

Asian American People and HIV

(updated January 2023)



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This educational packet is a curated compilation of resources on Asian American People and HIV.

The contents of this packet are listed below:

- HIV/AIDS and Asian Americans (Office of Minority Health fact sheet)
- HIV Among Asian-Americans and Pacific Islanders – A Problem Too Often in the Shadows (amfAR interview)
- Ten Reasons to Address HIV/AIDS in Asian American and Pacific Islander Communities (Obama White House archives, 2014)
- Infographics from CDC

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

HIV and Asians

[cdc.gov/hiv/group/racialethnic/asians/index.html](https://www.cdc.gov/hiv/group/racialethnic/asians/index.html)

March 16, 2022

Between 2014 and 2018 the Asian population^a in the United States (US) grew around 10%, which is more than three times as fast as the total US population.^b During the same period, in the US and dependent areas, the number of Asians receiving an HIV diagnosis remained stable, driven primarily by HIV diagnoses among Asian gay, bisexual, and other men who have sex with men remaining stable.^{c,d} Asians, who make up 6% of the population, accounted for about 2% of HIV diagnoses in 2018 in the US and dependent areas.^e

The Numbers

HIV Diagnoses^f



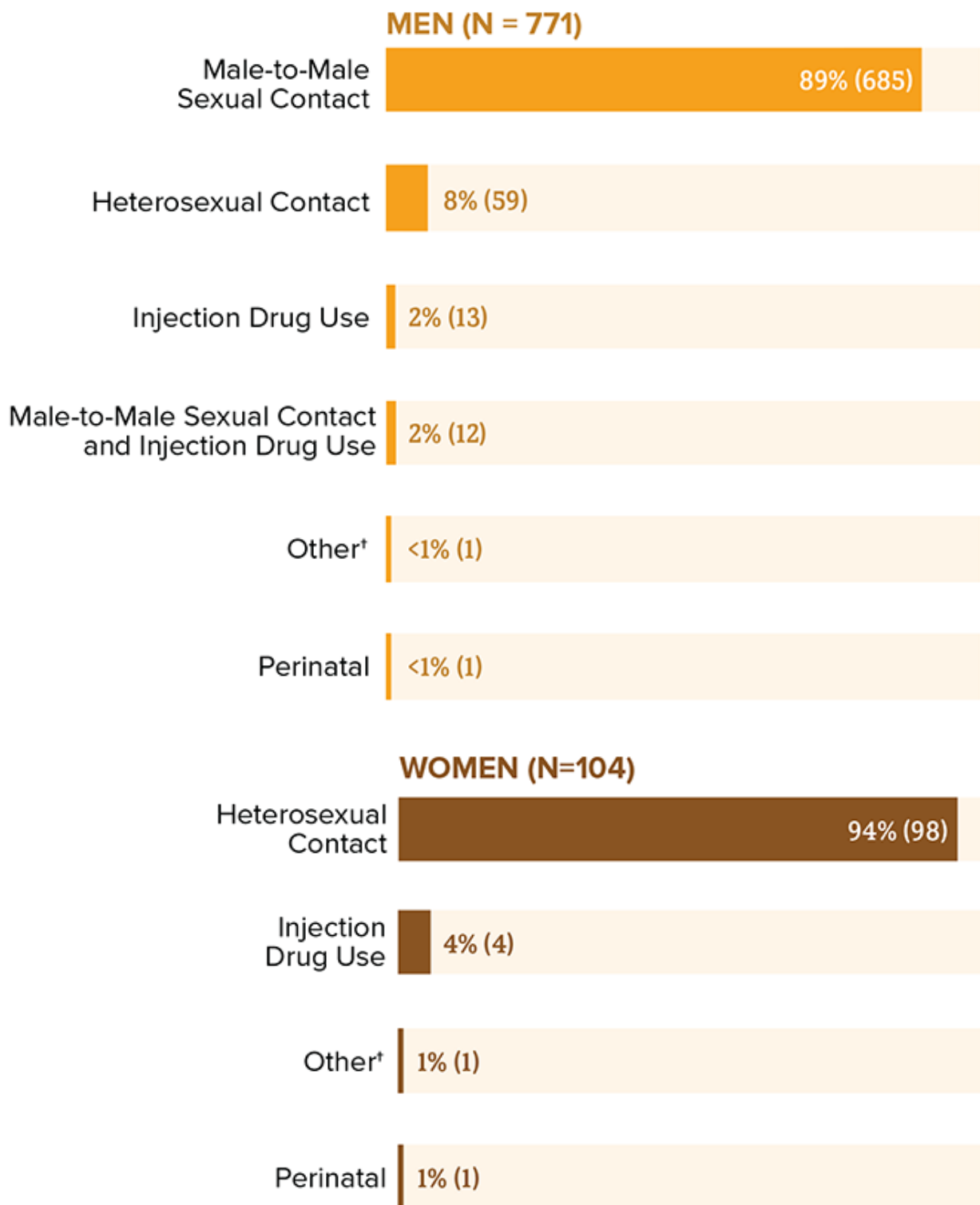
Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas in 2018, 2% were among Asians.

New HIV Diagnoses Among Adult and Adolescent Asians in the US and Dependent Areas by Transmission Category and Sex,* 2018

Most new HIV diagnoses were among Asian gay and bisexual men.



* Based on sex at birth and includes transgender people.



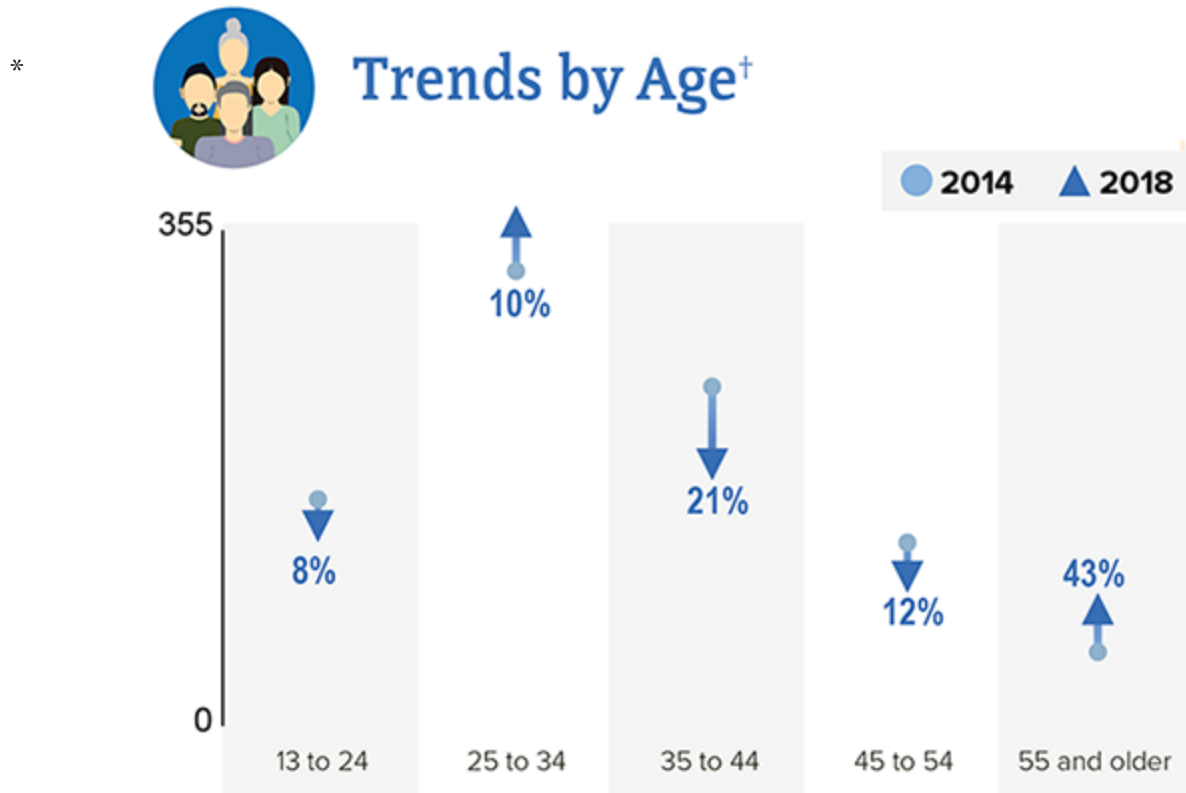
† Includes hemophilia, blood transfusion, perinatal exposure, and risk factors not reported or not identified.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

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From 2014 to 2018, annual HIV diagnoses in the US and dependent areas remained stable among Asians overall, with trends varying by age and sex.

HIV Diagnoses Among Adult and Adolescent Asians in the US and Dependent Areas, 2014-2018*



Changes in populations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

[†] Does not include perinatal and other categories.

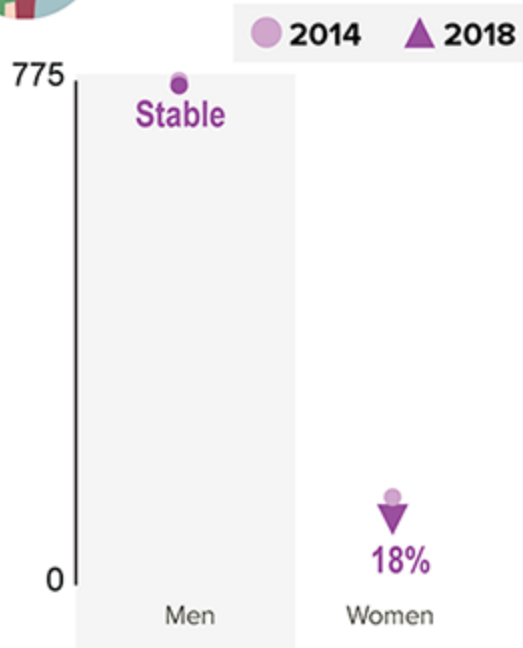
[‡] Based on sex at birth and includes transgender people.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

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Trends by Sex[‡]



Living With HIV

Adult and Adolescent Asians with HIV in the 50 States and the District of Columbia



At the end of 2018, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 17,600 were Asian.

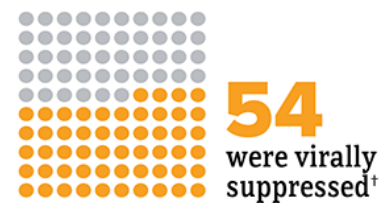
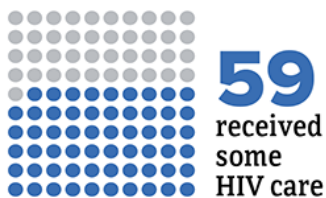
It is important for Asians to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting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

4 in 5

Asians knew they had the virus.



When compared to other people with HIV, Asians were less likely to have received some HIV care. More work is needed to increase these rates. In 2016, for every **100 Asians with HIV:**



For comparison, for every **100 people overall** with HIV, **64 received some HIV care**, **49 were retained in care**, and **53 were virally suppressed**.

* Had 2 viral load or CD4 tests at least 3 months apart in a year.

† Based on most recent viral load test.

Source: CDC. [Estimated HIV incidence and prevalence in the United States, 2014-2018.](#)

[[PDF – 3 MB](#)] *HIV Surveillance Supplemental Report*. 2020;25(1).

Source: CDC. [Selected national HIV prevention and care outcomes \(slides\).](#) [[PDF – 2 MB](#)]

[Download and Share This Infographic](#)

Deaths

During 2018, there were 79 deaths among Asians with diagnosed HIV in the US and dependent areas. These deaths may be due to any cause.

Prevention Challenges

There are some behaviors that put everyone at risk for HIV. These include having anal or vaginal sex without protection (like a condom or medicine to prevent or treat HIV) or sharing injection drug equipment with someone who has HIV. Other factors that affect Asians particularly include:

Undiagnosed HIV. People with undiagnosed HIV cannot obtain the care they need to stay healthy and may unknowingly transmit HIV to others. A lower percentage of Asians with HIV have received a diagnosis, compared to other races/ethnicities.



Cultural factors. Some Asians may avoid seeking testing, counseling, or treatment because of language barriers or fear of discrimination, the stigma of homosexuality, immigration issues, or fear of bringing shame to their families.



Limited research. Limited research about Asian health and HIV infection means there are few targeted prevention programs and behavioral interventions for this population.

Data limitations. The reported number of HIV cases among Asians may not reflect the true HIV diagnoses in this population because of race/ethnicity misidentification. This could lead to the underestimation of HIV infection in this population.



HIV/AIDS and Asian Americans

minorityhealth.hhs.gov/omh/browse.aspx



- Asian women generally have lower infant mortality rates than the overall population, however recent statistics for Asian American subgroups are limited for this topic.
- Asian American infants are 40 percent more likely to die from maternal complications as compared to White mothers.

Infant Mortality Rate

Asian*	White*	All Races	Asian / White Ratio
3.8	4.6	5.8	0.8

Infant mortality rate per 1,000 live births, 2018

Source: CDC 2020. Infant Mortality Statistics from the 2018 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 2.

<https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf> [PDF 487KB]

Leading Causes of Infant Mortality

Cause of Death (By rank)	# Asian Deaths	Asian Death Rate	# White Deaths	White Death Rate	Asian / White Ratio
(1) Low-Birthweight	184	76.4	2,178	111.3	0.7
(2) Congenital Malformations	151	62.7	1,215	62.1	1.0

(3) Maternal Complications	72	29.9	446	22.8	1.3
(4) Sudden infant death syndrome (SIDS)	28	11.8	580	29.7	0.4
(5) Accidents (unintentional injuries)	23	9.6	635	32.5	0.3

Infant deaths and mortality rates for the top 5 leading causes of death for African Americans, 2018 (Rates per 100,000 live births)

Source: CDC 2020. Infant Mortality Statistics from the 2018 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 4.

<https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf> [PDF 487KB]

Characteristics of Mother

Asian	White	Asian / White Ratio
82.1	82.8	1.0

Percentage of mothers who received prenatal care (first trimester), 2019

Source: CDC 2021. Births: Final Data for 2019 National Vital Statistics Reports. Table 13.

<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf> [PDF 1MB]

Asian	White	Asian / White Ratio
5.0	4.5	1.1

Percentage of mothers who received late or no prenatal care, 2019

Source: CDC 2021. Births: Final Data for 2019 National Vital Statistics Reports. Table 13.

<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf> [PDF 1MB]

Asian	White	Asian / White Ratio
0.4	8.8	0.05

Percentage of mothers who smoked during pregnancy, 2019

Source: CDC 2021. Births: Final Data for 2019 National Vital Statistics Reports. Table 13. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf> [PDF 1MB]

Age of Mother	Asian	White	Asian / White Ratio
Under 20 years	--	8.5	--
20-24 years	4.8	6.1	0.8
25-29 years	3.1	4.7	0.7
30-34 years	3.5	3.6	1.0
35-39 years	3.6	4.1	0.9
40-54 years	5.9	5.6	1.1

Infant mortality rate per 1,000 live births, 2018

Source: CDC 2020. Infant Mortality Statistics from the 2018 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Table 2. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf> [PDF 487KB]

*All data in the above surveys relate to non-Hispanic Asian and non-Hispanic whites.

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HIV Among Asian-Americans and Pacific Islanders—A Problem Too Often in the Shadows

amfar.org/hiv-among-asian-americans-and-pacific-islanders

Published Friday, May 17,
2019

In the United States from 2011 to 2015, HIV diagnoses increased by 28% among Asians and Pacific Islanders, and by 35% among Asian gay and bisexual men. Although HIV rates in these communities are still relatively low, high levels of stigma leave many living with HIV undiagnosed and untreated. To address this problem, the San Francisco Community Health Center (formerly API Wellness), a federally qualified health center serving LGBTQ people of color, started The Banyan Tree Project to end HIV/AIDS-related stigma in Asian and Pacific Islander communities in the United States through education and storytelling. The Banyan Tree Project leads National Asian and Pacific Islander HIV/AIDS Awareness Day, held every year on May 19.



To learn more about how HIV affects Asians and Pacific Islanders, amfAR spoke with Lance Toma, LCSW, chief executive officer at the San Francisco Community Health Center.

amfAR: The CDC estimates that only about 80% of Asians living with HIV in the United States have received a diagnosis, a lower rate than for any other race or ethnicity. What types of outreach efforts have you found to be most effective in increasing HIV testing among Asians and Pacific Islanders, especially MSM?

Lance Toma: For years San Francisco Community Health Center—formerly API Wellness Center—has worked to increase HIV testing rates in our Asian and Pacific Islander communities. We have known that our communities were not getting tested early enough. All the HIV testing campaign messages from the beginning of the epidemic never included APIs in a strategic way. These messaging efforts and prevention interventions never understood the deep issues of shame and stigma that are prevalent and pervasive in our communities and families. This is why we worked with CDC to launch the National API HIV/AIDS Awareness Day in 2005.

Since the late 1980s, we've been conducting outreach at bars and clubs, community and cultural events, religious and faith-based institutions, and bath houses and sex clubs. We continue to do this so that we can make sure our API queer community has the most up-to-date information and access to HIV testing, treatment services, prevention education, and PrEP. The bottom line is that HIV-related stigma and shame continues to permeate our

communities and negatively impact our HIV testing rates and why we will continue to lag behind with respect to uptake of all the incredible biomedical prevention and treatment options currently available.



We designed the Banyan Tree Project alongside National API HIV/AIDS Awareness Day to specifically combat stigma in our API communities. We set out to address this complicated issue through a culturally tailored form of storytelling, creating short videos of first-hand accounts of API community members sharing life-changing moments related to HIV. We created a library of these videos and have shared them at community events, through national webinars, and through various social media outlets. I think these videos have been incredibly impactful in our communities, where it is equally as important to change the hearts and minds of our family members—our aunts and uncles, our grandparents, our brothers and sisters—as it is to get out the most up-to-date HIV prevention and treatment information.

amfAR: Rates of HIV care and viral suppression are low among Asians living with HIV, even among those who have been diagnosed. Why is this the case?

Toma: In San Francisco, we are making incredible strides in our rates of retention in medical care and adherence to HIV medications, and we do all we can to focus on the most marginalized and stigmatized communities. At San Francisco Community Health Center, we have specific programs targeting the API community so our rates of viral suppression are high and we do all we can to keep our community members engaged in care and provide all kinds of support to do this. However, we know that this is not the case in other areas across the US. Our fight at the national level for API-specific and people of color-specific HIV

funding has been less and less successful in recent years. Because of a marked decrease in focused funding for API and Native American communities, API- and Native-focused HIV organizations and programs across the country have closed down. We know that we must keep up our work to continue advocating for the needs for all people of color—and especially gay men and trans women of color—and particularly for APIs and Native Americans. There is still so much work to do.


amfAR: Limited knowledge of and access to PrEP is a problem in much of the country. What do you think should be done to increase its use, especially among Asians and Pacific Islanders?

Toma: At San Francisco Community Health Center, we have been focusing efforts to increase PrEP “readiness” in both the API communities and the trans community. What we have found since the introduction of PrEP is that our communities were not learning the fundamentals about this prevention method and had no motivation to go to their health care provider to request a prescription. In many ways, we still need to educate our communities on some of the basics, to dispel misinformation about PrEP, and to help move folks to this next step of “readiness.” We also see that it is about setting norms in our communities. We encourage and support our clients to talk about PrEP to friends and sexual partners on regular basis. We are harnessing all the lessons we’ve learned about what it takes to get HIV testing to our communities and apply these lessons to how we will increase acceptability of PrEP in our API communities.

amfAR: What are some of the unique challenges faced by the low-income people of color, including Asians and Pacific Islanders, served by the San Francisco Community Health Center?

Toma: This question is the getting to the core of what it will take for San Francisco and the rest of the country to end this epidemic of HIV. We are constantly figuring out how we can do better to serve the hundreds of low-income people of color living with HIV who are accessing care and support at San Francisco Community Health Center. In San Francisco, the challenges are clear and the crisis of income inequality in our city is undeniable. We are seeing extremely high rates of substance abuse and mental illness, exacerbated by housing instability. In fact, many of our clients that come through our doors are marginally housed or homeless. For us, our efforts to provide quality health care, including HIV care, for our most marginalized and stigmatized is an enormous privilege. We need to continue our efforts so that our API and Native American and trans and gay men of color communities do not get left behind. This has always defined who we are as an organization.

Ten Reasons to Address HIV/AIDS in Asian American and Pacific Islander Communities

 obamawhitehouse.archives.gov/blog/2014/05/19/ten-reasons-address-hiv-aids-asian-american-and-pacific-islander-communities

May 19,
2014

Each year on May 19, we take time to reflect on the impact of the HIV epidemic on Asian Americans and Pacific Islanders (AAPIs). This includes listening to members of AAPI communities as they discuss how HIV has affected their lives and the lives of those they care about. Recently, my team asked our colleagues at [The Banyan Tree Project](#), the group that sponsors National Asian and Pacific Islander HIV/AIDS Awareness Day, for their top reasons why it is so important to respond to HIV in AAPI communities. From their concerns, I offer this synthesis:

- **Low HIV testing rates and late testing.** [According to the CDC](#), more than one-third of Asians develop AIDS soon after being diagnosed, which may mean they are not receiving adequate care and treatment in time to prevent the development of AIDS.
- **Too many AAPIs are unaware of their HIV status.** [Also according to CDC \[PDF 1.07KB\]](#), nearly one in four (22.7%) Asians living with HIV, and more than one in four (26.7%) Native Hawaiian/other Pacific Islanders living with HIV, don't know it. Without knowledge of their HIV status, these individuals are unable to take advantage of HIV medicines (known as antiretroviral therapy) that can both extend their lives and reduce the risk of transmission to others.
- **High HIV stigma.** HIV-related stigma is a primary barrier to HIV testing and access to services in AAPI communities. For this reason, it is important to build a community where AAPIs living with, and at risk for HIV, feel safe, respected and accepted.
- **Not enough conversation about HIV and sexual health.** Stigma also discourages AAPI people from talking openly about sexual health and HIV, which can have a detrimental health impact.
- **Culturally relevant HIV services are not always available.** AAPIs represent many diverse countries of origin, cultures and customs, and require health services that are culturally relevant. Yet, HIV prevention, care and treatment services are not always available to AAPIs in culturally suitable ways, which decreases the likelihood that they will know about or choose to access these services. HIV services that are respectful of and responsive to individuals' cultural needs are critical.
- **Linguistically relevant HIV services are also needed.** English language fluency is a barrier to health care for many AAPIs. According to the [U.S. Census](#), in 2011, 76.5% of Asian Americans spoke a language other than English at home. Native Hawaiians and other Pacific Islanders also speak a variety of different languages at home. HIV services and materials should be responsive to AAPIs' linguistic needs.

- **Some providers do not always encourage HIV testing.** CDC recommends that all individuals between the ages of 13 and 64 get tested for HIV at least once as part of routine medical care, and that gay and bisexual men and others at high risk for HIV infection be tested more frequently. Yet, some health care providers and HIV prevention practitioners do not always encourage AAPIs and others to get tested. Providers should continue to increase their awareness of the importance of HIV testing for all individuals.

I would like to share some other health concerns affecting AAPIs at risk:

- **High hepatitis B infection.** AAPIs are one of the groups hardest hit by hepatitis B (HBV), which can lead to liver cancer. People living with HIV who are co-infected with HBV are at increased risk for serious, life-threatening health complications.
- **High tuberculosis case rates.** Tuberculosis (TB) rates remain high among AAPIs. TB and HIV can work together to shorten the lifespan of people doubly infected.
- **Other health conditions.** Many AAPIs are affected by other health conditions, such as cancer, heart disease, stroke and diabetes, which can further threaten the health of those at risk for and living with HIV.

In spite of these challenges, many important advances can reduce the health burdens experienced in AAPI communities. These include the U.S. Department of Health and Human Services' enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards), the recent release of the updated Action Plan for the Prevention, Care and Treatment of Viral Hepatitis, and the increased access to quality health coverage offered through the Affordable Care Act.

As we commemorate National Asian and Pacific Islander HIV/AIDS Awareness Day, we continue to listen to the voices of those within AAPI communities. I encourage you to visit the Banyan Tree Project's Taking Root: Our Stories, Our Communities project, where AAPI living with or affected by HIV relate their personal stories. By listening to one another with compassion, we can break down the barriers of stigma and discrimination and work together to improve the lives of those living with and affected by this disease.

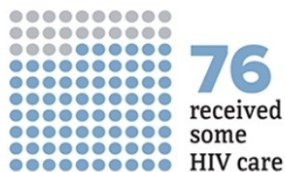
Howard K. Koh, M.D., M.P.H., is the Assistant Secretary for Health, U.S. Department of Health and Human Services.

Infographics from CDC

(including information about HIV Among Asian Americans)

People with Diagnosed HIV in 44 States and the District of Columbia by Race/Ethnicity, 2019*

For every 100 Asian people with diagnosed HIV:



* Among people aged 13 and older.

** Had 2 viral load or CD4 tests at least 3 months apart in a year.

†† Based on most recent viral load test.

Source: CDC. [Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26\(2\).](#)

Knowledge of Status

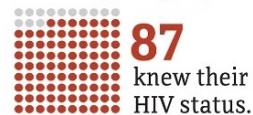
Knowledge of status is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. Knowledge of status refers to the estimated percentage of people with HIV who have received an HIV diagnosis.

HIV in the US by Race/Ethnicity, 2019*



In 2019, an estimated **1,189,700 PEOPLE** had HIV.

For every 100 people with HIV



For every 100...



...knew their status

* Among people aged 13 and older.

† Black refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. [Estimated HIV incidence and prevalence in the United States, 2015–2019](#) [PDF – 3 MB]. *HIV Surveillance Supplemental Report 2021;26(1).*

Infographics from CDC

(including information about HIV Among Asian Americans)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

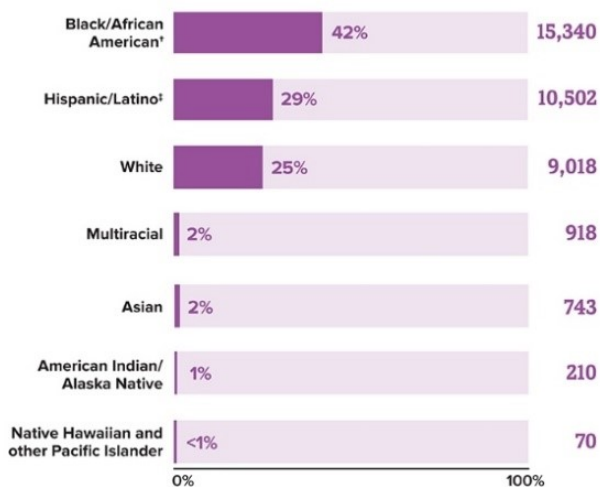
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on [HIV diagnoses](#) and [prevention and care outcomes](#) are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

In 2019, **36,801 people received an HIV diagnosis** in the US and dependent areas.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2019*

Racial and ethnic differences in HIV diagnoses continue to exist.



* Among people aged 13 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.

Infographics from CDC

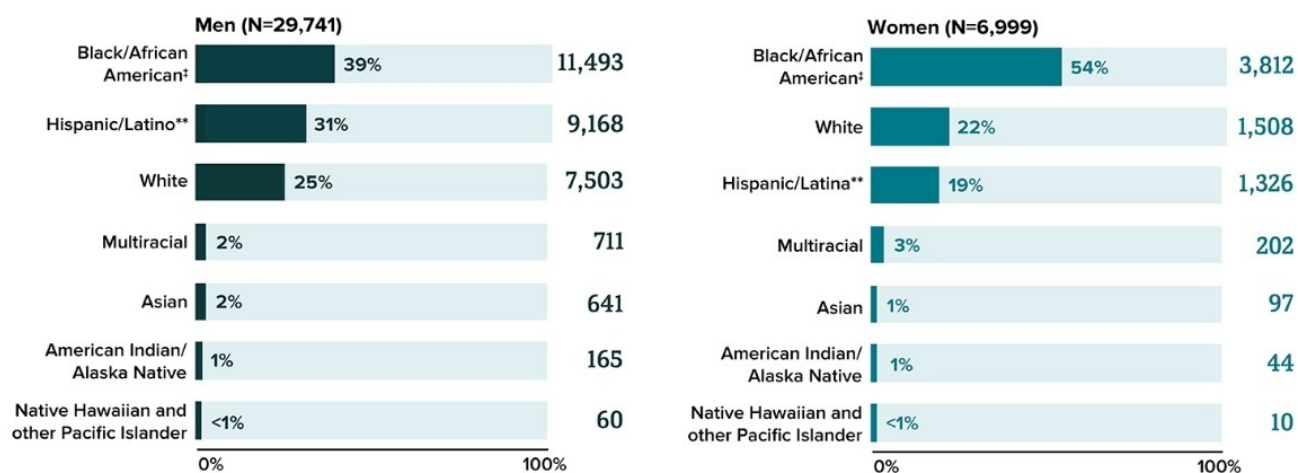
(including information about HIV Among Asian Americans)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on [HIV diagnoses](#) and [prevention and care outcomes](#) are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity and Sex, 2019*†



* Among people aged 13 and older.

† Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit [CDC's HIV and Transgender People web content](#).

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.

Infographics from CDC

(including information about HIV Among Asian Americans)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

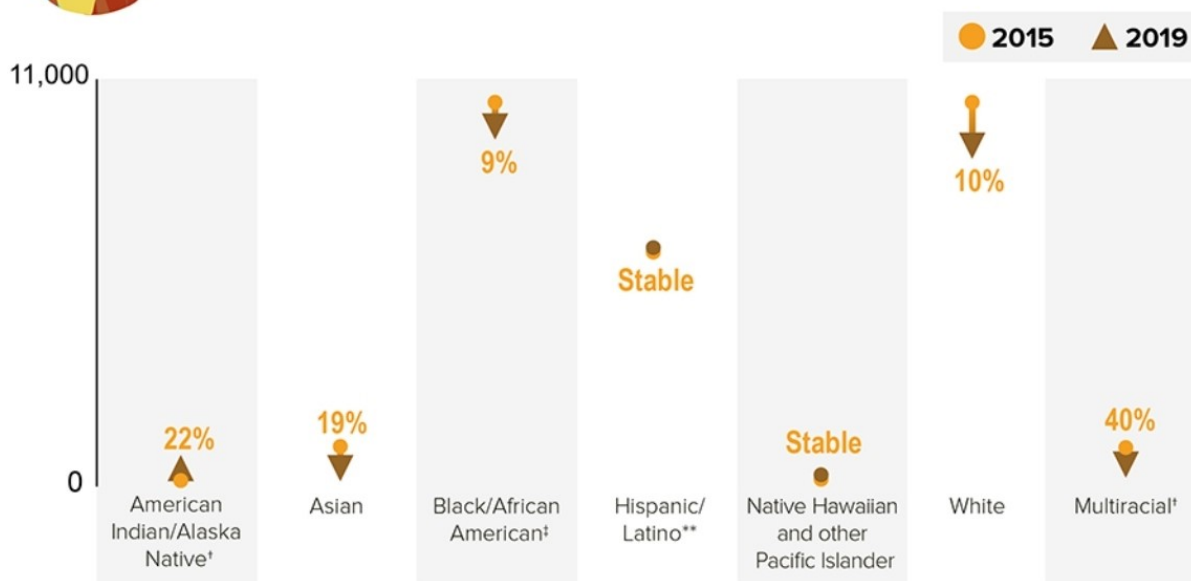
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HIV diagnoses is one of the six [Ending the HIV Epidemic in the U.S.](#) indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2015-2019*



Trends by Race and Ethnicity



*Among people aged 13 and older.

† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

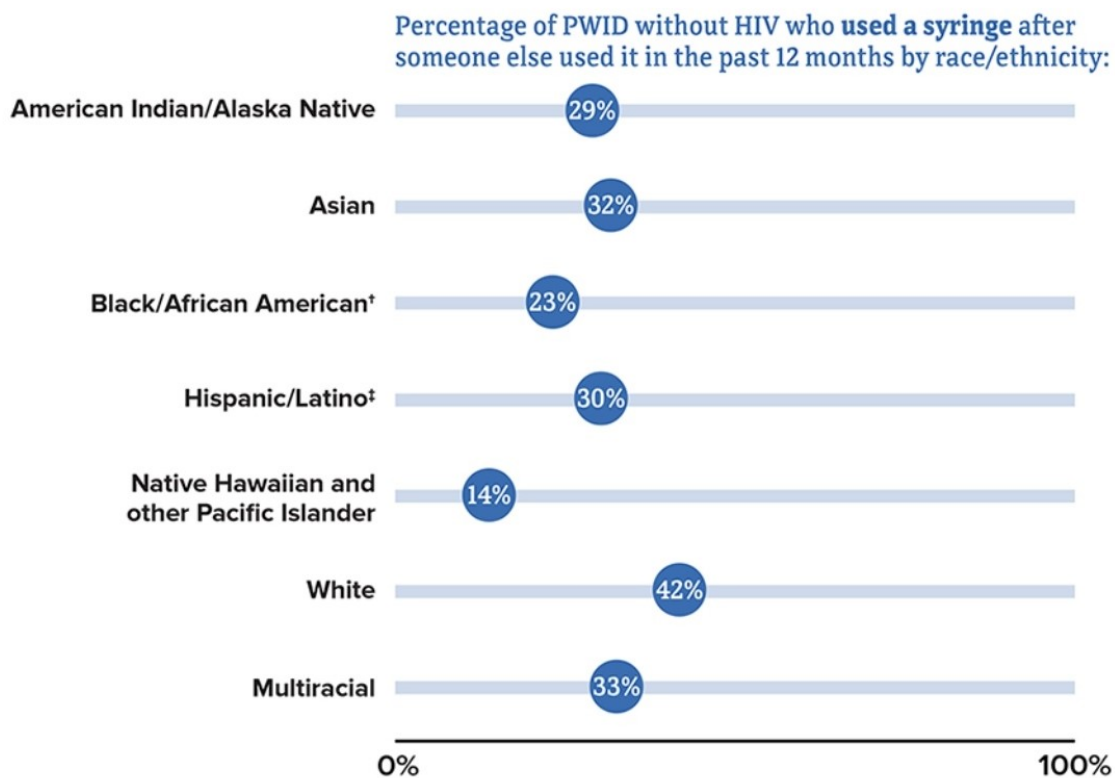
Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.

Infographics from CDC

(including information about HIV Among Asian Americans)

HIV Risk Behaviors

Injection Behaviors Among People Who Inject Drugs (PWID) in 23 US Cities by Race/Ethnicity, 2018*



* Among PWID without HIV aged 18 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. [HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use, 23 U.S. Cities, 2018](#) [PDF – 2 MB]. *HIV Surveillance Special*

Report 2020;24.