# America’s 250th: Reflecting on Progress Against HIV

Americans have pioneered scientific discovery and navigated crises that once seemed insurmountable—including the HIV and AIDS epidemic.

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For 250 years, Americans have built groundbreaking institutions, pioneered scientific discovery, and navigated crises that once seemed insurmountable.

The AIDS epidemic was one of those crises. When the first cases emerged in the early 1980s, the road ahead appeared grim as deaths mounted. Guided by the voices of affected communities calling for action, America answered with research, policy, and determination. Here’s a look at some key moments that have defined our progress, many of which have been led or supported by the U.S. Department of Health and Human Services (HHS).

CDC research chemist Rosemary Ramsey conducting chromatography tests on biological fluid samples from AIDS patients in a laboratory.Courtesy of HIV.gov

## Early 1980s: The Nation Responds to a New Health Crisis

In 1981, the Centers for Disease Control and Prevention (CDC) published an article describing cases of a rare lung infection affecting otherwise healthy young men. This article was the first official report of what would later become known as acquired immunodeficiency syndrome, or AIDS. That call to action sparked a nationwide community and scientific response, laying the groundwork for the HIV prevention, treatment, and care strategies that protect people in the United States today.

Open HIV testing kit containing reagent bottles, test vials, and supplies arranged in a foam-lined carrying case (1985).Courtesy of HIV.gov

## Mid-1980s: Detecting the Virus and Informing the Public

On April 23, 1984, researchers at the National Cancer Institute (NCI) announced that they had determined that a retrovirus, later named human immunodeficiency virus (HIV), was the cause of AIDS and had developed a test capable of detecting it. Less than a year later, the U.S. Food and Drug Administration (FDA) licensed the first blood test to detect HIV. These breakthroughs gave the medical community the tools needed to eventually develop the life-saving treatments available today.

In 1986, U.S. Surgeon General C. Everett Koop released his landmark Report on Acquired Immune Deficiency Syndrome, which paved the way for the historic 1988 mailing of 126 million copies of the Understanding AIDS brochure, reaching many households in the United States. The brochure addressed misinformation with facts about HIV transmission.

A scientist examines three test tubes containing T-lymphocyte cells, comparing healthy cells, HIV-infected cells, and HIV-exposed cells protected by azidothymidine (AZT), the first medication approved by the FDA to treat HIV and AIDS.Courtesy of HIV.gov

## Late 1980s to Mid-’90s: Turning the Tide with Treatment and Care

In 1987, the FDA approved the first antiretroviral drug to treat AIDS, developed through National Institutes of Health (NIH)-funded research. In 1989, the U.S. government published the first HIV clinical practice guidelines on the treatment of pneumonia in people living with HIV. Today, clinicalinfo.HIV.gov has published six sets of HIV clinical practice guidelines used by health professionals around the world.

In August 1990, Congress signed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It ensures that people living with HIV can get the care they need. In 2025, over 91% of patients receiving HIV care through the program were virally suppressed—significantly more than the national viral suppression rate. Today, the Ryan White HIV/AIDS Program serves over half of all people living with diagnosed HIV in the United States.

CDC expanded the AIDS case definition in 1993 to include anyone with a CD4 count below 200—a low level of infection-fighting blood cells. This dramatically increased recognized cases and expanded access to care and benefits for affected people.

In 1994, NIH-funded research showed that treatment in pregnant women living with HIV lowered the risk of perinatal transmission by two-thirds. This discovery has helped nearly eliminate mother-to-child transmission in the United States and worldwide.

By 1996, NIH-funded research led to highly active antiretroviral therapy (HAART), transforming HIV from a near-certain death sentence into a manageable chronic condition. Research funded by NIH since then has improved HIV treatment significantly with more potent medicines and simpler regimens. Today, people living with HIV who receive and maintain treatment can live long, healthy lives.

Oral pre-exposure prophylaxis (PrEP) tablets, a medication used to help prevent HIV infection.

## 2000s and Mid-2010s: Redefining Prevention with PrEP and U=U

In 2006, CDC issued revised recommendations for HIV testing: instead of encouraging testing only for people who were high risk, CDC recommended that everyone aged 13 to 64 receive at least one-time HIV screening as a routine part of medical care and that individuals with ongoing risk for HIV be tested at least annually. This helped reduce the number of people living with undiagnosed HIV.

In 2010, NIH-funded research found that people living without HIV could use daily oral antiretroviral drugs as pre-exposure prophylaxis (PrEP) to lower their chances of acquiring the virus. These results supported the 2012 FDA approval of PrEP as the first biomedical option for HIV prevention.

Landmark 2011 research funded by NIH demonstrated unquestionably that achieving and maintaining viral suppression to an undetectable level prevents HIV transmission to sexual partners. This discovery, supported by additional studies, led to the concept of treatment as prevention and set the stage for the HIV community-led Undetectable = Untransmittable (U=U) campaign in 2016, reshaping public health strategy and improving health outcomes for millions of people.

## 2019 to Present: The Federal Commitment to Ending the Epidemic

In 2019, the federal government launched Ending the HIV Epidemic in the U.S. (EHE), a bold initiative involving many federal agencies within HHS to reduce new HIV acquisitions in the United States by 90%. Explore the EHE timeline for key developments, and view data on the AHEAD dashboard (launched in 2020) to explore progress to date.

In the early 2020s, supported in part by NIH-funded basic science and clinical trials, long-acting injectable HIV treatment and prevention options became available. Some people experience challenges taking a daily pill, and these new treatment and prevention options help address that.

Today, due to these historic innovations and hard work and thanks to effective care and treatment, more than 1.1 million people in the United States are living with HIV and many are living long lives. People living with HIV also face co-occurring conditions—including cognitive changes, cardiovascular disease, kidney issues, and bone problems—emerging earlier and more severely among older adults living with HIV. This has prompted a new focus on healthy aging, whole-person health, and quality of life for people living with HIV.

New prevention and treatment options, implementation research, and innovative collaborations at the local, state, and federal levels continue to reduce new HIV infections and improve outcomes for people living with HIV.

To explore the full history of America’s progress in response to HIV, visit the HIV and AIDS in the United States timeline.

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