FOR IMMEDIATE RELEASE

New National Data Reveal Growing Strain on U.S. HIV Response, With Frontline Providers Reporting Disruptions to Patient Care

Washington, DC (April 14, 2026) – The Association of Nurses in AIDS Care, in collaboration with partners in the Emergency HIV Clinical Response Task Force, today highlighted new national survey findings that point to significant and widespread disruptions across the HIV care continuum in the United States.

The data brief, *HIV Response in U.S. Experiencing Renewed Strain*, is based on responses from 383 HIV providers across 47 states and Puerto Rico and reflects increasing instability in the systems that support HIV prevention, treatment, and care. Sixty-one percent of respondents reported at least one HIV service disruption, while 68 percent reported operational changes, including staffing reductions, service cutbacks, and program closures.

From a nursing perspective, these disruptions are not abstract system challenges. They are showing up in real time as patients struggle to stay engaged in care.

“Frontline providers are reporting widespread disruptions, and nurses are seeing how quickly those disruptions translate into challenges for patients,” said Dr. Shey Thorn, Executive Director of ANAC. “When patients lose housing, food security, or insurance coverage, maintaining HIV care becomes significantly more difficult. These challenges are compounding and directly affecting continuity of care.”

The findings underscore the growing role of structural and social determinants of health in shaping HIV outcomes. Providers reported that housing instability (65 percent), food insecurity (62 percent), and loss of insurance coverage (61 percent) are among the most significant barriers preventing patients from remaining engaged in care. Employment instability, transportation costs, and fear related to immigration enforcement further contribute to these challenges.

The impact is disproportionately felt by populations already experiencing inequities, including transgender individuals, migrants and undocumented individuals, people experiencing homelessness, and Black and Latinx communities. Providers also reported increasing loss to follow-up among these groups, raising concerns about long-term health outcomes and prevention efforts.

Nurses play a central role in addressing these challenges through care coordination, patient education, and ongoing engagement. As systems face increasing strain, the complexity of that work continues to grow.

“Nurses are often the first to recognize when a patient is at risk of falling out of care,” Thorn added. “What we are seeing is a convergence of clinical, social, and structural challenges that require coordinated, sustained responses. Without that, we risk losing ground in the progress made over the past decades.”

The Emergency HIV Clinical Response Task Force, which includes the American Academy of HIV Medicine, Association of Nurses in AIDS Care, Gay and Lesbian Medical Association, HIV Medicine

Association, and International Association of Providers of AIDS Care, will continue to monitor these disruptions and support efforts to stabilize HIV services nationwide.

Addressing these disruptions is critical to protecting patients and sustaining progress in the U.S. HIV response. Ensuring continuity of care will require coordinated attention to both clinical services and the broader conditions that shape health and access to care.

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About ANAC

The Association of Nurses in AIDS Care is the leading nursing organization responding to HIV and AIDS. Since 1987, ANAC has supported nurses and other healthcare professionals across care, research, prevention, and policy to improve outcomes for people living with and affected by HIV. Through a global network of more than 40 chapters, ANAC advances HIV care by fostering collaboration, promoting research and knowledge exchange, providing leadership within the nursing community, and advocating for effective public policies and high-quality care. ANAC's multidisciplinary membership includes nurses, social workers, pharmacists, physician assistants, physicians, and other professionals committed to advancing equitable, patient-centered HIV care worldwide.

About the Emergency HIV Clinical Response Task Force

In response to reports of HIV clinical and supportive service disruptions, five U.S.-based professional medical and nursing associations – the American Academy of HIV Medicine, Association of Nurses in AIDS Care, Gay and Lesbian Medical Association, HIV Medicine Association, and International Association of Providers of AIDS Care – launched the Emergency HIV Clinical Response Task Force in June 2025.