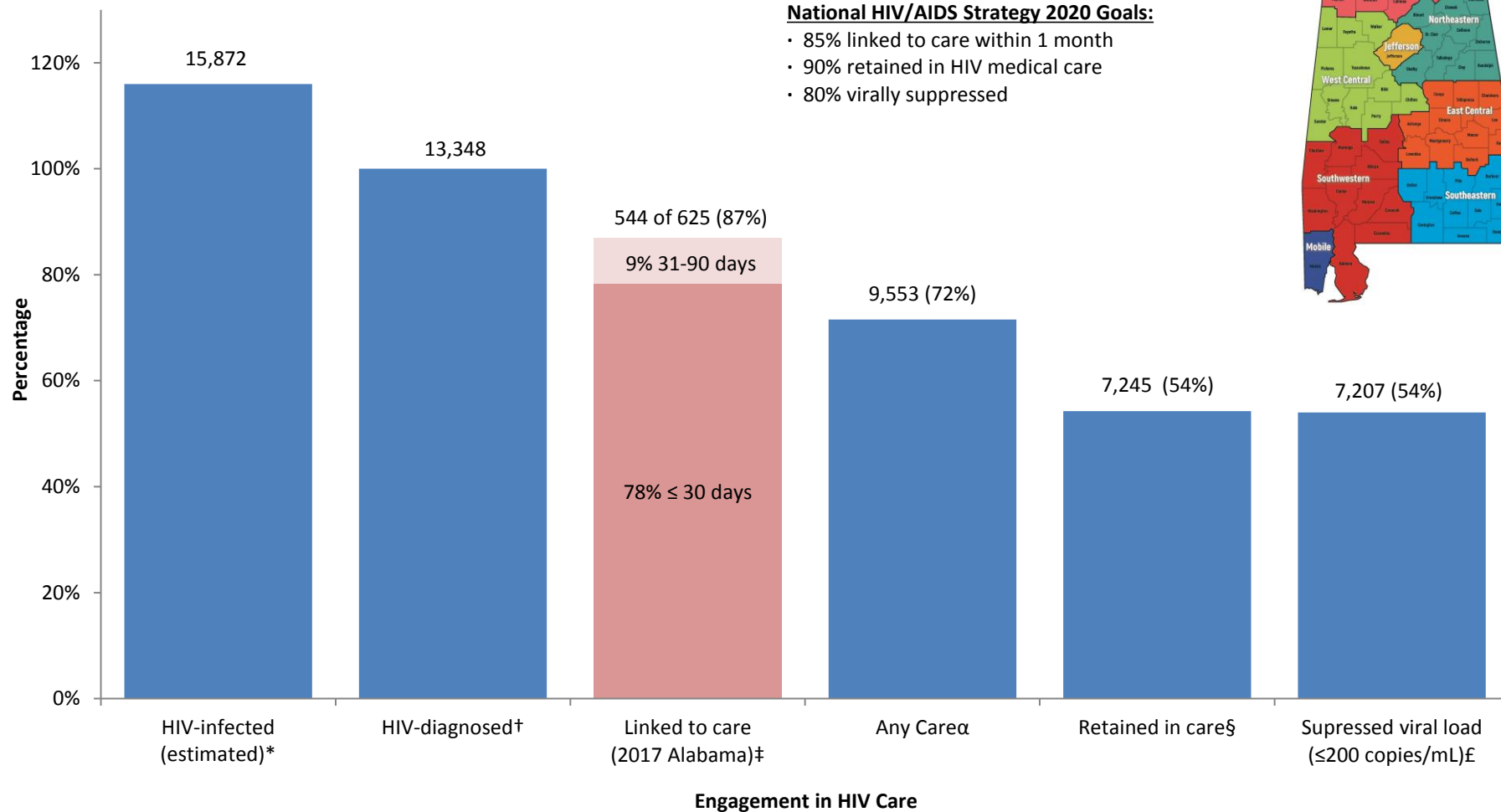


## Alabama Statewide Continuum of Care for Persons Living with HIV--2017 Preliminary Data



Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

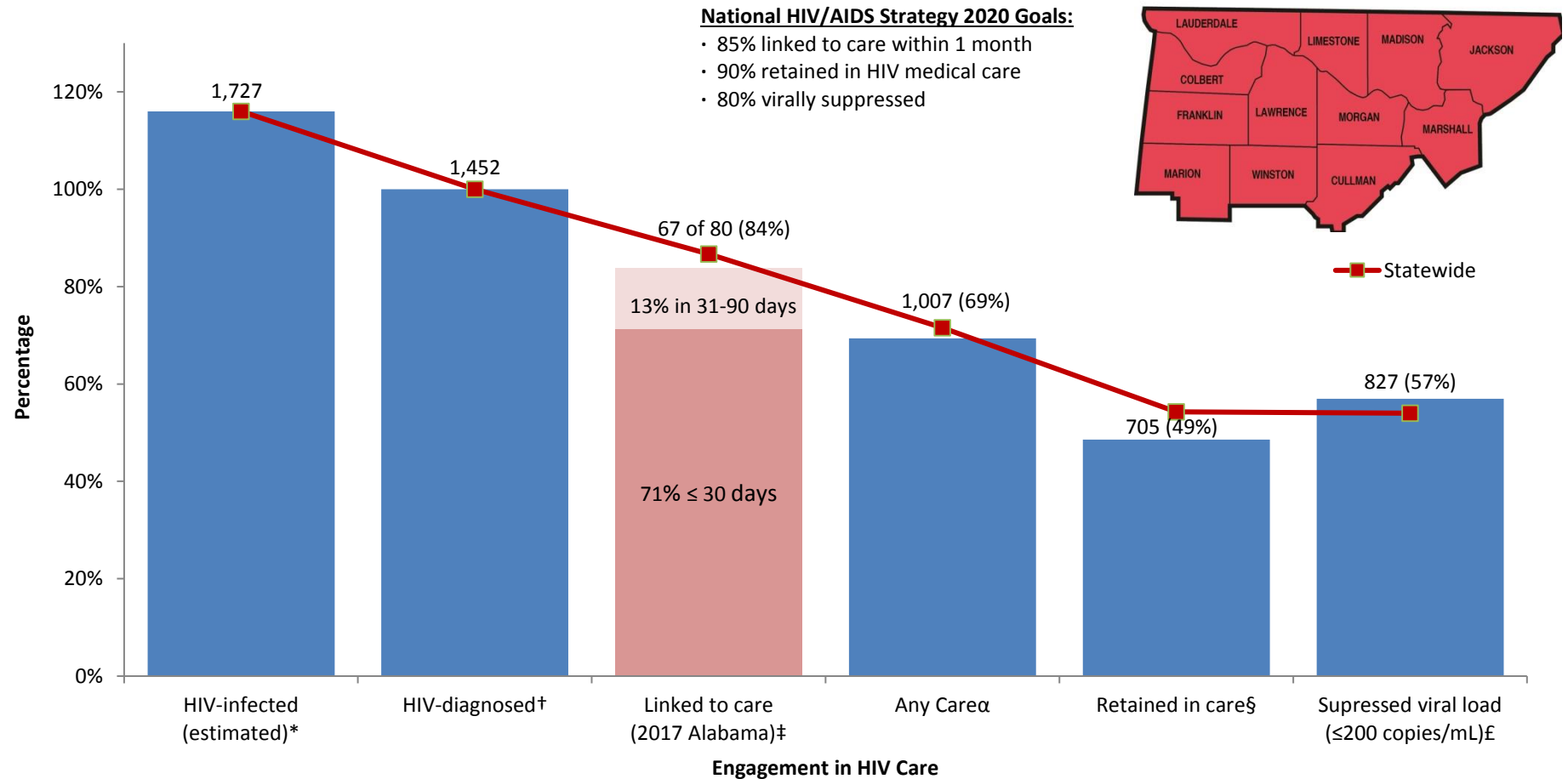
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing **any** care during 2017, evidenced by 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing **continuous** care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the **last** viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, Northern District--2017 Preliminary Data



Public Health Northern District includes Colbert, Cullman, Franklin, Jackson, Marion, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, and Winston Counties.

**Note:** 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

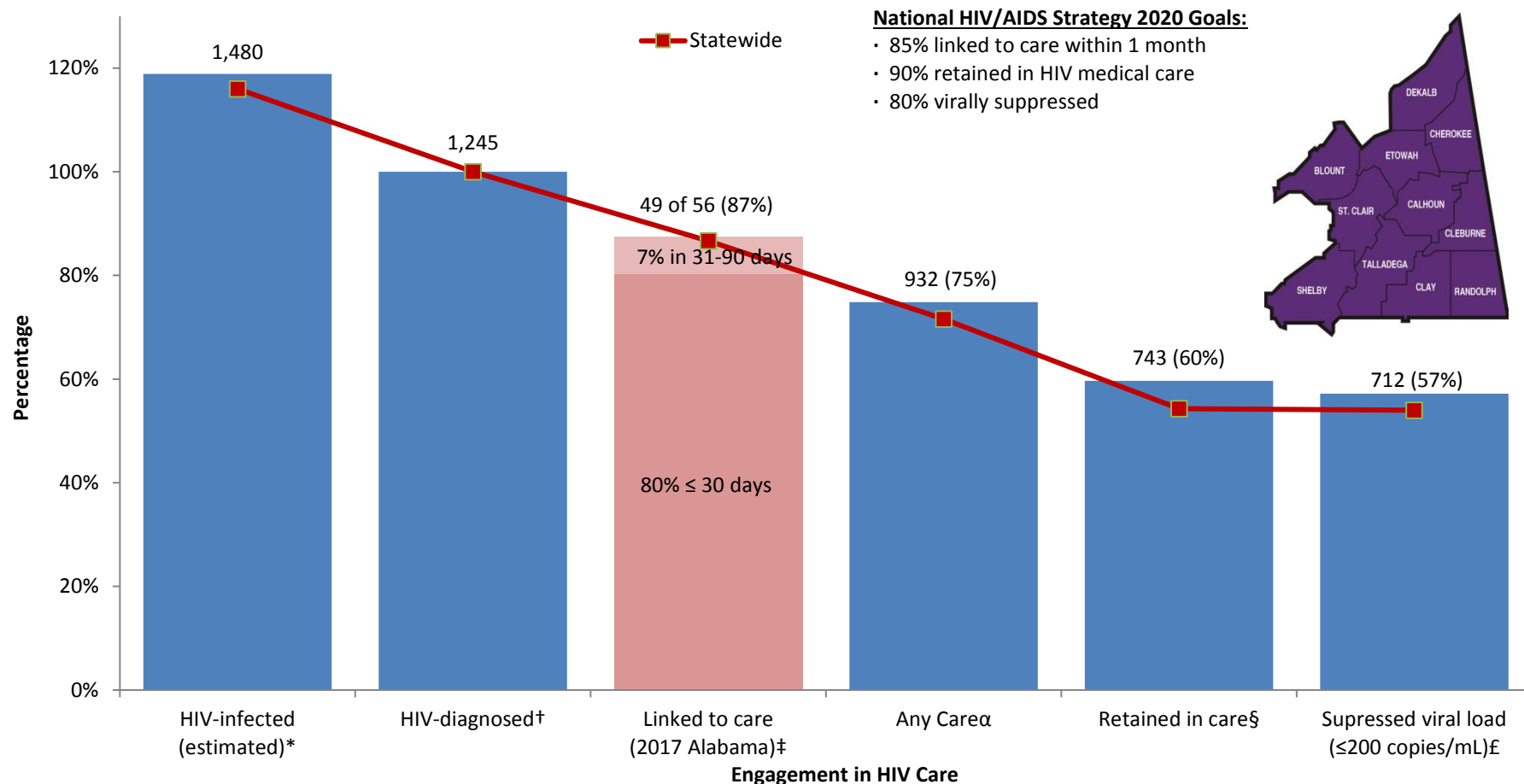
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing **any** care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing **continuous** care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the **last** viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, Northeastern District--2017 Preliminary Data



Note: Public Health Northeastern District includes Blount, Calhoun, Cherokee, Clay, Cleburne, DeKalb, Etowah, Randolph, St. Clair, Shelby, and Talladega Counties.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

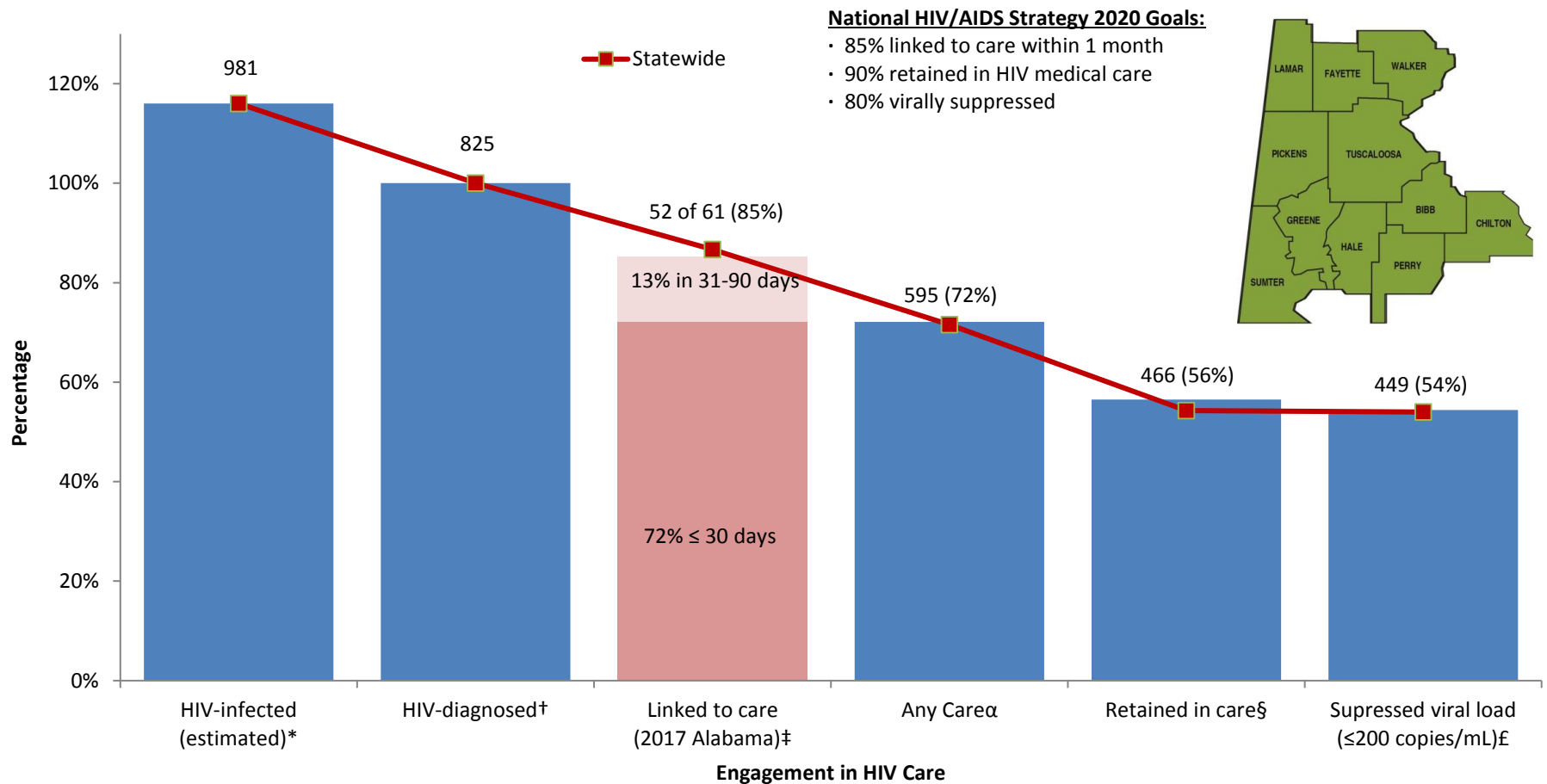
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing any care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing continuous care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the last viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, West Central District—2017 Preliminary Data



Note: Public Health West Central District includes Bibb, Chilton, Fayette, Greene, Hale, Lamar, Perry, Pickens, Sumter, Tuscaloosa, and Walker Counties.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

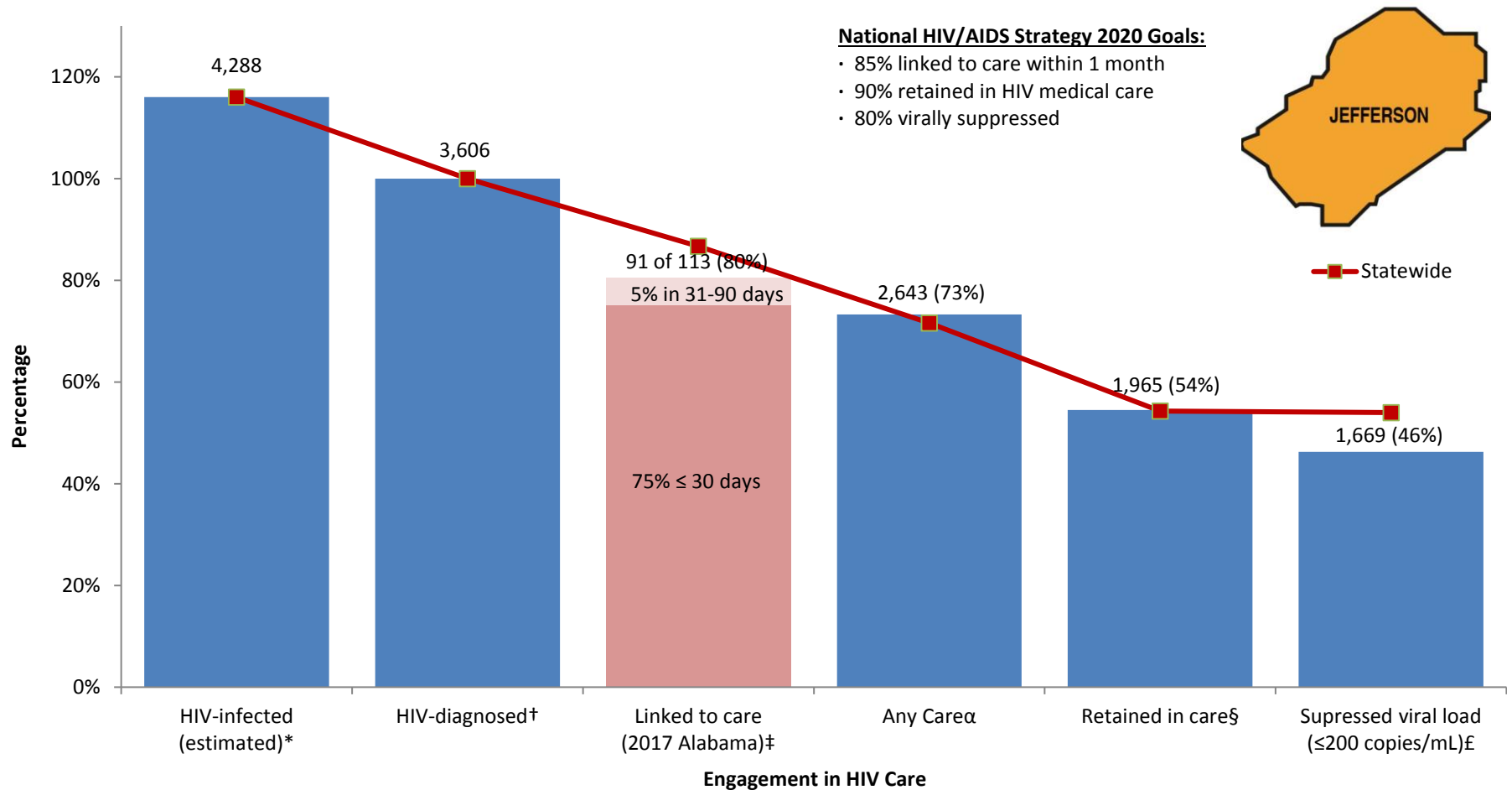
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing any care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing continuous care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the last viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, Jefferson County District--2017 Preliminary Data



Note: Public Health Jefferson County District includes only Jefferson County.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

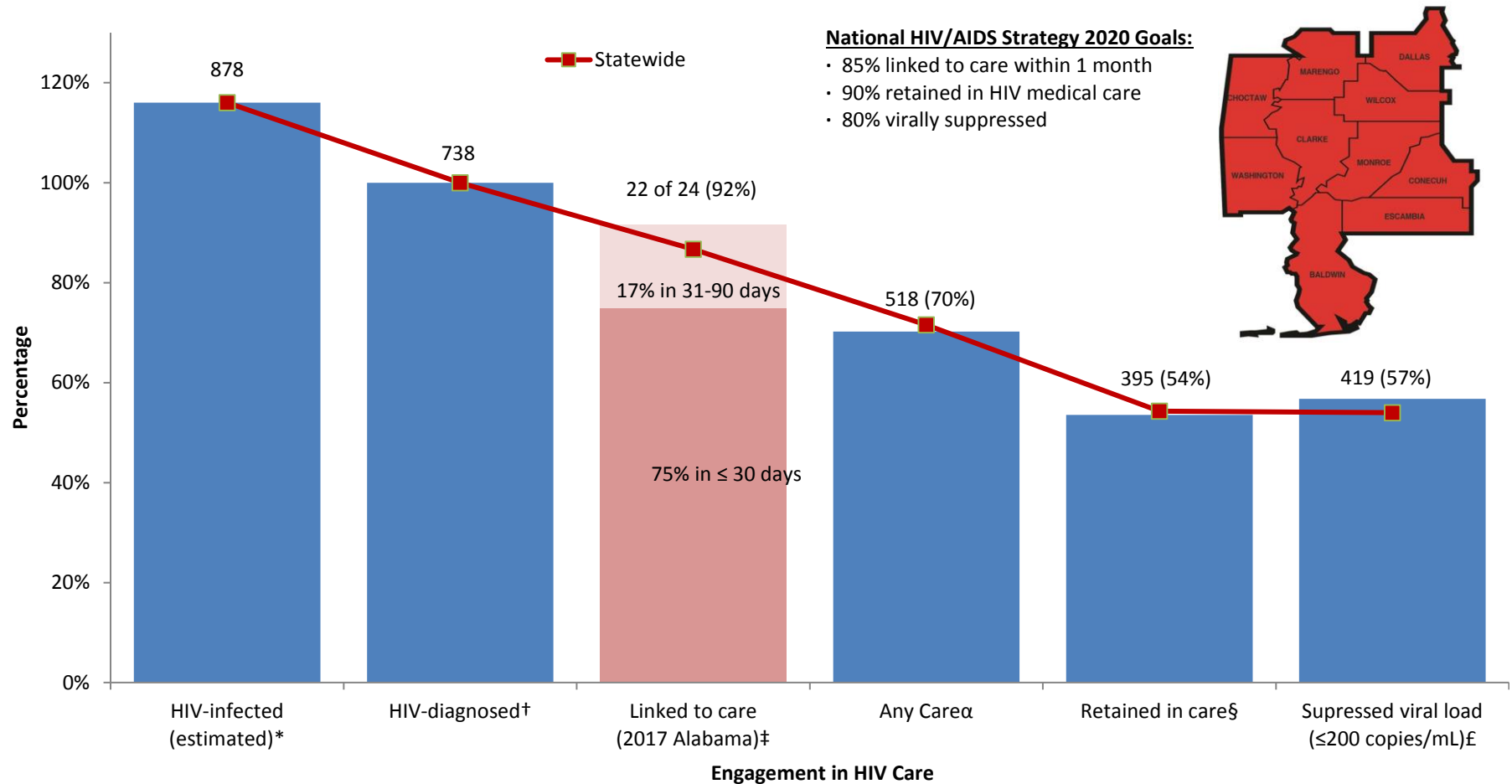
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing **any** care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing **continuous** care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the **last** viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, Southwestern District—2017 Preliminary Data



Note: Public Health Southwestern District includes Baldwin, Choctaw, Clarke, Conecuh, Dallas, Escambia, Marengo, Monroe, Washington and Wilcox Counties.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

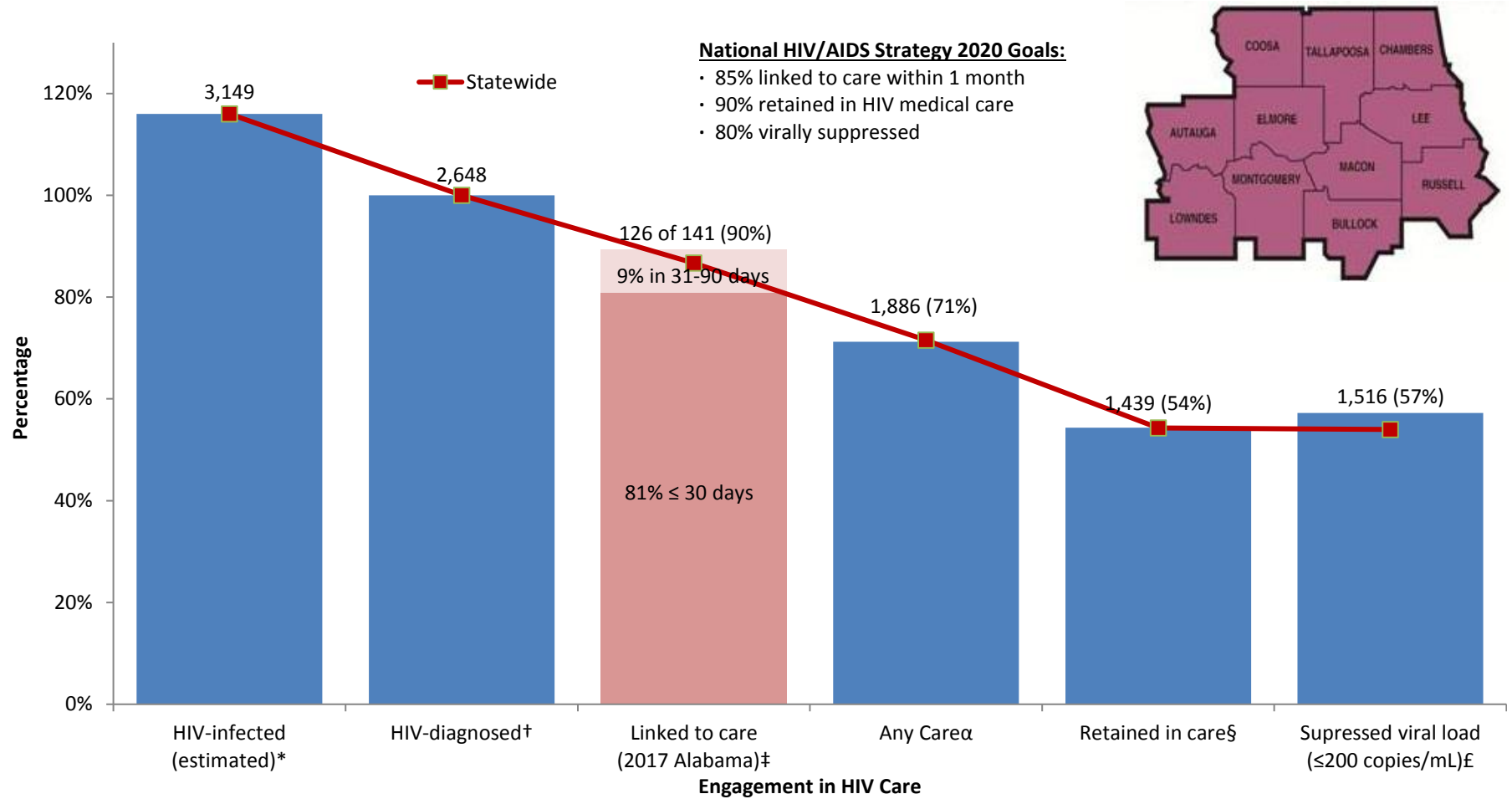
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing any care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing continuous care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the last viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, East Central District—2017 Preliminary Data



Note: Public Health East Central District includes Autauga, Bullock, Chambers, Coosa, Elmore, Lee, Lowndes, Macon, Montgomery, Russell, and Tallapoosa Counties.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

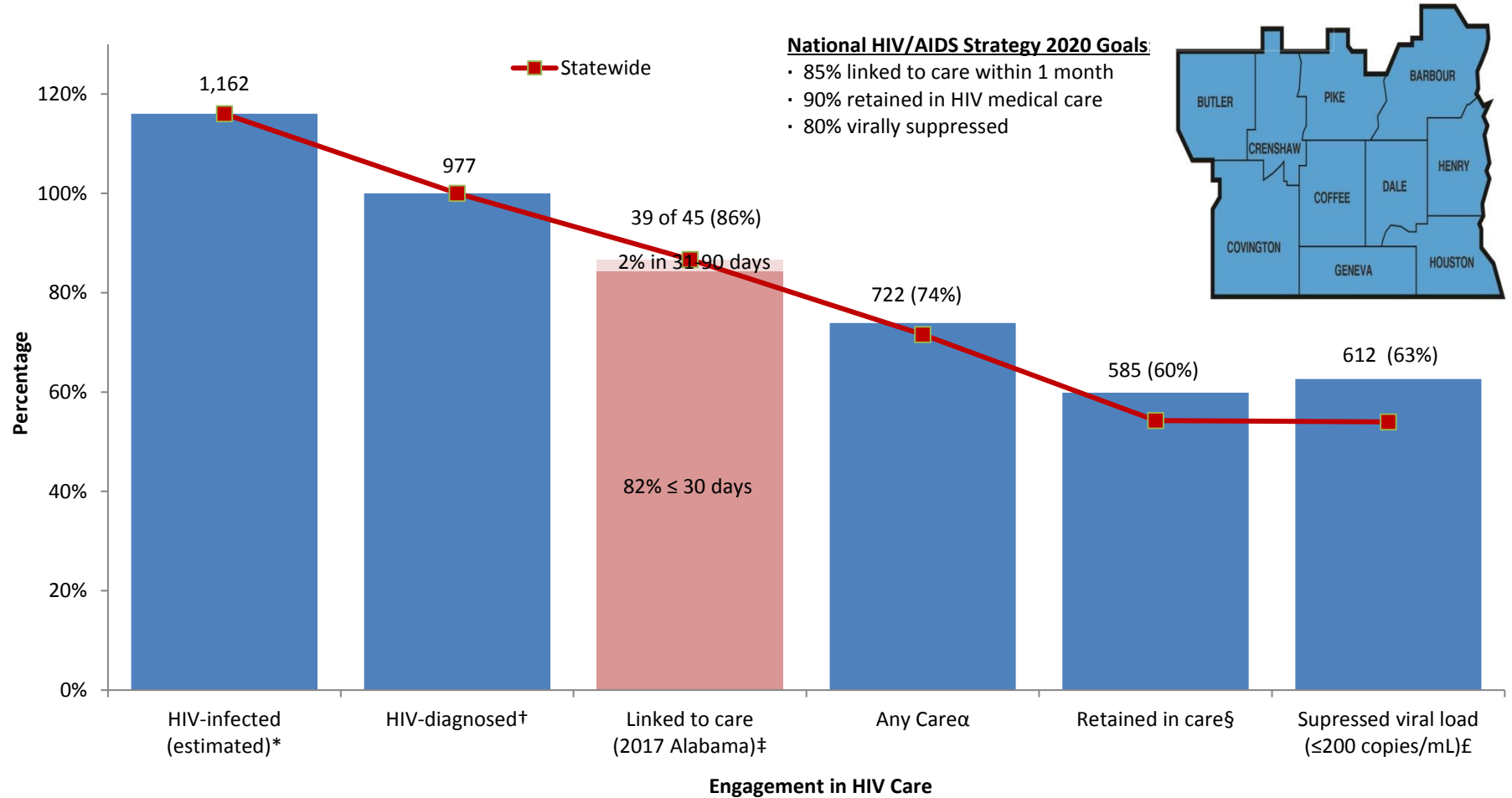
‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing **any** care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing **continuous** care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the **last** viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

### Alabama Continuum of Care for Persons Living with HIV, Southeastern District—2017 Preliminary Data



Note: Public Health Southeastern District includes Barbour, Butler, Coffee, Covington, Crenshaw, Dale, Geneva, Henry, Houston and Pike Counties.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

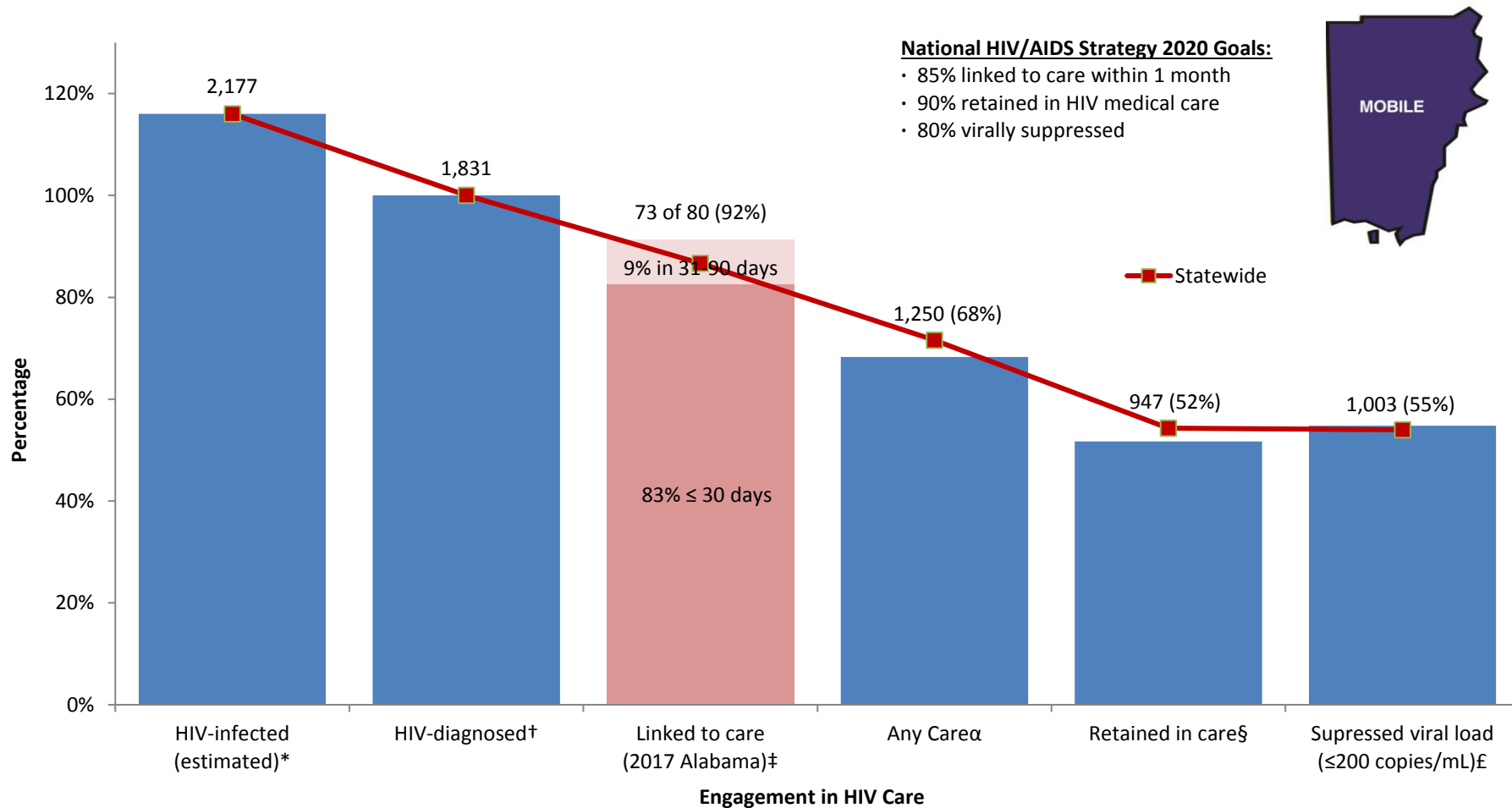
αCalculated as the percentage of persons accessing any care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing continuous care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the last viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.



### Alabama Continuum of Care for Persons Living with HIV, Mobile County District--2017 Preliminary Data



Note: Public Health Mobile County District includes only Mobile County.

Note: 2017 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 04.18.2018.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.1%) to the number of persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017 (i.e., 84.1% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.9%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2016 and alive as of December 31, 2017.

‡Calculated as the percentage of persons newly diagnosed during 2017 who were linked to care within 30 and 90 days, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis.

αCalculated as the percentage of persons accessing any care during 2017, evidenced 1 or more CD4 and/or viral load tests collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

§Calculated as the percentage of persons accessing continuous care during 2017, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.

£Calculated as the percentage of persons who had a suppressed viral load (≤200 copies/mL) at the last viral load collected during 2017, among those diagnosed with HIV through December 31, 2016 and alive as of December 31, 2017.