

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, 2015

Comprehensive HIV Prevention Programs for Health Departments (PS12-1201): Monitoring and Evaluation Report, 2015

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

<u>Program Evaluation Branch</u>	<u>Prevention Program Branch</u>
Shubha Rao, MPH	Erica Dunbar, MPH
¹ Hui Zhao, MS	³ Renee Freeman, MPH
¹ Heta Patel, MPH	Kimberly Fambro, MPH
Janet Heitgerd, PhD	

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Program Evaluation Branch	Prevention Program Branch	Quantitative Sciences and Data Management Branch
John Gilford, PhD	PPB Project Officer	Kimberly Crenshaw, MBA, MPM, MIS
² Jennifer Lyons, MSW	Stanley Phillip, PhD	Faith Ussery, MPH
Guoshen Wang, MS	DHA, MHA	Alicia Edwards, MA, MSPH
Tanja Walker, MS		Louis Jacob
Stephanie Thurman ⁴		Annette Ladan
Lisa Belcher, PhD		Jason Price

¹Northrop Grumman. ²Karna LLC. ³ICF ⁴CACI

For more information, contact:

Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
U.S. Centers for Disease Control and Prevention
1600 Clifton Road NE MS E-59 Atlanta, GA 30333
Phone: 1-800-CDC-INFO
Web address: <http://www.cdc.gov/HIV>

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BACKGROUND

In response to the White House’s National HIV/AIDS Strategy [1], 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 demonstrates the greatest impact on preventing new HIV infections.

Through its “Comprehensive HIV Prevention Programs for Health Departments” (Funding Opportunity Announcement [FOA] 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 [2]. 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

PS12-1201 has three 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 (e.g. HIV continuum of care, partner services, and risk-reduction interventions).
- **Category C** funds 30 health departments to conduct demonstration projects related to high-impact prevention. Category C is not addressed in this report.

This report highlights the program accomplishments in 2015. 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 FOA objectives. It is based on data submitted to CDC through the National HIV Prevention Program Monitoring and Evaluation (NHM&E) system (March 15, 2016) and Annual Progress Reports (APRs) (March 31, 2016) by 61 health departments funded under PS12-1201. The report covers the period January 1, 2015 through December 31, 2015 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 and re-engagement in HIV medical care, persons with previously diagnosed HIV infection
 - Linkage to treatment adherence services
 - Interview for partner services
 - Referral to HIV prevention services
 - Risk-reduction interventions for HIV-positive persons
- Service integration
- Condom distribution
- Risk-reduction interventions for high-risk HIV-negative persons

The report also includes trends in key HIV testing indicators from 2012 through 2015 on linkage to HIV medical care, partner services, and referral to HIV prevention services.

HIGHLIGHTS

HIV TESTS CONDUCTED

- Under Category A, 61 health departments reported a total of 1,565,542 HIV tests. This represents 78% of the annual two million test national goal set by the FOA.
- Under Category B, 34 health departments reported a total of 1,291,898 HIV tests. This represents 99% of the annual 1.3 million test national goal set by the FOA.

POSITIVE TESTS, NEWLY DIAGNOSED INFECTION

Category A

- 7,482 (0.5%) persons were newly diagnosed with HIV infection.
- In health care settings, 52 (85%) health departments achieved the FOA recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$ [3].
- In non-health care settings, 13 (21%) health departments achieved the FOA required newly diagnosed HIV positivity objective of $\geq 1.0\%$.

Category B

- 3,973 (0.3%) persons were newly diagnosed with HIV infection.
- In health care settings, 33 (97%) health departments achieved the FOA recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$ [3].
- In non-health care settings, one (10%) of 10 health departments achieved the FOA required newly diagnosed HIV positivity objective of $\geq 2.0\%$.

LINKAGE TO AND RE-ENGAGEMENT IN HIV MEDICAL CARE

Persons with Newly Diagnosed Infection

- 8,024 (89%) persons with newly diagnosed 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, 52 (85%) health departments achieved this requirement. Under Category B, 27 (79%) health departments achieved this requirement.

Persons with Previously Diagnosed Infection

- 2,705 persons with previously diagnosed HIV infection but were not in care were linked to or re-engaged in HIV medical care.

LINKAGE TO TREATMENT ADHERENCE SERVICES

- 10,739 HIV-positive persons were linked to treatment adherence services.

INTERVIEW FOR PARTNER SERVICES

- Overall, 6,268 (81%) 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-two (69%) 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. Fourteen (41%) health departments achieved this requirement.

REFERRAL 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 (62%) health departments achieved this requirement.

SERVICE INTEGRATION

- Under Category B, service integration [4] is an optional program component. Five health departments reported that 52,143 HIV tests had at least one STI, viral hepatitis, or TB test conducted concurrently.

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

- 14,053 HIV-positive persons and 35,348 HIV-negative persons were enrolled in one or more CDC-recommended risk-reduction interventions.

PROGRAM ACCOMPLISHMENTS

PS12-1201 Required Core Components

HIV TESTING

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 15, 2016)

Categories A and B, combined:

The **61 health departments conducted 2,857,440 HIV tests** in 2015. This is 87% of the combined Category A and Category B FOA annual test national goal of 3,300,000.

In **health care settings**, there were **7,283 (0.3%)** persons with **newly diagnosed HIV infection**. In **non-health care settings**, there were **4,120 (0.7%)** persons with **newly diagnosed HIV infection**.

Category A

Sixty-one health departments reported a total of 1,565,542 HIV tests; this is 78% of the annual two million test national goal set by the FOA (Table 1).^a Of these, there were 7,482 (0.5%) persons with newly diagnosed HIV infection.

Sixty-one health departments reported a total of 1,017,645 HIV tests in health care settings and 540,799 in non-health care settings.^b Of these, there were 3,827 (0.4%) persons in health care settings and 3,603 (0.7%) persons in non-health care settings with newly diagnosed HIV infection (Table 2).^b

- In health care settings, 52 (85%) health departments achieved the FOA recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$.^b
- In non-health care settings, 13 (21%) health departments achieved the FOA required newly diagnosed HIV positivity objective of $\geq 1.0\%$.^b

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

^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. 7,098 (0.5%) HIV tests could not be categorized by testing setting and were excluded from the analysis.

Category B

Thirty-four health departments reported a total of 1,291,898 HIV tests; this is 99% of the annual 1.3 million test national goal set by the FOA (Table 1).^c Of these, there were 3,973 (0.3%) persons with newly diagnosed HIV infection (Table 2).^d The national goal set for Category B by the FOA was to identify 5,500 persons with newly diagnosed HIV infection.

Thirty-four health departments reported a total of 1,221,823 HIV tests in health care settings, and 10 health departments reported a total of 69,790 HIV tests in non-health care settings. Of these, there were 3,456 (0.3%) persons in health care settings and 517 (0.7%) persons in non-health care settings with newly diagnosed HIV infection (Table 2).^d

- In health care settings, 33 (97%) health departments achieved the FOA recommended newly diagnosed HIV positivity objective of $\geq 0.1\%$.^d
- In non-health care settings, one (10%) of 10 health departments achieved the FOA required newly diagnosed HIV positivity objective of $\geq 2.0\%$.^d

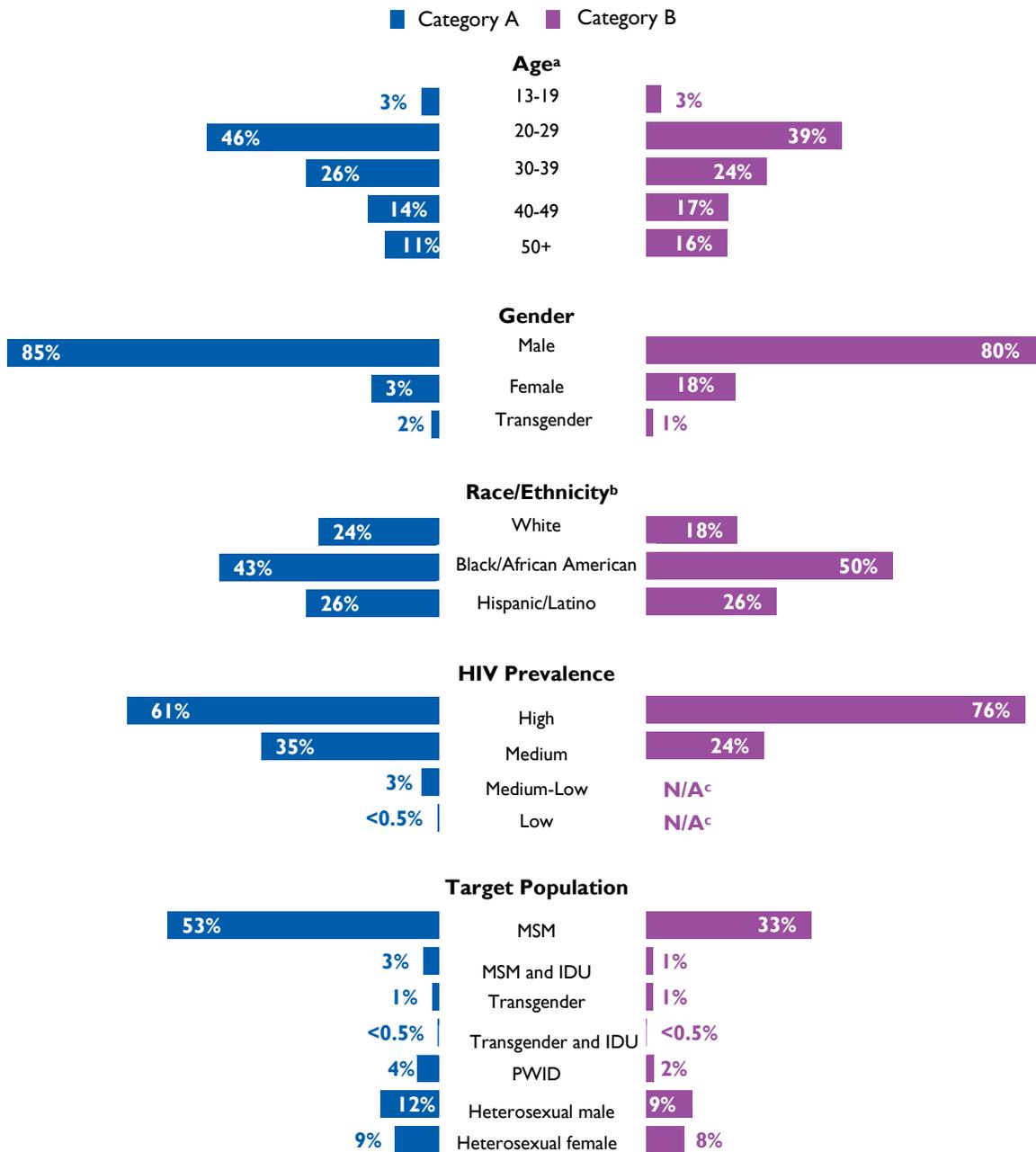
The demographic and target population characteristics of persons with newly diagnosed HIV infection under Categories A and B are shown in Figure 1.

^c Total number of HIV tests include test-level data submitted to CDC by 34 health departments funded under PS12-1201.

^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. 285 (0.5%) HIV tests could not be categorized by test setting and were excluded from the analysis.

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

PS12-1201 Category A and B – 2015 (Category A: 61 HDs; Category B: 34 HDs)



Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb[®] as of March 15, 2016.

Note: The percentages do not total to a 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 27.

^a For age, <13 years is not shown in the figure (Refer to Tables 3 and 4).

^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 3 and 4).

^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 25).

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 15, 2016)

Categories A and B, combined:

8,024 (89%) 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, 78% of records had valid and complete information on outcome of linkage to HIV medical care (Table 5). Based on these records, 5,201 of 5,856 (89%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe (Table 5).^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. Fifty-two (85%) health departments achieved this requirement.^f

Category B

Of tests conducted under Category B, 79% of records had valid and complete information on outcome of linkage to HIV medical care (Table 6). Based on these records, 2,823 of 3,121 (91%) persons with newly diagnosed HIV infection were linked to HIV medical care in any timeframe (Table 6).^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-seven (79%) 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 2.

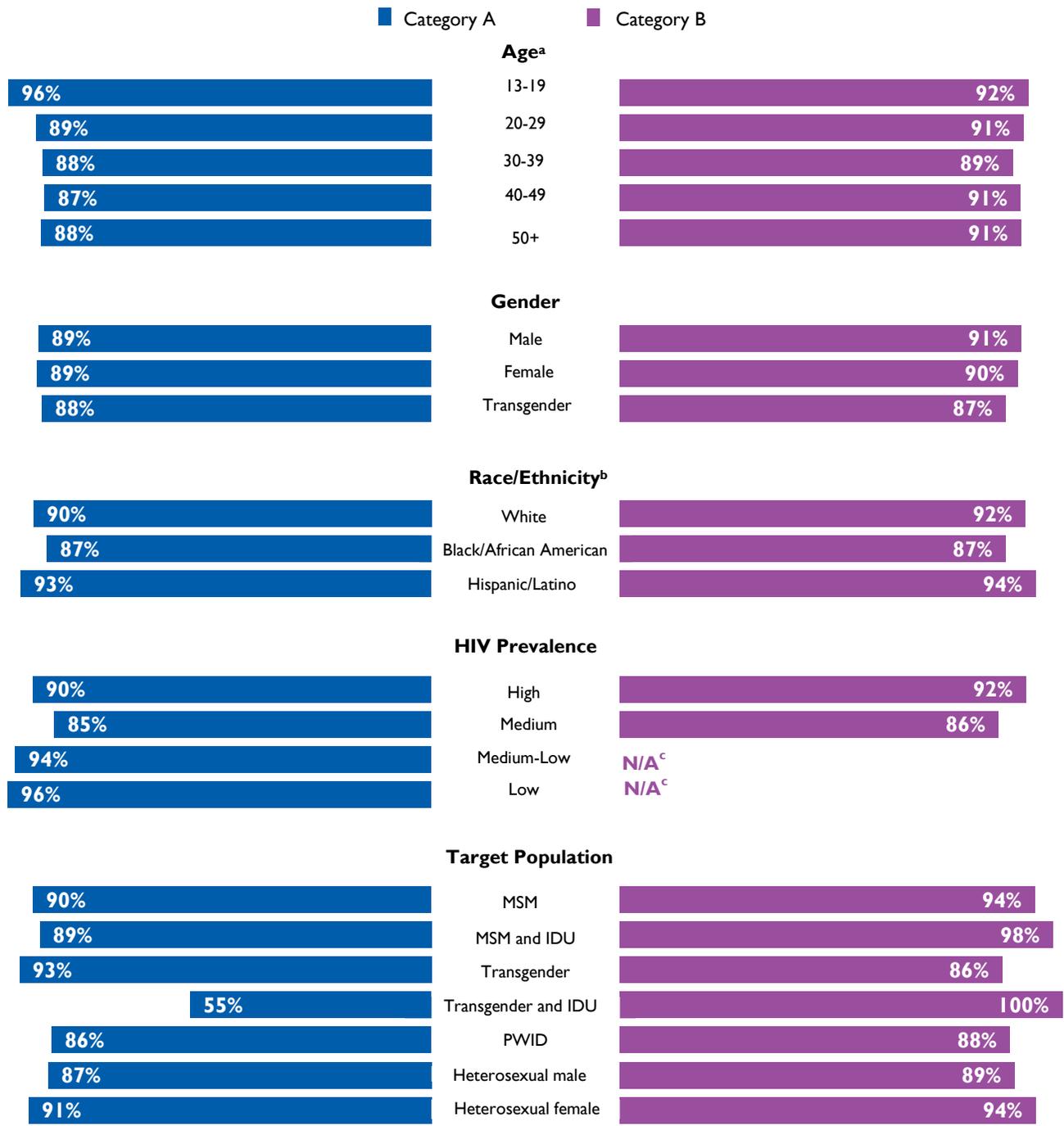
^e For this section, records that are missing data on linkage to HIV medical care are excluded from the denominator.

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 FOA requirement for linkage to HIV medical care.

Figure 2: Percentage of persons with newly diagnosed HIV infection who were linked to HIV medical care in any timeframe, by demographic and target population characteristics

PS12-1201 Category A and B – 2015 (Category A: 61 HDs; Category B: 34 HDs)



Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016.

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 5 and 6).

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^aFor age, <13 years is not shown in the figure (Refer Table 5 and 6).

^bFor race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer Table 5 and 6).

^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 25).

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 15, 2016)

Categories A and B, combined:

7,463 (85%) persons with newly diagnosed HIV infection were **linked to HIV medical care within 90 days of diagnosis.**

The 2010 NHAS 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, 78% of records had valid and complete information on outcome of linkage to HIV medical care within 90 days of diagnosis (Table 7). Based on these records, 4,950 of 5,851 (85 %) persons with newly diagnosed infection were linked to HIV medical care within 90 days of diagnosis (Table 7).^g Thirty-eight (62%) health departments achieved the NHAS goal.^h

Category B

Of tests conducted under Category B, 73% had valid and complete information on outcome of linkage to HIV medical care within 90 days of diagnosis (Table 8). Based on these records, 2,513 of 2,893 (87%) persons with newly diagnosed infection were linked to HIV medical care within 90 days of diagnosis (Table 8).^g Twenty-one (62%) health departments achieved the NHAS goal.^h

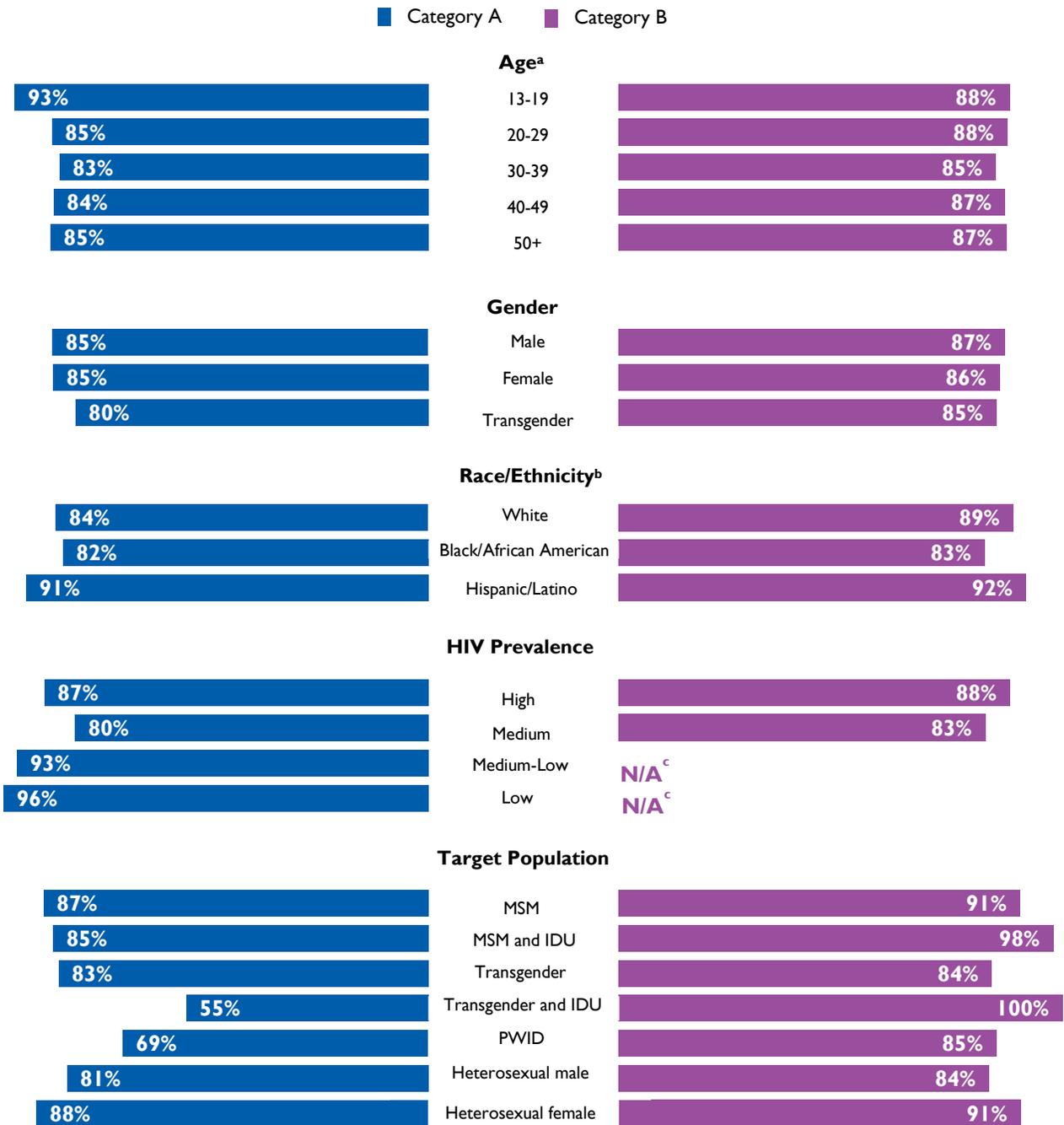
The demographic and target population characteristics of persons with newly diagnosed HIV infection who were linked to HIV medical care within 90 days of diagnosis under Categories A and B are shown in Figure 3.

^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 FOA requirement. Reported percentages were used to determine whether or not the the health departments achieved the NHAS goal.

Figure 3: Percentage of newly diagnosed HIV-positive persons linked to HIV medical care within 90 days of diagnosis, by demographic characteristics and target population characteristics

PS12-1201 Category A and B – 2015 (Category A: 61 HDs; Category B: 34 HDs)



Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb[®] as of March 15, 2016.

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 27.

^aFor age, <13 years is not shown in the figure (Refer Table 7 and 8).

^bFor race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure.

^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 25).

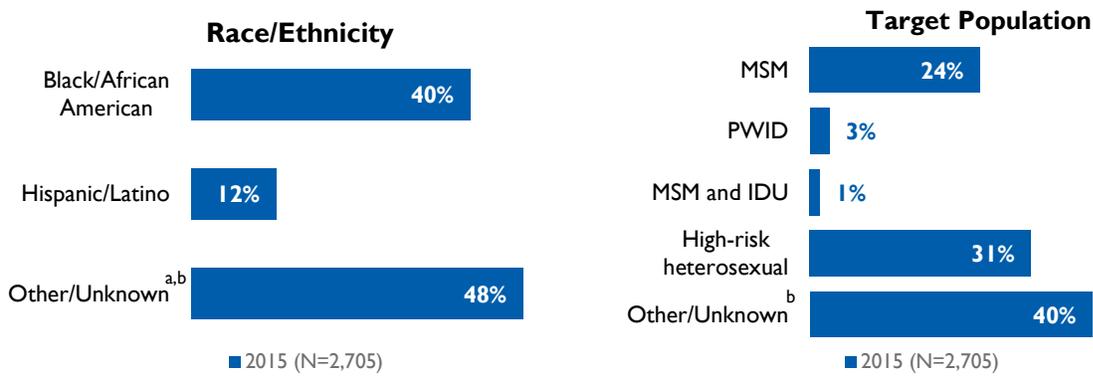
Linkage to or Re-engagement in HIV Medical Care, Persons with Previously Diagnosed HIV Infection

(Data Source: NHM&E aggregate-level (risk-reduction activities) RRA data submitted through EvaluationWeb® as of March 15, 2016)

Forty-seven health departments reported that 2,705 persons with previously diagnosed HIV infection who were not in care were linked to or re-engaged in HIV medical care and treatment services under Category A (Figure 4 and Table 9).

Figure 4: HIV-positive persons linked to or re-engaged in HIV medical care and treatment services

PS12-1201 Category A – 47 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015



Data Source: 2015 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 15, 2016.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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.

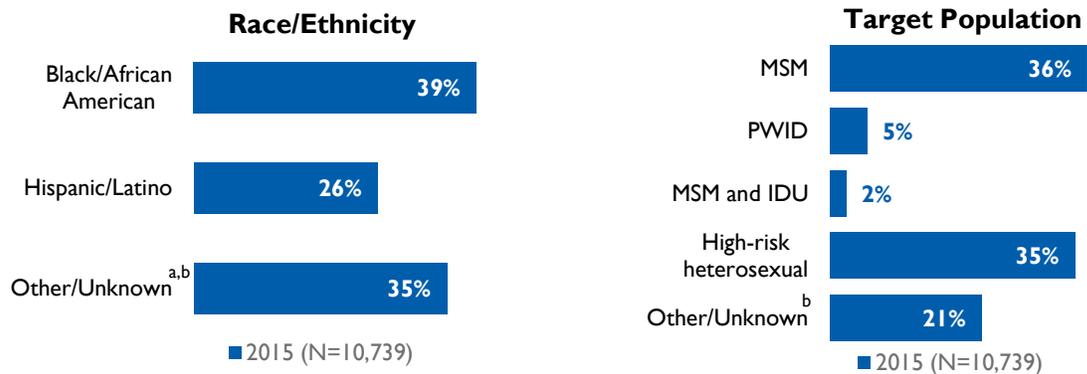
Linkage to Treatment Adherence Services

(Data Source: NHM&E aggregate-level RRA data submitted through EvaluationWeb® as of March 15, 2016)

Forty-six health departments reported that 10,739 HIV-positive persons were linked to antiretroviral therapy (ART) adherence services under Category A (Figure 5 and Table 12).

Figure 5: HIV-positive persons linked to treatment adherence services

PS12-1201 Category A – 46 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015



Data Source: 2015 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 15, 2016.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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 15, 2016)

Categories A and B, combined:

6,268 (81%) persons with newly diagnosed, confirmed HIV infection were **interviewed for partner services**.

Category A

Of tests conducted under Category A, 90% of records had valid and complete information on outcome of interview for partner services (Table 9). Based on these records, 4,353 of 5,335 (82%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services (Table 9).ⁱ Under Category A, health departments are required to interview at least 75% of persons with newly diagnosed, confirmed infection for partner services. Forty-two (69%) health departments achieved this requirement.^j

Category B

Of tests conducted under Category B, 76% of records had valid and complete information on outcome of interview for partner services (Table 10). Based on these records, 1,915 of 2,417 (79%) persons with newly diagnosed, confirmed HIV infection were interviewed for partner services (Table 10).ⁱ Under Category B, health departments are required to interview at least 80% of persons with newly diagnosed, confirmed infection for partner services. Fourteen (41%) health departments achieved this requirement.^j

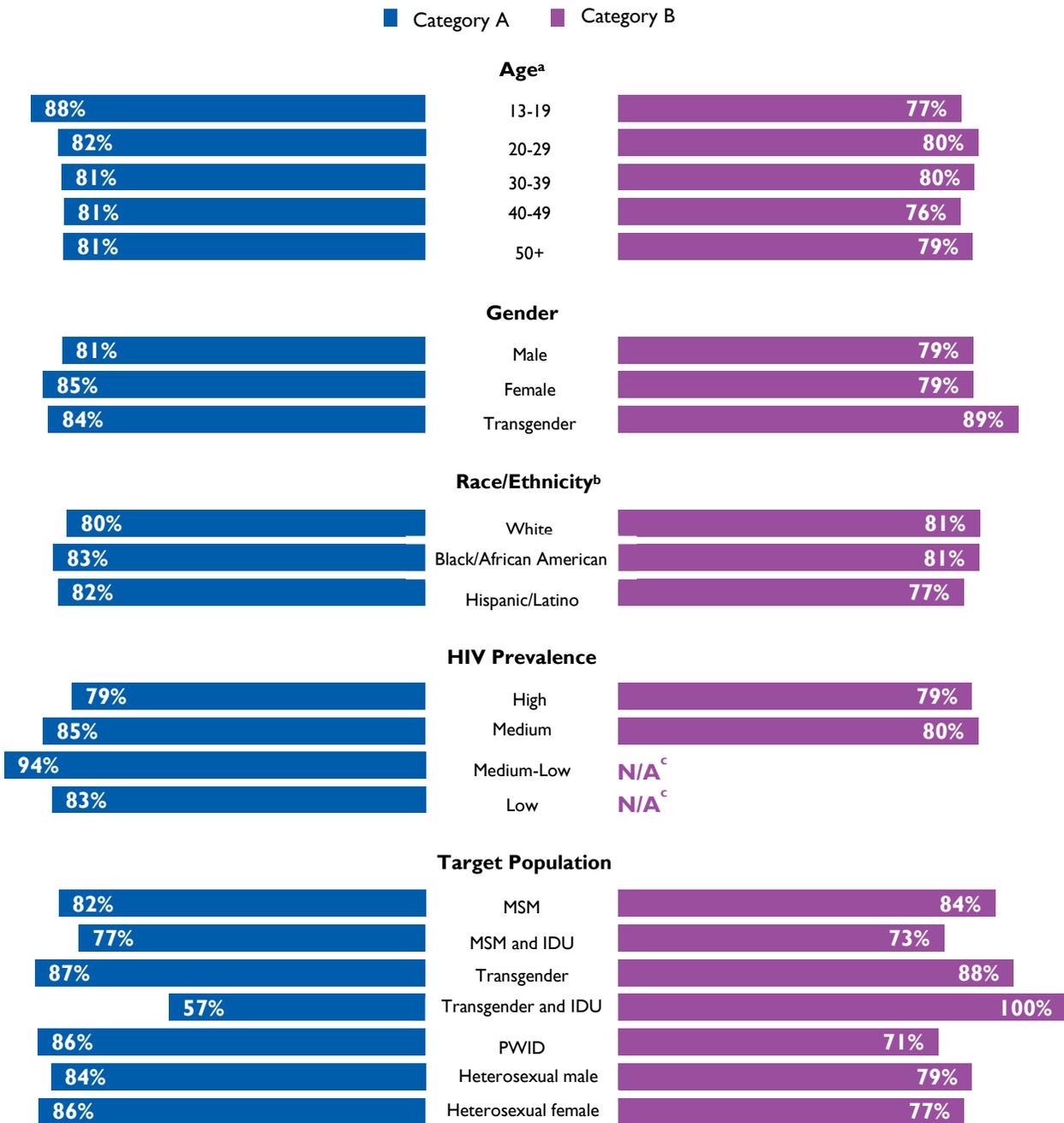
The demographic and target population characteristics of persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services under Category A and B are shown in Figure 6.

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 FOA requirement for interview for partner services.

Figure 6: 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 – 2015 (Category A: 57 HDs; Category B: 32 HDs)



Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016.

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 9 and 10).

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^aFor age, < 13 years is not shown in the figure (Refer Table 9 and 10).

^bFor race/ethnicity, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander or multi-race are not shown in the figure (Refer Table 9 and 10).

^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 25).

Referral to HIV Prevention Services

(Data Source: NHM&E test-level HIV testing data submitted through EvaluationWeb® as of March 15, 2016)

Categories A and B, combined:

6,159 (82%) persons with newly diagnosed, confirmed HIV infection were **referred to HIV prevention services**.

Category A

Of tests conducted under Category A, 87% of records had valid and complete information on referral to HIV prevention services (Table 13). Based on these records, 4,239 of 5,187 (82%) persons with newly diagnosed, confirmed HIV infection were referred to HIV prevention services (Table 13).^k

Category B

Of tests conducted under Category B, 74% of records had valid and complete information on referral to HIV prevention services (Table 13). Based on these records, 1,920 of 2,341 (82%) 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 (62%) health departments achieved this requirement.^l

Service Integration – Category B

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

Under PS12-1201 Category B, service integration [4] is an optional program component. Five health departments allocated Category B funds to conduct STI (i.e., syphilis, chlamydial infection, and gonorrhea), viral hepatitis (i.e., hepatitis B and C), or TB screening concurrently with HIV testing.

In health care and non-health care settings, 52,143 HIV tests had at least one STI, viral hepatitis, or TB test conducted concurrently. Of the concurrent tests, 15,941 (31%) were for syphilis, 10,884 (21%) were for gonorrhea, 10,508 (20%) were for chlamydial infection, 8,592 (17%) were for hepatitis B, 5,936 (11%) were for hepatitis C, and 282 (0.5%) were for TB (Table 14).

^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 FOA requirement for referral to HIV prevention services.

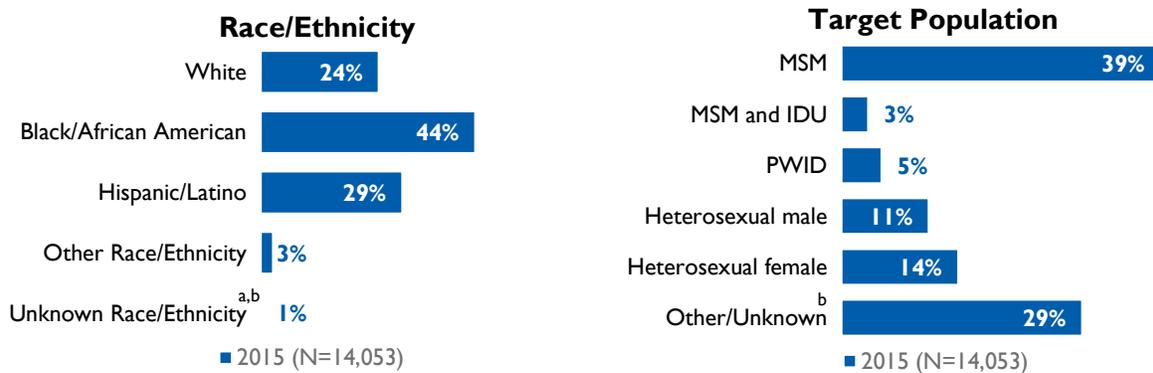
Risk-reduction Interventions for HIV-positive Persons

(Data Source: NHM&E client-level RRA data submitted through EvaluationWeb® as of March 15, 2016)

Under Category A, 38 health departments reported that 14,053 HIV-positive persons were enrolled in one or more CDC-recommended or locally developed risk-reduction interventions (Figure 7 and Table 15).

Figure 7: HIV-positive persons enrolled in risk-reduction interventions

38 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015



Data Source: 2015 NHM&E RRA data reported at a client-level in EvaluationWeb® as of March 15, 2016.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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: 2015 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 2015, these health departments reported distributing 128,082,370 condoms.
- Thirty-eight (62%) health departments achieved their proposed annual objective for condom distribution (Figure 9k).

PSI2-I20I Recommended Program Components

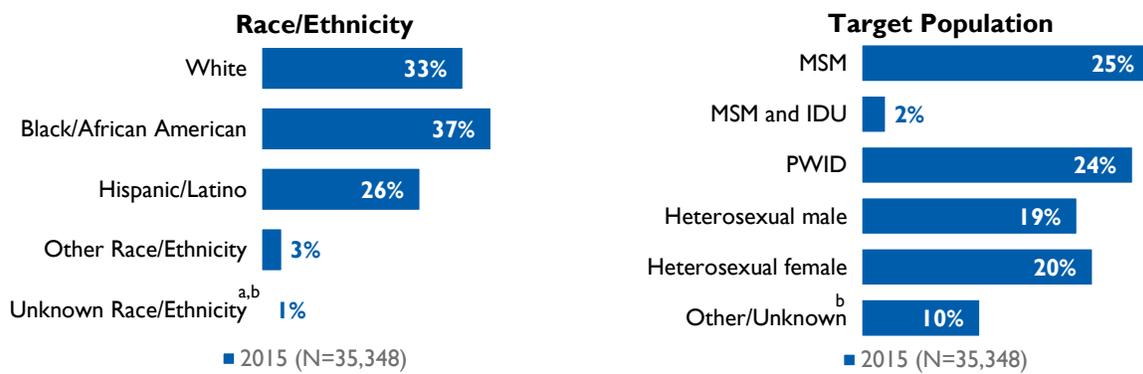
RISK-REDUCTION INTERVENTIONS FOR HIGH-RISK HIV-NEGATIVE PERSONS

(Data Source: NHM&E client-level RRA data submitted through EvaluationWeb® as of March 15, 2016)

Under Category A, 43 health departments reported that 35,348 high-risk HIV-negative persons were enrolled in one or more CDC-recommended or locally developed, behavioral risk-reduction intervention (Figure 8 and Table 15). HIV-prevention interventions for high-risk HIV-negative persons are not implemented by all health departments.

Figure 8: HIV-negative persons enrolled in risk-reduction interventions

43 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015



Data Source: 2015 NHM&E RRA data reported at a client-level in EvaluationWeb® as of March 15, 2016.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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.

Program Accomplishments: 4-Year Trends, 6I Health Departments, 2012 – 2015

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 9a shows the total number of HIV tests. In the 2012 HIV testing algorithm, HIV test results and test technology were used to determine whether HIV test event was valid. Starting in 2014, only HIV test result was used to determine whether the test event was valid.

*For Figures 9b – 9k, the 2012 HIV testing algorithm does not use surveillance verification information for calculating newly diagnosed HIV-positive testing events. Starting in 2014, newly diagnosed HIV-positive testing events were calculated using HIV surveillance verification, when available, instead of client’s self-reported previous HIV status.

*Figures 9d, 9f, 9h, and 9j shows the number of grantees that met FOA objectives from 2012 through 2015.



Figure 9a: Total number of HIV tests

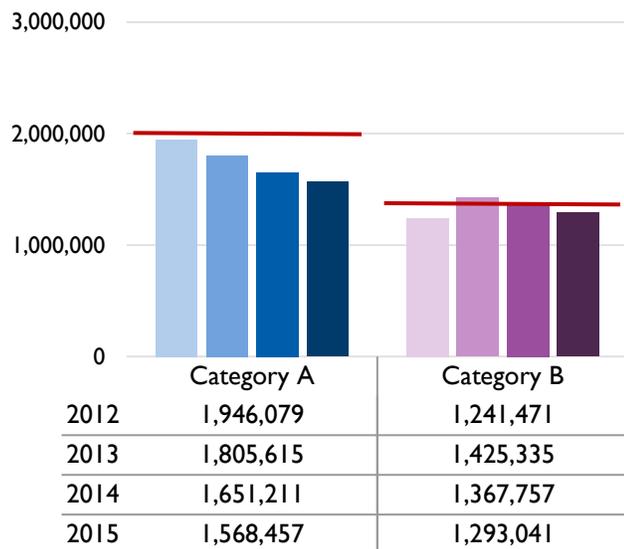


Figure 9b: Number of persons newly diagnosed with HIV infection

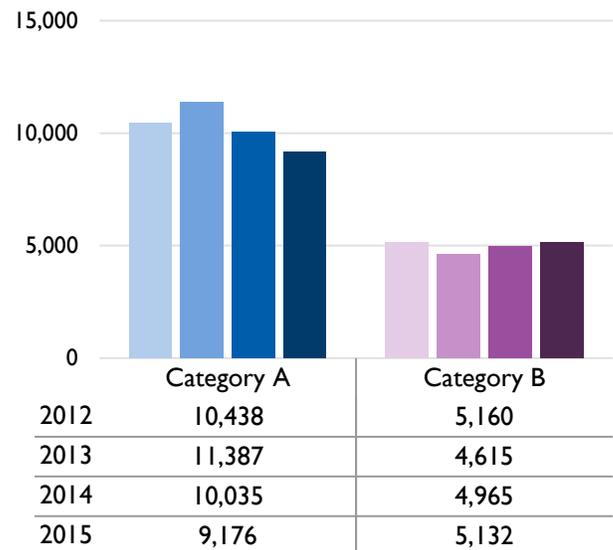




Figure 9c: Newly diagnosed HIV positivity in non-health care settings

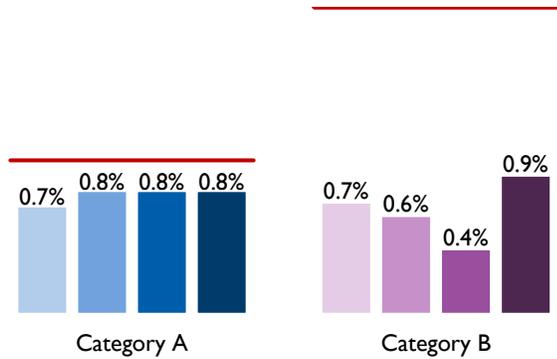


Figure 9d: Number of grantees in non-health care setting who met the FOA objective for newly diagnosed HIV positivity

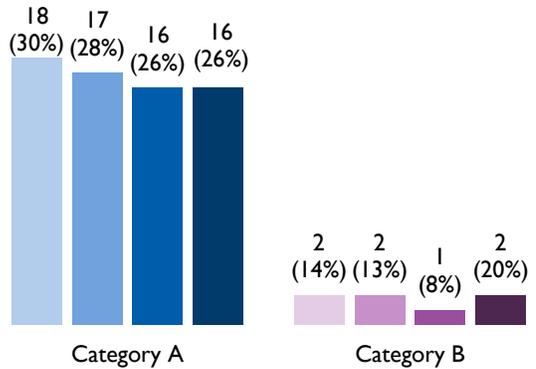


Figure 9e: Percentage linked to HIV medical care

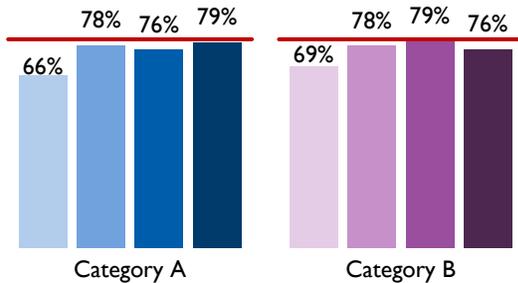


Figure 9f: Number of grantees who met the FOA objective for linkage to HIV medical care

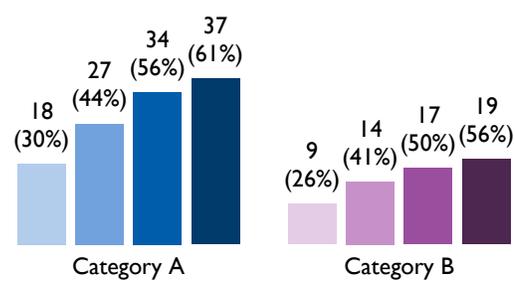


Figure 9g: Percentage interviewed for partner services

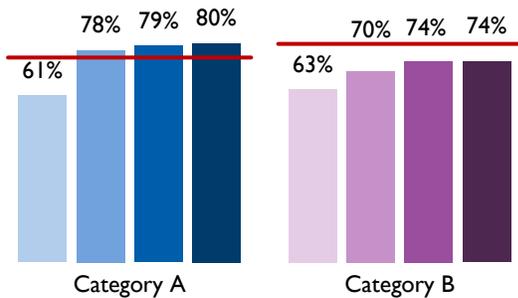


Figure 9h: Number of grantees who met the FOA objective for interview for partner services

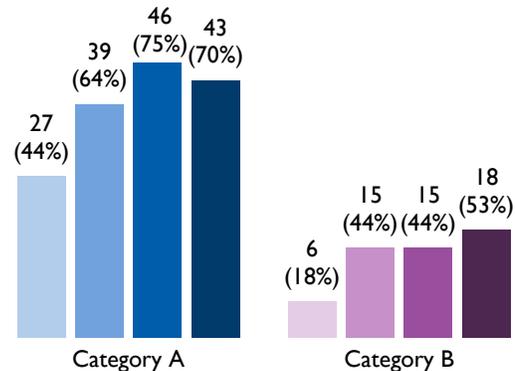




Figure 9i: Percentage referred to HIV prevention services

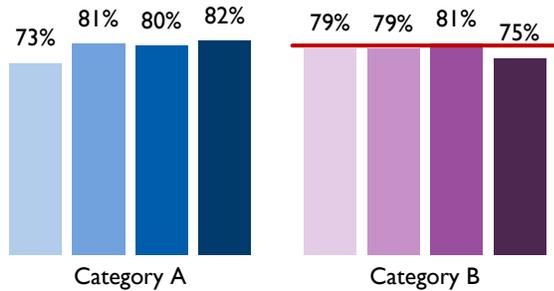


Figure 9j: Number of grantees who met the FOA objective for referral to HIV prevention services

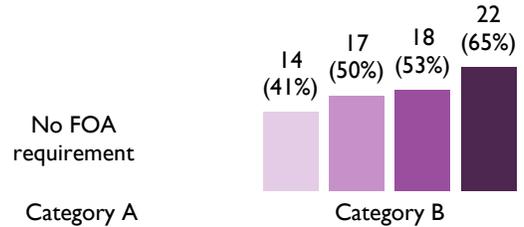
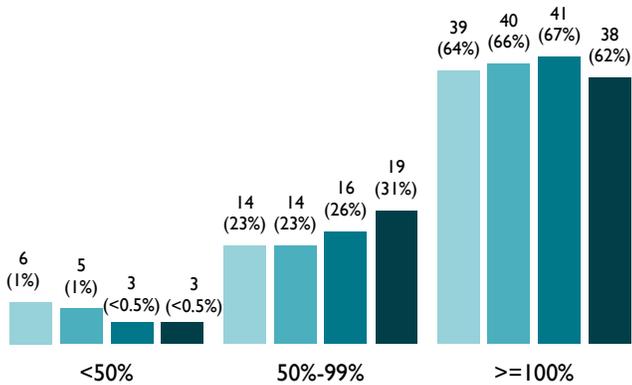


Figure 9k: Condom Distribution – Number of health departments achieving their proposed annual objective

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



Notes:

The horizontal red lines in Figures 9a, 9c, 9e, 9g, and 9i indicate FOA requirements.

Figures 9c – 9j: The number of HDs submitting HIV test-level data:

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

Figure 9c and 9d: Under Category B, 14 HDs (2012), 15 HDs (2013), 13 HDs (2014), and 10 HDs (2015) conducted HIV testing in non-health care settings.

INTERPRETATION OF THIS REPORT

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

- The report reflects findings for the fourth year of the five-year PS12-1201 project period. During this period, health departments were in different phases of implementing required and recommended program components, depending on 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 prior 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* [5] 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 2015, 7,098 (0.5%) Category A HIV test records and 285 (0.02%) Category B HIV test records could not be categorized into health care and non-health care settings.
- Calculated percentages of linkage to HIV medical care in any timeframe and within 90 days, interview for partner services, and referral to HIV prevention services may not accurately reflect the true levels of those services because records are missing valid data. The percentage of records missing data on these outcomes varies considerably among health departments.

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APPENDICES

Appendix A: Technical Notes and Definitions

DATA SOURCE DESCRIPTION

The NHM&E reporting system collects HIV-related 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 Annual Progress Reports (APRs) 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 testing event and determined by calculating the difference between the year of a client's birth and the year of the HIV testing event.

Data Designation

- **Aggregate data**
Total HIV testing events and confirmed HIV-positive testing events 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 testing event 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 2015.

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 [6]:

- 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 FOA objective. *Maximum percentage linked* represents the best case scenario for percentage of clients linked to HIV medical care.

Linkage to Treatment Adherence Services

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

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)

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.

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 [4].

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.

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.

Testing Events

- **HIV testing event**

An HIV testing event is one or more HIV tests performed with a person to determine a person's HIV status. During one testing event, 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 event was valid. However, in the 2012 and 2013 HIV testing algorithm, HIV test results and test technology were used to determine whether HIV test event was valid.

- **Invalid HIV testing event**

An HIV testing event is considered invalid if data are missing/invalid for all of the tests that comprise that HIV testing event 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 testing event**

A testing event 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 2015 annual HIV testing report and for monitoring and evaluation purposes only, two rapid tests were categorized as a confirmed HIV-positive testing event, unless a negative conventional HIV test result or a negative NAAT test result was documented in the same test event.

- **HIV-positive testing event**

An HIV-positive testing event 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 testing event, (3) a rapid positive test result if a negative NAAT/RNA or negative conventional test result was not part of that testing event, 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 testing event.

- **Newly diagnosed HIV-positive person**

A person who tested HIV-positive during the current testing event 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 testing event 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 event but self-reported not having a previous HIV-positive test result. Starting in 2014, newly diagnosed HIV-positive testing events 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 testing events.

- **Preliminary HIV-positive testing event**

A testing event 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 testing event

Appendix B: Data Sources PS12-1201 Categories A and B, 2015

PS12-1201 Programmatic Components	PS12-1201 Program Component	Number of health departments reporting data in 2015	Data Source(s)
HIV testing	Required	Category A: 61 HDs Category B: 34 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 15, 2016 (reported at a test-level)
HIV testing annual objectives	Required	Category A: 61 HDs Category B: 34 HDs	2015 Interim Progress Reports submitted to PPB
Linkage to HIV medical care	Required	Category A: 61 HDs Category B: 34 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 15, 2016 (reported at a test-level)
Linkage to or re-engagement in HIV medical care and treatment services	Required	47 HDs	NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 15, 2016
Linkage to treatment adherence services	Required	46 HDs	NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 15, 2016
Interview for partner services, PS12-1201	Required	Category A: 57 HDs Category B: 32 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 15, 2016 (reported at a test-level) <i>Note: Four Category A funded health departments and two 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: 57 HDs Category B: 32 HDs	NHM&E HIV testing data submitted through EvaluationWeb® as of March 15, 2016 (reported at a test-level) <i>Note: Four Category A funded health departments and two 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	2015 Annual Progress Reports (received by PPB) as of March 31, 2016.
CDC-recommended risk-reduction interventions for HIV-positive persons	Required	38 HDs	NHM&E client-level RRA data submitted through EvaluationWeb® as of March 15, 2016
Perinatal transmission	Required	Not addressed in this report	

PS12-1201 Programmatic Components	PS12-1201 Program Component	Number of health departments reporting data in 2015	Data Source(s)
Condom distribution	Required	61 HDs	Comprehensive Prevention Plans (received by PPB) and Interim Progress Reports (starting in Year 4, 2015)
Condom distribution proposed objectives	Required	61 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	43 HDs	NHM&E client-level RRA data submitted through EvaluationWeb® as of September 14, 2015
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: Tables

TABLE 1. PSI2-I20I CATEGORIES A AND B – Percentage of annual HIV test objective achieved, 2015

Category A (HDs = 61)			Category B - Health care settings (HDs = 34)			Category B - Non-health care settings (HDs = 13)		
Annual objective, HIV testing events ^a	Total tests conducted ^{b,c}	Percentage of annual objective achieved	Annual objective, HIV testing events ^a	Total tests conducted ^{b,c}	Percentage of annual objective achieved	Annual objective, HIV testing events ^a	Total tests conducted ^{b,c}	Percentage of annual objective achieved
1,973,567	1,565,542	79.3	1,300,417	1,221,823	94.0	82,622	69,790	84.5

Data Source: 2015 NHM&E HIV testing data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

^a Annual testing objectives are set by the health departments in the Interim Progress Reports submitted to CDC for 2015.

^b Total number of HIV test events includes aggregate-tests and client-level data reported to CDC through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

^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, 2015

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=60^b)			Category A: Non-health care settings: ≥1.0% (HDs=60^b)		
1,017,645	3,827	0.4	540,799	3,603	0.7
Category B: Health care settings: ≥0.1% (HDs=34^c)			Category B: Non-health care settings: ≥2.0% (HDs=10^c)		
1,221,823	3,456	0.3	69,790	517	0.7

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

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

^b In 2015, one health department did not submit HIV test-level data.

^c In 2015, under Category B, 34 health departments in health care settings and 10 health departments in non-health care settings were funded to conduct HIV testing.

TABLE 3. PSI2-I20I CATEGORY A – Persons with 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, 2015

Characteristics	Total valid tests ^a	Newly diagnosed HIV-positive tests		
		n	HIV Positivity (row%)	(column%)
Age at test (years)				
<13	3,661	4	0.1	0.1
13-19	128,441	252	0.2	3.4
20-29	691,553	3,423	0.5	45.7
30-39	377,741	1,954	0.5	26.1
40-49	189,827	1,039	0.5	13.9
50+	170,314	801	0.5	10.7
Missing/Invalid	4,005	9	0.2	0.1
Gender				
Male	836,205	6,363	0.8	85.0
Female	711,877	993	0.1	13.3
Transgender	9,234	109	1.2	1.5
Other ^b	8,226	17	0.2	0.2
Race/Ethnicity				
White	472,490	1,772	0.4	23.7
Black or African American	669,142	3,243	0.5	43.3
Hispanic or Latino	291,127	1,961	0.7	26.2
Asian	36,585	158	0.4	2.1
American Indian or Alaska Native	10,647	44	0.4	0.6
Native Hawaiian or Pacific Islander	4,212	25	0.6	0.3
Multi-race	16,087	93	0.6	1.2
Other ^b	65,252	186	0.3	2.5

Characteristics	Total valid tests ^a	Newly diagnosed HIV-positive tests		
		n	HIV Positivity (row%)	(column%)
HIV Prevalence				
High	784,052	4,590	0.6	61.3
Medium	694,123	2,616	0.4	35.0
Medium-Low	68,265	251	0.4	3.4
Low	19,102	25	0.1	0.3
Target Population				
MSM	191,585	3,995	2.1	53.4
MSM and IDU	5,741	226	3.9	3.0
Transgender persons	8,779	97	1.1	1.3
Transgender persons and IDU	455	12	2.6	0.2
Persons who inject drugs	60,476	321	0.5	4.3
Heterosexual male	346,510	857	0.2	11.5
Heterosexual female	438,582	653	0.1	8.7
No risk/Missing/Invalid	513,414	1,321	0.3	17.7
Total	1,565,542	7,482	0.5	

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb®, as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^a Includes persons with test setting unknown.

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

TABLE 4. PSI2-I20I CATEGORY B – Persons with newly diagnosed HIV infection, by demographic characteristics and target population from 34 health departments in the United States and Puerto Rico, 2015

Characteristics	Total valid tests ^a	Newly diagnosed HIV-positive tests		
		n	HIV Positivity (row%)	(column%)
Age at test (years)				
<13	2,217	6	0.3	0.2
13-19	81,343	121	0.1	3.0
20-29	442,453	1,563	0.4	39.3
30-39	303,434	964	0.3	24.3
40-49	194,699	660	0.3	16.6
50+	261,098	648	0.2	16.3
Missing/Invalid	6,654	11	0.2	0.3
Gender				
Male	590,624	3,192	0.5	80.3
Female	686,527	714	0.1	18.0
Transgender	2,774	56	2.0	1.4
Other ^b	11,973	11	0.1	0.3
Race/Ethnicity				
White	271,464	732	0.3	18.4
Black or African American	558,162	1,970	0.4	49.6
Hispanic or Latino	318,717	1,042	0.3	26.2
Asian	25,992	67	0.3	1.7
American Indian or Alaska Native	2,893	8	0.3	0.2
Native Hawaiian or Pacific Islander	1,977	6	0.3	0.2
Multi-race	3,592	17	0.5	0.4
Other ^b	109,101	131	0.1	3.3

Characteristics	Total valid tests ^a	Newly diagnosed HIV-positive tests		
		n	HIV Positivity (row%)	(column%)
HIV Prevalence				
High	882,307	3,032	0.3	76.3
Medium	409,591	941	0.2	23.7
Medium-Low	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A
Target Population				
MSM	41,798	1,318	3.2	33.2
MSM and IDU	876	52	5.9	1.3
Transgender persons	2,723	52	1.9	1.3
Transgender persons and IDU	51	4	7.8	0.1
Persons who inject drugs	9,509	64	0.7	1.6
Heterosexual male	111,918	369	0.3	9.3
Heterosexual female	163,423	305	0.2	7.7
No risk/Missing/Invalid	961,600	1,809	0.2	45.5
Total	1,291,898	3,973	0.3	

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: 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 25).

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^a Includes persons with test setting unknown.

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

TABLE 5. PS12-1201 CATEGORY A – Persons with newly diagnosed HIV infection who were linked to HIV medical care, by demographic characteristics and target population from 61 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015

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	4	4	0	0	0	100.0	100.0	100.0
13-19	252	172	8	72	28.6	68.3	95.6	96.8
20-29	3,423	2,374	281	768	22.4	69.4	89.4	91.8
30-39	1,954	1,360	187	407	20.8	69.6	87.9	90.4
40-49	1,039	731	105	203	19.5	70.4	87.4	89.9
50+	801	554	74	173	21.6	69.2	88.2	90.8
Missing/Invalid	9	6	0	3	33.3	66.7	100.0	100.0
Gender								
Male	6,363	4,440	559	1,364	21.4	69.8	88.8	91.2
Female	993	676	83	234	23.6	68.1	89.1	91.6
Transgender	109	73	10	26	23.9	67.0	88.0	90.8
Other ^g	17	12	3	2	11.8	70.6	80.0	82.4
Race/Ethnicity								
White	1,772	1,222	137	413	23.3	69.0	89.9	92.3
Black or African American	3,243	2,118	319	806	24.9	65.3	86.9	90.2
Hispanic or Latino	1,961	1,538	120	303	15.5	78.4	92.8	93.9
Asian	158	119	17	22	13.9	75.3	87.5	89.2
American Indian or Alaska Native	44	24	5	15	34.1	54.5	82.8	88.6
Native Hawaiian or Pacific Islander	25	19	3	3	12	76.0	86.4	88.0
Multi-race	93	64	6	23	24.7	68.8	91.4	93.5

Characteristics	Persons with Newly Diagnosed HIV Infection Linked to HIV Medical Care in Any Timeframe							
	Persons with newly diagnosed HIV infection ^a	With valid data, Linkage in Any Timeframe ^b		Without valid data ^c		Percentage of Newly Diagnosed HIV-Positive Persons Linked to HIV Medical Care in Any Timeframe		
		Total	Linked	Not linked	n	%	Minimum % ^d	Reported % ^e
Other ^g	30	19	6	5	16.7	63.3	76.0	80.0
HIV Prevalence								
High	4,590	3,441	376	773	16.8	75.0	90.1	91.8
Medium	2,616	1,520	264	832	31.8	58.1	85.2	89.9
Medium-Low	251	218	14	19	7.6	86.9	94.0	94.4
Low	25	22	1	2	8	88.0	95.7	96.0
Target Population								
MSM	3,995	2,909	324	762	19.1	72.8	90.0	91.9
MSM and IDU	226	154	20	52	23	68.1	88.5	91.2
Transgender persons	97	67	5	25	25.8	69.1	93.1	94.8
Transgender persons and IDU	12	6	5	1	8.3	50.0	54.5	58.3
Persons who inject drugs	321	175	29	117	36.4	54.5	85.8	91.0
Heterosexual male	857	590	91	176	20.5	68.8	86.6	89.4
Heterosexual female	653	488	48	117	17.9	74.7	91.0	92.6
No risk/Missing/Invalid	1,321	812	133	376	28.5	61.5	85.9	89.9
Total	7,482	5,201	655	1,626	21.7	69.5	88.8	91.2

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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 FOA 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 6. PS 12-1201 CATEGORY B – Persons with newly diagnosed HIV infection who were linked to HIV medical care, by demographic characteristics and target population from 34 health departments in the United States and Puerto Rico, 2015

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	6	5	0	1	16.7	83.3	100.0	100.0
13-19	121	84	7	30	24.8	69.4	92.3	94.2
20-29	1,563	1,134	109	320	20.5	72.6	91.2	93.0
30-39	964	690	87	187	19.4	71.6	88.8	91.0
40-49	660	460	48	152	23.0	69.7	90.6	92.7
50+	648	448	46	154	23.8	69.1	90.7	92.9
Missing/Invalid	11	2	1	8	72.7	18.2	66.7	90.9
Gender								
Male	3,192	2,301	237	654	20.5	72.1	90.7	92.6
Female	714	474	53	187	26.2	66.4	89.9	92.6
Transgender	56	41	6	9	16.1	73.2	87.2	89.3
Other ^g	11	7	2	2	18.2	63.6	77.8	81.8
Race/Ethnicity								
White	732	553	50	129	17.6	75.5	91.7	93.2
Black or African American	1,970	1,303	192	475	24.1	66.1	87.2	90.3
Hispanic or Latino	1,042	782	50	210	20.2	75.0	94.0	95.2
Asian	67	63	0	4	6.0	94.0	100.0	100.0
American Indian or Alaska Native	8	7	1	0	0.0	87.5	87.5	87.5
Native Hawaiian or Pacific Islander	6	6	0	0	0.0	100.0	100.0	100.0
Multi-race	17	13	0	4	23.5	76.5	100.0	100.0
Other ^g	131	96	5	30	22.9	73.3	95.0	96.2

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
HIV Prevalence								
High	3,032	2,245	201	586	19.3	74.0	91.8	93.4
Medium	941	578	97	266	28.3	61.4	85.6	89.7
Target Population								
MSM	1,318	1,070	71	177	13.4	81.2	93.8	94.6
MSM and IDU	52	47	1	4	7.7	90.4	97.9	98.1
Transgender persons	52	38	6	8	15.4	73.1	86.4	88.5
Transgender persons and IDU	4	3	0	1	25.0	75.0	100.0	100.0
Persons who inject drugs	64	45	6	13	20.3	70.3	88.2	90.6
Heterosexual male	369	281	34	54	14.6	76.2	89.2	90.8
Heterosexual female	305	250	16	39	12.8	82.0	94.0	94.8
No risk/Missing/Invalid	1,809	1,089	164	556	30.7	60.2	86.9	90.9
Total	3,973	2,823	298	852	21.4	71.1	90.5	92.5

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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 FOA 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 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, 2015

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 within 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	4	4	0	0	0	100.0	100.0	100.0
13-19	252	165	12	75	29.8	65.5	93.2	95.2
20-29	3,423	2,252	403	768	22.4	65.8	84.8	88.2
30-39	1,954	1,287	262	405	20.7	65.9	83.1	86.6
40-49	1,039	701	130	208	20	67.5	84.4	87.5
50+	801	536	94	171	21.3	66.9	85.1	88.3
Missing/Invalid	9	5	0	4	44.4	55.6	100.0	100.0
Gender								
Male	6,363	4,221	762	1,380	21.7	66.3	84.7	88.0
Female	993	651	119	223	22.5	65.6	84.5	88.0
Transgender	109	66	17	26	23.9	60.6	79.5	84.4
Other ^g	17	12	3	2	11.8	70.6	80.0	82.4
Race/Ethnicity								
White	1,772	1,170	225	377	21.3	66.0	83.9	87.3
Black or African American	3,243	2,004	431	808	24.9	61.8	82.3	86.7
Hispanic or Latino	1,961	1,472	152	337	17.2	75.1	90.6	92.2
Asian	158	114	19	25	15.8	72.2	85.7	88.0
American Indian or Alaska Native	44	22	8	14	31.8	50.0	73.3	81.8
Native Hawaiian or Pacific Islander	25	19	3	3	12	76.0	86.4	88.0
Multi-race	93	64	6	23	24.7	68.8	91.4	93.5
Other ^g	186	85	57	44	23.7	45.7	59.9	69.4

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 within 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	4,590	3,234	505	851	18.5	70.5	86.5	89.0
Medium	2,616	1,479	378	759	29	56.5	79.6	85.6
Medium-Low	251	215	17	19	7.6	85.7	92.7	93.2
Low	25	22	1	2	8	88.0	95.7	96.0
Target Population								
MSM	3,995	2,808	429	758	19	70.3	86.7	89.3
MSM and IDU	226	142	26	58	25.7	62.8	84.5	88.5
Transgender	97	60	12	25	25.8	61.9	83.3	87.6
Transgender and IDU	12	6	5	1	8.3	50.0	54.5	58.3
Injection drug use	321	170	77	74	23.1	53.0	68.8	76.0
Heterosexual men	857	556	127	174	20.3	64.9	81.4	85.2
Heterosexual women	653	477	63	113	17.3	73.0	88.3	90.4
No risk/Missing/invalid	1,321	731	162	428	32.4	55.3	81.9	87.7
Total	7,482	4,950	901	1,631	21.8	66.2	84.6	88.0

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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

^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 FOA 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 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 34 health departments in the United States and Puerto Rico, 2015

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 within 90 days ^b		Without valid data ^c		Percentage of Newly Diagnosed HIV-Positive Persons Linked to HIV Medical Care within 90 days		
		Total	Linked within 90 days	Not linked within 90 days	n	%	Minimum % ^d	Reported % ^e
Age at test (years)								
<13	6	5	0	1	16.7	83.3	100.0	100.0
13-19	121	74	10	37	30.6	61.2	88.1	91.7
20-29	1,563	1045	148	370	23.7	66.9	87.6	90.5
30-39	964	613	108	243	25.2	63.6	85.0	88.8
40-49	660	398	59	203	30.8	60.3	87.1	91.1
50+	648	376	54	218	33.6	58.0	87.4	91.7
Missing/Invalid	11	2	1	8	72.7	18.2	66.7	90.9
Gender								
Male	3,192	2,064	305	823	25.8	64.7	87.1	90.4
Female	714	402	66	246	34.5	56.3	85.9	90.8
Transgender	56	40	7	9	16.1	71.4	85.1	87.5
Other ^g	11	7	2	2	18.2	63.6	77.8	81.8
Race/Ethnicity								
White	732	495	62	175	23.9	67.6	88.9	91.5
Black or African American	1,970	1,165	247	558	28.3	59.1	82.5	87.5
Hispanic or Latino	1042	714	64	264	25.3	68.5	91.8	93.9
Asian	67	58	0	9	13.4	86.6	100.0	100.0
American Indian or Alaska Native	8	6	1	1	12.5	75.0	85.7	87.5
Native Hawaiian or Pacific Islander	6	4	0	2	33.3	66.7	100.0	100.0
Multi-race	17	13	0	4	23.5	76.5	100.0	100.0
Other ^g	131	58	6	67	51.1	44.3	90.6	95.4

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 within 90 days ^b		Without valid data ^c		Percentage of Newly Diagnosed HIV-Positive Persons Linked to HIV Medical Care within 90 days		
		Total	Linked within 90 days	Not linked within 90 days	n	%	Minimum % ^d	Reported % ^e
HIV Prevalence								
High	3,032	1,959	263	810	26.7	64.6	88.2	91.3
Medium	941	554	117	270	28.7	58.9	82.6	87.6
Medium-Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Low	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target Population								
MSM	1,318	1023	108	187	14.2	77.6	90.5	91.8
MSM and IDU	52	47	1	4	7.7	90.4	97.9	98.1
Transgender persons	52	37	7	8	15.4	71.2	84.1	86.5
Transgender persons and IDU	4	3	0	1	25.0	75.0	100.0	100.0
Persons who inject drugs	64	40	7	17	26.6	62.5	85.1	89.1
Heterosexual male	369	268	53	48	13.0	72.6	83.5	85.6
Heterosexual female	305	241	25	39	12.8	79.0	90.6	91.8
No risk/Missing/Invalid	1,809	854	179	776	42.9	47.2	82.7	90.1
Total	3,973	2,513	380	1,080	27.2	63.3	86.9	90.4

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: N/A indicates that no health departments could be classified as “Medium-Low” and “Low” based on HIV prevalence. (Refer Appendix A: Technical notes and definitions section on page 27).

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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.

^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 FOA 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 A – Persons with previously diagnosed HIV infection who were linked to or re-engaged in HIV medical care and treatment services from 47 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015

Total	Race/Ethnicity			Target Population				
	Black/African American	Hispanic/Latino	Other/ Unknown ^a	MSM	IDU	MSM and IDU	High-risk heterosexual	Other/Unknown
2,705	1,085 (40.1%)	330 (12.2%)	1,290 (47.7%)	654 (24.2%)	77 (2.8%)	38 (1.4%)	850 (31.4%)	1,086 (40.1%)

Data Source: 2015 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 15, 2016 for project period January 1, 2015 - December 31, 2015.

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 27.

^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 10. PSI2-I20I CATEGORY A – Persons with HIV infection who were linked to treatment adherence services from 48 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015

Total	Race/Ethnicity			Target Population				
	Black/African American	Hispanic/Latino	Other/ Unknown ^a	MSM	IDU	MSM and IDU	High-risk heterosexual	Other/Unknown
10,739	4,217 (39.3%)	2,745 (25.6%)	3,777 (35.2%)	3,910 (36.4%)	561 (5.2%)	242 (2.3%)	3,721 (34.6%)	2,305 (21.5%)

Data Source: 2015 NHM&E RRA aggregate-level data submitted through EvaluationWeb® as of March 15, 2016 for project period January 1, 2015 - December 31, 2015.

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 27.

^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. PS12-I20I CATEGORY A –Persons with newly diagnosed, confirmed HIV infection who were interviewed for partner services, by demographic characteristics and target population from 57 health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015

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	3	3	0	0	0.0	100.0	100.0	100.0
13-19	200	154	21	25	12.5	77.0	88.0	89.5
20-29	2,684	1,989	437	258	9.6	74.1	82.0	83.7
30-39	1,566	1,138	265	163	10.4	72.7	81.1	83.1
40-49	839	599	144	96	11.4	71.4	80.6	82.8
50+	638	468	112	58	9.1	73.4	80.7	82.4
Missing/Invalid	5	2	3	0	0.0	40.0	40.0	40.0
Gender								
Male	5,077	3,692	868	517	10.2	72.7	81.0	82.9
Female	762	591	102	69	9.1	77.6	85.3	86.6
Transgender	83	58	11	14	16.9	69.9	84.1	86.7
Other ^g	13	12	1	0	0.0	92.3	92.3	92.3
Race/Ethnicity								
White	1,392	992	249	151	10.8	71.3	79.9	82.1
Black or African American	2,542	1,868	382	292	11.5	73.5	83.0	85.0
Hispanic or Latino	1,599	1,223	271	105	6.6	76.5	81.9	83.1
Asian	133	93	25	15	11.3	69.9	78.8	81.2
American Indian or Alaska Native	33	21	6	6	18.2	63.6	77.8	81.8
Native Hawaiian or Pacific Islander	20	15	4	1	5.0	75.0	78.9	80.0
Multi-race	78	51	16	11	14.1	65.4	76.1	79.5
Other ^g	138	90	29	19	13.8	65.2	75.6	79.0
HIV Prevalence								
High	3,640	2,668	714	258	7.1	73.3	78.9	80.4

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	2,038	1,452	251	335	16.4	71.2	85.3	87.7
Medium-Low	238	218	14	6	2.5	91.6	94.0	94.1
Low	19	15	3	1	5.3	78.9	83.3	84.2
Target Population								
MSM	3,568	2,628	583	357	10.0	73.7	81.8	83.7
MSM and IDU	165	116	34	15	9.1	70.3	77.3	79.4
Transgender persons	74	54	8	12	16.2	73.0	87.1	89.2
Transgender persons and IDU	9	4	3	2	22.2	44.4	57.1	66.7
Persons who inject drugs	258	203	32	23	8.9	78.7	86.4	87.6
Heterosexual male	738	553	109	76	10.3	74.9	83.5	85.2
Heterosexual female	553	437	70	46	8.3	79.0	86.2	87.3
No risk/Missing/Invalid	570	358	143	69	12.1	62.8	71.5	74.9
Total	5,935	4,353	982	600	10.1	73.3	81.6	83.5

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: In 2015, four Category A funded health departments did not have newly diagnosed, confirmed HIV-positive tests.

For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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 FOA objective.

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

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

TABLE 12. PS12-1201 CATEGORY B – Persons with newly diagnosed confirmed HIV infection who were interviewed for partner services, by demographic characteristics and target population from 32 health departments in the United States and Puerto Rico, 2015

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	6	1	1	4	66.7	16.7	50.0	83.3
13-19	104	62	19	23	22.1	59.6	76.5	81.7
20-29	1,349	853	209	287	21.3	63.2	80.3	84.5
30-39	787	470	121	196	24.9	59.7	79.5	84.6
40-49	493	275	85	133	27.0	55.8	76.4	82.8
50+	431	246	65	120	27.8	57.1	79.1	84.9
Missing/Invalid	10	8	2	0	0.0	80.0	80.0	80.0
Gender								
Male	2,571	1,565	410	596	23.2	60.9	79.2	84.1
Female	551	313	82	156	28.3	56.8	79.2	85.1
Transgender	47	33	4	10	21.3	70.2	89.2	91.5
Other ^g	11	4	6	1	9.1	36.4	40.0	45.5
Race/Ethnicity								
White	616	380	91	145	23.5	61.7	80.7	85.2
Black or African American	1,615	972	235	408	25.3	60.2	80.5	85.4
Hispanic or Latino	793	485	144	164	20.7	61.2	77.1	81.8
Asian	62	36	12	14	22.6	58.1	75.0	80.6
American Indian or Alaska Native	7	4	1	2	28.6	57.1	80.0	85.7
Native Hawaiian or Pacific Islander	5	1	2	2	40.0	20.0	33.3	60.0
Multi-race	15	10	1	4	26.7	66.7	90.9	93.3
Other ^g	67	27	16	24	35.8	40.3	62.8	76.1

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	2,416	1,449	388	579	24.0	60.0	78.9	83.9
Medium	764	466	114	184	24.1	61.0	80.3	85.1
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	1,236	845	160	231	18.7	68.4	84.1	87.1
MSM and IDU	49	32	12	5	10.2	65.3	72.7	75.5
Transgender persons	44	30	4	10	22.7	68.2	88.2	90.9
Transgender persons and IDU	3	3	0	0	0.0	100.0	100.0	100.0
Persons who inject drugs	48	25	10	13	27.1	52.1	71.4	79.2
Heterosexual male	329	217	58	54	16.4	66.0	78.9	82.4
Heterosexual female	281	176	52	53	18.9	62.6	77.2	81.5
No risk/Missing/Invalid	1,190	587	206	397	33.4	49.3	74.0	82.7
Total	3,180	1,915	502	763	24.0	60.2	79.2	84.2

Data Source: 2015 NHM&E HIV test-level data submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: In 2015, two Category B funded health departments 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 27.

^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 FOA 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-I20I CATEGORIES A AND B – Persons with newly diagnosed, confirmed HIV infection referred to HIV prevention services, 2015

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 FOA requirement (HDs=57)						
5,935	4,239	748	12.6	71.4	81.7	84.0
Category B: ≥ 80% (HDs=32)						
3,180	1,920	839	26.4	60.4	82.0	86.8

Data Source: NHM&E HIV test-level submitted through EvaluationWeb® as of March 15, 2016 for the project period January 1, 2015 - December 31, 2015.

Note: In 2015, four Category A funded health departments and two 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 FOA 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-I20I CATEGORY B – Service integration: STD, viral hepatitis, and TB tests conducted concurrently with HIV tests in health care and non-health care settings from 5 health departments in the United States and Puerto Rico, 2015

Total	Syphilis	Gonorrhea	Chlamydia	Hepatitis B virus	Hepatitis C virus	Tuberculosis
52,143	15,941 (30.6%)	10,884 (20.9%)	10,508 (20.2%)	8,592 (16.5%)	5,936 (11.4%)	282 (0.5%)

Data Source: 2015 APRs for the project period January 1, 2015 - December 31, 2015, through EvaluationWeb®.

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

TABLE 15. PS12-1201 CATEGORY A – Persons enrolled in one or more risk-reduction interventions, by demographic characteristics, target population, and HIV status, from health departments in the United States, Puerto Rico, and the U.S. Virgin Islands, 2015

Characteristics	HIV Positive Persons (HDs=38)		HIV Negative Persons (HDs=43)	
	n	%	n	%
Age at test (years)				
<13	18	0.1	31	0.1
13-19	115	0.8	1,334	3.8
20-29	2,300	16.4	12,602	35.7
30-39	2,970	21.1	9,730	27.5
40-49	3,684	26.2	6,037	17.1
50+	4,966	35.3	5,614	15.9
Gender				
Male	10,200	72.6	22,660	64.1
Female	3,495	24.9	11,672	33.0
Transgender	351	2.5	974	2.8
Other ^a	6	<0.05	42	0.1
Race/Ethnicity				
White	3,372	24.0	11,543	32.7
Black or African American	6,127	43.6	13,144	37.2
Hispanic or Latino	4,040	28.7	9,086	25.7
Asian	147	1.0	394	1.1
American Indian or Alaska Native	74	0.5	267	0.8
Native Hawaiian or Pacific Islander	31	0.2	53	0.1
Multi-race	94	0.7	483	1.4
Other ^a	168	1.2	378	1.0

Characteristics	HIV Positive Persons (HDs=38)		HIV Negative Persons (HDs=43)	
	n	%	n	%
HIV Prevalence				
High	11,483	81.7	30,911	87.4
Medium	2,255	16.0	4,089	11.6
Medium-Low	260	1.9	182	0.5
Low	55	0.4	166	0.5
Target Population				
MSM	5,404	38.5	8,882	25.1
MSM and IDU	451	3.2	757	2.1
Persons who inject drugs	677	4.8	8,332	23.6
Heterosexual male	1,477	10.5	6,630	18.8
Heterosexual female	1,973	14.0	7,102	20.1
Other ^b	425	3.0	1,450	4.1
No risk/Missing/Invalid	3,646	25.9	2,195	6.2
Total	14,053		35,348	

Data Source: 2015 NHM&E client-level RRA data submitted through EvaluationWeb® as of March 15, 2016 for project period January 1, 2015 - December 31, 2015.

Note: For target population definitions, refer to Appendix A: Technical notes and definitions section on page 27.

^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.