

## ***HIV/AIDS Fact Sheet***

### **STATISTICS**

The **human immune deficiency virus (HIV)** attacks the body's immune system by destroying certain types of white blood cells that help the body fight infection. A person with HIV infection may appear and feel healthy for many years. Most people infected with HIV eventually develop acquired immune deficiency syndrome (AIDS). Research suggests that the average incubation period from infection with HIV to the development of AIDS is approximately 10 years.<sup>1</sup>

The Centers for Disease Control and Prevention (CDC) consider persons to have **AIDS** if they are HIV-infected and have one or more of 26 clinical conditions, which are often opportunistic infections that do not usually affect healthy people. If someone has AIDS, these infections can be severe and sometimes fatal as their immune system is unable to resist certain bacteria, viruses, fungi, parasites and other microbes. In addition, all HIV-infected persons with fewer than 200 CD4 lymphocytes (blood cells that aid the body's immune system) per milliliter of blood are defined as having AIDS.<sup>1</sup>

Since the AIDS epidemic began in 1981, 65 million people **worldwide** have been infected with HIV. Of the 42 million who are living with HIV/AIDS, 19.2 million are women, 19.6 million are men, and 3.2 million are children under age 15. Sub-Saharan Africa is the region with the most people living with HIV/AIDS: 29.4 million. Four southern African nations have national adult HIV rates over 30%: Botswana (38%), Lesotho (31%), Swaziland (33.4%), and Zimbabwe (33.7%). The HIV/AIDS epidemic is currently growing fastest in Eastern Europe and Central Asia. In 2002, 5 million people became infected with HIV (2.2 million men, 2 million women, and 800 thousand children) and about 3.1 million people died of AIDS-related causes.<sup>2</sup>

From 1981 through 2001, 816,149 cases of AIDS were reported in the **United States**. It is estimated that 950,000 Americans may be infected with HIV and that 25% of those do not know they are infected.<sup>1</sup> In Indiana, a total of 7056 persons have been diagnosed with AIDS and another 3965 persons are HIV-infected, but do not yet have AIDS.<sup>3</sup>

In 2002 alone, 3.1 million people died of AIDS worldwide. Where **antiretroviral treatments** are available, they have slowed the progression from HIV to AIDS and reduced the number of deaths due to AIDS-related causes in recent years. In 1996 estimated AIDS incidence and deaths among those with AIDS dropped for the first time in the United States; AIDS incidence declined by 6% and deaths among AIDS patients declined 25%. Subsequently, deaths dropped 59% between 1996 and 2001 (from 38,296 to 15,603) and the estimated number of persons living with AIDS during the same period rose by 53% (from 237,735 to 362,827).<sup>4</sup> However, in low- and middle- income countries fewer than 4% of those in need of antiretroviral treatment receive it and fewer than 10% of people with HIV/AIDS receive palliative care or treatment for opportunistic infections. Many poor nations, especially those in sub-Saharan Africa and Asia, are unable to afford expensive drugs. The lack of trained medical personnel and health care facilities are further obstacles to care in many countries.<sup>2</sup>

HIV is **transmitted** through infected blood, semen, vaginal secretions, or breast milk. The three most common modes of transmission of HIV are heterosexual contact, injection drug use, and male-to-male sexual contact. Blood centers began testing donated blood for HIV in 1985, making the risk of transmission through blood transfusion in high-income countries extremely low.<sup>1</sup>

<b>RISK FACTORS – CUMULATIVE ADULT &amp; ADOLESCENT CASES THROUGH 03/2003 (IN) OR 12/2001 (US)<sup>3</sup></b>						
Mode of Transmission (Risk Factors)	Indiana HIV Cases	%	Indiana AIDS Cases	%	U.S. AIDS Cases	%
Men having Sex with Men (MSM)	1980	59	4342	62	368,971	45
Injection Drug Use (IDU)	427	13	762	11	201,326	25
MSM & IDU	209	6	495	7	51,293	6
Hemophilia-Related	22	1	80	1	5,292	1
Heterosexual	638	19	716	10	90,131	11
Transfusion	25	1	106	1	8,971	1
Pediatric Hemophilia	7	0	18	0	236	0
Mother HIV+ or AIDS	36	1	43	1	8,284	1
Pediatric Transfusion	1	0	4	0	381	0
Not Identified at this Time	620	-	487	7	81,264	10
Total	3965	-	7056	100	816,149	100

In 2001, more than 800,000 **children** worldwide were newly infected with HIV, 90% of them in Africa. An estimated 5.9 children have been infected since the beginning of the pandemic. The majority of children infected with HIV were exposed to the virus by their mothers during pregnancy, labor and delivery, and through breastfeeding. Recent studies show the transmission rate of the virus from an HIV-infected woman to her child during pregnancy, labor and breastfeeding to be between 15 and 30% in the absence of any intervention. Perinatal AIDS incidence has dropped dramatically, partially due to the use of antiretroviral drugs and safer delivery practices.<sup>6</sup>

<b>AGE AT DIAGNOSIS - CUMULATIVE CASES THROUGH 3/2003 (IN) OR 12/2001 (US)<sup>3</sup></b>						
Age at Diagnosis	Indiana HIV Cases	%	Indiana AIDS Cases	%	U.S. AIDS Cases	%
0-12	45	1	53	1	9,074	1
13-19	154	4	47	1	4,428	1
20-29	1444	36	1357	19	133,725	16
30-39	1552	39	3304	47	362,021	44
40-49	585	15	1633	23	216,387	27
50-Above	185	5	662	9	90,513	11
Total	3965	100	7056	100	846,149	100

HIV and AIDS disproportionately affect **young adults**. Worldwide about half of all people with HIV are infected before they are 25.<sup>2</sup> Approximately 84% of all Americans diagnosed with AIDS are aged 20-49.<sup>3</sup>

Of the 42 million people worldwide currently living with HIV/AIDS, 19.2 million (48%) are adult **women**. Approximately 55% of adult infections in sub-Saharan Africa are in women, 30% in southeast Asia, 20% in Europe and USA. Biological, economic, social and cultural factors combine to make women more vulnerable to HIV infection, which has led to the increase of female infection rates. Currently, 12-13 African women are infected for every 10 African men.<sup>7</sup>

American **racial and ethnic minorities** also have disproportionately high rates of HIV and AIDS. AIDS-related illnesses are the leading cause of death for African-American men aged 25-44, and the third-leading cause of death for Hispanic men in the same age group. According to the CDC, AIDS affects nearly 7 times more African Americans and 3 times more Hispanics than whites.<sup>1</sup>

<b>RACE/ETHNICITY BY SEX – CUMULATIVE CASES THROUGH 3/2003 (IN) OR 12/2001 (US)<sup>3</sup></b>												
Race	Indiana HIV				Indiana AIDS				U.S. AIDS*			
	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%
White	1975	62	374	48	4428	71	436	53	313,034	47	30,854	21
Black	1038	33	375	48	1570	25	350	43	228,499	34	84,681	58
Hispanic	147	4	27	3	218	4	30	4	121,198	18	28,554	20
Other	23	1	6	1	19	0	5	0	7,956	1	1,372	1
Total	3183	100	782	100	6235	100	821	100	670,687	100	145,461	100

\* Total includes 545 males and 89 females whose race is unknown

## **LAWS**

All 50 states and the District of Columbia report AIDS cases to the CDC, but HIV **reporting requirements** vary among the states. In Indiana all cases of HIV infection, including confirmed cases of AIDS, shall be reported to the Indiana State Department of Health. Certain cases of HIV infection are exempt from being reported by name: those enrolled in a formal research project, those tested anonymously at a designated testing site, and those tested by a health care provider who is permitted to use a number identifier code. (IC 16-41-2-3)

Most states require **informed consent** prior to HIV testing. In Indiana consent is required before an HIV test can be performed unless under emergency circumstances and the test is medically necessary to diagnose or treat the patient; or the test is performed on blood collected anonymously as part of an epidemiologic survey; a court order is issued as the patient poses a threat to others (IC 16-41-6-1); or the mother of a newborn has not been tested for HIV, refuses the test for her newborn, and a physician believes testing the newborn is medically necessary. (IC 16-41-6-4)

Indiana law requires the primary **prenatal care** provider to test each pregnant woman for HIV, unless the woman refuses the test in writing. (IC 16-41-6-5, IC 16-41-6-8)

Indiana **blood centers** are required to perform HIV testing on all donations and obtain the results of the test before the blood or any blood products are distributed for use. When the screening test is positive, the center must perform a confirmatory test. The center may not make any donation that has repeatedly tested positive for HIV available for any purpose other than research or for the production of FDA-approved pharmaceutical products. The blood center must report the name and address of the donor of any blood with a positive confirmatory test for HIV antibodies. The center must also attempt to notify and refer for counseling such a donor. (IC 16-41-12-13) In addition, Indiana health practitioners who accept **semen donations** for artificial insemination must test donors for HIV antibodies. (IC 16-41-14)

Indiana law states that a person who recklessly, knowingly or intentionally donates, sells or transfers blood or a blood component or semen for artificial insemination that contains HIV antibodies commits a Class C felony. If the offense results in the transmission of HIV to another person, it becomes a Class A felony. (IC 35-42-1-7)

Indiana law requires that persons infected with HIV who know of their status, warn past and present sexual or needle sharing partners of their HIV status and of the need to seek health care, such as counseling and testing. (IC 16-41-7-1) Persons with HIV are considered serious and present dangers to the health of others if they engage repeatedly in behavior that has been shown to transmit HIV, if they indicate a careless disregard for the transmission of HIV to others, or if they indicate they will engage in the future in behavior that has been shown to transmit HIV. (IC 16-41-7-2) If a court decides that a person presents a serious and present danger to public health and that irreparable harm may result to others, the court shall order the least restrictive limitations that are necessary to protect the public's health. (IC 16-41-9-1)

Thirty-nine states (including the District of Columbia) require schools to provide STI/HIV education, although only 22 require broader sexuality education.<sup>8</sup> Each school corporation in Indiana is required to provide in its curriculum instruction on AIDS that is based on sound medical principles and reflects the attitude of the community. (IC 20-10.1-4-10 and IC 20-8.1-11) Any information provided to school children or young adults must emphasize that the best way to avoid AIDS is abstinence from sexual activity until a mutually monogamous relationship in the context of marriage is established. The inclusion of additional information is not prohibited. (IC 20-8.1-7-21)

## **PLANNED PARENTHOOD POLICY AND SERVICES**

On November 12, 1992 David Andrews, Acting President of Planned Parenthood Federation of America released the following statement: "This nation immediately must confront the AIDS crisis and condom use with a frank and open discussion of human sexuality before more lives are lost. Planned Parenthood calls on the nation's school boards to implement condom distribution programs and adopt accurate, age-appropriate sexuality education curricula in every grade. We call on broadcasters to accept contraceptive advertisements and devote air space to programs that deal with AIDS education and sexuality issues. We call on Washington to allocate all available resources and talent to devise bold new initiatives to inform and educate the public about AIDS and other sexually transmitted infections, and the importance of safe sex."

Nationally, all Planned Parenthood affiliates provide HIV/AIDS counseling, education, and information, including how the disease is transmitted, ways to minimize risk of infection, and how people can assess their own risk factors. In 2001 Planned Parenthood affiliates provided HIV testing to 113,806 women and 40,096 men.<sup>9</sup>

The policy of Planned Parenthood of Greater Indiana (PPGI) is to routinely educate all clients about sexually transmitted diseases, including HIV infection and AIDS. PPGI will assist clients in deciding whether or when to be tested, and provide counseling, referral and/or treatment services.<sup>10</sup>

Free, anonymous and confidential HIV antibody testing and counseling are available at 22 PPGI health centers and is provided by PPGI at 2 additional locations. During 2003 PPGI provided HIV testing for 2648 patients, 55% of whom chose to be tested anonymously. One hundred five other patients were counseled for HIV, but chose not to be tested. Thirty-eight percent of those patients who were counseled and/or tested for HIV were men; 62% were women. Of those tested, 19 (13 men, 6 women) were positive for HIV antibodies.

## **SOURCES**

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