# NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:

## UPDATED TO 2020

## INDICATOR SUPPLEMENT

AUGUST 2015

THE WHITE HOUSE
WASHINGTON

# VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

# INTRODUCTION

*The National HIV/AIDS Strategy: Updated to 2020* ("Update") is informed by the latest research and data about HIV prevention and treatment. The Update includes 10 indicators to monitor progress towards the goals, with specific targets set for 2020. The "Indicator Development and Progress" Appendix of the Update describes each indicator and current progress.

This Indicator Supplement is a companion document to the Update. As such, it provides detailed information on the measurement of each indicator. Additional information about the methods, data systems, and results are available in the references cited for each indicator.

# INDICATOR 1

## Increase the percentage of people living with HIV who know their serostatus to at least **90 percent.**

### NHAS GOAL

Reducing New HIV Infections.

### INDICATOR RATIONALE

This indicator focuses on increasing serostatus awareness among persons living with HIV infection, as this awareness (i.e., being diagnosed with HIV infection) is necessary to access HIV medical care and support services. In addition, analyses suggest that persons unaware of their HIV infection may account for about one third of new infections, so increasing knowledge of serostatus is central to reducing new infections as well as improving health outcomes. The 90 percent target is the same as the target established by the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their 2020 indicators.

### BASELINE YEAR

2010

### NUMERATOR

Number of persons aged ≥13 years at diagnosis with diagnosed HIV infection at the end of the calendar year.

### DENOMINATOR

Number of persons aged ≥13 years at diagnosis living with HIV infection (diagnosed or undiagnosed) at the end of the calendar year.

### DATA SOURCE

National HIV Surveillance System.

### DATA AVAILABILITY

Data are released annually by CDC.

## POPULATION COVERAGE

Includes all 50 states and the District of Columbia. Estimates are for persons aged ≥13 years at diagnosis.

## DATA SOURCE LIMITATIONS

Data are estimates, based on diagnoses, severity of disease at diagnoses, and deaths, and are statistically adjusted for incomplete reporting, reporting delays, and missing transmission risk.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 85.7% | 85.9% | 86.1% | 86.3% | 86.8% | 87.2% | 87.6% | 88.1% | 88.7% | 89.4% | 90% |

## REFERENCES AND RELATED MATERIALS

An HIV Surveillance Supplemental Report including these data is released annually; data from prior years may be updated. The most recent reference, including data for 2010-2013, is: *CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2013. HIV Surveillance Supplemental Report 2015;20 (No. 2). www.cdc.gov/hiv/library/reports/surveillance. Published July 2015.* Data for this indicator can be found in Table 9b.

# INDICATOR 2

## Reduce the number of new diagnoses by at least **25 percent**.

### NHAS GOAL

Reducing New HIV Infections.

### INDICATOR RATIONALE

This indicator measures progress towards the goal of reducing new infections. The 25 percent reduction in diagnoses is an ambitious target because it requires and encompasses improvement in all other indicators and in overall prevention, treatment, and care efforts. Although HIV incidence estimates were used previously as an indicator for the Strategy to measure reductions in new infections, these estimates have not provided a timely and consistent way to monitor progress. The estimated number of new infections has changed, and likely will continue to change over time, due to changes in HIV testing technology and incidence estimation methods. These changes make it difficult to use these data as an indicator to measure progress over time. In contrast, HIV diagnosis data are published in a routine and standardized format and are available for all states. Given these advantages, HIV diagnosis data are used for the indicator in this Update.

### BASELINE YEAR

2010

### NUMERATOR

Number of (unadjusted) HIV diagnoses among persons of all ages during the calendar year and reported to CDC within 18 months of the diagnosis year.

### DENOMINATOR

None.

### DATA SOURCE

National HIV Surveillance System.

### DATA AVAILABILITY

Data are released annually by CDC. Preliminary data are reported for the most current data and includes all diagnoses reported to CDC within 6 months of the diagnosis year.

## POPULATION COVERAGE

Includes all 50 States, the District of Columbia and 6 U.S. dependent areas.

## DATA SOURCE LIMITATIONS

HIV diagnosis data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the infection could be detected and diagnosed. Anonymous tests are also not reported.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 43,806 | 43,258 | 42,711 | 42,163 | 41,068 | 39,973 | 38,878 | 37,783 | 36,140 | 34,498 | 32,855 |

## REFERENCES AND RELATED MATERIALS

Data for this indicator are published in the annual HIV Surveillance Report from CDC. Although the number of diagnoses may continue to be updated over time, and reflected in subsequent volumes of the HIV Surveillance Report, for the purposes of monitoring this indicator, the number of diagnoses will be set and no longer updated at 18 months after the end of the diagnosis year (e.g., the 2011 diagnoses were set in June 2013). The reference to the most recent HIV Surveillance Report is: *CDC. HIV Surveillance Report, 2013; vol. 25. http://www.cdc.gov/hiv/library/reports/surveillance/. Published February 2015.* Data for this indicator for 2013 and 2012 can be found in Table 1b. Data for 2011 are published in the HIV Surveillance Report Vol 24 (Table 1b) and data for 2010 are published in Vol. 23 (Table 1b).

## NOTES

1. The most recent year reported is considered "preliminary" as described above. Progress towards annual and 2020 NHAS targets is assessed for the most recent year with data that are not preliminary.

2. Using diagnosis data to track progress in reducing new HIV infections has some challenges. First, these data must be interpreted with consideration for trends in HIV testing, as changes in testing can lead to changes in diagnosis trends that are not related to trends in new infections. For example, if HIV diagnoses decrease, evaluation is required to determine whether this decrease is due to fewer HIV tests being conducted or HIV tests being performed on persons at lower risk, versus an indication of a decline in new HIV infections. Second, efforts to increase the percentage of people living with HIV who know their HIV status require an increase in diagnoses—meaning that, at least initially, achieving progress toward Indicator 1 may have a negative impact on progress toward Indicator 2. Over the longer term, diagnosing individuals who were previously undiagnosed will ultimately result in increased linkage to and retention in care and treatment, increased viral suppression, and decreased transmission to uninfected partners. This will reduce new infections, which will be reflected in a decrease in the number of new diagnoses.

# INDICATOR 3

## Reduce the percentage of young gay and bisexual men who have engaged in HIV risk behaviors by at least **10 percent**.

### NHAS GOAL
Reducing New HIV Infections.

### INDICATOR RATIONALE
This is a new indicator, measuring HIV prevention behaviors in young gay and bisexual men, a group in which HIV infections have increased in recent years. Having an indicator specifically measuring risk for HIV acquisition among young gay and bisexual men reflects the need for effective prevention strategies to achieve the goal of reducing new infections in at-risk groups. The indicator measures behaviors using the Youth Risk Behavior Surveillance System (YRBSS).

### BASELINE YEAR
2013

### NUMERATOR
Number of male students in grades 9-12 who ever had sexual intercourse with only males or with both males and females and who 1) had sexual intercourse during the past three months with three or more persons, or 2) had sexual intercourse during the past three months and did not use a condom during last sexual intercourse, or 3) ever injected any illegal drug.

### DENOMINATOR
All male students in grades 9-12 who had ever had sexual intercourse with only males or with both males and females.

### DATA SOURCE
Youth Risk Behavior Surveillance System (YRBSS).

### DATA AVAILABILITY
National data are collected every 2 years by CDC and released the year following data collection.

## POPULATION COVERAGE

The 2013 data were derived from surveys conducted by 15 large urban school districts in the following areas: Baltimore, Boston, Chicago, Detroit, District of Columbia, Ft Lauderdale, Houston, Los Angeles, Memphis, New York City, Orange County, Palm Beach, Philadelphia, San Diego, and San Francisco.

## DATA SOURCE LIMITATIONS

YRBSS data are representative only of youth who attend school, not of all youth in this age group. Nationally representative data were not available for 2013, but they will be available starting in 2015. Data are subject to reporting biases, given the socially sensitive subject matter.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| N/A | N/A | N/A | 34.1% | | 33.3% | | 32.5% | | | 30.7% |

## REFERENCES AND RELATED MATERIALS

Data for this indicator will be published as part of the CDC/NCHHSTP Strategic Plan. General information about YRBSS can be found in the following references:


- Youth Risk Behavior Surveillance – United States, 2013. MMWR 2014;63(No. 4):1-150.
- Methodology of the Youth Risk Behavior Surveillance System. MMWR 2013;66 (RR-01):1-20.
- YRBSS Participation Maps and History. http://www.cdc.gov/healthyyouth/yrbs/history-states.htm.


## NOTES

Starting in 2015, the question on sex of sexual contacts used to derive this indicator was added to the standard YRBS questionnaire and the national YRBS questionnaire. As a result, nationally representative data will be available for 2015 and subsequently every 2 years.

# INDICATOR 4

**Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.**

## NHAS GOAL

Increasing Access to Care and Improving Health Outcomes for People Living with HIV.

## INDICATOR RATIONALE

In recognition of the benefits of early treatment and thus the need for immediate linkage to HIV medical care for all persons newly diagnosed with HIV, this indicator measures linkage to care within one month of diagnosis. This is an ambitious new target as the previous indicator called for linkage to care within three months of diagnosis.

## BASELINE YEAR

2010

## NUMERATOR

Number of persons aged ≥13 years newly diagnosed with HIV infection during the calendar year who were linked to care within one month of their diagnosis date as measured by a documented test result for a CD4 count or viral load.

## DENOMINATOR

Number of persons aged ≥13 years newly diagnosed with HIV infection during the calendar year.

## DATA SOURCE

National HIV Surveillance System.

## DATA AVAILABILITY

Data are released annually by CDC.

## POPULATION COVERAGE

The 2010 baseline data for this indicator come from the 14 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. Data for 2011 come from 19 jurisdictions and data for 2012 come from 18 jurisdictions that had complete reporting of CD4 and viral load test results to CDC for those years, respectively. In 2012, data come from 28 jurisdictions that had complete reporting of CD4 and viral load test results to CDC and represent 61% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2012.

## DATA SOURCE LIMITATIONS

The number of states with data included for this indicator is limited and the states included for analysis may vary from year to year. However, the number of states contributing data is expected to increase over time as more will have complete reporting of CD4 and viral load test results to CDC. The use of a laboratory test result (CD4 or viral load) as a proxy for a care visit has some limitations and may result in over- or underestimation of care visits.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 70.2% | 70.9% | 71.7% | 72.4% | 73.9% | 75.4% | 76.9% | 78.3% | 80.6% | 82.8% | 85% |

## REFERENCES AND RELATED MATERIALS

An HIV Surveillance Supplemental Report including these data is released annually. The most recent reference, including data for 2013, is: *CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2013. HIV Surveillance Supplemental Report 2015;20 (No. 2). http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2015.* Data for this indicator can be found in Table 3a/3b. Data for 2010-2012 come from a special data run conducted by CDC for the purposes of monitoring progress for the NHAS indicators through 2020.

## NOTES

To assess changes in the indicator and account for changes in states contributing data, NHAS will also assess trends in linkage to care for the jurisdictions included at baseline that contribute data for each year of the assessment.

# INDICATOR 5

## Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.

### NHAS GOAL

Increasing Access to Care and Improving Health Outcomes for People Living with HIV.

### INDICATOR RATIONALE

In order for persons living with HIV infection to realize the full benefit of HIV medical care, they must stay in care over time. Doing so helps to achieve viral suppression that can improve health outcomes, reduce the risk of HIV transmission, and lower the number of new infections. The 2020 target will be difficult to reach, but is a key focus area of the Update. The target of 90 percent is comparable to the indicator used by UNAIDS.

### BASELINE YEAR

2010

### NUMERATOR

Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load.

### DENOMINATOR

Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.

### DATA SOURCE

National HIV Surveillance System.

### DATA AVAILABILITY

Data are released annually by CDC.

## POPULATION COVERAGE

The 2010 baseline data for this indicator come from the 19 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. For 2011, data come from the 18 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. For 2012, data come from 28 jurisdictions that had complete reporting of CD4 and viral load test results to CDC; these 28 jurisdictions represent 61% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2012.

## DATA SOURCE LIMITATIONS

The number of states with data included for this indicator is limited and the states included for analysis may vary from year to year. However, the number of states contributing data is expected to increase over time as more will have complete reporting of CD4 and viral load test results to CDC. The use of a laboratory test result (CD4 or viral load) as a proxy for a care visit has some limitations and may result in over- or underestimation of care visits.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 50.9% | 52.9% | 54.8% | 56.8% | 60.7% | 64.6% | 68.5% | 72.4% | 78.3% | 84.1% | 90% |

## REFERENCES AND RELATED MATERIALS

An HIV Surveillance Supplemental Report including these data is released annually. The most recent reference, including data for 2012, is: *CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2013. HIV Surveillance Supplemental Report 2015;20 (No. 2). http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2015.* Data for this indicator can be found in Table 4a/b. Data for 2011 are published in the HIV Surveillance Supplemental Report Vol 19 (No. 3) in Table 4a/b and data for 2010 are published in Vol. 18 (No.5) in Table 4a/b.

## NOTES

People who have more than two visits may be considered retained in care, as long as one set of visits occur at least 90 days apart. To assess changes in the indicator and account for changes in states contributing data, NHAS will also assess trends in retention in care for the jurisdictions included at baseline that contribute data for each year of the assessment.

# INDICATOR 6

## Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **80 percent.**

### NHAS GOAL

Increasing Access to Care and Improving Health Outcomes for People Living with HIV.

### INDICATOR RATIONALE

Accruing the full clinical and public health benefits of HIV medical care depends upon entry into a robust care continuum that includes early diagnosis, timely linkage to care, consistent access and adherence to HIV medical care and antiretrovirals, and ongoing monitoring to ensure viral suppression. As the endpoint of the continuum of care, it is important that the nation's target for viral suppression is bold and ambitious. This target for the United States aligns with the 90-90-90 goals set by UNAIDS but uses a different denominator. That is, 90 percent of those diagnosed are retained and 90 percent of those retained are virally suppressed is approximately the same as 80 percent of those diagnosed being virally suppressed.

### BASELINE YEAR

2010

### NUMERATOR

Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the past 12 months showed that HIV viral load was suppressed. Viral suppression was defined as a viral load result of <200 copies/mL at the most recent viral load test (except for 2010 when it was defined as ≤200 copies/mL).

### DENOMINATOR

Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.

### DATA SOURCE

National HIV Surveillance System.

### DATA AVAILABILITY

Data are released annually by CDC.

## POPULATION COVERAGE

The 2010 baseline data for this indicator come from the 19 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. For 2011, data come from the 18 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. For 2012, data come from 28 jurisdictions that had complete reporting of CD4 and viral load test results to CDC; these 28 jurisdictions represent 61% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2012.

## DATA SOURCE LIMITATIONS

The number of states with data included for this indicator is limited and the states included for analysis may vary from year to year. However, the number of states contributing data is expected to increase over time as more will have complete reporting of CD4 and viral load test results to CDC.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 43.4% | 45.2% | 47.1% | 48.9% | 52.6% | 56.2% | 59.9% | 63.5% | 69.0% | 74.5% | 80% |

## REFERENCES AND RELATED MATERIALS

An HIV Surveillance Supplemental Report including these data is released annually. The most recent reference, including data for 2012, is: *CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2013. HIV Surveillance Supplemental Report 2015;20 (No. 2). http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2015.* Data for this indicator can be found in Table 5a/b. Data for 2011 are published in the HIV Surveillance Supplemental Report Vol 19 (No. 3) in Table 5a/b and data for 2010 are published in Vol. 18 (No.5) in Table 5a/b.

## NOTES

To assess changes in the indicator and account for changes in states contributing data, NHAS will also assess trends in viral suppression for the jurisdictions included at baseline that contribute data for each year of the assessment.

# INDICATOR 7

## Reduce the percentage of persons in HIV medical care who are homeless to no more than **5 percent**.

### NHAS GOAL
Increasing Access to Care and Improving Health Outcomes for People Living with HIV.

### INDICATOR RATIONALE
Housing status is an important factor affecting access to HIV care and health outcomes. This indicator measures homelessness among persons in HIV medical care, using the Medical Monitoring Project (MMP) as the data source. As the proportion of those who are homeless decreases, it will take considerable effort to reach the small proportion of those still requiring housing assistance.

### BASELINE YEAR
2010

### NUMERATOR
Number of persons aged ≥18 years who received outpatient medical care for HIV infection during January through April of the calendar year, and report having been homeless during the 12 months prior to interview. Homelessness is defined as living on the street, living in a shelter, living in a single-room-occupancy hotel, or living in a car.

### DENOMINATOR
All persons aged ≥18 years who received outpatient medical care for HIV infection during January through April of the calendar year, as documented in the medical record.

### DATA SOURCE
Medical Monitoring Project (MMP)

### DATA AVAILABILITY
Data are expected to be released annually by CDC.

## POPULATION COVERAGE

MMP uses three-stage sampling to achieve annual representative samples of adults receiving HIV care in the United States. MMP only samples persons aged 18 years and older. The jurisdictions that provide the relevant data account for 80% of the total HIV cases in the United States. These include: California, Delaware, Florida, Georgia, Illinois, Indiana, Michigan, Mississippi, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Puerto Rico, Texas, Virginia, Washington, Chicago, Houston, Los Angeles County, New York City, Philadelphia, and San Francisco.

## DATA SOURCE LIMITATIONS

Self-reported data may be subject to social response bias. Data may be an underestimate because only persons receiving medical care during January-April are included.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 7.7% | 7.6% | 7.4% | 7.3% | 7.0% | 6.8% | 6.5% | 6.2% | 5.8% | 5.4% | 5% |

## REFERENCES AND RELATED MATERIALS


- Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2010. HIV Surveillance Special Report 9. http://www.cdc.gov/hiv/library/reports/surveillance/#special. Accessed April 22, 2015.
- Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2011. HIV Surveillance Special Report 10. http://www.cdc.gov/hiv/library/reports/surveillance/#special. Accessed May 7, 2015.
- Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2012. HIV Surveillance Special Report 12. http://www.cdc.gov/hiv/library/reports/surveillance/#special. Accessed August 11, 2015

# INDICATOR 8

## Reduce the death rate among persons with diagnosed HIV infection by at least **33 percent**.

### NHAS GOAL

Increasing Access to Care and Improving Health Outcomes for People Living with HIV.

### INDICATOR RATIONALE

For this Update, a new indicator to monitor all-cause death rates among persons with HIV was added because reducing mortality is an anticipated outcome of achieving all of the goals of the Strategy. This indicator reflects the overall quality of HIV medical care received, such that sustained delivery of high quality care should lead to greater reductions in death rates for persons living with HIV infection.

### BASELINE YEAR

2010

### NUMERATOR

Estimated number of deaths during a calendar year among persons aged ≥13 years with diagnosed HIV infection.

### DENOMINATOR

Estimated total number of persons with diagnosed HIV infection, aged ≥13 years, at the end of the previous year plus the number of persons, aged ≥13 years, with newly diagnosed infection in the year of the deaths. The rate is measured per 1,000 persons with diagnosed HIV infection.

### DATA SOURCE

National HIV Surveillance System.

### DATA AVAILABILITY

Data are released annually by CDC.

## POPULATION COVERAGE

Includes all 50 states and the District of Columbia.

## DATA SOURCE LIMITATIONS

Data are adjusted for reporting delay. Estimates of deaths for the most recent year are subject to uncertainty due to delays in reporting.

## ANNUAL TARGETS

| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 23.5 | 23.1 | 22.7 | 22.3 | 21.5 | 20.7 | 19.9 | 19.1 | 17.9 | 16.7 | 15.5 |

## REFERENCES AND RELATED MATERIALS

An HIV Surveillance Supplemental Report including these data is released annually. Although the number of deaths may continue to be updated over time, and reflected in subsequent volumes of the HIV Surveillance Supplemental Report, for the purposes of this indicator the number of deaths will not be updated in future years. The most recent reference, including data for 2012, is: *CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2013. HIV Surveillance Supplemental Report 2015;20 (No. 2). http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2015.* Data for 2012 for this indicator can be found in Table 6c. Data for 2010 and 2011 come from a special data run conducted by CDC for the purposes of monitoring progress for the NHAS indicators through 2020.

## NOTES

The age restrictions (≥13 years) are based on age at diagnosis. All-cause mortality, rather than HIV-related mortality, was measured given limitations in ascertainment and completeness of reporting cause of death due to HIV infection in vital statistics.

# INDICATOR 9

**Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.**

## NHAS GOAL

Reducing HIV-Related Disparities and Health Inequities.

## INDICATOR RATIONALE

This indicator monitors disparities in diagnosis rates for disproportionately affected groups by measuring changes in the ratio of the disparity rate for each group (numerator) and the overall population rate (denominator). The ratio provides a measure of the disparity, such that the ratio increases as the difference widens between a selected group and the overall population and decreases as the difference narrows. The choice of measuring diagnosis rates, rather than numbers, was made to standardize measures (i.e., per 100,000 population).

## BASELINE YEAR

2010

## NUMERATOR

The diagnosis disparity rate for the specified group (see the Population Coverage section below for the groups). Diagnosis disparity rate is calculated by subtracting the diagnosis rate for the overall population from the diagnosis rate for the specified group (see Notes). The diagnosis rate is calculated from the number of (unadjusted) HIV diagnoses during the calendar year and reported to CDC within 18 months of the diagnoses year.

## DENOMINATOR

The rate of HIV diagnosis for the overall population in the calendar year. The overall population is defined as persons of all ages in the 50 states and the District of Columbia. The rate is per 100,000 population.

## DATA SOURCE

National HIV Surveillance System, Census, Estimate of MSM population size.

## DATA AVAILABILITY

Surveillance data are released annually by CDC. Census data are also released annually by the Bureau of the Census. Data for the most current data year include all diagnoses reported to CDC within 6 months of the diagnosis year and are considered preliminary.

## POPULATION COVERAGE

Four groups are specified for this indicator: gay and bisexual men aged ≥13 years in the 50 states and the District of Columbia; young Black gay and bisexual men aged 13-24 years in the 50 States and the District of Columbia; Black females aged ≥13 years in the 50 States and the District of Columbia; and persons living in the Southern United States (all age groups) which is comprised of the District of Columbia and the following states: Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

## DATA SOURCE LIMITATIONS

HIV diagnosis data may not be representative of all persons with HIV because not all infected persons have been tested or tested at a time when the infection could be detected and diagnosed. Anonymous tests are also not reported. Transmission risk is estimated for those with missing risk information. The population estimates for gay and bisexual men may be underestimated due to social response bias in self-reported data; population data for other groups are from the Census.

## ANNUAL TARGETS

| Group | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Gay and Bisexual Men** | 20.5 | 20.3 | 20.2 | 20.0 | 19.7 | 19.4 | 19.1 | 18.8 | 18.3 | 17.9 | 17.4 |
| **Young Black Gay and Bisexual Men** | 109.4 | 108.6 | 107.8 | 107.0 | 105.3 | 103.7 | 102.0 | 100.4 | 97.9 | 95.5 | 93.0 |
| **Black Females** | 1.71 | 1.69 | 1.68 | 1.67 | 1.64 | 1.62 | 1.59 | 1.56 | 1.53 | 1.49 | 1.4 |
| **Southern US** | 0.33 | 0.33 | 0.32 | 0.32 | 0.32 | 0.31 | 0.31 | 0.30 | 0.29 | 0.29 | 0.28 |

## REFERENCES AND RELATED MATERIALS

Diagnosis rates for the four specified groups for this indicator come from special data runs for the purposes of monitoring progress of the National HIV/AIDS Strategy. The population size estimate used to calculate diagnosis rates for all gay and bisexual men and young Black gay and bisexual men come from: Purcell DW, Johnson CH, Lansky A, Prejean J, Stein R, Denning P, Gaul Z, Weinstock H, Su J, Crepaz N. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *Open AIDS Journal* 2012; 6 (Suppl 1: M4): 98-107.

## NOTES

The disparity ratio monitored for this indicator is based on the following:

1. The diagnosis rate for the overall population;
2. The diagnosis rate for each specific group (i.e., gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States);
3. The diagnosis disparity rate, which is the difference in rates between the overall population (#1) and each specific group (#2); and
4. The diagnosis disparity ratio, which is the ratio of the diagnosis disparity rate (#3) to the overall rate (#1).

The US census count was used to calculate rates per 100,000 persons for each group. To obtain a population estimate for gay and bisexual men and young black gay and bisexual men, the census count for males and young black males, respectively, was multiplied by 6.9%, based on the population estimate reported by Purcell et al cited above.

To calculate HIV diagnosis rate for the overall population, the number of diagnoses for the overall population (persons of all ages in the 50 states and the District of Columbia) was divided by total US census population and multiplied by 100,000. To calculate HIV diagnosis rates for the specified groups, the number of diagnoses for the group (in the 50 states and the District of Columbia) was divided by appropriate US census population and multiplied by 100,000.

# INDICATOR 10

## Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least **80 percent**.

### NHAS GOAL

Reducing HIV-Related Disparities and Health Inequities.

### INDICATOR RATIONALE

This indicator extends a focus on viral suppression to youth and to persons who inject drugs, given data showing important disparities in viral suppression (i.e., lower proportion virally suppressed) for these groups in comparison to the overall. Ensuring that the target for viral suppression for these two groups is the same as the overall target reduces the disparity in these groups.

### BASELINE YEAR

2010

### NUMERATOR

Number of HIV-diagnosed adults aged ≥13 years in the specified group (i.e., youth or persons who inject drugs) whose most recent viral load test in the past 12 months showed that HIV viral load was suppressed. Viral suppression was defined as a viral load result of <200 copies/mL at the most recent viral load test (except for 2010 when it was defined as ≤200 copies/mL).

### DENOMINATOR

Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.

### DATA SOURCE

National HIV Surveillance System.

### DATA AVAILABILITY

Data are released annually by CDC.

## POPULATION COVERAGE

The 2010 baseline data for this indicator come from the 19 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. For 2011, data come from the 18 jurisdictions that had complete reporting of CD4 and viral load test results to CDC. For 2012, data come from 28 jurisdictions that had complete reporting of CD4 and viral load test results to CDC; these 28 jurisdictions represent 61% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2012.

## DATA SOURCE LIMITATIONS

The number of states with data included for this indicator is limited and the states included for analysis may vary from year to year. However, the number of states contributing data is expected to increase over time as more will have complete reporting of CD4 and viral load test results to CDC.

## ANNUAL TARGETS

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Youth** | 29.7% | 32.2% | 34.7% | 37.2% | 42.3% | 47.3% | 52.3% | 57.4% | 64.9% | 72.5% | 80% |
| **IDU** | 37.6% | 39.7% | 41.8% | 44.0% | 48.2% | 52.4% | 56.7% | 60.9% | 67.3% | 73.6% | 80% |

## REFERENCES AND RELATED MATERIALS

An HIV Surveillance Supplemental Report including these data is released annually. The most recent reference, including data for 2012, is: *CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2013. HIV Surveillance Supplemental Report 2015;20 (No. 2). http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2015.* Data for this indicator can be found in Table 5a/b. Data for 2011 are published in the HIV Surveillance Supplemental Report Vol 19 (No. 3) in Table 5a/b and data for 2010 are published in Vol. 18 (No.5) in Table 5a/b.

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