

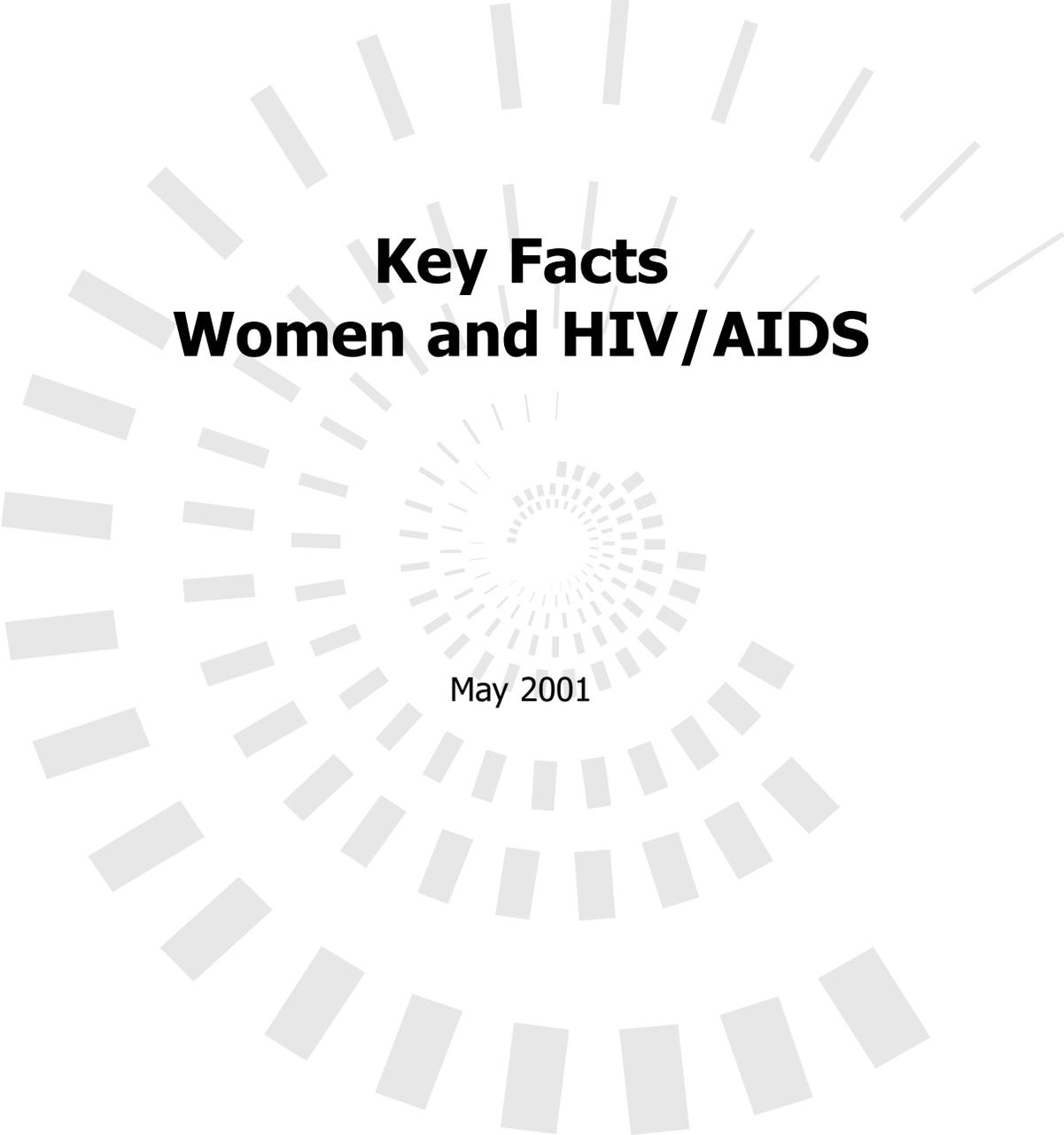
KEY FACTS

MAY 2001



WOMEN AND HIV/AIDS

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is a non-profit independent national health care philanthropy dedicated to providing information and analysis on health issues to policymakers, the media and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.



Key Facts Women and HIV/AIDS

May 2001

List of Figures

- Figure 1. Distribution of People Living With HIV/AIDS, by Gender
- Figure 2. Trends in New AIDS Cases by Gender, 1993–1999
- Figure 3. Women as a Proportion of New AIDS Cases, 1986–1999
- Figure 4. New AIDS Cases and Estimated Population Among Women by Race/Ethnicity, 1999
- Figure 5. Trends in Estimated AIDS Deaths by Gender, 1993–1998
- Figure 6. HIV as a Cause of Death for Women by Age and Race/Ethnicity, 1998
- Figure 7. Annual AIDS Case Rates Among Women by Race/Ethnicity, 1999
- Figure 8. Annual AIDS Case Rates Among Women, 1999
- Figure 9. Top 10 States/Territories for Number of Female AIDS Cases, 1999
- Figure 10. Annual AIDS Case Rates Among Women by Region and Race/Ethnicity, 1999
- Figure 11. Estimated AIDS Cases by Gender and Exposure Category, 1998
- Figure 12. Percent of Estimated AIDS Cases Among Women, by Race/Ethnicity and Exposure Category, 1998
- Figure 13. New AIDS Cases Among Women, by Age, 1999
- Figure 14. Young Women as a Proportion of AIDS Cases Among All Young People, 1993 and 1999
- Figure 15. Estimated AIDS Cases among Young Women by Exposure Category, 1998
- Figure 16. Selected Characteristics of Persons with HIV/AIDS in Care by Gender, 1996
- Figure 17. Insurance Coverage of Persons with HIV/AIDS in Care by Gender, 1996
- Figure 18. Health Services Use Among Persons with HIV/AIDS in Care by Gender, 1996
- Figure 19. Reasons for Postponing Care Among Persons with HIV/AIDS by Gender, 1996
- Figure 20. Women’s Communication with Health Care Providers about HIV/AIDS, 2000
- Figure 21. Women’s Perceptions of HIV Testing, 1999
- Figure 22. Women’s Experiences with HIV Testing and Counseling, 1999
- Figure 23. Women’s Perception of AIDS as an Urgent Problem by Race/Ethnicity, 2000
- Figure 24. Women’s Personal Concerns about Becoming Infected with HIV by Race/Ethnicity, 2000

Introduction

In 1986, in the earlier days of the HIV/AIDS epidemic in this country, women only represented 7% of new cases of AIDS. By 1999 that share had risen to nearly one quarter. Not only do women represent an increasing share of persons with AIDS, the most advanced stage of HIV infection, they also account for a rising share of individuals infected with HIV—today representing 30 percent of new HIV infections. Women of color, particularly African American women, have been hardest hit among women. African American women and Latinas account for four in five new cases of HIV. While new treatments can extend the years and quality of life of people with HIV/AIDS, there is some evidence that women do not have the same access to these life saving treatments as men and are faring more poorly.

This report *Key Facts: Women and HIV/AIDS* provides an overview of the impact of the HIV/AIDS epidemic on women. It draws from recent data and research on the epidemiology of HIV/AIDS among women, including data on cases and mortality; health services use and coverage; and attitudinal data from several recent national surveys. Key Facts presents current snapshots as well as trends over time and examines the impact of the epidemic on women generally, as well as the disproportionate impact on minority women.

Section One provides an overview of women and the HIV/AIDS epidemic. Section Two highlights demographic characteristics of women with HIV/AIDS, including data on regional and state variations, age and other risk factors for women. Section Three provides an overview of women with HIV/AIDS and the health care system, and finally, Section Four highlights recent findings on women's attitudes towards HIV/AIDS.

Section I

Overview

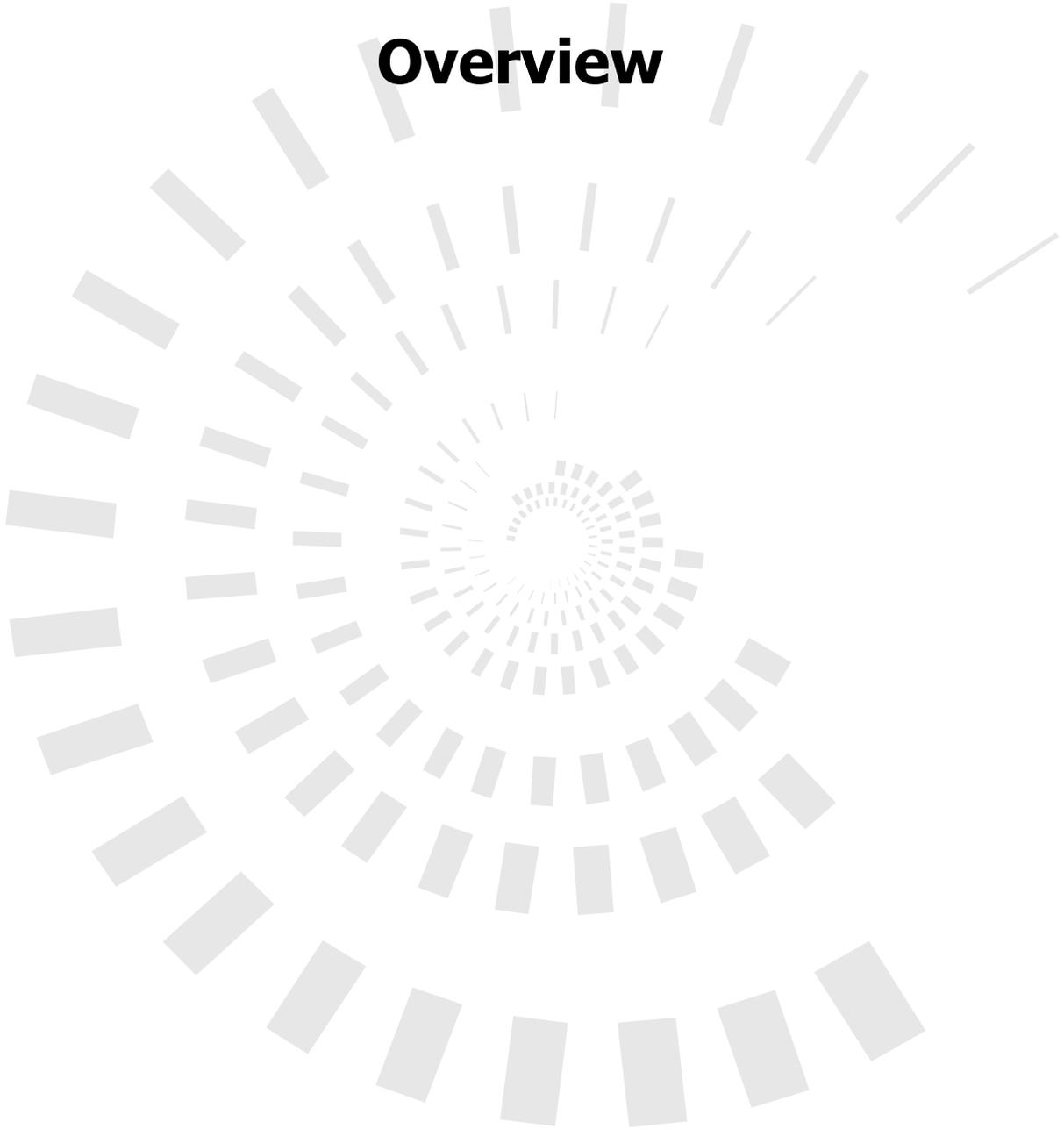
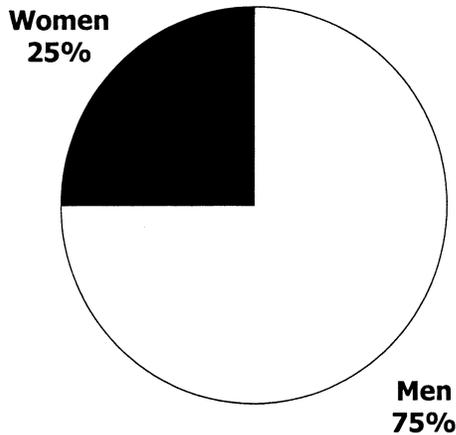


Figure 1

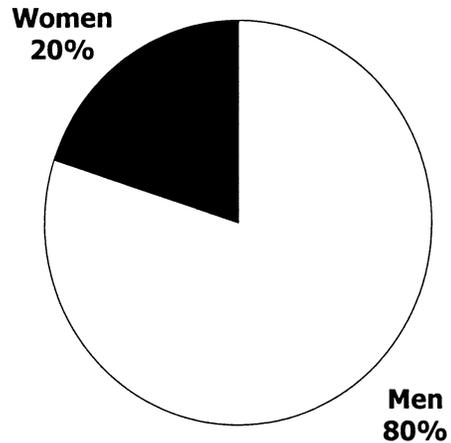
Distribution of People Living with HIV/AIDS, by Gender

People with HIV/AIDS, 2000



Estimated Total = 800,000 to 900,000

People with AIDS, 1998



Estimated Total = 290,751

Note: Includes estimated cases among persons 13 years of age and older.

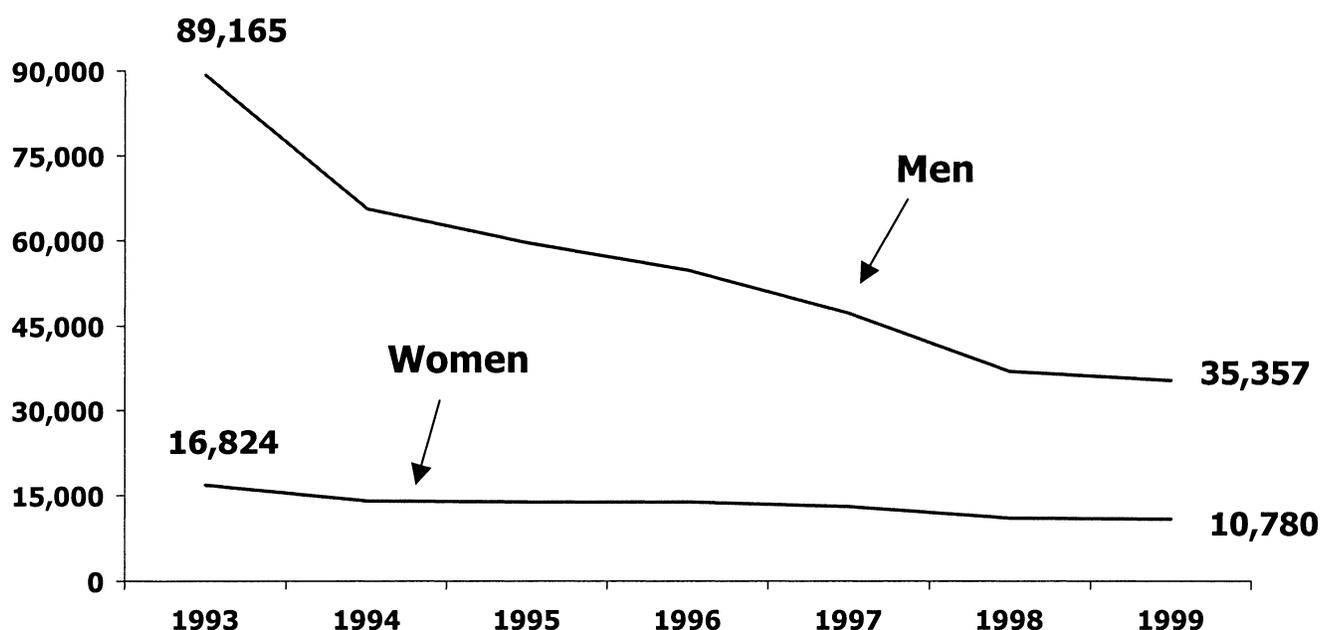
Sources: Personal Communication, Pat Sweeney, Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, July 2000; Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

Women make up one quarter of the population estimated to be living with HIV or AIDS, or approximately 200,000 to 225,000 women. Women also represent a significant proportion (20%) of people living with AIDS, the most advanced form of HIV disease.

Figure 2

Trends in New AIDS Cases by Gender, 1993-1999

Number of Cases



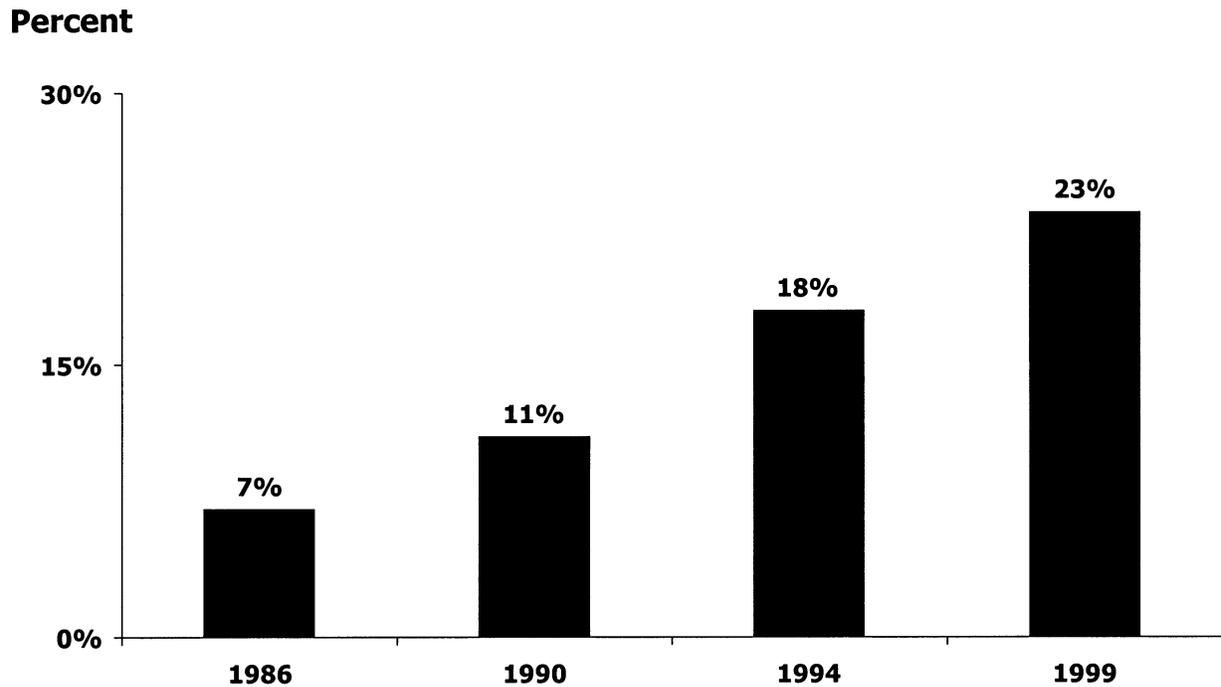
Note: Includes reported cases among persons 13 years of age and older.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Reports, 1993-1999.

During the 1990s, important new advances were made in the treatment of HIV disease. Treatment advances, particularly the advent of highly active antiretroviral therapy, coupled with prevention efforts, led to a decline in the number of new AIDS cases. Despite these advances, the rate of decline was almost two times greater for men than women (a 60% decline for men compared to 36% for women between 1993 and 1999). Although the reasons for this disparity are not well understood, they are in part due to differential access to care.

Figure 3

Women as a Proportion of New AIDS Cases, 1986-1999



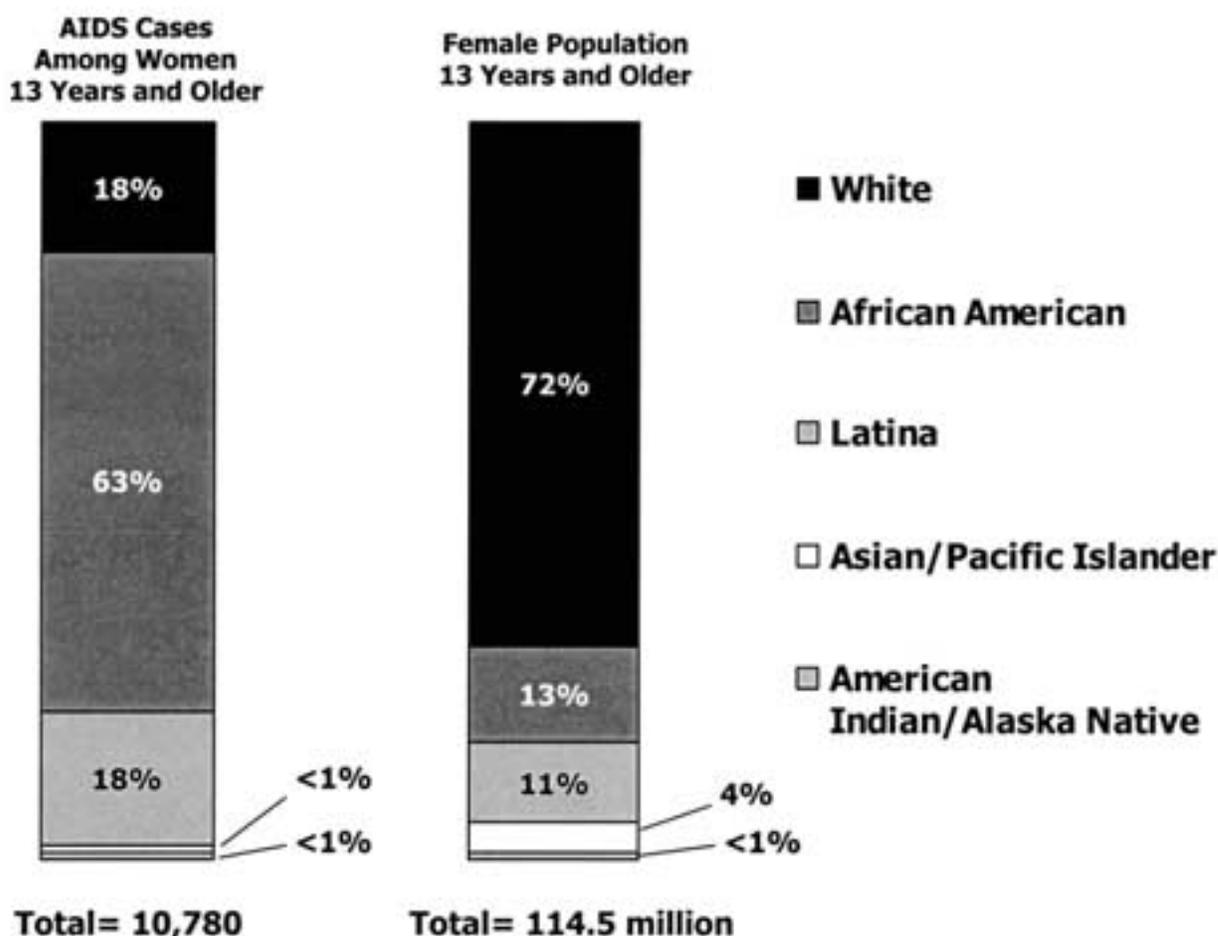
Note: Includes reported cases among women 13 years of age and older.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Editions, 1986, 1990, 1994, 1999.

Women comprise a growing share of new AIDS cases each year. The proportion of AIDS cases among women has more than tripled since 1986, from 7% to 23%.

Figure 4

New AIDS Cases and Estimated Population Among Women by Race/Ethnicity, 1999



Note: White and African American groups do not include those of Hispanic origin.

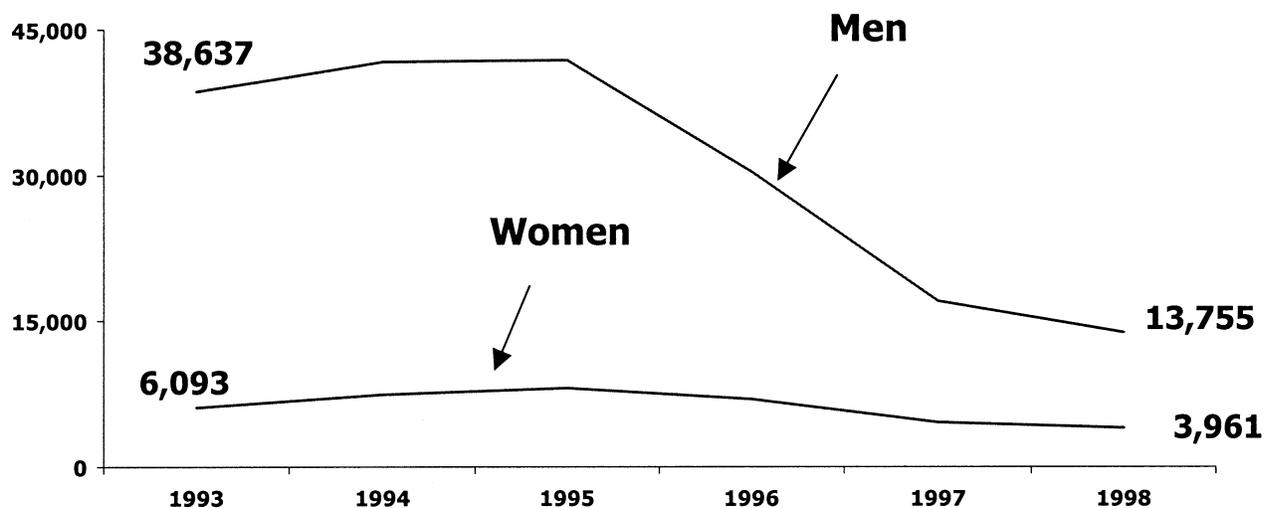
Sources: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999; Urban Institute estimates of the March 2000 Current Population Survey, U.S. Bureau of the Census, for the Kaiser Family Foundation.

Women of color have been disproportionately affected by the epidemic since its beginning, and this disparity is becoming more pronounced. Although African American women represent only 13% of the U.S. female population, they accounted for almost two-thirds (63%) of new AIDS cases reported among women in 1999. Similarly, Latinas accounted for 18% of new cases reported among women in 1999, but only 11% of the U.S. female population.

Figure 5

Trends in Estimated AIDS Deaths by Gender, 1993-1998

Number of Deaths/Year



Note: Includes estimated deaths among persons 13 years of age and older.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

Major advances in treatment for HIV have led to a dramatic reduction in the number of deaths among all people with HIV. Deaths among women, however, declined at a considerably slower rate than men. Between 1993 and 1998, estimated AIDS deaths among women declined by 35%, compared to a 64% reduction among men over the same period.

Figure 6

HIV as a Cause of Death for Women by Age and Race/Ethnicity, 1998

	15 to 24	25 to 44	45 to 64
All Women	8th	5th	*
White	*	10th	*
African American	5th	3rd	7th
Latina	*	4th	9th

*Note: *HIV does not appear among the top 10 leading causes of death in these categories. White and African American groups do not include those of Hispanic origin.*

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports, Deaths: Final Data for 1998, Vol. 48, No. 11, 2000.

HIV is a leading cause of death for women in the U.S., particularly among younger women in their reproductive years. In 1998, HIV was the 5th leading cause of death among women ages 25 to 44. Among African American women, HIV was the 3rd leading cause of death in this age group and the 4th among Latinas.

Section II

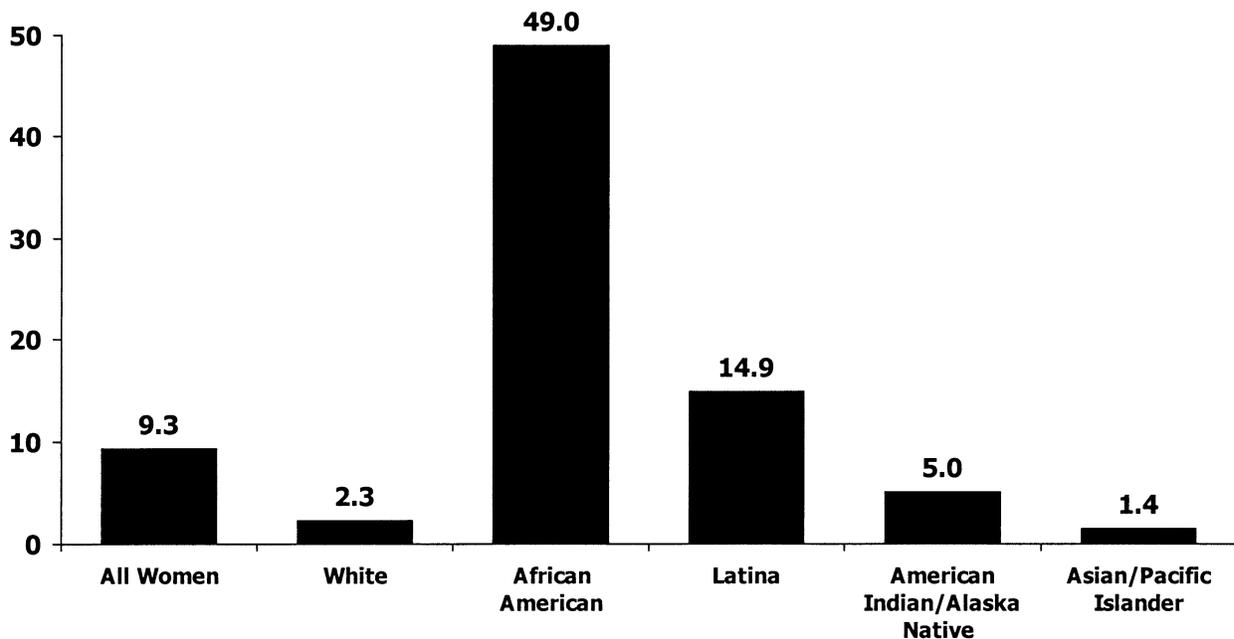
Women at Risk



Figure 7

Annual AIDS Case Rates Among Women by Race/Ethnicity, 1999

Rate per
100,000 Women



Note: Includes reported cases among women 13 years of age and older. White and African American groups do not include those of Hispanic origin.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

The disproportionate impact of HIV/AIDS on women of color is most clearly seen in the AIDS case rate (the number of cases per 100,000 population). In 1999, the AIDS case rate for African American women was more than 21 times the rate of white women (49.0 per 100,000 compared to 2.3). The case rate for Latinas (14.9 per 100,000) was more than 6 times that of white women.

Figure 9

Top 10 States/Territories for Number of Female AIDS Cases, 1999

State	# of Female Cases	% of Total U.S. Female Cases	Women as % of Total Cases in State
1. New York	2,340	22%	30%
2. Florida	1,488	14%	27%
3. New Jersey	680	6%	33%
4. California	674	6%	12%
5. Texas	589	5%	19%
6. Pennsylvania	482	4%	25%
7. Maryland	457	4%	30%
8. Georgia	429	4%	26%
9. Massachusetts	394	4%	27%
10. Puerto Rico	330	3%	26%

Total Female Cases = 10,780

Note: Includes reported cases among women 13 years of age and older.

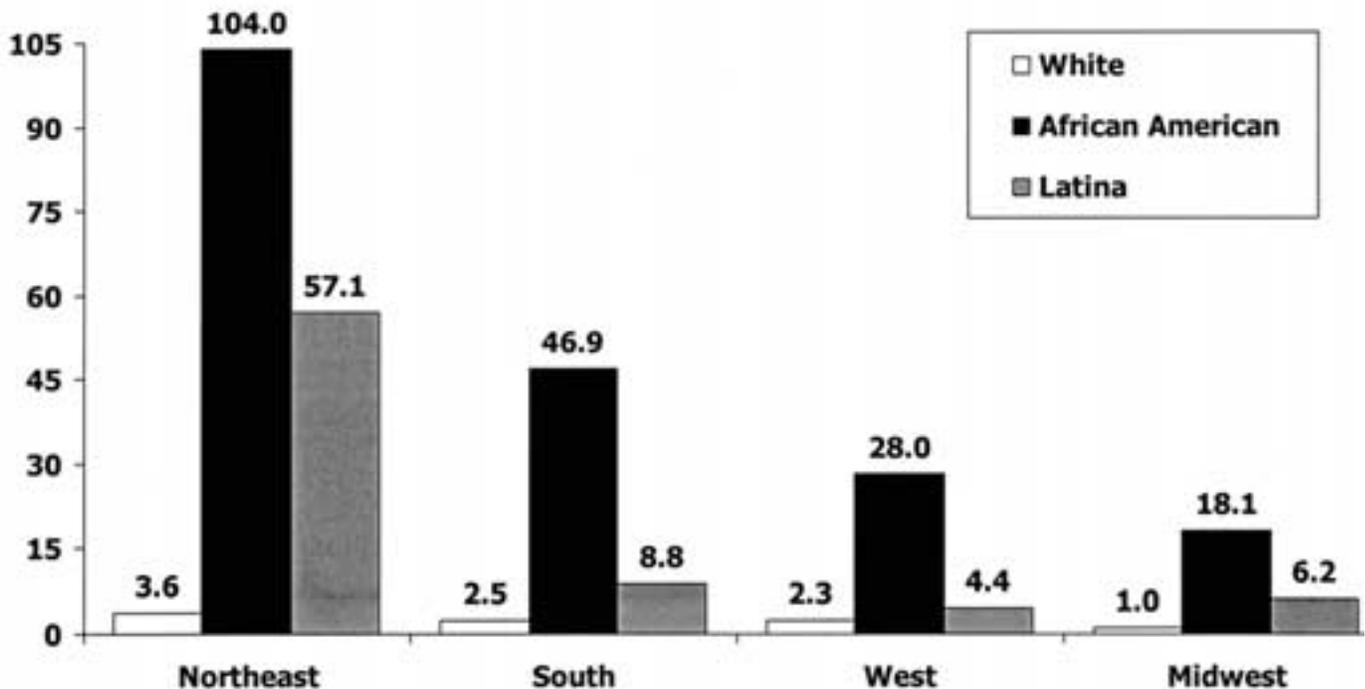
Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

Five states - New York, Florida, New Jersey, California, and Texas account for over half of the 10,780 female AIDS cases reported in 1999; New York alone accounts for more than one fifth (22%) of new cases. In most of the states with the highest number of AIDS cases among women, women also represent over a quarter of reported cases in the state (the U.S. average is 23%). See Table II.

Figure 10

Annual AIDS Case Rates Among Women by Region and Race/Ethnicity, 1999

Rate per 100,000 Women



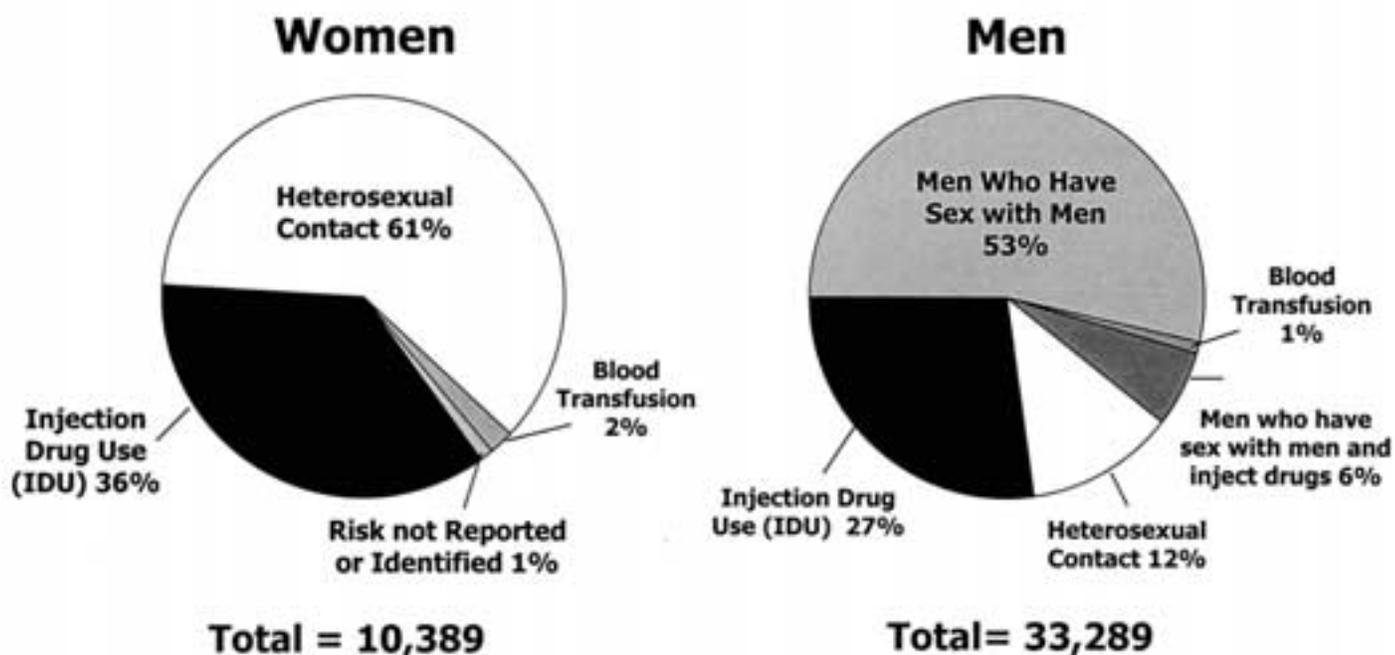
Note: Includes reported cases among women 13 years of age and older. White and African American groups do not include those of Hispanic origin. Case rates do not include data from Puerto Rico and the Territories.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance in Women, L264 Slide Series, 1999.

Across all regions of the country, African American women have the highest female AIDS case rates, and rates are the highest in the Northeast, followed by the South. The AIDS case rate among African American women in the Northeast was 29 times that of white women in the same region. The rate among Latinas in the Northeast was 16 times that of white women.

Figure 11

Estimated AIDS Cases by Gender and Exposure Category, 1998



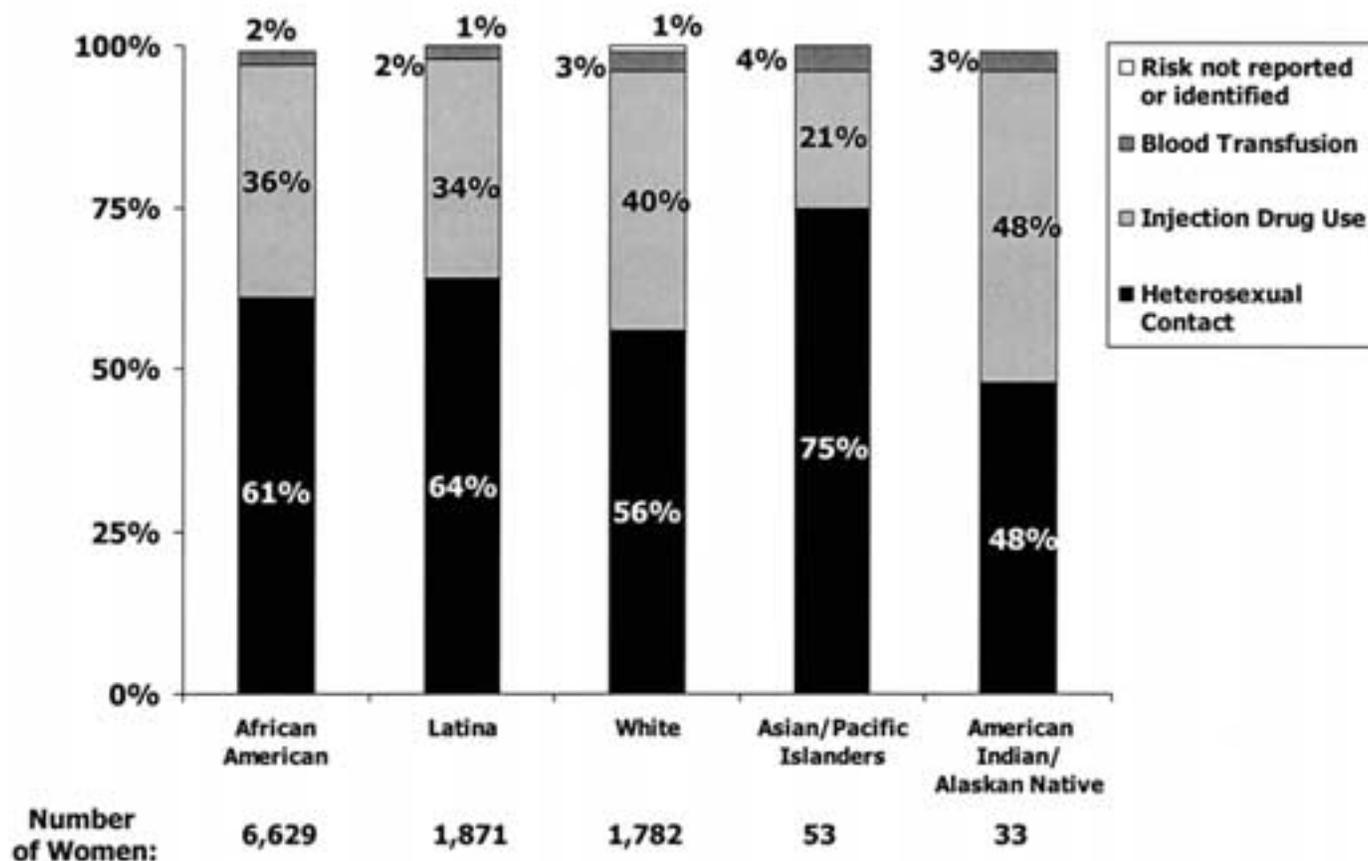
Note: Includes estimated cases diagnosed among women and men 13 years of age and older, after the reclassification of those whose cause for exposure was not reported or identified.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol.11, No.2, 1999.

Almost all women contract HIV through heterosexual contact or injection drug use. Only a small fraction contract HIV through a blood transfusion. The majority of cases among men are estimated to be among those who have sex with men, followed by those who are infected through injection drug use. Heterosexual contact only accounts for an estimated 12% of cases among men.

Figure 12

Percent of Estimated AIDS Cases Among Women, by Race/Ethnicity and Exposure Category, 1998



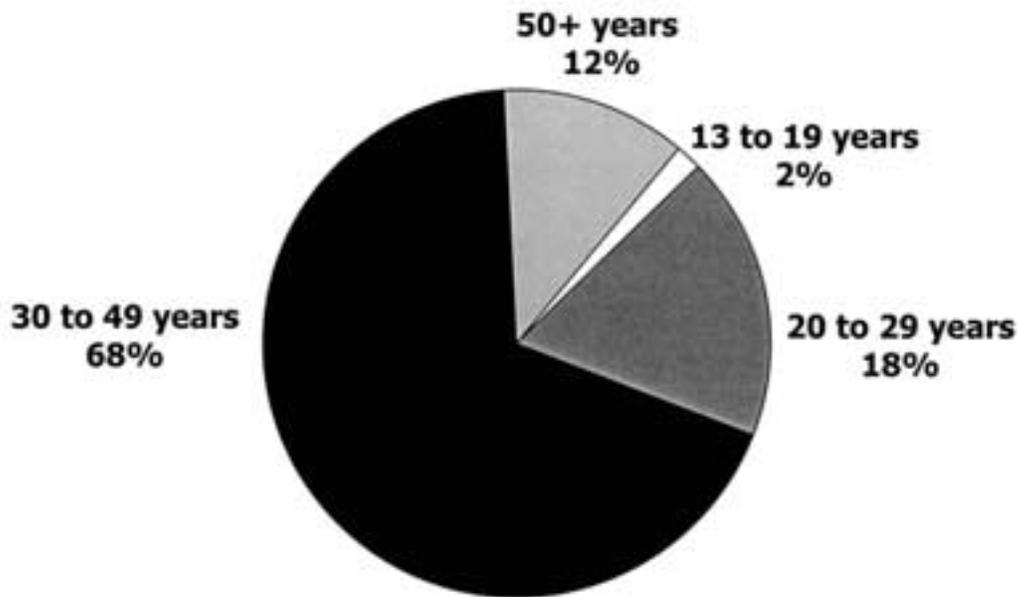
Note: Includes estimated cases diagnosed among women 13 years of age and older, after reclassification of those cases where the cause for exposure was not reported or identified. White and African American groups do not include those of Hispanic origin.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

The majority of female AIDS cases across most racial and ethnic groups are estimated to be due to heterosexual transmission. A significant proportion of cases among women are attributable to injection drug use.

Figure 13

New AIDS Cases Among Women, by Age, 1999



Total= 10, 759 Women

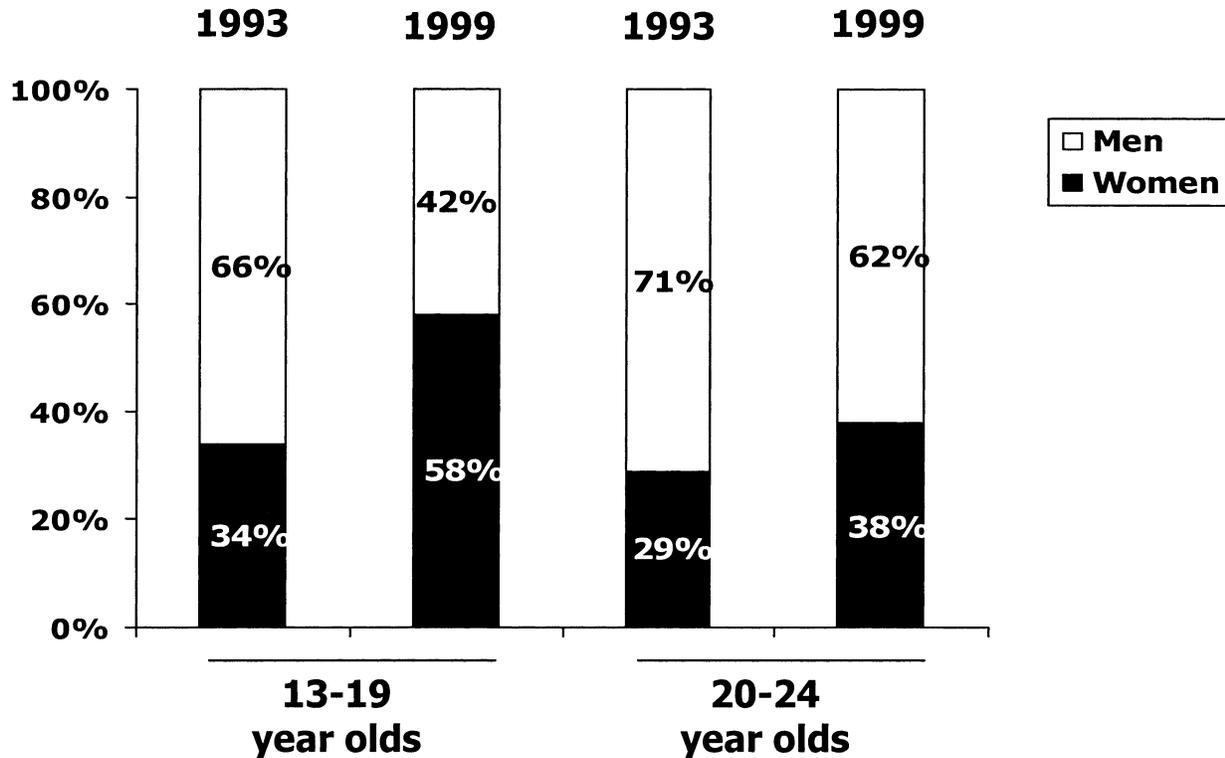
Note: Includes reported cases among women 13 years of age and older.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance in Women, L264 Slide Series, 1999.

Over two thirds (68%) of new AIDS cases reported among women in 1999 were among women 30 to 49 years of age; almost one fifth (18%) were among women ages 20 to 29.

Figure 14

Young Women as a Proportion of AIDS Cases Among All Young People, 1993 and 1999

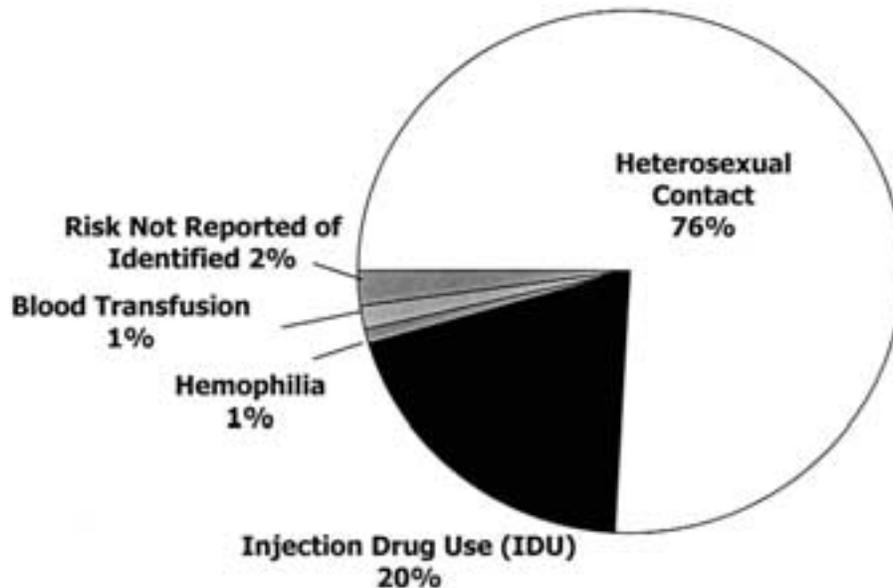


Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Editions, 1993 and 1999.

Although teenage girls 13-19 years of age account for only a small share of new AIDS cases among women (2%), they now represent the majority (58%) of new AIDS cases in their age group, up considerably from 34% in 1993. Young women ages 20-24 now make up 38% of new cases in their age group compared to 29% in 1993. By contrast, women overall represented 23% new cases in 1999, up from 16% in 1993.

Figure 15

Estimated AIDS Cases among Young Women by Exposure Category, 1998



Total = 692 Cases in Women Ages 13-24

Note: Includes estimated cases diagnosed among Women 13-24, after reclassification of those cases where the cause for exposure was not reported or identified.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

The overwhelming majority (76%) of young women ages 13 to 24 with AIDS are estimated to have been infected with HIV through heterosexual contact. One in five are estimated to have been infected through injection drug use.

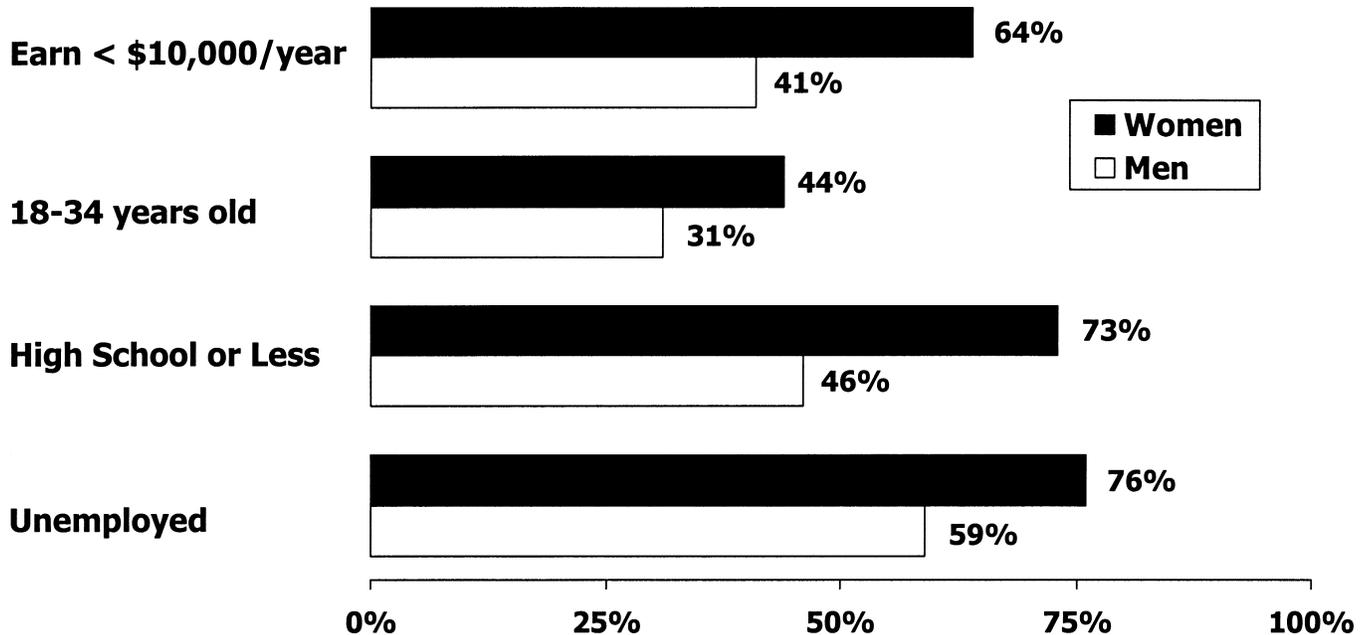
Section III

**Women with HIV/AIDS
and the Health Care System**



Figure 16

Selected Characteristics of Persons with HIV/AIDS in Care by Gender, 1996



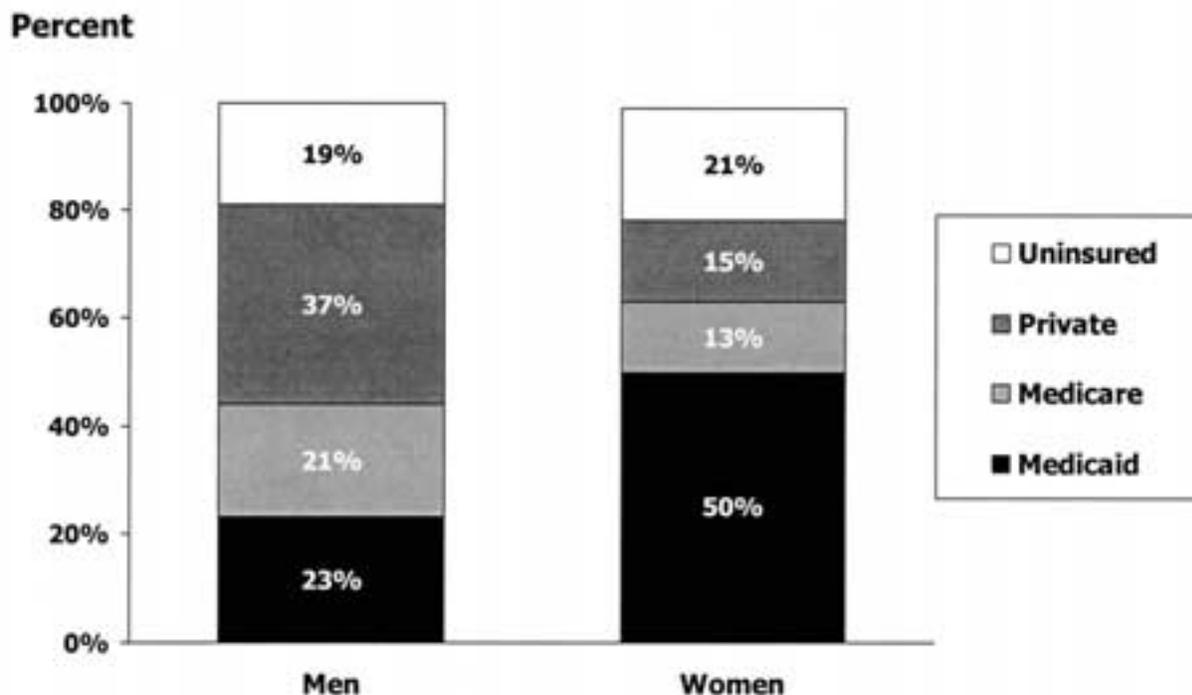
Note: Includes persons 18 years and older who received medical care during a 6 month period in 1996.

Source: Bozzette, et al. (1998). "The Care of HIV-Infected Adults in the United States" New England Journal of Medicine, Vol. 339, No. 26.

Women with HIV/AIDS are more likely to be disadvantaged than men. They are more likely to be young, poor, less educated, and unemployed than their male counterparts, according to a nationally representative study of people with HIV/AIDS in care.

Figure 17

Insurance Coverage of Persons with HIV/AIDS in Care by Gender, 1996



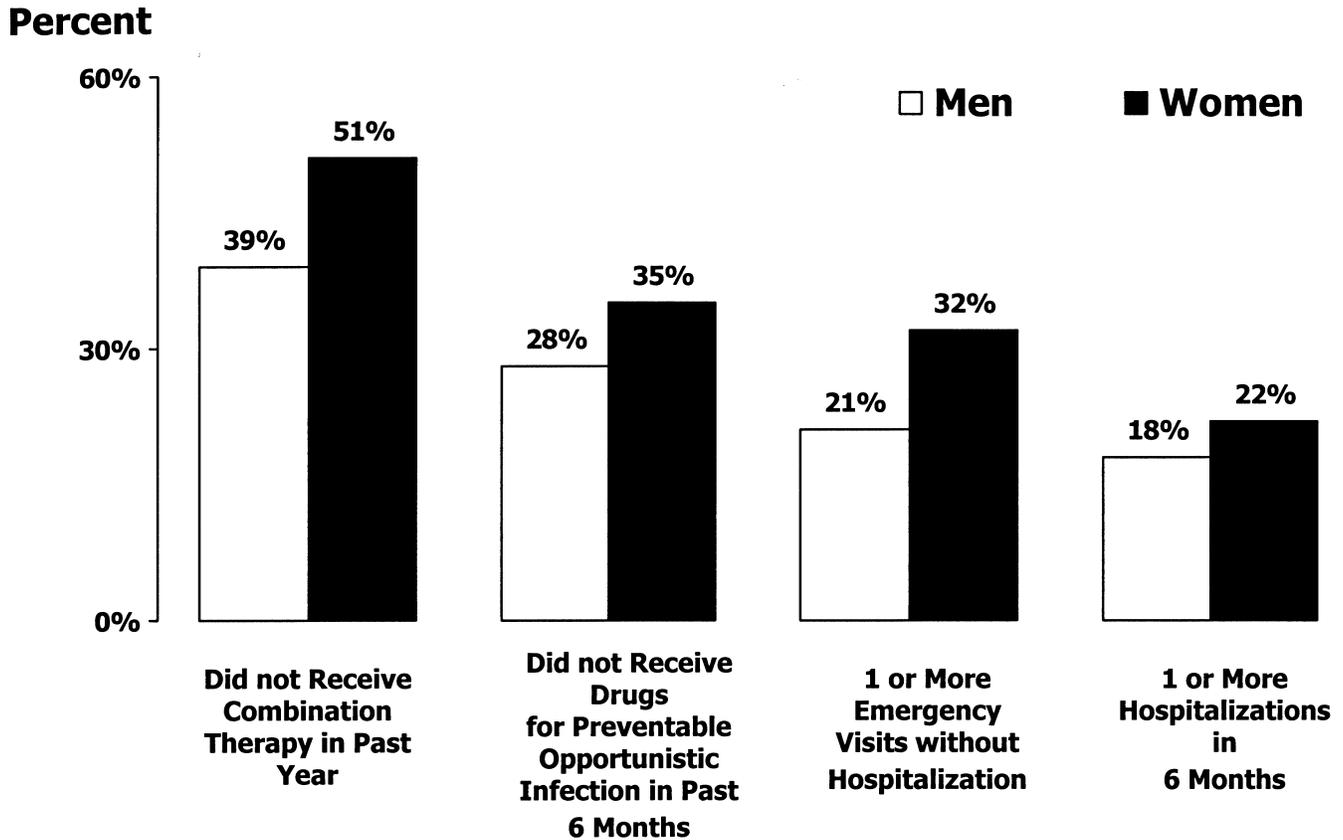
Note: Includes persons 18 years and older. Medicare includes those with or without other insurance, including Medicaid. Medicaid does not include those dually eligible for Medicare.

Source: Bozzette, et al. (1998). "The Care of HIV-Infected Adults in the United States." New England Journal of Medicine, Vol. 339, No. 26.

Women with HIV/AIDS in care are almost twice as likely as men to be covered by Medicaid, the health care program for the poor (50% compared to 23%). This may in part be due to the fact that women are more likely to meet Medicaid's eligibility criteria than men. Women are also less than half as likely to be privately insured than men (15% compared to 37%). One in five HIV infected women are uninsured.

Figure 18

Health Services Use Among Persons with HIV/AIDS in Care by Gender, 1996



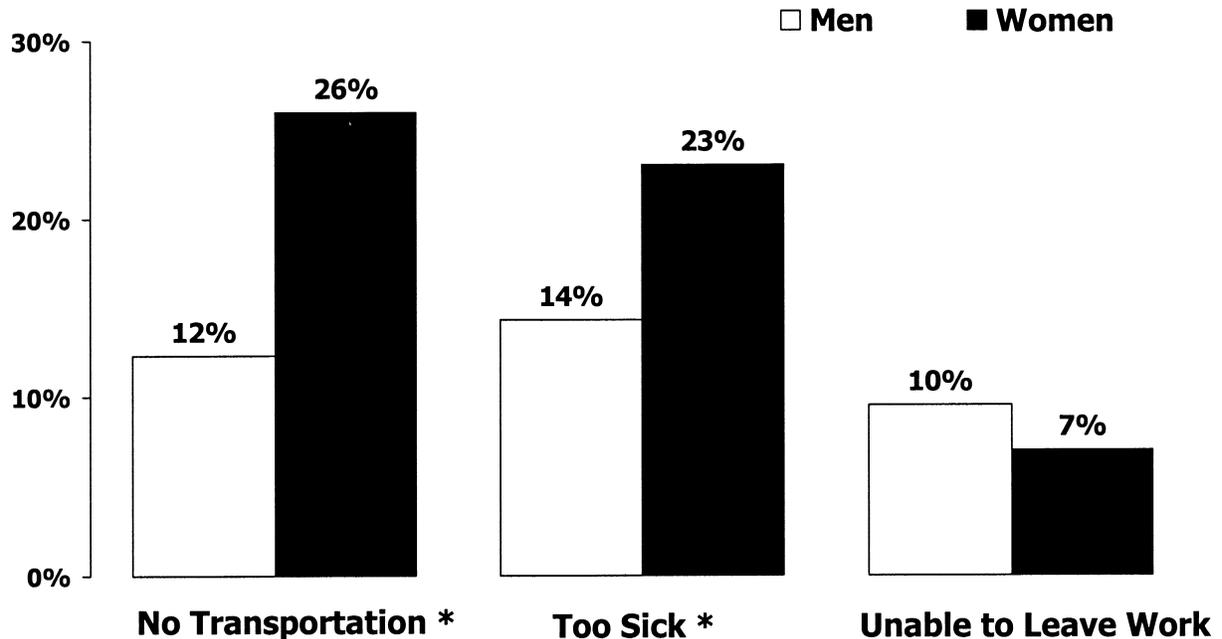
Note: Includes persons 18 years and older. Results significantly different at $p < .05$ after adjusting for CD4 count. Source: Shapiro, et al. (1999). "Variations in the Care of HIV-Infected Adults in the United States." Journal of the American Medical Association, Vol. 281, No. 24.

Women with HIV fare more poorly on several important access and quality measures than men. For example, even among patients who are in care, women are more likely to be hospitalized and use the emergency room than men, even after adjusting for the severity of their HIV infection. Women are also less likely than men to get preventive treatment for *Pneumocystis Carinii* Pneumonia (a common but preventable infection in people with HIV) and less likely to have received combination antiretroviral drug therapy, an accepted standard of HIV care.

Figure 19

Reasons for Postponing Care Among Persons with HIV/AIDS by Gender, 1996

Percent Reporting



Note: Includes persons 18 years and older. * Results significantly different at $p < .01$.

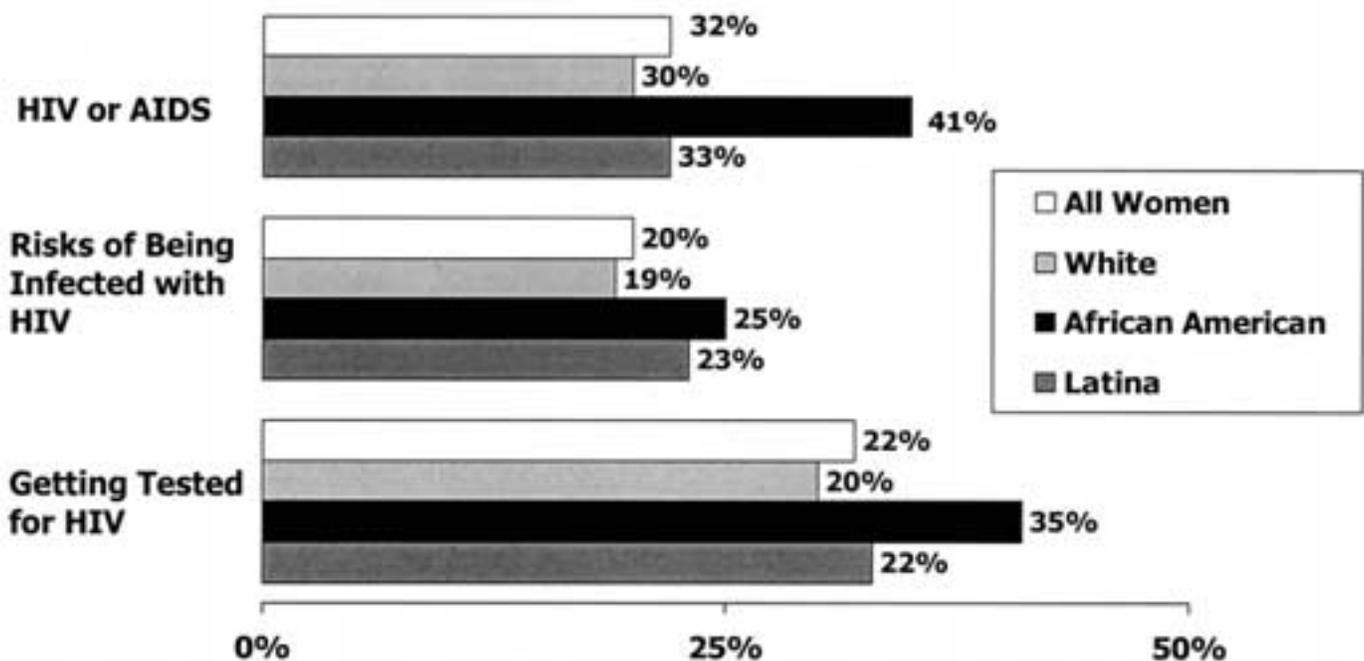
Source: Cunningham, et al. (1999). "The Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States." *Medical Care*, Vol. 37, No. 12.

While the reasons for the disparities in access to care between men and women are not well understood, women's financial and social vulnerability appears to complicate their access to health services and treatment. For example, about a quarter of women with HIV report postponing medical care due either to barriers such as sickness or lack of transportation, a significantly higher rate than men.

Figure 20

Women's Communication with Health Care Providers about HIV/AIDS, 2000

Percent of women who report ever talking to a health care provider about...

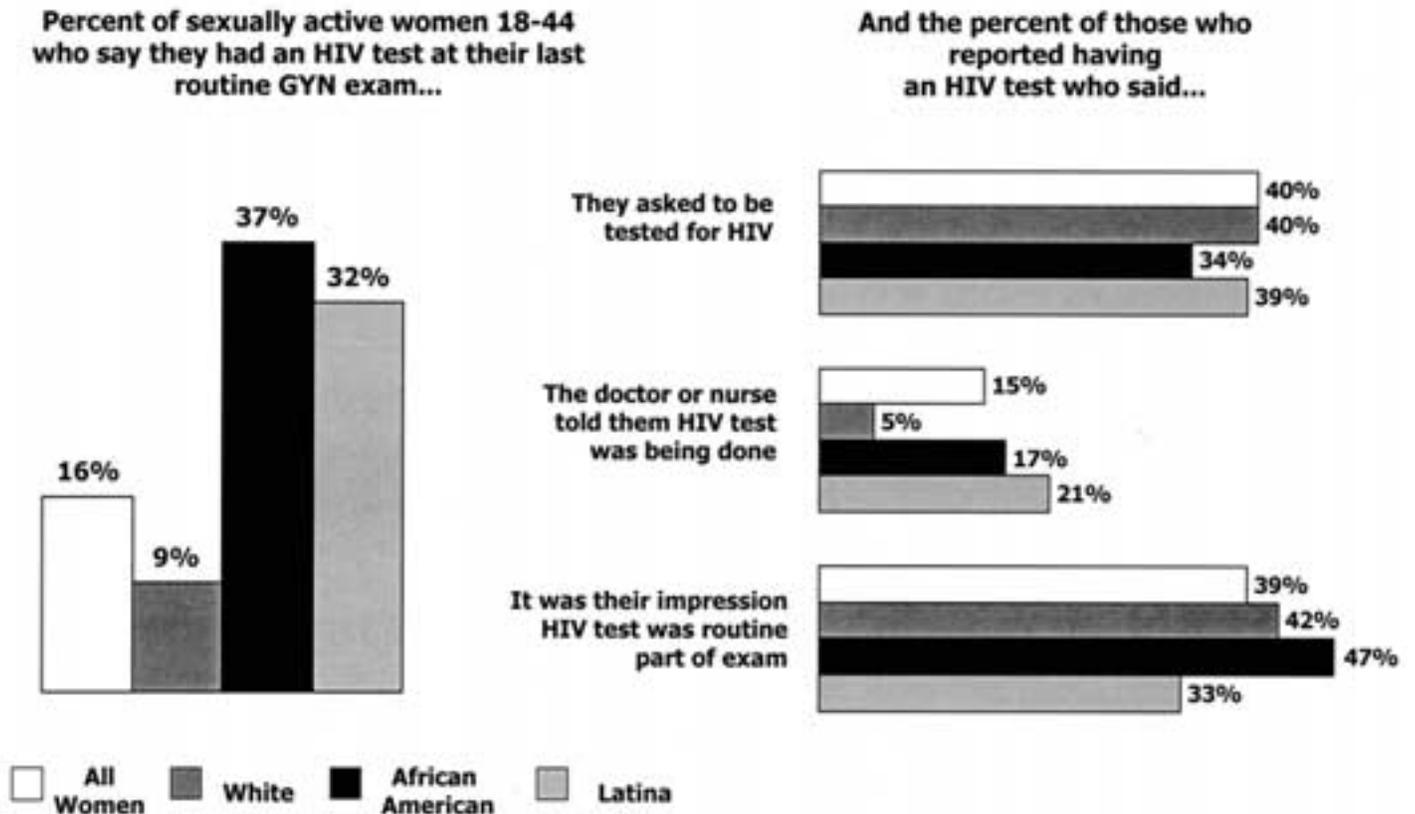


Source: Kaiser Family Foundation, National Survey of Americans on HIV/AIDS, conducted August 14 - October 26, 2000.

Few women talk to health care providers about HIV/AIDS, the risks of HIV infection, or HIV testing. African American women, however, are more likely than Latina and white women to report doing so (41% compared to 33% and 30% respectively). Slightly more than one third (35%) of African American women report talking with their provider about getting tested for HIV, compared to 22% of Latina women and 20% of white women.

Figure 21

Women's Perceptions of HIV Testing, 1999



Note: Women who reported a gynecological exam within the past 2 years.

Source: Kaiser Family Foundation/Essence/Latina/LA Times, National Survey of Women's Reproductive Health Care, conducted January 6-January 21, 1999.

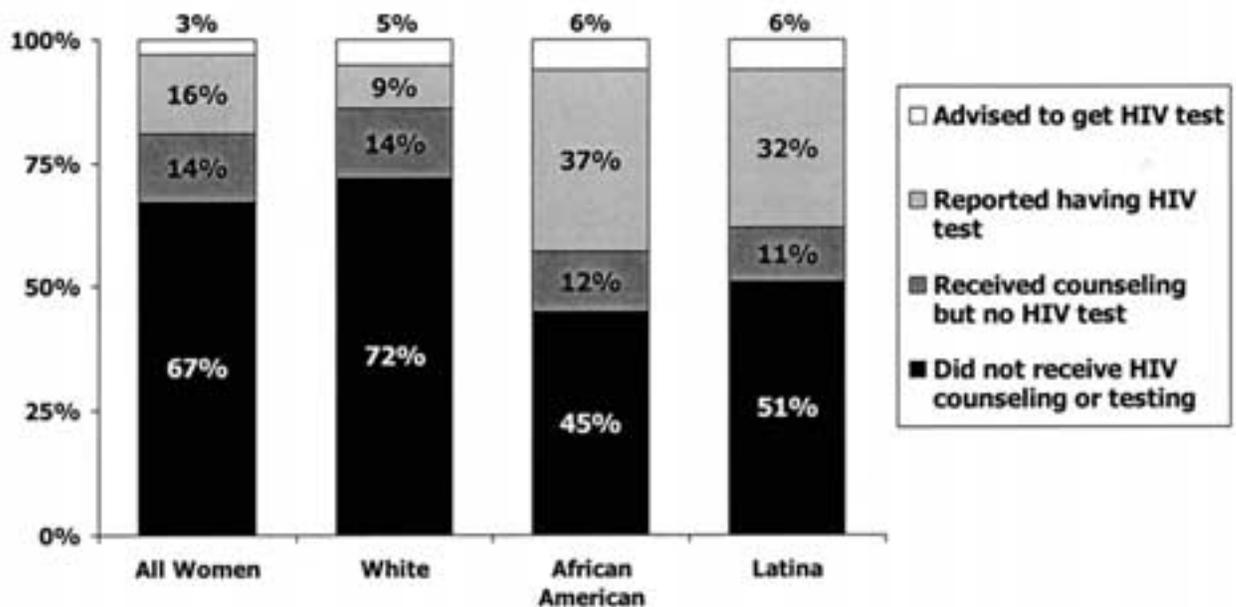
Few women report having received HIV tests as part of their routine gynecological care. Only about 16% of sexually active women, ages 18-44, report having had an HIV test at the time of their last routine gynecological exam; African American women and Latinas were more likely than white women to report being tested at their last visit.

While HIV test rates are still quite low, many women may think they are being tested, when in fact they are not. Many of the women who report having had an HIV test are under the impression that the test is a routine part of their care (39% of all women, 47% of African American women, and 33% of Latinas). However, an HIV test is not routinely performed during an annual gynecological exam without the patient's explicit informed consent.

Figure 22

Women's Experiences with HIV Testing and Counseling, 1999

Percent of sexually active women 18-44 who reported that the following occurred at their last gynecological exam...



Note: Women who reported a gynecological exam within the past 2 years.

Source: Kaiser Family Foundation/Essence/Latina/LA Times, National Survey of Women's Reproductive Health Care, conducted January 6-January 21, 1999.

In addition to low rates of testing reported by women overall, two thirds of women report that they did not receive any HIV counseling or testing at their last gynecological visit.

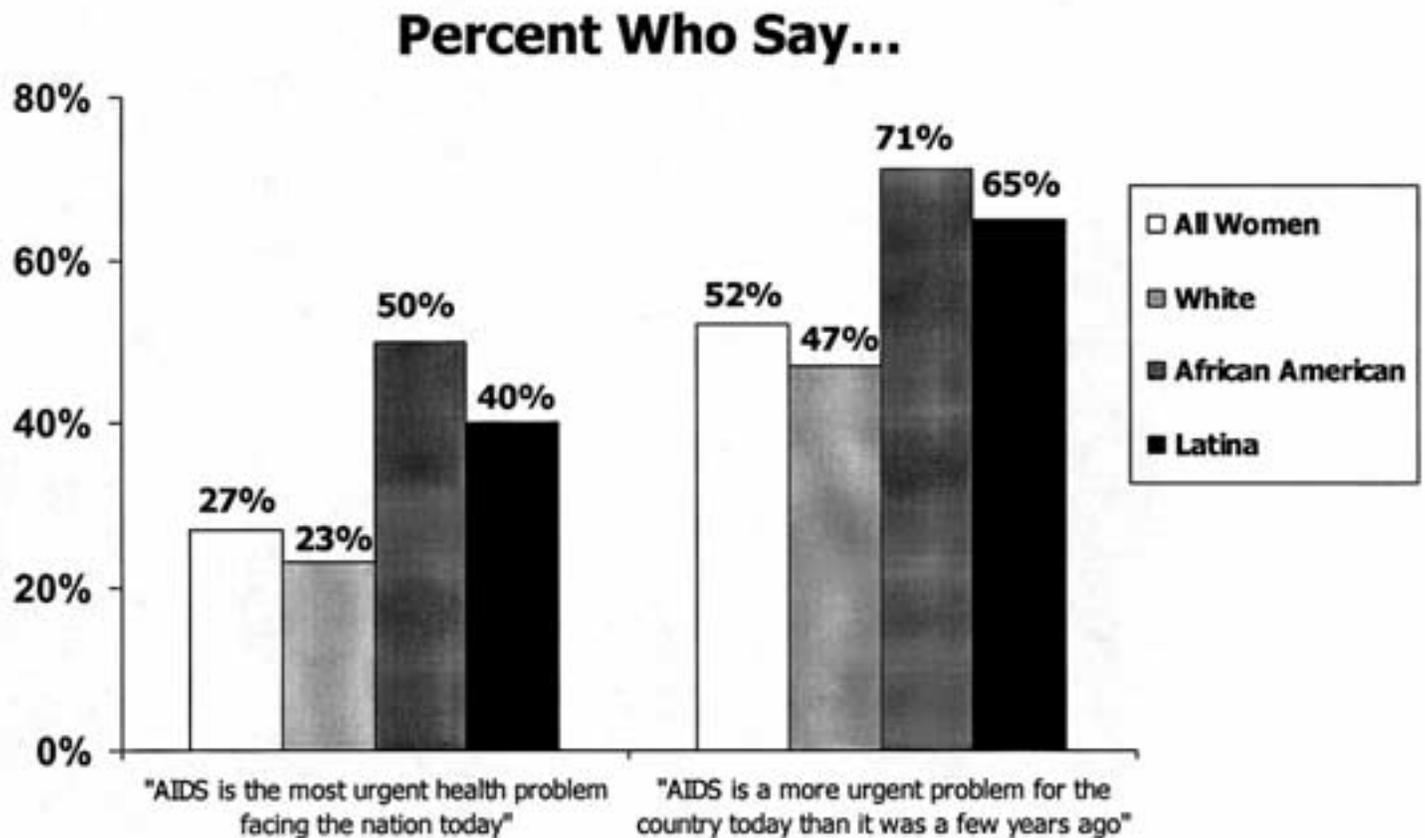
Section IV

**Women's Attitudes Toward
HIV/AIDS**



Figure 23

Women's Perception of AIDS as an Urgent Problem by Race/Ethnicity, 2000



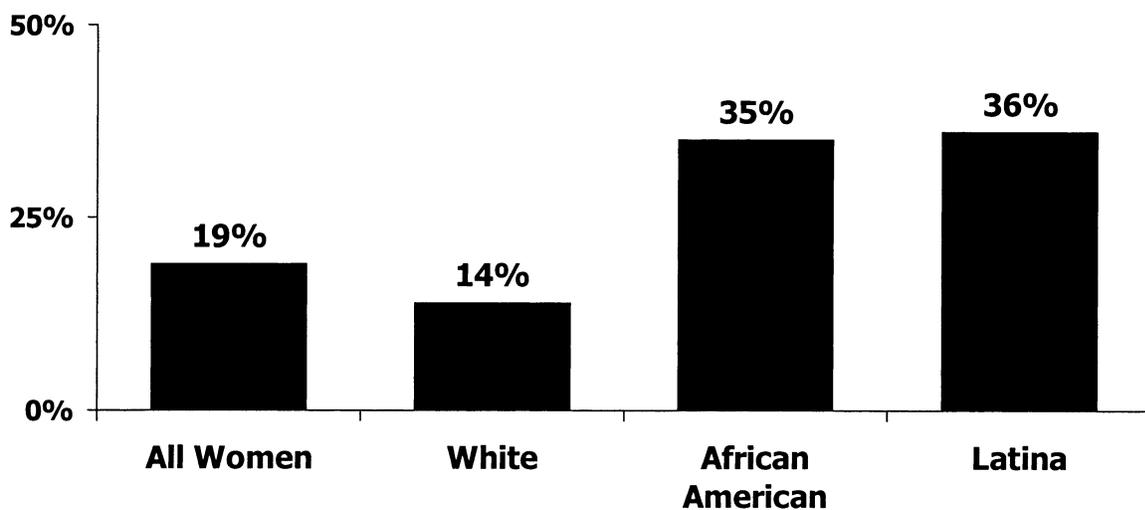
Source: Kaiser Family Foundation, *National Survey of Americans on HIV/AIDS*, conducted August 14 - October 26, 2000.

Slightly more than a quarter (27%) of all women view AIDS as the most urgent health problem facing the nation today. African American women and Latinas are more likely than white women to view AIDS as the most urgent health problem (50%, 40%, and 23% respectively). A majority of African American women and Latinas (71% and 65%) view AIDS as more urgent today, compared to less than half of white women (47%).

Figure 24

Women's Personal Concerns about Becoming Infected with HIV by Race/Ethnicity, 2000

Percent of women who say they are "very concerned" about becoming infected with HIV...



Source: Kaiser Family Foundation, National Survey of Americans on HIV/AIDS, conducted August 14 - October 26, 2000.

Nearly one in five women (19%) say they are personally "very concerned" about becoming infected with HIV. African American women and Latinas are more than twice as likely to report being personally concerned than white women (35%, 36%, and 14% respectively).

Conclusion

Today, some of the news about the HIV/AIDS epidemic in this country is more positive—death rates are down and many people infected with HIV are living lives that are healthier and more productive than were imaginable even a decade ago. However, many others are falling through the cracks. The stories and experiences of HIV-infected women have been largely overlooked. Despite advances in the prevention and treatment of HIV, women continue to be affected by the epidemic and do not appear to have benefited from advances to the same degree as men. Of particular concern is the growing impact of the epidemic on minority—particularly African American—and young women. Minority women already represent the majority of newly reported AIDS cases among women and teen girls represent the majority of AIDS cases in their age group. Targeted public education and prevention efforts focused on minority women and young women should be a priority to stem the spread of HIV.

A growing body of research has demonstrated that HIV-infected women fare more poorly on several measures of access to and quality of health care. Women with HIV/AIDS tend to be more socially and economically disadvantaged than their male counterparts. They are disproportionately low-income and poorly educated, factors alone associated with poorer access to health care. Compared to men with HIV, women in care have less access to the state of the art treatments and therapies that can prolong and improve their lives. Research shows that a significant share of HIV positive individuals is not receiving any care and does not know their HIV status. Furthermore, among women who do have access to health care services, survey research finds that many are not receiving the HIV counseling or testing they need to be identified and directed to treatment. Additional attention to counseling and early testing, improved access to treatment, and expansions in the availability of enhanced services for women and their families is warranted.

To date, there has been little focus on the effect of the HIV/AIDS epidemic on women. Given the impact of the disease on women, particularly those who are the most vulnerable, efforts to improve and expand opportunities for prevention and treatment should be broadened. The apparent gender disparities in access to care and concerns about quality highlight the importance of further research and policy attention on HIV and its effect on women.

This document was prepared by Zena Itani of the University of Michigan, while she was an intern at the Kaiser Family Foundation, and Jennifer Kates, Senior Program Officer, HIV/AIDS Policy, of the Kaiser Family Foundation.

Tables



Table I

Female AIDS Case Rates, Per 100,000 Women by State/Territory and Race/Ethnicity, 1999

State	Female AIDS Case Rate per 100,000 Women	Female AIDS Case Rate per 100,000 by Race/Ethnicity				
		White	African American	Latina	Asian/Pacific Islander	American Indian/ Alaska Native
United States Total	9.3	2.3	49.0	14.9	1.4	5.0
Alabama	6.3	1.7	19.6	--	--	--
Alaska	.4	--	--	--	--	--
Arizona	4.5	3.2	30.3	5.0	--	8.2
Arkansas	3.0	1.3	12.4	--	--	--
California	5.1	3.1	29.3	4.5	1.2	7.3
Colorado	2.0	1.1	14.8	3.2	--	--
Connecticut	13.0	5.0	61.1	51.0	--	--
Delaware	13.9	3.3	57.1	--	--	--
District of Columbia	94.1	11.0	148.0	26.6	--	--
Florida	22.9	5.3	125.3	15.6	--	--
Georgia	13.1	2.2	40.5	6.3	--	--
Hawaii	1.6	--	--	--	1.3	--
Idaho	1.2	1.3	--	--	--	--
Illinois	5.5	1.6	26.5	4.6	--	--
Indiana	2.0	1.2	8.9	9.1	--	--
Iowa	1.2	.9	19.5	--	--	--
Kansas	2.4	1.2	22.2	--	--	--
Kentucky	2.7	1.6	15.9	--	--	--
Louisiana	11.0	3.0	28.1	--	--	--
Maine	2.0	1.9	--	--	--	--
Maryland	20.8	2.3	68.2	9.2	--	--
Massachusetts	14.7	5.4	132.4	68.5	4.6	--
Michigan	3.3	.7	18.0	8.2	--	--
Minnesota	1.7	.7	32.4	--	--	--
Mississippi	9.1	2.0	20.5	--	--	--
Missouri	3.6	1.7	18.1	12.0	--	--
Montana	.5	--	--	--	--	--
Nebraska	1.9	1.4	--	--	--	--
Nevada	4.5	3.1	27.0	--	--	--
New Hampshire	1.2	--	--	--	--	--
New Jersey	19.5	4.2	108.0	20.1	--	--
New Mexico	.8	--	--	--	--	--
New York	29.9	4.5	118.2	68.2	1.5	--
North Carolina	6.6	.8	26.3	7.4	--	--
North Dakota	.4	--	--	--	--	--
Ohio	1.8	.6	10.1	5.9	--	--
Oklahoma	1.5	.6	6.9	--	--	4.0
Oregon	1.8	1.4	--	5.9	--	--
Pennsylvania	9.2	1.7	67.7	67.6	--	--
Rhode Island	7.2	2.6	78.8	32.2	--	--
South Carolina	14.8	2.4	43.9	--	--	--
South Dakota	1.6	1.4	--	--	--	--
Tennessee	5.9	1.5	27.8	17.3	--	--
Texas	7.2	3.1	33.9	5.1	2.7	--
Utah	2.1	1.1	--	11.9	--	--
Vermont	.8	--	--	--	--	--
Virginia	7.3	1.4	30.0	10.1	--	--
Washington	2.1	1.1	27.0	3.2	--	--
West Virginia	.9	.9	--	--	--	--
Wisconsin	1.3	.6	9.1	12.7	--	--
Wyoming	2.5	2.2	--	--	--	--
Puerto Rico	21.2	NA	NA	NA	NA	NA
Virgin Islands	29.8	NA	NA	NA	NA	NA

Note: -- Indicates states with three or few reported cases in category.

NA = not available.

Includes reported AIDS cases among women 13 years of age and older at time of diagnosis.

White and African American groups do not include women of Hispanic origin.

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999; Centers for Disease Control and Prevention, AIDS Surveillance Data as of 12/31/1999, data request.

Table II

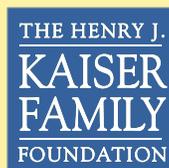
AIDS Cases Reported Among Women, by State/Territory, 1999

State	Total AIDS Cases Reported Among Women	Percent of Total US Female AIDS Cases	Women as Percent of Total AIDS Cases in State
United States Total	10,745	100.0%	23%
Alabama	119	1.1%	25%
Alaska	1	0.0%	7%
Arizona	88	0.8%	10%
Arkansas	33	0.3%	17%
California	674	6.3%	12%
Colorado	34	0.3%	11%
Connecticut	182	1.7%	31%
Delaware	45	0.4%	24%
District of Columbia	223	2.1%	27%
Florida	1,488	13.8%	27%
Georgia	429	4.0%	26%
Hawaii	8	0.1%	8%
Idaho	6	0.1%	24%
Illinois	277	2.6%	18%
Indiana	50	0.5%	14%
Iowa	15	0.1%	17%
Kansas	27	0.3%	16%
Kentucky	46	0.4%	17%
Louisiana	204	1.9%	24%
Maine	11	0.1%	14%
Maryland	457	4.3%	30%
Massachusetts	394	3.7%	27%
Michigan	139	1.3%	21%
Minnesota	34	0.3%	18%
Mississippi	107	1.0%	25%
Missouri	84	0.8%	16%
Montana	2	0.0%	15%
Nebraska	13	0.1%	19%
Nevada	32	0.3%	13%
New Hampshire	6	0.1%	13%
New Jersey	680	6.3%	33%
New Mexico	6	0.1%	6%
New York	2,340	21.8%	30%
North Carolina	213	2.0%	27%
North Dakota	1	0.0%	14%
Ohio	85	0.8%	16%
Oklahoma	21	0.2%	14%
Oregon	25	0.2%	11%
Pennsylvania	482	4.5%	25%
Rhode Island	31	0.3%	29%
South Carolina	247	2.3%	26%
South Dakota	5	0.0%	31%
Tennessee	139	1.3%	18%
Texas	589	5.5%	19%
Utah	17	0.2%	11%
Vermont	2	0.0%	10%
Virginia	214	2.0%	23%
Washington	49	0.5%	14%
West Virginia	7	0.1%	10%
Wisconsin	29	0.3%	19%
Wyoming	5	0.0%	33%
Puerto Rico	330	3.1%	26%
Virgin Islands	14	0.1%	36%

Source: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No. 2, 1999.

Sources

- Bozzette, et al. (1998). "The Care of HIV-Infected Adults in the United States" *New England Journal of Medicine*, Vol. 339, No. 26.
- Centers for Disease Control and Prevention, AIDS Weekly Surveillance Report—United States, December 1986.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, 1990.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 5, No. 4, 1993.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 6, No. 2, 1994.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 7, No. 2, 1995.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 8, No. 2, 1996.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 9, No. 2, 1997.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 10, No. 2, 1998.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Year-End Edition, Vol. 11, No.2, 1999.
- Centers for Disease Control and Prevention, HIV/AIDS Surveillance in Women, L264 Slide Series, 1999.
- Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports, Deaths: Final Data for 1998, Vol. 48, No. 11.
- Cunningham, et al. (1999). "The Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States." *Medical Care*, Vol. 37, No. 12.
- Kaiser Family Foundation, National Survey of Americans on HIV/AIDS 2000, conducted August 14–October 26, 2000.
- Kaiser Family Foundation/Essence/Latina/LA Times, National Survey of Women's Reproductive Health Care, conducted January 6–January 21, 1999.
- Personal Communication, Pat Sweeney, Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, July 2000.
- Shapiro, et al. (1999). "Variations in the Care of HIV-Infected Adults in the United States." *Journal of the American Medical Association*, Vol. 281, No. 24.
- Urban Institute. Estimates based on the March 2000 Current Population Survey, U.S. Bureau of the Census, for the Kaiser Family Foundation.



The Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
(650) 854-9400 Fax: (650) 854-4800

Washington Office:
1450 G Street NW, Suite 250
Washington, DC 20005
(202) 347-5270 Fax: (202) 347-5274

www.kff.org

Additional free copies of this document (#1630) are available on our website or through our publications request line at (800) 656-4533.