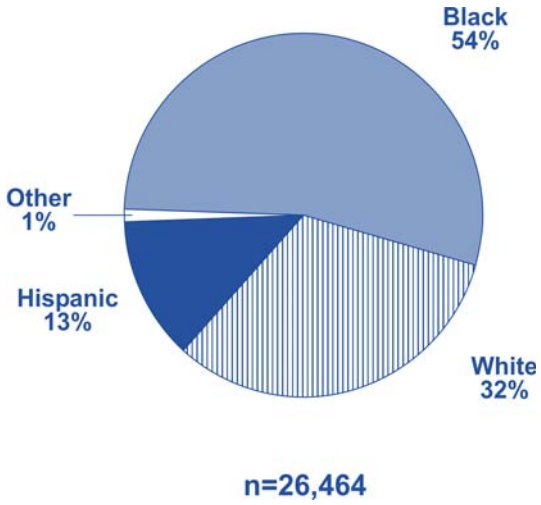
HIV/AIDS Among African Americans

Estimated Number of Diagnoses of HIV/AIDS by Race, 2002[1]



*Based on 30 areas with confidential name-based HIV surveillance

The HIV/AIDS epidemic is a major health crisis among African Americans, affecting men and women of every age and sexual orientation.

The Cumulative Effect of HIV/AIDS:

- According to the 2000 Census, African Americans make up 12.3% of the population of the United States. However, they have accounted for 39% — more than 347,000 — of the more than 886,000 estimated AIDS cases diagnosed since the beginning of the epidemic.[1] By the end of December 2002, more than 185,000 African Americans had died with AIDS.[1]

- For people diagnosed with AIDS since 1994, African Americans had the poorest survival rates of all racial and ethnic groups, with 55% surviving after 9 years compared to 61% of Hispanics, 64% of whites, and 69% of Asian/Pacific Islanders.[1]

- In 2000, HIV/AIDS was among the top three causes of death for African-American men ages 25-54 and African-American women ages 35-44.[2]

AIDS in 2002:

- African Americans accounted for about 21,000, or 50 percent, of the more than 42,000 estimated AIDS cases diagnosed among adults in the United States.[1]

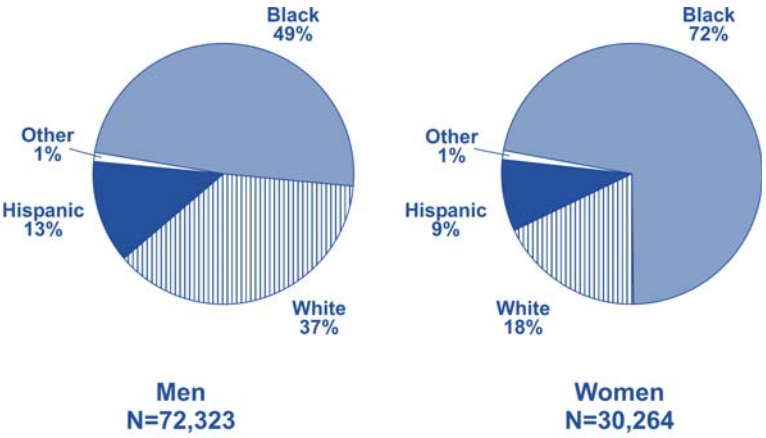
- The AIDS diagnosis rate among African Americans was almost 11 times the rate among whites. African-American women had a 23 times greater diagnoses rate than white women. African-American men had almost a 9 times greater rate of AIDS diagnosis than white men.[1]
- Over 162,000 African Americans were living with AIDS in the United States. They accounted for 42% of all people in the United States living with AIDS.[1]

HIV in 2002:

- African Americans accounted for over half of the new HIV diagnoses reported in the United States.[1]

- A study of people diagnosed with HIV found that 56% of "late testers," i.e., those that were

Estimated Number of Diagnoses of HIV/AIDS by Race and Sex 1999-2002[4]



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diagnosed with AIDS within one year of their HIV diagnosis, were African American.[3] Late testing represents missed opportunities in prevention and treatment of HIV.

- The leading cause of HIV infection among African-American men is sexual contact with other men, followed by injection drug use and heterosexual contact.[1]

- The leading cause of HIV infection among African-American women is heterosexual contact, followed by injection drug use.[1]

- Sixty two percent of children born to HIV-infected mothers were African American.[1]

Risk Factors

Race and ethnicity are not, themselves, risk factors for HIV infection. However, African Americans are more likely to face challenges associated with risk for HIV infection, including:

- **Poverty.** Nearly one in four African Americans lives in poverty.[5] Studies have found a direct relationship between higher AIDS incidence and lower income.[6] A variety of socioeconomic problems associated with poverty directly or indirectly increase HIV risks, including limited access to quality health care and HIV prevention education.

- **Denial.** Although African Americans are responding to the HIV/AIDS crisis in their communities, many have been slow to join the effort. One reason is that some African Americans are reluctant to acknowledge issues, such as homosexuality and drug use, that are associated with HIV infection. For example, studies show that a significant number of African-American men who have sex with men identify themselves as heterosexual.[7,8] As a result, they may not relate to prevention messages crafted for openly gay men. Without frank and open discussion of HIV risks, many African Americans will not get the information and support they need to protect themselves and their partners from HIV.

- **Partners at Risk.** African American women are most likely to be infected with HIV as a result of sex with men.[1] They may not be aware of their male partners' possible risks for HIV infection such as unprotected sex with multiple partners, bisexuality, or injection drug use.[9] Women who suspect that their partners are at risk for HIV infection may be reluctant to try to negotiate condom use. For example, some women may not insist on condom use out of fear that the man will leave them or withdraw financial support.[10]

- **Substance Abuse.** Injection drug use is the second leading cause of HIV infection for both African-American men and women. But sharing needles is not the only HIV risk related to substance abuse. Both casual and chronic substance abusers are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol.[11]

- **Sexually Transmitted Disease (STD) Connection**. For many of the reasons noted above, African Americans also have the highest STD rates in the nation. Compared to whites, African Americans are 24 times more likely to have gonorrhea and 8 times more likely to have syphilis.[12] In part because of physical changes caused by STDs, including genital lesions that can serve as an entry point for HIV, the presence of certain STDs can increase the chances of contracting HIV by three- to five-fold.[13] Similarly, because co-infection with HIV and another STD can cause increased HIV shedding, a person who is co-infected has a greater chance of spreading HIV to others.[13]

Prevention

Research over the past decades shows that prevention works. Overall, the rate of HIV infection in the United States has slowed from over 150,000 cases per year in the mid 1980s to the current estimated 40,000 annually.[14] In specific populations, collaborative prevention efforts have contributed to a 50% decrease in HIV seroprevalence among white MSM in the United States between 1988-1993, a more than 40% decrease in the HIV seroprevalence among

injection drug users in New York City in the 1990s, and a 75% decrease in perinatal infections between 1992-1998.[14] Even though these declines are remarkable, the number of annual new infections has remained constant over the last decade and is still unacceptably high. Therefore, CDC has set a national goal of reducing the annual number of HIV infections to 20,000 per year. In order to achieve this goal, the CDC is approaching HIV prevention in a number of ways.

- **Prevention with persons who are at very high risk for HIV infection**. Persons who are HIV negative but at high risk for HIV must be continuously educated and supported at different phases of their lives. Since the beginning of the epidemic, new at-risk groups have emerged in addition to those that have been traditionally at highest risk, i.e., men who have sex with men and injection drug users. New populations increasingly at risk for HIV infection include racial and ethnic minorities, women, and adolescents. Each of these groups is the target of research and subsequent prevention interventions, including demonstration projects on using social networks for reaching persons at high risk for HIV infection in communities of color.

- **Encouraging people to know their HIV status**. Research shows that up to two-thirds of new infections are transmitted by people who don't know they are infected.[15] Efforts to reach at-risk persons are enhanced by the availability of rapid HIV testing, which allows the results to be provided in minutes, rather than days; thus reducing the chance that persons may miss receiving their test results. Post-test counseling, including resources for managing HIV infection, is a part of this effort. Overall, CDC recommends that HIV testing become a routine part of medical care in high prevalence settings so that HIV infections are detected early and persons who test positive can quickly enter the medical care system for prevention and treatment services. For those who do not or cannot access typical medical facilities, CDC recommends HIV testing in non-traditional settings, such as correctional facilities or in areas where homeless youth congregate. Demonstration projects focusing on rapid HIV testing in these and other non-clinical settings are ongoing.

- **Preventing new infections by working with persons who are HIV positive and their partners.** New treatments have helped HIV-positive people live longer with HIV before progressing to AIDS. Therefore, persons living with HIV are important partners in ongoing educational and prevention interventions to encourage safer sex and healthy behaviors over the course of their lifetimes and reduce their risk of transmitting HIV. To this end, CDC is funding prevention interventions for people living with HIV in a variety of settings across the country to better reach this important group.

- **Further decreasing perinatal HIV transmission**. The reduction of HIV infection due to perinatal transmission is a success story in HIV prevention. The number of infants infected with HIV through mother-to-child transmission has decreased from an estimated peak of 1,760 infants born with HIV during 1991 to 280-320 per year today.[16] To further reduce perinatal HIV transmission, CDC recommends HIV screening for all pregnant women using an opt-out approach and routine rapid testing at labor and delivery for women whose HIV status is unknown.[17]

The HIV epidemic differs among populations and across communities. CDC's community demonstration projects serve to evaluate broad interventions and provide input from its partners in the community (the state health departments and community-based organizations) for tailoring proven interventions to the specific needs of their populations. CDC also recognizes that there are overriding issues that must be addressed if the rate of HIV infections is to be reduced. The stigma associated with HIV infection, as well as co-morbidities, such as alcohol and drug abuse or mental health issues, and other needs, such as adequate food and housing, cut across all populations when it comes to prevention. Therefore, other federal agencies, such as the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMSHA) are also working with CDC to reduce the rate of HIV infection in this country.

Understanding HIV and AIDS Data

Two sets of data are used to track the HIV/AIDS epidemic in the United States.

HIV surveillance: Twenty-nine states and the U.S. Virgin Islands have conducted confidential HIV infection reporting by name for at least 5 years, providing sufficient data to monitor HIV trends over time and estimate risk behaviors for HIV infection. These data are statistically adjusted for reporting delays and are used to look at trends among the 30 areas with HIV surveillance reporting at least since 1998. Nine additional areas more recently began confidential, name-based HIV surveillance. Data from all of these areas can be used to describe the more recent epidemiology of HIV cases in the United States and its territories.

AIDS surveillance: AIDS diagnoses are reported to CDC by all U.S. states and territories. Because of the lengthy interval between HIV infection and an AIDS diagnosis, AIDS data cannot be used to show trends in new HIV infections. AIDS data can show the continuing toll of HIV disease. These data are statistically adjusted for reporting delays and are used to look at AIDS trends in the United States.

HIV/AIDS: This term refers to persons with a diagnosis of HIV infection only, a diagnosis of HIV infection and a later AIDS diagnosis, and concurrent diagnosis of HIV infection and AIDS.

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For more information...

CDC National STD & AIDS Hotlines:
1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

CDC National Prevention Information Network:
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:
NCHSTP: http://www.cdc.gov/nchstp/od/nchstp.html
DHAP: http://www.cdc.gov/hiv
NPIN: http://www.cdcnpin.org