



FACT SHEET

New HIV Diagnoses, 33 States, 2001-2004

In the 33 states that conducted confidential, name-based reporting between 2001-2004, a total of 157,252 people were diagnosed with HIV. For the first time ever, this national total includes data from New York State, thus providing a more representative picture of the U.S. epidemic.

The Centers for Disease Control and Prevention (CDC) analysis of trends in diagnoses of human immunodeficiency virus (HIV) includes all new HIV diagnoses, with or without an AIDS diagnosis, in the 33 states that have conducted confidential, name-based HIV case reporting for at least four years.* New York State's HIV cases account for over 20 percent of all new diagnoses reported during 2001-2004. The addition of New York State provides a more representative sample of U.S. diagnoses, but means it is not possible to directly compare the data and trends in this report to earlier reports.

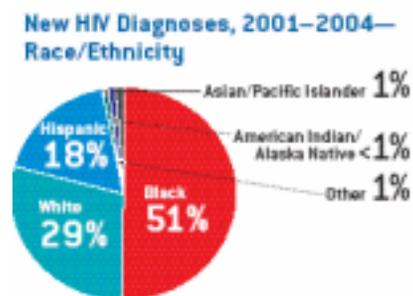
It is important to remember that the number of new HIV diagnoses is influenced by both the underlying trends in new HIV infections as well as trends in HIV testing (eg., an increase in HIV testing, by itself, could result in more cases of HIV being diagnosed.) As a result, it is often difficult to interpret emerging trends, particularly in an era marked by concerted efforts to increase HIV testing among people in high-risk populations.

Key Findings from the 2001—2004, 33 state, HIV Diagnoses Data

- **Despite 5 percent annual drop in rate of HIV diagnosis among blacks, racial disparities remain severe**

The rate of HIV diagnosis in the United States remained relatively stable overall during 2001-2004 (i.e., 22.8 per 100,000 people in 2001 compared to 20.7 per 100,000 people in 2004). The rate of diagnosis among blacks, however, declined by about 5 percent per year (i.e., from 88.7 per 100,000 in 2001 to 76.3 per 100,000 in 2004).

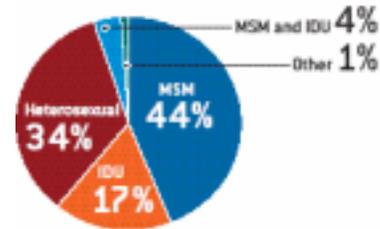
Despite the decline, the rate of HIV diagnosis among blacks remained 8.4 times higher than the rate among whites in 2004 (i.e., 76.3 per 100,000 compared to 9.0 per 100,000). By race, more than half of all HIV diagnoses were among blacks.



- **Impact of HIV remains greatest among gay and bisexual men.**

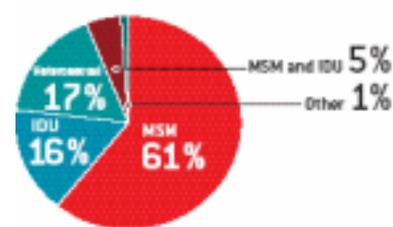
By transmission category, men who have sex with men continued to account for the largest number of diagnoses overall.

New HIV Diagnoses, 2001–2004—Transmission Category



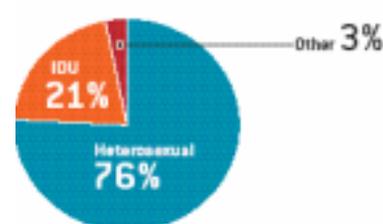
Among males, the majority of diagnoses occurred among men who have sex with men (MSM). However, the proportion of HIV diagnoses attributed to heterosexual exposure varied considerably by race, from a low of 6 percent among whites to a high of 25 percent among blacks. It is therefore essential that HIV/AIDS prevention programs for minority men address multiple routes of exposure.

New HIV Diagnoses, 2001–2004—Transmission Category for Males



Among females, the majority of HIV diagnoses, regardless of race, occurred through heterosexual exposure.

New HIV Diagnoses, 2001–2004—Transmission Category for Females



- **HIV diagnoses among men who have sex with men increased in 2004, but reasons for increase are unclear.**

The estimated number of HIV diagnoses among men who have sex with men remained relatively stable between 2001 and 2003, but increased 8 percent between 2003 and 2004. This trend was consistent across all race categories.

The recent increase in HIV diagnoses among men who have sex with men may reflect increases in HIV incidence, consistent with reported increases in risk behaviors and syphilis, but it may also reflect an increase in HIV testing among men who have sex with men. As a result of recent and continued efforts to encourage and expand HIV testing, CDC expects to see increases in HIV diagnoses, regardless of underlying trends in infection. However, data are not yet sufficient to determine the impact of these efforts in

specific populations. Subsequent analyses will further examine whether there are differences in testing and HIV incidence trends among different groups, as well as examine the influence of the addition of New York State's data on any trends or changes.

- **HIV diagnoses declined among injection drug users and heterosexuals, partly due to inclusion of New York State data.**

From 2001 to 2004, overall diagnoses in these 33 states decreased slightly, from 41,207 to 38,685. There was a 9 percent average annual decline in estimated diagnoses among intravenous drug users (IDU), as well as about a 4 percent average annual decline among heterosexuals. These trends were driven by declines in diagnoses in New York State during this four-year period. The decline in HIV diagnoses among intravenous drug users is consistent with prior studies, suggesting that prevention efforts have helped reduce new HIV infections in this population.

- **Improved tracking of the HIV epidemic is still needed.**

The inclusion of New York State greatly strengthens the analysis of the magnitude and direction of trends in HIV diagnoses by providing a more representative sample of U.S. HIV diagnoses than prior analyses. However, a number of high-morbidity areas that lack long-standing confidential, name-based HIV reporting, including California and Illinois, are still not included.

To improve the nation's ability to monitor the HIV epidemic, CDC recommends that all states and territories adopt confidential, name-based HIV reporting systems. In addition, CDC is working with states to develop a new system for monitoring HIV incidence (new infections) more directly through the use of a testing method that distinguishes recent from longstanding infections. Data are expected from that system next year.

- **There is a need for increased HIV/AIDS prevention efforts that focus on blacks and men who have sex with men.**

HIV/AIDS diagnoses continue to disproportionately impact blacks, with black men who have sex with men, and black women most severely affected. In recent years, efforts have been mobilized across the United States to address this threat, but clearly more must be done. CDC is committed to working in partnership with black communities and other government agencies to ensure that all individuals at risk have access to culturally appropriate, effective prevention programs, and early HIV testing and treatment. CDC is collaborating with community leaders from across the country to prioritize prevention needs and to develop and implement interventions that will reduce HIV transmission among black men who have sex with men and women, in particular, and other at-risk populations.

* HIV case reporting from these states is included in the MMWR analysis: 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.