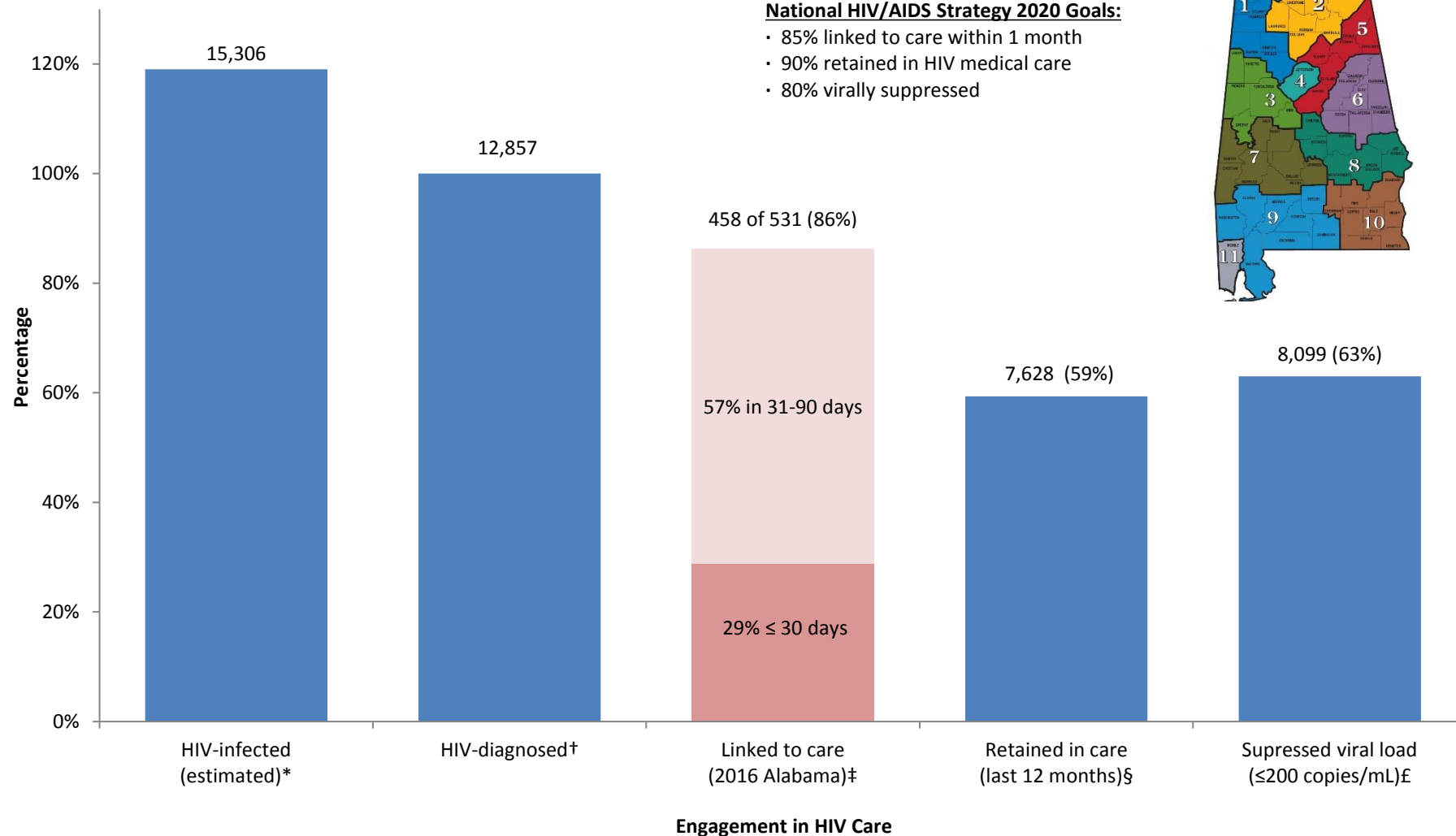


### HIV Continuum of Care Among Persons Living with HIV Infection, Alabama 2016



\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

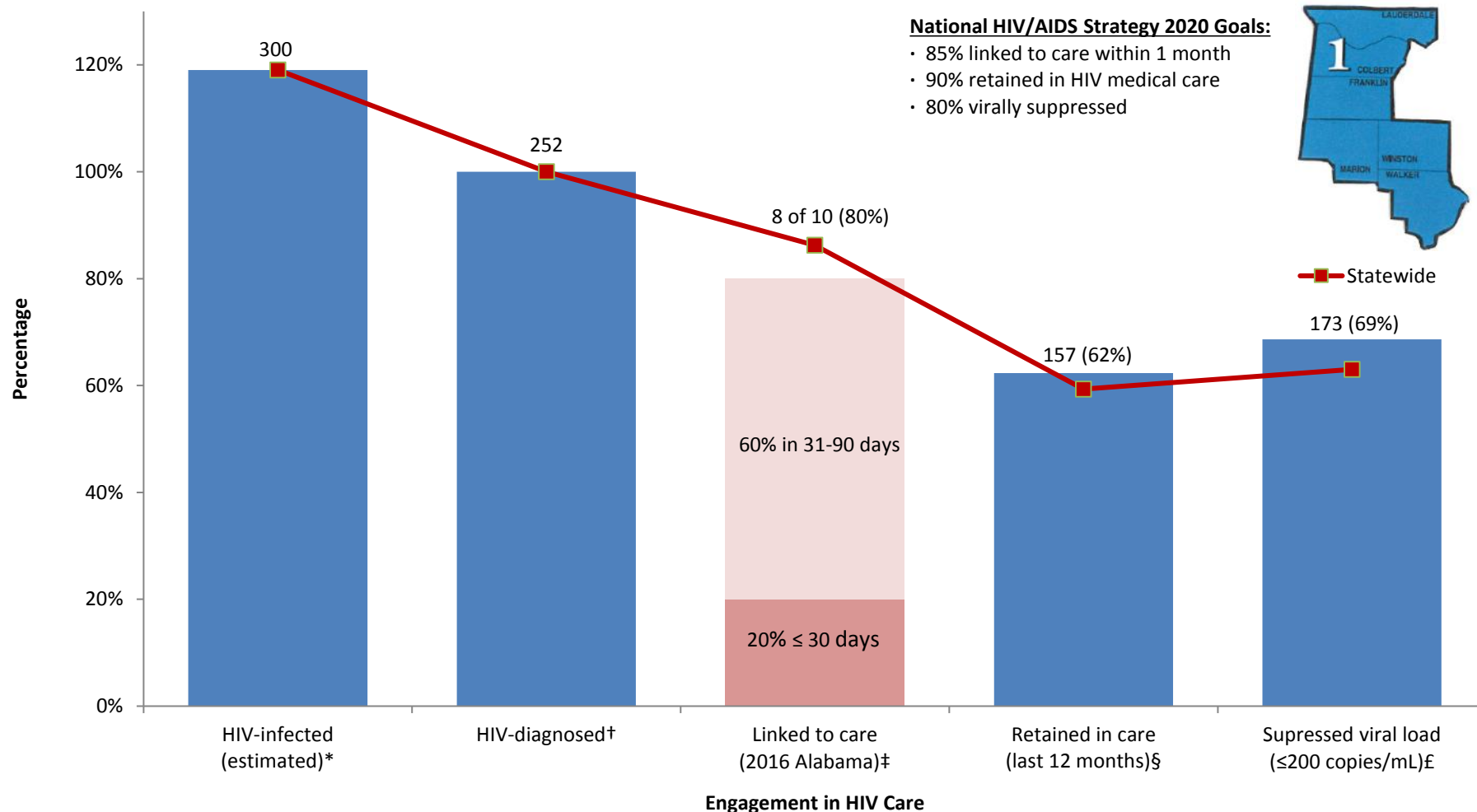
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 1, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

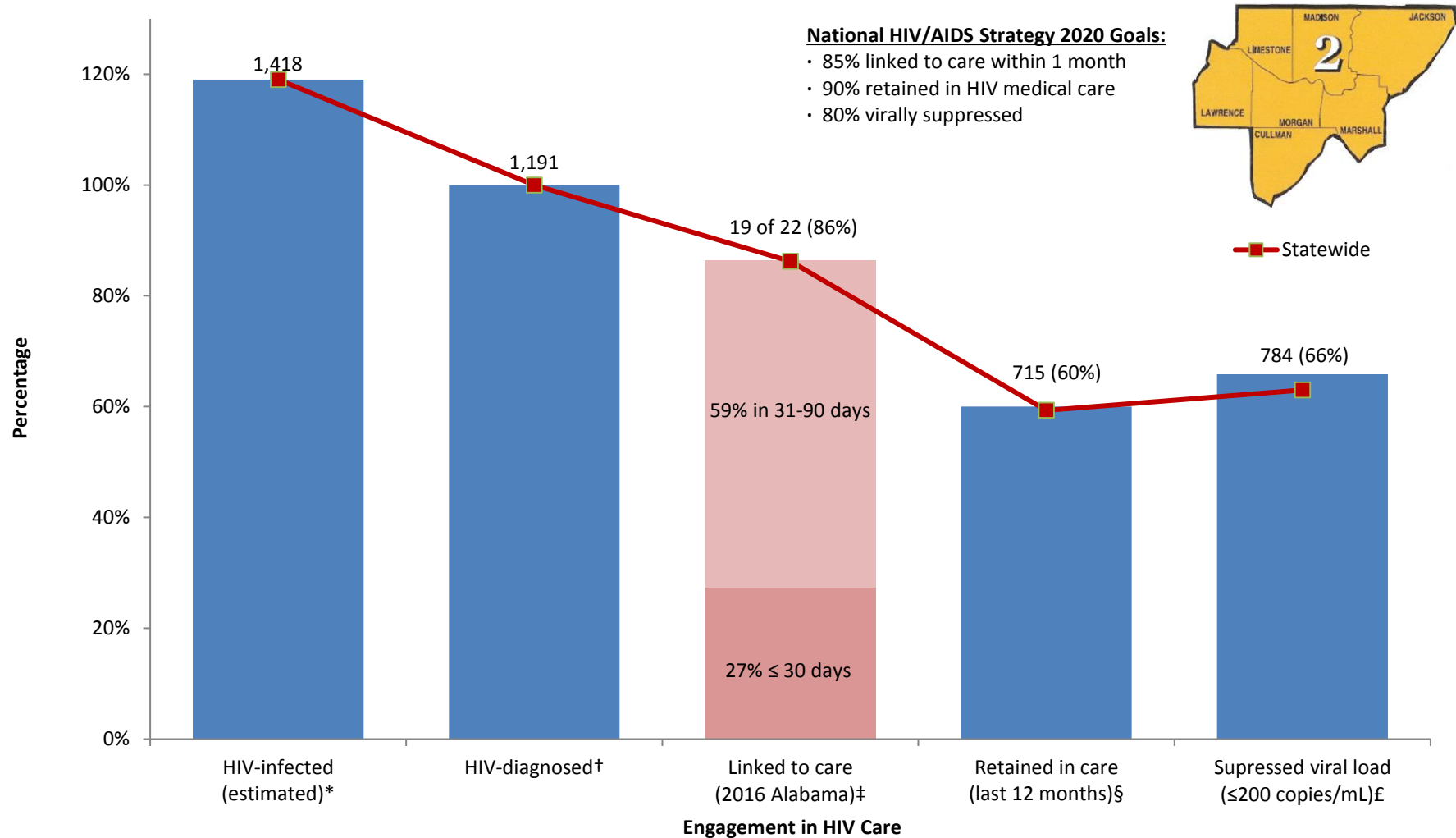
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 2, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

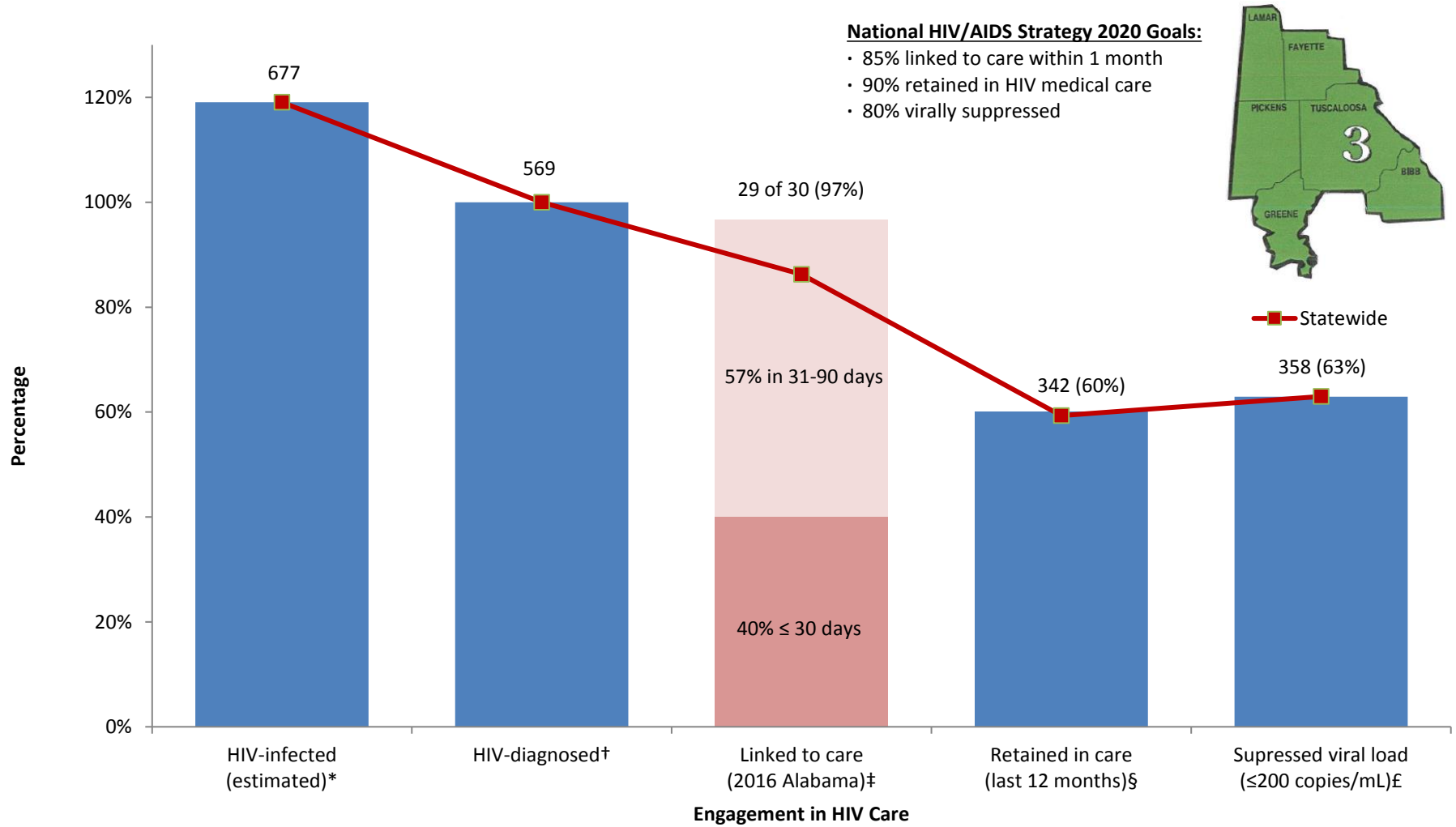
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 3, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

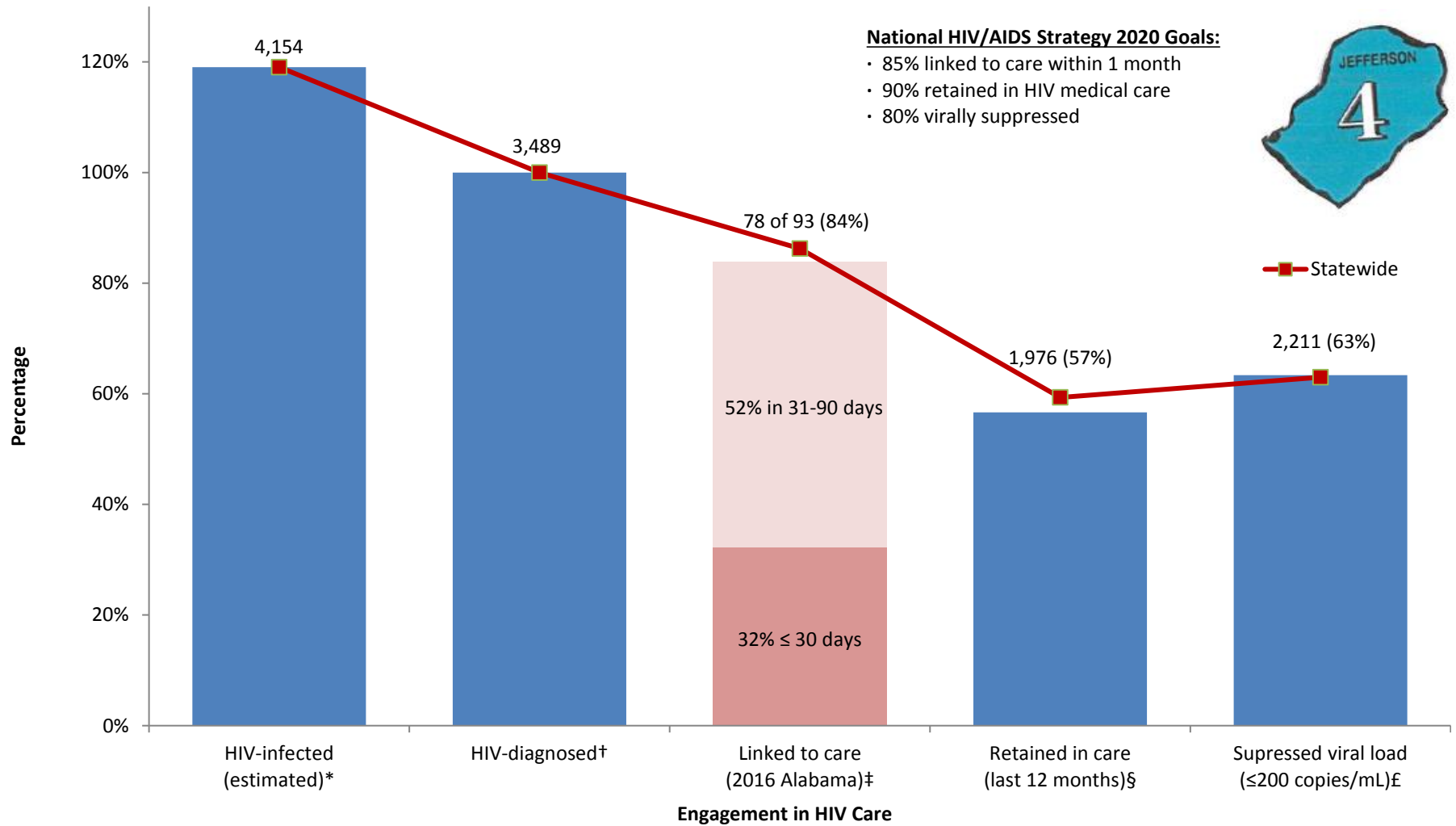
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 4, Alabama 2016



Note: Public Health Area 4 includes Jefferson County.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

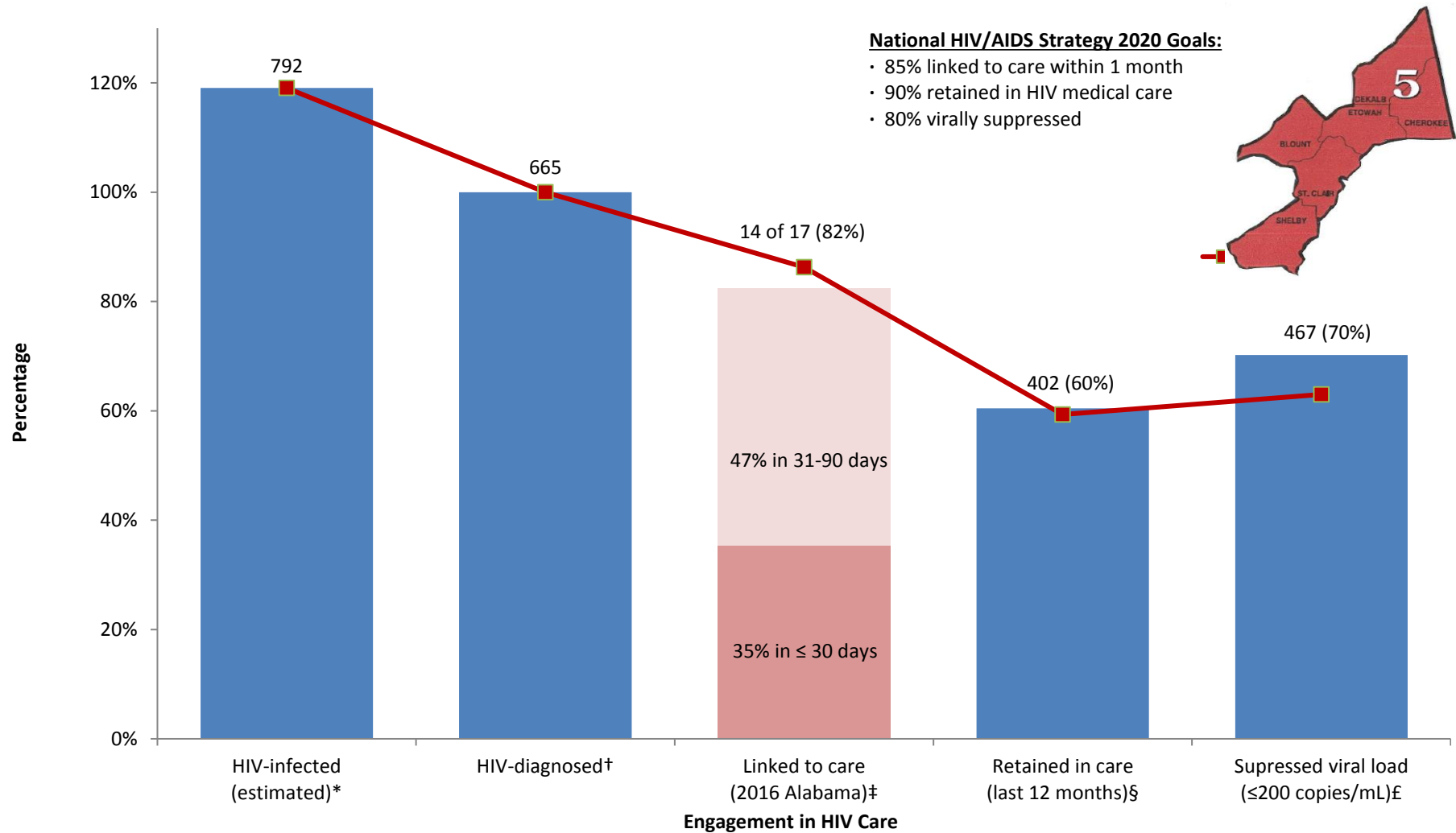
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 5, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

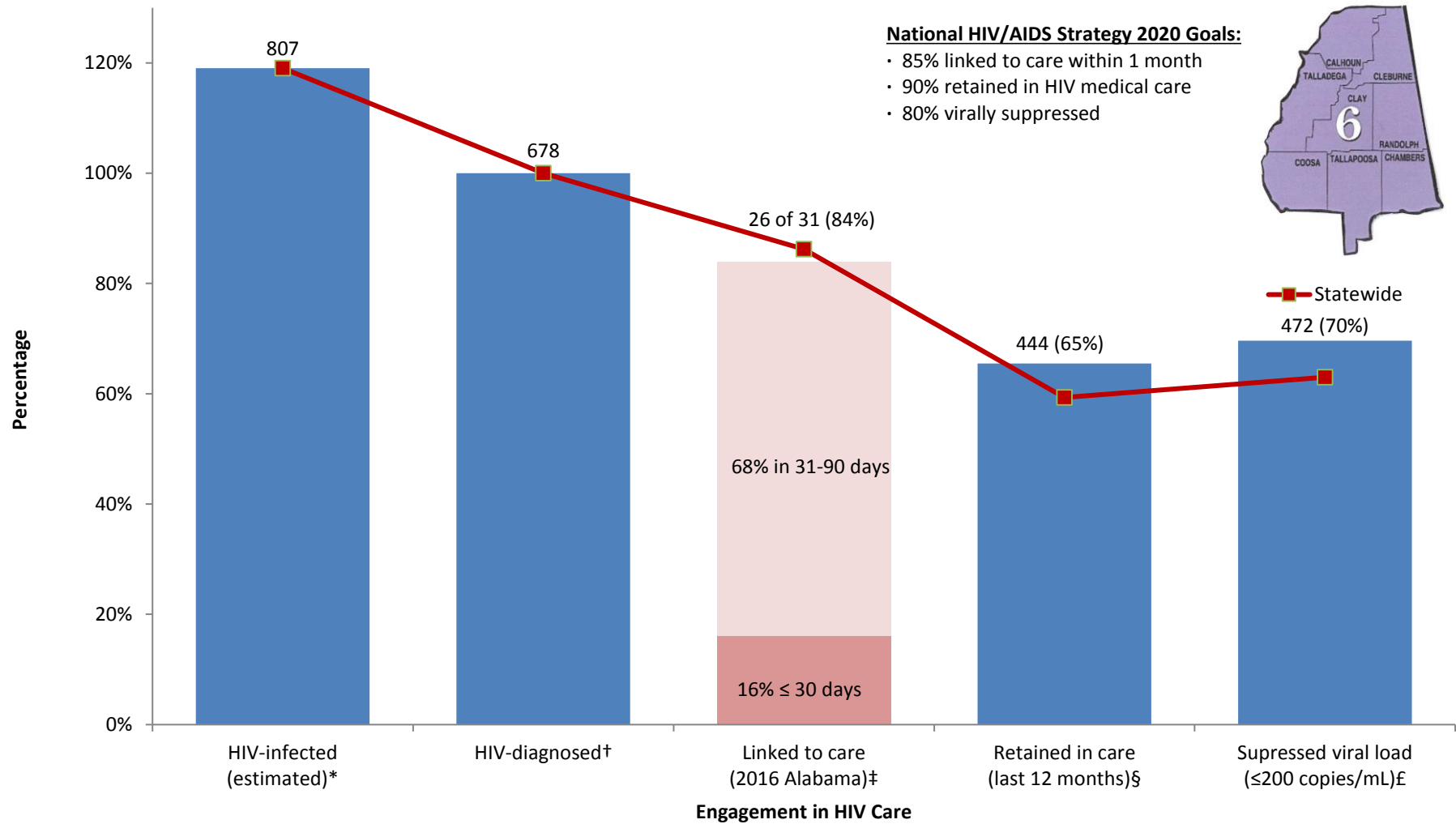
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 6, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

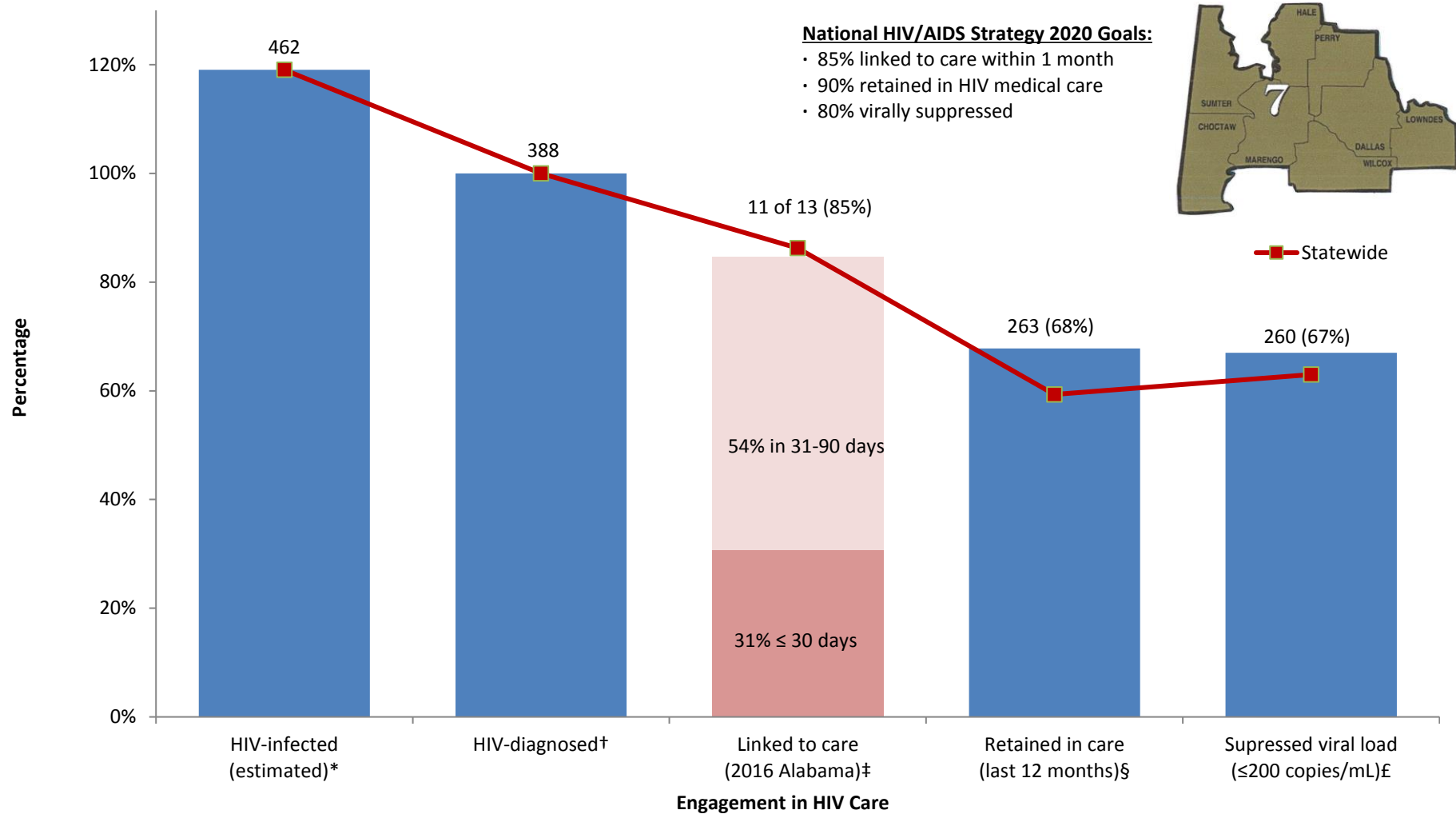
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 7, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

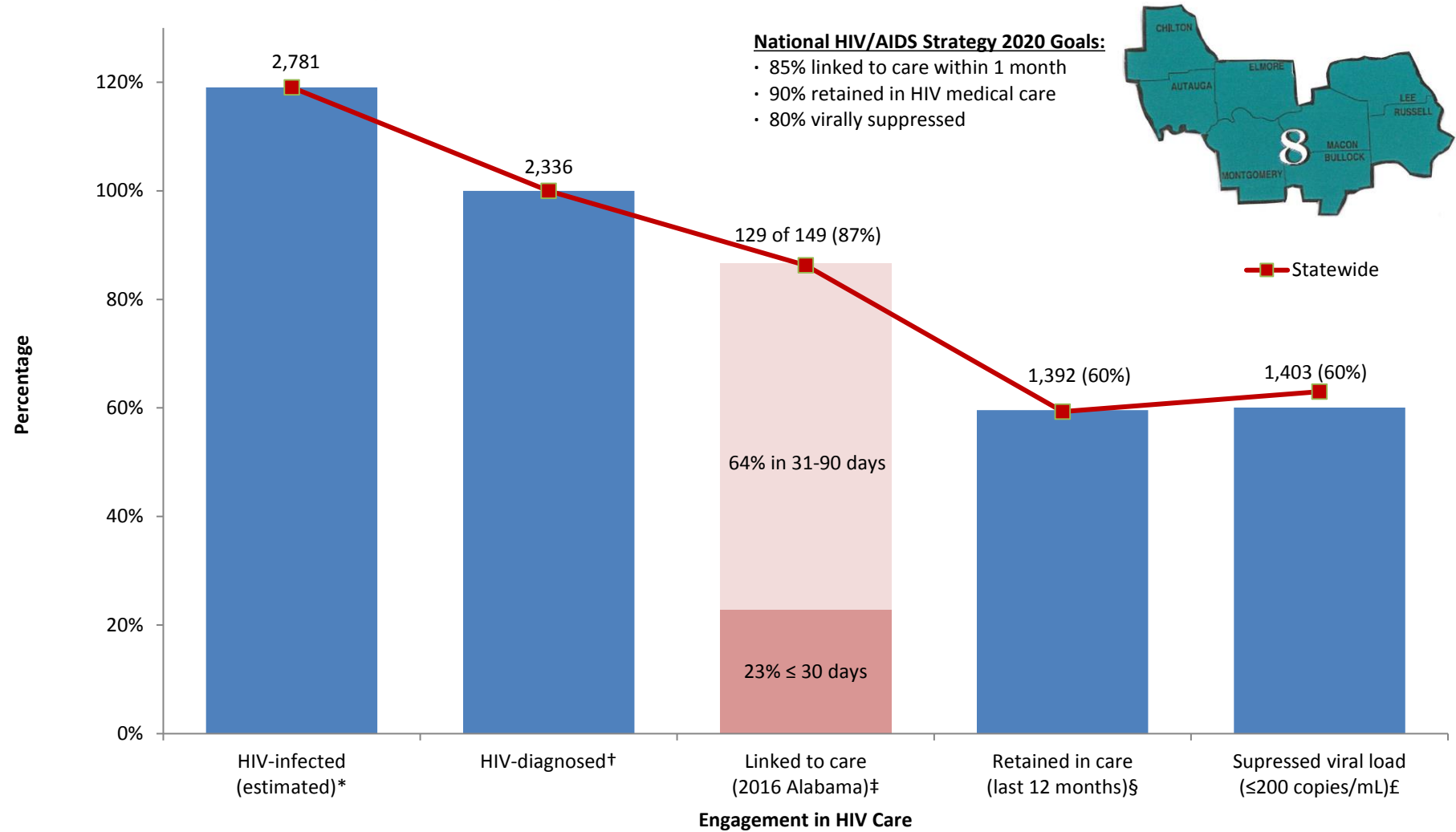
‡Calculated as the percentage of persons linked to care, evidenced by ≥1 CD4 and/or viral load test(s) within 90 days of diagnosis, among those newly diagnosed with HIV infection during 2016. **Note: 2016 data should be interpreted with extreme caution as not all reported cases have been investigated and entered into the HIV Surveillance database. Newly diagnosed data accessed 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.



### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 8, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

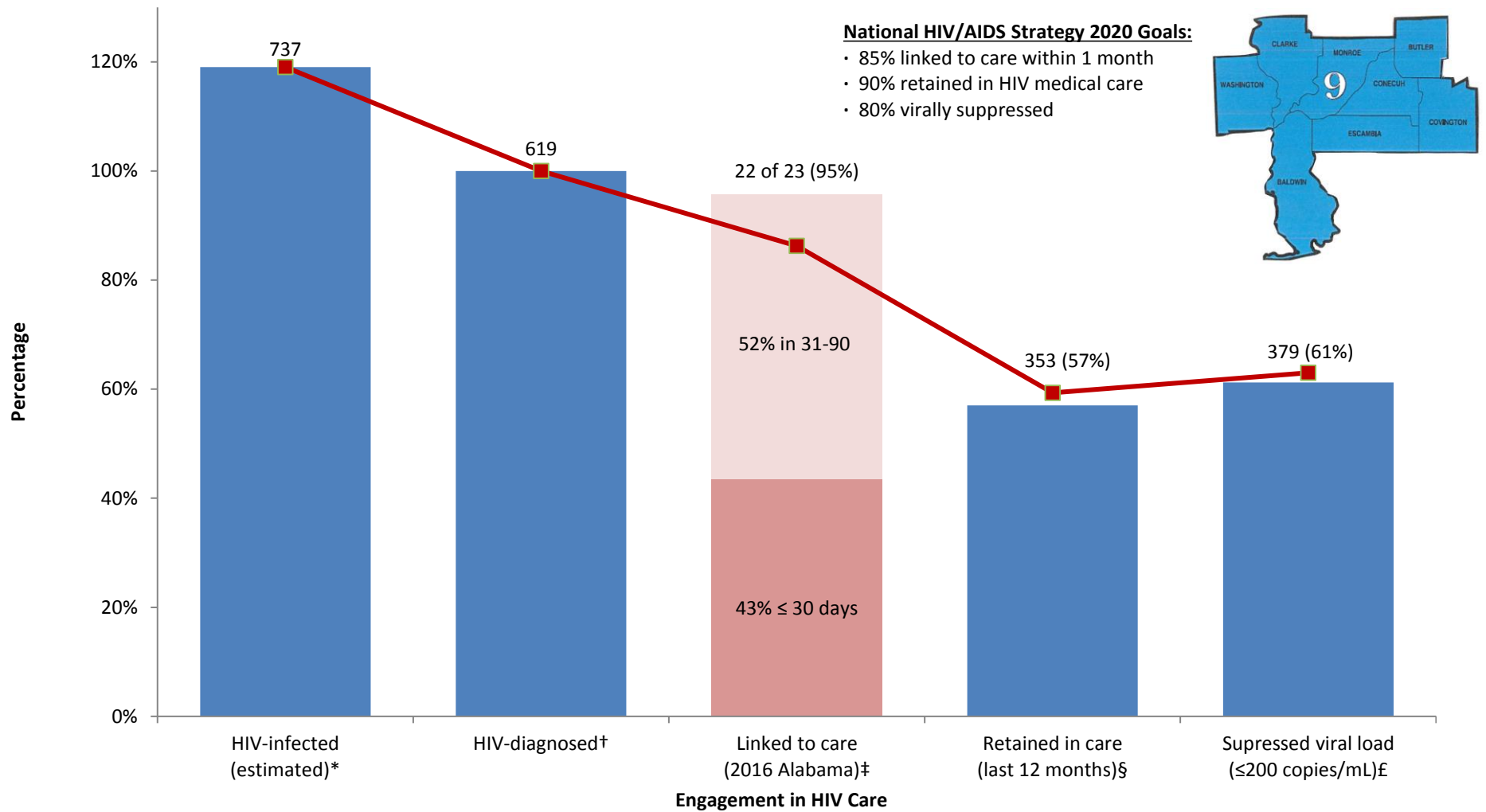
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 9, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

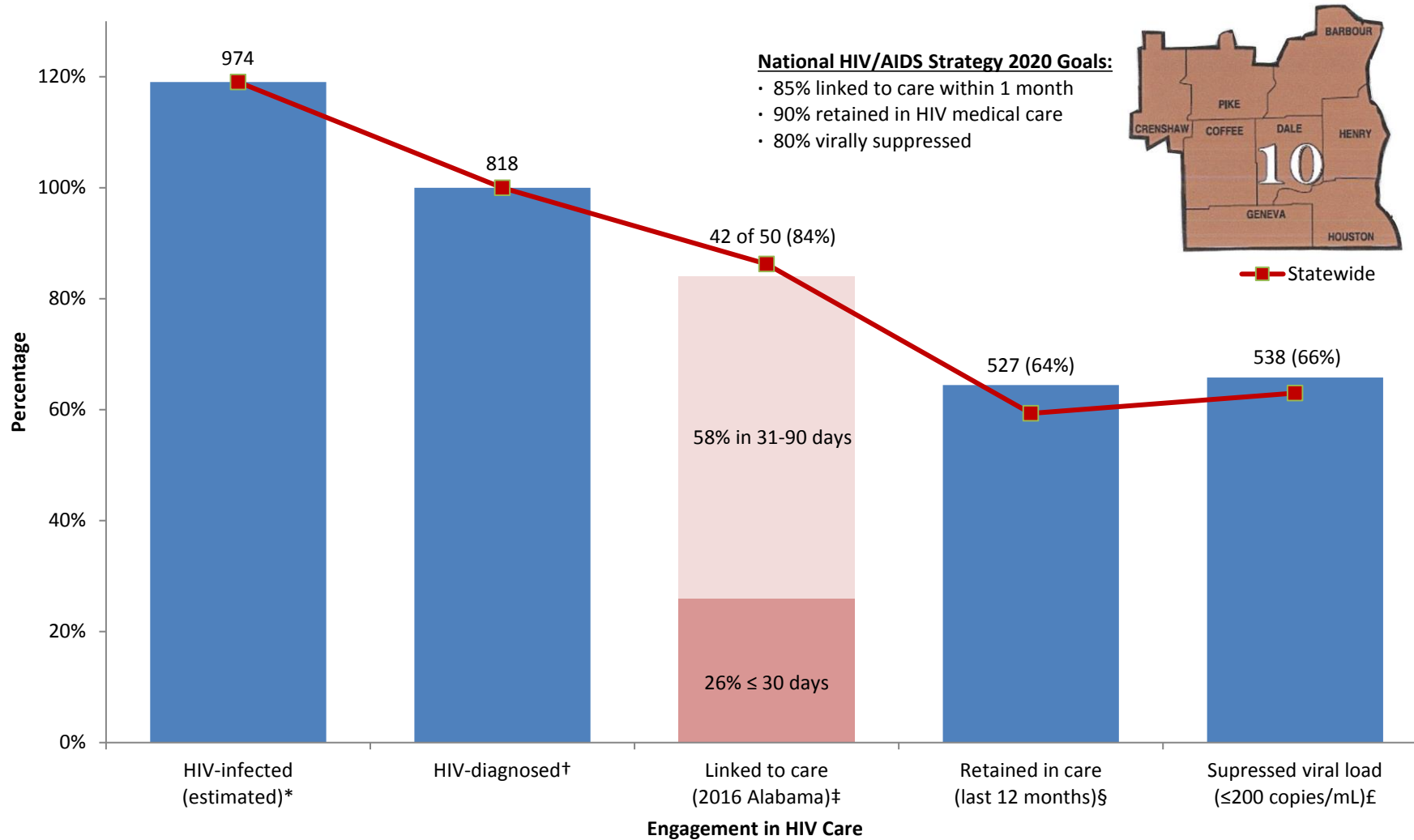
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (<=200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 10, Alabama 2016



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

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

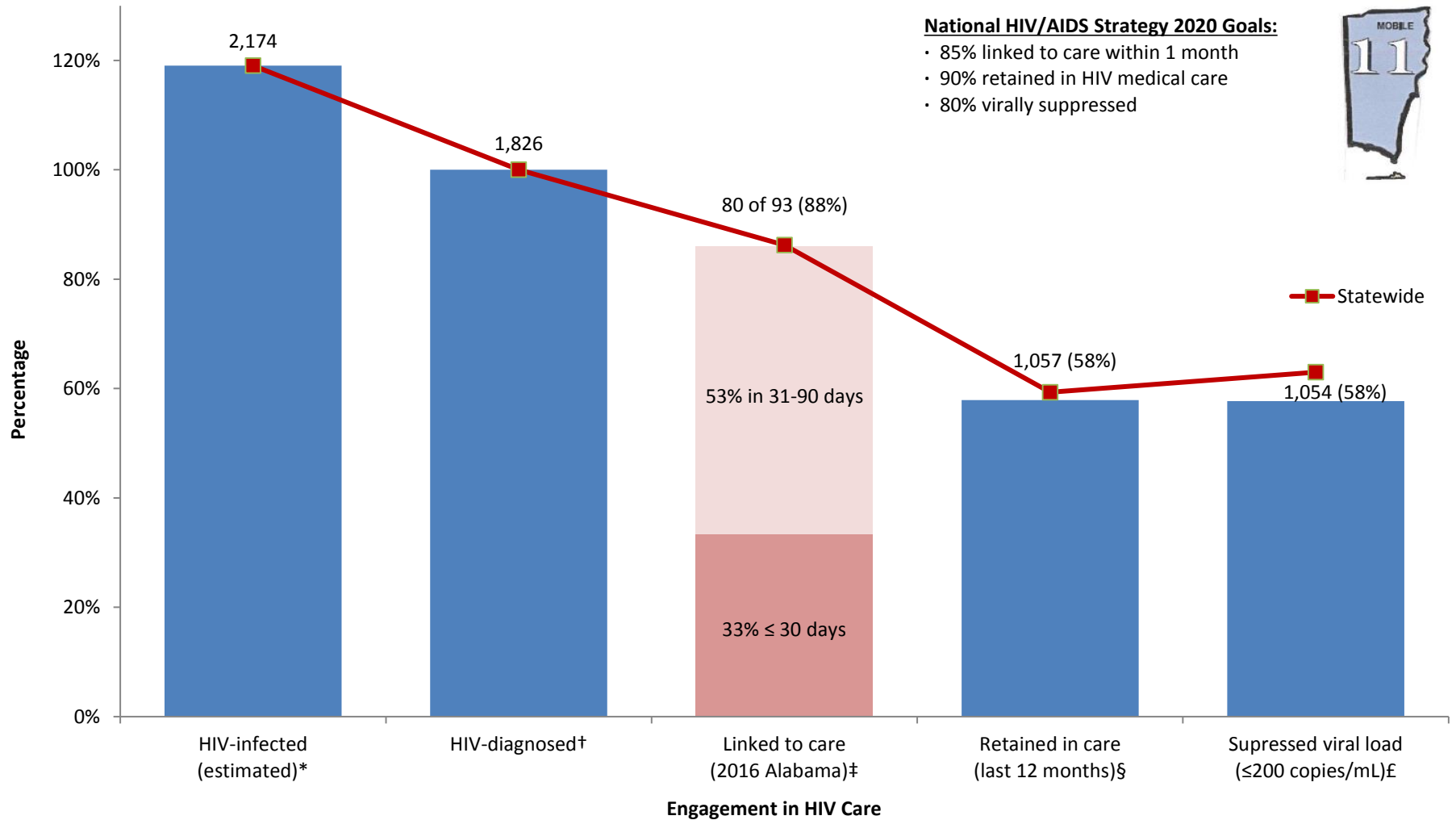
†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

### HIV Continuum of Care Among Persons Living with HIV Infection in Public Health Area 11, Alabama 2016



Note: Public Health Area 11 includes Mobile County.

\*Estimated by applying Alabama’s HIV-prevalence estimate (84.0%) to the number of persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016 (i.e., 84% of persons aged ≥13 years living with HIV infection in Alabama are aware of their infection and 16%, or 1 in 6 HIV-positive individuals, are unaware of their infection).

†Defined as persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016.

‡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 2016. **Note: 2016 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 05.02.2017.**

§Calculated as the percentage of persons accessing care during 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

£Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during 2015, among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.