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CDC-Funded HIV Testing Services Outcomes in *Ending the HIV Epidemic in the U.S.* (EHE) and Non-EHE Jurisdictions, 2021

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Abstract

Background: *Ending the HIV Epidemic in the U.S.* (EHE) aims to end the HIV epidemic by focusing on 57 jurisdictions most impacted by HIV.

Methods: Using 2021 data from the National HIV Prevention Program Monitoring and Evaluation system, we calculated distributions of CDC-funded HIV tests and HIV testing services outcomes in EHE and non-EHE jurisdictions. We conducted chi-square tests and robust Poisson regression to compare differences in outcomes.

Results: Of the 1,753,873 tests conducted, a greater proportion were conducted in EHE (65.7%) versus non-EHE (34.3%) jurisdictions ($p < 0.001$). Greater number of persons newly diagnosed were identified in EHE ($n = 5,861$) versus non-EHE ($n = 2,329$) jurisdictions; newly diagnosed positivity was higher in EHE (0.5%) versus non-EHE (0.4%; $PR = 1.31$, 95% CI: 1.25–1.38) jurisdictions. Among persons newly diagnosed, there were no differences in proportion of linkage to care within 30 days in EHE jurisdictions (77.9%) versus non-EHE jurisdictions (77.1%; $PR = 1.01$, 95% CI: 0.95–1.07). Proportion of persons newly diagnosed interviewed for partner services was lower in EHE (69.0%) versus non-EHE (84.8%; $PR = 0.81$, 95% CI: 0.76–0.87) jurisdictions.

Conclusion: CDC-funded HIV testing services in EHE jurisdictions conducted more HIV testing and diagnosed more persons. Jurisdictions can further expand HIV testing and related services to continue striving toward EHE goals.

Keywords

HIV; testing; prevention; diagnosis; linkage; partner services; EHE

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INTRODUCTION

In 2021, the estimated number of new HIV infections among persons aged ≥ 13 years in the United States was 32,100. Within their respective populations, the estimated number of new HIV infections was highest among Black/African American persons (hereafter referred to as Black persons); gay, bisexual, and other men who have sex with men (collectively referred to as MSM); persons living in the south; and persons aged 25–34 years [1]. Among the estimated 1.2 million persons with HIV (PWH) in 2021, 13% were unaware of their HIV status [1]; approximately 40% of new HIV infections are transmitted by persons unaware of their HIV status [2]. Thus, identifying PWH who are unaware of their status through HIV testing, linking them to care, and providing treatment are critical steps for becoming virally suppressed and reducing overall transmission [3].

In 2019, the U.S. Department of Health and Human Services announced *Ending the HIV Epidemic in the U.S. (EHE)*, an initiative aiming to reduce the number of new HIV infections in the United States by 75% by 2025 and by at least 90% by 2030 [4–5]. EHE consists of four pillars: “diagnose all people with HIV as early as possible”; “treat people with HIV rapidly and effectively to reach sustained viral suppression”; “prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis and syringe services programs”; and “respond quickly to the potential HIV outbreaks to get needed prevention and treatment services to people who need them” [5]. Phase 1 of EHE focuses on 50 local U.S. jurisdictions (48 counties, the District of Columbia, and San Juan, Puerto Rico) accounting for the majority of new HIV diagnoses and seven states (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, South Carolina) with disproportionate occurrence of HIV in rural areas [5].

HIV testing is essential in diagnosing HIV infections; it is the first step of the HIV continuum of care and serves as the basis for the other three EHE pillars [3–4, 6]. Although CDC has recommended HIV screening (i.e., HIV testing at least once, regardless of clinical signs or symptoms) for all persons aged 13–64 years since 2006 [7], the proportion of U.S. adults ever tested for HIV has remained below 50% [8]. Among EHE jurisdictions, only 46.9% of the population in the 50 local jurisdictions and 35.5% in the seven states had ever been tested for HIV infection [9].

EHE specifically calls upon CDC to amplify its existing programs and work with state and local health authorities to “bring HIV testing to all who need it” [4]. CDC has long supported state and local health departments as well as community-based organizations (CBOs) in their HIV prevention efforts through various funding opportunities [10–12]. Following the announcement of EHE, CDC released the Notice of Funding Opportunity (NOFO) “PS20–2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States” [13]. This NOFO funds health departments representing the EHE jurisdictions to “implement comprehensive HIV programs, that complement existing programs...to reduce new HIV infections by 75% in 5 years” [13]. Subsequently, CDC released NOFO “PS21–2102: Comprehensive High-Impact HIV Prevention for Community-Based Organizations” [14] to build upon the work of previous funding [11] and in alignment with EHE.

To understand the potential impact of CDC funding on EHE jurisdictions, it would be helpful to identify the distribution of HIV testing services outcomes among CDC-funded health departments and CBOs in EHE jurisdictions and non-EHE jurisdictions. Thus, this manuscript describes selected HIV testing services outcomes related to the “Diagnose” (i.e., HIV tests conducted, persons with newly diagnosed HIV, persons with previously diagnosed HIV) and “Treat” (i.e., linkage to HIV medical care within 30 days of diagnosis, interviewed for partner services) pillars among CDC-funded health departments and CBOs in EHE jurisdictions compared with non-EHE jurisdictions in 2021.

METHODS

Data source

CDC-funded state and local health departments and CBOs submit HIV testing program data semi-annually to CDC via the National HIV Prevention Program Monitoring & Evaluation (NHM&E) system. For this analysis, we used test-level data submitted by March 15, 2023 from 60 health departments and 135 CBOs funded by CDC in 2021 through five NOFOs [10–14].

Data collection through NHM&E is considered a public health program activity and does not require institutional review board approval.

Measures

HIV Tests and Testing Services Outcomes—An HIV test was defined as a sequence of ≥ 1 HIV tests conducted to determine a person’s HIV status. Valid HIV tests were those with known HIV test results; discordant and indeterminate test results were excluded. Persons newly diagnosed with HIV were those who tested positive during the current test and were not previously reported in the jurisdiction’s HIV surveillance system or had self-reported as not having a previous HIV-positive test result. Conversely, persons previously diagnosed with HIV were those who tested positive during the current test and were previously reported in the jurisdiction’s HIV surveillance system or had self-reported as having a previous HIV-positive test result. HIV positivity refers to the proportion of CDC-funded HIV tests that resulted in new or previous HIV diagnoses.

Linkage to HIV medical care within 30 days of diagnosis was defined as the percentage of all persons newly or previously diagnosed with HIV who attended their first medical care appointment within 30 days of receiving the most recent HIV diagnosis. Partner services was defined as services offered to persons newly or previously diagnosed with HIV to identify and notify their sex- or needle-sharing partners of potential HIV exposure and offer HIV testing and related services to the partners [15]. Persons newly or previously diagnosed with HIV who provided information about their sexual or needle-sharing partners were considered as having been interviewed for partner services.

Demographic and Other Characteristics—Age at test was determined by calculating the difference between the year of the person’s birth and the year the HIV test was conducted; it was categorized as 13–24 years, 25–49 years, and ≥ 50 years. Current gender identity was determined by the person’s self-reported current gender identity

and was categorized as male, female, transgender, or another gender identity. Race/ethnicity was based on the combination of self-reported race and ethnicity to create the categories of non-Hispanic/Latino White persons, non-Hispanic/Latino Black persons, Hispanic/Latino persons, and non-Hispanic/Latino persons of other races (i.e., non-Hispanic/Latino American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, multiple races).

Test setting was the setting in which the CDC-funded HIV test was conducted. Healthcare settings include inpatient facilities, outpatient facilities, emergency rooms, and correctional facilities. Non-healthcare settings include HIV counseling and testing sites and community settings, as well as mobile units and self-testing. Region was based on where the CDC-funded HIV test was conducted: Northeast, Midwest, South, West, or U.S. Dependent Areas (i.e., Puerto Rico and U.S. Virgin Islands).

Population groups were determined based on self-reported behaviors in the past 12 months under prior NHM&E reporting requirements and in the past five years under current NHM&E reporting requirements. Categories were mutually exclusive and included MSM, persons who inject drugs (PWID), MSM who reported injection drug use (MSM/PWID), heterosexual men, heterosexual women, other population group (i.e., women who have sex with women, transgender persons, persons who had sex with transgender persons), and no known risk group (i.e., persons who reported no sexual contact or injection drug use). Data on population groups are included in this analysis only for non-healthcare settings as healthcare settings are not required to collect these data for all tests.

EHE and Non-EHE Jurisdictions—EHE jurisdictions were defined based on the EHE initiative definition of the 50 local U.S. jurisdictions accounting for the majority of new HIV diagnoses and the seven states with disproportionate occurrence of HIV in rural areas [5]. We used county and jurisdiction data of the CDC-funded HIV test location to determine whether testing occurred in an EHE jurisdiction. Test records not conducted in an EHE jurisdiction were grouped under non-EHE jurisdictions.

Analysis

Within EHE jurisdictions and non-EHE jurisdictions, we first used descriptive statistics to calculate the distributions of CDC-funded HIV tests and HIV testing services outcomes (i.e., persons newly diagnosed with HIV and newly diagnosed HIV positivity, persons previously diagnosed with HIV and previously diagnosed HIV positivity, and linkage to HIV medical care and interviewed for partner services among both persons newly and previously diagnosed with HIV) by demographic and other characteristics.

We then compared CDC-funded HIV tests and HIV testing services outcomes between EHE and non-EHE jurisdictions for each demographic and other characteristic subgroup. We conducted Chi-square tests with p-values to assess for differences in the numbers of CDC-funded HIV tests conducted between EHE and non-EHE jurisdictions. To compare EHE and non-EHE jurisdictions for prevalence of HIV testing services outcomes, we calculated prevalence ratios (PRs) and 95% confidence intervals (CIs) with non-EHE jurisdictions as the referent group.

Significance was based on $p < 0.05$ for CDC-funded HIV test comparisons and 95% CIs not containing the null value for HIV testing services outcomes. Data were analyzed using SAS version 9.4 (SAS Institute, Inc., Cary, NC).

RESULTS

Cdc-funded hiv tests

In 2021, 65.7% (N=1,152,835) of CDC-funded HIV tests were conducted in EHE jurisdictions versus 34.3% (N= 601,038) tests conducted in non-EHE jurisdictions ($p < 0.0001$; Table 1). Significant differences ($p < 0.0001$) were observed when comparing EHE with non-EHE jurisdictions for all characteristic groups, except transgender persons ($p = 0.7126$) and other population group ($p = 0.5441$). The proportions of CDC-funded HIV tests conducted were higher in EHE jurisdictions versus non-EHE jurisdictions for the following groups in their respective characteristics: persons aged 25–49 years (59.1% vs. 58.9%) and ≥ 50 years (20.2% vs. 14.8%); males (53.1% vs. 51.5%); Black persons (40.4% vs. 33.0%), Hispanic/Latino persons (28.5% vs. 20.9%), persons of other race/ethnicity (4.2% vs. 3.8%); non-healthcare settings (28.1% vs. 22.3%); South (68.1% vs. 46.8%), West (15.4% vs. 8.8%); and MSM (23.7% vs. 20.0%) and heterosexual women (31.1% vs. 25.7%).

Persons Newly and Previously Diagnosed with HIV

A greater proportion of persons newly diagnosed with HIV were identified in EHE jurisdictions (71.6%, N=5,861) versus non-EHE jurisdictions (28.4%, N=2,329; Table 1). Newly diagnosed HIV positivity was higher in EHE jurisdictions (0.5%) than in non-EHE jurisdictions (0.4%; PR=1.31, 95% CI: 1.25–1.38). Newly diagnosed HIV positivity was higher in EHE jurisdictions for all characteristic groups, except among persons aged ≥ 50 years (PR=1.07, 95% CI: 0.92–1.24); another gender identity (PR=1.02, 95% CI: 0.36–2.87); Hispanic/Latino persons (PR=1.02, 95% CI: 0.93–1.11), persons of other race/ethnicity (PR=0.84, 95% CI: 0.66–1.07); West (PR=1.05, 95% CI: 0.92–1.19); MSM/PWID (PR=1.06, 95% CI: 0.76–1.50) and heterosexual women (PR=1.15, 95% CI: 0.86–1.54). The largest differences in newly diagnosed HIV positivity between EHE and non-EHE jurisdictions within each respective characteristic were: persons aged 13–24 years (0.5% vs. 0.3%; PR=1.39, 95% CI: 1.25–1.55); transgender persons (1.7% vs 0.9%; PR=1.91, 95% CI: 1.39–2.61); Black persons (0.6% vs. 0.4%; PR=1.46, 95% CI: 1.35–1.57); non-healthcare settings (0.7% vs. 0.5%; PR=1.42, 95% CI: 1.30–1.54); Northeast (0.5% vs 0.3%; PR=1.74, 95% CI: 1.53–1.97) and U.S. dependent areas (1.7% vs. 1.0%; PR=1.74, 95% CI: 1.26–2.39); and no known risk group (0.7% vs. 0.2%; PR=4.22, 95% CI: 2.38–7.50).

Similarly, a greater proportion of persons previously diagnosed with HIV were identified in EHE jurisdictions (78.7%, N= 7,216) versus non-EHE jurisdictions (21.3%, N=1,951; Table 1). Previously diagnosed HIV positivity was higher overall in EHE jurisdictions (0.6%) than in non-EHE jurisdictions (0.3%; PR=1.93, 95% CI: 1.83–2.03) and for all characteristic groups, except heterosexual women (0.3% vs. 0.2%; PR=1.13, 95% CI: 0.88–1.45). The following had the greatest PRs within each respective characteristic: persons aged 13–24 years (0.2% vs. 0.1%; PR=2.11, 95% CI: 1.76–2.52); transgender persons (2.0% vs. 0.8%;

PR=2.54, 95% CI: 1.83–3.53); White persons (0.5% vs. 0.2%; PR=2.25, 95% CI: 2.02–2.51); healthcare settings (0.6% vs. 0.3%; PR=2.09, 95% CI: 1.97–2.22); West (0.7% vs. 0.2%; PR=3.99, 95% CI: 3.25–4.90); and other population group (1.0% vs. 0.4%; PR=2.59, 95% CI: 1.61–4.16).

Linkage to HIV Medical Care within 30 Days of Diagnosis and Interviewed for Partner Services

Among persons with newly diagnosed HIV, no overall differences were observed in the proportion of persons linked to care within 30 days in EHE jurisdictions (77.9%) versus non-EHE jurisdictions (77.1%; PR=1.01, 95% CI: 0.95–1.07) (Table 2). There were also no differences in linkage to care among the characteristic groups. However, the proportions of persons newly diagnosed with HIV interviewed for partner services was lower in EHE jurisdictions (69.0%) than in non-EHE jurisdictions (84.8%; PR=0.81, 95% CI: 0.76–0.87) overall and in the following characteristic groups: persons aged 13–24 years (70.3% vs. 86.0%; PR=0.82, 95% CI: 0.71–0.94), persons aged 25–49 years (69.2% vs. 84.4%; PR=0.82, 95% CI: 0.76–0.89), persons aged ≥50 years (65.3% vs. 84.2%; PR=0.78, 95% CI: 0.64–0.94); males (69.7% vs. 85.0%; PR=0.82, 95% CI: 0.77–0.88), females (67.8% vs. 86.8%; PR=0.78, 95% CI: 0.65–0.93); White persons (65.4% vs. 83.6%; PR=0.78, 95% CI: 0.69–0.89), Black persons (69.6% vs. 85.2%; PR=0.82, 95% CI: 0.74–0.91), Hispanic/Latino persons (71.1% vs. 84.7%; PR=0.84, 95% CI: 0.75–0.94); healthcare settings (71.3% vs. 86.4%; PR=0.83, 95% CI: 0.76–0.90), non-healthcare settings (64.9% vs. 80.9%; PR=0.80, 95% CI: 0.72–0.90); Northeast (61.5% vs. 85.4%; PR=0.72, 95% CI: 0.61–0.85), South (69.8% vs. 83.6%; PR=0.84, 95% CI: 0.76–0.92), West (71.7% vs. 88.3%; PR=0.81, 95% CI: 0.69–0.95); and MSM (67.0% vs. 82.5%; PR=0.81, 95% CI: 0.70–0.94).

Among persons previously diagnosed with HIV who were not in care, the proportions of persons linked to care within 30 days was not significantly different in EHE jurisdictions (56.7%) versus non-EHE jurisdictions (53.0%; PR=1.07, 95% CI: 0.93–1.23) overall and for the majority of characteristic groups (Table 3). The proportions of persons linked to care, however, were higher in EHE jurisdictions compared with non-EHE jurisdictions in healthcare settings (58.8% vs. 48.5%; PR=1.21, 95% CI: 1.02–1.44) and Northeast (65.7% vs. 41.5%; PR=1.58, 95% CI: 1.25–2.01). The proportion of persons with previously diagnosed HIV interviewed for partner services was lower in EHE jurisdictions (24.6%) than in non-EHE jurisdictions (35.1%; PR=0.70, 95% CI: 0.58–0.85) overall and in the following characteristic groups: persons aged 25–49 years (26.4% vs. 38.9%; PR=0.68, 95% CI: 0.54–0.85); males (25.2% vs. 34.5%; PR=0.73, 95% CI: 0.59–0.91), females (23.1% vs. 38.0%; PR=0.61, 95% CI: 0.38–0.97); White persons (17.6% vs. 36.7%; PR: 0.48, 95% CI: 0.31–0.74), Black persons (25.4% vs. 34.2%; PR=0.74, 95% CI: 0.56–0.99); healthcare settings (22.0% vs. 30.6%; PR=0.72, 95% CI: 0.56–0.92), non-healthcare settings (28.6% vs. 48.6%; PR=0.59, 95% CI: 0.43–0.81); West (23.6% vs. 70.8%; PR=0.33, 95% CI: 0.19–0.57); and MSM (31.2% vs. 52.0%; PR=0.60, 95% CI: 0.38–0.94).

DISCUSSION

In 2021, two out of three CDC-funded HIV tests conducted and approximately three-quarters of persons newly or previously diagnosed with HIV identified through CDC-funded HIV testing were in EHE jurisdictions. Groups disproportionately affected by HIV infection (e.g., Black persons, Hispanic/Latino persons, persons residing in the South, MSM) were tested and identified with newly or previously diagnosed HIV at greater proportions in EHE jurisdictions versus non-EHE jurisdictions. This indicates that CDC funding opportunities—including those prior to the announcement of EHE [10–12] and after [13–14]—have been reaching disproportionately affected communities [5] and aligning with EHE goals [4].

Higher proportions of CDC-funded HIV tests being conducted in EHE jurisdictions suggests that these high-prevalence jurisdictions [5] may have decided to focus on improving or expanding HIV testing services as a way to support EHE. However, it is possible that this finding may have also been supported by preceding strategies such as CDC's High-Impact Prevention [16] and the National HIV/AIDS Strategy [17]—both of which lay the foundation for the priorities and goals of EHE [4] by emphasizing identification of new infections and transmission reduction among populations disproportionately affected by HIV. CDC-funded HIV testing in EHE jurisdictions appear to be reaching the populations at greatest risk for HIV as identified by NHAS [17], with the exception of younger persons and transgender persons. However, EHE jurisdictions seem to be prioritizing other populations that are often not reached by HIV testing programs, such as heterosexual women and persons aged ≥ 50 years. These may be important populations to focus on given that Black women continue to account for over half of new HIV diagnoses among all women [18] and persons aged ≥ 55 years account for over 10% of new HIV diagnoses [18].

HIV positivity for both new and previous diagnoses was higher in EHE jurisdictions versus non-EHE jurisdictions—and this remained true for most characteristic groups. As aligned with our findings on CDC-funded HIV testing, this suggests that the potential expansions in testing services in EHE jurisdictions are reaching populations with HIV infection. In both EHE and non-EHE jurisdictions, persons aged 25–49 years, Black persons, Hispanic/Latino persons, and PWID had higher positivity than other groups within their respective characteristics. The higher positivity rates in these groups continue to indicate the disproportionate burden of HIV [18] and therefore the need to expand HIV prevention services to reduce the disparities in HIV diagnoses.

More than three-quarters of persons newly diagnosed with HIV were linked to HIV medical care within 30 days of diagnosis; there was no significant difference between EHE and non-EHE jurisdictions. The percentage of persons newly diagnosed with HIV linked to care in 2021 was greater than the percentage of persons newly diagnosed with HIV linked to care in 2019 (71.4%) [19]. Although the continuation of the COVID-19 pandemic may have generally presented challenges to medical care access, having a fewer number of newly diagnosed individuals in 2021 may have allowed HIV prevention programs to provide greater support of linkage to care, regardless of whether the program was in an EHE or non-EHE jurisdiction. Nevertheless, the percentage of persons newly diagnosed with HIV linked to care—and especially the percentage of persons previously diagnosed with HIV

linked to care—in EHE and non-EHE jurisdictions was lower than the NHAS 2025 target of 95% for linkage to care within one month [20], indicating that there is still room for improvement. This is especially true for EHE jurisdictions as they have a higher prevalence of PWH and thus a greater number of persons to link to HIV medical care.

CDC recommends that all persons newly diagnosed with HIV be contacted and interviewed for partner services as soon as possible to elicit information about their sexual or needle-sharing partners and to assess their own service needs [15]. The proportion of persons newly diagnosed with HIV interviewed for partner services was greater in non-EHE jurisdictions than in EHE jurisdictions. This is concerning given that EHE jurisdictions have a greater prevalence of HIV infection where it is vital to elicit information about partners of persons newly diagnosed with HIV to prevent HIV acquisition or identify more persons with HIV infection. The continuing disruption in field work and deployment of partner services field workers to the COVID-19 response, as well as the overall higher numbers of index persons to interview and partners to follow up with, may have contributed to lower levels in EHE jurisdictions, especially as some EHE jurisdictions had high burdens of both HIV and COVID-19. The proportions of persons previously diagnosed with HIV interviewed for partner services was lower than those for persons newly diagnosed with HIV. This may have also been due to resource constraints, as programs may have had to prioritize identifying and interviewing persons newly diagnosed with HIV.

This analysis is subject to a few limitations. First, NHM&E is comprised of CDC-funded HIV tests only and thus are not representative of all HIV tests conducted in the United States. Second, NHM&E HIV testing data are collected at the test-level and not the person-level (e.g., a person could be tested for and diagnosed with HIV through CDC-funded HIV testing more than once). Third, the percentage of persons linked to HIV medical care within 30 days and the percentage of persons interviewed for partner services are calculated by excluding tests with missing or unknown outcome data from the denominator, which may overestimate the outcomes. Fourth, given the large sample sizes in our dataset, statistically significant differences may need to be interpreted with caution. Finally, CDC-funded HIV prevention services continued to be impacted by the COVID-19 pandemic in 2021, leading to fewer number of tests conducted and persons identified with newly diagnosed HIV than in 2019 [21–22]. However, the distribution of HIV testing services outcomes by demographic and other characteristics were similar in 2019 and 2021 [19, 22].

In 2021, CDC-funded health departments and CBOs in EHE jurisdictions conducted more CDC-funded HIV tests and identified more persons newly and previously diagnosed with HIV than non-EHE jurisdictions. In order to achieve EHE goals [4], EHE jurisdictions will first have to continue identifying HIV infections by expanding HIV testing programs through such strategies as routine opt-out HIV screening in healthcare settings, HIV self-testing, HIV testing in retail pharmacies, and mobile/outreach testing [6]. Upon identification of persons with diagnosed HIV, EHE jurisdictions can promote linkage to HIV medical care by streamlining intake processes and providing navigation services [23], as well as employing interventions that support rapid uptake of treatment from CDC's Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention [24]. Implementing Data-to-Care programs among persons with previously diagnosed HIV not in

care [23] may be beneficial as well. Furthermore, EHE jurisdictions can ensure that HIV partner services programs have sufficient resources to conduct their activities, especially among programs most impacted by disruptions of field work and staffing limitations during the COVID-19 pandemic.

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Table 1.

CDC-funded HIV Tests, Persons with Newly Diagnosed HIV, and Persons with Previously Diagnosed HIV in EHE vs. Non-EHE Jurisdictions—National HIV Prevention Program Monitoring & Evaluation System, 2021

	CDC-funded HIV Tests			Persons with Newly Diagnosed HIV			Persons with Previously Diagnosed HIV		
	EHE N (%)	Non-EHE N (%)	p-value ^a	EHE N (%) ^b	Non-EHE N (%) ^b	PR ^c (95% CI)	EHE N (%) ^b	Non-EHE N (%) ^b	PR ^c (95% CI)
Total	1,152,835 (100)	601,038 (100)	<0.0001	5,861 (0.5)	2,329 (0.4)	1.31 (1.25–1.38)	7,216 (0.6)	1,951 (0.3)	1.93 (1.83–2.03)
Age at test (years)									
13–24	231,324 (20.1)	142,250 (23.7)	<0.0001	1,109 (0.5)	489 (0.3)	1.39 (1.25, 1.55)	524 (0.2)	153 (0.1)	2.11 (1.76–2.52)
25–49	681,820 (59.1)	354,015 (58.9)	<0.0001	4,012 (0.6)	1,531 (0.4)	1.36 (1.28, 1.44)	4,491 (0.7)	1,222 (0.3)	1.91 (1.79–2.03)
≥50	232,419 (20.2)	88,687 (14.8)	<0.0001	651 (0.3)	232 (0.3)	1.07 (0.92–1.24)	2,061 (0.9)	505 (0.6)	1.56 (1.41–1.72)
Current gender identity^d									
Male	612,045 (53.1)	309,803 (51.5)	<0.0001	4,936 (0.8)	1,960 (0.6)	1.27 (1.21–1.34)	5,590 (0.9)	1,517 (0.5)	1.87 (1.76–1.97)
Female	524,698 (45.5)	282,716 (47.0)	<0.0001	724 (0.1)	312 (0.1)	1.25 (1.09–1.43)	1,373 (0.3)	384 (0.1)	1.93 (1.72–2.16)
Transgender	10,713 (0.9)	5,550 (0.9)	0.713	184 (1.7)	50 (0.9)	1.91 (1.39–2.61)	211 (2.0)	43 (0.8)	2.54 (1.83–3.53)
Another Gender	2,544 (0.2)	1,730 (0.3)	<0.0001	9 (0.4)	6 (0.3)	1.02 (0.36–2.87)	27 (1.1)	*(0.1)	NR
Race/ethnicity									
White	255,857 (22.2)	226,782 (37.7)	<0.0001	921 (0.4)	696 (0.3)	1.17 (1.06–1.29)	1,160 (0.5)	456 (0.2)	2.25 (2.02–2.51)
Black/African American	465,840 (40.4)	198,492 (33.0)	<0.0001	2,821 (0.6)	825 (0.4)	1.46 (1.35–1.57)	3,731 (0.8)	965 (0.5)	1.65 (1.53–1.77)
Hispanic/Latino	328,014 (28.5)	125,739 (20.9)	<0.0001	1,822 (0.6)	686 (0.5)	1.02 (0.93–1.11)	1,944 (0.6)	458 (0.4)	1.63 (1.47–1.80)
Other ^e	48,109 (4.2)	22,853 (3.8)	<0.0001	184 (0.4)	104 (0.5)	0.84 (0.66–1.07)	217 (0.5)	47 (0.2)	2.19 (1.60–3.01)
Test Setting									
Healthcare	828,048 (71.8)	466,505 (77.6)	<0.0001	3,433 (0.4)	1,616 (0.3)	1.20 (1.13–1.27)	4,903 (0.6)	1,322 (0.3)	2.09 (1.97–2.22)
Non-healthcare	323,866 (28.1)	133,918 (22.3)	<0.0001	2,422 (0.7)	706 (0.5)	1.42 (1.30–1.54)	2,298 (0.7)	611 (0.5)	1.56 (1.42–1.70)
Region									
Northeast	118,559 (10.3)	162,121 (27.0)	<0.0001	540 (0.5)	425 (0.3)	1.74 (1.53, 1.97)	1,062 (0.9)	504 (0.3)	2.88 (2.59, 3.20)
Midwest	67,436 (5.8)	93,517 (15.6)	<0.0001	384 (0.6)	313 (0.3)	1.70 (1.47, 1.98)	167 (0.2)	90 (0.1)	2.57 (1.99, 3.32)
South	785,296 (68.1)	281,263 (46.8)	<0.0001	3,855 (0.5)	1,194 (0.4)	1.16 (1.08, 1.23)	4,640 (0.6)	1,211 (0.4)	1.37 (1.29, 1.46)
West	178,010 (15.4)	53,118 (8.8)	<0.0001	1,023 (0.6)	291 (0.5)	1.05 (0.92, 1.19)	1,311 (0.7)	98 (0.2)	3.99 (3.25, 4.90)
U.S. Dependent Areas	3,534 (0.3)	11,019 (1.8)	<0.0001	59 (1.7)	106 (1.0)	1.74 (1.26, 2.39)	36 (1.0)	48 (0.4)	2.34 (1.52, 3.60)

	CDC-funded HIV Tests			Persons with Newly Diagnosed HIV			Persons with Previously Diagnosed HIV		
	EHE N (%)	Non-EHE N (%)	p-value ^a	EHE N (%) ^b	Non-EHE N (%) ^b	PRC (95% CI)	EHE N (%) ^b	Non-EHE N (%) ^b	PRC (95% CI)
Population Groups^f									
MSM/PWID	2,808 (0.9)	1,969 (1.5)	<.0001	82 (2.9)	54 (2.7)	1.06 (0.76, 1.50)	115 (4.1)	41 (2.1)	1.97 (1.38, 2.81)
MSM	76,731 (23.7)	26,759 (20.0)	<.0001	1,586 (2.1)	423 (1.6)	1.31 (1.17, 1.46)	1,124 (1.5)	262 (1.0)	1.50 (1.31, 1.71)
PWID	11,969 (3.7)	17,478 (13.1)	<.0001	62 (0.5)	43 (0.2)	2.11 (1.43, 3.11)	103 (0.9)	65 (0.4)	2.31 (1.70, 3.16)
Heretosexual Men	79,198 (24.5)	38,392 (28.7)	<.0001	246 (0.3)	89 (0.2)	1.34 (1.05, 1.71)	309 (0.4)	79 (0.2)	1.90 (1.48, 2.43)
Heretosexual Women	100,564 (31.1)	34,408 (25.7)	<.0001	199 (0.2)	59 (0.2)	1.15 (0.86, 1.54)	271 (0.3)	82 (0.2)	1.13 (0.88, 1.45)
Other Population	11,492 (3.5)	5,127 (3.8)	0.5441	100 (0.9)	25 (0.5)	1.78 (1.15, 2.77)	116 (1.0)	20 (0.4)	2.59 (1.61, 4.16)
No Known Risk	17,346 (5.4)	8,425 (6.3)	<.0001	113 (0.7)	13 (0.2)	4.22 (2.38, 7.50)	234 (1.3)	60 (0.7)	1.89 (1.43, 2.52)

* Indicates <5 reported; NR=PRs not reported because at least one cell size was too small, producing unstable estimates

^a p-value based on Chi-square association test for differences

^b Percentage=positivity, defined as the number of positive tests among all CDC-funded HIV tests

^c Prevalence ratio comparing the positivity differences in EHE and non-EHE jurisdictions, with non-EHE jurisdictions as the referent group; CI=confidence intervals; significance dependent on CIs not crossing 1

^d Current self-reported gender identity. Male=cisgender male or cismale; female=cisgender female or cisfemale; transgender=transgender male, transgender female, or transgender unspecified; another gender=assigned sex at birth is male or female but gender expression/identity is other than male, female, or transgender

^e American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Two or more races

^f In non-healthcare settings only; MSM/PWID=men who have sex with men and report injection drug use; MSM=men who have sex with men; PWID=persons who inject drugs; other population= women who have sex with women, transgender persons, sex with transgender persons; no known risk=no sexual contact or injection drug use reported

Table 2.

Linkage to HIV Medical Care within 30 Days of Diagnosis and Interviewed for Partner Services among Persons with Newly Diagnosed HIV—National HIV Prevention Program Monitoring & Evaluation System, 2021

	Linkage to HIV Medical Care			Interviewed for Partner Services		
	EHE N (%)	Non-EHE N (%)	PR ^a (95% CI)	EHE N (%)	Non-EHE N (%)	PR ^a (95% CI)
Total	3,855 (77.9)	1,527 (77.1)	1.01 (0.95–1.07)	2,550 (69.0)	1,523 (84.8)	0.81 (0.76–0.87)
Age at test (years)						
13–24	796 (81.4)	329 (77.6)	1.05 (0.92–1.19)	504 (70.3)	325 (86.0)	0.82 (0.71–0.94)
25–49	2,659 (77.4)	1,026 (76.9)	1.01 (0.94–1.08)	1,783 (69.2)	1,037 (84.4)	0.82 (0.76–0.89)
≥50	391 (74.3)	153 (76.1)	0.98 (0.81–1.18)	262 (65.3)	160 (84.2)	0.78 (0.64–0.94)
Current gender identity ^b						
Male	3,282 (78.3)	1,299 (77.2)	1.01 (0.95–1.08)	2,173 (69.7)	1,296 (85.0)	0.82 (0.77–0.88)
Female	444 (76.3)	186 (77.2)	0.99 (0.83–1.17)	320 (67.8)	191 (86.8)	0.78 (0.65–0.93)
Transgender	119 (76.8)	37 (75.5)	1.02 (0.70–1.47)	56 (54.9)	31 (66.0)	0.83 (0.54–1.29)
Another Gender	5 (55.6)	* (66.7)	NR	* (0.0)	* (80.0)	NR
Race/ethnicity						
White	558 (70.8)	434 (75.6)	0.94 (0.83–1.06)	445 (65.4)	445 (83.6)	0.78 (0.69–0.89)
Black/African American	1,764 (76.9)	501 (73.8)	1.04 (0.94–1.15)	1,213 (69.6)	502 (85.2)	0.82 (0.74–0.91)
Hispanic/Latino	1,345 (83.0)	515 (82.7)	1.00 (0.91–1.11)	774 (71.1)	492 (84.7)	0.84 (0.75–0.94)
Other ^c	127 (78.4)	66 (71.7)	1.09 (0.81–1.47)	80 (63.5)	71 (86.6)	0.73 (0.53–1.01)
Test Setting						
Healthcare	2,189 (77.7)	1,049 (77.7)	1.00 (0.93–1.08)	1,676 (71.3)	1,078 (86.4)	0.83 (0.76–0.90)
Non-healthcare	1,660 (78.1)	476 (75.9)	1.03 (0.93–1.14)	869 (64.9)	441 (80.9)	0.80 (0.72–0.90)
Region						
Northeast	431 (83.4)	354 (85.5)	0.98 (0.85–1.12)	260 (61.5)	340 (85.4)	0.72 (0.61–0.85)
Midwest	205 (71.9)	224 (74.7)	0.96 (0.80–1.16)	221 (67.6)	239 (80.2)	0.84 (0.70–1.01)
South	2,478 (79.2)	655 (74.2)	1.07 (0.98–1.16)	1,608 (69.8)	617 (83.6)	0.84 (0.76–0.92)
West	688 (71.7)	212 (75.4)	0.95 (0.81–1.11)	421 (71.7)	234 (88.3)	0.81 (0.69–0.95)
U.S. Dependent Areas	53 (89.8)	82 (80.4)	1.12 (0.79–1.58)	40 (72.7)	93 (94.9)	0.77 (0.53–1.11)

	Linkage to HIV Medical Care			Interviewed for Partner Services		
	EHE N (%)	Non-EHE N (%)	PR ^a (95% CI)	EHE N (%)	Non-EHE N (%)	PR ^a (95% CI)
Population Groups^d						
MSM/PWID	53 (73.6)	34 (68.0)	1.08 (0.70–1.67)	38 (65.5)	31 (79.5)	0.82 (0.51–1.32)
MSM	1,149 (80.7)	302 (79.7)	1.01 (0.89–1.15)	574 (67.0)	274 (82.5)	0.81 (0.70–0.94)
PWID	33 (62.3)	23 (63.9)	0.97 (0.57–1.66)	21 (48.8)	25 (83.3)	0.59 (0.33–1.05)
Heterosexual Men	156 (75.4)	52 (70.3)	1.07 (0.78–1.47)	101 (70.6)	51 (77.3)	0.91 (0.65–1.28)
Heterosexual Women	128 (77.1)	39 (76.5)	1.01 (0.70–1.44)	89 (69.0)	37 (86.0)	0.80 (0.55–1.18)
Other Population	66 (77.6)	17 (70.8)	1.10 (0.64–1.87)	25 (55.6)	13 (56.5)	0.98 (0.50–1.92)
No Known Risk	58 (63.7)	9 (69.2)	0.92 (0.46–1.86)	18 (40.0)	10 (83.3)	0.48 (0.22–1.04)

* Indicates <5 reported; NR=PRs not reported because at least one cell size was too small, producing unstable estimates

^aPrevalence ratio comparing the positivity differences in EHE and non-EHE jurisdictions, with non-EHE jurisdictions as the referent group; CI=confidence intervals; significance dependent on CIs not crossing 1

^bCurrent self-reported gender identity. Male=cisgender male or cismale; female=cisgender female or cismale; transgender=transgender male, transgender female, or transgender unspecified; another gender=assigned sex at birth is male or female but gender expression/identity is other than male, female, or transgender

^cAmerican Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Two or more races

^dIn non-healthcare settings only; MSM=persons who inject drugs=men who have sex with men and report injection drug use; MSM=men who have sex with men; PWID=persons who inject drugs; other population=women who have sex with women, transgender persons, sex with transgender persons; no risk=no sexual contact or injection drug use reported

Linkage to HIV Medical Care within 30 Days of Diagnosis and Interviewed for Partner Services among Persons with Previously Diagnosed HIV—
National HIV Prevention Program Monitoring & Evaluation System, 2021

Table 3.

	Linkage to HIV Medical Care			Interviewed for Partner Services		
	EHE N (%)	Non-EHE N (%)	PR ^a 95% CI	EHE N (%)	Non-EHE N (%)	PR ^a 95% CI
Total	884 (56.7)	255 (53.0)	1.07 (0.93–1.23)	311 (24.6)	150 (35.1)	0.70 (0.58–0.85)
Age at test (years)						
13–24	84 (63.6)	29 (67.4)	0.94 (0.62–1.44)	32 (35.2)	18 (50.0)	0.70 (0.39–1.25)
25–49	616 (58.2)	166 (54.1)	1.08 (0.91–1.28)	227 (26.4)	107 (38.9)	0.68 (0.54–0.85)
≥50	182 (50.0)	60 (45.8)	1.09 (0.82–1.46)	52 (16.9)	25 (21.6)	0.78 (0.49–1.26)
Current gender identity ^b						
Male	706 (57.5)	205 (52.7)	1.09 (0.93–1.27)	249 (25.2)	119 (34.5)	0.73 (0.59, 0.91)
Female	146 (54.5)	44 (55.7)	0.98 (0.70–1.37)	51 (23.1)	27 (38.0)	0.61 (0.38, 0.97)
Transgender	30 (57.7)	6 (46.2)	1.25 (0.52–3.00)	9 (22.0)	* (36.4)	NR
Another Gender	* (28.6)	* (0.0)	NR	* (33.3)	* (0.0)	NR
Race/ethnicity						
White	113 (42.8)	61 (51.7)	0.83 (0.61–1.13)	42 (17.6)	40 (36.7)	0.48 (0.31–0.74)
Black/African American	434 (55.7)	109 (49.1)	1.13 (0.92–1.40)	158 (25.4)	65 (34.2)	0.74 (0.56–0.99)
Hispanic/Latino	283 (66.7)	79 (60.3)	1.11 (0.86–1.42)	98 (29.5)	40 (33.9)	0.87 (0.60–1.26)
Other ^c	31 (59.6)	6 (75.0)	0.79 (0.33–1.91)	8 (22.2)	5 (62.5)	0.36 (0.12–1.09)
Test Setting						
Healthcare	574 (58.8)	164 (48.5)	1.21 (1.02–1.44)	176 (22.0)	98 (30.6)	0.72 (0.56–0.92)
Non-healthcare	305 (53.0)	91 (63.6)	0.83 (0.66–1.05)	130 (28.6)	52 (48.6)	0.59 (0.43–0.81)
Region						
Northeast	295 (65.7)	90 (41.5)	1.58 (1.25–2.01)	103 (25.7)	69 (31.9)	0.80 (0.59–1.09)
Midwest	21 (65.6)	17 (81.0)	0.81 (0.43–1.54)	10 (32.3)	14 (60.9)	0.53 (0.24–1.19)
South	376 (52.4)	114 (58.2)	0.90 (0.73–1.11)	138 (23.8)	45 (30.0)	0.79 (0.57–1.11)
West	184 (52.1)	16 (59.3)	0.88 (0.53–1.47)	58 (23.6)	17 (70.8)	0.33 (0.19–0.57)
U.S. Dependent Areas	8 (100.0)	18 (90.0)	1.11 (0.48–2.56)	* (40.0)	5 (35.7)	NR

	Linkage to HIV Medical Care			Interviewed for Partner Services		
	EHE N (%)	Non-EHE N (%)	PR ^a 95% CI	EHE N (%)	Non-EHE N (%)	PR ^a 95% CI
Population Groups^d						
MSM/PWID	11 (64.7)	* (25.0)	NR	* (15.4)	* (66.7)	NR
MSM	178 (57.4)	47 (71.2)	0.81 (0.58–1.11)	74 (31.2)	26 (52.0)	0.60 (0.38–0.94)
PWID	15 (55.6)	11 (50.0)	1.11 (0.51–2.42)	8 (33.3)	7 (43.8)	0.76 (0.28–2.10)
Heterosexual Men	33 (51.6)	8 (57.1)	0.90 (0.42–1.96)	19 (35.8)	8 (72.7)	0.49 (0.22–1.13)
Heterosexual Women	25 (43.1)	10 (66.7)	0.65 (0.31–1.35)	15 (30.0)	5 (45.5)	0.66 (0.24–1.82)
Other Population	17 (68.0)	* (60.0)	NR	5 (31.3)	* (0.0)	NR
No Known Risk	21 (32.3)	11 (64.7)	0.50 (0.24–1.04)	6 (11.1)	* (30.8)	NR

* Indicates <5 reported; NR=PRs not reported because at least one cell size was too small, producing unstable estimates

^aPrevalence ratio comparing the positivity differences in EHE and non-EHE jurisdictions, with non-EHE jurisdictions as the referent group; CI=confidence intervals; significance dependent on CIs not crossing 1

^bCurrent self-reported gender identity. Male=cisgender male or cismale; female=cisgender female or cisfemale; transgender=transgender male, transgender female, or transgender unspecified; another gender=assigned sex at birth is male or female but gender expression/identity is other than male, female, or transgender

^cAmerican Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Two or more races

^dIn non-healthcare settings only; MSM=persons who inject drugs=men who have sex with men and report injection drug use; MSM=men who have sex with men; PWID=persons who inject drugs; other population=women who have sex with women, transgender persons, sex with transgender persons; no risk=no sexual contact or injection drug use reported