



Estimates of New HIV Infections in the United States

Accurately tracking the HIV epidemic is essential to the nation's HIV prevention efforts. Yet monitoring trends in new HIV infections has historically posed a major challenge, in part because many HIV infections are not diagnosed until years after they occur.

Now, new technology developed by the Centers for Disease Control and Prevention (CDC) can be used to distinguish recent from longstanding HIV infections. CDC has applied this advanced technology to develop the first national surveillance system of its kind that is based on direct measurement of new HIV infections. This new system represents a major advance in HIV surveillance and allows for more precise estimates of HIV incidence (the annual number of new infections) than ever before possible.

CDC's first estimates from this system reveal that the HIV epidemic is — and has been — worse than previously known. Results indicate that approximately 56,300 new HIV infections occurred in the United States in 2006 (95% Confidence Interval: 48,200–64,500). This figure is roughly 40 percent higher than CDC's former estimate of 40,000 infections per year, which was based on limited data and less precise methods (see box on page 5, "Historical Challenges in Tracking HIV Incidence").

It is important to note that the new estimate does not represent an actual increase in the annual number of new HIV infections. In fact, CDC's analysis suggests that the epidemic has been roughly stable since the late 1990s, though the number of new HIV infections remains unacceptably high. These findings underscore the ongoing challenges in confronting this disease and the urgent need to expand access to effective HIV prevention programs.

Breakthrough Technology Allows Clearest Picture to Date

CDC's new HIV surveillance system is based on an approach known as STARHS (Serological Testing Algorithm for Recent HIV Seroconversion), which uses innovative testing technology to determine, at the population level, which positive HIV tests represent new HIV infections (those that occurred within approximately the past five months). Before the widespread availability of this technology, HIV diagnosis data provided the best indication of recent trends in key populations. However, diagnosis data only indicate when a person is diagnosed with HIV, not when an individual is actually infected, which can occur many years before a diagnosis.

By applying this technology to new HIV diagnoses in 22 states with name-based HIV-reporting systems, CDC was able — for the first time — to identify those diagnoses in a given year that represented new infections. Using a complex statistical model, these data were extrapolated to the general population to provide the first national estimate of HIV incidence based on direct measurement.

Definitions

HIV incidence: The number of people who become *newly* infected with HIV in a given time period

HIV diagnoses: The number of people diagnosed with HIV in a given time period, regardless of when they originally became infected

AIDS diagnoses: The number of people diagnosed with AIDS in a given time period. An AIDS diagnosis occurs when an HIV-infected individual's immune system becomes severely compromised (measured by CD4 immune cell count) and/or the person becomes ill with an opportunistic infection. In the absence of treatment, the onset of AIDS normally occurs 8 to 10 years after initial HIV infection. With early HIV diagnosis and treatment, an AIDS diagnosis may be delayed by many years.



CDC researchers also used a separate method called “extended back-calculation” to confirm the official 2006 STARHS estimate and to examine historical trends in HIV infections in the United States from 1977 to 2006. The method uses a statistical model that considers all HIV and AIDS cases diagnosed in the U.S. through 2006 and reported to CDC, as well as HIV testing patterns. Extended back-calculation has become possible in the United States because of an expanded name-based HIV reporting system, which provides a population-based system for identifying new diagnoses. However, the method is an indirect measure of incidence and is most reliable for earlier years; data for the most recent years (2003–2006) must be interpreted with caution. Additionally, extended back-calculation does not generate single-year estimates, instead providing averages over multiple-year periods.

The statistical methods used to develop the 2006 incidence estimate, as well as the extended back-calculation historical trends, were developed in consultation with outside experts, and both the methods and their application underwent rigorous external scientific review.

Moving forward, the STARHS-based surveillance system will provide the most reliable way to monitor incidence trends. Over time, the picture will become even more clear as analyses for specific populations are completed (e.g., black women, young men who have sex with men). Now that this system is in place, CDC will be able to provide an updated estimate of HIV incidence in the United States on an annual basis. Over time, trend information from this system will allow for improved targeting and evaluation of prevention efforts for the populations at greatest risk.

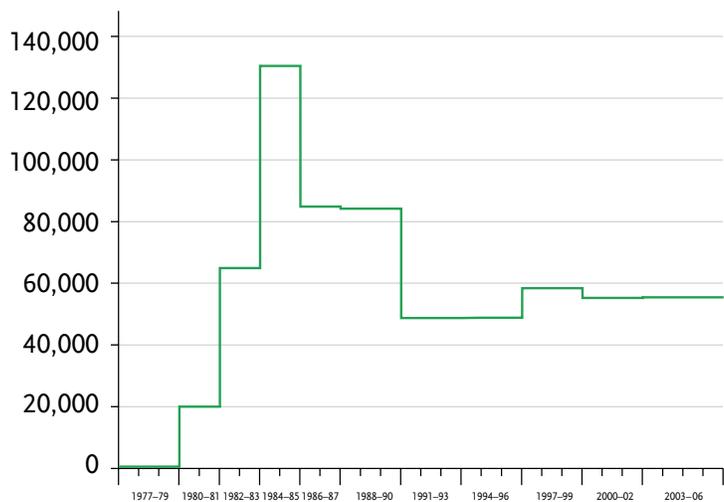
The New Estimates

U.S. HIV Epidemic Worse Than Previously Known

Approximately 56,300 new HIV infections occurred in the U.S. in 2006, according to the new surveillance system. This number is approximately 40 percent higher than CDC’s previous estimate of 40,000 new infections per year, which was based on less precise methods (see box on page 5, “Historical Challenges in Tracking HIV Incidence”).

It is important to note that the new estimate does not reflect an increase in HIV incidence. In fact, CDC’s separate analysis of historical trends, using the extended back-calculation model, indicates that the annual number of new HIV infections has been roughly stable since the late 1990s (Figure 1). CDC’s trend analysis provides a clearer picture of how the nation’s epidemic evolved to its current point. The analysis shows that new infections peaked in the mid-1980s at approximately 130,000 infections per year and reached a low of about 50,000 in the early 1990s. Incidence then appears to have increased in the late 1990s, but has stabilized since that time (with estimates ranging between 55,000 and 58,500 during the three most recent time periods analyzed).

Figure 1. Estimated New HIV Infections, Extended Back-Calculation Model, 1977–2006, Overall



Note: Estimates are for 2-year intervals during 1980–1987, 3-year intervals during 1977–1979 and 1988–2002, and a 4-year interval for 2003–2006.

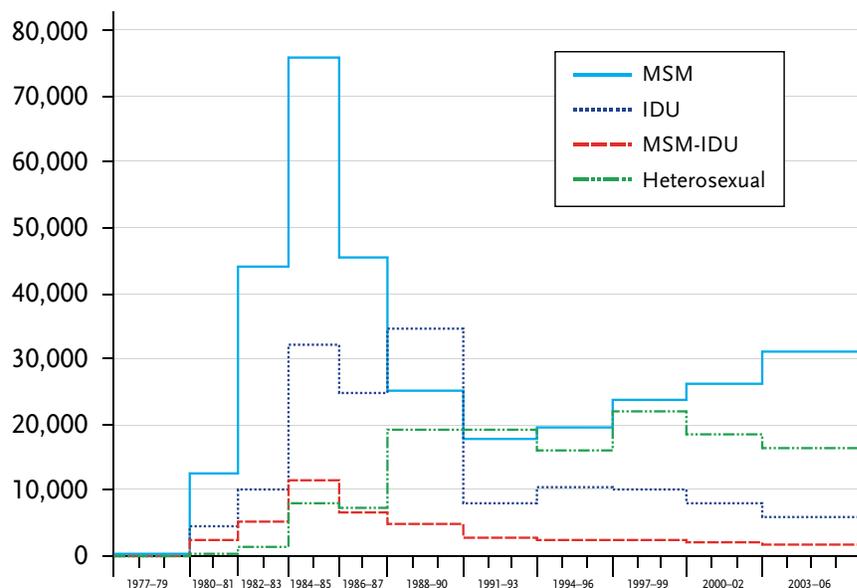


Data Confirm Most Severe Impact Is Among Gay and Bisexual Men of All Races and Black Men and Women

Gay and Bisexual Men of All Races Are Most Heavily Affected by HIV

Gay and bisexual men — referred to in CDC surveillance systems as men who have sex with men (MSM)¹ — represented a significantly greater proportion of estimated new infections in 2006 than any other risk group (Figures 2 and 3). These findings underscore the need to expand access to HIV testing and other proven interventions, and to continue research to identify new interventions to address the evolving needs of diverse populations of gay and bisexual men in the U.S. Many factors likely contribute to high risk of HIV among MSM, including the challenge of maintaining consistently safe behaviors over time, inaccurate knowledge of HIV status, underestimating personal risk, stigma that may prevent access to needed services, substance abuse, and depression.

Figure 2. Estimated Number of New HIV Infections, Extended Back-Calculation Model, 1977–2006, by Transmission Category

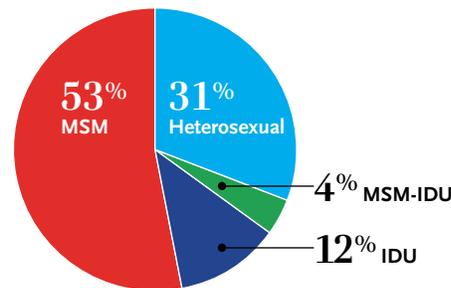


Note: Estimates are for 2-year intervals during 1980–1987, 3-year intervals during 1977–1979 and 1988–2002, and a 4-year interval for 2003–2006.

Analysis by Transmission Category

- ▶ **MSM** — MSM accounted for 53 percent (28,700) of estimated new HIV infections in 2006. CDC’s historical trend analysis indicates that HIV incidence has been increasing steadily among gay and bisexual men since the early 1990s, confirming a trend suggested by other data showing increases in risk behavior, sexually transmitted diseases, and HIV diagnoses in this population.
- ▶ **Heterosexuals** — Heterosexuals accounted for 31 percent (16,800) of estimated new HIV infections in 2006. The historical analysis suggests that the number of new infections in this population fluctuated somewhat throughout the 1990s and has declined in recent years.
- ▶ **IDUs** — Injection drug users (IDUs) accounted for 12 percent (6,600) of estimated new HIV infections. CDC’s historical trend analysis indicates that new infections have declined dramatically in this population over time; between 1988–1990 and 2003–2006, HIV infections among IDUs declined overall by 80 percent. These declines confirm the substantial evidence to date of success in reducing HIV infections among IDUs.

Figure 3. Estimated New HIV Infections, 2006, by Transmission Category



1 The term men who have sex with men is used in CDC surveillance systems because it indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.



Impact of HIV Greater Among Blacks Than Any Other Racial or Ethnic Group

CDC’s new estimates confirm that blacks are more heavily and disproportionately affected by HIV than any other racial/ethnic group in the U.S. (Figure 4). Trend analyses show that HIV incidence among blacks has been roughly stable at an unacceptably high level since the early 1990s (except for a brief fluctuation up and back down in the late 1990’s) (Figure 5). The continued severity of the epidemic among blacks underscores the need to sustain and accelerate prevention efforts in this population. While race itself is not a risk factor for HIV infection, a range of issues contribute to the disproportionate HIV risk for African Americans in the U.S., including poverty, stigma, higher rates of other STDs, and drug use.

Analysis by Race/Ethnicity

► **Blacks** — The rate of new infections among non-Hispanic blacks was seven times as high as that among whites in 2006 (83.7 versus 11.5 new infections per 100,000

population). Blacks also accounted for the largest share of new infections (45%, or 24,900). Historical trend data show that the number of new infections among blacks peaked in the late 1980s and has exceeded the number of infections in whites since that time.

► **Hispanics** — The rate of new HIV infections among Hispanics in 2006 was three times as high as that among whites (29.3 versus 11.5 per 100,000), and Hispanics accounted for 17 percent of new infections (9,700). Historically, the number of new infections among Hispanics has been lower than for whites and blacks. Incidence trends among Hispanics over time have mirrored those among blacks.

► **Whites** — Whites accounted for 35 percent (19,600) of estimated new HIV infections in 2006. After declining significantly in the late 1980s, the historical trend analysis suggests that new infections among whites increased slightly during the 1990s and have remained stable since 2000.

► **Asians/Pacific Islanders and American Indians/Alaska Natives** — Data suggest that Asians/Pacific Islanders accounted for roughly 2 percent of new infections and American Indians/Alaska Natives accounted for roughly 1 percent of new HIV infections in 2006. The relatively small number of infections in these populations makes it difficult to draw reliable conclusions about trends over time in these populations.

Figure 4. Estimated Rates of New HIV Infections, 2006, by Race/Ethnicity

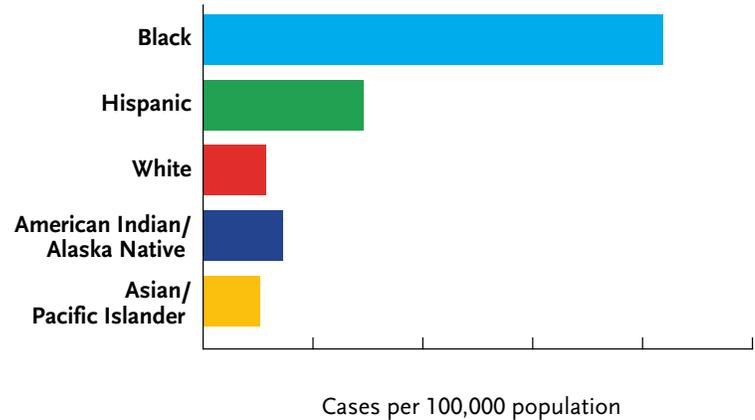
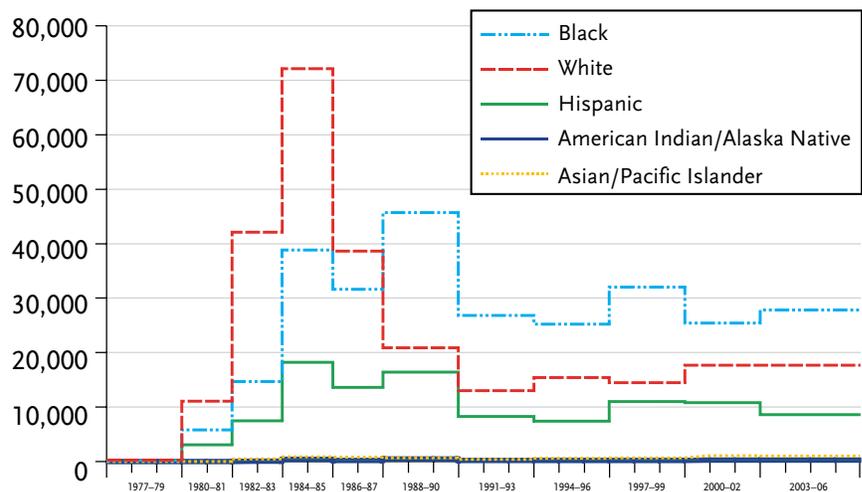


Figure 5: Estimated Number of New HIV Infections, Extended Back-Calculation Model, 1977–2006, by Race/Ethnicity



Note: Estimates are for 2-year intervals during 1980–1987, 3-year intervals during 1977–1979 and 1988–2002, and a 4-year interval for 2003–2006.

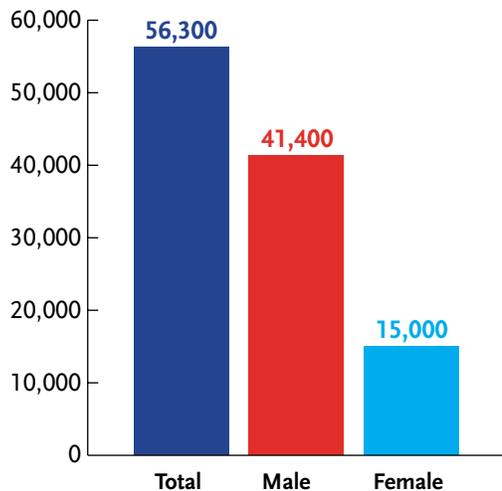


Analysis by Gender and Age Group

Gender

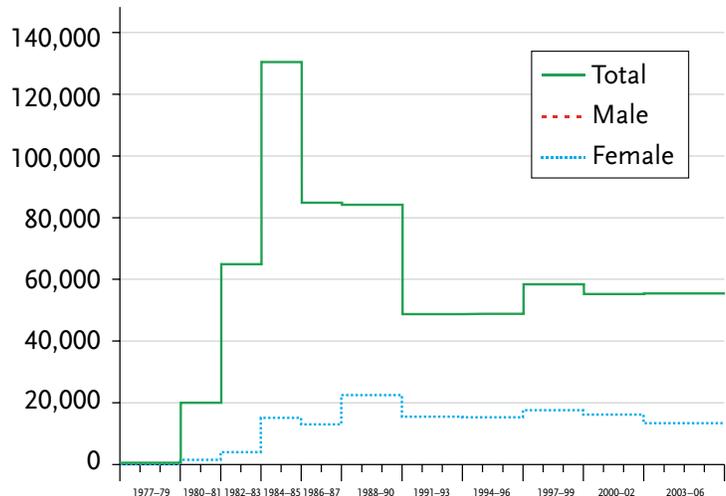
Men accounted for the large majority of estimated new HIV infections in the U.S. in 2006 (73%, or 41,400) (Figure 6). CDC's historical analysis indicates that the number of infections among men has mirrored the overall trend in HIV incidence, peaking at around 1984–1985 and reaching a low point in the early 1990s (Figure 7). Among women, incidence rose gradually until the late 1980s, declined towards the early 1990s, and has remained relatively stable since then.

Figure 6. Estimated New HIV Infections, 2006, Overall and by Gender



Note: Estimates from subgroups do not add to total due to rounding.

Figure 7. Estimated New HIV Infections, Extended Back-Calculation Model, 1977–2006, Overall and by Gender

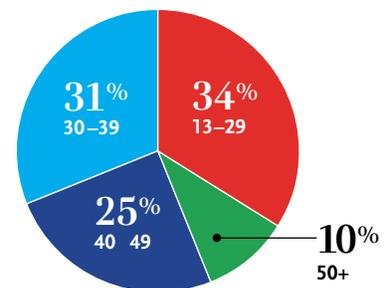


Note: Estimates are for 2-year intervals during 1980–1987, 3-year intervals during 1977–1979 and 1988–2002, and a 4-year interval for 2003–2006.

Age

More infections occurred among young people under 30 (aged 13–29) than any other age group (34%, or 19,200) (Figure 8), followed by individuals 30–39 (31%, or 17,400). These data confirm that HIV is an epidemic primarily of young people and underscores the critical need to reach each new generation of young people with HIV prevention services. Individuals over age 50 continue to represent a relatively small proportion of new infections.

Figure 8. Estimated New HIV Infections, 2006, by Age



Historical Challenges in Tracking HIV Incidence

Tracking HIV incidence has been a long-standing challenge in the U.S. and around the world. Historically, researchers relied on indirect methods to estimate the number of new infections. In the early 1990s, for example, data on U.S. AIDS diagnoses could be used to estimate the number of new HIV infections occurring over time, since the period from initial HIV infection to the development of AIDS was well-documented and understood (i.e., about 8–10 years). However, following the

advent of highly active antiretroviral therapy (HAART) in the mid-1990s, the period between HIV infection and AIDS was no longer predictable, and AIDS cases could no longer be used as the primary basis for estimating HIV incidence.

Since that time, it has been necessary to rely on extrapolation from small studies of HIV infections among high-risk populations to estimate HIV incidence for the nation. Based on these limited data, CDC estimated that at least 40,000 Americans were infected annually since the early 1990s. However, because these data were so limited, they were not robust enough to give a precise picture of HIV incidence or to detect changes in incidence over time.



Implications of the New Estimates

While the new incidence estimates illustrate the challenges of fighting HIV, there is significant evidence that prevention can — and does — work when we apply what we know.

Stability in the number of new HIV infections since 2000 is an important sign of progress. With more people living with HIV than ever before, there are more opportunities for transmission. Yet HIV transmission has not increased, which indicates that people are taking steps to protect themselves and their partners. The relatively stable number of new infections suggests that significant efforts in recent years to reach people living with HIV/AIDS with effective prevention services are having a beneficial impact. In addition, the historical trends analysis shows encouraging signs of progress in reducing new infections among IDUs and heterosexuals over time.

Nonetheless, rates of HIV infection in the U.S. are unacceptably high, and far too many individuals at risk are not yet being reached. For example, a CDC study of gay and bisexual men in 15 cities found that 80 percent had not been reached by the intensive HIV prevention interventions that are known to be most effective. And the high rates of infection among young people highlight the urgent need to reach a new generation with prevention services.

In addition, CDC estimates that one-quarter of HIV-infected people are unaware of their HIV infection, and account for more than half of all new infections. To help ensure that everyone knows their status, CDC recommends that everyone in the U.S. between the ages of 13 and 64 — regardless of perceived risk — get tested for HIV to help stop the spread of this disease. CDC also recommends that sexually active gay and bisexual men be tested for HIV at least annually.

Accelerating progress in HIV prevention will require a collective response that matches the severity of the epidemic. There is an urgent national need to reach all populations at risk with effective prevention programs.

To help prevent new HIV infections among MSM, CDC provides resources to state and local health departments and community-based organizations to help them reach MSM with effective testing and prevention services. Additionally, CDC is working to increase the use of successful prevention interventions for MSM across the country; adapting proven interventions for new populations of MSM, especially MSM of color; and continuing research to understand barriers and opportunities for more effectively reaching this population.

CDC is working to fight HIV among African Americans through the Heightened National Response, a partnership of CDC, public health partners, and black community leaders to intensify prevention efforts nationwide. The partnership is designed to build upon progress to date in four key areas: expanding prevention services, increasing testing, developing new interventions, and mobilizing broader community action.