

Fast Facts

- As of the end of 2010, one in four people living with a diagnosis of HIV infection in the United States were women.
- Black/African American women and Latinas are disproportionately affected by HIV infection compared with women of other races/ethnicities.
- New HIV infections among black/African American women decreased in 2010.

At the end of 2010, an estimated 25% of adults and adolescents aged 13 years or older living with a diagnosis of HIV in the United States were women.^a But not all women are equally at risk for HIV infection. Women of color, especially black/African American women, are disproportionately affected by HIV infection compared with women of other races/ethnicities.

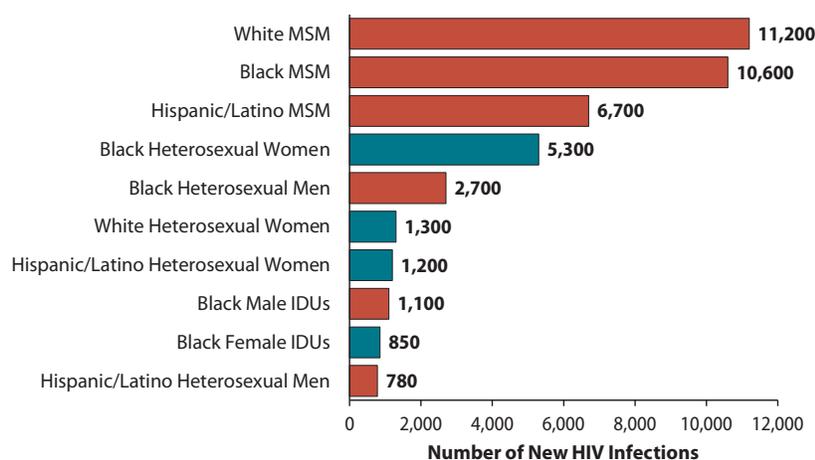
The Numbers

While black/African American women continue to be far more affected by HIV than women of other races/ethnicities, recent data show early signs of an encouraging decrease in new HIV infections. CDC is cautiously optimistic that this is the beginning of a longer-term trend. CDC recommends that all people aged 13 to 64 get tested for HIV. Yet, 15% of women who are HIV-positive are unaware of their status.

New HIV Infections^b

- In 2010, women accounted for an estimated 9,500, or 20%, of the estimated 47,500 new HIV infections in the United States. Most of these (8,000, or 84%) were from heterosexual contact with a person known to have, or to be a high risk for, HIV infection
- In 2010, the fourth largest number of all new HIV infections among all people in the United States occurred among black/African American women with heterosexual contact (5,300 infections)^c (see bar graph). Of the total number of new HIV infections among women in the United States in 2010, 64% occurred in blacks/African Americans, 18% were in whites, and 15% were in Hispanics/Latinas.^d
- At some point in their lifetimes, an estimated 1 in 32 black/African American women will be diagnosed with HIV infection, compared with 1 in 106 Hispanic/Latino women and 1 in 526 white women.
- In 2010, the rate of new HIV infections (per 100,000 population) among black/African American women was 20 times that of white women, and the rate among Hispanic/Latino women was 4 times the rate of white women. However, the number of new infections among black/African American women in 2010 (6,100) represented a decrease of 21% since 2008.
- Young women aged 25 to 44 accounted for the majority of new HIV infections among women in 2010.

Estimates of New HIV Infections in the United States for the Most-Affected US Populations, 2010



Source: CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. *HIV Surveillance Supplemental Report* 2012;17(4). <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm#supplemental>. Subpopulations representing 2% or less of the overall US epidemic are not reflected in this chart.

Abbreviations: MSM, men who have sex with men; IDU, injection drug user.

^a Unless otherwise noted, this fact sheet defines women as adult and adolescent females aged 13 and older.

^b New HIV infections refer to HIV incidence, or the estimated number of people who are newly infected with HIV each year.

^c Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^d Can be any race.

HIV and AIDS Diagnoses^e and Deaths

- In 2011, an estimated 10,257 women aged 13 years or older received a diagnosis of HIV infection in the United States, down from 12,146 in 2008.
- Women accounted for 25% (7,949) of the estimated 32,052 AIDS diagnoses in 2011 and represent 20% (232,902) of the 1,155,792 cumulative AIDS diagnoses (including children) in the United States from the beginning of the epidemic through the end of 2011.
- In 2010, HIV was among the top 10 leading causes of death for black/African American women aged 15 to 64 and Hispanic/Latino women aged 25 to 44.

Prevention Challenges

The following risk factors contribute to prevention challenges for women

- Women may be **unaware of their partner's risk factors** for HIV (such as injection drug use or unprotected sex with men, with multiple partners, or with anyone who has, or is at a high risk for, HIV). Some women may not insist on condom use because they fear that their partner will leave them or even physically abuse them.
- **Unprotected vaginal sex** is a much higher risk for HIV for women than for men, and **unprotected anal sex** is riskier for women than unprotected vaginal sex. Abstaining from sex or having sex with only a mutually monogamous partner who does not have HIV, and using condoms correctly and consistently, reduce the risk for HIV transmission.
- Women who have experienced **sexual abuse** may be more likely than women with no abuse history to engage in high-risk sexual behaviors like exchanging sex for drugs, having multiple partners, or having sex with a partner who is physically abusive when asked to use a condom.
- A substantial number of HIV infections among women are attributable to **injection drug and other substance use**—either directly, through sharing drug injection equipment contaminated with HIV, or indirectly, through engaging in high-risk behaviors like unprotected sex, while under the influence of drugs or alcohol.
- Some **sexually transmitted diseases** greatly increase the likelihood of acquiring or transmitting HIV. Rates of gonorrhea and syphilis are higher among women of color than among white women.

What CDC Is Doing

CDC supports the national dissemination of effective HIV behavioral interventions (<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions.aspx>), including many designed for women. In addition, CDC developed *Take Charge. Take the Test.*, a phase of the *Act Against AIDS* (AAA) campaign designed to increase HIV testing among African American women aged 18 to 34. The newest AAA campaign, *Let's Stop HIV Together*, is a general-awareness campaign that fights stigma by telling the stories of people who are living with HIV, including women. CDC continues to

- Fund HIV testing and prevention programs in state and local health departments and community-based organizations, including reaching previously undiagnosed African American women at high risk for HIV and linking them to prevention and care services.
- Be actively involved in the research of microbicides—creams or gels that can be applied vaginally or anally before sexual contact to prevent HIV transmission.
- Support clinical trials of preexposure prophylaxis (PrEP)—a daily dose of HIV drugs to prevent HIV infection for people at high risk.
- Work to further reduce mother-to-child HIV transmission in the United States through prevention campaigns, better surveillance, and education programs.

Through education about HIV risk and transmission, testing, and information about treatment for women who are living with HIV, CDC is committed to ensuring that all women, especially populations that are most heavily affected, have the tools they need to prevent HIV.

See the Resources and Bibliography at <http://www.cdc.gov/hiv/topics/women/index.htm> for more information.

Additional Resources

CDC-INFO
1-800-CDC-INFO (232-4636)
cdcinfo@cdc.gov
Get answers to questions and find HIV testing sites.

CDC HIV Website
www.cdc.gov/hiv

National HIV and STD Testing Resources
<http://hivtest.cdc.gov>

CDC National Prevention Information Network (NPIN)
1-800-458-5231
www.cdcnpin.org
Technical assistance and resources.

Act Against AIDS
<http://www.cdc.gov/actagainstaids>

AIDSinfo
1-800-448-0440
www.aidsinfo.nih.gov
Treatment and clinical trials.

AIDS.gov
www.aids.gov
Comprehensive government HIV resources.

^e HIV and AIDS diagnoses indicate that a person is diagnosed, but not when the person was infected.