HIV / AIDS in Rural America

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HIV / AIDS in Rural America

- Early years (1980s) mainly large urban settings and gay white males.
- 1990s to present – expanding transmission in rural areas and continued migration to and from urban areas.

- 65% of all US counties are classified as rural.
- Rural county population <20,000 persons.
- 14% of US population lives in rural counties.
- Large rural areas – Appalachian region, Southeast region, Mississippi delta, US Mexico border.
HIV / AIDS in Rural America

Crude Rates of HIV Diagnosis

- Mississippi delta 28/100,000 population
- Southeast region 24/100,000
- US Mexico border 16/100,000
- Appalachian region 9/100,000
- Urban US 23/100,000

HIV / AIDS in Rural America

Large Rural Areas

- Majority of cases – males, major risk factor – MSM
- In all regions, African Americans (AA), have highest rate of HIV diagnosis. ~75% of HIV cases diagnosed in Mississippi delta and SE region are AA.
- Major mode of exposure for females – heterosexual but at US Mexico border, ~30% females are IDU’s
- In SE region, 29% of males – heterosexual risk.

HIV / AIDS in Rural America

Rural vs Urban New England

- Rural HIV cases: more often white (93% vs 73%)
- MSM risk factor (56% vs 36%)
- Higher mortality (10.4% vs 6%)

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Appalachian Region

- HIV cases: 71% males 29% females
- 47% white 49% AA
- 67% MSM, 14% Hetero, 12% IDU
- Females - 76% heterosexual
**HIV / AIDS in Rural America**

**Deep South and Part of Mississippi Delta**

- Majority of HIV cases are African American
- MSM still major risk factor but heterosexual transmission is increasingly common.
- MS delta had highest proportion of HIV cases in the 13 – 24 yr age group.
- For 2000 – 2003, new reported AIDS cases increased 35.6% compared to 5.2% increase nationally.
- UNC / Duke study – mental illness (60%) and substance abuse (32%) were common.
- High rate of other STD's.

**Population Characteristics**

- Poverty
- Unemployment
- Lack of Insurance
- Mental illness
- Substance abuse
- Among rural sexually active persons, 30% – 50% report never using condoms and report high rates of multiple heterosexual partners.

**Challenges for HIV + Persons**

- Inadequate supply of HIV care specialists
- Inadequate supply of HIV related Social Services
- Long distance to access services
- Small town confidentiality issues
- Less likely to receive ART therapy or OI prophylaxis when indicated

**NE Tennessee Experience 2000 - 2008**

<table>
<thead>
<tr>
<th>Community (118pts)</th>
<th>VA (101pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>82%</td>
</tr>
<tr>
<td>white</td>
<td>90%</td>
</tr>
<tr>
<td>MSM</td>
<td>70%</td>
</tr>
<tr>
<td>IDU</td>
<td>15%</td>
</tr>
<tr>
<td>Hetero</td>
<td>30%</td>
</tr>
<tr>
<td>HCV +</td>
<td>9.3%</td>
</tr>
<tr>
<td>Compliant</td>
<td>80%</td>
</tr>
<tr>
<td>1st CD4 &lt;200</td>
<td>34%</td>
</tr>
</tbody>
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HIV / AIDS in Rural America

Potential Interventions

- Enhanced education efforts – specifically directed toward risk groups.
- Enhanced training for providers.
- Expand Ryan White CARE Act funding.
- Needle exchange programs and condom availability.
- HIV vaccine.