

The HIV/AIDS Epidemic in the United States

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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, approximately 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 more than 1.1 million estimated to be living with HIV/AIDS today.^{2,3} The response to the U.S. epidemic has yielded numerous successes, but challenges remain:

- While the number of new HIV infections (incidence) per year is down from its peak of 130,000 in the 1980s, new estimates from the Centers for Disease Control and Prevention (CDC) indicate that more than 56,000 people were newly infected with HIV in the U.S. in 2006, higher than previously thought. In addition, incidence has remained at this level for most of the decade.^{4,5}
- HIV testing is important for both prevention and treatment efforts and rapid testing is now much more widely available. Yet approximately 21% of those infected with HIV do not know it (although this is down from 25% in 2003)³ and many people are diagnosed late in HIV disease (in 2005, 38% of HIV diagnoses progressed to AIDS within a year)². The CDC now recommends routine HIV testing in health care settings for all people aged 13–64.⁶
- 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 2003.⁷
- 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}

- Number of new HIV infections, 2006: **56,300**
- Number of people living with HIV/AIDS: **1.1 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: **21%**

Overview and Key Trends

- New CDC estimates of HIV incidence indicate that there were 56,300 newly infected individuals in 2006, higher than previously thought. HIV incidence was highest in the 1980s, declined towards the end of that decade, then increased in the mid-1990s. It again declined slightly after 1999 and has remained stable since.^{4,5}
- More than 1.1 million people are estimated to be living with HIV (including those with AIDS) today, representing a slight increase over time as people are living longer with HIV disease and new infections remain relatively stable.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 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. Since then, the age-adjusted HIV death rate has declined by more than 70%, including a 4% decline between 2003 and 2004.⁸ 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 2005, HIV was the 6th leading cause of death for those aged 25–44, down from #1 in 1994 and 1995.⁹
- HIV transmission patterns have shifted over time. Most new HIV infections are attributable to sex between men (53% in 2006), a smaller share than earlier in the epidemic but the only group for whom new infections are on the rise. Heterosexual transmission has accounted for a growing share of new HIV infections over time, and in 2006 represented 31% of new infections, although the number of new infections due to heterosexual transmission seems to be on the decline in recent years. New infections due to injection drug use have declined significantly over time – by approximately 80% – and accounted for 12% of new infections in 2006.^{4,5}

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 epidemic² (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.

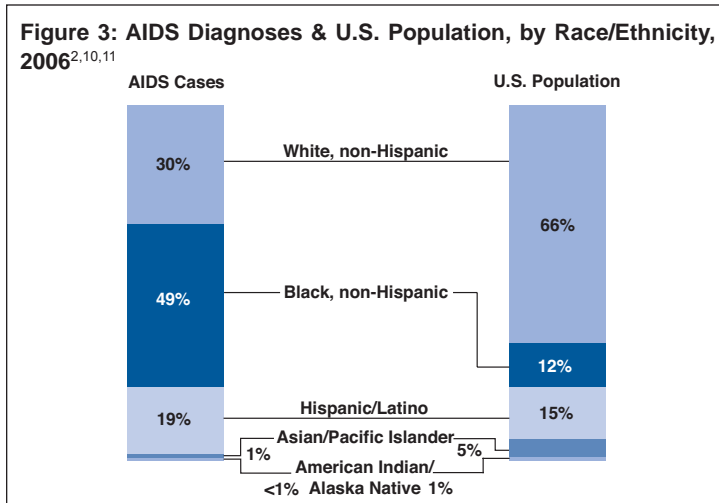
Figure 2: Top Ten States by Cumulative Reported AIDS Cases and by AIDS Case Rate Per 100,000²

| 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).^{2,10} 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 Minorities¹¹

- 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%), new HIV infections and people living with HIV/AIDS (65%, respectively), and AIDS deaths (72%) in 2006.^{2,3,4,5}
- 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 infections and of people living with HIV/AIDS.^{2,3,5}
- Based on the CDC's recent estimate of HIV/AIDS prevalence,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 2% of Blacks in the U.S. were HIV positive, higher than any other group.¹²
- 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 The rate of new HIV infections is also highest among Blacks and was 7 times greater than the rate among whites in 2006.⁴



- Blacks accounted for 56% of deaths due to HIV in 2004; Latinos accounted for 14%.¹³ 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.⁹

Impact on Women and Young People

- Women represent a growing share of new HIV infections compared to earlier in the epidemic. HIV incidence among women increased gradually until the late 1980s, declined during the early 1990s, and has remained relatively stable since, at approximately 27% of new HIV infections in 2006.^{4,5} Based on the CDC's recent HIV/AIDS prevalence estimate,³ close to 280,000 women are living with HIV and AIDS in the U.S.

- Women of color are particularly affected. Black women accounted for two thirds (66%) of new AIDS cases among women in 2006; Latinas represented 16% and white women, 17%.^{2,11} Black women also accounted for the largest share of new HIV infections among women in 2006 (61%).¹⁴
- Young adults and teens, under the age of 30, continue to be at risk; those between the ages of 13 and 29 accounted for 34% of new infections in 2006, the largest of any age group.⁵ Most young people are infected through sex.¹⁵
- Among youth, teen girls and minorities have been particularly affected. In 2006, teen girls represented 39% of AIDS cases reported among 13–19 year olds. Black teens represented 69% of cases reported among 13–19 years olds; Latino teens represented 19%.¹⁵
- 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.^{2,16}

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 HIV, accounting for an estimated 53% of new HIV infections in 2006. In addition, MSM are the only group for which new infections have been on the rise in recent years.^{4,5}
- Younger MSM and MSM of color are at particularly high risk. MSM between the ages of 13 and 29 accounted for 38% of infections among MSM, a share that was even higher among young Black MSM (52% of new infections among Black MSM).¹⁴ CDC studies have also 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.¹⁷

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.¹⁸
- 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.¹⁹

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