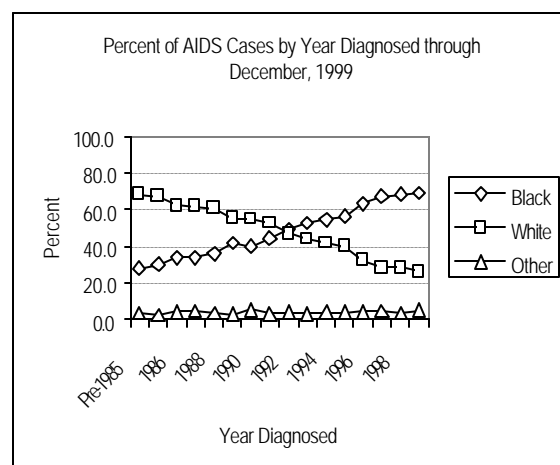
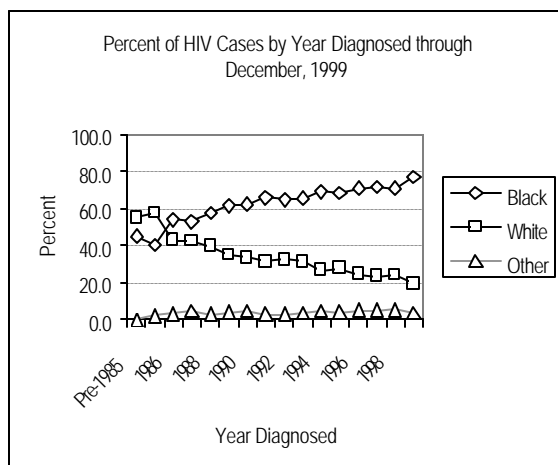


HIV/AIDS among African Americans in Virginia

Introduction. This article summarizes HIV and AIDS among Virginia's African American population through December 1999. Comparing African American HIV and AIDS cases to cases among the state's white population provides context to understand the disproportionate effect the epidemic is having in the African American population. Although only 18.8% of the state's population was African American in

race category generally is between 3% and 5% each year.³

AIDS. AIDS was a predominately white, male disease in Virginia during the earlier years of the epidemic. However, the percentage of African American cases has risen each year. For the years before 1985, the African American number was 28% but it rose to 33.8% in 1986. The number of



1990, 39.7% of HIV infections and 62.1% of AIDS cases were African American in that year.¹ By 1999, 68.9% of HIV infections and 77% of AIDS cases were found among the African American population. Data tables are at the end of the article.

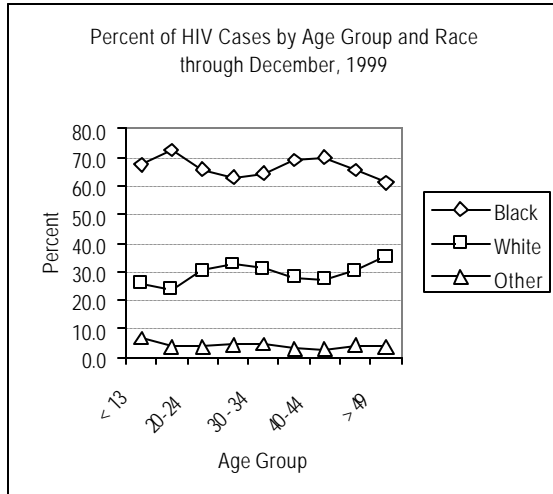
black cases (622, 49.1%) passed the number of white cases (595, 47%) for the first time in 1992. African Americans have accounted for over two thirds of annual cases since 1997 while white cases declined from 28.4% in that year to 26.2% in 1999.

Year of Diagnosis

Age at Diagnosis

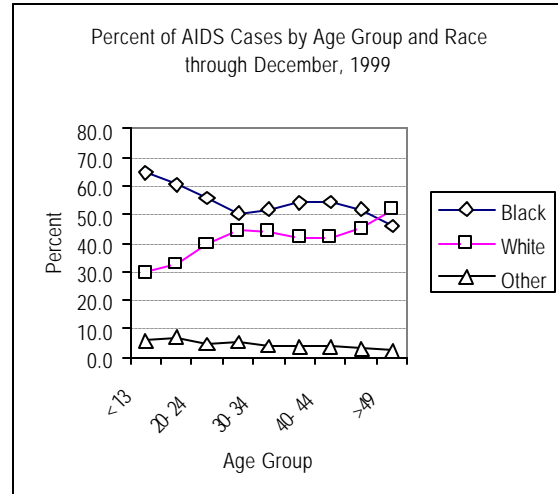
HIV. Cases of HIV infection among African Americans charted by the year of diagnosis have outpaced white cases since 1986, when the percent of black cases rose to 53.8% of all cases from 40.4% in 1985. The percent of black cases has risen steadily since then, passing 66% in 1994 and rising to 77% in 1999.² White cases fell below 30% in 1994 and continued to decline, reaching 19.3% in 1999. The percentage of cases in the 'other'

HIV. The disproportionate impact of HIV on African Americans is apparent in each age category. The highest percentage, 72.6%, is within the 13-19 year old group and the lowest is in the group 49 and older (61%). The percentage of African American cases in each age group is from 26% to 49% higher than the percentage in corresponding white groups. For all ages between 20 and 49, the percentage of



African American cases range between 63% and 69.9%.

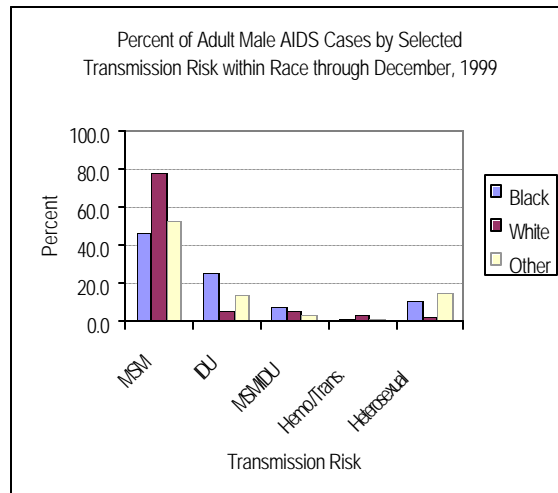
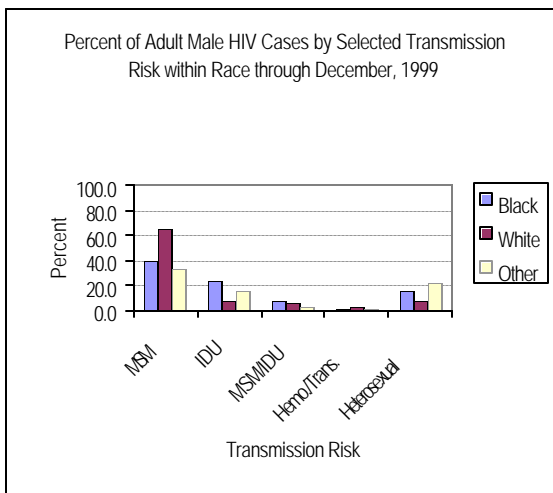
AIDS. The distribution of cases by race and age among AIDS patients reflects the history of the epidemic. The greatest difference between African American and white AIDS cases exists among pediatric cases (0 to 12 years old); pediatric AIDS cases are 64.8% black versus 29.6% white. The distribution of cases by age shows that transmission risks affecting infants and adolescents disproportionately affect African American children. Population differences decrease steadily in the 13-19, 20-24 and 25-29 year-old groups. In the 30-34 year old group, 51.9% are African American and 44.1% are white. The



percentage of African American cases is between 8% and 12.5% higher than white cases for all age groups except those over 49.

Male Transmission Risks

HIV. Through December of 1999, African American males accounted for 61.9% of all male HIV cases; whites comprise 34% of cases and 4.1% of cases are distributed among other groups. Racial differences in HIV transmission patterns exist. The primary disparity is that infections among African American males attributed to men having sex with men (MSM) accounted for 39.7% of HIV cases. The same risk, however, accounted for almost two-thirds (65.7%) of white male infections. In contrast, injecting



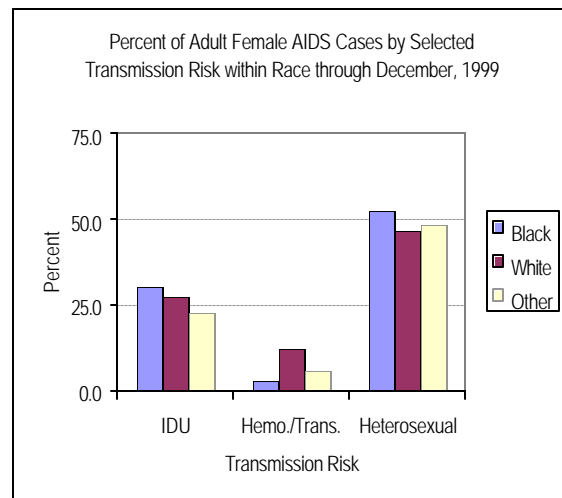
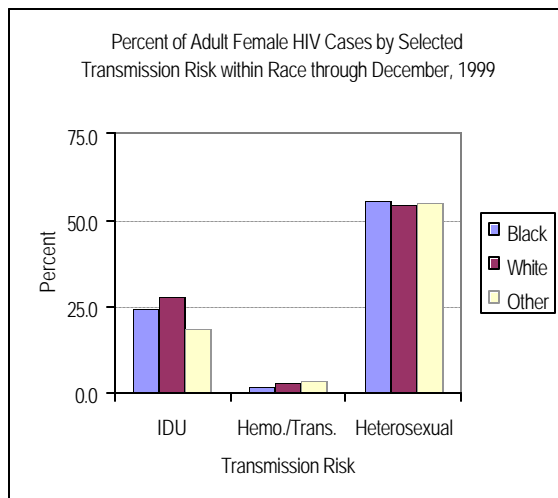
drug use (IDU) accounted for 23.4% of black male infections and 8% of white infections. Heterosexual behavior is the third most common HIV risk among men. Of cases in this category, 16.2% are black and 7.2% are white males.

AIDS. The number of male AIDS cases is more evenly distributed between African American and white males than the number of HIV cases. Of 10,056 male AIDS cases, 4,854 (48.2%) are African American and 4,815 (47.9%) are white; 3.9% of cases (387) are males in other groups. Both AIDS and HIV show similar differences in the

cial/ethnic minority MSM from identifying themselves as homosexual or bisexual, and they may be more likely to identify with their racial/ethnic minority community than with the MSM community.⁴

Female Transmission Risks

HIV. Through December 1999, a total of 3,127 female HIV cases had been reported in Virginia. Of this total, 77.4% (2,419) were African American, 19.2% (601) were white and 3.4% (107) were among other races and ethnic groups. Unlike male HIV cases, female risk patterns do not vary greatly between races. The primary risk factor for



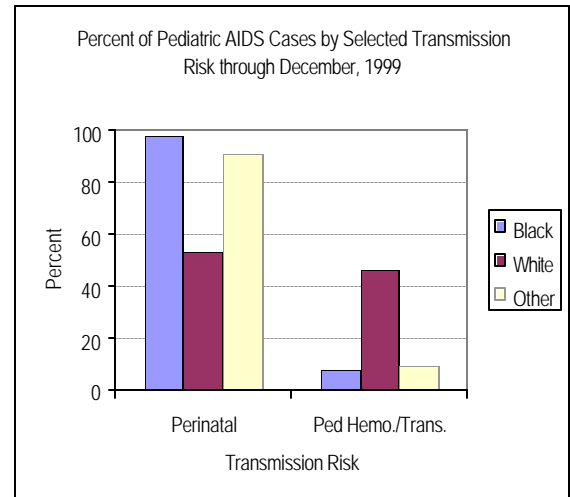
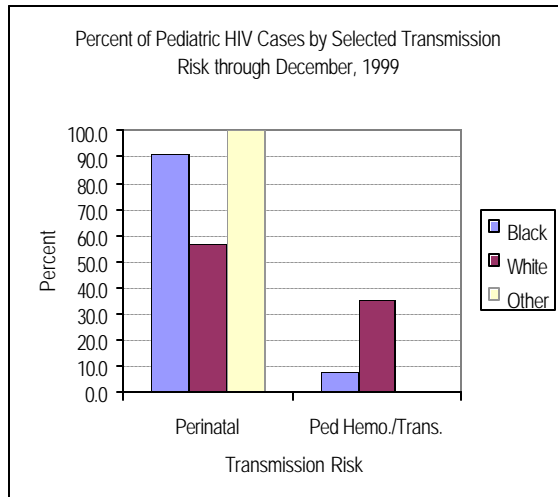
distribution of risks. MSM accounts for 47% of African American cases but 78.0% of white male AIDS cases are attributed to this risk. Over a quarter (26.1%) of black male AIDS cases are due to IDU but only 6.1% of white cases are due to this risk. These contrasts can be attributed in part to the history of the epidemic in Virginia but they also can be attributed to the influence cultural factors may have on the transmission risks that males report. A report in a recent issue of the *Morbidity and Mortality Weekly Report (MMWR)* states:

Within racial/ethnic minority communities, the stigma attached to acknowledging homosexual and bisexual activity may inhibit ra-

females is heterosexual behavior; 55.5% of black female cases, 54.2% of white cases and 55.1% of cases in the other race category share this risk. Injecting drug use (IDU) is the second most common female HIV risk. IDU is the identified risk in 24.1% of black female HIV cases, 27.8% of white female cases and 18.7% of the remaining cases. Infection resulting from infected blood or blood products is less significant; 1.8% of black cases, 3.2% of white cases and 3.7% of other cases result from this risk. The number of female cases due to HIV-contaminated blood and blood products has declined to zero with the advent screening blood for HIV.

AIDS. The distribution of risks within races is similar among female AIDS cases. Of 1,434 African American cases, over half (52.2%) result from a heterosexual risk; 46.8% of 427 white female cases and 48.2% of other cases are attributed to this risk. IDU is the second leading cause of female AIDS; 30.3% of black cases, 27.2% of white

or 91.2%. All seven cases (100%) in the 'other' race category are perinatal cases. This percentage drops to 56.8% (21/37) among white cases. Twenty-two pediatric HIV infections are due to exposure to contaminated blood or blood products. The percent of white cases due to this risk is 35.1% but the percent of black cases is 7.7%.



cases and 22.9% of other cases share this risk. The proportion of female AIDS cases due to HIV-infected blood and blood products is higher within the respective race categories than the corresponding HIV cases. Percentages due to this risk include 3.1% of black cases, 12.4% of white cases and 6.0% of other cases. A reason this risk is higher among AIDS cases than among HIV cases is that people who were infected earlier, before routine blood screening became available, have progressed from HIV infection to AIDS.

Pediatric Transmission Risks

HIV. Over two thirds (67.4%) of 135 pediatric HIV infections are African American cases, 27.4% are white cases and 5.2% are others. Vertical, or perinatal, transmission from mother to infant is the predominant cause of pediatric infections among all races. Of 91 black cases, the number due to perinatal transmission is 83,

AIDS. The burden of perinatal transmission is also pronounced among pediatric AIDS cases. The percentage due to this risk is 90.7% among African American cases (98/108) and 53.6% among white cases (30/56). Exposure to contaminated blood is the second most common cause of AIDS among children. Twenty two pediatric AIDS cases result from this risk and, similar to HIV, more white than black pediatric cases result from this risk; 74.3% are white, 22.9% are black and 2.9% are in the other category.

VDH-Funded Minority HIV/AIDS Projects

Recognizing that the African American population is especially hard hit by HIV/AIDS, the Division of HIV/STD supports numerous education and prevention programs that target minority populations and increase the capacity of minority providers.

- Budgets for minority community-based organizations (CBOs) increased from \$540,000, or 32% of the total, in 1996 to \$775,000, or 39% of the total, in 1999.
- More than 65% of HIV prevention funds directly target African Americans. An additional 14% are devoted to other minority populations.

Community based organizations. Fourteen of 31 (45%) community based organizations that contract with the Division to provide minority-oriented services are operated by minorities. CBOs provide services to the general African American population and to specific segments that are at greatest risk such as men who have sex with men (MSM), injecting drug users (IDU), women and youth. Examples of targeted programs include family life classes for freshman and sophomore high school students, a mentoring program for teen fathers, education services and radio infomercials for immigrants, and street outreach in urban housing projects. Group level presentations are made in substance abuse treatment centers, at prisons and at shelters.

The African American/Hispanic Faith Initiative. This initiative resulted from the recognition by the Virginia HIV Community Planning Committee (HCPC) that African American and Hispanic faith institutions are important community institutions and could be involved in HIV education and prevention activities. The initiative was launched in February 1999. Participating institutions provide programs and services through individuals who are trained in HIV prevention and education. Examples of group-level interventions include educational services for youth, weekend youth retreats, conferences for women, and wellness parties. One program uses a 'train the trainer' model in which one institution contracts with others to provide HIV prevention education training to pastors and youth counselors. Programs

are ongoing in the Tidewater area, Richmond and surrounding counties and in Shenandoah Valley communities.

Community Based Organizations and Local Health Departments. Local health departments in Alexandria, Arlington, Fairfax, Richmond, Norfolk, Petersburg and Portsmouth have contracted directly with minority community based organizations to provide HIV/AIDS programs and services. A minority AIDS coordinator in each health department provides oversight. The CBOs develop programs targeted to racial and ethnic minorities to combat the high prevalence of HIV in these districts. The CBOs offer a variety of programs and services targeted to youth, substance abusers, college students and adults. Examples of activities include presenting HIV prevention information through outreach activities at sports functions, addressing groups (social clubs, professional organizations, and churches), and working with local service organizations to provide HIV prevention education.

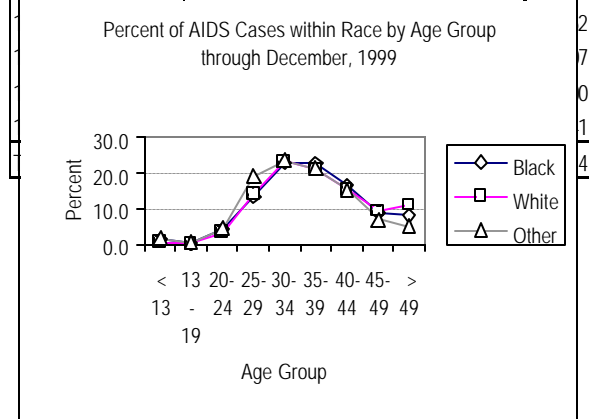
Submitted by J. Martin, Statistical Analyst Sr.,
Division of HIV/STD

Data Tables: HIV/AIDS among African Americans in Virginia

AIDS Cases through December 1999 by Race and Year Diagnosed				
AIDS Cases through December 1999 by Race and Age Group				Total
Age Group	Black	White	Other	Total
1985	21	20	1	42
1988	108	107	9	324
1989	35	149	16	200
1992	248	288	29	565
1993	853	349	97	1,300
1994	1,464	1,327	119	2,910
1995	1,432	1,117	100	2,649
1996	1,453	880	39	1,972
1997	825	598	34	1,457
1998	524	588	25	1,137
Total	6,282	5,253	477	12,012

* Percent calculated within race

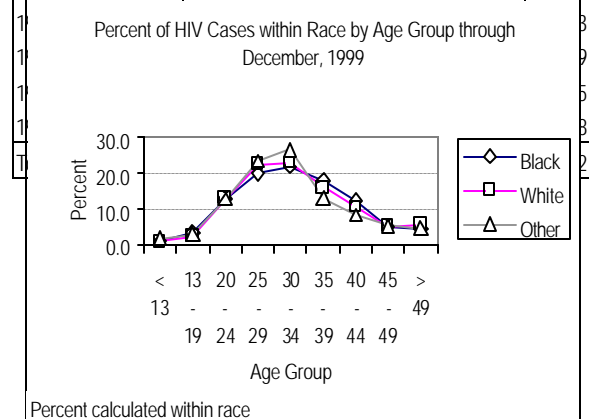
1995	68.5	56.4	48.2	39.7	47	3.9	1,214
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HIV Cases through December 1999 by Race and Year Diagnosed				
HIV Cases through December 1999 by Race and Age Group				Total
Age Group	Black	White	Other	Total
1985	18	16	0	34
1988	22	35	9	66
1989	208	98	14	320
1992	1,024	423	69	1,516
1993	1,567	833	110	2,510
1994	1,737	894	135	2,766
1995	1,881	758	62	2,701
1996	884	385	32	1,301
1997	937	408	26	1,371
1998	365	313	28	706
Total	7,869	3,523	466	11,858

* Percent calculated within race

1995	68.4	25.2	27.6	37	4.0	914
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Percent calculated within race

Male AIDS Cases through December 1999 by Race and Transmission Risk							
Selected Risk	Black		White		Other		Total
	f	%**	f	%**	f	%**	f
MSM	2,281	47.0	3,763	78.0	207	53.4	6,251
IDU	1,268	26.1	292	6.1	55	14.2	1,615
MSMIDU	392	8.1	258	5.3	14	3.6	664
Hemo/Trans.	70	1.4	164	3.4	6	1.5	240
Heterosexual	520	10.7	141	2.9	60	15.5	721
NIR*	275	5.7	170	3.5	40	10.3	485
Perinatal	45	0.9	17	0.4	6	1.5	68
Ped Hemo/Trans.	6	0.1	19	0.4	0	0.0	25
Ped NIR/Other	1	0.0	0	0.0	0	0.0	1
Total	4,858	100.0	4,824	100.0	388	100.0	10,070

* includes not interviewed; ** percent calculated within race
 Female AIDS Cases through December 1999 by Race and Transmission Risk

Selected Risk	Black		White		Other		Total
	f	%**	f	%**	f	%**	f
MSM	0	0.0	0	0.0	0	0.0	0
IDU	435	30.3	116	27.2	19	22.9	570
MSMIDU	0	0.0	0	0.0	0	0.0	0
Hemo/Trans.	44	3.1	53	12.4	5	6.0	102
Heterosexual	749	52.2	200	46.8	40	48.2	989
NIR*	150	10.5	38	8.9	14	16.9	202
Perinatal	53	3.7	13	3.0	4	4.8	70
Ped Hemo/Trans.	2	0.1	7	1.6	1	1.2	10
Ped NIR/Other	1	0.1	0	0.0	0	0.0	1
Total	1,434	100.0	427	100.0	83	100.0	1,944

* includes not interviewed; ** percent calculated within race
 Pediatric AIDS Cases through December 1999 by Race and Transmission Risk

Transmission Risk	Black		White		Other		Total
	f	%**	f	%**	f	%**	f
Perinatal	98	90.7	30	53.6	10	90.9	138
Ped Hemo/Trans.	8	7.4	26	46.4	1	9.1	35
Ped NIR/Other	2	1.9	0	0.0	0	0.0	2
Total	108	100.0	56	100.0	11	100.0	175

** percent calculated within race

Male HIV Cases through December 1999 by Race and Transmission Risk							
Selected Risk	Black		White		Other		Total
	f	%**	f	%**	f	%**	f
MSM	2,163	39.7	1,968	65.7	121	33.7	4,252
IDU	1,276	23.4	241	8.0	54	15.0	1,571
MSMIDU	391	7.2	185	6.2	11	3.1	587
Hemo/Trans.	37	0.7	75	2.5	6	1.7	118
Heterosexual	882	16.2	212	7.1	77	21.4	1,171
NIR*	658	12.1	294	9.8	86	24.0	1,038
Perinatal	36	0.7	11	0.4	4	1.1	51
Ped Hemo/Trans.	6	0.1	10	0.3	0	0.0	16
Ped NIR/Other	1	0.0	0	0.0	0	0.0	1
Total	5,450	61.9	2,996	34.0	359	4.1	8,805

* includes not interviewed; ** percent calculated within race
 Female HIV Cases through December 1999 by Race and Transmission Risk

Selected Risk	Black		White		Other		Total
	f	%**	f	%**	f	%**	f
MSM	0	0.0	0	0.0	0	0.0	0
IDU	584	24.1	167	27.8	20	18.7	771
MSMIDU	0	0.0	0	0.0	0	0.0	0
Hemo/Trans.	43	1.8	19	3.2	4	3.7	66
Heterosexual	1,343	55.5	326	54.2	59	55.1	1,728
NIR*	401	16.6	73	12.1	21	19.6	495
Perinatal	47	1.9	10	1.7	3	2.8	60
Ped Hemo/Trans.	1	0.0	3	0.5	0	0.0	4
Ped NIR/Other	0	0.0	3	0.5	0	0.0	3
Total	2,419	100.0	601	100.0	107	100.0	3,127

* includes not interviewed; ** percent calculated within race
 Pediatric HIV Cases through December 1999 by Race and Transmission Risk

Transmission Risk	Black		White		Other		Total
	f	%**	f	%**	f	%**	f
Perinatal	83	91.2	21	56.8	7	100.0	111
Ped Hemo/Trans.	7	7.7	13	35.1	0	0.0	20
Ped NIR/Other	1	1.1	3	8.1	0	0.0	4
Total	91	100.0	37	100.0	7	100.0	135

** percent calculated within race

¹ Census data from: <http://factfinder.census.gov>, table D-1. General population and housing characteristics: 1990, geographic area: Virginia.

² Due to reporting delays, not all HIV infections diagnosed in 1999 have been reported.

³ Other includes Asian/Pacific Islanders (AS/PI), American Indian/Alaskan Natives (AI/AN), Hispanics, Others and Unknowns.

⁴ Pp.10-11. HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men – United States, 1989-1998. *Morbidity and Mortality Weekly Report* 49(1):4-11; January 14, 2000.