportionately affect underserved Latino communities, including Latino migrants, who frequently experience pro-

nounced social, economic, and political adversity and injustice. Social injustices have long been recognized as shaping the distribution of HIV-related morbidity and mortality in powerful ways, producing marked racial and ethnic inequities. Community engagement and grassroots leadership in designing solutions to epidemics perpetuated by social structures is increasingly recognized as important for reducing health inequities. For example, the 2022 national mpox vaccination campaign, which was initially marked by racial and ethnic inequities similar to those for HIV testing, PrEP use, and HIV viral suppression, subsequently adopted a community-engaged approach that successfully reached MSM of color, including Latino MSM.³ The development and rollout of similar community-collaborative and culturally and contextually tailored campaigns aimed at increasing the reach of HIV services in Latino communities must be prioritized and adequately funded. To date, meaningful engagement of these communities in HIV-related research, public health efforts, and clinical practice has been insufficient.

Furthermore, the HIV epidemic in U.S. Latino communities has remained largely invisible. Although surveillance data documenting this unfolding crisis are released annually, attention and coverage have routinely centered on aggregate HIV data showing progress overall. As a result, a lack of urgency persists regarding resource allocation and the development of a Latino-specialized workforce, which would include greater numbers of Latino clinicians and other clinicians with linguistic skills and cultural humility, as well as

Priority Areas and Example Actions for a Multisectoral Response to the U.S. Latino HIV Crisis.	
Priority Area	Example Actions
Visibility	<p>Increase national media coverage of strategies for addressing the Latino HIV crisis in the United States.</p> <p>Employ culturally and linguistically tailored public health communications and awareness campaigns in Latino communities.</p> <p>Increase Latino leadership in public health, health care administration, and health policy.</p> <p>Prioritize Latino communities in federal agencies' response to and funding for addressing HIV-prevention and treatment needs.</p>
Public health response	<p>Collect and report data on inequities in HIV incidence, prevention, and treatment affecting Latino people.</p> <p>Establish Latino-specific and contextually tailored response plans for Ending the HIV Epidemic priority jurisdictions.</p> <p>Promote meaningful Latino grassroots community engagement in the development and implementation of public health programs.</p> <p>Ensure equitable resource allocation to Latino-specific HIV-testing, prevention, and treatment programs.</p> <p>Increase the engagement of partnerships among the private sector, academic institutions, and community-based organizations to address HIV in Latino communities.</p>
HIV service delivery	<p>Increase the diversity and cultural and linguistic preparedness of the HIV workforce.</p> <p>Ensure training of the HIV-prevention and treatment workforce in providing integrated clinical and social care to Latino communities.</p> <p>Eliminate economic barriers to engagement in testing, prevention, and treatment services.</p> <p>Invest in nontraditional service-delivery models (e.g., community-based care models) and health care workforce models (e.g., nurse-led prevention and treatment and community health worker programs).</p> <p>Increase implementation and scale-up of Latino-focused, evidence-based HIV-prevention and treatment tools.</p>
Structural drivers	<p>Enact evidence-based laws and policies that increase (rather than reduce) access to HIV-prevention and care services.</p> <p>Identify and scale up policies and programs to address systemic and structural racism, anti-immigrant sentiment, discrimination, stigma, medical mistrust, and other root causes of health inequities affecting Latino people.</p> <p>Integrate HIV clinical care with behavioral health care and services to address health-related social needs.</p>
Research and evidence generation	<p>Increase the size of the scientific workforce with expertise in social determinants of health and elimination of health inequities affecting Latino people.</p> <p>Establish mutually beneficial and sustainable academia–community partnerships.</p> <p>Conduct rigorous effectiveness evaluations of Latino-specific public health and health care programming.</p> <p>Increase funding for Latino-specific HIV-research and demonstration projects.</p>

nontraditional members of the health care workforce who could help address the particular needs of Latino communities (e.g., community health workers). This underprioritization has also contributed to reduced trustworthiness of the health care system and reduced engagement in HIV services among Latino MSM.⁴ Greater visibility, political will, and resource allocation will be indispensable for a more successful response.

Some federal programs have been specifically designed to reduce HIV incidence among Latino MSM. For example, the CDC launched Project Confianza, a national research initiative aimed at

identifying the root causes of medical mistrust among Latino MSM and opportunities for improving the acceptability, trustworthiness, and reach of HIV-prevention and treatment services.⁵ As part of Project Confianza, several studies are under way, including our own five-city study examining contextual influences that shape medical mistrust among Latino MSM and the trustworthiness of the health care system.⁵ These and similar programmatic efforts tailored to the Latino population are important, but they represent only a starting point for the larger multisector commitment that is needed to mobilize

researchers, public health practitioners, clinicians, policymakers, and other community and private-sector representatives to respond to the ongoing HIV crisis in U.S. Latino communities (see table). A solely biomedical solution designed and implemented primarily by the same HIV health care system that has historically failed to adequately reach key Latino populations will fall short of addressing the structural causes of the increasing HIV infections in Latino communities. Instead, we believe a diverse set of stakeholders must collectively rethink and improve the response to this crisis.

Disclosure forms provided by the authors are available at NEJM.org.

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