Today we know more about HIV and how to prevent infection than at any other time in the history of this disease – but significant challenges remain. Each year in the United States, as many as 50,000 people become infected with HIV, and nearly 13,000 people with AIDS die annually. This fact sheet highlights key obstacles that must be overcome to end HIV in America.

Too Few People with HIV Are Aware of Their Infection

Of the approximately 1.2 million people living with HIV in the United States, CDC estimates nearly one in eight (more than 161,000 people) do not know they are infected. Because many new infections are transmitted by people who do not know they are infected, undiagnosed infection remains a significant factor fueling the HIV epidemic.

HIV testing has never been quicker or easier than it is today, and more people have been tested than ever before. But fear and misperceptions can still keep people from finding out their HIV status:

- Many people, even those who engage in high-risk behavior, do not get tested because they do not believe they are at risk for HIV infection.
- Others misunderstand the testing process, not realizing that rapid HIV tests can be done with a simple cheek swab or finger prick and provide results in as little as 20 minutes.
- Some are concerned that other people will find out that they have tested positive (or that they sought testing at all), although testing is completely confidential.
- Some may avoid testing simply because they are afraid their test will be positive.

Today, more than half of American adults have not yet been tested.

Many People with HIV Do Not Receive Ongoing Treatment

Ensuring that people living with HIV receive ongoing care and treatment is one of the most effective ways to protect their health and prevent the further spread of HIV. Treating people with HIV lowers the amount of virus in their body and can dramatically reduce their risk of transmitting HIV to others. Of those living with HIV, just 40 percent receive regular medical care, and only 30 percent are successfully keeping their virus under control through treatment.
Diverse Populations Need Equal Access to Prevention Information and Tools

Prevention programs must serve a diverse population that includes gay and bisexual men of all races and ethnicities – particularly those who are young, transgender women, and African Americans and Latinos – and help provide those populations with equal access to accurate prevention information and effective prevention tools.

With more people than ever before living with HIV, it has also become increasingly important for prevention programs to address the needs of HIV-infected people and their partners.

Disparities in HIV Rates Are Fueled by Social and Economic Inequities

A wide range of complex social and economic factors drive the HIV epidemic and place African Americans and Latinos at greater risk for this disease. Many of the contextual factors that increase risk for other diseases (such as heart disease and diabetes) also fuel the spread of HIV within these communities:

High community rates of HIV: Because the burden of HIV is greater in some communities, African Americans and Latinos are at increased risk of being exposed to HIV infection with each sexual encounter. Therefore, even with similar levels of individual risk behaviors, African Americans and Latinos are at higher risk of infection than other races and ethnicities.

Poor access to health care: Having health insurance can enable a person to more easily access HIV care and treatment – but nearly 20 percent of African Americans and 30 percent of Latinos lack consistent health insurance, compared with 11 percent of whites.

Low socioeconomic status: CDC research shows that those who cannot afford the basics in life may end up in circumstances that increase their HIV risk. Census data indicate that in the United States poverty is not evenly distributed – nearly a quarter of African American and Latino families live in poverty (compared to 10 percent of white families).

While each individual has a personal responsibility to protect his or her own health, as a nation we have a shared responsibility to tackle the root causes of these disparities. (See “Today’s HIV/AIDS Epidemic” fact sheet for more information.)

Limited Resources for HIV Prevention

Today, the need to do more with existing resources is greater than ever. To achieve a higher level of impact with every federal prevention dollar, CDC is pursuing a High-Impact Prevention approach that works to match cost-effective, scalable interventions to heavily affected populations and geographic settings to maximize reductions in HIV incidence.

Many Americans Have Become Complacent about HIV

Too many Americans no longer view HIV as a serious concern. A recent survey by the Kaiser Family Foundation found that the percentage of Americans who rank HIV as a major health problem is substantially lower than it was a decade ago. Even more troubling are studies showing that among some of the populations with the highest rates of infection (including gay and bisexual men and African Americans), many people do not recognize their risk, or they believe HIV is no longer a serious health threat.

Each new generation needs to be reminded of the still-serious nature of HIV and the importance of prevention. More than three decades after CDC reported the first cases of AIDS, the sense of national crisis may have waned – but our resolve cannot.

If you are a member of the news media and need more information, please visit www.cdc.gov/nchhstp/newsroom or contact the News Media Line at CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 404-639-8895 or NCHHSTPMediaTeam@cdc.gov.