

African-Americans still disproportionately affected by HIV

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Advertising on the subway in New York in 2016 promotes the use of HIV testing, prophylactic drugs and condoms to combat the spread of AIDS and sexually transmitted infections. Credit: Richard B. Levine

African-Americans are still much more likely to be diagnosed with HIV

than white Americans. A new paper on the HIV/AIDS epidemic in the African-American community shows that despite recent drops in HIV diagnoses across every population in the U.S., there are still great disparities between ethnic groups. The study was led by Dr. Cato T. Laurencin of UConn Health and is published in Springer's Journal of Racial and Ethnic Health Disparities.

A decade ago, Laurencin and his team published a call for action paper that highlighted high numbers of HIV diagnoses in the African-American community. The new follow-up paper draws on data from surveys such as the 2010 United States Census and the 2016 HIV Surveillance Report by the Centers for Disease Control and Prevention (CDC).

Worryingly, the paper's analysis shows that the trends highlighted 10 years ago have continued, and in some regards worsened. For male and female populations in 2016, Blacks were 8.4 times more likely than whites to be diagnosed with HIV, whereas in 2005 they were 7.9 times more likely. Specifically, the number of Black males diagnosed with the disease in 2005 was 9,969, and increased by 29 percent to 12,890 in 2016.

Black male-to-male [sexual contact](#) was the most common form of transmission of HIV, and the number of men that have sex with men who were diagnosed with HIV increased 154 percent, from 4,020 in 2005 to 10,233 in 2016. Laurencin and his team point out that if this trend continues, one in two Black men who engage in sexual contact with men will receive an HIV diagnosis in their lifetimes.

The number of African-American females diagnosed with HIV through heterosexual contact increased by 75 percent from 2,392 in 2005 to 4,189 in 2016, and there was also a 76 percent increase in HIV diagnoses among heterosexual Black men in the same time period.

"It is clear that much more needs to be done to address the fact that African-Americans continue to be overrepresented across all categories of transmission," says Laurencin.

Laurencin and his team recommend a five-fold plan aimed at healthcare practitioners and community advocates. The plan includes working to eliminate prejudices and unconscious biases when treating patients, and employing new technology and techniques to help prevent or eradicate HIV/AIDs. Working toward reducing secondary factors such as incarceration rates, poverty, STDs, and other circumstances that increase the chances of contracting HIV is another recommendation.

"While higher rates of poverty and prevalence of negative socio-economic determinants in the African-American community are important underlying factors," says Laurencin, "we believe that a concerted, re-dedicated effort – as seen with other national health emergencies, such as the opioid crisis – can create meaningful change in the decade to come."

More information: Cato T. Laurencin et al. HIV/AIDS and the African-American Community 2018: a Decade Call to Action, *Journal of Racial and Ethnic Health Disparities* (2018). [DOI: 10.1007/s40615-018-0491-0](https://doi.org/10.1007/s40615-018-0491-0)

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