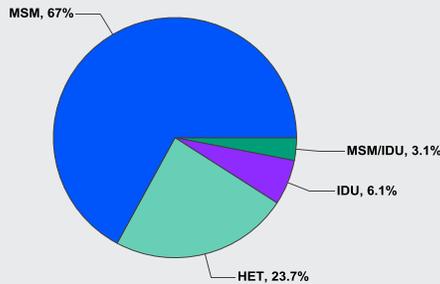


United States – Health Profile

HIV/AIDS Epidemic

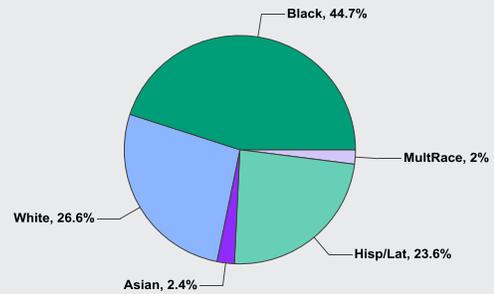
In 2015, an estimated 39,393 people in the United States were diagnosed with HIV, the virus that causes AIDS. About 1 in 7 people with HIV in the United States do not know that they are infected.

Estimated adults and adolescents diagnosed with HIV, by transmission category, United States, 2015



*MSM, men who have sex with men; IDU, injection drug users; MSM/IDU, men who have sex with men who also inject drugs; HET, Heterosexuals
 **Other: <0.211%

Estimated adults and adolescents diagnosed with HIV, by race/ethnicity, United States, 2015



*AI/AN, American Indian/Alaska Native; Black, Black/African American; Hisp/Lat, Hispanic/Latino; MultRace, Multiple races; NHOPi, Native Hawaiian/Other Pacific Islander; Unk, Unknown
 **NHOPi, AI/AN: <0.73%

Adolescent and School Health

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy. However, there has been a nationwide decrease in the percentage of adolescents who have ever had sex:

- 24% of 9th graders have reported ever having sex in 2015 compared to 34% in 2005.
- 35.7% of 10th graders have reported ever having sex in 2015 compared to 42.8% in 2005.

Sexually Transmitted Diseases (STDs)

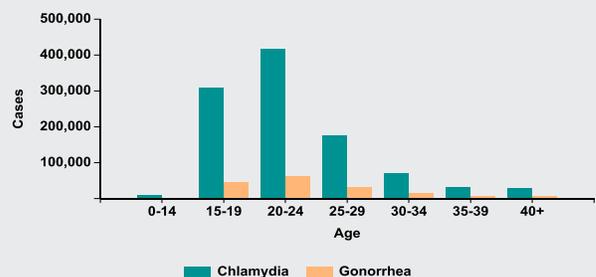
Syphilis – Primary and secondary (P&S) syphilis (the stages in which syphilis is most infectious) remains a problem, primarily in the southern United States and some urban areas.

- In United States, the rate of primary and secondary syphilis was 4.5 per 100,000 in 2011 and 7.5 per 100,000 in 2015.
- There were 2001 cases of congenital syphilis from 2011 through 2015.

Chlamydia and Gonorrhea – Untreated STDs are a common cause of pelvic inflammatory disease, infertility and chronic pelvic pain. In addition, they can increase the spread of HIV, and cause cancer. Pregnant women and newborns are particularly vulnerable. In 2015, the United States:

- Reported 478.8 chlamydial infections and 123.9 gonorrheal infections per 100,000 persons.
- Reported rates of chlamydia among women (645.5 cases per 100,000) that were 2.1 times greater than those among men (305.2 cases per 100,000).

Chlamydia and Gonorrhea among Women by Age Group, United States, 2015



*Chlamydia: [0-14: 9,846] [15-19: 307,937] [20-24: 416,772] [25-29: 175,291] [30-34: 71,653] [35-39: 32,621] [40+: 30,268]
 **Gonorrhea: [0-14: 2,087] [15-19: 45,477] [20-24: 61,105] [25-29: 32,662] [30-34: 15,867] [35-39: 7,897] [40+: 8,280]

Tuberculosis (TB)

Although the overall rate of TB in the United States has declined substantially since 1992, the rate of decrease among non-U.S. born has been much smaller than that for U.S.-born persons. In 2015, the United States reported:

- 3 TB cases per 100,000 persons.
- 67.1% of TB cases occurred in non-U.S. born.

Hepatitis A, B, and C Virus (HAV, HBV, HCV)

While acute hepatitis A virus and acute hepatitis B virus (HBV) infections have generally been declining in incidence since 1990 mainly due to effective vaccination strategies, the number of cases in the United States increased in 2015 compared to 2014. Nationwide, reported cases of acute hepatitis C virus (HCV) infection also continued to increase in 2015, more than 2.9-fold from 2011– 2015.

Approximately 4.4 million people in the U.S. are living with HBV and HCV infection; most do not know they are infected. Lifelong infections with HBV and HCV are shown to be major risk factors for liver cancer. In United States, between 2011 and 2015:

- Reported rates of acute hepatitis A did not increase.
- Reported rates of acute hepatitis B increased by 11%.
- Reported rates of acute hepatitis C increased by 100%.

Program Initiatives Supported by CDC

CDC Funding to United States, 2016	
HIV/AIDS	\$529,656,175
STDs	\$108,888,581
TB	\$96,243,276
Viral Hepatitis	\$17,388,682

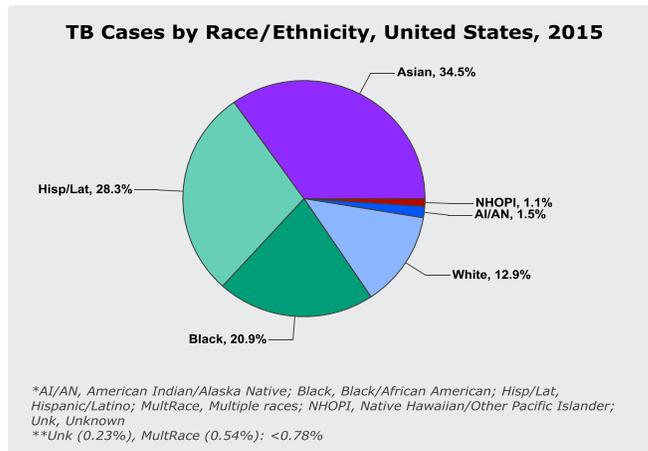
HIV/AIDS – CDC uses a comprehensive approach to HIV prevention that includes surveillance, research, interventions, capacity building, and evaluation. CDC supports all fifty states, the District of Columbia, and six territories, including state and city health departments, community-based organizations, and capacity building assistance providers to conduct and support HIV

prevention programs. Programs are designed to use scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas to maximize the impact of prevention efforts for all Americans at risk for HIV infection. CDC also funds fifty states and the District of Columbia to assess health-risk behaviors that contribute to the leading causes of death and disability among youth and adults

STD – Nationally, CDC is the only federal agency that directly supports core STD prevention and control by state, territorial, and local health departments. CDC funds all 50 states, 2 territorial, and 7 city health departments to bridge scientific research and public health management, and focus on STD prevention services that are high impact, scalable, cost effective, and sustainable. CDC funding supports staff around the country to protect Americans by responding on the ground to STD outbreaks as well as other infectious disease crises. CDC also funds STD programs in the Pacific Islands for STD prevention and control. CDC trains 25,000 clinicians every year on STDs through a nation-wide network of prevention training centers.

TB – Nationally, CDC supports fifty states, the District of Columbia, and eight territories. CDC funds state and city health departments for TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services. CDC/DTBE also supports 5 Regional Training and Medical Consultation Centers. These Centers? provide TB training & education and medical consultation for TB programs and health care providers in the respective region.

Viral Hepatitis – CDC supports 52 state and local health departments to integrate viral hepatitis prevention activities, including vaccination, testing, care and treatment, into existing programs. Viral hepatitis prevention coordinators provide technical expertise in polices and prevention activities; mobilize community partners to develop jurisdiction-specific plans and strategies for viral hepatitis prevention; and, educate the public, priority risk groups, and health care providers. CDC also supports enhanced, active disease surveillance in seven state and local health departments to monitor trends for new and chronic viral hepatitis, identify sources of infection and changes in transmission patterns, estimate the burden of disease, and direct and evaluate prevention and control activities.



For More Information

United States: <https://www.cdc.gov/nchhstp> CDC: <https://www.cdc.gov/nchhstp/>