



PROGRESS REVIEW

HIV Infection

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ July 8, 1997

The Acting Assistant Secretary for Health chaired a review of progress on Healthy People 2000 objectives related to preventing and controlling HIV infection. The Centers for Disease Control and Prevention (CDC), as lead agency for this priority area, presented a report on trends, surveillance, prevention, care and treatment, as well as research issues. The status of objectives for which there have been recent updates is as follows:

18.1 The incidence of AIDS cases per 100,000 in the total population declined from 29.8 in 1994 to 28.6 in 1995, continuing a downward trend which began in 1993. Among targeted sub-groups, a decline in incidence was recorded for blacks (from 102.9 in 1994 to 100.5 in 1995) and for Hispanics (from 49.4 to 47.1.) In women, however, the incidence rose from 10.9 in 1994 to 11.2 in 1995. The number of new AIDS cases reported in men who have sex with men declined from 34,146 in 1994 to 30,696 in 1995. Among injecting drug users, the number of new cases declined from 20,734 in 1994 to 19,100 in 1995. These data are by year of diagnosis, adjusted for delays in reporting and under-reporting.

18.3 Among 15-year old adolescents, the proportion of females who reported having had sexual intercourse declined from 27 percent in 1988 to 22 percent in 1995; the proportion of males declined from 33 percent in 1988 to 27 percent in 1995. The year 2000 target is 15 percent. Among 17-year olds, the proportion of females remained much the same—50 percent in 1988 and 51 percent in 1995. The target is 40 percent. Supplemental data for in-school adolescents show mixed trends.

18.4 Condom use at last sexual intercourse has increased. Among sexually active unmarried females aged 15-44, use increased from 19 percent in 1988 to 25 percent in 1995. The target is 50 percent. Among black females, use doubled from 12.4 percent in 1988 to 25 percent in 1995. The target is 75 percent. Among sexually active young women aged 15-19 in grades 9-12, use increased from 40 percent in 1990 to 49 percent in 1995. The target is 60 percent. Among sexually active males aged 15-19 in grades 9-12, use increased from 49 percent in 1990 to 61 percent in 1995. The target is 75 percent. It is understood that condom use is by the partner in the percentages reported for females.

18.5 In 1995, 34.1 percent of injecting drug users were in treatment, a decline from 47.8 percent in 1994. The target is 50 percent.

18.6 The percentage of injecting drug users in treatment in 1992-96 who did not share needles was estimated as 60 percent. The target is 75 percent.

HIGHLIGHTS

- Perinatally-acquired AIDS cases decreased by 27 percent from 1992 to 1995.
- The number of deaths from AIDS decreased 19 percent overall in the first nine months of 1996 compared with the same period of 1995.
- AIDS is now the leading cause of death for people aged 25-44.
- Use of a triple drug treatment regimen including protease inhibitors has had a dramatic effect in prolonging the lives of some AIDS patients. However, application of this regimen has not been uniform in all communities.
- The cost of this combination antiretroviral therapy is conservatively estimated at \$10,000-\$12,000 per year per patient.
- Early in the decade, women made up 10 percent of the population infected with HIV; the proportion has now risen to 20 percent. In 1990, approximately 30 percent of new cases of HIV infection occurred in blacks; this increased to 41 percent in 1996.
- Injecting drug use is directly or indirectly associated with one-third of AIDS cases in the U.S.
- An estimated 40 percent of people at risk for HIV/AIDS have not been tested for infection.
- Approximately 70 percent of people in prison today have a history of injecting drug use or substance abuse, factors which place them at high risk of having contracted HIV infection.

18.8 For 83 percent of all positive HIV tests in 1995, the people tested returned for counseling. Some people may have been tested more than once. This exceeds the target of 80 percent.

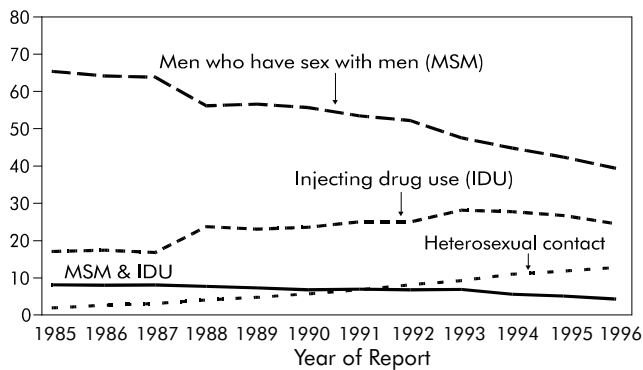
18.10 In 1994, 86 percent of middle and senior high schools provided instruction about HIV prevention in required courses; 84 percent provided instruction about STD prevention in required courses. The target is to have 95 percent of schools offer at least one STD class.

18.11 In 1995, 49.1 percent of students at colleges and universities were given AIDS or HIV infection prevention information; 43.4 percent received STD prevention information; and 41.4 percent were taught about AIDS or HIV in a college class. The target is 90 percent in each category.

18.13 In 1994, 81.8 percent of Title X funded family planning clinics provided pretest counseling on HIV to their clients, an increase from 66 percent in 1990. HIV testing for clients was provided by 73.5 percent of these clinics, compared with 60 percent in 1990.

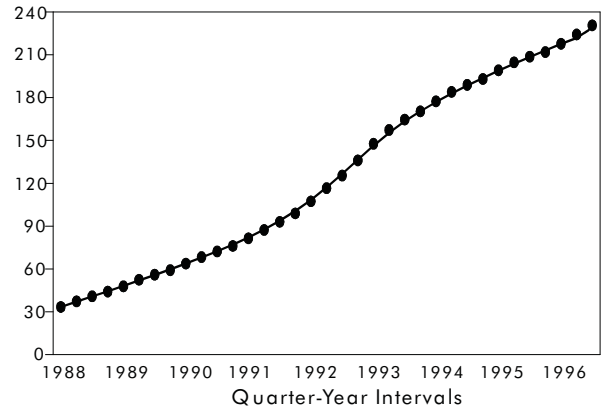
18.15 The proportion of sexually active females aged 15-17 who, in 1995, reported abstaining from sexual intercourse for 3 months prior to the interview was 27 percent. Supplemental data indicate that 23 percent of in-school sexually active females aged 15-17 reported such abstention, as did 34 percent of in-school sexually active males aged 15-17. The target for males and females is 40 percent.

AIDS Cases by Exposure Category and Year of Report 1985-1996, United States (Percentage of Cases)



Cases with other or unreported risk are excluded pending medical record review and reclassification.
Source: CDC/National AIDS Case Surveillance Data

Adults and Adolescents Living with AIDS January 1988 - September 1996 Adjusted For Reporting Delays, United States (Number in Thousands)



Source: CDC/National AIDS Case Surveillance Data

18.16 In 1995, 2 percent of small businesses (15-49 employees) and 25 percent of large businesses (750 or more employees) had comprehensive HIV/AIDS workplace programs that included policies, management training and employee education. The targets are 10 percent and 50 percent, respectively. The proportion of businesses having policies on HIV/AIDS in 1995 was as follows: small businesses, 18 percent; medium businesses (50-749 employees), 42 percent; large businesses, 79 percent. Management training in HIV/AIDS was provided in the following proportions: small businesses, 18 percent; medium businesses, 41 percent; large businesses, 77 percent. The proportion offering employee education in HIV/AIDS was as follows: small businesses, 6 percent; medium businesses, 16 percent; large businesses, 32 percent.

PARTICIPANTS

- Administration on Health Care Policy and Research
- American Foundation for AIDS Research
- Centers for Disease Control and Prevention
- Delaware Department of Health and Social Services
- Food and Drug Administration
- Health Care Financing Administration
- Health Resources and Services Administration
- Indian Health Service
- Maryland Department of Health and Mental Hygiene
- Montefiore Medical Center
- National Alliance of State and Territorial AIDS Directors
- National Association for Equal Opportunities in Higher Education
- National Association of People with AIDS
- National Institutes of Health
- National Minority AIDS Council
- Office of Disease Prevention and Health Promotion
- Office of HIV/AIDS Policy
- Office of Minority Health
- Office of National AIDS Policy
- Office of Population Affairs
- Office of Public Health and Science
- Office of the Secretary/HHS
- Office on Women's Health
- Pan American Health Organization
- Region II DHHS Administrator
- Region II Regional Health Administrator

FOLLOW-UP

- Focus efforts to prevent and control HIV/AIDS on population groups most at risk—adolescents, people in prison, women, injecting drug users, and racial/ethnic groups.
- Seek to increase the number of people who know their serostatus by encouraging those at high risk to be tested.
- Develop better linkages between prevention and care.
- Strengthen the public health infrastructure capacity to test for HIV infection and counsel and treat patients.
- Expand research efforts to develop less expensive AIDS medications that can be taken less frequently.
- Establish a comprehensive vaccine development strategy which takes account of genetic variability and provides for accelerated trials in the U.S. and abroad.
- Increase the availability and acceptability of female-controlled methods of HIV/AIDS prevention.
- Explore ways to demystify and destigmatize HIV/AIDS.
- Seek to implement a national HIV surveillance system which adequately addresses issues related to the use of identifiers in reporting of cases and, at the same time, ensures confidentiality.
- Pursue global collaboration in research on HIV/AIDS and dissemination of information about advances in methodologies of prevention and treatment.



John M. Eisenberg
John M. Eisenberg, M.D.
 Principal Deputy Assistant Secretary for Health