HIV/AIDS among Asians and Pacific Islanders

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Asians and Pacific Islanders account for approximately 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].

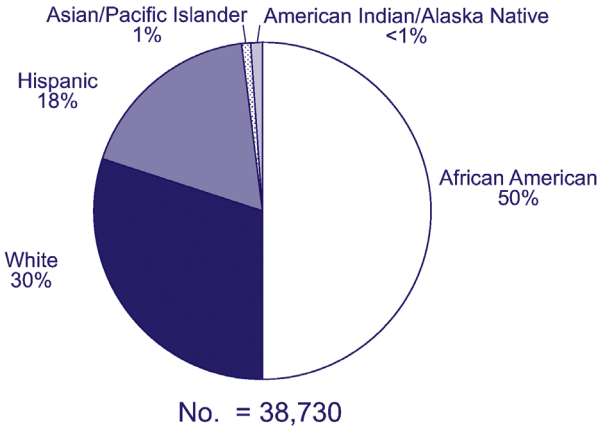
STATISTICS

HIV/AIDS in 2004

- At the end of 2004, less than 1% of the estimated 462,792 persons living with HIV infection or AIDS in the 35 areas with long-term, confidential name-based HIV reporting* were Asians and Pacific Islanders [2].
- In these 35 areas, an estimated 394 Asian and Pacific Islander adults and adolescents were given a diagnosis during 2004 [2].
- At the end of 2004, 2,765 Asians and Pacific Islanders were living with HIV/AIDS in the 35 areas with long-term, confidential name-based HIV reporting. At the time of diagnosis, 77% were men, 22% were women, and 1% were children [2].
- The numbers of HIV/AIDS cases may be larger than reported because of underreporting or misclassification of Asians and Pacific Islanders.

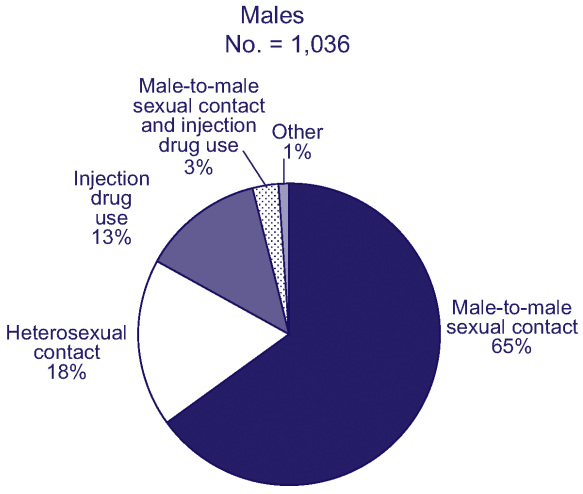
*See box before the References section for a list of the 35 areas.

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2004



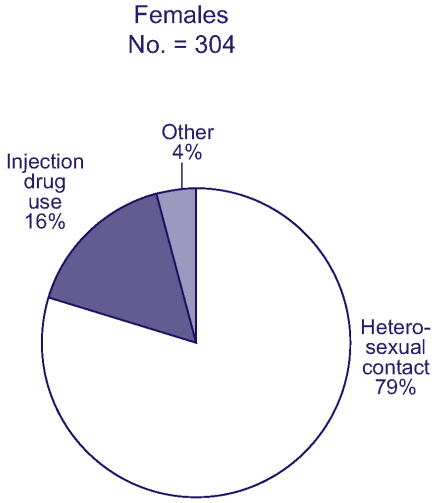
Note. Based on data from 35 areas with long-term, confidential name-based HIV reporting.

Transmission categories for Asian and Pacific Islander adults and adolescents 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.

Transmission categories for Asians and Pacific Islander adults and adolescents with HIV/AIDS diagnosed during 2001–2004 (cont.)

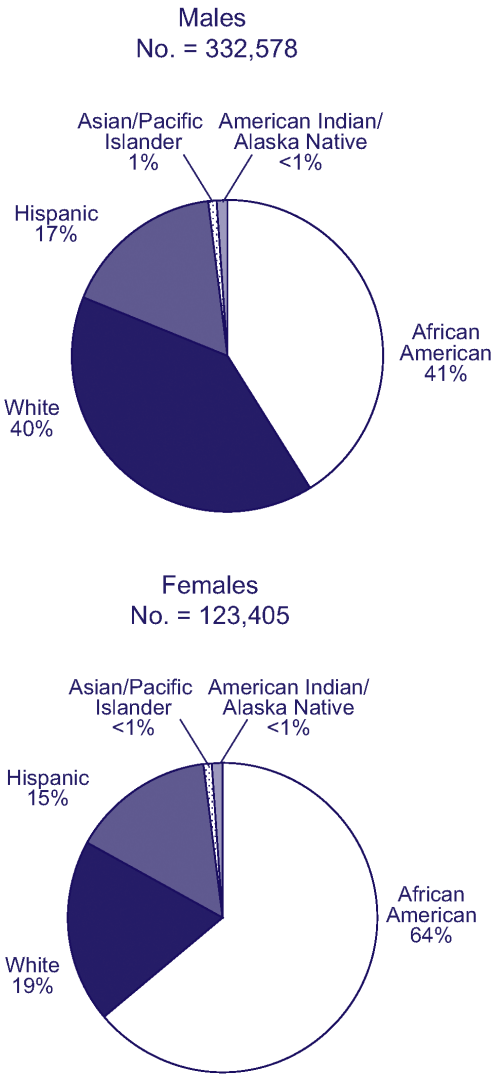


Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

AIDS in 2004

- Of the estimated 486 Asians and Pacific Islanders who received an AIDS diagnosis in 2004, 392 (81%) were men and 92 (19%) were women. One child (under the age of 13) received a diagnosis of AIDS. [2].
- The rate of AIDS diagnosis, by race/ethnicity, was lowest for Asians and Pacific Islanders (4.4 per 100,000 adults and adolescents) [2].
- An estimated 4,045 Asians and Pacific Islanders were living with AIDS, representing less than 1% of the total 415,193 people living with AIDS in the United States [2].
- The estimated number of AIDS cases diagnosed among Asians and Pacific Islanders in the United States increased from 350 in 2000 to 488 in 2004 [2].
- From the beginning of the epidemic through 2004, an estimated 7,317 Asians and Pacific Islanders were given a diagnosis of AIDS.
- Of persons given a diagnosis of AIDS during 1996–2004, 81% of Asians and Pacific Islanders were alive 9 years after diagnosis, compared with 74% of whites, 72% of Hispanics, 65% of American Indians and Alaska Natives, and 64% of African Americans [2].

Race/ethnicity of persons (including children) living with HIV/AIDS, 2004



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

RISK FACTORS AND BARRIERS TO PREVENTION

Race and ethnicity are not, by themselves, risk factors for HIV infection. However, Asians and Pacific Islanders are likely to face challenges associated with the risk for HIV infection, including the following.

Sexual Risk Factors

Although Asians and Pacific Islanders account for approximately 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, having been 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 [3]. Also, the rates of sexually transmitted infections among these men were high [4].

Additionally, HIV testing rates for this population may not reflect risk behaviors. Data from an HIV testing survey in Seattle indicated that 90% of the Asians and Pacific Islanders surveyed perceived themselves at some risk for HIV infection, yet only 47% had been tested during the past year [5].

Substance Use

According to a study of Filipino American methamphetamine users in the San Francisco Bay Area, methamphetamine use was strongly associated with behavioral risk factors for HIV infection, 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 or 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 may 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, 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 Use of 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 the use of HIV services by 653 Asians and Pacific Islanders showed that a relatively high proportion had advanced disease and used hospital-based services. Few of them, however, used HIV case management services, housing assistance, substance use treatment, or health education services [9].

PREVENTION

Among all people in the United States, the annual number of new HIV infections declined from a peak of more than 150,000 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, Asians and Pacific Islanders are emerging as a group that is at risk for HIV infection. CDC's 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 infection. CDC provides funds to community-based organizations that focus primarily on Asians and Pacific Islanders and provides indirect funding through state, territorial, and local health departments to organizations serving this population. An example of CDC-funded projects focused on the Asian and Pacific Islander population include an organization in New York City that provides client services, education, training, and technical assistance to MSM who are at high risk, female and transgender sex workers, and female sex partners of men who are HIV-positive or at high risk for HIV infection.

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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CDC HIV/AIDS resources

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