

MMWR Article Provides Additional Detail About HIV Incidence in the United States

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Rich Wolitski, PhD] Hello. My name is Rich Wolitski and I'm the acting Director of CDC's Division of HIV/AIDS Prevention. Today I'd like to talk to you about an MMWR article that was published on September 12th. This article provides an in-depth look at the groups most affected by new HIV infections in the United States.

The number of new HIV infections occurring in a given time period is referred to as incidence. Until recently, the technology and statistical methods did not exist to enable us to estimate the number of new HIV infections or incidence of HIV. After years of work, CDC scientists, in partnership with state and local health departments, created a system in which new infections could be directly measured. The first results from this system were announced in August 2008. They show that the annual incidence of HIV infections was higher than previously thought. In 2006, the estimated number of new HIV infections was 56,300. The analysis also showed that men who have sex with men, known as MSM, of all races and ethnicities are most affected by HIV. The data also confirmed disproportionate impact among men and women of color.

Following the development of this system for estimating new HIV infections, CDC scientists have continued to look more deeply at HIV incidence in the United States. This MMWR is the result of those additional analyses. It provides, for the first time, a more detailed break-down of incidence information by race, gender, and route of transmission. These data reveal important subgroup differences.

The analyses I'm about to talk about include data on blacks, whites, and Hispanics and Latinos. They do not include data on American Indians, Alaska Natives, Asians, and Pacific Islanders because their small numbers of new HIV infections precluded further analysis.

Among men who have sex with men, there are racial differences in the age distribution in the number of new HIV infections. In black and Hispanic MSM, most new infections occurred in young MSM between the ages of 13 and 29, whereas in white MSM, most new infections occurred between the ages of 30 and 39. Overall, MSM remain the group most affected by HIV, accounting for 72% of all new HIV infections in males.

From the earlier analysis, we knew that African American and Hispanic and Latino men and women are disproportionately affected by HIV. This new analysis shows that, despite comprising only 12% of the United States population, blacks accounted for 46% of all new HIV infections, including 40% of new infections in males and 61% of new infections in females. The disparity of new infections was especially pronounced among women, with the incidence rate in black women being 15 times as high as that of white women.

As I mentioned, Hispanics and Latinos are also disproportionately affected by HIV. Despite comprising only 13% of the United States population, Hispanics and Latinos accounted for 18%

of all new HIV infections, including 19% of new infections in males and 16% of new infections in females. As with African Americans, the disparity with regard to new HIV infections was especially pronounced among women, with Hispanic and Latina women having an HIV incidence rate that was 4 times as high as that of white women.

Deeper level of insight allows us to target and evaluate prevention efforts with more precision than ever before. This better understanding and enhanced clarity shows us that we need to be looking more critically at the intersections of gender, race/ethnicity, age, and risk in order to know where prevention efforts are needed most. While these data give us a clearer picture of what needs to be done at the national level, the epidemic is not the same in every city and state. So, it's critically important that local jurisdictions compare the national results to those from their own surveillance systems so they can know how best to target local resources.

These data are a wake-up call, and we all have to do more to ensure that HIV infection doesn't become a rite of passage for young gay and bisexual men of any race or ethnicity. We need to do more to ensure that effective prevention reaches those who need it most. We also have to do more to ensure that communities of color in this country will not continue to be disproportionately affected by HIV.

In short, the HIV epidemic is far from over in this country. It continues to take a devastating toll on the lives of Americans. As a nation, we must recognize the epidemic for the crisis that it is and match our response to the severity of the problem. Communities must mobilize and re-energize efforts for those at-risk in the United States. We all need to work strategically to reduce stigma, expand access to HIV testing, and implement the prevention strategies that we know are effective at a scale that matches the epidemic.

Now I'd like to take a moment to thank all of you who worked for so many years to develop this critical surveillance system that is now providing us with such important information. It wouldn't have been possible without your hard work.

If you want further information on this MMWR article, please visit www.cdc.gov/hiv/topics/surveillance/incidence.htm.

Thank you for watching and for all that you're doing to stop the HIV epidemic in the United States.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.