

**California Department of Public Health (CDPH)  
Center for Infections Diseases  
Office of AIDS (OA)**

**TALKING POINTS  
HIV Prevalence Estimates -- United States, 2006  
Morbidity and Mortality Weekly Report  
October 3, 2008**

In the October 3, 2008, issue of the Morbidity and Mortality Weekly Report (MMWR), the Centers for Disease Control and Prevention (CDC) released estimates of HIV prevalence in the United States through 2006, including estimates of the numbers of individuals who are unaware of their HIV infection. This document includes key points from the article and California-specific information related to HIV prevalence estimates.

The full CDC report can be found at:

[www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a2.htm?s\\_cid=mm5739a2\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a2.htm?s_cid=mm5739a2_e).

Key Points from the MMWR Article:

- 1.1 million people are estimated to be living with diagnosed or undiagnosed HIV in the United States at the end of 2006.
  - 447.8/100,000 population.
- The national HIV prevalence estimate increased 11 percent (112,000 people) between 2003 and 2006.
  - This increase is attributed to increased life expectancy of HIV-positive people due to the widespread availability of effective antiretroviral therapy.
- The estimate of the percentage of people unaware of their infection at the end of 2006 decreased from previous estimates of 25 percent to 21 percent.
- Persons infected through male-to-male sexual contact accounted for nearly one-half (48 percent or 532,000 persons) of all persons living with HIV in the United States in 2006.
- Persons infected through high-risk heterosexual contact accounted for over one-quarter (28 percent or 305,700) of all persons living with HIV.
- Persons infected through injection drug use accounted for 19 percent of all persons living with HIV (204,600 persons).
- African Americans accounted for 46 percent of those living with HIV, Whites 35 percent, Latino 18 percent, Asian/Pacific Islanders 1 percent, and American Indians/Alaska Natives (AI/AN) <1 percent.
- The growing number of those living with HIV underscores the critical need for HIV testing, treatment, and prevention services.
- For states like California with relatively recent introduction of names-based HIV reporting, HIV data did not contribute to the calculations. AIDS data from California was utilized in calculating these national HIV/AIDS prevalence estimates.

## California-specific information related to HIV prevalence estimates

OA has not conducted a study parallel to the one reported in the October 3, 2008, MMWR that obtains HIV prevalence estimates adjusted for those unaware of their HIV infection and those who are aware but have never been recorded in OA's HIV/AIDS Case Registry. OA has, however, developed independent models estimating the overall number of people infected with HIV that draws on state and national sources and this model is used for point one below.

This model does not yield stratified estimates (by race/ethnicity, etc.); thus points two through four below are based on cases in OA's HIV/AIDS Case Registry. OA's HIV/AIDS Case Registry was initiated in the early 1980s when AIDS became a reportable disease in the state. Current and historic summary tables from this registry can be found at: [www.cdph.ca.gov/data/statistics/Pages/OAHIVAIDSStatistics.aspx](http://www.cdph.ca.gov/data/statistics/Pages/OAHIVAIDSStatistics.aspx). The current OA names-based HIV registry is only used below for age comparison (point number five) as it was only initiated in April 2006 and is still not mature. Despite the HIV registry not yet being mature, it is considered a better source for age-stratified prevalence than the AIDS registry because of the long period between HIV infection and AIDS diagnosis.

1. Overall: California estimates 129,400–159,300 people (355–437 per 100,000 population) were living with HIV/AIDS in 2006.<sup>1</sup>
  - This estimate is based on CDC methods presented at the 2005 National HIV Prevention Conference.
  - OA plans to update these estimates incorporating the new CDC methods which generated the national estimates by November 2008. In particular, this California update will utilize the reduced estimate of the proportion of people unaware of their infection.
2. Sex breakdown: Females in California represent a smaller proportion of reported AIDS cases than CDC estimates for the national HIV prevalence (2006).
  - HIV cases nationally: 25 percent female.
  - AIDS cases in California: 11 percent female.
3. Race/ethnicity breakdown:
  - Compared to the distribution of HIV/AIDS cases nationally, among reported AIDS cases in California, African Americans represent a smaller total proportion of those impacted while Latino and White populations represent a greater proportion of those impacted. This is partially due to the fact that African Americans represent only 6.5 percent of the California population, but 11 percent of the U.S. population.
  - In terms of prevalence/100,000, African Americans in California are impacted at over two and one-half times the level of any other racial/ethnic group.

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<sup>1</sup> [www.cdph.ca.gov/programs/AIDS/Documents/News2006-2020CAHIVPrevRoughEstTable.pdf](http://www.cdph.ca.gov/programs/AIDS/Documents/News2006-2020CAHIVPrevRoughEstTable.pdf).

	African American		Latino		White		Asian/Pacific Islander		AI/AN	
	Nat'l <sup>2</sup>	CA <sup>3</sup>	Nat'l	CA	Nat'l	CA	Nat'l	CA	Nat'l	CA
% of Cases	46%	19%	18%	30%	35%	47%	1.4%	3.2%	0.4%	0.5%
Infections/100,000 <sup>4</sup>	1,715	496	585	144	224	194	130	47	231	97
Infections/100,000 ratio to White	7.7x	2.6x	2.6x	0.7x	--	--	0.6x	0.2x	1.0x	0.5x

4. Transmission Category: Among AIDS cases in California in 2006, there is a higher proportion of men who have sex with men (MSM) and a lesser proportion of injection drug users (IDUs) and heterosexuals relative to the national estimated distribution of HIV prevalence.

Transmission categories reported Nationally (HIV and AIDS cases estimated by CDC) and in California (AIDS registry)

Transmission Category	National	California
MSM	48%	67%
IDUs-male	12%	7%
IDUs-female	7%	3%
MSM-IDUs	5%	9%
Heterosexual- male	9%	3%
Heterosexual- female	18%	6%
Other <sup>5</sup>	1%	5%

5. Age:<sup>6</sup> Considering HIV cases (AIDS and non-AIDS) reported in California, more California cases were 50 and over than those estimated nationally.

Age breakdown of estimated HIV/AIDS prevalence nationally and those reported to the California case registry.

Age Group	National	California
13-24	5%	3%
25-49	70%	65%
50+	25%	32%

<sup>2</sup> Estimated total HIV prevalence (HIV and AIDS).

<sup>3</sup> AIDS cases only (HIV registry in California not yet mature).

<sup>4</sup> Note that prevalence (/100,000) should not be compared to national prevalence since: (a) national prevalence includes both HIV and AIDS cases; and (b) national prevalence is adjusted for under-reporting and undiagnosed cases while California uses only unadjusted reported AIDS cases.

<sup>5</sup> CDC re-distributes cases reported with no identified risk category on proportionate basis, based on known risk categories while California has not done this. Nationally, 15 percent of cases are reported without a risk category.

<sup>6</sup> HIV and AIDS cases from California used as these provide a better comparison to the national figures than AIDS cases alone.

6. Programmatic implications and responses:

- California needs to reach all MSM over their lifetimes with prevention and testing messages as well as information on HIV/AIDS care/treatment availability.
- California needs to reach African American men and women with prevention and testing messages, as well as information on HIV/AIDS care/treatment availability.
- To address HIV prevention needs in the African American community, OA supports a number of programs and initiatives.
  - In 2003, OA established the African American HIV Policy and Program Coordinator position. This position is responsible for ongoing collaboration related to Assembly Bill (AB) 1142<sup>7</sup> and other OA efforts to address HIV/AIDS in the African American community.
  - In December 2006, OA awarded a community-based organization, OnTrack Program Resources, with a contract to support OA efforts to reduce HIV/AIDS transmission in the African American community. OnTrack provides technical assistance and capacity building activities to improve HIV prevention services for agencies serving African Americans ([www.onloveca.org](http://www.onloveca.org)).
  - OA has required 15 local health departments to develop action plans to specifically address the HIV prevention needs for African American-MSM. These action plans have been evaluated and will be monitored by the African American Policy and Program Coordinator.
  - OA has funded and collaborated with CDPH, Center for Family Health, Maternal, Child and Adolescent Health's Black Infant Health Program (BIH) to develop HIV/AIDS training curriculum for BIH providers to support educating their clients about HIV/AIDS.
  - OA continues to analyze HIV counseling and testing, AIDS and sexually transmitted diseases data among African Americans to better understand the HIV epidemic in California and provide targeted services for the African American community.
  - OA participates in two national organizations including the National Alliance of State and Territorial AIDS Directors' (NASTAD) African American Advisory Committee and the National Black Gay Men's Advocacy Coalition.
- To address HIV prevention needs in Latinos, OA supports the following:
  - An OA Latino AIDS Coordinator dedicated to the development, implementation, monitoring, and evaluation of OA's prevention and care work relative to Latinos in California.
  - The work of the Latino Advisory Board, a 23-member group that identifies critical Latino HIV/AIDS issues, including programmatic gaps and psychosocial and cultural challenges
  - Project Concern International (contact awarded through competitive process) provides technical assistance, training, and evaluation for the Latino Advisory Board

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<sup>7</sup> AB 1142, (Dymally, Chapter 403, Statutes of 2005), established the Statewide African American HIV/AIDS Initiative to address the health disparities among African Americans and HIV/AIDS. As mandated, the initiative became an independent non-profit entity and is now directed by the California African American HIV/AIDS Coalition.

- OA, in collaboration with NASTAD and other U.S. border states (Texas, Arizona, and New Mexico), is working to develop an epidemiologic profile to increase our understanding of the burden of HIV/AIDS and modes of transmission in order to better plan for appropriate prevention and care interventions within the Southwest U.S. Region.
- OA's history of epidemiological studies related to the border experiences of Latinos in California:
  - HIV/AIDS behavioral surveillance among MSM, IDUs, and heterosexuals in San Diego;
  - Behavioral and serological surveys of HIV/AIDS among young Latino MSM in the California border region; one including Imperial County and Mexicali and the other including Tijuana and San Diego;
  - Behavioral survey of trans-border (California/Mexico) Latina women; and
  - HIV and related risk behaviors and perceptions among Latino urban day laborers and rural migrant and seasonal workers in the agricultural sector.