



Dear Reader:

The survival of persons with HIV disease and reduced transmission to others involves engagement in a continuum of care which includes: HIV testing, linkage to care, engagement in continuous care, receiving antiretroviral therapy (ART), and becoming virally suppressed. Without treatment, most people develop acquired immunodeficiency syndrome (AIDS) which compromises their immune system especially if they remain without treatment for extended periods of time. A consistently suppressed viral load is associated with reduced morbidity and mortality, and a lower probability of transmitting HIV to sexual partners<sup>1</sup>.

Early initiation of HIV care helps to control levels of the virus during the acute stage when people are seroconverting and have a high viral burden. Following a person's diagnosis, they should be immediately linked into medical care. Kentucky's data shows that seventy-nine percent (79%) of 296 adults/adolescents newly diagnosed in 2020 were successfully linked to medical care within one month of HIV diagnosis.

There were 8,270 adult/adolescents living in Kentucky and diagnosed with HIV disease from the start of the HIV epidemic in 1982 through 2019, and were living at the end of 2020. Of those, seventy percent (70%) received medical care in 2020, forty-seven percent (47%) were retained in continuous care in 2020, and fifty-four percent (54%) achieved viral suppression.

Of the 5,817 adult/adolescent diagnoses who received medical care in 2020, sixty seven-percent (67%) were retained in continuous care and seventy-seven percent (77%) achieved viral suppression. It is also noteworthy that of the 3,877 adult/adolescents who were retained in care, eighty-four percent (84%) achieved viral suppression.

Sincerely,

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

<sup>1</sup>CohenMS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med 2011;365:493-505.

**Data Sets:**

Data used in this report were reported to the Kentucky Department for Public Health (KDPH) and recorded in the enhanced HIV/AIDS Reporting System (eHARS).

Data used for linkage to care was as of June 30, 2021.

Data used for all other markers on the continuum of care were as follows:

- The denominator (overall population included in analysis) was obtained from data as of December 31, 2020.
- The numerators (persons engaged at each stage of care, out of the denominator) were calculated using laboratory data as of June 30, 2021 to account for reporting delays.

Since only cases which have been diagnosed with HIV and reported are included in this analysis, comparisons to other jurisdictional reports and to national data should be made with caution as different measures may be utilized.

**Methodology and Definitions:**

This is a diagnosis-based continuum of care. Persons who have not yet been diagnosed and reported to KDPH have not been included.

HIV Diagnosed (Denominator) – This includes all persons who were diagnosed with HIV disease by December 31, 2019 and living through December 31, 2020 (Persons with HIV - [PWH]). Persons included were adult/adolescents ( $\geq 13$  years old) at time of diagnosis and had their most recent known address in Kentucky. Data as of December 31, 2020 was used to calculate the denominator.

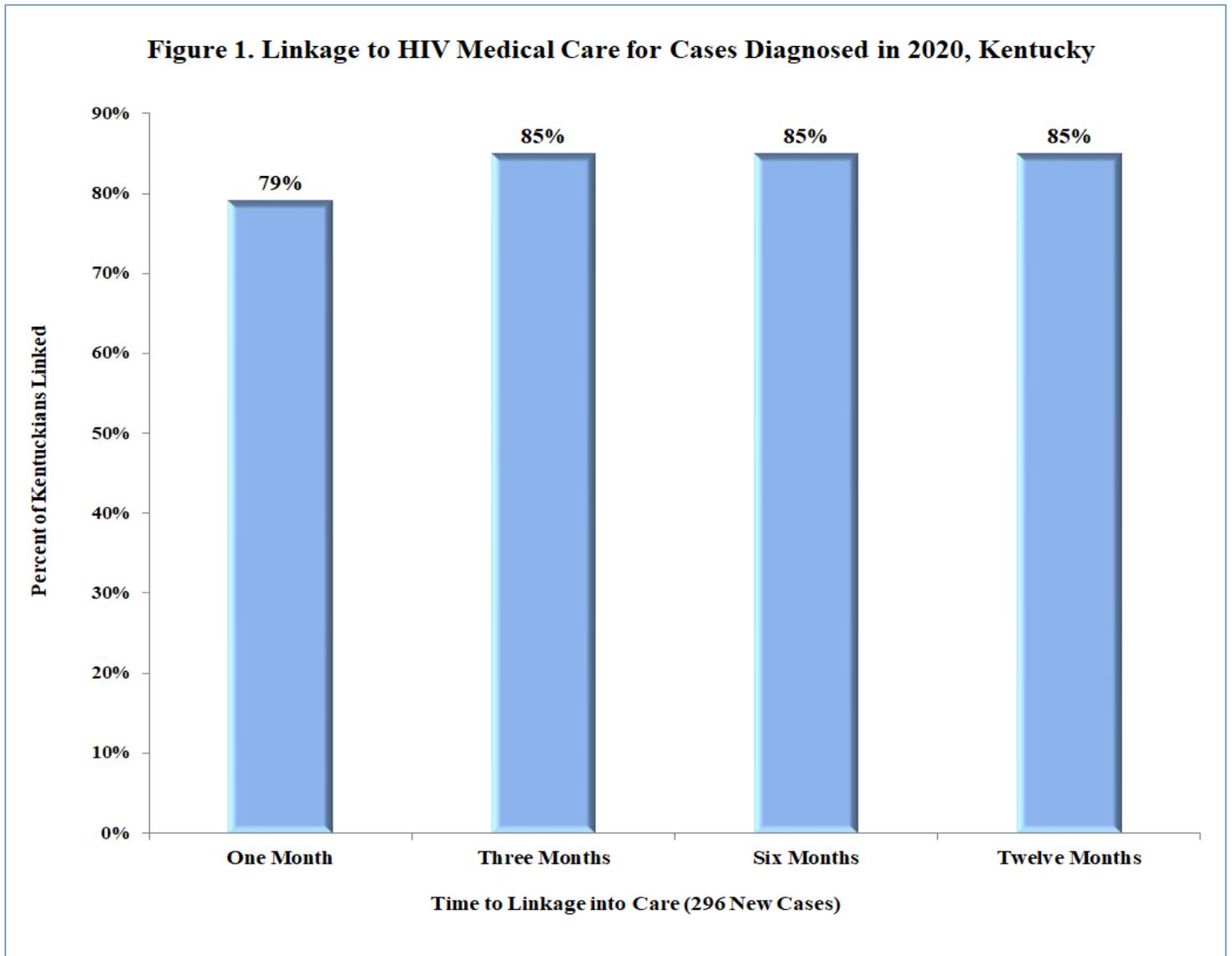
Linked to Care – Defined as Kentuckians newly diagnosed in 2020 and successfully linked to HIV-related medical care within one month of their initial HIV diagnosis. Linkage to care was calculated by the number of months between the HIV diagnosis date and initial medical care visit. Medical care visits were defined as having a CD4+ cell count or percent, a viral load test, or a nucleotide sequence test. (Note that this is a different denominator than the other indicators and data as of June 30, 2021 was used to account for reporting delays for those diagnosed later in 2020).

Receipt of Care – Also known as any evidence of HIV-related medical care. Defined as PWH who had at least one HIV-related medical care visit. Viral load, CD4+ cell count and percent, and nucleotide sequence tests collected in 2020 were used as measures for medical care visits.

Retained in Care – Defined as PWH who had two or more HIV-related medical care visits performed at least three months apart during a 12-month period. Viral load, CD4+ cell count and percent, and nucleotide sequence tests collected in 2020 were used as measures for medical care visits.

Viral Suppression – Defined as the number of PWH whose most recent viral load test in 2020 was  $< 200$  copies/ml. The most recent viral load result collected at any point in 2020 was considered.

## LINKAGE TO CARE FOR CASES DIAGNOSED IN 2020, KENTUCKY



Entry into the HIV care continuum begins with diagnosis and linkage to care. Figure 1 shows linkage to HIV medical care for Kentuckians newly diagnosed with HIV in 2020 (296 cases) as of June 30, 2021.

The data shows that seventy-nine percent (79%) of Kentuckians diagnosed with HIV during 2020 were linked to HIV related medical care within one month of diagnosis. Eighty-five percent (85%) of newly diagnosed cases were linked to care within three months of HIV diagnosis. Eighty-five (85) out of every hundred (100) newly diagnosed cases were linked to care within one year of initial HIV diagnosis. Research has shown that viral suppression is achieved more quickly if treatment is started within three months of diagnosis.<sup>1</sup>

<sup>1</sup>Hall HI, Tang T, Westfall AO, Mugavero MJ. HIV care visits and time to suppression, 19 U.S. jurisdictions, and implications for treatment, prevention and the national HIV/AIDS strategy. Plos ONE. 2013;8(12):e84318. doi: 10.1371/journal.pone.0084318.

## Linkage to Care by Selected Characteristics, 2020, Kentucky

**Table 1. New HIV Diagnoses in 2020 Showing Linkage to Care Status within One Month of Diagnosis by Sex at Birth, Age at Diagnosis, Race/Ethnicity, and Transmission Category, Kentucky.**

Characteristics	Linked to Care*		Not Linked to Care**		Total New Diagnoses	
	No.	% <sup>(1)</sup>	No.	% <sup>(1)</sup>	No.	% <sup>(1)</sup>
<b><u>SEX</u></b>						
Male	195	84	55	87	250	84
Female	38	16	8	13	46	16
<b><u>AGE AT DIAGNOSIS</u></b>						
13-19	5	2	4	6	9	3
20-29	87	37	21	33	108	36
30-39	65	28	20	32	85	29
40-49	44	19	12	19	56	19
50+	31	13	6	10	37	13
<b><u>RACE/ETHNICITY</u></b>						
White, Not Hispanic	145	62	37	59	182	61
Black, Not Hispanic	46	20	20	32	66	22
Hispanic	24	10	3	5	27	9
Other/Unknown	18	8	3	5	21	7
<b><u>TRANSMISSION CATEGORY</u></b>						
MSM <sup>(2)</sup>	114	49	27	43	141	48
IDU <sup>(3)</sup>	32	14	14	22	46	16
MSM/IDU	14	6	5	8	19	6
Heterosexual <sup>(4)</sup>	15	6	4	6	19	6
Undetermined <sup>(5)</sup>	57	24	13	21	70	24
<b><u>CARE COORDINATOR REGION<sup>(6)</sup></u></b>						
Purchase	13	6	3	5	16	5
Barren	25	11	5	8	30	10
Lake Cumberland	7	3	3	5	10	3
Lexington	44	19	11	17	55	19
Louisville	113	48	33	52	146	49
Northern Kentucky	29	12	8	13	37	13
Kentucky River	2	1	0	0	2	1
<b>TOTAL</b>	<b>233</b>	<b>100</b>	<b>63</b>	<b>100</b>	<b>296</b>	<b>100</b>

\*Linked to HIV Care within one month of diagnosis.

\*\*Not linked to HIV Care within one month of diagnosis.

(1) Percentages may not total to 100% due to rounding. Percentages for each characteristic add up to 100% by column.

(2) MSM = Men who have sex with men.

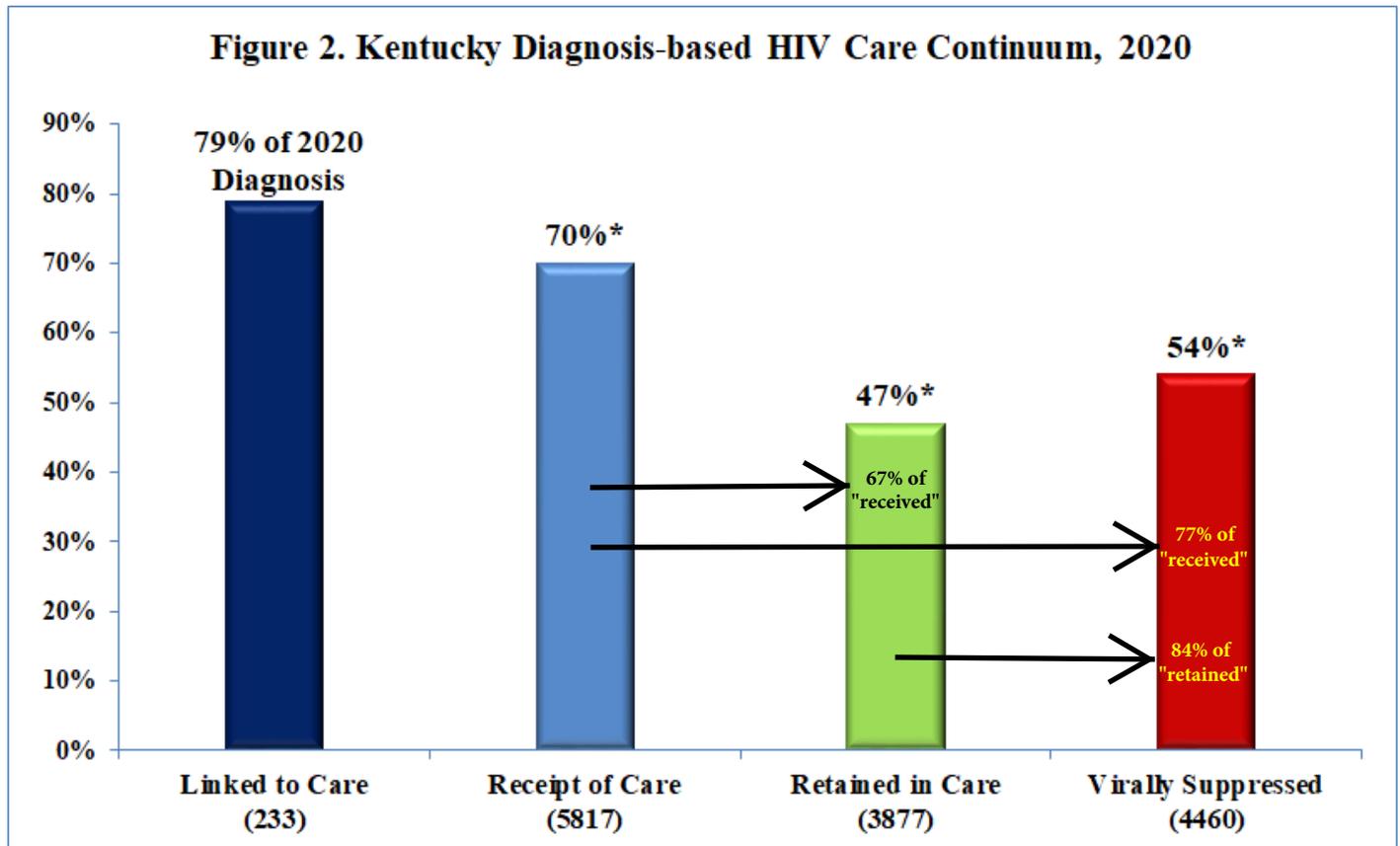
(3) IDU = Injection drug use.

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

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

(6) Care coordinator region reflects county of residence at time of initial diagnosis.

## Spectrum of Engagement in HIV Care among Adults/Adolescents in 2020, Kentucky



\* Of persons living with diagnosed HIV disease (Denominator) = 8270

Linkage to care among newly diagnosed 296 adult/adolescents in 2020 only, therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 2 represents the percentage of Kentuckians engaged in selected stages of HIV continuum of care during 2020.

The HIV continuum presented only reflects adult/adolescents diagnosed and reported to the HIV Surveillance Program, thereby also referred to as a "Diagnosis-based Continuum". Of the 296 new HIV cases diagnosed in Kentucky during 2020, 233 (79%) were linked to HIV medical care within one month of the HIV diagnosis.

There were 8,270 adult/adolescents with their most recent address in Kentucky diagnosed with HIV disease (regardless of progression to AIDS) at the end of 2019 and living at the end of 2020. Of those: Seventy percent (70%) had a care marker in 2020 and were considered to be in care. Forty-seven percent (47%) were retained in continuous care in 2020, and fifty-four percent (54%) achieved viral suppression.

Of the 5,817 adult/adolescent persons with HIV, who received care in 2020, sixty-seven percent (67%) were retained in continuous care and seventy-seven percent (77%) achieved viral suppression. It is also noteworthy that of the 3,877 adult/adolescents who were retained in continuous care, eighty-four percent (84%) achieved viral suppression. These data highlight the need to get people linked and engaged in care, as this greatly improves their retention and viral load suppression rates (with adherence to antiretroviral treatment). Sustained viral suppression is the key to optimal health outcomes at both the individual and population levels, as treatment helps prevent forward transmission.<sup>1</sup>

<sup>1</sup> Hall HI, Tang T, Westfall AO, Mugavero MJ. HIV care visits and time to suppression, 19 U.S. jurisdictions, and implications for treatment, prevention and the national HIV/AIDS strategy. Plos ONE. 2013;8(12):e84318. doi: 10.1371/journal.pone.0084318.

## Engagement in Selected Stages of Care by Demographics, 2020, Kentucky

Characteristics	HIV Diagnosed		Received Any HIV Care		Retained in HIV Care		Virally Suppressed	
	No.	%	No.	%	No.	%	No.	%
<b>SEX</b>								
Male	6,688	81	4,732	81	3,170	82	3,623	81
Female	1,582	19	1,085	19	707	18	837	19
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>5,817</b>	<b>100</b>	<b>3,877</b>	<b>100</b>	<b>4,460</b>	<b>100</b>
<b>AGE in 2020</b>								
13-19	14	<1	13	<1	10	<1	9	<1
20-29	687	8	532	9	322	8	392	9
30-39	1,688	20	1,221	21	777	20	894	20
40-49	1,867	23	1,266	22	846	22	970	22
50+	4,014	49	2,785	48	1,922	50	2,195	49
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>5,817</b>	<b>100</b>	<b>3,877</b>	<b>100</b>	<b>4,460</b>	<b>100</b>
<b>RACE/ETHNICITY</b>								
White, Not Hispanic	4,596	56	3,395	58	2,294	59	2,630	59
Black, Not Hispanic	2,688	32	1,764	30	1,119	29	1,290	29
Hispanic	624	8	379	7	266	7	316	7
Other/Unknown	362	4	279	5	198	5	224	5
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>5,817</b>	<b>100</b>	<b>3,877</b>	<b>100</b>	<b>4,460</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>								
MSM <sup>(3)</sup>	4,591	56	3,411	59	2,299	59	2,614	59
IDU <sup>(4)</sup>	763	9	484	8	312	8	367	8
MSM/IDU	494	6	346	6	221	6	274	6
Heterosexual <sup>(5)</sup>	1,184	14	859	15	576	15	676	15
Other <sup>(6)</sup>	14	<1	9	<1	2	<1	6	<1
Undetermined <sup>(7)</sup>	1,224	15	708	12	467	12	523	12
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>5,817</b>	<b>100</b>	<b>3,877</b>	<b>100</b>	<b>4,460</b>	<b>100</b>
<b>CARE COORDINATOR REGION<sup>(8)</sup></b>								
Barren	885	11	634	11	441	11	539	12
Kentucky River	71	1	52	1	31	1	42	1
Lake Cumberland	431	5	294	5	201	5	243	5
Lexington	1,867	23	1,395	24	956	25	1,054	24
Louisville	3,677	44	2,621	45	1,719	44	1,852	42
Northern Kentucky	782	9	401	7	203	5	343	8
Purchase	553	7	418	7	324	8	386	9
<b>TOTAL<sup>(2)</sup></b>	<b>8,266</b>	<b>100</b>	<b>5,815</b>	<b>100</b>	<b>3,875</b>	<b>100</b>	<b>4,459</b>	<b>100</b>

(1) Current age in 2020.

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

(3) MSM = Men who have sex with men.

(4) IDU = Injection drug use.

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

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

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

## Engagement in Selected Stages of Care by Demographics, 2020, Kentucky

Table 3. Kentuckians Aged <sup>(1)</sup> 13+ Years Living with Diagnosed HIV <u>Not Engaged</u> in Selected Stages of HIV Care in 2020 by Sex, Current Age, Race/Ethnicity, and Transmission Route, Kentucky								
Characteristics	HIV Diagnosed		No Receipt of Any HIV Care		Not Retained in HIV Care		Not Virally Suppressed	
	No.	%	No.	%	No.	%	No.	%
<b>SEX</b>								
Male	6,688	81	1,956	80	3,518	80	3,065	80
Female	1,582	19	497	20	875	20	745	20
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>2,453</b>	<b>100</b>	<b>4,393</b>	<b>100</b>	<b>3,810</b>	<b>100</b>
<b>AGE in 2020</b>								
13-19	14	<1	1	<1	4	<1	5	<1
20-29	687	8	155	6	365	8	295	8
30-39	1,688	20	467	19	911	21	794	21
40-49	1,867	23	601	25	1,021	23	897	24
50+	4,014	49	1,229	50	2,092	48	1,819	48
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>2,453</b>	<b>100</b>	<b>4,393</b>	<b>100</b>	<b>3,810</b>	<b>100</b>
<b>RACE/ETHNICITY</b>								
White, Not Hispanic	4,596	56	1,201	49	2,302	51	1,966	52
Black, Not Hispanic	2,688	32	924	38	1,569	38	1,398	37
Hispanic	624	8	245	10	358	8	308	8
Other/Unknown	362	4	83	3	164	4	138	4
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>2,453</b>	<b>100</b>	<b>4,393</b>	<b>100</b>	<b>3,810</b>	<b>100</b>
<b>TRANSMISSION ROUTE</b>								
MSM <sup>(3)</sup>	4,591	56	1,180	48	2,292	52	1,977	52
IDU <sup>(4)</sup>	763	9	279	11	451	10	396	10
MSM/IDU	494	6	148	6	273	6	220	6
Heterosexual <sup>(5)</sup>	1,184	14	325	13	608	14	508	13
Other <sup>(6)</sup>	14	<1	5	<1	12	<1	8	<1
Undetermined <sup>(7)</sup>	1,224	15	516	21	757	17	701	18
<b>TOTAL</b>	<b>8,270</b>	<b>100</b>	<b>2,453</b>	<b>100</b>	<b>4,393</b>	<b>100</b>	<b>3,810</b>	<b>100</b>
<b>CARE COORDINATOR REGION<sup>(8)</sup></b>								
Barren	885	11	251	10	444	10	346	9
Kentucky River	71	1	19	1	40	1	29	1
Lake Cumberland	431	5	137	6	230	5	188	5
Lexington	1,867	23	472	19	911	21	813	21
Louisville	3,677	44	1,056	43	1,958	45	1,825	48
Northern Kentucky	782	9	381	16	579	13	439	12
Purchase	553	7	135	6	229	5	167	4
<b>TOTAL<sup>(2)</sup></b>	<b>8,266</b>	<b>100</b>	<b>2,451</b>	<b>100</b>	<b>4,391</b>	<b>100</b>	<b>3,807</b>	<b>100</b>

(1) Current age in 2020.

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

(3) MSM= Men who have sex with men.

(4) IDU= Injection drug use.

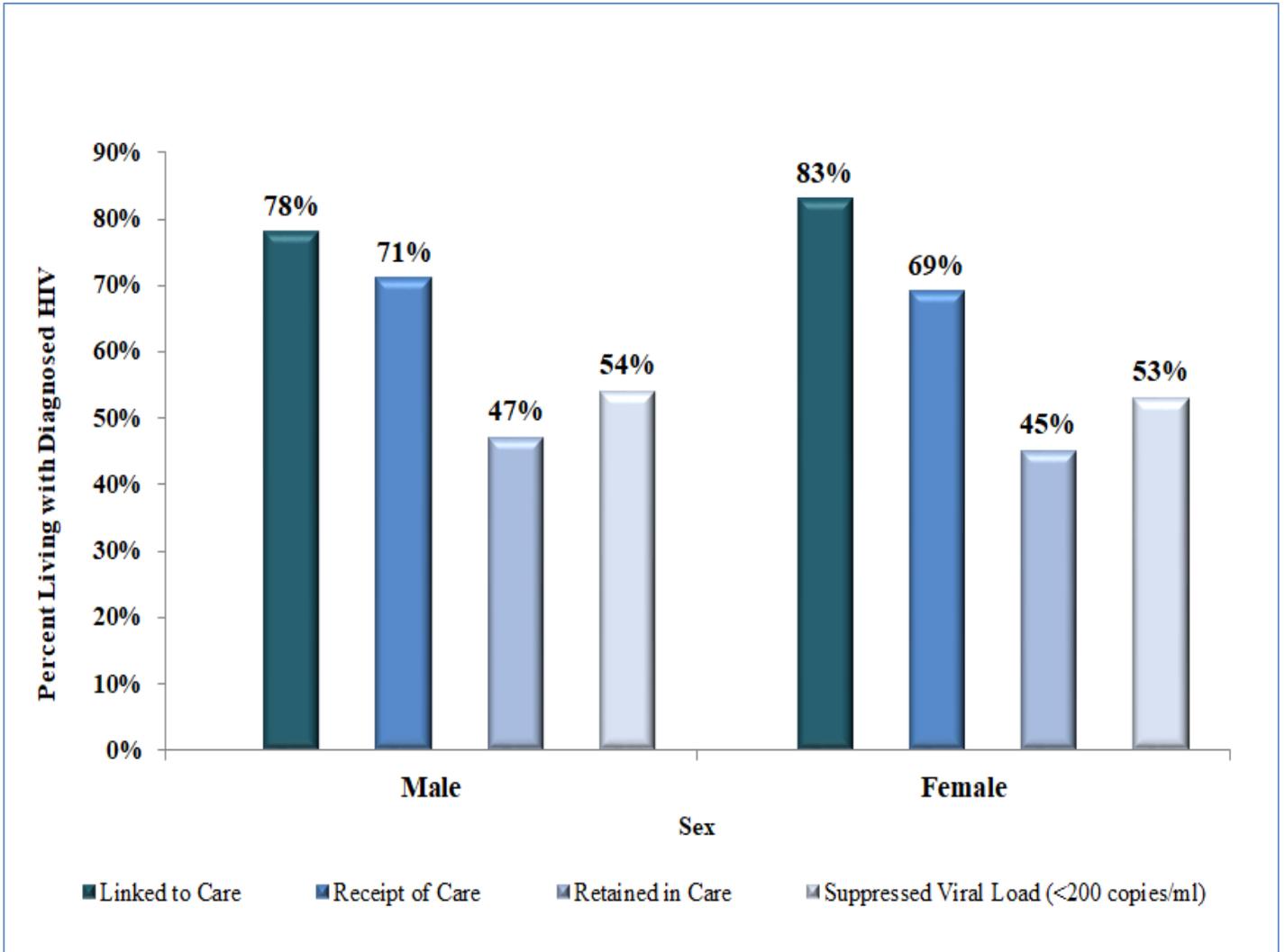
(5) Heterosexual includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

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

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

## Engagement in Selected Stages of Care by Sex, 2020, Kentucky

**Figure 3. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Sex at Birth, 2020**

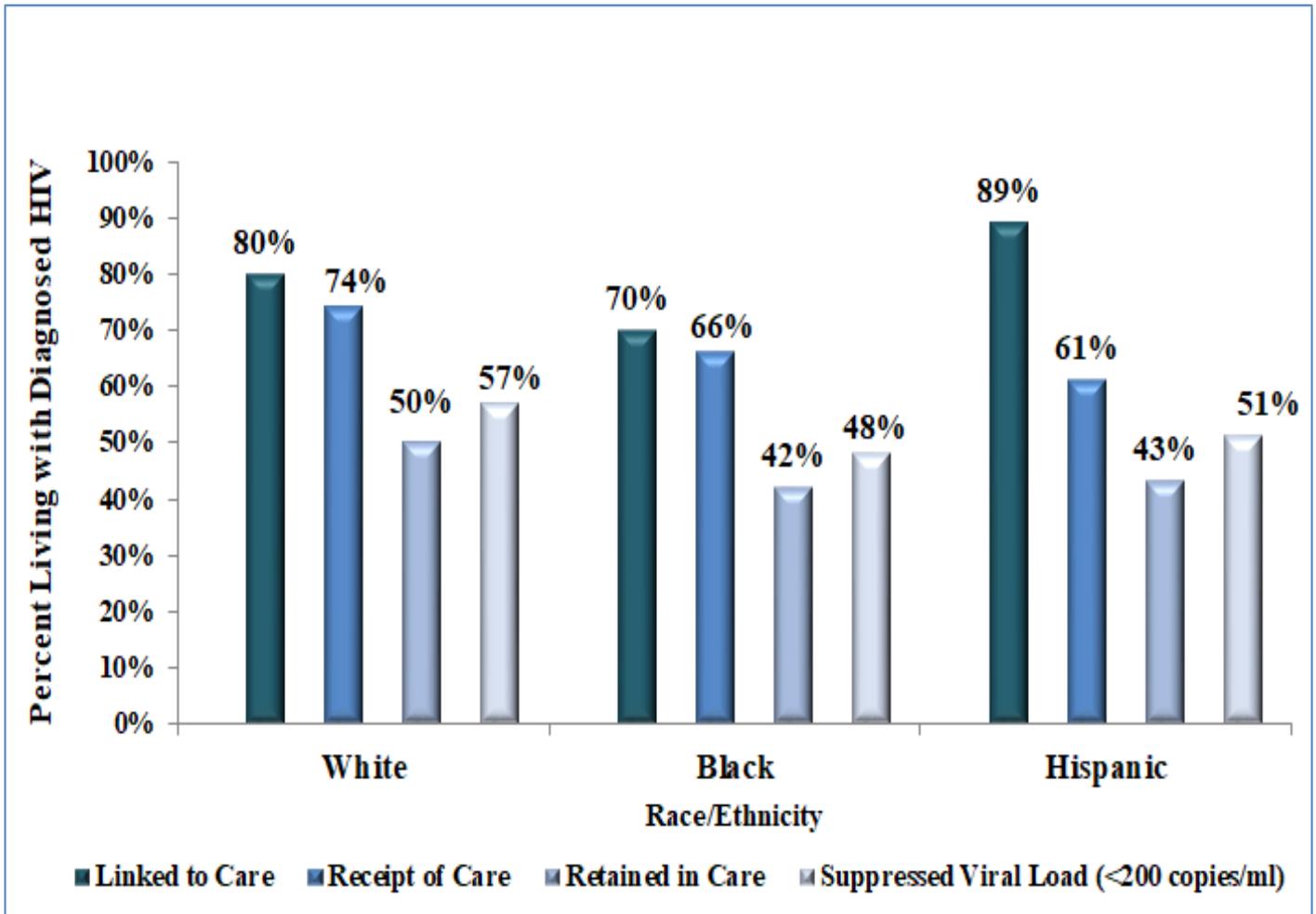


Linkage to care among newly diagnosed adult/adolescents in 2020 only, therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 3 shows the percentages of adult/adolescent Kentuckians engaged in the care continuum by sex at birth. Adult/adolescent females in Kentucky performed better than males for linkage to care (eighty-three percent for females vs seventy-eight percent for males). Males attained higher level for receipt of care at seventy-one percent (71%), compared to sixty-nine percent (69%) for females. Males also achieved higher levels of retention in care (forty-seven percent (47%) versus forty-five percent (45%) for females), and viral suppression at fifty-four percent (54%), compared to females at fifty-three (53%).

## Engagement in Selected Stages of Care by Race/Ethnicity, 2020, Kentucky

**Figure 4. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Race/Ethnicity, 2020**



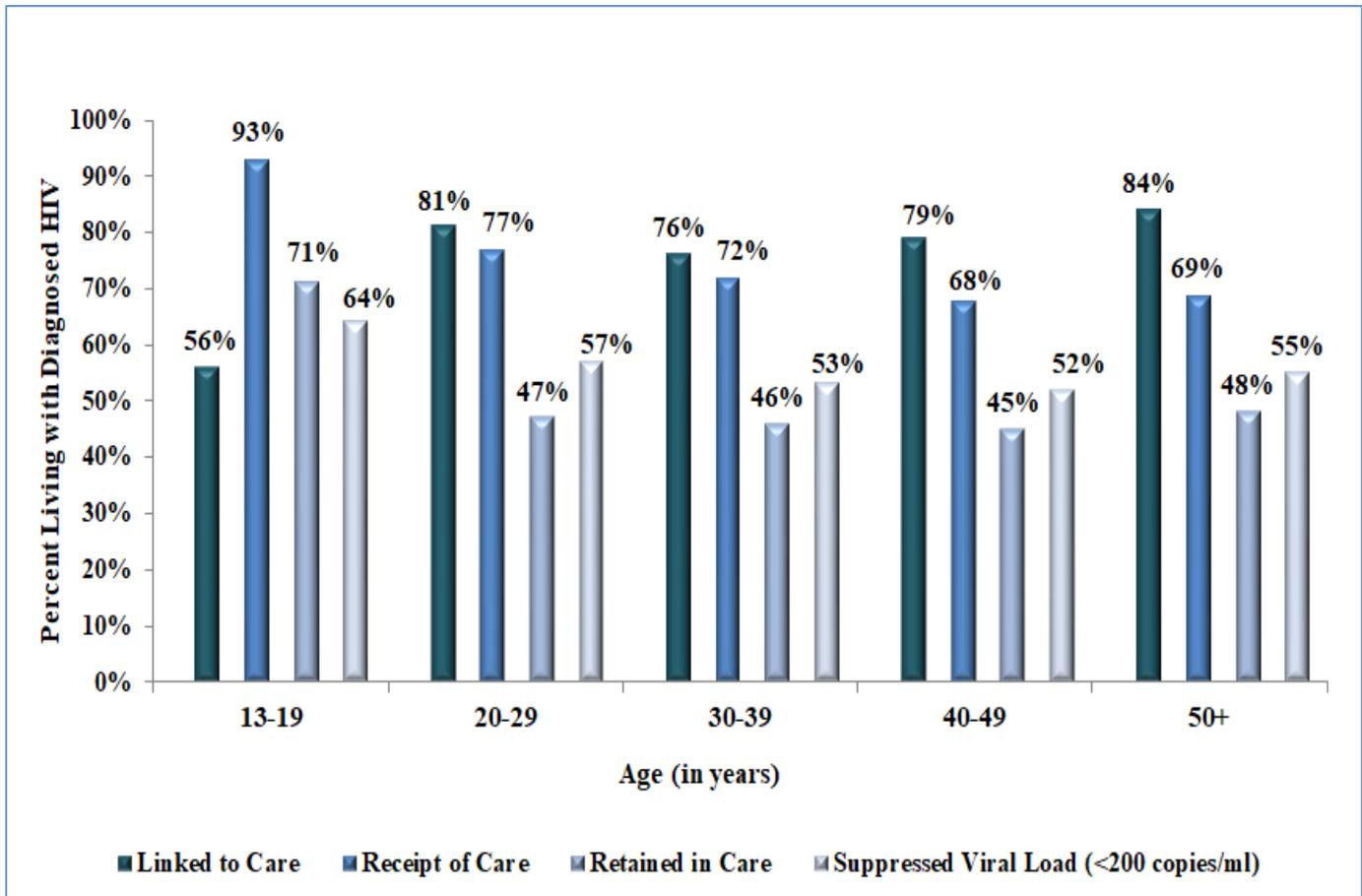
Linkage to care among newly diagnosed adult/adolescents in 2020 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 4 shows the percentages of adult/adolescent Kentuckians engaged in the HIV care continuum by race/ethnicity. In 2020, Hispanic adult/adolescent Kentuckians newly diagnosed with HIV attained higher levels of linkage to HIV medical care (89%) compared to their white (80%) and black (70%) counterparts. White adult/adolescents attained higher rates compared to black and Hispanic adult/adolescents for receipt of care, retention in care, and viral suppression. Fifty-seven percent (57%) of white adult/adolescents were virally suppressed in 2020, compared to forty-eight percent (48%) of black and fifty-one percent (51%) of Hispanic adult/adolescents.

In order for people with HIV to attain viral suppression, they need to be linked to care and remain engaged or re-engaged if they fall out of care. The figure highlights health disparities, whereby black adult/adolescents diagnosed with HIV are less likely to be linked to medical care, retained in care and ultimately less likely to be virally suppressed compared to their white and Hispanic counterparts.

## Engagement in Selected Stages of Care by Current Age, 2020, Kentucky

Figure 5. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Current Age, 2020



Linkage to care among newly diagnosed adult/adolescents in 2020 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 5 shows the percentages of adult/adolescent Kentuckians engaged in the HIV care continuum by their current age in 2020 – the analysis year.

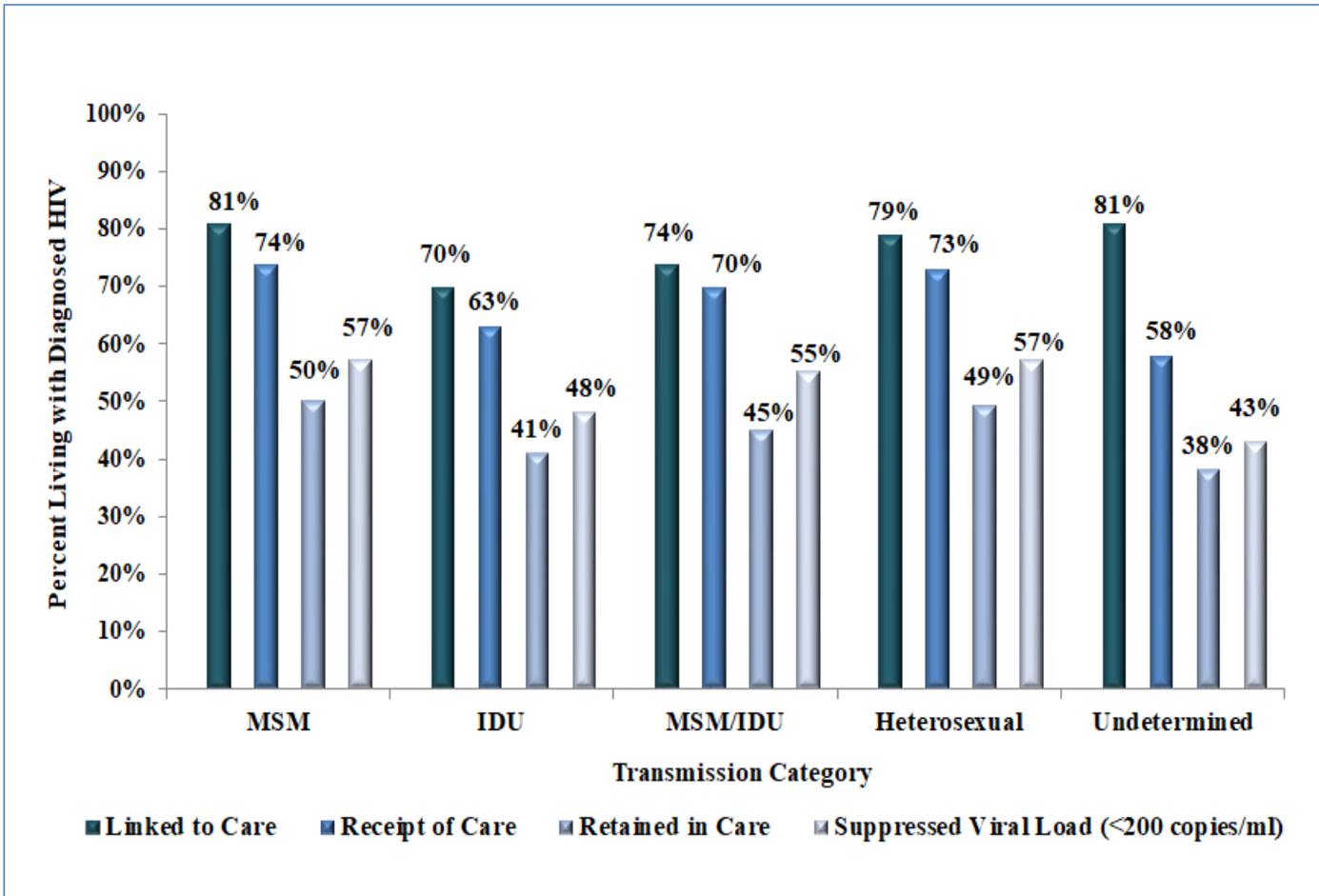
The figure shows that 13-19 year olds were least likely to get linked to care, when compared to the other current age categories. However, once they were effectively linked to care, they were most likely to receive care (ninety-three percent) compared to other age categories.

Retention in care was highest among 13-19 year olds at seventy-one percent (71%), and lowest among 40-49 year age category at forty-five percent (45%).

Adults/adolescent Kentuckians aged 13-19 years were most likely to be virally suppressed at sixty-four percent (64%) when compared to other age categories, while the 40-49 years age category were least likely to be virally suppressed at fifty-two percent (52%).

## Engagement in Selected Stages of Care by Mode of Transmission, 2020, Kentucky

**Figure 6. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Mode of Transmission, 2020**



Linkage to care among newly diagnosed adult/adolescents in 2020 only. Therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

MSM = Men having sex with men

IDU = Injection drug use

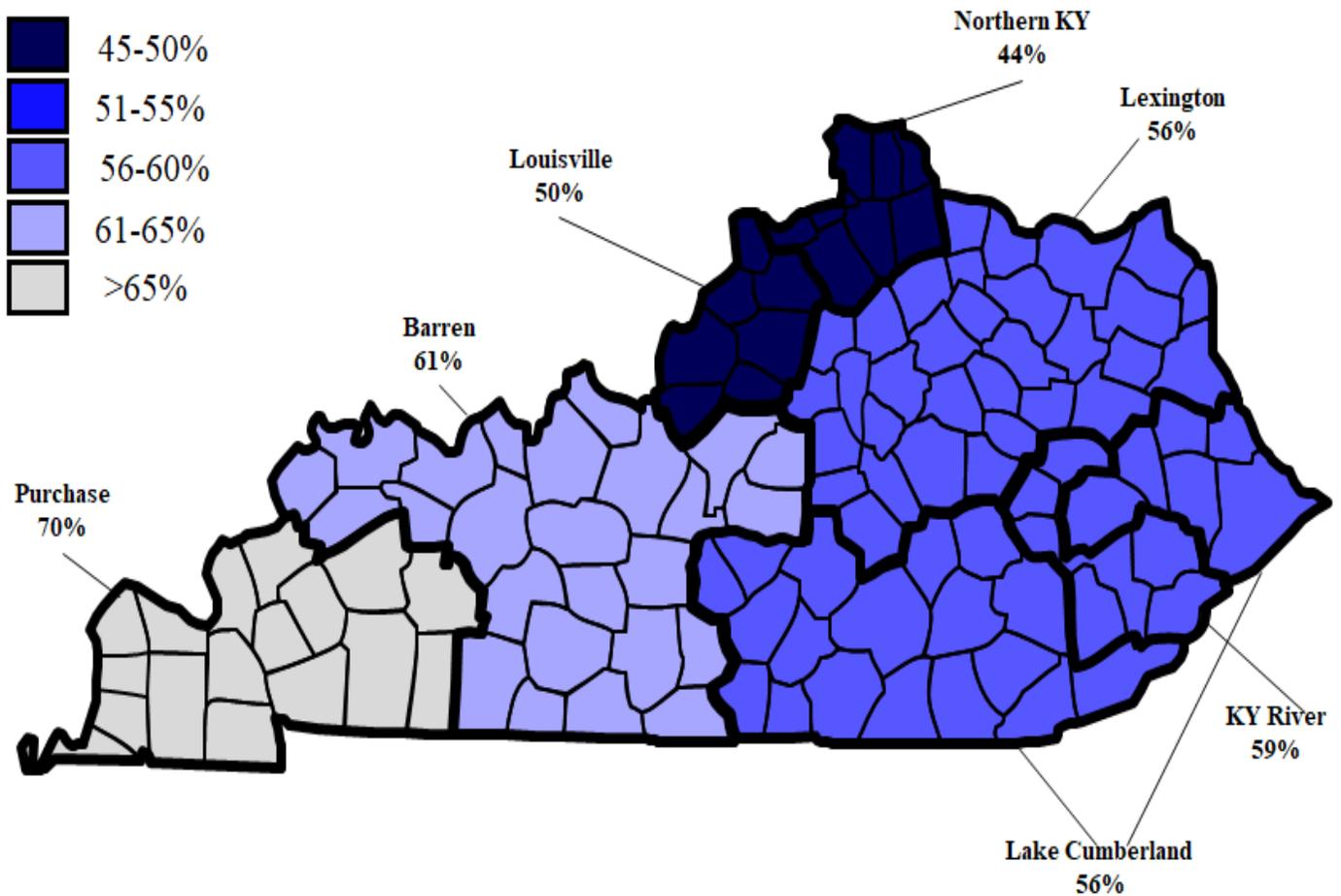
Figure 6 shows the percentages of adult/adolescent Kentuckians engaged in the care continuum by mode of transmission.

Persons with IDU as a risk factor identified had the lowest percentages of linkage to care, while Kentuckians with no identified risk factor had the lowest percentage for receipt of care, retention in care, and viral load suppression. Conversely, those who reported MSM as category of transmission had the highest rates of engagement across all care markers along the continuum.

A comparison of adult/adolescents with either IDU or MSM or a combination of both transmission categories shows that IDU had the lowest percentage of linkage to care at seventy percent (70%) in comparison to MSM at eighty-one percent (81%), and MSM/IDU at seventy-four percent (74%). Adult/adolescent MSM also had higher rates of engagement and retention in care, and viral suppression in comparison to IDU and MSM/IDU.

## Viral Suppression Attainment by Care Coordinator Region, 2020, Kentucky

Figure 7. Percentage of Kentuckians Living with HIV as of December 31, 2020 Who were Virally Suppressed in 2020 in each Care Coordinator Region\*



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

Note: The percentages presented in Figure 7 represent the proportion of persons achieving viral suppression out of the total for each individual region. Total numbers of persons diagnosed for each region are presented in Table 2. Care coordinator region reflects county of residence at time of initial diagnosis.

Figure 7 shows the percentages of adult/adolescent Kentuckians who achieved viral suppression within each individual care coordinator region. Purchase Care Coordinator region had the highest percentage of persons achieving viral suppression at seventy percent (70%) followed by Barren and Kentucky River Care Coordinator regions at sixty-one percent (61%) and fifty-nine percent (59%) respectively.

In Lexington and Lake Cumberland fifty-six (56) out of every hundred (100) persons with HIV were virally suppressed during 2020. Fifty percent (50%) of the Kentuckians living with HIV in the Louisville region achieved viral suppression. Northern Kentucky region had the lowest percentage of viral suppression at forty-four percent (44%).

**Limitations:**

The analysis presented uses a diagnosis-based continuum, therefore it's noteworthy that Kentuckians living with HIV who have not been diagnosed and reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program were not included.

Most recent known address was used to determine persons (Kentuckians) in the denominator. Only about two-third of PWH had a current address listed within the most recent two years. The other one-third had more dated addresses listed.

These estimates do not account for in-and-out migration to/from the jurisdiction. This means the estimate may exclude those who have moved into the area and may also include those who have moved out of the area if immediate notification is not received at KDPH. The Surveillance Program participates in the Routine Interstate Duplication Resolution (RIDR) which helps to account for some of the information on migration, but isn't always complete or timely.

The current continuum only used HIV surveillance data, therefore any laboratory reports that may not be reported therein but may be in other data sources such as the care coordinator and drug assistance programs have not been utilized.

## HIV Care Coordinator Regions, Kentucky

Map for Counties Covered	Region Name and Address	Counties Covered:			
	<b>Purchase Region:</b> 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
	<b>Barren Region:</b> 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 Metcalf Monroe	Nelson Ohio Simpson Union Warren Washington Webster
	<b>Louisville Region:</b> U of L 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		
	<b>Northern Kentucky Region:</b> 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		
	<b>Lexington Region:</b> 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
	<b>Lake Cumberland Region:</b> 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
	<b>Kentucky River Region:</b> 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		
	<b>Graves County HD</b> 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.			
	<b>Todd County HD</b> 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.			