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2025 SUMMIT

September 15-17, 2025
New Orleans

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

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CITY OF NEW ORLEANS LOUISIANA

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

NACCHO National Association of County & City Health Officials
The National Connection for Local Public Health

AIDS United

NMAC Ending the HIV Epidemic

Presentation Overview

- Progress towards US HIV Incidence Targets
  - Decrease new infections nationally by 75% 2025 and 90% by 2030 (National HIV/AIDS Strategy 2022-2025)
- Incidence Prevalence Ratio – a potentially useful tool to benchmark incidence progress
- Service Disruptions and Impacts – threats to current and future progress
- Future Steps

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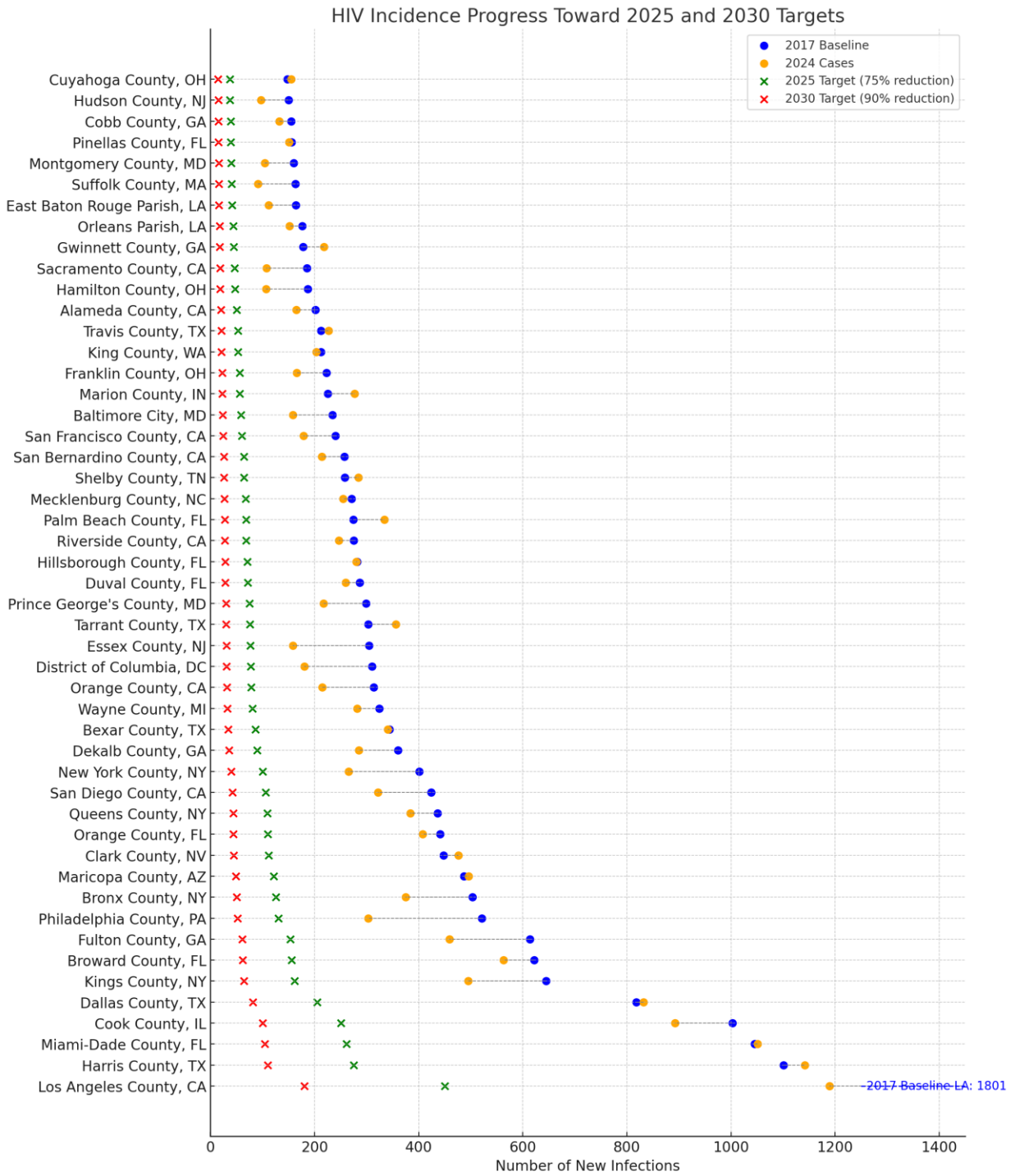
15% reduction for all EHE jurisdictions



Data source: NCHHSTP AtlasPlus

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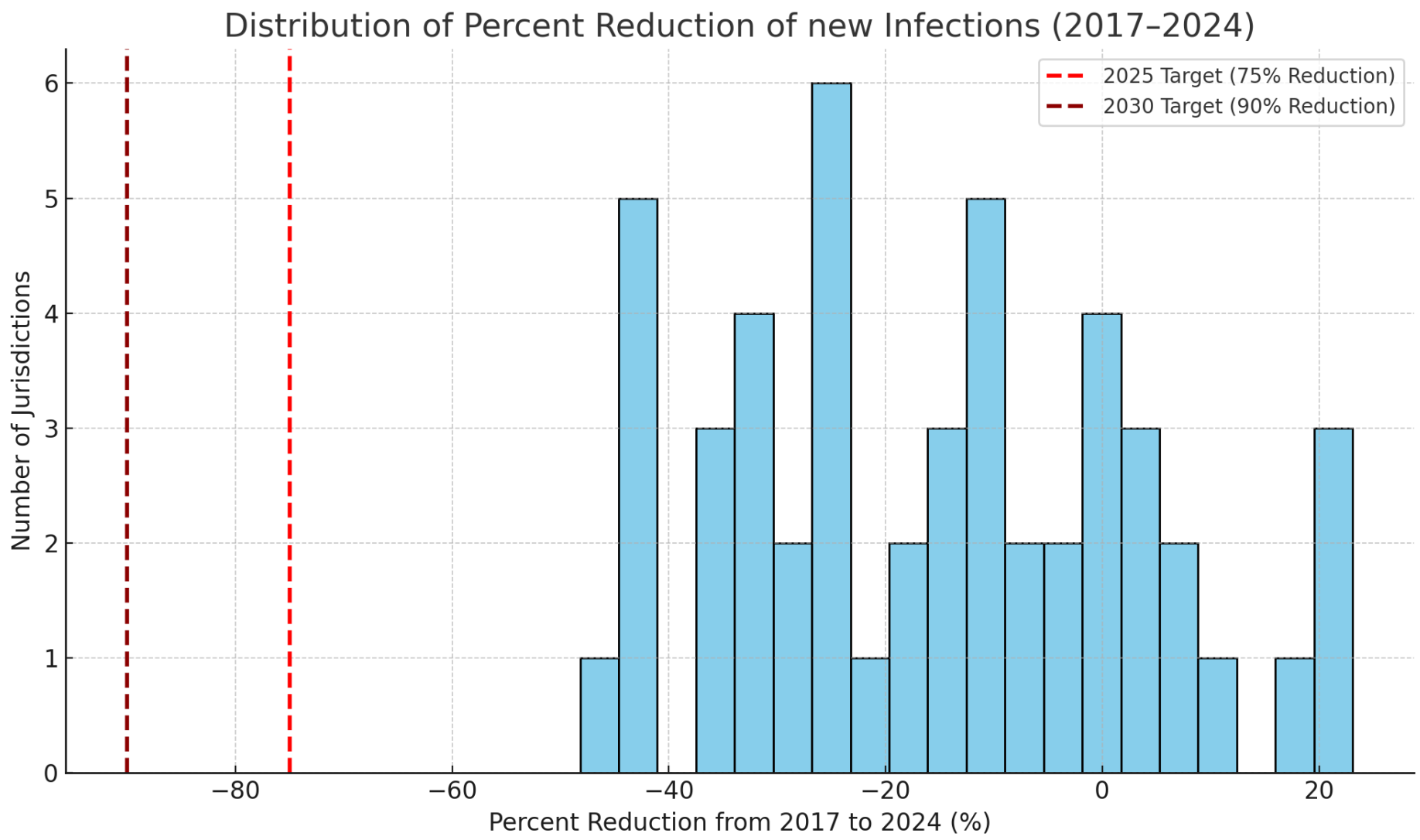

40–50% reduction: 6 jurisdictions

20–40% reduction: 16 jurisdictions

0–20% reduction: 18 jurisdictions

0–20% increase: 10 jurisdictions

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Benchmarking Using the Incidence Prevalence Ratio

The incidence-prevalence ratio (IPR) is a proposed benchmark for HIV epidemic control

Relevance: Provides a comprehensive view of the epidemic's dynamics allowing health authorities can assess the rate of new infections relative to the overall number of people living with HIV. This comparison helps monitor the effectiveness of HIV prevention efforts and HIV treatment interventions.

Defines a control threshold: If a newly infected person survives **D years** post-infection, the **IPR threshold = 1/D.**

***Interpretation:** When there are **< 1 new HIV infection per PLHIV over a lifetime**, the epidemic **declines**.*

Proposed Calculation of IPR Threshold:

D = life-expectancy post-diagnosis + national average time to diagnosis

IPR threshold = 1/D

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IPR Trends for EHE Jurisdictions (2017-2022)

Calculation of IPR Threshold for the US:

In the US Life-expectancy post diagnosis = 32.85 years ; average time to diagnosis = 3.33 years

IPR threshold = 1/(32.85+3.33) = **0.028**

Jurisdictions under IPR .028 have reached epidemic control based on IPR

Methods:

- IPR (incidence/prevalence) trend data were calculated for 39 US counties (including Washington, DC prioritized in the Ending the HIV Epidemic (EHE) initiative from 2017-2022 using estimated CDC incidence and prevalence (NCHHSTP AtlasPlus).
- Eleven counties had data through 2021 and 28 had data through 2022. Eleven jurisdictions that did not have data at least through 2021 were not included in the analysis.

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IPR Trends for EHE Jurisdictions (2017-2022)

- Epidemic Control Trends 2017-2022 based on IPR
  - 2017: 33% (13 counties) reached epidemic control based on IPR
  - 2019: 51% (20 counties) reached epidemic control
  - 2022 64% (25 counties) reached epidemic control
- Between 2017 and 2022:
  - 35 of the 39 counties saw an improvement (decrease) in IPR (ranging from a decrease of .002 to .021).
  - Two counties remained the same
  - Two saw an increase
  - The average IPR across the 39 jurisdictions was .032 in 2017 and .025 in 2022, noting an overall improvement.

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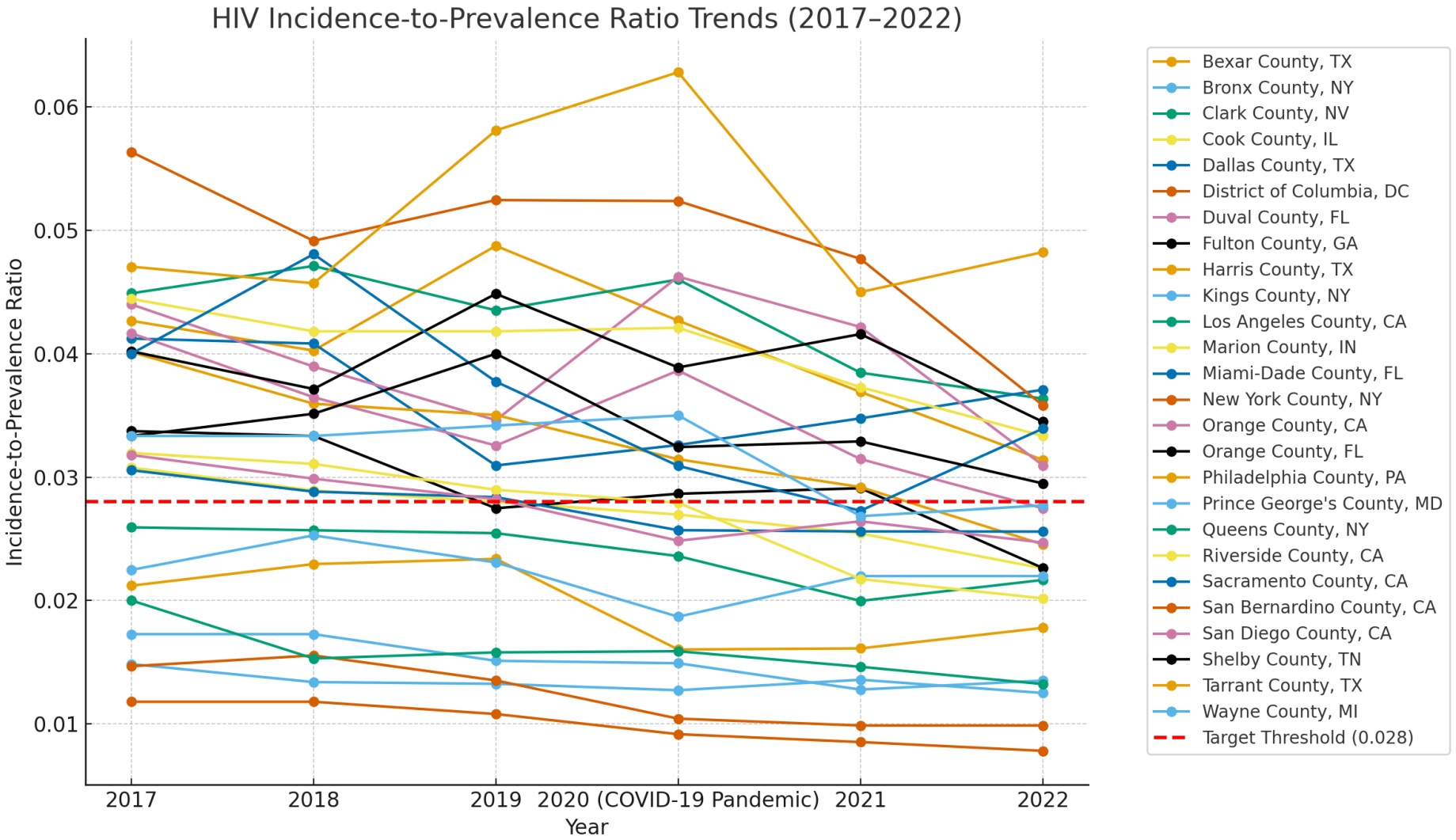

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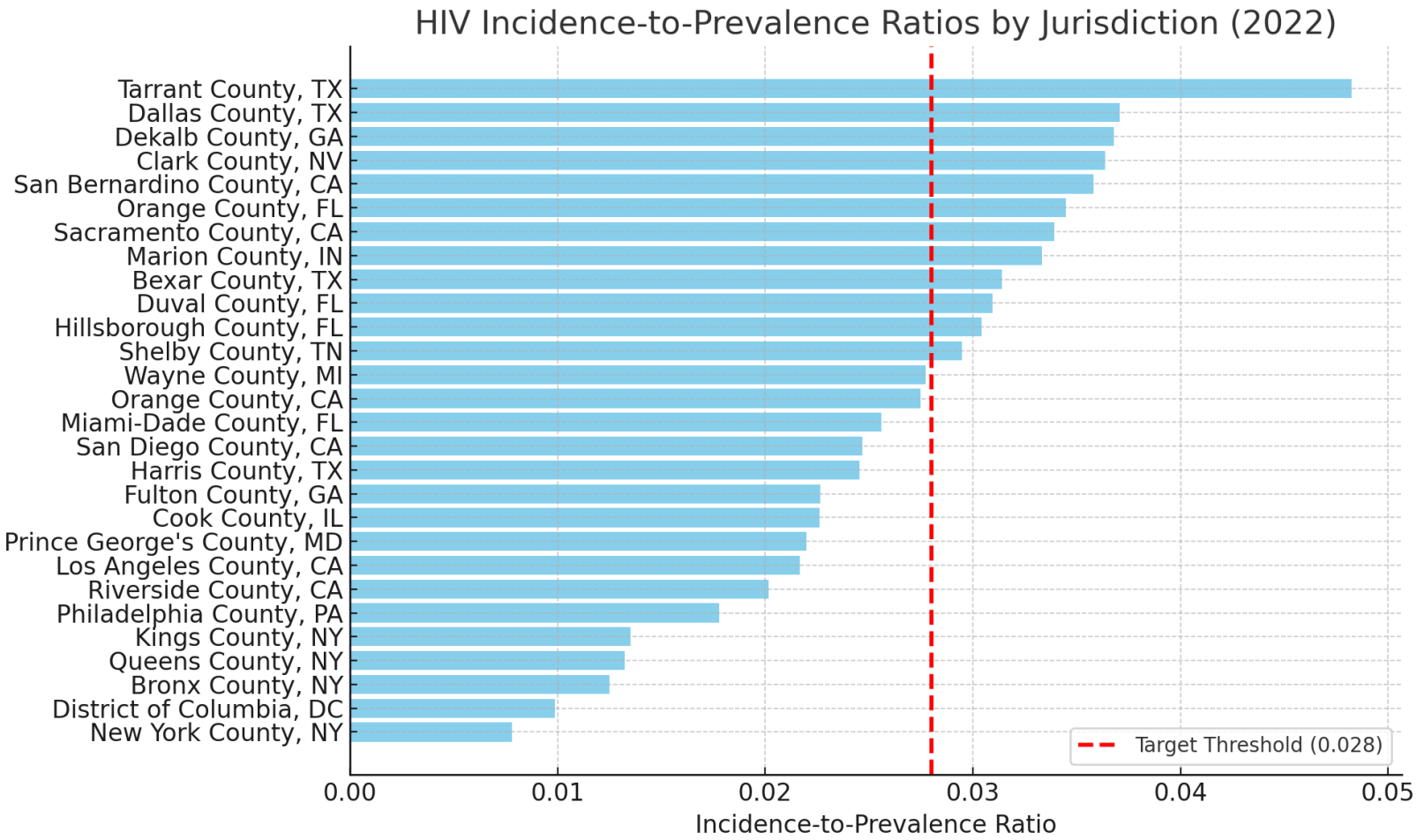

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- **Emergency HIV Clinical Response Task Force**
  - Created by IAPAC in June 2025
  - Clinical partnership between:

- **Emergency HIV Clinical Services Survey**
  - Survey sought insights from five associations' members
  - Fielded July 16-29, 2025, to map HIV service disruptions nationwide
  - Survey also geared to assess key populations affected by disruptions
  - Plans to field survey every 3-6 months for continuous assessments

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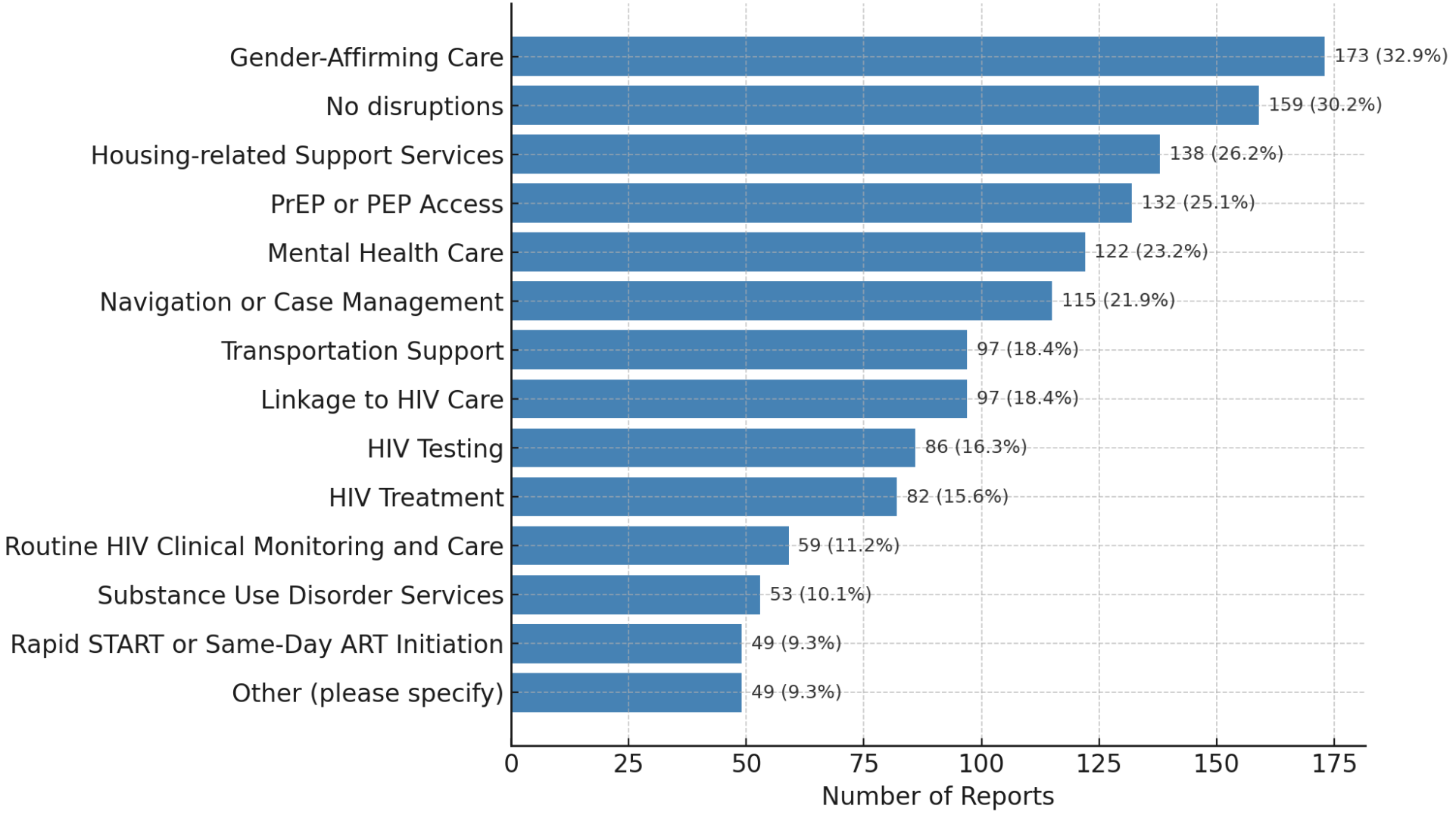
Service Disruptions in past 6 months (n=526)



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Service Disruptions in past 6 months by funding type

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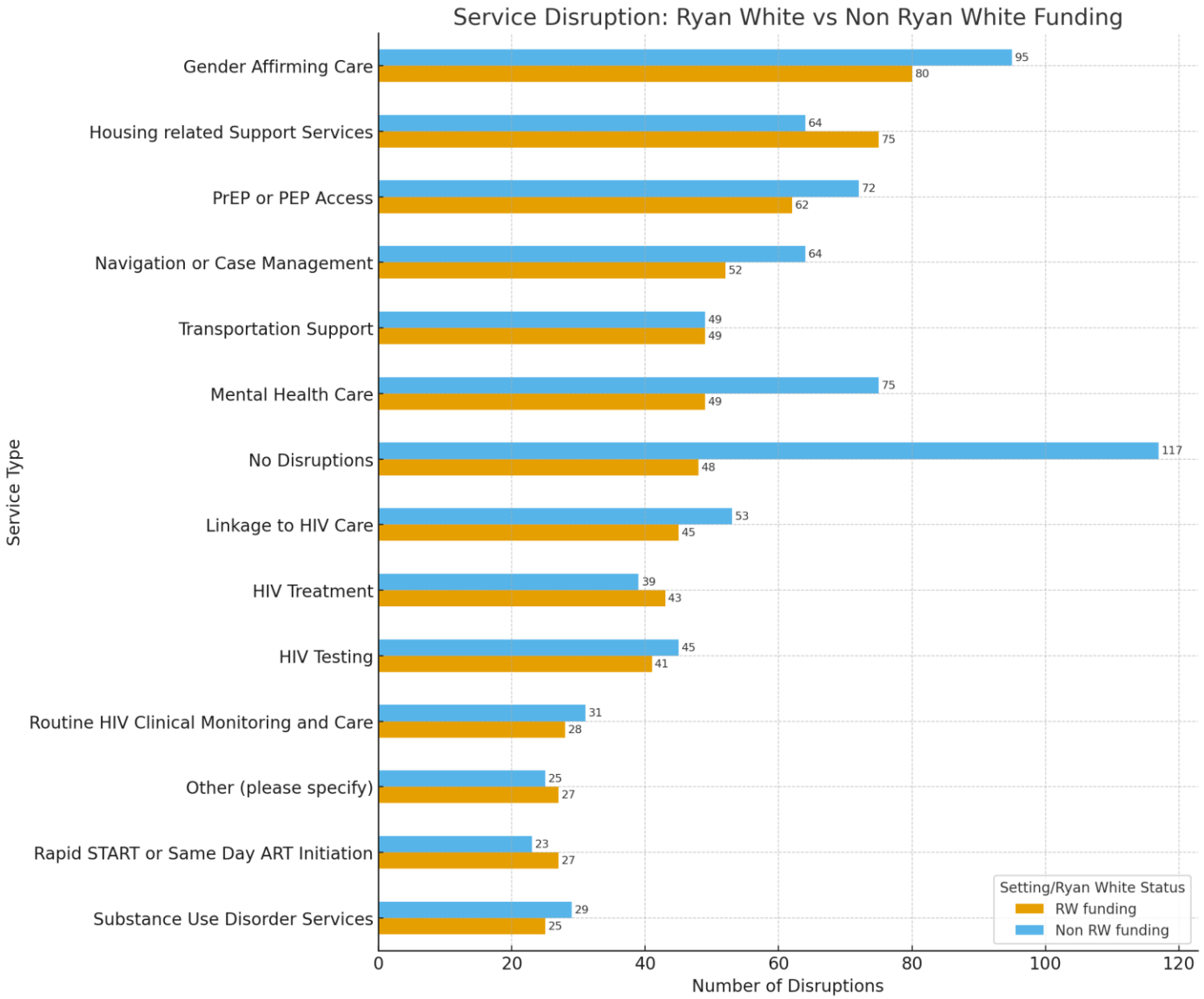

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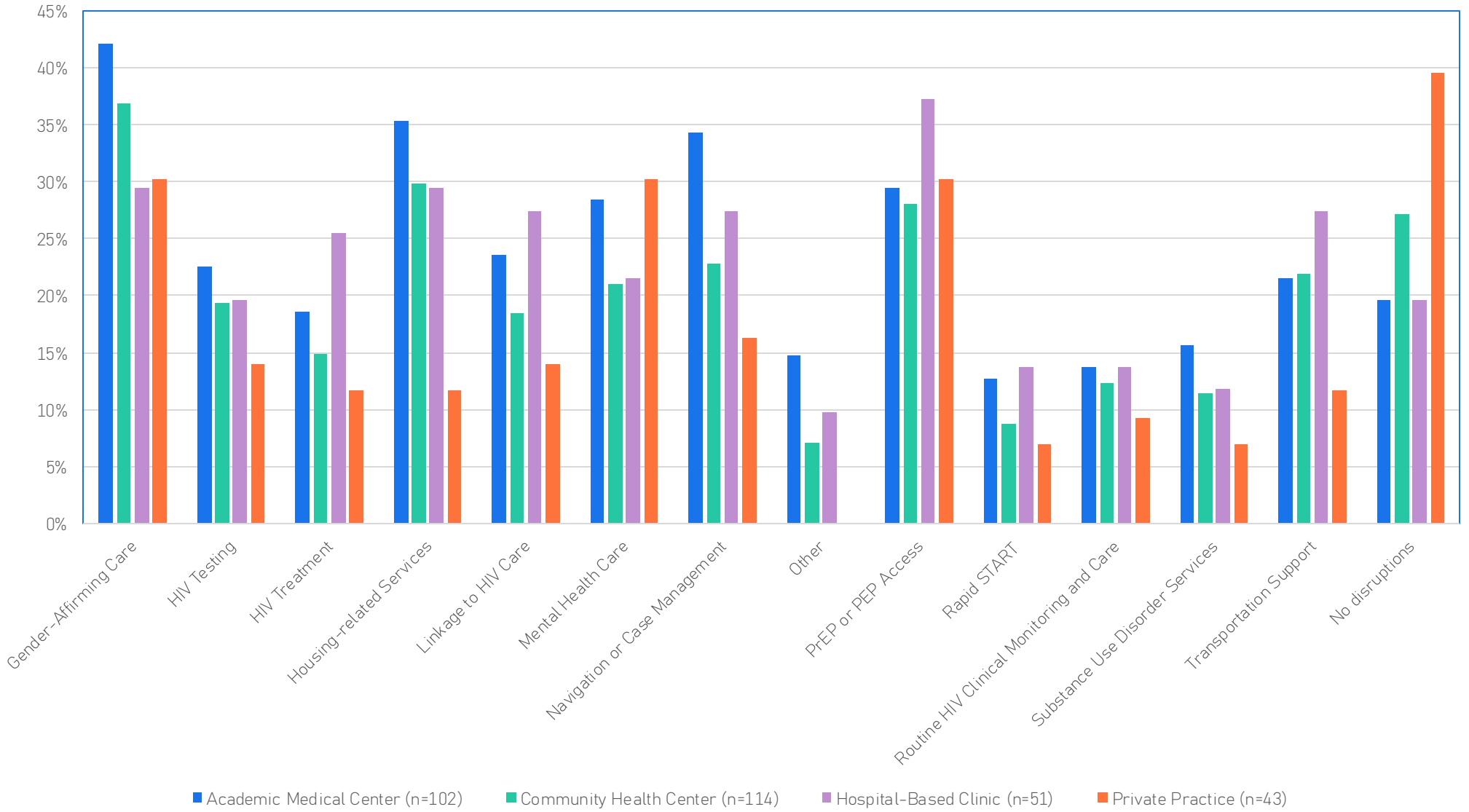
Service Disruptions by Setting



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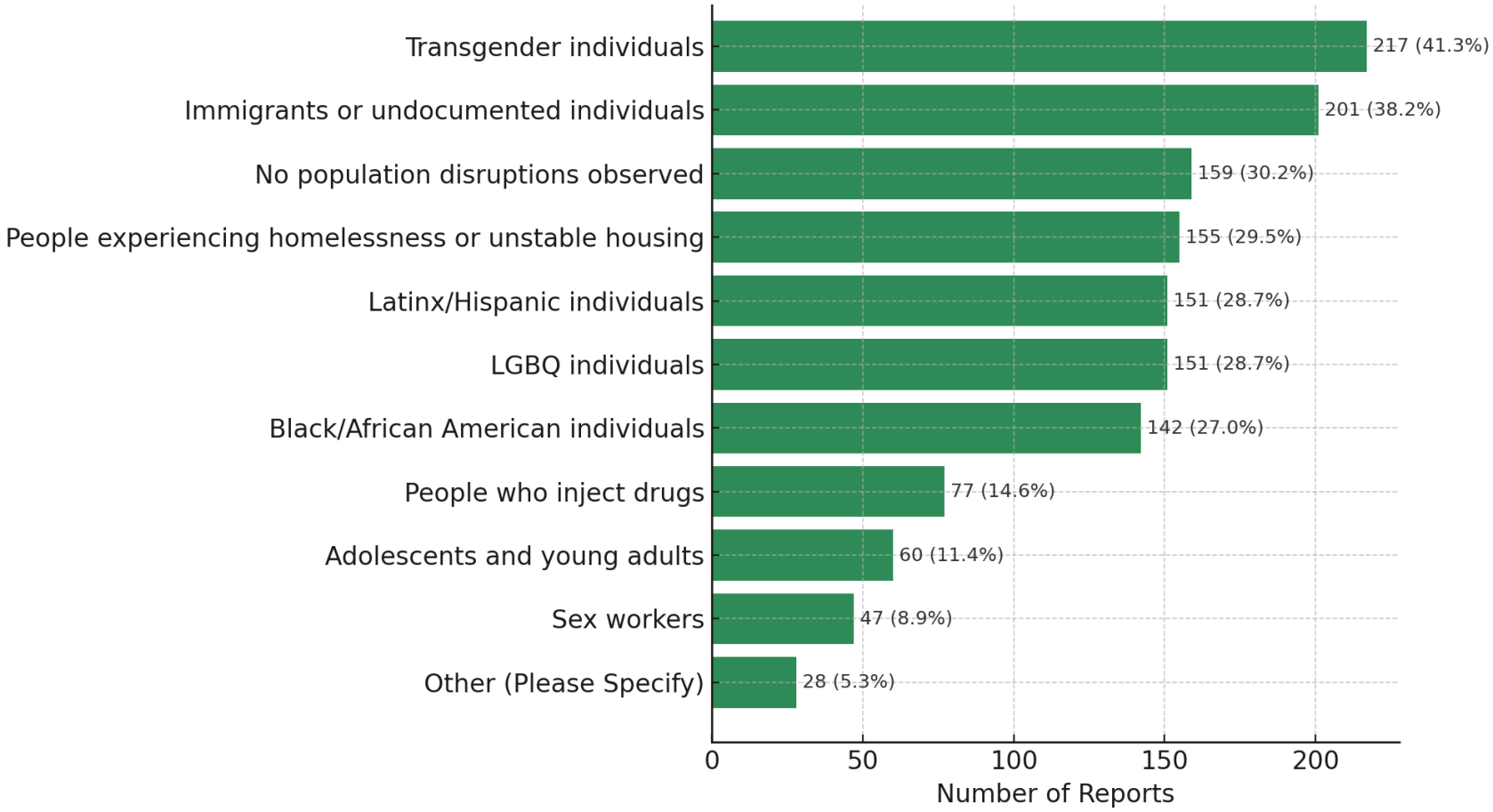
Populations Most Affected by Service Disruptions in Past 6 Months



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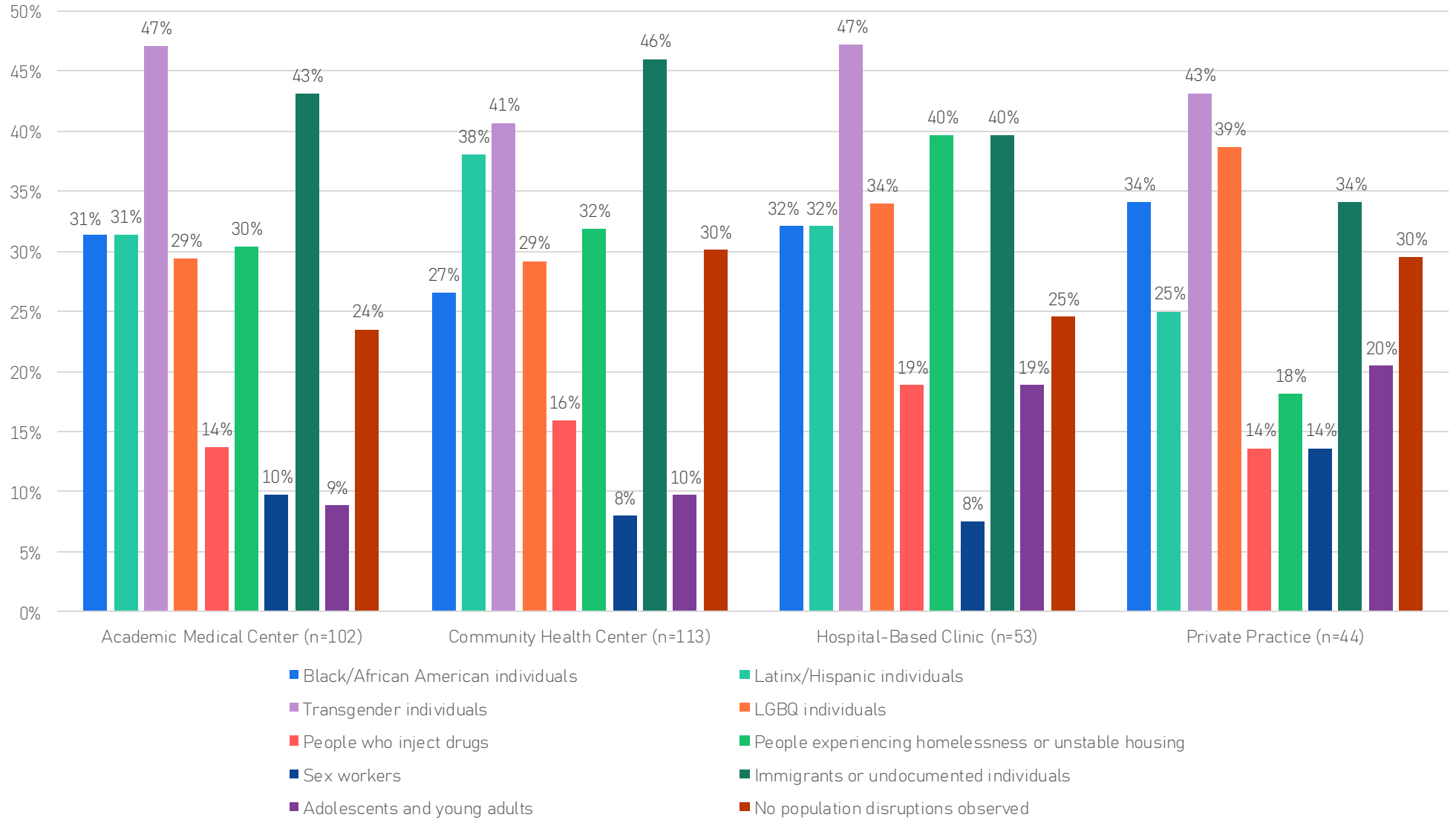
Disruptions Experienced by Population by Setting



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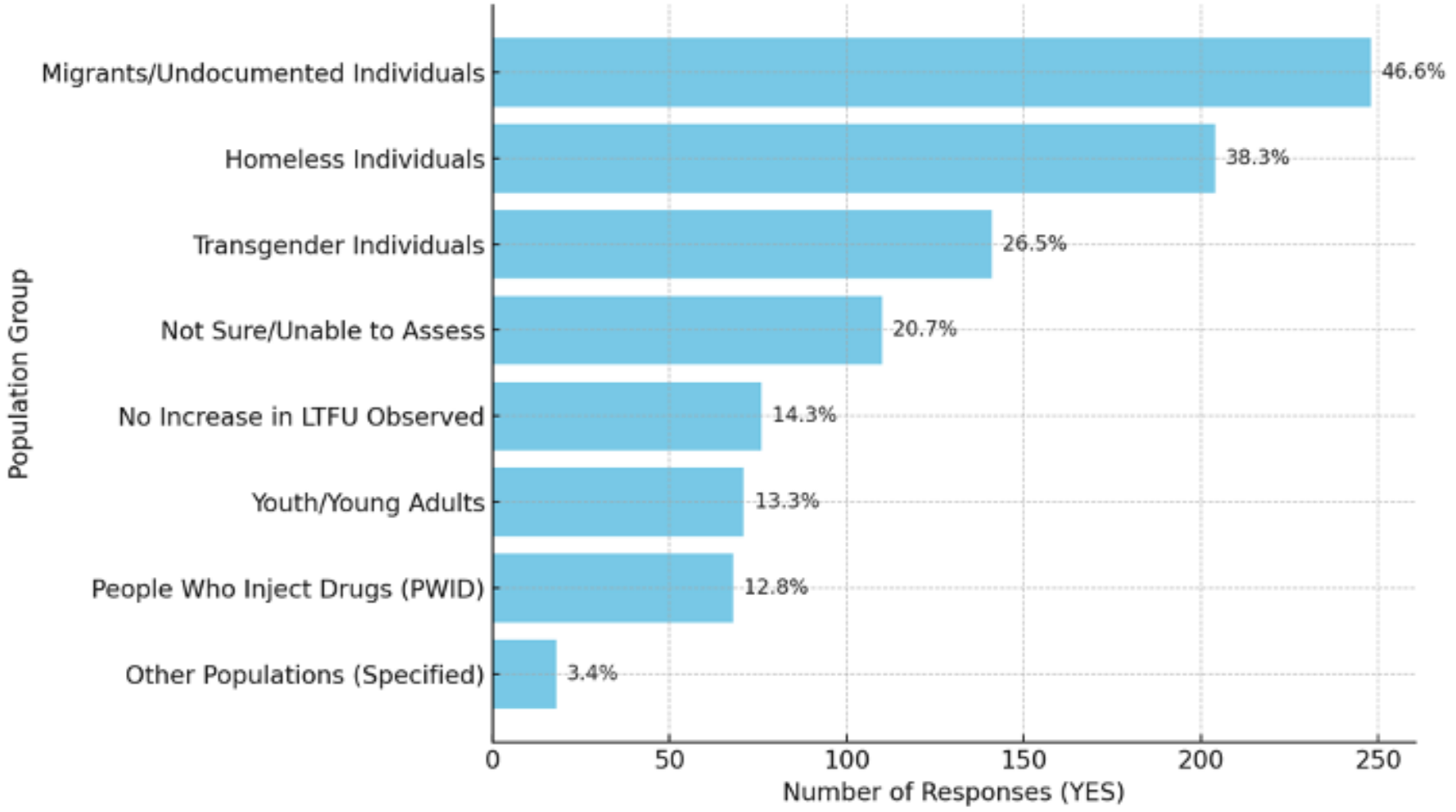
Observed loss to follow up by population in the past 6 months (n=532)



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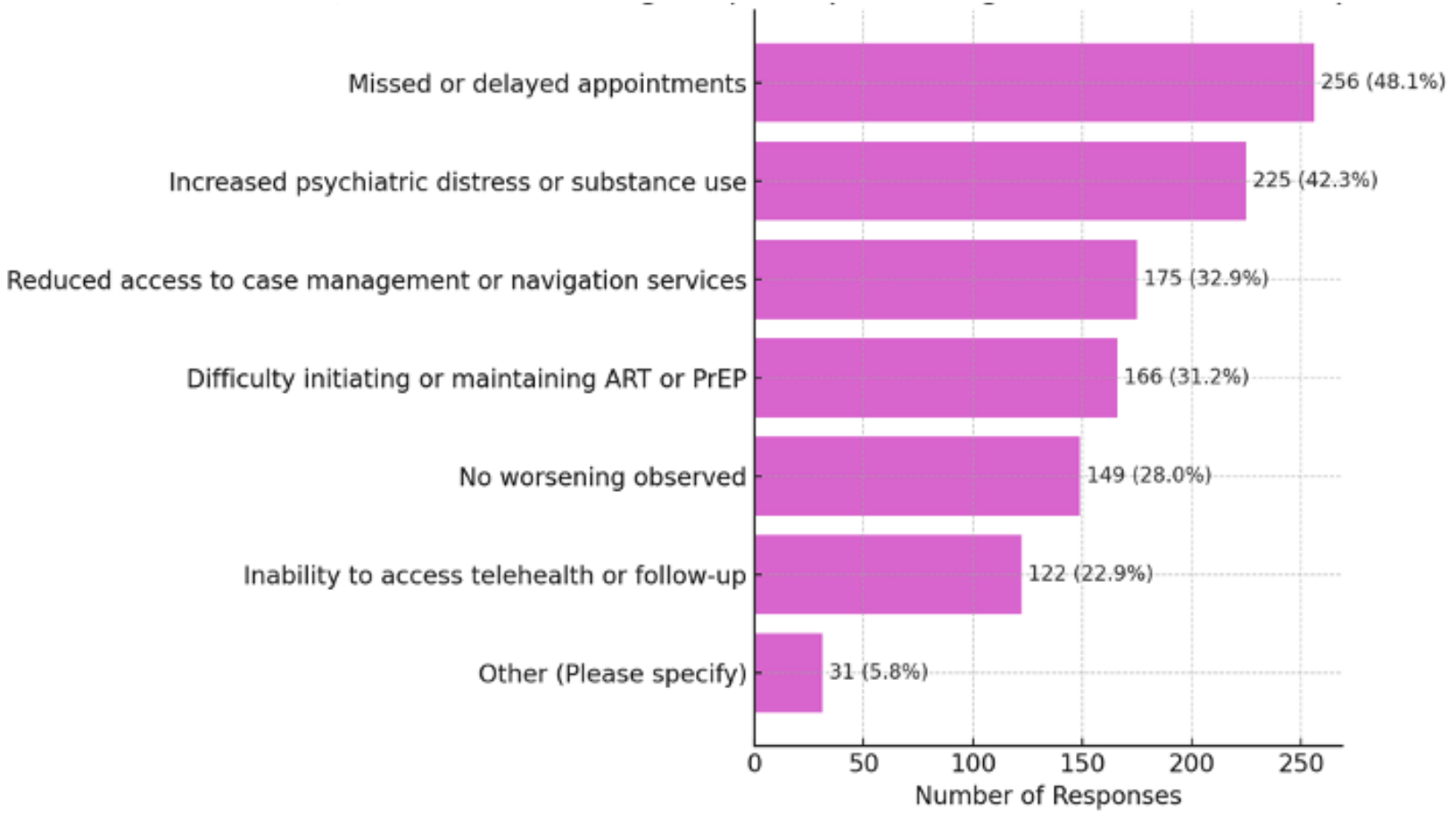
Worsening barriers to care continuity among homeless and unstably housed populations in past 6 months (n=532)



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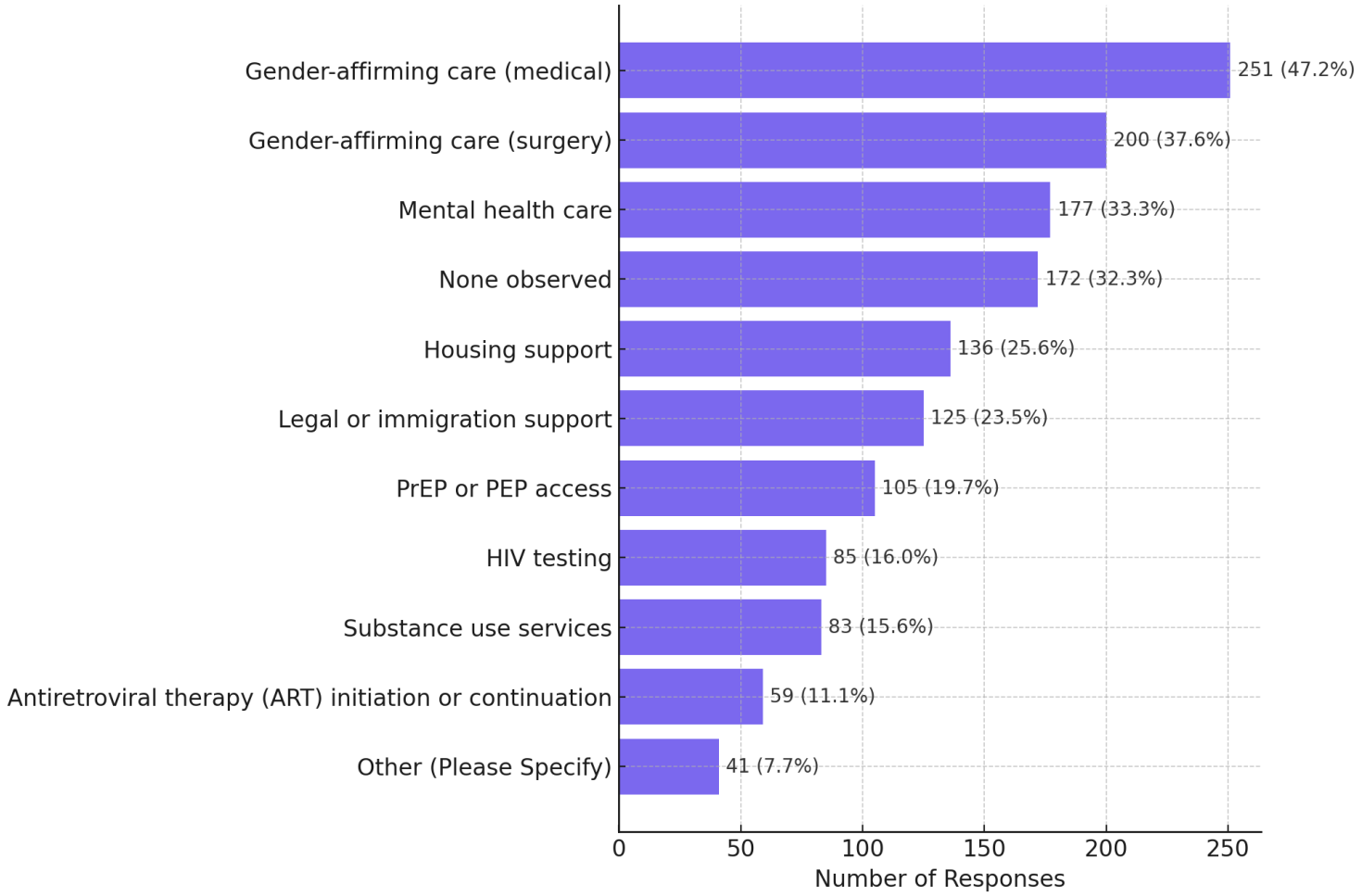
Worsening barriers to care continuity among transgender individuals in the past 6 months (n=532)



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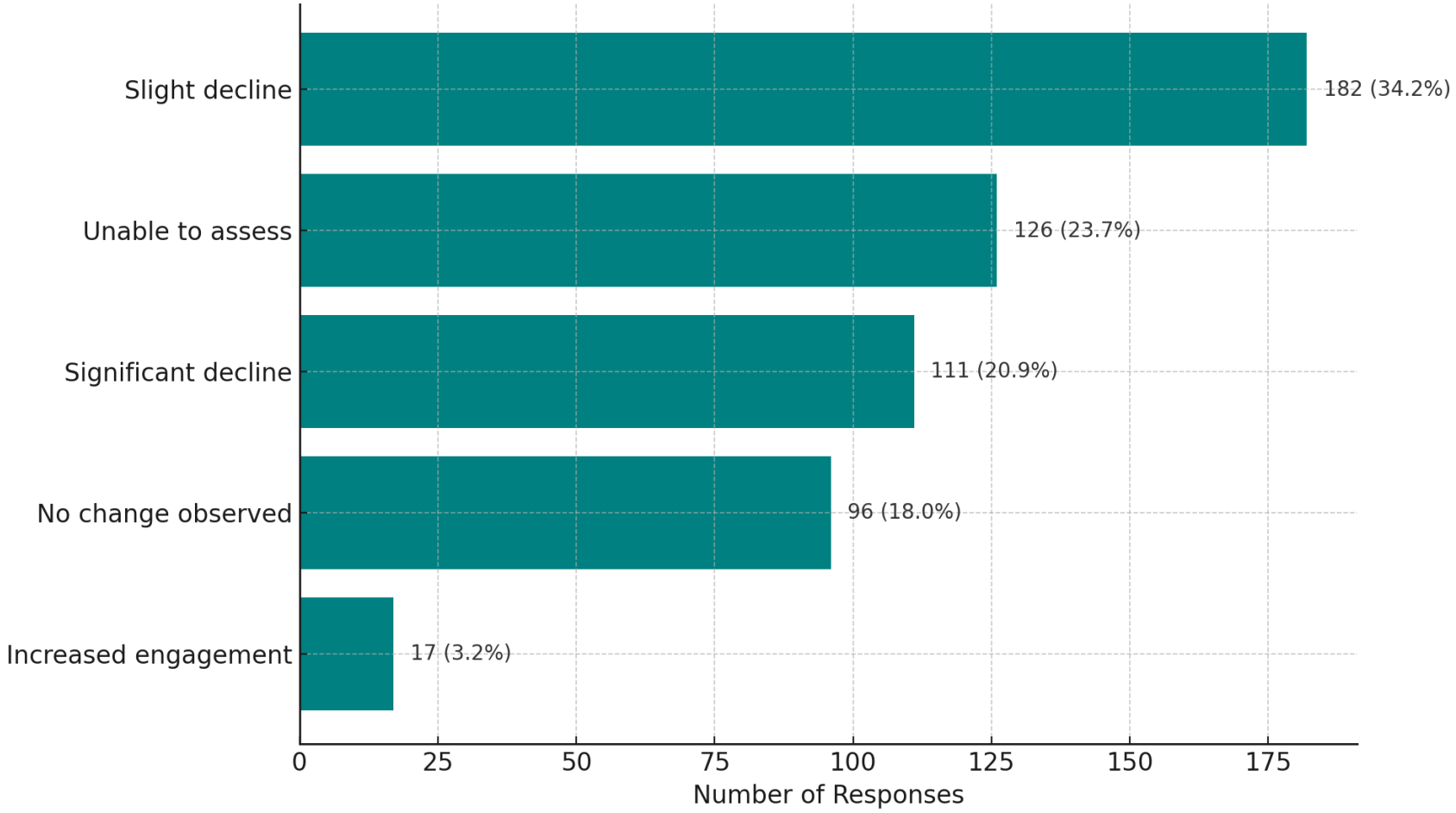
Changes in clinic attendance, engagement in care, or medication adherence among undocumented migrant individuals in the past 6 months



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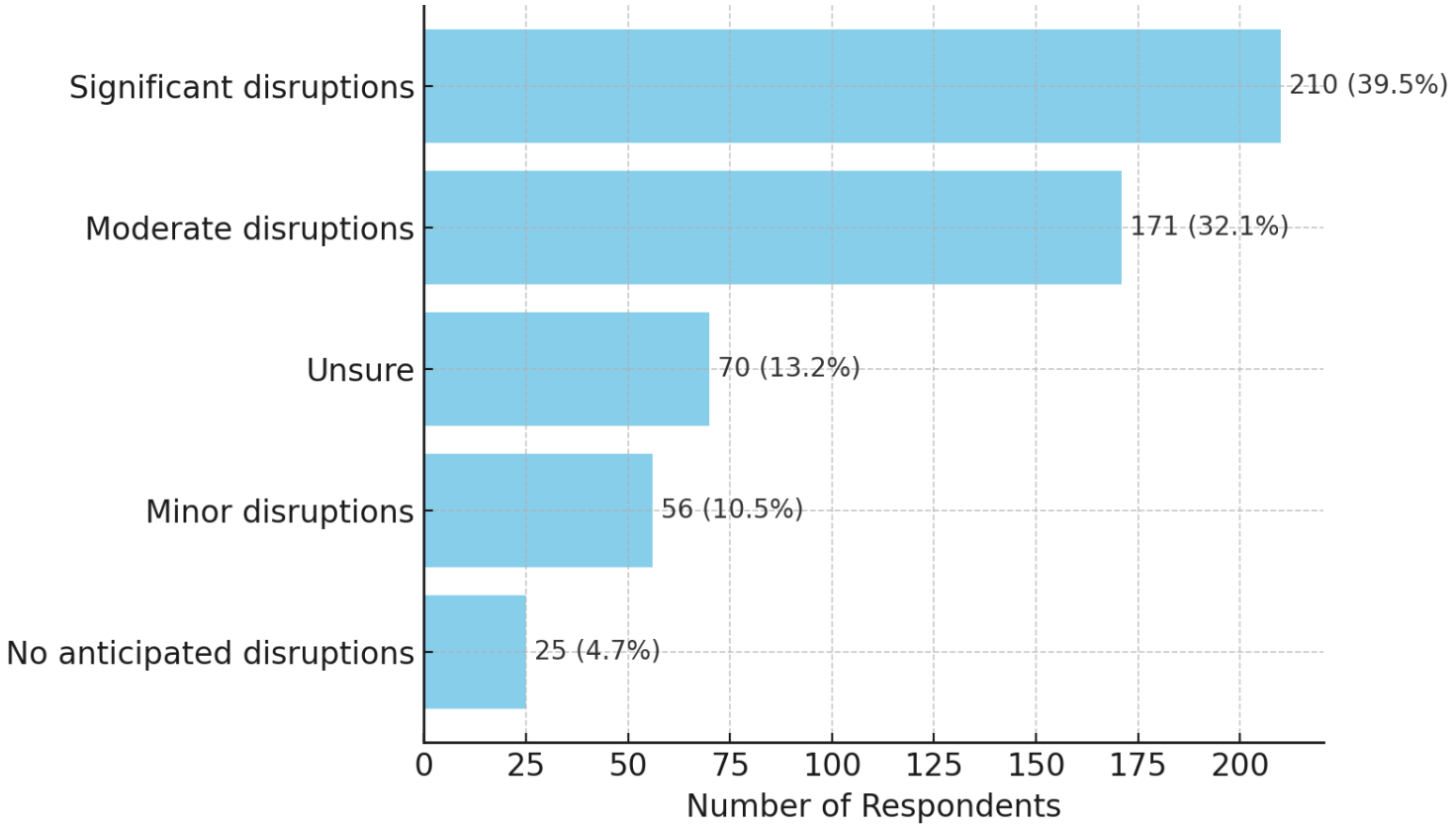
Anticipated Disruptions (6–12 months)



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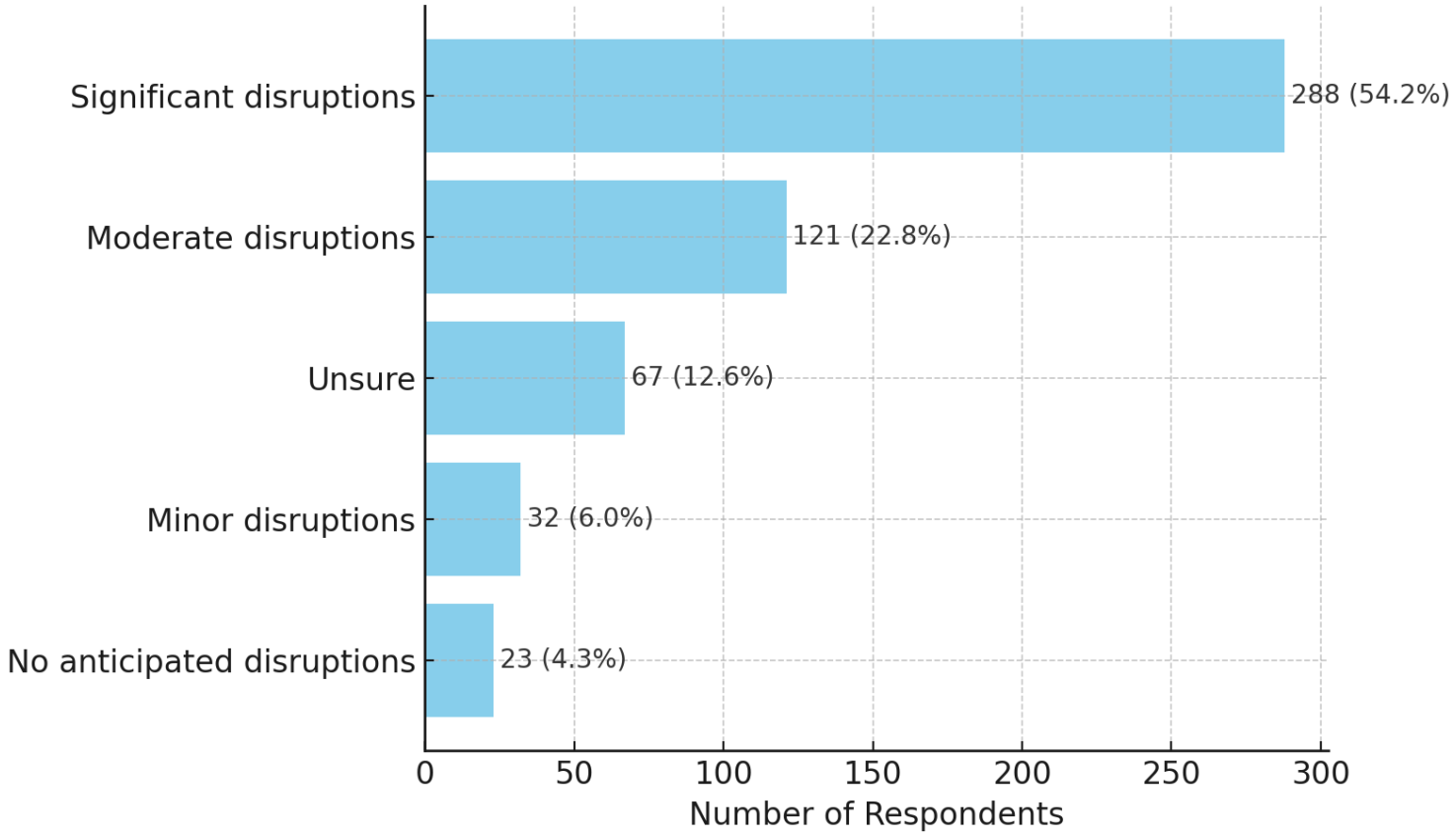
Anticipated Disruptions (12–18 months)



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Key Takeaways

- **Progress, but not enough:** Fast-Track Cities and EHE jurisdictions show declines in new infections (2017–2024), yet we remain **far off U.S. targets** (−75% by 2025; −90% by 2030).
- **Why consider incidence-prevalence-ratio:** Alongside incidence, IPR can be used as a benchmarking metric with the advantage that it provides a comprehensive view of the epidemic's dynamics relating new infections to the number of people living with HIV.
- **Risk to progress:** Findings from the HIV service disruption survey indicate ongoing threats service continuity, putting progress made so far and future progress towards incidence targets at risk.
- **What is next:** We are working with FTCs to analyze monthly incidence trends through July 2026 to quantify the impact of disruptions (new diagnosis, ART initiation, PrEP initiation, retention) alongside the service disruption surveys (to be fielded every 6 months)

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Thank You to Contributors

Dr. José M. Zuniga, President/CEO IAPAC and Fast-Track Cities Institute

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Michael Hager, President and Founder, Ready, Aim, Innovate

Jennifer Carmona, Ready, Aim, Innovate

Emergency HIV Clinical Response Task Force