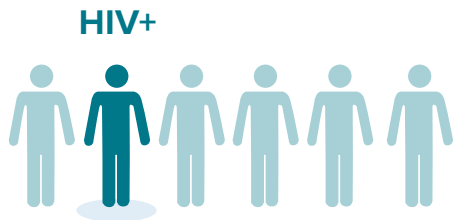


HIV PREVENTION

ARKANSAS

% Unaware of HIV infection[†]

15%

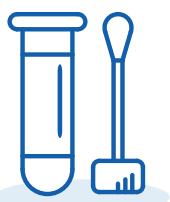


85% of Arkansans with HIV are aware of their status, which means approximately **900 people** in Arkansas **aren't getting the care they need**. The national goal for the percentage of people with HIV who know their status is 90%.

Annual HIV Diagnoses

291

new cases



20th Highest

Arkansas had the nation's **20th-highest rate of new HIV diagnoses** in 2017.

People with HIV[†]

6,200



When a person with HIV takes their medicine regularly they become virally suppressed and have effectively no risk of transmitting HIV. **60% of Americans** with HIV are **virally suppressed**; the national goal is 80%.

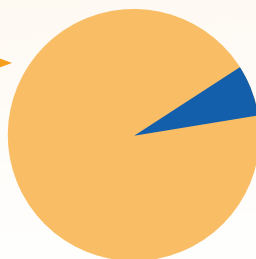
Arkansans with HIV will face an average **lifetime cost of \$478,000** to treat their infection (2017 dollars)



Pre-exposure prophylaxis (PrEP) is a pill for those at high risk for HIV.

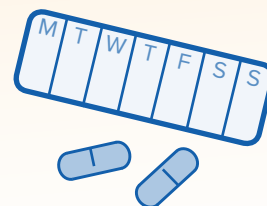
4,610*

Arkansans at high risk for HIV could potentially benefit from PrEP



Taken daily, it can **block HIV**

391* Arkansans were prescribed PrEP in 2017



*AIDSVu (www.aidsvu.org). Emory University, Rollins School of Public Health. †2015 data.



CDC awarded **\$2M^{††}** to Arkansas health departments and community-based organizations for HIV prevention activities, including:

HIV Testing 

HIV Diagnosis 

Linkage to Care 

61,311 HIV tests^{†††} were provided in Arkansas

CDC-funded HIV testing ensures people at risk know their HIV status. Awareness of HIV status allows people who are HIV-negative to choose prevention activities to avoid infection.

of those

149 Arkansans^{†††} were newly diagnosed with HIV through CDC-funded HIV testing

CDC-funded HIV testing makes people with HIV aware of their infection so they can take medicine to stay healthy and prevent transmission.

of those

28 Arkansans^{†††} were linked to medical care within 90 days of HIV diagnosis

CDC-funded programs link people to medical care immediately after HIV diagnosis, so they can stay healthy and not transmit HIV to others.





Due to end of year data submission dates, those who were diagnosed and successfully linked to care during the last two weeks of the year may have been excluded from this calculation.

What Can Be Done?

Major developments in HIV science, prevention, and treatment have produced a **once-in-a-generation opportunity to eliminate new HIV infections** in the United States — *including Arkansas.*

To End HIV:

Use the **right practices in the right places targeted to the right people**

| Diagnose | Treat | Protect | Respond |
|---|--|--|--|
| All people with HIV as early as possible after infection | All people with HIV rapidly so they can take HIV medicine to stay healthy and prevent transmission | People at risk for HIV with proven interventions, including medications that can prevent HIV | Rapidly to growing HIV networks and effectively respond to outbreaks of new HIV infections |
|  |  |  |  |

Dedicated people at all levels working together to end HIV

For more recent data, please visit <https://www.healthy.arkansas.gov/programs-services/topics/hiv-aids-sti-surveillance>

^{††}FY 2018. ^{†††}2017 data.

