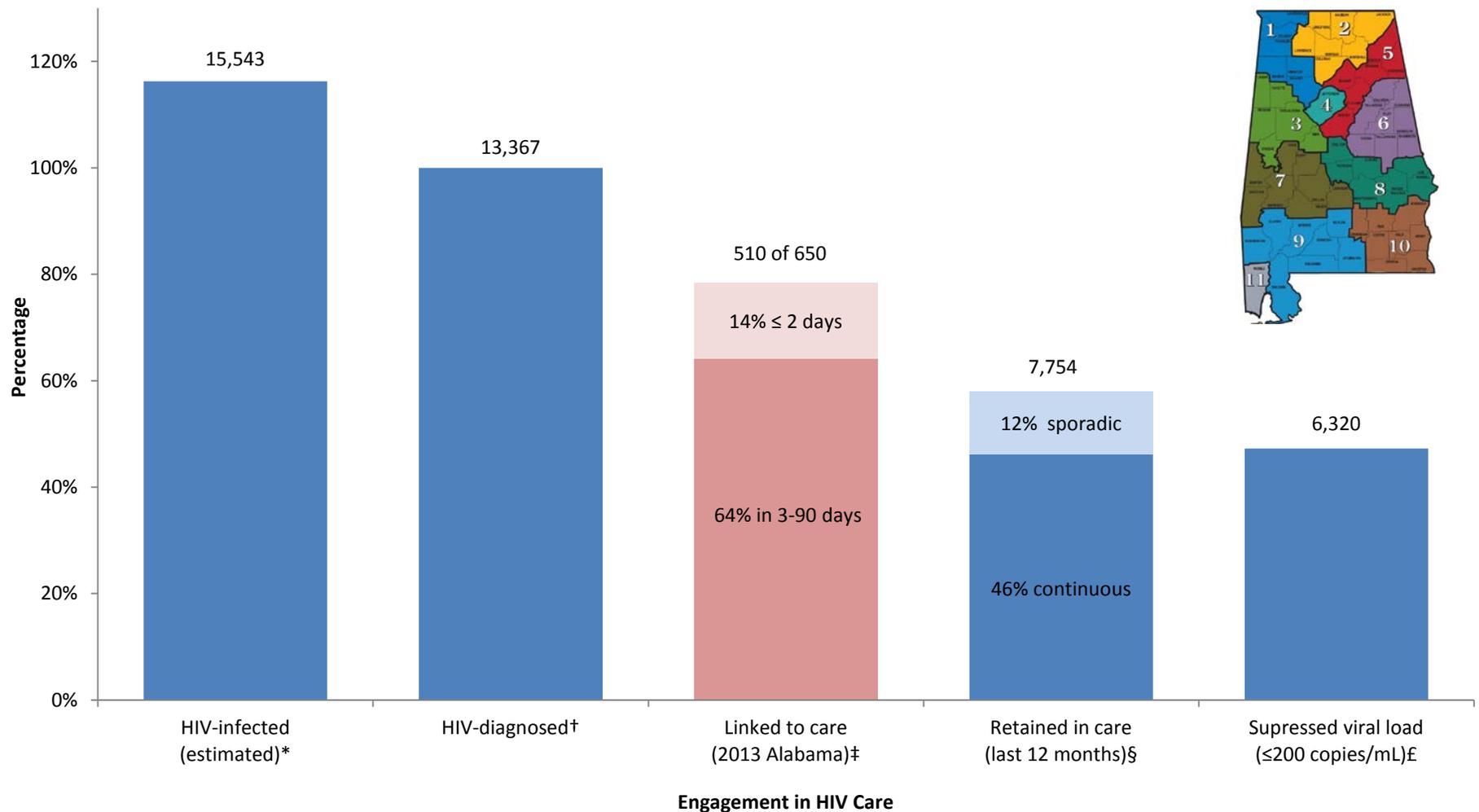


Continuum of HIV Care Among Persons Living with HIV Infection in Alabama, 2013



Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

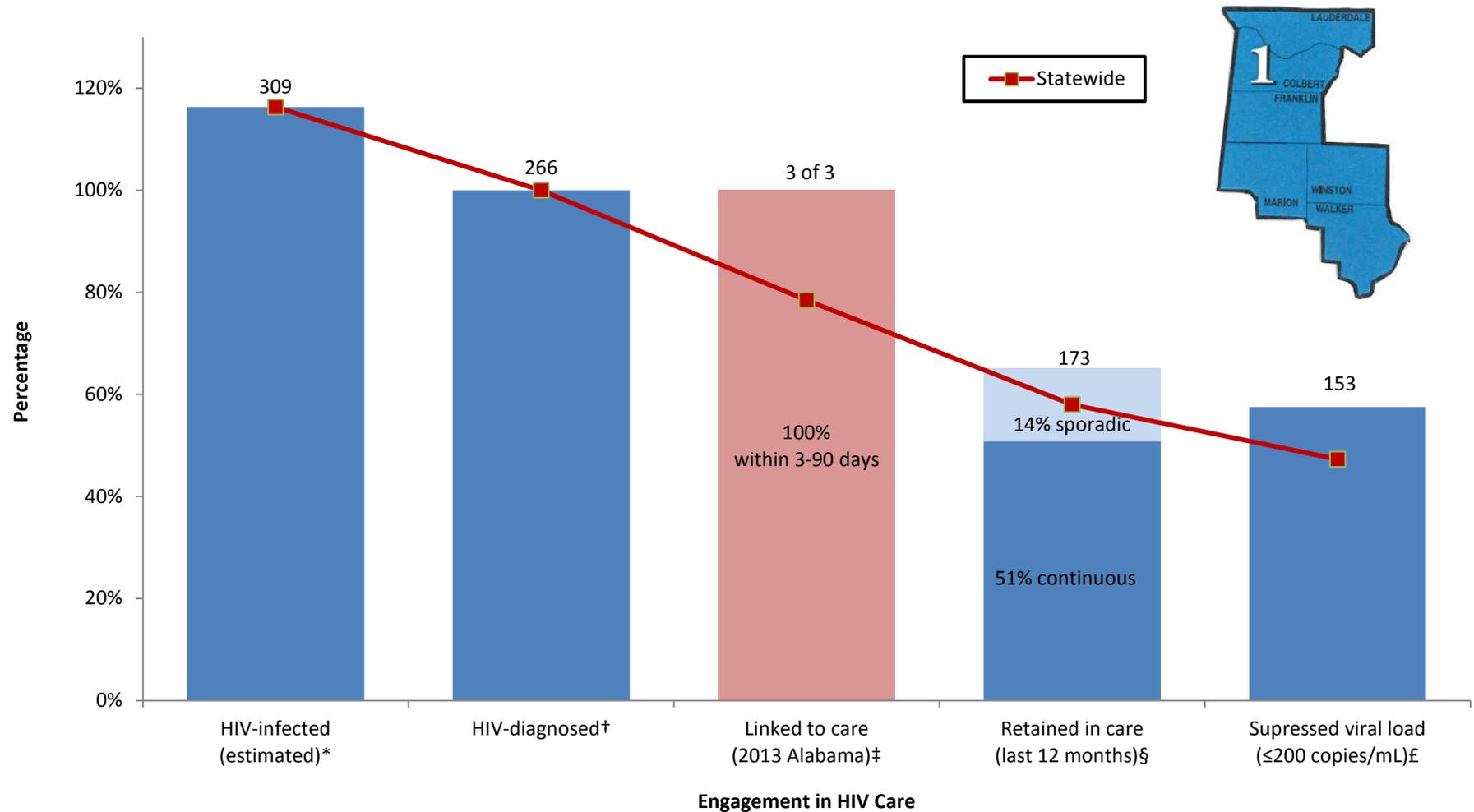
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 1, Alabama, 2013



Note: Public Health Area 1 includes Colbert, Franklin, Marion, Lauderdale, Walker, and Winston Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

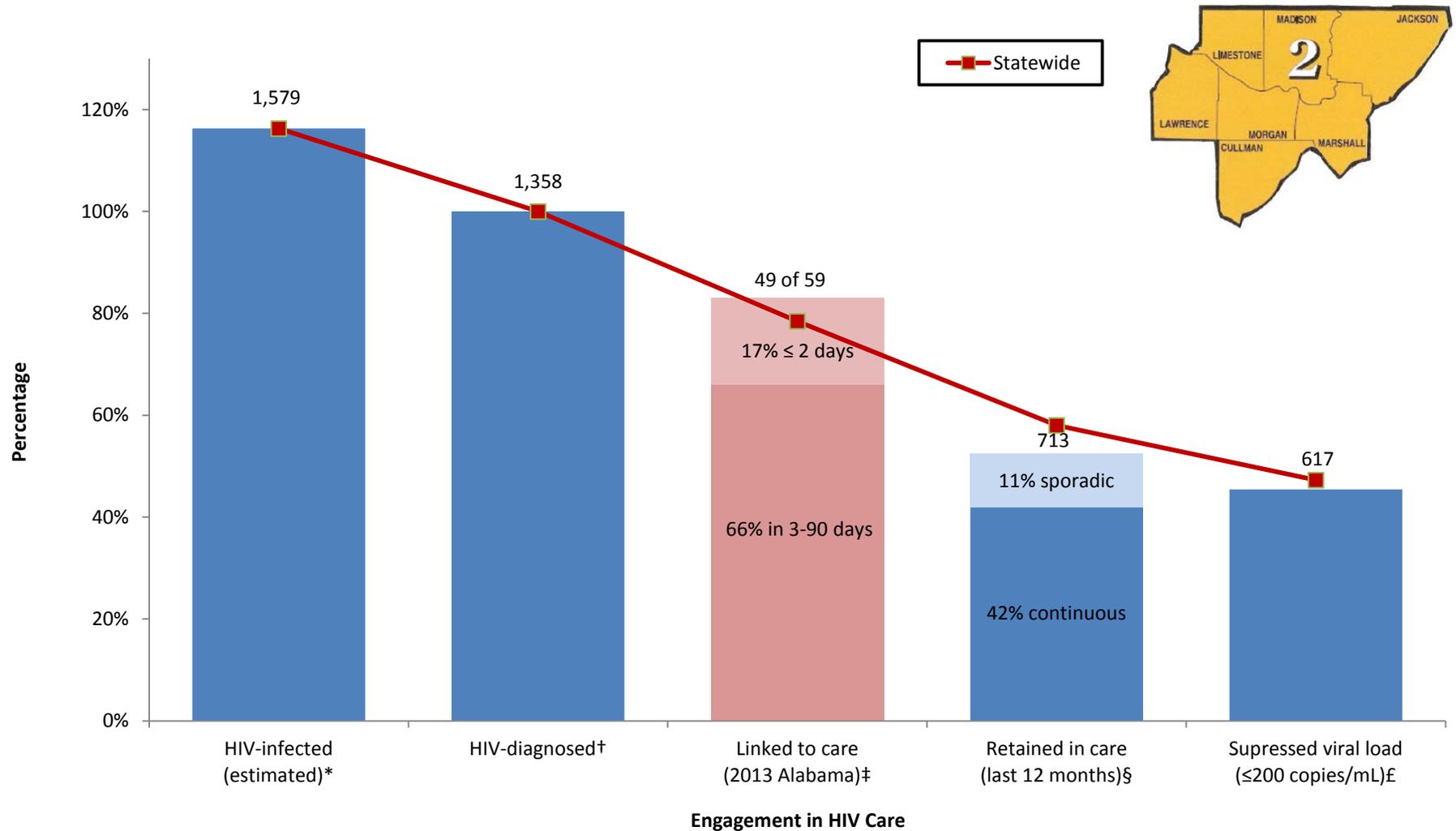
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 2, Alabama, 2013



Note: Public Health Area 2 includes Cullman, Jackson, Lawrence, Limestone, Madison, Marshall, and Morgan Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

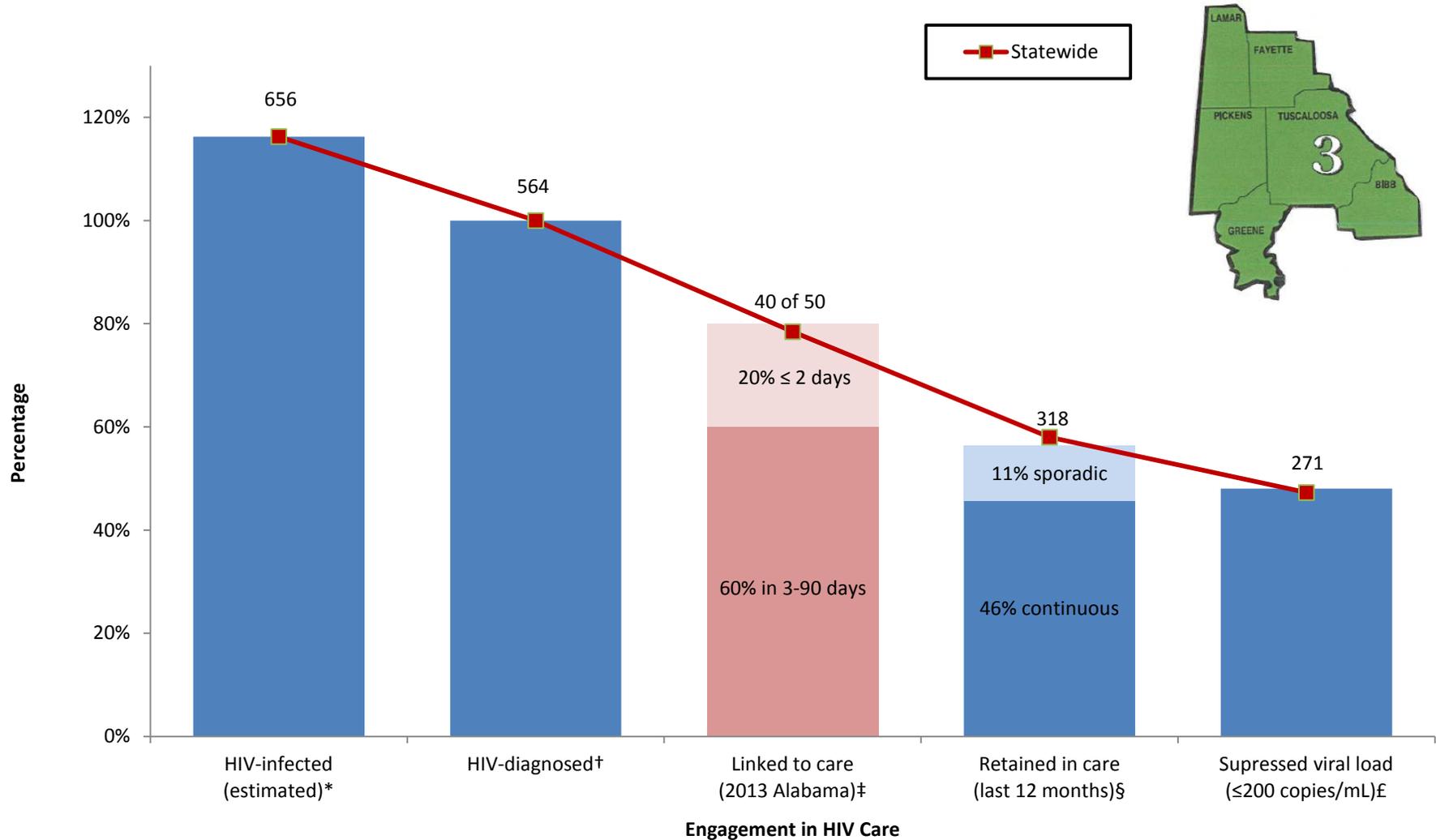
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 3, Alabama, 2013



Note: Public Health Area 3 includes Bibb, Fayette, Greene, Lamar, Pickens, and Tuscaloosa Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

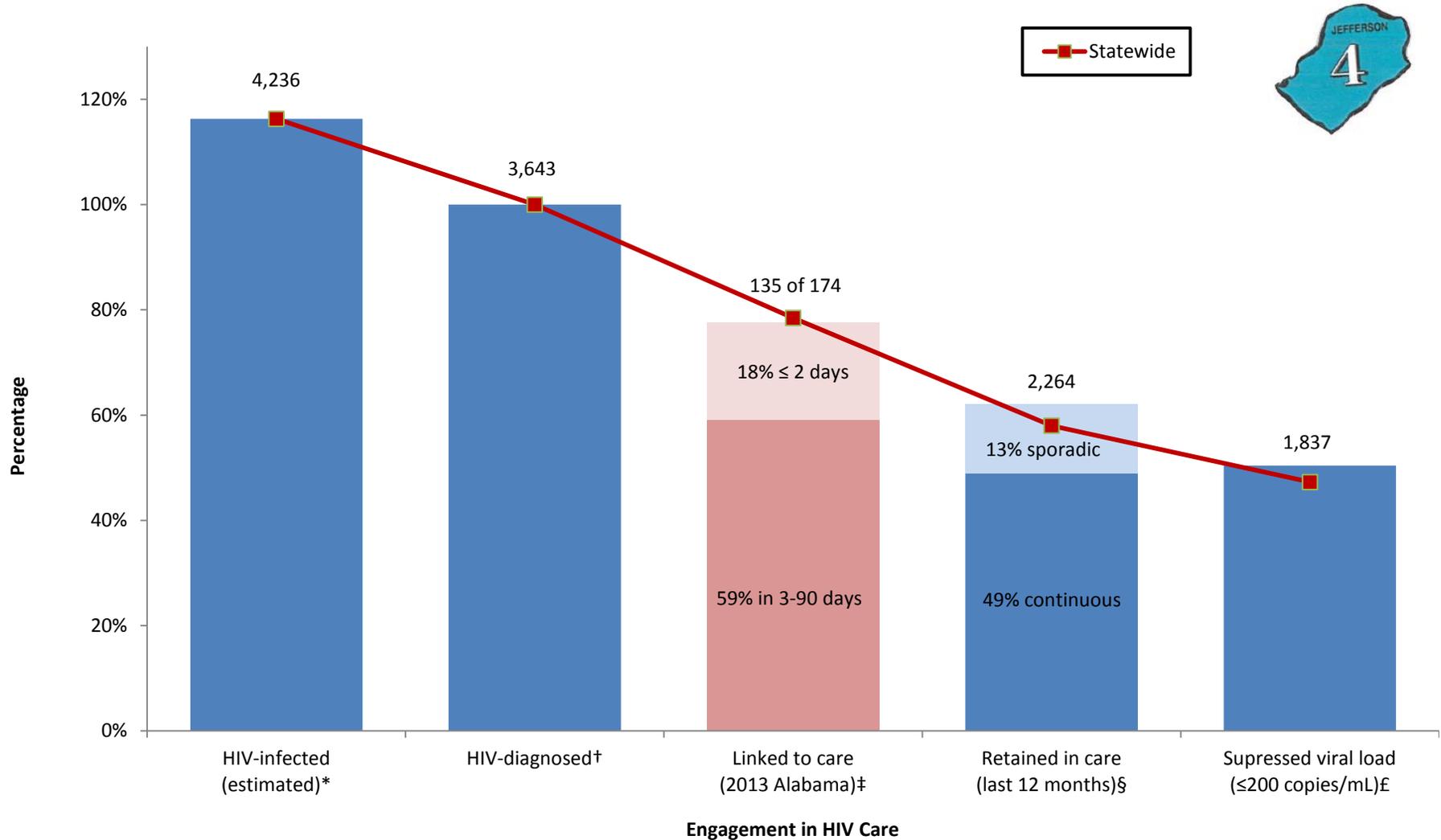
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 4, Alabama, 2013



Note: Public Health Area 4 includes Jefferson County.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

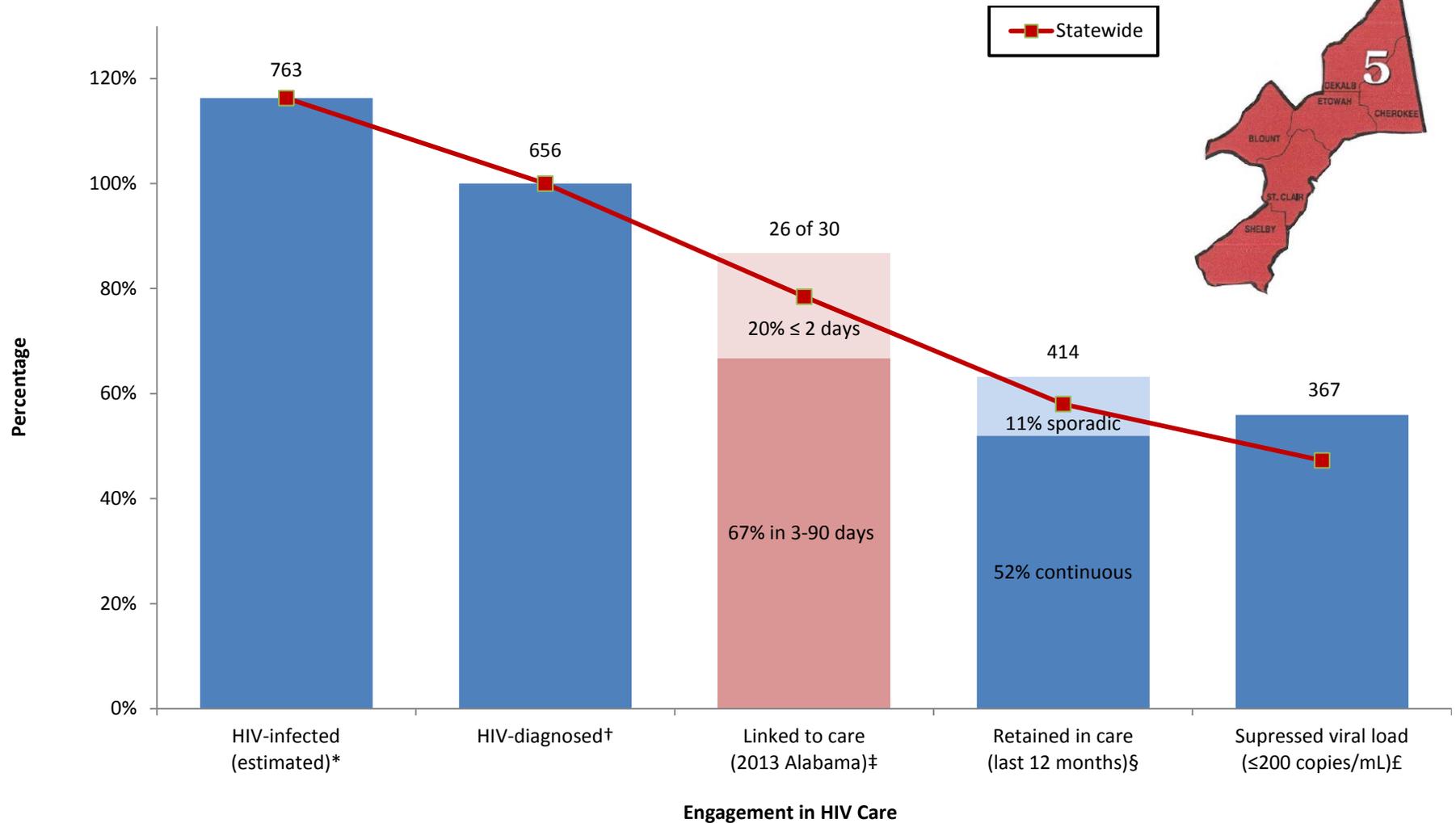
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 5, Alabama. 2013



Note: Public Health Area 5 includes Blount, Cherokee, DeKalb, Etowah, St. Clair, and Shelby Counties

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

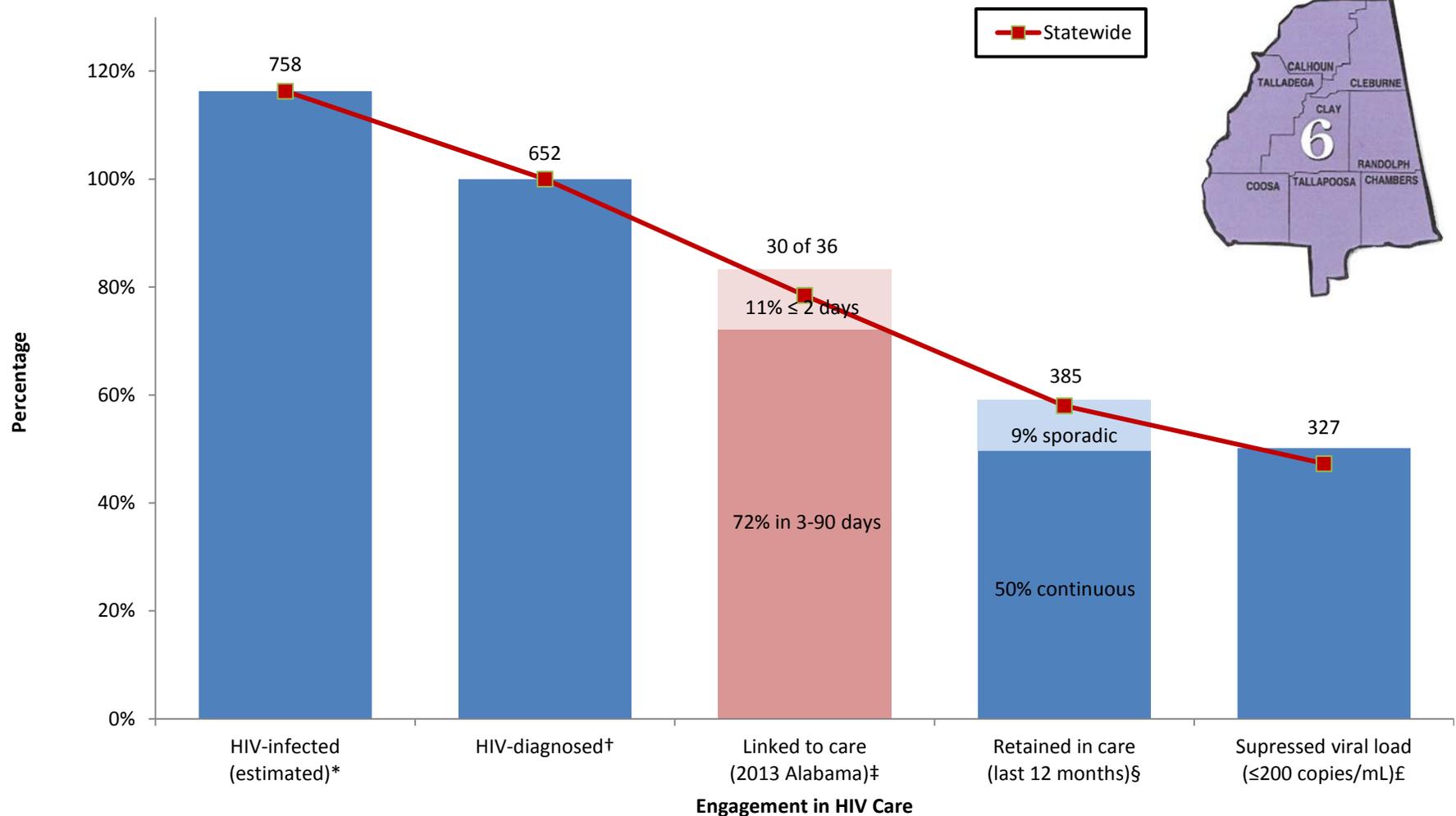
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 6, Alabama, 2013



Note: Public Health Area 6 includes Calhoun, Chambers, Clay, Cleburne, Coosa, Randolph, Talladega, and Tallapoosa Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

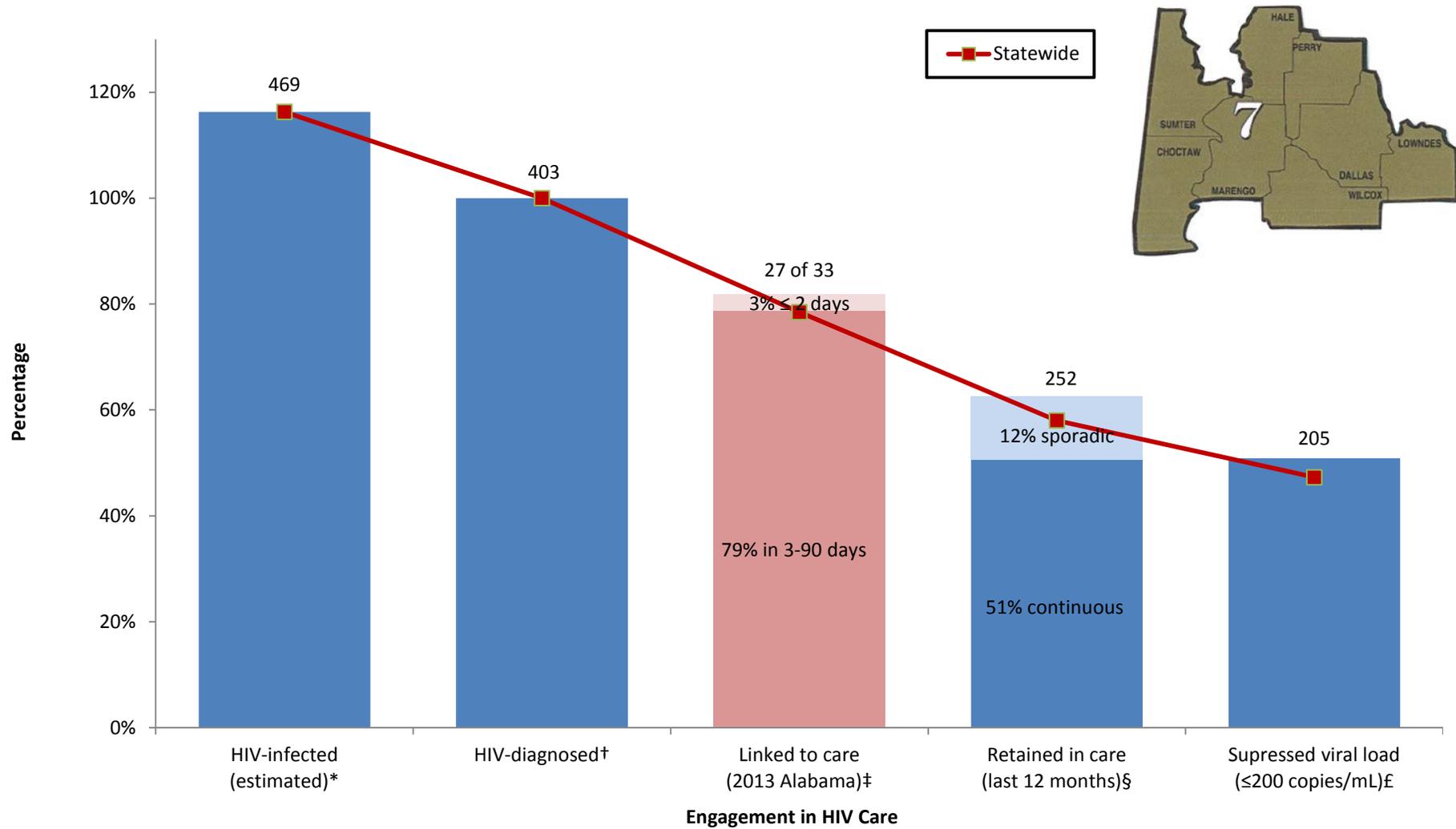
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (<=200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 7, Alabama, 2013



Note: Public Health Area 7 includes Choctaw, Dallas, Hale, Lowndes, Marengo, Perry, Sumter, and Wilcox Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

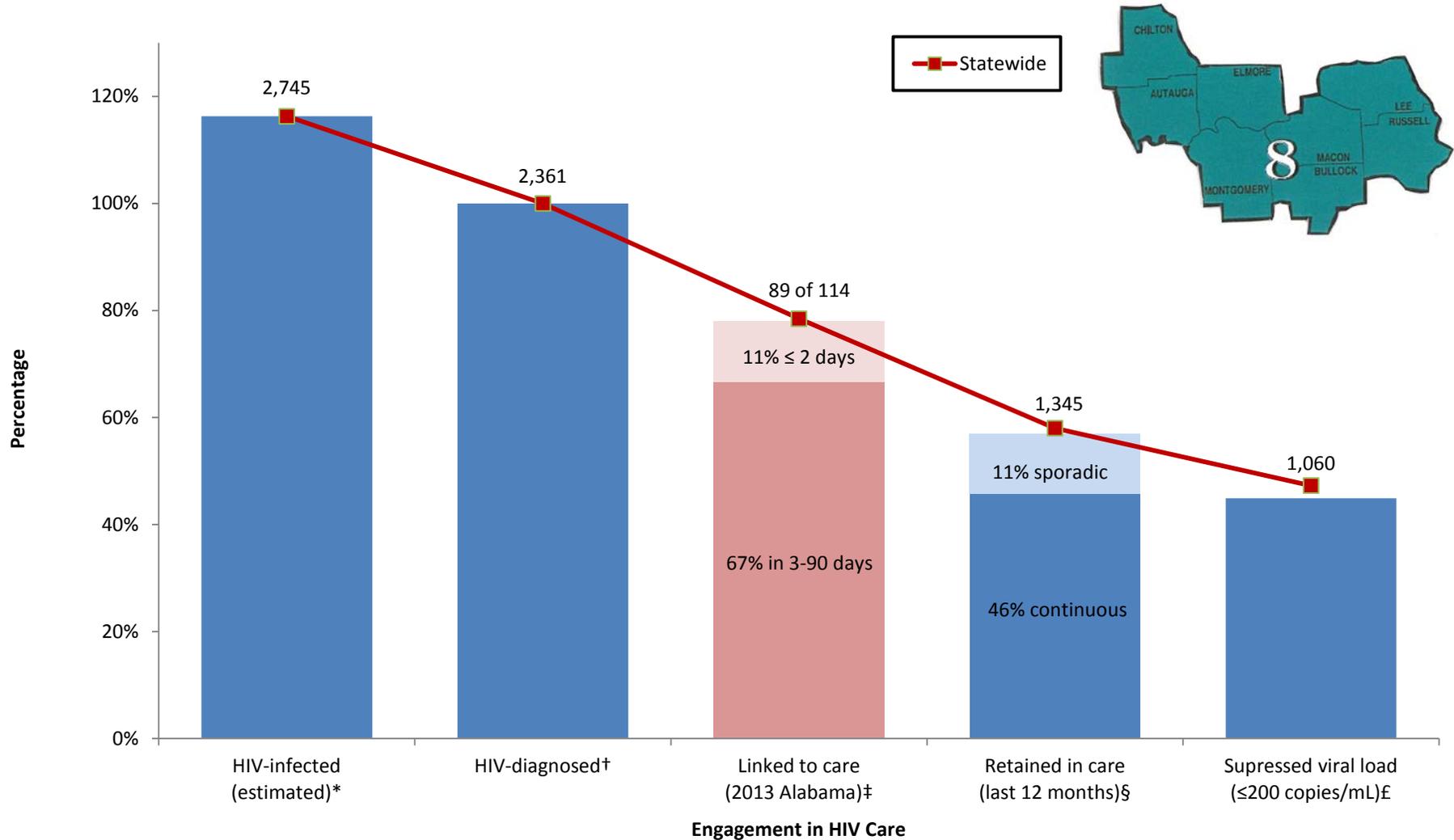
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 8, Alabama, 2013



Note: Public Health Area 8 includes Autauga, Bullock, Chilton, Elmore, Lee, Macon, Montgomery, and Russell Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

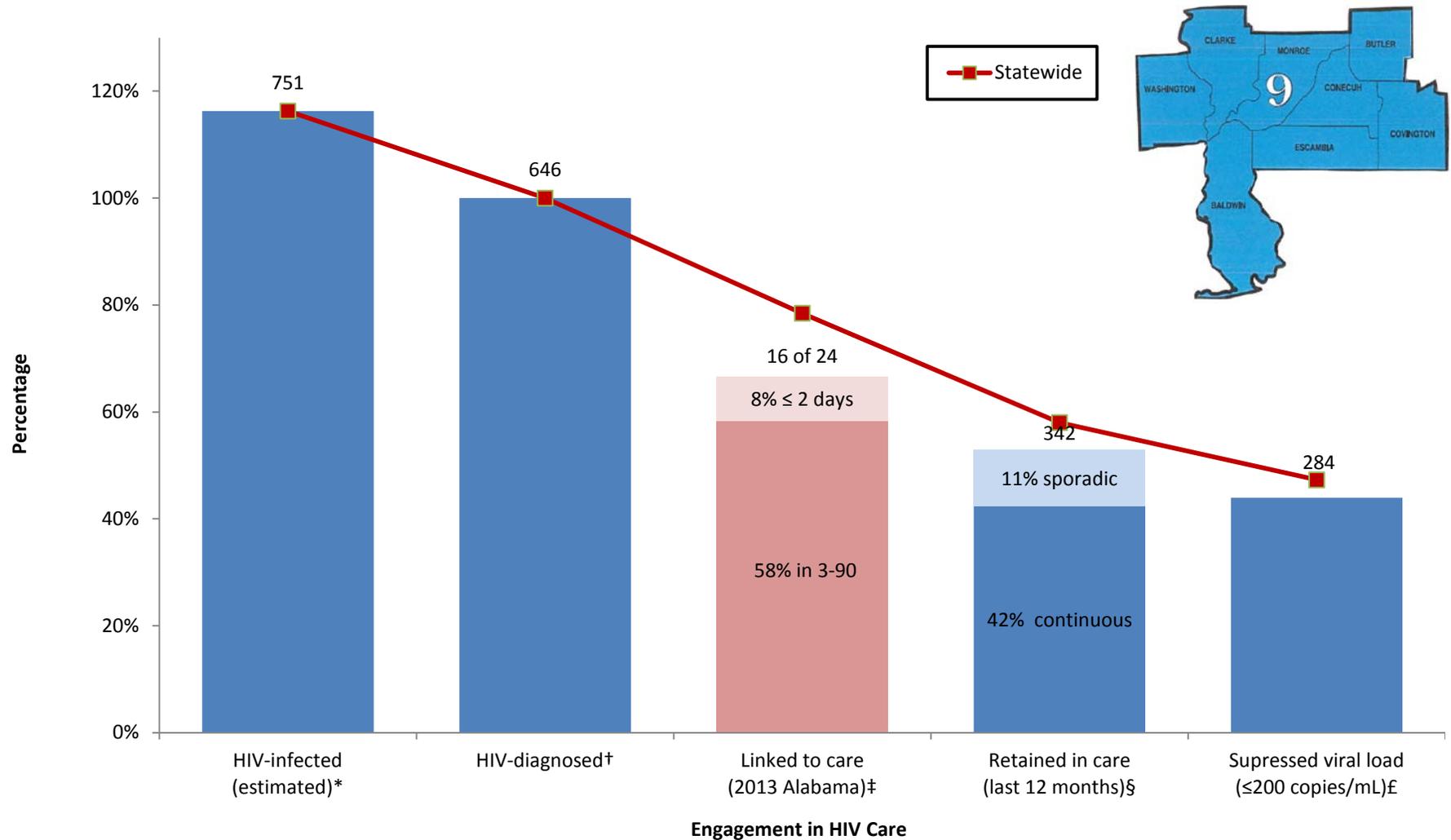
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 9, Alabama, 2013



Note: Public Health Area 9 includes Baldwin, Butler, Clarke, Conecuh, Covington, Escambia, Monroe, and Washington Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

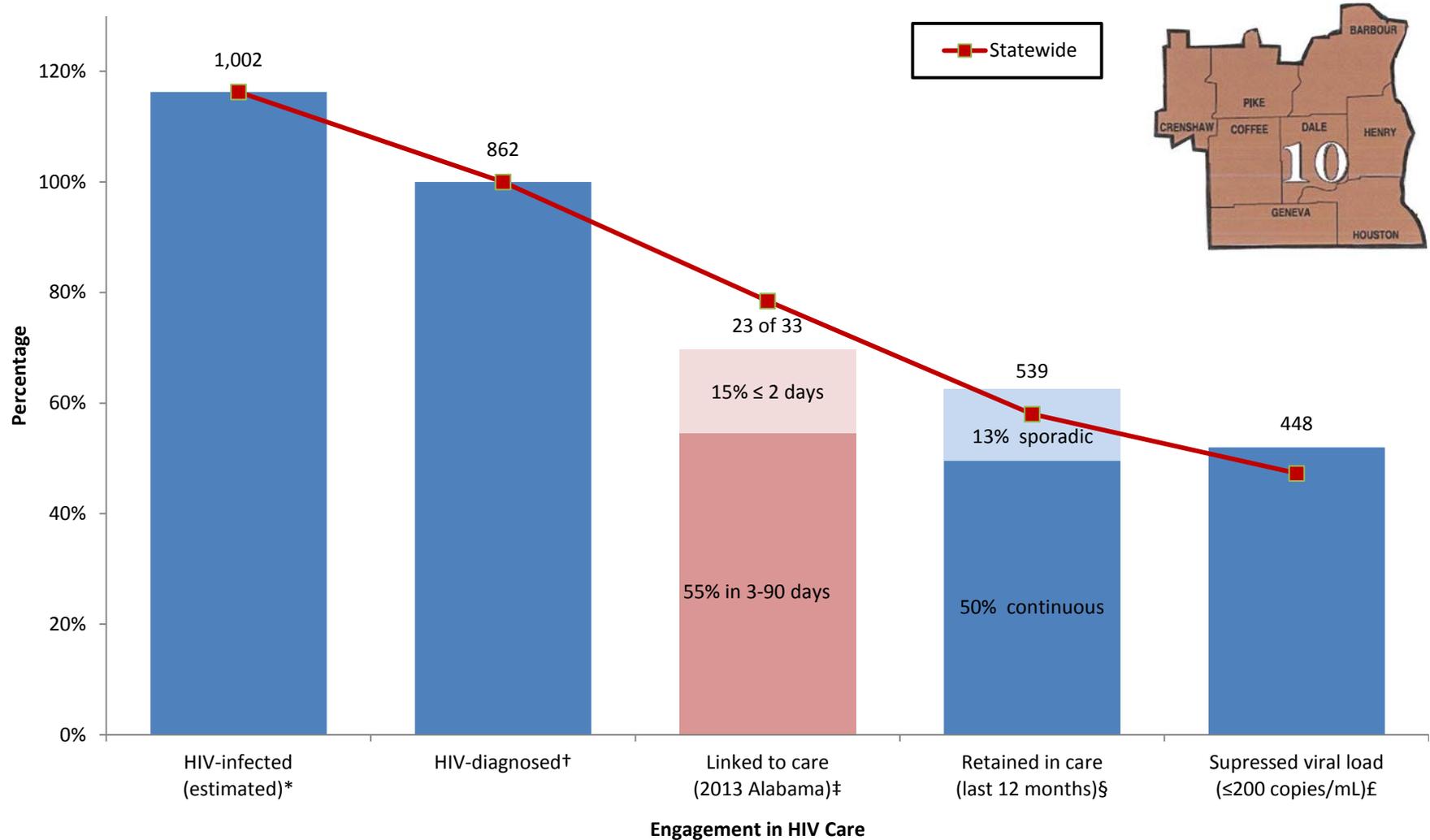
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

€Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 10, Alabama, 2013



Note: Public Health Area 10 includes Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston, and Pike Counties.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

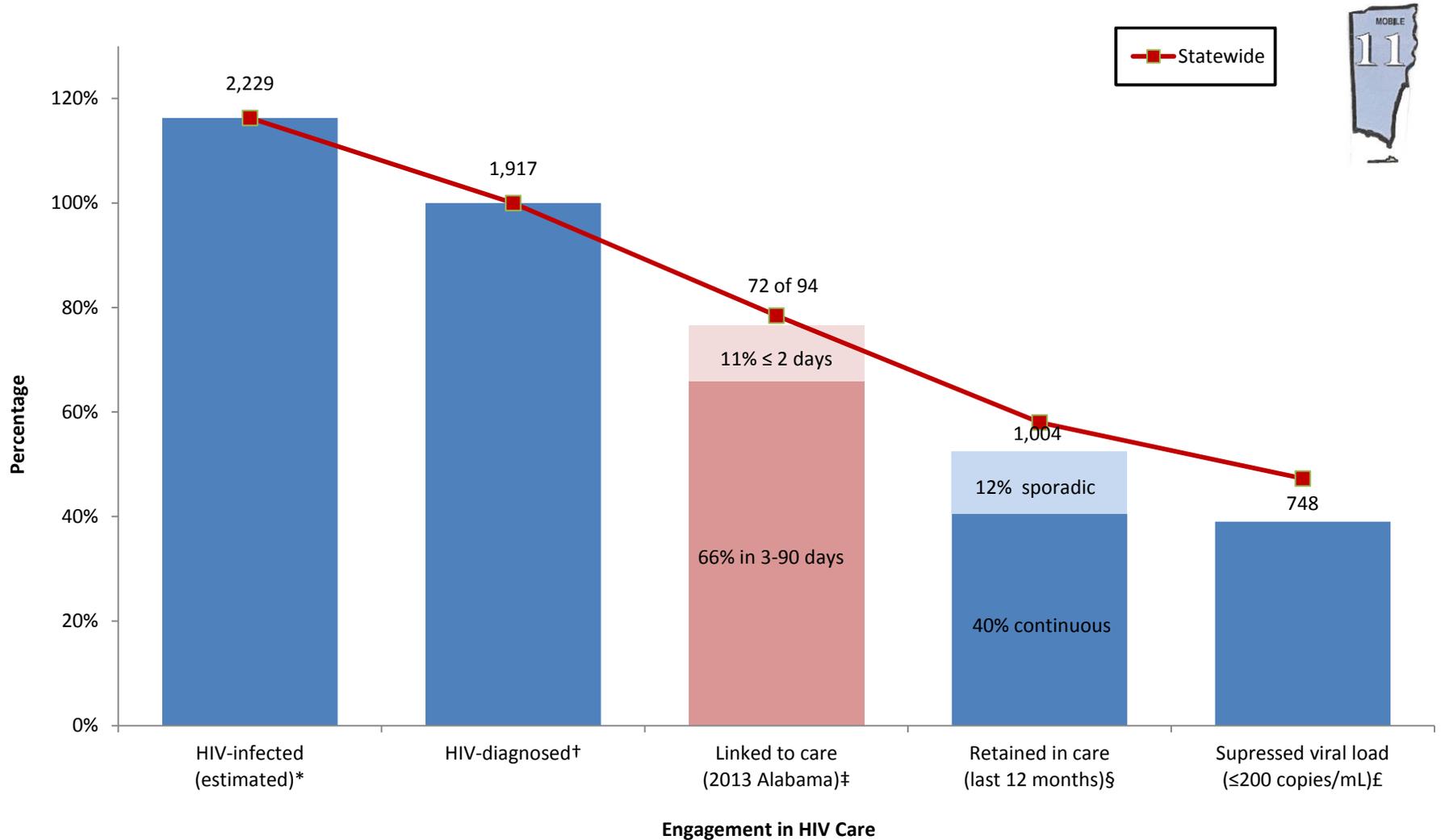
†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.

Continuum of HIV Care Among Persons Living with HIV Infection in Public Health Area 11, Alabama, 2013



Note: Public Health Area 11 includes Mobile County.

Sources: Alabama Department of Public Health, HIV Surveillance Branch; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19(No. 3).

*Estimated by applying the national HIV-prevalence estimate (14.0%) to the number of persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013. This estimate should be interpreted with extreme caution as the HIV-prevalence estimate is intended for use with national data and loses accuracy when applied to smaller population subsets, such as state-level data.

†Defined as persons diagnosed with HIV infection through December 31, 2012 and alive as of December 31, 2013.

‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2013.

§Calculated as the percentage of persons accessing care during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

£Calculated as the percentage of persons who had suppressed viral load (<=200 copies/mL) during 2013, among those diagnosed with HIV through December 31, 2012 and alive as of December 31, 2013.