# District-Level HIV Estimates and Prioritization in India 2019

## Technical Brief

**National AIDS Control Organisation**
**&**
**Indian Council of Medical Research – National Institute of Medical Statistics (ICMR-NIMS)**
**Ministry of Health & Family Welfare, Government of India**

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**Ministry of Health & Family Welfare, Government of India**

GoI/NACO/Surveillance/District-level HIV Estimates 2019/010621

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# Foreword

Epidemiology is 'The Navigator' improving the directions and results of any public health response. Defined as 'the study of the distribution and determinants of the health-related states or events in specified populations and the application of this study to control health problems', the significance of the epidemiological approach has been much highlighted during the ongoing pandemic, where evidence-led tailored interventions for specific locations and populations have been critical.

Global AIDS response has been a pioneer in applied epidemiology in India. National AIDS Control Programme (NACP) has been anchored by robust epidemiological evidence since its inception in 1992. Rooted in sound epidemiological sciences, the measures of prevalence, incidence and mortality are critical indicators monitored at national and sub-national levels in AIDS response. The indicators not only tell the tale of the HIV epidemic but also inform the public health response towards the attainment of the global goal of ending AIDS as a public health threat by 2030. Given the context, the need for having these epidemiological indices at district-level has been emphasized at various forums to inform location and population prioritization for effective and efficient AIDS response.

District-level HIV burden estimations (2019) project under the NACP is a global first. Using the standard Spectrum model-based sub-epidemic disaggregation method, the project has provided critical epidemiological evidence for 735 districts of the country. The method and findings for the exercise were approved by Technical Resource Group (Surveillance and Estimation) under NACP.

District-level HIV estimates (2019) have quantified a truly diverse HIV epidemic in India. There are 25 districts with adult HIV prevalence of 1% or more: all in the north-eastern States of the country. There are 122 districts with estimated 5,000 or more people living with HIV/AIDS: only three in the north-eastern States. The knowledge of this heterogeneity is a critical piece of evidence for programme management and monitoring.

This brief report presents district-level HIV burden estimates highlighting the intra-state epidemic diversity for 35 States/ UTs of India. I am confident that all stakeholders will use the granular evidence presented in this report towards location and population, augmenting evidence-driven decentralized AIDS response under NACP.

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

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# Preface

India is committed to ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. HIV burden estimations have been critical to know the status of the epidemic, plan the responses as well as to measure the progress towards the attainment of the 2030 goals. Till 2017, National AIDS Control Programme (NACP) has produced the estimates by States/UTs. Now, HIV estimates are being provided for 735 districts of the country.

Focus on location and population is fundamental to an efficient AIDS response. HIV Estimates 2019 report provides vital epidemiological evidence to the programme managers at all levels for prioritization of locations for bottom-up AIDS response. The report identifies 144 districts where either the adult HIV prevalence is ≥1% or the size of people living with HIV (PLHIV) is ≥5000. Together, these 144 districts are estimated to have 63% of PLHIV, 49% of new infections and 55% of PMTCT need in 2019. This is a critical piece of evidence for planning, consolidating and expanding services across the prevention–detection–treatment continuum putting people at the centre, and the prioritization of locations where investments in AIDS response can do more people more good.

The report is an outcome of extensive exercise undertaken through robust institutional arrangements for Surveillance and Epidemiology (S&E) under NACP including national and regional for S&E, State AIDS Control Society and Technical Support Units. The method and findings were recommended by the Technical Resource Group (TRG) on Surveillance & Estimation.

The national AIDS response is on track to achieve the end of the AIDS epidemic. However, we need to focus on people accessing the right services delivered in the right place. I am confident that this report will be used by all stakeholders to design and implement comprehensive, high-impact programmes in the right locations for the right population.

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# Preface

The Indian Council of Medical Research-National Institute of Medical Statistics (ICMR-NIMS) is the apex technical body for HIV estimations in India under the aegis of the National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare. ICMR-NIMS and NACO and the members of the National Working Group on HIV Estimations (NWG) have, for the first time, developed district-level HIV estimates for 735 districts of the entire country under the 2019 estimations round.

This work was undertaken in response to the need felt under the National AIDS Control Programme (NACP) to have more granular strategic information on key indicators available to inform district-level programming and prioritization. Through this process, estimates on adult HIV prevalence, number of people living with HIV, annual new HIV infections, annual AIDS-related deaths, and need for services for prevention of mother-to-child transmission of HIV at the district level are now available to serve this purpose.

ICMR-NIMS and NACO led this scientific work with members of the NWG, comprising experts from ICMR Regional Institutes (RI), State AIDS Control Societies (SACS) and independent advisors. UNAIDS provided technical support to the entire exercise along with WHO and CDC. Oversight was provided by the Technical Resource Group on HIV Surveillance and Estimations (TRG).

The 2019 district-level HIV estimations have been implemented with a firm focus on ensuring the quality of data inputs, as well as methodological and scientific integrity. The entire work on district estimates spanned around 10 months' time. A considerable amount of effort was dedicated by the NWG in analysing, reviewing and finalizing all the data sets, which would be used for this modelling exercise. Once the data sets were consolidated and finalized, these were used to update the 2019 State/Union Territory (UT) Spectrum files following the 'Spectrum disaggregated method'. Broadly, the key steps adhered to were as follows. The starting point for the district estimations work was referring to the 2019 State/UT files. For methodological consistency, the same version of Spectrum used for 2019 national and State/UT estimates (i.e., version 5.8) was used to update these files for the district estimates. The epidemic configuration was updated to include sub-epidemics for each district and sub-populations within the district. The demographic data was inputted and thereafter the HIV Sentinel Surveillance data and ANC positivity data for each district and population group was inputted. Curve fitting was done using the 'EPP Classic model.' To calibrate the general population prevalence curve considering the National Family Health Survey data, the district HIV estimates generated through Spectrum were adjusted using spreadsheets to equal the State/UT 2019 HIV estimates. The NWG with RI and SACS used a validation to compare outcomes of estimations with realities on the ground, based on a local understanding of the epidemic and programme data available, and the results of this validation were very much concordant for each of the 735 districts.

It is very important to mention that the 2019 district-level HIV estimates corroborate very well with the uneven spread and diversity of the HIV/AIDS epidemic in India. Key findings are presented in-depth in this document. I am sure that the 2019 district HIV estimates on key indicators will be very useful to further enhance the National AIDS Response by helping India to focus on high-burden districts and move towards achieving the last mile and ending AIDS as a public health threat by 2030. I congratulate the entire NWG members and ICMR-NIMS team, Dr. Damodar Sahu, PI & Focal Person of HIV Estimations, Dr. Anil Kumar, Scientist F, Dr. Saritha Nair, Scientist E, Dr. Jiten Kumar Singh, Scientist D, Dr. Varsha Ranjan, Research Officer, Ms. Supreet Kaur, Data Programmer and Ms. Smita Singh, SRF, who were involved in the 2019 district estimates exercise, for bringing out this vital information.

**Dr. Vishnu Vardhana Rao**
**Director, ICMR-NIMS**
**Chair, National Working Group on HIV Estimations**

# Message

In its first time ever, HIV estimates on key indicators were generated for 735 districts of India – under the 2019 estimations round: using sound globally recommended tools, methods and quality data inputs with adherence to scientific rigour and integrity. With this success, India now has HIV estimates for all three administrative levels: National, State and District. The current district-level HIV estimations mark a natural evolution of the robust strategic information structure aimed at using the granular district-level data for programming purposes. India continues to pave the way for other countries in many areas and the district HIV estimates are one such good practice worthy of emulation.

Generated under the leadership of the National AIDS Control Organisation, Ministry of Health and Family Welfare (NACO, MoHFW) and the Indian Council of Medical Research-National Institute of Medical Statistics (ICMR-NIMS) along with members of the National Working Group on HIV Estimates comprising of ICMR Regional Institutes (RIs), State AIDS Control Societies (SACS) and experts, the district-level HIV estimates work is a pragmatic participatory process. UNAIDS is pleased to have successfully supported this important national initiative in collaboration with WHO and PEPFAR/CDC.

The district-level HIV estimates provide rich information on the status of the epidemic at the inter-district and intra-district levels. Clearly, data highlights how diverse the epidemic is in terms of district HIV burden – HIV prevalence, number of people living with HIV (PLHIV), annual new HIV infections and PMTCT needs, thus helping decision-makers to focus their actions on where it matters the most. To sum up, for example, there are 299 among the 735 districts in the country (i.e., 40%) that account for 84% of PLHIV, 76% of new HIV infections and 80% of PMTCT needs. Full saturation of these districts with HIV services will yield quick impact on the epidemic and maximum returns on investments.

Congratulations to NACO and ICMR-NIMS for generating the 2019 district-level HIV estimations. I encourage them to use this evidence to guide district prioritization and programming. UNAIDS remains committed to support NACO/MOHFW, ICMR-NIMS, RIs and SACS going forward to achieve the national AIDS programme targets set for 2025 and to end AIDS by 2030.

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# Acknowledgement

District-level HIV burden estimations is a critical activity under the National AIDS Control Programme (NACP) to provide granular data on key epidemiological indicators of prevalence, incidence and mortality. The activity was first piloted for five States in 2018–19. Now, the NACP is providing district-level estimates for 735 districts in the country to augment the evidence basket for local-level decentralized epidemic monitoring and responses. It is being done through robust institutional arrangement for Surveillance and Estimation engaging epidemiologists, demographers, biostatisticians as well as State and national programme managers. We acknowledge the contributions made by all experts and stakeholders engaged in the process.

The Technical Resource Group (TRG) for HIV Surveillance and Estimation, first under the chairpersonship of Smt. Arti Ahuja (former Additional Secretary & DG, NACO, MoHFW, GoI) and now under the chairpersonship of Shri Alok Saxena (Additional Secretary & DG, NACO, MoHFW, GoI) and co-chairpersonship of Dr. Sanjay Mehendale (Former Additional Director General, Indian Council of Medical Research, New Delhi) approved the process, method and technical brief for the district-level HIV Estimations 2019. Dr. D. C. S. Reddy, Prof. Arvind Pandey, Dr. Shashi Kant, Dr. Bilali Camara (UNAIDS India), Shri Ashok Row Kavi, Mx. Abhina Aher, Mr. Taoufik Bakkali (UNAIDS Asia-Pacific), Dr. Melissa Nyendak (CDC-DGHT India), Dr. Rajesh Kumar, Dr. D. K. Shukla and Dr. Sanjay Dixit strengthened the exercise with their expertise and provided critical technical guidance as TRG members. The programmatic context for the exercise was provided by Dr. Naresh Goel (DDG, NACO), Dr. Anoop Kumar Puri (DDG, NACO), Dr. Bhawani Singh Kushwaha (DD, NACO), Dr. Saiprasad Bhavsar (DD, NACO) and Dr. Bhawna Rao (DD, NACO). We place on record our sincere thanks for NACO's leadership, senior experts and all stakeholders for providing vision and insights for the successful completion of this activity.

NACO's National Working Group (NWG)-HIV Estimations 2019, under the chairpersonship of Dr. M. Vishnu Vardhana Rao (Director ICMR-NIMS, New Delhi) was instrumental in the planning, organization and execution of the pan-India district-level HIV burden exercise. Dr. Shanta Dutta (ICMR-NICED, Kolkata), Dr. Shri Kant Singh (IIPS India), Dr. Sheela Godbole (ICMR-NARI, Pune), Dr. A. Elangovan (ICMR-NIE, Chennai), Dr. Sanjay Rai (AIIMS, New Delhi), Dr. P. V. M. Lakshmi (PGIMER, Chandigarh), Dr. H. Sanyama Devi (RIMS, Imphal), Ms. Deepika Srivastava Joshi (CDC-DGHT India) and Dr. Rajatshruva Adhikary (WHO India) strengthened the exercise with their expertise and provided critical technical guidance at all stages as NWG members. Strategic Information Management Teams from each of the State AIDS Control Societies (SACSs) actively engaged in the process during the data inputs, model implementation and outputs reviews. We most humbly express our gratitude to all experts and stakeholders for their guidance on HIV Estimations 2020.

Dr. Pradeep Kumar (NACO) and Dr. Damodar Sahu (ICMR-NIMS) anchored the implementation of the District-Level HIV Estimates and Prioritization (2019), which included the defining technical and operational framework and preparation of the Technical Brief. Dr. Arvind Kumar (NACO), Dr. Varsha Ranjan (ICMR-NIMS) and Ms. Nalini Chandra (UNAIDS India) supported the models implementation. Dr. Shreya Jha (AIIMS, New Delhi), Dr. Sayali Kalme (ICMR-NARI, Pune), Dr. Santha Kumar Aridoss (ICMR-NIE, Chennai), Dr. Subrata Biswas (ICMR-NICED, Kolkata), Ms. Chandrakanta (PGIMER, Chandigarh) and Dr. Manihar Singh (RIMS, Imphal) actively engaged in the process. UNAIDS India supported the publication of District-Level HIV Estimates and Prioritization (2019) Technical Brief. We acknowledge the contribution of each of them towards the successful completion of District-Level HIV Burden Estimations 2019.

This is the first time that National AIDS Control Organisation (NACO) is publishing pan-India district-level HIV burden estimates. The evidence highlights specific geographics which need to be focussed more to maximize the returns on investments. We are confident that all stakeholders will use the evidence presented in the technical brief extensively to fast-track the national AIDS response towards achieving the 2030 goal of ending AIDS as a public health threat.

Shobini

**Dr. Shobini Rajan**

# Contents


Acronyms ..... xiii

Executive Summary ..... 1

Background ..... 2

Method ..... 4

Key Results ..... 6

I. Adult HIV Prevalence (15–49 Years) ..... 6

II. People Living with HIV (PLHIV) ..... 8

III. Annual New HIV Infections (15+ Years) ..... 10

IV. Annual PMTCT Need ..... 12

V. Districts Prioritization ..... 14

Conclusion ..... 16

Annexure 1: NACO's National Working Group (HIV Estimations 2019) ..... 17

Annexure 2: Institutional Arrangement for Surveillance and Epidemiology under NACP ..... 25

Annexure 3: NACO's Technical Resource Group on HIV Surveillance and Estimation ..... 27

Annexure 4: State/UT-wide Factsheets ..... 29

Andhra Pradesh ..... 30

Arunachal Pradesh ..... 33

Assam ..... 34

Bihar ..... 36

Chhattisgarh ..... 38

Delhi ..... 40

Goa ..... 42

Gujarat ..... 44

Haryana ..... 46

Himachal Pradesh ..... 48

Jharkhand ..... 50

Karnataka ..... 52

Kerala ..... 54
Madhya Pradesh ..... 56
Maharashtra ..... 59
Manipur ..... 61
Meghalaya ..... 63
Mizoram ..... 65
Nagaland ..... 67
Odisha ..... 69
Punjab ..... 71
Rajasthan ..... 73
Sikkim ..... 75
Tamil Nadu ..... 77
Telangana ..... 79
Tripura ..... 80
Uttarakhand ..... 82
Uttar Pradesh ..... 84
West Bengal ..... 87
**Factsheets for Union Territories ..... 89**
Andaman & Nicobar Islands ..... 89
Chandigarh ..... 89
Dadra & Nagar Haveli and Daman & Diu (DNH & DD) ..... 89
Jammu & Kashmir and Ladakh ..... 89
Puducherry ..... 90
**Annexure 5: List of Contributors from SACS, Regional and National Institutes (Surveillance and Epidemiology) ..... 91**

# Acronyms

| | |
|---|---|
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **AIIMS** | All India Institute of Medical Sciences |
| **AIM** | AIDS Impact Module |
| **ANC** | Antenatal Care |
| **ARD** | AIDS-related Deaths |
| **ART** | Antiretroviral Therapy |
| **CDC** | Centers for Disease Control and Prevention |
| **DACS** | District AIDS Control Society |
| **DNH & DD** | Dadra & Nagar Haveli and Daman & Diu |
| **EMTCT** | Elimination of Mother-to-Child Transmission |
| **EPP** | Estimation and Projection Package |
| **HIV** | Human Immunodeficiency Virus |
| **HRG** | High-Risk Group |
| **HSS** | HIV Sentinel Surveillance |
| **IBBA** | Integrated Biological and Behavioural Assessment |
| **IBBS** | Integrated Biological and Behavioural Surveillance |
| **ICMR** | Indian Council of Medical Research |
| **NACO** | National AIDS Control Organisation |
| **NACP** | National AIDS Control Programme |
| **NFHS** | National Family Health Survey |
| **NIMS** | National Institute of Medical Statistics |
| **NWG** | National Working Group |
| **PLHIV** | People Living with HIV |
| **PMTCT** | Prevention of Mother-to-Child Transmission |
| **RI** | Regional Institute |
| **SACS** | State AIDS Control Society |
| **TRG** | Technical Resource Group |
| **TSU** | Technical Support Unit |
| **UT** | Union Territory |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS |
| **WHO** | World Health Organization |

# Executive Summary

National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare (MoHFW), Government of India undertakes HIV burden estimations periodically. The estimates not only provide an update on the latest status of the HIV/AIDS epidemic, but also contribute in evidence-led national AIDS response.

Since 1998, HIV burden estimations under the National AIDS Control Programme (NACP) have been providing critical epidemiological data by State/Union Territory (UT). This is done through a robust institutional structure that includes State AIDS Control Societies, National and Regional Institutes of Surveillance and Epidemiology, independent experts, and multilateral/bilateral partners under the aegis of NACO's Technical Resource Group of HIV Surveillance and Estimation.

In view of the augmented bottom-up decentralized planning, the district-level HIV burden estimation was first piloted for five States in the 2017 round. Based on the pilot, the Spectrum-based sub-epidemic disaggregation method for district-level HIV burden estimation was approved by NACO's Technical Resource Group (Surveillance and Estimation). The District-Level HIV Burden Estimations (2019) was undertaken as per the approved method for 735 districts using the 2019 State/UT model.

District-level HIV Burden Estimates (2019) corroborates the diversity of HIV/AIDS epidemic in India. The adult HIV prevalence in the districts of the country ranges between <0.10% and 4.00%. The number of people living with HIV (PLHIV) in the districts ranges between <100 and 57,000, with around 90% of infections in 360 districts. The annual new HIV infections (among people aged 15+ years) in the districts range between <50 and 2,600, with around 90% of the new infections in 340 districts. The annual prevention of mother-to-child transmission (PMTCT) needs in the districts ranges between <10 and 450, with 90% of the total PMTCT need in 400 districts.

The wide diversity of HIV/AIDS epidemic in the country signifies the need for programme management and monitoring considerations. While the epidemic is extremely diverse, there are some districts that are relatively more affected, in terms of either the prevalence or the PLHIV size, than the rest and thus need to be assigned a differentiated priority level.

There are 299 moderate and high priority districts in the country that comprise 84% of the PLHIV size, 76% of the new infections and 80% of the PMTCT need. Saturating these districts with a spectrum of HIV prevention–testing –treatment–retention services will provide maximum returns on the investments. However, attainment of the 2025 and 2030 prevention–testing–treatment and elimination of mother-to-child transmission (EMTCT) goals under NACP will require suitable coverage of the remaining districts also.

The current district-level HIV burden estimation, the first round providing pan-India estimates, is a natural evolution of the robust strategic information and its uses at the granular level under the programme. The subsequent rounds will further benefit from triangulation, analysis and local intelligence, especially district-level personnel, which will thus provide useful lessons on what worked and what needs improvement.

# Background

Biennial HIV estimations, *inter alia*, is fundamental to the evidence-driven AIDS response under the National AIDS Control Programme (NACP) of India. The first round of HIV estimation in India was done in 1998, while the latest round was done in 2019. The 2019 HIV estimates provide the updates on the HIV epidemic on key parameters of HIV prevalence, new infections, AIDS-related mortality and PMTCT needs.

Since its initiation, the biennial HIV estimation exercise has been providing data on the levels and trends of key epidemiological indicators nationally and by State/UT. However, the need for availability of key epidemiological indicators up to the district level for prioritizing the locations for augmented AIDS response in the context of the Sustainable Development Goals (SDGs) of ending the AIDS epidemic as a public health threat by 2030 was recognized. Consequently, the National Strategic Plan 2017–2024 recommended the strengthening of epidemic monitoring at district and sub-district levels.[1] National AIDS Control Organisation (NACO) organized an expert consultation in 2016 to review the current status and provide the roadmap for HIV Surveillance and Epidemiology activities.[2] The consultation recommended district-level HIV burden estimations as one of the key activities to be included under the spectrum of the epidemiological framework of NACP. Another consultation was undertaken in 2018, which reviewed various methods of district-level HIV burden estimations.[3] Following a review of the method and the findings of a pilot project undertaken in five States of India using the 2017 models, NACO's Technical Resource Group (TRG) on HIV Surveillance and Estimation approved the Spectrum model-based district-level HIV burden estimations.[4]

District-level HIV Burden Estimation 2019 provides the latest status of the HIV epidemic on key parameters of HIV prevalence, new infections, AIDS-related mortality and PMTCT needs for 735 districts in India.[5] Based on key epidemiological parameters, the districts were grouped into priority categories to inform programme planning and resource allocation. The exercise was carried out jointly by NACO and the Indian Council of Medical Research-National Institute of Medical Statistics (ICMR-NIMS) (New Delhi) under the guidance of NACO's National Working Group (HIV Estimations 2019). The members of the working group comprised of experts in demography, epidemiology, statistics, etc. coming from National and Regional Institutes (RIs) for HIV Surveillance and Epidemiology, independent technical experts and State AIDS Control Societies (SACSs) (see Annexures 1 and 2). The results generated were approved after review by the NACO's National Technical Resource Group on HIV Estimation & Surveillance (see Annexure 3). Figure 1 describes the process of district-level HIV burden estimation and prioritization (2019) under NACP.

[1] National AIDS Control Organisation. National Strategic Plan for HIV/AIDS and STI, 2017 – 2024. National AIDS Control Organisation, Ministry of Health & Family Welfare, Government of India. 2017.

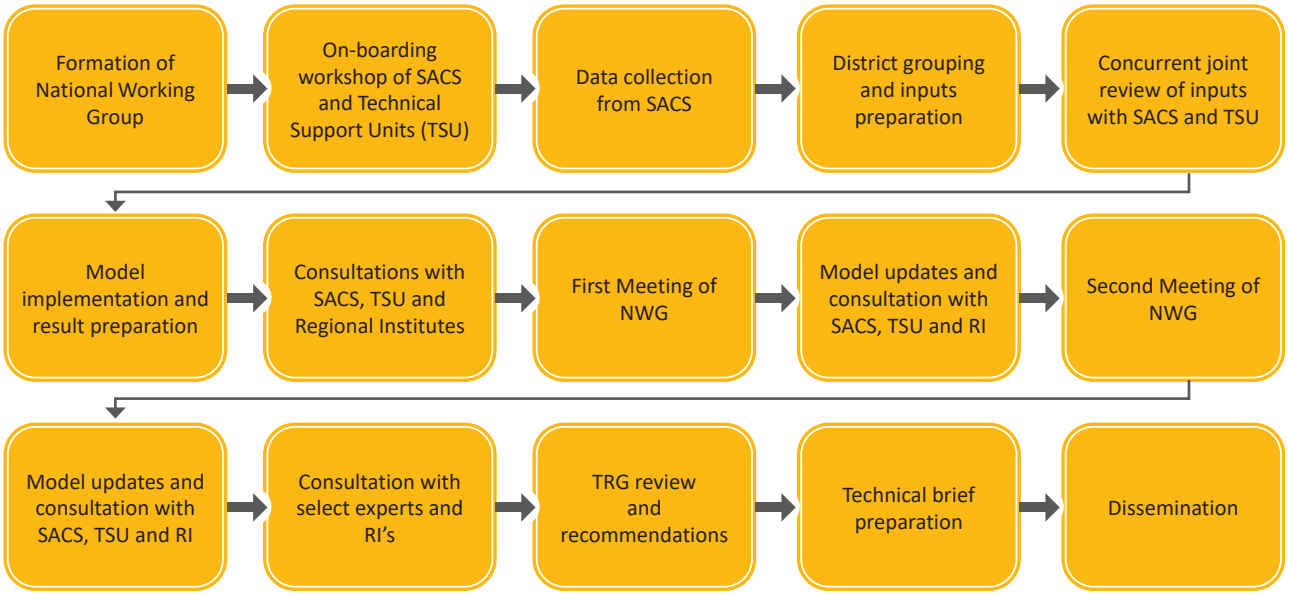
[2] National AIDS Control Organisation. Expert Consultation on HIV Surveillance and Estimations in India, 2016. New Delhi: National AIDS Control Organisation, Ministry of Health & Family Welfare, Government of India.

[3] National AIDS Control Organisation. Expert Consultation on Newer Methods of HIV Surveillance and Estimations in India, 2018. New Delhi: National AIDS Control Organisation, Ministry of Health & Family Welfare, Government of India.

[4] National AIDS Control Organisation & Indian Council of Medical Research-National Institute of Medical Statistics (ICMR-NIMS) (2020). District Level HIV Estimates 2017: A Report on Five States in India. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

[5] Union Territory of Lakshadweep not included in district-level HIV burden estimations in view of lack of epidemiological data.

**Figure 1: Process of District-level HIV Burden Estimation and Prioritization (2019)**




District-level HIV Estimates 2019 has been generated using the same Spectrum tool version as the one used for 2019 national and State/UT reports to maintain consistency. This tool incorporates improvements in comparison with earlier versions, and is informed by the latest available science and understanding of the epidemic – having the most recent data inputs. It replaces the results from previous rounds of district estimations done under the 2017 round pilot phase in the five States. In view of this, for all comparisons, the time trend data as provided through HIV Estimations 2019 at the district level shall only be used until the data from the next round of estimations is made available. This is in accordance with the recommendations of UNAIDS, Geneva, stating that the results from previous years cannot be compared with the results from the current round.[6]

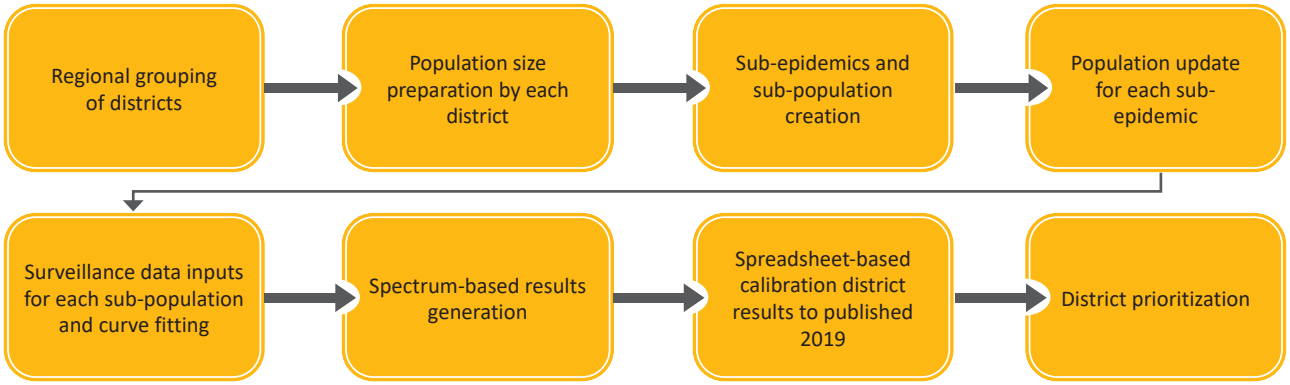
[6] https://www.unaids.org/en/dataanalysis/knowyourresponse/HIVdata_estimates

# Method

HIV estimation under NACP uses the UNAIDS-supported Spectrum tool. For the District-Level HIV Estimation 2019, Spectrum version 5.80 was used adhering to the TRG-approved method. The details providing State/UT-wide estimates are available elsewhere.[7]

The State/UT-wide models prepared under the 2019 round of HIV estimations have been used for the district-level HIV burden estimation (see Figure 2). These models already had inputs on demographics and HIV treatment coverage. Moreover, data on mortality and fertility rates as well as age/sex pattern of HIV incidence were also available in these base models.

**Figure 2: Methodological Steps for District-level HIV Burden Estimation and Prioritization**




As part of the district-level HIV burden estimation, districts[8] were first grouped by region based on the established administrative divisions in a spreadsheet, as a preparatory step. For each district, population and epidemiological data for the general population and high-risk group (HRG) population were consolidated based on the data availability. For the districts, where epidemiological data for a sub-population was not available but data on its population size was available, epidemiological data from the neighbouring district(s) were used.

Next, the epidemic configuration in the corresponding State/UT model was updated with each district as sub-epidemic, after which sub-populations of the general population and HRGs were created in each of the sub-epidemics using Spectrum version 5.80. The size of each sub-population in each of the sub-epidemics was inputted. Data from HIV Sentinel Surveillance (HSS) from antenatal clinics and data from routine HIV testing among pregnant women was inputted to inform the epidemic curve for the general population, which was further informed by PLHIV covered under the programme. For HRG, the HIV prevalence data available from HSS, Integrated Biological and Behavioural Surveillance (IBBS) and Integrated Biological and Behavioural Assessment (IBBA) was used to inform the epidemic curve. EPP Classic

[7] National AIDS Control Organisation & Indian Council of Medical Research-National Institute of Medical Statistics (ICMR-NIMS) (2020). India HIV Estimates 2019: Report. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

[8] List of districts as per Census 2011 and included newly formed up to September 2020

was used for the curve fitting. District-wide estimates extracted from the sub-population summary in the Spectrum results section were used to calculate the relative burden for each district, which was then applied to the approved State/UT HIV Estimation 2019.

In the next step, district-wide epidemiological data on adult HIV prevalence, as well as the size of PLHIV was used to undertake district prioritization. The use of indicators such as adult prevalence and PLHIV size ensured that the contexts of both epidemiological and programmatic needs informed the district prioritization. The criteria used for the district prioritization is mentioned in Table 1.

**Table 1: Criteria Used for District Prioritization (2019)**

| District Priority | Description |
|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of 1,000 ≤2,500 |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 |

# Key Results

Key highlights from the district-level HIV estimation and prioritization have been presented in the subsequent sections. State/UT-wide key results have been presented in the factsheets under Annexure 4.

## I. Adult HIV Prevalence (15–49 Years)

The adult HIV prevalence in the districts of the country range between <0.10% and 4.00%. Twenty-five districts (around 3% of total districts) in four States/UTs of the country have estimated adult HIV prevalence of 1% or more, while another 102 (14%) have prevalence in the range of 0.40% ≤1.00%. Almost two thirds (463) of the total districts in the country have adult prevalence of less than <0.20%. Out of 463, 56% (259) districts have adult HIV prevalence of less than 0.10% (see Table 2).

**Table 2: District Count by Adult HIV Prevalence Category, 2019**

| Adult HIV Prevalence Category | District Count (N=735) | States/UTs Having Districts in the Given Category |
|---|---|---|
| ≥1% | 25 | 4 |
| 0.40% ≤1.00% | 102 | 16 |
| 0.20% ≤0.40% | 145 | 24 |
| <0.20% | 463 | 27 |

All districts with adult HIV prevalence of 1% or more are in the northeastern States (see Figure 3 and Table 3). This includes nine districts in Manipur, two districts in Meghalaya, eight districts in Mizoram and six districts in Nagaland. Out of the total 102 districts with adult HIV prevalence in the range of 0.40% to <1.00%, 69 districts are in the erstwhile western and southern high prevalence States of Andhra Pradesh (13), Karnataka (20), Maharashtra (10), Tamil Nadu (3) and Telangana (23). There are 16 districts in the northeastern States with adult HIV prevalence in the range of 0.40% to <1.00% – Manipur (7), Meghalaya (1), Mizoram (3) and Nagaland (5).

**Figure 3: District-wide Adult HIV Prevalence (%) in India, 2019**

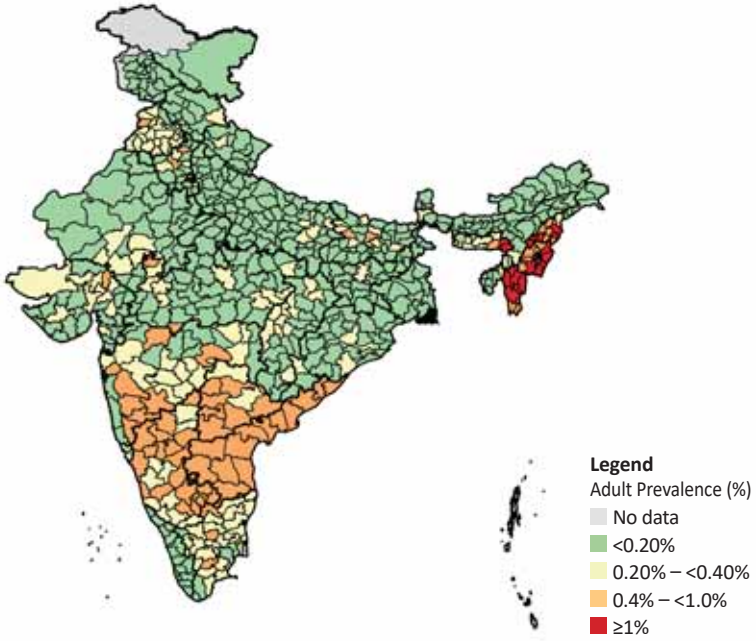


**Table 3:** State/UT-wide Districts by Adult HIV Prevalence Category (%), 2019

| State/UT | Adult HIV prevalence category | | | | | Total Districts |
|---|---|---|---|---|---|---|
| | <0.20% | | ≥0.20% ≤0.40% | ≥0.40% ≤1.00% | ≥1% | |
| | <0.10% | ≥0.10% ≤0.20% | | | | |
| Andaman & Nicobar Islands | | 2 | 1 | | | 3 |
| Andhra Pradesh | | | | 13 | | 13 |
| Arunachal Pradesh | 21 | 4 | | | | 25 |
| Assam | 24 | 6 | 3 | | | 33 |
| Bihar | 16 | 12 | 8 | 2 | | 38 |
| Chandigarh | | 1 | | | | 1 |
| Chhattisgarh | 7 | 11 | 10 | | | 28 |
| DNH & DD | | 1 | 2 | | | 3 |
| Delhi | | 1 | 2 | 8 | | 11 |
| Goa | | | 2 | | | 2 |
| Gujarat | 3 | 19 | 10 | 1 | | 33 |
| Haryana | 9 | 7 | 4 | 2 | | 22 |
| Himachal Pradesh | 6 | 5 | 1 | | | 12 |
| Jammu & Kashmir and Ladakh | 18 | 4 | | | | 22 |
| Jharkhand | 18 | 4 | 2 | | | 24 |
| Karnataka | | | 10 | 20 | | 30 |
| Kerala | 12 | 2 | | | | 14 |
| Madhya Pradesh | 17 | 25 | 8 | 2 | | 52 |
| Maharashtra | | 13 | 13 | 10 | | 36 |
| Manipur | | | | 7 | 9 | 16 |
| Meghalaya | 2 | 3 | 3 | 1 | 2 | 11 |
| Mizoram | | | | 3 | 8 | 11 |
| Nagaland | | | 1 | 5 | 6 | 12 |
| Odisha | 11 | 15 | 4 | | | 30 |
| Puducherry | 1 | 2 | | 1 | | 4 |
| Punjab | | 4 | 17 | 1 | | 22 |
| Rajasthan | 19 | 10 | 4 | | | 33 |
| Sikkim | 4 | | | | | 4 |
| Tamil Nadu | 2 | 8 | 25 | 3 | | 38 |
| Telangana | | | 10 | 23 | | 33 |
| Tripura | 5 | 2 | 1 | | | 8 |
| Uttar Pradesh | 44 | 28 | 3 | | | 75 |
| Uttarakhand | 4 | 9 | | | | 13 |
| West Bengal | 16 | 6 | 1 | | | 23 |
| **Total** | **259** | **204** | **145** | **102** | **25** | **735** |

# II. People Living with HIV (PLHIV)

The PLHIV number in the districts range between <100 and 57,000, with around 90% of infections in 360 districts. One hundred and twenty-two districts (17% of total districts) in 19 States of the country have estimated PLHIV of 5,000 or more, comprising 61% of the total epidemic burden. Among the districts with 5,000 or more PLHIV, 11 districts are estimated to have PLHIV size of 25,000 or more (18% of total PLHIV), while another 37 have PLHIV in the range of ≥10,000 to <25,000 (22% of total PLHIV). Another 139 (19%) districts have PLHIV in the range of 2,500 to <5,000 (21% of total PLHIV). Almost two thirds (474) of the total districts in the country are estimated to have less than 2,500 PLHIV (see Table 4).

**Table 4: District Count by PLHIV Number Category, 2019**

| PLHIV Size | Districts (N=735) | States/UTs Having Districts in the Given Category |
|---|---|---|
| ≥5,000 | 122 | 19 |
| 2,500 ≤5,000 | 139 | 24 |
| 1,000 ≤2,500 | 191 | 26 |
| <1,000 | 283 | 28 |

Seventy-seven districts with an estimated PLHIV size of 5,000 or more are in the States of Andhra Pradesh (13), Karnataka (21), Maharashtra (20), Tamil Nadu (11) and Telangana (12). Another 37 districts with PLHIV estimates of 5,000 or more are in the northern and eastern States of Bihar (8), Chhattisgarh (2), Delhi (7), Haryana (2), Odisha (2), Punjab (4), Rajasthan (1), Uttar Pradesh (5) and West Bengal (6). Only three districts in the northeastern States (one each in the States of Manipur, Mizoram and Nagaland), have estimated PLHIV size of 5,000 or more (see Figure 4 and Table 5).

Out of the 11 districts with PLHIV size of 25,000 or more, 6 are in Andhra Pradesh, 2 are in Karnataka while another 3 are in Maharashtra. Seven districts in Andhra Pradesh, 3 in Bihar, 1 in Delhi, 2 in Gujarat, 1 in Haryana, 6 in Karnataka, 10 in Maharashtra, 1 in Mizoram, 2 in Tamil Nadu, 3 in Telangana and 1 in West Bengal have PLHIV in the range of 10,000 to <25,000. Two districts of Mumbai and Mumbai suburban in the State of Maharashtra, collectively managed by Mumbai District AIDS Control Society, are estimated to have around 77,000 PLHIV.

Figure 4: District-wide PLHIV in India, 2019

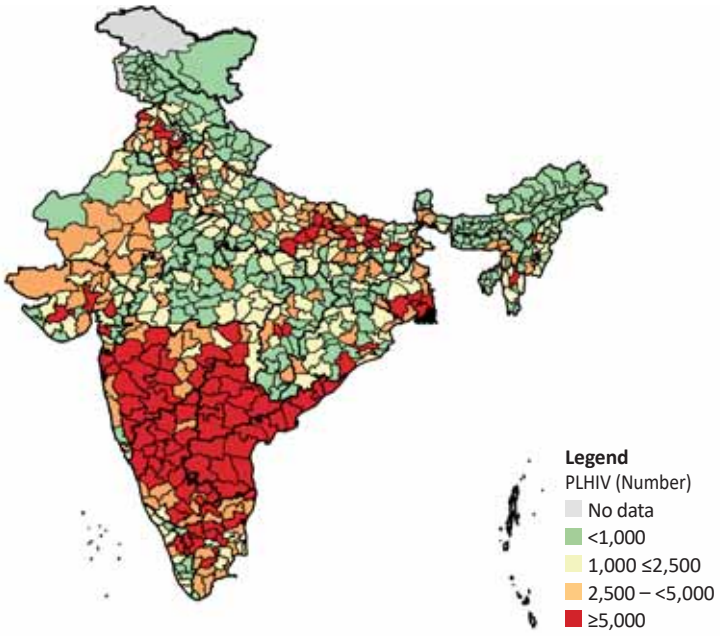


**Table 5:** State/UT-wide Districts by PLHIV Category (%), 2019

| State/UT | PLHIV Size Category | | | | | | Total Districts |
|---|---|---|---|---|---|---|---|
| | <1,000 | ≥1,000 ≤2,500 | ≥2,500 ≤5,000 | ≥5,000 | | | |
| | | | | ≥5,000 ≤10,000 | ≥10,000 ≤25,000 | ≥25,000 | |
| Andaman & Nicobar Islands | 3 | | | | | | 3 |
| Andhra Pradesh | | | | | 7 | 6 | 13 |
| Arunachal Pradesh | 25 | | | | | | 25 |
| Assam | 29 | 1 | 3 | | | | 33 |
| Bihar | 10 | 12 | 8 | 5 | 3 | | 38 |
| Chandigarh | | 1 | | | | | 1 |
| Chhattisgarh | 16 | 5 | 5 | 2 | | | 28 |
| DNH & DD | 3 | | | | | | 3 |
| Delhi | | 2 | 2 | 6 | 1 | | 11 |
| Goa | | 1 | 1 | | | | 2 |
| Gujarat | 9 | 11 | 9 | 2 | 2 | | 33 |
| Haryana | 11 | 5 | 4 | 1 | 1 | | 22 |
| Himachal Pradesh | 10 | 2 | | | | | 12 |
| Jammu & Kashmir and Ladakh | 21 | 1 | | | | | 22 |
| Jharkhand | 15 | 6 | 3 | | | | 24 |
| Karnataka | | 1 | 8 | 13 | 6 | 2 | 30 |
| Kerala | 4 | 8 | 1 | 1 | | | 14 |
| Madhya Pradesh | 27 | 22 | 3 | | | | 52 |
| Maharashtra | 1 | 4 | 11 | 7 | 10 | 3 | 36 |
| Manipur | 5 | 8 | 2 | 1 | | | 16 |
| Meghalaya | 8 | | 3 | | | | 11 |
| Mizoram | 6 | 4 | | | 1 | | 11 |
| Nagaland | 5 | 5 | 1 | 1 | | | 12 |
| Odisha | 13 | 11 | 4 | 2 | | | 30 |
| Puducherry | 3 | | 1 | | | | 4 |
| Punjab | 1 | 10 | 7 | 4 | | | 22 |
| Rajasthan | 10 | 12 | 10 | 1 | | | 33 |
| Sikkim | 4 | | | | | | 4 |
| Tamil Nadu | 2 | 11 | 14 | 9 | 2 | | 38 |
| Telangana | | 11 | 10 | 9 | 3 | | 33 |
| Tripura | 8 | | | | | | 8 |
| Uttar Pradesh | 21 | 28 | 21 | 5 | | | 75 |
| Uttarakhand | 9 | 3 | 1 | | | | 13 |
| West Bengal | 4 | 6 | 7 | 5 | 1 | | 23 |
| **Total** | **283** | **191** | **139** | **74** | **37** | **11** | **735** |

# III. Annual New HIV Infections (15+ Years)

The annual new HIV infections (among people aged 15+ years) in the districts range between <50 and 2,600, with around 90% of new infections in 340 districts. Eighty-eight districts have 200 or more new HIV infections in 2019, comprising more than half (54%) of the new infections in the country (see Table 6). Another 85 districts have new HIV infections in the range of ≥100 to <200, comprising 18% of the total epidemic. Each of the rest of 562 districts has less than 100 new infections in 2019, comprising around 28% of total new infections.

Among the districts with 200 or more new HIV infections, three have 1,000 or more, while nine have new infections in the range of ≥500 to less than <1,000. Together, these 12 districts comprise around one fifth (19%) of total new HIV infections.

**Table 6: District Count by Annual New HIV Infections (15+ Years) Category, 2019**

| New HIV Infections | Districts (N=735) | States/UTs Having Districts in the Given Category |
|---|---|---|
| ≥200 | 88 | 22 |
| 100 ≤200 | 85 | 21 |
| 50 ≤100 | 153 | 26 |
| <50 | 409 | 31 |

Bihar and Uttar Pradesh have the highest number of districts (10 each) with annual new HIV infections of 200 or more, followed by 9 districts in Maharashtra, 8 in Delhi, 7 each in Andhra Pradesh and West Bengal, 6 in Telangana and 5 in Chhattisgarh. States/UT of Assam, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Meghalaya, Mizoram, Nagaland, Odisha, Puducherry, Punjab, Rajasthan and Tamil Nadu have one–four districts with annual new HIV infections of 200 or more in 2019 (see Figure 5 and Table 7).

Out of three districts with annual new HIV infections of >1,000 or more, two are in Maharashtra and one in Bihar. The State of Bihar has two more districts with new HIV infections in the range of ≥500 to <1,000. Delhi (1), Haryana (1), Maharashtra (2), Mizoram (1), Nagaland (1) and Telangana (1) are the other States with districts having new HIV infections in the range of ≥500 to <1,000.

**Figure 5: District-wide Annual New HIV Infections (15+ Years) in India, 2019**

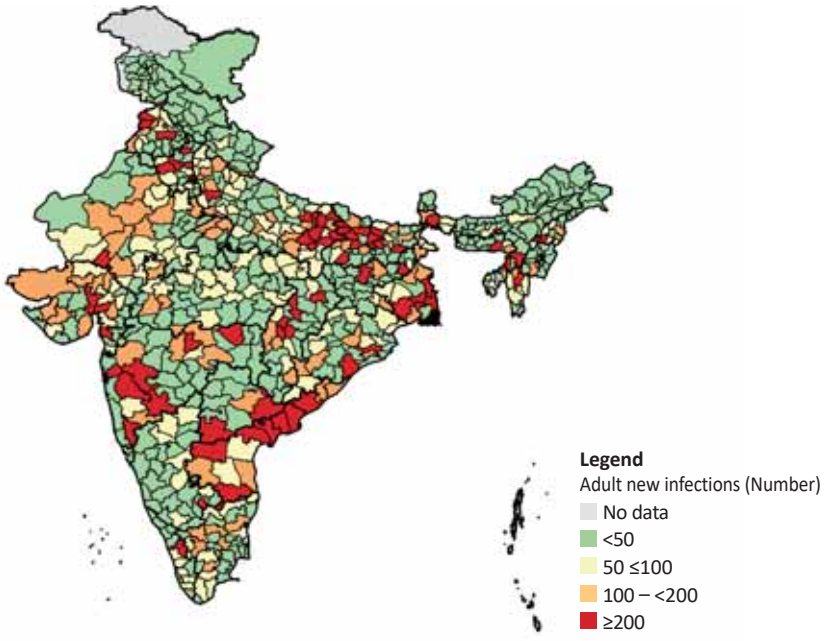


**Table 7:** State/UT-wide Districts by Annual New HIV Infections (15+ Years), 2019

| State/UTs | Annual New HIV Infections Category | | | | | | Total Districts |
|---|---|---|---|---|---|---|---|
| | <50 | ≥50 ≤100 | ≥100 ≤200 | ≥200 | | | |
| | | | | ≥200 ≤500 | ≥500 ≤1,000 | ≥1,000 | |
| Andaman & Nicobar Islands | 3 | | | | | | 3 |
| Andhra Pradesh | | 2 | 4 | 7 | | | 13 |
| Arunachal Pradesh | 25 | | | | | | 25 |
| Assam | 28 | 2 | | 3 | | | 33 |
| Bihar | 17 | 4 | 7 | 7 | 2 | 1 | 38 |
| Chandigarh | | | 1 | | | | 1 |
| Chhattisgarh | 16 | 4 | 3 | 5 | | | 28 |
| DNH & DD | 2 | 1 | | | | | 3 |
| Delhi | | 2 | 1 | 7 | 1 | | 11 |
| Goa | 2 | | | | | | 2 |
| Gujarat | 14 | 8 | 8 | 3 | | | 33 |
| Haryana | 12 | 6 | | 3 | 1 | | 22 |
| Himachal Pradesh | 12 | | | | | | 12 |
| Jammu & Kashmir and Ladakh | 21 | 1 | | | | | 22 |
| Jharkhand | 17 | 2 | 3 | 2 | | | 24 |
| Karnataka | 22 | 7 | | 1 | | | 30 |
| Kerala | 8 | 5 | | 1 | | | 14 |
| Madhya Pradesh | 27 | 18 | 7 | | | | 52 |
| Maharashtra | 20 | 2 | 5 | 5 | 2 | 2 | 36 |
| Manipur | 10 | 3 | 3 | | | | 16 |
| Meghalaya | 8 | 1 | 1 | 1 | | | 11 |
| Mizoram | 4 | 5 | 1 | | 1 | | 11 |
| Nagaland | 4 | 5 | 1 | 1 | 1 | | 12 |
| Odisha | 15 | 9 | 4 | 2 | | | 30 |
| Puducherry | 3 | | | 1 | | | 4 |
| Punjab | 9 | 6 | 4 | 3 | | | 22 |
| Rajasthan | 12 | 12 | 8 | 1 | | | 33 |
| Sikkim | 4 | | | | | | 4 |
| Tamil Nadu | 20 | 11 | 6 | 1 | | | 38 |
| Telangana | 27 | | | 5 | 1 | | 33 |
| Tripura | 5 | 2 | 1 | | | | 8 |
| Uttar Pradesh | 26 | 28 | 11 | 10 | | | 75 |
| Uttarakhand | 11 | 1 | 1 | | | | 13 |
| West Bengal | 5 | 6 | 5 | 7 | | | 23 |
| **Total** | **409** | **153** | **85** | **76** | **9** | **3** | **735** |

# IV. Annual PMTCT Need

The annual PMTCT need in the districts ranges between <10 and 450, with 90% of the total PMTCT need in 400 districts. One hundred and eight districts have 50 or more mothers living with HIV in need of PMTCT services in 2019, comprising more than half (52%) of the total need in the country (see Table 8). Another 135 districts have mothers living with HIV in need of PMTCT services in the range of ≥25 to <50, comprising 24% of the total need. Each of the rest of 492 districts has less than 25 pregnant mothers living with HIV in 2019, comprising around 24% of the total need.

Among the districts with 50 or more mothers living with HIV, 8 districts have 200 or more, while 28 have PMTCT need in the range of ≥100 to less than <200. Together, these 36 districts comprise around 30% of the total PMTCT need.

Table 8: District Count by PMTCT Need Category, 2019

| PMTCT Need | Districts (N=735) | States/UTs Having Districts in the Given Category |
|---|---|---|
| ≥50 | 108 | 20 |
| 25 ≤50 | 135 | 22 |
| 10 ≤25 | 223 | 29 |
| <10 | 269 | 32 |

The States of Andhra Pradesh (12), Bihar (16), Karnataka (8), Maharashtra (15), Rajasthan (6) and Uttar Pradesh (12) have the highest number of districts with 50 or more mothers living with HIV in 2019. Among the northeastern States, Assam, Manipur, Meghalaya, Mizoram and Nagaland have 1–3 districts with 50 or more mothers living with HIV (see Figure 6 and Table 9).

Out of eight districts with annual PMTCT need of 200 or more, one is in Andhra Pradesh, three are in Bihar, one is in Karnataka and three in Maharashtra. Andhra Pradesh has five more districts with PMTCT need in the range of ≥100 to <200. Bihar (5), Delhi (1), Gujarat (2), Karnataka (1), Maharashtra (9), Mizoram (1), Nagaland (1), Telangana (1), Uttar Pradesh (1) and West Bengal (1) are other States with districts having PMTCT need in the range of ≥100 to <200.

**Figure 6: District-wide PMTCT Need in India, 2019**

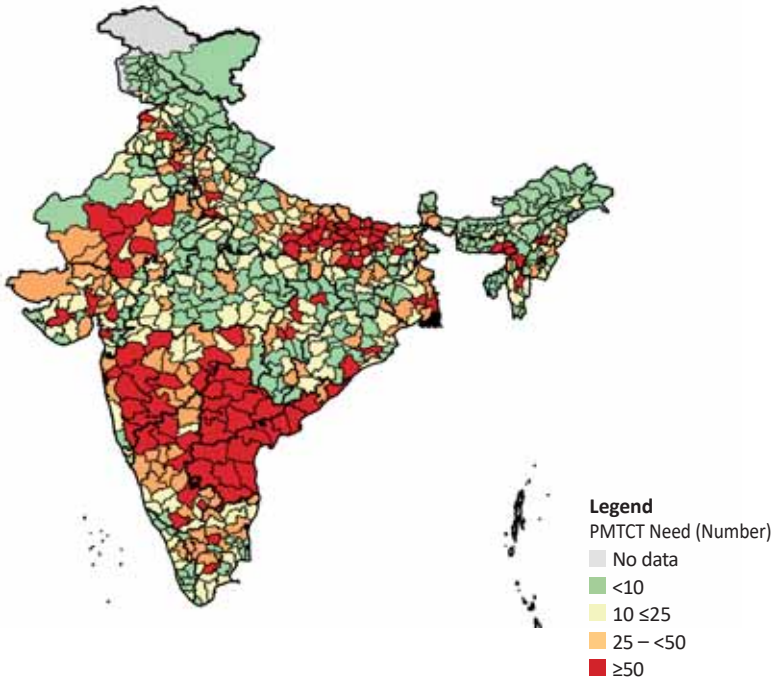


**Table 9: State/UT-wide Districts by PMTCT Need, 2019**

| State/UT | PMTCT Need Category | | | | | | Total Districts |
|---|---|---|---|---|---|---|---|
| | <10 | ≥10 ≤25 | ≥25 ≤50 | ≥50 | | | |
| | | | | ≥50 ≤100 | ≥100 ≤200 | ≥200 | |
| Andaman & Nicobar Islands | 3 | | | | | | 3 |
| Andhra Pradesh | | | 1 | 6 | 5 | 1 | 13 |
| Arunachal Pradesh | 25 | | | | | | 25 |
| Assam | 24 | 6 | 2 | 1 | | | 33 |
| Bihar | 4 | 11 | 7 | 8 | 5 | 3 | 38 |
| Chandigarh | | 1 | | | | | 1 |
| Chhattisgarh | 12 | 9 | 3 | 4 | | | 28 |
| DNH & DD | 2 | 1 | | | | | 3 |
| Delhi | 1 | 1 | 4 | 4 | 1 | | 11 |
| Goa | 1 | 1 | | | | | 2 |
| Gujarat | 9 | 13 | 7 | 2 | 2 | | 33 |
| Haryana | 11 | 5 | 4 | 2 | | | 22 |
| Himachal Pradesh | 11 | 1 | | | | | 12 |
| Jammu & Kashmir and Ladakh | 21 | 1 | | | | | 22 |
| Jharkhand | 13 | 7 | 4 | | | | 24 |
| Karnataka | 1 | 6 | 15 | 6 | 1 | 1 | 30 |
| Kerala | 8 | 5 | 1 | | | | 14 |
| Madhya Pradesh | 26 | 23 | 3 | | | | 52 |
| Maharashtra | 2 | 7 | 12 | 3 | 9 | 3 | 36 |
| Manipur | 5 | 7 | 2 | 2 | | | 16 |
| Meghalaya | 6 | 2 | | 3 | | | 11 |
| Mizoram | 4 | 6 | | | 1 | | 11 |
| Nagaland | 3 | 6 | 1 | 1 | 1 | | 12 |
| Odisha | 13 | 11 | 4 | 2 | | | 30 |
| Puducherry | 3 | | 1 | | | | 4 |
| Punjab | 4 | 11 | 5 | 2 | | | 22 |
| Rajasthan | 6 | 13 | 8 | 6 | | | 33 |
| Sikkim | 4 | | | | | | 4 |
| Tamil Nadu | 10 | 15 | 10 | 3 | | | 38 |
| Telangana | 1 | 17 | 10 | 4 | 1 | | 33 |
| Tripura | 7 | 1 | | | | | 8 |
| Uttar Pradesh | 13 | 28 | 22 | 11 | 1 | | 75 |
| Uttarakhand | 10 | 3 | | | | | 13 |
| West Bengal | 6 | 5 | 9 | 2 | 1 | | 23 |
| **Total** | **269** | **223** | **135** | **72** | **28** | **8** | **735** |

# V. Districts Prioritization

District-level estimation (2019) revealed that there are 25 districts in four States of the country with adult HIV prevalence of 1% or more. Further, there are 122 districts, in 19 States, with PLHIV size estimates of 5,000 or more, accounting for 61% of the total epidemic burden. Altogether, there are 144 districts (in 20 States) that have either an adult HIV prevalence of ≥1% or more than 5,000 estimated PLHIV (see Table 10). These 144 high priority districts have almost 63% of the total PLHIV, 49% of total new infections (15+ years) and 55% of the total PMTCT need.

Among the rest, there are 155 districts (in 25 States/UTs) that have either a prevalence in the range of 0.40% ≤1% or PLHIV in the range of 2,500 ≤5,000. Overall, these 155 districts (moderate priority) have almost 21% of the total PLHIV, 27% of total new infections (15+ years) and 25% of the total PMTCT need.

Excluding the high and moderate priority districts above, there are another 180 districts that have either a prevalence in the range of 0.20% ≤0.40% or PLHIV in the range of ≥1,000 ≤2,500. Overall, these 180 districts (low priority) have almost 12% of the total PLHIV, 16% of total new infections and 14% of the total PMTCT need.

The rest of the 256 districts have around 5–8% of the PLHIV size, new infections and PMTCT need in the country (very low priority districts).

**Table 10: District Prioritization with Epidemic Burden, 2019**

| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 144 | 63% of PLHIV, 49% of new infections and 55% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 155 | 21% of PLHIV, 27% of new infections and 25% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of 1,000 ≤2,500 | 180 | 12% of PLHIV, 16% of new infections and 14% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 256 | 4% of PLHIV, 8% of new infections and 6% of PMTCT need |

High priority districts are largely located in the southern States of Karnataka (21), Andhra Pradesh (13), Telangana (12) and Tamil Nadu (11), western States of Maharashtra (20) and Gujarat (4), northern States of Delhi (7), Uttar Pradesh (5) and Punjab (4), eastern States of Bihar (8) and West Bengal (6) and northeastern States of Manipur (9), Mizoram (8) and Nagaland (6). These States also have the most number of moderate priority districts, including 21 in Uttar Pradesh followed by 14 in Tamil Nadu, 12 in Telangana, 11 in Maharashtra, 10 in Rajasthan, 9 in Gujarat and 8 each in Karnataka and Bihar (see Figure 7 and Table 11).

**Figure 7: District Prioritization under NACP, 2019**

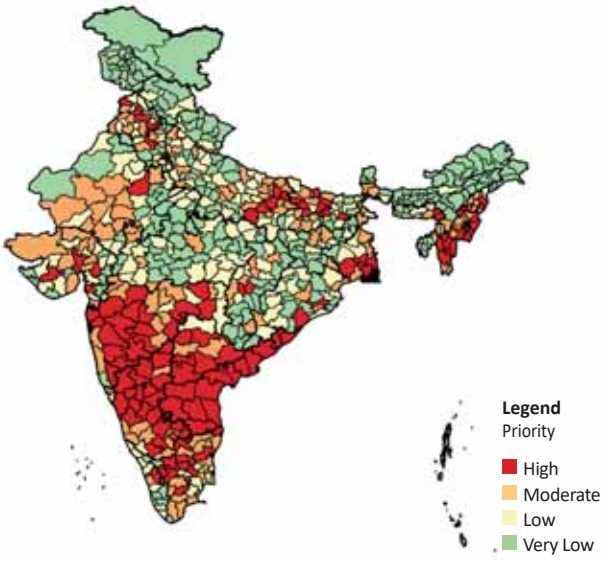


**Table 11:** State/UT-wide Districts by Priority Level, 2019

| State/UT | Priority Level | | | | Total Districts |
|---|---|---|---|---|---|
| | High | Moderate | Low | Very Low | |
| Andaman & Nicobar Islands | | | 1 | 2 | 3 |
| Andhra Pradesh | 13 | | | | 13 |
| Arunachal Pradesh | | | | 25 | 25 |
| Assam | | 3 | 1 | 29 | 33 |
| Bihar | 8 | 8 | 13 | 9 | 38 |
| Chandigarh | | | 1 | | 1 |
| Chhattisgarh | 2 | 5 | 6 | 15 | 28 |
| DNH & DD | | | 2 | 1 | 3 |
| Delhi | 7 | 4 | | | 11 |
| Goa | | 1 | 1 | | 2 |
| Gujarat | 4 | 9 | 11 | 9 | 33 |
| Haryana | 2 | 4 | 5 | 11 | 22 |
| Himachal Pradesh | | | 3 | 9 | 12 |
| Jammu & Kashmir and Ladakh | | | 1 | 21 | 22 |
| Jharkhand | | 3 | 6 | 15 | 24 |
| Karnataka | 21 | 8 | 1 | | 30 |
| Kerala | 1 | 1 | 8 | 4 | 14 |
| Madhya Pradesh | | 5 | 21 | 26 | 52 |
| Maharashtra | 20 | 11 | 4 | 1 | 36 |
| Manipur | 9 | 7 | | | 16 |
| Meghalaya | 2 | 1 | 3 | 5 | 11 |
| Mizoram | 8 | 3 | | | 11 |
| Nagaland | 6 | 5 | 1 | | 12 |
| Odisha | 2 | 4 | 11 | 13 | 30 |
| Puducherry | | 1 | | 3 | 4 |
| Punjab | 4 | 7 | 10 | 1 | 22 |
| Rajasthan | 1 | 10 | 12 | 10 | 33 |
| Sikkim | | | | 4 | 4 |
| Tamil Nadu | 11 | 14 | 11 | 2 | 38 |
| Telangana | 12 | 12 | 9 | | 33 |
| Tripura | | | 1 | 7 | 8 |
| Uttar Pradesh | 5 | 21 | 28 | 21 | 75 |
| Uttarakhand | | 1 | 3 | 9 | 13 |
| West Bengal | 6 | 7 | 6 | 4 | 23 |
| **Total** | **144** | **155** | **180** | **256** | **735** |

# Conclusion

Countrywide District-Level Hiv Burden Estimation (2019), under the NACP of India, is a global first. It provides key epidemiological evidences for 735 districts across the country using standardized method and tools at all geographic levels for consistency and comparability. The granularity of data augments the insights into the heterogeneity of the HIV/AIDS epidemic in the country, which informs local (district-level) planning and prioritization, for advancing towards the HIV/AIDS 'ENDGAME' in India (Sustainable Development Goal Target 3.3).

Prevalence-wise, only 25 districts in the country have adult HIV prevalence of 1% or more. All of these high prevalence districts are in the northeastern States of Manipur, Mizoram, Meghalaya and Nagaland. Three of these 25 high prevalence districts have a PLHIV size of 5,000 or more: Aizawl in Mizoram (around 11,400 PLHIV with adult prevalence of almost 4%), Dimapur in Nagaland (around 9,700 PLHIV with adult prevalence of around 3%) and Imphal East in Manipur (around 5,600 PLHIV with adult prevalence of 1.70%). On the other ends of spectrum are States like Uttar Pradesh where none of the districts are estimated to have adult HIV prevalence of 0.25% or more. Still, the State has five districts in its eastern regions with a PLHIV size of 5,000 or more. Together, these five districts in the eastern region of Uttar Pradesh have a PLHIV size almost three times that of Aizawl despite having an adult prevalence which is one-twentieth of Aizawl. Similarly, Bihar has three districts with a PLHIV size almost equal to or higher than that of Aizawl. Districts of Mumbai and Mumbai suburban in Maharashtra, with an adult prevalence which is almost half of that of Imphal East (a district in Manipur), together have a PLHIV size which is almost 14 times that of Imphal East. As is evident, district-level HIV estimates provide critical insights to State and national programme managers and policymakers for planning and resource allocations.

The prioritization done on the basis of adult HIV prevalence and PLHIV size takes into account the diversity of HIV epidemic in the country and identifies 299 districts as moderate and high priority districts for the programme. Programmatic focus on these high- and moderate-priority districts will cover almost 75–85% of the total epidemic in the country and provide maximum returns on the investments. However, attainment of the 2025 and 2030 prevention–testing–treatment and EMTCT goals under NACP will also require suitable coverage of the remaining districts to reach the last mile.

The key utilization of the district-level HIV burden estimation must be to decide appropriate district-level strategies as part of the programmatic response. Specifically, the identified high-priority districts need greater focus for stronger programmatic responses. Decentralized ownership, bottom-up planning–implementation–monitoring, resource augmentation, portfolio diversification and capacity building will be critical in augmenting the HIV/AIDS response in these districts.

Evidence-driven decentralized programme management has been the hallmark of the national AIDS response in India. The current district-level HIV burden estimation, the first round providing pan-India estimates, is a natural evolution of the robust strategic information and its uses at the granular level under the programme. The subsequent rounds will further benefit from triangulation, analysis and local intelligence, especially district-level personnel, and thus provide useful lessons on what worked and what needs improvement.

# Annexure 1

## NACO's National Working Group (HIV Estimations 2019)

**T-11020/08/2019 -NACO (Surveillance)**
**Government of India**
**Ministry of Health and Family Welfare**
**National AIDS Control Organization**

**9th Floor, Chanderlok Building**
**36, Janpath, New Delhi, 110001**
**Dated 21/08/ 2019**

**Office Order**

**Subject: Expansion of Terms of Reference of Working Group for District level PLHIV Estimation to undertake HIV Estimations 2019 under NACP**

***

NACO has created a 'National Working Group' to undertake district level PLHIV estimation through its institutes for HIV Surveillance and Estimation vide office order T-11020/02/2015-NACO (Surveillance) dated 28th June 2018 (Enclosure 1).

The terms of reference of this national working group has been now expanded to undertake HIV Estimations 2019 (National, State and District). The technical considerations and workplan for HIV Estimations 2019 is at annexure 2. All other terms and conditions for the National Working Group remains the same.

This issue with the approval of Special Secretary & DG (NACO & RNTCP)

(Dr Shobini Rajan)
Assistant Director General

**Enclosure:** As above

**To**
All members of the Working Group

**Copy to:**
1. Sr PPS to Special Secretary & DG (NACO & RNTCP)
2. PS to Joint Secretary, NACO
3. Director (ICMR-NIMS, New Delhi)

**T-11020/02/2015 -NACO (Surveillance)**
**Government of India**
**Ministry of Health and Family Welfare**
**National AIDS Control Organisation**

**9th Floor, Chanderlok Building**
**36, Janpath, New Delhi, 110001**
**Dated** 28th June **2018**

## Office Order

**Subject: Working Group for District level PLHIV Estimation under NACP**

NACO is undertaking district level PLHIV estimation through its institutes for HIV Surveillance and Estimation. A concept note for the same is enclosed.

A working group has been constituted under the chairpersonship of Director (ICMR-NIMS) and Co-chairmanship of Addl. Director General (MES, NACO) for the implementation of the project. Members of the working group are as below:

i. Dr DCS Reddy, Former HoD, Dept of Community Medicine, IMS, BHU, Varanasi, Uttar Pradesh
ii. Dr Arvind Pandey, Former Director, NIMS-ICMR, New Delhi
iii. Dr Shashi Kant, HoD, CCM, AIIMS, New Delhi
iv. Dr Alok Deb, Epidemiologist and Scientist E, ICMR-NICED, Kolkata
v. Focal Person, HIV Surveillance & Estimation, (NIMS, Delhi, NARI, Pune, AIIMS, New Delhi, NIE, Chennai, RIMS, Imphal)
vi. Dr Nicole Seguy, WHO India
vii. Dr Savina Ammassari, UNAIDS India
viii. Ms Deepika Srivastava Joshi, CDC-DGHT India
ix. Dr Yujwal Raj, Former NPO, NACO
x. Dr S K Singh, Professor, IIPS
xi. SACS Representatives (Maharashtra, Mumbai, Uttar Pradesh, Mizoram, Gujarat and Tamil Nadu, to be deputed by PD SACS)
xii. Program Division Representatives (NC-ART, NC-ICTC, PO-Surveillance)

The working group will meet 5-7 times towards the implementation of the project and finally come out with most suitable methods/method-mix for district level estimation in India. The outcomes of the work will be reviewed and approved by Technical Resource Group (TRG) on HIV Surveillance and Estimation.

This issue with the approval of competent authority, NACO.

(M. G. Nimje)
Under Secretary to Govt of India

**Enclosure:** As above
**To**
All members of the Working Group
**Copy to:**
1. PS to Joint Secretary, NACO
2. Director (ICMR-NIMS, New Delhi)

Government of India
Ministry of Health & Family Welfare
National AIDS Control Organization

# Concept Note on HIV Estimations 2019

**Background**

National AIDS Control organization (NACO), Ministry of Health and Family Welfare, Government of India periodically undertakes HIV estimation process to provide the updated information on the status of HIV epidemic in India. First HIV estimation in India was done in 1998 while last round was done in 2017. India HIV Estimates 2019, current round in the series, will provide current status of HIV epidemic in country, States and district on key parameters of HIV prevalence, new infections and AIDS related mortality.

**HIV Estimations Implementation Mechanism**

A national working group (NWG), under the leadership of NACO and ICMR-NIMS, New Delhi and with involvements of members from developmental partners (UNAIDS, USAID, WHO and CDC) and other national and regional institutes for epidemic monitoring, undertakes this estimation work. The institutes include (i) All India Institute of Medical Sciences (AIIMS-Delhi), (ii) ICMR-National AIDS Research Institute (ICMR-NARI, Pune), (iii) ICMR-National Institute of Epidemiology (ICMR-NIE, Chennai), (iv) Post Graduate Institute of Medical Education and Research (PGIMER, Chandigarh), (v) ICMR-National Institute of Cholera and Enteric Diseases (ICMR-NICED, Kolkata) and (vi) Regional Institute of Medical Sciences (RIMS-Imphal). NWG, chaired by Director (ICMR-NIMS) and co-chaired by division head of Strategic Information division, NACO is responsible for doing the all the works related to HIV Estimations.

The results generated by NWG is critically reviewed and approved by Technical Resource Group (TRG) on "Surveillance and Estimation". Currently, Additional Secretary (NACO & RNTCP) is chair of the TRG. The members are the senior most national and international experts on HIV surveillance, epidemiology and estimations.

**HIV Estimations 2019**

NACO has approved the workplan for HIV Estimations 2019. This round is unique in itself as it aims to provide the current status of HIV epidemic on key parameters of HIV prevalence, new infections and AIDS related mortality upto the district level. The tentative workplan for HIV Estimations 2019 is as below:

| S No | Activity | Proposed Timelines |
|---|---|---|
| 1 | Updated input data in State-wise model and running the model; proposals for bridge population and HRG size estimates; localization of survival assumption | July-August 2019 |
| 2 | Capacity Building cum consultation workshop of NWG, Experts, RI and State representatives with support from UNAIDS | 27-30th August 2019 |
| 3 | Modifications of Input data in State-wise model and running the model | September'19 |
| 4 | Second meeting of NWG | Last week of September'19 |
| 5 | Modification in models and firming up the results | October'19 |
| 6 | Third meeting of NWG for State and National Estimates | Mid of October'19 |

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| | | |
|---|---|---|
| 7 | Meeting of TRG on HIV Surveillance and Estimation | First week of November'19 |
| 8 | Finalization of report and printing | Second and third week of November'19 |
| 10 | Release of HIV Estimations 2019 Report with State and National Estimates | 1st December 2019 |
| 11 | Fourth meeting of NWG for HIV Estimations 2019 district estimates | Mid of January 2020 |
| 12 | Second meeting of NWG for HIV Estimations 2019 district estimates | Last week of January 2020 |
| 13 | Meeting of TRG on HIV Surveillance and Estimation for HIV Estimations 2019 district estimates | First Week of March 2020 |
| 14 | Finalization of report and printing | Second and third week of March 2020 |
| 15 | Release of HIV Estimations 2019 Report with District Estimates | Last week of March 2020 |

**Expert Consultation-Cum-Capacity Building Workshop**

The expert consultation-cum-capacity building workshop is one of the most fundamental meeting under series of meeting planned under HIV Estimations 2019. This is in line with past practices where officers from regional institutes, State AIDS Control Societies as well as members from national working group are trained on latest Spectrum model in the beginning of estimation round. The training is imparted by the best resource person in the world. This helps to widen the knowledge about this complex procedure and thus improves the ownership of the findings. In continuation of the tradition, day 1-3 will focus on capacity building of various stakeholders that will include updating them on the methodology as well as concepts behind it. The training design is mix of plenary, demonstrations and hands-on sessions.

Day 4 has been designed to take experts advice on select technical aspects of the HIV Estimations 2019. The objective of this expert consultation is to discuss the technical aspects further augmenting the technical rigour of HIV Estimations process under NACP. The key technical aspects under consideration for discussion are as below:

- HRG size estimates; mathematical estimates; IDU Size
- Bridge population segment in epidemic configuration
- Informing survival assumptions when on ART with India programme data
- Using pregnant women routine testing data on surveillance page
- CLHIV Size Estimates
- Wide uncertainty bound in HIV Estimations 2017

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**Data Need**

The HIV Estimations 2019 will build upon the State models prepared for 2017 round. The demographic, programmatic and epidemiological data will be updated in the State model as a part of the process (Annexure 1-6). Programmatic data on PMTCT coverage, Adult ART coverage and child treatment will be updated in each States model for year 2017 and 2018. Epidemiological data, site-wise tested and positivity, from surveillance will be also updated from ANC HSS 2019 in State model.

The State model thus developed will be disaggregated into districts estimates using sub-epidemic model. The routine testing data from PMTCT programme from confirmatory centres will be used as additional data to inform the level and trend of HIV burden at district level.

**Funding Support**

The work will be completely supported within the already approved NACO's MoU with ICMR-NIMS for the period 2018-20. No additional fund will be required from NACO's to implement the project. Need based complementary funding to support the participation of out-side members will be explored through the partners funding if required.

**Outcome**

- Creation of a resource pool across stake-holders with in-depth understanding of the estimation model under NACP
- Augmented ownership of Estimations process
- Way forwards on further augmenting the technical rigour of HIV Estimations under NACP

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Annexure 1. PPTCT coverage (Number) (To be derived from PALS)

| Name of State | 2017-18 | | | | 2018-19 | | | | 2019-20 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Triple ART started before current pregnancy | Triple ART started during current pregnancy > 4 weeks before delivery | Triple ART started during current pregnancy < 4 weeks before delivery | Total | Triple ART started before current pregnancy | Triple ART started during current pregnancy > 4 weeks before delivery | Triple ART started during current pregnancy < 4 weeks before delivery | Total | Triple ART started before current pregnancy | Triple ART started during current pregnancy > 4 weeks before delivery | Triple ART started during current pregnancy < 4 weeks before delivery | Total |
| | | | | | | | | | | | | |

Annexure 2. Adult ART coverage (Number) (To be taken from CST-MPR)

| Name of State | Gender | 2017-18* | 2018-19** | 2019-20# |
|---|---|---|---|---|
| | Male | | | |
| | Female | | | |
| | H/TG | | | |
| | Total | | | |

* As on March 2018, ** As on March 2019, # As on July 2019

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National AIDS Control Organization

Annexure 3. Baseline Median CD4 count at detection (Number) (To be derived from CST-MLL/IMS to the extent possible)

| Name of State | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Annexure 4. Median CD4 count at ART initiation (Number) (To be derived from CST-MLL/IMS to the extent possible)

| Name of State | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Annexure 5. Child ART coverage (Number) (To be taken from CST-MPR)

| Name of State | Gender | 2017-18* | 2018-19** | 2019-20# |
|---|---|---|---|---|
| | Male | | | |
| | Female | | | |
| | H/TG | | | |
| | Total | | | |

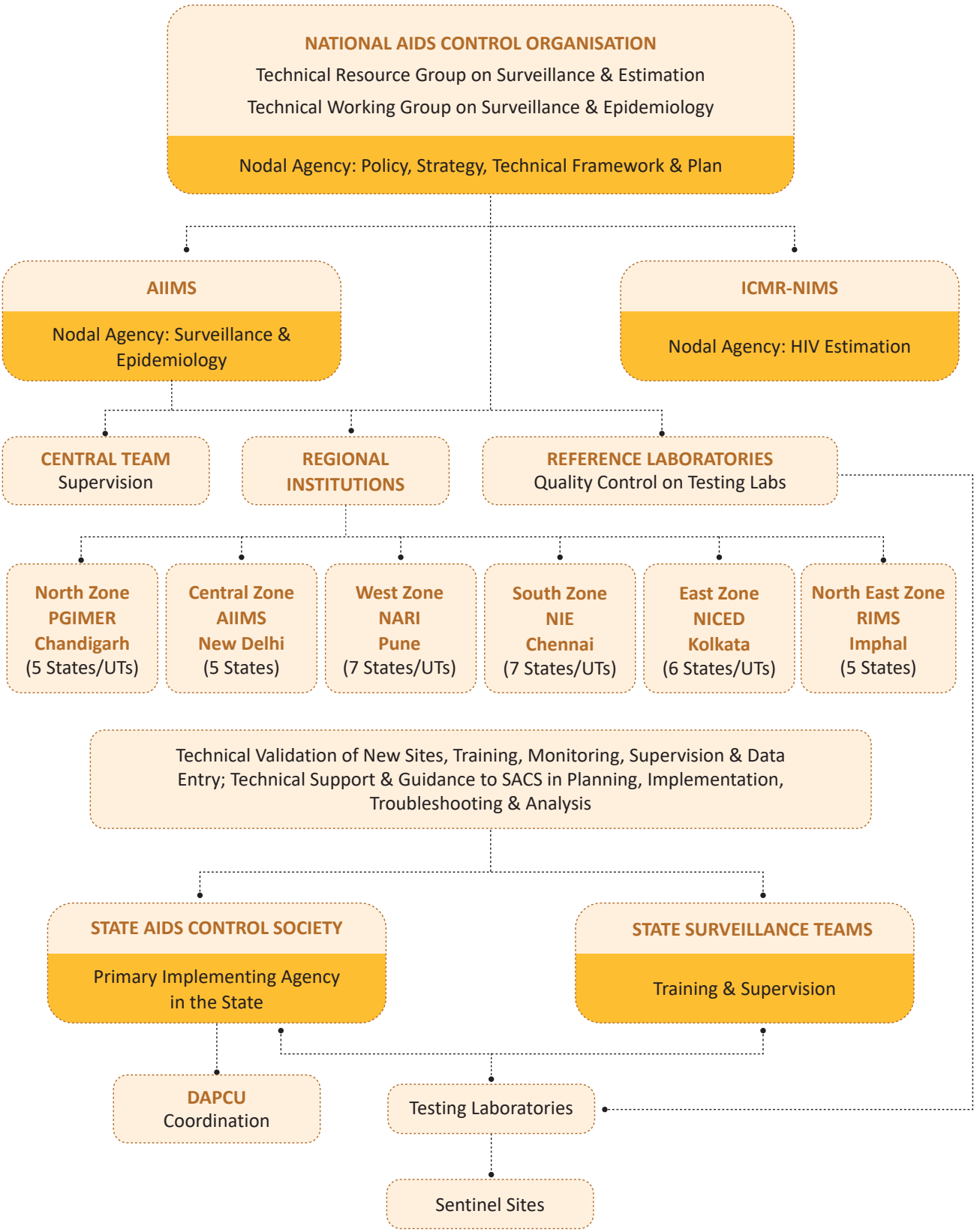
* As on March 2018, ** As on March 2019, # As on July 2019

Annexure 6. HIV testing and positivity among pregnant women at Stand Alone ICTC (confirmatory centers) by reporting unit (To be taken from CMIS/SIMS)

| State | District | Reporting Unit | 2010-11 | | 2011-12 | | 2012-13 | | 2013-14 | | 2014-15 | | 2015-16 | | 2016-17 | | 2017-18 | | 2018-19 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Tested | Positive | Tested | Positive | Tested | Positive | Tested | Positive | Tested | Positive | Tested | Positive | Tested | Positive | Tested | Positive | Tested | Positive |
| | | | | | | | | | | | | | | | | | | | | |

# Annexure 2

## Institutional Arrangement for Surveillance and Epidemiology under NACP


NATIONAL AIDS CONTROL ORGANISATION
Technical Resource Group on Surveillance & Estimation
Technical Working Group on Surveillance & Epidemiology
Nodal Agency: Policy, Strategy, Technical Framework & Plan
AIIMS
Nodal Agency: Surveillance & Epidemiology
ICMR-NIMS
Nodal Agency: HIV Estimation
CENTRAL TEAM
Supervision
REGIONAL INSTITUTIONS
REFERENCE LABORATORIES
Quality Control on Testing Labs
North Zone
PGIMER
Chandigarh
(5 States/UTs)
Central Zone
AIIMS
New Delhi
(5 States)
West Zone
NARI
Pune
(7 States/UTs)
South Zone
NIE
Chennai
(7 States/UTs)
East Zone
NICED
Kolkata
(6 States/UTs)
North East Zone
RIMS
Imphal
(5 States)
Technical Validation of New Sites, Training, Monitoring, Supervision & Data Entry; Technical Support & Guidance to SACS in Planning, Implementation, Troubleshooting & Analysis
STATE AIDS CONTROL SOCIETY
Primary Implementing Agency in the State
STATE SURVEILLANCE TEAMS
Training & Supervision
DAPCU
Coordination
Testing Laboratories
Sentinel Sites

# Annexure 3

## NACO's Technical Resource Group on HIV Surveillance and Estimation

**Chair:** Smt. Arti Ahuja, Former Additional Secretary and Director General, NACO /
Shri Alok Saxena, Additional Secretary and Director General, NACO

**Co-chair:** Dr. Sanjay Mehendale, Additional Director General, ICMR

**Member Secretary:** Dr. Shobini Rajan, Chief Medical Officer (SAG), NACO

## Members:

1. Dr. Henk Bekedam, Country Representative, WHO India
2. Dr. Bilali Camara, Country Director, UNAIDS India
3. Dr. N. S. Dharmshaktu, Principal Advisor to Ministry on Public Health, MoHFW, GOI
4. Dr. Peter Ghys, Director, Strategic Information and Evaluation, UNAIDS, Geneva
5. Dr. D. C. S. Reddy, Former Head of Department, Department of Community Medicine, Banaras Hindu University, Lucknow and Ex-NPO, WHO India
6. Prof. Arvind Pandey, Advisor, National Institute of Medical Statistics, New Delhi
7. Dr. Rajesh Kumar, Head, School of Public Health, PGIMER, Chandigarh
8. Dr. Samiran Panda, Director, National AIDS Research Institute, Pune
9. Dr. Manoj Vasant Murhekar, Director, National Institute of Epidemiology, Chennai
10. Dr. Shanta Dutta, Director, National Institute of Cholera and Enteric Diseases, Kolkata
11. Dr. Shashi Kant, Professor and Head, Centre for Community Medicine, All India Institute for Medical Sciences, New Delhi
12. Dr. S. Baby Vasumathi, Director, Institute of Obstetrics & Gynaecology, Madras Medical College, Chennai
13. Dr. Sanjay Dixit, Department of Community Medicine, MGM Medical College, Indore
14. Dr. D. K. Shukla, Former I/C Director, ICMR-NIMS, New Delhi
15. Dr. Laxmisha Chandrashekar, Head of Department, Department of Dermatology and STD, JIPMER, Puducherry
16. Mr. Taoufik Bakkali, UNAIDS Regional Support Team for Asia and the Pacific, Bangkok
17. Dr. Laishram Ladu Singh, Officiating Director, International Institute for Population Sciences, Mumbai
18. Dr. Jagdish Chandra, Former Director, Kalawati Saran Children's Hospital, New Delhi
19. Dr. Timothy Holtz, Director, DGHT, CDC India
20. Dr. John Stover, Vice President, Avenir Health and member UNAIDS HIV Estimation Reference Group
21. Mr. Ashok R. Kavi, Chairman, The Humsafar Trust
22. Mx. Abhina Aher, Associate Director, India HIV/AIDS Alliance
23. Dr. Naresh Goel, Deputy Director General, NACO
24. Dr. R. S. Gupta, Former Deputy Director General, NACO
25. Dr. Anoop Kumar Puri, Deputy Director General, NACO

## Overall Coordination

1. Dr. Damodar Sahu, Scientist F & HIV Estimation Focal Person, ICMR-NIMS
2. Dr. Pradeep Kumar, Programme Officer, Surveillance & Epidemiology, NACO

# Annexure 4

## State/UT-wide Factsheets

# Andhra Pradesh

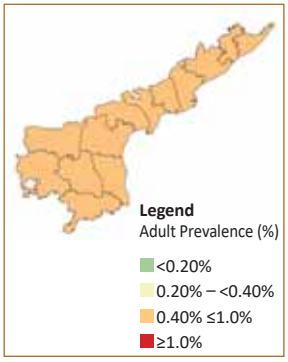
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

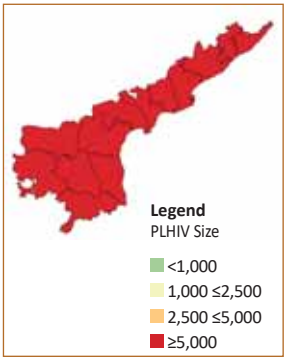
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Anantapur | 0.519 | 19206 | 167 | 688 | 85 | High |
| 2 | Chittoor | 0.484 | 18234 | 203 | 646 | 81 | High |
| 3 | East Godavari | 0.950 | 45743 | 335 | 1621 | 202 | High |
| 4 | Guntur | 0.932 | 42108 | 238 | 1501 | 186 | High |
| 5 | Krishna | 0.888 | 37753 | 347 | 1355 | 167 | High |
| 6 | Kurnool | 0.448 | 16488 | 215 | 591 | 73 | High |
| 7 | Prakasam | 0.826 | 25247 | 90 | 897 | 111 | High |
| 8 | Srikakulam | 0.501 | 12257 | 105 | 439 | 54 | High |
| 9 | Sri Potti Sriramulu Nellore | 0.571 | 15710 | 136 | 563 | 69 | High |
| 10 | Visakhapatnam | 0.615 | 25077 | 357 | 888 | 111 | High |
| 11 | Vizianagaram | 0.501 | 10713 | 134 | 384 | 47 | High |
| 12 | West Godavari | 0.906 | 33332 | 268 | 1194 | 147 | High |
| 13 | YSR (Kadapa) | 0.457 | 11857 | 76 | 425 | 53 | High |

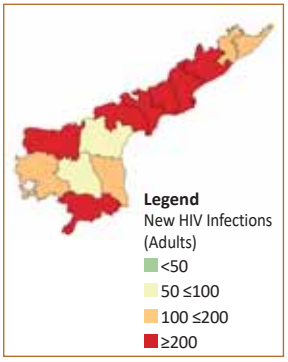
# Andhra Pradesh

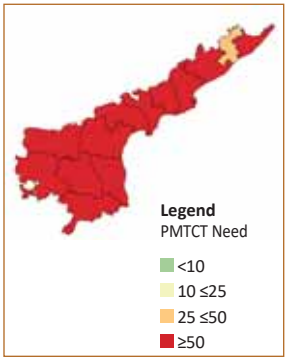
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.69%) | (State=3.14 lakh) | (State=2669) | (State=1386) |




| Category | Districts (#) |
|---|---|
| <0.20% | 0 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 13 |
| ≥1.0% | 0 |

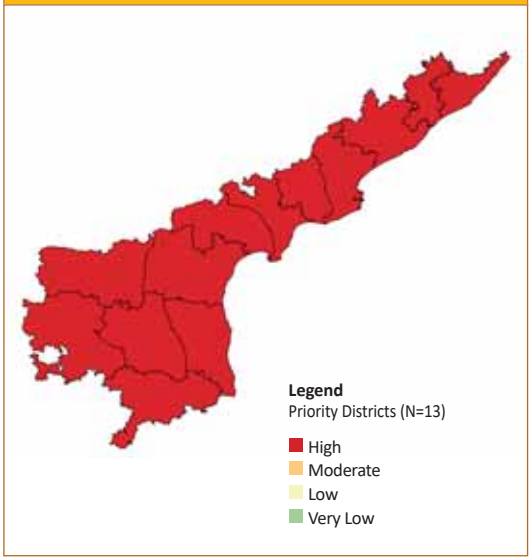
| Category | Districts (#) |
|---|---|
| <1,000 | 0 |
| 1,000 ≤2,500 | 0 |
| 2,500 ≤5,000 | 0 |
| ≥5,000 | 13 |

| Category | Districts (#) |
|---|---|
| <50 | 0 |
| 50 ≤100 | 2 |
| 100 ≤200 | 4 |
| ≥200 | 7 |

| Category | Districts (#) |
|---|---|
| <10 | 0 |
| 10 ≤25 | 0 |
| 25 ≤50 | 1 |
| ≥50 | 12 |

## Priority Districts

**Priority Districts (N=13)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 13 | 100% of PLHIV<br>100% of new infections<br>100% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 0 | – |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 0 | – |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Arunachal Pradesh

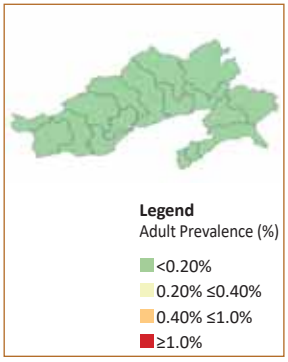
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

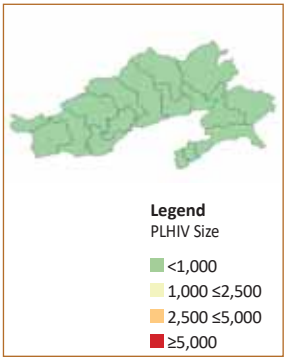
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Anjaw | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 2 | Changlang | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 3 | Dibang Valley | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 4 | East Kameng | 0.104 | <100 | <25 | <25 | <25 | Very Low |
| 5 | East Siang | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 6 | Kamle | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 7 | Kra Daadi | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 8 | Kurung Kumey | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 9 | Lepa Rada | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 10 | Lohit | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 11 | Longding | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 12 | Lower Dibang Valley | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 13 | Lower Siang | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 14 | Lower Subansiri | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 15 | Namsai | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 16 | Pakke-Kessang | 0.104 | <100 | <25 | <25 | <25 | Very Low |
| 17 | Papumpare | 0.107 | 163 | <25 | <25 | <25 | Very Low |
| 18 | Shi-Yomi | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 19 | Siang | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 20 | Tawang | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 21 | Tirap | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 22 | Upper Siang | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 23 | Upper Subansiri | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 24 | West Kameng | 0.104 | <100 | <25 | <25 | <25 | Very Low |
| 25 | West Siang | <0.10 | <100 | <25 | <25 | <25 | Very Low |

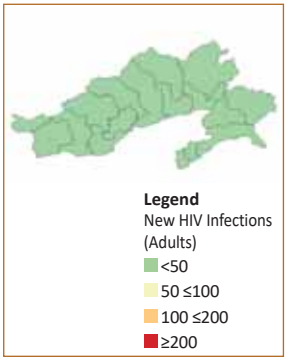
# Arunachal Pradesh

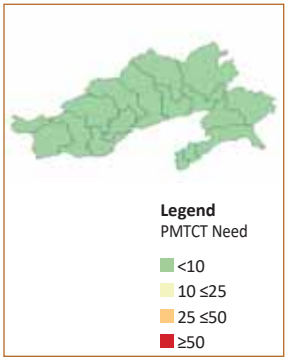
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.06%) | (State=663) | (State=71) | (State=8) |




| Category | Districts (#) |
|---|---|
| <0.20% | 25 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

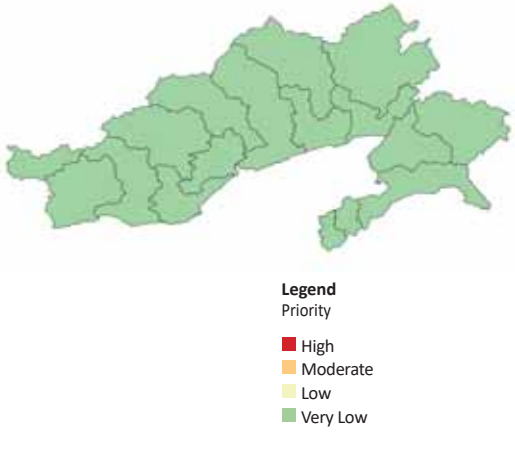
| Category | Districts (#) |
|---|---|
| <1,000 | 25 |
| 1,000 ≤2,500 | 0 |
| 2,500 ≤5,000 | 0 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 25 |
| 50 ≤100 | 0 |
| 100 ≤200 | 0 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 25 |
| 10 ≤25 | 0 |
| 25 ≤50 | 0 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=25)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 0 | – |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 0 | – |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 25 | 100% of PLHIV<br>100% of new infections<br>100% of PMTCT need |

# Assam

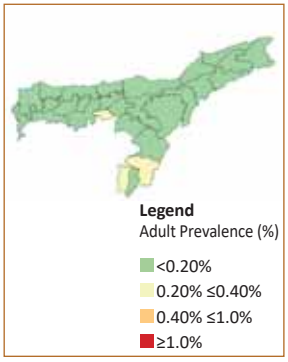
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

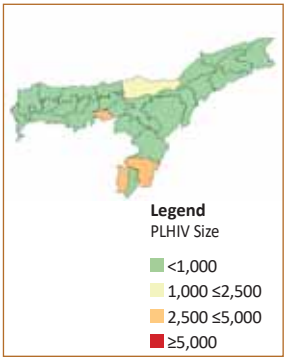
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Barpeta | <0.10 | 358 | <25 | <25 | <25 | Very Low |
| 2 | Bongaigaon | <0.10 | 252 | <25 | <25 | <25 | Very Low |
| 3 | Cachar | 0.260 | 3409 | 203 | 81 | 53 | Moderate |
| 4 | Chirang | <0.10 | 208 | <25 | <25 | <25 | Very Low |
| 5 | Darrang | <0.10 | 385 | <25 | <25 | <25 | Very Low |
| 6 | Dhemaji | <0.10 | 126 | <25 | <25 | <25 | Very Low |
| 7 | Dhubri | <0.10 | 707 | 36 | <25 | <25 | Very Low |
| 8 | Dibrugarh | <0.10 | 246 | <25 | <25 | <25 | Very Low |
| 9 | Dima Hasao | 0.177 | 292 | <25 | <25 | <25 | Very Low |
| 10 | Goalpara | <0.10 | 202 | <25 | <25 | <25 | Very Low |
| 11 | Golaghat | <0.10 | 387 | <25 | <25 | <25 | Very Low |
| 12 | Hailakandi | <0.10 | 374 | <25 | <25 | <25 | Very Low |
| 13 | Jorhat | <0.10 | 331 | <25 | <25 | <25 | Very Low |
| 14 | Kamrup Rural | <0.10 | 769 | 53 | <25 | <25 | Very Low |
| 15 | Kamrup Metropolitan | 0.261 | 2784 | 212 | 66 | 43 | Moderate |
| 16 | Karimganj | 0.332 | 2901 | 215 | 69 | 44 | Moderate |
| 17 | Kokrajhar | <0.10 | 232 | <25 | <25 | <25 | Very Low |
| 18 | Lakhimpur | <0.10 | 231 | <25 | <25 | <25 | Very Low |
| 19 | Morigaon | <0.10 | 367 | <25 | <25 | <25 | Very Low |
| 20 | Baksha | <0.10 | 599 | 34 | <25 | <25 | Very Low |
| 21 | Nagaon | <0.10 | 766 | 28 | <25 | <25 | Very Low |
| 22 | Nalbari | <0.10 | 273 | <25 | <25 | <25 | Very Low |
| 23 | Sivasagar | <0.10 | 200 | <25 | <25 | <25 | Very Low |
| 24 | Sonitpur | 0.122 | 1211 | 68 | 29 | <25 | Low |
| 25 | Tinsukia | <0.10 | 742 | 32 | <25 | <25 | Very Low |
| 26 | Udalguri | <0.10 | 261 | <25 | <25 | <25 | Very Low |
| 27 | West Karbi Anglong | 0.103 | 235 | <25 | <25 | <25 | Very Low |
| 28 | Biswanath | 0.127 | 590 | 34 | <25 | <25 | Very Low |
| 29 | Charaideo | <0.10 | 132 | <25 | <25 | <25 | Very Low |
| 30 | East Karbi Anglong | 0.105 | 523 | 30 | <25 | <25 | Very Low |
| 31 | Hojai | 0.116 | 783 | 43 | <25 | <25 | Very Low |
| 32 | Majuli | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 33 | South Salmara-Mankachar | <0.10 | 285 | <25 | <25 | <25 | Very Low |

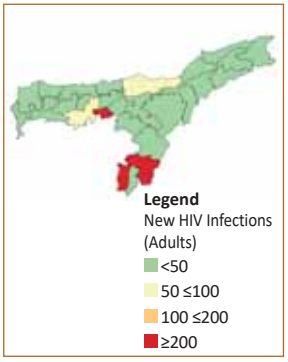
# Assam

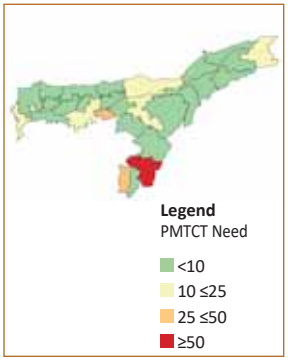
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.09%) | (State=21223) | (State=1264) | (State=327) |




| Category | Districts (#) |
|---|---|
| <0.20% | 30 |
| 0.20% ≤0.40% | 3 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

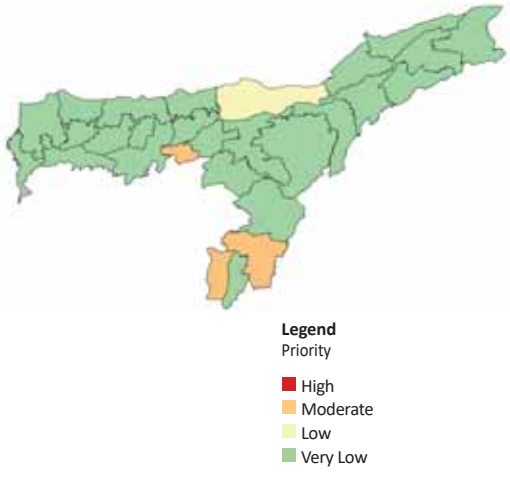
| Category | Districts (#) |
|---|---|
| <1,000 | 29 |
| 1,000 ≤2,500 | 1 |
| 2,500 ≤5,000 | 3 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 28 |
| 50 ≤100 | 2 |
| 100 ≤200 | 0 |
| ≥200 | 3 |

| Category | Districts (#) |
|---|---|
| <10 | 24 |
| 10 ≤25 | 6 |
| 25 ≤50 | 2 |
| ≥50 | 1 |

## Priority Districts

**Priority Districts (N=33)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 3 | 43% of PLHIV<br>50% of new infections<br>43% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 1 | 6% of PLHIV<br>5% of new infections<br>6% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 29 | 51% of PLHIV<br>45% of new infections<br>51% of PMTCT need |

# Bihar

## District-wide Key Epidemiological Estimates, HIV Estimations 2019

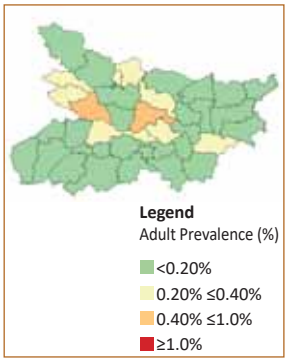
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Araria | <0.10 | 626 | 34 | <25 | <25 | Very Low |
| 2 | Arwal | <0.10 | 103 | <25 | <25 | <25 | Very Low |
| 3 | Aurangabad | 0.157 | 2886 | 246 | 38 | 55 | Moderate |
| 4 | Banka | <0.10 | 1162 | <25 | <25 | <25 | Low |
| 5 | Begusarai | 0.306 | 6590 | 298 | 88 | 124 | High |
| 6 | Bhagalpur | 0.273 | 6058 | 300 | 81 | 114 | High |
| 7 | Bhojpur | 0.145 | 2921 | 166 | 39 | 55 | Moderate |
| 8 | Buxar | 0.178 | 2182 | 134 | 29 | 41 | Low |
| 9 | Darbhanga | 0.298 | 8390 | 286 | 112 | 157 | High |
| 10 | East Champaran | 0.133 | 4721 | 184 | 63 | 89 | Moderate |
| 11 | Gaya | 0.120 | 3862 | <25 | 52 | 73 | Moderate |
| 12 | Gopalganj | 0.232 | 4174 | 322 | 56 | 78 | Moderate |
| 13 | Jamui | <0.10 | 272 | <25 | <25 | <25 | Very Low |
| 14 | Jehanabad | <0.10 | 595 | <25 | <25 | <25 | Very Low |
| 15 | Kaimur (Bhabua) | <0.10 | 748 | 30 | <25 | <25 | Very Low |
| 16 | Katihar | <0.10 | 594 | <25 | <25 | <25 | Very Low |
| 17 | Khagaria | 0.148 | 1732 | 126 | <25 | 33 | Low |
| 18 | Kishanganj | 0.107 | 1264 | <25 | <25 | <25 | Low |
| 19 | Lakhisarai | 0.165 | 1175 | <25 | <25 | <25 | Low |
| 20 | Madhepura | <0.10 | 666 | <25 | <25 | <25 | Very Low |
| 21 | Madhubani | 0.134 | 4318 | 56 | 57 | 81 | Moderate |
| 22 | Munger | <0.10 | 489 | <25 | <25 | <25 | Very Low |
| 23 | Muzaffarpur | 0.120 | 4169 | 305 | 56 | 78 | Moderate |
| 24 | Nalanda | 0.132 | 2740 | 155 | 36 | 51 | Moderate |
| 25 | Nawada | <0.10 | 1158 | <25 | <25 | <25 | Low |
| 26 | Patna | 0.242 | 10828 | 491 | 145 | 204 | High |
| 27 | Purnia | <0.10 | 1971 | 107 | 26 | 37 | Low |
| 28 | Rohtas | 0.104 | 2256 | 72 | 30 | 42 | Low |
| 29 | Saharsa | <0.10 | 1115 | 86 | <25 | <25 | Low |
| 30 | Samastipur | 0.474 | 14329 | 747 | 191 | 269 | High |
| 31 | Saran | 0.713 | 19966 | 2289 | 266 | 375 | High |
| 32 | Sheikhpura | <0.10 | 388 | <25 | <25 | <25 | Very Low |
| 33 | Sheohar | 0.201 | 906 | 76 | <25 | <25 | Low |
| 34 | Sitamarhi | 0.234 | 5624 | 34 | 75 | 106 | High |
| 35 | Siwan | 0.340 | 8087 | 587 | 108 | 152 | High |

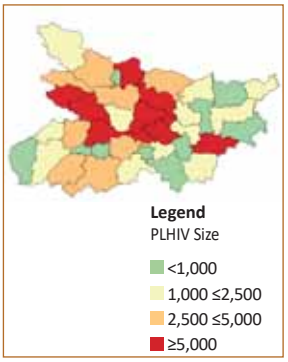
# Bihar

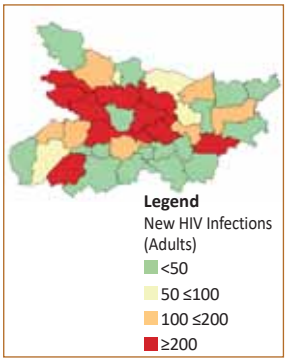
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 36 | Supaul | <0.10 | 1551 | 118 | <25 | 29 | Low |
| 37 | Vaishali | <0.10 | 2153 | <25 | 28 | 41 | Low |
| 38 | West Champaran | <0.10 | 1713 | <25 | <25 | 32 | Low |

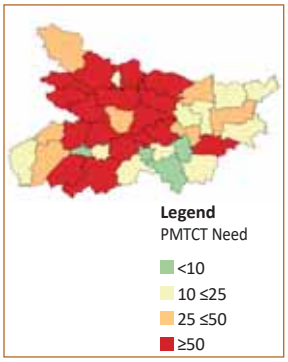
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.18%) | (State=1.34 lakh) | (State=7338) | (State=2525) |




| Category | Districts (#) |
|---|---|
| <0.20% | 28 |
| 0.20% ≤0.40% | 8 |
| 0.40% ≤1.0% | 2 |
| ≥1.0% | 0 |

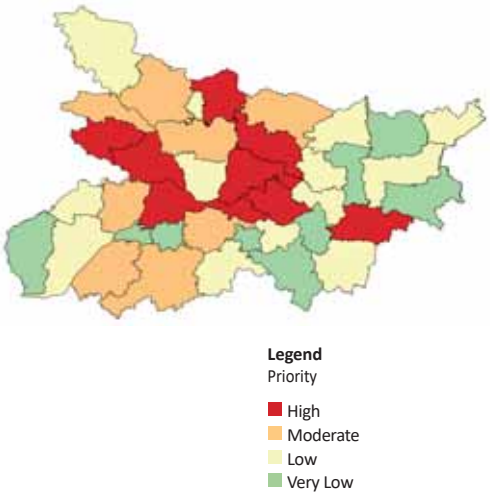
| Category | Districts (#) |
|---|---|
| <1,000 | 10 |
| 1,000 ≤2,500 | 12 |
| 2,500 ≤5,000 | 8 |
| ≥5,000 | 8 |

| Category | Districts (#) |
|---|---|
| <50 | 17 |
| 50 ≤100 | 4 |
| 100 ≤200 | 7 |
| ≥200 | 10 |

| Category | Districts (#) |
|---|---|
| <10 | 4 |
| 10 ≤25 | 11 |
| 25 ≤50 | 7 |
| ≥50 | 16 |

## Priority Districts

**Priority Districts (N=38)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 8 | 60% of PLHIV<br>69% of new infections<br>59% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 8 | 22% of PLHIV<br>20% of new infections<br>22% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 13 | 15% of PLHIV<br>10% of new infections<br>15% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 9 | 3% of PLHIV<br><2% of new infections<br>3% of PMTCT need |

# Chhattisgarh

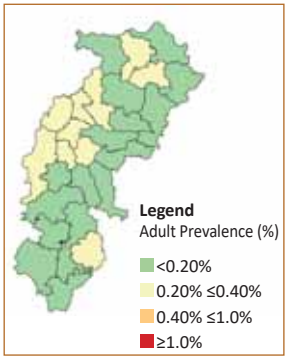
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

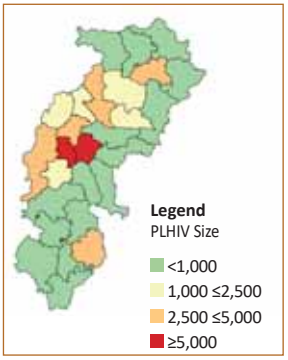
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Balod | 0.184 | 1454 | 187 | 46 | <25 | Low |
| 2 | Baloda Bazar | 0.107 | 987 | <25 | 31 | <25 | Very Low |
| 3 | Balrampur | <0.10 | 329 | <25 | <25 | <25 | Very Low |
| 4 | Bastar | 0.387 | 2679 | 191 | 84 | 36 | Moderate |
| 5 | Bemetara | 0.349 | 2655 | 320 | 83 | 36 | Moderate |
| 6 | Bijapur | <0.10 | 160 | <25 | <25 | <25 | Very Low |
| 7 | Bilaspur | 0.309 | 4411 | 427 | 139 | 60 | Moderate |
| 8 | Dantewada | 0.114 | 252 | <25 | <25 | <25 | Very Low |
| 9 | Dhamtari | <0.10 | 521 | 64 | <25 | <25 | Very Low |
| 10 | Durg | 0.354 | 5246 | 286 | 164 | 72 | High |
| 11 | Gariaband | <0.10 | 354 | <25 | <25 | <25 | Very Low |
| 12 | Gaurella-Penra_marwahi | 0.186 | 507 | <25 | <25 | <25 | Very Low |
| 13 | Janjgir-Champa | 0.125 | 1546 | <25 | 49 | <25 | Low |
| 14 | Jashpur | <0.10 | 328 | 37 | <25 | <25 | Very Low |
| 15 | Kabirdhaam(Kawardha) | 0.271 | 1729 | 91 | 54 | <25 | Low |
| 16 | Kanker | <0.10 | 480 | <25 | <25 | <25 | Very Low |
| 17 | Kondagaon | 0.190 | 917 | 55 | 29 | <25 | Very Low |
| 18 | Korba | 0.137 | 1322 | <25 | 41 | <25 | Low |
| 19 | Koriya | 0.132 | 690 | <25 | <25 | <25 | Very Low |
| 20 | Mahasamund | 0.108 | 833 | <25 | 26 | <25 | Very Low |
| 21 | Mungeli | 0.209 | 1195 | 49 | 37 | <25 | Low |
| 22 | Narayanpur | 0.149 | 152 | <25 | <25 | <25 | Very Low |
| 23 | Raigarh | <0.10 | 794 | <25 | <25 | <25 | Very Low |
| 24 | Raipur | 0.309 | 5522 | 319 | 173 | 75 | High |
| 25 | Rajnandgaon | 0.225 | 2869 | 151 | 89 | 39 | Moderate |
| 26 | Sukma | 0.108 | 229 | <25 | <25 | <25 | Very Low |
| 27 | Surajpur | 0.295 | 631 | 72 | <25 | <25 | Low |
| 28 | Surguja | 0.346 | 3731 | 240 | 116 | 51 | Moderate |

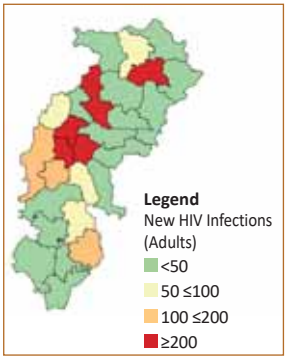
# Chhattisgarh

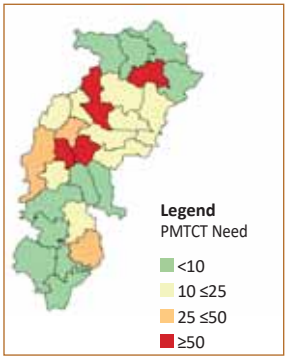
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.20%) | (State=42524) | (State=2614) | (State=580) |




| Category | Districts (#) |
|---|---|
| <0.20% | 18 |
| 0.20% ≤0.40% | 10 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

| Category | Districts (#) |
|---|---|
| <1,000 | 16 |
| 1,000 ≤2,500 | 5 |
| 2,500 ≤5,000 | 5 |
| ≥5,000 | 2 |

| Category | Districts (#) |
|---|---|
| <50 | 16 |
| 50 ≤100 | 4 |
| 100 ≤200 | 3 |
| ≥200 | 5 |

| Category | Districts (#) |
|---|---|
| <10 | 12 |
| 10 ≤25 | 9 |
| 25 ≤50 | 3 |
| ≥50 | 4 |

## Priority Districts

**Priority Districts (N=28)**

| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 2 | 25% of PLHIV<br>23% of new infections<br>25% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 5 | 38% of PLHIV<br>51% of new infections<br>39% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 6 | 19% of PLHIV<br>16% of new infections<br>18% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 15 | 18% of PLHIV<br>10% of new infections<br>18% of PMTCT need |

# Delhi

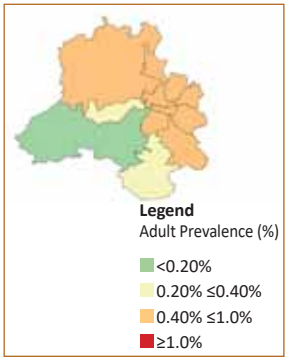
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

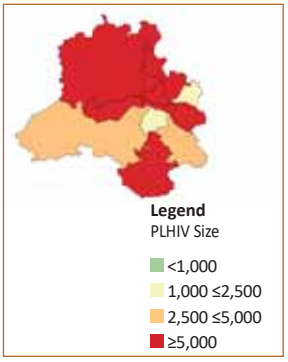
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Central Delhi | 0.923 | 5005 | 417 | 69 | 43 | High |
| 2 | East Delhi | 0.436 | 7456 | 245 | 111 | 64 | High |
| 3 | New Delhi | 0.769 | 1170 | 59 | <25 | <25 | Moderate |
| 4 | North Delhi | 0.582 | 5176 | 293 | 78 | 44 | High |
| 5 | North East Delhi | 0.416 | 7840 | 524 | 117 | 66 | High |
| 6 | North West Delhi | 0.430 | 15178 | 482 | 222 | 128 | High |
| 7 | South Delhi | 0.370 | 7721 | 276 | 114 | 66 | High |
| 8 | South West Delhi | 0.184 | 4356 | 132 | 66 | 37 | Moderate |
| 9 | West Delhi | 0.319 | 8007 | 201 | 120 | 68 | High |
| 10 | Shahdara | 0.463 | 1471 | 73 | <25 | <25 | Moderate |
| 11 | South East Delhi | 0.706 | 4565 | 207 | 69 | 39 | Moderate |

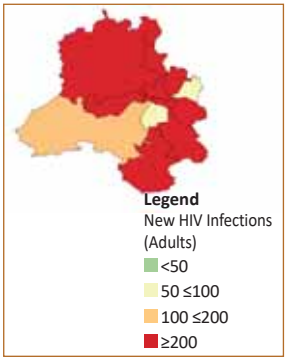
# Delhi

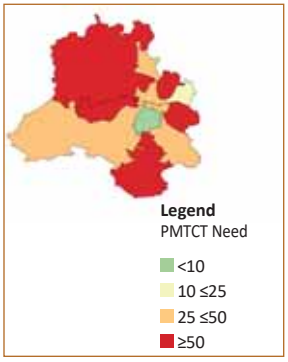
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.41%) | (State=67943) | (State=2909) | (State=574) |




| Category | Districts (#) |
|---|---|
| <0.20% | 1 |
| 0.20% ≤0.40% | 2 |
| 0.40% ≤1.0% | 8 |
| ≥1.0% | 0 |

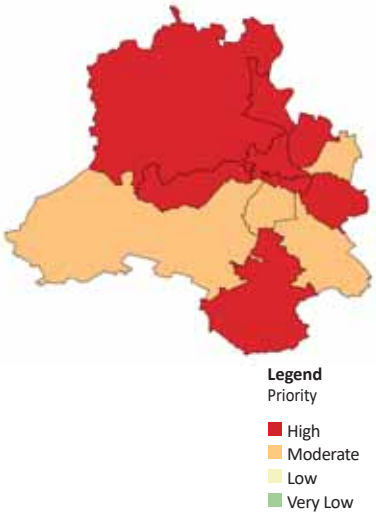
| Category | Districts (#) |
|---|---|
| <1,000 | 0 |
| 1,000 ≤2,500 | 2 |
| 2,500 ≤5,000 | 2 |
| ≥5,000 | 7 |

| Category | Districts (#) |
|---|---|
| <50 | 0 |
| 50 ≤100 | 2 |
| 100 ≤200 | 1 |
| ≥200 | 8 |

| Category | Districts (#) |
|---|---|
| <10 | 1 |
| 10 ≤25 | 1 |
| 25 ≤50 | 4 |
| ≥50 | 5 |

## Priority Districts

**Priority Districts (N=11)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 7 | 83% of PLHIV<br>84% of new infections<br>83% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 4 | 17% of PLHIV<br>16% of new infections<br>17% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 0 | – |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Goa

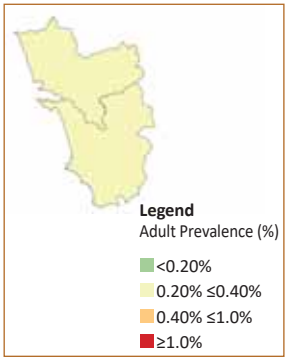
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

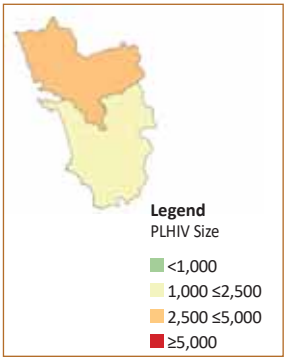
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | North Goa | 0.289 | 2712 | 26 | 101 | <25 | Moderate |
| 2 | South Goa | 0.245 | 1820 | 26 | 68 | <25 | Low |

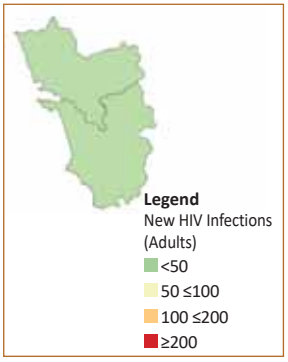
# Goa

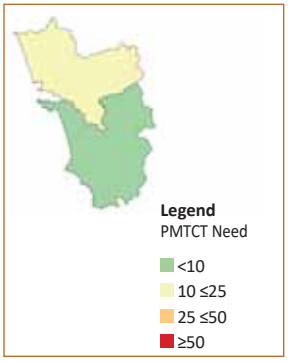
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.27%) | (State=4532) | (State=52) | (State=21) |




| Category | Districts (#) |
|---|---|
| <0.20% | 0 |
| 0.20% ≤0.40% | 2 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

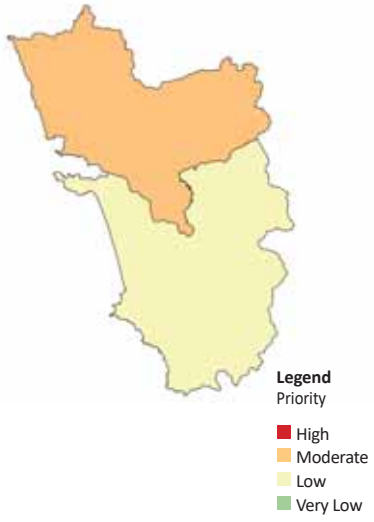
| Category | Districts (#) |
|---|---|
| <1,000 | 0 |
| 1,000 ≤2,500 | 1 |
| 2,500 ≤5,000 | 1 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 2 |
| 50 ≤100 | 0 |
| 100 ≤200 | 0 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 1 |
| 10 ≤25 | 1 |
| 25 ≤50 | 0 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=2)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 1 | 60% of PLHIV<br>50% of new infections<br>62% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 1 | 40% of PLHIV<br>50% of new infections<br>38% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Gujarat

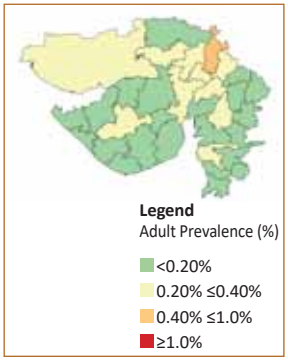
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

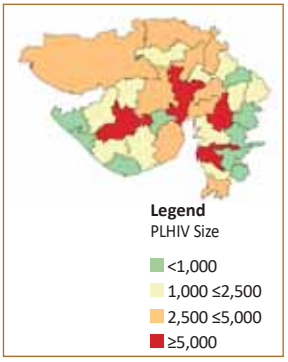
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Ahmedabad | 0.232 | 14435 | 480 | 197 | 137 | High |
| 2 | Amreli | 0.179 | 2245 | 45 | 31 | <25 | Low |
| 3 | Anand | 0.187 | 3339 | 206 | 46 | 32 | Moderate |
| 4 | Banaskantha | 0.148 | 3712 | 71 | 51 | 35 | Moderate |
| 5 | Bharuch | 0.167 | 2246 | 57 | 31 | <25 | Low |
| 6 | Bhavnagar | 0.200 | 3977 | 122 | 54 | 38 | Moderate |
| 7 | Dohad | 0.118 | 1870 | 48 | 25 | <25 | Low |
| 8 | Gandhinagar | 0.202 | 2464 | 81 | 34 | <25 | Low |
| 9 | Jamnagar | 0.165 | 1989 | 119 | 27 | <25 | Low |
| 10 | Junagadh | 0.177 | 2306 | 73 | 31 | <25 | Low |
| 11 | Kachchh | 0.207 | 3644 | 103 | 50 | 35 | Moderate |
| 12 | Kheda | 0.230 | 3958 | 92 | 54 | 38 | Moderate |
| 13 | Mahesana | 0.273 | 4752 | 189 | 65 | 45 | Moderate |
| 14 | Narmada | 0.124 | 601 | 27 | <25 | <25 | Very Low |
| 15 | Navsari | 0.200 | 2320 | 48 | 32 | <25 | Low |
| 16 | PanchMahal | 0.165 | 2181 | 86 | 30 | <25 | Low |
| 17 | Patan | 0.225 | 2488 | 158 | 34 | <25 | Low |
| 18 | Porbandar | 0.166 | 828 | 28 | <25 | <25 | Very Low |
| 19 | Rajkot | 0.228 | 6021 | 172 | 82 | 57 | High |
| 20 | Sabarkantha | 0.404 | 4539 | 141 | 62 | 43 | Moderate |
| 21 | Surat | 0.264 | 15273 | 365 | 209 | 145 | High |
| 23 | Surendranagar | 0.197 | 2590 | 36 | 35 | <25 | Moderate |
| 24 | Tapi | 0.101 | 703 | <25 | <25 | <25 | Very Low |
| 25 | The Dangs | 0.102 | 176 | <25 | <25 | <25 | Very Low |
| 26 | Vadodara | 0.212 | 5601 | 194 | 76 | 53 | High |
| 27 | Valsad | 0.172 | 2562 | 83 | 35 | <25 | Moderate |
| 28 | Aravalli | 0.224 | 1920 | 78 | 26 | <25 | Low |
| 29 | Botad | 0.121 | 698 | <25 | <25 | <25 | Very Low |
| 30 | Chota Udepur | <0.10 | 529 | <25 | <25 | <25 | Very Low |
| 31 | Devbhoomi Dwarka | 0.114 | 740 | <25 | <25 | <25 | Very Low |
| 32 | Gir Somnath | <0.10 | 837 | <25 | <25 | <25 | Very Low |
| 33 | Mahisagar | <0.10 | 651 | <25 | <25 | <25 | Very Low |
| 34 | Morbi | 0.156 | 1309 | 26 | <25 | <25 | Low |

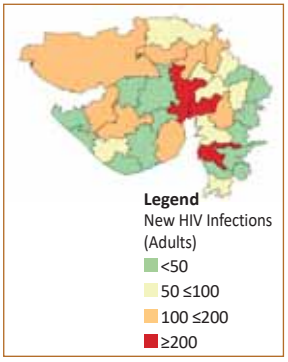
# Gujarat

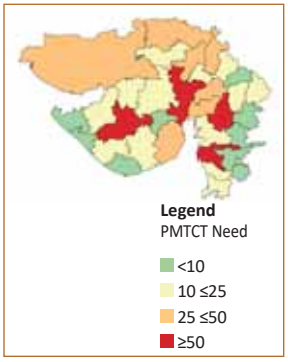
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.20%) | (State=1.04 lakh) | (State=3227) | (State=985) |




| Category | Districts (#) |
|---|---|
| <0.20% | 22 |
| 0.20% ≤0.40% | 10 |
| 0.40% ≤1.0% | 1 |
| ≥1.0% | 0 |

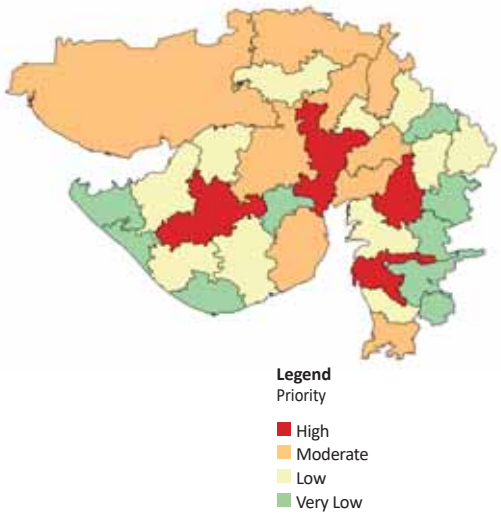
| Category | Districts (#) |
|---|---|
| <1,000 | 9 |
| 1,000 ≤2,500 | 11 |
| 2,500 ≤5,000 | 9 |
| ≥5,000 | 4 |

| Category | Districts (#) |
|---|---|
| <50 | 14 |
| 50 ≤100 | 8 |
| 100 ≤200 | 8 |
| ≥200 | 3 |

| Category | Districts (#) |
|---|---|
| <10 | 9 |
| 10 ≤25 | 13 |
| 25 ≤50 | 7 |
| ≥50 | 4 |

## Priority Districts

**Priority Districts (N=33)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 4 | 40% of PLHIV<br>38% of new infections<br>40% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 9 | 32% of PLHIV<br>32% of new infections<br>32% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 11 | 22% of PLHIV<br>25% of new infections<br>22% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 9 | 6% of PLHIV<br>5% of new infections<br>6% of PMTCT need |

# Haryana

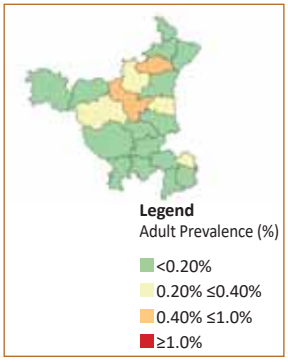
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

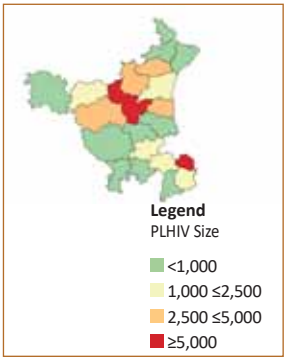
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Ambala | <0.10 | 682 | 41 | <25 | <25 | Very Low |
| 2 | Bhiwani | <0.10 | 750 | 52 | 32 | <25 | Very Low |
| 3 | Charkhi Dadri | <0.10 | 171 | <25 | <25 | <25 | Very Low |
| 4 | Faridabad | 0.345 | 5494 | 55 | 227 | 53 | High |
| 5 | Fatehabad | 0.185 | 1479 | 93 | 65 | <25 | Low |
| 6 | Gurugram | <0.10 | 1113 | 70 | 43 | <25 | Low |
| 7 | Hisar | 0.287 | 4327 | 213 | 184 | 40 | Moderate |
| 8 | Jhajjar | 0.162 | 1286 | 50 | 54 | <25 | Low |
| 9 | Jind | 0.917 | 10309 | 583 | 432 | 97 | High |
| 10 | Kaithal | 0.388 | 3501 | <25 | 140 | 34 | Moderate |
| 11 | Karnal | 0.148 | 1904 | <25 | 76 | <25 | Low |
| 12 | Kurukshetra | 0.465 | 3870 | 499 | 162 | 36 | Moderate |
| 13 | Mahendragarh | <0.10 | 274 | <25 | <25 | <25 | Very Low |
| 14 | Nuh (Mewat) | 0.107 | 783 | 29 | 32 | <25 | Very Low |
| 15 | Palwal | 0.165 | 1330 | <25 | 54 | <25 | Low |
| 16 | Panchkula | 0.138 | 653 | 29 | <25 | <25 | Very Low |
| 17 | Panipat | 0.359 | 3672 | 470 | 151 | 34 | Moderate |
| 18 | Rewari | 0.127 | 950 | 90 | 43 | <25 | Very Low |
| 19 | Rohtak | <0.10 | 444 | 26 | <25 | <25 | Very Low |
| 20 | Sirsa | <0.10 | 366 | 50 | <25 | <25 | Very Low |
| 21 | Sonipat | <0.10 | 804 | 85 | 32 | <25 | Very Low |
| 22 | Yamunanagar | <0.10 | 601 | 32 | <25 | <25 | Very Low |

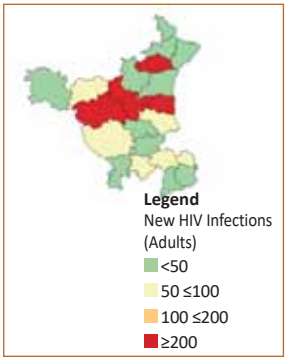
# Haryana

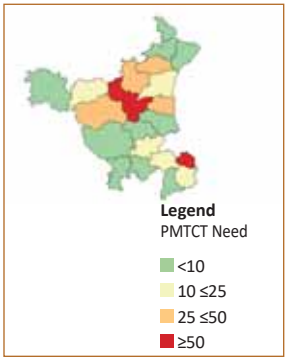
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.21%) | (State=44762) | (State=2543) | (State=423) |




| Category | Districts (#) |
|---|---|
| <0.20% | 16 |
| 0.20% ≤0.40% | 4 |
| 0.40% ≤1.0% | 2 |
| ≥1.0% | 0 |

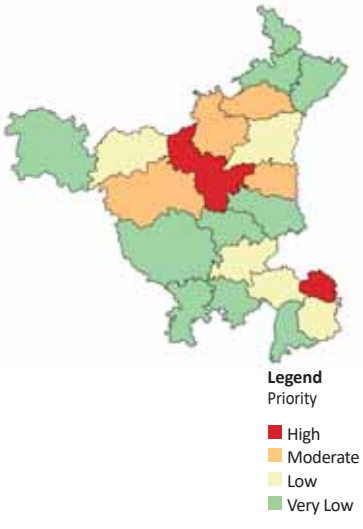
| Category | Districts (#) |
|---|---|
| <1,000 | 11 |
| 1,000 ≤2,500 | 5 |
| 2,500 ≤5,000 | 4 |
| ≥5,000 | 2 |

| Category | Districts (#) |
|---|---|
| <50 | 12 |
| 50 ≤100 | 6 |
| 100 ≤200 | 0 |
| ≥200 | 4 |

| Category | Districts (#) |
|---|---|
| <10 | 11 |
| 10 ≤25 | 5 |
| 25 ≤50 | 4 |
| ≥50 | 2 |

## Priority Districts

**Priority Districts (N=22)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 2 | 35% of PLHIV<br>25% of new infections<br>35% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 4 | 34% of PLHIV<br>47% of new infections<br>34% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 5 | 16% of PLHIV<br>10% of new infections<br>16% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 11 | 15% of PLHIV<br>18% of new infections<br>14% of PMTCT need |

# Himachal Pradesh

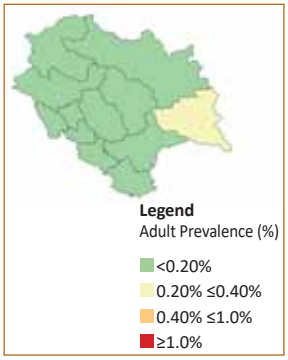
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

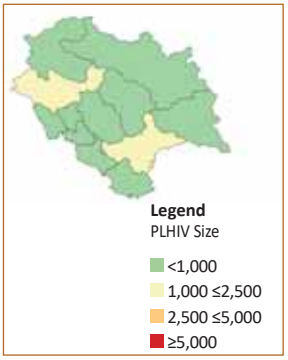
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Bilaspur | <0.10 | 146 | <25 | <25 | <25 | Very Low |
| 2 | Chamba | <0.10 | 172 | <25 | <25 | <25 | Very Low |
| 3 | Hamirpur | 0.185 | 678 | <25 | <25 | <25 | Very Low |
| 4 | Kangra | 0.150 | 1898 | 41 | <25 | <25 | Low |
| 5 | Kinnaur | 0.265 | 209 | <25 | <25 | <25 | Low |
| 6 | Kullu | 0.141 | 538 | <25 | <25 | <25 | Very Low |
| 7 | Lahaul and Spiti | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 8 | Mandi | <0.10 | 507 | <25 | <25 | <25 | Very Low |
| 9 | Shimla | 0.167 | 1225 | 29 | <25 | <25 | Low |
| 10 | Sirmaur | <0.10 | 303 | <25 | <25 | <25 | Very Low |
| 11 | Solan | <0.10 | 512 | <25 | <25 | <25 | Very Low |
| 12 | Una | 0.189 | 830 | <25 | <25 | <25 | Very Low |

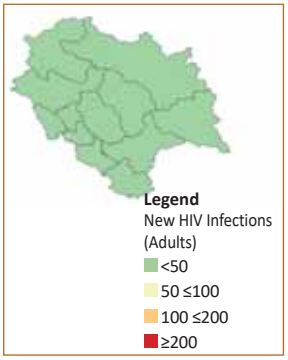
# Himachal Pradesh

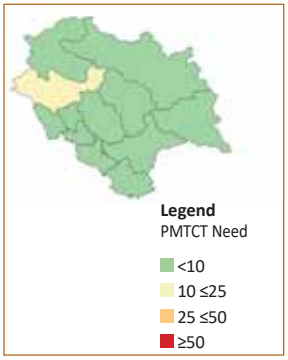
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.12%) | (State=7045) | (State=158) | (State=50) |




| Category | Districts (#) |
|---|---|
| <0.20% | 11 |
| 0.20% ≤0.40% | 1 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

| Category | Districts (#) |
|---|---|
| <1,000 | 10 |
| 1,000 ≤2,500 | 2 |
| 2,500 ≤5,000 | 0 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 12 |
| 50 ≤100 | 0 |
| 100 ≤200 | 0 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 11 |
| 10 ≤25 | 1 |
| 25 ≤50 | 0 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=12)**

| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 0 | – |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 3 | 47% of PLHIV<br>52% of new infections<br>48% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 9 | 53% of PLHIV<br>48% of new infections<br>52% of PMTCT need |

# Jharkhand

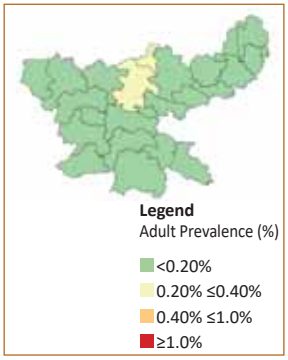
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

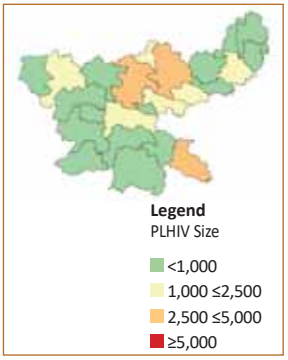
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Bokaro | <0.10 | 1017 | <25 | <25 | <25 | Low |
| 2 | Chatra | <0.10 | 577 | 30 | <25 | <25 | Very Low |
| 3 | Deoghar | <0.10 | 487 | <25 | <25 | <25 | Very Low |
| 4 | Dhanbad | <0.10 | 1338 | <25 | <25 | <25 | Low |
| 5 | Dumka | 0.150 | 1479 | 218 | <25 | <25 | Low |
| 6 | Garhwa | <0.10 | 864 | 33 | <25 | <25 | Very Low |
| 7 | Giridih | 0.163 | 3081 | 180 | 49 | 47 | Moderate |
| 8 | Godda | <0.10 | 635 | <25 | <25 | <25 | Very Low |
| 9 | Gumla | <0.10 | 313 | <25 | <25 | <25 | Very Low |
| 10 | Hazaribagh | 0.225 | 3040 | 252 | 48 | 46 | Moderate |
| 11 | Jamtara | <0.10 | 191 | <25 | <25 | <25 | Very Low |
| 12 | Kodarma | 0.300 | 1641 | 148 | 26 | 25 | Low |
| 13 | Lohardaga | <0.10 | 169 | <25 | <25 | <25 | Very Low |
| 14 | Pakur | 0.124 | 857 | 60 | <25 | <25 | Very Low |
| 15 | Palamu | <0.10 | 1046 | 25 | <25 | <25 | Low |
| 16 | Pashchimi Singhbhum | <0.10 | 647 | <25 | <25 | <25 | Very Low |
| 17 | Purbi Singhbhum | 0.150 | 2552 | 144 | 41 | 39 | Moderate |
| 18 | Ramgarh | <0.10 | 328 | <25 | <25 | <25 | Very Low |
| 19 | Ranchi | <0.10 | 1022 | <25 | <25 | <25 | Low |
| 20 | Sahibganj | <0.10 | 419 | <25 | <25 | <25 | Very Low |
| 21 | Saraikela Kharsawan | <0.10 | 335 | 51 | <25 | <25 | Very Low |
| 22 | Simdega | <0.10 | 207 | <25 | <25 | <25 | Very Low |
| 23 | Khunti | <0.10 | 257 | <25 | <25 | <25 | Very Low |
| 24 | Latehar | <0.10 | 245 | <25 | <25 | <25 | Very Low |

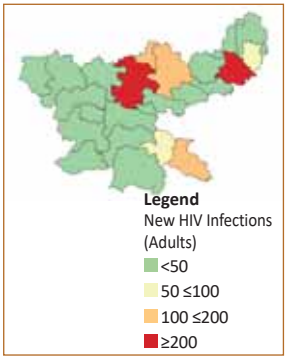
# Jharkhand

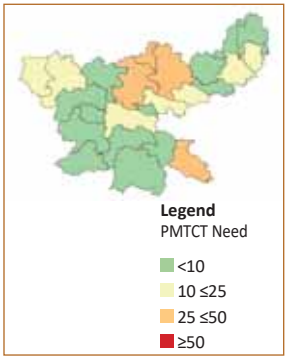
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.09%) | (State=22746) | (State=1189) | (State=346) |




| Category | Districts (#) |
|---|---|
| <0.20% | 22 |
| 0.20% ≤0.40% | 2 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

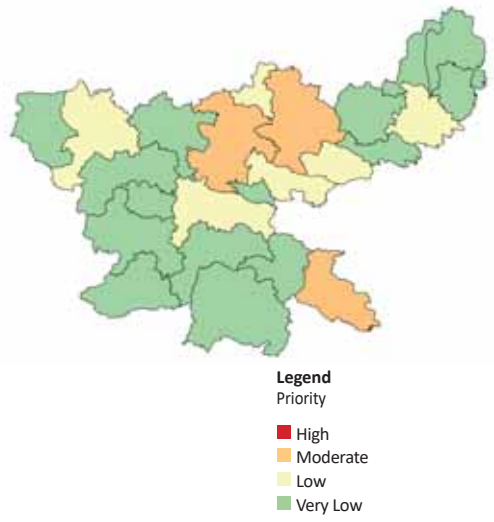
| Category | Districts (#) |
|---|---|
| <1,000 | 15 |
| 1,000 ≤2,500 | 6 |
| 2,500 ≤5,000 | 3 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 17 |
| 50 ≤100 | 2 |
| 100 ≤200 | 3 |
| ≥200 | 2 |

| Category | Districts (#) |
|---|---|
| <10 | 13 |
| 10 ≤25 | 7 |
| 25 ≤50 | 4 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=24)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 3 | 38% of PLHIV<br>48% of new infections<br>38% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 6 | 33% of PLHIV<br>36% of new infections<br>33% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 15 | 29% of PLHIV<br>16% of new infections<br>29% of PMTCT need |

# Karnataka

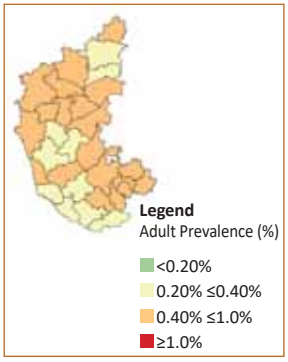
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

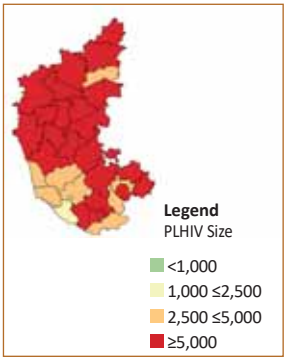
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Bagalkot | 0.896 | 16032 | 64 | 361 | 83 | High |
| 2 | Bengaluru Rural | 0.433 | 4050 | <25 | 103 | <25 | Moderate |
| 3 | Bengaluru | 0.468 | 44650 | 358 | 980 | 230 | High |
| 4 | Belgaum | 0.614 | 27160 | 33 | 619 | 141 | High |
| 5 | Bellary | 0.483 | 11470 | 84 | 258 | 60 | High |
| 6 | Bidar | 0.443 | 7254 | <25 | 155 | 38 | High |
| 7 | Bijapur | 0.596 | 12230 | 67 | 258 | 63 | High |
| 8 | Chamarajanagar | 0.379 | 3518 | 27 | 103 | <25 | Moderate |
| 9 | Chikkaballapura | 0.678 | 7873 | 96 | 155 | 40 | High |
| 10 | Chikmagalur | 0.464 | 4714 | <25 | 103 | 25 | Moderate |
| 11 | Chitradurga | 0.418 | 6348 | 76 | 155 | 34 | High |
| 12 | Dakshina Kannada | 0.224 | 4292 | 33 | 103 | <25 | Moderate |
| 13 | Davanagere | 0.337 | 6172 | 41 | 155 | 31 | High |
| 14 | Dharwad | 0.540 | 9248 | 40 | 206 | 47 | High |
| 15 | Gadag | 0.564 | 5578 | 36 | 103 | 29 | High |
| 16 | Gulbarga | 0.286 | 7178 | 51 | 155 | 38 | High |
| 17 | Hassan | 0.286 | 4503 | 29 | 103 | <25 | Moderate |
| 18 | Haveri | 0.389 | 5813 | 28 | 155 | 29 | High |
| 19 | Kodagu | 0.395 | 1932 | <25 | 52 | <25 | Low |
| 20 | Kolar | 0.490 | 7098 | 35 | 155 | 36 | High |
| 21 | Koppal | 0.596 | 8156 | <25 | 206 | 42 | High |
| 22 | Mandya | 0.432 | 6964 | <25 | 155 | 36 | High |
| 23 | Mysore | 0.381 | 10627 | 68 | 258 | 56 | High |
| 24 | Raichur | 0.628 | 12037 | <25 | 258 | 63 | High |
| 25 | Ramanagara | 0.468 | 4565 | <25 | 103 | 25 | Moderate |
| 26 | Shimoga | 0.350 | 5502 | 49 | 103 | 29 | High |
| 27 | Tumkur | 0.454 | 10755 | 28 | 258 | 56 | High |
| 28 | Udupi | 0.413 | 4195 | <25 | 103 | <25 | Moderate |
| 29 | Uttara Kannada | 0.439 | 5599 | 28 | 155 | 29 | High |
| 30 | Yadgir | 0.344 | 3957 | 28 | 103 | <25 | Moderate |

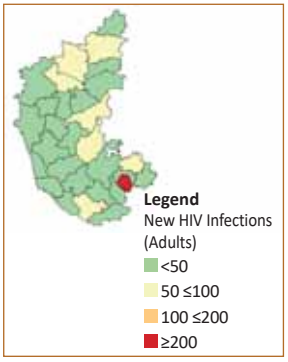
# Karnataka

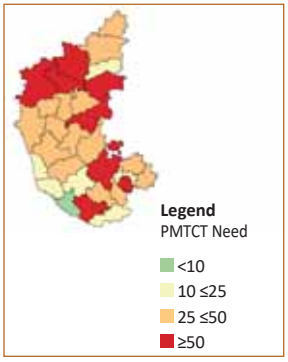
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.47%) | (State=2.69 lakh) | (State=1426) | (State=1392) |




| Category | Districts (#) |
|---|---|
| <0.20% | 0 |
| 0.20% ≤0.40% | 10 |
| 0.40% ≤1.0% | 20 |
| ≥1.0% | 0 |

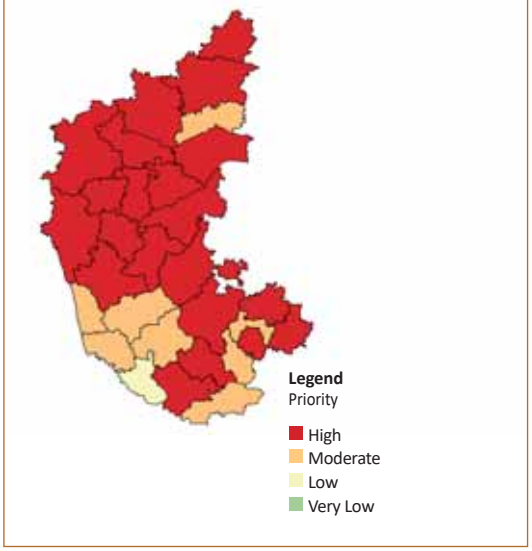
| Category | Districts (#) |
|---|---|
| <1,000 | 0 |
| 1,000 ≤2,500 | 1 |
| 2,500 ≤5,000 | 8 |
| ≥5,000 | 21 |

| Category | Districts (#) |
|---|---|
| <50 | 22 |
| 50 ≤100 | 7 |
| 100 ≤200 | 0 |
| ≥200 | 1 |

| Category | Districts (#) |
|---|---|
| <10 | 1 |
| 10 ≤25 | 6 |
| 25 ≤50 | 15 |
| ≥50 | 8 |

## Priority Districts

**Priority Districts (N=30)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 21 | 87% of PLHIV<br>86% of new infections<br>87% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 8 | 13% of PLHIV<br>12% of new infections<br>12% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 1 | 1% of PLHIV<br>1% of new infections<br>1% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Kerala

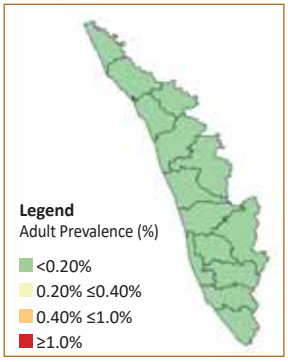
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

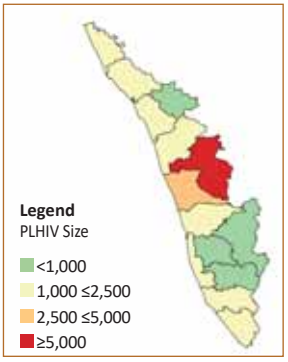
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Alappuzha | <0.10 | 1104 | 35 | <25 | <25 | Low |
| 2 | Ernakulam | <0.10 | 1932 | 87 | 39 | <25 | Low |
| 3 | Idukki | <0.10 | 531 | <25 | <25 | <25 | Very Low |
| 4 | Kannur | <0.10 | 1279 | <25 | 26 | <25 | Low |
| 5 | Kasaragod | <0.10 | 1237 | <25 | <25 | <25 | Low |
| 6 | Kollam | <0.10 | 1356 | 60 | 27 | <25 | Low |
| 7 | Kottayam | <0.10 | 544 | 65 | <25 | <25 | Very Low |
| 8 | Kozhikode | <0.10 | 1755 | 46 | 35 | <25 | Low |
| 9 | Malappuram | <0.10 | 2296 | 33 | 47 | <25 | Low |
| 10 | Palakkad | 0.195 | 5174 | 221 | 105 | 33 | High |
| 11 | Pathanamthitta | <0.10 | 950 | 74 | <25 | <25 | Very Low |
| 12 | Thiruvananthapuram | <0.10 | 1745 | 35 | 35 | <25 | Low |
| 13 | Thrissur | 0.141 | 3831 | 79 | 78 | <25 | Moderate |
| 14 | Wayanad | <0.10 | 479 | <25 | <25 | <25 | Very Low |

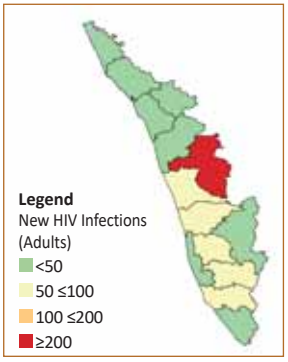
# Kerala

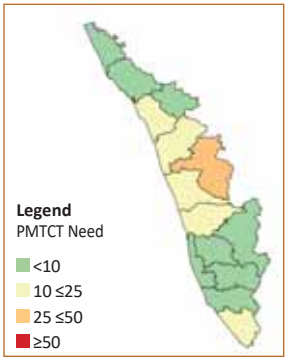
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.08%) | (State=24214) | (State=766) | (State=155) |




| Category | Districts (#) |
|---|---|
| <0.20% | 14 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

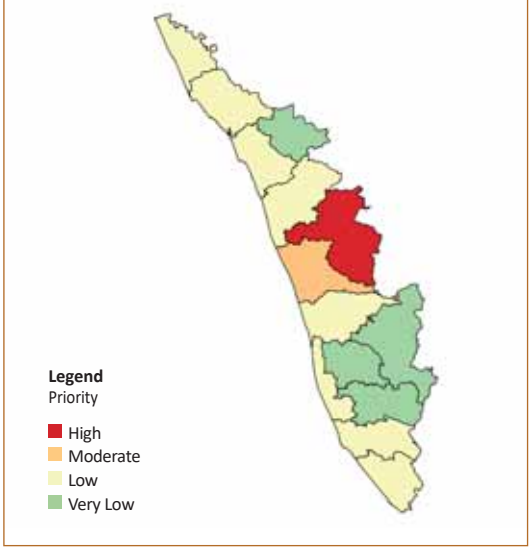
| Category | Districts (#) |
|---|---|
| <1,000 | 4 |
| 1,000 ≤2,500 | 8 |
| 2,500 ≤5,000 | 1 |
| ≥5,000 | 1 |

| Category | Districts (#) |
|---|---|
| <50 | 8 |
| 50 ≤100 | 5 |
| 100 ≤200 | 0 |
| ≥200 | 1 |

| Category | Districts (#) |
|---|---|
| <10 | 8 |
| 10 ≤25 | 5 |
| 25 ≤50 | 1 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=14)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 1 | 21% of PLHIV<br>29% of new infections<br>21% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 1 | 16% of PLHIV<br>10% of new infections<br>16% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 8 | 52% of PLHIV<br>42% of new infections<br>52% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 4 | 10% of PLHIV<br>19% of new infections<br>10% of PMTCT need |

# Madhya Pradesh

## District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Alirajpur | <0.10 | 287 | <25 | <25 | <25 | Very Low |
| 2 | Anuppur | 0.204 | 816 | 73 | <25 | <25 | Low |
| 3 | Ashoknagar | 0.119 | 553 | 43 | <25 | <25 | Very Low |
| 4 | Balaghat | 0.142 | 1271 | <25 | 36 | <25 | Low |
| 5 | Barwani | 0.151 | 1156 | 30 | 33 | <25 | Low |
| 6 | Betul | 0.115 | 974 | 56 | 28 | <25 | Very Low |
| 7 | Bhind | 0.147 | 1355 | 120 | 39 | <25 | Low |
| 8 | Bhopal | <0.10 | 1122 | <25 | 33 | <25 | Low |
| 9 | Burhanpur | 0.539 | 2193 | 104 | 62 | <25 | Moderate |
| 10 | Chhatarpur | 0.117 | 1130 | 98 | 32 | <25 | Low |
| 11 | Chhindwara | 0.102 | 1147 | <25 | 32 | <25 | Low |
| 12 | Damoh | 0.100 | 685 | 42 | <25 | <25 | Very Low |
| 13 | Datia | <0.10 | 381 | <25 | <25 | <25 | Very Low |
| 14 | Dewas | <0.10 | 638 | <25 | <25 | <25 | Very Low |
| 15 | Dhar | 0.164 | 1972 | 149 | 56 | <25 | Low |
| 16 | Dindori | 0.270 | 1005 | 87 | 28 | <25 | Low |
| 17 | Guna | 0.126 | 862 | 65 | <25 | <25 | Very Low |
| 18 | Gwalior | 0.146 | 1644 | 157 | 47 | <25 | Low |
| 19 | Harda | <0.10 | 298 | <25 | <25 | <25 | Very Low |
| 20 | Hoshangabad | <0.10 | 675 | <25 | <25 | <25 | Very Low |
| 21 | Indore | 0.233 | 4118 | 123 | 118 | 42 | Moderate |
| 22 | Jabalpur | 0.181 | 2402 | 76 | 69 | <25 | Low |
| 23 | Jhabua | <0.10 | 526 | 35 | <25 | <25 | Very Low |
| 24 | Katni | <0.10 | 437 | 29 | <25 | <25 | Very Low |
| 25 | Khandwa (East Nimar) | 0.134 | 947 | <25 | 27 | <25 | Very Low |
| 26 | Khargone (West Nimar) | 0.124 | 1262 | <25 | 36 | <25 | Low |
| 27 | Mandla | 0.283 | 1570 | 47 | 45 | <25 | Low |
| 28 | Mandsaur | 0.366 | 2622 | 103 | 75 | 27 | Moderate |
| 29 | Morena | 0.118 | 1294 | 112 | 37 | <25 | Low |
| 30 | Narsinghpur | 0.156 | 897 | 64 | 26 | <25 | Very Low |
| 31 | Neemuch | 0.470 | 2069 | 69 | 59 | <25 | Moderate |

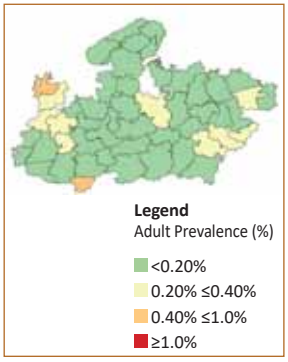
## Madhya Pradesh

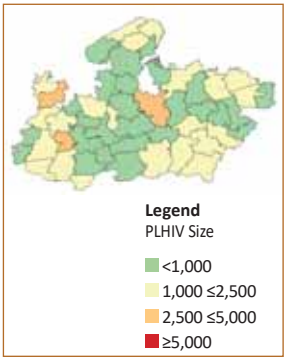
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 32 | Panna | <0.10 | 273 | <25 | <25 | <25 | Very Low |
| 33 | Raisen | 0.116 | 861 | 70 | 25 | <25 | Very Low |
| 34 | Rajgarh | 0.160 | 1320 | 96 | 38 | <25 | Low |
| 35 | Ratlam | 0.295 | 2307 | 79 | 66 | <25 | Low |
| 36 | Rewa | 0.174 | 2243 | 54 | 65 | <25 | Low |
| 37 | Sagar | 0.199 | 2586 | 89 | 74 | 26 | Moderate |
| 38 | Satna | 0.105 | 1272 | 98 | 36 | <25 | Low |
| 39 | Sehore | <0.10 | 700 | 26 | <25 | <25 | Very Low |
| 40 | Seoni | 0.157 | 1160 | 45 | 33 | <25 | Low |
| 41 | Shahdol | <0.10 | 510 | <25 | <25 | <25 | Very Low |
| 42 | Shajapur | 0.113 | 565 | <25 | <25 | <25 | Very Low |
| 43 | Sheopur | 0.113 | 437 | 32 | <25 | <25 | Very Low |
| 44 | Shivpuri | <0.10 | 943 | 33 | 27 | <25 | Very Low |
| 45 | Sidhi | 0.221 | 1362 | 98 | 39 | <25 | Low |
| 46 | Singrauli | 0.127 | 827 | 64 | <25 | <25 | Very Low |
| 47 | Tikamgarh | <0.10 | 229 | <25 | <25 | <25 | Very Low |
| 48 | Ujjain | 0.211 | 2229 | 54 | 64 | <25 | Low |
| 49 | Umaria | <0.10 | 147 | <25 | <25 | <25 | Very Low |
| 50 | Vidisha | <0.10 | 725 | 58 | <25 | <25 | Very Low |
| 51 | Agar Malwa | <0.10 | 224 | <25 | <25 | <25 | Very Low |
| 52 | Niwari | <0.10 | <100 | <25 | <25 | <25 | Very Low |

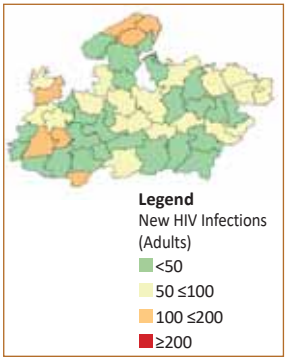
# Madhya Pradesh

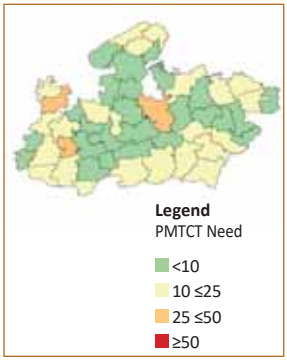
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.10%) | (State=59296) | (State=2748) | (State=606) |




| Category | Districts (#) |
|---|---|
| <0.20% | 41 |
| 0.20% ≤0.40% | 9 |
| 0.40% ≤1.0% | 2 |
| ≥1.0% | 0 |

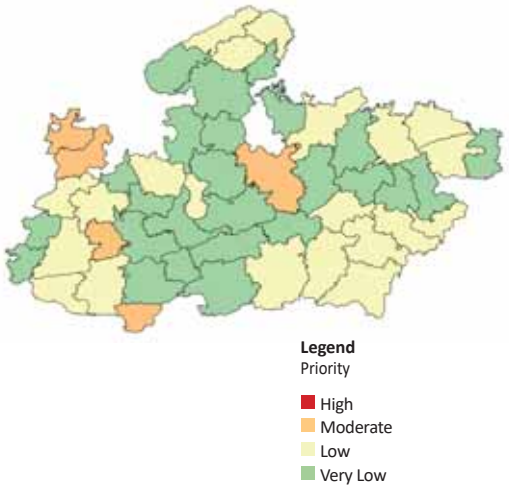
| Category | Districts (#) |
|---|---|
| <1,000 | 27 |
| 1,000 ≤2,500 | 22 |
| 2,500 ≤5,000 | 3 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 27 |
| 50 ≤100 | 18 |
| 100 ≤200 | 7 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 26 |
| 10 ≤25 | 23 |
| 25 ≤50 | 3 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=52)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 5 | 23% of PLHIV<br>18% of new infections<br>23% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 21 | 52% of PLHIV<br>55% of new infections<br>52% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 26 | 25% of PLHIV<br>27% of new infections<br>25% of PMTCT need |

# Maharashtra

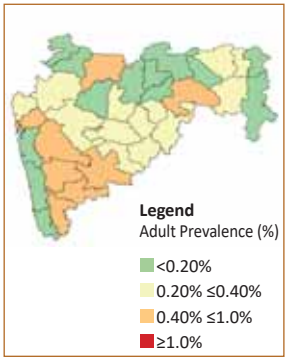
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

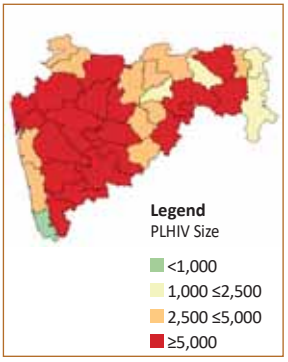
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Ahmednagar | 0.336 | 13853 | 207 | 318 | 105 | High |
| 2 | Akola | 0.175 | 2904 | 260 | 66 | <25 | Moderate |
| 3 | Amravati | 0.187 | 4890 | 128 | 113 | 37 | Moderate |
| 4 | Aurangabad | 0.166 | 5963 | <25 | 139 | 46 | High |
| 5 | Beed | 0.323 | 7642 | <25 | 177 | 57 | High |
| 6 | Bhandara | 0.341 | 3685 | <25 | 84 | 29 | Moderate |
| 7 | Buldhana | 0.142 | 3347 | 128 | 75 | 25 | Moderate |
| 8 | Chandrapur | 0.284 | 5748 | 48 | 132 | 44 | High |
| 9 | Dhule | 0.146 | 2790 | <25 | 64 | <25 | Moderate |
| 10 | Gadchiroli | 0.104 | 1059 | <25 | <25 | <25 | Low |
| 11 | Gondia | 0.168 | 2023 | <25 | 46 | <25 | Low |
| 12 | Hingoli | 0.315 | 3493 | <25 | 79 | 27 | Moderate |
| 13 | Jalgaon | 0.402 | 15689 | <25 | 364 | 118 | High |
| 14 | Jalna | 0.289 | 5277 | <25 | 121 | 41 | High |
| 15 | Kolhapur | 0.513 | 17569 | 410 | 406 | 133 | High |
| 16 | Latur | 0.205 | 4773 | <25 | 113 | 35 | Moderate |
| 17 | Mumbai City | 0.699 | 19810 | 775 | 457 | 150 | High |
| 18 | Mumbai suburban | 0.643 | 56816 | 2585 | 1311 | 431 | High |
| 19 | Nagpur | 0.341 | 14615 | 273 | 333 | 111 | High |
| 20 | Nanded | 0.206 | 6699 | <25 | 154 | 51 | High |
| 21 | Nandurbar | 0.172 | 2766 | <25 | 66 | <25 | Moderate |
| 22 | Nashik | 0.284 | 16641 | 110 | 384 | 127 | High |
| 23 | Osmanabad | 0.366 | 5460 | <25 | 126 | 42 | High |
| 24 | Parbhani | 0.278 | 4824 | <25 | 113 | 37 | Moderate |
| 25 | Pune | 0.526 | 48098 | 1634 | 1158 | 365 | High |
| 26 | Raigad | 0.186 | 4503 | 48 | 101 | 34 | Moderate |
| 27 | Ratnagiri | 0.185 | 2506 | <25 | 60 | <25 | Moderate |
| 28 | Sangli | 0.676 | 16807 | 176 | 391 | 128 | High |
| 29 | Satara | 0.559 | 14566 | 62 | 338 | 110 | High |
| 30 | Sindhudurg | 0.131 | 893 | <25 | <25 | <25 | Very Low |
| 31 | Solapur | 0.423 | 16746 | 502 | 386 | 127 | High |
| 32 | Thane | 0.461 | 42728 | 211 | 993 | 324 | High |
| 33 | Wardha | 0.192 | 2196 | <25 | 51 | <25 | Low |
| 34 | Washim | 0.170 | 1857 | 92 | 42 | <25 | Low |
| 35 | Yavatmal | 0.461 | 11966 | 119 | 276 | 91 | High |
| 36 | Palghar | 0.343 | 5147 | <25 | 119 | 39 | High |

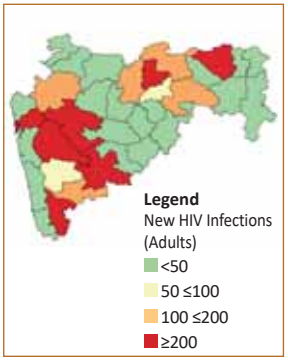
# Maharashtra

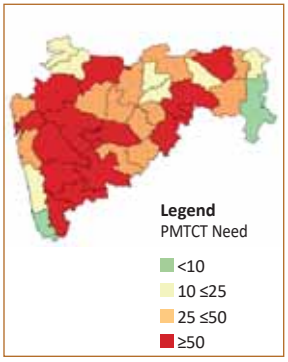
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.36%) | (State=3.96 lakh) | (State=7926) | (State=3007) |




| Category | Districts (#) |
|---|---|
| <0.20% | 13 |
| 0.20% ≤0.40% | 13 |
| 0.40% ≤1.0% | 10 |
| ≥1.0% | 0 |

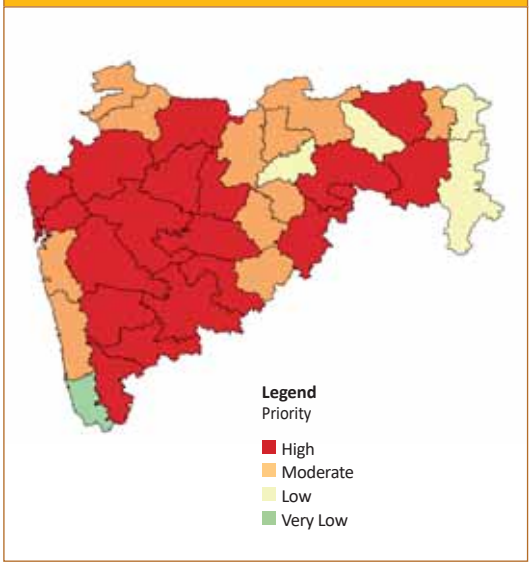
| Category | Districts (#) |
|---|---|
| <1,000 | 1 |
| 1,000 ≤2,500 | 4 |
| 2,500 ≤5,000 | 11 |
| ≥5,000 | 20 |

| Category | Districts (#) |
|---|---|
| <50 | 20 |
| 50 ≤100 | 2 |
| 100 ≤200 | 5 |
| ≥200 | 9 |

| Category | Districts (#) |
|---|---|
| <10 | 2 |
| 10 ≤25 | 7 |
| 25 ≤50 | 12 |
| ≥50 | 15 |

## Priority Districts

**Priority Districts (N=36)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 20 | 87% of PLHIV<br>90% of new infections<br>87% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 11 | 10% of PLHIV<br>8% of new infections<br>10% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 4 | 2% of PLHIV<br>2% of new infections<br>2% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 1 | 1% of PLHIV<br><1% of new infections<br>1% of PMTCT need |

# Manipur

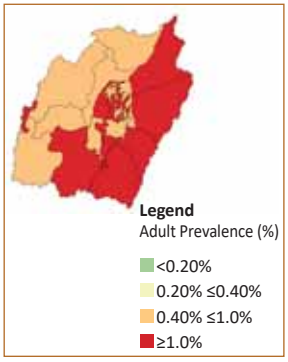
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

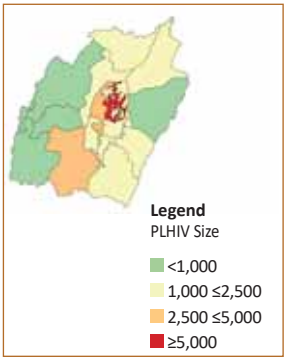
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Bishnupur | 0.927 | 1734 | 59 | 63 | <25 | Moderate |
| 2 | Chandel | 1.705 | 1544 | 38 | 52 | <25 | High |
| 3 | Churachandpur | 1.705 | 3630 | 187 | 125 | 46 | High |
| 4 | Imphal East | 1.705 | 5597 | 198 | 198 | 70 | High |
| 5 | Imphal West | 1.073 | 4245 | 171 | 153 | 53 | High |
| 6 | Jiribam | 1.705 | 641 | <25 | <25 | <25 | High |
| 7 | Kakching | 1.286 | 1351 | 63 | 49 | <25 | High |
| 8 | Kamjong | 1.674 | 693 | <25 | <25 | <25 | High |
| 9 | Kangpokpi | 0.626 | 1151 | <25 | 38 | <25 | Moderate |
| 10 | Noney | 0.733 | 239 | <25 | <25 | <25 | Moderate |
| 11 | Pherzawl | 0.643 | 279 | <25 | <25 | <25 | Moderate |
| 12 | Senapati | 0.454 | 1230 | <25 | 42 | <25 | Moderate |
| 13 | Tamenglong | 0.728 | 690 | <25 | <25 | <25 | Moderate |
| 14 | Tengnoupal | 3.410 | 1531 | 46 | 52 | <25 | High |
| 15 | Thoubal | 0.798 | 1798 | 75 | 66 | <25 | Moderate |
| 16 | Ukhrul | 1.705 | 2209 | <25 | 73 | 27 | High |

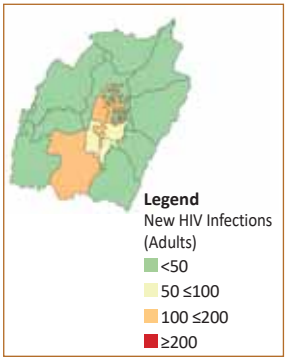
# Manipur

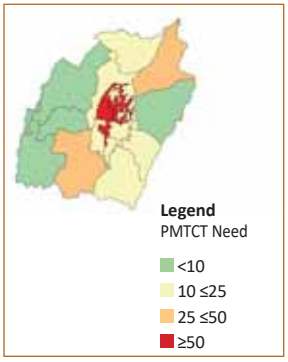
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=1.18%) | (State=28564) | (State=894) | (State=359) |




| Category | Districts (#) |
|---|---|
| <0.20% | 0 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 7 |
| ≥1.0% | 9 |

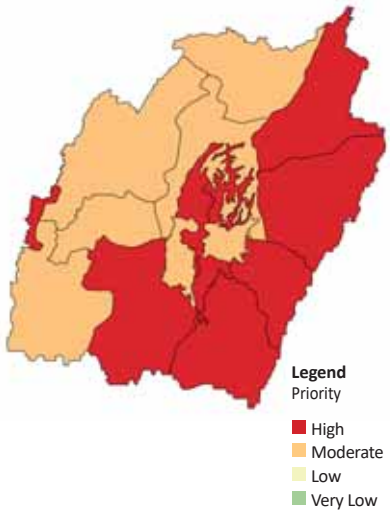
| Category | Districts (#) |
|---|---|
| <1,000 | 5 |
| 1,000 ≤2,500 | 8 |
| 2,500 ≤5,000 | 2 |
| ≥5,000 | 1 |

| Category | Districts (#) |
|---|---|
| <50 | 10 |
| 50 ≤100 | 3 |
| 100 ≤200 | 3 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 5 |
| 10 ≤25 | 7 |
| 25 ≤50 | 2 |
| ≥50 | 2 |

## Priority Districts

**Priority Districts (N=16)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 9 | 75% of PLHIV<br>81% of new infections<br>75% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 7 | 25% of PLHIV<br>19% of new infections<br>25% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 0 | – |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Meghalaya

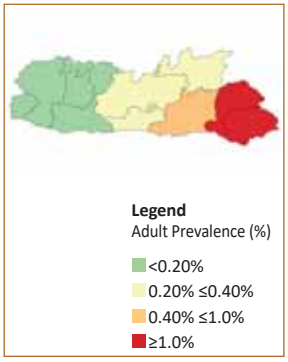
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

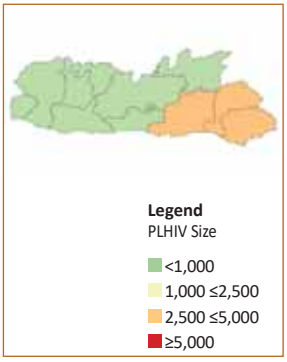
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | East Garo Hills | 0.199 | 249 | <25 | <25 | <25 | Very Low |
| 2 | East Jaintia Hills | 2.806 | 2593 | 192 | 69 | 64 | High |
| 3 | East Khasi Hills | 0.651 | 3379 | 242 | 90 | 83 | Moderate |
| 4 | North Garo Hills | 0.145 | 108 | <25 | <25 | <25 | Very Low |
| 5 | Ri Bhoi | 0.332 | 540 | 37 | <25 | <25 | Low |
| 6 | South Garo Hills | 0.199 | 172 | <25 | <25 | <25 | Very Low |
| 7 | South West Garo Hills | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 8 | South West Khasi Hills | 0.305 | 210 | <25 | <25 | <25 | Low |
| 9 | West Garo Hills | <0.10 | 242 | <25 | <25 | <25 | Very Low |
| 10 | West Jaintia Hills | 1.403 | 3264 | 97 | 88 | 81 | High |
| 11 | West Khasi Hills | 0.260 | 444 | 37 | <25 | <25 | Low |

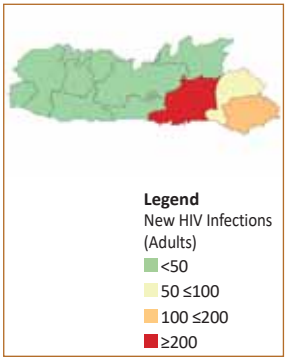
# Meghalaya

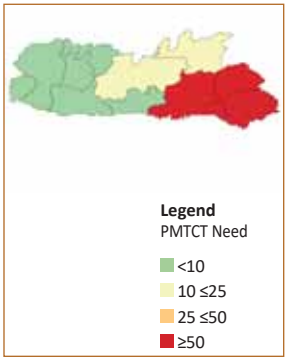
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.54%) | (State=11278) | (State=684) | (State=278) |




| Category | Districts (#) |
|---|---|
| <0.20% | 5 |
| 0.20% ≤0.40% | 3 |
| 0.40% ≤1.0% | 1 |
| ≥1.0% | 2 |

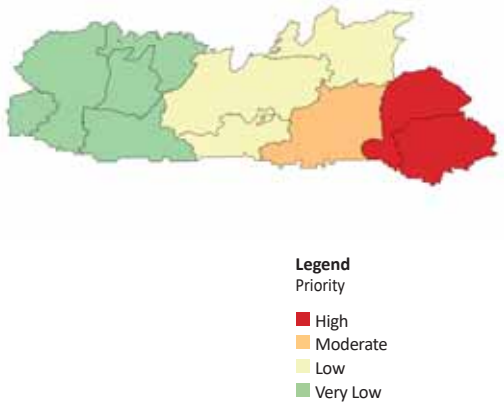
| Category | Districts (#) |
|---|---|
| <1,000 | 8 |
| 1,000 ≤2,500 | 0 |
| 2,500 ≤5,000 | 3 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 8 |
| 50 ≤100 | 1 |
| 100 ≤200 | 1 |
| ≥200 | 1 |

| Category | Districts (#) |
|---|---|
| <10 | 6 |
| 10 ≤25 | 2 |
| 25 ≤50 | 0 |
| ≥50 | 3 |

## Priority Districts

**Priority Districts (N=11)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 2 | 52% of PLHIV<br>42% of new infections<br>52% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 1 | 30% of PLHIV<br>35% of new infections<br>30% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 3 | 11% of PLHIV<br>13% of new infections<br>10% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 5 | 7% of PLHIV<br>9% of new infections<br>8% of PMTCT need |

# Mizoram

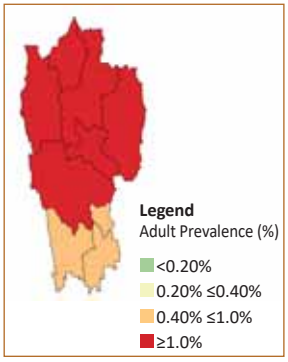
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

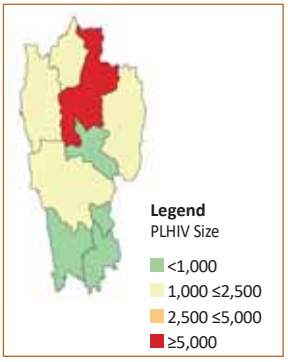
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Aizawl | 3.993 | 11413 | 703 | 162 | 151 | High |
| 2 | Champhai | 2.513 | 1363 | 93 | <25 | <25 | High |
| 3 | Kolasib | 2.273 | 1504 | 170 | <25 | <25 | High |
| 4 | Lawngtlai | 0.457 | 457 | <25 | <25 | <25 | Moderate |
| 5 | Lunglei | 1.395 | 1517 | 82 | <25 | <25 | High |
| 6 | Mamit | 1.732 | 1177 | 82 | <25 | <25 | High |
| 7 | Saiha | 0.565 | 270 | <25 | <25 | <25 | Moderate |
| 8 | Serchhip | 1.251 | 667 | 61 | <25 | <25 | High |
| 9 | Hnahthial | 0.529 | 124 | <25 | <25 | <25 | Moderate |
| 10 | Khawzawl | 2.910 | 806 | 55 | <25 | <25 | High |
| 11 | Saitual | 1.876 | 751 | 43 | <25 | <25 | High |

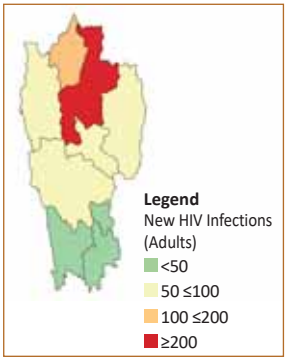
# Mizoram

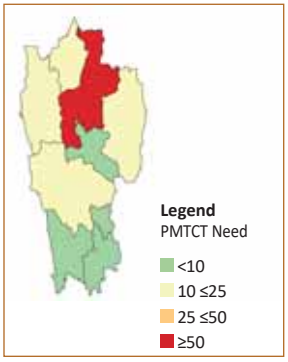
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=2.32%) | (State=20048) | (State=1323) | (State=265) |




| Category | Districts (#) |
|---|---|
| <0.20% | 0 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 3 |
| ≥1.0% | 8 |

| Category | Districts (#) |
|---|---|
| <1,000 | 6 |
| 1,000 ≤2,500 | 4 |
| 2,500 ≤5,000 | 0 |
| ≥5,000 | 1 |

| Category | Districts (#) |
|---|---|
| <50 | 4 |
| 50 ≤100 | 5 |
| 100 ≤200 | 1 |
| ≥200 | 1 |

| Category | Districts (#) |
|---|---|
| <10 | 4 |
| 10 ≤25 | 6 |
| 25 ≤50 | 0 |
| ≥50 | 1 |

## Priority Districts

**Priority Districts (N=11)**

| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 8 | 96% of PLHIV<br>99% of new infections<br>96% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 3 | 4% of PLHIV<br>1% of new infections<br>4% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 0 | – |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Nagaland

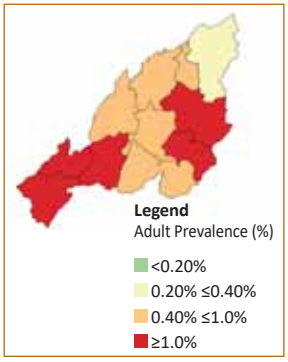
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

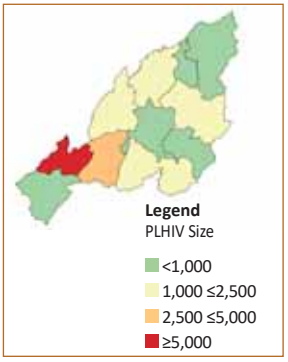
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Dimapur | 3.186 | 9662 | 715 | 214 | 170 | High |
| 2 | Kiphire | 1.169 | 685 | 37 | <25 | <25 | High |
| 3 | Kohima | 1.432 | 3093 | 201 | 69 | 54 | High |
| 4 | Longleng | 0.427 | 168 | <25 | <25 | <25 | Moderate |
| 5 | Mokokchung | 0.952 | 1383 | 90 | 31 | <25 | Moderate |
| 6 | Mon | 0.262 | 510 | <25 | <25 | <25 | Low |
| 7 | Noklak | 2.578 | 1197 | 72 | 27 | <25 | High |
| 8 | Peren | 1.057 | 800 | 51 | <25 | <25 | High |
| 9 | Phek | 0.959 | 1219 | 67 | 27 | <25 | Moderate |
| 10 | Tuensang | 1.881 | 2023 | 103 | 45 | 35 | High |
| 11 | Wokha | 0.959 | 1271 | 82 | 28 | <25 | Moderate |
| 12 | Zunheboto | 0.487 | 535 | 28 | <25 | <25 | Moderate |

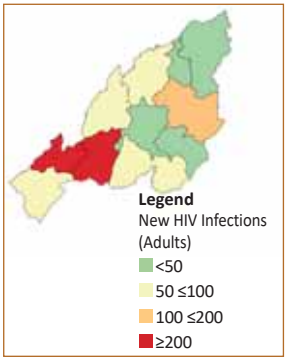
# Nagaland

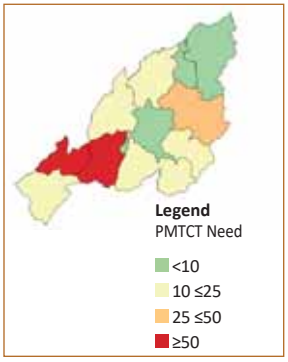
## District-wide Map on Key Indicators

| PLHIV Size | New HIV Infections (Adults) | PMTCT Need | Adult Prevalence (%) |
|---|---|---|---|
| (State=1.45%) | (State=22547) | (State=1485) | (State=397) |




| Category | Districts (#) |
|---|---|
| <0.20% | 0 |
| 0.20% ≤0.40% | 1 |
| 0.40% ≤1.0% | 5 |
| ≥1.0% | 6 |

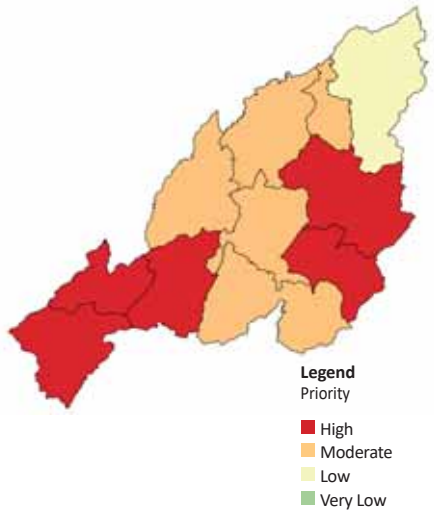
| Category | Districts (#) |
|---|---|
| <1,000 | 5 |
| 1,000 ≤2,500 | 5 |
| 2,500 ≤5,000 | 1 |
| ≥5,000 | 1 |

| Category | Districts (#) |
|---|---|
| <50 | 4 |
| 50 ≤100 | 5 |
| 100 ≤200 | 1 |
| ≥200 | 2 |

| Category | Districts (#) |
|---|---|
| <10 | 3 |
| 10 ≤25 | 6 |
| 25 ≤50 | 1 |
| ≥50 | 2 |

## Priority Districts

**Priority Districts (N=12)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 6 | 77% of PLHIV<br>79% of new infections<br>77% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 5 | 20% of PLHIV<br>19% of new infections<br>20% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 1 | 2% of PLHIV<br>1% of new infections<br>2% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 0 | – |

# Odisha

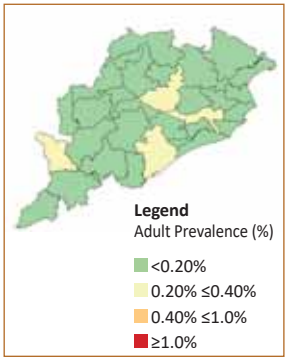
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

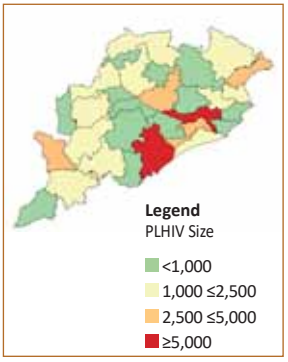
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Anugul | 0.253 | 2751 | 102 | 90 | 27 | Moderate |
| 2 | Balangir | 0.139 | 1859 | 77 | 61 | <25 | Low |
| 3 | Baleshwar | 0.171 | 3369 | 51 | 110 | 34 | Moderate |
| 4 | Bargarh | 0.114 | 1394 | 54 | 46 | <25 | Low |
| 5 | Baudh | <0.10 | 253 | <25 | <25 | <25 | Very Low |
| 6 | Bhadrak | 0.107 | 1363 | 50 | 44 | <25 | Low |
| 7 | Cuttack | 0.352 | 7628 | 285 | 249 | 75 | High |
| 8 | Debagarh | 0.107 | 281 | <25 | <25 | <25 | Very Low |
| 9 | Dhenkanal | <0.10 | 609 | 58 | <25 | <25 | Very Low |
| 10 | Gajapati | <0.10 | 424 | <25 | <25 | <25 | Very Low |
| 11 | Ganjam | 0.204 | 6095 | 242 | 199 | 60 | High |
| 12 | Jagatsinghapur | <0.10 | 569 | <25 | <25 | <25 | Very Low |
| 13 | Jajapur | 0.105 | 1599 | 62 | 52 | <25 | Low |
| 14 | Jharsuguda | <0.10 | 324 | <25 | <25 | <25 | Very Low |
| 15 | Kalahandi | 0.106 | 1373 | 122 | 45 | <25 | Low |
| 16 | Kandhamal | <0.10 | 454 | <25 | <25 | <25 | Very Low |
| 17 | Kendrapara | <0.10 | 478 | <25 | <25 | <25 | Very Low |
| 18 | Kendujhar | <0.10 | 763 | <25 | <25 | <25 | Very Low |
| 19 | Khordha | 0.148 | 2818 | 163 | 92 | 28 | Moderate |
| 20 | Koraput | 0.134 | 1550 | 78 | 51 | <25 | Low |
| 21 | Malkangiri | 0.113 | 595 | 54 | <25 | <25 | Very Low |
| 22 | Mayurbhanj | <0.10 | 1440 | 70 | 47 | <25 | Low |
| 23 | Nabarangapur | 0.306 | 3189 | 176 | 104 | 32 | Moderate |
| 24 | Nayagarh | 0.100 | 780 | 31 | 26 | <25 | Very Low |
| 25 | Nuapada | <0.10 | 461 | <25 | <25 | <25 | Very Low |
| 26 | Puri | <0.10 | 1258 | 45 | 41 | <25 | Low |
| 27 | Rayagada | 0.173 | 1430 | 46 | 47 | <25 | Low |
| 28 | Sambalpur | 0.119 | 1031 | 43 | 34 | <25 | Low |
| 29 | Subarnapur | 0.132 | 671 | 26 | <25 | <25 | Very Low |
| 30 | Sundargarh | 0.131 | 2342 | 97 | 77 | <25 | Low |

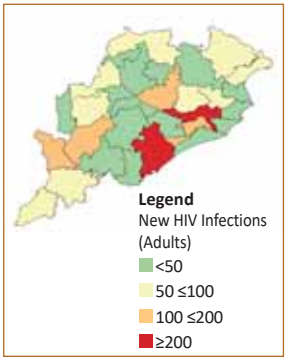
# Odisha

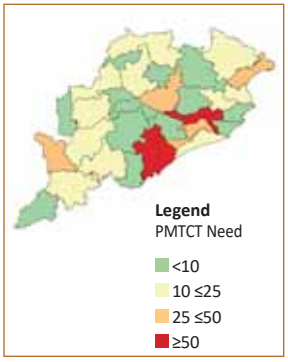
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.14%) | (State=49153) | (State=2038) | (State=485) |




| Category | Districts (#) |
|---|---|
| <0.20% | 26 |
| 0.20% ≤0.40% | 4 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

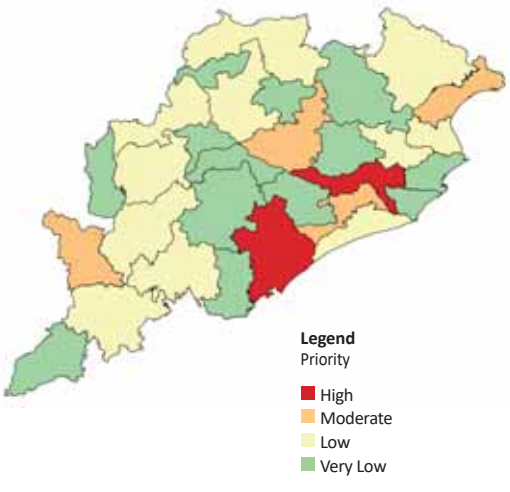
| Category | Districts (#) |
|---|---|
| <1,000 | 13 |
| 1,000 ≤2,500 | 11 |
| 2,500 ≤5,000 | 4 |
| ≥5,000 | 2 |

| Category | Districts (#) |
|---|---|
| <50 | 15 |
| 50 ≤100 | 9 |
| 100 ≤200 | 4 |
| ≥200 | 2 |

| Category | Districts (#) |
|---|---|
| <10 | 13 |
| 10 ≤25 | 11 |
| 25 ≤50 | 4 |
| ≥50 | 2 |

## Priority Districts

**Priority Districts (N=30)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 2 | 28% of PLHIV<br>26% of new infections<br>28% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 4 | 25% of PLHIV<br>24% of new infections<br>25% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 11 | 34% of PLHIV<br>36% of new infections<br>34% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 13 | 14% of PLHIV<br>14% of new infections<br>14% of PMTCT need |

# Punjab

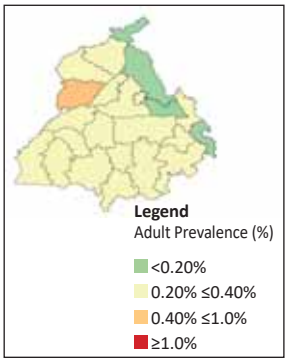
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

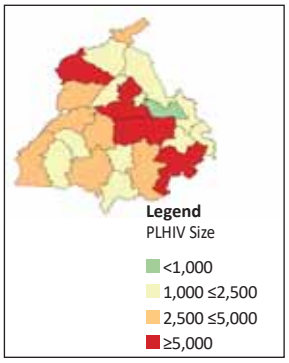
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Amritsar | 0.369 | 8261 | 455 | 177 | 58 | High |
| 2 | Barnala | 0.251 | 1180 | <25 | <25 | <25 | Low |
| 3 | Bathinda | 0.250 | 2768 | <25 | 56 | <25 | Moderate |
| 4 | Faridkot | 0.228 | 1345 | 80 | 26 | <25 | Low |
| 5 | Fatehgarh Sahib | 0.271 | 1391 | 41 | 29 | <25 | Low |
| 6 | Firozpur | 0.286 | 2586 | 193 | 52 | <25 | Moderate |
| 7 | Gurdaspur | 0.192 | 3869 | 143 | 82 | 28 | Moderate |
| 8 | Hoshiarpur | 0.122 | 1634 | 66 | 33 | <25 | Low |
| 9 | Jalandhar | 0.302 | 5253 | 83 | 108 | 36 | High |
| 10 | Kapurthala | 0.255 | 1728 | 128 | 36 | <25 | Low |
| 11 | Ludhiana | 0.250 | 7754 | 284 | 154 | 54 | High |
| 12 | Mansa | 0.234 | 1449 | <25 | 29 | <25 | Low |
| 13 | Moga | 0.375 | 2814 | <25 | 56 | <25 | Moderate |
| 14 | Muktsar | 0.236 | 1894 | 70 | 36 | <25 | Low |
| 15 | Patiala | 0.392 | 5919 | 26 | 118 | 41 | High |
| 16 | Rupnagar | 0.216 | 1076 | <25 | <25 | <25 | Low |
| 17 | Sangrur | 0.274 | 3517 | <25 | 69 | 25 | Moderate |
| 18 | Shahid Bhagat Singh Nagar | 0.144 | 770 | 30 | <25 | <25 | Very Low |
| 19 | Tarn Taran | 0.429 | 4892 | 388 | 98 | 34 | Moderate |
| 20 | Fazilka | 0.237 | 2700 | 121 | 52 | <25 | Moderate |
| 21 | Pathankot | 0.364 | 1930 | 56 | 39 | <25 | Low |
| 22 | SAS Nagar | 0.116 | 1102 | 58 | <25 | <25 | Low |

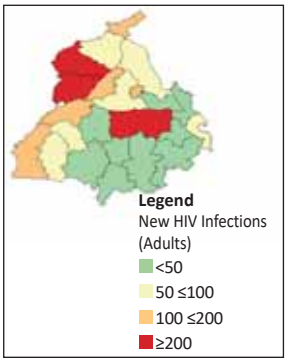
# Punjab

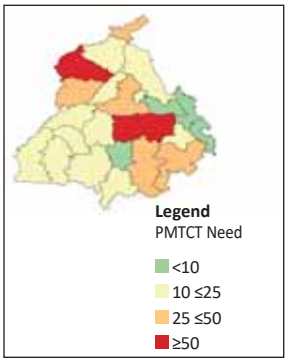
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.27%) | (State=65834) | (State=2300) | (State=464) |




| Category | Districts (#) |
|---|---|
| <0.20% | 4 |
| 0.20% ≤0.40% | 17 |
| 0.40% ≤1.0% | 1 |
| ≥1.0% | 0 |

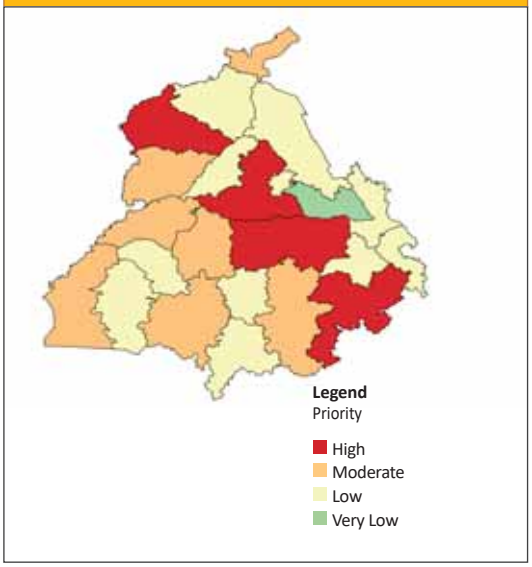
| Category | Districts (#) |
|---|---|
| <1,000 | 1 |
| 1,000 ≤2,500 | 10 |
| 2,500 ≤5,000 | 7 |
| ≥5,000 | 4 |

| Category | Districts (#) |
|---|---|
| <50 | 9 |
| 50 ≤100 | 6 |
| 100 ≤200 | 4 |
| ≥200 | 3 |

| Category | Districts (#) |
|---|---|
| <10 | 4 |
| 10 ≤25 | 11 |
| 25 ≤50 | 5 |
| ≥50 | 2 |

## Priority Districts

**Priority Districts (N=22)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 4 | 41% of PLHIV<br>37% of new infections<br>41% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 7 | 35% of PLHIV<br>39% of new infections<br>35% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 10 | 22% of PLHIV<br>23% of new infections<br>23% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 1 | 1% of PLHIV<br>1% of new infections<br>1% of PMTCT need |

# Rajasthan

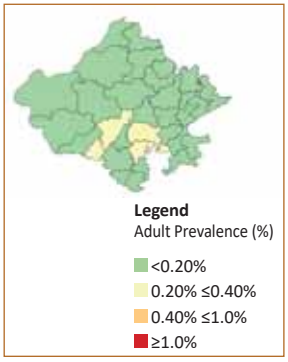
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

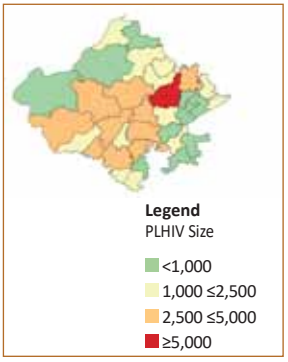
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Ajmer | 0.132 | 2789 | 116 | 30 | 38 | Moderate |
| 2 | Alwar | <0.10 | 2512 | 82 | 26 | 34 | Moderate |
| 3 | Banswara | <0.10 | 1112 | 41 | <25 | <25 | Low |
| 4 | Baran | <0.10 | 737 | 59 | <25 | <25 | Very Low |
| 5 | Barmer | 0.149 | 3245 | 95 | 34 | 44 | Moderate |
| 6 | Bharatpur | <0.10 | 2022 | 131 | <25 | 28 | Low |
| 7 | Bhilwara | 0.218 | 4271 | 96 | 45 | 59 | Moderate |
| 8 | Bikaner | <0.10 | 531 | 42 | <25 | <25 | Very Low |
| 9 | Bundi | <0.10 | 724 | 62 | <25 | <25 | Very Low |
| 10 | Chittaurgarh | 0.222 | 2735 | 84 | 29 | 38 | Moderate |
| 11 | Churu | <0.10 | 1076 | 102 | <25 | <25 | Low |
| 12 | Dausa | <0.10 | 231 | <25 | <25 | <25 | Very Low |
| 13 | Dhaulpur | <0.10 | 1003 | 28 | <25 | <25 | Low |
| 14 | Dungarpur | 0.185 | 2102 | 86 | <25 | 29 | Low |
| 15 | Ganganagar | <0.10 | 1127 | <25 | <25 | <25 | Low |
| 16 | Hanumangarh | <0.10 | 688 | <25 | <25 | <25 | Very Low |
| 17 | Jaipur | <0.10 | 5060 | 173 | 53 | 70 | High |
| 18 | Jaisalmer | <0.10 | 397 | 30 | <25 | <25 | Very Low |
| 19 | Jalor | 0.133 | 2014 | 56 | <25 | 28 | Low |
| 20 | Jhalawar | <0.10 | 711 | <25 | <25 | <25 | Very Low |
| 21 | Jhunjhunu | <0.10 | 1220 | 99 | <25 | <25 | Low |
| 22 | Jodhpur | 0.124 | 3841 | 144 | 41 | 53 | Moderate |
| 23 | Karauli | <0.10 | 235 | <25 | <25 | <25 | Very Low |
| 24 | Kota | 0.101 | 1669 | 75 | <25 | <25 | Low |
| 25 | Nagaur | 0.148 | 4106 | 167 | 43 | 57 | Moderate |
| 26 | Pali | 0.245 | 3959 | 181 | 42 | 55 | Moderate |
| 27 | Pratapgarh | 0.101 | 724 | 60 | <25 | <25 | Very Low |
| 28 | Rajsamand | 0.110 | 1009 | <25 | <25 | <25 | Low |
| 29 | Sawai Madhopur | <0.10 | 734 | 33 | <25 | <25 | Very Low |
| 30 | Sikar | <0.10 | 1596 | 58 | <25 | <25 | Low |
| 31 | Sirohi | 0.312 | 2660 | 229 | 28 | 36 | Moderate |
| 32 | Tonk | <0.10 | 1188 | 46 | <25 | <25 | Low |
| 33 | Udaipur | 0.198 | 4946 | 196 | 52 | 68 | Moderate |

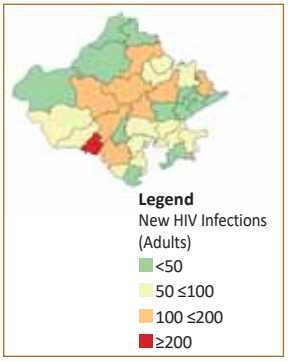
# Rajasthan

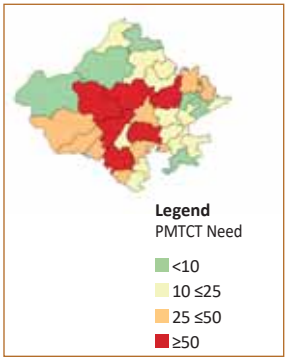
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.11%) | (State=62977) | (State=2643) | (State=864) |




| Category | Districts (#) |
|---|---|
| <0.20% | 29 |
| 0.20% ≤0.40% | 4 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

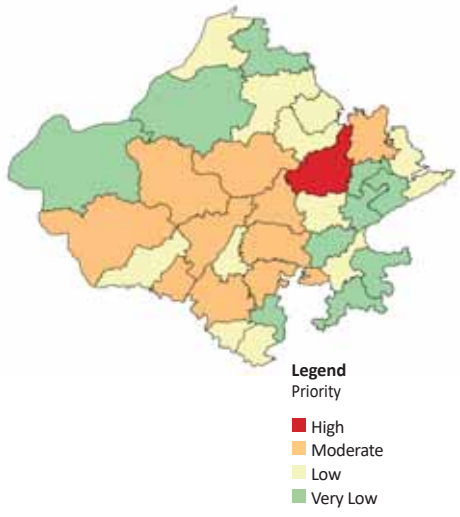
| Category | Districts (#) |
|---|---|
| <1,000 | 10 |
| 1,000 ≤2,500 | 12 |
| 2,500 ≤5,000 | 10 |
| ≥5,000 | 1 |

| Category | Districts (#) |
|---|---|
| <50 | 12 |
| 50 ≤100 | 12 |
| 100 ≤200 | 8 |
| ≥200 | 1 |

| Category | Districts (#) |
|---|---|
| <10 | 6 |
| 10 ≤25 | 13 |
| 25 ≤50 | 8 |
| ≥50 | 6 |

## Priority Districts

**Priority Districts (N=33)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 1 | 8% of PLHIV<br>7% of new infections<br>8% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 10 | 56% of PLHIV<br>53% of new infections<br>56% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 12 | 27% of PLHIV<br>28% of new infections<br>27% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 10 | 9% of PLHIV<br>12% of new infections<br>9% of PMTCT need |

# Sikkim

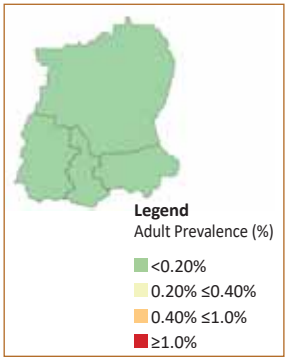
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

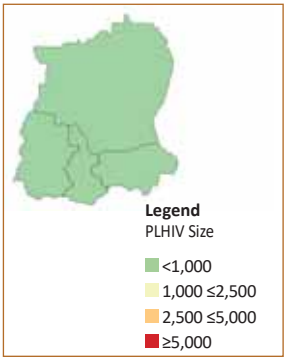
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | East Sikkim | <0.10 | 153 | <25 | <25 | <25 | Very Low |
| 2 | North Sikkim | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 3 | South Sikkim | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 4 | West Sikkim | <0.10 | <100 | <25 | <25 | <25 | Very Low |

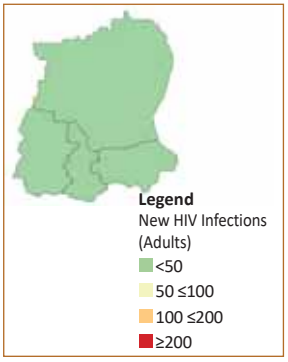
# Sikkim

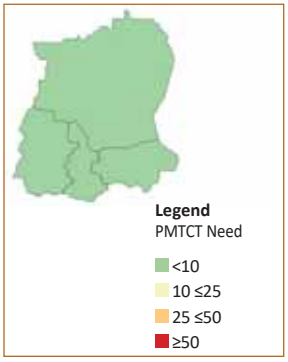
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.07%) | (State=346) | (State=20) | (State=4) |




| Category | Districts (#) |
|---|---|
| <0.20% | 4 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

| Category | Districts (#) |
|---|---|
| <1,000 | 4 |
| 1,000 ≤2,500 | 0 |
| 2,500 ≤5,000 | 0 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 4 |
| 50 ≤100 | 0 |
| 100 ≤200 | 0 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 4 |
| 10 ≤25 | 0 |
| 25 ≤50 | 0 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=4)**

| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 0 | – |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 0 | – |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 4 | 100% of PLHIV<br>100% of new infections<br>100% of PMTCT need |

# Tamil Nadu

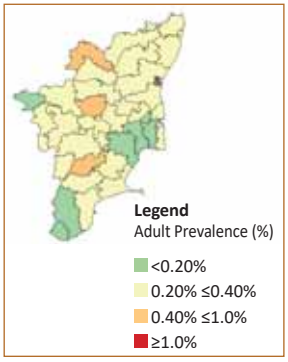
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

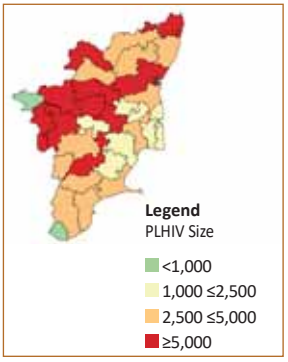
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Ariyalur | 0.232 | 1335 | <25 | 29 | <25 | Low |
| 2 | Chengalpattu | 0.183 | 3764 | 71 | 74 | <25 | Moderate |
| 3 | Chennai | 0.328 | 12358 | 343 | 251 | 66 | High |
| 4 | Coimbatore | 0.232 | 5935 | 88 | 118 | 31 | High |
| 5 | Cuddalore | 0.229 | 4763 | 78 | 88 | 27 | Moderate |
| 6 | Dharmapuri | 0.250 | 2996 | 31 | 59 | <25 | Moderate |
| 7 | Dindigul | 0.299 | 4903 | 85 | 88 | 27 | Moderate |
| 8 | Erode | 0.342 | 5531 | 109 | 103 | 31 | High |
| 9 | Kallakurichi | 0.239 | 2637 | 51 | 44 | <25 | Moderate |
| 10 | Kancheepuram | 0.263 | 2996 | 41 | 59 | <25 | Moderate |
| 11 | Kanniyakumari | <0.10 | 886 | <25 | <25 | <25 | Very Low |
| 12 | Karur | 0.246 | 1919 | <25 | 29 | <25 | Low |
| 13 | Krishnagiri | 0.430 | 6569 | 95 | 118 | 35 | High |
| 14 | Madurai | 0.424 | 9531 | 197 | 162 | 53 | High |
| 15 | Mayiladuthurai | 0.163 | 1161 | <25 | 29 | <25 | Low |
| 16 | Nagapattinam | 0.204 | 1100 | <25 | <25 | <25 | Low |
| 17 | Namakkal | 0.924 | 11882 | <25 | 236 | 66 | High |
| 18 | Perambalur | 0.280 | 1217 | <25 | 29 | <25 | Low |
| 19 | Pudukkottai | 0.179 | 2238 | <25 | 44 | <25 | Low |
| 20 | Ramanathapuram | 0.233 | 2502 | 37 | 44 | <25 | Moderate |
| 21 | Ranipet | 0.254 | 2463 | 44 | 44 | <25 | Low |
| 22 | Salem | 0.264 | 7091 | 105 | 133 | 40 | High |
| 23 | Sivaganga | 0.196 | 1991 | 31 | 44 | <25 | Low |
| 24 | Tenkasi | 0.147 | 1588 | 27 | 29 | <25 | Low |
| 25 | Thanjavur | 0.146 | 2676 | 34 | 59 | <25 | Moderate |
| 26 | The Nilgiris | <0.10 | 454 | <25 | <25 | <25 | Very Low |
| 27 | Theni | 0.361 | 3433 | 41 | 59 | <25 | Moderate |
| 28 | Thiruvallur | 0.205 | 6188 | 98 | 118 | 35 | High |
| 29 | Thiruvarur | 0.157 | 1526 | 27 | 29 | <25 | Low |
| 30 | Thoothukkudi | 0.222 | 2934 | 54 | 59 | <25 | Moderate |
| 31 | Tiruchirappalli | 0.376 | 7500 | 180 | 133 | 40 | High |
| 32 | Tirunelveli | 0.189 | 4392 | 58 | 88 | <25 | Moderate |
| 33 | Tirupathur | 0.255 | 2278 | 41 | 44 | <25 | Low |
| 34 | Tiruppur | 0.355 | 6737 | 149 | 133 | 35 | High |
| 35 | Tiruvannamalai | 0.207 | 4028 | 34 | 74 | <25 | Moderate |
| 36 | Vellore | 0.320 | 4090 | 71 | 74 | <25 | Moderate |
| 37 | Viluppuram | 0.297 | 5099 | 109 | 103 | 27 | High |
| 38 | Virudhunagar | 0.256 | 3916 | 71 | 74 | <25 | Moderate |

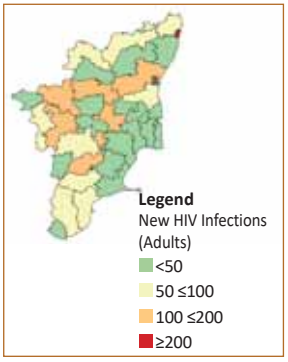
# Tamil Nadu

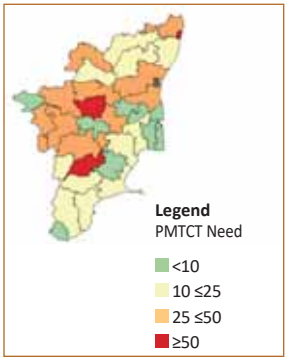
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.23%) | (State=1.55 lakh) | (State=2536) | (State=845) |




| Category | Districts (#) |
|---|---|
| <0.20% | 10 |
| 0.20% ≤0.40% | 25 |
| 0.40% ≤1.0% | 3 |
| ≥1.0% | 0 |

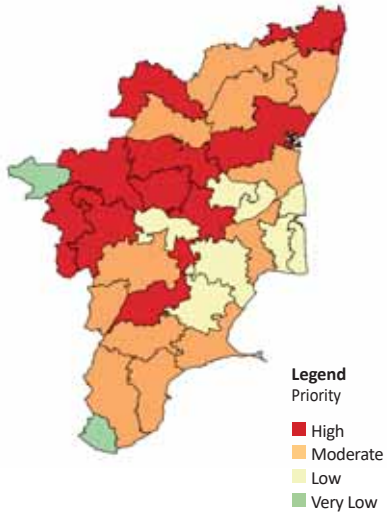
| Category | Districts (#) |
|---|---|
| <1,000 | 2 |
| 1,000 ≤2,500 | 11 |
| 2,500 ≤5,000 | 14 |
| ≥5,000 | 11 |

| Category | Districts (#) |
|---|---|
| <50 | 20 |
| 50 ≤100 | 11 |
| 100 ≤200 | 6 |
| ≥200 | 1 |

| Category | Districts (#) |
|---|---|
| <10 | 10 |
| 10 ≤25 | 15 |
| 25 ≤50 | 10 |
| ≥50 | 3 |

## Priority Districts

**Priority Districts (N=38)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 11 | 55% of PLHIV<br>58% of new infections<br>55% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 14 | 33% of PLHIV<br>30% of new infections<br>33% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 11 | 12% of PLHIV<br>11% of new infections<br>12% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 2 | <1% of PLHIV<br>1% of new infections<br><1% of PMTCT need |

# Telangana

## District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Adilabad | 0.301 | 1895 | <25 | 49 | <25 | Low |
| 2 | Bhadradri Kothagudem | 0.439 | 4981 | 215 | 115 | 33 | Moderate |
| 3 | Hyderabad | 0.546 | 17077 | 904 | 412 | 112 | High |
| 4 | Jagtial | 0.430 | 3821 | <25 | 99 | <25 | Moderate |
| 5 | Jangaon | 0.349 | 1792 | <25 | 44 | <25 | Low |
| 6 | Jayashankar Bhupalpally | 0.399 | 2494 | 32 | 60 | <25 | Low |
| 7 | Jogulamba Gadwal | 0.361 | 2252 | 304 | 55 | <25 | Low |
| 8 | Kamareddy | 0.552 | 4760 | <25 | 121 | 31 | Moderate |
| 9 | Karimnagar | 0.552 | 5079 | <25 | 126 | 33 | High |
| 10 | Khammam | 0.723 | 9273 | 46 | 231 | 59 | High |
| 11 | Kumuram Bheem Asifabad | 0.418 | 1906 | <25 | 49 | <25 | Moderate |
| 12 | Mahabubabad | 0.339 | 2298 | <25 | 55 | <25 | Low |
| 13 | Mahabubnagar | 0.509 | 5790 | <25 | 143 | 37 | High |
| 14 | Mancherial | 0.329 | 2366 | <25 | 60 | <25 | Low |
| 15 | Medak | 0.534 | 3584 | <25 | 88 | <25 | Moderate |
| 16 | Medchal | 0.453 | 10814 | <25 | 269 | 71 | High |
| 17 | Mulugu | 0.394 | 1032 | <25 | 27 | <25 | Low |
| 18 | Nagarkurnool | 0.727 | 5618 | 469 | 143 | 37 | High |
| 19 | Nalgonda | 0.497 | 7157 | <25 | 181 | 46 | High |
| 20 | Narayanpet | 0.659 | 3216 | 205 | 82 | <25 | Moderate |
| 21 | Nirmal | 0.404 | 2535 | <25 | 60 | <25 | Moderate |
| 22 | Nizamabad | 0.461 | 6274 | <25 | 159 | 42 | High |
| 23 | Peddapalli | 0.291 | 2078 | <25 | 49 | <25 | Low |
| 24 | Rajanna Sircilla | 0.482 | 2386 | <25 | 60 | <25 | Moderate |
| 25 | Rangareddy | 0.514 | 12312 | <25 | 307 | 79 | High |
| 26 | Sangareddy | 0.571 | 7655 | <25 | 192 | 51 | High |
| 27 | Siddipet | 0.352 | 3064 | <25 | 77 | <25 | Moderate |
| 28 | Suryapet | 0.708 | 6871 | <25 | 170 | 44 | High |
| 29 | Vikarabad | 0.623 | 5122 | <25 | 126 | 33 | High |
| 30 | Wanaparthy | 0.439 | 2848 | 212 | 71 | <25 | Moderate |
| 31 | Warangal (Rural) | 0.341 | 2157 | <25 | 55 | <25 | Low |
| 32 | Warangal (Urban) | 0.426 | 4267 | 39 | 104 | 29 | Moderate |
| 33 | Yadadri Bhuvanagiri | 0.431 | 2740 | <25 | 66 | <25 | Moderate |

# Tripura

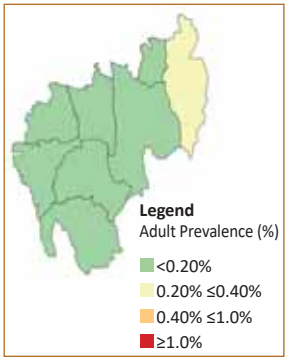
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

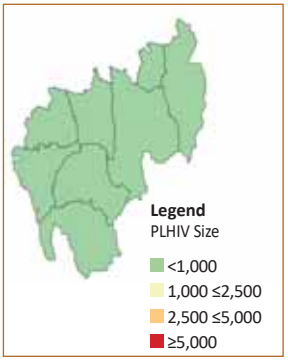
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Dhalai | <0.10 | 273 | 33 | <25 | <25 | Very Low |
| 2 | North Tripura | 0.276 | 910 | 162 | <25 | <25 | Low |
| 3 | South Tripura | <0.10 | 107 | <25 | <25 | <25 | Very Low |
| 4 | West Tripura | <0.10 | 588 | 84 | <25 | <25 | Very Low |
| 5 | Gomati | 0.101 | 344 | 63 | <25 | <25 | Very Low |
| 6 | Khowai | <0.10 | 203 | <25 | <25 | <25 | Very Low |
| 7 | Sepahijala | <0.10 | 115 | <25 | <25 | <25 | Very Low |
| 8 | Unakoti | 0.146 | 321 | 50 | <25 | <25 | Very Low |

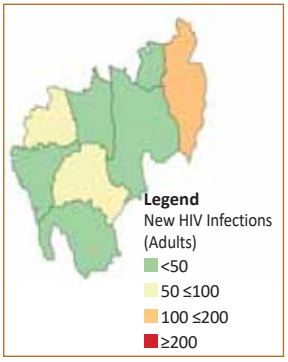
# Tripura

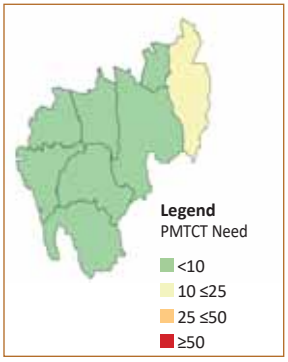
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.10%) | (State=2862) | (State=442) | (State=33) |




| Category | Districts (#) |
|---|---|
| <0.20% | 7 |
| 0.20% ≤0.40% | 1 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

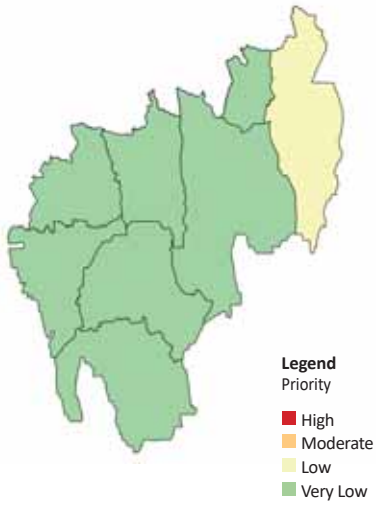
| Category | Districts (#) |
|---|---|
| <1,000 | 8 |
| 1,000 ≤2,500 | 0 |
| 2,500 ≤5,000 | 0 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 5 |
| 50 ≤100 | 2 |
| 100 ≤200 | 1 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 7 |
| 10 ≤25 | 1 |
| 25 ≤50 | 0 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=8)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 0 | – |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 1 | 32% of PLHIV<br>37% of new infections<br>33% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 7 | 68% of PLHIV<br>63% of new infections<br>67% of PMTCT need |

# Uttarakhand

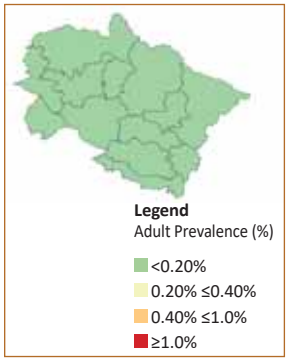
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

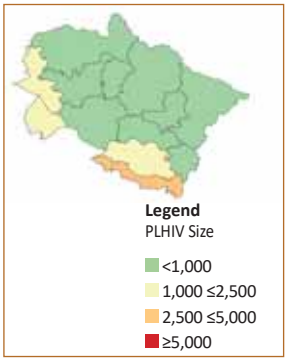
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Almora | 0.120 | 583 | 36 | <25 | <25 | Very Low |
| 2 | Bageshwar | 0.106 | 216 | 27 | <25 | <25 | Very Low |
| 3 | Chamoli | <0.10 | 320 | <25 | <25 | <25 | Very Low |
| 4 | Champawat | 0.145 | 312 | <25 | <25 | <25 | Very Low |
| 5 | Dehradun | 0.122 | 1722 | 34 | 51 | <25 | Low |
| 6 | Haridwar | <0.10 | 1512 | 35 | 45 | <25 | Low |
| 7 | Nainital | 0.126 | 1009 | 43 | 30 | <25 | Low |
| 8 | Pauri Garhwal | <0.10 | 448 | <25 | <25 | <25 | Very Low |
| 9 | Pithoragarh | 0.152 | 583 | 40 | <25 | <25 | Very Low |
| 10 | Rudraprayag | <0.10 | 149 | <25 | <25 | <25 | Very Low |
| 11 | Tehri Garhwal | 0.197 | 995 | 57 | 29 | <25 | Very Low |
| 12 | Udham Singh Nagar | 0.182 | 2637 | 120 | 78 | <25 | Moderate |
| 13 | Uttarkashi | 0.169 | 470 | <25 | <25 | <25 | Very Low |

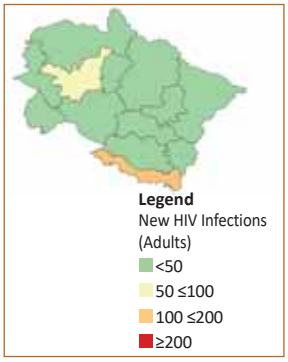
# Uttarakhand

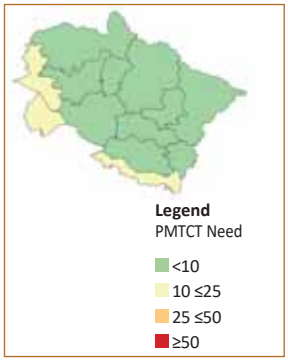
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.13%) | (State=10956) | (State=469) | (State=96 |




| Category | Districts (#) |
|---|---|
| <0.20% | 13 |
| 0.20% ≤0.40% | 0 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

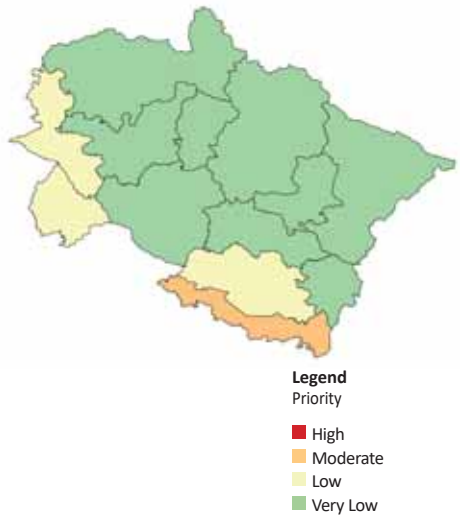
| Category | Districts (#) |
|---|---|
| <1,000 | 9 |
| 1,000 ≤2,500 | 3 |
| 2,500 ≤5,000 | 1 |
| ≥5,000 | 0 |

| Category | Districts (#) |
|---|---|
| <50 | 11 |
| 50 ≤100 | 1 |
| 100 ≤200 | 1 |
| ≥200 | 0 |

| Category | Districts (#) |
|---|---|
| <10 | 10 |
| 10 ≤25 | 3 |
| 25 ≤50 | 0 |
| ≥50 | 0 |

## Priority Districts

**Priority Districts (N=13)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 0 | – |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 1 | 24% of PLHIV<br>26% of new infections<br>24% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 3 | 39% of PLHIV<br>24% of new infections<br>39% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 9 | 37% of PLHIV<br>51% of new infections<br>38% of PMTCT need |

# Uttar Pradesh

## District-wide Key Epidemiological Estimates, HIV Estimations 2019

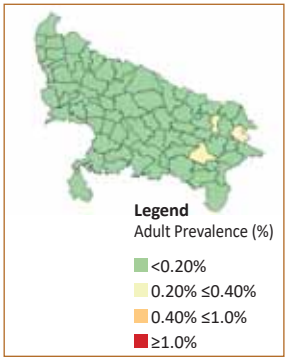
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Agra | 0.119 | 4319 | 120 | 94 | 60 | Moderate |
| 2 | Aligarh | 0.145 | 4327 | 245 | 94 | 60 | Moderate |
| 3 | Allahabad | 0.138 | 6622 | 119 | 145 | 91 | High |
| 4 | Ambedkar Nagar | 0.199 | 3806 | 183 | 83 | 52 | Moderate |
| 5 | Auraiya | <0.10 | 687 | <25 | <25 | <25 | Very Low |
| 6 | Azamgarh | 0.198 | 7234 | 231 | 158 | 100 | High |
| 7 | Baghpat | 0.112 | 1152 | 61 | <25 | <25 | Low |
| 8 | Bahraich | 0.102 | 2840 | 69 | 62 | 39 | Moderate |
| 9 | Ballia | 0.161 | 4086 | 227 | 89 | 56 | Moderate |
| 10 | Balrampur | 0.116 | 1991 | 49 | 44 | 27 | Low |
| 11 | Banda | <0.10 | 1279 | <25 | 28 | <25 | Low |
| 12 | Barabanki | <0.10 | 1314 | 27 | 28 | <25 | Low |
| 13 | Bareilly | <0.10 | 1470 | 52 | 32 | <25 | Low |
| 14 | Basti | 0.171 | 3350 | 207 | 73 | 46 | Moderate |
| 15 | Bijnor | <0.10 | 1864 | 100 | 41 | 26 | Low |
| 16 | Budaun | <0.10 | 1525 | 90 | 33 | <25 | Low |
| 17 | Bulandshahar | <0.10 | 2307 | 106 | 50 | 32 | Low |
| 18 | Chandauli | <0.10 | 1286 | 60 | 28 | <25 | Low |
| 19 | Chitrakoot | <0.10 | 629 | <25 | <25 | <25 | Very Low |
| 20 | Deoria | 0.213 | 5206 | 140 | 114 | 72 | High |
| 21 | Etah | <0.10 | 1178 | 59 | 26 | <25 | Low |
| 22 | Etawah | <0.10 | 871 | 40 | <25 | <25 | Very Low |
| 23 | Faizabad | <0.10 | 1436 | <25 | 31 | <25 | Low |
| 24 | Farrukhabad | <0.10 | 1024 | <25 | <25 | <25 | Low |
| 25 | Fatehpur | <0.10 | 995 | 53 | <25 | <25 | Very Low |
| 26 | Firozabad | <0.10 | 1767 | 86 | 39 | <25 | Low |
| 27 | Gautam Buddha Nagar | <0.10 | 1072 | 70 | <25 | <25 | Low |
| 28 | Ghaziabad | <0.10 | 2611 | 127 | 57 | 36 | Moderate |
| 29 | Ghazipur | 0.148 | 4189 | 292 | 91 | 57 | Moderate |
| 30 | Gonda | <0.10 | 1784 | 74 | 39 | <25 | Low |
| 31 | Gorakhpur | 0.162 | 5734 | 317 | 125 | 79 | High |
| 32 | Hamirpur | <0.10 | 298 | <25 | <25 | <25 | Very Low |
| 33 | Hardoi | <0.10 | 1044 | 33 | <25 | <25 | Low |
| 34 | Jalaun | <0.10 | 1151 | 55 | <25 | <25 | Low |
| 35 | Jaunpur | 0.212 | 7523 | 228 | 164 | 104 | High |
| 36 | Jhansi | <0.10 | 617 | <25 | <25 | <25 | Very Low |

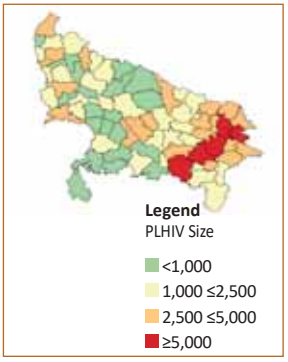
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 37 | Jyotiba Phule Nagar(Amroha) | <0.10 | 396 | <25 | <25 | <25 | Very Low |
| 38 | Kannauj | <0.10 | 665 | <25 | <25 | <25 | Very Low |
| 39 | Kanpur Nagar | <0.10 | 2614 | 117 | 57 | 36 | Moderate |
| 40 | Kanshiram Nagar (Kasganj) | <0.10 | 331 | <25 | <25 | <25 | Very Low |
| 41 | Kaushambi | 0.118 | 1513 | <25 | 33 | <25 | Low |
| 42 | Kheri | <0.10 | 647 | <25 | <25 | <25 | Very Low |
| 43 | Kushinagar | 0.120 | 3399 | 207 | 74 | 47 | Moderate |
| 44 | Lalitpur | <0.10 | 852 | <25 | <25 | <25 | Very Low |
| 45 | Lucknow | <0.10 | 2646 | 104 | 58 | 37 | Moderate |
| 46 | Maharajganj | 0.156 | 3360 | 89 | 73 | 46 | Moderate |
| 47 | Mahoba | <0.10 | 187 | <25 | <25 | <25 | Very Low |
| 48 | Mainpuri | <0.10 | 912 | 50 | <25 | <25 | Very Low |
| 49 | Mathura | 0.100 | 2054 | 95 | 45 | 28 | Low |
| 50 | Mau | 0.181 | 3180 | 73 | 70 | 44 | Moderate |
| 51 | Meerut | <0.10 | 2675 | 129 | 58 | 37 | Moderate |
| 52 | Mirzapur | 0.106 | 2117 | 51 | 46 | 29 | Low |
| 53 | Moradabad | 0.103 | 2688 | 77 | 59 | 37 | Moderate |
| 54 | Muzaffarnagar | <0.10 | 1792 | 82 | 39 | <25 | Low |
| 55 | Pilibhit | <0.10 | 633 | 27 | <25 | <25 | Very Low |
| 56 | Pratapgarh | 0.154 | 3918 | 109 | 85 | 54 | Moderate |
| 57 | Rae Bareli | <0.10 | 1146 | 54 | <25 | <25 | Low |
| 58 | Rampur | <0.10 | 1633 | 96 | 36 | <25 | Low |
| 59 | Saharanpur | 0.114 | 3232 | 64 | 71 | 45 | Moderate |
| 60 | Sant Kabir Nagar | 0.232 | 3161 | 218 | 69 | 44 | Moderate |
| 61 | Sant Ravidas Nagar | <0.10 | 1011 | 68 | <25 | <25 | Low |
| 62 | Shahjahanpur | <0.10 | 765 | 39 | <25 | <25 | Very Low |
| 63 | Shrawasti | 0.118 | 1043 | 25 | <25 | <25 | Low |
| 64 | Siddharth Nagar | 0.158 | 3176 | 84 | 69 | 44 | Moderate |
| 65 | Sitapur | <0.10 | 531 | 29 | <25 | <25 | Very Low |
| 66 | Sonbhadra | 0.142 | 2116 | 100 | 46 | 29 | Low |
| 67 | Sultanpur | 0.140 | 2489 | 66 | 54 | 34 | Low |
| 68 | Unnao | 0.114 | 2808 | 79 | 61 | 39 | Moderate |
| 69 | Varanasi | 0.136 | 4021 | 264 | 88 | 55 | Moderate |
| 70 | Amethi | 0.120 | 2418 | 59 | 53 | 33 | Low |
| 71 | Hapur | <0.10 | 529 | <25 | <25 | <25 | Very Low |
| 72 | Hathras | <0.10 | 937 | 39 | <25 | <25 | Very Low |
| 73 | Kanpur Dehat | <0.10 | 573 | <25 | <25 | <25 | Very Low |
| 74 | Shamli | <0.10 | 945 | 53 | <25 | <25 | Very Low |
| 75 | Sambhal | <0.10 | 895 | 33 | <25 | <25 | Very Low |

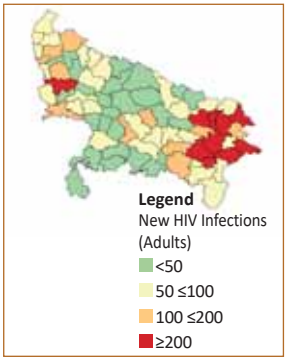
# Uttar Pradesh

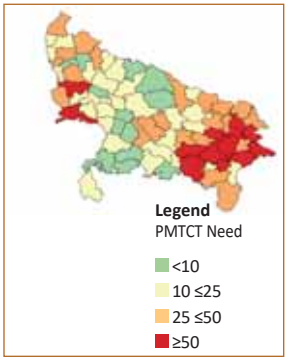
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.10%) | (State=1.61 lakh) | (State=6283) | (State=2212) |




| Category | Districts (#) |
|---|---|
| <0.20% | 72 |
| 0.20% ≤0.40% | 3 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

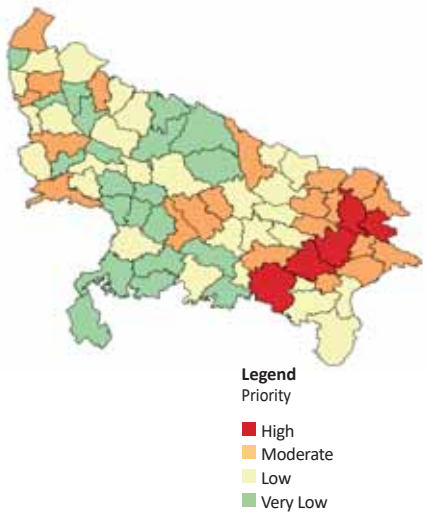
| Category | Districts (#) |
|---|---|
| <1,000 | 21 |
| 1,000 ≤2,500 | 28 |
| 2,500 ≤5,000 | 21 |
| ≥5,000 | 5 |

| Category | Districts (#) |
|---|---|
| <50 | 26 |
| 50 ≤100 | 28 |
| 100 ≤200 | 11 |
| ≥200 | 10 |

| Category | Districts (#) |
|---|---|
| <10 | 13 |
| 10 ≤25 | 28 |
| 25 ≤50 | 22 |
| ≥50 | 12 |

## Priority Districts

**Priority Districts (N=75)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 5 | 20% of PLHIV<br>17% of new infections<br>20% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 21 | 44% of PLHIV<br>49% of new infections<br>45% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 28 | 28% of PLHIV<br>26% of new infections<br>28% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 21 | 8% of PLHIV<br>7% of new infections<br>7% of PMTCT need |

# West Bengal

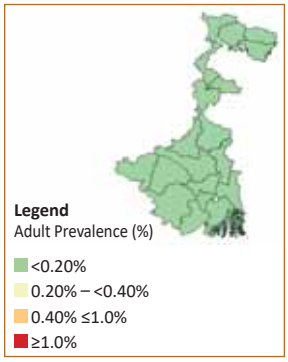
## District-wide Key Epidemiological Estimates, HIV Estimations 2019

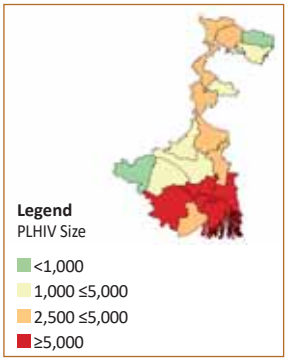
| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Alipurduar | <0.10 | 827 | 74 | <25 | <25 | Very Low |
| 2 | Bankura | <0.10 | 1049 | 60 | <25 | <25 | Low |
| 3 | Birbhum | <0.10 | 1653 | 124 | 29 | <25 | Low |
| 4 | Cooch Behar | <0.10 | 1772 | 79 | 31 | <25 | Low |
| 5 | Dakshin Dinajpur | <0.10 | 1101 | 79 | <25 | <25 | Low |
| 6 | Darjiling | 0.198 | 2962 | 115 | 52 | 27 | Moderate |
| 7 | Haora (Howrah) | 0.121 | 5271 | 491 | 93 | 48 | High |
| 8 | Hugli | 0.121 | 5782 | 448 | 102 | 53 | High |
| 9 | Jalpaiguri | 0.150 | 3018 | 265 | 53 | 27 | Moderate |
| 10 | Jhargram | <0.10 | 460 | <25 | <25 | <25 | Very Low |
| 11 | Kalimpong | <0.10 | 102 | <25 | <25 | <25 | Very Low |
| 12 | Kolkata | 0.301 | 11164 | 359 | 197 | 102 | High |
| 13 | Maldah | <0.10 | 2946 | 135 | 52 | 27 | Moderate |
| 14 | Murshidabad | <0.10 | 2920 | 178 | 51 | 27 | Moderate |
| 15 | Nadia | <0.10 | 3954 | 299 | 70 | 36 | Moderate |
| 16 | North Twenty Four Parganas | <0.10 | 8325 | 276 | 147 | 76 | High |
| 17 | Paschim Bardhaman | <0.10 | 2233 | 29 | 39 | <25 | Low |
| 18 | Paschim Medinipur | 0.119 | 5112 | 425 | 90 | 47 | High |
| 19 | Purba Bardhaman | <0.10 | 1566 | 40 | 28 | <25 | Low |
| 20 | Purba Medinipur | <0.10 | 2617 | 118 | 46 | <25 | Moderate |
| 21 | Puruliya | <0.10 | 796 | 52 | <25 | <25 | Very Low |
| 22 | South Twenty Four Parganas | <0.10 | 5194 | 30 | 91 | 48 | High |
| 23 | Uttar Dinajpur | 0.119 | 3380 | 93 | 59 | 31 | Moderate |

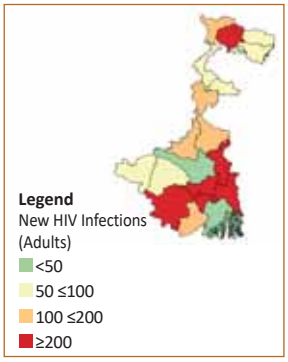
# West Bengal

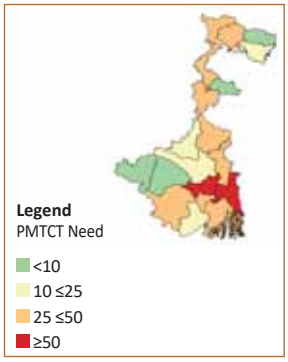
## District-wide Map on Key Indicators

| Adult Prevalence (%) | PLHIV Size | New HIV Infections (Adults) | PMTCT Need |
|---|---|---|---|
| (State=0.09%) | (State=74204) | (State=3794) | (State=679 |




| Category | Districts (#) |
|---|---|
| <0.20% | 22 |
| 0.20% ≤0.40% | 1 |
| 0.40% ≤1.0% | 0 |
| ≥1.0% | 0 |

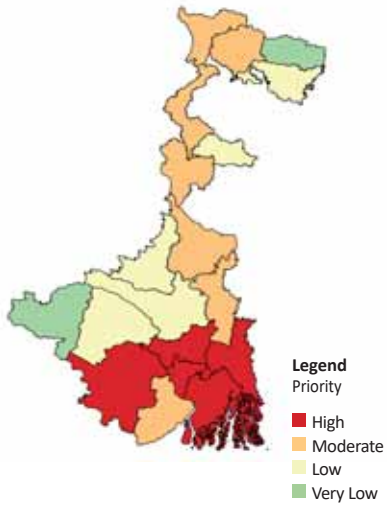
| Category | Districts (#) |
|---|---|
| <1,000 | 4 |
| 1,000 ≤2,500 | 6 |
| 2,500 ≤5,000 | 7 |
| ≥5,000 | 6 |

| Category | Districts (#) |
|---|---|
| <50 | 5 |
| 50 ≤100 | 6 |
| 100 ≤200 | 5 |
| ≥200 | 7 |

| Category | Districts (#) |
|---|---|
| <10 | 6 |
| 10 ≤25 | 5 |
| 25 ≤50 | 9 |
| ≥50 | 3 |

## Priority Districts

**Priority Districts (N=23)**




| Priority Level | Description | Number of Districts | Epidemic Burden |
|---|---|---|---|
| High | Adult prevalence of ≥1% or PLHIV size of ≥5,000 | 6 | 55% of PLHIV<br>53% of new infections<br>55% of PMTCT need |
| Moderate | Adult prevalence of 0.4% ≤1% or PLHIV size of 2,500 ≤5,000 | 7 | 29% of PLHIV<br>32% of new infections<br>29% of PMTCT need |
| Low | Adult prevalence of 0.20% ≤0.40% or PLHIV size of <1,000 | 6 | 13% of PLHIV<br>11% of new infections<br>13% of PMTCT need |
| Very Low | Adult prevalence of <0.20% or PLHIV size of <1,000 | 4 | 3% of PLHIV<br>4% of new infections<br>3% of PMTCT need |

# Factsheets for Union Territories

## Andaman & Nicobar Islands

District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Nicobars | 0.236 | <100 | <25 | <25 | <25 | Low |
| 2 | North And Middle Andaman | 0.194 | 192 | <25 | <25 | <25 | Very Low |
| 3 | South Andaman | 0.102 | 227 | <25 | <25 | <25 | Very Low |

## Chandigarh

District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Chandigarh | 0.190 | 2358 | 115 | 84 | <25 | Low |

## Dadra & Nagar Haveli and Daman & Diu (DNH & DD)

District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Dadra and Nagar Haveli | 0.230 | 750 | 70 | <25 | <25 | Low |
| 2 | Daman | 0.144 | 326 | <25 | <25 | <25 | Very Low |
| 3 | Diu | 0.291 | 143 | <25 | <25 | <25 | Low |

## Jammu & Kashmir and Ladakh

District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| | **UT of Jammu and Kashmir** | | | | | | |
| 1 | Anantnag | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 2 | Badgam | <0.10 | <100 | <25 | <25 | <25 | Very Low |

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 3 | Bandipora | <0.10 | 128 | <25 | <25 | <25 | Very Low |
| 4 | Baramula | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 5 | Doda | 0.184 | 586 | 47 | <25 | <25 | Very Low |
| 6 | Ganderbal | <0.10 | 203 | <25 | <25 | <25 | Very Low |
| 7 | Jammu | 0.149 | 1974 | 65 | 38 | <25 | Low |
| 8 | Kathua | 0.127 | 645 | <25 | <25 | <25 | Very Low |
| 9 | Kishtwar | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 10 | Kulgam | <0.10 | 213 | <25 | <25 | <25 | Very Low |
| 11 | Kupwara | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 12 | Pulwama | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 13 | Punch | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 14 | Rajouri | 0.102 | 516 | 37 | <25 | <25 | Very Low |
| 15 | Ramban | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 16 | Reasi | <0.10 | 182 | <25 | <25 | <25 | Very Low |
| 17 | Samba | <0.10 | 169 | <25 | <25 | <25 | Very Low |
| 18 | Shupiyan | <0.10 | 182 | <25 | <25 | <25 | Very Low |
| 19 | Srinagar | <0.10 | 514 | 33 | <25 | <25 | Very Low |
| 20 | Udhampur | <0.10 | 206 | <25 | <25 | <25 | Very Low |
| | **UT of Ladakh** | | | | | | |
| 1 | Kargil | <0.10 | <100 | <25 | <25 | <25 | Very Low |
| 2 | Leh | <0.10 | <100 | <25 | <25 | <25 | Very Low |

# Puducherry

## District-wide Key Epidemiological Estimates, HIV Estimations 2019

| S No | District Name | Prevalence | PLHIV (Total) | New Infections (15+ Years) | ARD (15+ Years) | PMTCT Need | District Priority |
|---|---|---|---|---|---|---|---|
| 1 | Karaikal | <0.10 | 202 | <25 | <25 | <25 | Very Low |
| 2 | Mahe | 0.188 | <100 | <25 | <25 | <25 | Very Low |
| 3 | Puducherry | 0.424 | 4401 | 239 | 232 | 32 | Moderate |
| 4 | Yanam | 0.133 | <100 | <25 | <25 | <25 | Very Low |

# Annexure 5

## List of Contributors from SACS, Regional and National Institutes (Surveillance and Epidemiology)

## List of Contributors from SACS

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District-level HIV burden estimations were first piloted for 5 States in the 2017 round. Based on the approved method, district-level HIV burden estimations (2019) were undertaken for 735 districts using the 2019 State/UT-model. The technical brief provides district-wide model-based estimates on the status of the HIV epidemic on key epidemiological parameters of prevalence, incidence, AIDS-related mortality and EMTCT need.

NACO

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