HIV/AIDS among Asians and Pacific Islanders

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Revised August 2008

In recent years, the number of AIDS diagnoses among Asians and Pacific Islanders has increased steadily. Although Asians and Pacific Islanders account for approximately 1% of the total number of HIV/AIDS cases in the 33 states with long-term, confidential name-based HIV reporting, the Asian and Pacific Islander population in the United States is growing [1].

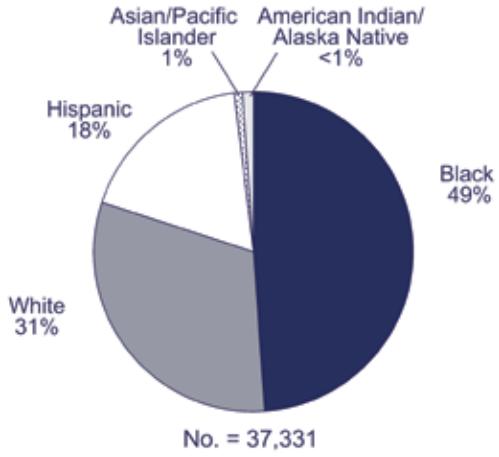
STATISTICS

HIV/AIDS in 2005

(The following bullets are based on data from the 33 states with long-term, confidential name-based HIV reporting. For a list of the 33 states, see the box, before the References section.)

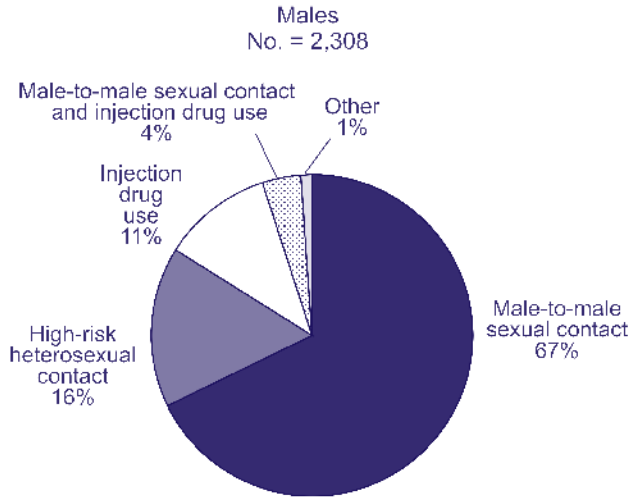
- An estimated 417 Asians and Pacific Islanders were given a diagnosis of HIV/AIDS, representing 1.1% of the 37,331 cases diagnosed that year [2].
- Of the 475,220 persons living with HIV/AIDS, 2,996 (0.6%) were Asians and Pacific Islanders [2].
- Of those given a diagnosis, 78% were men, 21% were women, and 1% were children (under 13 years of age) [2].
- The numbers of HIV/AIDS cases may be larger than reported because of underreporting or misclassification of Asians and Pacific Islanders.

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2005



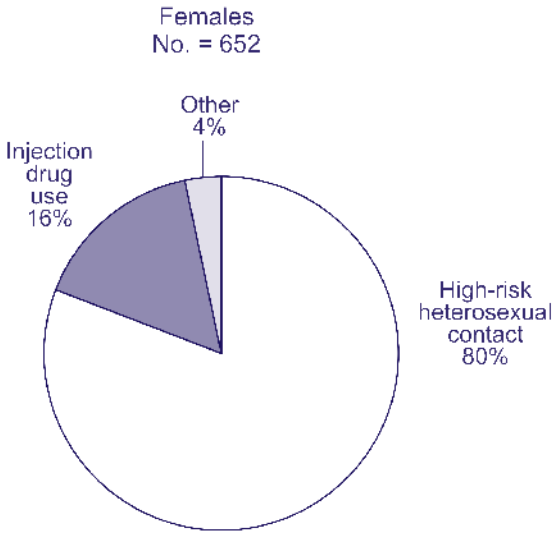
Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

Transmission categories for Asian and Pacific Islander adults and adolescents living with HIV/AIDS, 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

Transmission categories for Asians and Pacific Islander adults and adolescents living with HIV/AIDS, 2005 (cont.)



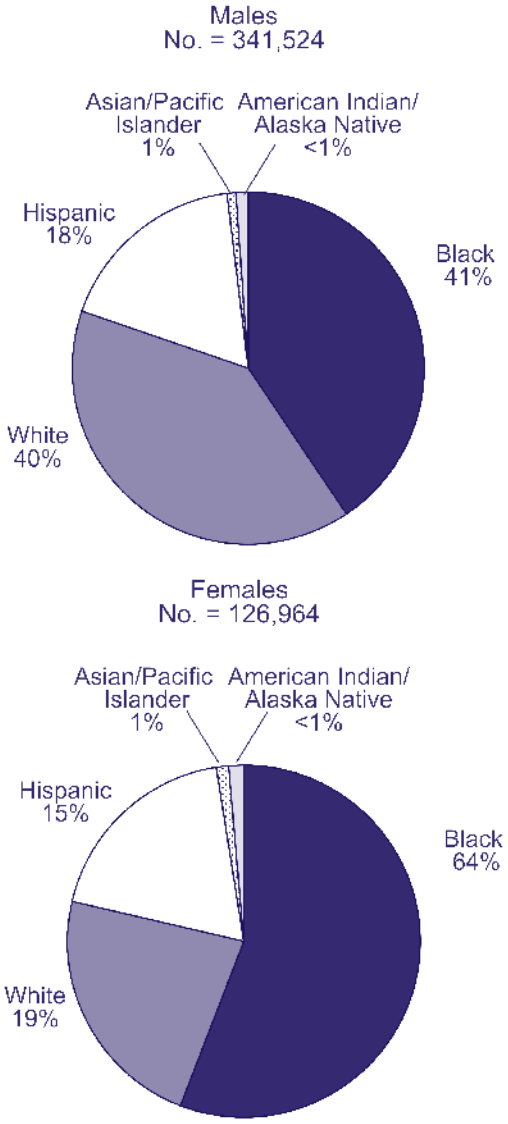
Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

AIDS in 2005

(For information about AIDS surveillance, see the box, before the References section.)

- Of the estimated 483 Asians and Pacific Islanders who received an AIDS diagnosis in 2005, 389 (81%) were men, and 92 (19%) were women. One Asian and Pacific Islander child (under 13 years of age) received a diagnosis of AIDS [2].
- The rate of AIDS diagnosis, by race/ethnicity, was lowest for Asians and Pacific Islanders (3.6 per 100,000 population), compared with 54.1 per 100,000 for blacks (including African Americans), 18.0 per 100,000 for Hispanics, 7.4 for American Indians and Alaska Natives, and 5.9 per 100,000 for whites [2].
- An estimated 4,276 Asians and Pacific Islanders were living with AIDS, representing 1% of the 421,873 people known to be living with AIDS in the 50 states and the District of Columbia [2].
- From the beginning of the epidemic through 2005, an estimated 7,659 Asians and Pacific Islanders were given a diagnosis of AIDS [2].
- An estimated 97 Asians and Pacific Islanders with AIDS died in 2005. From the beginning of the epidemic through 2005, an estimated 3,383 Asians and Pacific Islanders with AIDS died, representing less than 1% of the 530,756 persons in the 50 states and the District of Columbia who died with AIDS [2].
- Of persons given a diagnosis of AIDS during 1997–2004, 81% of Asians and Pacific Islanders were alive 9 years after diagnosis, compared with 75% of whites, 74% of Hispanics, 67% of American Indians and Alaska Natives, and 66% of blacks [2].

Race/ethnicity of adults and adolescents living with HIV/AIDS, 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

RISK FACTORS AND BARRIERS TO PREVENTION

Although the proportion of diagnoses of HIV infection and AIDS for Asian and Pacific Islander adults and adolescents remains small relative to other racial/ethnic groups, no evidence indicates significantly lower levels of risk behaviors among this group [3, 4]. Asians and Pacific Islanders are likely to face challenges associated with the risk for HIV infection, especially in some regions of the country and for some specific ethnicities within the broader Asian and Pacific Islander group.

Sexual Risk Factors

Most of the Asians and Pacific Islanders who are infected with HIV are men who have sex with men (MSM) [2]. A cause for concern is research that points to rising levels of risk behaviors among Asian and Pacific Islander MSM in certain areas of the country, for example, indications that an HIV epidemic is emerging among young Asian and Pacific Islander MSM in San Francisco [5].

The findings of other studies support this concern. In a San Francisco study of 503 Asian and Pacific Islander MSM aged 18–29 years, the overall HIV prevalence was nearly 3%. This prevalence varied significantly by ethnicity, ranging from 0% for Vietnamese MSM to 13.6% for Thai MSM. 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 [6]. Another study conducted in San Francisco showed that the rates of unprotected anal intercourse and sexually transmitted diseases among young Asian and Pacific Islander MSM during 1999–2002 surpassed the rates for white MSM [7].

High-risk heterosexual contact is the primary way Asian and Pacific Islander women become infected with HIV [2]. In focus groups, Asian and Pacific Islander women noted cultural taboos against discussing sexual topics and power differentials between genders as reasons for difficulty in getting their partners to use condoms. Domestic violence is also a concern, as is lack of knowledge about HIV/AIDS and lack of culturally and linguistically appropriate HIV prevention programs and materials [8].

Substance Use

The use of methamphetamines and other drugs has been shown to be an important factor associated with unprotected anal intercourse among Asian and Pacific Islander MSM. 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 [9]. In a study of young Asian and Pacific Islander MSM, more than half used "party drugs," including MDMA (3,4-methylenedioxymethamphetamine, or "ecstasy"), inhaled nitrates, hallucinogens, crack, and amphetamines. The use of drugs or alcohol was associated with unprotected anal intercourse [10].

Low HIV Testing Rates

HIV testing is an important consideration for Asians and Pacific Islanders. Testing rates are lower for Asians and Pacific Islanders as a group, despite their risk factors for HIV infection. Data from an HIV testing survey in Seattle indicated that of the Asians and Pacific Islanders surveyed, 90% perceived themselves at some risk for HIV infection, yet only 47% had been tested during the past year [11]. Also, CDC's Behavioral Risk Factor Surveillance System found that Asians and Pacific Islanders are significantly less likely than members of other races/ethnicities to report having been tested for HIV [12].

Low HIV testing rates also affect the stage of HIV disease at which diagnosis is made. CDC surveillance shows that for many Asians and

Pacific Islanders, the diagnosis of HIV infection is made late in the course of disease. In 2004, 44% of Asians and Pacific Islanders received an AIDS diagnosis within 1 year after their HIV infection was diagnosed. This is in comparison to 37% of whites, 40% of blacks, 41% of American Indians/Alaska Natives, and 43% of Hispanics [2]. Increasing the number of Asians and Pacific islanders who are tested will allow those who are infected to begin health-sustaining treatment and can help to reduce further transmission of the virus.

A study that showed an increase in testing (from 63% to 71%) between its first and fourth years (1999 to 2002) found that recent testing was most significantly and consistently associated with knowledge of testing sites to which respondents felt comfortable going [13]. This finding points to the importance of culturally and linguistically relevant health services.

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 Asians and Pacific Islanders living in the United States are foreign-born, they may experience cultural and language barriers to receiving public health messages. Additionally, many health surveys are administered only in English and perhaps Spanish, a situation that may cause miscommunication or exclude Asians and Pacific Islanders who do not speak English.

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 ($20,650 for a family of 4 living in the 48 contiguous states or the District of Columbia), 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 [14, 15].

Data Limitations

The low number of HIV cases among Asians and Pacific Islanders may not reflect the true burden of the epidemic on this population. Not all states with large Asian and Pacific Islander populations have been conducting HIV surveillance long enough to be included in CDC's surveillance. For example, California, where a large proportion of Asians and Pacific Islanders live, began HIV surveillance only during the past few years; thus, its HIV data are not included in CDC surveillance reports.

Additionally, race/ethnicity misclassification in medical records may contribute to the underreporting of HIV/AIDS among Asians and Pacific Islanders [12].

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 [16].

PREVENTION

CDC estimates that 56,300 new HIV infections occurred in the United States in 2006 [17]. Populations of minority races/ethnicities are disproportionately affected by the HIV epidemic. In the United States, Asians and Pacific Islanders are emerging as a group that is at risk for HIV infection.

To reduce the incidence of HIV, CDC released *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* in 2006. These recommendations advise routine HIV screening of adults, adolescents, and pregnant women in health care settings in the United States. They also address the need to reduce barriers to HIV testing. In 2003, CDC announced an initiative, Advancing HIV Prevention (http://www.cdc.gov/hiv/topics/prev_prog/AHP). 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) supports efforts to reduce the health disparities experienced in communities 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 Asian and Pacific Islander 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 dependent areas. Since the beginning of the epidemic, these data have been used to monitor trends. 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 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, 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.

***HIV/AIDS*:** This term is used to refer to 3 categories of diagnoses collectively: (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection and a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS.

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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