EPIDEMIOLOGY OF HIV IN THE INDIANAPOLIS TRANSITIONAL GRANT AREA: 2023

Supplemental Document

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Contents

Definitions

Antiretroviral Therapy (ART) – A combination of medications used to treat HIV

Confidence Interval (CI) – A range of values for a measure that is believed to contain the true value at a specified level of certainty (e.g., 95%)

Epidemiology – The study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems

HIV Care Continuum – A public health model that outlines the stages that people living with HIV go through from diagnoses to maintaining viral suppression

Incidence – The number of new HIV cases in a defined population during a specified year

Linked to Care – Having a visit with a health care provider and getting a CD4 or viral load test within one month of being diagnosed with HIV

Mortality – The total number of persons who have died from HIV

Prevalence – The estimated number of persons living with HIV/AIDS, including persons diagnosed and undiagnosed, at the end of a specified year

Rate – A measure of the frequency of an event compared with the number of persons at risk for the event

Rate Ratio – Comparison of rates between two or more groups

Receipt of Care – Those living with diagnosed HIV who received medical care for HIV and had at least one CD4 count or HIV viral load test in that year

Retained in Care – Those living with diagnosed HIV who had two or more CD4 or viral load tests, performed at least 3 months apart

Viral Suppression – Those living with diagnosed HIV who had suppressed HIV viral load results (<200 copies/mL) on their last reported viral load test during 2023

Gender Identities

Male – Persons assigned “male” sex at birth and current gender identity is “male”

Female – Persons assigned “female” sex at birth and current gender identity is “female”

Transgender woman – Persons assigned “male” sex at birth and current gender identity is “female”

Transgender man – Persons assigned “female” sex at birth and current gender identity is “male”

Exposure Types

Male-to-male sexual contact (MSM) – Includes individuals assigned male sex at birth who have had sexual contact with other males, or who have had sexual contact with both males and females (i.e., bisexual contact)

Injection drug use (IDU) – Includes persons who injected nonprescription drugs or who injected prescription drugs for nonmedical purposes

MSM & IDU – Includes individuals assigned male sex at birth who have had sexual contact with other males, or who have had sexual contact with both males and females (i.e., bisexual contact) and injected nonprescription drugs or injected prescription drugs for nonmedical purposes

Heterosexual Contact – Includes persons who have ever had heterosexual contact with a person known to have, or with a risk factor for, HIV

Perinatal - Includes persons who acquired HIV through mother-to-child transmission

Other – Includes persons with other risk factors (e.g., blood transfusion, hemophilia) or whose risk factor was not reported or not identified

Transitional Grant Area Demographics

The Transitional Grant Area (TGA) includes the following counties: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Putnam, and Shelby. These 10 central Indiana counties had a 2023 population estimate of 2.04 million, a 15.8% increase since 2010 and a 3.9% increase since 2020. Marion County has the highest population with an estimated 977,007 people while Brown County has the lowest population with an estimated 15, 753 people.

Table 1: Transitional Grant Area 2023 County Populations

County	**Population Estimate**
Boone	76,919
Brown	15,753
Hamilton	372,214
Hancock	84,745
Hendricks	188,096
Johnson	169,432
Marion	977,007
Morgan	73,372
Putnam	36,823
Shelby	45,243
Total	2,039,604

Data Source: DR5685, U.S. Census Bureau

Within the TGA, 70% of residents are White, non-Hispanic, 16% are Black, non-Hispanic, and 7.5% are Hispanic. Additionally, 51% are female, 27% are 19 years old or younger, 35% are between the ages of 20-44, and 39% are over the age of 45. Table 2 shows population estimates by gender, race/ethnicity, and age group.

Table 2: TGA Population Estimates by Gender, Race/Ethnicity, and Age Group, 2023

Demographic	**Population Estimate**
Gender	
Female	1,037,357
Male	1,002,247
Race/Ethnicity	
Asian/Pacific Islander	86,009
Black, non-Hispanic	329,049
Hispanic	153,695
Other	51,591
White, non-Hispanic	1,419,260
Age Group	
<15	414,504
15-19	135,015
20-24	127,949
25-34	293,258
35-44	280,763
45-54	251,158
55-64	249,880
65+	287,078

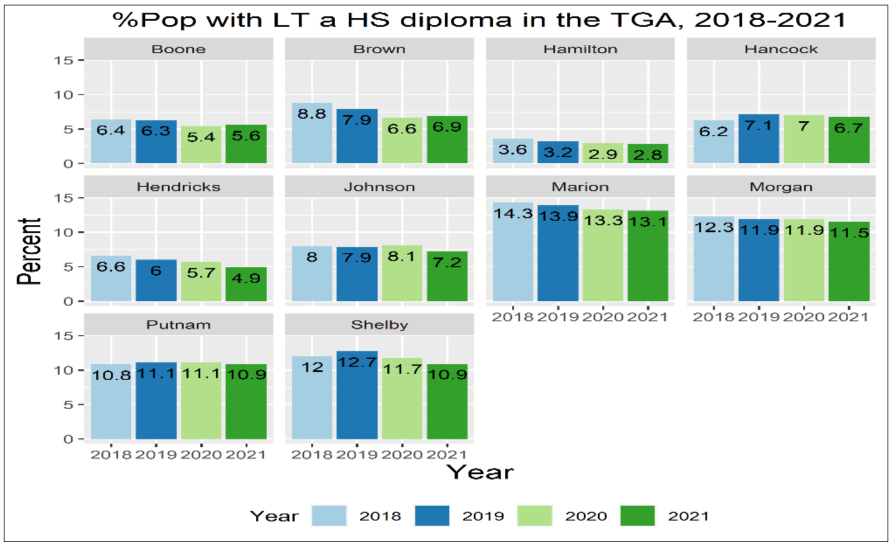
Data Source: DR5685, U.S. Census Bureau

Social Determinants of Health[1]

Educational Attainment

In 2021, less than 14% of the population in each TGA county had less than a high school diploma. Since 2018, this percentage has decreased in 8 of the 10 counties; however, the percentage of people with less than a high school diploma has increased by 0.5% in Hancock County and 0.1% in Putnam County.

Figure 1: Percentage of People with Less than a High School Diploma by County, 2018-2021

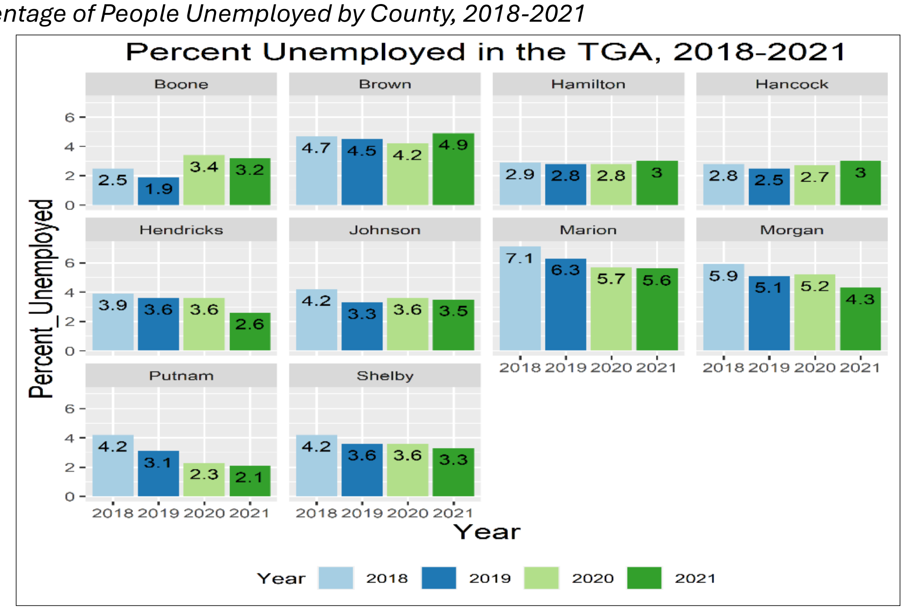


Data Source: DR5480, Demographic data provided by the Census Bureau and the American Community Survey

Unemployment

In 2021, Marion County had the highest percentage of people unemployed at 5.6% followed by Brown County with 4.9% and Morgan County with 4.3%. Since 2018, the percentage of people unemployed has gone down in Hendricks, Johnson, Marion, Morgan, Putnam, and Shelby County.

Figure 2: Percentage of People Unemployed by County, 2018-2021

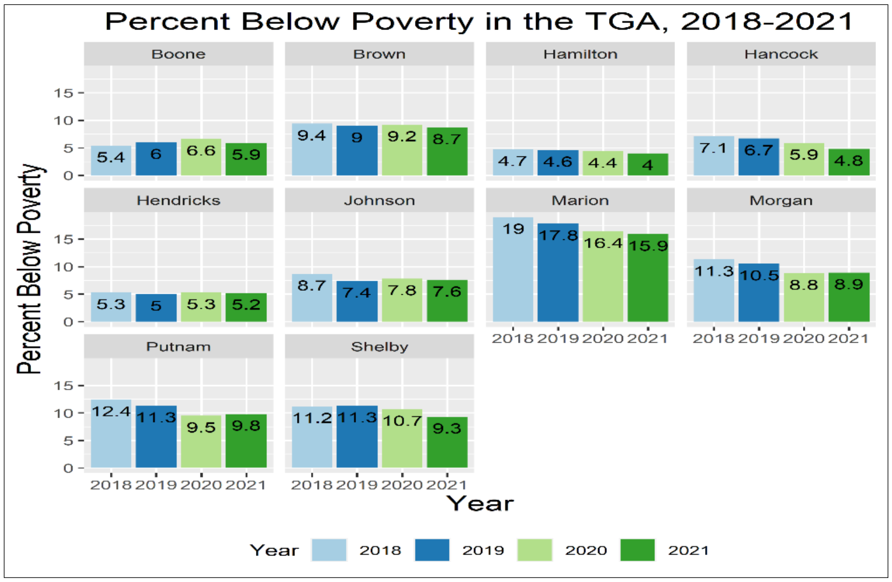


Data Source: DR5480, Demographic data provided by the Census Bureau and the American Community Survey

Poverty

Less than 10% of the population in each TGA county, except Marion County, was living in poverty in 2021, in Marion County the percentage was as high as 15.9%. Since 2018, this percentage has decreased in 9 of the 10 TGA counties.

Figure 3: Percentage of People Living Below Poverty by County, 2018-2021

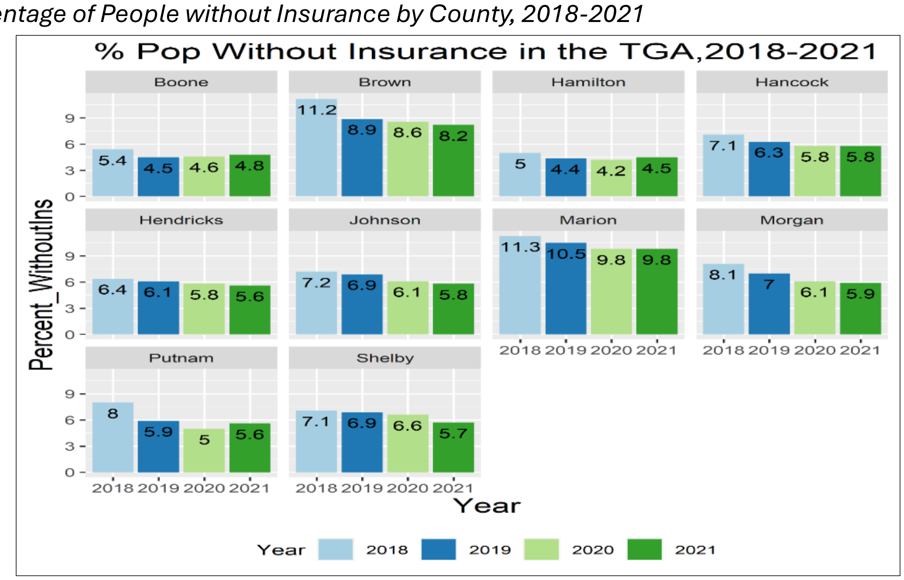


Data Source: DR5480, Demographic data provided by the [Census Bureau] and the [American Community Survey]

Insurance Status

Since 2018, the percentage of people uninsured has decreased in all 10 TGA counties. By 2021, each county had less than 10% of their population uninsured. Marion and Brown County had the highest percentage of their population without insurance while Boone and Hamilton had the lowest.

Figure 4: Percentage of People without Insurance by County, 2018-2021

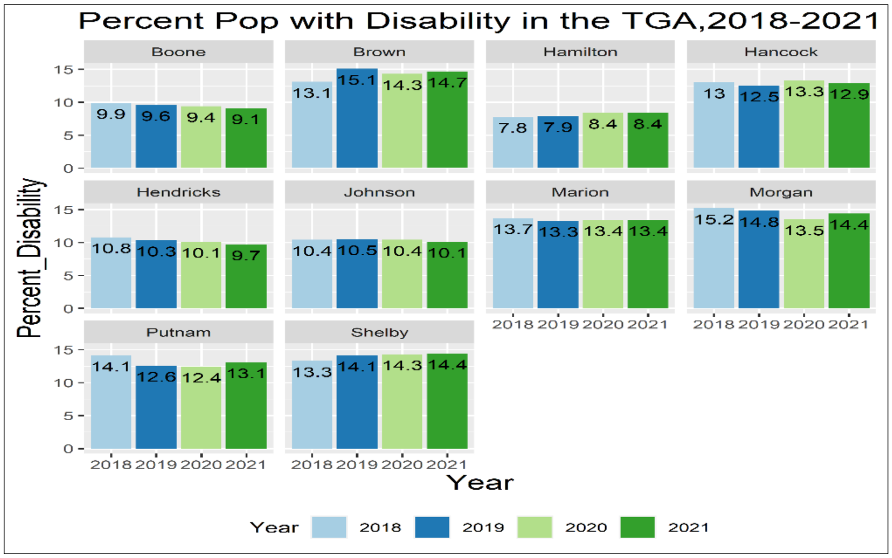


Data Source: DR5480, Demographic data provided by the [Census Bureau] and the [American Community Survey]

Disability

Brown County had the highest percentage of people with a disability, followed by Morgan, and Shelby County in 2021. Hamilton County had the lowest percentage of people with a disability at 8.4%. Since 2018, the percentage of people with a disability has decreased in the following counties: Boone, Hancock, Hendricks, Johnson, Marion, Morgan, and Putnam.

Figure 5: Percentage of People with a Disability by County, 2018-2021

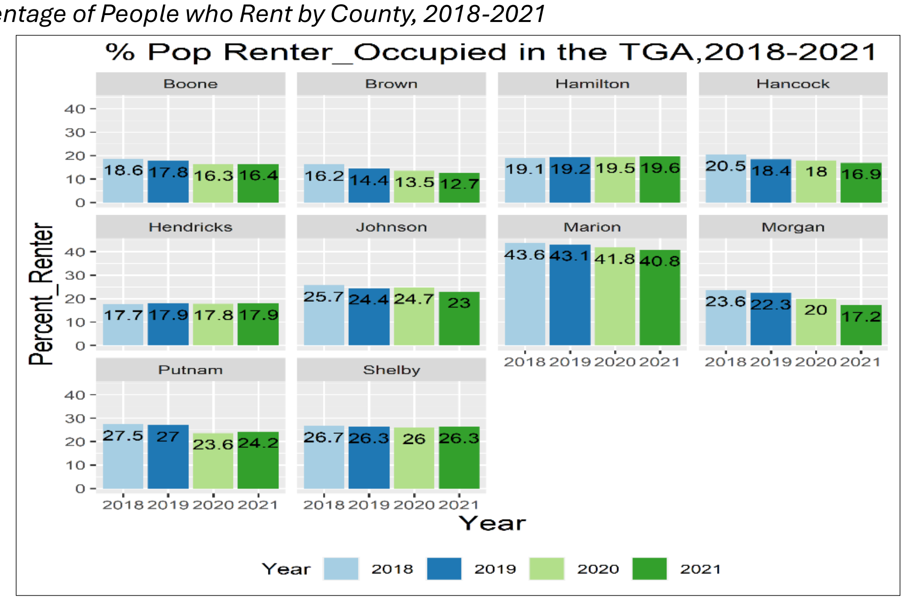


Data Source: DR5480, Demographic data provided by the [Census Bureau] and the [American Community Survey]

Renter

Marion County has the highest percentage of the population who rent at 40.8% compared to 12.7% in Brown County, which had the lowest in 2021. The percentage of renters in each county has increased in both Hamilton County and Hendricks County since 2018 and has decreased in the remaining 8 counties.

Figure 6: Percentage of People who Rent by County, 2018-2021



Data Source: DR5480, Demographic data provided by the [Census Bureau] and the [American Community Survey]

HIV Incidence

HIV incidence increased by 9% and AIDS incidence increased by 39.5% compared to 2022 in the TGA.

Table 3: HIV and AIDS Incidence, 2017-2023

	2017		2018		2019		2020		2021		2022		2023	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
HIV	283	15.0	243	12.7	271	14.0	199	10.2	279	14.1	300	14.9	327	16.1
AIDS	116	6.1	119	6.2	83	4.3	102	5.2	123	6.2	114	5.6	159	7.8

Data Source: DR5685, eHARS

Among the TGA counties, HIV incidence was highest in Marion County (28.1 per 100,000 residents) and lowest in Hamilton County (3.2 per 100,000 residents) in 2023. The incidence rate in Marion County was 8.7 times higher than the rate in Hamilton County.

Table 4: HIV Incidence by County, 2019-2023

	2019			2020			2021			2022			2023		
County	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
Boone	5	1.9	7.3	<5		-	<5		-	<5		-	<5		-
Brown	<5		-	<5		-	0		-	<5		-	0		-
Hamilton	14	5.2	4.1	7	3.5	2	19	6.8	5.4	11	3.7	3	12	3.7	3.2
Hancock	<5		-	5	2.5	6.3	7	2.5	8.7	12	4	14.4	<5		-
Hendricks	19	7	11.2	5	2.5	2.9	9	3.2	5.1	22	7.3	12	19	5.8	10.1
Johnson	8	3	5.1	7	3.5	4.4	7	2.5	4.3	7	2.3	4.2	8	2.5	4.7
Marion	218	80.4	22.8	165	82.9	17.2	231	82.8	24	235	78.3	24.1	273	83.5	28.1
Morgan	<5		-	<5		-	<5		-	6	2	8.3	5	1.5	6.8
Putnam	<5		-	<5		-	0		-	<5		-	<5		-
Shelby	0		-	<5		-	<5		-	<5		-	<5		-

Data Source: DR5685, eHARS

In 2023, the HIV incidence rate was 3.4 times higher among males compared to females. Incidence was also highest among Black, non-Hispanic residents with a rate 10.5 times that of White, non-Hispanic residents and 74% of new cases occurred in people between the ages of 20-44. Additionally, foreign-born residents had an incidence rate of 41.6 per 100,000 people compared to native-born residents whose incidence rate was 3 per 100,000 people. Among known exposures, 30.3% of new cases were attributed to MSM contact, 27.5% to heterosexual contact, 3.1% to IDU, and 2.1% to MSM & IDU.

Table 5: HIV Incidence by Gender, Race/Ethnicity, Age Group, and Nativity Status, 2019-2023

	2019			2020			2021			2022			2023		
Demographic	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
Gender															
Female	54	19.9	5.4	36	18.1	3.6	58	20.8	5.7	67	22.3	6.5	75	22.9	7.2
Male	211	77.9	22.4	159	79.9	16.7	213	76.3	22.1	225	75	22.7	245	75	24.6
Transgender	6	2.2	-	<5		-	7	2.5	-	8	2.7	-	7	2.1	-
Race/Ethnicity															
Asian/ Pacific Islander	<5		-	<5		-	7	2.5	8.8	<5		-	5	1.5	5.8
Black	146	53.9	48.1	105	52.8	33.9	136	48.8	43	172	57.3	52.8	182	55.7	55.8
Hispanic	44	16.2	32.3	20	10.1	14.1	43	15.4	29.6	42	14	27.5	58	17.7	37.9
White	71	26.2	5.1	67	33.7	4.8	88	31.5	6.4	75	25	5.3	75	22.9	5.3
Other	7	2.6	15.6	5	2.5	10.8	5	1.8	10.3	7	2.3	13.7	7	2.1	13.6
Age Group															
<15	<5		-	<5		-	<5		-	0		0	<5		-
15-19	11	4.1	8.7	11	5.5	8.6	8	2.9	6.2	13	4.3	9.7	14	4.3	10.4
20-24	44	16.2	36	29	14.6	23.5	49	17.8	39.3	58	19.3	45.7	50	15.3	39.1
25-34	105	38.8	37.4	78	39.2	27.3	122	43.7	42.3	109	36.3	37.6	119	36.4	40.8
35-44	68	25.1	26.4	45	22.6	17.2	50	17.9	18.8	66	22	23.8	74	22.6	26.5
45-54	27	10	10.9	22	11.1	9	33	11.8	13.6	33	11	13.3	38	11.6	15.2
55-64	12	4.4	5	6	3	2.5	16	5.7	6.6	17	5.7	6.9	26	8	10.5
65+	<5		-	7	3.5	2.6	0		0	<5		-	<5		-
Nativity Status															
Foreign Born	35	12.9	25.3	18	9	12.9	21	7.5	14.3	34	11	22.1	67	20.5	41.6
Native Born	126	46.5	7	64	32.2	3.5	59	21.2	3.2	73	24.3	3.9	56	17.1	3
Unknown/ Missing	110	40.6	-	117	58.8	-	199	71.3	-	193	64.3	-	204	62.4	-

Data Source: DR5685, eHARS

Table 6: New HIV Cases by Exposure Type, 2019-2023

	2019		2020		2021		2022		2023	
Exposure Type	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
MSM	129	47.6	95	47.7	127	45.5	101	33.7	99	30.1
IDU	13	4.8	6	3.0	10	3.6	19	6.3	10	3.1
MSM & IDU	10	3.7	6	3.0	9	3.2	6	2.0	7	2.1
Heterosexual Contact	67	24.7	39	19.6	37	13.3	<5	-	90	27.5
Perinatal	0	0	0	0	0	0	0	0	<5	-
Other*	52	19.2	53	26.6	96	34.4	172	57.3	119	36.4

Data Source: DR5685, eHARS

**Other includes Other, No Risk Reported, and No Risk Identified*

HIV Deaths

In 2023, the rate of HIV deaths (regardless of cause) was 2.7 per 100,000 people. Less than 5 deaths were due to HIV.

Table 7: HIV Deaths (Regardless of Cause), 2017-2023

	2017		2018		2019		2020		2021		2022		2023	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
HIV	50	2.6	47	2.4	55	2.8	54	2.8	51	2.6	59	2.9	56	2.7

Data Source: DR5685, eHARS

The death rate among males was 8.6 times greater than the death rate among females and among the various age groups, people between the ages of 55-64 had the highest death rate at 7.2 per 100,000 followed by those 65 or older with 5.6 deaths per 100,000 people in 2023. Black, non-Hispanic residents accounted for 23 total deaths (7 per 100,000) and native born residents accounted for 48 deaths (2.6 per 100,000).

Table 8: HIV Deaths (Regardless of Cause) by County, Gender, Age Groups, Race, and Nativity Status, 2023

	N	%	Rate
County			
Marion	48	85.7	4.9
Gender			
Female	6	10.7	0.6
Male	50	89.3	5
Age Group			
<15	0	0	-
15-19	-	-	-
20-24	<5	-	-
25-34	6	10.7	2
35-44	<5	-	-
45-54	13	23.2	5.2
55-64	18	32.1	7.2
65+	16	28.6	5.6
Race			
Black	23	41.4	7
White	25	44.6	1.8
Nativity Status			
Native Born	48	85.7	2.6
Exposure Type			
MSM	34	60.7	-
MSM & IDU	7	12.5	-
Heterosexual Contact	10	17.9	-

Data Source: DR5685, eHARS

Prevalence Among People Living with HIV and AIDS

Compared to 2022, the prevalence of people living with HIV and AIDS (PLWH/A) has increased. In 2023, the prevalence rate of HIV was 184.3, for AIDS was 148.0, and for PLWH/A was 332.2 per 100,000 people.

Table 9: Prevalence of Diagnosed HIV & AIDS, 2017-2023

	2017		2018		2019		2020		2021		2022		2023	
	N	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**
HIV	3060	161.7	3144	163.7	3009	155.0	3136	159.7	3317	167.5	3549	175.5	3758	184.3
AIDS	2987	157.8	3005	156.5	2736	140.9	2781	141.7	2857	144.3	2898	143.3	3019	148.0
Total	6047	319.4	6149	320.2	5745	295.9	5917	301.4	6174	311.8	6447	318.7	6777	332.2

Data Source: DR5685, eHARS

Of all the TGA counties in 2023, Marion County had the highest prevalence of PLWH/A at 579.6 per 100,000 people compared to Boone County which had the lowest prevalence rate of 80.6; Marion's prevalence rate was 7.2 times higher than Boone's. Following Marion County, the second highest prevalence rate was 160.2 per 100,000 people in Putnam County.

Table 10: Prevalence of PLWH/A by County, 2019-2023

	2019			2020			2021			2022			2023		
County	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**
Boone	57	1	83.4	58	1	83.3	60	1	85	62	1	82.7	62	0.9	80.6
Brown	11	0.2	71.8	13	0.2	84.3	9	0.2	59.5	15	0.2	95.8	15	0.2	95.2
Hamilton	265	4.6	78.4	245	4.1	70.9	279	4.5	79.5	310	4.8	85.1	333	4.9	89.5
Hancock	67	1.2	86.2	72	1.2	90.9	62	1	76.6	72	1.1	86.6	70	1	82.6
Hendricks	188	3.3	110.4	183	3.1	105.4	201	3.3	113.9	229	3.6	124.6	265	3.9	140.9
Johnson	166	2.9	104.7	160	2.7	99.5	172	2.8	105.6	179	2.8	107.3	198	2.9	116.9
Marion	4844	84.3	504.6	5033	85.1	521.3	5228	84.7	539.3	5420	84.1	553.6	5663	83.6	579.6
Morgan	53	0.9	75.4	54	0.9	76.6	65	1.1	91.6	64	1	87.9	67	1	91.3
Putnam	58	1	153.2	62	1.1	163.4	57	0.9	152.1	54	0.8	146.3	59	0.6	160.2
Shelby	29	0.5	64.8	37	0.6	82.4	41	0.7	91.1	42	0.7	93.1	42	0.6	92.8

Data Source: DR5685, eHARS

In 2023, the prevalence rate among males was 3.5 times greater than females. Additionally, Black, non-Hispanic people had the highest prevalence rate (999.5 per 100,000) compared to Hispanic (510.1 per 100,000), Asian (207 per 100,000), and White, non-Hispanic people (161.7 per 100,000). Among the different age groups, 67% of PLWH/A were between the ages of 35-64, the highest prevalence rate is among those 55-64-years-old. Foreign-born residents had a prevalence rate of 723.1 per 100,000, a rate 3.1 times greater than native-born residents. Lastly, 52.3% of PLWH/A attributed their exposure to MSM contact, 30.4% to heterosexual contact, 4.3% to IDU and MSM/IDU, and 1.3% to perinatal exposure.

Table 11: Prevalence of PLWH/A by Gender, Race/Ethnicity, Age Group, and Nativity Status, 2019-2023

	2019			2020			2021			2022			2023		
Demographic	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**
Gender															
Female	1216	21.2	122.4	1257	21.2	125.2	1330	21.5	131.3	1399	21.7	136	1525	22.5	147
Male	4442	77.3	468.5	4567	77.2	476.3	4745	76.9	490.7	4941	76.6	497.2	5153	76	514.1
Transgender	87	1.5	-	93	1.6	-	98	1.6	-	106	1.7	-	99	1.5	-
Race/Ethnicity															
Asian/Pacific Islander	157	2.7	223.3	166	2.8	220.6	169	2.7	211	171	2.7	200.7	178	2.6	207
Black	2655	46.2	866.1	2754	46.5	882	2936	47.6	919.8	3109	48.2	945.9	3289	48.5	999.5
Hispanic	529	9.2	386.6	553	9.4	389.7	600	9.7	411.8	678	10.5	442.8	785	11.6	510.1
White	2223	38.7	160.8	2233	37.7	161	2254	36.5	162.6	2269	35.2	161.6	2295	33.9	161.7
Other	181	3.2	402.7	211	3.6	451.9	215	3.5	440.7	220	3.4	429.3	231	3.4	447.8
Age Group															
<15	33	0.6	8.2	30	0.5	7.4	28	0.5	6.9	28	0.4	6.8	29	0.4	7
15-19	36	0.6	28.5	41	0.7	32	35	0.6	27.3	32	0.5	23.9	39	0.6	28.9
20-24	178	3.1	145.4	168	2.8	135.7	188	3.1	150.6	214	3.3	168.5	216	3.2	168.8
25-34	1170	20.4	414.9	1206	20.4	421	1228	19.9	423.6	1247	19.3	428.1	1269	18.7	432.7
35-44	1219	21.2	470.7	1247	21.1	474	1351	21.9	505.9	1447	22.4	520	1569	23.2	558.8
45-54	1449	25.2	580.9	1461	24.7	593.9	1430	23.2	585.8	1441	22.4	579.1	1478	21.8	588.5
55-64	1253	21.8	523.1	1307	22.1	539.3	1396	22.6	574.4	1425	22.1	575.1	1500	22.1	600.3
65+	400	7	153.3	457	7.7	169.1	518	8.4	185.4	613	9.5	215.4	674	10	234.8
Nativity Status															
Foreign Born	820	14.2	589.6	867	15.6	616.9	928	15	628.1	1022	15.8	659.9	1173	17.3	723.1
Native Born	4441	77.3	246.4	4441	75.1	243.7	4451	72.1	242.9	4459	69.2	238.7	4450	65.7	237
Unknown/Missing	484	8.5	-	609	9.3	-	795	12.9	-	966	15	-	1154	17	-

Data Source: DR5685, eHARS

Table 12: Prevalence of PLWH/A by Exposure Type, 2019-2023

	2019		2020		2021		2022		2023	
Exposure Type	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
MSM	3137	54.6	3213	54.3	3326	53.9	3424	53.1	3541	52.2
IDU	272	4.7	261	4.4	267	4.3	266	4.1	291	4.3
MSM & IDU	268	4.7	275	4.6	275	4.5	287	4.5	289	4.3
Heterosexual Contact	1332	23.2	1382	23.4	1406	22.8	1403	21.8	2061	30.4
Perinatal	76	1.3	78	1.3	80	1.3	81	1.3	85	1.3
Other*	660	11.5	708	12.0	820	13.3	986	15.3	510	7.6

Data Source: DR5685, eHARS

**Other includes Other, No Risk Reported, and No Risk Identified*

Co-Occurring Conditions

Foreign-Born

With a risk of about 14 times that of native-born residents, foreign-born residents of the TGA accounted for 1 in 5 newly diagnoses of HIV during 2023. Over 1 in 7 PLWH/A in the TGA are foreign-born, experiencing a prevalence rate that is three times as high as native-born. Special considerations for foreign-born people include linguistic services, access to health insurance, social support structure, cultural stigma and beliefs, and fear.

Aging

About 54% of PLWH/A in the TGA are 45+ years of age. The number of older people living with HIV/AIDS is increasing due to improved treatments that are helping them live longer. However, older people are less likely to get tested for HIV due to possibly feeling ashamed or afraid to get tested, of mistaking signs of HIV and AIDS as normal aging or other diseases.[2]

Homelessness

Housing instability continues to be a barrier to HIV care as it is associated with higher rates of risky behaviors such as substance use and unprotected sex. PLWH who are also experiencing homelessness are more likely to delay receiving HIV care and have reduced access to regular care.[3] The National HIV/AIDS Strategy for the United States 2022-2025 has a goal of reducing homelessness among PLWH by 50% from a 2017 baseline of 9.1%.[4]

Recent Incarceration

In 2023, 8.6% of the TGA's PLWH/A have a history of incarceration. Special considerations for those recently incarcerated, or with a history of incarceration, includes employment and housing, retention in care throughout and after transitioning out of incarceration, substance use, and trouble navigating the health care system.

Mental Health & Substance Abuse

Depression is one of the most common mental conditions that people with HIV face. [5] In addition, stigma and discrimination affect the well-being and mental health of PLWH/A. Internalized stigma may lead to isolation, despair, and feelings of shame which may keep someone from getting tested and treated for HIV.[6] Substance use disorders are also closely associated with HIV; substances that alter judgement may lead to risky behaviors such as unprotected sex or having multiple partners. Needle sharing can also be a direct route of HIV transmission if the materials are contaminated.[7]

Mycobacterium Tuberculosis (TB)

In 2023, 69 TGA residents were diagnosed with active TB, 5 also had HIV. Worldwide, TB is one of the leading causes of death among PLWH. Someone with untreated latent TB and HIV is more likely to develop TB disease than someone without HIV, meaning that PLWH/A are more likely to become sick with TB.[8]

Viral Hepatitis

About 2% of PLWH in the United States also have Hepatitis B and about 75% of PLWH who report injection drug use have Hepatitis C. PLWH have a higher risk of death and complications from Hepatitis B or C.[9]

Chlamydia, Gonorrhea, and Early Syphilis

Among people living within the TGA in 2023, 23 people were diagnosed with both Chlamydia and HIV, 20 people were diagnosed with both Gonorrhea and HIV, and 10 people were diagnosed with both early syphilis and HIV. Behaviors that put someone at risk for one, often put them at risk for others, which is why people who have an STD may be at an increased risk of getting HIV.[10]

COVID-19

PLWH may be more likely to get sick from COVID-19 if they are older or have an underlying health condition. PLWH should consult with their health care provider because some COVID-19 treatments may interact with antiretroviral therapy.[11]

Smoking

PLWH who smoke are more likely to get HIV-related infections such as thrush and pneumonia. They are also more likely to get other serious illnesses than nonsmokers with HIV like COPD and several different cancers. People with HIV can lower their risk for these diseases, and others, and increase their quality of life by quitting smoking.[12]

Diabetes

Compared to people without HIV, people with HIV are more likely to have type 2 diabetes. It is also important to note that some HIV medicines increase the risk for diabetes and some HIV treatments may need to be avoided if your glucose levels are higher than normal.[13]

Measures of HIV/AIDS Health Outcomes

Table 13: Proportion of People Linked to Care within 30 and 90 Days by Demographic and Exposure Type, 2023

Demographic	Linked to Care Between 0-30 Days	Linked to Care Between 0-90 Days
County		
Hamilton	66.7%	83.3%
Hendricks	68.4%	89.5%
Johnson	-	75.0%
Marion	82.4%	90.8%
Morgan	-	80.0%
Gender		
Female	86.7%	93.3%
Male	77.6%	88.6%
Transgender	85.7%	100.0%
Race/Ethnicity		
Asian/Pacific Islander	100.0%	100.0%
Black	79.7%	89.0%
Hispanic	81.0%	86.2%
White	76.0%	93.3%
Other	100.0%	100.0%
Age Group		
15-19	85.7%	100.0%
20-24	82.0%	94.0%
25-34	78.2%	88.2%
35-44	78.4%	86.5%
45-54	78.9%	94.7%
55-64	80.8%	84.6%
Nativity Status		
Foreign Born	89.6%	92.5%
Native Born	71.4%	89.3%
Unknown/Missing	78.9%	89.2%
Exposure Type		
MSM	78.8%	93.9%
IDU	90.0%	90.0%
MSM & IDU	85.7%	100.0%
Heterosexual Contact	84.4%	93.3%
Other*	75.6%	83.2%
Total	**79.8%**	**89.9%**

Data Source: DR5685, eHARS

**Other includes Other, No Risk Reported, and No Risk Identified*

Table 14: HIV Care Continuum in the TGA, 2017-2023

HIV Care Continuum	2017	2018	2019	2020	2021	2022	2023
Linked to Care (within 30 Days)	62%	58%	48%	63%	71%	71%	80%
Receipt of Care	74%	75%	68%	77%	81%	77%	79%
Retained in Care	53%	51%	43%	43%	54%	40%	48%
Virally Suppressed	62%	62%	58%	66%	70%	63%	63%

Data Source: DR5685, eHARS

Table 15: HIV Care Continuum Diagnosis-Based Data by County, 2023

	Receipt of Care		Retained in Care			Virally Suppressed		
County	**Yes**	**No**	**Yes**	**No**	**Unknown**	**Yes**	**No**	**Unknown**
Boone	82.3%	17.7%	61.3%	21.0%	17.7%	75.8%	-	19.4%
Brown	80.0%	-	46.7%	33.3%	-	73.3%	-	-
Hamilton	83.2%	16.8%	47.4%	35.7%	16.8%	71.2%	3.6%	25.2%
Hancock	82.9%	17.1%	47.1%	35.7%	17.1%	70.0%	-	27.1%
Hendricks	79.2%	20.8%	50.2%	29.1%	20.8%	64.2%	9.1%	26.8%
Johnson	84.8%	15.2%	50.0%	34.8%	15.2%	72.7%	6.6%	20.7%
Marion	78.6%	21.4%	48.1%	30.5%	21.4%	62.2%	9.0%	28.8%
Morgan	77.6%	22.4%	41.8%	35.8%	22.4%	71.6%	-	22.4%
Putnam	76.3%	23.7%	57.6%	18.6%	23.7%	67.8%	-	27.1%
Shelby	83.3%	16.7%	40.5%	42.9%	16.7%	64.3%	-	26.2%
Total	**79.1%**	**20.9%**	**48.3%**	**30.8%**	**20.9%**	**63.4%**	**8.5%**	**28.1%**

Data Source: DR5685, eHARS

Table 16: HIV Care Continuum Diagnosis-Based Data by Exposure Type, 2023

	Receipt of Care		Retained in Care			Virally Suppressed		
Exposure Type	**Yes**	**No**	**Yes**	**No**	**Unknown**	**Yes**	**No**	**Unknown**
MSM	81.1%	18.9%	48.9%	32.1%	18.9%	66.8%	7.7%	25.4%
IDU	73.9%	26.1%	46.0%	27.8%	26.1%	55.0%	12.0%	33.0%
MSM & IDU	82.7%	17.3%	54.0%	28.7%	17.3%	66.1%	11.1%	22.8%
Heterosexual Contact	78.8%	21.2%	49.0%	29.8%	21.2%	62.3%	9.1%	28.6%
Perinatal	81.2%	18.8%	64.7%	16.5%	18.8%	68.2%	11.8%	20.0%
Other*	67.1%	32.9%	36.7%	30.4%	32.9%	46.7%	6.9%	46.5%

Data Source: DR5685, eHARS

**Other includes Other, No Risk Reported, and No Risk Identified*

Table 17: HIV Care Continuum Diagnosis-Bases Data by Demographic, 2023

	Receipt of Care		Retained in Care			Virally Suppressed		
Gender	**Yes**	**No**	**Yes**	**No**	**Unknown**	**Yes**	**No**	**Unknown**
Female	79.9%	20.1%	48.9%	31.0%	20.1%	63.3%	9.0%	27.7%
Male	78.7%	21.3%	48.0%	30.8%	21.3%	63.4%	8.2%	28.4%
Transgender	84.8%	15.2%	56.6%	28.3%	15.2%	67.7%	12.1%	20.2%
Race/Ethnicity								
Asian/Pacific Islander	86.0%	14.0%	54.5%	31.5%	14.0%	71.9%	5.1%	23.0%
Black	77.6%	22.4%	47.9%	29.7%	22.4%	58.8%	11.2%	30.0%
Hispanic	75.6%	24.4%	47.8%	27.8%	24.4%	58.2%	6.5%	35.3%
White	81.7%	18.3%	49.0%	32.7%	18.3%	71.4%	5.2%	23.4%
Other	80.1%	19.9%	43.3%	36.8%	19.9%	61.5%	11.3%	27.3%
Age Group								
<15	93.1%	-	86.2%	-	-	89.7%	-	-
15-19	89.7%	-	51.3%	38.5%	-	66.7%	12.8%	20.5%
20-24	85.2%	14.8%	47.2%	38.0%	14.8%	59.3%	17.6%	23.1%
25-34	76.8%	23.2%	44.3%	32.5%	23.2%	55.7%	12.7%	31.6%
35-44	77.7%	22.3%	45.3%	32.4%	22.3%	58.3%	10.8%	30.8%
45-54	79.3%	20.7%	50.2%	29.1%	20.7%	66.3%	7.0%	26.7%
55-64	81.1%	18.9%	51.3%	29.8%	18.9%	69.6%	5.2%	25.2%
65+	78.5%	21.5%	50.3%	28.2%	21.5%	69.7%	2.4%	27.9%
Nativity Status								
Foreign Born	76.6%	23.4%	50.1%	26.4%	23.4%	60.3%	6.7%	33.0%
Native Born	79.6%	20.4%	48.2%	31.4%	20.4%	65.2%	8.6%	26.2%
Unknown/Missing	79.6%	20.4%	46.7%	32.9%	20.4%	59.6%	9.7%	30.7%

Data Source: DR5685, eHARS

Table 18: HIV Care Continuum in the TGA: Ryan White Clients vs Non-Clients PLWH/A, 2023

	Linked to Care (within 30 Days)	Linked to Care (within 90 Days)	Retained in Care	Virally Suppressed
Ryan White Clients	88.07%	98.30%	60.97%	72.81%
Non-Clients	70.20%	80.13%	38.40%	56.08%

Data Source: DR5685, eHARS, CAREWare

Heat Maps

Figure 7: Indianapolis TGA Residents Newly Diagnosed with HIV, 2022

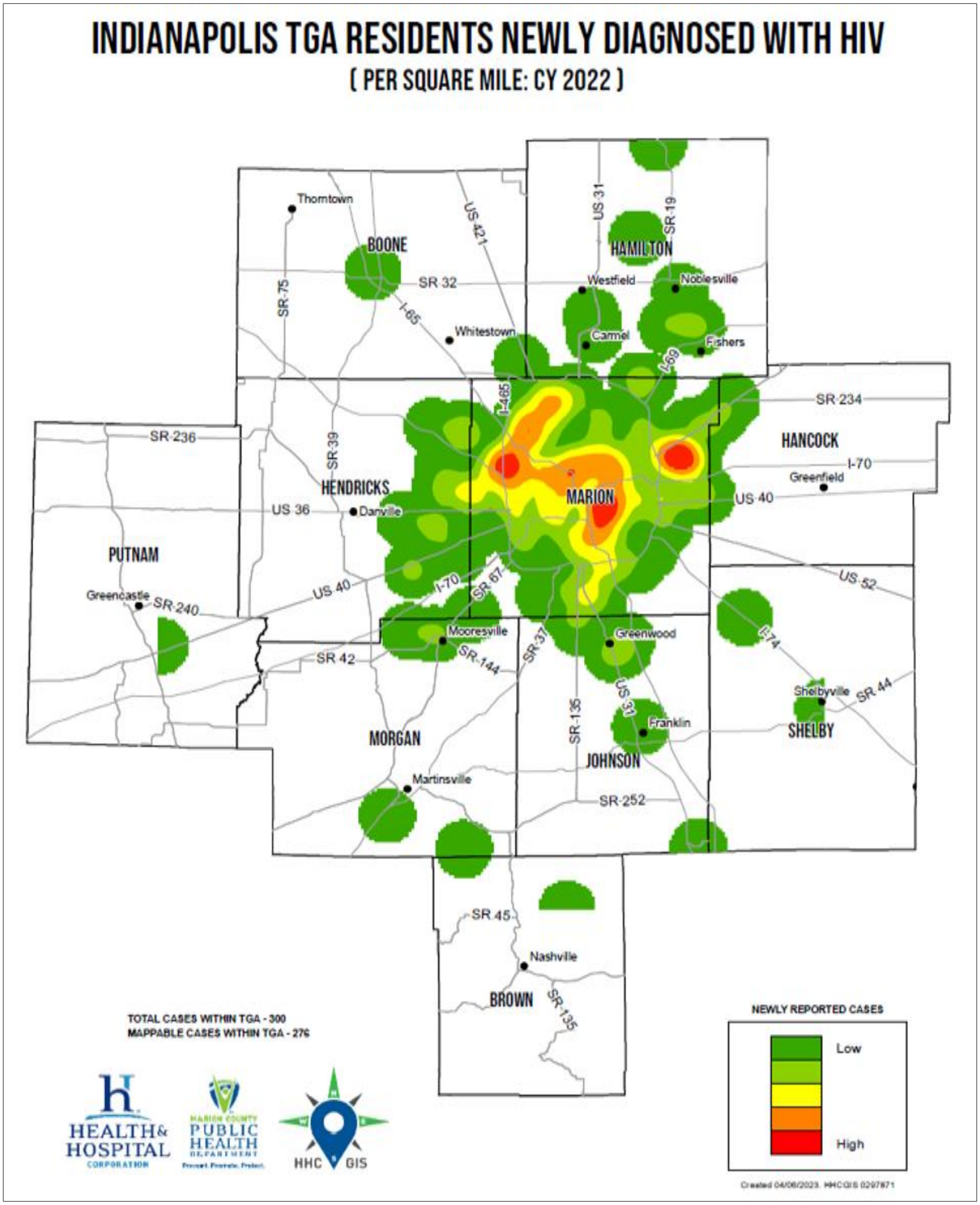


Figure 8: Indianapolis TGA Residents Newly Diagnosed with HIV, 2023

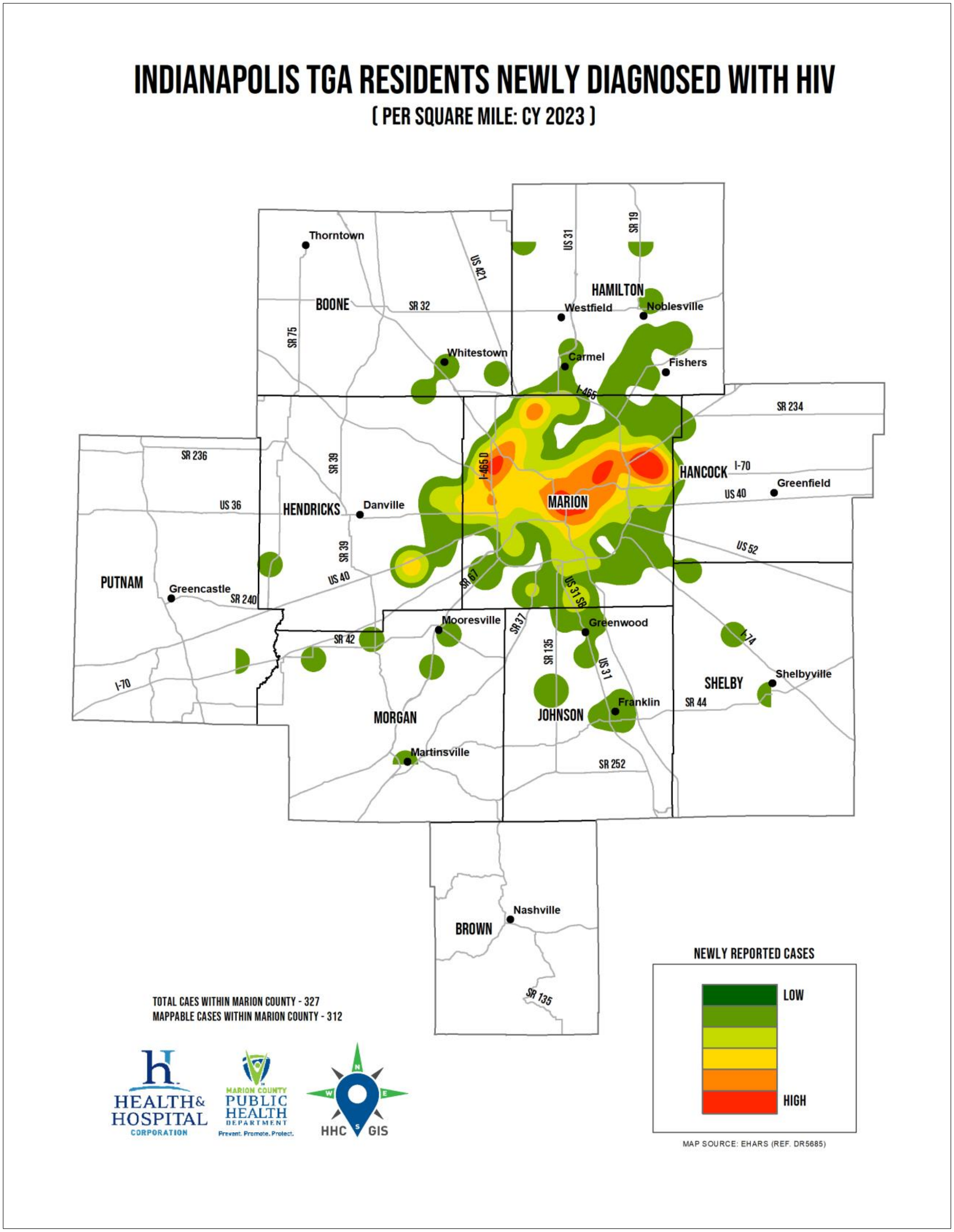
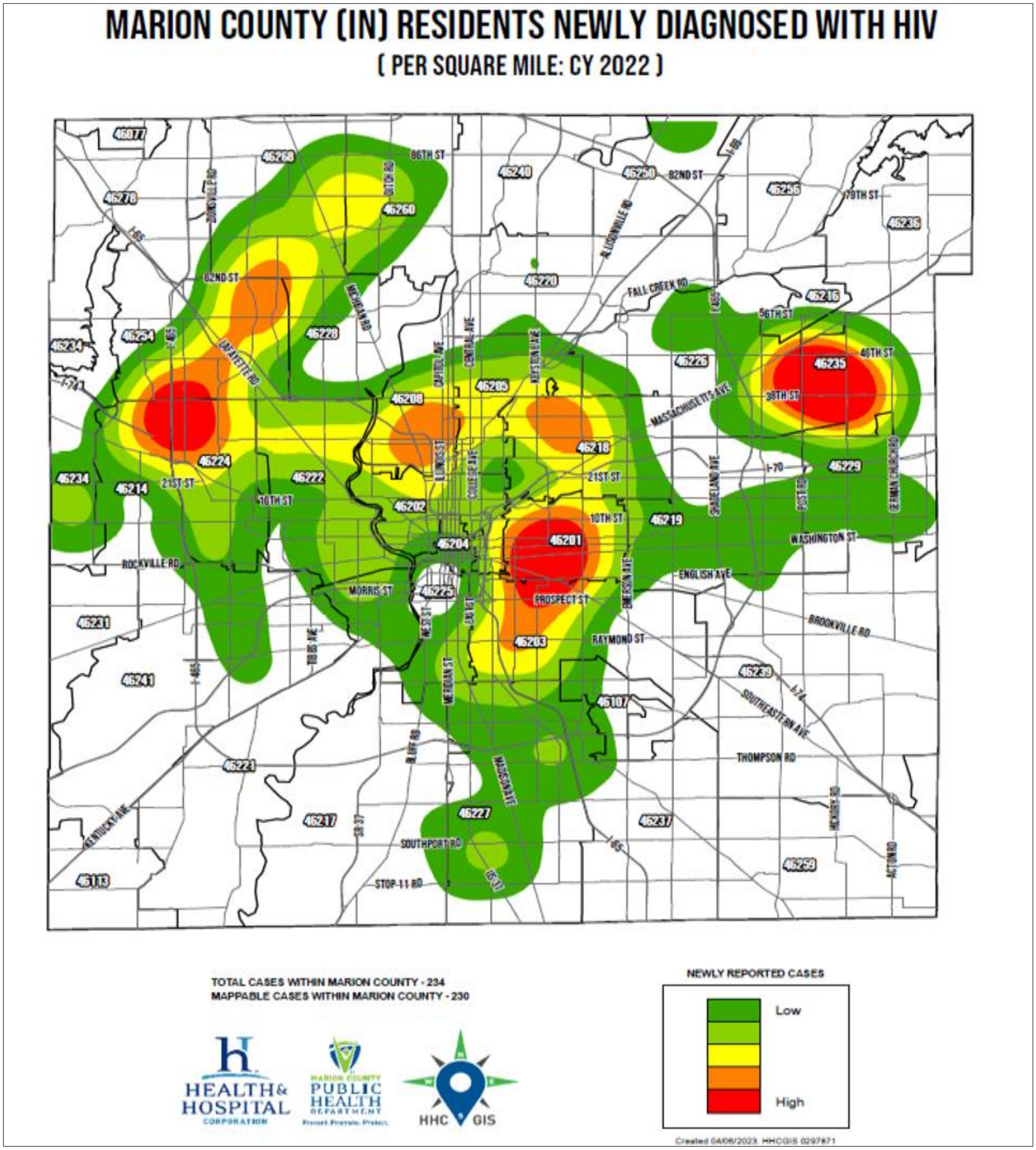
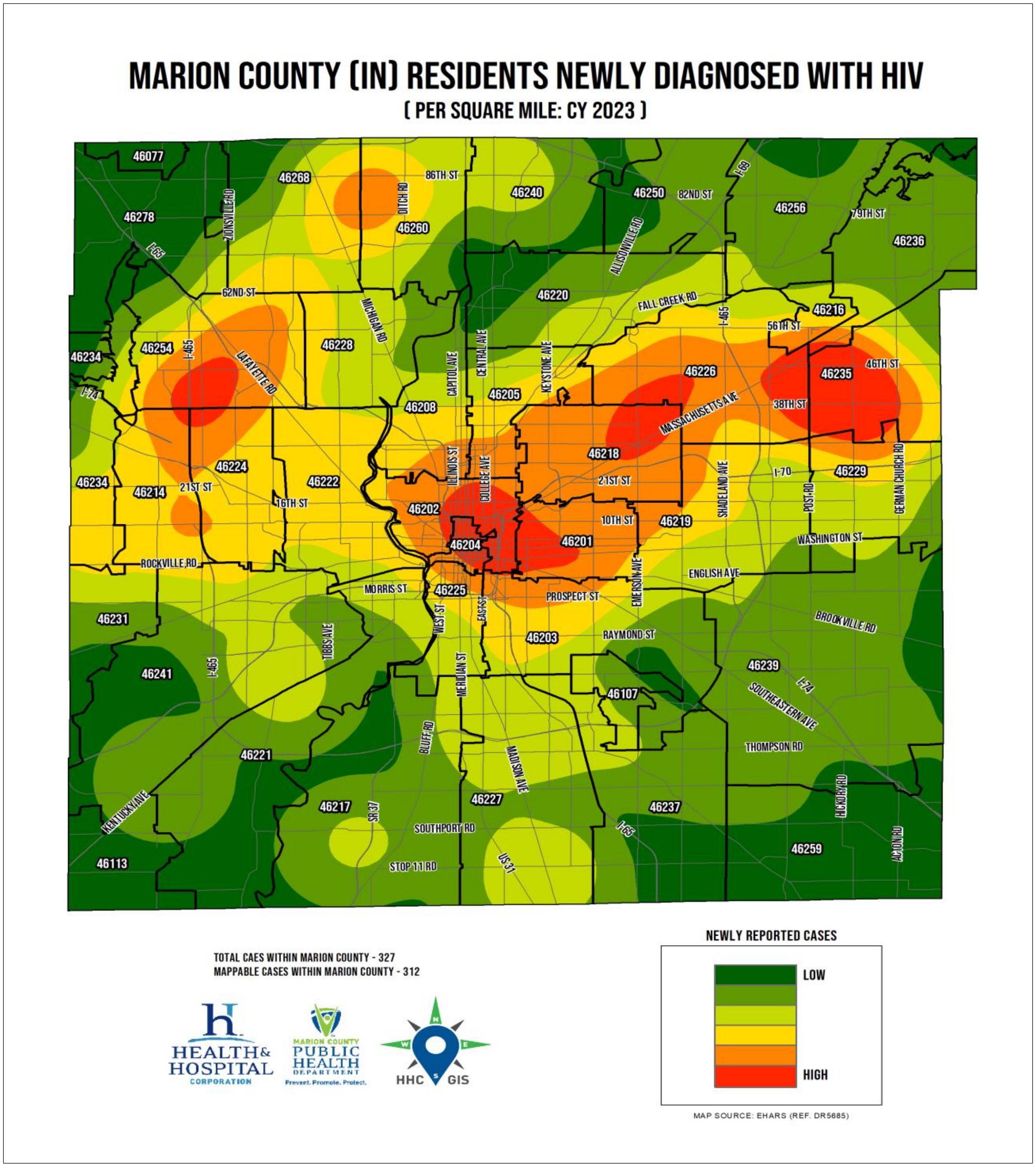


Figure 9: Marion County Residents Newly Diagnosed with HIV, 2022



Zip Codes with the highest incidence: 46201, 46235, 46224, 46203, 46208, 46218

Figure 10: Marion County Residents Newly Diagnosed with HIV, 2023



Zip Codes with the highest incidence:46204, 46235, 46226, 46218, 46201, 46202, 46254, 46224

Figure 11: Indianapolis TGA Residents Living with HIV/AIDS, 2022

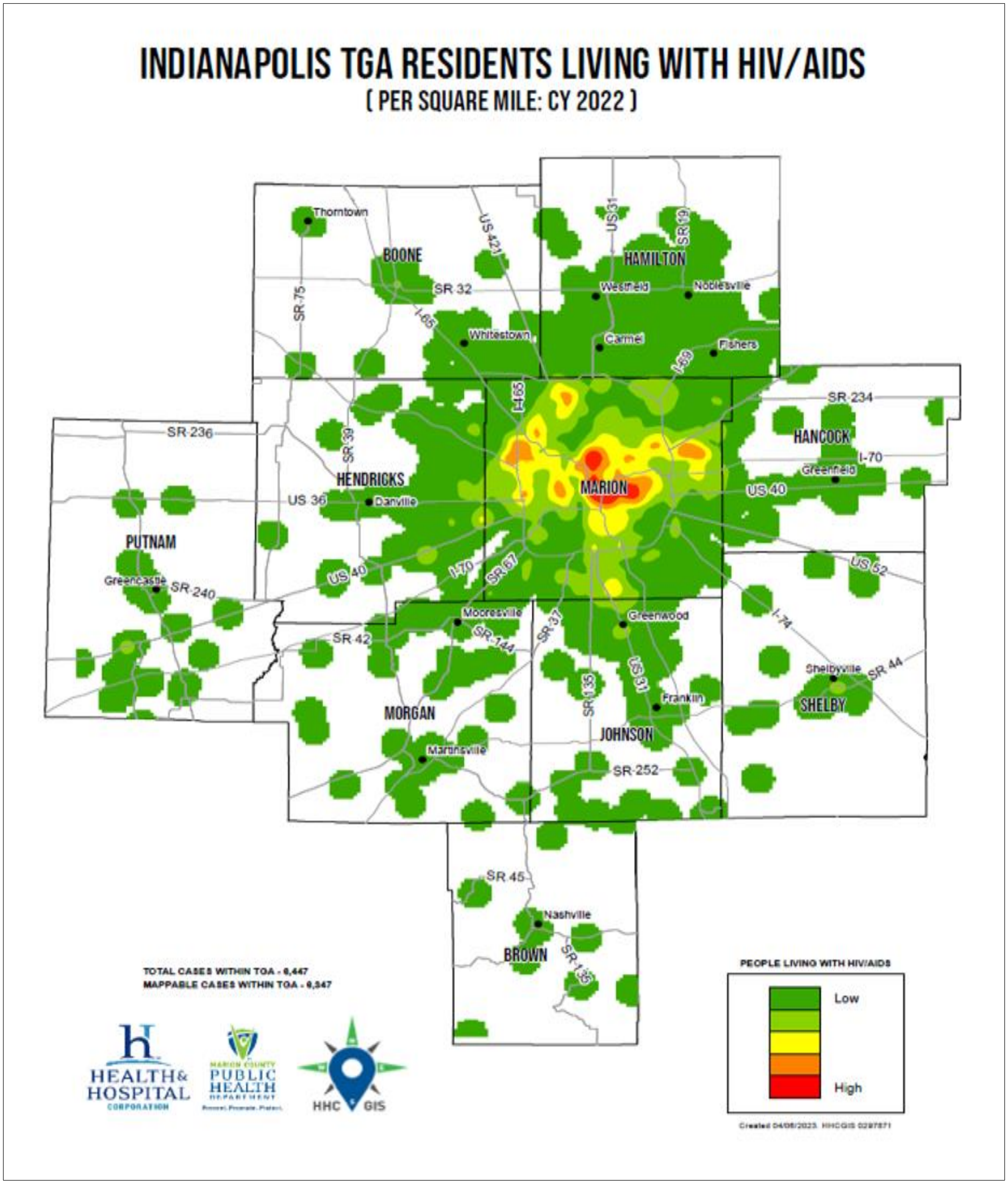


Figure 12: Indianapolis TGA Residents Living with HIV/AIDS, 2023

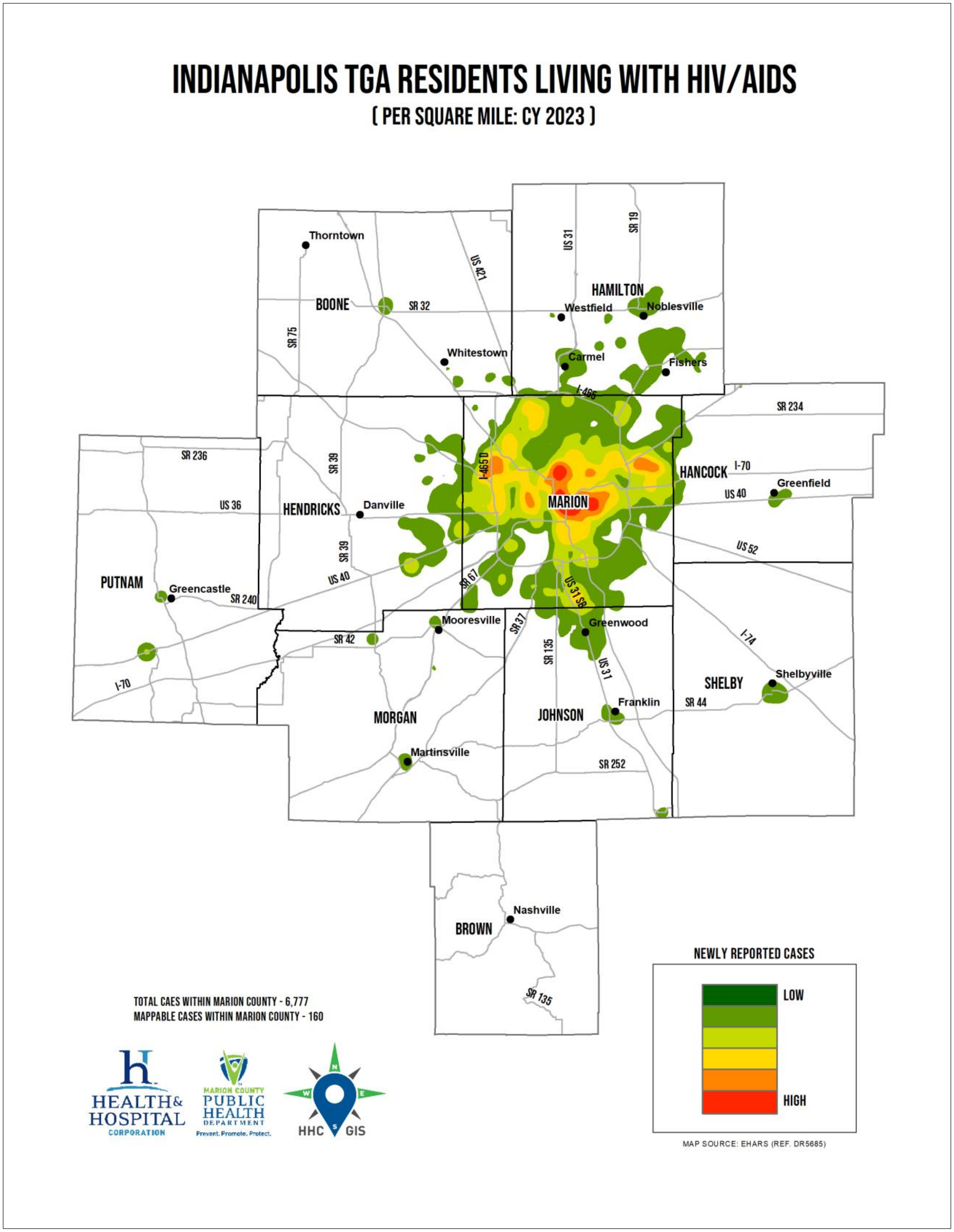
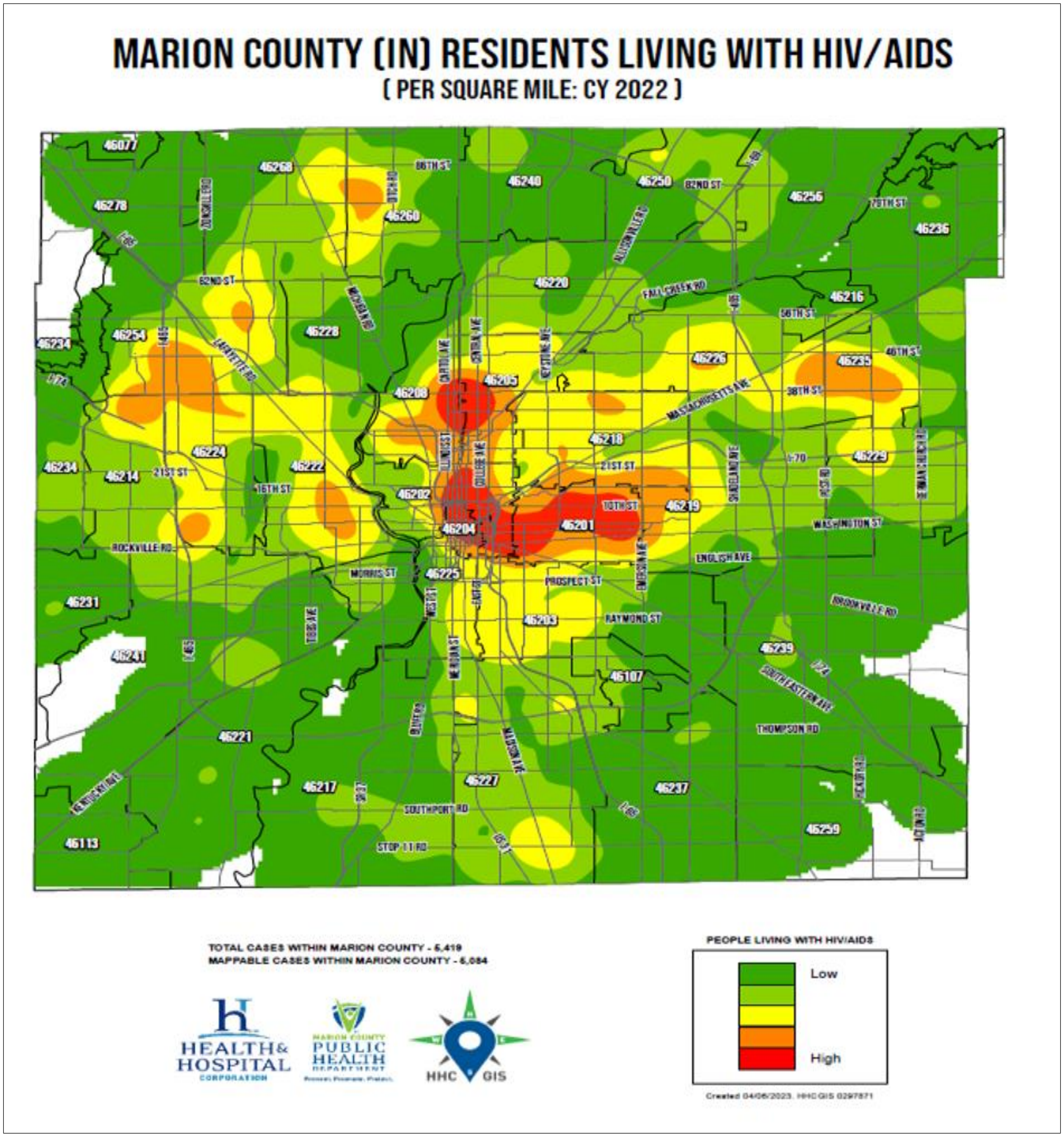
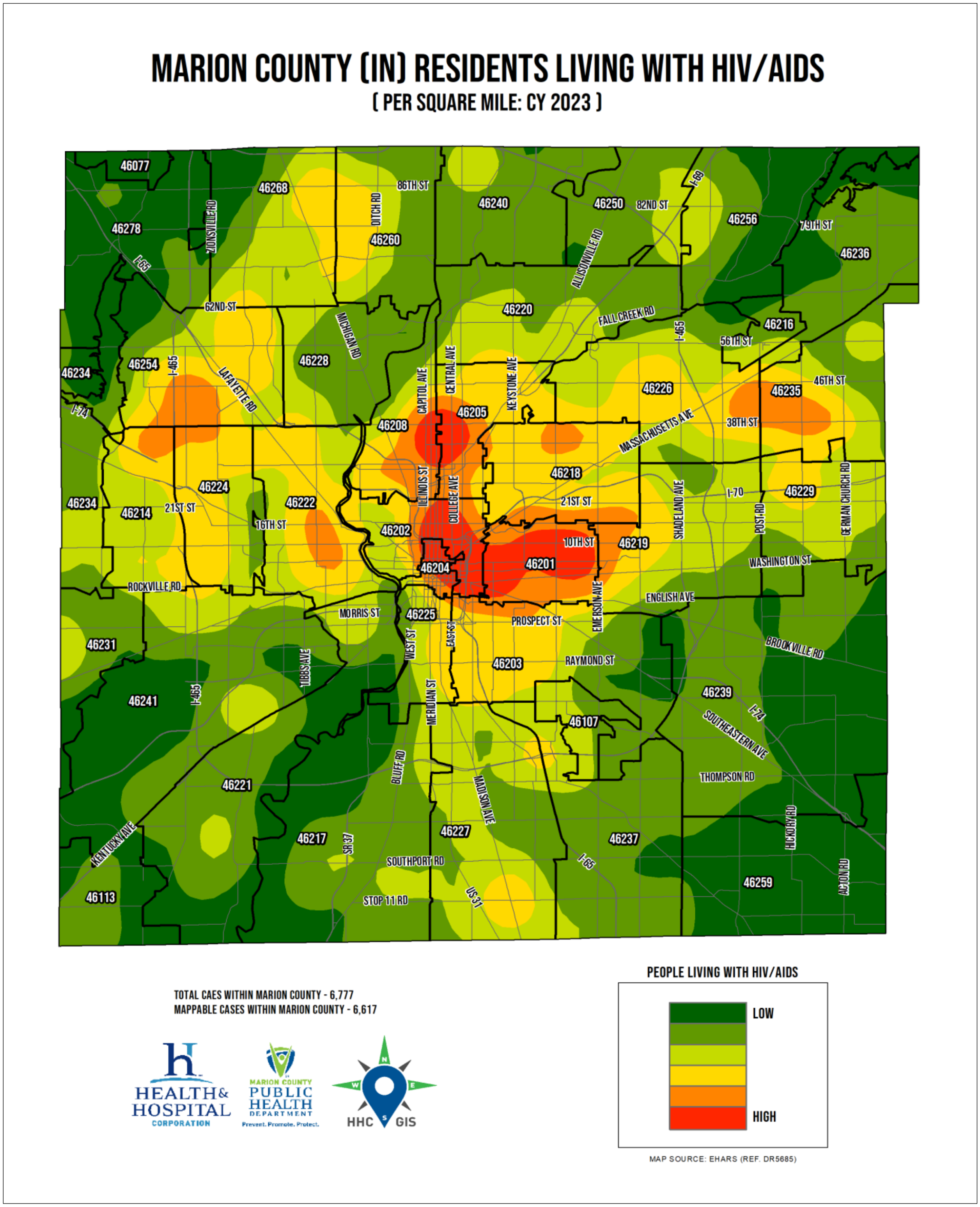


Figure 13: Marion County Residents Living with HIV/AIDS, 2022



Zip Codes with the highest prevalence: 46204, 46201, 46205, 46235, 46219, 46208

Figure 14: Marion County Residents Living with HV/AIDS, 2023



Zip Codes with the highest prevalence: 46204, 46201, 46205, 46208, 46219, 46235,

Figure 15: Geometric Mean of Most Recent Viral Load by TGA Zip Codes, 2022

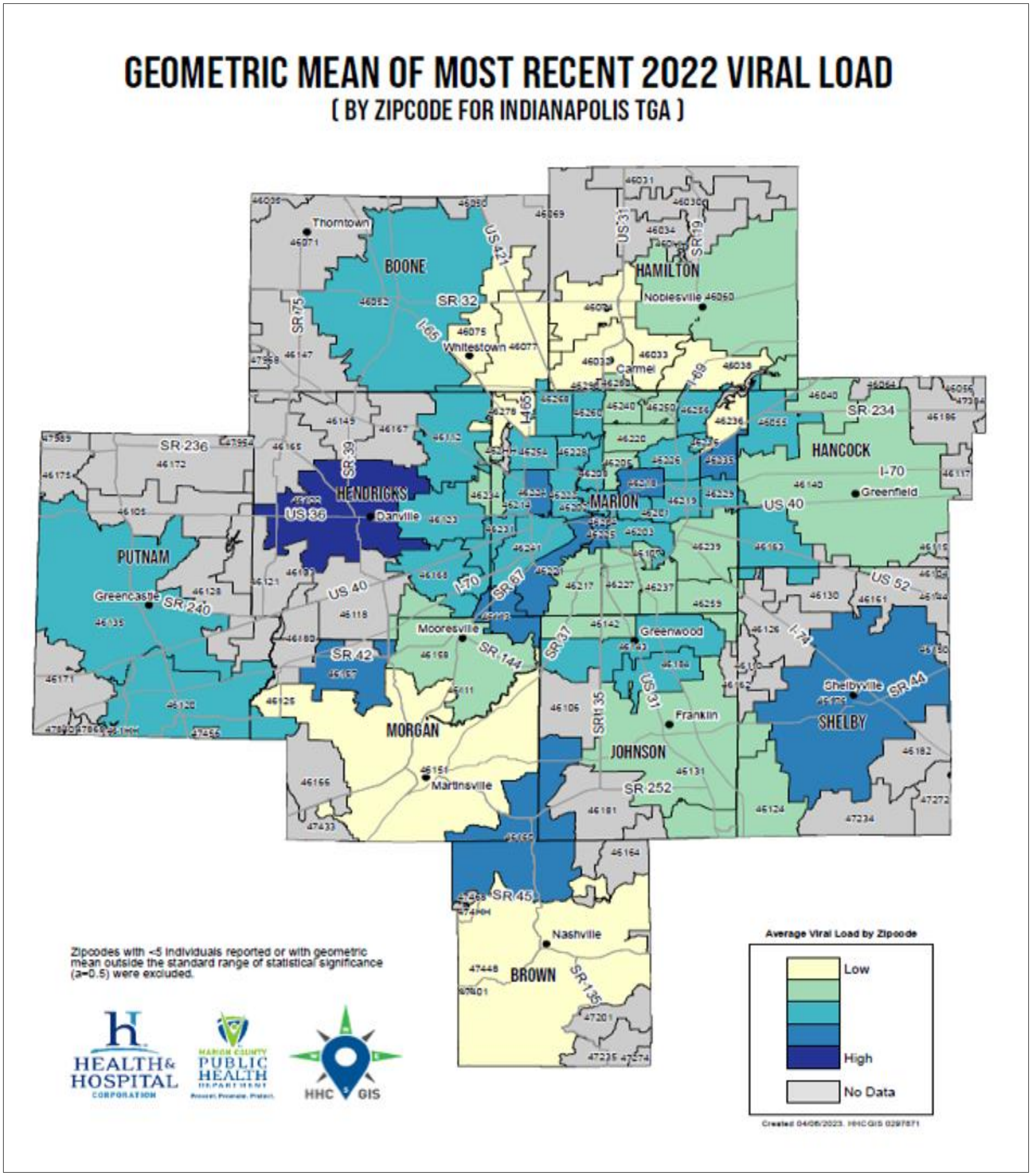


Figure 16: Geometric Mean of Most Recent Viral Load by TGA Zip Codes, 2023

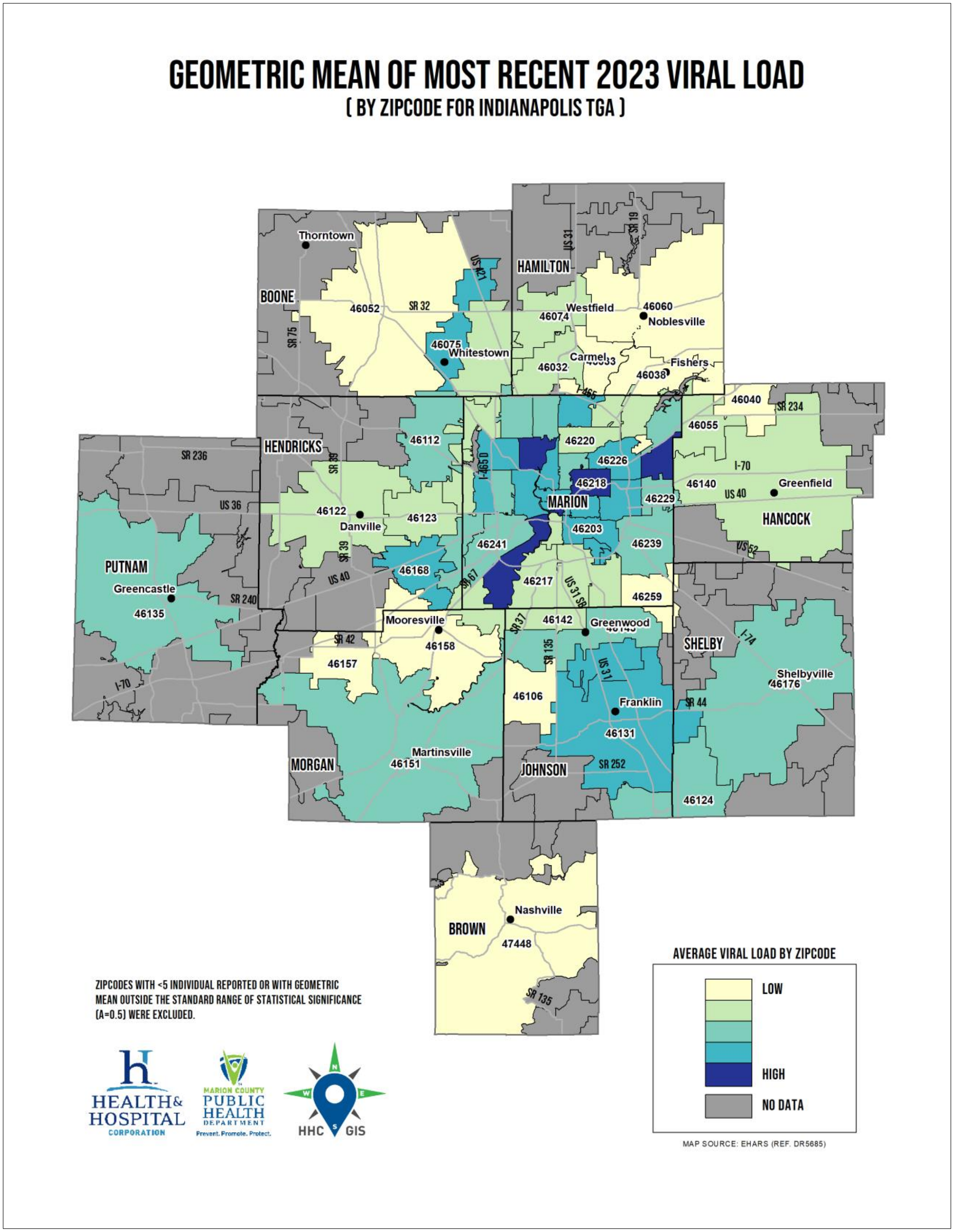
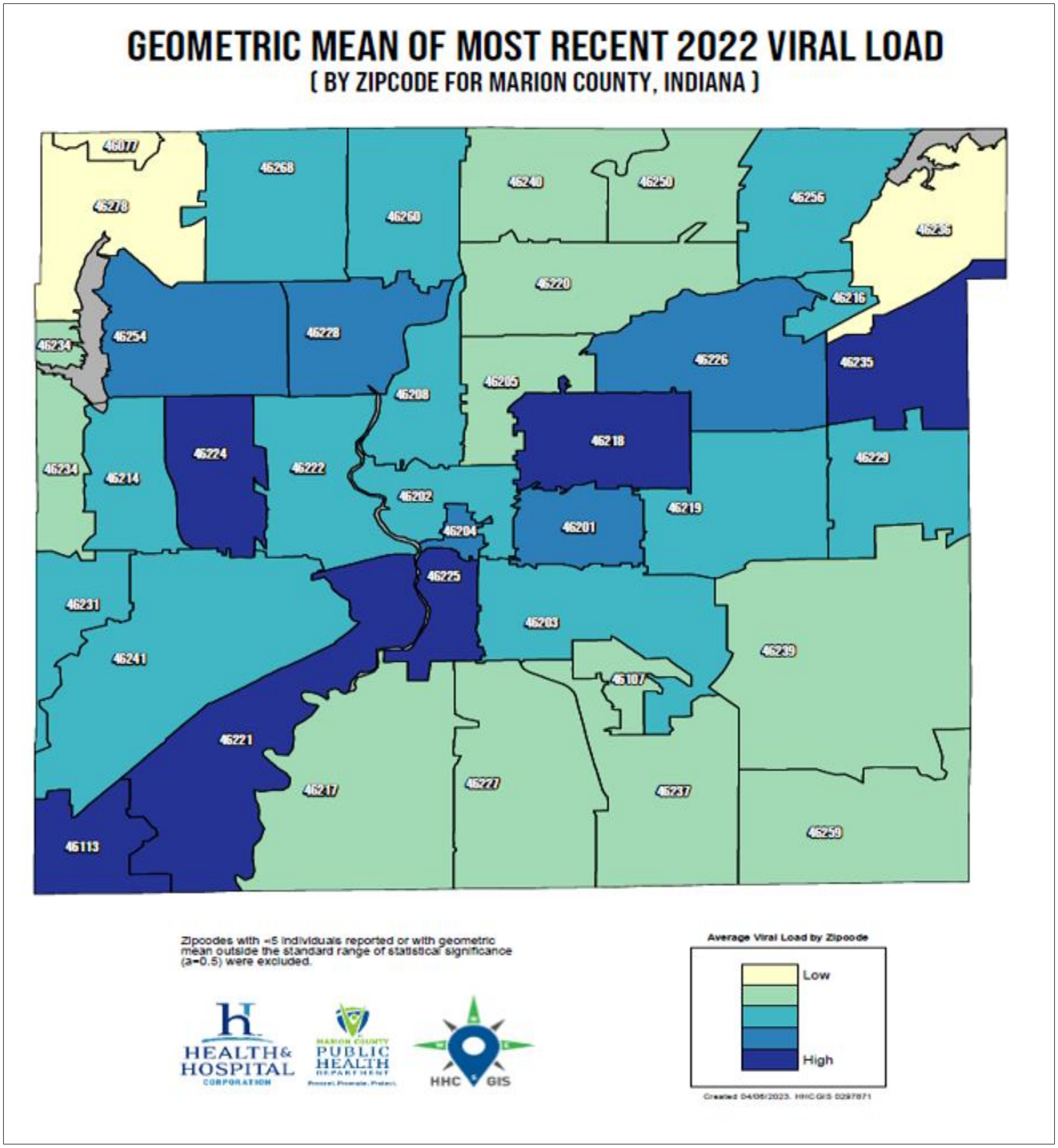
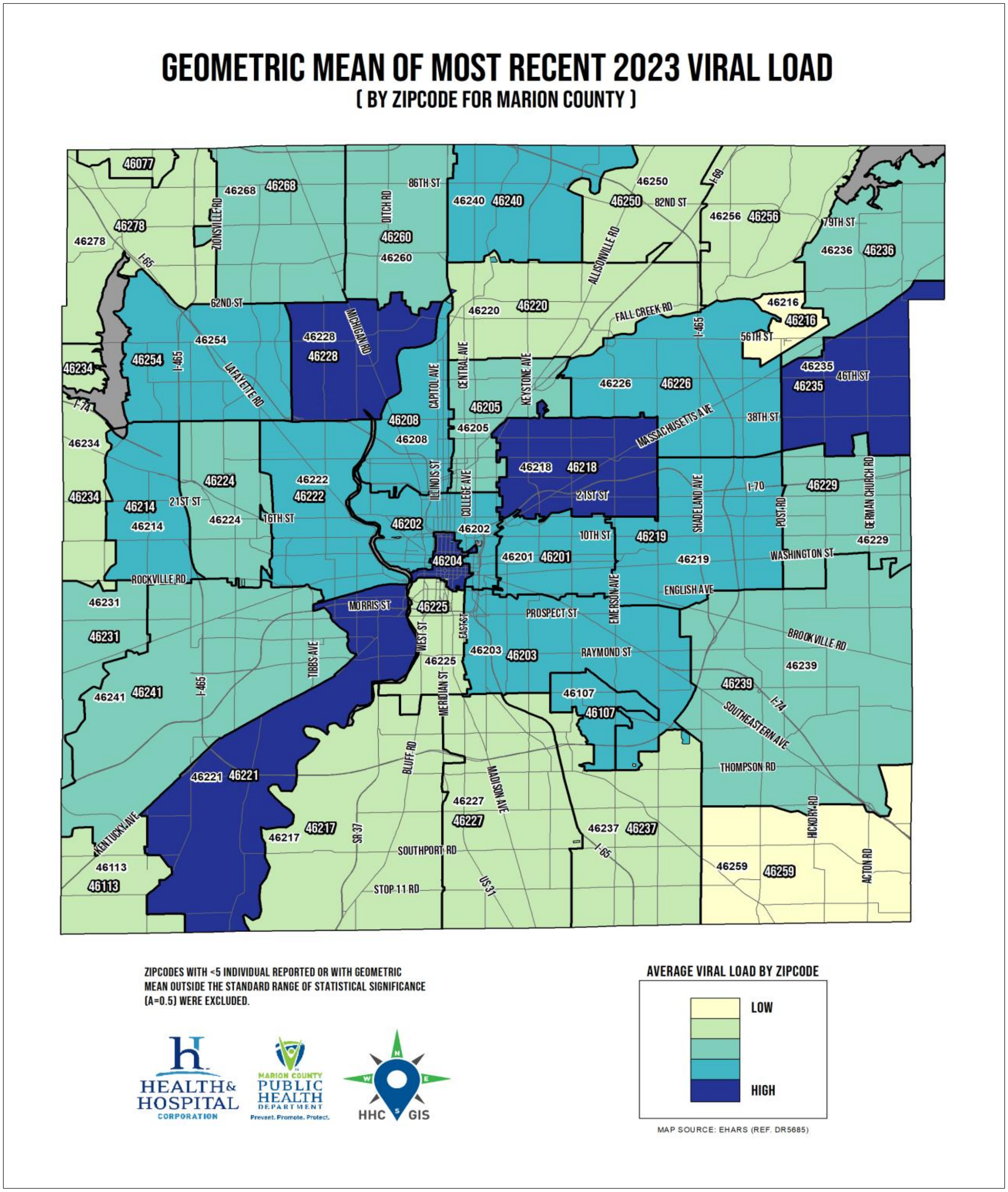


Figure 17: Geometric Mean of Most Recent Viral Load by Marion County Zip Codes, 2022



Zip Codes with the highest geometric mean: 46218, 46235, 46224, 46225, 46221, 46113

Figure 18: Geometric Mean of Most Recent Viral Load by Marion County Zip Codes, 2023



Zip Codes with the highest geometric mean: 46228, 46218, 46235, 46204, 46221

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