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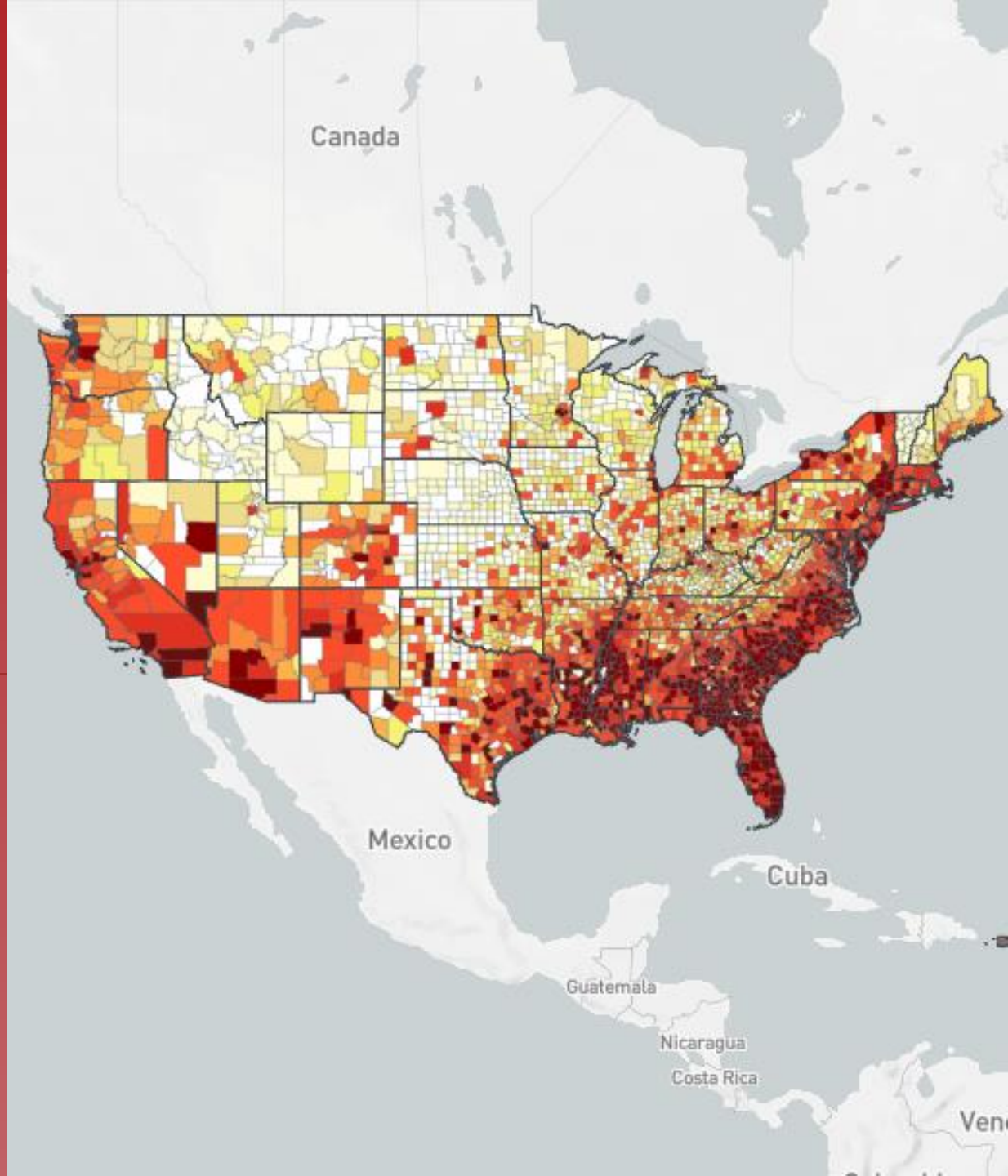
Tracking Progress: Are We on Track to Achieve the US HIV Incidence Targets?

September 15, 2025



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

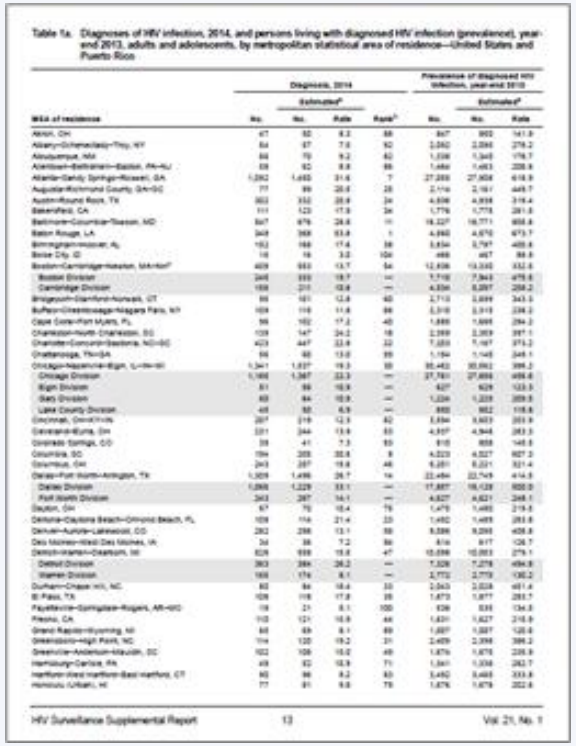
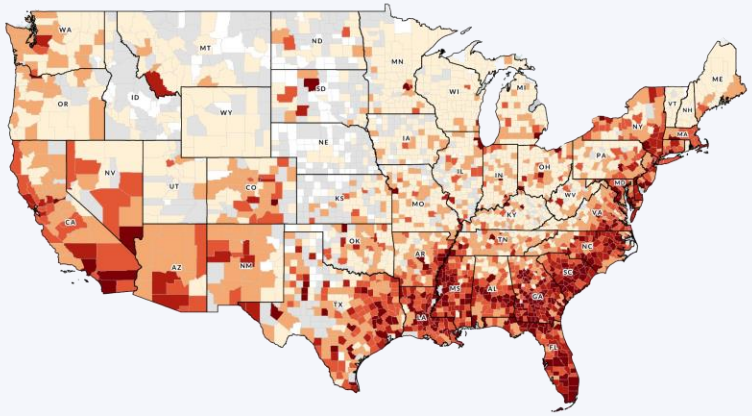


Table 1a. Diagnoses of HIV infection, 2014, and persons living with diagnosed HIV infection (prevalence), year-end 2013, adults and adolescents, by metropolitan statistical area of residence—United States and Puerto Rico



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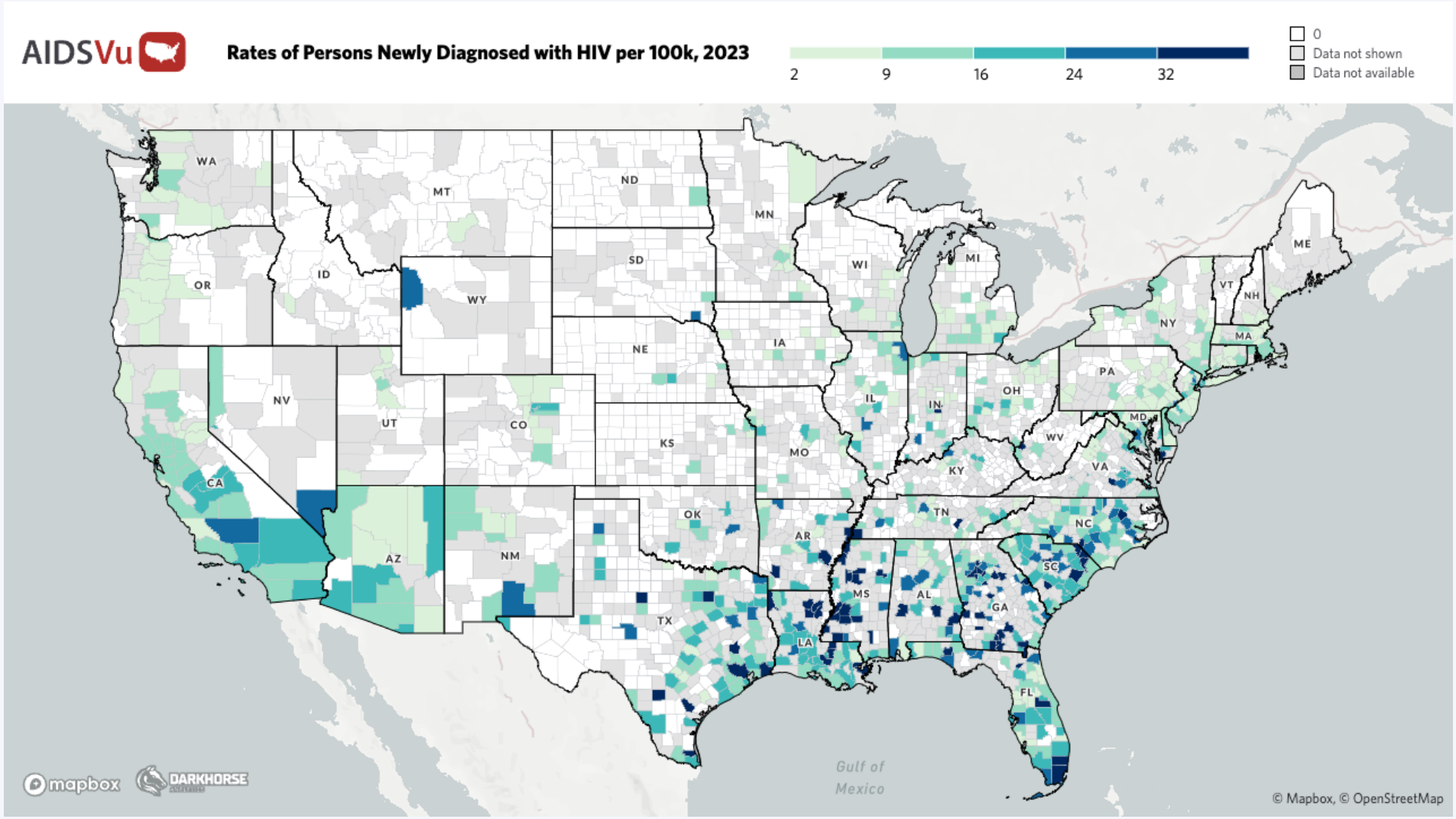
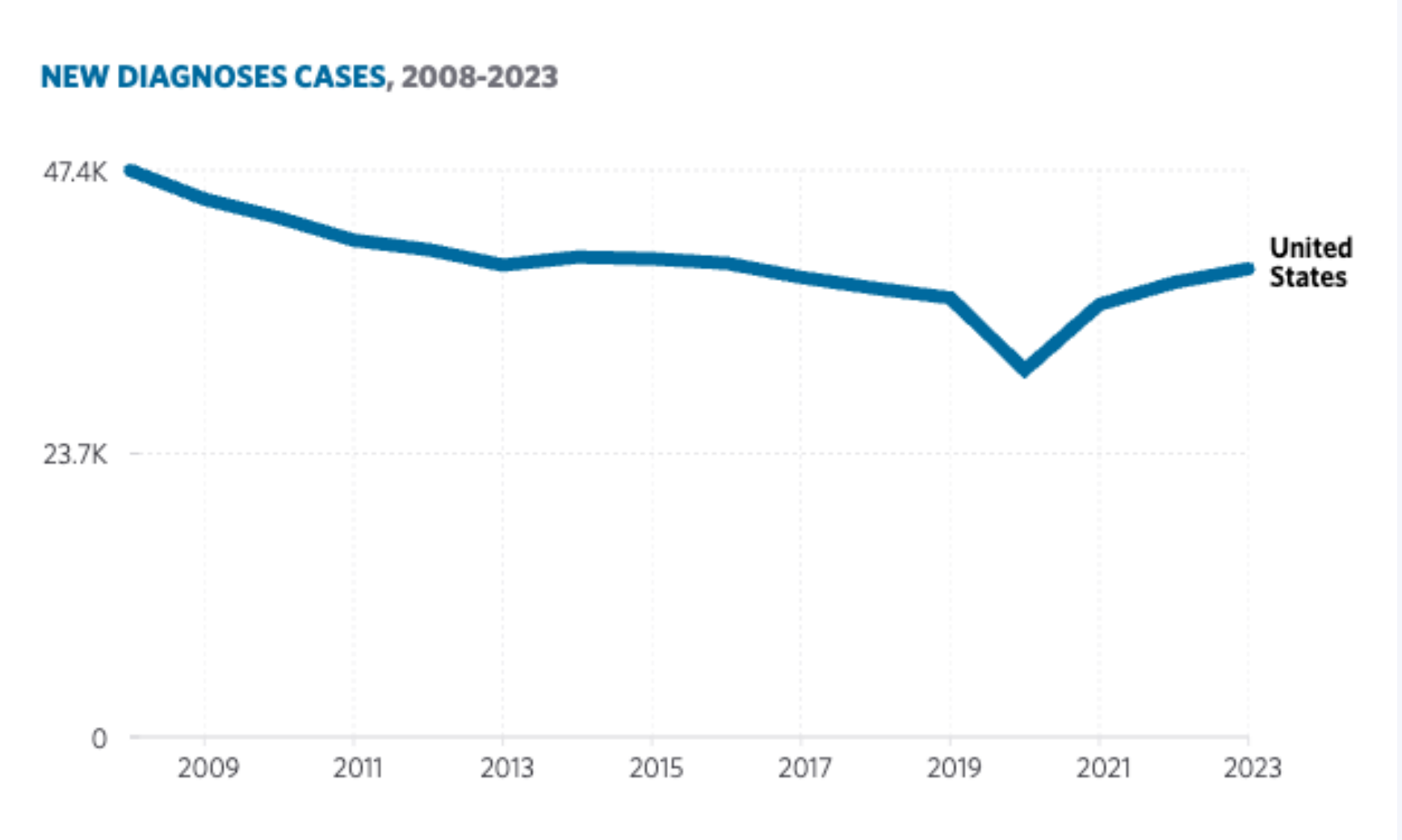
Setting the Scene: The Current State of the U.S. HIV Epidemic

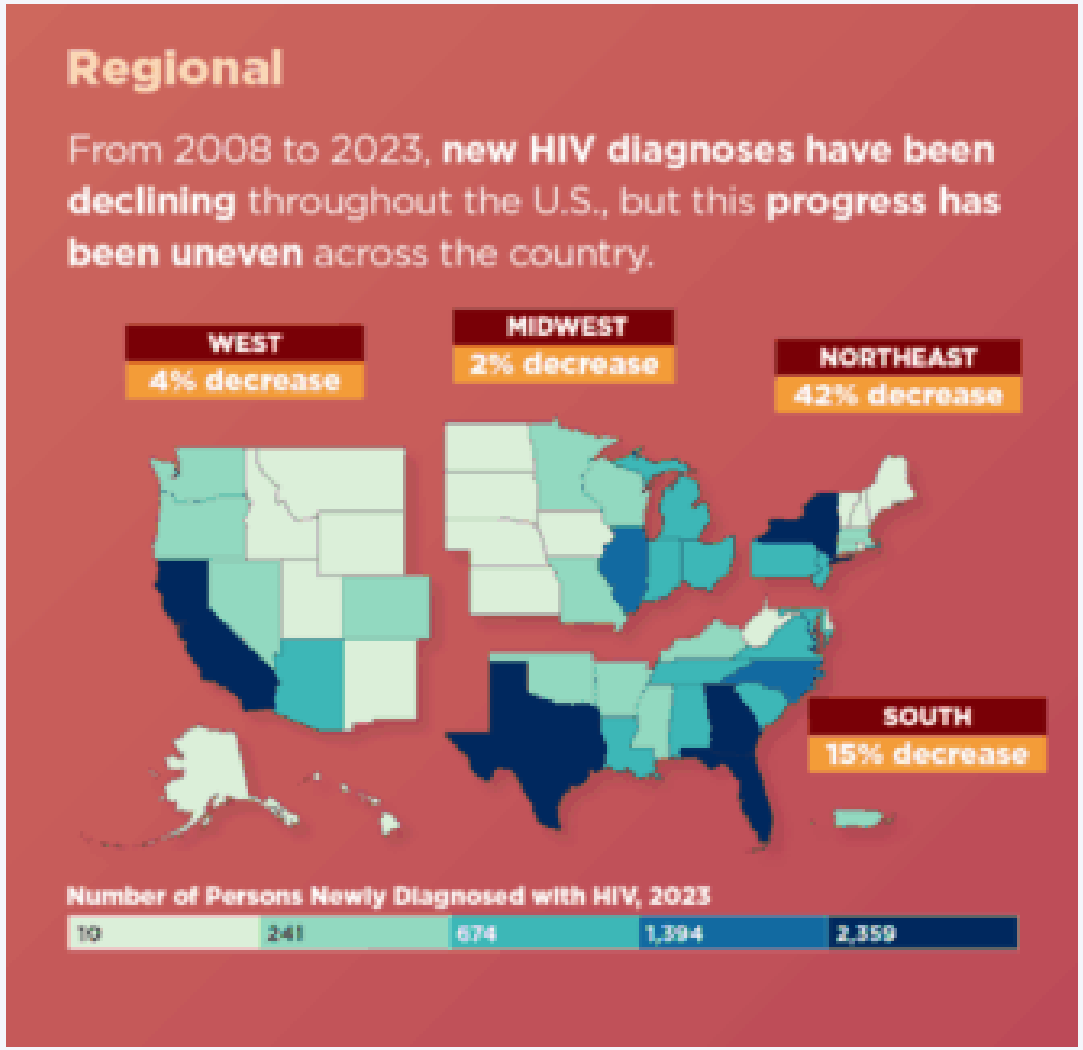
Racial Disparities:
HIV Prevalence and New HIV Diagnoses

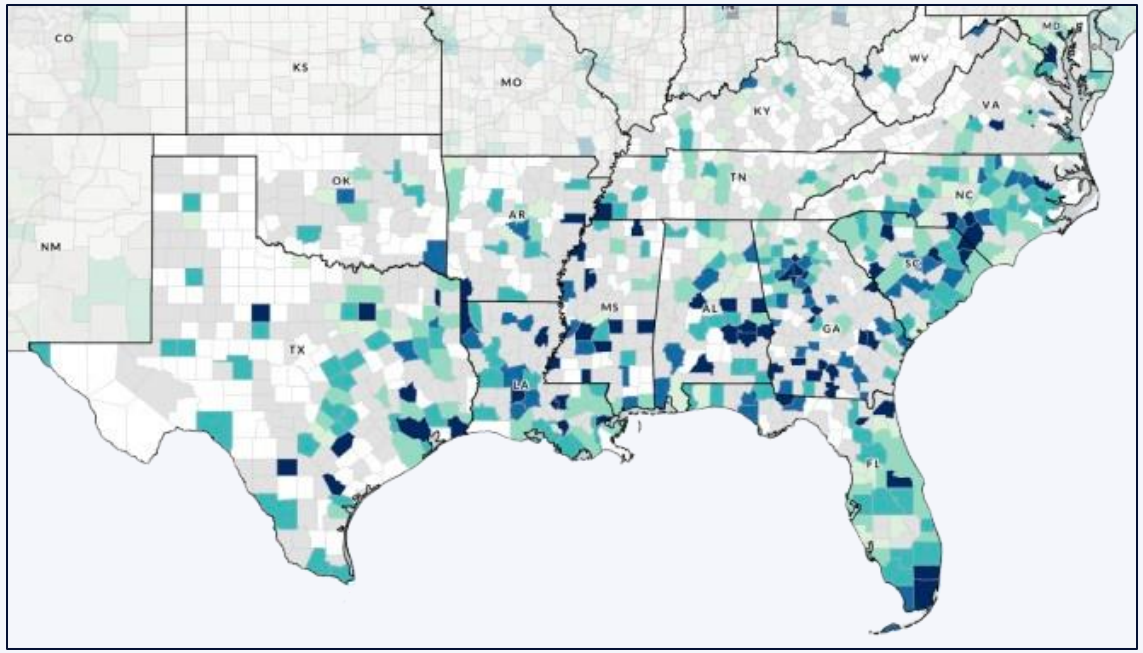


HIV New Diagnoses Over Time



Regional Disparities: New HIV Diagnoses in the South





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

2 9 16 24 32

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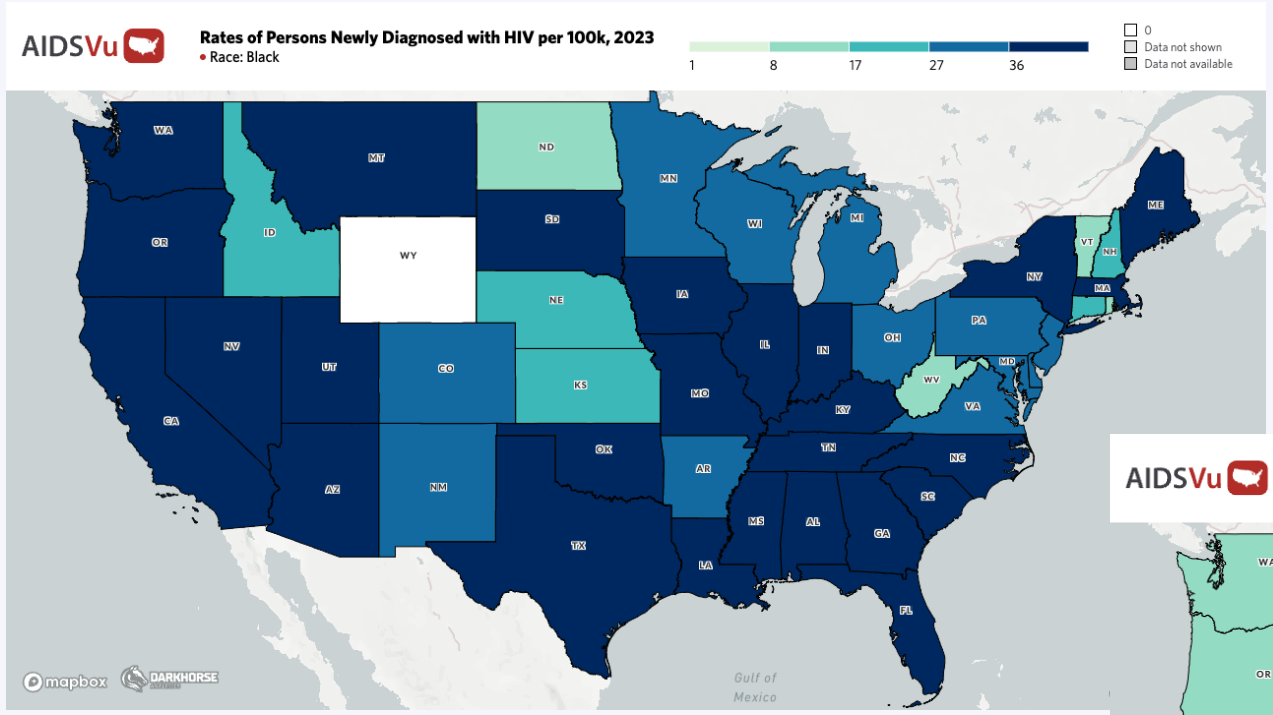
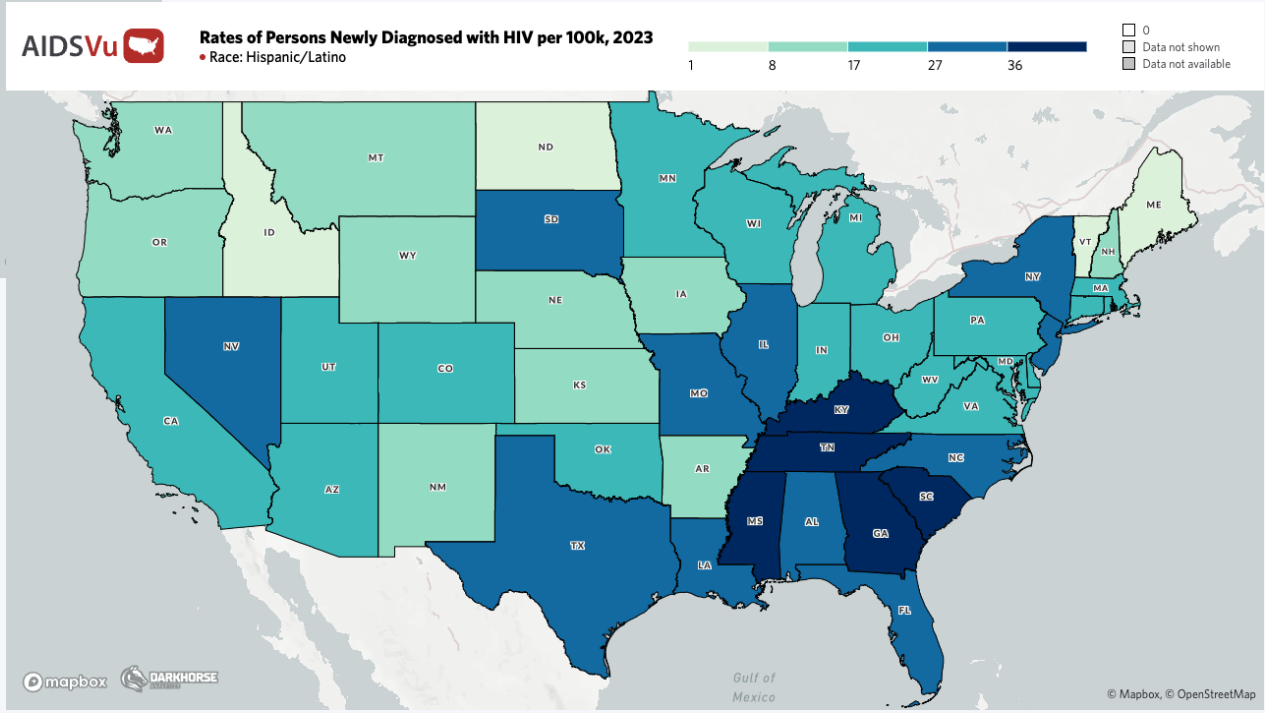
Racial Disparities: HIV New Diagnoses by Race

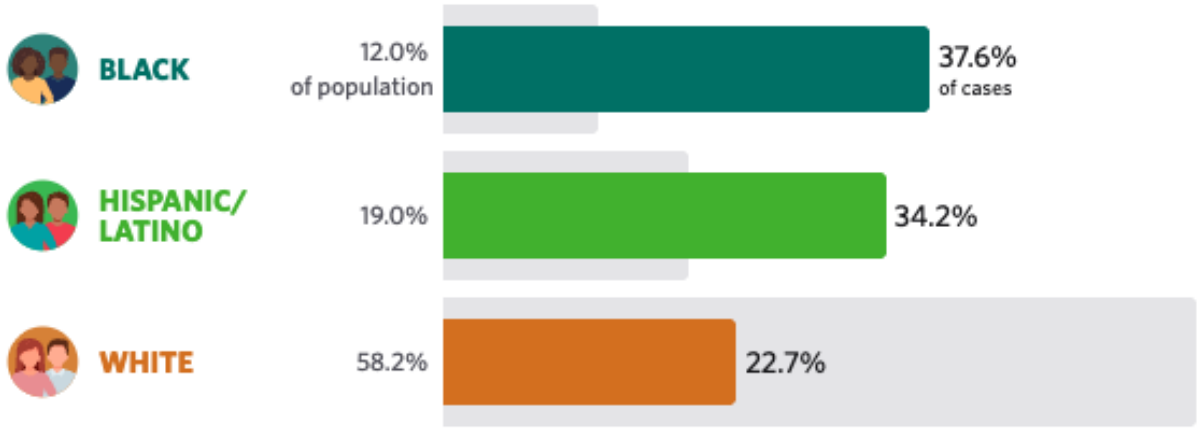




Racial Disparities: New HIV Diagnoses

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.**

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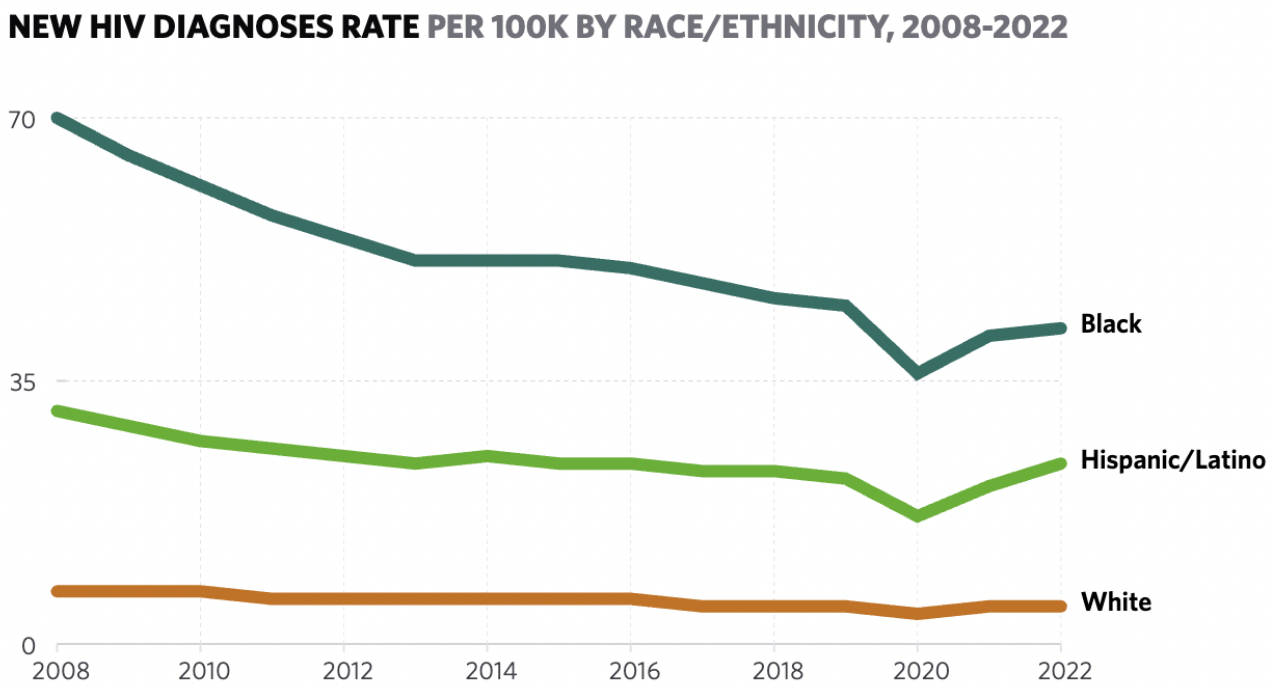
Racial Disparities: New HIV Diagnoses

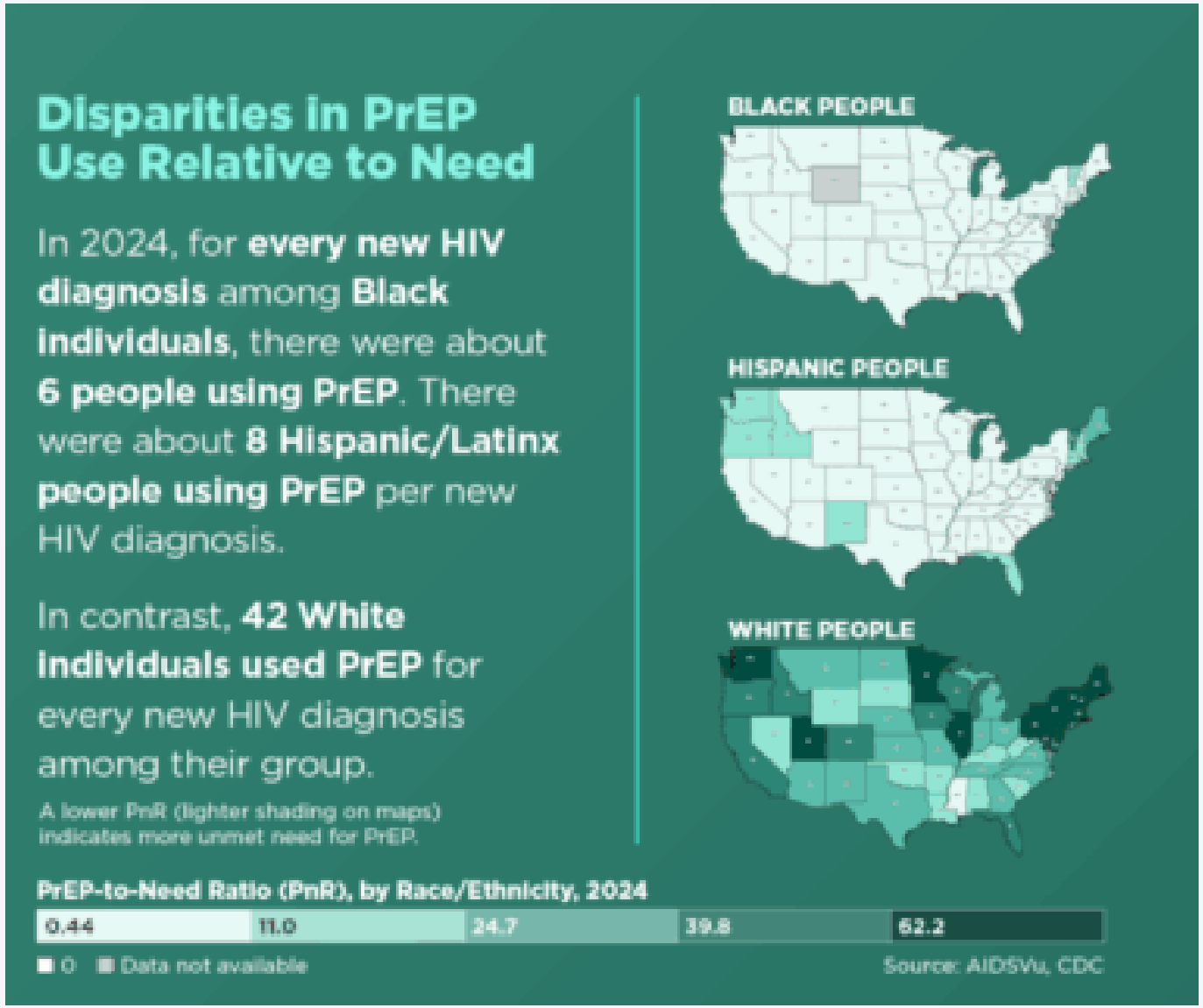
Trends Over Time

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**.



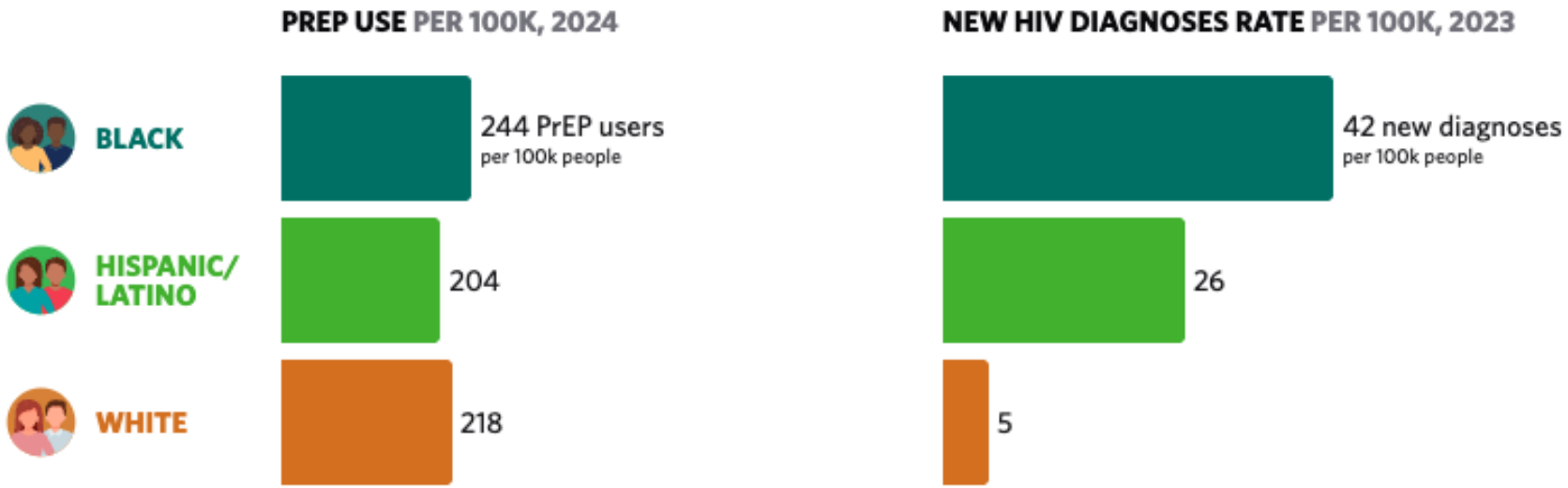
Race Disparities: PrEP Use



Race Disparities: PrEP Use

PrEP Usage

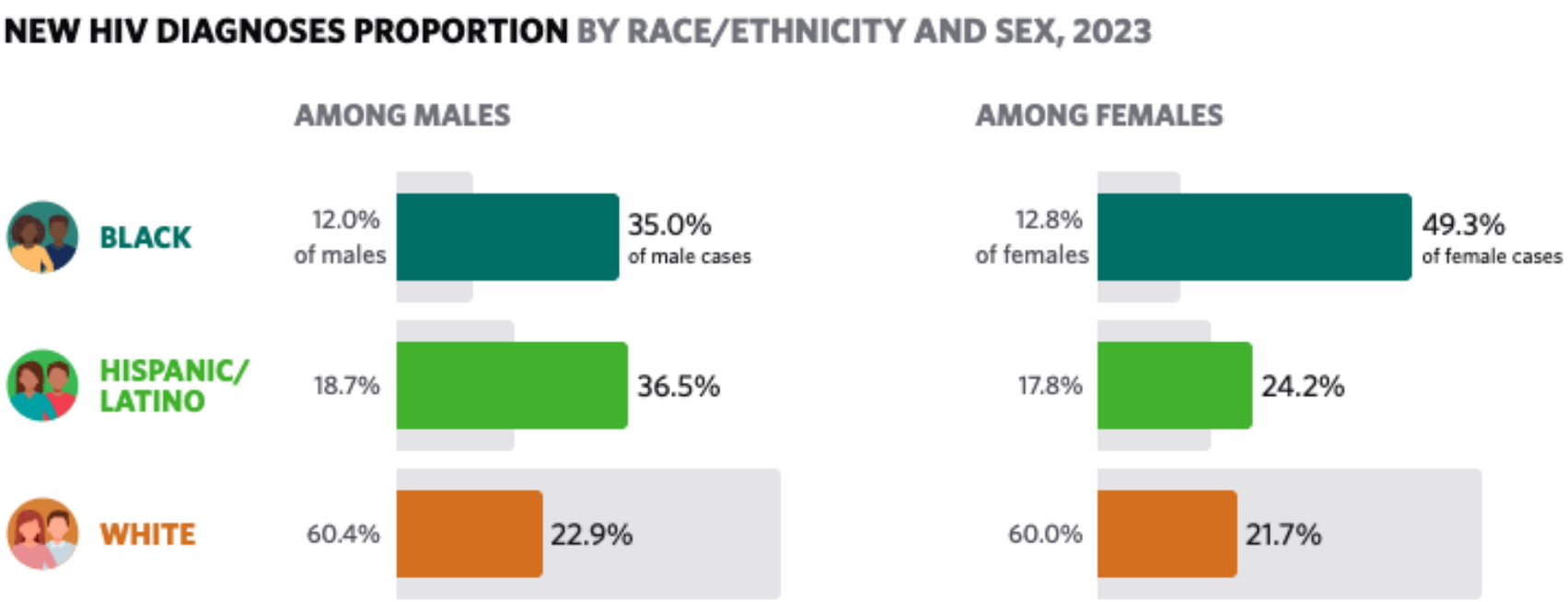
Since the FDA approved the use of PrEP in 2012, it has been used to help prevent the spread of HIV. **Use of PrEP is currently roughly equal** (per 100,000 people) across racial/ethnic groups. However, **HIV prevalence and new HIV diagnoses rates are still higher among Black and Hispanic/Latino individuals.**



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.



Progress to Targets

Progress to Targets

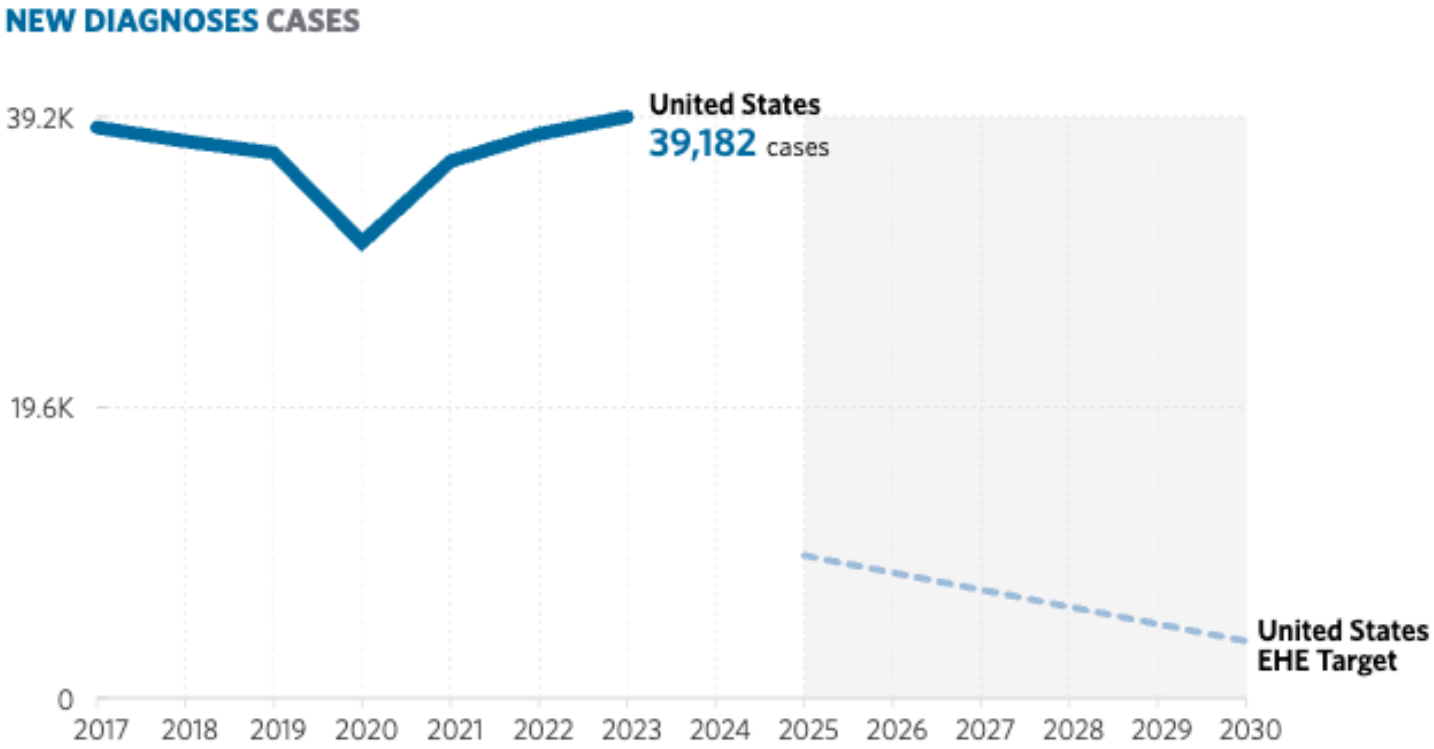
Ending the HIV Epidemic

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.

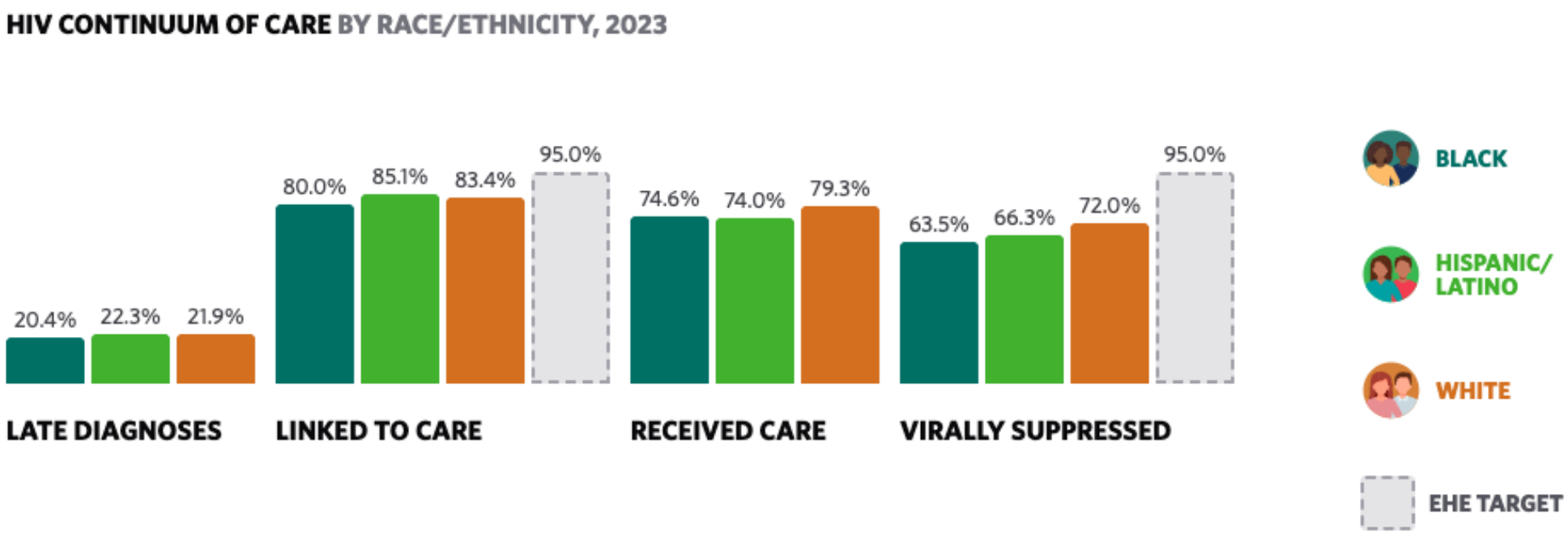
To achieve EHE targets, the United States will need to reduce new diagnoses to at most **3,846** cases (**1.4** cases/100k) annually by 2030.



Progress to Targets

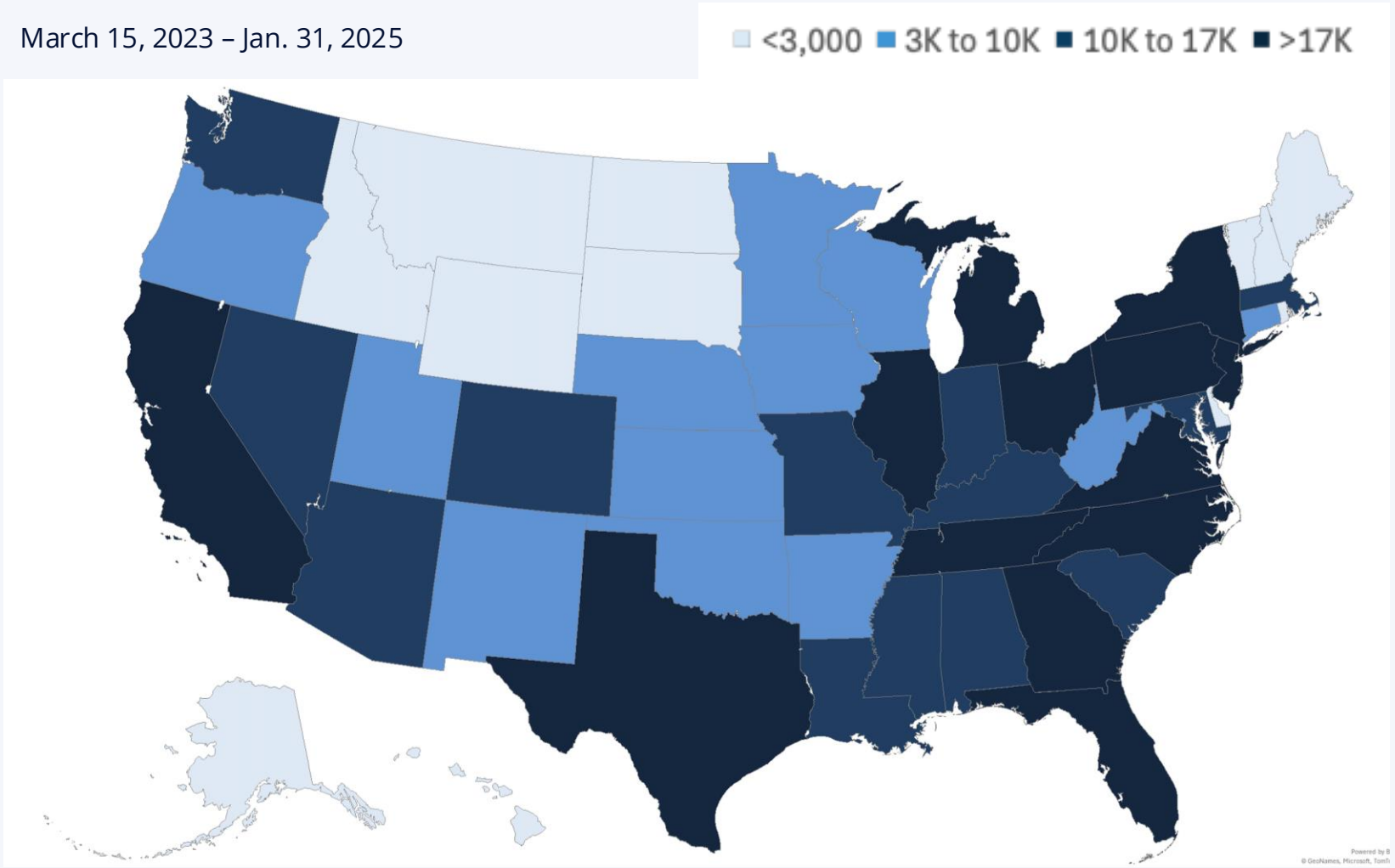
The HIV Continuum of Care

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



New Data: Testing

Together TakeMeHome HIV Test Kit Orders by State



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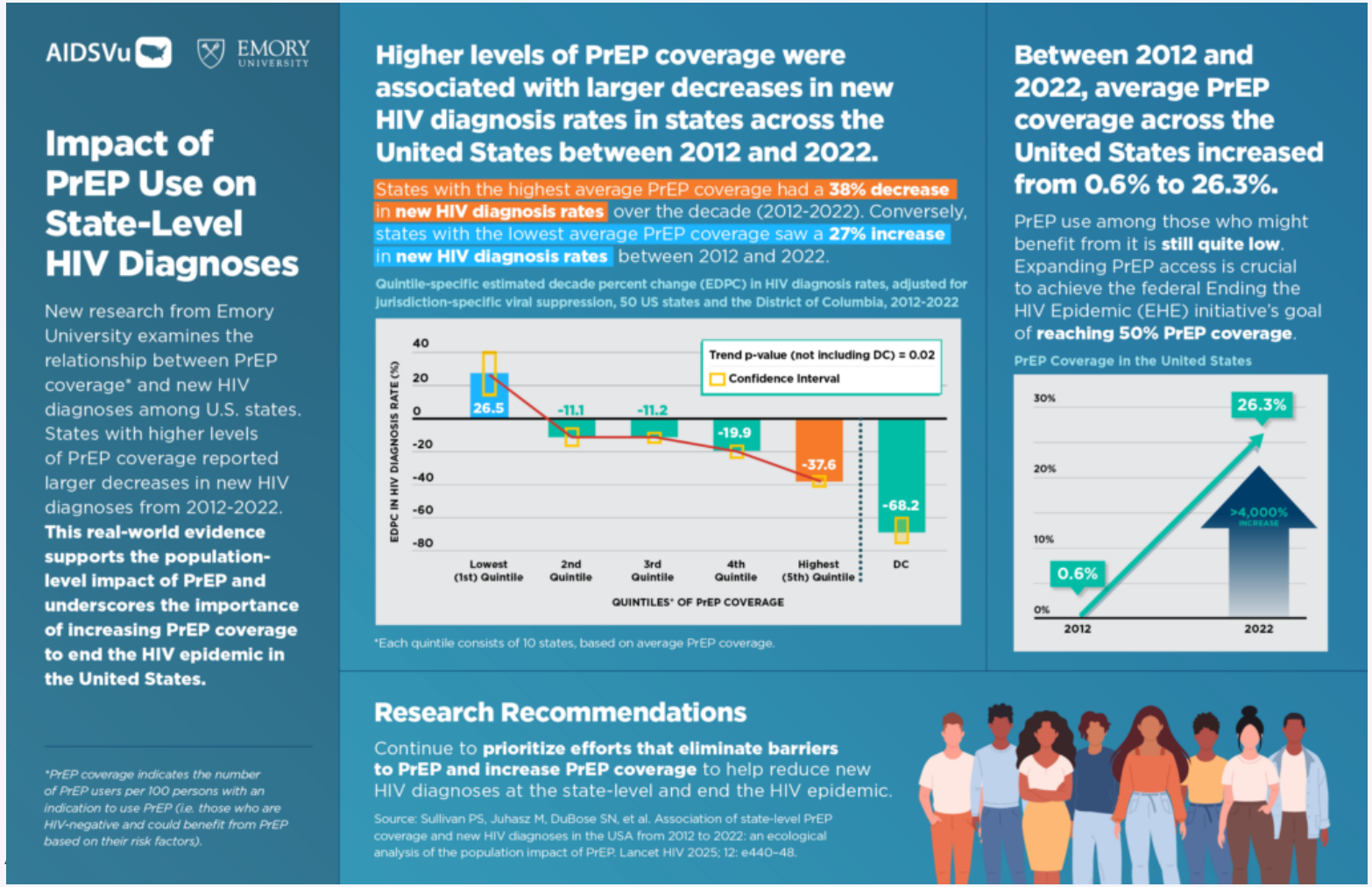
New Data: PrEP

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*



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

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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

AIDSVu.ORG | Sullivan PS, Wall KM, Juhasz M, et al. Excess HIV Infections and Costs Associated With Reductions in HIV Prevention Services in the US. JAMA Netw Open. 2025;8(9):e2531341.doi:10.1001/jamanetworkopen.2025.31341

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

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What's at Stake as Funding Declines

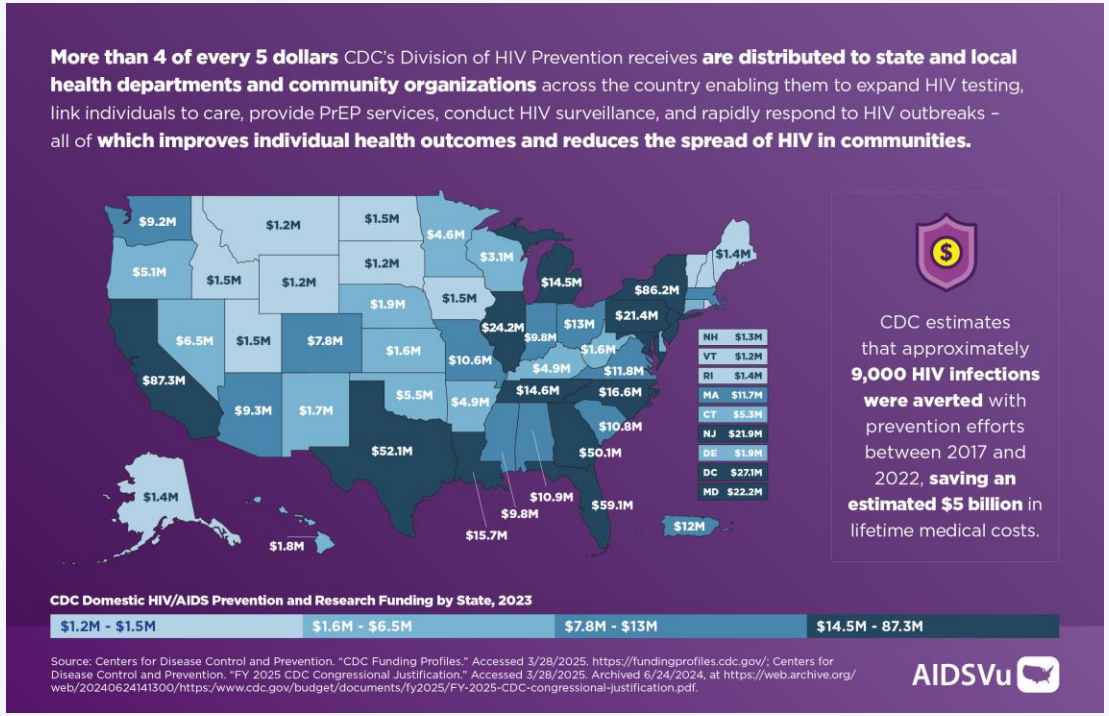
Without HIV prevention funding at its current scale, the following essential, evidence-based services are at risk of being scaled back or stopped in communities across America:

- 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

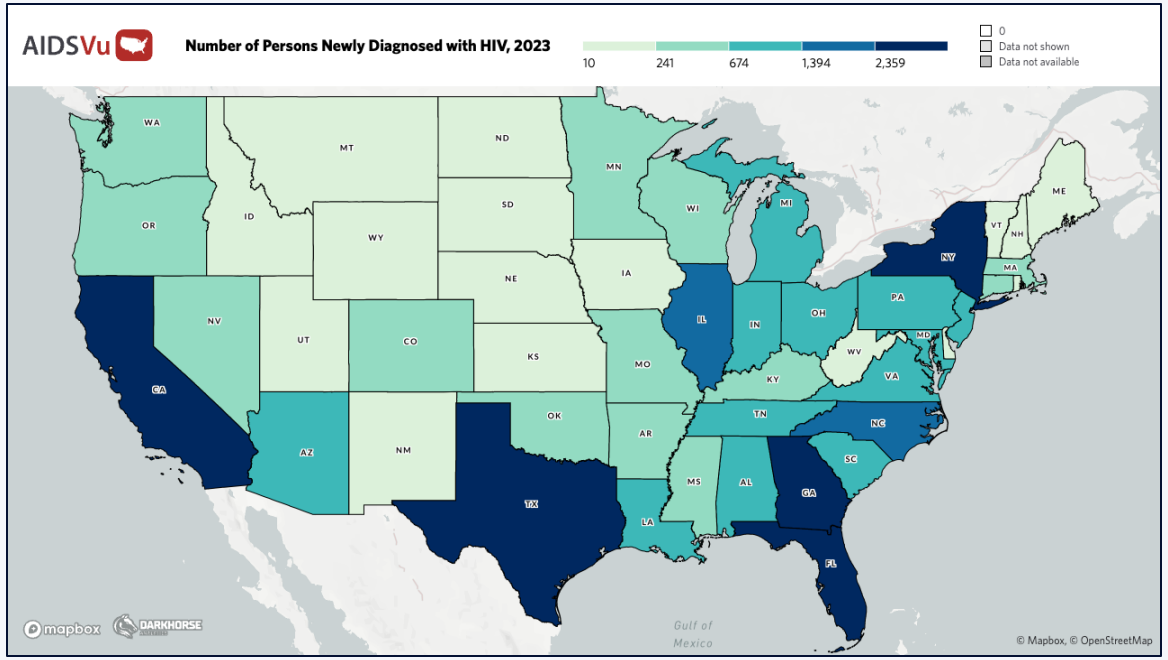
The consequences of such cuts would be immediate and devastating:

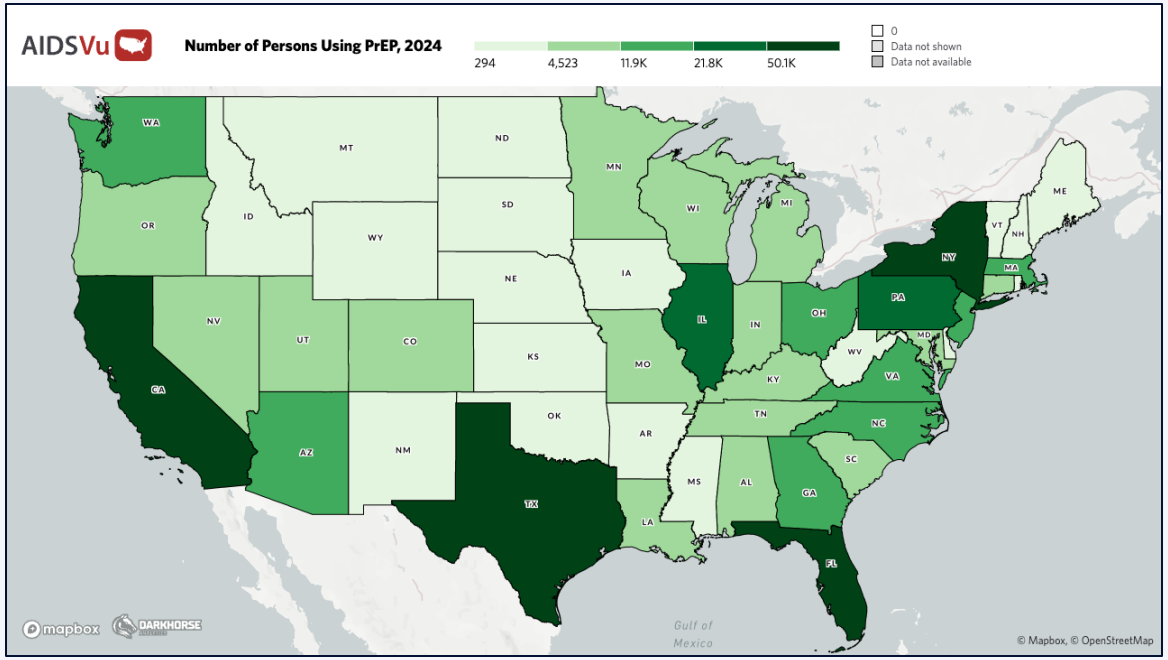
- Reduced access to testing and prevention services, leading to a rise in new HIV infections and increased costs to the healthcare system
- Growing number of HIV outbreaks
- Delayed diagnoses of people with HIV resulting in increased rates of illnesses, deaths, and HIV transmission
- Closure of clinics 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

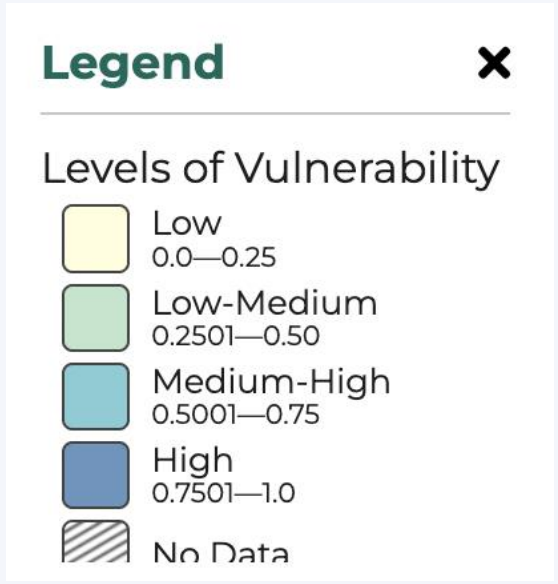


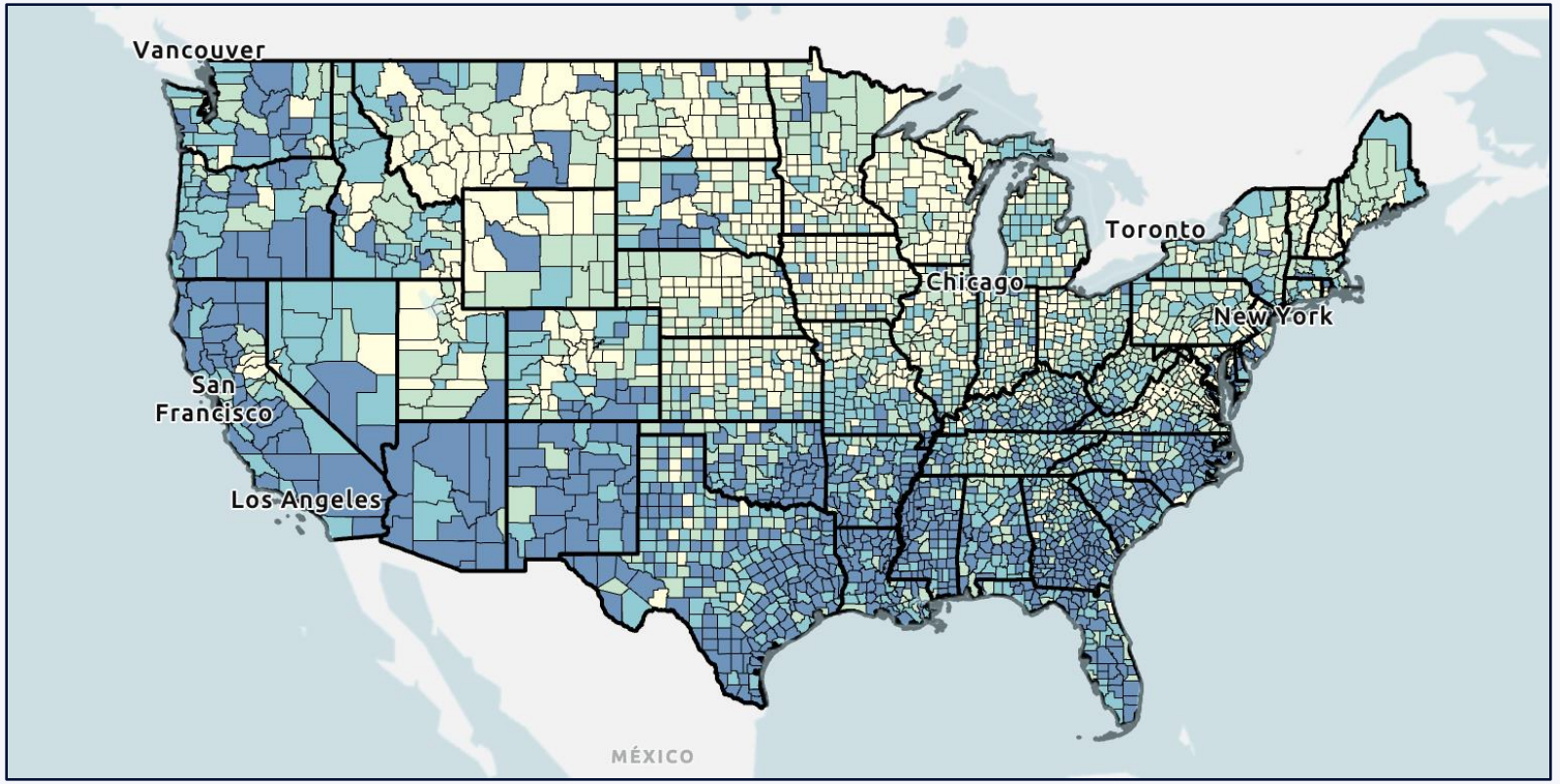
If this funding should be cut, states would not be able to make up the difference on their own.





Social Vulnerability Index





Overall SVI Nationwide Comparison
By County | 2022

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