Glossary of Terms

Adjusted (HIV) data: CDC statistically adjusts transmission category data by using multiple imputation techniques to account for missing transmission category information in cases reported to CDC. More information on multiple imputation can be found at: HIV Surveillance Report Volume 35.

Age and Age Groups: The specific age groups available vary by indicator and combination of indicators. STI and TB surveillance data include all ages. The 12 National HIV Surveillance System (NHSS) indicators include persons aged ≥13 years. For PrEP coverage and number of persons prescribed, data are reported for persons ≥16 years. For the CDC Medical Monitoring Project (MMP) indicators, estimates are reported for persons aged ≥18 years with diagnosed HIV. Within the total ages represented by indicator, 5-year or 10-year age groups are available. In the NCHHSTP AtlasPlus, age groups are used to ensure data security and confidentiality.

AIDS (also known as HIV disease classified as stage 3 (AIDS)): acquired immunodeficiency syndrome (AIDS) is the most severe stage of HIV disease. Because of the damage caused to the immune system, people with a stage 3 (AIDS) classification can get an increasing number of severe illnesses, called opportunistic illnesses. Without treatment, people with a stage 3 (AIDS) classification typically survive about 3 years. People with HIV receive a stage 3 classification if their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with a stage 3 (AIDS) classification can have a high viral load and may easily transmit HIV to others (also see: HIV) compared to people with a suppressed viral load for which the occurrence of sexual transmission of HIV is unlikely.

Cases refers to the number of new cases of disease in a defined population over a specific time period (also see: Rates). For PrEP coverage and number of persons prescribed, 'case' is used to provide data on number of persons aged ≥16 years classified as having been prescribed PrEP. For more information, please see the FAQs.

Chlamydia: is a sexually transmitted infection (STI) caused by *Chlamydia trachomatis*. Infections can occur in the genitals, rectum, and throat. It is a very common infection, especially among young women aged 15–24 years. Chlamydia is transmitted by having vaginal, anal, or oral sex with someone who has chlamydia. A pregnant woman with chlamydia can give the infection to her baby during childbirth. Chlamydia is easily cured with antibiotics but if left untreated, it can lead to serious health problems, such as pelvic inflammatory disease. Testing for chlamydia is recommended once a year in all sexually active women aged ≤25 years and in women >25 with risk factors for infection, such as multiple sex partners or not using condoms.

Confidence Interval (CI): these represent the range in which the population value is likely to be. They are computed using the estimate of the population value and the associated standard error. Estimates from MMP are weighted to account for complex survey methodology and are associated with 95% confidence intervals.

Country of Birth: Persons born in the United States, certain U.S. territories, or elsewhere to at least one U.S. citizen parent are categorized as U.S.-born. U.S. territories and freely associated states include

American Samoa, Guam, Midway Island, the Commonwealth of the Northern Mariana Islands, Puerto Rico, the Republic of Palau, the U.S. Virgin Islands, and U.S. minor and outlying Pacific islands. All other persons are categorized as non-U.S.–born.

Denominator data: the population size used to calculate a rate (in a fraction, it's the bottom number). The population denominators used to compute these rates (except for linkage to HIV care and PrEP coverage) were based on population data from the U.S. Census Bureau. Each rate was calculated by dividing the total number of cases (or deaths or prevalence) for the calendar year by the size of the population for that calendar year and then multiplying the number by 100,000. For PrEP coverage, the denominator is defined as the estimated number of persons with indications for PrEP. For linkage to HIV care, the denominator is defined as the number of cases diagnosed during the year queried. Denominators are not presented for MMP data.

EHE jurisdictions (Ending the HIV Epidemic jurisdictions): To accelerate action to end the HIV epidemic, the U.S. Department of Health and Human Services (HHS) has proposed a plan to reduce new HIV infections in the United States. The Ending the HIV Epidemic in the U.S. (EHE) initiative, Phase I, will implement high-impact HIV prevention, care, treatment, and outbreak response strategies in 48 counties, the District of Columbia, San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden. The goal of the initiative is to reduce new HIV infections by 75% in 5 years, and by 90% in 10 years.

For more information, including the EHE Phase I jurisdictions, see About Ending the HIV Epidemic Initiative | CDC.

Geography: The NCHHSTP AtlasPlus contains data at the national, state, US territories and freely associated states, regional, metropolitan statistical area (MSA), and county levels. The disease/indicator selected will determine the geography available (see table). Data at the state, MSA, or county levels, for both cases and rates, may be suppressed to protect against a situation in which a person could potentially be identified (e.g., a small number of cases) or may be suppressed due to issues with reliability of estimates. Where feasible, state-level data are aggregated to the U.S. Census Region level (see ***Region*** definition below).

Hepatitis data are from the 50 states and the District of Columbia. STI data are from the 50 states, the District of Columbia, American Samoa, the Northern Mariana Islands, Puerto Rico, Guam, and the U.S. Virgin Islands. NHSS data are from the 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands. TB data are from the 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. MMP data on unstable housing and HIV stigma include representative estimates at the national level (i.e., all 50 U.S. states, Washington DC, and Puerto Rico) and for 17 reporting jurisdictions, including: California, Delaware, Florida, Georgia, Illinois, Indiana, Michigan, Mississippi, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Puerto Rico, Texas, Virginia, and Washington.

Measure	United States	American Samoa	Guam	Northern Mariana Islands	Puerto Rico	Republic of Palau	US Virgin Islands
AIDS classifications[b,c]	√	√	√	√	√	√	√
AIDS deaths[b,c]	√	√	√	√	√	√	√
AIDS prevalence[b,c]	√	√	√	√	√	√	√
HIV diagnoses[a,b,c]	√	√	√	√	√	√	√
HIV deaths[b,c]	√	√	√	√	√	√	√
HIV prevalence[a,b,c]	√	√	√	√	√	√	√
Linkage to HIV care[a]	√*						
Receipt of HIV medical care[a]	√*						
HIV viral suppression[a]	√*						
Knowledge of status[a]	√						
Estimated HIV incidence[a]	√						
Estimated HIV prevalence (diagnosed and undiagnosed)[a]	√						
PrEP coverage[a,b]	√				√		
HIV stigma	√*				√		
Good or better self-rated health	√*				√		
Unmet needs for mental health services	√*				√		
Unstable housing or homelessness	√*				√		
Unemployment	√*				√		
Hunger or food insecurity	√*				√		
Chlamydia[a,b]	√	√	√	√	√		√
Gonorrhea[a,b]	√	√	√	√	√		√
Primary & Secondary Syphilis[a,b]	√	√	√	√	√		√
Early Non-Primary, Non-Secondary Syphilis[a,b]	√	√	√	√	√		√
Unknown Duration or Late Syphilis[a,b]	√	√	√	√	√		√
Congenital Syphilis	√	√	√	√	√		√
Tuberculosis[a,b]	√	√	√	√	√		√
Hepatitis A[b]	√		√		√		√
Hepatitis B[b]	√		√		√		√
Hepatitis C[b]	√		√		√		√
SDOH, Uninsured[a]	√				√		
SDOH, Vacant Housing[a]	√				√		
SDOH, Population 25 years and older w/o high school diploma[a]	√				√		

SDOH, Households living below federal Poverty level[a]	√				√		
SDOH, Population living in a rural area[a]	√				√		
Urbanization level	√				√		

SDOH: social determinants of health among the U.S. population

[a] County level data available

[b] Region level data are available

[c] Metropolitan Statistical Area (MSA) level data are available

√ = data available √* = some states may not be available

Gonorrhea: is a sexually transmitted infection (STI) caused by *Neisseria gonorrhoeae.* Infections can occur in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15–24 years. Gonorrhea is transmitted by having vaginal, anal, or oral sex with someone who has gonorrhea. A pregnant woman with gonorrhea can give the infection to her baby during childbirth. Gonorrhea can be treated with antibiotics and cured. Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, untreated gonorrhea can cause pelvic inflammatory disease.

Good or better self-rated health: Self-rated health is assessed using a single question that captures the respondent's general health at the time of interview by using a Likert-type scale with the following responses: poor, fair, good, very good, or excellent. Self-rated health was dichotomized as good or better health (i.e., good, very good, or excellent) versus less than good health (i.e., poor, fair). This measure is also used in several other national initiatives and surveys examining self-rated health among the general U.S. population (e.g., Healthy People 2030, National Health and Nutrition Examination Survey [NHANES], Behavioral Risk Factor Surveillance System [BRFSS]). Weighted percentages and accompanying 95% confidence intervals are presented for this measure.

Hepatitis: means inflammation of the liver. Toxins, certain drugs, some diseases, heavy alcohol use, as well as certain bacteria and viruses can cause hepatitis.

Viral Hepatitis A: a contagious liver disease that results from infection with the hepatitis A virus (HAV). It can range in severity from a mild illness lasting a few weeks, to a severe illness lasting several months. Hepatitis A is usually spread when a person ingests fecal matter – even in microscopic amounts – from contact with objects, food, or drinks contaminated by the feces, or stool, of an infected person. There is a vaccine for hepatitis A.

Viral Hepatitis B: a liver infection caused by the hepatitis B virus (HBV). HBV is transmitted when blood, semen, or another body fluid from a person infected with HBV enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Chronic HBV infection can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent HBV infection is by getting vaccinated.

Viral Hepatitis C: a liver infection caused by the hepatitis C virus (HCV). HCV is a blood-borne virus. Today, some people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness but for 70%–85% of people who become infected with HCV, it becomes a long-term, chronic infection. Chronic HCV infection is a serious disease than can result in long-term health problems, even death. There is no vaccine for hepatitis C. The best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injecting drugs.

HIV: a virus (human immunodeficiency virus) that is spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells. These special cells help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells in the body. This damage to the immune system makes it hard for the body to fight off infections and some other diseases. Certain opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has acquired immunodeficiency syndrome (AIDS) or HIV disease stage 3 (AIDS). There is currently no effective cure, but with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment and have viral suppression can live long, healthy lives and protect their partners (also see: AIDS).

HIV stigma: HIV stigma was assessed among a national probability sample of people with diagnosed HIV. HIV stigma is self-reported and is defined as the weighted median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma during the past 12 months, current disclosure concerns, current negative self-image, and current perceived public attitudes about people living with HIV, measured among persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico. The HIV stigma scale used for this indicator is discussed in this publication: Wright K, Naar-King S, Lam P, Templin T, Frey M. Stigma scale revised: Reliability and validity of a brief measure of stigma for HIV+ youth. J Adolesc Health 2007;40(1):96–98. doi:10.1016/j.jadohealth.2006.08.001. Median HIV stigma scores with accompanying 95% confidence intervals are presented for this measure.

Hunger or food insecurity: Persons who reported being hungry and not eating because they did not have enough money for food during the past 12 months were considered to be food insecure. Weighted percentages and accompanying 95% confidence intervals are presented for this measure.

Incidence: the estimated number of new cases of disease in a defined population over a specific time period; can also be measured as a rate per 100,000 population.

Metropolitan Statistical Area (MSA): A geographic entity based on a county or a group of counties with at least one urbanized area with a population of at least 50,000 and adjacent counties with economic ties to the central area.

Natural breaks: data classification method where classes are defined based on gaps in the data distribution (see also: quantiles).

Period Estimate (1- and 5-Year): These estimates are derived from continuously (on a daily basis) assembled data that has been aggregated over a year (1-year) or five years (5-year). As a result, they differ from point-in-time estimates.

Preexposure prophylaxis (PrEP): PrEP is when people at risk for HIV take medicine, such as a daily pill or a longer acting method, to prevent HIV. PrEP can stop HIV from taking hold and spreading throughout the body. When taken as recommended, PrEP is highly effective for preventing HIV from sex or injection drug use.

Preliminary: HIV surveillance data published using an NHSS dataset created before a 12-month reporting delay has been reached. Data should be interpreted with caution and should not be used to assess trends. PrEP coverage data with a lagged denominator are considered preliminary.

Prevalence: the number of diagnosed disease cases in a defined population during a specific time period.

Provisional: HIV surveillance data published using an NHSS dataset created after a 12-month reporting delay has been reached. Data may be used to assess trends.

Quantiles: data classification method where data are rank-ordered and then an equal number of observations are placed in each class; thus, each class contains the same number of observations (or geographic units); so with quintiles, 1/5 of the observations will be in each of 5 groups; with quartiles, 1/4 of the observations will be in each of 4 groups. Quartiles and quintiles are useful for showing the top 25% or top 20% of the population (see also: natural breaks).

Region: The 5 region categories are defined by the U.S. Census Bureau as follows:

- **Northeast**: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
- **Midwest**: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
- **South**: Alabama, Arkansas, Delaware, District of Columbia (D.C.), Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
- **West**: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming
- **US territories and freely associated states**: American Samoa, Guam, the Federated States of Micronesia, the Northern Mariana Islands, Puerto Rico, the Republic of the Marshall Islands, the Republic of Palau, and the U.S. Virgin Islands

Race/ethnicity: In 1997, the Office of Management and Budget (OMB) announced the revisions to the classification of federal data on race and ethnicity. The NCHHSTP AtlasPlus uses this new classification

standard and the following racial/ethnic categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and multiracial persons. In the NCHHSTP AtlasPlus, persons of Hispanic/Latino ethnicity can be of any race.

Rates: refer to the number of cases divided by the size of the specified population (also see: Cases) in a set time period. For more information, please see the FAQ.

For all MMP measures except for HIV stigma, rates represent the weighted percentages for each measure. For HIV stigma, rates represent the median HIV stigma score based on a self-reported, validated, 10-item scale, where 0 represents no stigma and 100 represents high stigma.

Relative Standard Error (RSE): is the standard error expressed as percentage of the estimate. Lower percentages are considered more reliable for general use.

Sex: For HIV data, sex is defined as the biological and physiological characteristics that distinguish individuals as male or female; for TB data, sex is based on the person's sex assigned at birth; for STI and viral hepatitis data, sex is defined as sex of patient.

Social Determinants of Health among the U.S. population (SDOH): are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. These data are included in the NCHHSTP AtlasPlus as they are related to our Center's mission to reduce health inequities among populations most disproportionately affected by HIV, STDs, TB, and hepatitis.

Suppression: In order to protect personal privacy, prevent revealing information that might identify specific individuals, and/or ensure reliability of statistical estimates, small data values may not be available in some circumstances.

> *For NHSS HIV surveillance data*: The suppression rules vary by geographic level and indicator. Data are additionally suppressed in accordance with the county-level data suppression requirements approved by each state under the data re-release agreements. See ***Section 1.8 Cell Suppression in Technical Notes*** for additional information on suppression rules.
>
> *For PrEP coverage*: If numerator data is less than 40, then data are suppressed.
>
> *For MMP data*:
>
> > **For all MMP indicators except HIV stigma:**
> >
> > Estimates with a coefficient of variation ≥ 0.30 or those based on a denominator sample size <30 were suppressed. Estimates with an absolute CI width ≥ 30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.
> >
> > **For HIV stigma:**
> >
> > Estimates based on a denominator sample size <30 were suppressed.

For STI indicators: data presented in the AtlasPlus follows the 2017 Council of State and Territorial Epidemiologists (CSTE) data re-release rules. STI data are suppressed at any geographic level based on the following 2 conditions:

1. 20% of individuals in a group have the specified disease
2. Denominator population is less than 100

To prevent back-calculation of suppressed cells, primary suppression is augmented with complementary (or secondary) suppression in which data for additional groups are suppressed.

Syphilis: is a sexually transmitted infection (STI) that progresses through a series of clinical stages and can cause long-term complications if not treated correctly. You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Sores can be found on the penis, vagina, anus, in the rectum, or on the lips and in the mouth. Possible complications of untreated syphilis include neurosyphilis, ocular syphilis resulting in visual impairment or blindness, and cardiovascular disease. The surveillance stages of syphilitic infection are Primary, Secondary, Early, non-primary non-secondary, and Unknown or late duration. Cases of primary and secondary syphilis represent incident (new) infections and are typically reported together when describing syphilis trends; however, the total burden of syphilis in the United States includes syphilis cases diagnosed at all stages, including cases of Unknown or late duration.

Congenital Syphilis: is a disease that occurs when a pregnant woman with syphilis passes the infection on to their baby during pregnancy. An infected baby may be born without signs or symptoms of congenital syphilis. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die (also see: syphilis). CDC recommends that all pregnant women be screened for syphilis with a blood test at the first prenatal visit.

Early non-primary, non-secondary Syphilis: is the surveillance stage that identifies syphilitic infections that likely occurred in the prior 12 months, but do not have the signs and symptoms of primary or secondary syphilis. Even without signs or symptoms, treatment is still necessary in order to prevent later complications (also see: syphilis).

Primary and Secondary Syphilis: are the surveillance stages that represent the symptomatic and earliest stages of infection. Primary syphilis is the first stage of syphilis and is characterized by a sore or sores at the original site of infection. The sore usually lasts 3 to 6 weeks and heals regardless of whether or not treatment is received.

The secondary stage of syphilis usually starts with a rash on one or more areas of the body. The rash can show up when the primary sore is healing or several weeks after the sore has healed. Other symptoms may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The symptoms of primary and secondary syphilis will go away on their own, but treatment is still necessary in order to prevent the infection from progressing and causing complications (also see: syphilis).

Primary and secondary syphilis data are typically reported together when describing syphilis trends because they represent new infections.

Unknown Duration or Late Syphilis: is the surveillance stage that identifies syphilitic infections that occurred >12 months previously or in which there is insufficient evidence to conclude that infection was acquired during the previous 12 months.

Surveillance data: Public health surveillance is the ongoing collection and analysis of health data to improve public health and safety. This NCHHSTP AtlasPlus contains HIV, STI, Hepatitis, TB surveillance data reported to the CDC. All surveillance data, except for MMP data, come from health departments in all 50 states, the District of Columbia, selected cities, and outlying U.S. territories and freely associated states. MMP data come from 17 reporting jurisdictions, including: California, Delaware, Florida, Georgia, Illinois, Indiana, Michigan, Mississippi, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Puerto Rico, Texas, Virginia, and Washington. For MMP data, representative estimates are available at the national level as well as at the level of the 17 reporting jurisdictions.

Transmission category: is the term for the classification of cases that summarizes a person's (aged ≥13 years) possible HIV risk factors; the summary classification results from selecting, from the presumed hierarchical order of probability, the 1 (single) risk factor most likely to have been responsible for transmission. For surveillance purposes, a diagnosis of HIV is counted only once in the hierarchy of transmission categories. Persons aged ≥13 years with more than 1 reported risk factor for HIV are classified in the transmission category listed first in the hierarchy. The exception is male-to-male sexual contact *and* injection drug use; this group makes up a separate transmission category The transmission categories in hierarchical order are:

1) Male-to-male sexual contact (MMSC): includes males who have had sexual contact with other males, as well as those who have had sexual contact with both males and females

2) Injection drug use (IDU): includes persons who injected nonprescription drugs or who injected prescription drugs for nonmedical purposes. Also includes injection of drugs prescribed to persons if there is evidence that injection equipment was shared (e.g., syringes, needles, cookers).

3) Male-to-male sexual contact and injection drug use (MMSC-IDU): includes males who have had sexual contact with other males, as well as those who have had sexual contact with both males and females and injected nonprescription drugs or injected prescription drugs for nonmedical purposes. Also includes injection of drugs prescribed to persons if there is evidence that injection equipment was shared (e.g., syringes, needles, cookers).

4) Heterosexual contact (HET): includes persons who have ever had heterosexual contact with a person known to have, or with a risk factor for, HIV.

5) Other: all other transmission categories (e.g., blood transfusion, hemophilia, perinatal exposure, risk factor not reported or not identified).

Due to the limitations of the data source used for PrEP coverage and number of persons prescribed, transmission category is not available.

Transmission of HIV: HIV can only be spread by certain body fluids—blood, semen (*cum*), pre-seminal fluid (*pre-cum*), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

Tuberculosis (TB): is caused by a bacterium called *Mycobacterium tuberculosis*. TB bacteria are spread through the air from one person to another. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, speaks, or sings. People nearby may breathe in these bacteria and become infected. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body, such as the kidneys, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

People with TB disease may spread the bacteria to people with whom they spend many hours. It is very important that people who have TB disease are treated, finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the TB bacteria that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. TB disease can be treated by taking several drugs for 4 to 9 months.

Unemployment: Unemployed persons included those who reported being unemployed at the time of interview, excluding persons who are unable to work, calculated among all adults with HIV. Weighted percentages and accompanying 95% confidence intervals are presented for this measure.

Unmet needs for mental health services: This measure was assessed through 2 questions. First, respondents were asked if they saw or talked to a mental health professional (e.g., psychologist, psychiatrist, psychiatric nurse, or clinical social worker) about their health during the past 12 months. Next, they were asked if they needed to see or talk to a mental health professional about their health. The denominator represents people who needed mental health services (i.e., those with a met or unmet need), and was defined as those who received services (met need) and those who needed, but did not receive, services (unmet need). The numerator represents those who needed, but did not receive, services (unmet need). Weighted percentages and accompanying 95% confidence intervals are presented for this measure.

Unstable housing or homelessness: Persons were considered to have experienced unstable housing if they reported moving in with others due to financial issues, moving 2 or more times, or being evicted at any time during the past 12 months. Persons were considered to have experienced homelessness if they reported living on the street, in a shelter, in a single-room–occupancy hotel, or in a car during the past 12 months. Persons were considered to have experienced unstable housing or homelessness if

they reported any form of unstable housing or homelessness during the past 12 months. Weighted percentages and accompanying 95% confidence intervals are presented for this measure.

Year: For HIV diagnoses and linkage to HIV care, year refers to the calendar year a person received a diagnosis. For deaths, year refers to the calendar year a person died. For HIV prevalence, receipt of HIV medical care, HIV viral suppression, and estimated HIV prevalence (diagnosed and undiagnosed), year refers to the end of the queried calendar year. For estimated incidence, year refers to the calendar year a person was infected. For PrEP coverage, year refers to the calendar year a person was prescribed PrEP, the numerator. The data sources used to estimate the number of persons with indications for PrEP have different schedules of data availability. Consequently, the availability of a denominator lags the availability of a numerator by one or more year. For MMP data, year corresponds to the cycle year. Each cycle year starts in June and ends in May of the following year. The range of years available is dependent on the disease queried. In the maps, when 'change over time' is selected, the data classes in the legend remain constant to allow comparison between years.