

## 21. HIV

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### Goal

Prevent HIV transmission and associated morbidity and mortality by (1) ensuring that all persons at risk for HIV infection know their serostatus, (2) ensuring that those persons not infected with HIV remain uninfected, (3) ensuring that those persons infected with HIV do not transmit HIV to others, and (4) ensuring that those infected with HIV are accessing the most effective therapies possible.

### Overview

At the start of the 21<sup>st</sup> century, HIV and AIDS continue to impact the health of Kentuckians. Since the first AIDS case was reported in 1982, there have been 4,119 Kentuckians reported with AIDS of whom 2,245 are still living. Males continue to represent a sizable majority (85 percent) of cumulative AIDS cases. Whites comprise the majority of cumulative AIDS cases at 67 percent. However, African Americans are affected far more disproportionately. In 2002, African Americans comprised 7 percent of Kentucky's total population yet 33 percent of AIDS cases diagnosed. This discrepancy has increased in recent years. Among all AIDS cases diagnosed in 2002, the majority of AIDS cases are reported in those ages 25-44. Kentucky has had very few AIDS cases reported resulting from perinatal transmission. Men who have sex with men (MSM) comprise the majority of Kentucky's AIDS cases. In 2002, the majority of all AIDS cases resided in two of Kentucky's largest Area Development Districts (ADDs) at the time of diagnosis: the KIPDA ADD (46 percent), including the city of Louisville, and the Bluegrass ADD (19 percent) which includes the city of Lexington. Although the majority of AIDS cases reside in urban areas, AIDS is widely dispersed throughout the state. Cases have resided in 118 of 120 Kentucky counties at time of diagnosis.

HIV/AIDS continues to be a serious public health problem in Kentucky even though AIDS incidence and deaths have declined in Kentucky and throughout the nation. Prevention efforts targeting those at high risk for HIV infection must continue. These initiatives must be culturally sensitive and incorporate differences in economic status. Emphasis on early HIV testing is an important component of HIV prevention efforts. HIV testing counselors educate HIV positive clients about ways to prevent infecting others and educate HIV negative clients about ways to avoid infection in the future. One developmental *Healthy Kentuckians 2010* objective sets the goal to lengthen the time from HIV diagnosis to AIDS infection. Early HIV diagnosis and treatment are directly related to this goal. As more people are living with HIV and AIDS, we must continue to improve medical, financial, and other support services in order to extend quality years of life.

### Summary of Progress

There are several objectives that have shown progress toward meeting the 2010 targets and one objective that has exceeded its target. Objective 21.1.a. which relates to confining the annual incidence of AIDS cases among adults and adolescents to 5.4 per 100,000 population was exceeded; the annual incidence of AIDS cases was lower than the target at 5.0 per 100,000 population. Progress is being made on Objective 21.1.b. which states the annual number of AIDS cases diagnosed among adults and adolescents should be confined to no more than 184 cases. The mid-decade status shows a considerable drop in the AIDS cases reported annually, although the 2010 target has not yet been met. Objective 21.5 - to increase the percent of sexually active, unmarried high school-aged youth who used a latex condom at last sexual intercourse - has also shown progress. The mid-decade status shows a 4 percentage point increase from the 1997 baseline. Progress has also been demonstrated for Objective 21.9, to increase to 100 percent the number of school children who receive classroom education on HIV and STDs. The mid-decade status for this objective shows a 2 percent incremental increase from 88 percent in 1997 to 90 percent in 2003.

The progress on objectives pertaining to HIV incidence still remains undetermined due to a change in HIV reporting criteria. On July 13, 2004, Kentucky adopted a "Confidential Name Based" reporting system. Previously, HIV cases were reported using a unique identifier system containing the case's initials. The Centers for Disease Control and Prevention (CDC) would not accept Kentucky's data as part of the national total because of this unique identifier system. By using the "Confidential Named Based" reporting system, Kentucky will now be included in national totals and will be able to more accurately determine the incidence of HIV in the state. Until a formal evaluation of this new system is conducted; however, no data on HIV will be released.

The HIV/AIDS Branch is dedicated to establishing goals and objectives to prevent and/or reduce HIV infection throughout Kentucky. Health providers are educated and encouraged to report HIV/AIDS cases to the Branch in an efficient and timely manner, in order to help facilitate HIV prevention and care services. HIV Prevention Specialists throughout Kentucky are reaching out to Kentucky's communities by providing HIV education and awareness to high risk groups. HIV care services are also offered for those persons living with HIV/AIDS through the Care Coordinator Program in centers throughout Kentucky along, with HIV drug assistance programs and insurance assistance.

**21.1.a. To confine the annual incidence of diagnosed AIDS cases among adolescents and adults to no more than 5.4 per 100,000 population.**

**Data Source:** Kentucky HIV/AIDS Surveillance System

When the baselines were set for Healthy Kentuckians 2010, the incidence rates were adjusted for reporting delay. The Kentucky HIV/AIDS program no longer adjusts for reporting delay. In order to correspond with the data for mid-decade status, the baseline rates listed below were changed to represent the AIDS incidence for 1998 not adjusted for reporting delay.

AIDS Incidence  
per 100,000

(Persons > 12 years old)

	1998 Baseline	HK 2010 Target	Mid-Decade
<b>Total</b>	<b>7.1</b>	<b>5.4</b>	<b>5.0</b>

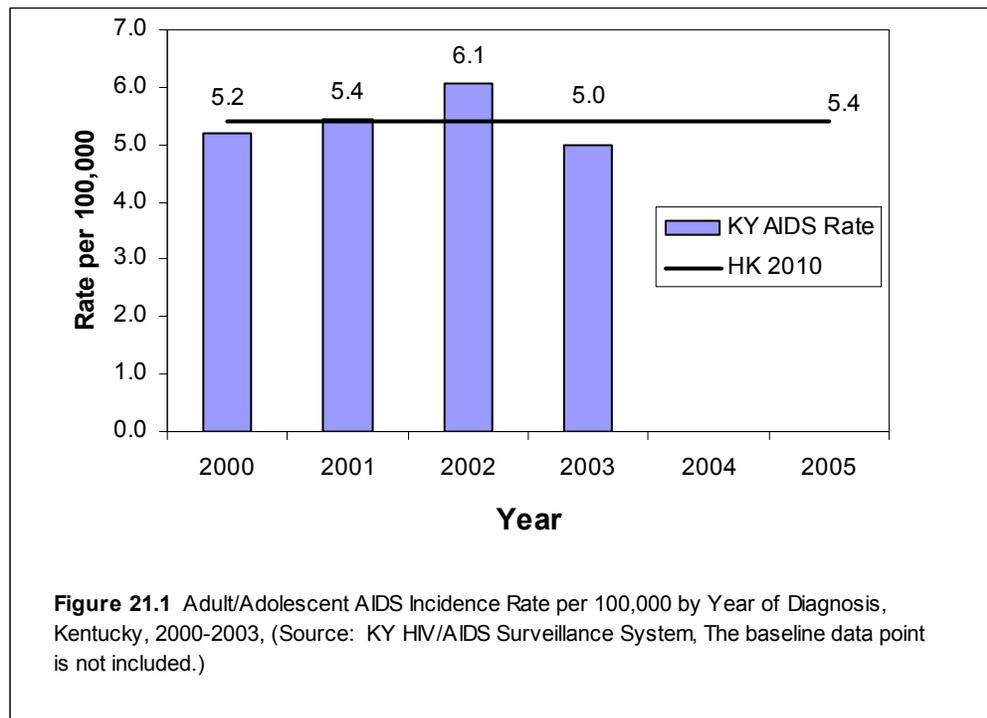
Race	1998 Baseline	HK 2010 Target	Mid-Decade
White	4.8	5.4	3.2
African-American	34.5	5.4	24.3
Hispanic	22.6	5.4	13.2
Asian/Pacific Islander	*	*	*
American Indian/Alaska Native	*	*	*

Gender and Race	1998 Baseline	HK 2010 Target	Mid-Decade
<b>Total males</b>	<b>12.2</b>	<b>10.2</b>	<b>7.6</b>
White males	8.6	10.2	5.2
African American males	55.8	10.2	32.7
Hispanic males	37.3	10.2	11.8
Asian/Pacific Islander males...	*	*	*
Am. Indian/Alaska Native males	*	*	*

<b>Total females</b>	<b>2.4</b>	<b>1.1</b>	<b>2.0</b>
White females	1.4	1.1	0.7
African American females	15.9	1.1	13.1
Hispanic females	6.0	1.1	13.5
Asian/Pacific Islander females	*	*	*
Am. Indian/Alaska Native females	*	*	*

\* Number of reported cases too small to complete baselines and projections.

\*\*Progress data is based on the most complete data for AIDS, 2003.



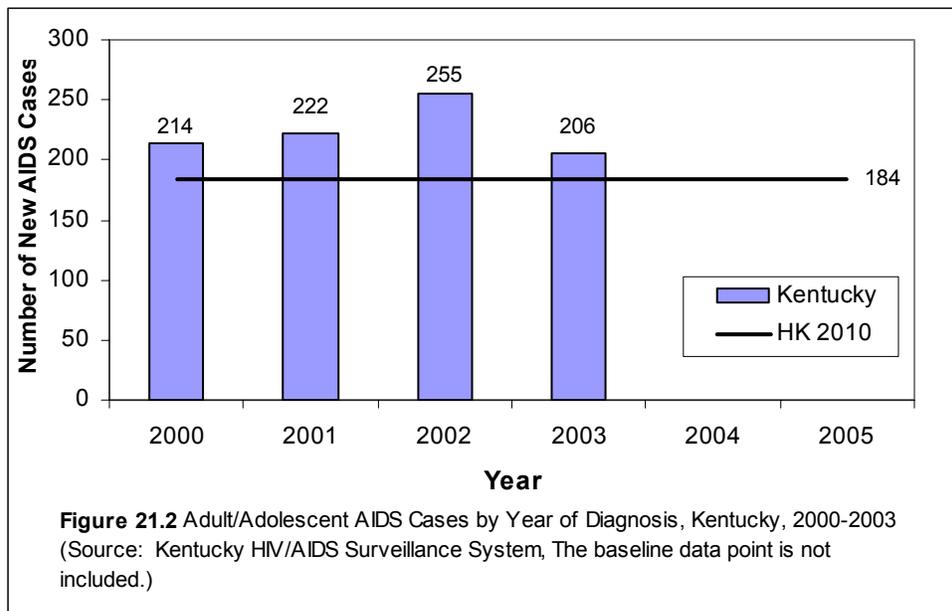
**21.1.b. To confine the annual number of diagnosed AIDS cases among adolescents and adults to no more than 184 cases.**

**Data Source:** Kentucky HIV/AIDS Surveillance System

When the baselines were set for Healthy Kentuckians 2010, the incidence data were adjusted for reporting delay. The Kentucky HIV/AIDS program no longer adjusts for reporting delay. In order to correspond with the data for mid-decade status, the baseline data listed below were changed to represent the AIDS incidence for 1998 not adjusted for reporting delay.

Please note that Kentucky decided to add *Other/Undetermined* as a risk exposure category to these objectives, as it represents a sizable population. Perinatal transmission is included in a separate objective.

<b>Description:</b>	<b>1998 Baseline</b>	<b>HK 2010 Target</b>	<b>**Mid-Decade Status</b>
Total (persons > 12 years old)	231	184	206
<b>Male exposure category:</b>			
Men who have sex with men (MSM)	115	88	96
Injecting drug use (IDU)	21	20	27
Heterosexual contact	20	15	5
Other/Undetermined	34	30	32
<b>Female exposure category:</b>			
Injecting drug use (IDU)	11	9	9
Heterosexual contact	25	13	19
Other/Undetermined	5	4	18



**Strategies to Achieve Objective(s):**

- Identify the key persons/agencies to facilitate reaching the objective and then collaborate with them to define our roles
- Develop joint objectives with the HIV Counseling and Testing Program to increase the numbers of at-risk persons who knew their serostatus
- Continue HIV Care Coordinator education of clients on treatments, referrals to primary health care services and provision of funding
- Continue to ensure adequate funding for Kentucky AIDS Drug Assistance Program (KADAP) in order to provide access to all antiretroviral treatments and drugs to prevent/treat HIV related opportunistic infections or conditions
- Increase the Kentucky Health Insurance Continuation Program (KHICP) to cover a greater number of HIV positive individuals
- Continue an aggressive statewide comprehensive HIV prevention plan
- Ensure accessibility to education and prevention efforts for all populations
- Place special emphasis on providing reinforcement for behavioral change and adoption of safer sex practices among those living with HIV infection
- Place special effort on funding street outreach in order to reach those hard to reach at-risk populations
- Encourage reduction in substance use/abuse and/or encourage harm reduction activities
- Investigate removing barriers to needle exchange programs
- Support continued research on prevention and treatment

**21.2. (Developmental) Reduce the annual incidence of diagnosed HIV infection in adolescents and adults.**

**Potential Data Source:** Kentucky HIV/AIDS Surveillance System

**Baseline Data:** To be determined

**HK 2010 Target:** Unable to determine at this time

**Mid-Decade Status:** Unable to determine at this time

In recent years, treatments that delay the progression of HIV disease and prevent opportunistic infections have allowed people to live longer and healthier lives. Although it is still important to track annual incidence of diagnosed AIDS cases to determine where the epidemic is occurring, these new treatments have made the reporting of AIDS cases alone less indicative of recent trends in the epidemic.

The reporting system for HIV cases has changed in Kentucky. On July 13, 2004, new HIV/AIDS reporting requirements were adopted in Kentucky to include reporting for HIV using a 'Confidential Name Based' reporting system. As of January, 2005, 38 states were conducting 'Confidential Name Based' reporting for HIV surveillance. Previously, Kentucky did conduct HIV surveillance; however, cases were reported by initials and not by name. For this reason, the CDC did not count Kentucky's HIV cases in the total HIV case number for the nation. The December 10, 1999 *Morbidity and Mortality Weekly Report (MMWR)* recommends that "all states and territories conduct case surveillance for HIV infection as an extension of current AIDS surveillance activities." Although 38 states conduct HIV case surveillance, without complete information from all states, it is difficult to estimate a national representative number of HIV infections. Data from the HIV 'Confidential Name Based' reporting system, which was implemented as a result of these requirements, will not be released until a complete evaluation of the system has been performed.

**Data Needs:** Kentucky HIV Surveillance data are currently unavailable until a future evaluation can be performed.

**Strategies to Achieve Objective:**

- Continue an aggressive statewide comprehensive HIV prevention plan
- Ensure accessibility to education and prevention efforts for all populations
- Ensure accessibility to treatment and services for all populations
- Encourage every individual residing in Kentucky to seek HIV counseling and testing; especially those individuals with behaviors that may have placed them at increased risk
- Place special emphasis on providing reinforcement for behavioral change and adoption of safer sex practices among those living with HIV infection
- Place special effort on funding street outreach in order to reach those hard to reach at-risk populations
- Encourage reduction in substance use/abuse and/or encourage harm reduction activities
- Urge removal of barriers to needle exchange programs
- Support continued research on prevention and treatment
- Improve the HIV surveillance system in order to meet national standards to collect the most accurate and complete information for monitoring of trends in the HIV epidemic

**21.3. Reduce the annual incidence of perinatally acquired HIV infection to zero cases.**

**Potential Data Source:** Kentucky HIV/AIDS Surveillance System

**Baseline:** To be determined

**HK 2010 Target:** 0

**Mid-Decade Status:** Unable to be determined at this time

**Data Needs:** There are currently no available data on the incidence of HIV infection through perinatal transmission in the general population of pregnant women in Kentucky, and data from the Kentucky HIV Surveillance System are currently unavailable for report. The Kentucky Department for Public Health, HIV/AIDS Branch, is currently working with a Perinatal HIV Working Group to devise a policy plan to better track the incidence of preventable mother-to-child transmission of HIV in Kentucky.

**Strategies to Achieve Objective:**

- Continue HIV Care Coordinator education of infected women of childbearing age about perinatal HIV transmission and appropriate prevention measures
- Develop and implement prenatal care provider education programs.
- Continue to ensure adequate funding for Kentucky AIDS Drug Assistance Program (KADAP) to provide access to all antiretroviral treatments and drugs to prevent/treat HIV related opportunistic infections or conditions
- Increase the Kentucky Health Insurance Continuation Program (KHICP) to cover a greater number of HIV positive individuals
- Improve the HIV surveillance system in order to meet national standards and collect the most complete and accurate information to monitor trends in the HIV epidemic

- 21.4.** (Developmental) **Increase the proportion of sexually active unmarried people age 18 and older who reported that a latex condom was used at last sexual intercourse.**

**Potential Data Source:** Special questions developed for the BRFSS

**Baseline:** To be determined, because data are not currently available.

**HK 2010 Target:** Unable to determine at this time

**Mid-Decade Status:** Unable to determine at this time

**Data Needs:** Data on sexually active unmarried individuals 18 and older who report condom use during their last sexual encounter (adding a special question to the Kentucky BRFSS questionnaire).

**Strategies to Achieve Objective:**

- Continue public awareness campaigns related to the effectiveness of latex condoms in preventing HIV and other Sexually Transmitted Diseases (STDs)
- Continue active street outreach especially to those hard to reach at-risk populations
- Continue Public Sex Environment Outreach
- Encourage continued distribution of free latex products (condoms, dental dams, etc.) by all local health departments, community based organizations, and AIDS Service Organizations

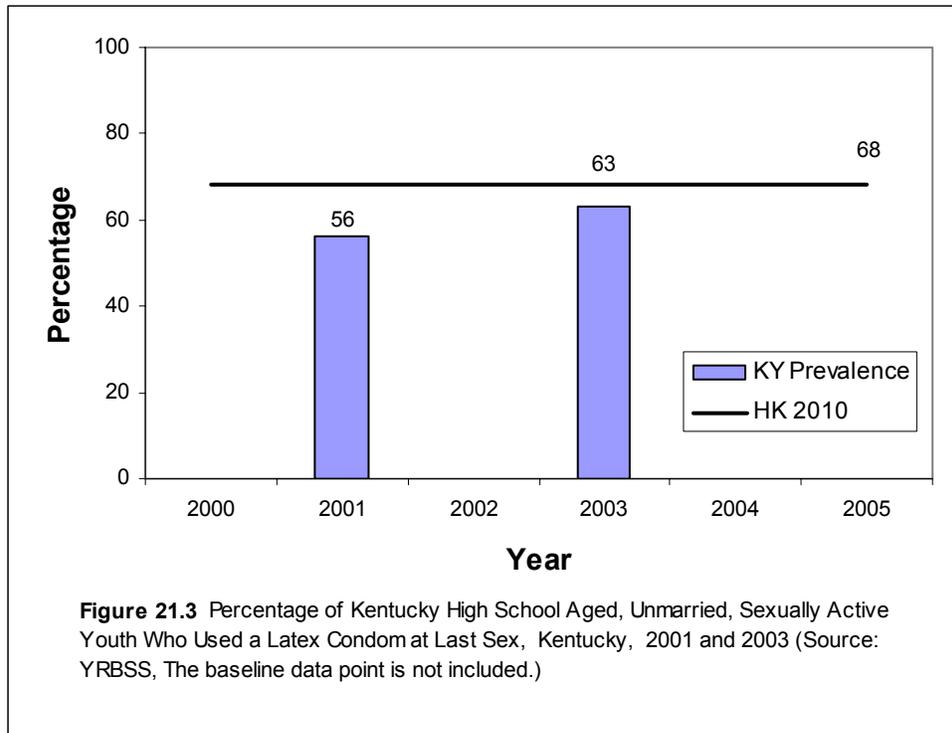
**21.5. To increase to at least 68 percent the number of sexually active, unmarried high school-aged youth who used a latex condom at last sexual intercourse.**

**Data Source:** The Kentucky Youth Risk Behavior Surveillance System (YRBSS) monitors several categories of priority health-risk behaviors among youth and young adults to determine prevalence.

**Baseline:** 59 percent of high school youth in 1997

**HK 2010 Target:** 68 percent of high school youth

**Mid-Decade Status:** 63 percent of high school youth in 2003



**Strategies to Achieve Objective:**

- Continue public awareness campaigns related to the effectiveness of latex condoms in preventing HIV and other STDs
- Urge removal of barriers to HIV and STD prevention education in classrooms
- Ensure accessibility to education and prevention efforts for all populations
- Encourage dissemination of HIV/STD education and prevention programs of all types
- Support continued research on prevention and treatment

**21.6. Increase the proportion of clients who are screened for common bacterial STDs (Chlamydia, gonorrhea, and syphilis) and immunized against hepatitis B in confidential federally funded HIV counseling and testing sites. (See Revision)**

**21.6R. (REVISION) Increase the proportion of clients who are screened for common bacterial STDs (chlamydia, gonorrhea, and syphilis) at federally funded HIV counseling and testing sites.**

**Potential Data Source:** HIV Counseling and Testing Surveillance System and STD Surveillance

**Baseline:** To be determined, because no reliable data source currently exists.

**HK 2010 Target:** Unable to determine at this time

**Mid-Decade Status:** Unable to determine at this time

**Data Needs:** Data will be needed regarding the number of individuals being tested for HIV as well as screened for STDs during their visit. HIV counseling and testing sites are currently being implemented and data are currently being evaluated at this time.

**Strategies to Achieve Objective:**

- Ensure accessibility of Counseling, Testing, Referral, and Partner Notification (CTRPN) to all populations
- Prompt the education of all health care providers to the importance of CTRPN for all populations
- Continue to establish off site counseling and testing sites.
- Increase public awareness of the importance of knowing one's serostatus
- Continue linkages between HIV, STD, and Tuberculosis Programs

**21.7.** (Developmental) **Increase the proportion of persons entering treatment for injecting drug use who are also offered HIV counseling and voluntary testing.**

**Potential Data Source:** Department for Mental Health/Mental Retardation, Division of Substance Abuse.

**Baseline Data:** To be determined, because no reliable data source currently exists

**HK 2010 Target:** Unable to determine at this time

**Mid-Decade Status:** Unable to determine at this time

**Data Needs:** Data will be needed regarding those individuals who are known injecting drug users entering substance abuse treatment centers that were also offered voluntary counseling and testing for HIV.

**Strategies to Achieve Objective:**

- Prompt awareness and utilization of harm reduction principles
- Ensure accessibility to education and prevention efforts for all populations

- Ensure accessibility to treatment and services for all populations
- Encourage every substance abuse treatment center in Kentucky to offer HIV counseling and testing to those individuals with behaviors that may have placed them at increased risk
- Prompt investigation into removing barriers to substance abuse treatment

**21.8. Increase to 63 percent the proportion of 25 to 44 year olds with reported tuberculosis who also have knowledge of their HIV serostatus. (See Revision)**

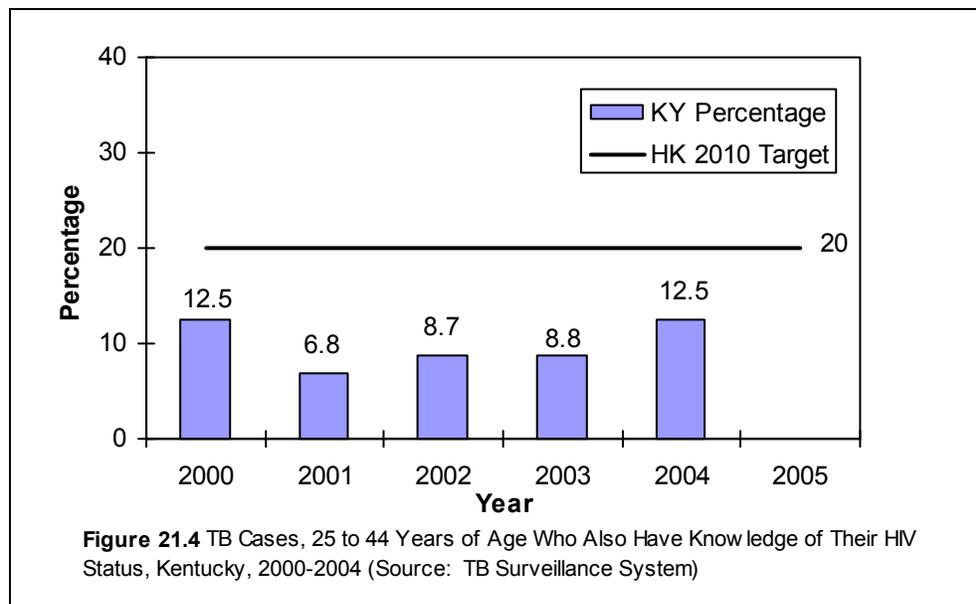
**21.8R. (REVISION) Increase to 20 percent the proportion of 25 to 44 year olds with reported tuberculosis who also have knowledge of their HIV serostatus.**

**Data Source:** Tuberculosis Information Management System (TIMS)

**Baseline:** 12.5 percent of 25 to 44 year olds in 2000

**HK 2010 Target:** 20 percent of 25 to 44 year olds

**Mid Decade Status:** 12.5 percent of 25 to 44 year olds in 2004



**Strategies to Achieve Objective:**

- Encourage all health care providers to offer CTRPN to all populations
- Prompt the education of all health care providers to the interaction of HIV and TB

- Establish off site HIV counseling and testing sites that incorporate TB testing
- Increase public awareness of the importance of knowing one's serostatus
- Strengthen linkages between HIV, STD, and TB programs

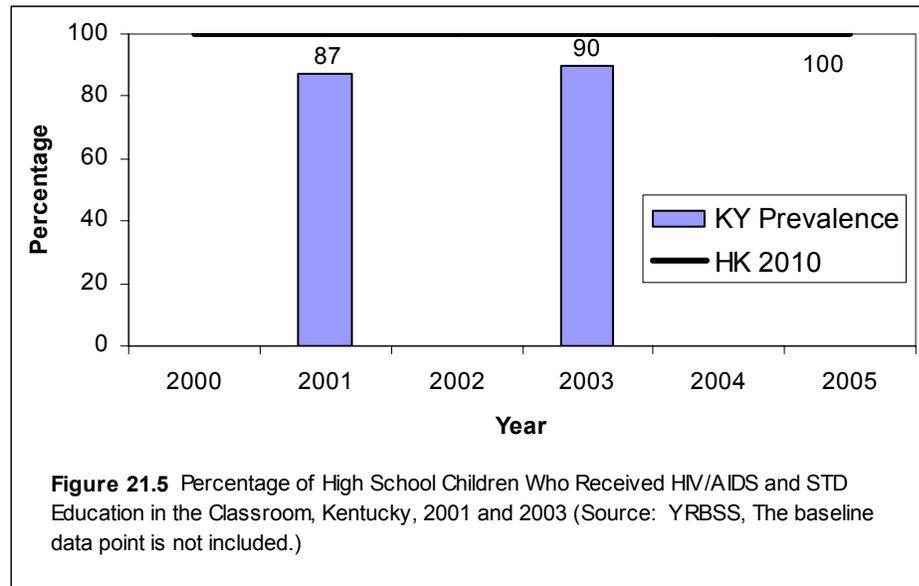
**21.9. Increase to 100 percent the proportion of school children who receive classroom education on HIV and STDs.**

**Data Source:** Kentucky YRBSS

**Baseline:** 88 percent of high school children in 1997

**HK 2010 Target:** 100 percent of high school children

**Mid-Decade Review:** 90 percent of high school children in 2003



**Strategies to Achieve Objective:**

- Prompt investigation into removal of barriers to HIV and STD prevention education in classrooms
- Ensure accessibility to education and prevention efforts for all populations
- Encourage dissemination of HIV/STD education and prevention programs of all types not just abstinence based programs
- Support continued research on prevention and treatment

**21.10. (Developmental): Increase the percentage of HIV-infected**

**adolescents and adults in care who receive treatment consistent with current Public Health Service treatment guidelines. (See Revision)**

**Potential Data Sources:** HIV/AIDS Surveillance – Unmet Needs Database

**Baseline:** To be determined, because no data source currently exists

**HK 2010 Target:** To be determined

**Mid-Decade Status:** Unable to be determined at this time

**Data Needed:** This objective is included in planning even though it will be very difficult to establish baseline and target numbers. The national objective references the Adult Spectrum of Disease (ASD) surveillance project, but the CDC has not sponsored that project in Kentucky. Technical assistance will be required from federal agencies on how a non-project area is to track this data.

It should also be noted that the objectives themselves have not been defined. For example, *CD4 testing* is a diagnostic procedure that should occur every three to six months, but the frequency is determined by the clinician.

Baseline data and targets will be developed for the following areas:

- CD4 testing
- Viral load testing
- Any antiretroviral therapy
- Tuberculin skin testing (TST)
- *Pneumocystis carinii* pneumonia (PCP)
- *Mycobacterium avium* complex (MAC)
- Pneumococcal vaccination

**Strategies to Achieve Target:**

- Develop data sources to establish the baseline numbers and targets
- Identify the key persons/agencies that can assist in reaching the objective and then collaborate with them to define our roles
- Continue HIV Care Coordinator education of clients on treatments, referrals to primary health care services and provision of funding
- Continue to ensure adequate funding for Kentucky AIDS Drug Assistance Program (KADAP) to provide access to all antiretroviral treatments and drugs to prevent/treat HIV related opportunistic infections or conditions

- Increase the Kentucky Health Insurance Continuation Program (KHICP) to cover a greater number of HIV positive individuals

**21.11. Reduce mortality due to HIV infection (AIDS) to no more than 1.0 per 100,000 population, and then by ethnicity and gender, as indicated below.**

**Data Source:** Kentucky HIV/AIDS Surveillance System

Death Rate Due to HIV Infection per 100,000	1998 Baseline	HK 2010 Target	Mid Decade 2002
Total for all persons	2.0	1.0	2.3
<b><u>Race</u></b>			
White	1.2	1.0	1.5
African-American	11.3	1.0	13.0
Hispanic	6.6	1.0	4.4
Asian/Pacific Islander	*	*	*
American Indian/Alaska Native	*	*	*
<b><u>Gender and race</u></b>			
<b>Total males</b>	<b>3.5</b>	<b>2.0</b>	<b>3.8</b>
White males	2.4	2.0	2.6
African American males	16.3	2.0	19.8
Hispanic males	13.2	2.0	5.0
Asian/Pacific Islander males	*	*	*
Am. Indian/Alaska Native males	*	*	*
<b>Total females</b>	<b>0.6</b>	<b>0.2</b>	<b>0.9</b>
White females	0.2	0.2	0.4
African American females	6.1	0.2	6.5
Hispanic females	*	*	3.7
Asian/Pacific Islander males	*	*	*
Am. Indian/Alaska Native males	*	*	*

*\* number of reported cases too small to complete baselines and projections*

**Strategies to Achieve Objective:**

- Identify the key persons/agencies that can assist in reaching the objective and then collaborate with them to define our roles
- Continue HIV Care Coordinator education of clients on treatments, referrals to primary health care services, and provision of funding
- Continue to ensure adequate funding for Kentucky AIDS Drug Assistance Program (KADAP) to provide access to all antiretroviral treatments and drugs, in order to prevent/treat HIV related opportunistic infections or conditions
- Increase the Kentucky Health Insurance Continuation Program (KHICP) to cover a greater number of HIV positive individuals

**21.12. (Developmental) Increase years of healthy life of all individuals with HIV by extending the interval between an initial diagnosis of HIV**

**infection and AIDS diagnosis, and between AIDS diagnosis and death.**

**Potential Data Source:** Kentucky HIV/AIDS Surveillance System

**Baseline:** To be determined. Data from the HIV surveillance system will not be released until an evaluation is completed

**HK 2010 Target:** To be determined

**Mid-Decade Status:** Unable to determine at this time

**Data Needed:** HIV data is needed to establish the baseline for the interval between initial HIV diagnosis and AIDS diagnosis. HIV data are currently being collected but are unavailable at this time.

**Strategies to Achieve Objectives:**

- Conduct further studies to determine the causes for short intervals between diagnosis with HIV and AIDS, and AIDS and death
- Develop joint objectives with the HIV Counseling and Testing Program to increase the numbers of at-risk persons who know their serostatus
- Identify the key persons/agencies that can assist in reaching the objective and then collaborate with them to define our roles
- Continue HIV Care Coordinator education of clients on treatments, referrals to primary health care services and provision of funding
- Continue to ensure adequate funding for Kentucky AIDS Drug Assistance Program (KADAP) to provide access to all antiretroviral treatments and drugs to prevent/treat HIV related opportunistic infections or conditions
- Increase the Kentucky Health Insurance Continuation Program (KHICP) to cover a greater number of HIV positive individuals

**21.13.(Developmental): Increase the estimated percentage of individuals who engage in injecting drug use during the past year who are enrolled in drug abuse treatment programs. (See Revision)**

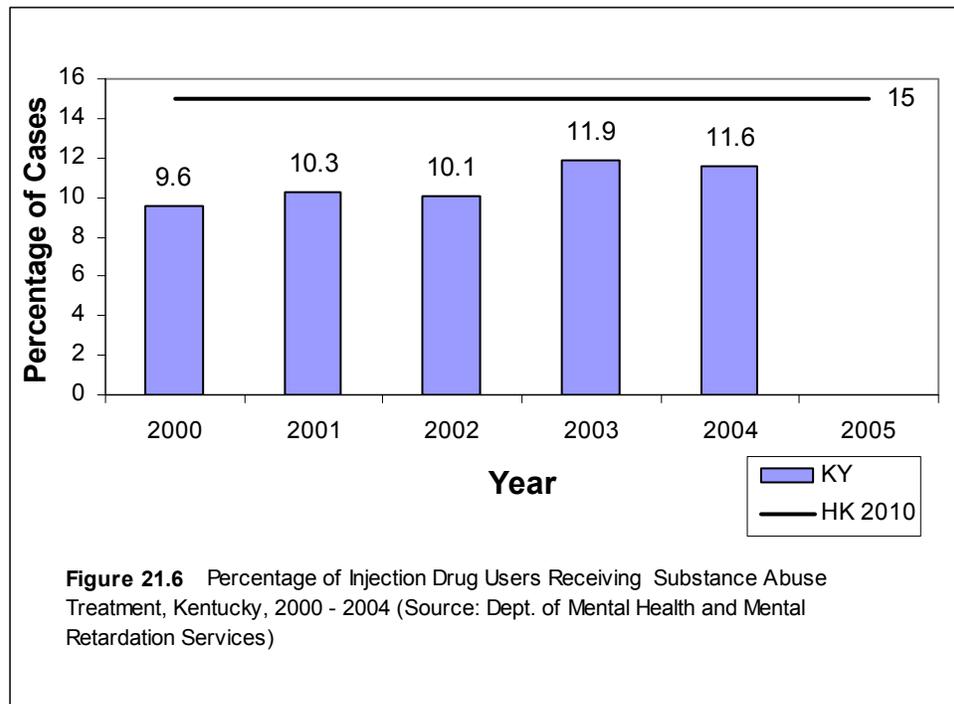
**21.13R.(REVISION) Increase to 15 percent the proportion of individuals who engage in injecting drug use who are enrolled in drug abuse treatment programs.**

**Potential Data Source:** Department of Mental Health/Mental Retardation, Division of Substance Abuse.

**Baseline:** 9.6 percent of injection drug users in substance abuse treatment in 2000

**HK 2010 Target:** 15 percent of injection drug users in substance abuse treatment

**Mid-Decade Status:** 11.6 percent in 2004



### Strategies to Achieve Objective:

- Prompt awareness and utilization of harm reduction principles
- Ensure accessibility to education and prevention efforts for all populations
- Ensure accessibility to treatment and services for all populations
- Encourage every individual residing in Kentucky to seek HIV counseling and testing; especially those individuals with behaviors that may have placed them at increased risk
- Prompt investigation into removal of barriers to substance abuse treatment

### Terminology

**AIDS:** Acquired Immune Deficiency Syndrome, the most severe phase of infection with the Human Immunodeficiency Virus (HIV). People infected with HIV are said to have AIDS when they get certain opportunistic infections or when their CD4+ cell count drops below 200.

**CD4+ cell count:** A type of T cell involved in protecting against viral, fungal and protozoal infections. These cells normally orchestrate the immune response, signaling other cells in the immune system to perform their special functions. CD4+ cells are also known as T helper cells. HIV infection kills CD4+ cells, so their number is a good way to track the progress of an HIV infection. A higher number usually means better health.

**HIV:** Human Immunodeficiency Virus, the virus that causes AIDS.

**Opportunistic infections (OI):** Infections that take advantage of the opportunity offered when a person's immune system has been weakened by HIV infection. At least 25 medical conditions, including cancers and bacterial, fungal, and viral infections are associated with HIV infection.

**Serostatus:** The result of a blood test for the antibodies that the immune system creates to fight specific diseases.

**Seropositive:** Indicates that a person's blood contains antibodies to HIV.

**Incidence:** A measure of the number of new cases reported in a given amount of time, usually within a year. Because HIV infection often is without clear early symptoms, most persons fail to recognize their infection until some period of time has passed, often years. It is estimated that approximately 40,000 new HIV infections occur each year in the United States.

**Morbidity:** The term often used in the place of illness or disease. In the case of HIV, morbidity is usually measured in illnesses that are part of a group referred to as opportunistic infections.

**Mortality:** A measure of the number of deaths directly attributed to an HIV infection or AIDS.

**Point Prevalence:** A measure of the number of people who are infected, at only one point in time, with HIV. Because HIV infection is not a reportable condition in all states, it can only be estimated that the number of persons with HIV infection in the United States ranges from 650,000 to 900,000.

**Survival Rates:** A measure of the time that elapses between a person's infection with HIV and the time of death.

**Area Development District (ADD):** Kentucky has 120 counties that have been divided into fifteen Area Development Districts for the planning of a variety of programs.

**Harm Reduction:** Helping individuals maximize their health and potential while simultaneously reducing harm to themselves, their loved ones and their

communities. Harm reduction creates environments and develops strategies for change that are practical, humane, and effective.

## **Contributors**

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## 21. HIV – Summary Tables

Summary of Objectives for HIV	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
21.1.a. To confine the annual incidence of diagnosed AIDS cases among adolescents and adults to no more than 5.4 per 100,000 population.	7.1 (1998)	≤5.4	5.0 (2003)	Target Achieved	HIVAIDS Surveillance System
21.1.b. To confine the annual number of diagnosed AIDS cases among adolescents and adults to no more than 184 cases.	231 (1998)	≤184	206 (2003)	Yes	HIVAIDS Surveillance System
21.2. (Developmental) Reduce the annual incidence of diagnosed HIV infection in adolescents and adults.	TBD	TBD	TBD	TBD	HIVAIDS Surveillance System
21.3. Reduce the annual incidence of perinatally acquired HIV infection to zero cases.	TBD	0	TBD	TBD	HIVAIDS Surveillance System
21.4. (Developmental) Increase proportion of sexually active unmarried people age 18 and older who reported that a latex condom was used at last sexual intercourse.	TBD	TBD	TBD	TBD	BRFSS
21.5. Increase to at least 68 percent the number of sexually active, unmarried high school-aged youth who used a latex condom at last sexual intercourse.	59% (1997)	≥68%	63% (2003)	Yes	YRBSS
21.6R. Increase the proportion of clients who are screened for common bacterial STDs (chlamydia, gonorrhea, and syphilis) in confidential federally funded HIV counseling and testing sites.	TBD	TBD	TBD	TBD	HIV Counseling and Testing; STD Surveillance
21.7. (Developmental) Increase the proportion of persons entering treatment for injecting drug use who are also offered HIV counseling and voluntary testing.	TBD	TBD	TBD	TBD	Dept. of Mental Health and Mental Retardation
21.8R. Increase to 20 percent the proportion of 25 to 44 year olds with reported tuberculosis who also have knowledge of their HIV serostatus. (See Revisions)	12.5% (2000)	≥20	12.5% (2004)	No	TIMS
21.9. Increase to 100 percent the proportion of school children who receive classroom education on HIV and STDs.	88% (1997)	100%	90% (2003)	Yes	YRBSS
21.10. (Developmental) Increase the percentage of HIV-infected adolescents and adults in care who receive treatment consistent with current Public Health Service treatment guidelines.	TBD	TBD	N/A	N/A	HIVAIDS Surveillance System; Unmet Needs Database

Summary of Objectives for HIV	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
21.11. Reduce mortality due to HIV infection (AIDS) to no more than 1.0 per 100,000 population, and then by ethnicity and gender.	2.0/ 100,000 (1998)	≤1.0/ 100,000	2.3/ 100,000 (2002)	No	HIVAIDS Surveillance System
21.12. (Developmental) Increase years of healthy life of all individuals with HIV by extending the interval between an initial diagnosis of HIV infection and AIDS diagnosis, and between AIDS diagnosis and death.	TBD	TBD	TBD	TBD	HIVAIDS Surveillance System
21.13R. Increase to 15 percent the proportion of individuals who engage in injecting drug use who are enrolled in drug abuse treatment programs.	9.6% (2000)	≥15%	11.6% (2004)	Yes	Dept. of Mental Health and Mental Retardation

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

TBD = To be determined. No reliable data currently exist.