Centers for Disease Control and Prevention

HIV Prevention Progress Report, 2019

Includes national and state level data for 2010 through 2017 where available

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CDC

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From the Director

The Division of HIV/AIDS Prevention (DHAP) is pleased to present the *CDC HIV Prevention Progress Report 2019*. For the first time, this report combines national and state level indicator data for the 50 states and the District of Columbia to provide a complete picture of progress and emphasize the importance of state level progress for achieving national goals.

The President's recently proposed initiative, *Ending the HIV Epidemic: A Plan for America*, seeks to end HIV in America in the next ten years. This direct and bold approach will provide the hardest hit communities with the additional expertise, technology, and resources required to address the HIV epidemic in their communities. By providing all at-risk communities with effective prevention and treatment tools, we can end the HIV epidemic in America.

The time to act is now.

But to effectively and responsibly implement this initiative, we must have sound scientific data. This report shows where we as a nation, and at the state level, are winning the battle, and where we must redouble our efforts.

This *CDC HIV Prevention Progress Report* highlights progress in reaching the 2020 targets while also highlighting differences across population subgroups, recognizing that progress among those dispropor-tionately affected by HIV is important for achieving national HIV prevention goals and improving health equity. We see that HIV prevention efforts are succeeding in reducing HIV risk behaviors among young gay and bisexual males, and persons with HIV; that more people have achieved viral suppression, including youth and transgender women receiving HIV medical care; and that the death rate among persons with diagnosed HIV has decreased.

But more work is needed to reduce new HIV infections overall. Disparities remain. Gay, bisexual and other men who have sex with men (MSM) and some racial/ethnic minority communities, specifically, blacks/African Americans, Hispanics/Latinos, and persons residing in the southern United States, are the most disproportionately affected populations. Further, in recent years, we've seen increases in HIV diagnoses among Asians, and American Indian/Alaska Natives. While the number of people prescribed pre-exposure

prophylaxis (PrEP) has increased dramatically overall, studies show that only a small fraction of the estimated Americans who are at substantial risk for HIV are actually experiencing the benefits of PrEP. The people who need HIV prevention, care, and treatment services most are not getting them. The report also highlights the lack of progress in reducing non-sterile injection drug use. This, along with the nation's ongoing opioid crisis, could lead to increases in new HIV infections among people who inject drugs.

We will use these data to guide decision making that is tailored to address HIV prevention, care and treatment needs at the local level. Our efforts will focus on key strategies that together can end the HIV epidemic in the U.S. We'll accomplish this by accelerating our work with state and local health departments. We'll also work with jurisdictions to ensure there are "boots on the ground" in communities with the greatest burden to implement and support progress toward ending the HIV epidemic.

Ending the HIV Epidemic: A Plan for Americ

From: https://www.hiv.gov/ending-hiv-epidemic

We must all work together to be successful at this endeavor. As we look at national, state and local level data and pursue trusted evidence-based interventions, we can make even greater progress in reducing HIV infections and improving health outcomes. We believe that by working together, we have an unprecedented opportunity to end the HIV epidemic in America.

Sincerely,
Eugene McCray, MD
Director
Division of HIV/AIDS Prevention
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Centers for Disease Control and Prevention
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Report Overview

Introduction

CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention (DHAP) supports national goals to prevent new HIV infections, improve access to care and health outcomes for people with HIV, and reduce HIV-related disparities and health inequities. The updated DHAP Strategic Plan 2017—2020 reflects national priorities and emphasizes a high impact approach to ensure CDC is investing domestic HIV prevention resources in the populations and regions most affected by HIV and is using proven prevention practices to get to no new infections. The plan also aligns efforts with partners in other federal, state, and local agencies to achieve national goals.

This *CDC HIV Prevention Progress Report* describes 21 key HIV prevention and care indicators in the DHAP Strategic Plan 2017—2020 and DHAP federal reporting activities such as the National HIV/AIDS Strategy (NHAS): Updated to 2020, Healthy People 2020 and the Government Performance and Results Act. The report highlights differences across population subgroups (by transmission risk, race/ethnicity, age, and gender) recognizing that progress among those disproportionately affected by HIV is important for achieving national goals including improving health equity.

For the first time, this report combines national and state level indicator data (where available) for the 50 states and the District of Columbia to provide a complete picture of progress and emphasize the importance of state level progress for achieving national goals. National data are presented for 21 indicators and state data for 7 indicators for which state data are available (see table). Each state has a responsibility to ensure that persons with HIV in their state receive a diagnosis, are linked to care, and become virally suppressed. Understanding the current status of HIV prevention and care outcomes in states informs our efforts to achieve our nation's HIV prevention goals.

Indicators in the Report

This report provides an objective way to assess progress on key indicators of the DHAP Strategic Plan 2017—2020, NHAS: Updated to 2020, and DHAP federal reporting activities. The indicators provide feedback that guides CDC planning and program improvement activities.

Data for eighteen of the 21 indicators come from three CDC HIV surveillance systems: the National HIV Surveillance System (13), the Medical Monitoring Project (3), and National HIV Behavioral Surveillance (2). Additional data sources are the Youth Risk Behavior Surveillance System, MarketScan® Commercial Claims and Encounter Database (IBM Watson Health), and the Health Services and Resources Administration (HRSA) Ryan White HIV/AIDS Program.

Indicator Reporting

CDC HIV Prevention Progress Report (HPR) 2019

	National	State
Prevent New HIV Infections		
Reduce new HIV infections	√	√
Increase knowledge of HIV+ status	√	√
Reduce new HIV diagnoses	√	√
Reduce risk behaviors among Young MSM	√	
Reduce high-risk sex among MSM	√	
Reduce non-sterile injection	√	
Increase PrEP prescription	√	
Improve Health Outcomes for Persons with HIV		
Increase linkage to HIV medical care	√	√
Increase retention in care	√	√
Increase viral suppression	√	√
Reduce high-risk sex among persons with HIV	√	
Reduce homelessness	√	
Reduce HIV stigma	√	
Reduce death rate	√	√
Reduce HIV-Related Disparities and Health Inequities		
Reduce HIV diagnosis disparity ratio		
— MSM	√	
— Young black MSM	√	
— Black females	√	
— Southern United States	√	
Increase viral suppression		
— Youth	√	
— Persons who inject drugs	√	
— Transgender women in care	√	

HIV incidence is now included as an indicator to monitor progress in reducing new infections. A new method for estimating new HIV infections (i.e., incidence) using CD4 data allows CDC and states to monitor progress toward reducing the total number of infections that occurred in a given year. In addition, this new method is used to estimate the prevalence of HIV in the US (diagnosed and undiagnosed), and is used to calculate the knowledge of HIV-positive status indicator. This new method was first presented at a national conference and published in a peer reviewed journal in 2017. The first surveillance supplemental report using these methods was published in March 2018.

Both new HIV infections and new HIV diagnoses provide important information about HIV prevention and care in the United States. Changes in HIV incidence reflect the impact of prevention efforts—including pre-exposure prophylaxis, condom distribution and use, behavioral risk reduction interventions, and viral suppression—on HIV transmission. New HIV diagnoses, reflecting the number of persons with newly diagnosed HIV (regardless of length of time since infection), indicate the need for services, including HIV medical care and treatment. HIV diagnoses may increase or remain stable over the short term as HIV testing efforts focus on identifying undiagnosed individuals (and increasing knowledge of HIV-positive status). The median time from infection to diagnosis is 3 years; however, this timeframe varies by population. If the time from HIV infection to diagnosis becomes shorter and comparable across all populations, then new diagnoses will align closely with new infections.

There are several additional changes to indicators in this report. The timeframe for linkage to HIV medical care was changed from within three months after diagnosis to within one month reflecting the critical importance of getting people into care to start treatment right away. Viral suppression is measured for *all* persons with diagnosed HIV, not just those who received HIV medical care (except for transgender women, for whom viral suppression is assessed using data from the Ryan White HIV/AIDS Program). An additional change to behavioral measures of HIV prevention include pre-exposure prophylaxis (PrEP) in defining high-risk sex among gay, bisexual and other men who have sex with men (referred to as gay and bisexual men, or MSM) or among individuals with HIV accounting for both the behavioral and biomedical aspects of HIV prevention.

CDC monitors linkage to care, retention in care, and viral suppression using laboratory data from jurisdictions with complete reporting of CD4 and viral load test results. The number of jurisdictions meeting this criterion increased from 14 in 2010 to 40 in 2016; the 40 jurisdictions represent 85.9% of persons with diagnosed HIV. Eight of the 11 jurisdictions not reporting complete laboratory data in 2016 are high or medium HIV prevalence jurisdictions. Complete laboratory data are essential for states to monitor outcomes along the HIV care continuum and ensure they are maximizing their prevention strategies to help people and communities most in need.

Several new indicators address the need for measuring uptake of biomedical interventions such as PrEP; measuring the use of non-sterile syringes and other injection equipment among persons who inject drugs; and, addressing social and structural factors, such as homelessness and stigma, that can influence health outcomes and impede HIV prevention and care for the most disproportionately affected populations, especially racial/ethnic minority MSM and transgender persons.

Two previously reported indicators that are not in the DHAP Strategic Plan 2017—2020 (late-stage HIV diagnosis, and state level percentage of adults ever tested for HIV) are no longer reported though data are available in other reports or publications.

Measuring Progress

This report evaluates **national progress** by comparing results with annual targets. Annual targets are a way to monitor desired movement toward the national 2020 target. **National progress is assessed by comparing the most recent year of data to the annual target for that year.** Where possible, the baseline year was set at 2010 to align with national prevention goals. Annual targets were set by allocating the total amount of change needed between the 2010 baseline and the 2020 target as follows: 5% of the total change each year during 2011 through 2013; 10% of total change each year during 2014 through 2017; and 15% of total change each year during 2018 through 2020.

The annual percentage change needed to meet the 2020 target is apportioned similarly for indicators with a baseline year other than 2010. (The *Technical Notes* provide the baseline year and desired annual percentage change for each indicator.) This allows for implementation activities that began after 2010 to take hold and their effects to accelerate over time. More aggressive targets in later years reflect the desire for more progress over time; in some cases, the 2020 targets will be hard to meet.

For each indicator, symbols are used to indicate where the current annual target was:

✓ **met** in the most recent data year

→ **not met** but with movement toward the annual target in the most recent data year

✗ **no change** or with movement away from the annual target in the most recent data year.

Report Structure

CDC HIV Prevention Progress Report (HPR) 2019

National Progress at a Glance	Annual targets and national results for 21 key HIV prevention and care indicators in the most recent data year
States' Progress at a Glance	State level progress for 7 indicators in the most recent data year for which each state has met the national 2020 target, made progress, made no progress, or cannot be assessed (due to lack of complete laboratory data)
Summary: States' Progress on Indicators	Number of indicators for which each state has met the national 2020 target, made progress, made no progress, or cannot be assessed due to lack of complete laboratory data
Indicator Summaries	Importance of each indicator and summary of national progress (overall and across subgroups); state level progress (for seven indicators for which state data are available); and disparities (related to HIV diagnoses and viral suppression)
National Indicator Data Table	National results, by year, for each of 21 HIV prevention and care indicators
State Indicator Data Table	State results, by year, for each of 7 HIV prevention and care indicators
Technical Notes	Detailed information about indicators and data sources
Selected References	Key HIV prevention indicator and data source references

Movement away from or toward the annual target was determined by comparing the result from the most recent data year with that of the previous year. Any magnitude of change is considered movement toward or away from the annual target.

For indicators with a set numerical 2020 target (e.g., 90% for knowledge of HIV-positive status), progress among population subgroups is described in relation to the target (green shaded area). For indicators with a percentage reduction as the target (i.e., 25% reduction in estimated annual new HIV infections, and new HIV diagnoses), subgroup-specific 2020 targets are not calculated; progress among subgroups is described by comparing the relative change between the baseline year and the most recent data year. Teal-colored lines highlight progress among specific subgroups.

The Indicator Summaries describe national indicator results and progress toward national 2020 targets overall and across subgroups. See Table entitled "Indicator Summaries: National and State Level Progress" for detailed descriptions.

This report assesses **state level progress** for seven indicators for which state data (for the 50 states and the District of Columbia) are available. **Annual targets are not available at the state level. State level progress is assessed by comparing the most recent year of data to the national 2020 target.** For each indicator, color is used to indicate where the national 2020 target was:
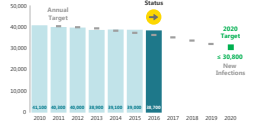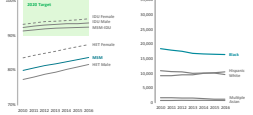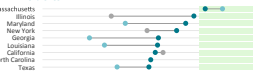
● **met** in the most recent data year (light teal)

● **not met but with movement toward** the 2020 target in the most recent data year (medium teal)

● **no change or with movement away** from the 2020 target in the most recent data year (dark teal)

Movement away from or toward the 2020 target was determined by comparing the result from the most recent data year with that of the previous year.

For three indicators with objectives that specify a percentage decrease by 2020 (new HIV infections, new HIV diagnoses, death rate), state-specific targets were generated by applying the national percentage reduction to each state's baseline. For example, the national percentage reduction for new HIV diagnoses (25%) was applied to each state's 2010 baseline to generate the 2020 target for that state.

Indicator Summaries: National and State level Progress

National Progress		Bar graphs show national results from baseline year to most recent data year. Progress is assessed by comparing the result for the most recent data year with the annual target to indicate whether the target was met (green check), not met but with movement toward the target (yellow arrow), or no change or movement away from the target (red 'x').
National Progress across Subgroups		Line graphs show national results, by subgroup, from baseline year to most recent data year, in relation to the national 2020 target (green shaded area) where possible.
State Quartile Ranking		Maps show the distribution of state indicator results by quartile in the most recent data year, highlighting state variability. The 1st quartile (lightest shading) reflects the best results; the 4th quartile (darkest shading) reflects the poorest results.
States' Progress: Recent Data Year, by Quartile		Dot graphics display states' progress in the past year (i.e. between most recent data year and prior year) by quartile, highlighting progress among states in the 4th quartile, where the greatest improvement is needed. Color indicates where the national 2020 target was met in the past year, (light teal); not met but with movement toward the 2020 target (medium teal); and no change or movement away from the 2020 target (dark teal).
States' Progress: Recent Data Year, Overall		Donut graphics summarize progress across states in the past year, i.e. percentage of states that met the 2020 target in the past year, made progress toward the 2020 target, or had no progress or moved away from the target.
States' Progress: Baseline to Recent Data Year		Dumbbell plots show each state's movement toward or away from the national 2020 target, and distance from the target, between the baseline year and the most recent data year.

In the Indicator Summaries, state level indicator results and progress toward national 2020 targets are described in a variety of ways. See Table entitled "Indicator Summaries: National and State Level Progress" for detailed descriptions.

States are grouped by HIV prevalence (high, medium, medium-low, and low) when describing progress to reflect similarities in the burden of HIV, recognizing that states may vary in progress on one or more indicators depending on the epidemiology of HIV in the state, the occurrence of clusters or outbreaks of HIV infection, and other factors.

Similar to previous national progress reports (and consistent with the approach used in the National HIV/AIDS Strategy), **this report does not use statistical tests to assess changes over time, differences between groups, or differences between the result and the target.** This report provides an overview of where there has been movement toward the 2020 target and where

additional progress is needed. Statistically significant change is not expected from each year to the next and may not always be necessary to achieve the 2020 target. For consistency in measuring progress at the national and state levels, any magnitude of change is considered as movement toward or away from the 2020 target. Additional data for some indicators are available in other publications and may include information about statistical significance.

Looking Forward

Indicators are metrics that are used to measure progress toward a goal. They help to identify areas of success but also areas in which we need to bolster prevention efforts to achieve more progress. Indicators are also meant to be reviewed and revised if necessary.

A number of considerations are worth mentioning for future indicator reporting efforts. Changes may include replacing the 'retention in HIV medical care' indicator with 'receipt of HIV medical care' as the

current definition of retention will likely always be affected by changes in the frequency of CD4 and viral load testing recommended in the HIV Treatment Guidelines. Receipt of HIV medical care will not be affected by changes in the HIV treatment guidelines for the recommended frequency of CD4 or viral load testing, is easy to use, available, and reported by CDC. Other changes may include: defining simpler disparity metrics that are easy to understand and measure disparities as reliably as possible; and revising the definition for PrEP usage to include number of prescriptions and estimates of numbers of persons eligible for PrEP (i.e., coverage) and using a more representative data source for a PrEP metric.

As we now have tools in the HIV prevention tool kit to achieve 'no new HIV infections,' CDC HIV strategic priorities provide a roadmap to achieve the vision of the DHAP Strategic Plan. Under the leadership of the Department of Health and Human Services, CDC will work with other federal agencies to develop the next national HIV strategy. As such, some indicators may remain unchanged, some new indicators may be added, others revised, and some may be retired in order to best monitor the nation's progress moving forward.

National Progress at a Glance

Annual targets and results for 21 key indicators in most recent data year

	2020 Target	Year	Target	Result	Status
Prevent New HIV Infections					
Reduce new HIV infections	30,800	2016	36,500	38,700	➡️
Increase knowledge of HIV+ status	90.0%	2016	86.0%	85.8%	➡️
Reduce new HIV diagnoses	32,855	2016	38,878	40,142	➡️
Reduce risk behaviors among Young MSM	30.7%	2017	32.6%	29.1%	✅
Reduce high-risk sex among MSM	9.8%	2017	11.2%	11.3%	➡️
Reduce non-sterile injection	45.5%	2015	56.9%	60.7%	❌
Increase PrEP prescription	47,832	2016	17,937	64,763	✅
Improve Health Outcomes for Persons with HIV					
Increase linkage to HIV medical care	85.0%	2016	76.9%	75.9%	➡️
Increase retention in care	90.0%	2015	67.1%	57.2%	➡️
Increase viral suppression	80.0%	2015	57.9%	59.8%	✅
Reduce high-risk sex among persons with HIV	5.0%	2016	6.4%	5.9%	✅
Reduce homelessness	5.0%	2016	6.5%	8.4%	❌
Reduce HIV stigma	28.7	2016	36.9	39.0	❌
Reduce death rate	13.0	2015	17.2	14.3	✅
Reduce HIV-Related Disparities and Health Inequities					
Reduce HIV diagnosis disparity ratio					
— MSM	17.4	2016	19.1	22.4	➡️
— Young black MSM	93.0	2016	102.0	115.7	➡️
— Black females	1.45	2016	1.59	1.11	✅
— Southern United States	0.28	2016	0.31	0.36	❌
Increase viral suppression					
— Youth	80.0%	2015	48.1%	51.2%	✅
— Persons who inject drugs	80.0%	2015	53.7%	52.1%	➡️
— Transgender women in care	90.0%	2017	77.5%	80.5%	✅

✅ **Met Annual Target** in most recent data year

➡️ **Progress:** Moved toward annual target in most recent data year

❌ **No Progress:** No change or moved away from annual target in most recent data year

See National Indicator Data Table for annual results for each indicator.

Results for years prior to the start of the DHAP Strategic Plan 2017—2020 show areas of progress and areas where we need to do better.

For 8 of 21 indicators, annual targets were met. HIV prevention efforts have succeeded in reducing risk behaviors among young MSM and persons with HIV; more people have achieved viral suppression, including youth and transgender women in care; the number of people prescribed PrEP has increased dramatically, though not to all populations who can benefit; and the death rate among persons with diagnosed HIV has decreased.

For 9 of 21 indicators, there was movement toward the target. More work is needed to reduce new infections overall and new diagnoses among disproportionately affected groups, especially gay and bisexual men, and to increase the proportion of persons with HIV who are diagnosed, linked and retained in HIV medical care.

For 4 of 21 indicators, there was no change or movement away from the target. There is an urgent need to reduce the use of non-sterile syringes and other injection equipment among persons who inject drugs; improve prevention efforts among persons living in the Southern United States; and address factors such as homelessness and stigma that can influence health outcomes and impede prevention.

The uneven pace of progress among high-risk groups indicates an urgent need to close gaps in prevention and care and accelerate access to HIV testing, treatment, and prevention strategies for all individuals at risk for and living with HIV.

States' Progress at a Glance

Movement toward national 2020 target for 7 key indicators in most recent data year

| | Prevent New HIV Infections | | | Improve Health Outcomes for Persons with HIV | | | |
| | HIV Incidence | Testing | HIV Diagnosis | Continuum of HIV Care | | | Mortality |
	New Infections (2016)	Knowledge of HIV+ Status (2016)	New Diagnoses (2016)	Linkage to Care (2016)	Retention in Care (2015)	Viral Suppression (2015)	Death Rate (2015)
HIGH HIV PREVALENCE							
California							
Florida							
Georgia							
Illinois							
Louisiana							
Maryland							
Massachusetts							
New Jersey							
New York							
North Carolina							
Ohio							
Pennsylvania							
Texas							
Virginia							
MEDIUM HIV PREVALENCE							
Alabama							
Arizona							
Arkansas							
Colorado							
Connecticut							
Dist of Columbia							
Indiana							
Kentucky							
Michigan							
Minnesota							
Mississippi							
Missouri							
Nevada							
Oklahoma							
Oregon							
South Carolina							
Tennessee							
Washington							
Wisconsin							

Legend:

- **Met 2020 Target** in most recent data year
- **Progress:** Moved toward 2020 target in most recent data year
- **No Progress:** No change or moved away from 2020 target in most recent data year
- **Cannot Assess:** Lab data not available or single year only
- **Unstable Estimate**

States' Progress at a Glance (Cont'd)

	Prevent New HIV Infections			Improve Health Outcomes for Persons with HIV			
	HIV Incidence	Testing	HIV Diagnosis	Continuum of HIV Care			Mortality
	New Infections (2016)	Knowledge of HIV+ Status (2016)	New Diagnoses (2016)	Linkage to Care (2016)	Retention in Care (2015)	Viral Suppression (2015)	Death Rate (2015)
MEDIUM-LOW HIV PREVALENCE							
Delaware	Unstable	Progress	No Progress	Progress	Progress	Progress	Met Target
Hawaii	Unstable	No Progress	Progress	Met Target	Progress	Progress	Progress
Idaho	Unstable	Unstable	No Progress	Cannot Assess	Cannot Assess	Cannot Assess	Progress
Iowa	Unstable	Progress	No Progress	Progress	Progress	Progress	Progress
Kansas	Unstable	Progress	Progress	Cannot Assess	Cannot Assess	Cannot Assess	No Progress
Maine	Unstable	Progress	No Progress	Met Target	No Progress	No Progress	Met Target
Nebraska	Unstable	Progress	Met Target	Progress	Progress	Progress	Progress
New Hampshire	Unstable	Unstable	No Progress	No Progress	No Progress	No Progress	No Progress
New Mexico	Unstable	No Progress	No Progress	Progress	No Progress	No Progress	No Progress
Rhode Island	Unstable	Progress	Met Target	Met Target	Progress	Progress	Met Target
Utah	Unstable	No Progress	No Progress	No Progress	No Progress	No Progress	No Progress
West Virginia	Unstable	Progress	No Progress	Met Target	Progress	Progress	Met Target
LOW HIV PREVALENCE							
Alaska	Unstable	Unstable	No Progress	Met Target	No Progress	Progress	Progress
Montana	Unstable	Unstable	No Progress	Progress	No Progress	No Progress	No Progress
North Dakota	Unstable	Unstable	No Progress	Met Target	Progress	Progress	Met Target
South Dakota	Unstable	Unstable	No Progress	Met Target	No Progress	Progress	Met Target
Vermont	Unstable	Unstable	Progress	Cannot Assess	Cannot Assess	Cannot Assess	Met Target
Wyoming	Unstable	Unstable	No Progress	Progress	Progress	Progress	Progress

Legend:
- **Met 2020 Target** in most recent data year
- **Progress:** Moved toward 2020 target in most recent data year
- **No Progress:** No change or moved away from 2020 target in most recent data year
- **Cannot Assess:** Lab data not available or single year only
- **Unstable Estimate**

The prevalence of HIV infection, the reach of HIV testing, and the health of persons with HIV vary across the United States. Monitoring state level progress on key HIV prevention and care indicators helps inform where HIV prevention efforts are making a difference.

HIV incidence: Among 25 states with stable incidence estimates, 3 met the nation's 2020 target of reducing new infections by 25%, 7 made progress, and 15 had no progress.

Knowledge of HIV-positive status: Among 43 states with stable knowledge estimates, 2 met the nation's 2020 target of 90%, 32 made progress, and 9 had no progress.

New HIV diagnoses: 7 states met the nation's 2020 target of reducing new diagnoses by 25%, 13 made progress, and 31 had no progress.

Linkage to HIV medical care: Among 38 states with complete lab reporting for 2015 and 2016, 12 met the nation's 2020 target of 85%, 15 made progress, and 11 had no progress.

Retention in care: Among 38 states with complete lab reporting for 2015 and 2016, none met the nation's 2020 target of 90%, 21 made progress toward the 2020 target, and 17 had no progress.
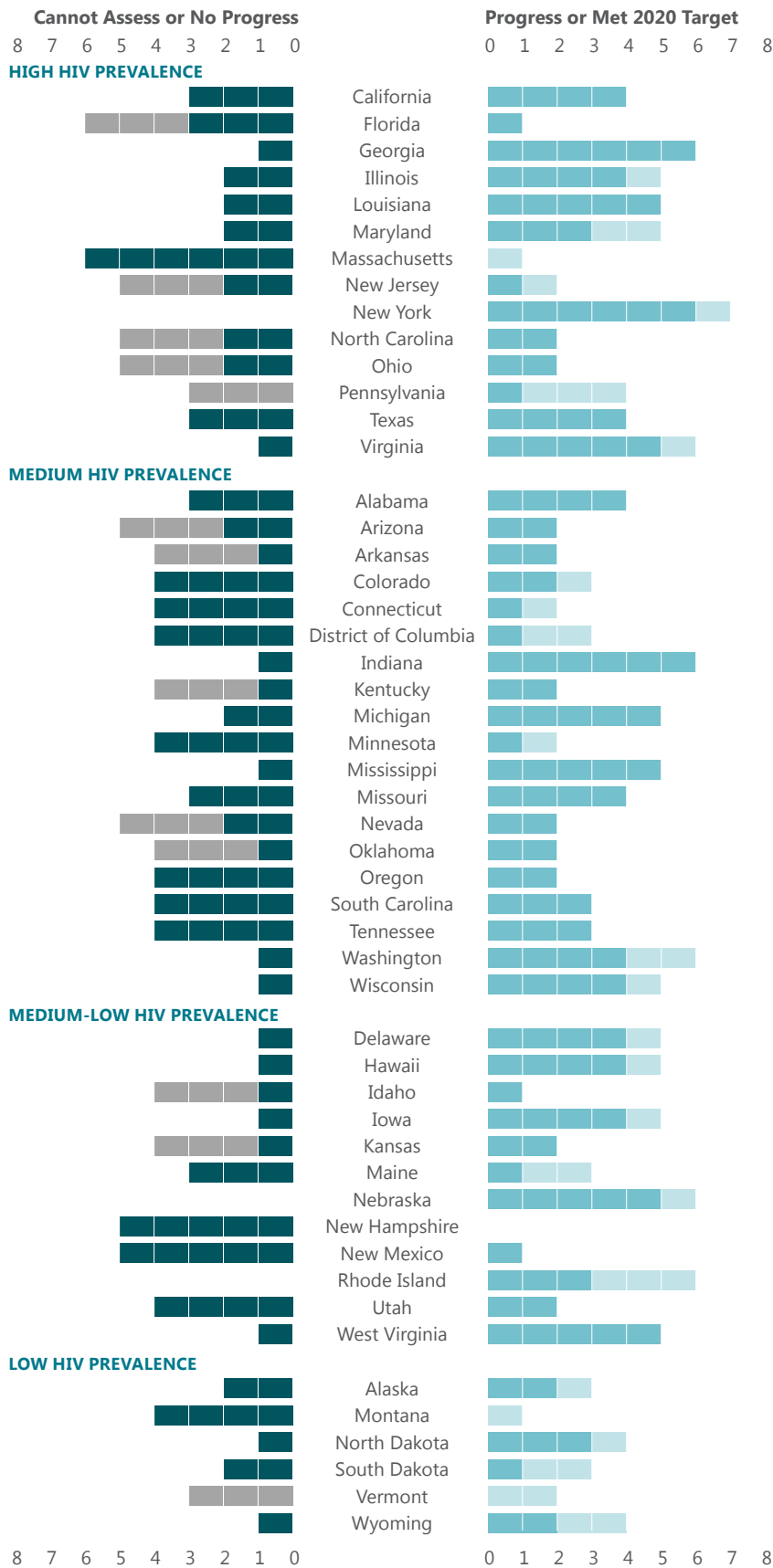
Viral suppression: Among 38 states with complete lab reporting for 2015 and 2016, none met the nation's 2020 target of 80%, 26 states made progress toward the 2020 target, and 12 had no progress.

Death rate: 12 states met the nation's 2020 target of reducing the death rate among persons with diagnosed HIV by 33%, 25 made progress, and 14 had no progress.

See Technical Notes for additional information about indicators and for HIV prevalence classifications.

Summary: States' Progress on Indicators

Number of indicators by national 2020 target status: Met, Progress, No Progress, Cannot Assess

Cannot Assess or No Progress

8 7 6 5 4 3 2 1 0

Progress or Met 2020 Target

0 1 2 3 4 5 6 7 8

HIGH HIV PREVALENCE

- California
- Florida
- Georgia
- Illinois
- Louisiana
- Maryland
- Massachusetts
- New Jersey
- New York
- North Carolina
- Ohio
- Pennsylvania
- Texas
- Virginia

MEDIUM HIV PREVALENCE

- Alabama
- Arizona
- Arkansas
- Colorado
- Connecticut
- District of Columbia
- Indiana
- Kentucky
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nevada
- Oklahoma
- Oregon
- South Carolina
- Tennessee
- Washington
- Wisconsin

MEDIUM-LOW HIV PREVALENCE

- Delaware
- Hawaii
- Idaho
- Iowa
- Kansas
- Maine
- Nebraska
- New Hampshire
- New Mexico
- Rhode Island
- Utah
- West Virginia

LOW HIV PREVALENCE

- Alaska
- Montana
- North Dakota
- South Dakota
- Vermont
- Wyoming

8 7 6 5 4 3 2 1 0

0 1 2 3 4 5 6 7 8

During the most recent data year, states' progress on 7 key HIV prevention and care indicators* varied widely.

Across all HIV prevalence categories, 3 states made progress toward or met the nation's 2020 target for all indicators (for which data are available). Progress toward improving continuum of HIV care indicators (linkage to HIV medical care, retention in care, and viral suppression) cannot be assessed for 13 states that did not report complete laboratory data or did not report for at least two years. As additional states report complete laboratory data for at least 2 years, this number is expected to decrease.

States may vary in progress on one or more indicators depending on the epidemiology of HIV in the state, the occurrence of clusters or outbreaks of HIV infection, and other factors.

* Progress toward reducing new HIV infections is not assessed for 26 states with estimates that have a relative standard error of ≥30%. Progress toward increasing knowledge of HIV-positive status is not assessed for 8 states with estimates that have a relative standard error of ≥30%. The number of boxes shown for each state reflects the number of indicators for which progress can be assessed.

Met 2020 Target in most recent data year

Progress: Moved toward 2020 target in most recent data year

No Progress: No change or moved away from 2020 target in most recent data year

Cannot Assess: Lab data not available or single year only

Indicator Summaries

REDUCE NEW HIV INFECTIONS

Objective

By 2020, reduce the estimated annual number of new HIV infections by at least 25 percent
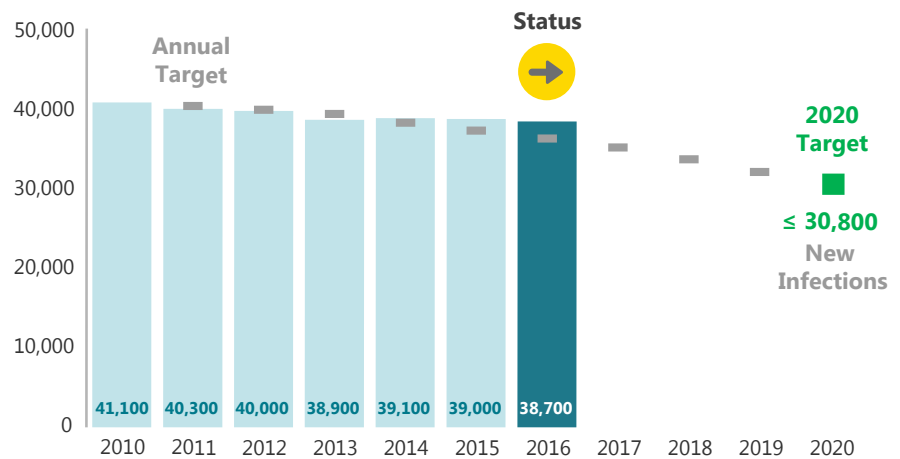
Importance

Estimating the annual number of newly infected persons helps describe trends in the transmission of HIV in the United States. Understanding subpopulations in which HIV transmissions are occurring aids in the development and targeting of HIV prevention, care, and treatment programs. The lifetime treatment cost of an HIV infection is estimated at $379,668 (in 2010 dollars).

National Progress

In 2016, there were an estimated 38,700 new HIV infections in the United States.

The **2016 target** (36,500) was not met but there was movement toward the target from 2015 to 2016.

Status

2020 Target

≤ 30,800 New Infections

Annual Target

2010	2011	2012	2013	2014	2015	2016
41,100	40,300	40,000	38,900	39,100	39,000	38,700

Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2016

There were **marginally fewer** new HIV infections. However, the number of new infections remains unacceptably high.

New infections **DECREASED** among persons who inject drugs, white MSM, heterosexual females, blacks/African Americans, and young people aged 13-24 years.

HIV infections **INCREASED** among 25-34 year olds and among Hispanic/Latino MSM. Incidence was stable but remains highest among MSM, especially black/African American MSM.

Action Needed

- Increase access to and use of HIV medical care and treatment for persons with HIV to achieve viral suppression, which will prolong health and life and prevent HIV transmission.

- Increase access to and use of prevention services such as pre-exposure prophylaxis (PrEP) and condoms for persons who are at risk of acquiring HIV.

- Intensify prevention efforts focused on gay and bisexual men, particularly racial/ethnic minority gay and bisexual men.

- Continue efforts to curb the nation's opioid crisis to maintain progress in reducing new infections, especially among people who inject drugs. Where local laws allow, support syringe services programs to ensure access to sterile syringes and prevention services.

- Increase the capacity of states to investigate and interrupt HIV transmission in growing clusters of HIV infection through guidance and technical assistance.

Progress across Subgroups (2010-2016)

For Incidence, progress across subgroups is assessed by describing relative differences in new HIV infections between 2010 and 2016
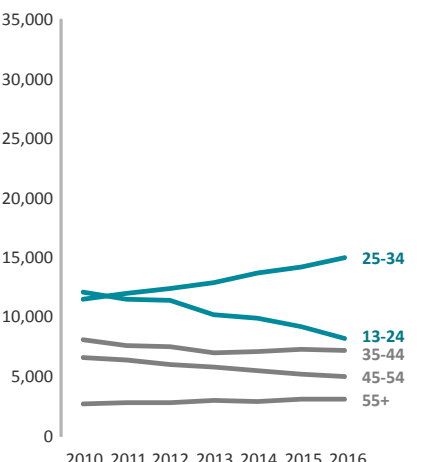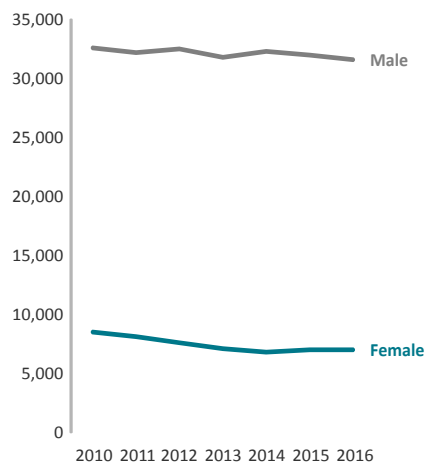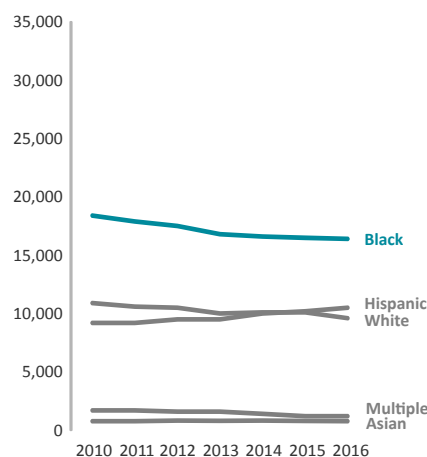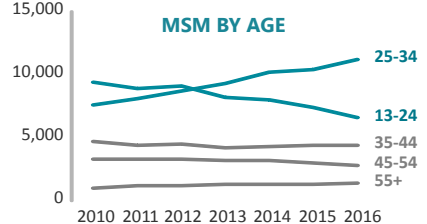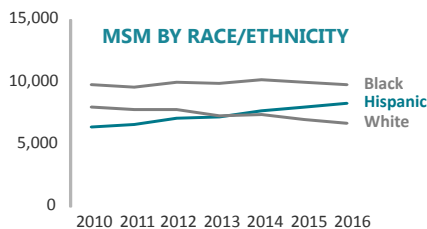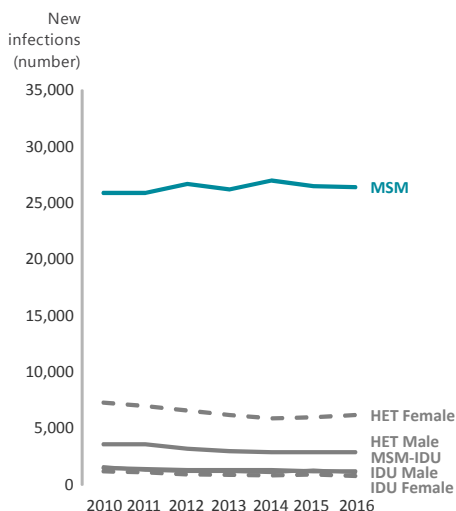
New infections (number)

MSM BY RACE/ETHNICITY

MSM BY AGE

Note: The 2020 target for HIV incidence is a 25% reduction (not a set numerical target). The green shaded target area provided for other indicators cannot be shown here because the 2020 targets differ across both subgroups and years.

Transmission Risk

New HIV infections decreased among some risk groups including persons who inject drugs (PWID) but remained stable among **MSM** (with infection attributed to male-to-male sexual contact). MSM continue to account for the largest portion of new infections.

Among MSM, infections increased 30% among **Hispanics/Latinos**, remained stable (but highest) among blacks, and decreased 16% among whites. Infections decreased 30% among **13-24 year old** MSM and increased 47% among **25-34 year old** MSM. Among MSM aged 25-34 years, the greatest increases in new infections were among Hispanics/Latinos and blacks.* (data not shown)

Race/Ethnicity

New HIV infections among **blacks/African Americans** declined by 11%, but remain higher among blacks than any other race/ethnicity group.

Age

New HIV infections decreased 32% among **13-24 year olds** and increased 30% among **25-34 year olds**.

Gender

While new infections remained substantially higher among males, there was an 18% decrease in new infections among **females**.
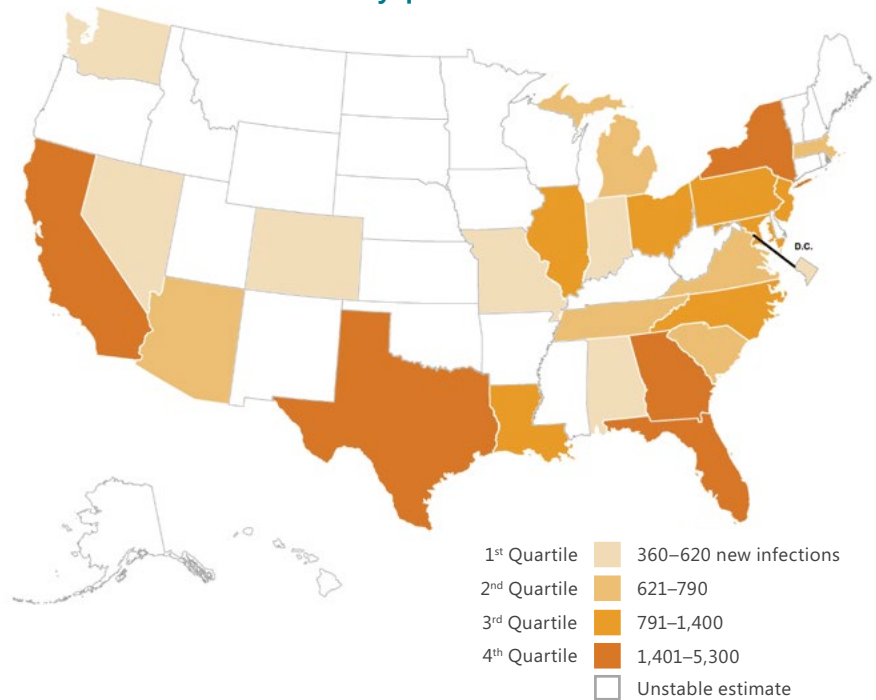
*Incidence data for MSM by age and race/ethnicity can be found in: CDC. Estimated HIV incidence and prevalence in the United States, 2010-2016. *HIV Surveillance Supplemental Report 2019*;24(No. 1). Published February 2019

In 2016, the estimated number of new HIV infections varied considerably across states.

New HIV infections are highest in states with the darkest shading (4th quartile) and lowest in states with the lightest shading (1st quartile).
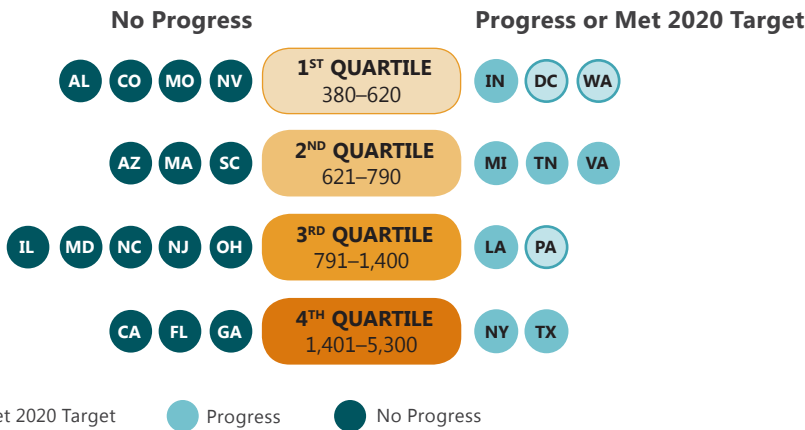
HIV infections are not reported for 26 states with estimates that have a relative standard error of ≥30%.

**Estimated new HIV infections across the United States, by quartile—2016**

1st Quartile	▢ 360–620 new infections
2nd Quartile	▢ 621–790
3rd Quartile	▢ 791–1,400
4th Quartile	▢ 1,401–5,300
	▢ Unstable estimate

States' Progress, Recent Data Year (2016)

Among states with stable estimates for 2015 and 2016

No Progress — **Progress or Met 2020 Target**

AL CO MO NV — **1ST QUARTILE** 380–620 — IN DC WA

AZ MA SC — **2ND QUARTILE** 621–790 — MI TN VA

IL MD NC NJ OH — **3RD QUARTILE** 791–1,400 — LA PA

CA FL GA — **4TH QUARTILE** 1,401–5,300 — NY TX

◯ Met 2020 Target   ◯ Progress   ● No Progress

Progress by Quartile

Three states in the 4th quartile (with the highest HIV incidence) made no progress in reducing new infections between 2015 and 2016.

60%
15 STATES HAD NO PROGRESS

12%
3 STATES MET 2020 TARGET
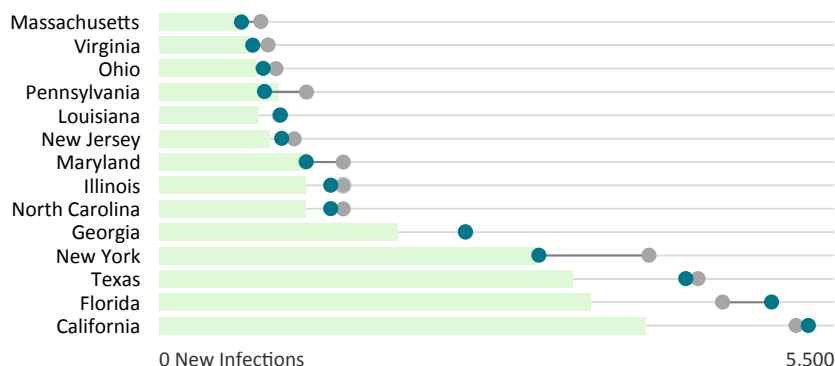
28%
7 STATES MADE PROGRESS
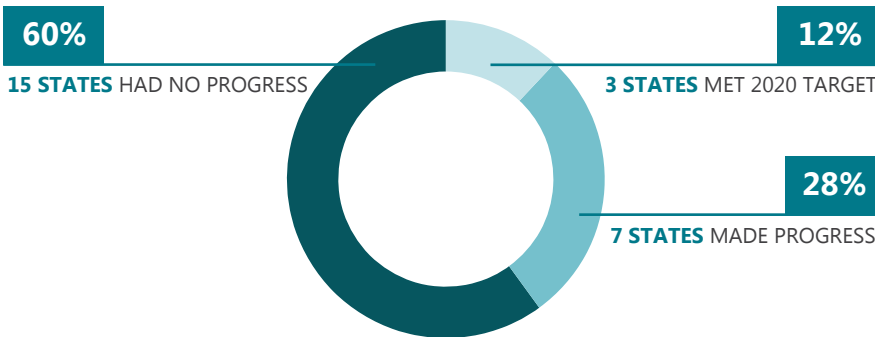
Progress across States

Ten states with data stable enough to estimate incidence made progress toward or met the nation's 2020 target of reducing new infections by 25%.

Progress by State, Baseline to Recent Data Year (2010-2016)

High HIV Prevalence

Massachusetts
Virginia
Ohio
Pennsylvania
Louisiana
New Jersey
Maryland
Illinois
North Carolina
Georgia
New York
Texas
Florida
California

0 New Infections → 5,500

Legend:
- 2010 Baseline (gray)
- 2016 (teal)
- 2020 Target (green shaded area)

The green shaded area represents the 2020 target for the state: 25% or greater reduction in new infections from baseline

Medium HIV Prevalence

Washington
District of Columbia
Missouri
Indiana
Colorado
Nevada
Alabama
Michigan
South Carolina
Tennessee
Arizona

0 → 1,000

Among high and medium HIV prevalence states, progress in reducing new HIV infections varied considerably from 2010 to 2016.

The 3 states with the highest number of new HIV infections were furthest from the 2020 target.

States may vary in progress toward reducing new HIV infections depending on the epidemiology of HIV in the state, the occurrence of clusters or outbreaks of HIV infection, and other factors.

Meeting the national 2020 target will require progress by all states, especially high prevalence states.
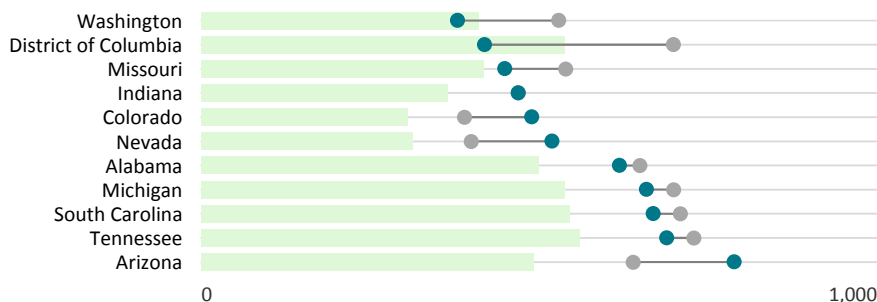
HIV infections are not reported for 26 states with estimates that have a relative standard error of ≥30%.

See Technical Notes and State Indicator Data Table for additional information.

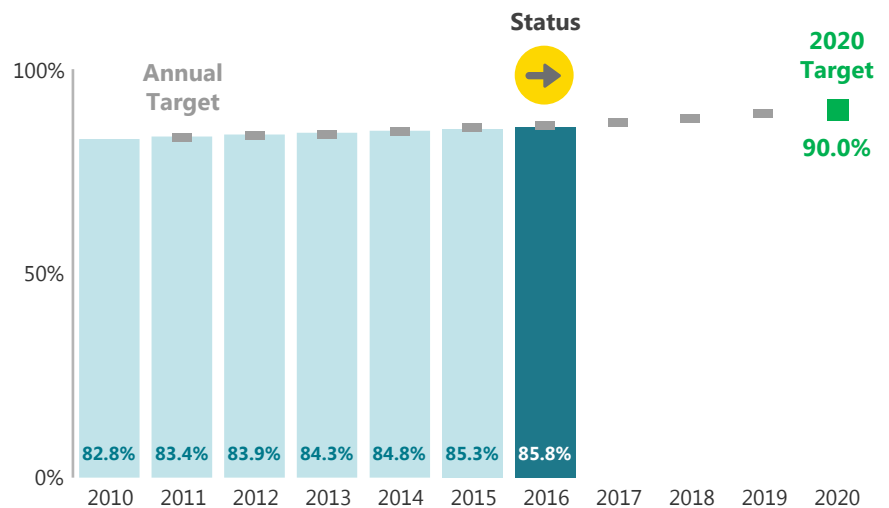# INCREASE KNOWLEDGE OF HIV-POSITIVE STATUS

Objective

By 2020, increase the percentage of people with HIV who know their serostatus to at least 90 percent

Importance

Knowledge (or awareness) of HIV-positive status occurs when a person with HIV is tested and diagnosed with HIV infection. Persons who know about their HIV infection (e.g. are aware) should receive medical care and treatment to stay healthy and prevent new infections. Although knowledge of HIV-positive status has improved over time, one of 7 people with HIV do not know their status. In addition, approximately forty percent of HIV transmissions are attributed to persons with HIV who do not know their status. Understanding the population with undiagnosed infections (who do not yet know their HIV status) allows better targeting of testing resources to communities and groups. As the number of people with undiagnosed HIV infection becomes smaller, making each new diagnosis (and increasing knowledge) will be harder.

National Progress

In 2016, 85.8% of people with HIV had been diagnosed (and are assumed to know about their HIV infection). The **2016 target** (86.0%) was not met but there was movement toward the target from 2015 to 2016.

Status

2020 Target

90.0%

Year	Value
2010	82.8%
2011	83.4%
2012	83.9%
2013	84.3%
2014	84.8%
2015	85.3%
2016	85.8%

Annual Target

Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2016

The percentage of people with HIV who knew about their infection increased ↑ **4%**, from **82.8%** to **85.8%.**

Knowledge of HIV-positive status **IMPROVED** among MSM, an important transmission risk group. The 2020 target has been met for persons who inject drugs and those ≥45 years of age.

The greatest **IMPROVEMENT** is needed among MSM, heterosexual males, persons of color, and people aged 13-34 years especially 13-24 year olds.

Action Needed

- Intensify HIV testing efforts—including routine opt out screening in clinical settings and targeted testing in non-clinical settings.

- Create new or improve existing partnerships to identify and address structural barriers to HIV testing, reduce lag time between infection and diagnosis, and reduce missed opportunities for HIV testing.

- Provide guidance to help healthcare providers better support HIV testing.

- Continue to integrate screening for HIV through sexually transmitted disease (STD), viral hepatitis, and tuberculosis programs.

Progress across Subgroups (2010-2016)
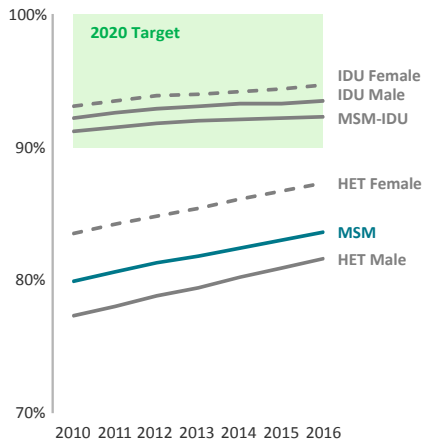
Transmission Risk

Knowledge of HIV-positive status improved among **MSM**, an important transmission risk group. The 2020 target has been met for persons who inject drugs, including MSM who inject drugs (MSM-IDU).

MSM and heterosexual males and females lag behind other groups though progress has been made since 2010.

Race/Ethnicity

Knowledge of HIV-positive status increased 4% among **blacks/African Americans**.

The percentage of people with HIV who know their status remains low among groups with the lowest numbers of diagnoses: Asians (81%), American Indian/Alaska Natives (82%), and Native Hawaiian/Other Pacific Islanders (82%).
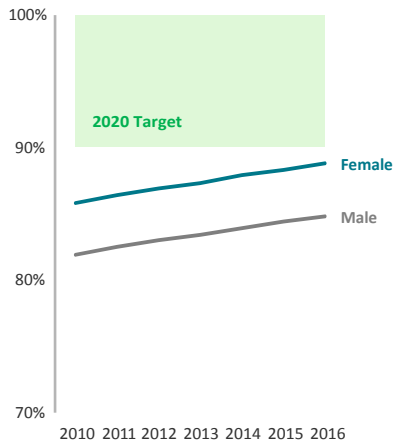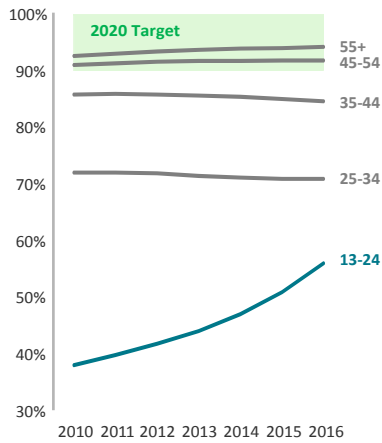
Age

Young people aged **13-24 years** with HIV are least likely to know their HIV status though awareness has increased to 56% in 2016. The 2020 target has been met for people 45 years and older.
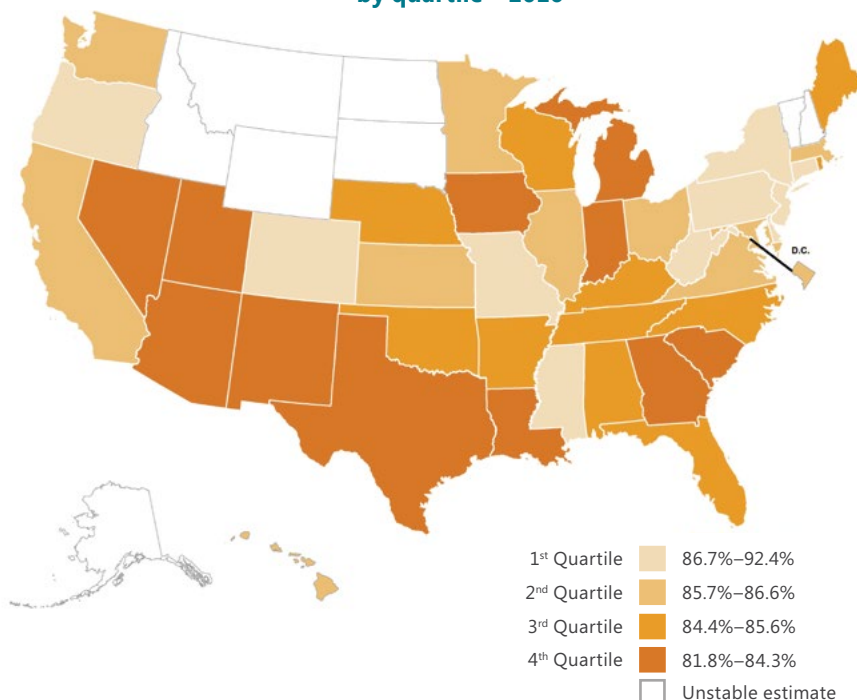
Gender

Awareness has improved among males but remains higher among **females**, for whom the 2020 target of 90% is close.

In 2016, the percentage of people with HIV who had been diagnosed (and knew about their HIV infection) varied across states.

On this map, awareness of HIV infection is lowest in states with the darkest shading (4th quartile) and highest in states with the lightest shading (1st quartile).
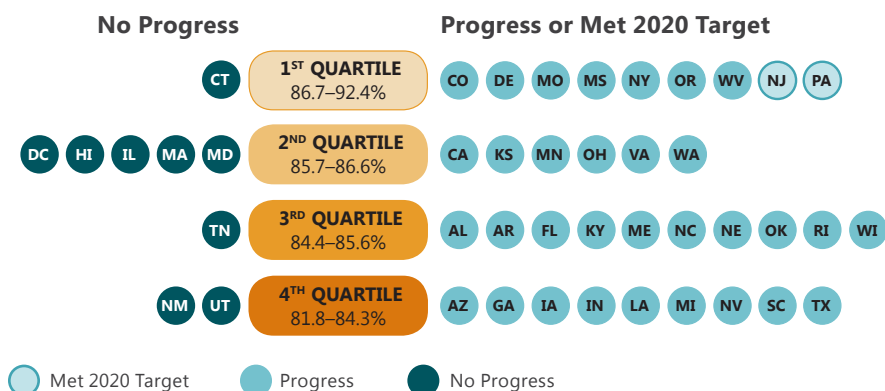
Knowledge of HIV-positive status is not reported for 8 states with estimates that have a relative standard error of ≥30%.

Knowledge of HIV-positive status across the United States, by quartile—2016

| | 1st Quartile | 86.7%–92.4% |
	2nd Quartile	85.7%–86.6%
	3rd Quartile	84.4%–85.6%
	4th Quartile	81.8%–84.3%
	Unstable estimate	

States' Progress, Recent Data Year (2016)

Among states with stable estimates for 2015 and 2016

No Progress

Progress or Met 2020 Target

1ST QUARTILE 86.7–92.4%
CT | CO DE MO MS NY OR WV NJ PA

2ND QUARTILE 85.7–86.6%
DC HI IL MA MD | CA KS MN OH VA WA

3RD QUARTILE 84.4–85.6%
TN | AL AR FL KY ME NC NE OK RI WI

4TH QUARTILE 81.8–84.3%
NM UT | AZ GA IA IN LA MI NV SC TX

Met 2020 Target   Progress   No Progress

Progress by Quartile

The majority of states in the 3rd and 4th quartiles (where knowledge of HIV-positive status is lowest) made progress toward the nation's 2020 target.

21%
9 STATES HAD NO PROGRESS

5%
2 STATES MET 2020 TARGET
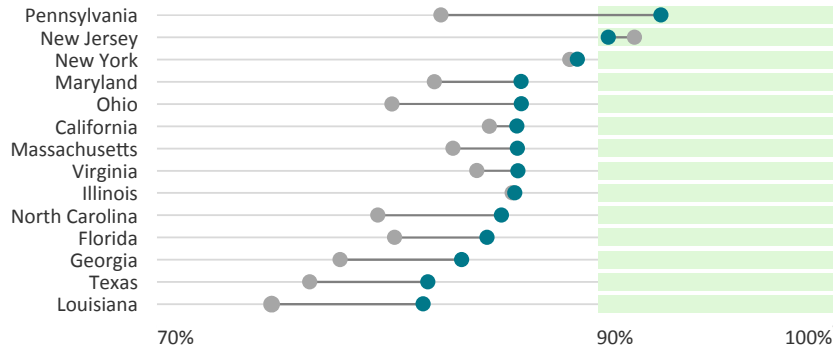
74%
32 STATES MADE PROGRESS
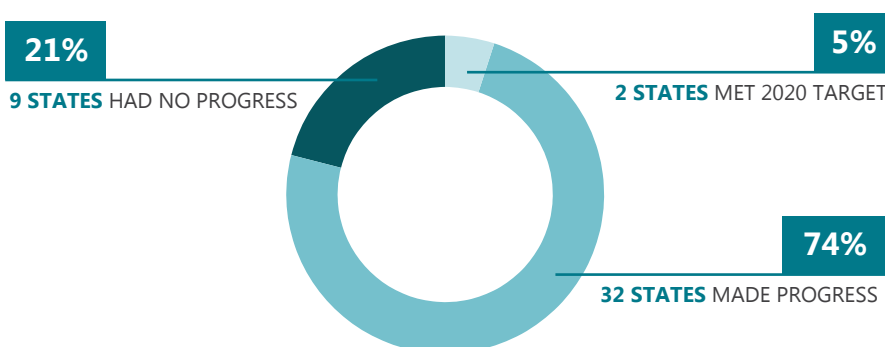
Progress across States

More than three-quarters of states (79%) made progress or met the nation's 2020 target for increasing knowledge of HIV-positive status to at least 90%.

# Progress by State, Baseline to Recent Data Year (2010-2016)

High HIV Prevalence

- 2010 Baseline
- 2016
- 2020 Target →

The green shaded area represents the national 2020 target of 90% or greater knowledge of HIV-positive status

Within each HIV prevalence category, states' progress toward increasing knowledge of HIV-positive status varied substantially from 2010 to 2016.
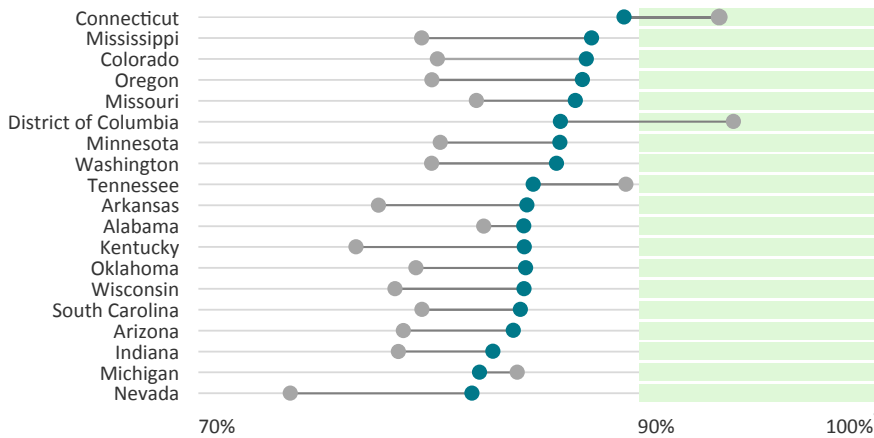
Meeting the nation's 2020 target of increasing knowledge of HIV-positive status to 90% will require intensified efforts across states to find persons with undiagnosed infection using a two-pronged approach: routine HIV screening in clinical settings and targeted testing efforts in community and other non-clinical settings using a variety of testing strategies.

Medium HIV Prevalence

Medium-Low HIV Prevalence
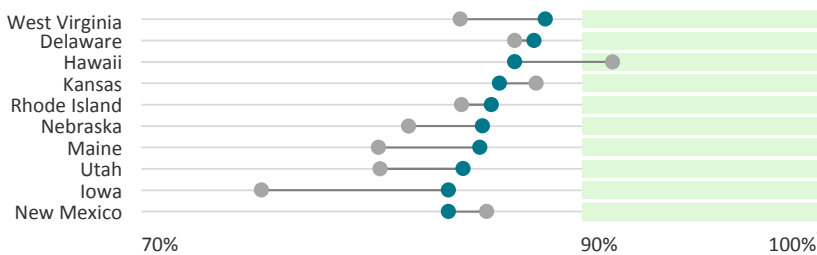
Knowledge of HIV-positive status is a proportion that is calculated by dividing the number of persons living with diagnosed HIV by the estimated number of persons with HIV (diagnosed and undiagnosed). Knowledge of HIV-positive status is not reported for 8 states with estimates that have a relative standard error of ≥30%.

See Technical Notes and State Indicator Data Table for additional information.

REDUCE NEW HIV DIAGNOSES

Objective

By 2020, reduce the annual number of new HIV diagnoses by at least 25 percent
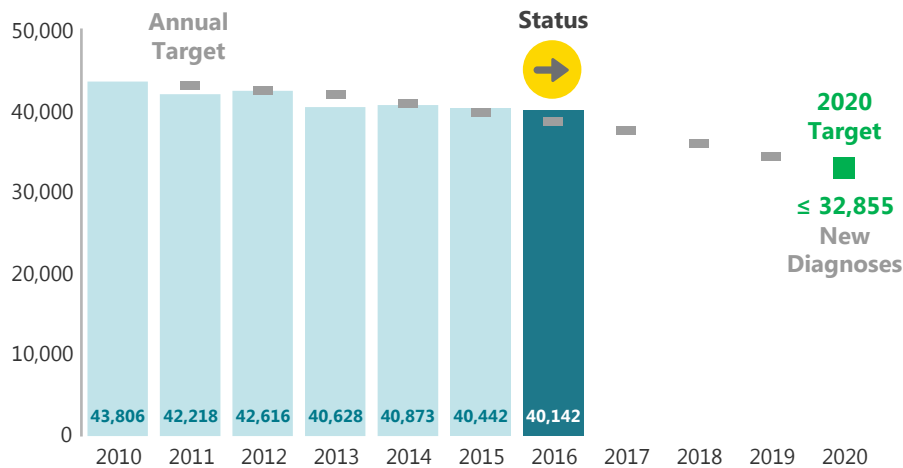
Importance

Diagnosing infection among individuals who are living with HIV allows for linkage to and retention in HIV medical care, and HIV treatment which leads to viral suppression, enabling improved health outcomes. For persons who achieve and maintain viral suppression, effectively no transmission can occur to their uninfected sexual partners. New HIV diagnoses may remain stable or increase over the short term as HIV testing efforts focus on identifying undiagnosed individuals. As the number of people with undiagnosed HIV infection becomes smaller, each new diagnosis will be harder to make.

National Progress

In 2016, 40,142 new HIV diagnoses were made in the United States.

The **2016 target** (38,878) was not met but there was movement toward the target from 2015 to 2016.

For diagnoses, progress is assessed for the most recent year that data were not preliminary.

Annual Target

Status

2020 Target

≤ 32,855 New Diagnoses

2010	2011	2012	2013	2014	2015	2016
43,806	42,218	42,616	40,628	40,873	40,442	40,142

Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2016

New HIV diagnoses decreased ↓ **8%**, from **43,806** to **40,142**.

The greatest **REDUCTIONS** in new diagnoses were among persons who inject drugs, persons aged 45-54 years, heterosexuals, and whites and blacks/African Americans, and were greater among females than males.

New diagnoses **INCREASED** among Hispanic/Latinos and persons aged 25-34 years. New diagnoses remained stable (and highest) among MSM.

Action Needed

Over the short term, HIV diagnoses may increase or remain stable as testing efforts focus on identifying undiagnosed individuals. Diagnosis delay (i.e., time from infection to diagnosis) varies by population. If the time from HIV infection to diagnosis becomes shorter and comparable across all populations, then new diagnoses will align closely with new infections. The action steps below reflect the importance of identifying persons with undiagnosed infection.

- Increase adherence to CDC recommendations for screening in clinical settings, particularly hospitals and hospital emergency rooms, by developing new or enhancing existing partnerships to identify and mitigate barriers to routine HIV screening in clinical settings.

- Develop new HIV testing technologies, and improve use of existing technologies, to enhance early diagnosis and identify transmission networks to target testing and prevention efforts.

- Provide guidance to help healthcare providers better support targeted HIV testing in community and other non-clinical settings.

- Improve implementation of evidence-based testing strategies that will aid in identifying persons with undiagnosed infection.

Progress across Subgroups (2010-2016)

For Diagnoses, progress across subgroups is assessed by describing relative differences in new HIV diagnoses between 2010 and 2016
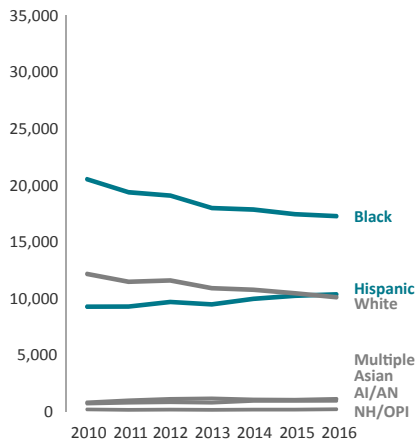
New diagnoses (number)
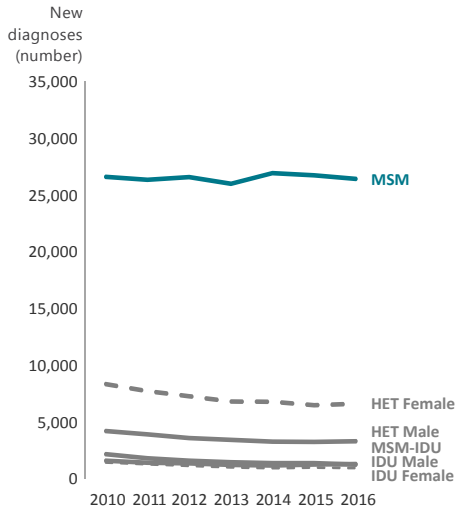
Transmission Risk

New HIV diagnoses decreased among all risk groups except **MSM**. Two of three new HIV diagnoses are among MSM.

Among persons who inject drugs, diagnoses decreased 34% for females and 42% for males. Diagnoses decreased 21% among male heterosexuals and 22% among female heterosexuals.

Note: The 2020 target for HIV incidence is a 25% reduction (not a set numerical target). The green shaded target area provided for other indicators cannot be shown here because the 2020 targets differ across both subgroups and years.

Race/Ethnicity

New HIV diagnoses decreased 16% among **blacks/African Americans**. Still, blacks make up 12% of the US population but 44% of new diagnoses.

There was a 10% increase in HIV diagnoses among **Hispanics/Latinos**, who make up 18% of the population but 25% of new HIV diagnoses.

New HIV diagnoses increased among several groups with low numbers of diagnoses with the exception of Native Hawaiian/Other Pacific Islanders (23% decrease): Asians (35% increase), American Indian/Alaska Native (11% increase).
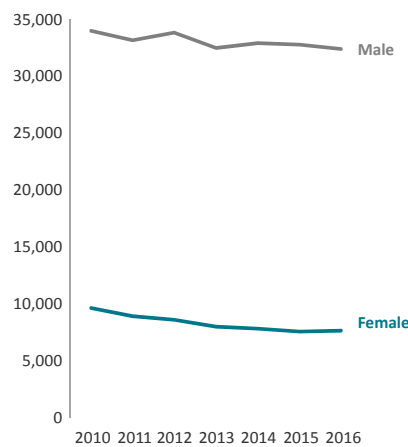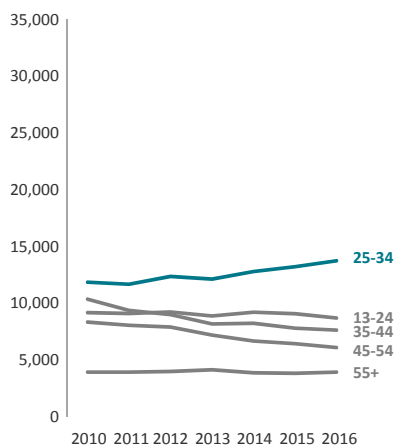
Age

HIV diagnoses increased 16% among **25-34 year olds** and remain highest for this age group.

Gender

New diagnoses decreased 21% among **females** and 5% among males but remain substantially higher among males.

In 2016, the distribution of new HIV diagnoses varied considerably across states.

New HIV diagnoses are highest in states with the darkest shading (4th quartile) and lowest in states with the lightest shading (1st quartile).

New HIV diagnoses across the United States, by quartile—2016

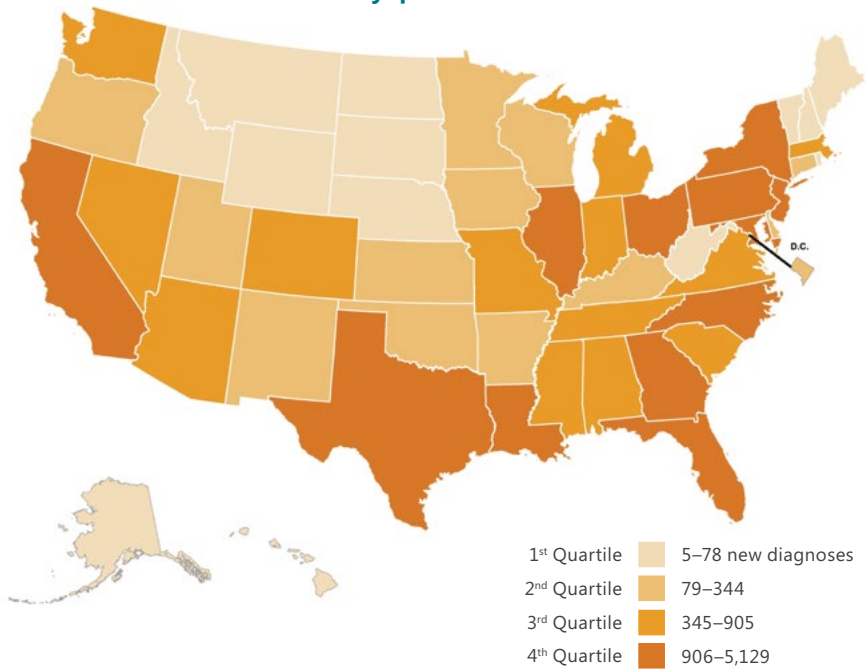|	
1st Quartile	5–78 new diagnoses
2nd Quartile	79–344
3rd Quartile	345–905
4th Quartile	906–5,129

States' Progress, Recent Data Year (2016)

No Progress

Progress or Met 2020 Target

1ST QUARTILE 5–78	AK ID ME MT ND NH SD WY	HI WV NE RI VT
2ND QUARTILE 79–344	AR DE IA MN NM OR UT WI	KS KY OK CT DC
3RD QUARTILE 345–905	AL AZ CO MA MI MO NV SC	IN MS TN VA WA
4TH QUARTILE 906–5,129	CA FL LA NC NJ OH TX	GA IL PA MD NY

○ Met 2020 Target   ● Progress   ● No Progress
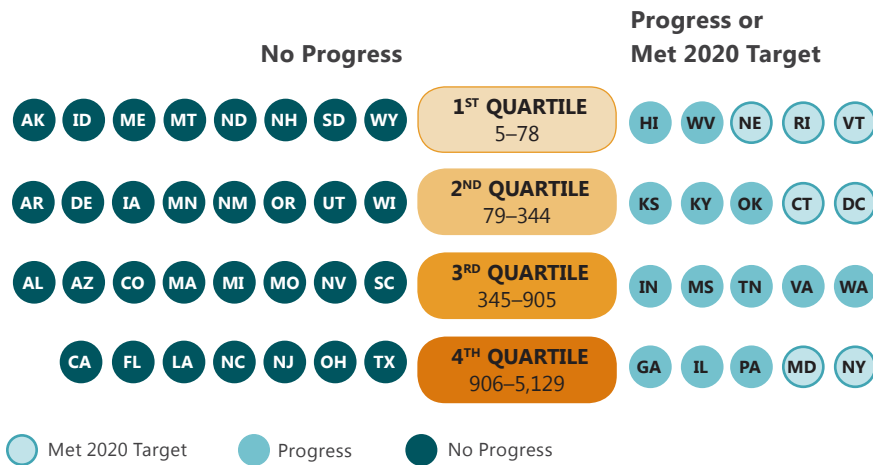
Progress by Quartile

From 2015 to 2016, over half of states in the 3rd and 4th quartiles (with the highest numbers of new HIV diagnoses) made no progress toward the 2020 target of reducing new diagnoses by 25%. However, all but 1 state in the 3rd and 4th quartiles made progress in increasing knowledge of HIV-positive status, which translates to an expected increase in HIV diagnoses.

61%
31 STATES HAD NO PROGRESS

14%
7 STATES MET 2020 TARGET

25%
13 STATES MADE PROGRESS
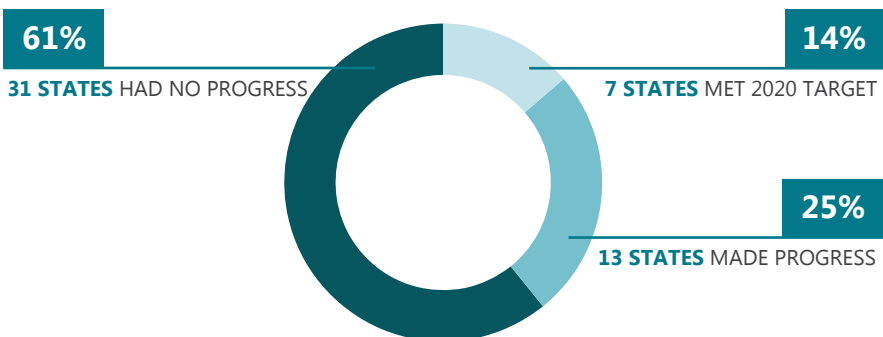
Progress across States

Twenty states (39%) made progress or met the 2020 target of reducing new HIV diagnoses during the most recent data year.

Progress by State, Baseline to Recent Data Year (2010-2016)

High HIV Prevalence

Massachusetts
Virginia
Ohio
Maryland
Louisiana
Pennsylvania
New Jersey
North Carolina
Illinois
Georgia
New York
Texas
Florida
California

0 Diagnoses   5,500

- ● 2010 Baseline
- ● 2016
- **2020 Target**

The green shaded area represents the 2020 target for the state: 25% or greater reduction in new diagnoses from baseline

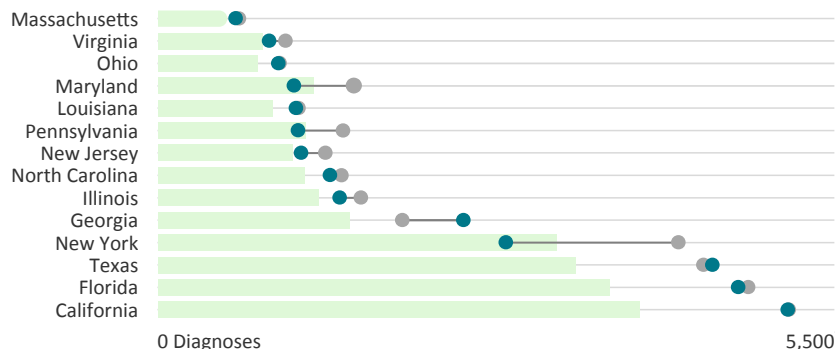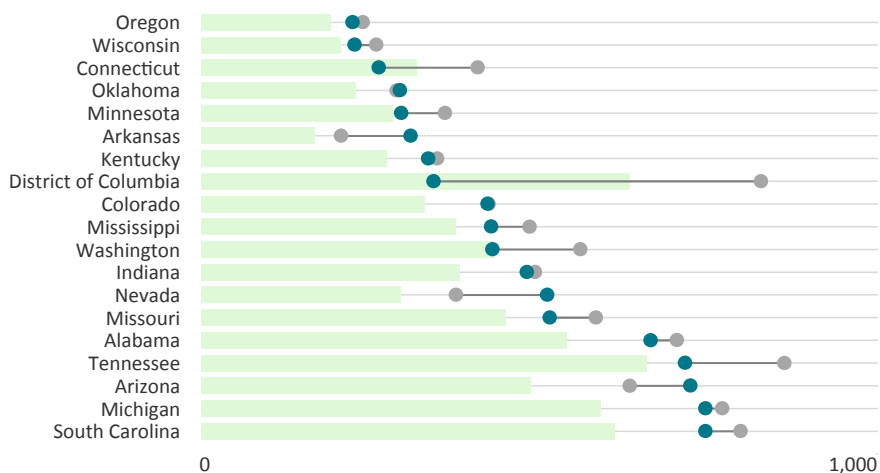Within each HIV prevalence category, states' progress toward reducing new HIV diagnoses varied substantially. States with the highest prevalence (within each category) were furthest from the 2020 target.

Short-term increases in new diagnoses may reflect increased HIV testing and identification of previously undiagnosed persons in some areas.

Meeting the nation's 2020 target of reducing new diagnoses by at least 25% will require progress by all states, especially those with the highest numbers of new diagnoses.

Medium HIV Prevalence
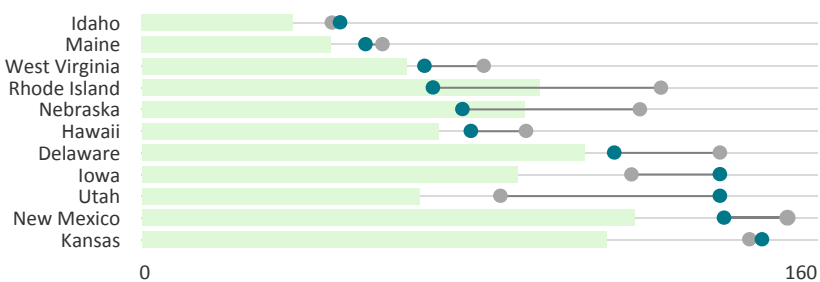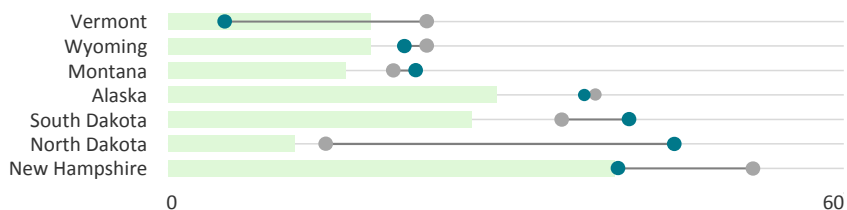
Oregon
Wisconsin
Connecticut
Oklahoma
Minnesota
Arkansas
Kentucky
District of Columbia
Colorado
Mississippi
Washington
Indiana
Nevada
Missouri
Alabama
Tennessee
Arizona
Michigan
South Carolina

0   1,000

Medium-Low HIV Prevalence

Idaho
Maine
West Virginia
Rhode Island
Nebraska
Hawaii
Delaware
Iowa
Utah
New Mexico
Kansas

0   160

Low HIV Prevalence

Vermont
Wyoming
Montana
Alaska
South Dakota
North Dakota
New Hampshire

0   60

See Technical Notes and State Indicator Data Table for additional information.

Objective

By 2020, reduce the disparity in the rate of new HIV diagnoses by at least 15 percent among gay and bisexual men, young black gay and bisexual men, black females, and persons living in the Southern United States

Importance

Reducing HIV-related health disparities is essential for preventing new infections and achieving health equity in the United States. Some racial/ethnic minority groups and gay and bisexual men are at increased risk of becoming newly infected with HIV due to factors such as high prevalence in geographic areas, partner selection, social and sexual network characteristics, and other social determinants of health. This indicator measures changes in the ratio of the rate disparity fo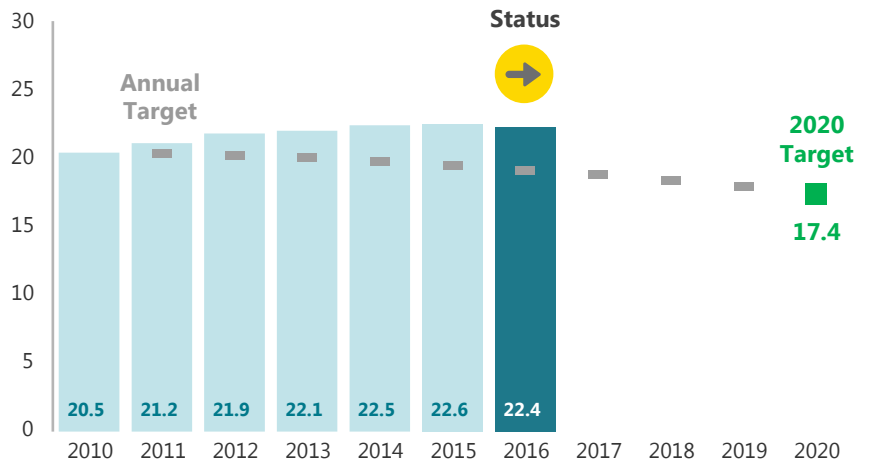r each disproportionately affected group to the rate in the overall population. The ratio increases as the difference widens between a selected group and the overall population and decreases as the difference narrows.

National Progress

Gay and Bisexual Men

In 2016, the HIV diagnosis rate disparity among gay and bisexual men was 22.4 times the HIV diagnosis rate for the overall population. The **2016 target** (19.1) was not met but there was movement toward the target from 2015 to 2016.

From 2010 to 2016, the HIV diagnosis disparity ratio increased 9.3% for gay and bisexual men compared to the overall HIV diagnosis rate.

Status

Annual Target

2020 Target

17.4

2010	2011	2012	2013	2014	2015	2016
20.5	21.2	21.9	22.1	22.5	22.6	22.4

Source: National HIV Surveillance System; **Baseline:** 2010

Young Black Gay and Bisexual Men

The HIV diagnosis rate disparity among young black gay and bisexual men was 115.7 times the HIV diagnosis rate for the overall population. The **2016 target** (102.0) was not met but there was movement toward the target from 2015 to 2016.

From 2010 to 2016, the HIV diagnosis disparity ratio increased 5.8% for young black gay and bisexual men compared to the overall HIV diagnosis rate.

Status

Annual Target

2020 Target

93.0

2010	2011	2012	2013	2014	2015	2016
109.4	112.4	112.9	117.2	118.5	118.0	115.7
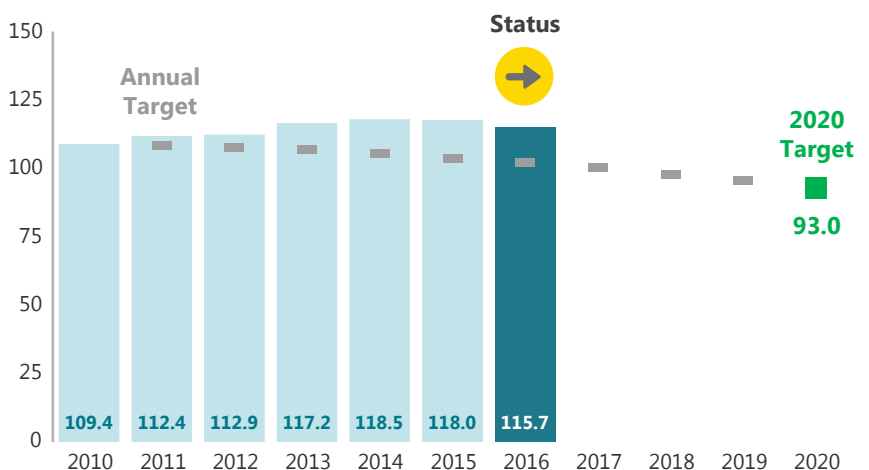
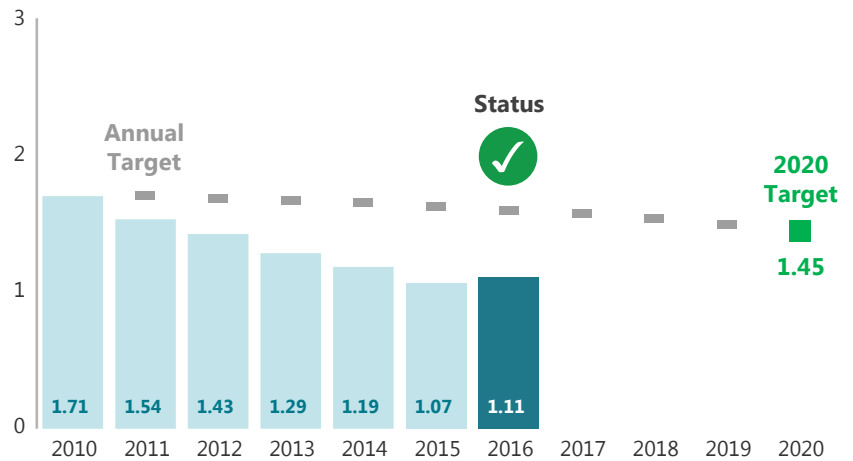**Source:** National HIV Surveillance System; **Baseline:** 2010

Black Females

In 2016, the HIV diagnosis rate disparity among black females was 1.11 times that of the overall population. The **2016 target** (1.59) was met. Annual targets have been met and exceeded for black females since 2011.

From 2010 to 2016, the HIV diagnosis disparity ratio decreased 35% for black females. In 2016, black females still accounted for 6 of 10 HIV diagnoses among women.
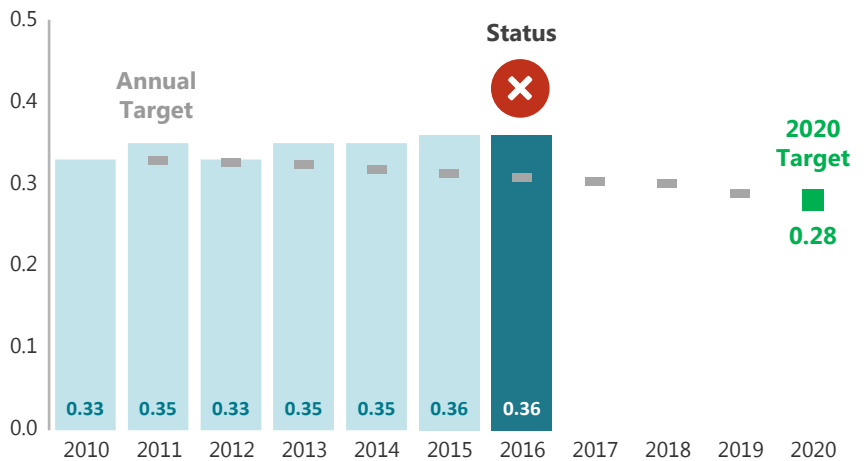
Annual Target

Status ✓

2020 Target

1.45

2010	2011	2012	2013	2014	2015	2016
1.71	1.54	1.43	1.29	1.19	1.07	1.11

Source: National HIV Surveillance System; **Baseline:** 2010

Persons Living in the Southern United States

Southern states account for half of all people with an HIV diagnosis in the US, despite having one-third of the overall US population.

In 2016, the HIV diagnosis disparity ratio among person living in the South was 0.36. The **2016 target** (0.31) was not met.

Annual Target

Status ✕

2020 Target

0.28

2010	2011	2012	2013	2014	2015	2016
0.33	0.35	0.33	0.35	0.35	0.36	0.36

Source: National HIV Surveillance System; **Baseline:** 2010

Action Needed

- Develop and implement evidence-based interventions designed to reduce disparities in diagnosis, especially for gay and bisexual men, young black gay and bisexual men, black females, and persons living in the South.

- Improve the capacity and cultural competency of providers and programs that deliver services to the most disproportionately affected populations.

- Enhance partnerships to address the social and structural factors that can impede HIV prevention and care for the most disproportionately affected populations, especially racial/ethnic minority gay and bisexual men.

INCREASE LINKAGE TO HIV MEDICAL CARE

Objective

By 2020, increase the percentage of persons with newly diagnosed HIV infection who are linked to HIV medical care within one month of diagnosis to at least 85 percent
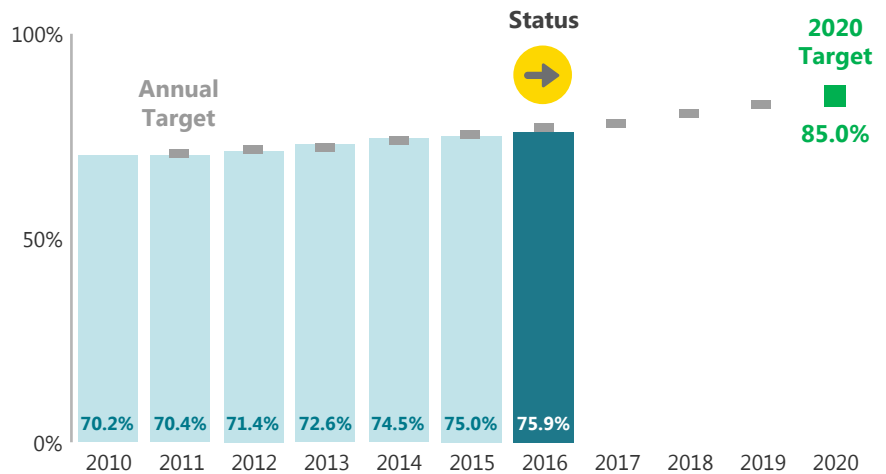
Importance

People with HIV need to be linked to HIV medical care immediately after diagnosis to receive treatment which conveys many health benefits—improving the health of individuals, decreasing viral load, and reducing their risk for transmitting the virus to others. The change to measuring this indicator at 1 month from 3 months reflects the urgency of getting people into HIV medical care to immediately start treatment.

National Progress

In 2016, three of 4 people with newly diagnosed HIV infection (75.9%) were linked to HIV medical care within 1 month of diagnosis.

The **2016 target** (76.9%) was not met but there was movement toward the target from 2015 to 2016.

Status

2020 Target

85.0%

Annual Target

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
70.2%	70.4%	71.4%	72.6%	74.5%	75.0%	75.9%				

Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2016

The percentage of people linked to HIV medical care within 1 month of diagnosis increased ↑ **8%**, from **70.2%** to **75.9%**.

The greatest **IMPROVEMENTS** in linkage to HIV medical care were among persons who inject drugs, whites, MSM, and young people aged 13-24 and 25-34 years.

Linkage to care remained **LOWEST** among blacks/African Americans, Hispanics/Latinos, and young people aged 13-24 years.

Action Needed

- Continue to support health department and community-based organization (CBO) efforts to link persons with newly diagnosed HIV to immediate treatment in communities most affected by HIV.

- Improve efforts to increase the number of primary care providers delivering HIV/AIDS screening.

- Advance efforts to use state and local public health data through Data to Care programs, targeting persons who have fallen out of care or never entered care following diagnosis.

- Work with states to improve the completeness of their laboratory data and reporting of linkage to care as well as other elements of the care continuum such as receipt of and retention in care, and viral suppression.

- Expand uptake of behavioral and structural interventions to improve outcomes along the continuum of HIV care, especially engagement and re-engagement in care.

Progress across Subgroups (2010-2016)
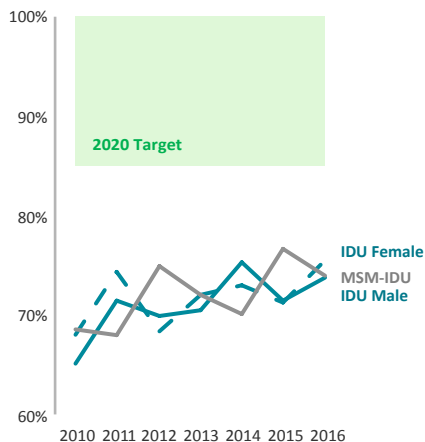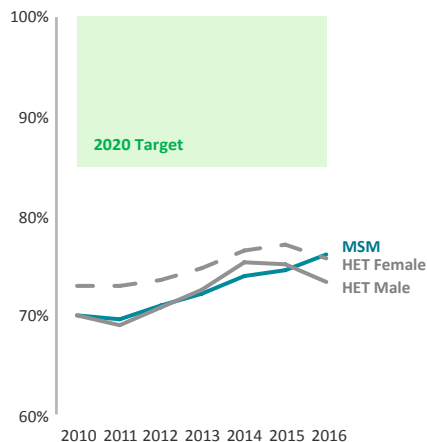
Transmission Risk

The greatest improvements in linkage to HIV medical care within 1 month of diagnosis were among **males who inject drugs** (13%), **females who inject drugs** (11%), and **MSM** (9%).

The least improvement was among heterosexual males (5%) and hetero-sexual females (4%).
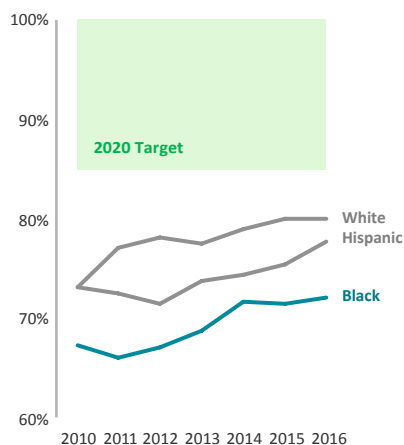
Race/Ethnicity

Linkage to HIV medical care increased 7% among **blacks/African Americans** but remains lower for blacks than any other race/ethnicity group.

Linkage to care increased 6% among Hispanics/Latinos and 10% among whites.

Among groups with low numbers of persons with diagnosed HIV, linkage to care increased 26% for American Indian/Alaska Natives, increased 40% for Asians, and decreased 21% for Native Hawaiian/Other Pacific Islanders.
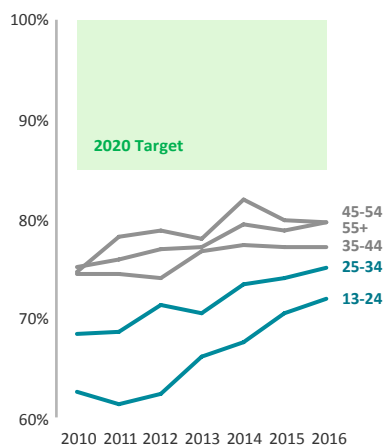
Age

Linkage to HIV medical care improved most notably among young people aged **13-24 years** (15%) and **25-34 years** (10%).

Gender

Linkage to care improved 9% among **males**, and 5% among females. In 2015, linkage was the same (76%) for males and females.

In 2016, the percentage of persons with newly diagnosed HIV infection who were linked to HIV medical care within 1 month after diagnosis varied widely across states.

On this map, linkage to HIV medical care is lowest in states with the darkest shading (4th quartile) and highest in states with the lightest shading (1st quartile).

Linkage to care cannot be assessed for states without complete laboratory reporting for 2016.

Linkage to HIV medical care across the United States, by quartile—2016

1st Quartile	85.9%–92.7%
2nd Quartile	81.6%–85.8%
3rd Quartile	73.9%–81.5%
4th Quartile	54.3%–73.8%
	Cannot assess

States' Progress, Recent Data Year (2016)

Among states with complete laboratory reporting for 2015 and 2016

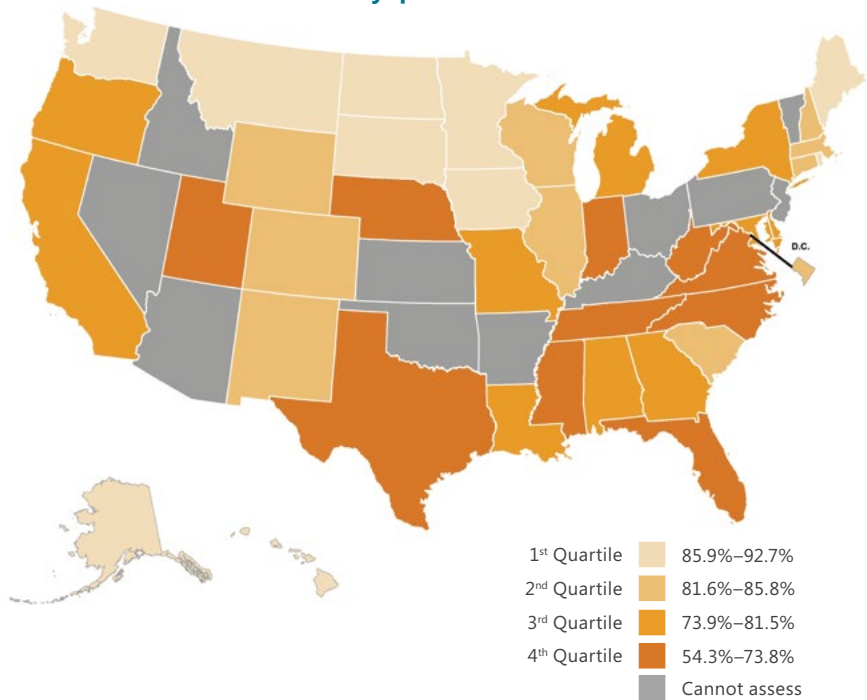**No Progress**   **Progress or Met 2020 Target**

1ST QUARTILE 85.9–92.7%   AK HI IA ME MN MT ND RI SD WA

CO CT NH SC   **2ND QUARTILE** 81.6–85.8%   DC IL NM WI MA WY

AL OR   **3RD QUARTILE** 73.9–81.5%   CA DE GA LA MD MI MO NY

MS TN UT VA WV   **4TH QUARTILE** 54.3–73.8%   IN NE TX

○ Met 2020 Target   ○ Progress   ○ No Progress
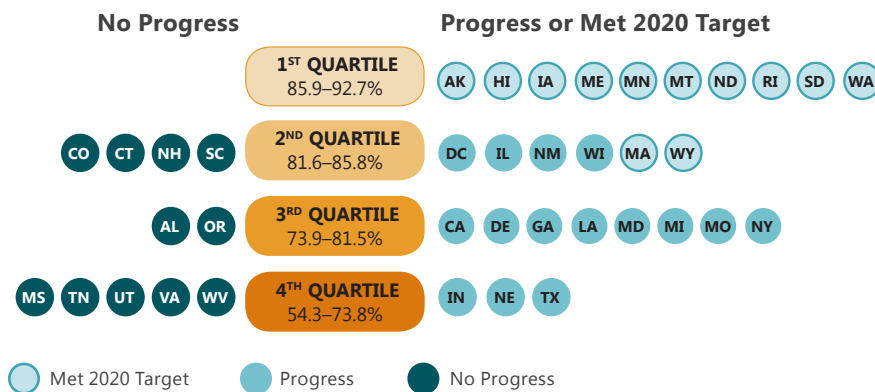
Progress by Quartile

Five of 8 states in the 4th quartile (where the greatest improvement is needed) made no progress in linking people with newly diagnosed HIV to medical care within 1 month of diagnosis.

25%
13 STATES CANNOT ASSESS

24%
12 STATES MET 2020 TARGET

22%
11 STATES HAD NO PROGRESS

29%
15 STATES MADE PROGRESS
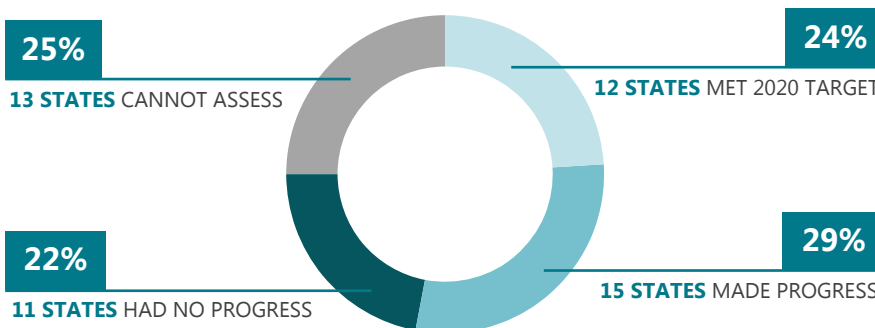
Progress across States

Overall, more than half of states (53%) made progress toward or met the nation's 2020 target for linking 85% of people to HIV medical care.

Progress by State, Baseline to Recent Data Year (2010*-2016)

High HIV Prevalence

Massachusetts, Illinois, Maryland, New York, Georgia, Louisiana, California, North Carolina, Texas, Virginia, Florida, New Jersey, Ohio, Pennsylvania

50% — 85% — 100%

Legend:
- ● 2010 Baseline
- ● Other Baseline
- ● 2016

The green shaded area represents the national 2020 target of 85% or greater for linkage to care

2020 Target

Within each HIV prevalence category, states' progress toward increasing linkage to HIV medical care within 1 month after diagnosis varied substantially from 2010 to 2016.

In 2016, only one high HIV prevalence state had met the national 2020 target of increasing linkage to 85% or greater.

Progress cannot be assessed for 13 states that did not report complete laboratory data for at least two years. The 13 states 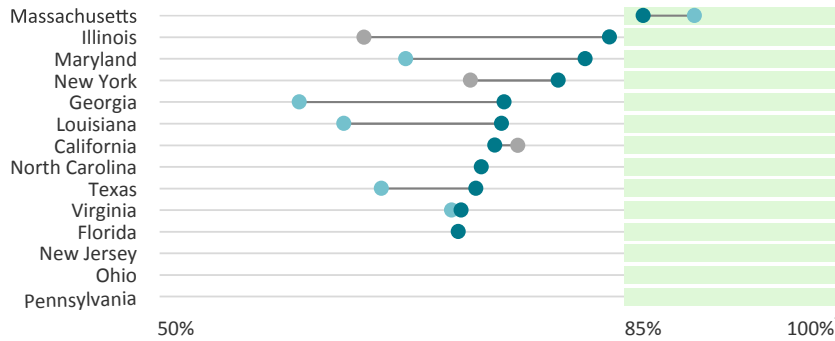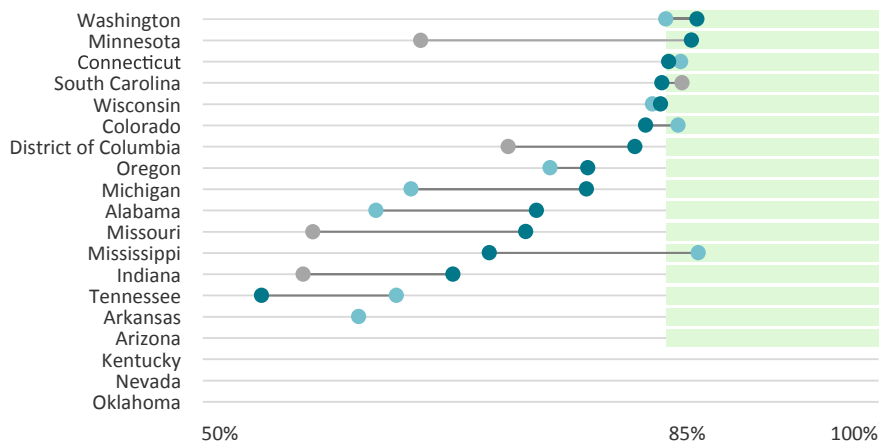include 5 high HIV prevalence states, 5 medium HIV prevalence states, 2 medium-low HIV prevalence states, and 1 low HIV prevalence state.

Continued progress is needed among all states to link persons with newly diagnosed HIV to immediate treatment in communities most affected by HIV.

Medium HIV Prevalence

Washington, Minnesota, Connecticut, South Carolina, Wisconsin, Colorado, District of Columbia, Oregon, Michigan, Alabama, Missouri, Mississippi, Indiana, Tennessee, Arkansas, Arizona, Kentucky, Nevada, Oklahoma

50% — 85% — 100%

Medium-Low HIV Prevalence

Rhode Island, Maine, Iowa, Hawaii, New Mexico, New Hampshire, Delaware, Nebraska, West Virginia, Utah, Idaho, Kansas

50% — 85% — 100%

Low HIV Prevalence

South Dakota, Montana, Alaska, North Dakota, Wyoming, Vermont

50% — 85% — 100%
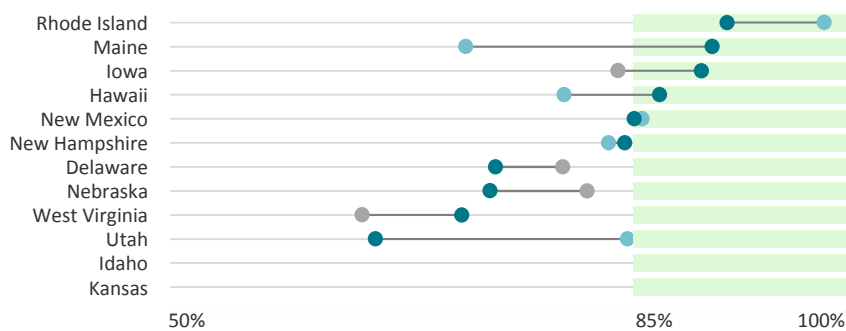
*Baseline Year is 2010 except for:
2011: GA, HI, LA, MI, NH
2012: MD, TX, UT
2013: AL, AK, AR, ME, OR, SD, TN, VA, WA, WI
2014: MA, MI, NM
2015: CT, CO, MT, RI

AR did not meet laboratory reporting requirements in 2014, 2015, or 2016.

See Technical Notes and State Indicator Data Table for additional information.

Objective

By 2020, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent

Importance

Establishing seamless systems to link people with HIV to medical care immediately after diagnosis and support retention in care are essential for achieving viral suppression and maximizing the benefits of early treatment. This is especially important in communities that have the greatest burden of HIV.
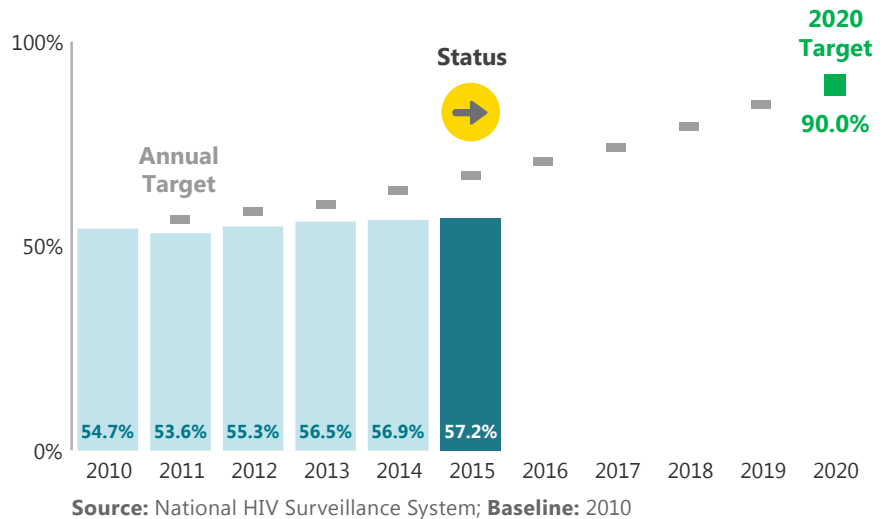
National Progress

In 2015, more than half (57.2%) of people with HIV were retained in HIV medical care.

The **2015 target** (67.1%) was not met, but progress was made toward the 2020 target. The annual target has never been achieved.

Status

2020 Target

90.0%

Annual Target

2010	2011	2012	2013	2014	2015
54.7%	53.6%	55.3%	56.5%	56.9%	57.2%

Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2016

The percentage of people retained in HIV medical care increased
↑ **5%**, from **54.7%** to **57.2%**.

The greatest **IMPROVEMENTS** in retaining people in HIV medical care were among MSM, blacks/African Americans, whites, and young people aged 13-24 years.

The **LEAST** progress was among males and females who inject drugs, heterosexual males and females, and Hispanics/Latinos.

Action Needed

- Develop new approaches, including clinical, behavioral and structural interventions, to help persons with HIV stay in care and adhere to their medications.

- Provide guidance and implement educational campaigns to help healthcare providers keep patients in care. Strategies may include providing a welcoming, supportive environment for HIV care; assisting patients with mental health issues, drug and alcohol misuse, transportation, housing and other needs; encouraging patients to build a support network of friends and family; and working with the health department to get patients back in care if they fall out.

- Work with states to improve the completeness of their laboratory data and reporting elements of the care continuum such as linkage to, receipt of and retention in medical care, and viral suppression.

- Implement educational campaigns to encourage persons with HIV to get into and remain in HIV medical care.

Progress across Subgroups (2010-2015)
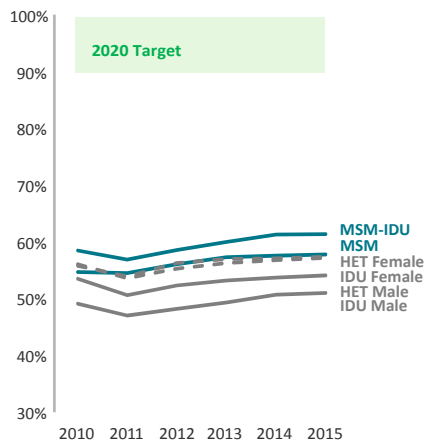
Transmission Risk

Among transmission risk groups, the greatest improvement in retention in HIV medical care was among **MSM** (6%) and **MSM who inject drugs** (5%).

The most improvement is needed among heterosexual males and males who inject drugs.
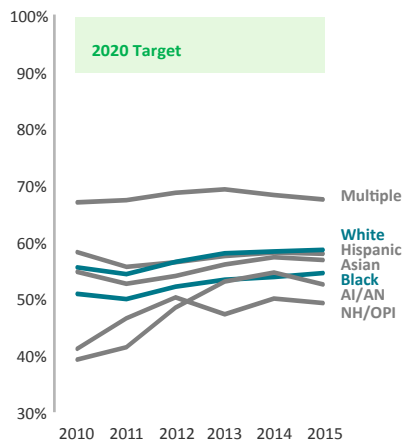
Race/Ethnicity

Retention in HIV medical care increased 7% among **blacks/African Americans** and 6% among **whites** but did not change for Hispanics/Latinos.

Among race/ethnicity groups with low numbers of persons with diagnosed HIV, improvements were seen for American Indian/Alaska Natives (34%), Native Hawaiian/ Other Pacific Islanders (20%), and Asians (4%). Retention is highest among persons of multiple races/ethnicities.

Age
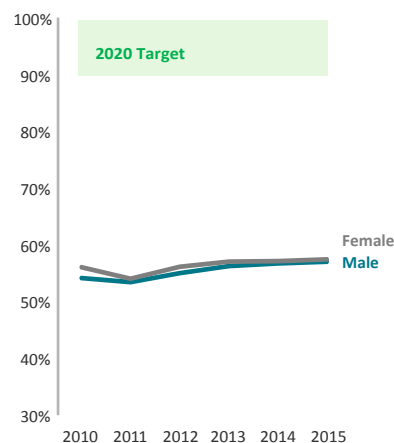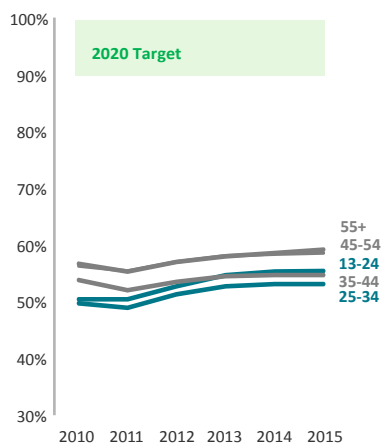
The greatest improvement was among young people aged **13-24 years** (10%) and **25-34 years** (7%). Retention remains highest among people aged 45 years and older.

Gender

Retention in care improved slightly more for **males** than females. In 2015, retention was the same for both groups (57%).

In 2015, the percentage of persons with diagnosed HIV infection who were retained in HIV medical care varied widely across states.

On this map, retention in HIV medical care is lowest in states with the darkest shading (4th quartile) and highest in states with the lightest shading (1st quartile).

Retention in care during 2015 cannot be assessed for states without complete laboratory reporting for 2016.

Retention in HIV medical care across the United States, by quartile—2015

1st Quartile	60.9%–70.3%
2nd Quartile	58.2%–60.8%
3rd Quartile	50.0%–58.1%
4th Quartile	30.8%–49.9%
	Cannot assess

States' Progress, Recent Data Year (2015)

Among states with complete laboratory reporting for 2015 and 2016
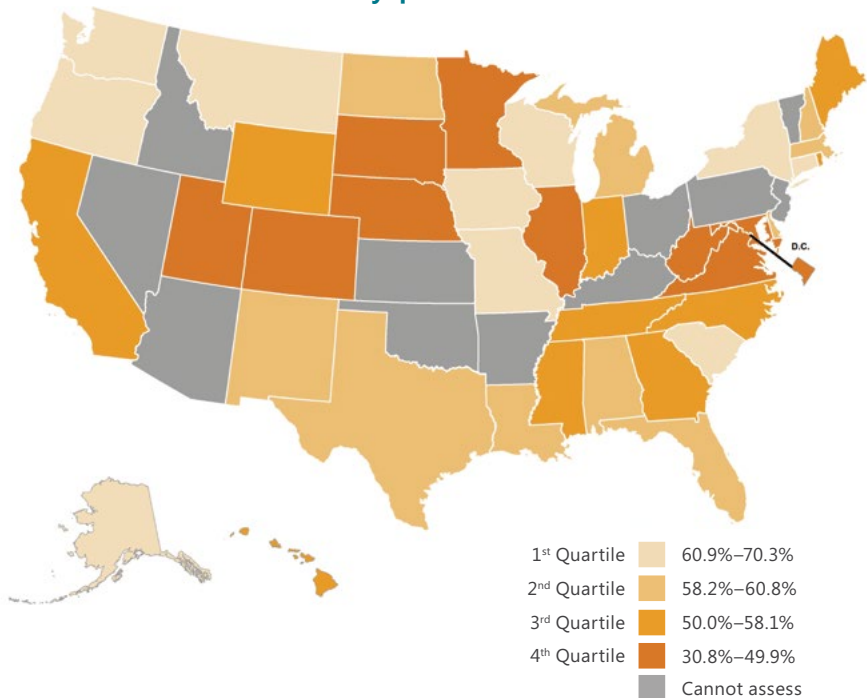
No Progress		Progress or Met 2020 Target
AK CT MT OR WA	**1ST QUARTILE** 60.9–70.3%	IA MO NY SC WI
LA MA NH NM TX	**2ND QUARTILE** 58.2–60.8%	AL DE MI ND
CA ME TN	**3RD QUARTILE** 50.0–58.1%	GA HI IN MS RI WY
CO DC MN SD	**4TH QUARTILE** 30.8–49.9%	IL MD NE UT VA WV

○ Progress   ● No Progress

Progress by Quartile

Four of 10 states in the 4th quartile (with the lowest percentages of persons retained in care) made no progress toward the nation's 2020 target.

25%
13 STATES CANNOT ASSESS

33%
17 STATES HAD NO PROGRESS

0%
0 STATE MET 2020 TARGET

41%
21 STATES MADE PROGRESS
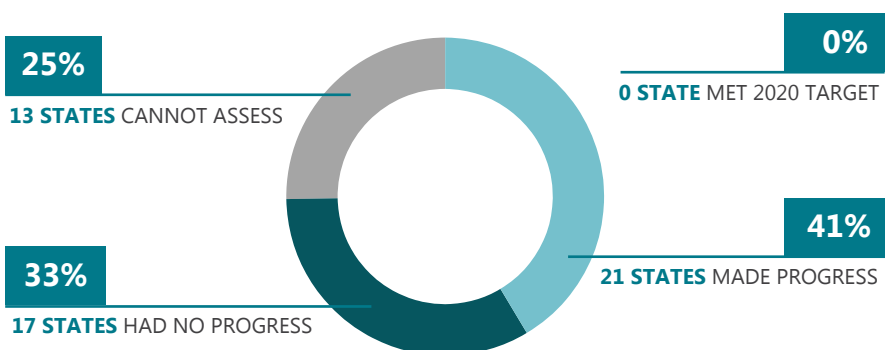
Progress across States

Twenty-one states (41%) made progress in retaining people with diagnosed HIV in care.

Progress by State, Baseline to Recent Data Year (2010*-2015)

High HIV Prevalence

New York
Florida
Massachusetts
Louisiana
Texas
Georgia
California
North Carolina
Illinois
Maryland
Virginia
New Jersey
Ohio
Pennsylvania

20%   90% 100%
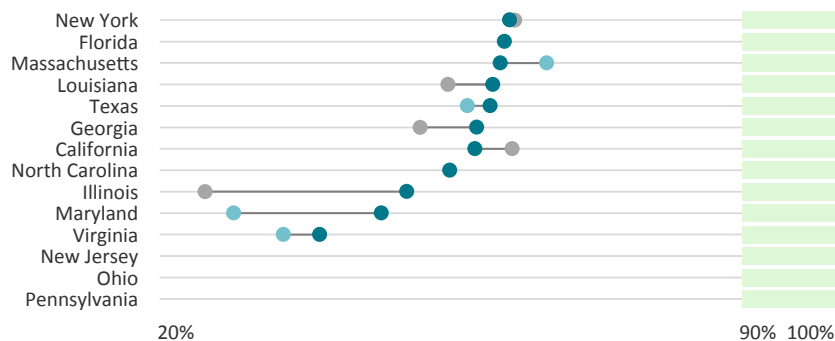
● 2010 Baseline

● Other Baseline

● 2015

The green shaded area represents the national 2020 target of 90% or greater for retention in care

2020 Target →

Within each HIV prevalence category, states vary considerably in the percentage of people retained in HIV medical care, and in state level progress toward improving retention in care.

Progress cannot be assessed for 13 states that did not report complete laboratory data for at least two years. The 13 states include 5 high HIV prevalence states, 5 medium HIV prevalence states, 2 medium-low HIV prevalence states, and 1 low HIV prevalence state.

Continued progress is needed among all states to meet the national 2020 target.

Medium HIV Prevalence

Oregon
Connecticut
South Carolina
Missouri
Wisconsin
Washington
Alabama
Michigan
Tennessee
Indiana
Mississippi
Minnesota
District of Columbia
Colorado
Arkansas
Arizona
Kentucky
Nevada
Oklahoma

20%   90% 100%

Medium-Low HIV Prevalence

Iowa
New Hampshire
New Mexico
Delaware
Maine
Rhode Island
Hawaii
Nebraska
West Virginia
Utah
Idaho
Kansas

20%   90% 100%

Low HIV Prevalence

Montana
Alaska
North Dakota
Wyoming
South Dakota
Vermont

20%   90% 100%

*Baseline Year is 2010 except for:
2011: MD, TX, UT
2012: AL, AK, AR, ME, OR, SD, TN, VA, WA, WI
2013: MA, MI, NM
2014: CT, CO, MT, RI

AR did not meet laboratory reporting requirements in 2014, 2015, or 2016.

See Technical Notes and State Indicator Data Table for additional information.

Objective

By 2020, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent

Importance

The ultimate goal of HIV treatment is to achieve viral suppression, meaning the amount of HIV in the body is very low or undetectable. People with HIV who take HIV medicine as prescribed and get and stay virally suppressed have effectively no risk of sexually transmitting HIV to HIV-negative partners. Models show that increasing viral suppression has a large impact on reducing new HIV infections.

National Progress

In 2015, nearly 3 of 5 people with diagnosed HIV infection (59.8%) were virally suppressed.

The **2015 target** (57.9 %) was met. Annual targets for viral suppression have been met since 2011.
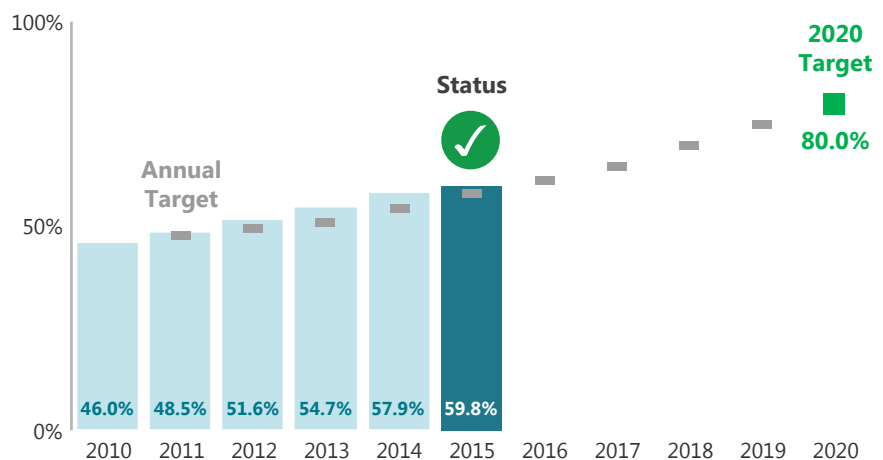
Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2016

The percentage of people with diagnosed HIV who were virally suppressed increased ↑ **30%**, from **46.0%** to **59.8%**.

The greatest **IMPROVEMENTS** in viral suppression were among persons who inject drugs, blacks/African Americans, and Hispanics/Latinos.

Viral suppression remains **LOWEST** among persons ≤34 years, blacks/African Americans, persons who inject drugs, and heterosexuals. The most progress is needed in these groups.

Action Needed

- Collaborate with partners and build strategic alliances between public health and clinical care sectors to optimize clinical care and prevention and support services needed for people with HIV to achieve and maintain viral suppression.

- Work with health departments and community-based organizations (CBOs) to improve linkage to care and increase viral suppression rates in communities most affected by HIV.

- Work with states to improve the completeness of their laboratory data and reporting elements of the care continuum such as linkage to, receipt of and retention in medical care, and viral suppression.

- Continue to support adherence interventions and tools for persons with HIV in medical care experiencing challenges with adhering to their medication regimens.

Progress across Subgroups (2010-2015)
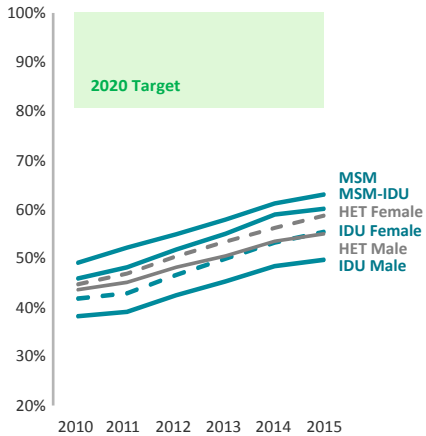
Transmission Risk

Since 2010, viral suppression has increased among **MSM**, **MSM who inject drugs** (MSM-IDU), and **males and females who inject drugs**.

Between 2010 and 2015, there was a modest increase in viral suppression among heterosexual males and heterosexual females.
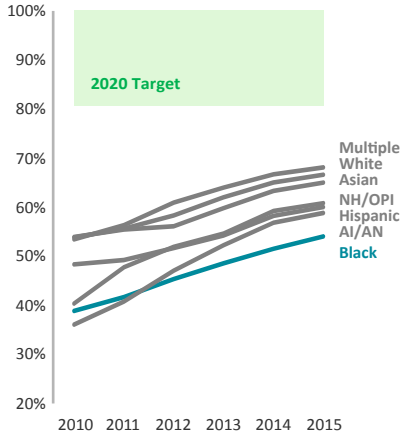
Race/Ethnicity

Viral suppression has increased among all race/ethnicity groups but remains lowest among **blacks/African Americans**.

The greatest percentage increase was among groups with low numbers of persons with diagnosed HIV: American Indian/Alaska Natives (63%) and Native Hawaiian/Other Pacific Islanders (51%). There was a 21% increase in viral suppression among Asians.
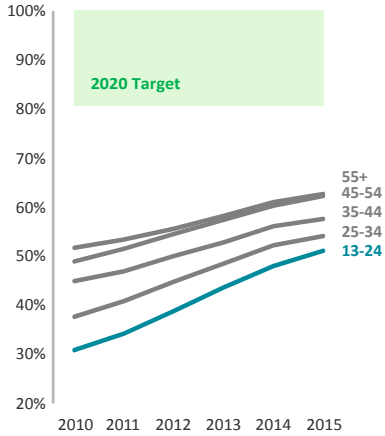
Age

Viral suppression among persons aged **13-24** lags behind other groups though progress has been made since 2010.
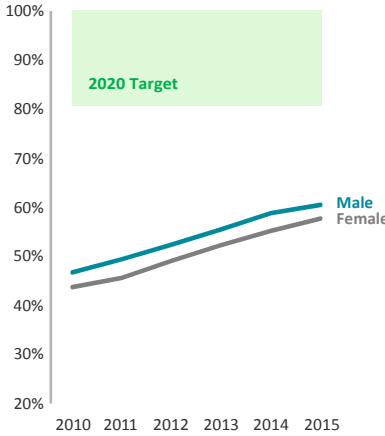
Gender

Males are slightly more likely to be virally suppressed (61%) than females (58%) though viral suppression has increased over time among both groups.

In 2015, the percentage of persons with diagnosed HIV infection who were virally suppressed varied across states.

On this map, viral suppression is lowest in states with the darkest shading (4th quartile) and highest in states with the lightest shading (1st quartile).

Viral suppression during 2015 cannot be assessed for states without complete laboratory reporting for 2016.

Viral suppression across the United States, by quartile—2015
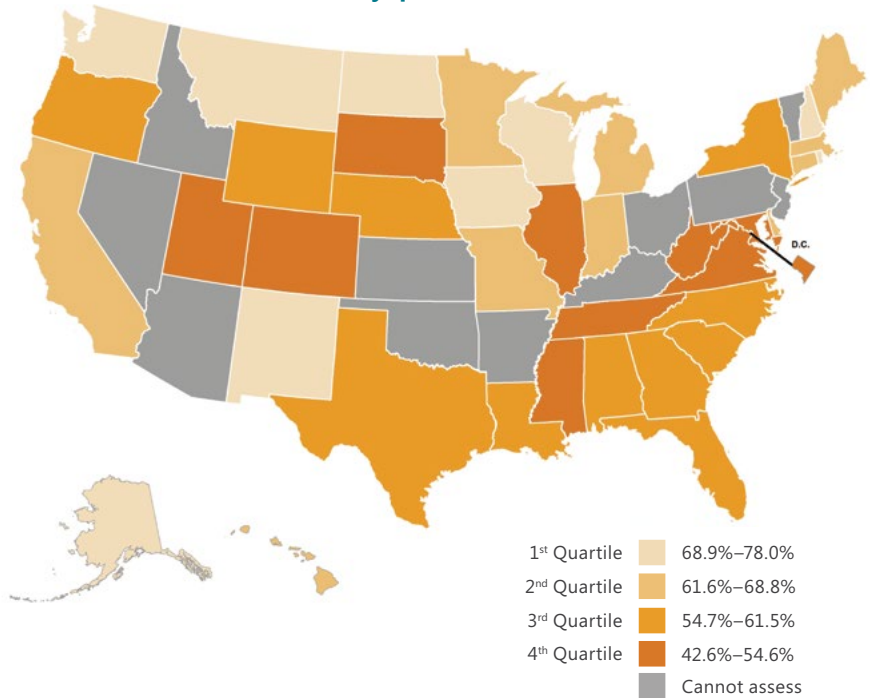
1st Quartile	68.9%–78.0%
2nd Quartile	61.6%–68.8%
3rd Quartile	54.7%–61.5%
4th Quartile	42.6%–54.6%
	Cannot assess

States' Progress, Recent Data Year (2015)

Among states with complete laboratory reporting for 2015 and 2016

No Progress   **Progress or Met 2020 Target**

No Progress	Quartile	Progress or Met 2020 Target
MT NH NM	**1ST QUARTILE** 68.9–78.0%	AK IA ND RI WA WI
CT MA ME MN	**2ND QUARTILE** 61.6–68.8%	CA DE HI IN MI MO
OR SC TX	**3RD QUARTILE** 54.7–61.5%	AL GA LA NE NY WY
DC TN	**4TH QUARTILE** 42.6–54.6%	CO IL MD MS SD UT VA WV

○ Progress   ● No Progress

Progress by Quartile

The majority of states in the 4th quartile (with the lowest percentages of persons virally suppressed) made progress in increasing viral suppression.

25%
13 STATES CANNOT ASSESS

24%
12 STATES HAD NO PROGRESS

0%
0 STATE MET 2020 TARGET

51%
26 STATES MADE PROGRESS
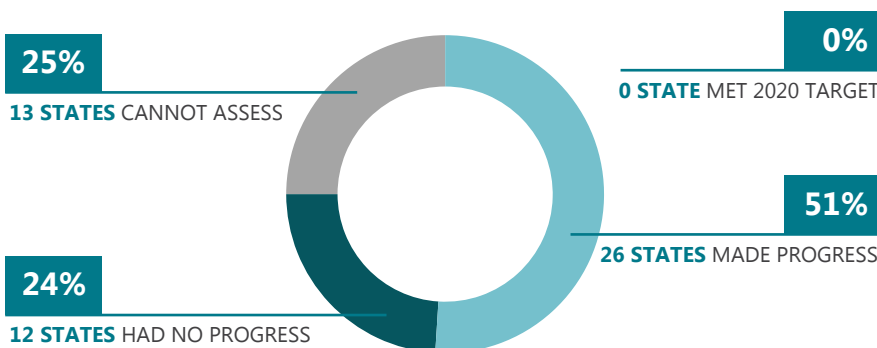
Progress across States

Half of states (51%) made progress in increasing viral suppression but no state has yet met the nation's 2020 target.

Progress by State, Baseline to Recent Data Year (2010*-2015)

High HIV Prevalence

States (top to bottom): Massachusetts, California, North Carolina, New York, Florida, Texas, Louisiana, Georgia, Illinois, Maryland, Virginia, New Jersey, Ohio, Pennsylvania

Legend:
- ● 2010 Baseline
- ● Other Baseline
- ● 2015
- 2020 Target
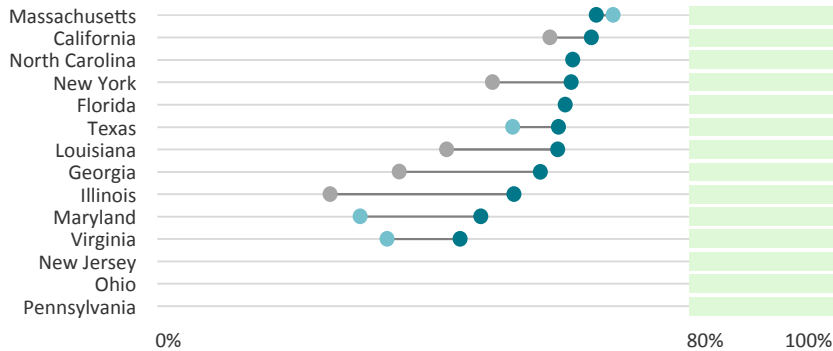
The green shaded area represents the national 2020 target of 80% or greater for viral suppression

Medium HIV Prevalence

States (top to bottom): Washington, Wisconsin, Connecticut, Michigan, Minnesota, Missouri, Indiana, South Carolina, Alabama, Oregon, Tennessee, Colorado, District of Columbia, Mississippi, Arkansas, Arizona, Kentucky, Nevada, Oklahoma

Medium-Low HIV Prevalence

States (top to bottom): Iowa, Rhode Island, New Hampshire, New Mexico, Maine, Hawaii, Nebraska, West Virginia, Utah, Delaware, Idaho, Kansas

Low HIV Prevalence

States (top to bottom): Montana, Alaska, North Dakota, Wyoming, South Dakota, Vermont

Within each HIV prevalence category, states' progress toward increasing viral suppression varied substantially from 2010 to 2015.
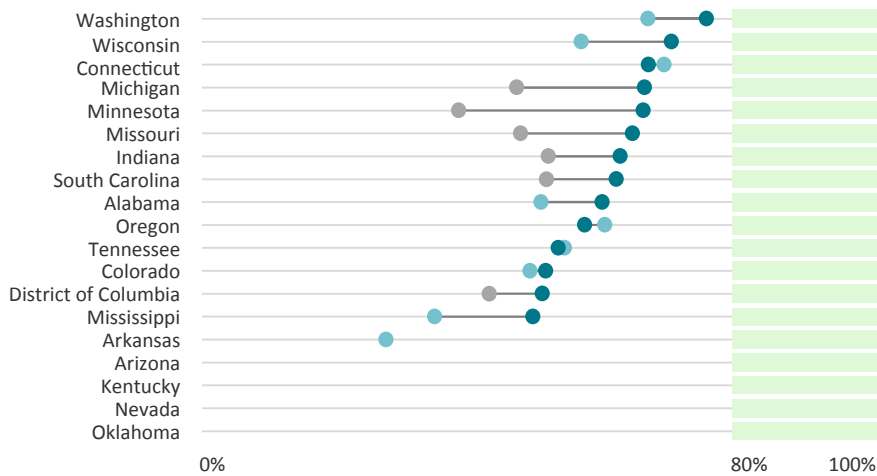
As of 2015, no state had met the national 2020 target of increasing viral suppression to 80% or greater.

Progress cannot be assessed for 13 states that did not report complete laboratory data for at least two years. The 13 states include 5 high HIV prevalence states, 5 medium HIV prevalence states, 2 medium-low HIV prevalence states, and 1 low HIV prevalence state.
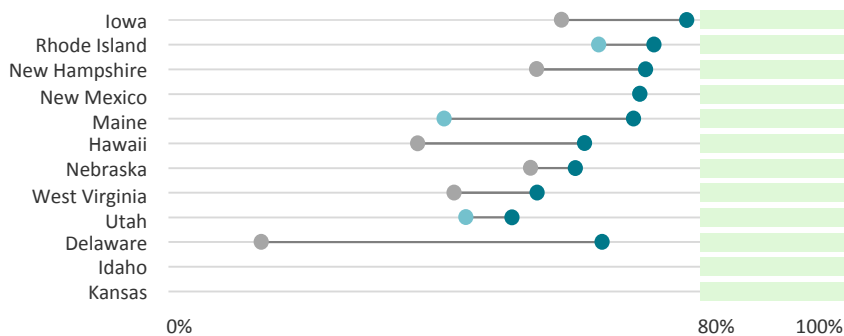
Continued progress is needed among all states to meet the national 2020 target. Complete laboratory reporting is needed for states to monitor outcomes along the HIV care continuum and to ensure they are maximizing their prevention efforts to help people and communities most in need.
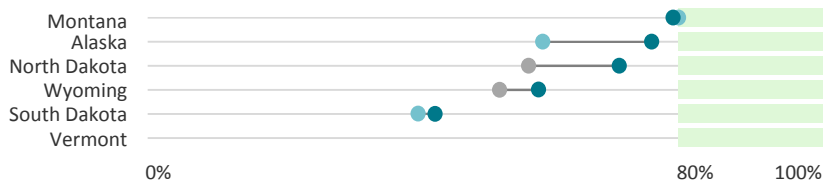
*Baseline Year is 2010 except for:
2011: MD, TX, UT
2012: AL, AK, AR, ME, OR, SD, TN, VA, WA, WI
2013: MA, MI, NM
2014: CT, CO, MT, RI

AR did not meet laboratory reporting requirements in 2014, 2015, or 2016.

See Technical Notes and State Indicator Data Table for additional information.

Objective

By 2020, increase the percentage of *youth and persons who inject drugs* with diagnosed HIV infection who are virally suppressed to at least 80 percent

By 2020, increase the percentage of *transgender women* with diagnosed HIV infection in the *Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program medical care* who are virally suppressed to at least 90 percent

Importance

These indicators extend a focus on viral suppression to youth, persons who inject drugs, and transgender women in care given data showing important disparities in viral suppression (i.e., lower proportion virally suppressed) for these groups. Monitoring viral suppression for the three groups provides an opportunity to work toward reducing the disparity in these groups.

National Progress

Youth

In 2015, nearly 1 of 2 young adults aged 13-24 years with diagnosed HIV infection were virally suppressed. The **2015 target** (48.1%) was met. Annual targets for viral suppression among young adults have been met since 2011.

From 2010 to 2015, the percentage of youth with diagnosed HIV who were virally suppressed increased from 30.9% to 51.2% were virally suppressed.
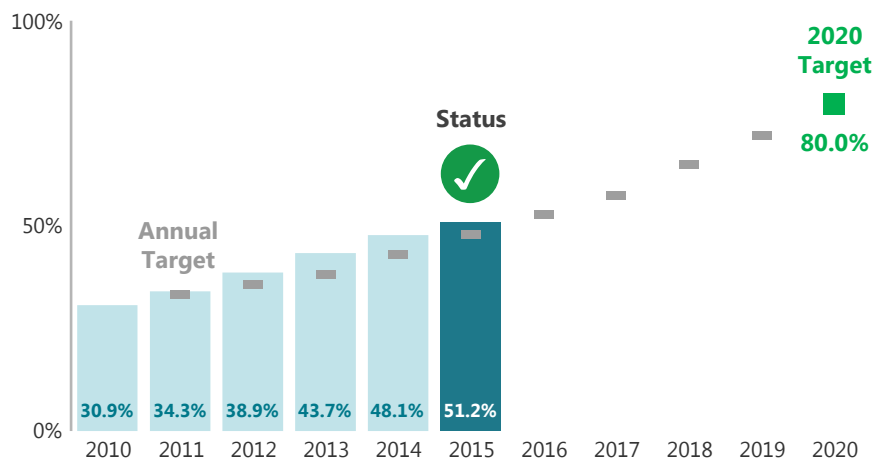
Source: National HIV Surveillance System; **Baseline:** 2010

Persons Who Inject Drugs

In 2015, 1 of 2 persons who inject drugs (PWID) with diagnosed HIV infection were virally suppressed. The **2015 target** (53.7%) was not met but there was movement toward the target from 2014 to 2015.

From 2010 to 2015, the percentage of PWID with diagnosed HIV who were virally suppressed increased from 39.6% to 52.1%.
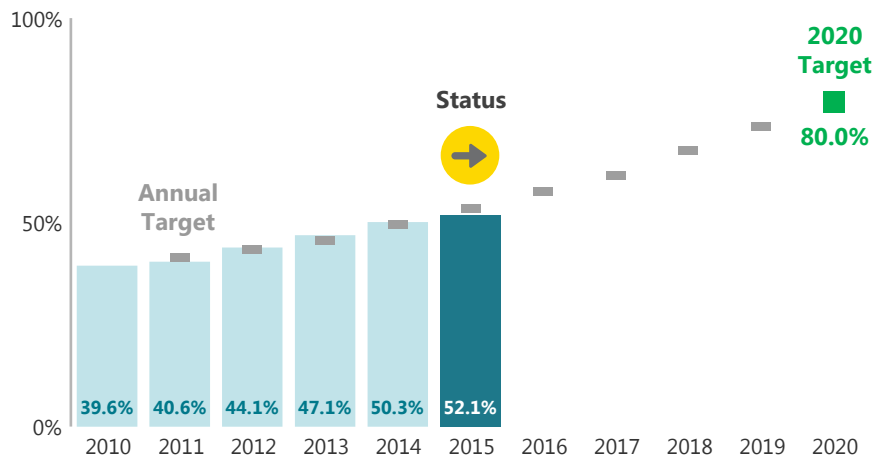
Source: National HIV Surveillance System; **Baseline:** 2010

Transgender Women in Care

In 2017, 4,163 of 5,170 transgender women (80.5%) with diagnosed HIV infection who were in care (i.e., received HIV medical care from HRSA RWHAP providers during the measurement year) were virally suppressed. This compares with 85.9% viral suppression among all RWHAP clients.

The **2017 target** (77.5%) was met. Annual targets for viral suppression among transgender women who had received medical care from RWHAP providers have been met since 2011.

From 2010 to 2017, the percentage of transgender women with diagnosed HIV who had received medical care from RWHAP providers and who were virally suppressed increased from 62.2% to 80.5%.
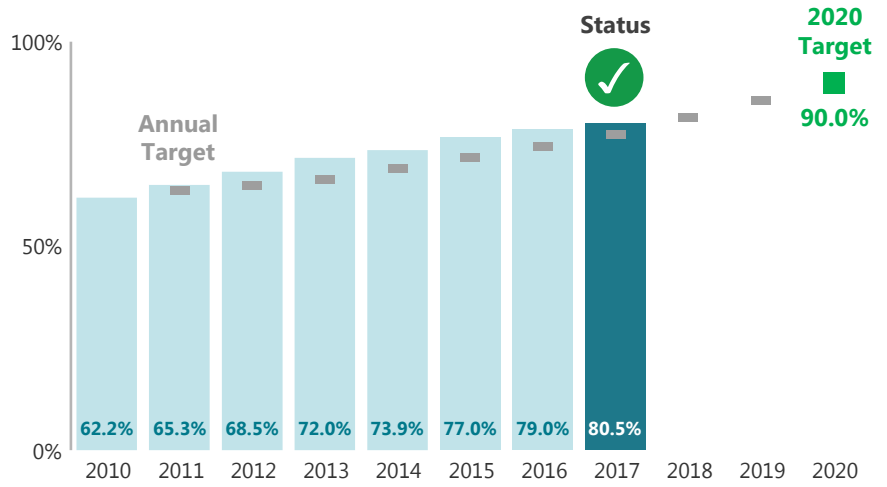
Source: HRSA Ryan White HIV/AIDS Program; **Baseline:** 2010

Viral suppression among transgender women in care is assessed using data from HRSA's Ryan White HIV/AIDS Program (RWHAP). For this indicator, the population includes transgender women with HIV aged ≥13 years who received from a RWHAP provider at least one outpatient ambulatory health services visit and had at least one viral load test during the measurement year.

Measurement of viral suppression for transgender women in care is different than measurement of viral suppression for youth and persons who inject drugs. For these indicators, data from the National HIV Surveillance System (NHSS) are used to assess viral suppression among all persons living with diagnosed HIV (not just those who received medical care) in the specific group.

Action Needed

- Improve understanding about the circumstances and issues faced by youth and people who inject drugs with regard to access to HIV care, retention in care, and medication adherence in care.

- Address the stigma and discrimination among transgender women that can lead to unemployment, poverty, homelessness, mental health problems, substance use, and other adverse conditions that affect HIV care and treatment.

- Develop evidence-based interventions and ensure that the delivery of HIV-related healthcare and supportive services are responsive to the concerns and needs of young people, persons who inject drugs, and transgender women.

- Support interventions, trainings and partnerships that will increase capacity to effectively deliver critical services to disproportionately affected populations.

See Technical Notes for additional information about indicators and data sources.

REDUCE RISK BEHAVIORS among Young Gay and Bisexual Males

Objective

By 2020, reduce the percentage of young gay and bisexual males in grades 9-12 who have engaged in HIV risk behaviors by at least 10 percent

Importance

This indicator assesses HIV prevention behaviors among young gay and bisexual males, a group in which HIV infections have increased. It reflects the need for effective prevention strategies among young gay and bisexual males to achieve the goal of reducing new HIV infections in at-risk groups. The indicator measures sexual intercourse (with three or more persons, or without a condom at last sexual encounter during the past three months) or injection drug use (ever injected any illegal drug) among male students in grades 9-12 who ever had sexual intercourse with only males or with both males and females

National Progress

In 2017, 29.1% of young gay and bisexual males had engaged in HIV risk behaviors.

The **2017 target** (32.6%) was met.
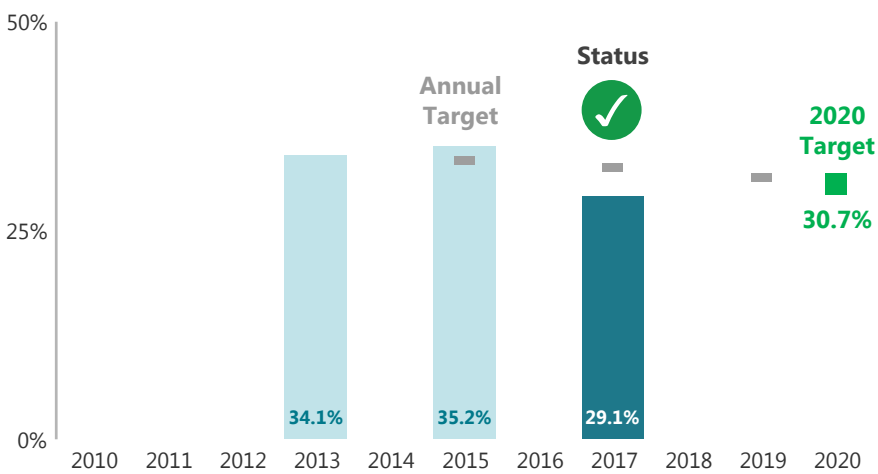
Source: Youth Risk Behavioral Surveillance System; **Baseline:** 2013

(Chart: bar graph showing Annual Target and Status; 2013 = 34.1%, 2015 = 35.2%, 2017 = 29.1%, Status = checkmark, 2020 Target = 30.7%)

From 2013 to 2017

The percentage of young gay and bisexual males engaged in HIV risk behaviors decreased ⬇ from **34.1%** to **29.1%**.

Action Needed

- Increase awareness and train providers on the 2017 Clinical Practice Guidelines for pre-exposure prophylaxis (PrEP) and Food and Drug Administration (FDA) approval of Truvada for adolescents and adults who weigh at least 35 kilograms (77 pounds).

- Implement social marketing and education campaigns, and leverage digital tools and new technologies, to reach young gay and bisexual males to provide HIV risk reduction messages and health-related information.

- Ensure access to prevention services including PrEP, condoms and effective behavioral interventions for young gay and bisexual males.

- Conduct research among adolescent sexual minority populations to characterize effective venues for conducting prevention activities; acceptability of HIV prevention strategies such as PrEP and post-exposure prophylaxis (PEP) and HIV testing; and access to services.

Objective

By 2020, reduce the percentage of HIV-negative gay and bisexual men aged 18 years and older who have engaged in high-risk sex behaviors by at least 25 percent

Importance

Preventing HIV acquisition among gay and bisexual men is critical for reducing new infections nationally. This indicator assesses vaginal or anal sex without a condom at last sexual encounter with an HIV-positive or status unknown partner, among gay and bisexual men who did not take pre-exposure prophylaxis (PrEP) in the year prior to interview.

National Progress

In 2017, 11.3% of gay and bisexual men engaged in high-risk sex.

The **2017 target** (11.2%) was not met but there was movement toward the target between 2014 and 2017.
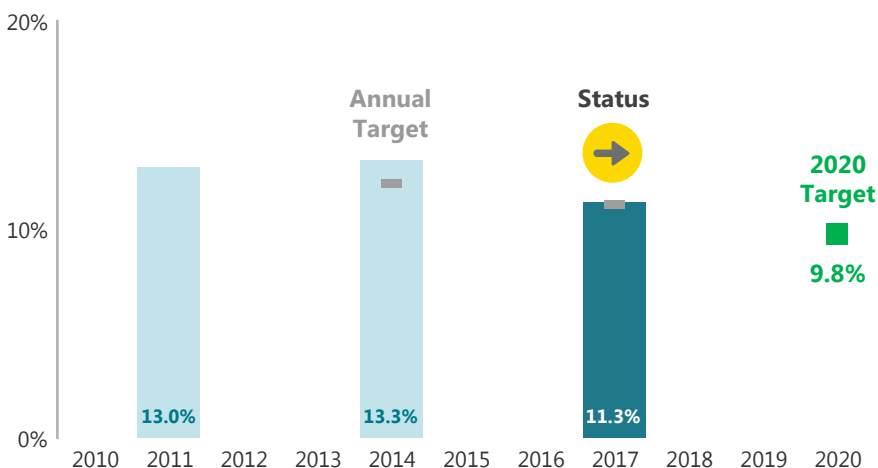
Source: National HIV Behavioral Surveillance; **Baseline:** 2011

From 2011 to 2017

High-risk sex among gay and bisexual men (MSM) overall declined ↓ **13%**.

The greatest **REDUCTIONS** in high-risk sex were among white MSM and Hispanic/Latino MSM, and among MSM aged 35-44 years and 25-34 years.

⚠️ High-risk sex has **INCREASED** among MSM ≥55 years.

High-risk sex among gay and bisexual men, by race/ethnicity and age (2011, 2014, 2017)
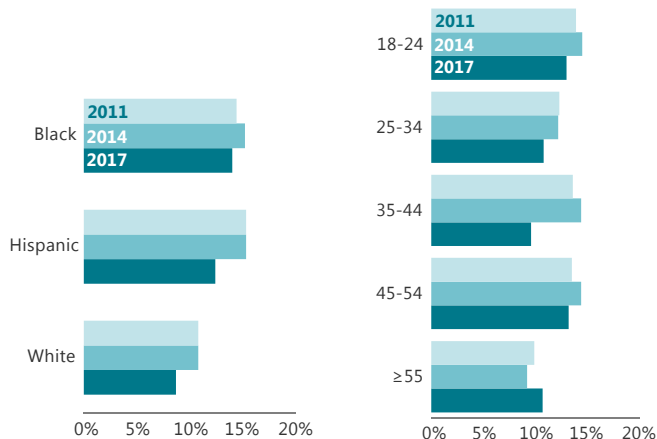
Action Needed

- Ensure access to prevention services such as PrEP, condoms and effective behavioral interventions.

- Increase awareness and train providers on the 2017 Clinical Practice Guidelines for PrEP and Food and Drug Administration (FDA) approval of Truvada for adolescents and adults who weigh at least 35 kilograms (77 pounds).

- Implement social marketing and education campaigns, and leverage digital tools and new technologies, to reach gay and bisexual men to provide risk reduction messages and health-related information.

REDUCE NON-STERILE INJECTION among Persons Who Inject Drugs

Objective

By 2020, reduce the percentage of HIV-negative persons who inject drugs who used non-sterile injection equipment by at least 25 percent

Importance

Using non-sterile syringes and injection equipment places persons who inject drugs at risk for acquiring HIV and other infectious diseases such as viral hepatitis. There has been a steady decline in new infections among persons who inject drugs when comparing 2010 to 2015 in the United States; however, injection drug use associated with the opioid epidemic has created prevention challenges and placed new populations at risk for HIV. Syringe services programs (SSPs) are community-based public health programs that provide comprehensive harm reduction services including sterile needles, syringes, and other injection equipment; safe disposal containers for needles and syringes; and other prevention services.

This indicator measures non-sterile injection defined as using a needle already used by someone else for injection, using an already used cooker or cotton, sharing water for rinsing, or dividing a drug solution by using an already used syringe.

National Progress

In 2015, 60.7% of persons who inject drugs used non-sterile equipment.

The **2015 target** (56.9%) was not met.
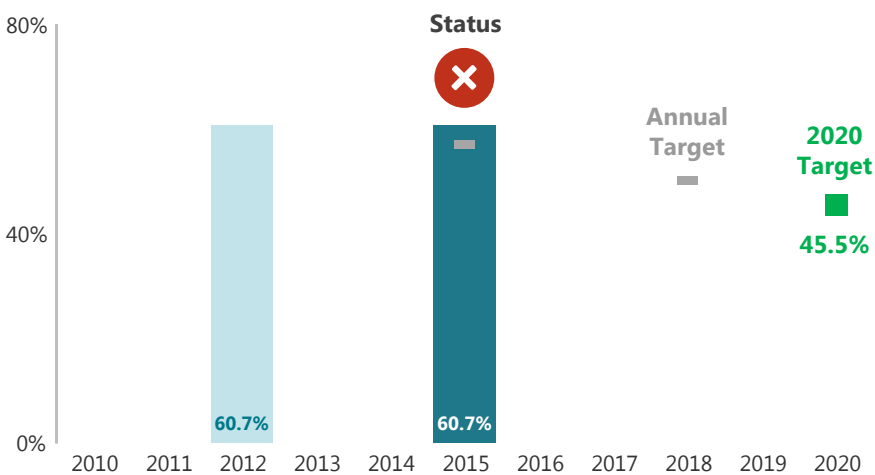
Source: National HIV Behavioral Surveillance; **Baseline:** 2012

From 2012 to 2015

Non-sterile injection among persons who inject drugs remained stable at **60.7%**.

The greatest **REDUCTIONS** in non-sterile injection were among blacks/African Americans and those ≥55 years.

Improvement is **NEEDED** among all persons who inject drugs especially 18-24 year olds.

Non-sterile injection among persons who inject drugs, by race/ethnicity and age (2012 and 2015)
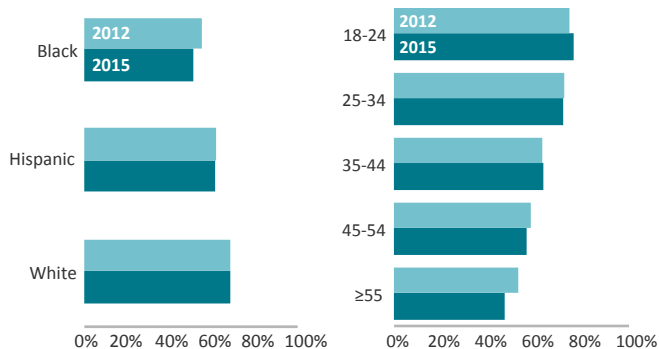
Action Needed

- Where local laws allow, support syringe services programs to ensure access to sterile syringes and prevention services.

- Support strategies to prevent and treat substance abuse itself as well as reduce sexual and drug-related risk. These strategies include HIV testing, risk reduction education, and provision of pre-and post-exposure prophylaxis and condoms.

REDUCE HIGH-RISK SEX among Persons with Diagnosed HIV

Objective

By 2020, reduce the percentage of persons with diagnosed HIV infection who are engaging in HIV risk behaviors by 25 percent

Importance

Recent scientific advances have demonstrated that sustained viral suppression enables persons with HIV to live longer and healthier lives and be at effectively no risk of transmitting HIV to their HIV-negative sexual partners. This indicator measures vaginal or anal sex with at least one HIV-negative or unknown status partner among persons with diagnosed HIV who were not sustainably virally suppressed, who did not use a condom, and whose partner was not known to be on pre-exposure prophylaxis (PrEP).

National Progress

In 2016, 5.9% of persons with diagnosed HIV engaged in high-risk sex.

The **2016 target** (6.4%) was met.

Status

✅

Annual Target

2020 Target

5.0%

6.6% **5.9%**

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020
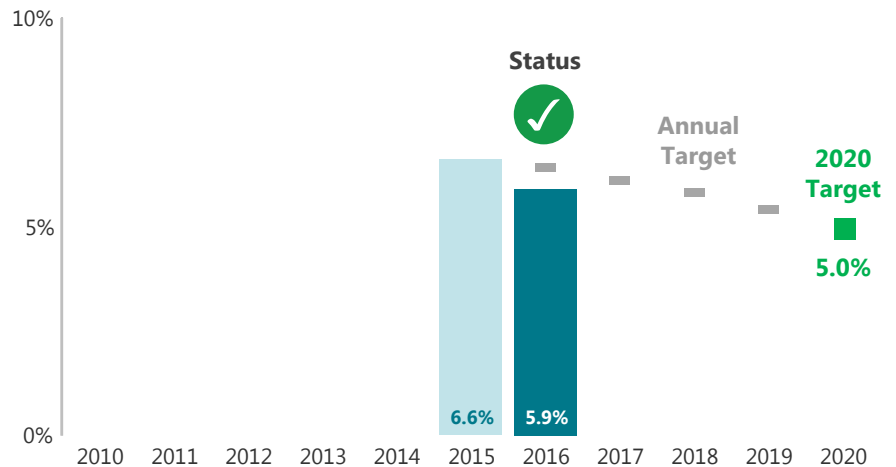
Source: Medical Monitoring Project; **Baseline:** 2015

From 2015 to 2016

About 1 in 17 people with diagnosed HIV **(5.9%)** had high-risk sex.

⚠️ During both years, high-risk sex was **HIGHEST** among persons with diagnosed HIV aged 18-39 years.

Action Needed

- Improve the ability of persons with HIV to become sustainably virally suppressed by supporting adherence interventions, tools, and support systems.

- Improve access to condoms and effective behavioral interventions so that persons with diagnosed HIV who are not virally suppressed can prevent their partners from becoming infected and potentially limit the number of sexual partners.

- Increase knowledge and awareness of PrEP among persons with HIV so they can inform and educate their HIV-negative partners about the benefits of taking PrEP to prevent acquiring HIV infection.

High-risk sex among persons with diagnosed HIV, by subgroup (2015-2016)

Transmission Risk
Lesbian/Gay 2015 2016
Heterosexual
Bisexual

Race/Ethnicity
Black
Hispanic
White

Age
18-29
30-39
40-49
50+

Gender
Female
Male

0% 5% 10% 15% 20%
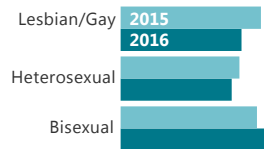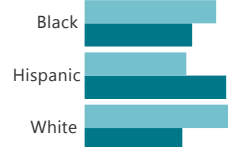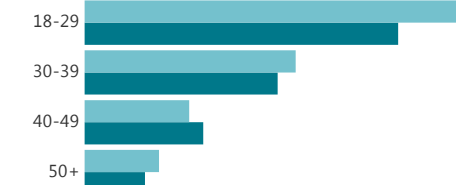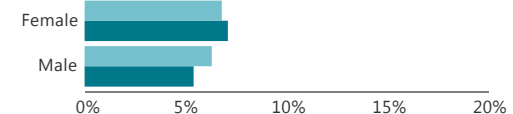
INCREASE PrEP PRESCRIPTION

Objective

By 2020, increase the number of persons prescribed pre-exposure prophylaxis (PrEP) by at least 500 percent

Importance

Pre-exposure prophylaxis (PrEP) can reduce the risk of getting HIV by 70% to 90% depending on transmission risk group. Expanding availability, increasing access to and uptake of PrEP, and improving adherence to behavioral and biomedical interventions will lead to reductions in new HIV infections.

National Progress

In 2016, there were 64,763 persons who were prescribed PrEP.

The **2016 target** (17,937) for persons prescribed PrEP was exceeded. The 2020 target (47,832) has been met.

Status ✓

2020 Target 47,832

Annual Target

	2014	2015	2016
	7,972	33,273	64,763
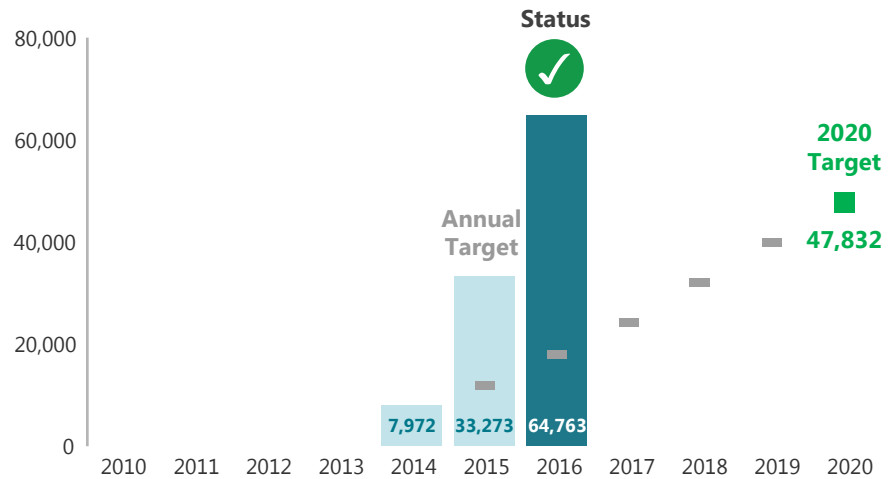
Source: MarketScan® Commercial Claims and Encounter Database (IBM Watson Health); **Baseline:** 2014

From 2014 to 2016

The number of persons prescribed PrEP increased ↑ **712%**, from **7,972** to **64,763**.

The **INCREASE** in the number of PrEP prescriptions was greater among males and greatest among those aged 25-54 years.

The **SMALLEST INCREASE** in the number of PrEP prescriptions was among persons aged 55+ years.

Although there was a dramatic increase in PrEP prescriptions overall, disparities* exist by race/ethnicity (data not shown), gender, and age.

PrEP Prescription, by age and gender (2014-2016)

PrEP Prescriptions (number)

(Lines by age: 25-34, 35-44, 45-54, 16-24, 55+)

(Lines by gender: Male, Female)
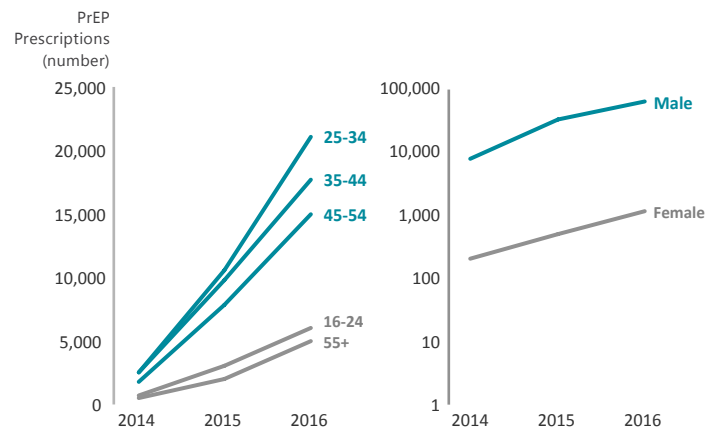
Note: Log scale used for Gender

*For information about disparities in PrEP prescription see: Huang YA, Zhu W, Smith D, Harris N, Hoover K. HIV Preexposure Prophylaxis, by Race and Ethnicity—United States, 2014-2016. MMWR 2018;67(No. 41):1147-1150.

Action Needed

- Increase knowledge, prescriptions, usage and adherence to PrEP and non-occupational post-exposure prophylaxis (nPEP) for persons who could benefit, particularly racial/ethnic minority groups and women.

- Increase awareness and train primary care and other providers on the 2017 Clinical Practice Guidelines for PrEP and Food and Drug Administration (FDA) approval of Truvada for adolescents and adults who weigh at least 35 kilograms (77 pounds).

- Strengthen governmental and nongovernmental partnerships to improve PrEP uptake.

- Develop behavioral and structural interventions that support biomedical prevention strategies.

REDUCE HOMELESSNESS

Objective

By 2020, reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent

Importance

Throughout many communities, people with HIV risk losing their housing due to factors such as increased medical costs and limited incomes or reduced ability to keep working due to related illnesses. With stable housing, people with HIV are better able to access comprehensive health care and supportive services, take their HIV medication consistently, and achieve viral suppression. This indicator measures homelessness (defined as living on the street or in a shelter, single-room-occupancy hotel, or car) among persons with HIV receiving HIV medical care.

National Progress

In 2016, one of 12 people in HIV medical care (8.4%) were homeless.

The **2016 target** (6.5%) was not met.
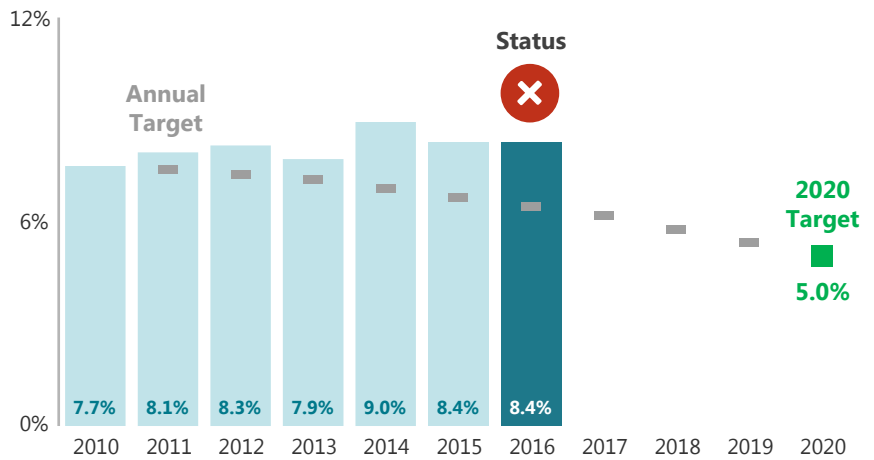
Source: Medical Monitoring Project; **Baseline:** 2010

From 2010 to 2016

The percentage of people in HIV medical care who were homeless increased ⬆ **9%**, from **7.7%** to **8.4%**.

⚠ In 2016, homelessness was **HIGHEST** among persons aged 18-39 years, heterosexual and bisexual persons, persons of multiple race/ethnicity and blacks/African Americans.

Action Needed

- Provide additional short- and long-term rental assistance, community residences, or other supportive housing facilities along with care and treatment services to address the needs of people with HIV who need stable housing.

- Support innovative approaches for addressing the co-occurring medical, substance use, and mental health needs of people with HIV.

Homelessness among persons in HIV medical care, by subgroup (2015-2016)
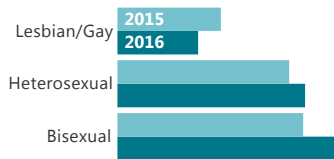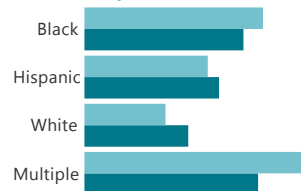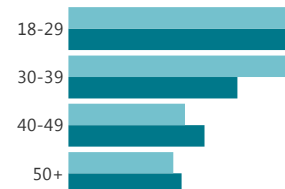
REDUCE HIV STIGMA

Objective

By 2020, reduce HIV-related stigma among persons with diagnosed HIV infection by at least 25 percent

Importance

Stigma related to HIV puts people with HIV of all races/ethnicities at risk for multiple physical and mental health problems and may affect whether they seek and are able to receive high-quality health services, including HIV testing, treatment, and prevention services. This indicator uses a scale ranging from 0 (no stigma) to 100 (maximum stigma) that measures four dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people with HIV.

National Progress

In 2016, the median HIV stigma score among persons with HIV was 39.0, which may be considered moderate stigma.

The **2016 target** (36.9) was not met.
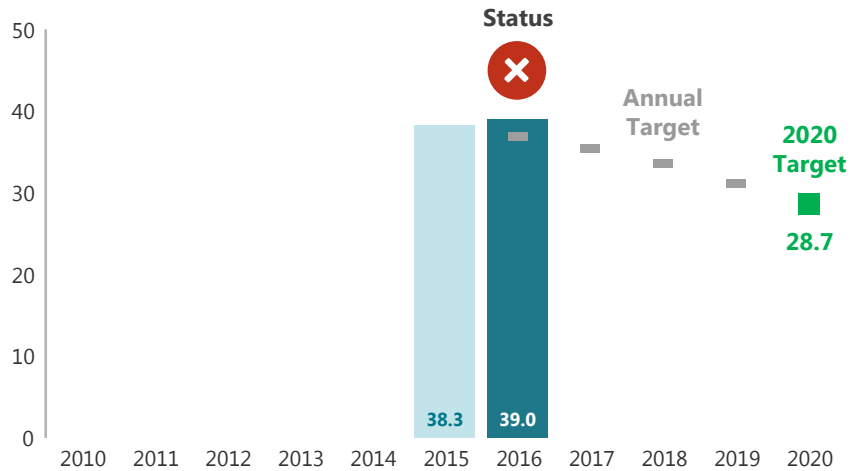
Source: Medical Monitoring Project; **Baseline:** 2015

From 2015 to 2016

In 2016, the median HIV stigma score among persons with diagnosed HIV was **39.0**, on a scale of 0 to 100, which may be considered moderate stigma.

⚠️ During 2015-2016, HIV stigma was **HIGHEST** among Asians and persons of multiple race/ethnicity, and persons with sexual orientation other than lesbian/gay or heterosexual; and was higher among females than males.

Action Needed

- Scale up and effectively communicate the latest HIV prevention science regarding effectively no risk of sexual transmission of HIV from persons with HIV who achieve and maintain sustained viral suppression.

- Mobilize communities to affirm nonjudgmental support for people with HIV; strengthen the enforcement of civil rights laws; and assist states in protecting people with HIV from violence, retaliation, and discrimination associated with HIV status.

- Encourage HIV prevention community planning groups and service organizations to actively promote public leadership by people with HIV.

Median HIV stigma score, by subgroup (2015-2016)
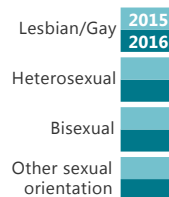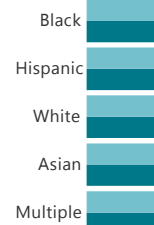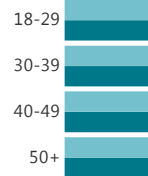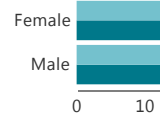
REDUCE DEATH RATE

Objective

By 2020, reduce the death rate among persons with diagnosed HIV infection by at least 33 percent

Importance

Reducing mortality among persons with diagnosed HIV reflects the overall quality of HIV medical care received, such that sustained delivery of high quality care should lead to greater reductions in death rates for persons with HIV infection.

National Progress

In 2015, the death rate among persons with diagnosed HIV was 14.3 per 1,000.

The **2015 target** (17.2) was met. Annual targets have been met and exceeded since 2011.

Status ✓

Annual Target

2020 Target
13.0

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
19.4	18.0	16.7	15.7	15.3	14.3					
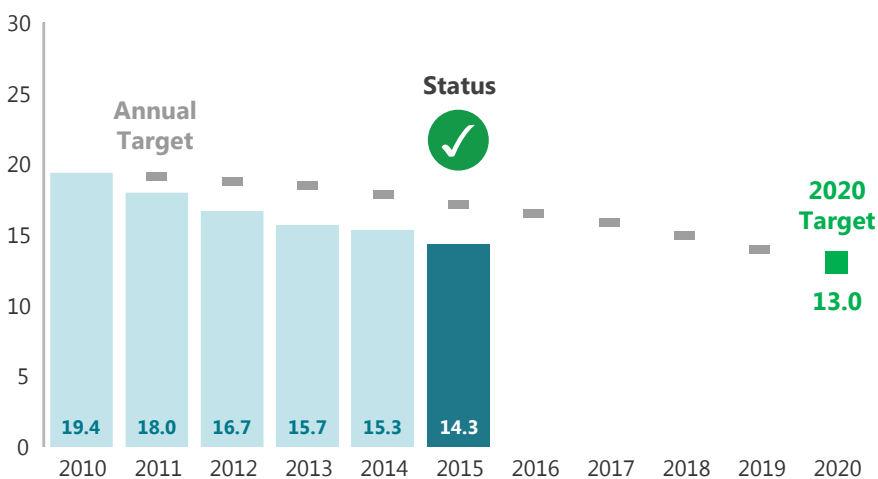
Source: National HIV Surveillance System; **Baseline:** 2010

From 2010 to 2015

The death rate from all causes among persons with diagnosed HIV decreased ⬇ **26%**, from **19.4** to **14.3** per 1,000 persons.

Action Needed

- Promote HIV testing, linkage, and achieving and maintaining viral suppression which will improve health and longevity of life for persons with HIV.

- Increase health insurance coverage for HIV testing and HIV medical care to improve access to care and health outcomes.

In 2015, the death rate among persons with diagnosed HIV infection varied across states.

On this map, the death rate is lowest in states with the darkest shading (4th quartile) and highest in states with the lightest shading (1st quartile).

Death rate among persons with diagnosed HIV across the United States, by quartile—2015

1st Quartile		5.1–11.8 deaths per 1,000
2nd Quartile		11.9–14.0
3rd Quartile		14.1–17.0
4th Quartile		17.1–24.8

States' Progress, Recent Data Year (2015)

No Progress   **Progress or Met 2020 Target**

1ST QUARTILE 5.1–11.8
No Progress: MA UT
Progress/Met: CA HI ID NY WA CO ME RI VT VA

2ND QUARTILE 11.9–14.0
No Progress: MN MO
Progress/Met: AZ CT IA NE NV OH OR IL PA SD

3RD QUARTILE 14.1–17.0
No Progress: DC FL IN KS KY
Progress/Met: GA NC NJ SC TX WV DE MD

4TH QUARTILE 17.1–24.8
No Progress: MI MT NH NM OK
Progress/Met: AL AK AR LA MS ND TN

○ Met 2020 Target   ○ Progress   ● No Progress

Progress by Quartile

Five of 12 states in the 4th quartile (with the highest death rate among persons with diagnosed HIV) made no progress in improving the death rate during the most recent data year.

27%
14 STATES HAD NO PROGRESS

24%
12 STATES MET 2020 TARGET

49%
25 STATES MADE PROGRESS
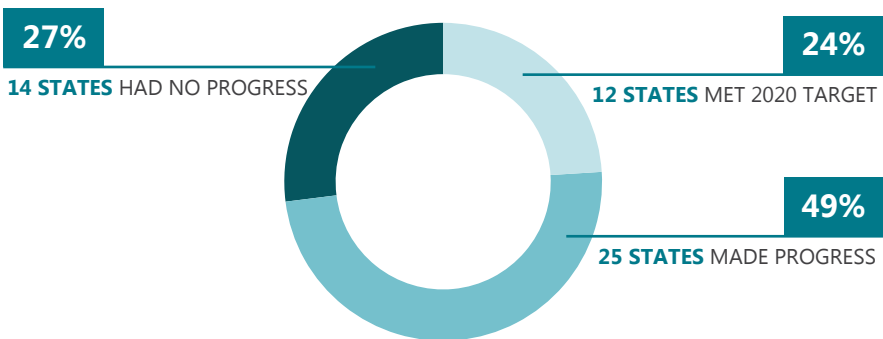
Progress across States

Overall, 37 states (73%) have met or made progress toward the nation's 2020 target for reducing the death rate among persons with diagnosed HIV by at least 33%.

Progress by State, Baseline to Recent Data Year (2010-2015)

High HIV Prevalence

Virginia
New York
California
Massachusetts
Ohio
Illinois
Pennsylvania
Maryland
New Jersey
Texas
Georgia
North Carolina
Florida
Louisiana

0 Deaths per 1,000   40
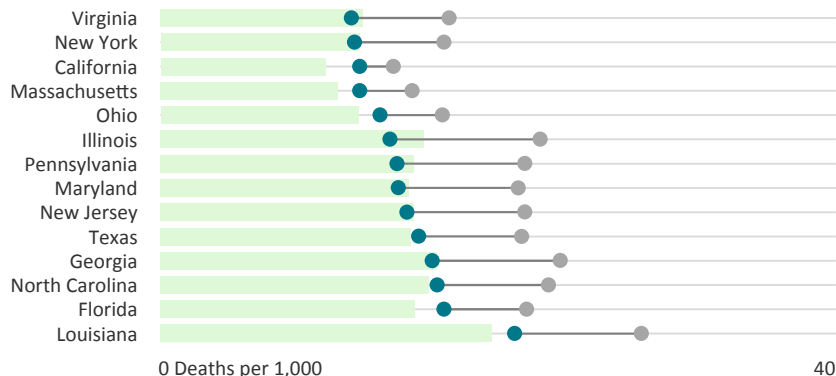
● 2010 Baseline
● 2015
2020 Target

The green shaded area represents the 2020 target for the state: 33% or greater reduction in the death rate from baseline

From 2010 to 2015, nearly all states made progress in reducing the death rate among persons with diagnosed HIV from 2010 to 2015.

Within each HIV prevalence category, there is substantial variation in the death rate among persons with diagnosed HIV across states.

Continued progress is needed among all states in order to meet the national 2020 target.
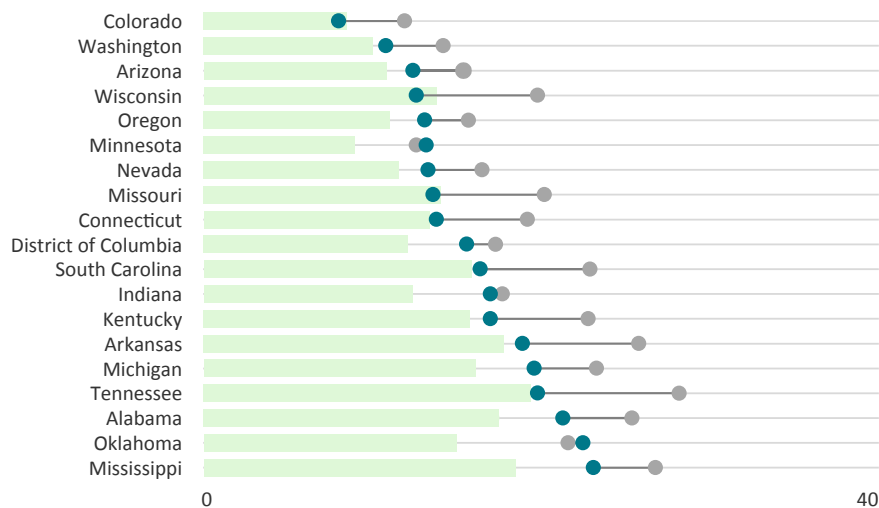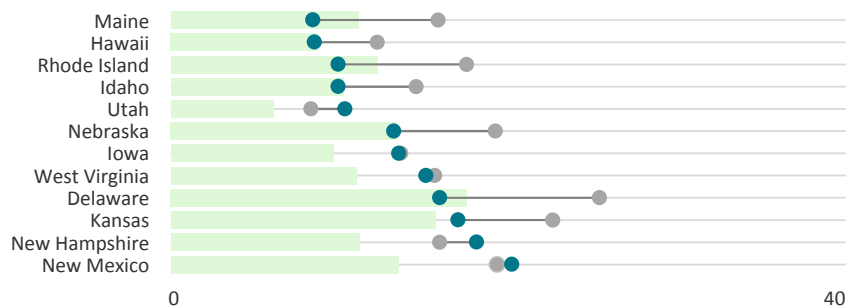
Medium HIV Prevalence

Colorado
Washington
Arizona
Wisconsin
Oregon
Minnesota
Nevada
Missouri
Connecticut
District of Columbia
South Carolina
Indiana
Kentucky
Arkansas
Michigan
Tennessee
Alabama
Oklahoma
Mississippi

0   40

Medium-Low HIV Prevalence

Maine
Hawaii
Rhode Island
Idaho
Utah
Nebraska
Iowa
West Virginia
Delaware
Kansas
New Hampshire
New Mexico

0   40

Low HIV Prevalence

Vermont
Wyoming
South Dakota
Alaska
Montana
North Dakota

0   40
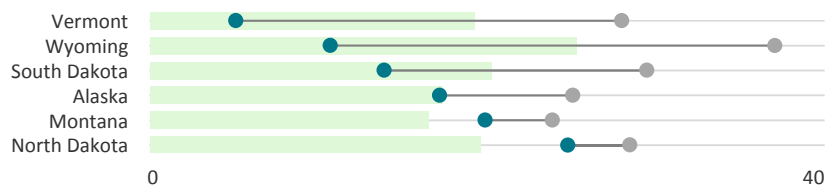
See Technical Notes and State Indicator Data Table for additional information.

Indicator Data Tables

National Indicator Data Table

Annual results and recent year progress for 21 key indicators, 2010 to 2017

	2020 Target	Change Needed	2010	2011	2012	2013	2014	2015	2016	2017	Annual Target	Status
Prevent New HIV Infections												
New HIV infections	30,800	↓25%	41,100	40,300	40,000	38,900	39,100	39,000	38,700		36,500	→
Knowledge of HIV+ status	90%		82.8	83.4	83.9	84.3	84.8	85.3	85.8		86.0%	→
New HIV diagnoses	32,855	↓25%	43,806	42,218	42,616	40,628	40,873	40,442	40,142		38,878	→
Risk behaviors among Young MSM	30.7%	↓10%				34.1		35.2		29.1	32.6%	✓
High-risk sex among MSM	9.8%	↓25%		13.0			13.3			11.3	11.2%	→
Non-sterile injection	45.5%	↓25%			60.7			60.7			56.9%	✗
PrEP prescription	47,832	↑500%					7,972	33,273	64,763		17,937	✓
Improve Health Outcomes for Persons with HIV												
Linkage to HIV medical care	85%		70.2	70.4	71.4	72.6	74.5	75.0	75.9		76.9%	→
Retention in care	90%		54.7	53.6	55.3	56.5	56.9	57.2			67.1%	→
Viral suppression	80%		46.0	48.5	51.6	54.7	57.9	59.8			57.9%	✓
High-risk sex among persons with HIV	5.0%	↓25%						6.6	5.9		6.4%	✓
Homelessness	5.0%		7.7	8.1	8.3	7.9	9.0	8.4	8.4		6.5%	✗
HIV stigma	28.7	↓25%						38.3	39.0		36.9	✗
Death rate	13.0	↓33%	19.4	18.0	16.7	15.7	15.3	14.3			17.2	✓
Reduce HIV-Related Disparities and Health Inequities												
HIV diagnosis disparity ratio												
— MSM	17.4	↓15%	20.5	21.2	21.9	22.1	22.5	22.6	22.4		19.1	→
— Young black MSM	93.0	↓15%	109.4	112.4	112.9	117.2	118.5	118.0	115.7		102.0	→
— Black females	1.45	↓15%	1.71	1.54	1.43	1.29	1.19	1.07	1.11		1.59	✓
— Southern United States	0.28	↓15%	0.33	0.35	0.33	0.35	0.35	0.36	0.36		0.31	✗
Viral suppression												
— Youth	80%		30.9	34.3	38.9	43.7	48.1	51.2			48.1%	✓
— Persons who inject drugs	80%		39.6	40.6	44.1	47.1	50.3	52.1			53.7%	→
— Transgender women in care	90%		62.2	65.3	68.5	72.0	73.9	77.0	79.0	80.5	77.5%	✓

Indicators are percentages except where noted and for: New HIV infections, New HIV diagnoses, PrEP prescription (numbers); HIV stigma (score); Death rate (per 1,000). See Technical Notes for additional information.

✓ **Met Annual Target** in most recent data year

→ **Progress:** Moved toward annual target in most recent data year

✗ **No Progress:** No change or moved away from annual target in most recent data year

State Indicator Data Table

Annual results and movement toward national 2020 target for 7 key indicators, 2010 to 2016

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Alabama									
New HIV infections	↓25%	650	580	610	540	570	560	620	No Progress
Knowledge of HIV+ status	90%	82.7	84.3	84.5	85.5	86.7	83.5	84.5	Progress
New HIV diagnoses	↓25%	704	694	665	635	667	658	665	No Progress
Linkage to HIV medical care	85%	—	—	—	62.8	67.2	74.9	74.7	No Progress
Retention in care	90%	—	—	55.5	55.8	55.9	59.8		Progress
Viral suppression	80%	—	—	50.3	52.4	55.9	59.4		Progress
Death rate	↓33%	25.4	23.9	24.5	19.3	21.5	21.3		Progress
Alaska									
New HIV infections	↓25%	*	*	*	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	89.3	90.2	86.7	*	*	*	*	Unstable Estimate
New HIV diagnoses	↓25%	38	24	30	24	40	24	37	No Progress
Linkage to HIV medical care	85%	—	—	—	78.3	76.9	91.7	89.2	Met Target
Retention in care	90%	—	—	56.6	58.2	64.1	62.9		No Progress
Viral suppression	80%	—	—	58.6	64.0	71.8	74.8		Progress
Death rate	↓33%	25.1	13.7	12.8	23.1	17.5	17.2		Progress
Arizona									
New HIV infections	↓25%	640	650	670	700	780	680	790	No Progress
Knowledge of HIV+ status	90%	79.1	79.2	80.5	81.2	82.5	83.7	84.0	Progress
New HIV diagnoses	↓25%	634	572	637	706	761	699	724	No Progress
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	Cannot Assess
Retention in care	90%	—	—	—	—	—	—		Cannot Assess
Viral suppression	80%	—	—	—	—	—	—		Cannot Assess
Death rate	↓33%	15.4	14.0	15.5	14.3	13.7	12.4		Progress
Arkansas									
New HIV infections	↓25%	220	240	240	240	310	270	*	Unstable Estimate
Knowledge of HIV+ status	90%	78.0	77.9	78.9	80.4	82.7	83.1	84.6	Progress
New HIV diagnoses	↓25%	207	218	269	259	306	271	310	No Progress
Linkage to HIV medical care	85%	—	—	—	61.5	—	—	—	Cannot Assess
Retention in care	90%	—	—	38.7	—	—	—		Cannot Assess
Viral suppression	80%	—	—	27.3	—	—	—		Cannot Assess
Death rate	↓33%	25.8	25.8	17.3	22.8	22.2	18.9		Progress
California									
New HIV infections	↓25%	5,200	5,100	5,100	4,900	5,300	5,100	5,300	No Progress
Knowledge of HIV+ status	90%	84.7	84.8	85.1	85.1	84.9	85.5	86.0	Progress
New HIV diagnoses	↓25%	5,137	4,901	5,055	4,630	5,063	4,991	5,129	No Progress
Linkage to HIV medical care	85%	76.5	73.1	72.8	71.2	73.2	72.0	74.8	Progress
Retention in care	90%	61.7	52.5	54.1	55.9	59.4	57.3		No Progress
Viral suppression	80%	58.1	53.0	54.0	55.6	63.2	64.3		Progress
Death rate	↓33%	13.8	13.7	12.4	12.3	12.0	11.8		Progress

— Complete lab data not reported; * Unstable estimate; Blank Cell: Data not yet available

Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

Legend:
- **Met 2020 Target** in most recent data year
- **Progress:** Moved toward 2020 target in most recent data year
- **No Progress:** No change or moved away from 2020 target in most recent data year
- **Cannot Assess:** Lab data not available or single year only
- **Unstable Estimate**

State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Colorado									
New HIV infections	↓25%	390	380	410	360	380	380	490	
Knowledge of HIV+ status	90%	80.6	81.4	81.7	81.8	82.7	84.2	87.2	
New HIV diagnoses	↓25%	425	377	388	319	377	379	424	
Linkage to HIV medical care	85%	—	—	—	—	—	85.2	82.8	
Retention in care	90%	—	—	—	—	45.7	45.0		
Viral suppression	80%	—	—	—	—	48.7	51.0		
Death rate	↓33%	11.9	10.4	8.8	9.2	12.1	8.0		
Connecticut									
New HIV infections	↓25%	330	290	320	320	270	*	*	
Knowledge of HIV+ status	90%	93.2	92.5	91.8	92.7	88.7	89.7	88.9	
New HIV diagnoses	↓25%	409	354	296	323	291	275	263	
Linkage to HIV medical care	85%	—	—	—	—	—	85.4	84.5	
Retention in care	90%	—	—	—	—	65.6	64.3		
Viral suppression	80%	—	—	—	—	68.6	66.3		
Death rate	↓33%	19.2	18.8	16.5	13.1	14.7	13.8		
Delaware									
New HIV infections	↓25%	110	100	110	*	*	*	*	
Knowledge of HIV+ status	90%	86.6	88.2	88.6	88.1	86.9	87.1	87.5	
New HIV diagnoses	↓25%	137	113	137	114	116	104	112	
Linkage to HIV medical care	85%	79.1	71.1	—	—	—	68.6	74.1	
Retention in care	90%	30.3	—	—	—	58.3	59.3		
Viral suppression	80%	13.6	—	—	—	60.6	64.2		
Death rate	↓33%	25.4	18.6	22.4	19.3	23.6	15.9		
District of Columbia									
New HIV infections	↓25%	700	650	620	560	460	420	420	
Knowledge of HIV+ status	90%	93.8	91.9	93.6	91.5	86.9	86.3	86.1	
New HIV diagnoses	↓25%	828	708	653	488	424	365	344	
Linkage to HIV medical care	85%	72.6	77.5	80.1	76.0	73.8	81.5	82.0	
Retention in care	90%	51.7	55.0	56.7	53.3	47.6	47.3		
Viral suppression	80%	42.6	49.1	50.4	51.5	51.6	50.5		
Death rate	↓33%	17.3	18.3	14.0	13.1	13.2	15.6		
Florida									
New HIV infections	↓25%	4,600	4,800	4,600	4,700	4,600	4,900	5,000	
Knowledge of HIV+ status	90%	80.6	80.6	82.3	82.3	83.8	84.5	84.7	
New HIV diagnoses	↓25%	4,808	4,718	4,578	4,503	4,587	4,687	4,726	
Linkage to HIV medical care	85%	—	—	—	—	—	—	72.1	
Retention in care	90%	—	—	—	—	—	60.8		
Viral suppression	80%	—	—	—	—	—	60.4		
Death rate	↓33%	21.7	20.6	18.9	17.9	16.6	16.8		

— Complete lab data not reported; * Unstable estimate; Blank Cell: Data not yet available
Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

Met 2020 Target in most recent data year

Progress: Moved toward 2020 target in most recent data year

No Progress: No change or moved away from 2020 target in most recent data year

Cannot Assess: Lab data not available or single year only

Unstable Estimate

State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Georgia									
New HIV infections	↓25%	2,500	2,400	2,500	2,300	2,300	2,400	2,500	
Knowledge of HIV+ status	90%	78.1	78.3	79.8	84.1	82.0	83.1	83.5	
New HIV diagnoses	↓25%	1,990	2,229	2,354	2,136	2,265	2,592	2,488	
Linkage to HIV medical care	85%	—	60.3	—	—	74.7	71.5	75.5	
Retention in care	90%	50.8	—	—	56.7	56.7	57.5		
Viral suppression	80%	35.8	—	—	50.7	53.6	56.7		
Death rate	↓33%	23.7	20.6	19.7	17.8	19.4	16.1		
Hawaii									
New HIV infections	↓25%	80	*	100	*	*	*	*	
Knowledge of HIV+ status	90%	90.9	89.7	88.2	88.6	88.7	87.6	86.6	
New HIV diagnoses	↓25%	91	74	83	95	101	121	78	
Linkage to HIV medical care	85%	—	79.2	77.8	73.6	84.0	91.9	86.3	
Retention in care	90%	38.9	44.1	44.5	45.9	47.9	50.2		
Viral suppression	80%	36.8	51.5	50.4	54.6	59.9	61.6		
Death rate	↓33%	12.2	13.5	14.8	9.7	10.6	8.5		
Idaho									
New HIV infections	↓25%	*	*	30	*	*	*	*	
Knowledge of HIV+ status	90%	79.5	82.6	86.1	90.3	89.8	91.0	*	
New HIV diagnoses	↓25%	45	37	37	25	22	41	47	
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	
Retention in care	90%	—	—	—	—	—	—		
Viral suppression	80%	—	—	—	—	—	—		
Death rate	↓33%	14.5	12.6	23.6	11.5	28.6	9.9		
Illinois									
New HIV infections	↓25%	1,500	1,500	1,500	1,400	1,400	1,400	1,400	
Knowledge of HIV+ status	90%	85.8	86.5	86.5	86.3	86.4	86.3	85.9	
New HIV diagnoses	↓25%	1,652	1,632	1,771	1,656	1,520	1,531	1,480	
Linkage to HIV medical care	85%	65.1	66.8	72.7	78.2	74.7	79.4	83.3	
Retention in care	90%	25.3	35.4	44.0	47.7	47.3	49.2		
Viral suppression	80%	25.5	36.0	43.4	49.1	50.4	52.8		
Death rate	↓33%	22.5	17.2	16.1	14.1	14.5	13.6		
Indiana									
New HIV infections	↓25%	470	450	480	480	520	710	470	
Knowledge of HIV+ status	90%	78.9	80.0	80.7	81.5	82.0	82.4	83.1	
New HIV diagnoses	↓25%	494	476	506	481	464	637	482	
Linkage to HIV medical care	85%	57.4	62.5	62.3	59.8	67.8	63.9	68.5	
Retention in care	90%	56.9	57.5	56.0	57.2	49.0	53.0		
Viral suppression	80%	51.4	54.1	55.0	59.7	58.2	62.1		
Death rate	↓33%	17.7	21.8	17.6	18.0	16.7	17.0		

— Complete lab data not reported; * Unstable estimate; Blank Cell: Data not yet available

Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

- **Met 2020 Target** in most recent data year
- **Progress:** Moved toward 2020 target in most recent data year
- **No Progress:** No change or moved away from 2020 target in most recent data year
- **Cannot Assess:** Lab data not available or single year only
- **Unstable Estimate**

State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Iowa									
New HIV infections	↓25%	90	110	130	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	75.3	76.1	77.5	78.9	81.3	81.2	83.6	Progress
New HIV diagnoses	↓25%	116	119	117	121	97	124	137	No Progress
Linkage to HIV medical care	85%	83.2	80.8	82.6	82.1	86.3	88.0	89.4	Met 2020 Target
Retention in care	90%	65.3	64.7	64.8	64.5	63.2	65.5		Progress
Viral suppression	80%	58.2	63.2	62.8	64.7	73.3	76.7		Progress
Death rate	↓33%	13.6	19.8	15.7	17.8	19.8	13.5		Progress
Kansas									
New HIV infections	↓25%	120	130	*	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	87.5	87.7	87.3	86.6	86.8	84.0	85.9	Progress
New HIV diagnoses	↓25%	144	140	158	149	132	156	147	Progress
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	Cannot Assess
Retention in care	90%	—	—	—	—	—	—	—	Cannot Assess
Viral suppression	80%	—	—	—	—	—	—	—	Cannot Assess
Death rate	↓33%	22.6	13.7	15.8	19.1	15.2	17.0		No Progress
Kentucky									
New HIV infections	↓25%	320	290	320	320	300	340	*	Unstable Estimate
Knowledge of HIV+ status	90%	77.0	78.1	78.8	83.3	84.2	83.9	84.5	Progress
New HIV diagnoses	↓25%	349	318	375	363	350	342	336	Progress
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	Cannot Assess
Retention in care	90%	—	—	—	—	—	—	—	Cannot Assess
Viral suppression	80%	—	—	—	—	—	—	—	Cannot Assess
Death rate	↓33%	22.8	18.9	19.8	16.5	16.3	17.0		No Progress
Louisiana									
New HIV infections	↓25%	980	1,000	900	970	1,100	1,000	990	Progress
Knowledge of HIV+ status	90%	75.1	76.9	76.4	78.1	79.9	80.8	81.8	Progress
New HIV diagnoses	↓25%	1,144	1,233	1,064	1,192	1,218	1,114	1,124	No Progress
Linkage to HIV medical care	85%	—	63.6	66.4	68.0	73.4	72.7	75.3	Progress
Retention in care	90%	54.1	54.8	58.0	58.7	59.8	59.4		No Progress
Viral suppression	80%	42.8	43.6	47.1	51.7	55.8	59.3		Progress
Death rate	↓33%	28.5	28.8	27.3	22.3	22.3	21.0		Progress
Maine									
New HIV infections	↓25%	*	*	*	50	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	80.5	79.5	78.9	80.4	82.7	81.5	85.0	Progress
New HIV diagnoses	↓25%	57	49	46	33	56	47	53	No Progress
Linkage to HIV medical care	85%	—	—	—	71.9	89.1	95.5	90.2	Met 2020 Target
Retention in care	90%	—	—	47.1	49.9	62.0	58.1		No Progress
Viral suppression	80%	—	—	40.8	63.6	73.4	68.8		No Progress
Death rate	↓33%	15.8	17.9	12.4	17.8	9.9	8.4		Met 2020 Target

— Complete lab data not reported; * Unstable estimate; Blank Cell: Data not yet available

Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

Met 2020 Target in most recent data year

Progress: Moved toward 2020 target in most recent data year

No Progress: No change or moved away from 2020 target in most recent data year

Cannot Assess: Lab data not available or single year only

Unstable Estimate

State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Maryland									
New HIV infections	↓25%	1,500	1,300	1,300	*	1,200	1,200	1,200	No Progress
Knowledge of HIV+ status	90%	82.3	83.5	83.5	83.4	85.3	88.3	86.2	No Progress
New HIV diagnoses	↓25%	1,594	1,414	1,581	1,395	1,333	1,194	1,108	Met 2020 Target
Linkage to HIV medical care	85%	—	—	68.2	75.1	74.3	79.9	81.5	Progress
Retention in care	90%	—	28.7	44.0	47.4	44.8	46.2		Progress
Viral suppression	80%	—	30.0	38.6	41.8	44.5	47.9		Progress
Death rate	↓33%	21.2	18.8	19.9	18.2	16.4	14.1		Met 2020 Target
Massachusetts									
New HIV infections	↓25%	830	730	740	760	710	660	670	No Progress
Knowledge of HIV+ status	90%	83.1	84.5	86.0	86.0	85.9	86.1	86.0	No Progress
New HIV diagnoses	↓25%	660	687	728	643	657	616	634	No Progress
Linkage to HIV medical care	85%	—	—	—	—	89.6	88.7	85.8	Met 2020 Target
Retention in care	90%	—	—	—	65.8	63.6	60.3		No Progress
Viral suppression	80%	—	—	—	67.5	67.9	65.0		No Progress
Death rate	↓33%	14.9	13.3	11.9	11.8	11.3	11.8		No Progress
Michigan									
New HIV infections	↓25%	700	760	760	700	780	780	660	Progress
Knowledge of HIV+ status	90.0%	84.2	84.1	84.8	84.9	82.5	79.2	82.5	Progress
New HIV diagnoses	↓25%	771	802	804	765	790	727	746	No Progress
Linkage to HIV medical care	85%	—	65.4	71.8	74.7	72.4	74.2	78.4	Progress
Retention in care	90%	54.7	55.0	54.7	53.0	53.3	59.2		Progress
Viral suppression	80%	46.7	49.1	52.6	56.4	60.1	65.7		Progress
Death rate	↓33%	23.3	21.5	21.9	18.1	18.1	19.6		No Progress
Minnesota									
New HIV infections	↓25%	340	290	310	320	300	280	*	Unstable Estimate
Knowledge of HIV+ status	90%	80.7	81.6	82.9	82.7	83.1	84.4	86.1	Progress
New HIV diagnoses	↓25%	361	302	322	309	305	296	296	No Progress
Linkage to HIV medical care	85%	66.1	71.5	—	—	82.2	86.3	86.2	Met 2020 Target
Retention in care	90%	31.4	—	—	56.6	54.0	49.9		No Progress
Viral suppression	80%	38.1	—	—	65.0	66.4	65.5		No Progress
Death rate	↓33%	12.6	13.3	12.4	11.4	12.7	13.2		No Progress
Mississippi									
New HIV infections	↓25%	410	420	350	350	350	340	*	Unstable Estimate
Knowledge of HIV+ status	90%	79.9	82.1	82.4	82.8	84.6	86.4	87.5	Progress
New HIV diagnoses	↓25%	486	540	457	485	479	508	429	Progress
Linkage to HIV medical care	85%	—	—	—	—	86.7	82.5	71.2	No Progress
Retention in care	90%	—	—	—	34.4	47.2	50.3		Progress
Viral suppression	80%	—	—	—	34.5	43.1	49.1		Progress
Death rate	↓33%	26.8	26.0	23.5	25.2	25.9	23.1		Progress

— Complete lab data not reported; * Unstable estimate; Blank Cell: Data not yet available
Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

Met 2020 Target in most recent data year

Progress: Moved toward 2020 target in most recent data year

No Progress: No change or moved away from 2020 target in most recent data year

Cannot Assess: Lab data not available or single year only

Unstable Estimate

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Missouri									
New HIV infections	↓25%	540	440	480	480	440	400	450	No Progress
Knowledge of HIV+ status	90%	82.4	83.7	84.4	84.4	85.2	86.5	86.8	Progress
New HIV diagnoses	↓25%	584	522	538	467	475	467	516	No Progress
Linkage to HIV medical care	85%	58.1	62.3	66.1	62.7	69.5	72.7	73.9	Progress
Retention in care	90%	52.1	49.9	60.2	61.1	61.5	62.8		Progress
Viral suppression	80%	47.3	40.7	59.3	60.7	63.8	63.9		Progress
Death rate	↓33%	20.2	17.0	17.1	16.5	13.3	13.6		No Progress
Montana									
New HIV infections	↓25%	*	*	*	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	67.6	75.0	74.5	*	*	*	*	Unstable Estimate
New HIV diagnoses	↓25%	20	21	21	22	14	19	22	No Progress
Linkage to HIV medical care	85%	—	—	—	—	—	83.3	90.0	Met 2020 Target
Retention in care	90%	—	—	—	—	72.0	70.3		No Progress
Viral suppression	80%	—	—	—	—	78.8	78.0		No Progress
Death rate	↓33%	23.9	19.2	5.5	21.7	16.4	19.9		No Progress
Nebraska									
New HIV infections	↓25%	100	*	*	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	81.9	82.4	81.9	82.0	83.4	84.1	85.2	Progress
New HIV diagnoses	↓25%	118	78	84	82	88	81	76	Met 2020 Target
Linkage to HIV medical care	85%	80.9	72.7	—	78.0	77.3	71.6	73.7	Progress
Retention in care	90%	62.3	—	59.4	58.7	46.2	49.3		Progress
Viral suppression	80%	53.6	—	59.3	60.0	53.3	60.2		Progress
Death rate	↓33%	19.2	17.1	16.5	15.2	13.8	13.2		Progress
Nevada									
New HIV infections	↓25%	400	410	400	420	430	500	520	No Progress
Knowledge of HIV+ status	90%	74.1	74.2	74.7	75.5	78.8	80.6	82.1	Progress
New HIV diagnoses	↓25%	377	378	365	442	441	482	512	No Progress
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	Cannot Assess
Retention in care	90%	—	—	—	—	—	—		Cannot Assess
Viral suppression	80%	—	—	—	—	—	—		Cannot Assess
Death rate	↓33%	16.5	16.6	21.9	16.6	13.7	13.3		Progress
New Hampshire									
New HIV infections	↓25%	*	*	*	30	50	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	89.8	88.8	89.5	89.3	91.1	87.2	*	Unstable Estimate
New HIV diagnoses	↓25%	52	42	48	34	40	24	40	No Progress
Linkage to HIV medical care	85%	—	82.5	87.5	94.1	85.0	91.3	83.7	No Progress
Retention in care	90%	59.5	59.9	64.9	66.6	66.2	60.8		No Progress
Viral suppression	80%	54.5	58.3	65.5	70.3	71.4	70.6		No Progress
Death rate	↓33%	15.9	16.8	16.2	10.8	8.2	18.1		No Progress

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Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

Met 2020 Target in most recent data year

Progress: Moved toward 2020 target in most recent data year

No Progress: No change or moved away from 2020 target in most recent data year

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Unstable Estimate

State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
New Jersey									
New HIV infections	↓25%	1,100	1,000	1,100	1,000	1,100	950	1,000	▮ No Progress
Knowledge of HIV+ status	90%	91.2	90.8	90.8	92.0	91.5	91.0	90.1	▮ Met Target
New HIV diagnoses	↓25%	1,363	1,221	1,430	1,349	1,241	1,166	1,166	▮ No Progress
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	▮ Cannot Assess
Retention in care	90%	—	—	—	—	—	—		▮ Cannot Assess
Viral suppression	80%	—	—	—	—	—	—		▮ Cannot Assess
Death rate	↓33%	21.6	19.3	16.4	17.8	15.3	14.6		▮ Progress
New Mexico									
New HIV infections	↓25%	140	130	140	160	*	*	*	▯ Unstable Estimate
Knowledge of HIV+ status	90%	85.3	86.3	83.6	80.2	82.3	84.2	83.6	▮ No Progress
New HIV diagnoses	↓25%	153	136	120	142	135	137	138	▮ No Progress
Linkage to HIV medical care	85%	—	—	—	—	85.0	80.7	84.4	▮ Progress
Retention in care	90%	—	—	—	67.9	65.3	60.5		▮ No Progress
Viral suppression	80%	—	—	—	69.8	71.5	69.8		▮ No Progress
Death rate	↓33%	19.3	14.9	18.1	13.4	18.5	20.2		▮ No Progress
New York									
New HIV infections	↓25%	4,000	4,100	3,800	3,600	3,600	3,400	3,100	▮ Progress
Knowledge of HIV+ status	90%	88.3	88.1	87.9	87.6	88.6	88.3	88.7	▮ Progress
New HIV diagnoses	↓25%	4,238	3,954	3,748	3,394	3,428	3,113	2,834	▮ Met Target
Linkage to HIV medical care	85%	73.0	75.1	75.1	77.3	79.1	78.9	79.5	▮ Progress
Retention in care	90%	62.0	62.1	61.7	61.5	61.1	61.4		▮ Progress
Viral suppression	80%	49.6	51.3	55.0	56.7	58.8	61.3		▮ Progress
Death rate	↓33%	16.8	16.2	14.3	13.4	12.6	11.5		▮ Progress
North Carolina									
New HIV infections	↓25%	1,500	1,400	1,400	1,300	1,300	1,300	1,400	▮ No Progress
Knowledge of HIV+ status	90%	79.8	80.3	82.0	82.5	83.7	84.7	85.3	▮ Progress
New HIV diagnoses	↓25%	1,494	1,485	1,350	1,325	1,330	1,340	1,401	▮ No Progress
Linkage to HIV medical care	85%	—	—	—	—	—	—	73.8	▮ Cannot Assess
Retention in care	90%	—	—	—	—	—	54.3		▮ Cannot Assess
Viral suppression	80%	—	—	—	—	—	61.5		▮ Cannot Assess
Death rate	↓33%	23.0	21.3	19.0	17.6	17.5	16.4		▮ Progress
North Dakota									
New HIV infections	↓25%	*	*	*	*	*	*	*	▯ Unstable Estimate
Knowledge of HIV+ status	90%	*	*	*	*	*	*	*	▯ Unstable Estimate
New HIV diagnoses	↓25%	14	11	11	20	21	20	45	▮ No Progress
Linkage to HIV medical care	85%	76.9	92.3	81.8	73.7	72.7	95.2	89.1	▮ Met Target
Retention in care	90%	52.3	51.2	47.8	53.3	50.9	58.4		▮ Progress
Viral suppression	80%	56.5	57.6	59.1	61.7	63.6	70.0		▮ Progress
Death rate	↓33%	28.5	28.4	16.5	27.5	27.0	24.8		▮ Progress

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Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

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State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Ohio									
New HIV infections	↓25%	950	900	990	960	900	850	850	
Knowledge of HIV+ status	90%	80.4	81.1	81.7	82.2	83.4	84.6	86.2	
New HIV diagnoses	↓25%	992	1,055	1,050	1,045	950	937	980	
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	
Retention in care	90%	—	—	—	—	—	—		
Viral suppression	80%	—	—	—	—	—	—		
Death rate	↓33%	16.7	17.8	18.6	14.7	15.8	13.0		
Oklahoma									
New HIV infections	↓25%	270	270	280	310	260	280	*	
Knowledge of HIV+ status	90%	79.6	80.4	80.9	81.6	82.8	83.7	84.5	
New HIV diagnoses	↓25%	289	319	291	336	307	318	294	
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	
Retention in care	90%	—	—	—	—	—	—		
Viral suppression	80%	—	—	—	—	—	—		
Death rate	↓33%	21.6	23.7	19.5	21.4	22.3	22.5		
Oregon									
New HIV infections	↓25%	230	230	240	190	230	*	*	
Knowledge of HIV+ status	90%	80.4	81.8	82.7	82.3	82.3	86.0	87.1	
New HIV diagnoses	↓25%	239	243	262	222	242	218	224	
Linkage to HIV medical care	85%	—	—	—	75.7	78.1	84.8	78.5	
Retention in care	90%	—	—	67.1	68.3	66.6	64.8		
Viral suppression	80%	—	—	59.8	64.2	60.8	56.8		
Death rate	↓33%	15.7	15.6	16.0	14.3	14.0	13.1		
Pennsylvania									
New HIV infections	↓25%	1,200	1,100	1,100	980	820	850	860	
Knowledge of HIV+ status	90%	82.6	83.7	84.7	85.3	86.7	87.7	92.4	
New HIV diagnoses	↓25%	1,506	1,386	1,441	1,360	1,211	1,183	1,141	
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	
Retention in care	90%	—	—	—	—	—	—		
Viral suppression	80%	—	—	—	—	—	—		
Death rate	↓33%	21.6	19.8	16.2	17.4	16.3	14.0		
Rhode Island									
New HIV infections	↓25%	120	110	*	*	*	*	*	
Knowledge of HIV+ status	90%	84.2	82.4	82.3	81.6	83.8	83.7	85.6	
New HIV diagnoses	↓25%	123	98	77	86	98	64	69	
Linkage to HIV medical care	85%	—	—	—	—	—	98.5	91.3	
Retention in care	90%	—	—	—	—	53.5	56.9		
Viral suppression	80%	—	—	—	—	63.7	71.9		
Death rate	↓33%	17.5	23.2	20.2	12.9	13.4	9.9		

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Unstable Estimate

State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
South Carolina									
New HIV infections	↓25%	710	650	680	680	680	620	670	No Progress
Knowledge of HIV+ status	90%	79.9	92.8	84.7	83.0	83.2	83.5	84.3	Progress
New HIV diagnoses	↓25%	798	760	717	722	761	670	746	No Progress
Linkage to HIV medical care	85%	85.5	84.4	81.0	83.6	80.5	85.5	84.0	No Progress
Retention in care	90%	61.6	62.3	62.1	62.7	62.6	63.4		Progress
Viral suppression	80%	51.1	49.8	56.2	58.4	61.5	61.5		No Progress
Death rate	↓33%	22.9	19.5	19.1	18.7	19.5	16.4		Progress
South Dakota									
New HIV infections	↓25%	*	*	*	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	69.5	*	*	*	*	*	*	Unstable Estimate
New HIV diagnoses	↓25%	35	21	26	34	28	25	41	No Progress
Linkage to HIV medical care	85%	—	—	—	82.4	75.0	87.0	92.7	Met 2020 Target
Retention in care	90%	—	—	33.7	30.4	34.3	30.8		No Progress
Viral suppression	80%	—	—	40.1	40.2	40.4	42.6		Progress
Death rate	↓33%	29.5	14.3	18.0	12.1	12.1	13.9		Met 2020 Target
Tennessee									
New HIV infections	↓25%	730	800	790	700	740	700	690	Progress
Knowledge of HIV+ status	90%	89.0	89.4	90.6	90.2	87.0	87.8	84.9	No Progress
New HIV diagnoses	↓25%	863	855	888	786	757	748	716	Progress
Linkage to HIV medical care	85%	—	—	—	64.3	62.7	58.9	54.3	No Progress
Retention in care	90%	—	—	55.3	55.2	58.5	55.1		No Progress
Viral suppression	80%	—	—	53.8	55.3	55.3	52.9		No Progress
Death rate	↓33%	28.2	22.7	21.3	20.7	21.6	19.8		Progress
Texas									
New HIV infections	↓25%	4,400	4,400	4,400	4,300	4,300	4,400	4,300	Progress
Knowledge of HIV+ status	90%	76.8	77.7	78.6	79.5	80.7	81.6	82.0	Progress
New HIV diagnoses	↓25%	4,442	4,283	4,382	4,329	4,426	4,495	4,516	No Progress
Linkage to HIV medical care	85%	—	—	66.4	69.3	70.2	69.4	73.4	Progress
Retention in care	90%	—	56.4	57.7	58.7	60.5	59.1		No Progress
Viral suppression	80%	—	50.5	52.6	58.0	61.2	59.4		No Progress
Death rate	↓33%	21.4	19.3	18.8	16.5	16.7	15.3		Progress
Utah									
New HIV infections	↓25%	90	120	*	*	*	*	*	Unstable Estimate
Knowledge of HIV+ status	90%	80.6	81.2	80.7	84.7	84.4	84.7	84.3	No Progress
New HIV diagnoses	↓25%	85	96	114	105	114	126	137	No Progress
Linkage to HIV medical care	85%	—	—	83.9	79.0	75.4	77.1	65.2	No Progress
Retention in care	90%	—	47.8	50.4	48.0	43.0	43.8		Progress
Viral suppression	80%	—	43.4	44.0	45.5	46.7	50.8		Progress
Death rate	↓33%	8.3	8.3	10.5	15.2	6.7	10.3		No Progress

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Unstable Estimate

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Vermont									
New HIV infections	↓25%	*	20	*	*	*	*	*	
Knowledge of HIV+ status	90%	69.8	73.9	81.4	87.2	*	*	*	
New HIV diagnoses	↓25%	23	12	15	14	17	14	5	
Linkage to HIV medical care	85%	—	—	—	—	—	—	—	
Retention in care	90%	—	—	—	—	—	—		
Viral suppression	80%	—	—	—	—	—	—		
Death rate	↓33%	28.0	8.1	8.2	10.0	3.1	5.1		
Virginia									
New HIV infections	↓25%	890	890	860	920	850	970	760	
Knowledge of HIV+ status	90%	84.2	83.9	86.5	85.6	86.5	85.9	86.0	
New HIV diagnoses	↓25%	1,038	937	964	989	930	963	905	
Linkage to HIV medical care	85%	—	—	—	71.6	69.6	73.4	72.3	
Retention in care	90%	—	—	34.6	38.3	38.0	38.9		
Viral suppression	80%	—	—	34.0	36.3	34.3	44.8		
Death rate	↓33%	17.1	15.6	15.6	14.5	13.6	11.3		
Washington									
New HIV infections	↓25%	530	450	490	490	430	490	380	
Knowledge of HIV+ status	90%	80.3	80.1	80.9	82.0	83.8	84.7	85.9	
New HIV diagnoses	↓25%	561	497	514	459	441	454	431	
Linkage to HIV medical care	85%	—	—	—	84.3	86.2	87.6	86.6	
Retention in care	90%	—	—	63.5	64.6	62.7	62.1		
Viral suppression	80%	—	—	66.2	71.6	71.9	74.9		
Death rate	↓33%	14.2	13.9	12.2	12.6	12.6	10.8		
West Virginia									
New HIV infections	↓25%	*	*	*	*	*	*	*	
Knowledge of HIV+ status	90%	84.2	88.5	91.6	89.3	89.6	86.6	87.9	
New HIV diagnoses	↓25%	81	94	79	74	87	73	67	
Linkage to HIV medical care	85%	64.2	65.0	75.0	68.4	85.4	86.1	71.6	
Retention in care	90%	35.4	37.4	40.7	30.1	46.1	46.8		
Viral suppression	80%	42.2	45.1	44.9	36.9	52.9	54.6		
Death rate	↓33%	15.6	19.9	19.9	20.2	20.8	15.1		
Wisconsin									
New HIV infections	↓25%	260	230	240	260	230	*	*	
Knowledge of HIV+ status	90%	78.7	79.7	79.5	85.3	85.3	84.3	84.5	
New HIV diagnoses	↓25%	259	249	221	247	220	223	227	
Linkage to HIV medical care	85%	—	—	—	83.3	82.6	78.9	83.9	
Retention in care	90%	—	—	62.2	63.1	60.0	62.6		
Viral suppression	80%	—	—	56.3	59.7	62.6	69.7		
Death rate	↓33%	19.8	17.3	15.4	14.5	14.6	12.6		

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Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

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State Indicator Data Table (Cont'd)

Indicator	2020 Target National	2010	2011	2012	2013	2014	2015	2016	Recent year progress
Wyoming									
New HIV infections	↓25%	*	*	*	*	*	*	*	
Knowledge of HIV+ status	90%	*	*	*	*	*	*	*	
New HIV diagnoses	↓25%	23	15	8	15	11	17	21	▰
Linkage to HIV medical care	85%	73.7	86.7	71.4	—	80.0	64.7	85.7	▰
Retention in care	90%	62.2	65.8	—	66.8	53.8	55.8		▰
Viral suppression	80%	52.2	59.3	—	53.2	51.2	58.0		▰
Death rate	↓33%	37.0	24.5	3.7	17.4	10.5	10.7		▰

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Indicators are percentages except for: New infections, New diagnoses (numbers); Death rate (per 1,000). See Technical Notes for additional information.

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Technical Notes

General Information

States, by HIV Prevalence Classification

State HIV prevalence estimates (for 2010) are from: Estimated HIV incidence and prevalence in the United States, 2010—2015. HIV Surveillance Supplemental Report 2018;23(No. 1). March 2018.

High HIV Prevalence: ≥20,000 persons with HIV year-end 2010. California, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Virginia (n=14)

Medium HIV Prevalence: 4,000-19,999 persons with HIV year-end 2010. Alabama, Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Indiana, Kentucky, Michigan, Minnesota, Mississippi, Missouri, Nevada, Oklahoma, Oregon, South Carolina, Tennessee, Washington, Wisconsin (n=19)

Medium-Low HIV Prevalence: 1,000-3,999 persons with HIV year-end 2010. Delaware, Hawaii, Idaho, Iowa, Kansas, Maine, Nebraska, New Hampshire, New Mexico, Rhode Island, Utah, West Virginia (n=12)

Low HIV Prevalence: <1,000 persons with HIV year-end 2010: Alaska, Montana, North Dakota, South Dakota, Vermont, Wyoming (n=6)

Source: https://www.cdc.gov/hiv/pdf/funding/announcements/ps13-1302/cdc-hiv-ps13-1302.pdf

States, by US Census Region

Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington

Source: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf

Subgroup Abbreviations

Race/Ethnicity

AI/AN	American Indian or Alaska Native
Black	Black or African American
Hispanic	Hispanic or Latino
Multiple	Person of multiple race or ethnicity
NH/OPI	Native Hawaiian or Other Pacific Islander

Transmission Risk

HET Female	Heterosexual female
HET Male	Heterosexual male
IDU Female	Injection drug use by female
IDU Male	Injection drug use by male
MSM	Male-to-male sexual contact. In CDC HIV surveillance systems, the term *male-to-male sexual contact* indicates a behavior that transmits HIV infection, not how individuals self-identify in terms of their sexuality.
MSM-IDU	Male-to-male sexual contact and injection drug use

Transmission category is the term for the classification of cases that summarizes a person's possible HIV risk factors; the summary classification results from selecting, from the presumed hierarchical order of probability, the 1 (single) risk factor most likely to have been responsible for transmission. Persons with more than 1 reported risk factor for HIV infection are classified in the transmission category listed first in the hierarchy. The exception is men who had sexual contact with other men and injected drugs; this group makes up a separate transmission category.

Source: CDC. Diagnoses of HIV infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report, 2017*; vol. 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018.

Data Sources for Indicators

National HIV Surveillance System (NHSS). All 50 states, the District of Columbia, and 6 US dependent areas report confirmed diagnoses of HIV and AIDS to CDC including demographic characteristics, transmission category, and initial immune status. The NHSS monitors trends in HIV diagnoses in the US and receipt of care after diagnosis (based on laboratory test results). For more information: https://www.cdc.gov/hiv/statistics/ surveillance/systems/index.html

Medical Monitoring Project (MMP). MMP provides information about the behaviors, medical care, and health status of people with diagnosed HIV infection. Using interviews and medical record abstraction from persons carefully sampled to represent everyone with diagnosed HIV in the US it describes comprehensive clinical and behavioral information of persons with diagnosed HIV. From 2005-2014, only people receiving HIV medical care were included. In 2015, MMP introduced a new sampling method to include all adults with diagnosed HIV in the US. For more information: https://www.cdc.gov/hiv/statistics/systems/mmp/index.html

National HIV Behavioral Surveillance (NHBS). NHBS conducts bio-behavioral surveillance among persons at high risk for HIV infection. NHBS data are collected through in-person interviews and HIV testing, and provide a behavioral context for trends in HIV surveillance data and describe populations at increased risk for HIV infection. NHBS is conducted in rotating, annual cycles in three populations: Gay, bisexual and other men who have sex with men (MSM); persons who inject drugs (PWID); and heterosexuals at increased risk for HIV infection. For more information: https://www.cdc.gov/hiv/statistics/systems/nhbs/index.html

Youth Risk Behavior Surveillance System (YRBSS). The YRBSS monitors health behaviors that contribute to the leading causes of death, disability, and social problems among US youth and young adults. The YRBSS includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students. Developed in 1990, the surveys are conducted every two years and usually during the spring semester. For more information: https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm

MarketScan® Commercial Claims and Encounter Database (IBM Watson Health). IBM MarketScan Research Databases contain de-identified patient claims data from large employers, managed care organizations, hospitals, Medicare and selected Medicaid contributors. Claims include inpatient and outpatient services and outpatient prescription drugs. Demographic and clinical data, drug details, laboratory results, health risk assessment, and other data are available. For more information: https://truvenhealth.com/markets/life-sciences/products/data-tools/marketscan-databases

HRSA Ryan White HIV/AIDS Program (RWHAP). Data in the RWHAP Services Report (RSR) include all RWHAP clients in the 50 states, District of Columbia, Puerto Rico, Guam, and the US Virgin Islands. In 2017, the RWHAP provided care, treatment, and support services to more than 50% of all people with diagnosed HIV in the US. Of all RWHAP clients with HIV, 71% received both outpatient ambulatory health services (at least one visit in the calendar year) and a viral load test; this represented more than 356,000 clients in 2017. Clients served by the RWHAP do not represent all persons with HIV or all persons receiving care in the US. For more information: https://hab.hrsa.gov/data/data-reports

Indicator Specifications

Reduce new HIV infections

Goal	Prevent new HIV infections
Objective	By 2020, reduce the estimated annual number of new HIV infections by at least 25 percent
Indicator	Estimated number of new HIV infections among persons aged ≥13 years in the United States during the calendar year
Numerator	Estimated number of new HIV infections among persons aged ≥13 years in the United States during the calendar year
Denominator	None
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Estimated annual HIV infections are the estimated number of new infections (HIV incidence) that occurred in a particular year, regardless of when those infections were diagnosed. Incidence data are not available for all subpopulations. Incidence estimates are updated annually and data from prior years are updated. Estimates are derived by using HIV surveillance data and CD4 data for persons aged ≥13 years at diagnosis. Estimates are rounded to the nearest 100 for estimates >1,000 and to the nearest 10 for estimates ≤1,000 to reflect the uncertainty. Estimates with a relative standard error (RSE) of ≥30% do not meet the standard of reliability and are not reported. For jurisdictions with incidence estimates that are unreliable (RSE ≥30%) refer to diagnoses data presented in this report and in the 2017 HIV Surveillance Report.
Baseline	2010 (41,100)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (40,600); 2012 (40,100); 2013 (39,600); 2014 (38,500); 2015 (37,500); 2016 (36,500); 2017 (35,400); 2018 (33,900); 2019 (32,300)
2020 Target	30,800
References	CDC. Estimated HIV incidence and prevalence in the United States, 2010—2016. *HIV Surveillance Supplemental Report 2019*:24(No.1). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 28, 2019.

Increase knowledge of HIV-positive status

Goal	Prevent new HIV infections
Objective	By 2020, increase the percentage of people with HIV infection who know their serostatus to at least 90 percent
Indicator	Percentage of persons aged ≥13 years with HIV infection who know their serostatus
Numerator	Number of persons aged ≥13 years with diagnosed HIV infection in the United States at the end of the calendar year
Denominator	Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the United States at the end of the calendar year
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Data for this indicator are updated annually and data from prior years are updated. Estimates are derived by using HIV surveillance data and CD4 data for persons aged ≥13 years at diagnosis. HIV prevalence (diagnosed and undiagnosed) is the denominator for this indicator and is estimated by subtracting reported cumulative deaths from the estimated number of cumulative infections. The percentage diagnosed (also known as percentage with knowledge of status or percentage aware) is determined by dividing the number of persons with diagnosed HIV by the total HIV prevalence for each year. Estimates with a relative standard error (RSE) of ≥30% do not meet the standard of reliability and are not reported. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (82.8%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (83.2%); 2012 (83.5%); 2013 (83.9%); 2014 (84.6%); 2015 (85.6%); 2016 (86.0%); 2017 (86.8%); 2018 (87.8%); 2019 (88.9%)
2020 Target	90.0%
References	CDC. Estimated HIV incidence and prevalence in the United States, 2010—2016. *HIV Surveillance Supplemental Report 2019*:24(No.1). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 28, 2019.

Reduce new HIV diagnoses

Goal	Prevent new HIV infections
Objective	By 2020, reduce the annual number of new HIV diagnoses by at least 25 percent
Indicator	Number of (unadjusted) HIV diagnoses among persons of all ages in the United States and 6 dependent areas during the calendar year and reported to CDC within 18 months of the diagnosis year
Numerator	Number of (unadjusted) HIV diagnoses among persons of all ages in the United States and 6 dependent areas during the calendar year and reported to CDC within 18 months of the diagnosis year
Denominator	None
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Progress toward annual targets is assessed for the most recent year for which diagnoses data are considered final (i.e. reported to CDC within 18 months of the diagnosis year). Preliminary diagnoses data are reported in the annual surveillance report for the most current year for which data are available and include diagnoses reported to CDC within 6 months of the diagnosis year; these preliminary data are not included in this progress report and are not used to determine progress toward annual targets. For the purposes of monitoring this indicator, the final number of annual diagnoses is not updated. HIV diagnoses data are reported for the United States and 6 dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands). HIV diagnoses data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the infection could be detected and diagnosed. Anonymous tests are also not reported. HIV diagnoses data must be interpreted with consideration for trends in HIV testing, as changes in testing can lead to changes in diagnosis trends, e.g. a decrease in HIV diagnoses may be due to fewer HIV tests being conducted or HIV tests being performed on persons at lower risk. Over the short term, efforts to increase the percentage of persons with HIV who know their HIV status require an increase in diagnoses. Over the longer term, diagnosing individuals will result in increased linkage to and retention in care and treatment, increased viral suppression, and decreased transmission to uninfected partners. This will be reflected by a decrease in the number of new diagnoses. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (43,806)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (43,258); 2012 (42,711); 2013 (42,163); 2014 (41,068); 2015 (39,973); 2016 (38,878); 2017 (37,783); 2018 (36,140); 2019 (34,498)
2020 Target	32,855
References	This indicator is published in annual HIV surveillance reports from CDC. The most recent reference is: CDC. Diagnoses of HIV infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report, 2017*; vol. 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018. Accessed November 28, 2018.

Reduce disparities: HIV diagnoses—Gay and bisexual men

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, reduce the disparity in the rate of new HIV diagnoses among gay and bisexual men by at least 15 percent
Indicator	HIV diagnosis disparity ratio, which is the ratio of the diagnosis rate disparity for gay and bisexual men to the diagnosis rate for the overall population
Numerator	HIV diagnosis rate disparity for gay and bisexual men aged ≥13 years, calculated by subtracting the diagnosis rate for the overall population from the diagnosis rate for gay and bisexual men
Denominator	HIV diagnosis rate for the overall population (per 100,000) in the calendar year
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	To calculate the diagnosis rate for the overall population, the number of diagnoses for the overall population (persons of all ages in the 50 states and the District of Columbia) was divided by the total US census population and multiplied by 100,000. To calculate the diagnosis rate for gay and bisexual men, the number of diagnoses for gay and bisexual men (in the 50 states and the District of Columbia) was divided by the population of gay and bisexual men and multiplied by 100,000. To obtain the population estimate for gay and bisexual men, the annual post-censal estimate for males was multiplied by 6.9 percent as reported by Purcell et al cited below. Progress toward annual targets is assessed for the most recent year for which the data are considered final (i.e. reported to CDC within 18 months of the diagnosis year). Preliminary data are reported in the annual surveillance report for the most current year for which data are available and include diagnoses reported to CDC within 6 months of the diagnosis year; these preliminary data are not included in this report and are not used to determine progress toward annual targets. For the purposes of monitoring this indicator, the final diagnosis disparity ratio is not updated. HIV diagnoses data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the

infection could be detected and diagnosed. Anonymous tests are also not reported. Population estimates for gay and bisexual men may be underestimated due to social response bias in self-reported data. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.

Baseline	2010 (20.5)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (20.3); 2012 (20.2); 2013 (20.0); 2014 (19.7); 2015 (19.4); 2016 (19.1); 2017 (18.8); 2018 (18.3); 2019 (17.9)
2020 Target	17.4
References	Purcell DW, Johnson CH, Lansky A, Prejean J, Stein R, Denning P, Gaul Z, Weinstock H, Su J, Crepaz N. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. Open AIDS Journal 2012; 6 (Suppl 1: M4): 98-107.
	This indicator is published for 2010-2015 in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2015.
	The 2016 result for this indicator is published for the first time in this report. Data for this indicator for 2016 come from the HIV surveillance report. CDC. Diagnoses of HIV infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report, 2017*; vol. 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018. Accessed November 28, 2018.

Reduce disparities: HIV diagnoses—Young black gay and bisexual men

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, reduce the disparity in the rate of new HIV diagnoses among young black gay and bisexual men by at least 15 percent
Indicator	HIV diagnosis disparity ratio, which is the ratio of the diagnosis rate disparity for young black gay and bisexual men aged 13-24 years to the diagnosis rate for the overall population
Numerator	HIV diagnosis rate disparity for young black gay and bisexual men aged 13-24 years in the United States, calculated by subtracting the diagnosis rate for the overall population from the diagnosis rate for young black gay and bisexual men
Denominator	HIV diagnosis rate for the overall population (per 100,000) in the calendar year
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	To calculate the diagnosis rate for the overall population, the number of diagnoses for the overall population (persons of all ages in the 50 states and the District of Columbia) was divided by the total US census population and multiplied by 100,000. To calculate the diagnosis rate for young black gay and bisexual men, the number of diagnoses for young black gay and bisexual men (in the 50 states and the District of Columbia) was divided by the population of young black gay and bisexual men and multiplied by 100,000. To obtain the population estimate for young black gay and bisexual men, the annual post-censal estimate for young black males was multiplied by 6.9 percent as reported by Purcell et al cited below. Progress towards annual targets is assessed for the most recent year for which the data are considered final (i.e. reported to CDC within 18 months of the diagnosis year). Preliminary data are reported in the annual surveillance report for the most current year for which data are available and include diagnoses reported to CDC within 6 months of the diagnosis year; these preliminary data are not included in this report and are not used to determine progress toward annual targets. For the purposes of monitoring this indicator, the final diagnosis disparity ratio is not updated. HIV diagnoses data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the infection could be detected and diagnosed. Anonymous tests are also not reported. Population estimates for young black gay and bisexual men may be underestimated due to social response bias in self-reported data. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (109.4)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (108.6); 2012 (107.8); 2013 (106.9); 2014 (105.3); 2015 (103.7); 2016 (102.0); 2017 (100.4); 2018 (97.9); 2019 (95.5)
2020 Target	93.0
References	Purcell DW, Johnson CH, Lansky A, Prejean J, Stein R, Denning P, Gaul Z, Weinstock H, Su J, Crepaz N. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. Open AIDS Journal 2012; 6 (Suppl 1: M4): 98-107.
	This indicator is published for 2010-2015 in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—

United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

The 2016 result for this indicator is published for the first time in this report. Data for this indicator for 2016 come from the HIV surveillance report. CDC. Diagnoses of HIV infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report, 2017*; vol. 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018. Accessed November 28, 2018.

Reduce disparities: HIV diagnoses—Black females

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, reduce disparities in the rate of new diagnoses among Black females by at least 15 percent
Indicator	HIV diagnosis disparity ratio, which is the ratio of the diagnosis rate disparity for black females to the diagnosis rate for the overall population
Numerator	HIV diagnosis rate disparity for black females, calculated by subtracting the diagnosis rate for the overall population from the diagnosis rate for black females
Denominator	HIV diagnosis rate for the overall population (per 100,000) in the calendar year
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	To calculate the diagnosis rate for the overall population, the number of diagnoses for the overall population (persons of all ages in the 50 states and the District of Columbia) was divided by the total US census population and multiplied by 100,000. To calculate the diagnosis rate for black females, the number of diagnoses for black females (in the 50 states and the District of Columbia) was divided by the appropriate US census population and multiplied by 100,000. Progress toward annual targets is assessed for the most recent year for which the data are considered final (i.e. reported to CDC within 18 months of the diagnosis year). Preliminary data are reported in the annual surveillance report for the most current year for which data are available and include diagnoses reported to CDC within 6 months of the diagnosis year; these preliminary data are not included in this report and are not used to determine progress toward annual targets. For the purposes of monitoring this indicator, the final diagnosis disparity ratio is not updated. HIV diagnoses data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the infection could be detected and diagnosed. Anonymous tests are also not reported. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (1.71)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (1.70); 2012 (1.68); 2013 (1.67); 2014 (1.65); 2015 (1.62); 2016 (1.59); 2017 (1.57); 2018 (1.53); 2019 (1.49)
2020 Target	1.45
References	This indicator is published for 2010-2015 in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.
	The 2016 result for this indicator is published for the first time in this report. Data for this indicator for 2016 come from the HIV surveillance report. CDC. Diagnoses of HIV infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report, 2017*; vol. 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018. Accessed November 28, 2018.

Reduce disparities: HIV diagnoses—Southern United States

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, reduce disparities in the rate of new diagnoses among persons living in the Southern United States by at least 15 percent
Indicator	HIV diagnosis disparity ratio, which is the ratio of the diagnosis rate disparity for persons living in the Southern United States to the diagnosis rate for the overall population
Numerator	HIV diagnosis rate disparity for persons living in the Southern United States, calculated by subtracting the diagnosis rate for the overall population from the diagnosis rate for persons living in the Southern United States
Denominator	HIV diagnosis rate for the overall population (per 100,000) in the calendar year
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	To calculate the diagnosis rate for the overall population, the number of diagnoses for the overall population (persons of all ages in the 50 states and the District of Columbia) was divided by the total US census population and multiplied by 100,000. To calculate the diagnosis rate for persons in the Southern United States, the number of diagnoses for persons in the Southern US (including Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland,

Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia and the District of Columbia) was divided by the appropriate US census population and multiplied by 100,000. Progress toward annual targets is assessed for the most recent year for which the data are considered final (i.e. reported to CDC within 18 months of the diagnosis year). Preliminary data are reported in the annual surveillance report for the most current year for which data are available and include diagnoses reported to CDC within 6 months of the diagnosis year; these preliminary data are not included in this report and are not used to determine progress toward annual targets. For the purposes of monitoring this indicator, the final diagnosis disparity ratio is not updated. HIV diagnoses data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the infection could be detected and diagnosed. Anonymous tests are also not reported. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.

Baseline	2010 (0.33)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (0.33); 2012 (0.33); 2013 (0.32); 2014 (0.32); 2015 (0.31); 2016 (0.31); 2017 (0.30); 2018 (0.30); 2019 (0.29)
2020 Target	0.28
References	This indicator is published for 2010-2015 in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.
	The 2016 result for this indicator is published for the first time in this report. Data for this indicator for 2016 come from the HIV surveillance report. CDC. Diagnoses of HIV infection in the United States and Dependent Areas, 2017. *HIV Surveillance Report, 2017*; vol. 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018. Accessed November 28, 2019.

Increase linkage to HIV medical care

Goal	Improve health outcomes for persons with HIV
Objective	By 2020, increase the percentage of persons with newly diagnosed HIV infection who are linked to HIV medical care within one month of diagnosis to at least 85 percent
Indicator	Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load
Numerator	Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load
Denominator	Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Data are limited to areas with complete reporting of CD4 and viral load test results to CDC. The number of areas meeting these criteria each year are: 2010 (14); 2011 (19); 2012 (18); 2013 (28); 2014 (33); 2015 (38); 2016 (40). Data from the 40 areas represent 85.9% of all persons aged ≥13 years with diagnosed HIV infection at year-end 2015. Persons were considered linked to HIV medical care if reported laboratory data documented that at least 1 CD4 or viral load test had been performed within 1 month after HIV diagnosis. Results for this indicator can be affected by changes in linkage to HIV medical care, the number of areas reporting data, and completeness of laboratory reporting. The use of a laboratory test result (CD4 or viral load) as a proxy for a care visit may result in over- or underestimation of care visits. To account for changes in the number of states contributing data, we assessed trends in linkage to care for the states included at baseline that contributed data for each year of the assessment. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (70.2%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (70.9%); 2012 (71.7%); 2013 (72.4%); 2014 (73.9%); 2015 (75.4%); 2016 (76.9%); 2017 (78.3); 2018 (80.6%); 2019 (82.8%)
2020 Target	85.0%
References	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Increase retention in HIV medical care

Goal	Improve health outcomes for persons with HIV
Objective	By 2020, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent
Indicator	Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year
Numerator	Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load
Denominator	Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Data are limited to areas with complete reporting of CD4 and viral load test results to CDC. The number of areas meeting these criteria each year are: 2010 (14); 2011 (19); 2012 (18); 2013 (28); 2014 (33); 2015 (38); 2016 (40). Data from the 40 areas represent 85.9% of all persons aged ≥13 years with diagnosed HIV infection at year-end 2015. This indicator is calculated among people whose most recent known address is in these jurisdictions and are alive as of the end of the specified year regardless of where they were diagnosed. Results for this indicator can be affected by changes in retention in HIV medical care, the number of areas reporting data, and completeness of laboratory reporting. To account for changes in the number of states contributing data, we assessed trends in retention in care for the states included at baseline that contributed data for each year of the assessment. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (54.7%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (56.5%); 2012 (58.2%); 2013 (60.0%); 2014 (63.5%); 2015 (67.1%); 2016 (70.6%); 2017 (74.1%); 2018 (79.4%); 2019 (84.7%)
2020 Target	90.0%
References	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Increase viral suppression

Goal	Improve health outcomes for persons with HIV
Objective	By 2020, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent
Indicator	Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed
Numerator	Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression was defined as a viral load test result of <200 copies/Ml at the most recent viral load test (except for 2010 when it was defined as ≤200 copies Ml).
Denominator	Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Data are limited to areas with complete reporting of CD4 and viral load test results to CDC. The number of areas meeting these criteria each year are: 2010 (14); 2011 (19); 2012 (18); 2013 (28); 2014 (33); 2015 (38); 2016 (40). Data from the 40 areas represent 89.5% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2015. The indicator is calculated among people whose most recent known address is in these jurisdictions and are alive as of the end of the specified year regardless of where they were diagnosed. Results for this indicator can be affected by changes in viral suppression, the number of areas reporting data, and completeness of laboratory reporting. To account for changes in the number of states contributing data, we assessed trends in viral suppression for the states included at baseline that contributed data for each year of the assessment. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (46.0%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (47.7%); 2012 (49.4%); 2013 (51.1%); 2014 (54.5%); 2015 (57.9%); 2016 (61.3%); 2017 (64.7%); 2018 (69.8%); 2019 (74.9%)

2020 Target	80.0%
References	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce disparities: Viral suppression—Youth

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, increase the percentage of youth with diagnosed HIV infection who are virally suppressed to at least 80 percent
Indicator	Percentage of youth with diagnosed HIV infection who are virally suppressed
Numerator	Number of HIV-diagnosed youth aged 13-24 years whose most recent viral load test in the past 12 months showed that HIV viral load was suppressed. Viral suppression was defined as a viral load result of <200 copies/mL at the most recent viral load test (except for 2010 when it was defined as ≤200 copies/mL)
Denominator	Number of persons aged 13-24 years with HIV infection diagnosed by previous year-end and alive at year-end
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Data are limited to jurisdictions with complete reporting of CD4 and viral load test results to CDC. The number of jurisdictions meeting these criteria each year are: 2010 (14); 2011 (19); 2012 (18); 2013 (28); 2014 (33); 2015 (38); 2016 (40). Data from the 40 jurisdictions represent 89.5% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2015. The indicator is calculated among people whose most recent known address is in these jurisdictions and are alive as of the end of the specified year regardless of where they were diagnosed. The number of states with data included for this indicator is limited and the states included for analysis may vary from year to year. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	30.9%
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (33.4%); 2012 (35.8%); 2013 (38.3%); 2014 (43.2%); 2015 (48.1%); 2016 (53.0%); 2017 (57.9%); 2018 (65.3%); 2019 (72.6%)
2020 Target	80.0%
References	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce disparities: Viral suppression—Persons who inject drugs

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, increase the percentage of persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent
Indicator	Percentage of persons who inject drugs with diagnosed HIV infections who are virally suppressed
Numerator	Number of HIV-diagnosed persons who inject drugs aged ≥13 years whose most recent viral load test in the past 12 months showed that HIV viral load was suppressed. Viral suppression was defined as a viral load result of <200 copies/mL at the most recent viral load test (except for 2010 when it was defined as ≤200 copies/mL)
Denominator	Number of persons aged ≥13 years who inject drugs and with HIV infection diagnosed by previous year-end and alive at year-end
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	Data are limited to jurisdictions with complete reporting of CD4 and viral load test results to CDC. The number of jurisdictions meeting these criteria each year are: 2010 (14); 2011 (19); 2012 (18); 2013 (28); 2014 (33); 2015 (38); 2016 (40). Data from the 40 jurisdictions represent 89.5% of all persons aged ≥13 years with diagnosed HIV infection at year-end 2015. The indicator is calculated among people whose most recent known address is in these jurisdictions and are alive as of the end of the specified year regardless of where they were diagnosed. The number of states with data included for this indicator is limited and the states included for analysis may vary from year to year. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (39.6%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.

Annual Targets	2011 (41.6%); 2012 (43.6%); 2013 (45.7%); 2014 (49.7%); 2015 (53.7%); 2016 (57.8%); 2017 (61.8%); 2018 (67.9%); 2019 (73.9%)
2020 Target	80.0%
References	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce disparities: Viral suppression—Transgender women in care

Goal	Reduce HIV-related disparities and health inequities
Objective	By 2020, increase the percentage of transgender women with diagnosed HIV infection in the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) medical care who are virally suppressed to at least 90 percent
Indicator	Percentage of HIV-diagnosed transgender women receiving HIV medical care from a Ryan White HIV/AIDS Program-funded provider whose most recent viral load test in the past 12 months showed that HIV viral load was suppressed
Numerator	Number of transgender women with HIV aged ≥13 years who received from a RWHAP-funded HIV medical provider at least one outpatient ambulatory health services (OAHS) visit and had at least one viral load test during the measurement year, whose most recent viral load test showed that HIV viral load was suppressed. Viral suppression was defined as a viral load result of <200 copies/mL at the most recent viral load test.
Denominator	Number of transgender women with HIV aged ≥13 years who received from an RWHAP-funded HIV medical provider at least one OAHS visit and had at least one viral load test during the measurement year.
Data Source	Health Resources and Services Administration, RWHAP Services Report (RSR)
Indicator Notes	Data from the RSR include de-identified client-level information about people who receive services from a RWHAP-funded provider in the calendar year. Data are submitted by RWHAP grant recipients and sub-recipients in 50 states, District of Columbia, Guam, Puerto Rico, and the US Virgin Islands. In 2017, the RWHAP provided care, treatment, and support services to more than 50% of all people with diagnosed HIV in the US. Of all RWHAP clients with HIV in 2017, 71% received both OAHS services and a viral load test; this represents more than 356,000 clients overall. Clients served by the RWHAP do not represent all persons with HIV or all persons with HIV receiving HIV medical care in the US. Viral suppression analyses are based on clients with HIV who had at least one OAHS visit and at least one viral load test in the calendar year. Therefore, clients included in viral suppression analyses do not represent all clients receiving services through RWHAP. In addition, from 2010 through 2014, RWHAP clients with OAHS visits and/or laboratory tests that were not paid for by RWHAP (i.e., paid for by some form of health care coverage such as Medicaid or private insurance) were not reported to the RSR and were excluded from the denominator. Beginning in 2015, recipients and subrecipients reported all eligible clients who received OAHS from an OAHS recipient/subrecipient, regardless of actual funding used to pay for services. This change did not have an impact on the proportion of clients served by RWHAP who were virally suppressed. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (62.2%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (63.6%); 2012 (65.0%); 2013 (66.4%); 2014 (69.2%); 2015 (71.9%); 2016 (74.7%); 2017 (77.5%); 2018 (81.7%); 2019 (85.8%)
2020 Target	90.0%
References	Data for this indicator come from annual client-level data reports from HRSA. The most recent reference is: Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017*. https://hab.hrsa.gov/data/data-reports. Published December 2018.
	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce risk behaviors among young gay and bisexual males

Goal	Prevent new HIV infections
Objective	By 2020, reduce the percentage of young gay and bisexual males in grades 9-12 who have engaged in HIV risk behaviors by at least 10 percent
Indicator	Percentage of young gay and bisexual males in grades 9-12 who have engaged in HIV risk behaviors

Numerator	Number of male students in grades 9-12 who ever had sexual intercourse with only males or with both males and females and who 1) had sexual intercourse during the past three months with three or more persons, or 2) had sexual intercourse during the past three months and did not use a condom during last sexual intercourse, or 3) ever injected any illegal drug
Denominator	All male students in grades 9-12 who had ever had sexual intercourse with only males or with both males and females
Data Source	Youth Risk Behavior Surveillance System (YRBSS)
Indicator Notes	National data are collected every 2 years by CDC and released the year following data collection. Starting in 2015, questions used to derive this indicator were added to the standard YRBSS questionnaire and the national YRBSS questionnaire so the estimates are nationally representative. The 2013 data (baseline for this indicator) were derived from surveys conducted by 15 large urban school districts in Baltimore (MD), Boston (MA), Chicago (IL), Detroit (MI), District of Columbia, Fort Lauderdale (FL), Houston (TX), Los Angeles (CA), Memphis (TN), New York City (NY), Orange County (FL), Palm Beach (FL), Philadelphia (PA), San Diego (CA), and San Francisco (CA). YRBSS data are representative of the adolescent population who attend school, approximately 96% of all youth according to National Center for Education Statistics (NCES) data. Data are subject to reporting biases, given the sensitive subject matter. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2013 (34.1%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2013 (baseline) and 2020 as follows: 10% of total change each year during 2014—2016; 15% of total change each year during 2017—2018; and 20% of total change each year during 2019—2020.
Annual Targets	2015 (33.4%); 2017 (32.6%); 2019 (31.4%)
2020 Target	30.7%
References	Kann L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance — United States, 2017. MMWR Surveill Summ 2018;67(No. SS-8):1–114. DOI: https://dx.doi.org/10.15585/mmwr.ss6708a1.
	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce high-risk sex among gay, bisexual, and other men who have sex with men (MSM)

Goal	Reduce new HIV infections
Objective	By 2020, reduce the percentage of HIV-negative MSM who engaged in high-risk sex by at least 25%
Indicator	Percentage of HIV-negative MSM who report not taking PrEP in the past 12 months and who report condomless anal or vaginal intercourse with a HIV-positive partner or partner of unknown HIV status at last sex
Numerator	Number of men who had sex with another man in the past 12 months who did not report a previous HIV-positive test result and who report not taking PrEP in the past 12 months and who report condomless anal or vaginal intercourse with a HIV-positive partner or partner of unknown HIV status at last sex
Denominator	Number of men who had sex with another man in the past 12 months who did not report a previous HIV-positive test result
Data Source	National HIV Behavioral Surveillance (NHBS)
Indicator Notes	Previous high-risk sex among HIV-negative gay and bisexual men only included non-use of condoms because the indicator was developed prior to PrEP being licensed for use as medication to prevent HIV. This revised indicator incorporates PrEP into the definition. High-risk sex is defined as a respondent reporting: not receiving a previous HIV-positive test result and not taking PrEP in the past 12 months and condomless anal or vaginal intercourse with a HIV-positive partner or partner of unknown HIV status at last sex. The data source for this indicator is NHBS which is conducted in state and local health departments in select MSAs which represented approximately 45% of all persons with HIV infection in urban areas with a population of at least 500,000 in 2014. Consequently, this indicator is not representative of all gay and bisexual men in all geographic settings. The NHBS-MSM cycle is conducted every three years. Data for this indicator are published every three years.
Baseline	2011 (13.0%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2011 (baseline) and 2020 as follows: 5% of total change during 2012; 10% of total change each year during 2013—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2014 (12.2%), 2017 (11.2%)
2020 Target	9.8%
References	This indicator is published in HIV surveillance special reports from CDC. The most recent reference is: CDC. *HIV Infection Risk, Prevention, and Testing Behaviors among Men Who Have Sex with Men—National HIV Behavioral*

Surveillance: 23 U.S. Cities, 2017. HIV Surveillance Special Report 22. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 28, 2019.

Reduce non-sterile injection among persons who inject drugs

Goal	Prevent new HIV infections
Objective	By 2020, reduce the percentage of HIV-negative persons who inject drugs who used non-sterile injection equipment by at least 25%
Indicator	Percentage of HIV-negative persons who inject drugs who used non-sterile injection equipment
Numerator	Number of men and women who injected drugs in the past 12 months did not report a previous HIV-positive test result and who reported in the past 12 months using a needle or other equipment that someone else had used for injection or reported using drugs that had been divided with a syringe that someone else had already used for injection
Denominator	Number of men or women who injected drugs in the past 12 months and did not report a previous HIV-positive test result
Data Source	National HIV Behavioral Surveillance (NHBS)
Indicator Notes	Given that states can submit a determination of need and request use of program dollars for allowable costs/activities in Syringe Services Programs (SSPs), this indicator could be used to measure progress in reducing unclean needle and equipment use among persons who inject drugs (PWID). The data source for this indicator is NHBS which is conducted in state and local health departments in select MSAs which represented approximately 45% of all persons with HIV infection in urban areas with a population of at least 500,000 in 2014. Consequently, this indicator is not representative of all persons who inject drugs in all geographic settings. The NHBS-PWID cycle is conducted every three years. Data for this indicator are released every three years.
Baseline	2012 (60.7%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2012 (baseline) and 2020 as follows: 5% of total change during 2013; 10% of total change each year during 2014—2015; and 15% of total change each year during 2016—2020.
Annual Targets	2015 (56.9%), 2018 (50.1%);
2020 Target	45.5%
References	This indicator is published in HIV surveillance special reports from CDC. The most recent reference is: CDC. *HIV Infection Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs—National HIV Behavioral Surveillance: Injection Drug Use, 20 U.S. Cities, 2015*. HIV Surveillance Special Report 18. Revised edition. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2018. Accessed May 28, 2018.

Reduce high-risk sex among persons with diagnosed HIV

Revised Baseline, Target Setting, Annual Targets, 2020 Target (July 2019)

Goal	Prevent new HIV infections
Objective	By 2020, reduce the percentage of persons with diagnosed HIV who engage in high-risk sex by at least 25 percent
Indicator	Percentage of persons with diagnosed HIV infection who engaged in high-risk sex
Numerator	Number of persons ≥18 years with diagnosed HIV infection who are not durably virally suppressed and who had condomless anal or vaginal intercourse with a partner of HIV-negative or unknown status who was not known to be on PrEP in the past 12 months
Denominator	Number of persons ≥18 years with diagnosed HIV infection
Data Source	Medical Monitoring Project (MMP)
Indicator Notes	The previous high-risk sex indicator only included non-use of condoms because the indicator was developed prior to PrEP being licensed for use to prevent HIV and before the publication of evidence of sustained viral suppression effectively preventing HIV transmission from the person with HIV. This modified indicator incorporates lack of sustained viral suppression by the respondent who is a person with HIV and non-use of PrEP by the respondent's partner. High-risk sex is defined as respondent not durably virally suppressed and condomless anal or vaginal intercourse with an HIV-negative or unknown status partner who was not known to be on PrEP in the past 12 months.
Baseline	2015 (6.6%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2015 (baseline) and 2020 as follows: 15% of total change each year during 2016—2017; 20% of total change during 2018; and 25% of total change each year during 2019—2020.
Annual Targets	2016 (6.4%); 2017 (6.1%); 2018 (5.8%); 2019 (5.4%)
2020 Target	5.0%
References	This indicator is published in annual HIV surveillance special reports from CDC. The most recent reference is: CDC.

Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2016 Cycle (June 2016-May 2017). HIV Surveillance Special Report 21. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 28, 2019.

Increase PrEP prescription

Goal	Prevent new HIV infections
Objective	By 2020, increase the number of persons prescribed pre-exposure prophylaxis (PrEP) by at least 500 percent
Indicator	Number of commercially-insured persons aged ≥16 years who were prescribed TDF/FTC (Truvada) for PrEP for >30 days in the calendar year
Numerator	Number of commercially-insured persons aged ≥16 years who were prescribed TDF/FTC (Truvada) for PrEP for >30 days in the calendar year
Denominator	None
Data Source	Data licensed from MarketScan Commercial Claims and Encounter Database (IBM Watson Health) are analyzed by CDC
Indicator Notes	The data include approximately 50 million enrollees each year drawn from annual convenience samples of about 200 large employer-sponsored health insurance plans nationwide. The annual dataset includes about one-third of persons aged 18-64 who have employer-sponsored insurance in all 50 states and the District of Columbia. Data used for this indicator include claims for clinical care visits and pharmacy claims for persons with employer-sponsored insurance. The algorithm used to determine persons prescribed PrEP is described in Wu H, et al (see reference below). The estimates were weighted to the national population of individuals with employer-sponsored insurance. Missing data, changes in insurance coverage for individuals during a given year, and other measurement error may affect the accuracy of the resulting estimates. The data source also does not include information on behaviors that determine indications for PrEP according to the CDC Clinical Practice Guidelines for PrEP. Use of data representing commercially-insured persons means the indicator does not reflect persons prescribed PrEP through other payer sources (e.g., private insurance/HMOs, Medicaid, Medicare, Veterans Affairs, pharmaceutical company assistance plan, state PrEP assistance plans). The methodology used to compute commercial insurance weights changed in 2015. The American Community Survey (ACS) was identified as the new basis for national weights to be used with MarketScan data. The new weighting process yielded a new 2014 baseline data point and was used to calculate new annual targets. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2014 (7,972)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2014 (baseline) and 2020 as follows: 10% of total change during 2015; 15% of total change each year during 2016—2017; and 20% of total change each year during 2018—2020.
Annual Targets	2015 (11,958); 2016 (17,937); 2017 (23,916); 2018 (31,888); 2019 (39,860)
2020 Target	47,832
References	Wu H, Mendoza M, Huang Y, et al. Uptake of HIV pre-exposure prophylaxis among commercially insured persons—United States, 2010-2014. Clinical Infectious Disease. DOI:10.1093/cid/ciw701
	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 2). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce homelessness

Goal	Reduce health outcomes for persons with HIV
Objective	By 2020, reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent
Indicator	Percentage of persons in HIV medical care who are homeless
Numerator	2010-2014: Number of persons aged ≥18 years who received outpatient medical care for HIV infection during January through April of the calendar year, and report having been homeless (defined as living on the street or in a shelter, single-room-occupancy hotel, or car) during the 12 months prior to interview
	2015 and after: Number of persons aged ≥18 years with diagnosed HIV infection who reported living on the street, in a shelter, in a single-room-occupancy hotel, or in a car at any time in the past 12 months
Denominator	2010-2014: Number of persons aged ≥18 years who received outpatient medical care for HIV infection during January through April of the calendar year, as documented in the medical record
	2015 and after: Number of persons aged ≥18 years with diagnosed HIV infection receiving any outpatient medical care in the 12 months prior to interview
Data Source	Medical Monitoring Project (MMP)
Indicator Notes	From 2010-2014, MMP was designed to produce nationally representative data on clinical and behavioral outcomes among adults receiving medical care for HIV infection in the United States and Puerto Rico. Starting in 2015, this

system was expanded to include all adults with diagnosed HIV in the United States and Puerto Rico (including those in care and those not in care) using data from the National HIV Surveillance System (NHSS). Sampled persons were recruited to participate in person, by telephone, or by mail. To be eligible for MMP, the person had to be, as of December 31, 2014: diagnosed with HIV infection, aged ≥18 years, and living in one of 23 MMP project areas. Results for 2015 and beyond will be limited to persons with diagnosed HIV aged ≥18 years receiving any outpatient HIV medical care in the past 12 months and who reported living on the street, in a shelter, in a single-room–occupancy hotel, or in a car at any time in the past 12 months. Outpatient HIV care was defined as any documentation in the medical record of the following: encounter with an HIV care provider (also assessed by interview), viral load test result, CD4 test result, HIV resistance test or tropism assay, ART prescription, PCP prophylaxis, or MAC prophylaxis. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.

Baseline	2010 (7.7%)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (7.6%); 2012 (7.4%); 2013 (7.3%); 2014 (7.0%); 2015 (6.8%); 2016 (6.5%); 2017 (6.2%); 2018 (5.8%); 2019 (5.4%)
2020 Target	5.0%
References	This indicator is published in annual HIV surveillance special reports from CDC. The most recent reference is: CDC. *Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2016 Cycle (June 2016-May 2017)*. HIV Surveillance Special Report 21. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 28, 2019.
	This indicator is also published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018.

Reduce HIV stigma

Goal	Improve health outcomes for persons with HIV
Objective	By 2020, reduce HIV-related stigma among persons with diagnosed HIV infection by at least 25 percent
Indicator	Median score of a 10-item stigma scale, ranging from 0 (no stigma) to 100 (maximum stigma), measured among persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico
Numerator	Median score of a 10-item stigma scale, ranging from 0 (no stigma) to 100 (maximum stigma), measured among persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico
Denominator	None
Data Source	Medical Monitoring Project (MMP)
Indicator Notes	The MMP survey includes a 10-item scale ranging from 0 (no stigma) to 100 (maximum stigma) that measures four dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people with HIV. The personalized stigma items, which comprise three items of the 10-item stigma scale, do not specify a current time period for reporting the experience of stigma; this may result in the stigma scale being less sensitive to changes in stigma over time. Self-reported data may be subject to social response bias. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2015 (38.3)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2015 (baseline) and 2020 as follows: 15% of total change each year during 2016-2017; 20% of total change during 2018; and 25% of total change each year during 2019—2020
Annual Targets	2016 (36.9); 2017 (35.4); 2018 (33.5); 2019 (31.1)
2020 Target	28.7
References	The HIV stigma scale utilized for this indicator is discussed in: Wright K, Naar-King S, Liam P, Templin T, Frey M. Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. J Adolesc Health. 2007 Jan;40(1).
	This indicator is published in annual HIV surveillance special reports from CDC. The most recent reference is: CDC. *Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2016 Cycle (June 2016-May 2017)*. HIV Surveillance Special Report 21. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 28, 2019.
	This indicator is also published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No.4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

Reduce death rate

Goal	Improve health outcomes for persons with HIV
Objective	By 2020, reduce the death rate among persons with diagnosed HIV infection by at least 33 percent
Indicator	Death rate during a calendar year among persons aged ≥13 years with diagnosed HIV infection
Numerator	Estimated number of deaths during a calendar year among persons aged ≥13 years with diagnosed HIV infection
Denominator	Estimated total number of persons with diagnosed HIV infection, aged ≥13 years, at the end of the previous year plus the number of persons, aged ≥13 years, with diagnosed infection in the year of the deaths. The rate is measured per 1,000 persons with diagnosed HIV infection
Data Source	National HIV Surveillance System (NHSS)
Indicator Notes	The age restrictions (≥13 years) are based on age at diagnosis. All-cause mortality, rather than HIV-related mortality, was measured given limitations in ascertainment and completeness of reporting cause of death due to HIV infection in vital statistics. The death rate is age-adjusted and used the U.S. 2000 standard population distribution to adjust death rates per 1,000 persons with diagnosed HIV infection. This indicator is reported as part of the National HIV/AIDS Strategy: Updated to 2020.
Baseline	2010 (19.4)
Target Setting	Annual targets were set by allocating the total amount of change needed between 2010 (baseline) and 2020 as follows: 5% of total change each year during 2011—2013; 10% of total change each year during 2014—2017; and 15% of total change each year during 2018—2020.
Annual Targets	2011 (19.1); 2012 (18.8); 2013 (18.4); 2014 (17.8); 2015 (17.2); 2016 (16.5); 2017 (15.9); 2018 (14.9); 2019 (14.0)
2020 Target	13.0
References	This indicator is published in annual HIV surveillance supplemental reports from CDC. The most recent reference is: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. *HIV Surveillance Supplemental Report 2018*;23(No. 4). https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published June 2018. Accessed July 15, 2018.

State Laboratory Data Reporting

States meeting NHSS laboratory reporting requirements, 2010 to 2016

2010 (14)	2011 (19)	2012 (18)	2013 (28)	2014 (33)	2015 (38)	2016 (40)
			Alabama	Alabama	Alabama	Alabama
			Alaska	Alaska	Alaska	Alaska
			Arkansas			
California: San Francisco only	California: San Francisco and Los Angeles only	California	California	California	California	California
					Colorado	Colorado
					Connecticut	Connecticut
Delaware	Delaware				Delaware	Delaware
D.C.	D.C.	D.C.	D.C.	D.C.	D.C.	D.C.
						Florida
	Georgia			Georgia	Georgia	Georgia
	Hawaii	Hawaii	Hawaii	Hawaii	Hawaii	Hawaii
Illinois	Illinois	Illinois	Illinois	Illinois	Illinois	Illinois
Indiana	Indiana	Indiana	Indiana	Indiana	Indiana	Indiana
Iowa	Iowa	Iowa	Iowa	Iowa	Iowa	Iowa
	Louisiana	Louisiana	Louisiana	Louisiana	Louisiana	Louisiana
			Maine	Maine	Maine	Maine
		Maryland	Maryland	Maryland	Maryland	Maryland
				Massachusetts	Massachusetts	Massachusetts
	Michigan	Michigan	Michigan	Michigan	Michigan	Michigan
Minnesota	Minnesota			Minnesota	Minnesota	Minnesota
				Mississippi	Mississippi	Mississippi
Missouri	Missouri	Missouri	Missouri	Missouri	Missouri	Missouri
					Montana	Montana
Nebraska	Nebraska		Nebraska	Nebraska	Nebraska	Nebraska
	New Hampshire	New Hampshire	New Hampshire	New Hampshire	New Hampshire	New Hampshire
				New Mexico	New Mexico	New Mexico
New York: excluding NYC	New York	New York	New York	New York	New York	New York
						North Carolina
North Dakota	North Dakota	North Dakota	North Dakota	North Dakota	North Dakota	North Dakota
			Oregon	Oregon	Oregon	Oregon
					Rhode Island	Rhode Island
South Carolina	South Carolina	South Carolina	South Carolina	South Carolina	South Carolina	South Carolina
			South Dakota	South Dakota	South Dakota	South Dakota
			Tennessee	Tennessee	Tennessee	Tennessee
		Texas	Texas	Texas	Texas	Texas
		Utah	Utah	Utah	Utah	Utah
			Virginia	Virginia	Virginia	Virginia
			Washington	Washington	Washington	Washington
West Virginia	West Virginia	West Virginia	West Virginia	West Virginia	West Virginia	West Virginia
			Wisconsin	Wisconsin	Wisconsin	Wisconsin
Wyoming	Wyoming	Wyoming		Wyoming	Wyoming	Wyoming

The following jurisdictions did not report complete laboratory data for any years during 2010 to 2016: Arizona, Idaho, Kansas, Kentucky, Nevada, New Jersey, Ohio, Oklahoma, Pennsylvania, Vermont

Selected References

Selected References

Branson BM, Handsfield HH, Lampe MA, et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006;55(No. RR14).

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