CDC HIV Prevention Progress Report 2019

Norma Harris, PhD
Senior Advisor for Strategic Indicators and Data for Impact
Division of HIV/AIDS Prevention

Federal AIDS Policy Partnership - June 26, 2019
Presentation Outline

- History
- Methods
- Select Results
- Questions
History
HIV Prevention Progress Report (HPR) 2019

- First time that CDC has produced a report that includes both national and state level indicators
- Reports on progress of 21 key HIV prevention and care indicators
- Reflects DHAP Strategic Plan and national indicator reporting activities
  - NHAS 2020, HP 2020, GPRA, UNAIDS
- Includes 7 state level indicators (where available) for 50 states and District of Columbia
Data Sources

- National HIV Surveillance System (NHSS) - 13
  - State level
- Medical Monitoring Project (MMP) - 3
- National HIV Behavioral Surveillance System (NHBS) - 2
- Youth Risk Behavioral Surveillance System (YRBS) - 1
- HRSA Ryan White HIV/AIDS Program - 1
- MarketScan - 1
Report Structure: Main Sections

- From the Director, Division of HIV/AIDS Prevention
- Overview
- National Progress at a Glance
- States’ Progress at a Glance
- Indicator Summaries
- Indicator Data Tables: National and State
- Technical Notes
- Selected References
Methods
Measuring National Progress

- Compare result for most recent data year to annual target

- For each indicator, symbols indicate whether annual target was:
  - [✔️] met in recent data year
  - [➡️] not met but movement toward annual target in recent data year
  - [❌] no change or movement away from annual target in recent data year

- Statistical tests not used to assess change over time or differences between result and target
  - Statistically significant change may not be expected year to year or not needed to reach 2020 target;
  - Data for some indicators available in other publications may include statistical significance

- Any magnitude of change is considered as movement toward or away from annual target
### National Progress at a Glance

#### Prevent New HIV Infections

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<td>2016</td>
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#### Improve Health Outcomes for Persons with HIV

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<td>2016</td>
<td>76.9%</td>
<td>75.9%</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>Increase retention in care</td>
<td>90.0%</td>
<td>2015</td>
<td>67.1%</td>
<td>57.2%</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>Increase viral suppression</td>
<td>80.0%</td>
<td>2015</td>
<td>57.9%</td>
<td>59.8%</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>Reduce high-risk sex among persons with HIV</td>
<td>5.6%</td>
<td>2016</td>
<td>7.1%</td>
<td>6.6%</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>Reduce homelessness</td>
<td>5.9%</td>
<td>2016</td>
<td>6.5%</td>
<td>8.4%</td>
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<tr>
<td>Reduce HIV stigma</td>
<td>28.7%</td>
<td>2016</td>
<td>36.9%</td>
<td>39.0%</td>
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<tr>
<td>Reduce death rate</td>
<td>13.0%</td>
<td>2016</td>
<td>17.2%</td>
<td>14.3%</td>
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#### Reduce HIV-Related Disparities and Health Inequities

<table>
<thead>
<tr>
<th>Objective</th>
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<th>Year</th>
<th>Target</th>
<th>Result</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce HIV diagnosis disparity ratio</td>
<td>17.4</td>
<td>2016</td>
<td>19.1</td>
<td>22.4</td>
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<tr>
<td>— MSM</td>
<td>93.6</td>
<td>2016</td>
<td>102.0</td>
<td>115.7</td>
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<tr>
<td>— Young black MSM</td>
<td>1.45</td>
<td>2016</td>
<td>1.59</td>
<td>1.11</td>
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<tr>
<td>— Black females</td>
<td>0.28</td>
<td>2016</td>
<td>0.31</td>
<td>0.36</td>
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<tr>
<td>— Southern United States</td>
<td>80.0%</td>
<td>2015</td>
<td>48.1%</td>
<td>51.2%</td>
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<tr>
<td>Increase viral suppression</td>
<td>80.0%</td>
<td>2015</td>
<td>53.7%</td>
<td>52.1%</td>
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<tr>
<td>— Youth</td>
<td>90.0%</td>
<td>2017</td>
<td>77.5%</td>
<td>80.5%</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>— Persons who inject drugs</td>
<td>80.0%</td>
<td>2015</td>
<td>53.7%</td>
<td>52.1%</td>
<td><img src="image" alt="image" /></td>
</tr>
<tr>
<td>— Transgender women in care</td>
<td>90.0%</td>
<td>2017</td>
<td>77.5%</td>
<td>80.5%</td>
<td><img src="image" alt="image" /></td>
</tr>
</tbody>
</table>

**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
## Measuring National Progress

### National Progress at a Glance

<table>
<thead>
<tr>
<th>Prevent New HIV Infections</th>
<th>Year</th>
<th>Target</th>
<th>Result</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce new HIV infections</td>
<td>2016</td>
<td>36,500</td>
<td>38,700</td>
<td>Met</td>
</tr>
<tr>
<td>Increase knowledge of HIV+ status</td>
<td>2016</td>
<td>86.0%</td>
<td>85.8%</td>
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### Improve Health Outcomes for Persons with HIV

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<tr>
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<tr>
<th>Increase retention in care</th>
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Annual targets and results for 21 key indicators in most recent data year:

- ✓ Met target
- → Progress
- ✗ No progress
## Measuring National Progress

### National Progress at a Glance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2020 Target</th>
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**Annual targets and results for 21 key indicators in most recent data year**

- **Met target**
- **Progress**
- **No progress**
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Annual targets and results for 21 key indicators in most recent data year:

- ![Green Check](image): Met target
- ![Yellow Arrow](image): Progress
- ![Red X](image): No progress
# Measuring National Progress

## National Progress at a Glance

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

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</table>

## Improve Health Outcomes for Persons with HIV

| Increase linkage to HIV medical care | 85.0% | 2016 | 76.9% | 75.9% | ![Yellow Arrow] |
| Increase retention in care          | 90.0% | 2015 | 67.1% | 57.2% | ![Yellow Arrow] |

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

- **☑ Met target**
- **➡ Progress**
- **☒ No progress**
Measuring National Progress
Baseline Year and Annual Targets

Baseline year: 2010*
Target: 2020

Annual targets
Measure interim progress
Accelerated target setting
Expect implementation activities started after 2010 to take hold and effects accelerate

Measuring National Progress

Indicator Summaries

Bar graph provides annual data from baseline to current data year, and progress in most recent data year.
Measuring National Progress
Indicator Summaries

Line graphs display trends from baseline to recent data year by subgroup:
- Transmission risk
- Race/ethnicity
- Age
- Gender
Measuring State Progress

- **Compare result from most recent data year to national 2020 target**
  - Light blue: 2020 target met or exceeded
  - Medium blue: Movement toward 2020 target between recent data year and previous year
  - Dark blue: No change or movement away from 2020 target between recent data year and previous year

- **Grouped by HIV prevalence to reflect similarities in HIV burden**
  - High ($\geq 20,000$)
  - Medium (4,000-19,999)
  - Medium-low (1,000-3,999)
  - Low (<1,000)
# Measuring States’ Progress

States’ Progress at a Glance

## Prevent New HIV Infections

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
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<td>Florida</td>
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<td>Georgia</td>
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<td>Illinois</td>
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<td>Louisiana</td>
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<td>Maryland</td>
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</tr>
<tr>
<td>Virginia</td>
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</tbody>
</table>

## Improve Health Outcomes for Persons with HIV

<table>
<thead>
<tr>
<th>State</th>
<th>Continuum of HIV Care</th>
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</tr>
</thead>
<tbody>
<tr>
<td>HIGH HIV PREVALENCE</td>
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<td>California</td>
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<tr>
<td>Virginia</td>
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## MEDIUM HIV PREVALENCE

<table>
<thead>
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<th>State</th>
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## Movement toward national 2020 target, recent data year

- **Met target**
- **Progress**
- **No progress**
- **Cannot assess**
- **Unstable estimate**
Measuring States’ Progress
Summary: States’ Progress on Indicators

Number of indicators by national 2020 target status, recent data year
- **Met target**
- **Progress**
- **No progress**
- **Cannot assess**
Measuring States’ Progress

Summary: States’ Progress on Indicators

Number of indicators by national 2020 target status, recent data year:
- Met target
- Progress
- No progress
- Cannot assess
Measuring States’ Progress
Summary: States’ Progress on Indicators

Number of indicators by national 2020 target status, recent data year

- Met target
- Progress
- No progress
- Cannot assess
State Quartile Ranking Map

Indicator Summaries

- Distribution of state results by quartile in recent data year, highlighting state variability

  - 1st quartile (lightest shading) reflects best results
  - 4th quartile (darkest shading) reflects poorest results
Measuring States’ Progress
Recent Data Year
Indicator Summaries

Recent Data Year, by Quartile

Dot graphic describes state progress in recent data year, by quartile.
Measuring States’ Progress
Indicator Summaries

Recent Data Year, Across States

Donut graphics summarize progress across states for most recent year.
Measuring States’ Progress
Indicator Summaries

States’ Progress, Baseline to Recent Data Year

Dumbbell plots show each state’s movement toward or away from national 2020 target, distance from target, and distance between baseline year and recent data year.
National Progress: Summary Indicator Status

- Met Target: 8 indicators (38%)
- Progress: 9 indicators (43%)
- No progress: 4 indicators (19%)

Reduce disparities: New HIV diagnoses—Black females
Increase viral suppression
Reduce disparities: Viral suppression—Youth
Reduce disparities: Viral suppression—Transgender women in care
Reduce risk behaviors among Young MSM
Reduce high-risk sex among persons with HIV
Increase PrEP prescription
Reduce death rate

Reduce new HIV infections
Increase knowledge of HIV+ status
Reduce new HIV diagnoses
Reduce disparities: New HIV diagnoses—MSM
Reduce disparities: New HIV diagnoses—Young black MSM
Increase linkage to HIV medical care
Increase retention in care
Reduce disparities: Viral suppression—Persons who inject drugs
Reduce high-risk sex among MSM
Reduce disparities: HIV diagnoses—Southern United States
Reduce non-sterile injection
Reduce homelessness
Reduce HIV stigma
States’ Progress
Summary: States’ Progress on Indicators
States’ Progress
Summary: States’ Progress on Indicators
Knowledge of HIV-positive status
Knowledge of HIV-positive status

By 2020, increase the percentage of people with HIV who know their serostatus to at least 90 percent.
Knowledge of HIV-positive status
Knowledge of HIV-positive status

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%.

States’ Progress, Recent Data Year (2016)

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.

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%.
Knowledge of HIV-positive status

Meeting the nation’s 2020 target of increasing knowledge of HIV status to 90% will require intensified efforts across states to find undiagnosed infections 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.
New HIV Infections
New HIV Infections

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

<table>
<thead>
<tr>
<th>Annual Target</th>
<th>Status</th>
<th>2020 Target</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>≤ 30,800 New Infections</td>
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</table>

### 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.

### 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, black/African Americans, and young people aged 13-24 years.

- HIV infections **CREASED** 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.
New HIV Infections

Transmission Risk

New HIV infections decreased among some risk groups including persons who inject drugs (PWIDs) 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 increase in new infections was 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.
New HIV Infections

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 20 states with estimates that have a relative standard error of 30%.

States' Progress, Recent Data Year (2016)

- No Progress
- Progress or Met 2020 Target

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.

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%.
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.
Linkage to HIV medical care
Linkage to HIV medical care

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%.
Linkage to HIV medical care

Transmission Risk
The greatest improvements in linkage to HIV medical care within 1 month of diagnosis were among males who inject drugs (39%), females who inject drugs (17%), and MSM (39%). The least improvement was among heterosexual males (5%) and heterosexual females (4%).

Race/Ethnicity
Linkage to HIV medical care increased 7% among blacks 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 Indians/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 (70%) for males and females.
Linkage to HIV medical care

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.

States' Progress, Recent Data Year (2016)
Among states with complete laboratory reporting for 2015 and 2016

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.

Progress across States
Overall, more than half of states (53%) made progress toward or met the nation’s 2020 target for linking 89% of people to HIV medical care.
Linkage to HIV medical care

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 10 states that did not report complete laboratory data for at least two years. The 10 states include: 5 high HIV prevalence states, 4 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.

*Baseline Year is 2010 except for: 2013: AL, AK, AR, ME, OR, SD, TN, VA, WA, WI 2014: MA, ME, NM 2015: CT, CO, MT, RI

All did not meet laboratory reporting requirements in 2014, 2015, or 2016. See Technical Notes and State Indicator Fact Tables for additional information.
Viral Suppression
Viral Suppression

By 2020, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.
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/ethnic groups but remains lowest among blacks.
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 (63%) than females (58%) though viral suppression has increased over time among both groups.
Viral Suppression

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 is presented for states with complete laboratory reporting for 2015.

States’ Progress, Recent Data Year (2015)
Among states with complete laboratory reporting for 2014 and 2015

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.

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

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

Viral suppression categories:

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

Medium HIV Prevalence
- Washington
- Wisconsin
- Georgia
- Michigan
- Minnesota
- Missouri
- Indiana
- South Carolina
- Alabama
- Oregon
- Tennessee
- Colorado
- Massachusetts
- Minnesota
- Arizona
- Arkansas
- Nevada
- Oklahoma

Medium-Low HIV Prevalence
- Iowa
- Idaho
- New Hampshire
- New Mexico
- Montana
- Nevada
- North Dakota
- West Virginia
- Ohio
- Delaware
- Idaho
- Kansas

Low HIV Prevalence
- Montana
- Alaska
- North Dakota
- Wyoming
- South Dakota
- Vermont

*Baseline year is 2010 except for:
- 2012: MD, TX, UT
- 2013: AL, AK, AR, ME, OR, SD, TN, TX, UT, VA, WA, WY
- 2014: MA, ME, NM
- 2015: CT, CO, MT, RI
- 2016: FL, NV

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

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 10 states that did not report complete laboratory data for at least two years.

The 10 states include: 3 high HIV prevalence states, 4 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.
Reduce Disparities: Viral Suppression

Youth

Persons who inject drugs

Transgender women in care

Source: HRSA Ryan White HIV/AIDS Program
PrEP prescriptions

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 (47,937) for persons prescribed PrEP was exceeded. The 2020 target (67,832) has been met.

From 2014 to 2016
The number of persons prescribed PrEP increased by 712% from 7,972 to 64,763.
The increase in PrEP prescription was greatest among males and greatest among those aged 25-54 years.
The smallest increase in PrEP prescription was among persons aged 35-44 years.

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

Action Needed
- Increase knowledge, prescriptions, usage, and adherence to PrEP and non-occupational post-exposure prophylaxis (nPrEP) 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.

Note: Log scale used for Gender
Risk Behaviors
High-Risk Sex among MSM

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.
Non-Sterile Injection among Persons Who Inject Drugs

By 2020, reduce the percentage of HIV-negative persons who inject drugs who used non-sterile injection equipment by at least 25 percent.
High Risk Sex among Persons with Diagnosed HIV

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

- DHAP staff contributed to development of the HPR – Anna Satcher Johnson (HICSB), Buzz Prejean (BCSB), Lisa Belcher (PEB), Janet Heitgerd (PEB), Angele Marandet (PEB), Shaliondel Benton (PEB), Nicole Taylor Adoo (PEB), Erica Dunbar (PPB), Miriam Phields (CBB), Chris Johnson (QSDMB), DHAP OD – Cindy Lyles, Renata Ellington, Stacy Thorne
Acknowledgements

- DHAP Senior leadership: Eugene McCray, David Purcell, Irene Hall, Janet Cleveland, Liz DiNenno, Laura Eastham, Linda Valleroy, Donna McCree, Tim Green, Buzz Prejean, Lisa Belcher, Taraz Samandari

- Contractor – Keymind (Phuong Tran and Mark Stein)
Questions
Back up slides
Measuring National Progress
Baseline Year and Annual Targets

Viral Suppression: increase to 80% among PLWDH

<table>
<thead>
<tr>
<th>Target Year</th>
<th>% Change</th>
<th>Targets</th>
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<tr>
<td>2011</td>
<td>5%</td>
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<tr>
<td>2012</td>
<td>5%</td>
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<tr>
<td>2020</td>
<td>15%</td>
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### States’ Progress At a Glance

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

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<thead>
<tr>
<th>Prevent New HIV Infections</th>
<th>Improve Health Outcomes for Persons with HIV</th>
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<tbody>
<tr>
<td>HIV Incidence</td>
<td>Testing</td>
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#### 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
- D.C.
- Indiana
- Kentucky
- Maine
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nevada
- Oklahoma
- Oregon
- South Carolina
- Tennessee
- Washington
- Wisconsin

#### MEDIUM-LOW HIV PREVALENCE
- Delaware
- Hawaii
- Idaho
- Iowa
- Kansas
- Kentucky
- Maine
- Nebraska
- New Hampshire
- New Mexico
- New York
- North Dakota
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Dakota
- Tennessee
- Utah
- Vermont
- Virginia
- West Virginia
- Wyoming

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 progressed, and 11 had no progress.

**Retention in care** Among 38 states with complete lab reporting for 2014 and 2015, 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 2014 and 2015, 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 HIV.
Summary: State’s Progress on Indicators

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

<table>
<thead>
<tr>
<th>State</th>
<th>Progress or Met 2020 Target</th>
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<td>California</td>
<td>6</td>
</tr>
<tr>
<td>Florida</td>
<td>5</td>
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<tr>
<td>Georgia</td>
<td>4</td>
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<tr>
<td>Illinois</td>
<td>3</td>
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<tr>
<td>Louisiana</td>
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<tr>
<td>Maryland</td>
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<td>New Jersey</td>
<td>0</td>
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<td>North Carolina</td>
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<td>Texas</td>
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<tr>
<td>Virginia</td>
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**Low HIV Prevalence**

- Delaware
- Hawaii
- Idaho
- Iowa
- Kansas
- Maine
- Mississippi
- New Hampshire
- New Mexico
- Rhode Island
- Utah

**Low-Low HIV Prevalence**

- Alaska
- Montana
- North Dakota
- South Dakota
- Vermont
- West Virginia

**High HIV Prevalence**

- Alabama
- Arizona
- Arkansas
- Colorado
- Connecticut
- District of Columbia
- Delaware
- Hawaii
- Idaho
- Iowa
- Kansas
- Maine
- Mississippi
- Missouri
- Montana
- New Hampshire
- New Mexico
- Rhode Island
- Utah

**Low Progress**

During the most recent data year, states’ progress on 7 key HIV prevention and care indicators varied widely. Access to all HIV prevalence categories, 5 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 2 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, 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 25%. Progress toward increasing knowledge of HIV positive status is not assessed for 5 states with estimates that have a relative standard error of 25%. The number of states chosen 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.

CDC HIV Prevention Progress Report, 2019