PS12-1201

MONITORING & EVALUATION REPORT

Comprehensive HIV Prevention Programs for Health Departments

An overview of progress on selected PS12-1201 required and recommended program components in 61 CDC-funded health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2017

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

Comprehensive HIV Prevention Programs for Health Departments (PS12-1201): Monitoring and Evaluation Report, 2017

This report was prepared by the following staff of the Program Evaluation Branch (PEB) and the Prevention Program Branch (PPB), Division of HIV/AIDS Prevention:

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BACKGROUND

The Centers for Disease Control and Prevention (CDC) is implementing a High-Impact Prevention (HIP) approach, which includes geographic targeting of resources, identifying HIV-infected persons who do not know their HIV status and linking them to medical care and antiretroviral therapy, and identifying the combination of approaches that demonstrate the greatest impact on preventing new HIV infections. Through its "Comprehensive HIV Prevention Programs for Health Departments" (Notice of Funding Opportunity [NOFO] PS12-1201), CDC provides support to state, territorial, and local health departments to build and maintain partnerships in their jurisdictions and use them to provide comprehensive, high-impact HIV prevention services, integrated with HIV care [1]. The goal of PS12-1201 is to reduce HIV transmission by building the capacity of health departments to do the following:

- Focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing risk for acquiring HIV
- Increase HIV testing
- Increase access to HIV medical care and improve health outcomes for people with HIV by linking them to continuous, coordinated, and quality medical, prevention, and social services
- Increase awareness and educate communities about the threat of HIV and methods for preventing it
- Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches, including delivery of integrated and coordinated biomedical, behavioral, and structural HIV prevention interventions
- Reduce HIV-related disparities and promote health equity

In 2017, PS12-1201 has two funding categories:

- **Category A** funds 61 health departments to support the following four required core HIV prevention components:
    - HIV testing
    - Comprehensive prevention with HIV-positive persons (CPP), which includes partner services (PS), care continuum interventions, and risk-reduction interventions
    - Condom distribution
    - Policy initiatives to address structural barriers

  Category A funds may also be used to support the following recommended HIV prevention components:
    - Risk-reduction interventions for HIV-negative persons at risk for acquiring HIV
    - Social marketing, mass media, and mobilization
    - Support services for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for high-risk populations

  In addition to HIV prevention components, health departments funded through PS12-1201 must conduct the following required program support activities:
    - Jurisdictional HIV prevention planning
    - Capacity building and technical assistance
    - Program planning, monitoring and evaluation, and quality assurance
    - General operations and administration

Approximately 75% of Category A funding must be allocated to the required core programmatic components and activities. Up to 25% of Category A funding may support other recommended programmatic components.

- **Category B** funds 34 health departments to conduct expanded HIV testing for disproportionately affected populations, primarily in health care settings. Category B funds may also be used to support testing for hepatitis B virus (HBV), hepatitis C virus (HCV), sexually transmitted infections (STIs), and tuberculosis (TB), in conjunction with HIV testing. Up to 30% of Category B funds can be used for targeted HIV testing in non-health care settings.

This report highlights 2017 program accomplishments. It is intended to be used by HIV program managers, CDC project officers, and others interested in monitoring grantees' progress toward achieving the PS12-1201 NOFO objectives. It is based on data submitted to CDC through the National HIV Prevention Program Monitoring and Evaluation (NHM&E) system (March 16, 2018) and End of Year Reports (March 31, 2018) by 61 health departments funded under PS12-1201.

The report covers the period January 1, 2017 through December 31, 2017 and highlights findings related to the following PS12-1201-funded activities:

- HIV testing
    - Service integration to include two or more HIV/AIDS, viral hepatitis, STI, and TB prevention, screening, testing, or treatment services (Category B)
- Comprehensive HIV prevention with HIV-positive persons:
    - Linkage to HIV medical care, persons with newly diagnosed HIV infection
    - Linkage to treatment adherence services that may include patient counseling and education, medication cues and reminders, and social and peer support interventions
    - Interview for partner services
    - Referral to HIV prevention services aimed at reducing the risk of transmitting or acquiring HIV infection (e.g., prevention counseling, effective behavioral interventions, risk-reduction counseling)
    - Risk-reduction interventions for HIV-positive persons to reduce the risk of HIV transmission primarily through sex- or injection drug related risk behaviors that are delivered individually to clients, to clients in groups, or through outreach
- Condom distribution
    - Risk-reduction interventions for high-risk HIV-negative persons to reduce the risk of HIV acquisition primarily through sex- or injection drug related risk behaviors that are delivered individually to clients, to clients in groups, or through outreach

The report includes trends in key HIV testing indicators from 2012 through 2017 on linkage to HIV medical care, partner services, and referral to HIV prevention services. This report also includes demographic characteristics and subpopulations reached during the six years of the project period.

HIGHLIGHTS

HIV Tests Conducted

Under Category A, 60 health departments reported a total of 1,543,713 HIV tests, which is 77% of the annual two million test national goal set by the NOFO. Under Category B, 33 health departments reported a total of 1,441,644 HIV tests, which exceeds the annual 1.3 million test national goal set by the NOFO.

Persons with Newly Diagnosed HIV Infection

CATEGORY A (N = 61)

- There were 6,829 (0.4%) persons with newly diagnosed HIV infection.
- In health care settings, 50 (82%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of ≥ 0.1% [2].
- In non-health care settings, 7 (12%) health departments achieved the NOFO required newly diagnosed HIV positivity objective of ≥ 1.0%.

CATEGORY B (N = 34)

- There were 3,668 (0.3%) persons with newly diagnosed HIV infection.
- In health care settings, 32 (94%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of ≥ 0.1% [2].
- In non-health care settings, 1 (13%) of 8 health departments achieved the NOFO required newly diagnosed HIV positivity objective of ≥ 2.0%.

Service Integration

- Under Category B, service integration [3] is an optional program component. Seven health departments reported that 69,423 HIV tests had at least one STI, viral hepatitis, or TB test conducted concurrently.

Linkage to HIV Medical Care

- 7,943 (89%) persons with newly diagnosed HIV infection were linked to HIV medical care.
- Category A and Category B both require health departments to link at least 80% of persons with newly diagnosed HIV infection to HIV medical care within any timeframe. Under Category A, 49 (80%) health departments achieved this requirement. Under Category B, 28 (82%) health departments achieved this requirement.

Linkage to Treatment Adherence Services

- 7,296 HIV-positive persons were linked to treatment adherence services.

Interview for Partner Services

- Overall, 5,997 (79%) persons with newly diagnosed HIV infection were interviewed for partner services.
- Under Category A, health departments are required to interview at least 75% of persons with newly diagnosed, confirmed infection for partner services. 48 (79%) health departments achieved this requirement.
- Under Category B, health departments are required to interview at least 80% of persons with newly diagnosed, confirmed infection for partner services. 19 (56%) health departments achieved this requirement.

Referral to HIV Prevention Services

- Overall, 6,091 (85%) persons with newly diagnosed HIV infection were referred to HIV prevention services.
- Under Category B, health departments are required to refer at least 80% of persons with newly diagnosed, confirmed HIV infection to HIV prevention services. 21 (62%) health departments achieved this requirement.

Risk-Reduction Interventions for HIV-positive and High-risk HIV-negative Persons

- 8,064 HIV-positive persons and 27,676 high-risk HIV-negative persons were enrolled in one or more CDC-recommended risk-reduction interventions.

PROGRAM ACCOMPLISHMENTS: 6-YEAR TRENDS, 61 HEALTH DEPARTMENTS, 2012 – 2017

Overall Program Trends

Trend data are based on the 2012 HIV testing algorithm. The algorithm was changed in 2014 but could not be retroactively applied to 2012 and 2013 data.

Figure 1a shows the total number of HIV tests.

Figures 1b – 1k use client's self-report data on previous HIV test and test result to determine the number of persons with newly diagnosed HIV infection. This is different than the results presented for 2017 only (beginning on page 14) where the number of newly diagnosed HIV-positive tests is calculated using HIV surveillance verification, when available, instead of client's self-reported previous HIV status.

Figures 1d, 1f, 1h, and 1j shows the number of grantees that met NOFO objectives from 2012 through 2017.

Figure 1a

Total number of HIV tests

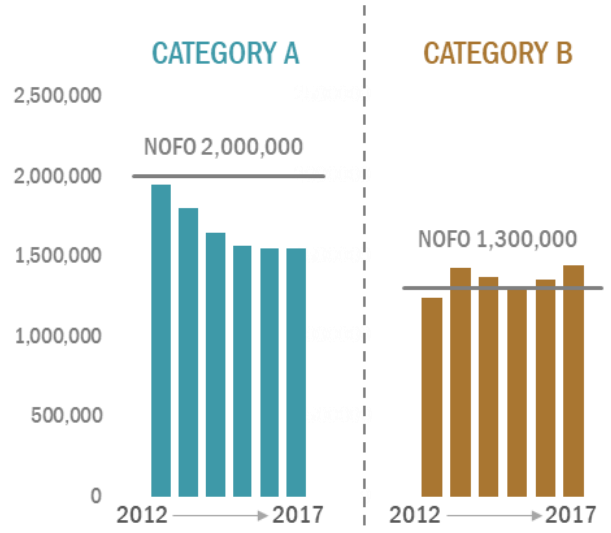


Figure 1b

Number of persons with newly diagnosed HIV infection

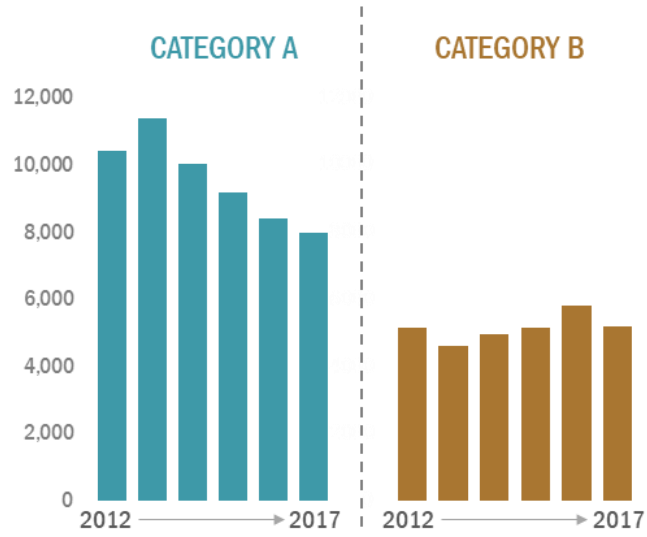


Figure 1c

Newly diagnosed HIV positivity in non-health care settings

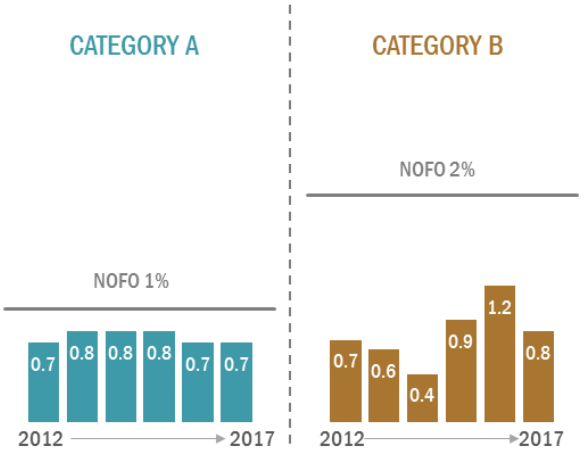


Figure 1d

Number of grantees who met the NOFO objective for newly diagnosed HIV positivity in non-health care settings

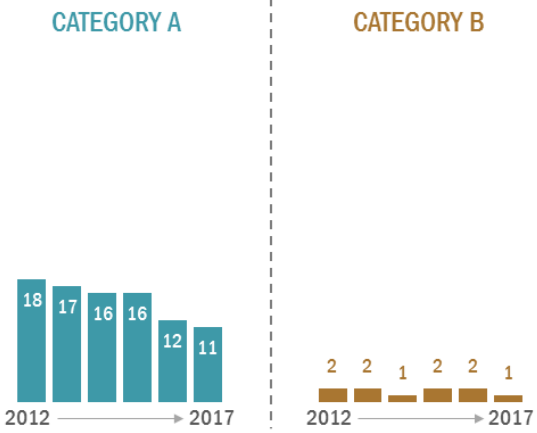


Figure 1e

Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any time frame

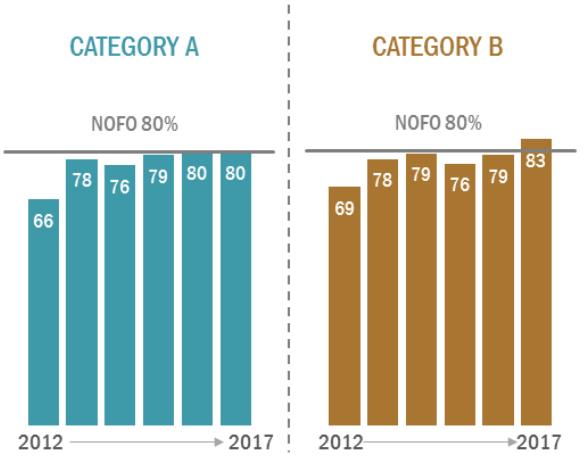


Figure 1f

Number of grantees who met the NOFO objective for linkage to HIV medical care in any time frame

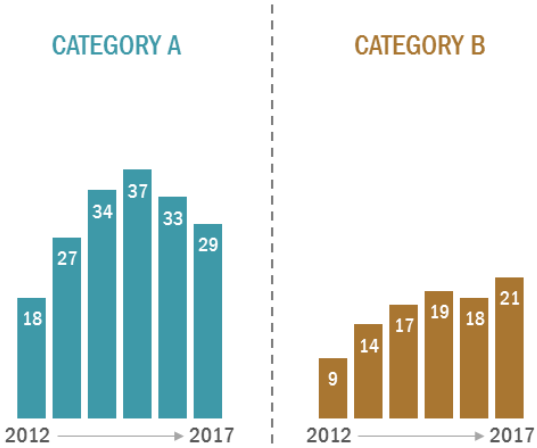


Figure 1g

Percentage of persons with newly diagnosed HIV infection interviewed for partner services

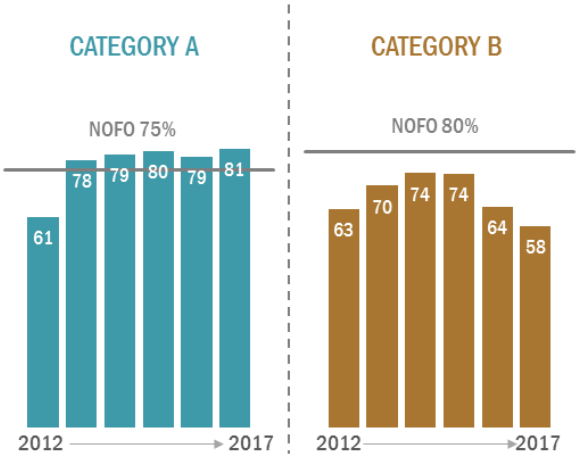


Figure 1h

Number of grantees who met the NOFO objective for interview for partner services

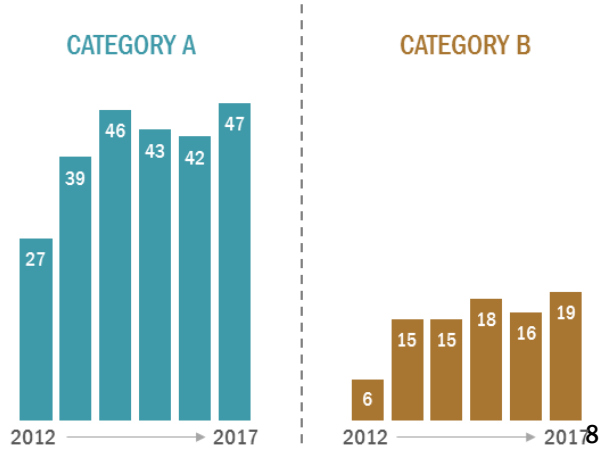


Figure 1i

Percentage of persons with newly diagnosed HIV infection referred to prevention services

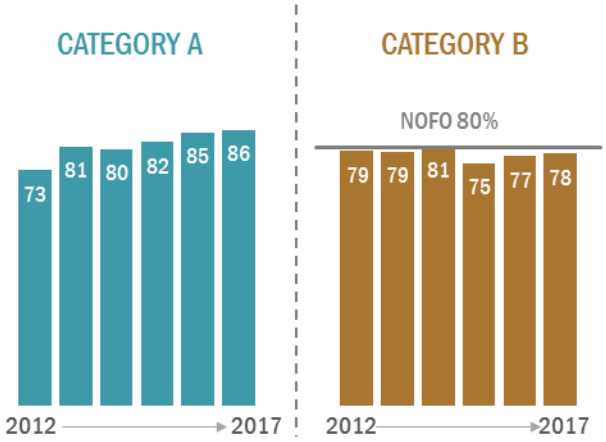


Figure 1j

Number of grantees who met the NOFO objective for referral to HIV prevention services

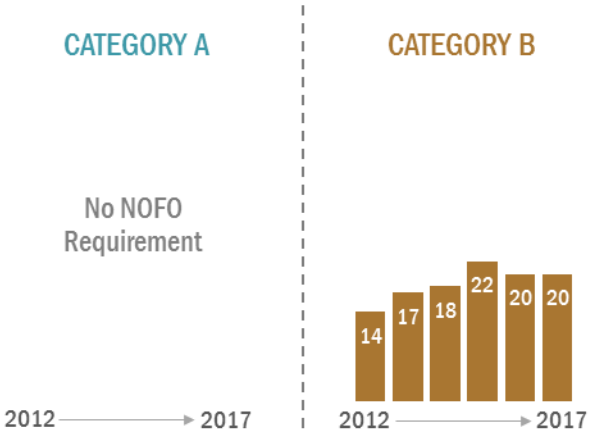
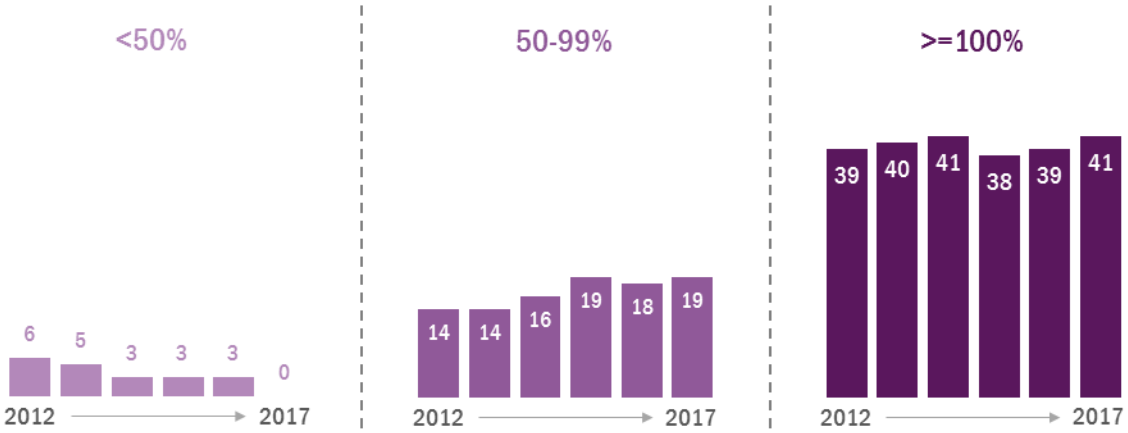


Figure 1k

Condom Distribution – Numbers of grantees progressing towards meeting proposed annual objective



Notes:

The horizontal grey lines in Figures 1a, 1c, 1e, 1g, and 1i indicate NOFO requirements.

Figures 1c – 1j: The number of HDs submitting HIV test-level data:

- Category A: 59 HDs (2012), 61 HDs (2013), 60 HDs (2014), 61 HDs (2015), 61 HDs (2016), and 60 HDs (2017)
- Category B: 34 HDs in 2012, 2013, 2014, and 2015, 33 HDs in 2016 and 2017

Figure 1c and 1d: Under Category B, 14 HDs (2012), 15 HDs (2013), 13 HDs (2014), 10 HDs (2015), 8 HDs (2016), and 8 HDs (2017) conducted HIV testing in non-health care settings.

Trends of HIV tests and newly diagnosed HIV infection by age group, race, and subpopulation, 61 Health Departments, 2012 – 2017

Figure 2a

Total number of HIV tests by age group

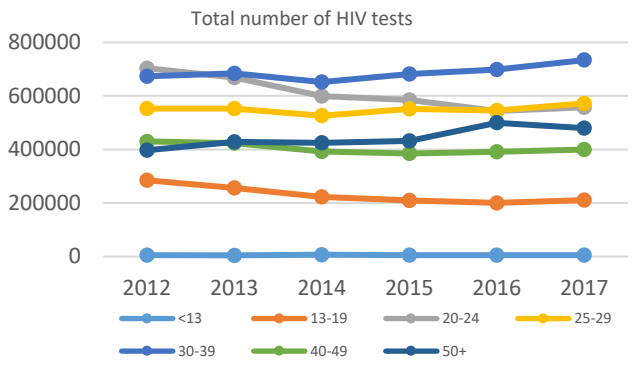


Figure 2b

Number of persons with newly diagnosed HIV infection by age group

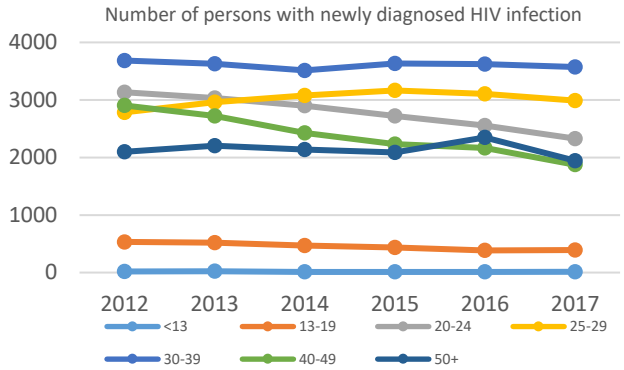


Figure 2c

Total number of HIV tests by race

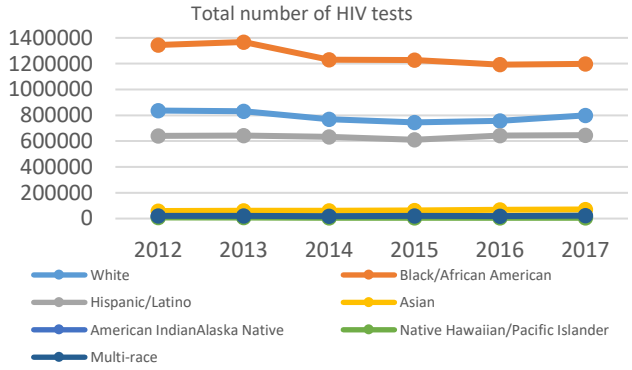


Figure 2d

Number of persons with newly diagnosed HIV infection by race

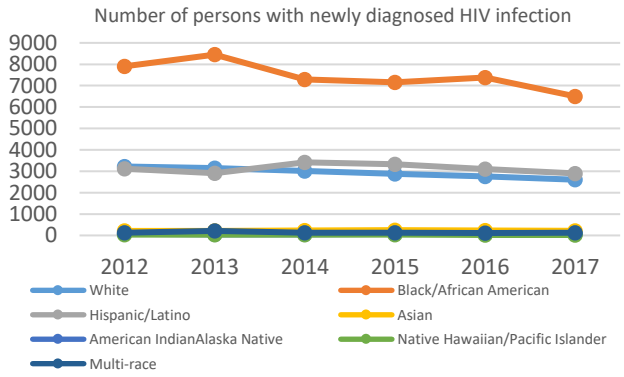


Figure 2e

Total number of HIV tests by subpopulation

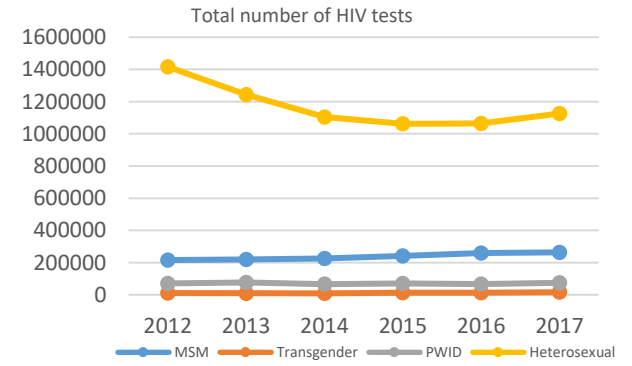
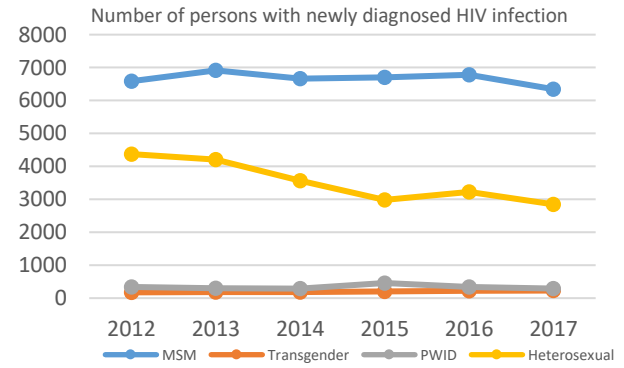


Figure 2f

Number of persons with newly diagnosed HIV infection by subpopulation



Program Trends by Selected Characteristics

Trends among Youth, 61 Health Departments, 2012 – 2017

Figure 3a

Total number of HIV tests

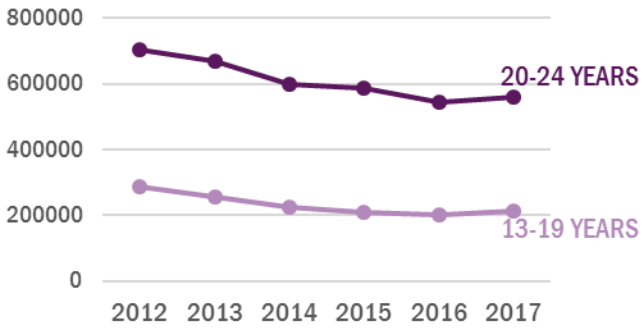


Figure 3b

Number of persons with newly diagnosed HIV infection

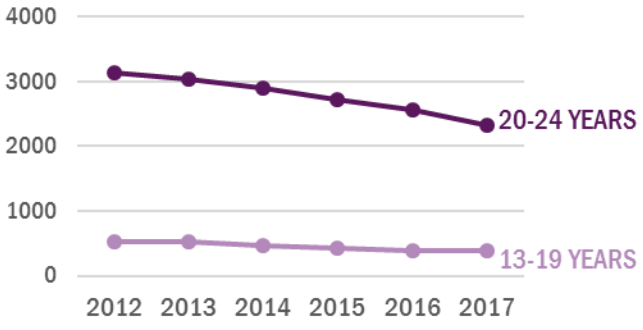


Figure 3c

Percentage linked to HIV medical care in any time frame

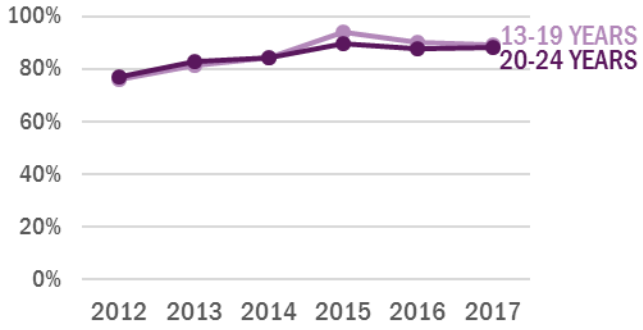


Figure 3d

Percentage linked to HIV medical care within 90 days

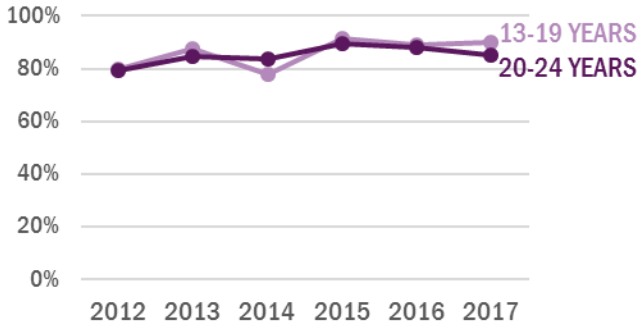


Figure 3e

Percentage interviewed for partner services

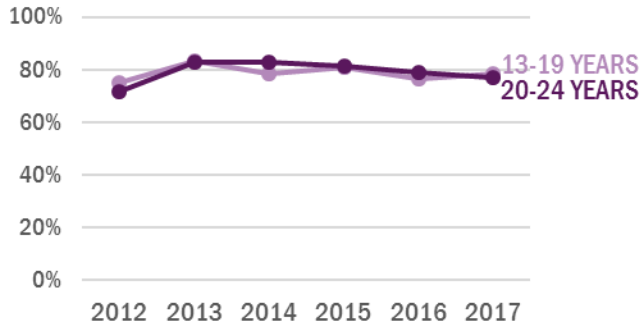
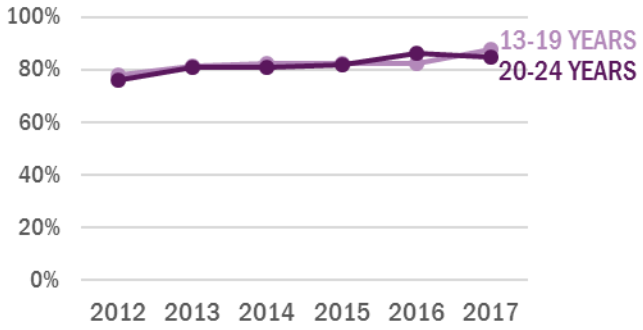


Figure 3f

Percentage referred to HIV prevention services



Trends in geographic regions, 61 Health Departments, 2012 – 2017

Figure 4a
Total number of HIV tests

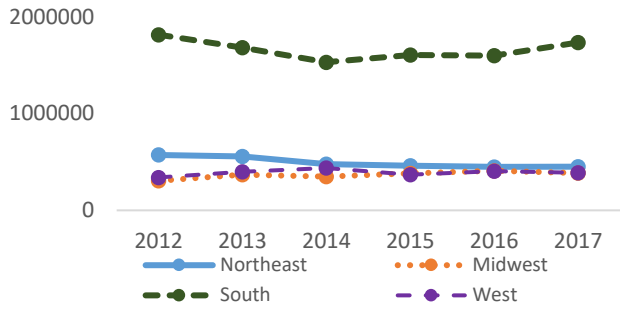


Figure 4b
Number of persons with newly diagnosed with HIV infection

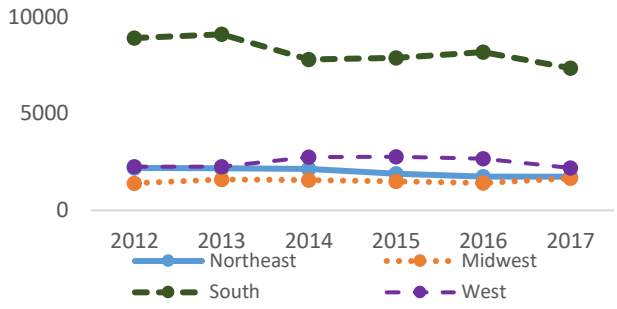


Figure 4c
Percentage linked to HIV medical care

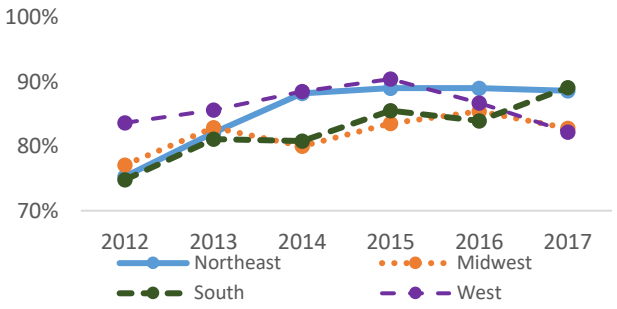


Figure 4d
Percentage linked to HIV medical care within 90 days

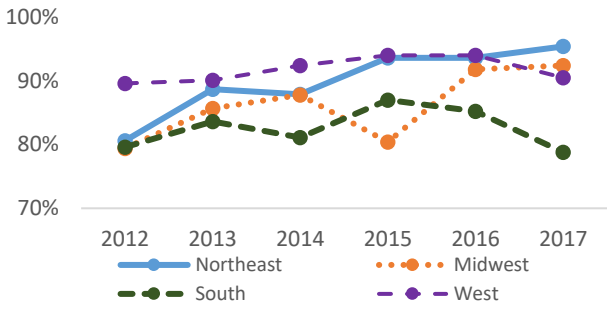


Figure 4e
Percentage interviewed for partner services

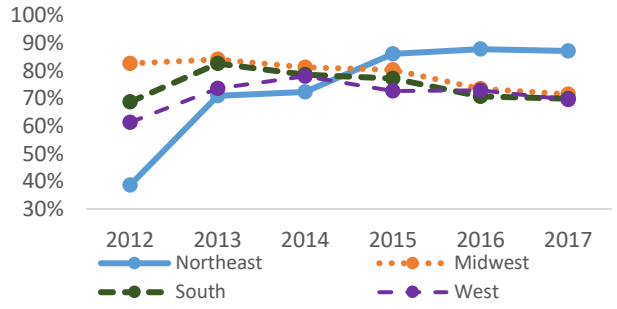
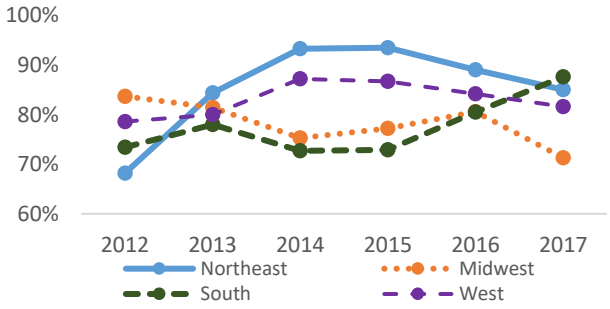


Figure 4f
Percentage referred to HIV prevention services



Notes:

- Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, New York City, and Philadelphia.
- Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin, and Chicago.
- South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Houston, Fulton County (Atlanta), and Baltimore.
- West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, San Francisco, and Los Angeles

Trends by Race/Ethnicity, 61 Health Departments, 2012 – 2017

Figure 5a

Total number of HIV tests

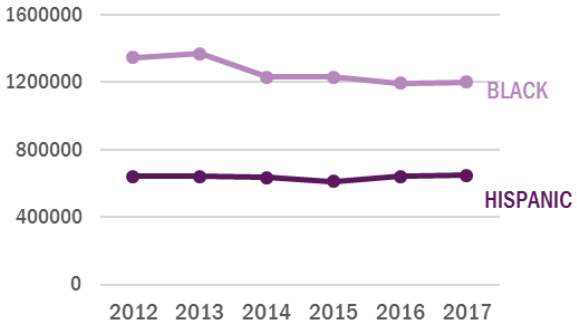


Figure 5b

Number of persons with newly diagnosed with HIV infection

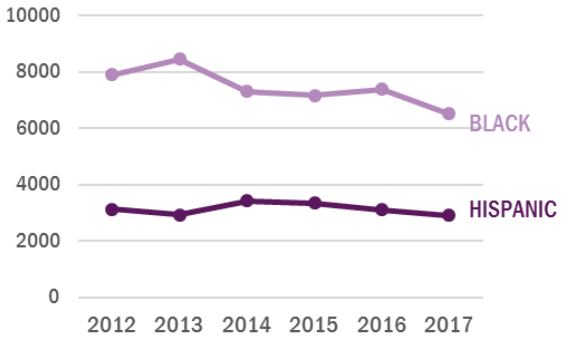


Figure 5c

Percentage linked to HIV medical care

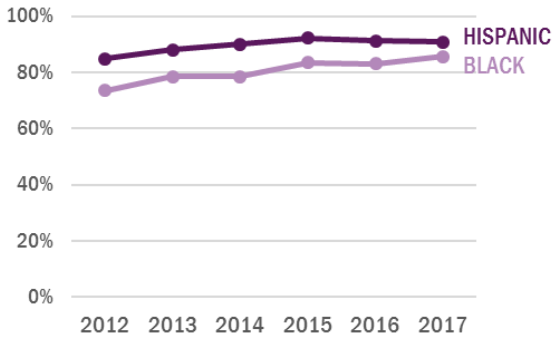


Figure 5d

Percentage linked to HIV medical care within 90 days

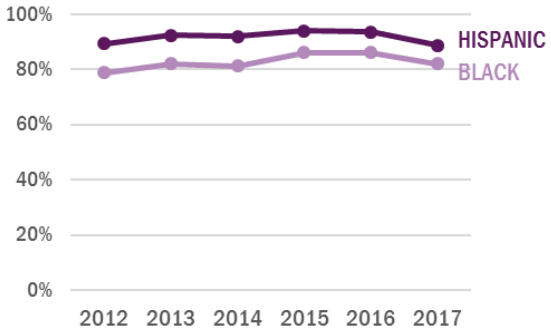


Figure 5e

Percentage interviewed for partner services

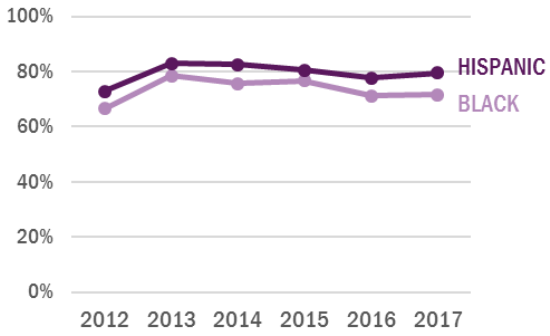
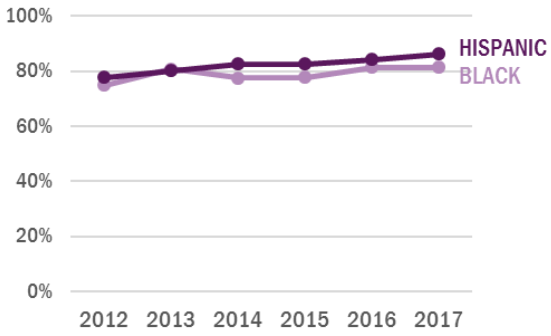


Figure 5f

Percentage referred to HIV prevention services



Trends by Subpopulation, 61 Health Departments, 2012 – 2017

Figure 6a

Total number of HIV tests

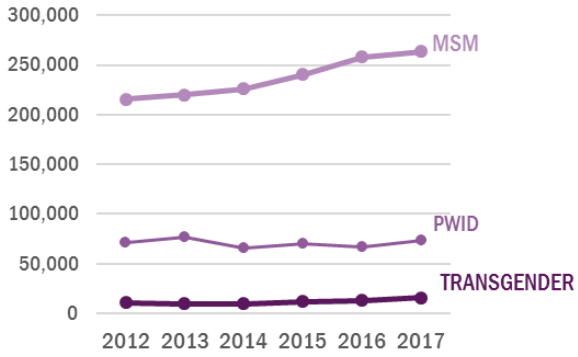


Figure 6b

Number of persons newly diagnosed with HIV infection

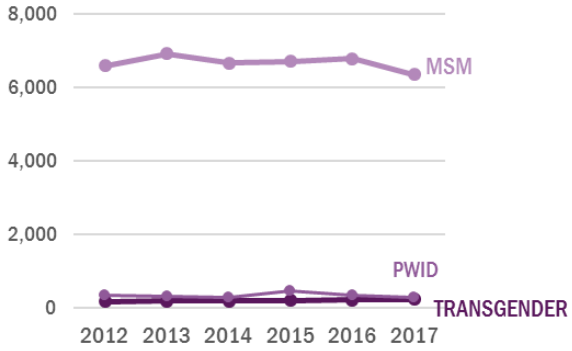


Figure 6c

Percentage linked to HIV medical care

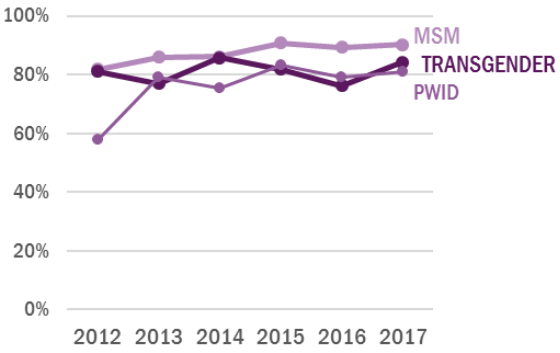


Figure 6d

Percentage linked to HIV medical care within 90 days

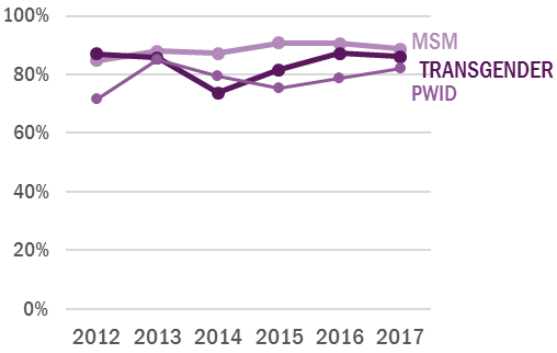


Figure 6e

Percentage interviewed for partner services

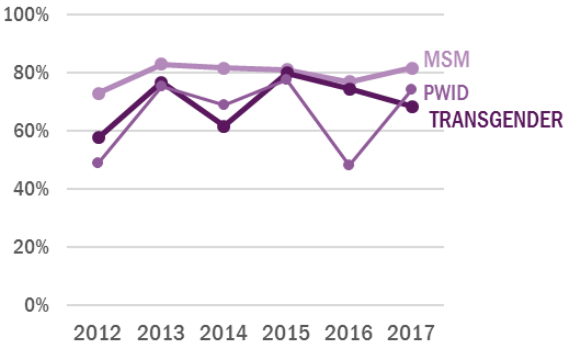
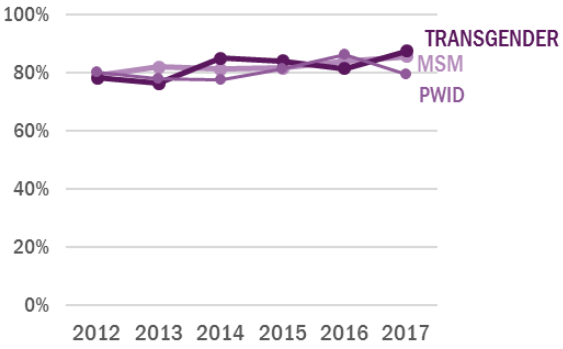


Figure 6f

Percentage referred to HIV prevention services



Notes:

Data for subpopulations are collected for behavior during the 12 months before the HIV test and is required for all tests performed in non-health care settings and for HIV-positive persons in health care settings. MSM include males who reported male-to-male sexual contact as well as males who reported both male-to-male sexual contact and injection drug use in the past 12 months. Transgender persons include male-to-female transgender (i.e., a person whose physical or birth sex is male, but whose gender expression and/or gender identity is female), or female-to-male transgender (i.e., a person whose physical or birth sex is female, but whose gender expression and/or gender identity is male) and transgender persons who reported injection drug use in the past 12 months. Persons who inject drugs (PWID) include persons who reported injection drug use in the past 12 months.

REQUIRED CORE COMPONENTS ACCOMPLISHMENTS

HIV testing

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 16, 2018)

Categories A and B, combined:

The 61 health departments conducted 2,985,357 HIV tests in 2017. This is 90.5% of the combined Category A and Category B NOFO annual test national goal of 3,300,000. Among the 24,141 persons with diagnosed HIV infection, there were 10,497 persons with newly diagnosed HIV infection.

- **In health care settings, there were 7,007 (0.3%) persons with newly diagnosed HIV infection (2,363,077 total tests).**
- **In non-health care settings, there were 3,482 (0.6%) persons with newly diagnosed HIV infection (615,589 total tests).**
- **Setting type was not available for 8 persons with newly diagnosed HIV infection.**

CATEGORY A

Sixty health departments reported a total of 1,543,713 HIV tests; this is 77.2% of the annual two million tests national goal set by the NOFO (Table 1).[a] There were 14,182 (0.9%) persons with diagnosed HIV infection and of these, there were 6,829 (0.4%) persons with newly diagnosed HIV infection.

Sixty health departments reported a total of 1,001,288 HIV tests in health care settings and 538,142 in non-health care settings.[b] Of these, there were 3,833 (0.4%) persons in health care settings and 2,988 (0.6%) persons in non-health care settings with newly diagnosed HIV infection (Table 2).

- In health care settings, 50 (82.0%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of ≥ 0.1%.[b]
- In non-health care settings, 7 (11.5%) health departments achieved the NOFO required newly diagnosed HIV positivity objective of ≥ 1.0%.[c]

[a] Total number of HIV tests include test-level data submitted to CDC by 60 health departments funded under PS12-1201 Category A. One health department did not submit test-level data for PS12-1201 Category A.

[b] Health departments submitting only HIV test-level data and HIV tests that could be categorized into health care and non-health care settings are included in the analyses. The setting for 3,816 HIV tests and 8 newly identified HIV postive tests could not be categorized.

CATEGORY B

Under Category B, thirty-four health departments were funded in health care settings, and eight health departments were funded in non-health care settings.

Thirty-three health departments reported a total of 1,441,644 HIV tests; this is 110.9% of the annual 1.3 million tests national goal set by the NOFO (Table 1).[c] There were 9,959 (0.7%) persons with diagnosed HIV infection and of these, there were 3,668 (0.3%) persons with newly diagnosed HIV infection (Table 2). The national goal set for Category B by the NOFO was to identify 5,500 persons with newly diagnosed HIV infection.

Thirty-three health departments reported a total of 1,361,789 HIV tests in health care settings, and 7 health departments reported a total of 77,447 HIV tests in non-health care settings. Of these, there were 3,174 (0.2%) persons in health care settings and 494 (0.6%) persons in non-health care settings with newly diagnosed HIV infection (Table 2).

- In health care settings, 32 (94.1%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of ≥ 0.1%.[d]
- In non-health care settings, one (12.5%) health department achieved the NOFO required newly diagnosed HIV positivity objective of ≥ 2.0%.[d]

The demographic and subpopulation categories of persons with HIV infection (i.e, newly dignosed and previously diagnosed HIV infection) and persons with newly diagnosed HIV infection under Categories A and B are shown in Figure 7 and 8, respectively.

Service Integration – Category B

(Data Source: NHM&E aggregate data submitted to CDC through EvaluationWeb®)

Service integration is defined as the integration of two or more CDC-recommended prevention, treatment or care services across HIV/AIDS, STD, viral hepatitis, or TB infections [3].

Under PS12-1201 Category B, service integration [3] is an optional program component. Seven health departments allocated Category B funds to conduct STI (i.e., syphilis, chlamydial infection, and gonorrhea), viral hepatitis (i.e., hepatitis B and C), or TB screening concurrently with HIV testing.

In health care and non-health care settings, 69,423 HIV tests had at least one STI, viral hepatitis, or TB test conducted concurrently. Of the concurrent tests, 15,153 (21.8%) were for syphilis, 15,733 (22.7%) were for gonorrhea, 16,200 (23.3%) were for chlamydial infection, 3,148 (4.5%) were for hepatitis B, 8,053 (11.6%) were for hepatitis C, and 11,136 (16.0%) were for TB (Table 3).

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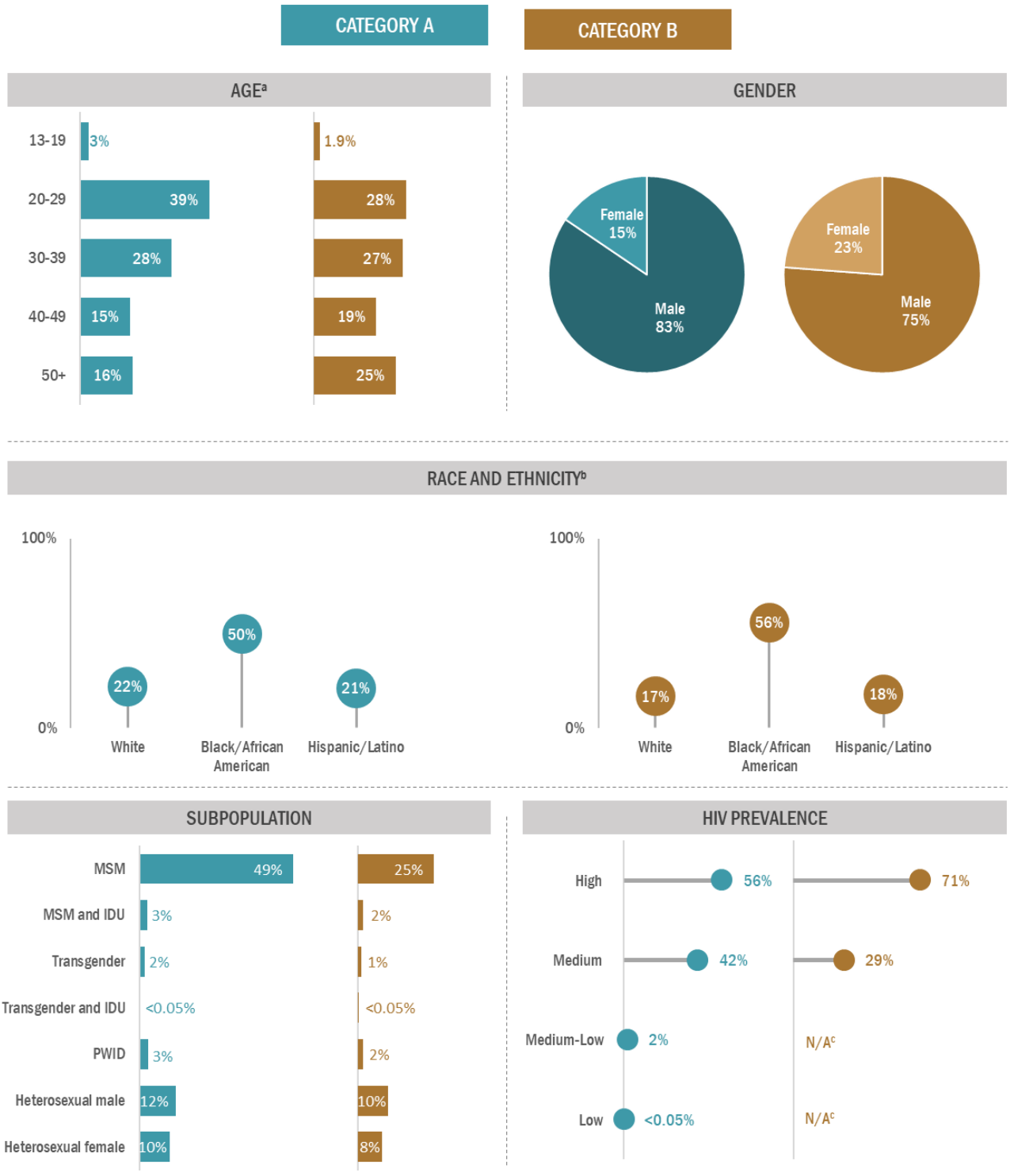
[c] Total number of HIV tests include test-level data submitted to CDC by 33 health departments funded under PS12-1201 Category B. One health department did not submit test-level data for PS12-1201 Category B.

[d] HIV test-level data for HIV tests that could be categorized into health care and non-health care settings are included in the analyses. The setting for 2,063 HIV tests could not be categorized.

Figure 7

Distribution of persons with HIV infection (i.e., newly and previously diagnosed HIV infection) by demographic and subpopulation categories

PS12-1201 Category A and B – 2017 (Category A: 60 HDs; Category B: 33 HDs)



Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018.

Note: The percentages do not total to 100% as missing/invalid, declined/not asked, don't know/not asked, and no risk/invalid/missing are not shown in the figure.
For target population definitions, refer to Appendix A: Technical notes and definitions section on page 31.

[a] For age, <13 years is not shown in the figure (Refer to Tables 4 and 5).

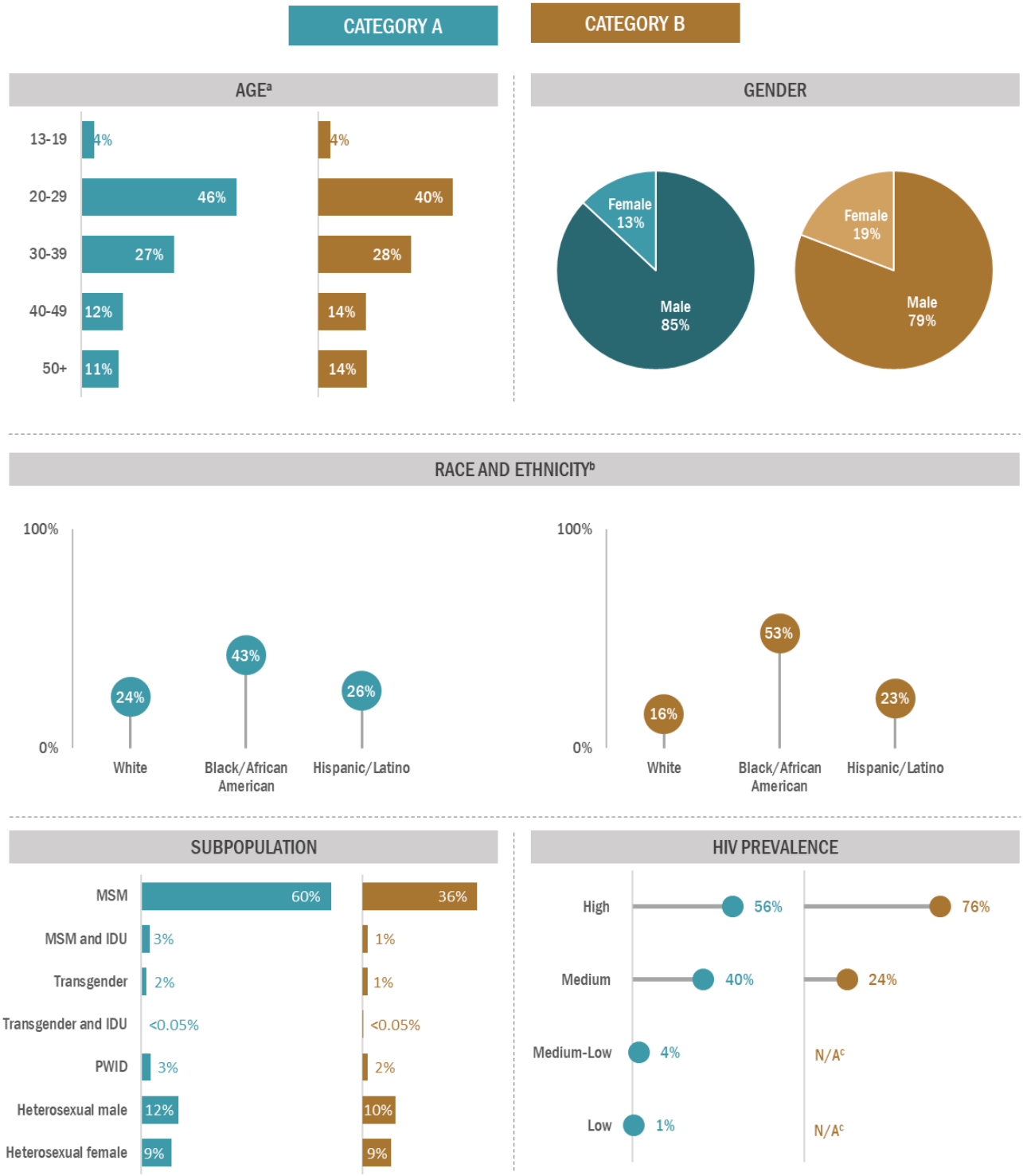
[b] For race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer to Tables 4 and 5).

[c] N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 31).

Figure 8

Distribution of persons with newly diagnosed HIV infection, by demographic and subpopulation categories

PS12-1201 Category A and B – 2017 (Category A: 60 HDs; Category B: 33 HDs)



Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018.

Note: The percentages do not total to 100% as missing/invalid, declined/not asked, don't know/not asked, and no risk/invalid/missing are not shown in the figure.
For target population definitions, refer to Appendix A: Technical notes and definitions section on page 31.

[a] For age, <13 years is not shown in the figure (Refer to Tables 4 and 5).

[b] For race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer to Tables 4 and 5).

[c] N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 31).

Comprehensive HIV Prevention with HIV-Positive Persons

Linkage to HIV medical care in any timeframe, persons with newly diagnosed HIV infection

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 16, 2018)

Categories A and B, combined:

7,943 (88.6%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe after HIV diagnosis.

CATEGORY A

Of tests conducted under Category A, 86.1% of records with new HIV diagnosis had valid and complete information on outcome of linkage to HIV medical care (Table 6). Based on these records, 5,136 of 5,881 (87.3%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe (Table 6).[e] Under Category A, health departments are required to link at least 80% of persons with newly diagnosed infection to HIV medical care in any timeframe. Forty-nine (80.3%) health departments achieved this requirement.[f]

CATEGORY B

Of tests conducted under Category B, 84.1% of records with new HIV diagnosis had valid and complete information on outcome of linkage to HIV medical care (Table 7). Based on these records, 2,807 of 3,084 (91.0%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe (Table 7).[e] Under Category B, health departments are required to link at least 80% of persons with newly diagnosed infection to HIV medical care in any timeframe. Twenty-eight (82.4%) health departments achieved this requirement.[f]

The demographic and subpopulation categories of persons with newly diagnosed HIV infection who were linked to HIV medical care in any timeframe under Categories A and B are shown in Figure 9.

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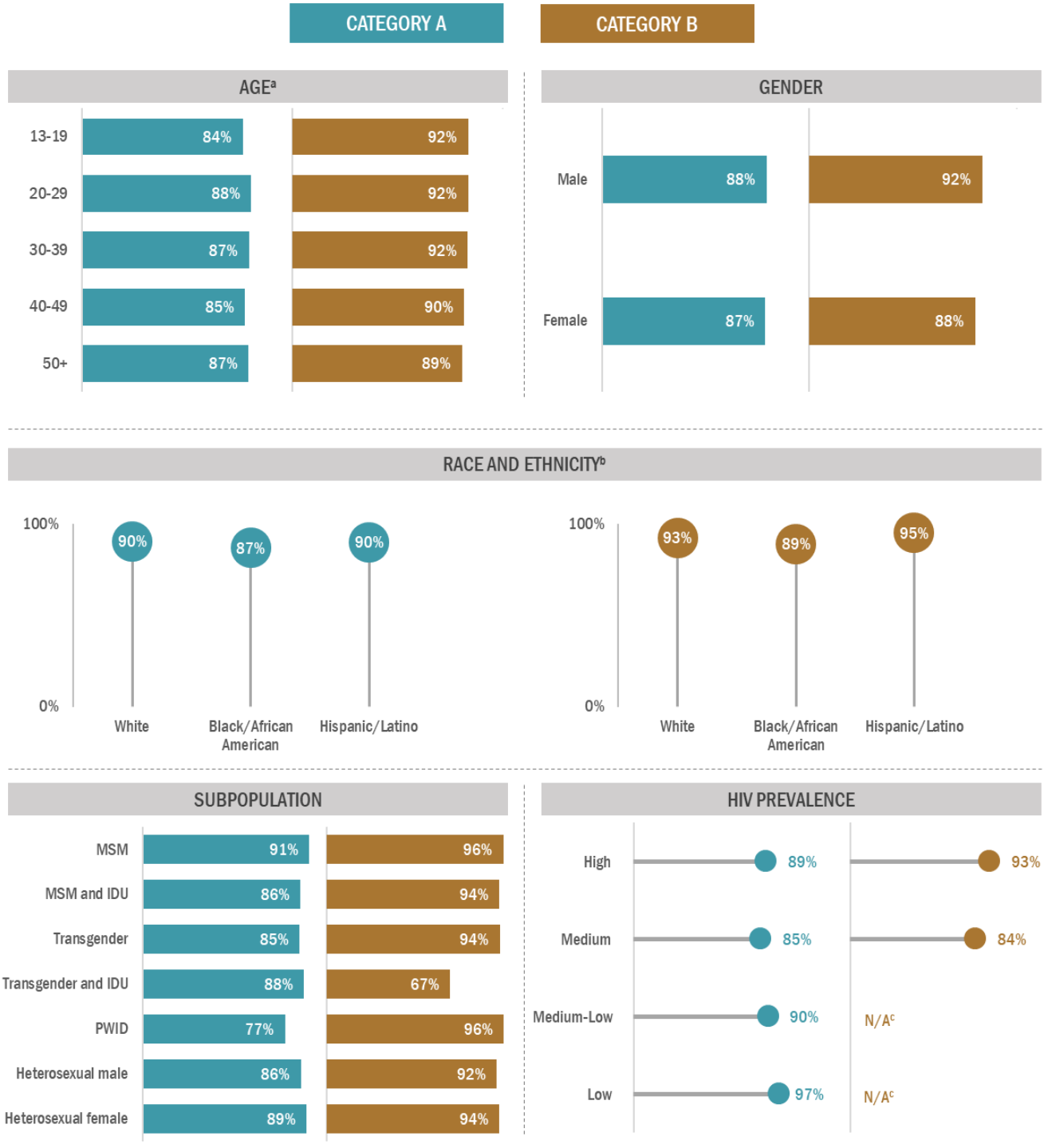
[e] For this section, records that are missing data on linkage to HIV medical care are excluded from the denominator. Therefore the linkage percentages shown represent the *reported* percentages of newly diagnosed HIV-positive persons linked to HIV medical care. This is based only on test records with valid data on linkage to HIV medical care.

[f] Reported percentages were used to determine whether or not the health department met the NOFO requirement for linkage to HIV medical care.

Figure 9

Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe, by demographic and subpopulation categories

PS12-1201 Category A and B – 2017 (Category A: 60 HDs; Category B: 33 HDs)



Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017. 8

Note: Percentages of missing/invalid, declined/not asked, don't know/not asked, and no risk/missing/invalid are not shown in the figure.

Linkage percentages shown represent the reported percentages of newly diagnosed HIV-positive persons linked to HIV medical care, but these may be overestimating the actual linkage percentages (Refer Table 6 and 7).

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 31.

[a] For age, <13 years is not shown in the figure (Refer Table 6 and 7).

[b] For race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer Table 6 and 7).

[c] N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 31).

Linkage to HIV medical care within 90 days of diagnosis, persons with newly diagnosed HIV infection

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 16, 2018)

Categories A and B, combined:

7,478 (82.7%) persons with newly diagnosed HIV infection were linked to HIV medical care within 90 days of diagnosis.

The 2010 National HIV Prevention Goals established the goal that by 2015, 85% of persons with newly diagnosed HIV infection should be linked to HIV medical care within 90 days of diagnosis.

CATEGORY A

Of tests conducted under Category A, 86.1% of records with new HIV diagnosis had valid and complete information on outcome of linkage to HIV medical care within 90 days of diagnosis (Table 8). Based on these records, 4,865 of 5,879 (82.8%) persons with newly diagnosed infection were linked to HIV medical care within 90 days of diagnosis (Table 8).[g] Forty-one (67.2%) health departments achieved the National HIV Prevention Goal.[h]

CATEGORY B

Of tests conducted under Category B, 86.3% of records with new HIV diagnosis had valid and complete information on outcome of linkage to HIV medical care within 90 days of diagnosis (Table 9). Based on these records, 2,613 of 3,165 (82.6%) persons with newly diagnosed infection were linked to HIV medical care within 90 days of diagnosis (Table 9).[g] Tweenty (58.8%) health departments achieved the National HIV Prevention Goal.[h]

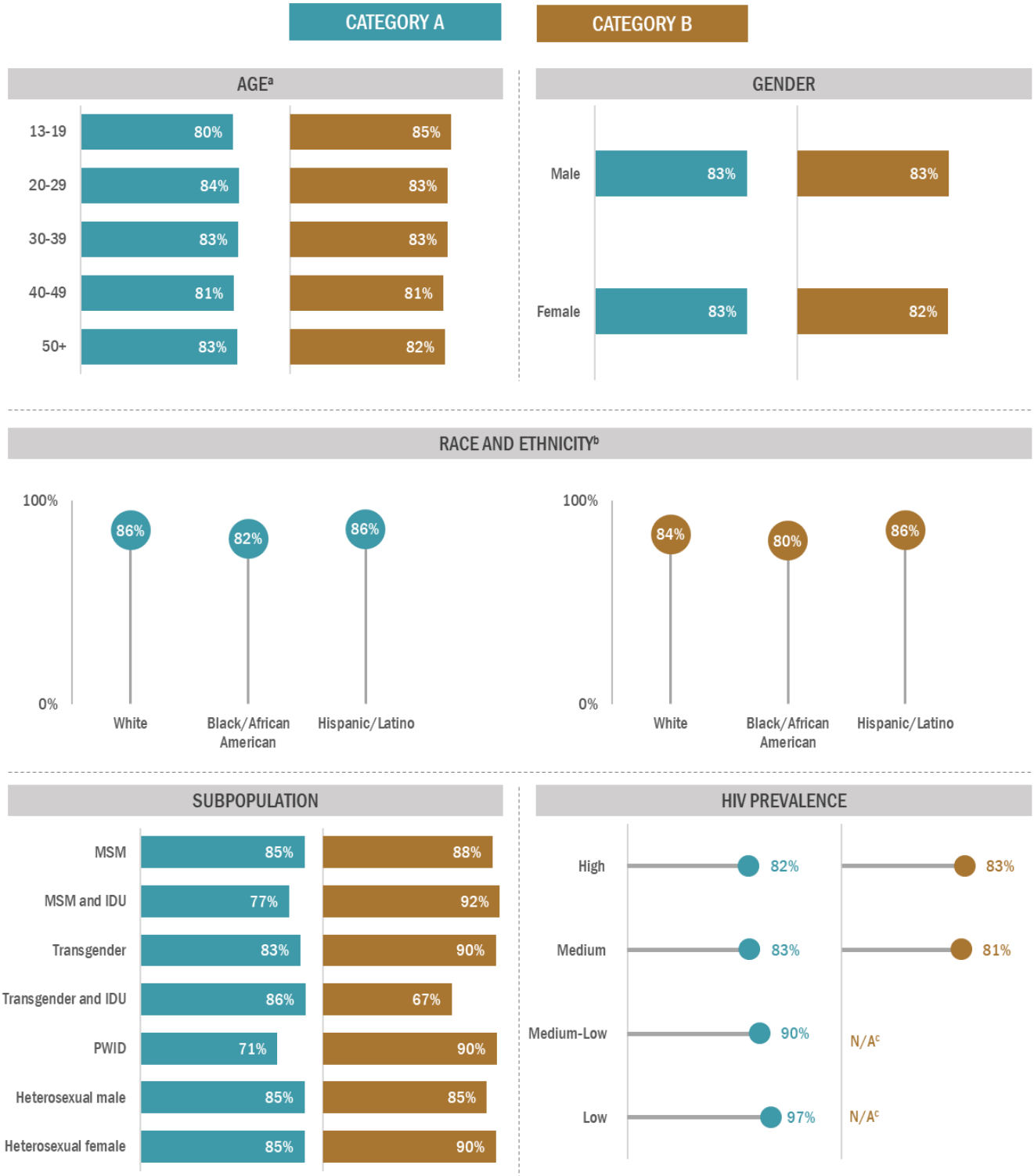
The demographic and subpopulation categories of persons with newly diagnosed HIV infection who were linked to HIV medical care within 90 days of diagnosis under Categories A and B are shown in Figure 10.

[g] For this section, records that are missing data on linkage to HIV medical care within 90 days are excluded from the denominator. Therefore the linkage percentages shown represent the *reported* percentages of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days of diagnosis. This is based only on test records with valid data on linkage to HIV medical care within 90 days of diagnosis.

[h] Linkage to HIV medical care within 90 days of diagnosis is not an NOFO requirement. Reported percentages were used to determine whether or not the the health departments achieved the National HIV Prevention Goal.

Figure 10

Percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis, by demographic and subpopulation categories



Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018.

Note: Percentages of missing/invalid, declined/not asked, don't know/not asked, and no risk/missing/invalid are not shown in the figure.
For target population definitions, refer to Appendix A: Technical notes and definitions section on page 31.

[a] For age, <13 years is not shown in the figure (Refer Table 8 and 9).

[b] For race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer Table 8 and 9).

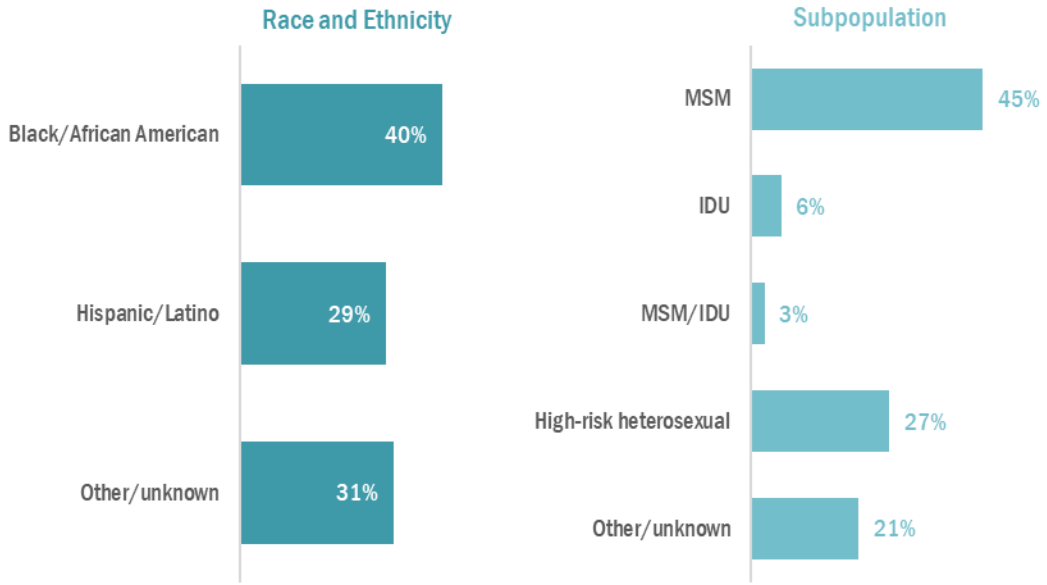
[c] N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence. (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 31).

Linkage to Treatment Adherence Services

(Data Source: NHM&E aggregate-level Risk Reduction Activities (RRA) data submitted through EvaluationWeb® as of March 16, 2018)

Thirty-seven health departments reported that 7,296 HIV-positive persons were linked to antiretroviral therapy (ART) adherence services under Category A (Figure 11 and Table 10).

Figure 11
HIV-positive persons linked to treatment adherence services
PS12-1201 Category A – 37 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2017



Data Source: 2017 NHM&E RRA aggregate-level data submitted through EvaluationWeb®as of March 16, 2018.
Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.
[a] Other/unknown race/ethnicity includes white, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, multi-race or persons whose race/ethnicity status is unknown.
[b] Other/unknown race/ethnicity and other/unknown risk cannot be split into sub-groups due to aggregate data being collected from grantees using these response categories.

Interview for Partner Services

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 16, 2018)

Categories A and B, combined:

5,997 (79.0%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services.

CATEGORY A

Of tests conducted under Category A, 93.0% of records had valid and complete information on outcome of interview for partner services (Table 11). Based on these records, 4,252 of 5,244 (81.1%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services (Table 11).[i] Under Category A, health departments are required to interview at least 75% of persons with newly diagnosed, confirmed infection for partner services. Forty-eight (78.7%) health departments achieved this requirement.[j]

CATEGORY B

Of tests conducted under Category B, 73.8% of records had valid and complete information on outcome of interview for partner services (Table 12). Based on these records, 1,745 of 2,345 (74.4%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services (Table 12).[i] Under Category B, health departments are required to interview at least 80% of persons with newly diagnosed, confirmed infection for partner services. Nineteen (55.9%) health departments achieved this requirement.[j]

The demographic and subpopulation categories of persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services under Category A and B are shown in Figure 12.

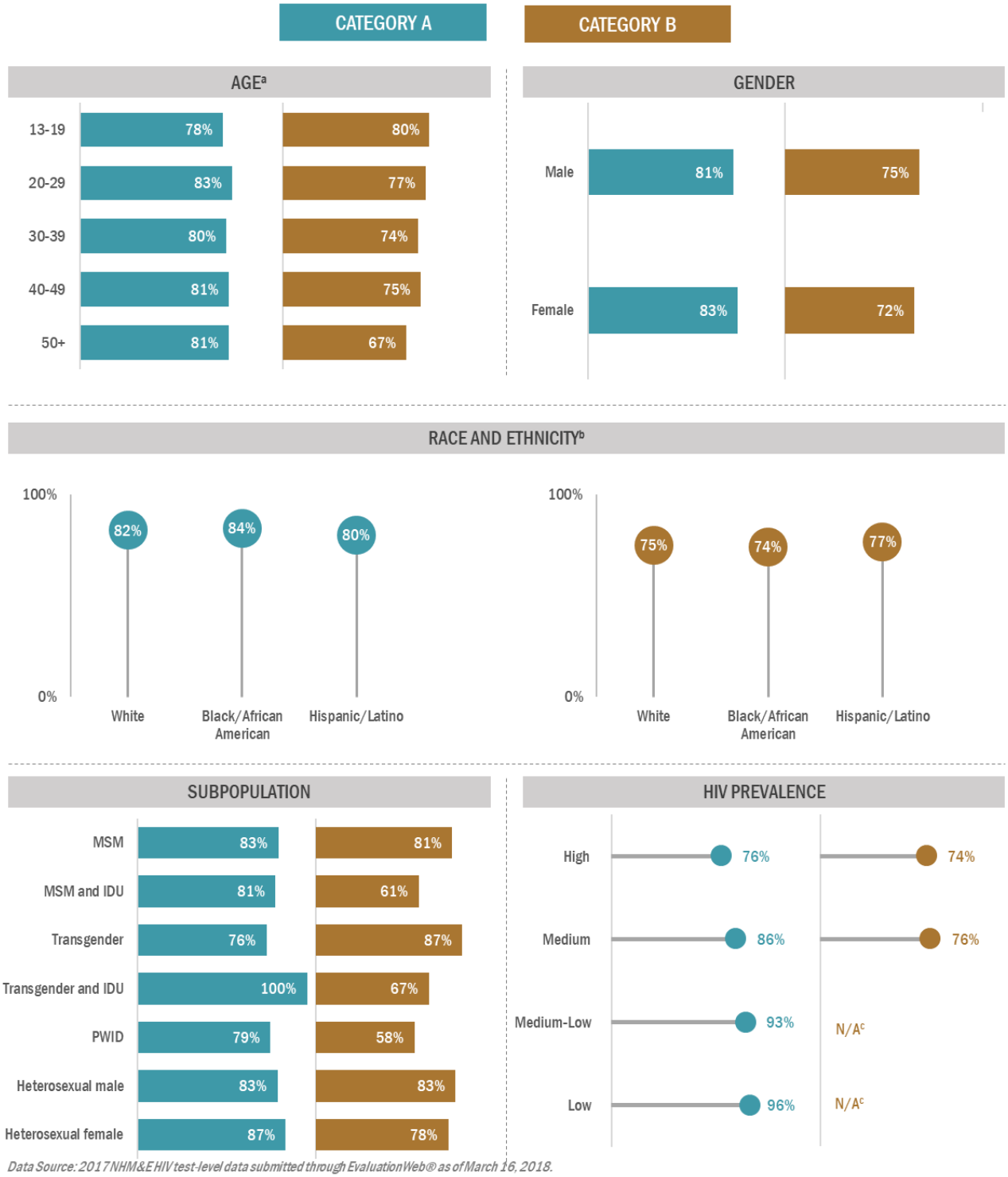
[i] For this section, records that are missing data on interview for partner services are excluded from the denominator. Therefore the interview percentages shown represent the reported percentages of newly diagnosed, confirmed HIV-positive persons interviewed for partner services. This is based only on test records with valid data on interview for partner services.

[j] Reported percentages were used to determine whether or not the health departments met the NOFO requirement for interview for partner services.

Figure 12

Percentage of persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services, by demographic and subpopulation categories

PS12-1201 Category A and B – 2017 (Category A: 58 HDs; Category B: 33 HDs)



Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018.

Note: Percentages of missing/invalid, declined/not asked, don't know/not asked, and no risk/missing/invalid are not shown in the figure.

Interview percentages for partner services shown represent the reported percentages of newly diagnosed, confirmed HIV-positive persons interviewed for partner services, but may be overestimating the actual interview percentages (Refer Table 11 and 12).

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 31.

[a] For age, < 13 years is not shown in the figure (Refer Table 11 and 12).

[b] For race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer Table 11 and 12).

[c] N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of Prevalence in Appendix A: Technical notes and definitions section on page 31).

Referral to HIV Prevention Services

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 16, 2018)

Categories A and B, combined:

6,091 (85.3%) persons with newly diagnosed, confirmed HIV infection were referred to HIV prevention services.

HIV prevention services are defined as any service or intervention directly aimed at reducing the risk of transmitting or acquiring HIV infection (e.g., prevention counseling, effective behavioral interventions, risk-reduction counseling). HIV posttest counseling and indirect services, such as mental health services or housing, are excluded.

CATEGORY A

Of tests conducted under Category A, 89.3% of records had valid and complete information on referral to HIV prevention services (Table 13). Based on these records, 4,361 of 5,038 (86.6%) persons with newly diagnosed, confirmed HIV infection were referred to HIV prevention services (Table 13).[k]

CATEGORY B

Of tests conducted under Category B, 66.2% of records had valid and complete information on referral to HIV prevention services (Table 13). Based on these records, 1,730 of 2,101 (82.3%) persons with newly diagnosed, confirmed HIV infection were referred to HIV prevention services (Table 13).[k] Under Category B, health departments are required to refer at least 80% of persons with newly diagnosed, confirmed infection to HIV prevention services. Twenty-one (61.8%) health departments achieved this requirement.[l]

[k] For this section, records that are missing data on referral to HIV prevention services are excluded from the denominator. Therefore the referral percentages shown represent the reported percentages of newly diagnosed confirmed HIV-positive persons referred to HIV prevention services. This is based only on test records with valid data on referral to HIV prevention services.

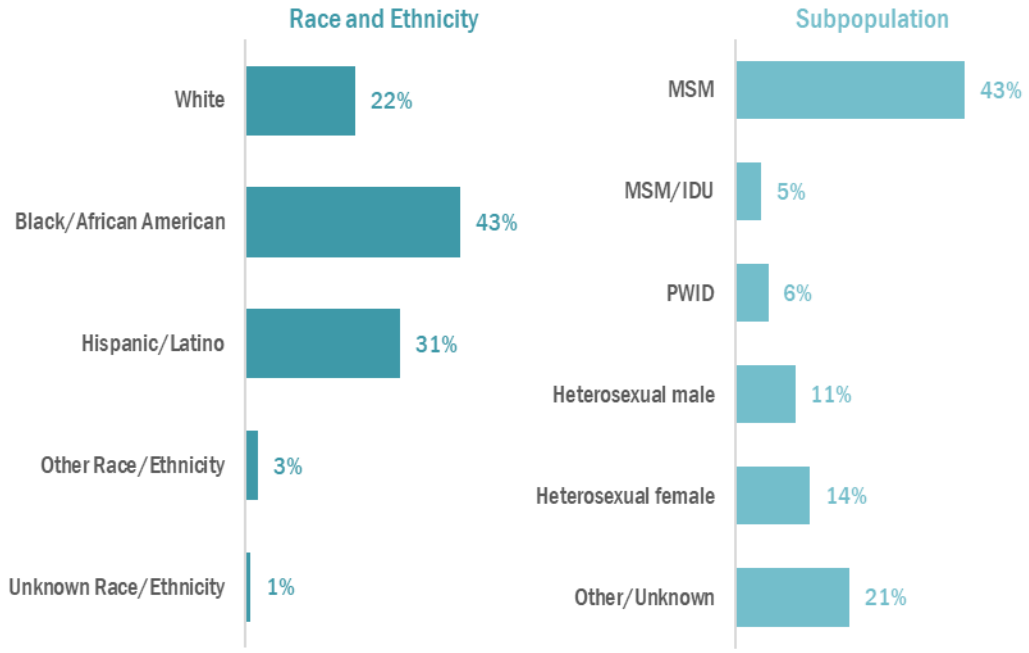
[l] Reported percentages were used to determine whether or not the health departments met the NOFO requirement for referral to HIV prevention services.

Risk-reduction Interventions for HIV-positive Persons

(Data Source: NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2018)

Under Category A, 33 health departments reported that 8,064 HIV-positive persons were enrolled in one or more CDC-recommended or locally developed risk-reduction interventions (Figure 13 and Table 14).

Figure 13
HIV-positive persons enrolled in risk-reduction interventions
33 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2017



Data Source: 2017 NHM&E RRA data reported at a client-level in EvaluationWeb® as of March 16, 2018.
Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.
[a] Other race/ethnicity includes Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander or multi-race.
[b] Unknown race/ethnicity includes missing/invalid data, don't know, not asked or declined.

CONDOM DISTRIBUTION

(Data Source: 2017 Interim Progress Reports submitted to CDC)

- Under Category A, 60 health departments reported using PS12-1201 funds to distribute condoms to HIV-positive persons and persons at highest risk for acquiring HIV. In 2017, these health departments reported distributing 147,102,411 condoms.
- Forty-one (67.2%) health departments achieved their proposed annual objective for condom distribution (Figure 1k).

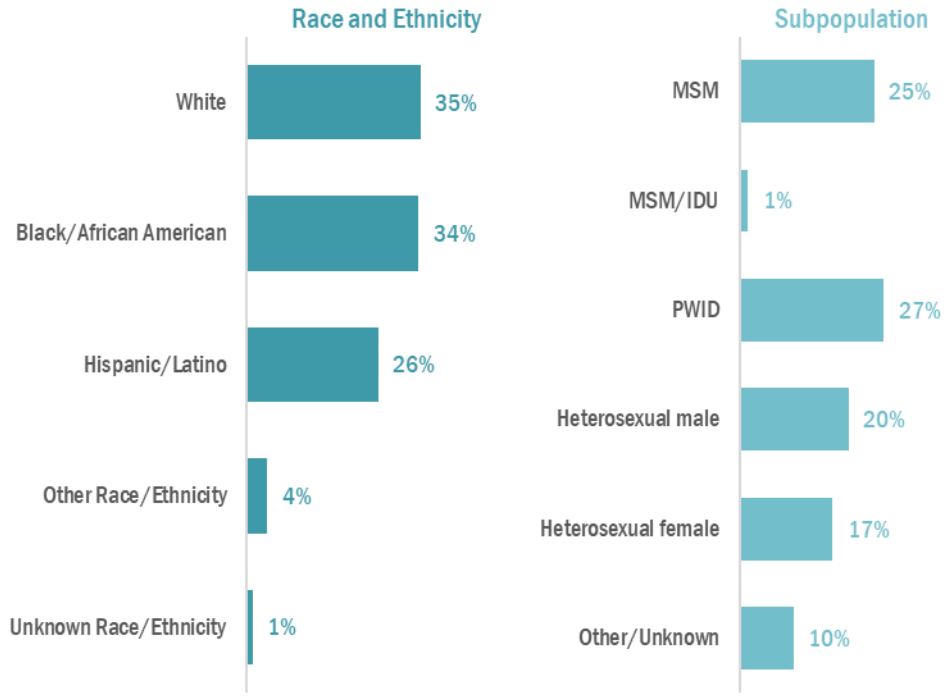
RECOMMENDED PROGRAM COMPONENTS

Risk Reduction Interventions for High-risk HIV-negative persons

(Data Source: NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2018)

Under Category A, 35 health departments reported that 27,676 high-risk HIV-negative persons were enrolled in one or more CDC-recommended or locally developed risk-reduction intervention (Figure 14 and Table 14). HIV-prevention interventions for high-risk HIV-negative persons are not implemented by all health departments.

Figure 14
HIV-negative persons enrolled in risk-reduction interventions
35 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2017



Data Source: 2017 NHM&E RRA data reported at a client-level in EvaluationWeb® as of March 16, 2018.
Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.
[a] Other race/ethnicity includes Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander or multi-race.
[b] Unknown race/ethnicity includes missing/invalid data, don't know, not asked or declined.

INTERPRETATION OF THIS REPORT

Several points should be considered when interpreting data and information presented in this report.

- The report reflects findings for the sixth year of the six-year PS12-1201 project period. During this period, health departments had variability in staffing resources available, data system capabilities, inter/intra-departmental collaborations within the health departments, and other local factors. The findings in this report may reflect this variation for several measures (e.g., linkage to treatment adherence services, risk-reduction interventions).
- Program performance may be affected by several contextual factors, such as HIV prevalence, political environment, existing laws and regulations, program infrastructure and funding levels, surveillance system capacity and availability of surveillance data to help guide program activities, program planning, and start-up activities, and effects of large-scale programmatic changes. This report is not able to account for these and other contextual factors.
- For 2017 data, CDC calculated newly diagnosed HIV-positive persons using client self-report and HIV surveillance information, when available. If client reports a previous positive test or the client has been previously reported to HIV surveillance, the record is counted as previously diagnosed. In 2012 and 2013 reports, determination of new vs. previous HIV diagnosis was based only on client's self report. Therefore, the trends in this report are based on algorithm that uses only client's self report. Since 2014, newly diagnosed HIV-positive tests were calculated using HIV surveillance verification, when available, instead of client's self-reported previous HIV status.
- The HIV testing data in this report include only tests funded through PS12-1201 Categories A and B. This report does not include information on HIV testing funded by other CDC program announcements or other funding sources (e.g., state, local funding). Please refer to CDC-Funded HIV Testing: United, States, Puerto Rico and the U.S. Virgin Islands, 2016 [4] for information on HIV testing funded by all CDC-funded programs.
- Only records that have a valid program announcement number that can be categorized as to whether the testing was done in health care or non-health care settings were included in the analyses of HIV positivity. In 2017, 3,816 (0.2%) Category A HIV test records could not be categorized into health care and non-health care settings, and 2,063 (0.2%) Category B HIV test records could not be categorized into health care and non-health care settings.
- Calculated percentages of linkage to HIV medical care in any timeframe and within 90 days, interview for partner services, and referral to HIV prevention services may not accurately reflect the true levels of those services because records are missing valid data. The percentage of records missing data on these outcomes varies considerably among health departments.

REFERENCES

1. Notice of Funding Opportunity (NOFO) PS12-1201: Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments. http://www.cdc.gov/hiv/policies/funding/announcements/ps12-1201/index.htm

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5. Centers for Disease Control and Prevention. State HIV Prevention Progress Report, 2010 – 2013. www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-stateprogressreport.pdf. Published December 2015.

APPENDICES

Appendix A: Technical Notes and Definitions

Data Source Description

The NHM&E reporting system collects HIV-related program data from CDC-funded health departments on a semi-annual basis. NHM&E variables are reported by test, client-, and aggregate- levels and provide information on interventions delivered, populations reached, agency funding, site of service, client demographics and risk factors, and other program specific information. Standardized data cleaning and processing rules are applied to NHM&E data received through EvaluationWeb®.

The End of Year Reports are routine progress reports submitted by PS12-1201 funded health departments to CDC. These reports provide aggregate data related to HIV prevention activities and describe HIV prevention program budget, planning, and implementation of PS12-1201 activities in each health department.

Definitions

AGE

The age of the client at the HIV test. Age is determined by calculating the difference between the year of a client's birth and the year in which HIV test was conducted.

DATA DESIGNATION

- **Aggregate data.** Total HIV tests and confirmed HIV-positive tests reported by a health department when complete test-level data are not submitted to CDC.
- **Invalid data.** Any test-level data submitted by the health department jurisdiction that do not conform to the value codes stated in the NHM&E data variable set.
- **Missing data.** Any required data associated with a valid HIV testing record for which data are not submitted by the health department. These data were either not collected by the jurisdiction or were collected but not reported to CDC.
- **Test-level data**. Data reported by a health department for each HIV test conducted, including demographics, and when appropriate, behavioral risk, linkage to HIV medical care (within 90 days and within any timeframe), referral to and interview for partner services and referral to HIV prevention services data. For this report, HIV test-level data are reported for 60 health departments in 2017.

GENDER

The person's self-reported current gender identity may include one's social status, self-identification, legal status, and biology. Current gender identity is submitted to CDC as male, female, male-to-female transgender (i.e., a person whose physical or birth sex is male, but whose gender expression and/or gender identity is female), or female-to-male transgender (i.e., a person whose physical or birth sex is female, but whose gender expression and/or gender identity is male). Additionally, in order to identify transgender persons, sex at birth and current gender identity are examined. If the self-reported genders do not match, the person is classified as a transgender person.

HIGH-RISK HIV-NEGATIVE PERSONS

This includes clients who report that his or her HIV status is negative based on a negative test result, who reported sexual contact and at least one risk factor (other than IDU or MSM). Risk factors include:

- Sex without using a condom
- Exchange of sex for drugs/money/something they need
- Sex while intoxicated and/or high on drugs
- Sex with person of unknown HIV status
- Sex with person who exchanges sex for drugs/money
- Sex with an anonymous partner
- Person diagnosed with a sexually transmitted disease
- Sex with multiple partners, oral sex (optional)
- Unprotected vaginal/anal sex with a person who is an IDU, HIV-positive person
- Unprotected vaginal/anal sex in exchange for drugs/money/or something they needUnprotected vaginal/anal sex with person who exchanges sex for drugs/money

HIV PREVALENCE

The jurisdictions are grouped according to HIV prevalence as follows, based on the number of persons with diagnosed HIV infection (PWH) in 2013 [5]:

- High ≥20,000
- Medium 4,000 – 19,999
- Medium-low 1,000 – 3,999
- Low <1,000

INTERVIEW FOR PARTNER SERVICES

This calculated indicator measures the extent to which newly diagnosed, confirmed HIV-positive persons were interviewed for partner services by health department staff or providers on behalf of the health department.

LINKAGE TO HIV MEDICAL CARE SERVICES

HIV medical care includes medical services for HIV infection, including evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.

Linkage to HIV medical care services within 90 days is a calculated indicator that measures the extent to which newly diagnosed HIV-positive persons were linked to HIV medical care within 90 days of initial positive test. The person must have attended their first medical care appointment within 90 days of the initial HIV testing session.

Linkage to HIV medical care services in any timeframe is a calculated indicator that measures the extent to which newly diagnosed HIV-positive persons were linked to HIV medical care services. The person must have attended their first medical care appointment, regardless of when the appointment occurred. Linkage to medical care in any timeframe includes persons who were linked within 90 days as well as those who were linked after the 90-day period.

For this report, minimum percentage linked represents the worst case scenario for percentage of clients linked to HIV medical care. Considering the number of records missing data on linkage, the percentage linked could be as low as this. Reported percentage linked represents the percentage of clients linked to HIV medical care based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective. Maximum percentage linked represents the best case scenario for percentage of clients linked to HIV medical care.

LINKAGE TO TREATMENT ADHERENCE SERVICES

Medication adherence is defined as the extent to which patients follow medical regimens as prescribed by their health care providers. ART adherence services may include patient counseling and education, medication cues and reminders, and social and peer support interventions designed to improve ART use.

SUBPOPULATIONS

NHM&E data for subpopulations are collected from the person for behavior during the 12 months before the HIV test. The collection of these data is required for all tests performed in non-health care settings and for HIV-positive persons in health care settings. In this report, all tests conducted in heath care and non-health care settings are reported.

For this report, a mutually exclusive subpopulation is determined for HIV-positive persons by using a combination of behaviors and gender of the person (male, female, or transgender). The behaviors used to calculate the subpopulation includes vaginal or anal sex with males or females and use of injection drugs.

The subpopulations are as follows:

- Men who have sex with men (MSM) includes males who reported male-to-male sexual contact in the past 12 months
- Men who have sex with men and report injection drug use (MSM and IDU) includes males who reported both male-to-male sexual contact and injection drug use in the past 12 months
- Transgender persons who report injection drug use (Transgender and IDU) includes transgender persons (i.e., self-reported sex at birth is different from self-reported current gender) who reported

injection drug use in the past 12 months

- Transgender person includes persons whose self-reported gender at birth is different from self-reported current gender
- Persons who inject drugs (PWID) includes persons who reported injection drug use in the past 12 months
- Heterosexual male includes males who only reported heterosexual contact with a female in the past 12 months
- Heterosexual female includes females who only reported heterosexual contact with a male in the past 12 months
- Missing/invalid includes persons: 1) who did not report any of these behaviors, 2) who were not asked about these behaviors, 3) who declined to discuss these behaviors, or 4) for whom these data were not reported, even though they were asked about these behaviors.

RACE/ETHNICITY

Race is defined as a client's self-reported classification of the biological heritage with which they most closely identify. Ethnicity is defined as a client's self-report of whether they are Hispanic or Latino. Up to five races and one ethnicity (i.e., Hispanic or Latino) for a client are allowed and submitted to CDC as separate variables. For this report, a "race/ethnicity" variable was created by combining the race and ethnicity variables using the following categories and hierarchy:

- Hispanic or Latino ("Hispanic or Latino" in the ethnicity variable regardless of the race variables)
- Declined
- Don't know
- Invalid
- Missing

Remaining clients who selected "Not Hispanic or Latino" for the ethnicity variable are categorized as:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Multi-race (clients who selected more than one race)

REFERRAL TO HIV PREVENTION SERVICES

HIV prevention services are defined as any service or intervention directly aimed at reducing the risk of transmitting or acquiring HIV infection (e.g., prevention counseling, effective behavioral interventions, risk-reduction counseling). HIV posttest counseling and indirect services, such as mental health services or housing, are excluded.

This calculated indicator measures the extent to which newly diagnosed, confirmed HIV-positive persons were provided with a referral to HIV prevention services.

RISK-REDUCTION INTERVENTIONS FOR HIV-POSITIVE PERSONS AND HIGH-RISK HIV-NEGATIVE PERSONS

This includes interventions to reduce risk of HIV acquisition or transmission primarily through sex- or injection drug-related risk behaviors that are delivered individually to clients , to clients in groups, or through outreach. These data are captured for each provider/client interaction. Examples include VOICES/VOCES, Personalized Cognitive Counseling (PCC), Partnership for Health, Healthy Relationships, Many Men, Many Voices, etc.

SERVICE INTEGRATION

Service integration is defined as the integration of two or more CDC-recommended prevention, treatment or care services across HIV/AIDS, STD, viral hepatitis, or TB infections [3].

TEST RESULTS

- **HIV-positive test.** An HIV-positive test is determined by any of the following test results: (1) a NAAT/RNA positive test result, (2) a conventional positive test result if a negative NAAT/RNA test result was not part of that test, (3) a rapid positive test result if a negative NAAT/RNA or negative conventional test result was not part of that test, and (4) a documented positive test result, even if test technology data are missing/invalid if a negative NAAT/RNA or negative conventional test result was not part of that test.
- **Confirmed HIV-positive test.** A test with an HIV-positive test result for a conventional HIV test [positive enzyme immunoassay (EIA) test confirmed by supplemental testing, e.g., Western blot or a nucleic acid amplification test (NAAT)]. For the purposes of the 2016 annual HIV testing report and for monitoring and evaluation purposes only, two rapid tests were categorized as a confirmed HIV-positive test, unless a negative conventional HIV test result or a negative NAAT test result was documented in the same test.

TEST SETTING

Test setting is defined as the site type where HIV testing is provided, and for this report, classified into the following categories:

- Health care and correctional facilities - includes inpatient facilities, outpatient facilities, emergency rooms, and correctional facilities
- Non-health care facilities - includes HIV counseling and testing sites and community settings
- Other facilities - includes blood banks/plasma centers and any other not previously listed facilities
- Invalid - the site code submitted for the facility is not one of the acceptable site codes
- Missing - no site code is submitted for the test

TESTING RECORD

- **Invalid testing record.** Required data within a valid HIV testing record that do not conform to the data structure specified by CDC (e.g., illogical dates, incomplete dates, future years, unacceptable value codes, or unexpected data based upon skip patterns in the data collection form).
- **Valid HIV testing record.** A test-level data record that includes the mandatory data fields of: session date, agency ID, intervention ID, site ID, site type, and client ID. A test-level testing record cannot be submitted without the mandatory data fields.
- **Newly diagnosed HIV-positive person.** A person who tested HIV-positive during the current test and was not found to be previously reported in the health department jurisdiction's HIV surveillance system. If a person was found in the HIV surveillance system as a prior HIV positive case, the HIV-positive test was not considered a new diagnosis. Self-report data for prior HIV status were used only for grantees who did not or were unable to verify prior test result within their HIV surveillance system due to specific policies or procedures within their state and/or health department. In this case, newly diagnosed HIV-positive persons were those who tested HIV-positive during the current test but self-reported not having a previous HIV-positive test result. Starting in 2014, newly diagnosed HIV-positive tests were calculated using HIV surveillance verification, when available, instead of client's self-reported previous HIV status. However, the 2012 and 2013 HIV testing algorithm does not use surveillance verification information for calculating newly diagnosed HIV-positive tests.
- **Preliminary HIV-positive test.** An HIV test with an HIV-positive test result from one rapid HIV test or an HIV-positive test result for which test technology is missing/invalid, without another documented HIV-positive test result.

- **HIV test.** An HIV test is one or more HIV tests performed with a person to determine a person's HIV status. During one test, a person may be tested once (e.g., one rapid test or one conventional test) or multiple times (e.g., one rapid test followed by one conventional test to confirm a preliminary HIV-positive test result). Starting in 2014, only HIV test result was used to determine whether the test was valid. However, in the 2012 and 2013 HIV testing algorithm, HIV test results and test technology were used to determine whether the HIV test was valid.
- **Invalid HIV test.** An HIV test is considered invalid if data are missing/invalid for all of the tests that comprise that HIV test for both of the following variables: test technology (i.e., conventional, rapid, or other) or HIV test result (i.e., negative, positive, indeterminate, invalid, or no result).

Appendix B: Data Sources PS12-1201 Categories A and B, 2017

PS12-1201 Programmatic Components	PS12-1201 Program Component	Number of health departments reporting data in 2017	Data Source(s)
HIV testing	Required	Category A: 60 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2018 (reported at a test-level)
HIV testing annual objectives	Required	Category A: 61 HDs Category B: 34 HDs	2017 End of Year Reports submitted to PPB
Linkage to HIV medical care	Required	Category A: 60 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2018 (reported at a test-level)
Linkage to or re-engagement in HIV medical care and treatment services	Required	Not addressed in this report	
Linkage to treatment adherence services	Required	37 HDs	NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 16, 2018
Interview for partner services, **PS12-1201**	Required	Category A: 58 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2018 (reported at a test-level) *Note: three Category A funded health departments and one Category B funded health departments were excluded from the analyses as there were no newly diagnosed, confirmed HIV-positive tests to calculate interview for partner services.*
Referral to HIV prevention services	Required	Category A: 58 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2018 (reported at a test-level) *Note: three Category A funded health departments and one Category B funded health departments were excluded from the analyses as there were no newly diagnosed, confirmed HIV-positive tests to calculate referral to HIV prevention services.*
Service integration (for Category B)	Recommended	7 HDs	2017 End of Year Reports (received by PPB) as of March 31, 2018.
CDC-recommended risk-reduction	Required	33 HDs	NHM&E client-level RRA data submitted through

PS12-1201 Programmatic Components	PS12-1201 Program Component	Number of health departments reporting data in 2017	Data Source(s)
interventions for HIV-positive persons			EvaluationWeb® as of March 16, 2018
Perinatal transmission	Required	Not addressed in this report	
Condom distribution	Required	60 HDs	Comprehensive Prevention Plans (received by PPB) and Interim Progress Reports (starting in Year 4, 2015)
Condom distribution proposed objectives	Required	60 HDs	Comprehensive Prevention Plans (received by PPB) and Interim Progress Reports (starting in Year 4, 2015)
Policy initiatives	Required	Not addressed in this report	
CDC-recommended risk-reduction interventions for high-risk HIV-negative persons and persons with unknown HIV status	Recommended	35 HDs	NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2018
Social marketing, media, and mobilization	Recommended	Not addressed in this report	
Pre-exposure prophylaxis (PrEP)	Recommended	Not addressed in this report	
Post-exposure non-occupational prophylaxis (nPEP)	Recommended	Not addressed in this report	

Appendix C: Acroynoms

ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
CPP	Comprehensive Prevention with HIV-positive persons
EIA	Enzyme Immunoassay
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HD	Health Department
HIP	High-Impact Prevention
IDU	Injection Drug Use
MSM	Gay, bisexual, and other Men who have Sex with Men
NAAT	Nucleic Acid Amplification Test
NHM&E	National HIV Prevention Program Monitoring and Evaluation
NOFO	Notice of Funding Opportunity
nPEP	Non-occupational Post-Exposure Prophylaxis
PCC	Personalized Cognitive Counseling
PEB	Program Evaluation Branch
PWH	Persons With Diagnosed HIV infection
PPB	Prevention Program Branch
PrEP	Pre-Exposure Prophylaxis
PS	Partner Services
PWID	Persons Who Inject Drugs
RRA	Risk Reduction Activities
STIs	Sexually Transmitted Infections
TB	Tuberculosis

Appendix D: Tables

Table 1. PS12-1201 Categories A and B – Percentage of annual HIV test objective achieved, 2017

Category A (HDs = 60)			Category B - Health care settings (HDs = 33)			Category B - Non-health care settings (HDs = 7)		
Annual objective, HIV tests[a]	Total tests conducted[b,c,d]	Percentage of annual objective achieved	Annual objective, HIV tests[a]	Total tests conducted[b,c,e]	Percentage of annual objective achieved	Annual objective, HIV tests[a]	Total tests conducted[b,c,e]	Percentage of annual objective achieved
2,028,425	1,543,713	76.1	1,353,626	1,362,096	100.6	80,900	77,485	95.8

Data Source: 2017 NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

[a] Annual testing objectives are set by the health departments in their Interim Progress Reports submitted to CDC for 2017.

[b] Total number of HIV tests includes test-level data reported to CDC through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

[c] Total tests include tests with discordant or indeterminate results.

[d] In 2017, under Category A, three health departments did not submit HIV test-level data in health care settings, and one health department did not submit HIV test-level data in non-health care settings.

[e] In 2017, under Category B, one health department did not submit HIV test-level data in health care settings, and one health department did not submit HIV test-level data in non-health care settings.

Table 2. PS12-1201 Categories A and B – NUMBER OF HIV TESTS AND NEWLY DIAGNOSED HIV POSITIVITY BY SETTING, 2017

Health care settings			Non-health care settings		
Total valid tests conducted[a] (denominator)	Newly diagnosed HIV-positive tests (numerator)	Newly diagnosed HIV positivity	Total valid tests conducted[a] (denominator)	Newly diagnosed HIV-positive tests (numerator)	Newly diagnosed HIV positivity
Category A: Health care settings: ≥0.1% (HDs=58[b])			**Category A: Non-health care settings: ≥1.0% (HDs=60[b])**		
1,001,288	3,833	0.4	538,142	2,988	0.6
Category B: Health care settings: ≥0.1% (HDs=33[c])			**Category B: Non-health care settings: ≥2.0% (HDs=7[c])**		
1,361,789	3,174	0.2	77,447	494	0.6

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

[a] Total valid tests include only tests with negative or positive results. This table includes only tests with setting known (i.e., health care vs. non-health care).

[b] In 2017, under Category A, three health departments did not submit HIV test-level data in health care settings, and one health department did not submit HIV test-level data in non-health care settings.

[c] In 2017, under Category B, one health department did not submit HIV test-level data in health care settings, and one health department did not submit HIV test-level data in non-health care settings.

Table 3. PS12-1201 Category B – SERVICE INTEGRATION: STI, VIRAL HEPATITIS, AND TB TESTS CONDUCTED CONCURRENTLY WITH HIV TESTS IN HEALTH CARE AND NON-HEALTH CARE SETTINGS FROM SEVEN HEALTH DEPARTMENTS IN THE UNITED STATES AND PUERTO RICO, 2017

Total tests	Syphilis tests	Gonorrhea tests	Chlamydia tests	Hepatitis B virus tests	Hepatitis C virus tests	Tuberculosis tests
69,423	15,153 (21.8%)	15,733 (22.7%)	16,200 (23.3%)	3,148 (4.5%)	8,053 (11.6%)	11,136 (16.0%)

Data Source: 2017 End of Year Reports for the project period January 1, 2017 - December 31, 2017, through EvaluationWeb®.
Note: STI include syphilis, gonorrhea, and chlamydial infections.

Table 4. PS12-1201 Category A – PERSONS WITH DIAGNOSED HIV INFECTION AND NEWLY DIAGNOSED HIV INFECTION, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 60 HEALTH DEPARTMENTS IN THE UNITED STATES, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, 2017

Characteristics	Total valid tests[a]	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
Age at test (years)							
<13	2,250	9	0.4	0.1	4	0.2	0.1
13-19	123,026	391	0.3	2.8	260	0.2	3.8
20-29	658,260	5,507	0.8	38.8	3,122	0.5	45.7
30-39	386,554	3,895	1.0	27.5	1,864	0.5	27.3
40-49	183,908	2,131	1.2	15	830	0.5	12.2
50+	171,925	2,236	1.3	15.8	743	0.4	10.9
Missing/Invalid	17,323	13	0.1	0.1	6	<0.05	0.1
Gender							
Male	844,326	11,725	1.4	82.7	5,820	0.7	85.2
Female	679,486	2,153	0.3	15.2	874	0.1	12.8
Transgender	11,503	267	2.3	1.9	125	1.1	1.8
Other[b]	7,931	37	0.5	0.3	10	0.1	0.1

Characteristics	Total valid tests[a]	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
Race/Ethnicity							
White	484,156	3,114	0.6	22	1,606	0.3	23.5
Black or African American	612,723	7,031	1.1	49.6	2,903	0.5	42.5
Hispanic or Latino	282,147	2,967	1.1	20.9	1,786	0.6	26.2
Asian	38,023	246	0.6	1.7	161	0.4	2.4
American Indian or Alaska Native	10,640	76	0.7	0.5	43	0.4	0.6
Native Hawaiian or Pacific Islander	3,458	20	0.6	0.1	11	0.3	0.2
Multi-race	18,132	161	0.9	1.1	96	0.5	1.4
Other[b]	93,967	567	0.6	4.0	223	0.2	3.3
HIV Prevalence							
High	749,421	7,871	1.1	55.5	3,822	0.5	56
Medium	705,971	5,944	0.8	41.9	2,715	0.4	39.8
Medium-Low	69,434	307	0.4	2.2	243	0.3	3.6
Low	18,420	60	0.3	0.4	49	0.3	0.7
Subpopulation							
MSM	207,076	6,986	3.4	49.3	4,100	2	60
MSM and IDU	6,048	363	6	2.6	178	2.9	2.6
Transgender persons	10,856	247	2.3	1.7	116	1.1	1.7
Transgender persons and IDU	647	20	3.1	0.1	9	1.4	0.1
Persons who inject drugs	62,137	399	0.6	2.8	194	0.3	2.8
Heterosexual male	342,882	1,655	0.5	11.7	802	0.2	11.7
Heterosexual female	417,583	1,406	0.3	9.9	643	0.2	9.4
No risk/ Missing/Invalid	496,017	3,106	0.6	21.9	787	0.2	11.5
Total	**1,543,246**	**14,182**	**0.9**		**6,829**	**0.4**	

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb®, as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] Includes persons with test setting unknown.

[b] Other includes missing, invalid, declined, don't know, or not asked.

Table 5. PS12-1201 Category B PERSONS WITH DIAGNOSED HIV INFECTION AND NEWLY DIAGNOSED HIV INFECTION, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 33 HEALTH DEPARTMENTS IN THE UNITED STATES AND PUERTO RICO, 2017

Characteristics	Total valid tests[a]	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
Age at test (years)							
<13	2,555	17	0.7	0.2	8	0.3	0.2
13-19	87,788	188	0.2	1.9	128	0.1	3.5
20-29	469,212	2,763	0.6	27.7	1,457	0.3	39.7
30-39	345,990	2,646	0.8	26.6	1,010	0.3	27.5
40-49	215,424	1,862	0.9	18.7	518	0.2	14.1
50+	307,214	2,449	0.8	24.6	525	0.2	14.3
Missing/Invalid	13,116	34	0.3	0.3	22	0.2	0.6
Gender							
Male	650,736	7,460	1.1	74.9	2,908	0.4	79.3
Female	776,355	2,329	0.3	23.4	689	0.1	18.8
Transgender	4,256	134	3.1	1.3	54	1.3	1.5
Other[b]	9,952	36	0.4	0.4	17	0.2	0.5
Race/Ethnicity							
White	312,310	1,653	0.5	16.6	572	0.2	15.6
Black or African American	583,859	5,540	0.9	55.6	1,926	0.3	52.5
Hispanic or Latino	363,159	1,784	0.5	17.9	836	0.2	22.8
Asian	32,596	104	0.3	1.0	45	0.1	1.2
American Indian or Alaska Native	4,394	27	0.6	0.3	11	0.3	0.3
Native Hawaiian or Pacific Islander	2,716	11	0.4	0.1	3	0.1	0.1
Multi-race	4,305	41	1.0	0.4	18	0.4	0.5

Characteristics	Total valid tests[a]	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
Other[b]	137,960	799	0.6	8.0	257	0.2	7.0
HIV Prevalence							
High	1,051,580	7,097	0.7	71.3	2,788	0.3	76.0
Medium	389,719	2,862	0.7	28.7	880	0.2	24.0
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Subpopulation							
MSM	48,566	2,435	5.0	24.5	1,328	2.7	36.2
MSM and IDU	1,068	173	16.2	1.7	50	4.7	1.4
Transgender persons	4,171	121	2.9	1.2	51	1.2	1.4
Transgender persons and IDU	85	13	15.3	0.1	3	3.5	0.1
Persons who inject drugs	11,287	166	1.5	1.7	60	0.5	1.6
Heterosexual male	145,363	967	0.7	9.7	383	0.3	10.4
Heterosexual female	217,238	779	0.4	7.8	327	0.2	8.9
No risk/ Missing/Invalid	1,013,521	5,305	0.5	53.3	1,466	0.1	40.0
Total	1,441,299	9,959	0.7		3,668	0.3	

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb®, as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] Includes persons with test setting unknown.

[b] Other includes missing, invalid, declined, don't know, or not asked.

Table 6. PS12-1201 Category A – PERSONS WITH NEWLY DIAGNOSED HIV INFECTION WHO WERE LINKED TO HIV MEDICAL CARE IN ANY TIMEFRAME, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 60 HEALTH DEPARTMENTS IN THE UNITED STATES, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, 2017

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection[a]	With valid data, linkage in any timeframe[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Age at test (years)								
<13	4	3	0	1	25.0	75.0	100.0	100.0
13-19	260	183	35	42	16.2	70.4	83.9	86.5
20-29	3,122	2,398	314	410	13.1	76.8	88.4	89.9
30-39	1,864	1,393	207	264	14.2	74.7	87.1	88.9
40-49	830	600	104	126	15.2	72.3	85.2	87.5
50+	743	556	83	104	14.0	74.8	87.0	88.8
Missing/Invalid	6	3	2	1	16.7	50.0	60.0	66.7
Gender								
Male	5,820	4,402	626	792	13.6	75.6	87.5	89.2
Female	874	638	98	138	15.8	73.0	86.7	88.8
Transgender	125	92	16	17	13.6	73.6	85.2	87.2
Other[g]	10	4	5	1	10.0	40.0	44.4	50.0
Race/Ethnicity								
White	1,606	1,245	132	229	14.3	77.5	90.4	91.8
Black or African American	2,903	2,145	325	433	14.9	73.9	86.8	88.8
Hispanic or Latino	1,786	1,403	158	225	12.6	78.6	89.9	91.2
Asian	161	125	15	21	13.0	77.6	89.3	90.7
American Indian or Alaska Native	43	23	3	17	39.5	53.5	88.5	93.0
Native Hawaiian or Pacific Islander	11	10	1	0	0.0	90.9	90.9	90.9
Multi-race	96	79	5	12	12.5	82.3	94.0	94.8
Other[g]	223	106	106	11	4.9	47.5	50.0	52.5

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection[a]	With valid data, linkage in any timeframe[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
HIV Prevalence								
High	3,822	3,009	389	424	11.1	78.7	88.6	89.8
Medium	2,715	1,921	336	458	16.9	70.8	85.1	87.6
Medium-Low	243	173	19	51	21.0	71.2	90.1	92.2
Low	49	33	1	15	30.6	67.3	97.1	98.0
Subpopulation								
MSM	4,100	3,214	338	548	13.4	78.4	90.5	91.8
MSM and IDU	178	120	20	38	21.3	67.4	85.7	88.8
Transgender persons	116	85	15	16	13.8	73.3	85.0	87.1
Transgender persons and IDU	9	7	1	1	11.1	77.8	87.5	88.9
Persons who inject drugs	194	116	34	44	22.7	59.8	77.3	82.5
Heterosexual male	802	592	97	113	14.1	73.8	85.9	87.9
Heterosexual female	643	494	61	88	13.7	76.8	89.0	90.5
No risk/Missing/Invalid	787	508	179	100	12.7	64.5	73.9	77.3
Total	**6,829**	**5,136**	**745**	**948**	**13.9**	**75.2**	**87.3**	**89.1**

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] A person with newly diagnosed HIV infection is a person who tests positive on the current test and has no history of a previous positive test (includes persons with unconfirmed preliminary positive rapid tests and persons with confirmed positive tests).

[b] Number of persons with newly diagnosed HIV infection whose test records have valid information on attending first appointment for HIV medical care in any timeframe. This includes persons with test setting unknown.

[c] Number of persons with newly diagnosed HIV infection whose test records do not have valid information on attending first appointment for HIV medical care in any timeframe.

[d] *Minimum percentage linked* represents the **worst case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming all the clients associated with those records were not linked, then the percentage linked **could** be as low as this.

[e] *Reported percentage linked* represents the percentage of clients linked to HIV medical care in any timeframe, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage linked* represents the **best case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming the clients associated with those records were all linked, then the percentage linked **could** be as high as this.

[g] Other includes missing, invalid, declined, don't know, or not asked.

Table 7. PS12-1201 Category B – PERSONS WITH NEWLY DIAGNOSED HIV INFECTION WHO WERE LINKED TO HIV MEDICAL CARE, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 33 HEALTH DEPARTMENTS IN THE UNITED STATES AND PUERTO RICO, 2017

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection[a]	With valid data, linkage in any timeframe[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Age at test (years)								
<13	8	4	0	4	50.0	50.0	100.0	100.0
13-19	128	91	8	29	22.7	71.1	91.9	93.8
20-29	1,457	1,131	101	225	15.4	77.6	91.8	93.1
30-39	1,010	792	73	145	14.4	78.4	91.6	92.8
40-49	518	399	46	73	14.1	77.0	89.7	91.1
50+	525	378	49	98	18.7	72.0	88.5	90.7
Missing/Invalid	22	12	0	10	45.5	54.5	100.0	100.0
Gender								
Male	2,908	2,248	203	457	15.7	77.3	91.7	93.0
Female	689	499	69	121	17.6	72.4	87.9	90.0
Transgender	54	47	4	3	5.6	87.0	92.2	92.6
Other[g]	17	13	1	3	17.6	76.5	92.9	94.1
Race/Ethnicity								
White	572	431	35	106	18.5	75.3	92.5	93.9
Black or African American	1,926	1,428	176	322	16.7	74.1	89.0	90.9
Hispanic or Latino	836	702	37	97	11.6	84.0	95.0	95.6
Asian	45	35	3	7	15.6	77.8	92.1	93.3
American Indian or Alaska Native	11	5	1	5	45.5	45.5	83.3	90.9
Native Hawaiian or Pacific Islander	3	3	0	0	0.0	100.0	100.0	100.0
Multi-race	18	13	0	5	27.8	72.2	100.0	100.0

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection[a]	With valid data, linkage in any timeframe[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Other[g]	257	190	25	42	16.3	73.9	88.4	90.3
Prevalence								
High	2,788	2,171	154	463	16.6	77.9	93.4	94.5
Medium	880	636	123	121	13.8	72.3	83.8	86.0
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Subpopulation								
MSM	1,328	1,126	50	152	11.4	84.8	95.7	96.2
MSM and IDU	50	44	3	3	6.0	88.0	93.6	94.0
Transgender	51	45	3	3	5.9	88.2	93.8	94.1
Transgender and IDU	3	2	1	0	0.0	66.7	66.7	66.7
Injection drug use	60	47	2	11	18.3	78.3	95.9	96.7
Heterosexual male	383	308	26	49	12.8	80.4	92.2	93.2
Heterosexual female	327	258	18	51	15.6	78.9	93.5	94.5
No risk/Missing/invalid	1,466	977	174	315	21.5	66.6	84.9	88.1
Total	**3,668**	**2,807**	**277**	**584**	**15.9**	**76.5**	**91.0**	**92.4**

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] A person with newly diagnosed HIV infection is a person who tests positive on the current test and has no history of a previous positive test (includes persons with unconfirmed preliminary positive rapid tests and persons with confirmed positive tests).

[b] Number of persons with newly diagnosed HIV infection whose test records have valid information on attending first appointment for HIV medical care within 90 days of diagnosis. This includes persons with test setting unknown.

[c] Number of persons with newly diagnosed HIV infection whose test records do not have valid information on attending first appointment for HIV medical care within 90 days of diagnosis.

[d] *Minimum percentage linked* represents the **worst case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming all the clients associated with those records were not linked, then the percentage linked **could** be as low as this.

[e] *Reported percentage linked* represents the percentage of clients linked to HIV medical care in any timeframe, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage linked* represents the **best case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming the clients associated with those records were all linked, then the percentage linked **could** be as high as this.

[g] Other includes missing, invalid, declined, don't know, or not asked.

Table 8. PS12-1201 Category A – PERSONS WITH NEWLY DIAGNOSED HIV INFECTION WHO WERE LINKED TO HIV MEDICAL CARE WITHIN 90 DAYS OF DIAGNOSIS, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 60 HEALTH DEPARTMENTS IN THE UNITED STATES, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, 2017

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection[a]	With valid data, Linkage in 90 days[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Age at test (years)								
<13	4	3	0	1	25.0	75.0	100.0	100.0
13-19	260	172	43	45	17.3	66.2	80.0	83.5
20-29	3,122	2,265	446	411	13.2	72.5	83.5	85.7
30-39	1,864	1,330	274	260	13.9	71.4	82.9	85.3
40-49	830	565	137	128	15.4	68.1	80.5	83.5
50+	743	527	112	104	14.0	70.9	82.5	84.9
Missing/Invalid	6	3	2	1	16.7	50.0	60.0	66.7
Gender								
Male	5,820	4,163	865	792	13.6	71.5	82.8	85.1
Female	874	609	126	139	15.9	69.7	82.9	85.6
Transgender	125	89	18	18	14.4	71.2	83.2	85.6
Other[g]	10	4	5	1	10.0	40.0	44.4	50.0
Race/Ethnicity								
White	1,606	1,174	199	233	14.5	73.1	85.5	87.6
Black or African American	2,903	2,018	457	428	14.7	69.5	81.5	84.3
Hispanic or Latino	1,786	1,344	217	225	12.6	75.3	86.1	87.8
Asian	161	121	17	23	14.3	75.2	87.7	89.4
American Indian or Alaska Native	43	22	5	16	37.2	51.2	81.5	88.4
Native Hawaiian or Pacific Islander	11	7	3	1	9.1	63.6	70.0	72.7
Multi-race	96	77	7	12	12.5	80.2	91.7	92.7
Other[g]	223	102	109	12	5.4	45.7	48.3	51.1

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection[a]	With valid data, Linkage in 90 days[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
HIV Prevalence								
High	3,822	2,800	605	417	10.9	73.3	82.2	84.2
Medium	2,715	1,862	388	465	17.1	68.6	82.8	85.7
Medium-Low	243	170	20	53	21.8	70.0	89.5	91.8
Low	49	33	1	15	30.6	67.3	97.1	98.0
Subpopulation								
MSM	4,100	3,030	521	549	13.4	73.9	85.3	87.3
MSM and IDU	178	109	32	37	20.8	61.2	77.3	82.0
Transgender persons	116	83	17	16	13.8	71.6	83.0	85.3
Transgender persons and IDU	9	6	1	2	22.2	66.7	85.7	88.9
Persons who inject drugs	194	109	44	41	21.1	56.2	71.2	77.3
Heterosexual male	802	559	128	115	14.3	69.7	81.4	84.0
Heterosexual female	643	471	82	90	14.0	73.3	85.2	87.2
No risk/Missing/Invalid	787	498	189	100	12.7	63.3	72.5	76.0
Total	**6,829**	**4,865**	**1,014**	**950**	**13.9**	**71.2**	**82.8**	**85.2**

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] A person with newly diagnosed HIV infection is a person who tests positive on the current test and has no history of a previous positive test (includes persons with unconfirmed preliminary positive rapid tests and persons with confirmed positive tests).

[b] Number of persons with newly diagnosed HIV infection whose test records have valid information on attending first appointment for HIV medical care in any timeframe. This includes persons with test setting unknown.

[c] Number of persons with newly diagnosed HIV infection whose test records do not have valid information on attending first appointment for HIV medical care in any timeframe.

[d] *Minimum percentage linked* represents the **worst case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming all the clients associated with those records were not linked, then the percentage linked **could** be as low as this.

[e] *Reported percentage linked* represents the percentage of clients linked to HIV medical care in any timeframe, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage linked* represents the **best case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming the clients associated with those records were all linked, then the percentage linked **could** be as high as this.

[g] Other includes missing, invalid, declined, don't know, or not asked.

Table 9. PS12-1201 Category B – PERSONS WITH NEWLY DIAGNOSED HIV INFECTION WHO WERE LINKED TO HIV MEDICAL CARE WITHIN 90 DAYS OF DIAGNOSIS, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 33 HEALTH DEPARTMENTS IN THE UNITED STATES AND PUERTO RICO, 2017

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection[a]	With valid data, linkage in 90 days[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Age at test (years)								
<13	8	3	1	4	50.0	37.5	75.0	87.5
13-19	128	87	15	26	20.3	68.0	85.3	88.3
20-29	1,457	1,057	212	188	12.9	72.5	83.3	85.4
30-39	1,010	735	148	127	12.6	72.8	83.2	85.3
40-49	518	370	88	60	11.6	71.4	80.8	83.0
50+	525	356	80	89	17.0	67.8	81.7	84.8
Missing/Invalid	22	5	8	9	40.9	22.7	38.5	63.6
Gender								
Male	2,908	2,079	438	391	13.4	71.5	82.6	84.9
Female	689	478	105	106	15.4	69.4	82.0	84.8
Transgender	54	45	6	3	5.6	83.3	88.2	88.9
Other[g]	17	11	3	3	17.6	64.7	78.6	82.4
Race/Ethnicity								
White	572	404	80	88	15.4	70.6	83.5	86.0
Black or African American	1,926	1,322	322	282	14.6	68.6	80.4	83.3
Hispanic or Latino	836	647	110	79	9.4	77.4	85.5	86.8
Asian	45	33	6	6	13.3	73.3	84.6	86.7
American Indian or Alaska Native	11	5	1	5	45.5	45.5	83.3	90.9
Native Hawaiian or Pacific Islander	3	3	0	0	0.0	100.0	100.0	100.0
Multi-race	18	13	0	5	27.8	72.2	100.0	100.0

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection[a]	With valid data, linkage in 90 days[b]		Without valid data[c]		Percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis		
	Total	Linked	Not linked	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Other[g]	257	186	33	38	14.8	72.4	84.9	87.2
Prevalence								
High	2,788	1,999	408	381	13.7	71.7	83.0	85.4
Medium	880	614	144	122	13.9	69.8	81.0	83.6
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Subpopulation								
MSM	1,328	1,042	143	143	10.8	78.5	87.9	89.2
MSM and IDU	50	43	4	3	6.0	86.0	91.5	92.0
Transgender	51	43	5	3	5.9	84.3	89.6	90.2
Transgender and IDU	3	2	1	0	0.0	66.7	66.7	66.7
Injection drug use	60	45	5	10	16.7	75.0	90.0	91.7
Heterosexual male	383	287	51	45	11.7	74.9	84.9	86.7
Heterosexual female	327	250	29	48	14.7	76.5	89.6	91.1
No risk/Missing/invalid	1,466	901	314	251	17.1	61.5	74.2	78.6
Total	**3,668**	**2,613**	**552**	**503**	**13.7**	**71.2**	**82.6**	**85.0**

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] A person with newly diagnosed HIV infection is a person who tests positive on the current test and has no history of a previous positive test (includes persons with unconfirmed preliminary positive rapid tests and persons with confirmed positive tests).

[b] Number of persons with newly diagnosed HIV infection whose test records have valid information on attending first appointment for HIV medical care within 90 days of diagnosis. This includes persons with test setting unknown.

[c] Number of persons with newly diagnosed HIV infection whose test records do not have valid information on attending first appointment for HIV medical care within 90 days of diagnosis.

[d] *Minimum percentage linked* represents the **worst case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming all the clients associated with those records were not linked, then the percentage linked **could** be as low as this.

[e] *Reported percentage linked* represents the percentage of clients linked to HIV medical care in any timeframe, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage linked* represents the **best case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming the clients associated with those records were all linked, then the percentage linked **could** be as high as this.

[g] Other includes missing, invalid, declined, don't know, or not asked.

Table 10. PS12-1201 Category A – PERSONS WITH HIV INFECTION WHO WERE LINKED TO TREATMENT ADHERENCE SERVICES FROM 37 HEALTH DEPARTMENTS IN THE UNITED STATES, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, 2017

Total	Race/ethnicity			Subpopulation				
	Black/African American	Hispanic/Latino	Other/unknown [a]	MSM	IDU	MSM and IDU	High-risk heterosexual	Other/unknown
7,296	2,935 (40.2%)	2,127 (29.2%)	2,234 (30.6%)	3,255 (44.6%)	416 (5.7%)	183 (2.5%)	1,940 (26.6%)	1,502 (20.6%)

Data Source: 2017 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 16, 2018 for project period January 1, 2017 - December 31, 2017.

Note: Other/unknown race/ethnicity and other/unknown risk cannot be split into sub-groups due to aggregate data being collected from grantees using these response categories.
For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] Other/unknown race/ethnicity includes white, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, multi-race or persons whose race/ethnicity status is unknown.

Table 11. PS12-1201 Category A – PERSONS WITH NEWLY DIAGNOSED, CONFIRMED HIV INFECTION WHO WERE INTERVIEWED FOR PARTNER SERVICES, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 58 HEALTH DEPARTMENTS IN THE UNITED STATES, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, 2017

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection[a]	With valid data, interviewed for partner services[b]		Without valid data[c]		Percentage of persons with newly diagnosed, confirmed HIV infection interviewed for partner services		
	Total	Interviewed	Not Interviewed	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Age at test (years)								
<13	3	2	1	0	0.0	66.7	66.7	66.7
13-19	204	145	42	17	8.3	71.1	77.5	79.4
20-29	2,598	1,996	421	181	7.0	76.8	82.6	83.8
30-39	1,539	1,132	292	115	7.5	73.6	79.5	81.0
40-49	679	515	123	41	6.0	75.8	80.7	81.9
50+	613	461	111	41	6.7	75.2	80.6	81.9
Missing/Invalid	3	1	2	0	0.0	33.3	33.3	33.3
Gender								
Male	4,843	3,648	859	336	6.9	75.3	80.9	82.3
Female	689	531	106	52	7.5	77.1	83.4	84.6
Transgender	97	71	21	5	5.2	73.2	77.2	78.4
Other [g]	10	2	6	2	20.0	20.0	25.0	40.0
Race/Ethnicity								
White	1,333	1,018	217	98	7.4	76.4	82.4	83.7
Black or African American	2,389	1,836	361	192	8.0	76.9	83.6	84.9
Hispanic or Latino	1,442	1,093	272	77	5.3	75.8	80.1	81.1
Asian	140	97	38	5	3.6	69.3	71.9	72.9
American Indian or Alaska Native	37	29	5	3	8.1	78.4	85.3	86.5
Native Hawaiian or Pacific Islander	9	8	1	0	0.0	88.9	88.9	88.9
Multi-race	85	61	14	10	11.8	71.8	81.3	83.5
Other [g]	204	110	84	10	4.9	53.9	56.7	58.8

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection[a]	With valid data, interviewed for partner services[b]		Without valid data[c]		Percentage of persons with newly diagnosed, confirmed HIV infection interviewed for partner services		
	Total	Interviewed	Not Interviewed	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
HIV Prevalence								
High	3,030	2,190	685	155	5.1	72.3	76.2	77.4
Medium	2,379	1,863	293	223	9.4	78.3	86.4	87.7
Medium-Low	200	175	13	12	6.0	87.5	93.1	93.5
Low	30	24	1	5	16.7	80.0	96.0	96.7
Subpopulation								
MSM	3,361	2,608	525	228	6.8	77.6	83.2	84.4
MSM and IDU	144	105	24	15	10.4	72.9	81.4	83.3
Transgender persons	93	67	21	5	5.4	72.0	76.1	77.4
Transgender persons and IDU	4	4	0	0	0.0	100.0	100.0	100.0
Persons who inject drugs	146	106	29	11	7.5	72.6	78.5	80.1
Heterosexual male	680	522	111	47	6.9	76.8	82.5	83.7
Heterosexual female	507	409	60	38	7.5	80.7	87.2	88.2
No risk/Missing/Invalid	704	431	222	51	7.2	61.2	66.0	68.5
Total	5,639	4,252	992	395	7.0	75.4	81.1	82.4

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: In 2017, three Category A funded health department and one Category B funded health department did not have newly diagnosed, confirmed HIV-positive tests.

For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] A newly diagnosed confirmed HIV-positive person is defined as a person who tests positive on the current test and has no history of a previous positive test (includes persons with confirmed positive tests only).

[b] Number of newly diagnosed HIV positive persons whose test records have valid information on interview for partner services. This includes persons with test setting unknown.

[c] Number of newly diagnosed HIV positive persons whose test records do not have valid information on interview for partner services.

[d] *Minimum percentage linked* represents the **worst case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming all the clients associated with those records were not linked, then the percentage linked **could** be as low as this.

[e] *Reported percentage linked* represents the percentage of clients linked to HIV medical care in any timeframe, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage linked* represents the **best case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming the clients associated with those records were all linked, then the percentage linked **could** be as high as this.

[g] Other includes missing, invalid, declined, don't know, or not asked.

Table 12. PS12-1201 Category B – PERSONS WITH NEWLY DIAGNOSED, CONFIRMED HIV INFECTION WHO WERE INTERVIEWED FOR PARTNER SERVICES, BY DEMOGRAPHIC CHARACTERISTICS AND SUBPOPULATIONS FROM 33 HEALTH DEPARTMENTS IN THE UNITED STATES AND PUERTO RICO, 2017

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection[a]	With valid data, interviewed for partner services[b]		Without valid data[c]		Percentage of persons with newly diagnosed, confirmed HIV infection interviewed for partner services		
	Total	Interviewed	Not Interviewed	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
Age at test (years)								
<13	8	2	2	4	50.0	25.0	50.0	75.0
13-19	106	58	15	33	31.1	54.7	79.5	85.8
20-29	1,253	717	210	326	26.0	57.2	77.3	83.2
30-39	865	490	177	198	22.9	56.6	73.5	79.5
40-49	456	246	84	126	27.6	53.9	74.5	81.6
50+	468	227	112	129	27.6	48.5	67.0	76.1
Missing/Invalid	20	5	0	15	75.0	25.0	100.0	100.0
Gender								
Male	2,510	1,389	469	652	26.0	55.3	74.8	81.3
Female	602	317	122	163	27.1	52.7	72.2	79.7
Transgender	48	34	6	8	16.7	70.8	85.0	87.5
Other[g]	16	5	3	8	50.0	31.3	62.5	81.3
Race/Ethnicity								
White	489	260	86	143	29.2	53.2	75.1	82.4
Black or African American	1,680	900	311	469	27.9	53.6	74.3	81.5
Hispanic or Latino	712	433	131	148	20.8	60.8	76.8	81.6
Asian	39	20	14	5	12.8	51.3	58.8	64.1
American Indian or Alaska Native	8	2	2	4	50.0	25.0	50.0	75.0
Native Hawaiian or Pacific Islander	3	2	1	0	0.0	66.7	66.7	66.7
Multi-race	16	11	1	4	25.0	68.8	91.7	93.8
Other[g]	229	117	54	58	25.3	51.1	68.4	76.4

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection[a]	With valid data, interviewed for partner services[b]		Without valid data[c]		Percentage of persons with newly diagnosed, confirmed HIV infection interviewed for partner services		
	Total	Interviewed	Not Interviewed	n	%	Minimum %[d]	Reported %[e]	Maximum %[f]
HIV Prevalence								
High	2,441	1,246	446	749	30.7	51.0	73.6	81.7
Medium	735	499	154	82	11.2	67.9	76.4	79.0
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Subpopulation								
MSM	1,123	721	174	228	20.3	64.2	80.6	84.5
MSM and IDU	49	28	18	3	6.1	57.1	60.9	63.3
Transgender persons	45	32	5	8	17.8	71.1	86.5	88.9
Transgender persons and IDU	3	2	1	0	0.0	66.7	66.7	66.7
Persons who inject drugs	54	28	20	6	11.1	51.9	58.3	63.0
Heterosexual male	331	195	41	95	28.7	58.9	82.6	87.6
Heterosexual female	277	170	47	60	21.7	61.4	78.3	83.0
No risk/Missing/Invalid	1,294	569	294	431	33.3	44.0	65.9	77.3
Total	**3,176**	**1,745**	**600**	**831**	**26.2**	**54.9**	**74.4**	**81.1**

Data Source: 2017 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: In 2017, three Category A funded health department and one Category B funded health department did not have newly diagnosed, confirmed HIV-positive tests.
N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence. (Refer to Appendix A: Technical notes and definitions section on page 29).
For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] A newly diagnosed confirmed HIV-positive person is defined as a person who tests positive on the current test and has no history of a previous positive test (includes persons with confirmed positive tests only).

[b] Number of newly diagnosed HIV positive persons whose test records have valid information on interview for partner services. This includes persons with test setting unknown.

[c] Number of newly diagnosed HIV positive persons whose test records do not have valid information on interview for partner services.

[d] *Minimum percentage interviewed* represents the **worst case scenario** for percentage of clients interviewed for partner services. Considering the number of records missing data on interview for partner services, the percentage interviewed **could** be as low as this.

[e] *Reported percentage interviewed* represents the percentage of clients interviewed for partner services, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage interviewed* represents the **best case scenario** for percentage of clients interviewed for partner services. Considering the number of records missing data on interview for partner services, the percentage interviewed **could** be as high as this.

[g] Other includes missing, invalid, declined, don't know, or not asked.

Table 13. PS12-1201 Categories A and B – PERSONS WITH NEWLY DIAGNOSED, CONFIRMED HIV INFECTION REFERRED TO HIV PREVENTION SERVICES, 2017

Persons with newly diagnosed, confirmed HIV infection[a]	With valid data referred to HIV prevention services[b]	Without valid data[c]	Percent of records without valid data on referral to HIV prevention services	Minimum % referred to HIV prevention services[d]	Reported % referred to HIV prevention services[e]	Maximum % referred to HIV prevention services[f]
Category A: No NOFO requirement (HDs=58)						
5,639	4,361	601	10.7	77.3	86.6	88.0
Category B: ≥ 80% (HDs=33)						
3,176	1,730	1,075	33.8	54.5	82.3	88.3

Data Source: NHM&E HIV test-level submitted through EvaluationWeb® as of March 16, 2018 for the project period January 1, 2017 - December 31, 2017.

Note: : In 2017, three Category A funded health department and one Category B funded health department did not have newly diagnosed, confirmed HIV-positive tests.

[a] A person with newly diagnosed, confirmed HIV infection is a person who tests positive on the current test and has no history of a previous positive test (includes only persons with confirmed positive tests).

[b] Number of persons with newly diagnosed, confirmed HIV infection whose test records have valid information on referral to HIV prevention services.

[c] Number of persons with newly diagnosed, confirmed HIV infection whose test records do not have valid information on referral to HIV prevention services.

[d] *Minimum percentage linked* represents the **worst case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming all the clients associated with those records were not linked, then the percentage linked **could** be as low as this.

[e] *Reported percentage linked* represents the percentage of clients linked to HIV medical care in any timeframe, based only on records with valid data on this outcome. This is the value used to determine whether or not the health department has met the NOFO objective.

[f] *Maximum percentage linked* represents the **best case scenario** for percentage of clients linked to HIV medical care in any timeframe. Considering the number of records missing data on linkage, and assuming the clients associated with those records were all linked, then the percentage linked **could** be as high as this.

Table 14. PS12-1201 Category A – PERSONS ENROLLED IN ONE OR MORE RISK-REDUCTION INTERVENTIONS, BY DEMOGRAPHIC CHARACTERISTICS, SUBPOPULATIONS, AND HIV STATUS IN THE UNITED STATES, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, 2017

Characteristics	HIV-positive persons (HDs=33)		HIV-negative persons (HDs=35)	
	n	%	n	%
Age at test (years)				
<13	8	0.1	9	<0.05
13-19	78	1.0	1,071	3.9
20-29	1,429	17.7	9,968	36.0
30-39	1,793	22.2	7,845	28.3
40-49	1,748	21.7	4,524	16.3
50+	2,994	37.1	4,244	15.3
Missing/Invalid	14	0.2	15	0.1
Gender				
Male	6,026	74.7	18,550	67.0
Female	1,781	22.1	8,336	30.1
Transgender	253	3.1	767	2.8
Other[a]	4	0.0	23	0.1
Race/Ethnicity				
White	1,779	22.1	9,575	34.6
Black or African American	3,484	43.2	9,458	34.2
Hispanic or Latino	2,515	31.2	7,229	26.1
Asian	79	1.0	424	1.5
American Indian or Alaska Native	52	0.6	153	0.6
Native Hawaiian or Pacific Islander	8	0.1	46	0.2
Multi-race	63	0.8	504	1.8

Characteristics	HIV-positive persons (HDs=33)		HIV-negative persons (HDs=35)	
	n	%	n	%
Other[a]	84	1.0	287	1.0
HIV Prevalence				
High	6,704	83.1	24,591	88.9
Medium	1,290	16.0	2,636	9.5
Medium-Low	47	0.6	418	1.5
Low	23	0.3	31	0.1
Subpopulation				
MSM	3,456	42.9	6,856	24.8
MSM and IDU	381	4.7	406	1.5
Persons who inject drugs	491	6.1	7,365	26.6
Heterosexual male	898	11.1	5,555	20.1
Heterosexual female	1,116	13.8	4,750	17.2
Other[b]	288	3.6	1,070	3.9
No risk/Missing/Invalid	1,434	17.8	1,674	6.0
Total	**8,064**		**27,676**	

Data Source: 2017 NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2018 for project period January 1, 2017 - December 31, 2017.

Note: For subpopulation definitions, refer to Appendix A: Technical notes and definitions section on page 33.

[a] Other includes missing, invalid, declined, don't know, or not asked.

[b] Other includes transgender persons; transgender persons and IDU; sex with transgender persons; and women who have sex with women.