

HIV/AIDS

HIV/AIDS POLICY FACT SHEET

The HIV/AIDS Epidemic in the United States

March 2008

The first cases of what would later become known as AIDS were reported in the United States in June of 1981.¹ Since that time, more than 1.7 million people in the U.S. are estimated to have been infected with HIV, including more than 565,000 who have already died and approximately 1.2 million living with HIV/AIDS today.^{2,3,4} The response to the U.S. epidemic has yielded numerous successes, but challenges remain:

- New HIV infections each year are down from a peak of more than 150,000 in the 1980s, to approximately 40,000 per year today, but have remained at that level for more than a decade.^{5,6} In addition, the Centers for Disease Control and Prevention (CDC) will be releasing updated national HIV incidence estimates later this year² which are expected to indicate that new infections are higher than previously thought.
- HIV testing is important for both prevention and treatment efforts and rapid testing is now much more widely available. Yet approximately 25% of those infected with HIV do not know it³ and many people are diagnosed late in HIV disease (in 2005, 38% of HIV diagnoses progressed to AIDS within a year²). The CDC now recommends routine HIV testing in health care settings for all people aged 13–64.⁷
- Advances in HIV/AIDS treatment have substantially reduced AIDS-related morbidity and mortality and extended the lives of many. New treatments, however, are not a cure and do not benefit or reach all people with HIV. A recent analysis found that only 55% of those who met clinical criteria for antiretroviral (ARV) therapy were receiving it in 2003.8
- The epidemic continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities.

Figure 1: Key Snapshot of the U.S. Epidemic Today^{2,3,4,5,6}

- · Number of new HIV infections each year: 40,000
- Number of people living with HIV/AIDS: 1.2 million, including more than 440,000 with AIDS
- Number of AIDS deaths since beginning of epidemic: 565,927, including 14,627 in 2006
- Percent of people infected with HIV who don't know it: 25%

Overview and Key Trends

- Of the more than 1.2 million people living with HIV/AIDS, 34% are estimated to have AIDS (the most advanced stage of HIV disease), 42% to be HIV positive but not yet progressed to AIDS, and the remainder still undiagnosed.³
- The AIDS case surveillance system is one of the most complete in the U.S., providing data from all states/territories over most of the course of the epidemic. By the end of 2006, cumulative AIDS diagnoses were estimated to have reached 1,014,797, including 37,852 diagnosed in 2006.²
- AIDS cases declined significantly after the introduction of highly active antiretroviral therapy (HAART) in 1996, since HAART slows the progression of HIV to AIDS. In more recent years, these declines have ended and AIDS cases were stable between 2005 and 2006.²
- Because AIDS cases do not provide a current understanding of the epidemic, given the lag time between HIV infection and

- progression to AIDS, all states have moved to confidential name-based HIV reporting, which will provide a fuller picture of the epidemic over time (note: a new HIV diagnosis is not necessarily a new HIV infection). Among the 38 states/areas that have conducted confidential name-based HIV infection reporting for a sufficient length of time to support analysis, there were an estimated 36,817 HIV cases in 2006.²
- As of the end of 2006, an estimated 565,927 deaths had occurred among people with AIDS, including 14,627 in 2006.² HIV-related mortality rates rose steadily through the 1980's, peaking in 1995.⁹ Since then, the age-adjusted HIV death rate has declined by more than 70%, including a 4% decline between 2003 and 2004.⁹ This is largely due to HAART but also to the decrease in annual new HIV infections in the 1990s compared to the prior decade. In 2004, HIV was the 6th leading cause of death for those aged 25–44, down from #1 in 1995.¹⁰
- HIV transmission patterns have shifted over time. Heterosexual transmission accounts for a growing share of new AIDS cases, rising from 3% in 1985 to 32% in 2006. Over that same period, the share of new AIDS diagnoses attributable to sex between men fell from 65% to 43%. The share due to injection drug use was 19% in 1985, peaking at 31% in 1993, and dropping to 18% in 2006.^{2,11}

Impact Across the Country

• AIDS cases have been reported in all 50 states, the District of Columbia, and the U.S. dependencies, possessions, and associated nations. Ten states/areas account for 71% of cumulative AIDS cases reported since the beginning of the epidemic (Figure 2). Nine of these states also rank in the top 10 by number of AIDS cases reported in 2006. The AIDS case rate per 100,000 provides a different measure of the epidemic's impact, since it reflects the concentration of AIDS cases after accounting for differences in population size across states.² The District of Columbia has the highest AIDS case rate in the nation. Six of the top 10 states by AIDS case rate are in the South.

Figure 2: Top Ten States by Cumulative Reported AIDS Cases and by AIDS Case Rate Per 100,000²

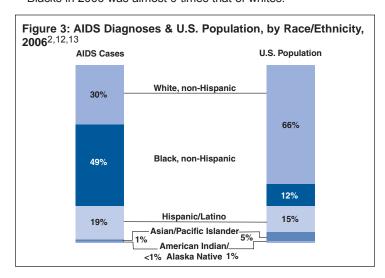
State	Cumulative AIDS Cases Through 2006 (%)	State	AIDS Case Rate 2006
New York	177,262 (17.9%)	District of Columbia	146.7
California	142,918 (14.4%)	Virgin Islands	29.5
Florida	105,614 (10.6%)	Maryland	29.0
Texas	70,127 (7.1%)	New York	28.5
New Jersey	49,528 (5.0%)	Florida	27.3
Illinois	33,902 (3.4%)	Puerto Rico	21.6
Pennsylvania	33,782 (3.4%)	Louisiana	19.2
Georgia	31,965 (3.2%)	Georgia	17.1
Maryland	30,571 (3.1%)	South Carolina	16.3
Puerto Rico	29,911 (3.0%)	Pennsylvania	15.2
Subtotal	705,580 (71.1%)		
U.S. Total	992,865 (100%)	U.S. Case Rate	12.9

AIDS cases have been concentrated primarily in large U.S. metropolitan areas (85% cumulatively, and 81% in 2006). The top ten metropolitan areas account for 52% of cumulative reported AIDS cases.² Over time, the share of cases occurring in smaller metro and rural areas has increased slightly.

• By region, the Northeast had the highest AIDS case rate per 100,000 in 2006 (17.4), followed by the South (15.7), West (8.8), and Midwest (6.3).^{2,12} The South accounted for almost half (46%) of new AIDS cases in 2006, almost twice as many as the Northeast (26%), the next highest region. The South also has the greatest number of people estimated to be living with AIDS, followed by the Northeast, West, and Midwest.² Between 2002 and 2006, AIDS cases decreased by 10% in the West and 6% in the Northeast, and remained stable in the South and Midwest. Deaths decreased in all regions over this period.²

Impact on Racial and Ethnic Minorities 13

- Racial and ethnic minorities have been disproportionately affected by HIV/AIDS since the beginning of the epidemic, and represented the majority of new AIDS cases (70%), people living with AIDS (64%), and AIDS deaths (72%) in 2006.²
- Blacks and Latinos account for a disproportionate share of new AIDS diagnoses, relative to their size in the U.S. population (Figure 3); they also account for a disproportionate share of new HIV/AIDS diagnoses in the states/areas with confidential HIV name-based reporting.²
- Based on the CDC's HIV/AIDS prevalence estimate,³ there are more than 500,000 Blacks living with HIV and AIDS in the U.S. Analysis of national household survey data found that more than 2% of Blacks in the U.S. were HIV positive, higher than any other group.¹⁴
- Blacks also have the highest AIDS case rates of any racial/ethnic group, followed by Latinos, American Indian/Alaska Natives, whites, and Asian/Pacific Islanders. The AIDS case rate per 100,000 for Blacks in 2006 was almost 9 times that of whites.²



- Blacks accounted for 56% of deaths due to HIV in 2004; Latinos accounted for 14%.¹⁵ Survival after an AIDS diagnosis is lower for Blacks than other racial/ethnic groups.²
- HIV was the 4th leading cause of death for Black men and 3rd for Black women, aged 25–44, in 2004, ranking higher than their respective counterparts in any other racial/ethnic group.¹⁰

Impact on Women and Young People

- Women represent a growing share of new AIDS cases, rising from 8% in 1985, to 20% in 1995, and reaching 27% in 2000, the same share as today.^{2,11} Based on the CDC's HIV/AIDS prevalence estimate³, approximately 300,000 women are living with HIV and AIDS in the U.S.
- Women of color are particularly affected. Black women account for two thirds (66%) of new AIDS cases among women in 2006; Latinas represent 16% and white women, 17%.^{2,13}
- Young adults and teens, under the age of 25, continue to be at risk.
 Most young people are infected through sex.¹⁶
- Among youth, teen girls and minorities have been particularly affected.
 In 2005, teen girls represented 43% of AIDS cases reported among 13–19 year olds. Black teens represented 69% of cases reported among 13–19 years olds; Latino teens represented 17%.¹⁶

 Perinatal HIV transmission has declined significantly in the U.S., largely due to antiretroviral treatment. Still, perinatal infections continue to occur each year, the majority of which are among Blacks.^{2,17}

Impact on Men Who Have Sex with Men

- Despite declines in HIV infection rates among men who have sex with men (MSM) since the early years of the epidemic, they continue to be at high risk for infection, accounting for an estimated 59% of AIDS cases among men in 2006, and cases among MSM have increased in recent years.² Studies indicate that risk behavior continues among MSM and that they are at significantly greater risk for HIV infection than other groups in the U.S.^{14,18}
- Younger MSM and MSM of color are at particularly high risk. CDC studies have found high HIV incidence and prevalence among MSM in some cities, particularly among Black and Latino MSM, and low levels of awareness of infection status among those with HIV. 18,19

The U.S. Government Response

- In FY 2008, U.S. federal funding for HIV/AIDS is estimated to total \$23.3 billion. Of this, 50% is for care, 12% for research, 10% for cash and housing assistance, 4% for prevention, and 25% for combating the international epidemic.²⁰
- Key programs that provide health insurance coverage, care, and support to people with HIV/AIDS in the U.S. include Medicaid, Medicare, the Ryan White Program, and HOPWA, the Housing Opportunities for Persons with HIV/AIDS Program. Social Security's income programs for those who are disabled (SSI and SSDI) are also important sources of support.
- A variety of federally and state-supported prevention services are provided by state and local health departments and community organizations. The CDC recently updated the nation's HIV Prevention Strategic Plan, which calls for reducing the number of new HIV infections in the United States by 5% per year, or at least by 10% through 2010, focusing particularly on eliminating racial and ethnic disparities in new HIV infections.²¹

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