

Prevention, Treatment, and Care Program

2017: Annual HIV Surveillance Report





Acknowledgements

The Utah Department of Health (UDOH) recognizes the efforts of local health department (LHD) personnel throughout the state who play a critical role in data collection and case investigation and ensure accurate and timely reporting of communicable disease data.

UDOH also recognizes the efforts of other reporting partners including laboratories, healthcare facilities, healthcare providers, and the public in providing communicable disease data that contributed to this report.

UDOH's Prevention, Treatment and Care Program compiled this report. HIV/AIDS and other reportable communicable disease data for Utah are published by the UDOH, Bureau of Epidemiology.

The UDOH acknowledges that longstanding social, economic, and environmental inequities have resulted in adverse health outcomes for many populations. The effects they have on communities vary and often have a greater influence on health outcomes than either individual choices or one's ability to access health care. Reducing health disparities through policies, practices, and organizational systems can help improve opportunities for all Utahns.

Data Notes

Data from multiple data systems was utilized to compile this report including: HIV surveillance data from the enhanced HIV/AIDS Reporting System (eHARS) and UT-NEDSS; and population data from IBIS-PH (Utah's Indicator Based Information System for Public Health).

Please direct questions or comments to:

UDOH Bureau of Epidemiology PO Box 142104 Salt Lake City, Utah 84114 Phone: (801) 538-6191 Email: epi@utah.gov Website: <u>www.health.utah.gov/epi</u>

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Executive Summary

This report describes new diagnoses of human immunodeficiency virus (HIV) in 2017 among persons whose primary residence was in Utah at the time of their diagnosis. Data analysis assessed the demographics of new diagnoses (e.g., age, race/ethnicity, etc.) as well as their geographic distribution. Trends for the past 10 years were included for comparison. Since there is often at least a one year delay in reporting deaths and some address changes, analyses involving persons previously known to be HIV-positive only include data through the end of 2016. Trends among persons living with HIV in Utah were only included for the past five years because data prior to 2010 is not available. A few special topics related to HIV, such as transmission risk and Stage 3 (AIDS) diagnoses, were also analyzed. Among the findings, the following are of particular note:

New Diagnoses of HIV

- In 2017, Utah had 117 newly diagnosed HIV cases and 85.5% of them were linked to HIV medical care within 30 days.
- During 2013–2016, the rate of new diagnoses increased. However, this trend did not continue, and, in 2017, the rate declined to 3.7 cases per 100,000 residents.
- Adolescents and young adults, ages 13 to 24, had the second largest rate of new HIV diagnoses for the last two years.
- The vast majority of new HIV diagnoses were identified in persons living along the Wasatch Front, with the great majority of those living in Salt Lake County.
- Male-to-male sexual contact is the single largest transmission risk for new HIV infection in Utah.
- Persons who are non-Hispanic Asian and Hispanic are more likely than other racial/ethnic groups to have a stage 3 infection at time of diagnosis. This indicates the need for targeted testing efforts to reach these populations.
- Overall, the rate of new HIV diagnoses with stage 3 infection continues to decrease slowly, a success of Utah public health efforts.

Persons Living with Diagnosed HIV (PLWDH)

- In 2016, the majority PLWDH in Utah were between the ages of 45 and 54 years.
- Nearly half of the female PLWDH in Utah reported high risk heterosexual contact as the most likely route of HIV transmission.
- Among PLWDH in Utah, 61.5% received HIV medical care and 53.5% achieved viral suppression in 2016.
- About 30% of the PLWDH were enrolled in the Ryan White HIV/AIDS program in 2016.

New HIV Diagnoses in Utah

Background

Infection with human immunodeficiency virus (HIV) is a serious health event that has affected Utah residents since the mid-1980s. Undiagnosed, this infection leads to a fatal health condition known as acquired immunodeficiency syndrome (AIDS) in which the body loses the ability to defend itself from infectious organisms such as bacteria, parasites, fungi, and other viruses. Public health surveillance of the demographic and behavioral factors accompanying HIV infection allows prevention and treatment programs to direct resources to the individuals and communities most likely to be affected. The Utah Department of Health's HIV prevention strategy includes collaborating with local health departments, medical care providers, community-based organizations, and laboratories to increase routine HIV testing in Utah's population, as well as to quickly identify newly diagnosed HIV infections through disease reporting activities. In 2017, 117 newly diagnosed HIV infections were identified for a rate of 3.7 new diagnoses per 100,000 residents. This represents an improvement over 2016, when the rate was 4.6. Although rates have declined significantly since the height of the epidemic, they have been relatively stable over the past 10 years.

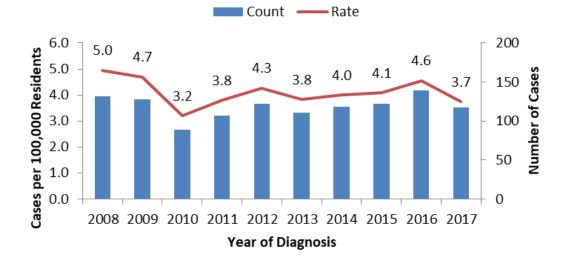
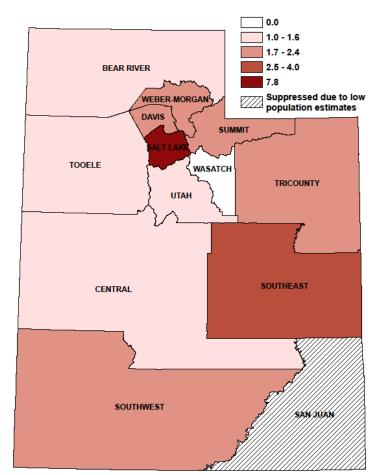
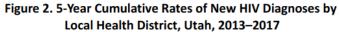


Figure 1. Case Counts of New HIV Diagnoses and Rates per 100,000 Residents, Utah, 2008–2017

Geographic Distribution

Most newly diagnosed HIV cases are reported in Utah's largest population centers. This includes the four counties that make up the Wasatch Front (Weber, Davis, Salt Lake, and Utah), as well as Washington County, where the city of St. George is located. Salt Lake County is, by far, the most densely populated county in Utah and is also where the largest number of HIV infections occur each year. In 2017, 88% of newly diagnosed HIV infections were reported along the Wasatch Front; 71% were reported in Salt Lake County alone. Outside of Utah's largest population centers, most Utah counties and local health districts experience low numbers of new diagnoses without consistent trends. Low numbers result in large differences in rates from year-to-year as will be demonstrated in another section of this report. Because of these low numbers and fluctuations in rates, year-to-year comparisons between counties and many other





defined populations are difficult at best. To address this concern, some of the data presented in this report (such as in Figure 2) combine multiple years of data.

Birth Sex & Age at Diagnosis

HIV disproportionately affects males in both Utah and the United States. The rate of reported diagnoses among males was highest at the beginning of the ten-year reporting period between 2008 and 2017. Over the past five years, the rate has remained stable with annual fluctuations no greater than 1.1 cases per 100,000 male Utah residents. The rate among females is even more stable with annual differences of less than one case per 100,000 females over the 10-year period.

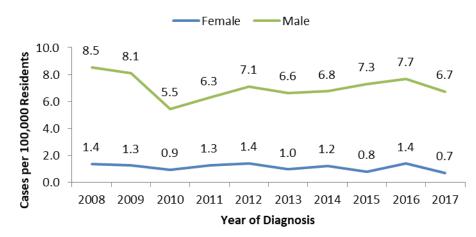
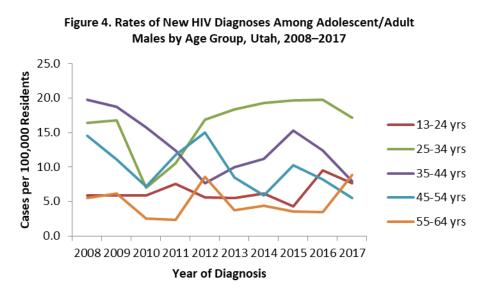


Figure 3. Rates of New HIV Diagnoses per 100,000 Residents by Birth Sex, Utah, 2008–2017

Nationwide, HIV affects people of all ages. HIV can be passed from mother-to-child in the womb or at childbirth when the mother is not regularly taking antiretroviral medication. This situation does not occur often in Utah. In fact, Utah has not had a reported case of perinatal HIV transmission since 2014. There are also low numbers of HIV transmission among persons 65 years or older. Because the number of cases in persons younger than 13 years of age and older

than 64 years of age is so small, the annual rates are statistically unstable and are not displayed in Figure 4. Utah's numbers of new HIV diagnoses among women, when broken down by age group, are too small to produce rates which are usable for comparison or trend analysis. For this reason, no figure representing female



rates by age group is presented here.

Analysis of the past ten years of data reveals a 61% increase in the rate of HIV diagnosis among 55–64 year old males as well as a 30% increase among 13–24 year old males. This increase has occurred over the past two years; during which, the rate in all other age groups declined. The absolute numbers of cases in these populations are fairly low. Consequently, small increases in new cases will have a larger effect on rate changes. It is unknown whether this increase indicates a true rise in HIV infections, or if it reflects an increase in HIV testing among the 13–24

and 55–64 year age groups. This would especially be true if these populations are more likely to seek pre-exposure prophylaxis, as HIV testing is a required part of pre-exposure prophylaxis (PrEP) treatment. Surveillance staff will continue to monitor this trend to see if it continues into 2018. The rate for all other age groups decreased between 2008 and 2017 or stayed about the same.

Transmission Category

When a new diagnosis of HIV is identified, a disease investigation specialist (DIS) at the local health department investigates. During this investigation, the DIS collects information on demographics and transmission risk information. The "transmission category" presented in this report is the most likely way that person acquired HIV. The Centers for Disease Control and Prevention (CDC) defined transmission categories include male-to-male sexual contact (MSM), injection drug use (IDU), male-to-male sexual contact and injection drug use (MSM/IDU), and heterosexual contact (with a person known to have or to be at high risk for, HIV infection).

Determining the HIV risk of heterosexual partners during an investigation can be difficult. This frequently results in high numbers of cases (especially among females) being assigned a transmission risk which translates to "Unknown." To better illustrate information on transmission risk, this report includes an additional transmission category: low-risk heterosexual contact. This transmission category is defined by Utah as "heterosexual contact with a person at low or unknown risk for HIV infection." Creating this new category reduced the number of new diagnoses with an unknown transmission risk, however, 55% (n=6) of female cases remain "unknown." This highlights the continued need for the DIS to thoroughly interview newly identified HIV cases for risk information.

When compared with other sexual activities, sexual contact involving the anal cavity is much more likely to result in HIV infection due to HIV being a blood-borne virus and the specifics of human biology. Accordingly, the single largest risk factor for HIV infection in Utah and in the United States is being a male who has (or has had) sexual contact with another male (MSM). Persons reporting MSM accounted for 72% (n=76) of new HIV infections among males in Utah in 2017. Persons who reported both MSM and participated in intravenous drug use (IDU) accounted for roughly 9% (n=10) of new male HIV cases in Utah in 2017. Males and females who reported IDU alone each only accounted for about 1% (n=1).

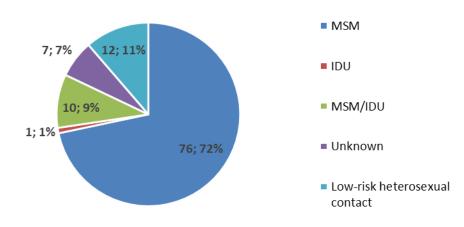
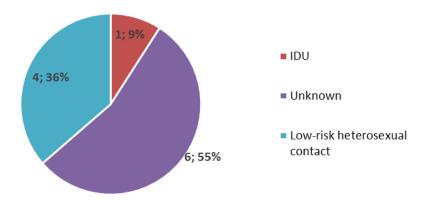


Figure 5. Case Count and Percentage of New HIV Diagnoses Among Males by Transmission Category, Utah, 2017

Figure 6. Case Count and Percentage of New HIV Diagnoses Among Females by Transmission Category, Utah, 2017



Race & Ethnicity

For the purposes of HIV surveillance, racial/ethnic categories are divided into major racial categories and one ethnic category. Accordingly, references to persons who are Hispanic are shown as "Hispanic" regardless of whether they also have other racial identities. Other racial categories refer only to persons who are non-Hispanic. Most of Utah's population is comprised of persons who are White. Accordingly, the largest percentage of new HIV diagnoses in Utah every year is among residents who are White. In 2017, nearly 48% (n=56) of new HIV diagnoses in Utah were among residents who are White. However, among females, the largest percentage of new infections was among women who are Black. As there were only 10 new diagnoses among females, this percentage is not statistically stable; however, it is a concerning indicator. Among males and females, the second largest group of new HIV diagnoses is comprised of persons who are Hispanic. Since the Hispanic population is the second largest in Utah, this is not surprising.

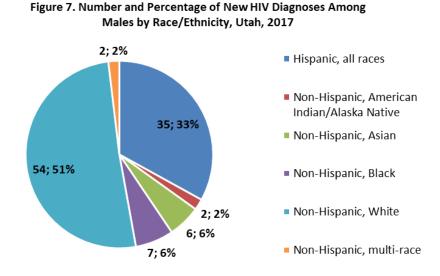
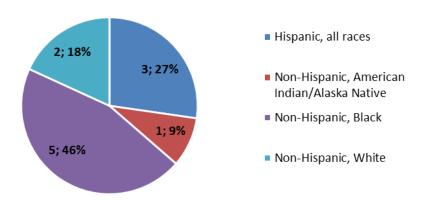


Figure 8. Number and Percentage of New HIV Diagnoses Among Females by Race/Ethnicity, Utah, 2017



When the number of new HIV diagnoses in each racial/ethnic category is compared with the overall size of Utah's racial/ethnic populations, it is evident that racial/ethnic minorities are disproportionately burdened by HIV. In Figure 9, the five-year cumulative rates for the first half of the ten-year period are compared with the cumulative rates for the last half for each race/ethnicity. The number of HIV cases among persons who are Native Hawaiian and Other Pacific Islander was so low that even the five-year cumulative rates are too unstable to be used in comparison analyses. Therefore, this racial group is omitted from Figure 9. Residents who are Black are more heavily affected by HIV in Utah each year. It is also clear that persons who are Asian and Hispanic shoulder a disproportionate burden of HIV diagnosis in Utah. The rate among most racial/ethnic groups appears to be neither increasing nor decreasing to a statistically significant degree. Populations who are Black and Asian, however, do appear to appear to have experienced some increase over the last five years.

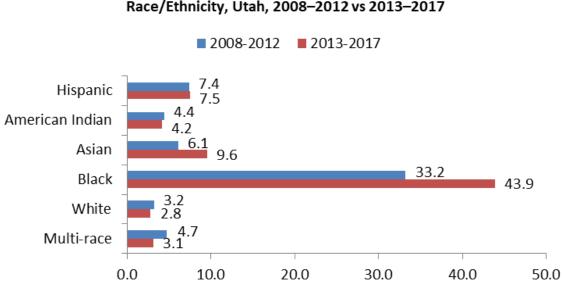


Figure 9. 5-year Cumulative Rates of New HIV Diagnoses by Race/Ethnicity, Utah, 2008–2012 vs 2013–2017

Stage 3 (AIDS) at Diagnosis

Many people, who at one time were unwilling to get tested for HIV until they had symptoms, are now getting tested earlier due to the development of highly effective antiretroviral medications. This, coupled with advances in HIV testing technology and the widespread availability of low or no cost tests in many locations, has contributed to declining percentages of new HIV diagnoses who have AIDS (or stage 3 infection) at the time of diagnosis. People who meet the criteria for AIDS may improve with treatment and no longer meet the AIDS criteria. In addition, PLWDH may be inconsistent with their treatment and can meet (or not meet) the criteria for AIDS depending on their adherence to treatment. The term "stage 3 infection" is now used to refer to persons who have ever met the criteria for AIDS regardless of their current immune status. A stage 3 infection at the time of HIV diagnosis is an indication of late testing.

Ideally, individuals who become infected with HIV should be tested and notified of their infection shortly after being exposed to the virus. People who progress to stage 3 infection prior to HIV diagnosis have nearly always been infected for years without being tested for HIV. People who are unaware that they have HIV are much more likely to continue to spread HIV and have poor health outcomes.

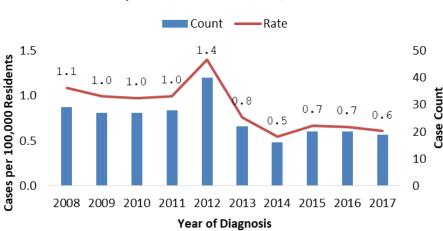
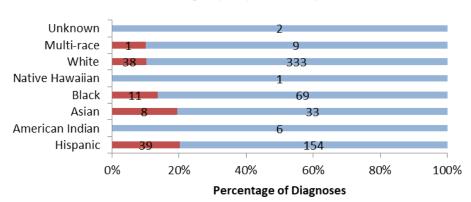


Figure 10. Number of New HIV Diagnoses with Stage 3 Infection and Rates per 100,000 Residents, Utah, 2008 - 2017

Utah has seen a decrease in the rate of new HIV diagnoses with stage 3 infection over the last ten years. What is less encouraging is that the rate has been stable for the past five years. This means recent efforts to increase early identification of HIV infection have not yet had a measurable effect on limiting new stage 3 diagnoses. As the number of undiagnosed persons infected with HIV drops, the cost to identify each undiagnosed person increases. This may be contributing to the difficulty in further decreasing the number of newly diagnosed HIV-positive residents whose infection has progressed to stage 3 prior to diagnosis.

The small number of new HIV diagnoses among each race/ethnicity do not allow for a standard time trend to be displayed in this report. Accordingly, Figure 11 displays the sum total of new HIV diagnoses for the past five years as well as the percentage of those cases with stage 3 infection at time of diagnosis for each race/ethnicity.

Figure 11. Number and Percent of New HIV Diagnoses with Stage 3 Infection at Diagnosis by Race/Ethnicity, Utah, 2013 - 2017



Stage 3 (AIDS) HIV Only

Country of Birth

Public health surveillance is designed to identify populations which may be experiencing difficulty receiving timely screening and quality health care. At the UDOH, the HIV surveillance team works in an integrated program with the refugee health and the tuberculosis surveillance and prevention teams. Partly due to this collaboration, this annual report typically assesses potential HIV-related health inequities related to country of birth by analyzing the difference in stage of infection at the time of diagnosis. Figure 12 displays the percentage of new HIV diagnoses with stage 3 infection stratified by country of birth for the past ten years. Foreignborn Utah residents are consistently more likely to have a stage 3 infection at the time of HIV diagnosis compared with U.S.-born residents. This may indicate that foreign-born residents have more difficulty accessing the health care system or that HIV testing and outreach services are not reaching this population as consistently.

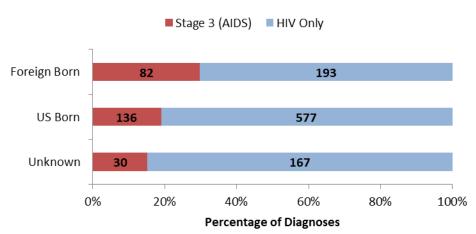


Figure 12. Percentage of New HIV Diagnoses with Stage 3 Infection by Country of Birth, Utah, 2008–2017

Some of UDOH's partners are under the impression that HIV infection among women in Utah only occurs in women who are refugees or are otherwise foreign-born. However, from the data presented in Figure 13, this appears to be untrue. Although foreign-born females account for a larger proportion of annual female diagnoses, there is also a significant proportion of female diagnoses who are U.S.-born. It is important to remember that active HIV transmission among females does occur here in Utah, just as it does nationwide. The noticeable trend in new HIV diagnoses without a known country of birth in Utah's disease surveillance system makes comparison between these groups difficult. The UDOH anticipates a more complete picture of this variable in the coming year.

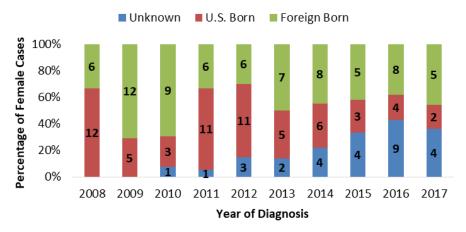


Figure 13. Number and Percentage of New HIV Diagnoses Among Females by Country of Birth, Utah, 2008–2017

Persons Living with Diagnosed HIV in Utah

Background

The UDOH monitors the number of persons living with diagnosed HIV (PLWDH) in Utah and their care status. This enables public health to efficiently allocate resources and reduce barriers to care when identified. Statistics provided in this report are the best estimates of the number of persons who were known to be living with diagnosed HIV in Utah at the end of 2016. As UDOH may not be notified when a person living with HIV moves out of state or dies, this is likely an over-estimate. HIV epidemiologists perform annual death ascertainment activities and search records of other states to refine this estimate. Trends among PLWDH in Utah were only included for the past five years as data prior to 2010 is not available.

In Utah, there were 3,035 individuals living with diagnosed HIV in 2016. The rate of PLWDH has been increasing steadily for the last five years. In 2012, there were 88.2 people living with HIV per 100,000 Utah residents. In 2016, the rate increased to 99.5 per 100,000 Utah residents. This represents a 12.8% increase in the rate of people living with HIV from 2012 to 2016. This increase may be due to the increased life expectancy among people living with HIV and Utah's rapid population growth in the last couple of years.

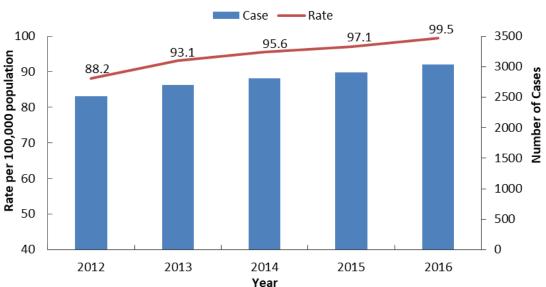


Figure 14. Case Counts and Rates of Persons Living with Diagnosed HIV, Utah, 2012–2016

Geographic Distribution

Salt Lake County has the highest rate of people living with diagnosed HIV in the state of Utah at 188.8 per 100,000 Utah residents. The Salt Lake County health district had an 11.4% increase in the rate of PLWDH from 2012 to 2016. Summit and Weber-Morgan local health districts have the second highest rates of PLWDH at 64.5 and 64.9 per 100,000 Utah residents. In the last five years, in all local health districts, the rate of PLWDH has been increasing steadily, with the exception of Wasatch County.

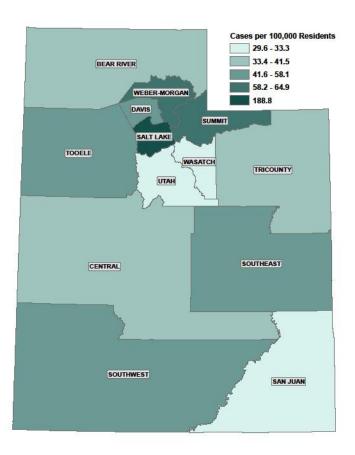
Birth Sex and Age Group

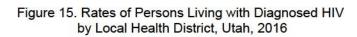
The majority of the HIV-positive population is male in both Utah and in the U.S. In 2016, 85% of PLWDH in Utah were males and 15% were females. Among males, nearly eight out of ten people (77.1%) were

between the ages of 35 years and 64 years. The highest rate observed was in the 45–54 year old age group at 525.0 per 100,000 male residents. The second highest rate of men living with HIV was persons 55–64 years of age at 435.1 per 100,000 male residents in Utah.

High rates of PLWDH were also observed for females between the ages of 35 years to 64 years. The highest rate of females living with diagnosed HIV was among those ages 45 to 54 years at 94.4 per 100,000 female Utah residents. The second highest rate was among women ages 35 to 44 years at 68.4 per 100,000 females.

For both males and females, the rates of PLWDH were lowest among individuals who were younger than 13 years old and between the ages of 13 and 24.





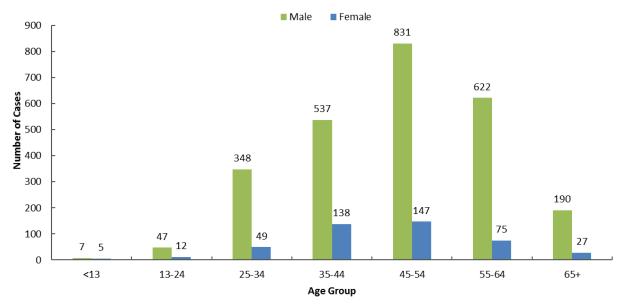
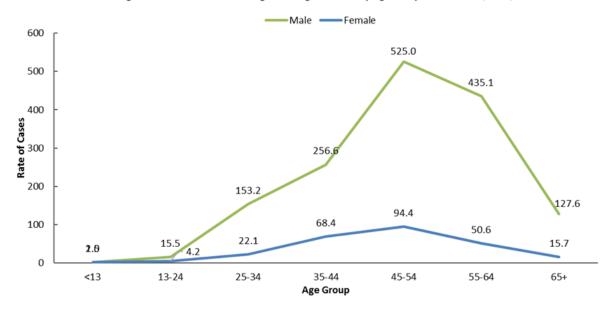


Figure 16: Number of Persons Living with Diagnosed HIV by Age Group and Birth Sex, Utah, 2016

Figure 17: Rate of Persons Living with Diagnosed HIV by Age Group and Birth Sex, Utah, 2016



Transmission Category

All reported HIV cases are assessed for risk behaviors to determine the most likely mode of HIV transmission. For a more complete explanation of the difference between CDC's transmission categories and UDOH's risk categories, see the section on new diagnoses. The majority of people living with diagnosed HIV in both Utah and the U.S. are males who have sex with other males (MSM). About 65.9% of men living with diagnosed HIV in Utah have been assigned to a transmission category of MSM. The second highest transmission category among men is made up of individuals who are both MSM and who participate in injection drug use (IDU) at 15.3%. About 6.5% of men living with HIV reported only injection drug use.

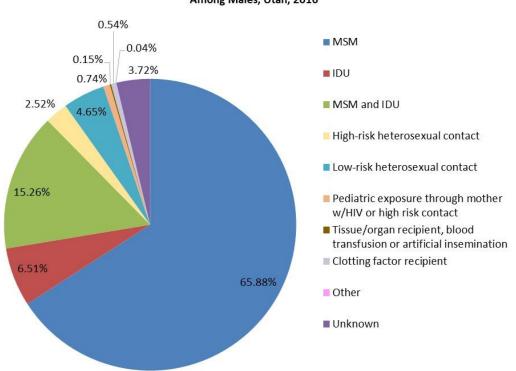


Figure 18. Percentage of Persons Living with Diagnosed HIV by Transmission Category Among Males, Utah, 2016

Nearly half (48.8%) of the females living with diagnosed HIV in Utah reported participating in high-risk heterosexual contact. High-risk heterosexual contact is defined as sexual encounters with individuals with HIV, individuals who participated in injection drug use, and bisexual men. Approximately two out of ten (22.1%) females living with diagnosed HIV reported only low-risk heterosexual activities. These individuals reported having a sexual encounter with a man at low or unknown risk for HIV infection. These definitions of high-risk and low-risk heterosexual contact do not take into account the number of partners. Two out of ten (21.2%) females living with HIV reported participating in injection drug use and were assigned injection drug use as their risk category.

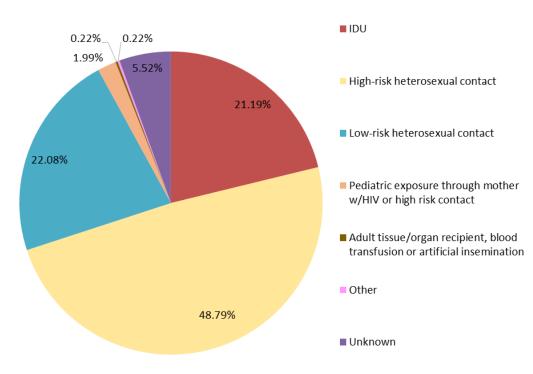


Figure 19. Percentage of Persons Living with Diagnosed HIV by Transmission Category Among Females, Utah, 2016

Race/Ethnicity

For the purposes of HIV surveillance, racial/ethnic categories are divided into major racial categories and one ethnic category. The result is that references to persons who are Hispanic are written as "Hispanic" regardless of other racial identities and other racial categories refer only to persons who are non-Hispanic. The majority of people living with diagnosed HIV in Utah are persons who are White. As of 2016, that population accounted for nearly seven out of ten (68%) males living with diagnosed HIV and approximately five out of ten (47.2%) females living with diagnosed HIV. For both males and females living with diagnosed HIV, about one-fifth were persons who are Hispanic. Among females in 2016, the second largest race/ethnicity category of PLWDH was comprised of persons who are Black. They accounted for nearly one-fourth (25.6%) of women living with diagnosed HIV in Utah. In contrast, males who are Black and were living with diagnosed HIV in Utah only made up 6.7% in 2016.

Utah has very low proportions of persons living with diagnosed HIV who are Asian, Native Hawaiian/Other Pacific Islanders, American Indian/Alaskan Native and individuals who reported multiple races. Among males, 1.7% reported to have more than one race, 1.6% reported Asian, 1% reported American Indian/Alaskan Native, and 0.2% reported Native Hawaiian/Other Pacific Islander. Among females, 3.5% reported Asian, 1.8% reported two or more races, 0.7% reported American Indian/Alaskan Native and 0.4% reported Native Hawaiian/Other Pacific Islander.

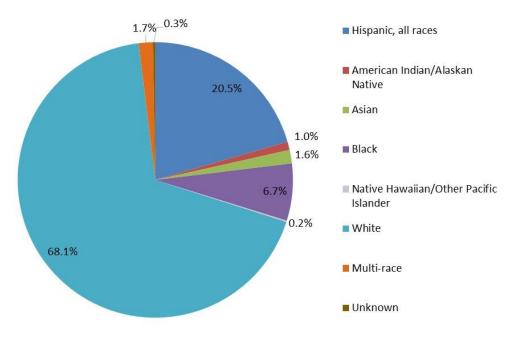
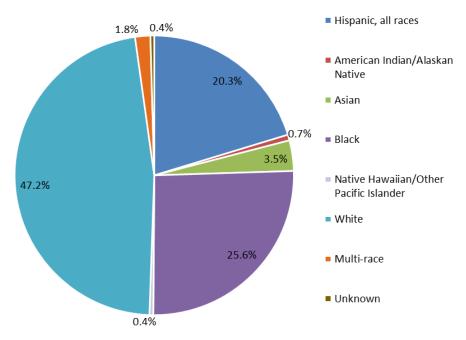


Figure 20. Percentage of Persons Living with Diagnosed HIV by Race/Ethnicity Among Males, Utah, 2016

Figure 21. Percentage of Persons Living with Diagnosed HIV by Race/Ethnicity Among Females, Utah, 2016



HIV Medical Care

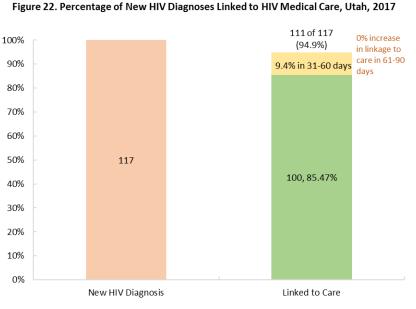
Background

Recent research has indicated that antiretroviral therapy (ART) not only improves and preserves the health and life expectancy of HIV-positive individuals, but can also be used as a prevention strategy to reduce new HIV infections. People living with HIV with a suppressed HIV viral load (<200 viral copies/mL of blood) have a reduced risk of transmitting HIV to their HIV-negative partners. In addition, HIV-positive individuals with an undetectable HIV viral load (<20 viral copies/mL of blood) effectively have no risk of transmitting HIV to their partners. These new developments have changed the CDC's approach to HIV prevention. Ensuring people with newly diagnosed HIV infection are aware of their HIV status and linking them to HIV care promptly, helps to maintain good health and lowers the risk of transmitting HIV to sexual partners once their HIV viral loads are suppressed. Therefore, it is crucial to keep people living with diagnosed HIV in consistent HIV medical care so they can maintain suppressed or undetectable viral loads, which in turn, reduces the rate of new HIV infections.

Linkage to Care

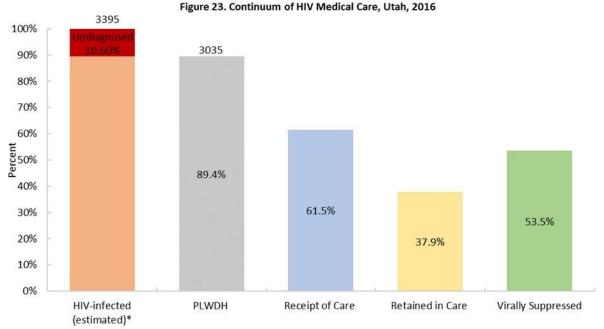
Linkage to care measures the number of individuals receiving an HIV diagnosis in a calendar year who had an indication of care (one or more documented viral loads, CD4 or genotype tests). The CDC recently announced, as one of the national HIV prevention objectives, a new goal to link at least 85% of persons with newly diagnosed HIV to care within 30 days. To learn more please visit: <u>Understanding the HIV Care Continuum</u>.

In 2017, Utah had 117 new HIV diagnoses, among whom 100 (85.5%) were linked to HIV medical care within 30 days of their HIV diagnoses. An additional 9.4% of new HIV diagnoses were linked to HIV medical care within 60 days of their diagnosis, resulting in a Percent total linkage to care rate of 94.9% (Figure 22). No additional individuals were linked to care after 60 days, which indicates that the first 60 days are critical for linkage to care efforts. Delay in linkage may be one reason for people who are not in care being lost to follow-up.



HIV Care Continuum

The HIV care continuum is a data-driven strategy to track the HIV care status of people living with diagnosed HIV. It is vital for PLWDH to achieve viral suppression. This is crucial for staying healthy, improving quality of life, increasing life expectancy for HIV-positive individuals, and reducing transmission to others. The HIV care continuum measures several steps essential to achieving viral suppression. Recently, the CDC published, as national HIV prevention objectives, goals to increase the proportion of HIV-positive individuals whose virus is effectively suppressed to 80%.

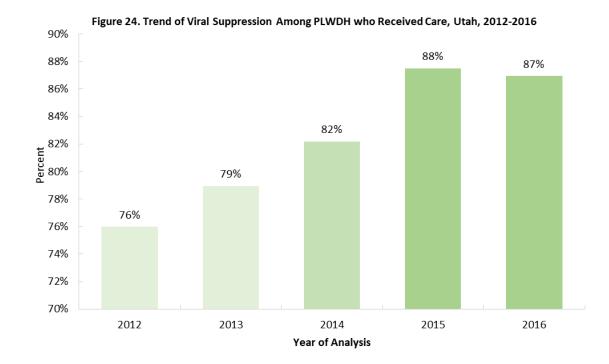


*Estimated by applying Utah's HIV-prevalence estimate (89.4%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016

Figure 23 presents the HIV care continuum for Utah, which includes individuals who were diagnosed with HIV through 2015 and were living in Utah as of December 31, 2016. The continuum includes an estimate of the total HIV-infected population in Utah. This estimate is calculated by using a CDC-provided prevalence estimate. It is estimated that, in 2016, approximately 3,395 people were living with HIV-infection in Utah with only about 10.6% unaware of their status. The vast majority, 89.4% (n=3035), had already been diagnosed with HIV. Slightly more than six out of ten (61.5%) people living with diagnosed HIV in Utah had at least one viral load, CD4 or genotype test in 2016, which is thought to indicate receipt of some sort of HIV medical care. Nearly two-fifths (37.9%) of diagnosed HIV-positive individuals in Utah were retained in HIV medical care in 2016, which is defined as having received two or more viral load or CD4 tests at least three months apart. In 2016, more than half of people (53.5%) with diagnosed HIV in Utah were virally suppressed at the time of their most recent viral load (regardless of their retention in care status). As HIV has become a chronic disease, these

indicators of "in care" status may be less accurate as clinicians may test patients who are stable on HIV medications less frequently.

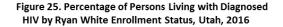
Figure 24 demonstrates the continuous improvement in the efficacy of HIV medication. In 2012, about 76% of the PLWDH who received care attained viral suppression (HIV viral load <200 copies/mL). This percentage has been increasing every year since then. In 2015, 88% of the PLWDH who were in care were virally suppressed and this trend continued in 2016.



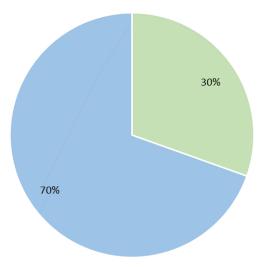
Ryan White Clients

The Ryan White HIV/AIDS program is the largest federal program directed exclusively toward HIV care. The program helps more than half a million uninsured and underinsured people living with diagnosed HIV get HIV medical care, treatment, and supportive services each year.

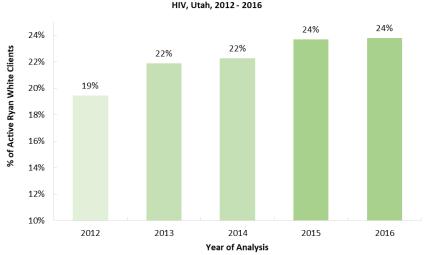
Figure 25 shows about 30% (924) of people living with diagnosed HIV in Utah were enrolled in the Ryan White HIV/AIDS program in 2016. However, some enrolled clients never accessed services through the program and were not considered active clients. The number of active Ryan White

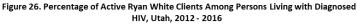


Enrolled in Ryan White Not Enrolled in Ryan White



clients from 2012 to 2016 is shown in Figure 26. Active clients are defined as individuals who enrolled in the Ryan White program and used services offered by the Ryan White program at least once in the assessment year. In 2012, 19% of the people living with diagnosed HIV in Utah were enrolled and accessed Ryan White services. Since then, the proportions have been increasing slowly. In 2013 and 2014, 22% of the people living with diagnosed HIV accessed Ryan White services. In 2015 and 2016, about 24% of diagnosed HIV-positive individuals were serviced by the Ryan White HIV/AIDS program in Utah. These estimates are most likely underestimates as the estimated total number of PLWDH in Utah may include individuals who have already moved from Utah or died but that information has not yet been reported to UDOH.





			2008		2009		2010		2011	2012		
Local Health District	County	Case(s)	Rate (95% CI)									
	Box Elder	1	+	1	+	2	+	_	-	3	+	
Deer Diver	Cache	_	-	4	+	2	+	2	+	1	+	
Bear River	Rich	_	_	_	_	_	_	_	_	-	_	
	LHD Total	1	+	5	3.1* (1 - 7.21)	4	+	2	+	4	2.4* (0.65 - 6.08)	
	Juab	_	-	_	_	_	-	_	-	1	+	
	Millard	_	-	_	_	1	+	_	_	-	_	
	Piute	_	-	_	_	_	_	_	_	-	-	
Central	Sanpete	1	+	_	_	_	—	—	_	-	_	
Central	Sevier	-	-	_	_	_	-	1	+	-	-	
	Wayne	_	-	_	_	_	—	—	_	1	+	
	LHD Total	1	+	-	—	1	+	1	+	2	+	
Davis Co.	LHD Total	9	3.0* (1.39 - 5.78)	14	4.6 (2.53 - 7.78)	10	3.2* (1.56 - 5.97)	2	0.6 (0.08 - 2.31)	11	3.5* (1.74 - 6.23)	
Salt Lake Co.	LHD Total	97	9.7 (7.87 - 11.84)	92	9.0 (7.29 - 11.1)	59	5.7 (4.35 - 7.37)	85	8.1 (6.48 - 10.02)	67	6.3 (4.88 - 7.99)	
San Juan Co.	LHD Total	1	+	-	—	—	-	-	-	1	†	
	Carbon	—	-	1	+	—	-	-	-	-	—	
Couthoost	Emery	_	_	—	_	_	_	—	_	-	_	
Southeast	Grand	_	-	_	_	_	_	_	_	_	_	
	LHD Total	_	_	1	†	_	—	_	—	_	_	
	Beaver	_	-	_	_	_	-	_	-	_	_	
	Garfield	_	_	_	_	1	+	—	_	_	_	
Counthrough	Iron	1	+	_	_	_	-	_	-	-	-	
Southwest	Kane	_	_	1	+	_	—	—	_	-	_	
	Washington	2	+	4	2.9* (0.8 - 7.47)	2	+	3	+	7	4.8* (1.95 - 9.97)	
	LHD Total	3	†		2.5* (0.81 - 5.79)	3	+	3	†	7	3.3* (1.34 - 6.86)	
Summit Co.	LHD Total	1	+	_	_	1	+	2	+	1	+	
Tooele Co.	LHD Total	2	+	2	+	2	+	4	+	3	5.0 (1.03 - 14.64)	
	Daggett	—	-	-	—	—	-	-	-	-	-	
TriCountry	Duchesne	_	_	_	_	_	—	1	+	1	+	
TriCounty	Uintah	_	_	1	+	_	_	_	_	1	+	
	LHD Total	_	_	1	†	_	—	1	†	2	+	
Utah Co.	LHD Total	8	1.6* (0.71 - 3.23)	6	1.2* (0.44 - 2.59)	8	1.5* (0.66 - 3.03)	2	†	19	†	
Wasatch Co.	LHD Total	—	-	—	—	—	_	—	—	-	—	
	Morgan	1	+	_	—	_	—	—	—	-	_	
Weber-Morgan	Weber	8	3.6* (1.54 - 7.05)	2	+	1	+	5	2.1* (0.69 - 4.99)	5	2.1* (0.69 - 4.93)	
	LHD Total	9	3.9* (1.77 - 7.34)	2	+	1	+	5	2.1* (0.67 - 4.79)	5	2.0* (0.66 - 4.74)	
	Unknown	_	-	—	-	—	—	—	_	-	—	
	Utah State	132	5.0 (4.15 - 5.88)	128	4.7 (3.92 - 5.59)	89	3.2 (2.58 - 3.95)	107	3.8 (3.11 - 4.59)	122	4.3 (3.55 - 5.1)	

Table 1. New Diagnoses of HIV and Rates per 100,000 Residents by Local Health District and County, Utah, 2008–2017

*Coefficient of variation >30: Use caution in interpreting; the estimate does not meet UDOH standards for reliability.

[†]Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

			2013		2014		2015		2016		2017
Local Health District	County	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
	Box Elder	_	_	_	_	1	†	_	_	—	—
Bear River	Cache	4	+	1	+	1	+	1	+	1	+
Bear River	Rich	_	_	—	-	—	_	-	_	_	—
	LHD Total	4	+	1	+	2	+	1	+	1 2 2 83 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+
	Juab	-	—	—	_	-	—	_	-	_	-
	Millard	-	-	1	+	-	_	1	+	_	_
	Piute	_	_	—	-	—	_	-	_	_	—
Central	Sanpete	_	_	_	_	1	+	—	—	2	+
Central	Sevier	_	_	—	-	—	_	-	_	_	_
	Wayne	—	—	—	—	—	—	-	—	—	—
	LHD Total	-	-	1	+	1	+	1	+	2	+
Davis Co.	LHD Total	6	1.9* (0.68 - 4.05)	8	2.4* (1.05 - 4.78)	12	3.6 (1.85 - 6.24)	4	1.2* (0.32 - 2.99)	8	2.3* (0.98 - 4.49)
Salt Lake Co.	LHD Total	78	7.2 (5.7 - 9.01)	88	8.1 (6.47 - 9.93)	77	7.0 (5.5 - 8.71)	104	9.3 (7.58 - 11.24)	83	7.2 (5.75 - 8.94)
San Juan Co.	LHD Total	1	+	_	—	_	_	_	—	_	_
	Carbon	1	†	_	_	2	†	2	+	—	_
Coulthorat	Emery	_	-	_	_	—	_	_	—	1	+
Southeast	Grand	-	-	1	+	1	+	-	-	-	-
	LHD Total	1	+	1	+	3	+	2	+	1	+
	Beaver	_	_	_	_	_	_	_	_	—	_
	Garfield	_	-	_	_	_	_	_	—	_	_
Southwest	Iron	1	+	2	+	1	+	-	_	1	+
Southwest	Kane	_	_	_	_	_	_	1	+	_	_
	Washington	1	+	4	2.6* (0.72 - 6.74)	8	5.1* (2.22 - 10.14)	3	+	6	3.6* (1.34 - 7.94)
	LHD Total	2	+	6	2.8* (1.01 - 6)	9	4.1* (1.85 - 7.69)	4	+	7	3.0* (1.2 - 6.14)
Summit Co.	LHD Total	1	+	1	+	1	+	_	-	2	+
Tooele Co.	LHD Total	1	+	2	+	1	+	-	-	1	+
	Daggett	-	-	—	—	-	_	—	—		—
TriCounty	Duchesne	-	-	_	-	1	+	-	—	_	_
medunity	Uintah	3	+	—	_	—	_	2	+	_	—
	LHD Total	3	+	—	-	1	+	2	+	-	—
Utah Co.	LHD Total	6	1.1* (0.4 - 2.36)	5	0.9* (0.29 - 2.08)	12	2.1 (1.08 - 3.65)	14	+	9	1.5* (0.68 - 2.81)
Wasatch Co.	LHD Total	-	—	—	-	—	_	—	—	—	—
	Morgan	—	—	—	_	—	-	—	—	_	—
Weber-Morgan	Weber		3.4* (1.45 - 6.61)	5	2.1* (0.67 - 4.85)	3	+	6	2.4* (0.89 - 5.28)	3	+
	LHD Total	8	3.2* (1.39 - 6.34)	5	2.0* (0.65 - 4.65)	3	†	6	2.3* (0.85 - 5.04)	3	+
	Unknown	—	-	-	-	—	-	1	N/A	—	—
	Utah State	111	3.8 (3.15 - 4.61)	118	4.0 (3.32 - 4.8)	122	4.1 (3.39 - 4.87)	139	4.6 (3.83 - 5.38)	117	3.7 (3.09 - 4.48)

Table 1. New Diagnoses of HIV and Rates per 100,000 Residents by Local Health District and County, Utah, 2008–2017 continued

*Coefficient of variation >30: Use caution in interpreting; the estimate does not meet UDOH standards for reliability. †Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

	2008		2009			2010		2011	2012	
Age Group	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
<13	1	+	_	—	2	+	—	—	—	—
13–24	16	5.9 (3.4 - 9.66)	16	5.9 (3.39 - 9.62)	16	5.9 (3.37 - 9.58)	21	7.6 (4.72 - 11.65)	16	5.7 (3.24 - 9.2)
25–34	36	16.4 (11.47 - 22.68)	38	16.8 (11.9 - 23.08)	16	7.0 (3.99 - 11.35)	24	10.5 (6.75 - 15.67)	38	16.9 (11.96 - 23.2)
35–44	32	19.8 (13.54 - 27.95)	31	18.7 (12.71 - 26.55)	27	15.8 (10.42 - 23)	22	12.5 (7.8 - 18.85)	14	7.6 (4.18 - 12.82)
45–54	22	14.6 (9.13 - 22.05)	17	11.2 (6.5 - 17.86)	11	7.2* (3.59 - 12.86)	18	11.8 (6.98 - 18.6)	23	15.0 (9.53 - 22.57)
55–64	6	5.5* (2.03 - 12.03)	7	6.2* (2.47 - 12.68)	3	+	3	+	11	8.6* (4.27 - 15.31)
65+	1	+	2	+	1	+	1	+	—	—
Total	114	8.5 (7.03 - 10.24)	111	8.1 (6.68 - 9.77)	76	5.5 (4.3 - 6.82)	89	6.3 (5.05 - 7.74)	102	7.1 (5.79 - 8.62)

Table 2. Case Counts and Rates per 100,000 of New HIV Diagnoses among Males by Age Group, Utah, 2008–2017

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability. *Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

		2013 2014				2015		2016	2017		
Age Group	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	
<13	2	+	_	—	_	—	_	—	_	_	
13–24	16	5.5 (3.16 - 8.97)	18	6.1 (3.64 - 9.71)	13	4.4 (2.32 - 7.46)	29	9.6 (6.4 - 13.72)	24	7.7 (4.94 - 11.47)	
25–34	41	18.4 (13.18 - 24.91)	43	19.3 (13.95 - 25.97)	44	19.7 (14.3 - 26.43)	45	19.8 (14.45 - 26.51)	40	17.2 (12.26 - 23.37)	
35–44	19	10.0 (6.02 - 15.62)	22	11.2 (7.02 - 16.96)	31	15.3 (10.39 - 21.7)	26	12.4 (8.11 - 18.2)	17	7.9 (4.61 - 12.68)	
45–54	13	8.5 (4.52 - 14.52)	9	5.9* (2.68 - 11.12)	16	10.3 (5.88 - 16.7)	13	8.2 (4.37 - 14.04)	9	5.5 (2.53 - 10.52)	
55–64	5	3.8* (1.23 - 8.82)	6	4.4* (1.62 - 9.62)	5	3.6 (1.16 - 8.37)	5	3.5 (1.14 - 8.16)	13	8.9 (4.72 - 15.16)	
65+	1	+	2	+	1	+	—	—	3	+	
Total	97	6.6 (5.39 - 8.11)	100	6.8 (5.5 - 8.22)	110	7.3 (6.01 - 8.81)	118	7.7 (6.36 - 9.2)	106	6.7 (5.51 - 8.14)	

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

⁺ Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

	2008		2008 2009			2010		2011	2012		
Age Group	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	
<13	_	—	1	+	1	+	1	+	_	—	
13–24	1	+	1	+	_	—	3	+	1	+	
25–34	9	4.3* (1.96 - 8.15)	7	3.3* (1.31 - 6.72)	4	+	7	3.2* (1.29 - 6.61)	5	2.3* (0.75 - 5.37)	
35–44	4	2.6* (0.7 - 6.57)	6	3.8* (1.38 - 8.2)	6	3.6* (1.34 - 7.94)	2	+	10	5.7* (2.72 - 10.44)	
45–54	2	+	2	+	1	+	2	+	2	+	
55–64	2	+	_	—	1	+	3	+	1	+	
65+	_	—	_	—	—	—	—	—	1	+	
Total	18	1.4 (0.8 - 2.15)	17	1.3 (0.73 - 2.01)	13	0.9 (0.5 - 1.61)	18	1.3 (0.76 - 2.03)	20	1.4 (0.86 - 2.18)	

Table 3. Case Counts and Rates per 100,000 of New HIV Diagnoses among Females by Age Group, Utah, 2008–2017

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

[†]Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

	2013			2014		2015		2016	2017		
Age Group	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	
<13	_	—	1	+	_	—	_	—	—	—	
13–24	3	+	2	+	1	+	2	+	2	+	
25–34	3	+	5	2.3* (0.75 - 5.39)	3	+	5	2.3* (0.73 - 5.26)	4	1.8* (0.48 - 4.5)	
35–44	5	2.7* (0.89 - 6.38)	7	3.7* (1.49 - 7.64)	4	+	7	3.5* (1.4 - 7.15)	2	+	
45–54	2	+	2	+	3	+	4	+	1	+	
55–64	1	+	1	+	1	+	2	+	1	+	
65+	_	—	—	—	—	—	1	+	1	+	
Total	14	1.0 (0.53 - 1.63)	18	1.2 (0.73 - 1.95)	12	0.8 (0.42 - 1.41)	21	1.4 (0.86 - 2.12)	11	0.7* (0.35 - 1.27)	

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

[†]Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

	20	08	20	009	20	10	2	2011	20	012	20)13	20)14	201	15	20	16	2	2017
Risk Category	Cases	%																		
MSM	75	65.79	66	59.46	51	67.11	52	58.43	55	53.92	60	61.86	57	57.00	76	69.09	76	64.41	76	71.70
IDU	3	2.63	4	3.60	2	2.63	4	4.49	1	0.98	2	2.06	1	1.00	2	1.82	6	5.08	1	0.94
MSM/IDU	20	17.54	27	24.32	19	25.00	22	24.72	18	17.65	15	15.46	16	16.00	13	11.82	14	11.86	10	9.43
High-risk heterosexual contact	2	1.75	3	2.70	_	-	1	1.12	5	4.90	1	1.03	3	3.00	4	3.64	2	1.69	—	-
Perinatal exposure in someone diagnosed >=13 years old	_	_	_	_	—	_	1	1.12	_	-	_	_	-	_	_	-	—	_	_	-
Adult unknown	8	7.02	4	3.60	_	-	4	4.49	9	8.82	13	13.40	13	13.00	5	4.55	17	14.41	7	6.60
Perinatal exposure through mother w/HIV or high risk	1	0.88	-	_	2	2.63	_	_	_	-	1	1.03	-	-	_	_	_	_	_	_
Pediatric unknown	1	0.88	—	—	—	—	—	-	—	—	1	1.03	—	—	—	—	_	—	—	—
Low-risk heterosexual contact	4	3.51	7	6.31	2	2.63	5	5.62	14	13.73	4	4.12	10	10.00	10	9.09	3	2.54	12	11.32
Total	114	100.00	111	100.00	76	100.00	89	100.00	102	100.00	97	100.00	100	100.00	110	100.00	118	100.00	106	100.00

Table 5. Case Counts and Percentages of New HIV Diagnoses among Females by Transmission Category, Utah, 2008–2017

		8	20	09	20	10	20	11	20)12	20:	13	20	14	20)15	20	16	20	17
Risk Category	Cases	%																		
IDU	6	33.33	2	11.76	_	_	2	11.11	2	10.00	3	21.43	2	11.11	2	16.67	1	4.76	1	9.09
High-risk heterosexual contact	8	44.44	9	52.94	5	38.46	12	66.67	7	35.00	5	35.71	4	22.22	5	41.67	1	4.76	_	-
Perinatal exposure in someone diagnosed >=13 years old	_	-	_	-	_	_	_	_	_	_	-	-	_	-	_	_	_	-	_	_
Adult unknown	_	_	_	-	1	7.69	_	_	2	10.00	2	14.29	3	16.67	3	25.00	12	57.14	6	54.55
Perinatal exposure through mother w/HIV or high risk	_	-	1	5.88	1	7.69	_	_	_	_	-	-	_	-	_	_	_	-	_	_
Pediatric unknown	—	—	-	-	—	_	1	5.56	—	_	_	—	1	5.56	_	_	_	—	_	-
Low-risk heterosexual contact	4	22.22	5	29.41	6	46.15	3	16.67	9	45.00	4	28.57	8	44.44	2	16.67	7	33.33	4	36.36
Total	18	100.00	17	100.00	13	100.00	18	100.00	20	100.00	14	100.00	18	100.00	12	100.00	21	100.00	11	100.00

Table C. Case Counts and Dates new 100 000 a	f Naw IIIV Diagnagas amag	va Malaa hu Daaa /Fthaia	L. ILLAL 2000 2017
Table 6. Case Counts and Rates per 100,000 c	DI NEW HIV Diagnoses amor	ig iviales by Race/Ethnic	ILV. ULAN. ZUUN-ZUI/
			,

		2008		2009		2010		2011		2012
Race/Ethnicity	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
Hispanic, all races	19	11.1 (6.67 - 17.3)	27	15.0 (9.89 - 21.84)	21	11.3 (6.98 - 17.24)	20	10.5 (6.41 - 16.2)	26	13.3 (8.72 - 19.56)
Non-Hispanic, American Indian/Alaska Native	—	-	1	+	—	—	_	-	4	29.7* (8.09 - 76)
Non-Hispanic, Asian	1	+	4	+	—	—	4	+	1	+
Non-Hispanic, Black	6	42.4* (15.58 - 92.39)	4	+	5	32.6* (10.57 - 75.99)	2	+	4	+
Non-Hispanic, Native Hawaiian/Other Pacific Islander	1	+	—	-	—	—	1	+	1	+
Non-Hispanic, White	84	7.8 (6.19 - 9.61)	70	6.4 (4.96 - 8.04)	48	4.3 (3.17 - 5.7)	59	5.2 (3.97 - 6.73)	64	5.6 (4.31 - 7.14)
Non-Hispanic, multi-race	—	-	4	+	2	+	3	+	2	+
Unknown	3	N/A	1	N/A	—	—	—	-	—	—
Total	114	8.5 (7.03 - 10.24)	111	8.1 (6.68 - 9.77)	76	5.5 (4.3 - 6.82)	89	6.3 (5.05 - 7.74)	102	7.1 (5.79 - 8.62)

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

⁺Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

	2013			2014		2015		2016		2017
Race/Ethnicity	Case(s)	Rate (95% CI)								
Hispanic, all races	20	10.0 (6.13 - 15.49)	28	13.8 (9.15 - 19.9)	30	14.4 (9.68 - 20.49)	33	15.3 (10.55 - 21.52)	35	15.8 (11.04 - 22.03)
Non-Hispanic, American Indian/Alaska Native	-	-	—	-	2	+	1	+	2	+
Non-Hispanic, Asian	2	+	6	19.4* (7.13 - 42.32)	7	21.4* (8.61 - 44.15)	7	20.2* (8.13 - 41.64)	6	16.9* (6.2 - 36.76)
Non-Hispanic, Black	7	41.6* (16.74 - 85.81)	9	52.1* (23.83 - 98.92)	6	33.6* (12.33 - 73.14)	10	53.7* (25.73 - 98.69)	7	36.6* (14.72 - 75.44)
Non-Hispanic, Native Hawaiian/Other Pacific Islander	-	—	_	-	1	+	_	_	—	—
Non-Hispanic, White	64	5.5 (4.25 - 7.04)	57	4.9 (3.68 - 6.3)	64	5.4 (4.15 - 6.88)	65	5.4 (4.16 - 6.87)	54	4.4 (3.28 - 5.69)
Non-Hispanic, multi-race	4	14.9* (4.05 - 38.1)	_	-	—	—	2	+	2	+
Unknown	-	-	_	-	-	—	_	—	-	-
Total	97	6.6 (5.39 - 8.11)	100	6.8 (5.5 - 8.22)	110	7.3 (6.01 - 8.81)	118	7.7 (6.36 - 9.2)	106	6.7 (5.51 - 8.14)

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability. †Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

Table 7. Case Counts and Rates per 100,000 of New HIV Diagnoses among Females by Race/Ethnicity, Utah, 2008	-2017
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		2008		2009		2010		2011		2012
Race/Ethnicity	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
Hispanic, all races	3	1.9† (0.39 - 5.51)	3	+	6	3.4* (1.26 - 7.48)	5	2.8* (0.91 - 6.51)	2	+
Non-Hispanic, American Indian/Alaska Native	_	—	_	-	-	—	_	-	1	+
Non-Hispanic, Asian	1	3.6† (0.09 - 20.26)	2	+	1	+	2	+	1	+
Non-Hispanic, Black	5	48.2* (15.66 - 112.53)	8	72.9* (31.46 - 143.6)	3	+	3	+	4	+
Non-Hispanic, Native Hawaiian/Other Pacific Islander	—	—	—	-	—	—	—	-	-	_
Non-Hispanic, White	9	0.8* (0.38 - 1.58)	4	+	3	+	8	0.7* (0.31 - 1.4)	10	+
Non-Hispanic, multi-race	—	—	—	-	—	—	—	-	2	7.9* (0.96 - 28.52)
Unknown										
Total	18	1.4 (0.8 - 2.15)	17	1.3 (0.73 - 2.01)	13	0.9 (0.5 - 1.61)	18	1.3 (0.76 - 2.03)	20	1.4 (0.86 - 2.18)

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

+Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

		2013		2014		2015		2016		2017
Race/Ethnicity	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
Hispanic, all races	1	+	2	+	-	-	2	+	3	+
Non-Hispanic, American Indian/Alaska Native	—	-	—	_	-	-	-	—	1	+
Non-Hispanic, Asian	1	+	2	+	1	+	1	+	—	-
Non-Hispanic, Black	6	47.9* (17.59 - 104.33)	3	+	4	+	12	87.0 (44.93 - 151.9)	5	35.3* (11.47 - 82.42)
Non-Hispanic, Native Hawaiian/Other Pacific Islander	_	_	—	_	-	—	-	—	_	—
Non-Hispanic, White	5	0.4* (0.14 - 1.01)	10	0.9* (0.41 - 1.58)	7	0.6* (0.24 - 1.22)	5	0.4* (0.14 - 0.97)	2	+
Non-Hispanic, multi-race	1	+	—	_	-	—	—	_	—	-
Unknown			1	N/A			1	N/A		
Total	14	1.0 (0.53 - 1.63)	18	1.2 (0.73 - 1.95)	12	0.8 (0.42 - 1.41)	21	1.4 (0.86 - 2.12)	11	0.7* (0.35 - 1.27)

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

Table 8. Case Count and Percentage of New HIV Diagnoses with Stage 3 Infection (AIDS) by Race/Ethnicity, Utah, 2008–2017

		2008			2009			2010			2011			2012	
Race/Ethnicity	Stage 0-2	Stage 3	%	Stage 0-2	Stage 3	%									
Hispanic, all races	13	9	40.91	21	9	30.00	18	9	33.33	21	4	16.00	16	12	42.86
Non-Hispanic, American Indian/Alaska Native	-	-	_	1	-	0.00	_	_	—	_	-	_	2	3	60.00
Non-Hispanic, Asian	1	1	50.00	5	1	16.67	1	_	0.00	4	2	33.33	2	-	—
Non-Hispanic, Black	7	4	36.36	7	5	41.67	7	1	12.50	3	2	40.00	6	2	25.00
Non-Hispanic, Native Hawaiian/Other Pacific Islander	1	_	0.00	-	_	—	—	—	_	_	1	100.00	—	1	100.00
Non-Hispanic, White	78	15	16.13	64	10	13.51	34	17	33.33	48	19	28.36	53	21	28.38
Non-Hispanic, multi-race	—	_	i —	2	2	50.00	2	_	0.00	3	—	0.00	3	1	25.00
Unknown	3	-	0.00	1	-	0.00	-	_	—	_	-	—	-	-	_
Total	103	29	21.97	101	27	21.09	62	27	30.34	79	28	26.17	82	40	32.79

		2013			2014			2015			2016			2017	
Race/Ethnicity	Stage 0-2	Stage 3	%												
Hispanic, all races	15	6	28.57	21	9	30.00	22	8	26.67	28	7	20.00	29	9	23.68
Non-Hispanic, American Indian/Alaska Native	—	_	-	-	—	—	2	_	0.00	1	_	0.00	3	-	0.00
Non-Hispanic, Asian	1	2	66.67	8	—	0.00	6	2	25.00	7	1	12.50	3	3	50.00
Non-Hispanic, Black	10	3	23.08	11	1	8.33	8	2	20.00	18	4	18.18	11	1	8.33
Non-Hispanic, Native Hawaiian/Other Pacific Islander	—	_	-	—	—	—	1	_	0.00	—	_	—	—	-	—
Non-Hispanic, White	59	10	14.49	61	6	8.96	63	8	11.27	62	8	11.43	50	6	10.71
Non-Hispanic, multi-race	4	1	20.00	—	—	—	—	—	—	2	—	0.00	2	—	0.00
Unknown	—	_	-	1	_	0.00	—	_	_	1	_	0.00	—	-	-
Total	89	22	19.82	102	16	13.56	102	20	16.39	119	20	14.39	98	19	16.24

			2012	2013			2014		2015		2016
Local Health District	County	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
	Box Elder	16	31.8 (18.2 - 51.7)	17	33.5 (19.49 - 53.57)	18	35.0 (20.74 - 55.31)	18	34.6 (20.52 - 54.71)	19	35.8 (21.53 - 55.84)
	Cache	39	33.6 (23.92 - 45.99)	49	41.8 (30.93 - 55.27)	49	41.5 (30.67 - 54.82)	50	41.6 (30.91 - 54.9)	52	42.4 (31.64 - 55.55)
Bear River	Rich	1	+	2	+	2	+	2	+	2	+
	LHD Total	56	33.2 (25.11 - 43.17)	68	39.9 (31.01 - 50.63)	69	40.1 (31.23 - 50.8)	70	40.1 (31.3 - 50.72)	73	41.0 (32.11 - 51.5)
	Juab	5	48.6* (15.79 - 113.48)	7	68.3* (27.44 - 140.64)	8	76.8* (33.14 - 151.26)	8	75.7* (32.69 - 149.19)	7	63.6* (25.56 - 131)
	Millard	3	+	4	+	5	39.8* (12.93 - 92.9)	6	47.4* (17.41 - 103.25)	7	55.1* (22.17 - 113.62)
	Piute	-	_	_	_	-	_	-	_	_	_
	Sanpete	7	25.0* (10.05 - 51.52)	7	24.8* (9.99 - 51.18)	7	24.7* (9.92 - 50.84)	7	24.3* (9.77 - 50.08)	9	30.6* (13.99 - 58.09)
	Sevier	6	29.0* (10.63 - 63.04)	8	38.4* (16.59 - 75.7)	8	38.4* (16.59 - 75.71)	8	38.2* (16.49 - 75.28)	8	37.6* (16.24 - 74.12)
Central	Wayne	1	+	1	+	1	+	1	+	1	+
	LHD Total	22	29.0 (18.2 - 43.96)	27	35.5 (23.38 - 51.62)	29	38.0 (25.43 - 54.54)	30	38.9 (26.23 - 55.5)	32	40.7 (27.87 - 57.51)
Davis Co.	LHD Total	164	51.9 (44.24 - 60.45)	183	56.7 (48.78 - 65.53)	187	56.8 (48.92 - 65.51)	197	58.7 (50.76 - 67.46)	199	58.1 (50.34 - 66.8)
Salt Lake Co.	LHD Total	1804	169.5 (161.74 - 177.48)	1896	175.4 (167.62 - 183.51)	1959	179.5 (171.63 - 187.62)	2036	184.3 (176.4 - 192.5)	2117	188.8 (180.83 - 197.01)
San Juan Co.	LHD Total	3	+	3	+	5	32.9* (10.68 - 76.72)	5	31.8* (10.34 - 74.29)	5	29.6* (9.61 - 69.06)
	Carbon	5	23.5* (7.64 - 54.93)	6	28.7* (10.52 - 62.38)	8	38.7* (16.72 - 76.3)	9	44.1* (20.14 - 83.63)	11	53.9* (26.92 - 96.49)
	Emery	2	+	2	+	2	+	2	+	2	+
Southeast	Grand	2	+	5	53.6* (17.4 - 125.04)	5	53.1* (17.23 - 123.87)	7	73.7* (29.65 - 151.93)	9	94.0* (42.96 - 178.36)
boutheast	LHD Total	9	21.7* (9.92 - 41.19)	13	31.7 (16.88 - 54.21)	15	36.9 (20.63 - 60.78)	18	44.7 (26.49 - 70.63)	22	54.7 (34.3 - 82.87)
	Beaver	1	+	-	-	_	-	-	-	-	-
	Garfield	3	+	2	+	2	+	2	+	2	+
	Iron	20	42.8 (26.16 - 66.13)	20	42.9 (26.2 - 66.24)	21	44.5 (27.55 - 68.03)	22	45.6 (28.55 - 68.97)	22	44.1 (27.61 - 66.7)
	Kane	3	+	3	+	3	+	4	56.2* (15.31 - 143.84)	3	+
Southwest	Washington	62	42.9 (32.87 - 54.96)	73	49.4 (38.76 - 62.17)	79	52.0 (41.19 - 64.84)	88	56.6 (45.4 - 69.74)	98	61.2 (49.65 - 74.53)
	LHD Total	89	42.4 (34.02 - 52.13)	98	46.0 (37.36 - 56.08)	105	48.2 (39.45 - 58.39)	116	52.2 (43.14 - 62.62)	125	54.6 (45.44 - 65.05)
Summit Co.	LHD Total	28	73.9 (49.13 - 106.87)	22	57.3 (35.92 - 86.77)	24	61.5 (39.42 - 91.55)	24	60.8 (38.95 - 90.45)	26	64.5 (42.14 - 94.51)
Tooele Co.	LHD Total	23	38.4 (24.35 - 57.64)	28	46.1 (30.63 - 66.61)	27	43.8 (28.89 - 63.77)	29	46.1 (30.89 - 66.24)	32	49.4 (33.76 - 69.68)
	Daggett	-	—	—	—		—	-	-	—	-
	Duchesne	3	+	6	30.0* (11 - 65.26)	6	29.6* (10.87 - 64.46)	6	28.9* (10.6 - 62.84)	7	34.4* (13.84 - 70.92)
TriCounty	Uintah	10	28.8* (13.83 - 53.03)	12	33.6 (17.35 - 58.66)	17	46.0 (26.8 - 73.65)	15	39.7 (22.22 - 65.47)	17	46.7 (27.23 - 74.83)
,	LHD Total	13	23.7 (12.64 - 40.58)	18	31.6 (18.75 - 50.01)	23	39.4 (24.99 - 59.15)	21	35.2 (21.78 - 53.79)	24	41.5 (26.6 - 61.78)
Utah Co.	LHD Total	147	27.2 (22.99 - 31.99)	167	30.2 (25.82 - 35.18)	178	31.7 (27.23 - 36.73)	183	31.8 (27.39 - 36.8)	197	33.3 (28.78 - 38.24)
Wasatch Co.	LHD Total	10	39.4* (18.89 - 72.45)	14	52.6 (28.76 - 88.28)	12	43.2 (22.31 - 75.43)	11	37.7* (18.83 - 67.49)	10	32.8* (15.71 - 60.24)
	Morgan	1	+	1	+	1	+	1	+	1	+
Mahar Margar	Weber	126	53.3 (44.37 - 63.42)	146	61.2 (51.68 - 71.98)	158	65.7 (55.84 - 76.76)	158	64.9 (55.17 - 75.85)	167	67.5 (57.62 - 78.5)
Weber-Morgan	LHD Total	127	51.5 (42.97 - 61.33)	147	59.1 (49.93 - 69.45)	159	63.3 (53.85 - 73.94)	159	62.5 (53.13 - 72.96)	168	64.9 (55.43 - 75.45)
	Unknown	25	-	18	_	20	_	4	-	5	-
	Utah State	2520	88.2 (84.83 - 91.76)	2702	93.1 (89.61 - 96.66)	2812	95.6 (92.09 - 99.19)	2903	97.1 (93.57 - 100.67)	3035	99.5 (95.96 - 103.07)

Table 9. Case Counts and Rates per 100,000 Residents of Persons Living with Diagnosed HIV by County and Local Health District, Utah, 2011-2016

*Coefficient of variation >30: Use caution in interpreting; the estimate does not meet UDOH standards for reliability.

[†]Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

		2012		2013		2014		2015		2016
Age Group	Case(s)	Rate (95% CI)								
<13	7	2.1* (0.83 - 4.24)	4	+	7	2.0* (0.82 - 4.22)	7	2.0* (0.82 - 4.2)	7	2.0* (0.81 - 4.17)
13–24	37	13.1 (9.23 - 18.07)	39	13.5 (9.58 - 18.41)	42	14.3 (10.33 - 19.38)	47	15.8 (11.59 - 20.97)	47	15.5 (11.37 - 20.59)
25–34	261	116.1 (102.45 - 131.08)	291	130.3 (115.77 - 146.17)	302	135.4 (120.56 - 151.57)	325	145.4 (130.03 - 162.12)	348	153.2 (137.53 - 170.18)
35–44	536	292.5 (268.25 - 318.33)	526	276.9 (253.74 - 301.61)	534	271.9 (249.32 - 295.97)	535	263.9 (241.97 - 287.19)	537	256.6 (235.33 - 279.22)
45–54	831	543.4 (507.08 - 581.64)	900	588.0 (550.21 - 627.71)	874	568.8 (531.73 - 607.82)	828	532.2 (496.6 - 569.77)	831	525.0 (489.9 - 561.93)
55–64	390	303.3 (273.98 - 335)	437	330.2 (299.98 - 362.68)	506	372.8 (341.03 - 406.75)	568	407.3 (374.5 - 442.23)	622	435.1 (401.53 - 470.63)
65+	91	73.3 (59.03 - 90.02)	110	84.4 (69.35 - 101.7)	131	96.1 (80.34 - 114.03)	158	110.8 (94.19 - 129.48)	190	127.6 (110.08 - 147.06)
Total	2153	150.0 (143.68 - 156.42)	2307	158.0 (151.64 - 164.61)	2396	161.9 (155.5 - 168.53)	2468	164.0 (157.57 - 170.58)	2582	168.1 (161.69 - 174.72)

Table 10. Case Counts and Rates per 100,000 of Males Living with Diagnosed HIV by Age Group, Utah, 2012-2016

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

⁺Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

		2012		2013		2014		2015		2016
Age Group	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s)	Rate (95% CI)
<13	4	+	5	1.5* (0.5 - 3.6)	5	1.5* (0.5 - 3.6)	7	2.1* (0.86 - 4.43)	5	1.5* (0.5 - 3.56)
13–24	6	2.2* (0.81 - 4.81)	7	2.5* (1.02 - 5.2)	11	3.9* (1.96 - 7.02)	12	4.2 (2.18 - 7.38)	12	4.2 (2.15 - 7.27)
25–34	71	32.7 (25.52 - 41.21)	66	30.4 (23.54 - 38.72)	61	28.2 (21.56 - 36.21)	52	23.9 (17.88 - 31.4)	49	22.1 (16.35 - 29.22)
35–44	107	60.8 (49.8 - 73.42)	119	65.1 (53.91 - 77.88)	131	69.4 (57.99 - 82.31)	141	72.2 (60.8 - 85.19)	138	68.4 (57.5 - 80.86)
45–54	111	72.7 (59.79 - 87.53)	124	81.5 (67.79 - 97.17)	129	84.6 (70.65 - 100.55)	131	85.2 (71.27 - 101.15)	147	94.4 (79.73 - 110.92)
55–64	55	41.5 (31.27 - 54.02)	58	42.4 (32.19 - 54.8)	62	44.1 (33.81 - 56.54)	71	49.2 (38.4 - 62.02)	75	50.6 (39.81 - 63.44)
65+	13	8.8 (4.7 - 15.1)	16	10.5 (5.98 - 16.98)	17	10.7 (6.23 - 17.12)	21	12.7 (7.86 - 19.4)	27	15.7 (10.33 - 22.81)
Total	367	25.8 (23.27 - 28.63)	395	27.4 (24.74 - 30.22)	416	28.5 (25.78 - 31.32)	435	29.3 (26.59 - 32.17)	453	29.9 (27.2 - 32.78)

*Use caution in interpreting; the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability. *Coefficient of variation >50: Rates are not suitable for comparison or trend analysis. Table 12. Case Counts and Percentages of Males Living with Diagnosed HIV by Transmission Category, Utah, 2012–2016

	20	12	20	13	2014		2015		20)16
Risk Category	Cases	%								
Male sexual contact with another male (MSM)	1406	65.3%	1501	65.06%	1563	65.2%	1601	64.9%	1701	65.9%
Injection drug use (non-prescribed) (IDU)	177	8.2%	175	7.59%	177	7.4%	174	7.1%	168	6.5%
Male sex with males and injection drug use (MSM+IDU)	346	16.1%	379	16.43%	386	16.1%	390	15.8%	394	15.3%
High-risk heterosexual contact	52	2.4%	56	2.43%	59	2.5%	66	2.7%	65	2.5%
Low-risk heterosexual contact	90	4.2%	104	4.51%	108	4.5%	115	4.7%	120	4.6%
Perinatal exposure in someone diagnosed ≥ 13 years old	—	—	1	0.04%	1	0.0%	1	0.0%	1	0.0%
Pediatric exposure through mother w/HIV or high risk contact	15	0.7%	15	0.65%	16	0.7%	16	0.6%	18	0.7%
Adult unknown	40	1.9%	50	2.17%	61	2.5%	80	3.2%	90	3.5%
Adult tissue/organ recipient, blood transfusion or artificial insemination	2	0.1%	2	0.09%	2	0.1%	2	0.1%	2	0.1%
Pediatric tissue/organ recipient, blood transfusion or artificial insemination	2	0.1%	2	0.09%	2	0.1%	2	0.1%	2	0.1%
Adult clotting factor recipient	17	0.8%	15	0.65%	13	0.5%	12	0.5%	12	0.5%
Pediatric clotting factor recipient	3	0.1%	3	0.13%	2	0.1%	2	0.1%	2	0.1%
Pediatric unknown	3	0.1%	3	0.13%	5	0.2%	6	0.2%	6	0.2%
Other	_	_	1	0.04%	1	0.0%	1	0.0%	1	0.0%
Total	2153	100.00	2307	100.00	2396	100.00	2468	100.00	2582	100.00

Table 13. Case Counts and Percentages of Females Living with Diagnosed HIV by Transmission Category, Utah, 2012–2016

	20	12	20)13	20	14	2015		20	016
Risk Category	Cases	%								
Injection drug use (non-prescribed) (IDU)	88	24.0%	87	22.0%	95	22.8%	94	21.6%	96	21.2%
High-risk heterosexual contact	188	51.2%	201	50.9%	203	48.8%	212	48.7%	221	48.8%
Low-risk heterosexual contact	75	20.4%	85	21.5%	90	21.6%	96	22.1%	100	22.1%
Perinatal exposure in someone diagnosed ≥ 13 years old	_	_	_	-	_	_	_	_	_	_
Pediatric exposure through mother w/HIV or high risk contact	7	1.9%	8	2.0%	9	2.2%	9	2.1%	9	2.0%
Adult unknown	6	1.6%	10	2.5%	14	3.4%	17	3.9%	21	4.6%
Adult tissue/organ recipient, blood transfusion or artificial insemination	1	0.3%	1	0.3%	1	0.2%	1	0.2%	1	0.2%
Pediatric tissue/organ recipient, blood transfusion or artificial insemination	_	_	_	-	_	_	_	_	_	_
Adult clotting factor recipient	—	_	_	—	—	_	—	—	—	—
Pediatric clotting factor recipient	_	_	_	-	-	_	_	-	_	_
Pediatric unknown	1	0.3%	2	0.5%	3	0.7%	5	1.1%	4	0.9%
Other	1	0.3%	1	0.3%	1	0.2%	1	0.2%	1	0.2%
Total	367	100.00	395	100.00	416	100.00	435	100.00	453	100.00

	2012			2013		2014		2015	2016		
Race/Ethnicity	Case(s)	Rate (95% CI)									
Hispanic, all races	401	205.9 (186.21 - 227.03)	437	219.2 (199.14 - 240.76)	457	224.8 (204.63 - 246.35)	490	234.4 (214.14 - 256.14)	530	246.1 (225.61 - 267.99)	
Non-Hispanic, American Indian/Alaska Native	20	148.4 (90.65 - 229.21)	23	168.7 (106.95 - 253.16)	25	180.9 (117.07 - 267.04)	25	176.5 (114.21 - 260.52)	25	168.3 (108.92 - 248.45)	
Non-Hispanic, Asian	25	89.0 (57.63 - 131.45)	26	88.3 (57.67 - 129.36)	30	97.2 (65.59 - 138.77)	36	110.2 (77.18 - 152.56)	41	118.4 (84.95 - 160.6)	
Non-Hispanic, Black	142	874.2 (736.35 - 1030.41)	154	916.2 (777.24 - 1072.91)	163	943.7 (804.41 - 1100.24)	170	952.1 (814.32 - 1106.43)	173	928.4 (795.17 - 1077.47)	
Non-Hispanic, Native Hawaiian/Other Pacific Islander	1	+	3	+	3	+	3	+	4	+	
Non-Hispanic, White	1528	133.5 (126.93 - 140.41)	1624	140.0 (133.26 - 146.96)	1670	142.4 (135.67 - 149.42)	1695	142.7 (136.01 - 149.68)	1759	145.8 (139.07 - 152.79)	
Non-Hispanic, multi-race	29	112.6 (75.42 - 161.74)	33	122.8 (84.51 - 172.41)	41	146.9 (105.4 - 199.24)	42	144.0 (103.79 - 194.66)	43	139.3 (100.78 - 187.59)	
Unknown	7	-	7	-	7	-	7	-	7	-	
Total	2153	150.0 (143.68 - 156.42)	2307	158.0 (151.64 - 164.61)	2396	161.9 (155.5 - 168.53)	2468	164.0 (157.57 - 170.58)	2582	168.1 (161.69 - 174.72)	

*Use caution in interpreting, the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

[†]Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

Table 15. Case Counts and Rates per 100,000 of Female Persons Living with Diagnosed HIV by Race/Ethnicity, Utah, 2012–2016

	2012			2013		2014		2015	2016	
Race/Ethnicity	Case(s)	Case(s) Rate (95% CI) Cas		Rate (95% CI)	Case(s)	Rate (95% CI)	Case(s) Rate (95% CI)		Case(s)	Rate (95% CI)
Hispanic, all races	79	43.1 (34.16 - 53.77)	81	43.0 (34.15 - 53.45)	84	43.6 (34.77 - 53.96)	88	44.3 (35.56 - 54.62)	92	44.9 (36.16 - 55.01)
Non-Hispanic, American Indian/Alaska Native	4	28.6* (7.8 - 73.27)	4	+	3	+	3	+	3	+
Non-Hispanic, Asian	10	31.0* (14.87 - 57.03)	11	32.8* (16.37 - 58.68)	12	34.4 (17.76 - 60.04)	15	40.9 (22.91 - 67.5)	16	41.4 (23.69 - 67.3)
Non-Hispanic, Black	86	714.8 (571.76 - 882.8)	95	758.9 (614 - 927.72)	104	809.5 (661.39 - 980.8)	108	816.2 (669.55 - 985.43)	116	840.6 (694.59 - 1008.2)
Non-Hispanic, Native Hawaiian/Other Pacific Islander	2	+	2	+	2	+	2	+	2	+
Non-Hispanic, White	181	15.9 (13.63 - 18.35)	194	16.8 (14.51 - 19.33)	202	17.3 (15.01 - 19.87)	209	17.7 (15.38 - 20.27)	214	17.9 (15.54 - 20.42)
Non-Hispanic, multi-race	4	15.8* (4.3 - 40.43)	7	26.6* (10.7 - 54.82)	8	29.2* (12.61 - 57.56)	8	28.1* (12.12 - 55.34)	8	26.5* (11.46 - 52.31)
Unknown	1	—	1	—	1	-	2	—	2	—
Total	367	25.8 (23.27 - 28.63)	395	27.4 (24.74 - 30.22)	416	28.5 (25.78 - 31.32)	435	29.3 (26.59 - 32.17)	453	29.9 (27.2 - 32.78)

*Use caution in interpreting, the estimate has a coefficient of variation greater than 30% and does not meet UDOH standards for reliability.

[†]Coefficient of variation >50: Rates are not suitable for comparison or trend analysis.

Table 16. Case Counts and Percentages of Persons Living with Diagnosed HIV by Care Status, Utah, 2012–2016

	2012		2013		2	014	2	015	2016		
Care Status	Cases	%									
Receipt of Care	1511	59.96%	1658	61.36%	1712	60.88%	1769	60.94%	1867	61.52%	
Retention in Care	1113	44.17%	1164	43.08%	1123	39.94%	1113	38.34%	1150	37.89%	
Viral Suppression	1145	45.44%	1302	48.19%	1405	49.96%	1546	53.26%	1623	53.48%	
Total	2520	100.00	2702	100.00	2812	100.00	2903	100.00	3035	100.00	

Table 17. Case Counts and Percentages of Active Ryan White Clients among Persons Living with HIV, Utah, 2012–2016

	2012		2013		2014		2015		2016	
Status	Cases	Cases %		%	Cases	%	Cases	%	Cases	%
Active Ryan White Client	490	19.44%	591	21.87%	626	22.26%	688	23.70%	722	23.79%
Not an Active Ryan White Client*	2030	80.56%	2111	78.13%	2186	77.74%	2215	76.30%	2313	76.21%
Total	2520	100.00	2702	100.00	2812	100.00	2903	100.00	3035	100.00

*Client may have enrolled in Ryan White HIV/AIDS program in that calendar year, but did not access any services.