1,109 new cases

New Jersey had the nation’s 14th-highest rate of new HIV diagnoses in 2017.

14th Highest

38,800

People with HIV

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%.

10%

% Unaware of HIV infection†

HIV+ people

90% of New Jerseyans with HIV are aware of their status, which means approximately 3,700 people in New Jersey aren’t getting the care they need. The national goal for the percentage of people with HIV who know their status is 90%.

1,109 new cases

Annual HIV Diagnoses

New Jerseyans 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.

26,610*

New Jerseyans at high risk for HIV could potentially benefit from PrEP

2,658*

New Jerseyans were prescribed PrEP in 2017

Taken daily, it can block HIV

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

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

29,550 HIV tests†† were provided in New Jersey

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**

168 New Jerseyans†† 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**

137 New Jerseyans†† 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 New Jersey**.

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>
</tr>
</tbody>
</table>

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)

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†† FY 2018, ††† 2017 data

**CDC awarded $18.3M†† to New Jersey health departments and community-based organizations for HIV prevention activities, including:**

- **HIV Testing**
  - 29,550 HIV tests†† were provided in New Jersey

- **HIV Diagnosis**
  - 168 New Jerseyans†† were newly diagnosed with HIV through CDC-funded HIV testing

- **Linkage to Care**
  - 137 New Jerseyans†† were linked to medical care within 90 days of HIV diagnosis

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

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