



# HIV/AIDS Surveillance Report June 2015

Kentucky Cabinet for Health and Family Services  
Department for Public Health  
HIV/AIDS Branch



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

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**Audrey Tayse Haynes**  
Secretary

December 2015

Dear Reader:

Enclosed, please find the June 2015 issue of Kentucky's HIV/AIDS Surveillance Report which contains data on HIV infections among Kentuckians reported to the Department for Public Health. This annual edition is a Centers for Disease Control and Prevention (CDC) grant deliverable and is produced to fulfill the requirements of Funding Opportunity Announcement (FOA): PS13-1302.

Section I profiles cumulative and living HIV infections diagnosed among Kentuckians, regardless of progression to AIDS. Confidential AIDS reporting started in 1982, whereas legislation requiring confidential HIV name-based reporting was not enacted until July of 2004. Prior to that, HIV infections were reported with a unique code. HIV infections presented in this section (and throughout the report) include all HIV infections diagnosed, regardless of progression to AIDS. A total of 9,550 cumulative HIV infections were diagnosed and reported as of June 30, 2015. Of these HIV infections, 65% had progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2013, there were 364 new HIV infections diagnosed among Kentucky residents, a diagnosis rate of 8.3 per 100,000 population. Trends among people with newly diagnosed infections are presented in this section, and disparities by race/ethnicity, age at diagnosis, sex and mode of transmission are highlighted.

Section III profiles Kentuckians with HIV infection who were diagnosed with AIDS within 30 days of initial HIV diagnosis, also referred to as concurrent diagnoses. Analyses focus on the most recent 10.5 year period: January 1, 2005 through June 30, 2015. Twenty-five percent of the 3,568 individuals with new HIV disease diagnoses within that period were diagnosed with AIDS within 30 days of the initial HIV diagnosis.

Please read the data source and technical notes on pages 3-5 for further information concerning interpretation of the data. The data presented in this report are available at <http://chfs.ky.gov/NR/ronlyres/984647A7-9C4C-4B3C-B33F-5369624B6132/0/HIVAIDSAnnualReportJune2015.pdf>. To receive e-mail updates when new HIV/AIDS statistical reports are released online, please send a blank e-mail to the following address: [subscribe-dph-semiannualreport@listserv.ky.gov](mailto:subscribe-dph-semiannualreport@listserv.ky.gov).

Sincerely,

Peace Julie Nakayima, MPH  
Epidemiologist



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## **Data Sources**

The HIV/AIDS Annual Report presents data regarding HIV disease cases diagnosed among Kentuckians and reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program through June 30, 2015. In this annual edition, HIV disease cases diagnosed among Kentuckians are presented, regardless of disease progression. The data only include those persons who have been confidentially tested and reported to the HIV/AIDS Surveillance Program. No adjustments are made to the data presented to account for undiagnosed, anonymously tested, or unreported cases.

Population data: Kentucky population estimates used in the calculation of rates were obtained from the Kentucky State Data Center, source: Population Division, U.S. Census Bureau, 2010. Available at <http://www.ksdc.louisville.edu/>

Accessed August 12, 2015.

## **HIV/AIDS Reporting Requirements**

According to state regulation 902 KAR 2:020, Section 13, health professionals licensed under KRS chapters 311 through 314, health facilities licensed under KRS chapter 216B, and laboratories licensed under KRS chapter 333 are required to report HIV and AIDS cases to the Kentucky Department for Public Health or the Louisville Metro Department of Public Health and Wellness within five business days of diagnosis, depending on county of residence.

Cases residing in the Kentucky Counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble are reported to the Surveillance Nurse Consultant at the Louisville Metro Department of Public Health and Wellness at 502-574-6574. All other cases are reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program at 866-510-0008. Case information from both sites is combined at the Kentucky Department for Public Health to produce this report. Additional case reporting information can be found on the Kentucky HIV/AIDS Branch Web site: <http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm>.

## **Key Terminology**

The terminology used in this report is in a format consistent with CDC's technical guidelines for HIV surveillance grantees in the United States, and also consistent with the National HIV surveillance report, available online at: <http://www.cdc.gov/hiv/library/reports/surveillance/>.

HIV (Human Immunodeficiency Virus): A retrovirus that infects the helper T cells of the immune system, resulting in immunodeficiency. HIV is diagnosed by a positive confirmatory antibody test or positive/detectable viral detection test.

AIDS (Acquired Immunodeficiency Syndrome): Advanced stage of HIV infection characterized by severe immune deficiency. Diagnosed by the presence of at least one of 26 opportunistic illnesses or a CD4+T-lymphocyte count of less than 200 cells/ml of blood. T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and a percentage of less than 14% of the total white blood cells (lymphocytes) is considered only if the count is missing.

HIV Disease: Persons with a diagnosis of HIV infection regardless of stage of disease. This includes persons with HIV (non-AIDS), as well as those who have advanced stages of the disease, i.e., AIDS.

Date of Diagnosis: The date of an individual's initial HIV disease diagnosis.

Concurrent Diagnosis: Both HIV and AIDS are diagnosed within a 30-day period.

Sex: Sex designations in this report are based on a person's sex assignment at birth. According to the CDC, *Transgender* is an umbrella term that is used to identify persons whose sex assigned at birth does not match current gender identity or expression. Data for transgender persons are not presented in this report because information on gender identity (a person's internal understanding of his or her gender or the gender with which a person identifies) is not consistently collected or documented in the data sources used by HIV Surveillance Program. HIV surveillance personnel collect this information, when available, from sources such as case report forms submitted by health care or HIV testing providers and medical records, or by matching with other databases (e.g., Ryan White program data). In May 2012, CDC issued guidance to state and local programs on methods for collecting data on transgender persons and working with transgender-specific data. However, characterization of HIV infection among transgender persons in Kentucky requires supplemental data from special studies.

## Kentucky HIV/AIDS Surveillance Report: June 30, 2015

Age: The designation “adults and adolescents” refers to persons aged 13 years and older; the designation “pediatric” refers to persons aged less than 13 years at time of initial HIV diagnosis.

- ◆ Current Age: An individual’s age or age group as of June 30, 2015.
- ◆ Age at Diagnosis: An individual’s age or age group at the time of initial HIV disease diagnosis.

Race and Ethnicity: Ethnicity categories include Hispanics and non-Hispanics. Data for all non-Hispanics are displayed in combination with their racial groupings which include:

- ◆ White (non-Hispanic)
- ◆ Black or African American (non-Hispanic)
- ◆ Asian (non-Hispanic)
- ◆ Native Hawaiian or other Pacific Islander (non-Hispanic)
- ◆ American Indian or Alaska Native (non-Hispanic)

Kentucky’s HIV data are collected for all racial and ethnic groupings. However, due to small numbers, data for the following racial groups are aggregated into the “other” designation: American Indian or Alaska Native, Native Hawaiian or Pacific Islander and persons of multiple races.

Transmission Category: Classification used to summarize the behavior or event most likely responsible for disease transmission. Each case is only included in a single transmission route.

- ◆ Men Who Have Sex With Men (MSM): Men who report having sexual contact with other men.
- ◆ Injection Drug Use (IDU): Individuals who report injecting nonprescription drugs.
- ◆ MSM/IDU: Men who report having sex with other men and also inject nonprescription drugs.
- ◆ Heterosexual Contact: A person reporting specific heterosexual contact with a person known to have, or to be at high risk for, HIV infection e.g., an injection drug user, a bisexual male (females only), or a person with hemophilia/coagulation disorder.
- ◆ Female Heterosexual Contact (FHC): Different than heterosexual contact above and applies only to persons whose birth sex is female. It includes a female who does not fit in the heterosexual contact category above, with no reported injection drug use, but reported sexual contact with a male and no additional information about the male’s HIV status or behaviors. This category was accepted by the CDC in 2010 and Kentucky’s data were revised starting with the June 2012 annual report to incorporate it. Cases previously categorized as “undetermined” and meeting this criteria were re-classified.
- ◆ Hemophilia: Individuals receiving clotting factor for hemophilia/coagulation disorder.
- ◆ Perinatal: Individuals born to a mother with HIV or a mother with an exposure history listed in the transmission category hierarchy.
- ◆ Blood Transfusion/Organ Transplant: Individuals who received blood transfusions or organ transplants. Individuals with a transfusion date listed after March 1985 are considered cases of public health importance and are followed to verify the mode of transmission.
- ◆ Undetermined/No Identified Risk (NIR): Individuals reporting no exposure history to HIV through any of the modes listed in the transmission category hierarchy above. Cases previously classified in this category who meet the Female Heterosexual Contact have been re-assigned beginning in June 2012.

## Technical Notes

1. Reporting Delays- Delays exist between the time HIV infection is diagnosed and the time the infection is reported to the HIV/AIDS Surveillance Program. As a result of reporting delays, case statistics for the most recent years of diagnosis may not be complete. Therefore the data for 2014 and 2015 are considered provisional and will not be presented in the analysis of trends. The data presented in this report have not been adjusted for reporting delays.
2. Place of Residence- HIV data are presented based on residence at the time initial HIV infection was diagnosed. Data presented on living cases reflect those originally diagnosed while living in Kentucky that are still presumed to be living, regardless of their current residence.
3. Vital Status- Cases are presumed to be alive unless the HIV/AIDS Surveillance Program has received notification of death. Current vital status information for cases is ascertained through routine site visits with major reporting sites, reports of death from providers, reports of death from other states' surveillance programs, routine matches with Kentucky death certificates (vital statistics registry) and Social Security Death Master Files (SSDMF).
4. Transmission Route- Despite possible existence of multiple methods through which HIV was transmitted, cases are assigned a single most likely transmission route based on a hierarchy developed by the Centers for Disease Control and Prevention (CDC). See the "Key Terminology" list on page 3 for a description of the transmission categories. A limitation of the dataset is the large number of cases reported with an undetermined transmission route. Currently, surveillance data are collected through hard copy case reports, telephone reports and chart reviews, which sometimes results in missing information. Enhanced surveillance activities have been implemented to attempt to resolve case reports with missing risk factor information, including the re-classification of females into the "Female Heterosexual Contact" category.
5. Routine Interstate Duplicate Review (RIDR)- Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help resolve duplicate reporting, CDC initiated the Routine Interstate Duplicate Review (RIDR) project in 2004. RIDR compares patient records throughout the nation in order to identify duplicate cases. The states with duplicate cases contact one another to compare patient profiles in order to determine the state to which case residency belongs, based on residence at the earliest date of diagnosis. Due to this process, the cumulative number of cases within Kentucky may change, but the process has increased the accuracy of Kentucky's data by reducing the chance that a case has been counted more than once nationally.
6. Small Numbers- Data release limitations are set to ensure that the information cannot be used to inadvertently identify an individual. Data suppression rules are applied based on the population denominators for analyses below the state level. Additional numerator suppression rules are applied for groups or geographic areas that have <500,000 population. Rates are not released when the numerator is less than 10 cases because of the low reliability of rates based on a small number of cases.
7. Difference between HIV Infection/HIV Disease, HIV without AIDS, and concurrent diagnosis of HIV with AIDS- HIV infection includes all individuals diagnosed with the HIV virus regardless of the stage of disease progression. This term is used interchangeably with HIV disease. The data are presented based on the date of the first diagnosis reported to the HIV/AIDS Surveillance Program. HIV without AIDS includes individuals who were diagnosed with HIV and had not progressed to AIDS as of the report date. Concurrent diagnosis with AIDS includes those who were diagnosed with AIDS within 30 days of initial HIV diagnosis. See "Key Terminology" on page 3 for a description of how HIV and AIDS are defined.

## Section I: Cumulative and Living HIV Infections Diagnosed through June 30, 2015, Kentucky

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
<b>MALE</b>	<13	24	<1	28	1	0	0	0	0	52	1
	13-19	122	2	132	6	3	1	11	7	268	3
	20-29	1,420	28	781	33	122	38	54	33	2,377	30
	30-39	1,831	36	727	31	120	38	53	33	2,731	35
	40-49	1,169	23	497	21	46	14	34	21	1,746	22
	50+	483	10	201	8	28	9	11	7	723	9
	<b>TOTAL<sup>(2)</sup></b>	<b>5,049</b>	<b>100</b>	<b>2,366</b>	<b>100</b>	<b>319</b>	<b>100</b>	<b>163</b>	<b>100</b>	<b>7,897</b>	<b>100</b>
<b>FEMALE</b>	<13	13	2	19	2	1	1	1	2	34	2
	13-19	40	5	49	6	5	7	3	5	97	6
	20-29	217	30	227	29	30	42	16	25	490	30
	30-39	238	32	263	34	17	24	20	32	538	33
	40-49	141	19	146	19	13	18	18	29	318	19
	50+	85	12	81	10	5	7	5	8	176	11
	<b>TOTAL<sup>(2)</sup></b>	<b>734</b>	<b>100</b>	<b>785</b>	<b>100</b>	<b>71</b>	<b>100</b>	<b>63</b>	<b>100</b>	<b>1,653</b>	<b>100</b>

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2015.

(2) Percentages may not total 100% due to rounding.

\*Age at initial HIV diagnosis.

Since the beginning of the epidemic, the majority (83%) of HIV cases diagnosed among Kentuckians have been reported among males (7,897 cases). In terms of age at diagnosis, more male HIV cases were diagnosed in their 30's (2,731 or 35%) than any other decade. Among white males, the highest percentages of cumulative cases were aged 30-39 years at the time of diagnosis (36%). Among black males, 33% of cases were aged 20-29 years and 31% were aged 30-39 years at time of diagnosis. The percentage of Hispanic males in their 20's at time of diagnosis (38%) was higher compared to blacks (33%) and whites (28%). Conversely, Hispanic males had the lowest percentage of cases aged 40-49 years at time of diagnosis (14%), compared with black males and white males (21% and 23% respectively). Six percent of black males were teenagers at time of diagnosis compared to 2% of white males and 1% of Hispanic males.

Similar patterns exist among females with HIV. More females were diagnosed with HIV disease in their 30's (538 or 33%) than any other decade. Similar percentages of black and white females were diagnosed in that same decade of life. Hispanic females tend to be younger at the time of diagnosis than their racial and ethnic counterparts. More Hispanic females was diagnosed with HIV in their 20's (42%) than any other decade of life.

**Table 2. Cumulative<sup>(1)</sup> Adult/Adolescent\* HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex through June 30, 2015, Kentucky**

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
		<b>MALE</b>	MSM <sup>(2)</sup>	3,647	73	1,223	52	167	52	101	62
IDU <sup>(3)</sup>	275		5	328	14	31	10	13	8	647	8
MSM and IDU	315		6	145	6	8	3	5	3	473	6
Heterosexual <sup>(4)</sup>	205		4	218	9	33	10	13	8	469	6
Other <sup>(5)</sup>	88		2	16	1	0	0	0	0	104	1
Undetermined <sup>(6)</sup>	495		10	408	17	80	25	31	19	1,014	13
<b>TOTAL<sup>(7)</sup></b>	<b>5,025</b>		<b>100</b>	<b>2,338</b>	<b>100</b>	<b>319</b>	<b>100</b>	<b>163</b>	<b>100</b>	<b>7,845</b>	<b>100</b>
<b>FEMALE</b>	IDU <sup>(3)</sup>	151	21	157	20	9	13	11	18	328	20
	Heterosexual <sup>(4)</sup>	371	51	367	48	39	56	37	60	814	50
	Female Heterosexual <sup>(8)</sup>	123	17	175	23	17	24	10	16	325	20
	Other <sup>(5)</sup>	12	2	4	1	0	0	0	0	16	1
	Undetermined <sup>(6)</sup>	64	9	63	8	5	7	4	6	136	8
	<b>TOTAL<sup>(7)</sup></b>	<b>721</b>	<b>100</b>	<b>766</b>	<b>100</b>	<b>70</b>	<b>100</b>	<b>62</b>	<b>100</b>	<b>1,619</b>	<b>100</b>

\*Cases are classified as adult/adolescent if they were 13 years of age or older at time of HIV diagnosis.

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2015.

(2) MSM = Men Having Sex With Men.

(3) IDU = Injection Drug Use.

(4) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(5) "Other" includes persons who had a transfusion/transplant or hemophilia/coagulation disorder listed as mode of transmission or pediatric cases diagnosed as adults.

(6) "Undetermined" refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

(7) Percentages may not total 100% due to rounding.

(8) Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 3 for additional definition.

The majority of cumulative adult/adolescent male HIV diagnoses (65%) were reported with MSM as the primary route of exposure, while among adult/adolescent women, half (50%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV contraction, e.g., a person who injects drugs. Adult/adolescent minority males (14% of black males and 10% of Hispanic males) reported higher percentages of IDU as the route of transmission, in comparison to non-minority adult/adolescents (5% of whites). Conversely, a higher percentage of adult/adolescent white males (73%) reported MSM as the primary route of transmission in comparison to 52% of all adult/adolescent black males and 52% of all adult/adolescent Hispanic males.

The majority of adult/adolescent female cases within each racial/ethnic group were infected through heterosexual contact (including female heterosexual contact). After factoring in female heterosexual contact as a risk category, a higher percentage of cases with undetermined routes of transmission exists among adult/adolescent males (13%) than adult/adolescent females (8%). Adult/adolescent Hispanic males (25%) and black males (17%) have higher percentages of cases without an identified risk factor than adult/adolescent white males (10%). The existence of large percentages of cases without known routes of transmission poses a barrier to provision of effective responses to the epidemic within the groups in question. Risk factor information forms the basis for program planning and service provision and guides resource allocation.

## Cumulative HIV Diagnoses by Age at Diagnosis and Sex, Kentucky

Figure 1 shows the distribution of cumulative Kentucky HIV cases by age at diagnosis. Over one-third (34%) of cumulative HIV cases in Kentucky were aged 30-39 years at time of diagnosis. Persons aged 20-29 years account for almost a third of cumulative cases (30%). Children (<13 years at diagnosis) and teenagers (13-19 years) account for the smallest percentages of cases at less than 5% each.

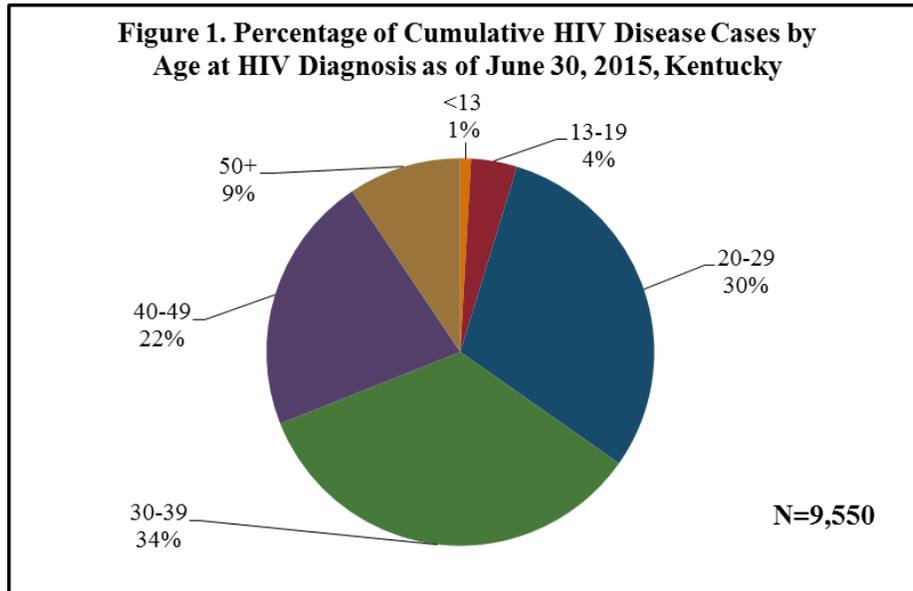
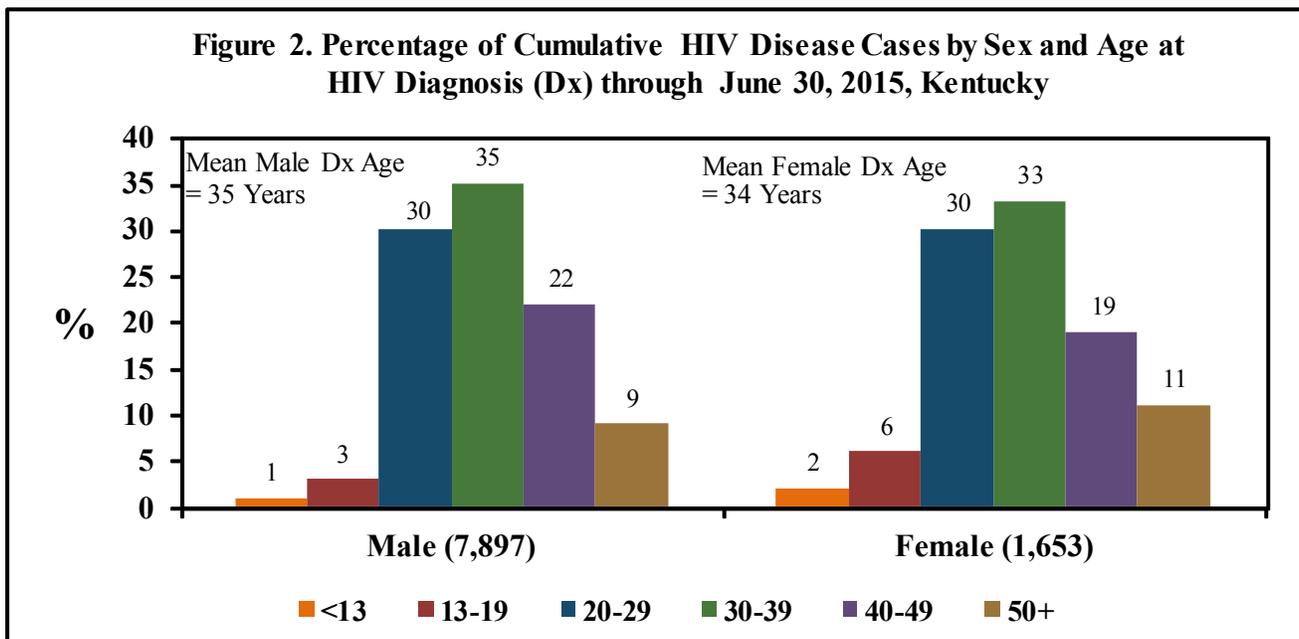


Figure 2 shows the percentage of HIV cases by age group and sex (percentages add up to 100% by sex and may not total 100% due to rounding). Cumulatively, 7,897 male HIV cases have been diagnosed, of which 35% were aged 30-39 years at time of diagnosis. Similarly, females aged 30-39 years at time of diagnosis accounted for the highest percentage of cumulative HIV cases by age group among females (33%). The mean age at diagnosis is 35 ( $\pm$ 10.7) years for males and 34 ( $\pm$ 12.0) years for females.



## Cumulative HIV Diagnoses by Race/Ethnicity and Sex, Kentucky

Figure 3 shows that 61% of cumulative HIV cases diagnosed in Kentucky are in whites. One-third are in blacks, and 4% are in Hispanics.

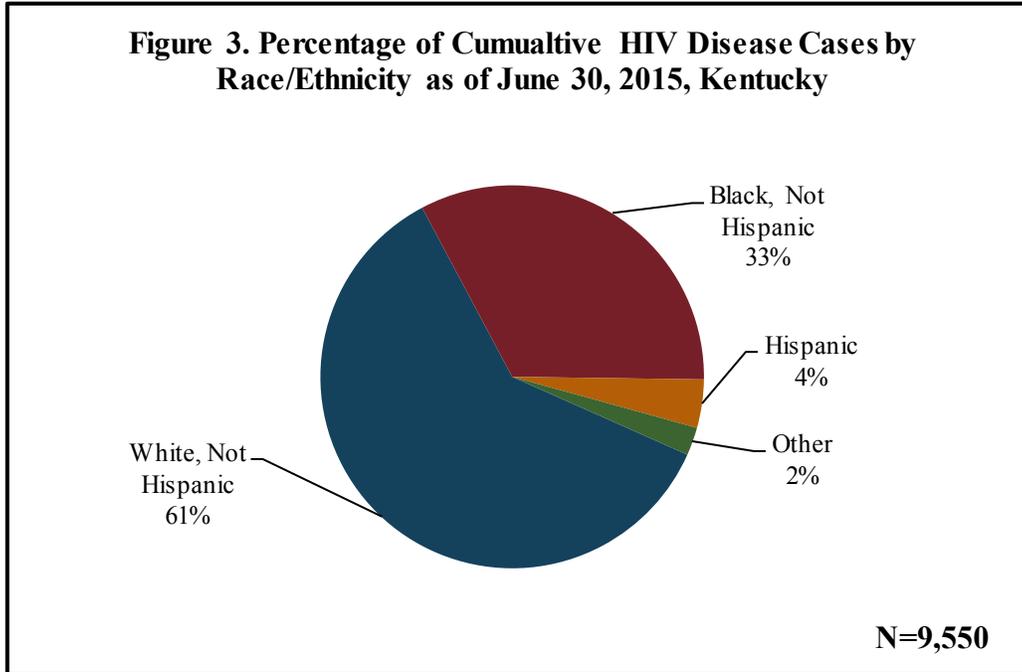
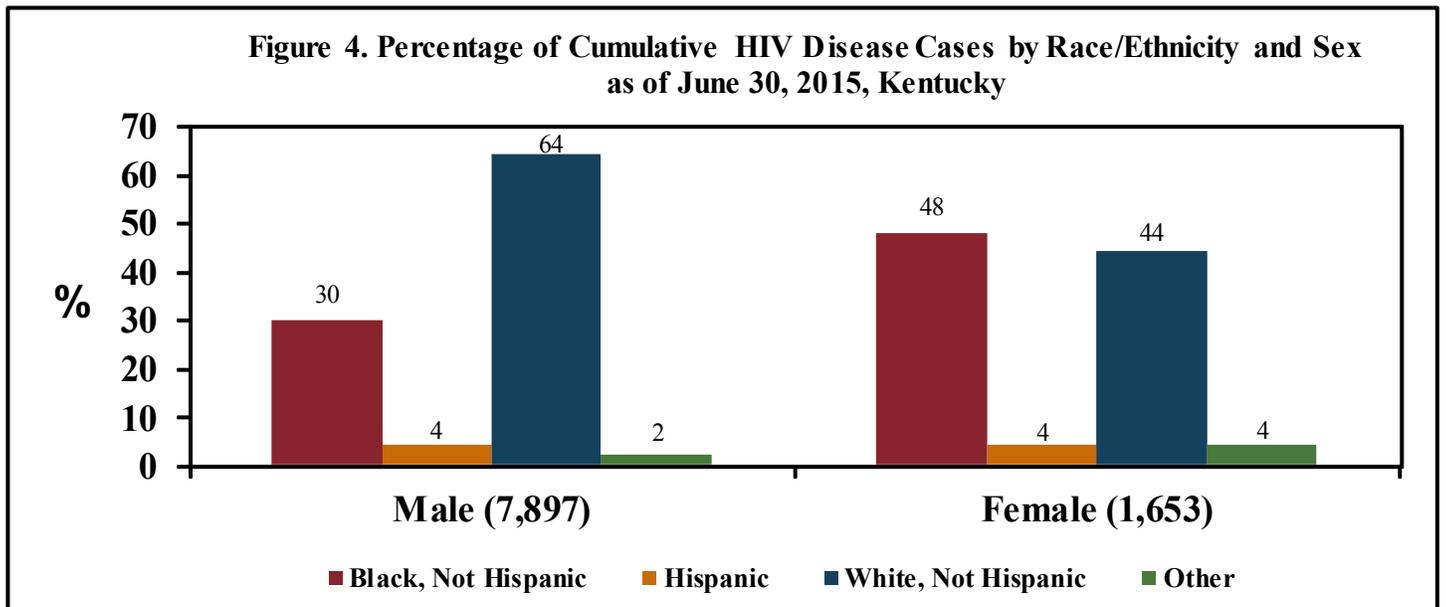
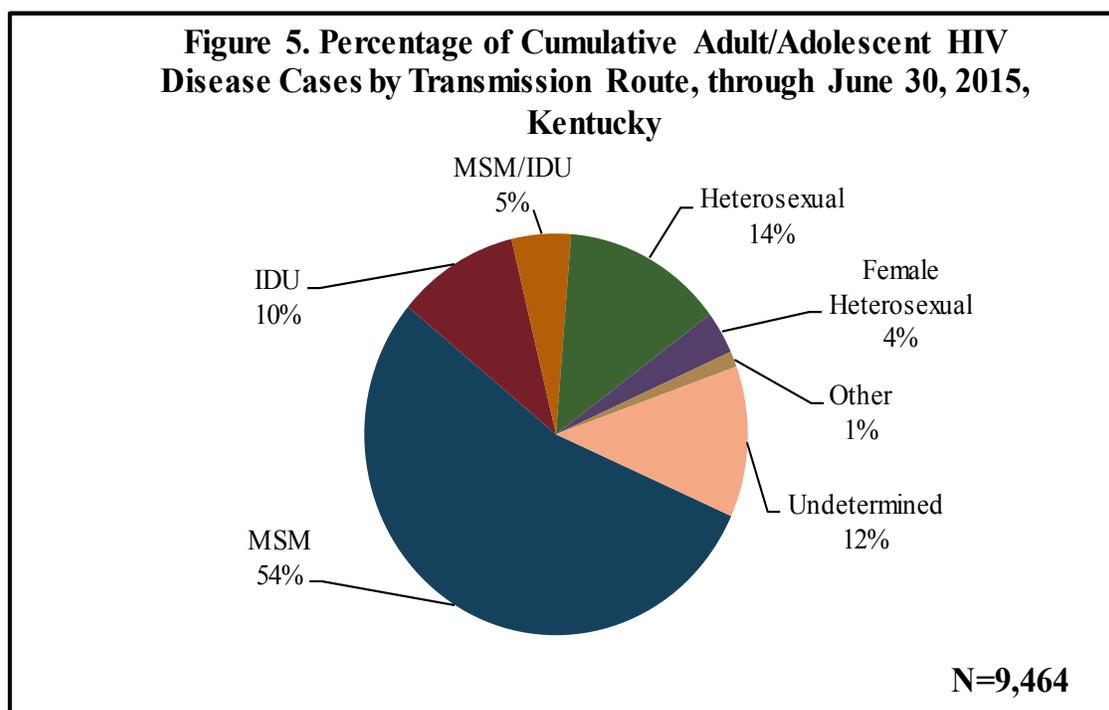


Figure 4 shows the percentages of cumulative HIV cases within each sex group by race/ethnicity (percentages add up to 100% by sex). Among males, the majority are white (64%), with black males accounting for 30% of cumulative cases. The distribution among females by racial/ethnic grouping differs from males, with black females accounting for a higher percentage of cases than white females: 48% and 44%, respectively. Percentages may not total 100% due to rounding.



## Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky



**Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route, through June 30, 2015, Kentucky**

Transmission Route	No.	%
MSM	5,138	54
IDU	975	10
MSM/IDU	473	5
Heterosexual	1,283	14
Female Heterosexual*	325	4
Other†	120	1
Undetermined	1,150	12
Total**	9,464	100

\*Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 3 for additional definition.

\*\*Percentages may not total 100% due to rounding.

†"Other" includes persons with 'transfusion/transplant' or 'hemophilia/coagulation' listed as mode of transmission. Also includes persons with perinatal exposure but who were diagnosed as an adult.

In Kentucky, 54% of cumulative adult/adolescent HIV cases identified their primary transmission route as men who have sex with men (MSM), as shown in Figure 5. Fourteen percent of adult/adolescent HIV cases reported heterosexual contact as their primary transmission route, 10% reported injection drug use (IDU), and 5% reported both MSM and IDU. Twelve percent of cumulative adult/adolescent HIV cases were reported without a risk factor identified. Cumulative adult/adolescent HIV case frequencies for each route of exposure are displayed in Table 3.

## Cumulative HIV Diagnoses by Residential Area Development District (ADD) and County at Time of Diagnosis, Kentucky

**Table 4. Cumulative and Living HIV Disease Cases By Residential Area Development District (ADD) and County at Time of Diagnosis, through June 30, 2015, Kentucky**

ADD/County	Total HIV Disease Cases <sup>(1)</sup>	Total Living with HIV Disease <sup>(2)</sup>	ADD/County	Total HIV Disease Cases <sup>(1)</sup>	Total Living with HIV Disease <sup>(2)</sup>
<b>Barren River</b>	<b>335</b>	<b>206</b>	<b>Buffalo Trace</b>	<b>53</b>	<b>34</b>
Allen	17	9	Bracken	7	5
Barren	42	23	Fleming	6	3
Butler	15	15	Lewis	15	8
Edmonson	7	5	Mason	25	18
Hart	13	9	Robertson	0	0
Logan	26	15			
Metcalfe	7	3	<b>Cumberland Valley</b>	<b>179</b>	<b>113</b>
Monroe	15	10	Bell	21	15
Simpson	20	14	Clay	29	21
Warren	173	103	Harlan	23	12
			Jackson	10	5
<b>Big Sandy</b>	<b>66</b>	<b>40</b>	Knox	19	13
Floyd	19	13	Laurel	37	24
Johnson	7	1	Rockcastle	8	6
Magoffin	5	4	Whitley	32	17
Martin	8	7			
Pike	27	15	<b>FIVCO</b>	<b>133</b>	<b>79</b>
			Boyd	82	48
<b>Bluegrass</b>	<b>1,866</b>	<b>1,323</b>	Carter	17	11
Anderson	28	19	Elliott	5	4
Bourbon	31	23	Greenup	19	12
Boyle	32	24	Lawrence	10	4
Clark	52	38			
Estill	10	6	<b>Gateway</b>	<b>94</b>	<b>64</b>
Fayette	1,282	900	Bath	11	8
Franklin	93	63	Menifee	10	9
Garrard	10	6	Montgomery	21	16
Harrison	12	8	Morgan	31	15
Jessamine	70	55	Rowan	21	16
Lincoln	12	6			
Madison	100	75	<b>Green River</b>	<b>281</b>	<b>173</b>
Mercer	31	18	Daviess	136	79
Nicholas	6	6	Hancock	6	3
Powell	11	8	Henderson	61	34
Scott	56	46	McLean	8	5
Woodford	30	22	Ohio	12	8
			Union	53	42
			Webster	5	2

(1) Total cases with HIV disease regardless of progression to AIDS, both living and deceased.

(2) Living cases regardless of current residence.

Continued on page 11

## Cumulative HIV Diagnoses by Residential Area Development District (ADD) and County at Time of Diagnosis, Kentucky (continued)

**Table 4 (continued). Cumulative and Living HIV Disease Cases By Residential Area Development District (ADD) and County at Time of Diagnosis, through June 30, 2015, Kentucky**

ADD/County	Total HIV Disease Cases <sup>(1)</sup>	Total Living with HIV Disease <sup>(2)</sup>	ADD/County	Total HIV Disease Cases <sup>(1)</sup>	Total Living with HIV Disease <sup>(2)</sup>
<b>Kentucky River</b>	<b>77</b>	<b>52</b>	<b>Northern Kentucky</b>	<b>782</b>	<b>518</b>
Breathitt	5	2	Boone	126	89
Knott	12	10	Campbell	162	108
Lee	6	5	Carroll	17	13
Leslie	2	0	Gallatin	2	1
Letcher	21	13	Grant	32	21
Owsley	3	3	Kenton	430	276
Perry	22	15	Owen	5	3
Wolfe	6	4	Pendleton	8	7
<b>KIPDA/North Central</b>	<b>4,617</b>	<b>2,943</b>	<b>Pennyriple</b>	<b>305</b>	<b>168</b>
Bullitt	89	68	Caldwell	23	13
Henry	30	22	Christian	134	86
Jefferson	4,227	2,699	Crittenden	9	7
Oldham	178	87	Hopkins	41	17
Shelby	74	58	Livingston	15	9
Spencer	10	7	Lyon	17	6
Trimble	9	2	Muhlenberg	31	14
<b>Lake Cumberland</b>	<b>157</b>	<b>111</b>	Todd	21	8
Adair	8	5	Trigg	14	8
Casey	9	7	<b>Purchase</b>	<b>312</b>	<b>198</b>
Clinton	10	7	Ballard	10	5
Cumberland	4	3	Calloway	38	24
Green	8	6	Carlisle	5	3
McCreary	18	17	Fulton	10	7
Pulaski	58	37	Graves	53	35
Russell	12	8	Hickman	9	8
Taylor	18	15	Marshall	22	14
Wayne	12	6	McCracken	165	102
<b>Lincoln Trail</b>	<b>292</b>	<b>196</b>			
Breckinridge	15	7			
Grayson	15	9			
Hardin	173	122			
Larue	5	4			
Marion	17	9			
Meade	25	17			
Nelson	37	25			
Washington	5	3			

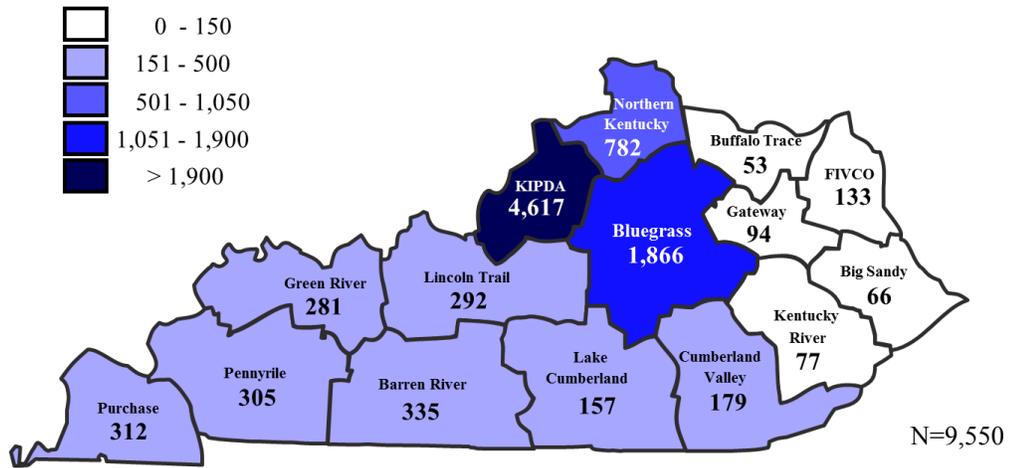
(1) Total cases with HIV disease regardless of progression to AIDS, both living and deceased.

(2) Living cases regardless of current residence.

## Cumulative HIV Diagnoses by Area Development District (ADD), Kentucky

Figure 6. Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2015, Kentucky

Cumulative HIV Disease Diagnoses by ADD

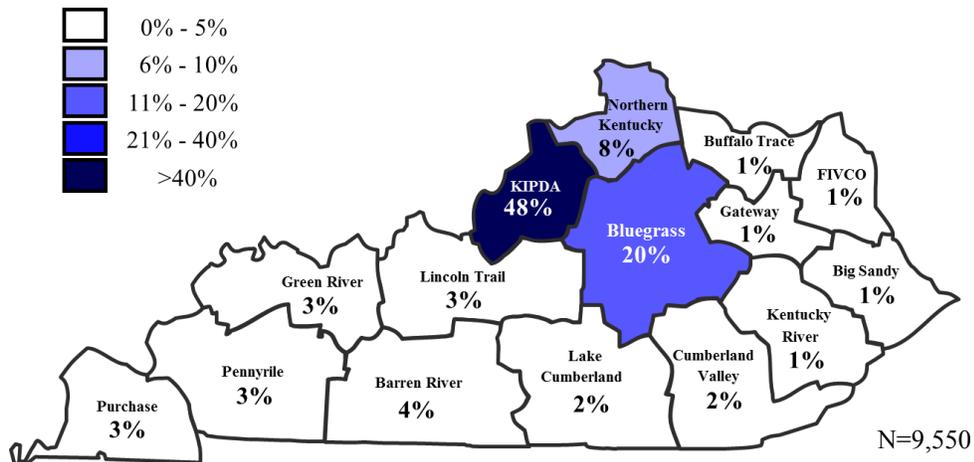


Note: 1 case was missing residential county information at time of diagnosis.

Figure 6. The highest number of cumulative HIV cases (4,617 or 48%) resided in the KIPDA ADD at the time of diagnosis, which includes the city of Louisville. The Bluegrass ADD, which includes the city of Lexington, had the second highest number of HIV cases diagnosed (1,866 or 20%), followed by the Northern Kentucky ADD with the third highest number of HIV cases diagnosed through June 30, 2015 (782 or 8%).

Figure 7. Percentage of Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2015, Kentucky

Cumulative % HIV Disease Diagnoses by ADD



Note: 1 case was missing residential county information at time of diagnosis. Percentages may not total 100% due to rounding.

Figure 7 shows the percentage out of the cumulative 9,550 HIV statewide cases that were diagnosed within each ADD. The percentage of diagnoses by ADD ranged from 1% of total statewide cases residing in each of Buffalo Trace, Gateway, FIVCO, Big Sandy, and Kentucky River ADDs to almost half (48%) residing in the KIPDA ADD at time of diagnosis.

## Living HIV Disease Diagnoses by Demographics, Kentucky

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
<b>MALE</b>	MSM <sup>(2)</sup>	2,263	73	852	55	148	54	92	64	3,355	66
	IDU <sup>(3)</sup>	127	4	147	10	21	8	8	6	303	6
	MSM and IDU	179	6	67	4	5	2	4	3	255	5
	Heterosexual <sup>(4)</sup>	120	4	140	9	30	11	12	8	302	6
	Perinatal	10	<1	19	1	0	0	0	0	29	1
	Other <sup>(5)</sup>	17	1	4	<1	0	0	0	0	21	<1
	Undetermined <sup>(6)</sup>	377	12	312	20	72	26	28	19	789	16
	<b>Male Subtotal<sup>(7)</sup></b>	<b>3,093</b>	<b>100</b>	<b>1,541</b>	<b>100</b>	<b>276</b>	<b>100</b>	<b>144</b>	<b>100</b>	<b>5,054</b>	<b>100</b>
<b>FEMALE</b>	IDU <sup>(3)</sup>	85	17	76	14	6	10	9	17	176	15
	Heterosexual <sup>(4)</sup>	267	53	267	49	35	56	29	55	598	51
	Female Heterosexual <sup>(8)</sup>	96	19	145	27	16	26	10	19	267	23
	Perinatal	9	2	13	2	1	2	1	2	24	2
	Other <sup>(5)</sup>	0	0	1	<1	0	0	0	0	1	<1
	Undetermined <sup>(6)</sup>	47	9	44	8	4	6	4	8	99	8
	<b>Female Subtotal<sup>(7)</sup></b>	<b>504</b>	<b>100</b>	<b>546</b>	<b>100</b>	<b>62</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>1,165</b>	<b>100</b>
<b>ALL LIVING</b>	MSM <sup>(2)</sup>	2,263	63	852	41	148	44	92	47	3,355	54
	IDU <sup>(3)</sup>	212	6	223	11	27	8	17	9	479	8
	MSM and IDU	179	5	67	3	5	1	4	2	255	4
	Heterosexual <sup>(4)</sup>	387	11	407	20	65	19	41	21	900	14
	Female Heterosexual <sup>(8)</sup>	96	3	145	7	16	5	10	5	267	4
	Perinatal	19	1	32	2	1	<1	1	1	53	1
	Other <sup>(5)</sup>	17	<1	5	<1	0	0	0	0	22	<1
	Undetermined <sup>(6)</sup>	424	12	356	17	76	22	32	16	888	14
<b>TOTAL<sup>(7)</sup></b>	<b>3,597</b>	<b>100</b>	<b>2,087</b>	<b>100</b>	<b>338</b>	<b>100</b>	<b>197</b>	<b>100</b>	<b>6,219</b>	<b>100</b>	

(1) Includes living HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2015.

(2) MSM = Men Having Sex With Men.

(3) IDU = Injection Drug Use.

(4) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(5) "Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or pediatric cases diagnosed as adults.

(6) "Undetermined" refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

(7) Percentages may not total 100% due to rounding.

(8) "Female Heterosexual" includes a female who does not report drug use as an exposure, but does report sex with male. See terminology on page 3 for additional definition.

Table 5 shows living HIV cases diagnosed through June 30, 2015 by demographic and behavioral characteristics. There are 6,219 Kentuckians reported to be living with HIV (prevalence rate of 140.9 cases per 100,000). The distribution of behavioral characteristics varied by race/ethnicity and sex, but the majority of Kentucky males living with HIV contracted it through MSM contact (66%), whereas the majority of Kentucky females contracted HIV through heterosexual contact (51%). An additional 23% of females reported "female heterosexual contact" which is different than "heterosexual contact" in that the behavioral risk or sero-status of the male partner is unknown.

## Section II: New HIV Infections Diagnosed among Kentuckians, through June 30, 2015

As of June 30, 2015, a total of 9,550 cumulative HIV infections had been reported among Kentuckians to the Department for Public Health’s HIV/AIDS Surveillance Program since AIDS reporting started in 1982. The numbers of new HIV infections diagnosed since 2004 are presented in Table 6 along with the percentage from each year that have progressed to AIDS. HIV name-based reporting was introduced in mid-2004 and reporting increased and has stabilized since then. Of the 3,850 HIV infections diagnosed since 2004, 1,711 (44%) had progressed to AIDS as of June 30, 2015.

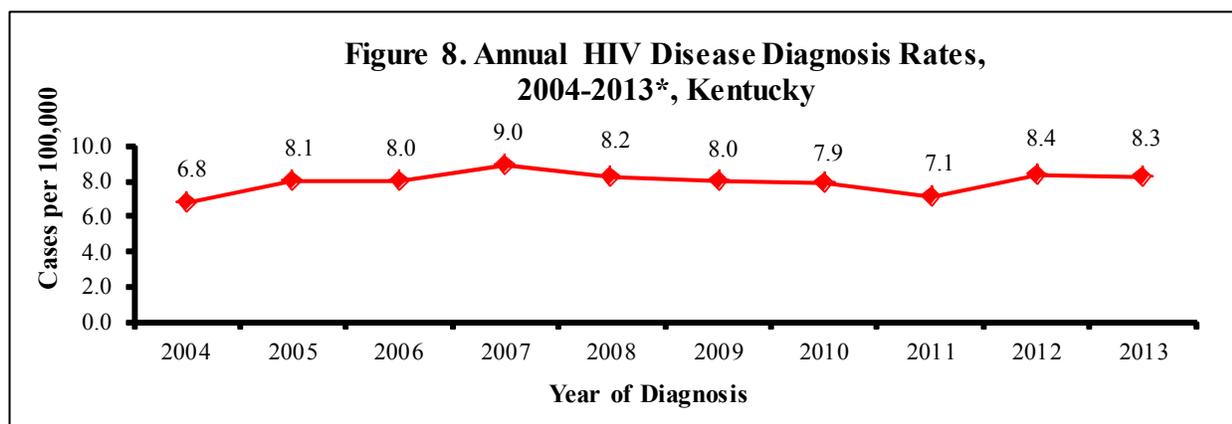
**Table 6. Number of HIV Infections per Year of Diagnosis (2004-2015<sup>†</sup>) and Percentage that Progressed to AIDS in the Course of Illness, by June 30, 2015, Kentucky**

Year of HIV Diagnosis	TOTAL HIV/AIDS*	Percentage that Progressed to AIDS <sup>†</sup>
	No.	%
2004	282	65%
2005	337	55%
2006	337	58%
2007	382	48%
2008	353	50%
2009	346	43%
2010	344	41%
2011	311	42%
2012	367	34%
2013	364	32%
2014	341	29%
2015 <sup>†</sup>	86	28%
<b>TOTAL</b>	<b>3850</b>	<b>44%</b>

\*Total HIV infections regardless of disease progression.

<sup>†</sup>Data reported through June 30, 2015.

The annual HIV diagnosis rates among Kentuckians are presented in Figure 8. The annual HIV diagnosis rate has remained fairly steady from 2004 to 2013, with slight fluctuations between 6.8 to 9.0 cases per 100,000 population.



\*Data are current as of June 30, 2015. 2014 data are considered preliminary due to reporting delays and therefore not included in trend analysis.

**Estimated Annual HIV Disease Diagnosis Rates per 100,000.  
A Comparison of Kentucky to Other States and Washington, DC., Using National Data  
from the Centers for Disease Control and Prevention (CDC), 2013<sup>(1)</sup>**

**Table 7. Estimated\* Annual HIV Disease Diagnosis Rates per 100,000 Population by Residence at  
Time of Diagnosis, 2013**

Rank	Area of Residence	Rate	Rank	Area of Residence	Rate
1	Washington, DC	94.6	27	Michigan	8.2
2	Maryland	36.7	28	Missouri	8.0
3	Louisiana	30.3	29	Indiana	7.7
4	Georgia	30.2	29	Rhode Island	7.7
5	Florida	27.5	31	New Mexico	7.2
6	New Jersey	24.5	32	Washington	6.9
7	New York	19.4	33	Colorado	6.3
8	Texas	18.4	34	Hawaii	6.2
9	Mississippi	18.0	35	Minnesota	5.9
10	Nevada	16.5	36	Oregon	5.8
11	South Carolina	16.3	37	Kansas	5.4
12	Illinois	16.2	38	Wisconsin	4.6
13	North Carolina	16.0	39	West Virginia	4.3
14	Massachusetts	14.9	40	Iowa	4.1
15	California	13.9	40	Nebraska	4.1
16	Delaware	13.7	40	South Dakota	4.1
17	Arkansas	13.0	43	Alaska	3.2
18	Tennessee	13.0	43	Utah	3.2
19	Alabama	12.9	45	North Dakota	2.8
20	Virginia	12.9	46	New Hampshire	2.5
21	Oklahoma	12.0	46	Wyoming	2.5
22	Arizona	11.4	48	Maine	2.4
23	Pennsylvania	11.2	49	Vermont	2.2
24	Ohio	10.4	50	Montana	2.1
25	Connecticut	9.7	51	Idaho	1.8
<b>26</b>	<b>Kentucky**</b>	<b>9.2</b>			

<sup>1</sup>U.S. estimated rates from Centers for Disease Control and Prevention. HIV Surveillance Report, 2013; vol.26 <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published February 2015. Accessed August 2015.

\*Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not incomplete reporting.

\*\*Kentucky's rate is estimated by CDC using a different methodology and should not be compared directly to reported data elsewhere in this report.

**Estimated National HIV Diagnosis Rate per 100,000, 2013:**

**15.0**

In 2014, the annual estimated national HIV diagnosis rate was 15.0 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.8 per 100,000 population (Idaho) to 94.6 per 100,000 (Washington, DC). Kentucky ranked 26<sup>th</sup> with an estimated diagnosis rate of 9.2 per 100,000.

## New HIV Infections: Kentucky vs. The United States, 2013

Characteristics	Number of New Cases	% of New HIV cases <sup>(1)</sup>
<b>SEX</b>		
Male (adult/adolescent)	294	81
Female (adult/adolescent)	67	18
Child (<13 yrs)	3	1
<b>TOTAL</b>	<b>364</b>	<b>100</b>
<b>AGE AT DIAGNOSIS‡</b>		
<13	3	1
13-24	68	19
25-44	197	54
45-64	84	23
65+	12	3
<b>TOTAL</b>	<b>364</b>	<b>100</b>
<b>RACE/ETHNICITY</b>		
White, Not Hispanic	210	58
Black, Not Hispanic	121	33
Hispanic	19	5
Other/Unknown	14	4
<b>TOTAL</b>	<b>364</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>		
MSM <sup>(2)</sup>	186	51
IDU <sup>(3)</sup>	19	5
MSM/IDU	11	3
Heterosexual	23	6
Perinatal	0	0
Other/Undetermined <sup>(4)</sup>	125	34
<b>TOTAL</b>	<b>364</b>	<b>100</b>

\*HIV diagnoses regardless of disease progression.

(1) Percentages may not always total 100% due to rounding.

(2) MSM=Men Having Sex With Men.

(3) IDU=Injection Drug Use.

(4) Includes hemophilia, blood transfusion, and risk not reported or not identified.

Characteristics	Number of New Cases <sup>(6)</sup>	% of New HIV cases <sup>(1)</sup>
<b>SEX</b>		
Male (adult/adolescent)	37,887	80
Female (adult/adolescent)	9,278	20
Child (<13 yrs)	187	<1
<b>TOTAL†</b>	<b>47,352</b>	<b>100</b>
<b>AGE AT DIAGNOSIS‡</b>		
<13	187	<1
13-24	9,961	21
25-44	23,668	50
45-64	12,491	26
65+	1,045	2
<b>TOTAL†</b>	<b>47,352</b>	<b>100</b>
<b>RACE/ETHNICITY</b>		
White, Not Hispanic	13,101	28
Black, Not Hispanic	21,836	46
Hispanic	10,117	21
Other	2,297	5
<b>TOTAL†</b>	<b>47,351</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>		
MSM <sup>(2)</sup>	30,689	65
IDU <sup>(3)</sup>	3,096	7
MSM/IDU	1,270	3
Heterosexual	11,918	25
Perinatal	107	<1
Other/Undetermined	272	1
<b>TOTAL†</b>	<b>47,352</b>	<b>100</b>

(5) U.S. cases from Centers for Disease Control and Prevention. *HIV Surveillance Report: HIV Infection and AIDS in the United States*, 2013: 25.

(6) These numbers do not represent actual cases, rather they are point estimates which have been adjusted for reporting delays and missing risk-factor information, but not for incomplete reporting.

† Totals among subpopulations may be different because values were calculated independently.

Kentucky's distribution of HIV cases by sex and age at diagnosis (Table 8) closely parallels that of the U.S. (Table 9). However, compared to U.S. data, the percentage of cases who are white is greater among Kentuckians. This is likely partially due to the greater percentage of white persons in Kentucky's general population (88.3%), compared to the U.S. population (77.4%)<sup>1</sup>. United States cases have been adjusted for missing risk factors. Kentucky cases have not been adjusted for missing risk factors.

<sup>1</sup>2014 estimate - <http://quickfacts.census.gov/qfd/states/21000.html>

## Adult/Adolescent HIV Diagnoses Regardless of Progression to AIDS†, Kentucky

**Table 10. Adult/Adolescent<sup>(1)</sup> HIV Diagnoses by Year of Diagnosis, Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Route, Kentucky**

Characteristics	1982-09		2010		2011		2012		2013		2014 <sup>(2)</sup>		2015 <sup>(2)</sup>		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>SEX</b>																
Male	6,369	83	265	78	261	85	304	84	294	81	280	83	72	84	7,845	83
Female	1,302	17	74	22	46	15	59	16	67	19	57	17	14	16	1,619	17
<b>TOTAL<sup>(3)</sup></b>	<b>7,671</b>	<b>100</b>	<b>339</b>	<b>100</b>	<b>307</b>	<b>100</b>	<b>363</b>	<b>100</b>	<b>361</b>	<b>100</b>	<b>337</b>	<b>100</b>	<b>86</b>	<b>100</b>	<b>9,464</b>	<b>100</b>
<b>AGE AT DIAGNOSIS *</b>																
13-19	284	4	16	5	14	5	21	6	10	3	14	4	6	7	365	4
20-29	2,248	29	110	32	102	33	146	40	122	34	105	31	34	40	2,867	30
30-39	2,854	37	90	27	63	21	75	21	84	23	87	26	16	19	3,269	35
40-49	1,652	22	72	21	85	28	76	21	79	22	83	25	17	20	2,064	22
50+	633	8	51	15	43	14	45	12	66	18	48	14	13	15	899	9
<b>TOTAL<sup>(3)</sup></b>	<b>7,671</b>	<b>100</b>	<b>339</b>	<b>100</b>	<b>307</b>	<b>100</b>	<b>363</b>	<b>100</b>	<b>361</b>	<b>100</b>	<b>337</b>	<b>100</b>	<b>86</b>	<b>100</b>	<b>9,464</b>	<b>100</b>
<b>RACE/ETHNICITY</b>																
White, Not Hispanic	4,774	62	153	45	170	55	195	54	210	58	194	58	50	58	5,746	61
Black, Not Hispanic	2,472	32	144	42	103	34	135	37	118	33	101	30	31	36	3,104	33
Hispanic	270	4	25	7	23	7	19	5	19	5	32	9	1	1	389	4
Other/Unknown	155	2	17	5	11	4	14	4	14	4	10	3	4	5	225	2
<b>TOTAL<sup>(3)</sup></b>	<b>7,671</b>	<b>100</b>	<b>339</b>	<b>100</b>	<b>307</b>	<b>100</b>	<b>363</b>	<b>100</b>	<b>361</b>	<b>100</b>	<b>337</b>	<b>100</b>	<b>86</b>	<b>100</b>	<b>9,464</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>																
MSM <sup>(4)</sup>	4,220	55	164	48	170	55	189	52	186	52	169	50	40	47	5,138	54
IDU <sup>(5)</sup>	892	12	20	6	13	4	19	5	19	5	10	3	2	2	975	10
MSM and IDU	430	6	4	1	8	3	9	2	11	3	8	2	3	3	473	5
Heterosexual <sup>(6)</sup>	1,158	15	39	12	27	9	14	4	23	6	19	6	3	3	1,283	14
Female Heterosexual <sup>(7)</sup>	172	2	31	9	18	6	31	9	34	9	30	9	9	10	325	3
Other <sup>(8)</sup>	116	2	0	0	0	0	2	1	1	0	0	0	1	1	120	1
Undetermined <sup>(9)</sup>	683	9	81	24	71	23	99	27	87	24	101	30	28	33	1,150	12
<b>TOTAL<sup>(3)</sup></b>	<b>7,671</b>	<b>100</b>	<b>339</b>	<b>100</b>	<b>307</b>	<b>100</b>	<b>363</b>	<b>100</b>	<b>361</b>	<b>100</b>	<b>337</b>	<b>100</b>	<b>86</b>	<b>100</b>	<b>9,464</b>	<b>100</b>

†HIV disease cases include both persons with HIV alone and those who have progressed to AIDS.

\*Age at time of initial HIV diagnosis.

(1) Cases are classified as Adult/Adolescent if they were 13 years of age or older at time of diagnosis.

(2) Data reported through June 30, 2015. 2014 and 2015 data are not used in trend analyses due to reporting delays.

(3) Percentages may not total 100% due to rounding.

(4) MSM = Men Having Sex with Men.

(5) IDU = Injection Drug Use.

(6) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(7) Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 3 for additional definition.

(8) "Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal, but diagnosed as an adult.

(9) "Undetermined" refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

Table 10 shows a breakdown of new adult/adolescent HIV diagnoses by year of diagnosis and demographic characteristics. Cumulative data are presented through June 30, 2015. New diagnoses over the most recent years have been predominantly among males, whites, and males reporting sexual contact with other males. By age at HIV diagnosis, new HIV cases over the five year period 2010-2014 were highest among persons aged 20-29 years old in comparison to other age groups.

## Adult/Adolescent HIV Diagnoses that have Progressed to AIDS†, Kentucky

Table 11. Adult/Adolescent<sup>(1)</sup> HIV Disease Cases with AIDS by Year of Initial HIV Diagnosis, Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Route, Kentucky

Characteristics	1982-09		2010		2011		2012		2013		2014 <sup>(2)</sup>		2015 <sup>(2)</sup>		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>SEX</b>																
Male	4,642	84	112	79	113	86	104	83	94	80	82	82	20	83	5,167	84
Female	874	16	30	21	19	14	21	17	24	20	18	18	4	17	990	16
<b>TOTAL<sup>(3)</sup></b>	<b>5,516</b>	<b>100</b>	<b>142</b>	<b>100</b>	<b>132</b>	<b>100</b>	<b>125</b>	<b>100</b>	<b>118</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>24</b>	<b>100</b>	<b>6,157</b>	<b>100</b>
<b>AGE AT DIAGNOSIS*</b>																
13-19	149	3	3	2	4	3	3	2	1	1	0	0	1	4	161	3
20-29	1,523	28	34	24	28	21	36	29	23	19	14	14	5	21	1,663	27
30-39	2,173	39	42	30	32	24	24	19	30	25	26	26	4	17	2,331	38
40-49	1,202	22	34	24	43	33	33	26	28	24	39	39	6	25	1,385	22
50+	469	9	29	20	25	19	29	23	36	31	21	21	8	33	617	10
<b>TOTAL<sup>(3)</sup></b>	<b>5,516</b>	<b>100</b>	<b>142</b>	<b>100</b>	<b>132</b>	<b>100</b>	<b>125</b>	<b>100</b>	<b>118</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>24</b>	<b>100</b>	<b>6,157</b>	<b>100</b>
<b>RACE/ETHNICITY</b>																
White, Not Hispanic	3,470	63	64	45	78	59	75	60	70	59	55	55	15	63	3,827	62
Black, Not Hispanic	1,742	32	52	37	37	28	41	33	35	30	28	28	7	29	1,942	32
Hispanic	201	4	17	12	11	8	7	6	8	7	14	14	0	0	258	4
Other/Unknown	103	2	9	6	6	5	2	2	5	4	3	3	2	8	130	2
<b>TOTAL<sup>(3)</sup></b>	<b>5,516</b>	<b>100</b>	<b>142</b>	<b>100</b>	<b>132</b>	<b>100</b>	<b>125</b>	<b>100</b>	<b>118</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>24</b>	<b>100</b>	<b>6,157</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>																
MSM <sup>(4)</sup>	3,071	56	65	46	68	52	58	46	49	42	42	42	10	42	3,363	55
IDU <sup>(5)</sup>	721	13	12	8	9	7	12	10	9	8	2	2	1	4	766	12
MSM and IDU	341	6	2	1	2	2	6	5	4	3	2	2	0	0	357	6
Heterosexual <sup>(6)</sup>	866	16	16	11	15	11	4	3	10	8	10	10	0	0	921	15
Female Heterosexual <sup>(7)</sup>	82	1	12	8	9	7	10	8	9	8	10	10	4	17	136	2
Other <sup>(8)</sup>	113	2	0	0	0	0	0	0	0	0	0	0	1	4	114	2
Undetermined <sup>(9)</sup>	322	6	35	25	29	22	35	28	37	31	34	34	8	33	500	8
<b>TOTAL<sup>(3)</sup></b>	<b>5,516</b>	<b>100</b>	<b>142</b>	<b>100</b>	<b>132</b>	<b>100</b>	<b>125</b>	<b>100</b>	<b>118</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>24</b>	<b>100</b>	<b>6,157</b>	<b>100</b>

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of June 30, 2015.

\*Age at time of initial HIV diagnosis.

(1) Cases are classified as Adult/Adolescent if they were 13 years of age or older at time of initial HIV diagnosis.

(2) Data reported through June 30, 2015. 2014 and 2015 data not used in trend analyses due to reporting delays.

(3) Percentages may not total 100% due to rounding.

(4) MSM = Men Having Sex With Men.

(5) IDU = Injection Drug Use.

(6) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(7) Female Heterosexual= A female not reporting drug use, but reporting sex with male. See terminology on page 3 for additional definition.

(8) "Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal, but diagnosed as an adult.

(9) "Undetermined" refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

Table 11 shows a breakdown of adult/adolescent HIV diagnoses that have progressed to AIDS, by year of initial HIV diagnosis and demographic characteristics. Newly diagnosed cases that had progressed to AIDS as of June 30, 2015 were predominantly male, white, and males reporting sexual contact with other males.

## Pediatric HIV Disease Cases, Kentucky

Transmission Route	White, Not Hispanic		Black, Not Hispanic		Other <sup>(2)</sup> Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Pediatric Hemophilia/Coagulation Disorder	10	27	1	2	0	0	11	13
Perinatal Exposure, Mother with HIV	23	62	38	81	2	100	63	73
Pediatric Transfusion/Transplant	2	5	0	0	0	0	2	2
Pediatric risk not identified or reported	2	5	8	17	0	0	10	12
<b>TOTAL<sup>(3)</sup></b>	<b>37</b>	<b>100</b>	<b>47</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>86</b>	<b>100</b>

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Other includes Hispanics and persons of other races.

(3) Percentages may not total 100% due to rounding.

Disease Status	1982-2009		2010		2011		2012		2013		2014		2015 <sup>(2)</sup>		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>HIV infections without AIDS</b>	18	27	5	0	4	100	4	100	3	100	4	100	0	0	38	44
<b>HIV infections with AIDS</b>	48	73	0	0	0	0	0	0	0	0	0	0	0	0	48	56
<b>Total<sup>(3)</sup></b>	<b>66</b>	<b>100</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>86</b>	<b>100</b>

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Data reported through June 30, 2015.

(3) Percentages may not total 100% due to rounding.

There have been 86 pediatric HIV cases reported to the Kentucky HIV/AIDS surveillance program (Table 12 and Table 13) since reporting began in 1982. The majority of reported pediatric cases (73%) were due to perinatal transmission through an HIV-infected mother; 11 cases were reported with a primary exposure route of pediatric hemophilia or coagulation disorders, and two cases were due to pediatric transfusion or transplant (Table 12). Since 1991, there have been no pediatric HIV cases with hemophilia or coagulation disorders reported as the route of exposure. The two pediatric cases reported with pediatric transfusion or transplant as the risk factor were diagnosed in 1987 or earlier. Eighty-one percent of the 47 pediatric HIV cases among blacks were due to perinatal exposure, compared to 62% of the 37 pediatric HIV cases among whites. Only one pediatric HIV case has been reported among Hispanics. The majority (60%) of the sixty-three cumulative perinatal exposures from a mother with HIV were in blacks.

Table 13 shows disease progression to AIDS as of June 30, 2015. Sixty-six (77%) of the cumulative 86 pediatric cases in Kentucky were diagnosed prior to 2010. Five or fewer new pediatric HIV cases have been reported during each of the most recent five years and none of these cases had progressed to AIDS as of the report date.

### New HIV Disease Cases by Race/Ethnicity, Kentucky

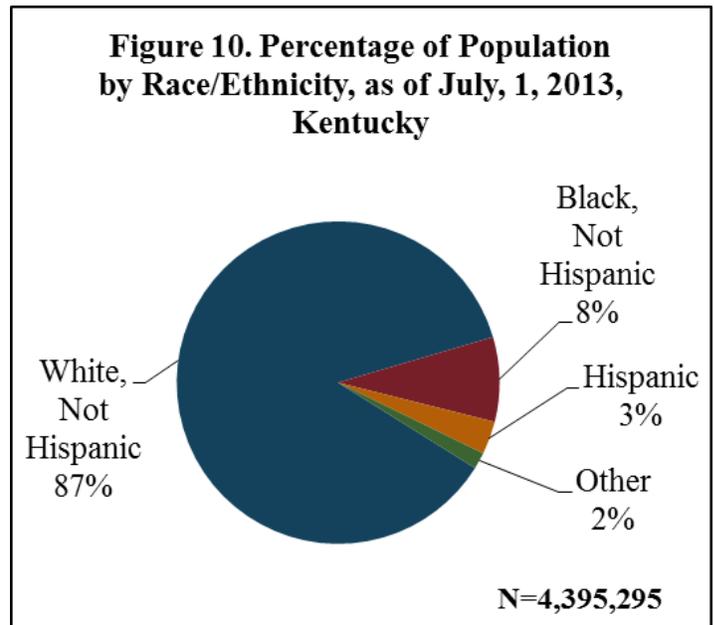
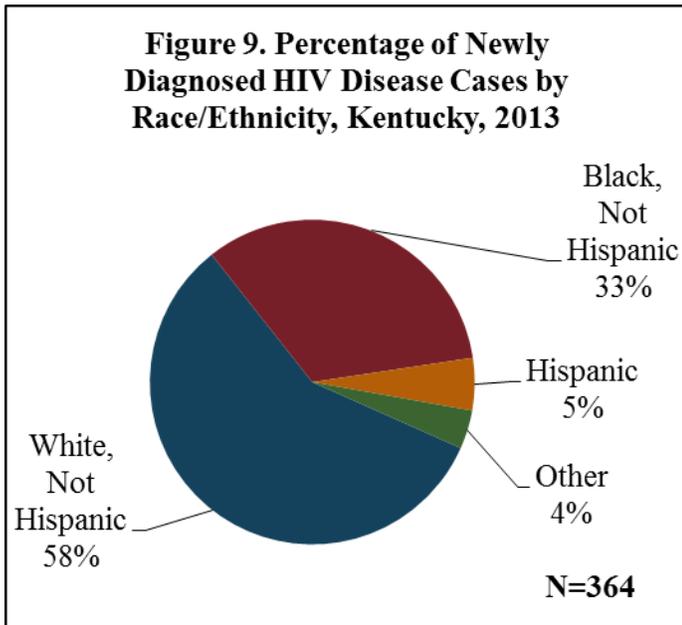


Figure 9 shows the percentage race/ethnicity distribution for newly diagnosed HIV cases among Kentuckians in 2013, the latest year data are considered complete. The majority of cases diagnosed in 2013 were white (58%), followed by black (33%). Five percent of new cases diagnosed in 2013 were Hispanic and 4% persons of other races, including American Indian/Alaska Native, Native Hawaiian/Pacific Islander and persons of multiple races.

Figure 10 shows the percentage race/ethnicity distribution of Kentucky’s population based on the 2013 population estimates. The majority of Kentuckians are white, non-Hispanic. Persons who identify with multiple races were grouped under the “other” category.

HIV racial disparities are highlighted by these two graphs, showing higher percentages of new cases among blacks and Hispanics in relation to their representation in the general population. Blacks accounted for 33% of new HIV cases diagnosed in 2013, yet comprised just 8% of Kentucky's population in 2013. Similarly, Hispanics accounted for 5% of newly diagnosed HIV cases in 2013, yet comprised only 3% of Kentucky’s population in that same year.

Rates of new diagnoses by race/ethnicity and sex are presented in Table 14, further highlighting racial disparities.

Race/Ethnicity	Male		Female	
	No of Cases	Rate*	No of Cases	Rate*
Hispanic	17	21.2	2	†
Black, not Hispanic	90	48.8	31	16.5
White, not Hispanic	179	9.6	31	1.6

\*Rate per 100,000.

†Rates are not published when cell size is less than 10.

## New HIV Disease Cases by Age at Diagnosis, Kentucky

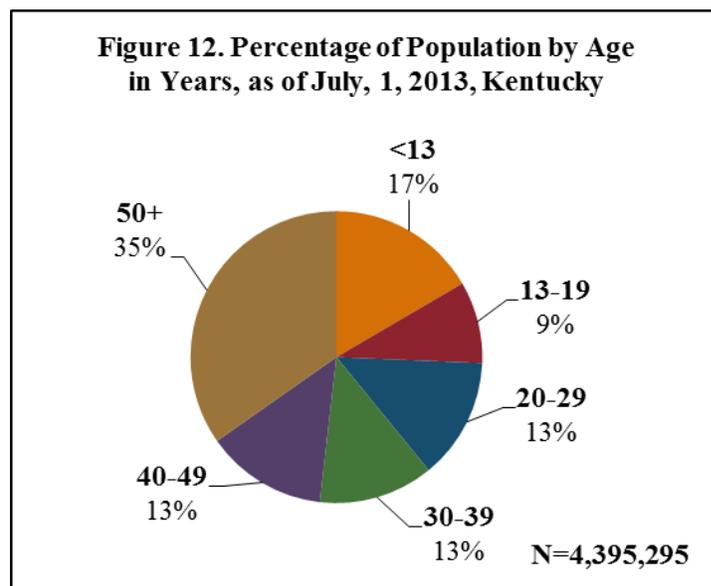
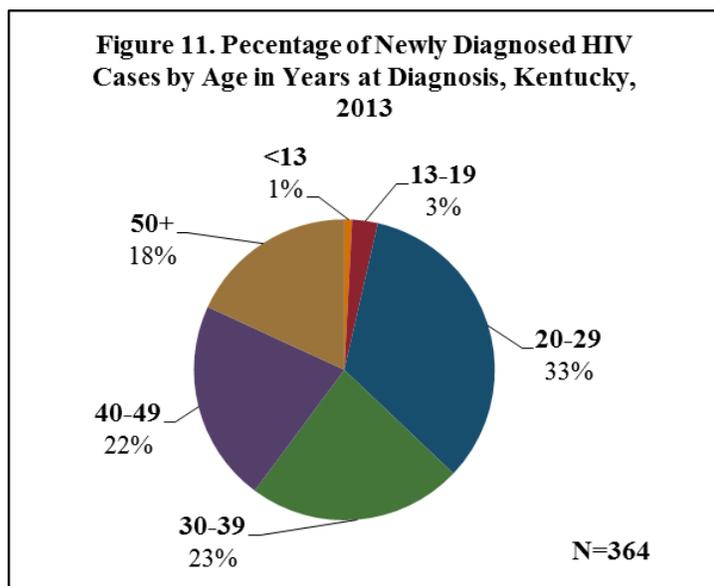


Figure 11 shows the percentage age distribution of newly diagnosed HIV cases among Kentuckians in 2013 at time of HIV diagnosis. The highest percentage of new diagnoses was reported among Kentuckians aged 20-29 years (33%). Kentuckians in their 30's and 40's accounted for 23% and 22 % of new cases diagnosed in 2013, respectively.

Figure 12 shows the percentage distribution of Kentucky's population based on 2013 population estimates by age, which can be directly compared to the percentages in each age group that were newly diagnosed in 2013. HIV-related disparities by age are highlighted by these two graphs. Higher percentages of new diagnoses occurred among persons in age groups 20-29, 30-39, and 40-49 years, in comparison to the proportion of these groups in the general population.

Rates of new diagnoses (Table 15) were higher among blacks across all age groups, in comparison to whites in 2013. These differences in rates of new cases in 2013 were highest among 20-year-olds and 30-year-olds at time of diagnosis. However, the rates among blacks in all age groups were at least four times higher than the rates among their white counterparts of the same age group. Rates among Hispanics are not presented due to small numbers.

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No of Cases	Rate*	No of Cases	Rate*
20-29	48	79.8	61	12.3
30-39	28	57.3	49	9.9
40-49	19	41.7	52	10.1
50+	17	17.7	44	3.2

§Rates among pediatric cases (<13 years), teens and Hispanics by age at diagnosis not published due to small numbers.

\*Rate per 100,000.

†Rates not published when cell size is less than 10.

**Table 16. HIV Disease Cases and Diagnosis Rates by Year of HIV Diagnosis and Area Development District (ADD) of Residence at Time of HIV Diagnosis, 1982-2015<sup>(2)</sup>, Kentucky**

AREA DEVELOPMENT DISTRICT	CASES & RATES <sup>(1)</sup>	1982-2009*	2010	2011	2012	2013	2014	2015 <sup>(2)</sup>	TOTAL CASES <sup>(3)</sup>	% of Total
1. Barren River	Cases	267	7	13	16	13	15	4	335	4%
	Rate per 100,000			4.5	5.6	4.5	5.1			
2. Big Sandy	Cases	55	0	2	2	5	2	0	66	1%
	Rate per 100,000									
3. Bluegrass	Cases	1,421	86	75	85	106	75	18	1,866	20%
	Rate per 100,000		11.1	9.6	10.8	13.4	9.4			
4. Buffalo Trace	Cases	46	1	0	4	0	2	0	53	1%
	Rate per 100,000									
5. Cumberland Valley	Cases	140	7	5	7	6	11	3	179	2%
	Rate per 100,000						4.7			
6. FIVCO	Cases	120	2	3	5	2	0	1	133	1%
	Rate per 100,000									
7. Gateway	Cases	73	3	5	2	2	8	1	94	1%
	Rate per 100,000									
8. Green River	Cases	231	6	10	9	11	11	3	281	3%
	Rate per 100,000			4.7		5.1	5.1			
9. KIPDA/ North Central	Cases	3,840	159	132	172	144	142	28	4,617	48%
	Rate per 100,000		16.5	13.7	17.7	14.7	14.4			
10. Kentucky River	Cases	55	1	3	2	5	7	4	77	1%
	Rate per 100,000									
11. Lake Cumberland	Cases	110	9	11	9	13	3	2	157	2%
	Rate per 100,000			5.3		6.3				
12. Lincoln Trail	Cases	232	10	6	7	11	21	5	292	3%
	Rate per 100,000		3.7			4.0	7.7			
13. Northern KY	Cases	637	31	31	31	19	22	11	782	8%
	Rate per 100,000		7.1	7.0	7.0	4.2	4.9			
14. Pennyrile	Cases	252	14	6	11	11	9	2	305	3%
	Rate per 100,000		6.4		5.0	5.0				
15. Purchase	Cases	257	8	9	5	16	13	4	312	3%
	Rate per 100,000					8.2	6.6			
<b>TOTAL CASES<sup>(3)</sup></b>		<b>7,736</b>	<b>344</b>	<b>311</b>	<b>367</b>	<b>364</b>	<b>341</b>	<b>86</b>	<b>9,549</b>	<b>100%</b>

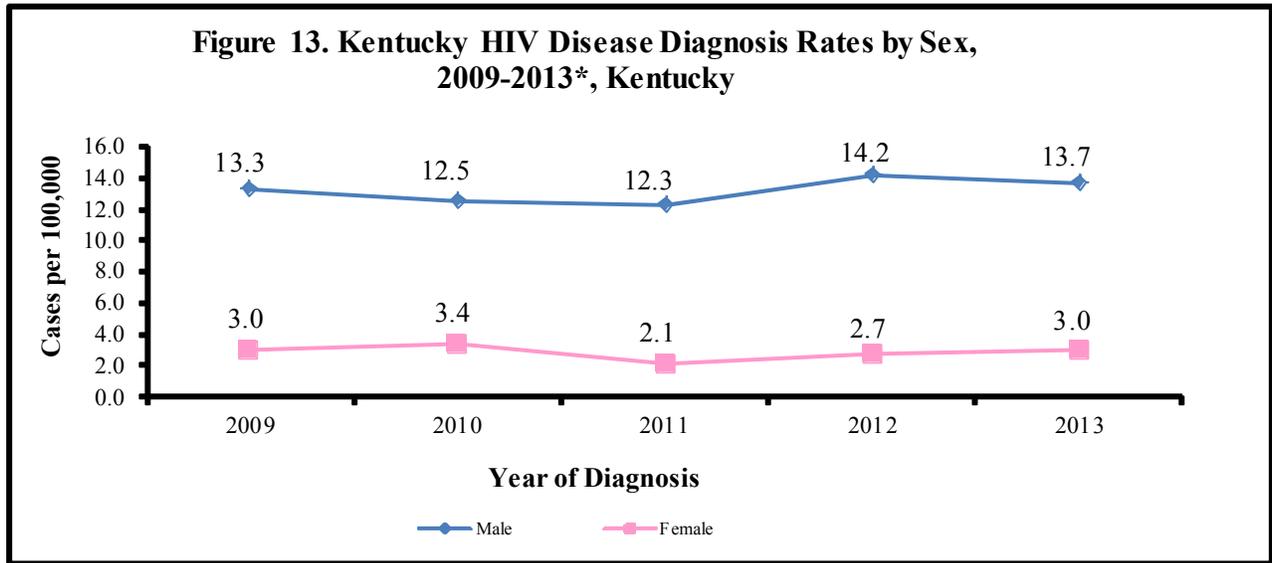
(1) Rates are only listed for years of diagnosis 2010-2014. Data for 2014 and 2015 are provisional due to reporting delays and are subject to change. Due to the small numbers of HIV cases reported in some ADDs, please interpret the corresponding rates with caution. Rates are not published when cell size is less than 10.

(2) Data reported through June 30, 2015. Rates are not published for 2015 because data are not complete.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 9,550—1 HIV case had unknown residential information.

\*Rates are not published due to multi-year aggregation of data.

## Trends in HIV Disease Diagnosis Rates by Sex, 2009-2013, Kentucky

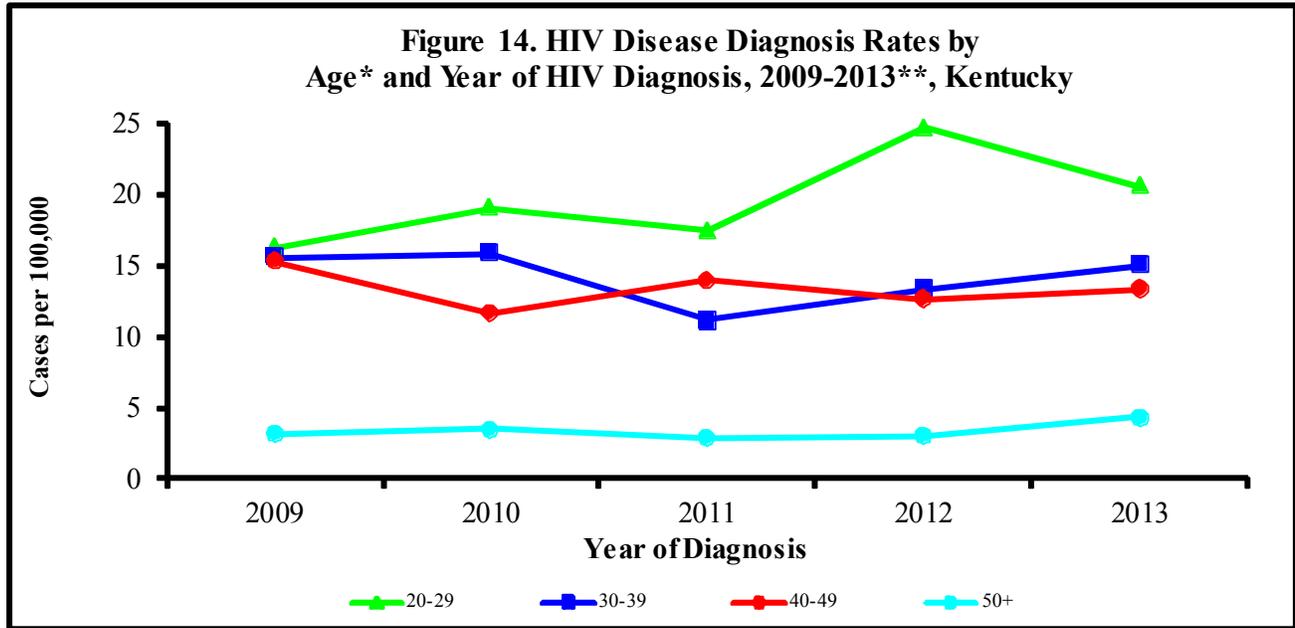


\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of cumulative HIV cases diagnosed among Kentuckians. The yearly diagnosis rates among males have remained stable over the five year period shown. From 2009 to 2013, the HIV diagnosis rates among males fluctuated between 3.7 to 5.9 times higher than for females (Figure 13).

The female HIV diagnosis rates have remained fairly stable over the most recent five years, between 2.1 to 3.4 cases per 100,000 females. The highest HIV diagnosis rate among females within the most recent five years was in 2010 at 3.4 newly diagnosed cases per 100,000 females.

### Trends in HIV Disease Diagnosis Rates by Age at HIV Diagnosis, 2009-2013, Kentucky



\*Due to the small numbers of HIV cases reported, rates are not presented for age groups 0-12 and 13-19 years old.

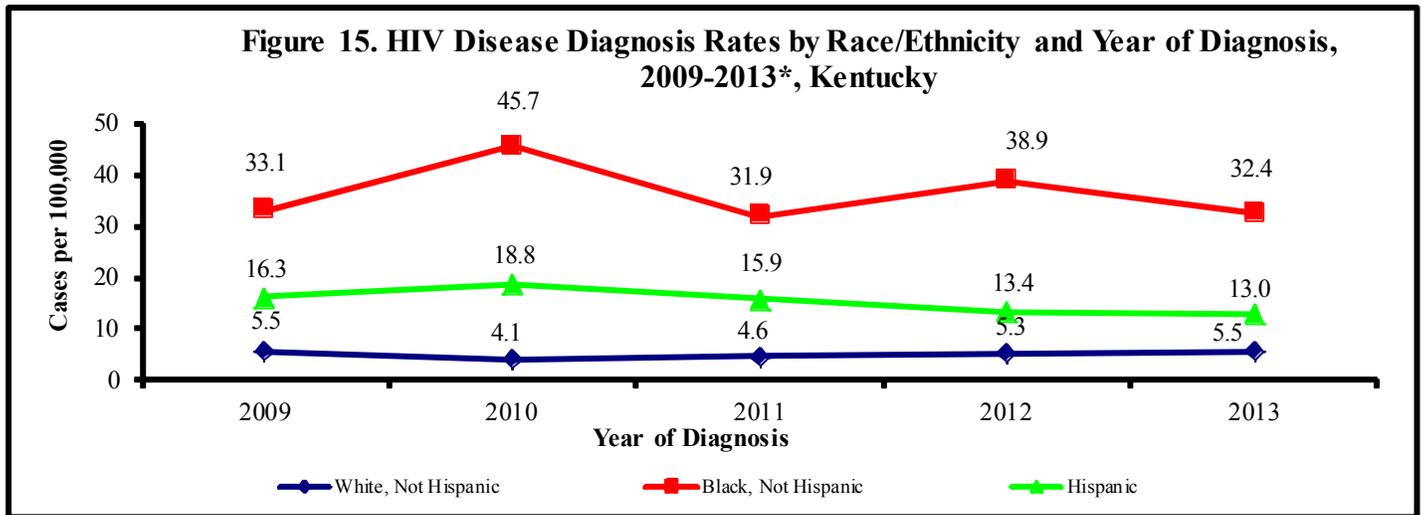
\*\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.

Figure 14 shows HIV diagnosis rates over the most recent five years (2009-2013) with complete data, presented by age category. The diagnosis rates among Kentuckians aged 20-29 years reveal an upward trend while rates in the 30-39 and 40-49 year age groups fluctuated only slightly over the five year period. The yearly diagnosis rates among those 50 years and over have also remained stable over the five year period shown.

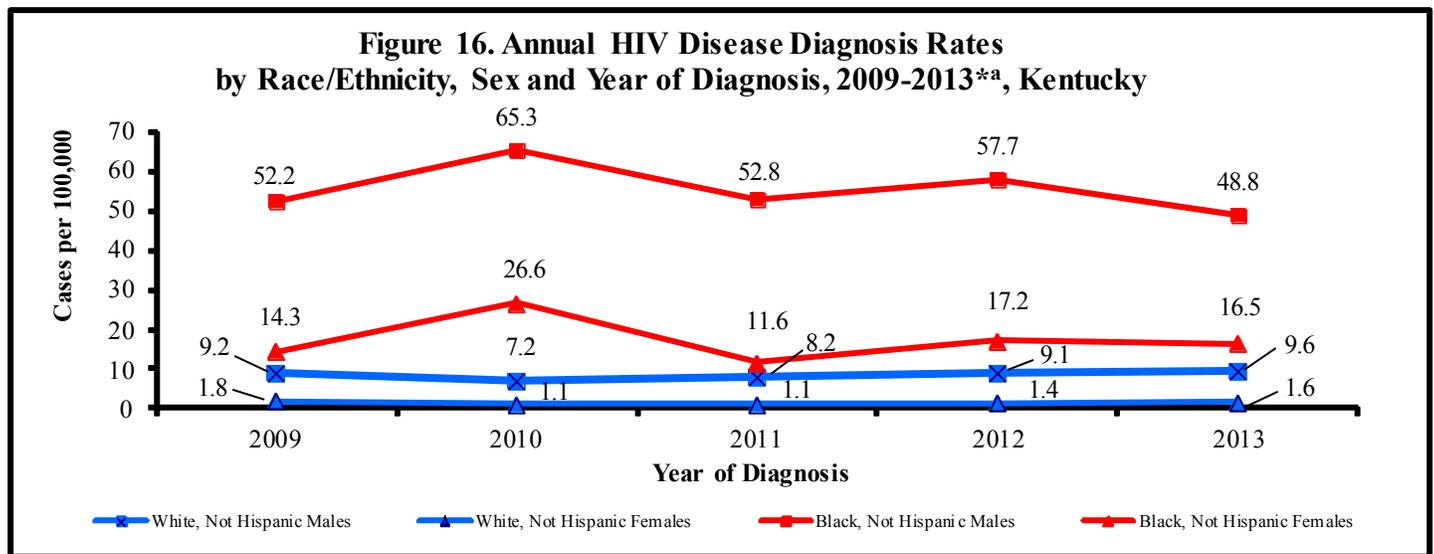
HIV Diagnosis Year	Mean Age	Age Range
2009	36.3	14-74
2010	35.1	2-74
2011	35.8	0-79
2012	33.7	1-78
2013	36.4	2-75

Table 17 shows the mean ages and actual age ranges at time of HIV diagnosis from 2009-2013. The mean ages of Kentuckians at time of HIV diagnosis in the five-year period ranged between 35.1-36.4 years (age range 0-79 years).

## Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2008-2013, Kentucky



\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.



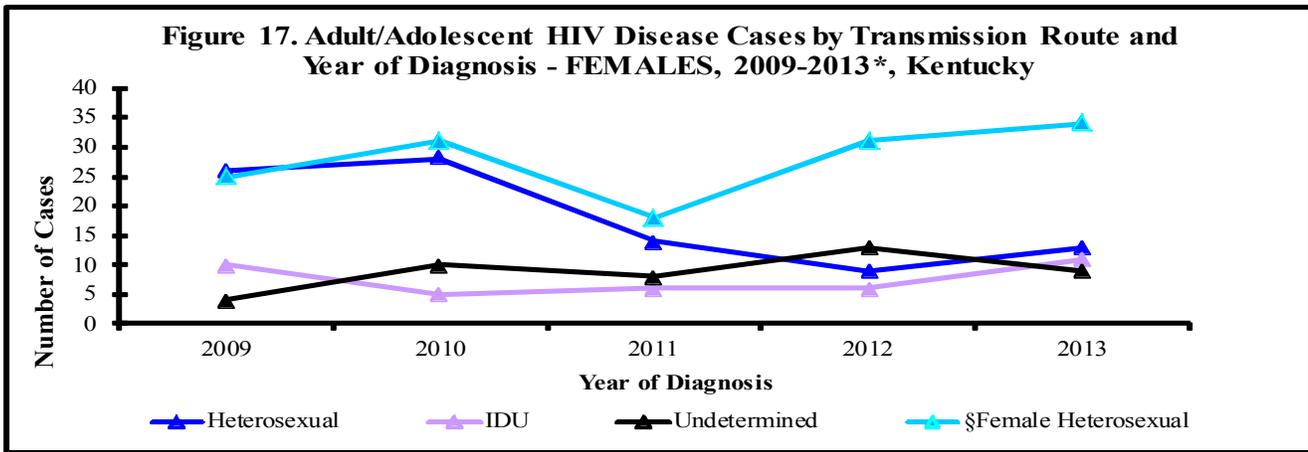
\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.

\*\*Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

Figure 15 shows that between 2009 and 2013, the HIV diagnosis rates for blacks fluctuated between 5.9 to 11.1 times higher than for whites. The diagnosis rates for Hispanics were between 2.4 to 4.6 times higher than for whites for the years depicted. The overall trends for blacks and Hispanics show slight variations while the trends among whites have remained steady.

Figure 16 presents diagnosis rates from 2009 through 2013 for blacks and whites by sex. Black males and black females had consistently higher rates of new diagnoses in comparison to their white counterparts. The HIV diagnosis rates among black males fluctuated between 5.1 to 9.1 times higher than that of white males. The rates among black females were 7.9 to 24 times higher than those of white females over the five year period.

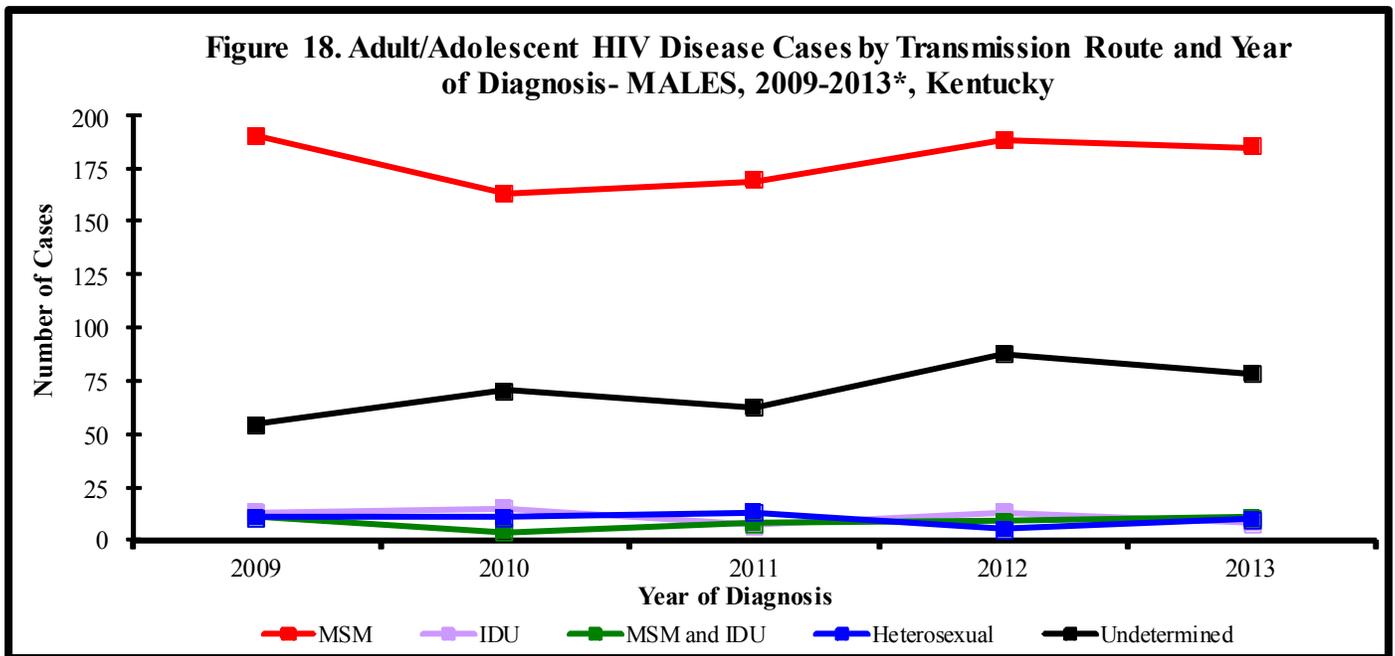
## Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2009-2013, Kentucky



\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.

§Female Heterosexual Contact = A female not reporting drug use, but reporting sex with male with unknown HIV status or risk. See terminology on page 3.

Figure 17 shows Kentucky’s adult/adolescent female HIV cases by transmission route and year of diagnosis. The largest number of new female cases reported female heterosexual contact (FHC) as their primary route of transmission, followed by heterosexual contact over the five year period. Females reporting FHC were previously classified as “undetermined” but if they have reported sexual contact with a male of unknown sero-status or unknown behaviors and no drug use, they are now re-classified as FHC. This change was applied to all the years shown. The number of new female cases reporting IDU as the primary route of transmission remained fairly steady.



\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.

In Figure 18, which depicts trends for adult/adolescent males by transmission route, the largest number of cases diagnosed each year from 2009 to 2013 reported MSM as their primary risk factor. The second largest number of cases were those with an undetermined risk. The number of males reporting IDU, MSM and IDU, and heterosexual contact as the primary route of transmission was similar throughout the five year period.

### Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians through June 30, 2015

During the most recent 10.5 year period for which data are available (January 1, 2005 through June 30, 2015), a total of 3,568 HIV disease cases were diagnosed among Kentuckians. Of these, 1,529 (43%) had progressed to AIDS by June 30, 2015.

The distribution of progression to AIDS (in days) for the 1,529 AIDS cases is shown in Table 18. Fifty-nine percent of the 1,529 AIDS cases diagnosed in the most recent 10.5 years progressed to AIDS within 30 days of the initial HIV diagnosis - also known as a “concurrent diagnosis”.

According to Centers for Disease Control and Prevention (CDC)<sup>1</sup>, late testers are those who have an AIDS diagnosis within one year of initial HIV diagnosis. During the presented time period, 1,244 (35%) of the 3,568 Kentuckians diagnosed with HIV disease were late testers.

**Table 18. AIDS Cases Diagnosed within the 10.5 Year Period January 1, 2005-June 30, 2015 by Time (in days) from HIV Diagnosis to AIDS Diagnosis, Kentucky**

Time to AIDS Diagnosis (Days)	No.	%
≤30 Days †	902	59
31-60 Days	120	8
61-90 Days	76	5
91-365 Days	146	10
>365 Days	285	19
Total	1,529	100

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses. Note: 2,039 HIV-only cases diagnosed in the same timeframe are not included in table as they had not progressed to AIDS as of June 30, 2015.

<sup>1</sup> CDC. Late versus early testing of HIV—16 sites, United States, 2000-2003. MMWR 2003; 52(25): 581-586.

## Concurrent Diagnoses by Selected Characteristics, 2005-2015\*, Kentucky

**Table 19. HIV Infections Diagnosed in the Most Recent 10.5 Year Period (January 1, 2005-June 30, 2015) that were Diagnosed Concurrently with AIDS (within 30 Days of HIV Diagnosis) and those without a Concurrent Diagnosis\*\* by Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Category, Kentucky**

Characteristics	HIV with Concurrent AIDS Diagnosis*		HIV Without Concurrent AIDS Diagnosis**		Total HIV Disease Diagnoses***	
	No.	% <sup>(1)</sup>	No.	% <sup>(1)</sup>	No.	% <sup>(1)</sup>
<b><u>SEX</u></b>						
Male	741	82	2,173	82	2,914	82
Female	161	18	493	18	654	18
<b><u>AGE AT DIAGNOSIS</u></b>						
<13	1	<1	29	1	30	1
13-19	11	1	164	6	175	5
20-29	143	16	933	35	1,076	30
30-39	257	28	637	24	894	25
40-49	302	33	607	23	909	25
50+	188	21	296	11	484	14
<b><u>RACE/ETHNICITY- Female</u></b>						
White, Not Hispanic	54	34	228	46	282	43
Black, Not Hispanic	85	53	218	44	303	46
Hispanic	16	10	20	4	36	6
Other/Unknown	6	4	27	5	33	5
<b><u>RACE/ETHNICITY- Male</u></b>						
White, Not Hispanic	459	62	1,210	56	1,669	57
Black, Not Hispanic	175	24	767	35	942	32
Hispanic	85	11	117	5	202	7
Other/Unknown	22	3	79	4	101	3
<b><u>TRANSMISSION CATEGORY</u></b>						
MSM <sup>(2)</sup>	411	46	1,432	54	1,843	52
IDU <sup>(3)</sup>	80	9	139	5	219	6
MSM and IDU	19	2	80	3	99	3
Heterosexual <sup>(4)</sup>	119	13	277	10	396	11
Female Heterosexual <sup>(5)</sup>	55	6	178	7	233	7
Perinatal	1	<1	20	1	21	1
Other <sup>(6)</sup>	1	0	3	<1	4	<1
Undetermined <sup>(7)</sup>	216	24	537	20	753	21
<b>TOTAL</b>	<b>902</b>	<b>100</b>	<b>2,666</b>	<b>100</b>	<b>3,568</b>	<b>100</b>

\*Concurrent is defined as having an HIV and AIDS diagnosis within 30 days.

\*\*Without AIDS diagnosis 30 days after initial HIV diagnosis. Includes both HIV (non AIDS) cases and those with an AIDS diagnosis more than 30 days after initial HIV diagnosis.

\*\*\*Total diagnoses January 1, 2005 through June 30, 2015 with HIV, regardless of AIDS diagnosis status.

(1) Percentages may not total to 100% due to rounding. Percentages for each characteristic add up to 100% by column.

(2) MSM = Men Having Sex With Men.

(3) IDU = Injection Drug Use.

(4) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(5) Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 3.

(6) "Other" includes persons who had exposure through hemophilia, transfusion/transplant, or perinatal, but diagnosed as an adult.

(7) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

## Concurrent Diagnoses by Selected Characteristics, 2005-2015, Kentucky (Narrative)

Table 19 (page 28) examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2005, and June 30, 2015, by sex, age at diagnosis, race/ethnicity and transmission route. Data are presented for cases diagnosed concurrently with AIDS within a 30 day period after initial HIV diagnosis, cases without a concurrent HIV/AIDS diagnosis (anyone who did not have an AIDS diagnosis within 30 days of the initial HIV diagnosis, whether they developed AIDS or not), and for all cases diagnosed with HIV (regardless of AIDS diagnosis status) within the 10.5 year period.

Of the 3,568 Kentuckians diagnosed with HIV disease during the 10.5 year period presented, 25% (902) were diagnosed with HIV and AIDS concurrently (within 30 days).

The distribution of cases diagnosed over the most recent 10.5 years by sex shows the percentage of males with a concurrent diagnosis is identical to those with a non-concurrent diagnosis (82% each). The distribution by age at diagnosis differs between the two groups, with the highest percentages of concurrent cases being aged 40-49 years (33%) while the highest percentages among non-concurrently diagnosed cases were younger (35% aged 20-29 years).

The racial/ethnic distribution of cases diagnosed concurrently with AIDS differs by sex. Among females, the highest percentage of concurrent diagnoses were among black females (46%), followed by white and Hispanic females (41% and 6%, respectively). However, among males, the majority of concurrent diagnoses were among white males (57%). Thirty-two percent of concurrently diagnosed cases were among black males and 7% were among Hispanic males. The percentages of concurrent diagnoses among Hispanic males and Hispanic females are comparable. Caution should be taken when interpreting the data for the “other” and “unknown” race/ethnicity categories, as the numbers of cases are small.

Data by route of transmission show HIV cases diagnosed concurrently with AIDS within 30 days have an identical distribution to those without a concurrent diagnosis, with the majority of cases among those with a concurrent diagnosis reporting male-to-male sexual contact as the mode of transmission (52%), followed by persons reporting heterosexual exposure (11%). There was only one child (<13 years at diagnosis) reported with a concurrent diagnosis. Almost a quarter (21%) of cases with concurrent HIV and AIDS diagnoses have an undetermined transmission route, which creates challenges for prevention initiatives to increase early testing and engagement in care.

## HIV Diagnoses by Area Development District (ADD), January 1, 2005-June 30, 2015, Kentucky

**Figure 19. Number of HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 years, January 1, 2005—June 30, 2015, Kentucky**

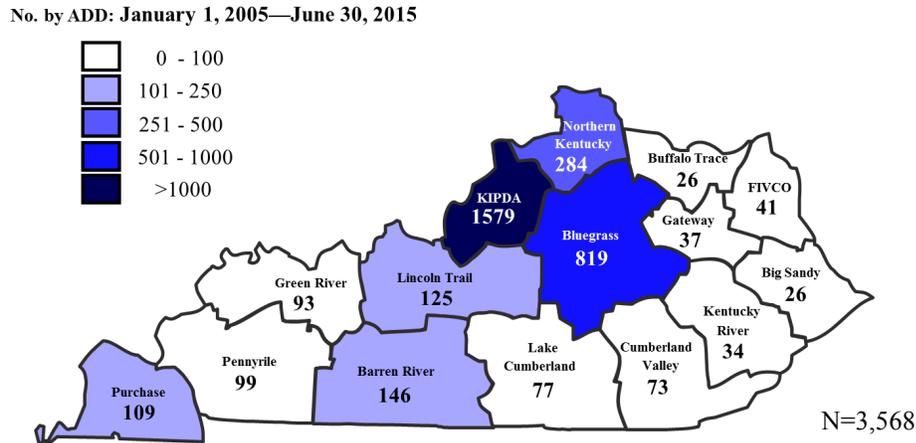
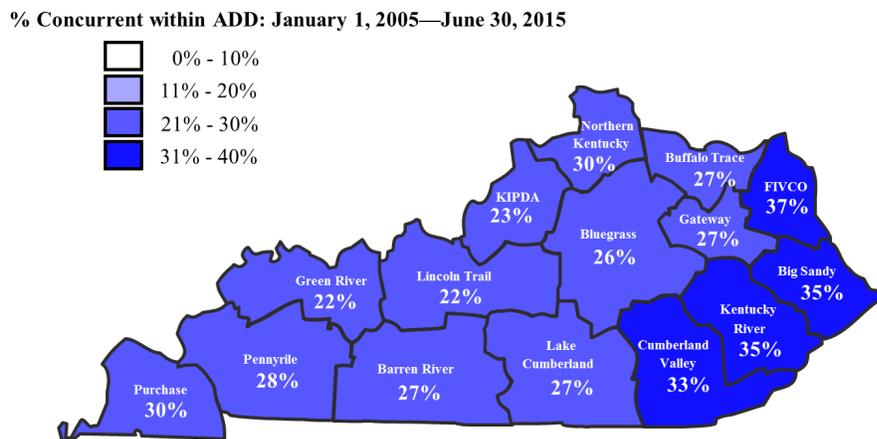


Figure 19 examines the total number of HIV infections diagnosed between January 1, 2005 and June 30, 2015 by ADD of residence at time of HIV diagnosis. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1,579 or 44%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (819 or 23%) resided in the Bluegrass ADD, which includes the city of Lexington. The ADD's in eastern Kentucky had the lowest number of HIV cases diagnosed and reported during this period.

**Figure 20. Percentage of All HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10.5 Years, January 1, 2005 – June 30, 2015, Kentucky**



Note: The percentages presented in Figure 20 represent the proportion of concurrent diagnoses out of the total for each individual ADD. Totals for each ADD are presented in Figure 19.

Figure 20 shows the percentage of total HIV cases within each ADD that were concurrently diagnosed with AIDS (within 30 days of initial HIV diagnosis), between January 1, 2005 and June 30, 2015. The percentage of concurrent HIV and AIDS diagnoses within each ADD ranged from 22% to 37%. The ADDs with the highest proportion of concurrent HIV and AIDS cases were in the eastern Kentucky region: FIVCO, Big Sandy, Kentucky River and Cumberland Valley ADDs (37%, 35%, 35% and 33% respectively). The percentages in ADDs which had <50 total cases (see figure 19) should be interpreted with caution.

## HIV Diagnoses by Care Coordinator Region, January 1, 2005-June 30, 2015, Kentucky

**Figure 21. Number of HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2005--June 30, 2015, Kentucky**

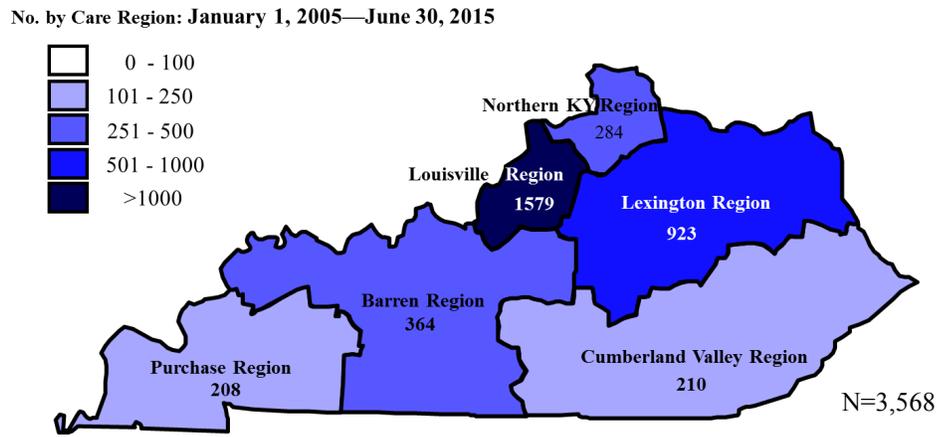
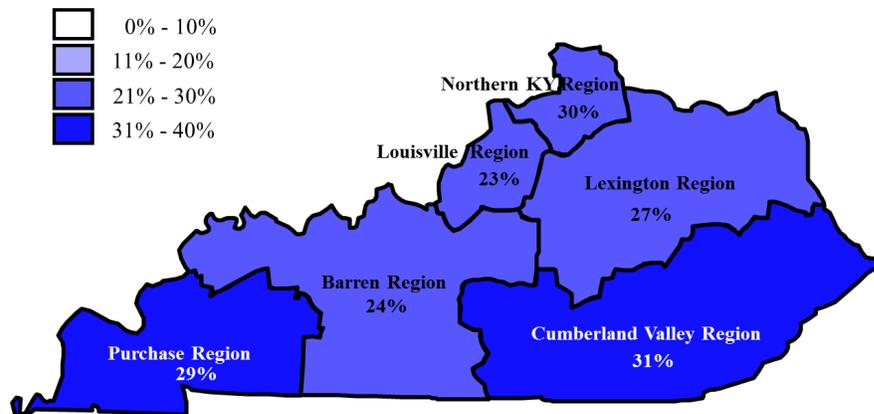


Figure 21 shows the total number of new HIV infections (regardless of disease progression status) diagnosed between January 1, 2005 and June 30, 2015 by Care Coordinator Region of residence at time of HIV diagnosis. A Care Coordinator Region is defined based on the specific counties of the state for which clinical and support services are provided by a state-funded agency (agencies listed on page 32). The highest number of cases (1,579 or 44%) diagnosed in this period occurred among residents of the Louisville Region. The second highest number of diagnoses (923 or 26%) occurred in residents of the Lexington Region.

**Figure 22. Percentage of All HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10.5 Years, January 1, 2005--June 30, 2015, Kentucky**

% Concurrent within Care Region : January 1, 2005-June 30, 2015



Note: The percentages presented in Figure 22 represent the proportion of concurrent diagnoses out of the total for each individual region. Totals for each region are presented in Figure 21.

Figure 22 shows the percentage of total HIV cases within each care coordinator region that were concurrently diagnosed with AIDS (within 30 days of an initial HIV diagnosis), between January 1, 2005 and June 30, 2015. The percentage of concurrent HIV and AIDS diagnoses within each care region ranged from 23% to 31%. In all regions, approximately a quarter or more of cases diagnosed within each jurisdiction were concurrent diagnoses, with the highest proportions of concurrent HIV and AIDS cases residing in the Cumberland Valley Region (31%) and Northern Kentucky Region (30%). For cases diagnosed concurrently, testing was probably not conducted near time of initial infection.

## HIV Care Coordinator Regions, Kentucky

<p><b>Barren Region</b></p> 	<p><b>Matthew 25</b>                      452 Old Corydon Road                      Henderson, KY 42420                      (270) 826-0200                      (866) 607-6590                      fax: (270) 826-0212</p>	<p><b>Counties Covered:</b></p>			
		Allen Barren Breckinridge Butler Daviess Edmonson	Grayson Hancock Hardin Hart Henderson Larue	Logan McLean Marion Meade Metcalf Monroe	Nelson Ohio Simpson Union Warren Washington Webster
<p><b>Lake Cumberland Valley Region</b></p> 	<p><b>Lake Cumberland District Health Dept.</b>                      500 Bourne Avenue                      Somerset, KY 42501                      (606) 678-4761                      (800) 928-4416                      fax: (606) 678-2708                      Some Lake Cumberland Valley clients are covered by Lexington Region</p>	<p><b>Counties Covered:</b></p>			
		Adair Bell Breathitt Casey Clay Clinton Cumberland Floyd	Green Harlan Jackson Johnson Knott Knox Laurel Lee	Leslie Letcher Magoffin Martin McCreary Owsley Perry Pike	Pulaski Rockcastle Russell Taylor Wayne Whitley Wolfe
<p><b>Lexington Region</b></p> 	<p><b>Bluegrass Care Clinic, UK</b>                      740 S. Limestone, K512                      UK Medical Center                      Lexington, KY 40536                      (859) 323-5544                      (866) 761-0206                      fax: (859) 257-3477</p>	<p><b>Counties Covered:</b></p>			
		Anderson Bath Bourbon Boyd Boyle Bracken Carter Clark	Elliott Estill Fayette Fleming Franklin Garrard Greenup Harrison	Jessamine Lawrence Lewis Lincoln Madison Mason Menifee Mercer	Montgomery Morgan Nicholas Powell Robertson Rowan Scott Woodford
<p><b>Louisville Region</b></p> 	<p><b>University of Louisville Care Coordination Program (550 Clinic)</b>                      501 E. Broadway, Suite 120                      Louisville, KY 40202                      (502) 852-2008                      fax: (502) 852-2510</p>	<p><b>Counties Covered:</b></p>			
		Bullitt Henry	Jefferson Oldham	Shelby Spencer	Trimble
<p><b>Northern Kentucky Region</b></p> 	<p><b>Northern KY District Health Dept.</b>                      2388 Grandview Drive                      Ft. Mitchell, KY 41017                      (859) 341-4264                      fax: (859) 578-3689</p>	<p><b>Counties Covered:</b></p>			
		Boone Campbell	Carroll Gallatin	Grant Kenton	Owen Pendleton
<p><b>Purchase Region</b></p> 	<p><b>Heartland Cares, Inc.</b>                      619 N. 30th Street                      Paducah, KY 42001                      (270) 444-8183                      (877) 444-8183                      fax: (270) 444-8147</p>	<p><b>Counties Covered:</b></p>			
		Ballard Caldwell Calloway Carlisle	Christian Crittenden Fulton Graves	Hickman Hopkins Livingston Lyon	McCracken Marshall Muhlenberg Todd Trigg

For more information, contact the nearest Care Coordinator Agency, or the Care Coordinator Program Administrator, (502) 564-6539 or (800) 420-7431.



## State Sponsored HIV Counseling and Testing Sites, Kentucky

County / Agency	City	Phone	County / Agency	City	Phone
Adair County Health Department	Columbia	(270) 384-2286	Jessamine County Health Department	Nicholasville	(859) 885-4149
Allen County Health Department	Scottsville	(270) 237-4423	Johnson County Health Department	Paintsville	(606) 789-2590
Anderson County Health Department	Lawrenceburg	(502) 839-4551	Kenton County Health Department	Covington	(859) 431-3345
Ballard County Health Department	La Center	(270) 665-5432	Knott County Health Department	Hindman	(606) 785-3144
Barren County Health Department	Glasgow	(270) 651-8321	Knox County Health Department	Barbourville	(606) 546-3486
Bath County Health Department	Owingsville	(606) 674-9646	Larue County Health Department	Hodgenville	(270) 358-3844
Bell County Health Department	Pineville	(606) 248-2862	Laurel County Health Department	London	(606) 864-5187
Boone County Health Department	Florence	(859) 363-2060	Lawrence County Health Department	Louisville	(606) 638-4389
Bourbon County Health Department	Paris	(859) 987-1915	Lee County Health Department	Beattyville	(606) 464-2492
Boyd County Health Department	Ashland	(606) 324-7181	Leslie County Health Department	Hyden	(606) 672-2393
Boyle County Health Department	Danville	(859) 236-2053	Letcher County Health Department	Whitesburg	(606) 633-2945
Bracken County Health Department	Brooks ville	(606) 735-2157	Lewis County Health Department	Vanceburg	(606) 796-2632
Breathitt County Health Department	Jackson	(606) 666-5274	Lincoln County Health Department	Stanford	(606) 365-3106
Breckinridge County Health Department	Hardinsburg	(270) 756-5121	Livingston County Health Department	Smithland	(270) 928-2193
Bullitt County Health Department	Shepherdsville	(502) 543-2415	Logan County Health Department	Russellville	(270) 726-8341
Butler County Health Department	Morgantown	(270) 526-3221	Lyon County Health Department	Eddyville	(270) 388-9763
Caldwell County Health Department	Princeton	(270) 365-6571	Madison County Health Department	Richmond	(859) 626-4241
Calloway County Health Department	Murray	(270) 753-3381	Madison County Health Department - Berea	Berea	(859) 986-1192
Campbell County Health Department	Newport	(859) 431-1704	Magoffin County Health Department	Salyersville	(606) 349-6212
Carlisle County Health Department	Bardwell	(270) 628-5431	Marion County Health Department	Lebanon	(270) 692-3393
Carroll County Health Department	Carrollton	(502) 732-6641	Marshall County Health Department	Benton	(270) 527-1496
(Carter) West Carter Health Center	Olive Hill	(606) 286-5588	Martin County Health Department	Inez	(606) 298-7752
Casey County Health Department	Liberty	(606) 787-6911	Mason County Health Department	Maysville	(606) 564-9447
Christian County Health Department	Hopkinsville	(270) 887-4160	Heartland Cares Clinic	Paducah	(270) 444-8183
Clark County Health Department	Winchester	(859) 744-4482	McCracken County Health Department	Paducah	(270) 444-9631
Clay County Health Department	Manchester	(606) 598-2425	McCreary County Health Department	Whitley City	(606) 376-2412
Clinton County Health Department	Albany	(606) 387-5711	McLean County Health Department	Calhoun	(270) 273-3062
Crittenden County Health Department	Mario n	(270) 965-5215	Meade County Health Department	Brandenburg	(270) 422-3988
Cumberland County Health Department	Burkesville	(270) 864-2206	Menifee County Health Department	Frenchburg	(606) 768-2151
Davies County Health Department	Owensboro	(270) 686-7744	Mercer County Health Department	Harrodsburg	(859) 734-4522
Edmons on County Health Department	Brownsville	(270) 597-2194	Metcalfe County Health Department	Edmonton	(270) 432-3214
Elliott County Health Department	Sandy Hook	(606) 738-5205	Monroe County Health Department	Tompkinsville	(270) 487-6782
Estill County Health Department	Irvine	(606) 723-5181	Montgomery County Health Department	Mount Sterling	(859) 498-3808
(Fayette) AHEC Lexington	Lexington	(859) 281-6086	Morgan County Health Department	West Liberty	(606) 743-3744
(Fayette) AVOL (AIDS Volunteers, Inc.)	Lexington	(859) 225-3000	Muhlenberg County Health Department	Central City	(270) 754-3200
(Fayette) Bluegrass Community Health Center	Lexington	(859) 259-2635	Nelson County Health Department	Bards town	(502) 348-3222
(Fayette) Lex-Fayette Health Department	Lexington	(859) 288-2323	Nicholas County Health Department	Carlisle	(859) 289-2188
(Fayette) Moveable Feast Lexington	Lexington	(859) 252-2867	Ohio County Health Department	Hartford	(270) 298-3663
Fleming County Health Department	Flemingsburg	(606) 845-6511	Oldham County Health Department	LaGrange	(502) 222-3516
Floyd County Health Department	Presottsburg	(606) 886-2788	Owen County Health Department	Owenton	(502) 484-5736
Franklin County Health Department	Frankfort	(502) 564-4269	Owsley County Health Department	Booneville	(606) 593-5181
Fulton County Health Department	Fulton	(270) 472-1982	Pendleton County Health Department	Falmouth	(859) 654-6985
Fulton County Health Department – Hickman	Hickman	(270) 236-2825	Perry County Health Department	Hazard	(606) 436-2196
Gallatin County Health Department	Warsaw	(859) 567-2844	Pike County Health Department	Pikeville	(606) 437-5500
Garrard County Health Department	Lancaster	(859) 792-2153	Powell County Health Department	Stanton	(606) 663-4360
Grant County Health Department	Williams town	(859) 824-5074	Pulaski County Health Department	Somers et	(606) 679-4416
Graves County Health Department	Mayfield	(270) 247-3553	Roberts on County Health Department	Mount Olivet	(606) 724-5222
Grays on County Health Department	Leitchfield	(270) 259-3141	Rockcastle County Health Department	Mt. Vernon	(606) 256-2242
Green County Health Department	Greensburg	(270) 932-4341	Rowan County Health Department	Morehead	(606) 784-8954
Greenup County Health Department	Greenup	(606) 473-9838	Russell County Health Department	James town	(270) 343-2181
Hancock County Health Department	Hawesville	(270) 927-8803	Scott County Health Department	Georgetown	(502) 863-3971
Hardin County Health Department	Elizabeth town	(270) 765-6196	Shelby County Health Department	Shelbyville	(502) 633-1231
Harlan County Health Department	Harlan	(606) 573-4820	Simpson County Health Department	Franklin	(270) 586-8261
Harrison County Health Department	Cynthiana	(859) 234-2842	Spencer County Health Department	Taylorsville	(502) 477-8146
Hart County Health Department	Munfordsville	(270) 524-2511	Taylor County Health Department	Campbellsville	(270) 465-4191
(Henders on) Matthew 25 AIDS Services	Henders on	(270) 826-0200	Todd County Health Department	Elkton	(270) 265-2362
Henders on County Health Department	Henders on	(270) 826-3951	Trigg County Health Department	Cadiz	(270) 522-8121
Henry County Health Department	New Castle	(502) 845-2882	Trimble County Health Department	Bedford	(502) 255-7702
Hickman County Health Department	Clinton	(270) 653-6110	Union County Health Department	Morganfield	(270) 389-1230
Hopkins County Health Department	Madisonville	(270) 821-5242	Warren County Health Department	Bowling Green	(270) 781-2490
Jackson County Health Department	McKee	(606) 287-8421	Western Kentucky University – Health Services	Bowling Green	(270) 745-2273
(Jefferson) Dixie Health Center	Louisville	(502) 937-7277	Washington County Health Department	Springfield	(859) 336-3989
(Jefferson) Harambee Health Center, Inc.	Louisville	(502) 593-5939	Wayne County Health Department	Monticello	(606) 348-7464
(Jefferson) Lou.-Metro HD - Family/Methadone	Louisville	(502) 574-6660	Webster County Health Department	Dixon	(270) 639-9315
(Jefferson) Louisville-Metro HD - Specialty Clinic	Louisville	(502) 574-6697	Whitley County Health Department	Corbin	(606) 549-3380
(Jefferson) Louisville-Metro HD - TB Clinic	Louisville	(502) 574-6617	Wolfe County Health Department	Campton	(606) 668-3185
(Jefferson) Middleburg Clinic	Louisville	(502) 245-1074	Woodford County Health Department	Versailles	(859) 873-4541
(Jefferson) Newburg Health Center	Louisville	(502) 458-0778			
(Jefferson) The More Center	Louisville	(502) 574-6444			
(Jefferson) Volunteers of America – Louisville	Louisville	(502) 636-4540			