

HIV in Wisconsin

Wisconsin HIV Surveillance Annual Report, 2025

Diagnosis trends, new diagnoses, and prevalence through December 31, 2025



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Summary

This report describes HIV diagnosis trends, people newly diagnosed with HIV during 2025, and the population living with HIV in Wisconsin as of December 31, 2025. The HIV surveillance case definition for a new diagnosis in Wisconsin was updated in 2023 (see Technical Notes). This case definition change is applied to HIV cases reported in Wisconsin from January 1, 2023, and onward.

HIV surveillance data provides important information for planning HIV prevention and care services. Prevention services focus primarily on new diagnosis trends and the geographic and demographic distribution of new cases. Care and treatment services consider the total population of people living with HIV in the state (prevalent cases), regardless of when or where they were first diagnosed.

HIV diagnosis trends

Over the past 10 years, the number and rate of new HIV diagnoses varied. Wisconsin had a relatively low diagnosis rate compared to neighboring states. During 2016–2025:

- Young cisgender men and people of color were disproportionately affected by HIV.
- Male-male sexual contact was the most commonly reported factor for HIV exposure, followed by male-female sexual contact.
- The diagnosis rates increased for both white and Hispanic women.

New diagnoses, 2025

During 2025 in Wisconsin, 254 people were newly diagnosed with HIV.

- Over half of new cases were diagnosed in Milwaukee or Dane counties.
- A disproportionate number of new HIV diagnoses were reported among young cisgender men of color.
- Male-male sexual contact was the most commonly reported transmission mode for HIV.
- Approximately 84% of cases were linked to care services within one month of diagnosis.

Prevalence

A total of 7,963 people known to be living with HIV resided in Wisconsin at the end of 2025. An estimated 1,169 additional people may be living with HIV in Wisconsin but are not currently aware of their HIV status. The estimated HIV prevalence is 8,982 people when those who are not aware of their HIV status are included.

- More people living with HIV moved out of Wisconsin (330) than moved into the state (250).
- Over half of people living with HIV in Wisconsin resided in Milwaukee or Dane counties.
- Prevalent cases tended to be older than new diagnoses.
- Seventy-nine percent of people living with HIV were virally suppressed (had less than 200 copies of HIV per milliliter of blood) during 2025.
- Eighty-five people living with HIV died, primarily from causes other than HIV during 2024.

HIV diagnosis trends

Number and rate of new diagnoses

Number of new diagnoses

Since 1979, 11,969 Wisconsin residents were diagnosed with HIV. HIV diagnoses rose rapidly during the 1980s, peaking during 1990 at 585 new diagnoses, and then declining steeply until the early 2000s (Figure 1).

During 2016–2025, the number of diagnoses ranged from a low of 211 (2018) to a high of 289 (2022), with an average of 246 new HIV diagnoses per year.

Figure 1

Over the past 10 years, the number of new HIV diagnoses reported each year in Wisconsin has varied.

Number of new HIV diagnoses, Wisconsin, 1979–2025

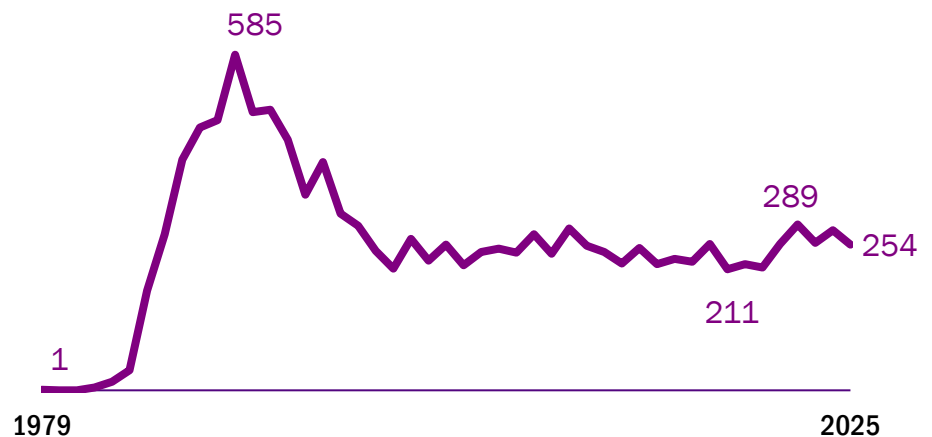
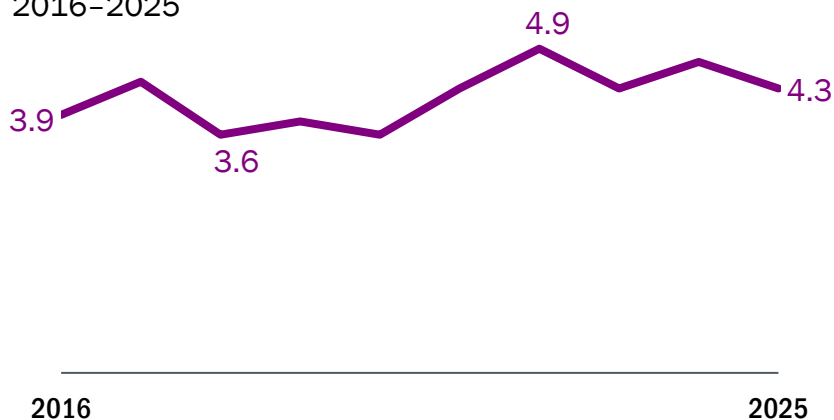


Figure 2

The HIV diagnosis rate in Wisconsin has varied over the past 10 years.

Rate of new HIV diagnoses per 100,000 people, Wisconsin, 2016–2025



New diagnosis rate

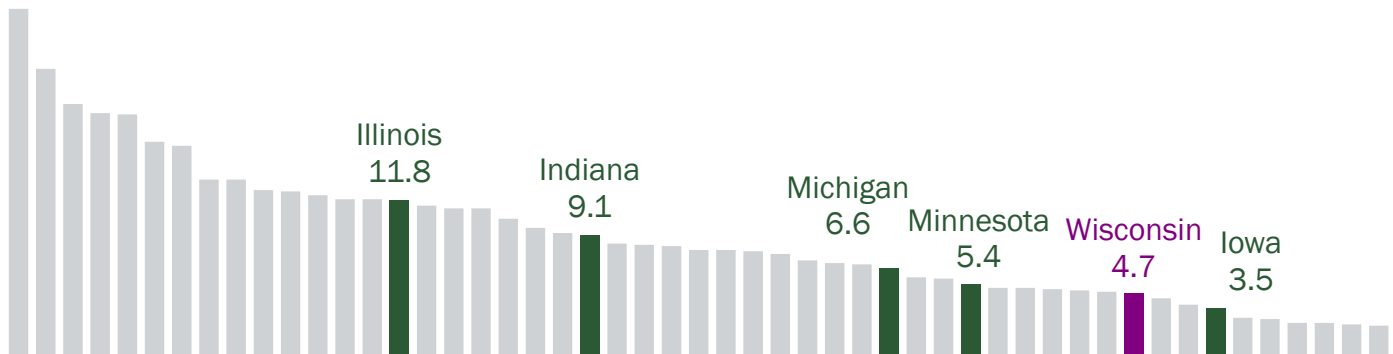
During 2016, 3.9 people were newly diagnosed with HIV per 100,000 Wisconsin residents (Figure 2). The new diagnosis rate slightly increased to 4.3 per 100,000 people by 2025. During 2016–2025, the annual diagnosis rate ranged from a low of 3.6 per 100,000 people (2020) to a high of 4.9 per 100,000 people (2022), with an average of 4.2 new HIV diagnoses per 100,000 people.

Wisconsin's HIV diagnosis rate is low by national standards (Figure 3).

Figure 3

Wisconsin has a lower HIV diagnosis rate compared to most neighboring states.

Estimated HIV diagnosis rate per 100,000 people, 2024



*Centers for Disease Control and Prevention. *HIV Surveillance Report Tables*, 2024. <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2026.html>. Published May 18, 2026. Accessed [May 2026].

Demographics

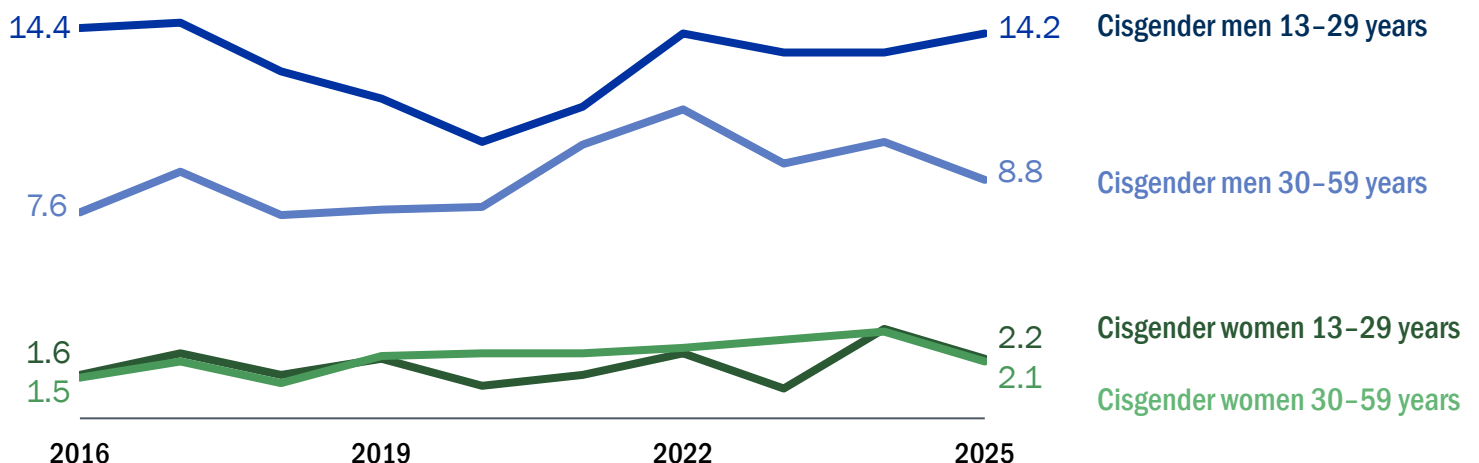
Age and gender at diagnosis

During 2016–2025, the HIV diagnosis rate was the highest among younger cisgender men and remained stable from 14.4 to 14.2 per 100,000 people. The rates for cisgender women aged 30–59 increased over the past 10 years. The rates for cisgender women aged 13–29 and cisgender men aged 30–59 varied during this period (Figure 4).

Figure 4

Young cisgender men had the highest HIV diagnosis rate in Wisconsin.

Number of HIV diagnoses per 100,000 people by gender* and age** at diagnosis, Wisconsin, 2016–2025



*People of trans experience are excluded from these rates as population estimates are not available to calculate rates.

**Diagnosis rates among cisgender men and cisgender women ages 60 and older are not shown due to small numbers.

Race and ethnicity

HIV **disproportionately** affects people of color in Wisconsin. People of color include people who identify as Black, Hispanic, Asian, Native American, Native Hawaiian or Pacific Islander, or multiracial. The percentage of new HIV diagnoses affecting people of color rose from 20% in 1982 to 72% in 2025 (Figure 5). During 2025, racial and ethnic minorities made up just 21% of Wisconsin's population but accounted for 72% of new HIV diagnoses.

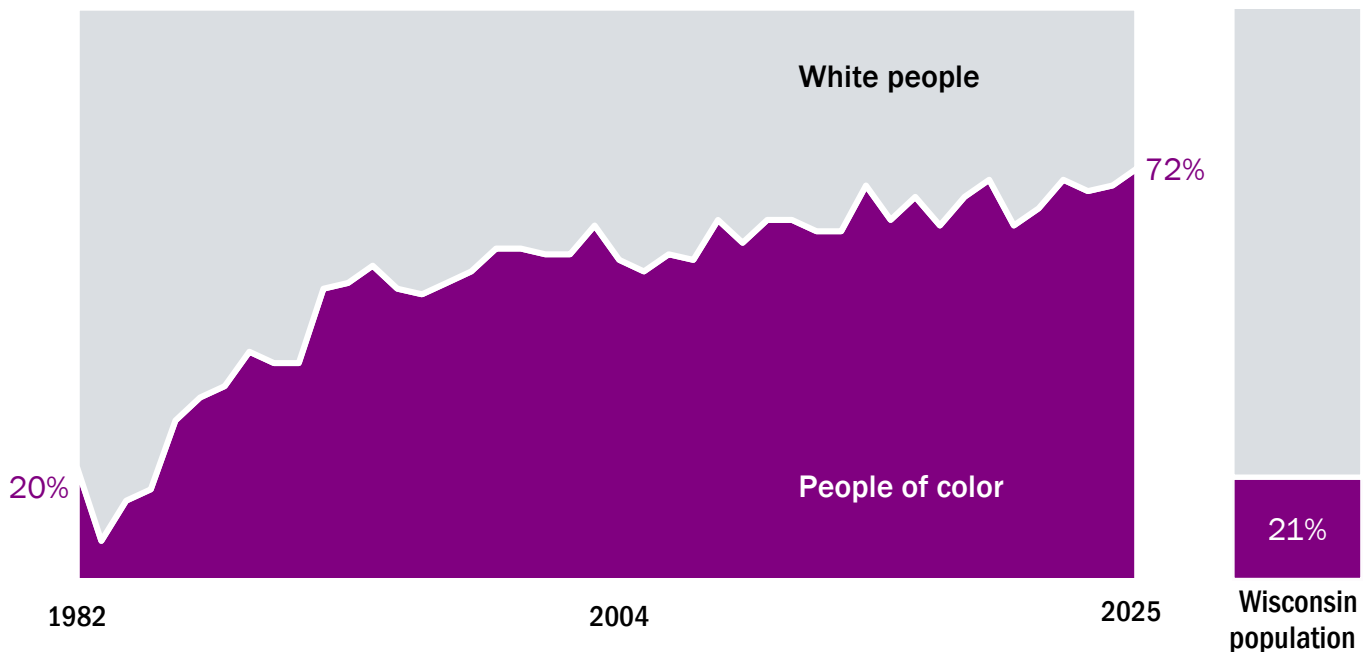
Addressing health disparities and inequities is a priority for public health. Race or ethnicity alone does not make someone more or less likely to acquire HIV. People of color have a greater likelihood of acquiring HIV due to many social and economic factors that affect people of color more than white people, such as:

- Racism
- Poverty
- Limited access to health care
- Lack of education
- Stigma
- Homelessness
- Oppression

Figure 5

The percentage of new HIV diagnoses among people of color is disproportionate to Wisconsin's racial and ethnic composition.

Percentage of new HIV diagnoses among white people and people of color, Wisconsin, 1982–2025



This disparity is more pronounced among cisgender men (Figure 6, Appendix-Table A1). During 2016–2025, cisgender women of all racial and ethnic groups had lower annual HIV diagnosis rates compared to cisgender men.

While highest in comparison to other racial and ethnic groups, HIV diagnosis rates for both Black cisgender men and women varied over the past 10 years. By gender, the diagnosis rates increased for both white and Hispanic women.

Figure 6

HIV diagnosis rates

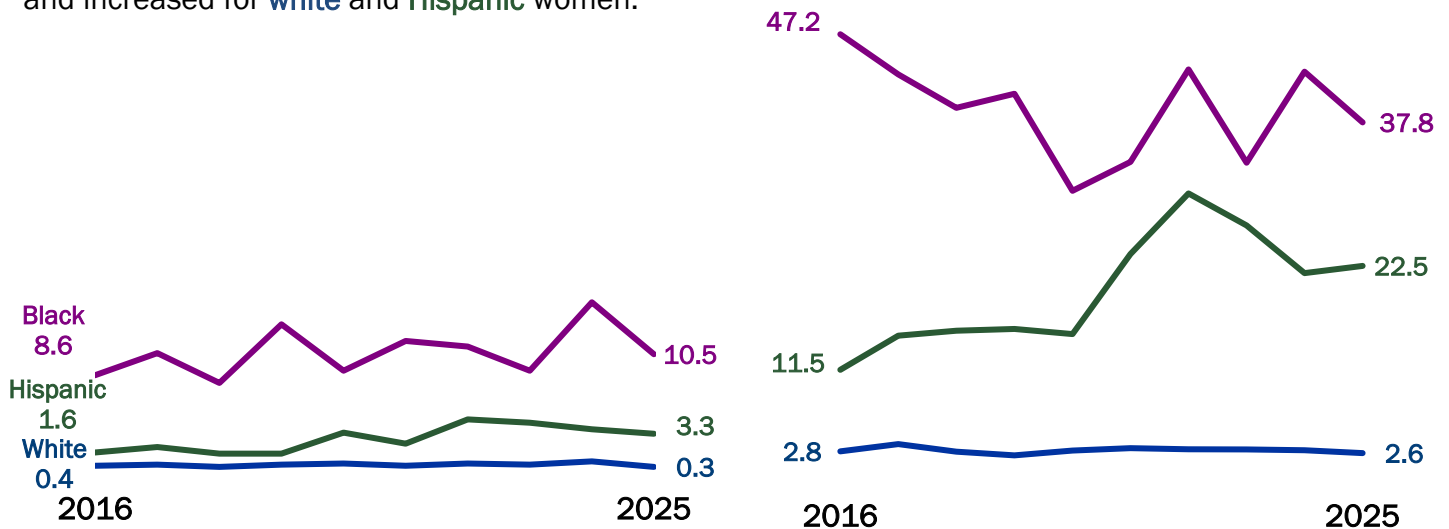
The number of new HIV diagnoses per 100,000 people by gender* and race or ethnicity, Wisconsin, 2016–2025

Cisgender women

The number of new HIV diagnoses per 100,000 people has varied for **Black** women and increased for **white** and **Hispanic** women.

Cisgender men

The number of new HIV diagnoses per 100,000 people has remained stable for **white** men and varied for **Hispanic** and **Black** men.



*People of trans experience diagnosed during 2025 are excluded from these rates as population denominators are not available to calculate rates.

Native American and Asian people

Due to the small number of Native American and Asian people diagnosed in Wisconsin each year, these populations are not included in many sections of this report. A brief summary is provided.

Native American people

During 2016–2025, 11 Native American people were diagnosed with HIV in Wisconsin (Figure 7).

- Eighty-two percent of these diagnoses were cisgender men.
- Thirty-six percent were under age 30 at the time of diagnosis.
- All but two were diagnosed in either the southeastern (27%), northern (27%), or northeastern (27%) regions.
- Seven diagnoses were attributed to male-male sexual contact (64%), two were attributed to male-male sexual contact and injection drug use (18%), one was attributed to injection drug use (9%), and one had an unknown transmission category (9%).

The way that race and ethnicity is classified for the purposes of this report, which mirrors the way the CDC classifies race and ethnicity (see Technical Notes), may lead to underreporting of certain racial and ethnic groups. When classified in a more inclusive way, the number of new HIV diagnoses among Native American people during 2016–2025 increases from 11 to 59 (Appendix-Table A5).

Asian people

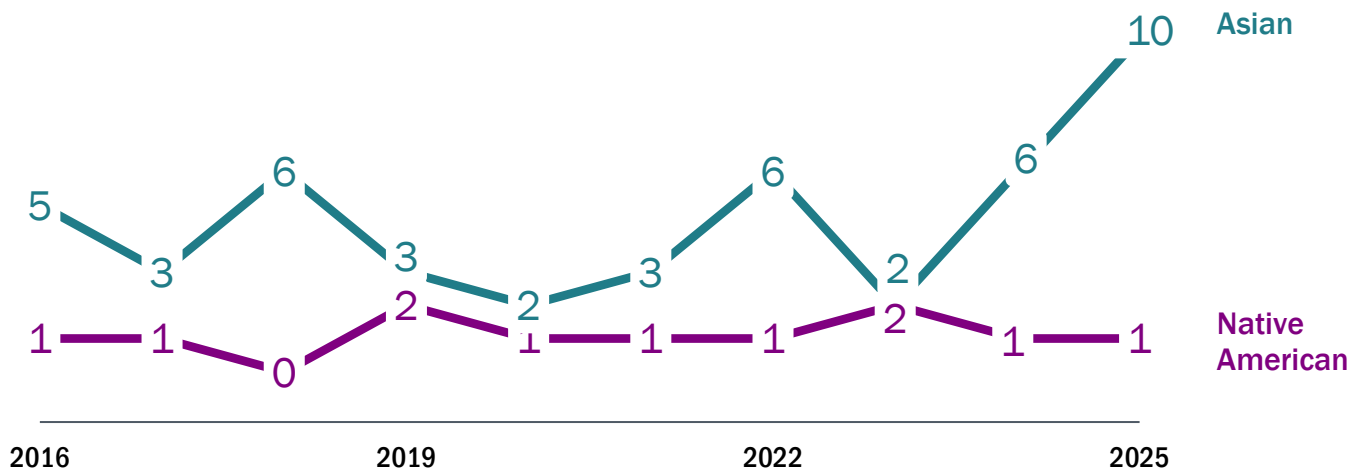
During 2016–2025, 46 Asian people were diagnosed with HIV in Wisconsin (Figure 7).

- Eighty-five percent of these diagnoses were cisgender men.
- Thirty-seven percent were under age 30 at the time of diagnosis.
- The majority were diagnosed in the southeastern (54%), southern (24%), or northeastern (17%) regions.
- Thirty-two of these diagnoses were attributed to male-male sexual contact (70%), four were attributed to male-female sexual contact (9%), and 10 had an unknown transmission category (22%).

Figure 7

The number of new HIV diagnoses among Native American and Asian people has varied but remained low over the past 10 years.

Number of HIV diagnoses among Native Americans and Asians, Wisconsin, 2016–2025



People of trans experience

Cisgender people have a gender identity that corresponds with their sex assigned at birth. Conversely, people of trans experience have a gender identity that does not conform to their sex assigned at birth. This includes people who self-identify as transgender women, transgender men, and other gender nonconforming identities.

Gender identity and sexual orientation are separate, distinct concepts, with gender identity referring to a person's sense of themselves and sexual orientation referring to a person's attractions and partnering.

People of trans experience face an increased risk for HIV due to stigma, discrimination, social rejection and exclusion, violence, and barriers in health care settings, such as lack of provider training on people of trans experience's unique needs.¹

Since 1985, 166 people of trans experience have been diagnosed with HIV in Wisconsin (eight transgender men and 158 transgender women). While collection of self-reported gender identity has improved over time, the number of diagnoses among people of trans experience in Wisconsin may be underreported.

Of the 166 HIV diagnoses among people of trans experience, 82 occurred between 2016 and 2025 (Figure 8).

Figure 8

Over half of people of trans experience diagnosed with HIV in the last 10 years were young people of color.

Number of HIV diagnoses among people of trans experience by age at diagnosis and race and ethnicity, 2016–2025

- The majority were from a racial or ethnic minority group (87%).
- Seven out of 10 people were under age 30 (72%).
- Eighty-eight percent of the diagnoses were attributed to sexual contact (72 of 82).



Transmission category

Adult transmission categories

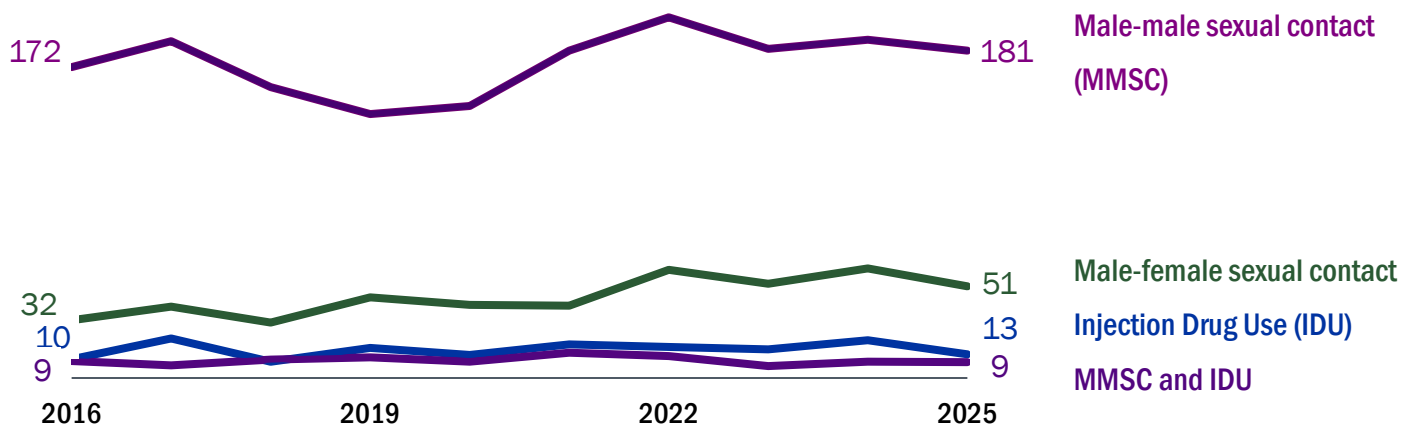
Some people newly diagnosed with HIV do not know for certain how they were exposed or do not choose to share their exposure factors for HIV with their provider. A statistical method called imputation is used to estimate the probable transmission category for people with an unknown transmission category (see Technical Notes).

¹ Centers for Disease Control and Prevention. Fast Facts: HIV and Transgender People. [Fast Facts: HIV and Transgender People | HIV | CDC](#). Published March 2024.

Figure 9

Male-male sexual contact was the most common HIV transmission mode.

New HIV diagnoses by estimated transmission category*, Wisconsin, 2016–2025



*Data have been statistically adjusted to account for those with unknown transmission category.

During 2016–2025, the estimated number of new diagnoses attributed to male-female sexual contact increased, while male-male sexual contact, injection drug use alone, and male-male sexual contact and injection drug use combined remained stable (Figure 9).

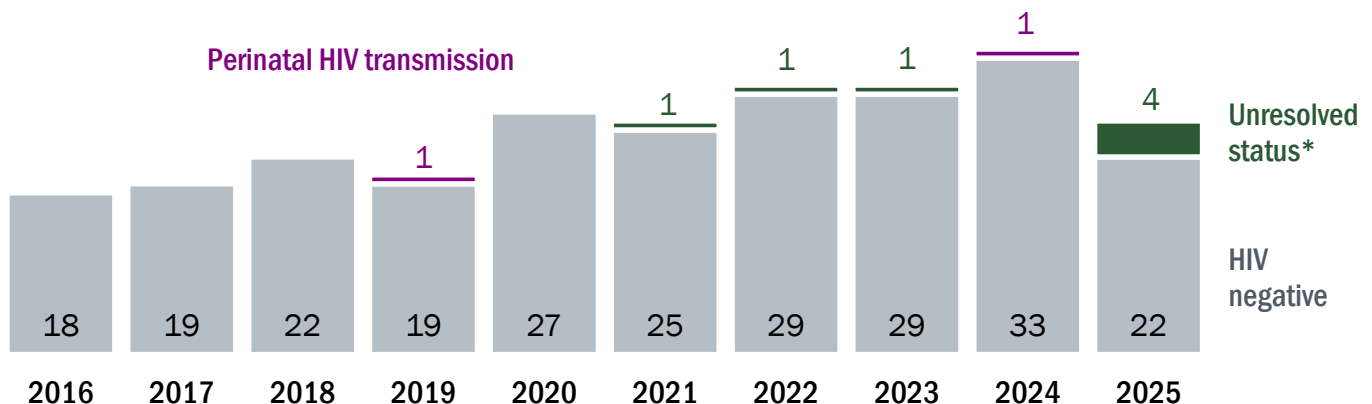
Perinatal transmission

During 2016–2025, 252 infants were born to cisgender women living with HIV in Wisconsin, and none were born to people of trans experience. Of these infants, 243 (96.4%) are HIV negative, two are living with HIV (0.8%), and seven have an unresolved diagnosis status (2.8%; Figure 10). Due to strong partnerships for providing care to pregnant women living with HIV in Wisconsin, perinatal transmission is rare.

Figure 10

Perinatal transmission of HIV to babies is rare in Wisconsin.

Diagnosis status of children born to people of childbearing potential living with HIV, Wisconsin, 2016–2025



*These babies have an unresolved diagnosis status due to incomplete HIV testing and/or loss to follow-up at the time of figure creation.

Late diagnosis

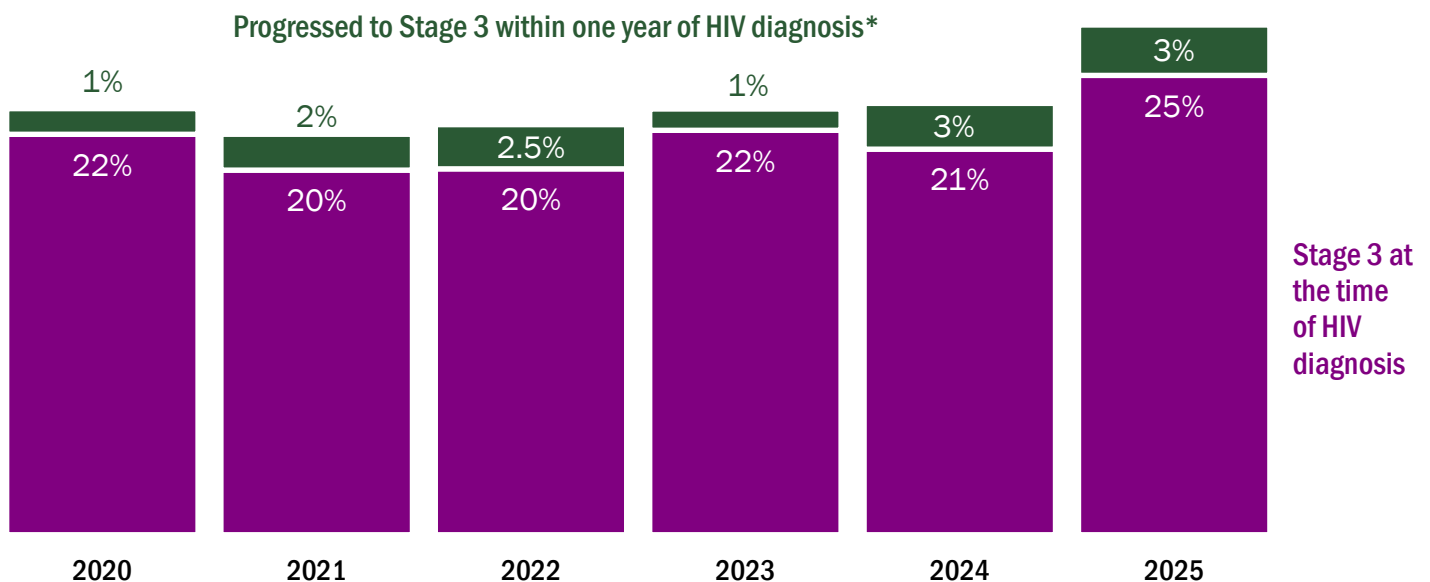
A late diagnosis occurs when a person living with HIV progresses to Stage 3 (AIDS) by the time of receiving their initial HIV diagnosis or within one year of their initial diagnosis. Without treatment, progression to Stage 3 typically occurs eight to 10 years after HIV was acquired. Stage 3 status is clinically defined by having a very low CD4 white blood cell count or a Stage 3-defining opportunistic infection. Early diagnosis and access to HIV care can prevent progression to Stage 3 so that people living with HIV have longer and healthier lives.

The percentage of new HIV diagnoses that had progressed to Stage 3 by the time they were first identified varied from 2020 to 2025, with a low of 20% in 2021 and 2022 and a high of 25% in 2025 (Figure 11).

Figure 11

The percentage of people who had progressed to Stage 3 by the time of HIV diagnosis varied from 2020 to 2025.

Percentage of people who progressed to Stage 3 of HIV within one year of diagnosis, Wisconsin, 2020–2025



*Those diagnosed with HIV during 2025 have not had one full year to evaluate progression to Stage 3 by the time of figure creation. The 2025 preliminary data should be interpreted with caution.

Of the 297 people who received a late HIV diagnosis during 2020–2024:

- Eight out of ten (79%) were cisgender men, 19% were cisgender women, 1.5% were transgender women, and 0.5% were transgender men.
- The majority (77%) were 30 or older at the time of diagnosis.
- Fifty-nine percent were diagnosed in the southeastern region, 11% in the northeastern, 14% in the western region, 13% in the southern, and 3% in the northern,
- Thirty-seven percent were white, 34% were Black, and 26% were Hispanic.
- About one out of two (48%) reported a transmission category of male-male sexual contact, 10% reported male-female sexual contact, and 4% reported injection drug use.

New diagnoses, 2025

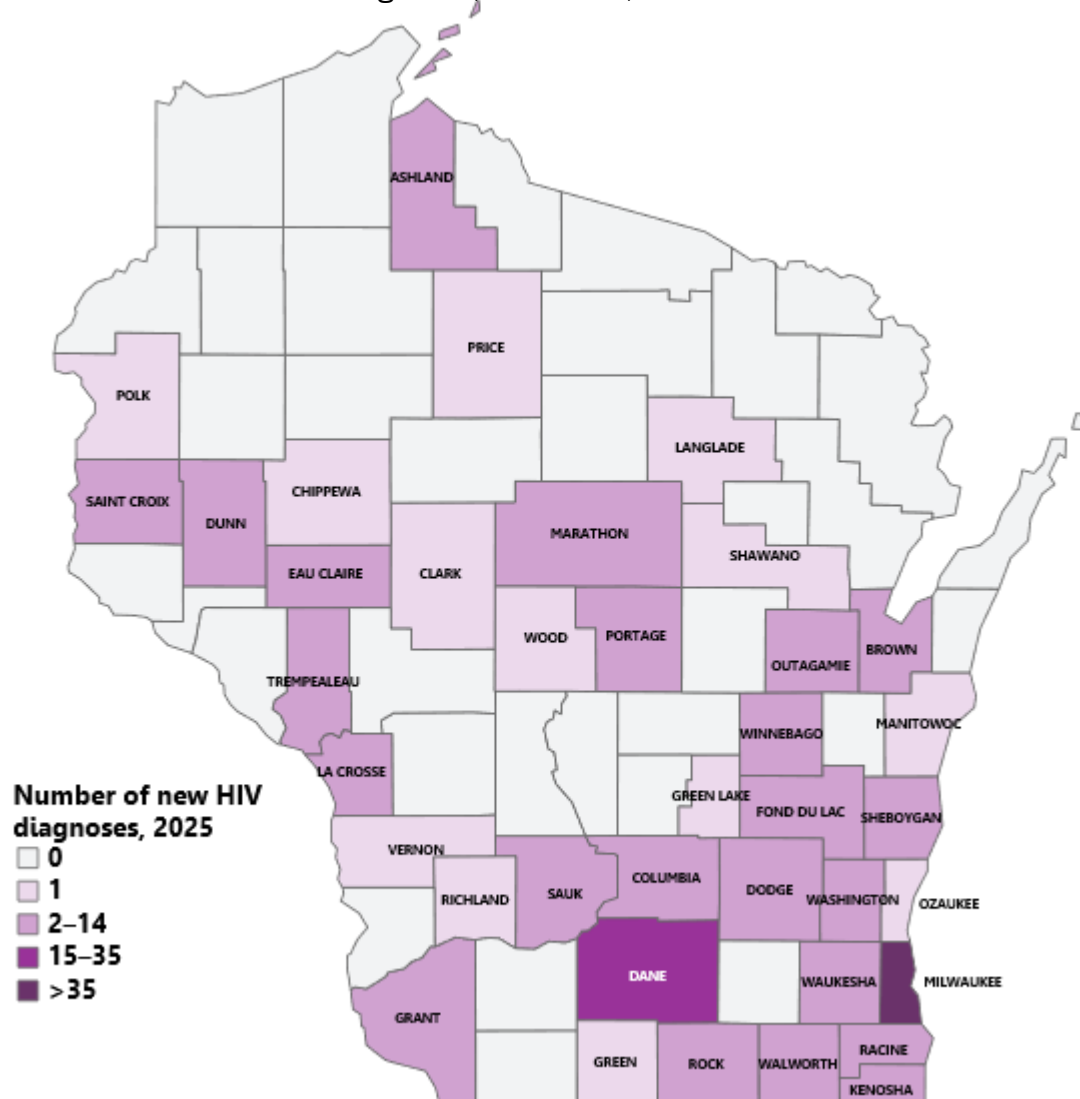
Number of new HIV diagnoses

New HIV diagnoses are Wisconsin residents who received their first HIV diagnosis during the current reporting period. During 2025, 254 Wisconsin residents were newly diagnosed with HIV, or 4.3 new diagnoses per 100,000 Wisconsin residents. The majority of new HIV cases were diagnosed in Milwaukee County (109, 43%) and Dane County (23, 9%; Figure 12, Appendix-Table A2). The counties with the highest number of new diagnoses are not always the same counties with the highest diagnosis rate. In 2025, Milwaukee County had the highest HIV diagnosis rate (Appendix-Table A2).

Figure 12

The majority of new HIV diagnoses were identified in Milwaukee and Dane counties.

Geographic distribution of new HIV diagnoses, Wisconsin, 2025



Recent and acute infections

Recent HIV infections are those diagnosed during the six months after HIV was acquired as evidenced by a documented or self-reported negative HIV test during this period (see Technical Notes). Acute HIV infections are those diagnosed during the two to four weeks after HIV exposure.

People in the acute stage of HIV have a high viral load (that is, a large amount of virus in the blood) and are more able to transmit HIV to others due to high levels of virus in the body. Rapid linkage of people with acute HIV diagnoses to partner services ensures that exposed partners receive timely HIV testing.

During 2025, 35 people received a recent or acute HIV diagnosis. Of those, 25 people were considered acute HIV diagnoses based on laboratory testing algorithms or presence of acute symptoms.

Of 100 people who received an acute HIV diagnosis during 2021–2025:

- Five out of six (83%) were cisgender men, 8% were cisgender women, 8% were transgender women, and 1% were transgender men.
- The majority (71%) were 34 or younger at the time of diagnosis.
- Fifty-nine percent were diagnosed in the southeastern region, 16% in the northeastern, 16% in the southern, 5% in the northern, and 4% in the western region.
- Forty percent were black, 35% were white, and 21% were Hispanic.
- Over half (62%) reported a transmission category of male-male sexual contact, 6% reported male-female sexual contact, and 6% reported male-male sexual contact and injection drug use.

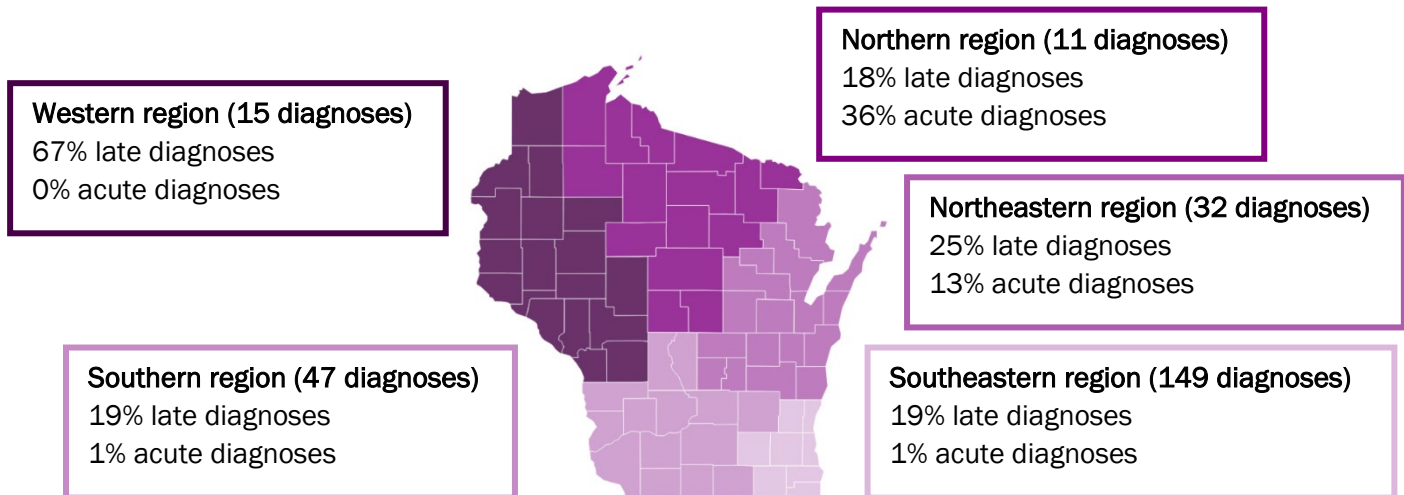
Late and acute HIV diagnoses by region

New HIV diagnoses in 2025 were further broken down by region and stage at diagnosis. In the western region of the state, 67% of new diagnoses were considered late HIV diagnoses, while 0% were considered acute diagnoses (Figure 13).

Figure 13

Two out of three new HIV diagnoses in the western region were considered late diagnoses.

Percent of all new HIV diagnoses that were late* or acute diagnoses by region, Wisconsin, 2025



*Those diagnosed with HIV during 2025 have not had one full year to evaluate progression to Stage 3. These late diagnosis data are provisional and should be interpreted with caution.

Demographics

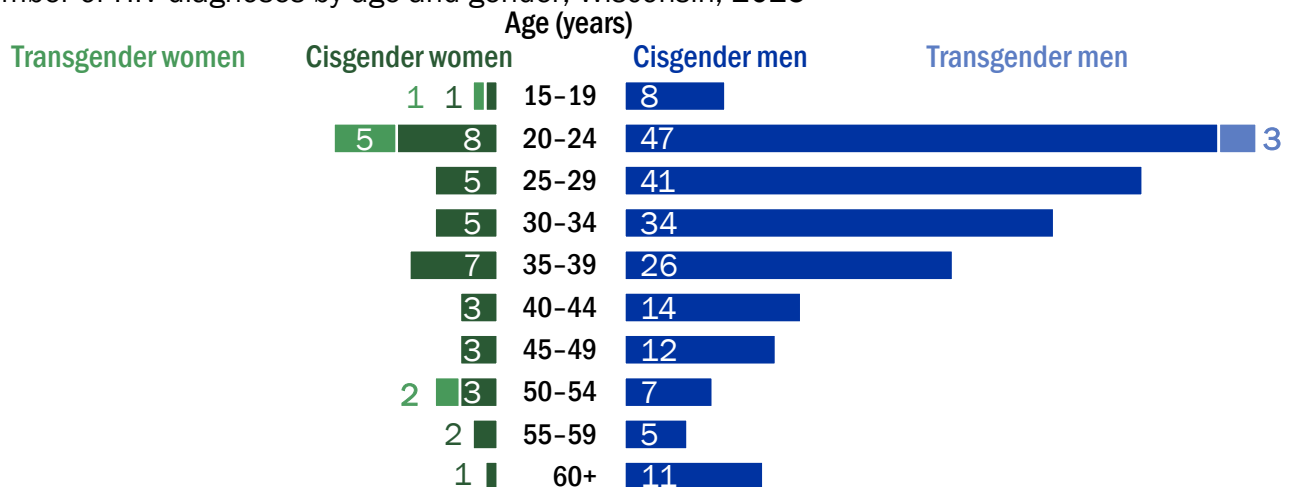
During 2025, 205 cisgender men, 38 cisgender women, and 11 people of trans experience were diagnosed with HIV in Wisconsin (Figure 14, Appendix-Table A3).

The median age at diagnosis was 30.5 years, with a range of 16–81. During 2025, newly diagnosed cisgender men had a lower median age at diagnosis than cisgender women (men, 31; women, 34.5). The median age at diagnosis for transgender women in 2025 was 22 and 27 for transgender men.

Figure 14

Approximately four out of ten new HIV diagnoses during 2025 were among cisgender men under 30.

Number of HIV diagnoses by age and gender, Wisconsin, 2025

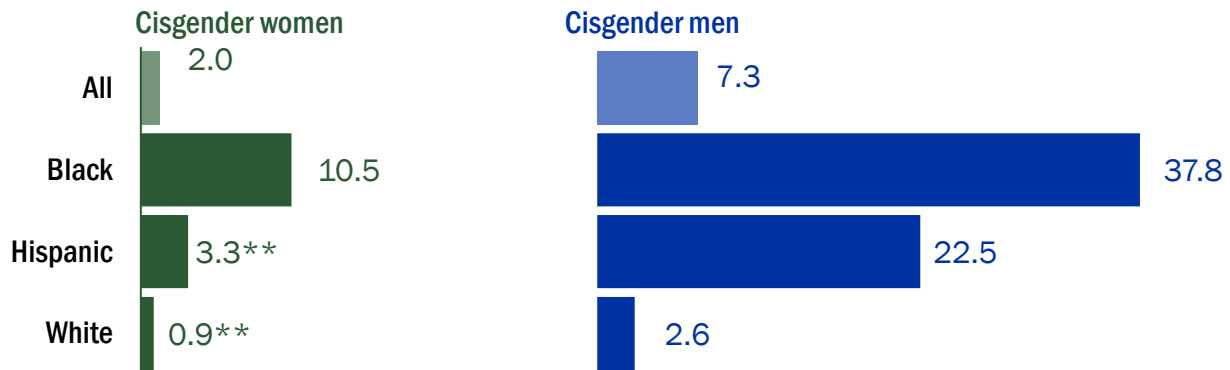


During 2024, the new HIV diagnosis rate was higher for cisgender men and was higher among Black and Hispanic cisgender people compared to other race or ethnicity groups (Figure 15).

Figure 15

Black cisgender men were diagnosed with HIV at a higher rate than other groups.

Number of new HIV diagnoses per 100,000 people by gender* and race or ethnicity, Wisconsin, 2025



*People of trans experience diagnosed during 2025 are excluded from these rates as population denominators are not available to calculate rates.

** Rates based on counts less than 12 should be interpreted with caution.

Transmission category

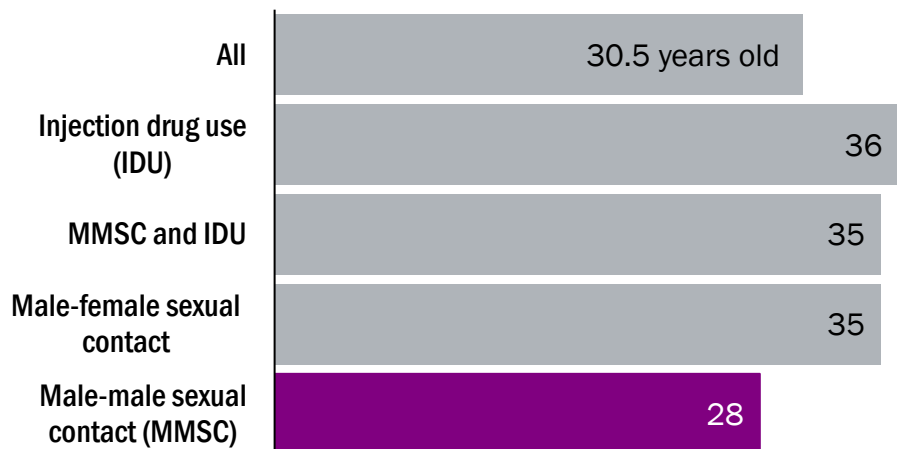
Age

Transmission categories are determined by what people tell their provider about behaviors that might lead to HIV exposure. People who reported male-male sexual contact as a possible route of exposure tended to be younger (Figure 16).

Figure 16

People who reported male-male sexual contact tended to be younger at HIV diagnosis than those who reported male-female sexual contact or injection drug use.

Median age at HIV diagnosis by transmission category, Wisconsin, 2025



Of those who reported male-male sexual contact, Black and Hispanic people tended to be younger at diagnosis compared to white people (Figure 17).

Gender

All new HIV diagnoses among transgender women and men were attributed to an estimated transmission category of sexual contact (100%; Figure 18). For cisgender women, the majority was attributed to male-female sexual contact (MFSC; 90%) followed by injection drug use (IDU; 10%). The HIV diagnoses among cisgender men were mostly attributed to male-male sexual contact (MMSC; 85%), followed by MFSC (7%), IDU (4%), and MMSC and IDU (4%).

Figure 17

Of those who reported male-male sexual contact, Black and Hispanic people were younger at HIV diagnosis than white people.

Median age at HIV diagnosis by race and ethnicity for people reporting male-male sexual contact, Wisconsin, 2025

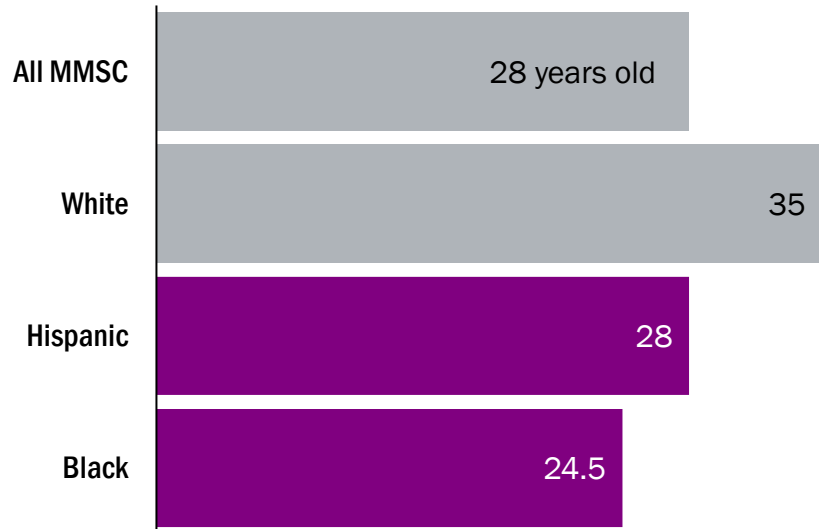
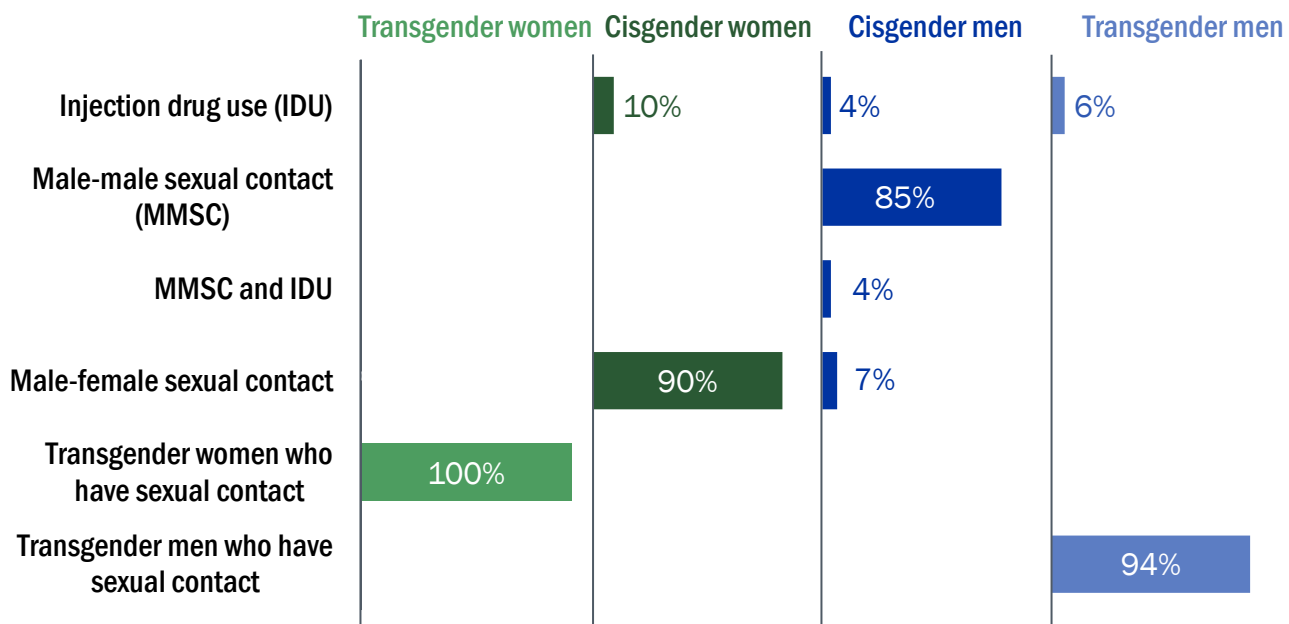


Figure 18

Sexual contact was the most common HIV transmission mode.

Percentage of HIV diagnoses by gender and estimated transmission category*, Wisconsin, 2025



*Data have been statistically adjusted to account for those with an unknown transmission category. Percentages may not

Facility at diagnosis

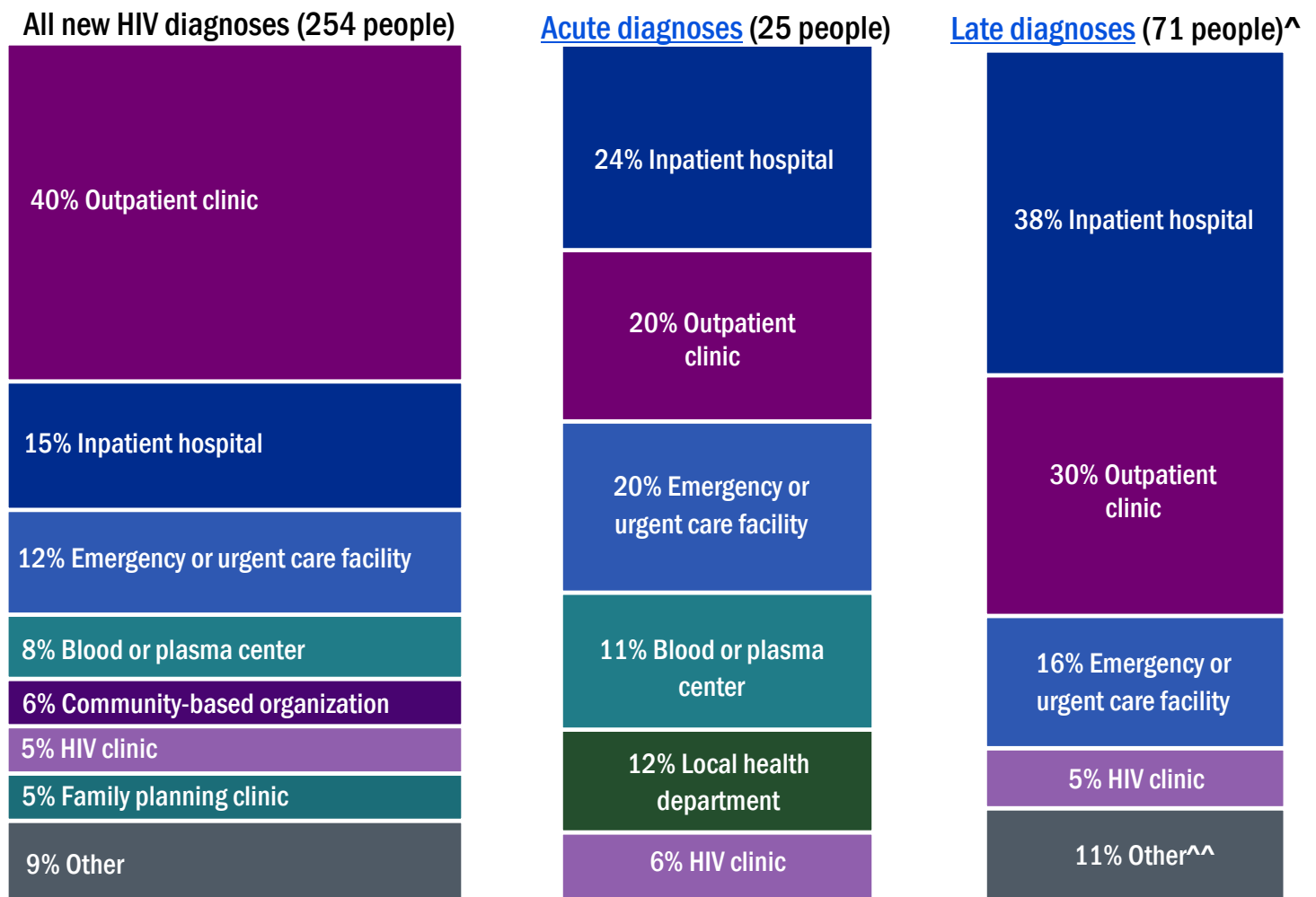
HIV testing occurs in a variety of settings, including publicly funded testing sites and private medical clinics. Counseling, testing, and referral (CTR) sites are funded by the Division of Public Health. These CTR sites include community-based organizations and some local health departments.

During 2025, the most common settings for HIV diagnoses were outpatient clinics (40%), inpatient hospitals (15%), and emergency or urgent care facilities (12%; Figure 19). While outpatient clinics continue to be the most common setting for HIV diagnoses, there was an increase in people being diagnosed at emergency and urgent care facilities compared to 2024.

Figure 19

Two out of five people were newly diagnosed with HIV at outpatient clinics during 2025.

Percent of new HIV diagnoses by facility and by diagnosis stage, Wisconsin, 2025



*Inpatient hospital includes diagnoses among people first seen in an emergency or urgent care facility and then admitted to a hospital.

**Other includes diagnosis at a local health department (4%), telemedicine provider (3%), drug treatment center (1%), jail or prison (0.3%), at-home tests (0.3%), or insurance company (0.3%).

^Those diagnosed with HIV during 2025 have not had one full year to evaluate progression to Stage 3. These late diagnosis data are provisional and should be interpreted with caution.

^^Other includes diagnoses at a community-based organization (3%), telemedicine provider (3%), drug treatment center (1.25%), blood or plasma center (1.25%), local health department (1.25%), or family planning clinic (1.25%).

When further grouped by stage of HIV at diagnosis, acute diagnoses in 2025 were more likely to be identified at emergency or urgent care facilities and blood or plasma centers than late diagnoses. Additionally, late diagnoses in 2025 were more likely to be identified as living with HIV at inpatient hospitals than acute diagnoses (Figure 19).

Linkage to care

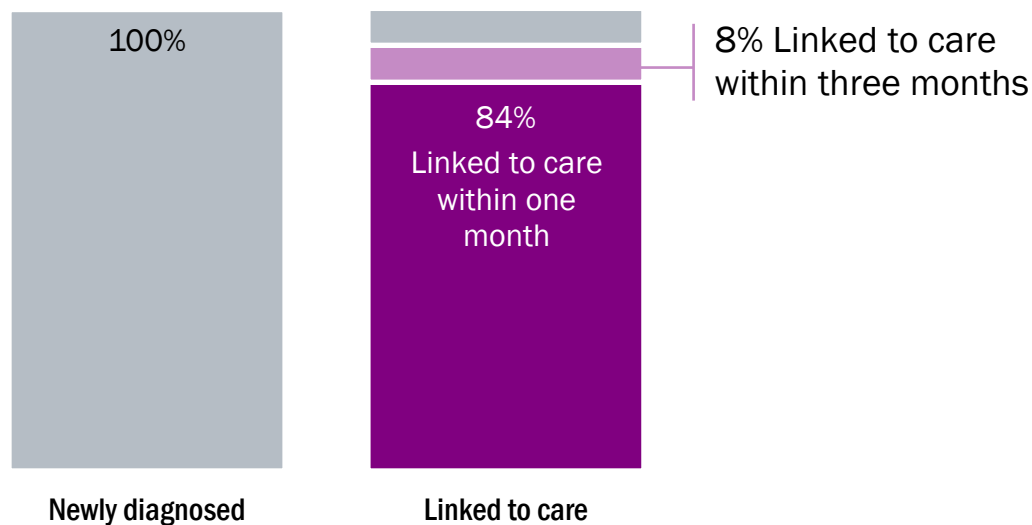
Timely linkage to care (that is, visiting an HIV health care provider within one month [30 days] after learning they were living with HIV) can help people living with HIV have healthier lives and prevent further HIV transmission. Access to medications that reduce the amount of virus in the body can lower the risk of transmitting HIV by sexual contact.

The HIV care continuum is used at the state, regional, and local levels to measure and monitor engagement in care and health outcomes for people living with HIV (Appendix-Figure A1). A portion of the care continuum specifically measures timely linkage to care (Figure 20).

Figure 20

Five out of six people newly diagnosed with HIV were linked to care services within one month of diagnosis.

HIV care continuum* - Linkage to care outcomes, Wisconsin, 2025



*Reflects laboratory data received through April 3, 2026

Prevalence

Number of people living with HIV

Observed prevalence

Prevalence is the total number of people living with HIV in Wisconsin at the end of the reporting period. Prevalent HIV cases are defined as people living with HIV who:

- Lived in Wisconsin according to lab results and report forms.
- Were alive at the end of the reporting period.

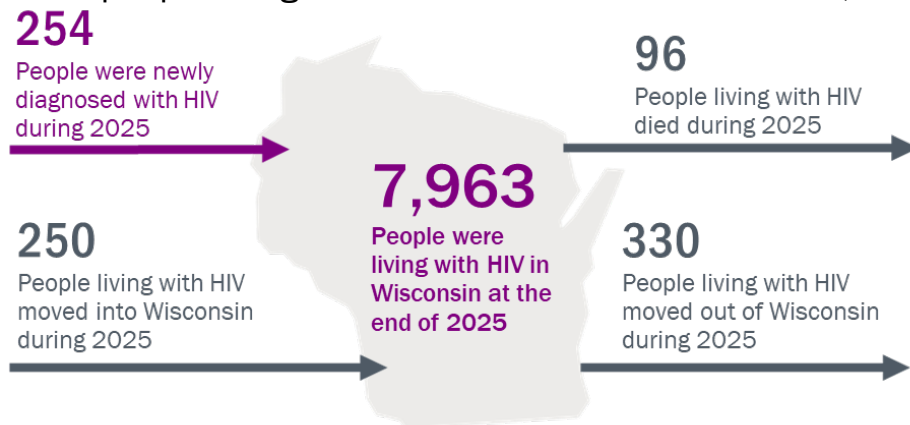
Prevalence varies due to new diagnoses, migration, and deaths (Figure 21).

At the end of 2025, 7,963 people living with HIV resided in Wisconsin.

Figure 21

More people living with HIV left Wisconsin than moved into the state during 2025.

Flow of people living with HIV into and out of Wisconsin, 2025



People who are unaware of HIV status

Not everyone living with HIV is aware of their HIV status. The estimated prevalence of HIV in Wisconsin that includes those unaware of their status is approximately 8,982 people (Appendix-Table A4).

The most recent CDC estimate² suggests that nationally, 12.8% of people (about one out of eight) living with HIV are unaware of their status. Given the CDC's estimate, the observed prevalence likely underestimates the total population of people living with HIV in the state by approximately 1,127 people who are not aware of their HIV status.

² Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*, 2024; 29 (No.3). <https://stacks.cdc.gov/view/cdc/156513>. Published May 2024. Accessed October 2024.

According to the CDC, awareness of HIV status may be substantially lower for younger people and slightly lower for some racial and ethnic minorities due to barriers to getting tested (Appendix-Table A4). This understanding can guide prioritization of services to populations with the highest need for HIV testing.

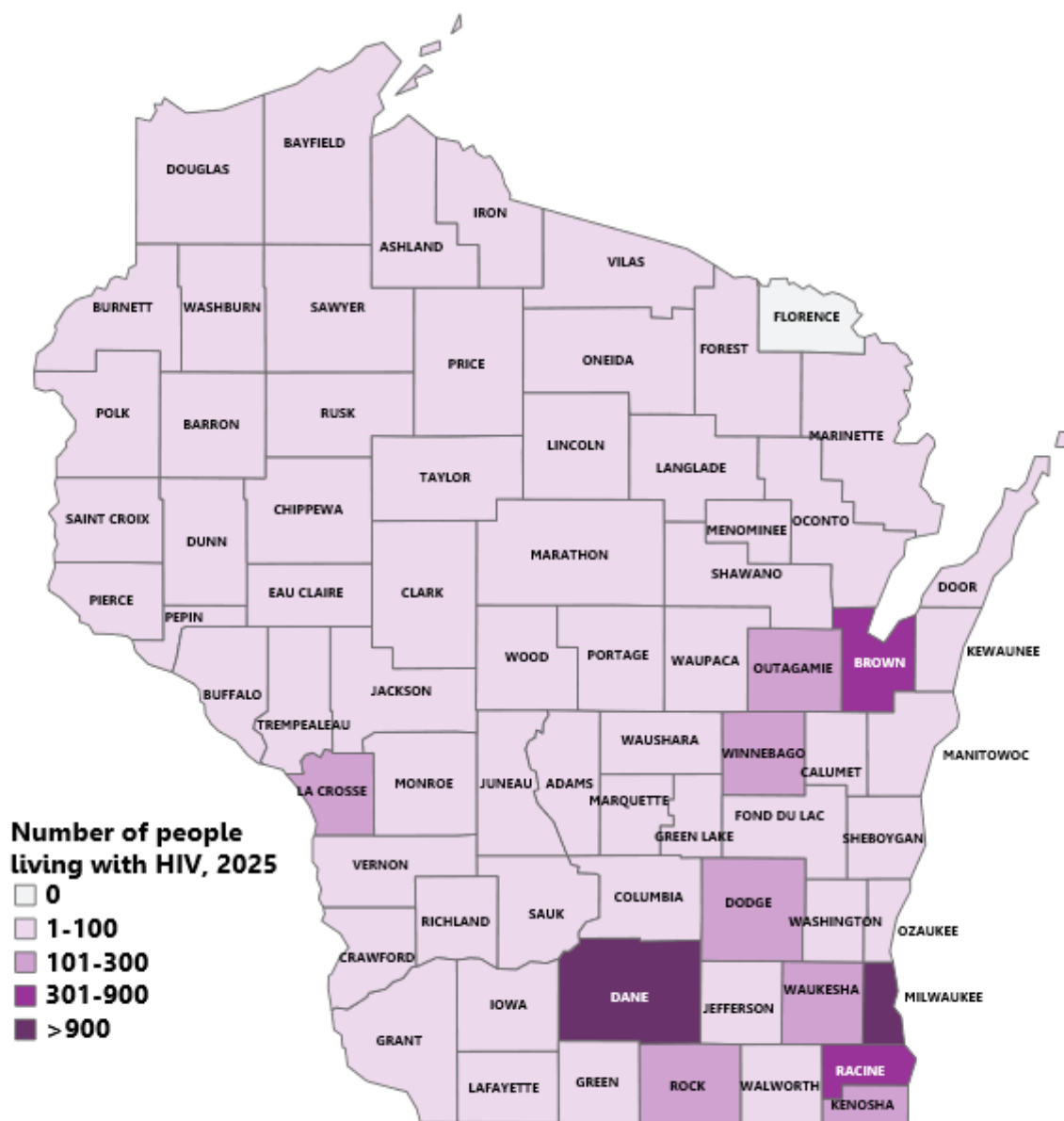
Geographic distribution of people living with HIV

Nearly half (44%) of all people living with HIV in Wisconsin resided in Milwaukee County, 12% lived in Dane County, 4% lived in Racine County, and 4% lived in Brown County (Figure 22; Table A6).

Figure 22

The majority of people living with HIV resided in the **southern and **southeastern** part of the state.**

Geographic distribution of people living with HIV, Wisconsin, 2025



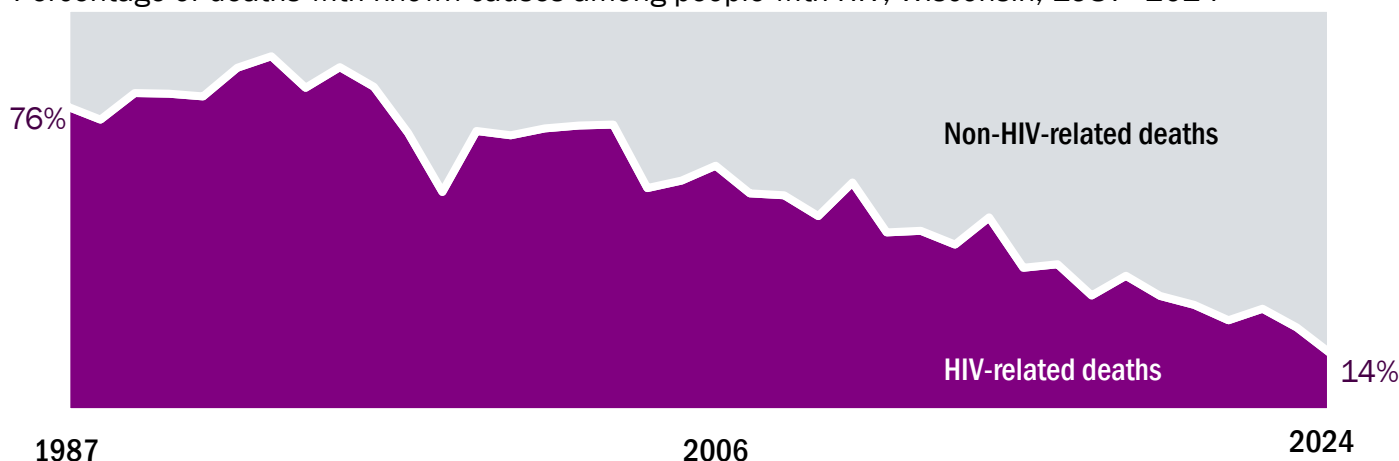
Deaths

Deaths due to any cause among people with HIV in Wisconsin have declined since the early- to mid-1990s and the percentage of deaths specifically due to HIV-related causes has also declined (Figure 23). This decrease is partly due to access to medications that allow people living with HIV to have longer, healthier lives.

Figure 23

HIV-related deaths continue to decrease due to access to medications that allow people living with HIV to live a longer life.

Percentage of deaths with known causes among people with HIV, Wisconsin, 1987–2024



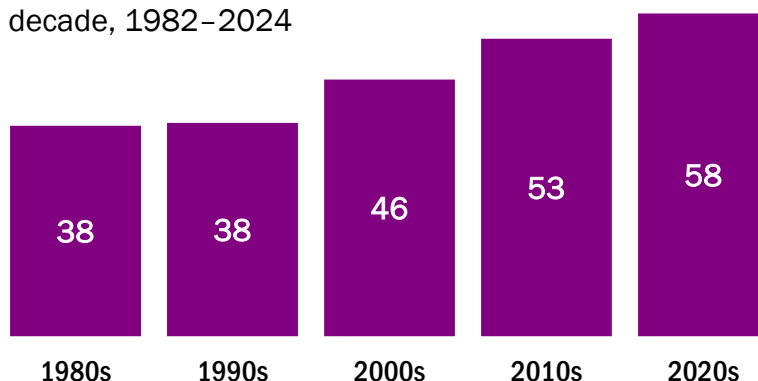
During 2024, 85 deaths were reported in Wisconsin among people with HIV, including one with unknown causes of death. Of 83 people with known causes of death, 14% had HIV listed as the primary cause of death. The remaining 86% were related to other causes in line with the national leading causes of death³.

The median age at death of people with HIV in Wisconsin has increased substantially since 1982 (Figure 24).

Figure 24

People living with HIV are living longer and healthier lives.

Median age at death of people with HIV in Wisconsin by decade, 1982–2024



³Curtin SC, Tejada-Vera B, Bastian BA. Deaths: Leading causes for 2023. National Vital Statistics Reports; vol 74 no 10. Hyattsville, MD: National Center for Health Statistics. 2025. DOI: <https://dx.doi.org/10.15620/cdc/174607>

Migration

New HIV reports refer to Wisconsin residents living with HIV who were identified to public health for the first time during the reporting period. These include both new diagnoses and people who were diagnosed in another state or other country prior to moving to Wisconsin.

Of the 504 new HIV reports received during 2025, 250 (50%) were previously diagnosed in another state or other country prior to moving to Wisconsin. People living with HIV who moved to Wisconsin during 2025 tended to be older and a higher percentage reported identifying as Hispanic compared to new HIV diagnoses in Wisconsin (Appendix-Table A3).

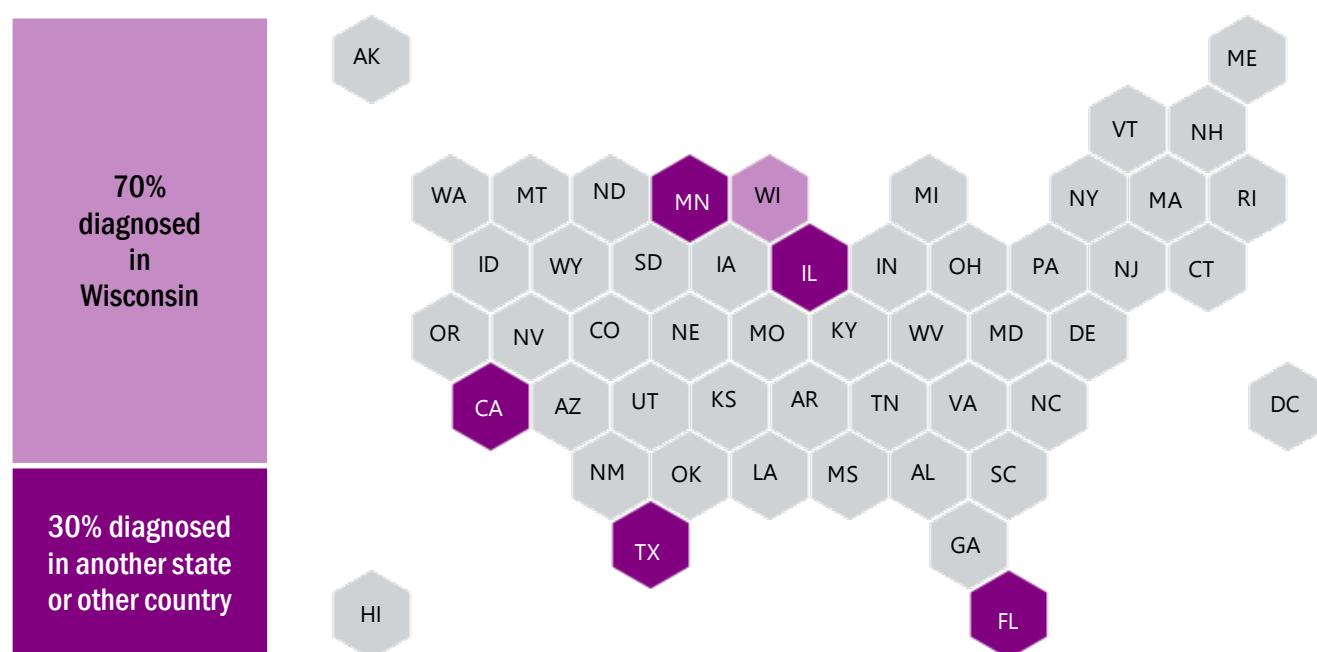
Approximately seven out of 10 (70%) of the 7,963 people living with HIV in Wisconsin during 2025 were diagnosed in the state (Figure 25). The remaining 2,400 people (30%) were diagnosed in:

- Illinois (486)
- California (211)
- Florida (186)
- Minnesota (162)
- Texas (157)
- Another state (860)
- Other country (338)

Figure 25

Most people living with HIV in Wisconsin were diagnosed in Wisconsin or in Illinois, California, Florida, Minnesota, or Texas.

Diagnosis location of people living with HIV in Wisconsin during 2025



Demographics

Of 7,963 people living with HIV in Wisconsin during 2025:

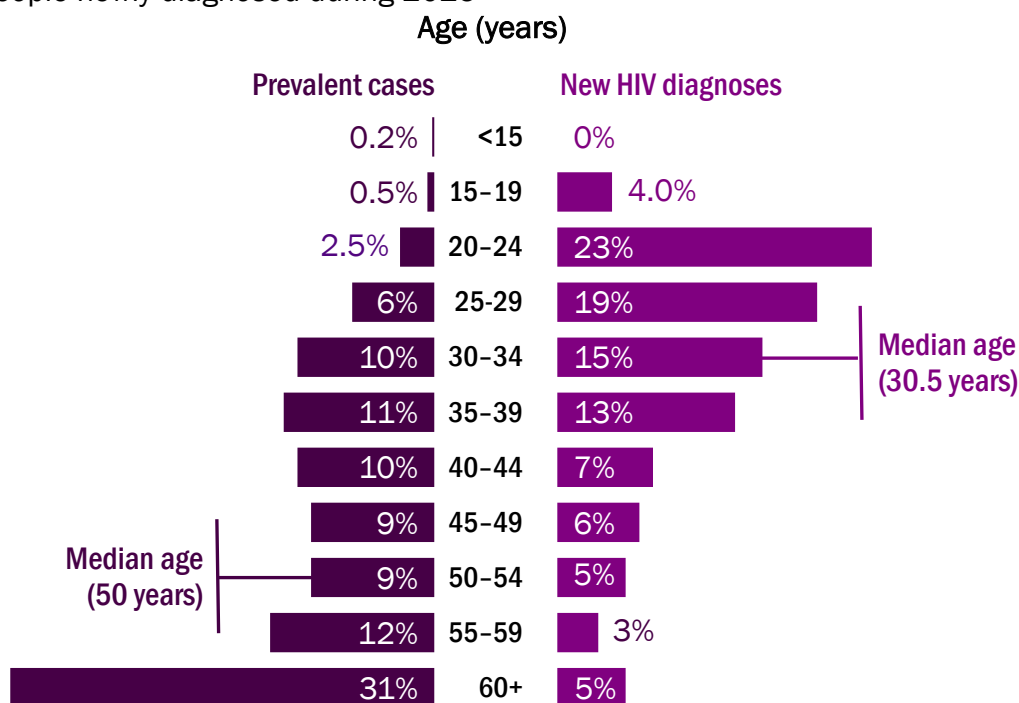
- The majority (79%) were cisgender men, 19% were cisgender women, 2% were transgender women, and 0.1% were transgender men.
- The majority were over age 30 (91%) and half (52%) were over age 50.
- Three out of seven (40%) were white, 35% were Black, and 19% were Hispanic.
- Over half (57%) had a transmission category of male-male sexual contact, 13% had a transmission category of male-female sexual contact, and 10% had a transmission category of injection drug use or both injection drug use and male-male sexual contact.
- Over half of people living with HIV in Wisconsin resided in the southeastern region (57%). An additional 20% resided in the southern region, 13% in the northeastern region, 6% in the western region, and 4% in the northern region.

People living with HIV are living longer and healthier lives. This has resulted in a shift in the median age of prevalent cases compared to those being newly diagnosed (Figure 26). Services for people living with HIV need to address health conditions associated with aging in addition to HIV, while prevention efforts need to prioritize younger age groups.

Figure 26

The population of all people living with HIV in Wisconsin tended to be older than people newly diagnosed with HIV during 2025.

Age distribution of people currently living with HIV in Wisconsin (prevalent cases) compared to age at diagnosis for people newly diagnosed during 2025



Retention in care

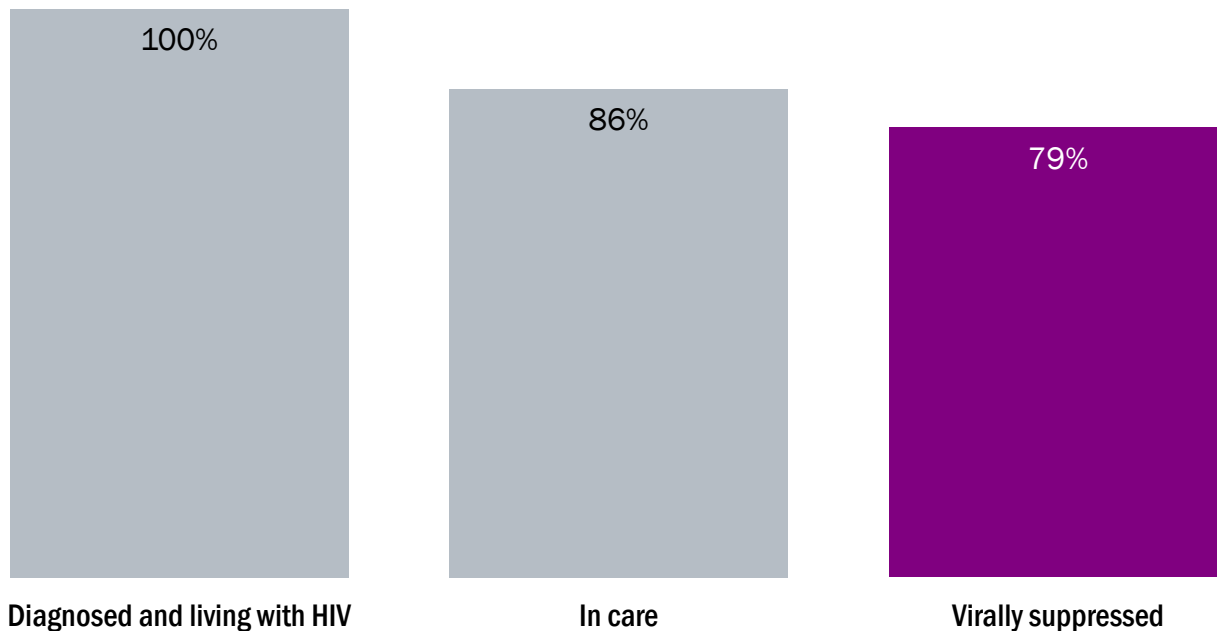
Access to HIV care and medications that reduce the amount of virus in the body benefit both the health of people living with HIV and HIV prevention efforts. People with a viral load that cannot be detected by standard laboratory diagnostic testing (that is, are virally suppressed) have a negligible risk of transmitting HIV through sexual contact.

The HIV care continuum is used at the state, regional, and local levels to measure and monitor HIV engagement in care and health outcomes (Appendix-Figure A1). A portion of the care continuum specifically measures engagement in care and successful attainment of viral suppression (Figure 27).

Figure 27

Eight out of ten people living with HIV in Wisconsin were virally suppressed during 2025.

HIV care continuum* - Retention and care outcomes, Wisconsin, 2025



*Reflects laboratory data received through April 3, 2026

Technical notes

Background

This report was prepared by the Wisconsin HIV Program. Wisconsin statutes require health care providers and laboratories to report confirmed or suspected HIV cases. Data in this report are compiled from laboratory results and report forms completed by health care providers. HIV transmission information is self-reported by patients.

HIV reporting in Wisconsin is estimated to reflect 99% of diagnosed people, but completeness of reporting may vary by geographic region, transmission category, and demographic group. Data reported here are based on the information available as of March 2026. Results are provisional and subject to change as additional information becomes available.

New diagnoses

Prior to 2023, new HIV diagnoses were included in the annual report if they met all of the following criteria:

- The person was diagnosed with HIV during the year of analysis.
- The person lived in Wisconsin at the time of diagnosis.
- Wisconsin is the earliest state of verifiable report. People who report being first diagnosed with HIV in another country, but whose diagnosis cannot be definitively documented, are included as new diagnoses. These practices conform to the CDC's guidelines for residency assignment.

Starting in 2023, new HIV diagnoses were included in the annual report if they met all of the following criteria:

- The person was diagnosed with HIV during the year of analysis.
- The person lived in Wisconsin at the time of diagnosis.
- Wisconsin is the earliest state of verifiable report. People who report being first diagnosed with HIV in another country, but whose **year** of diagnosis cannot be definitively documented, are included as new diagnoses. These practices conform to the CDC's guidelines for residency assignment.

Prevalence

Observed prevalence

People living with HIV are included in the observed prevalence if they meet the following criteria:

- The person was confirmed to be living with HIV.
- The person was presumed to be alive at the end of the analysis year.
- The last known address available for the person is a Wisconsin address.

Because of delays in reporting deaths to local and national databases, the number of people presumed alive should be considered provisional. Due to periodic data cleaning, prevalence may change as people thought to be living with HIV in Wisconsin are found to be deceased or living out of state.

Estimated prevalence

The estimated prevalence is a measure that takes into account that a proportion of people who are living with HIV are not aware of their HIV status. The calculation consists of:

- Number of people known to be living with HIV.
- Estimated proportion of people living with HIV who are unaware.

The estimated prevalence is calculated as:

$$\frac{\text{Number known to be living with HIV}}{\text{Proportion unaware}}$$

Rates

In this report, rates are defined as the number of cases per 100,000 people, except if noted otherwise. Population denominators used to calculate rates are from the [U.S. Census](#). Rates published by the CDC for Wisconsin, Milwaukee, and Madison cannot be compared to those prepared by the Wisconsin Department of Health Services—Division of Public Health and local health departments because they may use different data sources.

Demographic variables

Age

For new diagnoses, age refers to the age at the time of HIV diagnosis. For people living with HIV, age refers to the age on December 31 of the year of analysis.

Gender

Consistent with the Council of State and Territorial Epidemiologists' position statement on transgender HIV surveillance,⁴ this report used gender identity rather than sex assigned at birth.

Gender is determined based on information in case records. People are counted as transgender for this report if they identified as transgender on an HIV report or laboratory document, or if there was a mismatch or difference in sex assigned at birth and the sex or gender reported on any of the previously mentioned documents. Some people may be mistakenly counted as a transgender person in this report if sex or gender was incorrectly reported on any document or if data entry errors occurred.

⁴ Council of State and Territorial Epidemiologists. Transgender HIV Surveillance. 17-ID-06.
<https://cdn.ymaws.com/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-06.pdf>. Accessed August 2021.

Race and ethnicity

Generally, the CDC uses race and ethnicity terminology aligning with the 1997 Office of Management and Budget (OMB) standards⁵ on race and ethnicity. At a minimum, data on the following race categories are collected: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and white. For this report, Native American is used to describe people reported with a race of American Indian or Alaska Native. In addition to data on race, data on two categories of ethnicity should be collected: Hispanic or Latino and not Hispanic or Latino.

This report also presents data for people whose multiple race categories were reported, and they are referred to as “multiracial”. In this report, people categorized by race were not Hispanic or Latino. Conversely, people who identify their origin as Hispanic, Latino, or Spanish may be of any race, and they are referred to as “Hispanic” in this report.

Residency

People who met the definition of newly diagnosed (see *New Diagnoses* section previously) were assigned to the county of residence listed on the HIV reports when first diagnosed and reported with HIV. People who met the prevalence definition (see *Prevalence* section previously) were assigned to the county of their last known address.

Vital status

Information about deaths was obtained from the Wisconsin Vital Records Office, the National Death Index, and the Social Security Death Master File. Deaths described in this report include only those that occurred in Wisconsin among people living with HIV. Deaths are described as being due to HIV, or caused by HIV, if HIV was listed as the underlying cause of death on the death certificate. Deaths are described as being due to other causes if HIV was not listed as the underlying cause of death. However, HIV may have been listed as one of the 19 possible contributing causes of death.

Transmission category

Observed transmission category

Transmission category is the term that the CDC uses to summarize a person’s possible HIV exposure factors; the summary category results from selecting, from a hierarchical order of probability, the single exposure factor most likely to have been responsible for transmission. For monitoring HIV burden in Wisconsin, an HIV diagnosis is counted only once in the hierarchy of transmission categories. People with more than one reported exposure factor for HIV are classified in the transmission category listed first in the hierarchy. The exception is people who have had male-male sexual contact and injected drugs; this group makes up a separate transmission category. Transmission categories are defined as follows:

⁵ Office of Management and Budget. Revisions to the standards for the classification of federal data on race and ethnicity. Federal Register 1997;62:58782-58790. <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>. Accessed August 2021.

- **Male-male sexual contact** includes people assigned male sex at birth, regardless of current gender identity, who have ever had sexual contact with other males and who have ever had sexual contact with both males and females (bisexual contact).
- **Injection drug use (IDU)** includes people who have ever reported injecting drugs or sharing injection equipment.
- **Male-male sexual contact and injection drug use** includes people assigned male sex at birth, regardless of current gender identity, who have had sexual contact with other males and injected drugs or shared injection equipment.
- **Male-female sexual contact** includes people who have ever had male-female sexual contact with a person known to have been diagnosed as living with HIV or a potential exposure factor for HIV (for example, someone who injects drugs). This category does not include males who have ever had sexual contact with both males and females.
- **Perinatal transmission** refers to HIV transmitted from birthing parents to babies during pregnancy, childbirth, or breastfeeding/chestfeeding.
- **Other** is used to group less common transmission categories, including people with hemophilia and people who were exposed to HIV through a blood transfusion or tissue/organ transplant.
- **Unknown** includes people without an exposure factor listed in the hierarchy of transmission categories. People may have an unknown transmission category because they did not identify potential exposure modes, identified exposure factors were not part of the transmission hierarchy, died before they could be interviewed, or were lost to follow-up and could not be interviewed.

The Wisconsin HIV Program recognizes current gender identity when trying to understand HIV transmission. When this report presents the data by both transmission category and gender, additional categories are defined as follows:

- **Transgender women who have sexual contact** includes transgender women who have had sexual contact. Transgender women who reported sexual contact were placed in this transmission category, regardless of IDU.
- **Transgender men who have sexual contact** includes transgender men who have had sexual contact. Transgender men who reported sexual contact were placed in this transmission category, regardless of IDU.

Imputed transmission category

Some people diagnosed with HIV are reported in Wisconsin with insufficient information to assign a transmission category. Multiple imputation is a statistical method in which the known transmission categories of people with similar demographic characteristics are used to estimate the most plausible values for those with unknown transmission categories (see Box 1).

Counts estimated by imputed transmission categories are reported rounded to the nearest whole number of people but are still considered to be estimates, not counts. Imputed transmission categories may change as new information becomes available. This method aligns to the CDC's method of addressing people with unknown transmission categories.

Box 1: Multiple imputation example

Assuming 30 women aged 45–64 were diagnosed with HIV, 18 of them had diagnoses attributed to male-female sexual contact; nine had diagnoses attributed to injection drug use; and three had unknown transmission categories. The 27 known transmission categories were applied to the three people with unknown transmission categories. Of the three people with unknown transmission categories, two were assigned male-female sexual contact (67%) and one was assigned injection drug use (33%). To conclude, two people with unknown transmission categories were estimated to have male-female sexual contact and one person with injection drug use.



HIV stage at diagnosis

Recent and acute HIV diagnoses

Recent HIV is defined as having been diagnosed during the six months after HIV was acquired. Recent HIV is suspected when a newly diagnosed person reports a negative test within the previous six months, or when the initial viral load test is high.

Acute HIV is defined as having been diagnosed with HIV in the two to four weeks after HIV was acquired. This time period immediately after acquiring HIV is characterized by high viral load, undetectable HIV-1 antibodies, and presence of viral nucleic acids (that is, RNA) or p24 antigen.

Late (Stage 3) HIV diagnosis

In this report, an HIV case is any person with a laboratory-confirmed HIV diagnosis. This is all stages of HIV, including Stage 3 HIV (AIDS). People diagnosed with Stage 3 HIV include only those that met the CDC's Stage 3 HIV surveillance definition.

According to the CDC, a late diagnosis occurs among people who progressed to Stage 3 HIV within one year of receiving their initial HIV diagnosis, including those progressed to Stage 3 by the time they are first diagnosed with HIV. Stage 3 HIV typically occurs eight to 10 years after acquiring HIV in the absence of treatment and is clinically defined by a very low CD4 count or a Stage 3-defining opportunistic infection.

During 2014, the Stage 3 surveillance definition changed to exclude people with a Stage 3-defining CD4 count (<200 cells/mL) if a negative HIV test in the previous six months had been documented. Instead, the low CD4 count may reflect recently acquired HIV. People may be incorrectly classified as having progressed

to Stage 3 if recent negative tests are not documented. Collection of recent negative tests has improved over time.

Statistical significance

Statements about statistical significance are sometimes made when looking at a change over time or when comparing groups. Tests of statistical significance determine whether the observed trend or difference is due to chance or is a true pattern. Linear regression on rolling three-year averages was used to assess trends over time and chi-squared analysis was used to assess differences between groups. Statements about increasing or decreasing trends or differences between groups were only made if the pattern is statistically significant.

Data suppression

Suppression for reliability

When small numbers are used to calculate rates, those rates tend to have poor reliability. To minimize misinterpretation or misuse of rates that are unstable, rates were not shown when the case count was below five. Rates based on counts less than 12 were shown but should be interpreted with caution.

Suppression for confidentiality

Data may be suppressed for case counts of five or less to protect the confidentiality of people whose data were included in this report. This reduces the risk of disclosing identity.

Appendix

Table A1

Number of new HIV diagnoses per 100,000 people by year of diagnosis, gender[^], and race or ethnicity. Wisconsin, 2016–2025

Year	Cisgender men			Cisgender women		
	Black	White	Hispanic	Black	White	Hispanic
2016	47.2	2.8	11.5	8.6	0.4**	*
2017	42.9	3.6	15.1	10.6	0.5	*
2018	39.4	2.7	15.6	7.9	0.3**	*
2019	40.9	2.4	15.8	13.2	0.5**	*
2020	30.5	2.9	15.3	9.0	0.6	3.4**
2021	33.6	3.1	23.8	11.7	0.4**	2.4**
2022	43.5	3.0	30.2	11.2	0.6	4.6**
2023	33.5	3.0	26.8	9.0	0.5	4.3**
2024	43.21	2.89	21.76	15.2	0.8	3.7**
2025	37.81	2.59	22.53	10.5	0.3**	3.3**

[^] Transgender persons are excluded from these rates as population estimates are not available to calculate rates.

* Rates based on counts less than five have been suppressed.

** Rates based on counts less than 12 should be interpreted with caution.

Table A2

Geographic distribution of new HIV diagnoses by county of diagnosis, Wisconsin, 2025

County of residence	Number	Percent of cases	Rate/100,000 people *
Ashland	3	1.2%	*
Brown	11	4.3%	4.1**
Chippewa	1	0.4%	*
Clark	1	0.4%	*
Columbia	3	1.2%	*
Dane	23	9.1%	4.0
Dodge	2	0.8%	*
Dunn	2	0.8%	*
Eau Claire	2	0.8%	*
Fond du Lac	2	0.8%	*
Grant	3	1.2%	*
Green	1	0.4%	*
Green Lake	1	0.4%	*
Kenosha	9	3.5%	5.4**
La Crosse	4	1.6%	*
Langlade	1	0.4%	*
Manitowoc	1	0.4%	*
Marathon	3	1.2%	*
Milwaukee	109	42.9%	11.9
Outagamie	3	1.2%	*
Ozaukee	1	0.4%	*
Polk	1	0.4%	*
Portage	2	0.8%	*
Price	1	0.4%	*
Racine	14	5.5%	7.1
Richland	1	0.4%	*
Rock	6	2.4%	3.7**
Sauk	6	2.4%	9.1**
Shawano	1	0.4%	*
Sheboygan	2	0.8%	*
Saint Croix	2	0.8%	*
Trempealeau	2	0.8%	*
Vernon	1	0.4%	*
Walworth	5	2.0%	4.7**
Washington	3	1.2%	*
Waukesha	8	3.1%	1.9**
Winnebago	11	4.3%	6.4**
Wood	1	0.4%	*
Correctional facilities^	1	0.4%	*
Total	254	100%	

* Rates based on counts less than five have been suppressed.

** Rates based on counts less than 12 should be interpreted with caution.

^ Correctional facilities includes county jails, Wisconsin Department of Corrections, and Federal Correctional Institution, Oxford.

Table A3

Comparison of new HIV reports by location of diagnosis, Wisconsin, 2025

	Diagnosis location	
	Wisconsin	Outside of Wisconsin
	number (%)^	number (%)^
Total	254 (100%)	250 (100%)
Gender		
Cisgender men	205 (81%)	214 (86%)
Cisgender women	38 (15%)	31 (12%)
Transgender women	8 (3%)	4 (1.5%)
Transgender men	3 (1%)	1 (0.5%)
Median age (Range)	30.5 (16–81)	39 (7–77)
Race and ethnicity		
Native American	1 (0.5%)	1 (0.5%)
Asian	10 (4%)	10 (4%)
Black	97 (38%)	73 (29%)
Hispanic	67 (26.5%)	75 (30%)
Native Hawaiian/Pacific Islander	0 (0%)	0 (0%)
White	71 (28%)	77 (31%)
Multiracial	8 (3%)	14 (5.5%)
Transmission category		
Male-male sexual contact (MMSC)	152 (60%)	171 (68%)
Injection drug use (IDU)	9 (3.5%)	9 (3.5%)
MMSC and IDU	8 (3%)	16 (6.5%)
Male-female sexual contact	34 (13.5%)	27 (11%)
Unknown	0 (0%)	3 (1%)

^Percentages may not add up to 100% due to rounding.

Table A4

Observed and estimated prevalence of people living with HIV in Wisconsin, 2025

	United States estimated % unaware*	Wisconsin		
		Observed prevalence	Estimated # unaware**	Estimated prevalence
Total	12.8%	7,963	1,169	9,132
Age (years)				
13–24	43.7%	240	186	426
25–34	28.4%	1,231	488	1,719
35–44	15.7%	1,651	307	1,958
45–54	8.0%	1,462	127	1,589
55–64	4.4%	2,140	98	2,238
65+	2.3%	1,234	29	1,263
Race and ethnicity				
White	10.8%	3,174	384	3,558
Black	12.4%	2,761	391	3,152
Hispanic or Latino	16.0%	1,548	295	1,843
Multiracial	11.3%	307	39	346
Asian	7.2%	134	10	144
Native American	22.7%	32	9	41
Transmission category				
Male-male sexual Contact (MMSC)	14.3%	5,229	873	6,102
Male-female Sexual contact	12.0%	1,587	216	1,803
Injection drug use (IDU)	8.5%	615	57	672
MMSC and IDU	8.3%	414	37	451

*Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*, 2024; 29 (No.3). <https://stacks.cdc.gov/view/cdc/156513>. Published May 2024. Accessed October 2024.

** Details about calculation of estimated unaware and estimated prevalence can be found in the Technical Notes.

Table A5 Comparison of HIV new diagnoses among Native American people by race/ethnicity classification method and selected demographics, Wisconsin, 2016–2025

		Native American standard classification*	Native American revised classification**
	Total	11 (100%^)	59 (100%)
Year of Diagnosis			
	2016	1 (9%)	7 (12%)
	2017	1 (9%)	7 (12%)
	2018	0 (0%)	1 (2%)
	2019	2 (18%)	6 (10%)
	2020	1 (9%)	6 (10%)
	2021	1 (9%)	6 (10%)
	2022	1 (9%)	7 (12%)
	2023	2 (18%)	7 (12%)
	2024	1 (9%)	5 (8%)
	2025	1 (9%)	7 (12%)
Gender			
	Cisgender Men	9 (82%)	52 (88%)
	Cisgender Women	2 (18%)	7 (12%)
	Transgender Men	0 (0%)	0 (0%)
	Transgender Women	0 (0%)	0 (0%)
Age at diagnosis (years)			
	0–19	1 (9%)	3 (5%)
	20–24	0 (0%)	10 (17%)
	25–29	3 (27%)	11 (19%)
	30–39	5 (46%)	20 (34%)
	40–49	0 (0%)	11 (19%)
	50+	2 (18%)	4 (6%)
Transmission category			
	Male-male sexual contact (MMSC)	7 (64%)	39 (66%)
	Injection drug use (IDU)	1 (9%)	3 (5%)
	MMSC & IDU	2 (18%)	4 (7%)
	Male-female sexual contact	0 (0%)	0 (0%)
	Unknown	1 (9%)	13 (22%)
Region			
	Northeastern	3 (27%)	13 (22%)
	Southeastern	3 (27%)	25 (42%)
	North	3 (27%)	4 (7%)
	South	1 (9%)	13 (22%)
	West	1 (9%)	4 (7%)

*Reported as Native American and never reported as any other race or ethnicity group.

**Ever reported as Native American, alone or in combination with other racial or ethnic identities.

^Percentages may not add up to 100% due to rounding.

The most commonly used method of collecting and reporting race and ethnicity data in the U.S., as used in this report (see Technical Notes), has important limitations. The race and ethnicity categories used throughout this report include Hispanic (regardless of race), non-Hispanic white, non-Hispanic Black, non-Hispanic Native American, non-Hispanic Asian, and non-Hispanic multiracial. Since racial and ethnic identities can be complex, this method of classification may not be sufficient. For people whose racial identity did not fit neatly into these categories or who identified as more than one of these groups, this method of classification may lead to underreporting of the actual burden of HIV within certain populations. This issue may affect Native American people more than other racial groups.⁷

As seen in table A5, the case count for new HIV diagnosis among Native American people in Wisconsin for 2016–2025 is 436% greater (11 to 59) when looking at people who have ever been reported as Native American compared to the standard single-race Native American data classification. Likewise, the total number of Native American people living with HIV by the end of 2025 is 493% greater (32 to 190) when using the same reclassification method.

⁷Great Lakes Inter-Tribal Epidemiology Center (GLITEC). Race and Ethnicity Distribution Factsheet. https://www.glitec.org/2020/wp-content/uploads/2020/07/Race-and-Ethnicity-Distribution-Factsheet_GLITECOct2019.pdf Published October 2019. Accessed August 2021.

Table A6

Geographic distribution of people living with HIV by county of residency, Wisconsin, 2025

County of residence	Number	Percent of cases	Rate/100,000 people*
Adams	31	0.4%	145.2
Ashland	12	0.2%	74.1
Barron	33	0.4%	70.5
Bayfield	6	0.1%	35.6**
Brown	309	3.9%	112.8
Buffalo	5	0.1%	37.1**
Burnett	8	0.1%	46.5**
Calumet	19	0.2%	35.4
Chippewa	32	0.4%	47.5
Clark	18	0.2%	51.7
Columbia	49	0.6%	84.3
Crawford	10	0.1%	62.5**
Dane	983	12.3%	167.1
Dodge	114	1.4%	128.6
Door	27	0.3%	88.5
Douglas	30	0.4%	67.8
Dunn	28	0.4%	60.7
Eau Claire	71	0.9%	65.2
Florence	0	0.0%	*
Fond du Lac	78	1.0%	74.8
Forest	7	0.1%	73.6**
Grant	35	0.4%	66.9
Green	12	0.2%	32.3
Green Lake	14	0.2%	72.3
Iowa	18	0.2%	75.1
Iron	7	0.1%	112.3**
Jackson	11	0.1%	52.3**
Jefferson	47	0.6%	54.5
Juneau	21	0.3%	79
Kenosha	281	3.5%	166.5
Kewaunee	14	0.2%	67.5
La Crosse	121	1.5%	100
Lafayette	7	0.1%	40.4**
Langlade	13	0.2%	66.5
Lincoln	13	0.2%	45.7
Manitowoc	49	0.6%	60.1
Marathon	75	0.9%	53.9
Marinette	26	0.3%	61.4
Marquette	15	0.2%	95.3
Menominee	11	0.1%	256.6**
Milwaukee	3,515	44.1%	380.1
Monroe	21	0.3%	45.3
Oconto	10	0.1%	25**
Oneida	14	0.2%	36.7

Outagamie	147	1.8%	75.2
Ozaukee	46	0.6%	49
Pepin	1	0.0%	*
Pierce	17	0.2%	39.2
Polk	28	0.4%	61.1
Portage	32	0.4%	44.4
Price	9	0.1%	63.9**
Racine	341	4.3%	171.7
Richland	9	0.1%	52.6**
Rock	194	2.4%	117.2
Rusk	3	0.0%	*
Sauk	71	0.9%	106.8
Sawyer	11	0.1%	58.4**
Shawano	24	0.3%	58.1
Sheboygan	83	1.0%	70.1
Saint Croix	44	0.6%	44.9
Taylor	10	0.1%	49.6**
Trempealeau	23	0.3%	74.7
Vernon	18	0.2%	57.4
Vilas	7	0.1%	29.2**
Walworth	68	0.9%	64.1
Washburn	9	0.1%	53**
Washington	66	0.8%	47.6
Waukesha	225	2.8%	54
Waupaca	27	0.3%	52.8
Waushara	17	0.2%	67.8
Winnebago	159	2.0%	91.7
Wood	54	0.7%	73
Total	7,963	100%	

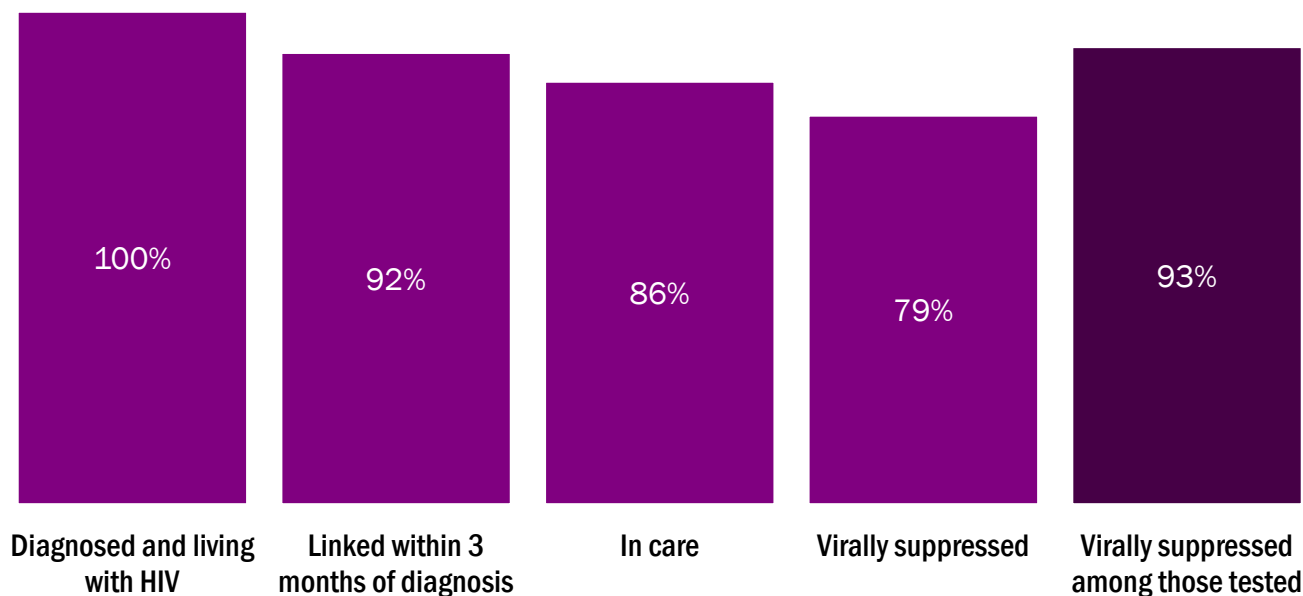
* Rates based on counts less than five have been suppressed.

** Rates based on counts less than 12 should be interpreted with caution.

Figure A1

The majority of people living with HIV who were engaged in care were virally suppressed.

HIV care continuum*, Wisconsin, 2025

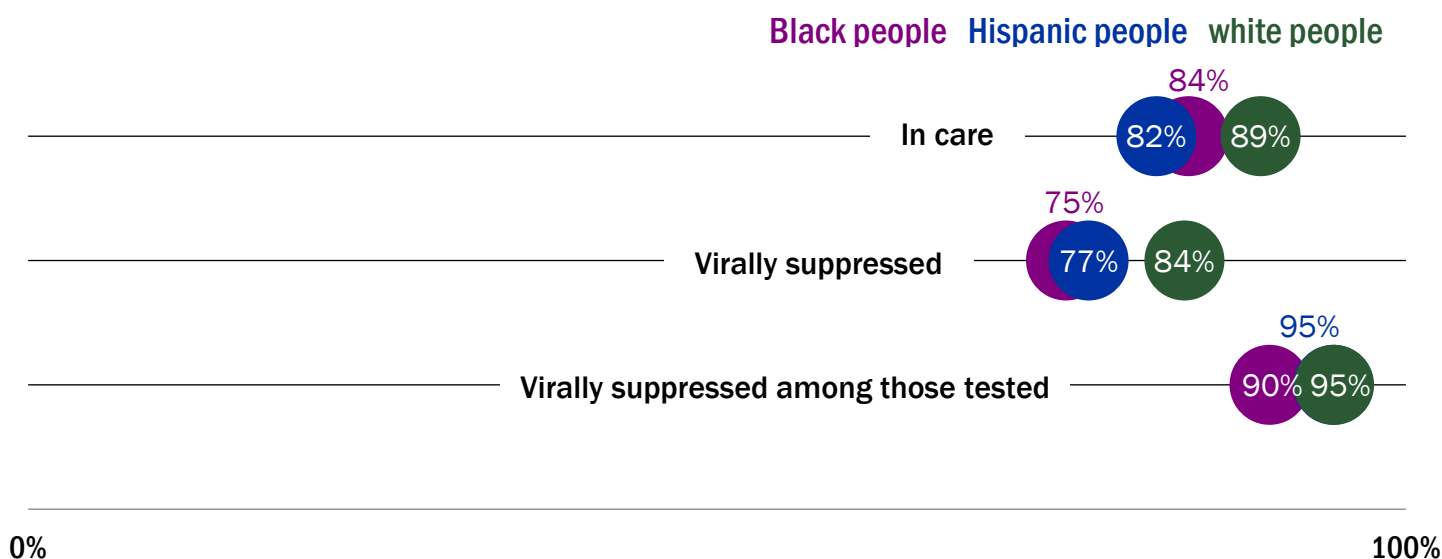


*Reflects laboratory data received through April 3, 2026

Figure A2

With the exception of in care, white people over the age of 30 had better care continuum outcomes than Black and Hispanic people over the age of 30.

HIV Care Continuum* - Care Outcomes by age and race and ethnicity, Wisconsin, 2025



Values based on surveillance data

Diagnosed and living with HIV: All people reported living with HIV in Wisconsin by the end of 2024 who were still alive and living in Wisconsin by the end of 2025 and had HIV care in Wisconsin in the last 10 years (6,985 people).

Linked within three months of diagnosis: Of 254 people diagnosed with HIV in Wisconsin during 2025, 92% (233 people) were linked to care within three months of diagnosis. Five out of six (214/254 people or 84%) newly diagnosed people were linked to care within one month of diagnosis. Linkage is defined as one or more CD4 or quantitative viral load or genotype test on or after the date of diagnosis.

In care: Of 6,985 people diagnosed and living with HIV in Wisconsin during 2025 who had HIV care in Wisconsin in the last 10 years, 86% had at least one medical visit that included one or more laboratory tests that were available in the HIV surveillance system as evidence of receiving care.

Virally suppressed: Of 6,985 people living with HIV in Wisconsin during 2025 who had HIV care in Wisconsin in the last 10 years, 79% had viral loads (that is, a test that documents the number of virus copies in the blood) that were less than 200 copies/mL, indicating attainment of viral suppression. People whose last viral load test was prior to 2025 or who did not have a viral load test recorded were considered to have unsuppressed viral loads.

Virally suppressed among those tested: Of 5,951 people who had a viral load test during 2025, 93% were virally suppressed at their last measurement. This suggests that most people receiving some medical care achieved viral suppression. Viral suppression improves the health of the people living with HIV and prevents them from transmitting HIV sexually to partners.

An aerial photograph of a city, likely Milwaukee, Wisconsin. The foreground is dominated by a dense residential neighborhood with many houses featuring gabled roofs and green lawns. The middle ground is filled with lush green trees. In the background, a city skyline is visible, including several tall skyscrapers and other urban buildings. The entire image is overlaid with a semi-transparent purple filter.

For more information, contact:

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