Epidemiology of HIV in the Indianapolis Transitional Grant Area: 2023

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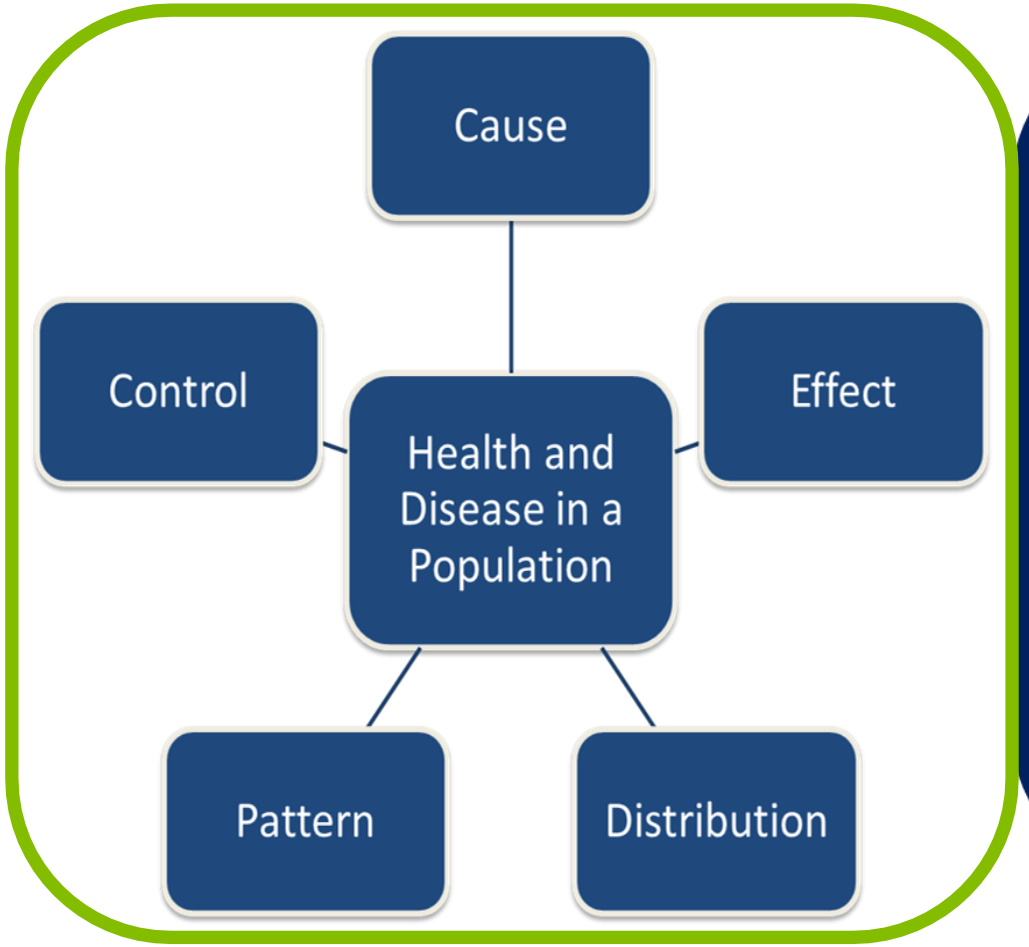
Objectives

- To identify trends in HIV incidence, prevalence, mortality, and health outcomes within the TGA
- To provide the Ryan White Planning Council with information necessary for priority setting and resource allocation
- To provide Planning Council subcommittees with relevant information

Epidemiology

Epidemiology



- The study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems

Epidemiology - Terminology

- Incidence
  - The number of new HIV cases in a defined population during a specified year
- Prevalence
  - The estimated number of persons living with HIV/AIDS, including persons diagnosed and undiagnosed, at the end of a specified year
- Confidence Interval (CI)
  - A range of values for a measure that is believed to contain the true value at a specified level of certainty (e.g., 95%)
- Mortality
  - The total number of persons who have died from HIV
- Rate
  - A measure of the frequency of an event compared with the number of persons at risk for the event
- Rate Ratio
  - Comparison of rates between two or more groups

Gender Identity

- Male
  - Persons assigned “male” sex at birth and current gender identity is “male”.
- Female
  - Persons assigned “female” sex at birth and current gender identity is “female”.
- Transgender woman
  - Persons assigned “male” sex at birth and current gender identity is “female”.
- Transgender man
  - Persons assigned “female” sex at birth and current gender identity is “male”.

Exposure Types

- Male-to-male sexual contact (MSM)
  - Includes individuals assigned male sex at birth who have had sexual contact with other males, or who have had sexual contact with both males and females (i.e. bisexual contact)
- Injection drug use (IDU)
  - Includes persons who injected nonprescription drugs or who injected prescription drugs for nonmedical purposes
- MSM & IDU
  - Includes individuals assigned male sex at birth who have had sexual contact with other males, or who have had sexual contact with both males and females (i.e. bisexual contact) and injected nonprescription drugs or injected prescription drugs for nonmedical purposes
- Heterosexual Contact
  - Includes persons who have ever had heterosexual contact with a person known to have, or with a risk factor for, HIV
- Perinatal
  - Includes persons who acquired HIV through mother-to-child transmission
- Other
  - Includes persons with other risk factors (e.g., blood transfusion, hemophilia) or whose risk factor was not reported or not identified

The Indianapolis Transitional Grant Area (TGA)

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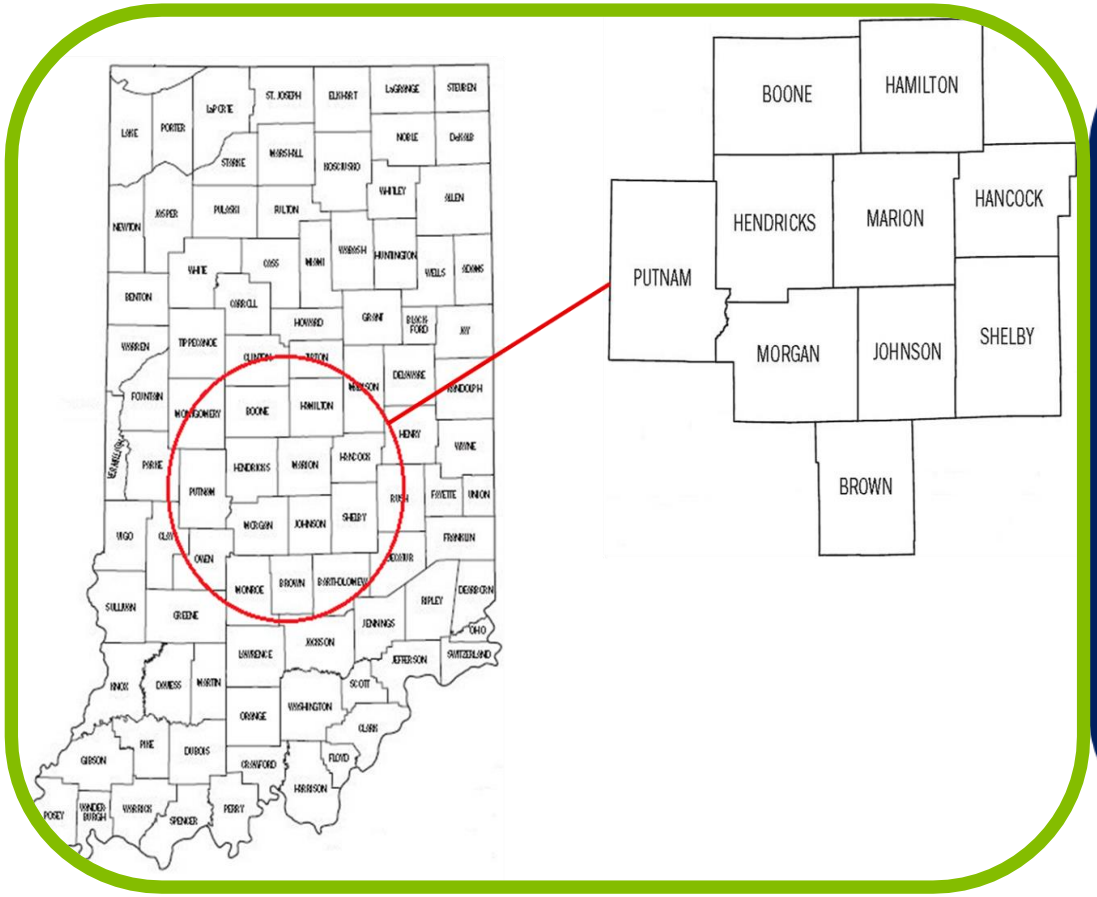
TGA Location and Population



- Ten central Indiana counties with a 2023 estimated population of 2.04 million
- This is a 15.8% increase since 2010 and a 3.9% increase since 2020

Data Source: US Census Bureau

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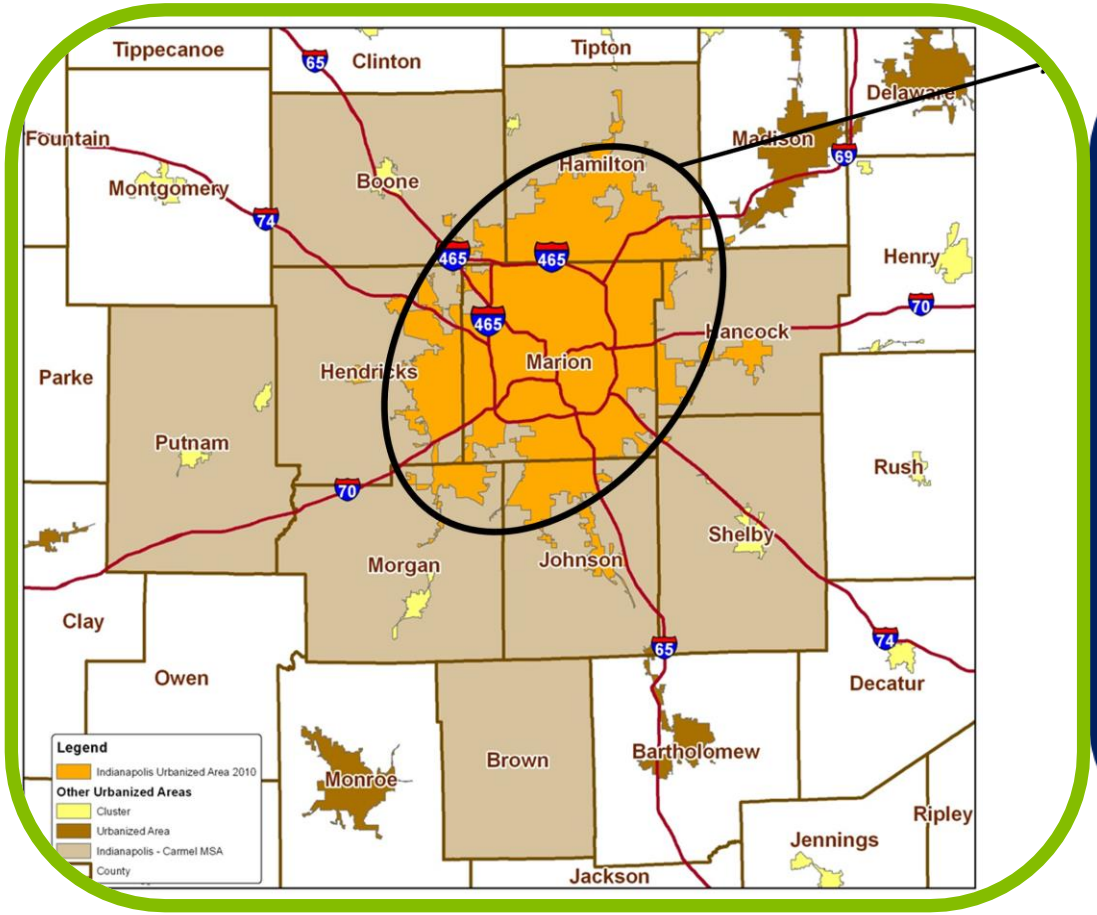
TGA Population Center



- 85% of the TGA's population reside in the orange
- 43% reside inside Indianapolis city limits

Data Source: US Census Bureau

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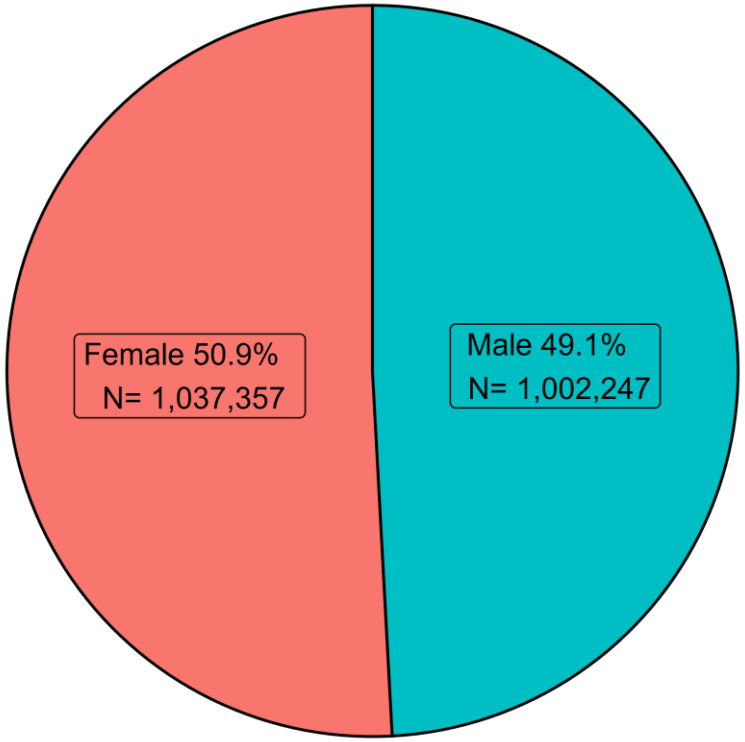
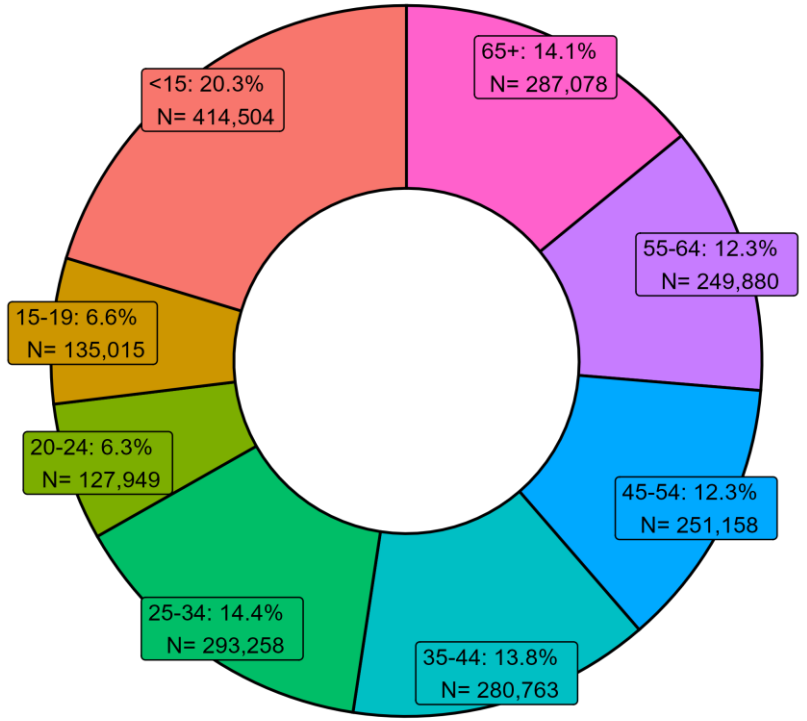
TGA Demographics

Gender of All TGA Residents, 2022



Age Groups of All TGA Residents, 2022



Data Source: US Census Bureau

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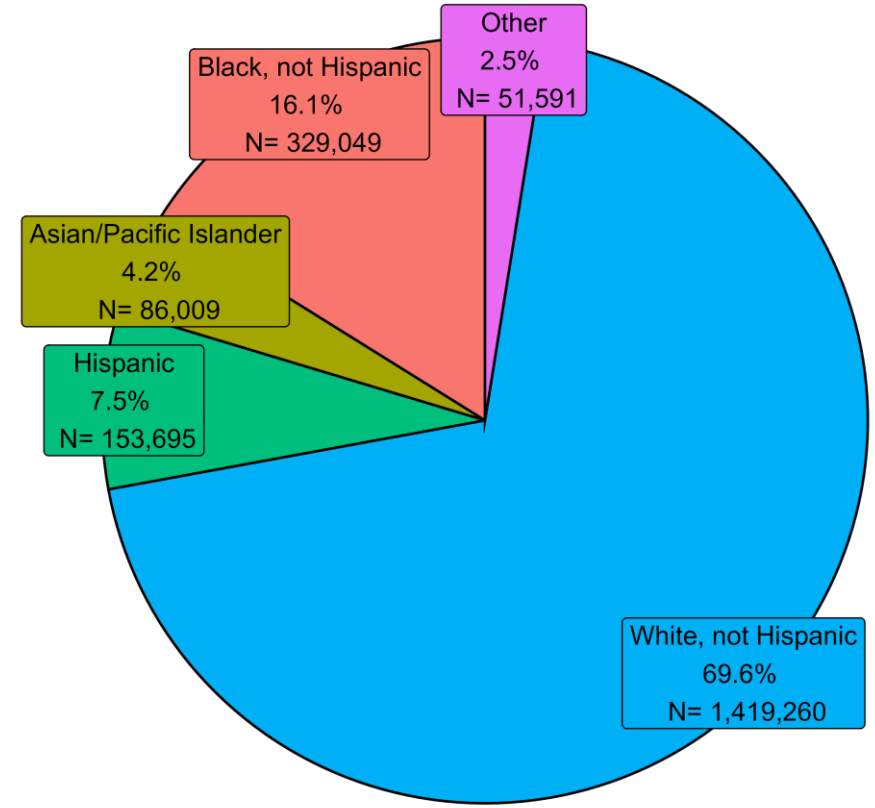
TGA Demographics



- The population of Marion County is more diverse than that of the TGA overall, with 53% White, non-Hispanic, 29% Black, non-Hispanic, 11% Hispanic, 4% Asian/Pacific Islander, and 3% Other

Data Source: US Census Bureau

HIV/AIDS Incidence

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HIV/AIDS Incidence

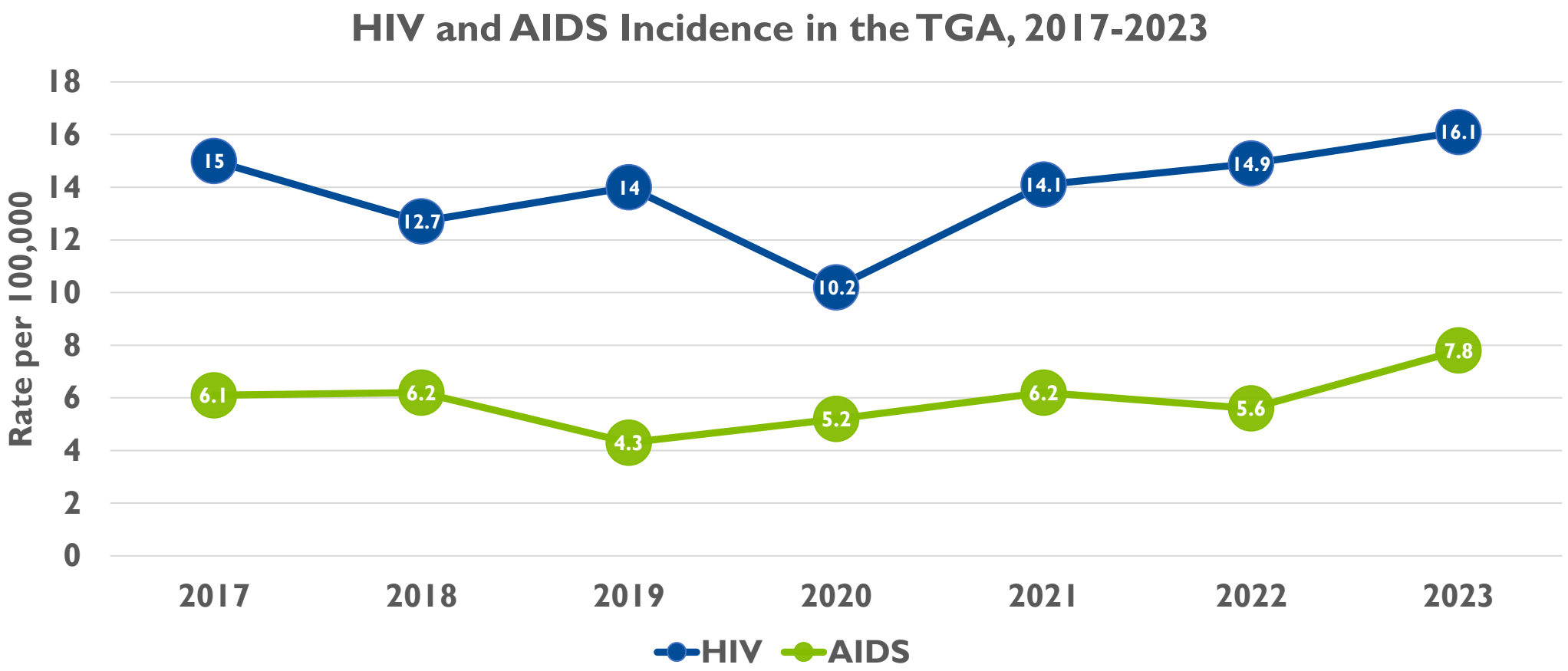
New Diagnoses	No.	Rate [95% CI*]	2022 Rate [95% CI*]	U.S. Rate (2021)
HIV†	327	16.1 [14.4-17.9]	14.9 [13.2-16.6]	13
AIDS	159	7.8 [6.6-9.1]	5.6 [4.7-6.8]	

*95% Confidence Interval
** Includes the Indianapolis TGA
† New HIV dx and HIV at AIDS dx

In 2023, HIV incidence increased by 9% and AIDS incidence increased by 39.5% compared to 2022 in the Indianapolis TGA

Data Source: DR5685, eHARS

HIV/AIDS Incidence, 2017-2023



Data Source: DR5685, eHARS

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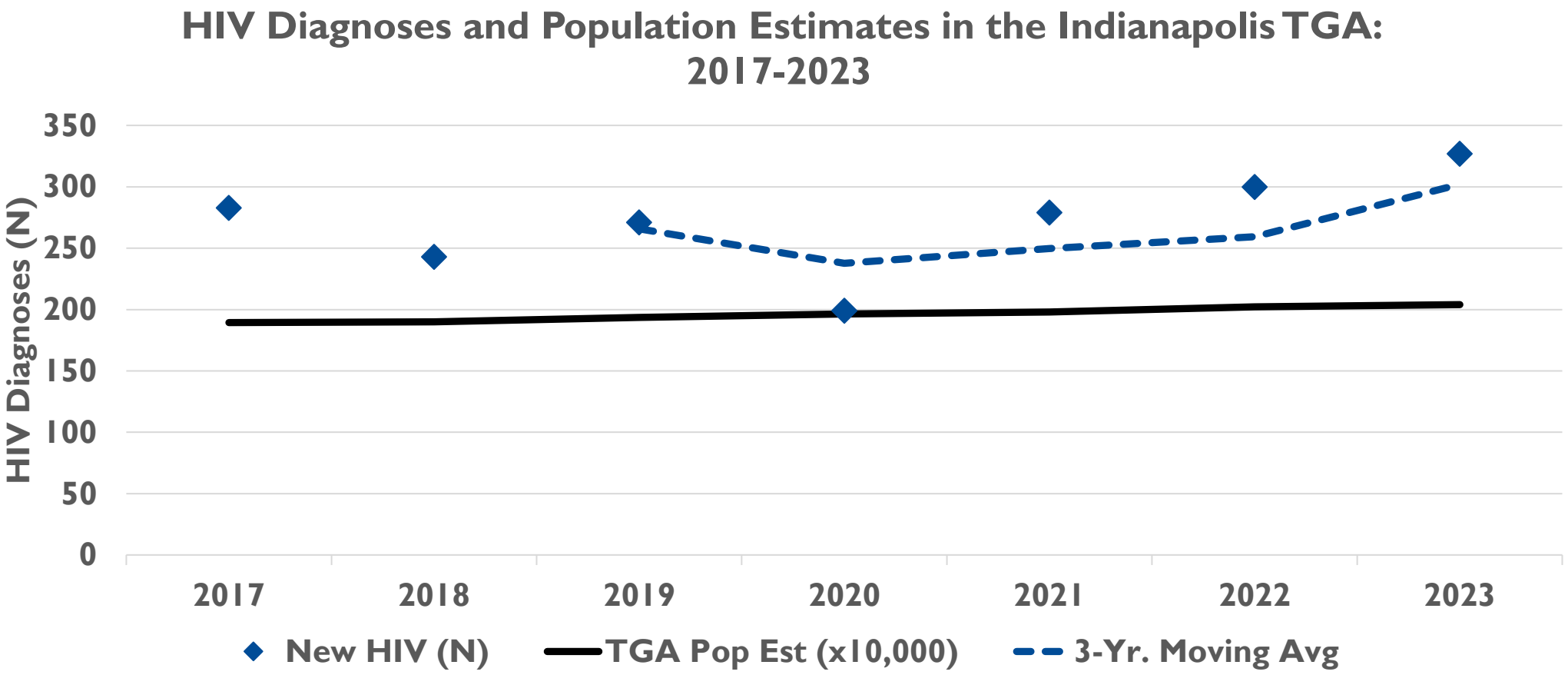
HIV Diagnoses and Population Estimates, 2017-2023



Data Source: DR5685, eHARS

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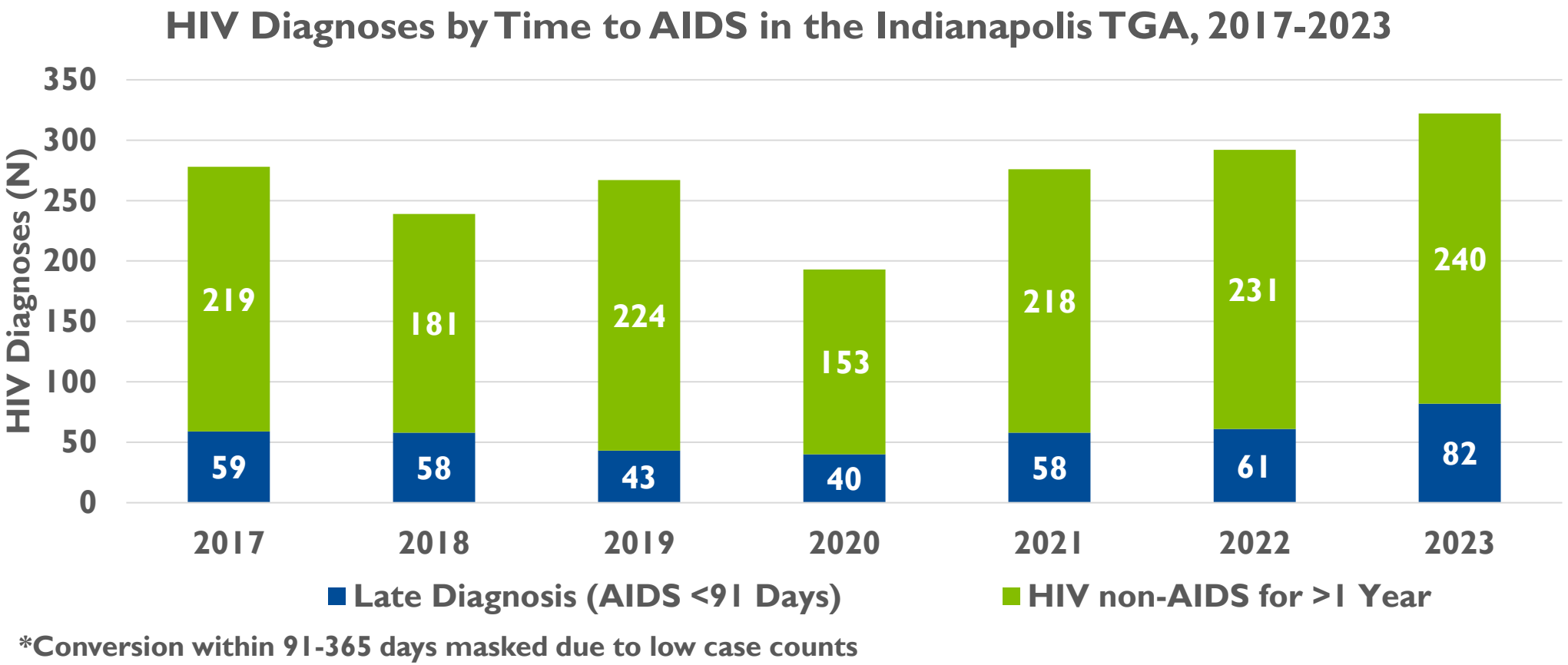
HIV Diagnoses by Time to AIDS, 2017-2023



Data Source: DR5685, eHARS

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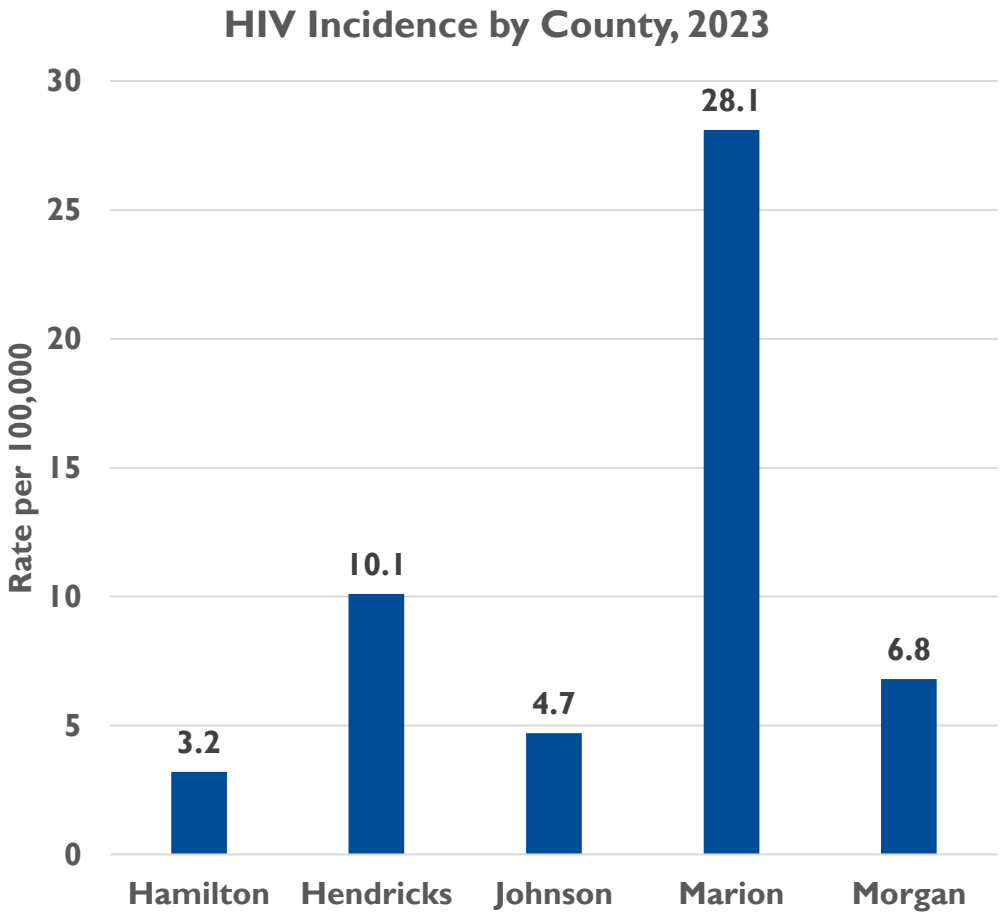
HIV Incidence by County

County	No.	% of HIV in TGA	Rate [95% CI*]	RR [95% CI*]: to Hamilton
Marion	273	83.5%	28.1 [24.9-31.6]	8.7 [4.9-15.5]
Hendricks	19	5.8%	10.1 [6.1-15.8]	3.1 [1.5-6.5]
Hamilton	12	3.7%	3.2 [1.7-5.6]	1.0
Johnson	8	2.5%	4.7 [2-9.3]	1.5 [0.6-3.6]
Morgan	5	1.5%	6.8 [2.2-15.9]	2.1 [0.7-6.0]
Boone	<5	-	-	-
Shelby	<5	-	-	-
Hancock	<5	-	-	-
Putnam	<5	-	-	-
Brown	0	0	-	-

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV Incidence by County



- In 2023, among the TGA counties, HIV incidence was highest in Marion County (28.1 per 100,000 residents) and lowest in Hamilton County (3.2 per 100,000)
- The incidence rate in Marion County was 8.7 times higher than the rate in Hamilton County

Data Source: DR5685, eHARS

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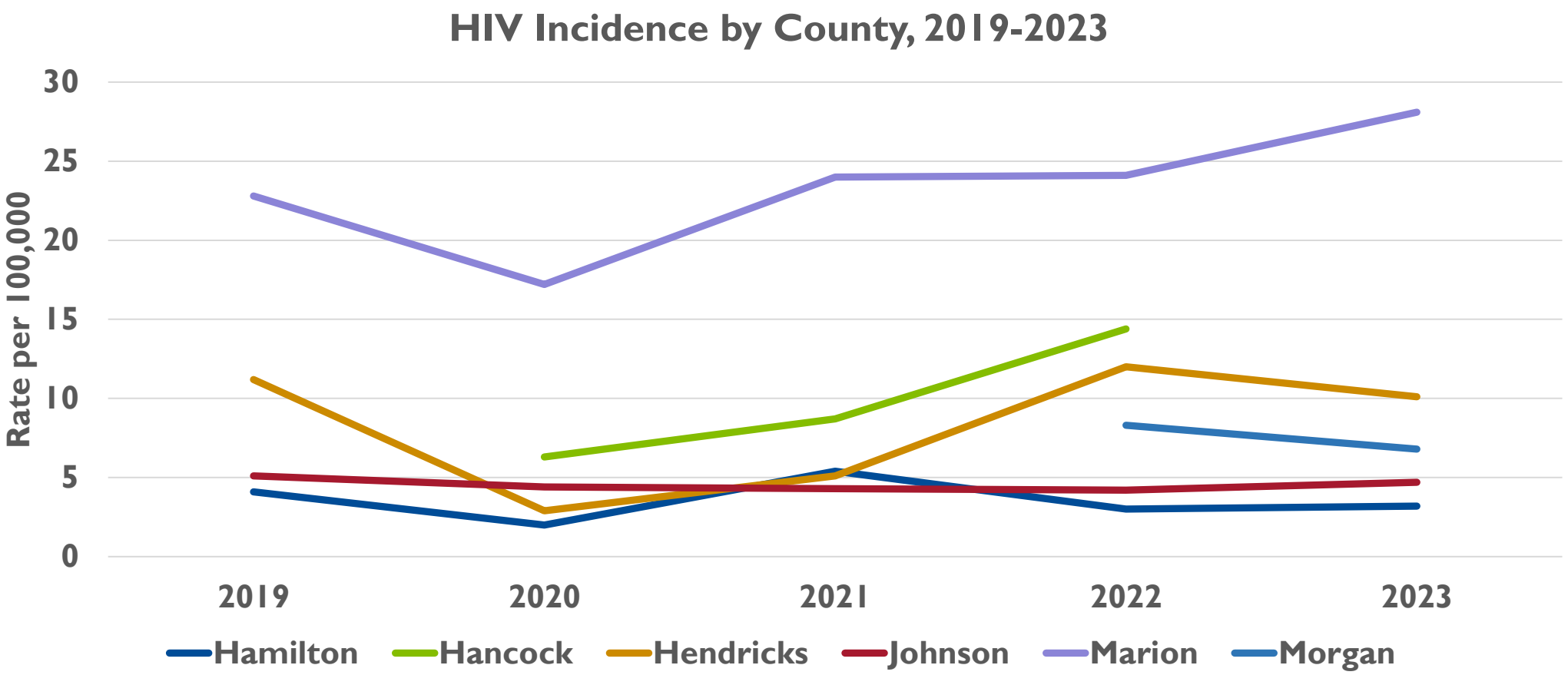
HIV Incidence by County, 2019-2023



Data Source: DR5685, eHARS

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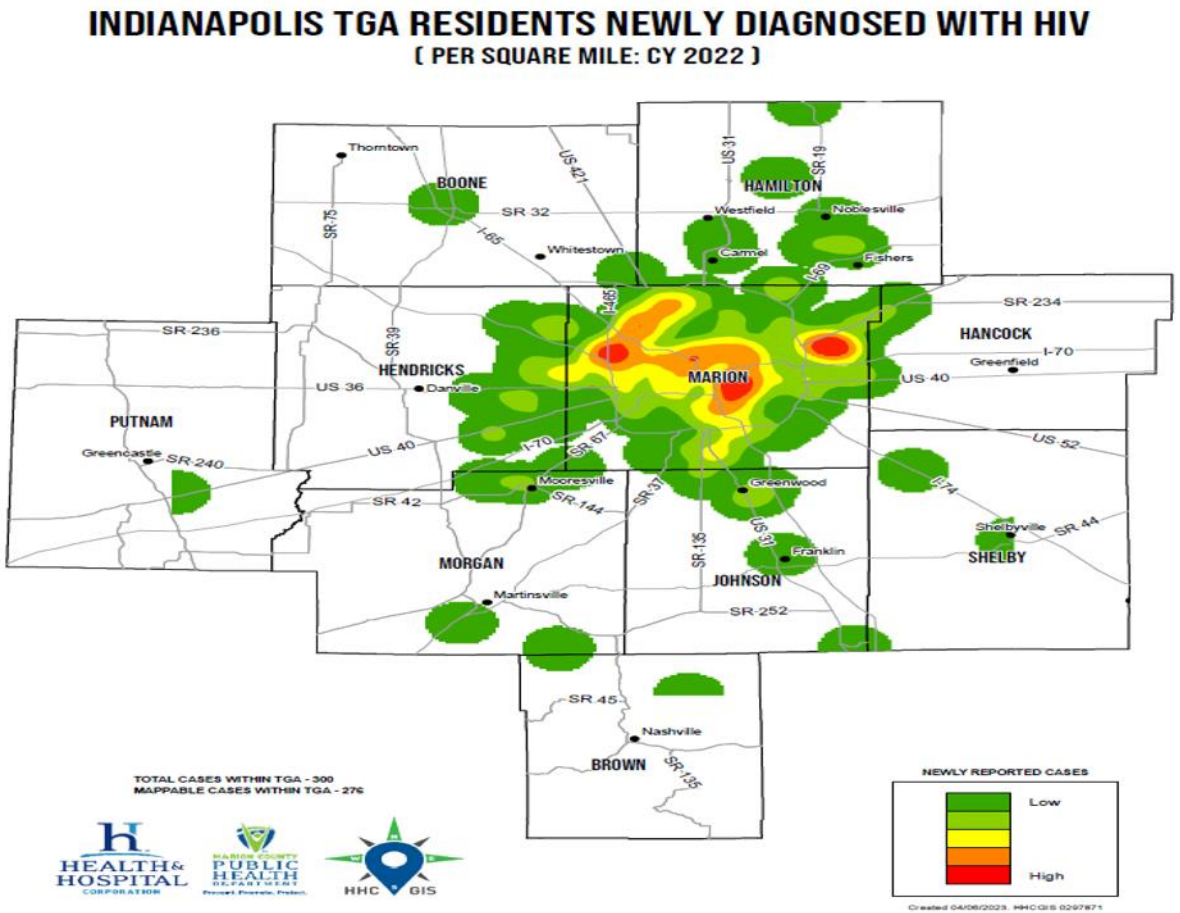
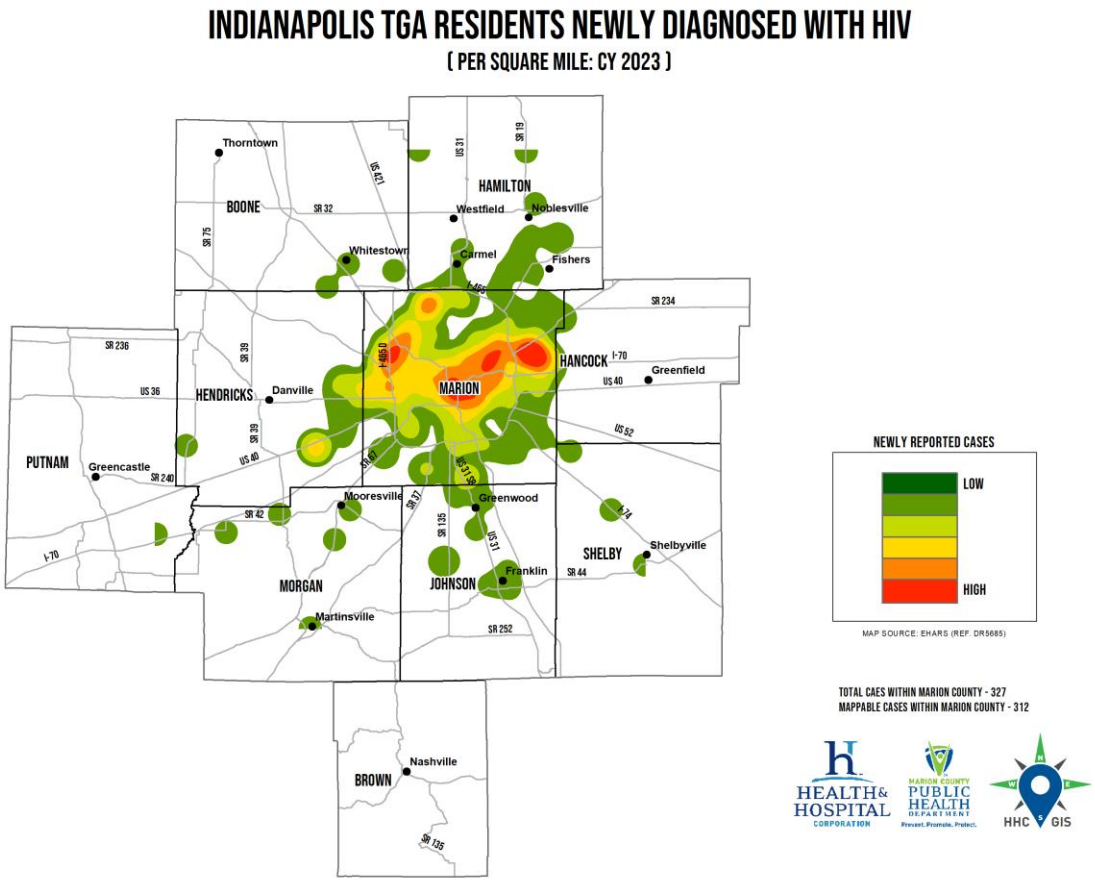
Indianapolis TGA Residents Newly Diagnosed with HIV, 2022 and 2023





Data Source: DR5685, eHARS

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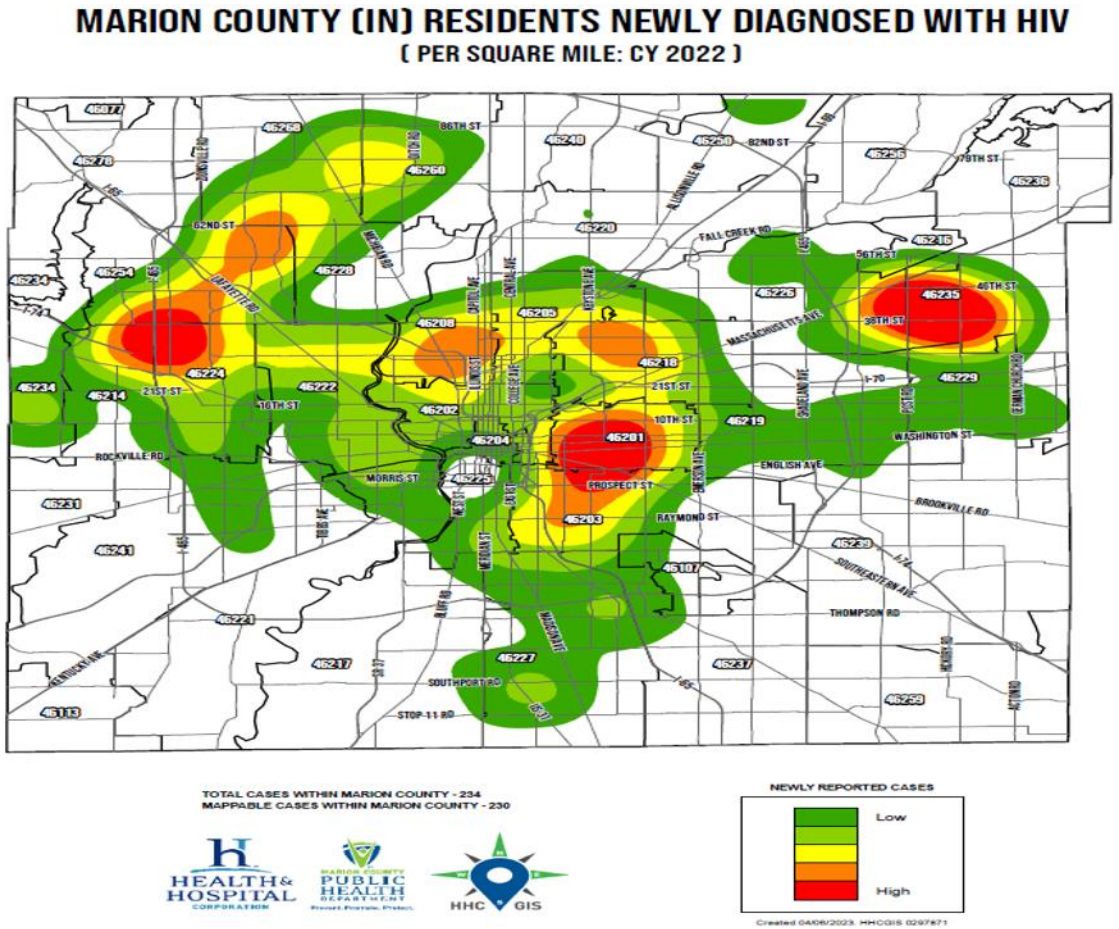
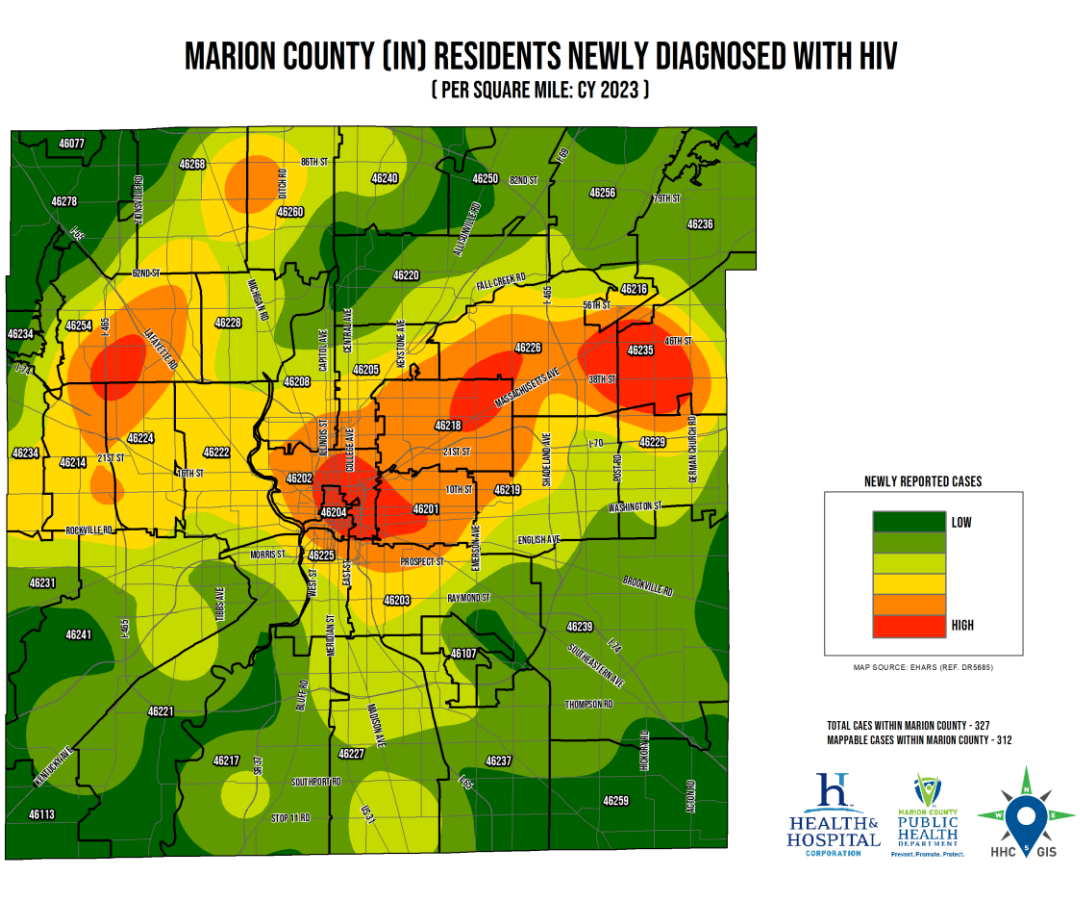
Marion County Residents Newly Diagnosed with HIV, 2022 and 2023





Data Source: DR5685, eHARS

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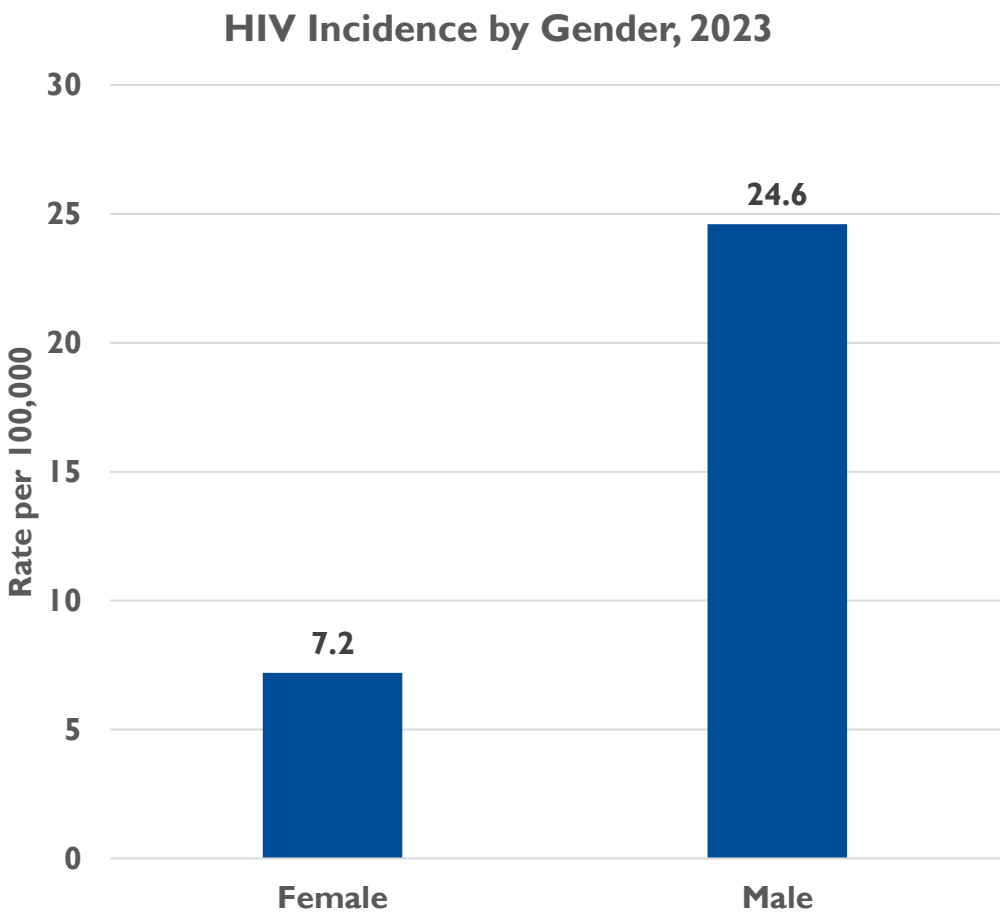
HIV Incidence by Gender

Gender	No.	% of HIV in TGA	Rate [95% CI*]	RR [95% CI*]: to Female
Female	75	22.9%	7.2 [5.7-9.1]	1.0
Male	245	75.0%	24.6 [21.6-27.8]	3.4 [2.6-4.4]
Transgender	7	2.1%	-	-

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV Incidence by Gender



- HIV incidence rate was 3.4 times higher among Males compared to Females

Data Source: DR5685, eHARS

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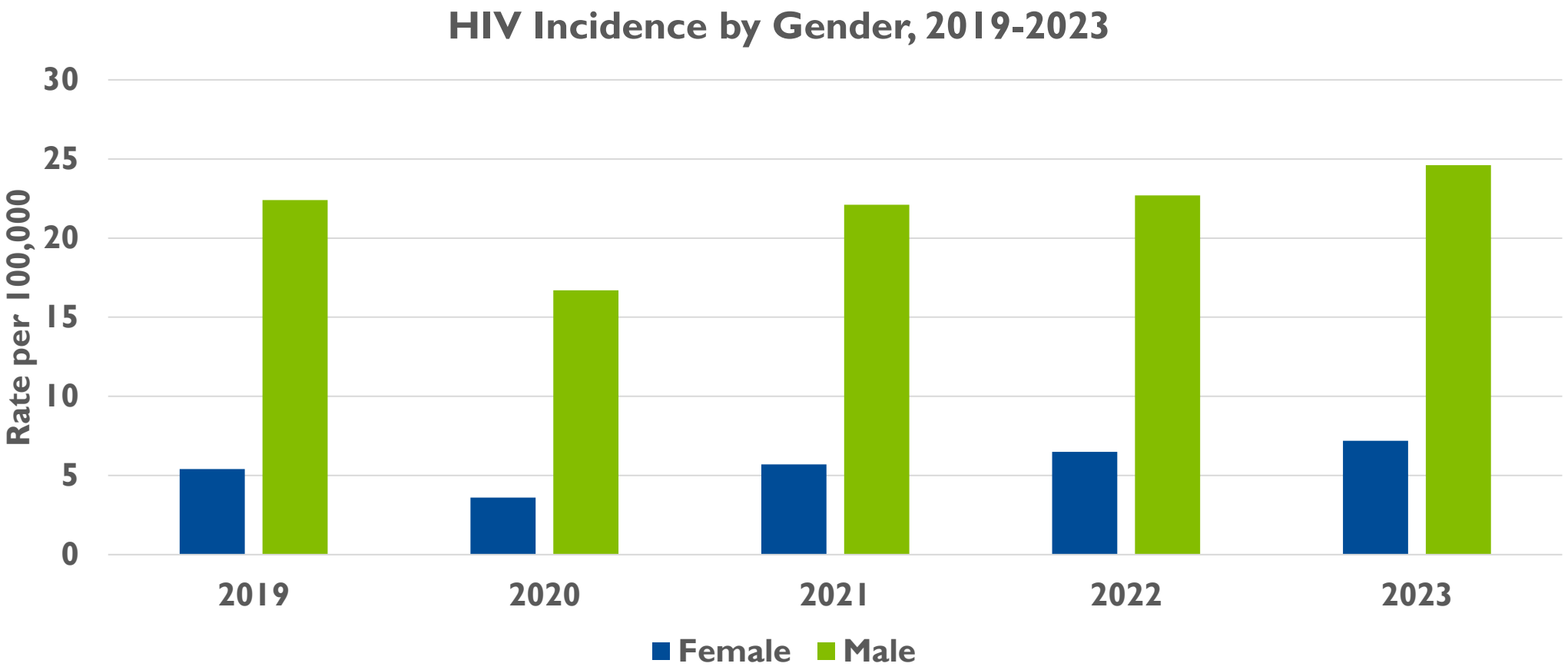
HIV Incidence by Gender, 2019-2023



Data Source: DR5685, eHARS

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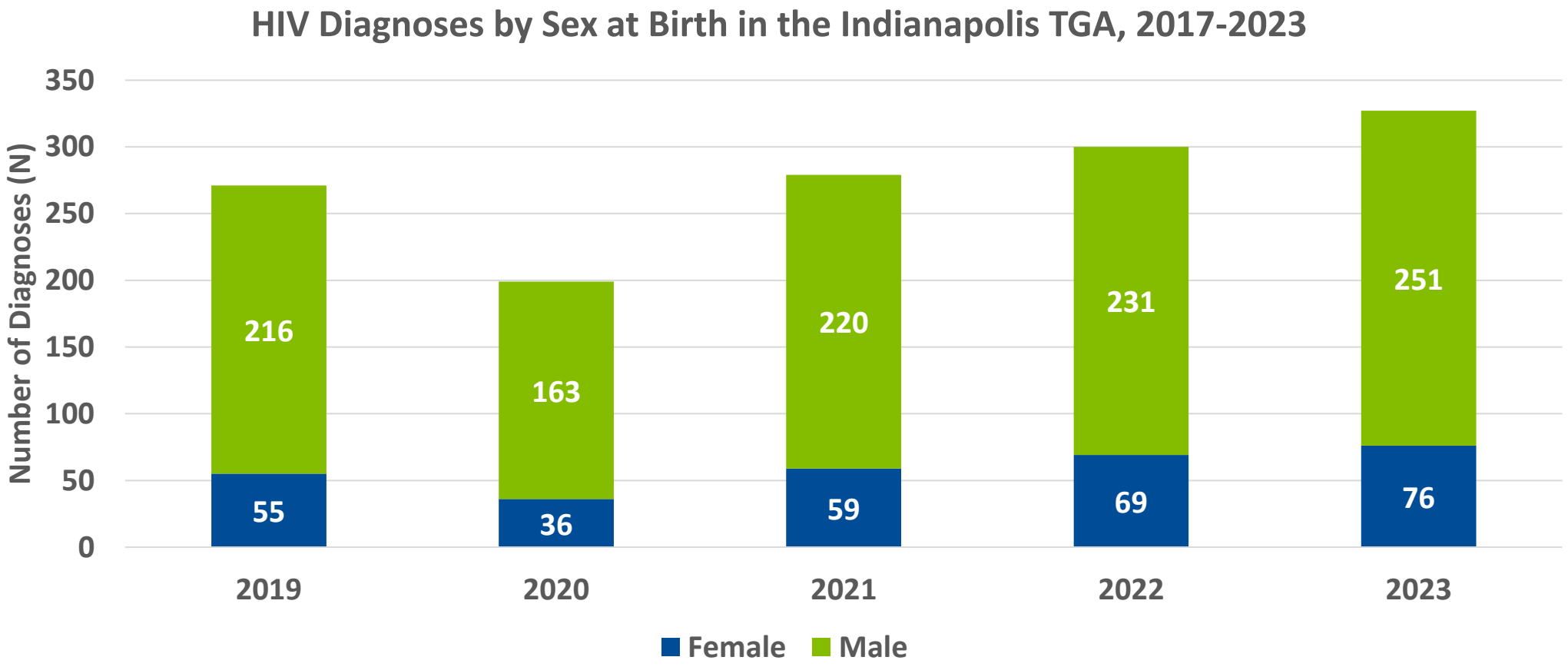
HIV/AIDS Incidence by Sex at Birth, 2019-2023



Data Source: DR5685, eHARS

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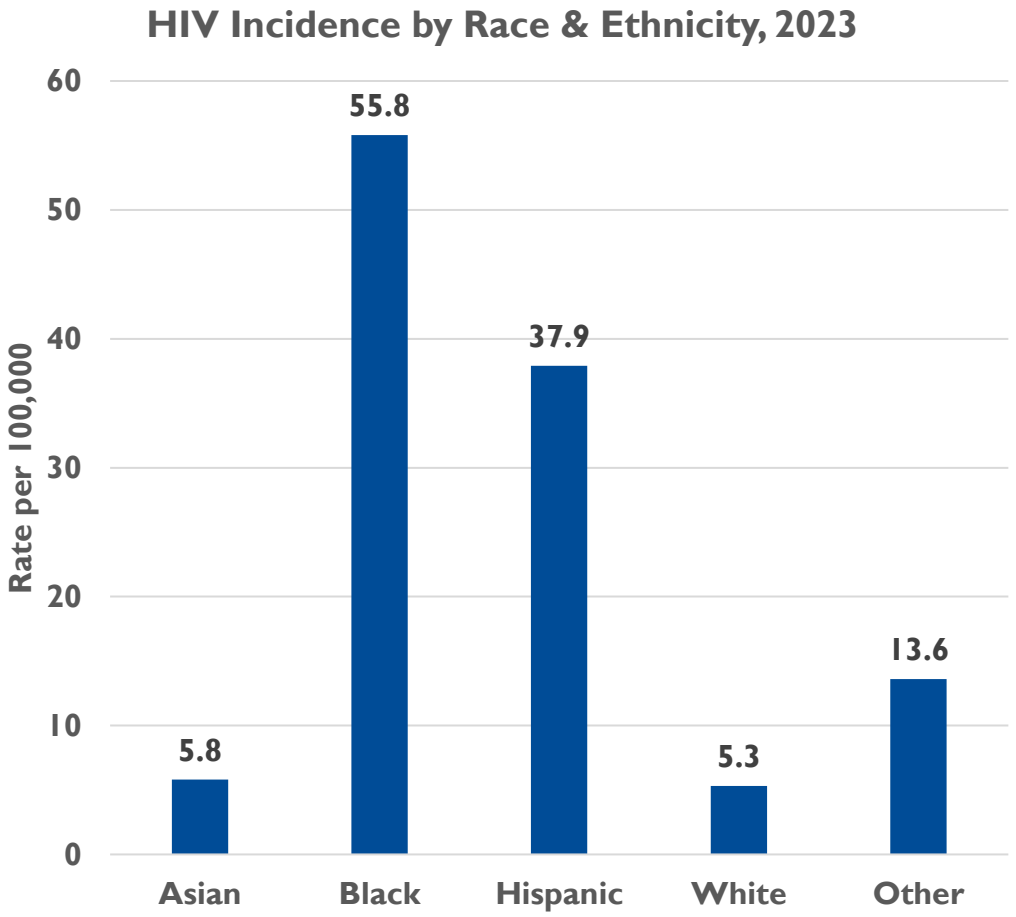
HIV Incidence by Race/Ethnicity

Race/Ethnicity	No.	% of HIV in TGA	Rate [95% CI*]	RR [95% CI*]: to White
Asian/Pacific Islander	5	1.5%	5.8 [1.9-13.6]	1.1 [0.4-2.7]
Black	182	55.7%	55.8 [48-64.6]	10.5 [8.1-13.8]
Hispanic	58	17.7%	37.9 [28.8-49]	7.2 [5.1-10.1]
White	75	22.9%	5.3 [4.2-6.6]	1.0
Other	7	2.1%	13.6 [5.5-28.1]	2.6 [1.2-5.6]

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV Incidence by Race/Ethnicity



- HIV incidence was highest among Black, non-Hispanic residents with a rate 10.5 times that of White, non-Hispanic residents

Data Source: DR5685, eHARS

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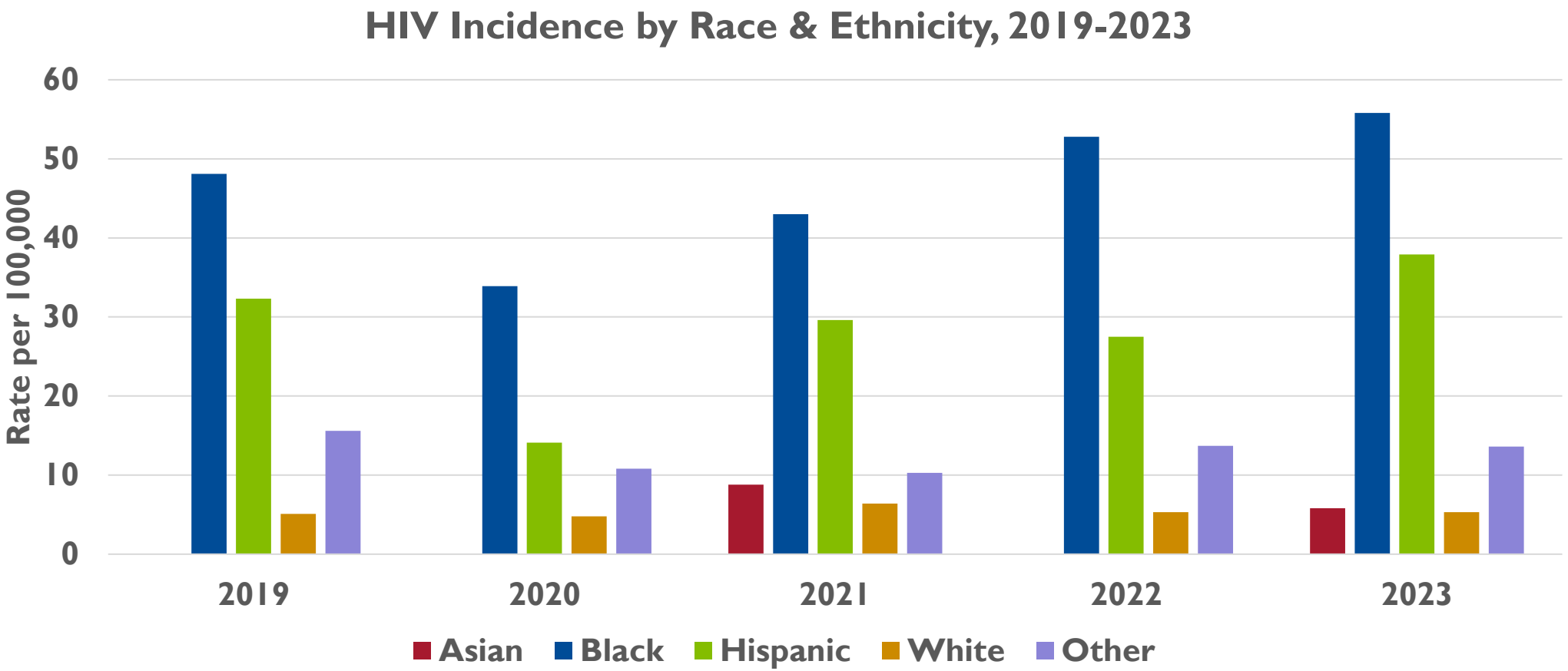
HIV Incidence by Race/Ethnicity, 2019-2023



Data Source: DR5685, eHARS

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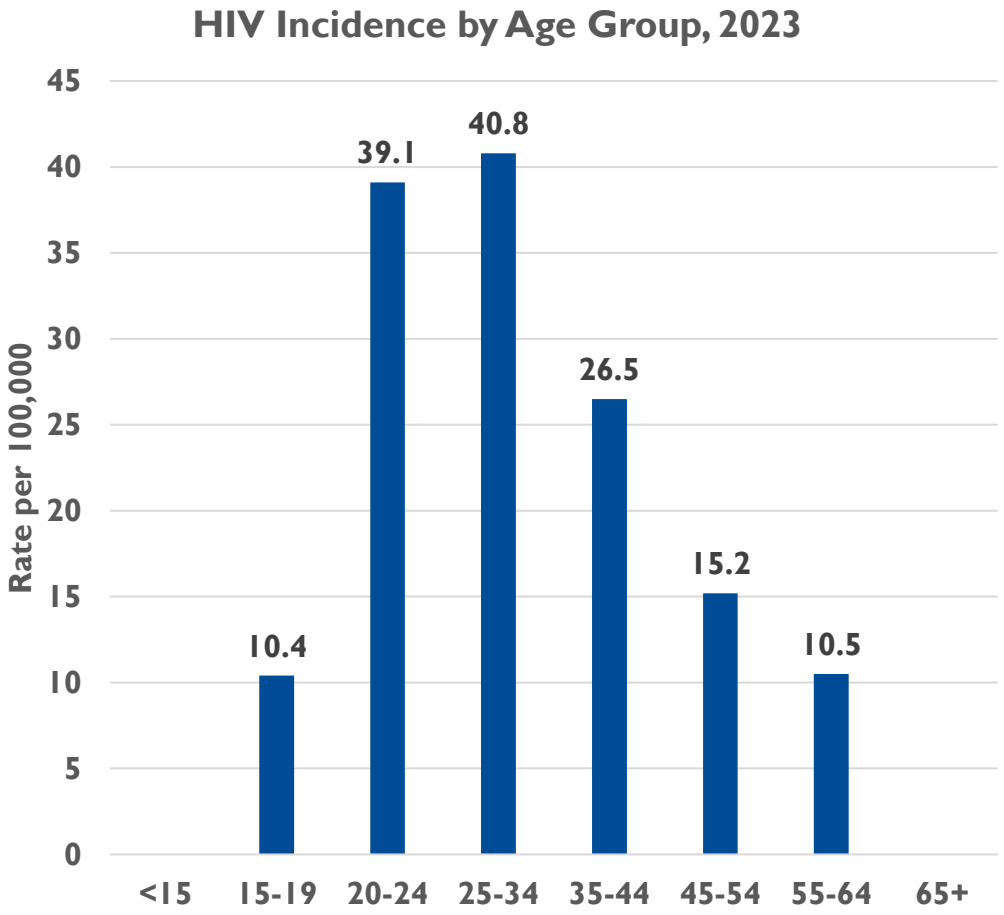
HIV Incidence by Age Group

Age (Yrs)	No.	% of HIV in TGA	Rate [95% CI*]
<15	<5	-	-
15-19	14	4.3%	10.4 [5.7-17.4]
20-24	50	15.3%	39.1 [29.1-51.6]
25-34	119	36.4%	40.8 [33.8-48.8]
35-44	74	22.6%	26.5 [20.8-33.3]
45-54	38	11.6%	15.2 [10.8-20.9]
55-64	26	8%	10.5 [6.8-15.3]
65+	<5	-	-

*95% Confidence Interval

Data Source: DR5685, eHARS

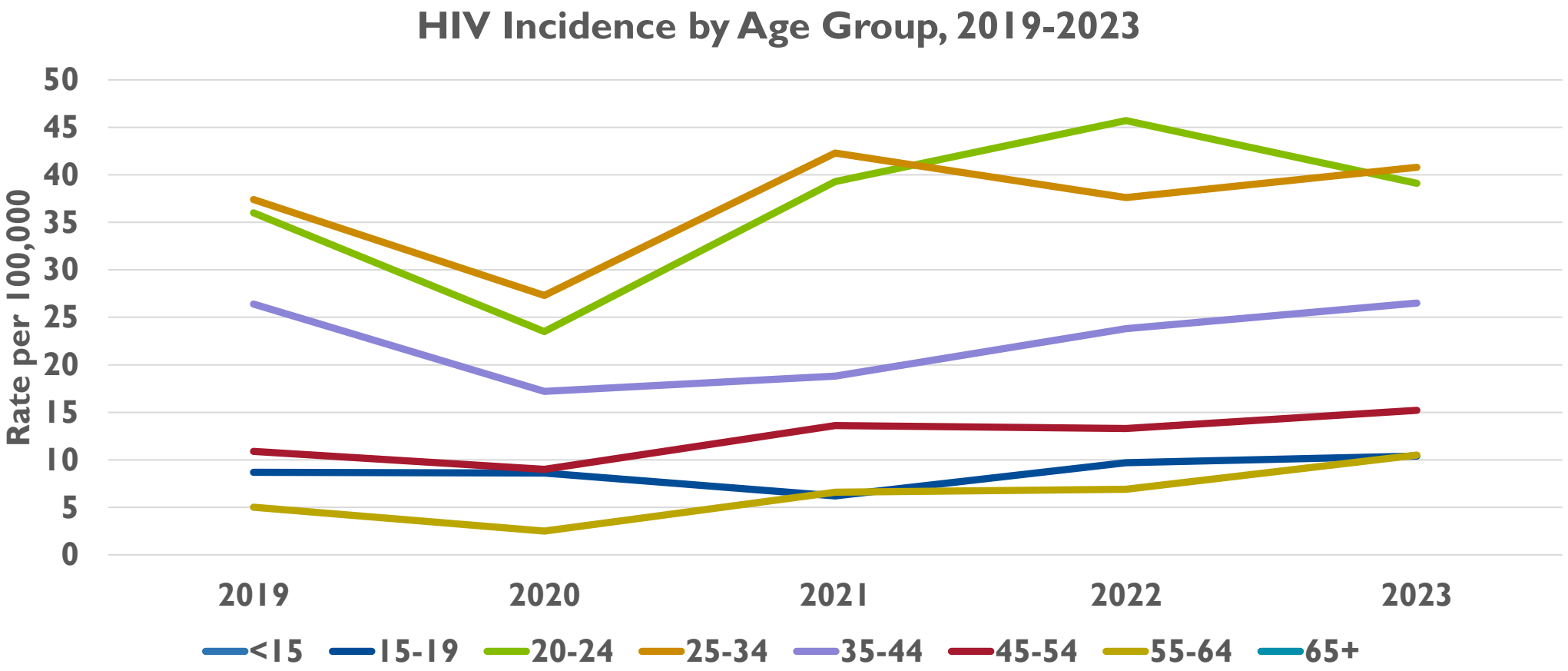
HIV Incidence by Age Group



- 74% of new HIV cases occurred in people between the ages of 20-44
- People between the ages of 25-34 had the highest incidence rate, followed by 20–24-year-olds and 35–44-year-olds

Data Source: DR5685, eHARS

HIV Incidence by Age Group, 2019-2023



Data Source: DR5685, eHARS

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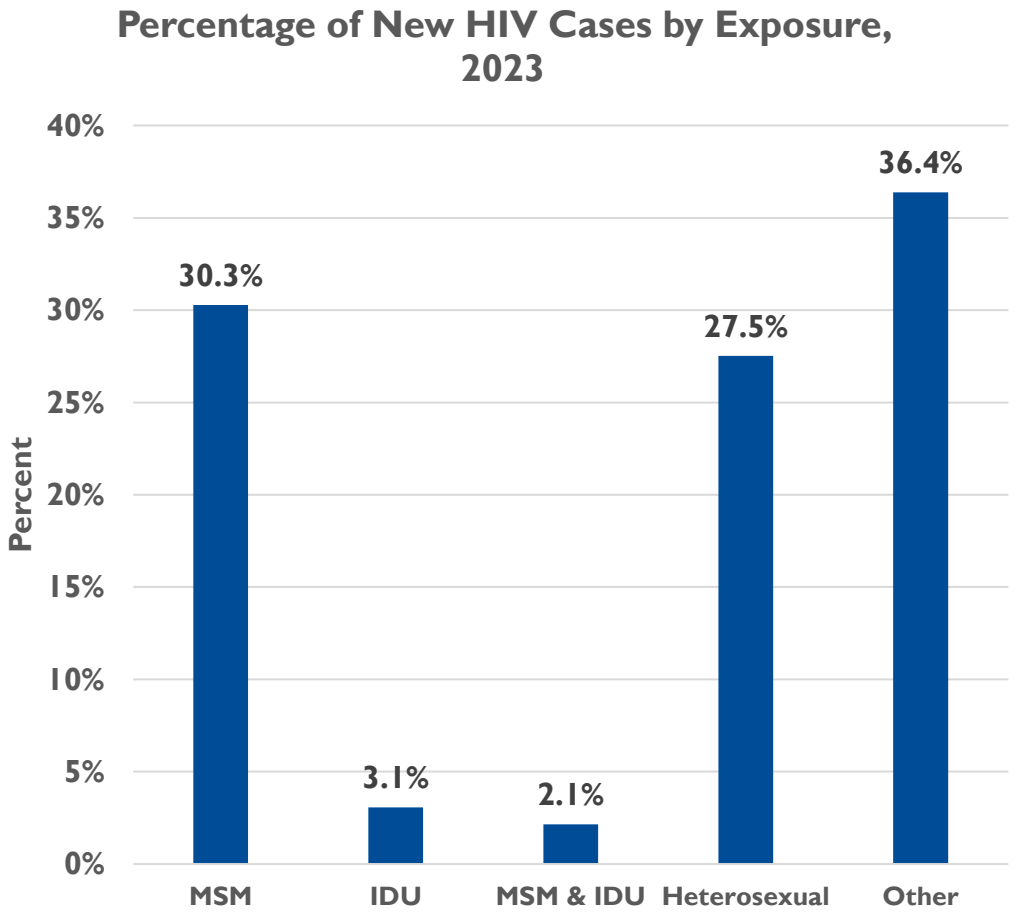
HIV Incidence by Exposure Category

Exposure	No.	% of HIV in TGA
MSM	99	30.3%
IDU	10	3.1%
MSM & IDU	7	2.1%
Heterosexual Contact	90	27.5%
Perinatal	<5	-
Other*	119	36.4%

*includes Other, No Risk Reported, and No Risk Identified
MSM = Male-to-male sexual contact
IDU = Injection drug use

Data Source: DR5685, eHARS

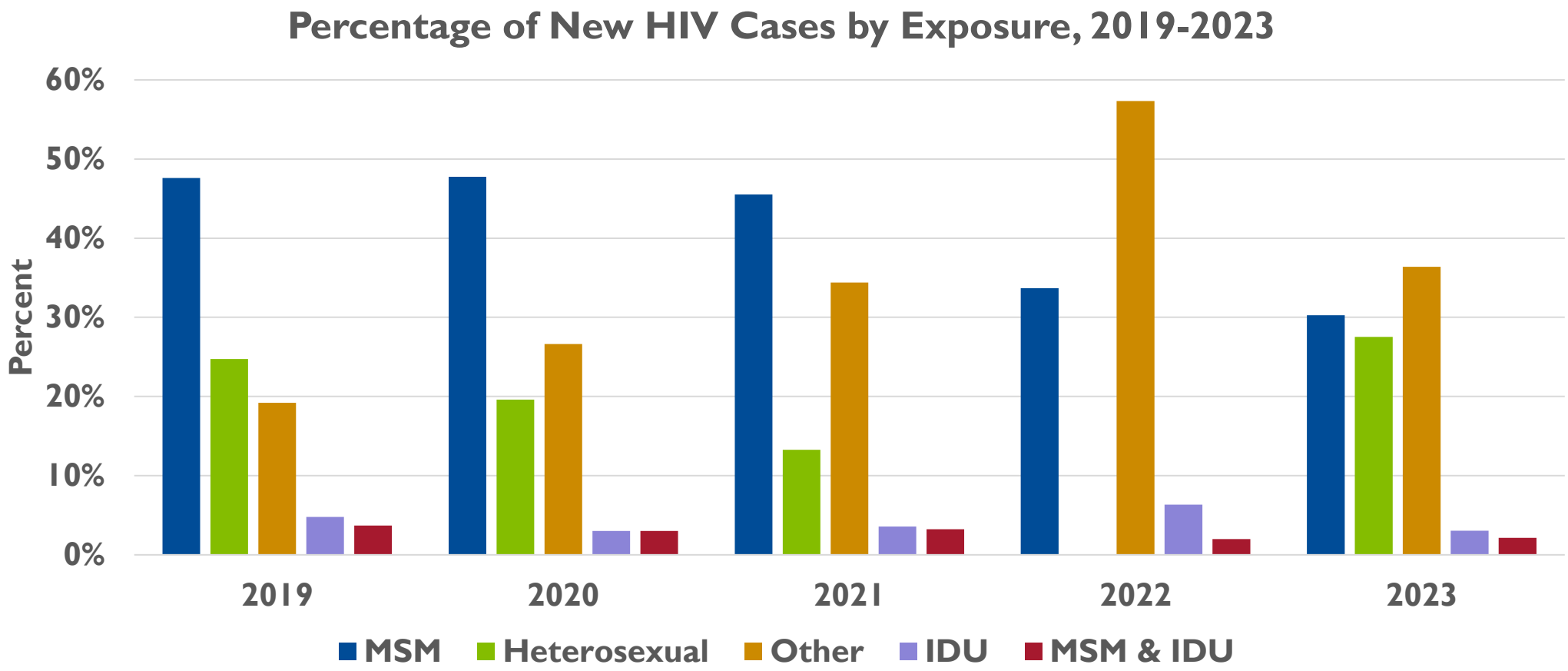
HIV Incidence by Exposure Category



- 30.3% of new cases had HIV attributed to male-to-male sexual contact, 27.5% to heterosexual contact, 3.1% to IDU, and 2.1% to MSM & IDU

Data Source: DR5685, eHARS

Percentage of New HIV Cases by Exposure Type, 2019-2023



Data Source: DR5685, eHARS

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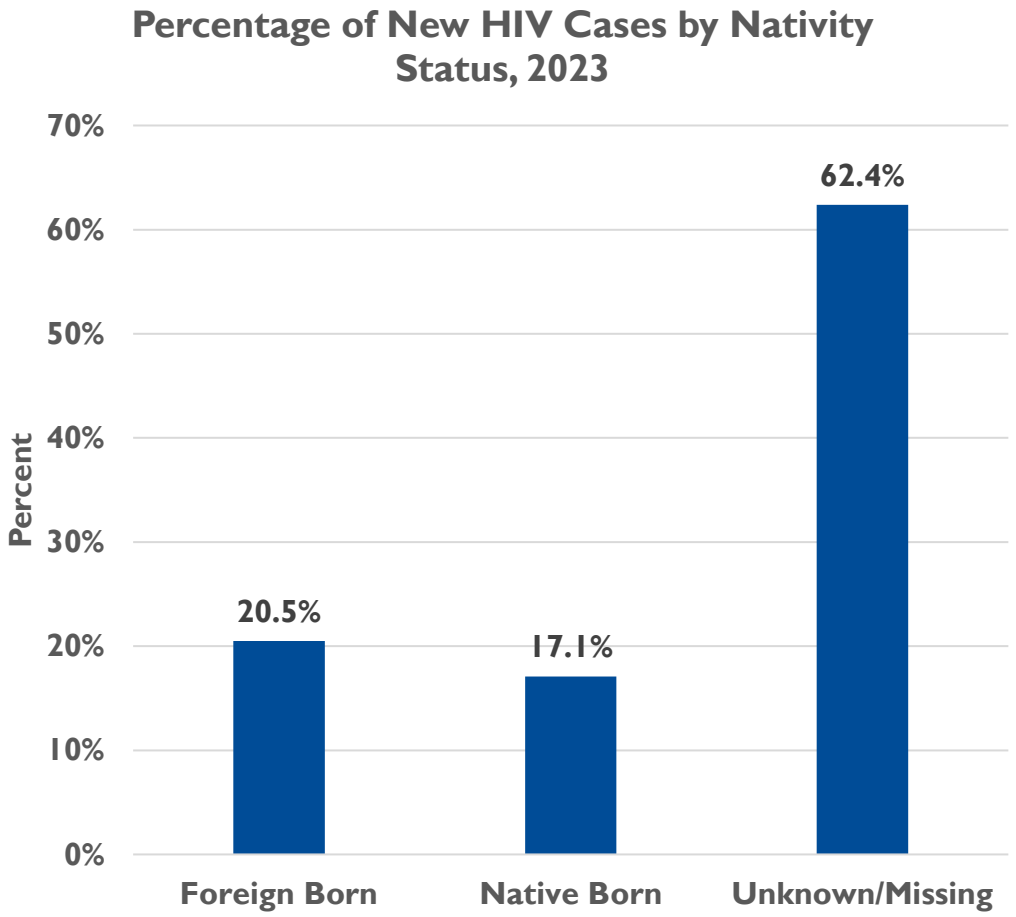
HIV Incidence by U.S. Nativity Status

Nativity Status	No.	% of HIV in TGA	Rate [95% CI*]	RR [95% CI*]: to Native Born
Foreign Born**	67	20.5%	41.6 [32.2-52.8]	13.9 [9.7-19.8]
Native Born	56	17.1%	3 [2.3-3.9]	1.0
Unknown/Missing	204	62.4%	-	-

*95% Confidence Interval
**TGA foreign born population denominator based on census tract data
RR = Risk Ratio

Data Source: DR5685, eHARS

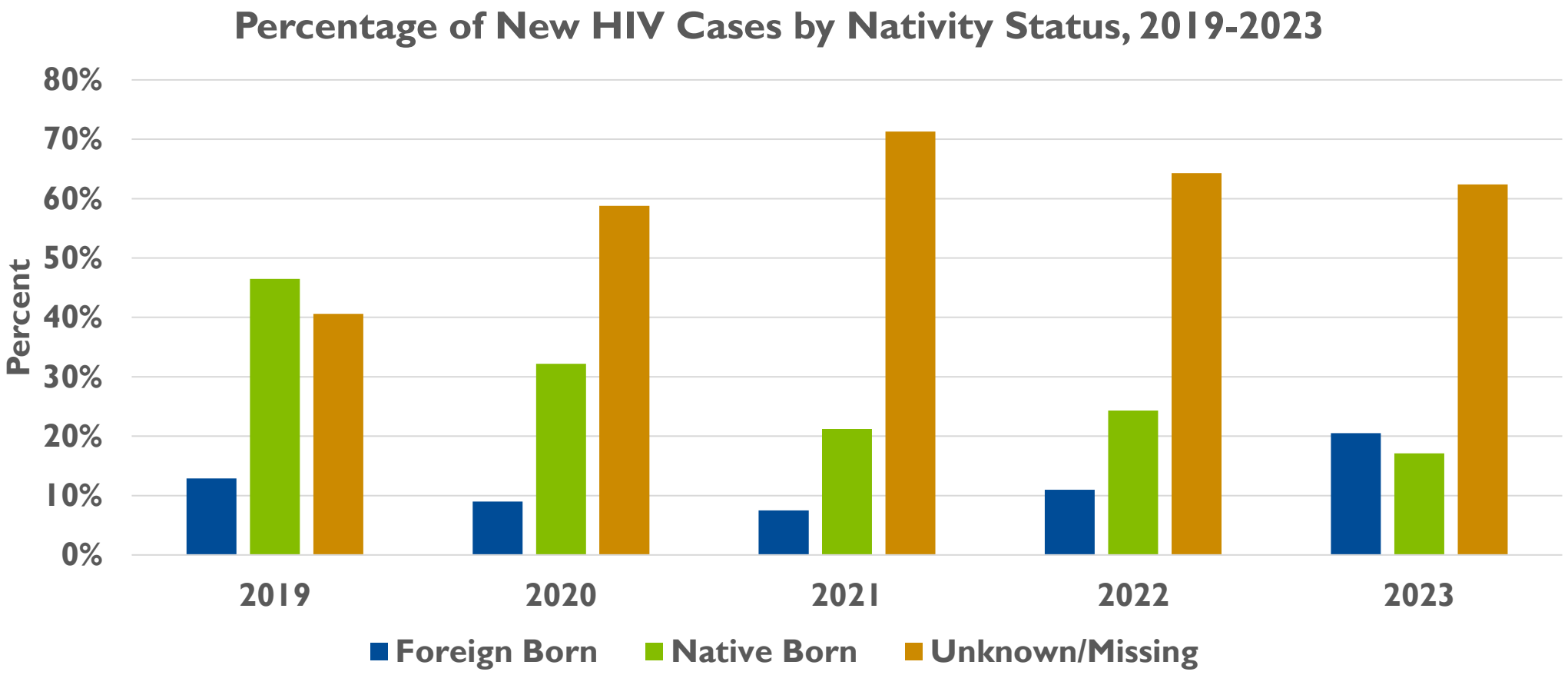
HIV Incidence by U.S. Nativity Status



- HIV incidence was highest among the foreign-born population with a rate of 41.6 per 100,000 people. Among the native-born population, the rate is 3 per 100,000 people
- However, 62.4% of new HIV cases had a nativity status of unknown or missing

Data Source: DR5685, eHARS

Percentage of New HIV Cases by U.S. Nativity Status, 2019-2023



Data Source: DR5685, eHARS

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HIV Deaths

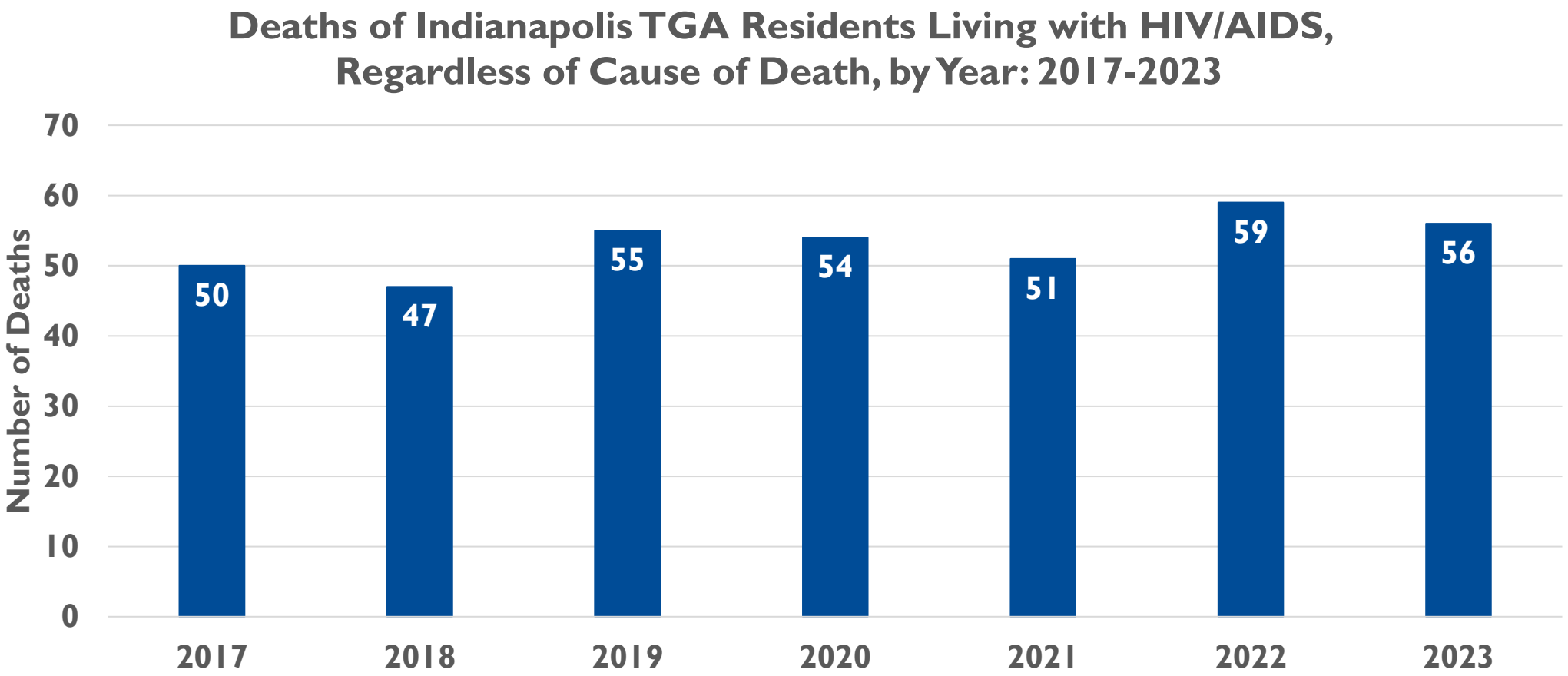
Death of PLWH/A (Regardless of Cause) in the Indianapolis TGA: 2023

Area	No.	% in TGA	Rate [95% CI*]	2022 Rate [95% CI*]
Mortality	<5		-	-
Marion County	48	85.7%	4.9 [3.6-6.5]	4.5 [3.3-6.0]
All Deaths (Regardless of Cause)	56	100%	2.7 [2.1-3.6]	2.9 [2.2-3.8]

*95% Confidence Interval

Data Source: DR5685, eHARS

Death of PLWH/A (Regardless of Cause)



Data Source: DR5685, eHARS

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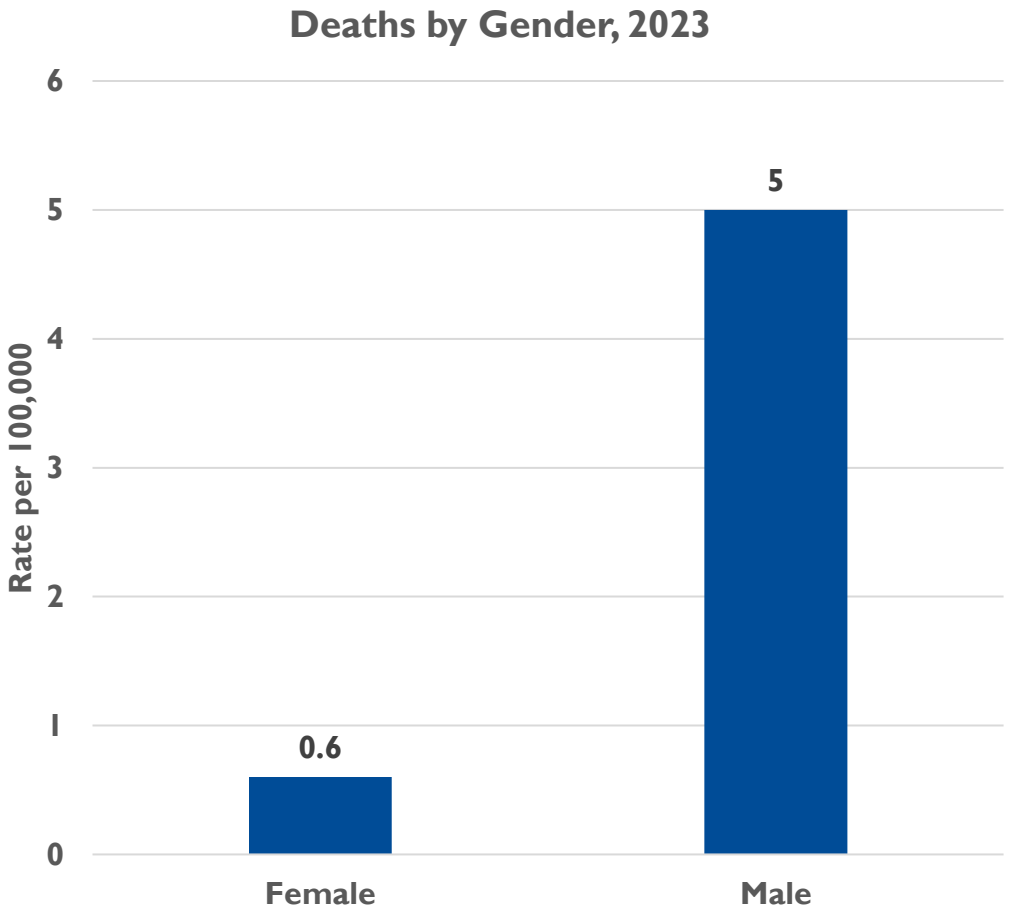
Deaths by Gender

Gender	No.	% in TGA	Rate [95% CI*]
Female	6	10.7%	0.6 [0.2-1.3]
Male	50	89.3%	5 [3.7-6.6]
*95% Confidence Interval			

Deaths by Gender



- Death rate among Males was 8.6 times greater than the death rate among Females in 2023

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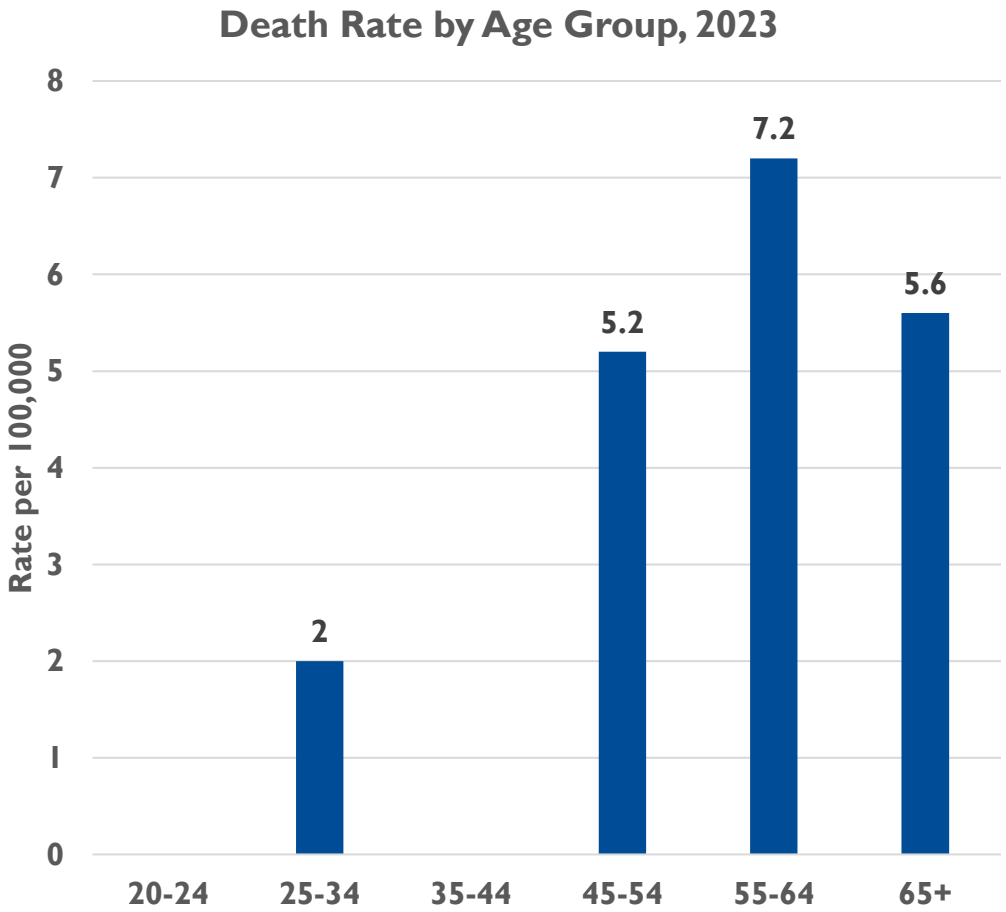
Deaths by Age Group

Age Group	No.	% in TGA	Rate [95% CI*]
<15	0	0%	-
15-19	0	0%	-
20-24	<5	-	-
25-34	6	10.7%	2 [0.8-4.5]
35-44	<5	-	-
45-54	13	23.2%	5.2 [2.8-8.9]
55-64	18	32.1%	7.2 [4.3-11.4]
65+	16	28.6%	5.6 [3.2-9.1]
*95% Confidence Interval			

Deaths by Age Group



- People between the ages of 55-64 had the highest death rate at 7.2 per 100,000, followed by people 65 or older(5.6 per 100,000), 45-56-year-olds (5.2 per 100,000), and 25-34-year-olds (2 per 100,000)

Data Source: DR5685, eHARS

Deaths by Race, Nativity Status, and Exposure Type

Demographic/Exposure Type	No.	% in TGA	Rate [95% CI*]
Black	23	41.4%	7 [4.4-10.5]
White	25	44.6%	1.8 [1.1-2.6]
Native Born	48	85.7%	2.6 [1.9-3.4]
MSM	34	60.7%	
MSM & IDU	7	12.5%	
Heterosexual Contact	10	17.9%	
*95% Confidence Interval			

Data Source: DR5685, eHARS

HIV/AIDS Prevalence

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Prevalence of Diagnosed and Undiagnosed HIV/AIDS

HIV/AIDS Prevalence	**6777**
HIV Prevalence	3758
AIDS Prevalence	3019
Estimated Undiagnosed	1013
Estimated Total PLWH/A	**7790**

In the United States, an estimated 13.3% of persons living with HIV are undiagnosed or unaware

Data Source: DR5685, eHARS

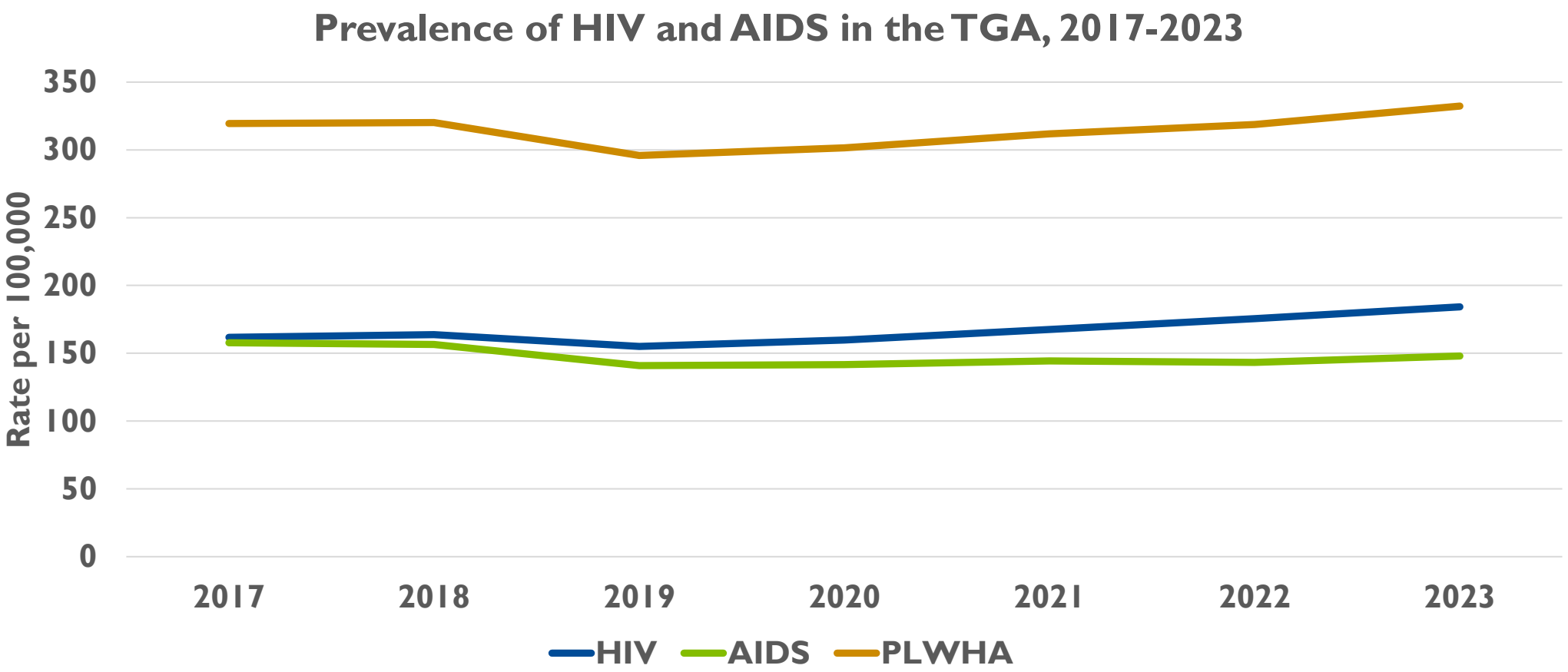
Prevalence of Diagnosed HIV/AIDS

Status	No.	Rate [95% CI*]	2022 Rate [95% CI*]	U.S. Rate (2021)
HIV	3758	184.3 [178.4-190.2]	175.5 [169.7-181.3]	384
AIDS	3019	148 [142.8-153.4]	143.3 [138.1-148.6]	
Total	6777	332.3 [324.4-340.2]	318.7 [311-326.6]	

*95% Confidence Interval

Data Source: DR5685, eHARS

PLWH/A in the TGA, 2017-2023



Data Source: DR5685, eHARS

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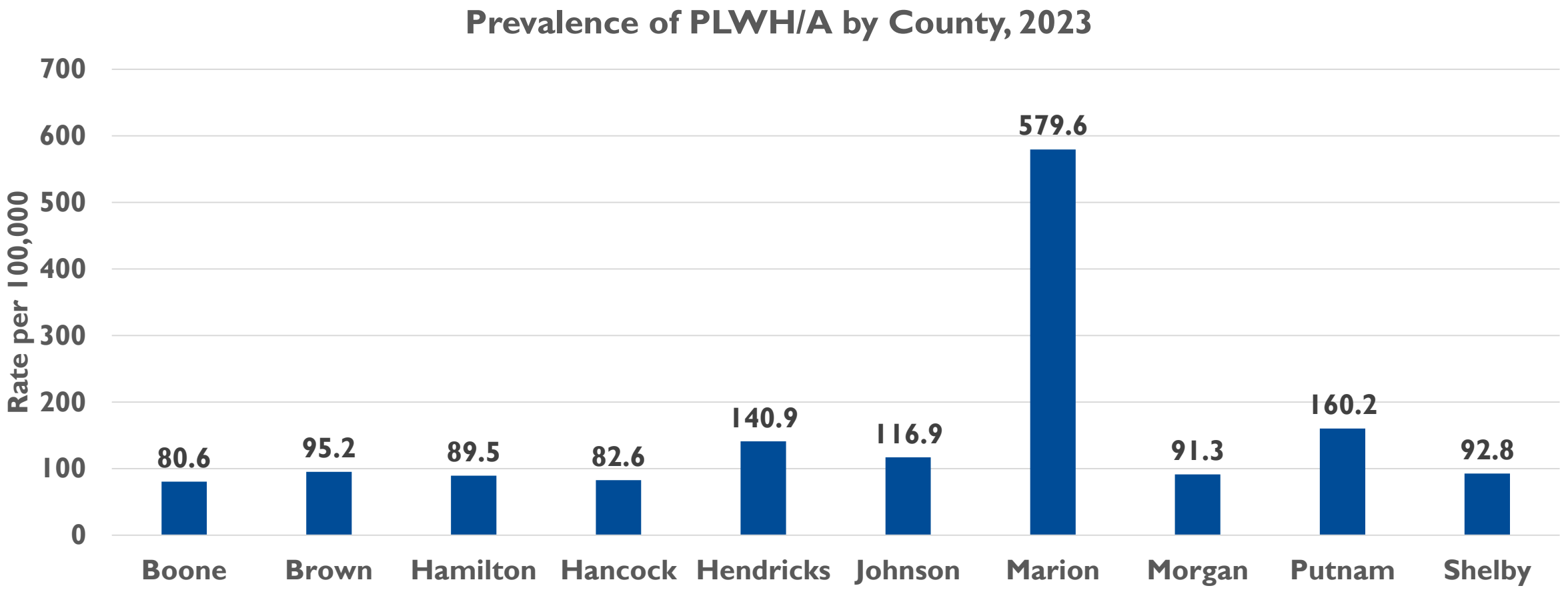
HIV/AIDS Prevalence by County

County	No.	% in TGA	Rate [95% CI*]	RR [95% CI*]: to Boone
Marion	5663	83.6%	579.6 [564.7-594.8]	7.2 [5.6-9.2]
Hamilton	333	4.9%	89.5 [80.1-99.6]	1.1 [0.8-1.5]
Hendricks	265	3.9%	140.9 [124.4-158.9]	1.7 [1.3-2.3]
Johnson	198	2.9%	116.9 [101.2-134.3]	1.4 [1.1-1.9]
Hancock	70	1.0%	82.6 [64.4-104.3]	1.0 [0.7-1.4]
Morgan	67	1.0%	91.3 [70.8-116]	1.1 [0.8-1.6]
Boone	62	0.9%	80.6 [61.8-103.3]	1.0
Putnam	59	0.9%	160.2 [122-206.6]	2.0 [1.4-2.8]
Shelby	42	0.6%	92.8 [66.9-125.5]	1.2 [0.8-1.7]
Brown	15	0.2%	95.2 [53.3-157]	1.2 [0.7-2.1]

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV/AIDS Prevalence by County



Data Source: DR5685, eHARS

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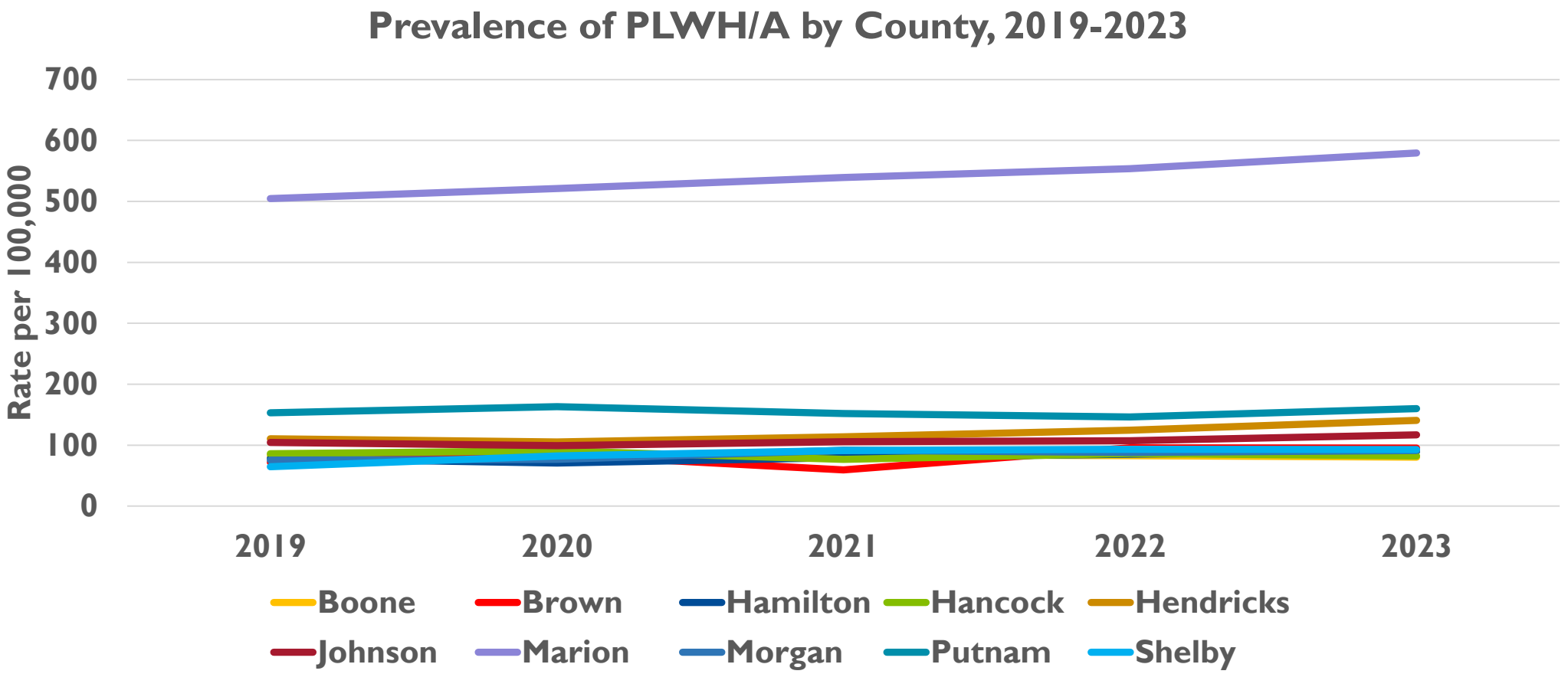
HIV/AIDS Prevalence by County, 2019-2023



Data Source: DR5685, eHARS

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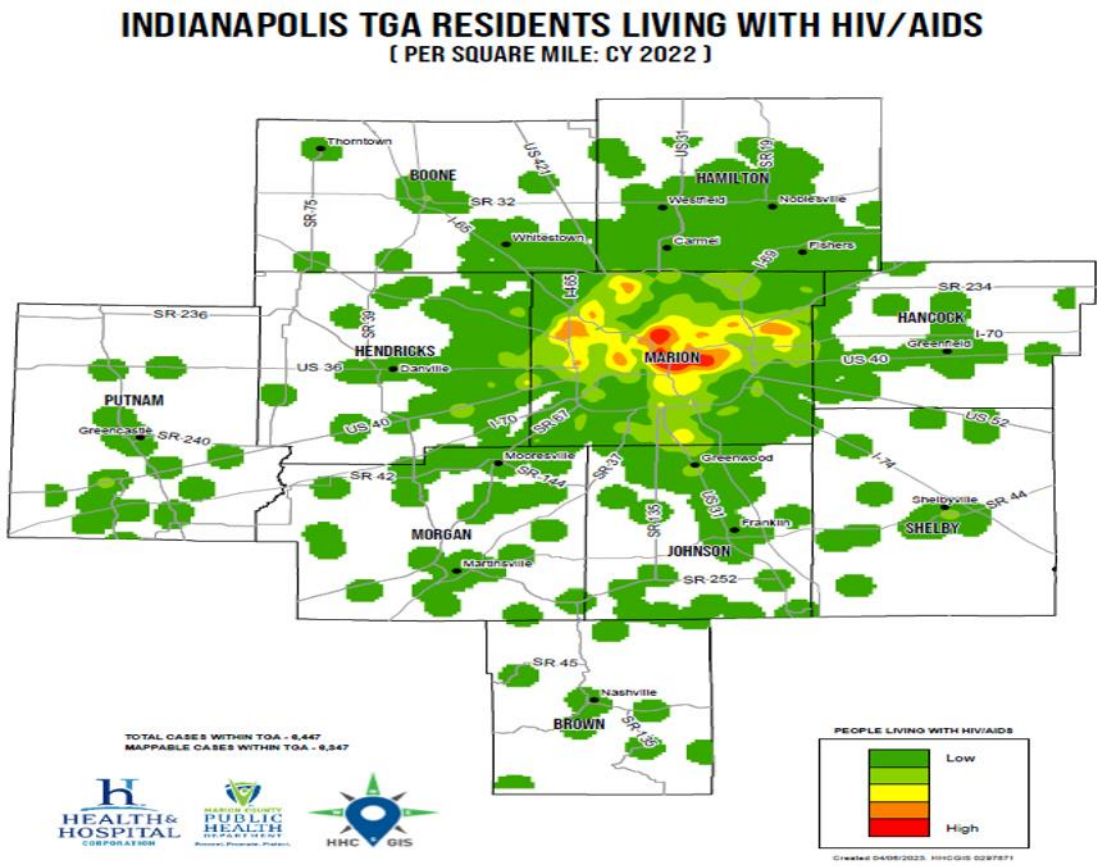
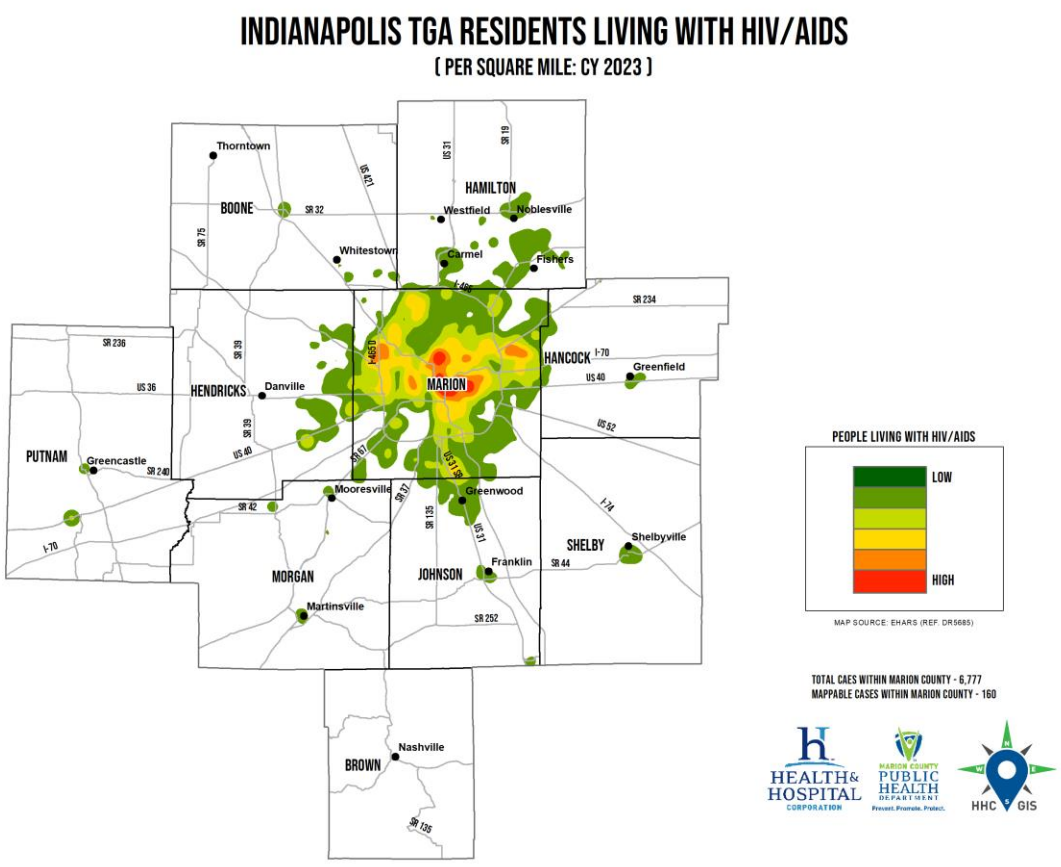
Indianapolis TGA Residents Living with HIV/AIDS, 2022 and 2023





Data Source: DR5685, eHARS

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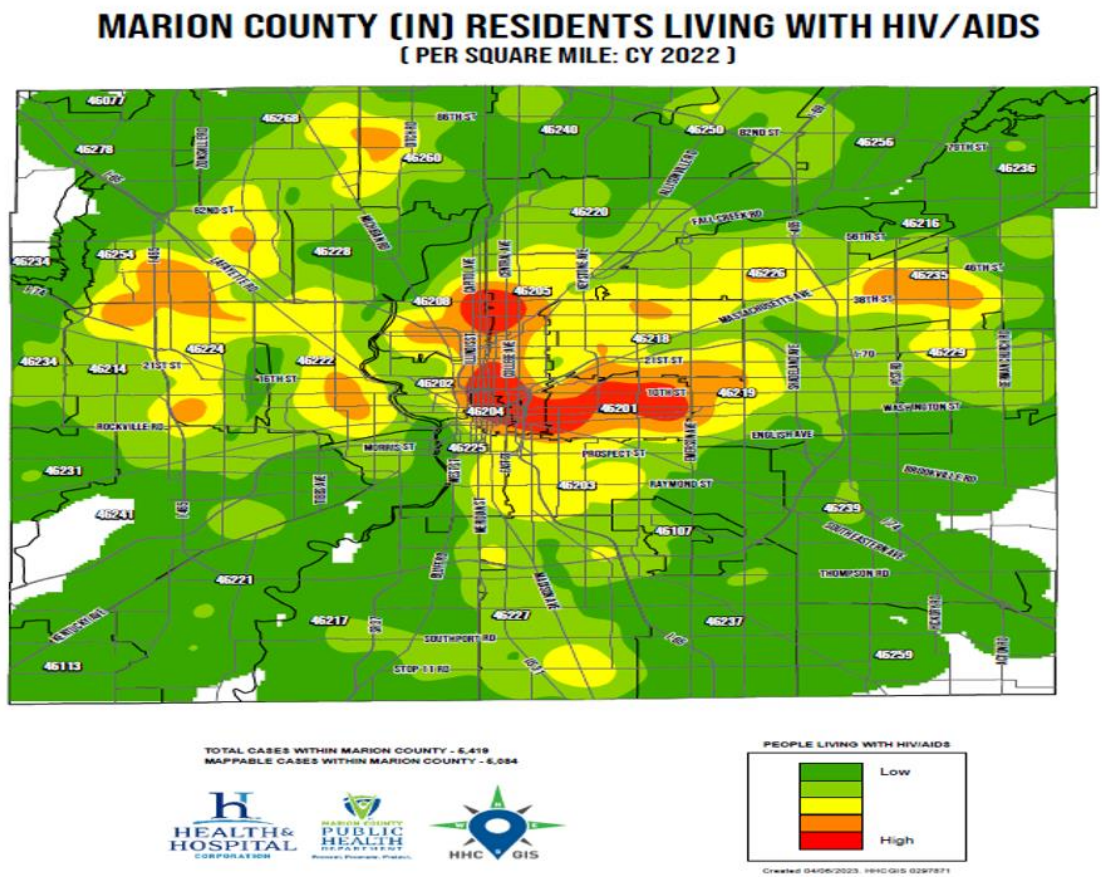
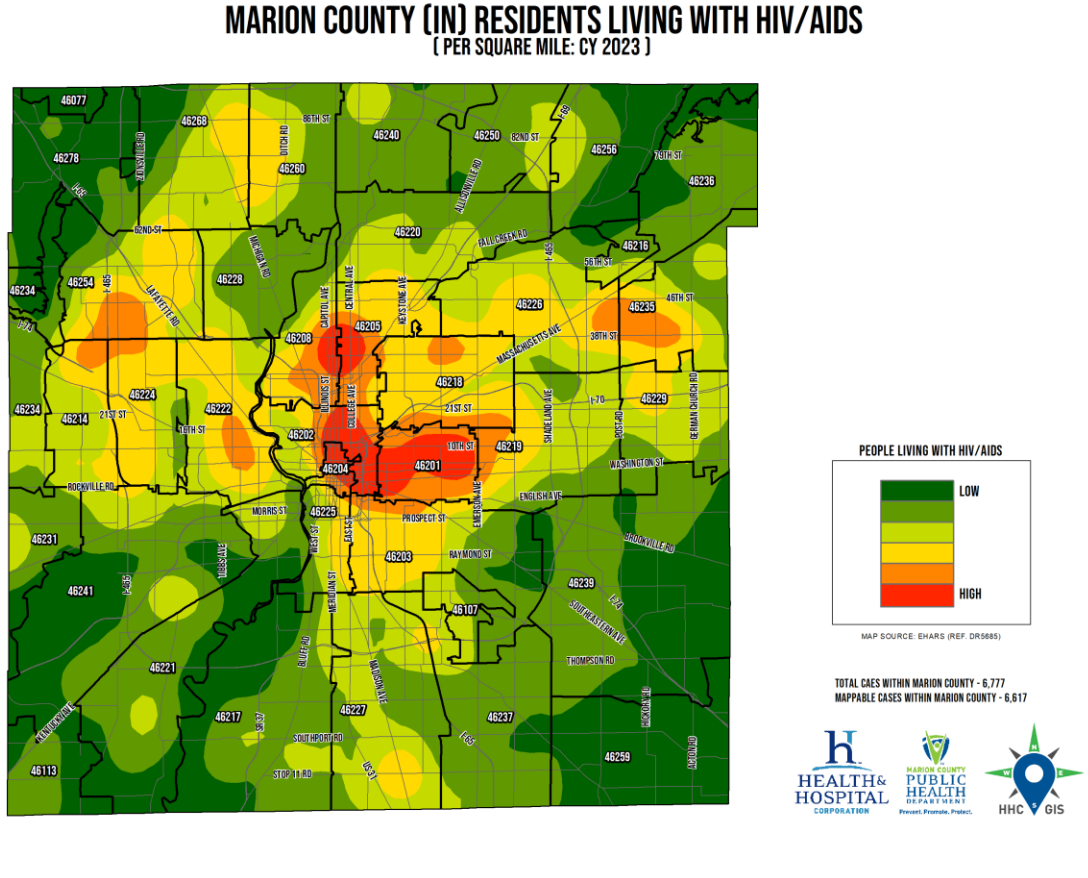
Marion County Residents Living with HIV/AIDS, 2022 and 2023





Data Source: DR5685, eHARS

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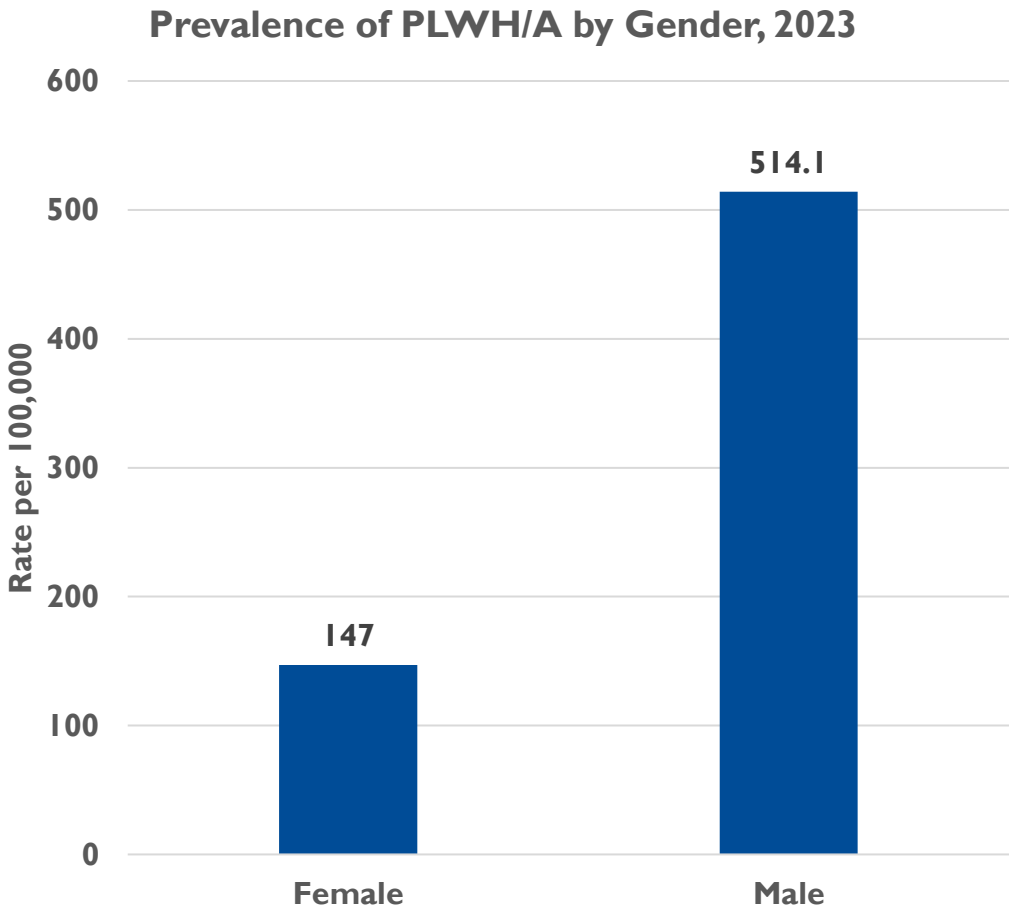
HIV/AIDS Prevalence by Gender

Gender	No.	% in TGA	Rate [95% CI*]	RR [95%CI*]: to Female
Female	1525	22.5%	147 [139.7-154.6]	1.0
Male	5153	76.0%	514.1 [500.3-528.3]	3.5 [3.3-3.7]
Transgender	99	1.5%		

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV/AIDS Prevalence by Gender



- Prevalence was highest among Males at a rate 3.5 times greater than Females

Data Source: DR5685, eHARS

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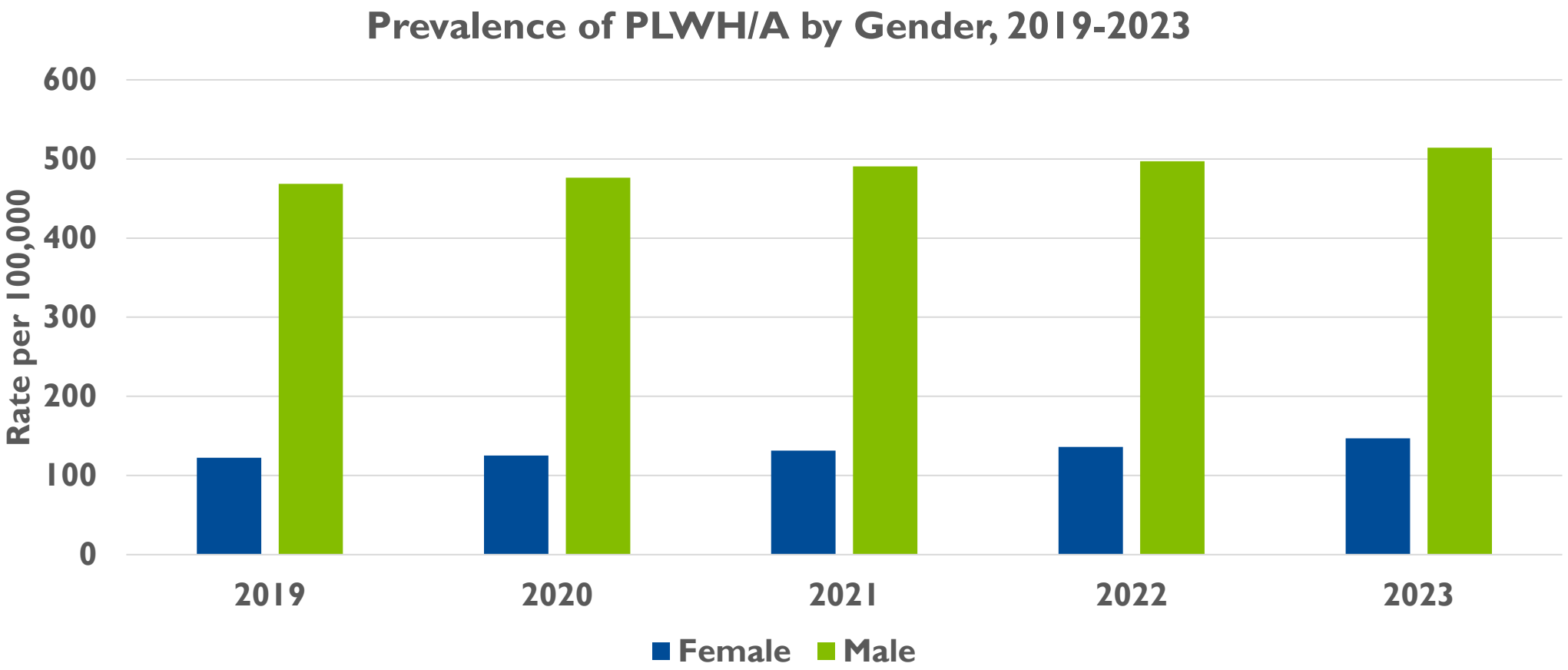
HIV/AIDS Prevalence by Gender, 2019-2023



Data Source: DR5685, eHARS

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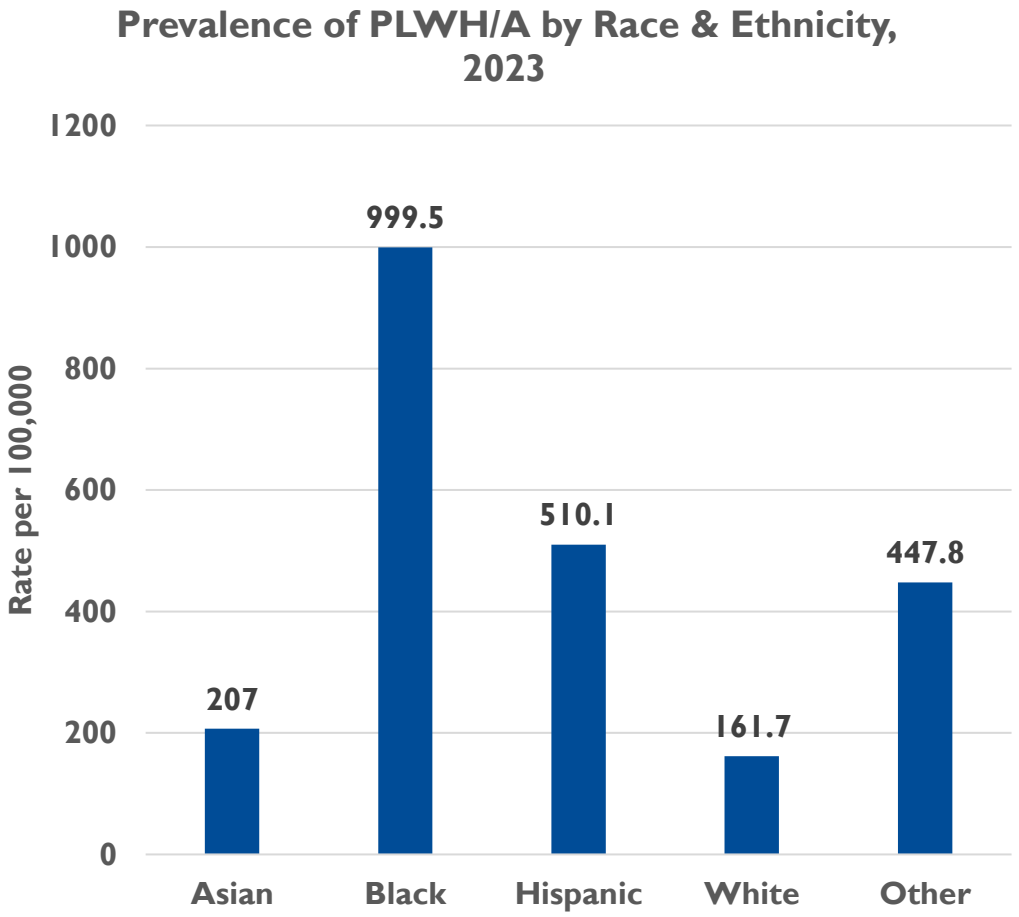
HIV/AIDS Prevalence by Race/Ethnicity

Race/Ethnicity	No.	% in TGA	Rate [95% CI*]	RR [95% CI*]: to White
Asian/Pacific Islander	178	2.6%	207 [177.7-239.7]	1.3 [1.1-1.5]
Black	3289	48.5%	999.5 [966-1033.9]	6.2 [5.9-6.5]
Hispanic	785	11.6%	510.1 [475.1-547]	3.2 [2.9-3.4]
White	2295	33.9%	161.7 [155.2-168.4]	1.0
Other	231	3.4%	447.8 [392-509.2]	2.8 [2.4-3.2]

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV/AIDS Prevalence by Race/Ethnicity



- Prevalence was highest among Black, non-Hispanic people with a rate of 999.5 per 100,000 people compared to Hispanic (510.1 per 100,000), Asian (207 per 100,000), and White, non-Hispanic (161.7 per 100,000)

Data Source: DR5685, eHARS

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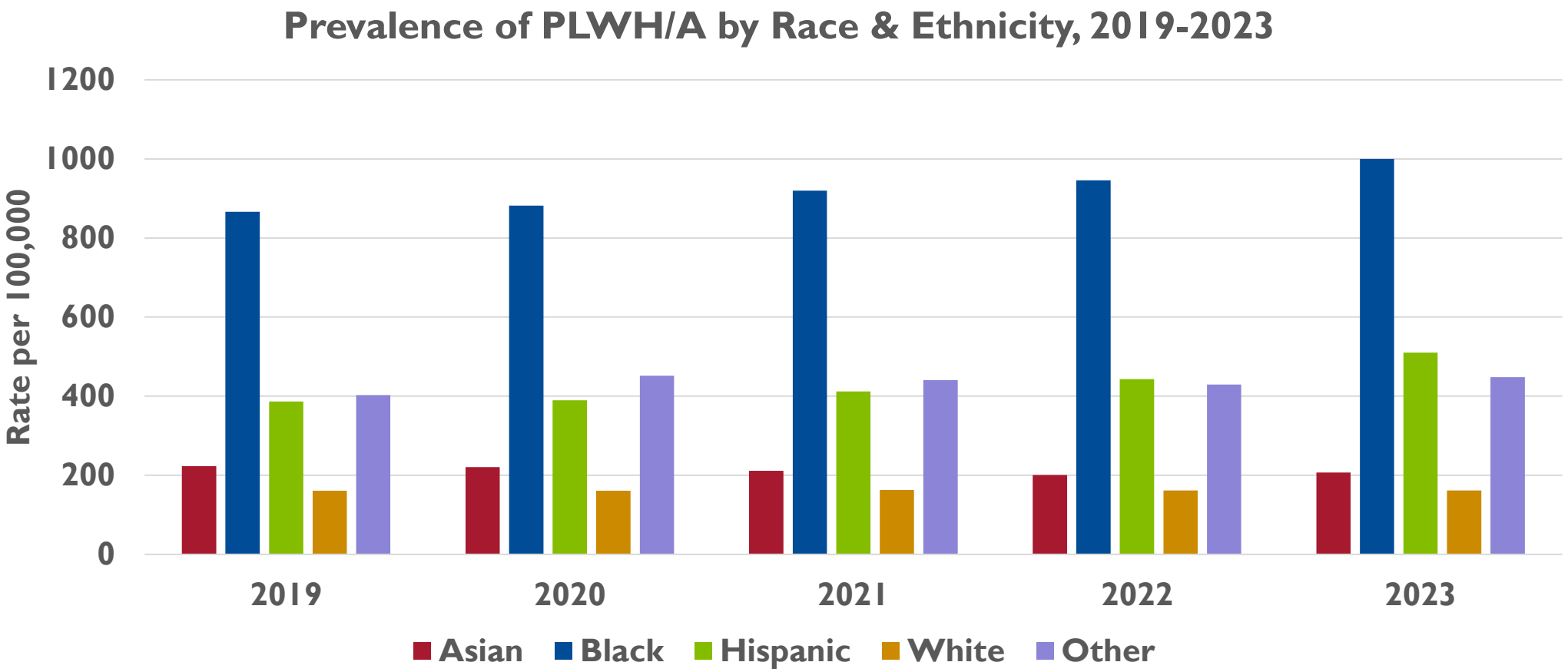
HIV/AIDS Prevalence by Race/Ethnicity, 2019-2023



Data Source: DR5685, eHARS

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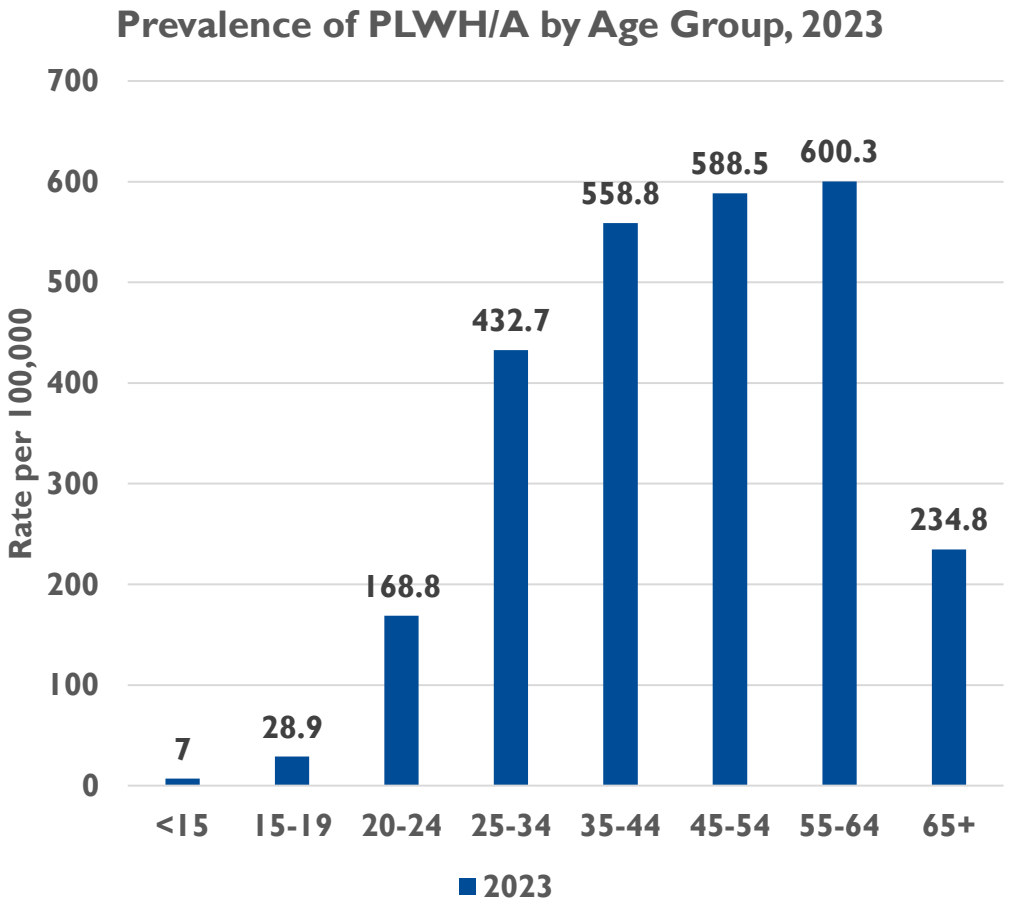
HIV/AIDS Prevalence by Age Group

Age Group	No.	% in TGA	Rate [95% CI*]
<15	29	0.4%	7 [4.7-10]
15-19	39	0.6%	28.9 [20.5-39.5]
20-24	216	3.2%	168.8 [147.1-192.9]
25-34	1269	18.7%	432.7 [409.3-457.1]
35-44	1569	23.2%	558.8 [531.7-587]
45-54	1478	21.8%	588.5 [559-619.1]
55-64	1500	22.1%	600.3 [570.5-631.3]
65+	674	10.0%	234.8 [217.4-253.1]

*95% Confidence Interval

Data Source: DR5685, eHARS

HIV/AIDS Prevalence by Age Group



- 67% of PLWH/A are between the ages of 35-64
- PLWH/A between the ages of 55-64 had the highest prevalence rate, followed by 45-54-year-olds, and 35-44-year-olds

Data Source: DR5685, eHARS

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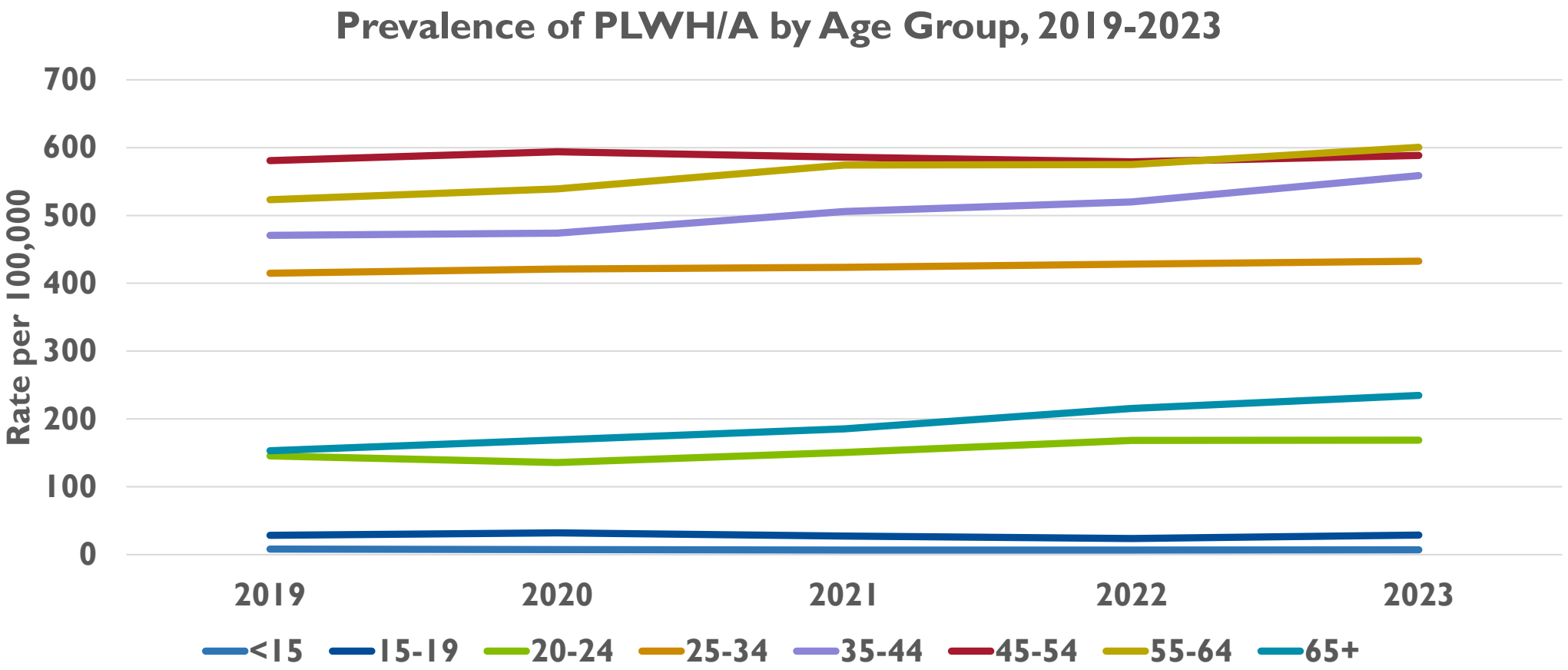
HIV/AIDS Prevalence by Age Group, 2019-2023



Data Source: DR5685, eHARS

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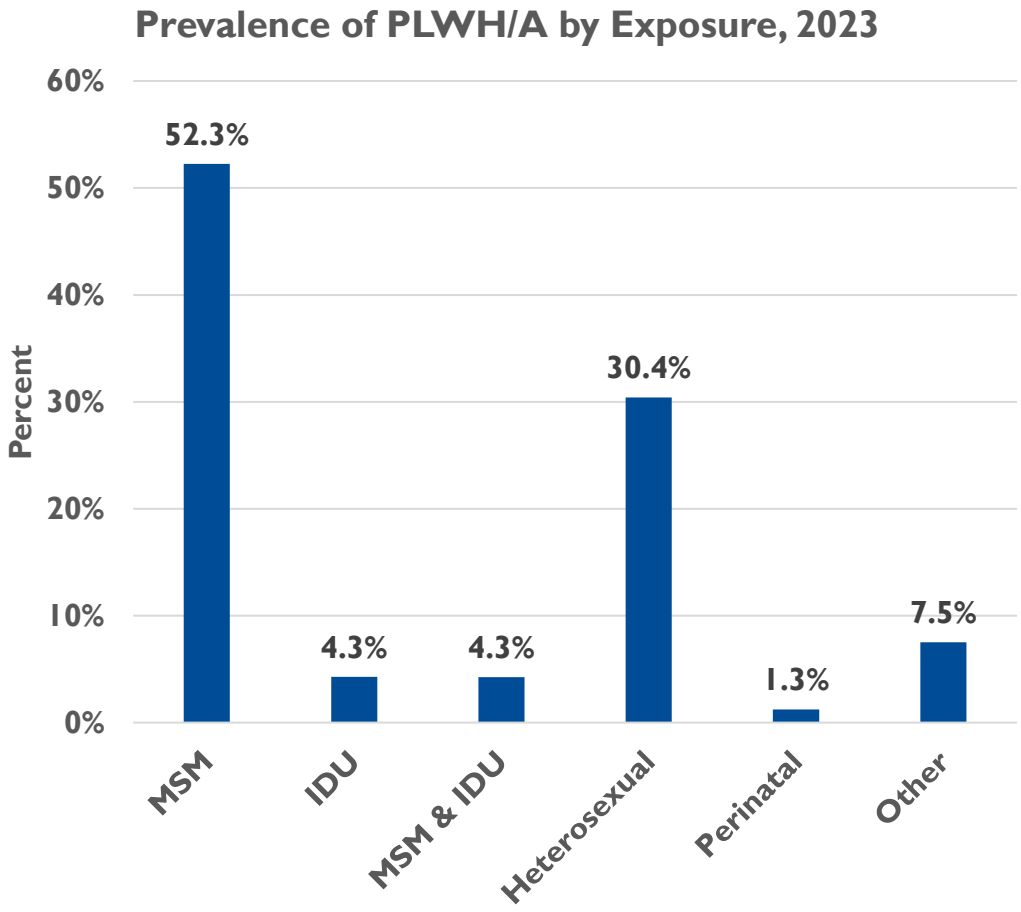
HIV/AIDS Prevalence by Exposure Category

Exposure	No.	% in TGA
MSM	3541	52.2%
IDU	291	4.3%
MSM & IDU	289	4.3%
Heterosexual	2061	30.4%
Perinatal	85	1.3%.
Other*	510	7.6%

*Other includes Other, No Risk Reported, and No Risk Identified
RR = Risk Ratio

Data Source: DR5685, eHARS

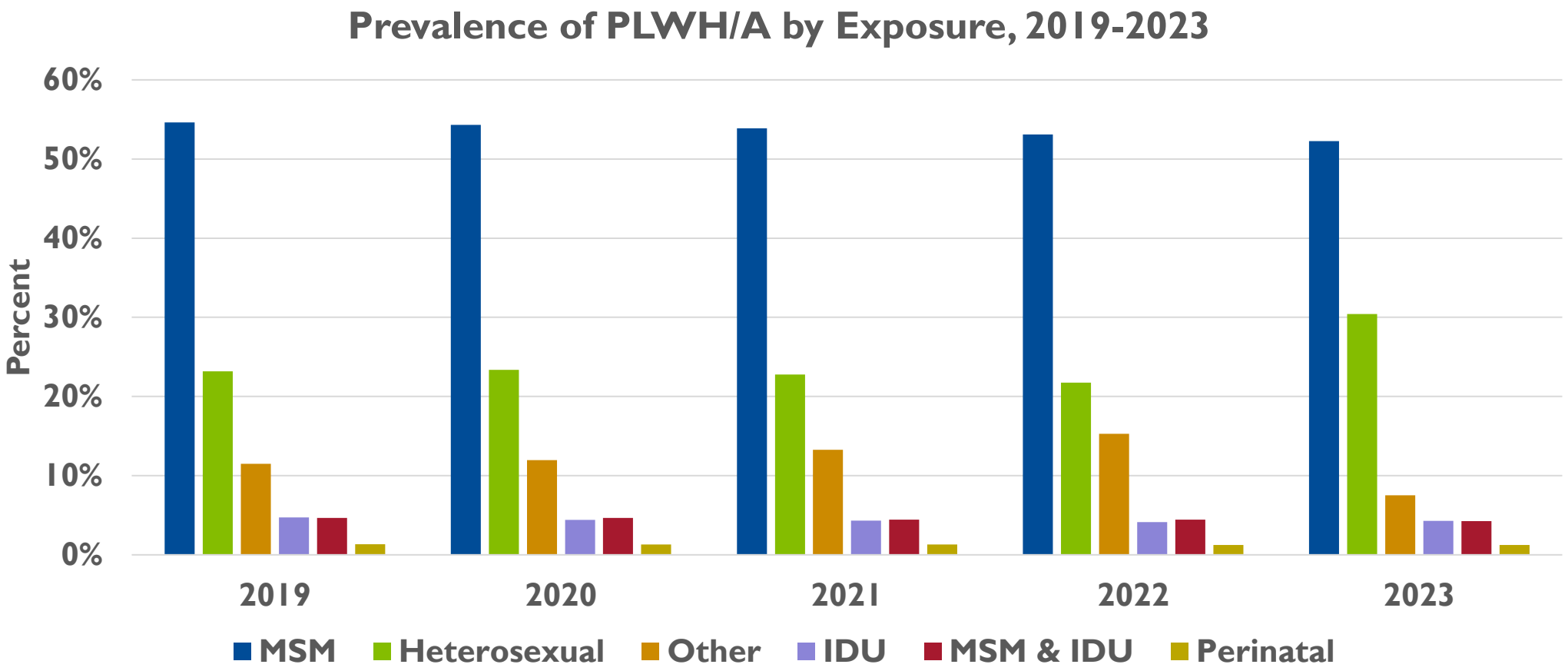
HIV/AIDS Prevalence by Exposure Category



- 52.3% of PLWH/A are attributed to male-to-male sexual contact, 30.4% to heterosexual contact, 4.3% to IDU and MSM/IDU, and 1.3% to perinatal exposure

Data Source: DR5685, eHARS

HIV/AIDS Prevalence by Exposure Category, 2019-2023



Data Source: DR5685, eHARS

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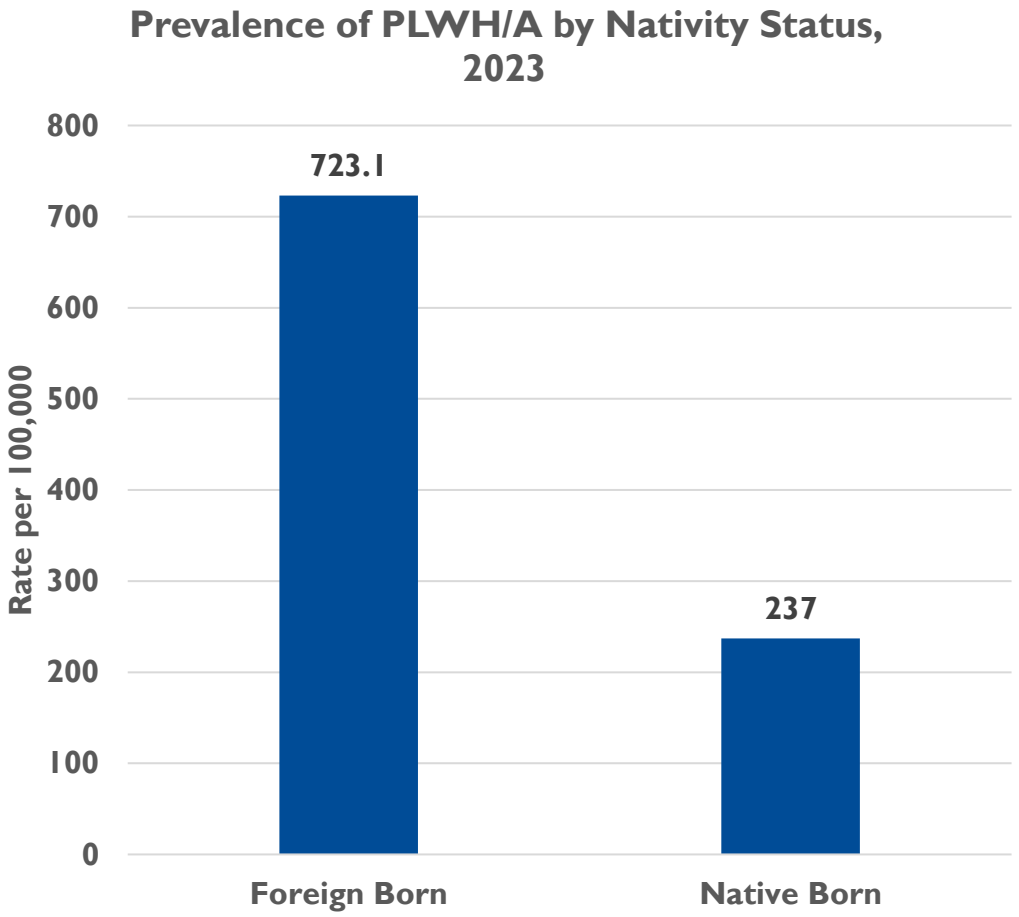
HIV/AIDS Prevalence by U.S. Nativity Status

Nativity Status	No.	% in TGA	Rate [95% CI*]	RR [95% CI*]: to Native Born
Foreign Born	1173	17.3%	723.1 [682.4-765.5]	3.1 [2.9-3.3]
Native Born	4450	65.7%	237 [230.1-244.1]	1.0
Unknown/Missing	1154	17.0%		

*95% Confidence Interval
RR = Risk Ratio

Data Source: DR5685, eHARS

HIV/AIDS Prevalence by U.S. Nativity Status



- Prevalence is highest among the foreign-born population with a rate of 723.1 per 100,000 compared to the native-born population with a rate of 237 per 100,000

Data Source: DR5685, eHARS

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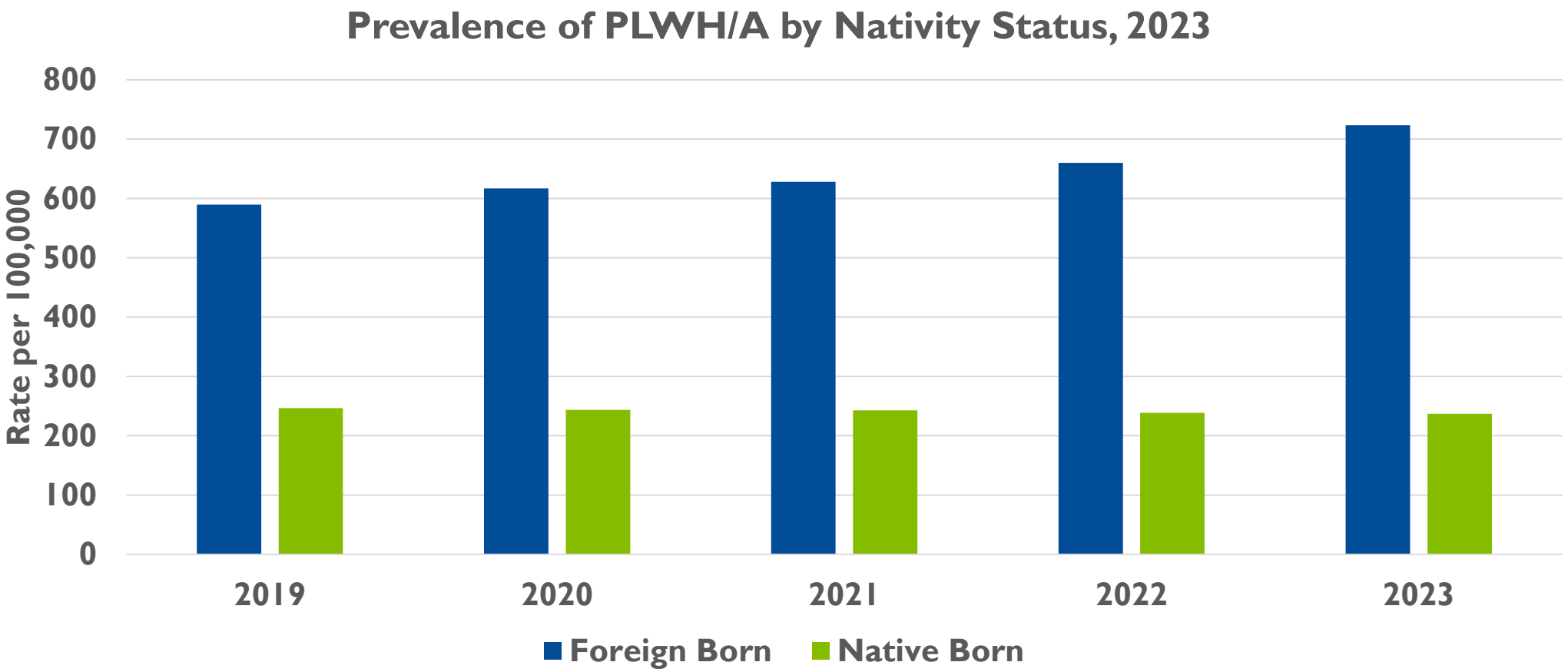
HIV/AIDS Prevalence by U.S. Nativity Status, 2019-2023



Data Source: DR5685, eHARS

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HIV/AIDS Prevalence by Birth Region

Birth Region	No.	% in TGA
Northern America	4450	65.7%
Latin America and Caribbean	572	8.4%
Africa	369	5.4%
Asia	157	2.3%
Europe	25	0.4%
Unknown/Missing	1203	17.8%

Data Source: DR5685, eHARS

Co-Occurring Conditions

Foreign-Born

- With a risk of about 14 times that of native-born residents, foreign-born residents of the TGA accounted for 1 in 5 newly diagnoses of HIV during 2023
- Over 1 in 7 PLWH/A in the TGA are foreign-born, experiencing a prevalence that is three times as high as native-born

- Special considerations
  - Linguistic services
  - Health insurance
  - Social support structure
  - Cultural stigma/beliefs
  - Fear

Data Source: DR5685, eHARS

Aging

- About 54% of PLWH/A in the TGA are 45+ years of age
  - The number of older people living with HIV/AIDS is increasing due to improved treatments that are helping them live longer

- Older people are less likely to get tested for HIV
  - Signs of HIV/AIDS may be mistaken for normal aging or other diseases
  - Older people may feel ashamed or afraid to get tested

Data Source: DR5685, eHARS

Homelessness

- Housing instability is a barrier to HIV care
  - Associated with higher rates of risky behaviors such as substance use and unprotected sex

- PLWH who are also experiencing homelessness are more likely to delay receiving HIV care and have reduced access to regular care

- The National HIV/AIDS Strategy for the United States 2022-2025 has a goal of reducing homelessness among PLWH by 50% from a 2017 baseline of 9.1%

Recent Incarceration

- 8.6% of the TGA's PLWH/A have a history of incarceration

- Special considerations
  - Employment and housing
  - Retention in care throughout and after the transition
  - Substance abuse
  - Trouble navigating the health care system

Data Source: DR5685, eHARS

Mental Health & Substance Abuse

- Depression is one of the most common mental health conditions that people with HIV face
- HIV stigma and discrimination affect the well-being and mental health of PLWH/A
  - Internalized stigma may lead to isolation, despair, and feelings of shame which may keep someone from getting tested and treated for HIV

- Substance use disorders are closely associated with HIV
  - Substances that alter judgement may lead to risky behaviors such as having unprotected sex or having multiple partners
  - Needle sharing can be a direct route to HIV transmission if the materials are contaminated

Mycobacterium Tuberculosis (TB)

- In 2023, 69 TGA residents were diagnosed with active TB, 5 also had HIV
- PLWH/A are more likely to become sick with TB
  - Worldwide, TB is one of the leading causes of death among PLWH
- Someone with untreated latent TB and HIV is more likely to develop TB disease than someone without HIV

Data Source: Indiana Department of Health

Viral Hepatitis

- About 2% of PLWH in the United States also have Hepatitis B
- About 75% of PLWH who report injection drug use also have Hepatitis C
- PLWH have a higher risk of death and complications from Hepatitis B or C

Chlamydia, Gonorrhea, and Early Syphilis

- Among people living within the TGA, in 2023:
  - 13,761 people were diagnosed with Chlamydia
    - 23 also had HIV
  - 4,691 people were diagnosed with Gonorrhea
    - 20 also had HIV
  - 528 people were diagnosed with early syphilis (primary, secondary, NP/NS)
    - 10 also had HIV

- Behaviors that put someone at risk for one, often put them at risk for other which is why people who have an STD may be at an increased risk of getting HIV

*2023 data is preliminary until final data closeout

Data Source: Indiana Department of Health

Measures of HIV/AIDS Health Outcomes

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HIV Care Continuum

- A public health model that outlines the stages that people living with HIV go through from diagnoses to maintaining viral suppression
  - Diagnosis of HIV
  - Linkage to care
  - Receipt of care
  - Retention in care
  - Achieving and maintaining viral suppression

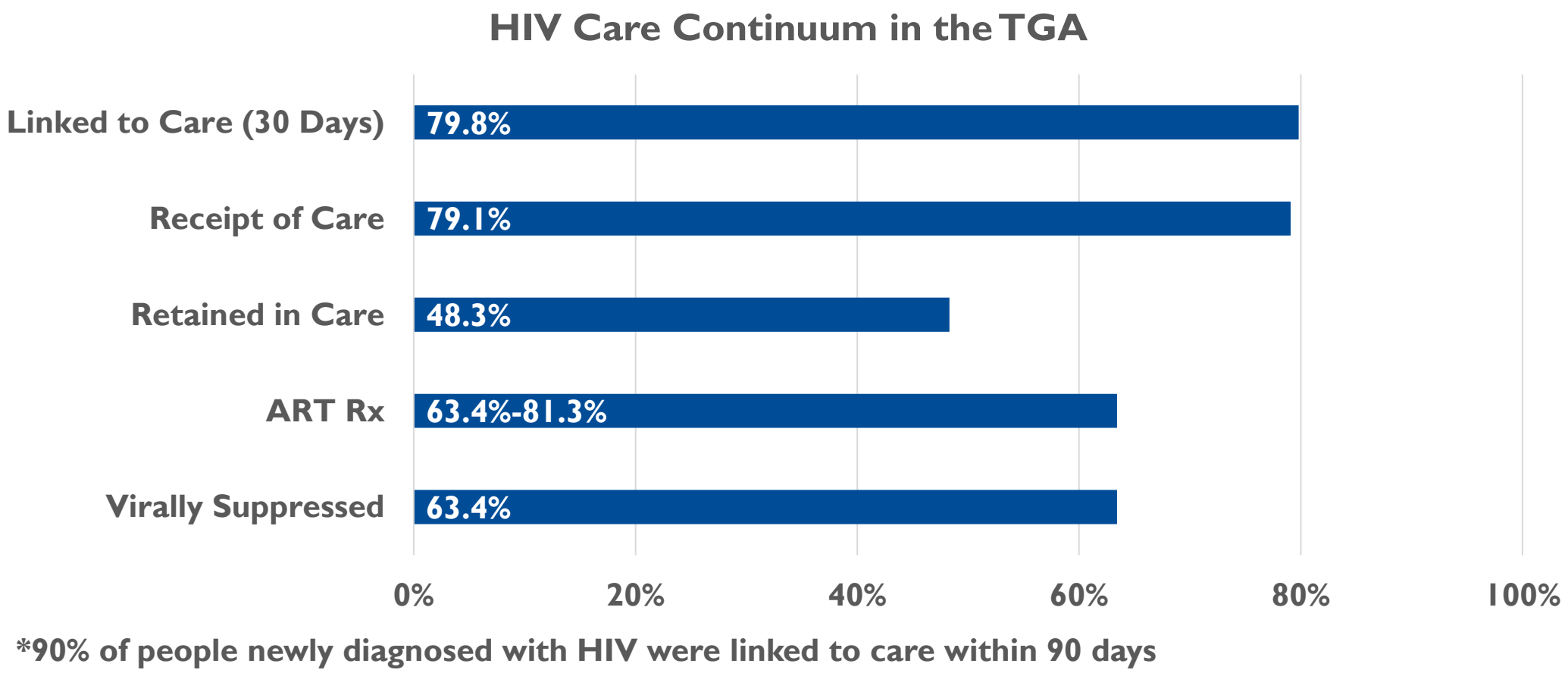
National HIV/AIDS Strategy for the United States 2022-2025

- By 2025, the nation hopes to achieve the following indicators
  - Indicator 1: Increase knowledge of status to 95% from a 2017 baseline of 85.8%
  - Indicator 5: Increase linkage to care within 1 month of diagnosis to 95% from a 2017 baseline of 77.8%
  - Indicator 6: Increase viral suppression among people with diagnosed HIV to 95% from a 2017 baseline of 63.1%

HIV Care Continuum Definitions

- Linked to Care
  - Having a visit with a health care provider and getting a CD4 or viral load test within one month of being diagnosed with HIV
- Receipt of Care
  - Those living with diagnosed HIV who received medical care for HIV and had at least one CD4 count or HIV viral load test in that year
- Retained in Care
  - Those living with diagnosed HIV who had two or more CD4 or viral load tests, performed at least 3 months apart
- Antiretroviral Therapy (ART)
  - A combination of medications used to treat HIV
- Viral Suppression
  - Those living with diagnosed HIV who had suppressed HIV viral load results (<200 copies/mL) on their last reported viral load test during 2023

HIV Care Continuum in the TGA



Data Source: DR5685, eHARS

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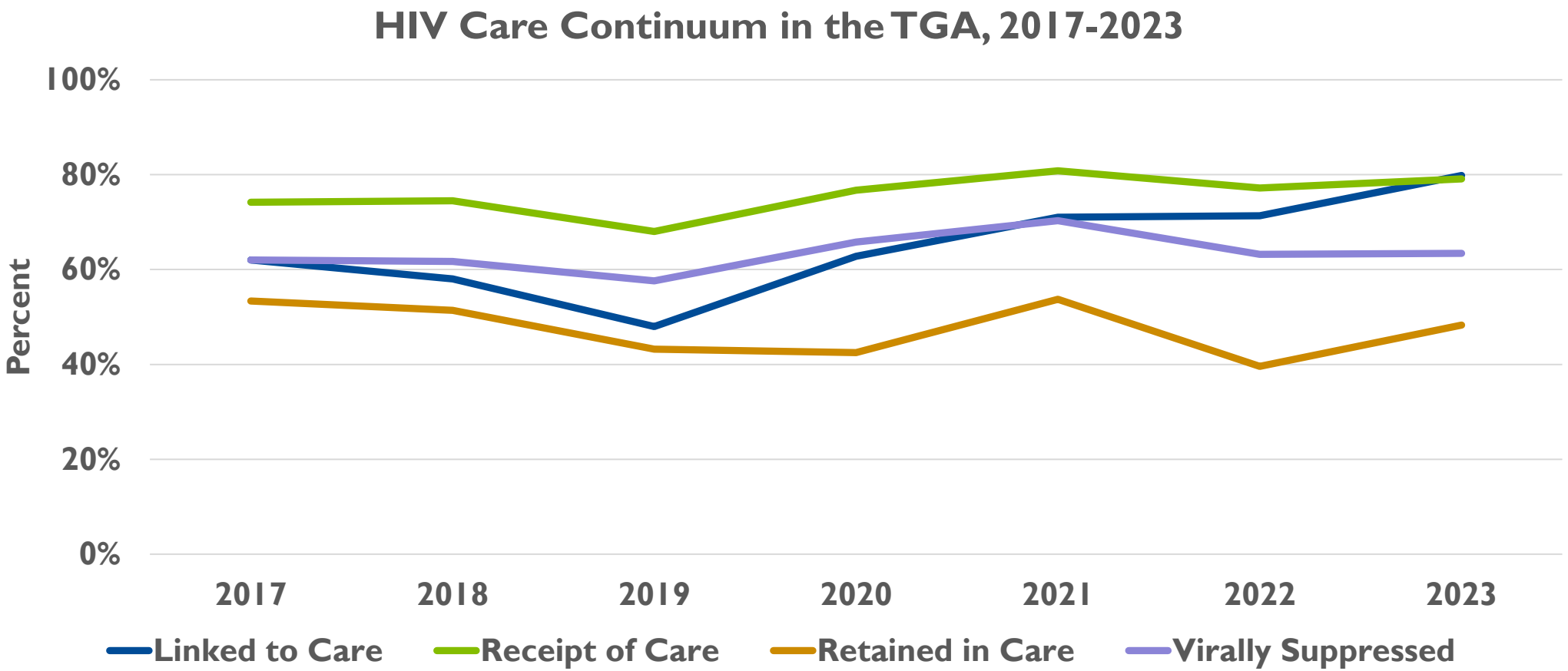
HIV Care Continuum in the TGA, 2017-2023



Data Source: DR5685, eHARS

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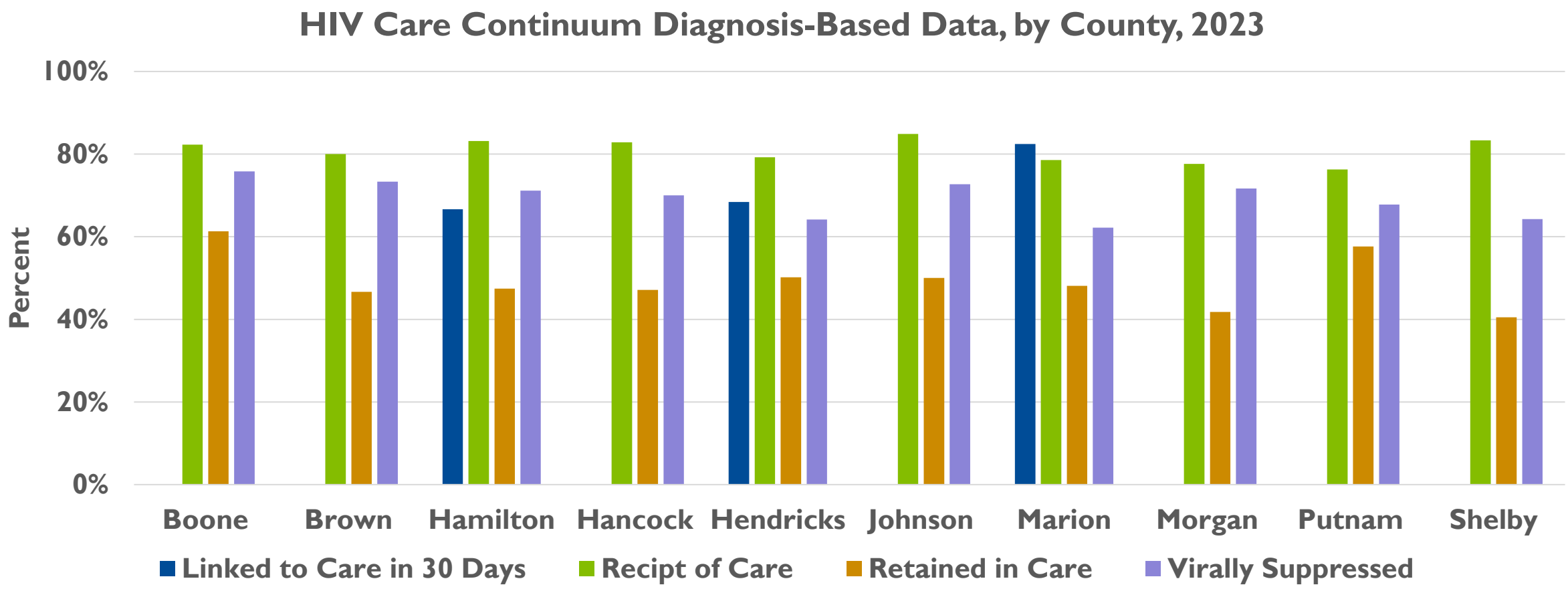
HIV Care Continuum by County



Data Source: DR5685, eHARS

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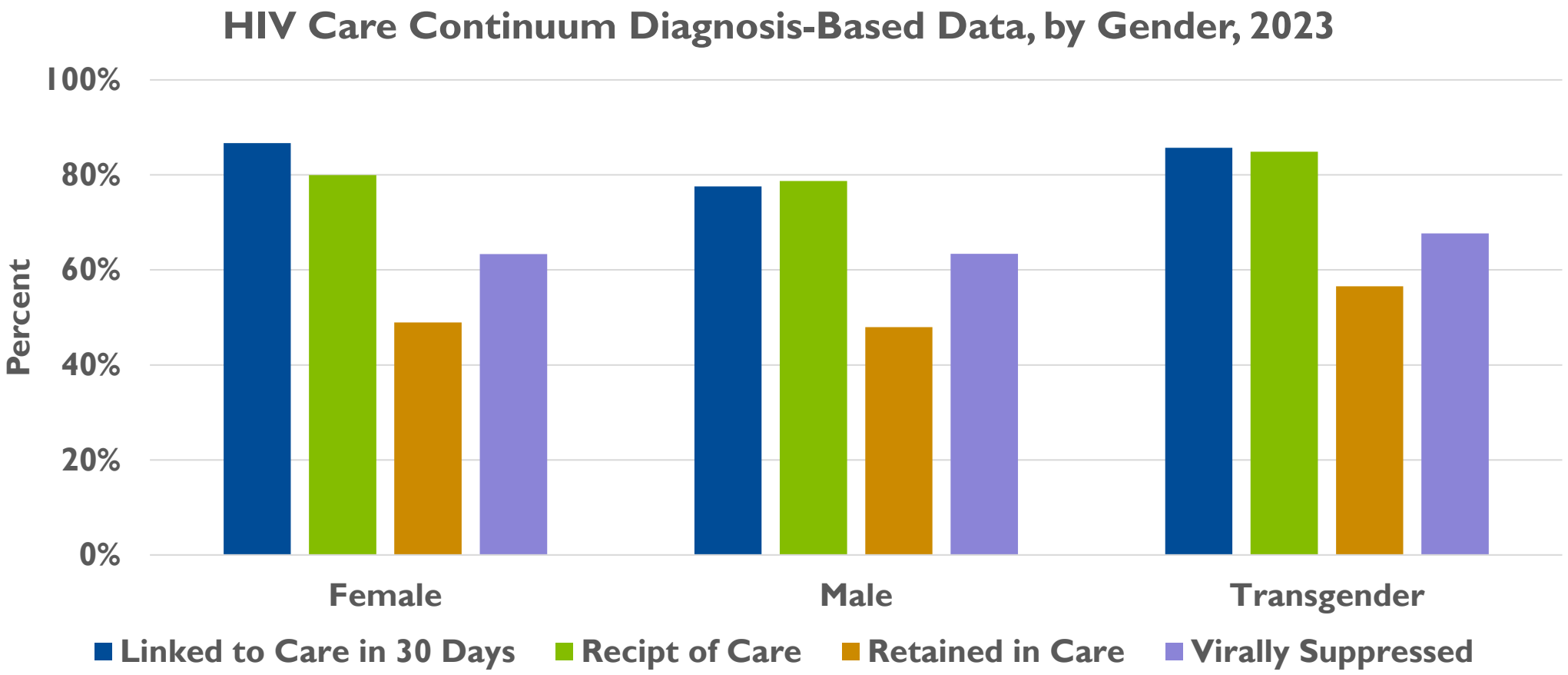
HIV Care Continuum by Gender



Data Source: DR5685, eHARS

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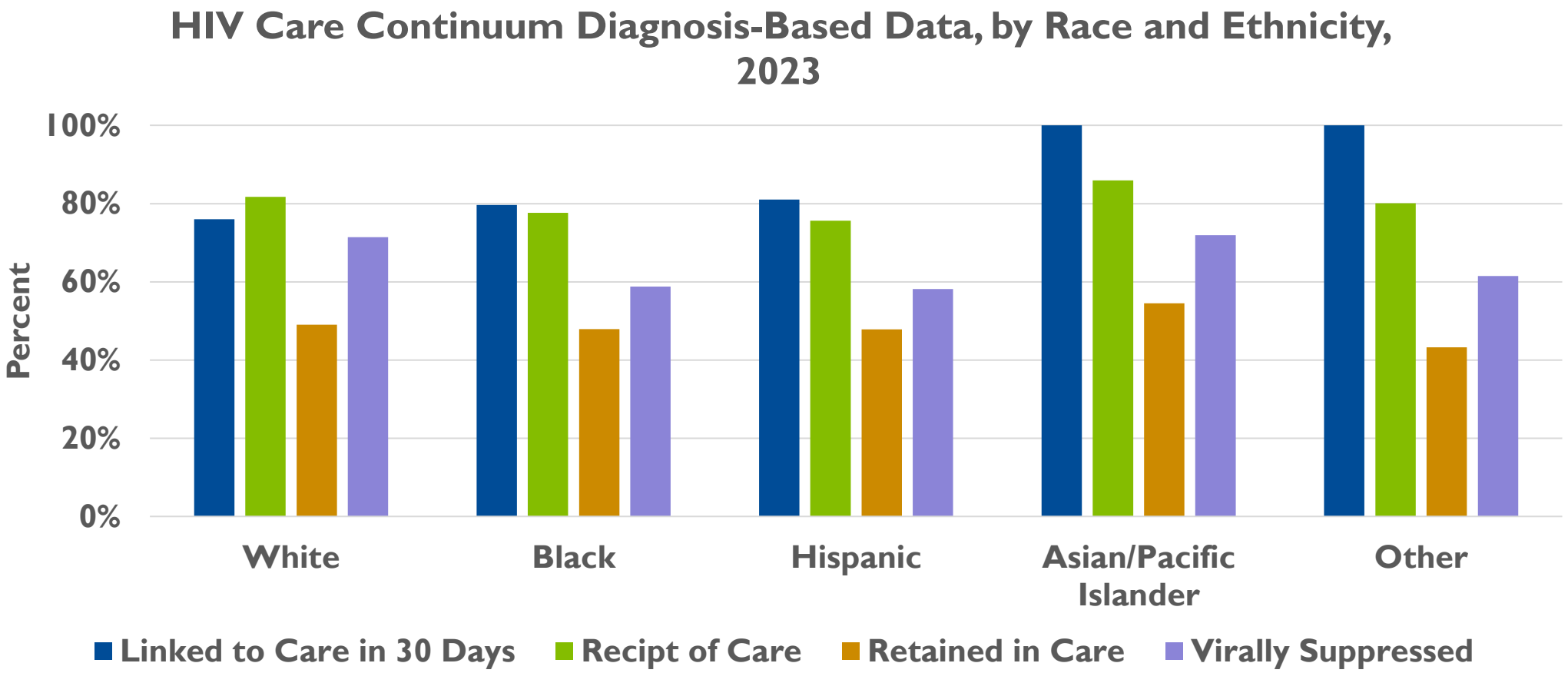
HIV Care Continuum by Race & Ethnicity



Data Source: DR5685, eHARS

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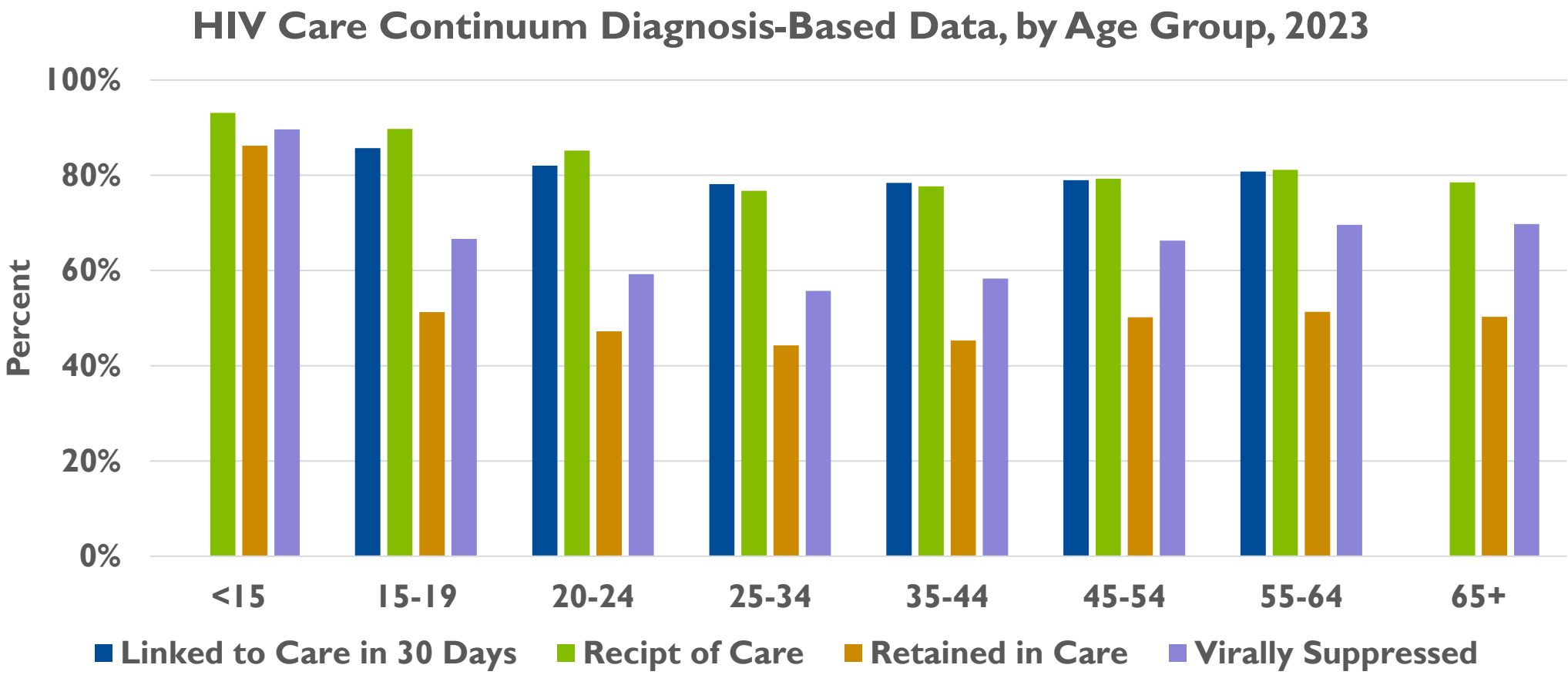
HIV Care Continuum by Age Group



Data Source: DR5685, eHARS

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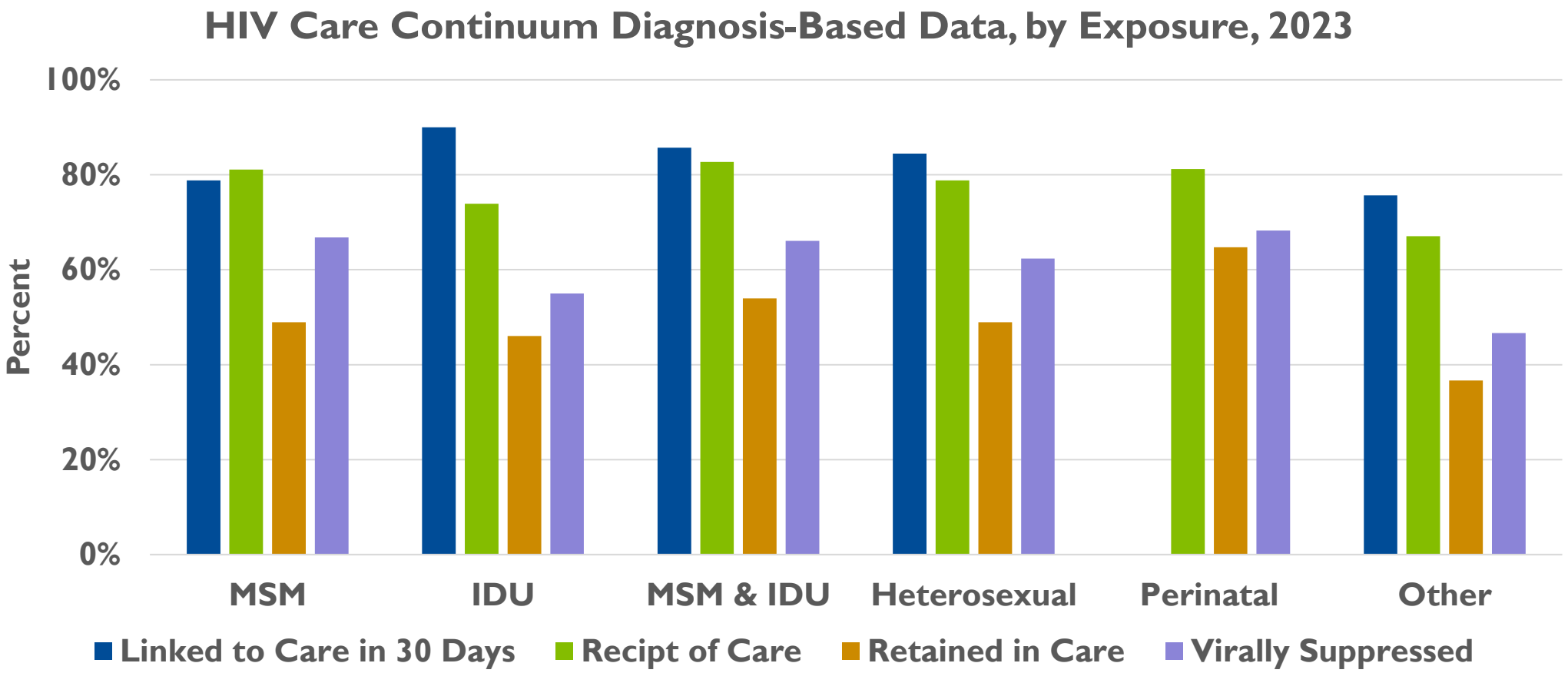
HIV Care Continuum by Exposure Category



Data Source: DR5685, eHARS

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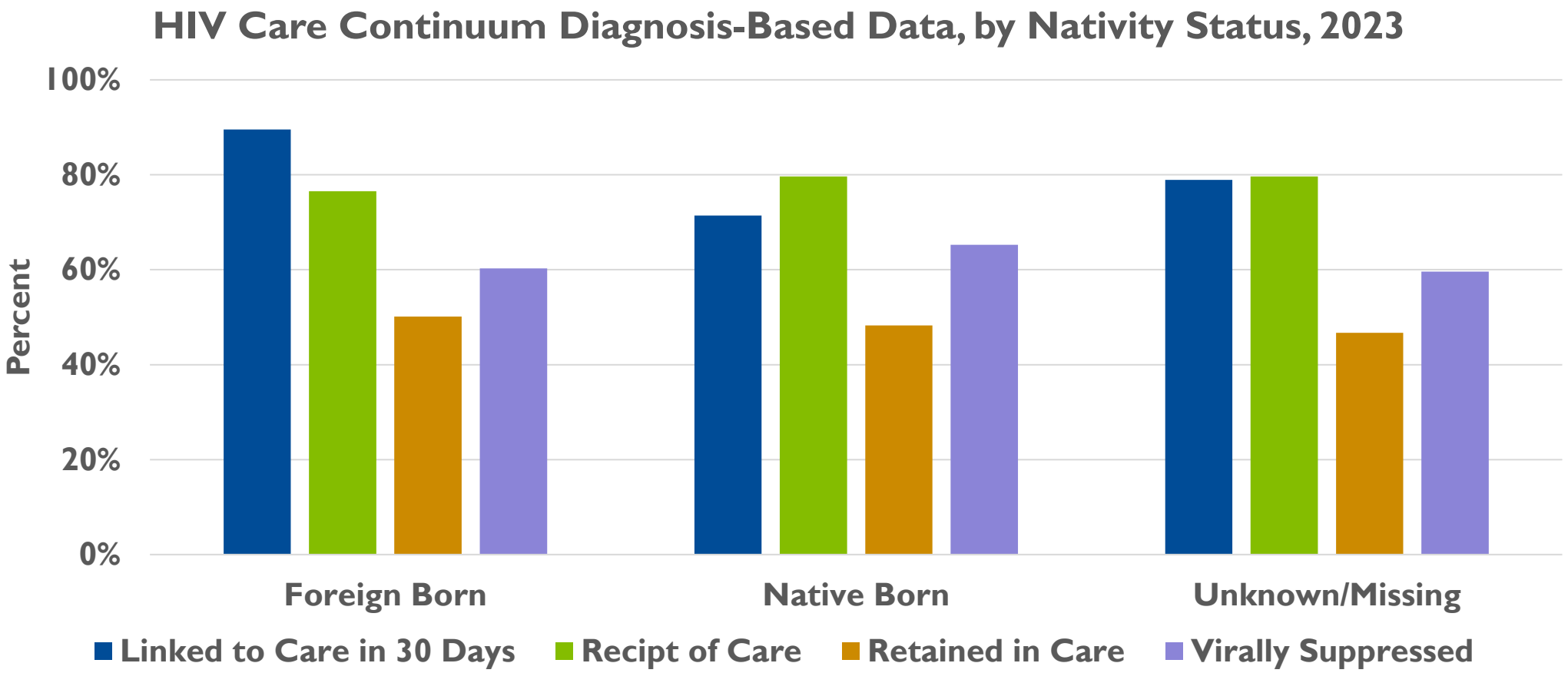
HIV Care Continuum by Nativity Status



Data Source: DR5685, eHARS

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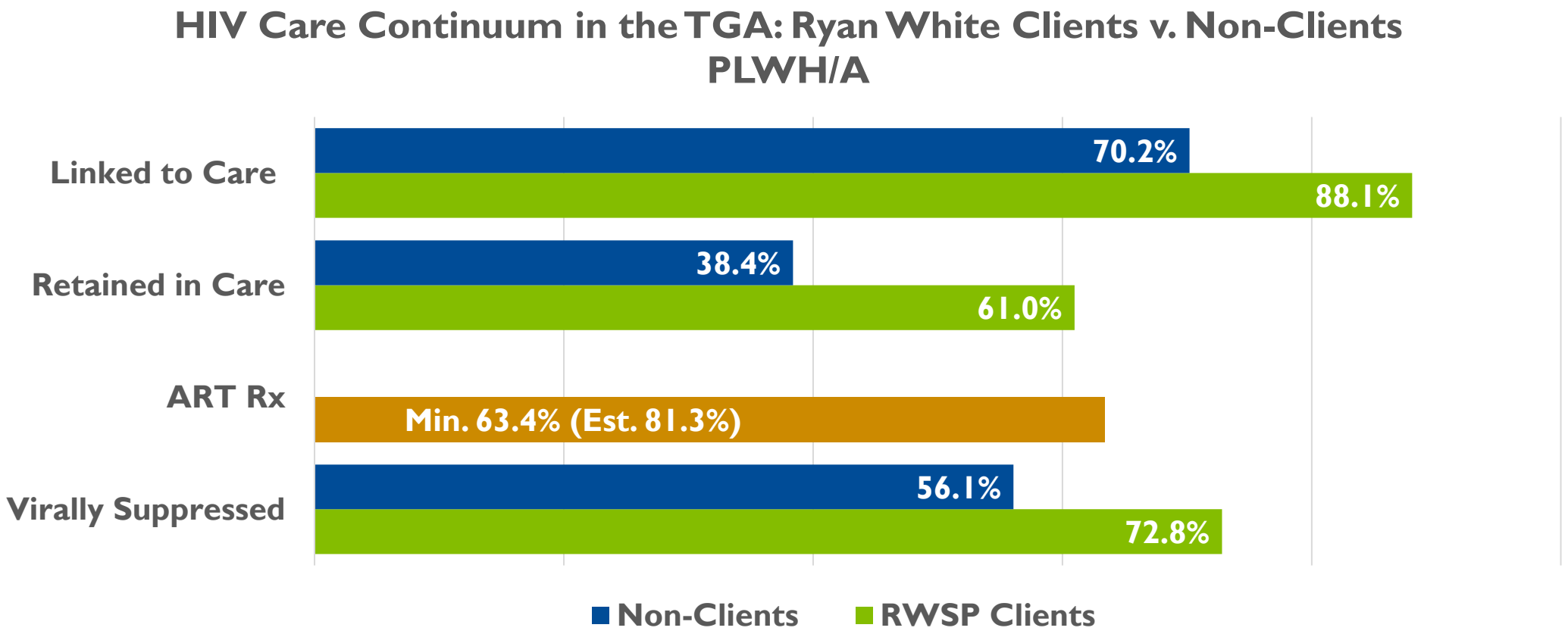
Ryan White vs Non-Ryan White



*Linkage to care within 90 days was 98.3% for RWSP clients and 80.1% for non-RWSP clients

Data Source: DR5685, eHARS, CAREWare

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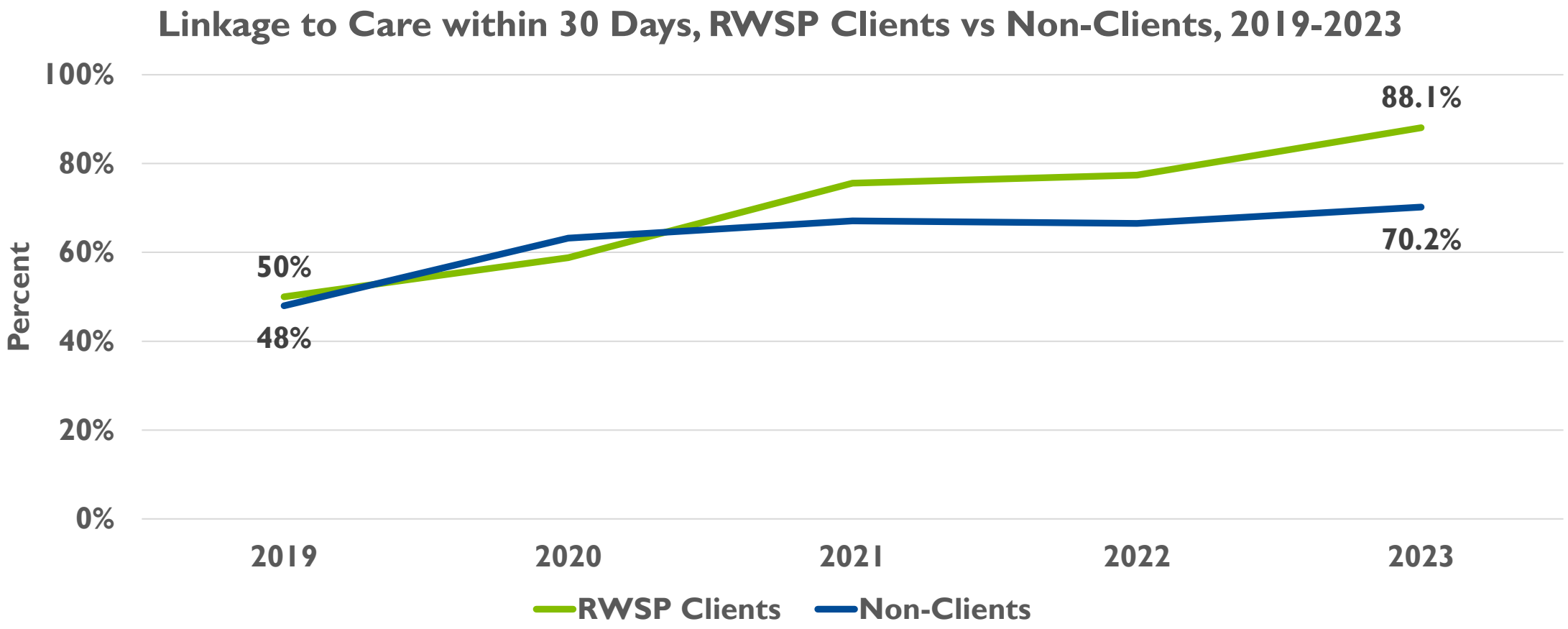
RWSP Clients vs Non-Clients: Linkage to Care



Data Source: DR5685, eHARS, CAREWare

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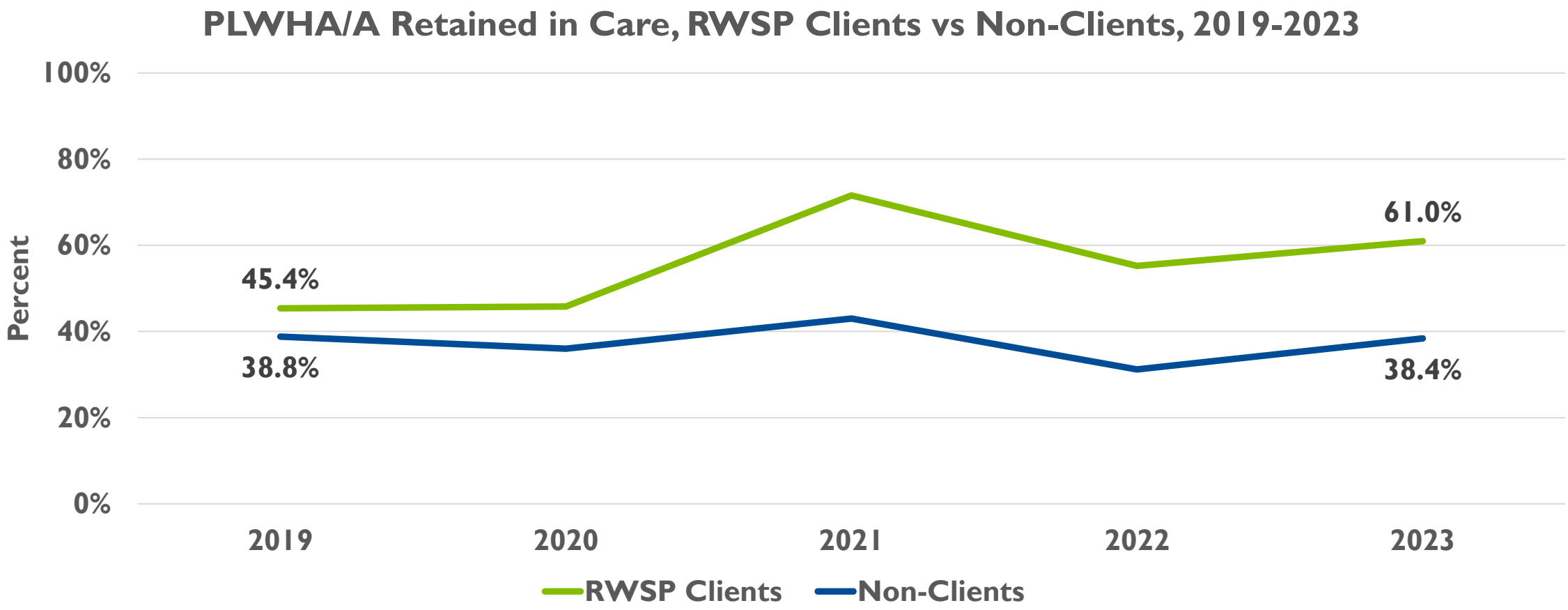
RWSP Clients vs Non-Clients: Retained in Care



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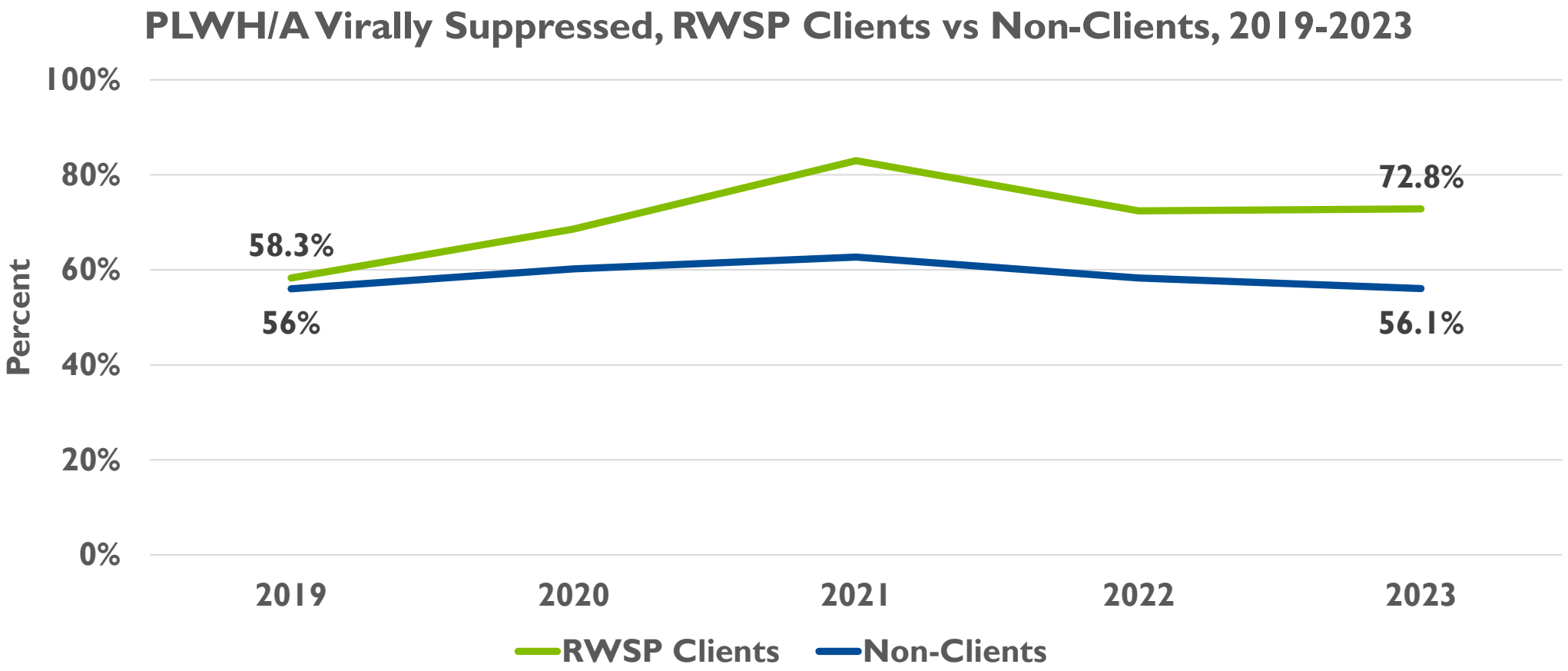
RWSP Clients vs Non-Clients: Viral Suppression



Data Source: DR5685, eHARS, CAREWare

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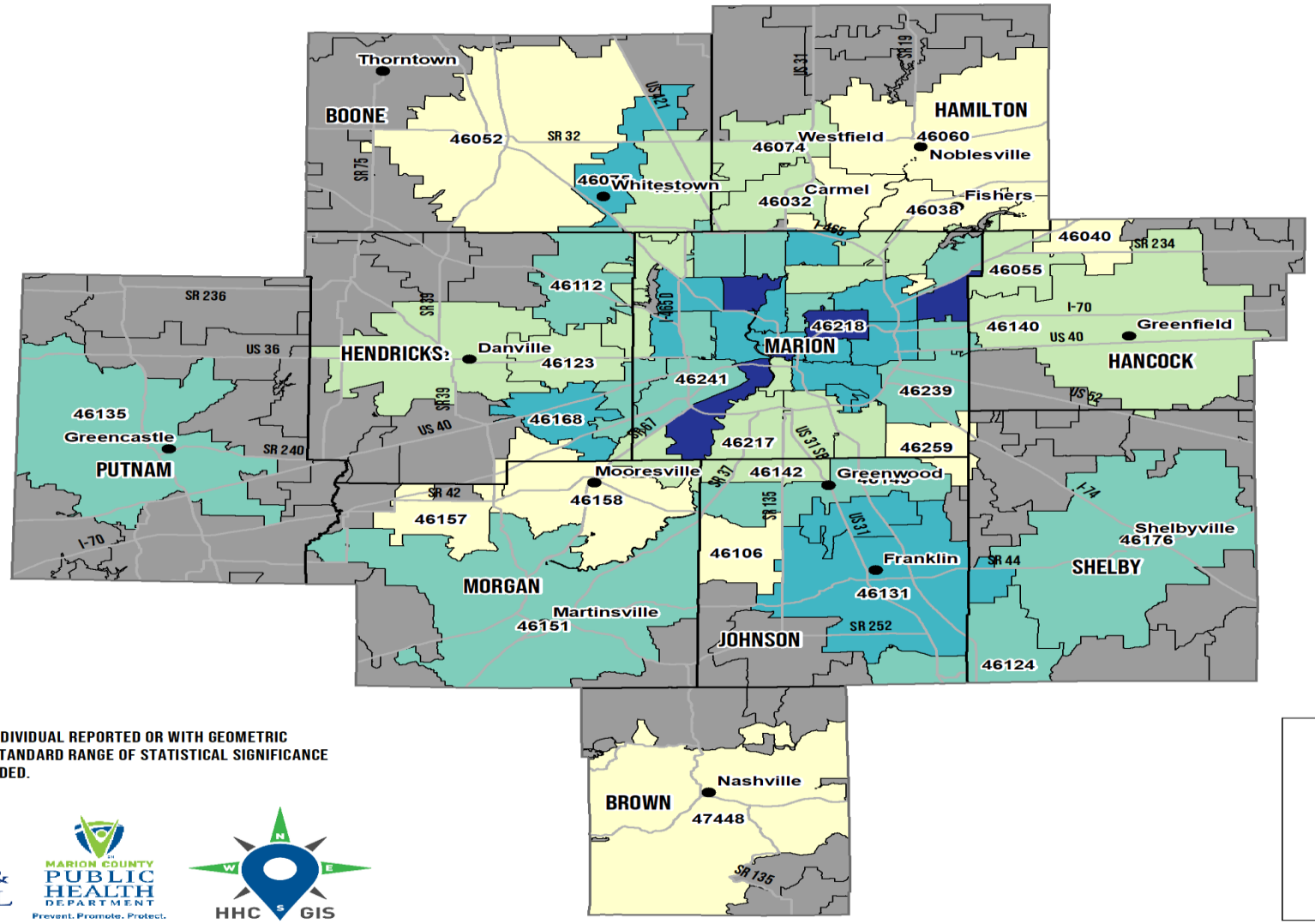
GEOMETRIC MEAN OF MOST RECENT 2023 VIRAL LOAD

(BY ZIPCODE FOR INDIANAPOLIS TGA)



ZIPCODES WITH <5 INDIVIDUAL REPORTED OR WITH GEOMETRIC MEAN OUTSIDE THE STANDARD RANGE OF STATISTICAL SIGNIFICANCE (A=0.5) WERE EXCLUDED.

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AVERAGE VIRAL LOAD BY ZIPCODE

LOW

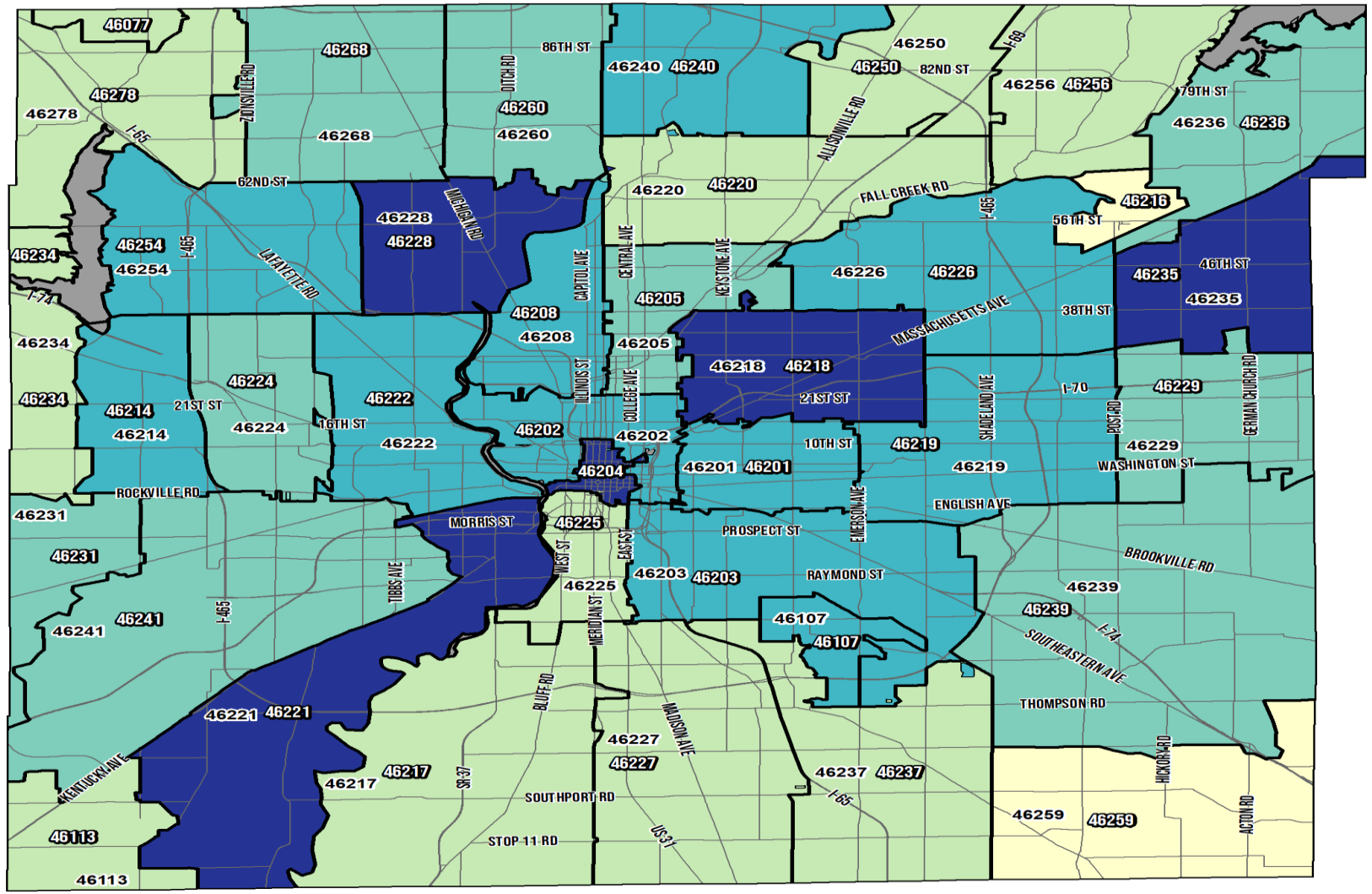
HIGH

NO DATA

MAP SOURCE: EHARS (REF. DR5685)

GEOMETRIC MEAN OF MOST RECENT 2023 VIRAL LOAD

(BY ZIPCODE FOR MARION COUNTY)



AVERAGE VIRAL LOAD BY ZIPCODE

LOW

HIGH

MAP SOURCE: EHARS (REF. DR5685)

ZIPCODES WITH <5 INDIVIDUAL REPORTED OR WITH GEOMETRIC MEAN OUTSIDE THE STANDARD RANGE OF STATISTICAL SIGNIFICANCE (A=0.5) WERE EXCLUDED.

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Treatment as Prevention

- Getting and keeping an undetectable viral load is the best thing people with HIV can do to stay healthy

Transmission Category	Risk for People Who Keep an Undetectable Viral Load
Sex (oral, anal, or vaginal)	Studies have shown no risk of transmission
Pregnancy, labor, and delivery	1% or less if the pregnant person takes HIV medicine daily as prescribed throughout pregnancy, labor, and delivery and give HIV medicine to their baby for 4-6 weeks after giving birth
Sharing syringes or other drug injection equipment	Unknown, but likely reduced risk
Breastfeeding	Substantially reduces, but does not eliminate risk

Pre-Exposure Prophylaxis (PrEP)

- PrEP is a medicine taken to prevent getting HIV and is highly effective for preventing HIV when taken as prescribed
  - Reduces the risk of getting HIV from sex by about 99%
  - Reduces the risk of getting HIV from injection drug use by at least 74%
- PrEP protects you against HIV but does not protect against other STDs or prevent pregnancy
- Talk to your health care provider if you think PrEP might be right for you

Post-Exposure Prophylaxis (PEP)

- PEP means taking medicine to prevent HIV after a possible exposure
  - Must be started as soon as possible to be effective and always within 72 hours of a possible exposure
- If prescribed PEP, you'll need to take it daily for 28 days
- PEP is effective in preventing HIV, but not 100%
  - Always use condoms and use safe injection practices

Vision for the National HIV/AIDS Strategy

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

Questions?

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Thank you

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