

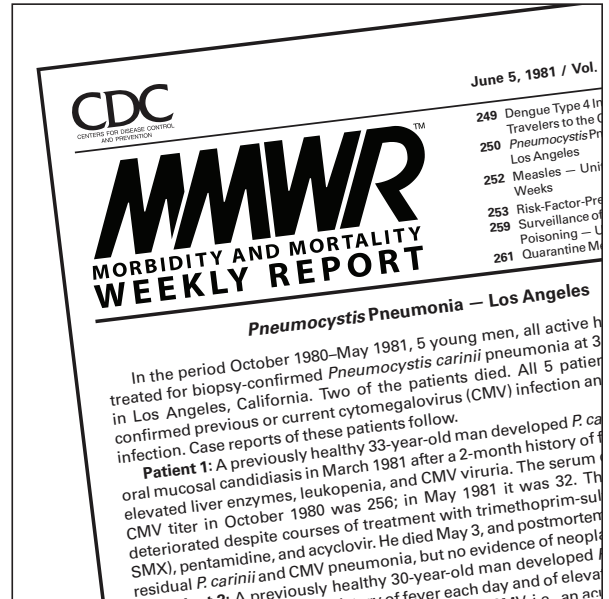


30 Years of HIV/AIDS

Thirty years ago this June, an article reporting the first known cases of what we now call AIDS was published in CDC's *Morbidity and Mortality Weekly Report (MMWR)*. Since then, extraordinary progress has been made in treating and preventing HIV, and annual new infections have fallen by more than two-thirds since the height of the epidemic.

Despite this progress, too many people still become infected with and die from HIV in the U.S. Approximately 50,000 new infections occur each year, and more than 1.1 million people are living with HIV. As the number of people living with HIV grows, the potential for increased transmission of HIV to others grows too.

Yet after three decades, the sense of crisis about HIV has waned. Many Americans underestimate their personal risk for infection, or believe HIV is no longer a serious health threat. We can't afford to be complacent. The fact is that HIV is still a deadly disease — but we have the tools to prevent it.



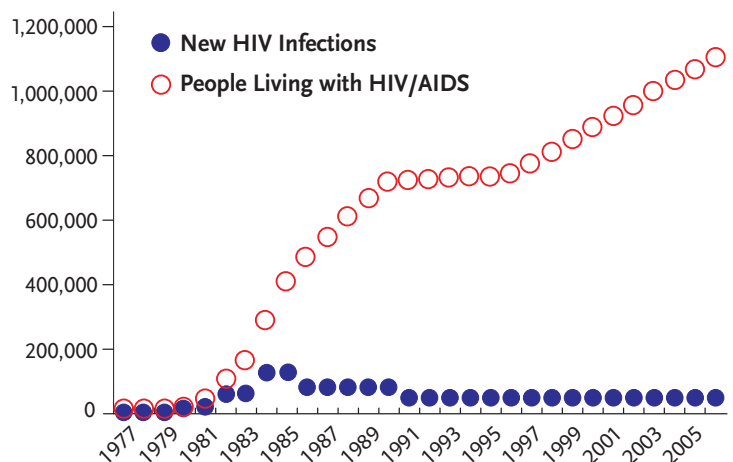
HIV/AIDS: Progress and Challenges

- ▶ HIV prevention works — since the beginning of the epidemic, it is estimated that HIV prevention programs in the U.S. have prevented more than 350,000 infections and have averted more than \$125 billion in treatment costs.
- ▶ We have achieved dramatic declines in new infections among injection drug users and children born to mothers infected with HIV. And the HIV transmission rate has declined approximately 89% since the 1980s.
- ▶ Despite continued increases in the number of people living with HIV/AIDS over time, and more opportunities for transmission, HIV prevention efforts have helped to keep the number of new infections stable (figure 1).

However, this trajectory is likely not sustainable over the long term. If we do not increase the impact of prevention efforts, projections indicate that continued growth in the number of people living with HIV/AIDS will lead to more infections.

Figure 1. Estimated Number of New HIV Infections and Persons Living with HIV/AIDS, 1977–2006

Despite continued increases in the number of people living with HIV/AIDS over time, and more opportunities for transmission, HIV prevention efforts have helped to keep the number of new infections stable.



Source: JAMA 2008; 300(5): 520–529; Campsmith M, et al. CROI 2009



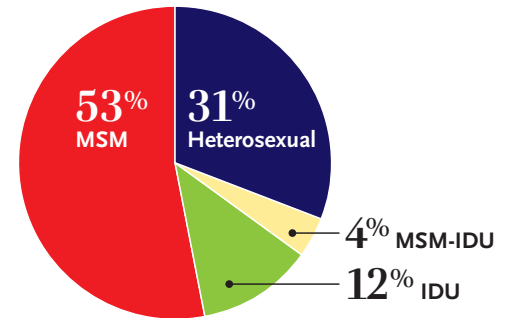
HIV/AIDS in America Today

The communities most affected by HIV have been a powerful force behind the country’s response to HIV/AIDS. In the early days of the epidemic, the gay community demanded information, research, and resources that have had a major impact. There has also been a groundswell of activity and commitment from African American and Latino communities. And throughout the country, CDC is continuing to raise awareness and mobilize new partners in the fight through its *Act Against AIDS* campaign.

Gay and Bisexual Men

- ▶ Men who have sex with men (MSM) account for 2 percent of the U.S. population, but more than half of all new HIV infections in the U.S. each year (53 percent) and nearly half of all people living with HIV (48 percent) in the U.S.
- ▶ A recent CDC study found high levels of HIV infection even among MSM who get tested regularly — approximately 7 percent of MSM in the 21 cities surveyed tested positive for HIV in the study, even though they reported having a negative HIV test result during the past 12 months.
- ▶ White MSM account for the largest number of annual new HIV infections of any group in the U.S., followed closely by black MSM.
- ▶ There are more new HIV infections among young black MSM (aged 13–29) than among any other age and racial group of MSM.

Figure 2. Estimated New HIV Infections, 2006, by Transmission Category



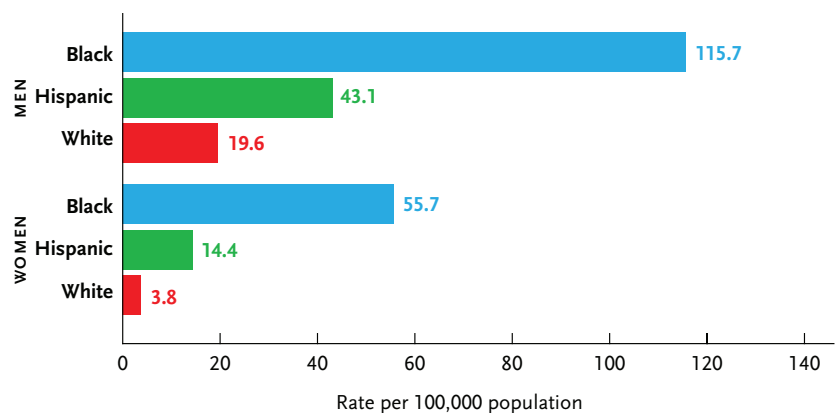
Injection Drug Users

- ▶ Injection drug users (IDUs) account for 12 percent (6,600) of new HIV infections.
- ▶ A historical trend analysis by CDC indicates that new infections have declined dramatically among IDUs over time. Between 1988–1990 and 2003–2006, HIV infections in this population declined overall by 80 percent.

African Americans

- ▶ Blacks represent approximately 14 percent of the U.S. population, but account for almost half of people living with HIV in the U.S. (46 percent), and nearly half of new infections each year (45 percent).
- ▶ The rate of new HIV infections for black men is about six times as high as that of white men, nearly three times that of Hispanic men, and more than twice that of black women.
- ▶ The HIV incidence rate for black women is nearly 15 times as high as that of white women, and nearly four times that of Hispanic women.

Figure 3: Estimated Rates of New HIV Infections, by Race/Ethnicity and Gender, 2006

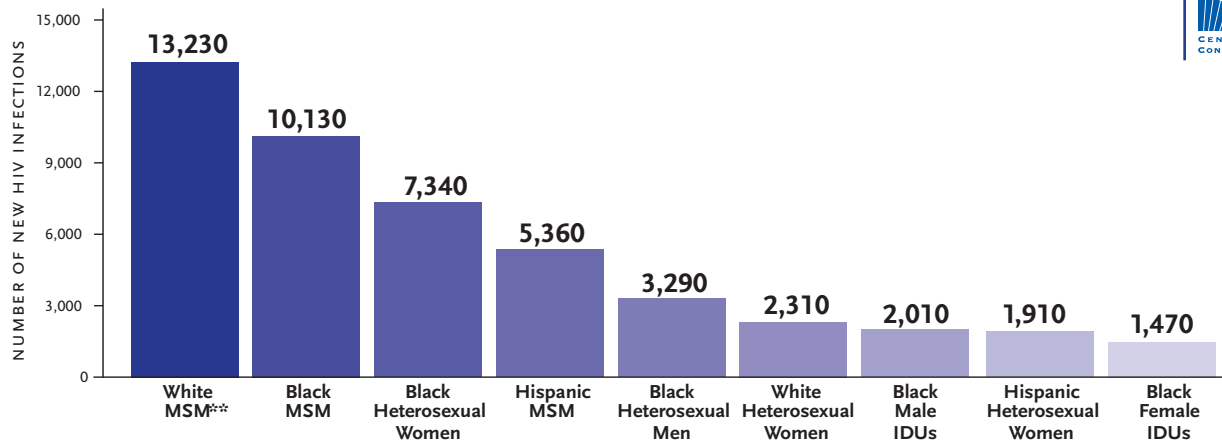


Latinos/Hispanics

- ▶ Hispanics represent approximately 16 percent of the population and account for an estimated 18 percent of people living with HIV in the U.S., and 17 percent of new infections each year.
- ▶ The rate of new HIV infections among Hispanic men is more than double that of white men, and the rate among Hispanic women is nearly four times that of white women.



Figure 4. Estimated New HIV Infections in the U.S., 2006, for the Most-Affected Subpopulations*



*Subpopulations representing 2 percent or less of the overall U.S. epidemic are not reflected in this chart.

**The term men who have sex with men is used in CDC surveillance systems because it indicates the behaviors that transmit HIV than how individuals self-identify in terms of their sexuality.

Factors Contributing to Disparities

Reducing the toll of HIV on communities that are disproportionately impacted requires confronting the complex social and environmental factors that fuel the epidemic in these communities, including:

- ▶ Stigma and homophobia — far too prevalent in every community — continue to keep many from seeking HIV testing, prevention and treatment.
- ▶ Those who cannot afford the basics in life may end up in circumstances that increase their HIV risk.
- ▶ High prevalence of HIV and other sexually transmitted diseases in black communities, coupled with most African Americans selecting partners who are also African American, means they face a greater risk of HIV infection with each sexual encounter than people of other races/ethnicities.
- ▶ Higher rates of incarceration among African American men decrease the number of available partners for females and may impact sexual risk behavior. This can in turn fuel the spread of HIV.
- ▶ Language barriers and concerns about immigration status present additional prevention challenges for some Latinos.

Reversing the Course of the Epidemic: High Impact Prevention

The National HIV/AIDS Strategy (NHAS), released in July 2010, directs the nation’s response to the U.S. HIV/AIDS crisis. Guided by NHAS, CDC is entering the next decade with an aggressive focus on increasing the impact of HIV prevention during a time of limited resources.

With better tools to measure the epidemic and more data about affected populations, CDC is increasing targeted prevention efforts to the hardest hit areas and populations. In addition, new biomedical tools such as pre-exposure prophylaxis (PrEP) for MSM and expanded testing, treatment and linkage to care could have an important impact on infection rates, if used strategically and in combination with other HIV prevention strategies.

With a growing number of effective prevention interventions available, CDC is focusing on “High Impact Prevention”—prioritizing prevention activities based on their effectiveness, cost, coverage, feasibility and scalability, in order to have the greatest possible impact with available resources.

If you are a member of the news media and need more information, please visit www.cdc.gov/nchhstp/Newsroom or contact the News Media Line at CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (404-639-8895 or NCHHSTPMediaTeam@cdc.gov).