

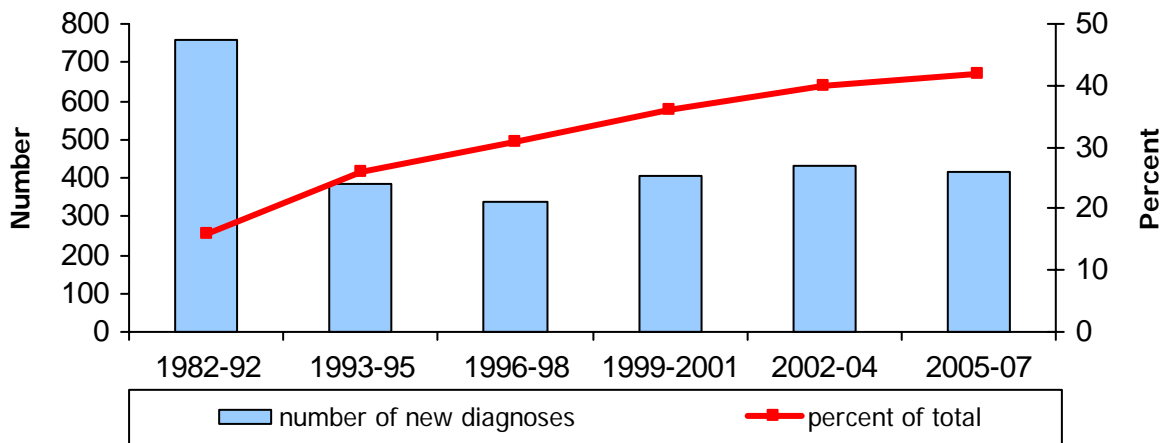
Facts about... HIV/AIDS in people of color

Summary: In King County as in the United States, HIV and AIDS disproportionately affects U.S.-born blacks & foreign-born blacks, American Indians & Alaska Natives, and persons of Hispanic ethnicity compared to whites and Asians & Pacific Islanders. The racial disparity is even greater among women than among men.

Status and trends in HIV/AIDS cases, with population sizes (Figure 1, Table 1 and 2):

- Thirty-one percent (1,971) of the total of 6,283 King County residents currently reported living with HIV infection (including those with AIDS) are people of color.
- HIV-infected King County residents are 68% white, 16% black (including 10% U.S.-born and 6% foreign-born blacks), 9% persons of Hispanic ethnicity, 3% Asian & Pacific Islander (API), 1% Native American & Alaska Native (NA/AN). An additional 1% are of multiple racial background.
- The proportion of HIV/AIDS cases among people of color has risen steadily since the early years of the epidemic in King County, increasing from 16% of cases in 1982-1992 to 36% in 1999-2001 and 42% in 2005-07 (Figure 1). The increase since 1999 occurred primarily among Hispanics (from 10% to 13%) and API (from 3% to 6%).

Figure 1: Number & percent of new HIV diagnosis in people of color, King County (1982-2007)



- Population-based rates of recently diagnosed people show disproportionate impact on people of color. HIV rates among blacks, Hispanics, and NA/AN in King County were two to four times the rate of whites. The rate among foreign-born blacks was almost eight times higher than for whites. HIV/AIDS rates among API, however, are about one-half of that among whites (Table 1).
- Racial disparities are even greater for women. The average annual King County rate of HIV diagnoses 2005-07 among foreign-born black females (122.4) is more than **50 times higher** than for white females (1.8 per 100,000). The rate is nine times higher (16.1) for U.S.-born black women than for white women. Although each group has fewer than five cases per year, NA/AN and Hispanic women also have rates higher than white women.

Table 1: King County population, new diagnoses of HIV, and diagnosis rates by race and ethnicity

	Estimated 2006 population ¹		HIV diagnosed 2005-2007		Average Annual Rate per 100,000	Rate Ratio (compared to white rate)
	No.	%	No.	%		
White²	1,303,959	71%	567	57%	14.5	1.0
Black²	112,218	6%	208	21%	61.8	4.3
U.S.-born blacks	84,698	4.6%	116	12%	45.7	3.1
Foreign-born blacks	27,520	1.5%	92	9%	111.4	7.7
Hispanic	131,277	6%	128	13%	32.5	2.2
Asian & Pacific Islander²	262,022	14%	59	6%	7.5	0.5
Native American & Alaskan Native²	17,257	0.9%	8	1%	15.4	1.1
Total	1,826,732	100%	988	100%	18.0	--

¹King County population estimates were derived from the 2006 American Community Survey of the U.S. Census Bureau.

²And not Hispanic.

- Table 2 describes people living with HIV/AIDS as of June, 2008. Cases are shown by race and gender and by exposure category. Compared with white males, black and NA/AN males were more likely to have been exposed via injection drug use (IDU & MSM/IDU) and less likely to be exposed via male-male sex. Compared with white females, foreign-born black females were more likely to have undetermined risk of transmission.

Table 2: Exposure category of people living with HIV/AIDS by race, ethnicity, and sex

	White	U.S.-born black	Foreign-born black	Hispanic	API	Native American
Males (N = 6,283)						
Total males (n= 5,657)	4,071	522	194	549	174	61
MSM not injecting drugs	83%	64%	9%	73%	74%	54%
MSM who also inject drugs	10%	7%	0%	7%	3%	28%
Injection drug users (IDU)	3%	12%	3%	5%	3%	10%
Heterosexual partner is HIV+ or IDU	1%	6%	39%	4%	3%	2%
Other risk (perinatal or blood exposure)	<1%	1%	1%	<1%	1%	0%
Undetermined or not reported	2%	9%	48%	10%	17%	7%
Females (N = 626)						
Total females	228	128	167	44	23	25
Injection drug users (IDU)	27%	27%	1%	7%	4%	56%
Heterosexual partner is HIV+, MSM, or IDU	64%	59%	80%	73%	70%	40%
Other risk (perinatal or blood exposure)	3%	9%	2%	9%	4%	0%
Undetermined or not reported	7%	5%	17%	11%	22%	4%

HIV prevalence:

- Seroprevalence data from the 2003-2004 unlinked surveys of Public Health's Sexually Transmitted Infection (STI) Clinic patients indicate that 0.7% of all heterosexual clients are HIV-infected. No significant difference exists in prevalence between white, black and Hispanic heterosexual clients, but HIV prevalence appears to be much higher in American Indian/Alaska Natives. However, in the STI Clinic surveys, there were great racial discrepancies among MSM by race (29.3% among blacks, 11.9% among whites, and 9.6% among both Hispanics and Asian/Pacific Islanders).

- Preliminary behavioral surveillance data from the 2008 MSM study cycle (NHBS-MSM2) interviewed 368 MSM in King County. The HIV prevalence was approximately 22% among blacks, 19% among Hispanics, 18% among whites, and 7% among API.

Other measures of risk:

- Information about other sexually transmitted infections (STIs) is useful in evaluating the risk of HIV transmission. King County STI data indicate much higher rates of gonorrhea, syphilis, and Chlamydia among people of color. The 2007 rate of gonorrhea among black men was eight times higher, and among black women 14 times higher, than the rate among whites. Compared to whites, gonorrhea rates in 2007 were also significantly higher among NA/AN, but lower among API. Also in 2007, the incidence of Chlamydia was almost seven times higher among black women than white women and similarly, seven times higher among black men than among white men.
- The adolescent birth rate is one indicator of unprotected sexual activity and therefore, risk of HIV infection. Overall birth rates for young women 15 to 17 years of age in King County in 1999-2003 were highest among Hispanics (47 per 1,000), NA/AN (40 per 1,000), and blacks (23 per 1,000), and lowest among whites (10 per 1,000) and API (9 per 1,000).