

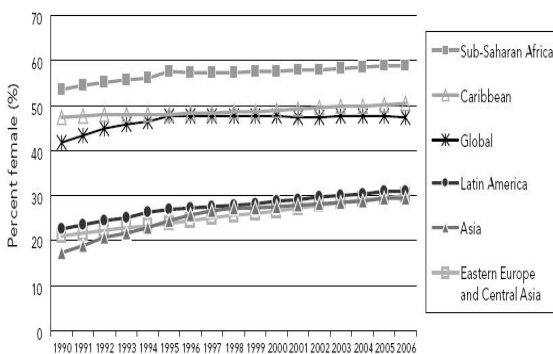
Winter Quarterly Report: January 2007
HIV/AIDS and Women in New Mexico

HIV and Women Worldwide

In May 2006, UNAIDS released the Report on the Global AIDS Epidemic.¹ UNAIDS estimated that globally approximately 40 million people were living with HIV in 2006. Of these, about 17.7 million (48%) were women. This represents an increase from 16.5 million in 2004 (Figure 1). The report highlights new data suggesting a disproportionate impact of AIDS on women, especially in Sub-Saharan Africa, where on average, three women for every two men are infected with HIV. Among young people ages 15-24 years, the ratio is three HIV-infected women for every one HIV-infected man.¹

Globally, women remain particularly at risk for and are adversely affected by HIV for various reasons such as low education levels, poverty, inequality, and limited access to health care.²

Figure 1. Percent of female adults (15+ years) living with HIV, worldwide, 1990-2006



Source: UNAIDS. AIDS Epidemic Update: Special Report on HIV/AIDS: December 2006.

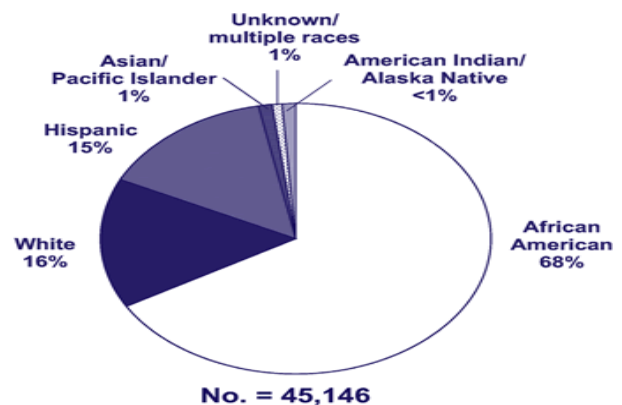
HIV and Women in the U.S.

According the Centers for Disease Control and Prevention (CDC), when the AIDS epidemic began women accounted for relatively few diagnoses, but now women account for over one quarter of HIV/AIDS

diagnoses in the U.S.³ In 1992, women accounted for 14% of people living with AIDS in the U.S., and by 2004 accounted for 23%.³ Nationwide, HIV/AIDS has especially affected minority women of color. In 2002, HIV/AIDS was the leading cause of death among African American women aged 25-34 years.

In 2004, 10,410 women were diagnosed with HIV/AIDS in the U.S. Heterosexual contact was the main risk factor reported among women (78%), followed by injection drug use (IDU) (19%). Of the 123,405 women living with HIV/AIDS today in the U.S., nearly two-thirds are African American, followed by White, Hispanic, and Asians/Pacific Islanders (Asian/PI) and American Indians/Alaska Natives (AI/AN) (Figure 2).³

Figure 2. Race/ethnicity of women diagnosed with HIV/AIDS, U.S., 2001-2004



Source: CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

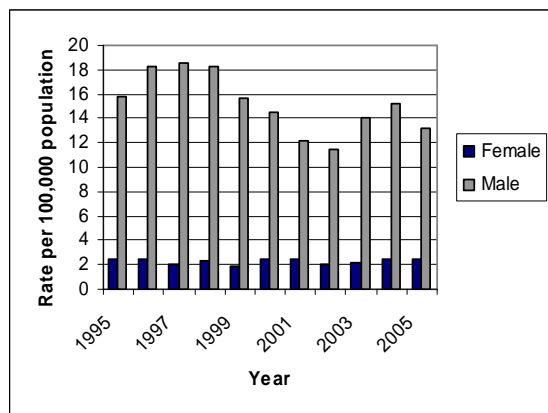
The CDC has also identified several factors that have contributed to the increase in the number of women being diagnosed with HIV/AIDS. Among them are young age, lack of knowledge of partner's risk, sexual inequality in relationships with

men, biological vulnerability, sexually transmitted diseases, injection drug use (IDU), and socioeconomic issues.³

HIV and Women in New Mexico

In 2005, women in New Mexico made up 50.7% of the population. Women comprise 22% of all Whites in New Mexico, 21.8% of all Hispanics, 5.2% of all AI/AN, and less than 1% of all African Americans and Asians/PI.⁴ Women made up 15.8% of all HIV/AIDS cases reported in New Mexico during 2005. As shown in Figure 3, the rate of new diagnoses among women remained relatively stable at about 2 per 100,000 since 1995.

Figure 3. Incidence rate of HIV/AIDS by sex, New Mexico, 1995-2005



Source: NMDOH, HIV & Hepatitis Epidemiology Program.⁴

Table 1 describes the demographic characteristics of the HIV epidemic in women in New Mexico. In 2005, there were 24 women diagnosed with HIV. Although cumulative data have shown that White women have the largest burden of HIV/AIDS, followed by Hispanics and AI/AN, new cases have shown a changing trend. The majority of newly diagnosed cases in 2005 were among Hispanics (50%) followed by Whites (33.3%) and AI/AN (16.7%).

The majority of newly diagnosed women reported heterosexual contact (54.2%), which was similar to the proportion historically reporting their risk. Reported risks shifted from IDU to no identified risk

(NIR). Nearly one-third of all women diagnosed in 2005 did not report a risk for their infection. The ages of newly diagnosed women were more evenly distributed between 20-49 years. This is in contrast to cumulative data showing that women have been primarily ages 30-39 years at the time of diagnosis.

Table 1. HIV/AIDS in women, New Mexico, 1981-2005

	Incidence		Cumulative	
	n	%	n	%
Race/Ethnicity				
White	8	33.3	240	48.0
Hispanic	12	50	146	29.0
AI/AN	4	16.7	66	13.0
African American	0	0	43	9.0
Asians/PI	0	0	4	1.0
Exposure Risk				
IDU	4	16	159	33.0
Heterosexual	13	54.2	246	51.0
Other	0	0	31	6.0
NIR	7	29.2	63	13.0
Age at Diagnosis				
< 19	2	8.3	26	5.2
20-29	7	29.2	137	27.5
30-39	6	25.0	172	34.5
40-49	6	25.0	109	21.8
50+	3	12.5	55	11.0
Unknown	0	0	0	0

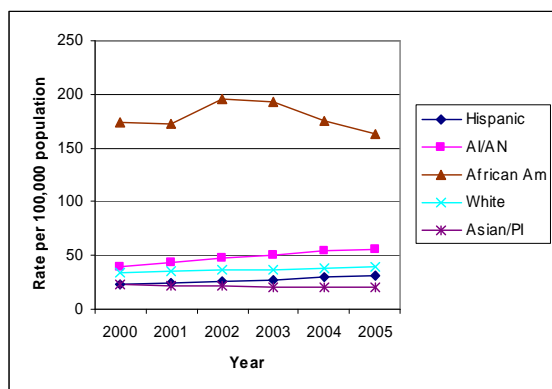
Source: NMDOH, HIV & Hepatitis Epidemiology Program.

During 1995 to 2005, there was a 10% decrease in the proportion of cases among White women, as well as a subsequent 10% increase among Hispanics, and 2% increase among AI/AN. The proportion of African American women living with HIV decreased slightly and the proportion of Asian/PI women living with HIV remained constant (data not shown).

Since 2000, the rate of African American women living with HIV was approximately four times higher than other race/ethnicity groups (Figure 4); however, this rate has not increased. Other minority groups experienced change over the last five

years. The rate among AI/AN women was 56.3 per 100,000, up from 38.9 per 100,000 in 2000. The rate among Hispanic women living with HIV also increased, from 22.9 per 100,000 in 2000 to 30.9 per 100,000 in 2005. The rate among White women increased slightly to 39.0 per 100,000 in 2005.

Figure 4. Prevalence rate of HIV/AIDS in women by race/ethnicity, New Mexico, 1995-2005



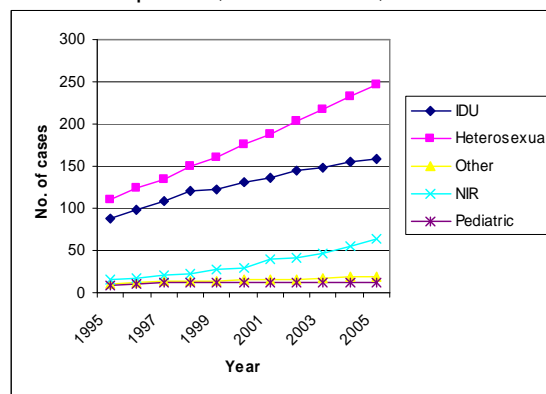
Source: NMDOH, HIV & Hepatitis Epidemiology Program.⁴

From 1995 through 2005, the number of reported cases of heterosexual risk among women more than doubled (Figure 5) from 110 to 246 cases. The number of reported cases among IDU also increased from 88 to 159. Increased reports of NIR among women are suspected to be heterosexual risk; however, these lack the documentation needed to classify them as such. To be at heterosexual risk, a woman must report she had sex with a man that is HIV+ or fits a predefined risk category (i.e., IDU, hemophiliac, etc.).

HIV, Prevention, and Women

Across much of the world and parts of the U.S., women are accounting for sharp rises in the number of HIV/AIDS cases. While the number of cases among New Mexican women has increased over time, rates of HIV/AIDS have remained relatively stable over the last 10 years. In this state, HIV/AIDS continues to be concentrated in men who have sex with men (MSM).

Figure 5. Cumulative HIV/AIDS in women by mode of exposure, New Mexico, 1995-2005



Source: NMDOH, HIV & Hepatitis Epidemiology Program.

HIV prevention efforts in New Mexico must remain strong in our communities and focus appropriately on both women and men. Whereas African American women have the highest rates of disease, the largest changes in the epidemic have been observed in the AI/AN and Hispanic populations. In parallel with the national epidemic, women in New Mexico also primarily report heterosexual and IDU risk. However, more women now fail to report risk; this emphasizes the need improve risk assessments of women newly diagnosed with HIV/AIDS. The collection of this information is critical for examining future trends and thereby guiding HIV/AIDS prevention among women living in New Mexico.

References

1. UNAIDS. 2006 Report on the Global AIDS epidemic.
2. UNAIDS. AIDS Epidemic Update: Special Report on HIV/AIDS: December 2006
3. CDC. HIV among women, April 2006. <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>
4. University of New Mexico, Bureau of Business and Economic Research. 2005 population estimates.

The HIV & Hepatitis Epidemiology Program recently released its first Integrated Epidemiologic Profile for HIV/AIDS Prevention & Care Planning. If you would like to receive a copy, please send an email to lily.foster@state.nm.us.

HIV/AIDS IN NEW MEXICO FACT SHEET
Cases reported through January 11, 2007

In previous reports, the HIV & Hepatitis Epidemiology Program summarized only cases diagnosed in New Mexico. Living cases diagnosed in New Mexico are used by the U.S. Centers for Disease Control (CDC) to represent prevalent cases. However, data that include out-of-state diagnoses provide a better reflection of local prevalence patterns and are now also provided in the summary.

	Cases diagnosed in New Mexico					All cases in New Mexico				
	N	Living %	Rate*	Cumulative N	Cumulative %	N	Living %	Rate	Cumulative N	Cumulative %
Type of case										
HIV	892	42%	46.2	955	27%	1279	39%	66.3	1380	27%
AIDS	1247	58%	64.6	2564	73%	1974	61%	102.3	3783	73%
Sex										
Male	1864	87%	196.6	3148	89%	2846	87%	300.1	4624	90%
Female	275	13%	28.0	371	11%	407	13%	41.5	539	10%
Race/Ethnicity										
White	949	44%	113.2	1721	49%	1621	50%	193.3	2745	53%
Hispanic	929	43%	111.3	1400	40%	1180	36%	141.4	1763	34%
AI/AN	144	7%	75.1	207	6%	237	7%	123.7	337	7%
African American	106	5%	280.8	174	5%	196	6%	519.3	293	6%
Asian/PI	10	0%	36.9	16	0%	18	1%	66.4	24	0%
Region at Diagnosis**										
Region 1 (Northwest)	263	12%	65.3	402	11%	314	10%	77.9	474	9%
Region 2 (Northeast)	427	20%	146.3	743	21%	517	16%	177.1	897	17%
Region 3 (Bernalillo Co.)	972	45%	161.9	1678	48%	1123	35%	187.0	1950	38%
Region 4 (Southeast)	129	6%	52.1	221	6%	163	5%	65.8	280	5%
Region 5 (Southwest)	348	16%	89.9	475	13%	395	12%	102.1	562	11%
Out of state	0	-	-	0	-	741	-	-	1000	-
Age at Diagnosis										
< 13	9	0%	2.5	12	0%	15	0%	4.2	21	0%
13-19	50	2%	24.0	53	2%	61	2%	29.2	66	1%
20-29	490	23%	183.5	714	20%	754	23%	282.4	1078	21%
30-39	864	40%	357.6	1462	42%	1340	41%	554.6	2201	43%
40-49	544	25%	186.8	917	26%	799	25%	274.3	1289	25%
50+	182	9%	32.1	361	10%	248	8%	43.7	456	9%
Unknown	0	-	-	0	-	36	-	-	52	-
Exposure Risk										
MSM	1273	60%	-	2156	61%	1959	60%	-	3185	62%
IDU	225	11%	-	362	10%	344	11%	-	535	10%
MSM/IDU	191	9%	-	346	10%	332	10%	-	562	11%
Heterosexual	224	10%	-	286	8%	303	9%	-	382	7%
Other	25	1%	-	63	2%	37	1%	-	80	2%
NIR	186	9%	-	287	8%	223	7%	-	356	7%
Pediatric	15	1%	-	19	1%	55	2%	-	63	1%
TOTALS	2139	100%	110.8	3519	100%	3253	100%	168.6	5163	100%

*Rates per 100,000 based on Bureau of Business and Economic Research data for 2004; **Residence at time of HIV or AIDS diagnosis.

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