



# HIV/AIDS Surveillance Report June 2013

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 2013  
Dear Reader:

Enclosed, please find the June 2013 issue of Kentucky's HIV/AIDS Surveillance Report which contains data on HIV infections among Kentuckians.

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. Cumulative HIV infections presented in this section (and throughout the report) include all HIV infections regardless of progression to AIDS. A total of 8,904 cumulative HIV infections were diagnosed and reported as of June 30, 2013. Of these HIV infections, 66% had progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2011, there were 313 new HIV infections diagnosed among Kentucky residents, at a diagnosis rate of 7.2 per 100,000 population. Trends among 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 HIV infections 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, 2003 through June 30, 2013. Fifty-eight percent of the 1,586 new AIDS diagnoses within that period were diagnosed within 30 days of the initial HIV diagnosis.

Please read the data source and technical notes on pages 3 and 4 for further information concerning interpretation of the data. The data presented in this report are available at [http://chfs.ky.gov/NR/ronlyres/F597E129-83C0-4F34-8168-1BD7ADB32B66/0/Annual\\_Report\\_June2013.pdf](http://chfs.ky.gov/NR/ronlyres/F597E129-83C0-4F34-8168-1BD7ADB32B66/0/Annual_Report_June2013.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  
HIV/AIDS Branch



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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, 2013. 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.

Kentucky population estimates and 2010 census data 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://ksdc.louisville.edu>. Accessed August 12, 2013.

## HIV/AIDS Reporting Requirements

According to state regulation 902 KAR 2:020, Section 7, 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 for 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 for 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

**HIV Disease:** Data include 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 Report:** The date an HIV disease diagnosis is reported to the Kentucky HIV/AIDS Surveillance Program.

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

**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 laboratory test less than 200 cells/ml of blood or less than 14% of the total white blood cells (lymphocytes).

**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 that 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 doesn't fit in the heterosexual contact category above, with no reported injection drug use, but reports 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.

Transmission Category (continued):

- ◆ **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 2012 and 2013 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 respond to potential duplication problems, the CDC initiated the Interstate Duplication Evaluation Project (IDEP), now called Routine Interstate Duplicate Review (RIDR), 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 the case belongs, based on residence at the earliest date of diagnosis. Because of 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 will not be 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 that 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 diagnosed.

## Section I: Cumulative and Living HIV Infections Diagnosed through June 30, 2013, Kentucky

**Table 1. Cumulative<sup>(1)</sup> HIV Disease Cases By Age at Diagnosis\*, Race/Ethnicity, and Sex through June 30, 2013, Kentucky**

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
<b>MALE</b>	<13	23	<1	26	1	0	0	0	0	49	1
	13-19	112	2	125	6	3	1	9	7	249	3
	20-29	1,323	28	713	32	109	39	48	35	2,193	30
	30-39	1,760	37	702	32	106	38	44	32	2,612	35
	40-49	1,093	23	470	21	38	14	28	20	1,629	22
	50+	421	9	190	9	23	8	8	6	642	9
	<b>TOTAL<sup>(2)</sup></b>	<b>4,732</b>	<b>100</b>	<b>2,226</b>	<b>100</b>	<b>279</b>	<b>100</b>	<b>137</b>	<b>100</b>	<b>7,374</b>	<b>100</b>
<b>FEMALE</b>	<13	13	2	17	2	1	2	1	2	32	2
	13-19	40	6	45	6	5	8	3	6	93	6
	20-29	204	30	218	30	27	41	13	24	462	30
	30-39	222	33	245	33	16	24	17	31	500	33
	40-49	128	19	138	19	12	18	16	30	294	19
	50+	71	10	69	9	5	8	4	7	149	10
	<b>TOTAL<sup>(2)</sup></b>	<b>678</b>	<b>100</b>	<b>732</b>	<b>100</b>	<b>66</b>	<b>100</b>	<b>54</b>	<b>100</b>	<b>1,530</b>	<b>100</b>

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2013

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

\*Age at initial HIV diagnosis

Since the beginning of the epidemic in the early 80's, the majority of HIV cases diagnosed among Kentuckians have been reported among males (7,374, 83%). In terms of decade of diagnosis, more male HIV cases were diagnosed in their 30s (2,612, 35%) than any other decade. Among white males the highest percentages of cumulative cases were aged 30-39 years at the time of diagnosis (37%). Black males had a similar percentage of cases aged 20-29 years and 30-39 years at time of diagnosis (32%). The percentage of Hispanic males in their 20s at time of diagnosis (39%) was higher compared to blacks (32%) 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 results exist among females with HIV. More females were diagnosed with HIV infection in their 30s (500, 33%) than any other decade. Similar percentages of black and white females were diagnosed in that same decade of life (33% each). The highest percentage of Hispanic females was diagnosed with HIV in their 20s (41%). Hispanic females tend to be younger at the time of diagnosis than their racial and ethnic counterparts.

**Table 2. Cumulative<sup>(1)</sup> Adult/Adolescent\* HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex through June 30, 2013, 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>	3,437	73	1,133	52	138	49	86	63	4,794	65
	IDU <sup>(3)</sup>	262	6	325	15	32	11	12	9	631	9
	MSM and IDU	288	6	143	7	7	3	6	4	444	6
	Heterosexual <sup>(4)</sup>	201	4	212	10	32	11	12	9	457	6
	Other <sup>(5)</sup>	88	2	14	1	0	0	0	0	102	1
	Undetermined <sup>(6)</sup>	433	9	373	17	70	25	21	15	897	12
	<b>TOTAL<sup>(7)</sup></b>	<b>4,709</b>	<b>100</b>	<b>2,200</b>	<b>100</b>	<b>279</b>	<b>100</b>	<b>137</b>	<b>100</b>	<b>7,325</b>	<b>100</b>
<b>FEMALE</b>	IDU <sup>(3)</sup>	144	22	149	21	9	14	9	17	311	21
	Heterosexual <sup>(4)</sup>	353	53	359	50	37	57	31	58	780	52
	Female Heterosexual <sup>(8)</sup>	100	15	147	21	14	22	8	15	269	18
	Other <sup>(5)</sup>	12	2	4	1	0	0	0	0	16	1
	Undetermined <sup>(6)</sup>	56	8	56	8	5	8	5	9	122	8
	<b>TOTAL<sup>(7)</sup></b>	<b>665</b>	<b>100</b>	<b>715</b>	<b>100</b>	<b>65</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>1,498</b>	<b>100</b>

\*Cases are classified as adult/adolescent if they are 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, 2013

(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 to 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 description

The majority of cumulative male HIV infections (65%) were reported with MSM as the primary route of exposure while among women, the majority (52%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV contraction, e.g., a person who injects drugs. Minority males (15% of black males and 11% of Hispanic males) reported higher percentages of IDU as the route of transmission, in comparison to non-minorities (6% of whites). Conversely, a higher percentage of white males (73%) reported MSM as the primary route of transmission in comparison to 52% of all black males and 49% of all Hispanic males.

The majority of female cases within each racial/ethnic group were infected through heterosexual contact. After factoring in the female heterosexual contact as a risk category, a higher percentage of infections with undetermined routes of transmission exists among males (12%) than females (8%). Hispanic males (25%) and black males (17%) have higher percentages of cases without an identified risk factor than white males (9%). The existence of large percentages of infections without known routes of transmission poses a barrier to provision of effective responses to the epidemic within the groups in question, because 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 (35%) of cumulative HIV cases in Kentucky were aged 30-39 years at time of diagnosis. Persons aged 20-29 years account for over a quarter of cumulative infections (30%). Children (<13 years at diagnosis) and teenagers account for the smallest percentages of cases at less than 5% each.

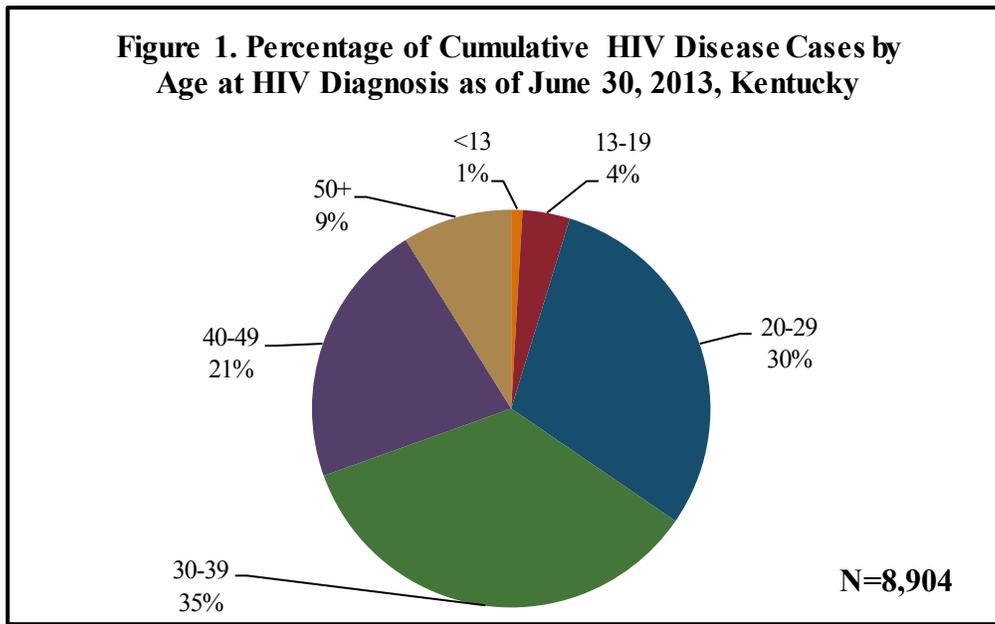
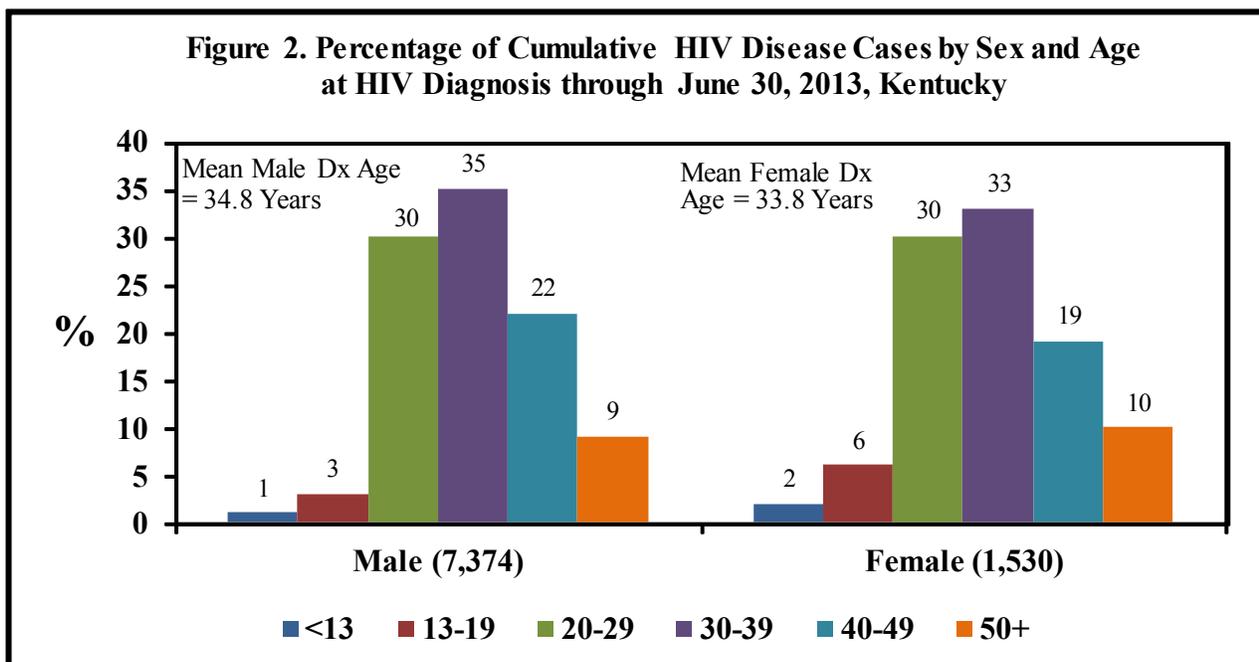


Figure 2. shows the percentage of HIV cases by age group and sex (percentages add up to 100% by sex). Cumulatively, there have been 7,374 male HIV cases diagnosed, of which 35% were aged 30-39 years at time of diagnosis. Similarly, females aged 30-39 years at time of diagnosis accounted for the highest percentage of cumulative HIV cases by age group among females (33%). The mean age at diagnosis for males is 34.8 ( $\pm 10.5$ ) years and 33.8 ( $\pm 11.8$ ) years for females.



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

Sixty-one percent of cumulative HIV cases diagnosed in Kentucky are white, as shown in Figure 3. Thirty-three percent are black, and 4% are Hispanic.

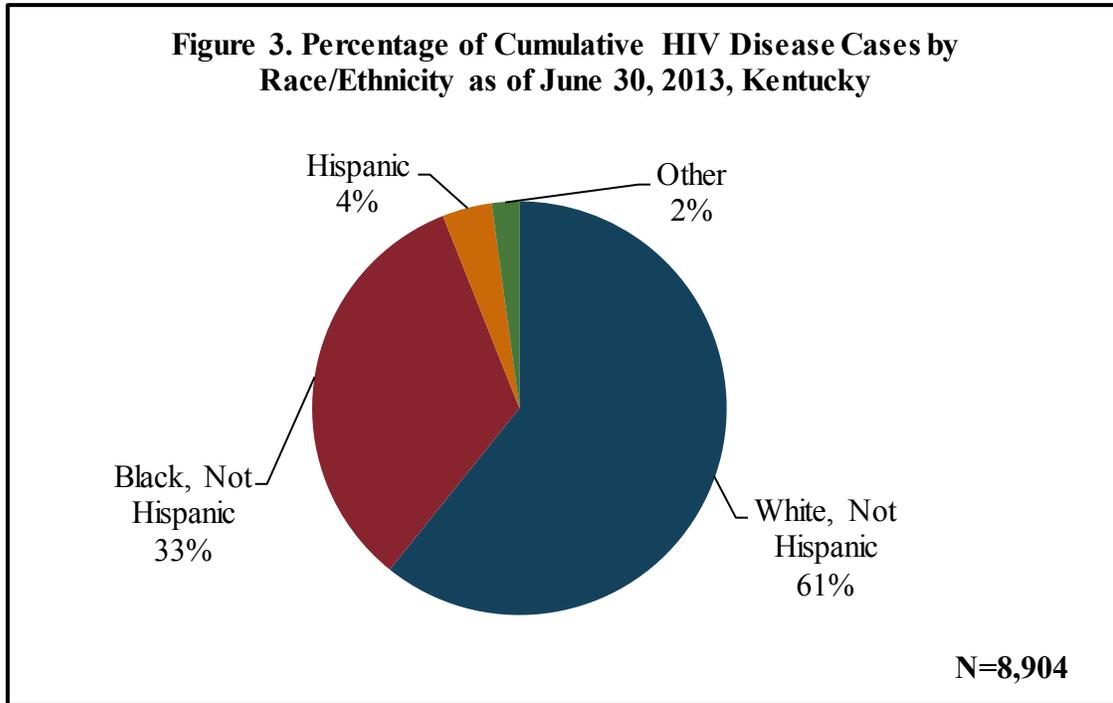
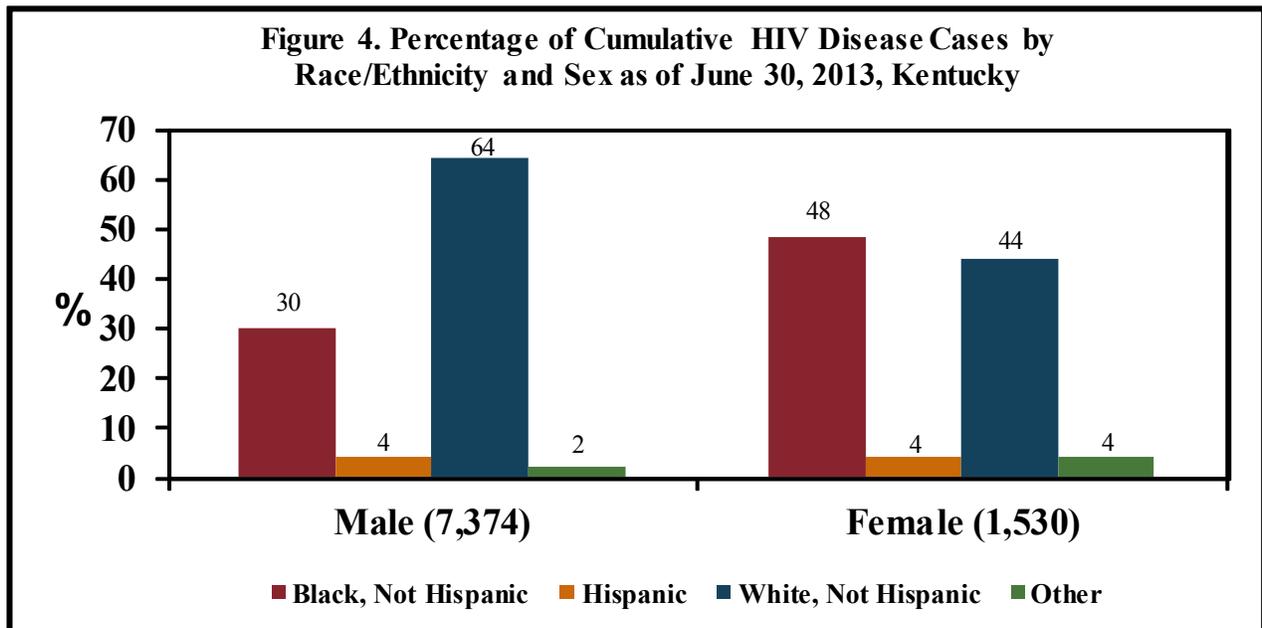
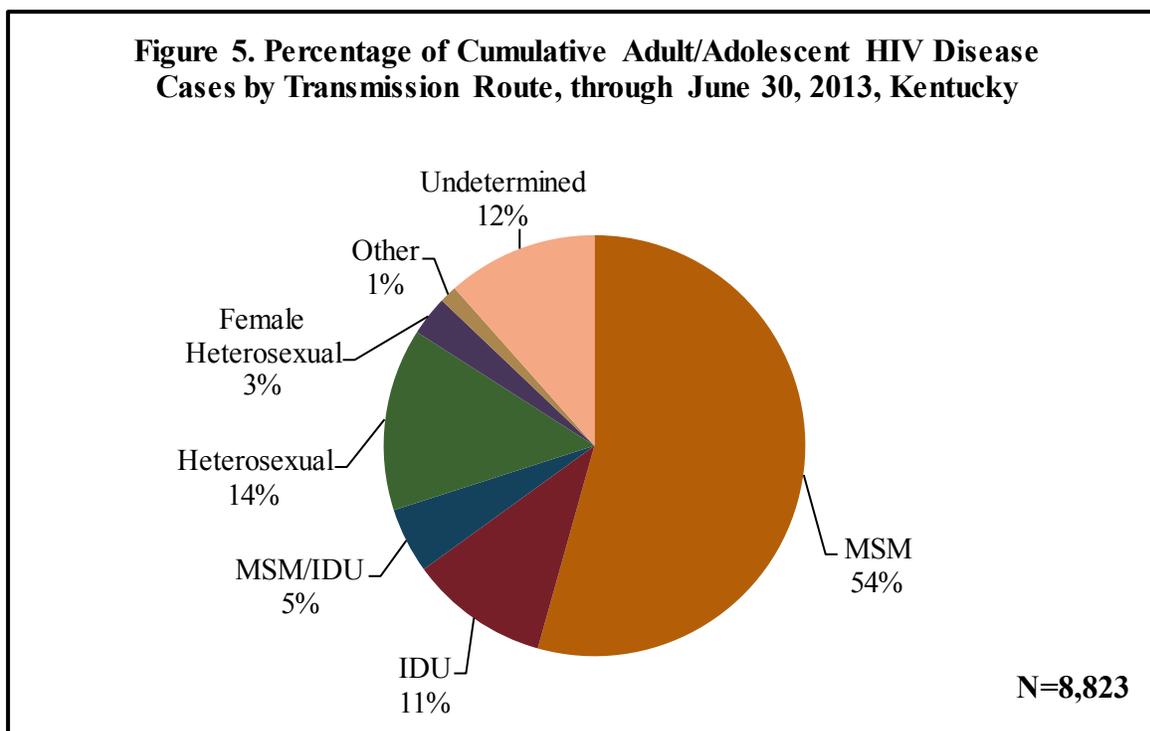


Figure 4. shows the percentages of cumulative HIV cases within each sex group by race/ethnicity (percentages add up to 100% by sex). Among males, the majority are white (64%), with black males accounting for 30% of cumulative cases. The distribution among females by racial/ethnic grouping differs from males, with black females accounting for a higher percentage of cases than white females: 48% and 44%, respectively.



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



**Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route, through June 30, 2013, Kentucky**

Transmission Route	No.	%
MSM	4,794	54
IDU	942	11
MSM/IDU	444	5
Heterosexual	1,237	14
Female Heterosexual*	269	3
Other†	118	1
Undetermined	1,019	12
Total	8,823	100

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

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

Note: Excludes 81 pediatric cases (<13 years).

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, 11% 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, 2013, 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>311</b>	<b>190</b>	<b>Buffalo Trace</b>	<b>51</b>	<b>32</b>
Allen	15	8	Bracken	7	5
Barren	42	24	Fleming	6	3
Butler	14	14	Lewis	15	8
Edmonson	6	4	Mason	23	16
Hart	9	5	Robertson	0	0
Logan	25	14			
Metcalfe	7	3	<b>Cumberland Valley</b>	<b>160</b>	<b>99</b>
Monroe	15	10	Bell	19	13
Simpson	17	11	Clay	29	22
Warren	161	97	Harlan	21	10
			Jackson	10	5
<b>Big Sandy</b>	<b>61</b>	<b>38</b>	Knox	17	11
Floyd	17	11	Laurel	29	17
Johnson	8	3	Rockcastle	6	4
Magoffin	4	3	Whitley	29	17
Martin	6	6			
Pike	26	15	<b>FIVCO</b>	<b>132</b>	<b>81</b>
			Boyd	81	49
<b>Bluegrass</b>	<b>1,697</b>	<b>1,189</b>	Carter	16	11
Anderson	26	17	Elliott	5	4
Bourbon	30	22	Greenup	20	13
Boyle	30	23	Lawrence	10	4
Clark	50	37			
Estill	8	4	<b>Gateway</b>	<b>83</b>	<b>55</b>
Fayette	1,168	807	Bath	7	4
Franklin	86	58	Menifee	9	8
Garrard	10	6	Montgomery	21	17
Harrison	8	4	Morgan	29	14
Jessamine	62	48	Rowan	17	12
Lincoln	11	6			
Madison	84	61	<b>Green River</b>	<b>259</b>	<b>157</b>
Mercer	29	18	Daviess	127	72
Nicholas	6	6	Hancock	5	2
Powell	10	8	Henderson	59	34
Scott	54	45	McLean	7	5
Woodford	25	19	Ohio	11	7
			Union	47	37
			Webster	3	0

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

(2) Living cases regardless of current residence.

Note: Residence at diagnosis missing for 2 cumulative cases and 1 living cases.

Continued on page 11

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

**Table 4. Cumulative and Living HIV Disease Cases By Residential Area Development District (ADD) and County at Time of Diagnosis, through June 30, 2013, Kentucky (continued)**

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>63</b>	<b>41</b>	<b>Northern Kentucky</b>	<b>739</b>	<b>491</b>
Breathitt	4	2	Boone	118	83
Knott	6	5	Campbell	150	101
Lee	6	5	Carroll	15	11
Leslie	2	0	Gallatin	2	1
Letcher	20	12	Grant	30	20
Owsley	3	3	Kenton	411	265
Perry	16	10	Owen	5	3
Wolfe	6	4	Pendleton	8	7
<b>KIPDA/North Central</b>	<b>4,376</b>	<b>2,808</b>	<b>Pennyryle</b>	<b>288</b>	<b>155</b>
Bullitt	87	70	Caldwell	22	12
Henry	28	20	Christian	125	79
Jefferson	4,000	2,570	Crittenden	9	7
Oldham	172	84	Hopkins	39	15
Shelby	69	54	Livingston	14	8
Spencer	10	7	Lyon	18	9
Trimble	10	3	Muhlenberg	29	12
<b>Lake Cumberland</b>	<b>143</b>	<b>101</b>	Todd	20	7
Adair	7	4	Trigg	12	6
Casey	8	6	<b>Purchase</b>	<b>280</b>	<b>172</b>
Clinton	9	7	Ballard	9	4
Cumberland	4	3	Calloway	37	24
Green	8	6	Carlisle	5	3
McCreary	14	13	Fulton	7	4
Pulaski	53	33	Graves	46	30
Russell	11	7	Hickman	7	6
Taylor	17	15	Marshall	20	13
Wayne	12	7	McCracken	149	88
<b>Lincoln Trail</b>	<b>259</b>	<b>173</b>			
Breckinridge	13	6			
Grayson	15	9			
Hardin	153	107			
Larue	5	4			
Marion	15	7			
Meade	24	19			
Nelson	30	19			
Washington	4	2			

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

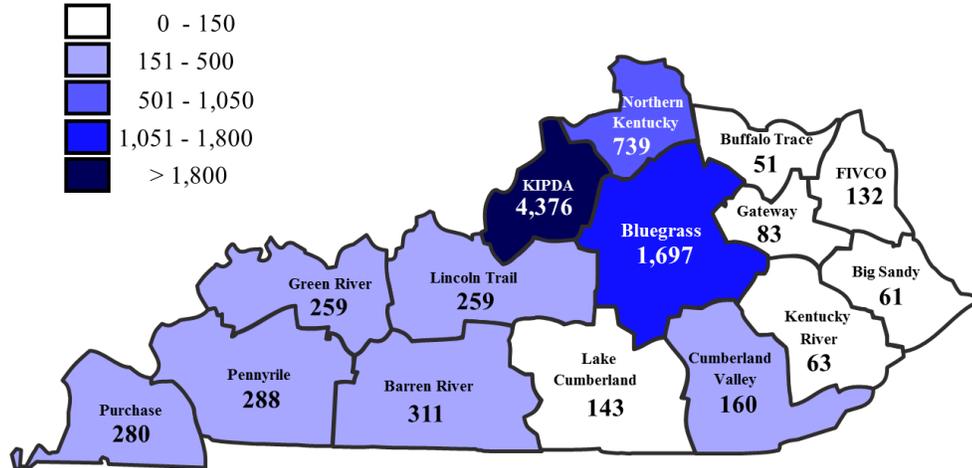
(2) Living cases regardless of current residence.

Note: Residence at diagnosis missing for 2 cumulative cases and 1 living cases.

## 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, 2013, Kentucky**

Cumulative HIV Disease Diagnoses by ADD

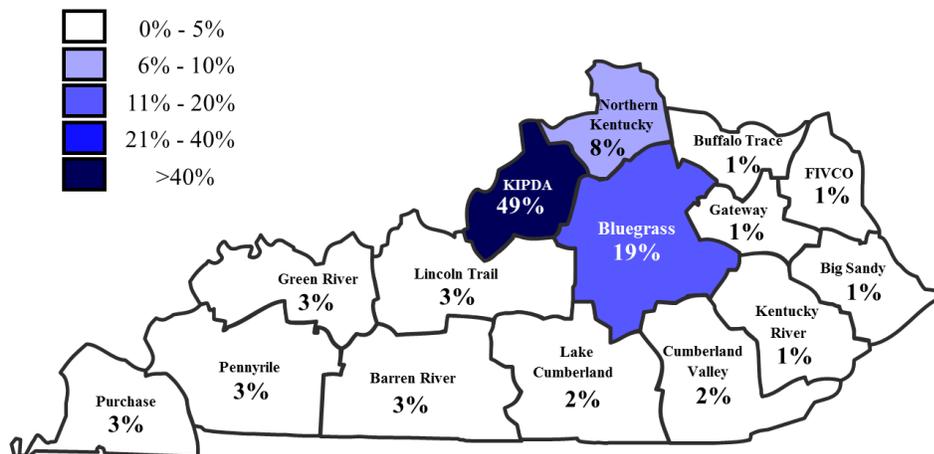


Note: 2 cases missing ADD at time of diagnosis. Total cumulative cases=8,904

The highest number of cumulative HIV cases (4,376, 49%) were residing in the KIPDA ADD at the time of diagnosis, which includes the city of Louisville (Figure 6). The Bluegrass ADD, which includes the city of Lexington, had the second highest number of HIV cases diagnosed in Kentucky (1,697, 19%), followed by the Northern Kentucky ADD with the third highest number of HIV cases diagnosed through June 30, 2013 (739, 8%).

**Figure 7. Percentage of Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2013, Kentucky**

Cumulative % HIV Disease Diagnoses by ADD



Note: 2 cases missing ADD at time of diagnosis. Total cumulative cases=8,904  
Percentages may not total 100% due to rounding.

Figure 7. shows the percentage of cumulative HIV cases that were diagnosed within each ADD. The percentage of infections by ADD ranged from 1% of infections residing in each of Buffalo Trace, Gateway, FIVCO, Big Sandy, and Kentucky River ADDs to almost half (49%) residing in KIPDA ADD at time of diagnosis.

## Living HIV Disease Diagnoses by Demographics, Kentucky

**Table 5. Living HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex through June 30, 2013, Kentucky<sup>(1)</sup>**

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
<b>MALE</b>	MSM <sup>(2)</sup>	2,120	73	774	53	122	51	79	65	3,095	66
	IDU <sup>(3)</sup>	126	4	158	11	22	9	7	6	313	7
	MSM and IDU	161	6	71	5	4	2	5	4	241	5
	Heterosexual <sup>(4)</sup>	123	4	136	9	30	12	11	9	300	6
	Perinatal	10	<1	19	1	0	0	0	0	29	1
	Other <sup>(5)</sup>	18	1	3	0	0	0	0	0	21	<1
	Undetermined <sup>(6)</sup>	329	11	286	20	63	26	19	16	697	15
	<b>Male Subtotal<sup>(7)</sup></b>	<b>2,887</b>	<b>100</b>	<b>1,447</b>	<b>100</b>	<b>241</b>	<b>100</b>	<b>121</b>	<b>100</b>	<b>4,696</b>	<b>100</b>
<b>FEMALE</b>	IDU <sup>(3)</sup>	83	18	74	14	6	11	8	17	171	16
	Heterosexual <sup>(4)</sup>	254	55	266	51	33	58	25	53	578	53
	Female Heterosexual <sup>(8)</sup>	75	16	121	23	13	23	8	17	217	20
	Perinatal	9	2	12	2	1	2	1	2	23	2
	Other <sup>(5)</sup>	0	0	1	<1	0	0	0	0	1	<1
	Undetermined <sup>(6)</sup>	45	10	43	8	4	7	5	11	97	9
	<b>Female Subtotal<sup>(7)</sup></b>	<b>466</b>	<b>100</b>	<b>517</b>	<b>100</b>	<b>57</b>	<b>100</b>	<b>47</b>	<b>100</b>	<b>1,087</b>	<b>100</b>
<b>ALL LIVING</b>	MSM <sup>(2)</sup>	2,120	63	774	39	122	41	79	47	3,095	54
	IDU <sup>(3)</sup>	209	6	232	12	28	9	15	9	484	8
	MSM and IDU	161	5	71	4	4	1	5	3	241	4
	Heterosexual <sup>(4)</sup>	377	11	402	20	63	21	36	21	878	15
	Female Heterosexual <sup>(8)</sup>	75	2	121	6	13	4	8	5	217	4
	Perinatal	19	1	31	2	1	<1	1	1	52	1
	Other <sup>(5)</sup>	18	1	4	<1	0	0	0	0	22	<1
	Undetermined <sup>(6)</sup>	374	11	329	17	67	22	24	14	794	14
	<b>TOTAL<sup>(7)</sup></b>	<b>3,353</b>	<b>100</b>	<b>1,964</b>	<b>100</b>	<b>298</b>	<b>100</b>	<b>168</b>	<b>100</b>	<b>5,783</b>	<b>100</b>

(1) Includes living HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2013

(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

(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 to 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 description

Table 5 shows living HIV cases diagnosed through June 30, 2013 by demographic and behavioral characteristics. There are 5,783 living HIV cases at a prevalence rate of 132.0 cases per 100,000 Kentuckians. The distribution of behavioral characteristics varied by race/ethnicity and sex, but the majority of Kentuckian males living with HIV contracted it through MSM contact (66%), whereas the majority of Kentuckian females contracted HIV through heterosexual contact (53%). An additional 20% of females reported female heterosexual contact which is different than heterosexual contact because the behavioral risk or sero-status of the male partner is unknown.

## Section II: New HIV Infections Diagnosed among Kentuckians, through June 30, 2013

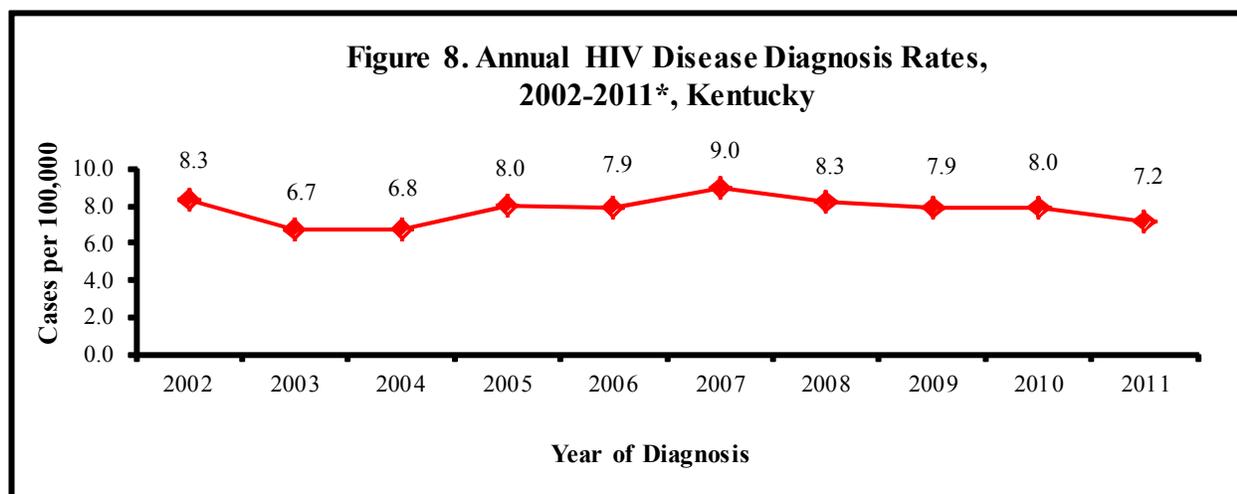
As of June 30, 2013, a total of 8,904 cumulative HIV infections had been reported among Kentuckians to the Department for Public Health’s HIV/AIDS Surveillance Program since AIDS reporting started in 1982. The number of new HIV infections over the most recent 10.5 years for which data are available is presented in Table 6. HIV name-based reporting was introduced in mid-2004 and reporting has increased and stabilized since then. Of the 3,816 HIV infections diagnosed since 2002, 1,807 (47%) had progressed to AIDS as of June 30, 2013.

The annual HIV diagnosis rates among Kentuckians are presented in Figure 8. The annual HIV diagnosis rate has remained fairly steady from 2002 to 2011, with slight fluctuations between 6.7 to 9 cases per 100,000 population.

**Table 6. HIV Infections Diagnosed by Current Disease Status and Year of HIV Diagnosis, 2002-2013, Kentucky**

Year of HIV Diagnosis	New HIV Infections <i>without</i> AIDS	New HIV infections <i>with</i> AIDS	TOTAL**
	No.	No.	No.
2002	120	221	341
2003	111	165	276
2004	107	174	281
2005	158	177	335
2006	142	192	334
2007	212	172	384
2008	189	166	355
2009	207	136	343
2010	212	134	346
2011	197	116	313
2012	264	119	383
2013*	90	35	125
<b>TOTAL</b>	<b>2,009</b>	<b>1,807</b>	<b>3,816</b>

\*Data reported through June 30, 2013



\*Data are current as of June 30, 2013. 2012 data are considered preliminary due to reporting delays and therefore not included in trend analysis.

## Estimated<sup>(1)</sup> Annual HIV Diagnosis Rates per 100,000. A Comparison of Kentucky to Washington, DC and Other States with Confidential Name-Based Reporting\*, 2011

**Table 7. Estimated\* Annual HIV Infection Diagnosis Rate by Residence\*, 2011**

Rank	Area of Residence	Rate
1	Washington, DC	155.6
2	Maryland	30.6
3	Louisiana	30.2
4	Florida	28.4
5	Georgia	25.7
6	New York	25.5
7	Mississippi	20.7
8	Texas	19.7
9	Massachusetts	19.2
10	South Carolina	18.4
11	New Jersey	17.8
12	Alabama	17.6
13	North Carolina	17.3
14	Illinois	16.6
15	California	15.8
16	Nevada	14.6
17	Tennessee	14.5
18	Delaware	14.0
19	Virginia	13.6
20	Pennsylvania	12.1
20	Rhode Island	12.1
22	Connecticut	12.0
23	Arizona	10.9
24	Ohio	10.6
25	Missouri	9.4
26	Oklahoma	8.8

Rank	Area of Residence	Rate
27	Arkansas	8.3
28	Michigan	8.1
29	Colorado	8.0
29	Washington	8.0
31	Indiana	7.9
<b>31</b>	<b>Kentucky</b>	<b>7.9</b>
33	New Mexico	7.1
34	Oregon	6.7
35	Minnesota	6.0
36	Hawaii	5.7
36	West Virginia	5.7
38	Kansas	5.2
39	Wisconsin	4.8
40	Maine	4.5
41	Iowa	4.3
41	Nebraska	4.3
43	New Hampshire	4.2
44	Alaska	3.7
45	Utah	3.3
46	South Dakota	3.2
47	Wyoming	2.8
48	Idaho	2.4
49	Montana	2.2
49	North Dakota	2.2
51	Vermont	1.9

<sup>1</sup>U.S. estimated rates from Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol.23 <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Assessed August 2013.

\* Includes data from areas with confidential name-based HIV infection reporting since at least January 2007. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not incomplete reporting.

<b>Estimated National HIV Diagnosis Rate, 2011:</b>	<b>15.8</b>
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In 2011, the estimated national HIV diagnosis rate was 15.8 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.9 per 100,000 population (Vermont) to 155.6 per 100,000 (Washington, DC). Kentucky ranked 30th with a diagnosis rate of 7.9 per 100,000.

## New HIV Infections: Kentucky vs. The United States, 2011

Characteristics	Number of New Cases	% of New HIV cases <sup>(1)</sup>
<b>SEX</b>		
Male (adult/adolescent)	263	84
Female (adult/adolescent)	46	15
Child (<13 yrs)	4	1
<b>TOTAL</b>	<b>313</b>	<b>100</b>
<b>AGE AT DIAGNOSIS‡</b>		
<13	4	1
13-24	74	24
25-44	143	46
45-64	88	28
65+	4	1
<b>TOTAL</b>	<b>313</b>	<b>100</b>
<b>RACE/ETHNICITY</b>		
White, Not Hispanic	172	55
Black, Not Hispanic	109	35
Hispanic	22	7
Other/Unknown	10	3
<b>TOTAL</b>	<b>313</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>		
MSM <sup>(2)</sup>	169	54
IDU <sup>(3)</sup>	12	4
MSM/IDU	4	1
Heterosexual	24	8
Perinatal	3	1
Other/Undetermined <sup>(4)</sup>	101	32
<b>TOTAL</b>	<b>313</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

‡Age at initial HIV diagnosis

Characteristics	Number of New Cases <sup>(6)</sup>	% of New HIV cases <sup>(1)</sup>
<b>SEX</b>		
Male (adult/adolescent)	38,825	79
Female (adult/adolescent)	10,257	21
Child (<13 yrs)	192	<1
<b>TOTAL†</b>	<b>49,274</b>	<b>100</b>
<b>AGE AT DIAGNOSIS‡</b>		
<13	192	<1
13-24	10,347	21
25-44	24,731	50
45-64	13,056	26
65+	948	2
<b>TOTAL†</b>	<b>49,274</b>	<b>100</b>
<b>RACE/ETHNICITY</b>		
White, Not Hispanic	13,846	28
Black, Not Hispanic	23,168	47
Hispanic	10,159	21
Other	2,099	4
<b>TOTAL†</b>	<b>49,272</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>		
MSM <sup>(2)</sup>	30,573	62
IDU <sup>(3)</sup>	3,648	7
MSM/IDU	1,407	3
Heterosexual	13,402	27
Perinatal	127	<1
Other/Undetermined	116	<1
<b>TOTAL†</b>	<b>49,273</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*, 2011: 23

(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 due to the greater percentage of white persons in Kentucky's general population, compared to the U.S. population. United States cases have been adjusted for missing risk factors. Kentucky cases have not been adjusted for missing risk factors.

## 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	1982-07		2008		2009		2010		2011		2012 <sup>(2)</sup>		2013 <sup>(2)</sup>		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>SEX</b>																
Male	5,791	83	301	85	278	81	267	78	263	85	318	84	107	87	7,325	83
Female	1,183	17	53	15	65	19	74	22	46	15	61	16	16	13	1,498	17
<b>TOTAL<sup>(3)</sup></b>	<b>6,974</b>	<b>100</b>	<b>354</b>	<b>100</b>	<b>343</b>	<b>100</b>	<b>341</b>	<b>100</b>	<b>309</b>	<b>100</b>	<b>379</b>	<b>100</b>	<b>123</b>	<b>100</b>	<b>8,823</b>	<b>100</b>
<b>AGE AT DIAGNOSIS*</b>																
13-19	238	3	23	6	24	7	16	5	15	5	22	6	4	3	342	4
20-29	2,066	30	97	27	95	28	110	32	103	33	147	39	37	30	2,655	30
30-39	2,669	38	93	26	87	25	90	26	64	21	82	22	27	22	3,112	35
40-49	1,457	21	99	28	94	27	74	22	85	28	82	22	32	26	1,923	22
50+	544	8	42	12	43	13	51	15	42	14	46	12	23	19	791	9
<b>TOTAL<sup>(3)</sup></b>	<b>6,974</b>	<b>100</b>	<b>354</b>	<b>100</b>	<b>343</b>	<b>100</b>	<b>341</b>	<b>100</b>	<b>309</b>	<b>100</b>	<b>379</b>	<b>100</b>	<b>123</b>	<b>100</b>	<b>8,823</b>	<b>100</b>
<b>RACE/ETHNICITY</b>																
White, Not Hispanic	4,382	63	192	54	204	59	154	45	172	56	202	53	68	55	5,374	61
Black, Not Hispanic	2,240	32	127	36	110	32	148	43	105	34	143	38	42	34	2,915	33
Hispanic	221	3	24	7	21	6	25	7	22	7	21	6	10	8	344	4
Other/Unknown	131	2	11	3	8	2	14	4	10	3	13	3	3	2	190	2
<b>TOTAL<sup>(3)</sup></b>	<b>6,974</b>	<b>100</b>	<b>354</b>	<b>100</b>	<b>343</b>	<b>100</b>	<b>341</b>	<b>100</b>	<b>309</b>	<b>100</b>	<b>379</b>	<b>100</b>	<b>123</b>	<b>100</b>	<b>8,823</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>																
MSM <sup>(4)</sup>	3,848	55	181	51	186	54	165	48	169	55	186	49	59	48	4,794	54
IDU <sup>(5)</sup>	838	12	28	8	21	6	18	5	12	4	20	5	5	4	942	11
MSM and IDU	402	6	9	3	11	3	5	1	4	1	10	3	3	2	444	5
Heterosexual <sup>(6)</sup>	1,091	16	27	8	36	10	38	11	24	8	14	4	7	6	1,237	14
Female Heterosexual <sup>(7)</sup>	130	2	20	6	26	8	33	10	18	6	33	9	9	7	269	3
Other <sup>(8)</sup>	116	2	0	0	0	0	0	0	0	0	2	1	0	0	118	1
Undetermined <sup>(9)</sup>	549	8	89	25	63	18	82	24	82	27	114	30	40	33	1,019	12
<b>TOTAL<sup>(3)</sup></b>	<b>6,974</b>	<b>100</b>	<b>354</b>	<b>100</b>	<b>343</b>	<b>100</b>	<b>341</b>	<b>100</b>	<b>309</b>	<b>100</b>	<b>379</b>	<b>100</b>	<b>123</b>	<b>100</b>	<b>8,823</b>	<b>100</b>

†HIV disease cases include 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 are 13 years of age or older at time of diagnosis

(2) Data reported through June 30, 2013. 2012 and 2013 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 description

(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 mode 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, 2013. 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 2008-2012 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	1982-07		2008		2009		2010		2011		2012 <sup>(2)</sup>		2013 <sup>(2)</sup>		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>SEX</b>																
Male	4,324	84	150	90	112	82	105	78	100	86	100	84	30	86	4,921	84
Female	818	16	16	10	24	18	29	22	16	14	19	16	5	14	927	16
<b>TOTAL<sup>(3)</sup></b>	<b>5,142</b>	<b>100</b>	<b>166</b>	<b>100</b>	<b>136</b>	<b>100</b>	<b>134</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>119</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>5,848</b>	<b>100</b>
<b>AGE AT DIAGNOSIS *</b>																
13-19	128	2	4	2	4	3	3	2	4	3	3	3	0	0	146	2
20-29	1,439	28	40	24	29	21	30	22	20	17	33	28	6	17	1,597	27
30-39	2,063	40	44	27	38	28	40	30	30	26	21	18	8	23	2,244	38
40-49	1,092	21	52	31	46	34	33	25	38	33	33	28	9	26	1,303	22
50+	420	8	26	16	19	14	28	21	24	21	29	24	12	34	558	10
<b>TOTAL<sup>(3)</sup></b>	<b>5,142</b>	<b>100</b>	<b>166</b>	<b>100</b>	<b>136</b>	<b>100</b>	<b>134</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>119</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>5,848</b>	<b>100</b>
<b>RACE/ETHNICITY</b>																
White, Not Hispanic	3,267	64	95	57	81	60	60	45	71	61	72	61	19	54	3,665	63
Black, Not Hispanic	1,618	31	49	30	40	29	49	37	30	26	38	32	10	29	1,834	31
Hispanic	168	3	15	9	11	8	17	13	11	9	7	6	5	14	234	4
Other/Unknown	89	2	7	4	4	3	8	6	4	3	2	2	1	3	115	2
<b>TOTAL<sup>(3)</sup></b>	<b>5,142</b>	<b>100</b>	<b>166</b>	<b>100</b>	<b>136</b>	<b>100</b>	<b>134</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>119</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>5,848</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>																
MSM <sup>(4)</sup>	2,872	56	86	52	71	52	62	46	54	47	56	47	13	37	3,214	55
IDU <sup>(5)</sup>	688	13	13	8	14	10	10	7	8	7	11	9	3	9	747	13
MSM and IDU	327	6	2	1	6	4	2	1	1	1	5	4	0	0	343	6
Heterosexual <sup>(6)</sup>	823	16	15	9	16	12	16	12	12	10	3	3	1	3	886	15
Female Heterosexual <sup>(7)</sup>	65	1	6	4	7	5	13	10	8	7	10	8	3	9	112	2
Other <sup>(8)</sup>	113	2	0	0	0	0	0	0	0	0	0	0	0	0	113	2
Undetermined <sup>(9)</sup>	254	5	44	27	22	16	31	23	33	28	34	29	15	43	433	7
<b>TOTAL<sup>(3)</sup></b>	<b>5,142</b>	<b>100</b>	<b>166</b>	<b>100</b>	<b>136</b>	<b>100</b>	<b>134</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>119</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>5,848</b>	<b>100</b>

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of June 30, 2013

\*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, 2013. 2012 and 2013 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 description

(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 mode 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, 2013 were predominantly male, white, and males reporting sexual contact with other males. By age at HIV diagnosis, new AIDS cases over the five year period 2008-2012 were highest among persons aged 40-49 years old in comparison to other age groups, except for 2010 where 30-39 year olds had the highest percentage diagnosed (30%).

## 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	28	1	2	0	0	11
Perinatal Exposure, Mother with HIV	23	64	36	84	2	100	61	75
Pediatric Transfusion/Transplant	2	6	0	0	0	0	2	2
Pediatric risk not identified or reported	1	3	6	14	0	0	7	9
<b>TOTAL<sup>(3)</sup></b>	<b>36</b>	<b>100</b>	<b>43</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>81</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 to 100% due to rounding

Disease Status	1982-2007		2008		2009		2010		2011		2012		2013 <sup>(2)</sup>		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>HIV infections without AIDS</b>	19	29	1	100	0	0	5	0	4	100	4	100	2	100	35	43
<b>HIV infections with AIDS</b>	46	71	0	0	0	0	0	0	0	0	0	0	0	0	46	57
<b>Total<sup>(3)</sup></b>	<b>65</b>	<b>100</b>	<b>1</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>81</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, 2013

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

There have been 81 pediatric HIV infections reported to the Kentucky HIV/AIDS surveillance program (Table 12 and Table 13) since AIDS reporting began in 1982. The majority of reported pediatric infections (75%) were due to perinatal transmission through an HIV infected mother, 11 infections were reported with a primary exposure route of pediatric hemophilia or coagulation disorders, and 2 infections were reportedly due to pediatric transfusion or transplant (Table 12). Since 1991, there have been no pediatric HIV infections with hemophilia or coagulation disorders reported as the route of exposure. The two pediatric infections reported with pediatric transfusion or transplant as the risk factor were diagnosed in 1987 or earlier. Thirty-six (84%) of the 43 pediatric HIV infections among blacks were due to perinatal exposure, compared to 64% of the 36 pediatric HIV infections among whites, which were due to this route of transmission. Only one pediatric HIV infection has been reported among Hispanics.

Sixty-five (80%) of the cumulative 81 infections were diagnosed prior to 2008. Five or less new cases have been reported during each of the most recent 5 years (Table 13). The majority (57%) of cumulative pediatric HIV infections had progressed to AIDS as of June 30, 2013.

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

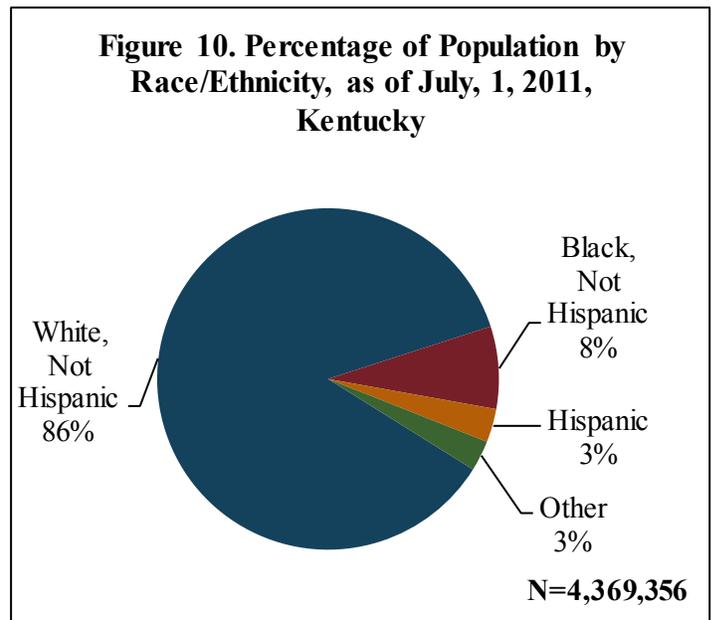
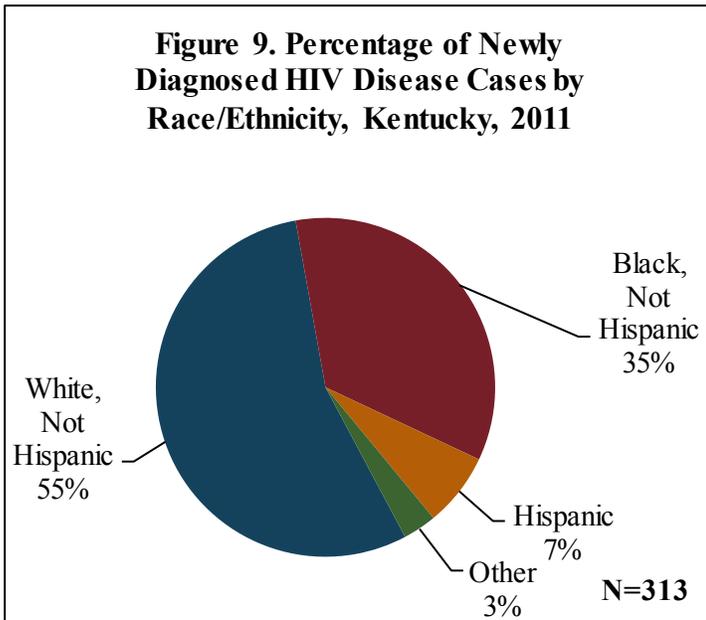


Figure 9. shows the percentage of newly diagnosed HIV cases among Kentuckians in 2011, the latest year data are considered complete, by race/ethnicity. The majority of cases diagnosed in 2011 were white (55%) followed by blacks (35%). Seven percent of new cases in 2011 were diagnosed among Hispanics and 3% among persons of other races, including American Indians/Alaskan Natives, Native Hawaiian/Pacific Islanders and persons of multiple races.

Figure 10. shows the percentage distribution of Kentucky’s population based on the 2011 population estimates by race/ethnicity. The majority of Kentuckians are white, non-Hispanic. Persons who identify as multiple races were grouped under the “other” category.

HIV racial disparities are highlighted by these two graphs, showing higher percentages of new infections among blacks and Hispanics in relation to their representation in the general population. Blacks accounted for 35% of new HIV cases diagnosed in 2011, yet comprised just 8% of Kentucky's population in 2011. Similarly, Hispanics accounted for 7% of newly diagnosed HIV cases in 2011, yet comprised only 3% of Kentucky’s population in that same year.

Rates of new diagnoses are presented in Table 14, which further highlight racial disparities by sex.

Race/Ethnicity	Male		Female	
	No of Cases	Rate*	No of Cases	Rate*
Hispanic	19	24.7	3	†
Black, not Hispanic	89	52.8	20	11.6
White, not Hispanic	151	8.2	21	1.1

\*Rate per 100,000

†Rates not published when cell size is less than 10

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

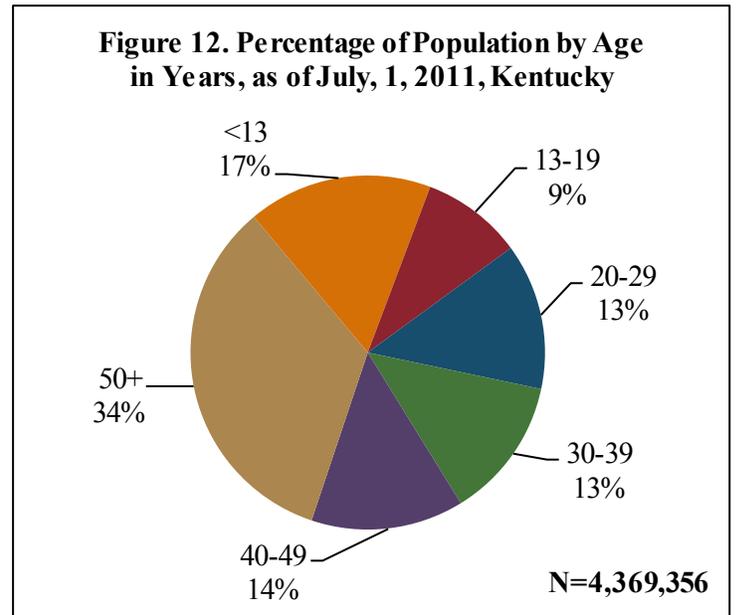
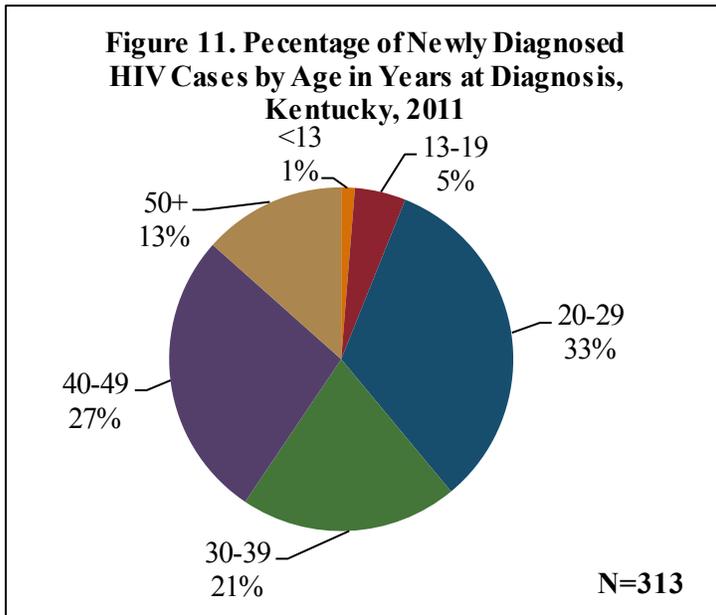


Figure 11. shows the percentage of newly diagnosed HIV cases among Kentuckians in 2011 by age category at time of HIV diagnosis. The highest percentages of new diagnoses were reported among Kentuckians aged 20-29 years (33%) and 40-49 years (27%). Kentuckians in their 30s accounted for 21% of new cases diagnosed in 2011.

Figure 12. shows the percentage distribution of Kentucky’s population based on the 2011 population estimates by age, which can be directly compared to the percentages in each age group that were newly diagnosed in 2011. HIV disparities by age are highlighted by these two graphs. Higher percentages of new cases occurred among persons in age groups 20-29, 30-39, and 40-49 years, in comparison to the representation 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 2011. These differences in rates of new cases in 2011 were highest among 50+ year olds and 20 year olds at time of diagnosis. However, the rates among blacks in all age groups were at least three times higher than the rates among their white counterparts. 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*
13-19	7	†	8	†
20-29	47	88.3	46	9.5
30-39	13	27.9	43	8.9
40-49	24	52.7	51	9.6
50+	14	15.7	24	1.8

§Rates among pediatric cases (<13 years) 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, 1982-2013<sup>(2)</sup>, Kentucky**

AREA DEVELOPMENT DISTRICT	CASES & RATES <sup>(1)</sup>	1982-2007*	2008	2009	2010	2011	2012	2013 <sup>(2)</sup>	TOTAL CASES <sup>(3)</sup>	% of Total
1. Purchase	Cases	235	12	9	8	9	5	2	280	3%
	Rate per 100,000		6.1							
2. Pennyryle	Cases	231	9	11	14	6	14	3	288	3%
	Rate per 100,000			5.0	6.4		6.4			
3. Green River	Cases	212	9	10	6	10	9	3	259	3%
	Rate per 100,000			4.7		4.7				
4. Barren River	Cases	238	18	13	7	13	16	6	311	3%
	Rate per 100,000		6.4	4.6		4.5	5.6			
5. Lincoln Trail	Cases	211	12	10	10	5	8	3	259	3%
	Rate per 100,000		4.6	3.8	3.7					
6. KIPDA/ North Central	Cases	3,518	169	158	160	138	177	56	4,376	49%
	Rate per 100,000		17.9	16.6	16.7	14.3	18.2			
7. Northern Kentucky	Cases	578	28	26	31	30	37	9	739	8%
	Rate per 100,000		6.5	6.0	7.1	6.8	8.3			
8. Buffalo Trace	Cases	38	4	4	1	0	4	0	51	1%
	Rate per 100,000									
9. Gateway	Cases	61	7	5	3	5	2	0	83	1%
	Rate per 100,000									
10. FIVCO	Cases	113	1	6	2	3	6	1	132	1%
	Rate per 100,000									
11. Big Sandy	Cases	44	6	5	0	2	2	2	61	1%
	Rate per 100,000									
12. Kentucky River	Cases	51	3	0	1	3	2	3	63	1%
	Rate per 100,000									
13. Cumberland Valley	Cases	126	6	8	7	5	6	2	160	2%
	Rate per 100,000									
14. Lake Cumberland	Cases	102	3	5	9	10	9	5	143	2%
	Rate per 100,000					4.8				
15. Bluegrass	Cases	1,279	68	73	87	74	86	30	1,697	19%
	Rate per 100,000		9.0	9.5	11.3	9.5	11.0			
<b>TOTAL CASES<sup>(3)</sup></b>		<b>7,037</b>	<b>355</b>	<b>343</b>	<b>346</b>	<b>313</b>	<b>383</b>	<b>125</b>	<b>8,902</b>	<b>100%</b>

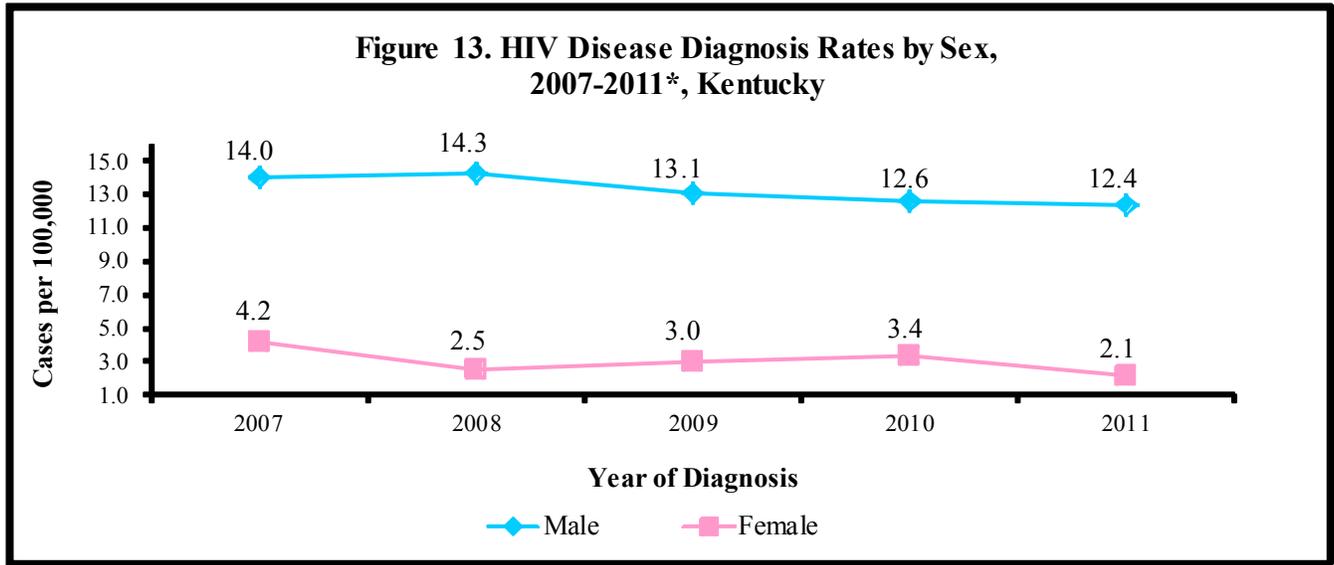
(1) Rates are only listed for years of diagnosis 2008-2012. Data for 2012 and 2013 are provisional due to reporting delays and are subject to change. Due to the small numbers of HIV cases reported in some ADDs, please interpret the corresponding rates with caution. Rates are not published when cell size is less than 10

(2) Data reported through June 30, 2013. Rates are not published for 2013 because data are not complete

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 8,904—2 HIV cases had unknown residential information

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

### Trends in HIV Disease Diagnosis Rates by Sex, 2007-2011, Kentucky

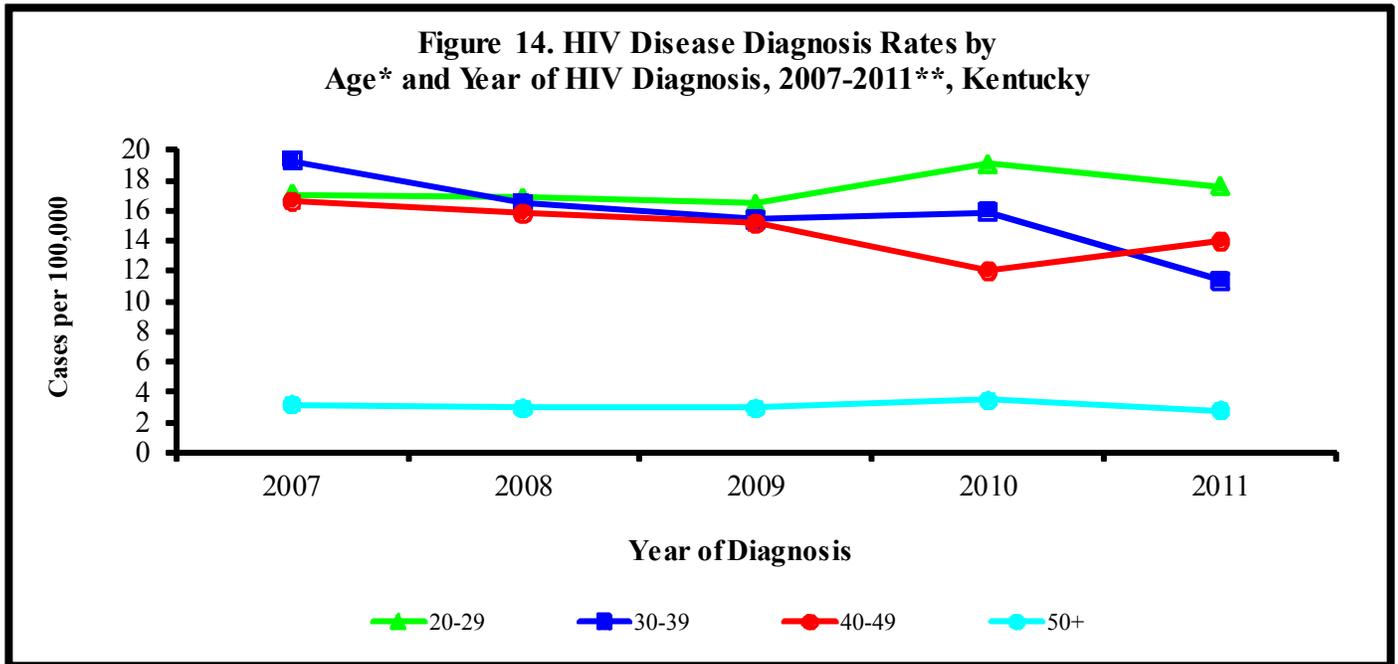


\*Data for 2012 and 2013 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of total HIV cases diagnosed among Kentuckians. The yearly diagnosis rates among males have remained stable over the five year period. From 2007 to 2011, the HIV diagnosis rate among males fluctuated between 3.3 to 5.9 times higher than for females (Figure 13).

The female HIV diagnosis rate has remained fairly stable over the most recent five years, between 2.1 to 4.2 cases per 100,000 females. The highest HIV diagnosis rate among females within the most recent five years was in 2007 at 4.2 per 100,000 females.

### Trends in HIV Disease Diagnosis Rates by Age at HIV Diagnosis, 2007-2011, Kentucky



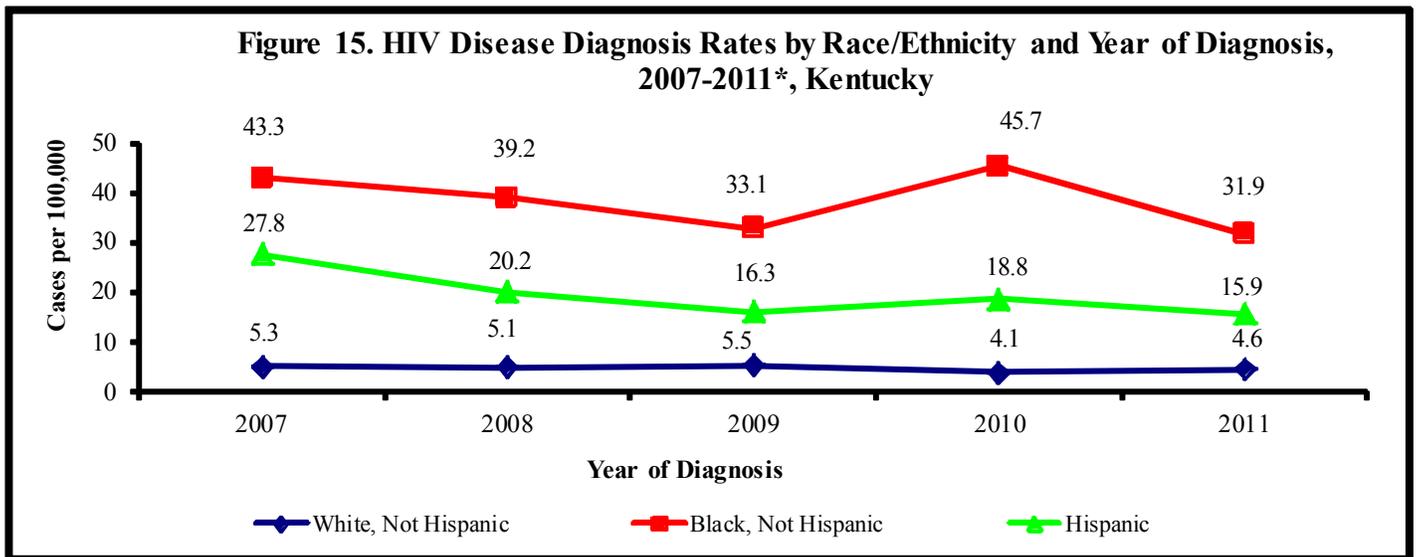
\*Due to the small numbers of HIV cases reported, rates are not presented for age groups 0-12 and 13-19 years old.  
 \*\*Data for 2012 and 2013 are not included in trend analyses since they are considered provisional due to reporting delays.

The HIV diagnosis rates over the most recent five years (2007-2011) are presented by age group in the figure above (Figure 14). Between 2007 and 2009, the HIV diagnosis rates among the 20-29 year, 30-39 year, and 40-49 year age groups were similar. In 2010 and 2011, the HIV diagnosis rate was highest among those aged 20-29 years at time of diagnosis compared to the other age groups.

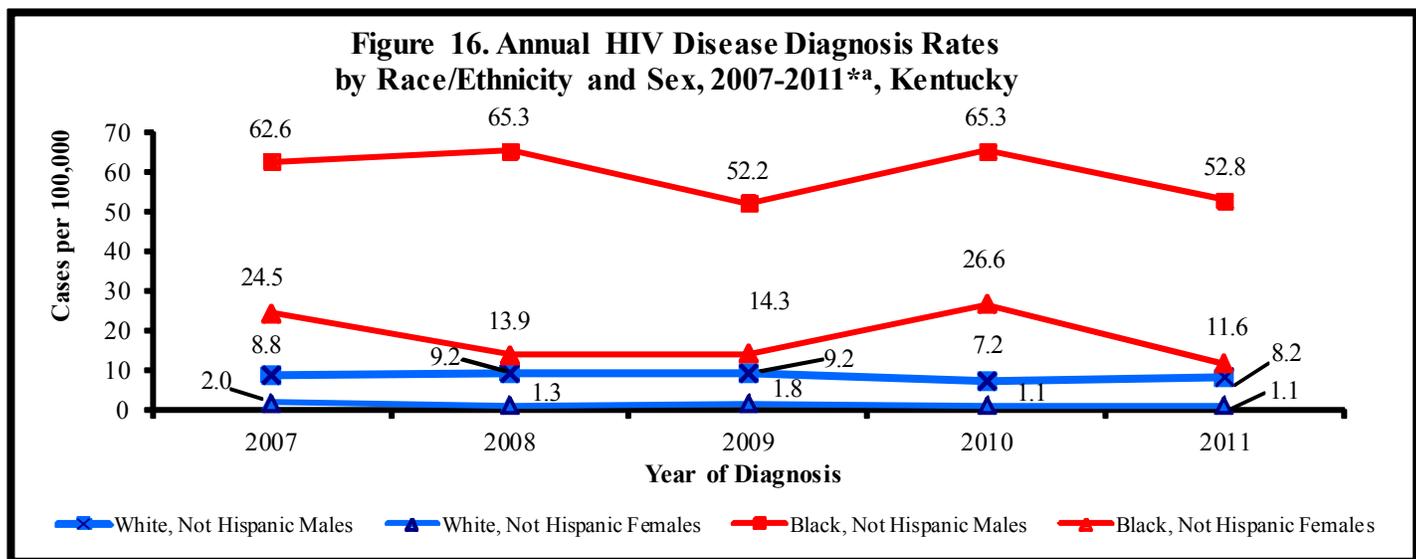
Table 17. shows the mean ages and actual age ranges at time of HIV diagnosis from 2007-2011. The mean ages of Kentuckians at time of HIV diagnosis in the five-year period ranged between 35.2-36.1 years whereas the actual ages ranged between 0-79 years.

HIV Diagnosis Year	Mean Age	Age Range
2007	35.6	3-79
2008	35.7	4-65
2009	36.1	14-74
2010	35.2	2-74
2011	35.7	0-79

## Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2007-2011, Kentucky



\*Data for 2012 and 2013 are not included in trend analyses since they are considered provisional due to reporting delays.



\*Data for 2012 and 2013 are not included in trend analyses since they are considered provisional due to reporting delays.

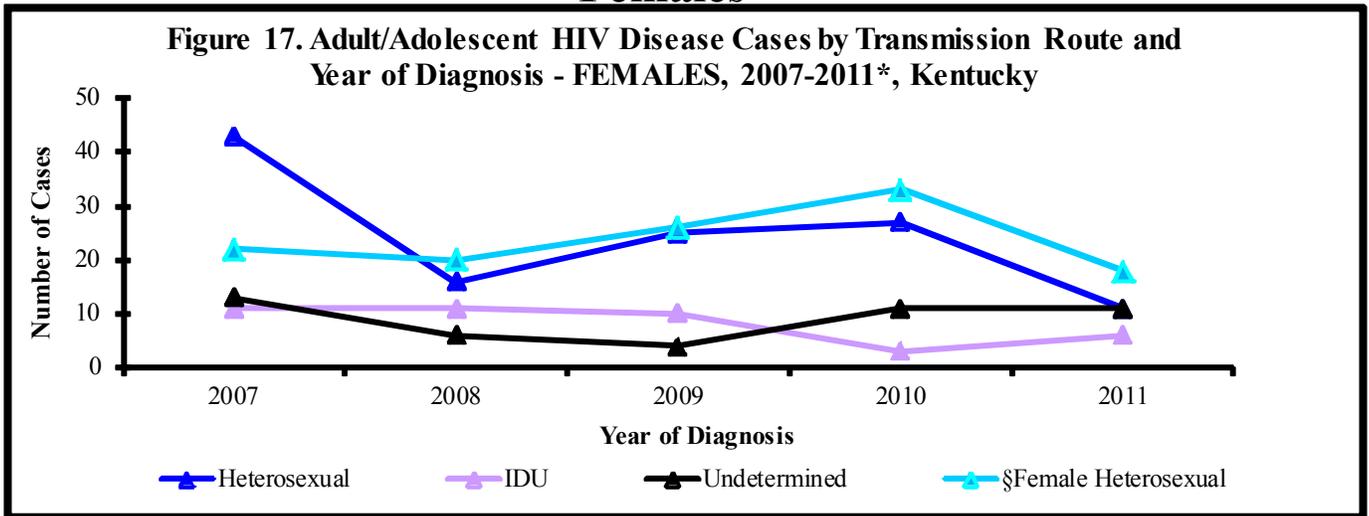
<sup>a</sup>Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

On average, between 2007 and 2011, the HIV diagnosis rate for blacks fluctuated between 6.0 to 11.1 times higher than for whites. The diagnosis rate for Hispanics has been between 3.0 to 5.2 times higher than for whites (Figure 15). The overall trend for blacks shows an increase in 2010 followed by a 30% decrease in 2011. The overall trend for Hispanics shows a slight decrease since 2007. The overall trend among whites has remained steady.

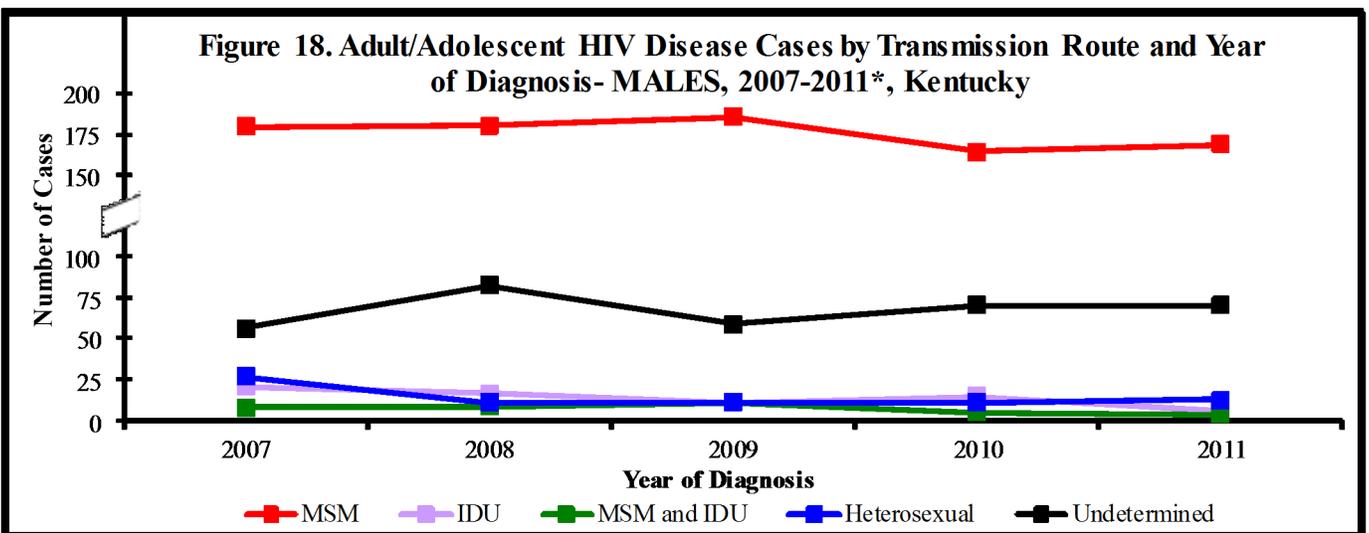
Figure 16. presents diagnosis rates from 2007 through 2011 for blacks and whites by sex. Black males and black females had consistently higher rates of new infection in comparison to their white counterparts. The HIV diagnosis rate among black males fluctuated between 5.7 to 9.1 times higher than that of white males. The rate among black females was 7.9 to 24.2 times higher than that of white females over the five year period.

## Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2007-2011, Kentucky

### Females



### Males



\*Data for 2012 and 2013 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 number of new female cases reporting heterosexual contact was highest in 2007 and as it decreased, the number of females reporting female heterosexual contact (FHC) increased. Females reporting FHC were previously classified as “undetermined” but with reported sexual contact with a male of unknown sero-status or behaviors and no drug use. Here, they are re-classified as FHC. The number of new female cases reporting IDU as the primary route of transmission remained fairly steady.

In Figure 18, which depicts trends for adult/adolescent males, MSM accounted for the largest number of cases diagnosed each year from 2007 to 2011. The second largest number of cases belong to those with an undetermined risk. The number of males reporting IDU, MSM and IDU, and heterosexual as the primary route of transmission had similar number of cases diagnosed throughout the five year period. Please note the break in y-axis in Figure 18.

### Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians through June 30, 2013

	<b>Time from HIV Diagnosis to AIDS Diagnosis (Days)</b>	<b>No. (%)</b>	<b>% of Subtotal</b>
<b>HIV without AIDS*</b>	HIV Subtotal	3,010 (34%)	100
<b>HIV with AIDS**</b>	AIDS Subtotal	5,894 (66%)	100
	0 - 30 Days†	2,644	45
	31 - 60 Days	321	5
	61 - 90 Days	186	3
	91 -365 Days	447	8
	>365 Days	2,296	39
<b>Total‡</b>		<b>8,904</b>	

\*HIV cases which have *not* progressed to AIDS.

\*\*Includes HIV disease cases that had progressed to AIDS as of June 30, 2013.

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.

‡Total inclusive of all HIV disease cases regardless of progression to AIDS.

As of June 30, 2013, there were 8,904 cumulative HIV cases diagnosed among Kentuckians, of whom 66% had progressed to AIDS by that date. Of the 5,894 cases that had progressed to AIDS, almost half (45%) were diagnosed concurrently within 30 days of the initial HIV diagnosis (Table 18).

<b>Time to AIDS Diagnosis (Days)</b>	<b>N</b>	<b>%</b>
<b>0 - 30 Days†</b>	922	58
<b>31 - 60 Days</b>	142	9
<b>61 - 90 Days</b>	79	5
<b>91 - 365 Days</b>	142	9
<b>&gt;365 Days</b>	301	19
<b>Total</b>	<b>1,586</b>	<b>100</b>

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.

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. As of June 30, 2013, 40% (3,598) of cumulative HIV cases diagnosed among Kentuckians were late testers. Within the most recent 10.5 year period for which data are available (January 1, 2003 through June 30, 2013), a total of 3,475 HIV cases were diagnosed, with 1,586 (46%) having progressed to AIDS. The distribution of disease progression from HIV to AIDS in months for these AIDS cases is presented in Table 19. Fifty-eight percent of the 1,586 AIDS cases diagnosed during this period progressed to an AIDS diagnosis within 30 days of the initial HIV diagnosis.

<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, 2003-2013\*, Kentucky

**Table 20. HIV Infections Diagnosed in the Most Recent 10.5 Year Period (January 1, 2003-June 30, 2013) that were Diagnosed Concurrently with AIDS (within 30 Days of HIV Diagnosis) and non-concurrently with AIDS\*\* 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	756	82	2,067	81	2,823	81
Female	166	18	486	19	652	19
<b><u>AGE AT DIAGNOSIS</u></b>						
<13	3	<1	28	1	31	1
13-19	10	1	160	6	170	5
20-29	152	16	848	33	1,000	29
30-39	271	29	668	26	939	27
40-49	323	35	589	23	912	26
50+	163	18	260	10	423	12
<b><u>RACE/ETHNICITY- Female</u></b>						
White, Not Hispanic	53	32	214	44	267	41
Black, Not Hispanic	87	52	224	46	311	48
Hispanic	16	10	25	5	41	6
Other/Unknown	10	6	23	5	33	5
<b><u>RACE/ETHNICITY- Male</u></b>						
White, Not Hispanic	476	63	1,138	55	1,614	57
Black, Not Hispanic	184	24	752	36	936	33
Hispanic	78	10	111	5	189	7
Other/Unknown	18	2	66	3	84	3
<b><u>TRANSMISSION CATEGORY</u></b>						
MSM <sup>(2)</sup>	423	46	1,374	54	1,797	52
IDU <sup>(3)</sup>	98	11	154	6	252	7
MSM and IDU	26	3	68	3	94	3
Heterosexual <sup>(4)</sup>	140	15	325	13	465	13
Female Heterosexual <sup>(5)</sup>	44	5	141	6	185	5
Perinatal	3	0	22	1	25	1
Other <sup>(6)</sup>	0	0	3	0	3	0
Undetermined <sup>(7)</sup>	188	20	466	18	654	19
<b>TOTAL</b>	<b>922</b>	<b>100</b>	<b>2,553</b>	<b>100</b>	<b>3,475</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, 2003 through June 30, 2013 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, 2003-2013, Kentucky (Narrative)

Table 20 (page 28) examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2003 and June 30, 2013 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, and for all cases diagnosed with HIV (regardless of AIDS diagnosis status) within the 10.5 year period.

The distribution of cases diagnosed over the most recent 10.5 years by sex shows a similar result among concurrent and non-concurrent cases, with the majority being male. The distribution by age at diagnosis however differs, with the highest percentages of concurrent cases being aged 40-49 years (35%) while their non-concurrent counterparts were younger (33% aged 20-29 years).

The racial/ethnic distribution of cases diagnosed concurrently with AIDS differs by sex. Among females, the majority of concurrent diagnoses were among black females (52%), followed by white and Hispanic females (32% and 10%, respectively). However, among males, the majority of concurrent diagnoses were among white males (63%). Twenty-four percent of concurrently diagnosed cases were among black males and 10% 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 a similar distribution to those without a concurrent diagnosis, with the highest percentage of cases among those with a concurrent diagnosis reporting male-to-male sexual contact as the mode of transmission (46%), followed by persons reporting heterosexual exposure (15%). There were only three children (<13 years at diagnosis) reported with a concurrent diagnosis. Almost a quarter (20%) 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 Infections by Area Development District (ADD), January 1, 2003-June 30, 2013, 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, 2003—June 30, 2013, Kentucky**

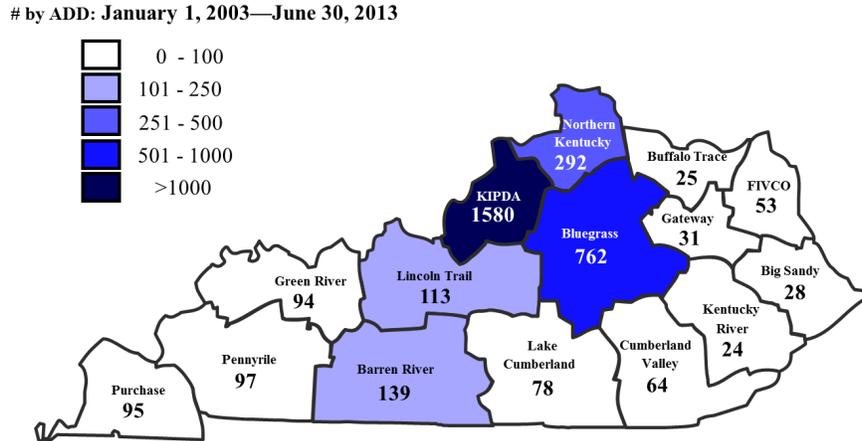


Figure 19. examines the total number of HIV infections diagnosed between January 1, 2003 and June 30, 2013 by ADD. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1580, 45%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (762, 22%) resided in the Bluegrass ADD, which includes the city of Lexington, at the time of diagnosis. The ADD's in eastern Kentucky had the lowest number of HIV cases diagnosed and reported during this period.

**Figure 20. Percentage of Concurrent HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2003 – June 30, 2013, Kentucky**

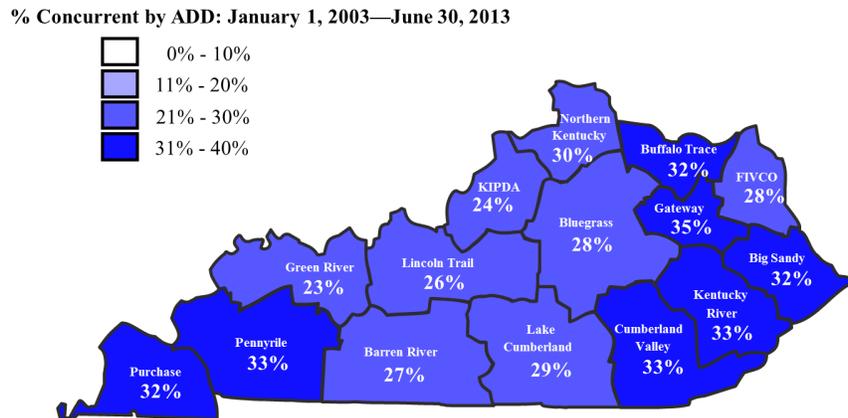


Figure 20. shows the percentage of total HIV cases within each ADD that were concurrently diagnosed with AIDS within 30 days of initial HIV diagnosis, between January 1, 2003 and June 30, 2013. The percentage of concurrent HIV and AIDS infections diagnosed ranged from 23% to 35% among the ADDs. The ADDs with the highest proportion of concurrent HIV and AIDS infections were in the eastern Kentucky region: the Gateway, Kentucky River, and Cumberland Valley ADDs (35% ; 33%, and 33% respectively). Several ADDs had <50 cases: percentages in these areas should be interpreted with caution.

## HIV Infections by Care Coordinator Region, January 1, 2003-June 30, 2013, 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, 2003--June 30, 2013, Kentucky**

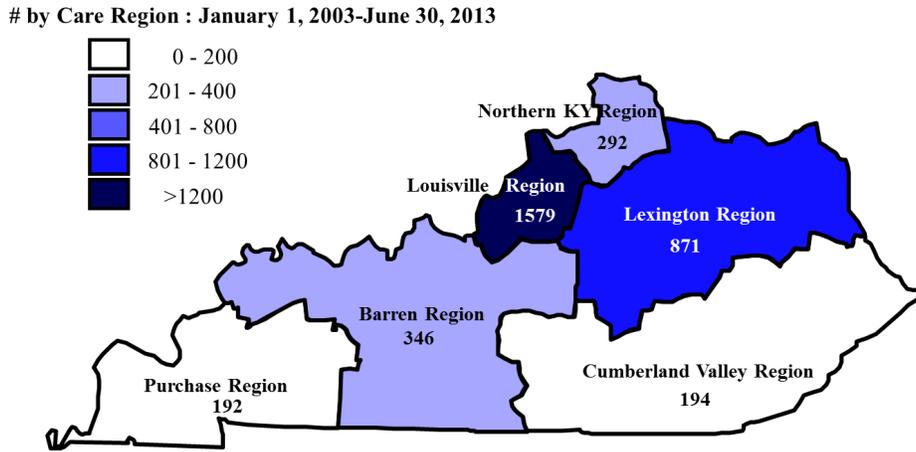


Figure 21. shows the total number of HIV infections diagnosed between January 1, 2003 and June 30, 2013 by Care Coordinator region. Counties served by each region are presented on page 32. Data represent the total number of HIV cases in each region, regardless of disease progression status. The highest number of infections (1579, 45%) diagnosed in this period occurred in residents of the Louisville region. The second highest number of infections (871, 25%) occurred in residents of the Lexington region.

**Figure 22. Percentage of Concurrent HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2003--June 30, 2013, Kentucky**

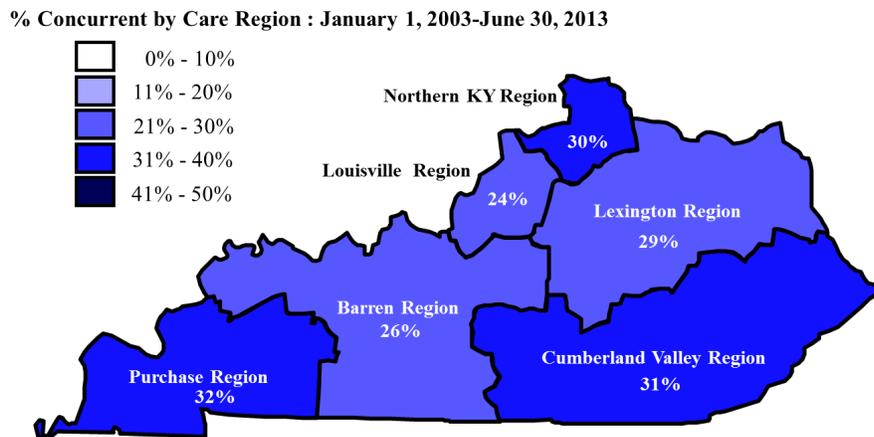


Figure 22. shows the percentage of total HIV cases within each care region that were concurrently diagnosed with AIDS within 30 days of an initial HIV diagnosis, between January 1, 2003 and June 30, 2013. The percentage of concurrent HIV and AIDS infections diagnosed ranged from 24% to 32%. In all regions, approximately a quarter or more of cases diagnosed within the jurisdiction were concurrent diagnoses, with the highest proportions of concurrent HIV and AIDS cases residing in the Purchase region (32%), Cumberland Valley region (31%), and Northern Kentucky region (30%). For cases diagnosed concurrently, it is possible that either testing was not conducted near time of initial infection, or enrollment into care was delayed. This is evident by disease progression to AIDS within a 30 day period.

## HIV Care Coordinator Regions, Kentucky

<b>Barren Region</b>	Matthew 25  452 Old Corydon Road Henderson, KY 42420 (270) 826-0200 (866) 607-6590 fax: (270) 826-0212	Counties Covered:			
		Allen Barren Breckinridge Butler Daviess Edmonson	Grayson Hancock Hardin Hart Henderson Larue	Logan McLean Marion Meade Metcalfe Monroe	Nelson Ohio Simpson Union Warren Washington Webster
<b>Cumberland Valley Region</b>	Cumberland Valley Dist. HD  PO Box 158 Manchester Square Shopping Ctr. Suite 205 Manchester, KY 40962 (606) 599-0112 (888) 425-7282 (for client use only) fax: (606) 596-0266 <small>Some Cumberland Valley clients are covered by Lexington Region</small>	Counties Covered:			
		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
<b>Lexington Region</b>	Bluegrass Care Clinic, UK  740 S. Limestone, K512 UK Medical Center Lexington, KY 40536 (859) 323-5544 866-761-0206 fax: (859) 257-3477	Counties Covered:			
		Anderson Bath Bourbon Boyd Boyle Bracken Carter Clark	Elliott Estill Fayette Fleming Franklin Garrard Greenup Harrison	Jessamine Lawrence Lewis Lincoln Madison Mason Meniffee Mercer	Montgomery Morgan Nicholas Powell Robertson Rowan Scott Woodford
<b>Louisville Region</b>	Volunteers of America  1436 South Shelby Street Louisville, KY 40217 (502) 635-4511 fax: (502) 636-0597	Counties Covered:			
		Bullitt Henry	Jefferson Oldham	Shelby Spencer	Trimble
<b>Northern Kentucky Region</b>	No. Ky Dist Health Dept  2388 Grandview Drive Ft. Mitchell, KY 41017 (859) 341-4264 fax: (859) 578-3689	Counties Covered:			
		Boone Campbell	Carroll Gallatin	Grant Kenton	Owen Pendleton
<b>Purchase Region</b>	Heartland Cares, Inc.  619 N. 30th Street Paducah, KY 42001 (270) 444-8183 (877) 444-8183 fax: (270) 444-8147	Counties Covered:			
		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

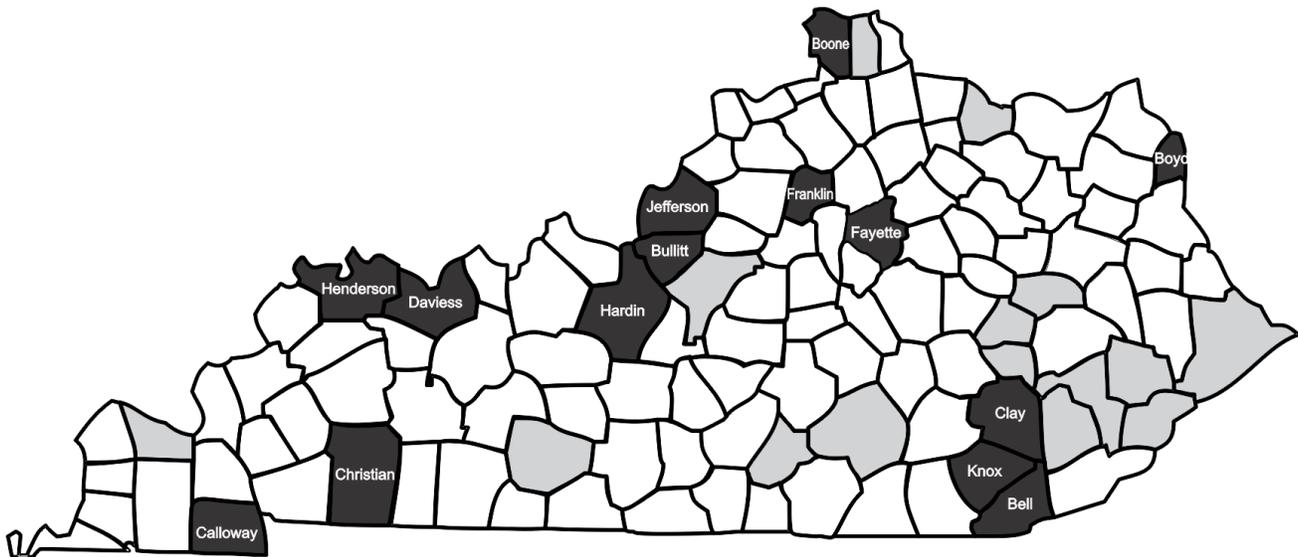
## HIV Counseling and Testing Sites, Kentucky

### Ora-Quick

Ora-Quick tests are a type of screening test which provides results within 20 minutes. The oral fluid based rapid test received FDA approval on March 26, 2004. Several agencies working in association with the state HIV Prevention Program are currently using rapid testing. Other agencies are being encouraged to begin using rapid testing. If your agency is interested in becoming an Ora-Quick testing site, please contact Beverly Mitchell at (502) 564-6539 ext 4284.

### State Sponsored Ora-Quick Testing Sites\*

All state sponsored testing sites offer **free or minimal cost** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the agency to verify whether an appointment is needed or if walk-ins are acceptable.**



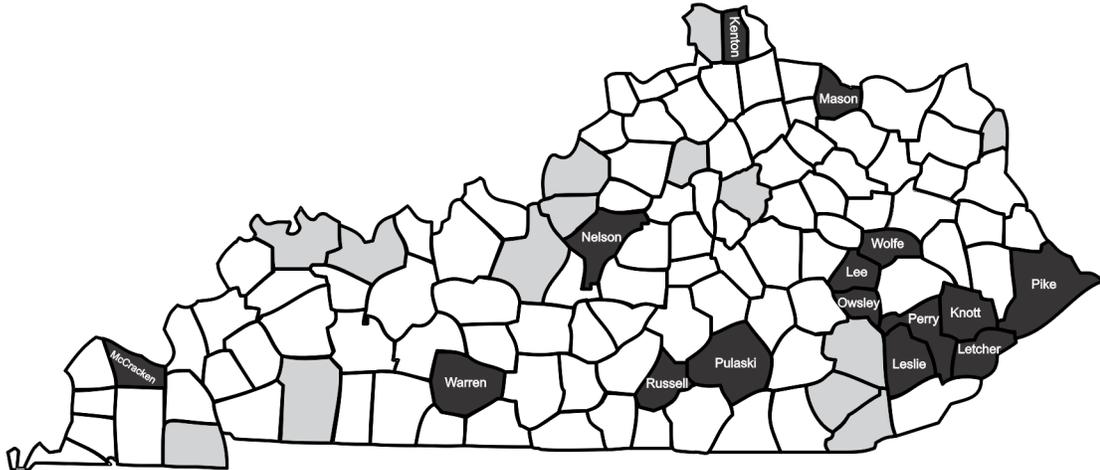
County	Agency	Address	City	Phone
Bell	Bell County Health Dept. - Pineville	310 Cherry Street	Pineville	(606) 337-7046
Boone	Boone County Health Dept.	7505 Burlington Pike	Florence	(859) 363-2060
Boyd	Ashland - Boyd County Health Dept.	2924 Holt St	Ashland	(606) 329-9444
Bullitt	Bullitt County Health Dept.	181 Lees Valley Rd	Shepherdsville	(502) 955-7837
Calloway	Calloway County Health Dept.	602 Memory Lane	Murray	(270) 753-3381
Christian	Christian County Health Dept.	1700 Canton Street	Hopkinsville	(270) 887-4160
Clay	Cumberland Valley District Health Dept.	470 Manchester Square Shopping Ctr, Ste. 205	Manchester	(606) 599-0112
Daviess	PATIO (People Associating Together in Owensboro)	518 East Ninth Street	Owensboro	(270) 993-8278
Fayette	AVOL (AIDS Volunteers)	225 Walton Avenue, Suite 110	Lexington	(859) 225-3000
Fayette	Bluegrass Community Health Clinic	1306 Versailles Road, Suite 120	Lexington	(859) 259-0717
Fayette	Lexington-Fayette County Health Dept.	805B Newtown Circle	Lexington	(859) 899-4230
Fayette	North Central Area Health Education Center	498 Georgetown Street, Suite 106	Lexington	(859) 281-6086
Fayette	Planned Parenthood of the Bluegrass	508 West 2nd Street	Lexington	(859) 252-8494
Franklin	Franklin County Health Dept.	100 Glens Creek Rd	Frankfort	(502) 564-7647
Franklin	Kentucky State University	400 E Main St	Frankfort	(502) 597-6970
Franklin	KY Dept. for Public Health HIV/AIDS Branch	275 E. Main Street, HS2EC	Frankfort	(502) 564-6539
Hardin	Hardin County Health Dept.	580 Westport Road	Elizabethtown	(270) 769-1601
Hardin	Lincoln Trail District Health Dept.	108 New Glendale Rd.	Elizabethtown	(270) 769-1601
Henderson	Matthew 25	452 Old Corydon Rd.	Henderson	(270) 826-0200
Jefferson	Lou/Metro Public Health & Wellness	7201 Outer Loop	Louisville	(502) 574-6699
Jefferson	Lou/Metro Public Health & Wellness	850 Barrett Avenue, Suite 301	Louisville	(502) 574-5600
Jefferson	Neighborhood Institute	610 S. Fourth Street, Suite 701	Louisville	(502) 589-0343
Jefferson	New Beginnings Empowerment Temple	4127 Flintlock Dr	Louisville	(502) 448-2101
Jefferson	Park DuValle Community Health Center	3015 Wilson Avenue	Louisville	(502) 774-4401
Jefferson	Planned Parenthood—Louisville	1025 S. Second Street	Louisville	(502) 584-2473
Jefferson	Volunteers of America—Louisville	1436 South Shelby Street	Louisville	(502) 635-4511

\*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **IS NOT** an all inclusive list of testing centers in the Commonwealth of Kentucky.

## HIV Counseling and Testing Sites, Kentucky

### State Sponsored Ora-Quick Testing Sites\* continued

All state sponsored testing sites, offer **free or minimal cost** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the agency to verify whether an appointment is needed or if walk-ins are acceptable.**



County	Agency	Address	City	Phone
Kenton	Area Health Education Center-Covington	1030 Old State Road	Park Hills	(859) 442-1109
Kenton	Northern Ky Independent Dist. Health Dept.	2388 Grandview Drive	Ft. Mitchell	(859) 341-4264
Knott	Knott County Health Dept.	880 West Main Street	Hindman	(606) 785-3144
Knox	Knox County Health Dept.	261 Hospital Drive	Barbourville	(606) 546-3486
Lee	Lee County Health Dept.	45 Center Street	Beattyville	(606) 464-2492
Leslie	Leslie County Health Dept.	78 Maple Street	Hyden	(606) 672-2393
Letcher	Letcher County Health Dept.	115 East Main Street	Whitesburg	(606) 633-2945
Mason	Buffalo Trace District Health Dept.	120 W Third St	Maysville	(606) 564-9447
Mason	Mason County Health Dept.	130 E. Second St.	Maysville	(606) 564-9447
McCracken	Heartland CARES	619 North 30th St	Paducah	(270) 444-8183
McCracken	McCracken County Health Dept.	916 Kentucky Avenue	Paducah	(270) 444-9631
McCracken	Purchase District Health Dept.	916 Kentucky Ave	Paducah	(270) 444-9625
Nelson	Nelson County Health Dept.	325 South Third Street	Bardstown	(502) 348-3222
Owsley	Owsley County Health Dept.	220 Highway 28	Booneville	(606) 593-5181
Perry	Kentucky River District Health Dept.	441 Gorman Hollow Rd	Hazard	(606) 439-2361
Perry	Perry County Health Dept.	239 Lovern Street	Hazard	(606) 439-2361
Pike	Pike County Health Dept.	119 River Drive	Pikeville	(606) 437-5500
Pulaski	Pulaski County Health Dept.	45 Roberts St.	Somerset	(606) 679-4416
Russell	Lake Cumberland District Health Dept.	69 Herriford Curve Road	Jamestown	(270) 343-2182
Russell	Russell County Health Dept.	211 Fruit of the Loom Drive	Jamestown	(270) 343-2181
Warren	Barren River District Health Dept.	1109 State Street	Bowling Green	(270) 781-8039
Warren	Warren County Health Dept.	1109 State Street	Bowling Green	(270) 781-2490
Warren	WKU Health Services	1906 College Heights Boulevard #8400	Bowling Green	(270) 745-5033
Wolfe	Wolfe County Health Dept.	151 Ky. 15 North	Campton	(606) 668-3185

\*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **IS NOT** an all inclusive list of testing centers in the Commonwealth of Kentucky.

For a comprehensive list of testing sites near you please visit:

<http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm>  
<http://www.aidsvu.org/testing/locations>

## WHAT YOU SHOULD KNOW ABOUT HIV & AIDS

### WHAT IS AIDS?

AIDS is the Acquired Immune Deficiency Syndrome – a serious illness that makes the body unable to fight infection. A person with AIDS is susceptible to certain infections and cancers. When a person with AIDS cannot fight off infections, this person becomes ill. These infections can eventually kill a person with AIDS.

### WHAT CAUSES AIDS?

The human immunodeficiency virus (HIV) causes AIDS. Early diagnosis of HIV infection is important! If you have been told that you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment for you. Free or reduced cost anonymous and confidential testing with counseling is available at most local health departments in Kentucky. After being infected with HIV, it takes between two weeks to six months before the test can detect antibodies to the virus.

### HOW IS THE HIV VIRUS SPREAD?

- \* Sexual contact (oral, anal, or vaginal intercourse) with an infected person when blood, pre-ejaculation fluid, semen or cervical/vaginal secretions are exchanged.
- \* Sharing syringes, needles, cotton, cookers and other drug injecting equipment with someone who is infected.
- \* Receiving contaminated blood or blood products (very unlikely now because blood used in transfusions has been tested for HIV antibodies since March 1985).
- \* An infected mother passing HIV to her unborn child before or during childbirth, and through breast feeding.
- \* Receipt of transplant, tissue/organs, or artificial insemination from an infected donor.
- \* Needle stick or other sharps injury in a health care setting involving an infected person. Infections can sometimes be prevented by taking post-exposure prophylaxis anti-retroviral drugs. Strict adherence to universal precautions is the best way to prevent exposures.

### YOU CANNOT GET HIV THROUGH CASUAL CONTACT SUCH AS:

- \* Sharing food, utensils, or plates
- \* Touching someone who is infected with HIV
- \* Hugging or shaking hands
- \* Donating blood or plasma (this has NEVER been a risk for contracting HIV)
- \* Using public rest rooms
- \* Being bitten by mosquitoes or other insects
- \* Using tanning beds (always clean before and after use)

### HOW CAN I PREVENT HIV/AIDS?

- \* Do not share needles or other drug paraphernalia.
- \* Do not have sexual intercourse except with a monogamous partner whom you know is not infected and who is not sharing needles. If you choose to have sex with anyone else, use latex condoms (rubbers), female condoms or dental dams, and water based lubricants every time you have sex.
- \* Educate yourself and others about HIV infection and AIDS.

### WOMEN AND HIV/AIDS

For females with HIV/AIDS in Kentucky, heterosexual exposure and injection drug use are the most common modes of transmission of HIV. HIV can be spread through body fluids (i.e., blood, semen, vaginal secretions, and breast milk).

#### **All pregnant women should have blood tests to check for HIV infection.**

- \* Mothers can pass HIV infection to their babies during pregnancy, labor and delivery, and by the child ingesting infected breast milk.
- \* Without treatment, about 25% (1 out of 4) of the babies born to HIV infected women will get HIV.
- \* Medical treatment for the HIV infected woman during pregnancy, labor, and delivery can reduce the chance of the baby getting HIV from its mother to less than 2% (less than 2 out of 100).
- \* An HIV infected mother should not breastfeed her newborn baby.

**IS TREATMENT AVAILABLE IF I ALREADY HAVE HIV/AIDS?**

After being infected with HIV, it takes between two weeks to six months before the test can detect the HIV virus. **Early diagnosis of HIV infection is important!** Free anonymous and confidential testing and counseling is available at every Health Department in Kentucky. Testing requires drawing a small tube of blood from a vein in your arm. If you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment.

**GETTING TESTED FOR HIV:**

**If you have never been tested for HIV, you should be tested at least once.** Centers for Disease Control and Prevention (CDC) recommends being **tested at least once a year if you do things that can transmit HIV.** These include:

- \* Injecting drugs or steroids with used injection equipment
- \* Having sex with someone who has HIV or any sexually transmitted disease (STD)
- \* Having more than one sex partner since your last HIV test
- \* Having a sex partner who has had other sex partners since your last HIV test
- \* Having sex for money or drugs (prostitution- male or female)
- \* Having unprotected sex or sex with someone who has had unprotected sex
- \* Having sex with injecting drug user(s)
- \* Having had a blood transfusion between 1978 and 1985
- \* Pregnant women or women desiring to become pregnant

**Remember: You can't tell whether or not someone has HIV just by looking at them!**

**WHAT IS UNSAFE SEX?**

- \* Vaginal, anal, or oral sex without using a condom or dental dam
- \* Sharing sex toys
- \* Contact with HIV infected blood, semen, or vaginal fluid

**WHAT IS "SAFER" SEX?**

- \* Abstinence (not having sex of any kind)
- \* Sex only with a person who does not have HIV, does not practice unsafe sex, or inject drugs
- \* Using either a male or female condom or dental dam (for oral sex)

**How to use a latex condom:**

1. Use a new latex condom every time you have sex.
2. The condom should be rolled onto the erect (hard) penis, pinching ½ inch at the tip of the condom to hold the ejaculation (semen) fluid. Air bubbles should be smoothed out.
3. Use plenty of WATER-BASED lubricants such as K-Y Jelly, including a drop or two inside the condom, before and during intercourse. **DO NOT USE** oil-based lubricants such as petroleum jelly, mineral oil, vegetable oil, Crisco, or cold cream.
4. After ejaculating, withdraw the penis holding the condom at the base so it will not slip off.
5. Throw away the used condom into a garbage can and wash hands.

**This agency provides quality services to all patients, regardless of HIV status.**

**IF YOU NEED MORE INFORMATION CALL:**

- Kentucky HIV/AIDS Program 502-564-6539
- The National AIDS Hotline 1-800-342-AIDS
- Your local health department's HIV/AIDS Coordinator