HIV PREVENTION

KENTUCKY

% Unaware of HIV infection†

15%

HIV+

85% of Kentuckians with HIV are aware of their status, which means approximately 1,200 people in Kentucky 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

351 new cases

Kentucky had the nation’s 25th-highest rate of new HIV diagnoses in 2017.

People with HIV‡

7,800

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%.

Kentuckians 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

54† Counties in Kentucky were determined by CDC to be experiencing or at risk of an HIV outbreak or significant increase in hepatitis infection

50‡ SSPs operating in Kentucky

† 2015 data. ‡ as of 2018.
CDC awarded $2.9M††† to Kentucky health departments and community-based organizations for HIV prevention activities, including:

**HIV Testing**

- **20,998 HIV tests††† were provided** in Kentucky

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**

- **88 Kentuckians††† 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**

- **20 Kentuckians††† 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.

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**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 Kentucky.

**To End HIV:**

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

<table>
<thead>
<tr>
<th>Diagnose</th>
<th>Treat</th>
<th>Protect</th>
<th>Respond</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people with HIV as early as possible after infection</td>
<td>All people with HIV rapidly so they can take HIV medicine to stay healthy and prevent transmission</td>
<td>People at risk for HIV with proven interventions, including medications that can prevent HIV</td>
<td>Rapidly to growing HIV networks and effectively respond to outbreaks of new HIV infections</td>
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Dedicated people at all levels working together to end HIV

For more information on HIV prevention, please visit [www.cdc.gov/HIV](http://www.cdc.gov/HIV)