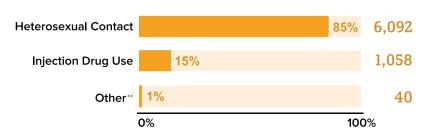
HIV and Women



There were **37,968 NEW HIV DIAGNOSES** in the US and dependent areas in 2018.* Of those, 19% (7,190) were among women.^{†‡}

Most new HIV diagnoses among women were attributed to heterosexual contact.





Total may exceed 100% due to rounding.

HIV diagnoses decreased 7% among women overall from 2014 to 2018. Although trends varied for different groups of women, HIV diagnoses declined for groups most affected by HIV, including Black/African American^{††} women and women aged 25 to 34.



- * American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
- [†] Adult and adolescent women aged 13 and older.
- [‡] Based on sex assigned at birth and includes transgender people.
- ** Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.
- ** 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/Latina women can be of any race.
- *** Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.



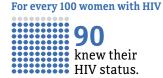
Women who don't know they have HIV can't get the care and treatment they need to stay healthy.



In 2018, an estimated 1,173,900 PEOPLE had HIV.*** Of those, 261,800 were women.***



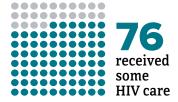
HIV status.



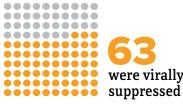


It is important for women to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have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

Compared to all people with diagnosed HIV, women have lower viral suppression rates. More work is needed to increase these rates. For every 100 women with diagnosed HIV in 2018: ****







For comparison, for every 100 people overall with diagnosed HIV, 76 received some care, 58 were retained in care, and 65 were virally suppressed.

There are several challenges that place some women at higher risk for HIV.

Racism, Discrimination, and HIV Stigma



Racism, discrimination, and stigma may affect whether some women seek or receive high-quality health services.

Unaware of Partner's Risk Factors



Some women don't know their male partner's risk factors for HIV (such as injection drug use or having sex with men) and may not use a condom or medicine to prevent HIV.

Risk of Exposure



Because receptive sex is riskier than insertive sex, women are more likely to get HIV during vaginal or anal sex than their sex partner.

Intimate Partner Violence (IPV)



Women who have been exposed to IPV may be more likely to engage in risky behaviors or be forced to have sex without a condom or medicines to prevent or treat HIV.

How is CDC making a difference for women?



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 communitybased 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.

- " In 50 states and the District of Columbia.
- ## Based on sex assigned at birth.
- **** In 41 states and the District of Columbia.

For more information about HIV surveillance data, 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