

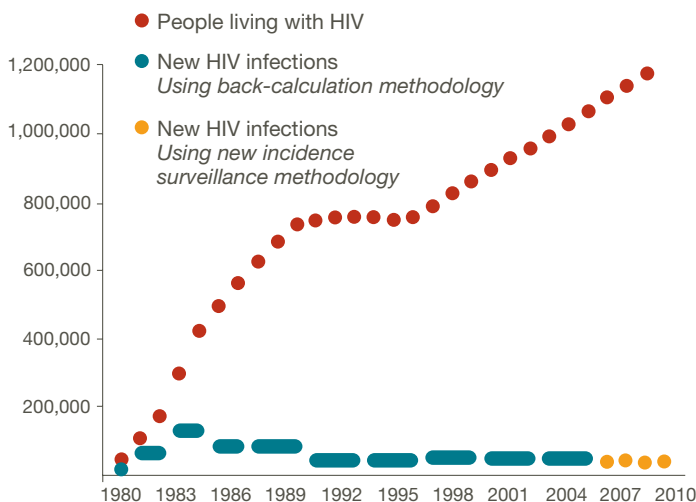
CDC estimates that 1.1 million people in the United States are living with HIV – and nearly one in five of those are not aware that they are infected.¹

Approximately 50,000 people become newly infected each year.² In addition to recognized risk behaviors, a range of social and economic factors places some Americans at increased risk for HIV infection. Prevention efforts have helped keep the rate of new infections stable in recent years, but continued growth in the number of people living with HIV ultimately may lead to more new infections if prevention, care, and treatment efforts are not targeted to those at greatest risk.

The Scope and Impact of HIV in the United States

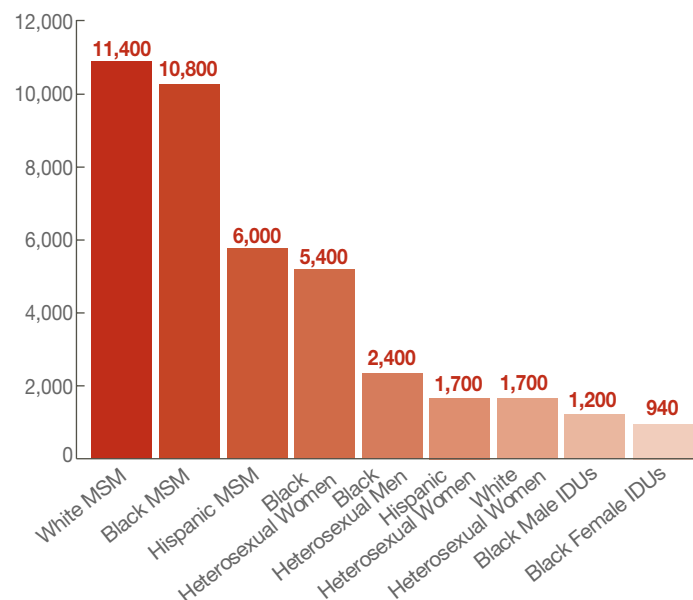
New infections and overall burden: Since the height of the epidemic in the mid-1980s, the annual number of new HIV infections in the United States has been reduced by more than two-thirds, from roughly 130,000 to 50,000 annually.² As a result of treatment advances since the late 1990s, the number of people living with HIV (HIV prevalence) has increased dramatically.¹ Yet, despite increasing HIV prevalence and more opportunities for HIV transmission, the number of new infections has been relatively stable since the mid-1990s.²

HIV Prevalence and New Infections, 1980-2009



Heavily affected subgroups: By transmission category, the largest number of new HIV infections currently occurs among men who have sex with men (MSM) of all races and ethnicities, followed by African American heterosexual women. By race/ethnicity overall, African Americans are the most heavily affected, followed by Latinos.²

U.S. Subpopulations with the Largest Numbers of Estimated New HIV Infections, 2009



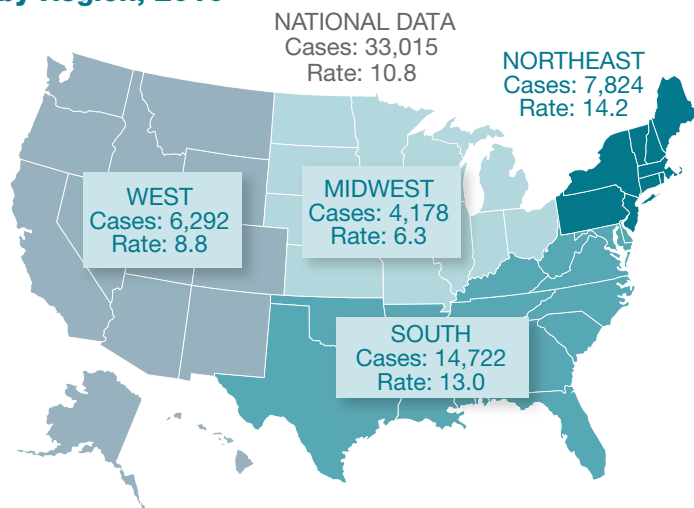
Geography of the U.S. epidemic: HIV touches Americans in every corner of the nation. Because of differences in HIV reporting practices among states, national surveillance data on AIDS cases currently provide the clearest picture of the regional impact of the epidemic. According to these data, by region, the number of people diagnosed with AIDS is highest in the South (14,722 in 2010), followed by the Northeast (7,824), the West (6,292), and the Midwest (4,178).³

However, when taking into account differences in the sizes of the population in these regions, the rate of AIDS diagnoses (number of diagnoses per 100,000 people) is highest in the Northeast. The rate of AIDS diagnoses in the Northeast in 2010 was

14.2, followed by the South (13.0), the West (8.8), and the Midwest (6.3). The Midwest is the only region in which the rate has increased in recent years. From 2007 through 2010, rates in the Northeast and the South decreased and the rate in the West remained stable.³

HIV remains mainly an urban disease, with the majority of individuals diagnosed with AIDS in 2010 residing in areas with 500,000 or more people. Areas hardest hit (by ranking of AIDS cases per 100,000 people) include Baton Rouge, LA; Miami, FL; Jackson, MS; Baltimore, MD; New Orleans, LA; Columbia, SC; Washington, DC; and New York City, NY.³

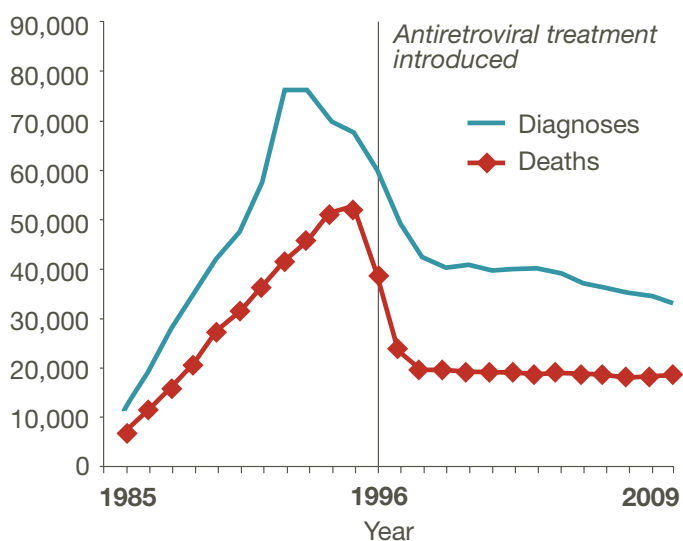
AIDS Cases and Rates (per 100,000 population), by Region, 2010



Care and Prevention for People Living with HIV

Advances in treatment: In the mid-1990s, the introduction of highly effective antiretroviral therapy greatly extended the life expectancy of people living with HIV and caused a dramatic drop in AIDS deaths. However, without medical care, HIV still leads to AIDS and early death. Since the beginning of the epidemic, more than 600,000 people with AIDS in the United States have died, and even today, nearly 18,000 people with AIDS in the United States die each year.³

AIDS Diagnoses and Deaths, 1985-2009

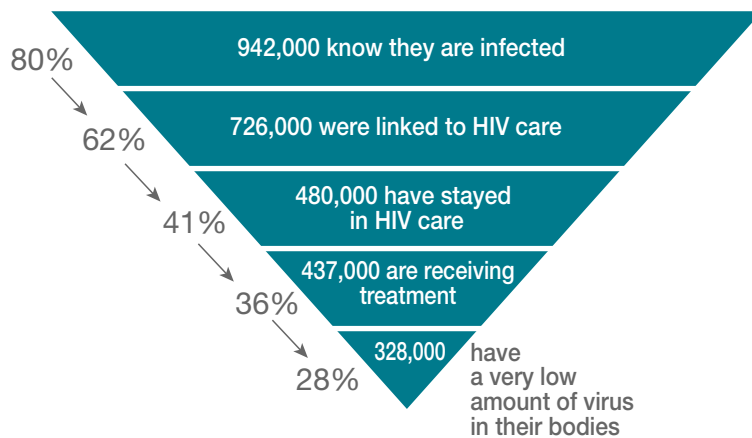


Linkage to and retention in care: AIDS-related deaths occur when people who are infected do not receive the testing, treatment, and care they need. Treatment can help people with HIV live longer, healthier lives and also greatly reduces the chances of passing

HIV on to others. However, only 28 percent of people with HIV in the United States are successfully keeping their virus under control.⁴

Percentage of HIV-Infected Individuals Engaged in Selected Stages of the Continuum of HIV Care, 2010

Out of the more than one million Americans with HIV:

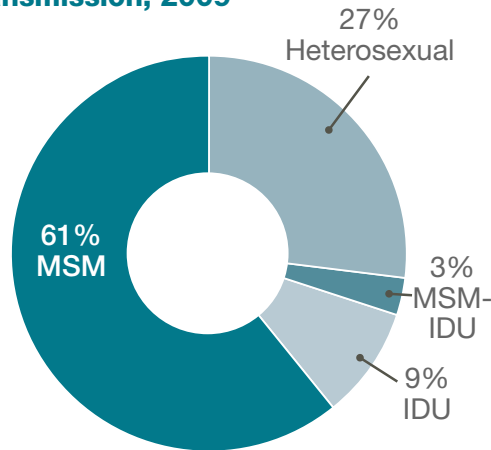


Late diagnosis: Far too many people are diagnosed too late to fully benefit from available life-extending treatment. Among those initially diagnosed with HIV infection during 2009, one-third (32 percent) were diagnosed with AIDS within 12 months, indicating they were likely infected for many years without knowing it.³ These late diagnoses represent missed opportunities for treatment and prevention.

Populations at Higher Risk for HIV: Route of Transmission

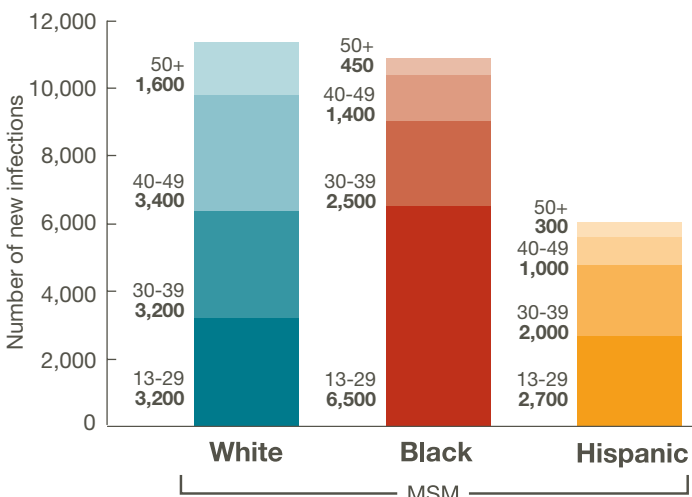
While more than half of new HIV infections occur among gay and bisexual men, heterosexuals and injection drug users (IDUs) also continue to be significantly affected by HIV.²

Estimated New HIV Infections by Route of Transmission, 2009



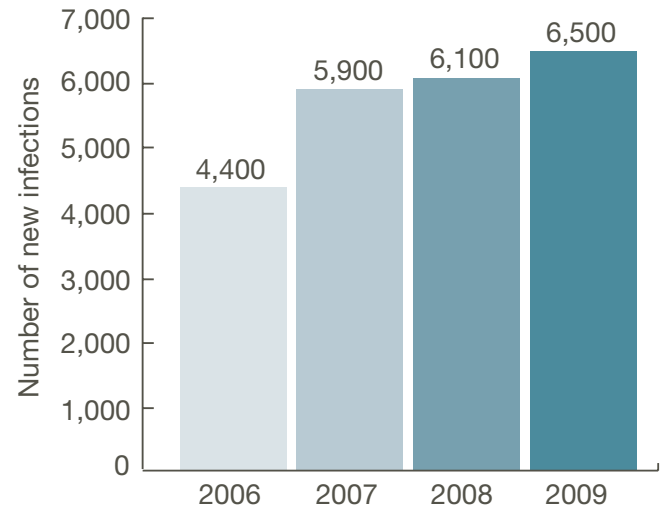
Gay and bisexual men: Gay and bisexual men of all races and ethnicities remain the group most severely and disproportionately affected by the epidemic. MSM represent approximately 2 percent of the U.S. population, but account for 61 percent of all new HIV infections and more than half of people living with HIV. White MSM represent the largest number of new HIV infections (11,400) in the United States, followed closely by black MSM (10,800) and Hispanic MSM (6,000). Young MSM are the only risk group in which new infections are increasing, due in large part to increases among young, black MSM.²

Estimated Number of New HIV Infections among Men Who Have Sex with Men (MSM), 2009, by Race/Ethnicity and Age



Young, black MSM: The most recent data from CDC show that between 2006 and 2009, a growing number of new HIV infections occurred among young gay and bisexual men — due in large part to an alarming 48 percent increase among young, black MSM.²

Estimated Number of New HIV Infections among Black Men Who Have Sex with Men (MSM), Ages 13–29, 2006–2009



Heterosexuals: Individuals infected through heterosexual contact account for 27 percent of new HIV infections, and 27 percent of people currently living with HIV.^{1,2} More than two-thirds (68 percent) of those infected through heterosexual sex are women, with black women most heavily affected.²

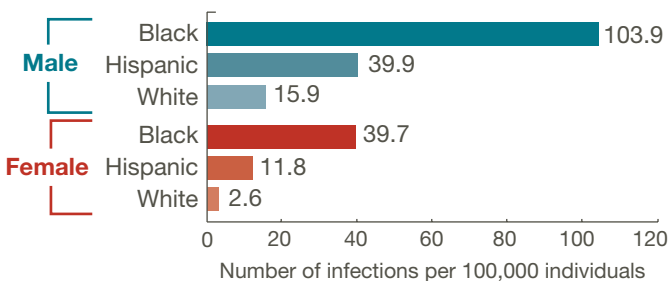
Injection drug users: IDUs represent 9 percent of new HIV infections and 16 percent of people currently living with HIV.^{1,2} African Americans account for the greatest numbers of new infections among IDUs.²

Transgender people: Transgender individuals are also heavily affected by HIV. A 2008 review of HIV studies among transgender women found that, on average, 28 percent tested positive for HIV.⁵

Populations at Higher Risk for HIV: Racial and Ethnic Health Inequities

In part due to a number of social and economic challenges, such as lack of access to care, discrimination, stigma, homophobia, and poverty, people of color have higher rates of HIV infection than whites (see “Socioeconomic Factors Affecting HIV Risk,” below, for more information).

Estimated Rate of New HIV Infections, 2009



African Americans: Among racial/ethnic groups, African Americans face the most severe burden of HIV and AIDS in the nation. While African Americans represent 14 percent of the U.S. population, they account for almost half of new infections (44 percent) and of people living with HIV (44 percent).^{1,2}

Latinos*: Latinos are also disproportionately affected by HIV, representing approximately 16 percent of the total U.S. population, but accounting for 20 percent of all new HIV infections and 19 percent of people living with HIV.^{1,2}

*Data on national estimates of HIV prevalence and new infections includes individuals who identify as “Hispanic” or “Latino” on reporting forms.

Socioeconomic Factors Affecting HIV Risk

Reducing the toll of HIV on communities that are disproportionately affected requires confronting the complex social, economic, and environmental factors that fuel the epidemic in these communities.

- **Poverty** can limit access to health care, HIV testing, and medications that can lower levels of HIV in the blood and help prevent transmission. In addition, those who cannot afford the basics in life may end up in circumstances that increase their HIV risk.
- **Discrimination, stigma, and homophobia:** Far too prevalent in many communities, these factors may discourage individuals from seeking testing, prevention, and treatment services.
- **Prevalence of HIV and other STDs in a community:** More people living with HIV or infected with STDs can increase an individual’s risk of infection with every sexual encounter, especially if, within those communities, people select partners who are from the same ethnicity.
- **Higher rates of undiagnosed/untreated STDs** can increase the risk of both acquiring and transmitting HIV.
- **Higher rates of incarceration among men** can disrupt social and sexual networks in the broader community and decrease the number of available partners for women, which can fuel the spread of HIV.

- **Language barriers and concerns about immigration status** present additional prevention challenges.

While the impact of such factors can be difficult to quantify, one recent analysis documents the association of some critical socioeconomic characteristics with risk for HIV infection. The study found that poverty was a key factor associated with HIV infection among inner-city heterosexuals. Within the low income urban areas included in the analysis, individuals living below the poverty line were twice as likely to be HIV-infected as those who lived in the same community but lived above the poverty line (2.3 percent prevalence vs. 1.0 percent), and prevalence for both groups was far higher than the national average (0.45 percent). Within these high poverty areas, HIV prevalence was high and comparable across racial/ethnic groups. In addition to being more common in low income households, HIV infection was also more common among those who were unemployed and had less than a high school education.⁶

These findings underscore the urgent need to prioritize and target HIV prevention efforts in disproportionately affected communities and ensure that both individual and social determinants of risk are considered in the design and implementation of prevention efforts.

Key References

- ¹ CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data – United States and 6 U.S. dependent areas – 2010. *HIV Surveillance Supplemental Report* 2012;17(No. 3). Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published June 2012. (Accessed June 25, 2012)
- ² Prejean J, Song R, Hernandez A, et al. Estimated HIV incidence in the United States, 2006-2009. *PLoS ONE* 2011;6(8):e17502.

³ CDC. *HIV Surveillance Report, 2010*; vol. 22. Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published March 2012. (Accessed June 25, 2012)

⁴ CDC. Vital signs: HIV prevention through care and treatment – United States. *MMWR* 2011;60(47):1618-23.

⁵ Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav* 2008;12(1):1-17.

⁶ CDC. Characteristics associated with HIV infection among heterosexuals in urban areas with high AIDS prevalence – 24 cities, United States, 2006-2007. *MMWR* 2011;60(31):1045-49.