

Today's HIV/AIDS Epidemic

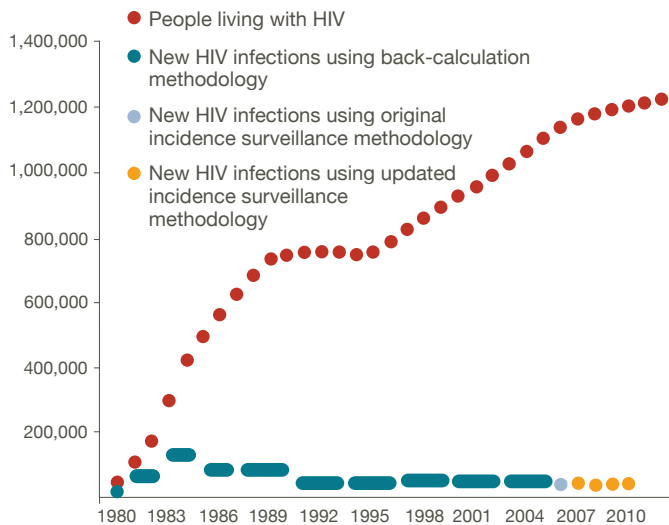
CDC estimates that roughly 1.2 million people in the United States are living with HIV – and nearly one in eight of those are not aware that they are infected.

Prevention efforts have led to encouraging declines in new diagnoses among some populations – including African American women, people who inject drugs and heterosexuals – and a stabilization in new diagnoses among gay and bisexual men, including black men. However, as many as 50,000 people still become newly infected each year. In addition to recognized risk behaviors, a range of social and economic factors places some Americans at increased risk for HIV infection.

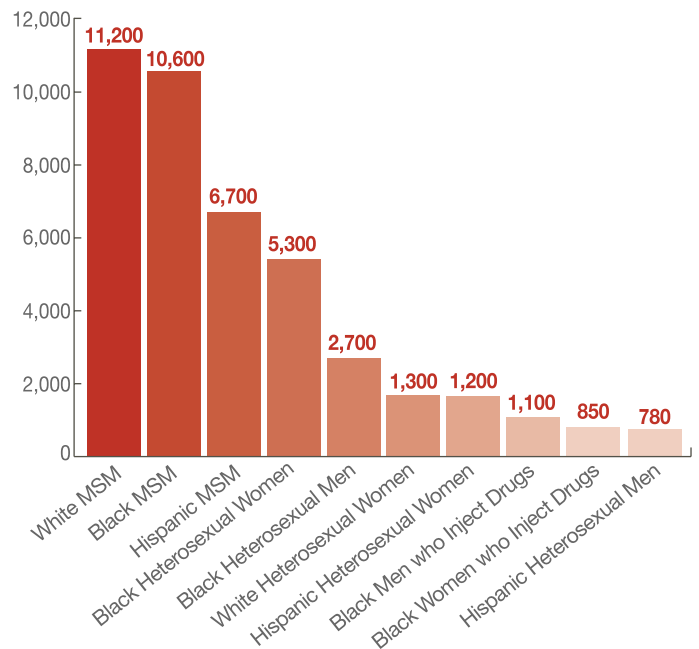
The Scope and Impact of HIV in the United States

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 in 1985 to approximately 50,000 in 2010. As a result of treatment advances since the late 1990s, the number of people living with HIV (HIV prevalence) has increased dramatically. Yet, despite increasing HIV prevalence and more opportunities for HIV transmission, the number of new infections was relatively stable from the mid-1990s through 2010.

HIV Prevalence and New Infections, 1980-2012



U.S. Subpopulations with the Largest Numbers of Estimated New HIV Infections, 2010



Heavily affected subgroups: By transmission category, most new HIV infections occur 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 population, followed by Latinos.

Geography of the U.S. epidemic: HIV touches every corner of the United States. According to these data by region, the rate (number of diagnoses per 100,000 people) is highest in the South (18.5 per 100,000 people), followed by the Northeast (14.2), West (11.2) and the Midwest (8.2).

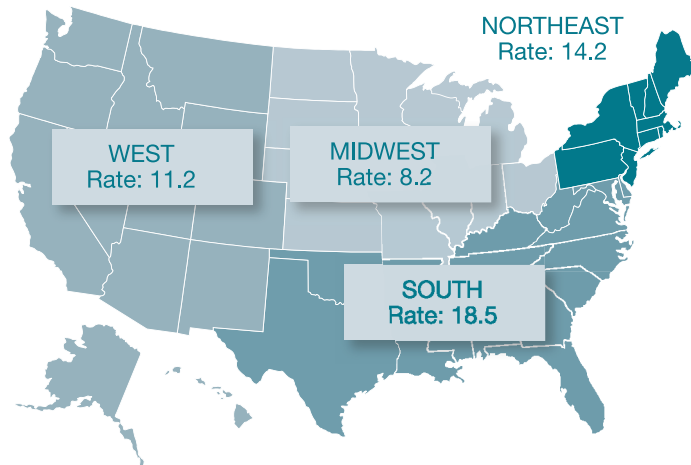


From 2010 through 2014, the rates of diagnoses of HIV infection in the Northeast and the South decreased; the rates in the Midwest and the West remained stable.

HIV remains mainly an urban disease, most individuals diagnosed in 2014 were residing in areas with 500,000 or more people. Areas hardest hit (by ranking of HIV cases per 100,000 people) include Baton Rouge and New Orleans, La.; Jackson, Miss.; Miami and Orlando, Fla.

HIV Diagnoses, 2014

NATIONAL DATA
Rate (per 100,000 people): 13.8

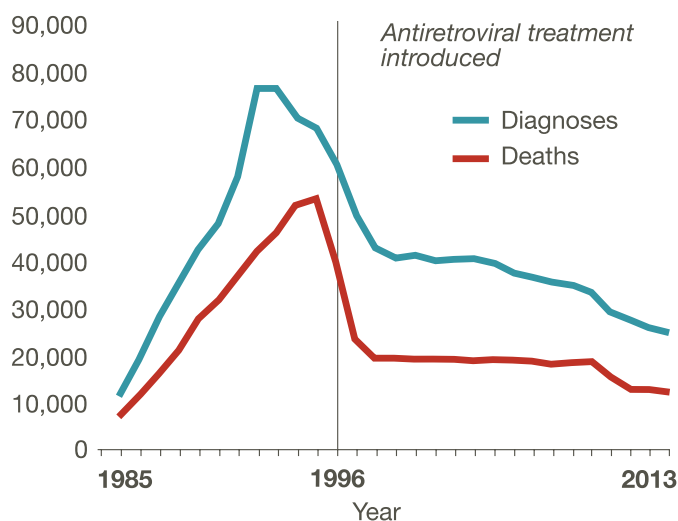


Care and Prevention for People Living with HIV

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, nearly 675,000 people with AIDS in the United States have died, and even today, nearly 13,000 people with AIDS in the United States die each year.

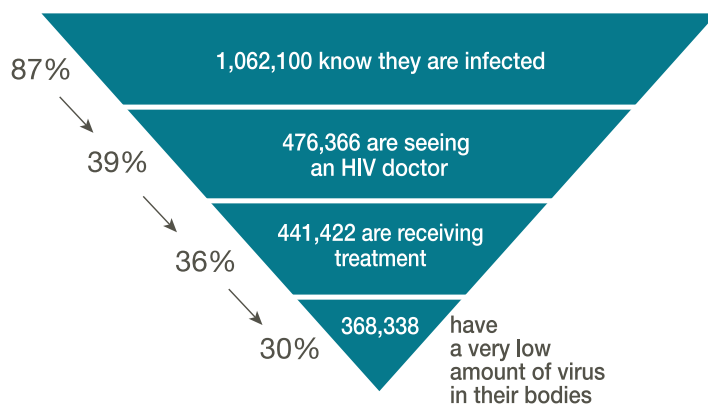
increased testing efforts, of the approximately 1.2 million Americans living with HIV, an estimated 87 percent have been diagnosed and are aware of their infection. However, of those with a diagnosed infection, less than half have their virus under control.

AIDS Diagnoses and Deaths, 1985-2013



Engagement 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 transmitting HIV to others. Thanks to

Percentage of HIV-Infected Individuals Engaged in Selected Stages of the Continuum of HIV Care, 2012

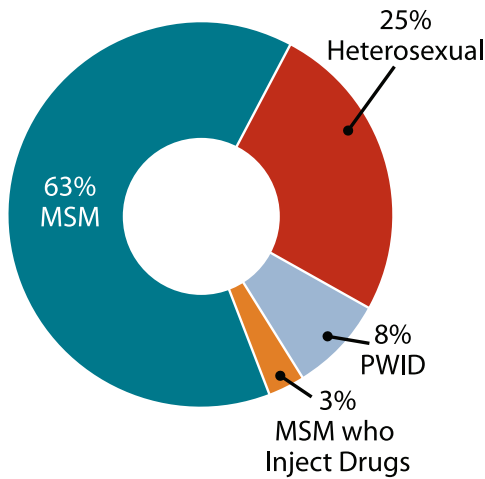


Late diagnosis: Far too many people are diagnosed too late to fully benefit from life-extending treatment. Among those initially diagnosed with HIV infection during 2014, one-quarter (23 percent) were simultaneously diagnosed with AIDS, indicating they were likely infected for many years without knowing it. These late diagnoses represent missed opportunities for treatment and prevention.

Populations at Higher Risk for HIV: Route of Transmission

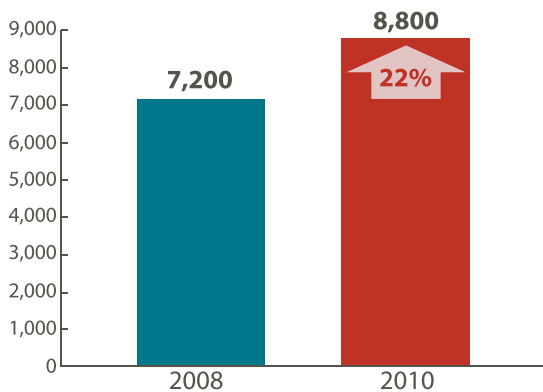
While more than half of new HIV infections occur among gay and bisexual men, heterosexuals and people who inject drugs (PWID) also continue to be significantly affected by HIV.

Estimated New HIV Infections by Route of Transmission, 2010



Gay and bisexual men: Men who have sex with men (MSM) remain the group most heavily affected by HIV in the United States. CDC estimates that MSM represent approximately four percent of the male population in the United States, but male-to-male sex accounted for more than three-fourths (78 percent) of new HIV infections among men and nearly two-thirds (63 percent) of all new infections in 2010 (29,800).

Estimated New HIV Infections among MSM Aged 13-24, 2008-2010



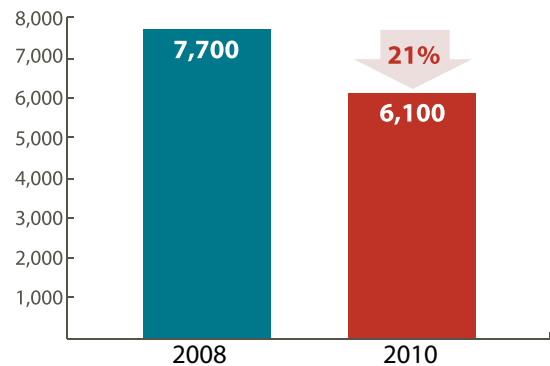
The number of new infections among the youngest MSM (age 13-24) increased 22 percent, from 7,200 infections in 2008 to 8,800 in 2010. Young black MSM continue to bear the heaviest burden, accounting for more than half

(55 percent) of new infections among young MSM (4,800). In fact, young black MSM now account for more new infections than any other subgroup by race/ethnicity, age and sex.

However, data from more recent years show some encouraging signs of progress. From 2010 to 2014, diagnoses stabilized for black MSM overall (less than one percent increase from 10,013 to 10,080) and for young black MSM (two percent decline from 3,994 to 3,923). Diagnoses among MSM overall also stabilized (less than one percent increase from 26,386 to 26,612). However diagnoses increased among Latino MSM.

Heterosexuals: Heterosexuals accounted for 25 percent of estimated new HIV infections in 2010 (12,100). About two-thirds (66 percent) of those infected through heterosexual sex were women. The number of new HIV infections among females attributed to heterosexual contact decreased 18 percent, from 9,800 in 2008 to 8,000 in 2010, largely because of a drop in infections among black heterosexual women. Comparing 2008 to 2010, new HIV infections among black women decreased 21 percent, from 7,700 to 6,100. While this decline is encouraging, black women continue to be far more affected by HIV than women of other races/ethnicities and account for nearly two-thirds (64 percent) of all new infections among women.

Estimated New Infections among Black Women, 2008-2010



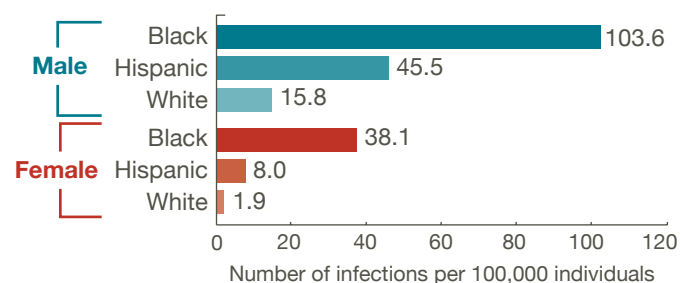
People who inject drugs: In 2010, PWIDs represented eight percent of new HIV infections and 14 percent of people currently living with HIV. African Americans accounted for the greatest numbers of new infections among PWIDs.

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.

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, 2010



African Americans: Among racial/ethnic groups, African Americans face the most severe burden of HIV and AIDS in the nation. While African Americans represent 12 percent of the U.S. population, they accounted for almost half (44 percent in 2010) of new infections and 40 percent of people living with HIV in 2012.

Latinos*: Latinos are also disproportionately affected by HIV, representing approximately 17 percent of the total U.S. population, but accounting for 21 percent of all new HIV infections in 2010 and 21 percent of people living with HIV.

*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.

- **Prevalence of HIV and other STDs in a community:** More people living with HIV or infected with STDs can increase a person’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.
- **Poverty** can limit access to health care, HIV testing and medications that can lower levels of HIV in the blood and help prevent transmission risk. In addition, those who cannot afford the basics in life may end up in circumstances that increase their risk for HIV infection.
- **Discrimination, stigma and homophobia:** Far too prevalent in many communities, these factors may discourage individuals from seeking testing, prevention and treatment services.
- **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 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.

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.

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