Alabama Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

‡ Linked to care is calculated differently from other steps in the continuum and cannot be directly compared to other steps. Linked to care is calculated as the percentage of people receiving a diagnosis of HIV in a given calendar year (during 2025) who had ≥1 CD4 and/or viral load test within 30 days (1 month) of diagnosis. Although linked to care within 90 days (3 months) is no longer considered successful linkage to care, it is depicted for a historical comparison.

α Receipt of medical care is defined as ≥1 test (CD4 or viral load). Receipt of care is calculated as the percentage of persons living with HIV who accessed **any** care during 2025, evidenced by ≥1 CD4, viral load, and/or HIV genotype test collected during 2025.

§ Retained in care is defined as ≥2 tests (CD4 or viral load) performed at least 3 months apart. Retention in care is calculated as the percentage of persons living with HIV who accessed **continuous** care during 2025, evidenced by ≥2 CD4, viral load, and/or HIV genotype tests collected at least 90 days apart during 2025.

£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Alabama East Central District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



Alabama's Public Health East Central District includes Autauga, Bullock, Chambers, Coosa, Elmore, Lee, Lowndes, Montgomery, Russell, and Tallapoosa Counties.

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

‡ Linked to care is calculated differently from other steps in the continuum and cannot be directly compared to other steps. Linked to care is calculated as the percentage of people receiving a diagnosis of HIV in a given calendar year (during 2025) who had ≥1 CD4 and/or viral load test within 30 days (1 month) of diagnosis. Although linked to care within 90 days (3 months) is no longer considered successful linkage to care, it is depicted for a historical comparison.

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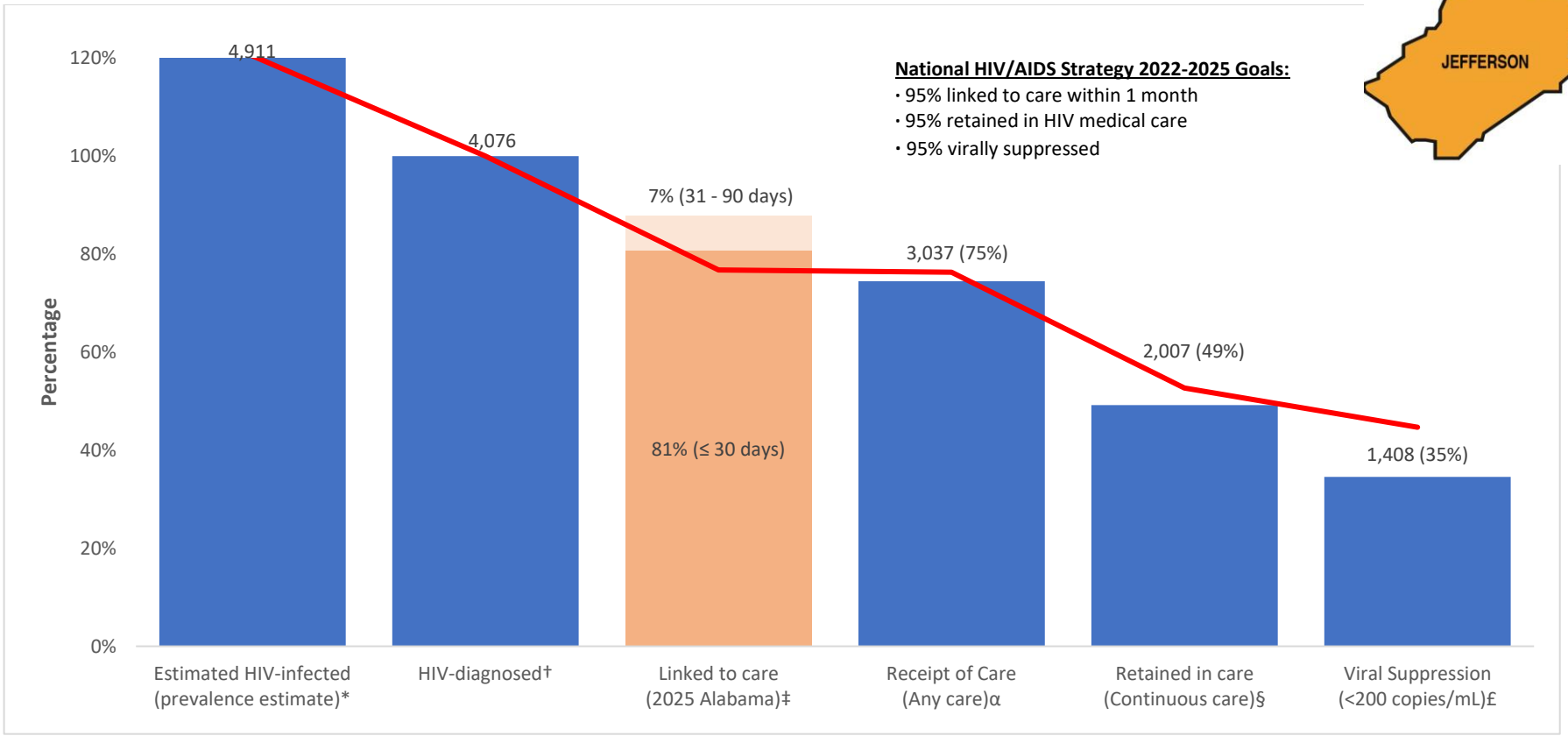
§ Retained in care is defined as ≥2 tests (CD4 or viral load) performed at least 3 months apart. Retention in care is calculated as the percentage of persons living with HIV who accessed **continuous** care during 2025, evidenced by ≥2 CD4, viral load, and/or HIV genotype tests collected at least 90 days apart during 2025.

£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Alabama Jefferson County District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



Alabama's Public Health Jefferson County District includes only Jefferson County.

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

‡ Linked to care is calculated differently from other steps in the continuum and cannot be directly compared to other steps. Linked to care is calculated as the percentage of people receiving a diagnosis of HIV in a given calendar year (during 2025) who had ≥1 CD4 and/or viral load test within 30 days (1 month) of diagnosis. Although linked to care within 90 days (3 months) is no longer considered successful linkage to care, it is depicted for a historical comparison.

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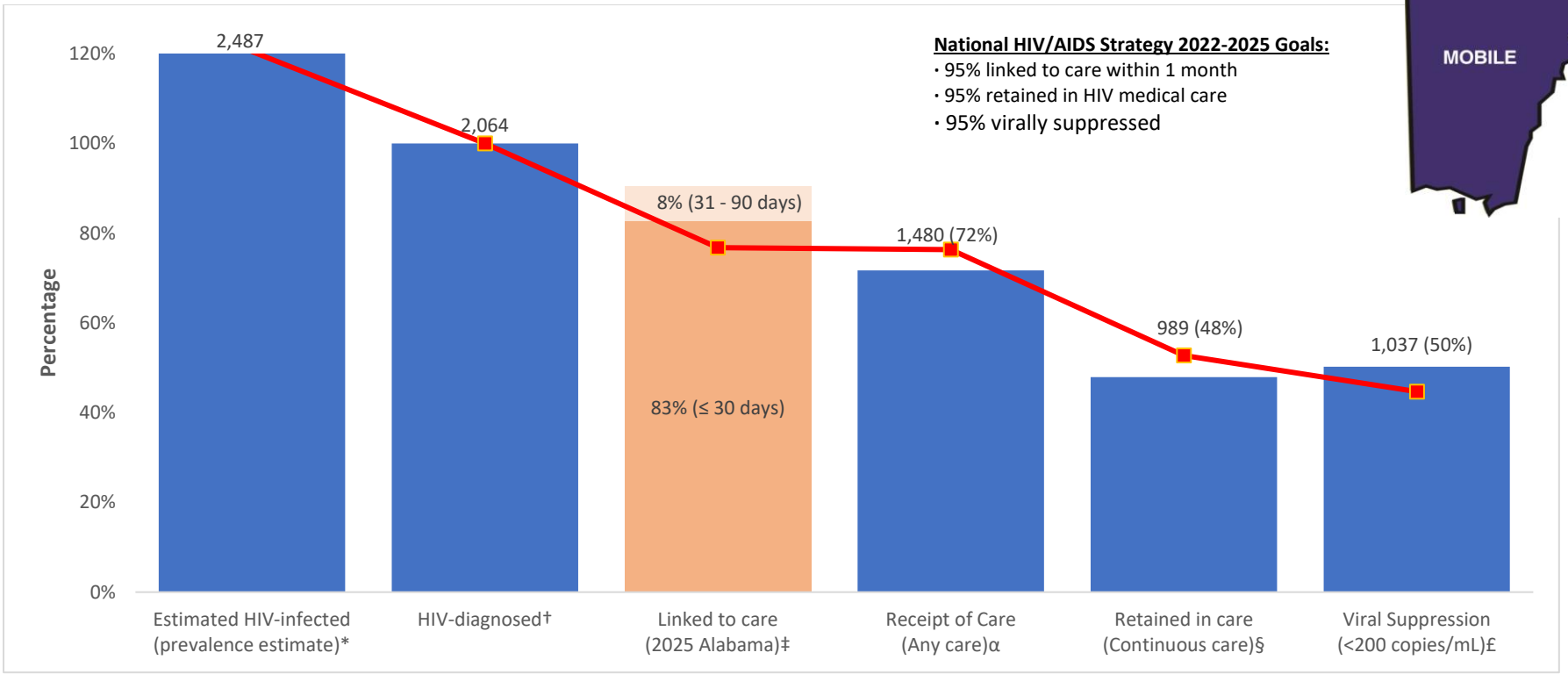
£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Alabama Mobile County District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



Alabama's Public Health Mobile County District includes only Mobile County.
Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.
* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.
† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).
‡ Linked to care is calculated differently from other steps in the continuum and cannot be directly compared to other steps. Linked to care is calculated as the percentage of people receiving a diagnosis of HIV in a given calendar year (during 2025) who had ≥1 CD4 and/or viral load test within 30 days (1 month) of diagnosis. Although linked to care within 90 days (3 months) is no longer considered successful linkage to care, it is depicted for a historical comparison.
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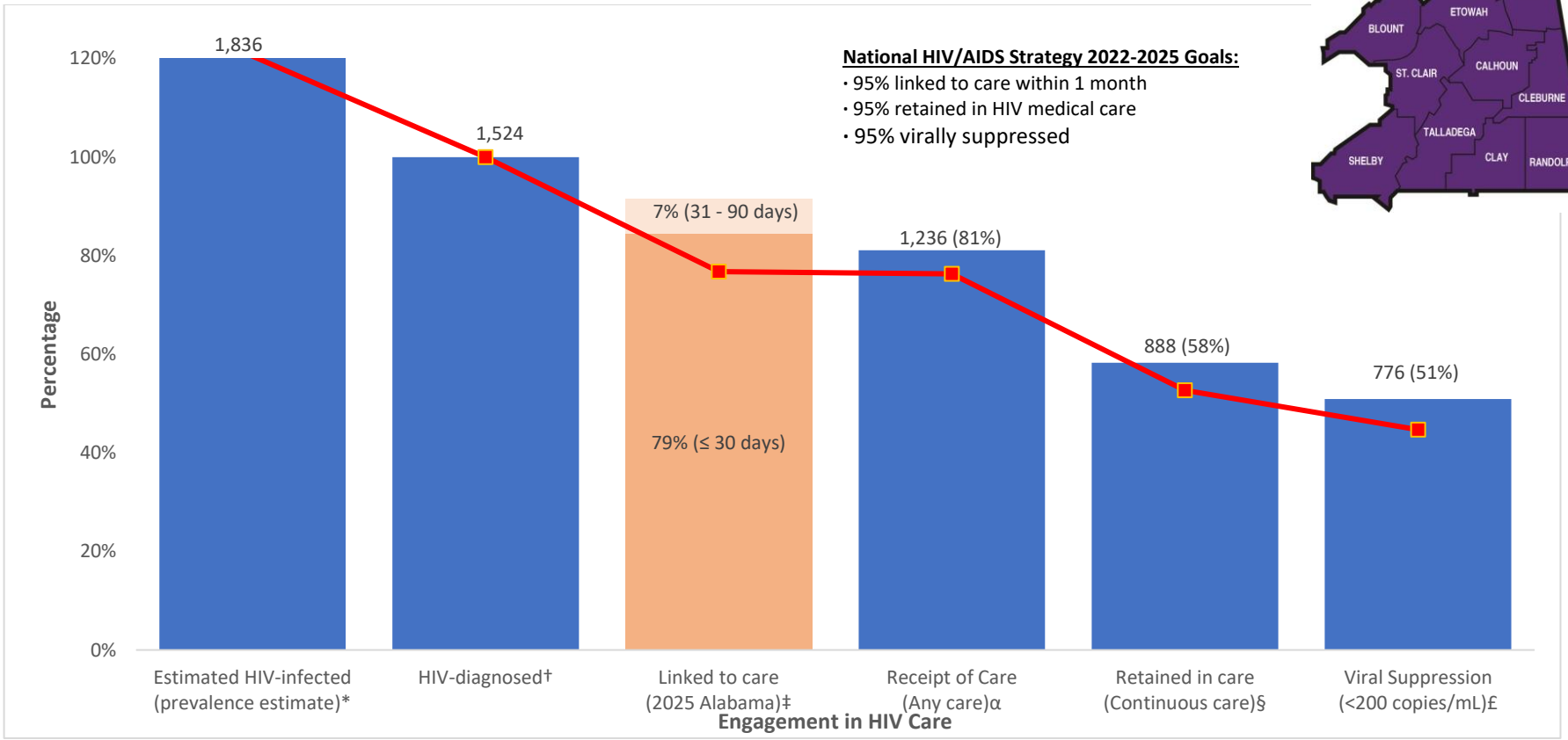
£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Alabama Northeastern District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



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

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

‡ Linked to care is calculated differently from other steps in the continuum and cannot be directly compared to other steps. Linked to care is calculated as the percentage of people receiving a diagnosis of HIV in a given calendar year (during 2025) who had ≥1 CD4 and/or viral load test within 30 days (1 month) of diagnosis. Although linked to care within 90 days (3 months) is no longer considered successful linkage to care, it is depicted for a historical comparison.

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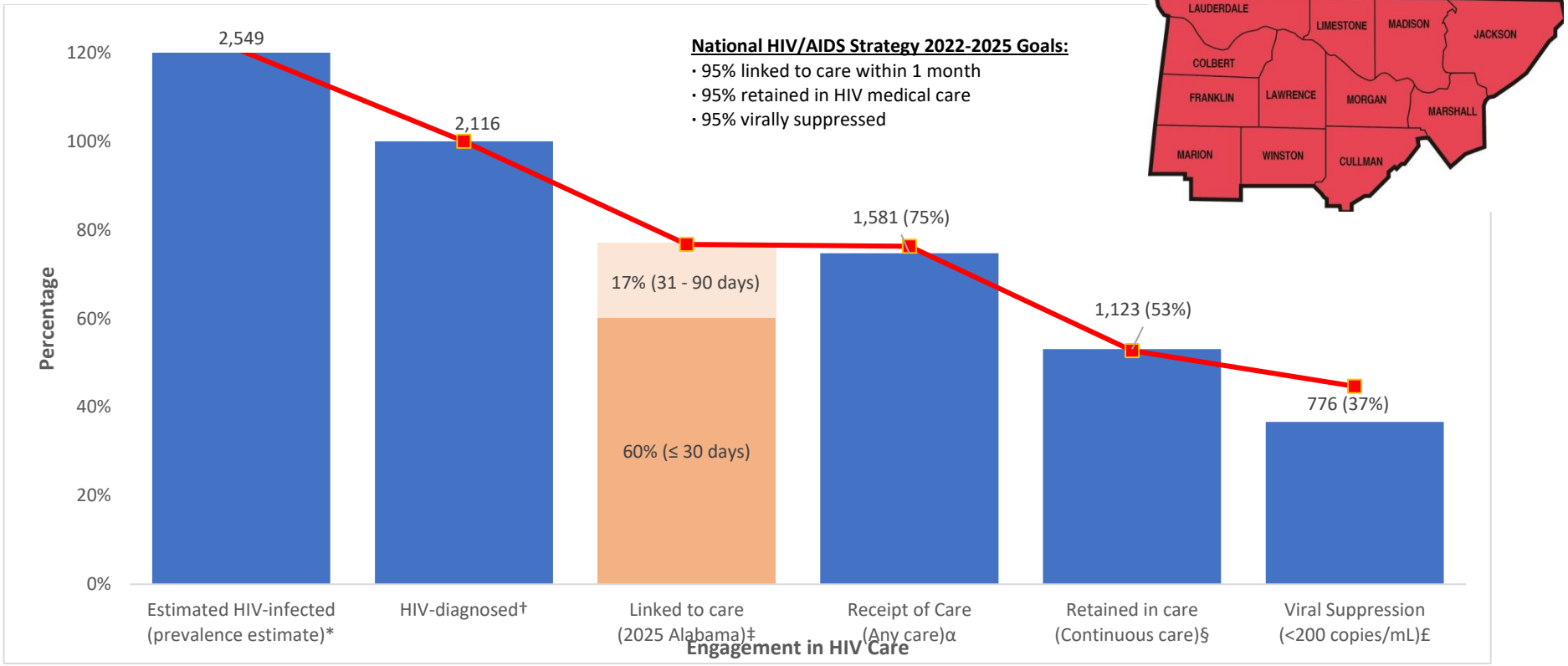
£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Alabama Northern District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



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

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

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† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

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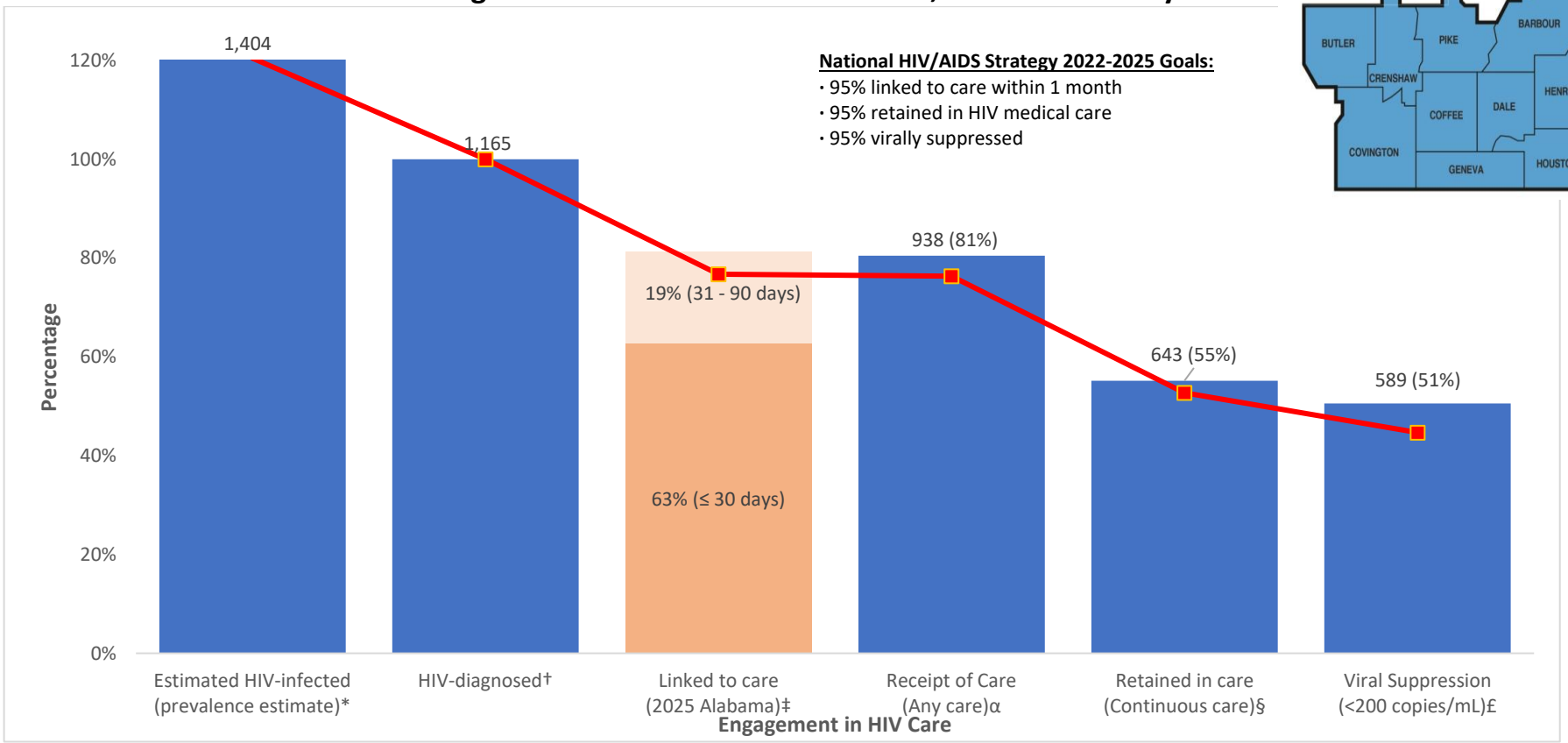
Alabama Southeastern District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



Alabama's Public Health Southeastern District includes Barbour, Butler, Coffee, Covington, Crenshaw, Dale, Geneva, Henry, Houston, and Pike Counties.

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

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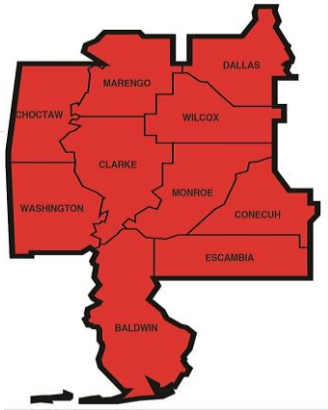
Alabama Southwestern District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



Alabama's Public Health Southwestern District includes Baldwin, Choctaw, Clarke, Conecuh, Dallas, Escambia, Marengo, Monroe, Washington, and Wilcox Counties.

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

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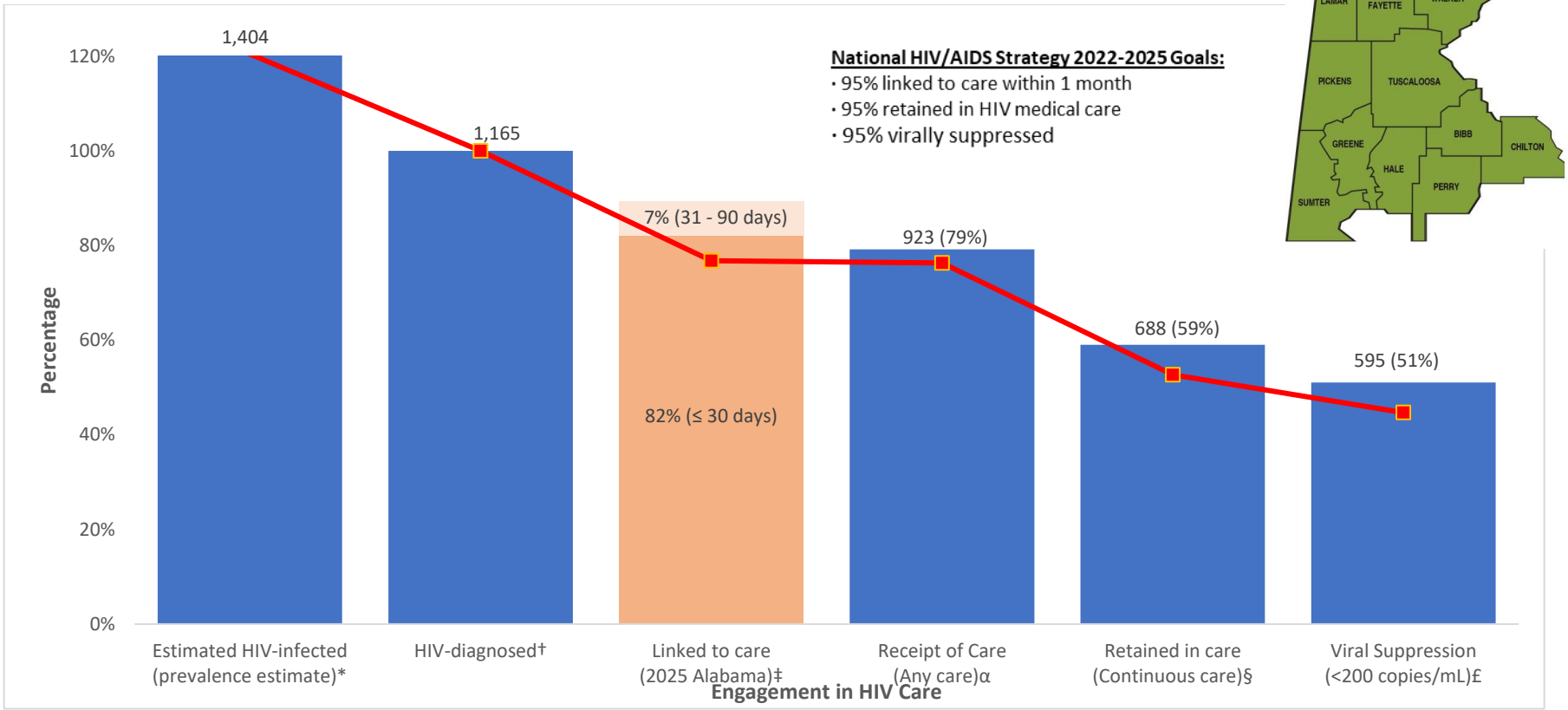
£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Alabama West Central District Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



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

Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.

* Prevalence includes both individuals whose infection has been diagnosed and those individuals unaware of their infection (i.e., not yet diagnosed). Prevalence is estimated by applying Alabama's HIV-prevalence estimate (83.0%) to the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 28, 2025 (i.e., 83.0% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 15.7%, or 1 in 5 HIV-positive individuals, are unaware of their infection). Source of Alabama's prevalence estimate: Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report 2018-2022 (most recent report available); 29 (No. 1) Table 13. https://www.cdc.gov/ hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html.

† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).

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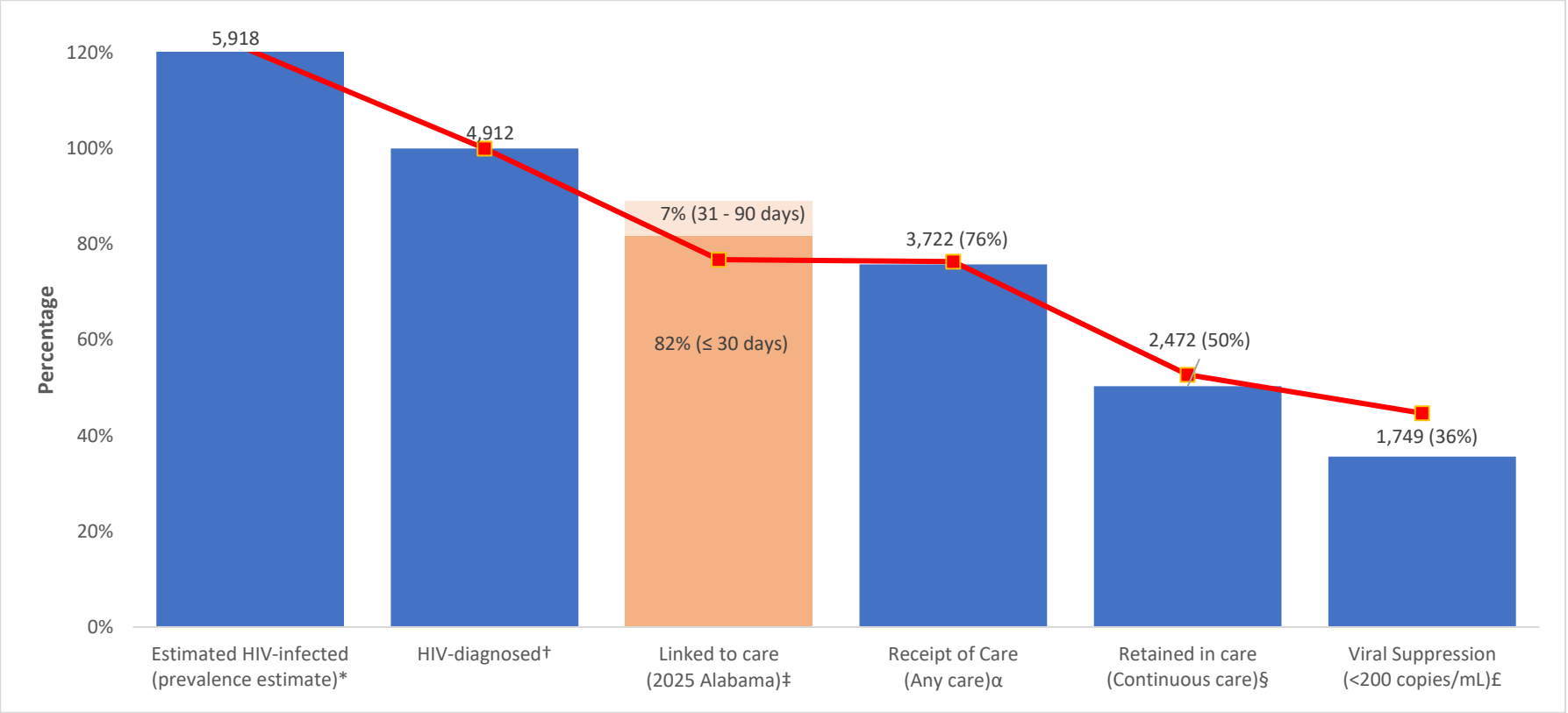
£ Viral suppression is defined as <200 copies/mL on the most recent viral load test in 2025. Viral suppression is calculated as the percentage of persons living with HIV who had a suppressed viral load (<200 copies/mL) at the **last** viral load collected during 2025.

Birmingham-Hoover Metropolitan Statistical Area Diagnosis-based HIV Care Continuum, 2025 Preliminary Data



The Birmingham-Hoover metropolitan statistical area includes 120 zip codes located in seven counties: Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair, and Walker Counties.
Alabama utilizes the National HIV Surveillance System diagnosis-based HIV care continuum methodology (i.e., the number of people living with diagnosed HIV is the denominator utilized for receipt of care, retained in care, and viral suppression). The prevalence estimate is shown in the first step as a percentage above 100 and is not utilized as the denominator for other steps in the care continuum.
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† Diagnosed measures the percentage of the total number of people living with HIV whose infection has been diagnosed. HIV-diagnosed is defined as the number of persons diagnosed with HIV infection by the end of 2025 and living as of December 31, 2025 (i.e., a person must be living with HIV for at least 12 months to measure progress along the HIV care continuum).
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