HIV/AIDS

HIV (human immunodeficiency virus) is a human retrovirus that infects and slowly depletes a type of white blood cells known as T-lymphocytes or CD4+ T-lymphocytes. These white blood cells are essential to maintaining an effective immune response. HIV gradually destroys the body’s ability to fight infections and certain cancers by damaging or killing immune system cells. People with the human immunodeficiency virus have what is called HIV infection. Some of these people will develop AIDS (acquired immunodeficiency syndrome) as a result of their HIV infection. HIV is most commonly transmitted by having unprotected sex with a partner who is infected. HIV also can be spread through contact with infected blood, such as sharing drug needles or syringes or through contaminated blood transfusions. Women infected with HIV can transmit the virus to their babies during pregnancy or birth or through breast milk.

Many people do not have any symptoms when they first become infected with HIV. This “asymptomatic” infection period can differ greatly among individuals. Some people may begin to experience symptoms within just a few months, while others may remain symptom-free for more than 10 years. AIDS refers to the most advanced stages of HIV infection. People with AIDS often contract opportunistic infections that do not usually affect healthy people. In AIDS patients, these infections are frequently severe and are sometimes fatal because the immune system has been so damaged by HIV that it can no longer resist bacteria, viruses, parasites, or other microbes. People with AIDS also are particularly susceptible to certain cancers. There is no cure for HIV or AIDS. However, a number of drugs currently exist that fight HIV infection and associated cancers and infections.

In 2003, more than one million individuals in the U.S. were estimated to be living with either HIV or AIDS, of which an estimated 24-27% were undiagnosed and unaware that they had HIV. There were approximately 17,000 AIDS deaths in the U.S in 2005. The HIV/AIDS epidemic in the U.S. is growing most rapidly among minority populations and is a leading killer of African-American males ages 25 to 44. The risk of HIV/AIDS is nearly seven times higher in African Americans and almost three times higher in Hispanics than in non-Hispanic whites. In 2001-2005, 74% of newly diagnosed HIV/AIDS cases in the U.S. were male, and persons aged 35-39 years were at the highest risk for HIV/AIDS. Major risk factors for HIV/AIDS includes having unprotected sex with multiple partners or with someone who is HIV-positive, sharing needles during drug use, or already having hepatitis, tuberculosis (TB), or another sexually transmitted disease (STD) such as syphilis, herpes, or chlamydia.

Key Point: The incidence of HIV/AIDS in South Texas was lower than in the rest of Texas. Hispanics in South Texas had a higher incidence of HIV/AIDS than non-Hispanic whites.
HIV/AIDS in South Texas

In 2001-2005, the average annual incidence of HIV/AIDS in South Texas (16.4/100,000) was more than one-and-a-half-times lower than the incidence in the rest of Texas (25.6/100,000). South Texas Hispanics had a higher incidence of HIV/AIDS (16.5/100,000) than non-Hispanic whites (12.7/100,000) (Figure 4.6).

![Incidence of HIV/AIDS by location and race/ethnicity, 2001-2005. Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services](image)

Figure 4.6. Incidence of HIV/AIDS by location and race/ethnicity, 2001-2005. Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

In South Texas, the incidence of HIV/AIDS was more than four times higher in males (27/100,000) than in females (6.1/100,000). As observed nationwide, the highest incidence was seen in individuals ages 35-39 (44.8/100,000). The incidence of HIV/AIDS was approximately three times higher in South Texas metropolitan counties (17.9/100,000) than in non-metropolitan counties (5.8/100,000). Bexar County had a higher incidence of HIV/AIDS (25.4/100,000) than South Texas as a whole (16.4/100,000), and Webb County and the Lower Rio Grande Valley region both had lower incidences of HIV/AIDS (11.3/100,000 and 13.9/100,000, respectively) than all of South Texas (Figure 4.7).
Figure 4.7. Incidence of HIV/AIDS in selected South Texas locations, 2001-2005.
Source: HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services

References


