

CDC

CDC Home

Search

Health Topics A-Z

MMWR

Weekly

February 10, 2006 / 55(05);121-125

Racial/Ethnic Disparities in Diagnoses of HIV/AIDS - 33 States, 2001--2004

In 2003, an estimated 1.2 million persons in the United States were living with human immunodeficiency virus (HIV) infection, 47% of whom were non-Hispanic blacks* (1). This report describes racial/ethnic disparities in diagnoses of HIV/acquired immunodeficiency syndrome (AIDS) during 2001--2004 and reported to CDC through June 2005 by 33 states† that used confidential, name-based reporting of HIV and AIDS cases for at least 4 years. Of the estimated 157,252 diagnoses of HIV infection, the number of cases and diagnosis rates among blacks were higher than those for all other racial/ethnic populations combined. Among males, blacks had the largest or second largest percentage of cases in every transmission category; among females, blacks had the largest percentage of cases in all transmission categories. Moreover, among both males and females, blacks represented the largest percentage of HIV/AIDS diagnoses in every age group. New and improved prevention strategies, including expanded HIV testing, targeted communications, and tailored prevention services, are needed to help address disparities in HIV transmission among blacks.

Cases of HIV and AIDS were analyzed together as HIV/AIDS (i.e., HIV infection with or without AIDS) and counted by year of earliest reported diagnosis of HIV infection. Adult cases were classified into the following hierarchy of transmission categories: 1) male-to-male sexual contact (men who have sex with men [MSM]), 2) injection-drug use (IDU), 3) both male-to-male sexual contact and injection-drug use (MSM/IDU), 4) high-risk heterosexual contact (i.e., with a person of the opposite sex known to have HIV/AIDS or a risk factor [e.g., MSM or IDU] for HIV/AIDS), and 5) all other risk factors combined. Pediatric cases were classified as either perinatal transmission or all other transmission categories combined. The number of HIV/AIDS diagnoses, rates per 100,000 population, and estimated annual percentage change (EAPC) (with associated 95% confidence intervals [CIs]) were calculated. Data were adjusted for reporting delays and redistribution of risk among persons initially reported without sufficient information to classify them into a transmission category (2).

Although blacks accounted for approximately 13% of the population of the 33 states during 2001--2004 (3), they accounted for the majority (80,187 [51%]) of HIV/AIDS diagnoses. Blacks accounted for the greatest percentage of cases diagnosed among males (44%) and the majority of cases among females (68%) (4).

Among males, 36% of MSM cases, 54% of IDU cases, 39% of MSM/IDU cases, and 66% of high-risk heterosexual contact cases were in blacks. Among females, 70% of high-risk heterosexual contact cases and 60% of IDU cases were in blacks. Moreover, 69% of cases of perinatal transmission were among blacks.

Average annual rates of HIV diagnoses for specific transmission categories were calculated using race/ethnicity- and age-specific census data as the denominators. For example, the rate of cases among blacks with male-to-male sexual contact represents the number of cases among black MSM per 100,000 black males during 2001--2004. Blacks had the highest average rates for all transmission categories. For cases among MSM, the rate for blacks was 69.0 per 100,000, compared with 13.9 for whites, 37.8 for Hispanics, 8.2 for Asians/Pacific Islanders (A/PIs), and 12.1 for American Indians/Alaska Natives (AI/ANs). For cases among males reporting IDU, the rate for blacks was 26.9 per 100,000, compared with 1.7 for whites, 12.0 for Hispanics, 1.6 for A/PIs, and 2.7 for AI/ANs. For cases among males with high-risk heterosexual contact, the rate for blacks was 35.5 per 100,000, compared with 1.1 for whites, 10.9 for Hispanics, 2.3 for A/PIs, and 2.4 for AI/ANs. For cases among females reporting IDU, the rate for blacks was 14.2 per 100,000, compared with 1.0 for whites, 4.8 for Hispanics, 0.6 for A/PIs, and 2.2 for AI/ANs. For cases among females with high-risk heterosexual contact, the rate for blacks was 58.3 per 100,000, compared with 2.2 for whites, 15.0 for Hispanics, 2.8 for A/PIs, and 5.3 for AI/ANs.

EAPC was used as a measure of the change in HIV diagnosis rates from 2001 to 2004. Among males (Figure 1), EAPC for blacks was -4.4 (CI = -8.4--0.3), for whites was 1.4 (CI = -3.3--6.4), for Hispanics was -4.7 (CI = -11.2--2.3), for A/PIs was 8.1 (CI = 1.8--14.7), and for AI/ANs was 2.4 (CI = -6.4--12.1). Among females (Figure 2), EAPC for blacks was -6.8 (CI = -9.8--3.7), for whites was -2.1 (CI = -8.2--4.3), for Hispanics was -13.0 (CI = -19.7--5.7), for A/PIs was 14.3 (CI = 3.4--26.4), and for AI/ANs was 4.8 (CI = -26.3--49.1).

Although the annual percentage decrease in HIV diagnosis rates among blacks was statistically significant ($p < 0.05$), the annual HIV diagnosis rates among both black males and females remained higher than the rates for all other racial/ethnic populations. In 2004, among males, the rate of HIV/AIDS diagnosis for blacks (131.6 per 100,000) was 7.0 times higher than that for whites (18.7 per 100,000), 2.2 times higher than that for Hispanics (60.2 per 100,000), 9.5 times higher than that for A/PIs (13.9 per 100,000), and 6.3 times higher than that for AI/ANs (20.8 per 100,000). Among females, the HIV/AIDS diagnosis rate for blacks (67.0 per 100,000) was 20.9 times higher than the rate for whites (3.2 per 100,000), 4.1 times higher than the rate for Hispanics (16.3 per 100,000), 16.3 times higher than for A/PIs (4.1 per 100,000), and 8.7 times higher than for AI/ANs (7.7 per 100,000) (5). The rate among black females was higher than rates among males in any other racial/ethnic population.

By region,[§] blacks accounted for the majority of diagnoses in the South (47,497 [54%]) and Northeast (23,674 [53%]). Black males accounted for more HIV/AIDS diagnoses than males of any other racial/ethnic population in the South (29,532 [48%]) and the Northeast (14,104 [47%]). Black females accounted for the majority of HIV/AIDS diagnoses among females in the South (17,965 [72%]), Northeast (9,570 [65%]), and Midwest (2,565 [64%]) (Table).

Reported by: *J Prejean, PhD, AJ Satcher, MPH, T Durant, PhD, X Hu, MS, LM Lee, PhD, Div of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC.*

Editorial Note:

During 2001--2004, in nearly every demographic and transmission category, the largest percentages of HIV/AIDS cases diagnosed were among blacks. Disparities were observed in all demographic and transmission groups; however, the disparity was especially pronounced among women, children, and persons with high-risk heterosexual contact. Blacks accounted for the highest percentages and rates of cases for both males and females in the high-risk heterosexual contact transmission category and for the majority of cases of HIV attributed to perinatal transmission (5).

During 2001--2004, the most common mode of transmission for HIV infection for both black males and females was sex with a man. The National HIV Behavioral Surveillance System (NHBS) surveyed MSM who frequented MSM-identified venues (e.g., bars, street locations, dance clubs, cafés, retail stores, gay pride events, social organizations, gyms, sex clubs, and parks) in five U.S. cities. Forty-six percent of black MSM in the study were HIV positive; of those, 67% were unaware of their HIV status (6). High-risk heterosexual contact is the main route of HIV transmission among black females and the second most common route among black males. Continuing high rates of HIV infection among blacks underscore the need for effective, culturally tailored HIV-prevention strategies, including outreach testing strategies for identifying persons with undiagnosed HIV infection.

The findings in this report are subject to at least three limitations. First, confidential, name-based HIV/AIDS surveillance was not conducted in all 50 states and U.S. territories. The 33 states included in this analysis accounted for 63% of the national total of AIDS diagnoses (excluding U.S. territories) and might not be nationally representative. Data from several areas with high AIDS morbidity (e.g., California, Illinois, and the District of Columbia) were not included. However, the racial/ethnic disparities described in this report are similar to the disparities observed in AIDS cases from all 50 states (5). Second, classification of cases with no identified risk factor was based on follow-up investigations; those cases were assumed to constitute a representative sample of all cases initially reported without a risk factor. Finally, this analysis was not constructed with age-specific subgroups, in which different trends in HIV/AIDS diagnosis rates might be observed.

A comprehensive national program is required to address the substantial racial disparities in HIV/AIDS diagnoses in the United States described in this report. To reduce disparities, partnerships must be enhanced among a broad range of persons and groups, including governmental agencies, community organizations, faith-based institutions,

educational institutions, community opinion leaders, and the public. Through Minority AIDS Initiative funding, CDC has funded prevention programs aimed at reducing the disparity in HIV/AIDS diagnoses nationally. As part of this effort, CDC's Advancing HIV Prevention (AHP) initiative is aimed at reducing barriers to early diagnosis of HIV and at increasing access to quality medical care, treatment, and ongoing prevention services for HIV-infected persons.

Through AHP, CDC has introduced programs (e.g., HIV testing and sex network demonstration projects) to increase HIV testing among populations at risk for HIV infection (7) and has proposed revisions to HIV-testing recommendations to include routine HIV testing of adults, adolescents, and pregnant women in health-care settings (7,8). In addition, CDC, in collaboration with state and local health departments and community-based organizations, continues to promote effective HIV-prevention interventions that target persons who are at high risk for HIV infection (9). Ensuring that these programs are broadly accessible to blacks living in disadvantaged areas including urban areas and the rural South, is critical.

In 2005, CDC established an African American Working Group to develop a comprehensive action plan to increase and strengthen HIV/AIDS and sexually transmitted disease (STD) prevention activities for blacks who are at high risk for infection. Moreover, CDC is working to engage partner organizations from various backgrounds and disciplines, including educational institutions, researchers, state and local health departments, community-based organizations, faith-based programs, and AIDS services organizations, to address HIV/AIDS and STD prevention concerns among blacks in the United States.

References

1. Glynn MK, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003 [Abstract T1-B1101]. Presented at the 2005 National HIV Prevention Conference, Atlanta, GA; June 14, 2005.
2. Green T. Using surveillance data to monitor trends in the AIDS epidemic. *Stat Med* 1998;17:143--54.
3. US Census Bureau. Population estimates: entire data set. Available at <http://www.census.gov/popest/datasets.html>.
4. CDC. Trends in HIV/AIDS diagnoses---33 states, 2001--2004. *MMWR* 2005;54:1149--53.
5. CDC. HIV/AIDS surveillance report, 2004. Vol. 16. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/default.htm>.
6. CDC. HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men---five U.S. cities, June 2004--April 2005. *MMWR* 2005;54:597--601.
7. CDC. Advancing HIV prevention: new strategies for a changing epidemic---United States, 2003. *MMWR* 2003;52:329--32.
8. CDC. Revised recommendations for HIV screening of adults, adolescents and pregnant women in health care settings. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at <http://www.phppo.cdc.gov/PHTN/webcast/HIV11-17-05/default.asp>.
9. CDC. Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at http://ahp.nchstp.cdc.gov/docs/CBOPcedures_12-15-03.pdf.

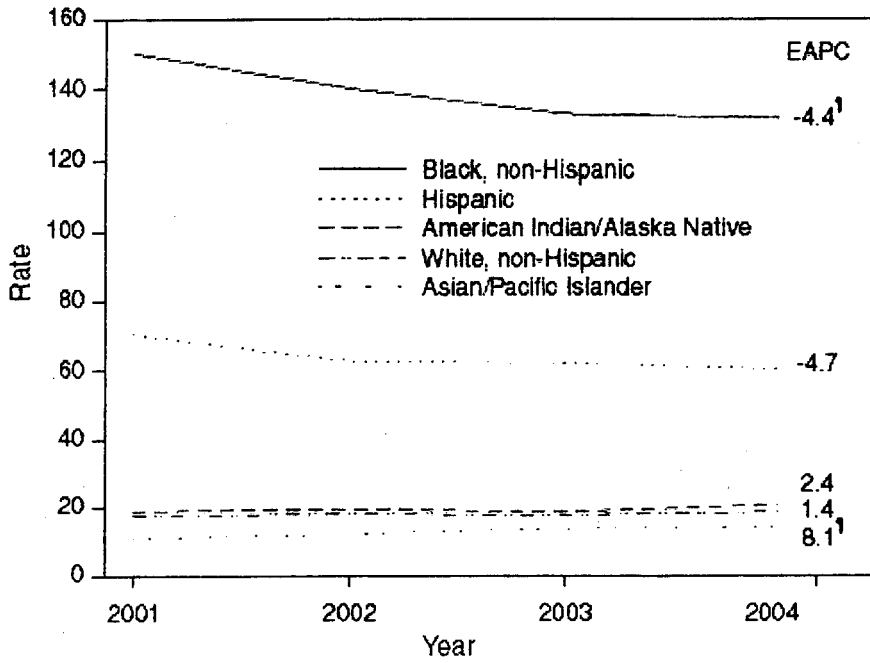
§ *Northeast*: New Jersey and New York. *Midwest*: Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. *South*: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *West*: Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

* For this report, persons identified as white, black, Asian/Pacific Islander, American Indian/Alaska Native, or of other/unknown race are all non-Hispanic. Persons identified as Hispanic might be of any race.

† Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

Figure 1

FIGURE 1. Estimated annual rates* of cases of HIV/AIDS and EAPC† among males, by race/ethnicity — 33 states,‡ 2001–2004



* Per 100,000 population.

† Estimated annual percentage change.

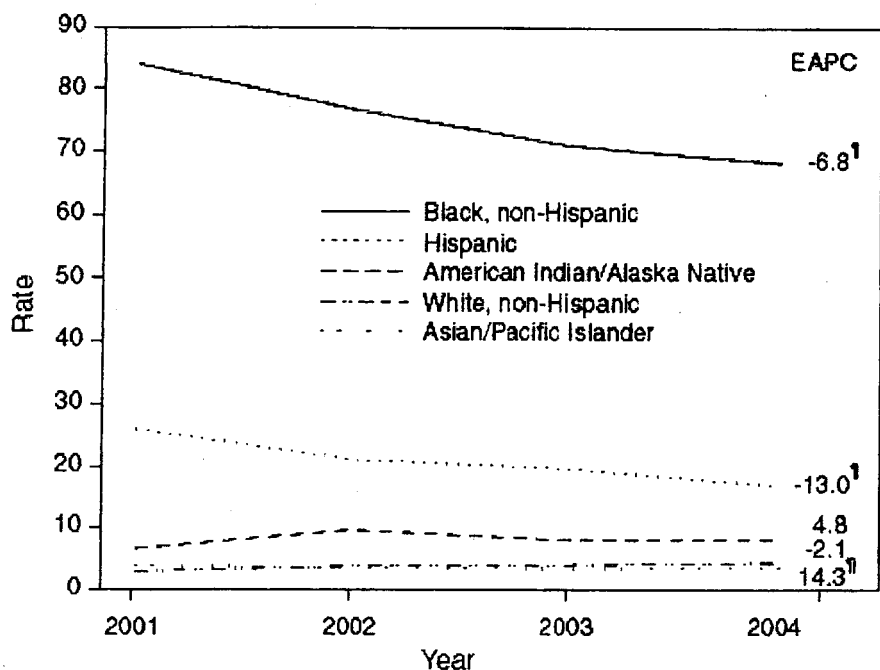
‡ Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

§ Statistically significant (i.e., 95% confidence interval excludes zero).

[Return to top.](#)

Figure 2

FIGURE 2. Estimated annual rates[†] of cases of HIV/AIDS and EAPC[‡] among females, by race/ethnicity — 33 states,[§] 2001–2004



* Per 100,000 population.

[†] Estimated annual percentage change.

[§] Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

[¶] Statistically significant (i.e., 95% confidence interval excludes zero).

Return to top.

Table

TABLE. Estimated* number and percentage of new cases of HIV/AIDS,† by race/ethnicity and selected characteristics — 33 states,‡ 2001–2004

Characteristic	Race/Ethnicity											
	White, non-Hispanic		Black, non-Hispanic		Hispanic [¶]		Asian/Pacific Islander		American Indian/ Alaska Native		Total ^{**}	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Male												
Age group (yrs)												
<13	50	(10)	331	(67)	96	(20)	4	(1)	4	(1)	492	(100)
13–14	12	(18)	38	(58)	14	(22)	1	(2)	0	(0)	65	(100)
15–24	2,556	(23)	6,096	(55)	2,185	(20)	81	(1)	57	(1)	11,040	(100)
25–34	9,920	(34)	11,812	(40)	7,088	(24)	382	(1)	176	(1)	29,520	(100)
35–44	15,603	(38)	17,095	(41)	7,827	(19)	366	(1)	199	<(1)	41,280	(100)
45–54	7,331	(34)	10,246	(48)	3,379	(16)	159	(1)	84	<(1)	21,291	(100)
55–64	2,191	(34)	3,114	(48)	1,091	(17)	34	(1)	21	<(1)	6,488	(100)
≥65	555	(29)	973	(50)	383	(20)	8	<(1)	2	<(1)	1,931	(100)
HIV transmission category												
Male-to-male sexual contact	29,506	(43)	24,597	(36)	13,028	(19)	669	(1)	336	<(1)	68,434	(100)
Injection-drug use (IDU)	3,612	(21)	9,558	(54)	4,083	(23)	130	(1)	74	<(1)	17,540	(100)
Male-to-male sexual contact/IDU	2,364	(41)	2,239	(39)	986	(17)	36	(1)	60	(1)	5,723	(100)
High-risk heterosexual contact	2,443	(13)	12,650	(66)	3,745	(19)	188	(1)	67	<(1)	19,209	(100)
Adult other ^{††}	242	(34)	926	(46)	124	(18)	8	(1)	2	<(1)	705	(100)
Perinatal	41	(10)	296	(70)	74	(17)	4	(1)	4	(1)	423	(100)
Pediatric other ^{§§}	9	(13)	38	(54)	22	(31)	0	(0)	0	(0)	71	(100)
Region of residence^{¶¶}												
Northeast	6,886	(23)	14,104	(47)	8,457	(28)	455	(2)	54	<(1)	30,087	(100)
Midwest	6,477	(50)	5,214	(40)	948	(7)	119	(1)	81	(1)	12,832	(100)
South	21,026	(34)	29,532	(48)	10,754	(17)	364	(1)	174	<(1)	62,128	(100)
West	3,890	(55)	853	(12)	1,904	(27)	98	(1)	235	(3)	6,959	(100)
Subtotal	38,218	(34)	49,704	(44)	22,062	(20)	1,036	(1)	543	<(1)	112,106	(100)
Female												
Age group (yrs)												
<13	61	(11)	368	(69)	96	(18)	3	(1)	0	(0)	531	(100)
13–14	12	(9)	106	(82)	9	(7)	1	(1)	0	(0)	129	(100)
15–24	1,016	(15)	4,615	(70)	849	(13)	33	(1)	34	(1)	6,592	(100)
25–34	1,992	(16)	8,599	(68)	1,845	(15)	123	(1)	61	<(1)	12,713	(100)
35–44	2,441	(17)	9,600	(67)	2,169	(15)	72	<(1)	76	(1)	14,430	(100)
45–54	1,289	(17)	5,204	(67)	1,175	(15)	46	(1)	43	(1)	7,799	(100)
55–64	355	(16)	1,486	(66)	356	(16)	18	(1)	7	<(1)	2,240	(100)
≥65	96	(13)	505	(70)	109	(15)	8	(1)	1	<(1)	724	(100)
HIV transmission category												
IDU	2,166	(22)	5,790	(60)	1,551	(16)	50	(1)	64	(1)	9,665	(100)
High-risk heterosexual contact	4,935	(14)	23,820	(70)	4,641	(14)	242	(1)	154	<(1)	34,204	(100)
Adult other	100	(13)	503	(67)	123	(16)	10	(1)	5	(1)	746	(100)
Perinatal	57	(12)	310	(68)	85	(19)	3	(1)	0	(0)	457	(100)
Pediatric other	4	(5)	60	(80)	10	(13)	0	(0)	0	(0)	75	(100)
Region of residence												
Northeast	1,512	(10)	9,570	(65)	3,457	(23)	131	(1)	28	<(1)	14,763	(100)
Midwest	1,086	(27)	2,565	(64)	264	(7)	35	(1)	34	(1)	4,017	(100)
South	4,210	(17)	17,965	(72)	2,555	(10)	117	<(1)	73	<(1)	25,080	(100)
West	454	(35)	383	(30)	334	(26)	21	(2)	88	(7)	1,296	(100)
Subtotal	7,262	(16)	30,483	(68)	6,610	(15)	304	(1)	223	<(1)	45,146	(100)
Total^{***}	45,479	(29)	80,187	(51)	28,673	(18)	1,340	(1)	766	<(1)	157,252	(100)

* All estimates are adjusted for reporting delays and reclassification of cases reported without a known risk factor for human immunodeficiency virus (HIV).
 † Includes 1) diagnosis of HIV infection only, 2) diagnosis of HIV infection and a later diagnosis of acquired immunodeficiency syndrome (AIDS), and 3) concurrent diagnoses of HIV infection and AIDS.
 ‡ Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.
 ¶ Persons of Hispanic ethnicity might be of any race.
 ** Includes persons of unknown race or multiple races.
 †† Includes hemophilia, blood transfusion, perinatal, and risk factor not reported or not identified.
 §§ Includes hemophilia, blood transfusion, and risk factor not reported or not identified.
 ¶¶ Northeast: New Jersey and New York. Midwest: Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West: Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.
 *** Because column totals were calculated independently of the values for the subpopulations, the values in each column do not sum to the column total.

Return to top.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to MMWR readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. URL addresses listed in MMWR were current as of the date of publication.

Disclaimer All MMWR HTML versions of articles are electronic conversions from ASCII text into HTML. This conversion may have resulted in character translation or format errors in the HTML version. Users should not rely on this HTML document, but are referred to the electronic PDF version and/or the original MMWR paper copy for the official text, figures, and tables. An original paper

copy of this issue can be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. Contact GPO for current prices.

****Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.**

Date last reviewed: 2/8/2006

[HOME](#) | [ABOUT MMWR](#) | [MMWR SEARCH](#) | [DOWNLOADS](#) | [RSS](#) | [CONTACT](#)
[POLICY](#) | [DISCLAIMER](#) | [ACCESSIBILITY](#)

SAFER • HEALTHIER • PEOPLE™

Morbidity and Mortality Weekly Report
Centers for Disease Control and Prevention
1600 Clifton Rd, MailStop K-95, Atlanta, GA 30333,
U.S.A



Department of Health
and Human Services

医薬品 研究報告 調査報告書

識別番号・報告回数		報告日	第一報入手日	新医薬品等の区分	総合機構処理欄
一般的名称	-	研究報告の 公表状況	http://www.hpa.org.uk/cdr/archives/2006/cdr0406.pdf	公表国	
販売名(企業名)	-			英国	
研究報告の概要	<p>英国における HIV および AIDS の四半期最新情報：2005 年 12 月末までのデータ： 2005 年の HIV 診断総数は、継続して増加しており全報告が受領されるまでに 7,700 件を超えると予想される。2004 年～2005 年の HIV 診断増加の大部分は男性と性交渉をもつ男性が増加しているためで、男女間での診断数は比較的安定していると予測される。 2005 年に診断および報告された HIV 感染症は 5,560 例であり、1982 年にサーベイランスが開始されて以降英国における HIV 診断は累計 76,850 例となった。 現在までに、21,898 例が AIDS と診断され、そのうち 13,346 例が死亡した。現在までに報告された 2005 年の新規 AIDS 診断は 474 例であった。 なお、2005 年に輸血または血液因子製品によって感染した可能性のある HIV の新規診断は 12 件であった。</p>				使用上の注意記載状況・ その他参考事項等
	報告企業の意見		今後の対応		
<p>英国における HIV 感染状況に関する報告である。本報告で、輸血関連の感染が 12 件あったとの記載があったが、弊社血漿分画製剤の製造工程にはウイルスの除去又は不活化効果のある工程を導入しており、HIV に関するウイルスクリアランス指数が 9 以上であることを確認している。</p>		<p>今後とも HIV に関する安全性情報等に留意していく。</p>			

HIV/Sexually Transmitted Infections (STIs)

Last updated: 26 January 2006, Volume 16, No. 4
Next update due: 28 April 2006

HIV/STIs Reports

- HIV and AIDS in the United Kingdom quarterly update: data to the end of December 2005
- HIV Drug Resistance in the United Kingdom: data to end of 2004

• HIV and AIDS in the United Kingdom quarterly update: data to the end of December 2005

HIV and AIDS in the United Kingdom quarterly update: data to the end of December 2005
HIV and AIDS in the United Kingdom quarterly update: data to the end of December 2005 United Kingdom (UK) data from the Health Protection Agency Centre for Infections, Health Protection Scotland, and the Institute of Child Health (London).

The total number of HIV diagnoses for 2005 is expected to continue to increase, exceeding 7700 diagnoses by the time all reports have been received. The estimate of the total reports expected for 2005 is made by adjusting the year-end figure for 2005 with a multiplier reflecting five-year average reporting delay. Most of the increase in HIV diagnoses between 2004 and 2005 is expected to be due to a continued increase in HIV diagnoses among men who have sex with men (MSM), with 2453 diagnoses predicted for 2005 (table 1). Total diagnoses among heterosexual men and women are expected to remain high but relatively stable, with 4392 diagnoses predicted for 2005, compared to 4347 in 2004. Diagnoses in injecting drug users are also expected to increase in 2005, reaching an estimated 182 diagnoses.

Unless otherwise indicated, the remaining figures in this report have not been adjusted for reporting delay. The 5560 new diagnoses of HIV infection diagnosed and reported during 2005, brings the cumulative total of HIV diagnoses in the United Kingdom (UK) to 76,850 since surveillance began in 1982. To date, 21,898 individuals have been diagnosed with AIDS, of whom 13,346 (61%) have died. A further 3382 individuals have died without having had a report of an AIDS-defining condition. There were 474 new AIDS diagnoses in 2005 reported to date.

Route of Infection

Table 1 describes new diagnoses of HIV infection over time by probable route of infection. Of the 5560 diagnoses reported for 2005, 52% (2878) were acquired through sex between men and women, 31% (1712) through sex between men, 2% (112) through injecting drug use, and 1% (79) through other routes. Seven hundred and seventy-two reports (14%) are awaiting further follow-up to determine probable route of infection (406 men and 366 women). There continue to be more heterosexually-infected women diagnosed than men, with 1.5 women reported for every man in 2005. The proportion of diagnoses among women continues to rise slowly, with women and girls accounting for 34% (1890) of all diagnoses, so far, in 2005. Sixty-four individuals (1%) diagnosed in 2005 were probably infected through mother-to-child transmission. Most of these children were aged over one year at diagnosis and many were infected abroad, mainly Africa, where there is a higher HIV prevalence than in the UK.

Table 1 New diagnoses of HIV in the UK by infection route, sex and year of diagnosis: data to end of December 2005

[click icon to view full table](#)

See Page 11



Numbers of HIV diagnoses among MSM have risen steadily in recent years, with 1712 diagnoses for 2005 reported so far. This increase is likely to be due to more HIV testing among MSM and also ongoing transmission of HIV. MSM continue to be the group most at risk of acquiring HIV within the UK. In 2005, where probable country of infection was reported (986), 84% (831) of MSM were probably infected in the UK, compared with 14% (406/2455) of heterosexual men and women. Table 2 provides more detailed information about infections acquired through sex between men and women. Less than one per cent (24/2455) of individuals diagnosed in 2005 and infected through heterosexual contact had a 'high risk' partner (for example a partner who had injected drugs). For 87% (2127/2455) there was no evidence of a high risk partner, but information indicated that these individuals were probably infected abroad. Of this group, 89% (1899/2127) had probably been infected in Africa. Although these figures include individuals infected while travelling or living abroad, for the most part they represent those who were born in and have migrated to the UK from the country where they were infected.

Table 2 New diagnoses of HIV in those infected through sex between men and women by year of diagnosis: data to end of December 2005

[click icon to view full table](#)

See Page 12



Region of diagnosis

The epidemic continues to be geographically concentrated, with London and the South East accounting for 56% (3112/5560) of all diagnoses reported for 2005. In 2005, 6% of diagnoses were made in the following regions: West Midlands (343), East of England (338), and East Midlands (315). Regional figures are particularly sensitive to reporting delay, and so these patterns for 2005 may change as further reports are received during 2006.

Table 3: HIV infected individuals by country, region and year of HIV diagnosis, UK data to end of December 2005

[click icon to view full table](#)

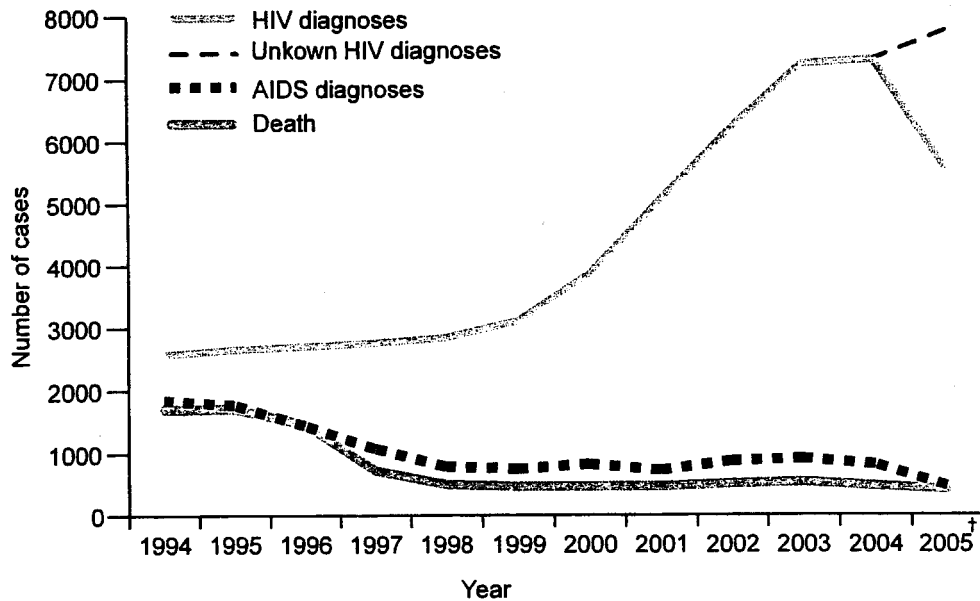
See Page 13



The number of AIDS diagnoses and deaths in HIV-infected individuals have declined since the introduction of highly active anti-retroviral therapies (HAART) in the mid-1990s (figure). There has also been a reduction in AIDS reporting since the advent of HAART, and AIDS defining illnesses are now more likely to be reported if the HIV and AIDS diagnosis are simultaneous*. In 2005, of the 474 AIDS diagnoses so far reported, 85% (404) were made at the same time as the HIV diagnosis. In addition to reporting of deaths from clinicians, mortality data are obtained from the Office for National Statistics in England and Wales and the General Register Office in Scotland. So far in 2005, 420 deaths have been reported, of which 177 (42%) had been previously reported with AIDS. Reporting of deaths is subject to substantive reporting delay. A comparison with patterns of mortality reporting for the previous five years suggests that the number of deaths for 2005 will eventually exceed 500.

* Simultaneous HIV and AIDS diagnoses are calculated as an individual who was diagnosed with AIDS within three months of their HIV diagnosis.

Figure HIV diagnoses and deaths in HIV infected individuals, UK reports to end of December 2005



†Numbers, particularly for recent years, will rise as further reports are received.

Table 1 New diagnoses of HIV in the UK by infection route, sex and year of diagnosis: data to end of December 2005

How infection was probably acquired	1995 or Earlier	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005 Extrapolated* (range)	Actual†	Total
Sex between men	18,919	1556	1416	1372	1373	1520	1769	1892	2024	2214	2453 (2226-2688)	1712	35,767
Sex between men and women	5463	839	1016	1170	1445	2021	2899	3800	4503	4347	4392 (4000-4490)	2878	30,381
Men	2525	358	453	525	604	761	1076	1388	1589	1587	1592 (1516-1664)	1053	11,919
Women	2938	481	563	645	841	1260	1823	2412	2914	2760	2768 (2592-2847)	1825	18,462
Injecting drug use	3048	174	171	132	113	114	133	115	149	131	182 (169-194)	112	4392
Blood transfusion or blood factor products	1574	21	29	11	22	25	25	34	34	21	 757 (666-875)	12	1808
Mother to infant	366	62	82	100	77	104	101	121	144	128		64	1349
Other	28	3	1	4	8	6	9	6	6	5		3	79
Undetermined	545	32	29	30	26	28	29	31	35	22		7	814
Follow-up ongoing	148	19	19	26	49	53	97	225	352	459		772	2219
Total‡	30,126	2687	2764	2846	3115	3818	5063	5999	6895	7328	7786 (7061-8173)	5560	76,850

* Extrapolated using a five-year average reporting delay, minimum and maximum annual reporting delay for any given year.

† Numbers will rise as further reports are received.

‡ Forty-one people whose sex was not reported are included in this total: seven infected through sex between men and women, one blood/ blood product recipients, four infected through mother to infant transmission and 29 for whom likely route of infection is not known.

Table 2 New diagnoses of HIV in those infected through sex between men and women by year of diagnosis: data to end of December

How HIV infection was probably acquired		1995 or Earlier	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005*	Total
Exposure to 'high risk' partner(s) - partner infected through:	Sexual intercourse between men	179	11	12	12	12	13	27	31	18	22	5	342
	Injecting drug use	430	43	62	58	35	28	44	31	34	30	17	812
	Blood factor treatment (eg for haemophilia)	73	8	1	1	1	2	0	2	8	0	1	97
	Blood/tissue transfer (eg transfusion)	16	3	5	3	3	1	4	2	0	1	1	39
Exposure to presumed heterosexually infected partner(s):													
	Exposure abroad:												
	Africa	3,551	553	646	757	1005	1520	2251	2982	3494	3207	1899	21,865
	Latin America / Caribbean	125	24	30	33	66	69	94	143	158	129	50	921
	Asia	152	44	53	79	76	112	101	123	144	169	102	1155
	North America	89	8	11	14	7	8	9	6	7	5	11	175
	Europe	242	42	46	44	51	43	48	66	87	86	57	812
	Australasia	10	1	2	4	7	2	5	3	5	0	2	41
	Country(ies) not known	31	8	3	15	0	2	1	1	1	3	6	71
Exposure in the UK to partner(s) presumed infected:													
	Outside Europe	209	45	79	87	97	138	186	242	304	338	191	1916
	Within Europe	280	37	53	48	58	56	67	52	77	66	72	866
	In country(ies) not known	48	7	4	6	8	7	15	32	38	70	131	366
Partner(s) exposure category undetermined:													
	Investigation continuing	2	1	1	7	15	15	45	78	126	214	331	835
	Investigation closed	31	4	8	3	5	5	2	6	2	7	2	75
Total		5468	839	1016	1171	1446	2021	2899	3800	4503	4347	2878	30,388