

Monitoring & Evaluation Report

Comprehensive HIV Prevention Programs for Health Departments (PS12-1201)

An overview of progress on selected PS12-1201 required and recommended program components in 61 CDC-funded health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Comprehensive HIV Prevention Programs for Health Departments (PS12-1201): Monitoring and Evaluation Report, 2016

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BACKGROUND

The Centers for Disease Control and Prevention (CDC) is implementing a High-Impact Prevention (HIP) approach, which includes geographic targeting of resources, identifying HIV-infected persons who do not know their HIV status and linking them to medical care and antiretroviral therapy, and identifying the combination of approaches that demonstrate the greatest impact on preventing new HIV infections.

Through its “Comprehensive HIV Prevention Programs for Health Departments” (Notice of Funding Opportunity [NOFO] PS12-1201), CDC provides support to state, territorial, and local health departments to build and maintain partnerships in their jurisdictions and use them to provide comprehensive, high-impact HIV prevention services, integrated with HIV care [1]. The goal of PS12-1201 is to reduce HIV transmission by building the capacity of health departments to do the following:

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

In 2016, PS12-1201 has two funding categories:

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

Category A funds may also be used to support the following recommended HIV prevention components:

- Risk-reduction interventions for HIV-negative persons at risk for acquiring HIV
- Social marketing, mass media, and mobilization
- Support services for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for high-risk populations

In addition to HIV prevention components, health departments funded through PS12-1201 must conduct the following required program support activities:

- Jurisdictional HIV prevention planning
- Capacity building and technical assistance
- Program planning, monitoring and evaluation, and quality assurance
- General operations and administration

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

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

This report highlights 2016 program accomplishments. It is intended to be used by HIV program managers, CDC project officers, and others interested in monitoring grantees' progress toward achieving the PS12-1201 NOFO objectives. It is based on data submitted to CDC through the National HIV Prevention Program Monitoring and Evaluation (NHM&E) system (March 16, 2017) and End of Year Reports (March 31, 2016) by 61 health departments funded under PS12-1201. The report covers the period January 1, 2016 through December 31, 2016 and highlights findings related to the following PS12-1201-funded activities:

- HIV testing
 - Service integration (Category B)
- Comprehensive HIV prevention with HIV-positive persons:
 - Linkage to HIV medical care, persons with newly diagnosed HIV infection
 - Linkage to treatment adherence services
 - Interview for partner services
 - Referral to HIV prevention services
 - Risk-reduction interventions for HIV-positive persons
- Condom distribution
- Risk-reduction interventions for high-risk HIV-negative persons

The report includes trends in key HIV testing indicators from 2012 through 2016 on linkage to HIV medical care, partner services, and referral to HIV prevention services. This report also includes demographic characteristics and target population reached during the first 5 years of the project period.

HIGHLIGHTS

HIV TESTS CONDUCTED

- Under Category A, 61 health departments reported a total of 1,544,656 HIV tests. This represents 75.7% of the annual two million test national goal set by the NOFO.
- Under Category B, 33 health departments reported a total of 1,349,498 HIV tests. This exceeds the annual 1.3 million test national goal set by the NOFO.

PERSONS NEWLY DIAGNOSED WITH HIV INFECTION

Category A

- 6,840 (0.4%) persons were newly diagnosed with HIV infection.
- In health care settings, 52 (85.2%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$ [2].
- In non-health care settings, six (9.8%) health departments achieved the NOFO required newly diagnosed HIV positivity objective of $\geq 1.0\%$.

Category B

- 3,674 (0.3%) persons were newly diagnosed with HIV infection.
- In health care settings, 32 (94.1%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$ [2].
- In non-health care settings, one (12.5%) of 8 health departments achieved the NOFO required newly diagnosed HIV positivity objective of $\geq 2.0\%$.

SERVICE INTEGRATION

- Under Category B, service integration [3] is an optional program component. Seven health departments reported that 98,661 HIV tests had at least one STD, viral hepatitis, or TB test conducted concurrently.

LINKAGE TO HIV MEDICAL CARE

- 7,737 (88.0%) persons with newly diagnosed HIV infection were linked to HIV medical care.
- Category A and Category B both require health departments to link at least 80% of persons with newly diagnosed HIV infection to HIV medical care within any timeframe. Under Category A, 49 (80.3%) health departments achieved this requirement. Under Category B, 25 (73.5%) health departments achieved this requirement.

LINKAGE TO TREATMENT ADHERENCE SERVICES

- 9,365 HIV-positive persons were linked to treatment adherence services.

INTERVIEW FOR PARTNER SERVICES

- Overall, 6,141 (78.3%) persons were interviewed for partner services.
- Under Category A, health departments are required to interview at least 75% of persons with newly diagnosed, confirmed infection for partner services. Forty-four (72.1%) health departments achieved this requirement.
- Under Category B, health departments are required to interview at least 80% of persons with newly diagnosed, confirmed infection for partner services. Nineteen (55.9%) health departments achieved this requirement.

REFERRAL TO HIV PREVENTION SERVICES

- Overall, 6,221 (85.0%) persons were referred to HIV prevention services.
- Under Category B, health departments are required to refer at least 80% of persons with newly diagnosed, confirmed HIV infection to HIV prevention services.
- Twenty-one (61.8%) health departments achieved this requirement.

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

- 10,813 HIV-positive persons and 30,101 high-risk HIV-negative persons were enrolled in one or more CDC-recommended risk-reduction interventions.

PROGRAM ACCOMPLISHMENTS: 5-YEAR TRENDS, 61 HEALTH DEPARTMENTS, 2012 – 2016

Overall Program Trends

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

Figure 1a shows the total number of HIV tests using the 2012 HIV testing algorithm. In the 2012 HIV testing algorithm, HIV test results and test technology were used to determine whether an HIV test was valid. Starting in 2014, only HIV test result was used to determine whether the test was valid.

Figures 1b – 1k uses the 2012 HIV testing algorithm that relies on client’s self-report previous HIV status for calculating newly diagnosed HIV-positive tests. In the 2014 HIV testing algorithm, newly diagnosed HIV-positive tests were calculated using HIV surveillance verification, when available, instead of client’s self-reported previous HIV status.

Figures 1d, 1f, 1h, and 1j shows the number of grantees that met NOFO objectives from 2012 through 2016.



Figure 1a: Total number of HIV tests

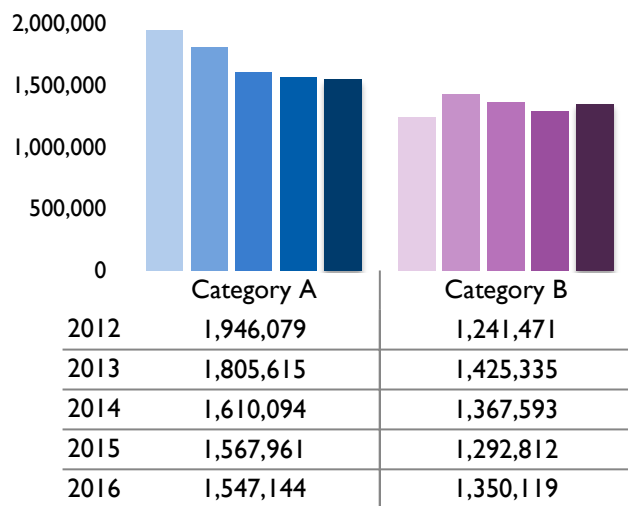


Figure 1b: Number of persons with newly diagnosed HIV infection

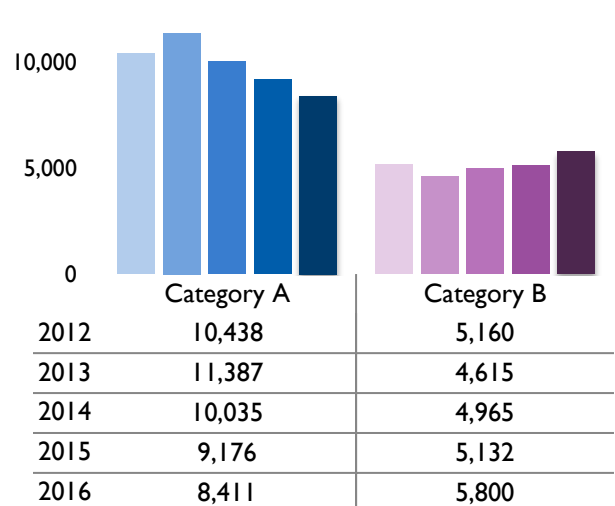




Figure 1c: Newly diagnosed HIV positivity in non-health care settings

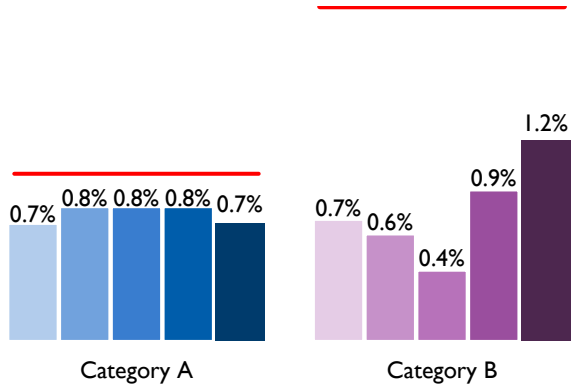


Figure 1d: Number of grantees who met the NOFO objective for newly diagnosed HIV positivity in non-health care setting

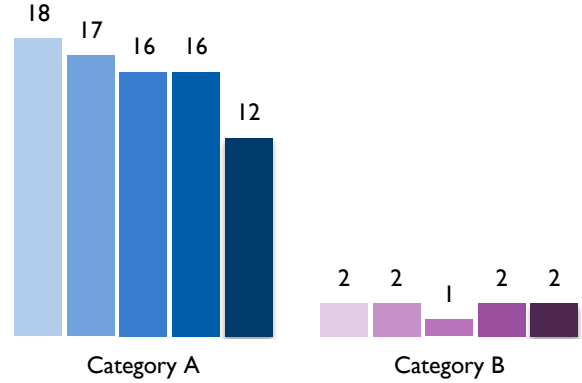


Figure 1e: Percentage linked to HIV medical care in any time frame

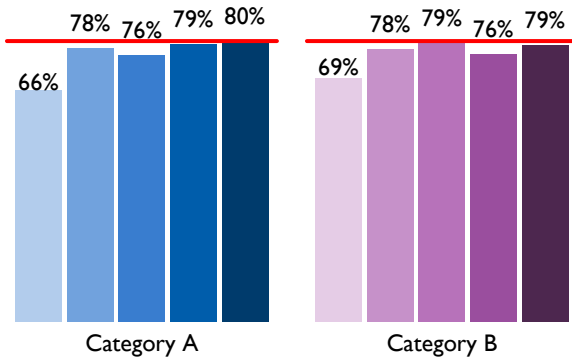


Figure 1f: Number of grantees who met the NOFO objective for linkage to HIV medical care in any time frame

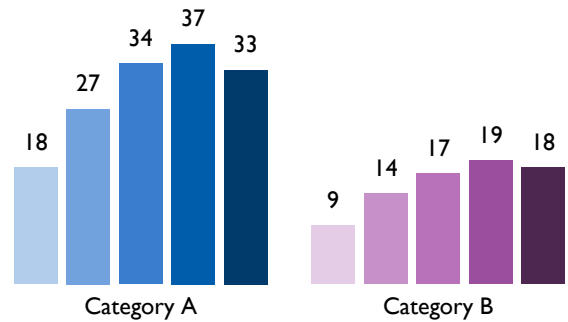


Figure 1g: Percentage interviewed for partner services

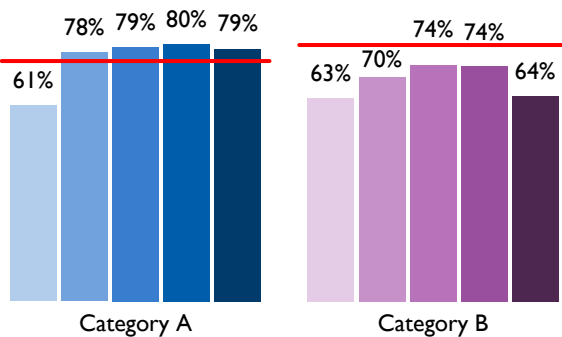


Figure 1h: Number of grantees who met the NOFO objective for interview for partner services

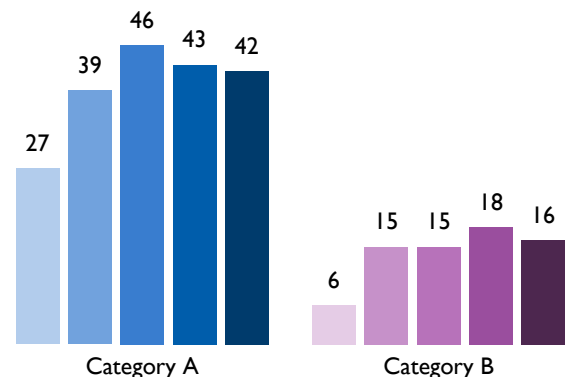




Figure 1i: Percentage referred to HIV prevention services

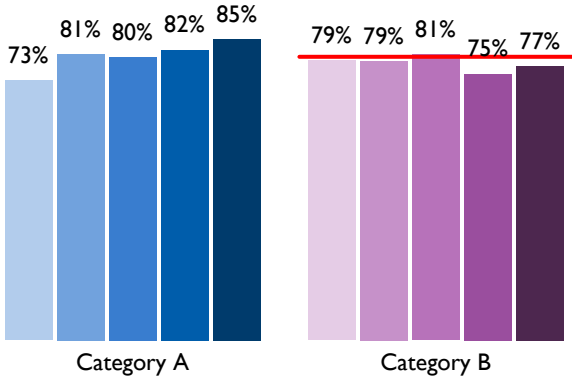


Figure 1j: Number of grantees who met the NOFO objective for referral to HIV prevention services

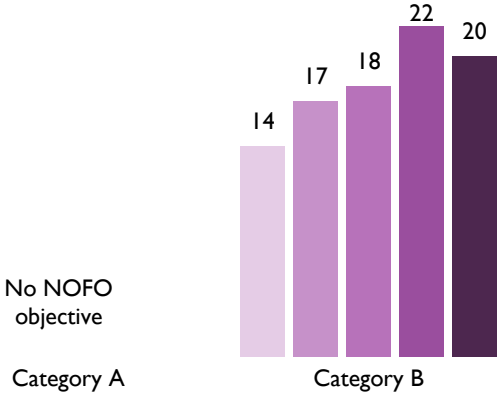
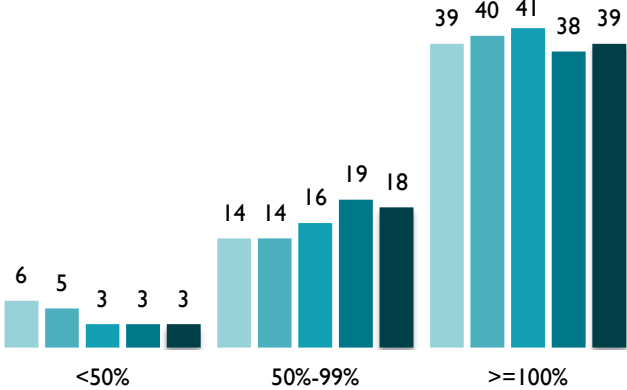


Figure 1k: Condom Distribution – Number of health departments achieving their proposed annual objective

Category A – 61 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands



Notes:

The horizontal red lines in Figures 13a, 13c, 13e, 13g, and 13i indicate NOFO requirements.

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

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

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

Program Trends by Selected Characteristics

Trends among Youth, 61 Health Departments, 2012 – 2016

Figure 2a: Total number of HIV tests

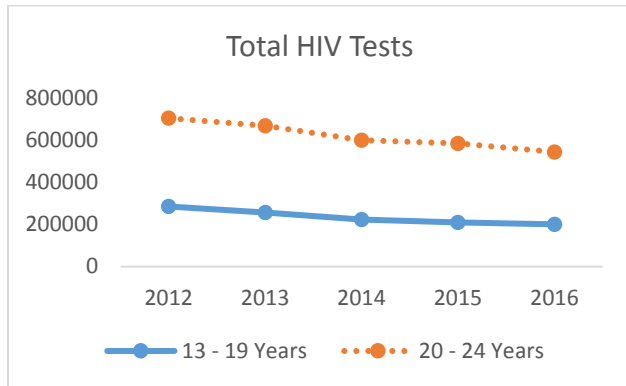


Figure 2b: Number of persons with newly diagnosed HIV infection

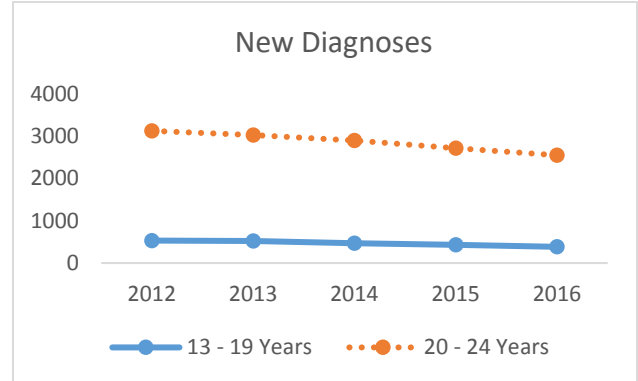


Figure 2c: Percentage linked to HIV medical care in any time frame

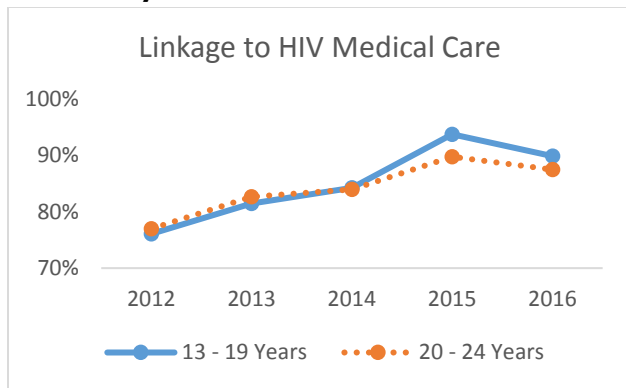


Figure 2d: Percentage linked to HIV medical care within 90 days

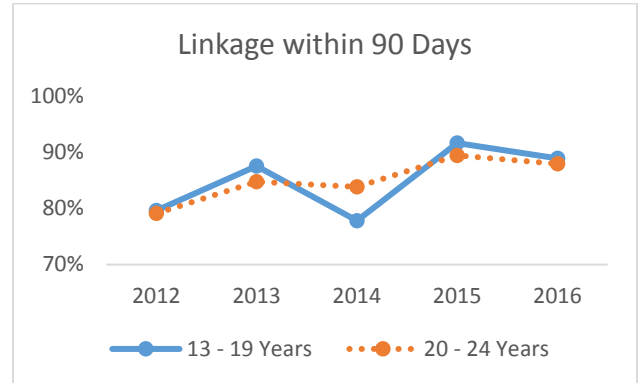
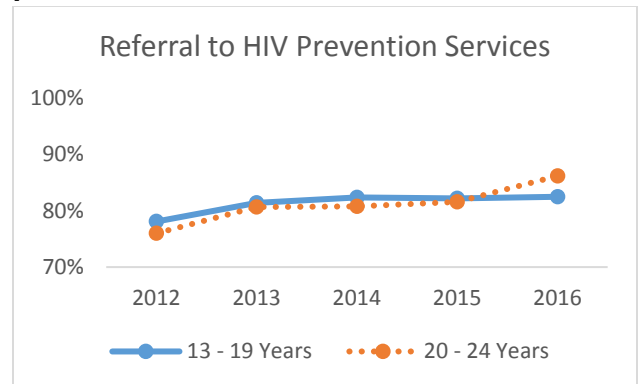


Figure 2e: Percentage interviewed for partner services



Figure 2f: Percentage referred to HIV prevention services



Trends in geographic regions, 59 Health Departments, 2012 – 2016

Figure 3a: Total number of HIV tests

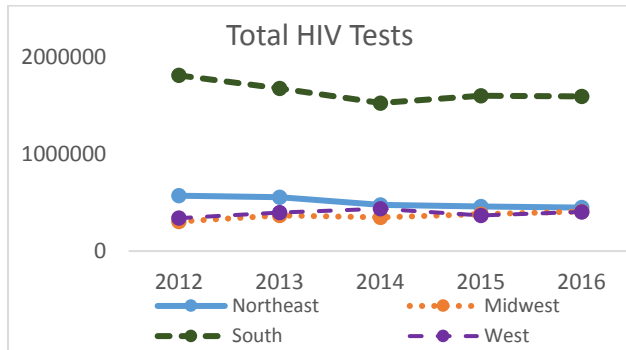


Figure 3b: Number of persons with newly diagnosed with HIV infection

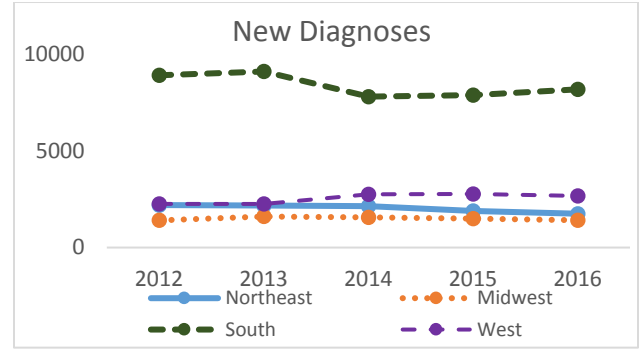


Figure 3c: Percentage linked to HIV medical care

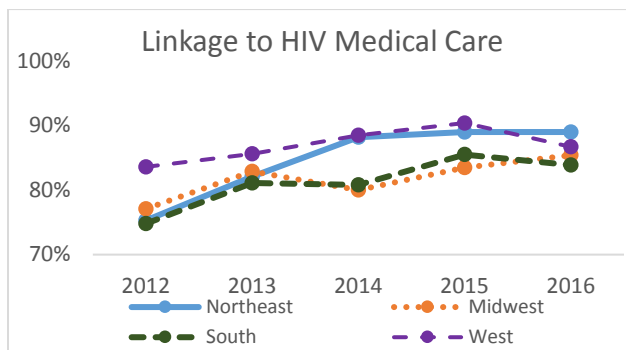


Figure 3d: Percentage linked to HIV medical care within 90 days

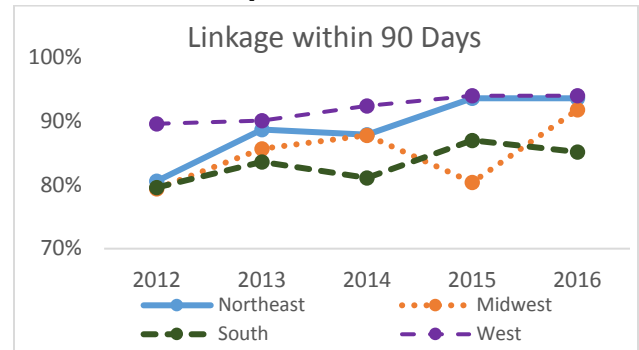


Figure 3e: Percentage interviewed for partner services

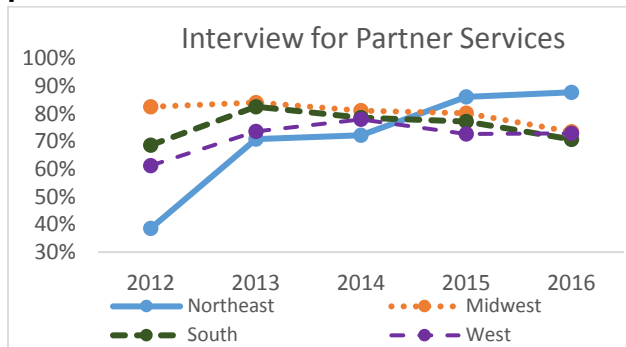
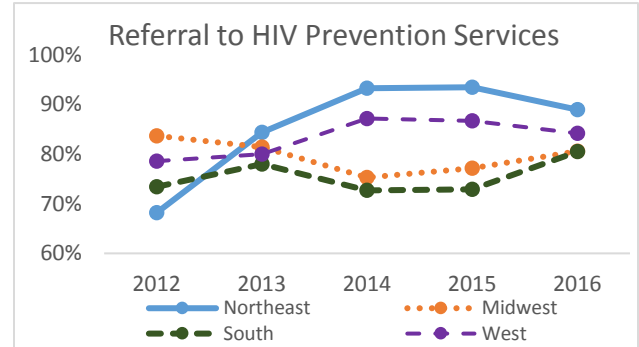


Figure 3f: Percentage referred to HIV prevention services



Note:

Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, New York City, and Philadelphia.

Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin, and Chicago.

South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Houston, Fulton County (Atlanta), and Baltimore.

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, San Francisco, and Los Angeles.

Trends by Race/Ethnicity, 61 Health Departments, 2012 – 2016

Figure 4a: Total number of HIV tests

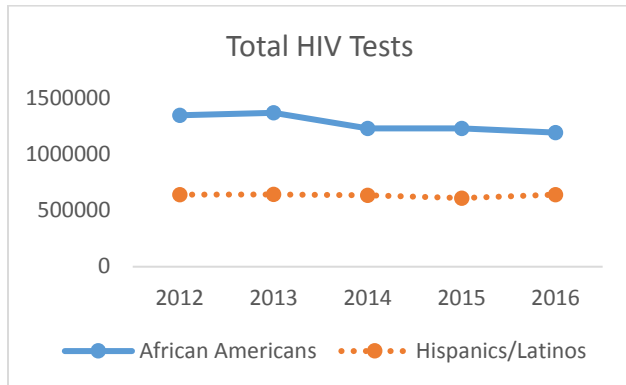


Figure 4b: Number of persons with newly diagnosed with HIV infection

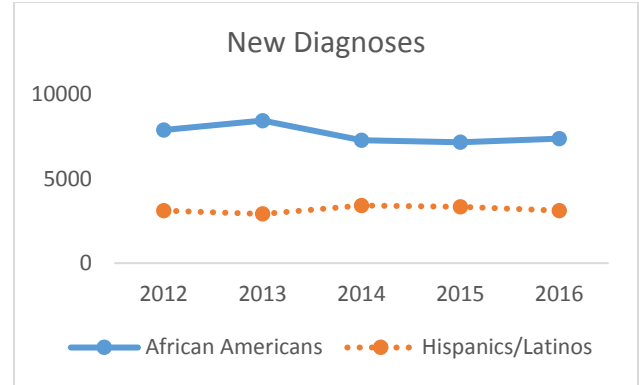


Figure 4c: Percentage linked to HIV medical care

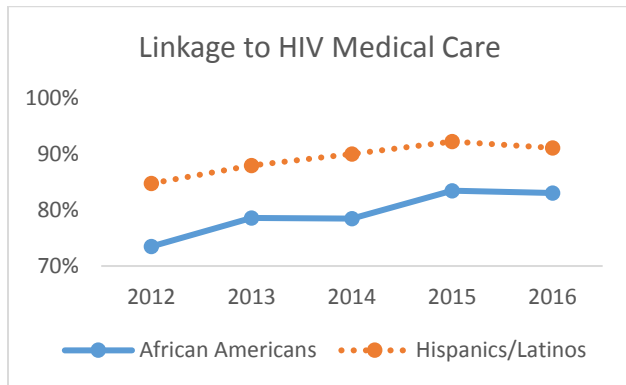


Figure 4d: Percentage linked to HIV medical care within 90 days

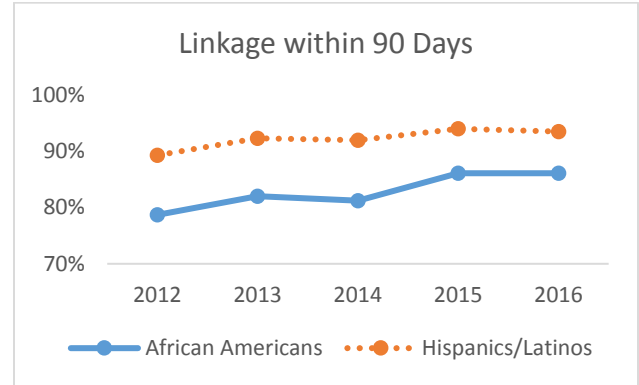


Figure 4e: Percentage interviewed for partner services

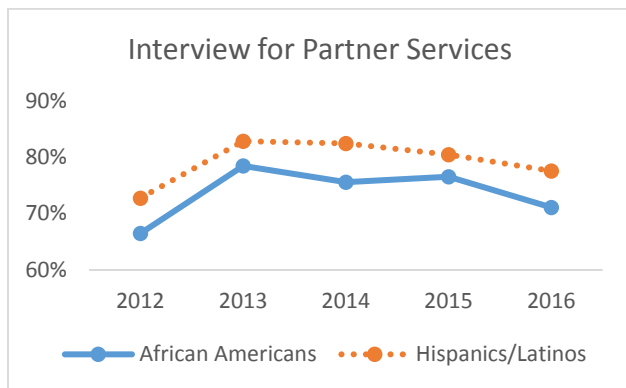
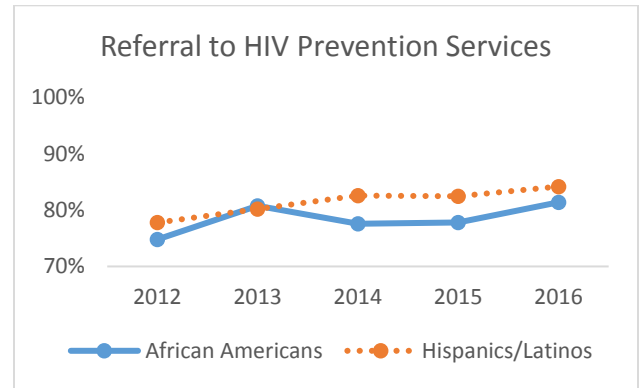


Figure 4f: Percentage referred to HIV prevention services



Trends by Target Population, 61 Health Departments, 2012 – 2016

Figure 5a: Total number of HIV tests

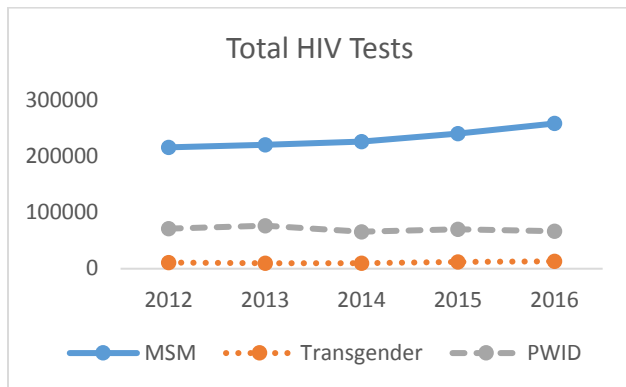


Figure 5b: Number of persons newly diagnosed with HIV infection

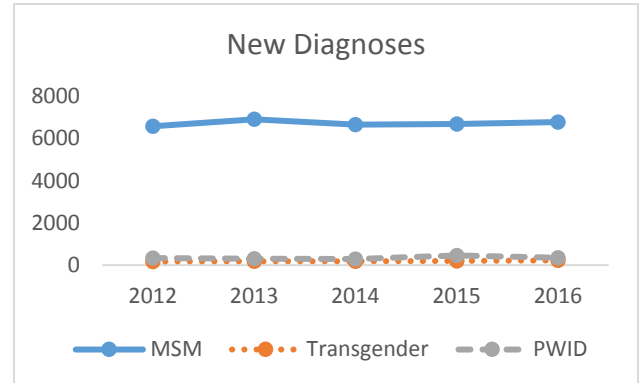


Figure 5c: Percentage linked to HIV medical care

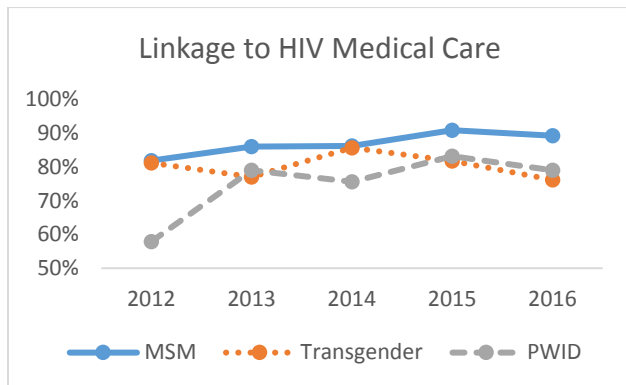


Figure 5d: Percentage linked to HIV medical care within 90 days

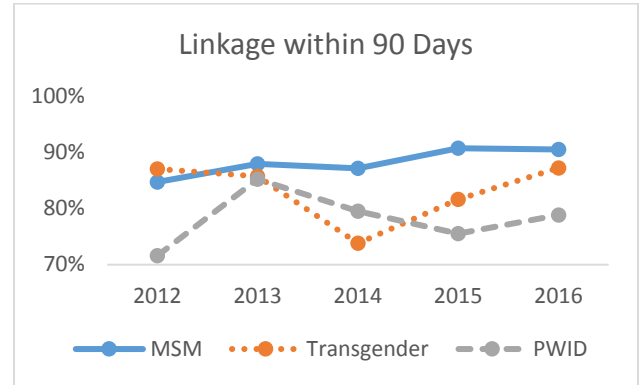


Figure 5e: Percentage interviewed for partner services

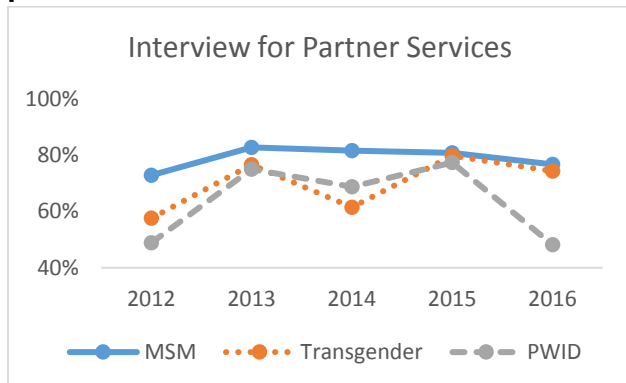
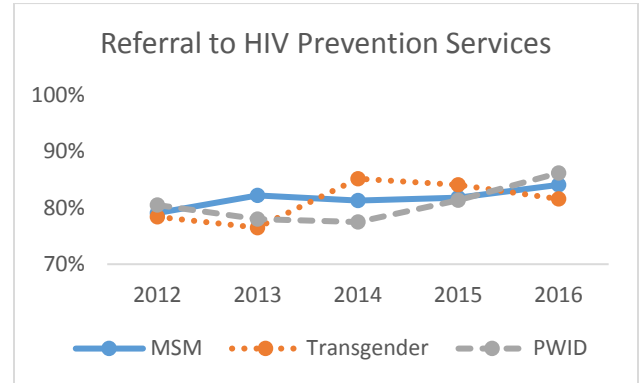


Figure 5f: Percentage referred to HIV prevention services



Notes:

MSM include males who reported male-to-male sexual contact as well as males who reported both male-to-male sexual contact and injection drug use in the past 12 months. Transgender persons include male-to-female transgender (i.e., a person whose physical or birth sex is male, but whose gender expression and/or gender identity is female), or female-to-male transgender (i.e., a person whose physical or birth sex is female, but whose gender expression and/or gender identity is male) and transgender persons who reported injection drug use in the past 12 months. Persons who inject drugs (PWID) include persons who reported injection drug use in the past 12 months.

PROGRAM ACCOMPLISHMENTS

PS12-1201 Required Core Components

HIV TESTING

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

Categories A and B, combined:

The **61 health departments conducted 2,894,154 HIV tests** in 2016. This is 87.7% of the combined Category A and Category B NOFO annual test national goal of 3,300,000.

There are 25,360 persons with diagnosed HIV infection, 10,514 with **newly diagnosed HIV infection**.

In **health care settings**, there were **7,105 (0.3%)** persons with **newly diagnosed HIV infection**.
In **non-health care settings**, there were **3,400 (0.6%)** persons with **newly diagnosed HIV infection**.

Category A

Sixty-one health departments reported a total of 1,544,656 HIV tests; this is 75.7% of the annual two million test national goal set by the NOFO (Table 1).^a There were 14,541 (0.9%) persons with diagnosed HIV infection and of these, there were 6,840 (0.4%) persons with newly diagnosed HIV infection.

Sixty-one health departments reported a total of 996,984 HIV tests in health care settings and 545,626 in non-health care settings.^b Of these, there were 3,825 (0.4%) persons in health care settings and 3,006 (0.6%) persons in non-health care settings with newly diagnosed HIV infection (Table 2).

- In health care settings, 52 (85.2%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$.^b
- In non-health care settings, 6 (9.8%) health departments achieved the NOFO required newly diagnosed HIV positivity objective of $\geq 1.0\%$.^c

Category B

Thirty-three health departments reported a total of 1,349,498 HIV tests; this is 103.8% of the annual 1.3 million test national goal set by the NOFO (Table 1).^c There were 10,819 (0.8%) persons with diagnosed HIV infection and of these, there were 3,674 (0.3%) persons with newly diagnosed HIV infection (Table 2). The national goal set for Category B by the NOFO was to identify 5,500 persons with newly diagnosed HIV infection.

^a Total number of HIV tests include test-level data submitted to CDC by 61 health departments funded under PS12-1201 Category A.

^b Health departments submitting only HIV test-level data and HIV tests that could be categorized into health care and non-health care settings are included in the analyses. The setting for 2,046 HIV tests and 9 newly identified HIV positive tests could not be categorized

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

Thirty-three health departments reported a total of 1,294,114 HIV tests in health care settings, and 8 health departments reported a total of 55,384 HIV tests in non-health care settings. Of these, there were 3,280 (0.3%) persons in health care settings and 394 (0.7%) persons in non-health care settings with newly diagnosed HIV infection (Table 2).

- In health care settings, 32 (94.1%) health departments achieved the NOFO recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$.^d
- In non-health care settings, one (12.5%) of 8 health department achieved the NOFO required newly diagnosed HIV positivity objective of $\geq 2.0\%$.^d

The demographic and target population characteristics of persons with HIV infection (i.e, newly diagnosed and previously diagnosed HIV infection) and persons with newly diagnosed HIV infection under Categories A and B are shown in Figure 6 and 7, respectively.

Service Integration – Category B

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

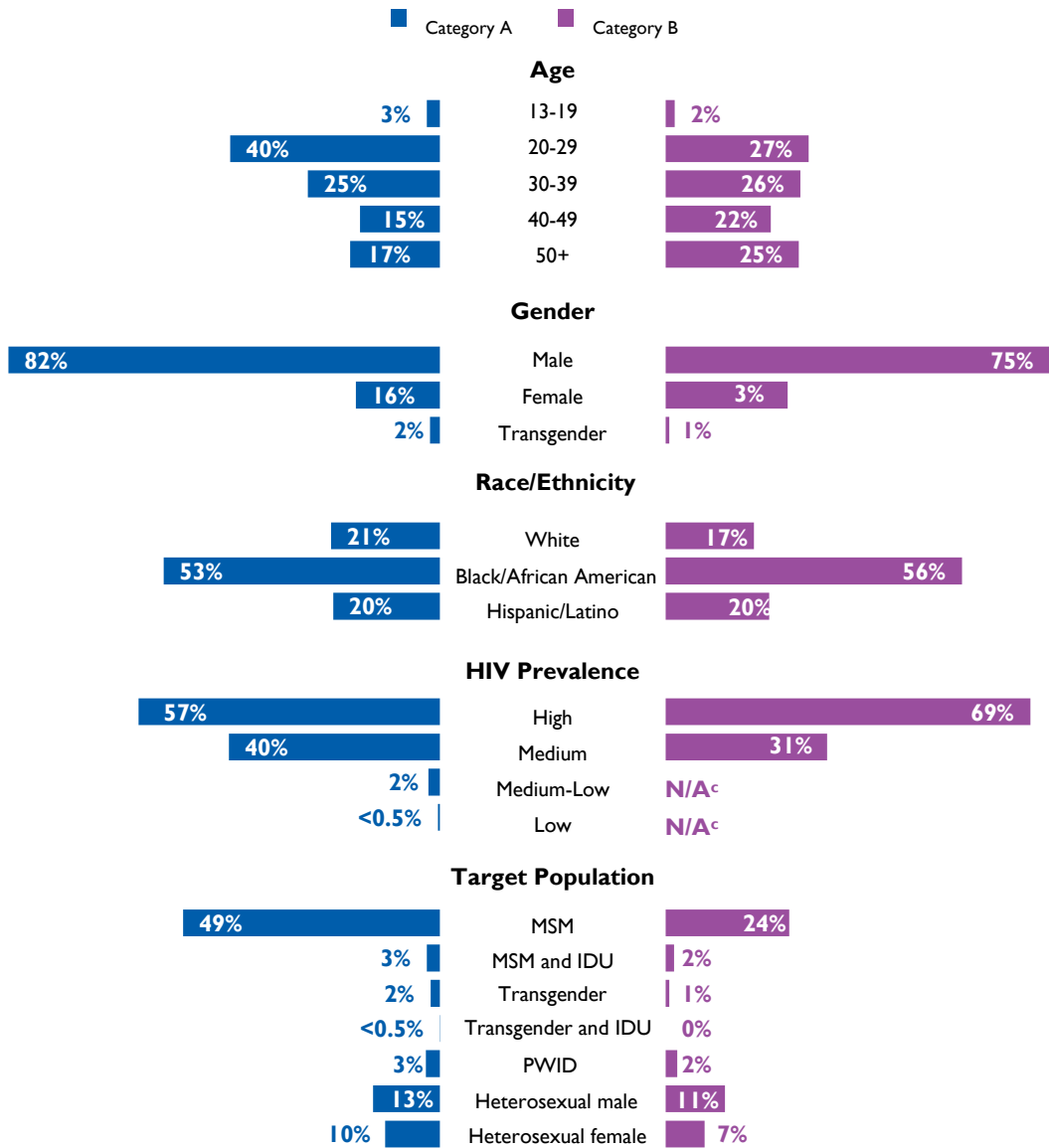
Under PS12-1201 Category B, service integration [3] is an optional program component. Seven health departments allocated Category B funds to conduct STIs (i.e., syphilis, chlamydial infection, and gonorrhea), viral hepatitis (i.e., hepatitis B and C), or TB screening concurrently with HIV testing.

In health care and non-health care settings, 98,661 HIV tests had at least one STI, viral hepatitis, or TB test conducted concurrently. Of the concurrent tests, 24,240 (24.6%) were for syphilis, 28,655 (29.0%) were for gonorrhea, 24,502 (24.8%) were for chlamydial infection, 7,888 (8.0%) were for hepatitis B, 6,210 (6.3%) were for hepatitis C, and 7,166 (7.3%) were for TB (Table 3).

^d Health departments submitting only HIV test-level data and HIV tests that could be categorized into health care and non-health care settings are included in the analyses.

Figure 6: Distribution of persons with HIV infection (i.e., newly and previously diagnosed HIV infection) by demographic and target population characteristics

PS12-1201 Category A and B – 2016 (Category A: 61 HDs; Category B: 33 HDs)



Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb[®] as of March 16, 2017.

Note: The percentages do not total to 100% as missing/invalid, declined/not asked, don't know/not asked, and no risk/invalid/missing are not shown in the figure.

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

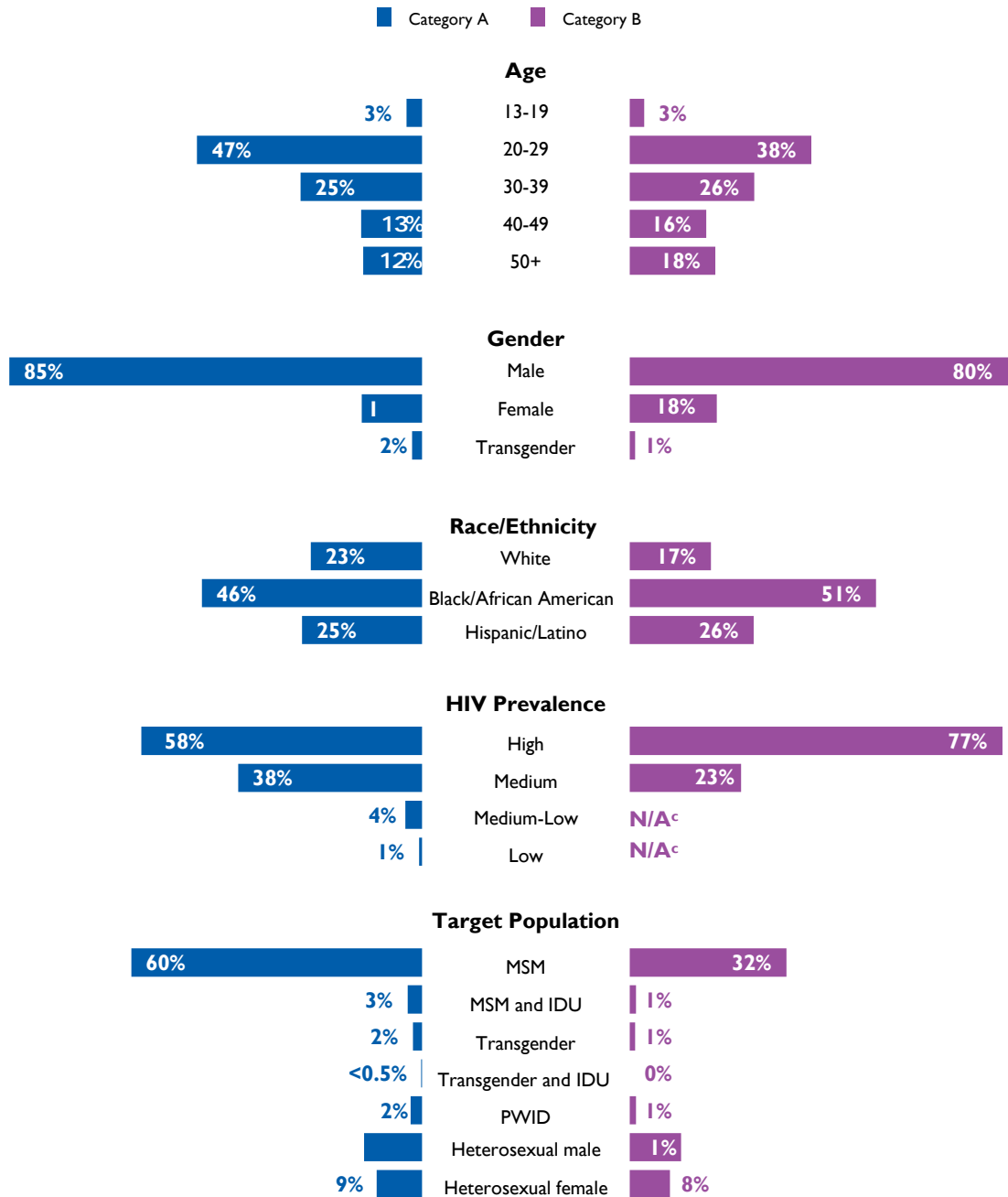
^a For age, <13 years is not shown in the figure (Refer to Tables 4 and 5).

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

^c N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 29).

Figure 7: Distribution of persons with newly diagnosed HIV infection, by demographic and target population characteristics

PS12-1201 Category A and B – 2016 (Category A: 61 HDs; Category B: 33 HDs)



Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb[®] as of March 16, 2017.

Note: The percentages do not total to 100% as missing/invalid, declined/not asked, don't know/not asked, and no risk/invalid/missing are not shown in the figure.

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

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

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

^c N/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 29).

COMPREHENSIVE HIV PREVENTION WITH HIV-POSITIVE PERSONS

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

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

Categories A and B, combined:

7,737 (88.0%) persons with newly diagnosed HIV infection were **linked to HIV medical care in any timeframe** after HIV diagnosis.

Category A

Of tests conducted under Category A, 85.0% of newly diagnosed HIV infection records had valid and complete information on outcome of linkage to HIV medical care (Table 6). Based on these records, 5,080 of 5,815 (87.4%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe (Table 6).^e Under Category A, health departments are required to link at least 80% of persons with newly diagnosed infection to HIV medical care in any timeframe. Forty-nine (80.3%) health departments achieved this requirement.^f

Category B

Of tests conducted under Category B, 81.1% of newly diagnosed HIV infection records had valid and complete information on outcome of linkage to HIV medical care (Table 7). Based on these records, 2,657 of 2,978 (89.2%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe (Table 7).^e Under Category B, health departments are required to link at least 80% of persons with newly diagnosed infection to HIV medical care in any timeframe. Twenty-five (73.5%) health departments achieved this requirement.^f

The demographic and target population characteristics of persons with newly diagnosed HIV infection who were linked to HIV medical care in any timeframe under Categories A and B are shown in Figure 8.

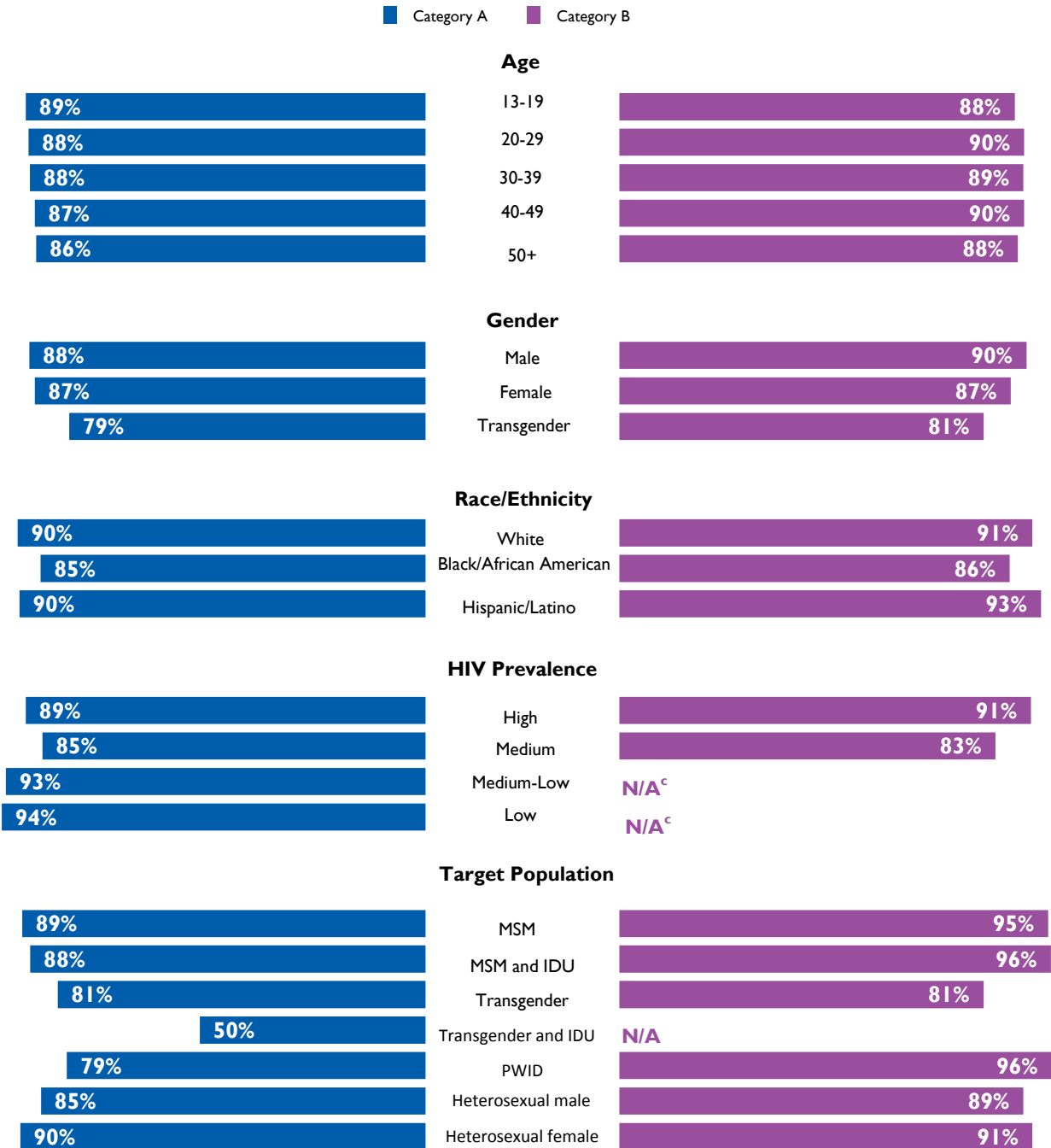
^e For this section, records that are missing data on linkage to HIV medical care are excluded from the denominator.

Therefore the linkage percentages shown represent the *reported* percentages of newly diagnosed HIV-positive persons linked to HIV medical care. This is based only on test records with valid data on linkage to HIV medical care.

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

Figure 8: Percentage of persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe, by demographic and target population characteristics

PS12-1201 Category A and B – 2016 (Category A: 61 HDs; Category B: 33 HDs)



Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb[®] as of March 16, 2017.

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

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

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

^aFor age, <13 years is not shown in the figure (Refer Table 6 and 7).

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

^cN/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 29).

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

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

Categories A and B, combined:

7,419 (84.9%) persons with newly diagnosed HIV infection were **linked to HIV medical care within 90 days of diagnosis.**

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

Category A

Of tests conducted under Category A, 84.5% of newly diagnosed HIV infection records had valid and complete information on outcome of linkage to HIV medical care within 90 days of diagnosis (Table 8). Based on these records, 4,864 of 5,777 (84.2%) persons with newly diagnosed infection were linked to HIV medical care within 90 days of diagnosis (Table 8).^g Thirty-eight (62.3%) health departments achieved the National HIV Prevention Goal.^h

Category B

Of tests conducted under Category B, 80.5% of newly diagnosed HIV infection records had valid and complete information on outcome of linkage to HIV medical care within 90 days of diagnosis (Table 9). Based on these records, 2,555 of 2,959 (86.3%) persons with newly diagnosed infection were linked to HIV medical care within 90 days of diagnosis (Table 9).^g Seventeen (50.0%) health departments achieved the National HIV Prevention Goal.^h

The demographic and target population characteristics of persons with newly diagnosed HIV infection who were linked to HIV medical care within 90 days of diagnosis under Categories A and B are shown in Figure 9.

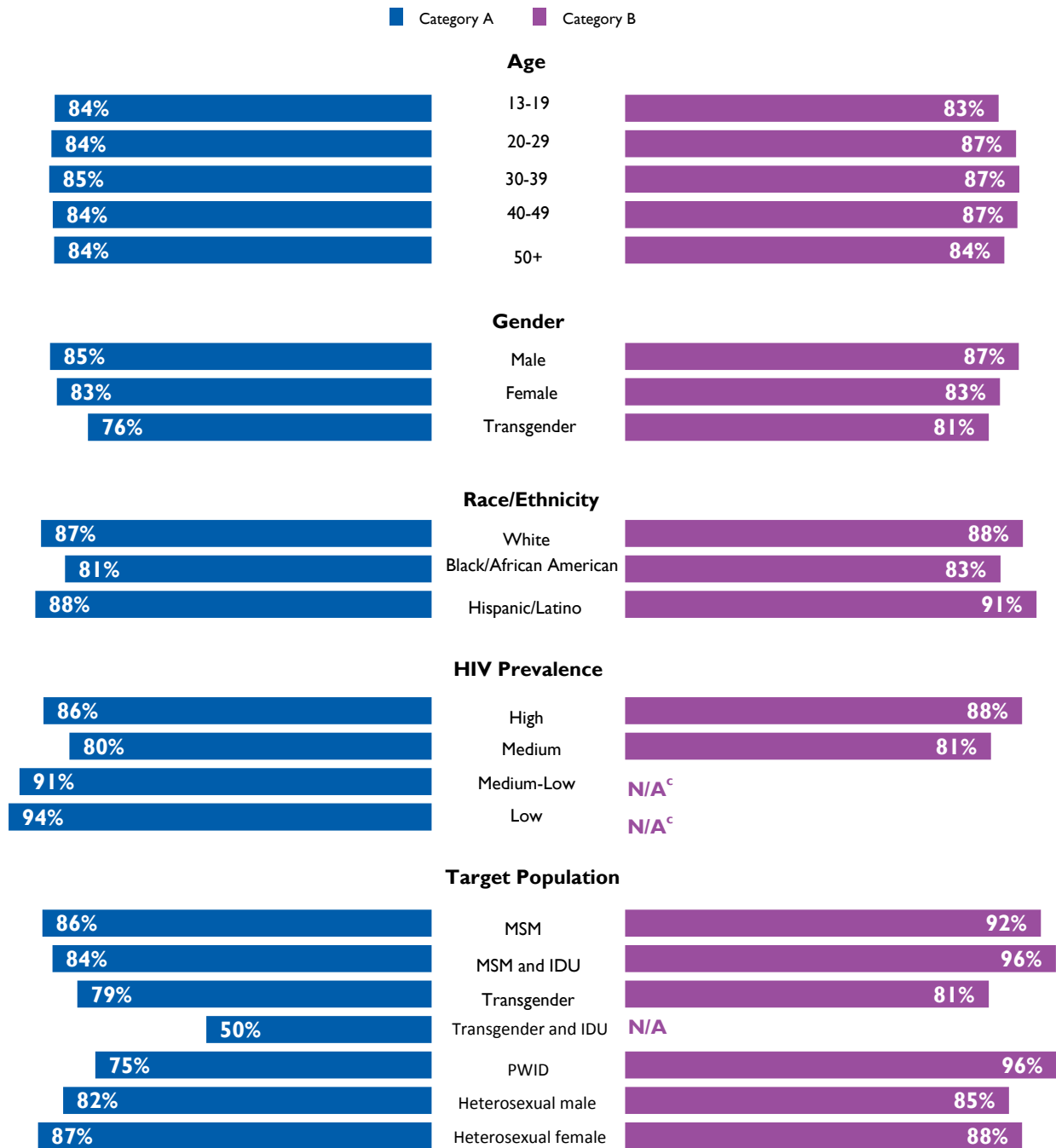
^g For this section, records that are missing data on linkage to HIV medical care within 90 days are excluded from the denominator. Therefore the linkage percentages shown represent the *reported* percentages of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days of diagnosis.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

^h Linkage to HIV medical care within 90 days of diagnosis is not an NOFO requirement. Reported percentages were used

to determine whether or not the the health departments achieved the National HIV Prevention Goal.

Figure 9: Percentage of persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis, by demographic characteristics and target population characteristics

PS12-1201 Category A and B – 2016 (Category A: 61 HDs; Category B: 33 HDs)



Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017.

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

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

^aFor age, <13 years is not shown in the figure (Refer Table 8 and 9).

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

^cN/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence. (Refer to definition of HIV Prevalence in Appendix A: Technical notes and definitions section on page 29).

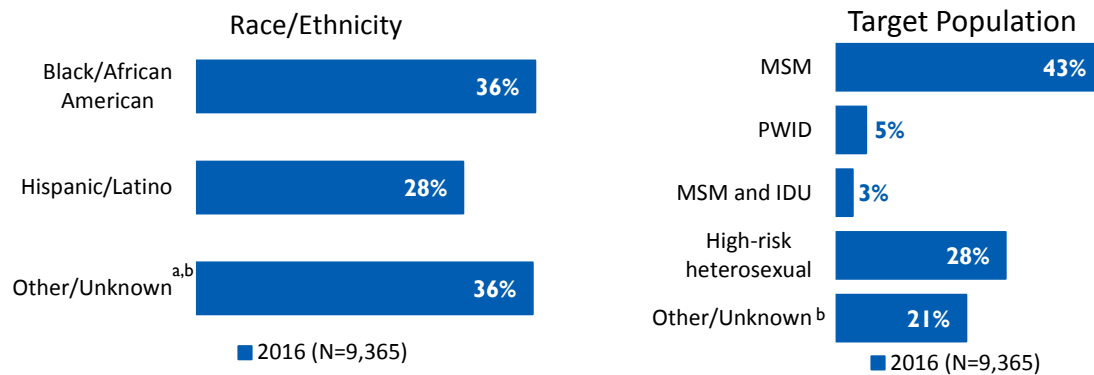
Linkage to Treatment Adherence Services

(Data Source: NHM&E aggregate-level Risk Reduction Activities (RRA) data submitted through EvaluationWeb® as of March 16, 2017)

Forty-three health departments reported that 9,365 HIV-positive persons were linked to antiretroviral therapy (ART) adherence services under Category A (Figure 10 and Table 10).

Figure 10: HIV-positive persons linked to treatment adherence services

PS12-1201 Category A – 43 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016



Data Source: 2016 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 16, 2017.

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

^aOther/unknown race/ethnicity includes white, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, multi-race or persons whose race/ethnicity status is unknown.

^bOther/unknown race/ethnicity and other/unknown risk cannot be split into sub-groups due to aggregate data being collected from grantees using these response categories.

Interview for Partner Services

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

Categories A and B, combined:

6,141 (78.3%) persons with newly diagnosed, confirmed HIV infection were **interviewed for partner services**.

Category A

Of tests conducted under Category A, 92.5% of records had valid and complete information on outcome of interview for partner services (Table 11). Based on these records, 4,316 of 5,503 (78.4%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services (Table 11).ⁱ Under Category A, health departments are required to interview at least 75% of persons with newly diagnosed, confirmed infection for partner services. Forty-four (72.1%) health departments achieved this requirement.^j

Category B

Of tests conducted under Category B, 78.3% of records had valid and complete information on outcome of interview for partner services (Table 12). Based on these records, 1,825 of 2,338 (78.1%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services (Table 12).ⁱ Under Category B, health departments are required to interview at least 80% of persons with newly diagnosed, confirmed infection for partner services. Nineteen (55.9%) health departments achieved this requirement.^j

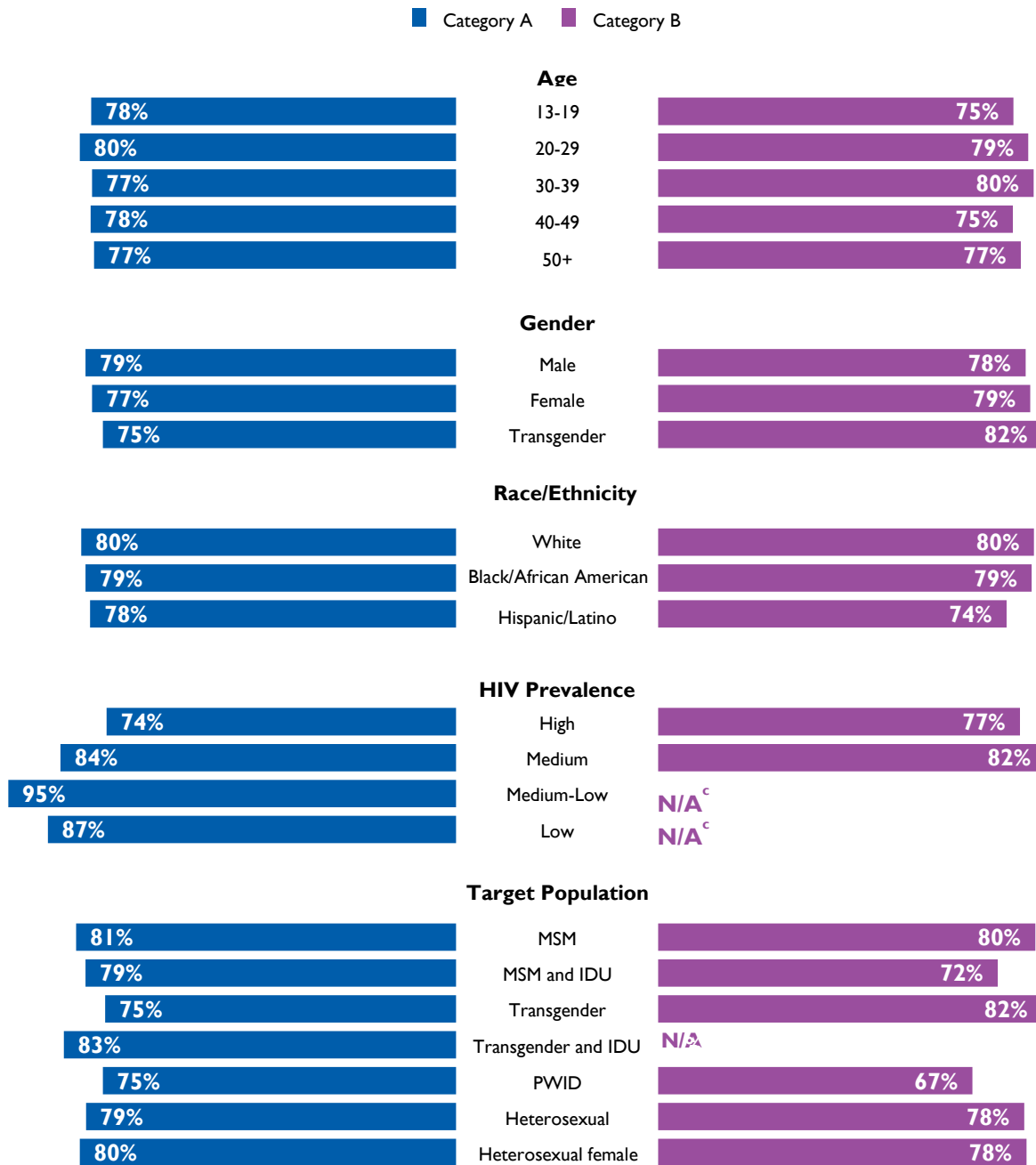
The demographic and target population characteristics of persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services under Category A and B are shown in Figure 11.

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

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

Figure 14: Percentage of persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services, by demographic and target population characteristics

Categories A and B – 2016 (Category A: 60 HDs; Category B: 33 HDs)



Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb[®] as of March 16, 2017.

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

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

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

^aFor age, < 13 years is not shown in the figure (Refer Table 11 and 12).

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

^cN/A indicates that no health departments could be classified as "Medium-Low" and "Low" based on HIV prevalence (Refer to definition of Prevalence in Appendix A: Technical notes and definitions section on page 29).

Referral to HIV Prevention Services

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

Categories A and B, combined:

6,221 (85.0%) persons with newly diagnosed, confirmed HIV infection were **referred to HIV prevention services**.

Category A

Of tests conducted under Category A, 88.9% of records had valid and complete information on referral to HIV prevention services (Table 13). Based on these records, 4,537 of 5,290 (85.8%) persons with newly diagnosed, confirmed HIV infection were referred to HIV prevention services (Table 13).^k

Category B

Of tests conducted under Category B, 67.8% of records had valid and complete information on referral to HIV prevention services (Table 13). Based on these records, 1,684 of 2,026 (83.1%) persons with newly diagnosed, confirmed HIV infection were referred to HIV prevention services (Table 13).^k Under Category B, health departments are required to refer at least 80% of persons with newly diagnosed, confirmed infection to HIV prevention services. Twenty-one (61.8%) health departments achieved this requirement.^l

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

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

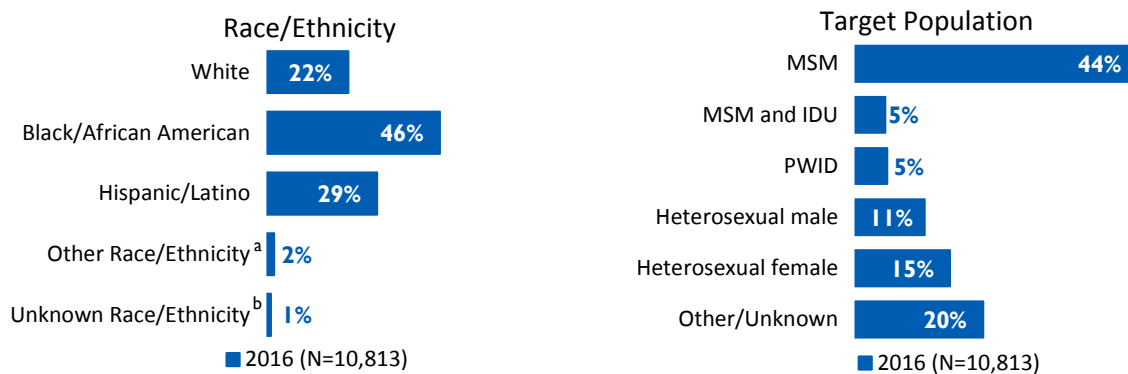
Risk-reduction Interventions for HIV-positive Persons

(Data Source: NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2017)

Under Category A, 39 health departments reported that 10,813 HIV-positive persons were enrolled in one or more CDC-recommended or locally developed risk-reduction interventions (Figure 11 and Table 14).

Figure 11: HIV-positive persons enrolled in risk-reduction interventions

39 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016



Data Source: 2016 NHM&E RRA data reported at a client-level in EvaluationWeb® as of March 16, 2017.

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

^aOther race/ethnicity includes Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander or multi-race.

^bUnknown race/ethnicity includes missing/invalid data, don't know, not asked or declined.

CONDOM DISTRIBUTION

(Data Source: 2016 Interim Progress Reports submitted to CDC)

- Under Category A, 60 health departments reported using PS12-1201 funds to distribute condoms to HIV-positive persons and persons at highest risk for acquiring HIV. In 2016, these health departments reported distributing 123,949,145 condoms.
- Thirty-nine (63.9%) health departments achieved their proposed annual objective for condom distribution (Figure 1k).

PSI2-I20I Recommended Program Components

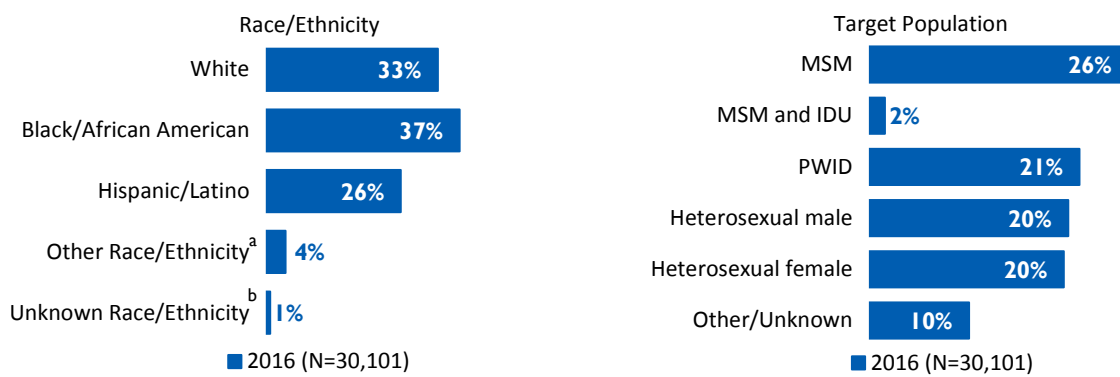
RISK-REDUCTION INTERVENTIONS FOR HIGH-RISK HIV-NEGATIVE PERSONS

(Data Source: NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2017)

Under Category A, 36 health departments reported that 30,101 high-risk HIV-negative persons were enrolled in one or more CDC-recommended or locally developed risk-reduction intervention (Figure 12 and Table 14). HIV-prevention interventions for high-risk HIV-negative persons are not implemented by all health departments.

Figure 12: HIV-negative persons enrolled in risk-reduction interventions

36 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016



Data Source: 2016 NHM&E RRA data reported at a client-level in EvaluationWeb® as of March 16, 2017.

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

^aOther race/ethnicity includes Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander or multi-race.

^bUnknown race/ethnicity includes missing/invalid data, don't know, not asked or declined.

INTERPRETATION OF THIS REPORT

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

- The report reflects findings for the fifth year of the six-year PS12-1201 project period. During this period, health departments had variability in staffing resources available, data system capabilities, inter/intra-departmental collaborations within the health departments, and other local factors. The findings in this report may reflect this variation for several measures (e.g., linkage to treatment adherence services, risk-reduction interventions).
- Program performance may be affected by several contextual factors, such as HIV prevalence, political environment, existing laws and regulations, program infrastructure and funding levels, surveillance system capacity and availability of surveillance data to help guide program activities, program planning, and start-up activities, and effects of large-scale programmatic changes. This report is not able to account for these and other contextual factors.
- This year, CDC calculated newly diagnosed HIV-positive persons using client self-report and HIV surveillance information, when available. If client reports a previous positive test or the client has been previously reported to HIV surveillance, the records is counted as previously diagnosed. In 2012 and 2013 reports, determination of new vs. previous HIV diagnosis was based only on client's self report. Therefore, comparison with previous reports is limited due to this change in definition.
- The HIV testing data in this report include only tests funded through PS12-1201 Categories A and B. This report does not include information on HIV testing funded by other CDC program announcements or other funding sources (e.g., state, local funding). Please refer to *CDC-Funded HIV Testing: United, States, Puerto Rico and the U.S. Virgin Islands, 2015* [4] for information on HIV testing funded by all CDC-funded programs.
- Only records that have a valid program announcement number that can be categorized as to whether the testing was done in health care or non-health care settings were included in the analyses of HIV positivity. In 2016, 2,046 (0.1%) Category A HIV test records could not be categorized into health care and non-health care settings. All records from Category B HIV test records can be categorized into health care and non-health care settings.
- Calculated percentages of linkage to HIV medical care in any timeframe and within 90 days, interview for partner services, and referral to HIV prevention services may not accurately reflect the true levels of those services because records are missing valid data. The percentage of records missing data on these outcomes varies considerably among health departments.

REFERENCES

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<http://www.cdc.gov/hiv/policies/funding/announcements/ps12-1201/index.htm>
2. Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR 2006; 55 (No. RR-14):1-17.
3. Centers for Disease Control and Prevention. Program Collaboration and Service Integration: Enhancing the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the United States. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009.
4. Centers for Disease Control and Prevention. CDC-Funded HIV Testing: United, States, Puerto Rico and the U.S. Virgin Islands, 2015. <http://www.cdc.gov/hiv/library/reports/index.html>. Published 2016.
5. Centers for Disease Control and Prevention. State HIV Prevention Progress Report, 2010 – 2013. www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-stateprogressreport.pdf. Published December 2015.

APPENDICES

Appendix A: Technical Notes and Definitions

DATA SOURCE DESCRIPTION

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

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

DEFINITIONS

Age

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

Data Designation

- **Aggregate data**
Total HIV tests and confirmed HIV-positive tests reported by health department when complete test-level data are not submitted to CDC.
- **Invalid data**
Any test-level data submitted by the health department jurisdiction that do not conform to the value codes stated in the NHM&E data variable set (DVS).
- **Missing data**
Any required data associated with a valid HIV testing record for which data are not submitted by the health department. These data were either not collected by the jurisdiction or were collected but not reported to CDC.
- **Test-level data**
Data reported by health department for each HIV test conducted, including demographics, and when appropriate, behavioral risk, linkage to HIV medical care (within 90 days and within any timeframe), referral to and interview for partner services and referral to HIV prevention services data. For this report, HIV test-level data are reported for 61 health departments in 2016.

Data Variable Set (DVS)

The data variable set includes all NHM&E data elements (i.e., mandatory, required, and allowed data elements), including variable number, name, schema name, format type, minimum and maximum length, value codes, instructions and definitions.

HIV Prevalence

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

- High $\geq 20,000$
- Medium 4,000 – 19,999
- Medium-low 1,000 – 3,999
- Low <1,000 PLWH

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

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

Gender

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

High-risk HIV-negative Persons

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

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

Interview for Partner Services

This calculated indicator measures the extent to which newly diagnosed, confirmed HIV-positive persons were interviewed for partner services by health department staff or providers on behalf of the health department. It may include interviews conducted by providers other than health department staff (e.g., CBO staff; physicians; other persons authorized by law, regulation, or policy), but only if these interviews can be verified. “Verified interviews” are interviews whose outcomes are routinely reported to the health department and may come from outside sources. These outside sources include public health providers that are 1) collecting data on behalf of the health department and 2) provide information to the health department for partner services follow-up.

Linkage to HIV Medical Care Services

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

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

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

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

Linkage to or Re-engagement in HIV Medical Care

Linkage to or re-engagement in HIV medical care is defined as the process of assisting persons with HIV to resume HIV medical care after a lapse in care. A previously HIV-diagnosed person, who is not in HIV medical care, is said to be linked to or re-engaged in care when he/she re-enters care and begins attending scheduled follow-up HIV medical appointments.

Linkage to Treatment Adherence Services

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

Race/Ethnicity

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

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

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

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

Referral to HIV Prevention Services

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

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

Service Integration

CDC currently recommends that, at a minimum, core integrated services include routine HIV testing consistent with the *2006 CDC Revised Recommendations for HIV testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* and integrate two or more CDC-recommended HIV/AIDS, viral hepatitis, STD, and TB prevention, screening, testing, or treatment services into clinical care [3].

Target Population

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

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

The target populations are ordered hierarchically on the basis of the most likely presumed risk for exposure to HIV as follows:

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

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

Tests

- **HIV test**

An HIV test is one or more HIV tests performed with a person to determine a person's HIV status. During one test, a person may be tested once (e.g., one rapid test or one conventional test) or multiple times (e.g., one rapid test followed by one conventional test to confirm a preliminary HIV-positive test result). Starting in 2014, only HIV test result was used to determine whether the test was valid. However, in the 2012 and 2013 HIV testing algorithm, HIV test results and test technology were used to determine whether HIV test was valid.

- **Invalid HIV test**

An HIV tests is considered invalid if data are missing/invalid for all of the tests that comprise that HIV test for both the following variables: test technology (i.e., conventional, rapid, or other) or HIV test result (i.e., negative, positive, indeterminate, invalid, or no result).

Testing Record

- **Invalid testing record**

Required data within a valid HIV testing record that do not conform to the data structure specified by CDC (e.g., illogical dates, incomplete dates, future years, unacceptable value codes, or unexpected data based upon skip patterns in the data collection form).

- **Valid HIV testing record**

A test-level data record that includes the mandatory data fields of: session date, agency ID, intervention ID, site ID, site type, and client ID. A test-level testing record cannot be submitted without the mandatory data fields.

Test Results

- **Confirmed HIV-positive test**

A test with an HIV-positive test result for a conventional HIV test [positive enzyme immunoassay (EIA) test confirmed by supplemental testing, e.g., Western blot or a nucleic acid amplification test (NAAT)]. For the purposes of the 2016 annual HIV testing report and for monitoring and evaluation purposes only, two rapid tests were categorized as a confirmed HIV-positive test, unless a negative conventional HIV test result or a negative NAAT test result was documented in the same test.

- **HIV-positive test**

An HIV-positive test is determined by any of the following test results: (1) a NAAT/RNA positive test result, (2) a conventional positive test result if a negative NAAT/RNA test result was not part of that test, (3) a rapid positive test result if a negative NAAT/RNA or negative conventional test result was not part of that test, and (4) a documented positive test result, even if test technology data are missing/invalid if a negative NAAT/RNA or negative conventional test result was not part of that test.

- **Newly diagnosed HIV-positive person**

A person who tested HIV-positive during the current test and was not found to be previously reported in the health department jurisdiction's HIV surveillance system. If a person was found in the HIV surveillance system as a prior HIV positive case, the HIV-positive test was not considered a new diagnosis. Self-report data for prior HIV status were used only for grantees who did not or were unable to verify prior test result within their HIV surveillance system due to specific policies or procedures within their state and/or health department. In this case, newly diagnosed HIV-positive persons were those who tested HIV-positive during the current test but self-reported not having a previous HIV-positive test result. Starting in 2014, newly diagnosed HIV-positive tests were calculated using HIV surveillance verification, when available, instead of client's self-reported previous HIV status. However, the 2012 and 2013 HIV testing algorithm does not use surveillance verification information for calculating newly diagnosed HIV-positive tests.

- **Preliminary HIV-positive test**

A HIV test with an HIV-positive test result from one rapid HIV test or an HIV-positive test result for which test technology is missing/invalid, without another documented HIV-positive test result.

Test Setting

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

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

Appendix B: Data Sources PSI2-1201 Categories A and B, 2016

PSI2-1201 Programmatic Components	PSI2-1201 Program Component	Number of health departments reporting data in 2016	Data Source(s)
HIV testing	Required	Category A: 61 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2017 (reported at a test-level)
HIV testing annual objectives	Required	Category A: 61 HDs Category B: 34 HDs	2016 End of Year Reports submitted to PPB
Linkage to HIV medical care	Required	Category A: 61 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2017 (reported at a test-level)
Linkage to or re-engagement in HIV medical care and treatment services	Required	44 HDs	NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 16, 2017
Linkage to treatment adherence services	Required	43 HDs	NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 16, 2017
Interview for partner services, PSI2-1201	Required	Category A: 60 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2017 (reported at a test-level) <i>Note: one Category A funded health departments and one Category B funded health departments were excluded from the analyses as there were no newly diagnosed, confirmed HIV-positive tests to calculate interview for partner services.</i>
Referral to HIV prevention services	Required	Category A: 60 HDs Category B: 33 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2017 (reported at a test-level) <i>Note: one Category A funded health departments and one Category B funded health departments were excluded from the analyses as there were no newly diagnosed, confirmed HIV-positive tests to calculate referral to HIV prevention services.</i>
Service integration (for Category B)	Recommended	5 HDs	2016 End of Year Reports (received by PPB) as of March 31, 2016.
CDC-recommended risk-reduction interventions for HIV-positive persons	Required	39 HDs	NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2017
Perinatal transmission	Required	Not addressed in this report	

PS12-1201 Programmatic Components	PS12-1201 Program Component	Number of health departments reporting data in 2016	Data Source(s)
Condom distribution	Required	60 HDs	Comprehensive Prevention Plans (received by PPB) and Interim Progress Reports (starting in Year 4, 2015)
Condom distribution proposed objectives	Required	60 HDs	Comprehensive Prevention Plans (received by PPB) and Interim Progress Reports (starting in Year 4, 2015)
Policy initiatives	Required	Not addressed in this report	
CDC-recommended risk-reduction interventions for high-risk HIV-negative persons and persons with unknown HIV status	Recommended	36 HDs	NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2017
Social marketing, media, and mobilization	Recommended	Not addressed in this report	
Pre-exposure prophylaxis (PrEP)	Recommended	Not addressed in this report	
Post-exposure non-occupational prophylaxis (nPEP)	Recommended	Not addressed in this report	

Appendix C: Acronyms

ART	Antiretroviral Therapy
CDC	The Centers for Disease Control and Prevention
CPP	Comprehensive Prevention with HIV-Positive persons
DVS	Data Variable Set
EIA	Enzyme Immunoassay
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HD	Health Department
HIP	High-Impact Prevention
IDU	Injection Drug Use
MSM	Men who have Sex with Men
NAAT	Nucleic Acid Amplification Test
NHM&E	National HIV Prevention Program Monitoring and Evaluation
NOFO	Notice of Funding Opportunity
nPEP	non-occupational Post-Exposure Prophylaxis
PCC	Personalized Cognitive Counseling
PEB	Program Evaluation Branch
PLWH	Persons Living With diagnosed HIV infection
PPB	Prevention Program Branch
PrEP	Pre-Exposure Prophylaxis
PS	Partner Services
PWID	Persons Who Inject Drugs
RRA	Risk Reduction Activities
STD	Sexually transmitted disease
STIs	Sexually transmitted infections
TB	Tuberculosis

Appendix D: Tables

TABLE 1. PSI2-I20I CATEGORIES A AND B – Percentage of annual HIV test objective achieved, 2016

Category A (HDs = 61)			Category B - Health care settings (HDs = 33)			Category B - Non-health care settings (HDs = 8)		
Annual objective, HIV tests ^a	Total tests conducted ^{b,c}	Percentage of annual objective achieved	Annual objective, HIV tests ^a	Total tests conducted ^{b,c}	Percentage of annual objective achieved	Annual objective, HIV tests ^a	Total tests conducted ^{b,c}	Percentage of annual objective achieved
2,041,783	1,544,656	75.7	1,320,646	1,294,114	98.0	80,600	55,384	68.7

Data Source: 2016 NHM&E HIV testing data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

^a Annual testing objectives are set by the health departments in their Interim Progress Reports submitted to CDC for 2016.

^b Total number of HIV tests includes test-level data reported to CDC through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

^c Total tests include tests with discordant or indeterminate results.

TABLE 2. PSI2-I20I CATEGORIES A AND B – Number of HIV tests and newly diagnosed HIV positivity by setting, 2016

Health care settings			Non-health care settings		
Total valid tests conducted ^a (denominator)	Newly diagnosed HIV-positive tests (numerator)	Newly diagnosed HIV positivity	Total valid tests conducted ^a (denominator)	Newly diagnosed HIV-positive tests (numerator)	Newly diagnosed HIV positivity
Category A: Health care settings: ≥0.1% (HDs=58^b)			Category A: Non-health care settings: ≥1.0% (HDs=61)		
996,984	3,825	0.4	545,626	3,006	0.6
Category B: Health care settings: ≥0.1% (HDs=33^c)			Category B: Non-health care settings: ≥2.0% (HDs=8)		
1,294,114	3,280	0.3	55,384	394	0.7

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

^b In 2016, under Category A, three health departments did not submit HIV test-level data in health care settings.

^c In 2016, under Category B, one health department did not submit HIV test-level data in health care settings.

TABLE 3. PSI2-1201 CATEGORY B – Service integration: STD, viral hepatitis, and TB tests conducted concurrently with HIV tests in health care and non-health care settings from five health departments in the United States and Puerto Rico, 2016

Total tests	Syphilis tests	Gonorrhea tests	Chlamydia tests	Hepatitis B virus tests	Hepatitis C virus tests	Tuberculosis tests
98,661	24,240 (24.6%)	28,655 (29.%)	24,502 (24.8%)	7,888 (8.0%)	6,210 (6.3%)	7,166 (7.3%)

Data Source: 2016 End of Year Reports for the project period January 1, 2016 - December 31, 2016, through EvaluationWeb®.

Note: STD include syphilis, gonorrhea, and chlamydial infections.

TABLE 4. PS12-I201 CATEGORY A – Persons with diagnosed HIV infection and newly diagnosed HIV infection, by demographic characteristics and target population from 61 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Characteristics	Total valid tests ^a	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
Age at test (years)							
<13	3,546	6	0.2	<0.05	4	0.1	0.1
13-19	117,567	369	0.3	2.5	222	0.2	3.2
20-29	649,617	5,804	0.9	39.9	3,181	0.5	46.5
30-39	374,318	3,651	1.0	25.1	1,718	0.5	25.1
40-49	186,101	2,206	1.2	15.2	864	0.5	12.6
50+	209,336	2,480	1.2	17.1	837	0.4	12.2
Missing/Invalid	4,171	25	0.6	0.2	14	0.3	0.2
Gender							
Male	840,917	11,926	1.4	82.0	5,836	0.7	85.3
Female	677,224	2,321	0.3	16.0	854	0.1	12.5
Transgender	9,958	275	2.8	1.9	142	1.4	2.1
Other ^b	16,557	19	0.3	0.1	8	0.1	0.1
Race/Ethnicity							
White	469,128	3,005	0.6	20.7	1,576	0.3	23.0
Black or African American	622,067	7,633	1.2	52.5	3,111	0.5	45.5
Hispanic or Latino	295,542	2,953	1.0	20.3	1,695	0.6	24.8
Asian	36,782	250	0.7	1.7	155	0.4	2.3
American Indian or Alaska Native	10,599	80	0.8	0.6	45	0.4	0.7
Native Hawaiian or Pacific Islander	3,555	23	0.6	0.2	14	0.4	0.2
Multi-race	16,220	138	0.9	0.9	83	0.5	1.2
Other ^b	90,763	459	1.5	3.1	161	0.6	2.4

Characteristics	Total valid tests ^a	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
HIV Prevalence							
High	800,221	8,336	1.0	57.3	3,965	0.5	58.0
Medium	656,451	5,829	0.9	40.1	2,599	0.4	38.0
Medium-Low	68,759	313	0.5	2.2	237	0.3	3.5
Low	19,225	63	0.3	0.4	39	0.2	0.6
Target Population							
MSM	212,125	7,092	3.3	48.8	4,110	1.9	60.1
MSM and IDU	6,282	357	5.7	2.5	203	3.2	3.0
Transgender persons	9,368	257	2.7	1.8	131	1.4	1.9
Transgender persons and IDU	590	18	3.1	0.1	11	1.9	0.2
Persons who inject drugs	58,465	392	0.7	2.7	166	0.3	2.4
Heterosexual male	356,291	1,844	0.5	12.7	818	0.2	12.0
Heterosexual female	430,442	1,509	0.4	10.4	642	0.1	9.4
No risk/ Missing/Invalid	471,093	3,072	0.7	21.1	759	0.2	11.1
Total	1,544,656	14,541	0.9		6,840	0.4	

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb®, as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

^a Includes persons with test setting unknown.

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

TABLE 5. PSI2-I20I CATEGORY B Persons with diagnosed HIV infection and newly diagnosed HIV infection, by demographic characteristics and target population from 33 health departments in the United States and Puerto Rico, 2016

Characteristics	Total valid tests ^a	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
Age at test (years)							
<13	2,232	9	0.4	0.1	7	0.3	0.2
13-19	82,711	188	0.2	1.7	111	0.1	3.0
20-29	437,678	2,948	0.7	27.2	1,376	0.3	37.5
30-39	323,319	2,769	0.9	25.6	945	0.3	25.7
40-49	205,260	2,162	1.1	20.0	579	0.3	15.8
50+	289,771	2,732	0.9	25.3	651	0.2	17.7
Missing/Invalid	8,527	11	0.1	0.1	5	0.1	0.1
Gender							
Male	596,858	8,130	1.4	75.1	2,942	0.5	80.1
Female	720,775	2,508	0.3	23.2	663	0.1	18.0
Transgender	3,166	79	2.5	0.7	42	1.3	1.1
Other ^b	28,699	102	6.1	1.0	27	3.7	0.7
Race/Ethnicity							
White	286,605	1,820	0.6	16.8	619	0.2	16.8
Black or African American	569,334	6,088	1.1	56.3	1,870	0.3	50.9
Hispanic or Latino	346,169	2,129	0.6	19.7	939	0.3	25.6
Asian	31,005	128	0.4	1.2	61	0.2	1.7
American Indian or Alaska Native	3,373	18	0.5	0.2	8	0.2	0.2
Native Hawaiian or Pacific Islander	2,214	10	0.5	0.1	4	0.2	0.1
Multi-race	3,222	37	1.1	0.3	19	0.6	0.5
Other ^b	107,576	589	1.4	5.4	154	0.4	4.3

Characteristics	Total valid tests ^a	Total HIV-positive tests			Newly diagnosed HIV-positive persons		
		n	HIV Positivity (row%)	(column%)	n	HIV Positivity (row%)	(column%)
HIV Prevalence							
High	946,650	7,498	0.8	69.3	2,829	0.3	77.0
Medium	402,848	3,321	0.8	30.7	845	0.2	23.0
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target Population							
MSM	38,620	2,544	6.6	23.5	1,192	3.1	32.4
MSM and IDU	830	169	20.4	1.6	48	5.8	1.3
Transgender persons	3,104	79	2.5	0.7	42	1.4	1.1
Transgender persons and IDU	62	0	0.0	0.0	0	0.0	0.0
Persons who inject drugs	7,968	235	2.9	2.2	49	0.6	1.3
Heterosexual male	114,605	1,219	1.1	11.3	390	0.3	10.6
Heterosexual female	162,011	798	0.5	7.4	306	0.2	8.3
No risk/ Missing/Invalid	1,022,298	5,775	0.6	53.4	1,647	0.2	44.8
Total	1,349,498	10,819	0.8		3,674	0.3	

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb®, as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

^a Includes persons with test setting unknown.

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

TABLE 6. PSI2-I20I CATEGORY A – Persons with newly diagnosed HIV infection who were linked to HIV medical care in any timeframe, by demographic characteristics and target population from 61 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection ^a	With valid data, linkage in any timeframe ^b		Without valid data ^c		Percentage of newly diagnosed HIV infection persons linked to HIV medical care in any timeframe		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	4	4	0	0	0.0	100.0	100.0	100.0
13-19	222	162	21	39	17.6	73.0	88.5	90.5
20-29	3,181	2,381	327	473	14.9	74.9	87.9	89.7
30-39	1,718	1,279	181	258	15.0	74.4	87.6	89.5
40-49	864	627	98	139	16.1	72.6	86.5	88.7
50+	837	624	100	113	13.5	74.6	86.2	88.1
Missing/Invalid	14	3	8	3	21.4	21.4	27.3	42.9
Gender								
Male	5,836	4,357	610	869	14.9	74.7	87.7	89.5
Female	854	622	97	135	15.8	72.8	86.5	88.6
Transgender	142	97	26	19	13.4	68.3	78.9	81.7
Other ^g	8	4	2	2	25.0	50.0	66.7	75.0
Race/Ethnicity								
White	1,576	1,176	126	274	17.4	74.6	90.3	92.0
Black or African American	3,111	2,245	391	475	15.3	72.2	85.2	87.4
Hispanic or Latino	1,695	1,326	149	220	13.0	78.2	89.9	91.2
Asian	155	124	13	18	11.6	80.0	90.5	91.6
American Indian or Alaska Native	45	31	3	11	24.4	68.9	91.2	93.3
Native Hawaiian or Pacific Islander	14	8	3	3	21.4	57.1	72.7	78.6
Multi-race	83	68	5	10	12.0	81.9	93.2	94.0
Other ^g	161	102	45	14	8.7	63.4	69.4	72.0

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection ^a	With valid data, linkage in any timeframe ^b		Without valid data ^c		Percentage of newly diagnosed HIV infection persons linked to HIV medical care in any timeframe		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
HIV Prevalence								
High	3,965	3,052	396	517	13.0	77.0	88.5	90.0
Medium	2,599	1,802	322	475	18.3	69.3	84.8	87.6
Medium-Low	237	196	15	26	11.0	82.7	92.9	93.7
Low	39	30	2	7	17.9	76.9	93.8	94.9
Target Population								
MSM	4,110	3,177	379	554	13.5	77.3	89.3	90.8
MSM and IDU	203	154	22	27	13.3	75.9	87.5	89.2
Transgender persons	131	92	21	18	13.7	70.2	81.4	84.0
Transgender persons and IDU	11	5	5	1	9.1	45.5	50.0	54.5
Persons who inject drugs	166	104	27	35	21.1	62.7	79.4	83.7
Heterosexual male	818	576	101	141	17.2	70.4	85.1	87.7
Heterosexual female	642	487	56	99	15.4	75.9	89.7	91.3
No risk/Missing/Invalid	759	485	124	150	19.8	63.9	79.6	83.7
Total	6,840	5,080	735	1,025	15.0	74.3	87.4	89.3

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

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

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

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

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

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

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

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

TABLE 7. PSI2-I20I CATEGORY B – Persons with newly diagnosed HIV infection who were linked to HIV medical care, by demographic characteristics and target population from 33 health departments in the United States and Puerto Rico, 2016

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection ^a	With valid data, linkage in any timeframe ^b		Without valid data ^c		Percentage of newly diagnosed HIV-positive persons linked to HIV medical care in any timeframe		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	7	6	1	0	0.0	85.7	85.7	85.7
13-19	111	84	12	15	13.5	75.7	87.5	89.2
20-29	1,376	1,043	121	212	15.4	75.8	89.6	91.2
30-39	945	703	83	159	16.8	74.4	89.4	91.2
40-49	579	407	47	125	21.6	70.3	89.6	91.9
50+	651	412	55	184	28.3	63.3	88.2	91.6
Missing/Invalid	5	2	2	1	20.0	40.0	50.0	60.0
Gender								
Male	2,942	2,149	237	556	18.9	73.0	90.1	91.9
Female	663	460	71	132	19.9	69.4	86.6	89.3
Transgender	42	29	7	6	14.3	69.0	80.6	83.3
Other ^g	27	19	6	2	7.4	70.4	76.0	77.8
Race/Ethnicity								
White	619	445	42	132	21.3	71.9	91.4	93.2
Black or African American	1,870	1,316	207	347	18.6	70.4	86.4	88.9
Hispanic or Latino	939	714	51	174	18.5	76.0	93.3	94.6
Asian	61	45	5	11	18.0	73.8	90.0	91.8
American Indian or Alaska Native	8	6	1	1	12.5	75.0	85.7	87.5
Native Hawaiian or Pacific Islander	4	4	0	0	0.0	100.0	100.0	100.0
Multi-race	19	18	1	0	0.0	94.7	94.7	94.7
Other ^g	154	109	14	31	20.1	70.8	88.6	90.9
Prevalence								

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care in any timeframe							
	Persons with newly diagnosed HIV infection ^a	With valid data, linkage in any timeframe ^b		Without valid data ^c		Percentage of newly diagnosed HIV-positive persons linked to HIV medical care in any timeframe		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
High	2,829	2,073	203	553	19.5	73.3	91.1	92.8
Medium	845	584	118	143	16.9	69.1	83.2	86.0
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target Population								
MSM	1,192	1,003	54	135	11.3	84.1	94.9	95.5
MSM and IDU	48	42	2	4	8.3	87.5	95.5	95.8
Transgender	42	29	7	6	14.3	69.0	80.6	83.3
Transgender and IDU	0	0	0	0	N/A	N/A	N/A	N/A
Injection drug use	49	44	2	3	6.1	89.8	95.7	95.9
Heterosexual men	390	304	36	50	12.8	77.9	89.4	90.8
Heterosexual women	306	243	23	40	13.1	79.4	91.4	92.5
No risk/Missing/invalid	1,647	992	197	458	27.8	60.2	83.4	88.0
Total	3,674	2,657	321	696	18.9	72.3	89.2	91.3

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

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

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

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

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

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

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

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

TABLE 8. PSI2-I20I CATEGORY A – Persons with newly diagnosed HIV infection who were linked to HIV medical care within 90 days of diagnosis, by demographic characteristics and target population from 61 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection ^a	With valid data, Linkage in 90 days ^b		Without valid data ^c		Percentage of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days of diagnosis		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	4	4	0	0	0.0	100.0	100.0	100.0
13-19	222	153	30	39	17.6	68.9	83.6	86.5
20-29	3,181	2,289	427	465	14.6	72.0	84.3	86.6
30-39	1,718	1,247	223	248	14.4	72.6	84.8	87.0
40-49	864	608	116	140	16.2	70.4	84.0	86.6
50+	837	560	109	168	20.1	66.9	83.7	87.0
Missing/Invalid	14	3	8	3	21.4	21.4	27.3	42.9
Gender								
Male	5,836	4,176	762	898	15.4	71.6	84.6	86.9
Female	854	591	120	143	16.7	69.2	83.1	85.9
Transgender	142	93	29	20	14.1	65.5	76.2	79.6
Other ^g	8	4	2	2	25.0	50.0	66.7	75.0
Race/Ethnicity								
White	1,576	1,129	175	272	17.3	71.6	86.6	88.9
Black or African American	3,111	2,117	487	507	16.3	68.0	81.3	84.3
Hispanic or Latino	1,695	1,290	177	228	13.5	76.1	87.9	89.6
Asian	155	120	17	18	11.6	77.4	87.6	89.0
American Indian or Alaska Native	45	30	3	12	26.7	66.7	90.9	93.3
Native Hawaiian or Pacific Islander	14	8	3	3	21.4	57.1	72.7	78.6
Multi-race	83	68	5	10	12.0	81.9	93.2	94.0
Other ^g	161	102	46	13	8.1	63.4	68.9	71.4

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection ^a	With valid data, Linkage in 90 days ^b		Without valid data ^c		Percentage of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days of diagnosis		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
HIV Prevalence								
High	3,965	2,958	479	528	13.3	74.6	86.1	87.9
Medium	2,599	1,684	414	501	19.3	64.8	80.3	84.1
Medium-Low	237	192	18	27	11.4	81.0	91.4	92.4
Low	39	30	2	7	17.9	76.9	93.8	94.9
Target Population								
MSM	4,110	3,045	482	583	14.2	74.1	86.3	88.3
MSM and IDU	203	148	28	27	13.3	72.9	84.1	86.2
Transgender persons	131	88	24	19	14.5	67.2	78.6	81.7
Transgender persons and IDU	11	5	5	1	9.1	45.5	50.0	54.5
Persons who inject drugs	166	97	33	36	21.7	58.4	74.6	80.1
Heterosexual male	818	550	123	145	17.7	67.2	81.7	85.0
Heterosexual female	642	466	68	108	16.8	72.6	87.3	89.4
No risk/Missing/Invalid	759	465	150	144	19.0	61.3	75.6	80.2
Total	6,840	4,864	913	1,063	15.5	71.1	84.2	86.7

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

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

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

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

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

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

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

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

TABLE 9. PSI2-I20I CATEGORY B – Persons with newly diagnosed HIV infection who were linked to HIV medical care within 90 days of diagnosis, by demographic characteristics and target population from 33 health departments in the United States and Puerto Rico, 2016

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection ^a	With valid data, linkage in 90 days ^b		Without valid data ^c		Percentage of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	7	6	1	0	0.0	85.7	85.7	85.7
13-19	111	77	16	18	16.2	69.4	82.8	85.6
20-29	1,376	1,007	155	214	15.6	73.2	86.7	88.7
30-39	945	680	98	167	17.7	72.0	87.4	89.6
40-49	579	396	59	124	21.4	68.4	87.0	89.8
50+	651	387	73	191	29.3	59.4	84.1	88.8
Missing/Invalid	5	2	2	1	20.0	40.0	50.0	60.0
Gender								
Male	2,942	2,069	301	572	19.4	70.3	87.3	89.8
Female	663	438	89	136	20.5	66.1	83.1	86.6
Transgender	42	29	7	6	14.3	69.0	80.6	83.3
Other ^g	27	19	7	1	3.7	70.4	73.1	74.1
Race/Ethnicity								
White	619	426	57	136	22.0	68.8	88.2	90.8
Black or African American	1,870	1,256	254	360	19.3	67.2	83.2	86.4
Hispanic or Latino	939	697	67	175	18.6	74.2	91.2	92.9
Asian	61	43	6	12	19.7	70.5	87.8	90.2
American Indian or Alaska Native	8	6	1	1	12.5	75.0	85.7	87.5
Native Hawaiian or Pacific Islander	4	4	0	0	0.0	100.0	100.0	100.0
Multi-race	19	17	2	0	0.0	89.5	89.5	89.5
Other ^g	154	106	17	31	20.1	68.8	86.2	89.0

Characteristics	Persons with newly diagnosed HIV infection linked to HIV medical care within 90 days of diagnosis							
	Persons with newly diagnosed HIV infection ^a	With valid data, linkage in 90 days ^b		Without valid data ^c		Percentage of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
Prevalence								
High	2,829	1,986	271	572	20.2	70.2	88.0	90.4
Medium	845	569	133	143	16.9	67.3	81.1	84.3
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target Population								
MSM	1,192	975	82	135	11.3	81.8	92.2	93.1
MSM and IDU	48	42	2	4	8.3	87.5	95.5	95.8
Transgender	42	29	7	6	14.3	69.0	80.6	83.3
Transgender and IDU	0	0	0	0	N/A	N/A	N/A	N/A
Injection drug use	49	44	2	3	6.1	89.8	95.7	95.9
Heterosexual men	390	285	50	55	14.1	73.1	85.1	87.2
Heterosexual women	306	234	32	40	13.1	76.5	88.0	89.5
No risk/Missing/invalid	1,647	946	229	472	28.7	57.4	80.5	86.1
Total	3,674	2,555	404	715	19.5	69.5	86.3	89.0

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

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

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

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

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

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

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

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

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

TABLE 10. PSI2-1201 CATEGORY A – Persons with HIV infection who were linked to treatment adherence services from 43 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Total	Race/ethnicity			Target population				
	Black/African American	Hispanic/Latino	Other/unknown ^a	MSM	IDU	MSM and IDU	High-risk heterosexual	Other/unknown
9,365	3,368 (36.%)	2,656 (28.4%)	3,341 (35.7%)	4,043 (43.2%)	477 (5.1%)	274 (2.9%)	2,583 (27.6%)	1,988 (21.2%)

Data Source: 2016 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 16, 2017 for project period January 1, 2016 - December 31, 2016.

Note: Other/unknown race/ethnicity and other/unknown risk cannot be split into sub-groups due to aggregate data being collected from grantees using these response categories.

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

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

TABLE II. PSI2-I20I CATEGORY A – Persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services, by demographic characteristics and target population from 60 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection ^a	With valid data, interviewed for partner services ^b		Without valid data ^c		Percentage of newly diagnosed, confirmed HIV-positive persons interviewed for partner services		
		Total	Interviewed	Not Interviewed	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	4	3	1	0	0.0	75.0	75.0	75.0
13-19	198	145	42	11	5.6	73.2	77.5	78.8
20-29	2,822	2,074	523	225	8.0	73.5	79.9	81.5
30-39	1,520	1,092	321	107	7.0	71.8	77.3	78.9
40-49	763	546	158	59	7.7	71.6	77.6	79.3
50+	635	455	137	43	6.8	71.7	76.9	78.4
Missing/Invalid	10	1	5	4	40.0	10.0	16.7	50.0
Gender								
Male	5,133	3,736	1,012	385	7.5	72.8	78.7	80.3
Female	696	496	146	54	7.8	71.3	77.3	79.0
Transgender	117	81	27	9	7.7	69.2	75.0	76.9
Other ^g	6	3	2	1	16.7	50.0	60.0	66.7
Race/Ethnicity								
White	1,371	990	253	128	9.3	72.2	79.6	81.5
Black or African American	2,661	1,925	520	216	8.1	72.3	78.7	80.5
Hispanic or Latino	1,514	1,117	321	76	5.0	73.8	77.7	78.8
Asian	144	101	31	12	8.3	70.1	76.5	78.5
American Indian or Alaska Native	39	30	8	1	2.6	76.9	78.9	79.5
Native Hawaiian or Pacific Islander	13	6	5	2	15.4	46.2	54.5	61.5
Multi-race	72	57	10	5	6.9	79.2	85.1	86.1
Other ^g	138	90	39	9	6.5	65.2	69.8	71.7
HIV Prevalence								
High	3,542	2,502	870	170	4.8	70.6	74.2	75.4

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection ^a	With valid data, interviewed for partner services ^b		Without valid data ^c		Percentage of newly diagnosed, confirmed HIV-positive persons interviewed for partner services		
		Total	Interviewed	Not Interviewed	n	%	Minimum % ^d	Reported % ^e
Medium	2,165	1,595	303	267	12.3	73.7	84.0	86.0
Medium-Low	212	193	10	9	4.2	91.0	95.1	95.3
Low	33	26	4	3	9.1	78.8	86.7	87.9
Target Population								
MSM	3,626	2,720	650	256	7.1	75.0	80.7	82.1
MSM and IDU	184	129	35	20	10.9	70.1	78.7	81.0
Transgender persons	111	76	26	9	8.1	68.5	74.5	76.6
Transgender persons and IDU	6	5	1	0	0.0	83.3	83.3	83.3
Persons who inject drugs	131	84	28	19	14.5	64.1	75.0	78.6
Heterosexual male	718	530	144	44	6.1	73.8	78.6	79.9
Heterosexual female	537	402	101	34	6.3	74.9	79.9	81.2
No risk/Missing/Invalid	639	370	202	67	10.5	57.9	64.7	68.4
Total	5,952	4,316	1,187	449	7.5	72.5	78.4	80.1

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

Note: In 2016, one Category A funded health department and one Category B funded health department did not have newly diagnosed, confirmed HIV-positive tests.

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

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

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

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

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

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

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

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

TABLE 12. PSI2-1201 CATEGORY B – Persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services, by demographic characteristics and target population from 33 health departments in the United States and Puerto Rico, 2016

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection ^a	With valid data, interviewed for partner services ^b		Without valid data ^c		Percentage of newly diagnosed, confirmed HIV-positive persons interviewed for partner services		
		Total	Interviewed	Not Interviewed	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	7	0	2	5	71.4	0.0	0.0	71.4
13-19	99	52	17	30	30.3	52.5	75.4	82.8
20-29	1,232	784	213	235	19.1	63.6	78.6	82.7
30-39	784	498	127	159	20.3	63.5	79.7	83.8
40-49	428	250	82	96	22.4	58.4	75.3	80.8
50+	431	238	71	122	28.3	55.2	77.0	83.5
Missing/Invalid	5	3	1	1	20.0	60.0	75.0	80.0
Gender								
Male	2,377	1,476	416	485	20.4	62.1	78.0	82.5
Female	545	324	86	135	24.8	59.4	79.0	84.2
Transgender	38	22	5	11	28.9	57.9	81.5	86.8
Other ^g	26	3	6	17	65.4	11.5	33.3	76.9
Race/Ethnicity								
White	494	301	76	117	23.7	60.9	79.8	84.6
Black or African American	1,577	982	256	339	21.5	62.3	79.3	83.8
Hispanic or Latino	719	422	148	149	20.7	58.7	74.0	79.4
Asian	48	28	10	10	20.8	58.3	73.7	79.2
American Indian or Alaska Native	7	4	2	1	14.3	57.1	66.7	71.4
Native Hawaiian or Pacific Islander	4	2	2	0	0.0	50.0	50.0	50.0
Multi-race	19	15	1	3	15.8	78.9	93.8	94.7
Other ^g	118	71	18	29	24.6	60.2	79.8	84.7

Characteristics	Persons with newly diagnosed, confirmed HIV infection interviewed for partner services							
	Persons with newly diagnosed, confirmed HIV infection ^a	With valid data, interviewed for partner services ^b		Without valid data ^c		Percentage of newly diagnosed, confirmed HIV-positive persons interviewed for partner services		
		Total	Interviewed	Not Interviewed	n	%	Minimum % ^d	Reported % ^e
HIV Prevalence								
High	2,269	1,386	418	465	20.5	61.1	76.8	81.6
Medium	717	439	95	183	25.5	61.2	82.2	86.8
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target Population								
MSM	1,101	779	194	128	11.6	70.8	80.1	82.4
MSM and IDU	45	31	12	2	4.4	68.9	72.1	73.3
Transgender persons	38	22	5	11	28.9	57.9	81.5	86.8
Transgender persons and IDU	0	0	0	0	N/A	N/A	N/A	N/A
Persons who inject drugs	48	26	13	9	18.8	54.2	66.7	72.9
Heterosexual male	363	220	63	80	22.0	60.6	77.7	82.6
Heterosexual female	277	179	50	48	17.3	64.6	78.2	81.9
No risk/Missing/Invalid	1,114	568	176	370	33.2	51.0	76.3	84.2
Total	2,986	1,825	513	648	21.7	61.1	78.1	82.8

Data Source: 2016 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

Note: In 2016, one Category A funded health department and one Category B funded health department did not have newly diagnosed, confirmed HIV-positive tests.

N/A indicates that no health departments could be classified as “Medium-Low” and “Low” based on HIV prevalence. (Refer to Appendix A: Technical notes and definitions section on page 29).

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

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

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

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

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

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

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

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

TABLE 13. PSI2-1201 CATEGORIES A AND B – Persons with newly diagnosed, confirmed HIV infection referred to HIV prevention services, 2016

Persons with newly diagnosed, confirmed HIV infection ^a	With valid data referred to HIV prevention services ^b	Without valid data ^c	Percent of records without valid data on referral to HIV prevention services	Minimum % referred to HIV prevention services ^d	Reported % referred to HIV prevention services ^e	Maximum % referred to HIV prevention services ^f
Category A: No NOFO requirement (HDs=60)						
5,952	4,537	662	11.1	76.2	85.8	87.3
Category B: ≥ 80% (HDs=33)						
2,986	1,684	960	32.2	56.4	83.1	88.5

Data Source: NHM&E HIV test-level submitted through EvaluationWeb® as of March 16, 2017 for the project period January 1, 2016 - December 31, 2016.

Note: In 2016, one Category A funded health departments and one Category B funded health departments did not have newly diagnosed, confirmed HIV-positive tests.

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

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

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

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

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

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

TABLE 14. PSI2-1201 CATEGORY A – Persons enrolled in one or more risk-reduction interventions, by demographic characteristics, target population, and HIV status in the United States, Puerto Rico, and the U.S. Virgin Islands, 2016

Characteristics	HIV-positive persons (HDs=39)		HIV-negative persons (HDs=36)	
	n	%	n	%
Age at test (years)				
<13	9	0.1	33	0.1
13-19	94	0.9	1,183	3.9
20-29	1,941	18.0	10,864	36.1
30-39	2,326	21.5	8,432	28.0
40-49	2,445	22.6	5,024	16.7
50+	3,998	37.0	4,565	15.2
Gender				
Male	8,002	74.0	19,597	65.1
Female	2,453	22.7	9,545	31.7
Transgender	354	3.3	906	3.0
Other ^a	4	0.0	53	0.2
Race/Ethnicity				
White	2,340	21.6	9,830	32.7
Black or African American	4,923	45.5	11,062	36.7
Hispanic or Latino	3,153	29.2	7,729	25.7
Asian	63	0.6	377	1.3
American Indian or Alaska Native	72	0.7	239	0.8
Native Hawaiian or Pacific Islander	15	0.1	62	0.2
Multi-race	93	0.9	496	1.6

Characteristics	HIV-positive persons (HDs=39)		HIV-negative persons (HDs=36)	
	n	%	n	%
Other ^a	154	1.4	306	1.0
HIV Prevalence				
High	8,704	80.5	26,906	89.4
Medium	1,920	17.8	2,956	9.8
Medium-Low	144	1.3	141	0.5
Low	45	0.4	98	0.3
Target Population				
MSM	4,747	43.9	7,945	26.4
MSM and IDU	530	4.9	522	1.7
Persons who inject drugs	566	5.2	6,459	21.5
Heterosexual male	1,189	11.0	6,112	20.3
Heterosexual female	1,615	14.9	5,978	19.9
Other ^b	421	3.9	1,320	4.4
No risk/Missing/Invalid	1,745	16.1	1,765	5.9
Total	10,813		30,101	

Data Source: 2016 NHM&E client-level RRA data submitted through EvaluationWeb® as of March 16, 2017 for project period January 1, 2016 - December 31, 2016.

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

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

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