HIV/AIDS among Women

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Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women and female adolescents (in this fact sheet, referred to as women). Today, women account for more than one quarter of all new HIV/AIDS diagnoses. Women of color are especially affected by HIV infection and AIDS. In 2002 (the most recent year for which data are available), HIV infection was

- the leading cause of death for African American women aged 25–34 years
- the 3rd leading cause of death for African American women aged 35–44 years
- the 4th leading cause of death for African American women aged 45–54 years and for Hispanic women aged 35–44.

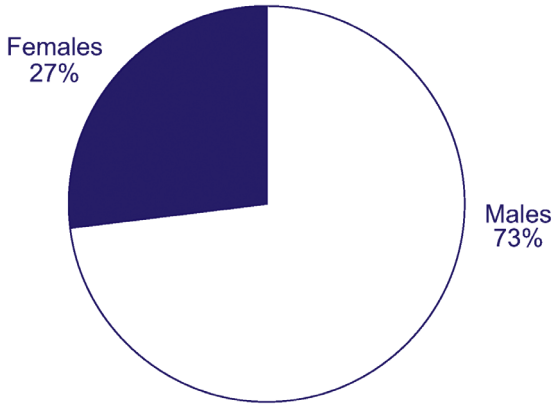
In the same year, HIV infection was the 5th leading cause of death among all women aged 35–44 years and the 6th leading cause of death among all women aged 25–34 years. The only diseases causing more deaths of women were cancer and heart disease [1].

STATISTICS

HIV/AIDS in 2004

- Data from 35 areas* with confidential name-based HIV reporting indicate that an estimated 10,410 women were given a diagnosis of HIV/AIDS [2].
- Heterosexual contact was the source of 78% of these new infections [2].
- Women accounted for 27% of the estimated 38,730 diagnoses of HIV/AIDS [2].
- Of the 123,405 women living with HIV/AIDS, 64% were African American, 19% were white, 15% were Hispanic, less than 1% were Asians and Pacific Islanders, and less than 1% were American Indians and Alaska Natives [2].
- Of the HIV/AIDS diagnoses for women during 2001–2004, an estimated 15% were for women aged 13–24 years [3].
- According to a recent CDC study of more than 19,500 patients with HIV in 10 US cities, women were less likely than men to receive prescriptions for the most effective treatments for HIV infection [4].

Sex of adults and adolescents with HIV/AIDS diagnosed during 2004

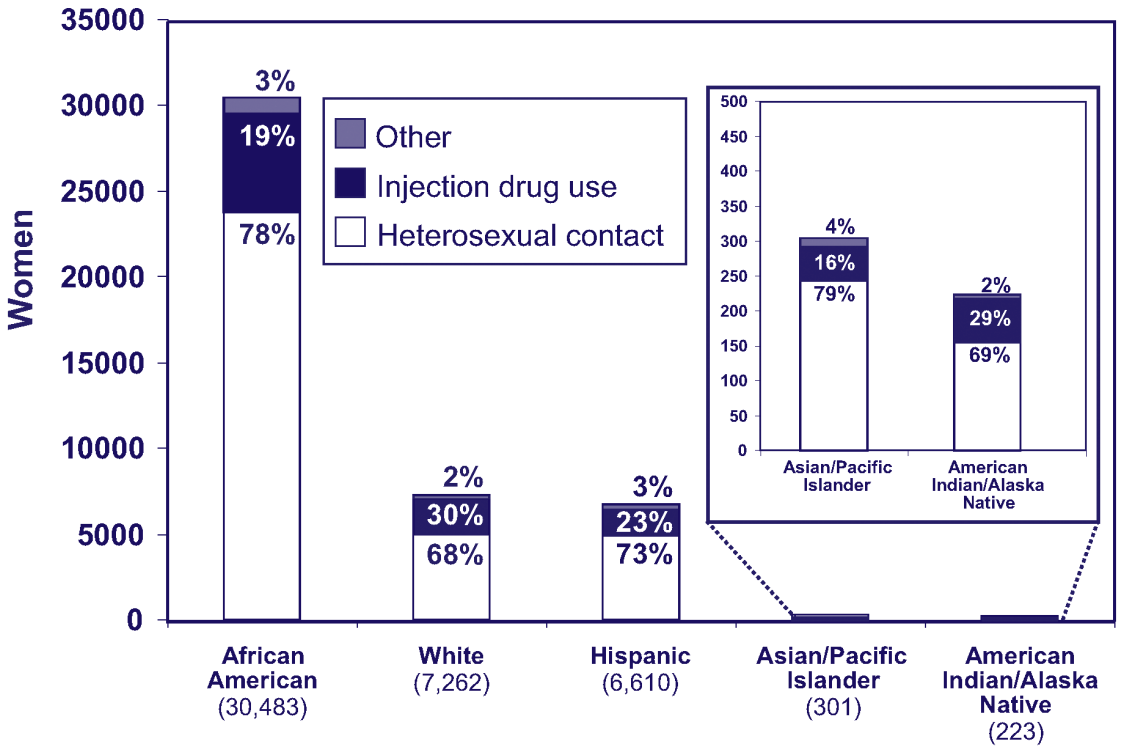


No. = 38,553

Note. Based on data from 35 areas with long-term, confidential name-based HIV reporting.

*See box before the References section for a list of the 35 areas.

Transmission categories and race/ethnicity of women with HIV/AIDS diagnosed during 2001–2004

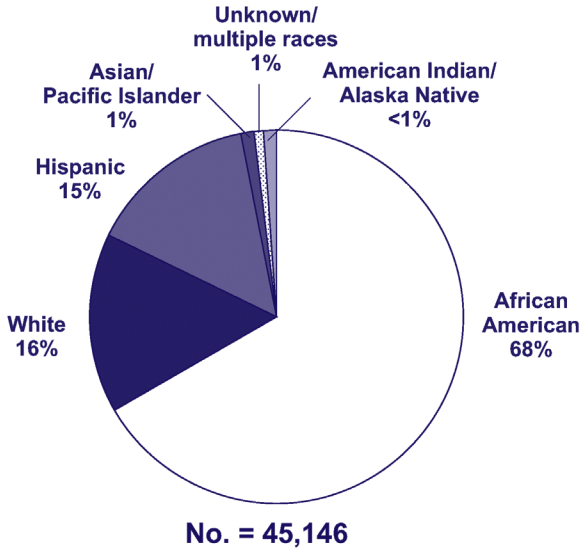


Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

AIDS in 2004

- Of 42,514 AIDS diagnoses, 11,442 (27%) were for women [2].
- The rate of AIDS diagnoses for African American women (48.2/100,000 women) was approximately 23 times the rate for white women (2.1/100,000) and 4 times the rate for Hispanic women (11.1/100,000) [2].
- An estimated 93,566 women were living with AIDS, representing 23% of the estimated 415,193 people living with AIDS [2].
- An estimated 4,138 women AIDS died, representing 26% of the 15,798 persons with AIDS who died [2].
- From the beginning of the epidemic through 2004, women accounted for 178,463 diagnoses, a number that represents almost one fifth of the 944,306 AIDS diagnoses during this period [2].
- From the beginning of the epidemic through 2004, an estimated 84,897 women with AIDS died. These women accounted for 16% of the 529,113 persons with AIDS who died [2].
- Women with AIDS made up an increasing part of the epidemic. In 1992, women accounted for an estimated 14% of adults and adolescents living with AIDS [5]. By the end of 2004, this proportion had grown to 23% [2].
- African American and Hispanic women together represented about 25% of all US women [6], yet they accounted for 81% of the estimated total of AIDS diagnoses for women in 2004 [2].

Race/ethnicity of women with HIV/AIDS diagnosed during 2001–2004



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

RISK FACTORS AND BARRIERS TO PREVENTION

Young Age

According to a 1998 CDC study of Job Corps entrants aged 16–21 years, HIV prevalence among young women (2.8/1,000) was higher than among young men (2.0/1,000). African American women in the study were 7 times as likely as white women and 8 times as likely as Hispanic women to be HIV-positive [7]. Although another study found that HIV diagnoses among women decreased slightly from 1984 through 1998, it also found that as the youngest group (aged 15–19) initiated risk behaviors, the number of HIV cases caused by injection drug use increased, and the number acquired through heterosexual contact more than doubled [8]. These data point to possible future increases in HIV cases among women.

Recognition of Partner's Risk

Some women may be unaware of their male partners' risk for HIV infection (such as unprotected sex with multiple partners, sex with men, or injection drug use) [9]. Men who engage in sex both with men and women can acquire HIV from a male partner and then transmit the virus to female partners. In a recent study of HIV-infected people (5,156 men and 3,139 women), 34% of African American men who have sex with men (MSM), 26% of Hispanic MSM, and 13% of white MSM reported having had sex with women. However, their female partners may not know of their male partners' bisexual activity: only 14% of white women, 6% of African American women, and 6% of Hispanic women in this study acknowledged having a bisexual partner [10]. In a recent CDC survey, 65% of the men who had ever had sex with men also had sex with women [11]. Women who have sex only with women and who have no other risk factors, such as injection drug use, are at very low risk for HIV infection (CDC, unpublished data 2006).

Sexual Inequality in Relationships with Men

Some women may not insist on condom use because they fear that their partners will physically abuse them or leave them [12]. Such sexual inequality is a major issue in relationships between young women and older men. In a CDC study of urban high schools, more than one third of African American and Hispanic women had their first sexual encounter with a male who was older (3 or more years) [13]. These young women, compared with peers whose partners had been roughly their own age, had been younger at first sexual intercourse, less likely to have used a condom during first and most recently reported intercourse, or less likely to have used condoms consistently.

Biologic Vulnerability and Sexually Transmitted Diseases

A woman is approximately twice as likely as a man to contract HIV infection during vaginal intercourse [14]. Additionally, the presence of some sexually transmitted diseases greatly increases the likelihood of acquiring or

transmitting HIV infection [15]. The rates of gonorrhea and syphilis are higher among women of color than among white women. These higher rates are especially marked at younger ages (15–24 years) [16].

Substance Use

An estimated 1 in 5 new HIV diagnoses for women is related to injection drug use [2]. Sharing injection equipment contaminated with HIV is not the only risk associated with substance use. Women who use crack cocaine or other noninjection drugs may also be at high risk for the sexual transmission of HIV if they sell or trade sex for drugs [17]. Also, both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [18].

Socioeconomic Issues

Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty [19]. Socioeconomic problems associated with poverty, including limited access to high-quality health care and higher levels of substance use, can directly or indirectly increase HIV risks [20].

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 annually since the late 1990s. Populations of minority races/ethnicities 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/topics/prev_prog/AHP), 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, women, particularly women of color, are at risk for HIV infection. CDC, through the Department of Health and Human Services Minority AIDS Initiative (http://www.cdc.gov/programs/hiv08.htm) explores ways to reduce disparities in communities made up of persons of minority races/ethnicities who are at high risk for HIV. CDC is also conducting demonstration projects on using women's social networks to reach high-risk persons in communities of color and is doing outreach and testing for partners of HIV-infected men.

CDC funds prevention programs in state and local health departments and community-based organizations. The following are examples.

- In Illinois, Access Community Health Network, which is the largest network of community health centers in the nation, receives funding to implement counseling, testing, and referral (CTR) in Chicago communities with the highest rates of HIV diagnoses and funding to implement SISTA (Sisters Informing Sisters about Topics on AIDS), a social skills training intervention program aimed at reducing HIV sexual risk behavior among high-risk African American women.
- In Massachusetts, CAB Health & Recovery Services, Inc., receives funding for HIV risk-reduction counseling and prevention case management and for Women RISE (Risk Identification, Strategies, and Empowerment), an HIV prevention services program that engages women and their partners who are at very high risk for HIV infection, who are homeless and living in family shelters, or who are identified through street outreach.
- In Louisiana, Great Expectations Foundation, Inc., provides prevention intervention services through SISTA to high-risk African American women.
- In California, the Orange County Bar Foundation adapts SISTA for Latinas aged 18–24 years.

- In Florida, the Center for Multicultural Wellness & Prevention, Inc., addresses, through SISTA and CTR, the health issues that affect African American and Haitian women.
- In New York, the Community Healthcare Network provides prevention intervention services through counseling, comprehensive risk counseling and referral, and RAPP (Real AIDS Prevention Project) interventions to African American and Hispanic women.

CDC also funds research on interventions to reduce HIV-related risk behaviors or their outcomes. For example, the Women and Infants Demonstration Projects were focused on low-income, inner-city sexually active women to measure injection drug use, sexual behaviors, and HIV testing behaviors, as well as sexually transmitted diseases and pregnancy. The demonstration projects increased condom use and resulted in the RAPP intervention package, which is available, along with training and technical assistance, from CDC.

To prevent mother-to-child transmission, CDC has distributed $10 million annually since 1999 to 16 states with high HIV/AIDS rates to carry out prevention programs for pregnant women, to 10 states for enhanced surveillance for infected mothers and babies, and to 5 national organizations to develop and distribute training and educational materials for women and prenatal care providers.

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 factors. 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 35 areas—the US Virgin Islands, Guam, and 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, 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 . . .

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http://www.cdc.gov/hiv
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CDC-INFO
1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
http://www.hivtest.org
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
1-800-458-5231
http://www.cdcnpin.org
CDC resources, technical assistance, and publications

AIDSinfo
1-800-448-0440
http://www.aidsinfo.nih.gov
Resources on HIV/AIDS treatment and clinical trials