% Unaware of HIV infection† | Annual HIV Diagnoses | People with HIV‡
--- | --- | ---
18% | 519 new cases | 12,900

82% of Hoosiers with HIV are aware of their status, which means approximately **2,200 people** in Indiana aren’t getting the care they need. The national goal for the percentage of people with HIV who know their status is 90%.

Indiana had the nation’s **27th-highest** rate of new HIV diagnoses in 2017.

When a person with HIV takes their medicine regularly they become virally suppressed and have effectively no risk of transmitting HIV. **62% of Hoosiers** with HIV are virally suppressed; the national goal is 80%.

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

A comprehensive **Syringe Services Program (SSP)** is a community-based public health program that provides access to sterile needles and syringes and safe disposal of them, while providing a pathway to services to prevent drug use, HIV, and viral hepatitis.

SSPs **DO NOT** increase drug use or crime

SSPs **DO reduce** HIV and hepatitis risk

† 2015 data. ††as of 2018.
CDC awarded $4.3M††† to Indiana health departments and community-based organizations for HIV prevention activities, including:

**HIV Testing**

15,281 HIV tests†††† were provided in Indiana

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.

**HIV Diagnosis**

76 Hoosiers†††† 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.

**Linkage to Care**

14 Hoosiers†††† 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 Indiana.

**To End HIV:**

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

**Diagnose**

All people with HIV as early as possible after infection

**Treat**

All people with HIV rapidly so they can take HIV medicine to stay healthy and prevent transmission

**Protect**

People at risk for HIV with proven interventions, including medications that can prevent HIV

**Respond**

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.in.gov/isdh/23266.htm