The first cases of what would later become known as AIDS were reported in the United States in June of 1981. Since then, 1.7 million people in the U.S. are estimated to have been infected with HIV, including more than 580,000 who have already died and more than 1.1 million estimated to be living with the disease today. Every 9½ minutes, someone in the U.S. is infected with HIV. The response to the U.S. epidemic has yielded numerous successes, but challenges remain:

- While the number of new HIV infections (incidence) is down from its peak in the 1980s, new estimates indicate that HIV incidence in the U.S. is higher than previously thought.
- HIV testing is important for both prevention and treatment efforts and rapid testing is now much more widely available. Routine HIV testing is now recommended for all people ages 13–64, yet 21% of those infected with HIV don’t know it, and many people with HIV (36%) are diagnosed late in their illness.
- Treatment advances have substantially reduced AIDS-related morbidity and mortality and extended the lives of many. Still, not all who need treatment have access to it and treatment is not a cure.
- The epidemic continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, and gay and bisexual men.

**Figure 1: Key Snapshot of the U.S. Epidemic Today**

- Number of new HIV infections, 2006: **56,300**
- Number of people living with HIV/AIDS: **1.1 million**, including more than 468,000 with AIDS
- Number of AIDS deaths since beginning of epidemic: **583,298**, including 14,561 in 2007
- Percent of people infected with HIV who don’t know it: **21%**

**Overview and Key Trends**

- New estimates from the Centers for Disease Control and Prevention (CDC) indicate that there were 56,300 people newly infected with HIV in 2006, higher than previously thought. HIV incidence was highest in the 1980s, reaching 130,000, followed by declines. It has remained stable since 2000.
- More than 1.1 million people are estimated to be living with HIV (including those with AIDS) today, representing a slight increase over time as people are living longer with HIV disease and new infections remain relatively stable.
- There are several different kinds of HIV and AIDS data available to assess the epidemic — diagnosed AIDS cases, diagnosed HIV cases, and new HIV infections, including those that have been diagnosed and those that have not.
- The AIDS case surveillance system, one of the most complete in the U.S., provides data from all states and represents diagnoses of the most advanced stage of HIV disease. By the end of 2007, cumulative AIDS diagnoses reached an estimated 1,051,875, including 37,041 in 2007.
- AIDS diagnoses, however, do not provide a current or full understanding of the epidemic, given the lag time between HIV infection and progression to an AIDS diagnosis, particularly since the introduction of ARVs. Therefore, all states now conduct confidential name-based HIV reporting of diagnosed HIV cases. As these systems have matured (for counting purposes) and HIV testing efforts have expanded, the number of HIV/AIDS diagnoses in the U.S. has increased, and rose 15% between 2004 and 2007 among 34 states with mature HIV surveillance systems. It is not yet possible, however, to rule out whether new HIV infections played any role in the increase in diagnosed cases.

- Estimated HIV incidence provides the fullest picture of the current epidemic since it captures both infections that have been diagnosed and those estimated to have occurred, but have yet to be diagnosed.
- Despite advances in combating HIV, thousands have already died from the disease, and cumulative deaths among people with AIDS reached 583,298 by the end of 2007. Still, HIV-related mortality rates, which rose steadily through the 1980s and peaked in 1995, have declined significantly; the age-adjusted HIV death rate dropped by more than 70% since then, including by 7% between 2004 and 2005. This is largely due to HAART but also to decreasing HIV incidence after the 1980s. In 2006, HIV was the 6th leading cause of death for those ages 25–44, down from #1 in 1994 and 1995.

**Figure 2: Top Ten States by Cumulative Reported AIDS Cases and by AIDS Case Rate Per 100,000**

<table>
<thead>
<tr>
<th>State</th>
<th>Cumulative AIDS Cases through 2007</th>
<th>State</th>
<th>AIDS Case Rate 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>181,461 (17.6%)</td>
<td>District of Columbia</td>
<td>148.1</td>
</tr>
<tr>
<td>California</td>
<td>148,949 (14.4%)</td>
<td>U.S. Virgin Islands</td>
<td>31.4</td>
</tr>
<tr>
<td>Florida</td>
<td>109,524 (10.6%)</td>
<td>New York</td>
<td>24.9</td>
</tr>
<tr>
<td>Texas</td>
<td>72,828 (7.1%)</td>
<td>Maryland</td>
<td>24.8</td>
</tr>
<tr>
<td>New Jersey</td>
<td>50,694 (4.9%)</td>
<td>Florida</td>
<td>21.7</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>35,489 (3.4%)</td>
<td>Puerto Rico</td>
<td>21.5</td>
</tr>
<tr>
<td>Illinois</td>
<td>35,066 (3.4%)</td>
<td>Louisiana</td>
<td>20.5</td>
</tr>
<tr>
<td>Georgia</td>
<td>33,847 (3.3%)</td>
<td>Delaware</td>
<td>19.8</td>
</tr>
<tr>
<td>Maryland</td>
<td>31,931 (3.1%)</td>
<td>Georgia</td>
<td>19.7</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>30,736 (3.0%)</td>
<td>South Carolina</td>
<td>16.8</td>
</tr>
<tr>
<td>Subtotal</td>
<td>730,525 (70.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Total</td>
<td>1,030,832 (100%)</td>
<td>U.S. Case Rate 2007</td>
<td>12.5</td>
</tr>
</tbody>
</table>

- HIV transmission patterns have shifted over time. Most new HIV infections are among gay and bisexual men (53% in 2006), a smaller share than earlier in the epidemic but the only group for which new infections are on the rise. Heterosexual transmission has accounted for a growing share of new HIV infections over time, representing 31% in 2006, although they have been on the decline in recent years. New infections due to injection drug use have declined significantly over time — by approximately 80% — and accounted for 12% of new infections in 2006.

**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 account for 71% of AIDS cases reported since the beginning of the epidemic (Figure 2). Nine of these states also rank in the top 10 for newly reported cases. Case rates per 100,000 provide a different measure of the epidemic’s impact, since they reflect the concentration of cases after accounting for differences in population size across states. The District of Columbia has the highest rate. The District of Columbia has a higher rate than any state or U.S. dependency, possession, or associated nation.

- Despite advances in combating HIV, thousands have already died from the disease, and cumulative deaths among people with AIDS reached 583,298 by the end of 2007. Still, HIV-related mortality rates, which rose steadily through the 1980s and peaked in 1995, have declined significantly; the age-adjusted HIV death rate dropped by more than 70% since then, including by 7% between 2004 and 2005. This is largely due to HAART but also to decreasing HIV incidence after the 1980s. In 2006, HIV was the 6th leading cause of death for those ages 25–44, down from #1 in 1994 and 1995.

- Estimated HIV incidence provides the fullest picture of the current epidemic since it captures both infections that have been diagnosed and those estimated to have occurred, but have yet to be diagnosed.
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Impact on Women and Young People

- Women of color are particularly affected. Black women accounted for almost half (46%) of new AIDS cases in 2007 and have the greatest number of people estimated to be living with AIDS, followed by the Northeast, West, and Midwest. \(^2\) Between 2003 and 2007, AIDS cases decreased in all regions, as did deaths. \(^2\)

Impact on Racial and Ethnic Minorities\(^12\)

- Racial and ethnic minorities have been disproportionately affected by HIV/AIDS since the beginning of the epidemic, and represented the majority of new AIDS cases (71%), new HIV infections and people living with HIV/AIDS (67%, respectively), and AIDS deaths (70%) in 2007. \(^2\)\(^3\)\(^5\)\(^6\)

- Blacks also have the highest rate of new HIV infections and new AIDS cases of any racial/ethnic group, followed by Native Hawaiians/Other Pacific Islanders, Latinos, American Indians/Alaska Natives, whites, and Asians. The AIDS case rate per 100,000 for Blacks in 2007 was more than 9 times that of whites. \(^2\) The HIV rate was 7 times greater among Blacks than whites in 2006. \(^5\)

- Blacks accounted for 57% of deaths due to HIV in 2006; Latinos accounted for 13%. \(^15\) Survival after an AIDS diagnosis is lower for Blacks than other racial/ethnic groups, and Blacks have had the highest age-adjusted death rate due to HIV disease throughout most of the epidemic. \(^2\)\(^10\)

- HIV was the 4th leading cause of death for Black men and 3rd for Black women, ages 25–44, in 2006, ranking higher than their respective counterparts in any other racial/ethnic group. \(^10\)

Impact on Women and Young People

- Today, women represent a larger share of new HIV infections compared to earlier in the epidemic. HIV incidence among women increased gradually until the late 1980s, declined during the early 1990s, and has remained relatively stable since, at approximately 27% in 2006. \(^5\)\(^6\) Based on the CDC's most recent estimates, \(^3\) close to 280,000 women are living with HIV and AIDS in the U.S.

- Women of color are particularly affected. Black women accounted for two thirds (65%) of new AIDS cases among women in 2007; Latinas represented 15% and white women, 17%. \(^2\)\(^12\)

- Also accounted for the largest share of new HIV infections among women in 2006 (61%). \(^16\)

- Young adults and teens, under the age of 30, continue to be at risk, with those between the ages of 13 and 29 accounting for 34% of new HIV infections in 2006, the largest share of any age group. \(^5\)

- Most young people are infected sexually.

- Among young people, teen girls and minorities have been particularly affected. In 2007, teen girls represented 40% of AIDS cases reported among 13–19 year-olds. Black teens represented 68% of cases reported among 13–19 year-olds; Latino teens represented 19%. \(^17\)

- Perinatal HIV transmission, from an HIV infected mother to her baby, has declined significantly in the U.S., largely due to ARVs which can prevent mother-to-child transmission. \(^2\)\(^18\)

Impact on Gay and Bisexual Men

- Despite declines in HIV infection rates among gay and bisexual men since the early years of the epidemic, they continue to be at high risk for HIV. Gay and bisexual men accounted for an estimated 53% of new HIV infections in 2006, and are the only group for which new infections are on the rise. \(^5\)\(^6\)

- Younger gay and bisexual men and those of color are at particularly high risk. Young men between the ages of 13 and 29 accounted for 38% of infections among gay and bisexual men, a share that was even higher among young Black men (52%). \(^16\) Studies have also found high HIV incidence and prevalence among gay and bisexual men in some cities, particularly Black and Latino men, many of whom did not know they were infected. \(^19\)

The U.S. Government Response

- In FY 2009, U.S. federal funding to combat HIV totaled $24.8 billion. Of this, 50% is for care, 11% for research, 10% for cash and housing assistance, 4% for prevention, and 25% for the international epidemic. \(^20\)

- Key programs that provide health insurance coverage, care, and support to people with HIV 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 recently updated the nation's HIV Prevention Strategic Plan, which calls for reducing new HIV infections in the U.S. by 5% per year, or at least by 10% through 2010, focusing particularly on eliminating racial and ethnic disparities. \(^21\)

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18. CDC. MMWR. Vol. 55, No. 21; 2006.
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