



HIV/AIDS

Semi-Annual Report

December 2008

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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Janie Miller
Secretary

Dear Reader:

Enclosed you will find the December 2008 issue of the HIV/AIDS Semi-Annual Report for Kentucky. As of December 31, 2008, there have been 5,015 AIDS cases reported in Kentucky, of whom 2,707 are presumed to be currently living with AIDS.

There have been a total of 1,415 HIV infections diagnosed and reported between January 1, 2005 and December 31, 2008. The HIV/AIDS Surveillance Program is continuing to evaluate HIV cases previously reported under the old code-based identification system. Therefore, estimates of those living with HIV infection in Kentucky are not available. At this time, data presented on HIV infections is limited to a small section near the end of the report. Over time, we will continue to increase the amount of HIV data in the report. Please carefully read the information about the data source and technical notes on pages 3 and 4 for further information about interpreting the data presented.

The data presented in this report are available on our Web site at <http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm>. Only the December edition of the Semi-Annual Report will now be available in hard copy. However, you can receive e-mail updates when new HIV/AIDS statistical reports are released online. For a subscription to receive these e-mail updates, please send a blank e-mail to the following address: subscribe-dph-semiannualreport@listserv.ky.gov.

Sincerely,

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Data Source

The HIV/AIDS Semi-Annual Report presents data regarding AIDS cases diagnosed and reported to the Kentucky Department for Public Health HIV/AIDS Surveillance Program through December 31, 2008. In this edition, data regarding HIV cases diagnosed and reported between January 1, 2005 and December 31, 2008 will be presented. 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 used in the calculation of rates were obtained from the Kentucky State Data Center, source: Population Division, U.S. Census Bureau. December 22, 2008. Available at <http://ksdc.louisville.edu/kpr/popest/est.htm>. Accessed February 15, 2009.

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 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

Date of Report: The date HIV infection or AIDS diagnosis is reported to the Kentucky HIV/AIDS Surveillance Program.

Date of Diagnosis: The date HIV infection or AIDS 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 14% of the total white blood cells (lymphocytes).

Transmission Category: Classification used to summarize the risk factor most likely responsible for disease transmission. Each case is only included in a single transmission category.

- ◆ **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.
- ◆ **High-Risk Heterosexual Contact (HRH)**: A person reporting heterosexual relations with an injection drug user, a bisexual male (females only), a person with hemophilia/coagulation disorder, or a person with documented HIV infection.
- ◆ **Hemophilia**: Individuals receiving clotting factor for hemophilia/coagulation disorder.
- ◆ **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.
- ◆ **Perinatal**: Individuals born to a mother with HIV or a mother with an exposure history listed in the transmission category hierarchy.
- ◆ **Undetermined/No Identified Risk (NIR)**: Individuals reporting no exposure history to HIV through any of the modes listed in the transmission category hierarchy.

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 numbers for the most recent years of diagnosis may not be complete and therefore the data from 2008 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- Data are presented based on the residence at the time HIV infection was diagnosed. Therefore, no data are available to determine the number of people who are currently living with HIV infection in Kentucky, but were originally diagnosed in another state. Data presented on living cases reflect those originally diagnosed 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, and routine matches with Kentucky death certificates.
4. Transmission Category- Despite possible existence of multiple methods through which HIV was transmitted, cases are assigned a single most likely transmission category 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 category. Currently, surveillance data is 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.
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. When the population size for the smallest unit of analysis presented is less than 1,000 and the cell size is less than or equal to five, the specific number will not be released. Information on any geographic region lower than the county level will not be released. 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 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. 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 not diagnosed with AIDS during the same calendar month as the initial HIV diagnosis. Concurrent diagnosis with AIDS includes those newly diagnosed with HIV and AIDS during the same calendar month. See "Key Terminology" on page 3 for a description of how HIV and AIDS are diagnosed.

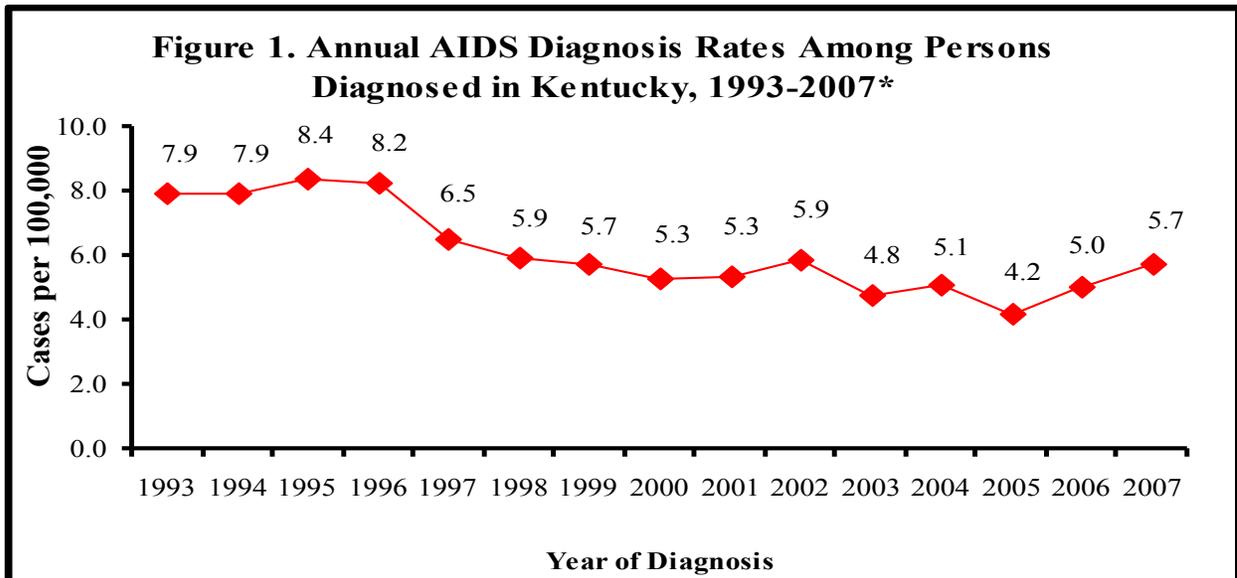
AIDS Cases in Kentucky

As of December 31, 2008, there have been a total of 5,015 AIDS cases reported in Kentucky to the Department for Public Health’s HIV/AIDS Surveillance Program since 1982. Of these reported cases, 2,707 are still presumed to be living. In 2007, there were 242 new AIDS cases diagnosed. As of December 31, 2008, 216 new AIDS cases have been diagnosed and reported to the Kentucky HIV/AIDS Surveillance Program for 2008 (Table 1). The annual AIDS diagnosis rate among persons in Kentucky shows a trend by year of diagnosis (Figure 1). The annual AIDS diagnosis rate has remained fairly steady from 2000 to 2007, with slight fluctuations.

Table 1. AIDS Cases by Year of Diagnosis

Year of Diagnosis	Number of Cases
1993	303
1994	306
1995	326
1996	323
1997	258
1998	237
1999	230
2000	213
2001	217
2002	241
2003	196
2004	211
2005	176
2006	212
2007	242
2008	216

*Data reported through December 31, 2008



*Data are current as of December 31, 2008. However, data for 2008 are considered provisional due to reporting delays and are not presented in trend analysis.

Annual AIDS Diagnosis Rate per 100,000⁽¹⁾ A Comparison of Kentucky to Other States, 2007

Table 2. Annual AIDS Diagnosis Rate by State

Rank	Area of Residence	Rate
1	District of Columbia	148.1
2	New York	24.9
3	Maryland	24.8
4	Florida	21.7
5	Louisiana	20.5
6	Delaware	19.8
7	Georgia	19.7
8	South Carolina	16.8
9	Connecticut	15.1
10	Pennsylvania	14.1
11	California	13.5
12	New Jersey	13.4
13	Nevada	13.1
14	Texas	12.4
15	Mississippi	12.1
16	North Carolina	11.3
17	Tennessee	10.7
18	Illinois	10.5
19	Massachusetts	9.5
20	Arizona	9.2
21	Missouri	9.2
22	Alabama	8.4
23	Virginia	8.2
24	Colorado	7.3
25	Oklahoma	7.3

Rank	Area of Residence	Rate
26	Arkansas	6.9
27	Kentucky	6.9
28	Washington	6.6
29	Oregon	6.4
30	Rhode Island	6.2
31	Michigan	6.2
32	Hawaii	6.1
33	Ohio	6.1
34	New Mexico	5.7
35	Indiana	5.2
36	Kansas	4.8
37	Alaska	4.7
38	Nebraska	4.5
39	West Virginia	4.2
40	New Hampshire	3.9
41	Minnesota	3.8
42	Wisconsin	3.6
43	Maine	3.5
44	Utah	2.6
45	Montana	2.6
46	Wyoming	2.5
47	Iowa	2.5
48	South Dakota	1.9
49	Idaho	1.5
50	North Dakota	1.3
51	Vermont	1.0

(1) U.S. rates from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States, 2007:19*

United States AIDS Diagnosis Rate:	12.4
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Cumulative AIDS Statistics: Kentucky vs. The United States

Table 3. Kentucky AIDS Cases Cumulative through December 31, 2008

Characteristics	Total Cases	% of AIDS cases ⁽¹⁾
SEX		
Male (adult/adolescent)	4,199	84%
Female (adult/adolescent)	782	16%
Child (<13 yrs)	34	1%
TOTAL	5,015	100%
AGE AT DIAGNOSIS		
<13	34	1%
13-24	283	6%
25-44	3,650	73%
45-64	1,001	20%
65+	47	1%
TOTAL	5,015	100%
RACE/ETHNICITY		
White, Not Hispanic	3,238	65%
Black, Not Hispanic	1,582	32%
Hispanic	168	3%
Other/Unknown	27	1%
TOTAL*	5,015	100%
TRANSMISSION CATEGORY		
MSM ⁽²⁾	2,730	54%
IDU ⁽³⁾	667	13%
MSM/IDU	289	6%
Heterosexual	766	15%
Perinatal	29	1%
Other/Undetermined ⁽⁴⁾	534	11%
TOTAL	5,015	101%

(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.

Kentucky's distribution of AIDS cases by age at diagnosis (Table 3) closely parallels that of the U.S. distribution (Table 4). However, compared to U.S. data, the percentage of cases who are white is greater in Kentucky. This could be due to the greater percentage of white persons in Kentucky's general population.

Table 4. Estimated United States AIDS Cases Cumulative through 2007⁽⁵⁾

Characteristics	Total Cases ⁽⁶⁾	% of AIDS cases ⁽¹⁾
SEX		
Male (adult/adolescent)	810,676	80%
Female (adult/adolescent)	198,544	19%
Child (<13 yrs)	9,209	1%
TOTAL†	1,018,429	100%
AGE AT DIAGNOSIS		
<13	9,209	1%
13-24	45,433	4%
25-44	719,221	71%
45-64	228,713	22%
65+	15,853	2%
TOTAL†	1,018,429	100%
RACE/ETHNICITY		
White, Not Hispanic	404,465	40%
Black, Not Hispanic	426,003	42%
Hispanic	169,138	17%
Other	11,724	1%
TOTAL†	1,011,330	100%
TRANSMISSION CATEGORY		
MSM ⁽²⁾	487,695	48%
IDU ⁽³⁾	255,859	25%
MSM/IDU	71,242	7%
Heterosexual	176,157	17%
Perinatal	8,434	1%
Other/Undetermined	19,041	2%
TOTAL†	1,018,428	100%

(5) U.S. cases from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States*, 2007: 19.

(6) These numbers do not represent actual cases, rather they are point estimates which have been adjusted for reporting delay and for redistribution of cases originally reported with unknown risk.

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

In addition, a greater percentage of Kentucky AIDS cases report their primary mode of exposure to be men having sex with men (MSM) at 54% in comparison to 48% of U.S. AIDS cases.

Table 5. Cumulative and Living AIDS Cases By Area Development District (ADD) and County at Time of Diagnosis

ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS
Barren River	177	86
Allen	12	8
Barren	23	7
Butler	1	1
Edmonson	3	2
Hart	6	3
Logan	19	10
Metcalfe	4	0
Monroe	9	5
Simpson	8	4
Warren	92	46
Big Sandy	44	25
Floyd	13	9
Johnson	7	3
Magoffin	2	1
Martin	4	4
Pike	18	8
Bluegrass	955	553
Anderson	10	3
Bourbon	11	5
Boyle	19	15
Clark	22	14
Estill	4	0
Fayette	671	384
Franklin	50	26
Garrard	7	5
Harrison	8	5
Jessamine	26	14
Lincoln	10	5
Madison	42	25
Mercer	16	8
Nicholas	1	1
Powell	8	6
Scott	29	21
Woodford	21	16

(1) Total cases both living and deceased
 Note: Residence at diagnosis missing for 5 cases

ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS
Buffalo Trace	36	20
Bracken	4	2
Fleming	5	3
Lewis	11	5
Mason	16	10
Robertson	0	0
Cumberland Valley	99	55
Bell	13	10
Clay	19	16
Harlan	11	3
Jackson	4	1
Knox	7	4
Laurel	22	10
Rockcastle	4	2
Whitley	19	9
FIVCO	86	48
Boyd	52	32
Carter	12	7
Elliott	3	2
Greenup	13	5
Lawrence	6	2
Gateway	52	34
Bath	4	2
Menifee	2	1
Montgomery	15	14
Morgan	21	10
Rowan	10	7
Green River	165	88
Daviess	84	43
Hancock	4	1
Henderson	43	28
McLean	3	1
Ohio	10	6
Union	16	8
Webster	5	1

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Table 5. Cumulative and Living AIDS Cases By Area Development District (ADD) and County at Time of Diagnosis (continued)

ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS	ADD/County	Total AIDS Cases ⁽¹⁾	Living with AIDS
Kentucky River	47	30	Northern Kentucky	419	223
Breathitt	4	4	Boone	59	35
Knott	1	0	Campbell	82	41
Lee	6	5	Carroll	8	4
Leslie	3	1	Gallatin	3	2
Letcher	16	8	Grant	18	9
Owsley	3	3	Kenton	241	124
Perry	10	7	Owen	3	3
Wolfe	4	2	Pendleton	5	5
KIPDA/North Central	2337	1218	Pennyrile	198	97
Bullitt	16	7	Caldwell	14	8
Henry	12	5	Christian	76	45
Jefferson	2131	1113	Crittenden	4	2
Oldham	138	70	Hopkins	30	8
Shelby	29	16	Livingston	10	5
Spencer	5	3	Lyon	16	7
Trimble	6	4	Muhlenberg	22	8
Lake Cumberland	66	37	Todd	18	9
Adair	3	2	Trigg	8	5
Casey	2	0	Purchase	188	106
Clinton	4	2	Ballard	7	4
Cumberland	3	3	Calloway	22	11
Green	3	1	Carlisle	2	1
McCreary	3	2	Fulton	6	3
Pulaski	30	14	Graves	22	11
Russell	6	4	Hickman	3	2
Taylor	6	4	Marshall	14	8
Wayne	6	5	McCracken	112	66
Lincoln Trail	141	82			
Breckinridge	9	5			
Grayson	10	5			
Hardin	81	49			
Larue	1	0			
Marion	8	4			
Meade	15	11			
Nelson	14	6			
Washington	3	2			

(1) Total cases both living and deceased
 Note: Residence at diagnosis missing for 5 cases

Table 6. AIDS Cases and Diagnosis Rates by Year of Diagnosis and Area Development District (ADD) of Residence at Time of Diagnosis

DISTRICT	CASES & RATES⁽¹⁾	1982-2002	2003	2004	2005	2006	2007	2008⁽²⁾	TOTAL CASES⁽³⁾	%
1. Purchase	Cases	135	12	9	3	10	13	6	188	4%
	Rate per 100,000		6.2			5.1	6.7			
2. Pennyrite	Cases	159	8	6	6	5	6	8	198	4%
	Rate per 100,000									
3. Green River	Cases	126	8	9	2	5	9	6	165	3%
	Rate per 100,000									
4. Barren River	Cases	125	5	11	8	9	7	12	177	4%
	Rate per 100,000			4.2						
5. Lincoln Trail	Cases	106	5	6	6	5	7	6	141	3%
	Rate per 100,000									
6. KIPDA/ North Central	Cases	1758	90	90	80	92	122	105	2337	47%
	Rate per 100,000		10.1	10.0	8.9	10.1	13.2			
7. Northern Kentucky	Cases	314	16	26	16	17	10	20	419	8%
	Rate per 100,000		4.0	6.3	3.9	4.0	2.3			
8. Buffalo Trace	Cases	25	1	1	5	0	1	3	36	1%
	Rate per 100,000									
9. Gateway	Cases	38	4	0	2	2	4	2	52	1%
	Rate per 100,000									
10. FIVCO	Cases	63	3	3	2	5	7	3	86	2%
	Rate per 100,000									
11. Big Sandy	Cases	33	3	1	1	0	3	3	44	1%
	Rate per 100,000									
12. Kentucky River	Cases	34	2	0	0	4	5	2	47	1%
	Rate per 100,000									
13. Cumberland Valley	Cases	76	3	4	5	3	5	3	99	2%
	Rate per 100,000									
14. Lake Cumberland	Cases	47	4	2	2	6	2	3	66	1%
	Rate per 100,000									
15. Bluegrass	Cases	721	31	43	38	47	41	34	955	19%
	Rate per 100,000		4.4	6.0	5.2	6.4	5.5			
TOTAL CASES		3,760	195	211	176	210	242	216	5,010	100%

(1) Rates are only listed for years of diagnosis 2003 - 2007. Data for 2008 are provisional due to reporting delay and are subject to change. Due to the small numbers of AIDS cases reported in some ADDs, please interpret the corresponding rates with caution. Rates are not published when cell size is less than 10.

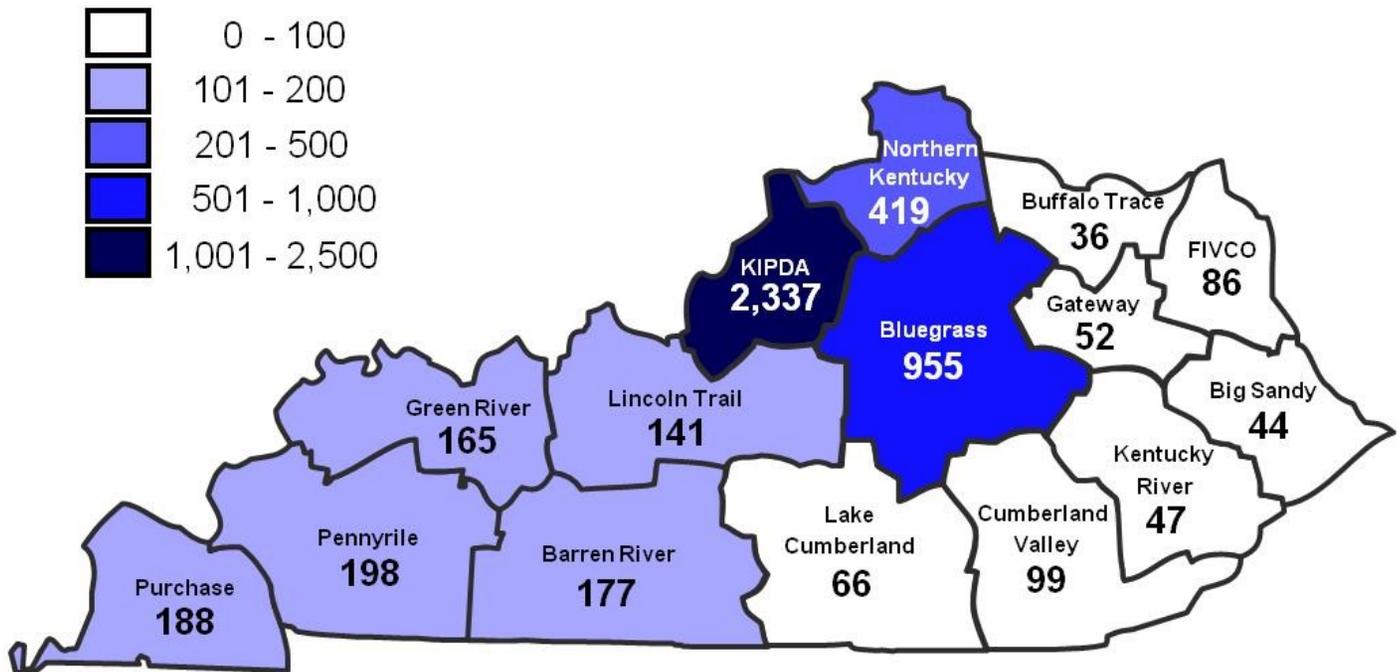
(2) Data reported through December 31, 2008.

(3) Total AIDS Cases both Living and Deceased; Total AIDS cases reported are 5,015—5 AIDS cases with unknown residential information.

Cumulative AIDS Statistics by Area Development District (ADD)

Figure 2. Cumulative AIDS Cases by Area Development District (ADD) of Residence at Time of Diagnosis through December 31, 2008

Cumulative AIDS Diagnoses by ADD



The largest number of AIDS cases (n=2,337, 47%) were residing in the KIPDA ADD, which includes the city of Louisville, at the time of diagnosis (Figure 2). The Bluegrass ADD, which includes the city of Lexington, has the second largest number of AIDS cases (n=955, 19%) diagnosed in Kentucky, followed by the Northern Kentucky ADD with the third largest number of AIDS cases (n=419, 8%) diagnosed in Kentucky.

Adult/Adolescent AIDS Cases

Table 7. Adult/Adolescent⁽¹⁾ AIDS Cases by Year of Diagnosis

Characteristics	1982-02	%	2003	%	2004	%	2005	%	2006	%	2007	%	2008 ⁽²⁾	%	Total
SEX															
Male	3219	86%	148	76%	167	80%	139	79%	165	78%	188	78%	173	80%	4199
Female	513	14%	47	24%	42	20%	36	21%	47	22%	54	22%	43	20%	782
TOTAL⁽³⁾	3732	100%	195	100%	209	100%	175	100%	212	100%	242	100%	216	100%	4981
AGE AT DIAGNOSIS															
13-19	28	1%	1	1%	1	0%	1	1%	0	0%	1	0%	4	2%	36
20-29	694	19%	38	19%	33	16%	23	13%	33	16%	36	15%	39	18%	896
30-39	1711	46%	59	30%	75	36%	64	37%	63	30%	85	35%	68	31%	2125
40-49	937	25%	70	36%	79	38%	62	35%	74	35%	82	34%	70	32%	1374
50+	362	10%	27	14%	21	10%	25	14%	42	20%	38	16%	35	16%	550
TOTAL⁽³⁾	3732	100%	195	100%	209	100%	175	100%	212	100%	242	100%	216	100%	4981
RACE/ETHNICITY															
White, Not Hispanic	2534	68%	111	57%	124	59%	100	57%	112	53%	124	51%	119	55%	3224
Black, Not Hispanic	1103	30%	72	37%	70	33%	60	34%	83	39%	93	38%	81	38%	1562
Hispanic	81	2%	8	4%	14	7%	14	8%	15	7%	23	10%	13	6%	168
Other/Unknown	13	0%	4	2%	1	0%	2	1%	2	1%	2	1%	3	1%	27
TOTAL⁽³⁾	3731	100%	195	100%	209	100%	176	100%	212	100%	242	100%	216	100%	4981
TRANSMISSION CATEGORY															
MSM ⁽⁴⁾	2145	57%	92	47%	102	49%	89	51%	96	45%	103	43%	103	48%	2730
IDU ⁽⁵⁾	512	14%	33	17%	34	16%	16	9%	24	11%	28	12%	20	9%	667
MSM and IDU	238	6%	11	6%	19	9%	5	3%	7	3%	6	2%	3	1%	289
Hemophilia/Blood Disorder	83	2%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	84
Heterosexual ⁽⁶⁾	522	14%	43	22%	37	18%	48	27%	45	21%	44	18%	27	13%	766
Transfusion/Transplant	36	1%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	37
Undetermined ⁽⁷⁾	196	5%	16	8%	16	8%	17	10%	39	18%	61	25%	63	29%	408
TOTAL⁽³⁾	3732	100%	195	100%	209	100%	175	100%	212	100%	242	100%	216	100%	4981

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

(2) Data reported through December 31, 2008. 2008 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) "Undetermined" refers to persons whose mode 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 7 shows a breakdown of new AIDS diagnoses by several demographic characteristics. Trends can be monitored for the past five years, i.e. 2003-2007 but not 2008 due to reporting delays. Minorities are disproportionately impacted by AIDS as shown above. In 2007, blacks made up 7.7% of Kentucky's population, but accounted for 38% new AIDS diagnoses in the same year. Similarly, Hispanics who accounted for 2.2% of the general population in 2007, comprised 10% of new AIDS diagnoses.

Adult/Adolescent AIDS Cases

Table 8. Cumulative Adult/Adolescent⁽¹⁾ AIDS Cases By Transmission Category, Race/Ethnicity, and Sex through December 31, 2008

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	MSM ⁽³⁾	2102	73%	561	48%	56	42%	11	61%	2730	65%
	IDU ⁽⁴⁾	193	7%	240	20%	28	21%	6	33%	467	11%
	MSM and IDU	188	7%	96	8%	5	4%	0	0%	289	7%
	Hemophilia/Coagulation Disorder	74	3%	8	1%	0	0%	0	0%	82	2%
	Heterosexual ⁽⁵⁾	142	5%	143	12%	16	12%	1	6%	302	7%
	Transfusion/Transplant	18	1%	5	0%	0	0%	0	0%	23	1%
	Undetermined ⁽⁶⁾	151	5%	126	11%	29	22%	0	0%	306	7%
TOTAL	2868	100%	1179	100%	134	100%	18	100%	4199	100%	
FEMALE	IDU ⁽⁴⁾	91	26%	99	26%	8	24%	2	22%	200	26%
	Hemophilia/Coagulation Disorder	2	1%	0	0%	0	0%	0	0%	2	0%
	Heterosexual ⁽⁵⁾	211	59%	225	59%	21	62%	7	78%	464	59%
	Transfusion/Transplant	11	3%	3	1%	0	0%	0	0%	14	2%
	Undetermined ⁽⁶⁾	41	12%	56	15%	5	15%	0	0%	102	13%
	TOTAL	356	100%	383	100%	34	100%	9	100%	782	100%

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

(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) "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.

Among males, a higher proportion of cases without identified risk factors were reported among Hispanics (22%) and Black, non Hispanics (11%) than among Whites (5%). Similar trends exist among females though to a smaller extent. Among Black, non Hispanic and Hispanic females, 15% of cases were reported with no risk factors identified compared to 12% among White females. Overall, a higher percentage of cases with undetermined modes of transmission exist among females (13%) than males (7%). The existence of large percentages of cases without known modes of transmission poses a barrier to provision of an effective response to the epidemic within the groups in question, because risk factor information forms the basis for program planning, service provision and guides resource allocation.

Pediatric AIDS Cases

Table 9. Cumulative Pediatric⁽¹⁾ AIDS Cases By Risk and Race/Ethnicity through December 31, 2008

Transmission Category	White, Not Hispanic		Black, Not Hispanic		Other/Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	% ⁽²⁾
Hemophilia/Coagulation Disorder	3	21%	1	5%	0	0%	4	12%
Perinatal	10	71%	19	95%	0	0%	29	85%
Transfusion	1	7%	0	0%	0	0%	1	3%
TOTAL	14	100%	20	100%	0	0%	34	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.

Table 10. Pediatric⁽¹⁾ AIDS Cases by Year of Diagnosis

Transmission Category	1982-02	%	2003	%	2004	%	2005	%	2006	%	2007	%	2008 ⁽²⁾	%	Total	% ⁽³⁾
Hemophilia/Coagulation Disorder	4	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	12%
Perinatal	25	83%	1	100%	2	100%	1	100%	0	0%	0	0%	0	0%	29	85%
Transfusion/Transplant	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%
Total	30	100%	1	100%	2	100%	1	100%	0	0%	0	NA	0	NA	34	100%

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

(2) Data reported through December 31, 2008.

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

Overall, there have been 34 pediatric AIDS cases reported to the Kentucky HIV/AIDS surveillance program (Table 9 and Table 10) since reporting began. Thirty of these cases (88%) were diagnosed prior to 2003. The majority of reported pediatric cases were due to perinatal transmission (n= 29, 85%), 4 were reported with a primary mode of exposure due to hemophilia or coagulation disorders, and 1 was reportedly due to transfusion or transplantation (Table 10). Since 1989 there have been no pediatric cases diagnosed which reported hemophilia or coagulation disorders as the mode of exposure. The only pediatric case to report transfusion or transplantation as the risk factor was diagnosed in 1988. There have been no pediatric cases due to perinatal transmission identified after 2005.

Nineteen (95%) of the 20 pediatric AIDS cases among black, non Hispanics, were due to perinatal exposure in comparison to 10 (71%) of 14 pediatric AIDS cases among white, non Hispanics, which were due to this route of transmission. No pediatric cases have been reported among Hispanics.

Cumulative AIDS Cases

Table 11. Cumulative⁽¹⁾ AIDS Cases By Age at Diagnosis, Race/Ethnicity, and Sex through December 31, 2008

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	% ⁽²⁾
MALE	<13	7	≤1%	14	1%	0	0%	0	0%	21	0%
	13-19	17	1%	10	1%	2	1%	0	0%	29	1%
	20-29	473	16%	212	18%	39	29%	2	11%	726	17%
	30-39	1251	44%	484	41%	63	47%	6	33%	1804	43%
	40-49	801	28%	349	29%	21	16%	9	50%	1180	28%
	50+	326	11%	124	10%	9	7%	1	6%	460	11%
	TOTAL⁽²⁾	2875	100%	1193	100%	134	100%	18	100%	4220	100%
FEMALE	<13	7	2%	6	2%	0	0%	0	0%	13	2%
	13-19	4	1%	2	1%	1	3%	0	0%	7	1%
	20-29	76	21%	75	19%	16	47%	3	33%	170	21%
	30-39	145	40%	164	42%	8	24%	3	33%	320	40%
	40-49	84	23%	102	26%	6	18%	3	33%	195	25%
	50+	47	13%	40	10%	3	9%	0	0%	90	11%
	TOTAL⁽²⁾	363	100%	389	100%	34	100%	9	100%	795	100%

(1) Includes both Adult/Adolescent and Pediatric AIDS cases.

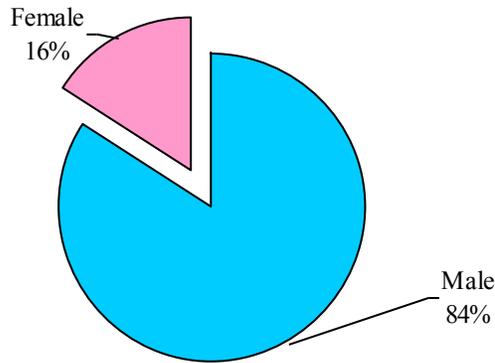
(2) Percentages may not total 100 due to rounding.

The highest proportion among all male cases were diagnosed in their 30s (43%). A higher percentage of Hispanic males were diagnosed in their 30s (47%) in comparison to the cumulative total among all males aged 30-39 (43%). Among the 20-29 year old male age group, Hispanics had the highest percentage of AIDS cases (29%) in comparison to Black males (18%) and White males (16%). The proportion of cases among Hispanic males aged 40 or older (23%) was much smaller than the total percentage of AIDS cases among all males in that age group (39%). More than half (56%) of male cases with unknown/ other race were aged 40 years or older, though these numbers are relatively small.

Similar trends exist among female racial and age groups. The highest percentage of all female AIDS cases were also diagnosed in their 30s (40%). A far higher percentage of Hispanic females were diagnosed in their 20s (47%) compared to Black females (19%) and White females (21%). Whereas the majority of Black (42%) and White (40%) females were diagnosed in their 30s, only 24% of Hispanic females were diagnosed while in that same decade of life.

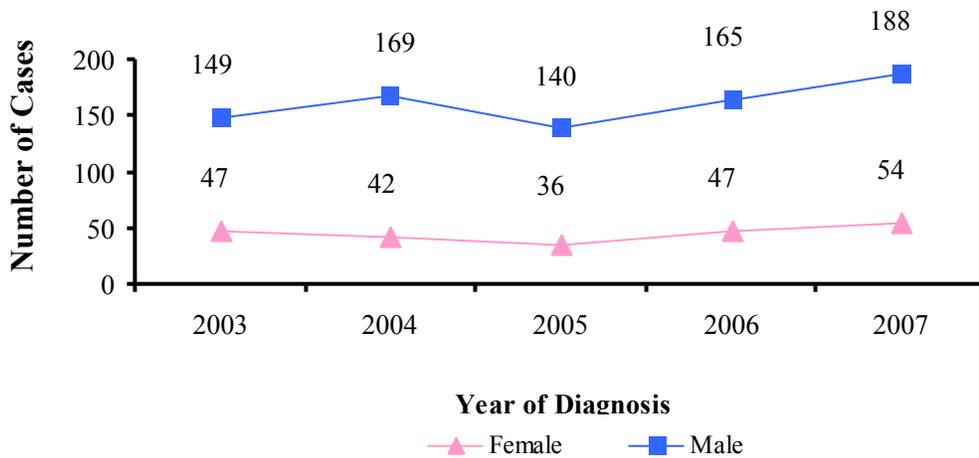
AIDS Cases in Kentucky by Sex

Figure 3. Percentage of Cumulative Kentucky AIDS Cases by Sex as of December 31, 2008



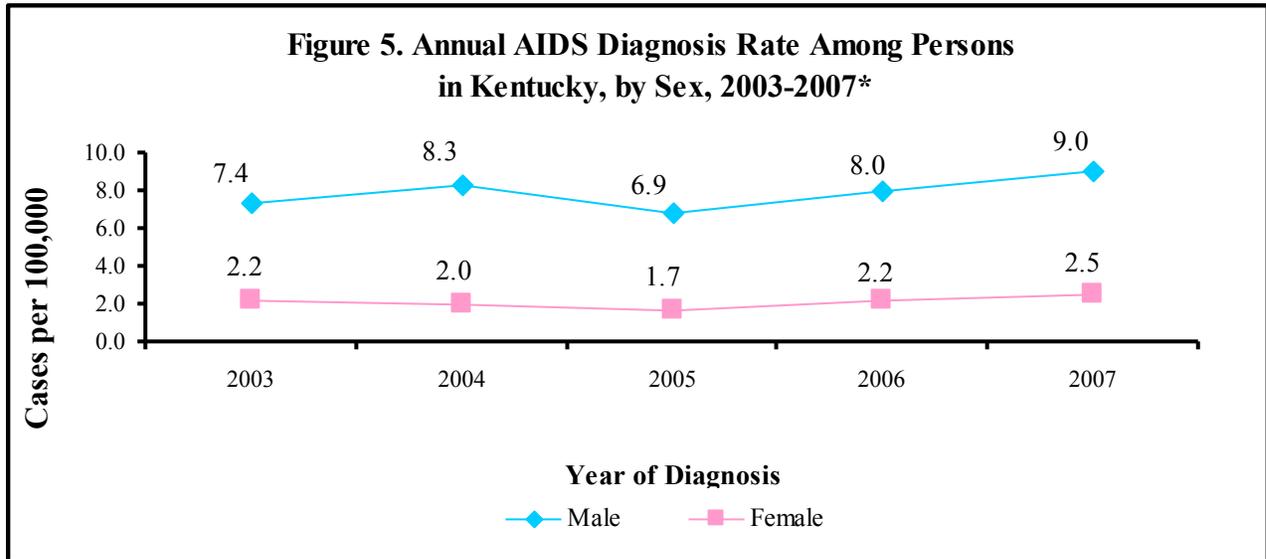
N=5,015

Figure 4. Kentucky AIDS Cases by Sex and Year of Diagnosis, 2003-2007*



*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

AIDS Diagnosis Rates in Kentucky by Sex



*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

Males represent the majority (84%) of total AIDS cases reported in Kentucky (Figure 3). On average from 2003 to 2007, the AIDS diagnosis rate among males was almost four times higher than for females (Figure 5). The number of male AIDS cases diagnosed and the yearly diagnosis rate has fluctuated from 2003 to 2007 (Figure 4 and Figure 5). The female AIDS diagnosis rate has remained fairly steady 2003 to 2007, with a slight decrease seen in 2004 and 2005. These trends will continue to be monitored as data become available.

AIDS Cases in Kentucky by Age at Diagnosis

Figure 6. Percentage of Cumulative Kentucky AIDS Cases by Age at Diagnosis as of December 31, 2008

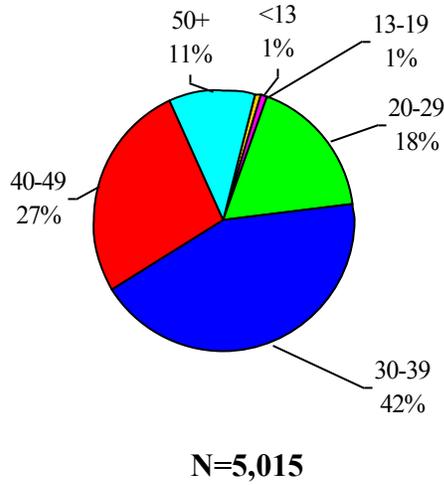
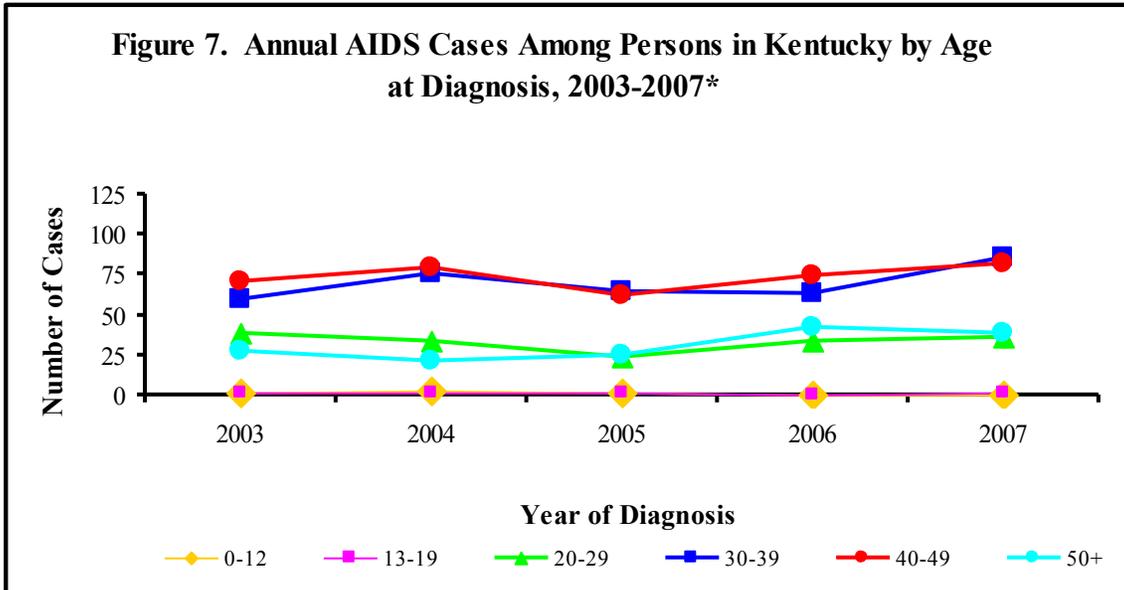
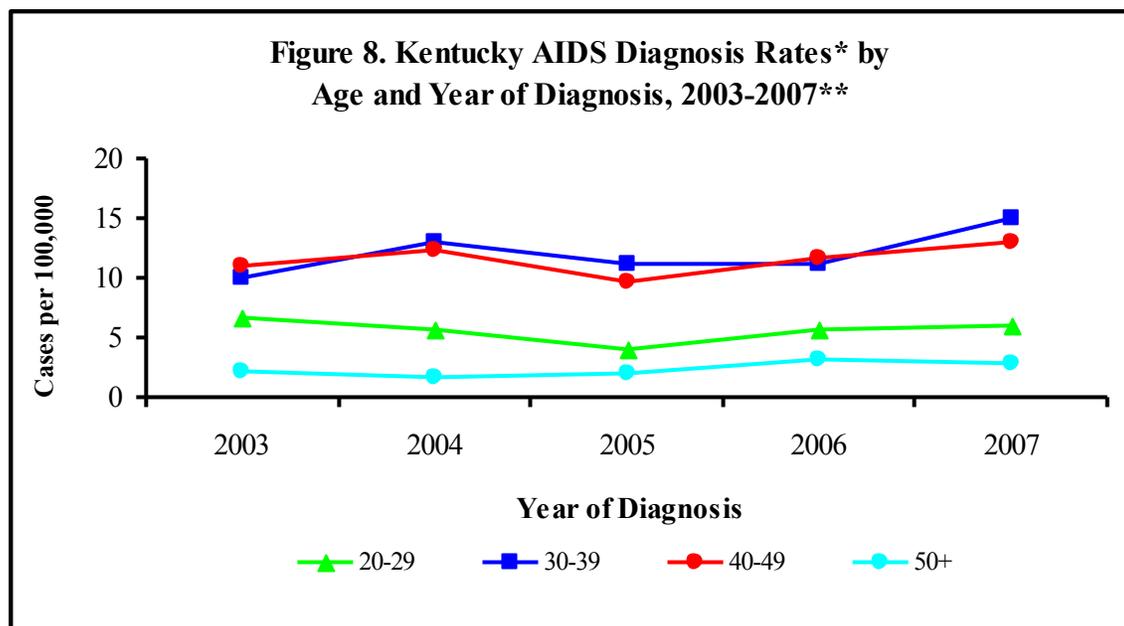


Figure 7. Annual AIDS Cases Among Persons in Kentucky by Age at Diagnosis, 2003-2007*



*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

AIDS Diagnosis Rates in Kentucky by Age at Diagnosis



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

**Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

Cumulatively, the largest percentage of AIDS cases were diagnosed in their 30s (42%), followed by those in their 40s (27%) (Figure 6). The number of AIDS cases diagnosed in those less than 20 years of age has remained low from 2003 to 2007 (Figure 7). From 2003 to 2007, the AIDS diagnosis rate has been highest among those in their 30s and 40s (Figure 8). There was a slight increase in the diagnosis rates for all age categories presented between 2005 to 2006, except among those 30 to 39 years of age. The mean age for diagnosed AIDS cases has remained approximately 38 to 41 years old from 2003 to 2007 (Table 12). The highest age at diagnosis between 2003 and 2007 was 79 years of age, which occurred in 2007.

Table 12. Age at Reported AIDS Diagnosis, Kentucky 2003-2007

Year	Highest Age	Lowest Age	Mean Age
2003	70	6	38.3
2004	69	<1	37.8
2005	67	10	39.5
2006	73	19	40.5
2007	79	18	39.3

AIDS Cases in Kentucky by Transmission Category

Figure 9. Percentage of Cumulative Kentucky Adult/Adolescent AIDS Cases by Transmission Category through December 31, 2008

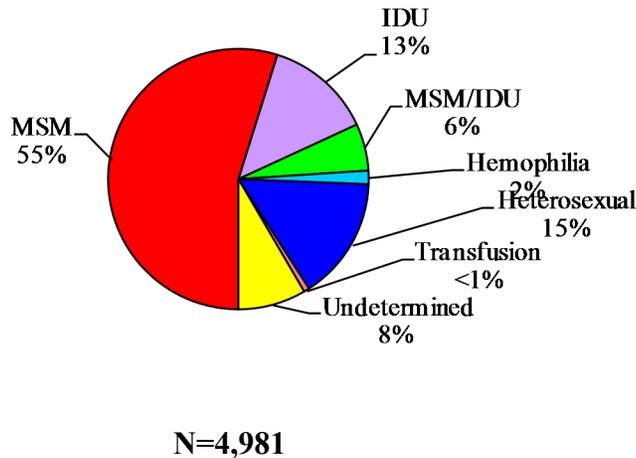


Table 13. Cumulative Kentucky Adult/Adolescent AIDS Cases by Transmission Category

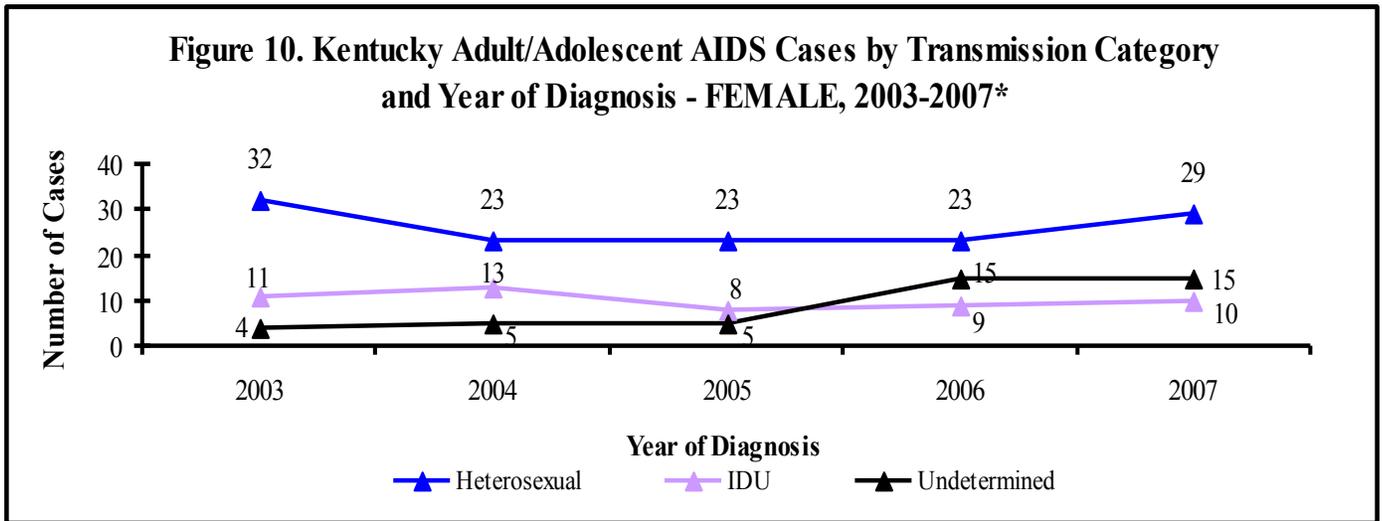
Transmission Category	N
MSM	2,794
IDU	677
MSM/IDU	297
Hemophilia	85
Heterosexual	778
Transfusion	35
Undetermined	429
Total	4,981

Note: 35 pediatric cases not included.

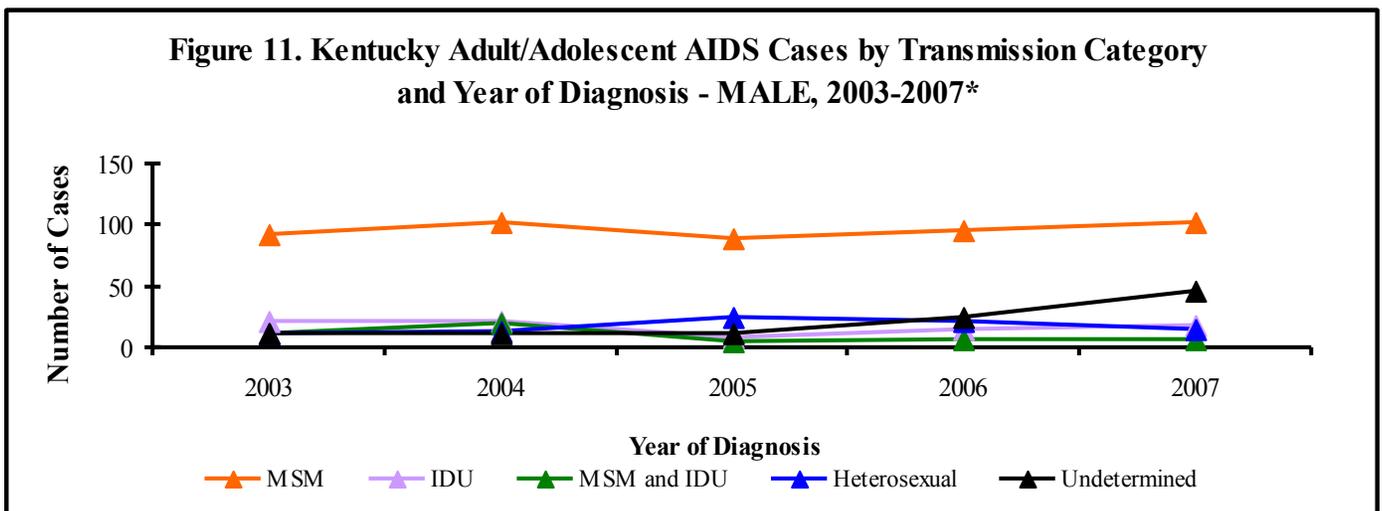
In Kentucky, 55% of cumulative adult/adolescent AIDS cases identified their primary transmission category as men who have sex with men (MSM), as shown in Figure 9. Thirteen percent of adult/adolescent AIDS cases reported their primary transmission category as injection drug use (IDU), 15% reported heterosexual contact and 6% reported both MSM and IDU. Cumulative adult/adolescent AIDS case numbers for each mode of exposure are displayed in Table 13.

AIDS Cases in Kentucky by Transmission Category and Sex

Females



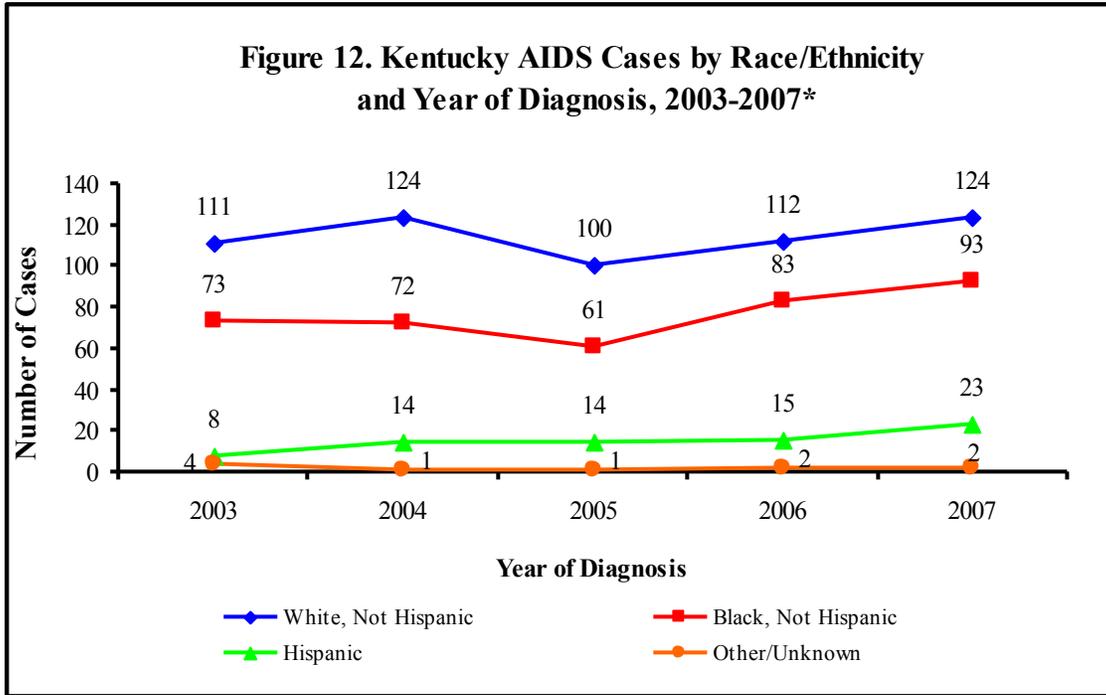
Males



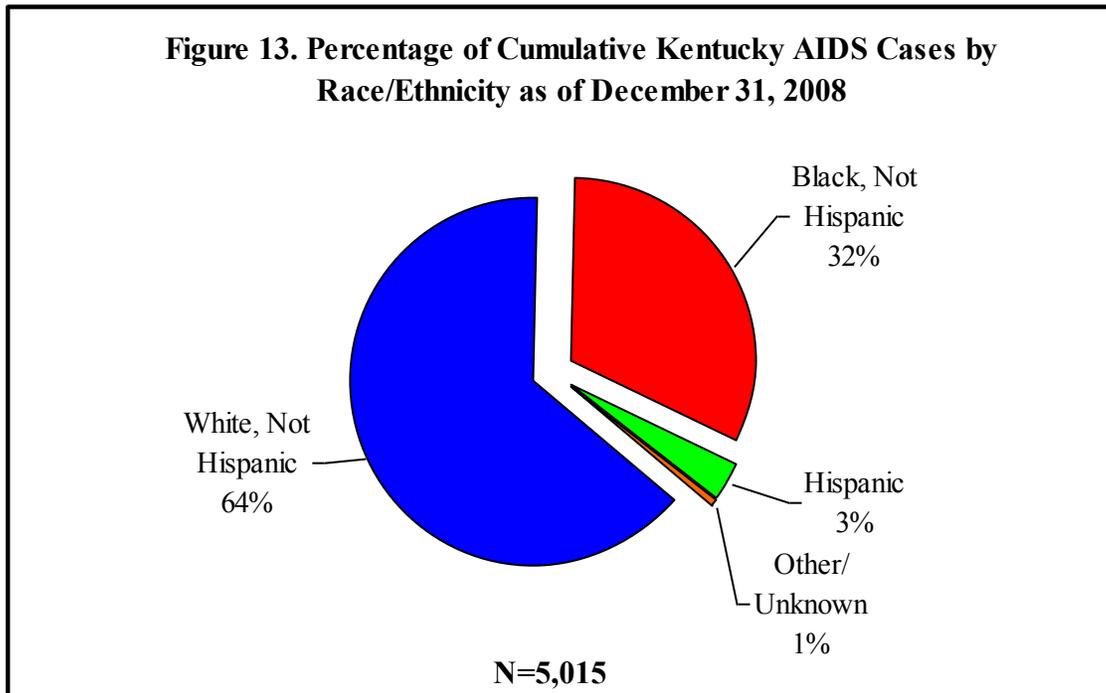
*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

Figure 10 and Figure 11 show female and male Kentucky adult/adolescent AIDS cases by transmission category and year of diagnosis. The number of cases among females reporting heterosexual contact as the mode of transmission decreased from 2003 to 2004, and remained fairly steady from 2004 to 2006 with an increase in 2007 (Figure 10). Also, the number of female cases reporting IDU as their primary mode of transmission decreased from 2004 to 2005. In Figure 11 for adult/adolescent males, please note the break in the y-axis for the number of cases diagnosed. Among males, MSM's account for the largest number of cases diagnosed each year from 2003 to 2007. The number of males reporting IDU as their primary mode of transmission decreased from 2003 to 2005, but increased in 2006 and 2007. The number of cases among males attributed to heterosexual contact increased from 2003 to 2005 but has since decreased. For both sexes, the number of cases with an undetermined transmission category increased in 2006, but remained stable among females while it increased for males in 2007.

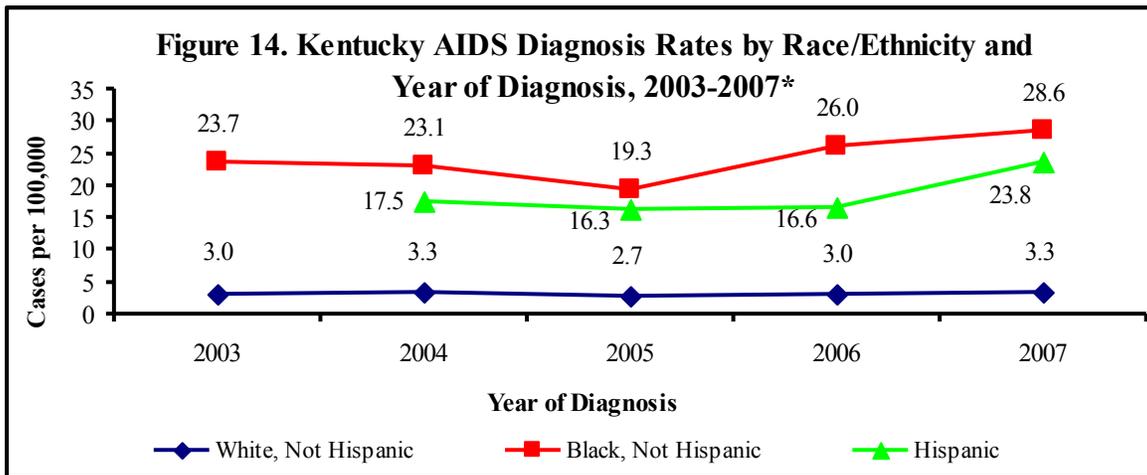
AIDS Cases in Kentucky by Race/Ethnicity



*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

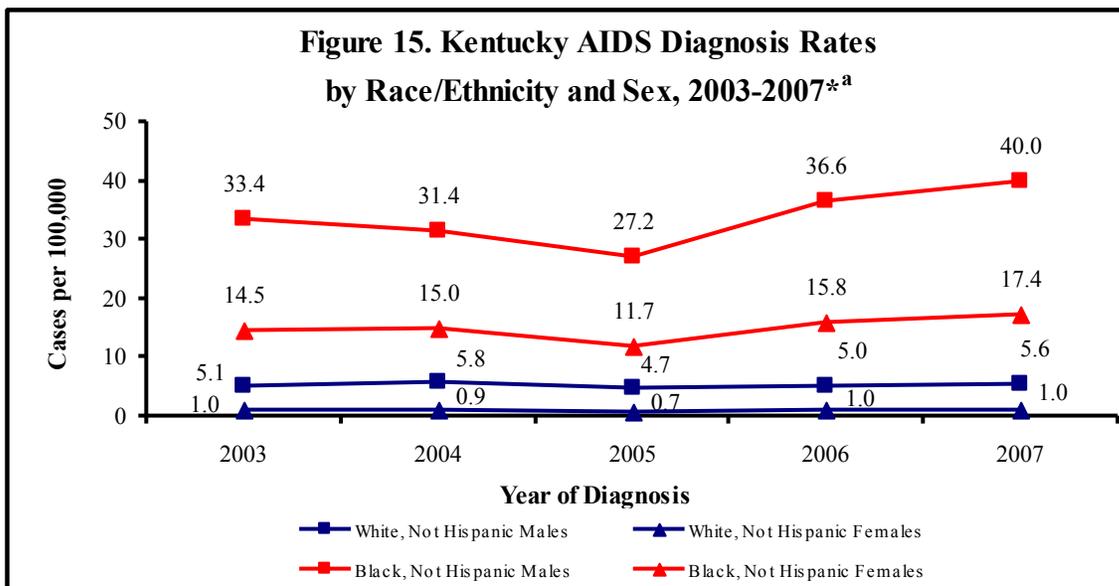


AIDS Diagnosis Rates in Kentucky by Race/Ethnicity



*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

Note: The diagnosis rate for Hispanics in 2003 is not presented because the number of cases diagnosed was less than 10.



*Data for 2008 are not included in trend analyses since they are considered provisional due to reporting delays; all data are subject to change due to reporting delays.

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

On average from 2003-2007, the AIDS diagnosis rate for blacks was approximately eight times higher than for whites, and five times higher for Hispanics than for whites in Kentucky (Figure 14). The diagnosis rate among black males has steadily decreased between 2003 and 2005 (Figure 15). The diagnosis rate among both black males and females increased between 2005 to 2007. This trend will continue to be monitored. The diagnosis rates among white males and females have remained fairly steady from 2003 to 2007 (Figure 15).

AIDS Mortality Rates in Kentucky

Table 14. Kentucky AIDS Deaths 2005 - All Ages

	White, Not Hispanic			Black, Not Hispanic			Hispanic			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	28	1.6	25th	21	13.9	10th	0			49	2.4	22nd
Female	7	0.4	30th	4	2.5	20th	1	2.9	15th**	12	0.6	30th
Total	35	0.9	29th	25	8.1	14th	1	1.2	17th	61	1.5	24th

Table 15. Kentucky AIDS Deaths 2005 - Age Group 25-44

	White, Not Hispanic			Black, Not Hispanic			Hispanic			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	14	2.7	8th	8	18.3	5th	0			22	3.8	8th
Female	5	1.0	12th	2	4.4	8th	1	8.4	2nd**	8	1.4	12th
Total	19	1.7	11th	10	11.2	5th	1	3.2	7th	30	2.6	10th

Data Source: Office of Vital Statistics, Kentucky Department for Public Health/Cabinet for Health & Family Services

* Rate per 100,000 population

**Tied with two other causes of death

Table 16. Kentucky AIDS Cases⁽¹⁾

Living and Deceased as of December 31, 2008

Diagnosis Year	Total Cases	Living	Deceased	Mortality ⁽¹⁾
1982	3	0	3	100%
1983	7	0	7	100%
1984	15	0	15	100%
1985	31	1	30	97%
1986	36	1	35	97%
1987	65	4	61	94%
1988	121	5	116	96%
1989	161	17	144	89%
1990	175	21	154	88%
1991	215	28	187	87%
1992	279	43	236	85%
1993	303	73	230	76%
1994	306	109	197	64%
1995	326	148	178	55%
1996	323	186	137	42%
1997	258	171	87	34%
1998	237	150	87	37%
1999	230	161	69	30%
2000	213	147	66	31%
2001	217	166	51	24%
2002	241	184	57	24%
2003	196	164	32	16%
2004	211	182	29	14%
2005	176	144	32	18%
2006	212	184	28	13%
2007	242	213	29	12%
2008	216	205	11	5%
TOTAL*	5015	2707	2308	46%

(1) The percentage of AIDS cases diagnosed in a year which are now deceased based on information received through December 31, 2008.

In 2005, AIDS was the 24th leading cause of death for all Kentuckians (Table 14). AIDS was the 14th leading cause of death among blacks, 17th among Hispanics, and 29th among whites in Kentucky. For black males of any age in Kentucky, AIDS ranked as the 10th leading cause of death.

In 2005, among Kentuckians aged 25-44, AIDS was the 10th leading cause of death (Table 15). Among those aged 25-44, AIDS ranked as the 5th leading cause of death for black males, 8th among white males, 8th among black females, and 12th among white females. Among Hispanic females ages 25-44, AIDS tied as the 2nd leading cause of death with two other causes. Among those aged 25-44 in 2005, the AIDS death rate for blacks was approximately six times higher than for whites.

Overall, 46% of those reported with AIDS have died since the beginning of the epidemic in Kentucky (Table 16).

AIDS Case Fatality Rates

**Table 17. Kentucky AIDS Case Fatality Rate Five Years
Following AIDS Diagnosis**

Diagnosis Year	Total Cases	Status 5 Years Following AIDS Diagnosis		Case Fatality Rate ⁽¹⁾
		Living	Deceased	
1982	3	0	3	100%
1983	7	1	6	86%
1984	15	1	14	93%
1985	31	3	28	90%
1986	36	4	32	89%
1987	65	10	55	85%
1988	121	12	109	90%
1989	161	33	128	80%
1990	175	29	146	83%
1991	215	45	170	79%
1992	279	72	207	74%
1993	303	108	195	64%
1994	306	151	155	51%
1995	326	200	126	39%
1996	323	239	84	26%
1997	258	201	57	22%
1998	237	170	67	28%
1999	230	180	50	22%
2000	213	158	55	26%
2001	217	172	45	21%
2002	241	186	55	23%
2003	196	164	32	16%
TOTAL	3958	2139	1819	46%

Table 17 examines the proportion of individuals who died within five years of their AIDS diagnosis (i.e., case fatality rate). It shows a decline in case fatality rates over time. For example of the 175 individuals diagnosed with AIDS in 1990, 146 (83%) died within 5 years, while only 16% of those diagnosed in 2003 died within 5 years. This is likely due to an increased understanding of the virus, which has resulted in new medical monitoring techniques, improved supportive care and treatment strategies, such as antiretroviral therapy.

HIV Infections Diagnosed in Kentucky

Notes to the Reader:

- Only cases first diagnosed in the first full year of confidential name-based HIV reporting (2005) or later are included in this section.
- Trend data will not be presented at this time due to the limited number of years available for analysis.
- As with AIDS data, reporting delays also exist for the HIV data, especially in the most recent years.
- The data presented in this section on HIV infections should **not** be compared directly to the cumulative AIDS data presented in the previous section because unlike the cumulative AIDS data, the HIV data only extends over a period of four years.

Table 18. Kentucky HIV Diagnoses, 2005-2008*

Year of Diagnosis	Total HIV Diagnoses	Without AIDS		Concurrent with AIDS Diagnosis	
	N	N	%	N	%
2005	334	251	75%	83	25%
2006	345	265	77%	80	23%
2007	404	307	76%	97	24%
2008*	332	249	75%	83	25%
Total	1415	1072	76%	343	24%

*Data reported January 1, 2005 through December 31, 2008.

Between January 1, 2005 and December 31, 2008 there have been a total of 1,415 HIV infections reported in Kentucky (Table 18). Of these cases, 24% were concurrently diagnosed with AIDS during the same calendar month as the initial HIV diagnosis. While the number of new HIV infections spiked in calendar year 2007, the proportion of concurrent diagnoses has remained fairly steady from 2005 through 2008.

Table 19 (page 27) examines the distribution of HIV infections among individuals diagnosed between January 1, 2005 and December 31, 2008 by sex, age at diagnosis, race/ethnicity, transmission category, and stage of disease progression at time of diagnosis. Among those diagnosed with HIV infection between 2005 and December 31 2008, 81% were male. Eighty-three percent of all HIV infections diagnosed in this time period were among individuals 20-49 years of age. There were differences in the distribution of age at diagnosis between HIV without AIDS cases and cases concurrently diagnosed. For example, although individuals diagnosed between 40-49 years of age made up 25% of the cases diagnosed with HIV without AIDS, this age group represented the highest proportion (39%) of all cases concurrently diagnosed with AIDS. In comparison, individuals diagnosed between 20-29 years of age represented 28% of the HIV without AIDS diagnoses, but only represented 14% of all cases concurrently diagnosed with AIDS. Minorities are disproportionately impacted as blacks represented 37% and Hispanics 7% of all diagnosed HIV infections in the reported period, yet accounted for only 7.7% and 2.2% of the general Kentucky population respectively in 2007. Unlike other races, a larger proportion of Hispanics (11%) were concurrently diagnosed with AIDS as compared to the proportion of Hispanics (5%) diagnosed with HIV without AIDS. There is a sizable percentage (30%) of cases with an undetermined transmission category, which makes it difficult to interpret the distribution of cases.

HIV Diagnoses in Kentucky by Selected Characteristics, 2005-2008*

Table 19. Kentucky HIV Diagnoses by Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Category, 2005-2008*

Characteristics	Total HIV Diagnoses		Without AIDS		Concurrent with AIDS Diagnosis	
	N	% ⁽¹⁾	N	% ⁽¹⁾	N	% ⁽¹⁾
<u>SEX</u>						
Male	1143	81%	863	81%	280	82%
Female	272	19%	209	19%	63	18%
<u>AGE AT DIAGNOSIS</u>						
<13	9	1%	8	1%	1	0%
13-19	68	5%	67	6%	1	0%
20-29	349	25%	302	28%	47	14%
30-39	411	29%	305	28%	106	31%
40-49	404	29%	271	25%	133	39%
>49	174	12%	119	11%	55	16%
<u>RACE/ETHNICITY</u>						
White, Not Hispanic	777	55%	593	55%	184	54%
Black, Not Hispanic	520	37%	402	38%	118	34%
Hispanic	93	7%	54	5%	39	11%
Other	21	1%	19	2%	2	1%
Unknown	4	0%	4	0%	0	0%
<u>TRANSMISSION CATEGORY</u>						
MSM ⁽²⁾	654	46%	517	48%	137	40%
IDU ⁽³⁾	99	7%	66	6%	33	10%
MSM and IDU	31	2%	25	2%	6	2%
Heterosexual ⁽⁴⁾	203	14%	145	14%	58	17%
Perinatal	7	0%	6	1%	1	0%
Undetermined ⁽⁵⁾	421	30%	313	29%	108	31%
TOTAL	1415	100%	1072	100%	343	100%

*Data reported January 1, 2005 through December 31, 2008.

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

(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) "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.

HIV Diagnoses in Kentucky by Demographic Characteristics, 2005-2008⁽¹⁾

Table 20. Kentucky HIV Diagnoses by Sex, Age at Diagnosis, Race/Ethnicity, Transmission Category and year of diagnosis 2005-2008⁽¹⁾

Characteristics	2005	%	2006	%	2007	%	2008 ⁽¹⁾	%	Total	%
<u>SEX</u>										
Male	269	81%	285	83%	309	76%	280	84%	1143	81%
Female	65	19%	60	17%	95	24%	52	16%	272	19%
TOTAL⁽²⁾	334	100%	345	100%	404	100%	332	100%	1415	100%
<u>AGE AT DIAGNOSIS</u>										
<13	5	1%	2	1%	2	0%	0	0%	9	1%
13-19	10	3%	9	3%	29	7%	20	6%	68	5%
20-29	85	25%	78	23%	102	25%	84	25%	349	25%
30-39	99	30%	104	30%	114	28%	94	28%	411	29%
40-49	92	28%	105	30%	115	28%	92	28%	404	29%
50+	43	13%	47	14%	42	10%	42	13%	174	12%
TOTAL⁽²⁾	334	100%	345	100%	404	100%	332	100%	1415	100%
<u>RACE/ETHNICITY</u>										
White, Not Hispanic	201	60%	189	55%	209	52%	178	54%	777	55%
Black, Not Hispanic	105	31%	134	39%	153	38%	128	39%	520	37%
Hispanic	22	7%	16	5%	32	8%	23	7%	93	7%
Other/Unknown	6	2%	6	2%	10	2%	3	1%	25	2%
TOTAL⁽²⁾	334	100%	345	100%	404	100%	332	100%	1415	100%
<u>TRANSMISSION CATEGORY</u>										
MSM ⁽³⁾	169	51%	182	53%	157	39%	146	44%	654	46%
IDU ⁽⁴⁾	26	8%	22	6%	28	7%	23	7%	99	7%
MSM and IDU	11	3%	9	3%	5	1%	6	2%	31	2%
Heterosexual ⁽⁵⁾	80	24%	51	15%	55	14%	17	5%	203	14%
Perinatal	5	1%	1	0%	1	0%	0	0%	7	0%
Undetermined ⁽⁶⁾	43	13%	80	23%	158	39%	140	42%	421	30%
TOTAL⁽²⁾	334	100%	345	100%	404	100%	332	100%	1415	100%

(1) Data reported January 1, 2005 through December 31, 2008.

(2) Percentages may not total 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) "Undetermined" refers to persons whose mode 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 20 shows the number of new HIV cases according to year of diagnosis. In terms of race, minorities are disproportionately impacted by HIV disease. In 2007 for instance, blacks and Hispanics made up 7.7% and 2.2% of Kentucky's population respectively, but accounted for 38% and 8% of new HIV diagnoses in the state respectively. For Blacks, this was over four times their general representation in the population, and over three times for Hispanics.

HIV Diagnoses in Kentucky by Selected Characteristics, 2005-2008*

Table 21. Kentucky HIV Diagnoses by Sex, Age at Diagnosis, and Race/Ethnicity, 2005-2008*

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other		Unknown		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALE	<13	2	0%	3	1%	0	0%	0	0%	0	0%	5	0%
	13-19	11	2%	38	10%	2	3%	2	13%	1	25%	54	5%
	20-29	142	21%	107	28%	24	32%	4	27%	0	0%	277	24%
	30-39	202	31%	94	24%	32	43%	5	33%	1	25%	334	29%
	40-49	227	34%	93	24%	11	15%	4	27%	1	25%	336	29%
	>49	78	12%	53	14%	5	7%	0	0%	1	25%	137	12%
	Total	662	100%	388	100%	74	100%	15	100%	4	100%	1143	100%
FEMALE	<13	1	1%	2	2%	0	0%	1	17%	0	N/A	4	1%
	13-19	7	6%	4	3%	1	5%	2	33%	0	N/A	14	5%
	20-29	29	25%	33	25%	9	47%	1	17%	0	N/A	72	26%
	30-39	35	30%	35	27%	6	32%	1	17%	0	N/A	77	28%
	40-49	29	25%	36	27%	2	11%	1	17%	0	N/A	68	25%
	>49	14	12%	22	17%	1	5%	0	0%	0	N/A	37	14%
	Total	115	100%	132	100%	19	100%	6	100%	0	N/A	272	100%

*Data reported January 1, 2005 through December 31, 2008.

Table 21 examines the distribution of HIV infections among individuals diagnosed between January 1, 2005 and December 31, 2008 within race/ethnicity categories by sex and age at diagnosis. Caution should be taken when interpreting the data for the Other and Unknown race/ethnicity categories as the number of cases is small which causes amplification in the percentages. The largest number of female HIV cases (132, 48.5%) were reported among Blacks, indicating a disproportionate impact since they represented only 7.6% of all females in Kentucky in mid 2008.

A greater proportion of both Hispanic males (75%) and females (79%) were diagnosed between the ages of 20-39 compared to 52% each for black males, white males, and black females; and 55% for white females within the same age category.

HIV Infections by Area Development District (ADD)

Figure 16. HIV Diagnoses by Area Development District (ADD) of Residence at Time of Diagnosis

Total HIV Diagnoses by ADD, January 1, 2005 – December 2008

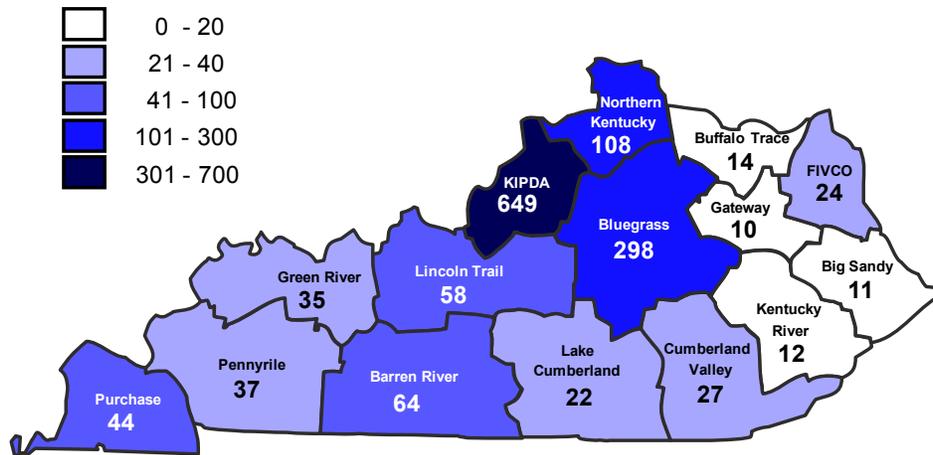


Figure 16 examines the total number of HIV infections diagnosed between January 1, 2005 and December 31, 2008 by ADD. The labels on the map represent the total number of HIV infections, regardless of disease progression status in each ADD. The largest number of cases (n=649, 46%) diagnosed in this period were residing in the KIPDA ADD, which includes the city of Louisville. The second largest number of cases (n=298, 21%) were residents of the Bluegrass ADD at the time of diagnosis. The smallest number of HIV infections diagnosed and reported during this period occurred in the ADD's located in eastern Kentucky.

Figure 17. Percent of HIV Infections Reporting Concurrent Diagnoses with AIDS by Area Development District (ADD) of Residence at Time of Diagnosis, January 1, 2005-December 31, 2008

% Concurrent Diagnoses by ADD, January 1, 2005 – December 2008

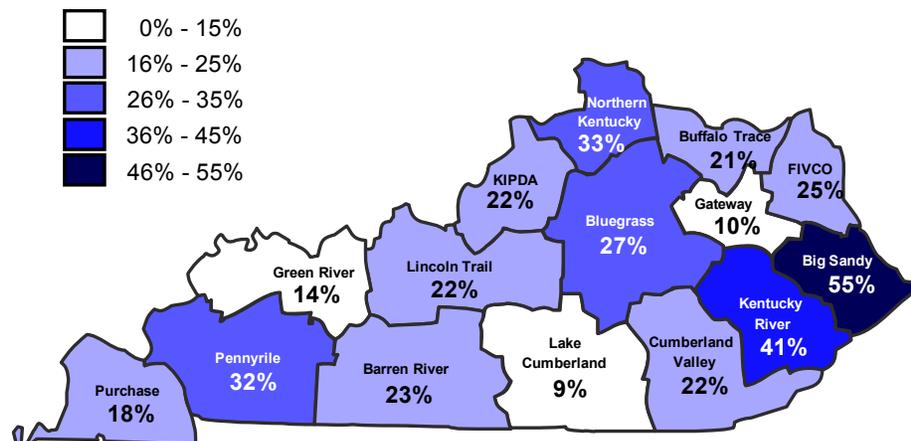


Figure 17 examines the variation by ADD in the proportion of cases within each ADD diagnosed concurrently with HIV and AIDS from January 1, 2005 to December 31, 2008. The proportion of HIV infections diagnosed concurrently with AIDS ranged from 0% to 55% among the ADDs. The ADDs with the top 2 highest proportion of HIV infections diagnosed concurrently with AIDS were in the eastern Kentucky region: the Big Sandy (55%) and Kentucky River (41%) ADDs. However, there were only a total of 11 and 12 HIV infections diagnosed in these ADDs respectively. The Northern Kentucky and Pennyrile ADDs also had comparatively higher percentages of concurrent diagnoses; 33% and 32% respectively.

HIV Counseling and Testing Sites

Ora-Quick

Ora-Quick tests are a type of screening performed on oral mucosal transudate (OMT) in which results are ready in 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 site, please contact Tom Collins at (502) 564-6539 ext 3559.

State Sponsored Ora-Quick Testing Sites*

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

Area Health Education Center-Louisville
Park Duvalle Comm. Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260 or (502) 776-5785

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

Area Health Education Center-Covington
1030 Old State Road
Park Hills, KY 41011
(859) 442-1191

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

Area Health Education Center-Lexington
Black & Williams Neighborhood Center
498 Georgetown Street
Lexington, KY 40508
(859) 281-6086

Louisville Metro Public Health and Wellness
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Matthew 25 AIDS Services
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Bluegrass Community Health Center
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Northern Kentucky District Health Dept.
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7660

Heartland CARES
619 North 30th St
Paducah, KY 42001

Owensboro Task Force
224 South Ewing Road
Owensboro, KY 42301
(270) 683-6018

*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** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Planned Parenthood of the Bluegrass
508 West 2nd Street
Lexington, KY 40508
(859) 252-8494

Planned Parenthood—Louisville
1025 S. Second Street
Louisville, KY 40203
(502) 584-2473

Volunteers of America—Louisville
850 Barrett Avenue, Suite 302
Louisville, KY 40204
(502) 574-5373

Volunteers of America—Lexington
1400 North Forbes Road
Lexington, KY 40511
(859) 254-3469

Western Kentucky Univ. Health Services
1906 College Heights Boulevard #8400
Bowling Green, KY 42101-1041
(270) 745-5033 or (270) 745-5653

*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.