

HIV in the Southern United States

In the decades since the first AIDS cases were reported in Los Angeles and New York City in 1981, the epicenter of the nation’s HIV epidemic has shifted from urban centers along the coasts to the 16 states and District of Columbia that make up the South.¹ The South now experiences the greatest burden of HIV and deaths of any U.S. region, and lags behind in providing quality HIV prevention services and care. Closing these gaps is essential to the health of people in the region and to our nation’s long-term success in ending the HIV epidemic.

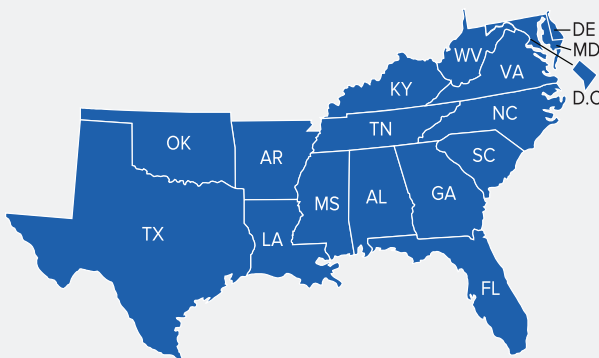
State of the HIV Epidemic in the South

Southern states today account for an estimated 51% of new HIV cases annually,² even though just 38% of the U.S. population lives in the region.³ In 2017, the South also had a greater proportion of new HIV diagnoses (52%) than all other regions combined. Diagnosis rates for people in the South are higher than for Americans overall. Eight of the 10 states with the highest rates of new HIV diagnoses are in the South,⁴ as are nine of the 10 metropolitan statistical areas with the highest rates.⁵

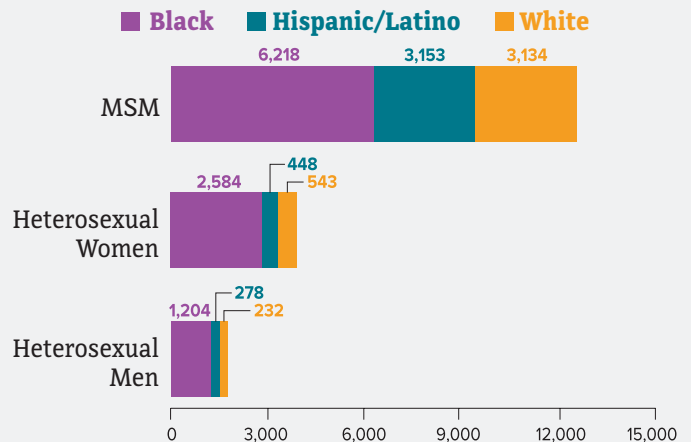
Like the rest of the country, the majority of HIV diagnoses in the South occur in urban areas. However, the South has a higher proportion of new diagnoses (24%) in suburban and rural areas compared with other regions in the U.S., which poses unique challenges to HIV prevention efforts.⁶

The impact of HIV in the South also varies by race. African Americans are disproportionately impacted in every risk group (see chart below), accounting for 53% of new HIV diagnoses in the region in 2017. Black gay, bisexual, and other men who have sex with men (MSM) account for six out of every 10 new HIV diagnoses among African Americans in the South. Among MSM, the number of new diagnoses in black MSM is nearly twice that of white and Hispanic/Latino MSM. While the number of new HIV diagnoses is similar among the latter two groups, new diagnoses among Hispanic/Latino MSM in the south have increased 27% since 2012, while new diagnoses among white MSM in the South have decreased 9% in the same period. Among women, black women are also disproportionately impacted, accounting for 67% of new HIV diagnoses among all women in the South.⁷

Southern states bear the highest burden of HIV, accounting for 52% of new HIV diagnoses.



New HIV Diagnoses, Southern United States, 2017^{7,*}

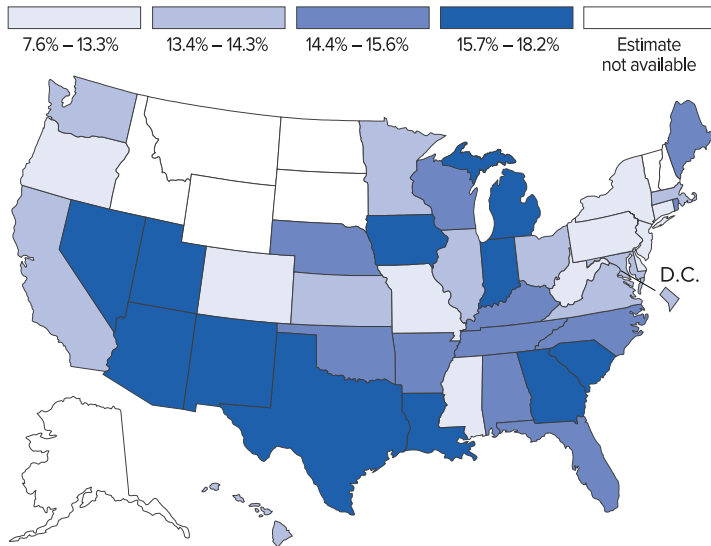


* Includes the three most affected racial/ethnic groups in each category

¹ U.S. Census Bureau. Census Regions and Divisions of the United States. Available at: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf. Accessed August 2019.
² Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published February 2019.
³ U.S. Census Bureau. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018. Available at https://factfinder.census.gov/tables/services/jsf/pages/productview.xhtml?pid=PEP_2014_PEPANNRES&src=pt. Accessed August 2, 2019.
⁴ Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2018.
⁵ Centers for Disease Control and Prevention. Diagnoses of HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2017. HIV Surveillance Supplemental Report 2019;24(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2019.
⁶ Centers for Disease Control and Prevention. HIV Surveillance in Urban and Nonurban areas through 2017 (slide set). Available at <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-urban-nonurban-2017.pdf>. Accessed August 2, 2019.
⁷ Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2018.



Percent of People with Undiagnosed HIV by State, 2016⁸



Fewer people with HIV in the South are aware that they have HIV compared with other regions in the U.S.⁹ Consequently, fewer people with HIV in the South receive timely medical care or treatment, which is important because taking HIV medicine as prescribed can make the amount of virus in the body very low (called viral suppression or undetectable). People with HIV who stay undetectable can live long, healthy lives and have effectively no risk of transmitting HIV to an HIV-negative sexual partner. Mortality in the South is high—in some southern states, people with HIV have death rates that are three times higher than people with HIV in other states. Although death rates have declined since 2012, the South still accounted for nearly half (47%) of the 15,807 people diagnosed with HIV in the U.S. who died in 2016.¹⁰

There has been limited uptake in the South of pre-exposure prophylaxis (PrEP), a daily pill that is highly effective in preventing HIV. PrEP is underutilized across the nation – with less than a quarter of the 1.1 million Americans who could benefit from PrEP using it – and Southerners accounted for only 27% of PrEP users in 2016, even though the region has more than half of new annual HIV cases.^{11, 12, 13}

Predominantly in non-urban areas of the South, the nation's opioid crisis has increased risk for acquiring HIV and hepatitis C (HCV). According to a 2016 estimate, nearly seven in 10 (68%) counties vulnerable to an HIV or HCV outbreak among people who inject drugs are in the South.¹⁴

Factors Driving the HIV Epidemic in the South

The heavy burden of HIV in the South, especially in those states considered the “Deep South,”[†] is driven in part by socioeconomic factors like poverty and unemployment.¹⁵ The South has the highest poverty rate and lowest median household income compared to other regions of the U.S.¹⁶ Both factors are associated with poorer health outcomes and may contribute to a higher concentration of HIV and other chronic diseases like diabetes in the region.¹⁷

People in the South face several access barriers that can prevent them from receiving adequate HIV and other health care services. Nearly half of all Americans without health insurance live in the South.¹⁸ Medicaid is the largest source of coverage for people with HIV in the U.S., but nine of 16 states in the South have not expanded Medicaid.^{19, 20} In rural areas, people with or at risk for HIV face challenges in accessing consistent HIV prevention and treatment services, like lack of public transportation, longer travel time to receive care, and reduced availability of medical and social services compared to non-rural areas.²¹ These places may also experience health care provider shortages and have fewer providers with expertise in treating HIV.²²

Cultural factors may also play a key role in driving the southern HIV epidemic. HIV stigma is pervasive in the South and is often associated with stigma around sexual orientation, substance abuse disorder, poverty, and sex work, and may limit people's willingness to disclose their HIV status or seek testing, care, or prevention services.²³ Stigma has been associated with lower or delayed access to care due to perceived discrimination from healthcare providers.²⁴

[†] Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas

⁸ Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019. Accessed Aug 2019.

⁹ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published February 2019.

¹⁰ Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2018.

¹¹ Centers for Disease Control and Prevention Press Release. 2019 Conference on Retroviruses and Opportunistic Infections, March 7, 2019. Available at: <https://www.cdc.gov/nchstp/newsroom/2019/croi-2019.html>.

¹² Huang YA, Zhu W, Smith DK, Harris N, Hoover KW. HIV Preexposure Prophylaxis, by Race and Ethnicity—United States, 2014–2016. *MMWR Morb Mortal Wkly Rep*. 2018 Oct 19;67(41):1147–1150.

¹³ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published February 2019.

¹⁴ Van Handel MM, Rose CE, Hallisey EJ, Kolling JL, et al. County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States. *J Acquir Immune Defic Syndr*. 2016 Nov 1;73(3):323–331.

¹⁵ Reif S, Saffey D, McAllister C, Wilson E, et al. State of HIV in the US Deep South. *J Community Health*. 2017 Oct 42(5):844–853.

¹⁶ Fontenot K, Semea J, Kollar M, U.S. Census Bureau. Current Population Reports, P60-263, Income and Poverty in the United States: 2017. U.S. Government Printing Office, Washington, DC, 2018.

¹⁷ Reif S, et al. 844–853.

¹⁸ Blumberg LJ, Holahan J, Karpman M, Elmendorf C, Robert Wood Johnson Foundation and the Urban Institute. Characteristics of the Remaining Uninsured: An Update. July 2018. Available at https://www.urban.org/sites/default/files/publication/98764/200914-characteristics-of-the-remaining-uninsured-an-update_2.pdf.

¹⁹ HIV.gov. The Affordable Care Act and HIV/AIDS. Available at: <https://www.hiv.gov/federal-response/policies-issues/the-affordable-care-act-and-hiv-aids>.

²⁰ Kaiser Family Foundation. Status of State Medicaid Expansion Decisions: Interactive Map. Available at: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>. Published August 1, 2019.

²¹ Reif S, et al. 844–853.

²² Adimora AA, Ramirez C, Schoenbach VJ, Cohen MS. Policies and politics that promote HIV infection in the Southern United States. *AIDS*. 2014;28(10):1393–1397.

²³ Reif S, et al. 844–853.

²⁴ Rueda S, Mitra S, Chen S, Gogolishvili D, et al. Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses. *BMJ Open*. 2016 Jul 13;6(7):e011453.

Southern states generally lag behind other regions in key prevention and care outcomes like knowledge of HIV status, linkage to care and viral suppression.²⁵ One factor may be failure to apply key technologies. For example, southern states have not yet widely adopted new HIV prevention advances, such as antigen/antibody combination HIV tests. These new tests can detect HIV in its early stages, when it is most easily transmitted.²⁶ Being able to diagnose HIV early is critical to ensure people with HIV get treatment to protect their health and prevent transmitting HIV to their partners.

Strengthening HIV Prevention and Care in the South

The South's disproportionate burden of HIV and health care disparities makes the region a core focus of CDC's HIV prevention efforts. Southern states and counties are also strongly represented among geographic focus areas in the proposed HHS initiative, *Ending the HIV Epidemic: A Plan for America* (see page 4). The *Ending the HIV Epidemic* initiative will provide additional targeted funding in areas with a high burden of HIV, bolstering CDC's existing investments in health departments.

CDC has intensified its work over the last decade to reduce new HIV cases in the South by aligning core prevention resources to more closely reflect the geographic distribution of HIV. Existing funding to the South, which is primarily directed to state and local health departments, has increased steadily since 2010 and is proportional to the region's HIV burden. In 2018, HIV prevention funding to southern health departments and community-based organizations totaled \$216 million, a 31% increase since 2010. This funding supports:

State and Local Health Departments



To conduct HIV prevention and surveillance activities, representing CDC's most significant investment in HIV prevention.

Community-Based Organizations (CBOs)



To provide HIV prevention services to those at greatest risk in local communities, which complements and extends the reach of core HIV prevention efforts conducted by health departments.

Innovative Demonstration Projects



Like Project PrIDE, which is supporting five southern health departments to implement Data to Care, a strategy to identify people who have fallen out of HIV care and relink them to it, and expand access to PrEP, with a focus on MSM and transgender people.

Addressing HIV in Rural and Suburban Communities

While the Southern HIV epidemic is primarily urban, 24% of new diagnoses are in rural or suburban areas - more than any other region. CDC's primary means of addressing HIV in these places is through funding to state and local health departments, which are required to allocate resources according to the distribution of their epidemic.

Local expertise is critical to the success of HIV prevention in rural and suburban areas. CDC-funded health departments partner with local CBOs and health care providers to close gaps in HIV prevention and care in rural and suburban communities in the South.

²⁵ McCree DH, Young SR, Henny KD, Cheever L, McCray E. U.S. Centers for Disease Control and Prevention and Health Resources and Services Administration Initiatives to Address Disparate Rates of HIV Infection in the South. *AIDS Behav.* 2019 Jul 18.

²⁶ Centers for Disease Control and Prevention (CDC) and Association of Public Health Laboratories (APHL). Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations. Available at <http://stacks.cdc.gov/view/cdc/23447>. Published June 27, 2014.

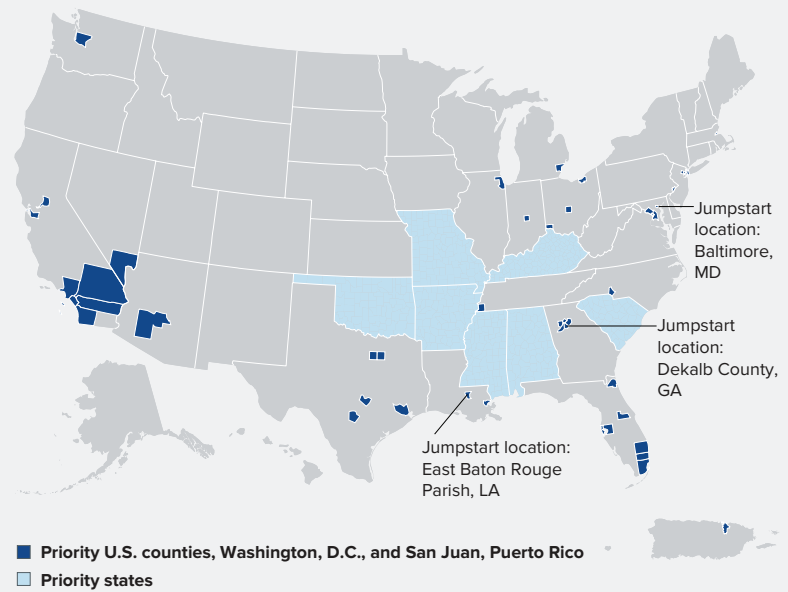
Ending the HIV Epidemic: Phase 1 of New Initiative has Strong Focus in the South

Ending the HIV Epidemic: A Plan for America is a proposed new multi-year initiative that aims to reduce new HIV cases in the United States by 75% in five years and by at least 90% in 10 years. The plan, slated to begin in 2020 if funded, harnesses the unique HIV expertise of six Health and Human Services agencies, including CDC, and will provide additional resources, technology, and expertise to expand HIV prevention and treatment activities—first in parts of the country most affected by HIV, and then nationally within 10 years, based on available resources.

As part of the plan, CDC will work with each community to enhance the local HIV workforce, helping to establish on-the-ground teams that include local experts. CDC is planning to increase workforce capacity through creative solutions, such as leveraging CDC’s Public Health Associate Program (PHAP) and engaging various fellowship programs to place highly motivated public health professionals in interested jurisdictions.

Phase 1 of the initiative focuses on 48 counties, Washington, D.C. and San Juan, Puerto Rico, that together account for more than 50% of new U.S. HIV diagnoses, and seven states that have a substantial rural burden of HIV. More than half of jurisdictions and six of seven states (Alabama, Arkansas, Kentucky, Mississippi, Oklahoma, and South Carolina) are in the South.

In 2019, HHS began laying the groundwork for the initiative by directing FY19 resources to three jurisdictions — Baltimore, MD, East Baton Rouge Parish, LA, and DeKalb County, GA — to jumpstart *Ending the HIV Epidemic* efforts in their local communities and to all other phase 1 jurisdictions to develop their local *Ending the HIV Epidemic* plans.



* 2016-2017
 † States where 10% or more of new diagnoses in 2016 and 2017 were in rural areas (less than 50,000 population); where there were at least 75 total new diagnoses statewide; and where there were no high-burden counties.

The Way Forward

While CDC has expanded and strengthened its support for HIV prevention in the South, ending the HIV epidemic will require fully implementing the four strategies laid out in the *Ending the HIV Epidemic* initiative.

	Diagnose all people with HIV as early as possible.
	Treat people with HIV rapidly and effectively to reach sustained viral suppression.
	Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
	Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Success ultimately depends on collaboration between a variety of prevention stakeholders in affected communities to ensure that all voices are represented, and prevention efforts are tailored based on local needs.

Engaging people with HIV, health departments, community-based organizations, advocates, local leaders, and policymakers at the state, county, and municipal levels will be essential to reduce stigma and advance HIV prevention and care outcomes in the South.

The challenges to effective HIV prevention in the South remain significant, but we have the tools available today to end the epidemic in the South and across the country. By fully embracing the latest advances and committing to the highest standards of prevention and care, southern states can ensure a healthier future for millions of people with or at risk for HIV.

For More Information:
 Call 1-800-CDC-INFO (232-4636)
 Visit www.cdc.gov/hiv