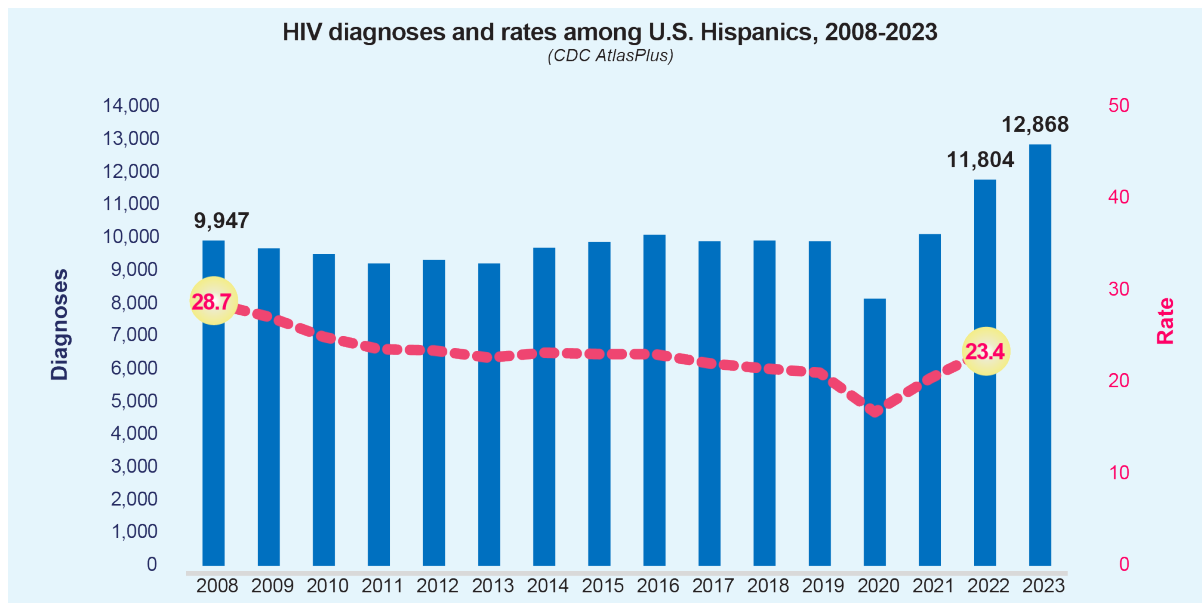


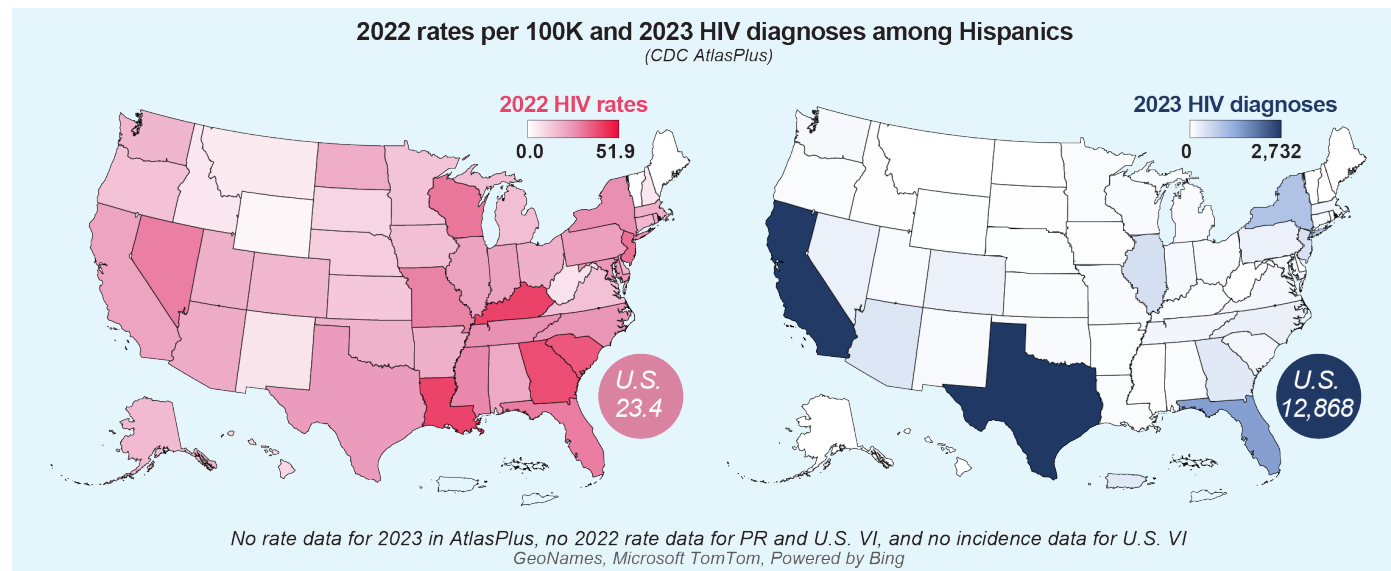
Summary of the National HIV trends and inequities among U.S. Hispanics Report

Approximately 19.4% (65.1M) of the U.S. population identified as Hispanic. However, Hispanics accounted for 33.4% of the 2023 HIV diagnoses—an alarming increase from 21.3% in 2008. Moreover, the 2022 HIV diagnosis rate for Hispanics (23.4 per 100,000) was significantly higher than the overall U.S. rate (13.3).

Over the past 15 years, HIV diagnoses among Hispanics have remained persistently high, with a concerning recent rise. The early gains in reducing HIV related to intravenous drug use (IDU) began stalling in the early 2010s. From 2019 to 2023, HIV diagnoses increased by an astonishing 49.5% among Hispanic women, 24.3% among heterosexual men, and 30.2% among gay, bisexual, and other men who have sex with men (MSM).



States with large Hispanic populations—such as TX, CA, FL, and NY—continue to drive a substantial share of HIV diagnoses. However, regions with smaller Hispanic populations report emerging trends of higher HIV rates, including the DC, KY, LA, GA, and SC. These geographic variations reflect underlying variations in socioeconomic and structural factors, including poverty, health coverage, workforce supply, services availability, health infrastructure, and health funding across different regions of the U.S. and its territories.



For the full report

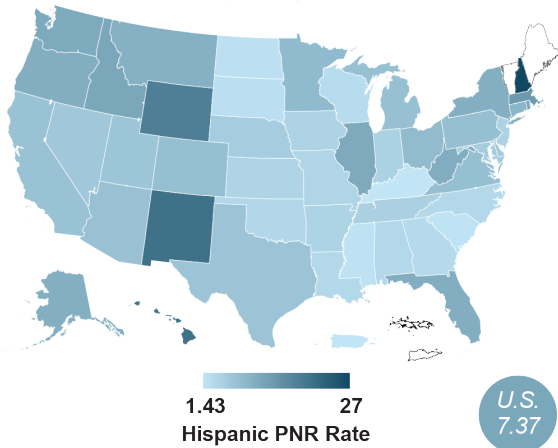
The ILHE is the research and policy dissemination program of the Latino Commission on AIDS and the Hispanic Health Network. www.ilhe.org | ilhe.info@latinoaidsonaids.org



Pre-Exposure Prophylaxis (PrEP)

Visit AIDSVu.org for more information.

PrEP-to-Need Ratio (PNR)* among Hispanics, 2023
Undefined data for ME, U.S. VI, and VT (AIDSVu)



A higher PNR indicates higher uptake of PrEP.

*PNR is the number of PrEP users divided by the number of new diagnoses in a given year.
GeoNames, Microsoft, TomTom, Powered by Bing

There is significant variability in Hispanic PNR across major Hispanic-populous areas and lower uptake of PrEP. Geographic and population-specific efforts are needed to increase the utilization of PrEP services.

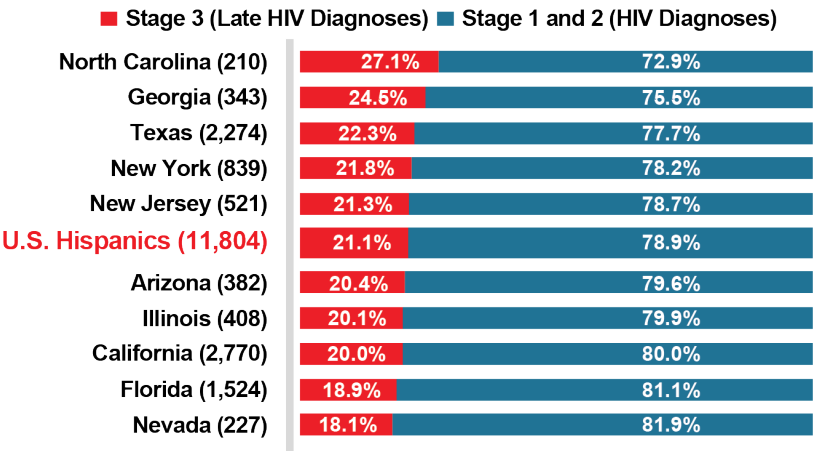
Strategies include programs to reduce HIV-related stigma and increase community awareness of PrEP usage and long-acting injectables. Additionally, there is a need to improve the availability of preventative care, increase PrEP coverage, and train health providers.

In HIV prevention, the PrEP-to-need ratio (PNR) assesses whether enough individuals utilize PrEP relative to the number of people who may benefit from it. PNR is the ratio of PrEP users to the latest number of newly diagnosed people.

Late HIV diagnoses

Late HIV diagnoses among Hispanics in selected Hispanic-populated states, 2022
No data available for Puerto Rico

(AIDSVu, 2022 - the percentage for stage 1 and 2 may vary slightly from AtlasPlus due to data calculation)



Early HIV diagnosis is critical for preventing opportunistic infections, improving health outcomes, and reducing transmission. However, late HIV diagnoses remain unacceptably high among Hispanics, indicating shortcomings in health promotion, limited access to preventative health, and inadequate routine HIV testing.

Vulnerable populations

Hispanic transgender women, transgender men, individuals with non-conforming gender identities, undocumented immigrants, and persons who use drugs intravenously face the harshest impacts of social and institutionalized racism, discrimination, homophobia, transphobia, and xenophobia. These factors create significant barriers to timely diagnosis and care. Additionally, they are more likely to lack fundamental legal and social protections related to healthcare, employment, and housing, exacerbating their socioeconomic instability.

Hispanics living with HIV

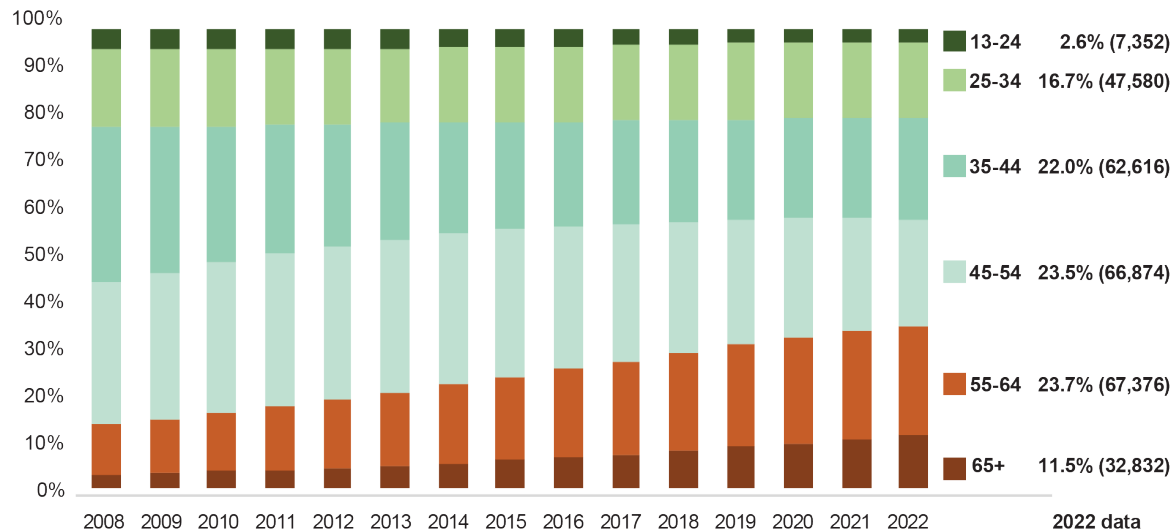
In 2022, Hispanics accounted for 25.7% (284,630 of 1,108,292) of people living with HIV in the U.S. and territories. While most Hispanic PLWH (71.3%) live in states with large Hispanic populations, the fastest growth over the past decade has been in states not traditionally linked to high HIV prevalence among Hispanics.

Over 75% of older Hispanic PLWH reside in NY, CA, FL, TX, PR, and NJ, highlighting the need to adapt HIV care systems for an aging population. Though states like GA, TX, and AZ have lower percentages, their aging populations are significant, requiring proactive planning to meet future care demands.

Hispanic PLWH in the U.S. and Puerto Rico by age, 2008-2022

(CDC AtlasPlus)

284,630 Hispanics living with HIV in 2022

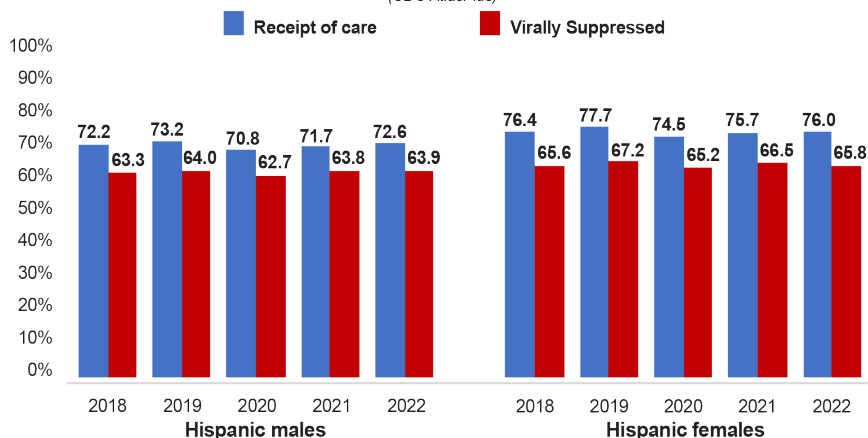


The HIV care continuum—which encompasses diagnosis, care linkage, treatment, retention, and viral suppression—is a key indicator of health outcomes for PLWH. However, Hispanic PLWH face significant infrastructure and geographic challenges, from late initiation in ART to lower viral suppression rates.

Receipt of care and viral suppression has remained flat over the last 5 years and is concerningly low for older Hispanic PLWH. Several factors contribute to the drop in linkage and retention in HIV care and achievement of viral suppression, spanning individual, structural, and systemic levels.

Receipt of care and viral suppression among Hispanics, 2018-2022

(CDC AtlasPlus)



Adequate and comprehensive health coverage is critical to achieving HIV viral suppression. However, 17.5% of Hispanics are uninsured, with significant geographic variations, from 4.9% uninsured in Hawaii to 31.0% in Tennessee (Census ACS).

As of March 20, 2025, ten states, including Florida and Texas, have yet to expand Medicaid. Even where Medicaid is available, barriers remain, including distrust in the health system, high premiums, poor coverage, limited transportation, inconvenient service hours, a shortage of bilingual providers, and HIV stigma.



The following strategies propose a collaborative approach between communities, providers, academia, and federal, state, and local governments to strengthen our response to HIV while addressing broader health disparities and inequities.

- **Sustain and Protect HIV Funding:** Ensure consistent, multi-year funding for the Ending the HIV Epidemic (EHE) initiative, with regular public reporting on expenditures and progress.
- **Enhance Service Coordination and Integration:** Strengthen coordination and integration between HIV, primary, behavioral health, and preventive services to provide seamless, patient-centered care.
- **Strengthen the HIV Response in Puerto Rico, the U.S. Virgin Islands, and Territories:** Assess HIV service gaps and healthcare infrastructure and develop strategies for improving service availability, surveillance, and access to care.
- **Strengthen Local Health Infrastructure:** Allocate resources to bolster county-level health systems, particularly in underserved areas, improving service delivery and capacity.
- **Improve Healthcare Access and Affordability:** Expand coverage options, remove financial barriers, and ensure culturally responsive and non-discriminatory care for all.
- **Expand Rural and Community Health Systems:** Increase funding for Rural Health Centers, Community Health Centers, and Federally Qualified Health Centers (FQHCs) to improve access in underserved areas.
- **Address Workforce Shortages:** Prioritize recruitment, training, and retention strategies to expand a sustainable clinical, behavioral, and preventive health workforce.

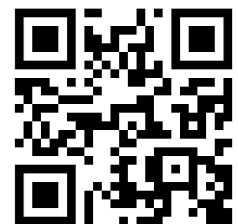
Technical notes For simplicity, we use the overarching term Hispanic to refer to diverse self-identifications within our communities, including those related to race/ethnicity, family origin, and gender expression (e.g., Hispanic, Latino, Cuban-American, or Latinx).

Data sets were retrieved between December 2024 and March 2025.

1. AIDSVu. Datasets. <https://aidsvu.org>.
2. CDC. NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/about/atlasplus.html>.
3. CDC. Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022. HIV Surveillance Report, 2022; vol. 35. <http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html>. May 2024.
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7. U.S. Census Bureau. Selected Characteristics of Health Insurance Coverage in the United States. ACS 5-Year Estimates Subject Tables, Table S2701, 2023. <https://data.census.gov/table/ACSST5Y2023.S2701>.

Thanks to our coworkers and external partners for their feedback.

For the full report



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