

2022 - 2026 NEVADA HIV INTEGRATED PREVENTION AND CARE PLAN: 2024 - 2025 MIDYEAR PROGRAM REPORT

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Introduction

The 2022 – 2026 Nevada HIV Integrated Prevention and Care Plan, including the Statewide Coordinated Statement of Need (referred to throughout this report as “Integrated Plan”), was developed to describe the current state of HIV prevention, treatment, and ancillary care services in Nevada and to outline aggressive actions to reduce the burden of HIV in Nevada. Further, the Integrated Plan serves to align Nevada’s efforts with national frameworks, including the strategies and activities outlined in the HIV National Strategic Plan. The Nevada HIV Integrated Plan was finalized in December 2022 and is publicly available at [Nevada Ending the HIV website](#). The purpose of this report is to outline progress made on actions outlined in the Integrated Plan between June 2024 and December 2024. An annual report showcasing progress made from July 2024 – June 2025 will be made available in mid 2026.

The following key describes the current status of plan objectives and activities:



Green:
Objective/Activity
completed.



Yellow:
Objective/Activity
in process/ongoing.



Red:
Objective/Activity
not started.

Plan Progress




Goal 1: Diagnose all individuals with HIV as early as possible after infection.


Objective 1.1 By 2026, 20,000 federally funded HIV tests will be conducted annually within the state of Nevada.

Outcome: # of tests conducted.

Source: PS18-1802 performance metrics; PS20-2010 performance metrics; PS-21-2102 performance metrics; RWPA performance metrics.

Baseline: 15,000 tests conducted.

Status	Objective/Activity	Metric/Description
	1.1. By 2026, 20,000 federally funded HIV tests will be conducted annually within the state of Nevada.	<p>A total of 11,776 federally funded HIV tests were conducted. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Carson City Health and Human Services: 185 tests • Northern Nevada Public Health: 1,131 tests • Southern Nevada Health District: 10,460 tests
	1.1.A. Implement targeted HIV testing strategies among priority populations while utilizing testing and educational material in languages that are appropriate for those populations and ensuring materials meet culturally and linguistically appropriate standards (CLAS).	<p>A significant number of tests were administered among priority populations. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Men who have sex with men (MSM): 3,847 tests • People living with HIV (PLWH): 84 tests • Youth (ages 13 – 17): 143 tests • Young adults (ages 18 – 24): 2,373 tests • People who use injection drugs: 597 tests
	1.1.B. Increase number of provider education sessions/persons performed to conducted tests conducted by local health authorities and the AIDS Education and Training Center (AETC) within clinics, ERs, hospitals, and other	<p>When available, agencies reported the number of educational sessions offered and number of persons trained. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Northern Nevada Public Health: 4 educational sessions offered. • Pacific AIDS Education and Training Center, Nevada: 37 educational sessions offered.



	healthcare organizations that are screening for HIV.	<ul style="list-style-type: none"> • Southern Nevada Health District: 5 educational sessions offered; 71 persons trained.
	1.1.C. Increase HIV prevention events and testing opportunities.	<p>When available, agencies reported information on testing opportunities, which refer to unique testing events and outreach initiatives. Further, webpage views from the Nevada Ending the HIV Epidemic website were tracked. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Carson City health and Human Services: 1 testing opportunity offered • Northern Nevada Public Health: 49 testing opportunities offered • Southern Nevada Health District: 21 testing opportunities offered.


Objective 1.2 By 2026, 90% of all persons testing negative for HIV will be informed of their test results within 90 days from report to health authority.

Outcome: % of persons testing negative for HIV informed of results within 90 days from report to health authority.

Data source: PS18-1802 performance metrics; PS20-2010 performance metrics; and PS-21-2102 performance metrics.

Baseline: 75% for 2021.

Status	Objective/Activity	Description
	<p>1.2. By 2026, 90% of all persons testing negative for HIV will be informed of their test results within 90 days from report to health authority.</p>	<p>Statewide, 89.0% of persons testing negative for HIV were informed of their results within 90 days. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Carson City Health and Human Services: 100% (185/185 persons) • Northern Nevada Public Health: 92.0% (1,040/1,131 persons) • Southern Nevada Health District: 88.6% (11,273/12,726 persons)
	<p>1.2.A. Document challenges associated with notifying persons of results.</p>	<p>Challenges included the following:</p> <ul style="list-style-type: none"> • Carson City Health and Human Services: Not applicable. • Northern Nevada Public Health: “Rapid HIV test results are given in office at the point of care. If a conventional test was run, it is the client’s responsibility to call for their HIV test result along with their STI results. Sometimes they think “no news is good news” and do not call for those results. Should someone’s conventional test come back positive, they would be contacted by the HIV team. Additionally, clients are now able to see their results through their electronic medical record client portal, and we are unable to capture notification via this avenue.” • Southern Nevada Health District: “Challenges have remained the same for those who test for HIV through conventional methods vs. rapid. Some do not return or call in /log in for their test results. Due to the sheer volume of tests, SNHD does not have capacity to call every





		<p>person who does not seek out their results.”</p>
	<p>1.2.B. Based on documented challenges, develop strategies to improve percentage of persons informed of results.</p>	<p>Activity is in progress.</p> <ul style="list-style-type: none"> • Northern Nevada Public Health: “Client’s access to the NNPH EMR was opened during this time. This only provides results for those tested at NNPH.” • Southern Nevada Health District: “Processes for clients to obtain their results have been developed for some time with SNHD. These include walking in to obtain their results, calling the clinic where they tested to obtain their results, or through the SNHD results portal.”

Objective 1.3 By 2026, reduce the number of new HIV stage 3 diagnoses by 10%.

Outcome: # of new HIV stage 3 diagnoses.

Data source: Annual Nevada HIV Fast Facts (surveillance report).

Baseline: 208 new diagnoses in 2021 (out of 494 total diagnoses).



Status	Objective/Activity	Description
	1.3. By 2026, reduce the number of new HIV stage 3 diagnoses by 10%.	<p>Measurement of this metric are based on a comparison of the 2022 and 2023 HIV data. During that time period, the number of new stage 3 diagnoses decreased by 9.6%. An update on the current status is provided below:</p> <ul style="list-style-type: none"> • 189 new stage 3 diagnoses in 2023 (out of 561 total diagnoses) compared to 209 new stage 3 diagnoses in 2022 (out of 535 total diagnoses). • The percentage of new cases identified at stage 3 decreased from 39.1% of all cases in 2022 to 33.7% in 2023.
	1.3.A. Implement targeted HIV testing strategies among priority populations, while utilizing testing and educational material in languages that are appropriate for those populations and ensuring materials meet CLAS standards.	<p>A significant number of tests were administered among priority populations. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Men who have sex with men (MSM): 3,847 tests • People living with HIV (PLWH): 84 tests • Youth (ages 13 – 17): 143 tests • Young adults (ages 18 – 24): 2,373 tests • People who use injection drugs: 597 tests
	1.3.B. Increase community awareness about location of testing sites and at-home testing.	196 page views for Ending the HIV Epidemic Free HIV Testing Page (from previous reporting period).
	1.3.C. Increase awareness of Southern Nevada Health Districts (SNHD) Collect-2-Protect program (a statewide at home HIV screening program).	An update will be provided in the annual report.


Objective 1.4 By 2026, 95% of clients testing HIV-positive will be informed of their test result within 7 business days from report to health authority.

Outcome: % of clients testing HIV-positive informed of test result within 7 business days from report to health authority.

Data source: PS18-1802 performance metric.

Baseline: 75%.

Status	Objective/Activity	Description
	<p>1.4. By 2026, 95% of clients testing HIV-positive will be informed of their test result within 7 business days from report to health authority.</p>	<p>Statewide, 71.9% of clients testing HIV positive were notified within 7 business days:</p> <ul style="list-style-type: none"> • Carson City Health and Human Services: 100% (0/0 clients) • Northern Nevada Public Health: 100% (4/4 clients) • Southern Nevada Health District: 70.2% (80/114 clients)
	<p>1.4.A Document challenges associated with notifying persons of results.</p>	<p>A few challenges were reported and are summarized below:</p> <ul style="list-style-type: none"> • Carson City Health and Human Services: “For individuals who do not test at our clinics, some of them do not respond to our phone calls or texts, when we reach out to them.” • Northern Nevada Public Health: “The only challenge we had in notifying clients of their positive result within 7 days was the occurrence of a holiday weekend, but the notification still occurred on day 7.” • Southern Nevada Health District: “There is a gap in time from traditional testing to receiving the report of a positive result. Results can take a few days to be completed, reviewed, and released by the performing lab. From there, the DIIS then makes attempts to reach the person by phone and through field visits to reach clients timely for notification. If clients do not respond to notices, this affects the notification timeline. We would like to point out that CDC has new performance measures currently under review and recommend incorporating new elements.”

	1.4.B. Based on documented challenges, develop strategies to improve notification.	<p>To date, strategies have not been developed to improve the percentage of persons informed of their results. However, strategies for improvement are not needed at this time.</p> <ul style="list-style-type: none">• Southern Nevada Health District: “SNHD has a well-established training plan for DIIS. This training highlights prioritization of cases to ensure high priority cases, such as newly diagnosed HIV, are immediately followed up on to ensure timely notification. In addition, our protocols and procedures outline the expectations for investigation timelines.”
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Goal 2: Treat people with HIV rapidly and effectively to reach sustained viral suppression.




Medical Visits

Objective 2.1 By 2026, 85% of newly diagnosed HIV-positive individuals will be linked to care and attend their first medical appointment with a provider within 30 days from HIV confirmatory test result(s).

Outcome: % of newly diagnosed HIV-positive individuals attending appointment within 30 days.

Data Source: Enhanced HIV/AIDS reporting system (eHARS).

Baseline: 50%.

Status	Objective/Activity	Description
	2.1. By 2026, 85% of newly diagnosed HIV-positive individuals will be linked to care and attend their first medical appointment with a provider within 30 days from HIV confirmatory test result(s).	The Nevada Office of HIV and Office of Analytics reported that 94.3% (216/229) of persons were linked to care and attended appointment within 30 days of diagnosis during the reporting period.
	2.1.A. Review regional flow chart (resource map) of services/activities for persons newly diagnosed with HIV and for providers and update it regularly.	A statewide review was previously conducted in 2023.
	2.1.B. Utilize referral systems to coordinate new patient intakes between organizations.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported 2,011 referrals with 120 of these lost to follow-up.




Objective 2.2 For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, those new to care, and/or those out of care will be linked to HIV care within 7 days.*

Outcome: % of individuals in Rapid stART program linked to care within 7 days.

Data Source: RWHAP CAREWare dataset, Rapid stART Module dataset.

Baseline: 70%.

*Note: Within 7 days after “time zero”, as defined by Rapid stART program guidance.

Status	Objective/Activity	Description
	2.2. For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, those new to care, and/or those out of care will be linked to HIV care within 7 days.*	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported 92% (103/112) of clients engaged in Rapid stART were linked to care within 7 days.
	2.2.A. Review regional flow chart (resource map) of services/activities for persons newly diagnosed with HIV and for providers and update it regularly.	Updated in 2023.
	2.2.B. Utilize referral systems to coordinate new patient intakes between organizations.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported 2,011 referrals with 120 of these lost to follow-up.

Antiretroviral Therapy (ART)





Objective 2.3 For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, persons new to care, and/or persons out of care will have initiated ART within 7 days. *

Outcome: % of individuals in Rapid stART who initiated ART within 7 days.

Data Source: RWHAP CAREWare dataset, Rapid stART Module dataset.

Baseline: 56%.

*Note: Within 7 days after “time zero”, as defined by Rapid stART program guidance.

Status	Objective/Activity	Description
	2.3. For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, persons new to care, and/or persons out of care will have initiated ART within 7 days.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported 87.5% (98/112) of clients had initiated ART within 7 days.
	2.3.A. Identify barriers to adherence.	None reported.
	2.3.B. Develop strategies to improve adherence.	None reported/needed.
	2.3.C. Educate individuals about the importance of obtaining and maintaining an undetectable viral load and the importance of individual viral load regarding community viral load.	Campaigns reported included: Love! Live! U=U Media Campaign.




Viral Suppression

Objective 2.4 By 2026, 85% of HIV-positive individuals enrolled in core medical and/or support services will have achieved viral suppression (less than 200 copies/ml at last viral load).

Outcome: % of HIV-positive individuals engaged/enrolled in core medical and/or support services that have received at least one (1) service during the regular grant period, who are virally suppressed.

Data source: eHARS dataset.

Baseline: TBD.

Status	Objective/Activity	Description
	2.4. By 2026, 85% of HIV-positive individuals enrolled in core medical and/or support services will have achieved viral suppression (less than 200 copies/ml at last viral load).	No data reported.
	2.4.A. Increase the percentage of HIV-positive individuals who are referred to RWHAP services through RWHAP Part B and/or AIDS Drug Assistance Program (ADAP).	No data reported.
	2.4.B. Increase the percentage of HIV-positive individuals requiring health insurance who are referred to ADAP services to continue to access core medical services.	No data reported.



Objective 2.5 For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, those new to care, and/or those out of care will have achieved viral suppression by 60 days after initiation of ART.*

Outcome: % of individuals in Rapid stART program achieving viral suppression within 60 days.

Data Source: RWHAP CAREWare dataset, Rapid stART Module dataset.

Baseline: 58%.

*Note: Within 7 days after “time zero”, as defined by Rapid stART program guidance.

Status	Objective/Activity	Description
	2.5. By 2026, 85% of HIV-positive individuals enrolled in core medical and/or support services will have achieved viral suppression (less than 200 copies/ml at last viral load).	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported 60% (67/112) of clients achieved viral suppression.
	2.5.A. Increase patient education around the importance of obtaining and maintaining an undetectable viral load, and the importance of the individual viral load in relation to the community viral load.	Campaigns reported included: Love! Live! U=U Media Campaign.



Retention and Reengagement into Case Management and Care

Objective 2.6 By 2026, 85% of HIV-positive individuals living in Nevada who are lost to care within the past 3 years will be reengaged into case management and/or medical care.

Outcome: % of HIV-positive individuals living in Nevada who are lost to care within the past 3 years who are reengaged.

Data source: RWHAP CAREWare dataset; eHARS datasets; local health authority databases and reporting systems.

Baseline: TBD.

Status	Objective/Activity	Description
	2.6. By 2026, 85% of HIV-positive individuals living in Nevada who are lost to care within the past 3 years will be reengaged into case management and/or medical care.	Data for this metric have not been submitted yet. An update will be provided in the annual report.
	2.6.A. Evaluate clients who have fallen out of care on an annual basis.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported that 200 clients were lost to follow up in 2023. Populations most impacted included those who had a history of substance use, those who are homeless or unstably housed, those who are Black, and men who have sex with men (MSM). No recent data were available.





Objective 2.7 For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, persons new to care, and/or persons out of care who initiated ART will have at least 1 medical visit in each six-month period at least 90 days apart, annually.*

Outcome: % of individuals in Rapid stART who initiated ART who have at least 1 medical visit in each 6-month period.

Data Source: RWHAP CAREWare dataset, Rapid stART Module dataset.

Baseline: TBD.

*Note: Within 7 days after “time zero”, as defined by Rapid stART program guidance.




Status	Objective/Activity	Description
	2.7. For individuals engaged in the Rapid stART program, by 2026, 85% of newly diagnosed HIV-positive individuals, persons new to care, and/or persons out of care who initiated ART will have at least 1 medical visit in each six-month period at least 90 days apart, annually.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services reported 74% (89/111) of clients had at least 1 medical visit in each six-month period at least 90 days apart.
	2.7.A. Identify barriers to adherence.	No new barriers reported.
	2.7.B. Develop strategies to improve adherence.	No new strategies reported.
	2.7.C. Increase patient education around the importance of obtaining and maintaining an undetectable viral load, and the importance of the individual viral load in relation to the community viral load.	Campaigns reported included: Love! Live! U=U Media Campaign.

Objective 2.8 A quality improvement evaluation and assessment process will be initiated on HIV case management with recommendations for implementation by 2026.

Outcome: Revised case management system, that could possibly be acuity based within a tiered system of access to care.

Data source: NA.

Baseline: NA.

Status	Objective/Activity	Description
	2.8. A quality improvement evaluation and assessment process will be initiated on HIV case management with recommendations for implementation by 2026.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services report that planning improvements will occur in FY2026.
	2.8.A. Document areas for improvement with current case management system.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services report that planning improvements will occur in FY2026.
	2.8.B. Collaborate with health authorities, providers, and other key stakeholders to develop new system.	The Ryan White HIV/AIDS Program Part A team at Clark County Social Services report that planning improvements will occur in FY2026.




Goal 3: Prevent new HIV transmissions by using proven interventions, including condom use, post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and syringe services programs (SSPs).


Objective 3.1 By 2026, reduce by 10% the rate of new HIV diagnoses.

Outcome: % reduction in new HIV diagnoses.

Data source: Annual Nevada HIV Fast Facts (surveillance report).

Baseline: 494 new HIV diagnoses in 2021.

Status	Objective/Activity	Description
	3.1. By 2026, reduce by 10% the rate of new HIV diagnoses.	535 new HIV diagnoses in 2021 and 561 new diagnoses in 2023. Data for 2024 not yet available. Updates will be made on future progress reports.
	3.1.A. Improve access to partner services for people newly diagnosed with HIV.	<p>Summary of reported data:</p> <ul style="list-style-type: none"> • CCHHS: 100% (0/0) of new diagnoses interviewed for partner services. • NNPH: 94.1% (16/17) of new diagnoses interviewed for partner services. • SNHD: 64.6% (51/79) of new diagnoses interviewed for partner services.
	3.1.B. Reduce barriers to successful completion of partner service interviews and referrals.	<p>Several barriers were reported. A summary is provided below:</p> <ul style="list-style-type: none"> • Northern Nevada Public Health: “One person who was newly diagnosed declined an interview for partner services, despite many attempts.” • Southern Nevada Health District: “Our team makes every effort to locate, notify, and conduct partner services for those newly diagnosed. Some of the population we serve can be housing /resource challenged, and we are unsuccessful in locating them. A good example is those we test in correctional settings. We attempt to get valuable locating information, however, a person may not go where they claim they will go when homeless, or their phone are turned off and we have not way of connecting with them. We use resources





		<p>such as Lexis/Nexis, and internet notification services to reach people, as well as work with homeless agencies who go to the parks, tunnels, etc. to offer resources.”</p>
	<p>3.1.C. Improve access to risk reduction services for people testing positive and negative for HIV.</p>	<p>Nearly all (94.7%) of persons tested for HIV were screened for risk reduction services. A breakdown is provided below:</p> <ul style="list-style-type: none"> • CCHHS: 100% screened for risk reduction services (185/185). • NNPH: 100% screened for risk reduction services (1131/1131). • SNHD: 93.1% screened for risk reduction services (4164/4471).


Objective 3.2 By 2026, increase the number of providers receiving PrEP and PEP training or education, annually.

Outcome: # of providers who offer PrEP/PEP; # of providers offered training, education, or academic detailing on PrEP/PEP.

Data source: Local health districts (PrEP and PEP education); PrEP/PEP provider list on End HIV Nevada website.

Baseline: TBD.

Status	Objective/Activity	Description
	3.2. By 2026, increase the number of providers receiving PrEP and PEP training or education, annually.	<p>Between January 2024 and June 2024, several agencies reported PEP and PrEP related trainings:</p> <ul style="list-style-type: none"> • Pacific AIDS Education and Training Center, Nevada: 13 trainings and 409 persons trained on PEP and PrEP • Southern Nevada Health District: 9 training sessions offered and 289 persons trained on PEP and PrEP
	3.2.A. Improve PEP knowledge among providers training, education, academic detailing, and reference guides and increase the number of providers who offer PEP.	<p>Between January 2024 and June 2024, several agencies reported PEP and PrEP related trainings:</p> <ul style="list-style-type: none"> • Pacific AIDS Education and Training Center, Nevada: 13 trainings and 409 persons trained on PEP and PrEP • Southern Nevada Health District: 9 training sessions offered and 289 persons trained on PEP and PrEP
	3.2.B. Improve PrEP knowledge among providers through training, education, academic detailing, and reference guides and increase the number of providers who offer PrEP.	<p>Between January 2024 and June 2024, several agencies reported PEP and PrEP related trainings:</p> <ul style="list-style-type: none"> • Pacific AIDS Education and Training Center, Nevada: 13 trainings and 409 persons trained on PEP and PrEP • Southern Nevada Health District: 9 training sessions offered and 289 persons trained on PEP and PrEP
	3.2.C. Increase PrEP coverage among at-risk persons.	<p>Statewide, 14.4% of persons (1,388/9,632) at-risk for HIV were identified for PrEP. A breakdown is provided below:</p> <ul style="list-style-type: none"> • CCHHS: 13.3% (24/185) • NNPH: 19.3% (109/966)

		<ul style="list-style-type: none">• SNHD: 9.5% (1255/8481)
	<p>3.2.D. Explore the feasibility of improving measurement of PrEP use through various data sources in the future (e.g., pharmacy claims data).</p>	<p>The Office of HIV has engaged in discussions with the Board of Pharmacy to report on data regard PrEP prescriptions. No new updates are available.</p>



Objective 3.3 By 2026, increase the number of syringes distributed through syringe service programs (SSPs) by 10%.*

Outcome: # of syringes distributed.

Data source: Reported by Trac-B exchange; possible data available from HOPES.

Baseline: 549,501 syringes distributed in 2021.

*Dependent on private funding.

Status	Objective/Activity	Description
	3.3. By 2026, increase the number of syringes distributed through syringe service programs (SSPs) by 10%.	Recent data for metric not available. 2024 data will be available on annual report. Recent data are as follows: 728,878 syringes in 2021 and 658,420 syringes in 2022.
	3.3.A. Increase access to SSPs through non-traditional methods of service delivery including mobile outreach, vending machines, secondary exchange, and others.	Several partners across the state engage in outreach, education, and delivery of SSP services. Updates will be provided in future reports.



Objective 3.4 By 2026, increase the number of syringes collected through syringe service programs (SSPs) by 10%.*

Outcome: # of syringes collected.

Data source: Reported by Trac-B exchange; possible data available from HOPES.

Baseline: 526,373 syringes collected in 2021.

*Dependent on private funding.



Status	Objective/Activity	Description
	3.4.B. By 2026, increase the number of syringes collected through syringe service programs (SSPs) by 10%.	Recent data for metric not available. 2024 data will be available on annual report. Recent data are as follows: 728,878 syringes in 2021 and 658,420 syringes in 2022.
	3.4.C. Increase access to SSPs through non-traditional methods of service delivery including mobile outreach, vending machines, secondary exchange, and others.	Several partners across the state engage in outreach, education, and delivery of SSP services. Updates will be provided in future reports.

Objective 3.5 By 2026, increase the number of condoms distributed in Nevada by 10%.

Outcome: # of condoms distributed.

Data source: PS18-1802 performance metrics; PS20-2010 performance metrics; PS-21-2102 performance metrics.

Baseline: 100,000 condoms distributed.

Status	Objective/Activity	Description
	3.5. By 2026, increase the number of condoms distributed in Nevada by 10%.	Statewide, 180,836 condoms have been distributed. A breakdown is provided below: <ul style="list-style-type: none">• Carson City Health and Human Services: 1,780 condoms distributed• Northern Nevada Public Health: 12,600 condoms distributed.• Southern Nevada Health District: 166,456 condoms distributed.
	3.5.A. Increase the number of agencies distributing free condoms.	As of June 2024, approximately 50 locations were listed as offering free condoms on the national condom locator.






Goal 4: Respond quickly to potential HIV outbreaks to get necessary prevention and treatment services to people who need them.


Objective 4.1 By January 31, 2024, local and state health authorities and community stakeholders will develop and implement an HIV Outbreak Response Plan and by 2026, Outbreak Response Plans will be reviewed and updated quarterly, as necessary.

Outcome: Completed response plan; quarterly meeting minutes.

Data source: NA.

Baseline: NA.

Status	Objective/Activity	Description
	4.1. By January 31, 2024, local and state health authorities and community stakeholders will develop and implement an HIV Outbreak Response Plan and by 2026, Outbreak Response Plans will be reviewed and updated quarterly, as necessary.	HIV Outbreak Response Plan has been submitted to the Centers for Disease Control and Prevention (CDC) and received final approval.
	4.1.A. Increase response to HIV transmission clusters and outbreaks.	HIV Outbreak Response Plan has been submitted to the Centers for Disease Control and Prevention (CDC) and has received approval.
	4.1.B. Engage in quarterly review and update of Nevada's HIV Cluster and Outbreak Detection and Response Plan.	Quarterly review is ongoing.
	4.1.C. Investigate programs and initiatives of other jurisdictions for ideas and lessons learned in outbreak and molecular surveillance.	Activity not started. An update will be provided in future reports.
	4.1.D. Consult with CDC regarding capacity to	The Office of HIV has consulted with CDC about Secure HIV-TRACE and new updates will be provided in subsequent reports when available.




	implement Secure HIV-TRACE in Nevada.	
	4.1.E. Continue collaboration with the San Diego Center for AIDS Research, SNHD, and DPBH to explore potential use molecular surveillance data to identify the appropriate interventions for specific target populations.	The Office of HIV has engaged in discussions with partners and new updates will be provided in future reports when available.

Objective 4.2 By 2026, increase capacity for cluster detection at state and local health departments.

Outcome: # of trainings received; # of educational opportunities pursued.

Data source: NA.

Baseline: NA.



Status	Objective/Activity	Description
	4.2. By 2026, increase capacity for cluster detection at state and local health departments.	This activity is ongoing, and updates will be provided in future reports.
	4.2.A. Identify and document potential training and educational opportunities.	This activity is ongoing, and updates will be provided in future reports.
	4.2.B. Explore the possibility of joining the cluster detection learning collaborative.	State Office of HIV is engaged in learning collaborative.

Objective 4.3 By 2026, perform monthly analysis of case surveillance data to identify transmission clusters.

Outcome: Monthly cluster analysis completed.

Data source: NA.

Baseline: NA.

Status	Objective/Activity	Description
	4.3. By 2026, perform monthly analysis of case surveillance data to identify transmission clusters.	Monthly analyses have been conducted.
	4.3.A. Review analyses at quarterly cluster detection meetings.	Activity is in progress and is ongoing.

Summary

The 2022 – 2026 Nevada HIV Integrated Prevention and Care Plan was developed and finalized in late 2022. While some activities have yet to be implemented, progress has been made toward achieving many of the goals and objectives outlined in the Integrated Plan during the first 6 months of plan implementation. The Integrated Plan Internal Workgroup will continue to meet annually, at a minimum, to review the plan progress and discuss possible updates to the Integrated Plan. Mid-year and annual reports will continue to be developed in order to report on progress made toward achieving the goals and objectives outlined in the plan. Regular updates will be provided to the Internal Workgroup, Prevention Planning Groups, and members of the community.

Appendix A: Acronyms

AETC	Pacific AIDS Education and Training Center
AIDS	Acquired Immunodeficiency Syndrome, also referred to as HIV stage 3 (AIDS).
CCHHS	Carson City Health and Human Services
DPBH	Division of Public and Behavioral Health
eHARS	Enhanced HIV/AIDS Reporting System
EHE	Ending the HIV Epidemic
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HPPGs	Nevada HIV Prevention Planning Groups
MSM	Male-to-male sexual contact or men who have sex with men
NNPH	Northern Nevada Public Health
PEP	Post-exposure prophylaxis
PLWH	Persons living with HIV
PrEP	Pre-exposure prophylaxis
RWHAP	Ryan White HIV/AIDS Program
RWPA	Ryan White HIV/AIDS Part A Program
RWPB	Ryan White HIV/AIDS Part B Program
SNHD	Southern Nevada Health District
UNR	University of Nevada, Reno