HIV | NATIONAL PROGRESS REPORT

National HIV Progress Report, 2024

Includes national-level HIV indicator data
through 2022 where available

Suggested citation

On the Web: https://stacks.cdc.gov/view/cdc/170363

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Acknowledgments

Contents

Commentary

This National HIV Progress Report monitors 13 key HIV indicators used to measure progress toward achieving the 2025 national HIV prevention and care goals for the United States, as well as reducing health disparities among disproportionately affected populations. Progress on these indicators is crucial for ending HIV in the United States, as outlined in the National HIV/AIDS Strategy for the United States 2022–2025 (NHAS) [1]. The strategies and quantitative goals for these national indicators are used across multiple federal initiatives, including NHAS, the Ending the HIV Epidemic in the U.S. (EHE) initiative [2], and Healthy People 2030 [3]. These data are used to inform program planning and accelerate action in three key areas:

- Prevent new HIV infections
- Improve HIV-related outcomes for persons with HIV
- Reduce HIV-related disparities

The complete definition for each indicator can be viewed in the Appendix of this report and in the NHAS 2022–2025 [1]. Briefly, the 13 national HIV indicators for 2025 are:

Indicator 1: Increase **knowledge of HIV status** to 95%[1]

Indicator 2: Reduce **new HIV infections** by 75%[1]

Indicator 3: Reduce **new HIV diagnoses** by 75%[1]

Indicator 4: Increase **preexposure prophylaxis (PrEP) coverage** to 50%[1]

Indicator 5: Increase **linkage to HIV care** within 1 month of diagnosis to 95%[1]

Indicator 6: Increase **viral suppression** among persons with diagnosed HIV to 95%[1]

Indicator 7: Decrease **HIV stigma** among persons with diagnosed HIV by 50%

Indicator 8: Increase **lesbian, gay, bisexual, transgender, and queer (LGBTQ)-supportive school policies and practices** in secondary schools to 65%

Indicator 9: Increase good or better **self-rated health** among persons with diagnosed HIV to 95%

Indicator 10: Reduce unmet need for **mental health services from a mental health professional** among persons with diagnosed HIV who needed services by 50%

Indicator 11: Reduce **hunger/food insecurity** among persons with diagnosed HIV by 50%

Indicator 12: Reduce **unemployment** among persons with diagnosed HIV by 50%

Indicator 13: Reduce **unstable housing or homelessness** among persons with diagnosed HIV by 50%

To monitor progress toward addressing HIV-related disparities, the viral suppression indicator is also measured for the following disproportionately affected populations:

Indicator 6a: Increase viral suppression among gay, bisexual, and other men who have sex with men (**MSM**) with diagnosed HIV to 95%

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[1]This indicator is also monitored for the EHE initiative.

Indicator 6b: Increase viral suppression among **Black MSM** with diagnosed HIV to 95%

Indicator 6c: Increase viral suppression among **Latino MSM** with diagnosed HIV to 95%

Indicator 6d: Increase viral suppression among **American Indian/Alaska Native MSM** with diagnosed HIV to 95%

Indicator 6e: Increase viral suppression among **Black women** with diagnosed HIV to 95%

Indicator 6f: Increase viral suppression among **transgender women in HIV medical care** to 95%

Indicator 6g: Increase viral suppression among **persons who inject drugs** with diagnosed HIV to 95%

Indicator 6h: Increase viral suppression among **youth aged 13–24 years** with diagnosed HIV to 95%

Each year, CDC publishes the table, Monitoring national HIV prevention goals by using data from the National HIV Surveillance System (NHSS) and other reporting systems (available at https://www.cdc.gov/ hiv-data/initiatives/prevention-goals-table.html), which provides the most recent data for all national HIV prevention goals [4]. The data in the table are also published in CDC's key HIV Surveillance, Supplemental, and Special Reports [5–8]. To complement these data, the current report establishes annual targets needed to reach the 2025 goals set forth in NHAS 2022–2025 and the EHE initiative, then measures and categorizes the level of progress made toward those targets and goals. Results are based on the baseline data year (2017; in some cases, 2018) as outlined in NHAS, through the most recent year of data availability (2022). Data are displayed at the national level (i.e., 50 states and the District of Columbia) for all indicators with available data.

Progress is not reported for indicators 4 (PrEP coverage) and 8 (LGBTQ-supportive school policies and practices). In May 2024, CDC paused reporting on the PrEP coverage indicator to update both the numerator and denominator using more recent data and to evaluate the methods used to estimate the denominator [6]. For the LGBTQ-supportive school policies and practices indicator, changes in questionnaire variables and methodology have resulted in data inconsistencies across the survey's biennial reporting years. Therefore, progress cannot be analyzed for indicators 4 and 8 at this time.

For each indicator presented, the baseline and 2022 values are presented, along with the 2022 annual target that was needed to be on track for reaching the 2025 goal. Annual targets were established using an Annual Percent Change (APC) methodology; see Technical Notes for a description of the APC method. The 2022 value was evaluated to determine how closely it aligns with the annual target projected for the year 2022 using the APC method. Progress status was then classified into categories using the following symbols and associated definitions:

2025 goal met

Met or exceeded the annual target

Made progress toward the annual target

Did not make progress toward the annual target

Key Findings: Progress Toward 2025 Goals

The results show some encouraging signs of progress and draw attention to areas where improvement is needed:

- Most indicators **made progress** toward the 2025 goals but did not reach the 2022 annual target. For example:
  - The number of new HIV infections decreased from an estimated 37,000 in 2017 to 31,800 in 2022; this represents an impressive 14% decrease in new infections, but to reach the 2025 goal of 9,300, more effort is needed.
- Two indicators and one priority population **did not make progress** toward the annual target. Specifically:
  - Indicator 6g: Viral suppression among persons who inject drugs
  - Indicator 9: Self-rated health
  - Indicator 10: Unmet need for mental health services
- No indicators met or exceeded the annual targets, nor reached the 2025 goal.

The national HIV indicators provide an important opportunity to reflect on our progress as a nation and understand where we need to enhance HIV prevention and care efforts. It is important to consider external factors that can influence progress such as the COVID-19 pandemic, which had a significant impact on access to HIV testing, care, and related services in 2020; the pandemic effects may have continued to influence U.S. public health systems through 2022 and, therefore, hindered progress toward the goals of our national indicators.

Scientific advances in HIV prevention, care, and treatment provide opportunities to make tremendous improvements in reducing new HIV infections and providing care for persons living with HIV in the U.S. However, progress cannot be made without addressing longstanding barriers to prevention and care services, which drive disparities and impact health outcomes [9–11]. Consistent, comprehensive, accessible, and sustainable health care with supportive services is critical to improve health and quality of life and prevent community transmission to end HIV in the United States.

Technical Notes

DATA SOURCES

Data for the 13 national HIV indicators are from several sources including the Centers for Disease Control and Prevention's (CDC) National HIV Surveillance System (NHSS), Medical Monitoring Project (MMP), and Youth Risk Behavior Surveillance System (YRBSS), as well as the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR). In May 2024, CDC paused reporting of the PrEP coverage indicator to update the datasets and methods used to calculate both the numerator and denominator for this indicator [6].

National HIV Surveillance System

NHSS is one of the nation's primary sources of information on HIV in the United States. Deidentified case information about persons with confirmed HIV diagnoses is reported to CDC by state, local, and territorial health departments. The data include demographic characteristics, transmission category, and all test results indicative of HIV infection. These data are used to monitor the distribution and transmission of HIV, plan and fund HIV prevention and care programs, inform policy development, and identify and respond to rapid transmission of HIV. More information is available at https://www.cdc.gov/hiv-data/nhss/index.html.

Medical Monitoring Project

MMP is a nationally representative, population-based surveillance system that uses interviews and medical chart abstraction to collect data on, and provide information about, the behaviors, clinical outcomes, quality of care, and barriers to care and treatment among U.S. adults with diagnosed HIV. MMP is conducted by local and state health departments in partnership with CDC. The data collected include demographic, clinical, and behavioral characteristics. This information is used to help inform policy and funding to improve care and reduce disparities among persons with HIV. More information is available at https://www.cdc.gov/hiv-data/mmp/.

Youth Risk Behavior Surveillance System

YRBSS is a surveillance system that includes information from the Youth Risk Behavior Survey and surveys conducted in departments of health and education at the state, tribal, territorial, and local levels. The data are representative of all public and private school students in grades 9–12 in the 50 states and the District of Columbia. Data are collected biannually and are used to monitor health-related behaviors that contribute to death, disability, and social problems among adolescents in the United States. More information is available at https://www.cdc.gov/yrbs/index.html.

HRSA Ryan White HIV/AIDS Program Services Report

HRSA's RWHAP provides direct HIV care, treatment, and support services to more than half of all persons with diagnosed HIV in the United States. RSR data are submitted annually to HRSA by RWHAP-funded grant recipients and subrecipients in the 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The RSR data include demographic and clinical characteristics of clients served and services delivered. These data are used to understand client HIV-related outcomes, identify and address HIV-related disparities,

and inform data-driven program decision-making. More information is available at https://ryanwhite.hrsa.gov/data/reports.

METHODS

For each indicator, annual targets needed to reach 2025 goals from the baseline values were calculated. To measure progress toward the 2025 goals, observed or estimated indicator values for each year were compared to the target value (i.e., the annual target) for that year; this report measures progress as of 2022, the most recent year of available data.

> *Observed indicators* refer to those with actual values collected or assessed based on exact measurements through HIV case and laboratory reporting (i.e., NHSS) [5, 6] or program reporting (i.e., RSR) [12]. The observed key national HIV indicators are diagnoses, linkage to medical care, and viral suppression.

> *Estimated indicators* refer to those based on modeling methodologies and survey sampling design, as described previously [7, 8]. Estimated indicators include knowledge of HIV status, new HIV infections (i.e., HIV incidence), HIV stigma, good or better self-rated health, unmet need for mental health services, hunger/food insecurity, unemployment, and unstable housing or homelessness.

To determine annual target values for each indicator, the annual percent change (APC) method was used. This method assumes a constant rate of change each year. For this report, the constant percentage change (initial APC) needed from the indicator's baseline value to reach the target value by the goal year was calculated; then, the initial annual targets were calculated. The initial APC and annual targets formulas are:

$$Initial\ APC = \left| \left| \left(\frac{T}{B_0} \right)^{\frac{1}{n_0}} \right| - 1 \right| * 100$$

$$Initial\ Annual\ Target = Year\ Value * (1 + Initial\ APC)$$

Where B_0 is the baseline year value, T is the target year value, and n_0 is the total number of years from the baseline year to the target year. Starting with the baseline year value (B_0) as the first "Year Value," initial annual target values were calculated for each subsequent year until the target year value (T) was reached. The annual target year values were determined based on the calculation of the previous year's target value.

Next, based on the data reported for each year, the observed APC was calculated (i.e., the annual percent change that actually occurred during the time period) starting from the indicator's baseline year to the most recent year's value. The formula is:

$$Observed\ APC = \left| \left| \left(\frac{B_0}{B_1} \right)^{\frac{1}{n_1}} \right| - 1 \right| * 100$$

Where B_0 is the baseline year value, B_1 is the most recent year value, and n_1 is the total number of years from the baseline year to the most recent year.

Lastly, *adjusted* APC values and annual targets were calculated, which represent the updated amount of change and annual target values needed from the most recent data year to reach the target year goal, given the recent data year values. The formulas are:

$$Adjusted\ APC = \left|\left|\left(\frac{T}{B_1}\right)^{\frac{1}{n_2}}\right| - 1\right| * 100$$

$$Adjusted\ Annual\ Target = Year\ Value * (1 + Adjusted\ APC)$$

Where B_1 is the most recent year value, T is the target year value, and n_2 is the total number of years from the most recent year to the target year. Starting with the most recent year value (B_1) as the first "Year Value," adjusted annual target values were calculated for each subsequent year. Each year's target value was based on the previous year's calculated value, continuing until the target year value (T) was reached.

An example using **hypothetical data** is provided below to illustrate the calculations for initial APCs and annual targets, *observed* values and APCs (grey), and *adjusted* APCs and annual targets (peach).

Hypothetical APC and targets for linkage to HIV medical care

Year	Initial APC	Initial Annual Target	Target 2025	Baseline	Observed % Linked		Observed APC	
2017		80.5			80.5			
2018	2.1%	82.2	95.0	80.5	81.1		0.7%	
2019	2.1%	83.9	95.0	80.5	82.9		1.5%	
2020	2.1%	85.7	95.0	80.5	84.2		1.5%	
2021	2.1%	87.4	95.0	80.5	84.6		1.2%	
2022	2.1%	89.3	95.0	80.5	86.0		1.3%	
2023	2.1%	91.1	95.0	80.5	**Adjusted Annual Target**	88.9	**Adjusted APC**	3.4%
2024	2.1%	93.1	95.0	80.5		91.9		3.4%
2025	2.1%	95.0	95.0	80.5		**95.0**		3.4%

For this hypothetical scenario where the most recent year of data is 2022, the results are:

Initial APC for Linkage to HIV Medical Care:

$$= \left| \left| \left(\frac{95.0}{80.5} \right)^{\frac{1}{8}} \right| - 1 \right| * 100 = 2.1\% \; or \; 0.0209$$

Initial Annual Target for Linkage to HIV Medical Care in 2018:

$$= \; 80.5 * (1 + .0209) = 82.2\%$$

Observed APC for Linkage to HIV Medical Care:

$$= \left| \left| \left(\frac{86.0}{80.5} \right)^{\frac{1}{5}} \right| - 1 \right| * 100 = 1.3\% \; or \; 0.013$$

Adjusted APC for Linkage to HIV Medical Care:

$$= \left| \left| \left(\frac{95.0}{86.0} \right)^{\frac{1}{3}} \right| - 1 \right| * 100 = 3.4\% \; or \; 0.034$$

Adjusted Annual Target for Linkage to HIV Medical Care in 2023 based on observed value for 2022:

$$= \; 86.0 * (1 + .034) = 88.9\%$$

Interpretation: To reach the 95% linkage to care goal by 2025, an annual percent change of approximately 2.1% was needed beginning in 2017. In 2022, linkage to medical care among persons with a new HIV diagnosis was 86.0%, which represents a 1.3% average annual percent change. Over the next 3 years (2023–2025), an average increase in linkage to care of at least 3.4% each year will be needed to reach the goal of 95% by 2025.

Classification of Indicator Progress Status

HIV indicator progress is classified according to the distance between the data values and their annual target values and 2025 goal values; in this report, 2022 data values were compared with 2022 target values and 2025 goal values to assess current progress towards meeting 2025 goals. The "expectation" is that each year's observed or estimated value will meet or exceed the annual target value projected using the APC method. The classification categories, symbols, and definitions for progress status are as follows:

2025 goal met

Met or exceeded the annual target

Made progress toward the annual target

Did not make progress toward the annual target

Determining the Progress Status of Estimated and Observed Indicators

Observed Indicators

For observed indicators (i.e., diagnoses, linkage, viral suppression), progress status was determined by comparing the most recent year's value to the annual target value, the baseline value, and the target value for the goal year. The calculation of status for each indicator was based on whether the indicator's value must increase to reach the goal (e.g., linkage to medical care and viral suppression) or decrease to meet the goal (e.g., diagnoses):

Decreasing Observed Indicators	Increasing Observed Indicators
Goal met (★) if **Most Recent Year Value** ≤ Target Year Value	**Goal met (★)** if **Most Recent Year Value** ≥ Target Year Value
Met or exceeded the annual target (✓) if Target Year Value < **Most Recent Year Value** ≤ Annual Target Value	**Met or exceeded the annual target (✓)** if Target Year Value > **Most Recent Year Value** ≥ Annual Target Value
Made progress (➜) if Annual Target Value < **Most Recent Year Value** < Baseline Year Value	**Made progress (➜)** if Annual Target Value > **Most Recent Year Value** > Baseline Year Value
Did not make progress (✖) if Baseline Year Value ≤ **Most Recent Year Value**	**Did not make progress (✖)** if Baseline Year Value ≥ **Most Recent Year Value**

Figures 1 and 2 demonstrate how progress classification was determined for observed indicators.

Figure 1. Example of a decreasing observed indicator (HIV diagnoses) classification determination
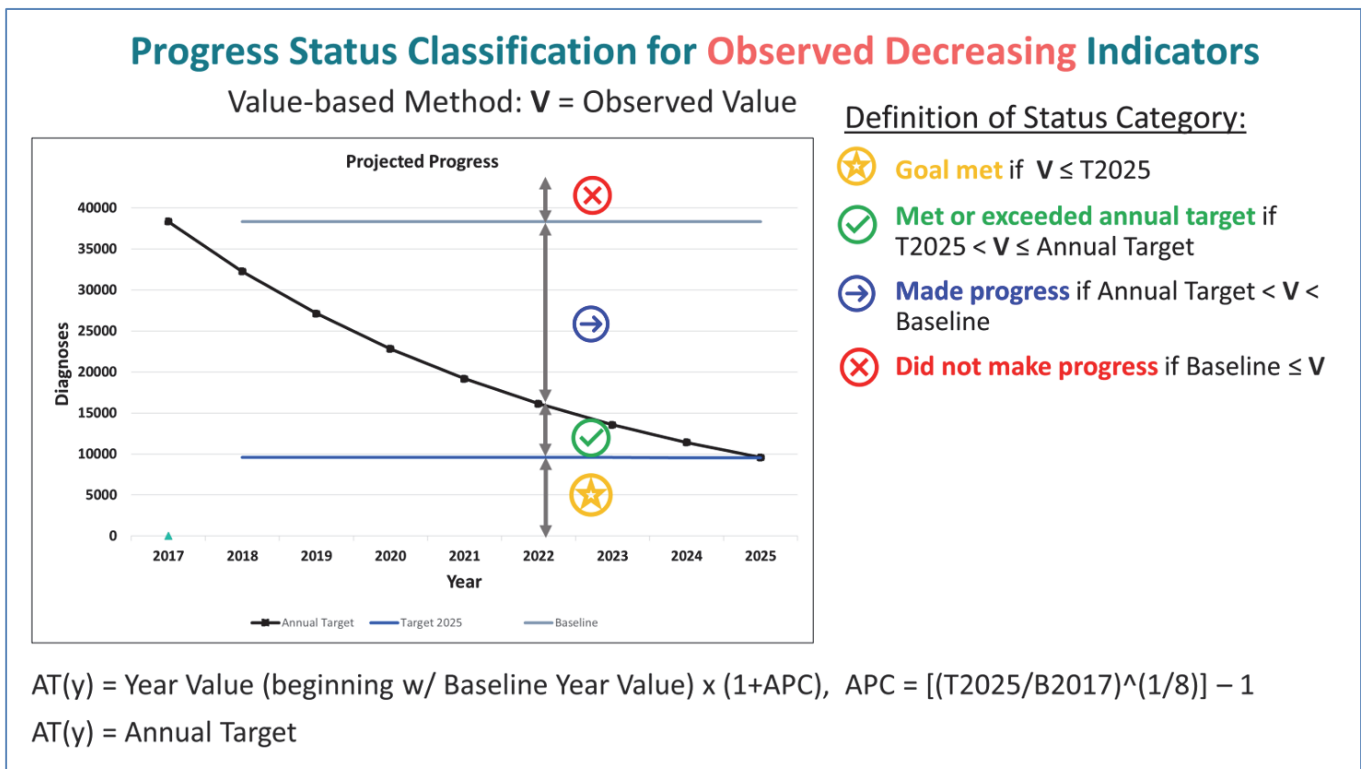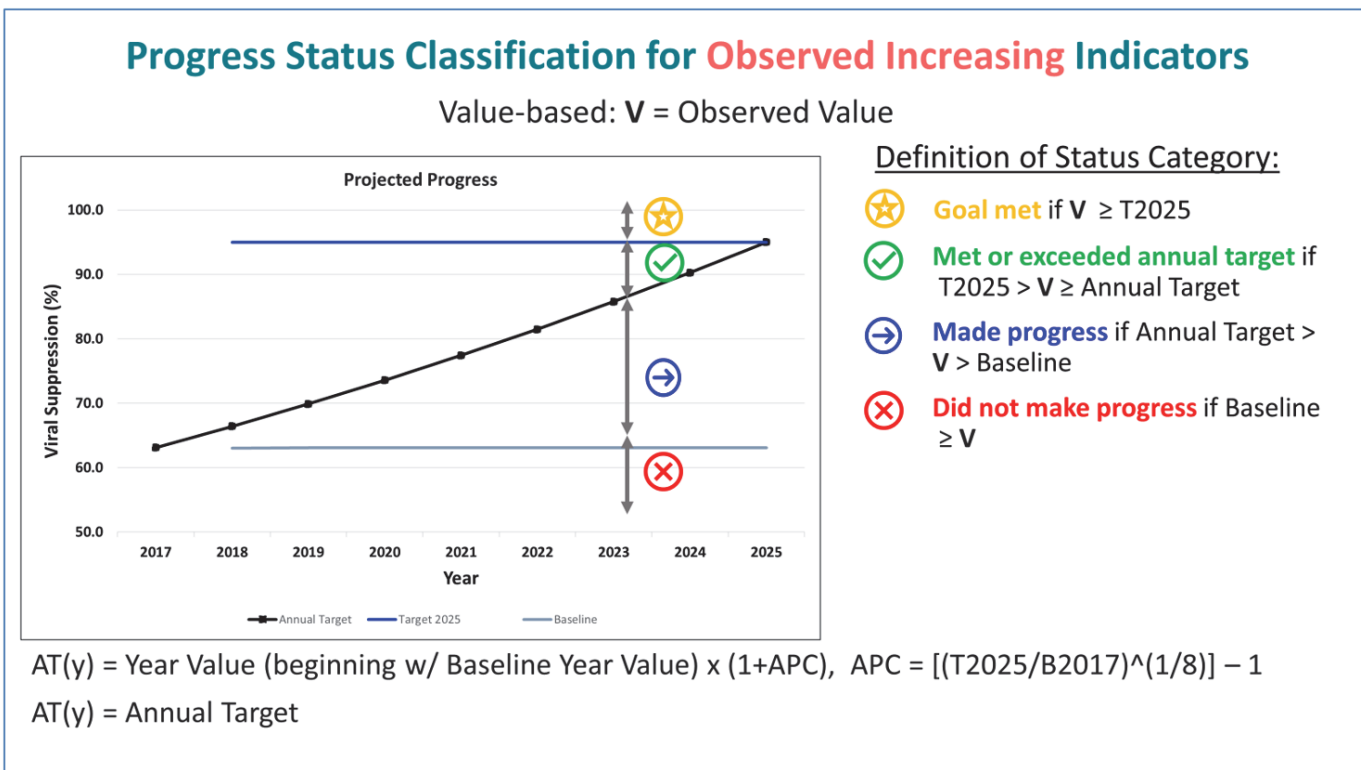

Progress Status Classification for Observed Decreasing Indicators

Value-based Method: V = Observed Value

Projected Progress

Definition of Status Category:

⭐ **Goal met** if $V \leq T2025$

✅ **Met or exceeded annual target** if $T2025 < V \leq$ Annual Target

➡️ **Made progress** if Annual Target $< V <$ Baseline

❌ **Did not make progress** if Baseline $\leq V$

AT(y) = Year Value (beginning w/ Baseline Year Value) x (1+APC), APC = $[(T2025/B2017)^{\wedge}(1/8)] - 1$

AT(y) = Annual Target

Figure 2. Example of an increasing observed indicator (viral suppression) classification determination

Progress Status Classification for Observed Increasing Indicators

Value-based: V = Observed Value

Projected Progress

Definition of Status Category:

⭐ **Goal met** if $V \geq T2025$

✅ **Met or exceeded annual target** if $T2025 > V \geq$ Annual Target

➡️ **Made progress** if Annual Target $> V >$ Baseline

❌ **Did not make progress** if Baseline $\geq V$

AT(y) = Year Value (beginning w/ Baseline Year Value) x (1+APC), APC = $[(T2025/B2017)^{\wedge}(1/8)] - 1$

AT(y) = Annual Target

Estimated Indicators

Due to the inherent uncertainty in estimating indicators such as knowledge of HIV status, HIV incidence, and HIV stigma, progress status was determined using a maximum probability (MaxP) classification. This method estimates the category in which the true value of the most recent year's estimate is likely to fall. Several factors inform this assessment, including the most recent year's estimated value and its standard error (U), the annual target, the baseline value, and the target value for the goal year. Assuming a normal distribution, probabilities are calculated for each progress status category based on these factors. The category with the highest probability is assigned to that specific indicator. For most estimated indicators, a decreasing value signifies better progress; the exceptions are knowledge of HIV status and self-rated health, where increasing values indicate better progress. The progress status classifications for estimated indicators are as follow:

Decreasing Estimated Indicators	Increasing Estimated Indicators
P(A) = Prob (U ≤ Target Year Value)	P(A) = Prob (U ≥ Target Year Value)
P(B) = Prob (Target Year Value < U ≤ Annual Target Value)	P(B) = Prob (Target Year Value > U ≥ Annual Target Value)
P(C) = Prob (Annual Target Value < U < Baseline Year Value)	P(C) = Prob (Annual Target Value > U > Baseline Year Value)
P(D) = Prob (Baseline Year Value ≤ U)	P(D) = Prob (Baseline Year Value ≥ U)
Goal met (★) if P(A) ≥ 0.5 else	
Met or exceeded the annual target (✓) if P(A) or P(B) = MaxP else	
Made progress (➔) if P(C) = MaxP else	
Did not make progress (✖) if P(D) = MaxP	

Figures 3 and 4 demonstrate how progress classification was determined for estimated indicators.

Figure 3. Example of a decreasing estimated indicator (new HIV infections) classification determination using maximum probability
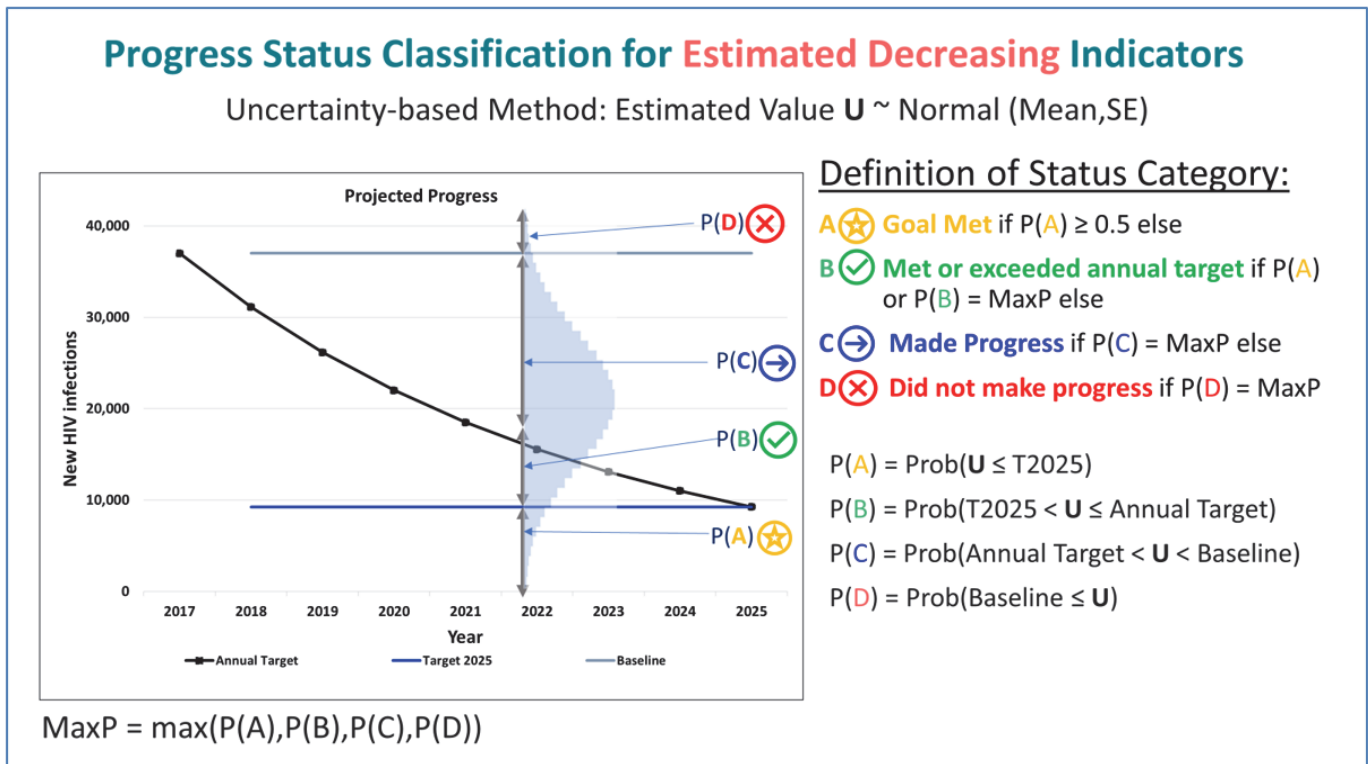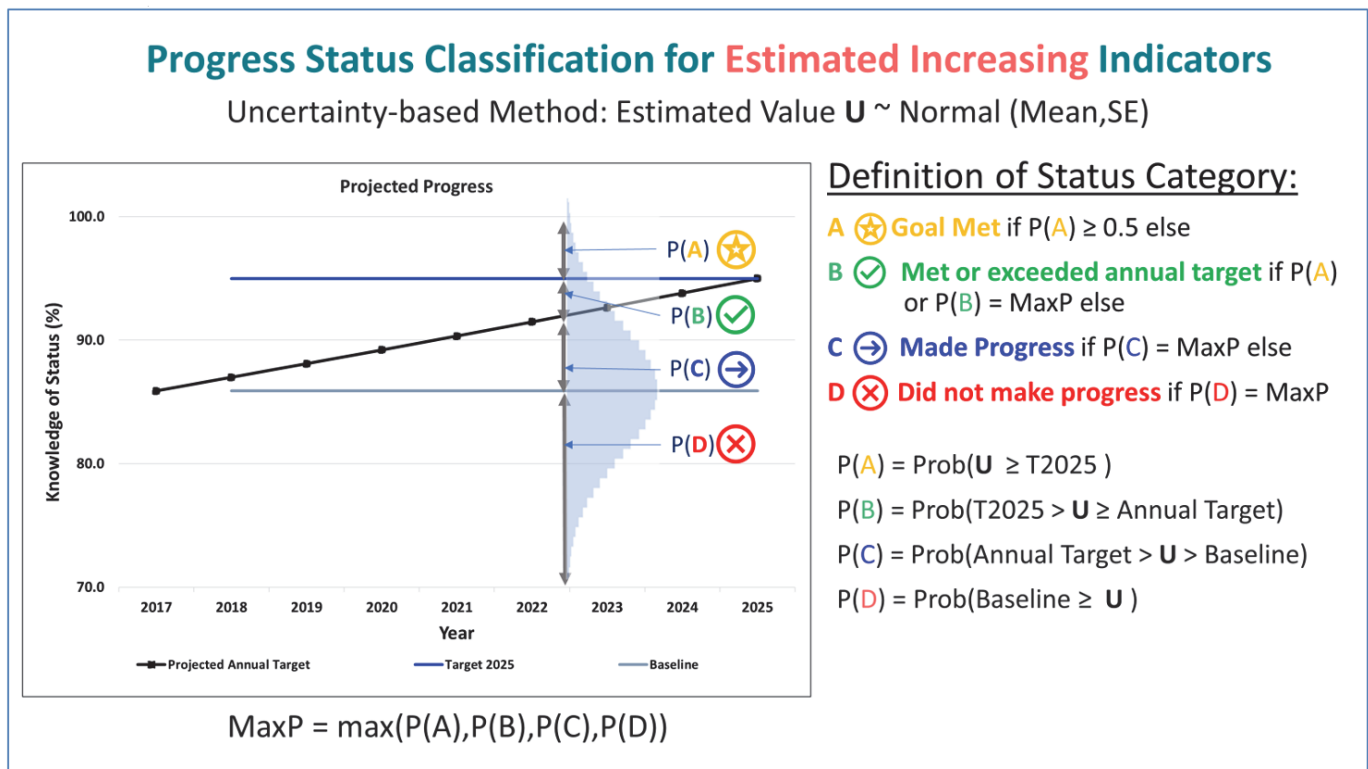

Progress Status Classification for Estimated Decreasing Indicators

Uncertainty-based Method: Estimated Value **U** ~ Normal (Mean,SE)

Definition of Status Category:

A ⭐ **Goal Met** if P(A) ≥ 0.5 else

B ✅ **Met or exceeded annual target** if P(A) or P(B) = MaxP else

C ➡️ **Made Progress** if P(C) = MaxP else

D ❌ **Did not make progress** if P(D) = MaxP

P(A) = Prob(**U** ≤ T2025)

P(B) = Prob(T2025 < **U** ≤ Annual Target)

P(C) = Prob(Annual Target < **U** < Baseline)

P(D) = Prob(Baseline ≤ **U**)

MaxP = max(P(A),P(B),P(C),P(D))

Figure 4. Example of an increasing estimated indicator (knowledge of HIV status) classification determination using maximum probability

Progress Status Classification for Estimated Increasing Indicators

Uncertainty-based Method: Estimated Value **U** ~ Normal (Mean,SE)

Definition of Status Category:

A ⭐ **Goal Met** if P(A) ≥ 0.5 else

B ✅ **Met or exceeded annual target** if P(A) or P(B) = MaxP else

C ➡️ **Made Progress** if P(C) = MaxP else

D ❌ **Did not make progress** if P(D) = MaxP

P(A) = Prob(**U** ≥ T2025)

P(B) = Prob(T2025 > **U** ≥ Annual Target)

P(C) = Prob(Annual Target > **U** > Baseline)

P(D) = Prob(Baseline ≥ **U**)

MaxP = max(P(A),P(B),P(C),P(D))

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Table. Progress toward 2025 National HIV indicator goals as of 2022, United States

Legend: ⭐ **2025 goal met**   ✅ **Met or exceeded** the annual target   ➡ **Made progress** toward the annual target   ❌ **Did not make progress** toward the annual target

Indicator	Baseline: 2017 data year*	Annual target for 2022 to reach 2025 goal	2022 data year	2025 goal	Status toward 2025 goal
Indicator 1: Increase knowledge of HIV status to 95%[a,b]	85.8%	91.4%	87.2%	95%	➡
Indicator 2: Reduce new HIV infections by 75%[a,b]	37,000	15,600	31,800	9,300	➡
Indicator 3: Reduce new HIV diagnoses by 75%[a,c]	38,351	16,125	37,601	9,588	➡
Indicator 4: Increase PrEP coverage to at least 50%[d]	—	—	—	—	—
Indicator 5: Increase linkage to care within 1 month of diagnosis to 95%[a,e]	77.8%	88.1%	81.6%	95%	➡
Indicator 6: Increase viral suppression among persons with diagnosed HIV to 95%[a,e]	63.1%	81.5%	65.1%	95%	➡
Indicator 6a: Increase viral suppression among MSM with diagnosed HIV to 95%[a,e]	66.1%	82.9%	67.9%	95%	➡
Indicator 6b: Increase viral suppression among Black MSM with diagnosed HIV to 95%[a,e]	58.4%	79.2%	61.8%	95%	➡
Indicator 6c: Increase viral suppression among Latino MSM with diagnosed HIV to 95%[a,e]	64.9%	82.4%	66.7%	95%	➡
Indicator 6d: Increase viral suppression among American Indian/Alaska Native MSM with diagnosed HIV to 95%[a,e]	67.3%	83.5%	67.9%	95%	➡
Indicator 6e: Increase viral suppression among Black women with diagnosed HIV to 95%[a,e]	59.3%	79.6%	62.1%	95%	➡
Indicator 6f: Increase viral suppression among transgender women in HIV medical care to 95%[f]	80.5%	89.3%	86.0%	95%	➡
Indicator 6g: Increase viral suppression among persons who inject drugs with diagnosed HIV to 95%[a]	54.9%	77.3%	54.8%	95%	❌
Indicator 6h: Increase viral suppression among youth aged 13–24 years with diagnosed HIV to 95%[a]	57.1%	78.5%	65.6%	95%	➡
Indicator 7: Decrease HIV stigma among persons with diagnosed HIV by 50%[a,g,h]	31.2	21.0	29.3	16	➡
Indicator 8: Increase LGBTQ-supportive school policies and practices in secondary schools to 65%[a,i]	59.8%	—	—	65%	—
Indicator 9: Increase good or better self-rated health among persons with diagnosed HIV to 95%[a,h]	71.5%	84.1%	69.9%	95%	❌

Table. Progress toward 2025 National HIV indicator goals as of 2022, United States *(cont)*

Legend: ⭐ **2025 goal met**   ✅ **Met or exceeded** the annual target   ➡️ **Made progress** toward the annual target   ❌ **Did not make progress** toward the annual target

Indicator	Baseline: 2017 data year*	Annual target for 2022 to reach 2025 goal	2022 data year	2025 goal	Status toward 2025 goal
Indicator 10: Reduce unmet need for mental health services from a mental health professional among persons with diagnosed HIV by 50%[a,h,j]	24.2%	15.7%	26.8%	12%	❌
Indicator 11: Reduce hunger/food insecurity among persons with diagnosed HIV by 50%[a,h]	21.1%	13.7%	18.6%	11%	➡️
Indicator 12: Reduce unemployment among persons with diagnosed HIV by 50%[a,h]	14.9%	9.7%	11.3%	7%	➡️
Indicator 13: Reduce unstable housing or homelessness among persons with diagnosed HIV by 50%[a,h]	21.0%	14.1%	17.9%	11%	➡️

Abbreviations: APC, annual percent change; PrEP, preexposure prophylaxis; MSM, gay, bisexual, and other men who have sex with men; Em dash (—), denotes data not available; LGBTQ, lesbian, gay, bisexual, transgender, and queer; NHAS, National HIV/AIDS Strategy [footnotes only]; CDC, the Centers for Disease Control and Prevention [footnotes only].

*Note*s. Information on NHAS (2022–2025) can be found at https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/.

The COVID-19 pandemic had a significant impact on access to HIV testing, care, and related services and case surveillance activities in state/local jurisdictions. As the COVID-19 pandemic lasted beyond 2020, readers should consider the potential influence of these pandemic effects on U.S. public health systems when interpreting HIV data for 2022. See Technical Notes in *HIV Surveillance Report, 2022*; vol. 35 for more information.

* Baseline year is 2018 for indicators 7, 8, 9, and 13.

[a] Baseline data for NHAS indicators published at https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf. Baseline data for Quality of Life indicators published at https://files.hiv.gov/s3fs-public/2022-09/NHAS_Federal_Implementation_Plan.pdf.

[b] CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report* 2024;29(No. 1). https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html. Published May 2024.

[c] CDC. *HIV Surveillance Report, 2022*; vol. 35. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html. Published May 2024. Persons aged ≥13 years only.

[d] PrEP coverage reporting has been paused in order to update the data and methodology. Therefore, progress toward the goal cannot be analyzed at this time.

[e] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. *HIV Surveillance Supplemental Report* 2024;29(No. 2). https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-outcomes.html. Published May 2024.

[f] Health Resources and Services Administration. Ryan White HIV/AIDS Program annual data report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023. Baseline data (2017) can be found at: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2017.pdf.

[g] Median value.

[h] CDC. Behavioral and clinical characteristics of persons with diagnosed HIV infection—Medical Monitoring Project, United States, 2022 cycle (June 2022–May 2023). *HIV Surveillance Special Report* 36. https://www.cdc.gov/hiv-data/mmp/behavioral-clinical-characteristics-pwh.html. Published July 2024.

[i] Changes in questionnaire variables and methodology have resulted in data inconsistencies across the survey's biennial reporting years. Therefore, progress toward the goal cannot be analyzed at this time.

[j] Calculated among persons who indicated needing mental health services.

Appendix

INDICATOR SPECIFICATIONS FOR NATIONAL HIV INDICATORS

Indicator 1: Increase knowledge of HIV status

- Definition: Estimated percentage of persons aged ≥13 years with HIV who have received a diagnosis by the end of the measurement year.
  - Numerator: Number of persons aged ≥13 years living with diagnosed HIV at end of the measurement year.
  - Denominator: Estimated number of persons aged ≥13 years living with diagnosed or undiagnosed HIV at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 85.8%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Indicator 2: Reduce new HIV infections

- Definition: Estimated number of new HIV infections among persons aged ≥13 years that occurred in the measurement year and includes diagnosed and undiagnosed infections.
- Baseline year: 2017
- Baseline result: 37,000
- Targets: By 2025, reduce incidence by 75% from baseline. By 2030, reduce incidence by 90% from baseline.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Indicator 3: Reduce new HIV diagnoses

- Definition: Number of persons aged ≥13 years who have received laboratory or clinical confirmation of HIV in a measurement year.
- Baseline year: 2017
- Baseline result: 38,351
- Targets: By 2025, reduce diagnoses by 75% from baseline. By 2030, reduce diagnoses by 90% from baseline.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually. Preliminary data are also available quarterly.

Indicator 4: Increase PrEP coverage

- Definition:
  - Numerator: Number of persons aged ≥16 years who were classified as having been prescribed PrEP in the measurement year.
  - Denominator: Estimated number of persons with indications for PrEP in the measurement year.
- Baseline year: 2017
- Target: By 2025, increase to 50%.
- Data source: PrEP coverage reporting has been paused to make updates.
- Data availability: PrEP coverage reporting has been paused to make updates.

Indicator 5: Increase linkage to care

- Definition: Percentage of persons aged ≥13 years who have received an HIV diagnosis in the measurement year and were linked to HIV medical care within 1 month.
  - Numerator: Number of persons aged ≥13 years with HIV diagnosed in a measurement year and who had ≥1 viral load (VL) or CD4 test ≤1 month after HIV diagnosis.
  - Denominator: Number of persons aged ≥13 years with HIV infection diagnosed during a measurement year.
- Baseline year: 2017
- Baseline result: 77.8%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually. Preliminary data are also available quarterly.

Indicator 6: Increase viral suppression

- Definition: Percentage of persons aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
  - Numerator: Number of persons aged ≥13 years living with diagnosed HIV and have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
  - Denominator: Number of persons aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 63.1%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Indicator 7: Decrease HIV stigma

- Definition: The estimated median score of a 10-item HIV stigma scale, ranging from 0 (no stigma) to 100 (high stigma), measured among the estimated number of persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico.

  Note. The stigma scale was revised for the 2018 data collection cycle to include 3 questions with a 12-month reference period to allow participants to provide experiences in a defined and more recent period of time for 1 domain of stigma (personalized stigma). The other 3 dimensions of stigma captured by the scale-disclosure concerns, negative self-image, and perceived public attitudes about persons with HIV-remained unchanged and are based on current experiences.

- Baseline year: 2018
- Baseline result: 31.2 median score
- Target: By 2025, decrease by 50%.
- Data source: Medical Monitoring Project (MMP)
- Data availability: Data are published annually.

Indicator 8: Increase LGBTQ-supportive school policies and practices

- Definition: This indicator is the median percentage of secondary schools that are implementing at least four of seven school policies and practices that are known to improve health outcomes for both LGBTQ youth and all students: (1) having a Gay/Straight Alliance (GSA) or similar club, (2) identifying safe spaces, (3) prohibiting harassment based on sexual orientation or gender identity, (4) encouraging staff to attend professional development, (5) facilitating access to out-of-school health service providers, (6) facilitating access to out-of-school social and psychological service providers, and (7) providing LGBTQ-relevant curricula or supplementary materials.
- Baseline year: 2018
- Baseline result: 59.8%
- Targets: By 2025, increase the median percentage of secondary schools that are implementing at least four of seven LGBTQ-supportive policies and practices to 65% from a 2018 baseline of 59.8%. By 2030, increase the median percentage of secondary schools to 68.7%.
- Data source: Youth Behavioral Risk Surveillance System (YRBSS)
- Data availability: Data are published bi-annually.

Indicator 9: Increase good or better self-rated health

- Definition:
  - Numerator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year who report good or better health at the time of interview.
  - Denominator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year.
- Baseline year: 2018
- Baseline result: 71.5%
- Target: By 2025, increase to 95%.
- Data source: Medical Monitoring Project (MMP)
- Data availability: Data are published annually.

Indicator 10: Reduce unmet need for mental health services from a mental health professional

- Definition:
  - Numerator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year who reported an unmet need for services from a mental health professional in the past 12 months.
  - Denominator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year and who reported an unmet or met need for services from a mental health professional in the past 12 months. The denominator includes persons who received services from a mental health professional (met need) and persons who reported they needed but did not receive services from a mental health professional (unmet need).
- Baseline year: 2017
- Baseline result: 24.2%
- Target: By 2025, reduce by 50%.
- Data source: Medical Monitoring Project
- Data availability: Data are published annually.

Indicator 11: Reduce hunger/food insecurity

- Definition:
  - Numerator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year who reported being hungry and not eating because there wasn't enough money for food in the past 12 months.
  - Denominator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year.
- Baseline year: 2017
- Baseline result: 21.1%
- Target: By 2025, reduce by 50%.
- Data source: Medical Monitoring Project
- Data availability: Data are published annually.

Indicator 12: Reduce unemployment

- Definition:
  - Numerator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year who reported being out of work at the time of interview.
  - Denominator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year.
- Baseline year: 2017
- Baseline result: 14.9%
- Target: By 2025, reduce by 50%.
- Data source: Medical Monitoring Project
- Data availability: Data are published annually.

Indicator 13: Reduce unstable housing or homelessness

- Definition:
  - Numerator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year who reported being unstably housed or homeless in the past 12 months. Unstable housing is defined as being evicted, moving two or more times, or moving in with others because of financial problems (also known as doubling up). Homeless was defined as living on the street, in a shelter, a single room occupancy hotel, or a car.
  - Denominator: The estimated number of persons aged ≥18 years with diagnosed HIV in the measurement year.
- Baseline year: 2018
- Baseline result: 21.0%
- Target: By 2025, reduce by 50%.
- Data source: Medical Monitoring Project
- Data availability: Data are published annually.

Disparity Indicators

To monitor progress in addressing HIV disparities, the viral suppression indicator is monitored for the following populations.

MSM

- Definition: Percentage of MSM aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
  - Numerator: Number of persons with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV with a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
  - Denominator: Number of persons with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 66.1%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Black/African American MSM

- Definition: Percentage of Black/African American MSM aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
    - Numerator: Number of Black/African American persons with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV who have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
    - Denominator: Number of Black/African American persons with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 58.4%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Hispanic/Latino MSM

- Definition: Percentage of Hispanic/Latino MSM aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
    - Numerator: Number of Hispanic/Latino persons with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV who have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
    - Denominator: Number of Hispanic/Latino persons with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 64.9%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

American Indian/Alaska Native MSM

- Definition: Percentage of American Indian/Alaska Native MSM aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
    - Numerator: Number of American Indian/Alaska Native persons aged ≥13 years with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV who have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
    - Denominator: Number of American Indian/Alaska Native persons aged ≥13 years with male-to-male sexual contact (MSM) aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 67.3%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Black women

- Definition: Percentage of Black/African American women aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
  - Numerator: Number of Black/African American females (based on sex assigned at birth) aged ≥13 years living with diagnosed HIV who have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
  - Denominator: Number of Black/African American females (based on sex assigned at birth) aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 59.3%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Transgender women in HIV medical care

- Definition: Percentage of transgender women living with diagnosed HIV receiving medical care from a RWHAP provider who have a suppressed viral load at the most recent test during the measurement year.
  - Numerator: Number of transgender women living with HIV aged ≥13 years who received at least one outpatient ambulatory health services (OAHS) visit from a RWHAP provider and at least one viral load test during the measurement year, whose most recently reported HIV test result was <200 copies/mL.
  - Denominator: Number of transgender women living with HIV aged ≥13 years who received at least one OAHS visit and had at least one viral load test during the measurement year.
- Baseline year: 2017
- Baseline result: 80.5%
- Target: By 2025, increase to 95%.
- Data source: Ryan White HIV/AIDS Program Services Report
- Data availability: Data are published annually.

Persons who inject drugs (PWID)

- Definition: Percentage of PWID aged ≥13 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
  - Numerator: Number of persons who inject drugs aged ≥13 years living with diagnosed HIV who have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
  - Denominator: Number of persons who inject drugs aged ≥13 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 54.9%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.

Youth aged 13-24 years

- Definition: Percentage of persons aged 13–24 years living with diagnosed HIV who have a suppressed viral load at the most recent test during the measurement year.
  - Numerator: Number of persons aged 13–24 years living with diagnosed HIV who have a viral load test result <200 copies/mL at the most recent viral load test during a measurement year.
  - Denominator: Number of persons aged 13–24 years living with diagnosed HIV by the end of the year prior to the measurement year and alive at the end of the measurement year.
- Baseline year: 2017
- Baseline result: 54.9%
- Target: By 2025, increase to 95%.
- Data source: National HIV Surveillance System (NHSS)
- Data availability: Data are published annually.