

Older People and HIV

(updated June 2021)



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This educational packet is a curated compilation of resources on older people and HIV. The contents of this packet are listed below:

- HIV and Older Americans (CDC fact sheet)
- HIV and Older People (HIVinfo fact sheet)
- El VIH y las Personas Mayores (HIVinfo fact sheet)
- Aging with HIV (HIV.gov fact sheet)
- Older Adult Clients: Ryan White HIV/AIDS Program, 2018 (HRSA fact sheet)

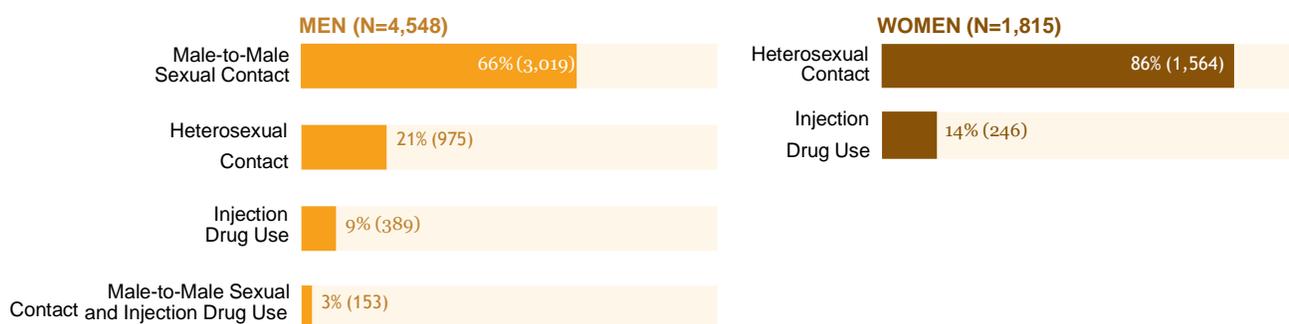
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HIV and Older Americans



Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, 17% were among people aged 50 and older.

Among people aged 50 and older, most new HIV diagnoses were among men. †

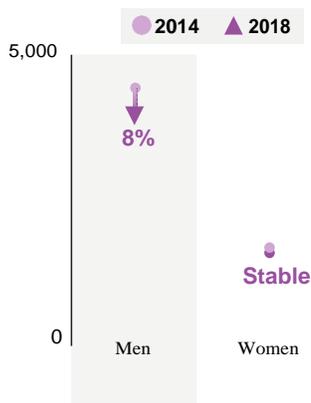


Totals may not equal 100% due to rounding.

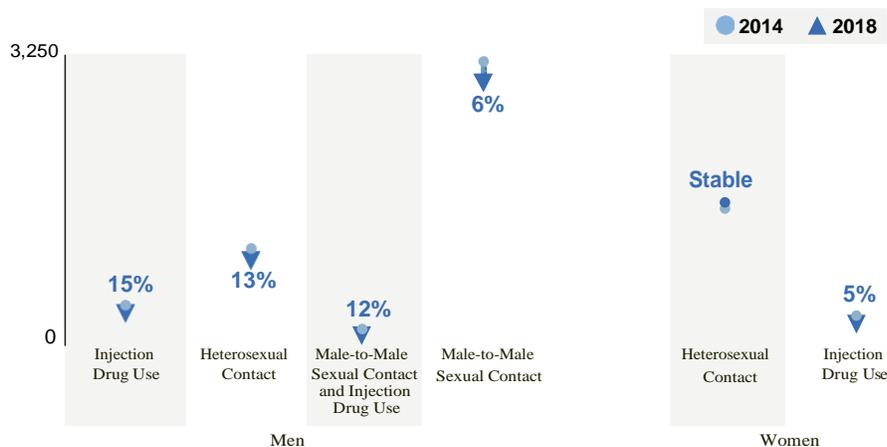
HIV diagnoses decreased 6% overall among people aged 50 and older from 2014 to 2018.



Trends by Sex†



Trends by Transmission Category†



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

† Based on sex at birth and includes transgender people.

‡ In 50 states and the District of Columbia.



People aged 50 and older who don't know they have HIV can't get the care and treatment they need to stay healthy.



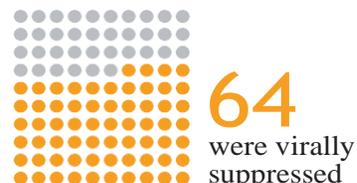
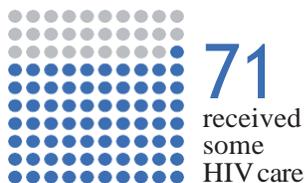
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV.‡ Of those, 379,000 were aged 55 and older.

9 in 10 people aged 55 and older knew they had the virus.



It is important for people aged 50 and older to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy life. They also have effectively no risk of transmitting HIV to HIV-negative sex partners.

Compared to all people with HIV, people aged 55 and older have higher viral suppression rates. In 2018, for every **100 people aged 55 and older with HIV**: ‡



For comparison, for every **100 people overall** with HIV, **65** received some HIV care, **50** were retained in care, and **56** were virally suppressed.

There are several challenges that place some people aged 50 and older at higher risk for HIV.

Fewer Discussions with Doctors



Although they visit their doctors more frequently, older people and their health care providers are less likely to discuss HIV testing and sexual or drug use behaviors.

Knowledge of HIV Prevention



Older people may not be as knowledgeable about HIV prevention and sexual risk and may be less likely to use a condom or other prevention options.

Delayed Treatment



Older people are more likely to have late-stage HIV at the time of diagnosis, may start treatment late, and suffer more immune system damage.

Stigma



Older people may have additional challenges getting into care due to stigma, isolation, and loss of support from their family, friends, and community.

How is CDC making a difference for people aged 50 and older?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

For more information about HIV surveillance data and how it is used, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For more information visit www.cdc.gov/hiv

HIV and Older People

 hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-older-people

Last Reviewed: September 24, 2020

Key Points

- According to the Centers for Disease Control and Prevention (CDC), in 2016, nearly half of the people in the United States living with diagnosed HIV were aged 50 and older.
- Many HIV risk factors are the same for people of any age, but older people are less likely to get tested for HIV.
- Treatment with HIV medicines (called antiretroviral therapy or ART) is recommended for everyone with HIV. As for anyone with HIV, the choice of an HIV regimen for an older person is based on the person's individual needs.
- Many older people have conditions such as heart disease or cancer that can complicate HIV treatment.

Does HIV affect older people?

Yes. Anyone can get HIV, including older people. According to the Centers for Disease Control and Prevention (CDC), in 2016, nearly half of the people in the United States living with diagnosed HIV were aged 50 and older.

The number of older people living with HIV is increasing for the following reasons: Life-

- long treatment with HIV medicines (called antiretroviral therapy or ART) is helping people with HIV live longer, healthier lives. Thanks to HIV medicines, there are an increasing number of older people who are living with HIV.
- HIV is newly diagnosed in thousands of people aged 50 and older every year.



Do older people have the same risk factors for HIV as younger people?

Many risk factors for HIV are the same for people of any age. But like many younger people, older people may not be aware of their HIV risk factors.

In the United States, HIV is spread mainly by:

- Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV
- Sharing injection drug equipment (works), such as needles, with someone who has HIV

Some age-related factors can put older people at risk for HIV. For example, age-related thinning and dryness of the vagina may increase the risk of HIV in older women. Older people may also be less likely to use condoms during sex because they are less concerned about pregnancy.

Talk to your health care provider about your risk of HIV and ways to reduce your risk.

Should older people get tested for HIV?

CDC recommends that everyone 13 to 64 years old get tested for HIV at least once as part of routine health care and that people at higher risk of HIV get tested more often. Your health care provider may recommend HIV testing if you are over 64 and at risk for HIV.

For several reasons, older people are less likely to get tested for HIV:

- In general, older people are often considered at low risk of getting HIV. For this reason, health care providers may not always think to test older people for HIV.
- Some older people may be embarrassed or afraid to be tested for HIV.
- In older people, signs of HIV may be mistaken for symptoms of aging or of age-related conditions. Consequently, testing to diagnose the condition may not include HIV testing.

For these reasons, HIV is more likely to be diagnosed at an advanced stage in many older people. Diagnosing HIV at a late stage also means a late start to treatment with HIV medicines and possibly more damage to the immune system.

Ask your health care provider whether HIV testing is right for you. Use these questions from Health.gov to start the conversation: [HIV Testing: Questions for the doctor](#).

Are there any issues that affect HIV treatment in older people?

Treatment with HIV medicines is recommended for everyone with HIV. As for anyone with HIV, the choice of an HIV regimen for an older person is based on the person's individual needs.

However, the following factors can complicate HIV treatment in older people.

- Conditions, such as heart disease or cancer, that are more common in older people and require additional medical care.
- Side effects from HIV medicines and other medicines, which may occur more frequently in older people with HIV than in younger people with HIV.
- The increased risk of drug interactions in an older person taking HIV medicines and medicines for another condition.
- Age-related changes that can affect an older person's ability to think or remember, which can make it harder to stick to an HIV regimen.

This fact sheet is based on information from the following sources:

From CDC:

From the Department of Health and Human Services:

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV: [HIV and the Older Person](#)

From the National Institute on Aging (NIA):

[HIV, AIDS, and Older People](#)

El VIH y las personas mayores

 hivinfo.nih.gov/es/understanding-hiv/fact-sheets/el-vih-y-las-personas-mayores

El VIH y las poblaciones específicas

Última revisión: October 6, 2020

Puntos importantes

- Según los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC), en el 2016, casi la mitad de las personas en los Estados Unidos que tenían el VIH eran mayores de 50 años.
- Muchos de los factores de riesgo de infección por el VIH son los mismos para las personas de cualquier edad, pero es menos probable que las personas mayores se hagan la prueba de detección correspondiente.
- Se recomienda el tratamiento con medicamentos contra el VIH (llamado tratamiento antirretroviral o TAR) a todas las personas seropositivas. Como es el caso para cualquier persona con el VIH, la elección de un régimen de tratamiento contra el VIH para una persona mayor se basa en las necesidades individuales de la persona.
- Muchas personas mayores tienen afecciones como enfermedades del corazón o cáncer que pueden complicar el tratamiento contra el VIH.

¿Afecta el VIH a las personas mayores?

Sí, cualquier persona puede contraer la infección por el VIH, incluso una persona mayor. Según los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC), en el 2016, casi la mitad de las personas en los Estados Unidos que tenían el VIH eran mayores de 50 años.

El número de personas mayores VIH-positivas va en aumento por las siguientes razones:

- El tratamiento durante toda la vida con medicamentos contra el VIH (llamado tratamiento antirretroviral o TAR) ayuda a las personas seropositivas a tener una vida más larga y sana. Gracias a los medicamentos contra el VIH, hay un número creciente de personas mayores que viven con el VIH.
- Recientemente se diagnostica el VIH en miles de personas mayores de 50 años cada año.



¿Tienen las personas mayores los mismos factores de riesgo para el VIH que las personas más jóvenes?

Muchos factores de riesgo de infección por el VIH son los mismos para las personas de cualquier edad. No obstante, al igual que muchas personas más jóvenes, las mayores tal vez desconocen los factores de riesgo de infección por el VIH a los que están expuestas.

En los Estados Unidos, el VIH se propaga principalmente por:

- tener relaciones sexuales por vía anal o vaginal con una persona seropositiva sin usar condón o sin tomar medicamentos para prevenir o tratar la infección por el VIH.
- compartir equipo (accesorios) para la inyección de drogas, como agujas, con una persona seropositiva.

Algunos factores relacionados con la edad pueden exponer a las personas mayores al riesgo de contraer el VIH. Por ejemplo, el adelgazamiento y la resequedad de la vagina por causa de la edad pueden aumentar el riesgo de infección por el VIH en las mujeres mayores. Las personas mayores podrían también ser menos propensas a usar condones durante las relaciones sexuales porque están menos preocupadas por el embarazo.

Consulte con su proveedor de atención médica sobre su riesgo de contraer el VIH y las formas de reducirlo.

¿Deben hacerse las personas mayores una prueba de detección del VIH?

Los CDC recomiendan que toda persona de 13 a 64 años de edad se haga la prueba de detección del VIH al menos una vez como parte de la atención de salud de rutina, y que las personas expuestas a un mayor riesgo de infección se la hagan más a menudo. Su

proveedor de atención de salud puede recomendarle que se haga la prueba del VIH si tiene más de 64 años y corre riesgo de contraer este virus.

Por varias razones, es menos probable que las personas mayores se hagan la prueba de detección del VIH:

- En general, las personas mayores a menudo se consideran en bajo riesgo de contraer el VIH. Por esta razón, los proveedores de atención de salud tal vez no siempre piensen en hacerles la prueba de detección del VIH a las personas mayores.
- Algunas personas mayores pueden sentirse avergonzadas o atemorizadas de someterse a la prueba de detección del VIH.
- En las personas mayores, las señales de infección por el VIH pueden tomarse equivocadamente por síntomas del envejecimiento o de afecciones geriátricas. Como consecuencia, es posible que los análisis para diagnosticar la afección que presentan no incluyan la prueba de detección del VIH.

Por estas razones, es más probable que a muchas personas mayores se les diagnostique la infección por el VIH en una etapa avanzada. Diagnosticar el VIH en una etapa tardía también significa un comienzo tardío del tratamiento con medicamentos contra el VIH y posiblemente más daños en el sistema inmunitario.

Pregúntele a su proveedor de atención de salud si usted debe hacerse la prueba de detección del VIH. Emplee estas preguntas de health.gov para iniciar la conversación: Preguntas para el doctor: La prueba del VIH .

¿Hay problemas que pueden afectar el tratamiento del VIH entre las personas mayores?

El tratamiento con medicamentos contra el VIH se recomienda para todas las personas seropositivas. Como es el caso con cualquier persona con el VIH, la selección de un régimen de tratamiento contra el VIH para una persona mayor se basa en las necesidades individuales de cada persona.

Sin embargo, los siguientes factores pueden complicar el tratamiento del VIH en personas mayores.

- Algunos padecimientos, como la enfermedad del corazón o el cáncer, que son comunes en las personas mayores y exigen atención médica adicional.
- Los efectos secundarios de los medicamentos contra el VIH y de otros medicamentos, que podrían ocurrir con mayor frecuencia en las personas mayores con el VIH que en las personas más jóvenes con el VIH.

- El mayor riesgo de interacciones medicamentosas en una persona mayor que toma medicamentos contra el VIH y medicamentos para otra afección.
- Los cambios relacionados con la edad que pueden afectar la capacidad de una persona mayor para pensar o recordar, lo que puede dificultarle ceñirse al régimen de tratamiento del VIH.

Proporcionado en colaboración con la Oficina de Investigación del SIDA de los NIH

Aging with HIV

 hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv

May 17, 2021

Growing Older with HIV

Today, thanks to improvements in the effectiveness of [treatment with HIV medicine](#) (called antiretroviral therapy or ART), people with HIV who are diagnosed early and who get and stay on ART can keep the virus suppressed and live long and healthy lives. For this reason, nearly half of people living with diagnosed HIV in the United States are aged 50 and older. Many of them have been living with HIV for many years; others were diagnosed with HIV later in life.

That's a significant change from the early years of the epidemic when people who were diagnosed with HIV or AIDS could expect to live only 1-2 years after their diagnosis. This meant that the issues of aging were not a major focus for people with HIV disease.

According to the [Centers for Disease Control and Prevention](#) (CDC), in 2018, over half (51%) of people in the United States and dependent areas with diagnosed HIV were aged 50 and older. In addition, people aged 50 and older accounted for [17% of the 37,968 new HIV diagnoses in 2018](#) in the United States and dependent areas. Though new HIV diagnoses are declining among people aged 50 and older, around 1 in 6 HIV diagnoses in 2018 were in this group.

People over age 50 with HIV make up 46.8% of the over half a million clients served by the Ryan White HIV/AIDS Program (RWHAP). In 2019, 92.2% of clients aged 50 and older receiving RWHAP HIV medical care were virally suppressed, which was higher than the national RWHAP average (88.1%). ([Learn more about the RWHAP and older adults.](#))

Health Issues and Aging with HIV

People aging with HIV share many of the same health concerns as the general population aged 50 and older: multiple chronic diseases or conditions, the use of multiple medications, changes in physical and cognitive abilities, and increased vulnerability to stressors. In addition, while effective HIV treatment has decreased the likelihood of AIDS-defining illnesses among people aging with HIV, many HIV-associated non-AIDS conditions occur frequently in older persons with HIV, such as cardiovascular disease, diabetes, renal disease, and cancer. These conditions are likely related to a number of interacting factors, including chronic inflammation caused by HIV. Researchers are working to better understand what causes chronic inflammation, even when people are being treated with ART.

HIV and its treatment can also have effects on the brain. Researchers estimate that between 25 and 50% of people with HIV have HIV-Associated Neurocognitive Disorder (HAND), a spectrum of cognitive, motor, and/or mood disorders categorized into three levels: asymptomatic, mild, and HIV-associated dementia. Researchers are studying how HIV and its treatment affect the brain, including the effects on older people living with HIV.

HIV Long-Term Survivors Awareness Day

HIV Long-Term Survivors Awareness Day is observed annually on June 5 recognize the resilience of the long-term survivors and the need to continue addressing both the physical and mental challenges to their well-being due to decades of successful disease management. [Read more.](#)

Late HIV Diagnosis

Older Americans are more likely than younger Americans to be diagnosed with HIV late in the course of their disease, meaning they get a late start receiving the benefits of HIV treatment and possibly incur more damage to their immune system. This can lead to poorer prognoses and shorter survival after an HIV diagnosis. Late diagnoses can occur because health care providers may not always test older people for HIV infection, and older people may mistake HIV symptoms for signs of normal aging and don't consider HIV as a possible cause they should discuss with their provider.

[According to CDC](#), in 2018, 35% of people aged 50 and older already had late-stage HIV infection (AIDS) when they received a diagnosis (i.e., they received a diagnosis later in the course of their disease.)

COVID-19 and Older Adults with HIV

Researchers are still learning about COVID-19 and how it affects people with HIV. Based on [limited data](#), scientists believe people with HIV who are on effective HIV treatment have the same risk for COVID-19 as people who do not have HIV.

Older adults and people of any age who have serious underlying medical conditions might be at [increased risk](#) for severe illness. This includes people who have weakened immune systems. The risk for people with HIV getting very sick is greatest in people with a low CD4 cell count and people not on effective HIV treatment (antiretroviral therapy or ART).

Read CDC's FAQs about [COVID-19 vaccines and people with HIV](#) and [steps people with HIV can take to prevent getting COVID-19 and transmitting it to others](#).

The Importance of Support Services

Living with HIV presents certain challenges, no matter what your age. But older people with HIV may face different issues than their younger counterparts, including greater social isolation and loneliness. Stigma is also a particular concern among older people with HIV. Stigma negatively affects people's quality of life, self-image, and behaviors, and may prevent them disclosing their HIV status or seeking the health care or social services that many aging adults may require. HIV care.

Therefore, it is important for older people with HIV to get linked to HIV care and have access to mental health and other support services to help them stay healthy and remain engaged in HIV care. You can find support services through your health care provider, your local community center, or an HIV service organization. Or use the [HIV Services Locator](#) to find services near you.

HRSA's Ryan White HIV/AIDS Program

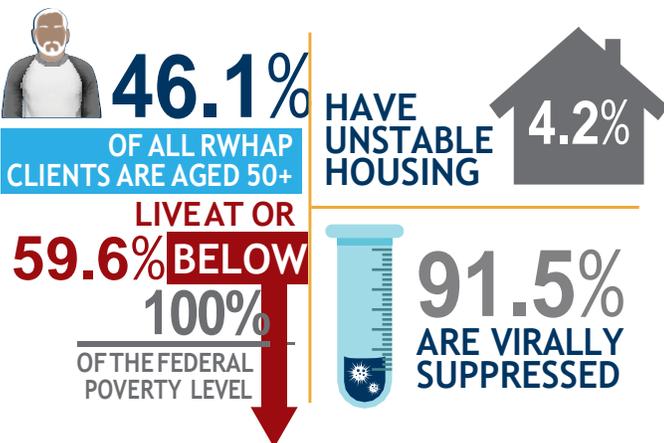
Older Adult Clients: Ryan White HIV/AIDS Program, 2018

Population Fact Sheet | January 2020

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—approximately 519,000 people in 2018—receive services through RWHAP each year. The RWHAP funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.



Ryan White HIV/AIDS Program Fast Facts: Older Adult Clients



The RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older. Below are more details about this RWHAP client population:

- The majority of RWHAP clients aged 50 years and older are from racial/ethnic minority populations. Among RWHAP clients aged 50 years and older, 68.2 percent are from racial/ethnic minority populations; 44.9 percent of RWHAP clients in this age group identify as black/African American, which is slightly lower than the national RWHAP average (47.1 percent). Additionally, 20.6 percent of RWHAP clients in this age group identify as Hispanic/Latino, which is slightly lower than the national RWHAP average (23.2 percent).

- The majority of RWHAP clients aged 50 years and older are male. Data show approximately 71.3 percent of clients aged 50 years and older are male, 27.7 percent are female, and 1.0 percent are transgender.
- The majority of RWHAP clients aged 50 years and older are low income. Among RWHAP clients aged 50 years and older, 59.6 percent are living at or below 100 percent of the federal poverty level, which is lower than the national RWHAP average (61.3 percent).
- Data show 4.2 percent of RWHAP clients aged 50 years and older have unstable housing. This percentage is slightly lower than the national RWHAP average (5.3 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication daily as prescribed and reach and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. In 2018, 91.5 percent of clients aged 50 years and older receiving RWHAP HIV medical care are virally suppressed,* which is higher than the national RWHAP average (87.1 percent).

*Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.