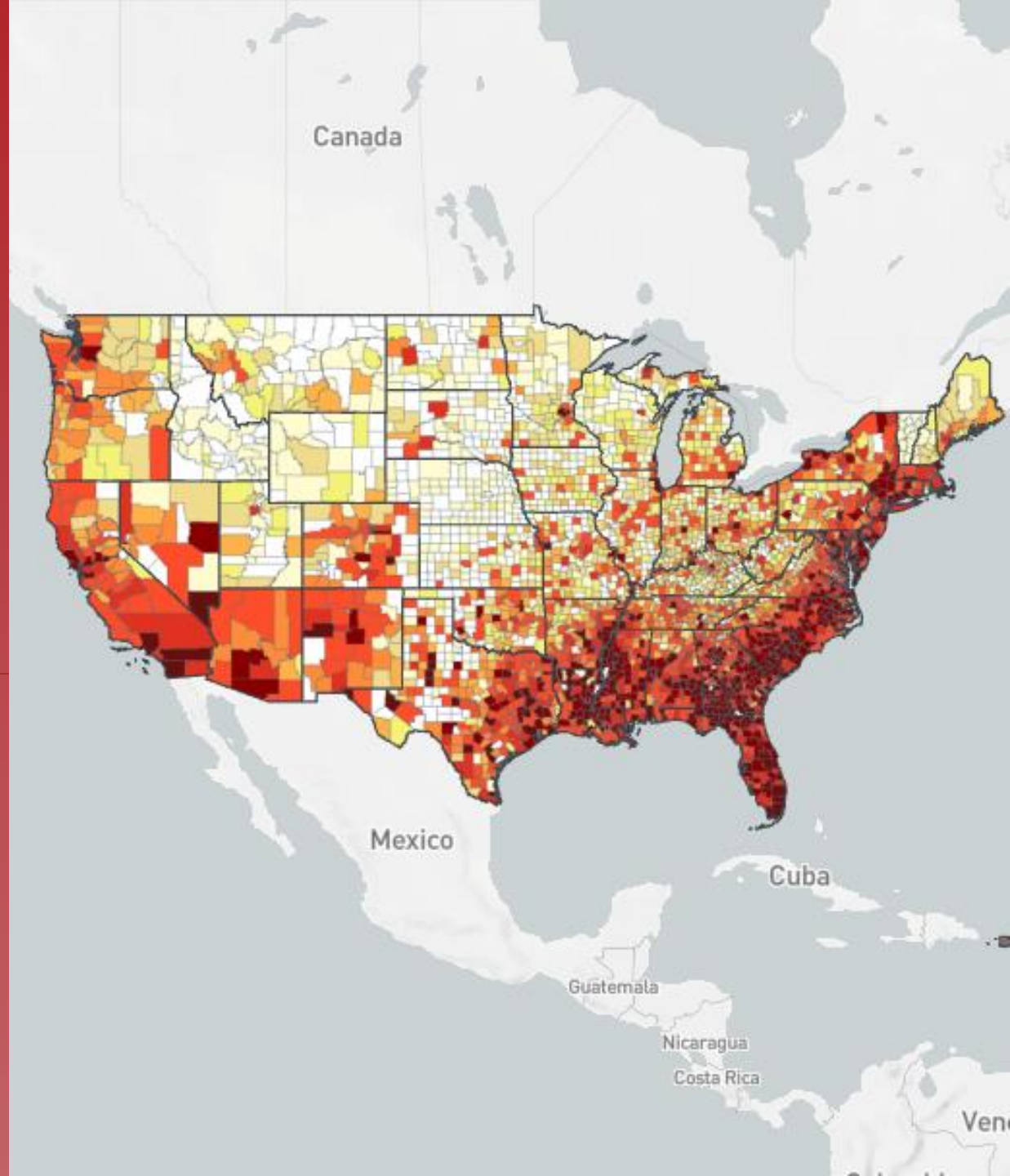




Tracking Progress: Are We on Track to Achieve the US HIV Incidence Targets?

September 15, 2025

AIDSVu.org | Facebook.com/AIDSVu | [@AIDSVu](https://twitter.com/AIDSVu)



Introduction to AIDSVu

- **Partnership since 2010** between Gilead and Emory University
- Online platform that **visualizes data and disseminate insights on the U.S. HIV epidemic**
- Mission to make data widely available, easily accessible, and locally relevant to **increase awareness and inform public health decision making**
- **Broad user base**, including public health officials, policymakers, advocates, researchers, people impacted by HIV, and general public

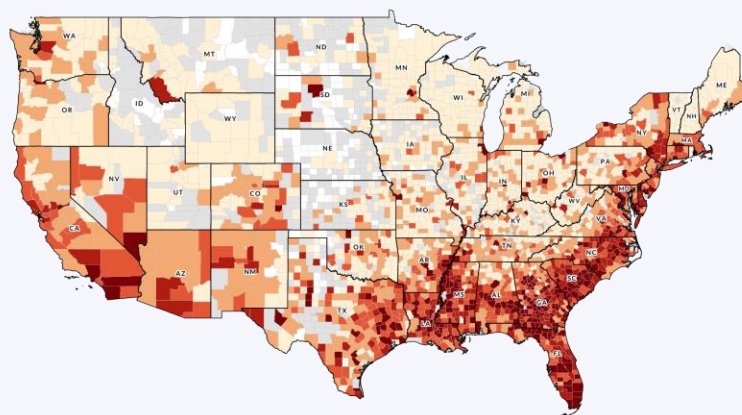


Table 1. Diagnoses of HIV infection, 2014, and persons living with diagnosed HIV infection (prevalence), year 2013, adults and adolescents, by metropolitan statistical area of residence—United States and Puerto Rico								
MSA of residence	Diagnosis, 2014				Prevalence of diagnosed HIV infection, year end 2013			
	Estimate ^a				Estimate ^a			
	No.	No.	Rate	Rate ^b	No.	No.	Rate	Rate ^b
Alaska, AK	47	52	8.3	88	837	902	141	147
Alaska/Chukotka/Alutka, AK	47	52	7.8	92	2,292	2,208	274.2	272.2
Alaska/Native Village, AK	—	—	—	—	1,088	1,042	136.7	134.7
Alaska/Indian Reservation, AK	—	—	—	—	1,484	1,463	238.8	236.8
Alaska/Denali Borough, AK	2,382	1,632	31.4	7	27,233	27,808	614.9	618.9
Alaska/Unorganized Borough, AK	77	99	28.6	36	5,164	5,161	448.7	448.7
Austin/Travis County, TX	302	352	28.9	34	4,636	4,938	218.4	218.4
Baltimore, MD	111	122	17.9	26	1,776	1,778	218.1	218.1
Baltimore/Catonsville, MD	367	476	28.8	16	18,227	18,701	371.1	371.1
Baton Rouge, LA	349	368	15.8	1	4,492	4,673	475.7	475.7
Birmingham/Alameda, AL	153	168	17.4	18	3,854	3,797	408.9	408.9
Boston, MA	52	58	18.2	124	4,681	4,617	98.7	98.7
Boston/Lower-Middlesex, MA	409	393	16.7	34	12,898	13,342	332.6	332.6
Boston/Central	248	239	18.7	—	7,758	7,363	478.9	478.9
Boston/Cambridge	198	215	—	—	4,336	4,297	204.2	204.2
Boston/Cape Cod, MA	10	12	—	—	1,714	1,689	243.3	243.3
Buffalo/Chester/Chester County, NY	109	110	11.8	98	3,319	3,313	324.3	324.3
Cape Cod/Cape May, MA	56	102	17.4	40	1,889	1,889	264.1	264.1
Charleston/Sumter, SC	147	147	34.2	38	2,289	2,359	297.1	297.1
Charleston/Charleston, SC	403	447	33.8	22	7,593	7,597	374.2	374.2
Charleston, Florida	66	80	11.0	95	1,784	1,748	244.9	244.9
Chicago/Chicago, IL	161	1,237	34.1	59	80,862	80,862	488.6	488.6
Chicago/Chicago, IL	1,068	1,387	33.3	—	37,781	37,688	488.6	488.6
Elgin, Illinois	81	86	18.5	—	427	429	123.3	123.3
Elgin, Illinois	48	48	18.5	—	5,228	5,228	108.8	108.8
Elgin County, Ontario	49	50	8.9	—	882	882	118.8	118.8
Elmhurst, Illinois	287	219	12.3	42	4,394	4,933	261.9	261.9
Elmhurst/Elmhurst, IL	331	244	17.1	83	4,917	4,944	263.3	263.3
Elmhurst/Spring, CO	49	41	7.3	33	810	808	145.8	145.8
Elmhurst, CO	194	288	28.8	8	4,223	4,927	307.2	307.2
Elmhurst, IL	243	287	18.8	46	4,281	5,231	317.4	317.4
Elmhurst/Elmhurst, IL	1,438	1,438	14.8	7	14,438	15,748	327.4	327.4
Elmhurst/Chicago, IL	1,898	1,229	31.1	—	11,887	18,128	328.9	328.9
Elmhurst/Elmhurst, IL	343	287	34.1	—	4,827	4,827	268.1	268.1
Elmhurst, IL	67	72	10.4	79	1,478	1,483	219.1	219.1
Elmhurst/Cape Girardeau, MO	109	114	21.4	23	1,492	1,489	281.8	281.8
Elmhurst/Lancaster, CO	282	286	11.3	88	3,338	3,298	393.8	393.8
Elmhurst/West Des Moines, IA	34	34	8.8	7.2	387	387	28.7	28.7
Elmhurst/Cape Girardeau, IL	628	698	18.8	47	10,598	10,381	276.1	276.1
Elmhurst, IL	383	384	36.2	—	7,528	7,278	498.9	498.9
Elmhurst, IL	161	174	8.1	—	2,772	2,779	136.2	136.2
Elmhurst/Cape May, NC	82	84	16.4	30	2,543	2,538	481.1	481.1
Elmhurst, IL	108	108	17.8	35	1,873	1,877	281.7	281.7
Elmhurst/Cape May, NC	19	21	8.1	38	538	538	84.4	84.4
Elmhurst/Cape May, NC	103	121	16.8	44	1,631	1,627	216.0	216.0
Grand Rapids/Ingham, MI	68	69	8.1	89	1,267	1,267	128.9	128.9
Grand Rapids/Ingham, MI	794	120	16.1	31	2,459	2,398	298.7	298.7
Grand Rapids/Ingham, MI	108	108	16.0	18.7	1,478	1,478	238.8	238.8
Hennepin/Carle, IA	48	52	10.9	71	1,361	1,358	262.7	262.7
Hennepin/Carle, IA	80	86	8.2	83	3,450	3,443	333.8	333.8
Hennepin/Carle, IA	80	86	8.2	83	3,450	3,443	333.8	333.8

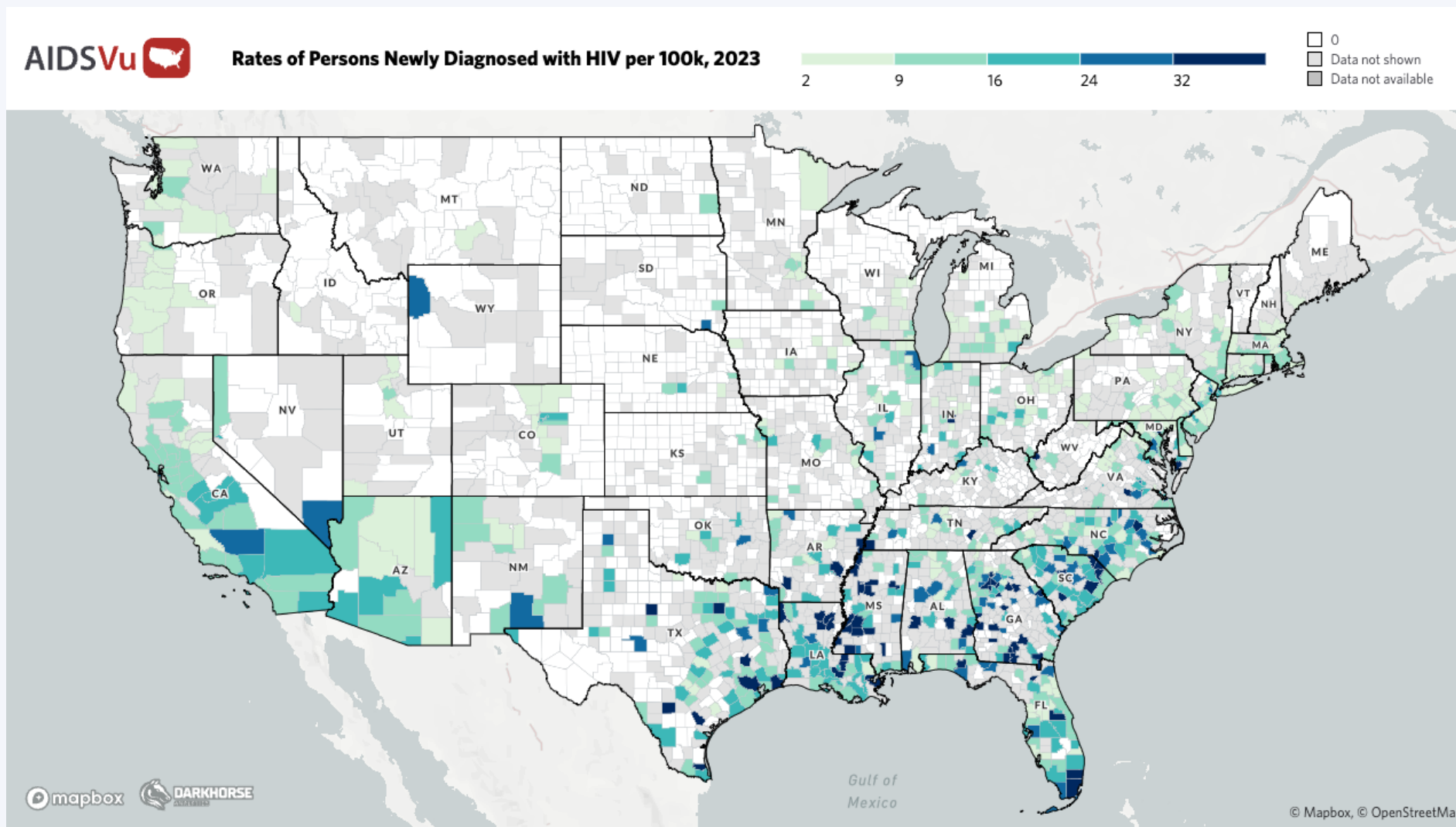
HIV Surveillance Supplemental Report

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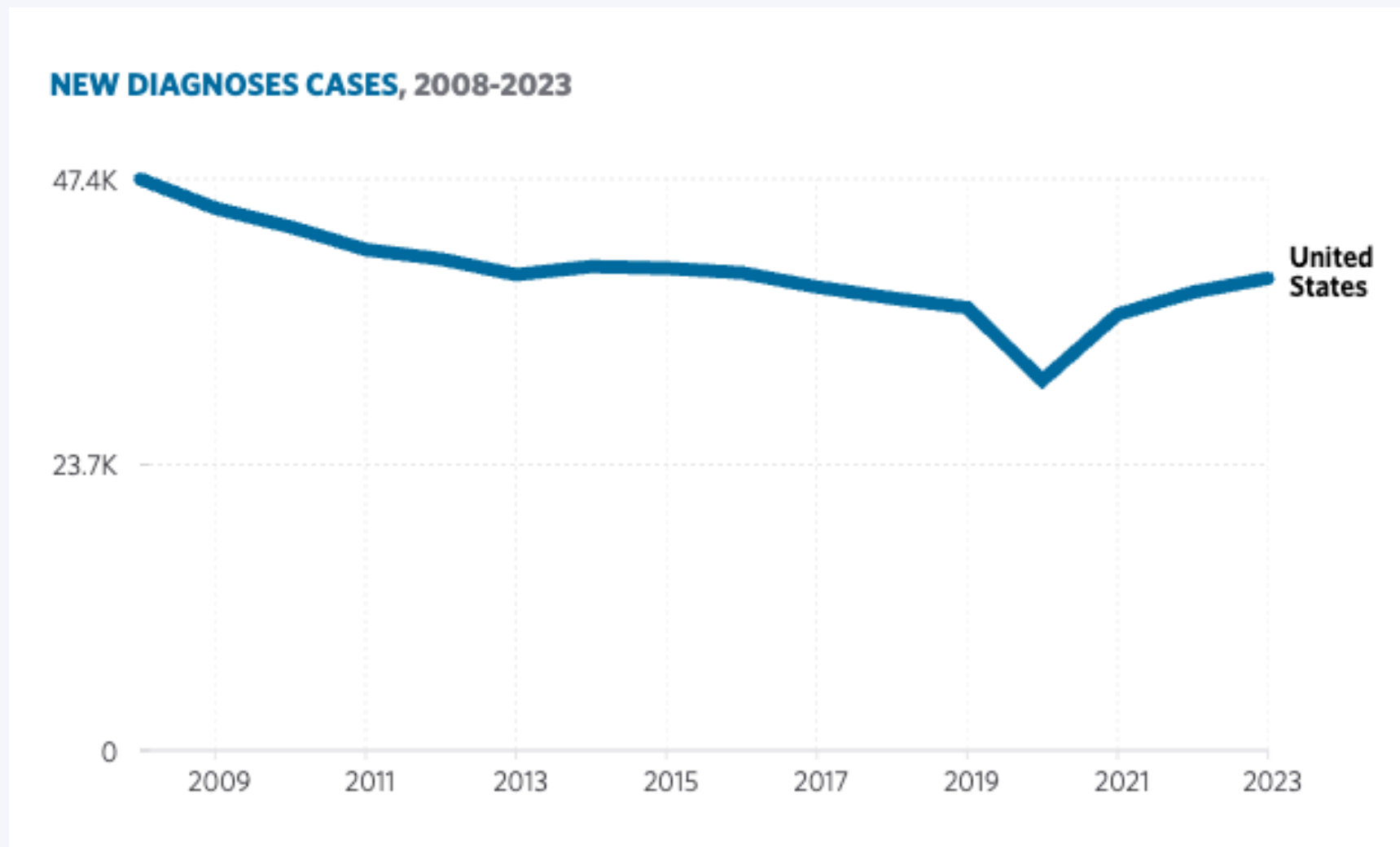
Vol. 25, No. 10

Setting the Scene: The Current State of the U.S. HIV Epidemic

Racial Disparities: HIV Prevalence and New HIV Diagnoses



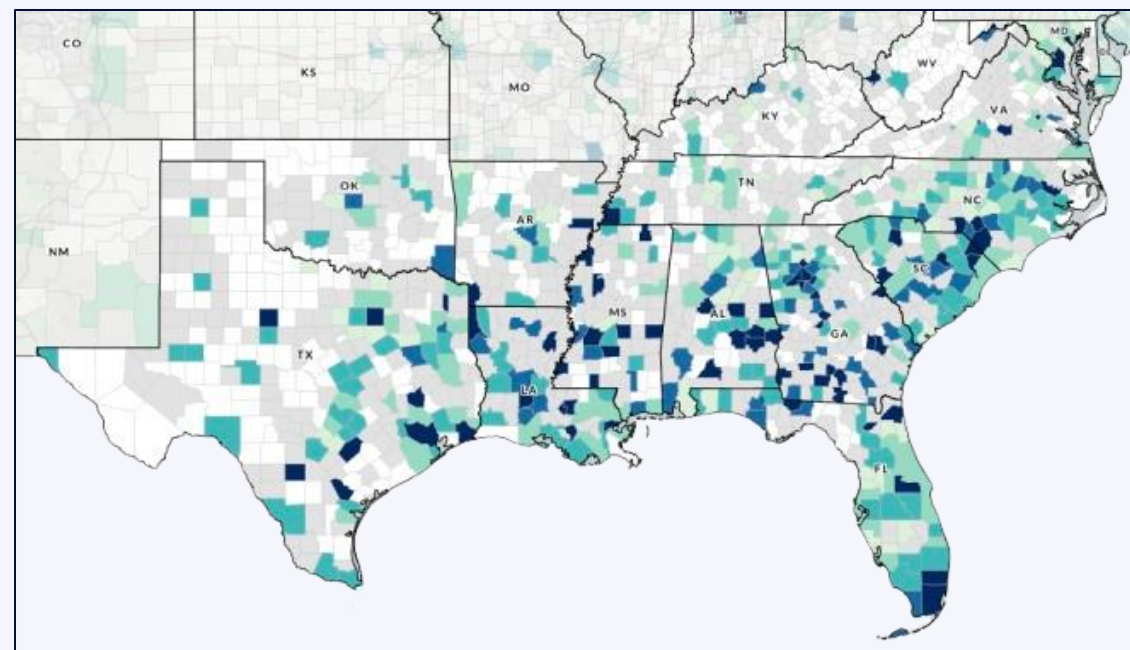
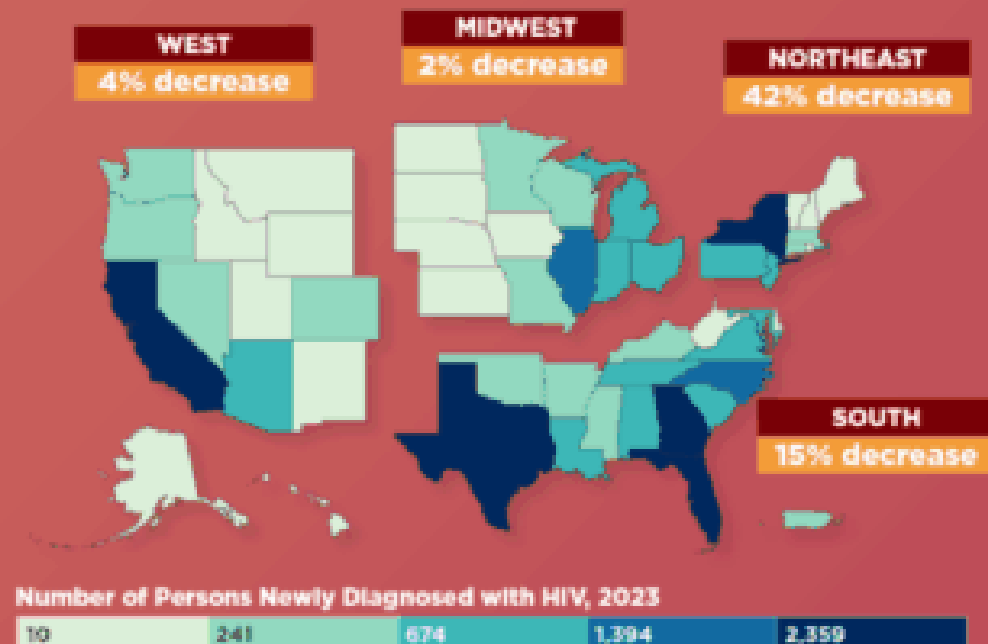
HIV New Diagnoses Over Time



Regional Disparities: New HIV Diagnoses in the South

Regional

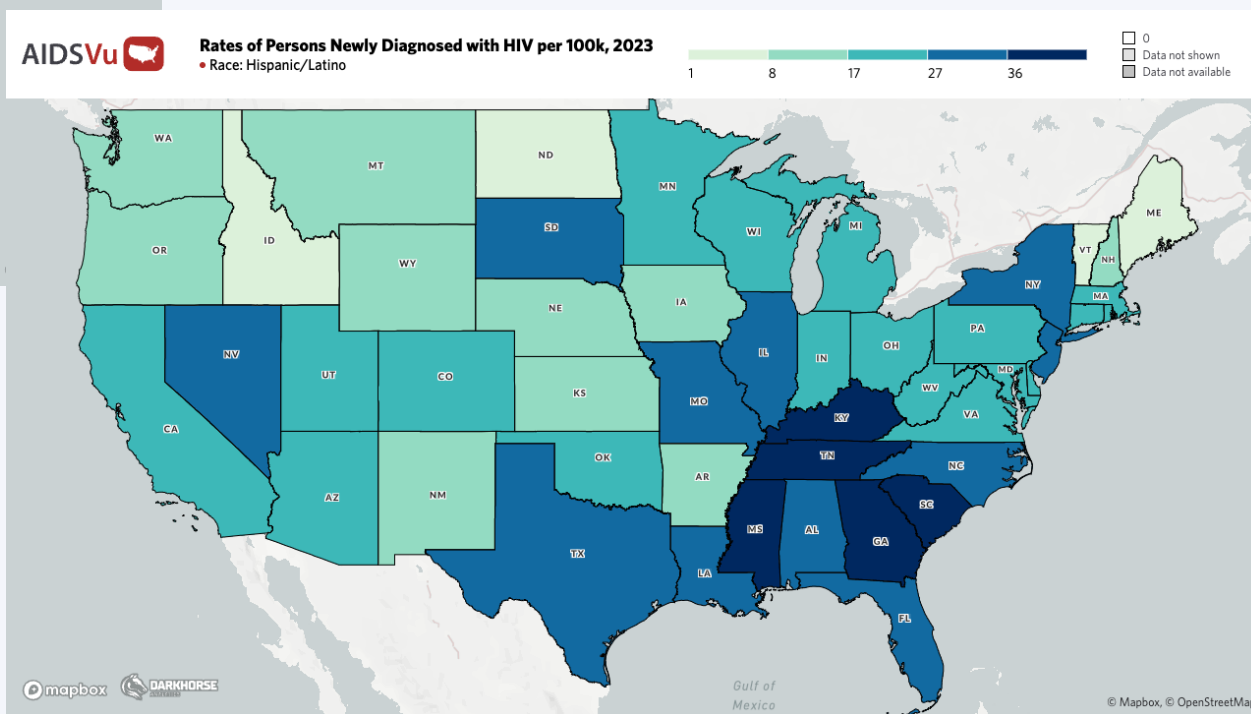
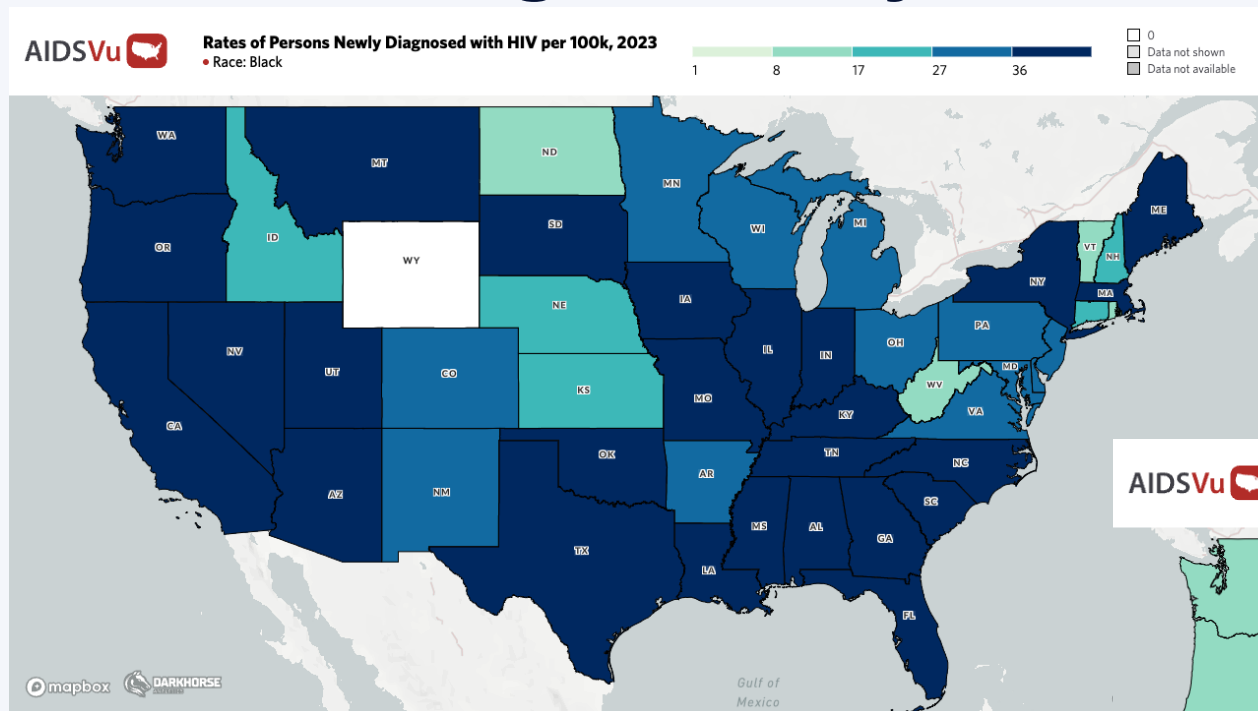
From 2008 to 2023, new HIV diagnoses have been declining throughout the U.S., but this progress has been uneven across the country.



Rates of Persons Newly Diagnosed with HIV per 100k, 2023



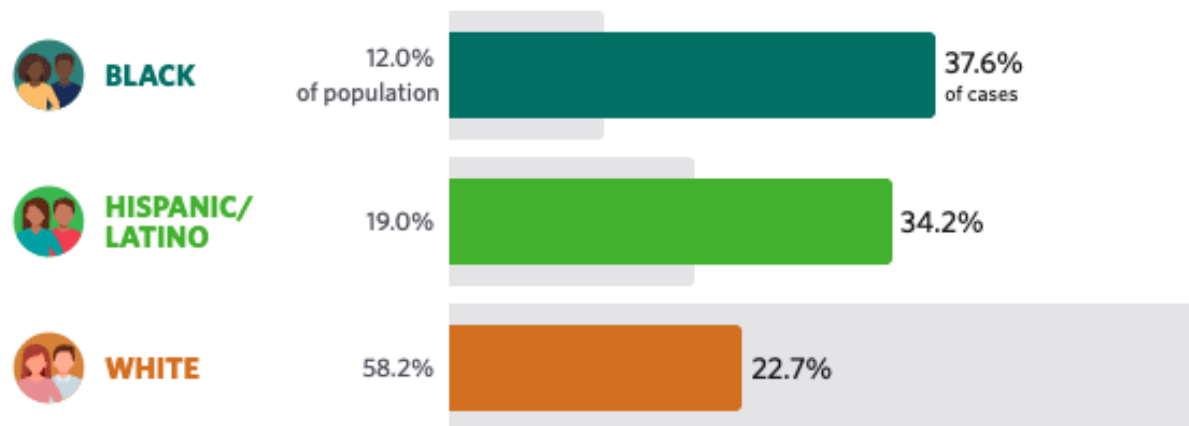
Racial Disparities: HIV New Diagnoses by Race



Racial Disparities: New HIV Diagnoses

New HIV Diagnoses

NEW HIV DIAGNOSES PROPORTION BY RACE/ETHNICITY, 2023



In 2023, **Black individuals** accounted for **38% of all new HIV diagnoses** despite representing only **12% of the population**.

In 2023, **Hispanic/Latino individuals** accounted for **34% of all new HIV diagnoses** despite representing only **19% of the population**.

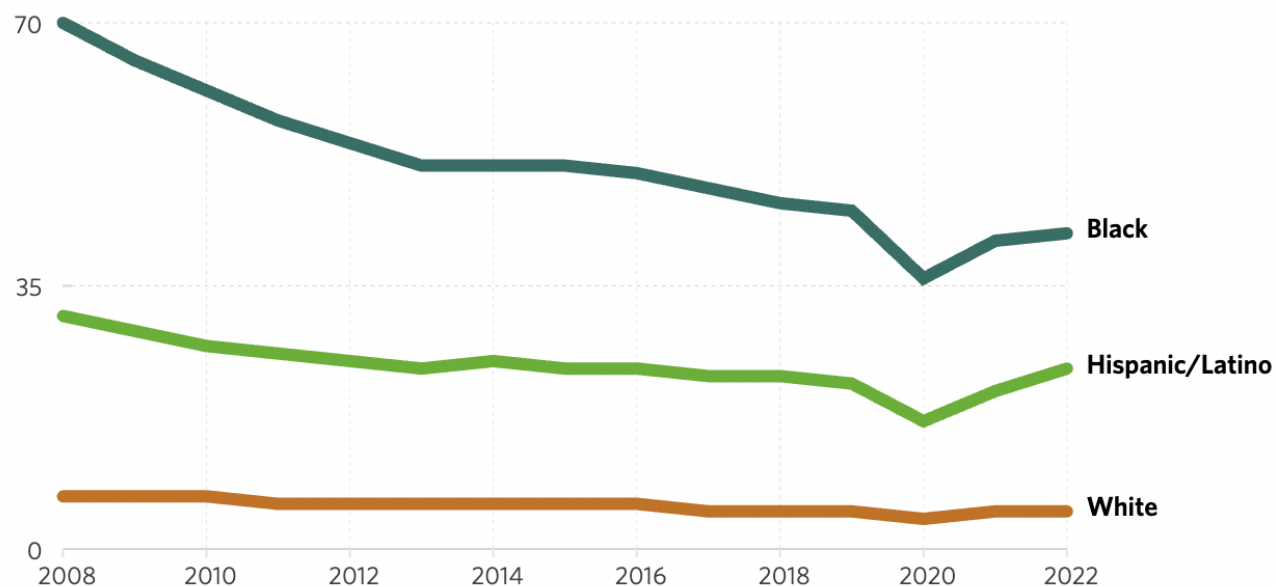
Racial Disparities: New HIV Diagnoses

Trends Over Time

Although new HIV diagnoses have been declining, there are visible differences across racial/ethnic groups.

These gaps can be addressed through targeted efforts that **provide education and increase the usage of PrEP and HIV treatment** in these communities and **address inequities in social determinants of health**.

NEW HIV DIAGNOSES RATE PER 100K BY RACE/ETHNICITY, 2008-2022



Race Disparities: PrEP Use

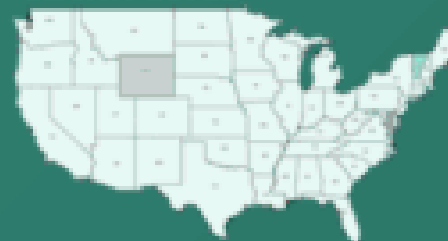
Disparities in PrEP Use Relative to Need

In 2024, for **every new HIV diagnosis** among **Black individuals**, there were about **6 people using PrEP**. There were about **8 Hispanic/Latinx people using PrEP** per new HIV diagnosis.

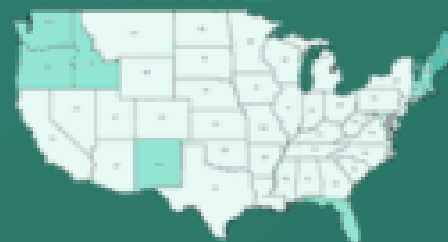
In contrast, **42 White individuals used PrEP** for every new HIV diagnosis among their group.

A lower PnR (lighter shading on maps) indicates more unmet need for PrEP.

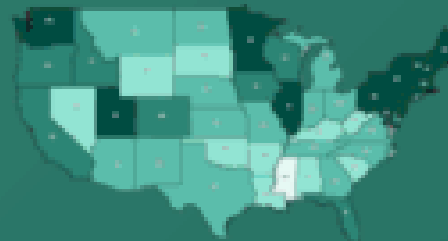
BLACK PEOPLE



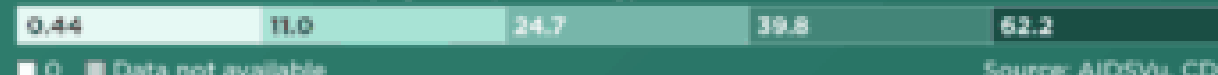
HISPANIC PEOPLE



WHITE PEOPLE



PrEP-to-Need Ratio (PnR), by Race/Ethnicity, 2024

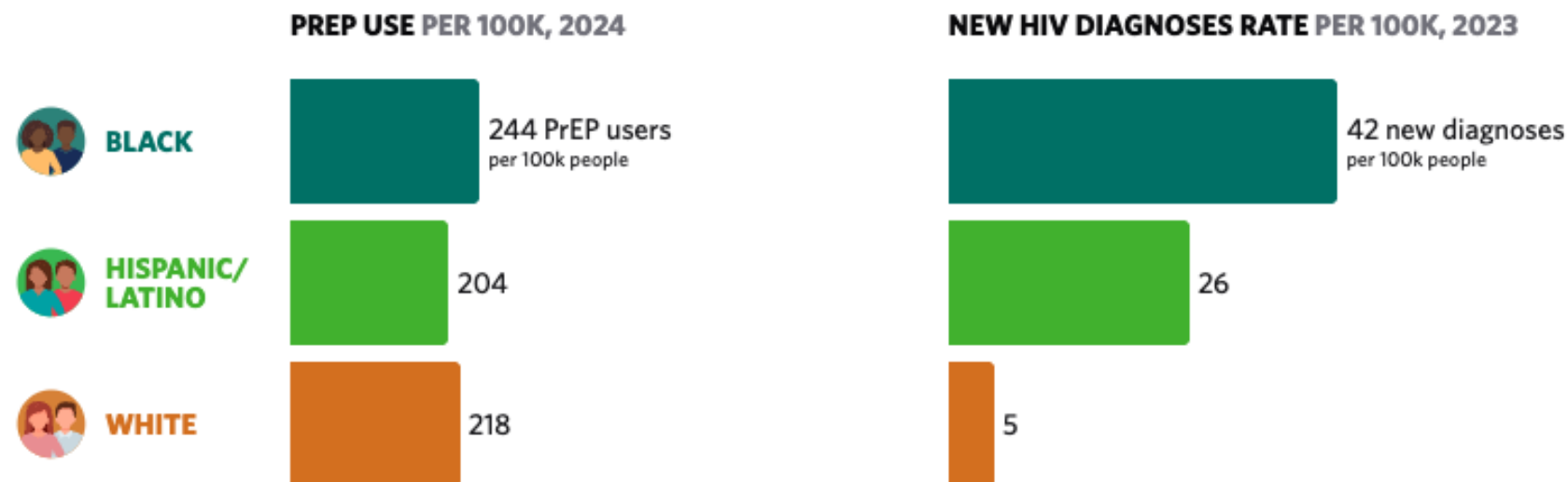


Source: AIDSVu, CDC

Race Disparities: PrEP Use

PrEP Usage

Since the FDA approved the use of PrEP in 2012, it has been used to help prevent the spread of HIV. **Use of PrEP is currently roughly equal** (per 100,000 people) across racial/ethnic groups. However, **HIV prevalence and new HIV diagnoses rates are still higher among Black and Hispanic/Latino individuals.**

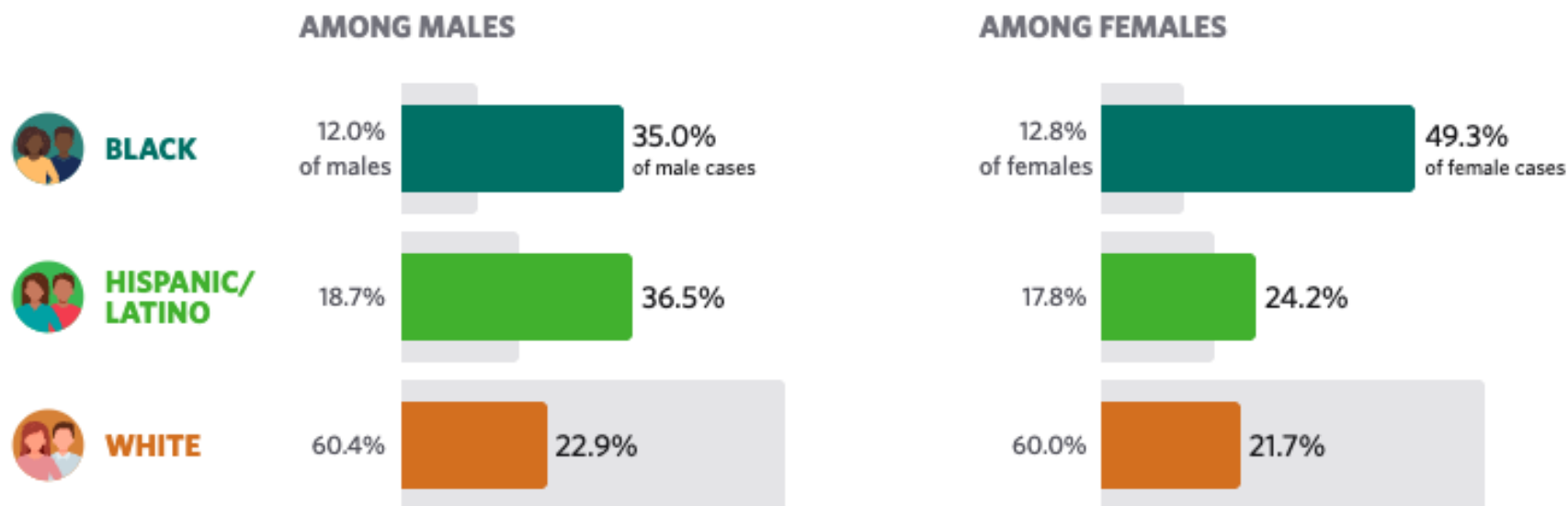


Sex Disparities: New HIV Diagnoses

Differences by Sex

Disparities in new HIV diagnoses continue to affect both men and women, as shown by differences in both the proportions and rates across racial and ethnic groups.

NEW HIV DIAGNOSES PROPORTION BY RACE/ETHNICITY AND SEX, 2023



Progress to Targets

Progress to Targets

Ending the HIV Epidemic

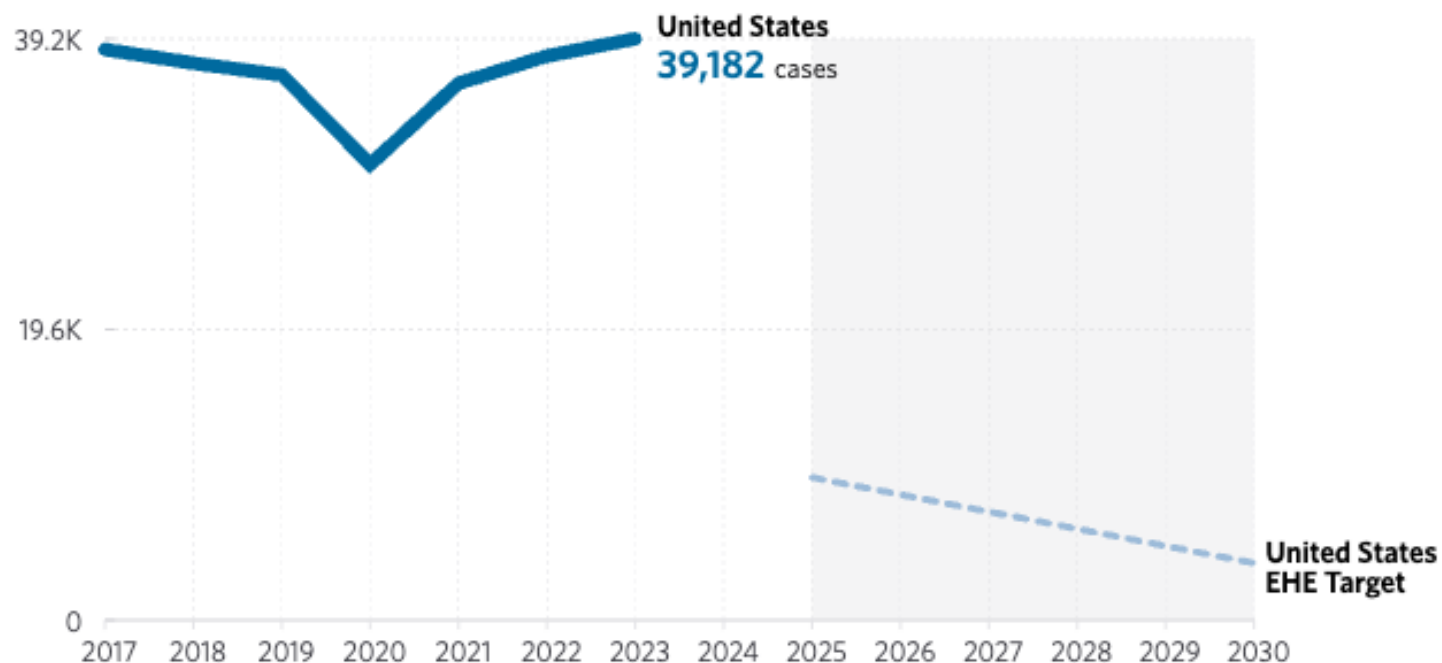
in the United States

2030 HIV Reduction Goals

Ending the HIV Epidemic: A Plan for America (EHE) is a ten-year federal initiative launched by the United States Department of Health & Human Services (HHS) to reduce HIV infections by 75% by 2025 and at least 90% by 2030. This translates to **fewer than 4,000 new infections** annually, at the national level.

To achieve EHE targets, the United States will need to reduce new diagnoses to at most **3,846 cases (1.4 cases/100k)** annually by 2030.

NEW DIAGNOSES CASES

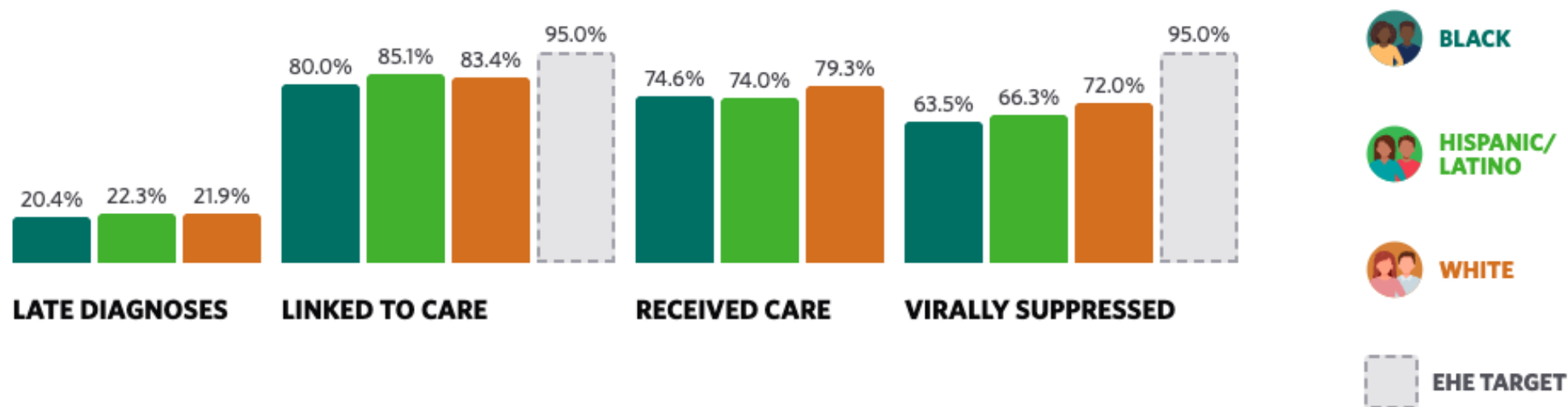


Progress to Targets

The HIV Continuum of Care

The HIV continuum of care outlines the key steps to managing HIV, including diagnosis, linkage to care, receipt of care, and achieving viral suppression.

HIV CONTINUUM OF CARE BY RACE/ETHNICITY, 2023

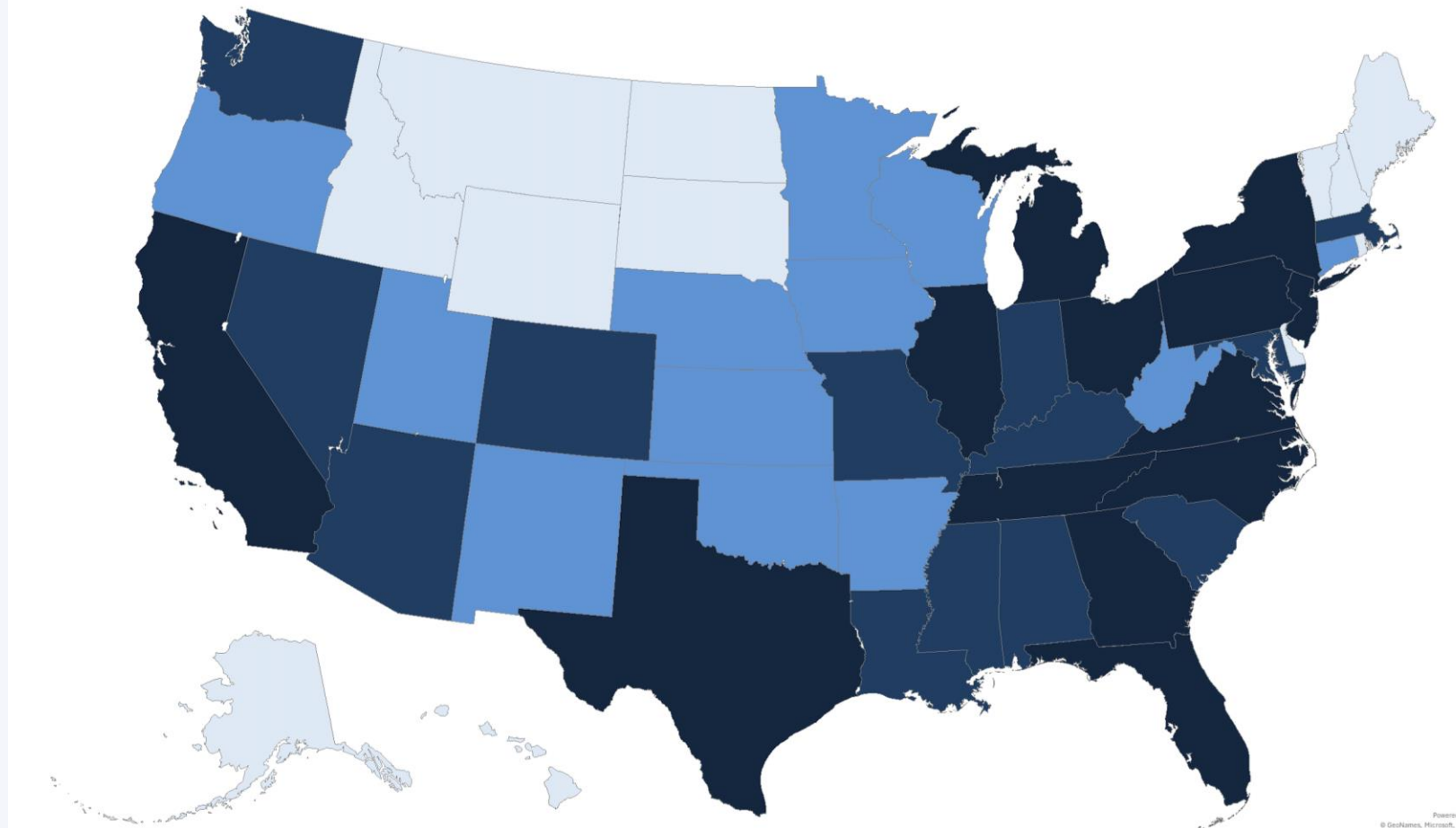


New Data: Testing

Together TakeMeHome HIV Test Kit Orders by State

March 15, 2023 – Jan. 31, 2025

■ <3,000 ■ 3K to 10K ■ 10K to 17K ■ >17K



Powered by © GeoNames, Microsoft, TomTom

New Data: PrEP

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NEW DATA

Association of state-level PrEP coverage and new HIV diagnoses in the USA from 2012 to 2022: an ecological analysis of the population impact of PrEP in *The Lancet HIV*



Impact of PrEP Use on State-Level HIV Diagnoses

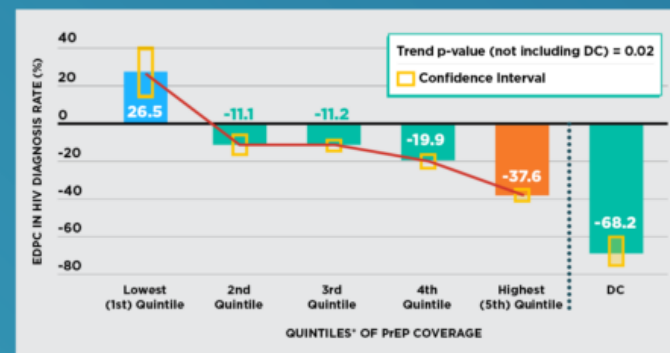
New research from Emory University examines the relationship between PrEP coverage* and new HIV diagnoses among U.S. states. States with higher levels of PrEP coverage reported larger decreases in new HIV diagnoses from 2012-2022. **This real-world evidence supports the population-level impact of PrEP and underscores the importance of increasing PrEP coverage to end the HIV epidemic in the United States.**

*PrEP coverage indicates the number of PrEP users per 100 persons with an indication to use PrEP (i.e. those who are HIV-negative and could benefit from PrEP based on their risk factors).

Higher levels of PrEP coverage were associated with larger decreases in new HIV diagnosis rates in states across the United States between 2012 and 2022.

States with the highest average PrEP coverage had a **38% decrease in new HIV diagnosis rates** over the decade (2012-2022). Conversely, states with the lowest average PrEP coverage saw a **27% increase in new HIV diagnosis rates** between 2012 and 2022.

Quintile-specific estimated decade percent change (EDPC) in HIV diagnosis rates, adjusted for jurisdiction-specific viral suppression, 50 US states and the District of Columbia, 2012-2022



*Each quintile consists of 10 states, based on average PrEP coverage.

Research Recommendations

Continue to **prioritize efforts that eliminate barriers to PrEP and increase PrEP coverage** to help reduce new HIV diagnoses at the state-level and end the HIV epidemic.

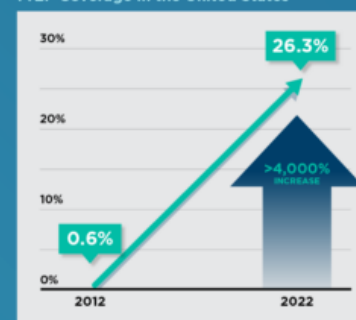
Source: Sullivan PS, Juhasz M, DuBose SN, et al. Association of state-level PrEP coverage and new HIV diagnoses in the USA from 2012 to 2022: an ecological analysis of the population impact of PrEP. *Lancet HIV* 2025; 12: e440-48.



Between 2012 and 2022, average PrEP coverage across the United States increased from 0.6% to 26.3%.

PrEP use among those who might benefit from it is **still quite low**. Expanding PrEP access is crucial to achieve the federal Ending the HIV Epidemic (EHE) initiative's goal of **reaching 50% PrEP coverage**.

PrEP Coverage in the United States



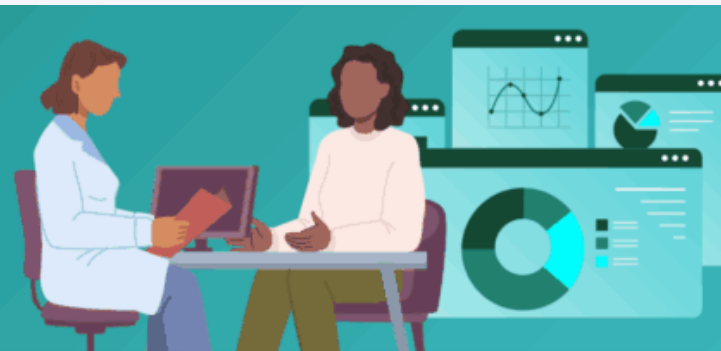
<https://aidsvu.org/news-updates/prep-use-significantly-associated-with-decreasing-new-hiv-diagnoses-across-u-s-states/>

NEW DATA

Excess HIV infections and costs associated with reductions in HIV prevention services in the United States: Projection using real-world data, in JAMA




Potential Impact of Cutting HIV Funding and Reducing PrEP Coverage in the U.S.

According to CDC, in 2022, 36% of the 1.2 million people who could benefit from PrEP were prescribed it, compared to 13% in 2017. This falls short of the Ending the HIV Epidemic (EHE) Initiative goal of 50% PrEP coverage by 2025.



A 3.3% annual drop in PrEP coverage over the next decade could lead to **over 8,600 additional HIV infections that could have been prevented** and **\$3.6 billion in extra lifetime medical costs**. If PrEP coverage were **reduced 10% each year**, it could lead to **nearly 27,000 additional HIV infections** and **\$11.3 billion in extra lifetime medical costs**.

Estimated effects of reduced PrEP coverage on HIV infections and medical costs, U.S.

Scenario	Annual change in PrEP coverage	Additional HIV infections not averted over a decade	Increase in lifetime HIV medical costs (discounted)
 Base-case*	-3.3%	8,618	\$3.6B
 High reduction in PrEP coverage	-10%	26,873	\$11.3B
 Low reduction in PrEP coverage	-2%	5,226	\$2.2B

*If PrEP coverage declines by 3.3% yearly over the next decade, this will **erase all the reductions in HIV infections** achieved over the last decade.

Declines in PrEP coverage can lead to preventable HIV infections and an increase in lifetime medical costs



<https://aidsvu.org/news-updates/new-study-forecasts-surge-in-preventable-hiv-infections-and-medical-costs-if-prep-access-is-reduced/>

What's at Stake as Funding Declines

Without HIV prevention funding at its current scale, the following essential, evidence-based services are at risk of being scaled back or stopped in communities across America:

- HIV Testing and Diagnosis
- Linkage to Care
- PrEP and PEP navigation and access
- Rapid HIV outbreak detection and response
- Community outreach and engagement
- Syringe services programs
- Condom distribution and education

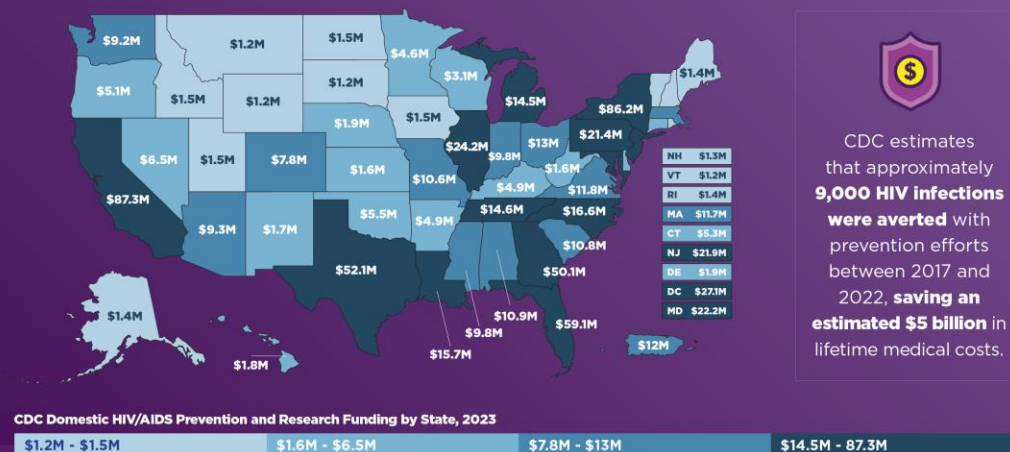


The consequences of such cuts would be immediate and devastating:

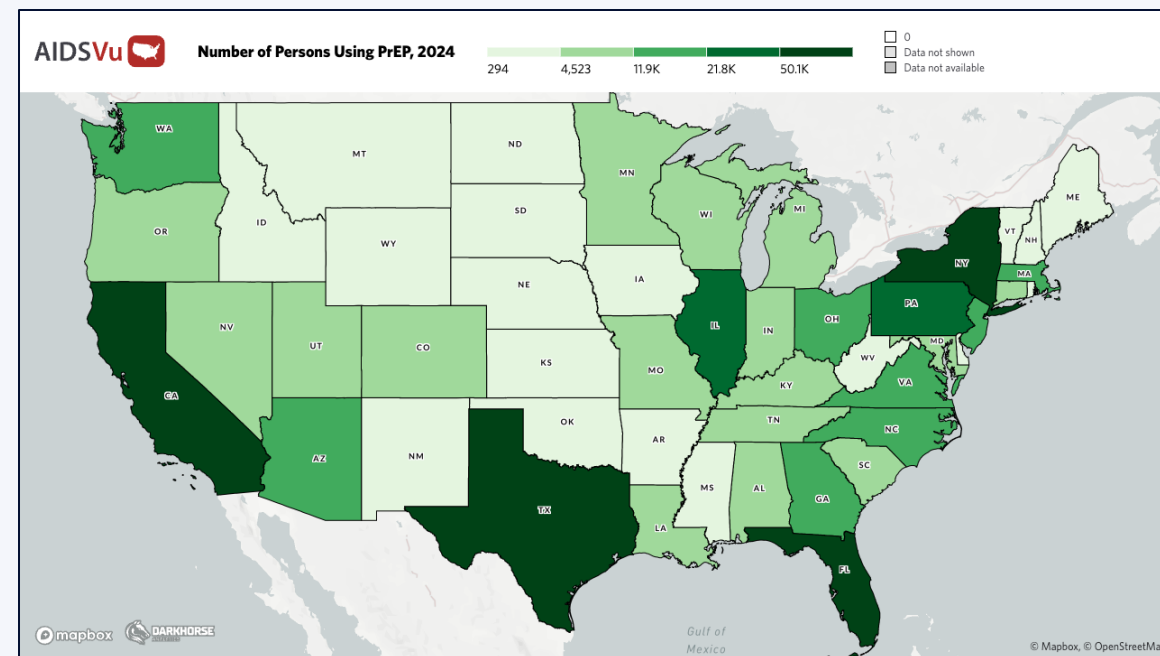
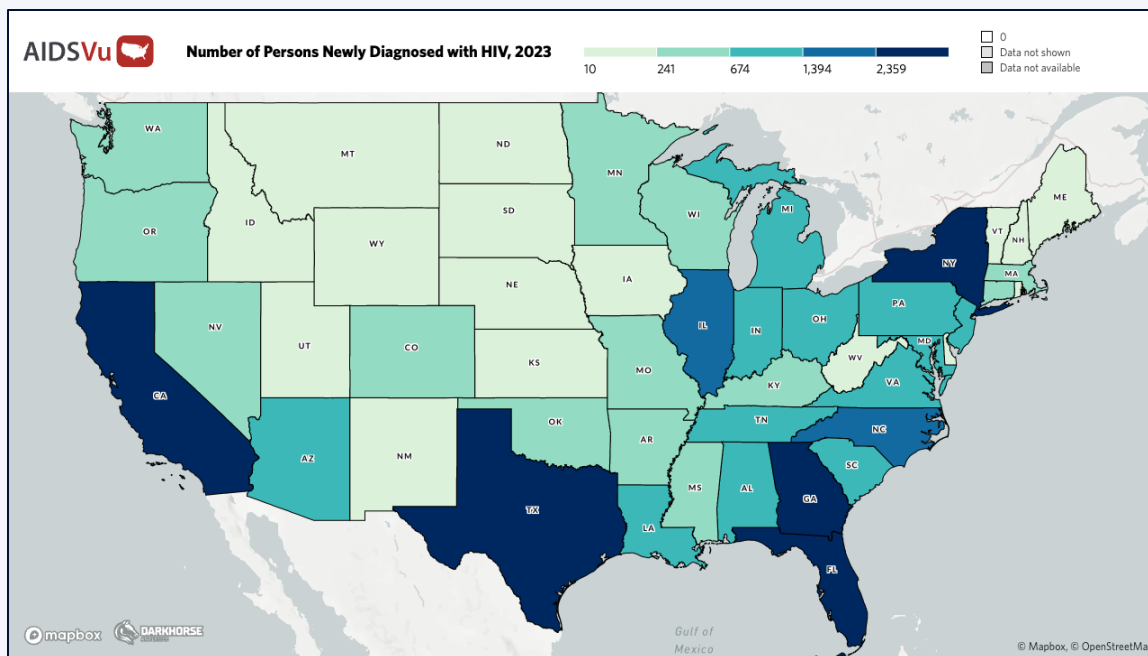
- Reduced access to testing and prevention services, leading to a rise in new HIV infections and increased costs to the healthcare system
- Growing number of HIV outbreaks
- Delayed diagnoses of people with HIV resulting in increased rates of illnesses, deaths, and HIV transmission
- Closure of clinics and community-based organizations
- Loss of a highly specialized and experienced public health force
- Exacerbation of health inequities

More than 4 of every 5 dollars CDC's Division of HIV Prevention receives are distributed to state and local health departments

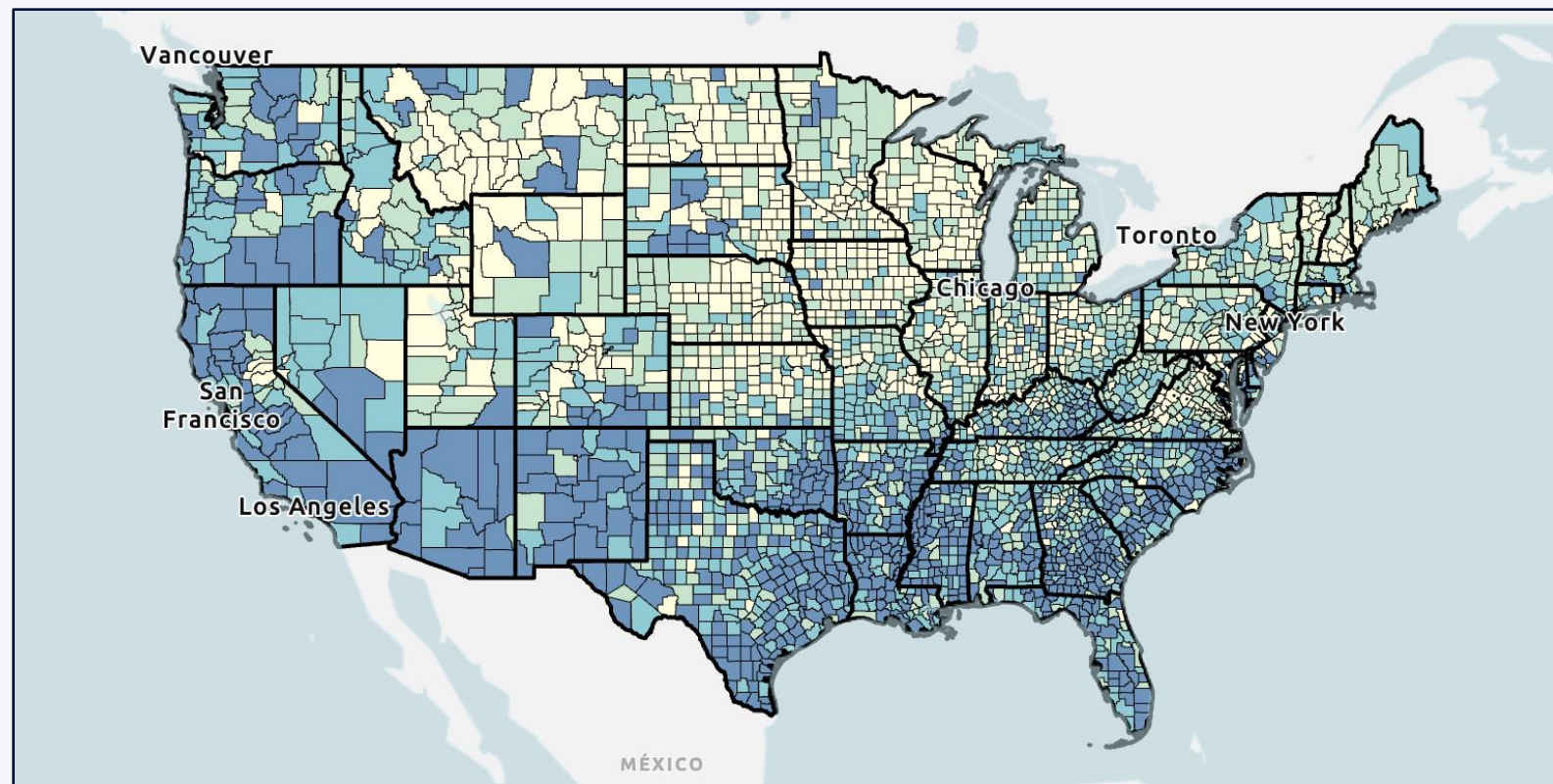
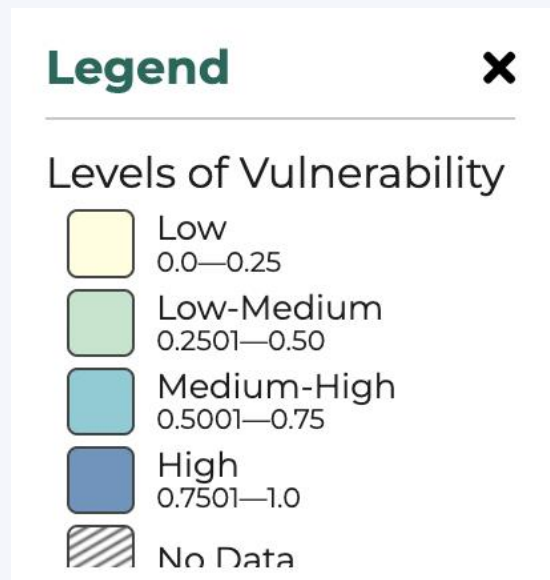
More than 4 of every 5 dollars CDC's Division of HIV Prevention receives **are distributed to state and local health departments and community organizations** across the country enabling them to expand HIV testing, link individuals to care, provide PrEP services, conduct HIV surveillance, and rapidly respond to HIV outbreaks – all of **which improves individual health outcomes and reduces the spread of HIV in communities.**



If this funding should be cut, states would not be able to make up the difference on their own.



Social Vulnerability Index



Overall SVI Nationwide Comparison
By County | 2022