HIV Incidence Among Black Americans Surpassed That of White Americans in 1988

On the 40th anniversary of the first reported HIV cases, the CDC looks back on how the epidemic has changed.

June 24, 2021 By Heather Boerner

The tipping point came in 1988. That's the year new HIV cases among Black people surpassed incidence among white people in the United States, and it's been that way ever since, according to data from the Centers for Disease Control and Prevention (CDC) published in Morbidity and Mortality Weekly Report.

The report, which analyzes the 2.2 million new HIV cases identified between 1981 and 2019, was published to coincide with the 40th anniversary of the first reports of Pneumocystis pneumonia, which would later become a hallmark of untreated HIV. The report breaks HIV incidence into three eras: the beginning of the epidemic (1981), the peak years (1984 and 1985), and the modern era (2019) and maps changes overall and by different groups.

The trend will be familiar to those who lived through it: From 20,000 cases that first year of the epidemic, HIV cases reached their peak of 130,400 new HIV infections per year in 1984 and 1985. Then, between 1986 and 1990, cases were still alarmingly high, but less so, at about 84,000 cases per year. Cases dropped again to between 50,000 and 58,000 annually between 1991 and 2007. By 2019, new cases added up to 34,800. That's a 73% drop in HIV incidence from the height of the epidemic through 2019.

But in the middle, in 1988, is when HIV incidence among Black people surpassed that of white Americans—a distinction that persists today. That means that HIV incidence among Black people rose from 29% of the total in 1981 to 41% in 2019. Likewise, Latino people accounted for 16% of cases in 1981 but 29% in 2019. Meanwhile, the proportion of white people with newly acquired HIV dropped from 56% in 1981 to 25% in 2019. Cases among women (no data were provided on whether this refers to sex assigned at birth) also rose, from 8% in 1981 to 18% in 2019.

The year 1988 bears another distinction. It's the year that HIV researcher John L. Peterson, PhD, of Georgia State University, first called attention to rising rates of HIV among Black and Latino men and pointed out that funding in these communities wasn't matching the need.

“Efforts to end the HIV epidemic that center on accelerating implementation of treatment and prevention technology can do so more effectively by focusing on root social causes of these well-documented HIV-related disparities,” wrote Karin Bosh, PhD, of the CDC’s Division of HIV/AIDS Prevention, and colleagues. “These systemic barriers, which include systemic racism, poverty, homelessness, discrimination, homophobia and transphobia, impede access to testing, treatment and prevention services and drive inequity.”

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