86% of Missourians with HIV are aware of their status, which means approximately 1,800 people in Missouri aren’t getting the care they need. The national goal for the percentage of people with HIV who know their status is 90%. When a person with HIV takes their medicine regularly they become virally suppressed and have effectively no risk of transmitting HIV. 64% of Missourians with HIV are virally suppressed; the national goal is 80%.

MISSOURI

% Unaware of HIV infection†

14%

Annual HIV Diagnoses

506 new cases

People with HIV‡

13,700

Missourians 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

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

2‡ SSPs operating in Missouri

† 2015 data. * NASEN (www.nasen.org/map)
CDC awarded $6.4M†††† to Missouri health departments and community-based organizations for HIV prevention activities, including:

<table>
<thead>
<tr>
<th>HIV Testing</th>
<th>HIV Diagnosis</th>
<th>Linkage to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>85,015 HIV tests††† were provided in Missouri</td>
<td>274 Missourians†††† were newly diagnosed with HIV through CDC-funded HIV testing</td>
<td>215 Missourians†††† were linked to medical care within 90 days of HIV diagnosis</td>
</tr>
</tbody>
</table>

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 Missouri.

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</td>
<td>People with HIV rapidly and effectively to reach sustained viral suppression</td>
<td>New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)</td>
<td>Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them</td>
</tr>
</tbody>
</table>

Dedicated people at all levels working together to end HIV

For more recent data, please visit https://health.mo.gov/data/hivstdaids/data.php

††††FY 2018. ††††2017 data.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

CDC