



HIV/AIDS Surveillance Report 2021

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

(Data complete through 2019, preliminary for 2020)

Kentucky HIV/AIDS Annual Surveillance Report 2021



Dear Reader:

Enclosed please find Kentucky's HIV/AIDS Annual Surveillance Report 2021, 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 the HIV infections diagnosed among Kentuckians, regardless of progression to AIDS. A total of 11,428 cumulative HIV infections were diagnosed and reported as of December 31, 2020. Of these HIV infections, 61% have progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2019 there were 328 new HIV infections diagnosed among Kentucky residents, a diagnosis rate of 7.3 per 100,000, which shows a decrease from the rate of 8.5 per 100,000 population for 2018. 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 (2020 and 2021) 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, 2011, through December 31, 2020. Twenty-two percent of the 3,377 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/AnnualReport2021.pdf>

Sincerely,

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

Julie Kauzlarich, MPH
Epidemiologist
HIV/AIDS Section

Release Date:03/08/2022

HIV/AIDS Surveillance Report Production:

**Kentucky HIV/AIDS Section
Infectious Disease Branch
Division of Epidemiology and Health Planning
Department for Public Health
Cabinet for Health and Family Services**

Address:

Kentucky Department for Public Health
HIV/AIDS Section
275 East Main Street, HS2E-C
Frankfort, KY 40621

Phone: (502) 564-6539 or (800) 420-7431

(866) 510-0008 **Case Reporting only**

(866) 510-0005 **Kentucky AIDS Drug Assistance Program (KADAP)**

Fax: (502) 564-9865 **non-confidential**

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

Suggested citation: Kentucky Cabinet for Health and Family Services. Department for Public Health. *HIV/AIDS Surveillance Report, 2021*; vol. 21. <https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/default.aspx>. Published March 2022. Accessed [date].

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>

Kentucky HIV/AIDS Annual Surveillance Report 2021

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, 2020. 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.

Population data: Kentucky population estimates used in the calculation of rates were obtained from the Kentucky State Data Center, source: Population Division, U.S. Census Bureau, 2010. Available at <http://www.ksdc.louisville.edu/>. Accessed February 14, 2021.

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, 2020.

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).

Kentucky HIV/AIDS Annual Surveillance Report 2021

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.

- ◆ **Men Who Have Sex With Men (MSM):** Men who report having sexual contact with other men.
- ◆ **Injection Drug Use (IDU):** Individuals who report injecting nonprescription drugs.
- ◆ **MSM/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.
- ◆ **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 2020 and 2021 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 "Female Heterosexual Contact" 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, 2020, Kentucky

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	<13	28	<1	30	1	0	0	1	<1	59	1
	13-19	144	2	174	6	8	2	20	8	346	4
	20-29	1,703	29	996	36	180	39	104	40	2,983	32
	30-39	2,100	35	798	29	167	37	68	26	3,133	33
	40-49	1,340	22	542	20	65	14	43	17	1,990	21
	50+	642	11	238	9	36	8	22	9	938	10
	TOTAL	5,957	100	2,778	100	456	100	258	100	9,449	100
FEMALE	<13	15	2	20	2	1	1	1	1	37	2
	13-19	46	5	56	6	5	6	3	4	110	6
	20-29	261	29	260	29	39	44	23	28	583	29
	30-39	301	33	286	32	21	24	27	33	635	32
	40-49	177	19	170	19	16	18	21	25	384	19
	50+	111	12	105	12	6	7	8	10	230	12
	TOTAL	911	100	897	100	88	100	83	100	1,979	100

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2020.

*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 (9,449 cases). In terms of age at time of diagnosis, more male HIV cases were diagnosed at ages 30-39 (3,133 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, 36% 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 (39%) was higher when compared to blacks (36%) 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 (20% 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 (635 or 32%) than in any other age category. For females 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%) .

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MSM ⁽²⁾	4,296	72	1,566	57	283	62	172	67	6,317	67
	IDU ⁽³⁾	384	6	338	12	34	7	16	6	772	8
	MSM/IDU	444	7	163	6	12	3	10	4	629	7
	Heterosexual ⁽⁴⁾	222	4	234	9	43	9	19	7	518	6
	Other ⁽⁵⁾	87	1	16	1	0	0	0	0	103	1
	Undetermined ⁽⁶⁾	496	8	431	16	84	18	40	16	1,051	11
	TOTAL⁽⁷⁾	5,929	100	2,748	100	456	100	257	100	9,390	100
FEMALE	IDU ⁽³⁾	245	27	167	19	12	14	12	15	436	22
	Heterosexual ⁽⁴⁾	422	47	416	47	46	53	43	52	927	48
	Female Heterosexual ⁽⁸⁾	158	18	236	27	24	28	22	27	440	23
	Other ⁽⁵⁾	12	1	5	1	0	0	0	0	17	1
	Undetermined ⁽⁶⁾	59	7	53	6	5	6	5	6	122	6
	TOTAL⁽⁷⁾	896	100	877	100	87	100	82	100	1,942	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, 2020.

(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) Other includes persons who had a transfusion/transplant, hemophilia/coagulation disorder, or pediatric cases diagnosed as adults.

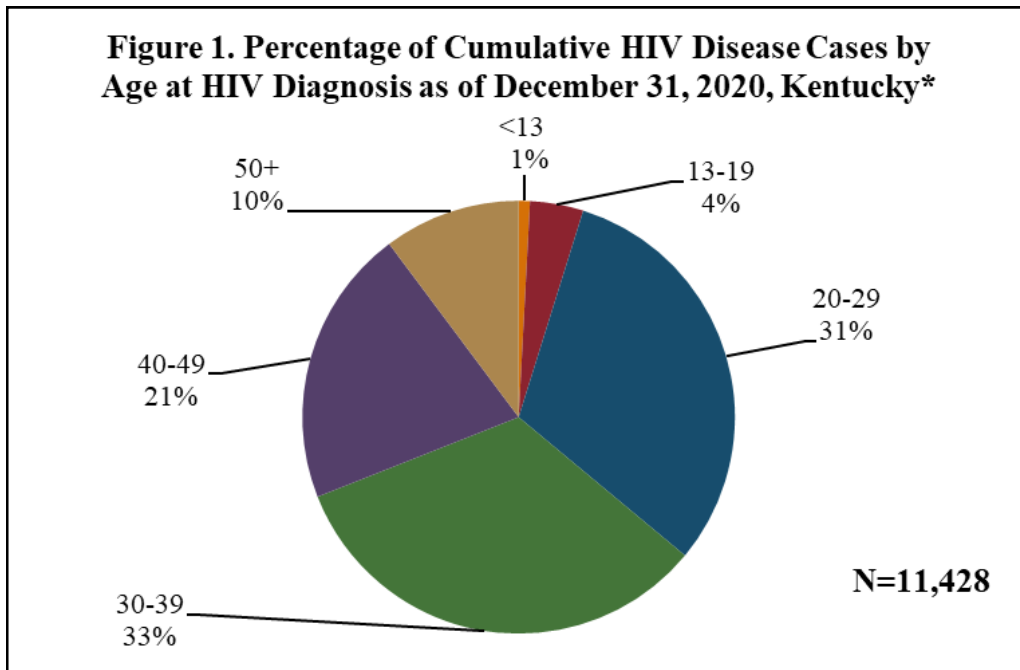
(6) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

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

(8) Female Heterosexual refers to female not reporting drug use, but reporting sex with male. See terminology on page 4 for additional definition.

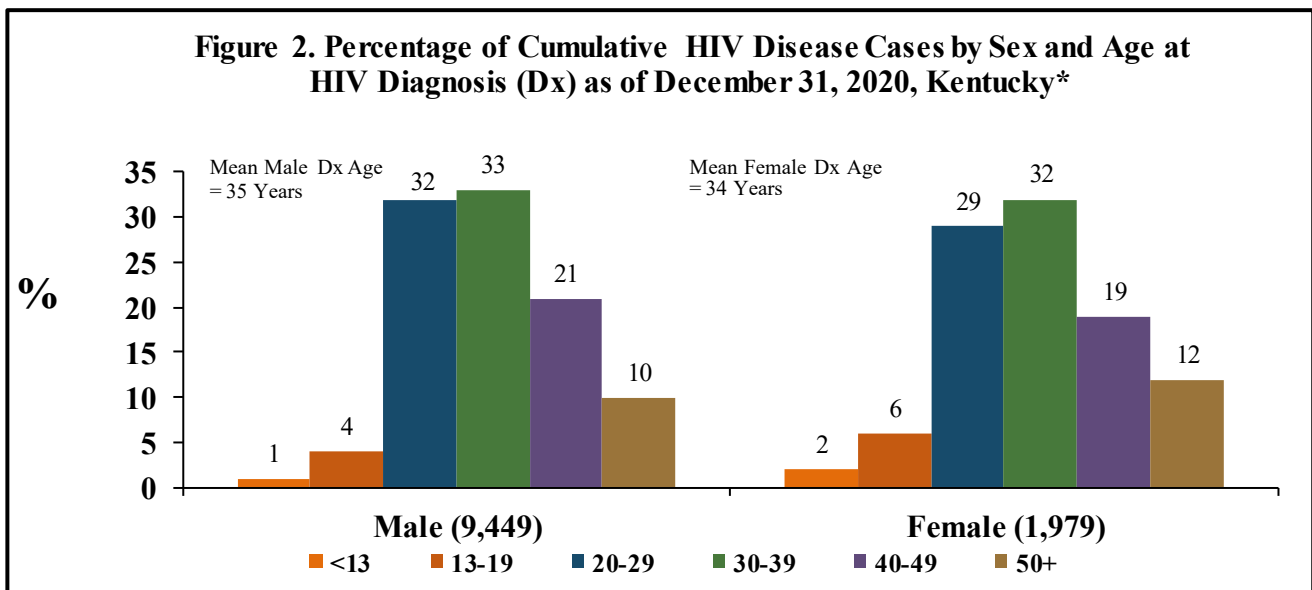
Among adult/adolescent males, the majority of cumulative HIV cases reported the primary route of exposure as MSM (67%), while among adult/adolescent women, most (48%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV infection (e.g., a person who injects drugs). Adult/adolescent minority males (12% of black males and 7% of Hispanic males) reported higher percentages of IDU as the route of transmission in comparison to non-minority adult/adolescents (6% of whites). Conversely, a higher percentage of adult/adolescent white males (72%) reported MSM as the primary route of transmission as compared to 57% of all adult/adolescent black males and 62% 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 (18%) 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.



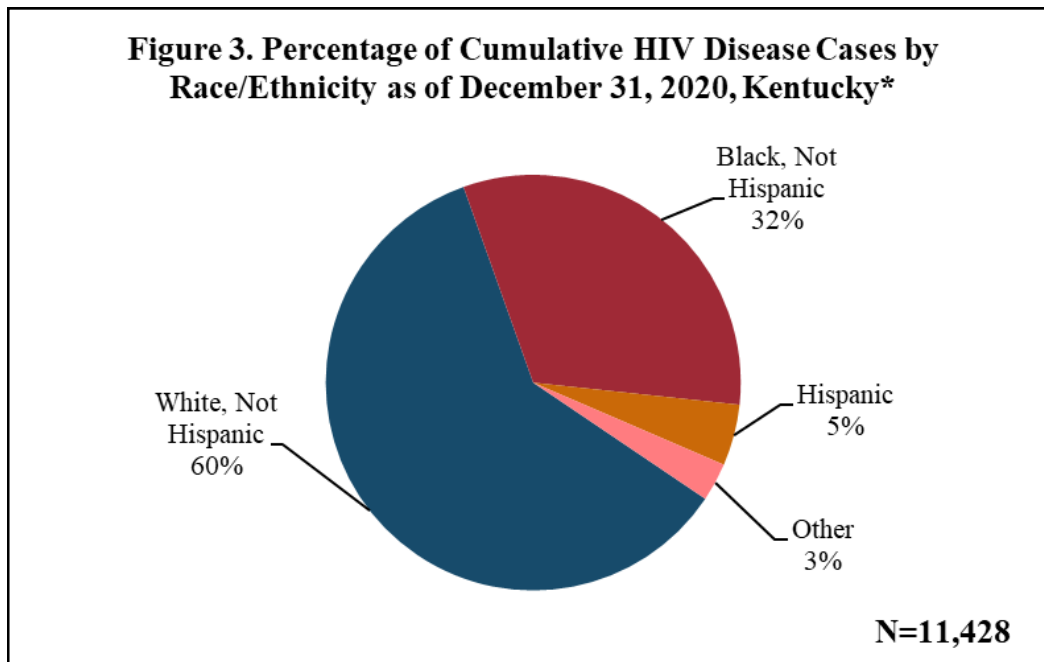
* Percentages may not total 100% due to rounding.

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 (31%). Children (aged <13 years at diagnosis) and teenagers (aged 13-19 years) account for the smallest percentages of cases at less than 5% each.



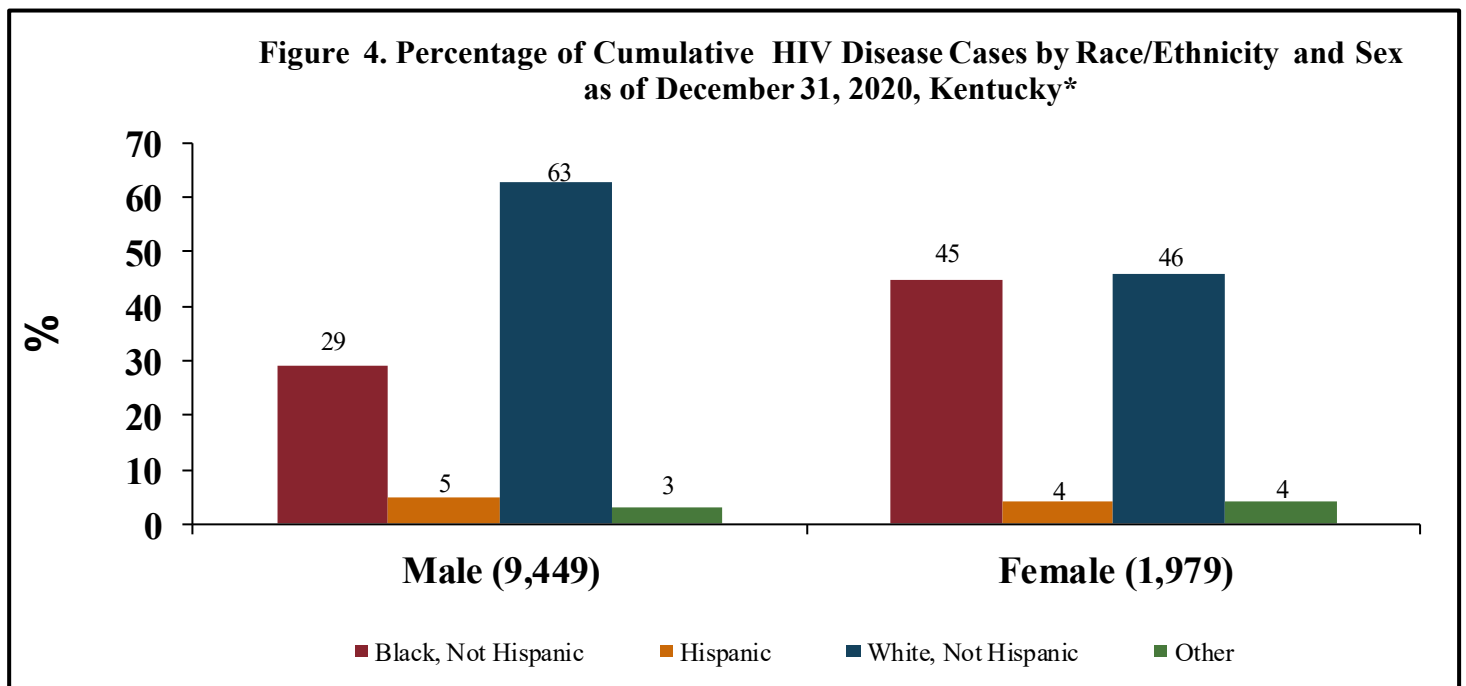
* Percentages may not total 100% due to rounding.

Figure 2 shows the percentage of HIV cases by age group and sex. Cumulatively, 9,449 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 is 35 years for males and 34 years for females.



* Percentages may not total 100% due to rounding.

Figure 3 shows that 60% of cumulative HIV cases diagnosed in Kentucky are in whites, 32% are in blacks, and 5% are in Hispanics.



* 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 (63%) 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 45% and 46% respectively.

Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

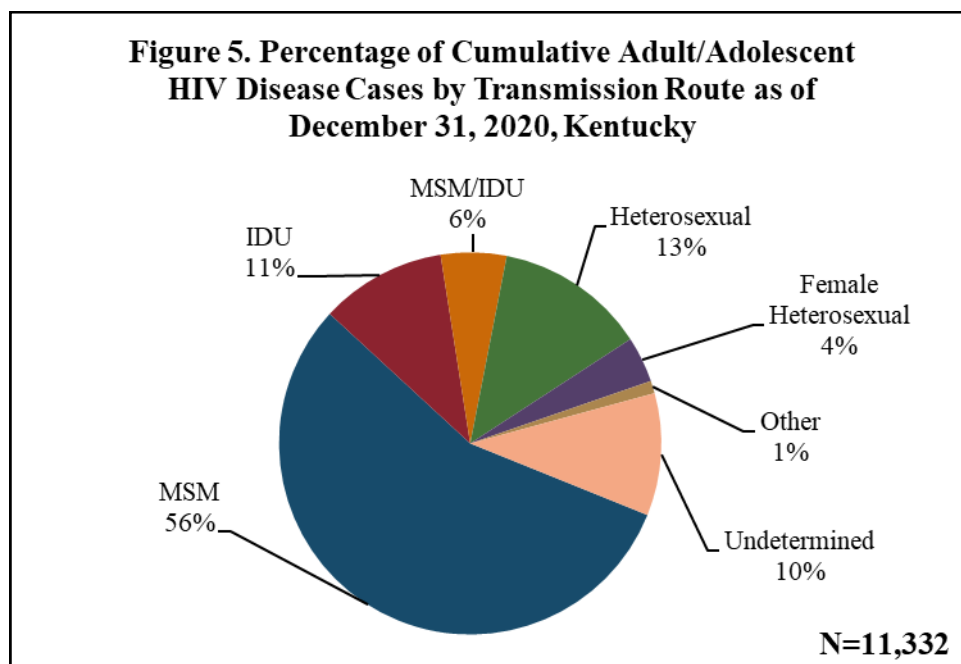


Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route as of December 31, 2020, Kentucky

Transmission Route	No.	%
MSM	6,317	56
IDU	1,208	11
MSM/IDU	629	6
Heterosexual	1,445	13
Female Heterosexual*	440	4
Other†	120	1
Undetermined	1,173	10
Total**	11,332	100

*Female Heterosexual refers to 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, 56% of cumulative adult/adolescent HIV cases identified their primary transmission route as men who have sex with men (MSM) as shown in Figure 5. Thirteen percent of adult/adolescent HIV cases reported heterosexual contact as their primary transmission route, 11% reported injection drug use (IDU), and 6% reported both MSM 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, 2020, Kentucky⁽¹⁾

ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾	ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾
Barren River	404	255	Buffalo Trace	62	40
Allen	23	13	Bracken	8	5
Barren	48	27	Fleming and Robertson*	8	5
Butler	15	13	Lewis	16	8
Edmonson and Metcalfe*	18	11	Mason	30	22
Hart	13	5			
Logan	30	18	Cumberland Valley	223	138
Monroe	16	9	Bell	23	16
Simpson	22	14	Clay	34	24
Warren	219	145	Harlan	24	11
			Jackson	17	11
Big Sandy	92	59	Knox	23	16
Floyd	28	19	Laurel	47	28
Johnson and Magoffin*	15	6	Rockcastle	11	7
Martin	11	10	Whitley	44	25
Pike	38	24			
			FIVCO	161	98
Bluegrass	2,205	1,558	Boyd	95	58
Anderson	34	22	Carter	22	16
Bourbon	34	25	Elliott and Lawrence*	18	7
Boyle	39	27	Greenup	26	17
Clark	58	41			
Estill	12	8	Gateway	115	80
Fayette	1,505	1,058	Bath	14	10
Franklin	110	77	Menifee	11	10
Garrard	13	9	Montgomery	29	22
Harrison	13	9	Morgan	34	17
Jessamine	84	64	Rowan	27	21
Lincoln	16	9			
Madison	128	100	Green River	321	197
Mercer	36	19	Daviess	158	92
Nicholas	7	6	Hancock and Webster*	16	10
Powell	12	7	Henderson	67	37
Scott	64	48	McLean	11	8
Woodford	40	29	Ohio	14	9
			Union	55	41

(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, 2020, Kentucky⁽¹⁾

ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾	ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾
Kentucky River	94	59	Northern Kentucky	997	680
Breathitt and Owsley*	9	5	Boone	168	120
Knott	16	13	Campbell	208	144
Lee, Leslie and Wolfe*	16	8	Carroll	18	13
Letcher	21	10	Gallatin and Owen*	13	10
Perry	32	23	Grant	36	25
			Kenton	544	360
			Pendleton	10	8
KIPDA/North Central	5,480	3,539	Pennyrile	363	203
Bullitt	110	85	Caldwell	25	14
Henry	33	24	Christian	170	112
Jefferson	5,024	3,255	Crittenden and Lyon*	28	8
Oldham	198	92	Hopkins	47	24
Shelby	91	70	Livingston	15	7
Spencer and Trimble*	24	13	Muhlenberg	37	19
			Todd	25	10
			Trigg	16	9
Lake Cumberland	188	131	Purchase	347	209
Adair and Cumberland*	12	8	Ballard and Carlisle*	15	8
Casey	11	7	Calloway	41	24
Clinton	13	10	Fulton	11	8
Green	8	6	Graves	59	36
McCreary	21	19	Hickman	9	7
Pulaski	69	45	Marshall	30	18
Russell	13	7	McCracken	182	108
Taylor	26	21			
Wayne	15	8			
Lincoln Trail	375	256			
Breckinridge	18	8			
Grayson	19	11			
Hardin	227	163			
Larue	7	6			
Marion	21	12			
Meade	25	17			
Nelson	50	34			
Washington	8	5			

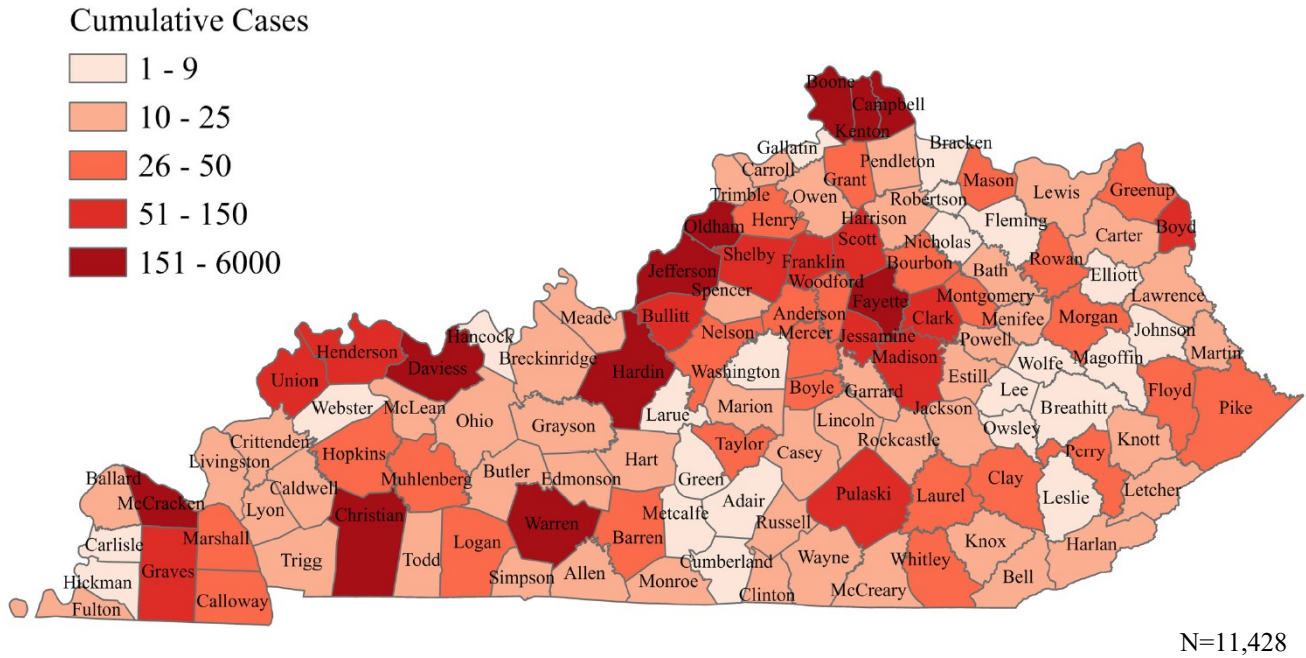
(1) One case was missing residential county at time of diagnosis.

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

(3) Living cases regardless of current residence.

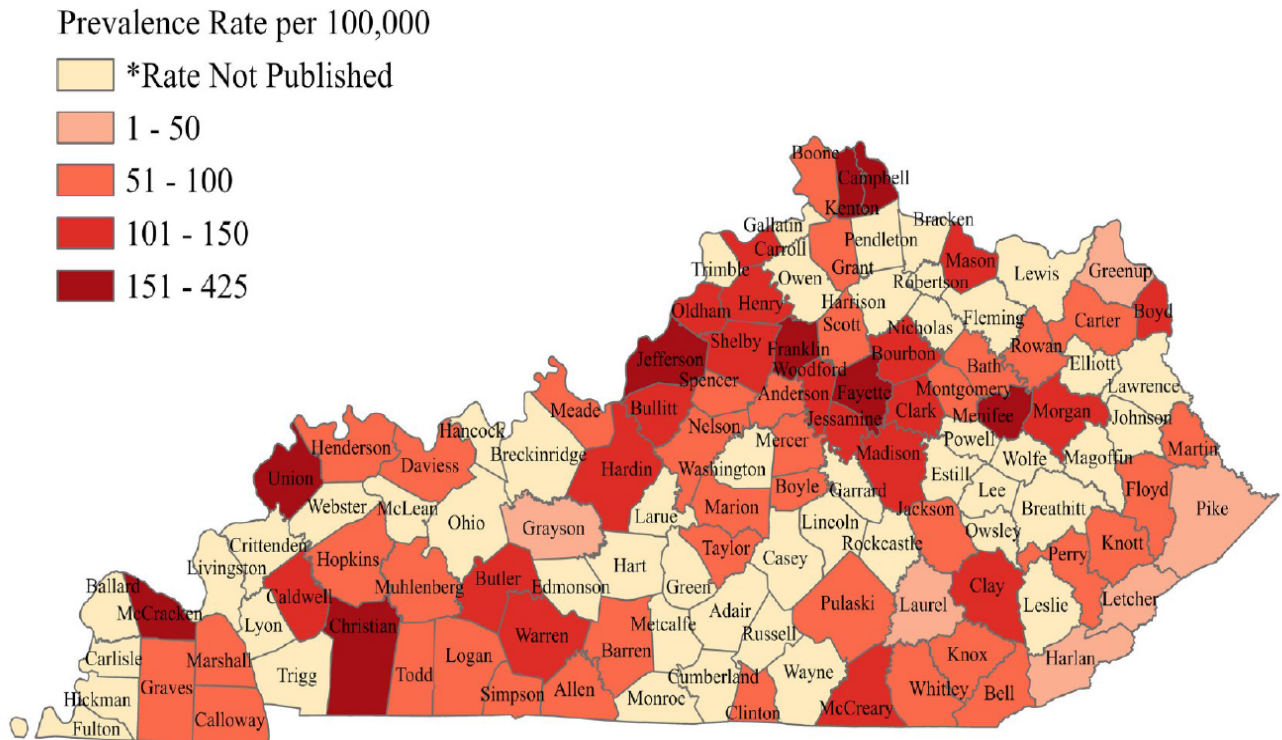
* Cases combined due to confidentiality guidelines.

Figure 6. Cumulative HIV Disease Cases Diagnosed By Residential County at Time of Diagnosis as of December 31, 2020, 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, 2020, Kentucky

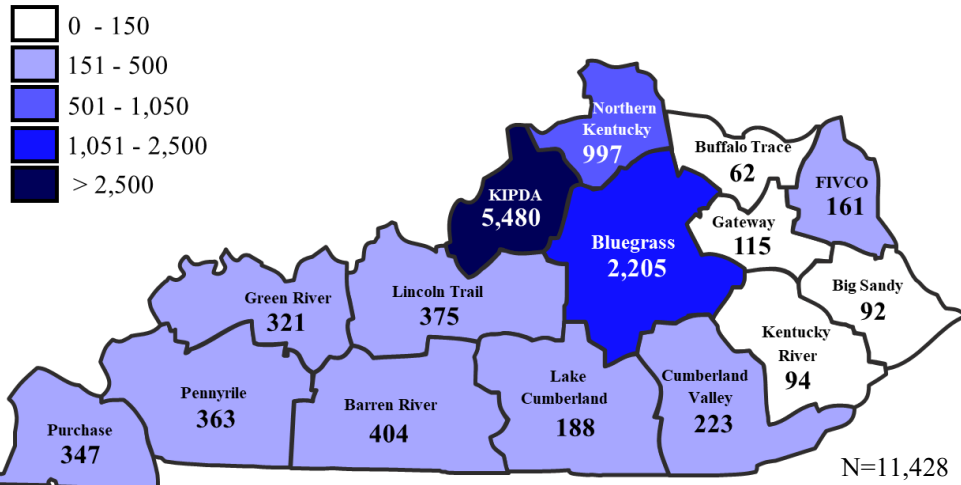


* Rates not published when cell size is less than 10

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, 2020, Kentucky*

Cumulative HIV Disease Diagnoses by ADD

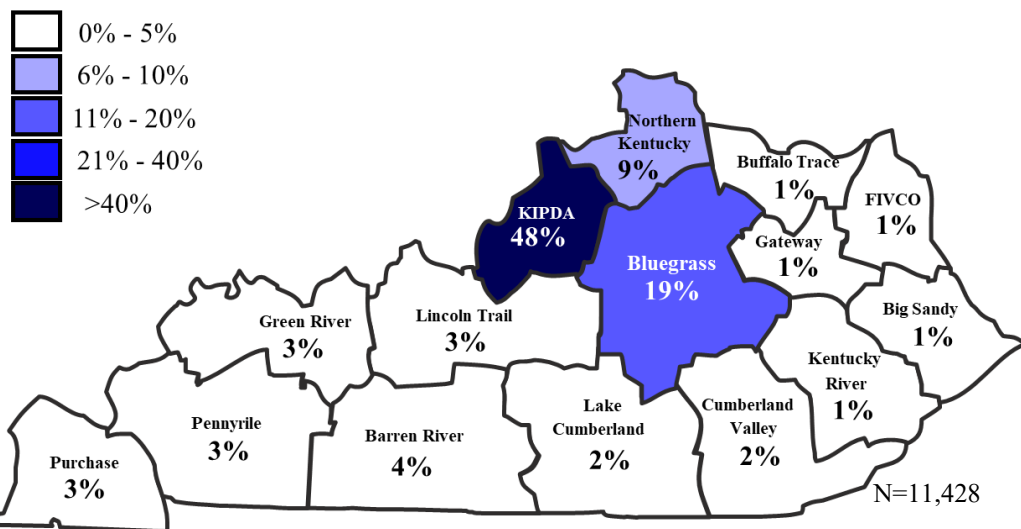


*One case was missing residential county information at time of diagnosis.

Figure 8 indicates that the highest number of cumulative HIV cases, 5,480 (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, 2,205 (19%), followed by the Northern Kentucky ADD, including a portion of the Cincinnati metropolitan area, with 997 (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, 2020, Kentucky*

Cumulative % HIV Disease Diagnoses by ADD



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

Figure 9 shows the percentage of the cumulative 11,428 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, 2020, Kentucky⁽¹⁾

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MSM ⁽²⁾	2,715	73	1,129	62	257	64	155	68	4,256	69
	IDU ⁽³⁾	207	6	137	8	21	5	9	4	374	6
	MSM/IDU	272	7	76	4	9	2	8	4	365	6
	Heterosexual ⁽⁴⁾	124	3	142	8	39	10	18	8	323	5
	Perinatal	14	<1	22	1	0	0	1	<1	37	1
	Other ⁽⁵⁾	14	<1	4	<1	0	0	0	0	18	<1
	Undetermined ⁽⁶⁾	352	10	304	17	75	19	36	16	767	13
Male Subtotal⁽⁷⁾		3,698	100	1,814	100	401	100	227	100	6,140	100
FEMALE	IDU ⁽³⁾	158	26	77	13	8	11	10	14	253	19
	Heterosexual ⁽⁴⁾	292	47	286	48	42	55	33	46	653	48
	Female Heterosexual ⁽⁸⁾	118	19	191	32	21	28	22	31	352	26
	Perinatal	11	2	14	2	1	1	1	1	27	2
	Other ⁽⁵⁾	0	0	2	<1	0	0	0	0	2	<1
	Undetermined ⁽⁶⁾	36	6	31	5	4	5	5	7	76	6
Female Subtotal⁽⁷⁾		615	100	601	100	76	100	71	100	1,363	100
ALL LIVING	MSM ⁽²⁾	2,715	63	1,129	47	257	54	155	52	4,256	57
	IDU ⁽³⁾	365	8	214	9	29	6	19	6	627	8
	MSM/IDU	272	6	76	3	9	2	8	3	365	5
	Heterosexual ⁽⁴⁾	416	10	428	18	81	17	51	17	976	13
	Female Heterosexual ⁽⁸⁾	118	3	191	8	21	4	22	7	352	5
	Perinatal	25	1	36	1	1	<1	2	1	64	1
	Other ⁽⁵⁾	14	<1	6	<1	0	0	0	0	20	<1
	Undetermined ⁽⁶⁾	388	9	335	14	79	17	41	14	843	11
TOTAL⁽⁷⁾		4,313	100	2,415	100	477	100	298	100	7,503	100

(1) Includes living HIV disease cases diagnosed from beginning of the epidemic as of December 31, 2020.

(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) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or pediatric cases diagnosed as adults.

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

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

(8) Female Heterosexual includes a female who does not report drug use as an exposure, but does report sex with male. See terminology on page 4 for additional definition.

Table 5 shows living HIV cases diagnosed through December 31, 2020, by demographic and behavioral characteristics. There are 7,503 Kentuckians reported to be living with HIV (prevalence rate: 167.9 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 MSM contact (69%), whereas the majority of Kentucky females contracted HIV through heterosexual contact (48%). An additional 26% of females reported female heterosexual contact which is different than heterosexual contact in that the behavioral risk or sero-status of the male partner is unknown.

Section II: New HIV Infections Diagnosed among Kentuckians, as of December 31, 2020

As of December 31, 2020, a total of 11,428 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, 61% have progressed to AIDS. The number of new HIV infections diagnosed since 2010 are presented in Table 6 along with the percentage from each year that have progressed to AIDS. Of the 3,719 HIV infections diagnosed since 2010, 1,260 (34%) had progressed to AIDS as of December 31, 2020.

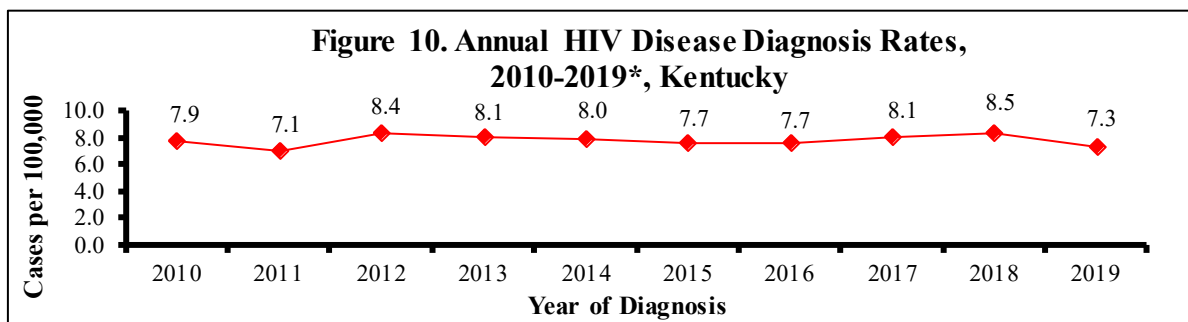
Table 6. Number of HIV Infections per Year of Diagnosis (2010-2020[†]) and Percentage that Progressed to AIDS in the Course of Illness as of December 31, 2020 Kentucky

Year of HIV Diagnosis	TOTAL HIV/AIDS*	Percentage that Progressed to AIDS [†]
	No.	%
2010	342	48%
2011	311	47%
2012	367	39%
2013	357	37%
2014	351	34%
2015	340	30%
2016	340	37%
2017	362	28%
2018	379	25%
2019	328	24%
2020 [†]	242	22%
TOTAL	3719	34%

*Total HIV infections regardless of disease progression.

[†]Data reported as of December 31, 2020.

Figure 10 displays annual HIV diagnosis rates among Kentuckians. The annual HIV diagnosis rate has remained fairly steady from 2010 to 2019 with slight fluctuations between 7.1 to 8.5 cases per 100,000 population.



*Data are current as of December 31, 2020. 2020 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 CDC, 2019⁽¹⁾**

**Table 7. Estimated* Annual HIV Disease Diagnosis Rates per 100,000 Population by Residence at
Time of Diagnosis, 2019**

Rank	Area of Residence	Rate	Rank	Area of Residence	Rate
1	Washington, DC	36.4	27	Pennsylvania	7.7
2	Georgia	23.1	28	New Mexico	7.4
3	Florida	20.4	29	Kentucky**	7.3
4	Louisiana	19.0	30	Indiana	7.2
5	Nevada	16.6	31	Michigan	6.8
6	Mississippi	16.0	31	Rhode Island	6.8
7	Maryland	15.2	33	Washington	6.3
8	Texas	14.9	34	Connecticut	6.0
9	South Carolina	13.2	35	North Dakota	5.2
10	North Carolina	13.1	36	Minnesota	4.9
11	Alabama	13.0	37	Oregon	4.7
12	New York	12.0	38	Hawaii	4.6
13	New Jersey	11.9	39	Kansas	4.5
14	Tennessee	11.3	40	Nebraska	4.2
15	California	11.0	40	Utah	4.2
16	Arizona	10.5	42	Alaska	3.7
17	Illinois	9.9	42	South Dakota	3.7
18	Virginia	9.7	44	Wisconsin	3.6
19	Delaware	9.6	45	Iowa	3.2
20	Arkansas	9.5	46	Montana	2.3
21	Ohio	8.4	46	New Hampshire	2.3
22	Colorado	8.1	48	Maine	2.2
22	Oklahoma	8.1	48	Wyoming	2.2
22	West Virginia	8.1	50	Vermont	1.8
25	Missouri	8.0	51	Idaho	1.6
26	Massachusetts	7.8			

¹ Centers for Disease Control and Prevention. HIV Surveillance Report, 2019; vol.32
<http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html/>. Published May 2021. Accessed July 2021.

*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 for 2019:	11.1
--	-------------

In 2019, the annual estimated national HIV diagnosis rate was 11.1 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.6 per 100,000 population (Idaho) to 36.4 per 100,000 (Washington, DC). Kentucky ranked 29th with an estimated diagnosis rate of 7.3 per 100,000.

New HIV Diagnosis: Kentucky vs. The United States, 2019

Table 8. New HIV Diagnoses* by Demographics, 2019, Kentucky		
Characteristics	Number of New Cases	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	270	82
Female (adult/adolescent)	57	17
Child (<13 yrs)	1	0
TOTAL	328	100
AGE AT DIAGNOSIS‡		
<13	1	0
13-24	68	21
25-44	190	58
45-64	63	19
65+	6	2
TOTAL	328	100
RACE/ETHNICITY		
White, Not Hispanic	199	61
Black, Not Hispanic	89	27
Hispanic	28	9
Other/Unknown	12	4
TOTAL	328	100
TRANSMISSION ROUTE		
MSM ⁽²⁾	179	55
IDU ⁽³⁾	49	15
MSM/IDU	29	9
Heterosexual	21	6
Perinatal	1	0
Other/Undetermined ⁽⁴⁾	49	15
TOTAL	328	100

*HIV diagnoses regardless of disease progression

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

(2) MSM = Men Who Have Sex With Men

(3) IDU = Injection Drug Use

(4) Includes hemophilia, blood transfusion, and risk not reported or not identified.

Table 9. Estimated New U.S. HIV Infections* by Demographics, 2019 ⁽⁵⁾		
Characteristics	Number of New Cases ⁽⁶⁾	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	29,419	81
Female (adult/adolescent)	6,918	19
Child (<13 yrs)	61	<1
TOTAL†	36,398	100
AGE AT DIAGNOSIS‡		
<13	61	<1
13-24	7,588	21
25-44	20,082	55
45-64	7,793	21
65+	874	2
TOTAL†	36,398	100
RACE/ETHNICITY		
White, Not Hispanic	9,013	25
Black, Not Hispanic	15,334	42
Hispanic	10,120	28
Other	1,931	5
TOTAL†	36,398	100
TRANSMISSION ROUTE		
MSM ⁽²⁾	23,866	66
IDU ⁽³⁾	2,481	7
MSM/IDU	1,457	4
Heterosexual	8,472	23
Perinatal	84	<1
Other/Undetermined ⁽⁴⁾	40	<1
TOTAL†	36,400	100

(5) U.S. cases from CDC. *HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019: 32.*

‡ 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 (61% vs. 25%, respectively). This can be partially attributed to the greater percentage of white, not Hispanic, persons in Kentucky's general population (84.1%) as compared to the U.S. population (60.1%)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	1982-14		2015		2016		2017		2018		2019		2020 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	7,746	83	284	84	286	85	294	81	310	82	270	83	200	83	9,390	83
Female	1,601	17	55	16	52	15	67	19	69	18	57	17	41	17	1,942	17
TOTAL⁽³⁾	9,347	100	339	100	338	100	361	100	379	100	327	100	241	100	11,332	100
AGE AT DIAGNOSIS*																
13-19	358	4	14	4	13	4	13	4	28	7	23	7	7	3	456	4
20-29	2,816	30	140	41	124	37	134	37	138	36	126	39	88	37	3,566	31
30-39	3,245	35	76	22	98	29	97	27	108	28	78	24	66	27	3,768	33
40-49	2,044	22	58	17	57	17	57	16	54	14	55	17	49	20	2,374	21
50+	884	9	51	15	46	14	60	17	51	13	45	14	31	13	1,168	10
TOTAL⁽³⁾	9,347	100	339	100	338	100	361	100	379	100	327	100	241	100	11,332	100
RACE/ETHNICITY																
White, Not Hispanic	5,679	61	185	55	176	52	219	61	222	59	198	61	146	61	6,825	60
Black, Not Hispanic	3,020	32	123	36	116	34	106	29	111	29	89	27	60	25	3,625	32
Hispanic	398	4	14	4	35	10	24	7	23	6	28	9	21	9	543	5
Other/Unknown	250	3	17	5	11	3	12	3	23	6	12	4	14	6	339	3
TOTAL⁽³⁾	9,347	100	339	100	338	100	361	100	379	100	327	100	241	100	11,332	100
TRANSMISSION ROUTE																
MSM ⁽⁴⁾	5,224	56	210	62	198	59	188	52	205	54	179	55	113	47	6,317	56
IDU ⁽⁵⁾	992	11	15	4	19	6	46	13	54	14	49	15	33	14	1,208	11
MSM/IDU	500	5	17	5	18	5	36	10	19	5	29	9	10	4	629	6
Heterosexual ⁽⁶⁾	1,317	14	28	8	24	7	17	5	27	7	21	6	11	5	1,445	13
Female Heterosexual ⁽⁷⁾	302	3	25	7	27	8	28	8	21	6	18	6	19	8	440	4
Other ⁽⁸⁾	119	1	1	<1	0	0	0	0	0	0	0	0	0	0	120	1
Undetermined ⁽⁹⁾	893	10	43	13	52	15	46	13	53	14	31	9	55	23	1,173	10
TOTAL⁽³⁾	9,347	100	339	100	338	100	361	100	379	100	327	100	241	100	11,332	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, 2020. 2020 data are not used in trend analyses due to reporting delays.

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

(4) MSM = Men Who Have Sex With Men.

(5) IDU = Injection Drug Use.

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

(7) Female Heterosexual refers to female not reporting drug use, but reporting sex with male. See terminology on page 4 for additional definition.

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

(9) 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.

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, 2020. New diagnoses over the most recent years for which data are complete, 2015-2019, have been predominantly among males, whites, and males reporting sexual contact with other males. New HIV cases over the five year period (2015-2019) were also highest among persons 20-29 years old in comparison to other age groups.

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

Characteristics	1982-14		2015		2016		2017		2018		2019		2020 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	5,304	84	89	86	107	84	87	84	79	85	63	82	45	85	5,774	84
Female	1,038	16	14	14	20	16	16	16	14	15	14	18	8	15	1,124	16
TOTAL⁽³⁾	6,342	100	103	100	127	100	103	100	93	100	77	100	53	100	6,898	100
AGE AT DIAGNOSIS*																
13-19	186	3	1	1	4	3	1	1	5	5	2	3	0	0	199	3
20-29	1,744	27	24	23	25	20	22	21	25	27	17	22	11	21	1,868	27
30-39	2,380	38	25	24	43	34	29	28	24	26	21	27	17	32	2,539	37
40-49	1,412	22	23	22	27	21	27	26	18	19	17	22	13	25	1,537	22
50+	620	10	30	29	28	22	24	23	21	23	20	26	12	23	755	11
TOTAL⁽³⁾	6,342	100	103	100	127	100	103	100	93	100	77	100	53	100	6,898	100
RACE/ETHNICITY																
White, Not Hispanic	3,916	62	54	52	70	55	67	65	56	60	50	65	33	62	4,246	62
Black, Not Hispanic	1,999	32	35	34	44	35	23	22	23	25	13	17	10	19	2,147	31
Hispanic	277	4	6	6	11	9	8	8	6	6	6	8	7	13	321	5
Other/Unknown	150	2	8	8	2	2	5	5	8	9	8	10	3	6	184	3
TOTAL⁽³⁾	6,342	100	103	100	127	100	103	100	93	100	77	100	53	100	6,898	100
TRANSMISSION ROUTE																
MSM ⁽⁴⁾	3,504	55	61	59	62	49	45	44	47	51	34	44	27	51	3,780	55
IDU ⁽⁵⁾	794	13	4	4	8	6	8	8	12	13	7	9	5	9	838	12
MSM/IDU	381	6	3	3	4	3	12	12	2	2	5	6	2	4	409	6
Heterosexual ⁽⁶⁾	969	15	9	9	9	7	5	5	4	4	10	13	2	4	1,008	15
Female Heterosexual ⁽⁷⁾	142	2	8	8	10	8	10	10	6	6	4	5	4	8	184	3
Other ⁽⁸⁾	113	2	1	1	0	0	0	0	0	0	0	0	0	0	114	2
Undetermined ⁽⁹⁾	439	7	17	17	34	27	23	22	22	24	17	22	13	25	565	8
TOTAL⁽³⁾	6,342	100	103	100	127	100	103	100	93	100	77	100	53	100	6,898	100

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of December 31, 2020.

*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 initial HIV diagnosis.

(2) Data reported through December 31, 2020. 2020 data not used in trend analyses due to reporting delays.

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

(4) MSM = Men Who Have Sex With Men.

(5) IDU = Injection Drug Use.

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

(7) Female Heterosexual refers to female not reporting drug use, but reporting sex with male. See terminology on page 3 for additional definition.

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

(9) 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.

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, 2020, were predominantly male, white, and males reporting sexual contact with other males.

Transmission Route	White, Not Hispanic		Black, Not Hispanic		Other ⁽²⁾ Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Pediatric Hemophilia/Coagulation Disorder	10	23	1	2	0	0	11	11
Perinatal Exposure, Mother with HIV	29	67	43	86	3	100	75	78
Pediatric Transfusion/Transplant	2	5	0	0	0	0	2	2
Pediatric risk not identified or reported	2	5	6	12	0	0	8	8
TOTAL⁽³⁾	43	100	50	100	3	100	96	100

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

(2) Other includes Hispanics and persons of other races.

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

Disease Status	1982-2014		2015		2016		2017		2018		2019		2020 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
HIV infections without AIDS	40	44	1	100	2	100	1	100	0	0	0	0	1	0	45	47
HIV infections with AIDS	50	56	0	0	0	0	0	0	0	0	1	0	0	0	51	53
Total⁽³⁾	90	100	1	100	2	100	1	100	0	0	1	0	1	0	96	100

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

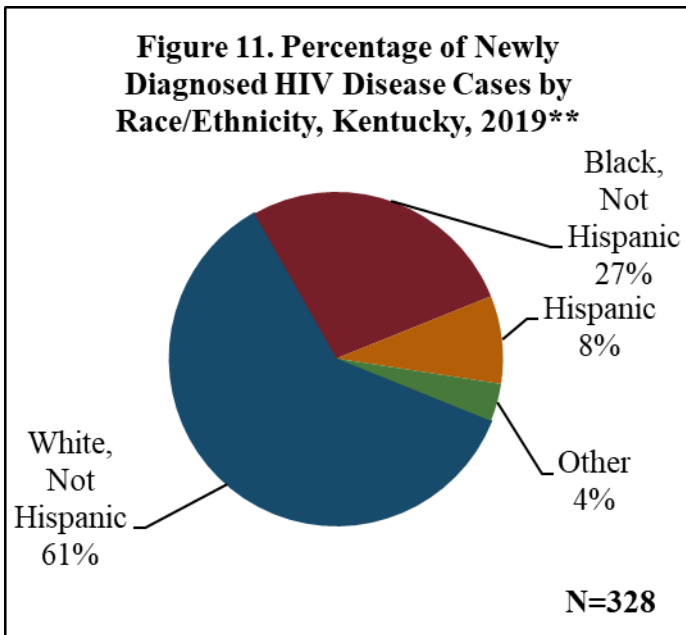
(2) Data reported as of December 31, 2020.

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

There have been 96 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 (78%) 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 50 pediatric HIV cases among blacks were due to perinatal exposure as compared to 67% of the 43 pediatric HIV cases among whites. The majority (57%) of the 75 cumulative perinatal exposures from a mother with HIV were in blacks.

Table 13 shows disease progression to AIDS as of December 31, 2020. Ninety (94%) of the cumulative 96 pediatric cases in Kentucky were diagnosed prior to 2015. Two or fewer new pediatric HIV cases have been reported during each of the most recent five years.

New HIV Disease Cases by Race/Ethnicity, Kentucky



** Percentages may not total 100% due to rounding

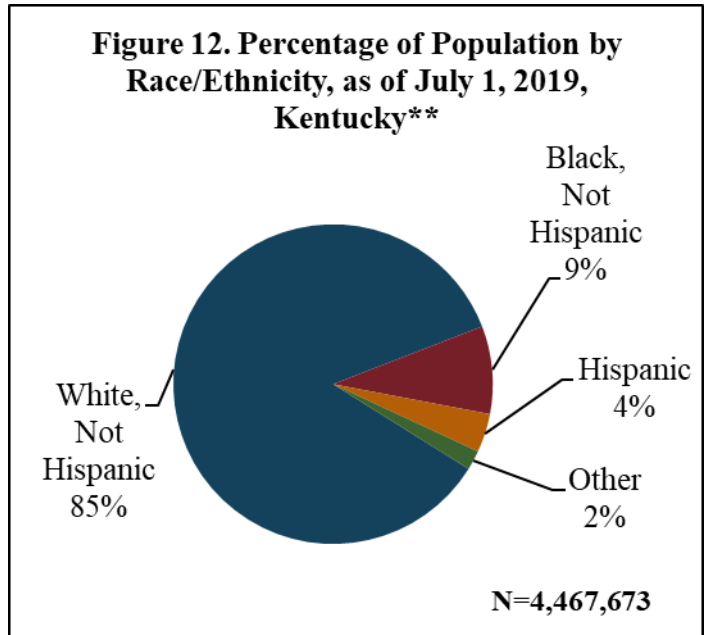


Figure 11 shows the race/ethnicity percentage distribution for newly diagnosed HIV cases among Kentuckians in 2019, the latest year data are considered complete. The majority of cases diagnosed in 2019 were white (61%), followed by black (27%).

Figure 12 shows the percentage race/ethnicity distribution of Kentucky’s population based on the 2019 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 blacks and Hispanics in relation to their representation in the general population. Blacks accounted for 27% of new HIV cases diagnosed in 2019 yet comprised just 9% of Kentucky's population in 2019. Similarly, Hispanics accounted for 8% of newly diagnosed HIV cases in 2019 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, further highlighting racial disparities.

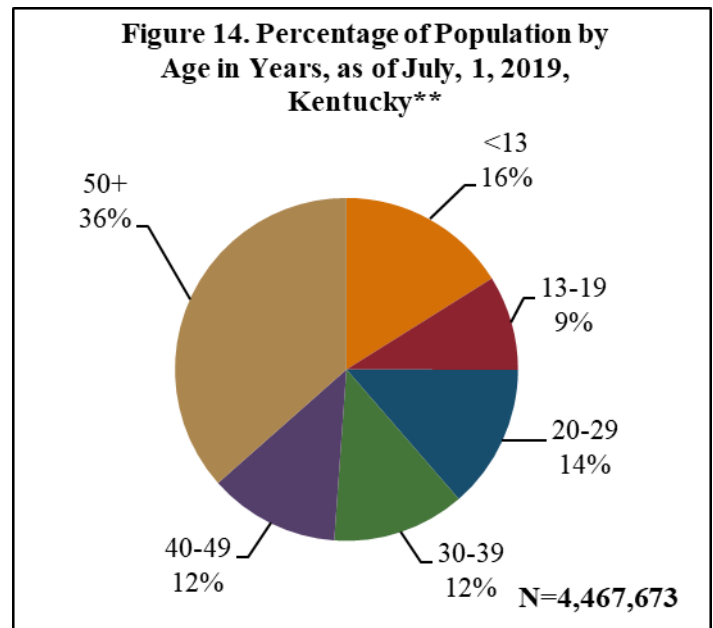
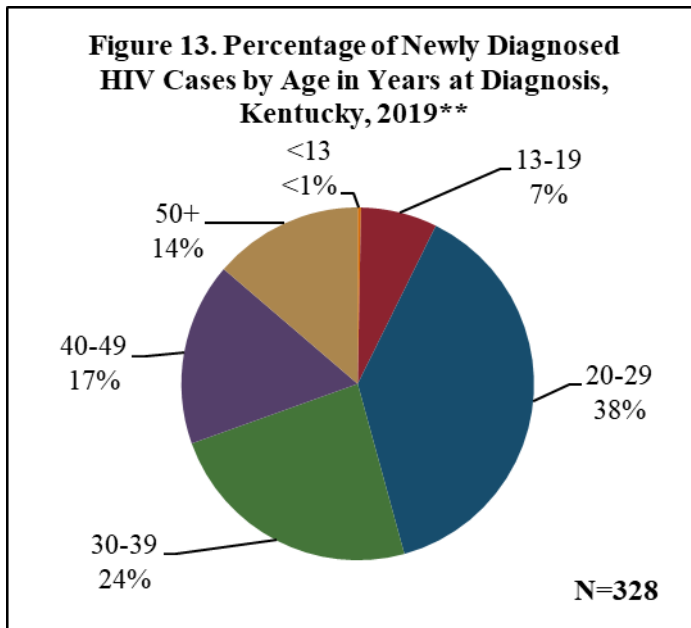
Race/Ethnicity	Male		Female		Total No of Cases	Total Rate
	No of Cases	Rate*	No of Cases	Rate*		
Hispanic	27	28.7	1	†	28	16.0
Black, not Hispanic	68	34.5	21	10.5	89	22.4
White, not Hispanic	165	8.9	34	1.7	199	5.2
Other	11	25.7	1	†	12	13.6
Total	271	12.3	57	2.5	328	7.3

*Rate per 100,000 based on census data estimates for racial and gender distribution for Kentucky in 2019.

†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 by age distribution of newly diagnosed HIV cases among Kentuckians in 2019 at time of HIV diagnosis. The highest percentage of new diagnoses was reported among Kentuckians aged 20-29 years (38%). Kentuckians aged 30-39 and 40-49 years accounted for 24% and 17% of new cases, respectively. Kentuckians aged 50+ years accounted for 14% of new cases diagnosed in 2019.

Figure 14 shows the age percentage distribution of Kentucky’s population based on 2019 estimates, which can be directly compared to the percentages in each age group that were newly diagnosed in 2019. 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, 2019

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No. of Cases	Rate*	No. of Cases	Rate*
20-29	43	63.7	70	14.1
30-39	13	25.4	52	11.2
40-49	13	28.9	36	7.6
50+	9	†	30	2.0

§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 2019.

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

Rates of new diagnoses in 2019 (Table 15) were higher among blacks across all age groups in comparison to whites. These relative rates were highest among 20-29 year-olds at the time of diagnosis. However, the rates among blacks in all age groups were at least two times higher than the rates among their white counterparts of the same age group. Rates among Hispanics 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, 1982-2020⁽²⁾, Kentucky

AREA DEVELOPMENT DISTRICT	CASES & RATES ⁽¹⁾	1982-2014*	2015	2016	2017	2018	2019	2020 ⁽²⁾	TOTAL CASES ⁽³⁾	% of Total
1. Barren River	Cases	332	13	15	13	14	12	5	404	4%
	Rate per 100,000		4.4	5.0	4.3	4.6	3.9			
2. Big Sandy	Cases	66	4	5	5	6	4	2	92	1%
	Rate per 100,000									
3. Bluegrass	Cases	1,835	70	65	66	79	47	43	2,205	19%
	Rate per 100,000		8.7	8.0	8.0	9.6	5.7			
4. Buffalo Trace	Cases	53	0	3	0	4	1	1	62	1%
	Rate per 100,000									
5. Cumberland Valley	Cases	174	11	10	10	6	7	5	223	2%
	Rate per 100,000		4.7	4.3	4.3					
6. FIVCO	Cases	131	3	5	8	4	7	3	161	1%
	Rate per 100,000									
7. Gateway	Cases	94	4	3	4	5	5	0	115	1%
	Rate per 100,000									
8. Green River	Cases	278	10	3	8	7	8	7	321	3%
	Rate per 100,000		4.6							
9. Kentucky River	Cases	76	7	1	5	1	3	1	94	1%
	Rate per 100,000									
10. KIPDA/ North Central	Cases	4,578	147	164	157	168	152	114	5,480	48%
	Rate per 100,000		14.8	16.4	15.6	16.7	15.1			
11. Lake Cumberland	Cases	156	9	3	11	3	5	1	188	2%
	Rate per 100,000				5.3					
12. Lincoln Trail	Cases	291	9	16	11	23	13	12	375	3%
	Rate per 100,000			5.9	4.0	8.3	4.7			
13. Northern KY	Cases	769	34	25	46	49	40	34	997	9%
	Rate per 100,000		7.5	5.5	10.0	10.6	8.6			
14. Pennyrile	Cases	300	10	17	12	4	13	7	363	3%
	Rate per 100,000		4.6	7.9	5.6		6.1			
15. Purchase	Cases	303	9	5	6	6	11	7	347	3%
	Rate per 100,000						5.6			
TOTAL CASES⁽³⁾		9,436	340	340	362	379	328	242	11,427	100%

(1) Rates are only listed for years of diagnosis 2015-2019. Data for 2020 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.

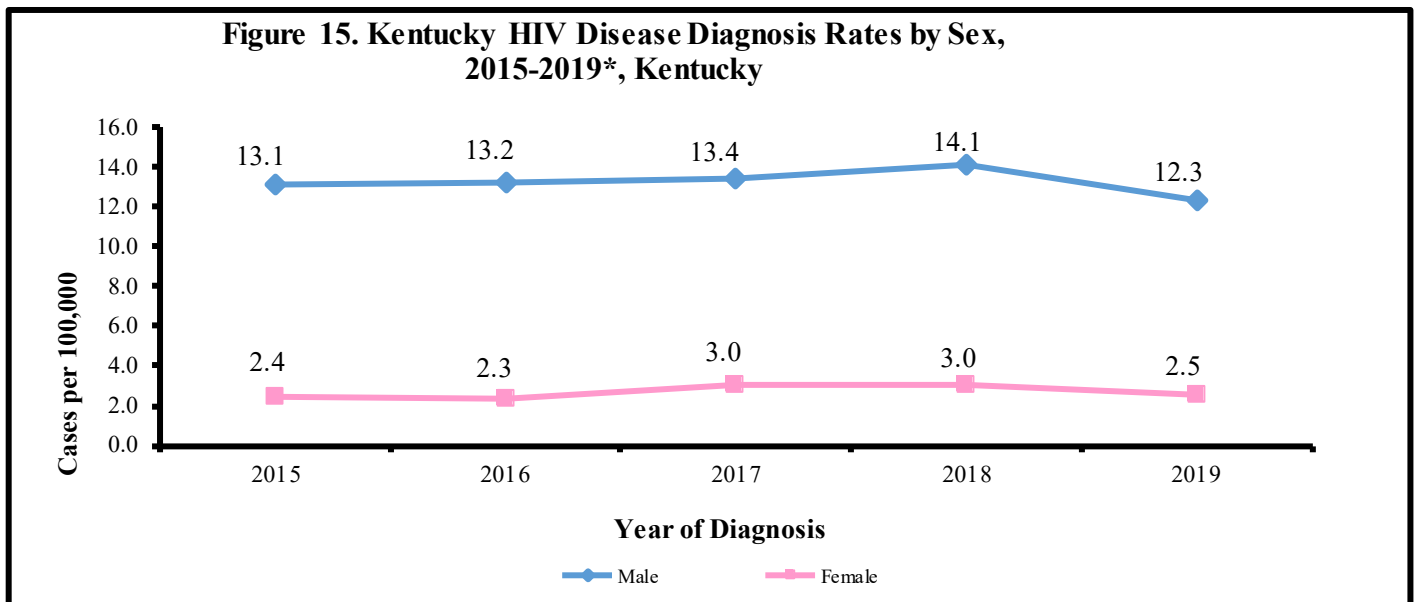
(2) Data reported as of December 31, 2020. Rates are not published for 2020 because data are not complete.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS. Total HIV cases reported are 11,428, one 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 Northern Kentucky ADD showed a distinct increase since 2017, which on separate investigation was found to be mainly associated with people who inject drugs.

Trends in HIV Disease Diagnosis Rates by Sex, 2015-2019, Kentucky

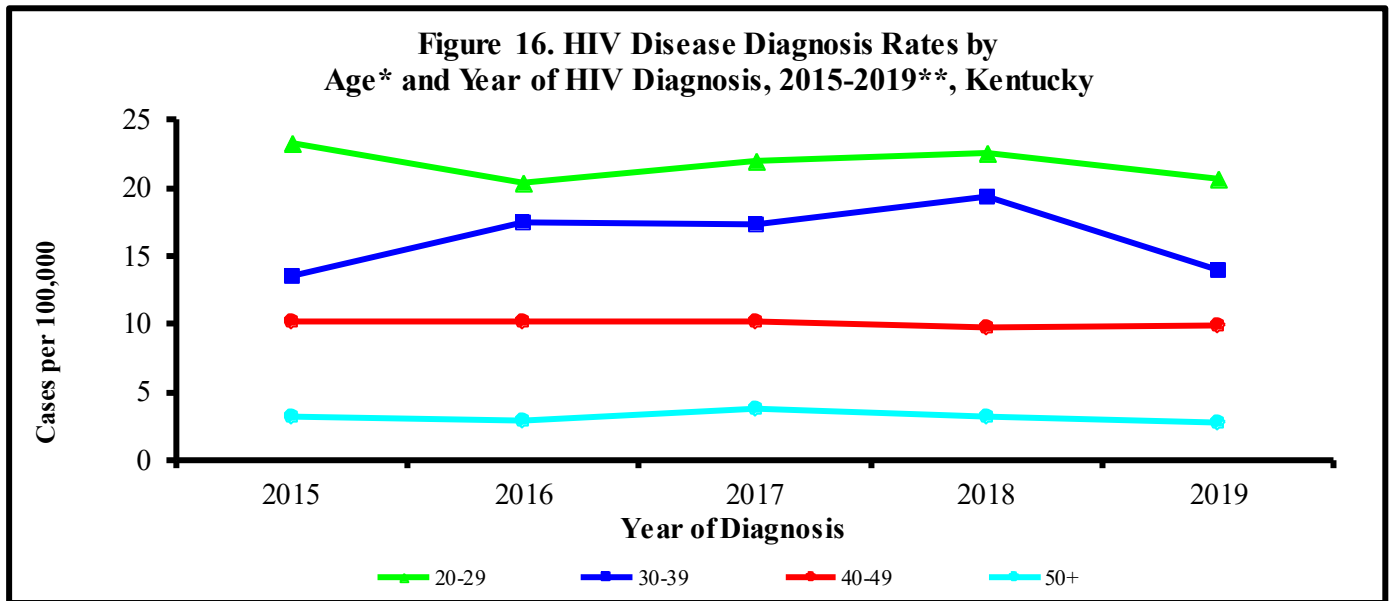


*Data for 2020 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of cumulative HIV cases diagnosed among Kentuckians. The yearly diagnosis rates among males have remained almost stable over the five year period shown, with slight decrease in 2019. From 2015 to 2019, the HIV diagnosis rates among males fluctuated between 4.7 to 5.7 times higher than the rate for females (Figure 15).

The female HIV diagnosis rates have remained fairly stable over the most recent five years, between 2.3 to 3.0 cases per 100,000 females. The highest HIV diagnosis rate among females within the most recent five years was in 2017 and 2018 at 3.0 newly diagnosed cases per 100,000 females.

Trends in HIV Disease Diagnosis Rates by Age at HIV Diagnosis, 2015-2019, Kentucky



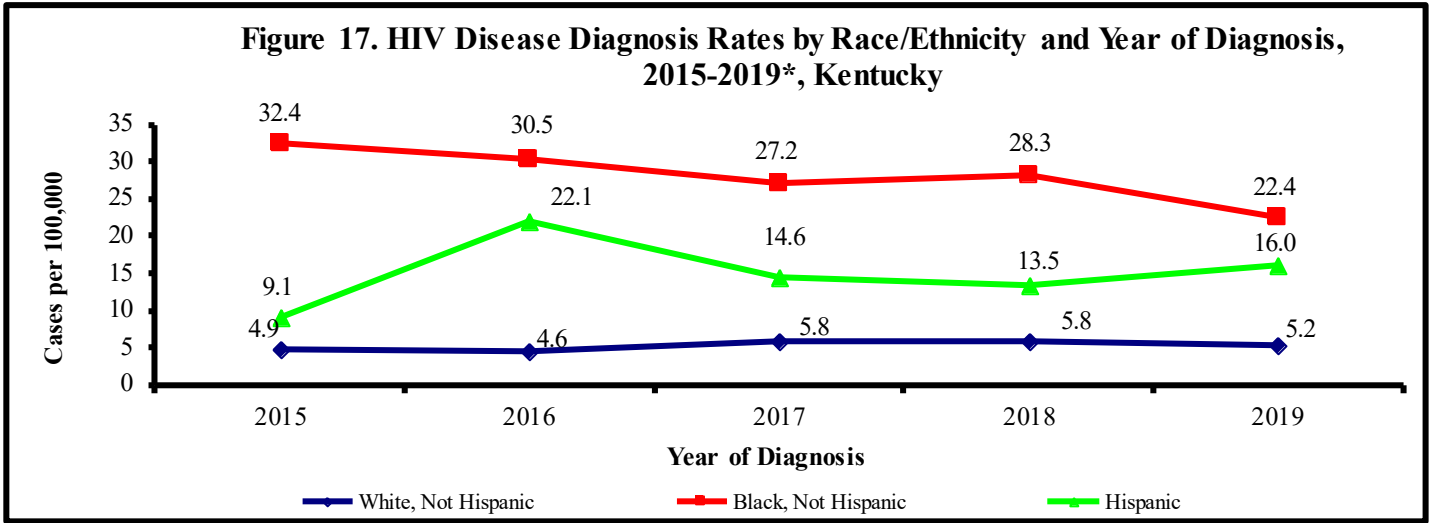
*Due to the small numbers of HIV cases reported, rates are not presented for age groups 0-12 and 13-19 years old.
 **Data for 2020 are not included in trend analyses since they are considered provisional due to reporting delays.

Figure 16 shows HIV diagnosis rates by age category over the most recent five years (2015-2019) with complete data. The diagnosis rates among Kentuckians in the 20-29 year age group reveal a downward trend from 2015 to 2016, while rates in the 30-39 year age group increased during this time. Between 2016 and 2017, the rate increased among the 20-29 and 50+ year age groups, while rate in the 30-39 and 40-49 year age groups stayed almost stable. Between 2017 and 2018 the rates in 30-39 year age group increased, while the rates remained almost stable for 20-29 and 40-49 year age groups. Between 2018 and 2019 the rate for 30-39 year age group shows major decrease, while there was also a slight decrease for 20-29 year age group. The yearly diagnosis rates among those 50+ years remained almost stable over the five year period.

HIV Diagnosis Year	Mean Age	Age Range
2015	34.5	1-80
2016	34.6	0-71
2017	35.5	0-70
2018	34.1	15-84
2019	34.3	0-73

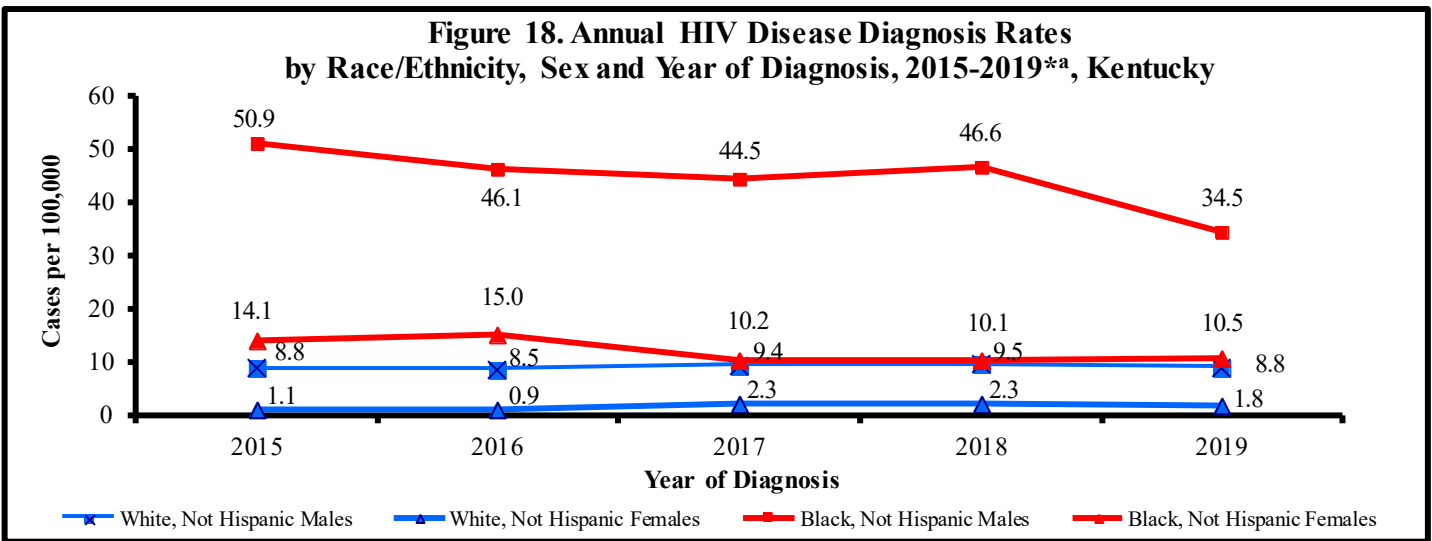
Table 17 shows the mean ages and actual age ranges at time of HIV diagnosis from 2015-2019. The mean ages of Kentuckians at time of HIV diagnosis in the five-year period ranged between 34.1-35.5 years (age range 0-84 years).

Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2015-2019, Kentucky



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

Figure 17 shows that between 2015 and 2019, the HIV diagnosis rates for blacks fluctuated between 4.3 to 6.6 times higher than whites. The diagnosis rates for Hispanics were between 1.8 to 4.8 times higher than whites over the same five year period. The trends among whites have remained almost steady. The rates for blacks decreased between 2015 and 2017, then slightly increased between 2017 and 2018, with another decrease between 2018 and 2019. The rates for Hispanics increased between 2015 and 2016 to the highest level of 22.1, then decreased between 2016 and 2018, but again increased slightly between 2018 and 2019 to 16.0 cases per 100,000 in 2019.

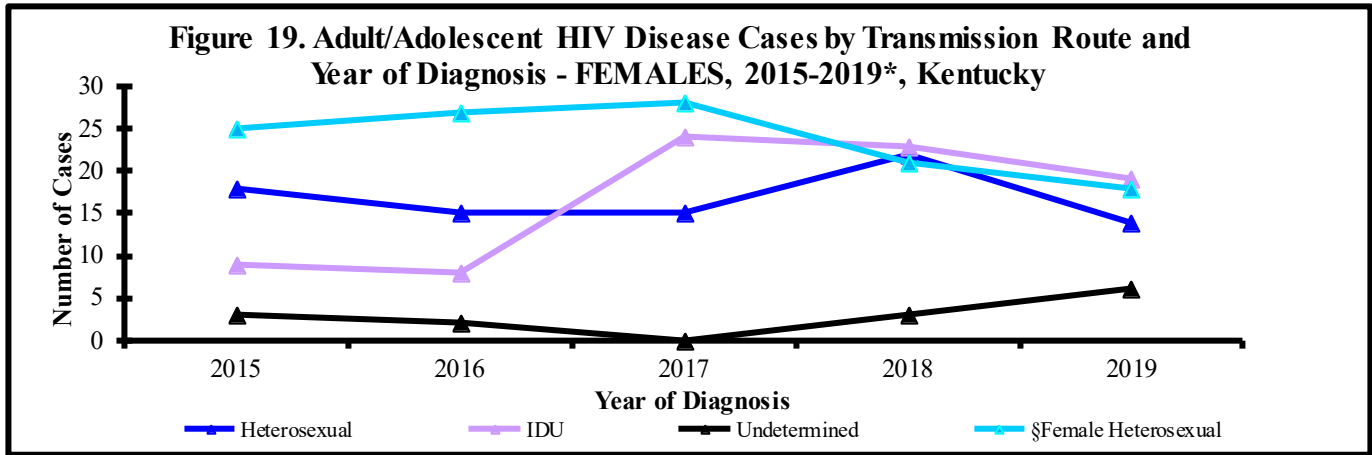


*Data for 2020 are not included in trend analyses since they are considered provisional due to reporting delays.

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

Figure 18 presents diagnosis rates from 2015 through 2019 for blacks and whites 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 3.9 to 5.8 times higher than that of white males. The rates among black females were 4.4 to 16.7 times higher than those of white females over the five year period.

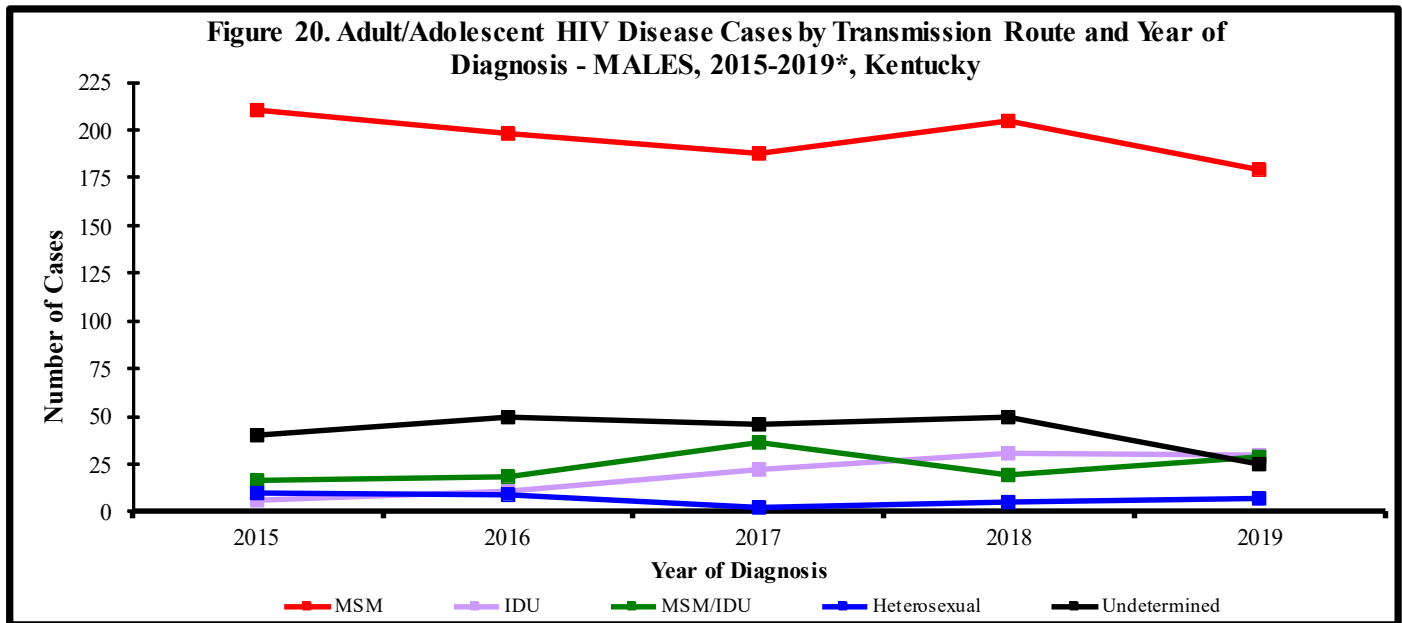
Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2015-2019, Kentucky



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

§Female Heterosexual Contact refers to 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 as the primary route of transmission varied from 16.4% in 2015 to 35.8% in 2017. IDU as route of transmission accounted for the largest number of cases diagnosed among females during 2018 and 2019.



*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 MSM as their primary risk factor. The number of males reporting IDU as a risk factor increased between 2016 and 2018, with slight decrease in 2019. MSM /IDU cases increased between 2016 to 2017, decreased between 2017 to 2018, but increased between 2018 to 2019.

Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians as of December 31, 2020

During the most recent 10 year period for which data are available (January 1, 2011, to December 31, 2020), a total of 3,377 HIV disease cases were diagnosed among Kentuckians. Of these, 1,096 (32%) had progressed to AIDS as of December 31, 2020.

Table 18. AIDS Cases Diagnosed within the 10 Year Period January 1, 2011-December 31, 2020 by Time (in days) from HIV Diagnosis to AIDS Diagnosis, Kentucky		
Time to AIDS Diagnosis (Days)	No.	%
≤30 Days †	752	68.6
31-60 Days	76	6.9
61-90 Days	37	3.4
91-365 Days	89	8.1
>365 Days	142	13.0
Total	1,096	100

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.
 Note: 2,281 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, 2020.

During the most recent 10 year period, 752 (22.3%) of the 3,377 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 1,096 AIDS cases is shown in Table 18. About 69% of the 1,096 AIDS cases diagnosed in the most recent 10 years were diagnosed with AIDS within 30 days of the initial HIV diagnosis.

According to the Centers for Disease Control and Prevention (CDC)* late testers are those who have an AIDS diagnosis within one year of initial HIV diagnosis. During the presented time period, 954 (28.2%) of the 3,377 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, 2011-2020*, Kentucky

Table 19. HIV Infections Diagnosed in the Most Recent 10 Year Period (January 1, 2011-December 31, 2020) 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**

Characteristics	HIV with Concurrent AIDS Diagnosis*		HIV Without Concurrent AIDS Diagnosis**		Total HIV Disease Diagnoses***	
	No.	% ⁽¹⁾	No.	% ⁽¹⁾	No.	% ⁽¹⁾
<u>SEX</u>						
Male	625	83	2,178	83	2,803	83
Female	127	17	447	17	574	17
<u>AGE AT DIAGNOSIS</u>						
<13	1	<1	23	1	24	1
13-19	12	2	145	6	157	5
20-29	146	19	1,079	41	1,225	36
30-39	201	27	633	24	834	25
40-49	195	26	457	17	652	19
50+	197	26	288	11	485	14
<u>RACE/ETHNICITY- Female</u>						
White, Not Hispanic	54	43	233	52	287	50
Black, Not Hispanic	59	46	177	40	236	41
Hispanic	9	7	14	3	23	4
Other/Unknown	5	4	23	5	28	5
<u>RACE/ETHNICITY- Male</u>						
White, Not Hispanic	398	64	1,234	57	1,632	58
Black, Not Hispanic	139	22	686	31	825	29
Hispanic	62	10	155	7	217	8
Other/Unknown	26	4	103	5	129	5
<u>TRANSMISSION CATEGORY</u>						
MSM ⁽²⁾	372	49	1,534	58	1,906	56
IDU ⁽³⁾	60	8	226	9	286	8
MSM/IDU	22	3	157	6	179	5
Heterosexual ⁽⁴⁾	64	9	179	7	243	7
Female Heterosexual ⁽⁵⁾	63	8	181	7	244	7
Perinatal	1	<1	18	1	19	1
Other ⁽⁶⁾	1	<1	3	<1	4	<1
Undetermined ⁽⁷⁾	169	22	327	12	496	15
TOTAL	752	100	2,625	100	3,377	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, 2011 through December 31, 2020 with HIV, regardless of AIDS diagnosis status.

(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) Female Heterosexual refers to a female not reporting drug use, but reporting sex with male. See terminology on page 4.

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

Concurrent Diagnoses by Selected Characteristics, 2011-2020, Kentucky (Narrative)

Table 19 (page 30), examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2011 and December 31, 2020 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 3,377 Kentuckians diagnosed with HIV disease during the 10 year period, about a quarter (752 or 22.3%) 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 years (27%), while the highest percentages among non-concurrently diagnosed cases were aged 20-29 years (41%).

The racial/ethnic distribution of cases diagnosed concurrently with AIDS differs by sex. Among females, the highest percentage of concurrent diagnoses were among black females (46%), followed by white and Hispanic females (43% and 7%, respectively). However, among males, the majority of concurrent diagnoses were among white males (64%). Twenty-two percent of concurrently diagnosed cases in males were among black males and 10% were among Hispanic males. The percentages of concurrent diagnoses among Hispanic males and Hispanic females are comparable. Caution should be taken when interpreting the data for the other and unknown race/ethnicity categories as the 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 male-to-male sexual contact as the mode of transmission (49%), followed by persons reporting heterosexual exposure (9%), and both female presumed heterosexual and IDU 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, 2011-December 31, 2020

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, 2011 — December 31, 2020, Kentucky*
 No. by ADD : January 1, 2011 — December 31, 2020

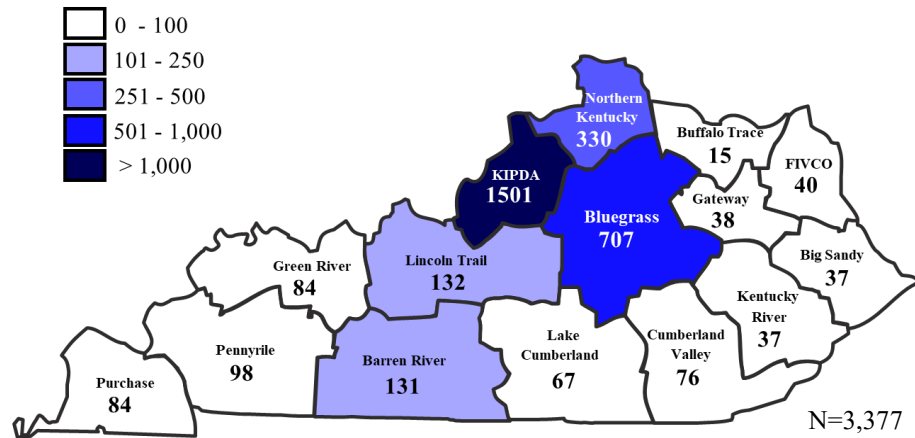
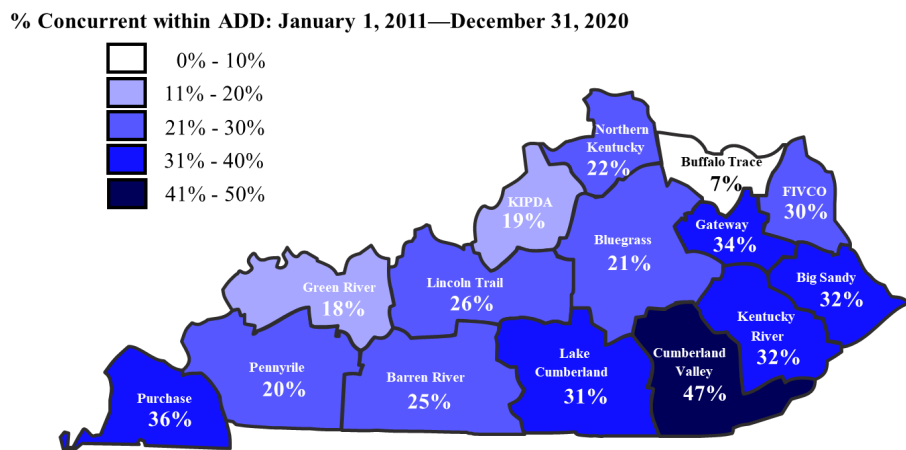


Figure 21 displays the total number of HIV infections (3,377) diagnosed between January 1, 2011, and December 31, 2020, by ADD of residence at time of HIV diagnosis. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1,501 or 44%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (707 or 21%) 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, 2011 – December 31, 2020, 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, 2011, and December 31, 2020. The percentage of concurrent HIV and AIDS diagnoses within each ADD ranged from 7% to 47%. Cumberland Valley ADD (47%) had the highest proportion of concurrent HIV and AIDS cases, followed by Purchase ADD (36%).

HIV Diagnoses by Care Coordinator Region, January 1, 2011-December 31, 2020, 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, 2011–December 31, 2020, Kentucky

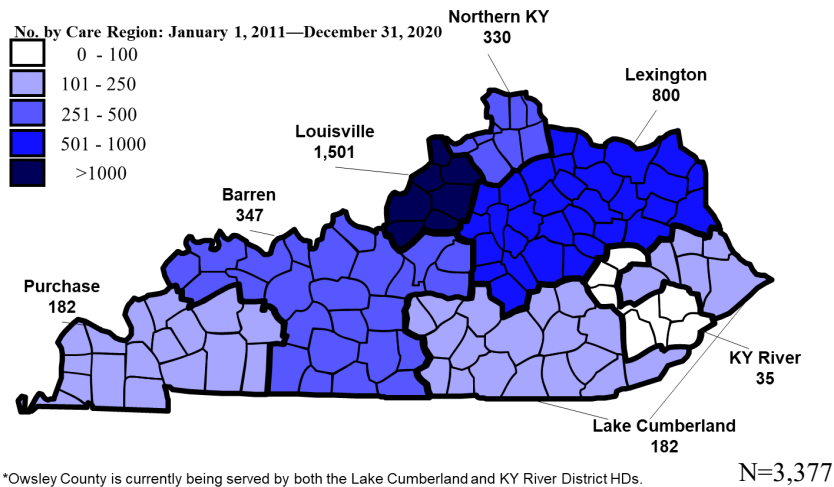
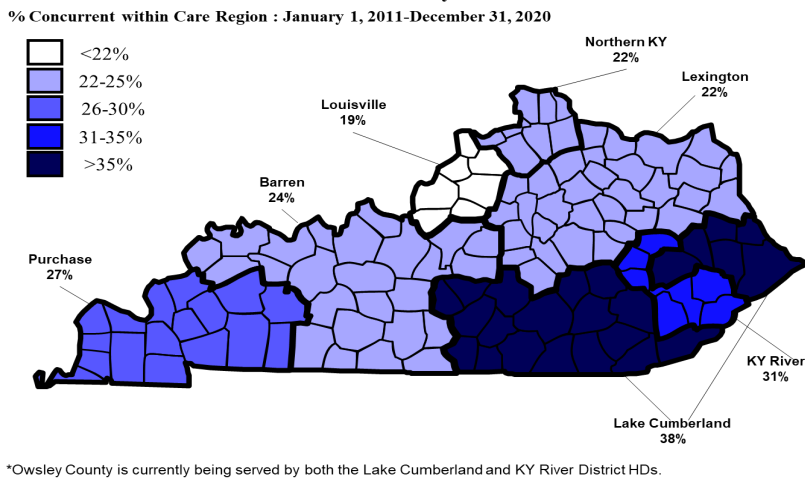


Figure 23 shows the total number of new HIV infections (regardless of disease progression status) diagnosed between January 1, 2011, and December 31, 2020, by Care Coordinator Region based on place of residence at time of HIV diagnosis. The highest number of cases (1,501 or 44%) diagnosed in this period occurred among residents of the Louisville Region. The second highest number of diagnoses (800 or 24%) occurred in residents of the Lexington Region.

Figure 24. Percentage of All HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10 Years, January 1, 2011—December 31, 2020, Kentucky



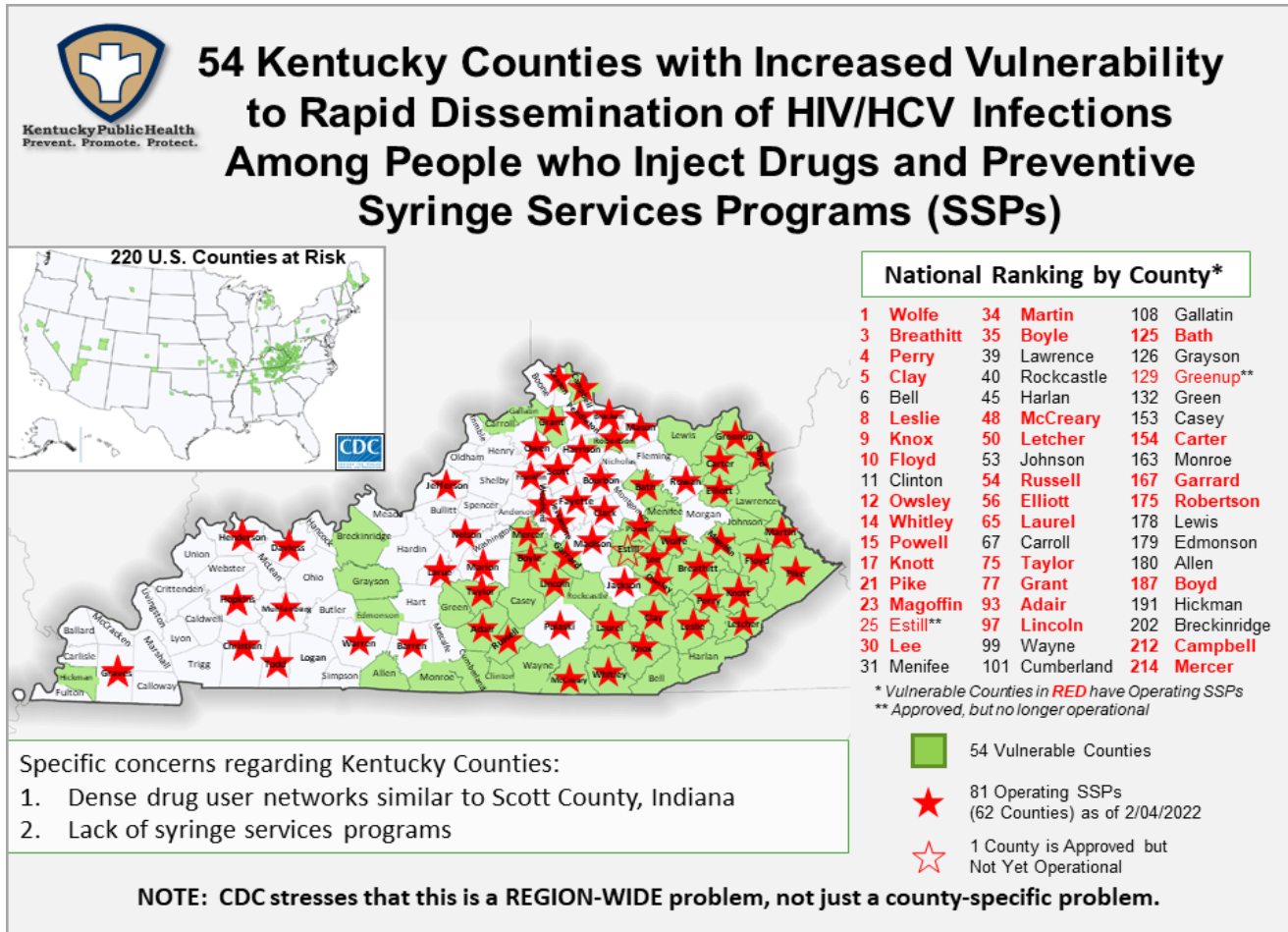
Note: The percentages presented in Figure 24 represent the proportion of concurrent diagnoses out of the total for each individual region. Totals for each region are presented in Figure 23. Owsley County is currently being served by both the Lake Cumberland and KY River District Health Departments (HD). 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, 2011, and December 31, 2020. In all regions, approximately a quarter or more of cases diagnosed within each jurisdiction were concurrent diagnoses with the highest proportions of concurrent HIV and AIDS cases residing in the Lake Cumberland Region (38%), Kentucky River Region (31%), and Purchase Region (27%).

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 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.			

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 that is less sensitive 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>

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

State Sponsored HIV Counseling and Testing Sites, Kentucky

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