HIV/AIDS among Asians and Pacific Islanders

Asians and Pacific Islanders account for less than 1% of the total number of HIV/AIDS cases in the United States. However, in recent years, the number of AIDS diagnoses in this group has increased steadily. The Asian and Pacific Islander population in the United States is also growing [1].

STATISTICS

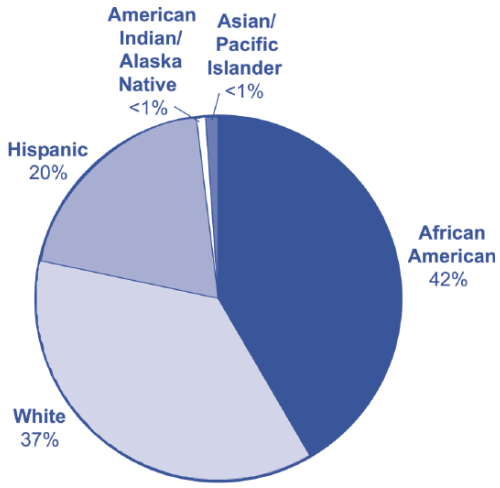
Cumulative Effects of HIV Infection and AIDS (through 2002)

- The estimated number of AIDS cases diagnosed among Asians and Pacific Islanders in the United States increased from 346 in 1998 to 478 in 2002 [2].
- Through 2002, an estimated 6,924 Asians and Pacific Islanders had been given a diagnosis of AIDS. Among adults and adolescents with a diagnosis of AIDS, 87% were men and 13% were women [2].
- Through 2002, in 30 areas with long-term, confidential name-based HIV reporting (see box, p. 3), an estimated 1,262 had a diagnosis of HIV infection or AIDS [2].
- Through 2002, AIDS was diagnosed for 59 children (under 13 years of age) [2].
- Of persons given a diagnosis of AIDS since 1994, a larger proportion of Asians and Pacific Islanders (69%) were alive 9 years after diagnosis, compared with 64% of whites, 61% of Hispanics, 58% of American Indians and Alaska Natives, and 55% of African Americans [2].
- The numbers of HIV and AIDS cases may be larger than reported because of underreporting or misclassification of Asians and Pacific Islanders.

AIDS in 2002

- An estimated 400 men, 76 women, and 1 child (under 13 years of age) were given a diagnosis of AIDS [3].
- The rate of AIDS diagnosis, by race/ethnicity, was lowest for Asians and Pacific Islanders (4.9 per 100,000 adults and adolescents) [2].
- Less than 1% of the estimated 384,906 people living with AIDS in the United States were Asians and Pacific Islanders [2].

Race/ethnicity of persons living with AIDS in 2002



No. = 384, 906

HIV/AIDS in 2002

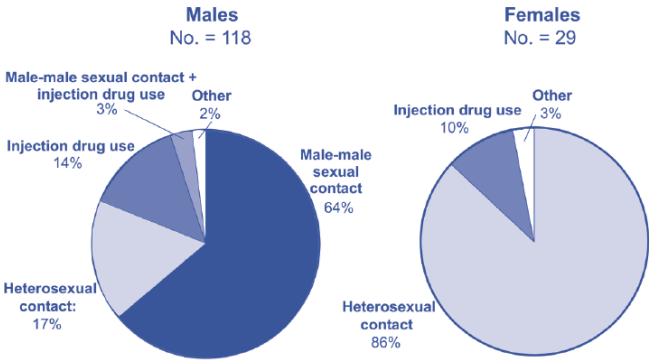
- At the end of 2002, less than 1% of the estimated 281,931 persons living with HIV infection or AIDS in the 30 areas with long-term, confidential name-based HIV reporting were Asians and Pacific Islanders [2].
- In these 30 areas, an estimated 147 adults and adolescents were given a diagnosis during 2002 (80% men, 20% women) [3].
- For men and women, the largest estimated numbers of diagnoses were for those aged 25–34 years, followed by those aged 35–44 years [3].

RISK FACTORS AND BARRIERS TO PREVENTION

Sexual Risk Factors

Although Asians and Pacific Islanders account for less than 1% of AIDS cases reported nationally, subgroups in some metropolitan areas may be at high risk for HIV infection. In a study of 503 Asian and Pacific Islander men who have sex with men (MSM), aged 18–29 years, in San Francisco, the overall HIV prevalence was nearly 3%. Being of Thai ethnicity, being born in the United States, being older, or having ever attended a "circuit party" or special MSM social event was associated with HIV infection. Of these 503 men, 48% reported having had unprotected anal intercourse during the past 6 months [4]. Also, the rates of sexually transmitted infections among these men were high [5].

Exposure category of Asian and Pacific Islander adults and adolescents with HIV/AIDS diagnosed in 2002



Note. Based on data from 30 areas with confidential name-based reporting

Substance Abuse

According to a study of Filipino American methamphetamine users in the San Francisco Bay Area, methamphetamine use was strongly associated with HIV-related risk behaviors, including infrequent condom use, commercial sex activity, and low rates of HIV testing [6]. In a study of young Asian and Pacific Islander MSM, more than half used "party drugs," including MDMA (3,4-methylenedioxymethamphetamine, or "ecstasy"), inhaled nitrites, hallucinogens, crack, and amphetamines. The use of drugs and alcohol was associated with unprotected anal intercourse [7].

Cultural and Socioeconomic Diversity

Among Asians and Pacific Islanders, there are many nationalities—Chinese, Filipinos, Koreans, Hawaiians, Indians, Japanese, Samoans, Vietnamese, and others—and more than 100 languages and dialects. The subgroups differ in language, culture, and history. Because many are foreign-born, they experience cultural and language barriers to receiving public health messages. As a group, Asians and Pacific Islanders represent both extremes of socioeconomic and health issues. For example, although more than a million Asian Americans live at or below the federal poverty level, as a group, Asian American women have the longest life expectancy of any racial or ethnic group. Tailoring prevention interventions to meet the needs of this culturally and socioeconomically diverse population remains challenging [8].

Limited Access to, or Use of, Health Care and Prevention Services

Because of language and cultural barriers, lack of access to care, and other issues, many Asians and Pacific Islanders underuse health care and prevention services. A study of HIV service use among 653 Asians and Pacific Islanders showed that a relatively high proportion had advanced disease and used hospital-based services. Few of them used HIV case management services, housing assistance, substance use treatment, or health education services [9].

PREVENTION

The annual number of new HIV infections among all people in the United States declined from a peak of more than 150,000 cases in the mid-1980s and has stabilized at approximately 40,000 cases since the late 1990s. Minority populations are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (http://www.cdc.gov/hiv/partners/ahp.htm), in 2003. This initiative comprises 4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

In the United States, Asians and Pacific Islanders are emerging as an at-risk group. CDC is conducting demonstration projects on using social networks to reach high-risk persons in communities of color. Additionally, CDC's Minority AIDS Initiative (http://www.cdc.gov/programs/hiv09.htm) explores the disparities in minority communities at high risk for HIV and what can be done to reduce those disparities. Examples of CDC-funded projects focused on the Asian and Pacific Islander population include prevention programs in New York City for young MSM, education and outreach programs in Philadelphia for those at risk for HIV infection, and prevention services in San Francisco for people of Filipino or Vietnamese descent and for Asian and Pacific Islander women.

Understanding HIV and AIDS Data

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and territories. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

HIV surveillance: Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 30 areas—the US Virgin Islands and 29 states (Alabama, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, and Wyoming)—have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection. Recently, 9 additional areas have begun confidential name-based HIV surveillance, and data from these areas will be included in coming years.

***HIV/AIDS*:** This term includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

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For more information…

CDC National STD & AIDS Hotlines
1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

CDC National Prevention Information Network
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231

Web Resources
NCHSTP: http://www.cdc.gov/nchstp/od/nchstp.html
DHAP: http://www.cdc.gov/hiv
NPIN: http://www.cdcnpin.org