

Some basic facts about HIV/AIDS

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HIV Prevalence

There are various estimates of the number of persons living with HIV. The CDC current points to this web page, which puts the number at 1.178 million, in 2008. CDC says that one in five persons living with HIV are undiagnosed.

<http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest>

CDC HIV Prevalence Estimate

Prevalence is the number of people living with HIV infection at the end of a given year.

At the end of 2008, an estimated 1,178,350 persons aged 13 and older were living with HIV infection in the United States. Of those, 20% had undiagnosed HIV infections.¹

1. CDC. HIV Surveillance --- United States, 1981--2008. MMWR 2011 60(21); 689-693.

New Infections

CDC estimates the number of new infections at around 50k per year.

<http://www.cdc.gov/hiv/topics/surveillance/incidence.htm>

CDC published new incidence estimates in the August 3, 2011, edition of the online scientific journal PLoS ONE using a refined methodology that allowed for a more precise 2006 incidence estimate (previously 56,300) as well as new estimates for 2007, 2008, and 2009. These new estimates showed that the annual number of new HIV infections was stable overall from 2006 through 2009.

- In 2006 there were an estimated 48,600 new HIV infections in the United States (95% confidence interval: 42,400-54,700)
- In 2007 there were an estimated 56,000 new HIV infections (95% confidence interval 49,100-62,900)
- In 2008 there were an estimated 47,800 new HIV infections (95% confidence interval: 41,800-53,800)
- In 2009 there were an estimated 48,100 new HIV infections (95% confidence interval: 42,200-54,000)

The CDC notes that “even though the annual number of new HIV infections was stable overall during those years, there was an estimated 21 percent increase in HIV incidence for people aged 13-29 years.”

Deaths from AIDS

CDC estimates there are approximately 16,000 deaths per year from AIDS.

Race and Ethnicity

In the United States, about 63 percent of all persons living with HIV are black or Hispanic. According to CDC “At some point in their life, approximately 1 in 16 black men will be diagnosed with HIV infection, as will 1 in 32 black women.”

<http://www.cdc.gov/hiv/resources/factsheets/us.htm>

By Race/Ethnicity

- Blacks continue to experience the most severe burden of HIV, compared to other races and ethnicities.
- Blacks represent approximately 14% of the U.S. population, but accounted for an estimated 44% of new HIV infections in 2009.
- Blacks accounted for 46% of people living with HIV infection in 2008.
- Since the epidemic began, more than 250,000 blacks with AIDS have died , including 8,782 in 2009.
- At some point in their life, approximately 1 in 16 black men will be diagnosed with HIV infection, as will 1 in 32 black women.
- In 2009, the estimated rate of new HIV infections among black men was six and a half times

as high as that of white men, and more than two and a half times as high as that of Hispanic/Latino men and of black women. In the same year, the estimated rate of new HIV infections among black women was 15 times that of white women and over three times that of Hispanic/ Latina women.

Hispanics/Latinos are also disproportionately affected by HIV.

- Hispanics/Latinos represented 16% of the population but accounted for 20% of new HIV infections in 2009.
- Hispanics/Latinos accounted for 17% of people living with HIV infection in 2008.
- Since the epidemic began, an estimated more than 95,000 Hispanics/Latinos with AIDS have died, including 2,853 in 2009.

Estimated Rate of New HIV Infections, 2009, by Gender and Race/Ethnicity**

Gender	Race/Ethnicity***	Rate of infection, per 100,000
Male	Black	103.9
	Hispanic	39.9
	White	15.9
Female	Black	39.7
	Hispanic	11.8
	White	2.6

**Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. (2011) Estimated HIV Incidence in the United States, 2006-2009. PLoS ONE 6(8): e17502. doi:10.1371/journal.pone.0017502.

*** Statistics for “black” and “white” are non-Hispanic black and non-Hispanic white.

Access to Treatment

Estimates vary as to the number of persons receiving antiretroviral drugs. A study Gardner et al* published in March 2011 estimated the number of persons receiving ART in 2006 to be 262,217, or just 24 percent of all persons who were HIV+. A December 2011, CDC note estimated that 36 percent of HIV persons were receiving ART, using 2008 as a base year.

- Gardner EM, McLees MP, Steiner JF, Del Rio C, Burman WJ., The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. Clin Infect Dis. 2011 Mar 15;52(6):793-800.
- New Hope for Stopping HIV, CDC Vitalsigns, December 2011
<http://www.cdc.gov/VitalSigns/HIVtesting/index.html>

Stage of treatment	Gardner, McLees, Steiner, del Rio and Burman estimates, using 2006 as base year	% of HIV+	“New Hope for Stopping HIV,” CDC <i>Vitalsigns</i> , using 2008 as a base year	% of HIV+
HIV Infected	1,106,400		1,178,350	
HIV Diagnosed	874,056	79%	941,950	80%
Linked to HIV care	655,542	59%	725,302	62%
Retained in HIV care	437,028	40%	480,395	41%
Need ART	349,622	32%		
On ART	262,217	24%	426,590	36%
Adherent/ Undetectable	209,773	19%	328,475	28%

Whether the correct percentage of persons receiving ART is 24 percent or 36 percent, it is far too low, particularly in light of new treatment guidelines that promote treatment as prevention.

ADAP Funding Crisis

The AIDS Drug Assistance Programs (ADAPs) are programs to provide access to HIV treatments, for persons with lower incomes. The ADAP programs are run by the states with co-funding from the federal government.

In recent years, the ADAP programs have face a difficult crisis in funding. One aspect of the crisis has been waiting lists in several states. According to the National ADAP Monitoring Project, in 2011, 14 States reported waiting lists for treatment, reaching 9,298 individuals by September 1, 2011. Since then, special federal appropriations were made available which help lower the numbers on wait lists. As of May 3, 2012, there were 2,704 individuals who have registered and qualified for treatments, who are on wait lists in 10 states.

Since September 2009, six state ADAP programs have lowered the standards for financial eligibility, in

order to control costs. Illinois, North Dakota, Ohio and South Carolina lowered the eligibility level to 300 percent of the Federal Poverty Level (FPL). Utah now uses 250 percent of FPL, and Arkansas uses 200 percent. The previous standard was 400 percent of the FPL. The changes lead to the disenrollment of 445 individuals in Arkansas (99), Ohio (257), and Utah (89). Illinois, North Dakota, and South Carolina grandfathered existing clients, and will only apply the new income standards to new applicants.

As demand “has not dwindled,” ADAP Watch predicts “the waiting lists will likely plateau and grow again in the coming months,” and more cost containment measures are anticipated.

In addition to wait lists and lowered standards for incomes, ADAP Watch reports the following cost control strategies have been implemented in from April 1, 2009 to April 11, 2012:

- Alabama: reduced formulary, capped enrollment
- Arkansas: reduced formulary
- Florida: reduced formulary, transitioned 5,403 clients to Welvista from February 15 to March 31, 2011
- Georgia: reduced formulary, implemented medical criteria, participating in the Alternative Method Demonstration Project
- Illinois: reduced formulary, instituted monthly expenditure cap (\$2,000 per client per month), disenrolled clients not accessing ADAP for 90-days
- Kentucky: reduced formulary
- Louisiana: discontinued reimbursement of laboratory assays
- Nebraska: reduced formulary
- North Carolina: reduced formulary
- North Dakota: capped enrollment, instituted annual expenditure cap
- Puerto Rico: reduced formulary
- Tennessee: reduced formulary
- Utah: reduced formulary
- Virginia: reduced formulary, restricted eligibility criteria, transitioned 204 clients onto waiting list
- Washington: instituted client cost sharing, reduced formulary, only paying insurance premiums for clients currently on antiretrovirals
- Wyoming: capped enrollment, reduced formulary, instituted client cost sharing
- ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2013***)
- Alaska: reduce formulary
- Arizona: instituting client cost sharing
- California: instituting client cost sharing
- Georgia: instituting client cost sharing
- Virginia: enrolling clients into PCIPs