Mississippi had the nation’s 8th-highest rate of new HIV diagnoses in 2017.

<table>
<thead>
<tr>
<th>% Unaware of HIV infection†</th>
<th>Annual HIV Diagnoses</th>
<th>People with HIV‡</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14%</strong></td>
<td><strong>428</strong> new cases</td>
<td><strong>10,600</strong></td>
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</tbody>
</table>

86% of Mississipians with HIV are aware of their status, which means approximately 1,400 people in Mississippi aren’t getting the care they need. The national goal for the percentage of people with HIV who know their status is 90%.

Mississippians 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.

5,010 Mississipians at high risk for HIV could potentially benefit from PrEP

363 Mississipians were prescribed PrEP in 2017

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

When a person with HIV takes their medicine regularly they become virally suppressed and have effectively no risk of transmitting HIV. 49% of Mississipians with HIV are virally suppressed; the national goal is 80%.

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67,860 HIV tests were provided in Mississippi

57 Mississippians were newly diagnosed with HIV through CDC-funded HIV testing

34 Mississippians were linked to medical care within 90 days of HIV diagnosis

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.

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

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 Mississippi.

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

Treat: People with HIV rapidly and effectively to reach sustained viral suppression

Prevent: New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Respond: Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Dedicated people at all levels working together to end HIV

For more recent data, please visit https://msdh.ms.gov/msdhsite/_static/14,13049,150.html

FY 2018. †† 2017 data.