

New CDC HIV Infection Incidence Estimates

POTENTIAL TALKING POINTS FOR LOCAL HEALTH DEPARTMENTS

- The data released on Sunday, August 3 reveal that the U.S. HIV/AIDS epidemic is and has been worse than previously estimated. Since the early 1990s, CDC estimated that there were approximately 40,000 new HIV cases per year. New technologies have raised that CDC estimate to approximately 56,300 new HIV cases in 2006, the most recent year for which data are available. Additional analyses suggest that new cases of HIV per year have been stable, albeit at this higher level, since the 1990s.
- These estimates do not indicate an increase in HIV infections but rather a more accurate estimate of the level of new HIV infections over the past several years. In the past, estimating new HIV infections has been limited by an inability of testing methods to distinguish between recent and long-term HIV infections.
- The problem overall does not appear to be growing—one indication that prevention efforts are working. However, this higher estimate is an indication that, nationally, we have and have had more new HIV cases per year than have been accounted for to this point.
- An appropriate and effective national strategy of HIV prevention requires investing far more resources in proven and promising programs and abandoning ineffective policies. Unfortunately, policies that have little grounding in science or public health practice impede potentially life-saving strategies from being widely implemented. Specifically, the ban on federal funding for syringe exchange and the unwarranted focus on abstinence-only-until-marriage education means that states and localities have to overcome political *and* financial barriers to implement effective programs.
- HIV prevention is a cost saving investment, especially since we already have clear evidence about what works: HIV counseling and testing, access to clean syringes, partner notification, surveillance, behavioral interventions, community-level interventions, and comprehensive sexuality education for youth. Additional investments are needed to develop additional effective HIV prevention strategies and to get strategies already determined to be effective to the populations who need them most.
- HIV is not uniformly distributed among the population. Men who have sex with men and African Americans are among the groups disproportionately affected. Stigma, poverty, racism, sexism, and homophobia all fuel the HIV epidemic. The inequities in HIV infection are striking and make clear that in addition to targeting prevention efforts



to the populations at greatest risk, it is critical to also recognize and address the connections between HIV and housing, employment, incarceration, and domestic violence. These forces permeate the institutional and social fabric in which people live, work, and relate to others. Supporting the development of strategies to empower individuals, communities, and institutions to reform the systems that allow them to continue are difficult but essential components of ending the HIV/AIDS epidemic.

