

General HIV/AIDS History

Source: <https://www.avert.org/professionals/history-hiv-aids/overview>

- Initially called gay-related immune deficiency (or GRID)
- In September 1982, the CDC used the term “AIDS” (acquired immune deficiency syndrome).
- In 1985, Ryan White, a teenager from Indiana, USA, who acquired AIDS through contaminated blood products used to treat his haemophilia, was banned from school.
- On October 2, 1985, actor Rock Hudson died from AIDS—the first high profile fatality. He left \$250,000 to set up the American Foundation for AIDS Research (amfAR)
- In March 1987, the FDA approved the first antiretroviral drug, zidovudine (AZT), as treatment for HIV.
- In 1991, Freddie Mercury, lead singer of rock group Queen, announced he had AIDS and died a day later.
- In May 1992, the FDA licensed a 10 minute testing kit which could be used by healthcare professionals to detect HIV-1.
- By the end of 1993, there were an estimated 2.5 million AIDS cases globally.
- In 1996, the FDA approved the first home testing kit; a viral load test to measure the level of HIV in the blood; the first non-nucleoside transcriptase inhibitor (NNRTI) drug (nevirapine); and the first HIV urine test.
- In July 2012, the FDA approved PrEP for HIV-negative people to prevent the sexual transmission of HIV. For the first time, the majority of people eligible for treatment were receiving it (54%).

AIDS & Socioeconomic Status

Source: <https://www.apa.org/pi/ses/resources/publications/hiv-aids>

- For both men and women, increased poverty and unemployment levels and decreased median household income are related to a lower probability of survival after an HIV diagnosis (Harrison, Ling, Song, & Hall, 2008)
- “Structural inequalities drive late HIV diagnosis: The role of black racial concentration, income inequality, socioeconomic deprivation, and HIV testing” Research by Yusuf Ransome, Ichiro Kawachi, Sarah Braunstein, Denis Nashc
 - In the United States, research is limited on the mechanisms that link socioeconomic and structural factors to HIV diagnosis outcomes. We tested whether neighborhood income inequality, socioeconomic deprivation, and black racial concentration were associated with gender-specific rates of HIV in the advanced stages of AIDS (i.e., late HIV diagnosis). We then examined whether HIV testing prevalence and accessibility mediated any of the associations above. Neighborhoods with highest (relative to lowest) black racial concentration had higher relative risk of late HIV diagnosis among men (RR=1.86; 95%CI=1.15, 3.00) and women (RR=5.37; 95% CI=3.16, 10.43) independent of income inequality and socioeconomic deprivation. HIV testing prevalence and accessibility did not significantly mediate the associations above. Research should focus on mechanisms that link black racial concentration to HIV diagnosis outcomes.