New HIV Diagnoses Among Hispanic/Latino Men Who Have Sex with Men, 2010–2024, Rhode Island

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BACKGROUND

Gay, bisexual, and other men who have sex with men (GBMSM) are disproportionately impacted by HIV in the United States. In 2022, an estimated 71% of new HIV infections were among GBMSM in the United States.[1] In Rhode Island, similar trends in GBMSM persist. Between 2020–2024 in Rhode Island, the rates of newly diagnosed cases of HIV among GBMSM have been substantially higher than among heterosexual men.[2] In 2024, the rate of HIV infection among GBMSM was 70 times higher than the rate of HIV infection among men who didn't report sex with men.[2]

Black/African American and Hispanic/Latino people are disproportionately impacted by HIV in the United States as well. In 2022, Hispanic/Latino people represented 20% of the United States population yet accounted for 33% of HIV diagnoses during the same year.[3,4] In Rhode Island, between 2020–2024, the rate of newly diagnosed HIV among the Hispanic/Latino population has steadily increased.[2] In 2024, the rate of newly diagnosed HIV among Hispanic/Latino was double the rate in 2020 and 6.7 times higher than the rate among the non-Hispanic White population.[2]

These racial and ethnic disparities are observed when we stratify race and ethnicity by HIV risk as well. Of the 26,750 estimated GBMSM diagnosed with HIV in the United States in 2022, 36% were Hispanic/Latino followed by 34% Black/African American, and 24% White.[1] Between 2018-2022, it is estimated that HIV infections decreased 10% overall among GBMSM, with considerable declines among Black/African American GBMSM (16%) and White GBMSM (20%), while HIV diagnoses among Hispanic/Latino GBMSM remained stable.[1] This paper aims to assess surveillance trends in Hispanic/Latino GBMSM diagnosed with HIV while living in Rhode Island and to provide a comprehensive snapshot of demographic data of this population.

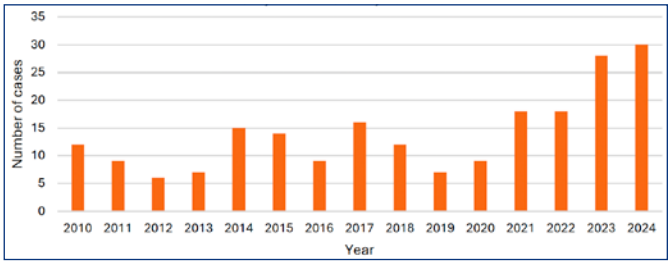
METHODS

Data reported to the Rhode Island Department of Health (RIDOH) for individuals diagnosed with HIV infection from 2010-2024 were analyzed. Confidential surveillance data was collected from various sources in Rhode Island, including reported HIV infections from medical providers and public and private laboratories. The surveillance data collected was entered into the National Enhanced HIV/AIDS Reporting System (eHARS) for routine monitoring and data analysis. Individuals were included in this analysis if they met the following inclusion criteria: 1) they were diagnosed with HIV in Rhode Island between 2010-2024, 2) their ethnicity was Hispanic and their transmission risk was GBMSM. In this analysis the GBMSM risk includes males who have had sexual contact with other males, and males who have had sexual contact with both males and females. People living with HIV who had both GBMSM and injection drug use risks were excluded from this analysis. Descriptive characteristics including age, country of birth, and residence at HIV diagnosis were examined. Data with counts <5 were redacted due to RIDOH's small numbers policy which prohibits counts of <5 to be published. All analyses were performed using SAS (version 9.4).

RESULTS

Between January 2010–December 2024, 210 (18.3%) of the 1,150 individuals that were diagnosed with HIV in Rhode Island were Hispanic/Latino GBMSM. As seen in **Figure 1**, between 2010-2019 the average number of Hispanic/Latino GBMSM diagnosed with HIV in Rhode Island was approximately 11 per year, followed by a noticeable increase in 2021, with 18 Hispanic/Latino GBMSM diagnosed. In 2022-2024, the annual counts of newly diagnosed Hispanic/Latino GBMSM continued to rise, exhibiting an upward trend and resulting in a 173% increase in cases by 2024 compared to the 10-year average from 2010–2019.

Figure 1. Number of Newly Diagnosed Cases of HIV Among Hispanic/Latino GBMSM, Rhode Island, 2010–2024; x-axis: year; y-axis: number of cases



During this 15-year timeframe, the median number of newly diagnosed cases of HIV was 70 per year. Due to lack of population estimates for Hispanic/Latino GBMSM in Rhode Island, rate data can't be calculated to assess the burden of HIV on this population. However, we can assess the percent of newly diagnosed cases of HIV who are Hispanic/Latino GBMSM to better understand if the observed increase in Hispanic/Latino GBMSM cases is proportional to an overall increase in cases in Rhode Island. **Figure 2** shows that between 2010–2024, Hispanic/Latino GBMSM accounted for an increasing percentage of all new HIV diagnoses in Rhode Island. While there is an upward trend observed between 2019–2024, it is in 2021 when the percentage of newly diagnosed Hispanic/Latino GBMSM begins to surpass previous years. This increasing trend continued to grow between 2022–2024.

Since Rhode Island's HIV surveillance data provides evidence for an increase in the number of newly diagnosed cases of HIV among Hispanic/Latino GBMSM in recent years, the remaining analysis aims to describe the Hispanic/Latino GBMSM population being diagnosed between 2020-2024. By age group, case counts of HIV diagnosis in Hispanic/Latino GBMSM varied substantially. As shown in **Figure 3**, newly diagnosed cases of HIV in Hispanic/Latino GBMSM in the 35–44, 45–54, and 55–64 age groups remained 5 or less cases per year during this five-year period. The majority of Hispanic/Latino GBMSM diagnosed with HIV were in the 15–24 and 25–34 age groups, with a clear upward trend in the 25–34 age group between 2020–2024. In 2024, there were 2.6 times as many Hispanic/Latino GBMSM aged 25–34 diagnosed with HIV as there were in 2020. The average age of HIV diagnosis in Hispanic/Latino GBMSM between 2020–2024 was 29.9 years old. **Figure 4** illustrates that the distribution of place of birth of 103 Hispanic/Latino GBMSM diagnosed with HIV infection during 2020–2024 was 44.6% born in the US and 50.5% born outside of the US. Among cities and towns with more than 15 reported HIV diagnoses from 2020-2024, Pawtucket, Woonsocket, and Providence had the highest percentages of HIV diagnoses among Hispanic/Latino GBMSM as detailed in **Table 1**. Ninety-seven percent of Hispanic/Latino GBMSM diagnosed with HIV between 2020–2024 resided in Providence County at the time of diagnosis. Hispanic/Latino GBMSM accounted for 28.2% of all persons diagnosed with HIV in Providence County between 2020–2024.

Figure 2. Percentage of Newly Diagnosed Cases of HIV that are Hispanic/Latino GBMSM, Rhode Island, 2010–2024; x-axis: year; y-axis: number of cases

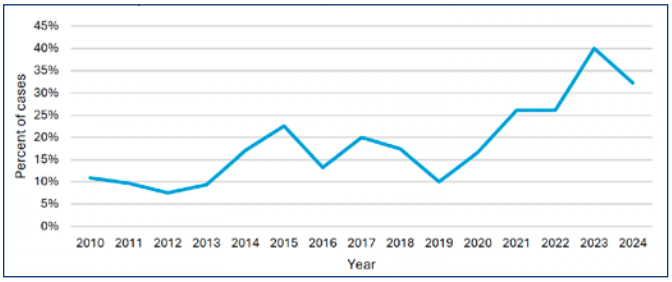


Figure 3. Number of Newly Diagnosed Cases of HIV Among Hispanic/Latino GBMSM, by Age, Rhode Island, 2020–2024; x-axis: year; y-axis: number of cases

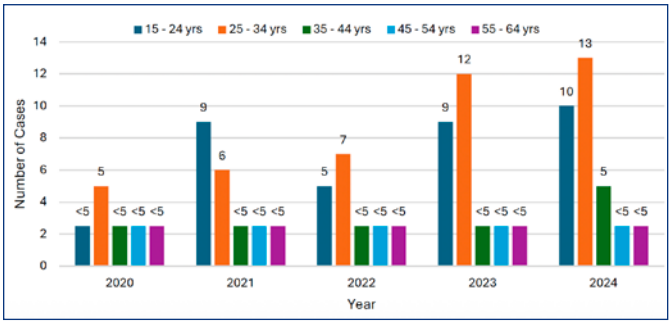


Figure 4. Place of Birth for Newly Diagnosed Cases of HIV Among Hispanic/Latino GBMSM, Rhode Island, 2020–2024

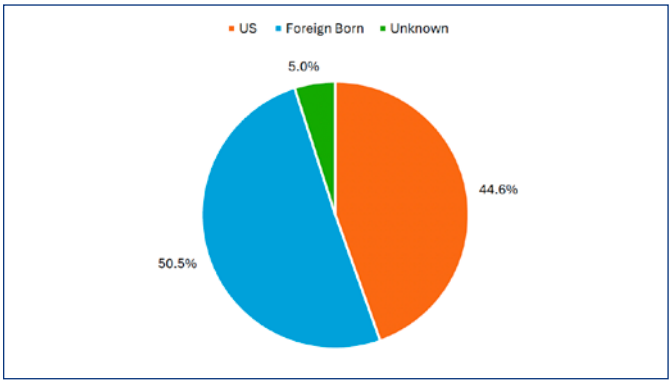


Table 1. Rhode Island cities/towns with the highest percentage of HIV diagnoses among Hispanic/Latino GBMSM, 2020–2024

	HIV Diagnoses Among Hispanic/Latino GBMSM (N)	HIV Diagnoses Among Hispanic/Latino GBMSM as Percent of Total HIV Diagnoses in City/Town (%)
Rhode Island Total	103	29.0%
Top Cities/Towns[1]		
Providence	44	32.8%
Pawtucket	14	35.0%
Cranston	10	28.6%
Woonsocket	8	33.3%
North Providence	8	29.4%

Among cities and towns with more than 15 total HIV diagnoses from 2020–2024.

DISCUSSION

Rhode Island observed a 34% increase in new HIV diagnoses in 2024, the first significant increase of new diagnoses in the past 15 years. Various epidemiological approaches were used at the time to determine if we were witnessing this increase because of ongoing rapid transmission or improved identification of longstanding infection. This identified a need for more rigorous analysis of subpopulations. Population reports on specific subpopulations impacted by HIV in Rhode Island are critical to deepening our understanding of local health disparities. While health departments often publish annual surveillance reports that include trends in HIV surveillance, they tend to report on more generalized surveillance data. This analysis identifies a growing trend in the number of Hispanic/Latino GBMSM being diagnosed with HIV in Rhode Island. Detailed review of demographic data reveals that Hispanic/Latino GBMSM being diagnosed with HIV are primarily between the ages of 15–34, reside in Providence County, and consist of both US-born and foreign-born individuals. The Massachusetts Department of Public Health (DPH) reports similar trends, noting the proportion of individuals diagnosed with HIV in Hispanic/Latinx GBMSM between 2014–2023 increased from 28% to 40%, while the proportion who identified as White (non-Hispanic) decreased from 47% to 33%.[5] Additionally, Massachusetts DPH found that 57% of Hispanic/Latinx GBMSM diagnosed with HIV infection between 2021–2023 in MA were non-US born,[5] which closely mirrors the place of birth breakdown in Rhode Island among Hispanic/Latino GBMSM newly diagnosed with HIV. These population reports provide evidence that there is a need for targeted public health interventions and equitable resource allocation to serve this community.

RIDOH currently implements a multifaceted HIV prevention approach that prioritizes community testing, PrEP promotion, and engagement in care for Hispanic/Latino GBMSM living with HIV. Communication campaigns in English and Spanish have been prioritized to include social media and ads in non-traditional settings reaching Hispanic/Latino populations. The HIV rapid-testing form used by RIDOH's community agencies was translated into Spanish, and additional local clinics where Spanish services are available were identified in 2024. RIDOH also recognized a need for welcoming clinicians who understand how to prescribe PrEP, provide non-stigmatizing care, and could help navigate financial or insurance obstacles. This led to the launch of RIDOH's PrEP Champions Network,[6] which can be found on our website in English and Spanish. RIDOH focused on recruiting culturally competent clinical partners and promotional efforts aimed at reaching this population and other at-risk groups with low PrEP uptake. Additionally, RIDOH has bilingual staff who offer partner services to all newly diagnosed people living with HIV and their partners, and has supplied Hispanic GBMSM with free condoms and rapid HIV test kits for them to distribute to members of their social networks.

One limitation of this analysis is that there was no available population estimates for Hispanic/Latino GBMSM living in Rhode Island. As a result, rates couldn't be calculated and used in comparing disease burden.

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