



BESURE 2025

HIV RISK, PREVENTION, AND
TESTING AMONG
HETEROSEXUALLY ACTIVE
ADULTS AT INCREASED RISK FOR
HIV

Baltimore HIV Behavioral Surveillance Report



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Lowering the annual number of new HIV infections is a major HIV prevention goal [1]. This goal can be achieved by implementing three important strategies for reducing HIV infections: (1) intensifying HIV prevention efforts in communities where HIV is most heavily concentrated, including gay, bisexual, and other men who have sex with men (hereafter referred to as MSM); Black or African Americans (hereafter referred to as Black or African Americans); Hispanics or Latinos; and persons who inject drugs (PWID); (2) expanding efforts to prevent HIV infection by using a combination of effective, evidence-based, scalable approaches (including substance use treatment and access to sterile needles and syringes); and (3) educating the general public about the threat of HIV infection and how to prevent it. State and local health departments, as well as federal agencies, are expected to monitor progress toward HIV prevention goals [1].

The Centers for Disease Control and Prevention’s (CDC’s) National HIV Behavioral Surveillance (NHBS) serves as a key component of its high-impact prevention (HIP) approach to reducing the spread of HIV in the United States [2]. NHBS provides data for monitoring behaviors among populations at risk of acquiring or transmitting HIV infection and identifies the populations for whom scientifically proven, cost-effective, and scalable interventions are most appropriate. Monitoring key indicators among members of high-risk populations is critical to achieving the goals of the Ending the HIV Epidemic: A Plan for America initiative [3] and CDC’s HIP approach. The new initiative is aimed at reducing new HIV infections by 90 percent by 2030 by implementing evidence-based strategies for specific populations in geographic areas most affected by HIV. NHBS also helps state and local health departments in areas with high HIV prevalence to monitor risk behaviors, HIV testing, use of prevention programs, and HIV prevalence in three populations at high risk for HIV infection: MSM, PWID, and heterosexually active men and women at increased risk for HIV infection [4, 5]. See technical notes for the definition of “increased risk for HIV infection.”

In Baltimore, NHBS is operated as a partnership between Maryland Department of Health (MDH) and the

Johns Hopkins Bloomberg School of Public Health (JHSPH). The project is locally known as BESURE, The Behavioral Surveillance Research study. BESURE is reflective of the Baltimore Metropolitan Statistical Area (MSA), which consists of Baltimore City, Baltimore, Anne Arundel, Carroll, Howard, Harford, and Queen Anne’s counties.

This report summarizes findings from the seventh BESURE data collection among heterosexually (HET) active adults at increased risk for HIV infection, which was conducted in 2025. Data from previous years of national data collection on this population have been published elsewhere [6–9]. Previous BESURE HET data is available [here](#) and by request from Principal Investigators. This report provides descriptive, unweighted data that can be used to describe HIV infection among heterosexually active men and women at increased risk for HIV infection and the percentages reporting specific risk behaviors, HIV testing, and participation in prevention programs. Monitoring these outcomes is useful for assessing risk behaviors and the use of prevention efforts over time and for identifying new HIV prevention opportunities for this population.

TABLE ORGANIZATION

The tables in this report are ordered by content and designed to align with those published by CDC to report national NHBS data. Tables 1 and 3, and Tables 6–11 are stratified by HIV status; that is, data are presented separately for HIV-negative participants and HIV-positive participants (HIV status determined from NHBS HIV test result). A small percentage of the sample (< 1%) could not be classified by HIV status because they had no valid NHBS HIV test result; that is, they did not consent to the HIV test or had an indeterminate result. For data completeness, data from these participants are reported in a “No valid NHBS HIV test results” column (Tables 1 and 3) or row (Tables 6–11).

Unless otherwise noted in tables, measurement notes, or the following highlights, the period for all outcomes is in the 12 months before interview.

HIGHLIGHTS

Demographic Characteristics, HIV Prevalence, and HIV Testing

This report describes data from 497 heterosexually active males and females who participated in NHBS in 2025, of whom 61 percent were men; 39 percent were women; 12 percent were 18–29 years old; 66 percent were Black or African American; six percent were Hispanic or Latino, and 21 percent were White (Table 1). Of all participants, 84 percent had a household income at or below the federal poverty level, seven percent had no health insurance, 12 percent had not visited a health care provider in the past 12 months, and 41 percent had been unhoused in the past 12 months.

In 2025, three percent of participants with a valid HIV test result tested positive for HIV (Table 3). Due to small cell sizes, data is not available for sex at birth, race, or age differences by HIV prevalence. Among participants who did not report a previous HIV-positive test result or who had received their first HIV-positive test result less than 12 months before interview, 88 percent reported that they had ever been tested and 42 percent reported that they had been tested for HIV during the 12 months before interview (Table 4). By sex, 92 percent of women and 86 percent of men had ever been tested for HIV. In the past 12 months, 43 percent of women and 41 percent of men had been tested for HIV. By race and ethnicity, HIV testing in the past 12 months was as follows: Black or African American (44%), Hispanic or Latino (42%), multiple races (68%), and White (31%).

CDC recommends HIV testing at least once for all persons aged 13–64 years as part of a routine clinical visit [11]. Among participants who were tested for HIV in the 12 months before interview, 79 percent reported that their most recent test was performed in a clinical setting (Table 5), which was least common with participants aged 25–29 years with 64 percent in a clinical setting and 27 percent in a nonclinical setting. Testing in a clinical setting was most common for 30–39 year olds at 87 percent. By race and ethnicity, testing in a clinical setting was more common among white participants (81%) and Hispanic or Latino (80%) participants.

Sexual Behaviors

Condomless vaginal and anal sex was reported by 88 percent and 24 percent of HIV-negative men, respectively. Hispanic or Latino HIV-negative men reported higher condomless vaginal sex than Black or African American or White HIV-negative men (Table 6). Comparisons between HIV negative and positive men were not possible due to small cell sizes among HIV-positive men (Table 6).

Condomless vaginal and anal sex was reported by 93 percent and 25 percent of HIV-negative women, respectively (Table 7). Although use of pre-exposure prophylaxis (PrEP) and HIV status of partners is unknown, it is important to note that correct and consistent condom use is one of many protection strategies against HIV, other sexually transmitted infections (STIs), and unplanned pregnancies [12]. The high percentages of heterosexually active men and women who engaged in condomless sex underscore the importance of leveraging a combination of effective, evidence-based, scalable prevention strategies, including condom access, achieving an undetectable viral load, increasing awareness and uptake of PrEP, risk-reduction counseling, and HIV testing [2,13].

HIV Prevention

Overall, 36 percent of participants received free condoms and 21 percent participated in an individual- or group-level conversation with an HIV counselor or outreach worker (Table 8). The percentages of both were highest for HIV-positive participants, 60 percent of whom reported receiving free condoms and 40 percent of whom reported participating in HIV counseling or outreach.

While 51 percent of heterosexually active HIV-negative men or women had ever heard of PrEP, less than one percent of HIV-negative participants reported using PrEP (Table 8). HIV-negative women were more likely to be aware of PrEP than men (56 percent and 47 percent, respectively), but among participants living with HIV, men were more likely to have PrEP awareness than women (22 percent versus 17 percent, respectively). Among racial and ethnic groups, HIV-negative Black or African American (52 percent) and White participants (51 percent) had similar PrEP awareness. The numbers were too sparse to understand PrEP use and associated

disparities in this population. PrEP is an effective biobehavioral intervention for reducing HIV transmission, yet awareness and use are persistently low among heterosexually active men and women. Women are underrepresented in PrEP clinical trials and campaigns [14]; unfortunately, this underrepresentation may reinforce stereotypes that PrEP is intended only for gay or bisexual men [15]. Although clinical trials have shown that PrEP is effective in preventing HIV in heterosexual cisgender men and women since 2012 [16], this population may not perceive themselves as either at risk for HIV or as a candidate for PrEP [17]. Therefore, primary care physicians who provide basic healthcare and preventive services (e.g., family practitioners, gynecologists) may play a role in educating and prescribing PrEP to heterosexually active patients at risk for HIV. Researchers may ensure that PrEP clinical trials include women and heterosexual men.

Racial and ethnic disparities in PrEP use persist in other groups at risk for HIV infection [18]. Providers, community organizations, pharmaceutical companies, and advocates have the opportunity to ensure this pattern of disparities does not repeat itself for heterosexual women and men. In this sample, Hispanic or Latino participants reported the lowest PrEP awareness across all racial and ethnic groups. PrEP campaigns and providers may translate materials in Spanish and ensure that they communicate the benefits of PrEP to Hispanic or Latino patients with cultural competency.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) can contribute to sexual transmission of HIV [19]. The percentage of heterosexually active men and women who reported a diagnosis of any bacterial STI (chlamydia, gonorrhea, or syphilis) during the 12 months before interview was six percent overall, and six percent among HIV-negative persons. Among all groups, the most commonly reported STI was genital herpes (four percent; Table 9).

Substance Use

Non-injection drug use, including painkiller use, has been associated with HIV acquisition risk among heterosexuals [20]. In this sample of heterosexually

active men and women who have never injected drugs, nine percent of HIV-negative persons used prescription opioids during the 12 months before interview (Table 10). Non-injection opioid use can be a predictor of later transition to injection drug use, which increases HIV transmission risk [21].

Additional Outcomes

Table 11 presents data on additional outcomes related to the risk of HIV transmission and acquisition among heterosexually active men and women. Exchange of sex for money or drugs has also been associated with HIV infection [22]. Many persons who exchange sex experience stigma and low access to care, which can present a challenge in preventing HIV. In 2025, 17 percent of HIV-negative women and 16 percent of HIV-negative men reported having exchanged sex.

Overall, sixteen percent of participants reported experiencing physical violence in the past 12 months. Proportions of physical violence were higher among HIV-positive women (33%); HIV-negative participants who were 25-29 years old (32%) and Hispanic or Latino, (27%); Black or African American (15%) versus White (12%). Violence is a direct and indirect risk factor for HIV due to imbalanced power dynamics that can impact status disclosure, sexual risk behaviors, and exchange sex [23], as well as the syndemic of substance abuse, violence, and HIV infection [24].

Receipt of HIV Care

Early linkage to clinical care among persons with recently diagnosed HIV is a national goal [1]. Among persons who self-reported a previous HIV diagnosis, 90 percent reported ever visiting a healthcare provider for HIV care. (Table 12). The national goal is for 95 percent of persons with HIV to see a provider within one month after diagnosis [25]. In 2025, 60 percent visited a provider within one month after diagnosis, 90 had seen a provider in the past six months, and 70 percent were currently using antiretroviral treatment (ART). ART adherence is critical for achieving an undetectable viral load, which means a person has effectively no risk of sexually transmitting HIV to HIV-negative partners [26].

Technical Notes

In accordance with the NHBS national protocol, BESURE conducts rotating cycles of biobehavioral surveys among MSM, PWID, and heterosexually active persons at increased risk of HIV infection [5]; data are collected in annual cycles from one group per year so that each population is surveyed once every three years. The same general eligibility criteria are used in each cycle: age 18 years or older, current residence in Baltimore MSA, no previous participation in BESURE during the current survey cycle, ability to complete the survey in either English or Spanish, and ability to provide informed consent. In addition to these basic NHBS eligibility criteria, participation in the 2025 BESURE HET cycle was limited to persons who 1) were aged <60 years, 2) reported vaginal or anal sex with an opposite sex partner in the 12 months before interview, and 3) reported their sex at birth as either male or female.

Further, participants are only included in this report if they met additional criteria: (1) Not injected any drugs other than those prescribed for them in the past 12 months, or (2) male participants have not had oral or anal sex with another male in the past 12 months; and, 3) Not more than a high school education or GED equivalent or living below the federal poverty line as defined in federal guidelines [27]. Representation of people use drugs and men who have sex with men are covered in other data collection cycles. In 2025, inclusion criteria ensured a focus on heterosexually men and women who have increased risk for HIV.

A standardized questionnaire is used to collect information about behavioral risks for HIV infection, HIV testing, and use of HIV prevention services. The anonymous, in-person survey is administered by a trained interviewer using a portable computer. All participants are offered an anonymous HIV test, which is linked to the survey data through a unique survey identifier.

Activities for BESURE were approved by CDC [28] and by the Johns Hopkins University and Maryland Department of Health institutional review boards (IRBs).

SAMPLING METHOD

Participants in the 2025 NHBS cycle were

recruited by using respondent-driven sampling (RDS) [29, 30]. Recruitment started with a limited number of initial participants who were chosen by referrals from people who knew the local population of interest or through outreach to areas where the population of interest could be found. Initial participants who completed the eligibility screener and were deemed eligible were administered the survey, and those who completed the survey were asked to recruit up to five persons whom they knew personally. Those persons, in turn, completed the survey and were asked to recruit others by using a system of coded coupons. This recruitment process continued until the sample size was reached or the sampling period ended. Participants received incentives for participating in the survey and for recruiting others.

DATA COLLECTION

Persons who brought a valid coupon to the BESURE field site were escorted to a private area for eligibility screening. For those who met eligibility requirements, trained interviewers completed informed consent procedures and conducted face-to-face interviews, which took approximately 40 minutes and consisted of questions concerning participants' demographic characteristics, HIV testing history, sexual and substance use behaviors, HCV testing and diagnosis of hepatitis C virus infection, STI testing and diagnosis, and use of HIV prevention services and programs. In exchange for the time spent taking part in the interview, participants received \$50.

HIV testing was performed for participants who consented; blood specimens were collected for rapid testing in the field and supplemental laboratory-based testing. A non-reactive rapid test result was considered HIV-negative if supported by supplemental laboratory-based testing; a reactive rapid test result was considered HIV-positive if supported by supplemental laboratory-based testing. In exchange for participating in HIV testing, participants received \$25.

Participants who agreed to recruit others received an additional incentive of \$10 for each recruit (up to five) who completed the interview. The goal was to interview 500 heterosexually active adults.

DATA ANALYSIS

This surveillance report presents descriptive data; no statistical tests were performed. In addition, these data are cross-sectional; we did not attempt to infer causal relationships. Small numbers, and percentages based on these numbers, should be interpreted with caution because the numbers are considered unreliable.

Data for this report are not weighted. The purpose of this report is to provide a detailed summary of surveillance data collected as part of the BESURE 2025 cycle; unweighted data provide an efficient and transparent way to do so. Further, unweighted analysis allows for detailed reporting of outcomes among small subgroups of the population of interest.

Seven hundred and eighty-five persons were recruited to participate. Of those, 154 were excluded from the survey because they did not meet BESURE eligibility criteria, including five who were excluded because of previous participation and one who did not provide consent. An additional seven eligible persons were excluded from this report because survey responses were of questionable validity and another seven were excluded because they did not complete the survey. Finally, an additional 121 eligible persons were excluded from this report who reported nonprescription injection drug use in the past 12 months, had male-male sex in the past 12 months, or were not classified as low income (as defined above) or had more than a high school or GED equivalent education.

The full analysis sample for this report includes 2025 BESURE cycle participants who consented to and completed the survey (n=497, Table 1). Additional inclusion criteria were applied for certain analyses; details of each analysis sample can be found in the footnotes of each table.

DATA SUPPRESSION

In order to protect the confidentiality of BESURE study participants, data are suppressed in the following instances: 1) all data describing one person; 2) if any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

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Table 1. Heterosexually active men and women by HIV status and selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	HIV-negative ^a		HIV-positive ^b		No valid NHBS HIV test result ^c		Total	
	No.	%	No.	%	No.	%	No.	%
Sex at birth								
Male	285	60.3	***	***	***	***	302	60.8
Female	188	39.7	***	***	***	***	195	39.2
Age at interview (yr)								
18–24	34	7.2	0	0.0	0	0.0	34	6.8
25–29	25	5.3	***	***	***	***	26	5.2
30–39	126	26.6	5	33.3	3	33.3	134	27.0
40–49	137	29.0	***	***	***	***	141	28.4
≥50	151	31.9	7	46.7	4	44.4	162	32.6
Race and ethnicity								
American Indian and Alaska Native	9	1.9	0	0.0	0	0.0	9	1.8
Black or African American	306	64.7	14	93.3	7	77.8	327	65.8
Hispanic or Latino ^d	30	6.3	***	***	***	***	31	6.2
White	105	22.2	***	***	***	***	106	21.3
Multiple races	23	4.9	***	***	***	***	24	4.8
Education								
Less than high school	127	26.8	***	***	***	***	134	27.0
High school diploma or equivalent	254	53.7	7	46.7	3	33.3	264	53.1
Some college or technical degree	77	16.3	2	13.3	5	55.6	84	16.9
College degree or more	13	2.7	***	***	***	***	13	2.6
Household income^e								
Above the federal poverty level	66	14.0	***	***	***	***	69	13.9
At or below the federal poverty level	395	83.5	***	***	***	***	416	83.7
Unemployed								
Yes	228	48.2	6	40.0	4	44.4	238	47.9
No	245	51.8	9	60.0	5	55.6	259	52.1
Disability								
Yes	212	44.8	8	53.3	3	33.3	223	44.9
No	255	53.9	7	46.7	5	55.6	267	53.7
Health insurance								
Yes	437	92.4	15	100.0	7	77.8	459	92.4
No	33	7.0	0	0.0	2	22.2	35	7.0
Visited a health care provider, past 12 months								
Yes	416	87.9	15	100.0	6	66.7	437	87.9
No	57	12.1	0	0.0	3	33.3	60	12.1
Unhoused,^f past 12 months								
Yes	198	41.9	4	26.7	3	33.3	205	41.2
No	274	57.9	11	73.3	6	66.7	291	58.6
Incarcerated,^g past 12 months								
Yes	64	13.5	3	20.0	0	0.0	67	13.5
No	409	86.5	12	80.0	9	100.0	430	86.5
Total	473	100.0	15	100.0	9	100.0	497	100.0

Note. “Past 12 months” refers to the 12 months before interview. *** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Participants with a valid negative NHBS HIV test result.

^b Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^c Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test or had an indeterminate laboratory result.

^d Hispanic and Latino participants can be of any race.

^e Poverty level is based on household income and household size.

^f Living on the street, in a shelter, in a single-room–occupancy hotel, or in a car.

^g Having been held in a detention center, jail, or prison for more than 24 hours.

Table 2. Social Determinants of Health indicators among heterosexually active men and women, by selected characteristics - National HIV Behavioral Surveillance System, 2025

Selected characteristics	Less than high school education		Income at or below the federal poverty level ^a		Unemployed		No current health insurance		Did not visit a health care provider, past 12 months		Unhoused, past 12 months ^b		Incarcerated, past 12 months ^c		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Sex at birth															
Male	84	27.8	242	80.1	146	48.3	25	8.3	50	16.6	125	41.4	48	15.9	302
Female	50	25.6	174	89.2	92	47.2	10	5.1	10	5.1	80	41.0	19	9.7	195
Age at interview (yrs)															
18 - 24	9	26.5	28	82.4	12	35.3	***	***	***	***	14	41.2	9	26.5	34
25 - 29	5	19.2	22	84.6	15	57.7	***	***	***	***	11	42.3	4	15.4	26
30 - 39	37	27.6	116	86.6	66	49.3	13	9.7	18	13.4	56	41.8	23	17.2	134
40 - 49	44	31.2	116	82.3	75	53.2	8	5.7	15	10.6	57	40.4	19	13.5	141
50+	39	24.1	134	82.7	70	43.2	8	4.9	23	14.2	67	41.4	12	7.4	162
Race and ethnicity															
American Indian or Alaska Native	2	22.2	8	88.9	3	33.3	0	0.0	***	***	7	77.8	2	22.2	9
Black	89	27.2	280	85.6	153	46.8	19	5.8	39	11.9	127	38.8	47	14.4	327
Hispanic or Latino ^d	7	22.6	26	83.9	14	45.2	12	38.7	10	32.3	11	35.5	3	9.7	31
White	31	29.2	81	76.4	60	56.6	2	1.9	8	7.5	50	47.2	13	12.3	106
Multiple races	5	20.8	21	87.5	8	33.3	2	8.3	***	***	10	41.7	2	8.3	24
NHBS HIV Test Result															
Negative ^e	127	26.8	395	83.5	228	48.2	33	7.0	57	12.1	198	41.9	64	13.5	473
Positive ^f	***	***	14	93.3	6	40.0	0	0.0	0	0.0	4	26.7	3	20.0	15
No valid NHBS HIV test result ^g	***	***	7	77.8	4	44.4	2	22.2	3	33.3	3	33.3	0	0.0	9
Total	134	27.0	416	83.7	238	47.9	35	7.0	60	12.1	205	41.2	67	13.5	497

Note. "Past 12 months" refers to the 12 months preceding the interview date.

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

a Poverty level is based on household income and household size.

b Living on the street, in a shelter, in a single-room-occupancy hotel, or in a car.

c Having been held in a detention center, jail, or prison for more than 24 hours.

d Hispanic or Latino participants can be of any race.

e Participants with a valid negative NHBS HIV test result.

f Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

g Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test or had an indeterminate laboratory result.

Table 3. HIV prevalence among heterosexually active men and women by selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Male			Female			Full sample		
	HIV-positive ^a		Total	HIV-positive ^a		Total	HIV-positive ^a		Total
	No.	%	No.	%	No.	%	No.	%	No.
Age at interview (yr)									
18–24	0	0.0	19	0	0.0	15	0	0.0	34
25–29	***	***	17	0	0.0	9	***	***	26
30–39	4	5.2	77	***	***	54	***	***	131
40–49	2	2.2	93	0	0.0	46	2	1.4	139
≥50	***	***	88	***	***	70	7	4.4	158
Race and ethnicity									
American Indian or Alaska Native	0	0.0	5	0.0	0.0	4	0.0	0.0	9
Black or African American	8	4.3	188	6	4.5	132	14	4.4	320
Hispanic or Latino ^b	0	0.0	20	0.0	0.0	10	0	0.0	30
White	***	***	63	0.0	0.0	43	***	***	106
Multiple races	***	***	18	0.0	0.0	5	***	***	23
Total	9	3.1	294	6	3.1	194	15	3.1	488

Note. Data include all participants with a valid NHBS HIV test result.

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^b Hispanic and Latino participants can be of any race.

Table 4. HIV testing among heterosexually active men and women by selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Ever tested		Tested in past 12 months ^a		Total
	No.	%	%	No.	No.
Sex at birth					
Male	254	85.5	123	41.4	297
Female	174	91.6	82	43.2	190
Age at interview (yr)					
18–24	17	50.0	9	26.5	34
25–29	20	80.0	11	44.0	25
30–39	120	90.9	67	50.8	132
40–49	130	92.9	61	43.6	140
≥50	141	90.4	57	36.5	156
Race and ethnicity					
American Indian or Alaska Native	8	88.9	5	55.6	9
Black or African American	280	88.1	139	43.7	318
Hispanic or Latino ^b	26	83.9	13	41.9	31
White	93	88.6	32	30.5	105
Multiple races	21	87.5	16	66.7	24
Total	428	87.9	205	42.1	487

Note. Data include all participants who did not report a previous HIV-positive test result and participants who received their first HIV-positive test result less than 12 months before interview.

^a “Past 12 months” refers to the 12 months before interview.

^b Hispanic and Latino participants can be of any race.

Table 5. Setting of most recent HIV test among heterosexually active men and women who were tested for HIV in the 12 months before interview by selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Nonclinical setting ^a		Clinical setting ^b		Total
	No.	%	No.	%	No.
Sex at birth					
Male	20	16.3	99	80.5	123
Female	18	22.0	63	76.8	82
Age at interview (yr)					
18–24	2	22.2	7	77.8	9
25–29	3	27.3	7	63.6	11
30–39	8	11.9	58	86.6	67
40–49	13	21.3	46	75.4	61
≥50	12	21.1	44	77.2	57
Race and ethnicity					
American Indian or Alaska Native	***	***	4	80.0	5
Black or African American	24	17.3	111	79.9	139
Hispanic or Latino ^c	***	***	10	76.9	13
White	6	18.8	26	81.3	32
Multiple races	4	25.0	11	68.8	16
Total	38	18.5	162	79.0	205

Abbreviation: HMO, health maintenance organization [footnotes only].

Note. Data report setting of most recent HIV test. Data include participants who reported an HIV test during the 12 months before interview. Percentages may not add to 100 because of missing data and “Other” locations, which could not be classified as clinical or nonclinical settings.

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Nonclinical settings include HIV counseling and testing site, HIV street outreach program, mobile unit, syringe services program, or home.

^b Clinical settings include private doctor’s office (including HMO), emergency department, hospital (inpatient), public health clinic or community health center, family planning or obstetrics clinic, correctional facility, or drug treatment program.

^c Hispanic and Latino participants can be of any race.

Table 6. Sexual behavior with female sex partners in the 12 months before interview among heterosexually active men by HIV status and selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	No. of Opposite Sex Partners Median (Q1-Q3)	With female sex partners ^a								Total males
		Vaginal sex		Condomless vaginal sex		Anal sex		Condomless anal sex		
		No.	%	No.	%	No.	%	No.	%	
HIV-negative ^b	2 (1-4)	285	100.0	253	88.8	90	31.6	68	23.9	285
Age at interview (yr)										
18–24	2 (1-3)	19	100.0	17	89.5	3	15.8	***	***	19
25–29	2 (1-4)	16	100.0	16	100.0	3	18.8	***	***	16
30–39	2 (1-3)	73	100.0	64	87.7	21	28.7	15	20.5	73
40–49	2 (1-3)	91	100.0	78	85.7	32	35.2	26	28.6	91
≥50	3 (1-4)	86	100.0	78	90.7	31	36.0	23	26.7	86
Race and ethnicity										
American Indian or Alaska Native	2 (2-2)	5	100.0	5	100.0	0	0.0	0	0.0	5
Black or African American	2 (1-4)	180	100.0	159	88.3	53	29.4	40	22.2	180
Hispanic or Latino ^c	3 (1-4)	20	100.0	19	95.0	5	25.0	3	15.0	20
White	2 (1-4)	62	100.0	55	88.7	21	33.9	15	24.2	62
Multiple races	2 (1-3)	18	100.0	15	83.3	11	61.1	10	55.6	18
HIV-positive ^d	1 (1-2)	9	100.0	7	77.8	***	***	***	***	9
Age at interview (yr) ^e										
25–29	2 (2-2)	***	***	***	***	0	0.0	0	0.0	***
30–39	1 (1-2)	4	100.0	4	100.0	***	***	***	***	4
40–49	9 (3-15)	2	100.0	0	0.0	***	***	0	0.0	2
≥50	1 (1-3)	***	***	***	***	***	***	***	***	2
Race and ethnicity ^f										
Black or African American	1 (1-2)	***	***	7	87.5	3	37.5	***	***	***
White	15 (15-15)	***	***	0	0.0	0	0.0	0	0.0	***
No valid NHBS HIV test result ^g	2 (1-3)	8	100.0	6	75.0	2	25.0	2	25.0	8
Total	2 (1-4)	302	100.0	266	88.1	95	31.5	71	23.5	302

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Participants who reported oral, vaginal, or anal sex with at least one female partner in the 12 months before interview.

^b Participants with a valid negative NHBS HIV test result.

^c Hispanic and Latino participants can be of any race.

^d Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^e Categories with no data have been omitted from the table.

^f Categories with no data have been omitted from the table.

^g Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test or had an indeterminate laboratory result.

Table 7. Sexual behavior with male sex partners in the 12 months before interview among heterosexually active women by HIV status and selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	No. of Opposite Sex Partners	With male sex partners ^a								Total females
		Vaginal sex		Condomless vaginal sex		Anal sex		Condomless anal sex		
		No.	%	No.	%	No.	%	No.	%	
Median (Q1-Q3)										
HIV-negative ^b	1	186	98.9	176	93.6	52	27.7	47	25.0	188
Age at interview (yr)										
18–24	1	15	100.0	14	93.3	2	13.3	2	13.3	15
25–29	2	8	88.9	7	77.8	3	33.3	3	33.3	9
30–39	2	53	100.0	52	98.1	20	37.7	17	32.1	53
40–49	1	46	100.0	45	97.8	13	28.3	12	26.1	46
≥50	1	64	98.5	58	89.2	14	21.5	13	20.0	65
Race and ethnicity										
American Indian or Alaska Native	2	4	100.0	4	100.0	***	***	***	***	4
Black or African American	1	124	98.4	114	90.5	31	24.6	29	23.0	126
Hispanic or Latina ^c	3	10	100.0	10	100.0	4	40.0	3	30.0	10
White	1	43	100.0	43	100.0	12	27.9	11	25.6	43
Multiple races	3	5	100.0	5	100.0	***	***	***	***	5
HIV-positive ^d	1	***	***	***	***	3	50.0	2	33.3	6
Age at interview (yr) ^e										
30–39	6	0	0.0	0	0.0	***	***	0	0.0	***
≥50	1	5	100.0	5	100.0	***	***	2	40.0	***
Race and ethnicity ^f										
Black or African American	1	5	83.3	5	83.3	3	50.0	2	33.3	6
No valid NHBS HIV test result ^g	1	***	***	***	***	0	0.0	0	0.0	***
Total	1	192	98.5	182	93.3	55	28.2	49	25.1	195

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Participants who reported oral, vaginal, or anal sex with at least one male partner in the 12 months before interview.

^b Participants with a valid negative NHBS HIV test result.

^c Hispanic or Latina participants can be of any race.

^d Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^e Categories with no data have been omitted from the table.

^f Categories with no data have been omitted from the table.

^g Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test or had an indeterminate laboratory result.

Table 8. Receipt of HIV prevention materials and services in the 12 months before interview among heterosexually active men and women by HIV status and selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Free condoms ^a		Individual- or group-level intervention ^b		PrEP awareness ^c		PrEP use ^d		Total
	No.	%	No.	%	No.	%	No.	%	No.
HIV-negative^e	166	35.1	97	20.5	241	51.0	3	0.6	473
Sex at birth									
Male	98	34.4	55	19.3	135	47.4	0	0.0	285
Female	68	36.2	42	22.3	106	56.4	3	1.6	188
Age at interview (yr)									
18–24	12	35.3	4	11.8	17	50.0	0	0.0	34
25–29	8	32.0	3	12.0	13	52.0	***	***	25
30–39	40	31.7	30	23.8	62	49.2	***	***	126
40–49	54	39.4	30	21.9	78	56.9	0	0.0	137
≥50	52	34.4	30	19.9	71	47.0	0	0.0	151
Race and ethnicity									
American Indian or Alaska Native	5	55.6	***	***	3	33.3	0	0.0	9
Black or African American	109	35.6	60	19.6	159	52.0	***	***	306
Hispanic or Latino ^f	7	23.3	6	20.0	11	36.7	***	***	30
White	36	34.3	26	24.8	53	50.5	0	0.0	105
Multiple races	9	39.1	***	***	15	65.2	0	0.0	23
HIV-positive^g	9	60.0	6	40.0	3	20.0	***	***	15
Sex									
Male	6	66.7	3	33.3	***	***	0	0.0	9
Female	3	50.0	3	50.0	***	***	0	0.0	6
Age at interview (yr)									
25–29	***	***	***	***	0	0.0	0	0.0	***
30–39	3	60.0	2	40.0	***	***	0	0.0	5
40–49	***	***	***	***	0	0.0	0	0.0	***
≥50	4	57.1	3	42.9	***	***	0	0.0	7
Race and ethnicity									
Black or African American	9	64.3	6	42.9	3	21.4	0	0.0	***
White	0	0.0	0	0.0	0	0.0	0	0.0	***
No valid NHBS HIV test result^h	4	44.4	2	22.2	6	66.7	***	***	9
Total	179	36.0	105	21.1	250	50.3	4	0.8	497

Abbreviations: SSPs, syringe services programs; PrEP, pre-exposure prophylaxis.

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Excludes condoms received from friends, relatives, or sex partners.

^b Individual-level intervention defined as a one-on-one conversation with an outreach worker, a counselor, or a prevention program worker about ways to prevent HIV. Group-level intervention defined as a small-group discussion that is part of an organized session about ways to prevent HIV; excludes informal discussions with friends. Conversations that were part of obtaining an HIV test were excluded.

^c Ever heard of PrEP, an antiretroviral medicine taken for months or years by a person who is HIV-negative to reduce the risk of getting HIV.

^d Took PrEP at any point in the 12 months before interview to reduce the risk of getting HIV.

^e Participants with a valid negative NHBS HIV test result.

^f Hispanic or Latino participants can be of any race.

^g Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^h Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test or had an indeterminate laboratory result.

Table 9. Diagnosis of sexually transmitted infections among heterosexually active men and women by HIV status and selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Diagnosis during the 12 months preceding interview								Diagnosis, ever				Total
	Any bacterial		Chlamydia		Gonorrhea		Syphilis		Genital warts		Genital herpes		
	STI ^a												
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
HIV-negative ^b	28	5.9	18	3.8	12	2.5	9	1.9	6	1.3	20	4.2	473
Sex at birth													
Male	10	3.5	7	2.5	6	2.1	3	1.1	***	***	6	2.1	285
Female	18	9.6	11	5.9	6	3.2	6	3.2	***	***	14	7.4	188
Age at interview (yr)													
18–24	***	***	4	11.8	2	5.9	0	0.0	0	0.0	0	0.0	34
25–29	***	***	***	***	0	0.0	0	0.0	***	***	2	8.0	25
30–39	9	7.1	5	4.0	4	3.2	6	4.8	***	***	6	4.8	126
40–49	7	5.1	***	***	3	2.2	***	***	2	1.5	8	5.8	137
≥50	6	4.0	6	4.0	3	2.0	***	***	3	2.0	4	2.6	151
Race and ethnicity													
American Indian or Alaska Native	***	***	***	***	0	0.0	0	0.0	0	0.0	***	***	9
Black or African American	20	6.5	15	4.9	8	2.6	5	1.6	***	***	12	3.9	306
Hispanic or Latino ^c	***	***	0	0.0	***	***	0	0.0	0	0.0	***	***	30
White	6	5.7	2	1.9	***	***	4	3.8	***	***	5	4.8	105
Multiple races	0	0.0	***	***	0	0.0	0	0.0	0	0.0	2	8.7	23
HIV-positive ^d	***	***	0	0.0	***	***	***	***	0	0.0	***	***	15
Sex at birth													
Male	***	***	0	0.0	***	***	0	0.0	0	0.0	***	***	9
Female	***	***	0	0.0	***	***	0	0.0	0	0.0	***	***	6
Age at interview (yr) ^e													
25–29	***	***	0	0.0	***	***	0	0.0	0	0.0	***	***	***
30–39	***	***	0	0.0	***	***	0	0.0	0	0.0	0	0.0	5
40–49	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2
≥50	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	***	***	7
Race and ethnicity ^e													
Black or African American	***	***	0	0.0	***	***	0	0.0	0	0.0	***	***	***
White	***	***	0	0.0	***	***	0	0.0	0	0.0	***	***	***
No valid NHBS HIV test result ^f	***	***	0	0.0	***	***	***	***	0	0.0	***	***	9
Total	30	6.0	18	3.6	14	2.8	10	2.0	6	1.2	21	4.2	497

Abbreviations: STI, sexually transmitted infection

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Any bacterial STI includes having received a diagnosis of gonorrhea, chlamydia, or syphilis in the 12 months before interview.

^b Participants with a valid negative NHBS HIV test result.

^c Hispanic and Latino participants can be of any race.

^d Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^e Categories with no data have been omitted from the table.

^f Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test, had an indeterminate laboratory result, or reported a previous HIV-positive test result but had a negative NHBS HIV test result.

Table 10. Non-injection drug use in the 12 months before interview and binge drinking in the 30 days before interview among heterosexually active men and women by HIV status — National HIV Behavioral Surveillance System, 2025

	Used drug	
	No.	%
HIV-negative^a		
Binge drinking (past 30 days) ^b	38	8.0
Any non-injection drugs (excludes binge drinking)	146	30.9
Cocaine	58	12.3
Crack	89	18.8
Downers ^c	39	8.2
Ecstasy	33	7.0
Heroin	69	14.6
Marijuana	252	53.3
Methamphetamine	21	4.4
Prescription opioids ^d	42	8.9
HIV-positive^e		
Any non-injection drugs (excludes binge drinking)	4	26.7
Cocaine	2	13.3
Crack	2	13.3
Downers ^f	***	***
Ecstasy	***	***
Heroin	***	***
Marijuana	7	46.7
Methamphetamine	2	13.3
Prescription opioids ^g	***	***

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Johns Hopkins Bloomberg School of Public Health or the Maryland Department of Health.

Note. Denominator is the total number of participants in the category; HIV-negative participants: n = 473; HIV-positive participants: n =15; participants without a valid NHBS HIV test result: n =9 Responses are not mutually exclusive; percentages may not add to 100.

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

^a Participants with a valid negative NHBS HIV test result.

^b Defined as 5 or more drinks within about 2 hours (males) or 4 or more drinks within about 2 hours (females) in the 30 days before interview.

^c Benzodiazepines, such as Valium, Ativan, or Xanax.

^d Painkillers, such as Oxycontin, Vicodin, morphine, or Percocet.

^e Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing

^f Benzodiazepines, such as Valium, Ativan, or Xanax.

^g Painkillers, such as Oxycontin, Vicodin, morphine, or Percocet.

Table 11. Additional outcomes among heterosexually active men and women by HIV status and selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Number of opposite sex partners	Exchange sex ^a		Condomless sex with an HIV- discordant partner at last sex ^b		Sexual violence ^c		Physical violence ^d		Total
	Median	No.	%	No.	%	No.	%	No.	%	
	(Q1–Q3)									
HIV-negative ^e	2 (1-3)	76	16.1	4	0.8	22	4.7	73	15.4	473
Sex at birth										
Male	2 (1-4)	45	15.8	***	***	8	2.8	45	15.8	285
Female	1 (1-3)	31	16.5	***	***	14	7.4	28	31	188
Age at interview (yr)										
18–24	2 (1-3)	2	5.9	0	0.0	2	5.9	7	20.6	34
25–29	2 (1-3)	2	8.0	0	0.0	2	8.0	8	32.0	25
30–39	2 (1-3)	16	12.7	2	1.6	6	4.8	20	15.9	126
40–49	2 (1-3)	20	14.6	***	***	6	4.4	22	16.1	137
≥50	2 (1-3)	36	23.8	***	***	6	4.0	16	10.6	151
Race and ethnicity										
American Indian or Alaska Native	2 (1-2)	***	***	0	0.0	0	0.0	3	33.3	9
Black or African American	2 (1-3)	51	16.7	***	***	16	5.2	47	15.4	306
Hispanic or Latino ^f	3 (1-3)	***	***	2	6.7	***	***	8	26.7	30
White	2 (1-4)	17	16.7	***	***	5	4.8	13	12.4	105
Multiple races	2 (1-3)	5	21.7	0	0.0	***	***	2	8.7	23
HIV-positive ^g	1 (1-2)	2	13.3	7	46.7	***	***	***	***	***
Sex at birth										
Male	1 (1-2)	***	***	3	33.3	0	0.0	***	***	9
Female	1 (1-1)	***	***	4	66.7	0	0.0	***	***	6
Age at interview (yr)										
25–29	2 (2-2)	0	0.0	***	***	0	0.0	***	***	***
30–39	1 (1-2)	***	***	2	40.0	0	0.0	***	***	5
40–49	9 (3-15)	***	***	***	***	0	0.0	0	0.0	2
≥50	1 (1-1)	0	0.0	4	57.1	0	0.0	2	28.6	7
Race and ethnicity										
Black or African American	1 (1-2)	2	14.3	7	50.0	0	0.0	3	21.4	***
White	15 (15-15)	0	0.0	0	0.0	0	0.0	0	0.0	***
No valid NHBS HIV test result ^h	2 (1-3)	0	0.0	0	0.0	***	***	***	***	***
Total	2 (1-3)	78	15.7	11	2.2	23	4.6	77	15.5	497

Abbreviations: Q, quartile; *** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

Note. NHBS sexual behavior questions assume anatomy based on reported sex (male or female).

^a For females, “exchange sex” refers to receiving money or drugs from a male partner in exchange for sex. For males, “exchange sex” refers to giving money or drugs to a female partner in exchange for sex.

^b “Condomless sex” refers to whether the participant reported engaging in vaginal or anal sex without a condom at any time during his or her most recent sexual encounter with an opposite-sex partner. “HIV-discordant partner” refers to a partner of different or unknown HIV status.

^c Sexual violence is defined as being forced or pressured to have vaginal, oral, or anal sex when he or she did not want to in the past 12 months before interview.

^d Physical violence is defined as being slapped, punched, shoved, kicked, shaken, or otherwise physically hurt in the past 12 months before interview.

^e Participants with a valid negative NHBS HIV test result.

^f Hispanic and Latino participants can be of any race.

^g Participants with a reactive rapid NHBS HIV test result supported by supplemental laboratory-based testing.

^h Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test or had an indeterminate laboratory result.

Table 12. Receipt of HIV care and treatment among self-reported HIV-positive heterosexually active men and women by selected characteristics — National HIV Behavioral Surveillance System, 2025

Selected characteristics	Visited health care provider about HIV						Currently taking		Total
	Ever		Within 1 month after diagnosis		During past 6 months		anti-HIV medicines		
	No.	%	No.	%	No.	%	No.	%	
Sex									
Male	5	100.0	3	60.0	5	100.0	4	80.0	5
Female	4	80.0	3	60.0	4	80.0	3	60.0	5
Age at interview (yr)									
25–29	***	***	0	0.0	***	***	***	***	***
30–39	2	100.0	***	***	2	100.0	2	100.0	2
40–49	***	***	***	***	***	***	***	***	***
≥50	5	83.3	4	66.7	5	83.3	4	66.7	6
Race and ethnicity									
Black or African American	***	***	***	***	***	***	***	***	***
White	***	***	***	***	***	***	***	***	***
Total	9	90.0	6	60.0	9	90.0	7	70.0	10

Note. Data include all participants who reported having ever received an HIV-positive test result (which may include those who did not have a valid NHBS HIV test result, positive or negative, or who did not consent to the HIV test). "Past 6 months" refers to the 6 months before interview.

*** Data withheld due to small numbers. See the [Data Suppression](#) technical note.

Appendix: Measurement Notes

SOCIODEMOGRAPHIC CHARACTERISTICS

- Sex at birth: Male or female. Participants who did not identify as male or female were not eligible for interview.
- Age: Calculated from the reported date of birth; age categories were chosen for epidemiologic relevance and consistency of reporting across all three National HIV Behavioral Surveillance (NHBS) populations.
- Race and ethnicity: Participants reported one or more race categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White). Hispanic or Latino ethnicity was asked separately; participants reporting Hispanic or Latino ethnicity were considered Hispanic or Latino, regardless of reported race. Participants reporting multiple races (but not Hispanic or Latino ethnicity) were classified as multiracial.
- Education: Highest level of education completed.
- Household income: Participants were asked about their combined monthly or yearly household income (in U.S. dollars) from all sources for the calendar year before interview. Poverty was determined by using the U.S. Department of Health and Human Services poverty guidelines for 2025. These guidelines are issued yearly for the United States and are one indicator used for determining eligibility for many federal and state programs. The 2025 guidelines [1] were used for participants interviewed in 2025. Participants were asked to identify the range of their income by selecting from a list of income ranges and the number of dependents on that income. If the participant's income range and household size resulted in an ambiguous determination of poverty level, the participant's household income was assumed to be the low-point of the income range.
- Low income: Participants were classified as low-income if their income was 150 percent of the federal poverty level multiplied by a geographical adjustment, which was calculated as the ratio of the U.S. Census supplemental poverty measure threshold for the NHBS city's MSA [2] to the U.S. Census official poverty measure thresholds [3]. The geographic adjustment for Baltimore was 1.2.
- Health insurance: Currently having some form of health insurance.
- Unhoused: Living on the street, in a shelter, in a single-room-occupancy hotel, or in a car at any time during the 12 months before interview.
- Incarcerated: Having been held in a detention center, jail, or prison, for more than 24 hours during the 12 months before interview.
- City: Throughout this report, the Baltimore MSA is referred to by the name of the principal city. State and local health departments eligible to participate in NHBS are among those whose jurisdictions included an MSA or a specified division within an MSA with high prevalence of HIV.

HIV STATUS

- HIV testing was performed for participants who consented to testing; blood or oral specimens were collected for either rapid testing in the field or laboratory-based testing.
- HIV-negative: Participants with a valid negative NHBS HIV test result.
- HIV-positive: Participants with a reactive rapid NHBS HIV test result supported by a second rapid test or supplemental laboratory-based testing.
- No valid NHBS HIV test result: Participants who did not have a valid positive or negative NHBS HIV test result, including those who did not consent to the HIV test, had an indeterminate

laboratory result, had discordant rapid test results, or reported a previous HIV-positive test result but had a negative NHBS HIV test result.

HIV TESTING

- Ever tested: Having had an HIV test during one's lifetime.
- Tested in past 12 months: Having had an HIV test during the 12 months before interview.
- Clinical setting: Participants reported the location of their most recent HIV test—private doctor's office (including health maintenance organizations), emergency room, hospital (inpatient), public health clinic or community health center, family planning or obstetrics clinic, correctional facility (jail or prison), or drug treatment program.
- Nonclinical setting: Participants reported the location of their most recent HIV test—HIV counseling and testing site, HIV street outreach program or mobile unit, syringe services program, or home.
- Other locations: "Other" locations could not be classified and are excluded from the clinical/non-clinical setting classification.

SEXUAL BEHAVIORS

- Any sex: Includes vaginal, oral, or anal sex.
- Vaginal sex: Penis inserted into a partner's vagina.
- Oral sex: Mouth on a partner's vagina or penis.
- Anal sex: Penis inserted into a partner's anus.
- Condomless sex: Vaginal or anal sex during which a condom is not used.

HIV PREVENTION

- Free condoms: Received free condoms during the 12 months before interview, excluding those given by a friend, relative, or sex partner.
- Individual- or group-level intervention: Defined as either one-on-one conversations with an outreach worker, a counselor, or a prevention pro-

gram worker about ways to prevent HIV, excluding conversations as part of an HIV test, or participating in any organized session that involves a small group of people discussing ways to prevent HIV infections, excluding informal discussions with friends.

- PrEP awareness: Ever heard of PrEP, an antiretroviral medicine taken by a person who is HIV- negative to reduce their risk of HIV.
- PrEP use: Took PrEP at any point in the 12 months before interview to reduce the risk of getting HIV.

SEXUALLY TRANSMITTED INFECTIONS

- Chlamydia: Received a diagnosis of chlamydia during the 12 months before interview.
- Gonorrhea: Received a diagnosis of gonorrhea during the 12 months before interview.
- Syphilis: Received a diagnosis of syphilis during the 12 months before interview.
- Any bacterial STI: Received a diagnosis of chlamydia, gonorrhea, or syphilis during the 12 months before interview.
- Genital warts: Received a diagnosis of genital warts during one's lifetime.
- Genital herpes: Received a diagnosis of genital herpes during one's lifetime.

NONINJECTION SUBSTANCE USE

- Participants were asked about their use of alcohol in the 30 days before interview and their use of non-injection drugs (excluding those prescribed for them) during the 12 months before interview. Participants were considered to have used a substance if they reported using that substance with any frequency other than "never."
- Binge drinking: Consumed 5 or more alcoholic drinks in about 2 hours (males) or 4 or more alcoholic drinks in about 2 hours (females) during the 30 days before interview.

- Cocaine: Used powder cocaine during the 12 months before interview.
- Crack: Used crack cocaine during the 12 months before interview.
- Downers: Used downers (benzodiazepines), such as Klonopin, Valium, Ativan, or Xanax, during the 12 months before interview.
- Ecstasy: Used X or ecstasy during the 12 months before interview.
- Heroin: Used heroin during the 12 months before interview.
- Marijuana: Used marijuana during the 12 months before interview.
- Methamphetamine: Used methamphetamines (i.e., meth, crystal meth, speed, or crank) during the 12 months before interview.
- Prescription opioids: Used pain killers, such as OxyContin, Vicodin, morphine, or Percocet, during the 12 months before interview.
- Any non-injection drug: Used any non-injection drug, excluding alcohol, during the 12 months before interview.

ADDITIONAL OUTCOMES

Table 11 includes outcomes that were of particular interest at the time of publication, but were not included in the other tables.

- Number of opposite sex partners: Median number of opposite sex partners during the 12 months before interview; first and third quartiles (25th and 75th percentiles) are also reported.
- Exchange sex: For females, “exchange sex” refers to receiving money or drugs from a male casual partner in exchange for sex. For males, “exchange sex” refers to giving money or drugs to a female casual partner in exchange for sex
- Condomless sex with an HIV-discordant partner at last sex: A composite measure based on self-reported HIV status of the participant (positive, negative, or unknown), the participant’s

reported HIV status of his or her most recent opposite-sex partner (positive, negative, or unknown), and whether the participant reported engaging in vaginal or anal sex without a condom at any time during his or her last sexual encounter with the partner. A partner was considered to be of discordant HIV status if the participant reported he or she did not know the HIV status of at least one member of the partnership (the participant or the partner) or if one member of the partnership was known to be HIV-positive while the other was known to be HIV-negative. The result of the NHBS HIV test completed after the interview was not factored into this measure.

- Sexual violence is defined as anyone forcing or pressuring the participant to have oral, vaginal, or anal sex when they did not want to during the 12 months before interview.
- Physical violence is defined as being slapped, punched, shoved, kicked, shaken, or otherwise physically hurt during the 12 months before interview.

RECEIPT OF HIV CARE

Participants who reported having received a positive HIV test result before interview were asked about their receipt of HIV care. Specifically, participants were asked: the date of their first HIV-positive test result; if they had ever visited a doctor, nurse, or other health care provider for a medical evaluation or care related to their HIV infection; the date of their first visit to a health care provider for HIV care after learning they had HIV; the date of their most recent visit to a health care provider for HIV care; and whether they were currently taking any antiretroviral treatment (ART).

- Visited health care provider about HIV, ever: Having ever visited a health care provider for their HIV infection.
- Visited health care provider about HIV, within one month after diagnosis: Having visited a healthcare provider for their HIV infection within one month after the date of his or her first HIV- positive test result.

- Visited health care provider about HIV, in the past six months: Having visited a health care provider for HIV care in the six months before date of interview.
- Currently, taking antiretroviral medications: Taking antiretroviral HIV medicines at the time of interview.

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