

2024 ANNUAL HIV SURVEILLANCE SUMMARY REPORT

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Helpful and Contact Information

The Annual HIV Surveillance Summary is prepared by the
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The data provided in the tables, figures, and maps are based on HIV reports received through March 31, 2025. Expanded analysis of data presented in the Annual HIV Surveillance Summary and other HIV data may be requested by sending email to c-hivepi@pa.gov or by telephone/fax to our office at 717-787-3350 (Tel) or 717-772-6975 (fax).

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A Special Note for the Readers of Pennsylvania HIV Surveillance Report Explanation for Changes in the Annual HIV Surveillance Summary Report

This note is intended to inform readers of changes that were introduced in the Pennsylvania Annual Human Immunodeficiency Virus (HIV) Surveillance Summary Report since the 2021 report. These changes are intended to present HIV surveillance data in a format that reflects an evolving understanding of and efforts to end the HIV epidemic by 2030. Format changes were made to reflect the way HIV is viewed and to make this report more understandable to a wider audience. This report provides additional information about the estimated number of people living with HIV disease and the characteristics of both people newly diagnosed with HIV and those living with HIV. We present the age at diagnosis and current ages in categories that are consistent with reports from the Centers for Disease Control and Prevention (CDC) and the Health Resources & Services Administration (HRSA). We also use racial/ethnicity designations that are consistent with CDC and HRSA reports, and we added some information about concurrent diagnosis of HIV and Acquired immunodeficiency syndrome (AIDS).

In 2002, Pennsylvania promulgated public health regulations revising the reportability of adult and pediatric AIDS, adding HIV, CD4 count (<200 cells/uL or <14%), detectable viral load, and perinatal exposure to HIV. In addition, in October 2020, Pennsylvania's disease reporting regulations were changed to mandate the reporting of all CD4 and HIV viral load laboratory results. Prior to this time, only CD4 test results less than 200 cells (14%) and detectable viral load results were required to be reported to the Pennsylvania Department of Health (PADOH).

The CDC recognizes HIV disease as a condition with varying degrees of severity. The case definition for adults and adolescents (i.e., persons aged ≥ 13 years) is slightly different than for children under the age of 13. These case definitions are intended for public health surveillance only and not as a guide for clinical diagnosis. The most recent revision to the HIV disease case definition was published by CDC in 2014.¹

Consequently, any comparison of this report to previous years should take into account these differences.

Questions and comments can be directed to
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Abbreviations

AIDS	Acquired immunodeficiency syndrome
CDC	Centers for Disease Control and Prevention
eHARS	enhanced HIV/AIDS Reporting System
HAART	Highly Active Antiretroviral Treatment
HIV	Human Immunodeficiency virus
HRSA	Health Resources and Services Administration
IDU	Injection drug use
IHPCP	Integrated HIV prevention and care plan
MSM	Gay, bisexual, and other men who have sex with men
NIR	No identified risk
NRR	No risk reported
PA	Pennsylvania
PADOH	Pennsylvania Department of Health
PA-NEDSS	Pennsylvania National Electronic Disease Surveillance System
PLWH	People living with HIV
SC-FHCCP	Southcentral- Family Health Council of Central PA
SPBP	Special Pharmaceuticals Benefits Program
STD	Sexually transmitted disease(s)
SW-JHF	Southwest- Jewish Healthcare Foundation

Note About the Impact of the COVID-19 Pandemic on Surveillance of HIV Disease

The COVID-19 pandemic in the United States led to disruptions in HIV testing services and access to clinical services throughout 2020 and 2021. This disruption resulted in a steep, single-year decline in new HIV diagnoses in 2020 of approximately 21% fewer diagnoses compared to 2019. In 2021, Pennsylvania (PA) witnessed approximately 8% fewer diagnoses of HIV disease compared to 2019. This decline in newly diagnosed HIV disease is thought to be attributed to declines in testing caused by less frequent visits to health centers, reduced outreach services, and shifting of public health staff to COVID-19 response activities. Given these disruptions, data for 2020 and 2021 should be interpreted with caution. Trends that include 2020 and 2021 are not discussed in the commentary sections of this report although data are presented for HIV diagnoses. COVID-19 disruptions in HIV testing and care in 2020 and 2021 also made estimation of incidence, prevalence, and knowledge of HIV diagnostic status challenging.

With the end of the federal COVID-19 Public Health Emergency in May 2023, it is critical that we continue our work to expand and improve HIV prevention, care, and treatment for groups who could most benefit, including transgender persons, Black/African American women, and gay, bisexual, and other men who have sex with men. We will continue our work to improve access to prevention services for people who inject drugs, a population for whom progress continues to be threatened by the nation's opioid and stimulant epidemics. Getting back on track with prevention, surveillance and care services will require scale-up of strategies to optimize health and close gaps in HIV prevention, care, and treatment.

Note About Data Suppression

Restricting the release of HIV disease data for public health use, often referred to as data suppression, refers to various approaches that data scientists, statisticians, epidemiologists, and data analysts use to limit unintended disclosure of confidential information and eliminate misuse and misinterpretation of results. Some factors are considered when suppressing data released for public health use. These include population size used as the numerator or denominator or the type of information that might inadvertently identify an individual in a small population, such as sex, gender, race, ethnicity, age, or HIV transmission mode. Suppression could be primary or secondary/complementary. In primary suppression, there is direct suppression of cells, rows, or columns with small counts of less than five. A secondary suppression will be required if primary suppression fails to protect confidentiality. The cells that will be secondarily suppressed do not need to have small data counts but will serve as an additional protection layer for cells with small counts. Cells in this report that are suppressed are identified with a dash (-).

HIV Surveillance Spotlight

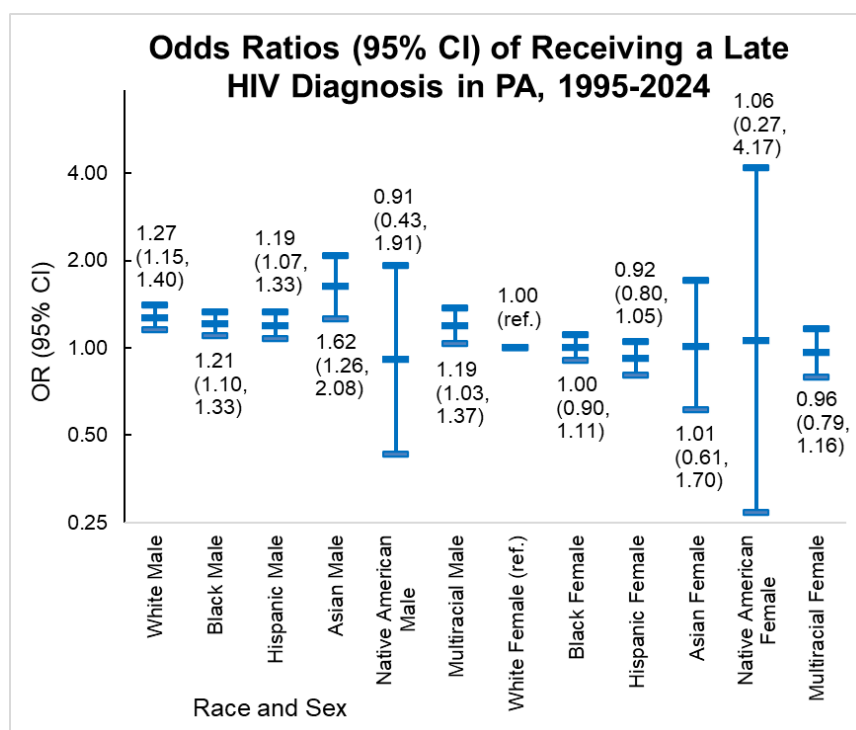
Late Diagnosis of HIV in Pennsylvania (PA), 1995-2024

BACKGROUND: Highly Active Antiretroviral Therapy (HAART) became available in the mid-90s and played a very significant role in reducing the burden of disease.^{1,2} Early HIV diagnosis is important so that the individual can begin receiving treatment as soon as possible. HAART can prevent a person with HIV from developing AIDS and from spreading the virus to others.^{3,4} This study seeks to determine which demographic (race and sex) groups are more at risk of a late diagnosis in PA, which is defined as receiving an AIDS diagnosis within 91 days of their first HIV diagnosis.

METHODS: The enhanced HIV/AIDS Reporting System (eHARS) was queried to determine the date of HIV diagnosis and the date of AIDS diagnosis (if applicable) for each PA resident diagnosed with HIV from 1995-2024. Patients diagnosed with AIDS within 91 days of being diagnosed with HIV were counted as having received a late diagnosis. Patients diagnosed with AIDS after this time or not at all were counted as not having received a late diagnosis. A logistic regression model was used to produce odds ratios for twelve demographic groups (white, Black, Hispanic, Asian, Native American, and multiracial; male and female). The model adjusted for age and date of HIV diagnosis since advanced age and being diagnosed with HIV earlier in the pandemic were both associated with a late diagnosis. White women were selected as the reference group for the odds ratios since this is the largest cohort in PA (including all residents, not just those living with HIV).

RESULTS: None of the female racial groups had a significantly different odds of a late diagnosis compared to white females. However, except for Native American males, all other male racial groups had a significantly higher odds of a late diagnosis compared to white females.

CONCLUSION: Since almost all the male racial groups but none of the female racial groups had a significantly greater odds of a late diagnosis compared to white females, patient's sex has a larger impact on receiving a timely diagnosis than a patient's race. Men tend to utilize primary and preventive care less frequently than women for a variety of reasons, and this could be contributing to their increased risk of receiving a late HIV diagnosis.⁵ Men, particularly those who have sex with other men, are at increased risk of contracting HIV, so it is important that they have access to HIV testing.



Executive Summary

HIV disease is caused by infection with the Human Immunodeficiency Virus (HIV) and is typically spread by exposure to body fluids or tissue from an infected individual. Sex and injection drug use (IDU) are the most common ways of acquiring HIV. The first case of Acquired Immunodeficiency Syndrome (AIDS) was described in 1981, and individuals with confirmed AIDS in PA dating back to 1980 were identified through retrospective review.

HIV takes over cells in the immune system, the part of the body which usually works to fight off infection and disease. If left untreated, HIV infection usually progresses to AIDS, disability and death. Although no cure or vaccine are currently available, HIV is a treatable condition, and individuals living with HIV can live normal lives. Highly active antiretroviral treatments (HAART) first became available in the mid-1990s. These treatments are effective at preventing or slowing the progression of the disease and have the added benefit of reducing the likelihood of transmitting the virus to others.

In 2012 the U.S. Food and Drug Administration approved the use of selected antiretroviral medications for the prevention of HIV disease among people at increased risk for acquiring HIV, such as men who have sex with men, commercial sex workers and people who share injection equipment. The PA Department of Health (PADOH) and community partners work to ensure that people who are newly diagnosed with HIV are offered a number of services to ensure better disease outcomes and that those in their risk network are also offered preventive services. PADOH works with community partners to identify recent and rapidly growing clusters of HIV disease and intervenes to stop or slow the spread of HIV. PADOH uses HIV surveillance data to identify geographic areas and demographic groups that may be at elevated risk for HIV disease.

Since 1981, more than 65,500 residents of PA were diagnosed with HIV disease and nearly 29,200 of them have died. It is estimated that 36,300 persons diagnosed with HIV disease in PA are currently living with the disease in PA. The proportion of people with HIV disease who died has declined steadily since the mid-1990s. The most common methods of transmission are sex between men, heterosexual sex, and IDU. HIV disease has disproportionately impacted persons of color and is more common in larger population centers.

The number of newly diagnosed individuals peaked in the early to mid-1990s when almost 3,000 new diagnoses were reported annually. The number of new diagnoses steadily decreased with the advent of effective treatments and preventive interventions. In 2020, PA had a 21% decrease in the number of new diagnoses of HIV disease (785 new diagnoses in 2020 compared to 988 in 2019), which might be attributed to the temporary closure of social, school, employment, and other venues, decreases in HIV testing activity and care seeking behavior, as well as decreased HIV surveillance activity as some surveillance resources were diverted to deal with the worldwide COVID-19 pandemic (see the note on the impact of the COVID-19 pandemic on HIV surveillance on page 7).

In 2024 new cases were reported, which represents an approximate 17% rebound from the low of 785 in 2020. More than three times as many males were diagnosed with HIV disease compared to females.

Blacks/African Americans and Hispanics make up approximately 12% and 9% of the population of PA, respectively⁶, but accounted for 48% and 23% of all new diagnoses among PA residents in 2023.

Although a person can be infected at any age, the majority of new diagnoses occurred in persons who are between the ages of 15 and 54. The majority of persons living with HIV disease are aged 55 and older.

The epidemic has evolved since the first cases were reported in the 1980s. While men who have sex with men (MSM) has continued to be the predominant mode of transmission, heterosexual contact has become an increasing risk factor since the 1990s. Perinatally acquired infections have declined sharply with very few reported cases; however, medical providers need to remain vigilant by continuing to test for HIV during all pregnancies and especially in the third trimester. Epidemiologists, medical providers, and other service managers need to remain alert to ensure all children born to pregnant individuals who are HIV positive, and all people of childbearing age are tested for HIV.

This report is based on data collected by the PADOH for cases diagnosed in calendar year 2024 and reported through March 31, 2025. The report provides information on confirmed cases that are counted using specific criteria described in the methods section.

Methods

PA HIV regulations require health care providers such as physicians, hospitals, and clinical laboratories report new diagnoses of HIV disease and infants who are exposed to HIV infection during pregnancy and the perinatal period to the PADOH within five days.⁷ HIV disease without an AIDS diagnosis became reportable in PA in 2002. HIV disease encompasses both AIDS and HIV infection without an AIDS diagnosis, and individuals who acquire HIV are counted using standard criteria established by the CDC.¹ Typically, new HIV diagnoses are first reported electronically by clinical laboratories, hospitals, and medical providers whenever there is a preliminary or confirmatory event, such as a positive HIV laboratory test or the occurrence of an AIDS-defining clinical condition. The occurrences are reported through the PA National Electronic Disease Surveillance Systems (PA-NEDSS).⁷ In addition, data are routinely transferred from PA-NEDSS to the eHARS for purposes of data management, analysis and reporting to the CDC.⁸

All reports are followed up by epidemiologists and disease intervention specialists to collect additional information about individuals newly diagnosed with HIV, such as risk factors, residence at diagnosis, and race. These data are continuously processed through electronic data systems that use standardized algorithms to calculate the date of confirmed diagnosis, age at diagnosis, the most likely way the person acquired HIV (e.g., sex, IDU, etc.), clinical status, and a variety of other characteristics. HIV surveillance is guided by standard procedures, policies, and practices as established by the CDC.^{9,10}

These data are used to (1) monitor trends in the epidemic, (2) target communities, demographic groups, or geographic areas for prevention and outreach efforts, (3) monitor potential outbreaks or clusters of cases, and (4) develop strategies and tools for preventing new infections and ensuring persons who are living with HIV disease are able to receive medical care and support services. Within the PADOH, the HIV surveillance section works closely with the HIV prevention section and sections that provide follow-up services, contact follow-up, and the Special Pharmaceutical Benefits Program. These collaborations ensure that people living with HIV receive necessary medical care and other support services.

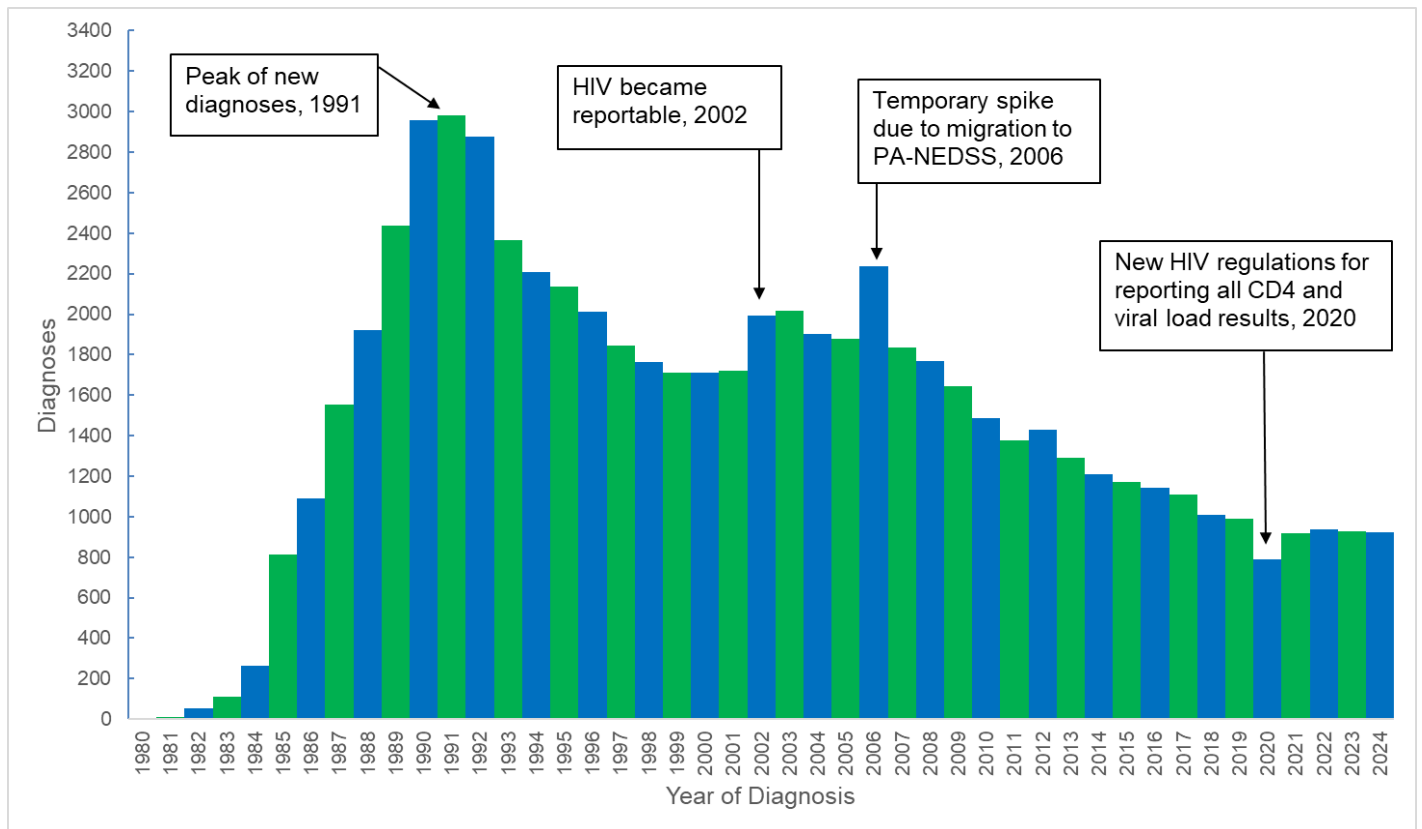
Data in this report are based on confirmed HIV disease among persons who were residents of PA at the time of diagnosis in calendar year 2024 and reported to the PADOH by March 31, 2025. Nationally, certain minimum requirements must be met to be considered a “countable” HIV disease. These requirements are the same as those used by the CDC for publishing national estimates.¹ At a minimum, an individual must have a confirmed diagnosis (either through a standard laboratory testing algorithm or confirmed by a physician) and the following characteristics must be known: the person’s date of birth, sex at birth, county of residence at diagnosis, vital status (i.e., alive or deceased), race, and last name. These data are regularly matched with other databases such as state vital records data to ascertain vital status of diagnosed persons. In addition, PA and all other states regularly exchange information to determine if an individual is truly a new diagnosis or was previously diagnosed in another state.

Findings

The first case of AIDS in PA was reported after the start of the epidemic in 1981, although subsequent epidemiological investigation identified cases that were diagnosed in 1980. The 1980s and first half of the 1990s saw a rapid increase in the number of new cases with a peak occurring in 1991. In the mid-1990s, the number of newly diagnosed individuals in PA began to steadily decline. The observed increase in reported new diagnoses in 2006 was attributable mainly to the migration of HIV data reporting from the HIV/AIDS Reporting System to the PA-NEDSS in late October 2005. In 2024, 922 new diagnoses of HIV disease among residents of PA were reported. This number may be incomplete due to lags in reporting.

Figure 1 depicts the number of new diagnoses of HIV disease among PA residents by year of diagnosis. For each year, the bars represent new cases of HIV disease. The numbers show persistent decline in new diagnoses of HIV disease since the peak in 1991.

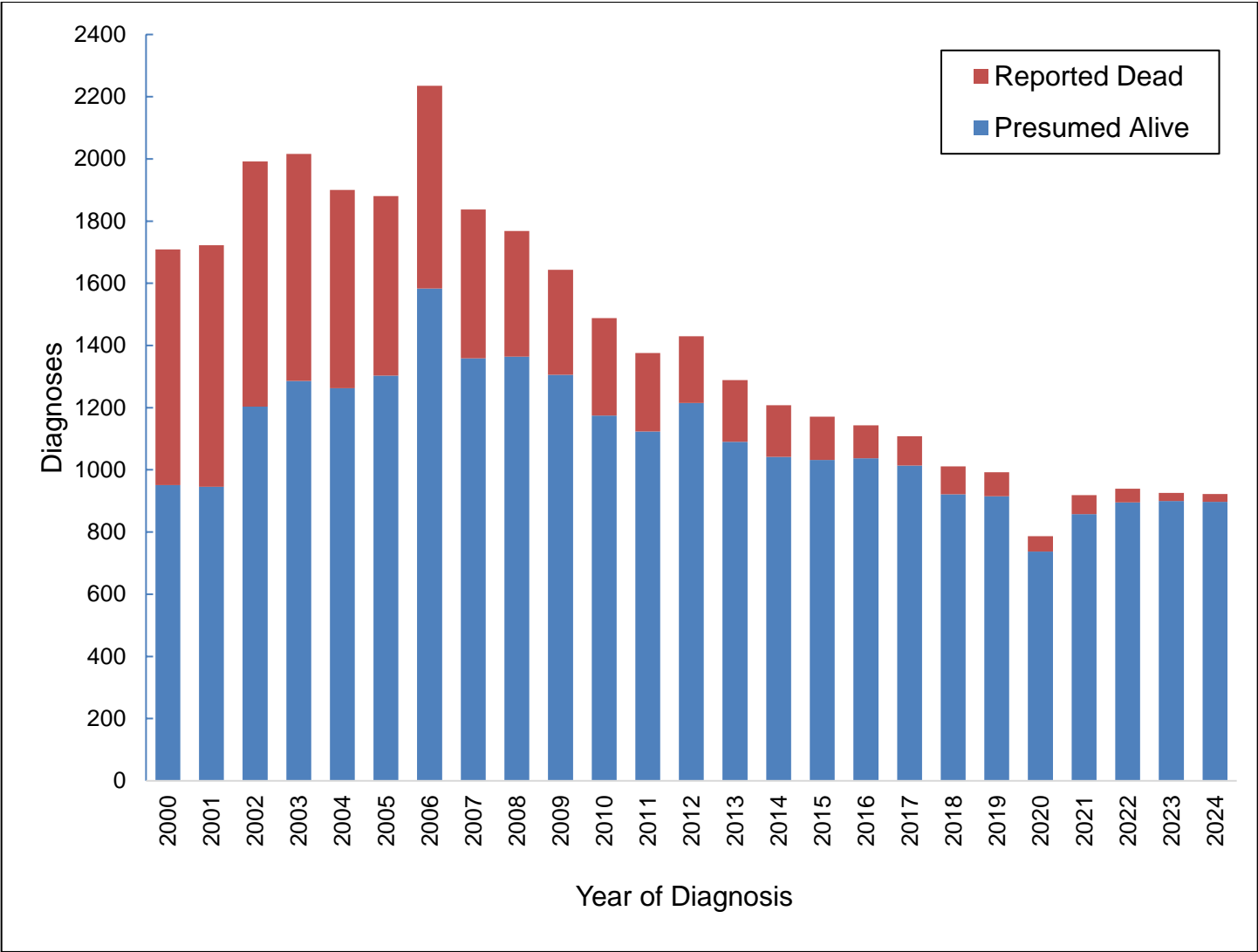
Figure 1: Annual New HIV Disease by Year of Diagnosis in PA, 1980-2024



Note: HIV Infection without AIDS became reportable in Pennsylvania in October 2002.
Data source: PA HIV Surveillance.

Figure 2 displays the number of people with HIV disease by vital status and year of diagnosis. Mortality among individuals living with HIV disease decreased over time in PA, and this was observed in every population group. HAART first became available in the mid-1990s and dramatically decreased the number of deaths among people with HIV disease. That trend continued while the number of people living with this condition continued to increase every year.

Figure 2: The Number HIV Diagnoses by Vital Status and Year of Diagnosis in PA, 2000-2024



Data source: PA HIV Surveillance.

Table 1 provides the number of new HIV disease diagnoses among residents of PA from 1980 through 2024. Pediatric diagnoses are children who were diagnosed with HIV disease before age 13. The number of children perinatally exposed to HIV disease has declined sharply largely due to prevention efforts among pregnant persons.

Table 1: Annual Diagnoses of HIV Disease Among Residents of PA, 1980-2024

Year of Diagnosis	Adult/Adolescent	Pediatric*	Total
1980	3	0	3
1981	8	1	9
1982	49	3	52
1983	107	6	113
1984	259	4	263
1985	786	26	812
1986	1,072	16	1,088
1987	1,535	18	1,553
1988	1,899	24	1,923
1989	2,415	23	2,438
1990	2,916	40	2,956
1991	2,945	39	2,984
1992	2,809	67	2,876
1993	2,296	69	2,365
1994	2,170	39	2,209
1995	2,091	44	2,135
1996	1,978	32	2,010
1997	1,822	22	1,844
1998	1,730	35	1,765
1999	1,681	29	1,710
2000	1,690	19	1,709
2001	1,700	22	1,722
2002	1,974	18	1,992
2003	1,992	24	2,016
2004	1,891	9	1,900
2005	1,867	13	1,880
2006	2,222	13	2,235
2007	1,826	11	1,837
2008	1,755	13	1,768
2009	1,637	6	1,643
2010	1,476	12	1,488
2011	1,370	6	1,376
2012	1,421	9	1,430
2013	1,285	4	1,289
2014	1,205	3	1,208
2015	1,165	6	1,171
2016	1,140	3	1,143
2017	1,107	1	1,108
2018	1,010	1	1,011
2019	992	0	992
2020	785	2	787
2021	917	2	919
2022	938	1	939
2023**	926	0	926
2024**	920	2	922
Total	65,782	737	66,519

*Cases diagnosed with HIV disease before age 13.

** Count may be incomplete due to lag in reporting.

Data source: PA HIV Surveillance.

Table 2 depicts HIV disease by sex, race/ethnicity, and year of diagnosis from 2019-2024 and cumulative data from 1980 to 2024. HIV disease had a differential impact on various racial/ethnic groups with a disproportionate impact on Blacks/African Americans for both males and females. In 2024, Blacks/African Americans accounted for 46% and 52% of all new HIV diagnoses among males and females respectively. Overall, non-white individuals accounted for 76.4% of all persons diagnosed with HIV disease in 2024.

Table 2: Number of Newly Diagnosed HIV Disease by Sex, Race/Ethnicity and Year of Diagnosis in PA, 2019-2024

	2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (Male)	764	100	624	100	726	100	744	100	730	100	712	100	50,352	100
White	235	31	189	30	226	31	226	30	198	27	172	24	18,111	36
Black/African American	331	43	279	45	311	43	308	41	303	42	330	46	22,977	46
Hispanic	148	19	115	18	147	20	164	22	190	26	167	23	7,114	14
Asian	13	2	7	1	8	1	9	1	20	3	19	3	367	1
American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	47	0
Multiracial**	36	5	30	5	32	4	34	5	19	3	24	3	1,736	3
Total (Female)	228	100	163	100	193	100	195	100	196	100	210	100	16,167	100
White	49	21	37	23	41	21	52	27	44	22	46	22	3,384	21
Black/African American	126	55	95	58	110	57	86	44	109	56	110	52	9,272	57
Hispanic	44	19	24	15	27	14	42	22	35	18	41	20	2,645	16
Asian	-	-	-	-	-	-	-	-	-	-	-	-	94	1
American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	14	0
Multiracial**	9	4	7	4	12	6	10	5	-	-	9	4	758	5
Total	992	100	787	100	919	100	939	100	926	100	922	100	66,519	100

* Count may be incomplete due to lag in reporting.

** Multiracial is a selection which encompasses individuals indicating one or more racial categories.

Dash (-) indicates cell size of ≤5.

Note: Percentages may not add to 100% due to 'rounding'.

Data source: PA HIV Surveillance.

Table 3 provides a tabulation of all HIV disease diagnoses among PA residents from 2019-2024 and cumulative data from 1980 to 2024. A person may be diagnosed with HIV disease at any age, but many of the persons are diagnosed between ages 15 and 44. In the past five years, persons in this age range accounted for the highest proportion of new diagnoses each year.

Table 3: Number of New Diagnosed HIV Disease by Age at Diagnosis and Year of Diagnosis in PA, 2019-2024

Age group (years)	2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<13	-	-	-	-	-	-	-	-	-	-	-	-	737	1
13 -14	-	-	-	-	-	-	-	-	-	-	-	-	91	0
15 - 24	216	22	165	21	188	20	152	16	165	18	174	19	9,209	14
25 - 34	366	37	287	36	351	38	364	39	347	37	330	36	21,690	33
35 - 44	170	17	139	18	185	20	222	24	209	23	226	25	19,706	30
45 - 54	128	13	111	14	112	12	108	12	113	12	92	10	10,397	16
55 - 64	87	9	68	9	69	8	69	7	70	8	65	7	3,674	6
65 +	24	2	15	2	12	1	22	2	22	2	32	3	1,015	2
Total	992	100	787	100	919	100	939	100	926	100	922	100	66,519	100

* Count may be incomplete due to lag in reporting.

Dash (-) indicates cell size of ≤5.

Note: Percentages may not add to 100% due to 'rounding'.

Data source: PA HIV Surveillance.

Table 4 provides a summary of all reported HIV disease among PA residents from 2019-2024 and cumulative data from 1980 to 2024 by mode of transmission. The most common modes of transmission are MSM, heterosexual contact, and IDU. Most pediatric HIV disease cases occur through perinatal exposure. The predominant mode of transmission in the past 5 years was MSM; MSM accounted for 52% of new diagnoses in 2024, while heterosexual contact accounted for 16%. IDU (including those with combined MSM and IDU risk factors) accounted for 8% of new diagnoses in 2024.

Table 4: Number of Cases of HIV Disease by Mode of Transmission and Year of Diagnosis in PA, 2019-2024

All Modes	2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Heterosexual contact	207	21	134	17	217	24	140	15	165	18	150	16	16,085	24
IDU	102	10	49	6	64	7	88	9	42	5	57	6	15,571	23
MSM	531	54	415	53	485	53	483	51	504	54	476	52	26,363	40
MSM&IDU	38	4	43	5	44	5	41	4	19	2	23	2	3,261	5
Other risks**	-	-	-	-	-	-	-	-	-	-	-	-	478	1
Pediatric mode***	-	-	-	-	-	-	-	-	-	-	-	-	696	1
Unknown risks	114	11	144	18	108	12	185	20	196	21	215	23	4,065	6
All Modes	992	100	787	100	919	100	939	100	926	100	922	100	66,519	100

* Count may be incomplete due to lag in reporting.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to “rounding”.

Data source: PA HIV Surveillance.

Table 5.1 provides a summary of all reported new diagnoses of HIV disease during the first two decades of the epidemic among PA residents from 1980-1990 and from 1991 to 2000 by mode of transmission and race/ethnicity. This table shows that MSM was the most common mode of transmission and accounted for 52% of all reported cases during the first decade (1980-1990), whereas IDU accounted for 27%. The order of dominance was reversed in the second decade, where IDU became more common accounting for 36%, while MSM accounted for 32% of all reported cases.

Table 5.1: Number of HIV Disease by Mode of Transmission, Race/Ethnicity, and Decades of Diagnosis in PA, 1980-1990, and 1991-2000

	White		Black/African American		Hispanic/Latinx		Asian & Native Hawaiian/ Other Pacific Islander		American Indian/Alaska Native		Multiracial*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (1980-1990)	5,454	100	4,254	100	1,317	100	23	100	-	-	158	100	11,210	100
Heterosexual Contact	232	4	322	8	143	11	-	9	-	-	9	6	708	6
IDU	692	13	1,537	36	789	60	-	-	-	-	56	35	3,076	27
MSM	3,735	68	1,755	41	228	17	17	74	-	-	62	39	5,799	52
MSM&IDU	331	6	440	10	100	8	-	-	-	-	26	16	898	8
Other risks**	308	6	28	1	9	1	-	-	-	-	-	-	346	3
Pediatric mode***	53	1	66	2	29	2	-	-	-	-	-	-	151	1
Unknown risks	103	2	106	2	19	1	-	-	-	-	-	-	232	2
Total (1991-2000)	6,594	100	11,441	100	2,853	100	65	100	9	100	645	100	21,607	100
Heterosexual Contact	856	13	2,687	23	720	25	19	29	-	-	145	22	4,429	20
IDU	1,472	22	4,769	42	1,381	48	-	-	-	-	238	37	7,866	36
MSM	3,581	54	2,741	24	396	14	28	43	-	-	175	27	6,925	32
MSM&IDU	336	5	698	6	148	5	-	-	-	-	53	8	1,236	6
Other risks**	81	1	23	0	-	-	-	-	-	-	-	-	116	1
Pediatric mode***	48	1	240	2	71	2	-	-	-	-	12	2	372	2
Unknown risks	220	3	283	2	132	5	7	11	-	-	20	3	663	3

* Multiracial is a selection which encompasses individuals indicating one or more racial categories.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 5.2 provides a summary of all reported new diagnoses of HIV disease during 2001-2010 and 2011-2024 among PA residents by mode of transmission and race/ethnicity. This table shows that heterosexual transmission was the most common mode of transmission in 2001-2010, accounting for 37% of cases, while MSM accounted for 32% of all reported cases during the same decade. IDU and MSM/IDU transmission accounted for 23% of cases during 2001-2010 and only accounted for 10% in 2011-2024. During the period 2011-2023, MSM became the most common mode of transmission, followed by heterosexual contact.

Table 5.2: Number of HIV Disease by Mode of Transmission, Race/Ethnicity, and Decades of Diagnosis in PA, 2001-2010 and 2011-2024

	White		Black/African American		Hispanic/Latinx		Asian & Native Hawaiian/Other Pacific Islander		American Indian/Alaska Native		Multiracial*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (2001-2010)	5,236	100	9,164	100	2,851	100	135	100	20	100	1,075	100	18,481	100
Heterosexual Contact	1,155	22	4,264	47	1,014	36	60	44	9	45	393	37	6,895	37
IDU	776	15	1,736	19	790	28	9	7	-	-	211	20	3,524	19
MSM	2,577	49	2,282	25	646	23	47	35	9	45	321	30	5,882	32
MSM&IDU	254	5	247	3	101	4	-	-	-	-	62	6	666	4
Other risks**	8	0	-	-	-	-	-	-	-	-	-	-	16	0
Pediatric mode***	18	0	82	1	29	1	-	-	-	-	-	-	136	1
Unknown risks	448	9	548	6	268	9	15	11	-	-	83	8	1,362	7
Total (2011-2024)	4,211	100	7,390	100	2,738	100	238	100	28	100	616	100	15,221	100
Heterosexual Contact	769	18	2,302	31	725	26	67	28	10	36	180	29	4,053	27
IDU	503	12	305	4	247	9	-	-	-	-	44	7	1,105	7
MSM	2,381	57	3,558	48	1,378	50	130	55	15	54	295	48	7,757	51
MSM&IDU	235	6	108	1	84	3	-	-	-	-	28	5	461	3
Pediatric mode***	-	-	22	0	7	0	-	-	-	-	-	-	37	0
Unknown risks	320	8	1,095	15	297	11	30	13	-	-	65	11	1,808	12

* Multiracial is a selection which encompasses individuals indicating one or more racial categories.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 5A.1 provides the number of new diagnoses of HIV disease among **males** during the first two decades of the epidemic among PA residents from 1980-1990 and from 1991-2000 by mode of transmission and race/ethnicity. While MSM had the highest proportion of cases of HIV disease for all decades among males, IDU accounted for over a third of the cases during the second decade.

Table 5A.1: Number of HIV Disease Among Males by Mode of Transmission, Race/Ethnicity, and Decades of Diagnosis in PA, 1980-1990 and 1991-2000

	White		Black/African American		Hispanic/Latinx		Asian & Native Hawaiian/Other Pacific Islander		American Indian/Alaska Native		Multiracial*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (1980-1990)	4,972	100	3,546	100	1,016	100	20	100	-	100	130	100	9,686	100
Heterosexual Contact	82	2	112	3	33	3	-	-	-	-	-	-	229	2
IDU	447	9	1,101	31	612	60	-	-	-	-	37	28	2,197	23
MSM	3,735	75	1,755	49	228	22	17	85	-	-	62	48	5,799	60
MSM&IDU	331	7	440	12	100	10	-	-	-	-	26	20	898	9
Other risks**	254	5	16	0	9	1	-	-	-	-	-	-	279	3
Pediatric mode***	44	1	43	1	21	2	-	-	-	-	-	-	109	1
Unknown risks	79	2	79	2	13	1	-	-	-	-	-	-	175	2
Total (1991-2000)	5,430	100	8,000	100	1,913	100	48	100	6	100	432	100	15,829	100
Heterosexual Contact	347	6	988	12	214	11	9	19	-	-	49	11	1,607	10
IDU	924	17	3,274	41	1,037	54	-	-	-	-	143	33	5,381	34
MSM	3,581	66	2,741	34	396	21	28	58	-	-	175	41	6,925	44
MSM&IDU	336	6	698	9	148	8	-	-	-	-	53	12	1,236	8
Other risks**	62	1	11	0	-	-	-	-	-	-	-	-	81	1
Pediatric mode***	30	1	115	1	45	2	-	-	-	-	-	-	193	1
Unknown risks	150	3	173	2	69	4	-	-	-	-	9	2	406	3

* Multiracial is a selection which encompasses individuals indicating one or more racial categories.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 5A.2 provides a summary of all reported new diagnoses of HIV disease among **males** from 2001-2010 and from 2011-2024 among PA residents by mode of transmission and race/ethnicity. This table shows that while MSM accounted for 65% of all reported cases in 2011-2024, heterosexual transmission became increasingly common among males compared to earlier decades. IDU and MSM/IDU transmission accounted for 23% during 2001-2010 but only 10% during 2011-2024.

Table 5A.2: Number of HIV Disease Among Males by Mode of Transmission, Race/Ethnicity, and Decades of Diagnosis in PA, 2001-2010 and 2011-2024

	White		Black/African American		Hispanic/Latinx		Asian & Native Hawaiian/Other Pacific Islander		American Indian/Alaska Native		Multiracial*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (2001-2010)	4,190	100	5,952	100	1,995	100	107	100	13	100	700	100	12,957	100
Heterosexual Contact	593	14	1,945	33	462	23	40	37	-	-	154	22	3,198	25
IDU	475	11	1,128	19	605	30	8	7	-	-	126	18	2,342	18
MSM	2,577	62	2,282	38	646	32	47	44	9	69	321	46	5,882	45
MSM&IDU	254	6	247	4	101	5	-	-	-	-	62	9	666	5
Other risks**	6	0	-	-	-	-	-	-	-	-	-	-	9	0
Pediatric mode***	8	0	40	1	16	1	-	-	-	-	-	-	67	1
Unknown risks	277	7	310	5	162	8	10	9	-	-	34	5	793	6
Total (2011-2024)	3,519	100	5,479	100	2,190	100	192	100	26	100	474	100	11,880	100
Heterosexual Contact	423	12	1,104	20	378	17	34	18	9	35	93	20	2,041	17
IDU	282	8	199	4	176	8	-	-	-	-	26	5	689	6
MSM	2,381	68	3,558	65	1,378	63	130	68	15	58	295	62	7,757	65
MSM&IDU	235	7	108	2	84	4	-	-	-	-	28	6	461	4
Pediatric mode***	-	-	11	0	-	-	-	-	-	-	-	-	18	0
Unknown risks	197	6	499	9	170	8	18	9	-	-	30	6	914	8

* Multiracial is a selection which encompasses individuals indicating one or more racial categories.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 5B.1 provides the number of new diagnoses of HIV disease among **females** during the first two decades of the epidemic among PA residents from 1980-1990 and from 1991-2000 by mode of transmission and race/ethnicity. While IDU had the highest proportion of cases of HIV disease for the first decade, heterosexual contact became the most common during the second with 49% of all reported HIV cases.

Table 5B.1: Number of HIV Disease Among Females by Mode of Transmission, Race/Ethnicity, and Decades of Diagnosis in PA, 1980-1990 and 1991-2000

	White		Black/African American		Hispanic/Latinx		Asian & Native Hawaiian/Other Pacific Islander		American Indian/Alaska Native		Multiracial*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (1980-1990)	482	100	708	100	301	100	-	-	-	-	28	100	1,524	100
Heterosexual Contact	150	31	210	30	110	37	-	-	-	-	8	29	479	31
IDU	245	51	436	62	177	59	-	-	-	-	19	68	879	58
Other risks**	54	11	12	2	-	-	-	-	-	-	-	-	67	4
Pediatric mode***	9	2	23	3	8	3	-	-	-	-	-	-	42	3
Unknown risks	24	5	27	4	6	2	-	-	-	-	-	-	57	4
Total (1991-2000)	1,164	100	3,441	100	940	100	17	100	-	-	213	100	5,778	100
Heterosexual Contact	509	44	1,699	49	506	54	10	59	-	-	96	45	2,822	49
IDU	548	47	1,495	43	344	37	-	-	-	-	95	45	2,485	43
Other risks**	19	2	12	0	-	-	-	-	-	-	-	-	35	1
Pediatric mode***	18	2	125	4	26	3	-	-	-	-	10	5	179	3
Unknown risks	70	6	110	3	63	7	-	-	-	-	11	5	257	4

* Multiracial is a selection which encompasses individuals indicating one or more racial categories.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 5B.2 provides a summary of all reported new diagnoses of HIV disease among **females** during 2001-2010 and 2011-2023 among PA residents by mode of transmission and race/ethnicity. The predominant mode of transmission for females during these two decades was heterosexual contact. Another notable observation during these two decades was that persons reported with IDU as mode of HIV transmission declined from 21% to 12%.

Table 5B.2: Number of HIV Disease Among Females by Mode of Transmission, Race/Ethnicity, and Decades of Diagnosis in PA, 2001-2010 and 2011-2024

	White		Black/African American		Hispanic/Latinx		Asian & Native Hawaiian/Other Pacific Islander		American Indian/Alaska Native		Multiracial*		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total (2001-2010)	1,046	100	3,212	100	856	100	28	100	7	100	375	100	5,524	100
Heterosexual Contact	562	54	2,319	72	552	64	20	71	-	-	239	64	3,697	67
IDU	301	29	608	19	185	22	-	-	-	-	85	23	1,182	21
Other risks**	-	-	-	-	-	-	-	-	-	-	-	-	7	0
Pediatric mode***	10	1	42	1	13	2	-	-	-	-	-	-	69	1
Unknown risks	171	16	238	7	106	12	-	-	-	-	49	13	569	10
Total (2011-2024)	692	100	1,911	100	548	100	46	100	-	-	142	100	3,341	100
Heterosexual Contact	346	50	1,198	63	347	63	33	72	-	-	87	61	2,012	60
IDU	221	32	106	6	71	13	-	-	-	-	18	13	416	12
Pediatric mode***	-	-	11	1	-	-	-	-	-	-	-	-	19	1
Unknown risks	123	18	596	31	127	23	12	26	-	-	35	25	894	27

* Multiracial is a selection which encompasses individuals indicating one or more racial categories.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 6 provides a summary of all reported new diagnoses of HIV disease by vital status and county of residence at diagnosis. The majority of persons diagnosed with HIV disease in PA were residents of large population centers, such as Philadelphia and Allegheny counties.

Table 6: Cumulative Number of HIV Disease by Vital Status and County of Residence at Diagnosis in PA, 1980-2024

County	Presumed alive	Reported dead	Cumulative number
Philadelphia	18,209	16,397	34,606
Allegheny	3,106	2,275	5,381
Delaware	1,883	1,483	3,366
Montgomery	1,215	882	2,097
Dauphin	1,146	844	1,990
Berks	1,136	776	1,912
Lehigh	1,119	635	1,754
Bucks	931	698	1,629
Lancaster	908	650	1,558
York	890	571	1,461
Chester	598	527	1,125
Luzerne	451	309	760
Cumberland	384	278	662
Northampton	359	292	651
Erie	365	252	617
Lackawanna	335	218	553
Monroe	298	206	504
Lycoming	195	210	405
Westmoreland	179	200	379
Lebanon	173	119	292
Centre	189	86	275
Schuylkill	151	115	266
Franklin	157	107	264
Beaver	131	127	258
Cambria	127	126	253
Washington	110	129	239
Adams	116	63	179
Blair	82	92	174
Fayette	110	64	174
Union	104	64	168
Mercer	91	64	155
Carbon	91	62	153
Northumberland	79	73	152
Somerset	89	58	147

County	Presumed alive	Reported dead	Cumulative number
Butler	96	50	146
Pike	92	47	139
Huntingdon	75	57	132
Crawford	80	52	132
Clearfield	76	47	123
Columbia	79	44	123
Lawrence	77	45	122
Wayne	51	70	121
Indiana	41	37	78
Bradford	42	36	78
Armstrong	39	37	76
Bedford	36	22	58
McKean	29	27	56
Perry	25	28	53
Venango	21	31	52
Greene	23	29	52
Susquehanna	22	20	42
Mifflin	19	22	41
Tioga	21	19	40
Montour	19	17	36
Clarion	23	11	34
Warren	23	11	34
Snyder	25	9	34
Wyoming	18	13	31
Clinton	18	10	28
Juniata	13	14	27
Jefferson	12	10	22
Elk	7	5	12
Fulton	8	4	12
Sullivan	6	3	9
Forest	8	1	9
Potter	2	6	8
Cameron	0	0	0
Total	36,633	29,886	66,519

Dash (-) indicates cell size of ≤5.

Data source: PA HIV Surveillance.

Table 7 provides a tabulation of all reported cases and rates of HIV disease by county of residence and year of diagnosis (2021 through 2024). In 2024, the rate of new HIV diagnoses for PA was 7.1 per 100,000 population. Philadelphia County had the highest rate at 25.2 per 100,000 population.

Table 7: Rate of HIV Disease by County of Residence in PA, 2020-2024

County	2021	2022	2023*	2024*	2024 Rate**
Adams	-	-	-	-	-
Allegheny	90	71	66	76	6.2
Armstrong	-	-	-	-	-
Beaver	-	-	-	-	-
Bedford	-	-	-	-	-
Berks	32	46	52	35	8.1
Blair	-	-	-	-	-
Bradford	-	-	-	-	-
Bucks	20	30	26	31	4.8
Butler	-	-	-	-	-
Cambria	6	8	-	7	5.4
Cameron	-	-	-	-	-
Carbon	-	-	-	-	-
Centre	-	-	-	-	-
Chester	18	15	18	13	2.4
Clarion	-	-	-	-	-
Clearfield	-	-	-	-	-
Clinton	-	-	-	-	-
Columbia	-	-	-	-	-
Crawford	-	-	-	-	-
Cumberland	18	9	9	13	4.8
Dauphin	39	27	29	32	11.1
Delaware	59	47	51	60	10.4
Elk	-	-	-	-	-
Erie	19	12	7	-	-
Fayette	-	-	-	6	4.8
Forest	-	-	-	-	-
Franklin	9	8	10	6	3.8
Fulton	-	-	-	-	-
Greene	-	-	-	-	-
Huntingdon	-	-	-	7	16.1
Indiana	-	-	-	-	-
Jefferson	-	-	-	-	-
Juniata	-	-	-	-	-

County	2021	2022	2023*	2024*	2024 Rate**
Lackawanna	14	18	12	11	5.1
Lancaster	15	19	27	29	5.2
Lawrence	-	8	-	-	-
Lebanon	8	7	9	9	6.2
Lehigh	23	29	26	32	8.5
Luzerne	29	21	20	17	5.2
Lycoming	6	-	-	-	-
McKean	-	-	-	-	-
Mercer	-	10	-	-	-
Mifflin	-	-	-	-	-
Monroe	11	15	11	12	7.2
Montgomery	24	38	43	30	3.5
Montour	-	-	-	-	-
Northampton	18	8	11	8	2.5
Northumberland	-	-	6	-	-
Perry	-	-	-	-	-
Philadelphia	366	392	390	391	25.2
Pike	-	-	-	-	-
Potter	-	-	-	-	-
Schuylkill	-	9	8	9	6.3
Snyder	-	-	-	-	-
Somerset	-	-	-	-	-
Sullivan	-	-	-	-	-
Susquehanna	-	-	-	-	-
Tioga	-	-	-	-	-
Union	-	-	-	-	-
Venango	-	-	-	-	-
Warren	-	-	-	-	-
Washington	6	-	7	-	-
Wayne	-	-	-	-	-
Westmoreland	6	-	-	-	-
Wyoming	-	-	-	-	-
York	32	27	30	36	7.7
Total	919	939	926	922	7.1

* Count may be incomplete due to lag in reporting.

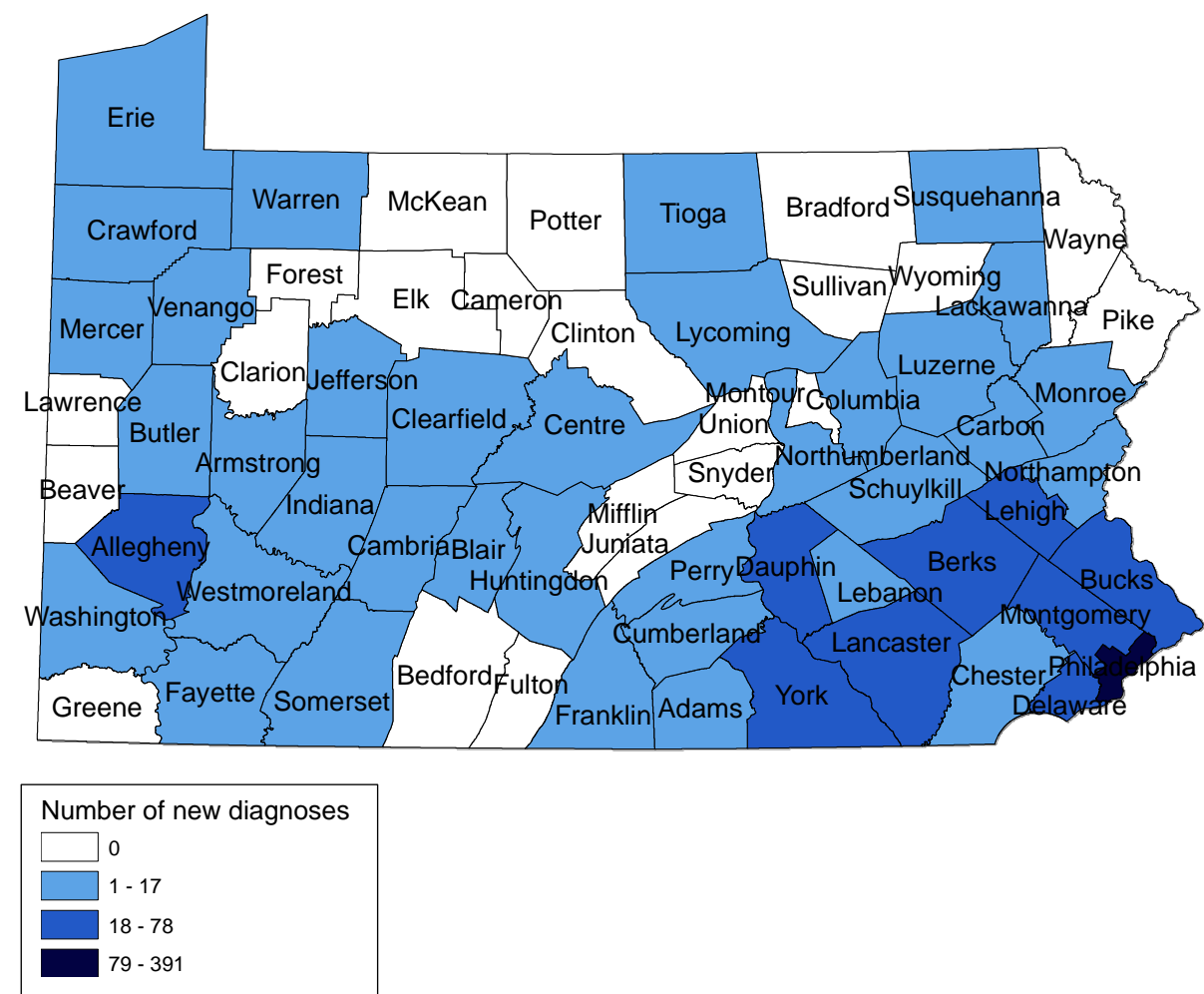
**Rates based on 2023 estimated population.

Dash (-) indicates cell size of ≤5.

Data source: PA HIV Surveillance.

Figure 3 displays the number of new diagnoses of HIV disease in 2024 by county of residence at diagnosis. Most of the people with a new HIV diagnosis were in the southeastern and southcentral counties, and Allegheny County in the southwest region of the state. Counties with zero count had no individuals diagnosed with HIV disease in the year 2024. This map was generated using ArcGIS ArcMap 10.8.2 with the data classification based on natural breaks (Jenks).

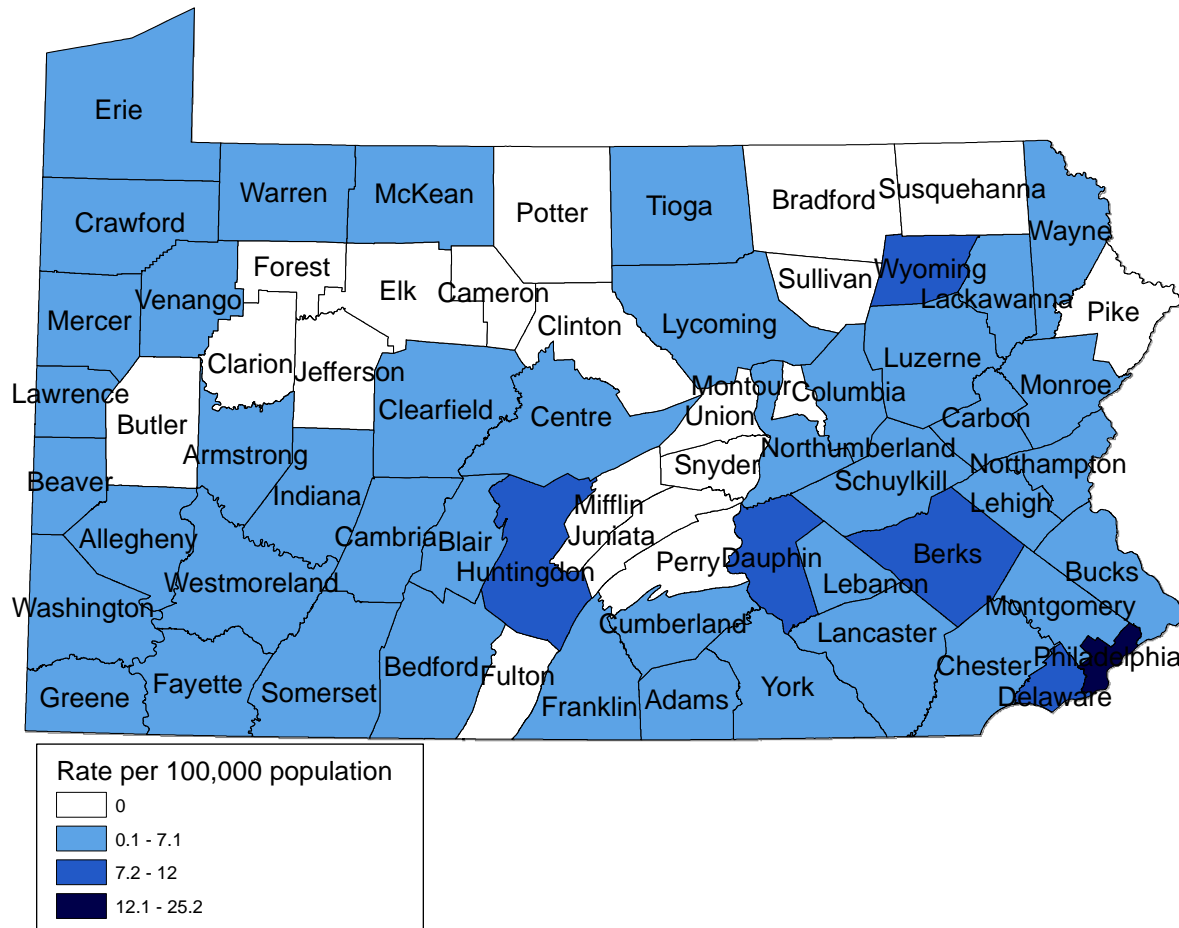
Figure 3: Number of Newly Diagnosed HIV Disease by County in PA, 2024



Data source: PA HIV Surveillance.

Figure 4 provides information on the rate of people with a new diagnoses of HIV disease in 2023 by county of residence at diagnosis. The overall HIV rate in PA in 2023 was 7.1 per 100,000 population. Two of 48 rural counties, Huntingdon and Wyoming, saw a rate higher than the state rate, and four of 19 urban counties, Berks, Dauphin, Delaware, and Philadelphia, experienced rates higher than the state. The highest rate was observed in Philadelphia County at 25.2 per 100,000 population. Counties with zero rates had no HIV disease diagnosed in the year 2023. This map was generated using ArcGIS ArcMap 10.8.2 with the data classification based on manual breaks.

Figure 4: Rate* (Per 100,000 County Residents) of Newly Diagnosed HIV Disease by County, PA, 2023



Data source: PA HIV Surveillance.

Ryan White HIV/AIDS Program Part B Subrecipients Regions

This section describes HIV epidemiology in the Ryan White HIV/AIDS Program Part B Subrecipients regions in PA and covers data presented through page 36. There are seven regional subrecipients, namely Division of HIV Health, MidEast PA Care & Advocacy Network (formerly AIDSNET), Northeast United Way of Wyoming Valley, Northcentral District Allied Connection, Southcentral Family Health Council, Southwest PA - Jewish Healthcare Foundation, and Northwest PA Thrive Partnership. The HIV Care section is responsible for the coordination and delivery of HIV care and support services. This is accomplished through contracts with seven regional subrecipients, which in turn contract with local providers to provide direct services. This system provides a statewide service delivery network for persons with or impacted by HIV.

The Care section receives funding from several sources: Ryan White Part B Grant (including the Special pharmaceutical benefits program [SPBP] or AIDS Drug Assistance Program) provided by HRSA, Housing opportunities for persons living with AIDS provided through Department of Housing and Urban Development, state funding, and rebates from SPBP.

Approximately 16,000 individuals utilize Ryan White services in PA each year. Services are defined by Core Medical Services or Support Services.

Table 8 provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission, and HIV Ryan White Part B Subrecipients Region.

Table 8: Characteristics of HIV Disease by Time Interval of Diagnosis and HIV Ryan White Part B Subrecipients Region in PA, 2019-2024

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	61,034	100	992	100	787	100	919	100	939	100	926	100	922	100	66,519	100
SEX	Male	46,052	75	764	77	624	79	726	79	744	79	730	79	712	77	50,352	76
	Female	14,982	25	228	23	163	21	193	21	195	21	196	21	210	23	16,167	24
RACE/ ETHNICITY	Hispanic	8,615	14	192	19	139	18	174	19	206	22	225	24	208	23	9,759	15
	American Indian or Alaska Native	50	0	-	-	-	-	-	-	-	-	-	-	-	-	61	0
	Asian	371	1	13	1	7	1	11	1	14	1	23	2	22	2	461	1
	Black /African American	29,751	49	457	46	374	48	421	46	394	42	412	44	440	48	32,249	48
	White	19,980	33	284	29	226	29	267	29	278	30	242	26	218	24	21,495	32
	Multiracial	2,267	4	45	5	37	5	44	5	44	5	24	3	33	4	2,494	4
AGE (YEARS)	<13	730	1	-	-	-	-	-	-	-	-	-	-	-	-	737	1
	13 to 14	88	0	-	-	-	-	-	-	-	-	-	-	-	-	91	0
	15 to 24	8,149	13	216	22	165	21	188	20	152	16	165	18	174	19	9,209	14
	25 to 34	19,645	32	366	37	287	36	351	38	364	39	347	37	330	36	21,690	33
	35 to 44	18,555	30	170	17	139	18	185	20	222	24	209	23	226	25	19,706	30
	45 to 54	9,733	16	128	13	111	14	112	12	108	12	113	12	92	10	10,397	16
	55 to 64	3,246	5	87	9	68	9	69	8	69	7	70	8	65	7	3,674	6
	65+	888	1	24	2	15	2	12	1	22	2	22	2	32	3	1,015	2
MODE OF TRANSMISSION	MSM	23,469	38	531	54	415	53	485	53	483	51	504	54	476	52	26,363	40
	IDU	15,169	25	102	10	49	6	64	7	88	9	42	5	57	6	15,571	23
	MSM&IDU	3,053	5	38	4	43	5	44	5	41	4	19	2	23	2	3,261	5
	Heterosexual contact	15,072	25	207	21	134	17	217	24	140	15	165	18	150	16	16,085	24
	Other**	478	1	-	-	-	-	-	-	-	-	-	-	-	-	478	1
	Pediatric mode***	690	1	-	-	-	-	-	-	-	-	-	-	-	-	696	1
	Unknown risk	3,103	5	114	11	144	18	108	12	185	20	196	21	215	23	4,065	6
REGIONAL SUBRECIPIENT	Division of HIV Health	39,693	65	605	61	463	59	487	53	522	56	528	57	525	57	42,823	64
	MidEast PA Care & Advocacy Network (formerly AIDSNET)	4,676	8	96	10	57	7	91	10	110	12	111	12	99	11	5,240	8
	Northeast United Way of Wyoming Valley	1,430	2	28	3	36	5	45	5	43	5	35	4	29	3	1,646	2
	Northcentral District Allied Connection	1,256	2	14	1	14	2	19	2	22	2	18	2	13	1	1,356	2
	Southcentral Family Health Council	6,209	10	101	10	90	11	128	14	108	12	126	14	141	15	6,903	10
	Southwest PA - Jewish Healthcare Foundation	6,547	11	117	12	111	14	122	13	99	11	89	10	98	11	7,183	11
	Northwest PA Thrive Partnership	1,223	2	31	3	16	2	27	3	35	4	19	2	17	2	1,368	2

* Count may be incomplete due to lag in reporting.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure)

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 9 below provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission, and county of residence for the Division of HIV Health region.

Table 9: Characteristics of HIV Disease by Time Interval of Diagnosis for Division of HIV Health Region in PA, 2019-2024
(Bucks, Delaware, Chester, Montgomery, and Philadelphia counties)

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	39,693	100	605	100	463	100	487	100	522	100	528	100	525	100	42,823	100
SEX	Male	29,706	75	459	76	352	76	384	79	395	76	410	78	422	80	32,128	75
	Female	9,987	25	146	24	111	24	103	21	127	24	118	22	103	20	10,695	25
RACE/ ETHNICITY	Hispanic	4,756	12	96	16	88	19	67	14	103	20	104	20	95	18	5,309	12
	American Indian or Alaska Native	40	0	-	-	-	-	-	-	-	-	-	-	-	-	48	0
	Asian	265	1	8	1	-	-	8	2	11	2	18	3	16	3	330	1
	Black /African American	23,979	60	357	59	274	59	281	58	276	53	298	56	318	61	25,783	60
	White	9,498	24	118	20	80	17	113	23	106	20	101	19	82	16	10,098	24
	Multiracial	1,155	3	25	4	15	3	17	3	23	4	7	1	13	2	1,255	3
AGE (YEARS)	<13	478	1	-	-	-	-	-	-	-	-	-	-	-	-	483	1
	13 to 14	46	0	-	-	-	-	-	-	-	-	-	-	-	-	49	0
	15 to 24	5,412	14	144	24	94	20	101	21	80	15	106	20	99	19	6,036	14
	25 to 34	12,648	32	214	35	177	38	190	39	209	40	192	36	205	39	13,835	32
	35 to 44	11,950	30	108	18	83	18	98	20	126	24	110	21	116	22	12,591	29
	45 to 54	6,383	16	74	12	61	13	51	10	53	10	64	12	48	9	6,734	16
	55 to 64	2,166	5	49	8	40	9	40	8	36	7	38	7	38	7	2,407	6
	65+	610	2	15	2	7	2	-	-	16	3	18	3	17	3	688	2
MODE OF TRANSMISSION	MSM	14,487	36	318	53	242	52	255	52	264	51	300	57	309	59	16,175	38
	IDU	10,495	26	81	13	33	7	52	11	66	13	27	5	31	6	10,785	25
	MSM&IDU	1,981	5	20	3	17	4	23	5	13	2	8	2	8	2	2,070	5
	Heterosexual contact	10,771	27	78	13	55	12	69	14	68	13	71	13	68	13	11,180	26
	Other**	164	0	-	-	-	-	-	-	-	-	-	-	-	-	164	0
	Pediatric mode***	453	1	-	-	-	-	-	-	-	-	-	-	-	-	458	1
	Unknown risk	1,342	3	108	18	115	25	87	18	109	21	122	23	108	21	1,991	5
COUNTY OF DIAGNOSIS	Bucks	1,469	4	28	5	25	5	20	4	30	6	26	5	31	6	1,629	4
	Chester	1,029	3	19	3	13	3	18	4	15	3	18	3	13	2	1,125	3
	Delaware	3,030	8	69	11	50	11	59	12	47	9	51	10	60	11	3,366	8
	Montgomery	1,886	5	43	7	33	7	24	5	38	7	43	8	30	6	2,097	5
	Philadelphia	32,279	81	446	74	342	74	366	75	392	75	390	74	391	74	34,606	81

* Count may be incomplete due to lag in reporting.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 10 below provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission, and county of residence for the AIDSNET region.

Table 10: Characteristics of HIV Disease by Time Interval of Diagnosis for MidEast PA Care & Advocacy Network (formerly AIDSNET) Region in PA, 2019-2024

(Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill counties)

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	4676	100	96	100	57	100	91	100	110	100	111	100	99	100	5240	100
SEX	Male	3228	69	76	79	41	72	67	74	92	84	87	78	74	75	3665	70
	Female	1448	31	20	21	16	28	24	26	18	16	24	22	25	25	1575	30
RACE/ ETHNICITY	Hispanic	1884	40	48	50	20	35	36	40	50	45	59	53	44	44	2141	41
	American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Asian	13	0	-	-	-	-	-	-	-	-	-	-	-	-	17	0
	Black /African American	829	18	16	17	11	19	24	26	19	17	21	19	22	22	942	18
	White	1732	37	30	31	21	37	26	29	35	32	25	23	26	26	1895	36
	Multiracial	216	5	-	-	-	-	-	-	6	5	6	5	6	6	243	5
AGE (YEARS)	<13	65	1	-	-	-	-	-	-	-	-	-	-	-	-	65	1
	13 to 14	9	0	-	-	-	-	-	-	-	-	-	-	-	-	9	0
	15 to 24	537	11	20	21	17	30	17	19	18	16	16	14	23	23	648	12
	25 to 34	1502	32	30	31	12	21	38	42	41	37	42	38	28	28	1693	32
	35 to 44	1493	32	14	15	14	25	13	14	25	23	31	28	19	19	1609	31
	45 to 54	743	16	19	20	12	21	14	15	15	14	18	16	13	13	834	16
	55 to 64	250	5	10	10	-	-	8	9	10	9	-	-	11	11	294	6
	65+	77	2	-	-	-	-	-	-	-	-	-	-	-	-	88	2
MODE OF TRANSMISSION	MSM	1312	28	50	52	27	47	48	53	59	54	49	44	47	47	1592	30
	IDU	1342	29	-	-	-	-	-	-	-	-	-	-	-	-	1358	26
	MSM&IDU	184	4	-	-	-	-	-	-	-	-	-	-	-	-	198	4
	Heterosexual contact	1206	26	38	40	19	33	35	38	13	12	29	26	20	20	1360	26
	Other**	54	1	-	-	-	-	-	-	-	-	-	-	-	-	54	1
	Pediatric mode***	62	1	-	-	-	-	-	-	-	-	-	-	-	-	62	1
	Unknown risk	516	11	-	-	8	14	6	7	29	26	28	25	26	26	616	12
COUNTY OF DIAGNOSIS	Berks	1710	37	28	29	9	16	32	35	46	42	52	47	35	35	1912	36
	Carbon	137	3	-	-	-	-	-	-	-	-	-	-	-	-	153	3
	Lehigh	1596	34	28	29	20	35	23	25	29	26	26	23	32	32	1754	33
	Monroe	435	9	14	15	6	11	11	12	15	14	11	10	12	12	504	10
	Northampton	570	12	23	24	13	23	18	20	8	7	11	10	8	8	651	12
	Schuylkill	228	5	-	-	-	-	-	-	9	8	8	7	9	9	266	5

* Count may be incomplete due to lag in reporting.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 11 provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and county of residence for the Northeast United Way of the Wyoming Valley HIV region.

Table 11: Characteristics of HIV Disease by Time Interval of Diagnosis for Northeast United Way of the Wyoming Valley Region in PA, 2019-2024

(Lackawanna, Luzerne, Pike, Susquehanna, Wayne, and Wyoming counties)

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	1,430	100	28	100	36	100	45	100	43	100	35	100	29	100	1,646	100
SEX	Male	1,100	77	19	68	30	83	36	80	34	79	28	80	16	55	1,263	77
	Female	330	23	9	32	6	17	9	20	9	21	7	20	13	45	383	23
RACE/ ETHNICITY	Hispanic	225	16	9	32	2	6	17	38	9	21	8	23	9	31	279	17
	American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Asian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	0
	Black /African American	283	20	8	29	9	25	11	24	15	35	-	-	10	34	340	21
	White	845	59	10	36	20	56	17	38	17	40	21	60	8	28	938	57
	Multiracial	71	5	-	-	-	-	-	-	-	-	-	-	-	-	78	5
AGE (YEARS)	<13	22	2	-	-	-	-	-	-	-	-	-	-	-	-	22	1
	13 to 14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	15 to 24	160	11	8	29	5	14	9	20	6	14	-	-	-	-	197	12
	25 to 34	421	29	16	57	21	58	20	44	19	44	13	37	12	41	522	32
	35 to 44	467	33	-	-	-	-	6	13	6	14	9	26	6	21	499	30
	45 to 54	253	18	-	-	-	-	-	-	7	16	-	-	-	-	282	17
	55 to 64	78	5	-	-	-	-	-	-	-	-	-	-	-	-	93	6
	65+	25	2	-	-	-	-	-	-	-	-	-	-	-	-	27	2
MODE OF TRANSMISSION	MSM	518	36	11	39	18	50	22	49	23	53	18	51	10	34	620	38
	IDU	355	25	-	-	-	-	-	-	6	14	-	-	-	-	370	22
	MSM&IDU	79	6	-	-	-	-	-	-	-	-	-	-	-	-	91	6
	Heterosexual contact	313	22	15	54	9	25	18	40	6	14	12	34	14	48	387	24
	Other**	17	1	-	-	-	-	-	-	-	-	-	-	-	-	17	1
	Pediatric mode***	23	2	-	-	-	-	-	-	-	-	-	-	-	-	23	1
	Unknown risk	125	9	-	-	-	-	-	-	-	-	-	-	-	-	138	8
COUNTY OF DIAGNOSIS	Lackawanna	480	34	10	36	8	22	14	31	18	42	12	34	11	38	553	34
	Luzerne	636	44	16	57	21	58	29	64	21	49	20	57	17	59	760	46
	Pike	133	9	-	-	-	-	-	-	-	-	-	-	-	-	139	8
	Susquehanna	41	3	-	-	-	-	-	-	-	-	-	-	-	-	42	3
	Wayne	115	8	-	-	-	-	-	-	-	-	-	-	-	-	121	7
	Wyoming	25	2	-	-	-	-	-	-	-	-	-	-	-	-	31	2

* Count may be incomplete due to lag in reporting.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 12 provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and county of residence for the North Central District Allied Connections Region.

Table 12: Characteristics of HIV Disease by Time Interval of Diagnosis for North Central District Allied Connections Region in PA, 2019-2024

(Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union counties)

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	1,256	100	14	100	14	100	19	100	22	100	18	100	13	100	1,356	100
SEX	Male	967	77	13	93	14	100	15	79	18	82	15	83	11	85	1,053	78
	Female	289	23	-	-	-	-	-	-	-	-	-	-	-	-	303	22
RACE/ ETHNICITY	Hispanic	166	13	-	-	-	-	-	-	-	-	-	-	-	-	181	13
	American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Asian	10	1	-	-	-	-	-	-	-	-	-	-	-	-	12	1
	Black /African American	386	31	-	-	-	-	-	-	-	-	8	44	-	-	408	30
	White	636	51	11	79	9	64	11	58	12	55	9	50	8	62	696	51
	Multiracial	58	5	-	-	-	-	-	-	-	-	-	-	-	-	59	4
	<13	14	1	-	-	-	-	-	-	-	-	-	-	-	-	14	1
AGE (YEARS)	13 to 14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	15 to 24	161	13	-	-	-	-	-	-	-	-	-	-	-	-	176	13
	25 to 34	412	33	8	57	6	43	7	37	7	32	-	-	-	-	448	33
	35 to 44	405	32	-	-	-	-	-	-	6	27	7	39	-	-	430	32
	45 to 54	180	14	-	-	-	-	-	-	-	-	-	-	-	-	193	14
	55 to 64	64	5	-	-	-	-	-	-	-	-	-	-	-	-	73	5
	65+	17	1	-	-	-	-	-	-	-	-	-	-	-	-	19	1
MODE OF TRANSMISSION	MSM	440	35	10	71	10	71	8	42	11	50	10	56	-	-	493	36
	IDU	378	30	-	-	-	-	-	-	-	-	-	-	-	-	382	28
	MSM&IDU	96	8	-	-	-	-	-	-	-	-	-	-	-	-	102	8
	Heterosexual contact	207	16	-	-	-	-	8	42	9	41	-	-	-	-	236	17
	Other**	22	2	-	-	-	-	-	-	-	-	-	-	-	-	22	2
	Pediatric mode***	12	1	-	-	-	-	-	-	-	-	-	-	-	-	12	1
COUNTY OF DIAGNOSIS	Unknown risk	101	8	-	-	-	-	-	-	-	-	-	-	-	-	109	8
	Bradford	72	6	-	-	-	-	-	-	-	-	-	-	-	-	78	6
	Centre	254	20	-	-	-	-	-	-	-	-	-	-	-	-	275	20
	Clinton	25	2	-	-	-	-	-	-	-	-	-	-	-	-	28	2
	Columbia	115	9	-	-	-	-	-	-	-	-	-	-	-	-	123	9
	Lycoming	381	30	-	-	-	-	6	32	-	-	-	-	-	-	405	30
	Montour	31	2	-	-	-	-	-	-	-	-	-	-	-	-	36	3
	Northumberland	135	11	-	-	-	-	-	-	-	-	6	33	-	-	152	11
	Potter	7	1	-	-	-	-	-	-	-	-	-	-	-	-	8	1
	Snyder	29	2	-	-	-	-	-	-	-	-	-	-	-	-	34	3
	Sullivan	9	1	-	-	-	-	-	-	-	-	-	-	-	-	9	1
	Tioga	37	3	-	-	-	-	-	-	-	-	-	-	-	-	40	3
	Union	161	13	-	-	-	-	-	-	-	-	-	-	-	-	168	12

* Count may be incomplete due to lag in reporting

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 13 provides a summary of the number of new diagnoses of HIV disease in PA by sex, race, age at diagnosis, mode of transmission and county of residence for the Southcentral Family Health Council of Central PA (SC-FHCCP) region.

Table 13: Characteristics of HIV Disease by Time Interval of Diagnosis SC-FHCCP Region in PA, 2019-2024

(Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York counties)

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	6,209	100	101	100	90	100	128	100	108	100	126	100	141	100	6,903	100
SEX	Male	4,596	74	78	77	77	86	105	82	94	87	100	79	102	72	5,152	75
	Female	1,613	26	23	23	13	14	23	18	14	13	26	21	39	28	1,751	25
RACE/ ETHNICITY	Hispanic	1,211	20	29	29	23	26	44	34	28	26	44	35	45	32	1,424	21
	American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Asian	29	0	-	-	-	-	-	-	-	-	-	-	-	-	39	1
	Black /African American	1,577	25	9	9	22	24	33	26	24	22	36	29	38	27	1,739	25
	White	3,012	49	49	49	38	42	39	30	50	46	40	32	48	34	3,276	47
	Multiracial	377	6	10	10	6	7	11	9	-	-	-	-	9	6	421	6
AGE (YEARS)	<13	99	2	-	-	-	-	-	-	-	-	-	-	-	-	99	1
	13 to 14	16	0	-	-	-	-	-	-	-	-	-	-	-	-	16	0
	15 to 24	778	13	13	13	16	18	34	27	20	19	14	11	17	12	892	13
	25 to 34	2,031	33	37	37	29	32	39	30	36	33	57	45	51	36	2,280	33
	35 to 44	1,926	31	17	17	17	19	31	24	26	24	30	24	44	31	2,091	30
	45 to 54	1,001	16	18	18	19	21	16	13	13	12	15	12	14	10	1,096	16
	55 to 64	289	5	14	14	9	10	6	5	9	8	9	7	10	7	346	5
	65+	69	1	-	-	-	-	-	-	-	-	-	-	-	-	83	1
MODE OF TRANSMISSION	MSM	2,359	38	56	55	45	50	71	55	60	56	68	54	49	35	2,708	39
	IDU	1,523	25	8	8	8	9	-	-	6	6	-	-	10	7	1,564	23
	MSM&IDU	300	5	-	-	7	8	7	5	9	8	-	-	7	5	334	5
	Heterosexual contact	1,361	22	34	34	21	23	42	33	21	19	33	26	26	18	1,538	22
	Other**	86	1	-	-	-	-	-	-	-	-	-	-	-	-	86	1
	Pediatric mode***	93	1	-	-	-	-	-	-	-	-	-	-	-	-	93	1
	Unknown risk	487	8	-	-	9	10	-	-	12	11	19	15	49	35	580	8
COUNTY OF DIAGNOSIS	Adams	158	3	-	-	-	-	-	-	-	-	-	-	-	-	179	3
	Bedford	54	1	-	-	-	-	-	-	-	-	-	-	-	-	58	1
	Blair	163	3	-	-	-	-	-	-	-	-	-	-	-	-	174	3
	Cumberland	591	10	9	9	13	14	18	14	9	8	9	7	13	9	662	10
	Dauphin	1,813	29	25	25	25	28	39	30	27	25	29	23	32	23	1,990	29
	Franklin	227	4	-	-	-	-	9	7	8	7	10	8	6	4	264	4
	Fulton	10	0	-	-	-	-	-	-	-	-	-	-	-	-	12	0
	Huntingdon	115	2	-	-	-	-	-	-	-	-	-	-	7	5	132	2
	Juniata	27	0	-	-	-	-	-	-	-	-	-	-	-	-	27	0
	Lancaster	1,426	23	24	24	18	20	15	12	19	18	27	21	29	21	1,558	23
	Lebanon	249	4	7	7	-	-	8	6	7	6	9	7	9	6	292	4
	Mifflin	37	1	-	-	-	-	-	-	-	-	-	-	-	-	41	1
	Perry	51	1	-	-	-	-	-	-	-	-	-	-	-	-	53	1
	York	1,288	21	26	26	22	24	32	25	27	25	30	24	36	26	1,461	21

* Count may be incomplete due to lag in reporting.

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 14 provides a summary of the number of new diagnoses of HIV disease in PA by sex, race, age at diagnosis, mode of transmission, and county of residence for the Southwest- Jewish Healthcare Foundation region (SW-JHF).

Table 14: Characteristics of HIV Disease by Time Interval of Diagnosis for SW-JHF Region in PA, 2019-2024

Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland counties

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	6,547	100	117	100	111	100	122	100	99	100	89	100	98	100	7,183	100
SEX	Male	5,484	84	97	83	95	86	102	84	85	86	74	83	73	74	6,010	84
	Female	1,063	16	20	17	16	14	20	16	14	14	15	17	25	26	1,173	16
RACE/ ETHNICITY	Hispanic	254	4	6	5	-	-	-	-	9	9	9	10	10	10	295	4
	American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Asian	45	1	-	-	-	-	-	-	-	-	-	-	-	-	48	1
	Black /African American	2,393	37	50	43	52	47	59	48	44	44	40	45	46	47	2,684	37
	White	3,520	54	53	45	48	43	47	39	40	40	34	38	36	37	3,778	53
	Multiracial	334	5	8	7	8	7	10	8	6	6	6	7	-	-	376	5
AGE (YEARS)	<13	37	1	-	-	-	-	-	-	-	-	-	-	-	-	39	1
	13 to 14	8	0	-	-	-	-	-	-	-	-	-	-	-	-	8	0
	15 to 24	917	14	24	21	27	24	20	16	21	21	20	22	27	28	1,056	15
	25 to 34	2,238	34	46	39	35	32	50	41	40	40	31	35	26	27	2,466	34
	35 to 44	1,944	30	25	21	17	15	29	24	23	23	18	20	30	31	2,086	29
	45 to 54	992	15	12	10	11	10	15	12	9	9	8	9	9	9	1,056	15
	55 to 64	338	5	8	7	14	13	6	5	-	-	11	12	-	-	384	5
	65+	73	1	-	-	6	5	-	-	-	-	-	-	-	-	88	1
MODE OF TRANSMISSION	MSM	3,833	59	72	62	62	56	72	59	54	55	49	55	47	48	4,189	58
	IDU	833	13	6	5	-	-	-	-	-	-	-	-	8	8	860	12
	MSM&IDU	331	5	10	9	13	12	6	5	7	7	6	7	-	-	376	5
	Heterosexual contact	966	15	29	25	26	23	35	29	18	18	16	18	16	16	1,106	15
	Other**	111	2	-	-	-	-	-	-	-	-	-	-	-	-	111	2
	Pediatric mode***	33	1	-	-	-	-	-	-	-	-	-	-	-	-	34	0
	Unknown risk	440	7	-	-	7	6	6	5	15	15	15	17	24	24	507	7
COUNTY OF DIAGNOSIS	Allegheny	4,922	75	76	65	80	72	90	74	71	72	66	74	76	78	5,381	75
	Armstrong	72	1	-	-	-	-	-	-	-	-	-	-	-	-	76	1
	Beaver	230	4	9	8	9	8	-	-	-	-	-	-	-	-	258	4
	Butler	132	2	7	6	-	-	-	-	-	-	-	-	-	-	146	2
	Cambria	222	3	-	-	-	-	6	5	8	8	-	-	7	7	253	4
	Fayette	149	2	-	-	-	-	-	-	-	-	-	-	6	6	174	2
	Greene	49	1	-	-	-	-	-	-	-	-	-	-	-	-	52	1
	Indiana	72	1	-	-	-	-	-	-	-	-	-	-	-	-	78	1
	Somerset	133	2	-	-	-	-	-	-	-	-	-	-	-	-	147	2
	Washington	215	3	-	-	-	-	6	5	-	-	7	8	-	-	239	3
	Westmoreland	351	5	7	6	6	5	6	5	-	-	-	-	-	-	379	5

* Count may be incomplete due to lag in reporting

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Table 15 provides a summary of the number of new diagnoses of HIV disease in PA by sex, race, age at diagnosis, mode of transmission and county of residence for the Northwest PA Thrive Partnership region.

Table 15: Characteristics of HIV Disease by Time Interval of Diagnosis for Northwest- PA Thrive Partnership, PA, 2019-2024

Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, and Warren counties

		Prior to 2019		2019		2020		2021		2022		2023*		2024*		Total (1980-2024)	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	Total	1,223	100	31	100	16	100	27	100	35	100	19	100	17	100	1,368	100
SEX	Male	971	79	22	71	15	94	17	63	26	74	16	84	14	82	1,081	79
	Female	252	21	9	29	-	-	10	37	9	26	-	-	-	-	287	21
RACE/ ETHNICITY	Hispanic	119	10	-	-	-	-	-	-	-	-	-	-	-	-	130	10
	American Indian or Alaska Native	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Asian	6	0	-	-	-	-	-	-	-	-	-	-	-	-	8	1
	Black /African American	304	25	15	48	-	-	10	37	11	31	-	-	-	-	353	26
	White	737	60	13	42	10	63	14	52	18	51	12	63	10	59	814	60
	Multiracial	56	5	-	-	-	-	-	-	-	-	-	-	-	-	62	5
AGE (YEARS)	<13	15	1	-	-	-	-	-	-	-	-	-	-	-	-	15	1
	13 to 14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	15 to 24	184	15	-	-	-	-	6	22	-	-	-	-	-	-	204	15
	25 to 34	393	32	15	48	7	44	7	26	12	34	7	37	5	29	446	33
	35 to 44	370	30	-	-	-	-	6	22	10	29	-	-	6	35	400	29
	45 to 54	181	15	-	-	-	-	6	22	8	23	-	-	-	-	202	15
	55 to 64	61	5	6	19	-	-	-	-	-	-	-	-	-	-	77	6
	65+	17	1	-	-	-	-	-	-	-	-	-	-	-	-	22	2
MODE OF TRANSMISSION	MSM	520	43	14	45	11	69	9	33	12	34	10	53	10	59	586	43
	IDU	243	20	-	-	-	-	-	-	-	-	-	-	-	-	252	18
	MSM&IDU	82	7	-	-	-	-	-	-	-	-	-	-	-	-	90	7
	Heterosexual contact	248	20	9	29	-	-	10	37	-	-	-	-	-	-	278	20
	Other**	24	2	-	-	-	-	-	-	-	-	-	-	-	-	24	2
	Pediatric mode***	14	1	-	-	-	-	-	-	-	-	-	-	-	-	14	1
COUNTY OF DIAGNOSIS	Unknown risk	92	8	-	-	-	-	-	-	14	40	6	32	-	-	124	9
	Cameron	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Clarion	33	3	-	-	-	-	-	-	-	-	-	-	-	-	34	2
	Clearfield	109	9	-	-	-	-	-	-	-	-	-	-	-	-	123	9
	Crawford	122	10	-	-	-	-	-	-	-	-	-	-	-	-	132	10
	Elk	11	1	-	-	-	-	-	-	-	-	-	-	-	-	12	1
	Erie	556	45	13	42	-	-	19	70	12	34	7	37	-	-	617	45
	Forest	9	1	-	-	-	-	-	-	-	-	-	-	-	-	9	1
	Jefferson	21	2	-	-	-	-	-	-	-	-	-	-	-	-	22	2
	Lawrence	103	8	-	-	-	-	-	-	8	23	-	-	-	-	122	9
	McKean	52	4	-	-	-	-	-	-	-	-	-	-	-	-	56	4
	Mercer	130	11	-	-	-	-	-	-	10	29	-	-	-	-	155	11
	Venango	46	4	-	-	-	-	-	-	-	-	-	-	-	-	52	4
	Warren	31	3	-	-	-	-	-	-	-	-	-	-	-	-	34	2

* Count may be incomplete due to lag in reporting

** Other risk includes transfusion/transplant and coagulation disorder that occurred during the earliest part of the HIV pandemic.

*** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure).

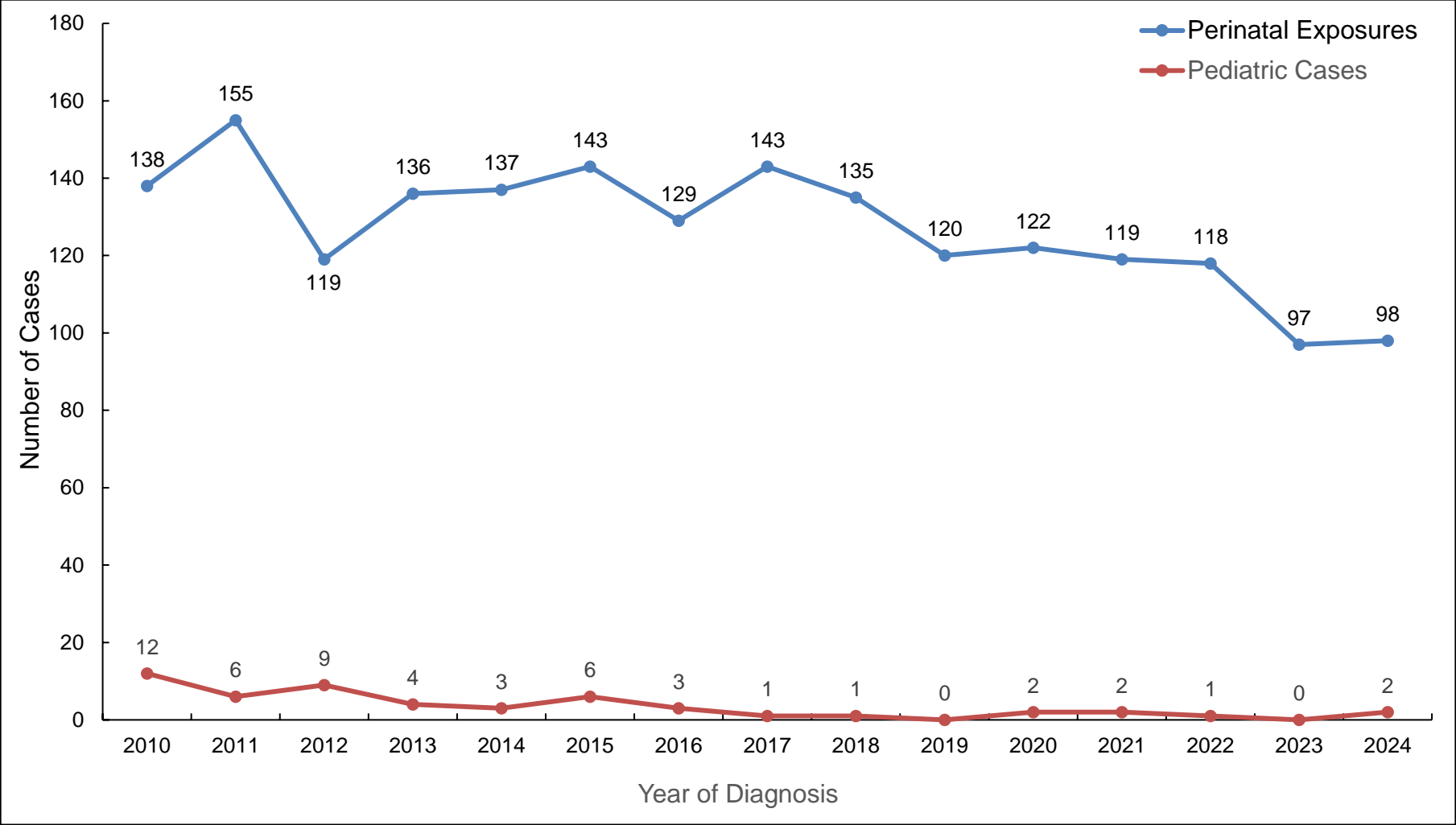
Dash (-) indicates cell size of ≤5.

Note: Percentage may not add to 100% due to "rounding".

Data source: PA HIV Surveillance.

Figure 5 displays the number of pediatric HIV cases and perinatal HIV exposures from 2010 through 2024. Perinatal exposure includes children born to birth mothers who were confirmed to be HIV positive at the time the child was born. Pediatric HIV disease includes all children who are diagnosed with HIV (non-AIDS) and AIDS.

Figure 5: Confirmed Cases of Pediatric HIV Disease and Perinatal HIV Exposure by Year of Diagnosis in PA, 2010-2024

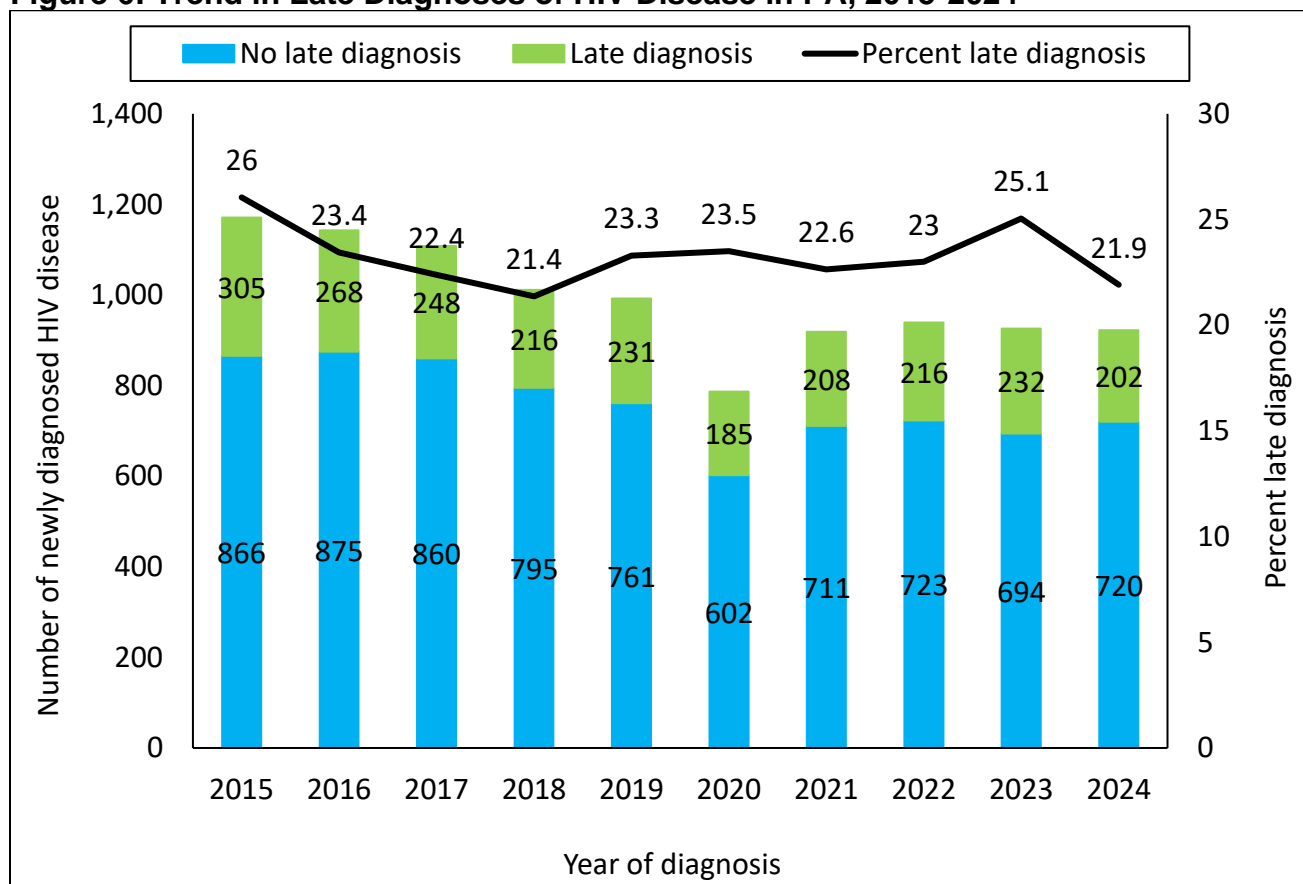


Data source: PA HIV Surveillance.

A “late” diagnosis is defined as a person who is newly diagnosed with HIV and receives an AIDS diagnosis within 91 days of their first HIV diagnosis. Stage 3 (AIDS) classification is based on first CD4 test performed or documentation of an AIDS-defining condition after a diagnosis of HIV disease. In most cases, people whose HIV disease is not under control will progress to an AIDS diagnosis in about eight to twelve years as the person’s immune system is damaged. It is important to monitor the proportion of new diagnoses that are late diagnoses to identify the effectiveness and accessibility of HIV testing and prevention services.

Figure 6 indicates that the overall number of new HIV disease diagnoses has steadily declined. The proportion of late diagnoses has also been declining from the year 2015 to the year 2018. However, there has been a slight increase from the year 2019 to the year 2023 with the highest percentage observed in the year 2023 with subsequent decrease in the year 2024.

Figure 6: Trend in Late Diagnoses of HIV Disease in PA, 2015-2024



Data source: PA HIV Surveillance.

Table 16 shows the number of people newly diagnosed with HIV disease in PA in a five-year period from the year 2020 to 2024 by county. Each has the number and percent of late diagnoses of HIV disease. Late diagnosis is defined as any person newly diagnosed with HIV disease that receives an AIDS diagnosis within 91 days (≤ 3 months) of their first diagnosis with HIV disease.

Table 16: Number of New Diagnoses of HIV Disease and Percent of Late Diagnoses of HIV Disease by County, PA, 2020-2024

County of residence at year-end 2024	Total diagnoses (2020-2024)	Late diagnoses	Percent late diagnoses
	No.	No.	%
Adams	16	7	43.8
Allegheny	385	97	25.2
Armstrong	-	-	-
Beaver	19	10	52.6
Bedford	-	-	-
Berks	174	47	27
Blair	8	4	50
Bradford	-	-	-
Bucks	132	36	27.3
Butler	7	2	28.6
Cambria	26	8	30.8
Cameron	-	-	-
Carbon	15	3	20.0
Centre	16	4	25.0
Chester	77	21	27.3
Clarion	-	-	-
Clearfield	10	5	50.0
Clinton	-	-	-
Columbia	8	1	12.5
Crawford	8	2	25.0
Cumberland	62	19	30.6
Dauphin	152	28	18.4
Delaware	267	69	25.8
Elk	-	-	-
Erie	48	19	39.6
Fayette	21	7	33.3
Forest	-	-	-
Franklin	36	15	41.7
Fulton	-	-	-
Greene	-	-	-
Huntingdon	17	3	17.6
Indiana	-	-	-
Jefferson	-	-	-
Juniata	-	-	-
Lackawanna	63	19	30.2

County of residence at year-end 2024	Total diagnoses (2020-2024)	Late diagnoses	Percent late diagnoses
	No.	No.	%
Lancaster	108	25	23.1
Lawrence	15	6	40.0
Lebanon	36	9	25.0
Lehigh	130	29	22.3
Luzerne	108	26	24.1
Lycoming	20	4	20.0
McKean	-	-	-
Mercer	21	5	23.8
Mifflin	-	-	-
Monroe	55	11	20.0
Montgomery	168	43	25.6
Montour	-	-	-
Northampton	58	14	24.1
Northumberland	17	6	35.3
Perry	-	-	-
Philadelphia	1,881	346	18.4
Pike	-	-	-
Potter	-	-	-
Schuylkill	36	9	25.0
Snyder	-	-	-
Somerset	12	4	33.3
Sullivan	-	-	-
Susquehanna	-	-	-
Tioga	-	-	-
Union	7	1	14.3
Venango	-	-	-
Warren	-	-	-
Washington	20	3	15.0
Wayne	6	2	33.3
Westmoreland	19	7	36.8
Wyoming	-	-	-
York	147	43	29.3
Total	4,493	1,043	23.2

Data source: PA HIV Surveillance.

People Living with HIV (PLWH) at year-end 2024

A total of 43,491 PLWH were resident in the Commonwealth of PA at year-end 2024. Tables 17 through 19 provide summaries of the number of PLWH disease in PA as determined by their last known current residence as of 12/31/2024, regardless of where the person may have been diagnosed. This number includes persons diagnosed in PA, persons diagnosed in other states or territories or persons diagnosed in foreign countries. Current residence is identified by most recent laboratory reporting, residence at diagnosis or other information and is determined by a complex algorithm defined by the eHARS. Some persons may have emigrated out of PA and other persons may have immigrated into PA from other places without the knowledge of the PA HIV surveillance system. As such, all summaries presented in these tables should be considered as estimates of the number of persons living with HIV disease and should not be treated as a precise count of the number of PLWH in PA at the end of the year 2024. Data are presented at the county level by sex/gender, race/ethnicity and age at year-end 2024. Data on the mode of transmission of PLWH at the county-level at year-end 2024 are not provided, but a state-wide summary will be provided.

Table 17 provides an estimate of the number of people currently living in PA at the end of the year 2024 by birth sex (male and female) and county. To protect the confidentiality of transgender PLWH disease and those with additional gender identities, county level data are not provided. At the end of 2024, 27.5% (11,965/43,491) PLWH disease were females and 71.1% (30,936/43,491) were males. Transgender people accounted for 1.3% (572/43,491) of PLWH disease at year-end of 2024 and 0.04% (18/43,491) were individuals with additional gender identity.

Table 17: Number of PLWH Disease by County and Sex at Birth in PA at Year-end 2024

County of residence at year-end 2024	Sex at birth		Total
	Female	Male	
	No.	No.	No.
Adams	92	175	267
Allegheny	891	3,169	4,060
Armstrong	9	45	54
Beaver	42	153	195
Bedford	14	39	53
Berks	498	1,016	1,514
Blair	32	117	149
Bradford	15	48	63
Bucks	339	1,111	1,450
Butler	16	110	126
Cambria	44	172	216
Cameron	-	-	-
Carbon	86	137	223
Centre	27	279	306
Chester	211	581	792
Clarion	7	54	61

County of residence at year-end 2024	Sex at birth		Total
	Female	Male	
	No.	No.	
Clearfield	12	91	103
Clinton	12	28	40
Columbia	68	98	166
Crawford	34	86	120
Cumberland	105	349	454
Dauphin	405	961	1,366
Delaware	883	1,618	2,501
Elk	-	-	17
Erie	122	324	446
Fayette	31	137	168
Forest	-	-	16
Franklin	82	154	236
Fulton	-	-	12
Greene	-	-	40
Huntingdon	-	-	111
Indiana	19	52	71
Jefferson	-	-	6
Juniata	9	15	24
Lackawanna	176	464	640
Lancaster	362	706	1,068
Lawrence	25	75	100
Lebanon	83	204	287
Lehigh	598	1,030	1,628
Luzerne	230	482	712
Lycoming	79	224	303
McKean	7	21	28
Mercer	26	82	108
Mifflin	11	29	40
Monroe	190	329	519
Montgomery	357	1,101	1,458
Montour	7	13	20
Northampton	82	215	297
Northumberland	33	122	155
Perry	6	18	24
Philadelphia	4,942	13,153	18,095
Pike	60	119	179
Potter	-	-	10
Schuylkill	59	236	295
Snyder	-	-	28
Somerset	-	-	92
Sullivan	-	-	-

County of residence at year-end 2024	Sex at birth		Total
	Female	Male	
	No.	No.	
Susquehanna	-	-	41
Tioga	-	-	31
Union	9	159	168
Venango	13	29	42
Warren	-	-	26
Washington	38	129	167
Wayne	13	36	49
Westmoreland	44	157	201
Wyoming	6	16	22
York	394	831	1,225
Total	11,998	31,493	43,491

Dash (-) indicates cell size of ≤5.
Data source: PA HIV Surveillance.

Table 18 provides an estimate of the number of people residing in PA at the year-end 2024 by race/ethnicity at the county level. All persons who identify as Hispanic are included in a single race/ethnicity category and they accounted for 19.9% (8,651/43,491) of PLWH. At year-end of 2024, approximately 0.1% of (49/43,491) PLWH were American Indian or Alaska Native, 1.1% (475/43,491) were Asian, 44.3% (19,278/43,491) were Black/African American, 5.3% (2,288/43,491) were multiracial, 0.04% (19/43,491) were Native Hawaiian or Other Pacific Islander (NHPI), and 29.3% (12,731/43,491) were white.

Table 18 Number of PLWH Disease by County and Race/Ethnicity in PA at Year-end 2024

County of residence at year-end 2024	Race/Ethnicity					
	Black/African American	Hispanic	Multiracial	Other*	White	Total
	No.	No.	No.	No.	No.	No.
Adams	37	35	10	-	183	267
Allegheny	1,717	305	321	53	1,664	4,060
Armstrong	7	-	-	-	45	54
Beaver	50	13	9	-	123	195
Bedford	-	-	-	-	47	53
Berks	258	750	74	-	428	1,514
Blair	27	12	7	-	101	149
Bradford	6	-	-	-	49	63
Bucks	329	255	113	28	725	1,450
Butler	16	11	10	-	88	126
Cambria	72	19	8	-	115	216
Cameron	-	-	-	-	-	-
Carbon	23	110	-	-	85	223
Centre	88	92	18	9	99	306
Chester	241	151	52	17	331	792
Clarion	24	11	-	-	23	61
Clearfield	18	18	-	-	61	103
Clinton	-	6	-	-	27	40
Columbia	25	26	12	-	102	166
Crawford	8	11	7	-	93	120
Cumberland	100	95	29	6	224	454
Dauphin	518	294	98	16	440	1,366
Delaware	1,558	251	190	26	476	2,501
Elk	-	-	-	-	12	17
Erie	167	81	29	-	168	446
Fayette	40	13	10	-	105	168
Forest	-	-	-	-	12	16
Franklin	61	45	10	-	118	236
Fulton	-	-	-	-	10	12
Greene	11	8	-	-	18	40
Huntingdon	31	24	10	-	46	111
Indiana	19	6	-	-	44	71

County of residence at year-end 2024	Race/Ethnicity					
	Black/African American	Hispanic	Multiracial	Other*	White	Total
	No.	No.	No.	No.	No.	No.
Jefferson	-	-	-	-	-	6
Juniata	-	8	-	-	14	24
Lackawanna	146	172	35	6	281	640
Lancaster	147	384	133	9	395	1,068
Lawrence	24	6	12	-	58	100
Lebanon	34	138	16	-	98	287
Lehigh	311	860	86	12	359	1,628
Luzerne	188	178	52	-	291	712
Lycoming	124	29	28	-	117	303
McKean	6	-	-	-	19	28
Mercer	37	7	8	-	55	108
Mifflin	-	-	-	-	28	40
Monroe	162	145	52	-	157	519
Montgomery	512	256	138	25	527	1,458
Montour	-	7	-	-	11	20
Northampton	49	85	18	-	141	297
Northumberland	34	41	7	-	73	155
Perry	-	-	-	-	19	24
Philadelphia	11,356	3,093	498	275	2,873	18,095
Pike	46	31	11	-	89	179
Potter	-	-	-	-	7	10
Schuylkill	85	74	17	-	117	295
Snyder	-	-	-	-	20	28
Somerset	22	17	8	-	45	92
Sullivan	-	-	-	-	-	-
Susquehanna	-	-	-	-	31	41
Tioga	-	-	-	-	30	31
Union	72	44	6	-	45	168
Venango	-	-	-	-	34	42
Warren	-	-	-	-	23	26
Washington	47	15	10	-	93	167
Wayne	12	11	-	-	23	49
Westmoreland	25	17	9	-	145	201
Wyoming	-	-	-	-	17	22
York	352	355	88	7	423	1,225
Total	19,278	8,651	2,288	543	12,731	43,491

* Other includes American Indian or Alaska Native (AI/AN), Asian, and Native Hawaiian or Other Pacific islander (NHPI).

Dash (-) indicates cell size of ≤5.

Data source: PA HIV Surveillance.

Table 19 provides an estimate of the number of people currently living in PA at year-end 2024 by current age. At the end of 2024, approximately 47.2% (20,515/43,491) of PLWH disease were adults aged 55 years and older.

Table 19: Number of PLWH Disease by County and Age at Year-end in PA at Year-end 2024

County of residence at year-end 2024	Age group								Total
	≤12	13-14	15-24	25-34	35-44	45-54	55-64	≥65	
	No.	No.	No.	No.	No.	No.	No.	No.	
Adams	-	-	-	26	38	65	85	48	267
Allegheny	-	-	106	657	833	732	1,031	694	4,060
Armstrong	-	-	-	-	7	14	13	13	54
Beaver	-	-	-	37	33	40	52	32	195
Bedford	-	-	-	6	10	7	24	-	53
Berks	-	-	48	180	234	302	442	307	1,514
Blair	-	-	-	10	25	31	44	37	149
Bradford	-	-	-	16	7	10	21	6	63
Bucks	-	-	38	150	267	246	426	321	1,450
Butler	-	-	-	10	25	18	38	32	126
Cambria	-	-	-	18	38	53	67	35	216
Cameron	-	-	-	-	-	-	-	-	-
Carbon	-	-	8	27	40	42	76	30	223
Centre	-	-	-	33	68	66	89	45	306
Chester	-	-	22	92	110	128	232	203	792
Clarion	-	-	-	-	13	11	22	9	61
Clearfield	-	-	-	10	19	17	33	20	103
Clinton	-	-	-	6	7	9	8	9	40
Columbia	-	-	-	30	30	32	42	28	166
Crawford	-	-	-	17	16	25	37	23	120
Cumberland	-	-	6	56	94	106	127	65	454
Dauphin	-	-	32	185	243	275	383	247	1,366
Delaware	-	-	77	331	476	486	656	473	2,501
Elk	-	-	-	-	-	-	-	6	17
Erie	-	-	9	59	89	90	124	74	446
Fayette	-	-	7	23	31	30	57	20	168
Forest	-	-	-	-	-	-	-	-	16
Franklin	-	-	6	27	48	63	62	30	236
Fulton	-	-	-	-	-	-	-	-	12
Greene	-	-	-	7	9	12	6	6	40
Huntingdon	-	-	-	28	24	29	20	9	111
Indiana	-	-	-	6	21	10	26	7	71
Jefferson	-	-	-	-	-	-	-	-	6
Juniata	-	-	-	-	6	-	8	-	24
Lackawanna	-	-	9	77	119	144	185	106	640
Lancaster	-	-	34	127	184	212	313	195	1,068
Lawrence	-	-	-	15	22	17	26	20	100

County of residence at year-end 2024	Age group								
	≤12	13-14	15-24	25-34	35-44	45-54	55-64	≥65	Total
	No.	No.	No.	No.	No.	No.	No.	No.	No.
Lebanon	-	-	7	30	47	44	98	61	287
Lehigh	-	-	42	201	246	299	506	332	1,628
Luzerne	-	-	22	134	157	139	152	107	712
Lycoming	-	-	-	36	47	70	93	54	303
McKean	-	-	-	-	-	8	10	-	28
Mercer	-	-	-	13	23	16	38	14	108
Mifflin	-	-	-	9	-	9	10	8	40
Monroe	-	-	18	59	84	74	163	121	519
Montgomery	-	-	25	165	300	270	418	280	1,458
Montour	-	-	-	-	-	-	8	7	20
Northampton	-	-	11	27	46	61	97	55	297
Northumberland	-	-	4	23	22	27	53	26	155
Perry	-	-	-	-	-	7	7	-	24
Philadelphia	8	-	332	2,383	3,526	3,277	5,090	3,475	18,095
Pike	-	-	-	11	14	44	58	49	179
Potter	-	-	-	-	-	-	-	-	10
Schuylkill	-	-	6	35	54	72	84	44	295
Snyder	-	-	-	-	-	-	10	9	28
Somerset	-	-	-	12	10	18	34	16	92
Sullivan	-	-	-	-	-	-	-	-	-
Susquehanna	-	-	-	-	-	9	14	10	41
Tioga	-	-	-	-	-	-	12	7	31
Union	-	-	-	8	21	41	58	39	168
Venango	-	-	-	-	10	7	16	-	42
Warren	-	-	-	-	-	-	12	-	26
Washington	-	-	-	19	31	36	45	31	167
Wayne	-	-	-	-	6	9	14	12	49
Westmoreland	-	-	-	29	36	39	60	34	201
Wyoming	-	-	-	-	7	-	-	-	22
York	-	-	35	151	210	250	377	200	1,225
Total	29	14	978	5,662	8,117	8,176	12,335	8,180	43,491

Dash (-) indicates cell size of ≤5.

Data source: PA HIV Surveillance.

The Number of PLWH Disease by Mode of Transmission in PA at Year-end 2024

Out of the 43,491 PLWH disease at year-end 2024, individuals with a heterosexual contact transmission mode accounted for 27.5% (11,956/43,491) MSM accounted for 41.5% (18,045/43,491), and IDU accounted for 14.2% (6,168/43,491) of PLWH disease. MSM&IDU accounted for 4.3% (1,858/43,491) PLWH disease. Other modes of transmission which includes no risk reported (NRR) and no identified risk (NIR) accounted for 11% (4,770/43,491) of PLWH disease and individuals who had a pediatric mode of transmission accounted for 1.6% (694/43,491) of PLWH.

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