

HIV/AIDS and AAPIs

In 1981, a new infectious disease, AIDS, or acquired immunodeficiency syndrome, was identified in the US. Several years later, the causative agent of AIDS—human immunodeficiency virus (HIV)—was discovered. This discovery coincided with the growing recognition of AIDS in the US as part of a global infectious disease pandemic.

Currently, HIV/AIDS has been reported in virtually every racial and ethnic population, every age group, and every socioeconomic group in every state and most large cities in the US. HIV/AIDS remains a significant cause of illness, disability, and death in the US, despite declines in 1996 and 1997. (US DHHS, 2000).

Prevalence and Incidence

AAPIs in General

- **Prevalence.** AAPIs are as susceptible to HIV/AIDS as are other racial or ethnic groups. Although the number of reported AIDS cases among AAPIs remains small, lack of detailed HIV surveillance, underreporting, and misclassification often mask the true impact of the HIV epidemic on AAPIs. (Wortley et al., 2000).
- **Number of cases.** Nationally, as of December 2001, the cumulative number of AIDS cases reported among AAPIs in the US was 6,156 (5,354 men and 802 women), less than 1% of total cases reported in the US. (CDC, 2001).
- **Men who have sex with men.** Studies have reported HIV prevalence rates as high as 27% for AAPI gay men in San Francisco and Orange County, California. (Osmond et al., 1994; Gellert et al., 1994).
- **Asians living with HIV.** According to the World Health Organization, in 2002, South and Southeast Asia accounted for an estimated 6 million (14%) of the approximately 42 million adults and children living with HIV in the world. (WHO, 2002). This represents more than double the total number of HIV-infected individuals in the entire industrialized world. (Nguyen, 2000).
- **Underreporting masks true extent.** Although the number of reported AIDS cases among AAPIs remains small (about 1% of all cases reported in the US) (CDC, 1997; Freiberg, 2000), underreporting and a lack of detailed HIV surveillance among AAPIs may mask the true nature of the epidemic among this population. Only the states of California, Hawaii, and New Mexico, as well as local health departments in Los Angeles, San Francisco, Oakland, New York City, and the territory of Guam, report AIDS cases among AAPIs by ethnicity or national origin. (Asian/Pacific AIDS Coalition, 1994).

Suggestion

Until specific data are available for all AAPI groups, providers should use general population data to reflect risk indicators for AAPIs. (Sy et al., 1998).

Chinese

- **Three phases of epidemic.** The Chinese epidemic has seen three historic shifts. From 1985 to 1989, sporadic infections occurred among Chinese travelers returning from stays abroad. From 1990 to 1994, HIV/AIDS spread among injecting drug users in the southern areas of Yunan province bordering Myanmar (formerly Burma). After 1994, the epidemic spread from drug users to other regions and additional groups at high risk of infection. (USAID, 2001a).

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- **High infection rates in drug-producing area.** In Yunan province (which borders the “golden triangle” poppy fields in Myanmar, Laos, and Thailand), 50% to 80% of injecting drug users are HIV-infected. (USAID, 2001a).
- **Cases of sexually transmitted infections rising.** Reported cases of sexually transmitted infections (STIs) in China rose from 5,800 in 1985 to more than 836,000 in 1999. (USAID, 2001a).

Filipinos

- **Highest percentage of AIDS cases.** Filipino Americans have the highest percentage of AIDS cases among all AAPIs. They account for 45% of all AIDS cases among Asians nationally. (Randall, 1999).

Southeast Asians

- **STIs in men.** A study using interviews and physical and laboratory evaluations of 804 male patients at STI clinics in two semirural provinces in the Mekong Delta in southern Vietnam revealed that prevalence rates were 19.3% for urethritis syndrome, 10.2% for gonorrhea, and 2% for syphilis. (Nguyen et al., 1999).
- **Cases widely spread.** By the end of 1999, HIV/AIDS cases had been reported in all of Vietnam's 61 provinces. Estimates of the epidemic's scope vary by source. (USAID, 2001b).

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