

Twenty Years of AIDS

Honoring Those Lost to HIV by Preventing Its Future Spread

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We have reached a milestone in the HIV/AIDS epidemic in the United States. This month marks 20 years since the first cases of AIDS were reported. HIV has since claimed the lives of more than 21 million people worldwide. In this nation alone, 400,000 people have died, and more than a million have been infected. Yet, at the same time, countless Americans have been spared from infection through prevention efforts, and thousands of lives have been prolonged through advances in treatment.



Many of us at CDC have been part of the fight against HIV/AIDS since the beginning, and therefore approach this milestone with mixed emotions. The twentieth year of AIDS is a time to remember the family members, friends, and colleagues we have lost to this disease; a time to reflect on the tremendous progress we've made in prevention and treatment; and a time to honor all of those who have dedicated their lives to stopping this epidemic.

Perhaps the best way to honor those lost, as well as those who have fought to save them, is to accelerate our efforts to stop HIV transmission. At this milestone in the epidemic, we must ensure that we are not only remembering the past, but also looking forward. We must not only review our history, but also outline a strategy for the future.

CDC's history with this epidemic began in 1981, when following the first reports of a previously unrecognized illness, CDC epidemiologists were dispersed to investigate unusual

cases of *Pneumocystis pneumonia* and Kaposi's sarcoma among gay men in Los Angeles and New York. At the time, no one could have foreseen the enormous toll AIDS would have within 20 years, nor could they have predicted the unprecedented collaboration between government and communities which would evolve to slow its spread.

Within the first 18 months of the epidemic, all major routes of HIV transmission had been identified and prevention recommendations were issued in 1983; the virus was discovered; and by 1985 a blood test had been developed and CDC had issued recommendations for screening the blood supply.

In the mid-to-late 1980s, CDC began working with all major sectors of society, from state and local public health partners to media, business, religious, and community-based organizations, to inform the public about AIDS, dispel myths, and move the nation from fear to action to prevent HIV. Prevention efforts

evolved from general public information campaigns to highly targeted community-based programs based on proven behavioral interventions.

Infection rates in the nation were reduced dramatically by the early 1990s. The response to HIV/AIDS in this nation, more than any other health threat in history, has demonstrated the necessity and power of collaboration between health officials and affected communities.

Throughout the 1990s, major increases in new infections were prevented at a time of increasing challenges, but new strategies are needed to maintain and accelerate progress. Over the past two decades, the HIV epidemic in the United States has expanded from one which initially primarily affected whites, to one in which the majority of those affected are communities of color. An epidemic originally affecting gay men and injecting drug users has diversified into one in which heterosexual

transmission, especially in women, plays an increasing role.

Advances in treatment have changed the landscape of prevention, as the realities, perceptions, and response to the epidemic have shifted considerably. The emergence of highly active anti-retroviral therapies have thankfully improved the length and quality of life for many of those infected, but with advances in treatment have come new challenges for HIV prevention.

In the U.S. today, there are more people living with HIV than ever before, and nearly a third of these individuals are unaware of their infection status. Despite the continued severity of HIV infection, the urgency of HIV prevention seems to have vanished for many; and individuals, communities, and nations are paying less attention to HIV prevention. The impact of new therapies on infectiousness is not yet fully understood, yet some individuals on treatment have already increased risk behavior based on the false assumption that they are not infectious. Increases in risk behavior and rates of sexually transmitted diseases among gay and bisexual men have been reported from many communities, and all signs point to possible increases in HIV transmission.

We stand at a critical threshold. Prevention efforts must be sustained among white gay communities first affected,

expanded to reach gay and bisexual men of color who are now at alarming risk of infection, tailored to equip Latino and African-American women with the skills and knowledge to protect themselves from infection, and begun anew with every generation of young people. The future of the HIV epidemic depends on what is done now.

CDC begins the third decade of HIV/AIDS with a new strategic plan designed to cut annual infections in half within five years. This three-part plan includes:

Intensive mobilization to increase the proportion of HIV-infected individuals who know their status.

Nearly 300,000 infected Americans must be reached with the knowledge of their status and effectively linked to treatment for their own health and with prevention services to help them protect others. New technologies, such as rapid testing, must be maximized, and access to testing must be expanded through new venues, such as emergency rooms and street outreach programs.

New prevention programs for individuals living with HIV combined with improved linkages to treatment and care.

There are an estimated 800,000 to 900,000 individuals currently living with HIV in the US. In addition to treatment and care for their own health, these

individuals need help establishing and maintaining safer behaviors over a lifetime.

Highly targeted prevention programs for all HIV-negative individuals at greatest risk.

Gay and bisexual men remain at greatest risk of infection, with data suggesting that African-American and Latino men are being infected at the highest rate. At the same time, one-fourth of new infections are estimated to occur among whites, with the vast majority of these occurring among white gay men. African-American women are also dramatically impacted. Efforts must also be directed to prevent increased infections among Latino women.

Greater attention to HIV prevention is necessary to further reduce the spread of HIV in this country. Without a greater commitment to prevention, we greatly risk seeing infections begin to rise again, with significant consequences to society.

History has demonstrated that prevention saves lives, but the fight is far from over. On this twentieth anniversary of the first cases of AIDS in this nation, let us remember those lost by recommitting to all those who can be saved.