



UTAH DEPARTMENT OF  
**HEALTH**  

---

**Bureau of Epidemiology**

**HIV and STD Prevention Program**

**2019: 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.

The 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.

The UDOH's HIV Surveillance Epidemiologists, Luke Edvalson, MPH and Nuzhat Majid, MPH compiled this report with the support of their colleagues in the UDOH HIV and STD Prevention Program. HIV/AIDS and other reportable communicable disease data for Utah are published by the UDOH Bureau of Epidemiology.

The UDOH acknowledges 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), UT-NEDSS (EpiTrax), 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](mailto:epi@utah.gov)

Websites: <https://epi.health.utah.gov/>  
<https://ptc.health.utah.gov/>

# Table of Contents

Acknowledgements.....	i
Table of Contents.....	ii
List of Figures .....	iii
List of Tables .....	v
Executive Summary .....	vi
New HIV Diagnoses in Utah	
Background.....	1
Geographic Distribution.....	2
Birth Sex and Age at Diagnosis .....	2
Transmission Category .....	4
Race and Ethnicity .....	6
Stage 3 (AIDS) at Diagnosis .....	7
Persons Living with Diagnosed HIV	
Background.....	10
Geographic Distribution.....	11
Birth Sex and Age Groups .....	11
Transmission Category .....	12
Race and Ethnicity .....	14
HIV Medical Care	
Background.....	15
Linkage to Care.....	16
Care Continuum .....	16
Perinatal HIV Prevention.....	18
Ryan White Clients.....	19

# List of Figures

- Figure 1. Stable Rates of New HIV Diagnosis Over the Last Ten Years in Utah..... 1
- Figure 2. Salt Lake County Sees the Most Cases but HIV is State Wide, 2015–2019 ..... 2
- Figure 3. HIV Rates are Significantly Higher Among Males than Females in Utah ..... 3
- Figure 4. Most New HIV Diagnoses are Among Younger Men in Utah ..... 3
- Figure 5. Male to Male Sexual Contact is the Leading Route of HIV Transmission Among Utah Men ..... 5
- Figure 6. Heterosexual Contact is the Leading Route of HIV Transmission among Females in Utah..... 5
- Figure 7. Most New HIV Diagnoses are Among White and Hispanic Populations in Utah, 2019. 6
- Figure 8. Many Utah Populations Had Rate Increases in HIV Diagnosis, 2010-2014 vs 2015-2019 ..... 7
- Figure 9. No Decrease in Stage 3 (AIDS) Diagnoses in the Last Five Years ..... 8
- Figure 10. Ethnic Minorities in Utah are More Likely to Have Stage 3 (AIDS) Infection at Diagnosis, 2015-2019 ..... 8
- Figure 11. Persons Living with Diagnosed HIV in Utah Increases Annually ..... 10
- Figure 12. Persons Living with Diagnosed HIV Reside in Every Part of the State of Utah, 2018 ..... 11
- Figure 13. The HIV+ Population in Utah is Aging, 2018 ..... 12
- Figure 14. Most Women Living with HIV in Utah Acquired it Through Heterosexual Transmission, 2018..... 13
- Figure 15. MSM is the Most Common Transmission Risk Among Men Living with HIV in Utah, 2018 ..... 13
- Figure 16. Racial/Ethnic Minorities Comprise Over 50% of Women Living with HIV in Utah, 2018 ..... 14
- Figure 17. Racial/Ethnic Identities of Men Living with HIV Resemble Utah's Overall Population, 2018 ..... 15
- Figure 18. Only 72% of 2019 New Diagnoses in Utah were Linked to HIV care in 30 days..... 16
- Figure 19. In 2018, 85% of PLWDH were in HIV Care and 75% were Virally Suppressed in Utah ..... 17
- Figure 20. Viral Suppression in Utah is Stagnant in the Last 5 Years Among PLWDH who Received HIV Care ..... 18
- Figure 21. More than Half of the People Living with HIV in Utah were Enrolled in Ryan White in 2018 ..... 19

## List of Tables

Table 1. New Diagnoses of HIV and Rates per 100,000 Residents by Local Health District, Utah, 2010–2019.....	20
Table 2. New Diagnoses of HIV and Rates per 100,000 Among Females by Age Category, Utah, 2010–2019.....	21
Table 3. New Diagnoses of HIV and Rates per 100,000 Among Males by Age Category, Utah, 2010–2019 .....	22
Table 4. Case Counts and Percentages of New HIV Diagnoses Among Females by Transmission Category, Utah, 2010–2019.....	23
Table 5. Case Counts and Percentages of New HIV Diagnoses Among Males by Transmission Category, 2010–2019.....	24
Table 6. Case Counts and Rates per 100,000 of New HIV Diagnoses Among Females by Race/Ethnicity, Utah, 2010–2019.....	25
Table 7. Case Counts and Rates per 100,000 of New HIV Diagnoses Among Males by Race/Ethnicity, Utah, 2010–2019.....	26
Table 8. Case Counts and Percentages of New HIV Diagnoses with Stage 3 Infection (AIDS) at Time of Diagnosis by Race/Ethnicity, Utah, 2010–2014 vs. 2015–2019 .....	27
Table 9. Number of Persons Living with Diagnosed HIV and Rate per 100,000 by Local Health District, Utah, 2014–2018.....	28
Table 10. Numbers of Persons Living with Diagnosed HIV and Rates per 100,000 Among Females by Age Group, Utah, 2014–2018.....	29
Table 11. Numbers of Persons Living with Diagnosed HIV and Rates per 100,000 Among Males by Age Group, Utah, 2014–2018 .....	29
Table 12. Number & Percentage of Persons Living with Diagnosed HIV Among Females by Transmission Category, Utah, 2014–2018.....	30
Table 13. Number & Percentage of Persons Living with Diagnosed HIV Among Males by Transmission Category, Utah, 2014–2018.....	30
Table 14. Number of Persons Living with Diagnosed HIV and Rate per 100,000 Among Females by Race/Ethnicity, Utah, 2014–2018.....	31
Table 15. Number of Persons Living with Diagnosed HIV and Rate per 100,000 Among Males by Race/Ethnicity, Utah, 2014–2018.....	31
Table 16. Number and Percentage of Active Ryan White Clients Among Persons Living with Diagnosed HIV, Utah, 2014–2018 .....	31

## Executive Summary

This report describes new diagnoses of human immunodeficiency virus (HIV) in 2019 among persons whose primary residence was in Utah at the time of 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 a delay in reporting deaths and address changes, analyses involving persons previously known to be HIV-positive only include data through the end of 2018. 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 2019, Utah had 134 newly diagnosed HIV cases and 72.4% of them were linked to HIV medical care within 30 days.
- The rate of new diagnoses over the past five years has been remarkably flat. The rate of diagnosis for 2019 was 4.2 cases per 100,000 residents.
- The rate in adolescents and young adults (ages 13 to 24 years) increased by nearly 50% to 11.6 cases per 100,000 residents compared to 2017 & 2018.
- 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 the time of HIV diagnosis. This indicates the need for targeted testing efforts to reach these populations.
- Overall, the rate of new HIV diagnoses with stage 3 infection has not decreased in the last five years. This indicates an ongoing need to enhance testing efforts in order to identify HIV infection earlier.

### Persons Living with Diagnosed HIV (PLWDH)

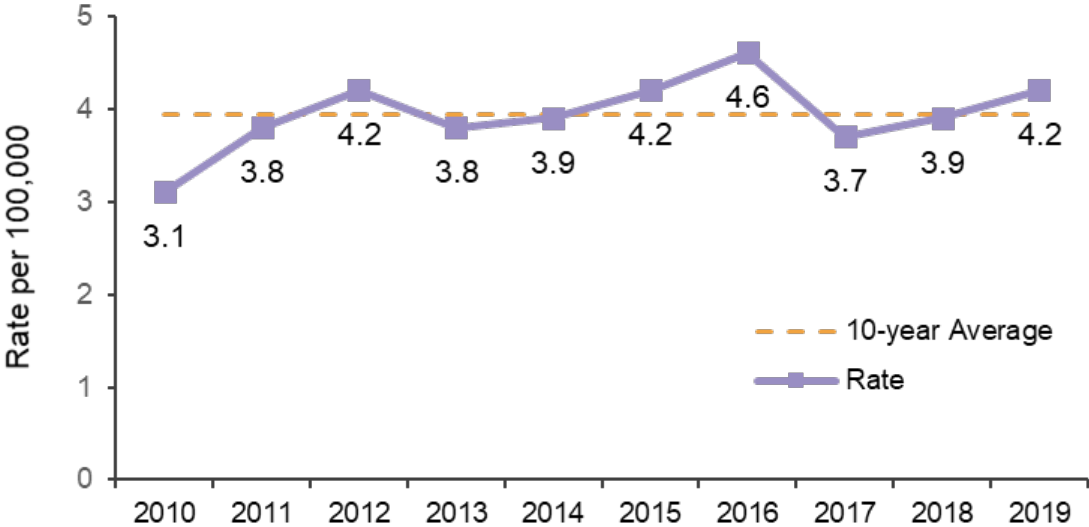
- In 2018, the largest age group for PLWDH in Utah was 45–54 years old.
- Nearly half of the female PLWDH in Utah reported high-risk heterosexual contact as the most likely route of HIV transmission.
- Among PLWDH, 85% received HIV medical care and 75% achieved viral suppression in 2018.
- About 45% of PLWDH accessed at least one service from the Ryan White Part B HIV/AIDS program in 2018.

# New HIV Diagnoses in Utah

## Background

Infection with human immunodeficiency virus (HIV) is a serious health event which 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 UDOH’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 2019, 134 newly diagnosed HIV infections were identified for a rate of 4.6 new diagnoses per 100,000 residents. Although rates have declined significantly since the height of the epidemic, they have been relatively stable over the past 10 years.

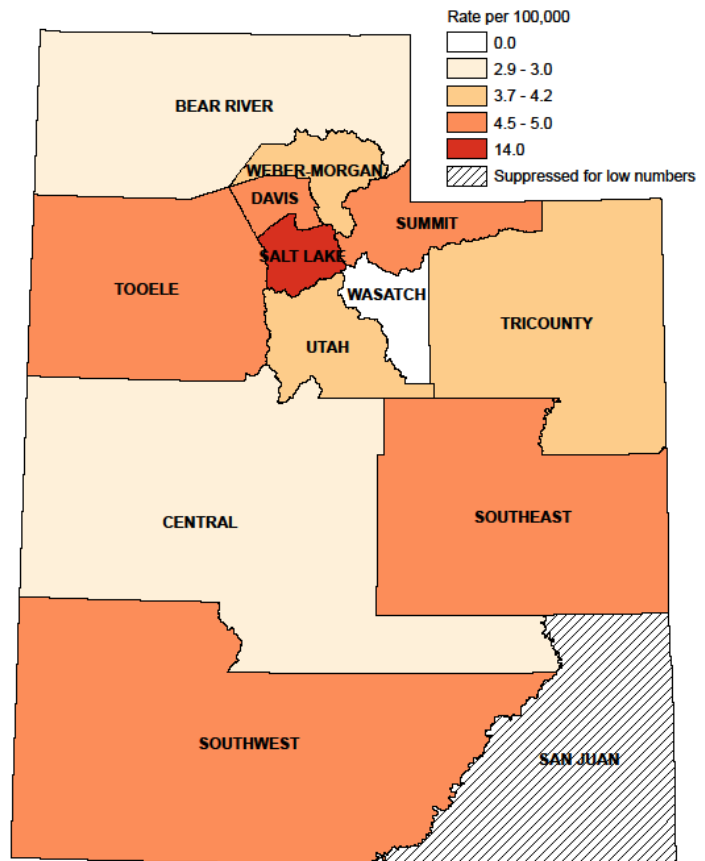
**Fig. 1 Stable Rates of New HIV Diagnosis Over the Last Ten Years in Utah**



## Geographic Distribution

Most newly diagnosed HIV cases are reported in Utah's largest population centers. This includes the four counties making 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 we see the largest number of HIV infections each year. In 2019, 88% of newly diagnosed HIV infections were reported along the Wasatch Front; 60% 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. Because of these low numbers and fluctuations in rates, year-to-year comparisons between counties and many other defined populations are difficult to make. To address this concern, some of the data presented in this report (such as in Figure 2) combine multiple years of data.

Fig. 2 Salt Lake County Sees the Most Cases but HIV is Statewide, 2015–2019

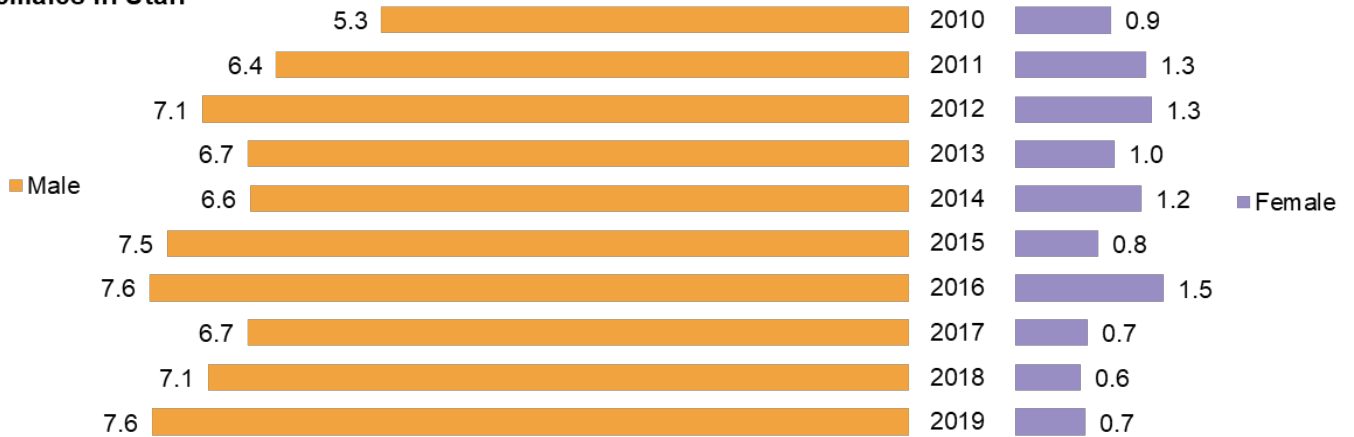


## Birth Sex & Age at Diagnosis

HIV disproportionately affects males in both Utah and the United States. The rate of reported diagnosis among males was highest at the beginning of the 10-year reporting period. Over the past five years, the rate has remained stable, with annual fluctuations no greater than 0.8 cases per 100,000 male Utah residents. The rate among females is even more stable, with annual differences of less than 1.0 case per 100,000 females over the 10-year period.



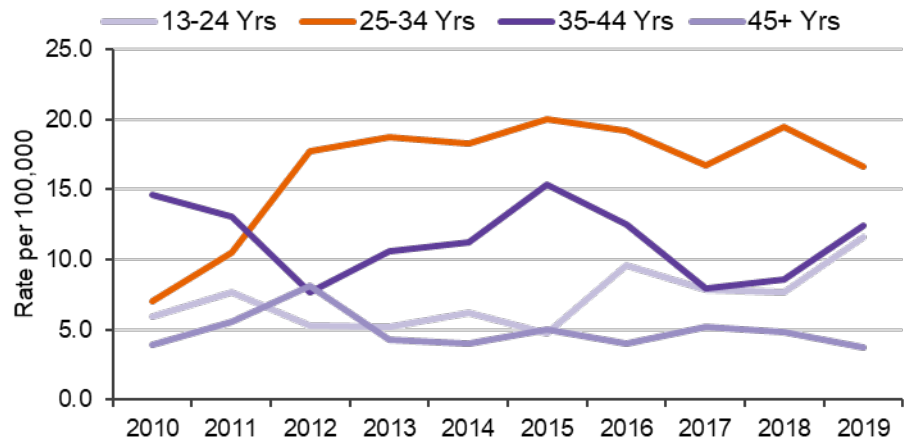
**Fig 3. HIV Rates are Significantly Higher Among Males than Females in Utah**



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 before 2010. There are also low numbers of HIV transmission among persons 65 years or older. Because the number of cases in the younger than 13-year age group is so small, the annual rates are statistically unstable and are not displayed in Figure 4. Further, the difference in rates among men age 45 and older is insignificant, so those categories have been combined. 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. For case counts, please see Table 3 at the end of this report.

There were increases in the rate of diagnosis among men in the 13-24 year and the 35-44 year age groups. It remains to be seen if these increases will continue into the future. It is unknown if this increase is due to changes in testing behavior or changes in risk behaviors.

**Fig. 4 Most New HIV Diagnoses are Among Younger Men in Utah**



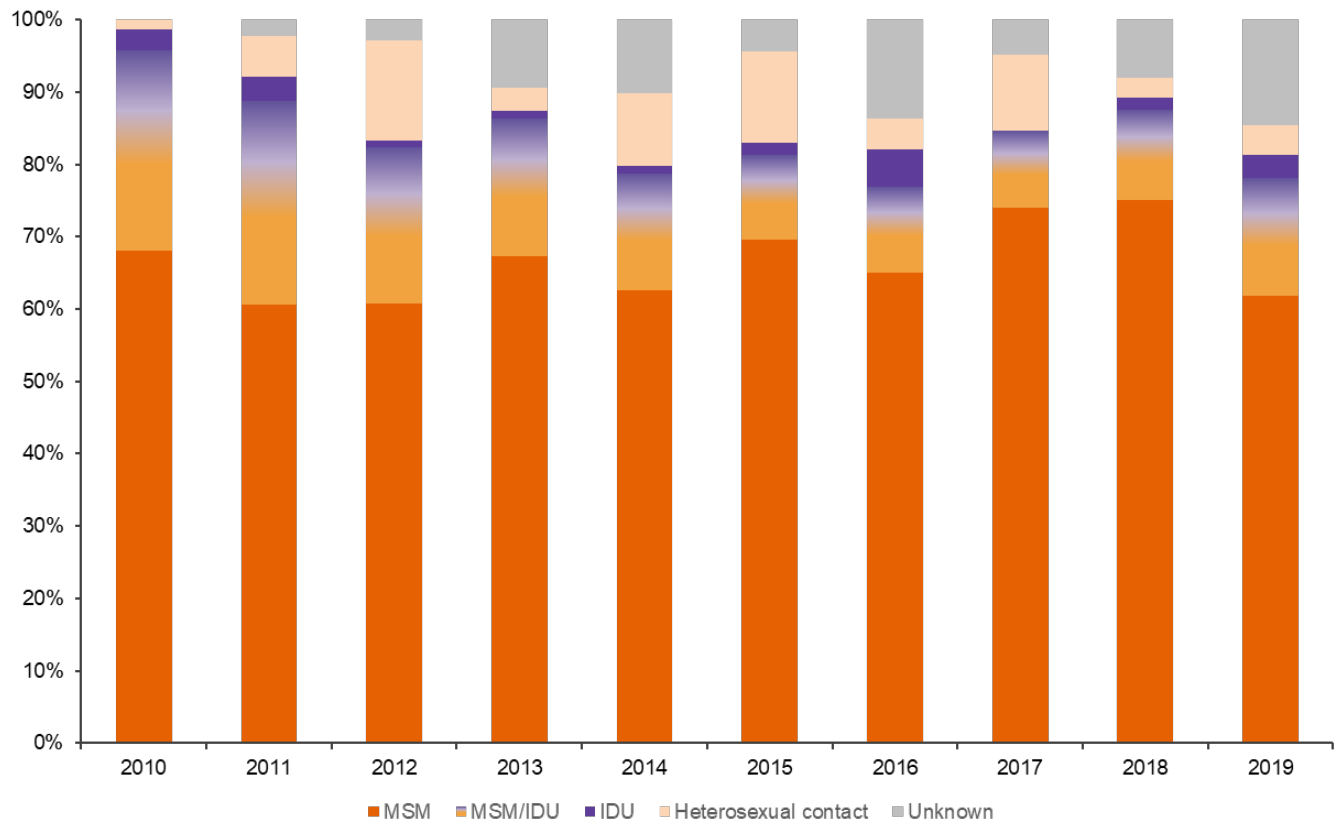
## Transmission Category

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’s (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).

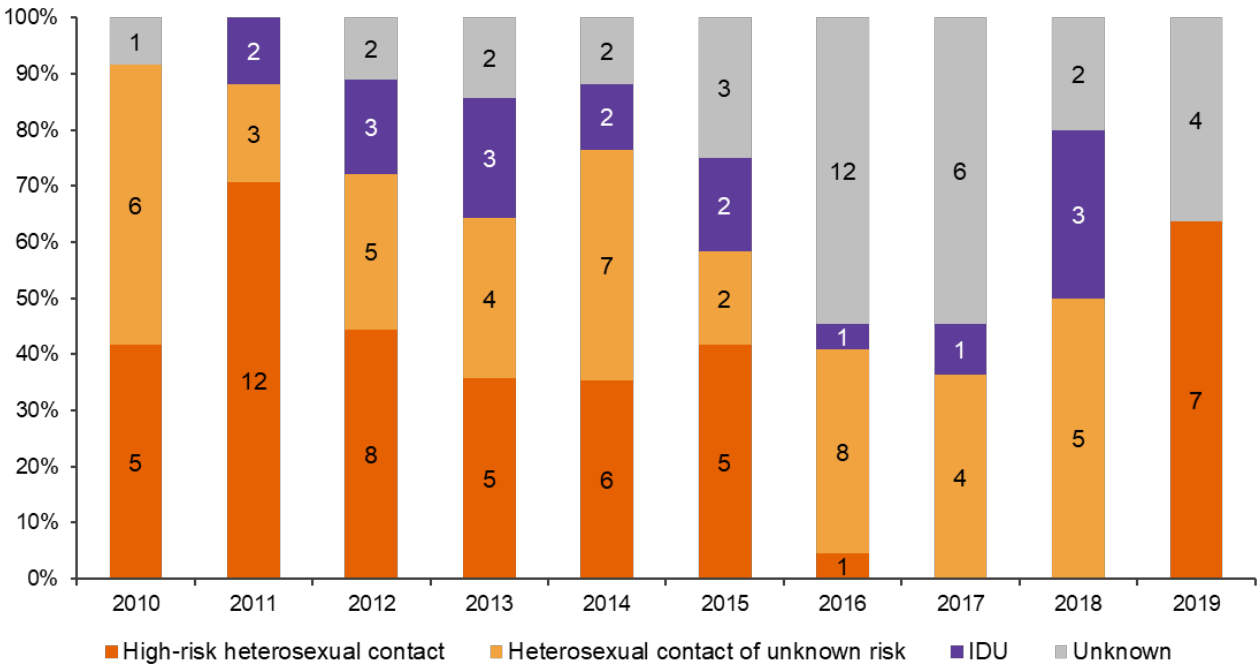
Determining the HIV risk of heterosexual partners during an investigation can be difficult. This frequently results in high numbers of cases (especially among females) being assigned a transmission risk which translates to “Unknown.” To better illustrate information on transmission risk, this report includes an additional transmission category: heterosexual contact of unknown risk (previously referred to as “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, 36% (n=4) 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, the risk of HIV transmission is higher for anal sex and, in particular, receptive anal sex. This is due to the specifics of human biology and the fact that HIV is a blood-borne virus. Longstanding socioeconomic inequities in the United States have also contributed to gay, bisexual, and other men who have sex with men experiencing the highest prevalence of HIV. Accordingly, the single largest risk factor for HIV infection in Utah and in the United States is MSM. Persons reporting MSM accounted for 62% (n=76) of new HIV infections among males in Utah in 2019. Persons who reported both MSM and IDU accounted for 6% (n=20) of new male HIV cases in Utah in 2019. Males and females who reported IDU as their only transmission risk only accounted for about 3% (n=4) of new diagnoses. In Figure 6, the number of cases in each category is labeled to emphasize that larger percentages in each category are the result of small case numbers and the absence of MSM and MSM/IDU categories. It does **not** indicate that Utah women with HIV are more likely than men to engage in injection drug use.

**Fig 5. Male to Male Sexual Contact is the Leading Route of HIV Transmission Among Utah Men**



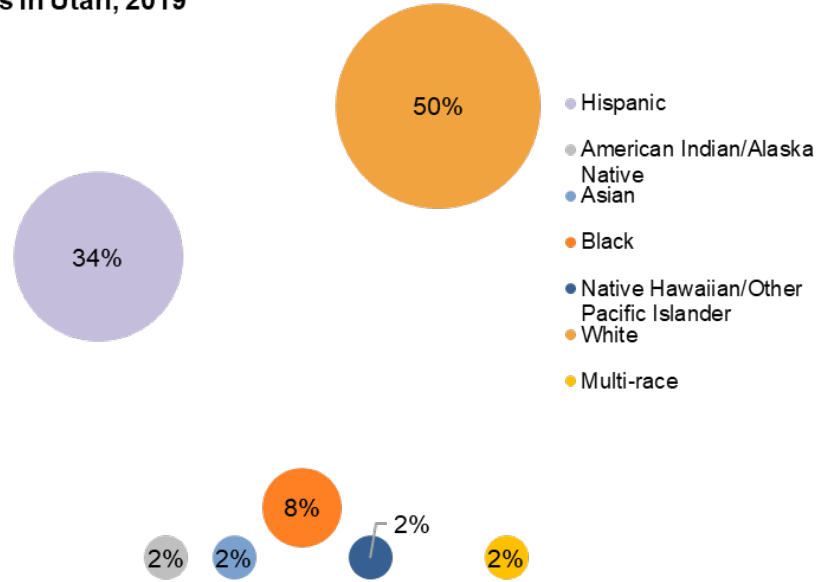
**Fig 6. Heterosexual Contact is the Leading Route of HIV Transmission among Females in Utah**



## Race & Ethnicity

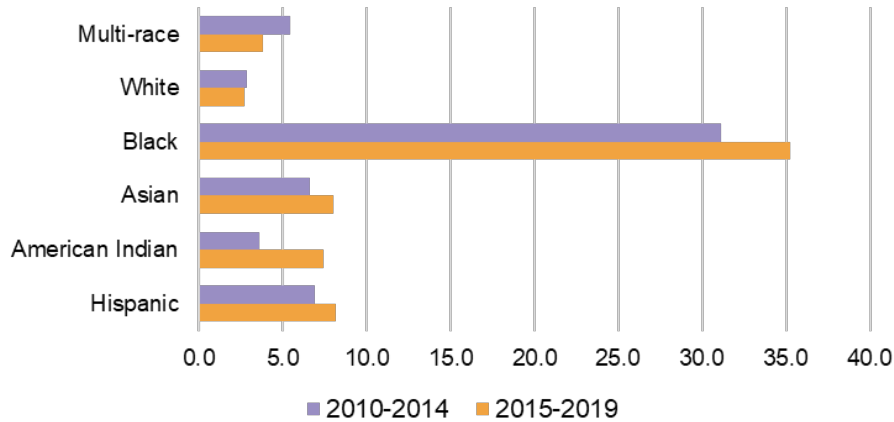
For the purposes of HIV surveillance, racial/ethnic categories are divided into major racial categories and one ethnic category. Accordingly, references to persons who are Hispanic are shown as “Hispanic” regardless of whether they also have other racial identities. Other racial categories refer only 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 2019, 49% (n=63) of new HIV diagnoses in Utah were among residents who are White. However, among females, a disproportionately large percentage of new infections was among women who are Black. As there were only 11 new diagnoses among females, this percentage is not statistically stable; however, it is important to note this pattern repeats every year. Some of this may be due to persons immigrating to Utah from countries where heterosexual transmission of HIV is more common. 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.

**Fig. 7 Most New HIV Diagnoses are Among White and Hispanic Populations in Utah, 2019**



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 10-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 8. 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 American Indian, however, do appear to have experienced some increase over the last five years.

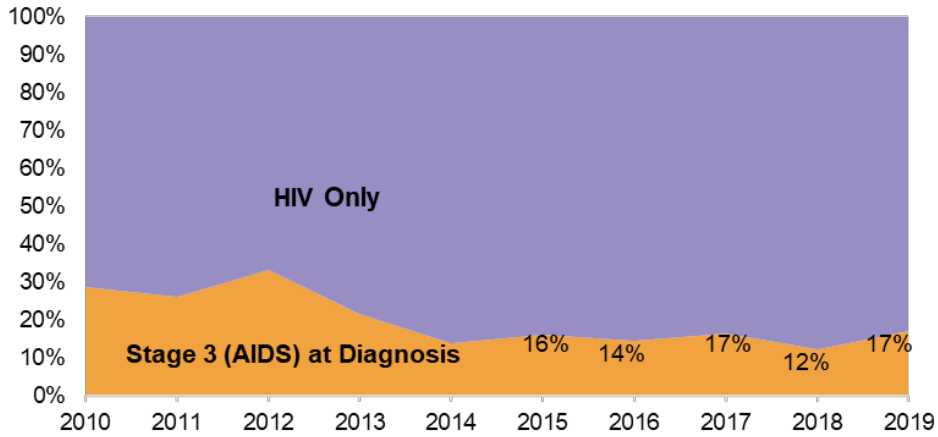
**Fig. 8 Many Utah Populations Had Rate Increases in HIV Diagnosis, 2010-2014 vs 2015-2019**



## Stage 3 (AIDS) at Diagnosis

With the development of highly effective antiretroviral medications, HIV is no longer considered a death sentence and consequently, many people are more motivated get tested. 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, people living with diagnosed HIV 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 many years without being tested for HIV. People who are unaware they have HIV are much more likely to continue to transmit HIV and have poor health outcomes.

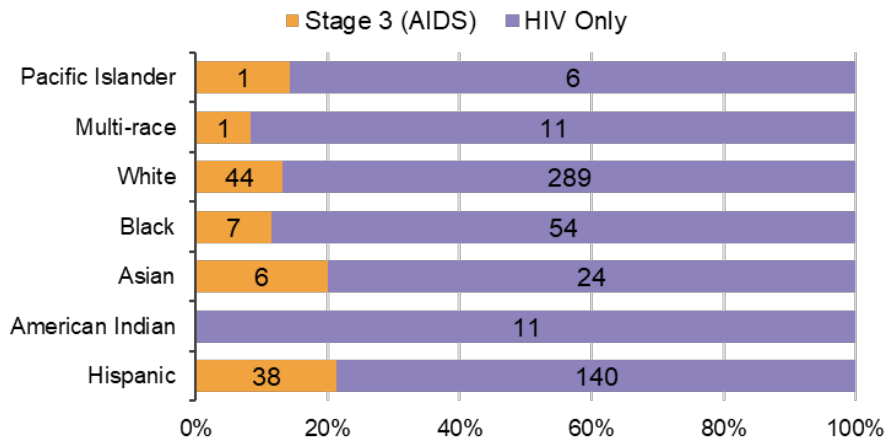
**Fig. 9 No Decrease in Stage 3 (AIDS) Diagnoses in the Last Five Years**



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 does not allow for a standard time trend to be displayed in this report. Instead, Figure 10 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.

**Fig. 10 Ethnic Minorities in Utah are More Likely to Have Stage 3 (AIDS) Infection at Diagnosis, 2015-2019**



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 closely 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. Foreign-born 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. It may also indicate that foreign-born individuals tend to acquire HIV in their home country but are unable to be diagnosed before coming to the United States.

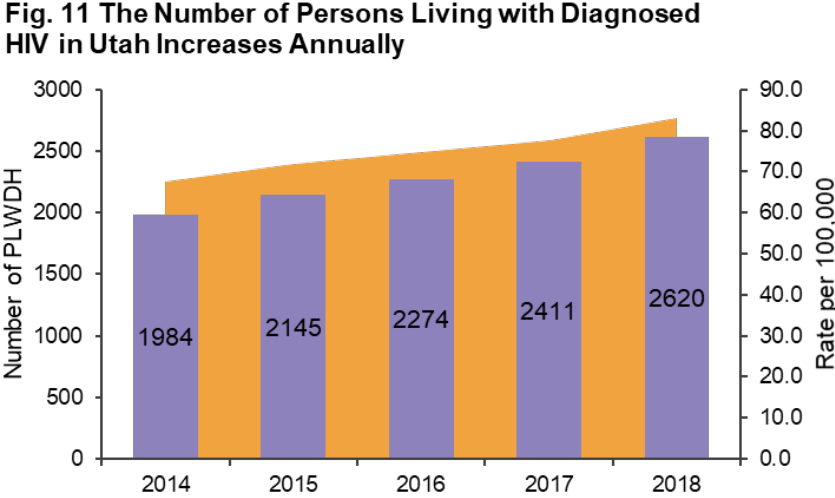


# Persons Living with Diagnosed HIV

## 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. The definition of persons living with HIV employed in this report is modified from the CDC’s definition. It includes persons who were last reported to be living with diagnosed HIV in Utah at the end of 2018 and who had at least one reported laboratory test result or address change in the last five years. It has been determined that persons who do not have one of these events reported are unlikely to still be living in Utah. HIV epidemiologists perform annual death ascertainment activities and search records of other states to refine this estimate, but there are still gaps in reporting which result in inflated estimates over time. This method of calculating PLWDH accounts for this inflation. In 2018, our estimate was 463 persons smaller than the CDC’s.

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 2,620 individuals living with diagnosed HIV at the end of 2018. The rate of PLWDH has been increasing slowly for the last five years. In 2014, there were 67.6 people living with HIV per 100,000 Utah residents. By 2018, the rate increased to 83.1 per 100,000 Utah residents. This represents a 23% increase in the rate of people living with HIV from 2014 to 2018. This increase may be due to the increased life expectancy among people living with HIV and Utah’s rapid population growth in the last few years. It is also likely due to more accurate laboratory and address reporting in recent years.



## Geographic Distribution

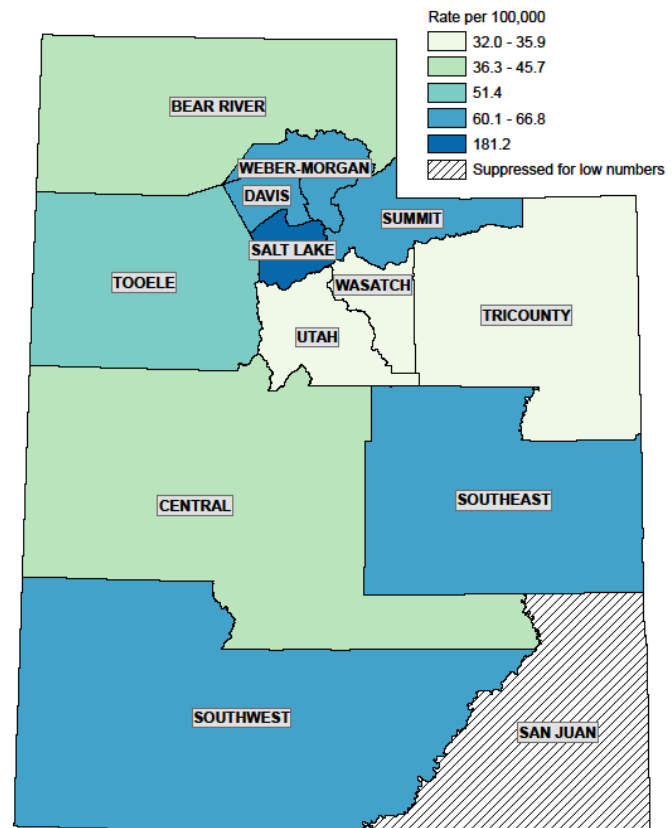
Salt Lake County has the highest rate of people living with diagnosed HIV in the state of Utah at 181.2 per 100,000 Utah residents. The Salt Lake County health district had a 43.2% increase in the rate of PLWDH from 2014 to 2018. Summit and Weber-Morgan local health districts have the second highest rates of PLWDH at 66.8 and 65.0 respectively. The rate of PLWDH in each local health district has increased or stayed roughly the same over the last five years.

## Birth Sex and Age Group

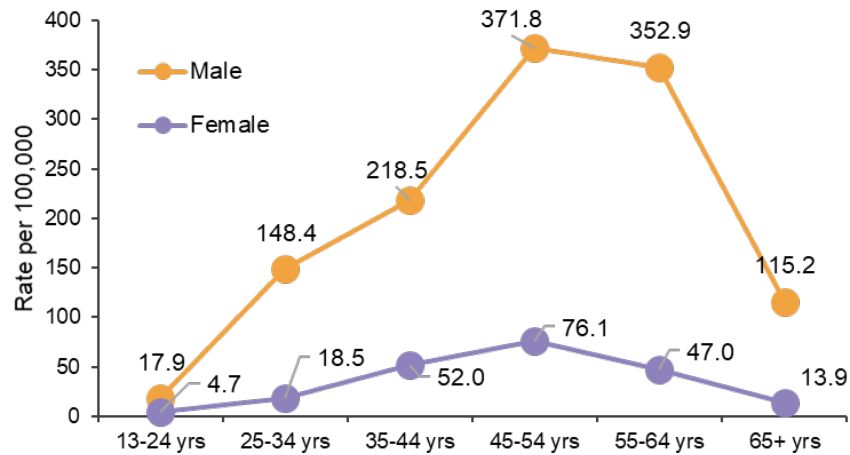
In both Utah and the U.S., the majority of the HIV-positive population is male. In 2018, the birth sex of 85% of PLWDH in Utah was male and 15% was female. Among males, more than half of persons living with diagnosed HIV were older than age 45. The highest rates among both males and females were observed in the 45–54 year old age category at 371.8 and 76.1 per 100,000 population, respectively. The second highest rate of men living with HIV was persons 55–64 years of age at 352.9 per 100,000 male residents in Utah. Among females, the second highest rate was in the 35 to 44 year age range at 52.0 per 100,000 females. For both males and females, the rate of PLWDH was lowest among individuals who were younger than 24 years old.

This age distribution highlights the fact that persons living with diagnosed HIV are living longer, healthier lives due to effective medications.

**Fig. 12 Persons Living with Diagnosed HIV Reside in Every Part of Utah, 2018**



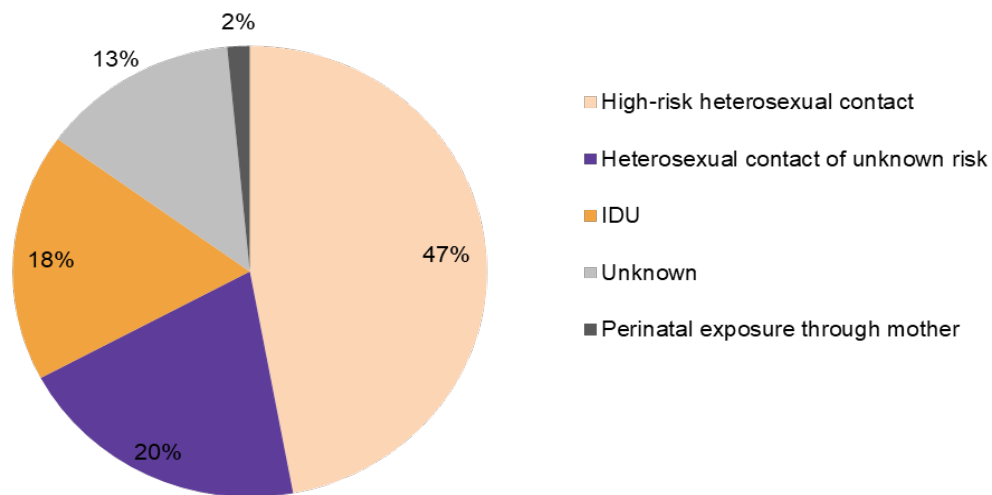
**Fig. 13 The HIV+ Population in Utah is Aging, 2018**



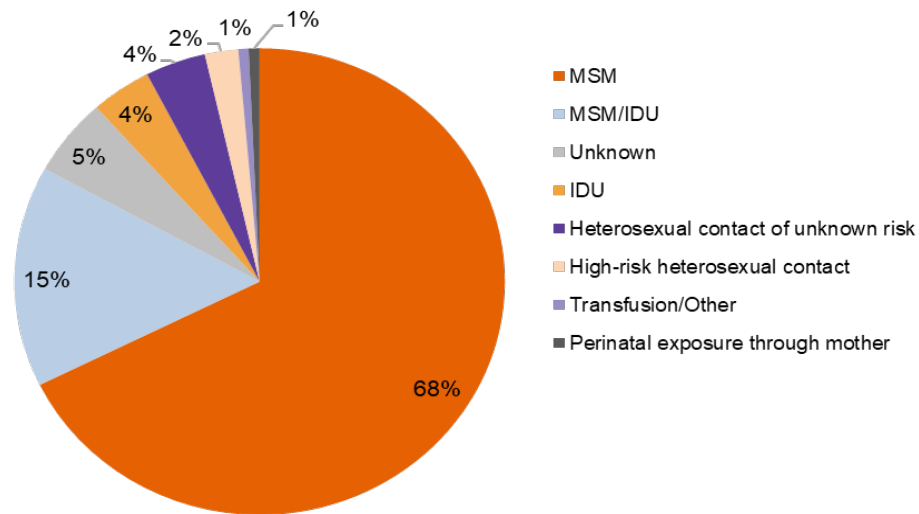
## Transmission Category

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 the CDC’s transmission categories and the UDOH’s risk categories, please see the section on new diagnoses. Nearly half (47.8%) of the females living with diagnosed HIV in Utah reported having high-risk heterosexual contact. Approximately two out of ten (20.4%) females living with diagnosed HIV reported heterosexual activities where high risk could not be determined. These individuals reported having a sexual encounter with a man at low or unknown risk for HIV infection. These definitions of high-risk heterosexual contact and heterosexual contact of unknown risk do not take into account the number of partners. Approximately two out of ten (18.1%) females living with HIV reported participating in injection drug use.

**Fig. 14 Most Women Living with HIV in Utah Acquired it Through Heterosexual Transmission, 2018**



**Fig. 15 MSM is the Most Common Transmission Risk Among Men Living with HIV in Utah, 2018**



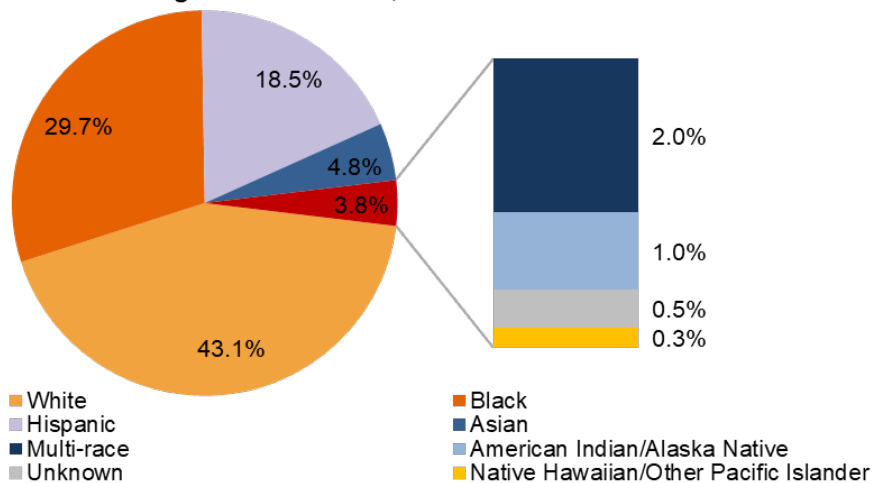
The majority of people living with diagnosed HIV in both Utah and the U.S. are males who have sex with other males. About 68% of men living with diagnosed HIV in Utah reported male-to-male sexual contact. The second highest transmission category among men is made up of individuals who are both MSM and report IDU (15.5%). About 5% of men living with HIV reported only IDU.

## Race/Ethnicity

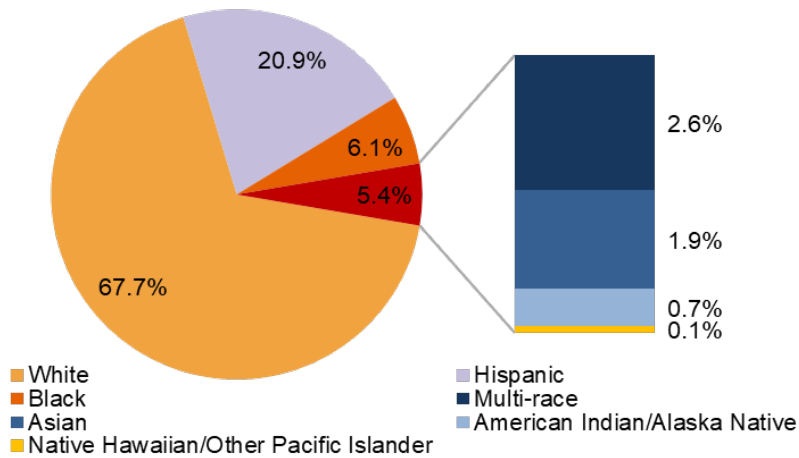
For a discussion of how race and ethnicity are grouped in this report, please see the Race & Ethnicity heading in the New HIV Diagnoses section. The majority of people living with diagnosed HIV in Utah are persons who are White. As of 2018, that population accounted for nearly seven out of 10 (67.7%) males living with diagnosed HIV and just over four out of 10 (43.1%) 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 2018, the second largest race/ethnicity category of PLWDH was comprised of persons who are Black. They accounted for more than one-fourth (29.7%) 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 6.1% in 2018.

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 females, 4.8% reported identifying as Asian, 2% reported two or more races, 1% reported American Indian/Alaskan Native and 0.3% reported Native Hawaiian/Other Pacific Islander. Among males, 2.6% reported more than one race, 1.9% reported Asian, 0.7% reported American Indian/Alaskan Native, and 0.1% reported Native Hawaiian/Other Pacific Islander.

**Fig. 16 Racial/Ethnic Minorities Comprise Over 50% of Women Living with HIV in Utah, 2018**



**Fig. 17 Racial/Ethnic Identities of Men Living with HIV Resemble Utah's Overall Population, 2018**



# 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 who maintain 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 resulted in the CDC's U=U campaign. Ensuring

people with newly diagnosed HIV infection are aware of their HIV status and linked promptly to medical care 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

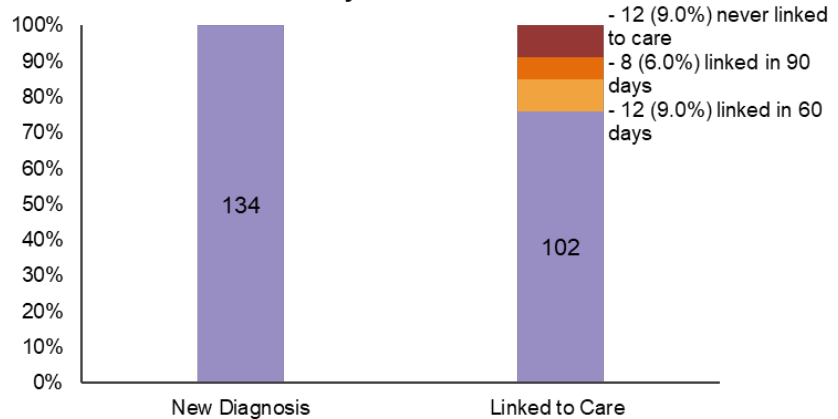
Linkage to care measures the number of individuals receiving an HIV diagnosis in a calendar year who had an indication of care (one or more documented viral loads, CD4 or genotype tests). The CDC recently announced, as one of the national HIV prevention objectives, a new goal to link at least 85% of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

<https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

([Understanding the HIV Care Continuum](#)).

In 2019, Utah had 134 new HIV diagnoses, and 97 (72%) were linked to HIV medical care within 30 days of their HIV diagnosis. The 30-day standard has evolved over time from 90 days several years ago, to an intermediary measure of 60 days, then to the present standard. The UDOH finds it helpful to measure improvements at the 60- and 90-day marks to help demonstrate the effectiveness of quicker linkage to care. An additional 9% of new HIV diagnoses were linked to HIV medical care within 60 days of diagnosis, and 6% between 60 and 90 days. The total linkage to care rate for 2018 was roughly 87% (Figure 19). Delays in linkage to care may be one reason that people are not in care and lost to follow-up.

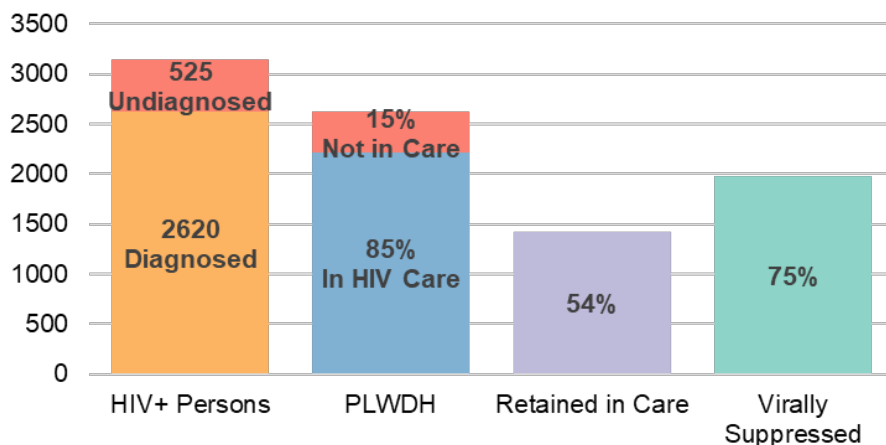
**Fig. 18 Only 76% of 2019 New Diagnoses in Utah were Linked to HIV care in 30 days**



## HIV Care Continuum

The HIV care continuum is a surveillance tool used to track the HIV care status of people living with diagnosed HIV. It is vital for people living with HIV to achieve viral suppression; not only so they stay healthy, improve their quality of life, and increase their life expectancy, but also to reduce the risk of HIV transmission to partners. The HIV care continuum measures several essential steps to achieving viral suppression. Recently the CDC published, as national HIV prevention objectives, goals to increase the proportion of HIV-positive individuals aware of their status to 90% and the proportion of HIV-diagnosed individuals whose virus is effectively suppressed to 80%.

**Fig. 19 In 2018, 85% of PLWDH were in HIV Care and 75% were Virally Suppressed in Utah**



The care continuum represents some of the most important indicators for HIV prevention work in Utah.

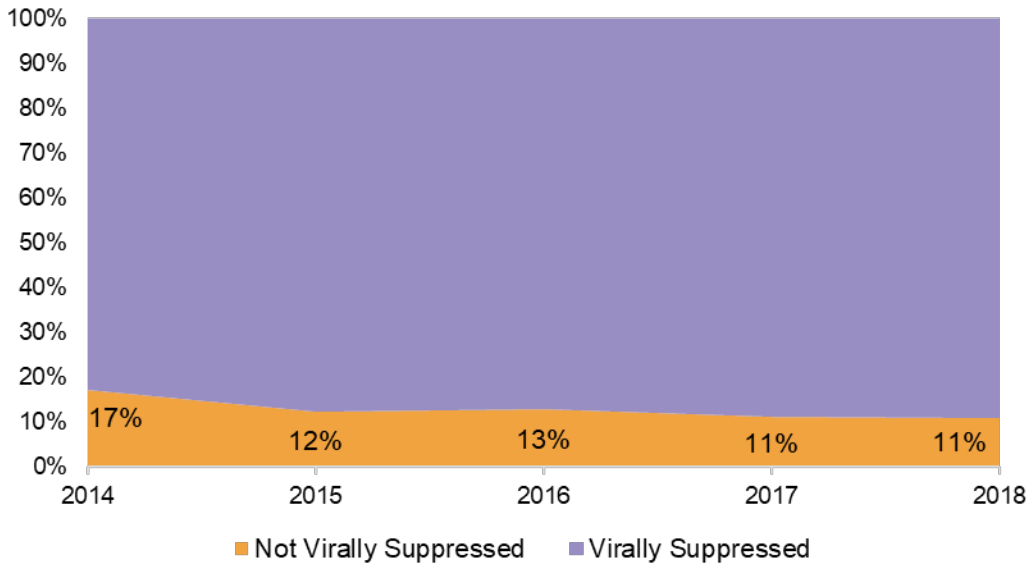
The continuum also includes an estimate of the total HIV-infected population in Utah. This estimate is determined by using a CDC provided prevalence estimate calculation. Accordingly, in 2018, approximately 3,145 people were living with HIV-infection in Utah with 16.7% unaware of their status. The vast majority (n=2,620) had already been diagnosed with HIV.

Nearly nine out of ten (85%) PLWDH in Utah had at least one viral load, CD4, or genotype test in 2018, which indicates receipt of some sort of HIV medical care, and more than half (54%) were retained in HIV medical care. This is defined as having received two or more viral load or CD4 tests at least three months apart. In 2018, about seven in 10 (75%) PLWDH in Utah were virally suppressed at the time of their most recent viral load (regardless of their retention in care status).

Figure 20 demonstrates the continuous improvement in the efficacy of HIV medication. In 2014, 82.9% of the PLWDH who received care attained viral suppression (HIV viral load <200 copies/mL). This percentage has increased in subsequent years. In 2018, more than 89% of the PLWDH who were in care were virally suppressed.



**Fig. 20 Viral Suppression in Utah is Stagnant in the Last 5 Years Among PLWDH who Received HIV Care**



## Perinatal HIV Prevention

It has long been known that HIV-positive mothers can transmit the virus to their babies during childbirth or through breastfeeding. Every HIV surveillance team in the nation is mandated by the CDC to monitor live births and fetal deaths in their state for potential mother-to-child transmission. While Utah has not had a reported case of perinatal HIV infection reported in more than a decade, it is important to remain alert.

With the advancement of HIV treatments, mother-to-child transmission can be easily avoided, a fact which is often unknown to the public. It is important to communicate to HIV-positive women, their medical care providers, and the public in general that healthy babies are routinely born to HIV-positive mothers who maintain a suppressed viral load through medication. It is also vital the clinical care providers for HIV-positive women are aware of their patient's HIV status. This promotes access to antiretroviral medications, proper delivery of the baby, and sound advice concerning breastfeeding for the mother. Accordingly, national recommendations from multiple organizations promote HIV screening during **every** pregnancy and additional third-trimester screening for women at increased risk.

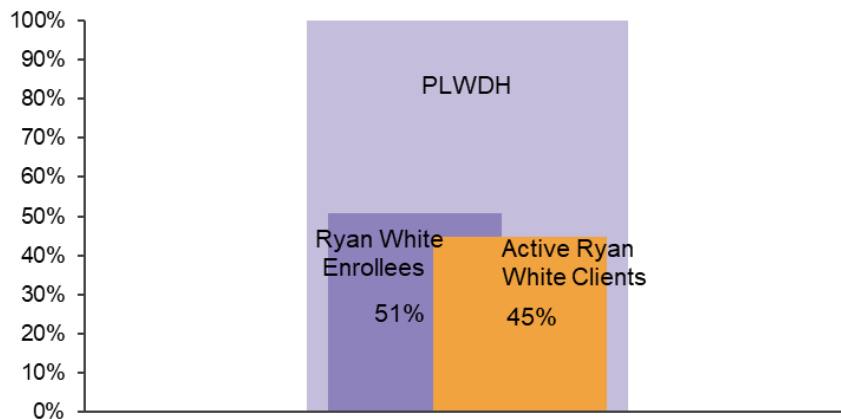
Every child born to an HIV-positive mother should be reported to the UDOH. There are, however, significant challenges with meeting this requirement. Electronic lab reporting may not occur as usual because the infant does not have a name at the time of their HIV test. Physicians may not recognize the need to report a positive screening test because it is the mother's antibodies which caused the positive result and that does not necessarily mean the infant has HIV. However, because pregnancy in an HIV-positive woman is a reportable event in Utah, these test results should be reported to the UDOH so the HIV surveillance team can work with local health departments to ensure the continued health and wellbeing of every child who has potentially been exposed to HIV through childbirth or breastfeeding. The UDOH currently checks birth records to discover unreported HIV exposures and is developing better reporting and investigation tools to support mothers and healthcare professionals to ensure each infant stays healthy.

## Ryan White Part B 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 receive HIV medical care, treatment, and supportive services each year. The Ryan White HIV/AIDS program is separated into parts that assist specific areas or populations. The Utah Department of Health is a Ryan White Part B recipient.

Ryan White is a “payer of last resort,” meaning persons who qualify experience considerable financial difficulty and are usually unable to obtain or afford health insurance even through the marketplace. Figure 23 shows more than 50% of people living with diagnosed HIV in Utah were enrolled in the Ryan White HIV/AIDS Part B program in 2018. This percentage increases every year. This is believed to be due both to the considerable improvements made within the program to support more clients, and an increase in the percentage of PLWDH in Utah who experience financial hardship.

**Fig. 22 More than Half of the People Living with HIV in Utah were Enrolled in Ryan White in 2018**



Historically, not all enrolled clients access services (for a variety of reasons) and are consequently not considered active clients. Active clients are defined as individuals who enrolled in the Ryan White Part B program and used services offered by the Ryan White Part B program at least once in the assessment year. In 2014, 36% of the people living with diagnosed HIV accessed Ryan White Part B services. This rose to 44.7% by 2018.

Table 1. New Diagnoses of HIV and Rates per 100,000 Residents by Local Health District, Utah, 2010–2019

Local Health District	2010		2011		2012		2013		2014	
	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)
Bear River	4	†	2	†	4	2.4* (0.65 - 6.08)	4	†	1	†
Central Utah	1	†	1	†	2	†	0	–	1	†
Davis County	10	3.2* (1.56 - 5.97)	2	†	11	3.5* (1.74 - 6.23)	5	1.6* (0.5 - 3.62)	8	2.4 (1.05 - 4.79)
Salt Lake County	57	5.5 (4.18 - 7.15)	85	8.1 (6.48 - 10.03)	66	6.2 (4.8 - 7.89)	78	7.2 (5.71 - 9.02)	87	8.0 (6.39 - 9.84)
San Juan County	0	–	0	–	1	†	1	†	0	–
Southeastern Utah	0	–	0	–	0	–	1	†	1	†
Southwest Utah	3	†	4	†	7	3.3* (1.34 - 6.88)	2	†	6	2.8 (1.02 - 6.03)
Summit County	1	†	2	†	0	–	1	†	1	†
Tooele County	2	†	4	†	3	†	1	†	2	†
TriCounty	0	–	1	†	2	†	3	†	0	–
Utah County	8	1.5* (0.66 - 3.03)	2	†	19	3.5 (2.12 - 5.5)	6	1.1* (0.4 - 2.37)	5	0.9 (0.29 - 2.08)
Wasatch County	0	–	0	–	0	–	0	–	0	–
Weber-Morgan	1	†	5	2.1* (0.67 - 4.79)	6	2.4* (0.89 - 5.31)	9	3.6* (1.66 - 6.88)	4	†
<b>Utah State</b>	<b>87</b>	<b>3.1 (2.51 - 3.87)</b>	<b>108</b>	<b>3.8 (3.15 - 4.63)</b>	<b>121</b>	<b>4.2 (3.52 - 5.07)</b>	<b>111</b>	<b>3.8 (3.15 - 4.61)</b>	<b>116</b>	<b>3.9 (3.26 - 4.74)</b>

Local Health District	2015		2016		2017		2018		2019	
	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)
Bear River	2	†	1	†	1	†	4	2.2* (0.59 - 5.55)	3	†
Central Utah	1	†	1	†	2	†	2	†	1	†
Davis County	11	3.3* (1.64 - 5.88)	4	†	8	2.3* (1 - 4.54)	8	2.3* (0.98 - 4.48)	10	2.8* (1.34 - 5.13)
Salt Lake County	79	7.2 (5.67 - 8.93)	104	9.3 (7.58 - 11.24)	82	7.2 (5.73 - 8.95)	77	6.7 (5.27 - 8.35)	81	6.9 (5.48 - 8.57)
San Juan County	0	–	0	–	0	–	1	†	0	–
Southeastern Utah	3	†	2	†	1	†	0	–	2	†
Southwest Utah	9	4.1* (1.86 - 7.73)	4	†	6	2.5* (0.93 - 5.54)	7	2.9* (1.15 - 5.91)	8	3.2* (1.39 - 6.34)
Summit County	1	†	0	–	2	†	1	†	1	†
Tooele County	1	†	0	–	1	†	1	†	0	–
TriCounty	1	†	2	†	0	–	2	†	1	†
Utah County	12	2.1 (1.08 - 3.66)	14	2.4 (1.3 - 3.98)	9	1.5* (0.68 - 2.82)	13	2.1 (1.11 - 3.57)	23	3.6 (2.3 - 5.44)
Wasatch County	0	–	0	–	0	–	0	–	0	–
Weber-Morgan	4	†	7	2.7* (1.09 - 5.58)	3	†	6	2.2* (0.82 - 4.87)	4	†
<b>Utah State</b>	<b>124</b>	<b>4.2 (3.46 - 4.96)</b>	<b>139</b>	<b>4.6 (3.84 - 5.39)</b>	<b>115</b>	<b>3.7 (3.06 - 4.45)</b>	<b>122</b>	<b>3.9 (3.21 - 4.61)</b>	<b>134</b>	<b>4.2 (3.49 - 4.93)</b>

\* 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 2. New Diagnoses of HIV and Rates per 100,000 Among Females by Age Category, Utah, 2010–2019

Age Group	2010		2011		2012		2013		2014	
	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	†	0	–	0	–	1	†
13-24	0	–	3	†	1	†	3	†	2	†
25-34	4	†	7	3.2* (1.29 - 6.62)	4	†	3	†	5	2.3* (0.75 - 5.4)
35-44	6	3.7* (1.34 - 7.94)	2	†	9	5.1* (2.34 - 9.72)	5	2.7* (0.89 - 6.39)	7	3.7* (1.49 - 7.66)
45-54	1	†	2	†	3	†	2	†	2	†
55-64	1	†	3	†	1	†	1	†	1	†
65+	0	–	0	–	1	†	0	–	0	–
<b>Total</b>	<b>13</b>	<b>0.9 (0.5 - 1.61)</b>	<b>18</b>	<b>1.3 (0.76 - 2.03)</b>	<b>19</b>	<b>1.3 (0.81 - 2.09)</b>	<b>14</b>	<b>1.0 (0.53 - 1.63)</b>	<b>18</b>	<b>1.2 (0.73 - 1.95)</b>

Age Group	2015		2016		2017		2018		2019	
	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	0	–	0	–	0	–	0	–	0	–
13-24	1	†	2	†	2	†	3	†	3	†
25-34	3	†	6	2.7* (0.99 - 5.9)	4	1.8* (0.48 - 4.55)	3	†	3	†
35-44	4	†	7	3.5* (1.4 - 7.19)	2	†	1	†	1	†
45-54	3	†	4	†	1	†	3	†	3	†
55-64	1	†	2	†	1	†	0	–	1	†
65+	0	–	1	†	1	†	0	–	0	–
<b>Total</b>	<b>12</b>	<b>0.8 (0.42 - 1.41)</b>	<b>22</b>	<b>1.5 (0.91 - 2.2)</b>	<b>11</b>	<b>0.7* (0.36 - 1.28)</b>	<b>10</b>	<b>0.6* (0.31 - 1.17)</b>	<b>11</b>	<b>0.7* (0.35 - 1.24)</b>

\* 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 3. New Diagnoses of HIV and Rates per 100,000 Among Males by Age Category, Utah, 2010–2019

Age Group	2010		2011		2012		2013		2014	
	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	†	0	–	0	–	2	†	0	–
13-24	16	5.9 (3.37 - 9.58)	21	7.6 (4.72 - 11.65)	15	5.3 (2.98 - 8.79)	15	5.2 (2.92 - 8.59)	18	6.2 (3.66 - 9.77)
25-34	16	7.0 (3.99 - 11.34)	24	10.5 (6.75 - 15.68)	40	17.8 (12.69 - 24.19)	42	18.8 (13.51 - 25.35)	41	18.3 (13.12 - 24.81)
35-44	25	14.6 (9.47 - 21.6)	23	13.0 (8.26 - 19.56)	14	7.7 (4.19 - 12.85)	20	10.6 (6.44 - 16.29)	22	11.2 (7.05 - 17.02)
45-54	11	7.2* (3.59 - 12.85)	19	12.4 (7.48 - 19.41)	22	14.4 (9.03 - 21.8)	12	7.9 (4.06 - 13.74)	9	5.9* (2.69 - 11.15)
55-64	3	†	2	†	11	8.6* (4.27 - 15.32)	5	3.8* (1.23 - 8.83)	6	4.4* (1.63 - 9.66)
65+	1	†	1	†	0	–	1	†	2	†
<b>Total</b>	<b>74</b>	<b>5.3 (4.17 - 6.66)</b>	<b>90</b>	<b>6.4 (5.12 - 7.82)</b>	<b>102</b>	<b>7.1 (5.8 - 8.63)</b>	<b>97</b>	<b>6.7 (5.4 - 8.12)</b>	<b>98</b>	<b>6.6 (5.39 - 8.09)</b>

Age Group	2015		2016		2017		2018		2019	
	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	0	–	0	–	0	–	0	–	0	–
13-24	14	4.7 (2.59 - 7.95)	29	9.6 (6.45 - 13.82)	24	7.8 (5 - 11.62)	24	7.7 (4.91 - 11.39)	37	11.6 (8.14 - 15.94)
25-34	45	20.0 (14.61 - 26.81)	44	19.2 (13.98 - 25.84)	39	16.7 (11.89 - 22.87)	46	19.4 (14.24 - 25.94)	40	16.6 (11.86 - 22.61)
35-44	31	15.4 (10.44 - 21.8)	26	12.5 (8.16 - 18.3)	17	7.9 (4.61 - 12.66)	19	8.6 (5.18 - 13.42)	28	12.4 (8.25 - 17.95)
45-54	16	10.3 (5.91 - 16.78)	13	8.3 (4.4 - 14.12)	9	5.6* (2.57 - 10.67)	13	8.0 (4.25 - 13.66)	12	7.2 (3.73 - 12.59)
55-64	5	3.6* (1.17 - 8.4)	5	3.5* (1.14 - 8.2)	12	8.3 (4.27 - 14.43)	7	4.8* (1.91 - 9.79)	5	3.4* (1.09 - 7.85)
65+	1	†	0	–	3	†	3	†	1	†
<b>Total</b>	<b>112</b>	<b>7.5 (6.15 - 8.98)</b>	<b>117</b>	<b>7.6 (6.32 - 9.16)</b>	<b>104</b>	<b>6.7 (5.44 - 8.07)</b>	<b>112</b>	<b>7.1 (5.81 - 8.49)</b>	<b>123</b>	<b>7.6 (6.33 - 9.09)</b>

\* 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 4. Case Counts and Percentages of New HIV Diagnoses Among Females by Transmission Category, Utah, 2010–2019

Risk Category	2010		2011		2012		2013		2014	
	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%
IDU	0	0.00%	2	11.11%	3	16.67%	3	21.43%	2	11.76%
High-risk Heterosexual Contact	5	38.46%	12	66.67%	8	44.44%	5	35.71%	6	35.29%
Heterosexual Contact of Unknown Risk	6	46.15%	3	16.67%	5	27.78%	4	28.57%	7	41.18%
Adult - Unknown	1	7.69%	0	0.00%	2	11.11%	2	14.29%	2	11.76%
Perinatal Exposure Through Mother	1	7.69%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pediatric - Unknown	0	0.00%	1	5.56%	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>13</b>	<b>100.00%</b>	<b>18</b>	<b>100.00%</b>	<b>18</b>	<b>100.00%</b>	<b>14</b>	<b>100.00%</b>	<b>17</b>	<b>100.00%</b>

Risk Category	2015		2016		2017		2018		2019	
	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%
IDU	2	16.67%	1	4.55%	1	9.09%	3	30.00%	0	0.00%
High-risk Heterosexual Contact	5	41.67%	1	4.55%	0	0.00%	0	0.00%	7	63.64%
Heterosexual Contact of Unknown Risk	2	16.67%	8	36.36%	4	36.36%	5	50.00%	0	0.00%
Adult - Unknown	3	25.00%	12	54.55%	6	54.55%	2	20.00%	4	36.36%
Perinatal Exposure Through Mother	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pediatric - Unknown	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>12</b>	<b>100.00%</b>	<b>22</b>	<b>100.00%</b>	<b>11</b>	<b>100.00%</b>	<b>10</b>	<b>100.00%</b>	<b>11</b>	<b>100.00%</b>

Table 5. Case Counts and Percentages of New HIV Diagnoses Among Males by Transmission Category, Utah, 2010–2019

Risk Category	2010		2011		2012		2013		2014	
	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%
MSM	49	66.22%	54	60.00%	62	60.78%	64	65.98%	62	62.63%
IDU	2	2.70%	3	3.33%	1	0.98%	1	1.03%	1	1.01%
MSM/IDU	20	27.03%	25	27.78%	22	21.57%	18	18.56%	16	16.16%
High-risk Heterosexual Contact	0	0.00%	1	1.11%	7	6.86%	1	1.03%	3	3.03%
Heterosexual Contact of Unknown Risk	1	1.35%	4	4.44%	7	6.86%	2	2.06%	7	7.07%
Adult - Unknown	0	0.00%	2	2.22%	3	2.94%	9	9.28%	10	10.10%
Perinatal Exposure Through Mother	2	2.70%	1	1.11%	0	0.00%	1	1.03%	0	0.00%
Pediatric - Unknown	0	0.00%	0	0.00%	0	0.00%	1	1.03%	0	0.00%
<b>Total</b>	<b>74</b>	<b>100.00%</b>	<b>90</b>	<b>100.00%</b>	<b>102</b>	<b>100.00%</b>	<b>97</b>	<b>100.00%</b>	<b>99</b>	<b>100.00%</b>

Risk Category	2015		2016		2017		2018		2019	
	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%
MSM	78	69.64%	76	64.96%	77	74.04%	84	75.00%	76	61.79%
IDU	2	1.79%	6	5.13%	0	0.00%	2	1.79%	4	3.25%
MSM/IDU	13	11.61%	14	11.97%	11	10.58%	14	12.50%	20	16.26%
High-risk Heterosexual Contact	4	3.57%	2	1.71%	0	0.00%	1	0.89%	0	0.00%
Heterosexual Contact of Unknown Risk	10	8.93%	3	2.56%	11	10.58%	2	1.79%	5	4.07%
Adult - Unknown	5	4.46%	16	13.68%	5	4.81%	9	8.04%	18	14.63%
Perinatal Exposure Through Mother	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pediatric - Unknown	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>112</b>	<b>100.00%</b>	<b>117</b>	<b>100.00%</b>	<b>104</b>	<b>100.00%</b>	<b>112</b>	<b>100.00%</b>	<b>123</b>	<b>100.00%</b>



Table 6. Case Counts and Rates per 100,000 of New HIV Diagnoses Among Females by Race/Ethnicity, Utah, 2009–2018

Race/Ethnicity	2010		2011		2012		2013		2014	
	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	6	3.4* (1.26 - 7.49)	5	2.8* (0.91 - 6.52)	2	†	1	†	2	†
American Indian/Alaska Native	0	–	0	–	1	†	0	–	0	–
Asian	1	†	2	†	1	†	1	†	2	†
Black	3	†	3	†	3	†	6	48.0 (17.61 - 104.43)	3	†
Native Hawaiian/Other Pacific Islander	0	–	0	–	0	–	0	–	0	–
White	3	†	8	0.7* (0.31 - 1.4)	10	0.9* (0.42 - 1.61)	5	0.4* (0.14 - 1.01)	10	0.9* (0.41 - 1.58)
Multi-race	0	–	0	–	2	†	1	†	0	–
Unknown	0	–	0	–	0	–	0	–	1	–
<b>Total</b>	<b>13</b>	<b>0.9 (0.5 - 1.61)</b>	<b>18</b>	<b>1.3 (0.76 - 2.03)</b>	<b>19</b>	<b>1.3 (0.81 - 2.09)</b>	<b>14</b>	<b>1.0 (0.53 - 1.63)</b>	<b>18</b>	<b>1.2 (0.73 - 1.95)</b>

Race/Ethnicity	2015		2016		2017		2018		2019	
	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	0	–	2	†	3	†	1	†	2	†
American Indian/Alaska Native	0	–	0	–	1	†	0	–	0	–
Asian	1	†	1	†	0	–	1	†	2	†
Black	4	†	12	86.6 (44.74 - 151.25)	5	33.9* (11 - 79.07)	3	†	3	†
Native Hawaiian/Other Pacific Islander	0	–	0	–	0	–	0	–	0	–
White	7	0.6* (0.24 - 1.22)	6	0.5* (0.18 - 1.09)	2	†	5	0.4* (0.13 - 0.95)	3	†
Multi-race	0	–	0	–	0	–	0	–	0	–
Unknown	0	–	0	–	0	–	0	–	1	–
<b>Total</b>	<b>12</b>	<b>0.8 (0.42 - 1.41)</b>	<b>21</b>	<b>1.5 (0.91 - 2.2)</b>	<b>11</b>	<b>0.7* (0.36 - 1.28)</b>	<b>10</b>	<b>0.6* (0.31 - 1.17)</b>	<b>11</b>	<b>0.7* (0.35 - 1.24)</b>

\* 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 Males by Race/Ethnicity, Utah, 2009–2018

Race/Ethnicity	2010		2011		2012		2013		2014	
	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	21	11.3 (6.98 - 17.25)	20	10.5 (6.43 - 16.25)	25	12.9 (8.34 - 19.03)	22	11.1 (6.95 - 16.79)	27	13.3 (8.78 - 19.39)
American Indian/Alaska Native	0	–	0	–	4	†	0	–	0	–
Asian	0	–	4	†	1	†	2	†	6	19.6* (7.19 - 42.67)
Black	5	32.5* (10.57 - 75.94)	2	†	4	24.6* (6.71 - 63.04)	7	41.8* (16.79 - 86.02)	8	46.3* (19.98 - 91.21)
Native Hawaiian/Other Pacific Islander	0	–	1	†	1	†	0	–	0	–
White	46	4.1 (3.01 - 5.49)	59	5.2 (3.97 - 6.73)	65	5.7 (4.39 - 7.24)	63	5.4 (4.18 - 6.96)	57	4.9 (3.69 - 6.31)
Multi-race	2	†	4	†	2	†	3	†	0	–
Unknown	0	–	0	–	0	–	0	–	0	–
<b>Total</b>	<b>74</b>	<b>5.3 (4.17 - 6.66)</b>	<b>90</b>	<b>6.4 (5.12 - 7.82)</b>	<b>102</b>	<b>7.1 (5.8 - 8.63)</b>	<b>97</b>	<b>6.7 (5.4 - 8.12)</b>	<b>98</b>	<b>6.6 (5.39 - 8.09)</b>

Race/Ethnicity	2015		2016		2017		2018		2019	
	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	32	15.4 (10.5 - 21.67)	34	15.8 (10.92 - 22.02)	34	15.2 (10.53 - 21.25)	27	11.7 (7.73 - 17.06)	43	18.2 (13.14 - 24.46)
American Indian/Alaska Native	2	†	1	†	2	†	2	†	3	†
Asian	7	22.0* (8.86 - 45.4)	7	21.0* (8.44 - 43.25)	4	11.4* (3.1 - 29.09)	6	16.4* (6.01 - 35.67)	1	†
Black	6	33.6* (12.32 - 73.06)	10	52.9* (25.39 - 97.35)	6	29.8* (10.95 - 64.96)	5	23.9* (7.75 - 55.67)	7	32.0* (12.85 - 65.83)
Native Hawaiian/Other Pacific Islander	1	†	0	–	0	–	3	†	3	†
White	63	5.3 (4.09 - 6.8)	62	5.2 (3.95 - 6.6)	54	4.4 (3.32 - 5.77)	68	5.5 (4.27 - 6.97)	63	5.0 (3.87 - 6.44)
Multi-race	1	†	3	†	4	†	1	†	3	†
Unknown	0	–	0	–	0	–	0	–	0	–
<b>Total</b>	<b>112</b>	<b>7.5 (6.15 - 8.98)</b>	<b>117</b>	<b>7.6 (6.32 - 9.16)</b>	<b>104</b>	<b>6.7 (5.44 - 8.07)</b>	<b>112</b>	<b>7.1 (5.81 - 8.49)</b>	<b>123</b>	<b>7.6 (6.33 - 9.09)</b>

\* 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 8. Case Counts and Percentages of New HIV Diagnoses with Stage 3 Infection (AIDS) at Time of Diagnosis by Race/Ethnicity, Utah, 2010–2014 vs. 2015–2019

Race/Ethnicity	2010 – 2014			2015 – 2019		
	Stage 0–2	Stage 3	%	Stage 0–2	Stage 3	%
Hispanic, all races	92	39	29.77%	140	38	21.35%
Non-Hispanic, American Indian/Alaska Native	2	3	60.00%	11	0	0.00%
Non-Hispanic, Asian	16	4	20.00%	24	6	20.00%
Non-Hispanic, Black	35	9	20.45%	54	7	11.48%
Non-Hispanic, Native Hawaiian/Other Pacific Islander	0	2	100.00%	6	1	14.29%
Non-Hispanic, White	252	74	22.70%	289	44	13.21%
Non-Hispanic, multi-race	12	2	14.29%	11	1	8.33%
Unknown	1	0	0.00%	2	0	0.00%
<b>Total</b>	<b>410</b>	<b>133</b>	<b>24.49%</b>	<b>537</b>	<b>97</b>	<b>15.30%</b>

Table 9. Number of Persons Living with Diagnosed HIV and Rate per 100,000 by Local Health District, Utah, 2014–2018

Local Health District	2014		2015		2016		2017		2018	
	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)
Bear River	53	30.9 (23.15 - 40.43)	52	29.9 (22.34 - 39.23)	59	33.2 (25.3 - 42.88)	58	32.1 (24.39 - 41.51)	84	45.7 (36.46 - 56.59)
Central Utah	20	26.3 (16.04 - 40.57)	21	27.3 (16.91 - 41.76)	24	30.7 (19.67 - 45.69)	25	31.5 (20.37 - 46.46)	34	42.1 (29.17 - 58.86)
Davis County	137	41.7 (34.99 - 49.27)	148	44.2 (37.39 - 51.96)	152	44.6 (37.77 - 52.25)	154	44.4 (37.68 - 52.02)	214	61.0 (53.06 - 69.69)
Salt Lake County	1379	126.5 (119.92 - 133.37)	1498	135.9 (129.11 - 142.96)	1561	139.4 (132.53 - 146.45)	1652	145.3 (138.41 - 152.51)	2081	181.2 (173.46 - 189.12)
San Juan County	5	33.2* (10.78 - 77.49)	5	32.8* (10.65 - 76.57)	4	26.1* (7.11 - 66.81)	3	†	3	†
Southeastern Utah	11	27.0* (13.47 - 48.29)	12	29.8 (15.39 - 52.01)	17	42.3 (24.66 - 67.79)	19	47.8 (28.8 - 74.69)	24	60.1 (38.52 - 89.45)
Southwest Utah	74	34.1 (26.81 - 42.87)	89	40.3 (32.32 - 49.53)	99	43.5 (35.33 - 52.92)	112	47.5 (39.13 - 57.19)	150	61.6 (52.13 - 72.27)
Summit County	20	51.1 (31.23 - 78.97)	20	50.5 (30.82 - 77.92)	23	56.8 (35.99 - 85.19)	24	58.1 (37.21 - 86.4)	28	66.8 (44.42 - 96.6)
Tooele County	21	34.2 (21.16 - 52.25)	23	36.7 (23.28 - 55.1)	27	41.8 (27.54 - 60.8)	28	41.5 (27.57 - 59.96)	36	51.4 (36.03 - 71.21)
TriCounty	18	30.9 (18.32 - 48.84)	17	28.5 (16.6 - 45.63)	19	33.0 (19.87 - 51.53)	20	35.6 (21.77 - 55.05)	18	32.0 (18.94 - 50.51)
Utah County	127	22.7 (18.88 - 26.95)	138	24.1 (20.25 - 28.47)	157	26.6 (22.6 - 31.1)	171	28.2 (24.12 - 32.74)	223	35.9 (31.32 - 40.91)
Wasatch County	10	36.0* (17.24 - 66.12)	9	30.9* (14.13 - 58.67)	8	26.3* (11.37 - 51.9)	8	25.1* (10.83 - 49.43)	12	36.3 (18.75 - 63.39)
Weber-Morgan	108	43.1 (35.33 - 52)	111	43.7 (35.96 - 52.65)	121	46.8 (38.84 - 55.93)	133	50.5 (42.28 - 59.84)	174	65.0 (55.71 - 75.42)
Unknown	1	–	2	–	3	–	4	–	2	–
<b>Utah State</b>	<b>1984</b>	<b>67.6 (64.61 - 70.59)</b>	<b>2145</b>	<b>71.9 (68.92 - 75.05)</b>	<b>2274</b>	<b>74.8 (71.72 - 77.89)</b>	<b>2411</b>	<b>77.7 (74.68 - 80.91)</b>	<b>3083</b>	<b>83.1 (79.93 - 86.32)</b>

\* 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 10. Numbers of Persons Living with Diagnosed HIV and Rates per 100,000 Among Females by Age Group, Utah, 2014–2018

Age Group	2014		2015		2016		2017		2018	
	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	9	3.3* (1.49 - 6.18)	11	4.0* (1.98 - 7.1)	10	3.6* (1.73 - 6.62)	8	2.9* (1.25 - 5.7)	8	2.9* (1.26 - 5.73)
13-24	8	2.9* (1.23 - 5.62)	9	3.2* (1.45 - 6.03)	10	3.5* (1.67 - 6.39)	12	4.1 (2.11 - 7.14)	14	4.7 (2.56 - 7.85)
25-34	51	23.6 (17.56 - 31.01)	46	21.2 (15.54 - 28.3)	42	19.0 (13.68 - 25.65)	35	15.6 (10.84 - 21.64)	42	18.5 (13.31 - 24.96)
35-44	95	50.5 (40.82 - 61.68)	111	57.1 (46.97 - 68.75)	110	54.8 (45.05 - 66.06)	112	54.0 (44.47 - 64.99)	111	52.0 (42.77 - 62.62)
45-54	83	54.6 (43.48 - 67.68)	90	58.8 (47.27 - 72.26)	102	65.8 (53.66 - 79.88)	107	68.2 (55.88 - 82.4)	121	76.1 (63.16 - 90.95)
55-64	40	28.5 (20.38 - 38.85)	45	31.3 (22.82 - 41.86)	46	31.2 (22.81 - 41.56)	58	38.4 (29.19 - 49.69)	72	47.0 (36.81 - 59.25)
65+	12	7.6 (3.91 - 13.23)	14	8.5 (4.65 - 14.27)	18	10.5 (6.22 - 16.6)	23	12.9 (8.16 - 19.32)	26	13.9 (9.1 - 20.4)
<b>Total</b>	<b>298</b>	<b>20.4 (18.16 - 22.87)</b>	<b>326</b>	<b>22.0 (19.68 - 24.53)</b>	<b>338</b>	<b>22.4 (20.05 - 24.89)</b>	<b>355</b>	<b>23.1 (20.73 - 25.59)</b>	<b>394</b>	<b>25.2 (22.75 - 27.78)</b>

\* 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 11. Numbers of Persons Living with Diagnosed HIV and Rates per 100,000 Among Males by Age Group, Utah, 2014–2018

Age Group	2014		2015		2016		2017		2018	
	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	25	8.6 (5.55 - 12.67)	35	12.0 (8.34 - 16.65)	48	16.4 (12.08 - 21.71)	28	9.6 (6.35 - 13.82)	24	8.3 (5.29 - 12.28)
13-24	36	12.4 (8.66 - 17.12)	43	14.6 (10.53 - 19.6)	44	14.6 (10.61 - 19.6)	51	16.6 (12.36 - 21.82)	56	17.9 (13.5 - 23.2)
25-34	271	120.9 (106.91 - 136.16)	298	132.7 (118.04 - 148.63)	310	135.6 (120.92 - 151.56)	327	140.2 (125.46 - 156.3)	351	148.4 (133.27 - 164.75)
35-44	391	199.8 (180.51 - 220.65)	422	209.1 (189.6 - 230)	428	205.5 (186.53 - 225.97)	456	212.1 (193.1 - 232.52)	483	218.5 (199.46 - 238.9)
45-54	571	372.6 (342.63 - 404.42)	566	365.5 (335.98 - 396.86)	578	367.0 (337.71 - 398.21)	588	367.1 (338.07 - 398.06)	605	371.8 (342.78 - 402.67)
55-64	316	233.6 (208.57 - 260.85)	362	260.6 (234.47 - 288.92)	411	288.8 (261.59 - 318.17)	459	316.1 (287.82 - 346.37)	520	352.9 (323.2 - 384.55)
65+	76	56.0 (44.12 - 70.08)	93	65.6 (52.98 - 80.41)	117	78.9 (65.26 - 94.57)	147	94.8 (80.1 - 111.43)	187	115.2 (99.24 - 132.9)
<b>Total</b>	<b>1686</b>	<b>114.1 (108.77 - 119.73)</b>	<b>1819</b>	<b>121.2 (115.73 - 126.95)</b>	<b>1936</b>	<b>126.4 (120.87 - 132.2)</b>	<b>2056</b>	<b>131.6 (126.01 - 137.46)</b>	<b>2226</b>	<b>140.2 (134.39 - 146.1)</b>

\* 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. Number & Percentage of Persons Living with Diagnoses HIV Among Females by Transmission Category, Utah, 2014–2018

Risk Category	2014		2015		2016		2017		2018	
	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%
IDU	61	20.47%	64	19.69%	66	19.58%	65	18.36%	70	17.77%
High-risk Heterosexual Contact	147	49.33%	161	49.54%	167	49.55%	167	47.18%	185	46.95%
Heterosexual Contact of Unknown Risk	68	22.82%	72	22.15%	73	21.66%	78	22.03%	79	20.05%
Adult - Transfusion/Other	1	0.34%	1	0.31%	1	0.30%	1	0.28%	1	0.25%
Adult - Unknown	12	4.03%	16	4.92%	20	5.93%	33	9.32%	47	11.93%
Perinatal Exposure Through Mother	6	2.01%	6	1.85%	6	1.78%	6	1.69%	6	1.52%
Pediatric - Transfusion/Other	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Pediatric - Unknown	3	1.01%	5	1.54%	4	1.19%	4	1.13%	6	1.52%
<b>Total</b>	<b>298</b>	<b>100.00%</b>	<b>325</b>	<b>100.00%</b>	<b>337</b>	<b>100.00%</b>	<b>354</b>	<b>100.00%</b>	<b>394</b>	<b>100.00%</b>

Table 13. Number & Percentage of Persons Living with Diagnoses HIV Among Males by Transmission Category, Utah, 2014–2018

Risk Category	2014		2015		2016		2017		2018	
	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%	Case(s)	%
MSM	1120	66.43%	1187	65.26%	1277	65.96%	1361	66.20%	1507	67.70%
IDU	86	5.10%	92	5.06%	86	4.44%	90	4.38%	89	4.00%
MSM/IDU	274	16.25%	296	16.27%	301	15.55%	304	14.79%	341	15.32%
High-risk Heterosexual Contact	38	2.25%	42	2.31%	44	2.27%	47	2.29%	49	2.20%
Heterosexual Contact of Unknown Risk	77	4.57%	85	4.67%	89	4.60%	94	4.57%	89	4.00%
Adult - Transfusion/Other	12	0.71%	11	0.60%	11	0.57%	11	0.54%	11	0.49%
Adult - Unknown	56	3.32%	84	4.62%	103	5.32%	123	5.98%	113	5.08%
Perinatal Exposure Through Mother	15	0.89%	14	0.77%	16	0.83%	17	0.83%	16	0.72%
Pediatric - Transfusion/Other	4	0.24%	4	0.22%	4	0.21%	4	0.19%	4	0.18%
Pediatric - Unknown	4	0.24%	4	0.22%	5	0.26%	5	0.24%	7	0.31%
<b>Total</b>	<b>1686</b>	<b>100.00%</b>	<b>1819</b>	<b>100.00%</b>	<b>1936</b>	<b>100.00%</b>	<b>2056</b>	<b>100.00%</b>	<b>2226</b>	<b>100.00%</b>

Table 14. Number of Persons Living with Diagnosed HIV and Rate per 100,000 Among Females by Race/Ethnicity, Utah, 2014–2018

Race/Ethnicity	2014		2015		2016		2017		2018	
	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	61	31.7 (24.27 - 40.75)	67	33.9 (26.24 - 43)	70	34.1 (26.61 - 43.12)	73	34.4 (26.96 - 43.25)	73	33.3 (26.14 - 41.93)
American Indian/Alaska Native	1	†	1	†	1	†	2	†	4	†
Asian	12	34.7 (17.91 - 60.53)	15	42.0 (23.48 - 69.21)	15	39.8 (22.27 - 65.61)	17	42.6 (24.81 - 68.18)	19	45.7 (27.52 - 71.37)
Black	78	611.0 (482.97 - 762.55)	85	648.6 (518.08 - 802.01)	87	627.8 (502.8 - 774.33)	100	677.6 (551.36 - 824.2)	117	760.0 (628.57 - 910.88)
Native Hawaiian/Other Pacific Islander	1	†	1	†	1	†	1	†	1	†
White	136	11.7 (9.79 - 13.8)	147	12.5 (10.54 - 14.66)	154	12.9 (10.92 - 15.08)	153	12.6 (10.7 - 14.79)	170	13.9 (11.85 - 16.1)
Multi-race	9	33.0* (15.07 - 62.58)	9	31.8* (14.54 - 60.34)	9	30.3* (13.86 - 57.56)	7	22.6* (9.07 - 46.5)	8	24.8* (10.7 - 48.84)
Unknown	0	–	1	–	1	–	2	–	2	–
<b>Total</b>	<b>298</b>	<b>20.4 (18.16 - 22.87)</b>	<b>326</b>	<b>22.0 (19.68 - 24.53)</b>	<b>338</b>	<b>22.4 (20.05 - 24.89)</b>	<b>355</b>	<b>23.1 (20.73 - 25.59)</b>	<b>394</b>	<b>25.2 (22.75 - 27.78)</b>

\* 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. Number of Persons Living with Diagnosed HIV and Rate per 100,000 Among Males by Race/Ethnicity, Utah, 2014–2018

Race/Ethnicity	2014		2015		2016		2017		2018	
	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	308	152.0 (135.5 - 169.97)	351	168.4 (151.24 - 186.97)	377	174.8 (157.56 - 193.33)	409	182.9 (165.61 - 201.52)	465	201.9 (184.01 - 221.16)
American Indian/Alaska Native	12	86.7 (44.82 - 151.53)	12	85.3 (44.09 - 149.07)	12	83.9 (43.37 - 146.61)	12	82.9 (42.83 - 144.8)	16	109.1 (62.37 - 177.21)
Asian	22	71.9 (45.05 - 108.83)	29	91.3 (61.14 - 131.11)	34	102.0 (70.61 - 142.48)	44	125.0 (90.8 - 167.76)	43	117.4 (84.99 - 158.18)
Black	88	509.2 (408.37 - 627.31)	99	553.8 (450.11 - 674.25)	111	587.6 (483.4 - 707.64)	124	616.8 (513.04 - 735.43)	135	644.1 (540.02 - 762.35)
Native Hawaiian/Other Pacific Islander	2	†	3	†	3	†	3	†	3	†
White	1214	103.7 (97.93 - 109.68)	1280	108.0 (102.2 - 114.12)	1354	112.5 (106.59 - 118.66)	1409	115.4 (109.44 - 121.57)	1506	121.8 (115.72 - 128.1)
Multi-race	40	144.0 (102.85 - 196.03)	45	155.4 (113.34 - 207.93)	45	148.0 (107.92 - 197.97)	55	172.2 (129.69 - 224.09)	58	174.0 (132.13 - 224.94)
Unknown	0	–	0	–	0	–	0	–	0	–
<b>Total</b>	<b>1686</b>	<b>114.1 (108.77 - 119.73)</b>	<b>1819</b>	<b>121.2 (115.73 - 126.95)</b>	<b>1936</b>	<b>126.4 (120.87 - 132.2)</b>	<b>2056</b>	<b>131.6 (126.01 - 137.46)</b>	<b>2226</b>	<b>140.2 (134.39 - 146.1)</b>

\* 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. Number and Percentage of Active Ryan White Clients Among Persons Living with Diagnosed HIV, Utah, 2014–2018

Status	2014		2015		2016		2017		2018	
	#	%	#	%	#	%	#	%	#	%
Active Ryan White Client	720	36.29%	789	36.78%	1150	50.57%	1163	48.24%	1172	44.73%
Not an Active Ryan White Client	1264	63.71%	1356	63.22%	1124	49.43%	1248	51.76%	1448	55.27%
<b>Total</b>	<b>1984</b>	<b>100.00%</b>	<b>2145</b>	<b>100.00%</b>	<b>2274</b>	<b>100.00%</b>	<b>2411</b>	<b>100.00%</b>	<b>2620</b>	<b>100.00%</b>