



HIV/AIDS Surveillance Report June 2012

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
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January 2013
Dear Reader:

Enclosed, please find the June 2012 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 8,513 cumulative HIV infections were diagnosed and reported as of June 30, 2012. 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 2010, there were 338 new HIV infections diagnosed among Kentucky residents, at a diagnosis rate of 7.8 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, 2002 through June 30, 2011. Sixty percent of the 1,576 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/rdonlyres/8CF79016-4F32-4A07-8CC0-5C891BCA6B87/0/Annual_Report_June2012.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.

Sincerely,

A handwritten signature in cursive script that reads "Peace Julie Nakayima".

Peace Julie Nakayima, MPH
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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, 2012. 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, 2012.

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.

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 HIV disease diagnosis is reported to the Kentucky HIV/AIDS Surveillance Program.

Date of Diagnosis: The date initial HIV disease is diagnosed.

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 2011 and 2012 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 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 June 30, 2012. 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 among Kentuckians, through June 30, 2012

Table 1. Cumulative⁽¹⁾ HIV Disease Cases By Age at Diagnosis*, Race/Ethnicity, and Sex through June 30, 2012, Kentucky											
	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	<13	21	<1%	24	1%	0	0%	0	0%	45	1%
	13-19	107	2%	121	6%	3	1%	5	7%	236	3%
	20-29	1269	28%	676	31%	98	39%	17	25%	2060	29%
	30-39	1719	38%	695	32%	99	39%	29	43%	2542	36%
	40-49	1037	23%	461	21%	34	13%	13	19%	1545	22%
	50+	400	9%	180	8%	19	8%	4	6%	603	9%
	TOTAL⁽²⁾	4553	100%	2157	100%	253	100%	68	100%	7031	100%
FEMALE	<13	13	2%	14	2%	1	2%	1	3%	29	2%
	13-19	39	6%	44	6%	4	6%	2	7%	89	6%
	20-29	203	31%	215	30%	27	41%	8	28%	453	31%
	30-39	217	33%	248	34%	16	24%	10	34%	491	33%
	40-49	123	19%	143	20%	12	18%	5	17%	283	19%
	50+	65	10%	63	9%	6	9%	3	10%	137	9%
	TOTAL⁽²⁾	660	100%	727	100%	66	100%	29	100%	1482	100%

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2012

(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 infections diagnosed in Kentucky have been reported among males (7,031, 83%). In terms of decade of diagnosis, more male HIV infections were diagnosed in their 30s (2,542, 36%) than any other decade. Among white males and black males, the highest percentages of cumulative cases were aged 30-39 years at the time of diagnosis: whites 38%; blacks, 32%. Hispanic males had a similar percentage of cases aged 20-29 years and 30-39 years at time of diagnosis (39%). The percentage of Hispanic males in their 20s at time of diagnosis (39%) was higher compared to blacks (31%) and whites (28%). Conversely, Hispanic males had the lowest percentage of cases aged 40-49 years at time of diagnosis (13%), 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 trends exist among females with HIV. More females were diagnosed with HIV infection in their 30s (491, 33%) than any other decade. Similar percentages of black females and white females were diagnosed in that same decade of life. 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⁽¹⁾ Adult/Adolescent* HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex through June 30, 2012, Kentucky

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	MSM ⁽³⁾	3299	73%	1081	51%	124	49%	40	59%	4544	65%
	IDU ⁽⁴⁾	258	6%	323	15%	29	11%	9	13%	619	9%
	MSM and IDU	275	6%	140	7%	7	3%	3	4%	425	6%
	Hemophilia/Coagulation Disorder	70	2%	9	<1%	0	0%	0	0%	79	1%
	Heterosexual ⁽⁵⁾	196	4%	205	10%	30	12%	5	7%	436	6%
	Transfusion/Transplant	18	<1%	4	<1%	0	0%	0	0%	22	<1%
	Undetermined ⁽⁶⁾	416	9%	371	17%	63	25%	11	16%	861	12%
	TOTAL	4532	100%	2133	100%	253	100%	68	100%	6986	100%
FEMALE	IDU ⁽⁴⁾	140	22%	146	20%	8	12%	4	14%	298	21%
	Hemophilia/Coagulation Disorder	2	<1%	0	0%	0	0%	0	0%	2	<1%
	Heterosexual ⁽⁵⁾	341	53%	354	50%	35	54%	14	50%	744	51%
	Female Heterosexual ⁽⁶⁾	102	16%	143	20%	16	25%	6	21%	267	18%
	Transfusion/Transplant	10	2%	3	<1%	0	0%	0	0%	13	<1%
	Undetermined ⁽⁷⁾	52	8%	67	9%	6	9%	4	14%	129	9%
	TOTAL	647	100%	713	100%	65	100%	28	100%	1453	100%

*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, 2012

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

(3) MSM = Men Having Sex With Men

(4) IDU = Injection Drug Use

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

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

(7) "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 remain undetermined after investigation

The majority (65%) of cumulative male HIV infections were reported with MSM as the primary route of exposure, while among women, the majority (51%) 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 51% 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 (9%). 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

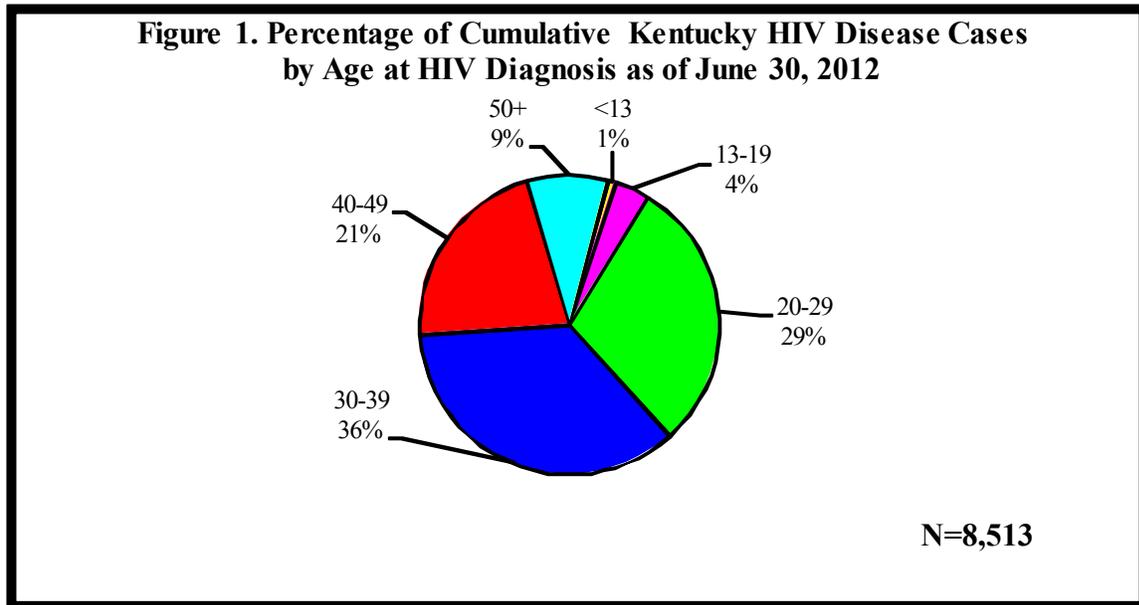
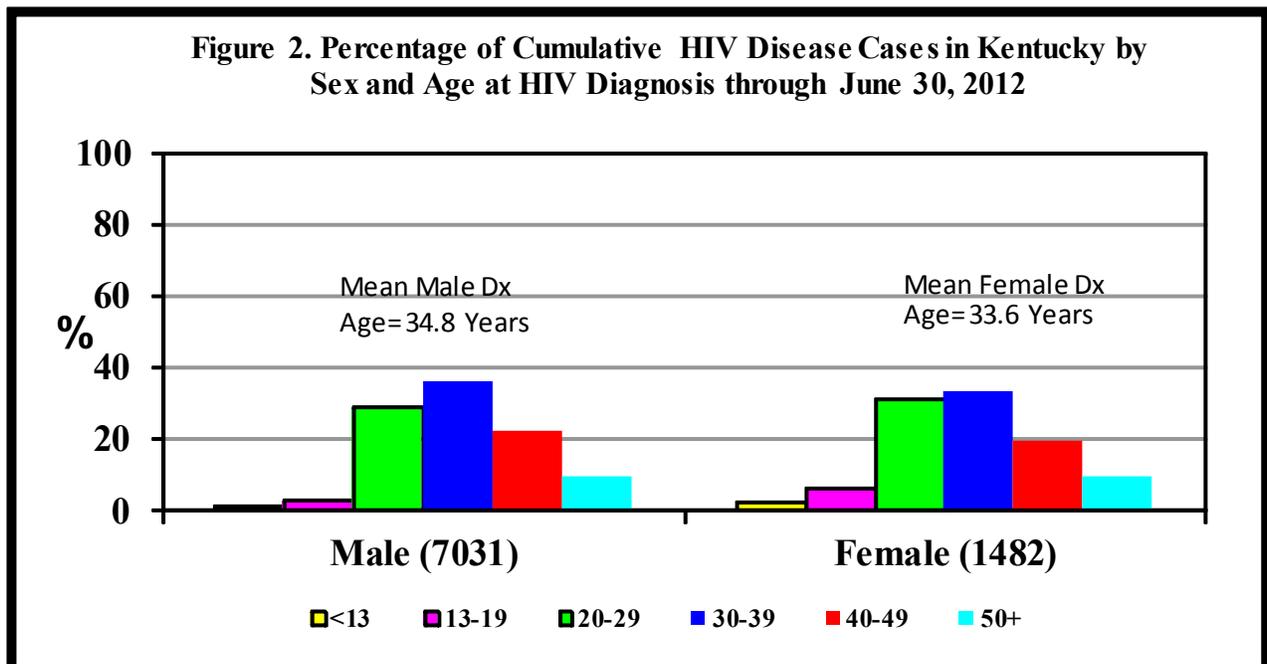
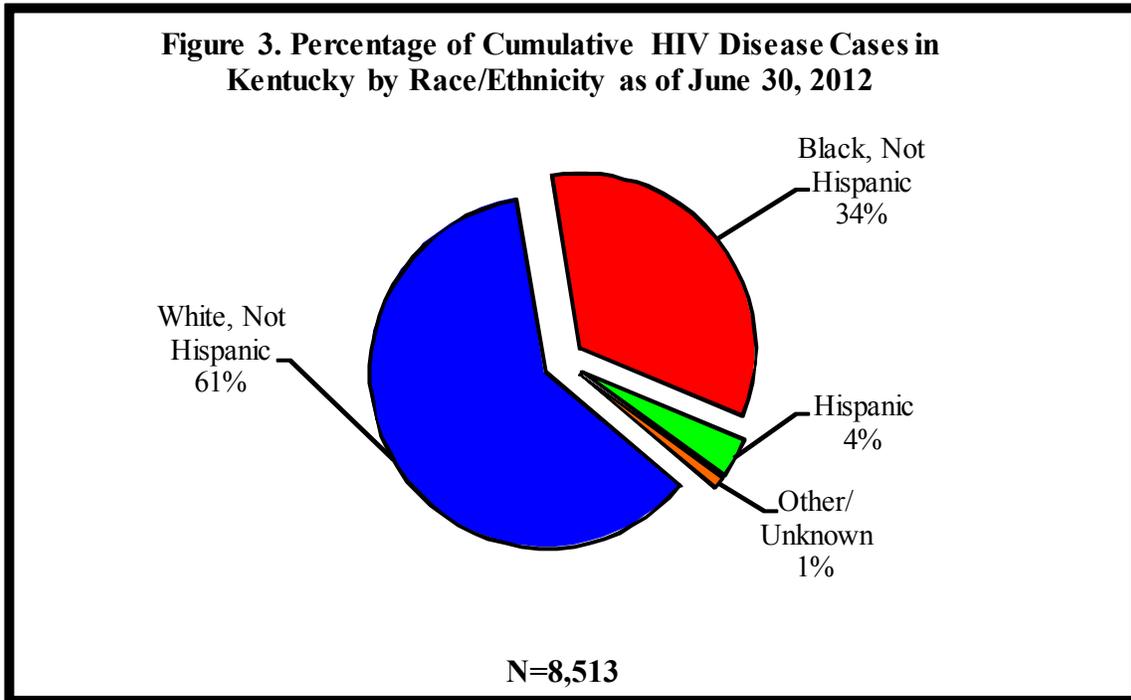


Figure 1 shows the distribution of cumulative Kentucky HIV infections by age at diagnosis. Over a third (36%) of cumulative HIV cases in Kentucky were aged 30-39 years at time of diagnosis. Persons aged 20-29 years account for over a quarter of cumulative infections (29%). Children (<13 years at diagnosis) and teenagers account for the smallest percentages of cases at less than 5% each.

Figure 2 shows HIV infections by age group and sex. Percentages add up to 100% by sex. Cumulatively, there have been 7,031 HIV infections among males, of which 36% were aged 30-39 years at time of diagnosis. Similarly, females aged 30-39 years old at time of diagnosis accounted for the highest percentage of cumulative HIV infections by age group among females (33%). The mean age at diagnosis for males is 34.8 years and 33.6 years for females.

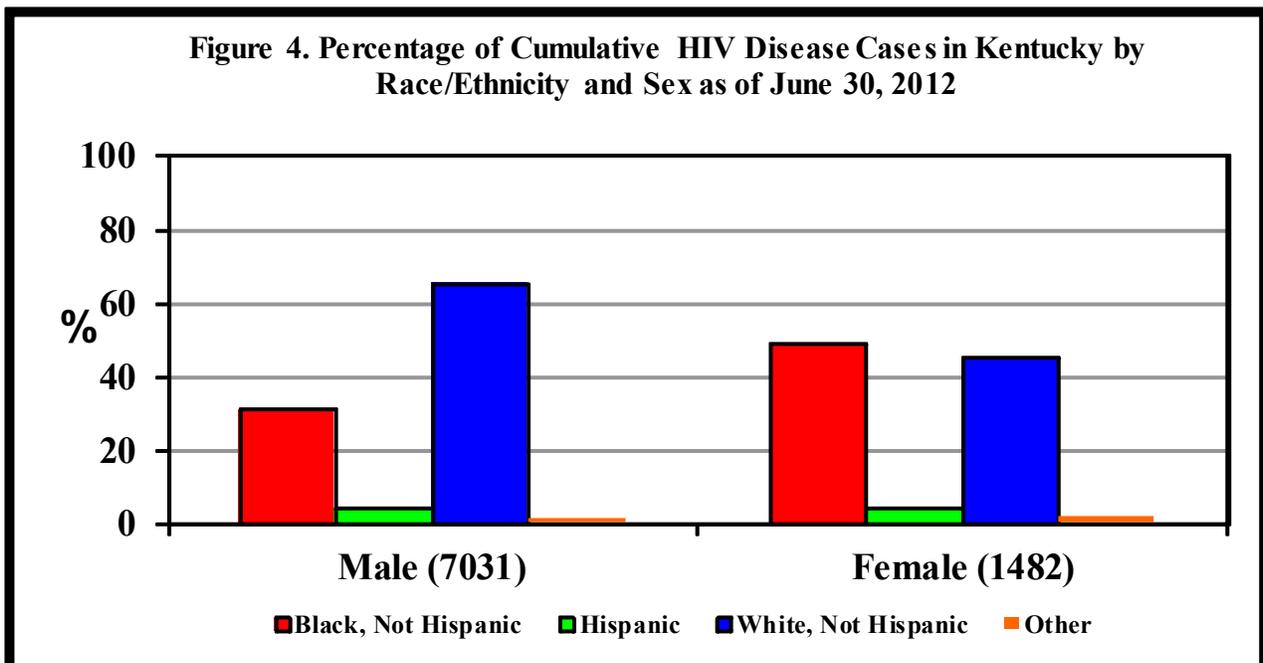


Cumulative HIV Diagnoses by Race/Ethnicity and Sex, Kentucky



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

Figure 4 shows the percentages of cumulative HIV infections within each sex group by race/ethnicity. Percentages add up to 100% by sex. Among males, the majority are white (65%), with black males accounting for 31% of cumulative infections. The distribution among females by racial/ethnic grouping differs from males, with black females accounting for a higher percentage of cases than white females: 49% and 45% respectively.



Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

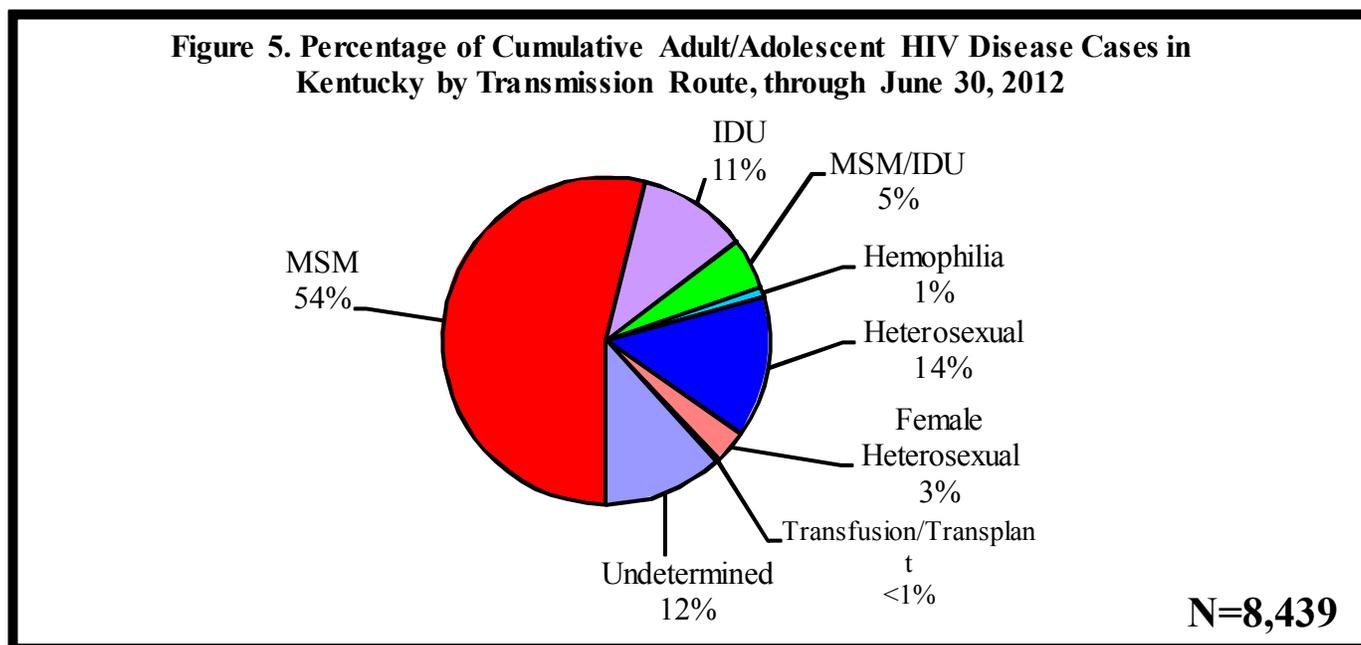


Table 3. Cumulative Kentucky Adult/Adolescent HIV Disease Cases by Transmission Route, through June 30, 2012

Transmission Route	N
MSM	4,544
IDU	917
MSM/IDU	425
Hemophilia	81
Heterosexual	1,180
Female Heterosexual*	267
Transfusion/Transplant	35
Undetermined	990
Total	8,439

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

Note: 74 pediatric cases not included.

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, 2012, Kentucky

ADD/County	Total HIV Disease Cases ⁽¹⁾	Total Living with HIV Disease ⁽²⁾	ADD/County	Total HIV Disease Cases ⁽¹⁾	Total Living with HIV Disease ⁽²⁾
Barren River	296	178	Buffalo Trace	49	30
Allen	15	8	Bracken	7	5
Barren	38	20	Fleming	6	3
Butler	11	11	Lewis	14	7
Edmonson	5	3	Mason	22	15
Hart	9	5	Robertson	0	0
Logan	24	14			
Metcalfe	7	3	Cumberland Valley	154	94
Monroe	15	10	Bell	19	13
Simpson	16	10	Clay	27	20
Warren	156	94	Harlan	21	10
			Jackson	10	6
Big Sandy	58	40	Knox	17	11
Floyd	16	13	Laurel	28	16
Johnson	8	4	Rockcastle	6	4
Magoffin	2	1	Whitley	26	14
Martin	6	6			
Pike	26	16	FIVCO	126	77
			Boyd	79	47
Bluegrass	1603	1109	Carter	15	10
Anderson	24	15	Elliott	4	3
Bourbon	27	19	Greenup	19	12
Boyle	30	24	Lawrence	9	5
Clark	47	36			
Estill	6	2	Gateway	81	53
Fayette	1099	747	Bath	6	3
Franklin	83	55	Menifee	9	8
Garrard	10	6	Montgomery	20	16
Harrison	8	4	Morgan	29	14
Jessamine	55	41	Rowan	17	12
Lincoln	11	6			
Madison	83	60	Green River	248	151
Mercer	28	18	Daviess	121	71
Nicholas	5	5	Hancock	5	2
Powell	10	8	Henderson	57	32
Scott	52	44	McLean	7	5
Woodford	25	19	Ohio	11	7
			Union	44	34
			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 2 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, 2012, Kentucky (continued)

ADD/County	Total HIV Disease Cases ⁽¹⁾	Total Living with HIV Disease ⁽²⁾	ADD/County	Total HIV Disease Cases ⁽¹⁾	Total Living with HIV Disease ⁽²⁾
Kentucky River	59	38	Northern Kentucky	700	455
Breathitt	4	2	Boone	111	76
Knott	3	2	Campbell	143	94
Lee	6	5	Carroll	11	7
Leslie	2	0	Gallatin	2	1
Letcher	21	13	Grant	30	20
Owsley	3	3	Kenton	391	248
Perry	14	9	Owen	4	2
Wolfe	6	4	Pendleton	8	7
KIPDA/North Central	4208	2699	Pennyrile	276	143
Bullitt	77	62	Caldwell	22	12
Henry	27	19	Christian	116	70
Jefferson	3849	2474	Crittenden	9	7
Oldham	172	86	Hopkins	38	14
Shelby	65	50	Livingston	14	8
Spencer	10	7	Lyon	17	8
Trimble	8	1	Muhlenberg	28	11
Lake Cumberland	129	91	Todd	20	7
Adair	6	3	Trigg	12	6
Casey	8	6	Purchase	274	169
Clinton	9	7	Ballard	9	4
Cumberland	4	3	Calloway	34	22
Green	7	5	Carlisle	5	3
McCreary	10	9	Fulton	7	4
Pulaski	51	32	Graves	45	29
Russell	10	7	Hickman	6	5
Taylor	16	14	Marshall	20	14
Wayne	8	5	McCracken	148	88
Lincoln Trail	250	170			
Breckinridge	12	5			
Grayson	14	9			
Hardin	147	104			
Larue	5	4			
Marion	15	9			
Meade	23	18			
Nelson	30	19			
Washington	4	2			

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

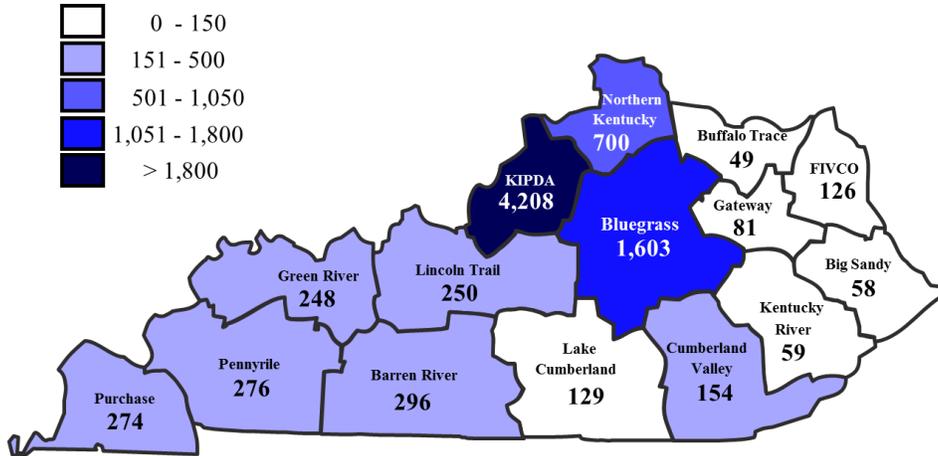
(2) Living cases regardless of current residence.

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

Cumulative HIV Diagnoses by Kentucky Area Development District (ADD)

Figure 6. Cumulative HIV Disease Diagnoses by Kentucky Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2012

Cumulative HIV Disease Diagnoses by ADD

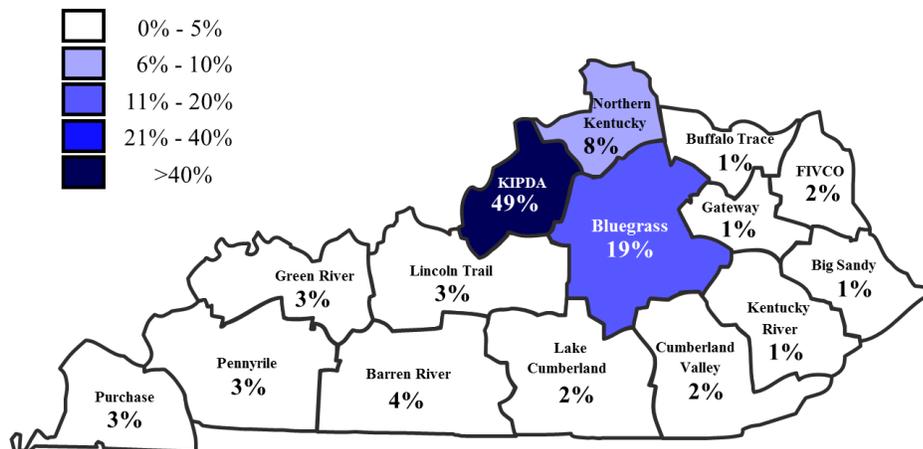


Note: 2 cases missing ADD at time of diagnosis. Total cumulative cases=8,513

The highest number of cumulative HIV infections (4,208, 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 infections diagnosed in Kentucky (1,603, 19%), followed by the Northern Kentucky ADD with the third highest number of HIV infections diagnosed through June 30, 2012 (700, 8%).

Figure 7. Percentage of Cumulative HIV Disease Diagnoses by Kentucky Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2012

Cumulative % HIV Disease Diagnoses by ADD



Note: 2 cases missing ADD at time of diagnosis. Total cumulative cases=8,513
Percentages may not total 100% due to rounding.

Figure 7 shows the percentage of cumulative HIV infections that were diagnosed within each ADD. The percentage of infections by ADD ranged from 1% of infections residing in each of Buffalo Trace, Gateway, 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, 2012, Kentucky

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%(2)
MALE	MSM ⁽³⁾	2013	73%	743	53%	109	50%	36	65%	2901	65%
	IDU ⁽⁴⁾	130	5%	160	11%	19	9%	4	7%	313	7%
	MSM and IDU	151	5%	69	5%	4	2%	2	4%	226	5%
	Hemophilia/Coagulation Disorder	15	1%	1	<1%	0	0%	0	0%	16	<1%
	Heterosexual ⁽⁵⁾	121	4%	132	9%	28	13%	4	7%	285	6%
	Perinatal	14	1%	20	1%	0	0%	0	0%	34	1%
	Transfusion/Transplant	0	0%	1	<1%	0	0%	0	0%	1	<1%
	Undetermined ⁽⁶⁾	320	12%	284	20%	56	26%	9	16%	669	15%
Male Subtotal	2764	100%	1410	100%	216	100%	55	100%	4445	100%	
FEMALE	IDU ⁽⁴⁾	80	18%	73	14%	5	9%	3	12%	161	15%
	Hemophilia/Coagulation Disorder	0	0%	0	0%	0	0%	0	0%	0	0%
	Heterosexual ⁽⁵⁾	243	54%	265	51%	31	55%	11	44%	550	52%
	Female Heterosexual ⁽⁶⁾	80	18%	118	23%	14	25%	6	24%	218	21%
	Perinatal	9	2%	12	2%	1	2%	1	4%	23	2%
	Transfusion/Transplant	0	0%	0	0%	0	0%	0	0%	0	0%
	Undetermined ⁽⁷⁾	41	9%	52	10%	5	9%	4	16%	102	10%
	Female Subtotal	453	100%	520	100%	56	100%	25	100%	1054	100%
ALL LIVING	MSM(3)	2013	63%	743	38%	109	40%	36	45%	2901	53%
	IDU ⁽⁴⁾	210	7%	233	12%	24	9%	7	9%	474	9%
	MSM and IDU	151	5%	69	4%	4	1%	2	3%	226	4%
	Hemophilia/Coagulation Disorder	15	<1%	1	<1%	0	0%	0	0%	16	<1%
	Heterosexual ⁽⁵⁾	364	11%	397	21%	59	22%	15	19%	835	15%
	Female Heterosexual ⁽⁶⁾	80	2%	118	6%	14	5%	6	8%	218	4%
	Perinatal	23	1%	32	2%	1	<1%	1	1%	57	1%
	Transfusion/Transplant	0	0%	1	<1%	0	0%	0	0%	1	<1%
	Undetermined ⁽⁷⁾	361	11%	336	17%	61	22%	13	16%	771	14%
TOTAL	3217	100%	1930	100%	272	100%	80	100%	5499	100%	

*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, 2012

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

(3) MSM = Men Having Sex With Men

(4) IDU = Injection Drug Use

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

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

(7) "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 remain undetermined after investigation

Table 5 shows living HIV infections diagnosed through June 30, 2012 by demographic and behavioral characteristics. There are 5,499 living HIV cases at a prevalence rate of 125.5 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 (65%), whereas the majority of Kentuckian females contracted HIV through heterosexual contact (52%). An additional 21% of females reported female heterosexual contact which is different than heterosexual contact because the risk or sero-status of the male partner is unknown.

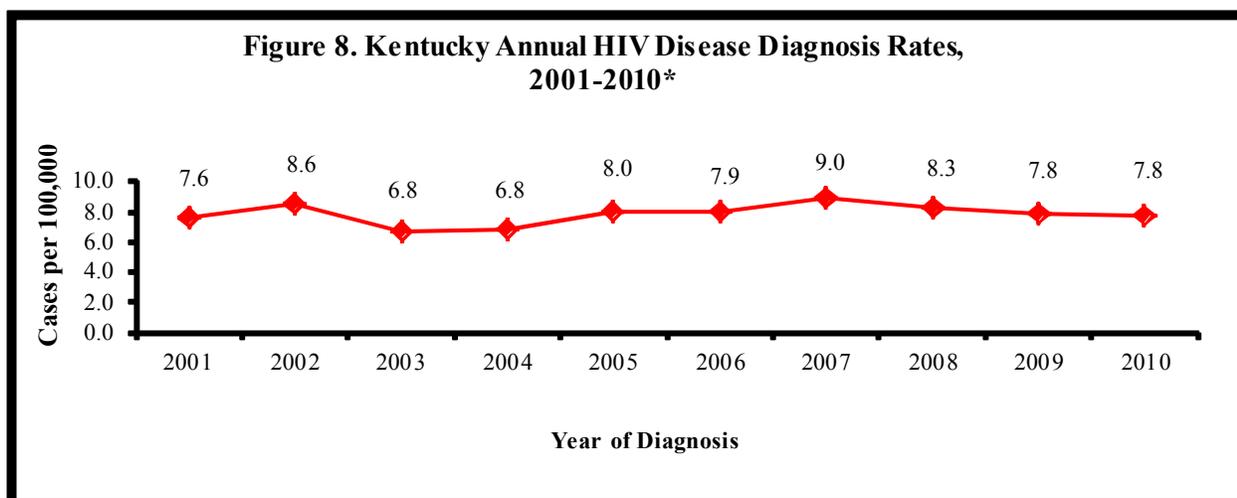
Section II: New HIV Infections Diagnosed among Kentuckians, through June 30, 2012

As of June 30, 2012, a total of 8,513 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 3,423 HIV infections diagnosed since 2002, 1,576 (46%) had progressed to AIDS as of June 30, 2012.

The annual HIV diagnosis rates among Kentuckians are presented in Figure 8. The annual HIV diagnosis rate has remained fairly steady from 2001 to 2010, with slight fluctuations between 6.8 to 9 cases per 100,000 population.

Table 6. Kentucky HIV Infections Diagnosed by Current Disease Status and Year of HIV Diagnosis.

Year of HIV Diagnosis	New HIV Infections <i>without</i> AIDS	New HIV infections <i>with</i> AIDS	TOTAL**
	No.	No.	No.
2002	136	214	350
2003	122	156	278
2004	117	167	284
2005	167	166	333
2006	150	185	335
2007	216	166	382
2008	200	155	355
2009	220	118	338
2010	225	113	338
2011	206	105	311
2012*	88	31	119
TOTAL	1,847	1,576	3,423



*Data are current as of June 30, 2012. 2011 data are considered preliminary due to reporting delays and therefore not included in trend analysis

**Estimated⁽¹⁾ Annual HIV Diagnosis Rates per 100,000.
A Comparison of Kentucky to Other States with Confidential Name-Based Reporting*,
2010**

Table 7. Estimated* Annual HIV Infection Diagnosis Rate by State*, 2010

Rank	Area of Residence	Rate	Rank	Area of Residence	Rate
1	Florida	31.2	24	Washington	9.1
2	Louisiana	28.5	25	Kentucky	9.0
3	New York	27.2	26	Oklahoma	8.6
4	Georgia	26.3	27	New Mexico	8.5
5	New Jersey	25.3	28	Arkansas	8.4
6	South Carolina	20.0	28	Indiana	8.4
7	Mississippi	19.1	30	Michigan	8.1
8	Texas	18.8	31	Minnesota	7.5
9	Delaware	18.2	32	Nebraska	7.1
10	North Carolina	17.8	33	Oregon	6.6
11	California	17.4	34	Alaska	5.9
12	Alabama	16.7	35	Kansas	5.6
13	Virginia	16.1	36	Wisconsin	5.4
14	Nevada	16.0	37	South Dakota	5.2
15	Tennessee	15.5	38	Maine	5.0
16	Connecticut	15.3	39	West Virginia	4.8
17	Illinois	14.7	40	New Hampshire	4.6
18	Rhode Island	14.5	41	Iowa	4.3
19	Pennsylvania ^a	13.3	42	Wyoming	4.1
20	Missouri	10.9	43	Idaho	3.3
21	Arizona	10.2	44	Utah	3.2
22	Ohio	9.8	45	Montana	2.6
23	Colorado	9.4	46	North Dakota	2.0

* 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.

^aPennsylvania implemented confidential name-based HIV infection reporting in October 2002 in all areas except Philadelphia, where confidential name-based reporting was not implemented until October 2005.

¹U.S. estimated rates from Centers for Disease Control and Prevention. HIV Surveillance Report, 2010; vol.22 <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published March 2012. Assessed June 2012.

Estimated HIV Diagnosis Rate among the 46 States, 2010:	16.1
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In 2010, Kentucky ranked 25th among the 46 states having confidential name-based reporting, with an estimated HIV diagnosis rate of 9.0 per 100,000 population. Florida had the highest HIV diagnosis rate in 2010 at 31.2 per 100,000 population, and North Dakota had the lowest rate at 2.0 per 100,000 population.

New HIV Infections: Kentucky vs. The United States

Table 8. New Kentucky HIV Infections* by Demographics, 2010

Characteristics	Number of New Cases	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	262	78%
Female (adult/adolescent)	71	21%
Child (<13 yrs)	5	1%
TOTAL	338	100%
AGE AT DIAGNOSIS‡		
<13	5	1%
13-24	85	25%
25-44	167	49%
45-64	77	23%
65+	4	1%
TOTAL	338	100%
RACE/ETHNICITY		
White, Not Hispanic	155	46%
Black, Not Hispanic	151	45%
Hispanic	25	7%
Other/Unknown	7	2%
TOTAL	338	100%
TRANSMISSION ROUTE		
MSM ⁽²⁾	149	44%
IDU ⁽³⁾	15	4%
MSM/IDU	4	1%
Heterosexual	28	8%
Perinatal	5	1%
Other/Undetermined ⁽⁴⁾	137	41%
TOTAL	338	100%

*HIV infections 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.

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 in Kentucky. This is likely due to the greater percentage

Table 9. Estimated New U.S. HIV Infections* among 46 States with Confidential Name-Based Reporting by Demographics, 2010⁽⁵⁾

Characteristics	Number of New Cases ⁽⁶⁾	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	37,045	79%
Female (adult/adolescent)	9,868	21%
Child (<13 yrs)	217	<1%
TOTAL†	47,130	100%
AGE AT DIAGNOSIS‡		
<13	217	<1%
13-24	9,799	21%
25-44	24,020	51%
45-64	12,240	26%
65+	853	2%
TOTAL†	47,129	100%
RACE/ETHNICITY		
White, Not Hispanic	13,878	29%
Black, Not Hispanic	21,854	46%
Hispanic	9,653	20%
Other	1,745	4%
TOTAL†	47,130	100%
TRANSMISSION ROUTE		
MSM ⁽²⁾	28,782	61%
IDU ⁽³⁾	3,766	8%
MSM/IDU	1,443	3%
Heterosexual	12,875	27%
Perinatal	162	<1%
Other/Undetermined	101	<1%
TOTAL†	47,129	100%

(5) U.S. cases from Centers for Disease Control and

Prevention. *HIV Surveillance Report: HIV Infection and AIDS in the United States*, 2010: 22.

(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.

of white persons in Kentucky's general population, compared to the U.S. population. United States cases have been adjusted for missing risk factors, unlike Kentucky's.

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

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

Characteristics	1982-06		2007		2008		2009		2010		2011 ⁽²⁾		2012 ⁽²⁾		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	% ⁽³⁾
SEX																
Male	5510	83%	291	77%	302	85%	273	81%	262	79%	258	83%	90	76%	6986	83%
Female	1097	17%	89	23%	52	15%	65	19%	71	21%	51	17%	28	24%	1453	17%
TOTAL⁽³⁾	6607	100%	380	100%	354	100%	338	100%	333	100%	309	100%	118	100%	8439	100%
AGE AT DIAGNOSIS*																
13-19	212	3%	26	7%	23	6%	25	7%	16	5%	15	5%	8	7%	325	4%
20-29	1968	30%	98	26%	97	27%	93	28%	108	32%	105	34%	44	37%	2513	30%
30-39	2569	39%	109	29%	93	26%	86	25%	89	27%	64	21%	23	19%	3033	36%
40-49	1356	21%	105	28%	99	28%	91	27%	72	22%	82	27%	23	19%	1828	22%
50+	502	8%	42	11%	42	12%	43	13%	48	14%	43	14%	20	17%	740	9%
TOTAL⁽³⁾	6607	100%	380	100%	354	100%	338	100%	333	100%	309	100%	118	100%	8439	100%
RACE/ETHNICITY																
White, Not Hispanic	4208	64%	195	51%	195	55%	201	59%	155	47%	167	54%	58	49%	5179	61%
Black, Not Hispanic	2145	32%	148	39%	129	36%	112	33%	146	44%	115	37%	51	43%	2846	34%
Hispanic	190	3%	31	8%	24	7%	20	6%	25	8%	22	7%	6	5%	318	4%
Other/Unknown	64	1%	6	2%	6	2%	5	1%	7	2%	5	2%	3	3%	96	1%
TOTAL⁽³⁾	6607	100%	380	100%	354	100%	338	100%	333	100%	309	100%	118	100%	8439	100%
TRANSMISSION ROUTE																
MSM ⁽⁴⁾	3666	55%	177	47%	179	51%	175	52%	149	45%	151	49%	47	40%	4544	54%
IDU ⁽⁵⁾	805	12%	31	8%	28	8%	17	5%	15	5%	11	4%	10	8%	917	11%
MSM and IDU	392	6%	7	2%	9	3%	8	2%	4	1%	5	2%	0	0%	425	5%
Hemophilia/Blood Disorder	81	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	81	1%
Heterosexual ⁽⁶⁾	1012	15%	66	17%	26	7%	28	8%	28	8%	15	5%	5	4%	1180	14%
Female Heterosexual ⁽⁷⁾	117	2%	23	6%	21	6%	32	9%	32	10%	28	9%	14	12%	267	3%
Transfusion/Transplant	35	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	35	<1%
Undetermined ⁽⁸⁾	499	8%	76	20%	91	26%	78	23%	105	32%	99	32%	42	36%	990	12%
TOTAL⁽³⁾	6607	100%	380	100%	354	100%	338	100%	333	100%	309	100%	118	100%	8439	100%

*Age at time of initial HIV diagnosis.

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

(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, 2012. 2011 and 2012 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) "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, 2012. 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 2007-2010 were highest among persons aged 20-49 years old in comparison to other age groups.

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

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

Characteristics	1982-06		2007		2008		2009		2010		2011 ⁽²⁾		2012 ⁽²⁾		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	% ⁽³⁾
SEX																
Male	4127	84%	127	77%	140	90%	99	84%	87	77%	90	86%	21	68%	4691	84%
Female	767	16%	39	23%	15	10%	19	16%	26	23%	15	14%	10	32%	891	16%
TOTAL⁽³⁾	4894	100%	166	100%	155	100%	118	100%	113	100%	105	100%	31	100%	5582	100%
AGE AT DIAGNOSIS*																
13-19	116	2%	1	1%	3	2%	4	3%	3	3%	4	4%	0	0%	131	2%
20-29	1376	28%	31	19%	36	23%	22	19%	23	20%	19	18%	5	16%	1512	27%
30-39	1988	41%	51	31%	41	26%	36	31%	36	32%	27	26%	6	19%	2185	39%
40-49	1020	21%	60	36%	50	32%	38	32%	29	26%	33	31%	9	29%	1239	22%
50+	394	8%	23	14%	25	16%	18	15%	22	19%	22	21%	11	35%	515	9%
TOTAL⁽³⁾	4894	100%	166	100%	155	100%	118	100%	113	100%	105	100%	31	100%	5582	100%
RACE/ETHNICITY																
White, Not Hispanic	3172	65%	80	48%	91	59%	72	61%	51	45%	65	62%	14	45%	3545	64%
Black, Not Hispanic	1537	31%	62	37%	47	30%	35	30%	40	35%	27	26%	14	45%	1762	32%
Hispanic	144	3%	22	13%	14	9%	9	8%	17	15%	11	10%	3	10%	220	4%
Other/Unknown	41	1%	2	1%	3	2%	2	2%	5	4%	2	2%	0	0%	55	1%
TOTAL⁽³⁾	4894	100%	166	100%	155	100%	118	100%	113	100%	105	100%	31	100%	5582	100%
TRANSMISSION ROUTE																
MSM ⁽⁴⁾	2751	56%	69	42%	81	52%	59	50%	46	41%	46	44%	3	10%	3055	55%
IDU ⁽⁵⁾	660	13%	21	13%	13	8%	12	10%	7	6%	6	6%	4	13%	723	13%
MSM and IDU	320	7%	4	2%	1	1%	4	3%	1	1%	1	1%	0	0%	331	6%
Hemophilia/Blood Disorder	78	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	78	1%
Heterosexual ⁽⁶⁾	771	16%	30	18%	13	8%	12	10%	11	10%	7	7%	3	10%	847	15%
Female Heterosexual ⁽⁷⁾	61	1%	8	5%	6	4%	7	6%	13	12%	9	9%	4	13%	108	2%
Transfusion/Transplant	35	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	35	1%
Undetermined ⁽⁸⁾	218	4%	34	20%	41	26%	24	20%	35	31%	36	34%	17	55%	405	7%
TOTAL⁽³⁾	4894	100%	166	100%	155	100%	118	100%	113	100%	105	100%	31	100%	5582	100%

*Age at time of initial HIV diagnosis.

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of June 30, 2012.

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

(2) Data reported through June 30, 2012. 2011 and 2012 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) "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 new adult/adolescent HIV diagnoses that have progressed to AIDS, by year of initial HIV diagnosis and demographic characteristics. Cumulative data are presented through June 30 2012. Newly diagnosed cases that had progressed to AIDS as of June 30, 2012 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 2007-2011 were highest among persons aged 30-49 years old in comparison to other age groups.

Pediatric HIV Disease Cases, Kentucky

Table 12. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases By Transmission Route and Race/Ethnicity through June 30, 2012, Kentucky

Transmission Route	White, Not Hispanic		Black, Not Hispanic		Other ³ / Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	% ⁽²⁾
Pediatric Hemophilia/Coagulation Disorder	10	29%	1	3%	0	0%	11	15%
Perinatal Exposure, Mother with HIV	21	62%	34	89%	2	100%	57	77%
Pediatric Transfusion/Transplant	2	6%	0	0%	0	0%	2	3%
Pediatric risk not identified or reported	1	3%	3	8%	0	0%	4	5%
TOTAL	34	100%	38	100%	2	100%	74	100%

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

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

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

Table 13. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases by Disease Status and Year of Diagnosis, Kentucky

Disease Status	1982-06	%	2007	%	2008	%	2009	%	2010	%	2011	%	2012 ⁽²⁾	%	Total	% ⁽³⁾
HIV infections without AIDS	17	27%	2	100%	1	100%	0	0%	5	100%	2	100%	1	100%	28	38%
HIV infections with AIDS	46	73%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	46	62%
Total	63	100%	2	100%	1	100%	0	0%	5	100%	2	100%	1	0%	74	100%

(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, 2012.

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

There have been 74 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 (57, 77%) 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 four (89%) of the 38 pediatric HIV infections among blacks were due to perinatal exposure, compared to 62% of the 34 pediatric HIV infections among whites, which were due to this route of transmission. Only one pediatric HIV infection has been reported among Hispanics.

Sixty three (85%) of the cumulative 74 infections were diagnosed prior to 2007. Five or less new cases have been reported during each of the most recent 5 years (Table 12). The majority (62%) of cumulative pediatric HIV infections had progressed to AIDS as of June 30, 2012.

New HIV Disease Cases by Race/Ethnicity, Kentucky

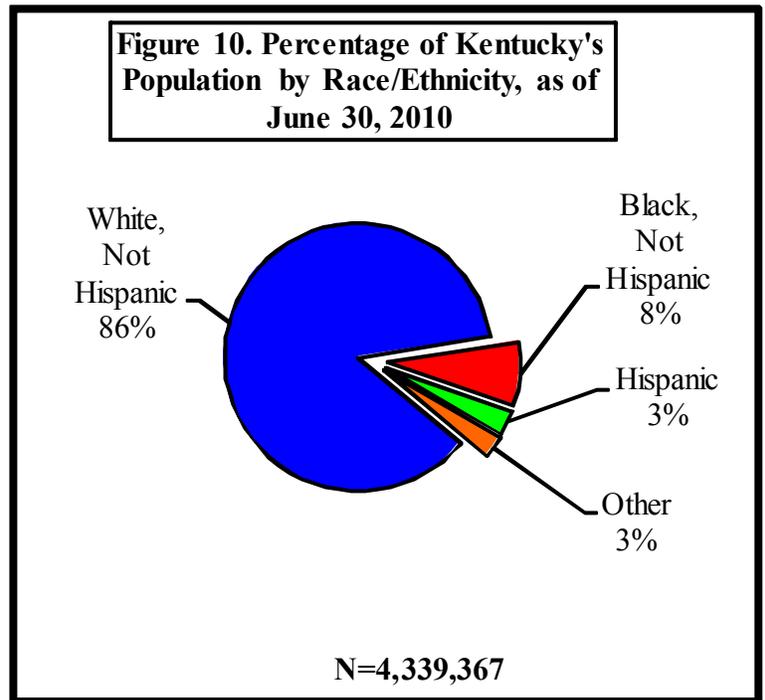
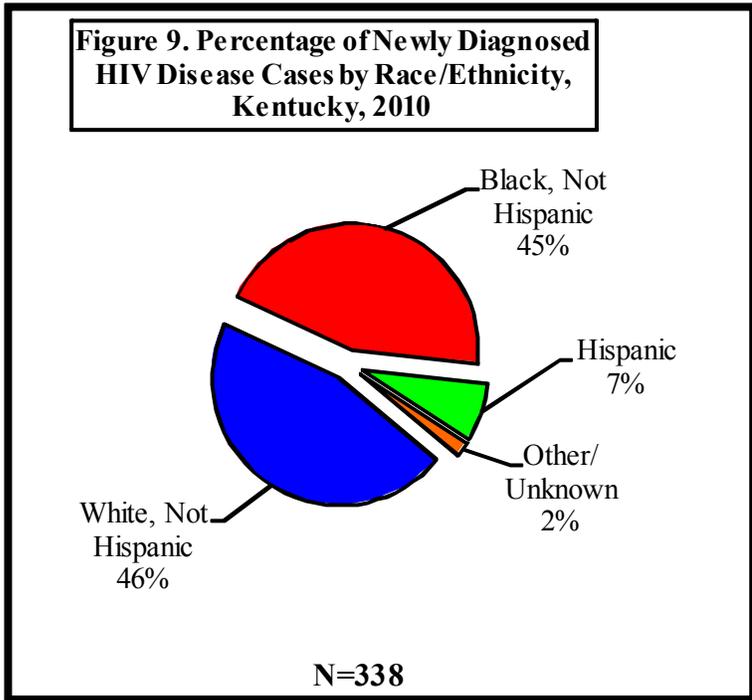


Figure 9 shows the percentage of newly diagnosed HIV infections in Kentucky in 2010 by race/ethnicity. There was a similar percentage of new infections among whites and blacks in 2010 (46% and 45% respectively). Seven percent of new infections in 2010 were diagnosed among Hispanics and 2% among persons 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 2010 census 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 45% of new HIV infections diagnosed in 2010, yet comprised just 8% of Kentucky's population in 2010. Similarly, Hispanics accounted for 7% of newly diagnosed HIV infections in 2010, yet comprised only 3% of Kentucky's population in that same year.

Table 14. Number and Rate of New HIV Diagnoses by Race/Ethnicity and Sex, Kentucky, 2010

Race/Ethnicity	Male		Female	
	No of Cases	Rate*	No of Cases	Rate*
Hispanic	19	25.6	6	†
Black, not Hispanic	109	65.9	42	24.8
White, not Hispanic	132	7.2	23	1.2

*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. Percentage of Newly Diagnosed HIV Disease Cases by Age in Years at Diagnosis, Kentucky, 2010

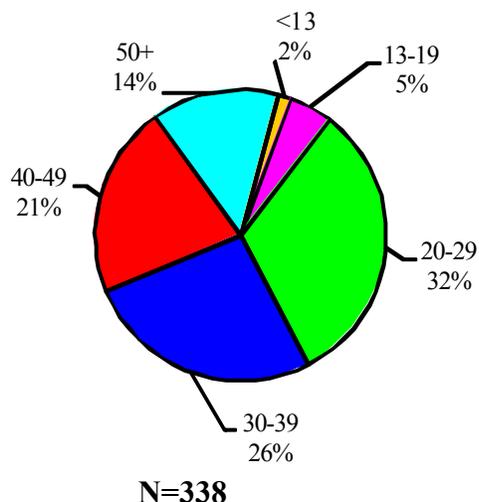


Figure 12. Percentage of Kentucky's Population by Age in Years, as of June 30, 2010

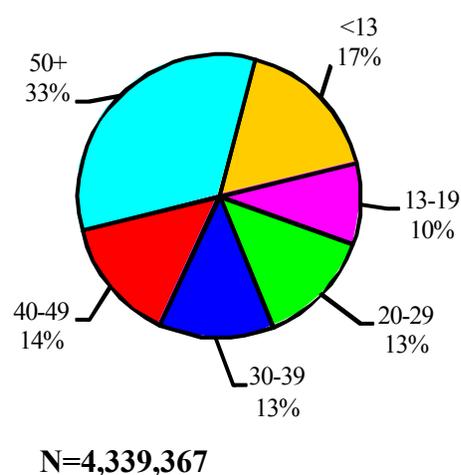


Figure 11 shows the percentage of newly diagnosed HIV infections in Kentucky in 2010 by age category at time of HIV diagnosis. Over three quarters of the new diagnoses in 2010 were divided between the 20-29, 30-39, and 40-49 year age categories.

Figure 12 shows the percentage distribution of Kentucky's population based on the 2010 census by age, which can be directly compared to the percentages in each age group that were newly diagnosed in 2010.

HIV disparities by age are highlighted by these two graphs. Higher percentages of new infections 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) show higher rates of infection among blacks across all age groups, in comparison to whites in 2010. These differences in rates of new infections in 2010 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 five 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	10	25.5	5	†
20-29	55	106.2	43	9.0
30-39	26	56.2	48	10.0
40-49	31	67.9	39	7.2
50+	24	28.2	20	1.5

*Rate per 100,000.

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

Rates among Hispanics by age at diagnosis not published due to small numbers.

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, Kentucky, 1982-2012⁽²⁾

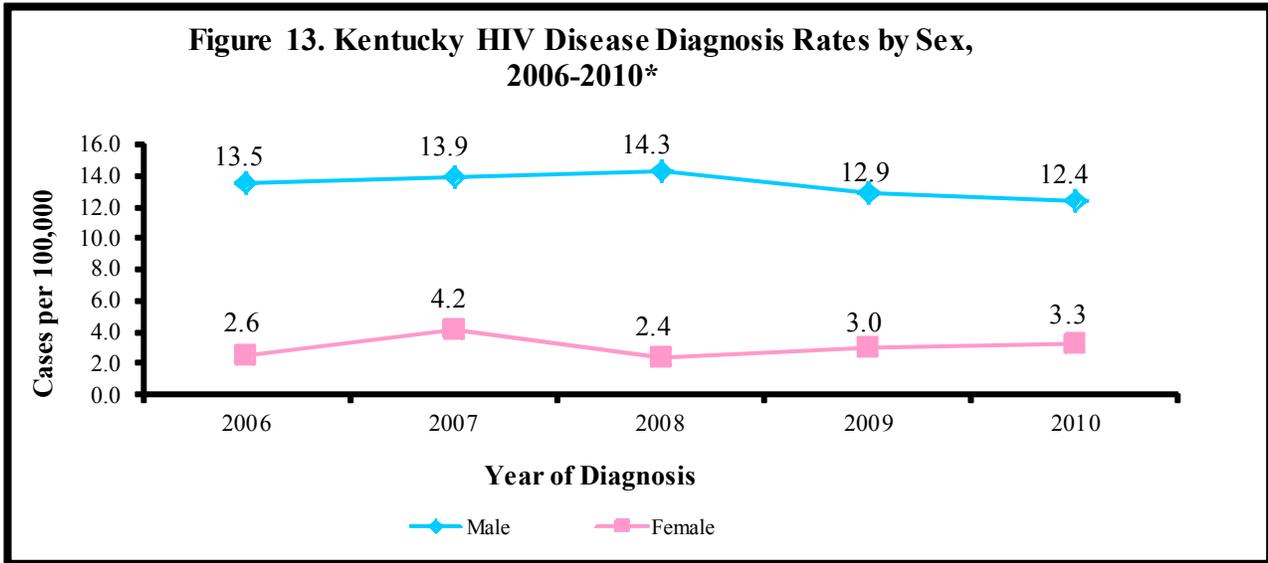
AREA DEVELOPMENT DISTRICT	CASES & RATES ⁽¹⁾	1982-2006	2007	2008	2009	2010	2011	2012 ⁽²⁾	TOTAL CASES ⁽³⁾	% of Total
1. Purchase	Cases	226	9	12	9	8	9	1	274	3%
	Rate per 100,000			6.1						
2. Pennyrite	Cases	225	6	9	11	12	8	5	276	3%
	Rate per 100,000				5.0	5.5				
3. Green River	Cases	200	12	9	10	6	10	1	248	3%
	Rate per 100,000		5.7		4.7					
4. Barren River	Cases	220	19	18	13	7	14	5	296	3%
	Rate per 100,000		6.9	6.4	4.6		4.9			
5. Lincoln Trail	Cases	189	20	12	10	10	6	3	250	3%
	Rate per 100,000		7.7	4.6	3.8	3.7				
6. KIPDA/ North Central	Cases	3356	174	169	152	157	136	64	4208	49%
	Rate per 100,000		18.6	17.9	15.9	16.4	14.1			
7. Northern Kentucky	Cases	550	26	28	26	31	29	10	700	8%
	Rate per 100,000		6.1	6.5	6.0	7.1	6.5			
8. Buffalo Trace	Cases	36	2	4	4	1	0	2	49	1%
	Rate per 100,000									
9. Gateway	Cases	59	2	7	5	3	5	0	81	1%
	Rate per 100,000									
10. FIVCO	Cases	102	11	1	6	2	1	3	126	1%
	Rate per 100,000		8.0							
11. Big Sandy	Cases	43	1	6	5	0	2	1	58	1%
	Rate per 100,000									
12. Kentucky River	Cases	48	4	3	0	1	3	0	59	1%
	Rate per 100,000									
13. Cumberland Valley	Cases	119	7	6	8	7	5	2	154	2%
	Rate per 100,000									
14. Lake Cumberland	Cases	94	8	3	5	7	9	3	129	2%
	Rate per 100,000									
15. Bluegrass	Cases	1201	81	68	74	86	74	19	1603	19%
	Rate per 100,000		10.8	9.0	9.7	11.2	9.5			
TOTAL CASES⁽³⁾		6,668	382	355	338	338	311	119	8,511	100%

(1) Rates are only listed for years of diagnosis 2007- 2011. Data for 2011 and 2012 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, 2012.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 8,513—2 HIV cases with unknown residential information.

Trends in HIV Disease Diagnosis Rates in Kentucky by Sex, 2006-2010

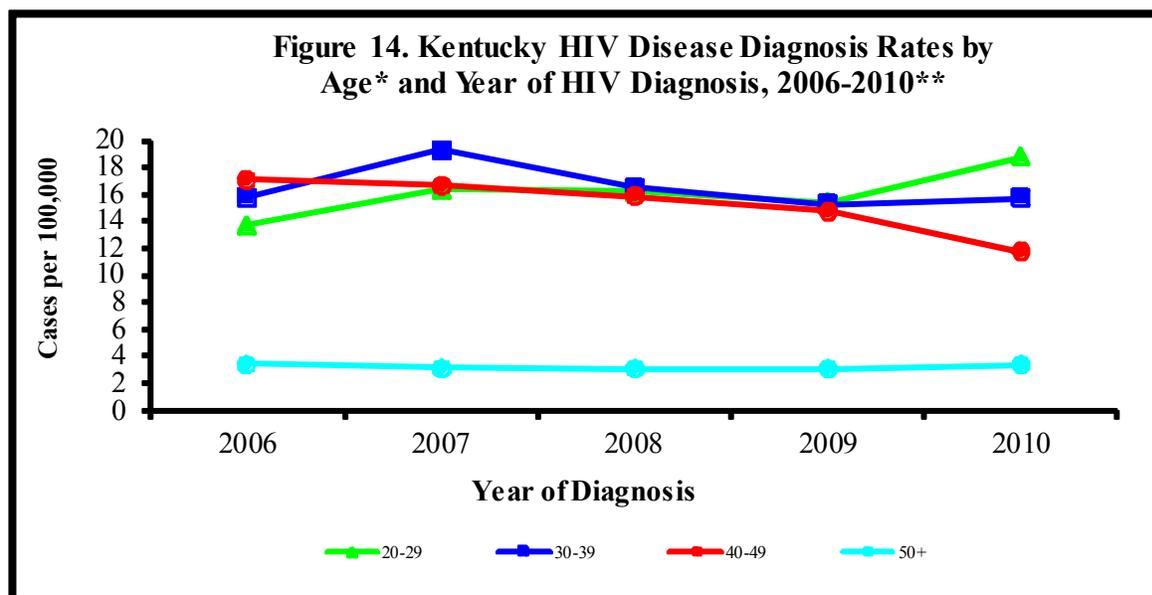


*Data subject to change due to reporting delays. Data for 2011 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of total HIV cases diagnosed in Kentucky. The yearly diagnosis rate among males increased slightly between 2006-2008, but has remained stable over the five year period. From 2006 to 2010, 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 2.4 to 4.2 cases per 100,000 population. 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 in Kentucky by Age at HIV Diagnosis, 2006-2010



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

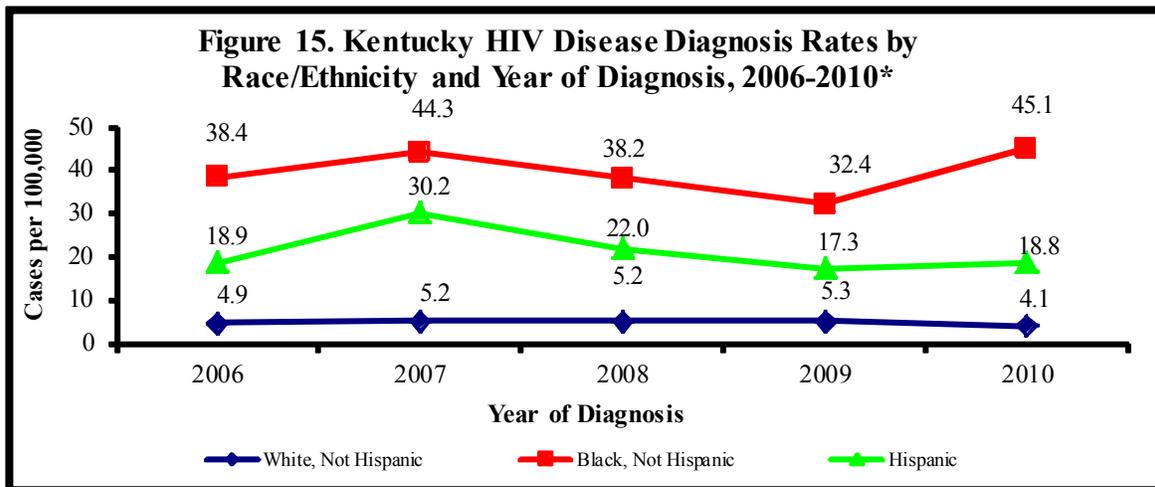
**Data subject to change due to reporting delays. Data for 2011 are not included in trend analyses since they are considered provisional due to reporting delays.

The HIV diagnosis rate over the most recent five years (for the age groups presented) was highest among persons in their 30s and 40s at time of diagnosis, closely followed by 20-29 year olds at time of diagnosis (Figure 14). In 2007, there was a slight increase in the HIV diagnosis rates for those aged 20-29 years and 30-39 years, whereas the rate decreased among those aged 40-49 years. The diagnosis rates remained similar among 20-49 year olds after 2007, until 2010 when 20 year olds had a slightly higher rate (18.8 per 100.000), followed by 30 year olds and 40 year olds (15.7 and 11.7 per 100,000 respectively).

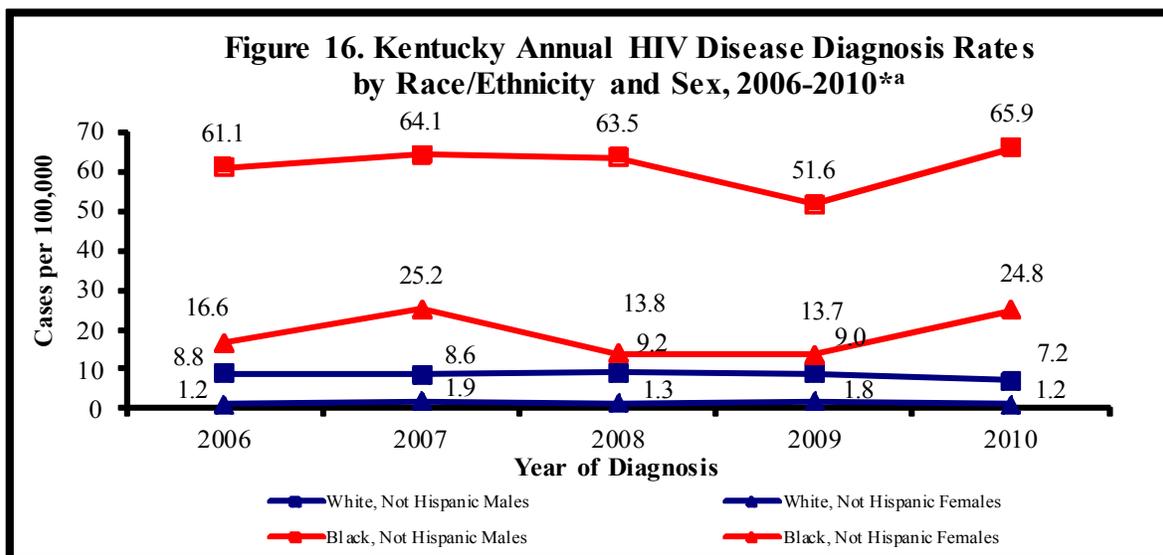
The highest age-specific HIV diagnosis rate in the most recent five years was in 2007, among those aged 30-39 years. The mean age at HIV diagnosis from 2006 to 2010 ranged between 35 to 37.1 years of age (Table 17). The highest individual age at diagnosis in this time period was 79 years, which occurred in 2007.

HIV Diagnosis Year	Mean Age
2006	37.1
2007	35.5
2008	35.7
2009	36.1
2010	35.0

Trends in HIV Disease Diagnosis Rates in Kentucky by Race/Ethnicity, 2006-2010



*Data subject to change due to reporting delays. Data for 2011 are not included in trend analyses since they are considered provisional due to reporting delays.



*Data subject to change due to reporting delays. Data for 2011 are not included in trend analyses since they are considered provisional due to reporting delays.

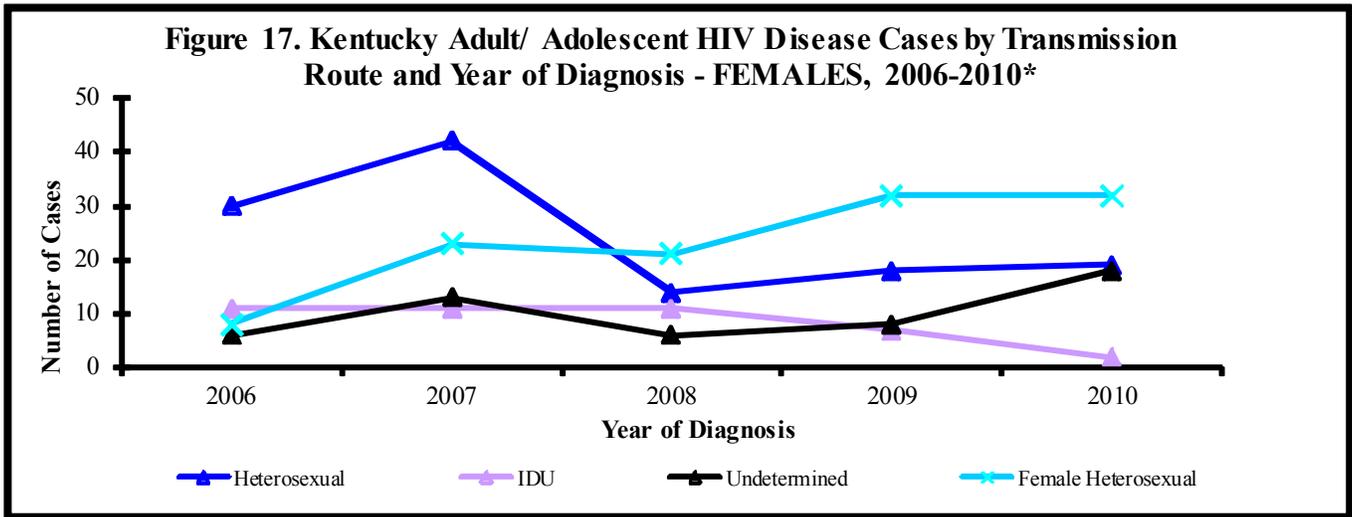
**a Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

On average, between 2006 and 2010, the HIV diagnosis rate for blacks fluctuated between 6.0 to 11 times higher than for whites. The diagnosis rate for Hispanics has been between 3.5 to 6.3 times higher than for whites (Figure 15). The overall trend for blacks shows an increase in 2007 and then again in 2010. The overall trend for Hispanics shows a spike in 2007 followed by a drop since. The overall trend among whites has remained steady.

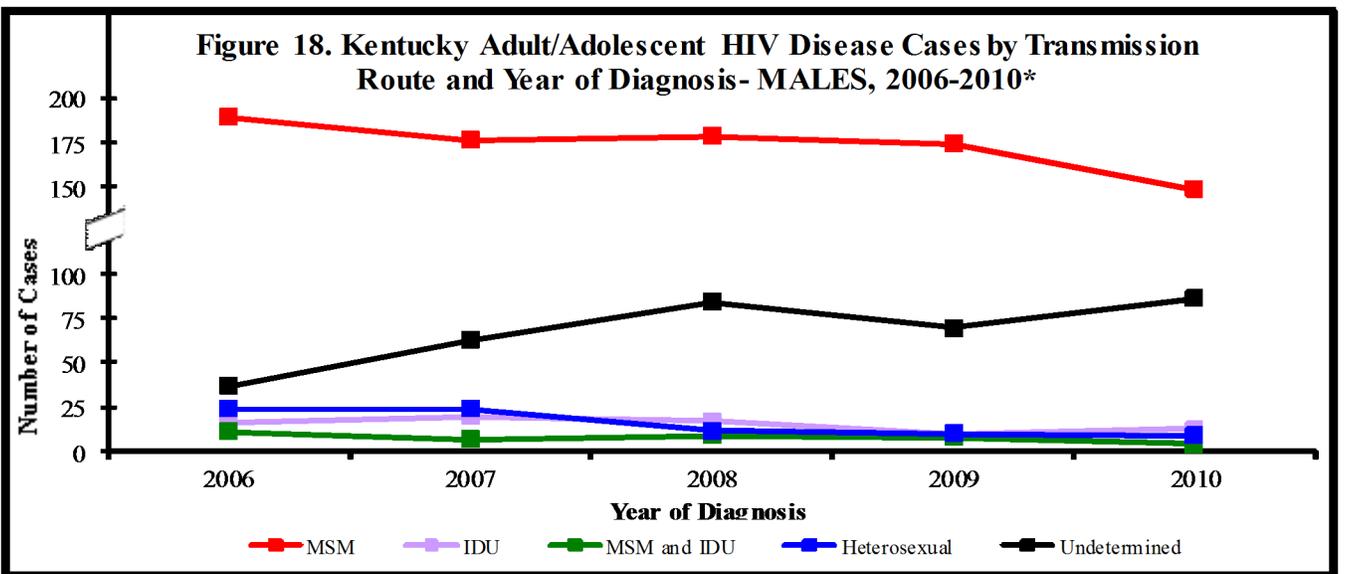
Figure 16 presents diagnosis rates from 2006 through 2010 for blacks and whites by sex. Black males and black females had consistently higher rates of new infection in comparison to their white counterparts. The HIV diagnosis rate among black males fluctuated between 5.7 to 9.1 times higher than that of white males. The rate among black females was 7.6 to 20.6 times higher than that of white females over the most recent five years.

Trends in HIV Disease Diagnosis Rates in Kentucky by Route of Transmission and Sex, 2006-2010

Females



Males



*Data subject to change due to reporting delays. Data for 2011 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 risk or HIV status. See terminology on page 3.

Figure 17 shows female Kentucky adult/adolescent HIV cases by transmission route and year of diagnosis. The number of new female cases reporting heterosexual contact was highest in 2006 and 2007 (Figure 17) and as it decreased, the number of females reporting female heterosexual contact 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, they are re-classified as FHC. The number of new female cases reporting IDU as the primary route of transmission remained fairly steady through 2009.

In Figure 18, which depicts trends for adult/adolescent males, MSM accounted for the largest number of cases diagnosed each year from 2006 to 2010, with slight decreases each year. The number of males reporting IDU as the primary route of transmission increased in 2007 to 20 cases but dropped since then. New male adult/adolescent HIV cases that were attributed to heterosexual contact were similar in 2006 and 2007 (24 cases) but have decreased since. For both sexes, the number of cases with an undetermined transmission route is increasing. Please note the break in y-axis in Figure 18.

Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians, through June 30, 2012

	Time from HIV Diagnosis to AIDS Diagnosis (Days)	N	%
HIV without AIDS*			
	HIV without AIDS*	2,885	34%
HIV with AIDS**			
	0 - 30 Days†	2,553	45%
	31 - 60 Days	309	5%
	61 - 90 Days	168	3%
	91 -365 Days	417	7%
	>365 Days	2,181	39%
	AIDS Subtotal	5,628	66%
Total‡		8,513	

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

**Includes HIV disease cases that had progressed to AIDS as of June 30, 2012.

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

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

As of June 30, 2012, there were 8,513 cumulative HIV infections diagnosed among Kentuckians, of whom 66% had progressed to AIDS by that date. Of the 5,628 infections that had progressed to AIDS, almost half (45%) were diagnosed concurrently within 30 days of the initial HIV diagnosis (Table 18).

According to Centers for Disease Control and Prevention (CDC)¹, late testers are those who have AIDS diagnosed within one year of initial HIV diagnosis. As of June 30, 2012, 3,447, or 40% of cumulative infections diagnosed in Kentucky were late testers.

Time to AIDS Diagnosis (Days)	N	%
0 - 30 Days†	949	60%
31 - 60 Days	140	9%
61 - 90 Days	72	5%
91 - 365 Days	133	8%
>365 Days	282	18%
Total	1576	100%

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

Within the most recent 10.5 year period for which data are available (January 1, 2002 through June 30, 2012), a total of 3,423 HIV infections were diagnosed among Kentuckians, with 1576 (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. Sixty percent of the 1,576 AIDS cases diagnosed during this period progressed to a diagnosis of AIDS within 30 days of the initial HIV diagnosis.

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

Concurrent Diagnoses by Selected Characteristics, 2002-2012*, Kentucky

Table 20. Kentucky HIV Infections Diagnosed in the Most Recent 10.5 Year Period (January 1, 2002- June 30, 2012) 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**

Characteristics	HIV with Concurrent AIDS Diagnosis***		HIV Without Concurrent AIDS Diganosis**		Total HIV Disease Diagnoses*	
	N	% ⁽¹⁾	N	% ⁽¹⁾	N	% ⁽¹⁾
<u>SEX</u>						
Male	770	81%	1970	80%	2740	80%
Female	179	19%	504	20%	683	20%
<u>AGE AT DIAGNOSIS</u>						
<13	5	1%	21	1%	26	1%
13-19	9	1%	155	6%	164	5%
20-29	148	16%	800	32%	948	28%
30-39	291	31%	677	27%	968	28%
40-49	336	35%	571	23%	907	26%
50+	160	17%	250	10%	410	12%
<u>RACE/ETHNICITY- Female</u>						
White, Not Hispanic	56	31%	223	44%	279	41%
Black, Not Hispanic	100	56%	241	48%	341	50%
Hispanic	17	9%	28	6%	45	7%
Other/Unknown	6	3%	12	2%	18	3%
<u>RACE/ETHNICITY- Male</u>						
White, Not Hispanic	484	63%	1103	56%	1587	58%
Black, Not Hispanic	200	26%	735	37%	935	34%
Hispanic	76	10%	103	78%	179	7%
Other/Unknown	10	1%	29	1%	39	1%
<u>TRANSMISSION CATEGORY</u>						
MSM ⁽²⁾	417	44%	1286	52%	1703	50%
IDU ⁽³⁾	103	11%	164	7%	267	8%
MSM and IDU	28	3%	59	2%	87	3%
Heterosexual ⁽⁴⁾	160	17%	327	13%	487	14%
Female Heterosexual ⁽⁵⁾	46	5%	145	6%	191	6%
Perinatal	5	1%	21	1%	26	1%
Hemophilia/Transfusion	0	0%	1	<1%	1	<1%
Undetermined ⁽⁶⁾	190	20%	471	19%	661	19%
TOTAL	949	100%	2474	100%	3423	100%

*January 1, 2002 through June 30, 2012.

**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.

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

(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) "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 remain undetermined after investigation.

Concurrent Diagnoses by Selected Characteristics, 2001-2011*, Kentucky (Narrative)

Table 20 (page 28) examines the distribution of HIV infections among Kentuckians diagnosed between January 1, 2002, and June 30, 2012, 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 diagnosis, and for all cases diagnosed within the 10.5 year period.

The distribution of cases diagnosed over the most recent 10.5 years by sex shows a similar trend 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 a little older (35% aged 40-49 years) than their non-concurrent counterparts (32% 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 black females (56%), 31% were white females and 9% were Hispanic females. However, among males, the majority of concurrent diagnoses were white (63%). Twenty six percent were black males and 10% were 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 number of cases is 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 infections reporting male to male sexual contact as the mode of transmission (44%), followed by 17% among persons reporting heterosexual exposure. There were only five children (<13 years at diagnosis) reported with a concurrent diagnosis. Almost a quarter (20%) of infections 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.

Concurrent HIV Infections by Kentucky Area Development District (ADD)

Figure 19. Number of HIV Disease Diagnoses within each Kentucky Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 years, January 1, 2002—June 30, 2012

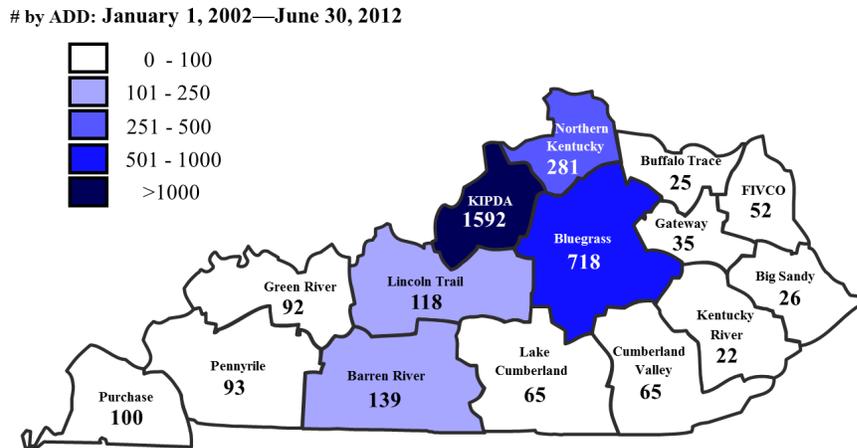


Figure 19 examines the total number of HIV infections diagnosed between January 1, 2002 and June 30, 2012 by ADD. Data represent the total number of HIV infections in each ADD, regardless of disease progression status. The highest number of infections (1592, 47%) diagnosed in this period occurred in residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of infections (718, 21%) occurred in residents of the Bluegrass ADD at the time of diagnosis. The ADD's in eastern Kentucky had the lowest number of HIV infections diagnosed and reported during this period.

Figure 20. Percentage of Concurrent HIV Disease Diagnoses within each Kentucky Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2002 – June 30, 2012

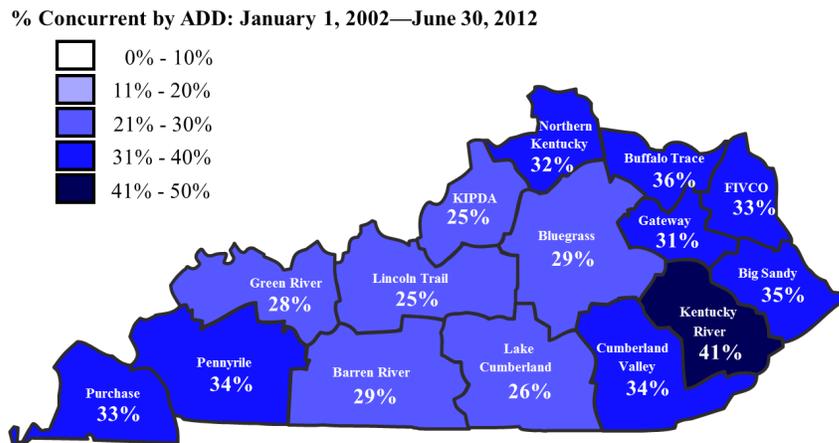


Figure 20 shows the percentage of total HIV infections within each ADD that were concurrently diagnosed with AIDS within 30 days of initial HIV diagnosis, between January 1, 2002 and June 30, 2012. The percentage of concurrent HIV and AIDS infections diagnosed ranged from 25% to 41% among the ADDs. The ADDs with the highest proportion of concurrent HIV and AIDS infections were in the eastern Kentucky region: the Kentucky River and Buffalo Trace ADDs (41% and 36% respectively). However, some ADDs had a small number of cases, so percentages should be interpreted with caution. The Big Sandy, Cumberland Valley, FIVCO, Purchase and Pennyrite ADDs had at least a third of their cases diagnosed concurrently.

Concurrent HIV Infections by Kentucky Care Coordinator Region

Figure 21. Number of HIV Disease Diagnoses within each Kentucky Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent Ten Years, January 1, 2002--June 30, 2012

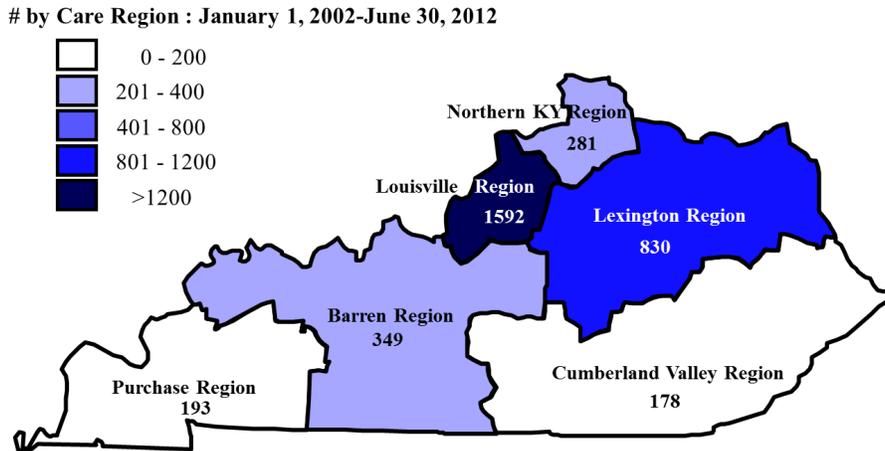


Figure 21 shows the total number of HIV infections diagnosed between January 1, 2002 and June 30, 2012 by Care Coordinator region. Counties served by each region are presented on page 31. Data represent the total number of HIV infections in each region, regardless of disease progression status. The highest number of infections (1592, 47%) diagnosed in this period occurred in residents of the Louisville region. The second highest number of infections (830, 24%) occurred in residents of the Lexington region.

Figure 22. Percentage of Concurrent HIV Disease Diagnoses within each Kentucky Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent Ten Years, January 1, 2002--June 30, 2012

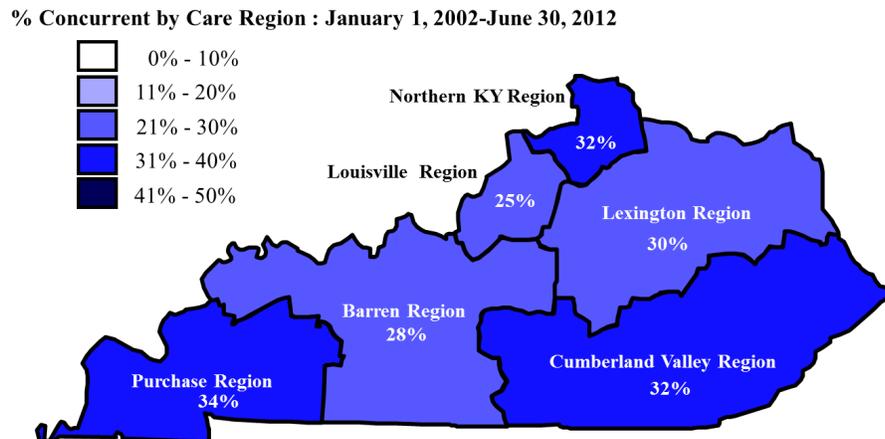


Figure 22 shows the percentage of total HIV infections within each care region that were concurrently diagnosed with AIDS within 30 days of initial HIV diagnosis, between January 1, 2002 and June 30, 2012. The percentage of concurrent HIV and AIDS infections diagnosed ranged from 25% to 34%. In all regions, a quarter or more of infections diagnosed within the jurisdiction were concurrent diagnoses, with the highest proportions of concurrent HIV and AIDS infections residing in the Purchase region (34%), Cumberland Valley region and Northern Kentucky region: 32% each. Cases diagnosed concurrently likely did not get tested near time of initial infection, or did not enroll into care until substantial time had passed, as indicated by disease progression to AIDS within a 30 day period.

Kentucky's HIV Care Coordinator Regions

Barren Region	Matthew 25 452 Old Corydon Road Henderson, KY 42420 (270) 826-0200 (877) 428-1231 fax: (270) 826-0212	Counties Covered:			
		Allen Barren Breckinridge Butler Daviness Edmonson	Grayson Hancock Hardin Hart Henderson Larue	Logan McLean Marion Meade Metcalfe Monroe	Nelson Ohio Simpson Union Warren Washington Webster
Cumberland Valley Region	Cumberland Valley Dist. HD PO Box 158 Manchester Square Shopping Ctr 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
Lexington Region	Bluegrass Care Clinic, UK 740 S. Limestone, K512 UK Medical Center Lexington, KY 40536 (859) 323-5544 fax: (859) 323-1694	Counties Covered:			
		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
Louisville Region	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
Northern Kentucky Region	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
Purchase Region	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 or (800) 420-7431

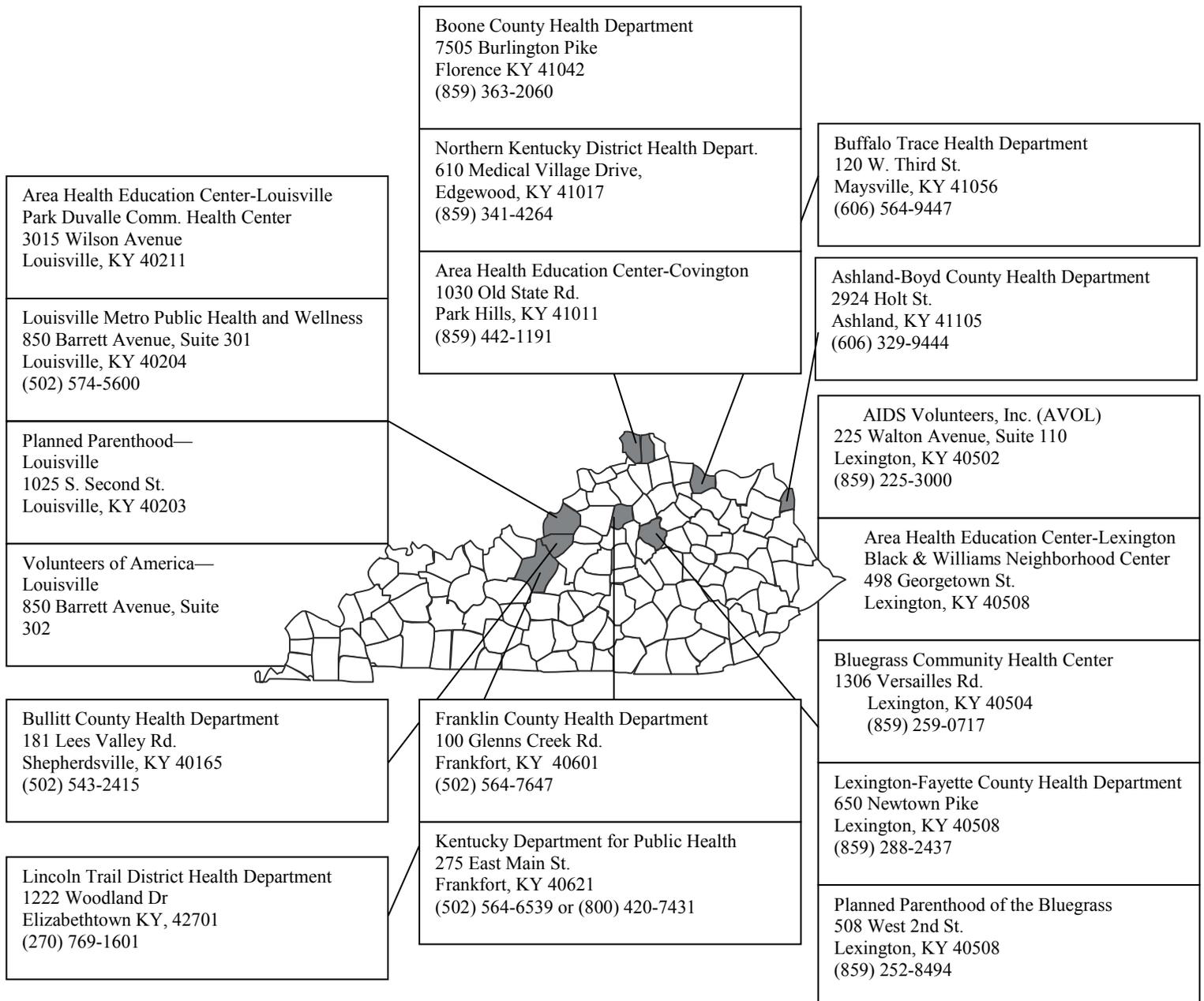
HIV Counseling and Testing Sites

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 grant 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 3558.

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.**

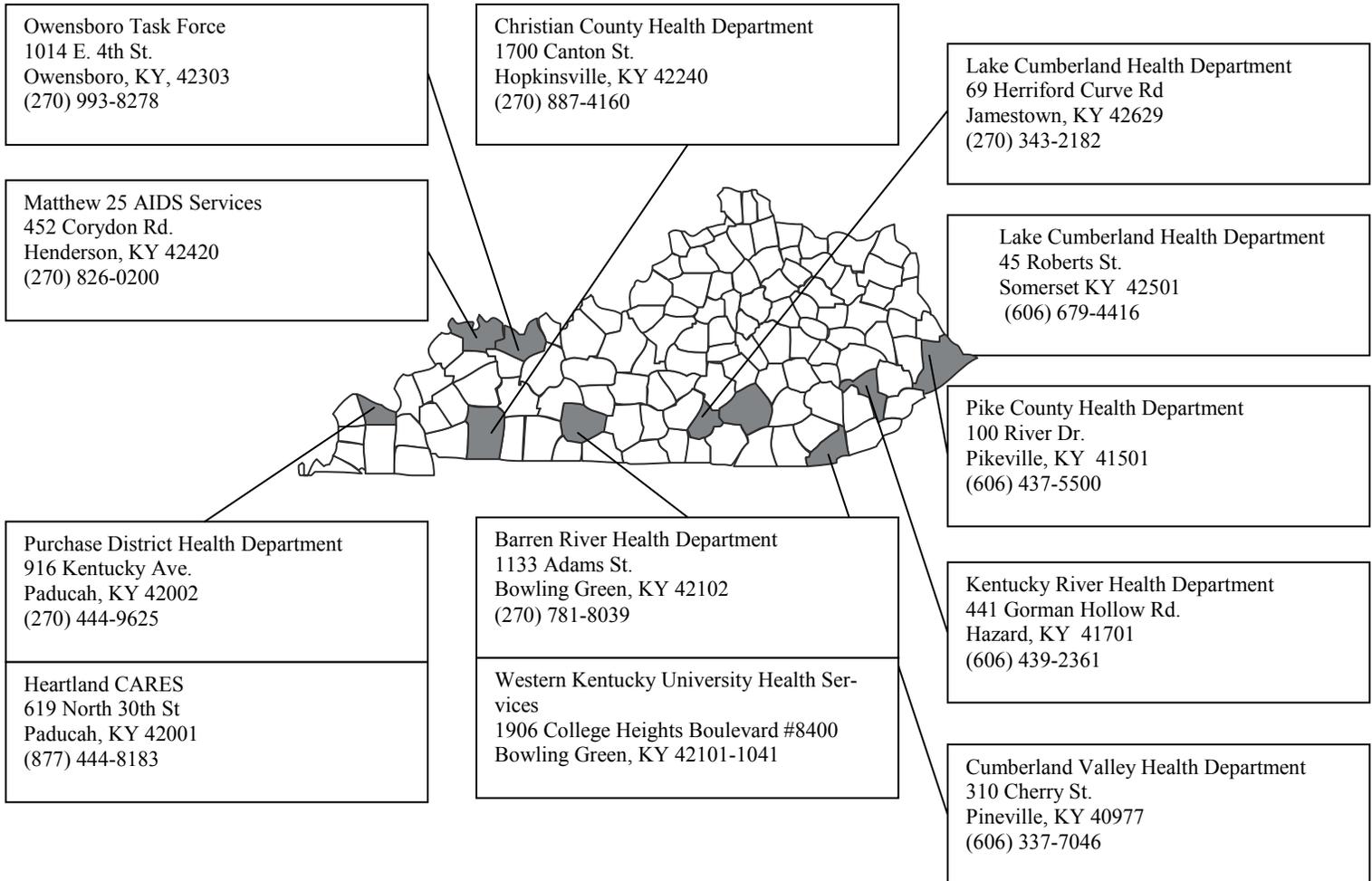


*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **IS NOT** an all inclusive list of testing centers in the Commonwealth of Kentucky.

HIV Counseling and Testing Sites

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.**



*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