HIV/AIDS among Hispanics

1-800-CDC-INFO (232-4636)
In English, en Español
24 Hours/Day
cdcinfo@cdc.gov
http://www.cdc.gov/hiv

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The HIV/AIDS epidemic is a serious threat to the Hispanic community. In addition to being a population seriously affected by HIV, Hispanics continue to face challenges in accessing health care, prevention services, and treatment. In 2002, HIV/AIDS was the third leading cause of death among Hispanic men aged 35 to 44 and the fourth leading cause of death among Hispanic women in the same age group [1].

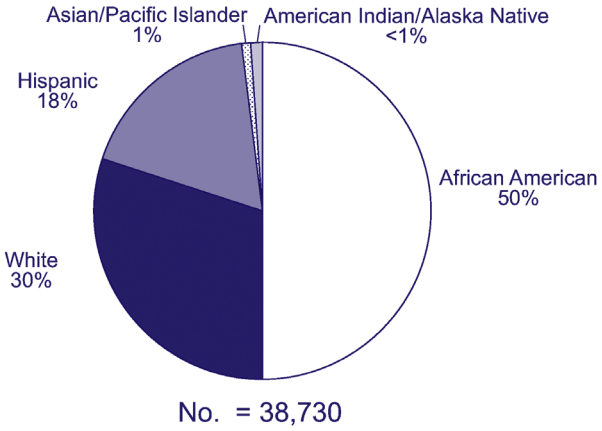
STATISTICS

HIV/AIDS in 2004

- Hispanics accounted for 18% of new diagnoses reported in the 35 areas* with long-term, confidential name-based HIV reporting in the United States [2].
- From 2002 through 2004, the number of new diagnoses for Hispanics in the 35 areas stayed at about 7,000 per year [2].
- Most Hispanic men were exposed to HIV through sexual contact with other men, followed by injection drug use and heterosexual contact. Most Hispanic women were exposed to HIV through heterosexual contact, followed by injection drug use [2].
- HIV testing rates were higher among Hispanics than among other races or ethnicities except African Americans: 50% of Hispanics aged 15–44 had been tested, and 18% had been tested during the past year [3].

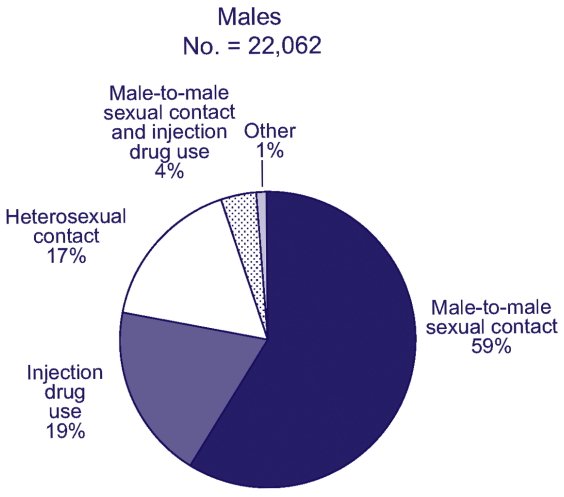
*See box before the References section for a list of the 35 areas.

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2004



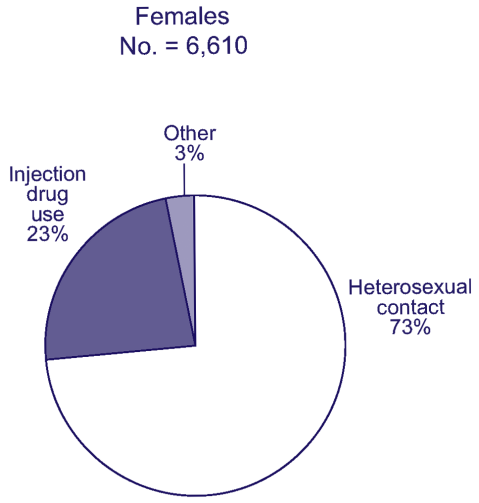
Note. Based on data from 35 areas with long-term, confidential name-based HIV reporting.

Transmission categories for Hispanic 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.

Transmission categories for Hispanic adults and adolescents with HIV/AIDS diagnosed during 2001–2004 (cont.)

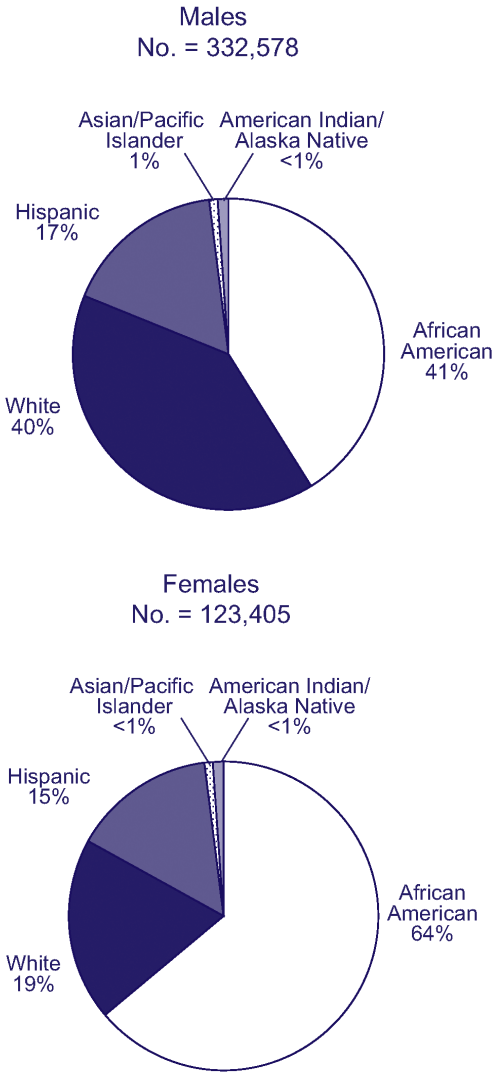


Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.
Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

AIDS in 2004

- Hispanics accounted for 20% (8,672) of the 42,514 new diagnoses in the United States [2].
- Of the rates of diagnoses for adults and adolescents in all racial and ethnic groups, the second highest was the rate for Hispanics. The highest rate was that for African Americans (72.1 cases per 100,000 persons), followed by the rates for Hispanics (25.0/100,000), American Indians and Alaska Natives (9.9/100,000), whites (7.1/100,000), and Asians and Pacific Islanders (4.4/100,000) [2].
- The 84,001 Hispanics living with AIDS accounted for 20% of all people in the United States living with AIDS [2].
- Although Hispanics made up only about 14% of the population of the United States and Puerto Rico [4, 5], they accounted for 19% (177,164) of the estimated 944,306 cases diagnosed since the beginning of the epidemic [2].
- By the end of 2004, an estimated 93,163 Hispanics with AIDS had died [2].
- Among people given a diagnosis of AIDS since 1996, a smaller proportion of Hispanics (72%), compared with whites (74%) and Asians/Pacific Islanders (81%), were alive after 9 years. However, the proportion of surviving Hispanics was larger than the proportions of surviving American Indians and Alaska Natives (65%) and African Americans (64%) [2].

Race/ethnicity of persons (including children) living with HIV/AIDS, 2004



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

RISK FACTORS AND BARRIERS TO PREVENTION

Transmission categories and country of birth of Hispanics with AIDS diagnosed in the United States during 2004

	Central/South America (n = 836) %	Cuba (n = 204) %	Mexico (n = 1,443) %	Puerto Rico (n = 1,595) %	United States (n = 2,769) %
Male-to-male sexual contact	52	59	60	20	43
Injection drug use	13	13	11	39	25
Male-to-male sexual contact and injection drug use	2	5	3	4	5
Heterosexual contact	32	23	25	37	25
Other[a]	1	0	1	1	1

[a] Includes hemophilia, blood transfusion, perinatal, and risk factor not reported or identified.

A number of cultural, socioeconomic, and health-related factors contribute to the HIV epidemic in the Hispanic community. Because Hispanic Americans or their parents have emigrated from many Latin countries, there is no single Hispanic culture in the United States. Research shows that behavioral risk factors for HIV/AIDS differ by country of birth. For example, data suggest that Hispanics born in Puerto Rico are more likely than other Hispanics to contract HIV as a result of injection drug use. By contrast, sexual contact with other men is the primary cause of HIV infections among men born in Mexico [2].

Socioeconomic Issues

More than 1 in 5 (22.6%) Hispanics live in poverty [6]. Of the Hispanic people with HIV/AIDS interviewed in a multisite study, 47% of Mexican-born men who have sex with men (MSM) and 59% of Puerto Rican–born MSM had annual incomes of less than $10,000 [7]. Various socioeconomic problems associated with poverty, including limited access to high-quality health care, directly or indirectly increase the risk for HIV infection. Recent immigrants face additional challenges, such as lack of information about HIV/AIDS and social isolation, which may increase their risk of exposure to HIV [8, 9].

Denial

Although many Hispanics are increasingly engaged in the fight against HIV/AIDS, some Hispanic communities have been slow to join the effort. In part because of cultural values, such as machismo (sense of manliness), communities may be reluctant to acknowledge sensitive yet risky behaviors, such as homosexuality [10]. Many Hispanic MSM identify themselves as heterosexual and, as a result, may not relate to prevention messages crafted for gay men [11].

Sexual Risk Factors

Hispanic women are most likely to be infected with HIV as a result of sex with men [2]. In a study of heterosexual Hispanics living in the United States, 16% had sexual risk factors for HIV, including multiple sex partners or partners with risk factors for HIV infection [12]. Some women, including those who suspect that their partners are at risk for HIV infection, may be reluctant to discuss condom use with their partners because they fear emotional or physical abuse or the withdrawal of financial support [13].

Substance Use

Injection drug use continues to be a significant risk factor for Hispanics. Sharing needles is not the only HIV risk factor related to substance abuse. Both casual and chronic substance users are more likely to engage in risky sexual behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [14].

Sexually Transmitted Diseases

Compared with whites, Hispanics are about twice as likely to have gonorrhea (71.3/100,000 persons compared with 33.3/100,000 whites) or syphilis (3.2/100,000 persons compared with 1.6/100,000 whites). Hispanics are about 3 times as likely to have chlamydial infection as whites (436.1/100,000 compared with 143.6/100,000 whites) [15]. Sexually transmitted infections increase the likelihood of HIV transmission [16].

PREVENTION

In the United States, the annual number of new HIV infections has declined from a peak of more than 150,000 during 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 (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 provides 15 awards to community-based organizations that focus primarily on Hispanics and provides funding through state, territorial, and local health departments to organizations serving this population. The following are examples of CDC-funded programs focused on Hispanics:

- An organization with many locations in California uses outreach teams to provide hard-to-reach populations with information on health screenings and linkages to services.
- An organization in Chicago assists persons with disabilities and their families (including those affected by HIV/AIDS) by assessing their needs and designing a plan to best meet those needs.
- An organization in Massachusetts offers many programs and support services.

CDC, through the Minority AIDS Initiative (http://www.cdc.gov/programs/hiv08.htm), supports efforts to reduce the health disparities experienced in communities of persons of minority races or ethnicities who are at high risk for HIV infection.

The following are examples of scientifically based interventions that CDC provides to organizations.

- Many Men, Many Voices (3MV), an intervention to prevent sexually transmitted disease, including HIV infection, among gay men of color, addresses cultural and social norms, the dynamics of sexual relationships, and the social influences of racism and homophobia.
- ADAPT (Adopting and Demonstrating the Adaptation of Prevention Techniques) provides

funding to agencies to adapt and evaluate interventions that have proven effective in communities of color.

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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CDC HIV/AIDS resources

CDC-INFO
1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
http://www.hivtest.org
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
1-800-458-5231
http://www.cdcnpin.org
CDC resources, technical assistance, and publications

AIDSinfo
1-800-448-0440
http://www.aidsinfo.nih.gov
Resources on HIV/AIDS treatment and clinical trials