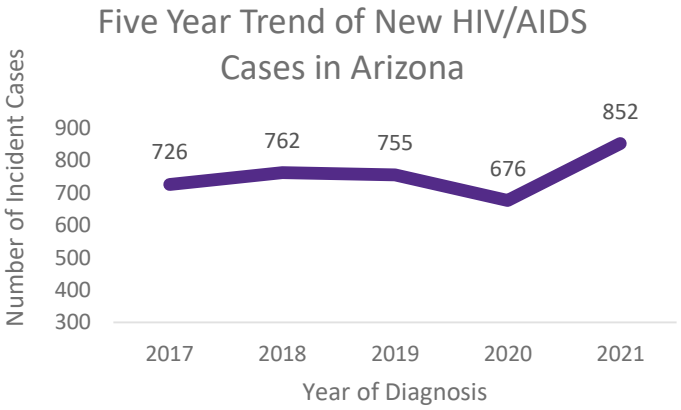
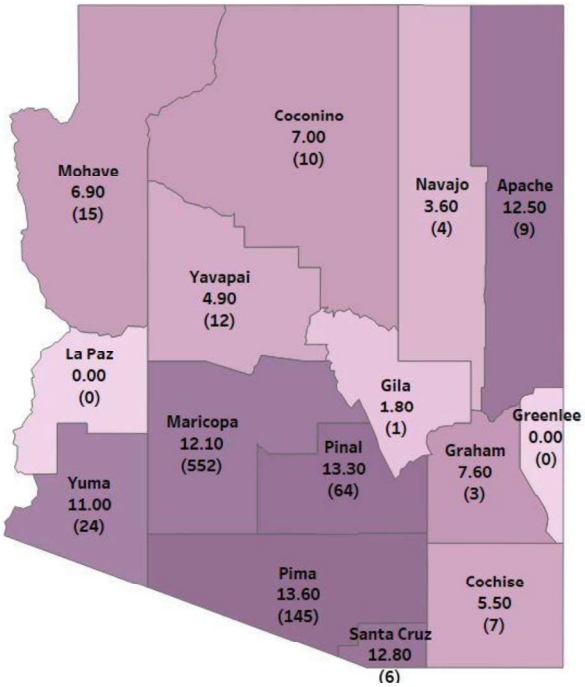
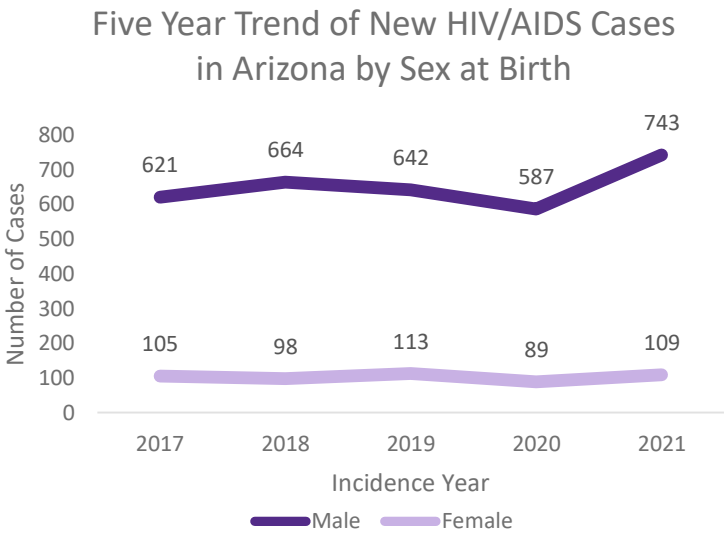
Epidemiologic Snapshot – HIV Surveillance

HIV cases had been holding steady from 2017 to 2019. 2020 saw a decrease in the number of cases possibly due to the COVID-19 pandemic before rebounding in 2021.





2021 cases and rates* by Arizona counties. The darker counties have a **higher rate**.

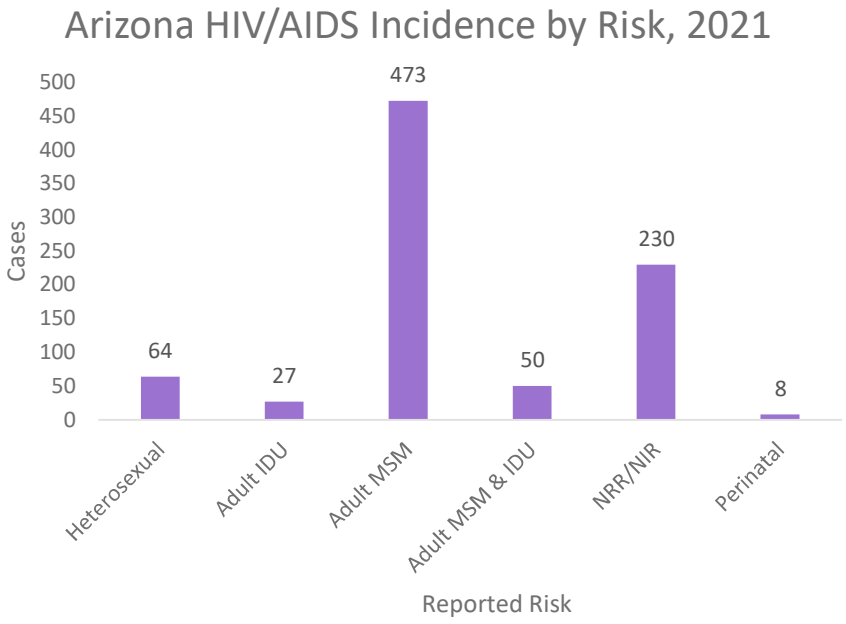


Year over year **men** consistently have a much higher number of cases each year compared to women.

Men saw a more significant jump compared to woman in 2021 as cases bounced back after the COVID-19 pandemic.

*Rates are calculated per 100,000

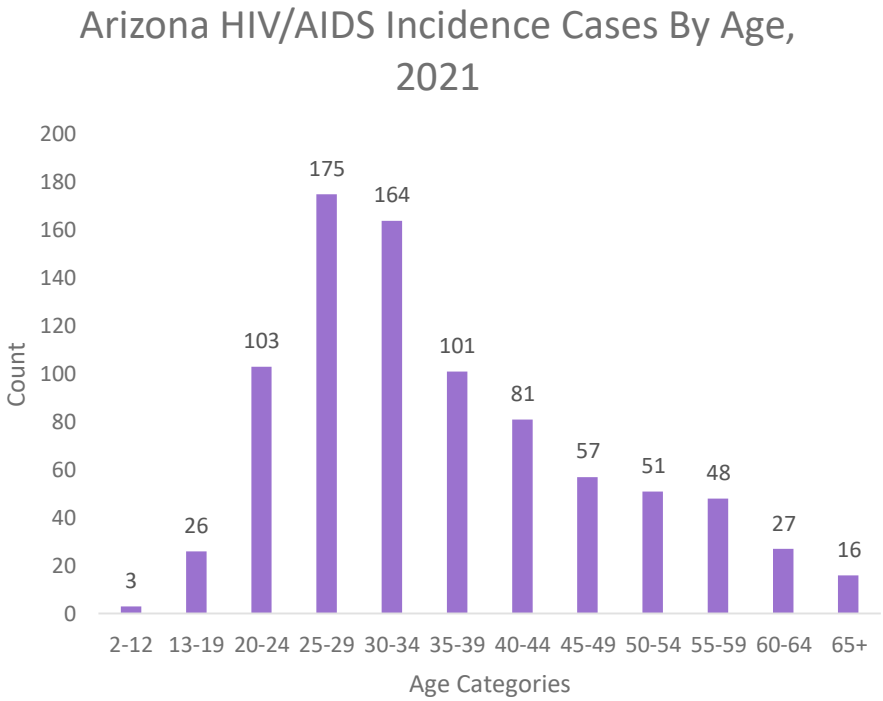
Epidemiologic Snapshot – HIV Surveillance



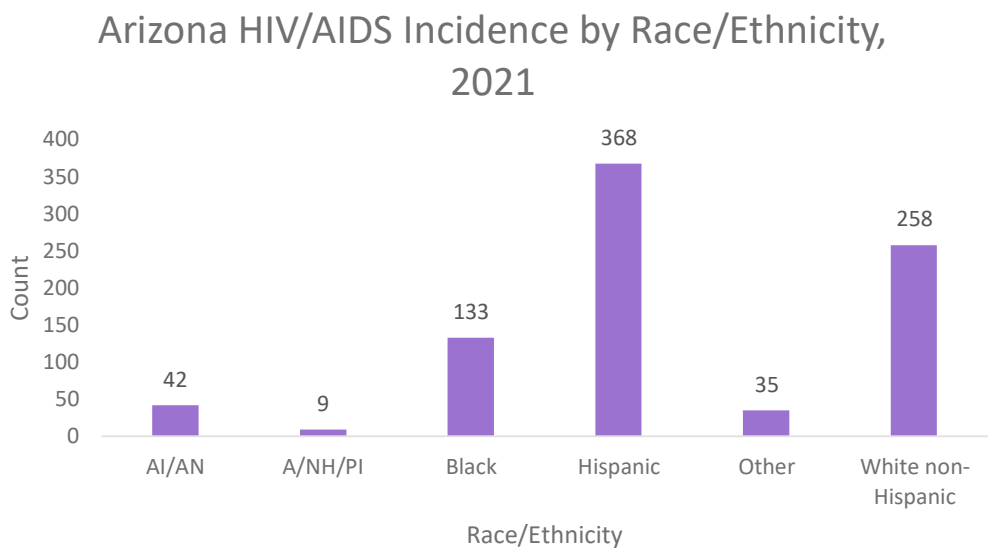
In 2021, MSM was the highest risk followed by NRR/NIR or no reported risk.

MSM = men who have sex with men
IDU = injection drug use
NNR/NIR = no reported risk or no identified risk

In 2021, the highest number of new diagnoses were among those aged 25-29, with those aged 30-34 being the second highest.

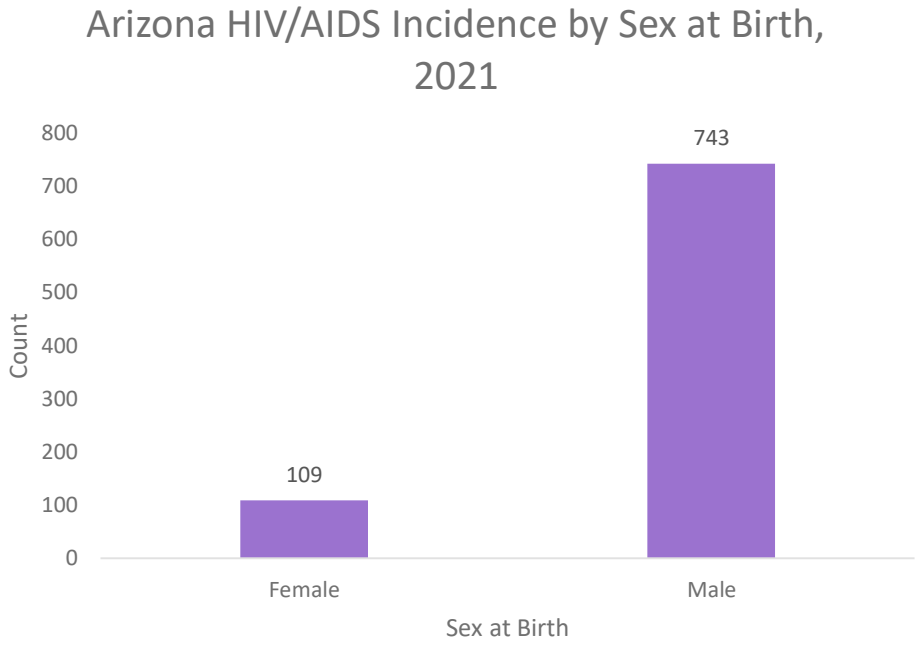


Epidemiologic Snapshot – HIV Surveillance



The Hispanic population had the highest number of new HIV/AIDS cases in 2021. The White population had the second highest.

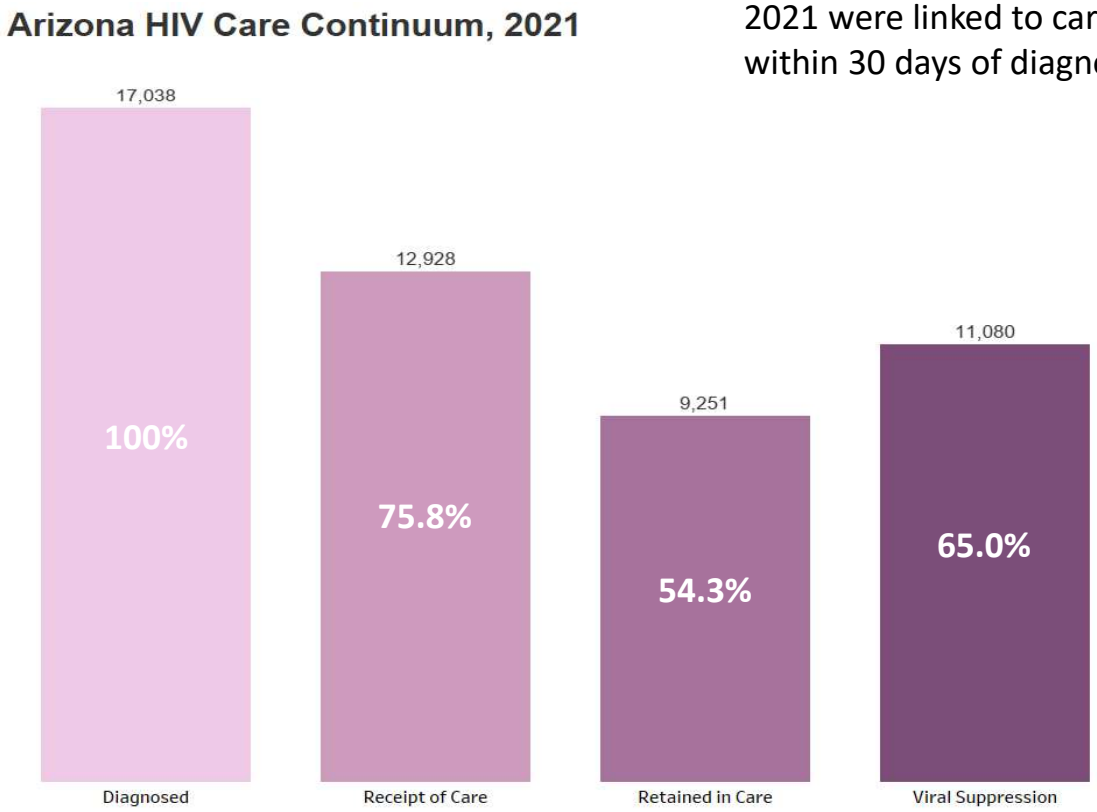
AI/AN = American Indian/Alaska Native
A/NH/PI = Asian/Native Hawaiian/Pacific Islander



Persons who were assigned male at birth made up the overwhelming number of new cases in 2021.

Epidemiologic Snapshot – HIV Surveillance

80.7% of individuals newly diagnosed with HIV/AIDS in 2021 were linked to care (LTC) within 30 days of diagnoses.



Arizona's Care Continuum is a diagnosis-based HIV care continuum, and each step of the continuum is a percentage of the number of people with HIV (PWH) in Arizona at the end of 2021 who received a diagnosis prior to the end of 2020. Individuals who did not have a documented lab in the last 15 years were excluded from the denominator. An individual is considered linked to care if they received lab test (i.e. viral load, CD4) within 30 days of their diagnosis. Linkage to care is a measure that cannot be compared to other outcomes in the HIV care continuum, because the denominator includes only individuals who were diagnosed with HIV/AIDS in 2021.

HIV-Diagnosed: Individuals who were diagnosed with HIV/AIDS before the end of 2021.

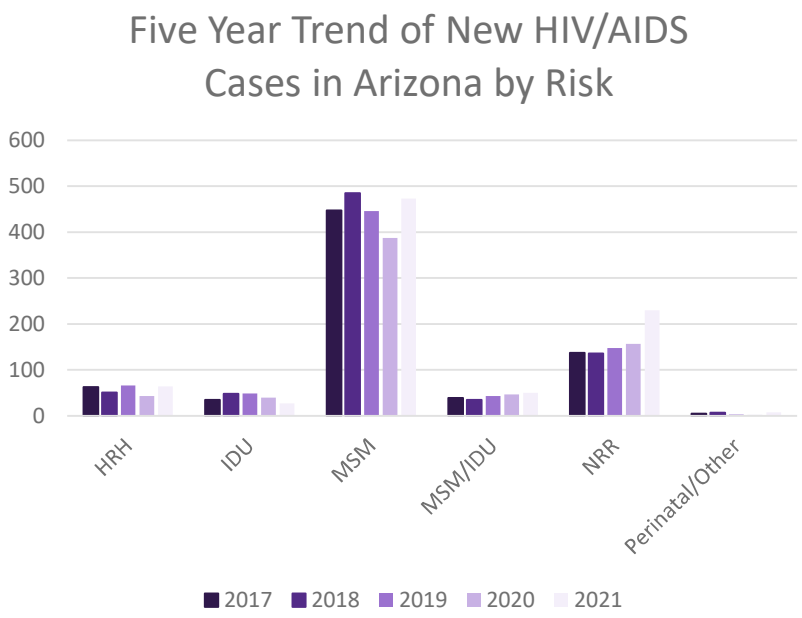
Receipt of Care: PWH who received one or more lab test (i.e. viral load, CD4, or HIV genotype) in 2021.

Retained in Care: PWH who received two or more lab tests (i.e. viral load, CD4, or HIV genotype) that were at least 90 days apart in 2021.

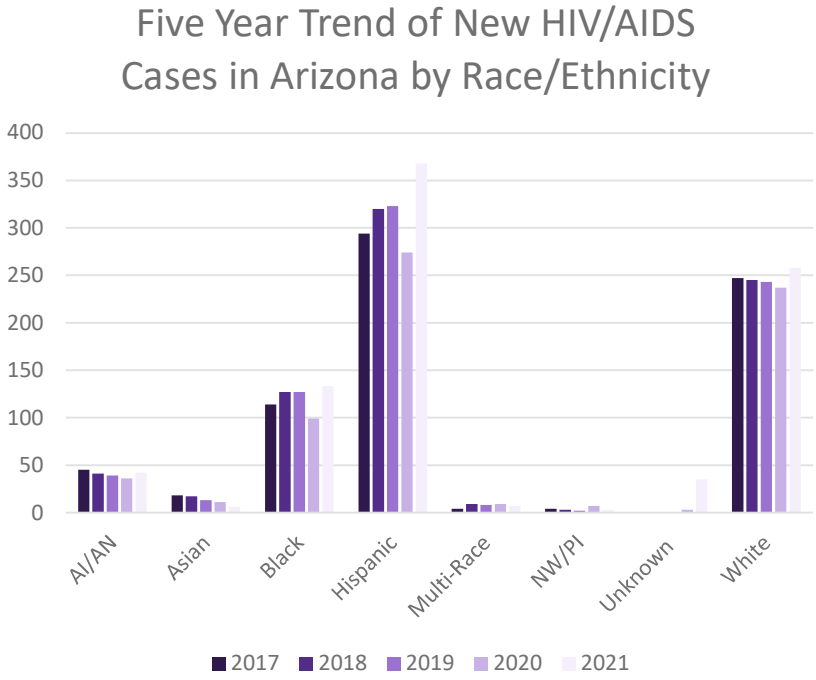
Viral Suppression: PWH whose last viral load test result in 2021 was less than or equal to 200 copies/mL.

Epidemiologic Snapshot – HIV Surveillance

MSM (Men who have sex with men) is the predominate reported risk each year and showed the largest decline in 2020 possibly due to the COVID-19 pandemic.



HRH = high-risk heterosexual contact
IDU = injection drug use
MSM = men who have sex with men
NNR = no reported risk



The Hispanic population consistently has the highest number of new HIV/AIDS cases. The White population has the second highest number of new cases.

AI/AN = American Indian/Alaska Native
A/NH/PI = Asian/Native Hawaiian/Pacific Islander

Epidemiologic Snapshot – HIV Prevention

Summary of prevention activities for people experiencing risks for HIV in Arizona

Condom Distribution

PrEP/PEP[a] Navigation & PrEP Lab Support

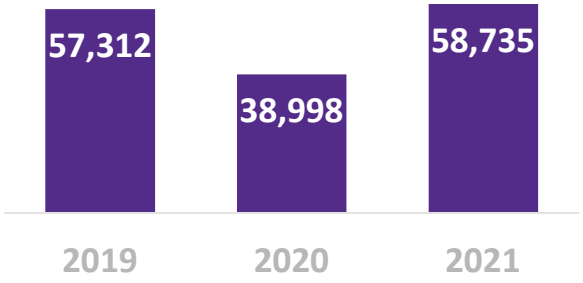
HIV Testing

Linkage to care

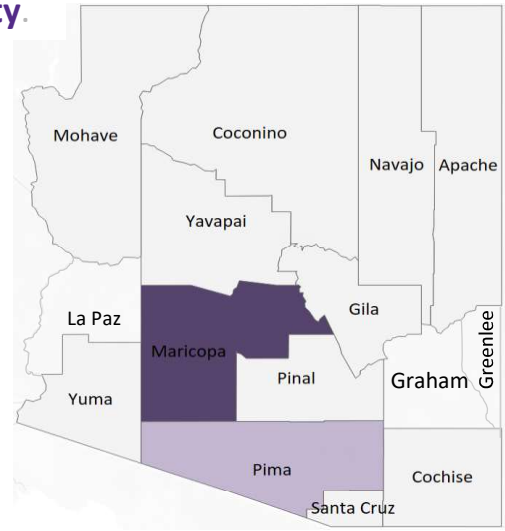
Partner Services

HIV Testing

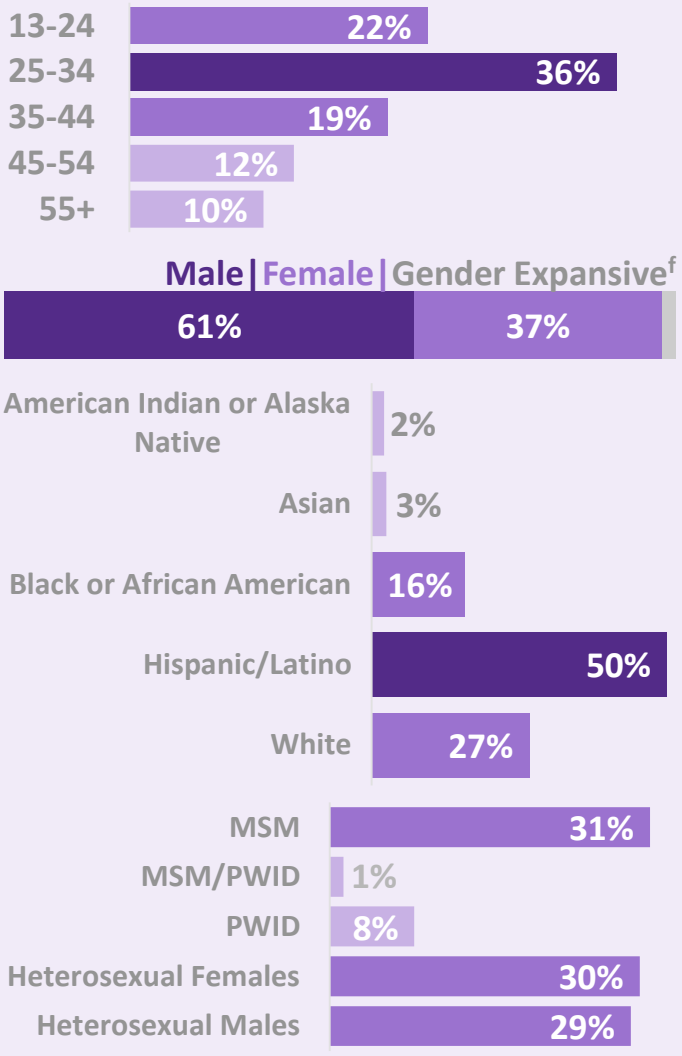
Statewide HIV testing[b] rebounded in 2021 after a decrease in 2020 due to the COVID-19 pandemic.



The majority (90%) of Arizona residents tested for HIV in 2021 resided in **Maricopa County**.



2021 Testing Demographics[c,d,e]



[a]Pre- and post-exposure prophylaxis.
[b]Data reflect tests funded by CDC Program Announcement PS18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments.
[c]Denominator for gender identity only includes tests where a value was provided for current gender identity.
[d]Tests for individuals identifying as Native Hawaiian or Pacific Islander or Multi-race each accounted for 1% or less of total tests and are not displayed.
[e]Population groups include: men who have sex with men (MSM), men who have sex with men and who inject drugs (MSM/PWID), and people who inject drugs (PWID); behaviors were reported in the last 5 years.
[f]Gender identities included in gender expansive: genderqueer/gender non-conforming, transgender women, transgender men, transgender unspecified, two-spirit and another gender identity, and another gender.

Epidemiologic Snapshot – HIV Prevention

HIV Testing

Of the tests reported in 2021[a],

369 HIV tests had a **positive test result**

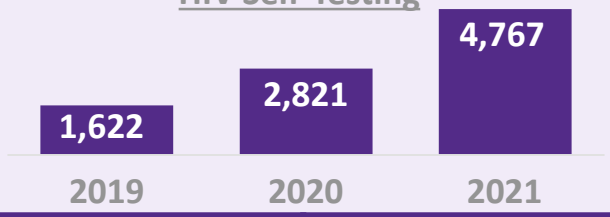
220 were **newly diagnosed** with HIV

142 were **previously diagnosed** with HIV

7 HIV status **could not be determined**[b]

The percent of persons newly diagnosed with HIV in Arizona was **0.4%**, which is the same as the national positivity rate.

HIV Self-Testing[c]



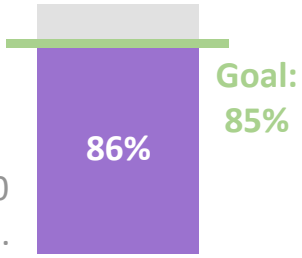
Methods of test kit distribution in 2021:

- **67%** Partner Distribution
- **24%** Direct Mail
- **9%** Voucher

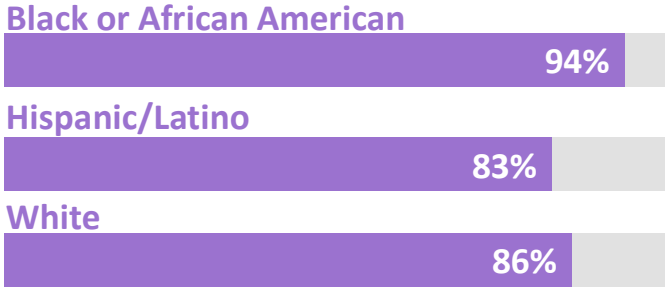
In 2021, An estimated **9%** of self-test kits were distributed to someone who had **received at least one self-test kit through the program previously** (i.e. **repeat testers**).

Linkage to HIV Care[d]

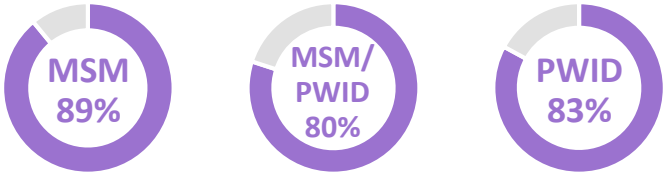
86% of people newly diagnosed with HIV were **linked to HIV medical care** within 30 days of their diagnosis.



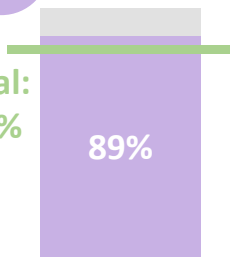
Linkage to care was higher for people who identified as **Black or African American** compared to **Hispanic/Latino** or **White**.



Linkage to care was higher for **MSM** than for **MSM/PWID** or **PWID**.



Partner Services



89% of people newly diagnosed with HIV were **interviewed for partner services**[e].

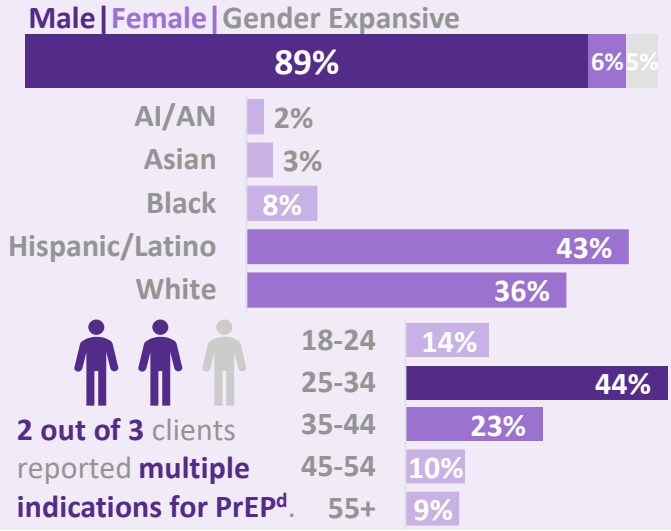
[a]Includes only publicly-funded tests reported to HIV Prevention. For all new diagnoses reported in Arizona, refer to HIV Surveillance data.
[b]A person whose HIV status could not be determined was not found in the state surveillance database and could not be verified as a new or previous diagnosis.
[c]Arizona's HIV self-testing program began in 2019. People experiencing risks for HIV may order a test kit by mail, redeem a voucher at select partnering locations, or receive a test kit directly from participating community-based organizations.
[d]In HIV Prevention data, linkage to HIV care is defined as attending an appointment with an HIV care provider.
[e]In Arizona, partner services interviews are conducted by trained Disease Intervention Specialists (DIS) at the state or local health department.

Epidemiologic Snapshot – HIV Prevention

PrEP/PEP Navigation[a]

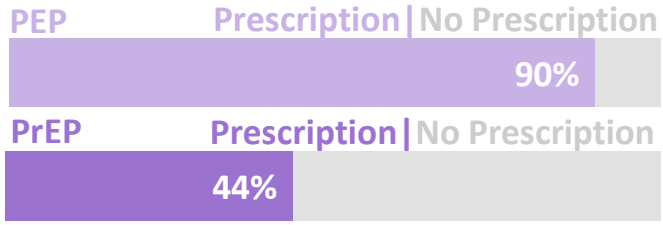
In 2021, **2,642 PrEP/PEP navigation sessions** were conducted by six participating community-based organizations[b].

Client Demographics[c]



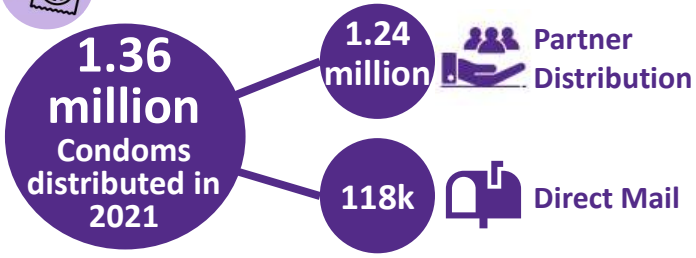
2 out of 3 clients reported **multiple indications for PrEP[d]**.

In 2021, prescription outcomes were significantly higher for **PEP** than for **PrEP**. This is likely due to the time-sensitive nature of receiving PEP following possible exposure to HIV.



The most commonly reported reason a person did not receive a prescription for PrEP was that they had not completed labs and/or had not attended an appointment with a PrEP provider following the navigation session.

Condom Distribution[e]



PrEP Lab Support[f]

In the first 18 months, the PrEP Lab Support Program has **covered the cost of at least one PrEP-associated lab** for **266 clients** residing in Maricopa County[g].

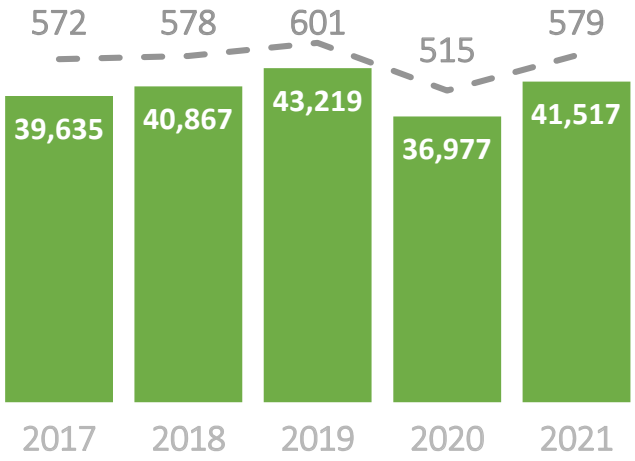
Total amount paid*:
$204,566

More than half of clients receiving PrEP Lab Support are **uninsured**.

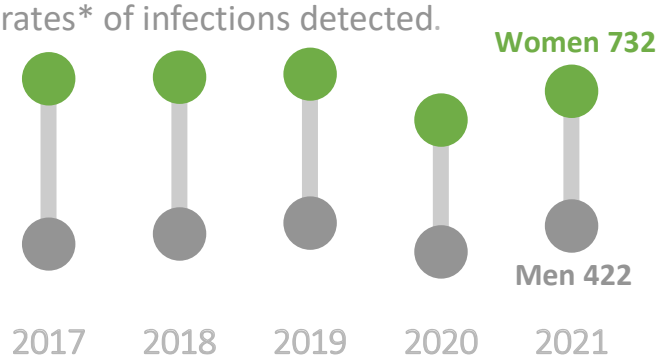
[a]Arizona's PrEP/PEP navigation program is funded by CDC Program Announcement PS18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments.
[b]Participating agencies include: Area Agency on Aging/Care Directions, Chicanos por la causa, Northland Cares, Southern Arizona AIDS Foundation, Southwest Center for HIV/AIDS, Spectrum Medical Group
[c]In the race/ethnicity graph, American Indian or Alaska Native is abbreviated to AI/AN and Black represents people who identify as Black or African American. Race/ethnicities not shown: two or more races (2%) and unknown race (6%).
[d]Indications for PrEP include: multiple sexual partners, inconsistent or no condom use, sharing injection drug equipment, sexual and/or injection partner with HIV, recent bacterial sexually transmitted infection (STI), and sex in exchange for money or drugs.
[e]Arizona's condom distribution program is funded by CDC Program Announcement PS18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments.
[f]The PrEP Lab Support Program is funded by CDC Program Announcement PS20-2010 Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States. Data are provisional.
[g]Due to funding restrictioins, PrEP lab support is only offered to residents of Maricopa County at this time.

Epidemiologic Snapshot - STIs

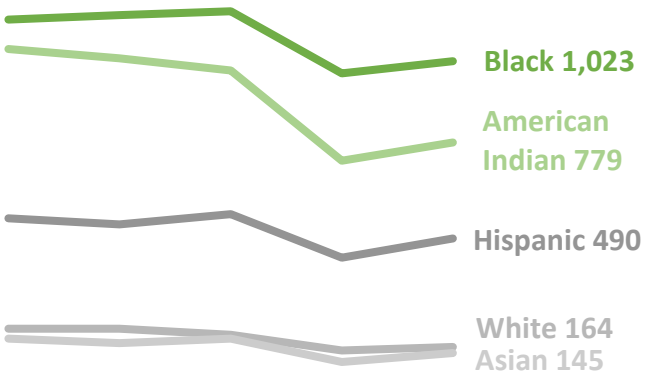
Chlamydia **cases** and **rates*** have been increasing over the past few years in Arizona, with only a slight decline seen in 2020 due to COVID-19.



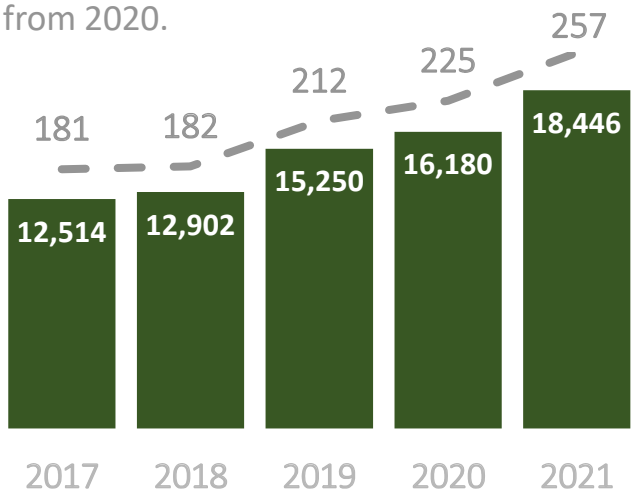
Women consistently have higher rates* of chlamydia than **men**. Women are recommended to have routine screening which likely contributes to the higher rates* of infections detected.



Chlamydia rates* disproportionately impact persons who identify as **Black/African American** and **America Indian**.

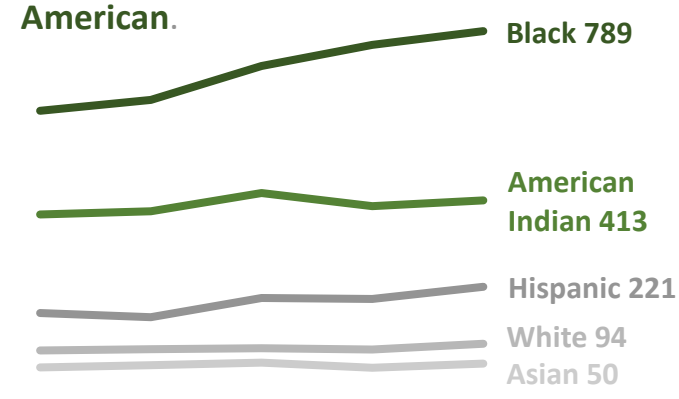


Gonorrhea **cases** and **rates*** have continuously increased in Arizona. In 2021, 18,446 **cases** were reported, a 14% increase from 2020.



Men consistently have higher rates* of gonorrhea than **women**. Men are more likely to notice symptoms and seek out testing in comparison to women. In 2021, there were **305** cases per 100,000 among **men**, while only **209** cases per 100,000 among **women**.

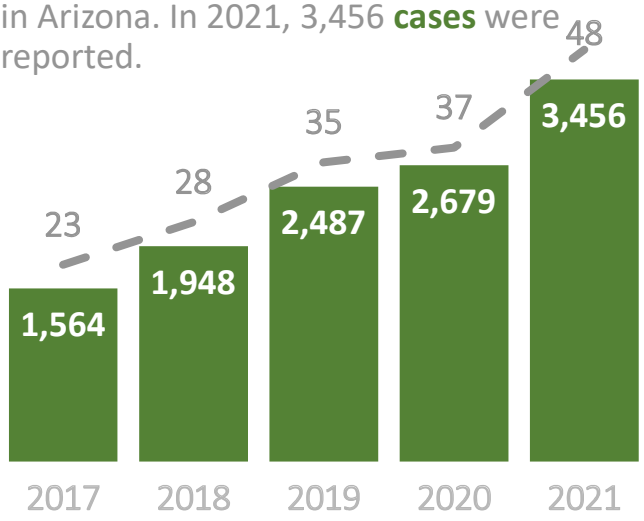
Gonorrhea rates* disproportionately impact persons who identify as **Black/African American**.



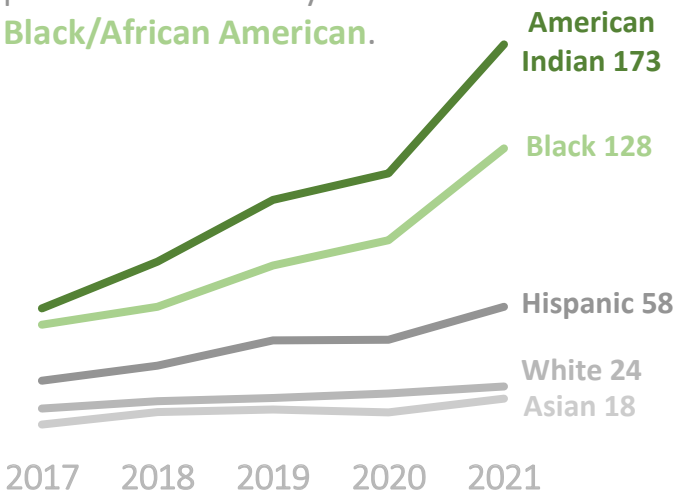
*Rates are calculated per 100,000

Epidemiologic Snapshot - STIs

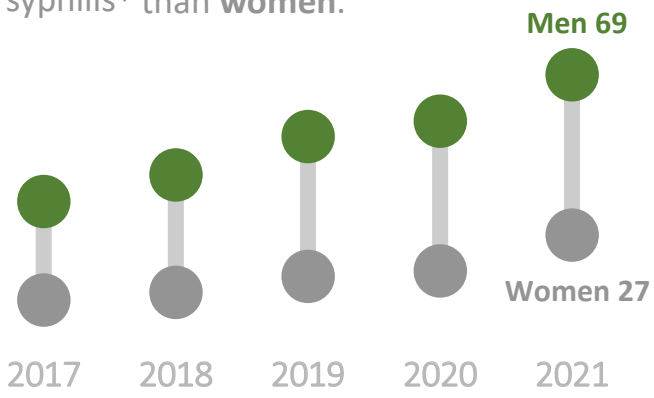
Syphilis† **cases** and **rates*** are increasing in Arizona. In 2021, 3,456 **cases** were reported.



Syphilis† rates* disproportionately impact persons who identify as **America Indian** and **Black/African American**.



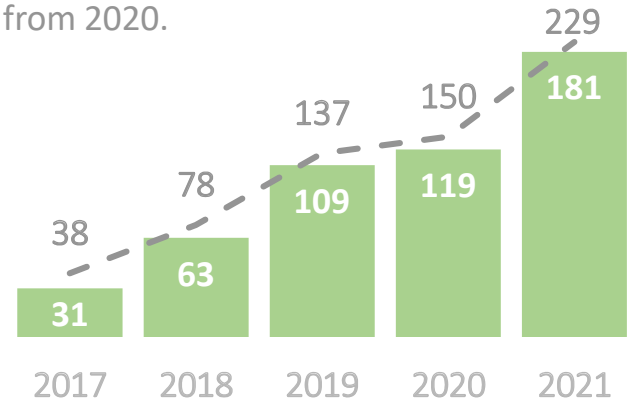
Men consistently have higher rates* of syphilis† than **women**.



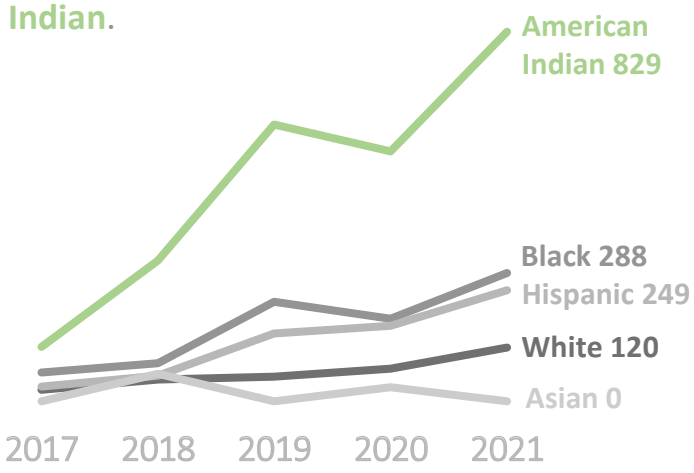
†Includes primary, secondary, and early latent syphilis

*Rates are calculated per 100,000

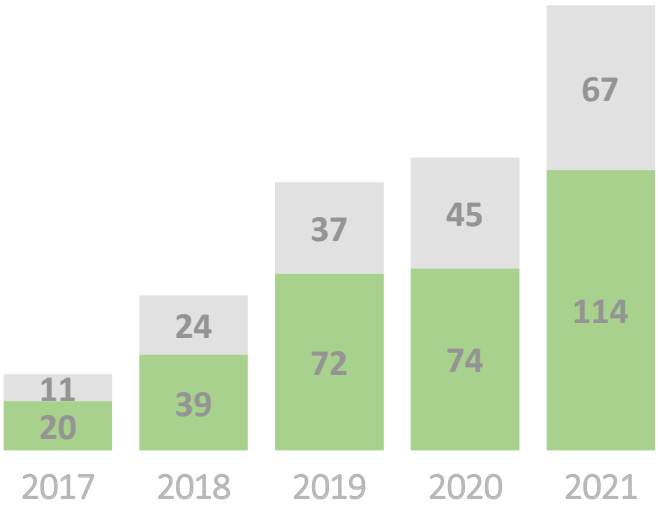
Congenital syphilis **cases** and **rates*** have also increased. In 2021, 181 congenital syphilis **cases** were reported, a 52% increase from 2020.



Congenital syphilis rates* disproportionately impact persons who identify as **American Indian**.

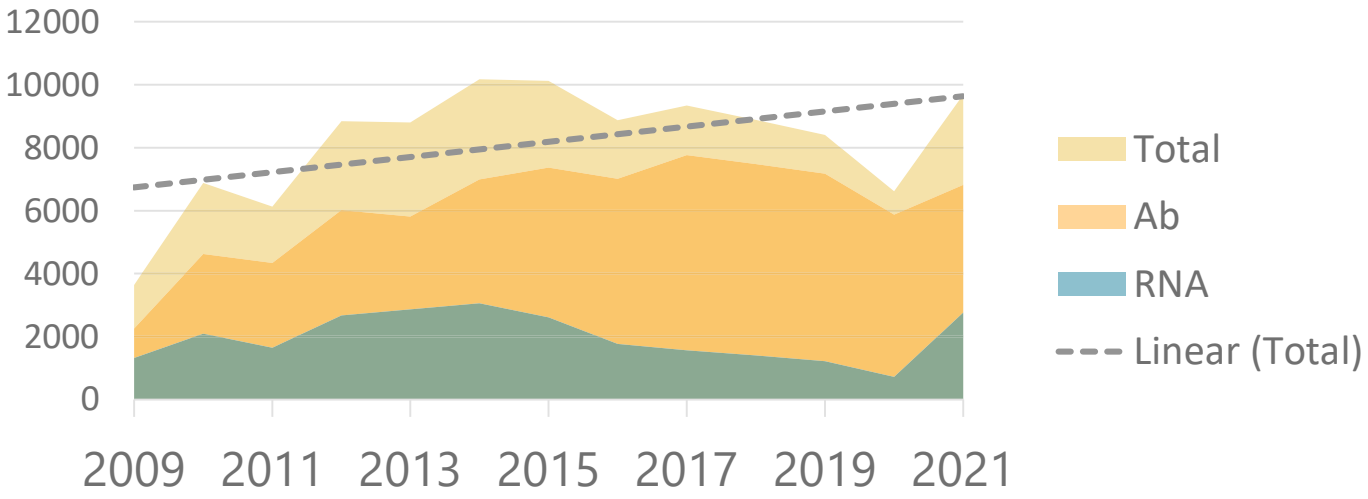


In Arizona, 63% of congenital syphilis cases are reported in **Maricopa County**. In 2021, **Maricopa County** reported 114 cases.



Epidemiologic Snapshot – Hepatitis C (Hep C)

First Electronic Laboratory Report per Individual by Year (2009 – 2021)

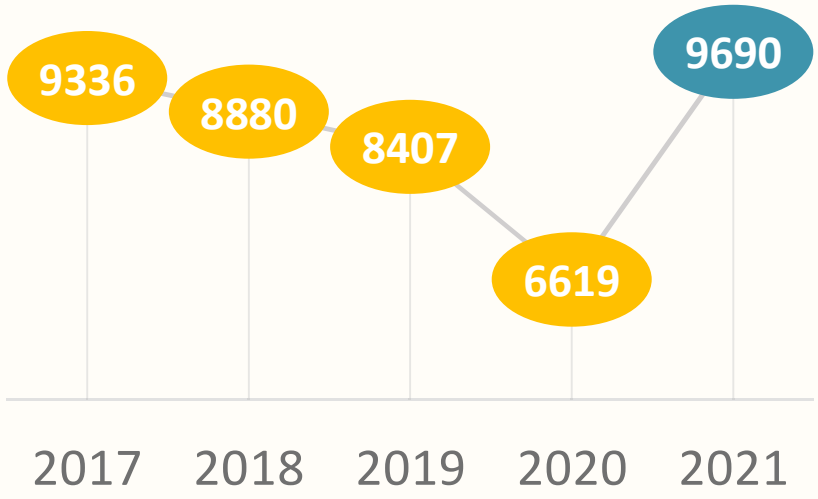


RNA = Confirmatory test
Ab = Antibody screening test

There were a total of **106,393** hep C reports identified for 2009 – 2021.

Results were de-duplicated to retain the **first report** for an individual person.

Last 5 Years (2017 – 2021) First Electronic Laboratory Reports (ELR)

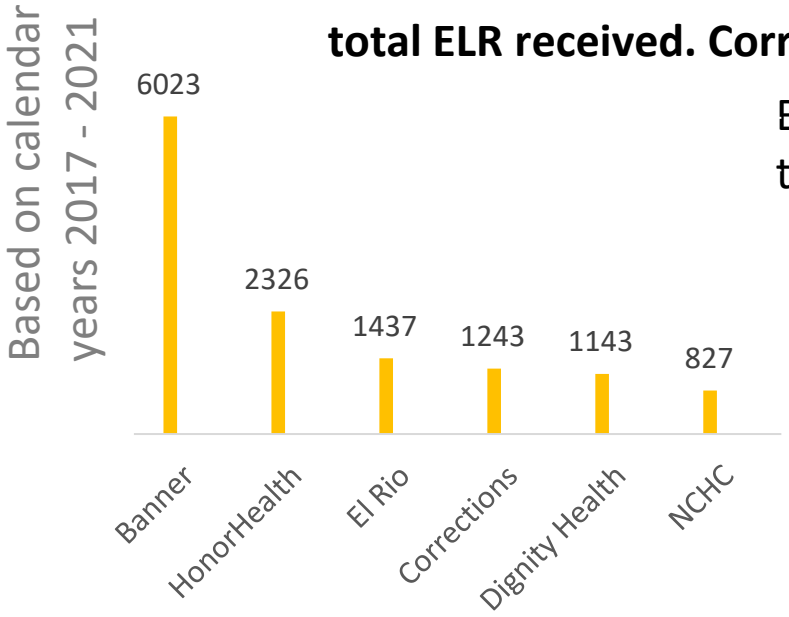


Reports decreased in 2020 due to COVID-19.

Epidemiologic Snapshot – Hep C

Top Health Care System Reporters by Volume

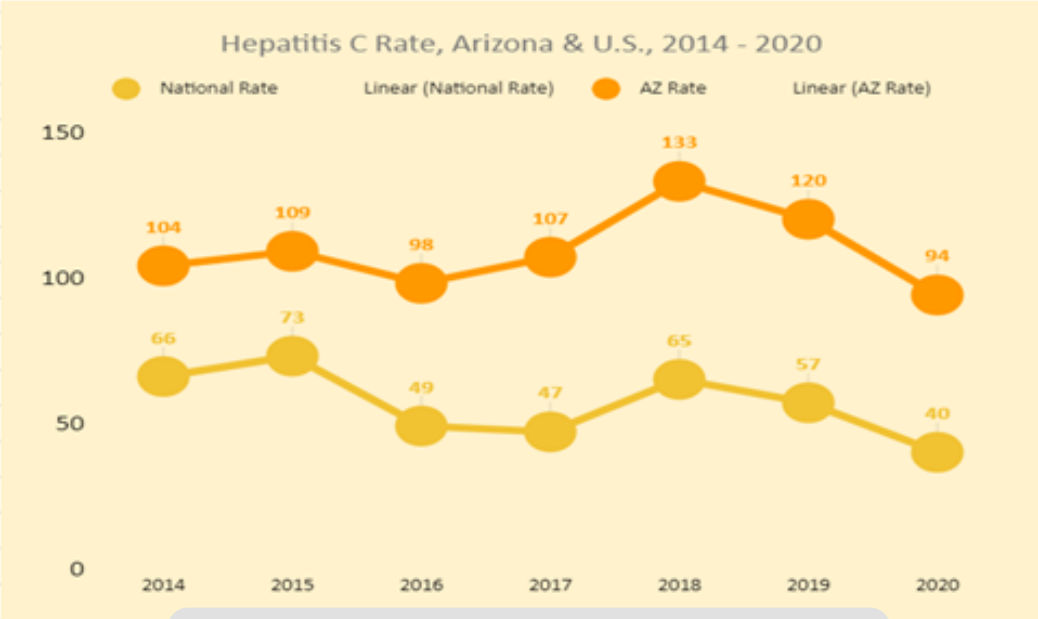
These healthcare systems offer hep C testing based on CDC recommendations. The numbers indicate total ELR received. Corrections was not surveyed.



Barriers to increase hep C treatment include:

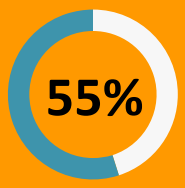
- **Staffing Shortages**
- **High Costs**
- **Administrative Time**

Hepatitis C Rates per 100,000



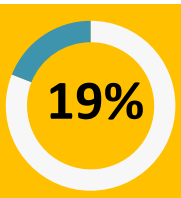
Arizona's rates are consistently higher than the national rate.

Epidemiologic Snapshot – Hep C



Of Reports are Received from Maricopa County

Reports by County

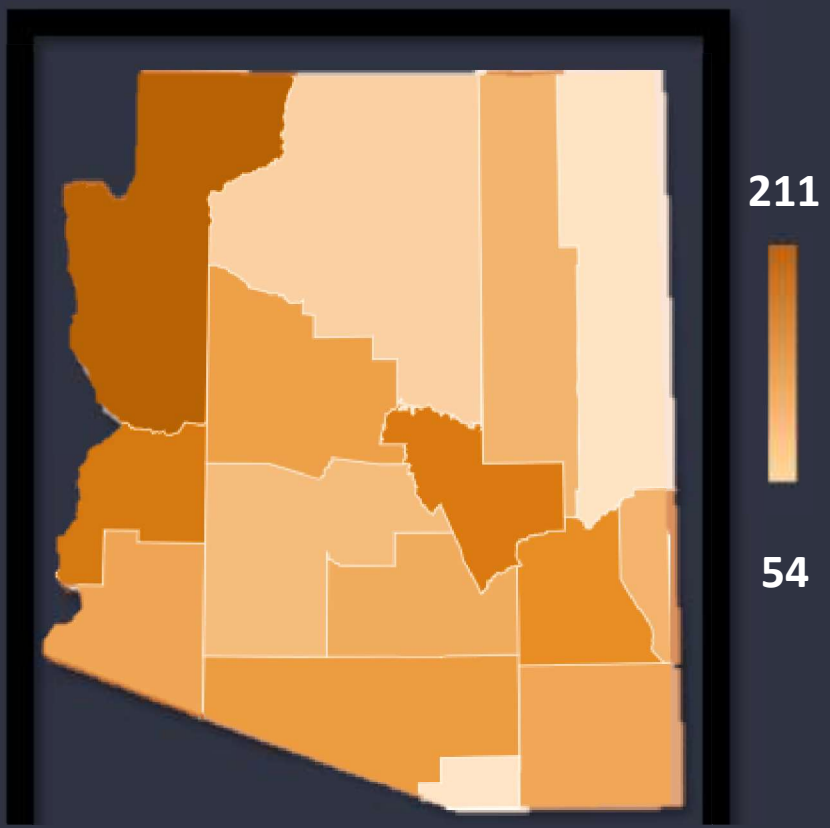


Of Reports are Received from Pima County

Highest average rate per 100,000 population (2017-2021):

Mohave County (211)
La Paz County (185)
Gila County (184)

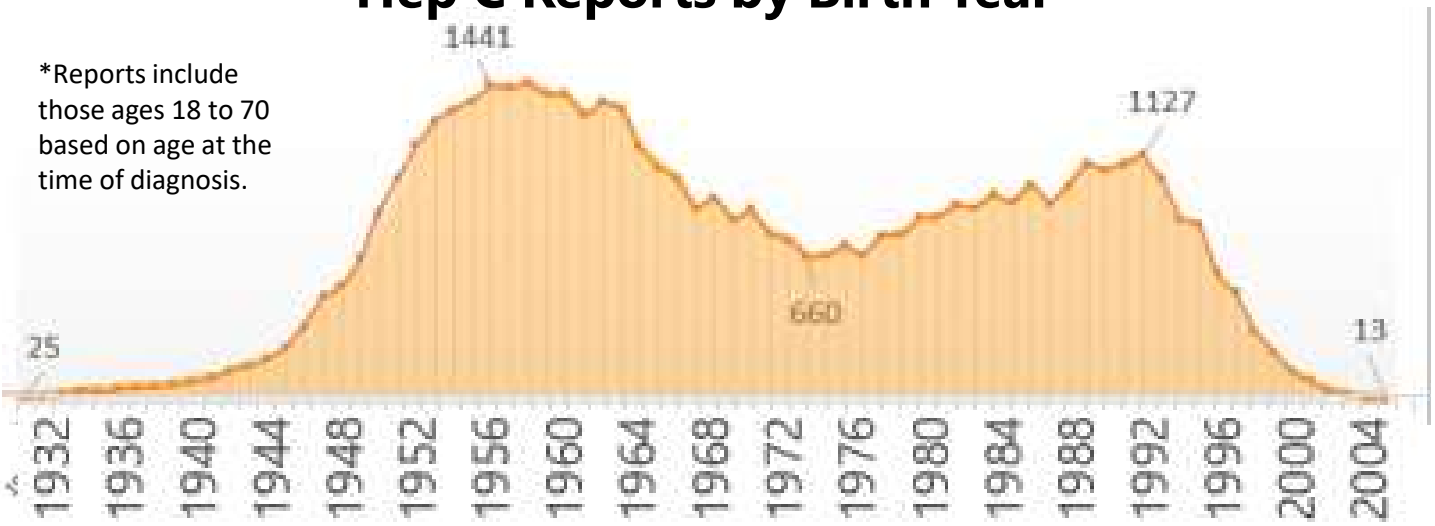
Average Hep C Rate by County



Epidemiologic Snapshot – Hep C

Hep C Reports by Birth Year*

*Reports include those ages 18 to 70 based on age at the time of diagnosis.



Similar to national trends, a bimodal distribution of hep C reports was observed with a peak of 1441.

The highest volume of reports among young adults was 1127.

Hep C Reports by Sex Assigned at Birth

N = 9,248

Hep C Reports from 2017 - 2021

70% (6,280) Male **30%** (2,968) Female

At this time, other demographic info is limited for hep C data.