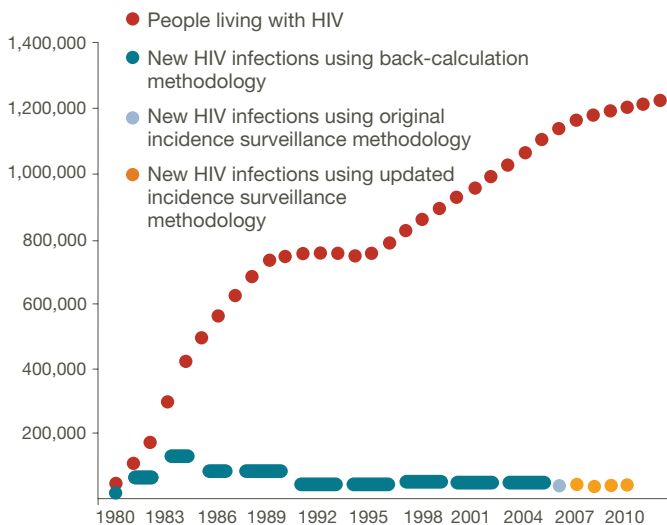## CDC estimates that 1.2 million people in the United States are living with HIV – and nearly one in eight of those are not aware that they are infected.[1]

Approximately 50,000 people become newly infected each year.[2] In addition to recognized risk behaviors, a range of social and economic factors places some Americans at increased risk for HIV infection. Prevention efforts have helped keep the rate of new infections stable in recent years, but continued growth in the number of people living with HIV ultimately may lead to more new infections if prevention, care, and treatment efforts are not targeted to those at greatest risk.

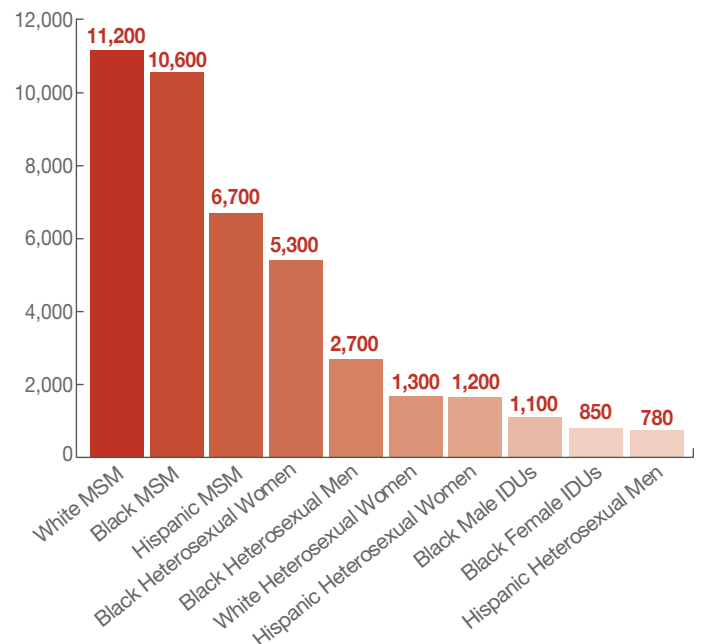# The Scope and Impact of HIV in the United States

New infections and overall burden: Since the height of the epidemic in the mid-1980s, the annual number of new HIV infections in the United States has been reduced by more than two-thirds, from roughly 130,000 to approximately 50,000 annually.[2] As a result of treatment advances since the late 1990s, the number of people living with HIV (HIV prevalence) has increased dramatically.[1] Yet, despite increasing HIV prevalence and more opportunities for HIV transmission, the number of new infections has been relatively stable since the mid-1990s.[2]

HIV Prevalence and New Infections, 1980-2012

Legend:
- People living with HIV
- New HIV infections using back-calculation methodology
- New HIV infections using original incidence surveillance methodology
- New HIV infections using updated incidence surveillance methodology

Heavily affected subgroups: By transmission category, the largest number of new HIV infections currently occurs among men who have sex with men (MSM) of all races and ethnicities, followed by African American heterosexual women. By race/ethnicity overall, African Americans are the most heavily affected, followed by Latinos.[2]

U.S. Subpopulations with the Largest Numbers of Estimated New HIV Infections, 2010

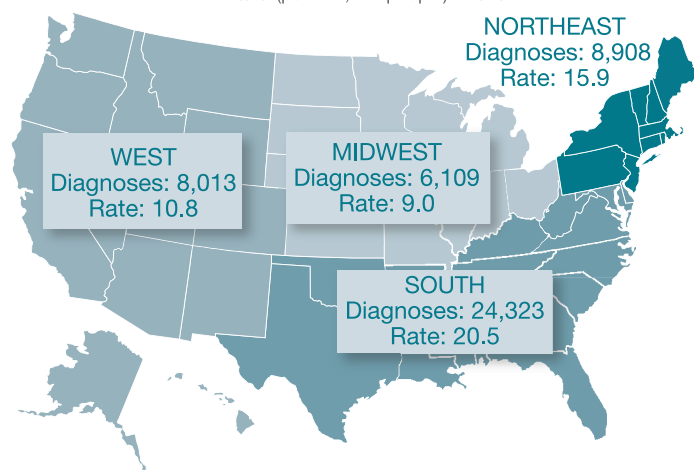| Subpopulation	Estimated New Infections
White MSM	11,200
Black MSM	10,600
Hispanic MSM	6,700
Black Heterosexual Women	5,300
Black Heterosexual Men	2,700
White Heterosexual Women	1,300
Hispanic Heterosexual Women	1,200
Black Male IDUs	1,100
Black Female IDUs	850
Hispanic Heterosexual Men	780

Geography of the U.S. epidemic: Recent data on HIV diagnosis make it clear that HIV touches every corner of the United States. According to these data, by region, both the number of people diagnosed with HIV and the rate of HIV diagnoses (number of diagnoses per 100,000 people) is highest in the South (24,323 diagnoses or 20.5 per 100,000 people). Next highest is the Northeast (8,908; 15.9), followed by the West (8,013; 10.8) and the Midwest (6,109; 9.0).

From 2009 to 2013, the rate of HIV diagnoses in the West decreased; while rates in the Northeast, the South, and the Midwest remained stable.

HIV remains mainly an urban disease, with the majority of individuals diagnosed with HIV in 2013 residing in areas with 500,000 or more people. Areas hardest hit (by ranking of HIV cases per 100,000 people) include Atlanta, GA; Miami, FL; Washington DC; Baton Rouge and New Orleans, LA; Memphis, TN and Baltimore, MD.[3]

HIV Diagnoses, 2013

NATIONAL DATA
Diagnoses: 47,352
Rate (per 100,000 people): 15.0

NORTHEAST
Diagnoses: 8,908
Rate: 15.9

WEST
Diagnoses: 8,013
Rate: 10.8

MIDWEST
Diagnoses: 6,109
Rate: 9.0

SOUTH
Diagnoses: 24,323
Rate: 20.5

Care and Prevention for People Living with HIV

Advances in treatment: In the mid-1990s, the introduction of highly effective antiretroviral therapy greatly extended the life expectancy of people living with HIV and caused a dramatic drop in AIDS deaths. However, without medical care, HIV still leads to AIDS and early death. Since the beginning of the epidemic, more than 650,000 people with AIDS in the United States have died, and even today, more than 14,000 people with AIDS in the United States die each year.[1,3]

AIDS Diagnoses and Deaths, 1985-2012

Antiretroviral treatment introduced
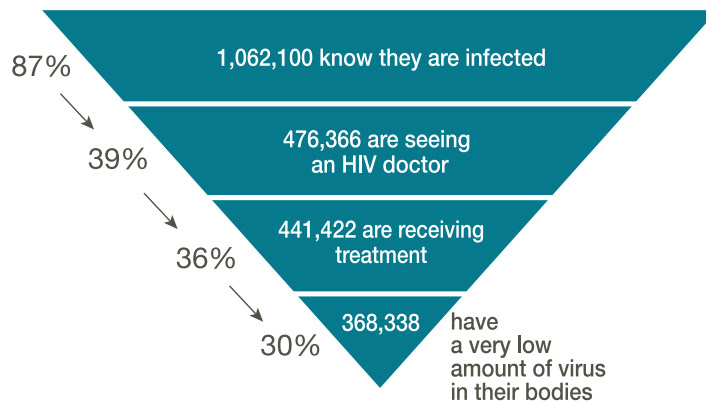
— Diagnoses
— Deaths

Year
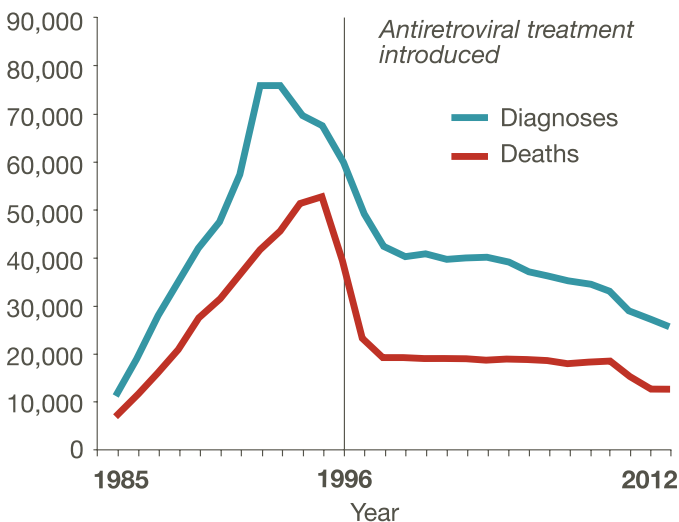
Engagement in care: AIDS-related deaths occur when people who are infected do not receive the testing, treatment, and care they need. Treatment can help people with HIV live longer, healthier lives and also greatly reduces the chances of passing HIV on to others.

However, only 30 percent of people with HIV in the United States are successfully keeping their virus under control.[4]

Percentage of HIV-Infected Individuals Engaged in Selected Stages of the Continuum of HIV Care, 2012

Out of the more than 1.2 million Americans with HIV:

87%
1,062,100 know they are infected

39%
476,366 are seeing an HIV doctor

36%
441,422 are receiving treatment

30%
368,338 have a very low amount of virus in their bodies

Late diagnosis: Far too many people are diagnosed too late to fully benefit from available life-extending treatment. Among those initially diagnosed with HIV infection during 2013, one-quarter (24 percent) were simultaneously diagnosed with AIDS, indicating they were likely infected for many years without knowing it.[1] These late diagnoses represent missed opportunities for treatment and prevention.

2

# Populations at Higher Risk for HIV: Route of Transmission

While more than half of new HIV infections occur among gay and bisexual men, heterosexuals and injection drug users (IDUs) also continue to be significantly affected by HIV.[2]

Estimated New HIV Infections by Route of Transmission, 2010

63% MSM
25% Heterosexual
8% IDU
3% MSM-IDU
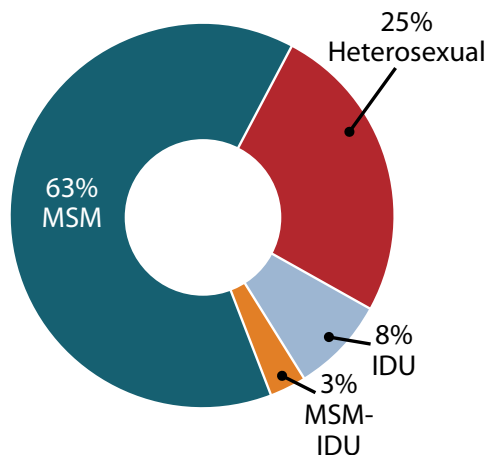
Gay and bisexual men: Men who have sex with men (MSM) remain the group most heavily affected by HIV in the United States. CDC estimates that MSM represent approximately 4 percent of the male population in the United States[5] but male-to-male sex accounted for more than three-fourths (78 percent) of new HIV infections among men and nearly two-thirds (63 percent) of all new infections in 2010 (29,800). White MSM continue to represent the largest number of new HIV infections among MSM (11,200), followed closely by black MSM (10,600) and Hispanic MSM (6,700).[2]

Estimated New HIV Infections among MSM Aged 13-24, 2008-2010

7,200 (2008)
8,800 (2010)
22%
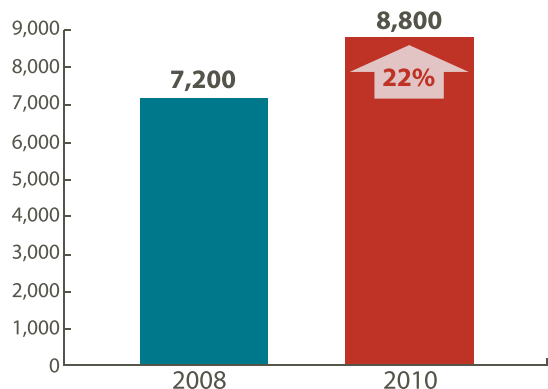
Young MSM: The number of new infections among the youngest MSM (aged 13-24) increased 22 percent, from 7,200 infections in 2008 to 8,800 in 2010. Young black MSM continue to bear the heaviest burden, accounting for more than half (55 percent) of new infections among young MSM (4,800). In fact, young black MSM now account for more new infections than any other subgroup by race/ethnicity, age, and sex. There was a 12 percent increase in HIV incidence among MSM overall, from 26,700 in 2008 to 29,800 in 2010.[2]

Heterosexuals: Heterosexuals accounted for 25 percent of estimated new HIV infections in 2010 (12,100). About two-thirds (66 percent) of those infected through heterosexual sex were women. The number of new HIV infections among females attributed to heterosexual contact decreased by 18 percent, from 9,800 in 2008 to 8,000 in 2010, largely because of a drop in infections among black heterosexual women. Comparing 2008 to 2010, new HIV infections among black women decreased 21 percent, from 7,700 in 2008 to 6,100 in 2010. While this decline is encouraging, black women continue to be far more affected by HIV than women of other races/ethnicities and account for nearly two-thirds (64 percent) of all new infections among women.[2]

Estimated New Infections among Black Women, 2008-2010
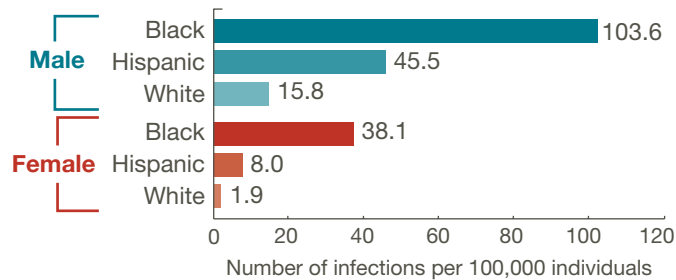

7,700 (2008)
6,100 (2010)
21%
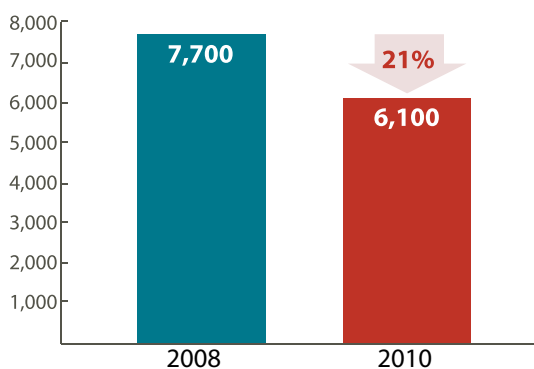
Injection drug users: IDUs represent 8 percent of new HIV infections and 14 percent of people currently living with HIV.[1,2] African Americans account for the greatest numbers of new infections among IDUs.[2]

Transgender people: Transgender individuals are also heavily affected by HIV. A 2008 review of HIV studies among transgender women found that, on average, 28 percent tested positive for HIV.[6]

Populations at Higher Risk for HIV: Racial and Ethnic Health Inequities

In part due to a number of social and economic challenges, such as lack of access to care, discrimination, stigma, homophobia, and poverty, people of color have higher rates of HIV infection than whites (see "Socioeconomic Factors Affecting HIV Risk," below, for more information).

Estimated Rate of New HIV Infections, 2010

		Number of infections per 100,000 individuals
Male	Black	103.6
	Hispanic	45.5
	White	15.8
Female	Black	38.1
	Hispanic	8.0
	White	1.9

African Americans: Among racial/ethnic groups, African Americans face the most severe burden of HIV and AIDS in the nation. While African Americans represent 14 percent of the U.S. population, they account for almost half of new infections (44 percent) and 41 percent of people living with HIV.[1,2]

Latinos*: Latinos are also disproportionately affected by HIV, representing approximately 17 percent of the total U.S. population, but accounting for 21 percent of all new HIV infections and 21 percent of people living with HIV.[1,2]

*Data on national estimates of HIV prevalence and new infections includes individuals who identify as "Hispanic" or "Latino" on reporting forms.

Socioeconomic Factors Affecting HIV Risk

Reducing the toll of HIV on communities that are disproportionately affected requires confronting the complex social, economic, and environmental factors that fuel the epidemic in these communities.

- **Poverty** can limit access to health care, HIV testing, and medications that can lower levels of HIV in the blood and help prevent transmission risk. In addition, those who cannot afford the basics in life may end up in circumstances that increase their HIV risk.

- **Discrimination, stigma and homophobia:** Far too prevalent in many communities, these factors may discourage individuals from seeking testing, prevention, and treatment services.

- **Prevalence of HIV and other STDs in a community:** More people living with HIV or infected with STDs can increase an individual's risk of infection with every sexual encounter, especially if, within those communities, people select partners who are from the same ethnicity.

- **Higher rates of undiagnosed/untreated STDs** can increase the risk of both acquiring and transmitting HIV.

- **Higher rates of incarceration among men** can disrupt social and sexual networks in the broader community and decrease the number of available partners for women, which can fuel the spread of HIV.

- **Language barriers and concerns about immigration status** present additional prevention challenges.

While the impact of such factors can be difficult to quantify, one recent analysis documents the association of some critical socioeconomic characteristics with risk for HIV infection. The study found that poverty was a key factor associated with HIV infection among inner-city heterosexuals. Within the low income urban areas included in the analysis, individuals living below the poverty line were twice as likely to be HIV-infected as those who lived in the same community but lived above the poverty line (2.3 percent prevalence vs. 1.0 percent), and prevalence for both groups was far higher than the national average (0.45 percent). Within these high poverty areas, HIV prevalence was high and comparable across racial/ethnic groups. In addition to being more common in low income households, HIV infection was also more common among those who were unemployed and had less than a high school education.[7]

These findings underscore the urgent need to prioritize and target HIV prevention efforts in disproportionately affected communities and ensure that both individual and social determinants of risk are considered in the design and implementation of prevention efforts.

Key References

[1] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data – United States and 6 dependent areas – 2013. *HIV Surveillance Supplemental Report* 2015;20(No. 1). Available at: http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2015. (Accessed July 7, 2015).

[2] CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. *HIV Surveillance Supplemental Report 2012*;17(No. 4). http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#supplemental. Published December 2012.

[3] CDC. HIV Surveillance Report, 2013; vol. 25. http://www.cdc.gov/hiv/library/reports/surveillance/. Published February 2015. (Accessed March 2, 2015).

[4] CDC. Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV – United States, 2011. *MMWR* 2014;63(Early Release):1-6.

[5] Purcell D et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *The Open AIDS Journal* 2012; 6(Suppl 1: M6): 114–123.

[6] Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav* 2008;12(1):1-17.

[7] CDC. Characteristics associated with HIV infection among heterosexuals in urban areas with high AIDS prevalence – 24 cities, United States, 2006-2007. *MMWR* 2011;60(31)1045-49.