Epidemiology of HIV/AIDS in the U.S. since the early 1980s

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It is now (2013) 33 years since AIDS was first recognized in 1980 -1981 as a new disease in the United States (Cohen et al, 2008). Clinicians in Los Angeles, New York, and San Francisco began seeing in 1980- 1981 among men who have sex with men (MSM) unusual diseases followed by reports of the similar syndrome in injecting drug users and hemophiliacs (Nelson & Williams, 2008). Since the HIV/ AIDS pandemic began, the global cumulative total of those infected with HIV-1 exceeds 60 million and have caused 25 million deaths (Cohen et al, 2008). The highest impact of HIV has been on sub-Saharan Africa where the estimated prevalence among adults is 7% (Nelson & Williams, 2008). In the United States in 2010 the cumulative estimated number of AIDS diagnosis was 1,155,792 and the new HIV infections estimated number was 47,500 with two thirds of the cases in gay and bisexual men (CDC, 2011). Black/African American men and women have an HIV incidence rate 8 times as high as the incidence rate among whites (CDC, 2013).

Early evidence in the United States of HIV infection can be traced back to a 15 year old black male from St. Louis who died of disseminated and aggressive Kaposi's sarcoma in 1968. Serum and frozen tissues from the case were confirmed positive for HIV antigen and antibody indicating infection present as long as the 1960's. Case definition in the medical literature fitting the disease surveillance definition as early as 1950's (Osmond, 2013).

Growth of the epidemic from 1981 to 1995 in the United States was incredibly rapid with high number of AIDS cases diagnosed in every state reaching a total of half million cases (CDC, 2006). AIDS increased rapidly in the 1980s reaching its peak with an estimated 78,000 cases in 1992 and finally stabilizing to 40,000 cases annually since 1998 (CDC, 2006). The first 50,000 cases reported during the first seven years of the epidemic were mainly on white, male homosexual populations and injecting drug users. The cases reported over the next decade became mainly an epidemic on non-white, women, and of heterosexuals and injecting drug users (Osmond, 2013).

In 1996 highly active antiretroviral therapy (HAART) became standard of AIDS care which dramatically changed the epidemiological features of the disease in the United States (Nelson & Williams, 2008). Despite the success of antiretroviral

therapy and decrease in the overall incidence of AIDS due to multiple combinations of available new drug therapies, HIV infections have not decreased; disparities among racial/ethnic minorities' populations and stigma associated with HIV continue to increase (Easterbrook & Meadway, 2001). Estimated number of white, non-Hispanic in 1981-1995 was 256,460 (46.5%). In 2001-2004 the number dramatically decreased to 45,497 (28.9%) for white, non-Hispanic, while for blacks non-Hispanic in the same period the numbers increased from 34.6% to 51.0 % (CDC, 2006).

The United States is still in the industrialized world the most heavily affected country by the HIV/AIDS pandemic. Currently, in the US new infection cases reported are mainly Black African/American MSM with an increased number of women infected through heterosexual contact (Cohen et al, 2008). In addition to black African/American population, Hispanics and southeastern rural populations US are disproportionally affected by HIV/AIDS with high HIV-1 prevalence (CDC, 2006). Prenatal screening and HAART therapy to infected pregnant women have eliminated mother to child transmission in the U.S. (Cohen et al, 2008).

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