INDICATORS AT-A-GLANCE

INDICATOR **1**	Increase the percentage of people living with HIV who know their serostatus to at least **90 percent**.
INDICATOR **2**	Reduce the number of new diagnoses by at least **25 percent**.
INDICATOR **3**	Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least **10 percent**.
INDICATOR **4**	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least **85 percent**.
INDICATOR **5**	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least **90 percent**.
INDICATOR **6**	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **80 percent**.
INDICATOR **7**	Reduce the percentage of persons in HIV medical care who are homeless to no more than **5 percent**.
INDICATOR **8**	Reduce the death rate among persons with diagnosed HIV infection by at least **33 percent**.
INDICATOR **9**	Reduce disparities in the rate of new diagnoses by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
INDICATOR **10**	Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least **80 percent**.

REDUCING INCIDENCE, MEASURING DIAGNOSIS

Although HIV incidence estimates were used previously as an indicator for the Strategy to measure reductions in new infections, these estimates do not provide a timely and consistent way to monitor progress. The estimated number of new infections has changed, and likely will continue to change over time, due to changes in HIV testing technology and incidence estimation methods. These changes make it difficult to use these data as an indicator, to measure progress over time. In contrast, HIV diagnosis data as a way to monitor progress towards reducing new infections are published in a routine and standardized format and available for all States. Given these advantages, HIV diagnosis data are used for the indicator in this Update.

Using diagnosis data to track progress in reducing new HIV infections has some challenges. First, these data must be interpreted with consideration for trends in HIV testing, as changes in testing can lead to changes in diagnosis trends that are not related to trends in new infections. For example, if HIV diagnosis trends decrease in a particular population, evaluation is required to determine whether this decrease is due to fewer HIV tests being conducted or HIV tests being performed on persons at lower risk, versus an indication that new HIV infections are decreasing. Second, efforts to increase the percentage of people living with HIV who know their HIV status require an increase in diagnoses—meaning that, at least initially, achieving progress toward Indicator 1 may have a negative impact on progress toward Indicator 2. Over the longer term, diagnosing individuals who were previously undiagnosed will ultimately result in increased linkage to and retention in care and treatment, increased viral suppression, and decreased transmission to uninfected partners. This will reduce new infections, which will be reflected in a decrease in the number of new diagnoses.

Diagnosis data are used throughout this document to describe the burden of HIV and quantify disparities in populations and communities. These data are used to guide public health action at the Federal, State, and local levels.