

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. have been infected with HIV, including more than 550,000 who have already died and an estimated 1.2 million living with HIV/AIDS today.^{2,3,4} 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.^{5,6} However, it has remained at this level for more than a decade and recent analyses suggest a potential rise among some populations.⁷
- HIV testing is important for both prevention and treatment efforts and new technologies, such as rapid testing, are now available. Yet approximately 25% 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 care⁸ and a recent analysis found that only 55% of people with HIV/AIDS for whom antiretroviral (ARV) therapy would likely be recommended were receiving it in 2003.⁹
- The epidemic's disproportionate impact on some populations, particularly racial and ethnic minorities, continues.

Figure 1: Key Snapshot of the U.S. Epidemic Today^{2,3,4,5,8}

- Number of new HIV infections each year: **40,000**
- Number of people living with HIV/AIDS: **1.2 million**, including more than 400,000 with AIDS
- Number of deaths among people with AIDS in 2005: **17,011**
- Percent of people with HIV/AIDS not in care: **42%–59%**
- Percent of people infected with HIV who don't know it: **25%**

Overview and Key Trends

- Of the more than one million people estimated to be living with HIV/AIDS, approximately 34% are estimated to have AIDS, 42% to be HIV positive but not yet progressed to AIDS, and the remainder undiagnosed.³
- 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 2005, an estimated 984,155 AIDS cases had occurred in the U.S., including 41,897 in 2005 alone.²
- After years of declines in AIDS diagnoses due to HAART, however, which has slowed the progression from HIV to AIDS, AIDS diagnoses have been on the rise since 2001, and increased by 3% between 2004 and 2005.²
- 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 or will soon move to confidential name-based HIV reporting, 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 43 states/areas that have conducted confidential name-based HIV reporting for a sufficient length of time, there were 35,537 HIV cases reported in 2005.²

- As of the end of 2005, an estimated 550,394 deaths among people with AIDS had occurred, including 17,011 in 2005.²
- HIV-related mortality rates rose steadily through the 1980's, peaking in 1994–1995.¹⁰ Since then, the age-adjusted HIV death rate has declined by more than 70%, including a 4% decline between 2003 and 2004.¹⁰ This is largely due to highly active antiretroviral therapy (HAART), but also to the decrease in annual new HIV infections in the 1990s compared to the prior decade. In 2004, HIV was the 6th leading cause of death for those aged 25–44, down from #1 in 1995.¹¹
- HIV transmission patterns have shifted over time. Heterosexual transmission accounts for a growing share of new AIDS cases, rising from 3% in 1985 to 31% in 2005. Over that same period, the share of new AIDS diagnoses attributable to sex between men fell from 65% to 43%. The share due to injection drug use was 19% in 1985, peaking at 31% in 1993, and dropping to 21% in 2005.^{2,12}

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 reported AIDS cases; these same states also rank as the top 10 for cases reported in 2005, accounting for 67% of recent cases. The top ten states by cumulative reported cases and by AIDS case rate per 100,000 differ, as the latter reflects the concentration of the epidemic after accounting for differences in the size of state populations (Figure 2).²

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

State	AIDS Cases through 2005 Number (%)	State	AIDS Case Rate 2005
New York	172,377 (18.0%)	District of Columbia	128.4
California	139,019 (14.5%)	New York	32.7
Florida	100,809 (10.5%)	Maryland	28.5
Texas	67,227 (7.0%)	Florida	27.9
New Jersey	48,431 (5.1%)	Puerto Rico	26.4
Illinois	32,595 (3.4%)	Georgia	25.7
Pennsylvania	31,977 (3.3%)	Louisiana	21.2
Georgia	30,405 (3.2%)	Delaware	20.9
Maryland	29,116 (3.0%)	Connecticut	19.0
Puerto Rico	29,092 (3.0%)	South Carolina	15.7
Subtotal	681,048 (71.2%)	--	--
U.S. Total	956,019 (100%)	U.S. Case Rate	14.0

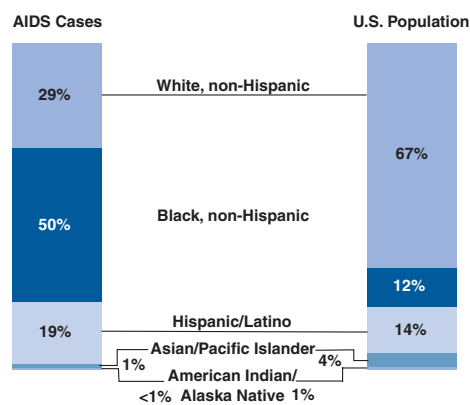
- AIDS cases have been concentrated primarily in large U.S. metropolitan areas (85% cumulatively, and 81% in 2005), although a slightly increasing share is occurring in rural areas. The top ten metropolitan areas account for 52% of cumulative reported AIDS cases.² Two of these areas were no longer in the top ten for cases reported in 2005.²
- By region, the Northeast had the highest AIDS case rate per 100,000 in 2005 (21.1), followed by the South (16.9), West (8.9), and Midwest (7.4).^{2,13} The South has the greatest number of people estimated to be living with AIDS, AIDS deaths, and new AIDS diagnoses, followed by the Northeast, West, and Midwest.² Between 2001 and 2005, AIDS cases increased the fastest in

the Midwest (24%), followed by the South (9%). Over this same period, deaths decreased in all regions but the South.²

Impact on Racial and Ethnic Minorities¹⁴

- 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 (71%) and people living with AIDS (64%) in 2005.²
- Blacks and Latinos account for a disproportionate share of new AIDS diagnoses (Figure 3); they also account for a disproportionate share of new HIV/AIDS diagnoses in the states/areas with confidential HIV name-based reporting.²
- Based on the CDC's HIV/AIDS prevalence estimate,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 more than 2% of Blacks in the U.S. were HIV positive, higher than any other group.¹⁵
- 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 was more than 9 times that of whites in 2005.²

Figure 3: AIDS Diagnoses & U.S. Population, by Race/Ethnicity, 2005^{2,13,14}



- Blacks accounted for 55% of deaths due to HIV in 2003; Latinos accounted for 14%.¹⁶ 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 for their respective counterparts in any other racial/ethnic group.¹¹

Impact on Women and Young People

- Women account for a growing share of new AIDS diagnoses, rising from 8% in 1985 to 27% in 2005.^{2,12} Based on the CDC's HIV/AIDS prevalence estimate,³ approximately 300,000 women are living with HIV and AIDS in the U.S.
- Women of color are particularly affected. Black women account for two thirds (66%) of new AIDS cases among women in 2005; Latinas and white women each account for 16%.^{2,14}
- 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 2005, teen girls represented 43% of AIDS cases reported among 13–19 year olds. Black teens represented 69% of cases reported among 13–19 years olds; Latino teens represented 17%.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 Blacks.^{2,18}

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 58% of AIDS diagnoses among men in 2005, a share which has increased in recent years.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.^{15,19}
- 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 Black and Latino MSM, and low levels of awareness of infection status among those with HIV.^{19,20}

The U.S. Government Response

- In FY 2007, U.S. federal funding for HIV/AIDS is estimated to total \$23.4 billion. Of this, 56% is for care, 11% for research, 9% for cash and housing assistance, 4% for prevention, and 19% for combating the international epidemic.²¹
- 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's *Advancing HIV Prevention Initiative* is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to medical care, treatment, and prevention services.⁶ CDC recently released testing recommendations calling for routine HIV testing of all adults, aged 13–64, in medical care settings.²²

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