

HIV/AIDS among Hispanics/Latinos

CDC HIV/AIDS FACTS

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The HIV/AIDS epidemic is a serious threat to the Hispanic/Latino community. Hispanics/Latinos* comprise 15% of the U.S. population but accounted for 17% of all new HIV infections occurring in the United States in 2006 [1, 2]. During the same year, the rate of new HIV infections among Hispanics/Latinos was 2.5 times that of whites. In 2006, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35–44 [3].

THE NUMBERS

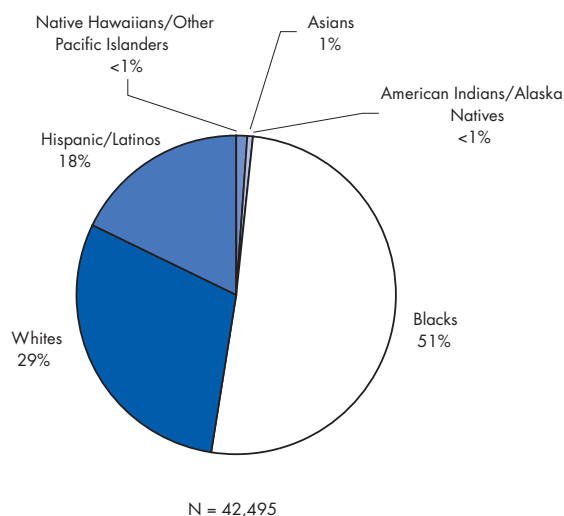
HIV/AIDS in 2007

- Hispanics/Latinos accounted for 18% of the 42,655 (including children) new HIV/AIDS diagnoses in the 34 states with long-term, confidential name-based HIV reporting [4].
- Hispanics/Latinos accounted for 17% of the 551,932 persons (including children) living with HIV/AIDS in the 34 states with long-term, confidential name-based HIV reporting [4].
- For Hispanic/Latina females living with HIV/AIDS, the most common methods of transmission were high-risk heterosexual contact** and injection drug use [4].
- For U.S. Hispanic/Latino males living with HIV/AIDS, the most common methods of HIV transmission were (in descending order) [4]:
 - sexual contact with other males
 - injection drug use
 - high-risk heterosexual contact**

AIDS in 2007

- Hispanics/Latinos accounted for 19% of new AIDS diagnoses in the 50 states and the District of Columbia [4].
- Hispanics/Latinos accounted for 19% of all people living with AIDS in the 50 states and the District of Columbia [4].
- Of the rates of AIDS cases for U.S. adults and adolescents of all races/ethnicities, Hispanics/Latinos* were the third highest affected demographic after blacks/African Americans and Native Hawaiians/Other Pacific Islanders [4].
- The rate of new AIDS diagnoses among Hispanic/Latino* men is three times that of white men, and the rate among Hispanic/Latina women is five times that of white women [4].
- By the end of 2007, an estimated 82,894 Hispanics/Latinos with AIDS in the 50 states and the District of Columbia had died [4].

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2007



Based on data from 34 states with long-term, confidential name-based HIV reporting.

PREVENTION CHALLENGES

A number of cultural, socioeconomic, and health-related factors contribute to the HIV epidemic in the US Hispanic/Latino community.

- **Behavioral risk factors** for HIV infection differ by country of birth. For example, data suggest that Hispanics/Latinos born in Puerto Rico are more likely than other Hispanics/Latinos to contract HIV as a result of injection drug use or high-risk heterosexual contact.** By contrast, sexual contact with other men is the primary cause of HIV infections among Hispanic/Latino men born in Central or South America, Cuba, Mexico, or the United States [4].
- Hispanic/Latino men and women are most likely to be infected with HIV as a result of **sexual contact with men** [4]. Hispanic/Latina women may be unaware of their male

*Hispanics/Latinos can be of any race.

**Heterosexual contact with a person known to have or to be at risk for HIV infection

REFERENCES

1. USA QuickFacts, U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/00000.html>. Accessed June 15, 2009.
2. Hall I, Song R, Rhodes P, Prejean J, An Q, Lee L.M, et al. Estimation of HIV Incidence in the United States. *JAMA* 2008; 300: 520-529.
3. WISQARS [Web-based Injury Statistics Query and Reporting System] leading causes of death reports, 2006. <http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html>. Accessed June 12, 2009.
4. CDC. *HIV/AIDS Surveillance Report, 2007*. Atlanta: U.S. Department of Health and Human Services, CDC; 2009: 1-63. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm>. Accessed June 12, 2009.
5. Pan American Health Organization Regional Office of the World Health Organization: Women, Health and Development Program. *The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean 2004*. http://www.paho.org/English/ad/ge/GenderandHIV_revised0904.pdf. Accessed June 12, 2009.
6. Diaz R, Ayala G. National Gay and Lesbian Task Force Report: Social Discrimination and Health, the Case of Latino Gay Men and HIV Risk. *The Policy Institute of the National Gay and Lesbian Task Force*. 2001. <http://www.thetaskforce.org/downloads/reports/reports/SocialDiscriminationAndHealth.pdf>
7. Leigh BS, Stall R. Substance use and risky sexual behavior to HIV: issues in methodology, interpretation, and prevention. *American Psychologist* 1993;48:1035-1045.
8. CDC. *Sexually Transmitted Disease Surveillance*, Atlanta, GA: U.S. Department of Health and Human Services; CDC; 2008; <http://www.cdc.gov/std/stats07/Surv2007FINAL.pdf>. Accessed June 12, 2009.
9. Shedlin MG, Decena CU, Oliver Velez D. Initial acculturation and HIV risk among new Hispanic immigrants. *Journal of the National Medical Association* 2005; 97 (7) (suppl):32S-37S.



HIV/AIDS RESOURCES

CDC HIV/AIDS

www.cdc.gov/hiv
CDC HIV/AIDS resources

CDC-INFO

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

CDC National HIV Testing Resources

www.hivtest.org
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)

1-800-458-5231
www.cdcnpin.org
CDC resources, technical assistance, and publications

AIDSinfo

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

partner's risk factors or incorrectly assess these risks [5]. In five different studies of gay and bisexual men in the U.S., Hispanic/Latinos were reported to have the highest rates of unprotected male-to-male sexual contact, even when compared to men from other ethnic minority groups [6].

- **Injection drug use** continues to be a risk factor for Hispanics/Latinos, particularly those living in Puerto Rico [4]. Both casual and chronic substance users may be more likely to engage in risky sexual behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [7].
- The presence of certain **sexually transmitted diseases** (STDs) can significantly increase one's chances of contracting HIV infection, and the rates of STDs are high for Hispanics/Latinos [8].
- Hispanics/Latinos confront several **cultural factors** that can affect one's risk of HIV infection. Some may avoid seeking testing, counseling, or treatment if infected, for fear of embarrassment, rejection, and stigma. Stigmatizing sexuality adds to the prevention challenges making it hard to reach a community that is 'silent' (e.g., traditional rigid gender roles and norms such as "machismo" contribute to the sense of Latino gay men being "failed men") [6].
- Greater **acculturation into the U.S. culture** has both negative effects (engaging in behaviors that increase the risk for HIV infection) and positive effects (communicating with partners about practicing safer sex) on the health behaviors of Hispanics/Latinos [9].
- **Socioeconomics factors** such as poverty, migration patterns, social structures or language barriers add to Hispanic/Latino infection numbers. Problems associated with socioeconomics factors—including unemployment, transience, a lack of formal education, immigration status, inadequate health insurance, and limited access to high-quality health care—can hinder access to HIV/AIDS prevention and care [9].

WHAT CDC IS DOING

CDC continues to expand its partnerships to develop a national plan of action to reduce new HIV infections among Hispanics/Latinos by

- increasing access to culturally appropriate prevention care and treatment services;
- enhancing research, policy, and community involvement; and
- increasing organizations' capacities to deliver HIV prevention services to Hispanics/Latinos.

This plan of action is being developed by CDC's Hispanic/Latino Executive Committee (HLEC) within the Division of HIV/AIDS Prevention and incorporates input from partner organizations. The HLEC's core priorities are to

- Describe the epidemiology of HIV/AIDS among Hispanics/Latinos
- Identify evidence-based interventions and best practices
- Develop an inventory of DHAP-funded Latino activities
- Identify gaps, needs, and opportunities to strengthen DHAP programs, capacity building, prevention and epidemiological research, and communication strategies
- Recommend strategies and policies aimed at strengthening DHAP's prevention programs, capacity building activities, prevention and epidemiological research, and communication activities
- Promote collaboration and communication across branches to create synergy
- Develop strategies to build new and strengthen existing partnerships with other government programs and outside partners

For more information, including details regarding the 34 states with long term, confidential name-based HIV reporting, visit the CDC HIV/AIDS Statistics and Surveillance Web site at www.cdc.gov/hiv/topics/surveillance