

March 2014 | Fact Sheet

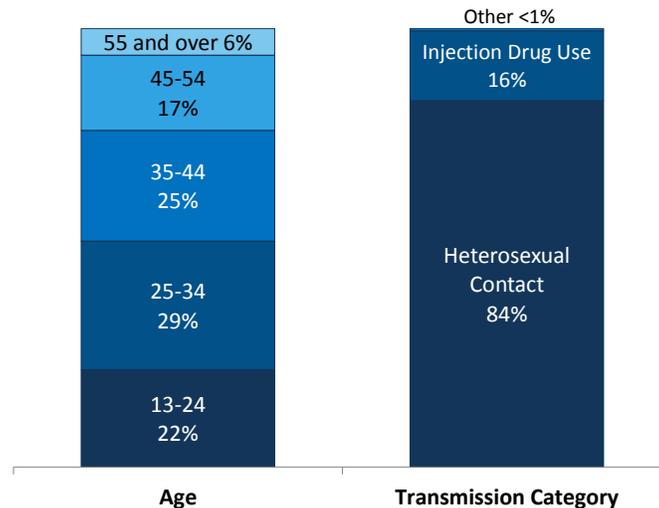
Women and HIV/AIDS in the United States

Women have been affected by HIV/AIDS since the beginning of the epidemic.^{1,2} Today, women account for 1 in 5 (20%) new HIV infections in the U.S. Women of color, particularly Black women, have been especially hard hit and represent the majority of women living with the disease and women newly infected.^{1,3} As with people with HIV overall, most women with HIV are not in regular care and only a quarter are virally suppressed.⁴ Women with and at risk for HIV face several challenges to getting the services and information they need, including socio-economic and structural barriers, such as poverty, cultural inequities, and sexual violence, and women may place the needs of their families above their own.^{5,6,7,8} In addition, women also experience different clinical symptoms and complications due to HIV disease.⁹ Despite this impact, there are promising new signs, with data indicating that HIV infections are now falling among women, including among Black women, although they continue to rise among gay men.³ Still, addressing the epidemic's impact on women in the U.S., particularly women of color, remains critical to ensuring that these encouraging trends continue.

Snapshot of the Epidemic

- Today, of the more than 1.1 million people living with HIV in the U.S., more than 270,000, or 24%, are women.¹⁰
- Women accounted for 20% (9,500) of new HIV infections in 2010, a 21% decrease since 2008 and the first significant decrease after more than a decade of relatively steady HIV incidence among women.^{3,11}
- In 2011, there were 8,102 new AIDS diagnoses (AIDS being most advanced form of HIV disease) among women, representing 25% of AIDS diagnoses in that year. New AIDS diagnoses among women are also on the decline.¹

New HIV Infections Among Women & Girls, by Age and Transmission Category, 2010



NOTES: Data are estimates among those ages 13 and older and do not include U.S. dependent areas. Age distribution only includes white, Black, and Latina women and girls. Distribution by transmission category includes all women and girls. SOURCE: KFF calculations based on CDC, HIV Surveillance Supplemental Report, Vol. 17, No. 4; December 2012.

- Women comprised one quarter of deaths among people with an HIV diagnosis in 2010 (26% or 5,232 deaths).¹
- Most women are infected through heterosexual sex (84% of new HIV infections in 2010).³

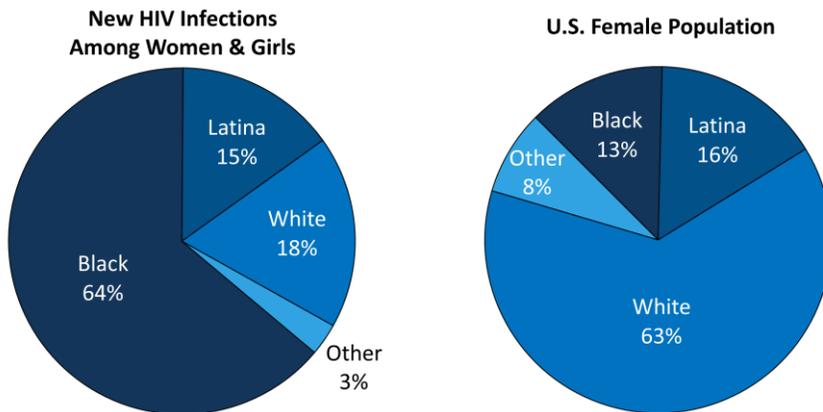
Key Trends and Current Cases

RACE/ETHNICITY

Women of color, particularly Black women, are disproportionately affected by HIV, accounting for the majority of new HIV infections, women living with HIV, and HIV-related deaths among women in the U.S.

- In 2010, Black women accounted for nearly two thirds (64%) of all estimated new HIV infections among women, while only accounting for 13% of the female population; white women accounted for 18% and Latinas 15% of new infections.^{3,12,13} Recent data indicate that, as with women overall, new HIV infections among Black women are also on the decline, decreasing by 21% between 2008 and 2010.³
- By the end of 2010, over half (60%) of all women living with an HIV diagnosis were Black; 19% were Latina and 18% were white.¹

New HIV Infections Among Women & Girls and U.S. Female Population, by Race/Ethnicity, 2010



NOTES: Data are estimates among those ages 13 and older and do not include U.S. dependent areas.
 SOURCES: CDC, HIV Surveillance Supplemental Report, Vol. 17, No. 4; December 2012. U.S. Census Bureau, 2010 Population Estimates.



- HIV incidence rates (which show the severity of impact after controlling for differences in population size) are much higher for Black women and Latinas than for white women. In 2010, the rate of new HIV infections for Black women was 20 times higher than the rate for white women (38.1 per 100,000, compared to 1.9); the rate for Latinas (8.0) was 4 times higher.³ Rates of women living with an HIV diagnosis follow a similar pattern.¹

- The likelihood of a woman being diagnosed with HIV in her lifetime is significantly higher for black women (1 in 32) and Latinas (1 in 106) than for white women (1 in 526).⁵

- Black women accounted for the greatest share of deaths among women

with HIV in 2010 (64%), followed by white women (18%) and Latinas (12%).¹⁴ In 2010, HIV was the 7th leading cause of death for Black women ages 25-44, but did not rank among the top 10 leading causes of death for white women 25-44.¹⁵ In 2010, the HIV death rate per 100,000 women, ages 25-44, was 10.3 for Black women, higher than the rate for other women and most men in this age group, and second only to the rate among Black men.¹⁶

AGE

Women ages 25-34 accounted for the largest share (29%) of new HIV infections among women in 2010, followed by those ages 35-44 (25%) and 13-24 (22%).^{3,12,17} Newly infected Black women and Latinas are more likely to be younger than white women – 23% of new infections among Black women and 21% among Latinas were among 13-24 year-olds, compared to 16% of new infections among white women.³

TRANSMISSION

- Women are most likely to be infected with HIV through heterosexual sex (84% of new infections in 2010), followed by injection drug use (16%).³ This pattern is consistent across racial and ethnic groups, although heterosexual transmission accounts for a greater share of new HIV infections among Black women and Latinas (87% and 86%, respectively) compared to white women (76%); injection drug use accounts for a greater share of new infections among white women (25%).³
- Mother-to-child transmission of HIV in the U.S. has decreased dramatically since its peak in 1991 due to the use of antiretroviral therapy (ART), which significantly reduces the risk of transmission from a woman to her baby (to less than 2%).¹⁸ Still, some perinatal infections occur each year, the majority of which are among Blacks, and there continue to be missed opportunities for preventing mother-to-child transmissions, such as women testing late in their pregnancy.^{1,19}

REPRODUCTIVE HEALTH

HIV interacts with women's reproductive health on many levels.⁹

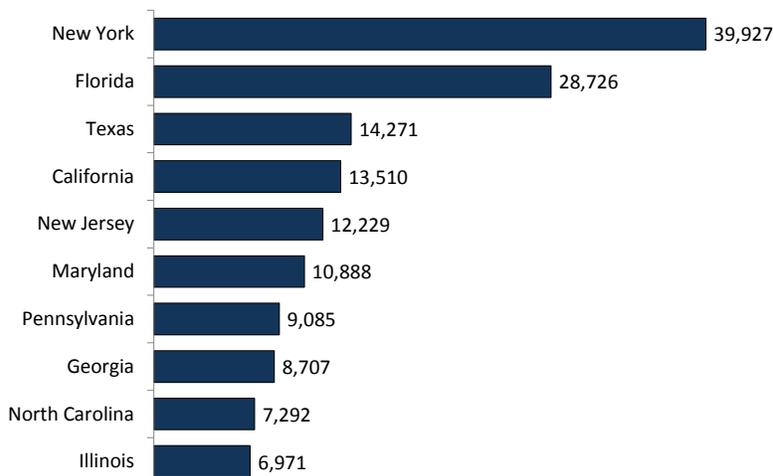
- Studies have shown that the HIV is transmitted more efficiently from men to women during sexual intercourse. In addition, women with other sexually transmitted infections are at increased risk for contracting HIV.
- Women with HIV are at increased risk for developing or contracting a range of conditions, including human papillomavirus (HPV), which can lead to cervical cancer, and severe pelvic inflammatory disease (PID).
- Research efforts are exploring a number of new HIV prevention technologies which could be particularly beneficial for women, such as cervical barriers and microbicides.

- In addition, family planning sites provide an important entry point for reaching women at risk for and living with HIV. A majority of women of reproductive age (60%) report that a family planning site is their usual source of reproductive and general health care services; 41% say it is their only source of care.²⁰

GEOGRAPHY

HIV's impact varies across the country and, in some states, the epidemic is more likely to have a woman's face. Ten states account for the majority of women living with an HIV diagnosis (68% at the end of 2010); with 5 states accounting for about half (49%).²¹ While the District of Columbia has far fewer women living with an HIV diagnosis (3,967 at the end of 2010), the rate per 100,000 of women living with an HIV diagnosis is over 8 times the national rate for women (1,403.3, compared to 165.2 nationally).²¹ By the end of 2009, 10 large metropolitan areas represented over half (56%) of all women living with an HIV diagnosis. The New York and Miami metropolitan areas had the greatest number and highest rates of women living with an HIV diagnosis.²²

Number of Women & Girls Estimated to be Living with an HIV Diagnosis, Top 10 States, year-end 2010



NOTES: Data are estimates for adults/adolescents ages 13 and older in all 50 states, the District of Columbia, and Puerto Rico. SOURCE: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas.



HIV Testing and Access to Prevention & Care

- The CDC recommends routine HIV screening for all adults, ages 13-64, in health care settings, including women, and repeat screening at least annually for those at high risk. The CDC also recommends all pregnant women be screened for HIV, and that those at high-risk for HIV have repeat HIV screening in their third trimester. HIV testing of newborns is recommended if the mother's status is unknown.²³
- While over half (55%) of women in the U.S. ages 18-64 report having been tested for HIV at some point, just 1 in 5 (22%) report that they were tested in the past year. Black women are much more likely to report having been tested in the past year compared to white women (52% compared to 12%).²⁴
- Among those women who are HIV positive, 31% were tested for HIV late in their illness – that is, diagnosed with AIDS within one year of testing positive, a similar share as men.¹
- Looking across the spectrum of access to care, from HIV diagnosis to viral suppression, reveals missed opportunities for reaching women. Among women living with HIV in the U.S., more than 8 in 10 (85%) have been diagnosed, but only 70% have been linked to care. Moreover, just 41% are retained in regular care, 36% are prescribed ART, and 26% are virally suppressed.⁴
- There are a number of sources of care and treatment for women with HIV in the U.S., including government programs such as Medicaid and the Ryan White Program for those who are eligible. Two relatively recent developments may impact access to care, as well as access to prevention services, for women – the National HIV/AIDS Strategy and the Affordable Care Act.^{25,26}

Concern About HIV/AIDS

When asked how concerned they were personally about becoming infected with HIV, a recent survey found that 22% of women in the U.S. say they are “very” or “somewhat” concerned. Black women are much more likely to say they are concerned (45%) than white women (13%). Black women are also more likely than white women to express concern about an immediate family member becoming infected with HIV (70% vs. 26%, respectively).²⁴

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- ¹ CDC. *HIV Surveillance Report*, Vol. 23; February 2013. HIV diagnosis data are estimates from all 50 states, the District of Columbia, and 6 U.S. dependent areas. Rates do not include U.S. dependent areas.
- ² CDC. Special Data Request; 2006.
- ³ CDC. *HIV Surveillance Supplemental Report*, Vol. 17, No. 4; December 2012. Data are estimates and do not include U.S. dependent areas.
- ⁴ CDC. *HIV in the United States: The Stages of Care*; July 2012.
- ⁵ CDC. *Fact Sheet: HIV Among Women*; March 2014.
- ⁶ White House. *Presidential Memorandum Establishing a Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities*; March 2012.
- ⁷ Denning P and DiNenno E. "Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States?" August 2010.
- ⁸ HRSA. *CAREAction Newsletter: Ryan White Providers Address HIV/AIDS Among African American Women*; September 2012.
- ⁹ See: <http://www.womenshealth.gov/hiv-aids/index.html>; last updated July 2011.
- ¹⁰ CDC. *HIV Surveillance Supplemental Report*, Vol. 18, No. 5; October 2013. Data are estimates and do not include U.S. dependent areas.
- ¹¹ Hall HI et al. "Estimation of HIV Incidence in the United States." *JAMA*, Vol. 300, No. 5; August 2008.
- ¹² Among those ages 13 and older.
- ¹³ U.S. Census Bureau. 2010 Population Estimates.
- ¹⁴ CDC. *Slide Set: HIV Surveillance in Women* (through 2011).
- ¹⁵ CDC. *Slide Set: HIV Mortality* (through 2010).
- ¹⁶ NCHS. *Health, United States, 2012*; May 2013.
- ¹⁷ Age distribution based on CDC data and includes only white, Black, and Latina women and girls. Distribution by transmission category includes all women and girls.
- ¹⁸ Nesheim S et al. "A Framework for Elimination of Perinatal Transmission of HIV in the United States." *Pediatrics*, Vol. 130, No. 4; September 2012.
- ¹⁹ Whitmore SK et al. "Correlates of Mother-to-Child Transmission of HIV in the United States and Puerto Rico." *Pediatrics*, Vol. 129, No. 1; January 2012.
- ²⁰ Frost JJ et al. "Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women's Health Care Needs." *Women's Health Issues*, Vol. 22, No. 6; November 2012.
- ²¹ CDC. *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas*. Data are estimates from all 50 states, the District of Columbia, and Puerto Rico.
- ²² CDC. *HIV Surveillance Supplemental Report*, Vol. 18, No. 1; January 2013. Data are estimates from 46 states and Puerto Rico. Estimates are not available for all metropolitan statistical areas.
- ²³ CDC. *MMWR*, Vol. 55, RR14; September 2006.
- ²⁴ The Washington Post/KFF. *2012 Survey of Americans on HIV/AIDS*; July 2012.
- ²⁵ White House, *National HIV/AIDS Strategy*; July 2010.
- ²⁶ KFF. *The Affordable Care Act, the Supreme Court, and HIV: What Are the Implications?* September 2012.