### Highlights

- In 2019, the White House introduced an initiative entitled “Ending the HIV Epidemic: A Plan for America”

- The goal of “Ending the HIV Epidemic” is to reduce new HIV infections by:
  - **75%** in five years
  - **90%** in ten years

- **Rapid treatment** of HIV disease and **viral suppression** are two key strategies of the plan to end the HIV epidemic.

**In Montana:**

- The percent of people who have AIDS at the time of diagnosis has decreased from **40%** in 2013 to **25%** in 2018

- **78.9%** of new HIV cases had a CD4 count within 30 days of initial diagnosis in 2018 (CDC benchmark = **≤ 85%**)

- **83.9%** of new HIV cases had a viral load test within 30 days of initial diagnosis in 2018 (CDC benchmark = **≤ 85%**)

### Trend

In 2018, 24 newly diagnosed HIV cases were reported in Montana. Six of those were diagnosed with AIDS at the same time, indicating that there remains a need for recognition of risk factors and early testing. Since 2001, between 14-32 new cases have been reported each year. The linear trend line in Figure 1 shows that the rate of new cases has remained stable during this time.

**Figure 1. HIV case rate per 100,000, Montana, 2008-2018**

- Total
- Male
- Female
- Linear (Total)

2018 MT rate: 2.3/100,000
2016 US rate: 12.3/100,000

### Risk Factors

The leading transmission categories are **male-to-male sexual contact (MSM)** and **injecting drug use (IDU)**. When comparing the five-year average with 2018, there has been an increase in injecting drug use as a risk factor – in both the MSM and the heterosexual population (Figure 2).

**Figure 2. Percent of new HIV diagnoses by risk, Montana 2013-2017**

- MSM
- IDU or MSM/IDU
- Hetero
- Risk not known

### Race and Ethnicity

Most Montana HIV cases are among the white population. Unlike other diseases, such as chlamydia or gonorrhea, HIV infection does not disproportionately impact American Indians in Montana. Between 2013 and 2018, **8%** of new diagnoses were among the American Indian population. The US Census estimates that American Indians make up **7.2%** of the Montana population (2017).

**Table 1. New HIV Diagnoses by Race/Ethnicity, Montana 2013-2018**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>74%</td>
</tr>
<tr>
<td>American Indian</td>
<td>8%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic, any race</td>
<td>8%</td>
</tr>
<tr>
<td>Non-Hispanic, other</td>
<td>6%</td>
</tr>
</tbody>
</table>
Age. Most persons diagnosed with HIV in Montana are between 25 and 34 years of age (Figure 3). This is similar to the United States as a whole where 34% of new HIV diagnoses were diagnosed in the same age group in 2017.

Geography. The map in Figure 4 shows the demographic distribution of new HIV diagnoses in Montana during the 2011-2018 time period. New cases are not evenly distributed among Montana’s counties. Yellowstone (26%), Missoula (18%), Cascade (9%), Gallatin (9%) and Flathead (8%) counties accounted for more than 70% of new HIV diagnoses between 2001 and 2018.