

2022 - 2026 NEVADA HIV INTEGRATED PREVENTION AND CARE PLAN: 2025 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 in 2025.

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 23,463 federally funded HIV tests were conducted. A breakdown is provided below:</p> <ul style="list-style-type: none"> • Carson City Health and Human Services: 377 tests • Northern Nevada Public Health: 1,852 tests • Southern Nevada Health District: 21,234 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): 6,466 tests • People living with HIV (PLWH): 171 tests • Youth (ages 13 – 17): 99 tests • Young adults (ages 18 – 24): 4,178 tests • People who use substances: 731 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: 1 educational sessions offered • Pacific AIDS Education and Training Center, Nevada: 39 educational sessions offered; 465 persons trained



	healthcare organizations that are screening for HIV.	<ul style="list-style-type: none"> • Southern Nevada Health District: 58 educational sessions offered; 55 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: 0 testing opportunities offered • Northern Nevada Public Health: 105 testing opportunities offered • Southern Nevada Health District: 19 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, 89.8% 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% (377/377 persons) • Northern Nevada Public Health: 94.9% (1,758/1,852 persons) • Southern Nevada Health District: 89.1% (18,925/21,234 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 tests are the standard tests provided in the community and clinical settings by NNPH. Conventional tests are done when a rapid HIV test cannot be performed. In addition, any tests conducted by juvenile detention are conventional tests as well. With the provision of rapid HIV tests, clients are provided the results the same day, if they indicate they are ready to receive those results. In addition, NNPH clinic clients have access to their emergency medical record test results. However, the program cannot determine if those results are accessed through the EMR. People may not have been able to receive a rapid HIV test for various reasons and didn’t not return for their results. In addition, results accessed through NNPH’s electronic medical record patient portal are not able to be tracked for this reporting.”





		<ul style="list-style-type: none">• Southern Nevada Health District: “Some clients who receive conventional tests (usually in clinic settings) do not actively follow up to receive their results. Due to capacity, clinics may not have the ability to call clients who test negative. SNHD dug a little deeper and realized that some clients were also accessing results from our clinics through the online portal but not being captured on the results outcomes. Informatics was then able to build logic to account for accessing online results and we anticipate this percentage increasing in future reports. Challenges with locating and notifying clients of their results does attribute to this overall percentage. Additionally, this percentage includes those who are previously positive for HIV and may not prioritize responding back to the health department to officially be notified.”
	1.2.B. Based on documented challenges, develop strategies to improve percentage of persons informed of results.	Activity is completed. Updates will be provided when reported by local health authorities.

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 2021 and 2024 HIV data. During that time period, the number of new stage 3 diagnoses remained stable. An update on the current status is provided below:</p> <ul style="list-style-type: none"> • 208 new stage 3 diagnoses in 2023 (out of 605 total diagnoses) compared to 208 new stage 3 diagnoses in 2021 (out of 494 total diagnoses). • The percentage of new cases identified at stage 3 decreased from 42.1% of all cases in 2021 to 34.4% in 2024.
	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): 6,466 tests • People living with HIV (PLWH): 171 tests • Youth (ages 13 – 17): 99 tests • Young adults (ages 18 – 24): 4,178 tests • People who use substances: 731 tests
	1.3.B. Increase community awareness about location of testing sites and at-home testing.	1,068 page views for Ending the HIV Epidemic Free HIV Testing Page.
	1.3.C. Increase awareness of Southern Nevada Health Districts (SNHD) Collect2Protect program (a statewide at home HIV screening program).	2,213 impressions on Collect2Protect website.

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, 77.8% 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% (1/1 clients) • Northern Nevada Public Health: 75% (3/4 clients) • Southern Nevada Health District: 77.2% (132/171 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: Not applicable. • Northern Nevada Public Health: “NNPH employs every strategy and resources to locate and people that are newly diagnosed with HIV in Washoe County. This includes locating search engines, hospital EMRs, the daily booking report from the Washoe County Detention Cetner (jail), field visits, and social contacts. Information is provided to cases that do not meet with us on resources that are available to them via text and email in a compliant manner. Cases are also encouraged to contact us whenever they are ready.” • Southern Nevada Health District: “Challenges with locating and notifying clients of their results does attribute to this overall percentage. Additionally, this percentage includes those who are previously positive for HIV and may not prioritize responding back to the health department to officially be notified.”



1.4.B. Based on documented challenges, develop strategies to improve notification.

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.

- Southern Nevada Health District: “SNHD continues to prioritize notification of newly diagnosed HIV, conducting multiple phone calls and field visits, review of medical records for alternate contact information including listed emergency contact, and surveillance searches to find any previous history information.”

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 93.2% (369/396) 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 9,485 referrals with 85 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 88.9% (120/135) 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 9,485 referrals with 85 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 90.4% (122/135) of clients had initiated ART within 7 days.
	2.3.A. Identify barriers to adherence.	Mounting fear about ICE among Hispanic/Latino clients.
	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. Events reported included: Dia De Reyes, Sigma Gamma Rho, Taste the Dream, Festival Links, Black Family Wellness Expo, Soulful Wellness Brunch, AFAN AIDS Walk, Juneteenth Festival. An estimated 12,400 individuals were educated.




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 60.7% (82/135) 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.
	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 73.3% (99/135) 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.	Launched centralized eligibility 6/1/25, in part, to relieve case management of the responsibility and allow them to focus on true CM activities.
	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.	494 new HIV diagnoses in 2021 and 608 new diagnoses in 2024.
	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: 64.9% (24/37) of new diagnoses interviewed for partner services. • SNHD: 76.4% (42/55) 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: "Participation in Partner Services is voluntary by those people that are newly diagnosed with HIV. Every effort is made to have clients participate in Partner Services and linked to HIV care services." • Southern Nevada Health District: "Existing review processes are in place for investigation staff when there are challenges with locating and interviewing those diagnosed with HIV. Senior DIIS review stalls in investigations to identify any missed opportunities or efforts to engage clients. Additionally, SNHD has an established QA process to review HIV cases with no interview to confirm all efforts were exhausted, and if not, are assigned back out to DIIS for additional follow up."




	<p>3.1.C. Improve access to risk reduction services for people testing positive and negative for HIV.</p>	<p>Nearly all (94.9%) 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 (377/377)• NNPH: 100% screened for risk reduction services (1,852/1,852)• SNHD: 93.6% screened for risk reduction services (8,236/8,798)



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>Several agencies reported PEP and PrEP related trainings:</p> <ul style="list-style-type: none"> Northern Nevada Public Health: 25 staff trained on PrEP Pacific AIDS Education and Training Center, Nevada: 12 PEP trainings and 468 persons trained; 13 PrEP trainings and 461 persons trained Southern Nevada Health District: 15 PEP/PrEP trainings and 246 persons trained
	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>Several agencies reported PEP and PrEP related trainings:</p> <ul style="list-style-type: none"> Northern Nevada Public Health: 25 staff trained on PrEP Pacific AIDS Education and Training Center, Nevada: 12 PEP trainings and 468 persons trained; 13 PrEP trainings and 461 persons trained Southern Nevada Health District: 15 PEP/PrEP trainings and 246 persons trained
	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>Several agencies reported PEP and PrEP related trainings:</p> <ul style="list-style-type: none"> Northern Nevada Public Health: 25 staff trained on PrEP Pacific AIDS Education and Training Center, Nevada: 12 PEP trainings and 468 persons trained; 13 PrEP trainings and 461 persons trained Southern Nevada Health District: 15 PEP/PrEP trainings and 246 persons trained

	3.2.C. Increase PrEP coverage among at-risk persons.	Statewide, 14.5% of persons (2,931/14,928) at-risk for HIV were identified for PrEP. A breakdown is provided below: <ul style="list-style-type: none">• CCHHS: 12.8% (34/266)• NNPH: 15.2% (261/1,721)• SNHD: 20.4% (2,636/12,941)
	3.2.D. Explore the feasibility of improving measurement of PrEP use through various data sources in the future (e.g., pharmacy claims data).	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.



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%.	454,590 syringes distributed during reporting period (based on available data).
	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. By 2026, increase the number of syringes collected through syringe service programs (SSPs) by 10%.	292,562 syringes collected during reporting period (based on available data).
	3.4.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 3.5 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, 372,886 condoms have been distributed. A breakdown is provided below: <ul style="list-style-type: none">• Carson City Health and Human Services: 18,350 condoms distributed• Northern Nevada Public Health: 41,650 condoms distributed.• Southern Nevada Health District: 312,886 condoms distributed.
	3.5.A. Increase the number of agencies distributing free condoms.	As of December 2025, 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 when applicable.
	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.	Activity completed and ongoing.
	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