Epidemiology of HIV-2 Infection in the United States – 1996-2006

BACKGROUND
HIV-2 has historically contributed only a small part to the HIV infection epidemic in the United States. Most HIV-2 cases have been among persons from West Africa. This is an update on the descriptive epidemiology of HIV-2 infection in the US.

METHODS
The Centers for Disease Control and Prevention (CDC) receives reports of HIV-2 infection cases that occur from all 50 states, the District of Columbia, and US territories. We analyzed cases reported during 1996-2006. Cases included in this analysis met the following criteria: a positive HIV1/HIV-2 EIA (Multi-spot) test, an indeterminate HIV-1 Western blot test, and a positive HIV-2 Western blot test.

RESULTS
During 1996-2006, 68 HIV-2 cases were diagnosed and reported in the US, an average of 6 per year (range: 1-13 per year). By comparison, during the same period, > 400,000 cases of AIDS were diagnosed in the United States, virtually all due to HIV-1. Of the 57 HIV-2-infected persons for whom the country of birth was known, 38 (67%) were born in West Africa, 6 (11%) in East Africa, 4 (7%) in other parts of Africa, 7 (13%) in India, and 2 in other countries. With respect to US region of residence, of the total 68 cases, 26 (38%) were in the Midwest, 22 (32%) in the South, 12 (18%) in the Northeast, and 8 (12%) in the West. Males accounted for 33 (52%) and females for 30 (48%) of the 63 cases for which the sex was reported. Of the 45 cases for which transmission risk factors were known, 42 (93%) had high-risk heterosexual contact (e.g., with a partner known to have HIV infection) and 3 (7%) were in men who had sex with men (MSM). Of the total, 19 had AIDS, (based on a CD4 T-lymphocyte count <200/microliter), 29 did not yet have AIDS, and insufficient information was reported on the remaining 19 cases.

CONCLUSIONS
HIV-2 infection in the United States continues to be rare and limited mostly to people of West African origin. Monitoring the type of HIV in HIV/AIDS surveillance should continue because of the possibility that HIV-2 may require different strategies for prevention or treatment than HIV-1.