

# HIV Infection among Native Hawaiians and Other Pacific Islanders in the United States and Dependent Areas

September 2013

## Fast Facts

- Native Hawaiians and Other Pacific Islanders (NHOPI) represented less than 1% of new HIV infections in the United States in 2010.
- Over one-quarter of adult and adolescent NHOPI with HIV do not know it—higher than the national average of 18%.
- Few targeted prevention programs and behavioral interventions are available for this population.

National estimates show that Native Hawaiians and Other Pacific Islanders (NHOPI) are not greatly affected by HIV. However, current estimates of HIV and AIDS diagnoses among NHOPI may be too low because of race/ethnicity misclassification and may mask the real impact of HIV on this population:

- The rate of HIV diagnoses per 100,000 people in the NHOPI population was more than twice as high as rates for whites in 2011.
- From 2008-2011, NHOPI ranked third in rates of HIV diagnoses by race/ethnicity in the United States, behind blacks/African Americans and Hispanics/Latinos.
- The proportion of NHOPI with late HIV diagnoses (AIDS diagnoses within one year of HIV diagnosis) in 2010 was the highest of all races/ethnicities in the United States and dependent areas<sup>a</sup>. Forty five percent of NHOPI developed AIDS within 12 months after a diagnosis of HIV infection, compared with 38% of American Indians/Alaska Natives diagnosed with HIV, 36% of Hispanics/Latinos, 35% of Asians, 32% of whites, and 31% of blacks/African Americans.

## The Numbers

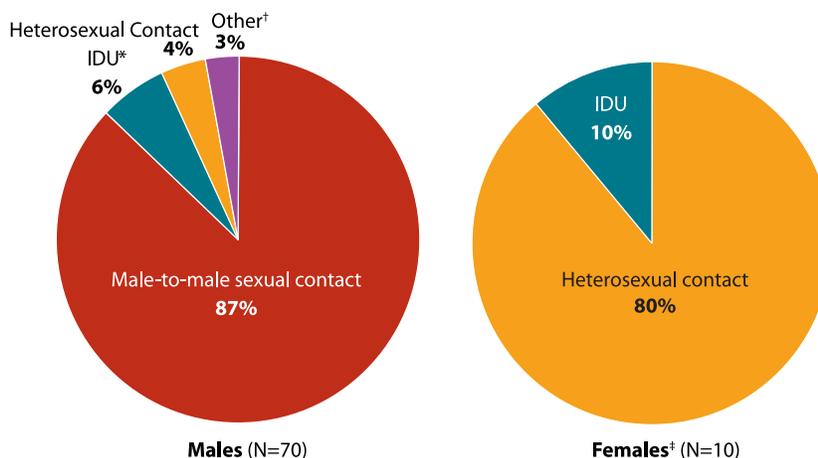
### New HIV Infections<sup>b</sup>

- In 2010, NHOPI accounted for less than 1% (70) of the estimated 47,500 new HIV infections in the United States and the District of Columbia.
- There was no statistically significant change in overall HIV incidence (the estimated total number of diagnosed and undiagnosed HIV infections) among NHOPI from 2008 to 2010.

### HIV and AIDS Diagnoses<sup>c</sup> and Deaths

- In 2011, less than 1% (81) of 50,199 estimated diagnoses of HIV infection in the United States and 6 dependent areas were among NHOPI; 86% (70) of infections among NHOPI were in men, and 12% (10) were in women.

### Estimated Diagnoses of HIV Infection Among Adult and Adolescent Native Hawaiian/Other Pacific Islanders, by Transmission Category and Gender, United States and 6 US Dependent Areas, 2011.



\* Injection drug use.

† Other transmission risk factors include hemophilia, blood transfusion, perinatal exposure, and risk factors not reported or identified.

‡ Due to rounding, the percentages do not equal 100%. Because the estimated total (N) was calculated independently of the values of the subpopulation, the subpopulation values do not sum to the total.

<sup>a</sup> **Dependent areas:** American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

<sup>b</sup> **New HIV infections** refer to HIV incidence or the number of people who are newly infected with HIV in a given time period, whether they are aware of their infection or not.

<sup>c</sup> **HIV and AIDS diagnoses** refer to the estimated number of people diagnosed with HIV infection regardless of stage of disease at diagnosis and the estimated number of people diagnosed with AIDS, respectively, during a given time period. The terms do not indicate when they were infected.

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- In 2011, 87% (61) of estimated HIV diagnoses among NHOPI men in the United States and dependent areas were attributed to male-to-male sexual contact, and 80% (8) of the estimated 10 HIV diagnoses among NHOPI women were attributed to heterosexual contact<sup>d</sup>.
- At the end of 2010, an estimated 910 NHOPI were living with HIV in the United States and dependent areas.
- In 2011, an estimated 51 NHOPI were diagnosed with AIDS in the United States and 6 dependent areas.
- By the end of 2010, an estimated 371 NHOPI ever classified with an AIDS diagnosis had died in the United States and 6 dependent areas.

## Prevention Challenges

A number of unique factors contribute to HIV infection in NHOPI communities:

- **Sexual risk factors** are the main transmission route for HIV among NHOPI. Most of the NHOPI who are diagnosed with HIV infection are gay, bisexual, or men who have sex with men (MSM). High-risk behaviors in NHOPI gay and bisexual men, including unprotected anal intercourse, multiple sexual partners, and sexually transmitted diseases, may contribute to the higher risk of infection. High-risk heterosexual contact is the main way NHOPI women become infected with HIV.
- **Lack of awareness of HIV status** can affect HIV rates in communities. Nationally, approximately 18.1% of US adults and adolescents living with HIV infection in 2009 were unaware of their HIV infection. However, 26.5% of adult and adolescent NHOPI with HIV were unaware of their infection.
- **Socioeconomic factors** such as poverty, inadequate or no health care coverage, language barriers, and lower educational attainment may contribute to NHOPI's lack of awareness about HIV risk and higher-risk behaviors that may then lead to higher rates of infection and missed opportunities for testing, counseling, and treatment.
- **Cultural factors** may affect the risk of HIV infection. NHOPI cultural customs, such as those that prioritize obligations to family (reputation and ethnic pride) and taboos on intergenerational sexual topics and sexual health discussion, may stigmatize homosexuality and interfere with HIV risk reduction strategies, such as condom use.
- **Limited research** about NHOPI health and HIV infection has resulted in few targeted prevention programs and behavioral interventions in this population.
- **The low number of HIV cases** among NHOPI may not reflect the true burden of HIV in this population because of **race/ethnicity misidentification** that could lead to the **underestimation of HIV infection in this population**.

## What CDC Is Doing

CDC and its partners are pursuing a **High-Impact Prevention** approach to advance the goals of the **National HIV/AIDS Strategy (NHAS)**, and maximize the effectiveness of current HIV prevention methods. Activities include:

- Support and technical assistance to health departments and community-based organizations to deliver effective prevention interventions for NHOPIs, such as **The Banyan Tree Project**.
- The CDC publication "**Effective HIV Surveillance among Asian Americans and Native Hawaiians and Other Pacific Islanders**" (April 2013) that outlines successful HIV surveillance activities for health departments in states with high concentrations of NHOPI.
- Phases of the **Act Against AIDS (AAA)** campaign, including *Greater Than AIDS*, which focuses on gay and bisexual men of all races; and *Let's Stop HIV Together*, which addresses stigma and raises awareness.
- The **Care and Prevention in the United States (CAPUS) Demonstration Project** that supports increased testing and optimizes linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.
- The **Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments (Funding Opportunity Announcement [FOA] PS 12-1201)**, a 5-year, \$339 million HIV prevention initiative for health departments in states, territories, and select cities including those serving NHOPI clients.

### Additional Resources

#### CDC-INFO

1-800-CDC-INFO (232-4636)  
 cdcinfo@cdc.gov  
 Get answers to questions  
 and find HIV testing sites.

**CDC HIV Website**  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

#### National HIV and STD Testing Resources

<http://hivtest.cdc.gov>

#### CDC National Prevention Information Network (NPIN)

1-800-458-5231  
[www.cdcnpin.org](http://www.cdcnpin.org)  
 Technical assistance and resources.

#### Act Against AIDS

[www.cdc.gov/actagainstaids](http://www.cdc.gov/actagainstaids)

#### AIDSinfo

1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
 Treatment and clinical trials.

#### AIDS.gov

[www.aids.gov](http://www.aids.gov)  
 Comprehensive government HIV resources.

<sup>d</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.