In the United States, the burden of HIV and AIDS is not evenly distributed across states and regions. In most areas of the country, HIV is concentrated in urban areas, so states reporting more diagnoses or higher rates of persons living with diagnosed HIV infection or ever classified as AIDS usually contain major metropolitan areas. But in the South, larger percentages of diagnoses are in smaller metropolitan and nonmetropolitan areas. Understanding the places and populations that are most affected by HIV and AIDS allows the federal government to allocate its resources to the geographic areas where they are needed most, while still supporting a basic level of HIV education and prevention for everyone across the country.

**HIV Diagnoses, by Race/Ethnicity, Region, and State**

Most HIV diagnoses in 2015 were among blacks/African Americans, Hispanics/Latinos, or whites, reflecting the majority population groups of the United States.

The rates (per 100,000 people) of HIV diagnoses in 2015 were 16.8 in the South, 11.6 in the Northeast, and 9.8 in the West, and 7.6 in the Midwest.

**Lifetime Risk of HIV, by State**

Overall, an American has a 1 in 99 chance of being diagnosed with HIV at some point in his or her life. But that lifetime risk (http://www.cdc.gov/nchhstp/newsroom/images/2016/croi_lifetime_risk_state.jpg) is greater for people living in the South than in other regions of the country. The lifetime risk of HIV diagnosis is highest in the District of Columbia, followed by Maryland, Georgia, Florida, Louisiana, New York, Texas, New Jersey, Mississippi, South Carolina, North Carolina, Delaware, and Alabama.

**Living With HIV, by Region**

Southern states account for approximately 44 percent of all people living with an HIV diagnosis, despite making up roughly one-third (37 percent) of the national population. States reporting the highest rates of people living with HIV are predominantly in the South and the Northeast. At the end of 2014, the overall prevalence rate of people living with diagnosed HIV infection in the United States was 299.5 per 100,000 people. By region, the prevalence rates were 419.5 in the Northeast, 352.5 in the South, 244.2 in the West, and 167.6 in the Midwest.

• Nationally, in 2012, 87% of people living with HIV knew they were HIV-positive. But 12 out of 17 Southern states fell below this mark.

• Linking people to care within 3 months after an HIV diagnosis improves their health and reduces the risk of transmission. In 2014, the majority of states with the lowest levels of linkage to care were in the South. In some Southern states, people living with diagnosed HIV are 3 times as likely to die as those living with HIV in some other states.

AIDS, by Region

New AIDS diagnoses: In 2015, the South accounted for 52% (9,601) of the 18,303 new AIDS diagnoses in the United States, followed by the Northeast (18%, 3,328), the West (17%, 3,096), and the Midwest (12%, 2,278). In 2015, the rate of new AIDS diagnoses was 7.9 in the South, 5.9 in the Northeast, 4.1 in the West, and 3.4 in the Midwest.

AIDS deaths: Of the 6,721 deaths attributed directly to HIV or AIDS in 2014, 3,570 (53%) were in the South, 1,279 (19%) were in the Northeast, 1,136 (17%) were in the West, and 736 (11%) were in the Midwest.

What CDC Is Doing

Because the burden of HIV is not evenly distributed across populations, CDC is pursuing a high-impact prevention approach to invest prevention resources in the places and populations most affected by HIV, advance the goals of the National HIV/AIDS Strategy for the United States: Updated to 2020 (https://www.cdc.gov/federal-resources/national-hiv-aids-strategy/documents/), and maximize the effectiveness of HIV prevention efforts. For example,

• Funding for state and local health departments is CDC’s most significant investment in HIV prevention. CDC allocates its HIV funding for health departments to closely align with the geographic areas and populations most affected by the epidemic.
  ○ Starting in 2012, CDC has awarded at least $330 million (http://www.cdc.gov/hiv/funding/announcements/ps12-1201/index.html) each year ($343.7 million in 2015) to health departments to focus prevention efforts in communities and local areas where HIV is most heavily concentrated.
  ○ A new health department demonstration project (http://www.cdc.gov/hiv/funding/announcements/ps15-1506/index.html) provides pre-exposure prophylaxis (PrEP) (http://www.cdc.gov/hiv/basics/prep.html) support services and data-to-care activities for gay and bisexual men and transgender persons of color who are at risk for or living with HIV in metropolitan areas with a high burden of the disease.

• CDC is awarding $115 million over 5 years to strengthen 21 capacity-building organizations (http://www.cdc.gov/hiv/funding/announcements/ps14-1403/index.html) and ensure that on-the-ground prevention programs and their staff have the skills, information, and organizational support to best serve people living with, and at high risk for, HIV in their communities.

• Through its Act Against AIDS (http://www.cdc.gov/actagainstaids/index.html) campaigns, CDC provides effective and culturally appropriate prevention and treatment messages to reduce the HIV risk among the populations and communities most affected by the disease. Some of those initiatives include
  ○ Doing It (http://www.cdc.gov/actagainstaids/campaigns/doingit/index.html), a national HIV testing and prevention campaign that encourages all adults to know their HIV status and protect themselves and their community by making HIV testing a part of their regular health routine;
  ○ Let’s Stop HIV Together (http://www.cdc.gov/actagainstaids/campaigns/lsht/index.html), which raises HIV awareness and fights stigma among all Americans and provides many stories about people living with HIV; and
  ○ HIV Treatment Works (http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/index.html), which shows how people living with HIV have overcome barriers to stay in care and provides resources on how to live well with HIV.

• Partnering and Communicating Together (PACT) to Act Against AIDS (http://www.cdc.gov/actagainstaids/partnerships/pact.html), is a partnership between CDC and organizations representing some of the populations hardest hit by HIV to raise awareness about testing, prevention, and retention in care.

Additional Resources

CDC-INFO 1-800-CDC-INFO (232-4636)
www.cdc.gov/info
CDC HIV Website www.cdc.gov/hiv
CDC Act Against AIDS Campaign www.cdc.gov/actagainstaids

* Referred to as African American in this fact sheet.
* Hispanics/Latinos can be of any race.
* Regions defined by the US Census Bureau and used in CDC’s National HIV Surveillance System: Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT; Midwest: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI; South: AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV; West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY.
* Restricted to 32 states and the District of Columbia with complete laboratory reporting.