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HIV/AIDS among American Indians and Alaska Natives

The numbers of HIV and AIDS diagnoses for American Indians and Alaska Natives represent less than 1% of the total number of HIV/AIDS cases reported to the HIV/AIDS Reporting System. However, when population size is taken into account, this population in 2004 was ranked 3rd in rates of AIDS diagnoses, after African Americans and Hispanics [1]. The rate of AIDS diagnoses for this group has been higher than that for whites since 1995.

Overall, surveillance data show that HIV/AIDS is a growing problem among American Indians and Alaska Natives.

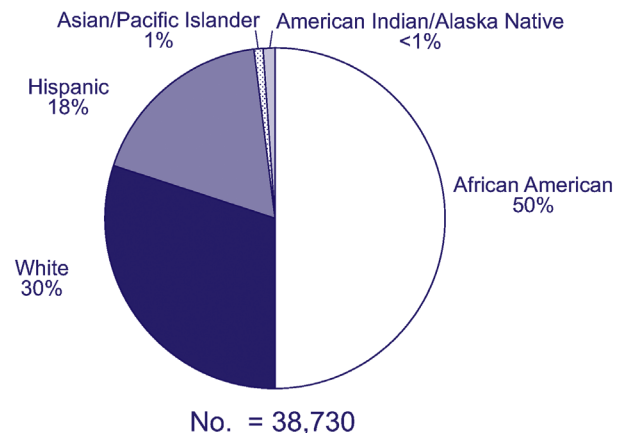
STATISTICS

HIV/AIDS in 2004

- The rate of HIV/AIDS diagnoses among American Indians and Alaska Natives increased from 9.5 per 100,000 population in 2001 to 11.1 per 100,000 in 2004 [2].
- In the 35 areas with long-term, confidential name-based HIV reporting,* HIV/AIDS was diagnosed for an estimated 208 American Indians and Alaska Natives (adults, adolescents, and children), representing 0.5% of the total number of HIV/AIDS diagnoses reported for that year [1].
- In the 33 states with long-term, confidential name-based HIV reporting, women accounted for 29% of the HIV/AIDS diagnoses among American Indians and Alaska Natives during 2001–2004 [2].

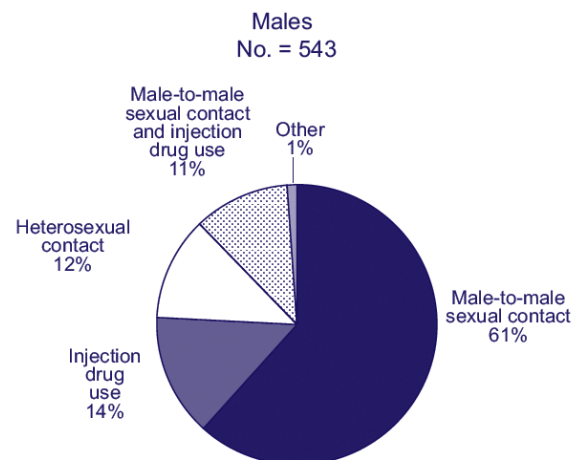
*See box before the References section for a list of the 35 areas.

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



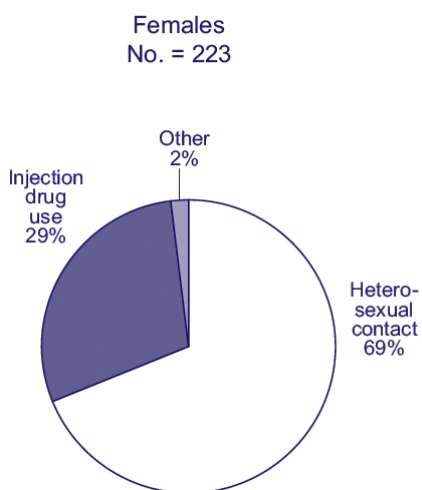
Note. Based on data from 35 areas with long-term, confidential name-based HIV reporting.

Transmission categories for American Indian and Alaska Native 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 American Indian and Alaska Native adults and adolescents with HIV/AIDS diagnosed during 2001–2004 (cont.)



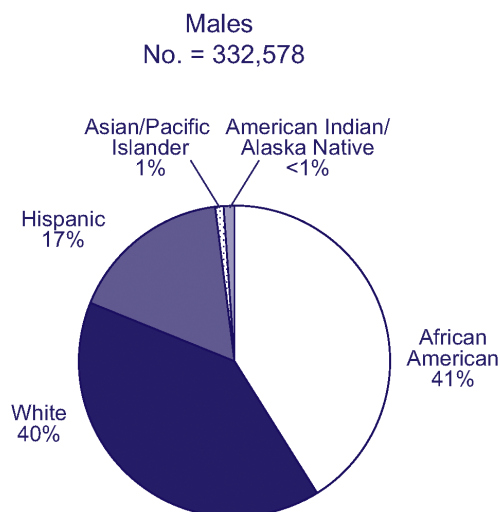
Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

AIDS in 2004

- The estimated rate of AIDS diagnoses for American Indian and Alaska Native adults and adolescents was 9.9 per 100,000 persons, the 3rd highest rate after those for African American adults and adolescents (72.1 per 100,000) and Hispanic adults and adolescents (25.0 per 100,000). The estimated AIDS diagnosis rate was 7.1 per 100,000 for white adults and adolescents and 4.4 per 100,000 for Asian and Pacific Islander adults and adolescents [2].
- An estimated 1,506 American Indian and Alaska Native adults and adolescents were living with AIDS [1].
- AIDS was diagnosed for an estimated 193 American Indians and Alaska Natives, representing approximately 0.5% of all AIDS diagnoses in 2004 [1].
- An estimated 91 American Indians and Alaska Natives with AIDS died in 2004, representing approximately 0.6% of all deaths of persons with AIDS for that year [1].

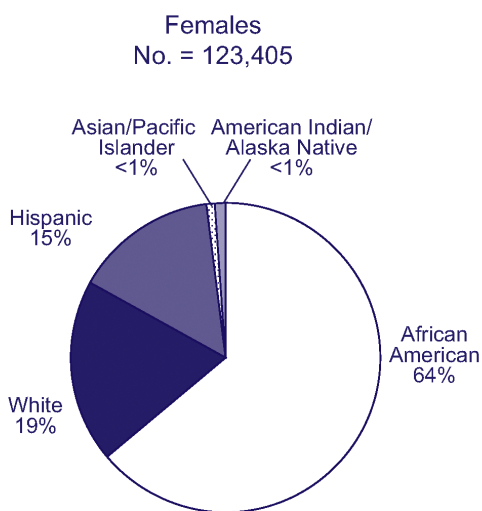
- From the beginning of the epidemic through 2004, AIDS was diagnosed for an estimated 3,084 American Indians and Alaska Natives [1].
- From the beginning of the epidemic through 2004, an estimated 1,578 American Indians and Alaska Natives with AIDS had died [1].
- Of persons who had received a diagnosis of AIDS since 1996, American Indians and Alaska Natives had survived for a shorter time than had Asians and Pacific Islanders, whites, and Hispanics. After 9 years, 65% of American Indians and Alaska Natives were alive, compared with 64% of African Americans, 72% of Hispanics, 74% of whites, and 81% of Asians and Pacific Islanders [1].
- From the beginning of the epidemic through 2004, AIDS had been diagnosed for an estimated 34 American Indian and Alaska Native children (younger than 13 years of age) [1].

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



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

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



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

RISK FACTORS AND BARRIERS TO PREVENTION

Race and ethnicity are not, by themselves, risk factors for HIV infection. However, American Indians and Alaska Natives are likely to face challenges associated with risk for HIV infection, including the following.

Sexual Risk Factors

High rates of chlamydial infection, gonorrhea, and syphilis suggest that the sexual behaviors that facilitate the spread of HIV are relatively common among American Indians and Alaska Natives. Further, the presence of a sexually transmitted disease can increase the chance of contracting or spreading HIV [3]. According to 2004 surveillance data by race/ethnicity, the 2nd highest rates of gonorrhea and chlamydial infection were those for American Indians and Alaska Natives. The 2nd highest rates of syphilis were those for American Indians and Alaska Natives and for Hispanics [4, 5].

Substance Use

Persons who use illicit drugs, (casually or habitually) or who abuse alcohol are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [6]. Results of the 2004 National Survey on Drug Use and Health indicate that the rate of current illicit drug use was higher among persons who reported 2 or more races (13.3%) and among American Indians and Alaska Natives (12.3%) than among persons of other races or ethnicities [7].

Cultural Diversity

The American Indian and Alaska Native population comprises 562 federally recognized tribes plus at least 50 state-recognized tribes [8]. Each tribe has its own culture, beliefs, and practices. Further, these tribes may be subdivided into language groups. Prevention programs that can be adapted to individual tribal beliefs are critically important. Current programs emphasize traditional teachings and the importance of the community.

Socioeconomic Issues

Socioeconomic factors coexist with epidemiologic risk factors for HIV infection in American Indian and Alaska Native communities. During 2002–2004, approximately one quarter (24.3%) of American Indians and Alaska Natives—about twice the national average (12.4%)—were living in poverty [9]. Issues related to poverty (for example, lower levels of education and poorer access to health care) may directly or indirectly increase the risk for HIV infection [10]. The proportion of the American Indian and Alaska Native population with a high school diploma (66%) is less than the national average (75%) [11].

Life expectancy of this population is shorter than that of any other race/ethnicity; the rates of many diseases, including diabetes, tuberculosis, and alcoholism, are higher; and access to health care is poorer [12, 13].

These indicators demonstrate the vulnerability of American Indians and Alaska Natives to additional health stress, including HIV infection.

HIV Testing Issues

American Indians and Alaska Natives with AIDS are more likely to reside in a rural area at the time of AIDS diagnosis. American Indians and Alaska Natives who are at high risk for HIV infection and who live in rural areas may be less likely to be tested for HIV because of limited access to testing. At-risk American Indians and Alaska Natives may also be less likely to seek testing because of concerns about confidentiality in close-knit communities where someone who seeks testing is likely to encounter a friend, a relative, or an acquaintance at the local health care facility [14].

During 1997–2000, 50.5% of American Indians and Alaska Natives who responded to the Behavioral Risk Factor Surveillance System survey reported that they had never been tested for HIV. This percentage was higher in the southwestern United States, where 58.1% of the American Indians and Alaska Natives reported never having been tested [15].

Data Limitations

Current data regarding HIV and AIDS among American Indians and Alaska Natives have limitations.

- **Incomplete surveillance data.** Not all states with large American Indian and Alaska Native populations have been conducting HIV surveillance. California only recently enacted laws requiring HIV surveillance; New York and Washington began HIV surveillance only during the past few years.
- **Racial misclassification and underreporting.** Even though the numbers of HIV and AIDS diagnoses among American Indians and Alaska Natives are relatively low, these numbers may be affected by racial misclassification.

Studies in Alaska and Los Angeles have shown that the degree of misclassification differs geographically. In Alaska, 3% of American Indians and Alaska Natives with HIV/AIDS were misclassified as being of another race; in Los Angeles, 56% of American Indians and Alaska Natives with AIDS were racially misclassified [16, 17].

PREVENTION

Among all people in the United States, the annual number of new HIV infections declined from a peak of more than 150,000 during the mid-1980s and stabilized at approximately 40,000 after the late 1990s. Persons 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.

CDC, through the Minority AIDS Initiative (<http://www.cdc.gov/programs/hiv08.htm>), also addresses the health disparities experienced in the communities of minority races/ethnicities at high risk for HIV. These funds are used to address high-priority HIV prevention needs in such communities. The following are some CDC-funded prevention programs that state and local health departments and community-based organizations provide for American Indians and Alaska Natives.

- Helping tribes develop or expand HIV prevention services and improve services for persons infected with, or affected by, HIV/AIDS
- Building and strengthening the capacity of tribal organizations and urban Indian health centers in Arizona, Nevada, and Utah to develop effective

HIV prevention through intertribal networking and collaboration

- Providing HIV prevention education in rural Alaska Native communities
- Developing outreach models for HIV testing among American Indians and Alaska Natives and demonstrating the feasibility and best methods of integrating routine HIV testing programs (including rapid HIV testing) in Indian health centers in Arizona, Michigan, and Utah

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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CDC-INFO

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Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources

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Location of HIV testing sites

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<http://www.cdcpin.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