

HIV/AIDS among Persons Aged 50 and Older

CDC HIV/AIDS FACTS

FEBRUARY 2008

The number of persons aged 50 years and older living with HIV/AIDS has been increasing in recent years. This increase is partly due to highly active antiretroviral therapy (HAART), which has made it possible for many HIV-infected persons to live longer, and partly due to newly diagnosed infections in persons over the age of 50. As the US population continues to age, it is important to be aware of specific challenges faced by older Americans and to ensure that they get information and services to help protect them from infection.

THE NUMBERS

In 2005, persons aged 50 and over accounted for

- 15% of new HIV/AIDS diagnoses [1]*
- 24% of persons living with HIV/AIDS (increased from 17% in 2001)[1]*
- 19% of all AIDS diagnoses [1]
- 29% of persons living with AIDS [1]
- 35% of all deaths of persons with AIDS [1].

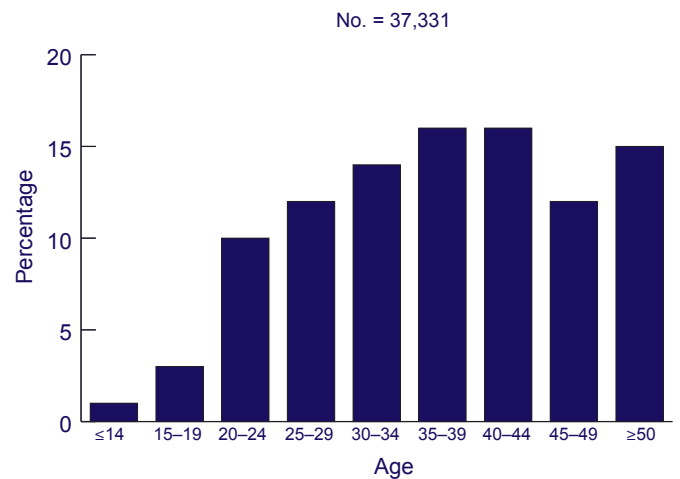
The rates of HIV/AIDS among persons 50 and older were 12 times as high among blacks (51.7/100,000) and 5 times as high among Hispanics (21.4/100,000) compared with whites (4.2/100,000) [2].

PREVENTION CHALLENGES

Persons over the age of 50 may have many of the same risk factors for HIV infection that younger persons have.

* Based on data from 33 states with long-term, confidential name-based HIV reporting.

Estimated Numbers of Cases of HIV/AIDS, by Age—2005



Based on data from 33 states with long-term, confidential name-based HIV reporting.

- Many older persons are sexually active but may not be practicing safer sex to reduce their risk for HIV infection [3]. Older women may be especially at risk because age-related vaginal thinning and dryness can cause tears in the vaginal area [4].
- Some older persons inject drugs or smoke crack cocaine, which can put them at risk for HIV infection. HIV transmission through injection drug use accounts for more than 16% of AIDS cases among persons aged 50 and older [5].
- Some older persons, compared with those who are younger, may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves. Many do not perceive themselves as at risk for HIV, do not use condoms, and do not get tested for HIV [6, 7].
- Older persons of minority races/ethnicities may face discrimination and stigma that can lead to later testing, diagnosis, and reluctance to seek services [8].



1-800-CDC-INFO (232-4636)
In English, en Español
24 Hours/Day
cdcinfo@cdc.gov
<http://www.cdc.gov/hiv>



REFERENCES

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HIV/AIDS RESOURCES

CDC HIV/AIDS

<http://www.cdc.gov/hiv>
CDC HIV/AIDS resources

CDC-INFO

1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources

<http://www.hivtest.org>
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)

1-800-458-5231
<http://www.cdcpin.org>
CDC resources, technical assistance, and publications

AIDSinfo

1-800-448-0440
<http://www.aidsinfo.nih.gov>
Resources on HIV/AIDS treatment and clinical trials

- Health care professionals may underestimate their older patients' risk for HIV/AIDS and thus may miss opportunities to deliver prevention messages, offer HIV testing, or make an early diagnosis that could help their patients get early care [3].
- Physicians may miss a diagnosis of AIDS because some symptoms can mimic those of normal aging, for example, fatigue, weight loss, and mental confusion. Early diagnosis, which typically leads to the prescription of HAART and to other medical and social services, can improve a person's chances of living a longer and healthier life.
- The stigma of HIV/AIDS may be more severe among older persons, leading them to hide their diagnosis from family and friends. Failure to disclose HIV infection may limit or preclude potential emotional and practical support.

WHAT CDC IS DOING

CDC recommends routine HIV screening for adults and adolescents, including pregnant women, in health care settings in the United States and recommends reducing barriers to HIV testing [9]. The recommendations specify routine testing for persons up to age 64. (Persons aged 64 and over should be counseled to receive HIV testing if they have risk factors for HIV infection.) Routine testing is intended not only to identify persons who are unaware that they are HIV infected but also to remove the stigma of being tested. Making testing routine for older persons can help open a discussion about risk behavior between a physician and an older person.

Prevention strategies should be developed for older persons who are potentially at risk for HIV infection: education to increase awareness and knowledge, skills training to help them negotiate risk-reduction behaviors, and messages that are age-appropriate and culturally sensitive. Intervention strategies to help older women negotiate safer sexual behavior are especially important.

A recent review of HIV/AIDS behavioral interventions for persons 50 and older recommended simultaneous multilevel approaches, including building on our current understanding of behavior change and HIV prevention successes with younger populations while considering important intervention principles gathered from work with older populations in other health areas.

For more information on HIV/AIDS among persons aged 50 and older, including additional references and links, visit <http://www.cdc.gov/hiv/topics/older>.