HIV SURVEILLANCE QUARTERLY REPORT, 4th Quarter 2022

STI/HIV/Viral Hepatitis Surveillance Program, Published April 2023



HIV diagnoses and AIDS diagnoses occurring January 1, 2022 through December 31, 2022; and people diagnosed with HIV, reported in Colorado, and presumed to be living as of December 31, 2022

	New HIV Diagnoses							New AIDS diagnoses ⁴		PLHIVdx as of 12/31/22		Viral Suppression ⁵	
	Total		Non Concurrent AIDS diagnosis		Concurrent with AIDS diagnosis ²								
	No.	%	No.	%	No.	%	Row % ³	No.	%	No.	%	. 101	Row % ⁶
Total	428	100%	347	100%	81	100%	19%	87	100%	14,903	100%	7,793	52%
Gender ⁷													
Man	358	84%	283	82%	75	93%	21%	78	90%	12,818	86%	6,616	52%
Transgender Man	0	0%	0	0%	0	0%	0%	0	0%	12	0.1%	9	75%
Transgender Woman	12	3%	12	3%	0	0%	0%	0	0%	145	1%	77	53%
Woman	58	14%	52	15%	6	7%	10%	9	10%	1,928	13%	1,091	57%
Race and Hispanic Origin ⁸													
Asian/Pacific Islander, NH	10	2%	5	1%	5	6%	50%	3	3%	223	1%	136	61%
Black/African American, NH	51	12%	45	13%	6	7 %	12%	14	16%	2,362	16%	1,233	52 %
Hispanic/Latino/a/x (All Races)	171	40%	143	41%	28	35%	16%	30	34%	3,735	25%	2,050	55%
Indigenous/Native American, NH	5	1%	3	1%	2	2%	40%	1	1%	104	1%	59	57 %
Multiple Race/Unknown, NH	2	0.5%	2	1%	0	0%	0%	1	1%	292	2%	149	51%
White, NH	189	44%	149	43%	40	49%	21%	38	44%	8,187	55%	4,166	51%
Age group (years) ⁹													
Under 13	0	0%	0	0%	0	0%	0%	0	0%	15	0.1%	10	67%
13-24	78	18%	70	20%	8	10%	10%	4	5%	308	2%	210	68%
25-34	170	40%	144	41%	26	32%	15%	28	32%	2,063	14%	1,259	61%
35-44	109	25%	85	24%	24	30%	22%	27	31%	2,807	19%	1,666	59 %
45-54	37	9 %	25	7%	12	15%	32%	17	20%	3,041	20%	1,707	56%
55-64	24	6%	15	4%	9	11%	38%	10	11%	4,124	28%	2,068	50%
65 and over	10	2%	8	2%	2	2%	20%	1	1%	2,545	17%	873	34%
County of Residence ¹⁰													
Denver TGA ¹¹	267	62%	220	63%	47	58%	18%	55	63%	10,736	72%	5,469	51%
Non-TGA Urban ¹²	132	31%	108	31%	24	30%	18%	24	28%	2,955	20%	1,641	56%
Rural	29	7%	19	5%	10	12%	34%	8	9 %	1,193	8%	679	57%
Unknown	0	0%	0	0%	0	0%	0%	0	0%	19	0.1%	4	21%
Exposure Category													
Heterosexual contact	36	8%	33	10%	3	4%	8%	6	7 %	1,552	10%	892	57%
Injection Drug Use (IDU)	13	3%	12	3%	1	1%	8%	1	1%	780	5%	353	45%
Male-male sex (MSM)	267	62%	215	62%	52	64%	19%	55	63%	9,491	64%	5,061	53%
MSM & IDU	14	3%	11	3%	3	4%	21%	3	3%	1,400	9 %	736	53%
Pediatric ¹³	0	0%	0	0%	0	0%	0%	0	0%	153	1%	102	67%
Transfusion/Hemophiliac	0	0%	0	0%	0	0%	0%	0	0%	29	0.2%	12	
No Identified Risk ¹⁴ /Other	98	23%	76	22%	22	27%	22%	22	25%	1,498	10%	637	43%
				-, -						,			

Data Source: enhanced HIV/AIDS Reporting System (eHARS). PLHIV=People living with HIV; dx=diagnosis/diagnosed; N/A=Not applicable. All percents are column percents unless otherwise indicated and may not equal 100% due to rounding. ¹For events reported by March 31, 2023. ²HIV diagnosed concurrently with AIDS (within 30 days of HIV diagnosis). ³Row percent is percent of total HIV diagnoses that were concurrent with AIDS diagnoses. ⁴AIDS=Stage 3, diagnosed with a cd4 count <200 or in the absence of a cd4 count, a cd4 percent <14. Includes concurrent AIDS diagnoses and those that progressed to AIDS. ⁵Includes those labs from the previous 12 months. Suppressed includes a viral load ≤200 cells/mL. ⁶Row percent of PLHIVdx as of 12/31/22. ⁷Sex at birth used when gender identity was unknown. ⁸NH=Non-Hispanic. ⁹For HIV and AIDS diagnoses, age at diagnosis; for PLHIVdx and vl suppression, age as of December 31, 2022. ¹⁰For HIV and AIDS diagnoses, residence at diagnosis; for PLHIVdx and vl suppression, residence as of December 31, 2022. ¹¹Includes Adams, Arapahoe, Broomfield, Denver, Douglas, and Jefferson counties. ¹²Includes Boulder, El Paso, Larimer, Mesa, Pueblo, and Weld counties. ¹³Pediatric cases are individuals under age 13 years at the time of diagnosis. ¹⁴No Identified Risk will be reduced over a 12 month period after diagnosis as new risks are reported. The Colorado Department of Public Health and Environment acknowledges that social, economic and environmental inequities result in adverse health outcomes and have a greater impact than individual choices. Reducing health disparities through systems change can help improve opportunities for all Coloradans.