Volume 23

HIV/AIDS Surveillance Report 2023

Kentucky Cabinet for Health and Family Services
Department for Public Health
HIV/AIDS Section

(Data complete through 2021, preliminary for 2022)

Dear Reader:

Enclosed please find Kentucky's HIV/AIDS Annual Surveillance Report 2023, which contains data on HIV infections among Kentuckians reported to the Department for Public Health. This annual edition is a Centers for Disease Control and Prevention (CDC) grant deliverable and is produced to fulfill the requirements of Funding Opportunity Announcement (FOA): PS18-1802.

Confidential AIDS reporting started in 1982, whereas legislation requiring confidential HIV name-based reporting was not enacted until July 2004. Prior to July 2004, HIV infections were reported with a unique code.

Section I (and throughout the report) profiles HIV infections diagnosed among Kentuckians, regardless of progression to AIDS. A total of 12,034 cumulative HIV infections were diagnosed and reported as of December 31, 2022. Of these HIV infections, 59% have progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2021 there were 393 new HIV infections diagnosed among Kentucky residents, a diagnosis rate of 8.7 per 100,000. This is a increase from the rate of 6.7 per 100,000 population for 2020. Trends among people with newly diagnosed infections are presented in this section, and disparities by race/ethnicity, age at diagnosis, sex, and mode of transmission are highlighted. As per CDC guidance, the data for the last two years (2022 and 2023) are considered preliminary and not included in the trends analysis.

Section III profiles Kentuckians with HIV infection who were diagnosed with AIDS within 30 days of initial HIV diagnosis, also referred to as concurrent diagnoses. Analyses focus on the most recent 10 year period: January 1, 2013, through December 31, 2022. Twenty-one percent of the 3,528 individuals with new HIV disease diagnoses within that period were diagnosed with AIDS within 30 days of the initial HIV diagnosis.

Please read the data source and technical notes on pages 3-5 for further information concerning interpretation of the data. The data presented in this report are available at https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/AnnualReport2023.pdf.

Sincerely,

Manny Singh, MBBS, MPH
Senior Epidemiologist
HIV/AIDS Section

Release Date: 11/21/2023

HIV/AIDS Surveillance Report

Kentucky HIV/AIDS Section
Infectious Disease Branch
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Department for Public Health
Cabinet for Health and Family Services

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Website: https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/default.aspx

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For all media inquiries, please call the Office of Communications at (502) 564-6786 for assistance.

Kentucky Department for Public Health HIV/AIDS useful links:

HIV Reporting and Statistics

Fillable Adult HIV Confidential Case Report Form:
https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/ACRF_Fillable.pdf

Fillable Pediatric HIV Confidential Case Report Form:
https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/PCRF_Fillable.pdf

HIV Prevention

Syringe Services Programs:
https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx

HIV Test Sites in Kentucky:
https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYHIVTestSites.pdf

HIV Services

HIV Care Coordinator Regions and Contact Information:
https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYHIVCCRs.pdf

Ryan White Services Eligibility Application:
https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/RWEligApp.pdf

Data Sources

The HIV/AIDS Annual Report presents data regarding HIV disease cases diagnosed among Kentuckians and reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program through December 31, 2022. In this annual edition, HIV disease cases diagnosed among Kentuckians are presented, regardless of disease progression. The data only include those persons who have been confidentially tested and reported to the HIV/AIDS Surveillance Program. No adjustments are made to the data presented to account for undiagnosed, anonymously tested, or unreported cases.

Kentucky population estimates used in the calculation of rates were obtained from the Kentucky State Data Center. Source: Population Division, U.S. Census Bureau, 2020, available at http://www.ksdc.louisville.edu/. Accessed September 13, 2023.

HIV/AIDS Reporting Requirements

According to state regulation 902 KAR 2:020 Reportable Disease Surveillance, Section 16, health professionals licensed under KRS Chapters 311 through 314, health facilities licensed under KRS 216B.015(13), and medical laboratories licensed under KRS Chapter 333, are required to report HIV and AIDS cases to the Kentucky Department for Public Health within five business days of diagnosis.

Cases of confirmed HIV and AIDS are reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program at 866-510-0008* on the Confidential Adult HIV Case Report form for patients ≥ 13 years of age at the time of diagnosis. Data from the case report forms are compiled to produce this report. Additional case reporting information can be found on the Kentucky HIV/AIDS Section Website: https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/reportsstats.aspx.

*Note: The previous Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble Counties' reporting route through Louisville Metro Department of Public Health and Wellness has been discontinued.

Key Terminology

The terminology used in this report is in a format consistent with CDC's technical guidelines for HIV surveillance grantees in the United States, and also consistent with the National HIV Surveillance Report, available online at: https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

Current Age: An individual's age or age group as of December 31, 2022.

Age at Diagnosis: An individual's age or age group at the time of initial HIV disease diagnosis.

Adults and Adolescents: An individual aged 13 years and older.

Pediatric: An individual aged less than 13 years.

AIDS (Acquired Immunodeficiency Syndrome): Advanced stage of HIV infection characterized by severe immune deficiency and diagnosed by the presence of at least one of 26 opportunistic illnesses or a CD4 T-lymphocyte count of less than 200 cells/ml of blood. The CD4 T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and a percentage of less than 14% is considered only if the count is missing.

Concurrent Diagnosis: Both HIV and AIDS are diagnosed within a 30-day period.

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

HIV (Human Immunodeficiency Virus): A retrovirus that infects the helper T cells of the immune system resulting in immunodeficiency. HIV is diagnosed by a positive confirmatory antibody test or positive/detectable viral detection test.

HIV Disease: 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 (AIDS).

Race and Ethnicity: Ethnicity categories include Hispanic and not Hispanic. Data for all not Hispanic persons are displayed in combination with their racial groupings, which include:

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

Kentucky's HIV data are collected for all racial and ethnic groupings. However, due to small numbers, data for the following racial groups are aggregated into the "other" designation: American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and persons of multiple races.

Sex: Sex designations in this report are based on a person's sex assignment at birth. In May 2012, CDC issued guidance to state and local programs on methods for collecting data on transgender persons and working with transgender-specific data. However, characterization of HIV infection among transgender persons in Kentucky would require supplemental data from special studies.

Transmission Category: Classification used to summarize the behavior or event most likely responsible for disease transmission. Each case is only included in a single transmission route.

- **Male to Male Sexual Contact (MMSC):** Men who report having sexual contact with other men.
- **Injection Drug Use (IDU):** Individuals who report injecting nonprescription drugs.
- **MMSC/IDU:** Men who report having sex with other men and also inject nonprescription drugs.
- **Heterosexual Contact:** A person reporting specific heterosexual contact with a person known to have, or to be at high risk for HIV infection, such as an injection drug user, a bisexual male (females only), or a person with hemophilia/coagulation disorder.
- **Female Heterosexual Contact (FHC):** A female who does not fit in the heterosexual contact category above, with no reported injection drug use, but reported sexual contact with a male and no additional information about the male's HIV status or behaviors.
- **Hemophilia:** Individuals receiving clotting factor for hemophilia/coagulation disorder.
- **Perinatal:** Individuals born to a mother with HIV or a mother with an exposure history listed in the transmission category hierarchy.
- **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 (COPHI) and are followed to verify the mode of transmission.
- **Other:** Individuals who had a transfusion/transplant, hemophilia/coagulation disorder, or pediatric cases diagnosed as adults.
- **Undetermined/No Identified Risk (NIR):** Individuals reporting no exposure history to HIV through any of the modes listed in the transmission category hierarchy above.

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 2022 and 2023 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 the 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. (Related: see Technical Note 5 below).

3. Vital Status: Cases are presumed to be alive unless the HIV/AIDS Surveillance Program has received notification of death. Current vital status information for cases is ascertained through routine site visits with major reporting sites, reports of death from providers, reports of death from other states' surveillance programs, routine matches with Kentucky death certificates (vital statistics registry), and Social Security Death Master Files (SSDMF).

4. Transmission Route: Despite the 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 CDC. 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 occasionally result in missing information. Enhanced surveillance activities have been implemented to resolve case reports with missing risk factor information, including the re-classification of females into the FHC category.

5. Routine Interstate Duplicate Review (RIDR): Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help resolve duplicate reporting, CDC initiated the RIDR project 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 to assign the case one state residency based on residence at the earliest date of diagnosis. Due to this process, the cumulative number of cases within Kentucky may change, but the process has increased the accuracy of Kentucky's data by reducing the chance that a case has been counted more than once nationally.

6. Small Numbers: Data release limitations are set to ensure that the information cannot be used to inadvertently identify an individual. Data suppression rules are applied based on the population denominators for analyses below the state level. Additional numerator suppression rules are applied for groups or geographic areas that have <50,000 population. Rates are not released when the numerator is fewer than ten cases because of the low reliability of rates based on the 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 HIV 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 who were diagnosed with HIV and had not progressed to AIDS as of the report date. Concurrent diagnosis with AIDS includes those who were diagnosed with AIDS within 30 days of initial HIV diagnosis.

Section I: Cumulative and Living HIV Infections Diagnosed as of December 31, 2022, Kentucky

Table 1. Cumulative[(1)] HIV Disease Cases By Age at Diagnosis*, Race/Ethnicity, and Sex as of December 31, 2022, Kentucky

		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
	Age Group	No.	%**	No.	%**	No.	%**	No.	%**	No.	%**
MALE	<13	25	<1	29	1	0	0	4	1	58	1
	13-19	144	2	179	6	11	2	25	7	359	4
	20-29	1,764	29	1,056	37	223	40	155	42	3,198	32
	30-39	2,137	35	824	29	196	36	97	26	3,254	33
	40-49	1,378	22	529	18	79	14	61	16	2,047	21
	50+	703	11	260	9	42	8	28	8	1,033	10
	TOTAL	**6,151**	**100**	**2,877**	**100**	**551**	**100**	**370**	**100**	**9,949**	**100**
FEMALE	<13	12	1	20	2	3	3	2	2	37	2
	13-19	47	5	57	6	7	7	2	2	113	5
	20-29	266	28	268	29	42	44	33	30	609	29
	30-39	325	34	285	31	19	20	36	33	665	32
	40-49	191	20	172	19	18	19	26	23	407	20
	50+	124	13	112	12	7	7	11	10	254	12
	TOTAL	**965**	**100**	**914**	**100**	**96**	**100**	**110**	**100**	**2,085**	**100**

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2022.

*Age at initial HIV diagnosis.

**Percentages may not total 100% due to rounding.

Since the beginning of the HIV epidemic in 1982, the majority (83%) of HIV cases diagnosed among Kentuckians have been reported among males (9,949 cases). In terms of age at time of diagnosis, more male HIV cases were diagnosed at ages 30-39 (3,254 or 33%) than any other age grouping. Among white males, the highest percentage of cumulative cases was aged 30-39 years at the time of diagnosis (35%). Among black males, 37% of cases were aged 20-29 years and 29% were aged 30-39 years at time of diagnosis. The percentage of Hispanic males aged 20-29 at time of diagnosis (40%) was higher when compared to blacks (37%) and whites (29%). Conversely, Hispanic males had the lowest percentage of cases diagnosed at ages 40-49 years (14%) as compared to black males and white males (18% and 22% respectively). Six percent of black males were teenagers at time of diagnosis compared to 2% of white males and 2% of Hispanic males.

Similar patterns exist among females with HIV disease. More females were diagnosed with HIV disease at ages 30-39 (665 or 32%) than in any other age category. For female cases, age at identification was nearly identical across age groups for black and white females, while Hispanic females were most often identified in the 20-29 year age group (44%).

Table 2. Cumulative[1] Adult/Adolescent* HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex as of December 31, 2022, Kentucky

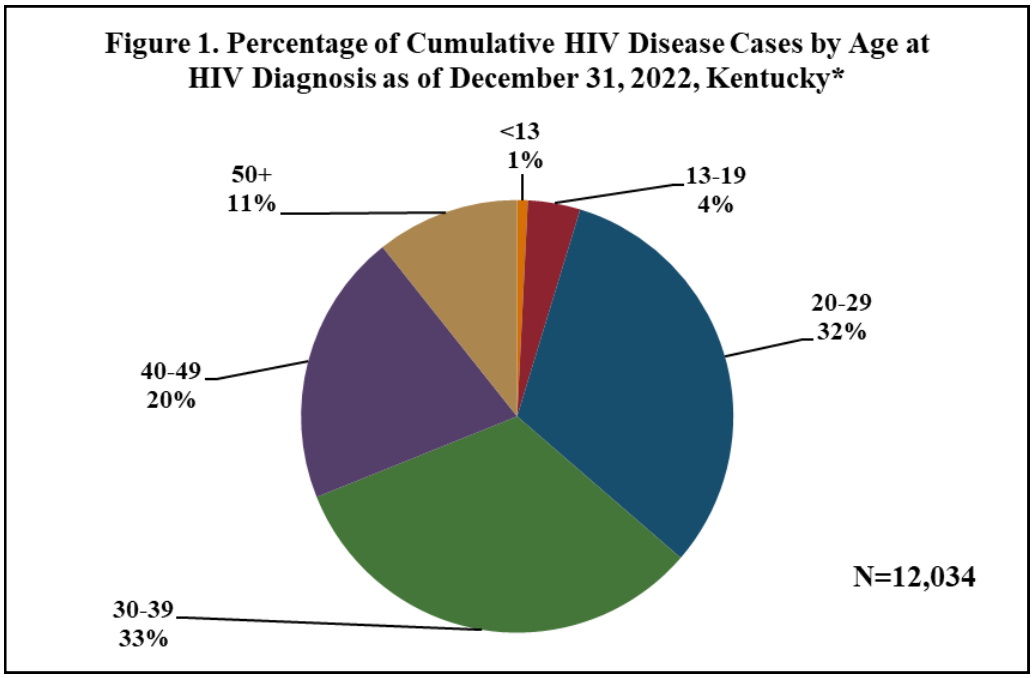
		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
	Transmission Category	No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MMSC	4,343	71	1,648	58	352	64	246	67	6,589	67
	IDU	445	7	333	12	36	7	22	6	836	8
	MMSC/IDU	539	9	179	6	23	4	23	6	764	8
	Heterosexual	216	4	226	8	45	8	27	7	514	5
	Other[2]	85	1	14	1	0	0	0	0	99	1
	Undetermined[3]	498	8	448	16	95	17	48	13	1,089	11
	TOTAL[4]	**6,126**	**100**	**2,848**	**100**	**551**	**100**	**366**	**100**	**9,891**	**100**
FEMALE	IDU	308	32	168	19	11	12	17	16	504	25
	Heterosexual	415	44	424	47	53	57	58	54	950	46
	Female Heterosexual	162	17	248	28	25	27	29	27	464	23
	Other[2]	12	1	4	<1	0	0	1	1	17	1
	Undetermined[3]	56	6	50	6	4	4	3	3	113	6
	TOTAL[4]	**953**	**100**	**894**	**100**	**93**	**100**	**108**	**100**	**2,048**	**100**

*Cases are classified as adult/adolescent if they were 13 years of age or older at time of HIV diagnosis.

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2022.
(2) Other includes persons who had a transfusion/transplant, hemophilia/coagulation disorder, or pediatric cases diagnosed as adults.
(3) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remains undetermined after investigation.
(4) Percentages may not total 100% due to rounding.
See terminology on page 4 for additional definition by transmission category.

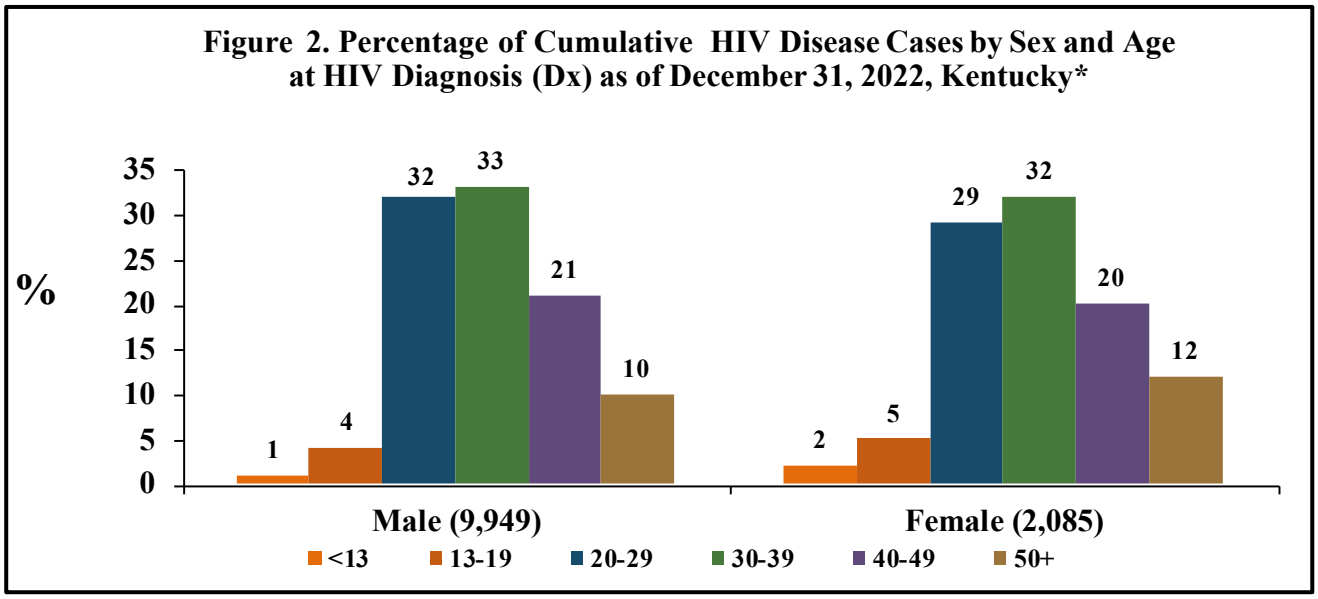
Among adult/adolescent males, the majority of cumulative HIV cases reported the primary route of exposure as MMSC (67%), while among adult/adolescent women, most (46%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV infection (e.g., a person who injects drugs). Adult/adolescent black males (12%) reported higher percentages of IDU as the route of HIV transmission in comparison to adult/ adolescents white (7%) and Hispanic males (7%). Conversely, a higher percentage of adult/adolescent white males (71%) reported MMSC as the primary route of transmission as compared to 58% of all adult/adolescent black males and 64% of all adult/adolescent Hispanic males.

The most reported risk factor for adult/adolescent female cases in each racial/ethnic group was heterosexual contact. When including female heterosexual contact as a risk category, only 6% of adult/adolescent females have undetermined routes of transmission compared to 11% of adult/adolescent males. Adult/adolescent Hispanic males (17%) and black males (16%) have higher percentages of cases without an identified risk factor than adult/ adolescent white males (8%). The existence of large percentages of cases without known routes of transmission poses a barrier to the provision of effective responses to the epidemic within these groups. Risk factor information forms the basis for program planning, service provision, and guides resource allocation.



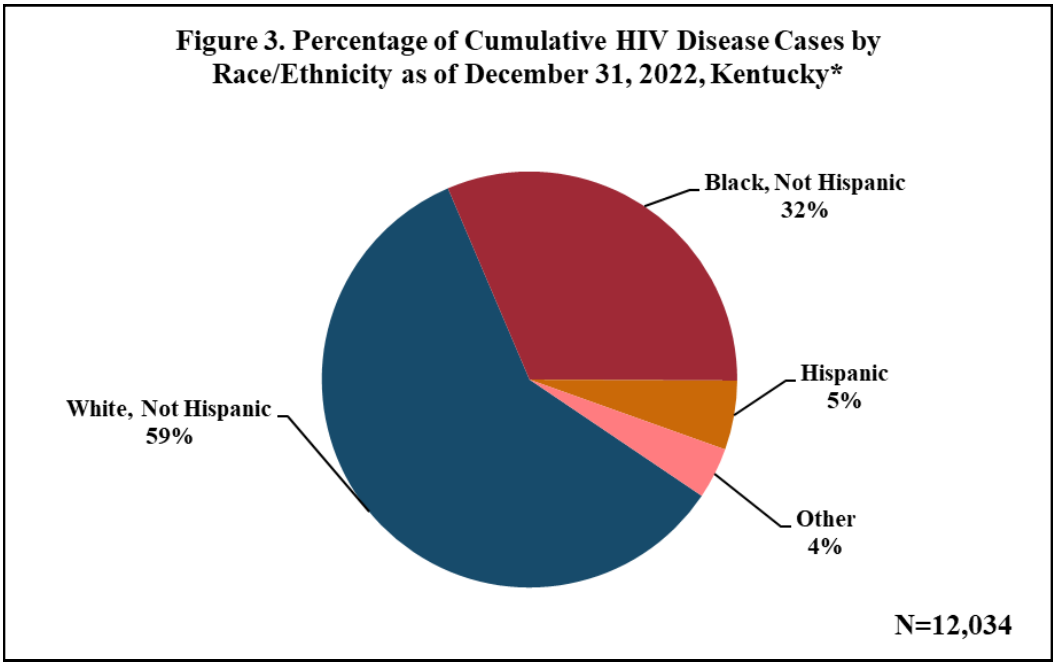
* Percentages may not total 100% due to rounding.

Figure 1 shows the distribution of cumulative Kentucky HIV cases by age at diagnosis. One-third (33%) of cumulative HIV cases in Kentucky were aged 30-39 years at time of diagnosis. Persons aged 20-29 years also account for almost a third of cumulative cases (32%). Children (aged <13 years at diagnosis) and teenagers (aged 13-19 years) account for the smallest percentages of cases at less than 5% each.



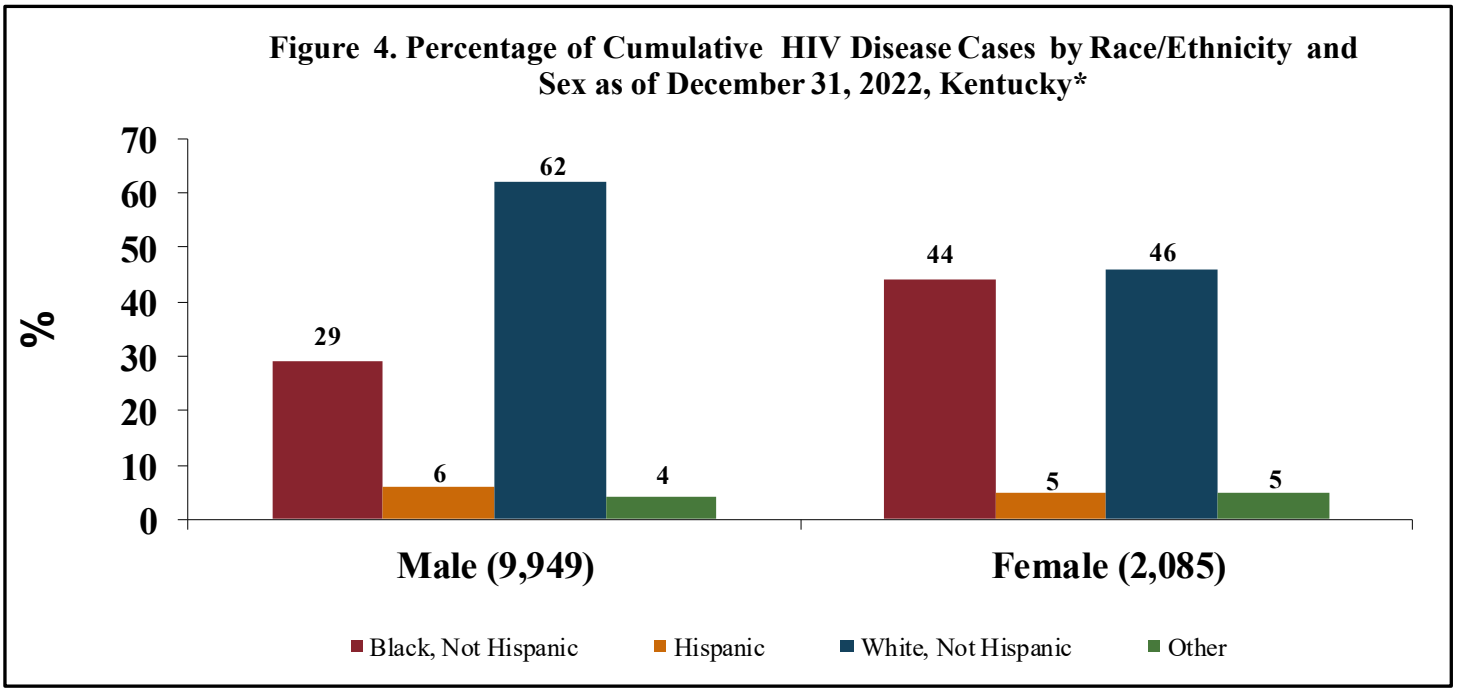
* Percentages may not total 100% due to rounding.

Figure 2 shows the percentage of HIV cases by age group and sex. Cumulatively, 9,949 male HIV cases have been diagnosed, of which 33% were aged 30-39 years at time of diagnosis. Similarly, females aged 30-39 years at time of diagnosis accounted for the highest percentage of cumulative HIV cases by age group among females (32%). The mean age at diagnosis for both males and females is 35 years.



* Percentages may not total 100% due to rounding.

Figure 3 shows that 59% of cumulative HIV cases diagnosed in Kentucky are in white populations, 32% are in black populations, and 5% are in Hispanic populations.



* Percentages may not total 100% due to rounding.

Figure 4 shows the percentages of cumulative HIV cases within each sex group by race/ethnicity. Among males, the majority are white (62%) with black males accounting for 29% of cumulative cases. The distribution among females by racial/ethnic grouping differs from males with both black, as well as white females accounting for almost equal percentage of cases at 44% and 46% respectively.

Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

Figure 5. Percentage of Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route as of December 31, 2022, Kentucky

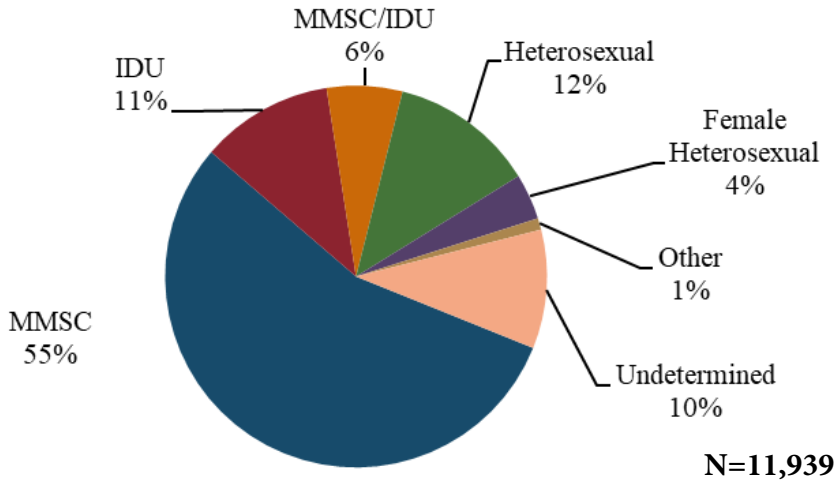


Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route as of December 31, 2022, Kentucky

Transmission Route	No.	%
MMSC	6,589	55
IDU	1,340	11
MMSC/IDU	764	6
Heterosexual	1,464	12
Female Heterosexual*	464	4
Other†	116	1
Undetermined	1,202	10
Total**	11,939	100

*Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 4 for additional definition.
**Percentages may not total 100% due to rounding.
†"Other" includes persons with 'transfusion/transplant' or 'hemophilia/coagulation' listed as mode of transmission. Also includes persons with perinatal exposure, but who were diagnosed as an adult. See Table 12 for perinatal data.

In Kentucky, 55% of cumulative adult/adolescent HIV cases identified their primary transmission route as male to male sexual contact (MMSC) as shown in Figure 5. Twelve percent of adult/adolescent HIV cases reported heterosexual contact as their primary transmission route, 11% reported injection drug use (IDU), and 6% reported both MMSC and IDU. Ten 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 as of December 31, 2022, Kentucky[1]

ADD/County	Total HIV Disease Cases[2]	Total Living with HIV Disease[3]
Barren River	**422**	**268**
Allen	24	13
Barren	51	29
Butler	16	13
Edmonson	11	8
Hart and Metcalfe*	20	8
Logan	31	19
Monroe	17	9
Simpson	26	17
Warren	226	152
Big Sandy	**100**	**63**
Floyd	29	20
Johnson and Magoffin*	19	10
Martin	12	11
Pike	40	22
Bluegrass	**2,317**	**1,640**
Anderson	37	25
Bourbon	34	23
Boyle	39	26
Clark	60	42
Estill	12	7
Fayette	1,581	1,117
Franklin	120	85
Garrard	14	9
Harrison	14	10
Jessamine	89	69
Lincoln	17	10
Madison	135	103
Mercer	37	19
Nicholas	7	6
Powell	12	7
Scott	66	50
Woodford	43	32
Buffalo Trace	**63**	**38**
Bracken, Fleming and Robertson*	17	9
Lewis	16	7
Mason	30	22
Cumberland Valley	**243**	**150**
Bell	27	19
Clay	36	26
Harlan	24	10
Jackson	18	12
Knox	26	17
Laurel	54	33
Rockcastle	12	7
Whitley	46	26
FIVCO	**163**	**95**
Boyd	94	54
Carter	23	15
Elliott and Lawrence*	18	7
Greenup	28	19
Gateway	**123**	**84**
Bath	15	11
Menifee	12	11
Montgomery	32	24
Morgan	35	17
Rowan	29	21
Green River	**329**	**201**
Daviess	159	91
Hancock and Webster*	21	13
Henderson	72	42
McLean	10	7
Ohio	14	9
Union	53	39

(1) One case was missing residential county at time of diagnosis.

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

(3) Living cases regardless of current residence.

* Cases combined due to confidentiality guidelines.

(Continued on page 12)

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

Table 4 (continued). Cumulative and Living HIV Disease Cases By Residential Area Development District (ADD) and County at Time of Diagnosis as of December 31, 2022, Kentucky[1]

ADD/County	Total HIV Disease Cases[2]	Total Living with HIV Disease[3]
Kentucky River	**99**	**58**
Breathitt, Owsley and Wolfe*	14	6
Knott	17	11
Lee and Leslie*	10	5
Letcher	23	10
Perry	35	26
KIPDA/North Central	**5,801**	**3,741**
Bullitt	121	94
Henry	33	24
Jefferson	5,334	3,455
Oldham	198	85
Shelby	92	70
Spencer and Trimble*	23	13
Lake Cumberland	**199**	**138**
Adair and Cumberland*	13	7
Casey	10	6
Clinton	14	11
Green	9	7
McCreary	22	20
Pulaski	71	44
Russell	16	10
Taylor	29	24
Wayne	15	9
Lincoln Trail	**402**	**277**
Breckinridge	20	9
Grayson	20	12
Hardin	238	169
Larue	9	8
Marion	22	13
Meade	30	21
Nelson	54	39
Washington	9	6
Northern Kentucky	**1,031**	**699**
Boone	177	128
Campbell	212	143
Carroll	18	13
Gallatin and Owen*	15	12
Grant	37	24
Kenton	561	370
Pendleton	11	9
Pennyrile	**383**	**220**
Caldwell	23	13
Christian	181	122
Crittenden and Lyon*	28	8
Hopkins	54	30
Livingston	15	7
Muhlenberg	38	20
Todd	29	13
Trigg	15	7
Purchase	**358**	**213**
Ballard and Carlisle*	15	9
Calloway	44	26
Fulton	11	8
Graves	62	35
Hickman	9	7
Marshall	32	20
McCracken	185	108

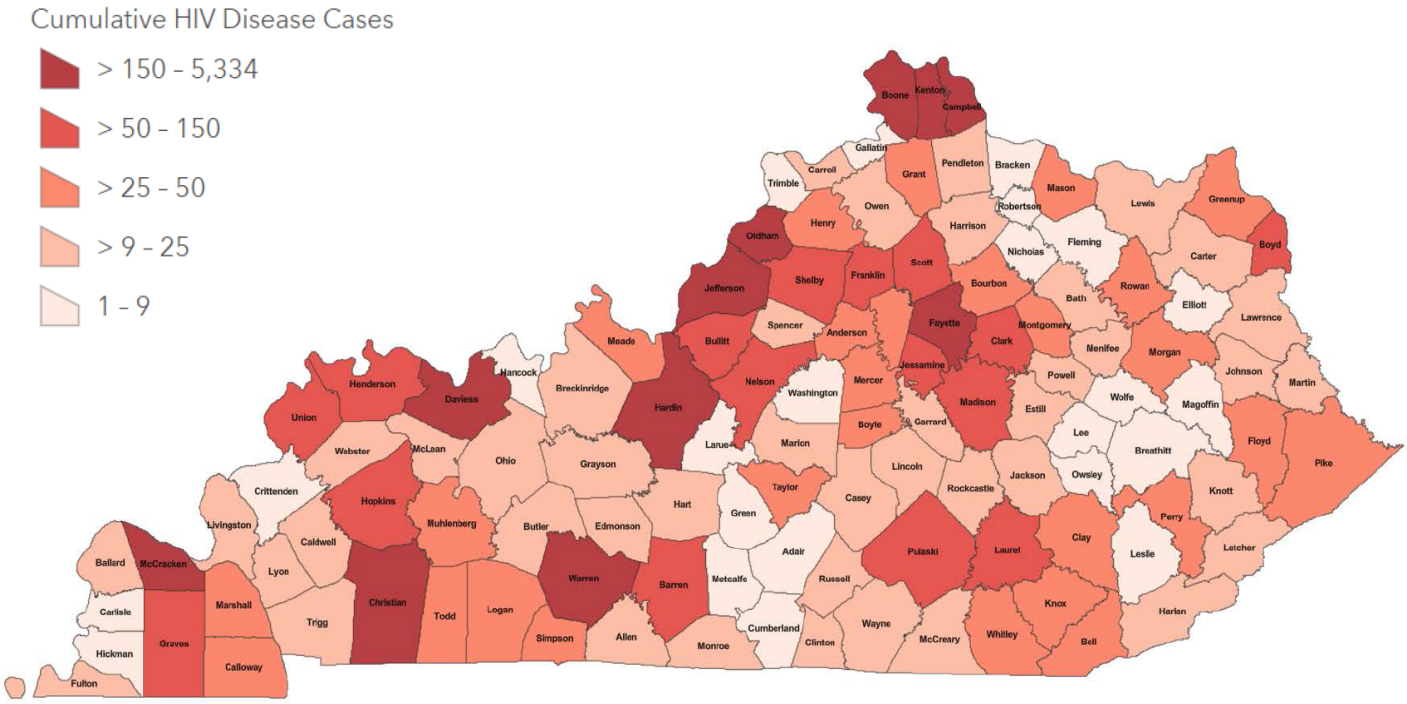
(1) One case was missing residential county at time of diagnosis.

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

(3) Living cases regardless of current residence.

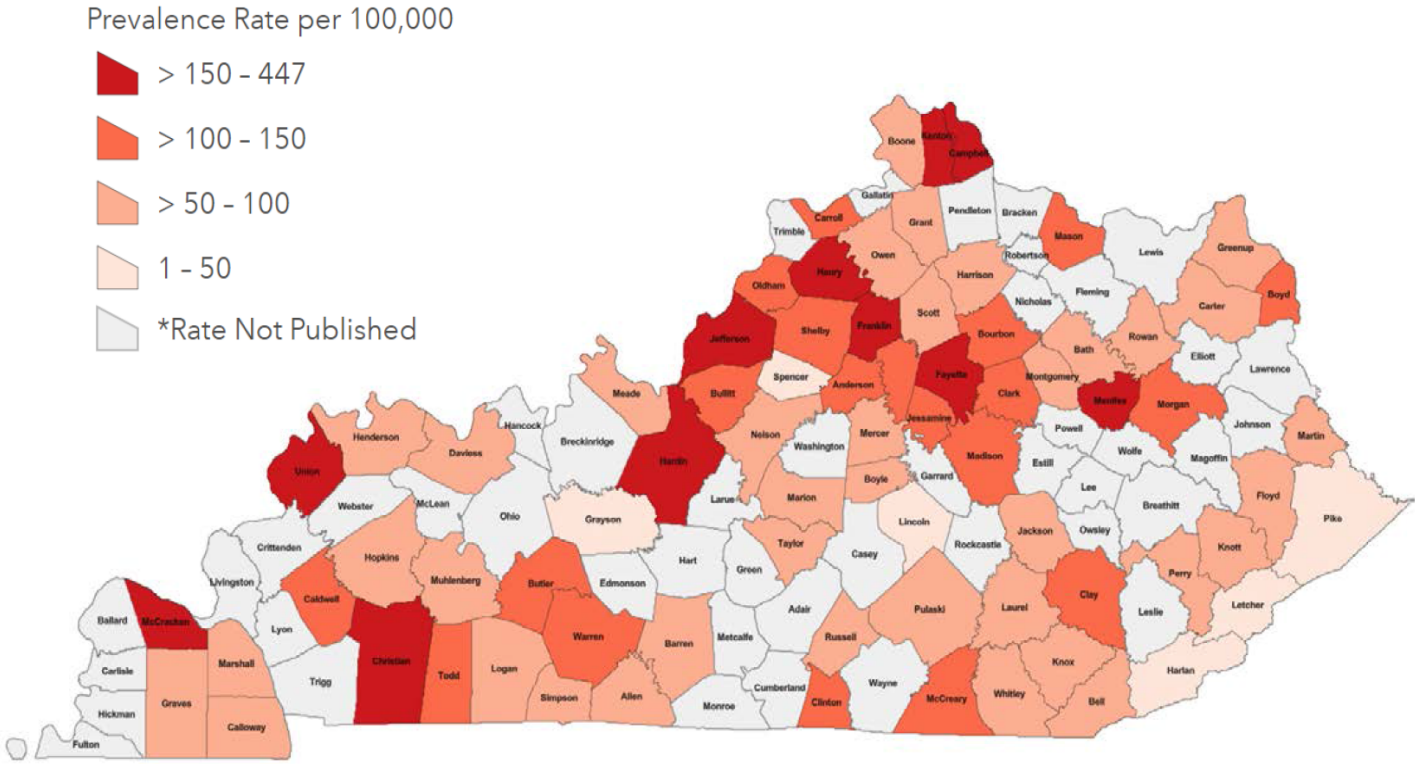
* Cases combined due to confidentiality guidelines.

Figure 6. Cumulative HIV Disease Cases Diagnosed By Residential County at Time of Diagnosis as of December 31, 2022, Kentucky*



* One case was missing residential county at time of diagnosis

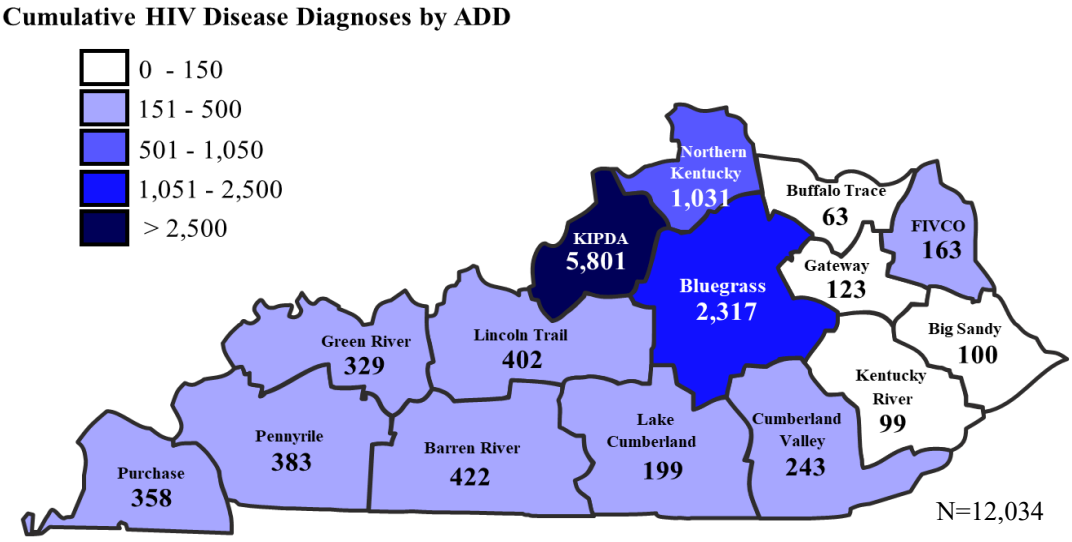
Figure 7. HIV Disease Prevalence Rates By Residential County at Time of Diagnosis as of December 31, 2022, Kentucky



* Rates not published when cell size is less than 10

Cumulative HIV Diagnoses by Area Development District (ADD), Kentucky

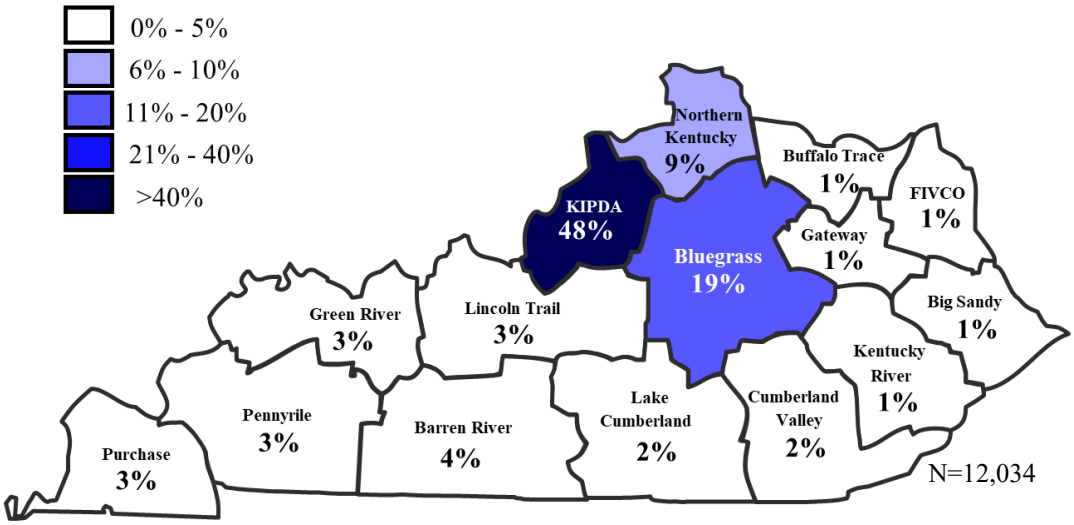
Figure 8. Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis as of December 31, 2022, Kentucky*



*One case was missing residential county information at time of diagnosis.

Figure 8 indicates that the highest number of cumulative HIV cases, 5,801 (48%), resided in the KIPDA ADD at the time of diagnosis, which includes the city of Louisville. The Bluegrass ADD, which includes the city of Lexington, had the second highest number of HIV cases diagnosed, 2,317 (19%), followed by the Northern Kentucky ADD, including a portion of the Cincinnati metropolitan area, with 1,031 (9%) of cumulative cases.

Figure 9. Percentage of Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis as of December 31, 2022, Kentucky*



*One case was missing residential county information at time of diagnosis.

Figure 9 shows the percentage of the cumulative (12,034) HIV cases statewide that were diagnosed within each ADD. The percentage of diagnoses by ADD ranged from 1% of total statewide cases residing in each of Buffalo Trace, Gateway, FIVCO, Big Sandy, and Kentucky River ADDs to almost half (48%) residing in the KIPDA ADD at time of diagnosis.

Persons Living with HIV Disease by Demographics, Kentucky

Table 5. Living HIV Disease Diagnoses By Transmission Route, Race/Ethnicity, and Sex as of December 31, 2022, Kentucky[1]

		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
	Transmission Category	No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MMSC	2,722	72	1,186	64	321	66	227	69	4,456	69
	IDU	251	7	119	6	22	5	17	5	409	6
	MMSC/IDU	337	9	84	5	19	4	18	5	458	7
	Heterosexual	112	3	132	7	40	8	21	6	305	5
	Perinatal	12	<1	21	1	0	0	4	1	37	1
	Other[2]	12	<1	2	<1	0	0	0	0	14	<1
	Undetermined[3]	343	9	315	17	83	17	42	13	783	12
	Male Subtotal[4]	**3,789**	**100**	**1,859**	**100**	**485**	**100**	**329**	**100**	**6,462**	**100**
FEMALE	IDU	215	31	69	12	6	7	12	13	302	21
	Heterosexual	273	42	286	48	50	60	46	50	655	46
	Female Heterosexual	122	19	197	33	22	26	28	30	369	26
	Perinatal	8	1	14	2	3	4	2	2	27	2
	Other[2]	0	0	1	<1	0	0	1	1	2	<1
	Undetermined[3]	33	5	29	5	3	4	3	3	68	5
	Female Subtotal[4]	**651**	**100**	**596**	**100**	**84**	**100**	**92**	**100**	**1,423**	**100**
ALL LIVING	MMSC	2,722	61	1,186	48	321	56	227	54	4,456	57
	IDU	466	11	188	8	28	5	29	7	711	9
	MMSC/IDU	337	8	84	3	19	3	18	4	458	6
	Heterosexual	385	9	418	17	90	16	67	16	960	12
	Female Heterosexual	122	3	197	8	22	4	28	7	369	5
	Perinatal	20	<1	35	1	3	1	6	1	64	1
	Other[2]	12	<1	3	<1	0	0	1	<1	16	<1
	Undetermined[3]	376	8	344	14	86	15	45	11	851	11
	TOTAL[4]	**4,440**	**100**	**2,455**	**100**	**569**	**100**	**421**	**100**	**7,885**	**100**

(1) Includes living HIV disease cases diagnosed from beginning of the epidemic as of December 31, 2022.
(2) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or pediatric cases diagnosed as adults.
(3) 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 route of exposure remains undetermined after investigation.
(4) Percentages may not total 100% due to rounding.
See terminology on page 4 for additional definition by transmission category.

Table 5 shows living HIV cases diagnosed through December 31, 2022, by demographic and behavioral characteristics. There are 7,885 Kentuckians reported to be living with HIV (prevalence rate: 174.7 cases per 100,000). The distribution of behavioral characteristics varied by race/ethnicity and sex, but the majority of Kentucky males living with HIV contracted the disease through MMSC (69%), whereas the majority of Kentucky females contracted HIV through heterosexual contact (46%). An additional 26% of females reported female heterosexual contact which is different than heterosexual contact in that the behavioral risk or serostatus of the male partner is unknown.

Section II: New HIV Infections Diagnosed among Kentuckians, as of December 31, 2022

As of December 31, 2022, a total of 12,034 cumulative HIV infections among Kentuckians had been reported to the Department for Public Health's HIV/AIDS Surveillance Program since AIDS reporting started in 1982. Of these infections, 59% have progressed to AIDS. The number of new HIV infections diagnosed since 2012 are presented in Table 6 along with the percentage from each year that have progressed to AIDS. Of the 3,893 HIV infections diagnosed since 2012, 1,203 (31%) had progressed to AIDS as of December 31, 2022.

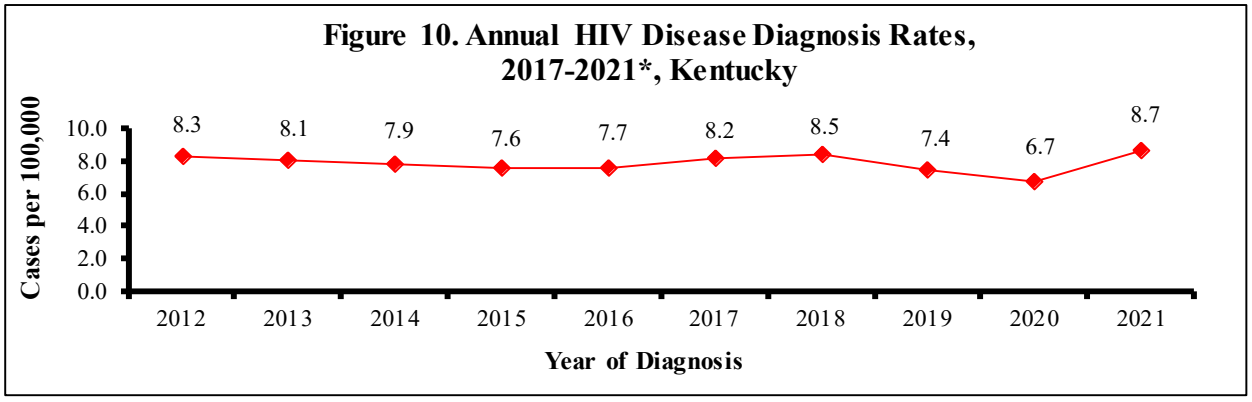
Table 6. Number of HIV Infections per Year of Diagnosis (2012-2022†) and Percentage that Progressed to AIDS in the Course of Illness as of December 31, 2022 Kentucky

Year of HIV Diagnosis	TOTAL HIV/AIDS*	Percentage that Progressed to AIDS†
	No.	%
2012	365	40%
2013	356	37%
2014	349	36%
2015	336	32%
2016	341	38%
2017	364	31%
2018	378	26%
2019	333	26%
2020	302	27%
2021	393	23%
2022†	376	25%
TOTAL	3893	31%

*Total HIV infections regardless of disease progression.

†Data reported as of December 31, 2022.

Figure 10 displays annual HIV diagnosis rates among Kentuckians. The annual HIV diagnosis rate has remained fairly steady from 2012 to 2021 with slight fluctuations between 7.4 to 8.7 cases per 100,000 population.



*Data are current as of December 31, 2022. 2022 and 2023 data are considered preliminary due to reporting delays and not included in trend analysis.

Estimated Annual HIV Disease Diagnosis Rates per 100,000. A Comparison of Kentucky to Other States and Washington, DC., Using National Data from the Centers for Disease Control and Prevention (CDC), 2021[1]

Table 7. Estimated* Annual HIV Disease Diagnosis Rates per 100,000 Population by Residence at Time of Diagnosis, 2021

Rank	Area of Residence	Rate
1	Washington, DC	29.1
2	Georgia	22.0
3	Louisiana	19.5
4	Florida	18.7
5	Nevada	15.9
6	Texas	14.8
7	Mississippi	14.2
8	North Carolina	13.2
9	South Carolina	12.6
10	Alabama	12.4
11	New Jersey	12.3
12	Maryland	12.2
13	Tennessee	11.9
14	Arkansas	11.2
14	California	11.2
16	Arizona	10.8
17	New York	10.7
18	Oklahoma	9.7
19	Illinois	9.5
20	Virginia	9.2
21	Missouri	8.9
22	**Kentucky****	8.6
23	West Virginia	8.4
24	Delaware	8.1
25	Indiana	7.8
26	Ohio	7.7
27	Pennsylvania	7.1
28	Colorado	7.0
28	New Mexico	7.0
30	Connecticut	6.5
31	Massachusetts	6.3
31	Michigan	6.3
33	Rhode Island	6.2
34	Washington	6.0
35	Nebraska	5.3
36	Kansas	5.2
36	Minnesota	5.2
38	North Dakota	4.9
39	Oregon	4.8
40	Hawaii	4.5
41	Wisconsin	4.3
42	Alaska	4.1
43	Utah	4.0
44	Iowa	3.9
45	South Dakota	3.5
46	Idaho	2.8
47	Maine	2.3
47	New Hampshire	2.3
49	Montana	2.0
50	Vermont	1.9
51	Wyoming	1.2

[1] Centers for Disease Control and Prevention. HIV Surveillance Report, 2021; vol.34 http://www.cdc.gov/7hiv/library/reports/hiv-surveillance.html/. Published May 2023. Accessed May 2023.

*Estimated numbers resulted from statistical adjustment that accounted for reporting delays, but not incomplete reporting.

**Kentucky's rate is estimated by CDC using a different methodology and should not be compared directly to reported data elsewhere in this report.

Estimated National HIV Diagnosis Rate per 100,000, 2021: 10.8

In 2021, the annual estimated national HIV diagnosis rate was 10.8 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.2 per 100,000 population (Wyoming) to 29.1 per 100,000 (Washington, DC). Kentucky ranked 22th with an estimated diagnosis rate of 8.6 per 100,000.

New HIV Diagnosis: Kentucky vs. the United States, 2021

Table 8. New HIV Diagnoses* by Demographics, 2021, Kentucky

Characteristics	Number of New Cases	% of New HIV cases[(1)]
SEX		
Male (adult/adolescent)	320	81
Female (adult/adolescent)	73	19
Child (<13 yrs)	0	0
TOTAL	393	100
AGE AT DIAGNOSIS‡		
<13	0	0
13-24	59	15
25-44	248	63
45-64	77	20
65+	9	2
TOTAL	393	100
RACE/ETHNICITY		
White, Not Hispanic	224	57
Black, Not Hispanic	116	30
Hispanic	31	8
Other/Unknown	22	6
TOTAL	393	100
TRANSMISSION ROUTE		
MMSC	179	46
IDU	83	21
MMSC/IDU	26	7
Heterosexual	26	7
Perinatal	0	0
Other/Undetermined[(2)]	79	20
TOTAL	393	100

*HIV diagnoses regardless of disease progression
(1) Percentages may not always total 100% due to rounding.
(2) Includes hemophilia, blood transfusion, and risk not reported or not identified .

Table 9. Estimated New U.S. HIV Infections* by Demographics, 2021[(3)]

Characteristics	Number of New Cases	% of New HIV cases [(1)]
SEX		
Male (adult/adolescent)	29,132	82
Female (adult/adolescent)	6,584	18
Child (<13 yrs)	53	<1
TOTAL†	35,769	100
AGE AT DIAGNOSIS‡		
<13	53	<1
13-24	6,927	19
25-44	20,624	58
45-64	7,323	21
65+	842	2
TOTAL†	35,769	100
RACE/ETHNICITY		
White, Not Hispanic	9,063	25
Black, Not Hispanic	14,555	41
Hispanic	10,070	28
Other	2,081	6
TOTAL†	35,769	100
TRANSMISSION ROUTE		
MMSC	23,855	67
IDU	2,490	7
MMSC/IDU	1,373	4
Heterosexual	7,916	22
Perinatal	99	<1
Other/Undetermined[(2)]	37	<1
TOTAL†	35,770	100

(3) U.S. cases from CDC. *HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas,* 2021: 34.
‡ Age at initial HIV diagnosis.
† Totals among subpopulations may be different because values were calculated independently.

Kentucky's distribution of HIV cases by sex and age at diagnosis (Table 8) closely parallels that of the U.S. (Table 9). The percentage of new HIV cases in Kentuckians that are white, not Hispanic, is much greater than in the U.S. population (57% vs. 25%, respectively). This can be partially attributed to the greater percentage of white, not Hispanic, persons in Kentucky's general population (84%) as compared to the U.S. population(60%)[1]. U.S. cases have been adjusted for reporting delays and missing risk factors. Kentucky cases have not been adjusted.

[1] https://www.census.gov/quickfacts/fact/table/KY,US/PST045218

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

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

Characteristics	1982-16		2017		2018		2019		2020		2021		2022[2]		Total	
SEX	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	8,127	83	296	82	309	82	274	83	257	85	320	81	308	82	9,891	83
Female	1,669	17	67	18	69	18	58	17	44	15	73	19	68	18	2,048	17
TOTAL[3]	9,796	100	363	100	378	100	332	100	301	100	393	100	376	100	11,939	100
AGE AT DIAGNOSIS*																
13-19	379	4	13	4	28	7	23	7	9	3	10	3	10	3	472	4
20-29	3,040	31	134	37	137	36	127	38	109	36	129	33	131	35	3,807	32
30-39	3,307	34	98	27	108	29	81	24	87	29	135	34	103	27	3,919	33
40-49	2,102	21	57	16	54	14	56	17	58	19	64	16	63	17	2,454	21
50+	968	10	61	17	51	13	45	14	38	13	55	14	69	18	1,287	11
TOTAL[3]	9,796	100	363	100	378	100	332	100	301	100	393	100	376	100	11,939	100
RACE/ETHNICITY																
White, Not Hispanic	5,844	60	217	60	214	57	195	59	185	61	224	57	200	53	7,079	59
Black, Not Hispanic	3,144	32	105	29	109	29	89	27	67	22	116	30	112	30	3,742	31
Hispanic	452	5	26	7	24	6	32	10	28	9	31	8	51	14	644	5
Other/Unknown	356	4	15	4	31	8	16	5	21	7	22	6	13	3	474	4
TOTAL[3]	9,796	100	363	100	378	100	332	100	301	100	393	100	376	100	11,939	100
TRANSMISSION ROUTE																
MMSC	5,501	56	194	53	204	54	180	54	153	51	179	46	178	47	6,589	56
IDU	995	10	50	14	52	14	50	15	49	16	83	21	61	16	1,340	11
MMSC/IDU	609	6	39	11	23	6	31	9	20	7	26	7	16	4	764	6
Heterosexual	1,329	14	16	4	26	7	23	7	26	9	26	7	18	5	1,464	12
Female Heterosexual	336	3	25	7	22	6	18	5	15	5	19	5	29	8	464	4
Other[4]	116	1	0	0	0	0	0	0	0	0	0	0	0	0	116	1
Undetermined[5]	910	9	39	11	51	13	30	9	38	13	60	15	74	20	1,202	10
TOTAL[3]	9,796	100	363	100	378	100	332	100	301	100	393	100	376	100	11,939	100

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

*Age at time of initial HIV diagnosis.

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

(2) Data reported as of December 31, 2022. Data from 2022 are not used in trend analyses due to reporting delays.

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

(4) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal diagnosed as an adult.

(5) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

See terminology on page 4 for additional definition by transmission category.

Table 10 shows a breakdown of new adult/adolescent HIV diagnoses by year of diagnosis and demographic characteristics. Cumulative data are presented through December 31, 2022. New diagnoses over the most recent years for which data are complete, 2017-2021, have been predominantly among males, whites, and males reporting sexual contact with other males. New HIV cases over the five year period (2017-2021) were also highest among 20-29 year olds in comparison to other age groups. This shows a change in trends as compared to total cases, where highest number of cases are among 30-39 years old group.

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

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

Characteristics	1982-16		2017		2018		2019		2020		2021		2022[2]		Total	
SEX	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	5,450	84	96	84	82	84	69	82	64	78	74	83	84	89	5,919	84
Female	1,067	16	18	16	16	16	15	18	18	22	15	17	10	11	1,159	16
TOTAL[3]	**6,517**	**100**	**114**	**100**	**98**	**100**	**84**	**100**	**82**	**100**	**89**	**100**	**94**	**100**	**7,078**	**100**
AGE AT DIAGNOSIS*																
13-19	200	3	2	2	5	5	3	4	1	1	0	0	1	1	212	3
20-29	1,807	28	25	22	27	28	20	24	16	20	15	17	21	22	1,931	27
30-39	2,378	36	33	29	25	26	21	25	30	37	24	27	31	33	2,542	37
40-49	1,449	22	29	25	19	19	18	21	16	20	27	30	22	23	1,580	22
50+	683	10	25	22	22	22	22	26	19	23	23	26	19	20	813	11
TOTAL[3]	**6,517**	**100**	**114**	**100**	**98**	**100**	**84**	**100**	**82**	**100**	**89**	**100**	**94**	**100**	**7,078**	**100**
RACE/ETHNICITY																
White, Not Hispanic	3,976	61	74	65	59	60	50	60	52	63	51	57	51	54	4,313	61
Black, Not Hispanic	2,037	31	23	20	24	24	15	18	17	21	24	27	25	27	2,165	31
Hispanic	295	5	9	8	6	6	9	11	7	9	13	15	14	15	353	5
Other/Unknown	209	3	8	7	9	9	10	12	6	7	1	1	4	4	247	3
TOTAL[3]	**6,517**	**100**	**114**	**100**	**98**	**100**	**84**	**100**	**82**	**100**	**89**	**100**	**94**	**100**	**7,078**	**100**
TRANSMISSION ROUTE																
MMSC	3,589	55	52	46	50	51	38	45	36	44	35	39	46	49	3,846	54
IDU	786	12	13	11	14	14	8	10	16	20	13	15	12	13	862	12
MMSC/IDU	438	7	13	11	3	3	6	7	4	5	6	7	2	2	472	7
Heterosexual	967	15	5	4	3	3	11	13	10	12	7	8	7	7	1,010	14
Female Heterosexual	158	2	10	9	7	7	4	5	4	5	6	7	3	3	192	3
Other[4]	112	2	0	0	0	0	0	0	0	0	0	0	0	0	112	2
Undetermined[5]	467	7	21	18	21	21	17	20	12	15	22	25	24	26	584	8
TOTAL[3]	**6,517**	**100**	**114**	**100**	**98**	**100**	**84**	**100**	**82**	**100**	**89**	**100**	**94**	**100**	**7,078**	**100**

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of December 31, 2022.

*Age at time of initial HIV diagnosis.

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

(2) Data reported as of December 31, 2022. Data from 2022 are not used in trend analyses due to reporting delays.

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

(4) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal diagnosed as an adult.

(5) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

See terminology on page 4 for additional definition by transmission category.

Table 11 shows a breakdown of adult/adolescent HIV diagnoses that have progressed to AIDS by year of initial HIV diagnosis and demographic characteristics. Newly diagnosed cases that had progressed to AIDS as of December 31, 2022, were predominantly male, white, and males reporting sexual contact with other males.

Table 12. Number and Percentage of Cumulative Pediatric[1] HIV Disease Cases By Transmission Route and Race/Ethnicity as of December 31, 2022, Kentucky								
	White, Not Hispanic		Black, Not Hispanic		Other[2] Unknown		TOTAL	
Transmission Route	No.	%	No.	%	No.	%	No.	%
Pediatric Hemophilia/Coagulation Disorder	10	27	1	2	0	0	11	11
Perinatal Exposure, Mother with HIV	24	65	42	86	9	100	75	79
Pediatric Transfusion/Transplant	2	5	0	0	0	0	2	2
Pediatric risk not identified or reported	1	3	6	12	0	0	7	7
TOTAL[3]	**37**	**100**	**49**	**100**	**9**	**100**	**95**	**100**

(1) Cases are classified as pediatric if they are less than 13 years of age at time of diagnosis.
(2) Other includes Hispanic persons and persons of other races.
(3) Percentages may not total 100% due to rounding.

Table 13. Number and Percentage of Cumulative Pediatric[1] HIV Disease Cases by Disease Status and Year of Diagnosis, Kentucky																
	1982-2016		2017		2018		2019		2020		2021		2022[2]		Total	
Disease Status	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
HIV infections *without* AIDS	42	46	1	100	0	0	0	0	1	100	0	0	0	0	44	46
HIV infections *with* AIDS	50	54	0	0	0	0	1	100	0	0	0	0	0	0	51	54
Total[3]	**92**	**100**	**1**	**100**	**0**	**0**	**1**	**100**	**1**	**100**	**0**	**0**	**0**	**0**	**95**	**100**

(1) Cases are classified as pediatric if they are less than 13 years of age at time of diagnosis.
(2) Data reported as of December 1, 2022.
(3) Percentages may not total 100% due to rounding.

There have been 95 pediatric HIV cases reported to the Kentucky HIV/AIDS Surveillance Program (Table 12 and Table 13) since reporting began in 1982. The majority of reported pediatric cases (79%) were due to perinatal transmission through an HIV-infected mother, 11 cases were reported with a primary exposure route of pediatric hemophilia or coagulation disorders, and two cases were due to pediatric transfusion or transplant (Table 12). Since 1991, there have been no pediatric HIV cases with hemophilia or coagulation disorders reported as the route of exposure. The two pediatric cases reported with pediatric transfusion or transplant as the risk factor were diagnosed in 1987 or earlier. Eighty-six percent of the 49 pediatric HIV cases among black populations were due to perinatal exposure as compared to 65% of the 37 pediatric HIV cases among white populations. The majority (56%) of the 75 cumulative perinatal exposures from a mother with HIV were in black mothers.

Table 13 shows disease progression to AIDS as of December 31, 2022. Ninety two (97%) of the cumulative 95 pediatric cases in Kentucky were diagnosed prior to 2017. One or no new pediatric HIV case have been reported during each of the most recent five years.

New HIV Disease Cases by Race/Ethnicity, Kentucky

Figure 11. Percentage of Newly Diagnosed HIV Disease Cases by Race/Ethnicity, 2021, Kentucky**

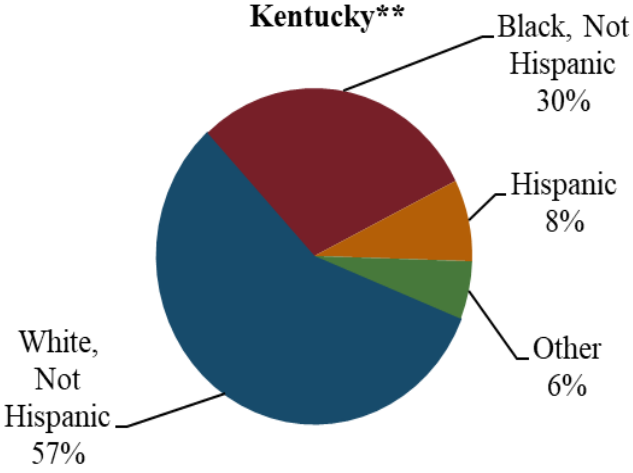
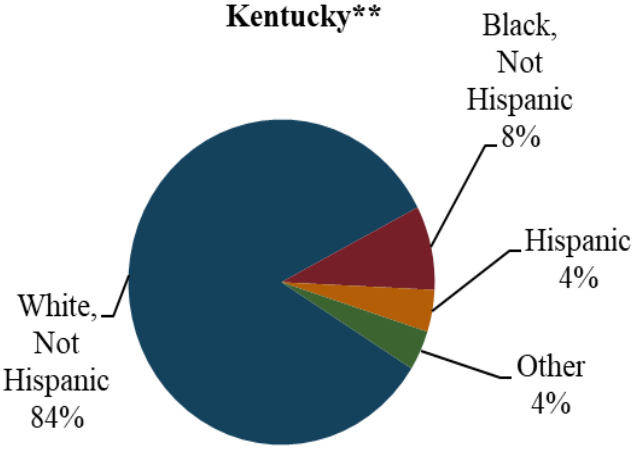


Figure 12. Percentage of Population by Race/Ethnicity, as of July 1, 2021, Kentucky**



** Percentages may not total 100% due to rounding

Figure 11 shows the race/ethnicity percentage distribution for newly diagnosed HIV cases among Kentuckians in 2021, the latest year data are considered complete. The majority of cases diagnosed in 2021 were white (57%), followed by black cases (30%).

Figure 12 shows the percentage race/ethnicity distribution of Kentucky's population based on the 2021 population estimates. The majority of Kentuckians are white, not Hispanic. Persons who identify with multiple races were grouped under the "other" category.

HIV racial disparities are highlighted by these two graphs, showing higher percentages of new cases among black and Hispanic populations in relation to their representation in the general population. Black populations accounted for 30% of new HIV cases diagnosed in 2021 yet comprised just 8% of Kentucky's population in 2021. Similarly, Hispanic populations accounted for 8% of newly diagnosed HIV cases in 2021 yet comprised only 4% of Kentucky's population in that same year. Rates of new diagnoses by race/ethnicity and sex are presented in Table 14.

Table 14. Number and Rate of New HIV Diagnoses by Race/Ethnicity and Sex, Kentucky, 2020

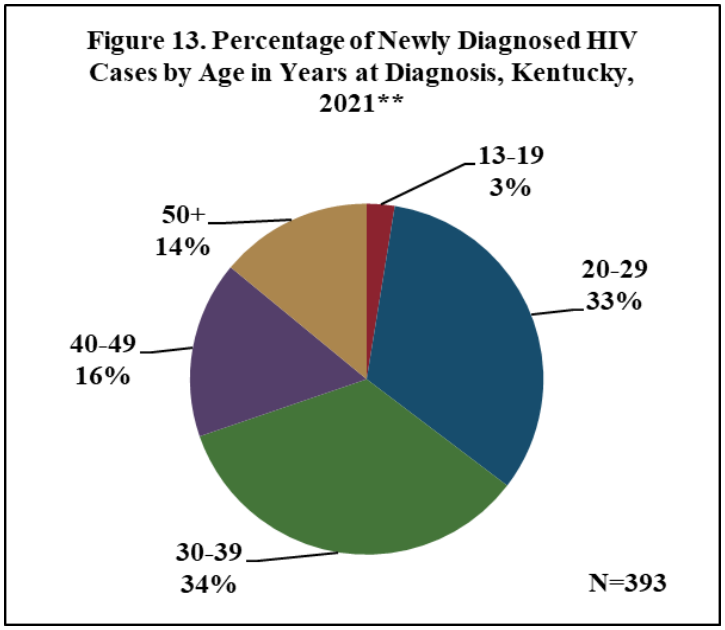
Race/Ethnicity	Male		Female		Total No. of Cases	Total Rate
	No. of Cases	Rate*	No. of Cases	Rate*		
Hispanic	30	29.8	1	†	31	16.5
Black, not Hispanic	94	49.9	22	11.6	116	30.7
White, not Hispanic	179	9.6	45	2.4	224	5.9
Other	17	19.4	5	†	22	12.3
Total**	320	14.3	73	3.2	393	8.7

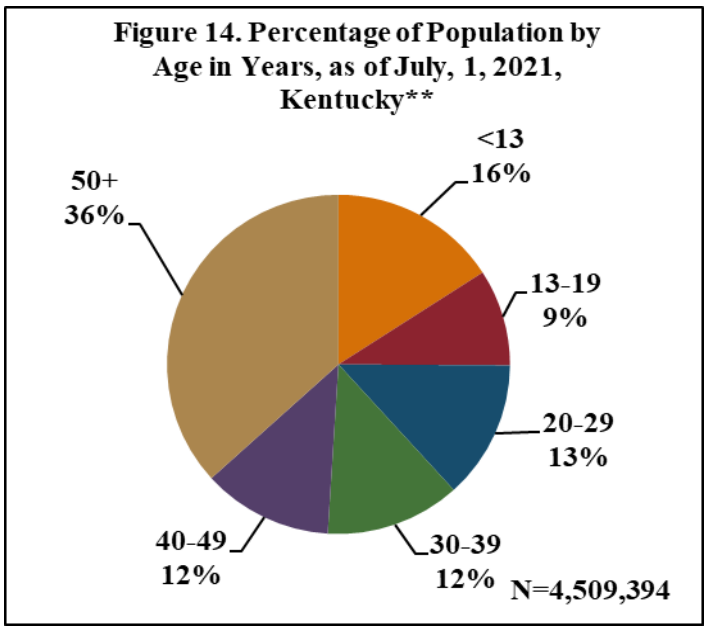
*Rate per 100,000 based on census data estimates for racial and gender distribution for Kentucky in 2021.

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

** Percentages may not total 100% due to rounding.

New HIV Disease Cases by Age at Diagnosis, Kentucky





** Percentages may not total 100% due to rounding

Figure 13 shows the percentage age distribution of newly diagnosed HIV cases among Kentuckians in 2021 at time of HIV diagnosis. The highest percentage of new diagnoses was reported among Kentuckians aged 30-39 years (34%). Kentuckians aged 20-39 and 40-49 years accounted for 33% and 16% of new cases, respectively. Kentuckians aged 50+ years accounted for 14% of new cases diagnosed in 2021.

Figure 14 shows the percentage distribution of Kentucky's population based on 2021 estimates, which can be directly compared to the percentages in each age group that were newly diagnosed in 2021. HIV-related disparities by age are highlighted by these two graphs. Higher percentages of new diagnoses occurred among persons in age groups 20-29, 30-39, and 40-49 years in comparison to the proportion of these groups in the general population.

Table 15. Number and Rate of New HIV Diagnoses by Age at Diagnosis and Race/Ethnicity§, Kentucky, 2021

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No. of Cases	Rate*	No. of Cases	Rate*
20-29	46	74.4	62	13.7
30-39	35	66.8	79	16.8
40-49	14	30.9	43	9.2
50+	15	13.6	37	2.5

§Rates among pediatric cases (<13 years), teens and Hispanics by age at diagnosis not published due to small numbers.

*Rate per 100,000 based on census data estimates for racial and age distribution for Kentucky in 2021.

Rates of new diagnoses in 2021 (Table 15) were higher among black populations across all age groups in comparison to white populations. These relative rates were highest among 20-year-olds and 50+ at the time of diagnosis. However, the rates among black populations in all age groups were at least about three times higher than the rates among their white counterparts of the same age group. Rates among Hispanic populations are not presented due to small numbers.

Table 16. HIV Disease Cases and Diagnosis Rates by Year of HIV Diagnosis and Area Development District (ADD) of Residence at Time of HIV Diagnosis, 1982-2022[2], Kentucky

AREA DEVELOPMENT DISTRICT	CASES & RATES[1]	1982-2016*	2017	2018	2019	2020	2021	2022[2]	TOTAL CASES[3]	% of Total
1. Barren River	Cases	347	13	14	13	9	12	14	422	4%
	Rate per 100,000		4.3	4.6	4.2		3.8			
2. Big Sandy	Cases	75	5	6	4	2	3	5	100	1%
	Rate per 100,000									
3. Bluegrass	Cases	1,933	66	78	47	50	74	69	2,317	19%
	Rate per 100,000		8.0	9.4	5.7	6.0	8.8			
4. Buffalo Trace	Cases	56	0	4	1	2	0	0	63	1%
	Rate per 100,000									
5. Cumberland Valley	Cases	194	10	6	6	5	11	11	243	2%
	Rate per 100,000		4.3				4.8			
6. FIVCO	Cases	132	8	4	8	3	4	4	163	1%
	Rate per 100,000									
7. Gateway	Cases	100	4	5	5	0	6	3	123	1%
	Rate per 100,000									
8. Green River	Cases	283	8	7	8	8	7	8	329	3%
	Rate per 100,000									
9. Kentucky River	Cases	81	5	1	3	2	4	3	99	1%
	Rate per 100,000									
10. KIPDA/ North Central	Cases	4,780	159	168	154	150	201	189	5,801	48%
	Rate per 100,000		15.8	16.7	15.3	14.6	19.7			
11. Lake Cumberland	Cases	166	11	3	5	3	5	6	199	2%
	Rate per 100,000		5.3							
12. Lincoln Trail	Cases	314	11	23	13	14	16	11	402	3%
	Rate per 100,000		4.0	8.3	4.7	5.0	5.7			
13. Northern KY	Cases	802	46	49	42	38	27	27	1,031	9%
	Rate per 100,000		10.0	10.6	9.0	8.1	5.7			
14. Pennyrile	Cases	315	12	4	13	8	14	17	383	3%
	Rate per 100,000		5.6		6.1		6.5			
15. Purchase	Cases	309	6	6	11	8	9	9	358	3%
	Rate per 100,000				5.6					
TOTAL CASES[3]		**9,887**	**364**	**378**	**333**	**303**	**393**	**376**	**12,033**	**100%**

(1) Rates are only listed for years of diagnosis 2017-2021. Data for 2022 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 as of December 31, 2022. Rates are not published for 2022 because data are not complete.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 12,034— 1 HIV case had unknown residential information.

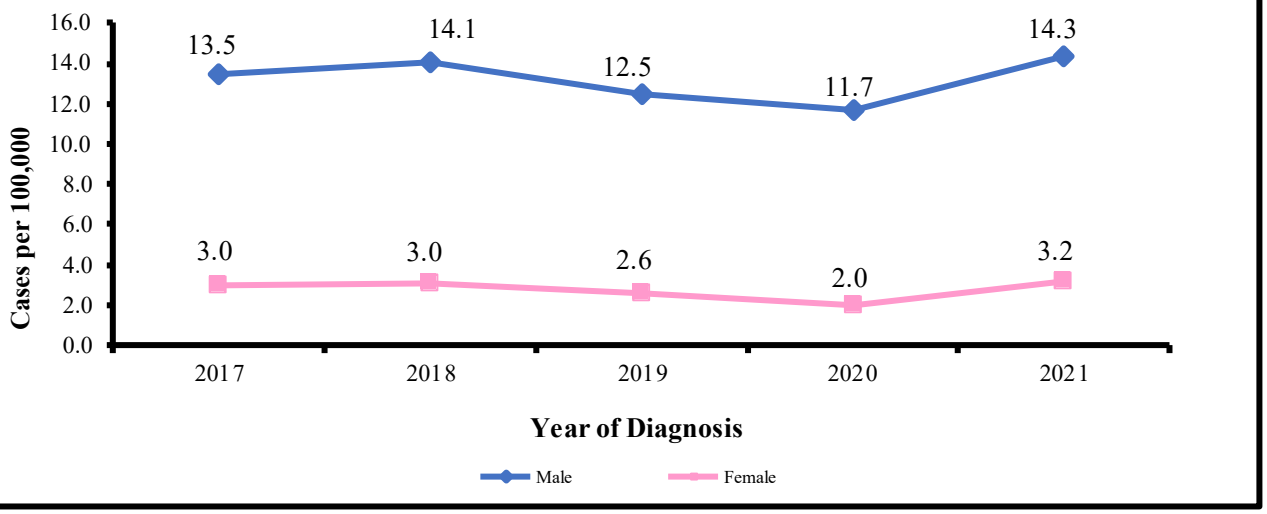
*Rates are not published due to multi-year aggregation of data.

Table 16 shows the HIV disease cases and diagnosis rates by year of HIV diagnosis and Area Development District (ADD) of residence at time of HIV diagnosis. The majority of the cases can be accounted for by the three urban ADDs, i.e. KIPDA, Bluegrass, and Northern Kentucky ADDs. The rates are higher in general for KIPDA ADD followed by Bluegrass ADD, which includes the cities of Louisville and Lexington respectively. The KIPDA ADD showed a distinct increase in 2021, which on investigation was found to be mainly associated with people who inject drugs.

Trends in HIV Disease Diagnosis Rates by Sex, 2017-2021, Kentucky

The trends in HIV diagnosis rates among Kentuckians by sex assigned at birth from 2017 to 2021 are presented in figure 15.

Figure 15. Kentucky HIV Disease Diagnosis Rates by Sex, 2017-2021*, Kentucky

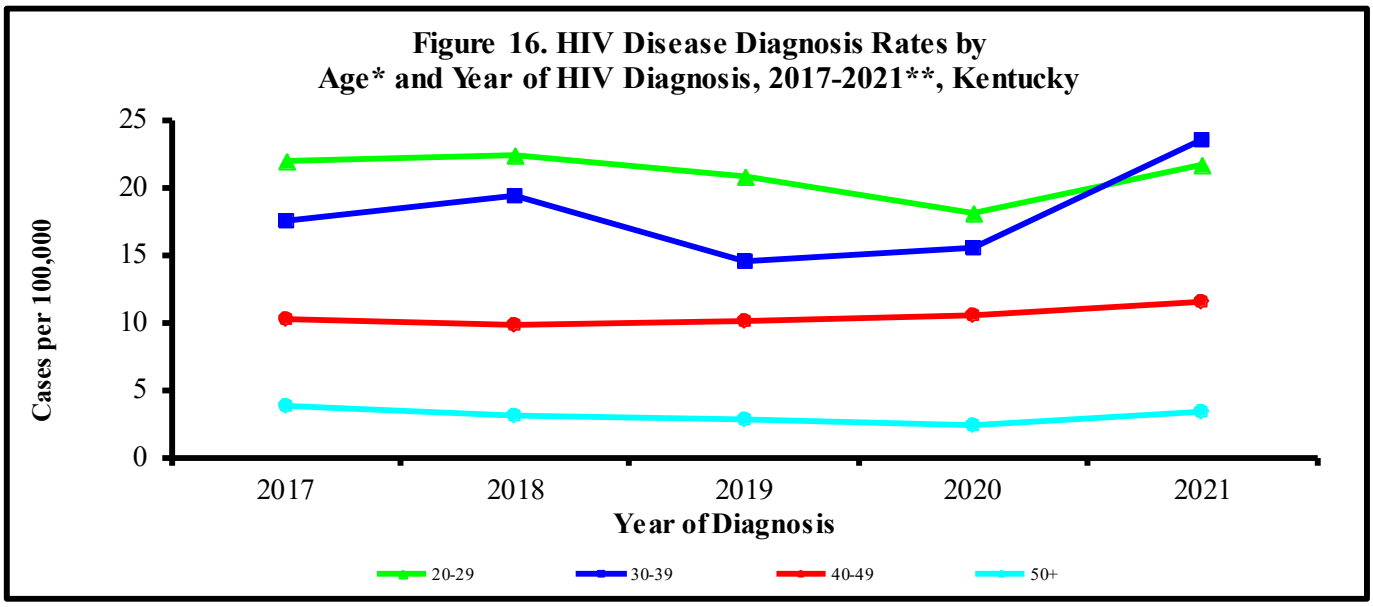


*Data for 2022 and 2023 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of cumulative HIV cases diagnosed among Kentuckians. The yearly diagnosis rates among males varied from 11.7 to 14.3 cases per 100,000 population over the five year period shown. From 2017 to 2021, the HIV diagnosis rates among males fluctuated between 4.5 to 5.8 times higher then the rate for females (Figure 15).

The female HIV diagnosis rates have remained fairly stable over the most recent five years, between 2.0 to 3.2 cases per 100,000 females. The highest HIV diagnosis rate among females within the most recent five years was in 2021 at 3.2 newly diagnosed cases per 100,000 females.

Trends in HIV Disease Diagnosis Rates by Age at HIV Diagnosis, 2017-2021, Kentucky



* Due to the small numbers of HIV cases reported, rates are not presented for age groups 0-12 and 13-19 years old.
**Data for 2022 and 2023 are not included in trend analyses since they are considered provisional due to reporting delays.

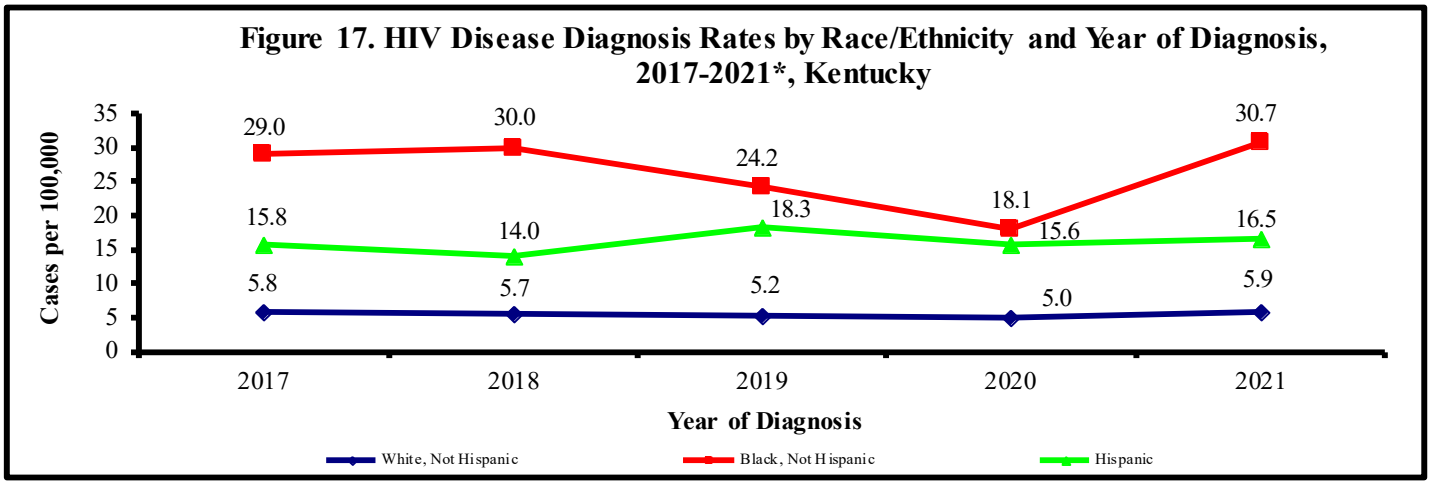
Figure 16 shows HIV diagnosis rates by age category over the most recent five years (2017-2021) with complete data. The diagnosis rates among Kentuckians in the 30-39 year age groups reveal an upward trend from 2017 to 2018, while rates in the other year age groups stayed almost stable during this time. Between 2018 and 2019, the rate decreased among the 30-39 and 20-29 year age groups.From 2019 to 2020 the rate decreased among 20-29 years olds category, and increased slightly among 30-39 years old. From 2020 to 2021 the rate of diagnosis showed an increase among 20-29 and 30-39 year old age groups. The yearly diagnosis rates among those 40-49 and 50 years and over remained almost stable over the five year period shown.

Table 17. Mean Age at Time of HIV Diagnosis, 2017-2021, Kentucky

HIV Diagnosis Year	Mean Age	Age Range
2017	35.6	0-70
2018	34.1	15-84
2019	34.3	0-73
2020	35.0	0-77
2021	35.7	15-79

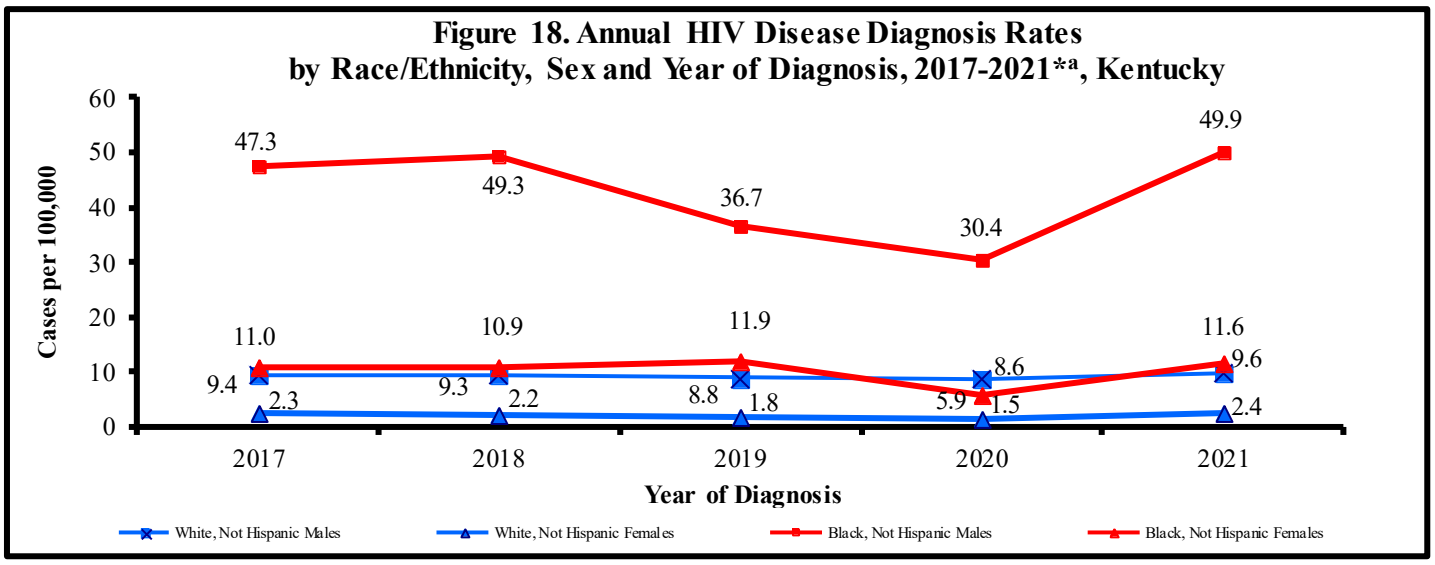
Table 17 shows the mean ages and actual age ranges at time of HIV diagnosis from 2017-2021. The mean ages of Kentuckians at time of HIV diagnosis in the five-year period ranged between 34.1-35.7 years (age range 0-84 years).

Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2017-2021, Kentucky



*Data for 2022 and 2023 are not included in trend analyses since they are considered provisional due to reporting delays.

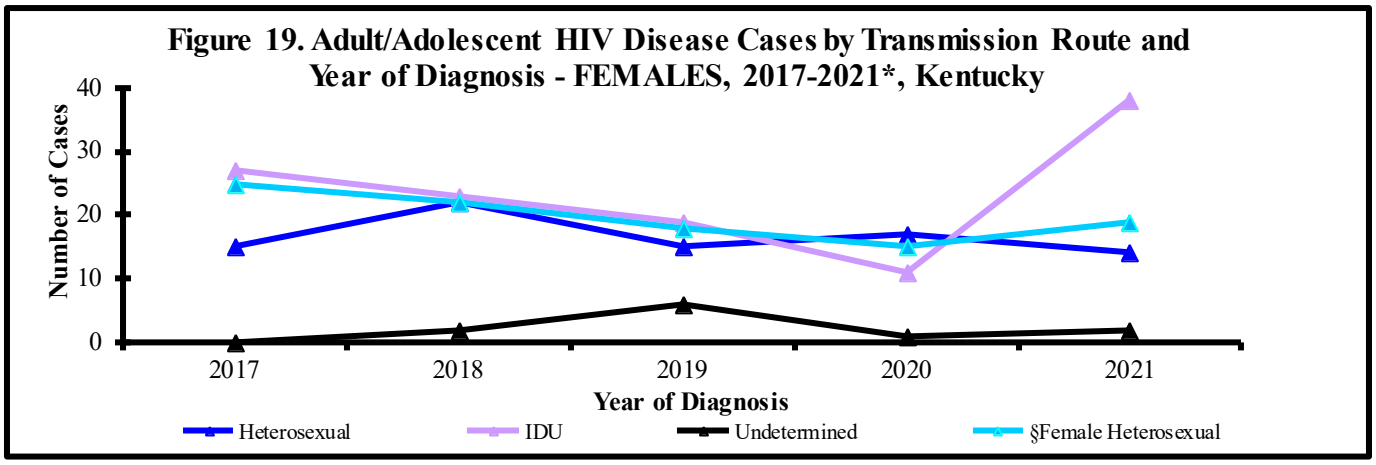
Figure 17 shows that between 2017 and 2021, the HIV diagnosis rates for black populations fluctuated between 3.6 to 5.3 times higher than white populations. The diagnosis rates for Hispanic populations were between 2.4 to 3.5 times higher than whites over the same five year period. The trends among white populations have remained steady. The rates for black populations increased slightly between 2017 and 2018, then decreased in 2019 and 2020, with abrupt increase in 2021. The rates for Hispanic populations decreased slightly between 2017 and 2018, increased in 2019, then dropped to 15.6 in 2020, but again increased to 16.5 cases per 100,000 in 2021.



*Data for 2022 and 2023 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.

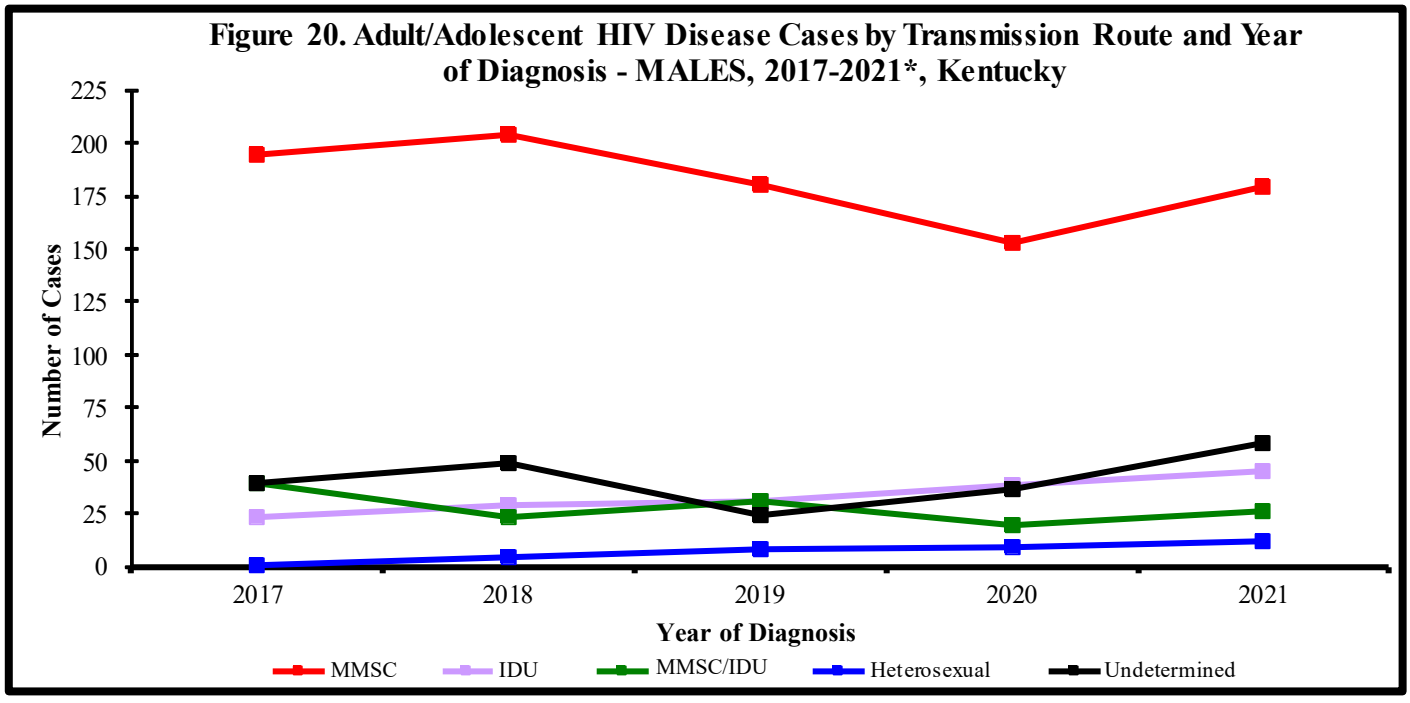
Figure 18 presents diagnosis rates from 2017 through 2021 for blacks and white cases by sex. Black males and black females had consistently higher rates of new diagnoses in comparison to their white counterparts. The HIV diagnosis rates among black males fluctuated between 3.1 to 5.1 times higher than that of white males. The rates among black females were 4.1 to 5.7 times higher than those of white females over the five year period.

Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2017-2021, Kentucky



*Data for 2022 and 2023 are not included in trend analyses since they are considered provisional due to reporting delays.
§Female Heterosexual Contact = A female not reporting drug use, but reporting sex with male with unknown HIV status or risk. See terminology on page 4.

Figure 19 shows Kentucky's adult/adolescent female HIV cases by transmission route and year of diagnosis. The largest number of new female cases reported female heterosexual contact (FHC) as their primary route of transmission followed by heterosexual contact over the five year period.This change was applied to all the years shown. The number of new female cases reporting IDU decreased from 2018 to 2020 with an abrupt increase in 2021due to Jefferson County cluster. IDU as route of transmission accounted for largest number of cases diagnosed among females from 2017 to 2021, except for 2020.



*Data for 2020 are not included in trend analyses since they are considered provisional due to reporting delays.

In Figure 20, which depicts trends for adult/adolescent males by transmission route, the largest number of cases diagnosed each year from 2015 to 2019 reported MMSC as their primary risk factor. The second largest number of cases were those with an undetermined risk. The number of males reporting IDU as a risk factor constantly increased between 2017 (23 cases) and 2021 (45 cases).

Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians as of December 31, 2022

During the most recent 10 year period for which data are available (January 1, 2013, to December 31, 2022), a total of 3,528 HIV disease cases were diagnosed among Kentuckians. Of these, 1,058 (30%) had progressed to AIDS as of December 31, 2022.

Table 18. AIDS Cases Diagnosed within the 10 Year Period January 1, 2013-December 31, 2022 by Time (in days) from HIV Diagnosis to AIDS Diagnosis, Kentucky

Time to AIDS Diagnosis (Days)	No.	%
≤30 Days †	747	70.6
31-60 Days	66	6.2
61-90 Days	28	2.6
91-365 Days	85	8.0
>365 Days	132	12.5
Total	1,058	100

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.
Note: 2,470 HIV-only cases diagnosed in the same timeframe are not included in the table as they had not progressed to AIDS as of December 31, 2022.

During the most recent 10 year period, 747 (21.2%) of the 3,528 newly diagnosed HIV cases were diagnosed with AIDS within 30 days of the initial HIV diagnosis - also known as a "concurrent diagnosis."

The distribution of progression to AIDS (in days) for the 1,058 AIDS cases is shown in Table 18. About 71% of the 1,058 AIDS cases diagnosed in the most recent 10 years were diagnosed with AIDS within 30 days of the initial HIV diagnosis.

According to the CDC* late testers are those who have an AIDS diagnosis within one year of initial HIV diagnosis. During the presented time period, 926 (26.2%) of the 3,528 Kentuckians diagnosed with HIV disease were late testers.

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

Concurrent* Diagnoses by Selected Characteristics, 2013-2022*, Kentucky

Table 19. HIV Infections Diagnosed in the Most Recent 10 Year Period (January 1, 2013-December 31, 2022) that were Diagnosed Concurrently with AIDS (within 30 Days of HIV Diagnosis) and those without a Concurrent Diagnosis by Sex, Age at Diagnosis, Race/Ethnicity, and Transmission Category, Kentucky**

	HIV *with* Concurrent AIDS Diagnosis*		HIV *Without* Concurrent AIDS Diagnosis**		Total HIV Disease Diagnoses***	
Characteristics	**No.**	**% (1)**	**No.**	**% (1)**	**No.**	**% (1)**
SEX						
Male	623	83	2,297	83	2,920	83
Female	124	17	484	17	608	17
AGE AT DIAGNOSIS						
<13	1	<1	13	<1	14	<1
13-19	8	1	135	5	143	4
20-29	139	19	1,123	40	1,262	36
30-39	210	28	745	27	955	27
40-49	188	25	439	16	627	18
50+	201	27	326	12	527	15
RACE/ETHNICITY- Female						
White, Not Hispanic	55	44	270	56	325	53
Black, Not Hispanic	54	44	171	35	225	37
Hispanic	9	7	18	4	27	4
Other/Unknown	6	5	25	5	31	5
RACE/ETHNICITY- Male						
White, Not Hispanic	371	60	1,290	56	1,661	57
Black, Not Hispanic	143	23	679	30	822	28
Hispanic	73	12	197	9	270	9
Other/Unknown	36	6	131	6	167	6
TRANSMISSON CATEGORY						
MMSC	360	48	1,548	56	1,908	54
IDU	64	9	351	13	415	12
MMSC/IDU	25	3	208	7	233	7
Heterosexual	69	9	181	7	250	7
Female Heterosexual	62	8	167	6	229	6
Perinatal	1	<1	11	<1	12	<1
Other(2)	1	<1	0	0	1	<1
Undetermined(3)	165	22	315	11	480	14
TOTAL	**747**	**100**	**2,781**	**100**	**3,528**	**100**

*Concurrent is defined as being diagnosed with both HIV and AIDS within a 30 day period.

**Without AIDS diagnosis 30 days after initial HIV diagnosis. Includes both HIV (non AIDS) cases and those with an AIDS diagnosis more than 30 days after initial HIV diagnosis.

***Total diagnoses January 1, 2013 through December 31, 2022 with HIV, regardless of AIDS diagnosis status.

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

(2) Other includes persons who had exposure through hemophilia,transfusion/transplant, or perinatal diagnosed as an adult.

(3) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

See terminology on page 4for additional definition by transmission category.

Concurrent Diagnoses by Selected Characteristics, 2013-2022, Kentucky (Narrative)

Table 19 (page 30), examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2013 and December 31, 2022 by sex, age at diagnosis, race/ethnicity, and transmission route. Data are presented for cases diagnosed concurrently with AIDS (diagnosed with AIDS within a 30 day period after an initial HIV diagnosis), cases without a concurrent HIV/AIDS diagnosis (anyone who did not have an AIDS diagnosis within 30 days of the initial HIV diagnosis, whether they developed AIDS or not), and for all cases diagnosed with HIV (regardless of AIDS diagnosis status) within the 10 year period.

Of the 3,528 Kentuckians diagnosed with HIV disease during the 10 year period, about one-fifth (747 or 21.2%) were diagnosed with HIV and AIDS concurrently (within 30 days).

During the 10 year period presented, males consistently represent the highest number of diagnosed cases of HIV, with (83%) and without (83%) a concurrent AIDS diagnosis.

The distribution by age at diagnosis differs between the two groups, with the highest percentages of concurrent cases being aged 30-39 (28%), followed by 50 plus (27%) and 40-49 years (25%), while the highest percentages among non–concurrently diagnosed cases were aged 20-29 years (40%).

The racial/ethnic distribution of cases diagnosed concurrently with AIDS differs by sex. Among females, the highest percentage of concurrent diagnoses were among black and white females (44%), followed by Hispanic females at 7%. However, among males, the majority of concurrent diagnoses were among white males (60%). Twenty-three percent of concurrently diagnosed cases in males were among black males and 12% were among Hispanic males. The percentages of concurrent diagnoses among Hispanic males and Hispanic females are much lower compared to white and black Kentuckians. Caution should be taken when interpreting the data for the other and unknown race/ethnicity categories as the numbers of cases are small.

Data by route of transmission show HIV cases diagnosed concurrently with AIDS have a similar distribution to those without a concurrent diagnosis, with the majority of cases among those with a concurrent diagnosis reporting MMSC as the mode of transmission (48%), followed by both persons reporting heterosexual exposure and IDU at 9%, and female presumed heterosexual at 8%. Twenty-two percent of concurrently diagnosed HIV and AIDS cases have an undetermined transmission route, which creates challenges for prevention initiatives aimed at increasing early testing and engagement in care.

HIV Diagnoses by Area Development District (ADD), January 1, 2013-December 31, 2022

Figure 21. Number of HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis, for Most Recent 10 years, January 1, 2013 — December 31, 2022, Kentucky

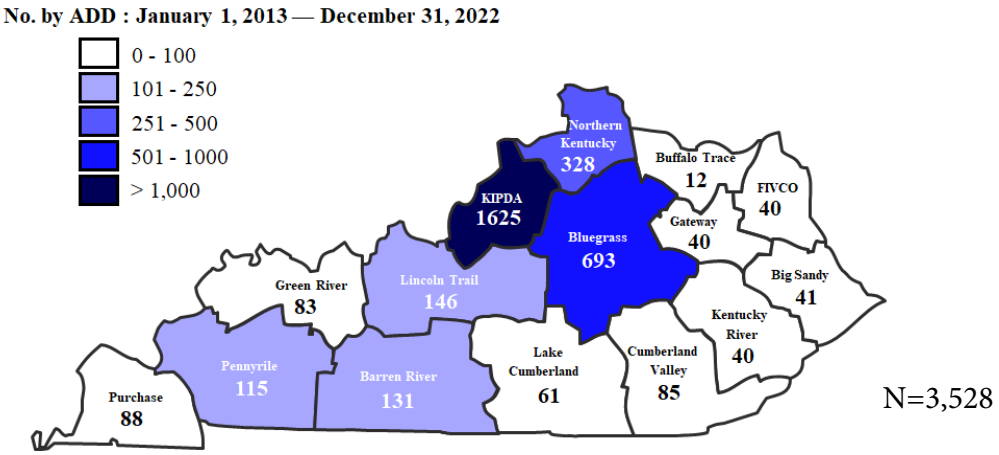
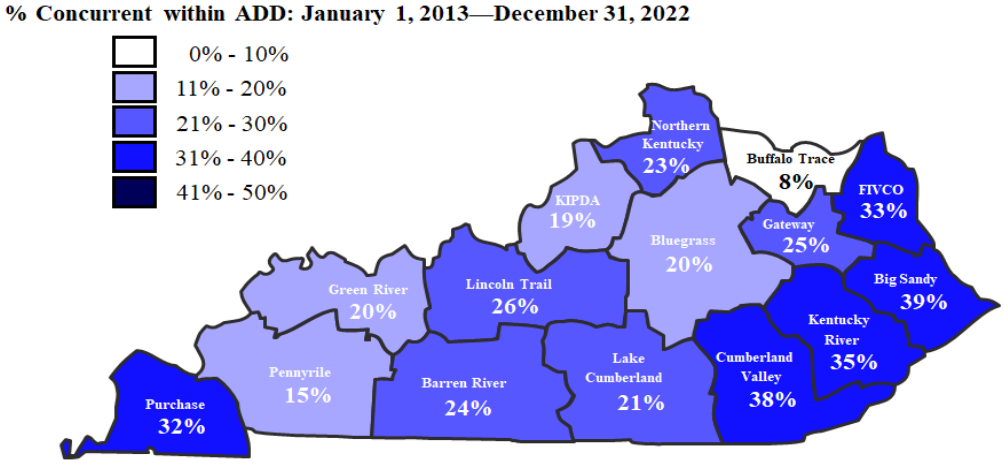


Figure 21 displays the total number of HIV infections (3,528) diagnosed between January 1, 2013, and December 31, 2022, by ADD of residence at time of HIV diagnosis. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1,625 or 46%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (693 or 20%) resided in the Bluegrass ADD, which includes the city of Lexington.

Figure 22. Percentage of All HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10 Years, January 1, 2013 – December 31, 2022, Kentucky

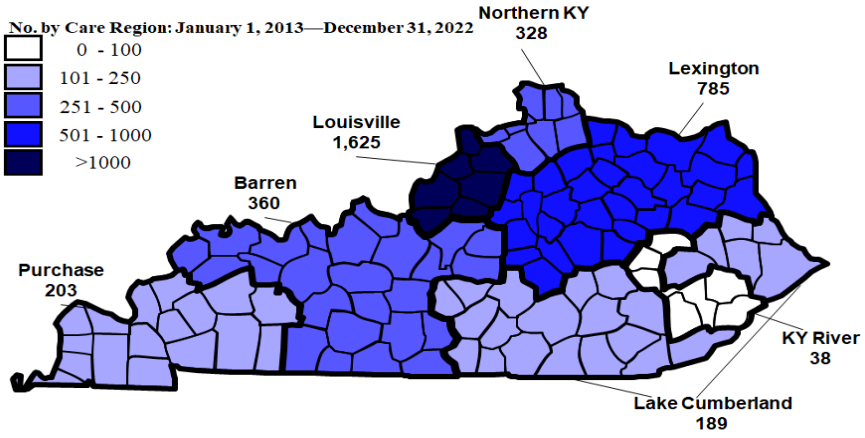


Note: The percentages presented in Figure 22 represent the proportion of concurrent diagnoses out of the total for each individual ADD. Totals for each ADD are presented in Figure 21.

Figure 22 shows the percentage of total HIV cases within each ADD that were concurrently diagnosed with AIDS (within 30 days of initial HIV diagnosis), between January 1, 2013, and December 31, 2022. The percentage of concurrent HIV and AIDS diagnoses within each ADD ranged from 8% to 39%. Big Sandy ADD (39%) had the highest proportion of concurrent HIV and AIDS cases, followed by Cumberland Valley ADD (38%).

HIV Diagnoses by Care Coordinator Region, January 1, 2013-December 31, 2022 Kentucky

Figure 23. Number of New HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10 Years, January 1, 2013--December 31, 2022, Kentucky

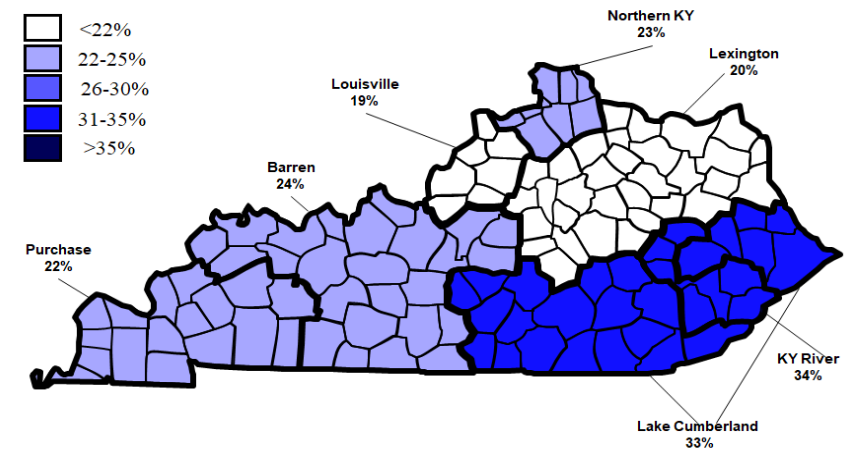


N=3,528

*Owsley County is currently being served by both the Lake Cumberland and KY River District HDs.

Figure 23 shows the total number of new HIV infections (regardless of disease progression status) diagnosed between January 1, 2013, and December 31, 2022, by Care Coordinator Region based on place of residence at time of HIV diagnosis. The highest number of cases (1,625 or 46%) diagnosed in this period occurred among residents of the Louisville Region. The second highest number of diagnoses (785 or 22%) occurred in residents of the Lexington Region.

Figure 24. Percentage of New HIV Cases with Concurrent Diagnosis within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10 Years, January 1, 2013—December 31, 2022, Kentucky

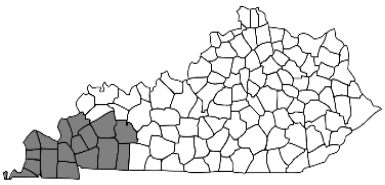
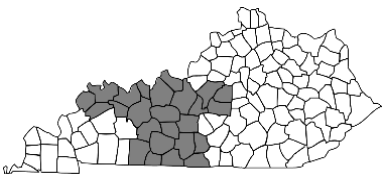
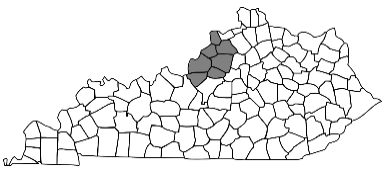
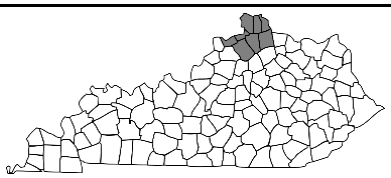
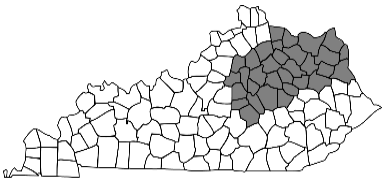
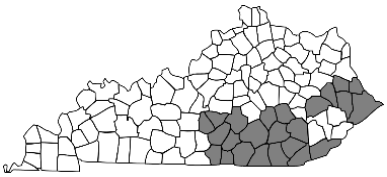
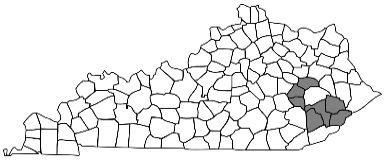
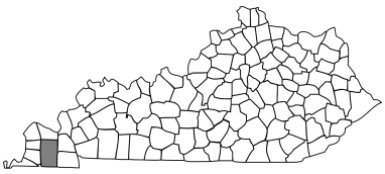
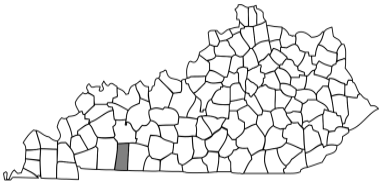


*Owsley County is currently being served by both the Lake Cumberland and KY River District HDs.

Note: The percentages presented in Figure 24 represent the proportion of concurrent diagnoses out of the total for each individual region. Totals for each region are presented in Figure 23. Owsley County is currently being served by both the Lake Cumberland and KY River District Health Departments (HD). In Figures 23 & 24 Owsley County is included only in the KY River District HD, and Graves and Todd Counties are included in Purchase District HD.

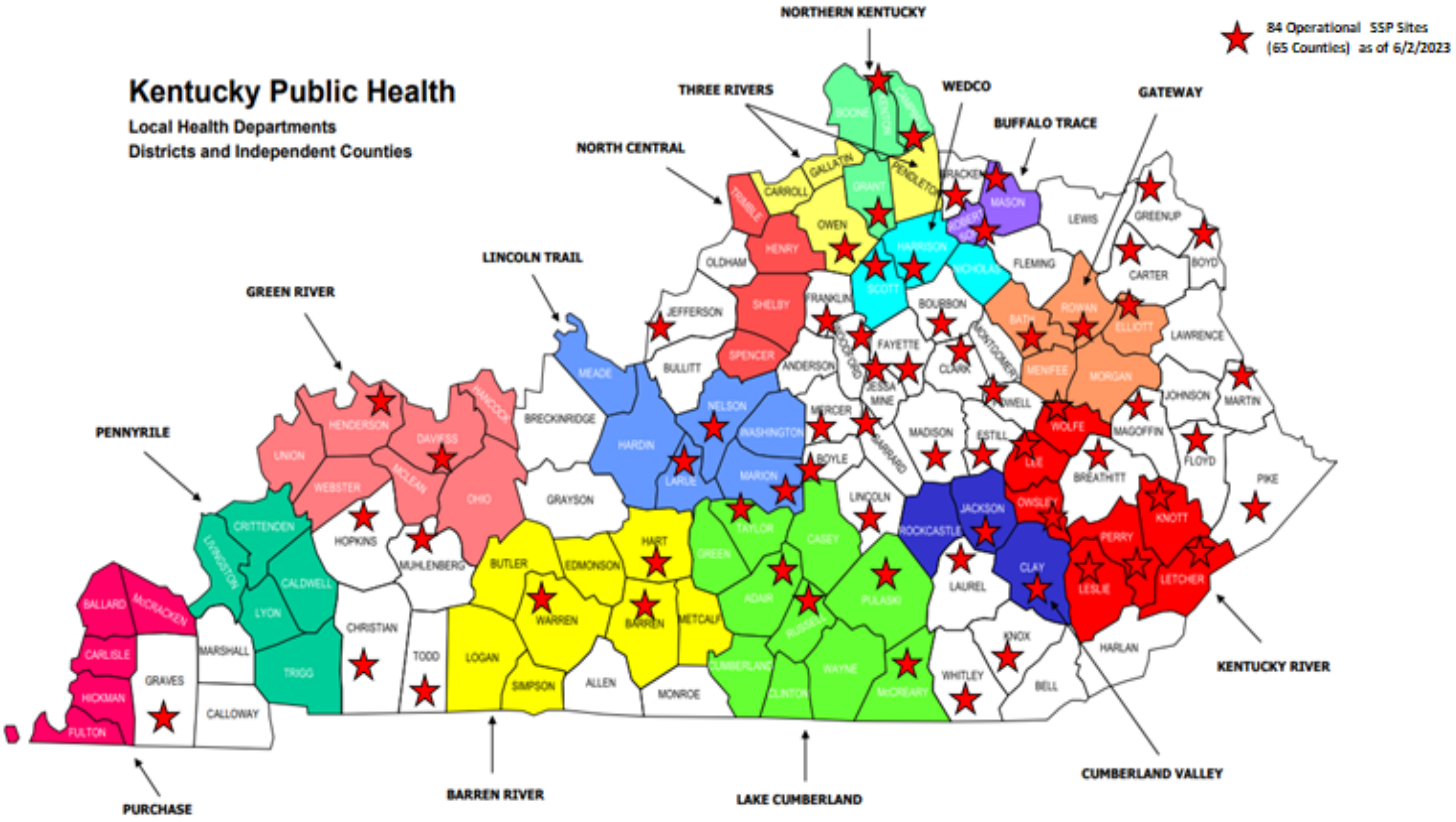
Figure 24 shows the percentage of total HIV cases within each Care Coordinator Region that were concurrently diagnosed with AIDS (within 30 days of an initial HIV diagnosis) between January 1, 2013, and December 31, 2022. In all regions, approximately one-fifth or more of cases diagnosed within each jurisdiction were concurrent diagnoses with the highest proportions of concurrent HIV and AIDS cases residing in the Kentucky River Region (34%), and Lake Cumberland Region (33%).

HIV Care Coordinator Regions, Kentucky

Map for Counties Covered	Region Name and Address	Counties Covered:			
	**Purchase Region:** LivWell Community Health Sevices 1903 Broadway Street Paducah, KY 42001 (270) 444-8183 (877) 444-8183 Fax: (270) 444-8147	Ballard Caldwell Calloway Carlisle	Christian Crittenden Fulton Graves	Hickman Hopkins Livingston Lyon	McCracken Marshall Muhlenberg Todd Trigg
	**Barren Region:** Matthew 25 452 Old Corydon Road Henderson, KY 42420 (270) 826-0200 (866) 607-6590 Fax: (270) 826-0212	Allen Barren Breckinridge Butler Daviess Edmonson	Grayson Hancock Hardin Hart Henderson Larue	Logan McLean Marion Meade Metcalfe Monroe	Nelson Ohio Simpson Union Warren Washington Webster
	**Louisville Region:** U of L KCCP/ 550 Clinic 1212 S. 4th Street, Suite 120 Louisville, KY 40203 (502) 852-2008 Fax: (502) 852-2510	Bullitt Henry Jefferson Oldham	Shelby Spencer Trimble		
	**Northern Kentucky Region:** Northern KY Dist HD 8001 Veterans Memorial Drive Florence, KY 41042 (859) 341-4264 Fax: (859) 578-3689	Boone Campbell Carroll Gallatin Grant	Kenton Owen Pendleton		
	**Lexington Region:** UK Bluegrass Care Clinic 3101 Beaumont Circle, Suite 300 Lexington, KY 40513 (859) 323-5544 (866) 761-0206 Fax: (859) 257-3477	Anderson Bath Bourbon Boyd Boyle Bracken Carter Clark	Elliott Estill Fayette Fleming Franklin Garrard Greenup Harrison	Jessamine Lawrence Lewis Lincoln Madison Mason Menifee Mercer	Montgomery Morgan Nicholas Powell Robertson Rowan Scott Woodford
	**Lake Cumberland Region:** Lake Cumberland Dist HD 500 Bourne Avenue Somerset, KY 42501 (606) 678-4761 (800) 928-4416 Fax: (606) 678-2708	Adair Bell Breathitt Casey Clay Clinton Cumberland	Floyd Green Harlan Jackson Johnson Knox	Laurel Magoffin Martin McCreary Owsley Pike	Pulaski Rockcastle Russell Taylor Wayne Whitley
	**Kentucky River Region:** Kentucky River Dist HD 441 Gorman Hollow Road Hazard, KY 41701 (606) 439-2361 Fax: (606) 439-0870	Knott Lee Leslie Letcher	Owsley Perry Wolfe		
	**Graves County HD** 416 Central Ave Mayfield, KY 42066 (270) 247-3553	Graves * Graves County is covered by Graves County Health Department , as well as the Purchase Region.			
	**Todd County HD** 205 Public Square Elkton, KY 42220 **(270) 265-2362**	Todd * Todd County is covered by Todd County Health Department , as well as the Purchase Region.			

For more information, contact the nearest Care Coordinator Agency, or the Care Coordinator Program Administrator, (502) 564-6539 or (800) 420-7431.

Harm Reduction Programs and HIV Outbreak Vulnerability



HIV Counseling and Testing Sites, Kentucky

The HIV Prevention Program at the Department for Public Health sponsors several HIV counseling and testing sites in each of the 120 counties across the state. Sponsored non-clinical agencies offer rapid-rapid HIV-1/2 antibody testing and can provide results within 1 to 20 minutes. Those with reactive results from an initial rapid test can be tested immediately with a different brand of rapid test than the initial rapid test. Clients receiving reactive results from both rapid tests are almost certainly infected with HIV and can be promptly linked to an HIV care provider without waiting days or weeks for a confirmatory test. Sponsored clinical agencies offer a rapid finger stick HIV 1/2 antibody test.

All state sponsored testing sites offer anonymous or confidential HIV testing at **free or minimal cost** by appointment and/or on a walk-in basis. Pre-test and post-test counseling are offered at all agencies.

A listing of state sponsored HIV testing sites is provided on the next page. Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer testing and **IS NOT** an all-inclusive list of testing centers in the Commonwealth of Kentucky.

For a comprehensive list of HIV testing sites, please visit:
https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/prevention.aspx
http://www.aidsvu.org

[1]Journal of Acquired Immune Deficiency Syndrome 2016;73:323–331

State Sponsored HIV Counseling and Testing Sites, Kentucky

County / Agency	City	Phone
Adair County Health Department	Columbia	(270) 384-2286
Allen County Health Department	Scottsville	(270) 237-4423
Anderson County Health Department	Lawrenceburg	(502) 839-4551
Ballard County Health Department	La Center	(270) 665-5432
Barren County Health Department	Glasgow	(270) 651-8321
Bath County Health Department	Owingsville	(606) 674-9646
Bell County Health Department	Pineville	(606) 248-2862
Boone County Health Department	Florence	(859) 363-2060
Bourbon County Health Department	Paris	(859) 987-1915
Boyd County Health Department	Ashland	(606) 324-7181
Boyle County Health Department	Danville	(859) 236-2053
Bracken County Health Department	Brooksville	(606) 735-2157
Breathitt County Health Department	Jackson	(606) 666-5274
Breckinridge County Health Department	Hardinsburg	(270) 756-5121
Bullitt County Health Department	Shepherdsville	(502) 543-2415
Butler County Health Department	Morgantown	(270) 526-3221
Caldwell County Health Department	Princeton	(270) 365-6571
Calloway County Health Department	Murray	(270) 753-3381
Campbell County Health Department	Newport	(859) 431-1704
Carlisle County Health Department	Bardwell	(270) 628-5431
Carroll County Health Department	Carrollton	(502) 732-6641
(Carter Co.) West Carter Health Center	Olive Hill	(606) 286-5588
Casey County Health Department	Liberty	(606) 787-6911
Christian County Health Department	Hopkinsville	(270) 887-4160
Clark County Health Department	Winchester	(859) 744-4482
Clay County Health Department	Manchester	(606) 598-2425
Clinton County Health Department	Albany	(606) 387-5711
Crittenden County Health Department	Marion	(270) 965-5215
Cumberland County Health Department	Burkesville	(270) 864-2206
Daviess County Health Department	Owensboro	(270) 686-7744
Edmonson County Health Department	Brownsville	(270) 597-2194
Elliott County Health Department	Sandy Hook	(606) 738-5205
Estill County Health Department	Irvine	(606) 723-5181
(Fayette Co.) AVOL (AIDS Volunteers, Inc.)	Lexington	(859) 225-3000
(Fayette Co.) Bluegrass Community Health Center	Lexington	(859) 259-2635
(Fayette Co.) Lex-Fayette Health Department	Lexington	(859) 288-2323
(Fayette Co.) Moveable Feast Lexington	Lexington	(859) 252-2867
Fleming County Health Department	Flemingsburg	(606) 845-6511
Floyd County Health Department	Prestonsburg	(606) 886-2788
Franklin County Health Department	Frankfort	(502) 564-4269
Fulton County Health Department	Fulton	(270) 472-1982
Fulton County Health Department – Hickman	Hickman	(270) 236-2825
Gallatin County Health Department	Warsaw	(859) 567-2844
Garrard County Health Department	Lancaster	(859) 792-2153
Grant County Health Department	Williamstown	(859) 824-5074
Graves County Health Department	Mayfield	(270) 247-3553
Grayson County Health Department	Leitchfield	(270) 259-3141
Green County Health Department	Greensburg	(270) 932-4341
Greenup County Health Department	Greenup	(606) 473-9838
Hancock County Health Department	Hawesville	(270) 927-8803
Hardin County Health Department	Elizabethtown	(270) 765-6196
Harlan County Health Department	Harlan	(606) 573-4820
Harrison County Health Department	Cynthiana	(859) 234-2842
Hart County Health Department	Munfordville	(270) 524-2511
(Henderson Co.) Matthew 25 AIDS Services	Henderson	(270) 826-0200
Henderson County Health Department	Henderson	(270) 826-3951
Henry County Health Department	New Castle	(502) 845-2882
Hickman County Health Department	Clinton	(270) 653-6110
Hopkins County Health Department	Madisonville	(270) 821-5242
Jackson County Health Department	McKee	(606) 287-8421
(Jefferson Co.) Dixie Health Center	Louisville	(502) 937-7277
(Jefferson Co.) Harambee Health Center, Inc.	Louisville	(502) 593-5939
(Jefferson Co.) Lou.-Metro HD - Fam Plan/Methadon	Louisville	(502) 574-6660
(Jefferson Co.) Louisville-Metro HD - Specialty	Louisville	(502) 574-6697
(Jefferson Co.) Louisville-Metro HD - TB Clinic	Louisville	(502) 574-6617
(Jefferson Co.) Newburg Health Center	Louisville	(502) 458-0778
(Jefferson Co.) The More Center	Louisville	(502) 574-6414
(Jefferson Co.) Volunteers of America – Louisville	Louisville	(502) 636-4540
Jessamine County Health Department	Nicholasville	(859) 885-4149
Johnson County Health Department	Paintsville	(606) 789-2590
Kenton County Health Department	Covington	(859) 431-3345
Knott County Health Department	Hindman	(606) 785-3144
Knox County Health Department	Barbourville	(606) 546-3486
Larue County Health Department	Hodgenville	(270) 358-3844
Laurel County Health Department	London	(606) 864-5187
Lawrence County Health Department	Louisa	(606) 638-4389
Lee County Health Department	Beattyville	(606) 464-2492
Leslie County Health Department	Hyden	(606) 672-2393
Letcher County Health Department	Whitesburg	(606) 633-2945
Lewis County Health Department	Vanceburg	(606) 796-2632
Lincoln County Health Department	Stanford	(606) 365-3106
Livingston County Health Department	Smithland	(270) 928-2193
Logan County Health Department	Russellville	(270) 726-8341
Lyon County Health Department	Eddyville	(270) 388-9763
Madison County Health Department	Richmond	(859) 626-4241
Madison County Health Department - Berea	Berea	(859) 986-1192
Magoffin County Health Department	Salyersville	(606) 349-6212
Marion County Health Department	Lebanon	(270) 692-3393
Marshall County Health Department	Benton	(270) 527-1496
Martin County Health Department	Inez	(606) 298-7752
Mason County Health Department	Maysville	(606) 564-9447
(McCracken Co.) Heartland Cares Clinic	Paducah	(270) 444-8183
McCracken County Health Department	Paducah	(270) 444-9631
McCreary County Health Department	Whitley City	(606) 376-2412
McLean County Health Department	Calhoun	(270) 273-3062
Meade County Health Department	Brandenburg	(270) 422-3988
Menifee County Health Department	Frenchburg	(606) 768-2151
Mercer County Health Department	Harrodsburg	(859) 734-4522
Metcalfe County Health Department	Edmonton	(270) 432-3214
Monroe County Health Department	Tompkinsville	(270) 487-6782
Montgomery County Health Department	Mount Sterling	(859) 498-3808
Morgan County Health Department	West Liberty	(606) 743-3744
Muhlenberg County Health Department	Central City	(270) 754-3200
Nelson County Health Department	Bardstown	(502) 348-3222
Nicholas County Health Department	Carlisle	(859) 289-2188
Ohio County Health Department	Hartford	(270) 298-3663
Oldham County Health Department	LaGrange	(502) 222-3516
Owen County Health Department	Owenton	(502) 484-5736
Owsley County Health Department	Booneville	(606) 593-5181
Pendleton County Health Department	Falmouth	(859) 654-6985
Perry County Health Department	Hazard	(606) 436-2196
Pike County Health Department	Pikeville	(606) 437-5500
Powell County Health Department	Stanton	(606) 663-4360
Pulaski County Health Department	Somerset	(606) 679-4416
Robertson County Health Department	Mount Olivet	(606) 724-5222
Rockcastle County Health Department	Mt. Vernon	(606) 256-2242
Rowan County Health Department	Morehead	(606) 784-8954
Russell County Health Department	Jamestown	(270) 343-2181
Scott County Health Department	Georgetown	(502) 863-3971
Shelby County Health Department	Shelbyville	(502) 633-1231
Simpson County Health Department	Franklin	(270) 586-8261
Spencer County Health Department	Taylorsville	(502) 477-8146
Taylor County Health Department	Campbellsville	(270) 465-4191
Todd County Health Department	Elkton	(270) 265-2362
Trigg County Health Department	Cadiz	(270) 522-8121
Trimble County Health Department	Bedford	(502) 255-7702
Union County Health Department	Morganfield	(270) 389-1230
Warren County Health Department	Bowling Green	(270) 781-2490
Washington County Health Department	Springfield	(859) 336-3989
Wayne County Health Department	Monticello	(606) 348-7464
Webster County Health Department	Dixon	(270) 639-9315
Whitley County Health Department	Corbin	(606) 549-3380
Wolfe County Health Department	Campton	(606) 668-3185
Woodford County Health Department	Versailles	(859) 873-4541