



## **Highlights of Hawaii HIV/AIDS Epidemiology, 2017 and beyond Trends, Progress, and 2022 HIV Care Continuum**

### **Prepared for:**

Harm Reduction Services Branch  
Communicable Disease and Public Health Nursing Division  
Hawaii State Department of Health

### **Prepared by:**

Fenfang Li, PhD, MPH, Epidemiologist  
Communicable Disease and Public Health Nursing Division  
Hawaii State Department of Health

### **Contributors:**

Timothy McCormick, Chief, Harm Reduction Services Branch  
Diana Felton, MD, Chief, Communicable Disease and  
Public Health Nursing Division

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HIV Surveillance Programs  
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HIV Case Management Programs

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## EXECUTIVE SUMMARY

The national Ending the HIV Epidemic initiative set the overarching goal of a 90% reduction in new HIV infections in the United States by 2030.<sup>1</sup> The following indicators are used to monitor progress in achieving the national goals: 1) increase the percentage of people with diagnosed HIV who are linked to HIV medical care within one month of HIV diagnosis to at least 95% by 2025 and remain at 95% by 2030; and 2) increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95% by 2025 and remain at 95% by 2030.<sup>1</sup> To align with national goals, Hawaii published its local plan: Hawaii to Zero in 2021 which sets the following three bold objectives for 2030: zero new infections, zero deaths from HIV illness, and zero HIV related stigma.<sup>2</sup>

This year, in lieu of a full integrated epidemiological profile, this report will highlight progress on selected HIV care indicators as well as the 2022 HIV care continuum at the state and county level. Below are highlights from the analysis with details in the following pages:

- 1. Percentages of viral suppression** increased significantly from 73.3% in 2017 to 81.8% in 2022, higher than the national average at 65.1%<sup>3</sup> and surpassing the national 2020 target of 80%<sup>4</sup>, but still below the national 2030 goal of at least 95%.
- 2. Disparities were observed in viral suppression in 2022** with the following demographic groups not achieving the national 2020 benchmark of 80% in 2022 with a significant gap (below 75%): transgender people (68.4%), Blacks/African Americans (66.1%), persons 13-24 years old (66.7%), persons with HIV due to perinatal transmission (66.7%) and persons whose HIV risk factors were not reported or identified (68.5%).
- 3. HIV diagnosis:** after the largest drop in 2020, the total number of HIV diagnoses increased to 70 in 2021 and further increased to 81 in 2022. In 2023, the total number decreased to 59. However, data for 2023 is preliminary and possibly incomplete because it is based on a 6-month reporting delay.
- 4. Percentages of linkage to care** varied from year to year, e.g., 74.3% in 2021 and 84.0% in 2022, falling short of the national 2030 target of at least 95%.

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<sup>1</sup> Centers for Disease Control and Prevention. Ending the HIV Epidemic. Accessed on October 7, 2024, and available at <https://www.cdc.gov/ehe/php/about/goals.html>

<sup>2</sup> Hawaii to Zero: the Plan to End HIV in Hawaii. Accessed on October 8, 2024, and available at <https://health.hawaii.gov/harmreduction/files/2022/12/Hawaii-to-Zero-Plan-10.10.22.pdf>

<sup>3</sup> Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024;29(No. 2). Accessed on October 8, 2024, and available at <https://stacks.cdc.gov/view/cdc/156511>

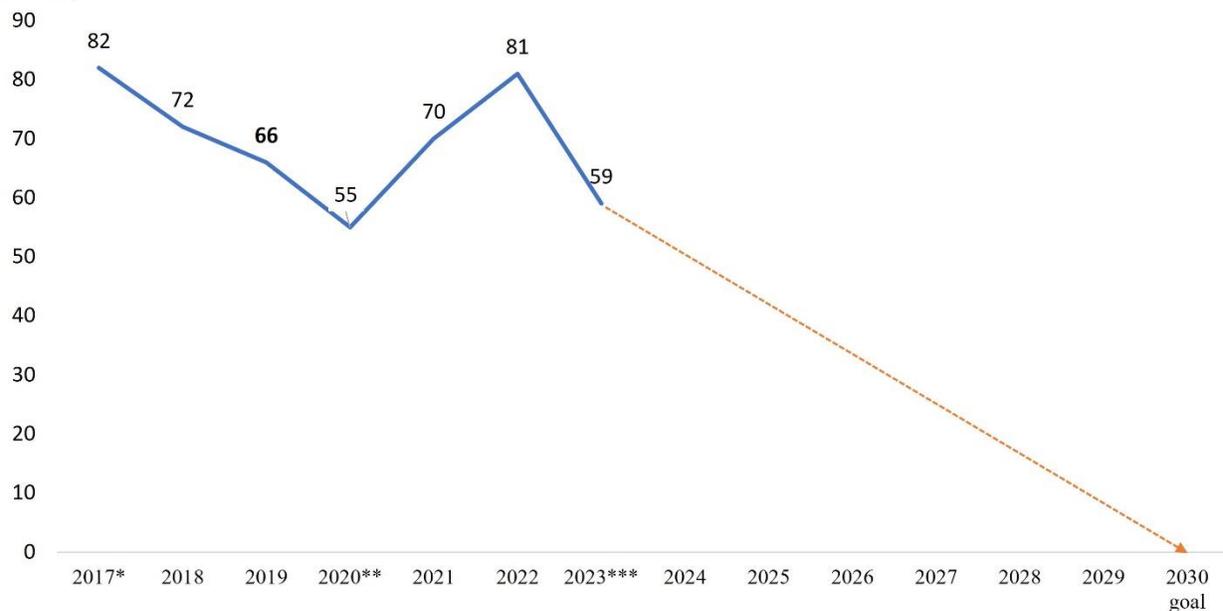
<sup>4</sup> Centers for Disease Control and Prevention. Division of HIV/AIDS Prevention strategic plan 2017-2020. Accessed on October 9, 2024, and available at <https://www.cdc.gov/hiv/pdf/dhap/cdc-hiv-dhap-external-strategic-plan.pdf>.

## The overall trend of HIV diagnosis

The total number of HIV diagnoses decreased from 82 in 2017 to 72 in 2018, equivalent to a 12.2% reduction. It then decreased to 66 in 2019, equivalent to an 8.3% reduction from 2018. In 2020, it had the largest drop, with the total number at 55. This is equivalent to a 16.7% decrease from 2019, larger than any previous annual decrease but likely influenced by the COVID 19 pandemic. In 2021, the total number increased to 70 and further increased to 81 in 2022, followed by a decrease to 59 in 2023. The increase in the number of HIV diagnoses post pandemic may be due to the identification and reporting of HIV diagnoses missed in 2020 because of disruptions in clinical care services and patient hesitancy in accessing clinical services during the height of the pandemic.<sup>1</sup>

Please be aware that only persons whose residence was in Hawaii at the time of HIV diagnosis were included in the count. Data for 2023 is preliminary and possibly incomplete because it is based on a 6-month reporting delay, instead of the minimum 12-month reporting delay. In addition, the total number of new diagnoses each year, are subject to change due to reporting delays, ongoing national deduplication work, and ongoing data cleaning.

**HIV diagnosis by year among Hawaii residents  
(Count)**



\* 2017 serves as the baseline year.

\*\* Due to COVID-19 pandemic, data for 2020 should be interpreted with caution.

\*\*\* Data for 2023 is preliminary because it is based on a 6-month reporting delay.

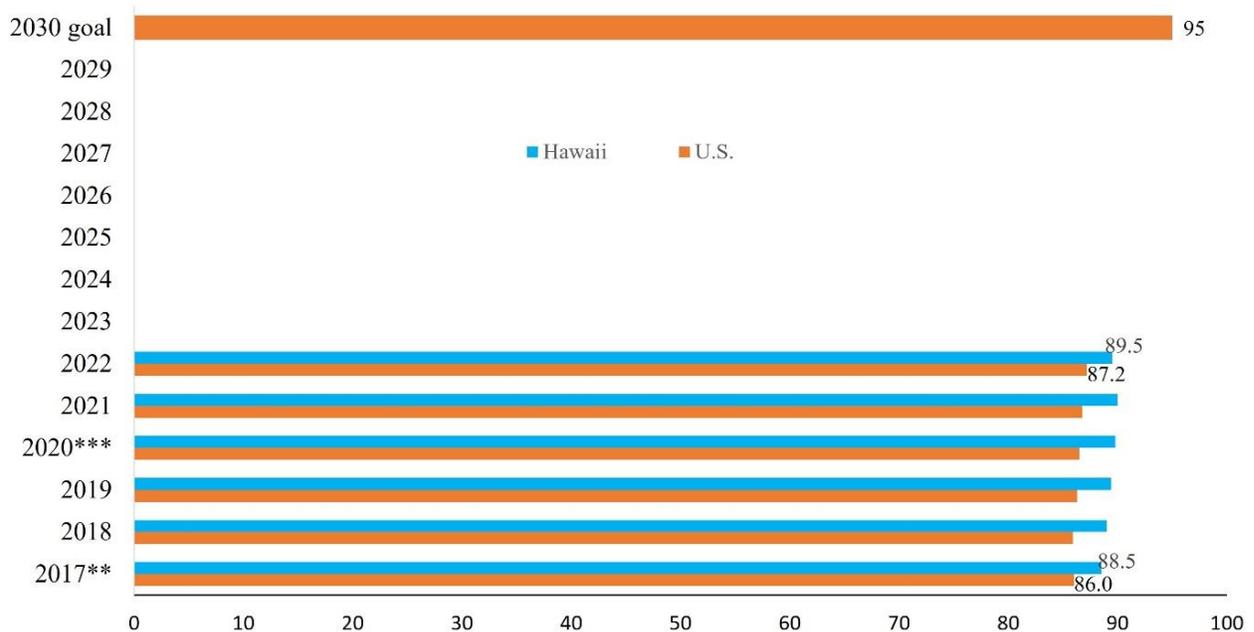
<sup>1</sup> Centers for Disease Control and Prevention. HIV Surveillance Report: Diagnoses, Deaths, and Prevalence of HIV in the United States and 6 Territories and Freely Associated States, 2022. Accessed on January 9th, 2024, and available at <https://stacks.cdc.gov/view/cdc/156509>

## Knowledge of HIV status

Knowledge of HIV status is estimated as percentages of persons with HIV who have received an HIV diagnosis. It is calculated by dividing the number of people living with diagnosed HIV over the estimated total number of people living with both diagnosed and undiagnosed HIV each year. CDC uses a CD4 depletion model to estimate the distribution of delay from infection to diagnosis and then to produce national and jurisdiction-level estimates of persons living with diagnosed or undiagnosed infection among adults and adolescents (persons aged  $\geq 13$  years).<sup>1</sup>

At the national level, the estimated percentages of people living with HIV who have received an HIV diagnosis increased slowly but significantly from 86.0% in 2017 to 87.2% in 2022 ( $P < .001$ ). For Hawaii, the percentage also increased, from 88.5% in 2017 to 89.5% in 2022 but the increase is not statistically significant ( $P = 0.14$ ). In 2022, the percentages for both the nation (87.2%) and Hawaii (89.5%) are below the national 2030 goal of at least 95%.<sup>2</sup>

Estimated percentage of people living with HIV who have received an HIV diagnosis\*



\* The national 2030 goal is to increase the percentage of HIV-positive individuals who are aware of their HIV status to at least 95%.

\*\* 2017 serves as the baseline year.

\*\*\* Due to COVID-19 pandemic, data for 2020-2022 should be interpreted with caution.

<sup>1</sup> Centers for Disease Control and Prevention. HIV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022. Accessed on October 14, 2024, and available at <https://stacks.cdc.gov/view/cdc/156513>

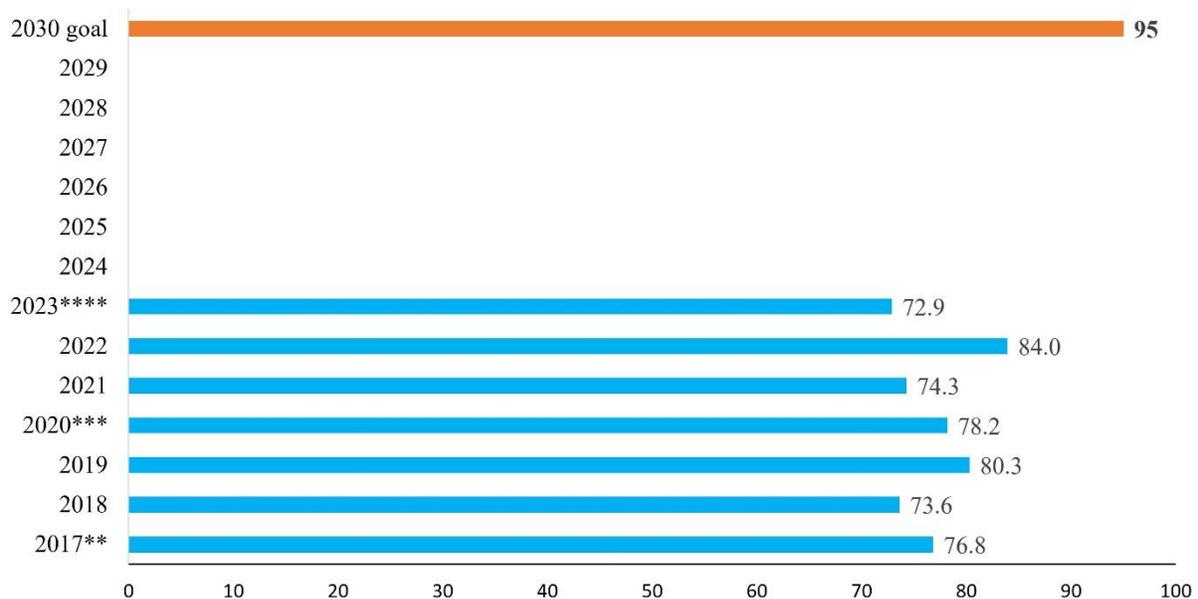
<sup>2</sup> Centers for Disease Control and Prevention. Ending the HIV Epidemic. Accessed on October 15, 2024, and available at <https://www.cdc.gov/ehe/php/about/goals.html>

## Linkage to HIV medical care within one month of HIV diagnosis

Linkage to HIV medical care within one month of HIV diagnosis is defined as documentation of at least one CD4 or viral load test performed within one month after HIV diagnosis, including tests performed on the same date as the date of HIV diagnosis.<sup>1</sup> Only data from persons  $\geq 13$  years and residing in Hawaii at the time of HIV diagnosis were included in the analysis.

Percentages of persons linked to HIV medical care within one month of HIV diagnosis varied from year to year in Hawaii. The percentage in 2022 was 84.0% and in 2023, 72.9%, far below the national 2030 target of at least 95%. However, data for 2023 is preliminary and possibly incomplete because it is based on a 6-month reporting delay, instead of the minimum 12-month reporting delay. As a state with a relatively small number of new cases each year, a few persons not linked to care can easily skew the percentage downward. Nevertheless, efforts should continue to quickly engage newly diagnosed people into HIV medical care to keep them healthy, achieve viral suppression, and limit the spread of HIV.<sup>2</sup>

Percentage of linkage to HIV medical care within one month of HIV diagnosis, Hawaii \*



\* Linkage to HIV medical care is defined as documentation of at least one CD4 or viral load test within one month of HIV diagnosis. The Hawaii to Zero goal is to increase the percentage of people linked to HIV medical care within one month of HIV diagnosis to at least 95% by 2030, which aligns with the national 2030 goal.

\*\* 2017 serves as the baseline year.

\*\*\* Due to COVID-19 pandemic, data for 2020 should be interpreted with caution.

\*\*\*\* Data for 2023 is preliminary because it is based on a 6-month reporting delay.

<sup>1</sup> CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2022. HIV Surveillance Supplemental Report 2024;29(2). Accessed on November 6, 2024, and available at <https://stacks.cdc.gov/view/cdc/156511>

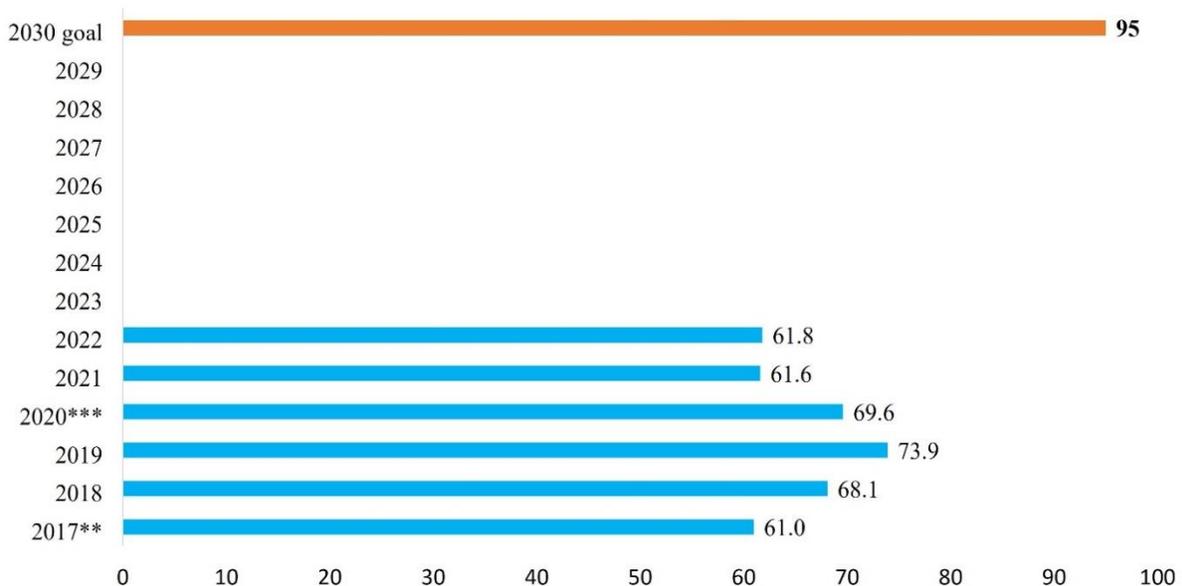
<sup>2</sup> Centers for Disease Control and Prevention. Ending the HIV Epidemic. Accessed on October 15, 2024, and available at <https://www.cdc.gov/ehe/php/about/goals.html>

## Viral suppression within 6 months of diagnosis

Viral suppression within 6 months of diagnosis is defined as a viral load result of < 200 copies/mL on any viral load test within 6 months of an HIV diagnosis.<sup>1</sup> Only data from persons ≥13 years and residing in Hawaii at the time of HIV diagnosis were included in the analysis.

Percentages of viral suppression ≤6 months of HIV diagnosis varied from year to year in Hawaii. In 2022, the percentage was 64.2%, lower than the national average of 68.7% in 2022<sup>1</sup> and well below the national 2030 target of at least 95%.<sup>2</sup> Data for 2023 is not reported because it is based on a 6-month reporting delay, instead of the minimum 12-month reporting delay and does not reflect the true percentage. This data will be presented with the 2025 update when data is more complete. As a state with a relatively small number of new cases each year, a few persons not achieving viral suppression within 6 months of HIV diagnosis can easily skew the percentage downward. Nevertheless, efforts should continue to be made to support people newly diagnosed with HIV to quickly initiate and be successful on HIV treatment. Achieving viral suppression rapidly maintains the individual's health and prevents transmission of HIV.<sup>1</sup>

Percentage of viral suppression ≤ 6 months of HIV diagnosis \*



\* Viral suppression ≤6 months of HIV diagnosis is defined as a viral load result of <200 copies/mL at any viral load test within 6 months of an HIV diagnosis. The Hawaii to Zero goal is to increase the percentage of people achieving a suppressed viral load ≤6 months of HIV diagnosis to at least 95% by 2030, which aligns with the national 2030 goal.

\*\* 2017 serves as the baseline year.

\*\*\* Due to COVID-19 pandemic, data for 2020 should be interpreted with caution.

\*\*\*\* Data for 2022 is preliminary because it is based on a 6-month reporting delay.

<sup>1</sup> CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2022. HIV Surveillance Supplemental Report 2024;29(2). Accessed on November 7, 2024, and available at <https://stacks.cdc.gov/view/cdc/156511>

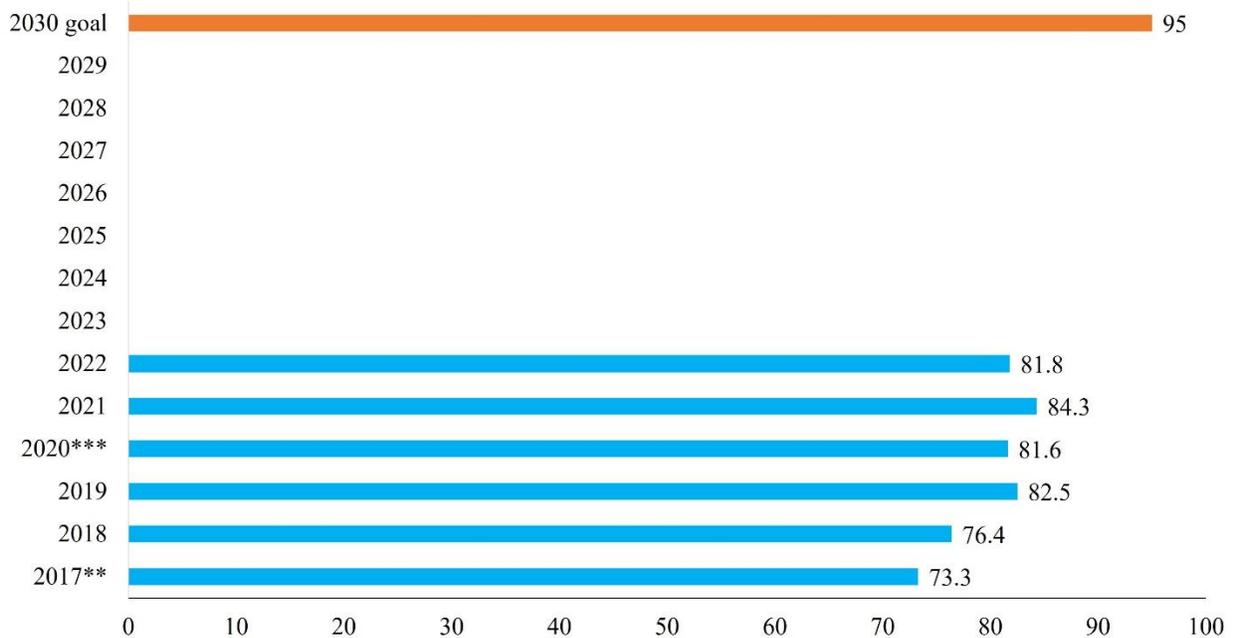
<sup>2</sup> Centers for Disease Control and Prevention. Ending the HIV Epidemic. Accessed on October 15, 2024, and available at <https://www.cdc.gov/ehe/php/about/goals.html>

## Overall viral suppression

Overall viral suppression in the population is expressed as the percentage of people who are virally suppressed (defined as a viral load result of < 200 copies/mL at the most recent viral load test in the year of measurement) among people who are at least 13 years old, with HIV infection diagnosed prior to the measurement year, and residing in Hawaii at the end of the measurement year. Increasing the percentage of people with diagnosed HIV infection who are virally suppressed to at least 95% by 2030 is a goal set by the nation <sup>1</sup> and Hawaii to Zero.<sup>2</sup>

Statewide, the percentage of viral suppression increased significantly from 73.3% in 2017 to 81.8% in 2022 ( $P<.001$ ), much higher than the national average of 65.1% <sup>3</sup> but still far from the 2030 goal of at least 95%.

### Percentage of viral suppression by year, Hawaii \*



\* Viral suppression is defined as a viral load result of < 200 copies/mL at the most recent viral load test in the year of measurement. The Hawaii to Zero goal is to **increase** the percentage of viral suppression to **at least 95%** by 2030, which aligns with the national 2030 goal.

\*\* 2017 serves as the baseline year.

\*\*\* Due to COVID-19 pandemic, data for 2020 should be interpreted with caution.

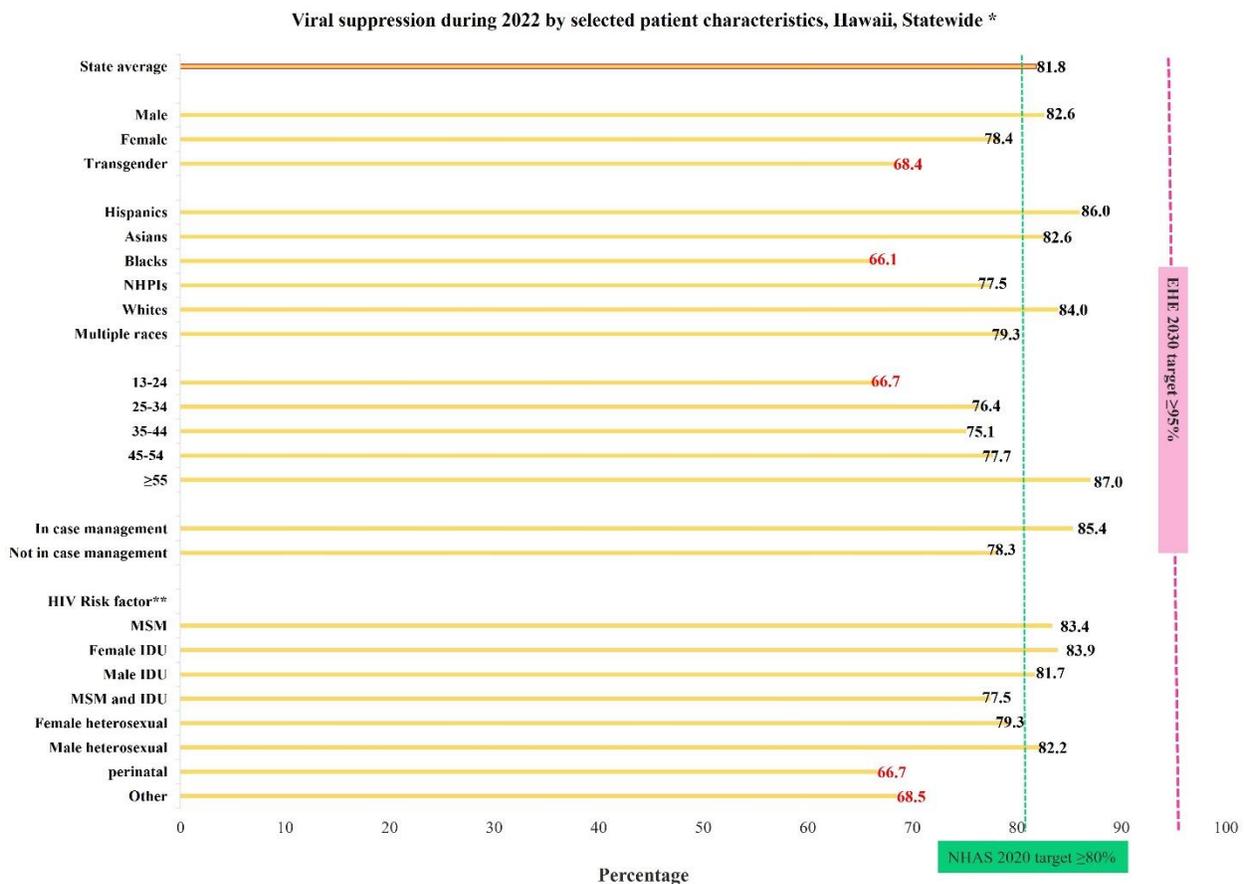
<sup>1</sup> Centers for Disease Control and Prevention. Ending the HIV Epidemic. Accessed on November 7, 2024, and available at <https://www.cdc.gov/ehe/php/about/goals.html>

<sup>2</sup> Hawaii to Zero: the Plan to End HIV in Hawaii. Accessed on October 15, 2024, and available at <https://health.hawaii.gov/harmreduction/files/2022/12/Hawaii-to-Zero-Plan-10.10.22.pdf>

<sup>3</sup> Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2022. HIV Surveillance Supplemental Report 2024;29(2). Accessed on October 7, 2024, and available at <https://stacks.cdc.gov/view/cdc/156511>

## Disparities in viral suppression

Statewide, Hawaii is doing very well in achieving overall viral suppression among people living with HIV, with a percentage of 81.8% in 2022, much higher than the national average at 65.1%<sup>1</sup> and surpassing the national 2020 benchmark of 80%.<sup>2</sup> However, disparities were observed, with the following demographic groups not achieving the national 2020 benchmark of 80% in 2022 with a significant gap (below 75%): transgender people (68.4%), Blacks/African Americans (66.1%), persons 13-24 years old (66.7%), persons with HIV due to perinatal transmission (66.7%) and persons whose HIV risk factors were not reported or identified (68.5%).



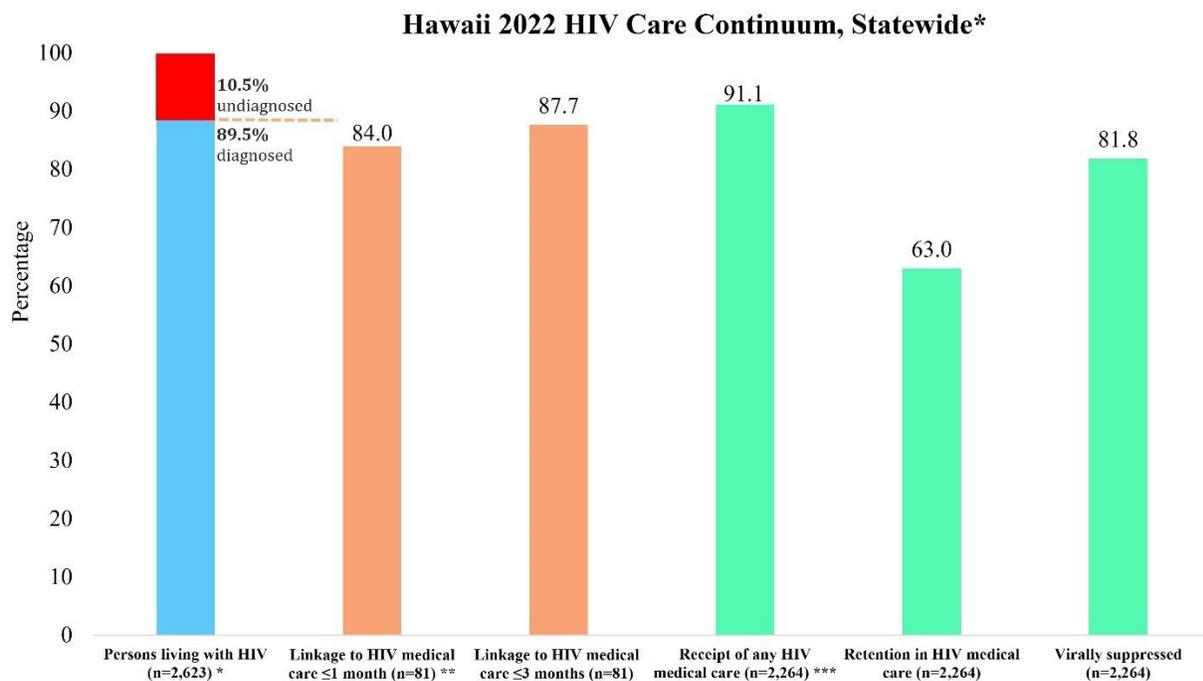
\* Viral suppression is defined as a viral load result of < 200 copies/mL at the most recent viral load test in the year of measurement. It is based on persons who reside in Hawaii in the year measurement, who are ≤13 years old and with HIV diagnosed prior to the year of measurement. The Hawaii to Zero goal is to **increase** the percentage of viral suppression to **at least 95%** by 2030, which aligns with the national 2030 goal. EHE: Ending the HIV Epidemic; NHAS: National HIV/AIDS Strategy.  
 \*\* MSM: male-to-male sexual contact; IDU: injection drug use; Heterosexual contact: referring to heterosexual contact with a person known to have, or with a risk factor for, HIV infection; Other: referring to all other risk factors (e.g., blood transfusion, hemophilia) or risk factor not reported or not identified.

<sup>1</sup> Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. HIV Surveillance Supplemental Report 2023;28(4). Accessed on October 8, 2024, and available at <https://stacks.cdc.gov/view/cdc/156511>

<sup>2</sup> Centers for Disease Control and Prevention. Division of HIV/AIDS Prevention strategic plan 2017-2020. Accessed on November 7, 2024, and available at <https://www.cdc.gov/hiv/pdf/dhap/cdc-hiv-dhap-external-strategic-plan.pdf>.

## Hawaii 2022 HIV Care Continuum, Statewide

HIV care continuum is a public health model which outlines the steps people living with HIV go through from diagnosis to achieving viral suppression.<sup>1</sup> It presents data on six HIV care indicators based on three different populations as delineated in the following figure. Definitions for the six indicators and how each of those indicators is measured can be found in CDC’s “Monitoring selected national HIV prevention and care objectives by using HIV surveillance data — United States and six dependent areas, 2022”.<sup>1</sup> Definitions for each indicator are also described in the footnotes to each of the HIV care continuum figures below. The data have been stratified by county to create an HIV care continuum for each county.



\* HIV care continuum is a public health model which outlines the steps people with HIV go through from diagnosis to achieving viral suppression. HIV care continuum presents data on a total of 6 HIV care indicators from three different populations as delineated in the following.

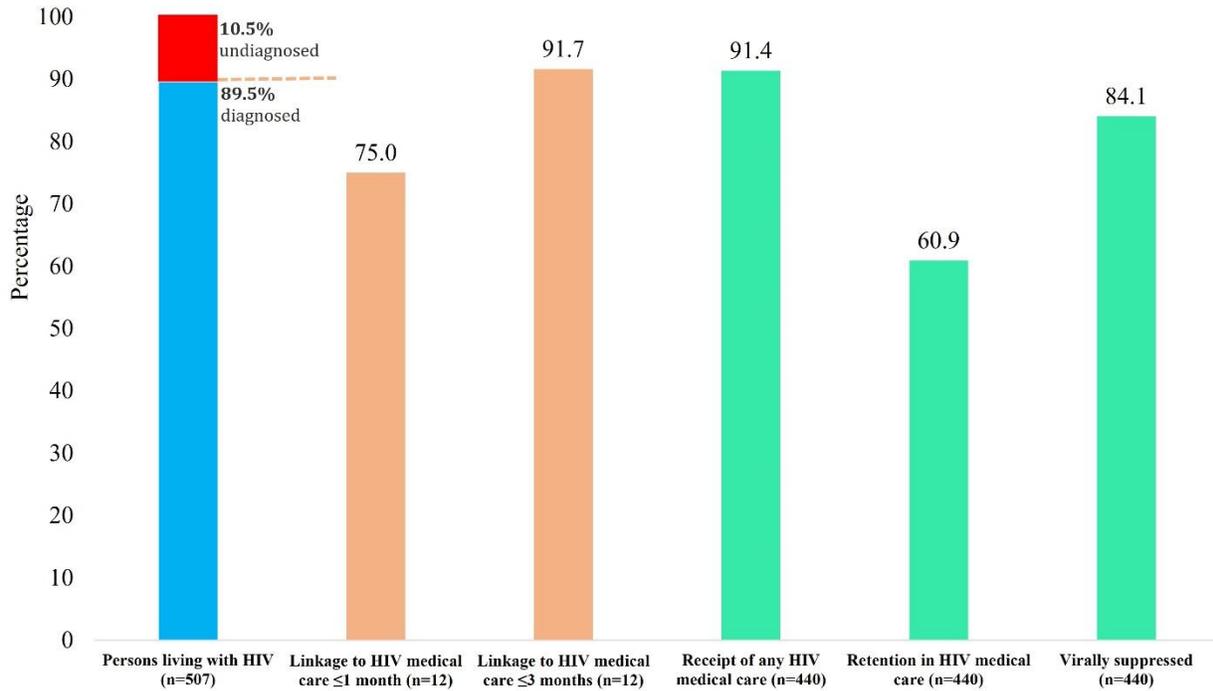
\*\* The first bar in blue, refers to the estimated number of persons living with HIV and the percentage of persons living with undiagnosed or diagnosed HIV. CDC estimated that in 2022 in Hawaii, the percentage of people living with undiagnosed HIV infection was 10.5%, about 1 in 9, slightly below the national average at 12.8%. Based on this percentage, we estimated there were a total of 2,623 persons living with HIV in Hawaii in 2022, of whom 2,348 (89.5%) were living with diagnosed HIV and another 275 (10.5%) were living with undiagnosed HIV.

\*\*\* The second and third bars in orange refer to linkage to HIV medical care among persons newly diagnosed with HIV. Linkage to HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test results within 1 month or 3 months of HIV diagnosis. In 2022, a total of 81 persons were diagnosed with HIV infection in Hawaii, of whom 84.0% were linked to HIV medical care within one month and 87.7% within three months of HIV diagnosis.

\*\*\*\* The last three bars in green refer to receipt of HIV medical care, retention in HIV medical care and viral suppression among persons with HIV diagnosed before 2022, aged 13 years or older before 2022 and resided in Hawaii at year-end 2022. Receipt of any HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test in the year of measurement. Retention of HIV medical care is defined as documentation of  $\geq 2$  CD4 or viral load tests performed at least 3 months apart in the year of measurement. Viral suppression is defined as the latest viral load test in the year of measurement with a result of  $< 200$  copies/ml. In 2022, a total of 2,264 persons were included in Hawaii, of whom 91.1% received any HIV medical care, 63.0% were retained in HIV medical care, and 81.8% were virally suppressed.

<sup>1</sup> Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. HIV Surveillance Supplemental Report 2023;28(4). Accessed on October 8, 2024, and available at <https://stacks.cdc.gov/view/cdc/156511>

### Hawaii County 2022 HIV Care Continuum\*



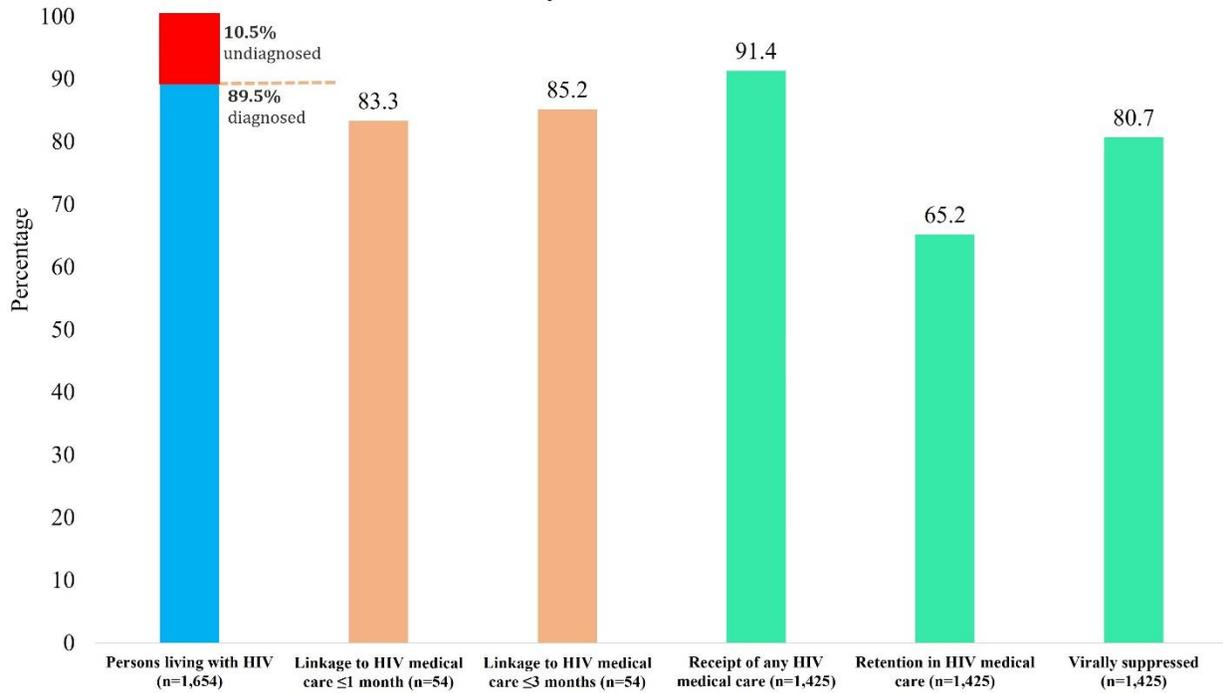
\* HIV care continuum is a public health model which outlines the steps people with HIV go through from diagnosis to achieving viral suppression. HIV care continuum presents data on a total of 6 HIV care indicators from three different populations as delineated in the following.

\*\* The first bar in blue, refers to the estimated number of persons living with HIV and the percentage of persons living with undiagnosed or diagnosed HIV. CDC estimated that in 2022 in Hawaii, the percentage of people living with undiagnosed HIV infection was 10.5%, about 1 in 9, slightly below the national average at 12.8%. Based on this percentage, we estimated there were a total of 507 persons living with HIV in Hawaii County in 2022, of whom 454 (89.5%) were living with diagnosed HIV and 53 (10.5%) were living with undiagnosed HIV.

\*\*\* The second and third bars in orange refer to linkage to HIV medical care among persons newly diagnosed with HIV. Linkage to HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test results within 1 month or 3 months of HIV diagnosis.<sup>3</sup> In 2022, a total of 12 persons were diagnosed with HIV infection in Hawaii County, of whom 75.0% were linked to HIV medical care within one month and 91.7% within three months of HIV diagnosis.

\*\*\*\* The last three bars in green refer to receipt of HIV medical care, retention in HIV medical care and viral suppression among persons with HIV diagnosed before 2022, aged 13 years or older before 2022 and resided in Hawaii County at year-end 2022. Receipt of any HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test in the year of measurement. Retention of HIV medical care is defined as documentation of  $\geq 2$  CD4 or viral load tests performed at least 3 months apart in the year of measurement. Viral suppression is defined as the latest viral load test in the year of measurement with a result of  $< 200$  copies/ml. In 2022, a total of 440 persons were included in Hawaii County, of whom 91.4% received any HIV medical care, 60.9% were retained in HIV medical care, and 84.1% were virally suppressed.

### Honolulu County 2022 HIV Care Continuum\*



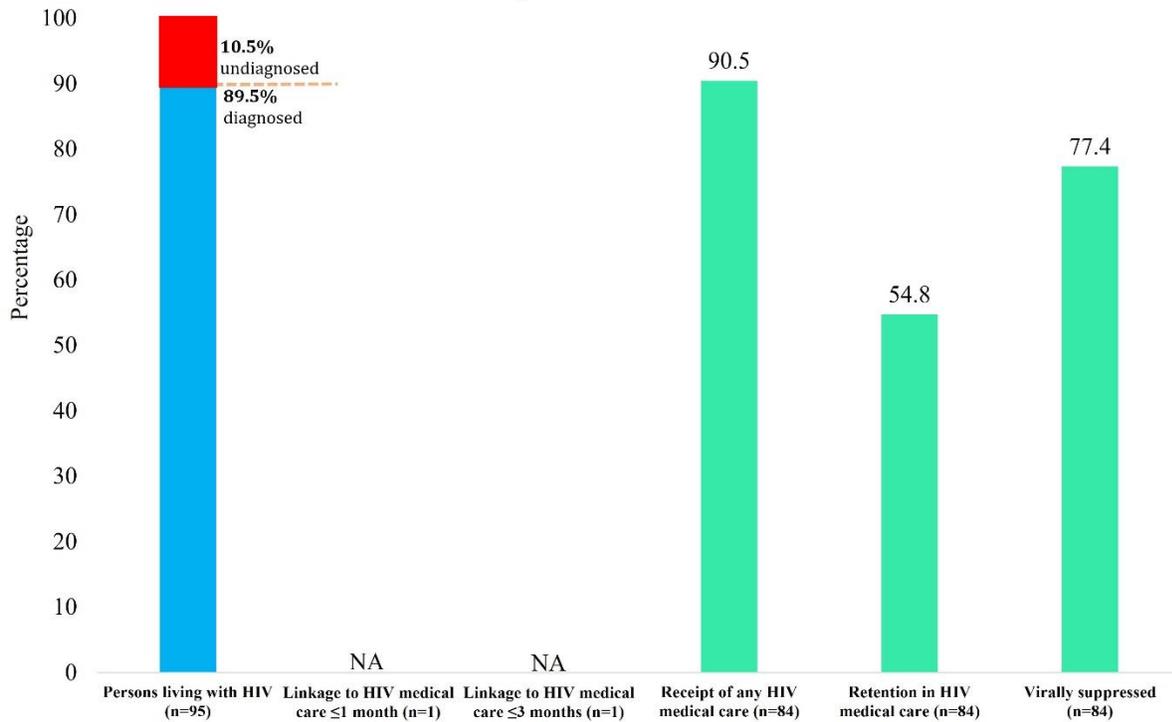
\* HIV care continuum is a public health model which outlines the steps people with HIV go through from diagnosis to achieving viral suppression. HIV care continuum presents data on a total of 6 HIV care indicators from three different populations as delineated in the following.

\*\* The first bar in blue, refers to the estimated number of persons living with HIV and the percentage of persons living with undiagnosed or diagnosed HIV. CDC estimated that in 2022 in Hawaii, the percentage of people living with undiagnosed HIV infection was 10.5%, about 1 in 9, slightly below the national average at 12.8%. Based on this percentage, we estimated there were a total of 1,654 persons living with HIV in Honolulu County in 2022, of whom 1,480 (89.5%) were living with diagnosed HIV and 174 (10.5%) were living with undiagnosed HIV.

\*\*\* The second and third bars in orange refer to linkage to HIV medical care among persons newly diagnosed with HIV. Linkage to HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test results within 1 month or 3 months of HIV diagnosis. In 2022, a total of 54 persons were diagnosed with HIV infection in Honolulu County, of whom 83.3% were linked to HIV medical care within one month and 85.2% within three months of HIV diagnosis.

\*\*\*\* The last three bars in green refer to receipt of HIV medical care, retention in HIV medical care and viral suppression among persons with HIV diagnosed before 2022, aged 13 years or older before 2022 and resided in Honolulu County at year-end 2022. Receipt of any HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test in the year of measurement. Retention of HIV medical care is defined as documentation of  $\geq 2$  CD4 or viral load tests performed at least 3 months apart in the year of measurement. Viral suppression is defined as the latest viral load test in the year of measurement with a result of  $< 200$  copies/ml. In 2022, a total of 1,425 persons were included in Honolulu County, of whom 91.4% received any HIV medical care, 65.2% were retained in HIV medical care, and 80.7% were virally suppressed.

### Kauai County 2022 HIV Care Continuum\*



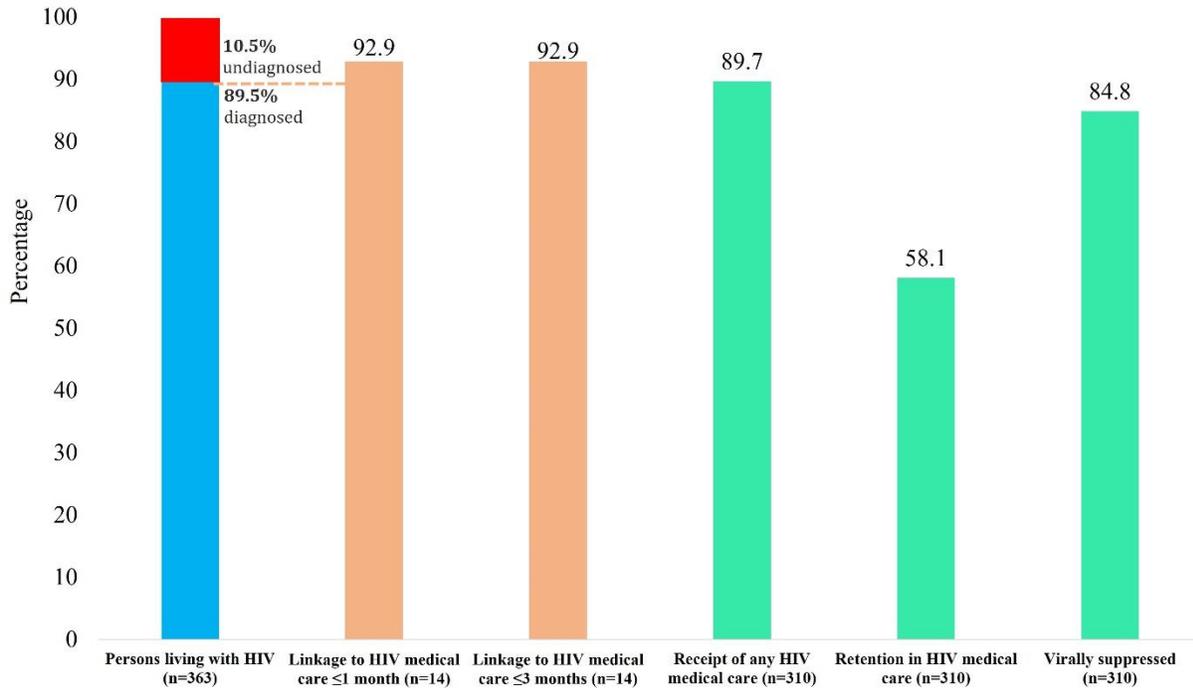
\* HIV care continuum is a public health model which outlines the steps people with HIV go through from diagnosis to achieving viral suppression. HIV care continuum presents data on a total of 6 HIV care indicators from three different populations as delineated in the following.

\*\* The first bar in blue, refers to the estimated number of persons living with HIV and the percentage of persons living with undiagnosed or diagnosed HIV. CDC estimated that in 2021 in Hawaii, the percentage of people living with undiagnosed HIV infection was 10.5%, about 1 in 9, slightly below the national average at 12.8%. Based on this percentage, we estimated there were a total of 95 persons living with HIV in Kauai County in 2022, of whom 85 (89.5%) were living with diagnosed HIV and 10 (10.5%) were living with undiagnosed HIV.

\*\*\* The second and third bars present data on linkage to HIV medical care among persons newly diagnosed with HIV. Linkage to HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test results within 1 month or 3 months of HIV diagnosis.<sup>3</sup> In 2022, there was one person diagnosed with HIV infection in Kauai County. NA: not applicable.

\*\*\*\* The last three bars in green refer to receipt of HIV medical care, retention in HIV medical care and viral suppression among persons with HIV diagnosed before 2022, aged 13 years or older before 2022 and resided in Kauai County at year-end 2022. Receipt of any HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test in the year of measurement. Retention of HIV medical care is defined as documentation of  $\geq 2$  CD4 or viral load tests performed at least 3 months apart in the year of measurement. Viral suppression is defined as the latest viral load test in the year of measurement with a result of  $< 200$  copies/ml. In 2022, a total of 84 persons were included in Kauai County, of whom 90.5% received any HIV medical care, 54.8% were retained in HIV medical care, and 77.4% were virally suppressed.

### Maui County 2022 HIV Care Continuum\*



\* HIV care continuum is a public health model which outlines the steps people with HIV go through from diagnosis to achieving viral suppression. HIV care continuum presents data on a total of 6 HIV care indicators from three different populations as delineated in the following.

\*\* The first bar in blue, refers to the estimated number of persons living with HIV and the percentage of persons living with undiagnosed or diagnosed HIV. CDC estimated that in 2022 in Hawaii, the percentage of people living with undiagnosed HIV infection was 10.5%, about 1 in 9, slightly below the national average at 12.8%. Based on this percentage, we estimated there were a total of 363 persons living with HIV in Maui County in 2022, of whom 325 (89.5%) were living with diagnosed HIV and 38 (10.5%) were living with undiagnosed HIV.

\*\*\* The second and third bars in orange refer to linkage to HIV medical care among persons newly diagnosed with HIV. Linkage to HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test results within 1 month or 3 months of HIV diagnosis. In 2022, a total of 14 persons were diagnosed with HIV infection in Maui County, of whom 92.9% were linked to HIV medical care within one month and 92.9% within three months of HIV diagnosis.

\*\*\*\* The last three bars in green refer to receipt of HIV medical care, retention in HIV medical care and viral suppression among persons with HIV diagnosed before 2022, aged 13 years or older before 2022 and resided in Maui County at year-end 2022. Receipt of any HIV medical care is defined as documentation of  $\geq 1$  CD4 or viral load test in the year of measurement. Retention of HIV medical care is defined as documentation of  $\geq 2$  CD4 or viral load tests performed at least 3 months apart in the year of measurement. Viral suppression is defined as the latest viral load test in the year of measurement with a result of  $< 200$  copies/ml. In 2022, a total of 310 persons were included in Maui County, of whom 89.7% received any HIV medical care, 58.1% were retained in HIV medical care, and 84.8% were virally suppressed.