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HIV/AIDS Surveillance Report June 2011

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

December 2011
Dear Reader:

Enclosed, please find the June 2011 issue of Kentucky's HIV/AIDS Surveillance Report. This is the first published issue since Kentucky's HIV data have become complete, therefore these data should not be compared with previous reports. Instead of separating HIV from AIDS data, the report contains data on HIV infections regardless of disease progression.

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 8,121 cumulative HIV infections were diagnosed and reported as of June 30, 2011. Of these HIV infections, 66.5% had progressed to AIDS as of the report date. The HIV/AIDS Surveillance Program is continuing to evaluate HIV cases previously reported under the old code-based identification system. Therefore, prevalence rates of all persons living with HIV infection in Kentucky are not presented. These data will be available in the next report.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2009, there were 339 new HIV infections diagnosed among Kentucky residents, at a diagnosis rate of 7.9 per 100,000 population. Trends in new infections are presented in this section, and disparities by race/ethnicity, age at diagnosis and sex 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, 2001 through June 30, 2011. Sixty percent of the 1,609 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/CF3F3F11-F0EF-4376-9C88-AFF638743651/0/2011AnnualReport.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,

Peace Julie Nakayima

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Data Source

The HIV/AIDS Annual Report presents data regarding HIV disease cases among Kentuckians diagnosed and reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program through June 30, 2011. Kentucky's HIV disease data are now considered mature, since name-based reporting has been occurring for at least four years (since mid 2004). In this revised 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 used in the calculation of rates were obtained from the Kentucky State Data Center, source: Population Division, U.S. Census Bureau. March 19, 2009. Available at http://ksdc.louisville.edu/kpr/popest/est.htm. Accessed September 12, 2011.

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 Route: Classification used to summarize the risk factor 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.
- **High-Risk Heterosexual Contact (HRH):** A person reporting heterosexual contact 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.

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 2010 and 2011 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.

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. 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, 2011. 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, 2011

Table 1. Cumulative[1] HIV Disease Cases By Age at Diagnosis*, Race/Ethnicity, and Sex through June 30, 2011, Kentucky

		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
	Age Group	No.	%	No.	%	No.	%	No.	%	No.	%[2]
MALE	<13	21	<1%	23	1%	0	0%	0	0%	44	1%
	13-19	102	2%	106	5%	4	2%	5	9%	217	3%
	20-29	1226	28%	626	31%	85	36%	13	24%	1950	29%
	30-39	1695	39%	675	33%	96	41%	22	40%	2488	37%
	40-49	983	22%	447	22%	29	12%	12	22%	1471	22%
	50+	373	8%	167	8%	19	8%	3	5%	562	8%
	TOTAL[2]	**4400**	**100%**	**2044**	**100%**	**233**	**100%**	**55**	**100%**	**6732**	**100%**
FEMALE	<13	13	2%	12	2%	1	2%	1	4%	27	2%
	13-19	35	6%	42	6%	4	7%	2	8%	83	6%
	20-29	194	31%	198	30%	28	46%	9	35%	429	31%
	30-39	216	34%	226	34%	16	26%	8	31%	466	34%
	40-49	118	19%	133	20%	8	13%	4	15%	263	19%
	50+	57	9%	58	9%	4	7%	2	8%	121	9%
	TOTAL[2]	**633**	**100%**	**669**	**100%**	**61**	**100%**	**26**	**100%**	**1389**	**100%**

(1) Includes HIV disease cases diganosed from the beginning of the epidemic through June 30, 2011.

(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 (6,732, 83%). In terms of decade of diagnosis, more male HIV infections were diagnosed in their 30s (2,488, 37%) than any other decade. Among all male race categories, the highest percentages of cumulative cases were aged 30-39 years at the time of diagnosis: Hispanics 41%, whites 39%; blacks, 33%. Hispanic males had the highest percentage of cases (36%) aged 20-29 years at time of diagnosis, compared with black males (31%) and white males (28%) diagnosed while in their 20s. Conversely, Hispanic males had the lowest percentage of cases (12%) aged 40-49 years at time of diagnosis, compared with black males and white males (22% each).

Similar trends exist among females with HIV. More females were diagnosed with HIV infection in their 30s (466, 34%) than any other decade. Thirty four percent 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 (46%). Hispanic females tend to be younger at the time of diagnosis than their racial and ethnic counterparts.

Cumulative Adult/Adolescent HIV Disease Diagnoses, Kentucky

Table 2. Cumulative[1] Adult/Adolescent* HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex through June 30, 2011, Kentucky

		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
	Transmission Category	No.	%	No.	%	No.	%	No.	%	No.	%[2]
MALE	MSM[3]	3187	73%	981	49%	111	48%	31	56%	4310	64%
	IDU[4]	244	6%	314	16%	29	12%	7	13%	594	9%
	MSM and IDU	265	6%	134	7%	6	3%	3	5%	408	6%
	Hemophilia/Coagulation Disorder	70	2%	9	<1%	0	0%	0	0%	79	1%
	Heterosexual[5]	190	4%	203	10%	29	12%	3	5%	425	6%
	Transfusion/Transplant	18	<1%	4	<1%	0	0%	0	0%	22	<1%
	Undetermined[6]	405	9%	376	19%	58	25%	11	20%	850	13%
	TOTAL	**4379**	**100%**	**2021**	**100%**	**233**	**100%**	**55**	**100%**	**6688**	**100%**
FEMALE	IDU[4]	130	21%	140	21%	8	13%	3	12%	281	21%
	Hemophilia/Coagulation Disorder	2	<1%	0	0%	0	0%	0	0%	2	<1%
	Heterosexual[5]	328	53%	339	52%	34	57%	13	52%	714	52%
	Transfusion/Transplant	10	2%	3	<1%	0	0%	0	0%	13	<1%
	Undetermined[6]	150	24%	175	27%	18	30%	9	36%	352	26%
	TOTAL	**620**	**100%**	**657**	**100%**	**60**	**100%**	**25**	**100%**	**1362**	**100%**

*Cases are classified as adult/adolescent if they are 13 years of age or older at time of HIV diagnosis.
(1) Includes HIV duisease cases diagnosed from the beginning of the epidemic through June 30, 2011.
(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 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 (64%) of cumulative male HIV infections were reported with MSM as the primary route of exposure, while among women, the majority (52%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV contraction, e.g., a person who injects drugs. Minority males (16% of black males and 12% 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 49% of all black males and 48% of all Hispanic males.

Among the race/ethnicity categories, Hispanic females had the highest proportion of infections reported without identified risk factors (30%), in comparison to black females (27%) and white females (24%). A similar pattern exists among males: 25% of Hispanic male, 19% of black male and 9% of white male infections were reported with no risk factor identified. Overall, a higher percentage of infections with undetermined routes of transmission exists among females (26%) than males (13%). 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

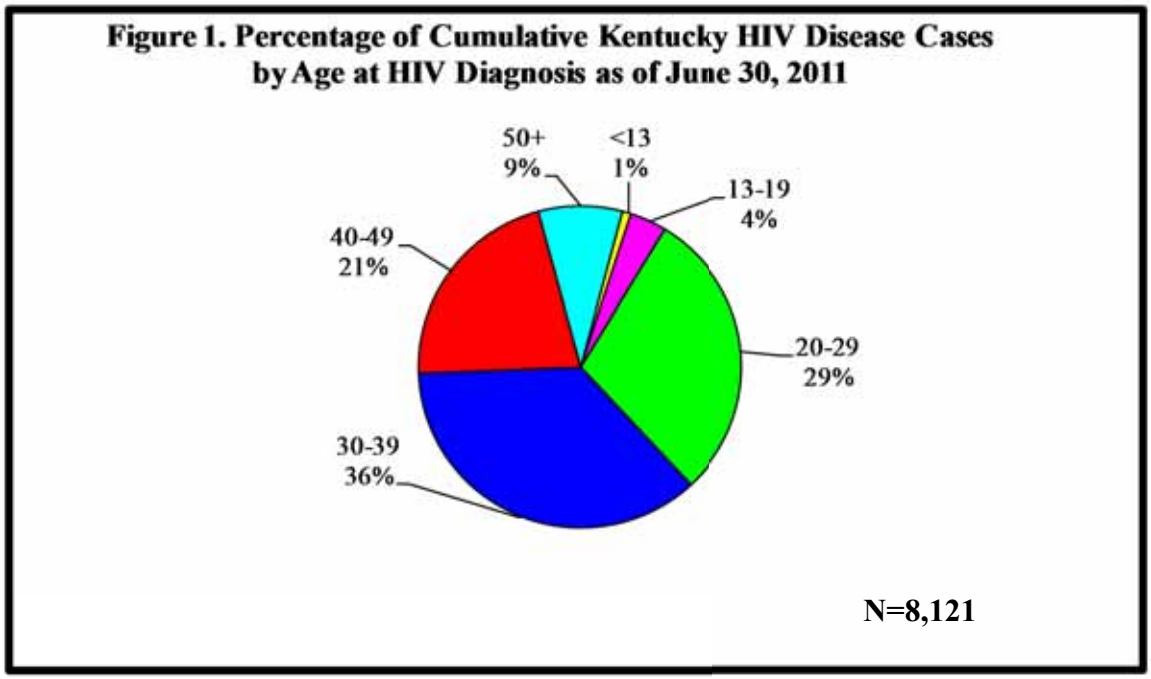
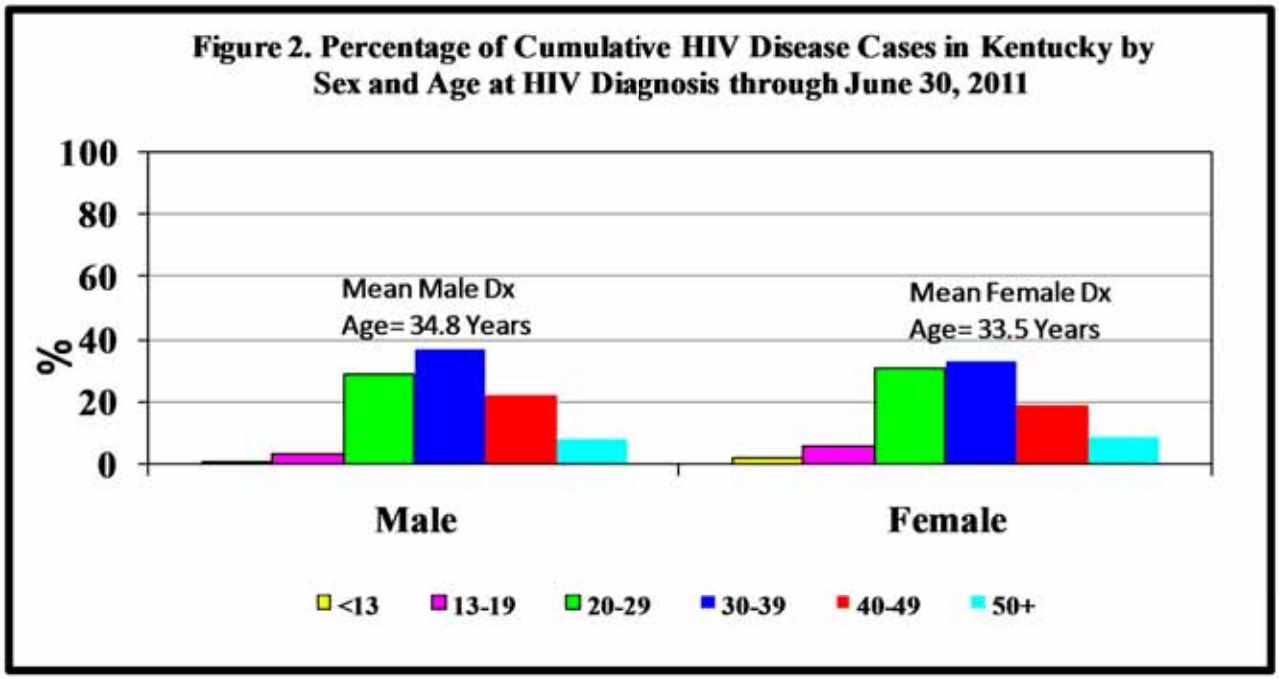
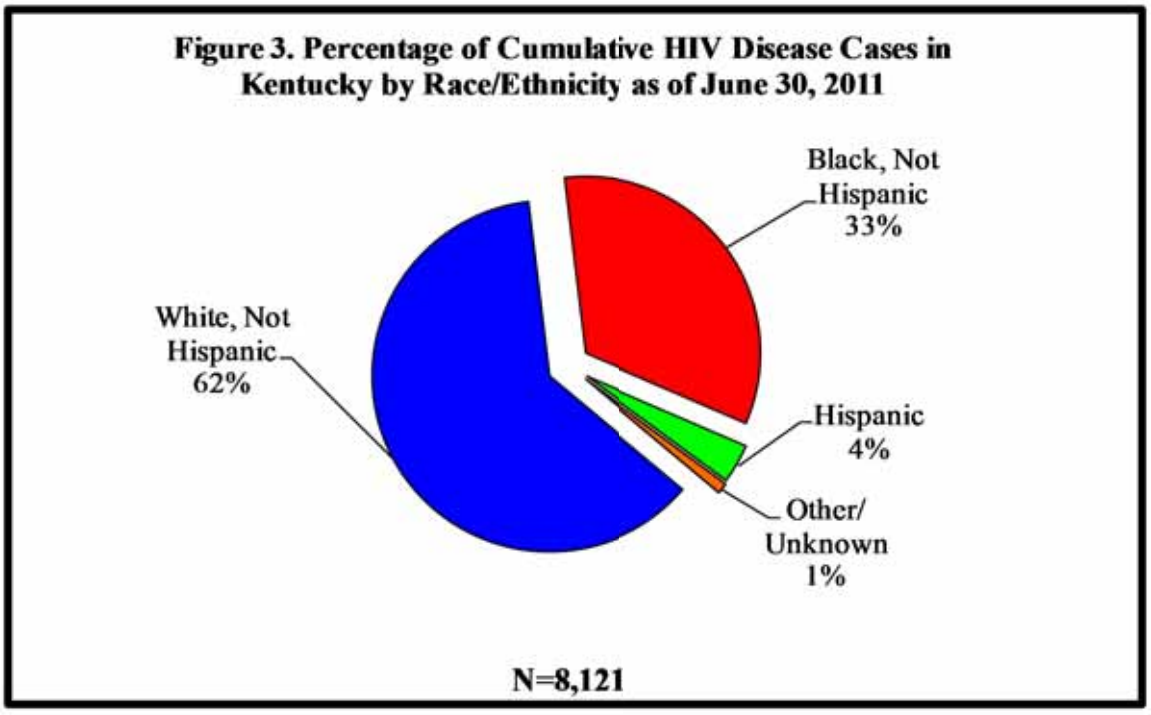


Figure 1 shows the distribution of cumulative Kentucky HIV infections by age at diagnosis. About a third of cumulative HIV cases in Kentucky were aged 30-39 years at time of diagnosis. Persons aged 20-29 years account for over a quarter of cumulative infections (29%). Children (<13 years at diagnosis) 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 6,732 HIV infections among males, of which 37% 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 by age group (34%). The mean age at diagnosis for males is 34.8 years and for females 33.5 years.

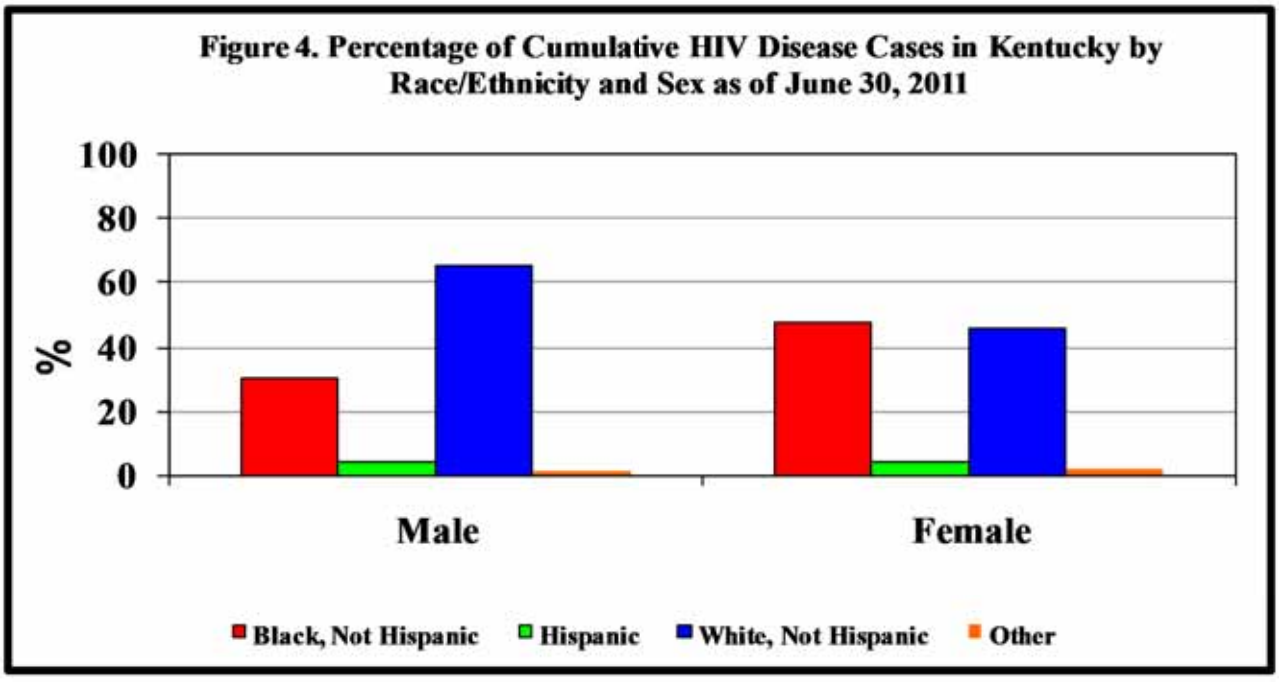


Cumulative HIV Diagnoses by Race/Ethnicity and Sex, Kentucky



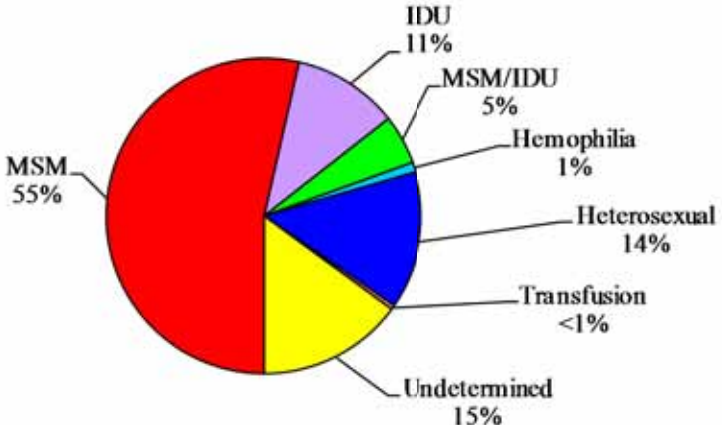
Sixty two percent of cumulative HIV infections diagnosed in Kentucky are white, as shown in Figure 3. Thirty three percent are black and 4% are Hispanic.

Figure 4 shows the percentages of cumulative HIV 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 30% 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: 48% and 46% respectively.



Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

Figure 5. Percentage of Cumulative Adult/Adolescent HIV Disease Cases in Kentucky by Transmission Route, through June 30, 2011



N=8,050

Table 3. Cumulative Kentucky Adult/Adolescent HIV Disease Cases by Transmission Route, through June 30, 2011

Transmission Route	N
MSM	4,310
IDU	875
MSM/IDU	408
Hemophilia	81
Heterosexual	1,139
Transfusion/Transplant	35
Undetermined	1,202
Total	8,050

Note: 71 pediatric cases not included.

In Kentucky, 55% 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. Fifteen 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, 2011, Kentucky

ADD/County	Total HIV Disease Cases[1]	Total Living with HIV Disease[2]
Barren River	**283**	**168**
Allen	15	8
Barren	36	19
Butler	8	8
Edmonson	7	5
Hart	8	4
Logan	24	14
Metcalfe	7	3
Monroe	15	10
Simpson	16	10
Warren	147	87
Big Sandy	**56**	**38**
Floyd	16	13
Johnson	7	3
Magoffin	2	1
Martin	6	6
Pike	25	15
Bluegrass	**1531**	**1061**
Anderson	22	13
Bourbon	24	17
Boyle	28	22
Clark	43	33
Estill	6	2
Fayette	1054	721
Franklin	81	53
Garrard	9	5
Harrison	8	4
Jessamine	49	36
Lincoln	11	6
Madison	81	59
Mercer	28	18
Nicholas	5	5
Powell	10	8
Scott	48	40
Woodford	24	19
Buffalo Trace	**47**	**29**
Bracken	7	5
Fleming	5	2
Lewis	14	8
Mason	21	14
Robertson	0	0
Cumberland Valley	**153**	**95**
Bell	18	12
Clay	31	25
Harlan	21	10
Jackson	10	6
Knox	15	10
Laurel	27	15
Rockcastle	5	3
Whitley	26	14
FIVCO	**125**	**78**
Boyd	79	49
Carter	16	11
Elliott	4	3
Greenup	18	11
Lawrence	8	4
Gateway	**79**	**55**
Bath	6	4
Menifee	10	9
Montgomery	17	14
Morgan	30	15
Rowan	16	13
Green River	**241**	**153**
Daviess	117	70
Hancock	5	2
Henderson	57	37
McLean	7	5
Ohio	11	7
Union	41	32
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.

Continued on page 11

Note: Residence at diagnosis missing for 7 cumualtive cases and 4 living cases.

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, 2011, Kentucky (continued)

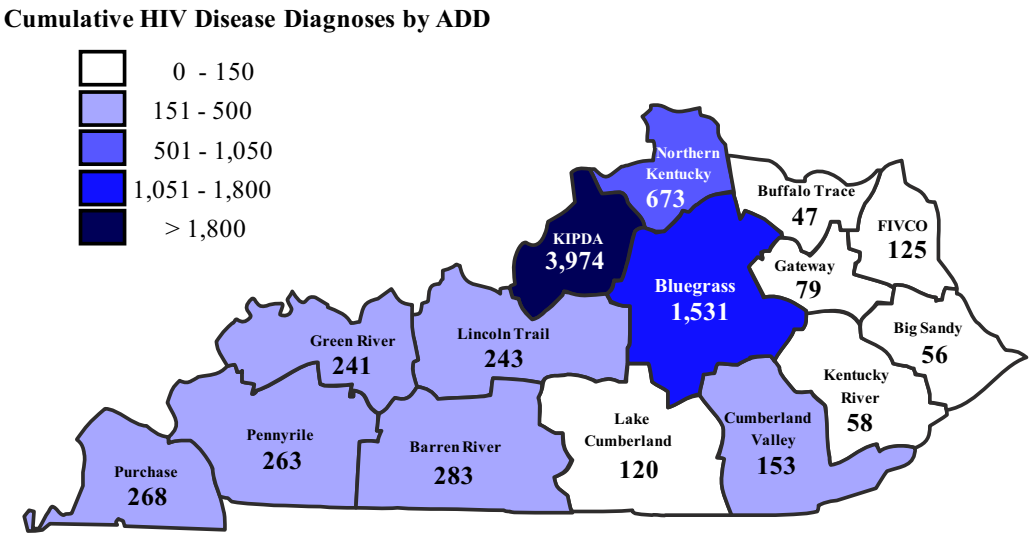
ADD/County	Total HIV Disease Cases[1]	Total Living with HIV Disease[2]
Kentucky River	**58**	**37**
Breathitt	4	2
Knott	3	2
Lee	6	5
Leslie	2	0
Letcher	21	13
Owsley	3	3
Perry	13	8
Wolfe	6	4
KIPDA/North Central	**3974**	**2616**
Bullitt	69	57
Henry	26	18
Jefferson	3633	2395
Oldham	173	94
Shelby	56	42
Spencer	10	7
Trimble	7	3
Lake Cumberland	**120**	**83**
Adair	5	3
Casey	7	5
Clinton	9	7
Cumberland	4	3
Green	6	4
McCreary	8	7
Pulaski	49	30
Russell	9	6
Taylor	16	14
Wayne	7	4
Lincoln Trail	**243**	**169**
Breckinridge	12	7
Grayson	14	9
Hardin	142	100
Larue	5	4
Marion	15	10
Meade	23	18
Nelson	29	19
Washington	3	2

ADD/County	Total HIV Disease Cases[1]	Total Living with HIV Disease[2]
Northern Kentucky	**673**	**441**
Boone	105	72
Campbell	137	90
Carroll	10	6
Gallatin	2	1
Grant	27	18
Kenton	380	245
Owen	4	2
Pendleton	8	7
Pennyrile	**263**	**141**
Caldwell	21	14
Christian	104	62
Crittenden	8	6
Hopkins	40	17
Livingston	13	8
Lyon	17	8
Muhlenberg	28	12
Todd	20	8
Trigg	12	6
Purchase	**268**	**170**
Ballard	9	6
Calloway	33	21
Carlisle	5	3
Fulton	6	3
Graves	42	27
Hickman	6	5
Marshall	19	13
McCracken	148	92

(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 7 cumualtive cases and 4 living cases.

Cumulative HIV Diagnoses by Kentucky Area Development District (ADD)

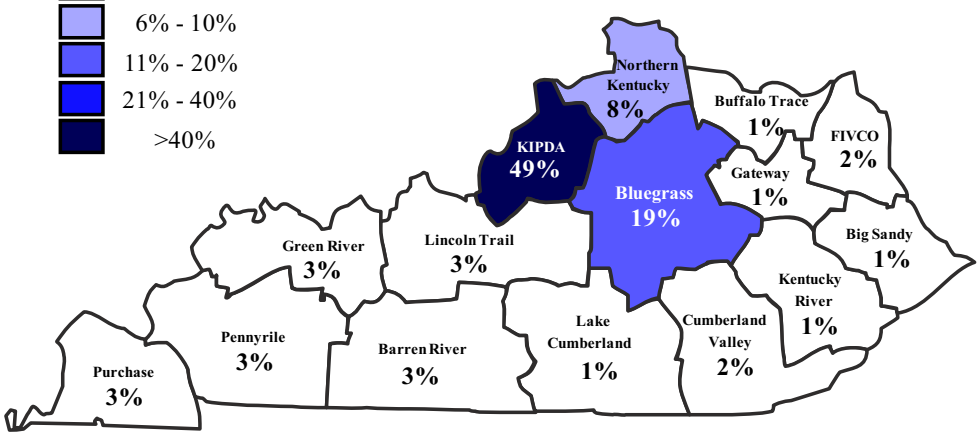
Figure 6. Cumulative HIV Disease Diagnoses by Kentucky Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2011



Note: 7 cases missing ADD at time of diagnosis. Total cumulative cases=8,121

The highest number of cumulative HIV infections (3,974, 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 (1,531, 19%), followed by the Northern Kentucky ADD with the third highest number of HIV infections diagnosed through June 30, 2011 (673, 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, 2011



Note: 7 cases missing ADD at time of diagnosis. Total cumulative cases=8,121
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 Buffalo Trace, Gateway, Big Sandy, Kentucky River and Lake Cumberland ADDs to almost half (49%) residing in KIPDA ADD at time of diagnosis.

Section II: New HIV Infections Diagnosed among Kentuckians, through June 30, 2011

As of June 30, 2011, a total of 8,121 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 5. HIV name-based reporting was introduced in mid-2004 and reporting has increased and stabilized since then. Of the 3,558 HIV infections diagnosed since 2000, 1,780 (50%) had progressed to AIDS as of June 30, 2011.

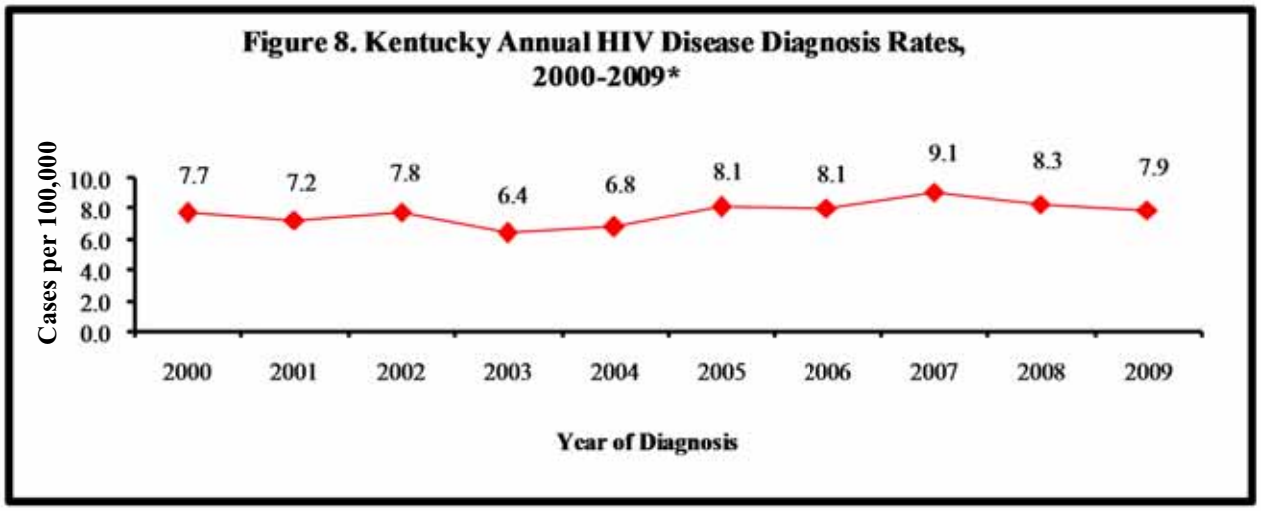
The annual HIV diagnosis rates among Kentuckians are presented in Figure 8. The annual HIV diagnosis rate has remained fairly steady from 2000 to 2009, with slight fluctuations between 6 to 9 cases per 100,000 population.

Table 5. Kentucky HIV Infections Diagnosed by Current Disease Status and Year of HIV Diagnosis.

Year of HIV Diagnosis	New HIV Infections *without* AIDS	New HIV infections *with* AIDS	TOTAL**
	No.	No.	No.
2000	112	199	311
2001	120	175	295
2002	108	210	318
2003	110	154	264
2004	120	162	282
2005	173	166	339
2006	159	181	340
2007	224	162	386
2008	205	152	357
2009	226	113	339
2010*	221	106	327
TOTAL	**1,778**	**1,780**	**3,558**

*Data reported through June 30, 2011.

**Total HIV infections regardless of disease progression.



*Data are current as of June 30, 2011. 2010 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*, 2009

Table 6. Estimated* Annual HIV Infection Diagnosis Rate by State*, 2009

Rank	Area of Residence	Rate
1	Florida	33.0
2	Georgia	32.9
3	New York	29.5
4	Louisiana	28.8
5	New Jersey	22.8
6	Mississippi	21.3
7	South Carolina	19.9
8	North Carolina	19.7
9	Texas	18.4
10	Tennessee	17.2
10	Virginia	17.2
12	Alabama	16.7
13	Nevada	15.8
14	Illinois	15.7
15	Pennsylvania[a]	14.5
16	Connecticut	14.4
17	Arizona	11.9
17	Ohio	11.9
19	Oklahoma	10.9
20	Arkansas	10.2
21	Missouri	10.0
21	Michigan	10.0
23	New Mexico	9.2
24	**Kentucky**	**9.1**
25	Colorado	8.4
26	Indiana	8.3
27	Minnesota	8.0
28	Nebraska	6.3
29	Maine	6.1
30	Wisconsin	5.9
31	Kansas	5.7
32	West Virginia	5.1
33	Utah	5.0
34	Iowa	4.6
35	New Hampshire	4.3
36	Wyoming	3.8
37	South Dakota	3.5
38	Idaho	3.2
38	Alaska	3.2
40	North Dakota	2.3

* Includes data from areas wth confidential name-based HIV infection reporting since at least January 2006. Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not incomplete reporting.

[a]Pennsylvania 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.

[1]U.S. estimated rates from Centers for Disease Control and Prevention. HIV Surveillance Report, 2009; vol.21 http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published February 2011. Assessed September 2011.

Estimated HIV Diagnosis Rate among the 40 States, 2009: 17.4

In 2009, Kentucky ranked 24th among the 40 states having confidential name-based reporting, with an estimated HIV diagnosis rate of 9.1 per 100,000 population. Florida had the highest HIV diagnosis rate in 2009 at 33.0 per 100,000 population, and North Dakota had the lowest rate at 2.3 per 100,000 population.

New HIV Infections: Kentucky vs. The United States

Table 7. New Kentucky HIV Infections* by Demographics, 2009

Characteristics	Number of New Cases	% of New HIV cases[1]
SEX		
Male (adult/adolescent)	272	80%
Female (adult/adolescent)	67	20%
Child (<13 yrs)	0	0%
TOTAL	339	100%
AGE AT DIAGNOSIS‡		
<13	0	0%
13-24	66	19%
25-44	180	53%
45-64	89	26%
65+	4	1%
TOTAL	339	100%
RACE/ETHNICITY		
White, Not Hispanic	201	59%
Black, Not Hispanic	111	33%
Hispanic	23	7%
Other/Unknown	4	1%
TOTAL	339	100%
TRANSMISSION ROUTE		
MSM[2]	160	47%
IDU[3]	13	4%
MSM/IDU	7	2%
Heterosexual	23	7%
Perinatal	0	0%
Other/Undetermined[4]	136	40%
TOTAL	339	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.

Table 8. Estimated New U.S. HIV Infections* among 40 States with Confidential Name-Based Reporting, 2009[5]

Characteristics	Number of New Cases [6]	% of New HIV cases [1]
SEX		
Male (adult/adolescent)	31,872	76%
Female (adult/adolescent)	9,973	24%
Child (<13 yrs)	166	<1%
TOTAL†	42,011	100%
AGE AT DIAGNOSIS‡		
<13	166	<1%
13-24	8,294	20%
25-44	21,722	52%
45-64	11,092	26%
65+	736	2%
TOTAL†	42,010	100%
RACE/ETHNICITY		
White, Not Hispanic	11,803	28%
Black, Not Hispanic	21,652	52%
Hispanic	7,347	17%
Other	1,209	3%
TOTAL†	42,011	100%
TRANSMISSION ROUTE		
MSM[2]	23,846	57%
IDU[3]	3,932	9%
MSM/IDU	1,131	3%
Heterosexual	12,860	31%
Perinatal	131	<1%
Other/Undetermined	111	<1%
TOTAL†	42,011	100%

(5) U.S. cases from Centers for Disease Control and Prevention. *HIV Surveillance Report: HIV Infection and AIDS in the United States*, 2009: 21.
(6) These numbers do not represent actual cases, rather they are point estimates which have been adjusted for reporting delays and missing risk-factor information, but not for incomplete reporting.
† Totals among subpopulations may be different because values were calculated independently.

Kentucky's distribution of HIV cases by sex and age at diagnosis (Table 7) closely parallels that of the U.S. (Table 8). 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 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 9. Kentucky Adult/Adolescent[1] HIV Diagnoses by Year of Diagnosis, Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Route

Characteristics	1982-05		2006		2007		2008		2009		2010[2]		2011[2]		Total	
SEX	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%[3]
Male	5197	84%	282	83%	293	76%	302	85%	272	80%	260	81%	82	87%	6688	83%
Female	1020	16%	56	17%	91	24%	54	15%	67	20%	62	19%	12	13%	1362	17%
TOTAL[3]	6217	100%	338	100%	384	100%	356	100%	339	100%	322	100%	94	100%	8050	100%
AGE AT DIAGNOSIS*																
13-19	198	3%	9	3%	27	7%	23	6%	23	7%	16	5%	4	4%	300	4%
20-29	1871	30%	82	24%	98	26%	99	28%	94	28%	106	33%	29	31%	2379	30%
30-39	2464	40%	90	27%	110	29%	94	26%	87	26%	88	27%	21	22%	2954	37%
40-49	1232	20%	112	33%	107	28%	98	28%	91	27%	67	21%	27	29%	1734	22%
50+	452	7%	45	13%	42	11%	42	12%	44	13%	45	14%	13	14%	683	8%
TOTAL[3]	6217	100%	338	100%	384	100%	356	100%	339	100%	322	100%	94	100%	8050	100%
RACE/ETHNICITY																
White, Not Hispanic	4015	65%	184	54%	198	52%	194	54%	201	59%	152	47%	55	59%	4999	62%
Black, Not Hispanic	1985	32%	129	38%	150	39%	131	37%	111	33%	141	44%	31	33%	2678	33%
Hispanic	168	3%	18	5%	30	8%	24	7%	23	7%	22	7%	8	9%	293	4%
Other/Unknown	49	1%	7	2%	6	2%	7	2%	4	1%	7	2%	0	0%	80	1%
TOTAL[3]	6217	100%	338	100%	384	100%	356	100%	339	100%	322	100%	94	100%	8050	100%
TRANSMISSION ROUTE																
MSM[4]	3437	55%	189	56%	173	45%	171	48%	160	47%	146	45%	34	36%	4310	54%
IDU[5]	768	12%	26	8%	30	8%	26	7%	13	4%	9	3%	3	3%	875	11%
MSM and IDU	373	6%	11	3%	6	2%	8	2%	7	2%	3	1%	0	0%	408	5%
Hemophilia/Blood Disorder	81	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	81	1%
Heterosexual[6]	950	15%	55	16%	60	16%	22	6%	23	7%	24	7%	5	5%	1139	14%
Transfusion/Transplant	35	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	35	0%
Undetermined[7]	573	9%	57	17%	115	30%	129	36%	136	40%	140	43%	52	55%	1202	15%
TOTAL[3]	6217	100%	338	100%	384	100%	356	100%	339	100%	322	100%	94	100%	8050	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, 2011. 2010 and 2011 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 route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to invesitgation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

Table 9 shows a breakdown of new adult/adolescent HIV diagnoses by year of diagnosis and demographic characteristics. Cumulative data are presented through June 30th 2011. New diagnoses over the most recent years have been predominantly among males, whites and males reporting sexual contact with other males. In terms of the distribution of new infections by age at diagnosis for the five full years of data presented, persons aged 20-49 years account for the majority of new infections.

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

Table 10. 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	1982-05		2006		2007		2008		2009		2010[2]		2011[2]		Total	
SEX	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%[3]
Male	3898	85%	149	82%	122	75%	138	91%	94	83%	82	77%	22	79%	4505	84%
Female	715	15%	32	18%	40	25%	14	9%	19	17%	24	23%	6	21%	850	16%
TOTAL[3]	4613	100%	181	100%	162	100%	152	100%	113	100%	106	100%	28	100%	5355	100%
AGE AT DIAGNOSIS*																
13-19	110	2%	2	1%	1	1%	3	2%	3	3%	2	2%	1	4%	122	2%
20-29	1294	28%	33	18%	27	17%	33	22%	19	17%	23	22%	3	11%	1432	27%
30-39	1897	41%	53	29%	50	31%	41	27%	35	31%	34	32%	9	32%	2119	40%
40-49	952	21%	59	33%	61	38%	50	33%	37	33%	26	25%	9	32%	1194	22%
50+	360	8%	34	19%	23	14%	25	16%	19	17%	21	20%	6	21%	488	9%
TOTAL[3]	4613	100%	181	100%	162	100%	152	100%	113	100%	106	100%	28	100%	5355	100%
RACE/ETHNICITY																
White, Not Hispanic	3030	66%	98	54%	79	49%	88	58%	72	64%	46	43%	19	68%	3432	64%
Black, Not Hispanic	1423	31%	70	39%	60	37%	47	31%	31	27%	38	36%	8	29%	1677	31%
Hispanic	129	3%	11	6%	21	13%	14	9%	9	8%	17	16%	1	4%	202	4%
Other/Unknown	31	1%	2	1%	2	1%	3	2%	1	1%	5	5%	0	0%	44	1%
TOTAL[3]	4613	100%	181	100%	162	100%	152	100%	113	100%	106	100%	28	100%	5355	100%
TRANSMISSION ROUTE																
MSM[4]	2593	56%	96	53%	64	40%	79	52%	50	44%	42	40%	6	21%	2930	55%
IDU[5]	629	14%	19	10%	21	13%	12	8%	8	7%	4	4%	3	11%	696	13%
MSM and IDU	300	7%	5	3%	3	2%	1	1%	2	2%	1	1%	0	0%	312	6%
Hemophilia/Blood Disorder	78	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	78	1%
Heterosexual[6]	720	16%	36	20%	29	18%	9	6%	9	8%	10	9%	1	4%	814	15%
Transfusion/Transplant	35	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	35	1%
Undetermined[7]	258	6%	25	14%	45	28%	51	34%	44	39%	49	46%	18	64%	490	9%
TOTAL[3]	4613	100%	181	100%	162	100%	152	100%	113	100%	106	100%	28	100%	5355	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, 2011.

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

(2) Data reported through June 30, 2011. 2010 and 2011 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 route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to invesitgation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

Table 10 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 30th 2011. Newly diagnosed cases that had progressed to AIDS as of June 30, 2011 were predominantly male, white and males reporting sexual contact with other males. By age at HIV diagnosis, new AIDS cases over the four year period 2006-2009 were highest among persons aged 40-49 years old in comparison to other age groups.

Pediatric HIV Disease Cases, Kentucky

Table 11. Number and Percentage of Cumulative Pediatric[1] HIV Disease Cases By Transmission Route and Race/Ethnicity through June 30, 2011, 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%	32	91%	2	100%	55	77%
Pediatric Transfusion/Transplant	2	6%	0	0%	0	0%	2	3%
Pediatric risk not identified or reported	1	3%	2	6%	0	0%	3	4%
TOTAL	**34**	**100%**	**35**	**100%**	**2**	**100%**	**71**	**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 12. Number and Percentage of Cumulative Pediatric[1] HIV Disease Cases by Disease Status and Year of Diagnosis, Kentucky

Disease Status	1982-05	%	2006	%	2007	%	2008	%	2009	%	2010	%	2011[2]	%	Total	%[3]
HIV infections *without* AIDS	16	26%	2	100%	2	100%	1	100%	0	0%	5	100%	0	0%	26	37%
HIV infections *with* AIDS	45	74%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	45	63%
Total	**61**	**100%**	**2**	**100%**	**2**	**100%**	**1**	**100%**	**0**	**0%**	**5**	**100%**	**0**	**0%**	**71**	**100%**

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

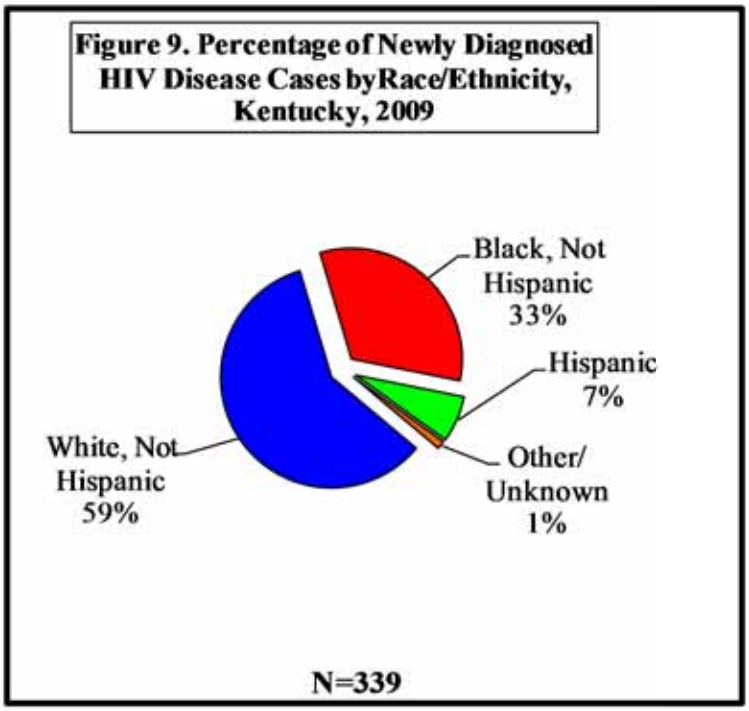
(2) Data reported through June 30, 2011.

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

There have been 71 pediatric HIV infections reported to the Kentucky HIV/AIDS surveillance program (Table 11 and Table 12) since AIDS reporting began in 1982. The majority of reported pediatric infections (55, 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 11). 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 two (91%) of the 35 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 one (86%) of the cumulative 71 infections were diagnosed prior to 2006. Five or less new cases have been reported during each of the most recent 5 years (Table 12). The majority (63%) of cumulative pediatric HIV infections had progressed to AIDS as of June 30, 2011.

New HIV Disease Cases by Race/Ethnicity, Kentucky



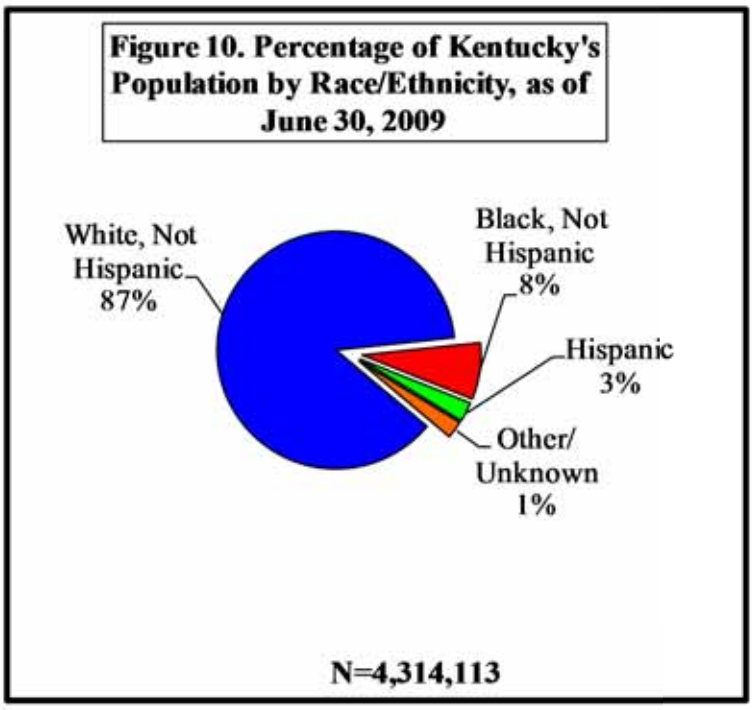


Figure 9 shows the percentage of newly diagnosed HIV infections in Kentucky in 2009 by race/ethnicity. Of the 339 new cases, the majority (59%) were among white, non– Hispanics, followed by 33% among black, non -Hispanics and 7% among Hispanics. One percent of new cases were diagnosed among persons of 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 by race/ethnicity. The majority of Kentuckians are white, non-Hispanic.

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 33% of new HIV infections diagnosed in 2009, yet comprised just 8% of Kentucky's population in mid 2009. Similarly, Hispanics accounted for 7% of newly diagnosed HIV infections in 2009, yet comprised only 3% of Kentucky's population in that same year.

Rates of new diagnoses are presented in Table 13, which further highlight racial disparities by sex.

Table 13. Number and Rate of New HIV Diagnoses by Race/Ethnicity and Sex, Kentucky, 2009

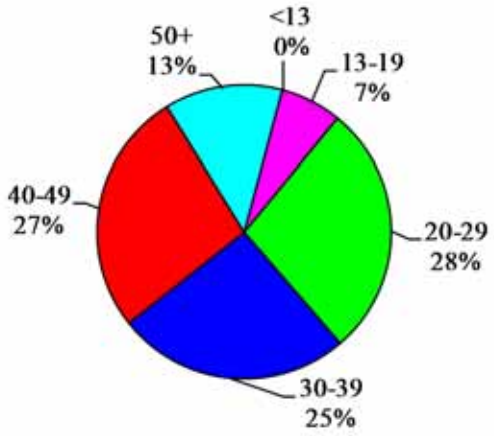
Race/Ethnicity	Male		Female	
	No of Cases	Rate*	No of Cases	Rate*
Hispanic	17	26.5	6	†
Black, not Hispanic	87	51.0	24	13.7
White, not Hispanic	166	8.9	35	1.8

*Rate per 100,000.

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

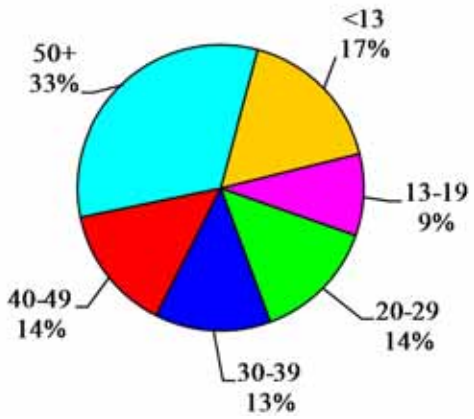
New HIV Disease Cases by Age at Diagnosis, Kentucky

Figure 11. Percentage of Newly Diagnosed HIV Disease Cases by Age in Years at Diagnosis, Kentucky, 2009



N=339

Figure 12. Percentage of Kentucky's Population by Age in Years, as of June 30, 2009



N=4,314,113

Figure 11 shows the percentage of newly diagnosed HIV infections in Kentucky in 2009 by age category at time of HIV diagnosis. Over three quarters of the new diagnoses in 2009 were about equally divided between the 20-29, 30-39, and 40-49 year age categories.

Figure 12 shows the percentage distribution of Kentucky's population by age. A third of all Kentuckians are aged 50+ years.

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 14) show higher rates of infection among blacks across all age groups, in comparison to whites in 2009. These differences in rates of new infections in 2009 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 four times higher than the rates among their white counterparts. Rates among Hispanics are not presented due to small numbers.

Table 14. Number and Rate of New HIV Diagnoses by Age at Diagnosis and Race/Ethnicity, Kentucky, 2009

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No of Cases	Rate*	No of Cases	Rate*
13-19	15	36.2	7	†
20-29	33	61.2	50	9.8
30-39	22	50.9	56	11.3
40-49	26	55.3	60	10.5
50+	15	20.7	28	2.3

*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 15. HIV Disease Cases and Diagnosis Rates by Year of HIV Diagnosis and Area Development District (ADD) of Residence at Time of HIV Diagnosis, Kentucky, 1982-2011[2]

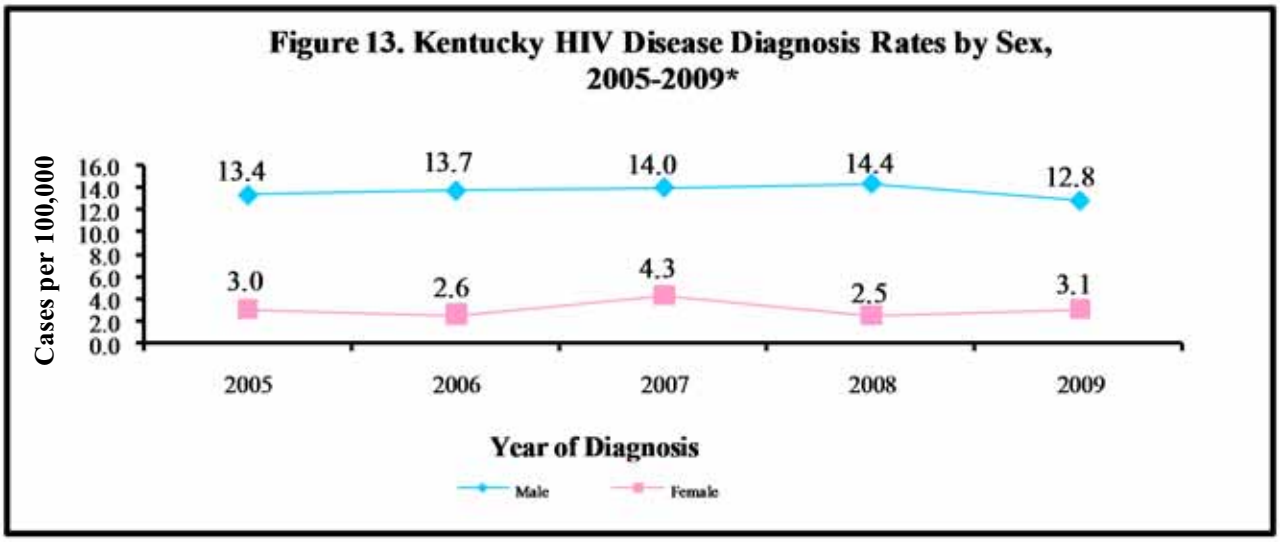
AREA DEVELOPMENT DISTRICT	CASES & RATES[1]	1982-2005	2006	2007	2008	2009	2010	2011[2]	TOTAL CASES[3]	% of Total
1. Purchase	Cases	217	12	9	12	9	6	3	268	3%
	Rate per 100,000		6.2		6.1					
2. Pennyrile	Cases	220	5	6	10	12	9	1	263	3%
	Rate per 100,000				4.5	5.4				
3. Green River	Cases	194	5	12	9	10	7	4	241	3%
	Rate per 100,000			5.7		4.7				
4. Barren River	Cases	211	11	19	18	14	8	2	283	3%
	Rate per 100,000		4.1	6.9	6.5	5.0				
5. Lincoln Trail	Cases	179	10	20	12	11	10	1	243	3%
	Rate per 100,000		3.9	7.8	4.7	4.2				
6. KIPDA/ North Central	Cases	3127	159	176	170	152	148	42	3974	49%
	Rate per 100,000		17.4	19.0	18.2	16.2	15.7			
7. Northern Kentucky	Cases	518	35	27	28	26	32	7	673	8%
	Rate per 100,000		8.3	6.3	6.5	6.0	7.3			
8. Buffalo Trace	Cases	35	1	2	4	4	1	0	47	1%
	Rate per 100,000									
9. Gateway	Cases	59	0	2	7	5	5	1	79	1%
	Rate per 100,000									
10. FIVCO	Cases	97	4	12	2	6	4	0	125	2%
	Rate per 100,000			8.7						
11. Big Sandy	Cases	43	0	1	6	5	0	1	56	1%
	Rate per 100,000									
12. Kentucky River	Cases	45	4	4	3	0	1	1	58	1%
	Rate per 100,000									
13. Cumberland Valley	Cases	116	7	7	6	8	7	2	153	2%
	Rate per 100,000									
14. Lake Cumberland	Cases	88	6	8	3	5	6	4	120	1%
	Rate per 100,000									
15. Bluegrass	Cases	1123	80	81	67	72	83	25	1531	19%
	Rate per 100,000		10.9	10.9	8.9	9.4	10.9			
TOTAL CASES[3]		**6,272**	**339**	**386**	**357**	**339**	**327**	**94**	**8,114**	**100%**

(1) Rates are only listed for years of diagnosis 2006- 2010. Data for 2010 and 2011 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, 2011.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 8,121—7 HIV cases with unknown residential information.

Trends in HIV Disease Diagnosis Rates in Kentucky by Sex, 2005-2009



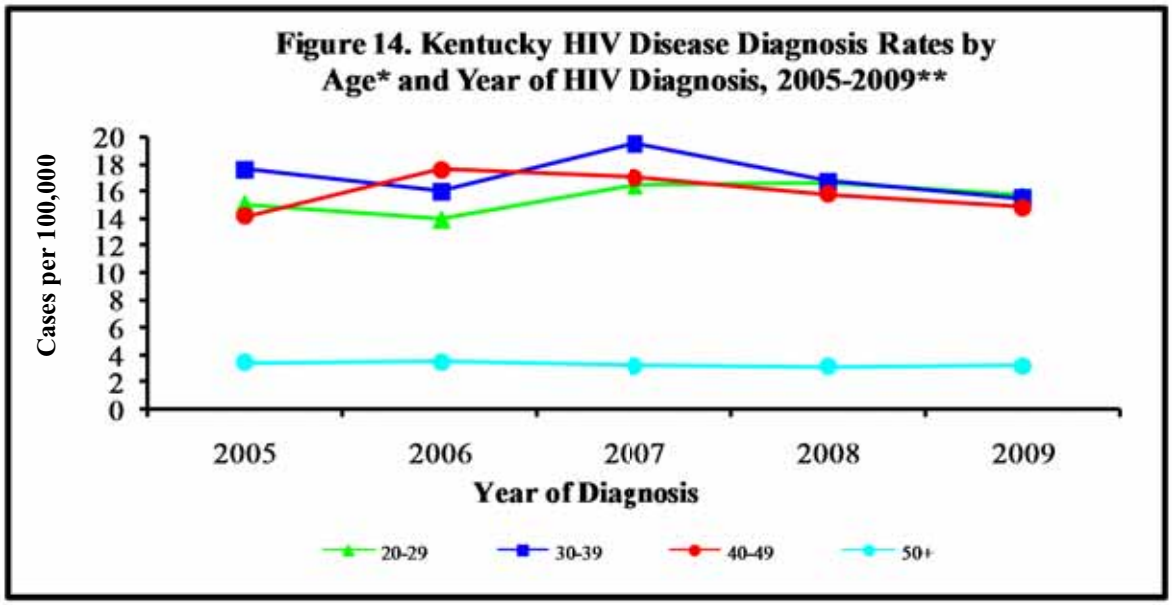
*Data subject to change due to reporting delays. Data for 2010 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of total HIV cases diagnosed in Kentucky. The yearly diagnosis rate among males increased every year, except for 2009 when there was a slight decrease. From 2005 to 2009, the HIV diagnosis rate among males fluctuated between 3.3 to 5.8 times higher than for females (Figure 13).

The female HIV diagnosis rate has remained fairly stable over the most recent five years, between 2.5 to 4.3 cases per 100,000 population. The highest HIV diagnosis rate among females within the most recent five years was in 2007 at 4.3 per 100,000 females.

In 2007, a higher number of new diagnoses were reported, which explains any spikes shown in the diagnosis rates by varying demographics.

Trends in HIV Disease Diagnosis Rates in Kentucky by Age at HIV Diagnosis, 2005-2009



*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 2010 are not included in trend analyses since they are considered provisional due to reporting delays.

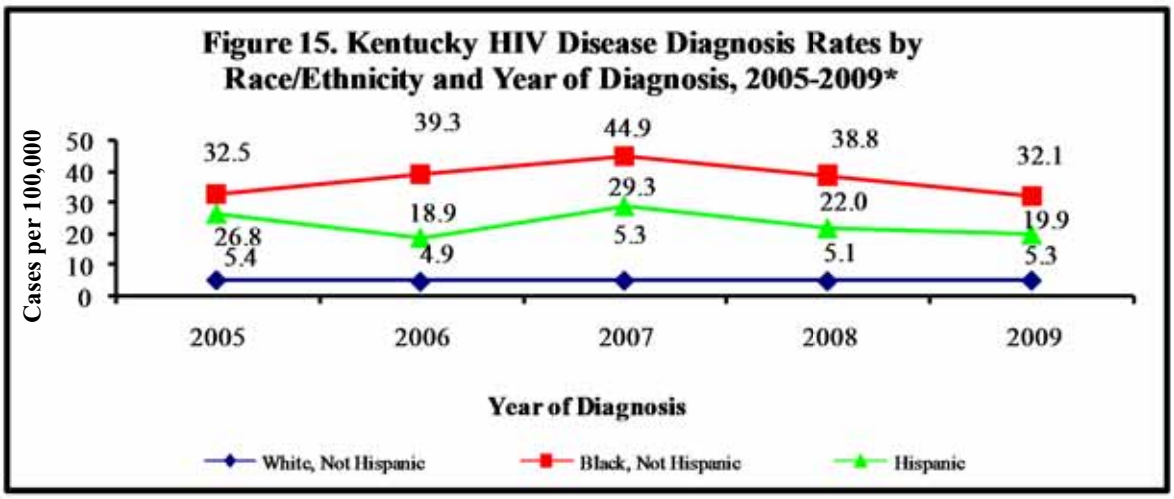
The HIV diagnosis rate over the most recent five years (for the age groups presented) was highest among persons in their 30s and 40s at time of diagnosis, closely followed by 20-29 year olds at time of diagnosis (Figure 14). In 2006, there was a slight decrease in the HIV diagnosis rates for those aged 20-29 years and 30-39 years, whereas the rate increased among those aged 40-49 years. In 2007, there was a slight increase in the diagnosis rates for persons aged 20-29 years and 30-39 years. After 2007, the diagnosis rate declined slightly or remained stable across all age groups presented.

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 2005 to 2009 ranged between 35.5 to 37.2 years of age (Table 16). The highest individual age at diagnosis in this time period was 79 years, which occurred in 2007.

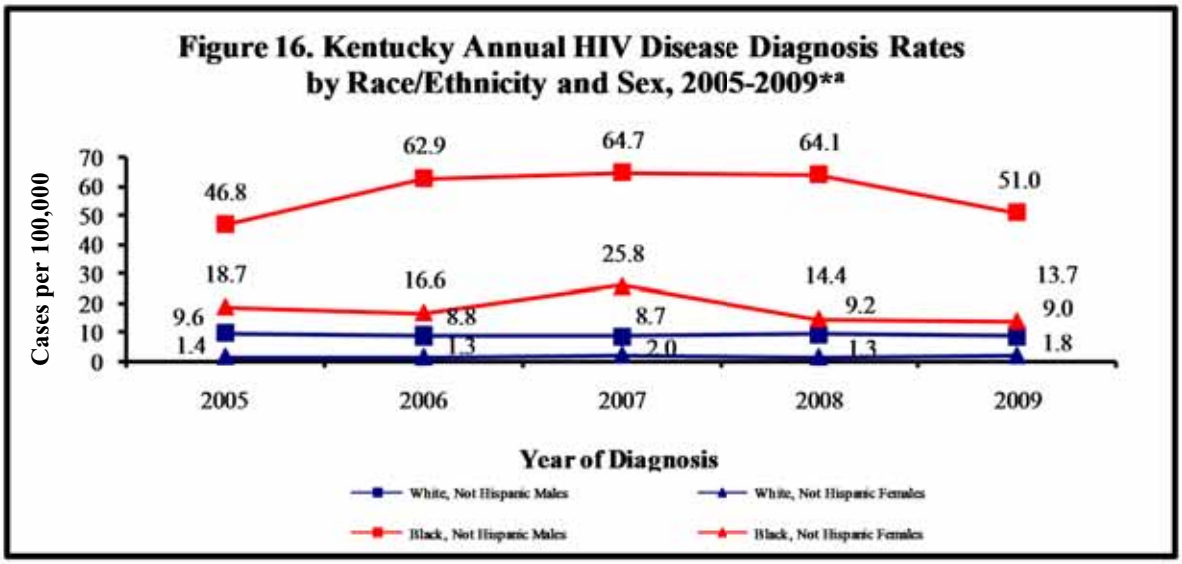
Table 16. Mean Age at Time of HIV Diagnosis, Kentucky 2005-2009

HIV Diagnosis Year	Mean Age
2005	36.2
2006	37.2
2007	35.5
2008	35.6
2009	36.2

Trends in HIV Disease Diagnosis Rates in Kentucky by Race/Ethnicity, 2005-2009



*Data subject to change due to reporting delays. Data for 2010 are not included in trend analyses since they are considered provisional due to reporting delays.



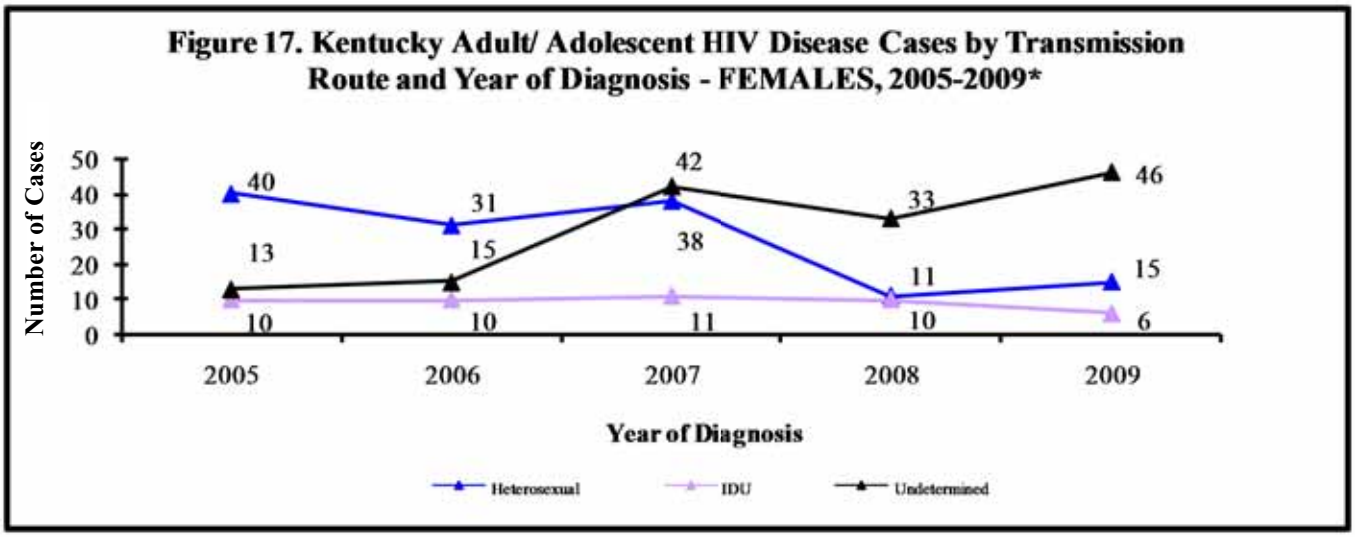
*Data subject to change due to reporting delays. Data for 2010 are not included in trend analyses since they are considered provisional due to reporting delays.
[a] Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

On average, between 2005 and 2009, the HIV diagnosis rate for blacks fluctuated between 6.0 to 8.5 times higher than for whites. The diagnosis rate for Hispanics has been between 3.8 to 5.5 times higher than for whites (Figure 15). The overall trend for blacks shows an increase through 2007 and a drop in rates since then. The overall trend for Hispanics shows a decrease in rates in 2006, an increase in 2007 and a drop since. The overall trend among whites has remained steady.

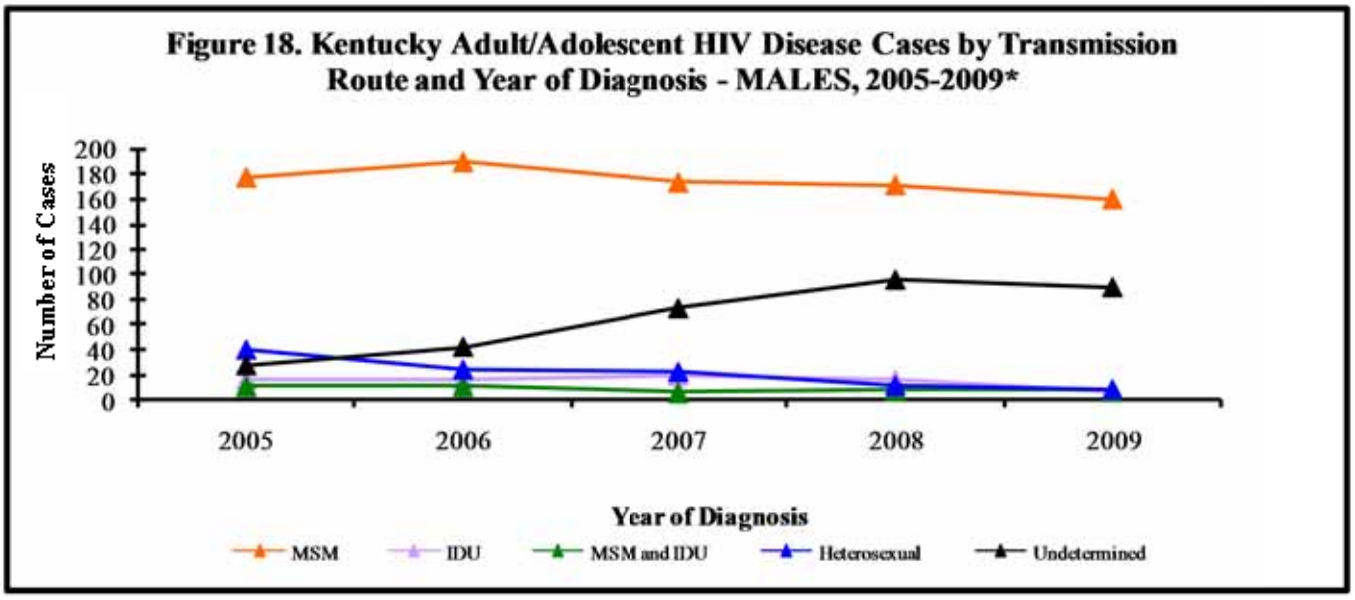
Figure 16 presents diagnosis rates from 2005 through 2009 for blacks and whites by sex. Black males and black females had consistently higher rates of new infection in comparison to their white counterparts. The HIV diagnosis rate among black males fluctuated between 4.9 to 7.4 times higher than that of white males. The rate among black females was 7.6 to 13.4 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, 2005-2009

Females



Males



**Data subject to change due to reporting delays. Data for 2010 are not included in trend analyses since they are considered provisional due to reporting delays.

Figures 17 and 18 show female and male Kentucky adult/adolescent HIV cases by transmission route and year of diagnosis. The number of new female cases reporting heterosexual contact was highest between 2005-2007 (Figure 17). The number of new female cases reporting IDU as the primary route of transmission has remained fairly steady, with a slight drop in 2009.

In Figure 18, which depicts trends for adult/adolescent males, MSM accounted for the largest number of cases diagnosed each year from 2005 to 2009, with an increase in 2006 and slight decreases thereafter. The number of males reporting IDU as the primary route of transmission remained stable from 2005-2008 but dropped to 7 cases in 2009. New male adult/ adolescent HIV cases that were attributed to heterosexual contact were highest in 2005 (40 cases) but have decreased since.

Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians, through June 30, 2011

Table 17. Cumulative HIV Infections Diagnosed through June 30, 2011 by Diagnostic Status and Disease Progression, Kentucky			
	Time from HIV Diagnosis to AIDS Diagnosis (Days)	N	%
HIV *without* AIDS*			
	HIV *without* AIDS*	2,721	34%
HIV *with* AIDS**			
	0 - 30 Days†	2,474	46%
	31 - 60 Days	300	6%
	61 - 90 Days	167	3%
	91 -365 Days	411	8%
	>365 Days	2,048	38%
	AIDS Subtotal	5,400	66%
Total‡		**8,121**	

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

**Includes HIV disease cases that had progressed to AIDS as of June 30, 2011.

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

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

As of June 30, 2011, there were 8,121 cumulative HIV infections diagnosed among Kentuckians, of whom 66% had progressed to AIDS by that date. Of the 5,400 infections that had progressed to AIDS, almost half (46%) were diagnosed concurrently within 30 days of the initial HIV diagnosis.

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, 2011, 3,352, or 41.3% of cumulative infections diagnosed in Kentucky were late testers.

Table 18. HIV Disease Cases Diagnosed within the 10.5 Year Period January 1, 2001- June 30, 2011 who have Progressed to AIDS, Kentucky		
Time to AIDS Diagnosis (Days)	**N**	**%**
0 - 30 Days†	960	60%
31 - 60 Days	137	9%
61 - 90 Days	77	5%
91 - 365 Days	148	9%
>365 Days	287	18%
Total	**1609**	**100%**

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

Within the most recent 10.5 year period for which data are available (January 1, 2001 through June 30, 2011), a total of 3,341 HIV infections were diagnosed among Kentuckians, with 1609 (48%) having progressed to AIDS. The distribution of disease progression from HIV to AIDS in months for these AIDS cases is presented in Table 18. Sixty percent of the 1,609 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, 2001-2011*, Kentucky

Table 19. Kentucky HIV Infections Diagnosed in the Most Recent 10.5 Year Period (January 1, 2001-June 30, 2011) that were Diagnosed Concurrently with AIDS (within 30 Days of HIV Diagnosis) by Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Category

	HIV *with* Concurrent AIDS Diagnosis***		HIV *Without* Concurrent AIDS Diganosis**		Total HIV Disease Diagnoses*	
Characteristics	N	%[1]	N	%[1]	N	%[1]
SEX						
Male	783	82%	1898	80%	2681	80%
Female	177	18%	483	20%	660	20%
AGE AT DIAGNOSIS						
<13	5	1%	20	1%	25	1%
13-19	8	1%	142	6%	150	4%
20-29	145	15%	755	32%	900	27%
30-39	303	32%	677	28%	980	29%
40-49	346	36%	550	23%	896	27%
50+	153	16%	237	10%	390	12%
RACE/ETHNICITY- Female						
White, Not Hispanic	54	31%	213	44%	267	40%
Black, Not Hispanic	100	56%	228	47%	328	50%
Hispanic	17	10%	29	6%	46	7%
Other/Unknown	6	3%	13	3%	19	3%
RACE/ETHNICITY- Male						
White, Not Hispanic	498	64%	1079	57%	1577	59%
Black, Not Hispanic	208	27%	693	37%	901	34%
Hispanic	68	9%	102	81%	170	6%
Other/Unknown	9	1%	24	1%	33	1%
TRANSMISSON CATEGORY						
MSM[2]	430	45%	1204	51%	1634	49%
IDU[3]	101	11%	161	7%	262	8%
MSM and IDU	31	3%	62	3%	93	3%
Heterosexual[4]	164	17%	342	14%	506	15%
Perinatal	5	1%	18	1%	23	1%
Hemophilia/Transfusion	0	0%	1	<1%	1	<1%
Undetermined[5]	229	24%	593	25%	822	25%
TOTAL	**960**	**100%**	**2381**	100%	3341	**100%**

*January 1, 2001 through June 30, 2011

**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) "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 19 (page 27) examines the distribution of HIV infections among Kentuckians diagnosed between January 1, 2001, and June 30, 2011, 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.

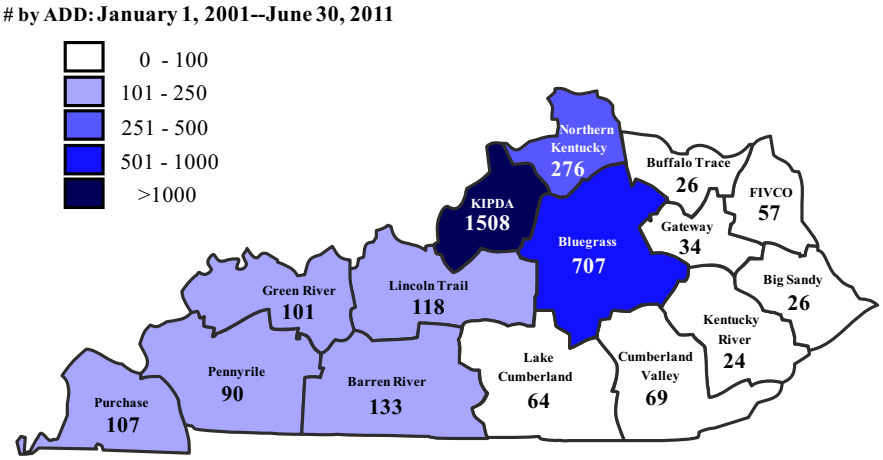
The distribution of cases diagnosed over the most recent 10.5 years by sex shows a similar trend among concurrent and non-concurrent cases, with the majority being male. The distribution by age at diagnosis however differs, with the highest percentages of concurrent cases being a little older (36% aged 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 10% were Hispanic females. However, among males, the majority of concurrent diagnoses were white (64%). Twenty seven percent were black males and 9% were Hispanic males. The proportions 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 (45%), followed by 17% among persons reporting heterosexual exposure. Children (<13 years at diagnosis) had the smallest number of concurrent diagnoses reported. Almost a quarter of infections with concurrent HIV and AIDS diagnoses have an undetermined transmission route, which creates challenges for prevention initiatives to increase early testing and care initiatives to reduce and/or eliminate barriers to enrollment into care.

Concurrent HIV Infections by Kentucky Area Development District (ADD)

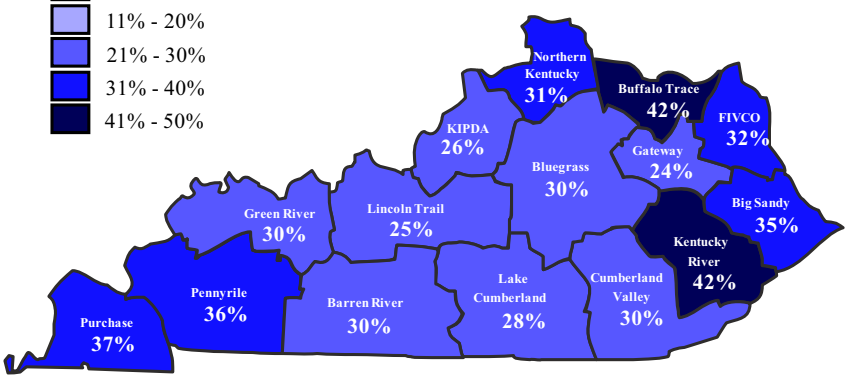
Figure 19. Number of HIV Disease Diagnoses within each Kentucky Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 years, January 1, 2001--June 30, 2011



Note: One case missing residence information

Figure 19 examines the total number of HIV infections diagnosed between January 1, 2001 and June 30, 2011 by ADD. Data represent the total number of HIV infections in each ADD, regardless of disease progression status. The highest number of infections (1508, 45%) diagnosed in this period occurred in residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of infections (707, 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, 2001 – June 30, 2011

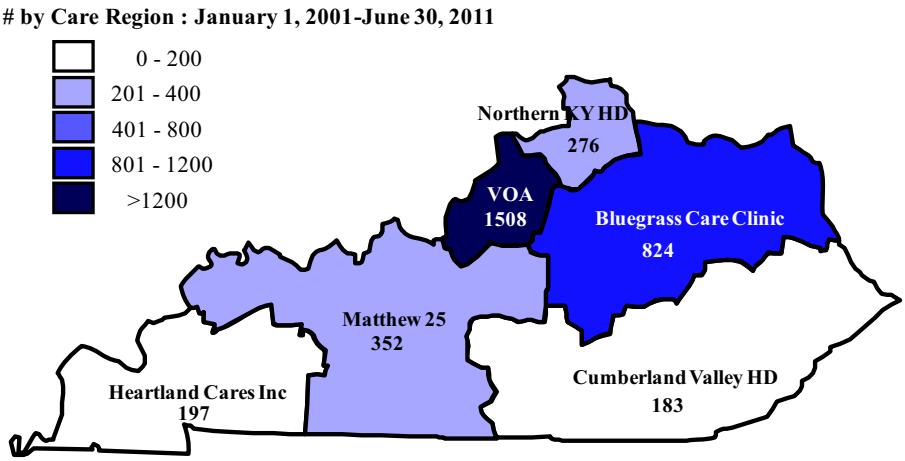


Note: One case missing residence information

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, 2001 and June 30, 2011. The percentage of concurrent HIV and AIDS infections diagnosed ranged from 24% to 42% 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 (42% each) and in the western region: Purchase ADD (37%) and Pennyrile ADD (36%). However, some ADDs had a small number of cases, so percentages should be interpreted with caution. The Big Sandy, FIVCO and Northern Kentucky ADDs also had comparatively higher percentages of concurrent diagnoses: 35%, 32% and 31% respectively.

Concurrent HIV Infections by Kentucky Care Coordinator Region

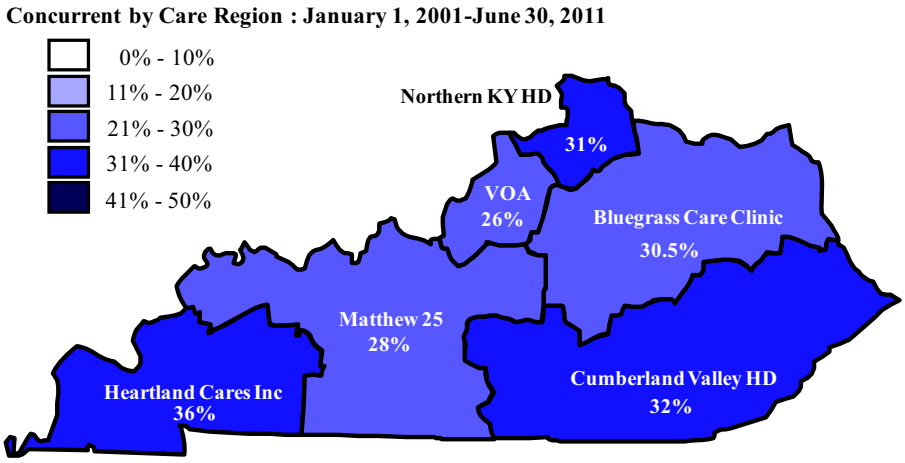
Figure 21. Number of HIV Disease Diagnoses within each Kentucky Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2001--June, 30 2011



Note: I case missing residence information

Figure 21 shows the total number of HIV infections diagnosed between January 1, 2001 and June 30, 2011 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 (1508, 45%) diagnosed in this period occurred in residents served by Volunteers of America (VOA). The second highest number of infections (824, 25%) occurred in residents served by the Bluegrass Care Clinic.

Figure 22. Percentage of Concurrent HIV Disease Diagnoses within each Kentucky Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2001--June, 30 2011



Note: I case missing residence information

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, 2001 and June 30, 2011. The percentage of concurrent HIV and AIDS infections diagnosed ranged from 26% to 36%. All regions had over a quarter of infections diagnosed within their jurisdiction as concurrent diagnoses, with the highest proportions of concurrent HIV and AIDS infections in the regions served by Heartland Cares Inc, Cumberland Valley District Health Department and Northern Kentucky District Health Department: 36%, 32% and 31% respectively. Cases diagnosed concurrently likely did not get tested near time of 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/AIDS Care Coordinator Program

Barren Region

Matthew 25
452 Old Corydon Road
Henderson, KY 42420
(270) 826-0200
(877) 428-1231
fax: (270) 826-0212

Counties Covered:

Allen	Grayson	Logan	Nelson
Barren	Hancock	McLean	Ohio
Breckinridge	Hardin	Marion	Simpson
Butler	Hart	Meade	Union
Daviess	Henderson	Metcalfe	Warren
Edmonson	Larue	Monroe	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
Some Cumberland Valley clients are covered by Lexington Region

Counties Covered:

Adair	Green	Leslie	Pulaski
Bell	Harlan	Letcher	Rockcastle
Breathitt	Jackson	Magoffin	Russell
Casey	Johnson	Martin	Taylor
Clay	Knott	McCreary	Wayne
Clinton	Knox	Owsley	Whitley
Cumberland	Laurel	Perry	Wolfe
Floyd	Lee	Pike	

Lexington Region

Bluegrass Care Clinic, UK
740 S. Limestone, 5D Room L528
UK Medical Center
Lexington, KY 40536
(859) 323-5544
fax: (859) 323-1694

Counties Covered:

Anderson	Elliott	Jessamine	Montgomery
Bath	Estill	Lawrence	Morgan
Bourbon	Fayette	Lewis	Nicholas
Boyd	Fleming	Lincoln	Powell
Boyle	Franklin	Madison	Robertson
Bracken	Garrard	Mason	Rowan
Carter	Greenup	Menifee	Scott
Clark	Harrison	Mercer	Woodford

Louisville Region

Volunteers of America
850 Barret Ave., Suite 302
Louisville, KY 40204
(502) 574-0161
fax: (502) 574-8484

Counties Covered:

Bullitt	Jefferson	Shelby	Trimble
Henry	Oldham	Spencer	

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	Carroll	Grant	Owen
Campbell	Gallatin	Kenton	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	Christian	Hickman	McCracken
Caldwell	Crittenden	Hopkins	Marshall
Calloway	Fulton	Livingston	Muhlenberg
Carlisle	Graves	Lyon	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.**

Boone County Health Department
7505 Burlington Pike
Florence KY 41042
(859) 363-2060

Northern Kentucky District Health Dept.
610 Medical Village Drive,
Edgewood, KY 41017
(859) 341-4264

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

Buffalo Trace Health Department
120 W. Third St.
Maysville, KY 41056
(606) 564-9447

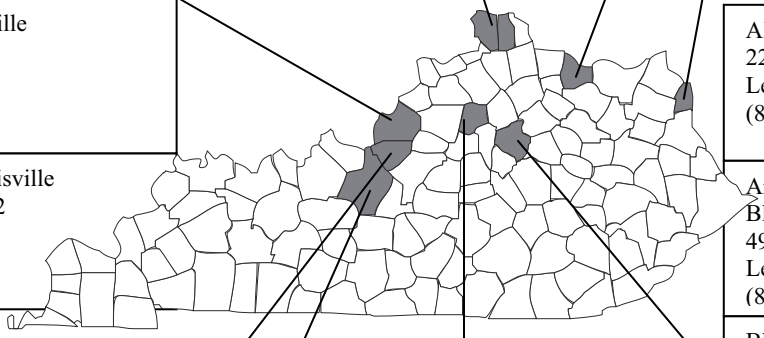
Ashland-Boyd County Health Department
2924 Holt St.
Ashland, KY 41105
(606) 329-9444

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

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

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



AIDS Volunteers, Inc. (AVOL)
225 Walton Avenue, Suite 110
Lexington, KY 40502
(859) 225-3000

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

Bluegrass Community Health Center
1306 Versailles Road
Lexington, KY 40504
(859) 259-0717

Bullitt County Health Department
181 Lees Valley Rd.
Shepherdsville, KY 40165
(502) 543-2415

Franklin County Health Department
100 Glenns Creek Rd.
Frankfort, KY 40601
(502) 564-7647

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

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

Lincoln Trail District Health Department
1222 Woodland Dr
Elizabethtown KY, 42701
(270) 769-1601

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

HIV Counseling and Testing Sites

State Sponsored Ora-Quick Testing Sites* (continued)

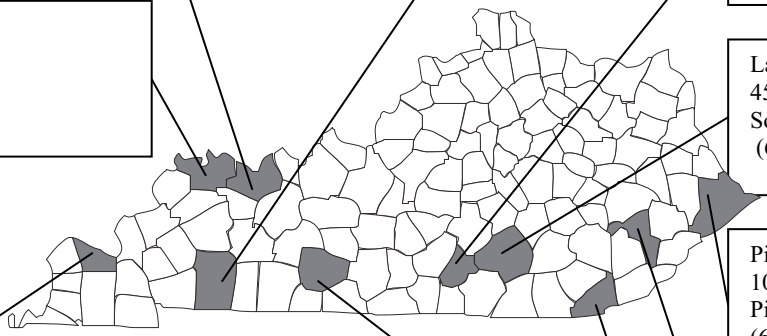
All state sponsored testing sites, offer **free or minimal cost** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the agency to verify whether an appointment is needed or if walk-ins are acceptable.**

Owensboro Task Force
1014 E. 4th Street
Owensboro, KY, 42303
(270) 993-8278

Christian County Health Department
1700 Canton St.
Hopkinsville, KY 42240
(270) 887-4160

Lake Cumberland Health Department
69 Herriford Curve Rd
Jamestown, KY 42629
(270) 343-2182

Matthew 25 AIDS Services
452 Corydon Road
Henderson, KY 42420
(270) 826-0200



Lake Cumberland Health Department
45 Roberts St.
Somerset KY 42501
(606) 679-4416

Pike County Health Department
100 River Dr.
Pikeville, KY 41501
(606) 437-5500

Purchase Area Health Department
916 Kentucky Ave.
Paducah, KY 42002
(270) 444-9625

Barren River Health Department
1133 Adams St.
Bowling Green, KY 42102
(270) 781-8039

Kentucky River Health Department
441 Gorman Hollow Rd.
Hazard, KY 41701
(606) 439-2361

Heartland CARES
619 North 30th St
Paducah, KY 42001
(877) 444-8183

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

Cumberland Valley Health Department
310 Cherry St.
Pineville, KY 40977
(606) 337-7046

*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

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