

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, at least 1.6 million people in the U.S. are estimated to have been infected with HIV, including more than 500,000 who have already died.² The Centers for Disease Control and Prevention (CDC) estimates that 1,039,000–1,185,000 people were living with HIV or AIDS in the U.S. in 2003, a figure which has likely grown since that time.³ The response to the U.S. epidemic has yielded numerous successes, but challenges remain:

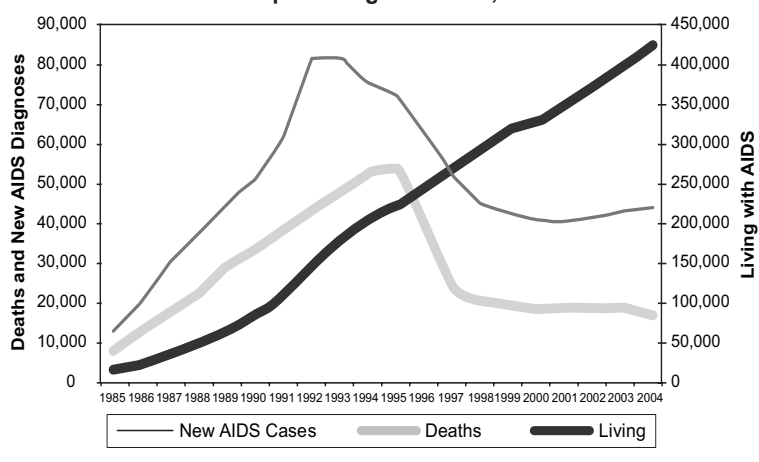
- Annual HIV incidence is down from its peak of more than 150,000 in the 1980s to approximately 40,000 new infections per year today.^{4,5} However, it has remained at this level for over a decade and recent analyses suggest a potential rise among some populations.⁶
- HIV testing is important for both prevention and treatment efforts and new technologies, such as rapid testing, are now available. Yet approximately 24–27% of those infected with HIV do not know it.³
- 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 all people with HIV. An estimated 42% to 59% of people living with HIV/AIDS are not in regular HIV care⁷ and a recent analysis found that only 55% of people with HIV/AIDS for whom ARV therapy would likely be recommended were receiving it in 2003.⁸
- The epidemic's disproportionate impact on some populations, particularly racial and ethnic minorities, continues.

- Although relatively complete across states, AIDS cases do not provide a current understanding of the epidemic, given the lag in time between HIV infection and progression to AIDS. All states, therefore, now conduct HIV case surveillance which will provide a fuller picture of the epidemic over time (still, a new HIV diagnosis is not necessarily a new HIV infection). Among the 35 states/areas with confidential name-based HIV reporting, an estimated 38,730 HIV/AIDS diagnoses occurred in 2004 (these states represent 61% of reported AIDS cases).² A new CDC analysis of 33 states/areas with name-based HIV reporting found that the overall annual rate of HIV/AIDS diagnoses per 100,000 did not change significantly between 2001 and 2004. The rate did decrease among Blacks over this period, but Blacks still had the highest annual case rates of any group.²³

Key Trends and Current Cases

- 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 all reported cases. The ranking of states by cumulative reported cases varies from the ranking by new AIDS cases and annual AIDS case rate, reflecting the changing geographic distribution of the epidemic over time (Figure 2).²
- AIDS cases have been concentrated primarily in large U.S. metropolitan areas with populations of 500,000 or more (81% in 2004 and 85% during 1981–2004). Ten U.S. metropolitan areas account for 52% of cumulative reported AIDS cases.²
- By region, the Northeast had the highest AIDS case rate per 100,000 in 2004 (20.4 per 100,000), followed by the South (18.7), West (9.0), and Midwest (6.8).^{2,9} The South had the

Figure 1: Estimated New AIDS Cases, Deaths Among Persons with AIDS & People Living with AIDS, 1985–2004^{2,13}



Snapshot of the HIV/AIDS Epidemic

- Of the more than one million people estimated to be living with HIV/AIDS, approximately 42% are estimated to have AIDS, 34% to be HIV positive but not yet progressed to AIDS, and the remainder undiagnosed.³
- As of the end of 2004, an estimated 529,113 deaths among people with AIDS had occurred, including 15,798 in 2004.²
- The AIDS case surveillance system is one of the most complete in the U.S., providing data from all states/areas over most of the course of the epidemic. As of the end of 2004, more than 940,000 U.S. AIDS cases had been diagnosed, including 42,514 in 2004 alone. This represents a 2% increase over AIDS cases diagnosed in 2003.²

Figure 2: Cumulative Reported AIDS Cases (1981–2004) & AIDS Case Rate Per 100,000 Population (2004) Top Ten States²

Top 10 States/ Areas	AIDS Cases (1981–2004)	Top 10 States/ Areas	AIDS Case Rate (2004)
New York	166,814	District of Columbia	179.2
California	135,221	New York	39.7
Florida	96,712	Florida	33.5
Texas	64,479	Maryland	26.1
New Jersey	47,224	Puerto Rico	23.4
Illinois	31,020	Louisiana	22.4
Pennsylvania	30,526	New Jersey	21.2
Georgia	28,248	Delaware	18.9
Puerto Rico	28,202	Georgia	18.6
Maryland	27,550	Connecticut/Virgin Islands	18.4
Subtotal	655,996	Subtotal	--
U.S. Total	918,286	U.S. Case Rate	15.0

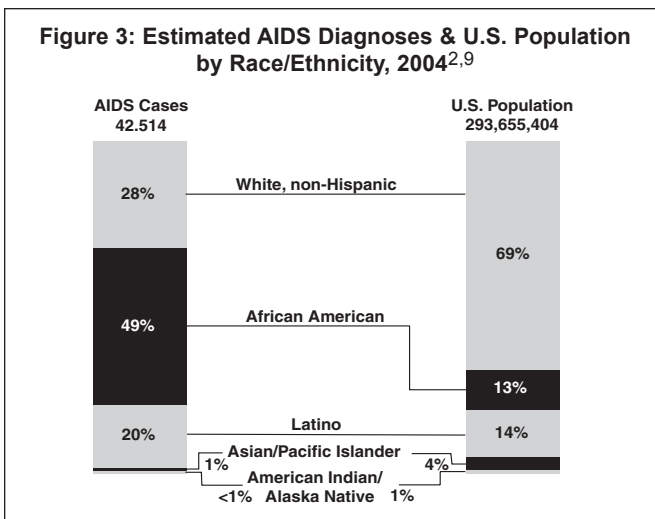
greatest number of people estimated to be living with AIDS, deaths among persons with AIDS, and AIDS diagnoses in 2004, followed by the Northeast, West, and Midwest. AIDS cases have grown fastest in the South, compared to other regions, over time.²

- HIV-related mortality rates rose steadily through the 1980's, peaking by 1994–1995. Since then, the age-adjusted HIV death rate has declined by 70%,¹⁰ including a 4.1% decline between 2002 and 2003,¹¹ due largely to highly active antiretroviral therapy (HAART), but also to the decrease in the number new HIV infections by the 1990s, compared to the prior decade. In 2003, HIV was the 6th leading cause of death among those ages 25–44,¹¹ down from #1 in 1995.¹²

- After years of declines in AIDS diagnoses due to HAART, however, AIDS diagnoses have been on the rise since 2001, increasing by 2% between 2003 and 2004.²
- HIV transmission patterns have shifted over time. Heterosexual transmission accounts for a growing proportion of newly diagnosed AIDS cases, rising from 3% in 1985 to 31% in 2004. Over that same period, the share of new AIDS diagnoses attributable to sex between men fell from 65% to 42%. The share of AIDS diagnoses due to injection drug use was 19% in 1985, peaking at 31% in 1993, and was 22% in 2004.^{2,13}

Impact on Racial and Ethnic Minority Americans

- Racial and ethnic minorities have been disproportionately affected by HIV/AIDS since the beginning of the epidemic, and now represent the majority of new AIDS cases (72%) and of those estimated to be living with AIDS (65%) in 2004.²
- African Americans and Latinos account for a disproportionate share of new AIDS diagnoses (Figure 3) and of new HIV/AIDS diagnoses in the 35 states with confidential named-based HIV reporting.²
- More than 4 in 10 (43%) of those estimated to be living with AIDS in the U.S. in 2004 were African American² and based on CDC's HIV prevalence estimate from 2003,³ more than 500,000 African Americans were living with HIV/AIDS at that time. A recent analysis of 1999–2002 data from a national household survey found that 2.1% of African Americans in the U.S. were HIV positive, higher than other groups and the only one which increased significantly over time.¹⁴
- African Americans 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 population for African Americans was more than 9 times that of whites in 2004.²
- African Americans accounted for 55% of deaths due to HIV in 2002; Latinos accounted for 13%.¹⁵



- HIV was the 3rd leading cause of death among African Americans between the ages of 25 and 34 in 2002, and the 6th leading cause of death for Latinos and whites in this age group. It ranks higher for some subpopulations—for example, HIV was the #1 cause of death for African American women ages 25–34 in 2002.¹⁶
- Survival after an AIDS diagnosis is lower among African-Americans than other racial/ethnic groups.²

Impact on Women and Young People

- Women account for a growing proportion of new AIDS diagnoses, rising from 8% in 1985 to 27% in 2004.^{2,13} Based on the CDC's prevalence estimate from 2003,³ close to 300,000 women were living with HIV/AIDS at that time.
- Women of color are particularly affected. African American women account for 67% of estimated new AIDS diagnoses among women in 2004; Latinas account for 15%.²
- Young adults and teens, under the age of 25, continue to be at risk. Most young people are infected through sex.¹⁷
- Among youth, teen girls and minorities have been particularly affected. In 2003, teen girls represented half of HIV cases

reported among 13–19 year olds. Young African Americans represented 66% of AIDS cases reported among 13–19 years olds in 2003; Latino teens represented 21%.¹⁷

- 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 African-Americans.¹⁸

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 57% of AIDS diagnoses among men in 2004.² 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.^{19,20}
- 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 African American and Latino MSM, and low levels of awareness of infection status among those with HIV.^{20,21}

The U.S. Government Response

- In FY 2005, U.S. federal funding for HIV/AIDS is estimated to total \$19.7 billion. Of this, 59% will go to care, 15% to research, 9% to cash and housing assistance, 4% to prevention, and 12% to combat the international epidemic.²²
- Key programs that provide health insurance coverage, care, and support to people with HIV/AIDS in the U.S. include Medicaid, Medicare, and the Ryan White CARE Act.²²
- A variety of federally and state-supported prevention services are provided by state and local health departments and community organizations. The CDC's Advancing HIV Prevention Initiative is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services.⁵

References

- 1 CDC, *MMWR*, Vol. 30, 1981.
- 2 CDC, *HIV/AIDS Surveillance Report*, Vol. 16, 2005.
- 3 Glynn, K., Rhodes, P. "Estimated HIV Prevalence in the United States at the End of 2003," *2005 National HIV Prevention Conference*, June 2005.
- 4 CDC, *HIV Prevention Strategic Plan Through 2005*, January 2001.
- 5 CDC, "Advancing HIV Prevention: New Strategies for a Changing Epidemic," *MMWR*, Vol. 52, No. 15, 2003.
- 6 CDC, *MMWR*, Vol. 52, No. 47, 2003.
- 7 Fleming, P. et al., "HIV Prevalence in the United States, 2000," Abstract #11, *9th Conference on Retroviruses and Opportunistic Infections*, February 2002.
- 8 Teshale, E. et al., "Estimated Number of HIV-infected Persons Eligible for and Receiving HIV Antiretroviral Therapy, 2003—United States," Abstract #167, *12th Conference on Retroviruses and Opportunistic Infections*, February 2005. Note, among those ages 15–49.
- 9 U.S. Census Bureau, Population Estimates Program, 2004 Population Estimates (Note: AIDS case rates by region calculated by KFF).
- 10 NCHS, "Data Warehouse, Death rates by 10-year age group and age-adjusted death rates for 113 selected causes, race and sex: United States, 1979–1998 (Table HIST001R)."
- 11 NCHS, "Deaths: Preliminary Data for 2003," *NVSR*, Vol. 53, No. 15.
- 12 NCHS, *Press Release*, October 7, 1998.
- 13 CDC, Presentation by Dr. Harold Jaffe, "HIV/AIDS in America Today," *2003 National HIV Prevention Conference*, June 2003.
- 14 McQuillan, G. et al., "The Prevalence of HIV in the United States Household Population: The National Health and Nutrition Examination Surveys, 1988 to 2002," Abstract #166, *12th Conference on Retroviruses and Opportunistic Infections*, February 2005. Note, among those ages 18–49.
- 15 NCHS, "Deaths: Final Data for 2002" *NVSR*, Vol. 53, No. 5, October 2004.
- 16 NCHS, "Deaths: Leading Causes for 2002," *NVSR*, Vol. 53, No. 17, March 7, 2005.
- 17 CDC, *HIV/AIDS Surveillance in Adolescents*, L265 Slide Series (through 2003).
- 18 CDC, *Pediatric HIV/AIDS Surveillance*, L262 Slide Series (through 2003).
- 19 CDC, *Press Release*, July 10, 2002.
- 20 CDC, *Fact Sheet: HIV/AIDS Among Men Who Have Sex with Men*, July 2005.
- 21 CDC, *MMWR*, Vol. 54, No. 24, June 2005.
- 22 KFF, *Fact Sheet: Federal Funding for HIV/AIDS: The FY 2006 Budget Request*, February 2005.
- 23 CDC, *MMWR*, Vol. 54, No. 45, 2005.

Prepared by Jennifer Kates of the Kaiser Family Foundation (KFF). Additional copies of this publication (#3029-06) are available on the Kaiser Family Foundation's website at www.kff.org.

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