

# HIV among Women

August 2011

## Fast Facts

**In 2009, 23% of new HIV infection in the US were among women.**

**Black and Latina women are disproportionately affected at all stages of HIV infection compared with women of other races/ethnicities.**

**For women, the most common methods of HIV transmission were high-risk heterosexual contact and injection drug use.**

According to 2009 HIV surveillance data, women<sup>1</sup> represented 24% of all diagnoses of HIV infection among United States (US) adults and adolescents in 40 states with long-established, confidential name-based reporting. In 2008, an estimated 25% of adults and adolescents living with HIV infection were female. Black and Latina women are disproportionately affected at all stages of HIV infection compared with women of other races/ethnicities.

## The Numbers

### New HIV Infections<sup>2</sup>

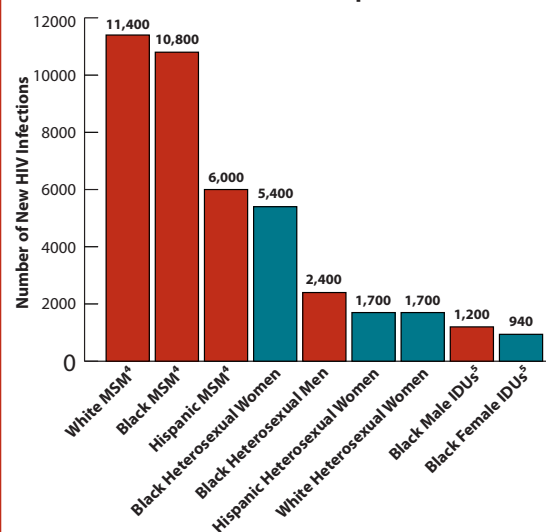
In 2009, there were an estimated 11,200 new HIV infections among women in the United States. That year, women comprised 51% of the US population and 23% of those newly infected with HIV.

- Of the total number of new HIV infections in US women in 2009, 57% occurred in blacks, 21% were in whites, and 16% were in Hispanics/Latinas.
- In 2009, the rate of new HIV infections among black women was 15 times that of white women, and over 3 times the rate among Hispanic/Latina women.

### HIV and AIDS Diagnoses<sup>3</sup> and Deaths

- At some point in her lifetime, 1 in 139 women will be diagnosed with HIV infection. Black and Hispanic/Latina women are at increased risk of being diagnosed with HIV infection (1 in 32 black women and 1 in 106 Hispanic/Latina women will be diagnosed with HIV, compared with 1 in 182 Native Hawaiian/other Pacific Islander women; 1 in 217 American Indian/Alaska Native women; and 1 in 526 for both white and Asian women).
- From 2006 through 2009, estimated diagnoses of HIV infection among women decreased from 10,851 to 9,973. It is unknown whether this decrease is due to an actual decrease in new HIV infections (incidence) or whether the decrease

**Estimates of New HIV Infections, by Race/Ethnicity, Risk Group, and Gender for the Most Affected US Populations, 2009**



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

Source: Prejean J, et al. Estimated HIV incidence in the United States, 2006–2009. *PLoS One* 2011;6(8):1–13.

reflects HIV testing trends.

- Women accounted for more than 25% of the estimated 34,247 AIDS diagnoses in 2009 and represent nearly 20% of cumulative AIDS diagnoses (including children) in the United States to date. There were 8,647 AIDS diagnoses among women in 2009 compared with 9,639 AIDS diagnoses among women in 2006.
- For women living with a diagnosis of HIV infection, the most common methods of transmission were high-risk heterosexual contact<sup>6</sup> and injection drug use.
- In 2008, 4,796 (28%) of the estimated 17,374 persons with a diagnosis of HIV infection who died in the 40 states and 5 US dependent areas were women. Deaths attributed to HIV among



<sup>1</sup> Unless otherwise noted, this fact sheet defines women as adult and adolescent females aged 13 and older.

<sup>2</sup> New HIV infections refers to HIV incidence, or the number of people that are newly infected with HIV.

<sup>3</sup> HIV and AIDS diagnoses indicates when a person is diagnosed with HIV infection or AIDS but does not indicate when the person was infected.

<sup>4</sup> The term men who have sex with men (MSM) is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

<sup>5</sup> IDU is an acronym for injection drug user.

<sup>6</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

**Additional Resources:****CDC HIV and AIDS**

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)  
Visit CDC's HIV and AIDS Web site.

**CDC-INFO**

**1-800-CDC-INFO or  
1-800 (232-4636)**

**[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)**

Get information about personal risk, prevention, and testing.

**CDC National HIV Testing Resources**

[www.hivtest.org](http://www.hivtest.org)  
Text your ZIP code to KNOW IT or 566948.  
Locate an HIV testing site near you.

**CDC National Prevention Information Network (CDC NPIN)**

1-800-458-5231  
[www.cdnpin.org](http://www.cdnpin.org)  
Find CDC resources and technical assistance.

**AIDSinfo**

1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
Locate resources on HIV and AIDS treatment and clinical trials.

For more information, visit the CDC HIV Web site at [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

women of color are disproportionately high: from 2000–2007, HIV infection was among the top 10 leading causes of death for black females aged 10–54 and Hispanic/Latina females aged 15–54.

**Prevention Challenges**

Like other affected populations, women face a number of risk factors that may contribute to their risk for HIV infection.

- Most women are infected with HIV through **heterosexual sex**. Some women become infected because they may be unaware of a male partner's risk factors for HIV infection or have a lack of HIV knowledge and lower perception of risk. Relationship dynamics also play a role. For example, some women may not insist on condom use because they fear that their partner will physically abuse or leave them.
- Both unprotected vaginal and anal sex pose a risk for HIV transmission. **Unprotected anal sex** presents an even greater risk for HIV transmission for women than unprotected vaginal sex.
- Women who have experienced **sexual abuse** may be more likely than women with no abuse history to use drugs as a coping mechanism, have difficulty refusing unwanted sex, exchange sex for drugs, or engage in high-risk sexual activities.
- **Injection drug and other substance use** increase HIV risk through sharing injection equipment contaminated with HIV or engaging in high-risk behaviors, such as unprotected sex, when under the influence of drugs or alcohol.
- The presence of some **sexually transmitted diseases** greatly increases the likelihood of acquiring or transmitting HIV. Rates of gonorrhea and syphilis are higher among women of color than among white women.
- **Socioeconomic issues** associated with poverty, including limited access to high-quality health care; the exchange of sex for drugs, money, or to meet other needs; and higher levels of substance use can directly or indirectly increase HIV risk factors.

**What CDC Is Doing**

CDC recognizes the importance of incorporating culture- and gender-relevant material into current HIV interventions. CDC has increased the availability of effective behavioral interventions for populations at increased risk for HIV infection, including

women living with HIV infection or AIDS and those who are at risk for infection, by supporting research studies to develop new interventions and to adapt existing interventions. CDC also supports the national dissemination of effective HIV behavioral interventions for women. For example:

- **SIHLE (Sistering, Informing, Healing, Living, and Empowering)** is a group-level intervention aimed at reducing risk behaviors among sexually active black teenagers aged 14–18.
- **Sister to Sister** is a brief, one-on-one, skills-based behavioral intervention for sexually active African American women aged 18 to 45 years to reduce sexual risk behaviors and prevent HIV and other sexually transmitted infections.
- **WILLOW (Women Involved in Life Learning from Other Women)** is a social-skills building and educational intervention for adult heterosexual women, aged 18 to 50 years, living with HIV infection.

CDC also developed **Take Charge. Take the Test. (TCTT)**, a phase of the *Act Against AIDS* campaign designed to increase HIV testing among African American women aged 18–34.

CDC also continues to

- Partner with organizations such as the Black Women's Health Imperative, Congressional Black Caucus Foundation, and others to address HIV among African American women through the *Act Against AIDS Leadership Initiative*;
- Fund HIV testing and prevention programs in state and local health departments and community-based organizations;
- Be actively involved in the research of microbicides—creams or gels that can be applied vaginally or anally before sexual contact to prevent HIV transmission;
- Support clinical trials of pre-exposure prophylaxis (PrEP), including a CDC trial in Botswana which found that PrEP reduced the risk of heterosexual transmission of HIV by roughly 63% in the study group overall; and
- Work to further reduce mother-to-child HIV transmission in the US by supporting perinatal HIV prevention campaigns, enhanced surveillance for HIV-infected mothers and babies, education programs, and capacity building among health care providers and public health practitioners.