CDC FACT SHEET

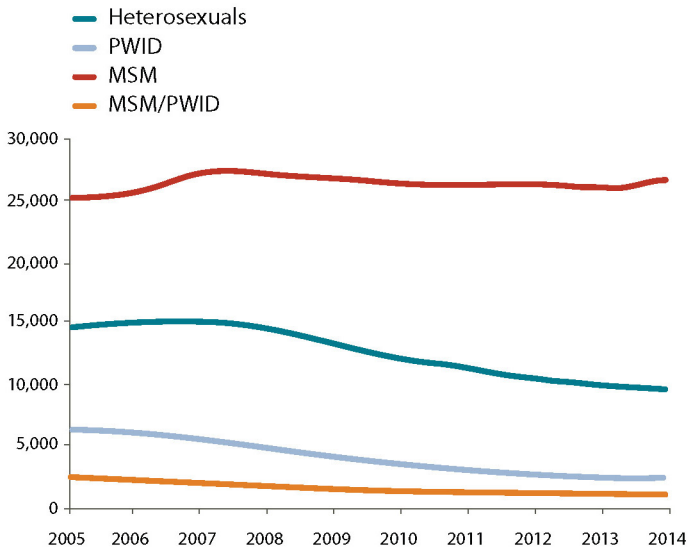
Trends in U.S. HIV Diagnoses, 2005-2014

More than three decades after the first cases of AIDS were diagnosed in the United States, HIV continues to pose a substantial threat to the health and well-being of Americans. According to the most recent CDC data, roughly 1.2 million people in the United States are living with HIV, and about 40,000 infections are diagnosed each year.

However, trends in HIV diagnoses over the past decade show promising signs of progress—though progress has been uneven and certain groups, particularly gay and bisexual men and African Americans, continue to be the most affected. Recent data also show uneven progress across states, with noteworthy gaps in prevention and care—especially in the South.

A CDC analysis released in December 2015 examines HIV diagnoses overall and in key populations from 2005-2014 and 2010-2014, providing both a decade-long perspective and a view of more recent trends. A second analysis released at the same time exposes regional disparities.

Figure 1. HIV Diagnoses by Transmission Category, 2005-2014



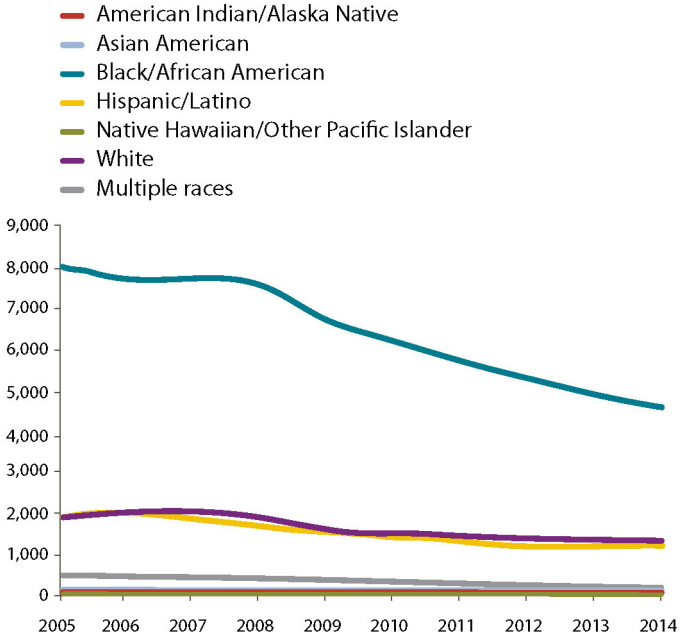
A Decade of Overall Declines

Over the full decade examined (2005-2014), the annual number of HIV diagnoses in the United States declined by 19 percent. This decrease was most marked by steep declines among heterosexuals (35 percent) and people who inject drugs (PWID) (63 percent).

Among women, diagnoses declined 40 percent, from 12,499 diagnoses in 2005 to 7,533 in 2014. African American women have achieved the largest decreases, with a 42 percent decline since 2005 and a 25 percent decline in the most recent five-year period alone. Diagnoses among Latino and white women have also declined steadily over the decade (35 percent and 30 percent, respectively). Despite these recent gains, African American women continue to be disproportionately affected by HIV, accounting for six in 10 diagnoses among women in 2014.

Among men, diagnoses decreased by 11 percent over the 10-year period, from 36,296 to 32,185, a smaller decline due in large part to ongoing challenges in reducing HIV among gay and bisexual men.

Figure 2. HIV Diagnoses among Women by Race/Ethnicity, 2005-2014



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

FEBRUARY 2016

Mixed Picture among Gay, Bisexual, and other Men who have Sex with Men

Gay, bisexual, and other men who have sex with men (MSM) continue to be the group most heavily affected by HIV in the United States. MSM represent approximately two percent of the U.S. population, but they accounted for nearly 67 percent of all persons with HIV diagnosed in 2014.

From 2005-2014, diagnoses among MSM overall increased by roughly six percent (25,155 to 26,612), driven by increases among black and Latino MSM. Trends over the decade varied considerably by race and ethnicity:

- Among Latino MSM, diagnoses increased by 24 percent (5,492 to 6,829).
- Among black MSM, diagnoses increased 22 percent (8,235 to 10,080).
- Among white MSM, diagnoses declined 18 percent (9,966 to 8,207).
- While the number of diagnoses was small among Asian American and American Indian/Alaska Native MSM, there were concerning increases over the decade. Asian American MSM experienced a 101 percent increase (from 357 to 717), and diagnoses among American Indian/Alaska Native MSM increased 63 percent (from 81 to 132).
- The steepest increases occurred among young black and Latino MSM aged 13-24, who both saw increases of about 87 percent over the decade (from 2,094 to 3,923 and from 866 to 1,617, respectively). Diagnoses among young white MSM aged 13-24 increased 56 percent (from 756 to 1,179). The number of diagnoses is too small to examine trends for other racial/ethnic groups by age.

Recent Years Reveal First Signs of Slowing Diagnoses Among Black Gay and Bisexual Men

The more recent five-year data set (2010-2014) provides more encouraging signs, with diagnoses stabilizing among black MSM overall and young black MSM after years of steep increases. During this period:

- Diagnoses continued to decline among white MSM (a six percent decline from 8,766 to 8,207).

Figure 3. HIV Diagnoses among MSM by Race/Ethnicity, 2005-2014

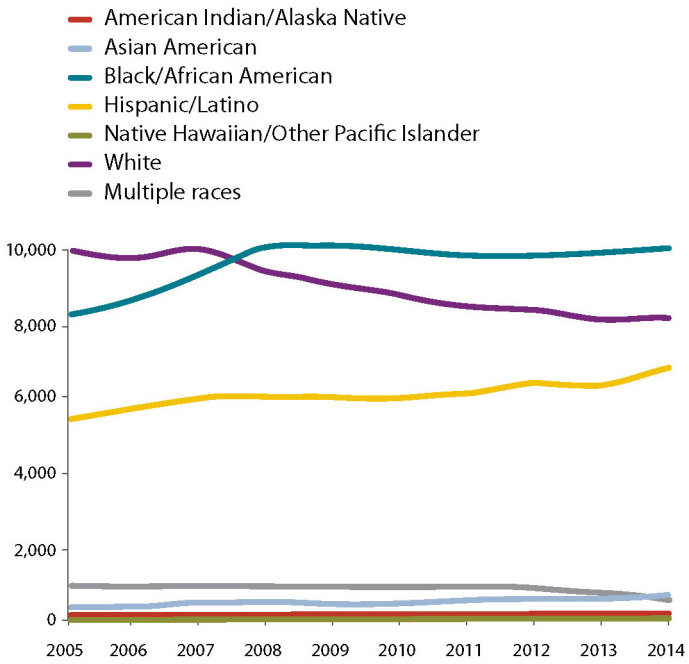
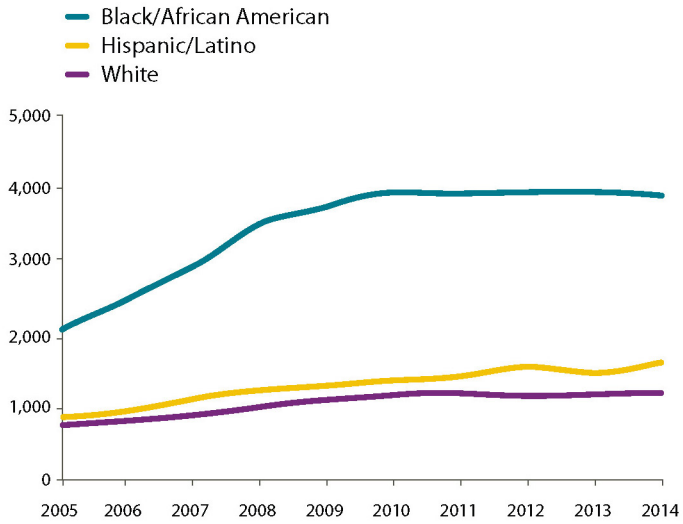


Figure 4. HIV Diagnoses among MSM age 13-24 by Race/Ethnicity, 2005-2014



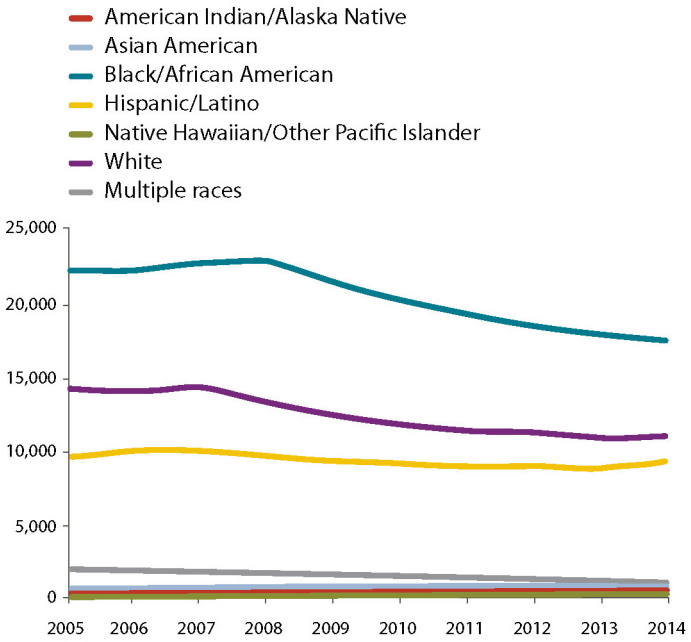
- Diagnoses stabilized among MSM overall (a less than one percent increase from 26,386 to 26,612) and black MSM (a less than one percent increase from 10,013 to 10,080).
- Diagnoses increased among Latino MSM (a 13 percent increase from 6,060 to 6,829).
- Among 13- to 24-year-old MSM, diagnoses have stabilized among young black men (a two percent decline from 3,994 to 3,923) and young white men (a less than one percent decline from 1,186 to 1,179). While increases have continued among young Latino men, increases appear to be slowing in recent years (16 percent increase from 1,393 to 1,617).

Narrowing Gaps by Race and Ethnicity

Despite recent progress, African Americans, more than any other racial or ethnic population, continue to be disproportionately affected by HIV in the United States. While African Americans represent approximately 12 percent of the total U.S. population, they accounted for almost half (44 percent) of all HIV diagnoses in 2014. Similarly, Latino men and women accounted for nearly a quarter (23 percent) of all new HIV diagnoses, while only representing 17 percent of the population.

Over the full decade, African Americans, Latinos, and whites all saw decreases in diagnoses. But declines have stalled over the most recent five-year period for Latinos.

Figure 5. HIV Diagnoses by Race/Ethnicity, 2005-2014



While Asian Americans and those of American Indian/Alaska Native descent are not disproportionately affected by HIV, sharp increases in diagnoses among these populations (69 percent and 19 percent, respectively) may also indicate a cause for concern.

Beyond Diagnoses: Regional Disparities in the Epidemic

Across the nation, Southern states bear the greatest burden of HIV infection, illness, and death. Southern states account for an estimated 44 percent of all people living with an HIV diagnosis, despite making up roughly one-third (37 percent) of the national population.

People living with HIV in some Southern states have death rates that are three times higher than people living with HIV in some other states. One goal of the National HIV/AIDS Strategy for the United States is for all states to reduce the death rate among persons living with a diagnosed HIV infection to 21.7 per 1,000 individuals by 2015. Of the 10 states across the U.S. that had not met the goal by 2012, seven were in the South.

In addition, people living with HIV in the South are less likely to be aware of their infection than those living in other U.S. regions. Nationally, 87 percent of Americans living with HIV knew their HIV status in

Figure 6. Death Rate among People with Diagnosed HIV by State, 2012

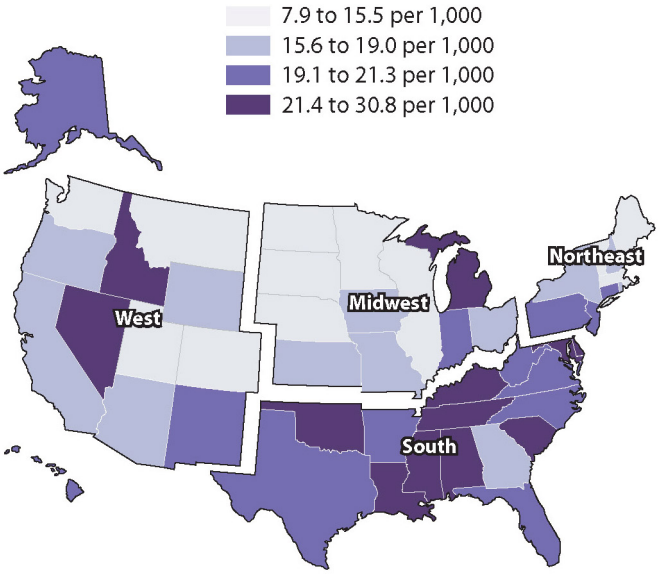


Figure 7. Death Rate among People with Diagnosed HIV by State, 2012

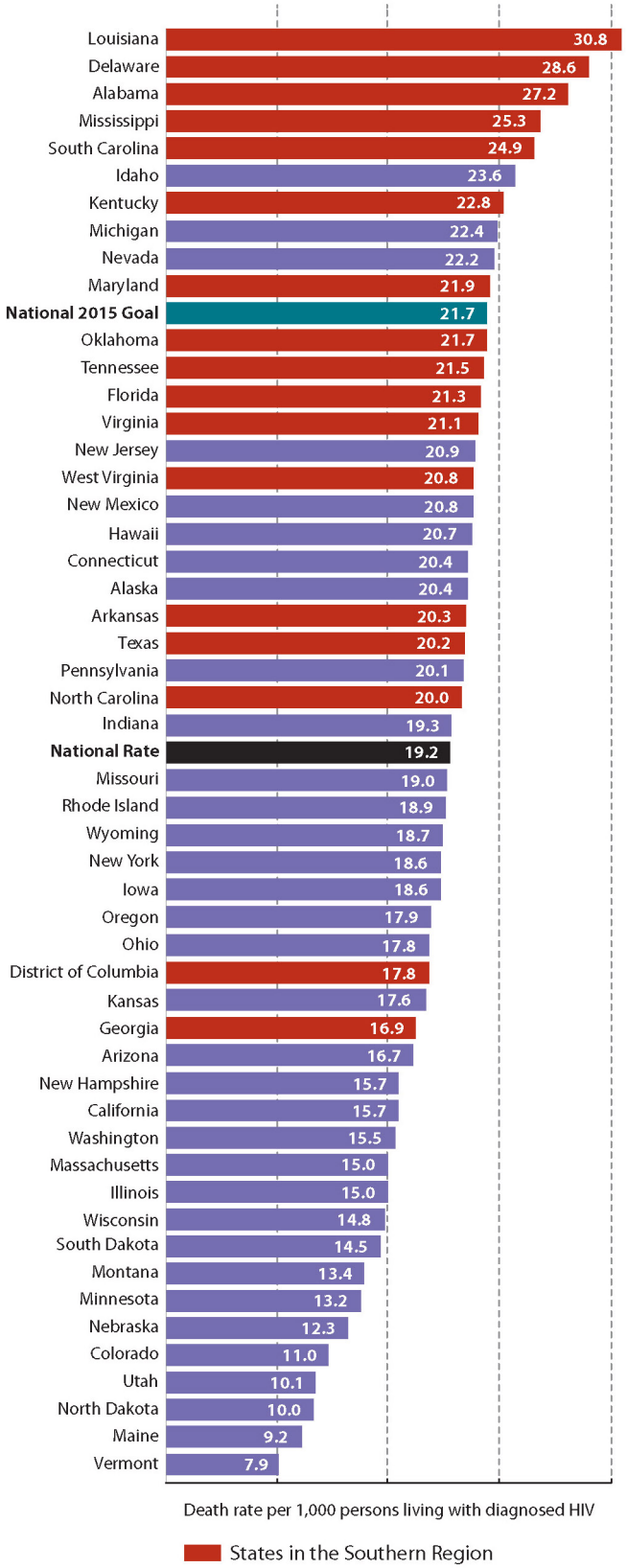
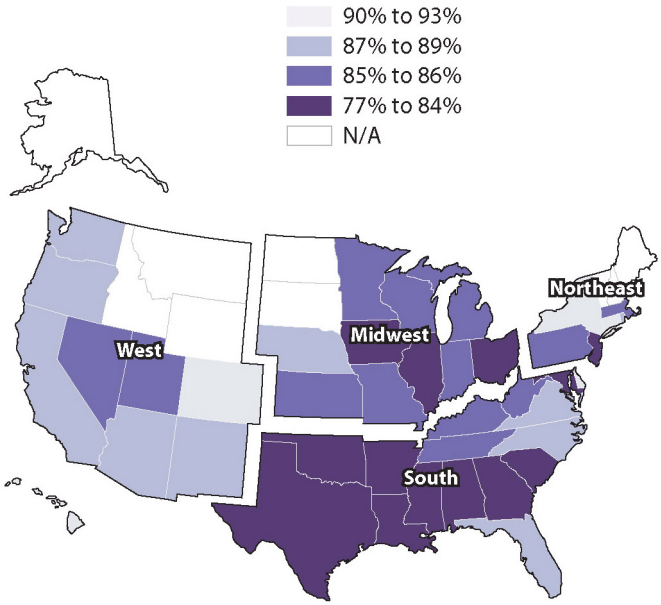


Figure 8. Percentage of People Living with HIV who are Aware of their Status, by State, 2012



2012—but this percentage varied substantially across states. While only five states reached the national 2015 goal of 90 percent awareness, almost 70 percent of the worst performing states were in the South.

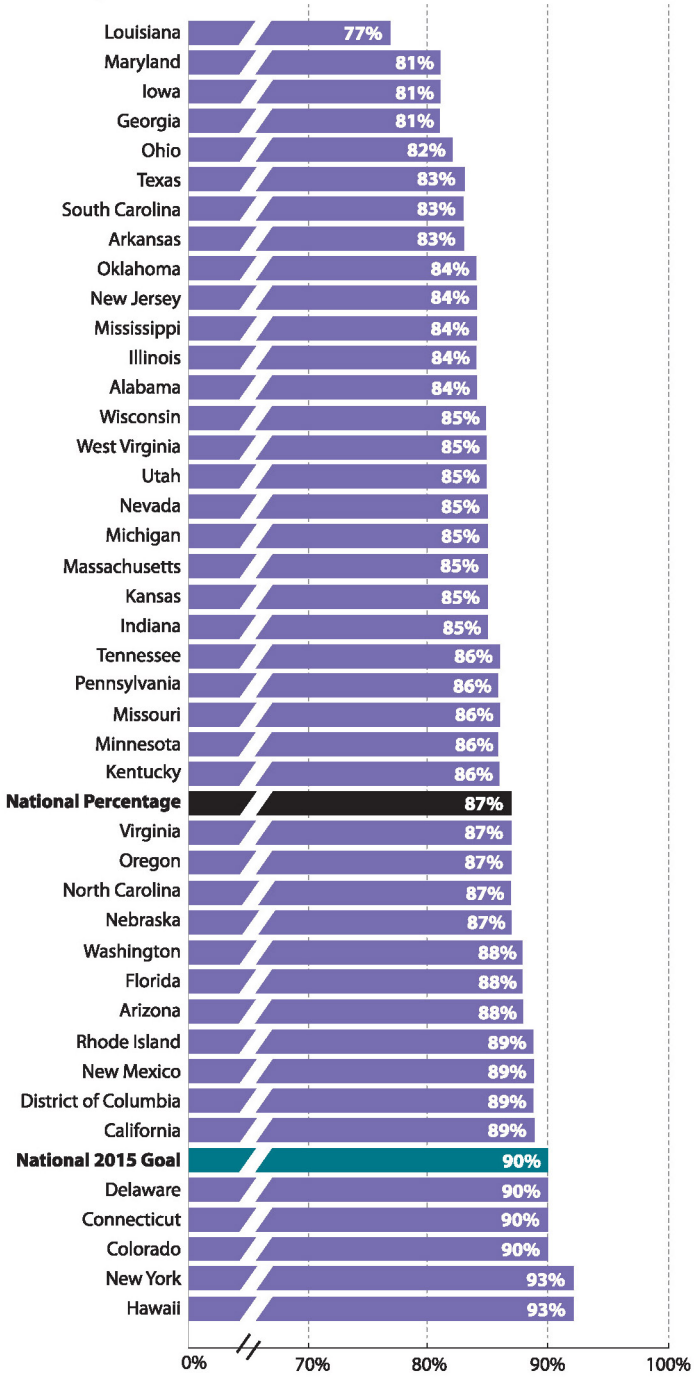
Accelerating Progress

The National HIV/AIDS Strategy for the United States, launched in 2010, helped create a more coordinated national response to the HIV epidemic and provided a framework for prioritizing and delivering HIV prevention and care services to populations most at risk.

The relative stability in recent years of HIV diagnoses among gay and bisexual men, as well as continued declines among people who inject drugs and heterosexuals—particularly African American women—offer hope for future gains as investments in coordinated, high-impact approaches continue.

However, the uneven pace of progress across regions and among high-risk groups signals an urgent need to accelerate access to testing, treatment, and prevention strategies for all individuals at risk, to ensure that every American has the knowledge and tools needed to protect themselves and their partners.

Figure 9. Percentage of People Living with HIV who are Aware of their Status, by State, 2012



Note: Rounded estimates are presented in the graph because these were used to assess whether the NHAS goal was met.

*Estimates for jurisdictions with fewer than 60 diagnoses per year (on average) are considered unstable; therefore, Alaska, Idaho, Maine, Montana, New Hampshire, North Dakota, South Dakota, Vermont, and Wyoming are not included.

Monitoring the Impact of HIV through Diagnoses

HIV diagnosis data have improved substantially in recent years, and are now available from all 50 states and the District of Columbia. These data provide a timely and consistent way to monitor trends in the HIV epidemic at a national, state, and jurisdictional level.

Because diagnosis data reflect both trends in infections and testing, they must be interpreted in conjunction with data on testing by population. During this timeframe, HIV testing remained stable or increased among all the groups experiencing declines in diagnoses. Researchers therefore believe that these trends reflect declining HIV infections in these groups.

In July 2015, the National HIV/AIDS Strategy (NHAS) was updated to reflect the current state of the epidemic and provide new goals for the next five years. This new update calls for measuring progress toward reducing new infections by using HIV diagnosis as an indicator. NHAS 2020 includes several specific indicators related to HIV diagnosis, including reducing the number of new diagnoses by at least 25 percent.

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.**