

HIV/AIDS among African Americans



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In the United States, the HIV/AIDS epidemic is a health crisis for African Americans. In 2002, HIV/AIDS was among the top 3 causes of death for African American men aged 25–54 years and among the top 4 causes of death for African American women aged 25–54 years. It was the number 1 cause of death for African American women aged 25–34 years [1].

STATISTICS

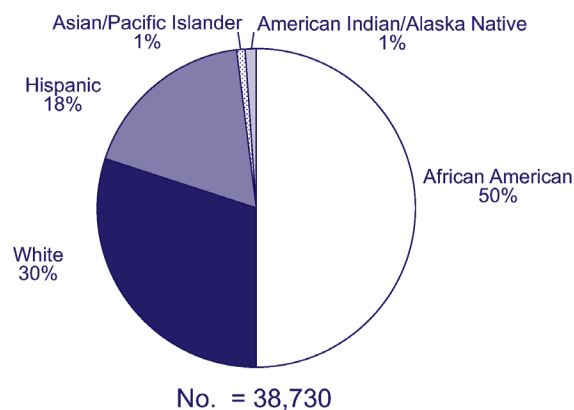
HIV/AIDS in 2004

- According to the 2000 census, African Americans make up 12.3% of the US population. However, African Americans accounted for 19,206 (50%) of the estimated 38,730 new HIV/AIDS diagnoses in the United States in the 35 areas with long-term, confidential name-based HIV reporting [2] (see box before the References section for list of states and areas).
- During 2001–2004, the rate of HIV/AIDS diagnoses for African Americans decreased, although the rate for African Americans was still the highest rate for all racial and ethnic groups [3].
- The primary mode of HIV transmission among African American men was sexual contact with other men, followed by heterosexual contact and injection drug use [2].
- The primary mode of HIV transmission among African American women was heterosexual contact, followed by injection drug use [2].
- Of the estimated 145 infants perinatally infected with HIV, 105 (73%) were African

American (CDC, HIV/AIDS Reporting System, unpublished data, June 2005).

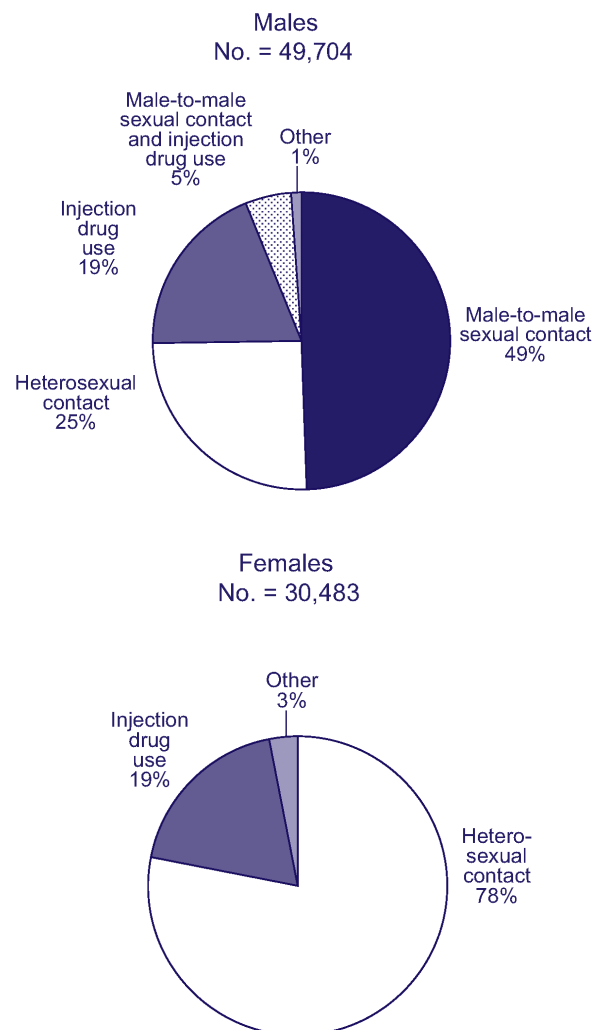
- Of the estimated 18,849 people under the age of 25 whose diagnosis of HIV/AIDS was made during 2001–2004 in the 33 states with HIV reporting, 11,554 (61%) were African American [4].
- Of the estimated 80,187 African Americans whose diagnosis of HIV/AIDS was made during 2001–2004 in the 33 states with HIV reporting, 49,704 (62%) were males, and 30,483 (38%) were females [4].

Race/ethnicity of adults and adolescents with HIV/AIDS diagnosed during 2004



Note. Based on data from 35 areas with long-term, confidential name-based HIV reporting.

Transmission categories for African American adults and adolescents with HIV/AIDS diagnosed during 2001–2004



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

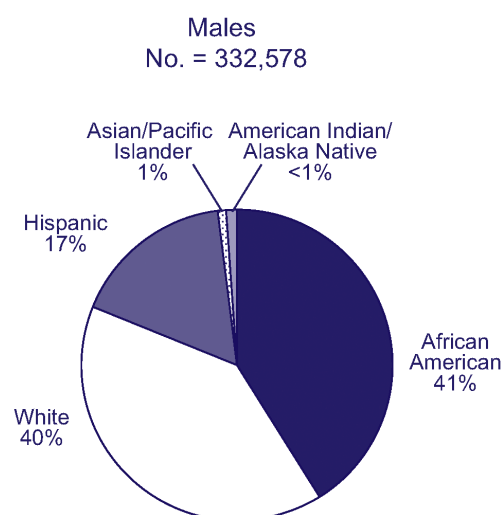
AIDS in 2004

- African Americans accounted for 20,965 (49%) of the 42,514 estimated AIDS cases diagnosed in the United States (including US dependencies, possessions, and associated nations) [2].
- The rate of AIDS diagnoses for African American adults and adolescents was 10 times the rate for whites and almost 3 times the rate for Hispanics. The rate of AIDS diagnoses

for African American women was 23 times the rate for white women. The rate of AIDS diagnoses for African American men was 8 times the rate for white men [2].

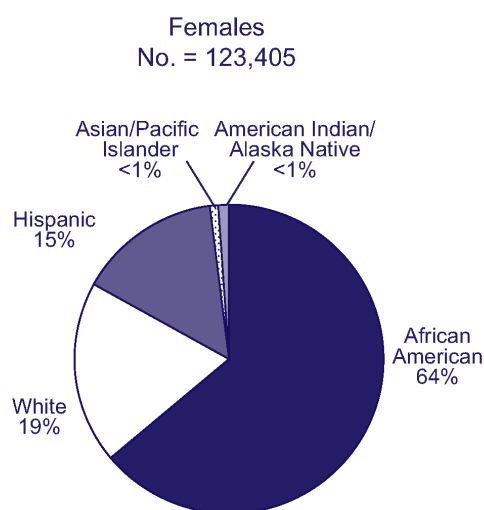
- The 178,233 African Americans living with AIDS in the United States accounted for 43% of all people in the United States living with AIDS [2].
- Of the 48 US children (younger than 13 years of age) who had a new AIDS diagnosis, 29 were African American [2].
- Since the beginning of the epidemic, African Americans have accounted for 379,278 (40%) of the estimated 944,306 AIDS cases diagnosed [2].
- From the beginning of the epidemic through December 2004, an estimated 201,045 African Americans with AIDS died [2].
- Of persons whose diagnosis of AIDS had been made since 1996, a smaller proportion of African Americans (64%) were alive after 9 years compared with American Indians and Alaska Natives (65%), Hispanics (72%), whites (74%), and Asians and Pacific Islanders (81%) [2].

Race/ethnicity of adults and adolescents living with HIV/AIDS, 2004



Note. Based on data from 35 areas with long-term, confidential name-based reporting.

Race/ethnicity of adults and adolescents living with HIV/AIDS, 2004 (cont.)



Note. Based on data from 35 areas with long-term, confidential name-based reporting.

RISK FACTORS AND BARRIERS TO PREVENTION

Race and ethnicity, by themselves, are not risk factors for HIV infection. Even though HIV testing rates are higher for African Americans than for other racial and ethnic groups [5], African Americans are more likely to face challenges associated with risk for HIV infection, including the following.

Sexual Risk Factors

African American women are most likely to be infected with HIV as a result of sex with men [2]. They may not be aware of their male partners' possible risks for HIV infection, such as unprotected sex with multiple partners, bisexuality, or injection drug use [6,7]. In a study of HIV-infected persons, 34% of African American men who have sex with men (MSM) reported having had sex with women, even though only 6% of African American women reported having had sex with a bisexual man [8].

Lack of Awareness of HIV Serostatus

Not knowing one's HIV serostatus is risky for African American men and their partners. In a recent study of MSM in 5 cities participating in CDC's National HIV Behavioral Surveillance, 46% of the African Americans were HIV-positive, compared with 21% of the whites and 17% of the Hispanics. The study also showed that of the participating MSM who tested positive for HIV, 64% of the African American men, 18% of the Hispanic men, 11% of the white men, and 6% of multiracial/other men were unaware of their HIV infection [9].

Substance Use

Injection drug use is the second leading cause of HIV infection for African American women and the third leading cause of HIV infection for African American men [2]. In addition to being at risk from sharing needles, casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [10]. Drug use can also affect treatment success. A recent study of HIV-infected women found that women who used drugs, compared with women who did not, were less likely to take their antiretroviral medicines exactly as prescribed [11].

Sexually Transmitted Diseases

The highest rates of sexually transmitted diseases (STDs) are those for African Americans. In 2003, African Americans were about 19 times as likely as whites to have gonorrhea and about 6 times as likely to have syphilis [12]. Partly because of physical changes caused by STDs, including genital lesions that can serve as an entry point for HIV, the presence of certain STDs can increase one's chances of contracting HIV 3- to 5-fold. Similarly, a person who has both HIV and certain STDs has a greater chance of spreading HIV to others [13].

Denial

Studies show that a significant number of African American MSM identify themselves as heterosexual [14,15]. As a result, they may not relate to prevention messages crafted for men who identify themselves as homosexual.

Socioeconomic Issues

In 1999, nearly 1 in 4 African Americans were living in poverty [16]. Studies have found an association between higher AIDS incidence and lower income [17]. The socioeconomic problems associated with poverty, including limited access to high-quality health care and HIV prevention education, directly or indirectly increase HIV risk.

PREVENTION

In the United States, the annual number of new HIV infections has decreased from a peak of more than 150,000 in the mid-1980s and has stabilized since the late 1990s at approximately 40,000. Populations of minority races and ethnicities are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (AHP) (http://www.cdc.gov/hiv/topics/prev_prog/AHP), in 2003. This initiative comprises 4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

CDC has also established the African American Working Group to focus on the urgent issue of HIV/AIDS in African Americans. The working group will develop a comprehensive response to guide CDC's efforts to increase and strengthen HIV/AIDS prevention and intervention activities directed toward African Americans. Already, CDC is engaged in a wide range of activities to involve community leaders in the African American

community and to decrease the incidence of HIV/AIDS in African Americans. For example, CDC

- Funds demonstration projects evaluating rapid HIV testing in historically black colleges and universities
- Conducts epidemiologic research focused on African Americans, including the following:
 - Brothers y Hermanos, a study of black and Latino MSM conducted in Los Angeles, New York, and Philadelphia that aims to identify and understand risk-promoting and risk-reducing sexual behaviors
 - Women's Study, a study of black and Hispanic women in the southeastern United States that examines relationship, cultural, psychosocial, and behavioral factors associated with HIV infection
- Addresses, through the Minority AIDS Initiative (<http://www.cdc.gov/programs/hiv09.htm>), the health disparities experienced in the communities of minority races and ethnicities at high risk for HIV. These funds are used to address the high-priority HIV prevention needs in such communities, including funding community-based organizations (CBOs) to provide services to African Americans. Examples of the programs that CBOs carry out are as follows:
 - A program in Washington, DC, that provides information to, and conducts HIV prevention activities for, MSM who do not identify themselves as homosexual. The activities include a telephone help line; an Internet resource; and a program in barbershops that includes risk-reduction workshops, condom distribution, and the training of barbers to be peer educators.
 - A program in Chicago that provides social support to help difficult-to-reach African American men reduce high-risk behaviors. This program also provides women at high risk for HIV with culturally appropriate, gender-specific prevention and risk-reduction messages.

- A program in South Carolina that is focused on changing the behaviors of adolescents to reduce their risk of contracting HIV and other STDs.
- Creates social marketing campaigns, including those focused on HIV testing, perinatal HIV transmission, and the reduction of HIV transmission to partners
- Creates and disseminates scientifically based interventions, including the following:
 - POL (Popular Opinion Leader), which identifies, enlists, and trains key opinion leaders to encourage safer sexual norms and behaviors within their social networks. POL has been adapted for African American MSM and shown to be effective.
 - SISTA (Sisters Informing Sisters About Topics on AIDS), a social-skills training intervention in which peer facilitators help African American women at highest risk reduce their HIV sexual risk behaviors.
 - Many Men, Many Voices (3MV), an STD/HIV prevention intervention for gay men of color that addresses cultural and social norms, sexual relationship dynamics, and the social influences of racism and homophobia.
 - ADAPT (Adopting and Demonstrating the Adaptation of Prevention Techniques), which provides funding to agencies to adapt and evaluate interventions shown to be effective in communities of color.

In addition, CDC provides intramural training for researchers of minority races and ethnicities through a program called Research Fellowships on HIV Prevention in Communities of Color. Additionally, recognizing the importance of conducting culturally competent research and programs, CDC established the extramural Minority HIV/AIDS Research Initiative (MARI) in 2002 to create partnerships between CDC epidemiologists and researchers who are members of minority races and ethnicities and who work in

communities of color. MARI funds epidemiologic and preventive studies of HIV in communities of color and encourages the career development of young investigators. CDC invests \$2 million per year in the program and since 2003 has funded 13 junior investigators at 12 sites across the country [18].

Understanding HIV and AIDS Data

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and territories. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

HIV surveillance: Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 35 areas—the US Virgin Islands, Guam, and 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming)—have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection. Recently, 9 additional areas have begun confidential name-based HIV surveillance, and data from these areas will be included in coming years.

HIV/AIDS: This term includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

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 Information about personal risk and where to
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