



HIV/AIDS Surveillance Report 2022

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

(Data complete through 2020, preliminary for 2021)



Dear Reader:

Enclosed please find Kentucky's HIV/AIDS Annual Surveillance Report 2022, which contains data on HIV infections among Kentuckians reported to the Department for Public Health. This annual edition is a Centers for Disease Control and Prevention (CDC) grant deliverable and is produced to fulfill the requirements of Funding Opportunity Announcement (FOA): PS18-1802.

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

Section I (and throughout the report) profiles HIV infections diagnosed among Kentuckians, regardless of progression to AIDS. A total of 11,832 cumulative HIV infections were diagnosed and reported as of December 31, 2021. Of these HIV infections, 60% have progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2020 there were 301 new HIV infections diagnosed among Kentucky residents, a diagnosis rate of 6.7 per 100,000. This is a decrease from the rate of 7.5 per 100,000 population for 2019. 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 (2021 and 2022) 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, 2012, through December 31, 2021. Twenty-one percent of the 3,482 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/AnnualReport2022.pdf>.

Sincerely,

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HIV/AIDS Section

Release Date: 09/26/2022

HIV/AIDS Surveillance Report
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Cabinet for Health and Family Services

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

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

Kentucky Department for Public Health HIV/AIDS useful links:

HIV Reporting and Statistics

Fillable Adult HIV Confidential Case Report Form:

https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/ACRF_Fillable.pdf

Fillable Pediatric HIV Confidential Case Report Form:

https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/PCRF_Fillable.pdf

HIV Prevention

Syringe Services Programs:

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

HIV Test Sites in Kentucky:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYHIVTestSites.pdf>

HIV Services

HIV Care Coordinator Regions and Contact Information:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYHIVCCRs.pdf>

Ryan White Services Eligibility Application:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/RWEligApp.pdf>

Kentucky HIV/AIDS Annual Surveillance Report 2022

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, 2021. In this annual edition, HIV disease cases diagnosed among Kentuckians are presented, regardless of disease progression. The data only include those persons who have been confidentially tested and reported to the HIV/AIDS Surveillance Program. No adjustments are made to the data presented to account for undiagnosed, anonymously tested, or unreported cases.

Kentucky population estimates used in the calculation of rates were obtained from the Kentucky State Data Center. Source: Population Division, U.S. Census Bureau, 2010, available at <http://www.ksdc.louisville.edu/>. Accessed January 19, 2022.

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, 2021.

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 2022

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

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

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

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

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

- ◆ **Male to Male Sexual Contact (MMSC):** Men who report having sexual contact with other men.
- ◆ **Injection Drug Use (IDU):** Individuals who report injecting nonprescription drugs.
- ◆ **MMSC/IDU:** Men who report having sex with other men and also inject nonprescription drugs.
- ◆ **Heterosexual Contact:** A person reporting specific heterosexual contact with a person known to have, or to be at high risk for HIV infection, such as an injection drug user, a bisexual male (females only), or a person with hemophilia/coagulation disorder.
- ◆ **Female Heterosexual Contact (FHC):** A female who does not fit in the heterosexual contact category above, with no reported injection drug use, but reported sexual contact with a male and no additional information about the male's HIV status or behaviors.
- ◆ **Hemophilia:** Individuals receiving clotting factor for hemophilia/coagulation disorder.
- ◆ **Perinatal:** Individuals born to a mother with HIV or a mother with an exposure history listed in the transmission category hierarchy.
- ◆ **Blood Transfusion/Organ Transplant:** Individuals who received blood transfusions or organ transplants. Individuals with a transfusion date listed after March 1985 are considered Cases of Public Health Importance (COPHI) and are followed to verify the mode of transmission.
- ◆ **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 2021 and 2022 are considered provisional and will not be presented in the analysis of trends. The data presented in this report have not been adjusted for reporting delays.
2. **Place of Residence:** HIV data are presented based on residence at the time the initial HIV infection was diagnosed. Data presented on living cases reflect those originally diagnosed while living in Kentucky that are still presumed to be living, regardless of their current residence. (Related: see Technical Note 5 below).
3. **Vital Status:** Cases are presumed to be alive unless the HIV/AIDS Surveillance Program has received notification of death. Current vital status information for cases is ascertained through routine site visits with major reporting sites, reports of death from providers, reports of death from other states' surveillance programs, routine matches with Kentucky death certificates (vital statistics registry), and Social Security Death Master Files (SSDMF).
4. **Transmission Route:** Despite the possible existence of multiple methods through which HIV was transmitted, cases are assigned a single most likely transmission route based on a hierarchy developed by the CDC. A limitation of the dataset is the large number of cases reported with an undetermined transmission route. Currently, surveillance data are collected through hard copy case reports, telephone reports, and chart reviews, which occasionally result in missing information. Enhanced surveillance activities have been implemented to resolve case reports with missing risk factor information, including the re-classification of females into the FHC category.
5. **Routine Interstate Duplicate Review (RIDR):** Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help resolve duplicate reporting, CDC initiated the RIDR project in 2004. RIDR compares patient records throughout the nation in order to identify duplicate cases. The states with duplicate cases contact one another to compare patient profiles to assign the case one state residency based on residence at the earliest date of diagnosis. Due to this process, the cumulative number of cases within Kentucky may change, but the process has increased the accuracy of Kentucky's data by reducing the chance that a case has been counted more than once nationally.
6. **Small Numbers:** Data release limitations are set to ensure that the information cannot be used to inadvertently identify an individual. Data suppression rules are applied based on the population denominators for analyses below the state level. Additional numerator suppression rules are applied for groups or geographic areas that have <50,000 population. Rates are not released when the numerator is fewer than ten cases because of the low reliability of rates based on the small number of cases.
7. **Difference between HIV Infection/HIV Disease, HIV without AIDS, and concurrent diagnosis of HIV with AIDS:** HIV infection includes all individuals diagnosed with HIV regardless of the stage of disease progression. This term is used interchangeably with HIV disease. The data are presented based on the date of the first diagnosis reported to the HIV/AIDS Surveillance Program. HIV without AIDS includes individuals who were diagnosed with HIV and had not progressed to AIDS as of the report date. Concurrent diagnosis with AIDS includes those who were diagnosed with AIDS within 30 days of initial HIV diagnosis.

Section I: Cumulative and Living HIV Infections Diagnosed as of December 31, 2021, Kentucky

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	<13	26	<1	30	1	0	0	2	<1	58	1
	13-19	146	2	180	6	9	2	21	8	356	4
	20-29	1,743	29	1,022	36	200	40	139	40	3,104	32
	30-39	2,152	35	822	29	185	37	90	26	3,249	33
	40-49	1,370	22	544	19	72	14	56	17	2,042	21
	50+	663	11	251	9	40	8	25	9	979	10
	TOTAL	6,100	100	2,849	100	506	100	333	100	9,788	100
FEMALE	<13	12	1	20	2	3	3	2	2	37	2
	13-19	47	5	57	6	5	6	3	3	112	5
	20-29	267	28	262	29	39	43	30	29	598	29
	30-39	315	33	286	32	20	22	33	32	654	32
	40-49	184	19	174	19	16	18	24	24	398	19
	50+	120	13	108	12	7	8	10	10	245	12
	TOTAL	945	100	907	100	90	100	102	100	2,044	100

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2021.

*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 (9,788 cases). In terms of age at time of diagnosis, more male HIV cases were diagnosed at ages 30-39 (3,249 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 (40%) 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 (19% 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 (654 or 32%) than in any other age category. For female cases, age at identification was nearly identical across age groups for black and white females, while Hispanic females were most often identified in the 20-29 year age group (43%).

Table 2. Cumulative⁽¹⁾ Adult/Adolescent* HIV Disease Cases By Transmission Route, Race/Ethnicity, and Sex as of December 31, 2021, Kentucky

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/ Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MMSC ⁽²⁾	4,341	71	1,616	57	316	62	222	67	6,495	67
	IDU ⁽³⁾	420	7	342	12	35	7	19	6	816	8
	MMSC/IDU	513	8	175	6	18	4	19	6	725	7
	Heterosexual ⁽⁴⁾	217	4	225	8	46	9	22	7	510	5
	Other ⁽⁵⁾	87	1	15	1	0	0	0	0	102	1
	Undetermined ⁽⁶⁾	496	8	446	16	91	18	49	15	1,082	11
	TOTAL⁽⁷⁾	6,074	100	2,819	100	506	100	331	100	9,730	100
FEMALE	IDU ⁽³⁾	287	31	167	19	12	14	14	14	480	24
	Heterosexual ⁽⁴⁾	419	45	421	47	50	57	54	54	944	47
	Female Heterosexual ⁽⁸⁾	159	17	242	27	21	24	27	27	449	22
	Other ⁽⁵⁾	12	1	4	<1	0	0	1	1	17	1
	Undetermined ⁽⁶⁾	56	6	53	6	4	5	4	4	117	6
	TOTAL⁽⁷⁾	933	100	887	100	87	100	100	100	2,007	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, 2021.

(2) MMSC = Male to Male Sexual Contact.

(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.

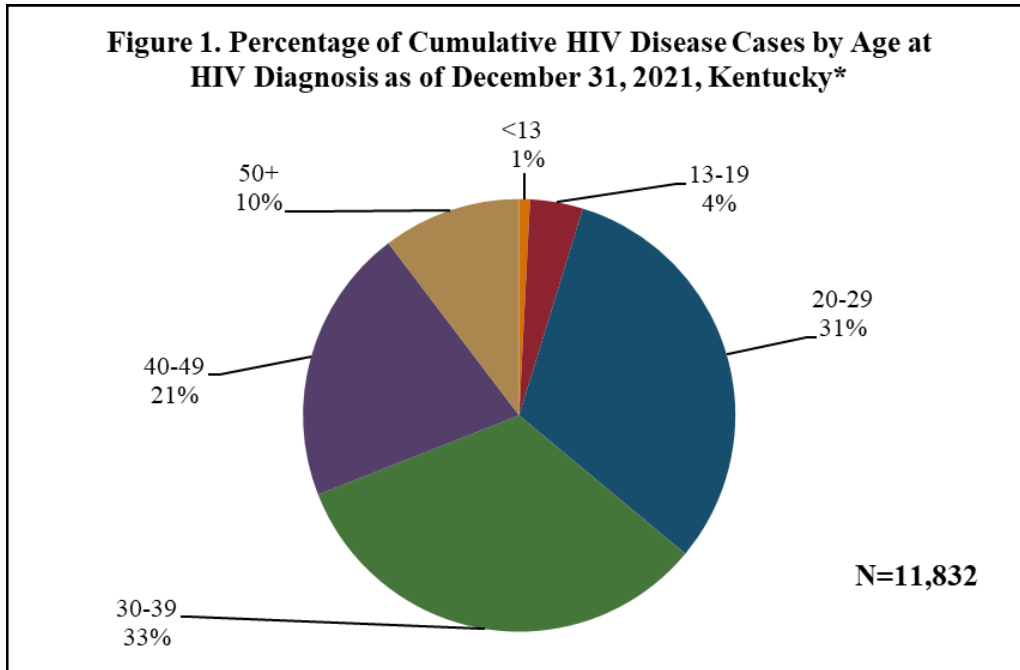
(6) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

(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.

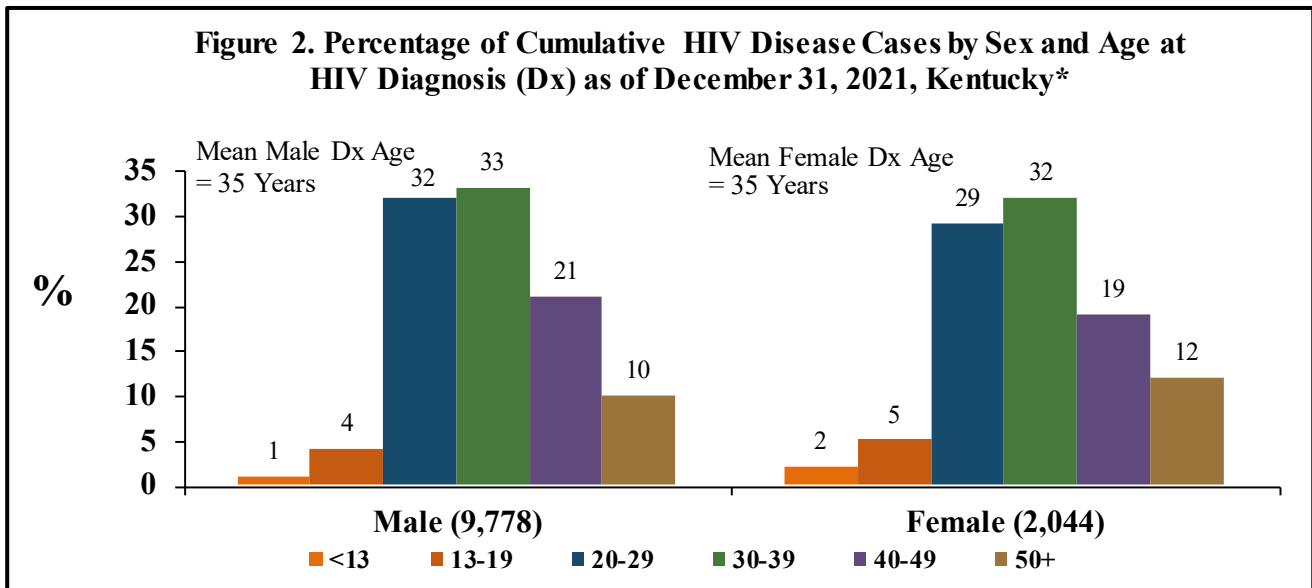
Among adult/adolescent males, the majority of cumulative HIV cases reported the primary route of exposure as MMSC (67%), while among adult/adolescent women, most (47%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV infection (e.g., a person who injects drugs). Adult/adolescent black males (12%) reported higher percentages of IDU as the route of HIV transmission in comparison to adult/adolescents white (7%) and Hispanic males (7%). Conversely, a higher percentage of adult/adolescent white males (71%) reported MMSC as the primary route of transmission as compared to 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.



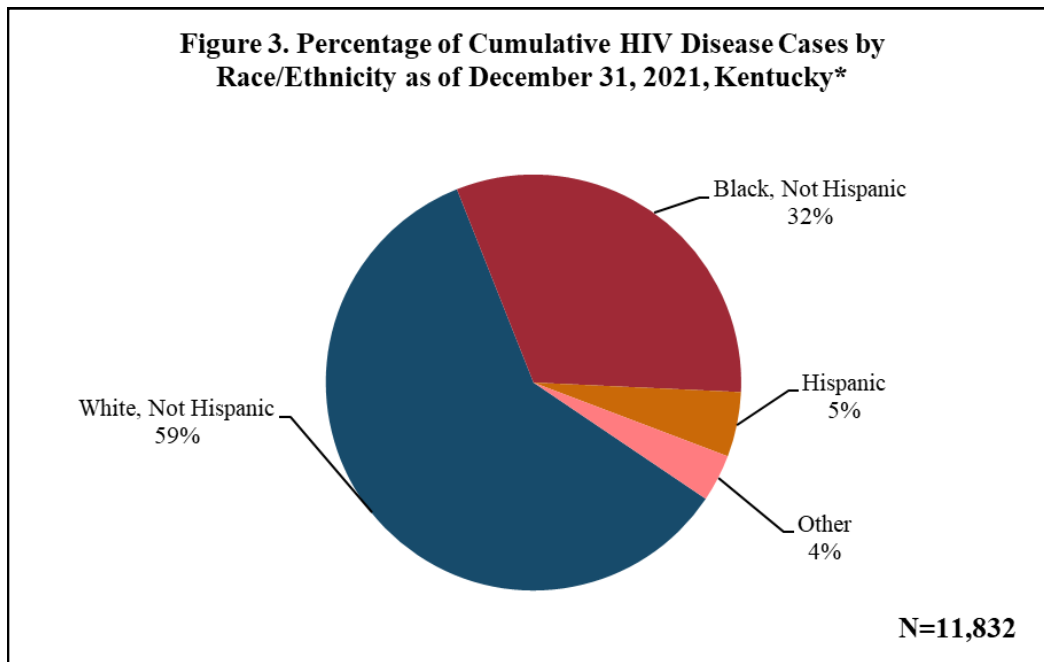
* Percentages may not total 100% due to rounding.

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.



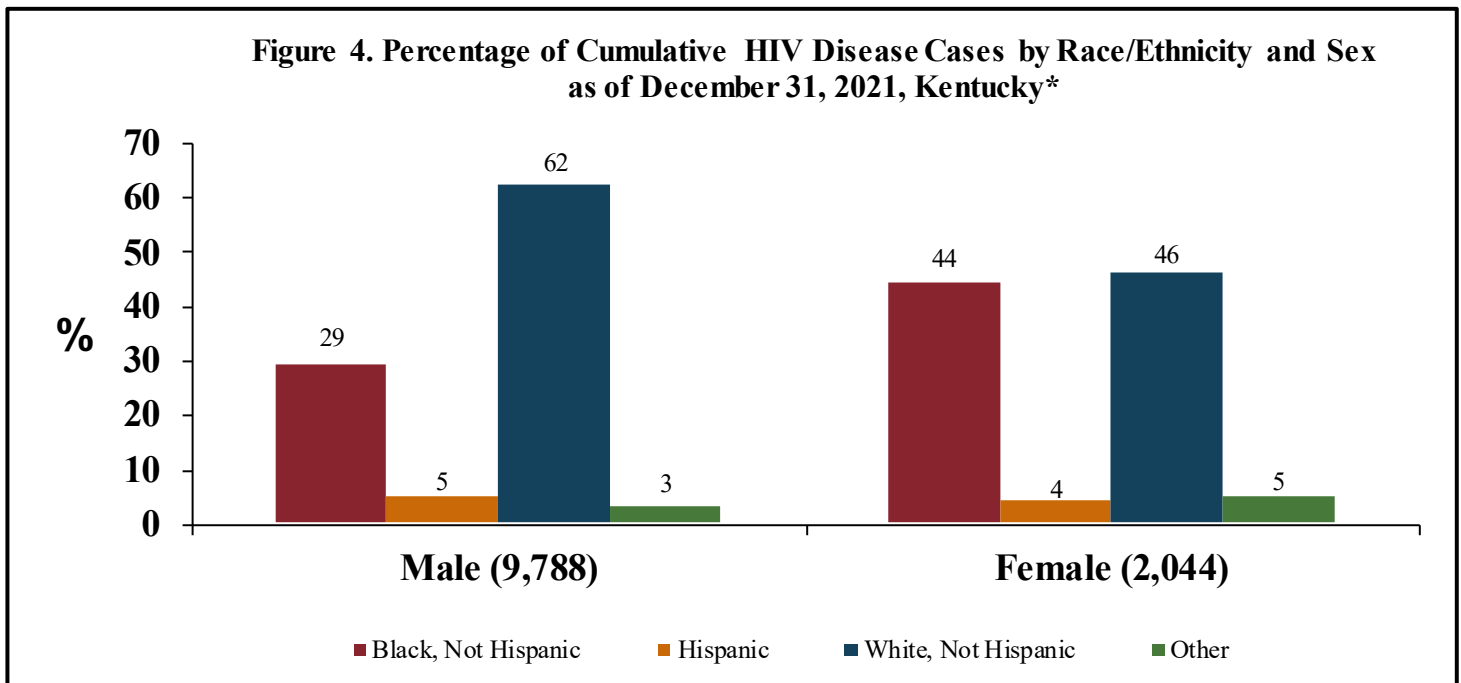
* Percentages may not total 100% due to rounding.

Figure 2 shows the percentage of HIV cases by age group and sex. Cumulatively, 9,788 male HIV cases have been diagnosed, of which 33% were aged 30-39 years at time of diagnosis. Similarly, females aged 30-39 years at time of diagnosis accounted for the highest percentage of cumulative HIV cases by age group among females (32%). The mean age at diagnosis for both males and females is 35 years.



* Percentages may not total 100% due to rounding.

Figure 3 shows that 59% of cumulative HIV cases diagnosed in Kentucky are in 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 (62%) with black males accounting for 29% of cumulative cases. The distribution among females by racial/ethnic grouping differs from males with both black, as well as white females accounting for almost equal percentage of cases at 44% and 46% respectively.

Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

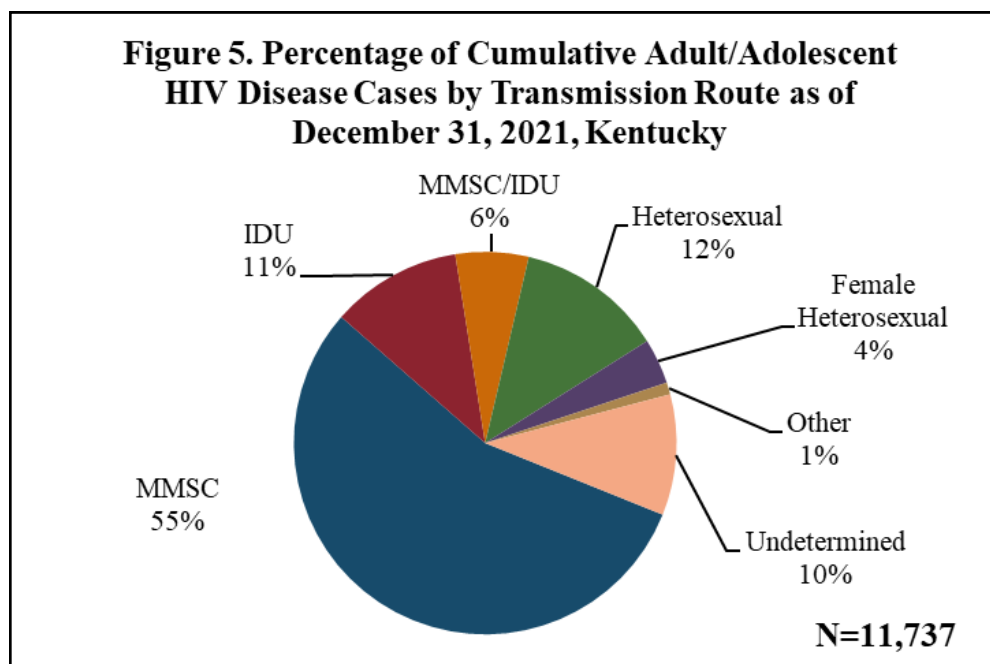


Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route as of December 31, 2021, Kentucky

Transmission Route	No.	%
MSM	6,495	55
IDU	1,296	11
MSM/IDU	725	6
Heterosexual	1,454	12
Female Heterosexual*	449	4
Other†	119	1
Undetermined	1,199	10
Total**	11,737	100

*Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 4 for additional definition.

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

† Other includes persons with 'transfusion/transplant' or 'hemophilia/coagulation' listed as mode of transmission. Also includes persons with perinatal exposure, but who were diagnosed as an adult. See Table 12 for perinatal data.

In Kentucky, 55% of cumulative adult/adolescent HIV cases identified their primary transmission route as men to male sexual contact (MSM) as shown in Figure 5. Twelve percent of adult/adolescent HIV cases reported heterosexual contact as their primary transmission route, 11% reported injection drug use (IDU), and 6% reported both 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, 2021, 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	418	265	Buffalo Trace	63	39
Allen	23	13	Bracken, Fleming and Robertson*	17	10
Barren	49	28	Lewis	16	7
Butler	15	13	Mason	30	22
Edmonson and Metcalfe*	19	12			
Hart	13	5			
Logan	30	18	Cumberland Valley	233	144
Monroe	16	9	Bell	26	18
Simpson	26	17	Clay	34	24
Warren	227	150	Harlan	24	11
			Jackson	17	11
Big Sandy	95	59	Knox	24	17
Floyd	28	19	Laurel	50	30
Johnson and Magoffin*	17	8	Rockcastle	12	7
Martin	11	10	Whitley	46	26
Pike	39	22			
			FIVCO	164	98
Bluegrass	2,265	1,606	Boyd	97	58
Anderson	35	22	Carter	23	16
Bourbon	34	25	Elliott and Lawrence*	18	7
Boyle	41	29	Greenup	26	17
Clark	58	41			
Estill	11	7	Gateway	119	81
Fayette	1,551	1,094	Bath	15	11
Franklin	115	82	Menifee	12	11
Garrard	14	9	Montgomery	29	21
Harrison	13	9	Morgan	34	16
Jessamine	87	67	Rowan	29	22
Lincoln	16	9			
Madison	129	101	Green River	331	203
Mercer	37	19	Daviess	162	94
Nicholas	7	6	Hancock and Webster*	19	12
Powell	12	7	Henderson	69	39
Scott	65	50	McLean	11	8
Woodford	40	29	Ohio	14	9
			Union	56	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, 2021, 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	100	61	Northern Kentucky	1027	700
Breathitt and Owsley*	9	5	Boone	171	122
Knott	17	13	Campbell	213	149
Lee, Leslie and Wolfe*	17	9	Carroll	18	13
Letcher	23	10	Gallatin and Owen*	14	11
Perry	34	24	Grant	40	27
			Kenton	561	370
			Pendleton	10	8
KIPDA/North Central	5,697	3,693	Pennyryle	377	215
Bullitt	114	87	Caldwell	25	14
Henry	32	23	Christian	177	118
Jefferson	5,234	3,404	Crittenden and Lyon*	28	8
Oldham	200	94	Hopkins	49	26
Shelby	93	72	Livingston	15	7
Spencer and Trimble*	24	13	Muhlenberg	39	21
			Todd	28	13
			Trigg	16	8
Lake Cumberland	194	135	Purchase	356	212
Adair and Cumberland*	12	7	Ballard and Carlisle*	15	8
Casey	11	7	Calloway	42	24
Clinton	14	11	Fulton	12	9
Green	8	6	Graves	60	35
McCreary	22	20	Hickman	9	7
Pulaski	70	45	Marshall	31	19
Russell	15	9	McCracken	187	110
Taylor	27	22			
Wayne	15	8			
Lincoln Trail	392	266			
Breckinridge	19	8			
Grayson	19	10			
Hardin	235	167			
Larue	9	8			
Marion	22	13			
Meade	27	18			
Nelson	52	36			
Washington	9	6			

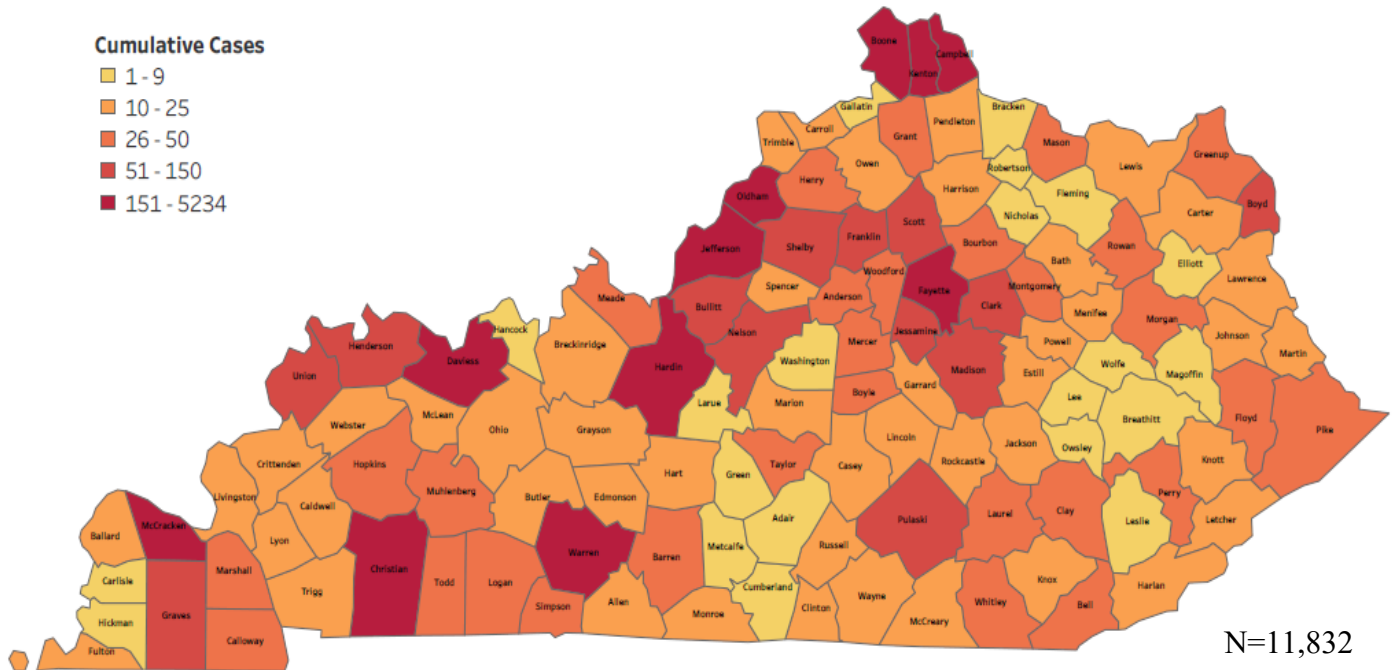
(1) One case was missing residential county at time of diagnosis.

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

(3) Living cases regardless of current residence.

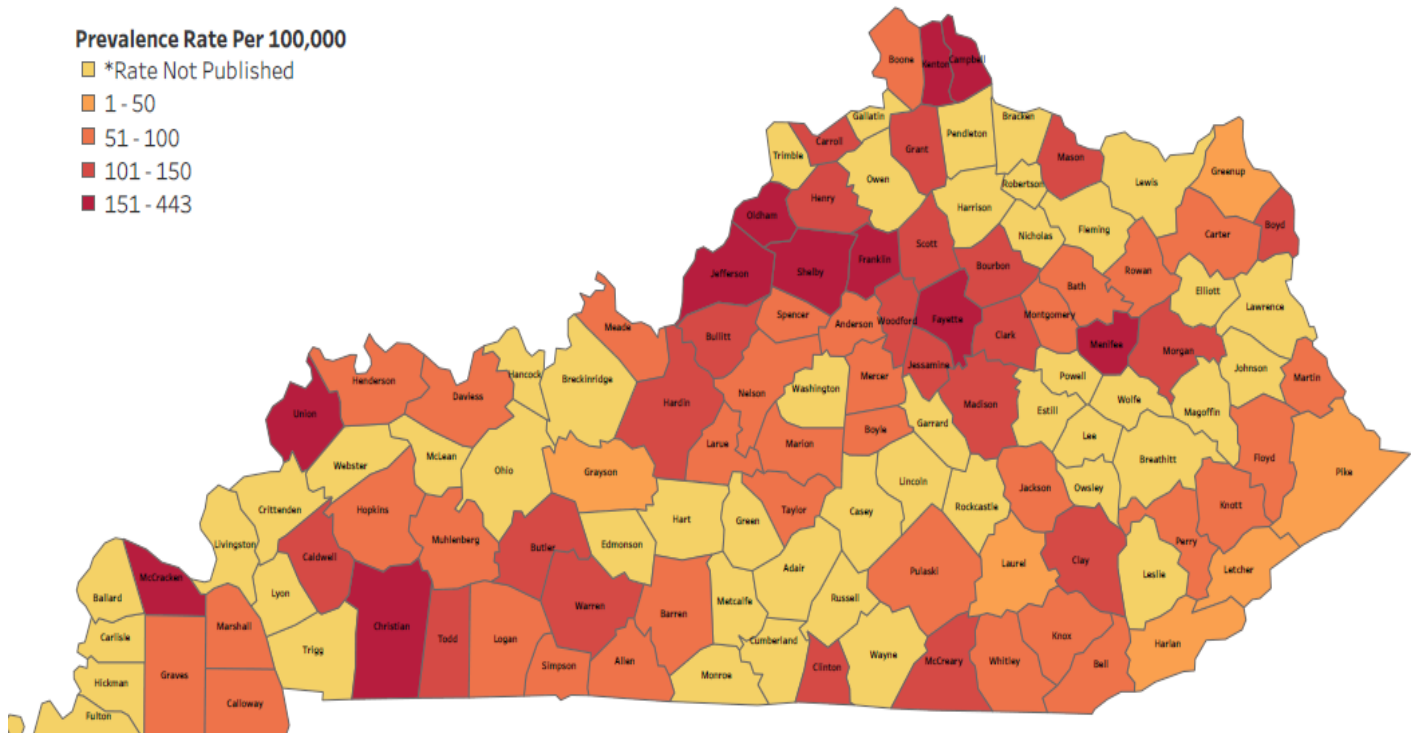
* Cases combined due to confidentiality guidelines.

Figure 6. Cumulative HIV Disease Cases Diagnosed By Residential County at Time of Diagnosis as of December 31, 2021, 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, 2021, Kentucky

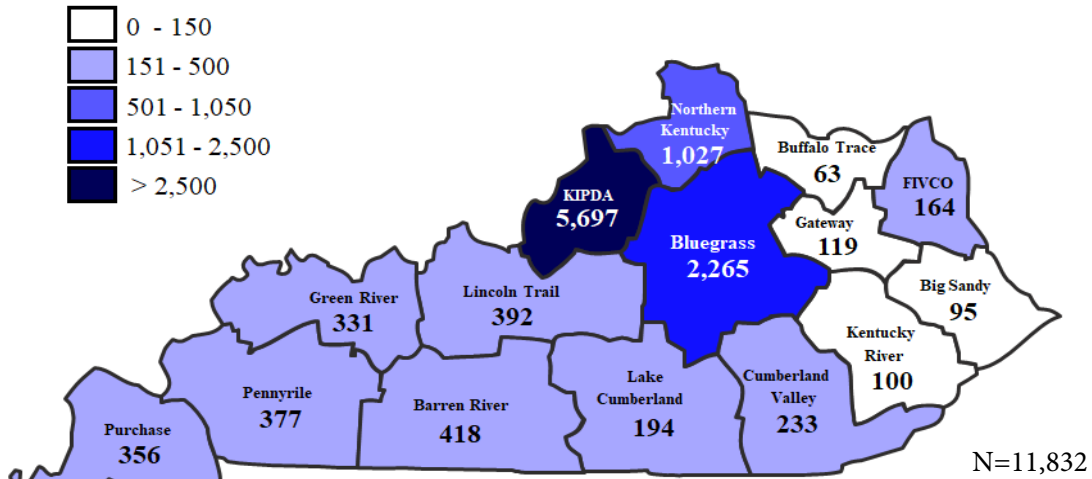


* Rates not published when cell size is less than 10

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, 2021, Kentucky*

Cumulative HIV Disease Diagnoses by ADD

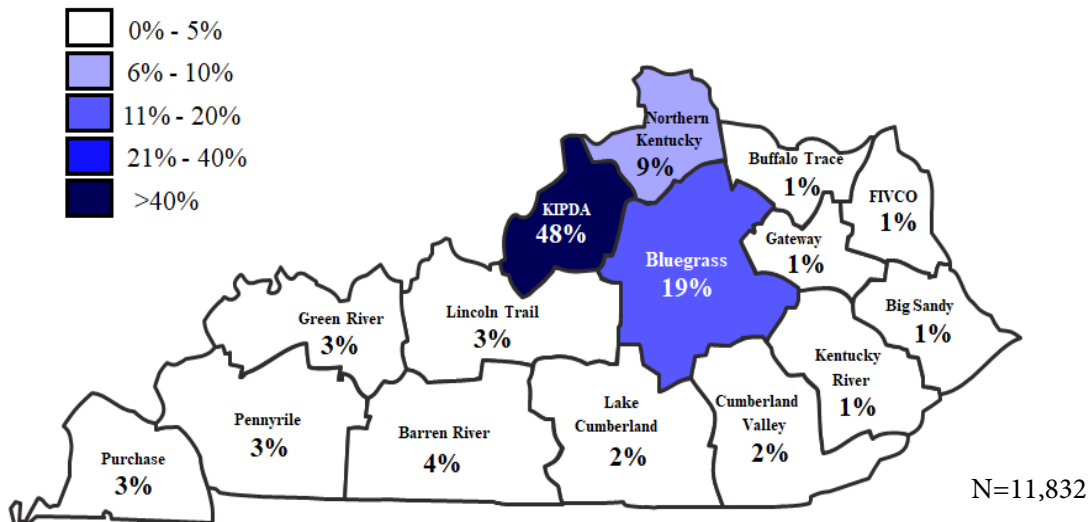


* One case was missing residential county information at time of diagnosis.

Figure 8 indicates that the highest number of cumulative HIV cases, 5,697 (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, 2,265 (19%), followed by the Northern Kentucky ADD, including a portion of the Cincinnati metropolitan area, with 1,027 (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, 2021, 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 11,832 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, 2021, Kentucky⁽¹⁾

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MMSC ⁽²⁾	2,733	72	1,161	62	288	64	205	69	4,387	69
	IDU ⁽³⁾	234	6	135	7	22	5	12	4	403	6
	MMSC/IDU	333	9	85	5	15	3	15	5	448	7
	Heterosexual ⁽⁴⁾	117	3	131	7	42	9	21	7	311	5
	Perinatal	13	<1	22	1	0	0	2	1	37	1
	Other ⁽⁵⁾	14	<1	3	<1	0	0	0	0	17	<1
	Undetermined ⁽⁶⁾	338	9	310	17	80	18	44	15	772	12
	Male Subtotal⁽⁷⁾	3,782	100	1,847	100	447	100	227	100	6,375	100
FEMALE	IDU ⁽³⁾	197	31	74	12	7	9	11	13	289	21
	Heterosexual ⁽⁴⁾	282	44	287	48	47	60	42	49	658	47
	Female Heterosexual ⁽⁸⁾	117	18	196	33	18	23	26	30	357	25
	Perinatal	8	1	14	2	3	4	2	2	27	2
	Other ⁽⁵⁾	0	0	1	<1	0	0	1	1	2	<1
	Undetermined ⁽⁶⁾	33	5	30	5	3	4	4	5	70	5
	Female Subtotal⁽⁷⁾	637	100	602	100	78	100	86	100	1,403	100
ALL LIVING	MMSC ⁽²⁾	2,733	62	1,161	47	288	55	205	53	4,387	56
	IDU ⁽³⁾	431	10	209	9	29	6	23	6	692	9
	MMSC/IDU	333	8	85	4	15	3	15	4	448	6
	Heterosexual ⁽⁴⁾	399	9	418	17	89	17	63	16	969	12
	Female Heterosexual ⁽⁸⁾	117	3	196	8	18	3	26	7	357	5
	Perinatal	21	<1	36	1	3	1	4	1	64	1
	Other ⁽⁵⁾	14	<1	4	<1	0	0	1	<1	19	<1
	Undetermined ⁽⁶⁾	371	8	340	14	83	16	48	12	842	11
	TOTAL⁽⁷⁾	4,419	100	2,449	100	525	100	385	100	7,778	100

(1) Includes living HIV disease cases diagnosed from beginning of the epidemic as of December 31, 2021.

(2) MMSC = Male to Male Sexual Contact.

(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, 2021, by demographic and behavioral characteristics. There are 7,778 Kentuckians reported to be living with HIV (prevalence rate: 173.7 cases per 100,000). The distribution of behavioral characteristics varied by race/ethnicity and sex, but the majority of Kentucky males living with HIV contracted the disease through MMSC (69%), whereas the majority of Kentucky females contracted HIV through heterosexual contact (47%). An additional 25% 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, 2021

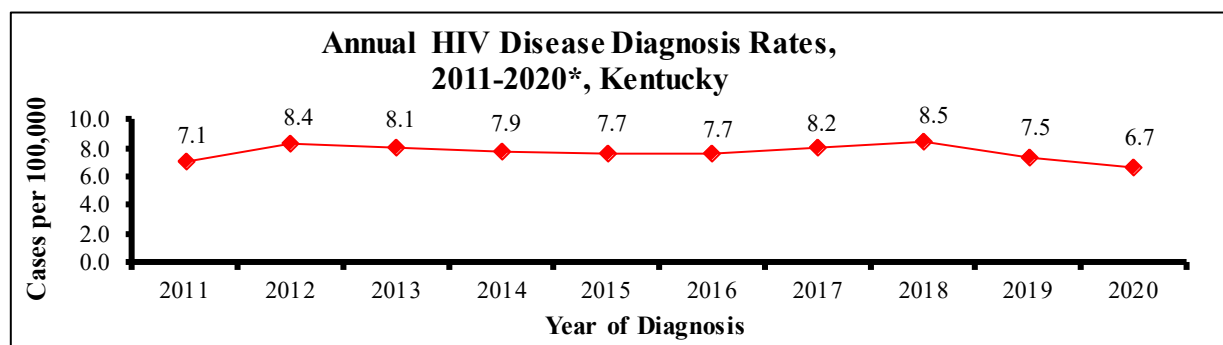
As of December 31, 2021, a total of 11,832 cumulative HIV infections among Kentuckians had been reported to the Department for Public Health’s HIV/AIDS Surveillance Program since AIDS reporting started in 1982. Of these infections, 60% have progressed to AIDS. The number of new HIV infections diagnosed since 2011 are presented in Table 6 along with the percentage from each year that have progressed to AIDS. Of the 3,794 HIV infections diagnosed since 2011, 1,208 (32%) had progressed to AIDS as of December 31, 2021.

Table 6. Number of HIV Infections per Year of Diagnosis (2011-2021[†]) and Percentage that Progressed to AIDS in the Course of Illness as of December 31, 2021 Kentucky		
Year of HIV Diagnosis	TOTAL HIV/AIDS*	Percentage that Progressed to AIDS[†]
	No.	%
2011	312	48%
2012	368	39%
2013	357	37%
2014	349	35%
2015	339	32%
2016	341	38%
2017	364	29%
2018	379	25%
2019	334	25%
2020	301	24%
2021 [†]	350	19%
TOTAL	3794	32%

*Total HIV infections regardless of disease progression.

[†]Data reported as of December 31, 2021.

Figure 10 displays annual HIV diagnosis rates among Kentuckians. The annual HIV diagnosis rate has remained fairly steady from 2011 to 2020 with slight fluctuations between 6.7 to 8.5 cases per 100,000 population.



*Data are current as of December 31, 2021. Data from 2021 are considered preliminary due to reporting delays and not included in trend analysis.

**Estimated Annual HIV Disease Diagnosis Rates per 100,000.
A Comparison of Kentucky to Other States and Washington, DC., Using National Data
from the Centers for Disease Control and Prevention (CDC), 2020⁽¹⁾**

**Table 7. Estimated* Annual HIV Disease Diagnosis Rates per 100,000 Population by Residence at
Time of Diagnosis, 2020**

Rank	Area of Residence	Rate	Rank	Area of Residence	Rate
1	Washington, DC	27.6	27	New Mexico	6.2
2	Georgia	18.5	28	Pennsylvania	6.1
3	Florida	15.7	29	Missouri	5.9
4	Louisiana	15.6	30	Colorado	5.6
5	Mississippi	13.6	31	Washington	5.5
6	South Carolina	12.6	32	Michigan	5.2
7	Nevada	12.5	33	Rhode Island	5.1
8	Texas	12.1	34	Connecticut	4.8
9	Alabama	12.0	35	Kansas	4.7
10	Maryland	11.7	35	North Dakota	4.7
11	New York	10.2	37	Oregon	4.2
11	North Carolina	10.2	38	Alaska	4.1
13	California	10.0	39	Minnesota	4.0
14	Delaware	9.4	39	Utah	4.0
14	Tennessee	9.4	41	Nebraska	3.8
16	New Jersey	9.1	41	South Dakota	3.8
17	Arizona	8.9	43	Wisconsin	3.7
18	Illinois	8.7	44	Hawaii	3.6
19	Oklahoma	8.4	45	Iowa	3.2
20	Arkansas	8.0	46	New Hampshire	2.4
21	West Virginia	7.8	46	Wyoming	2.4
22	Ohio	7.6	48	Vermont	1.9
23	Virginia	7.3	49	Idaho	1.8
24	Kentucky**	6.7	50	Maine	1.3
25	Indiana	6.4	50	Montana	1.3
26	Massachusetts	6.3			

¹ Centers for Disease Control and Prevention. HIV Surveillance Report, 2020; vol.33

<http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html/>. Published May 2022. Accessed May 2022.

*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, 2020:

9.2

In 2020, the annual estimated national HIV diagnosis rate was 9.2 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.3 per 100,000 population (Maine and Montana) to 27.6 per 100,000 (Washington, DC). Kentucky ranked 24th with an estimated diagnosis rate of 6.7 per 100,000.

New HIV Diagnosis: Kentucky vs. The United States, 2020

Characteristics	Number of New Cases	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	256	85
Female (adult/adolescent)	44	15
Child (<13 yrs)	1	<1
TOTAL	301	100
AGE AT DIAGNOSIS‡		
<13	1	<1
13-24	53	18
25-44	185	61
45-64	60	20
65+	2	1
TOTAL	301	100
RACE/ETHNICITY		
White, Not Hispanic	185	61
Black, Not Hispanic	68	23
Hispanic	28	9
Other/Unknown	20	7
TOTAL	301	100
TRANSMISSION ROUTE		
MSM ⁽²⁾	151	50
IDU ⁽³⁾	47	16
MSM/IDU	20	7
Heterosexual	26	9
Perinatal	1	<1
Other/Undetermined ⁽⁴⁾	56	19
TOTAL	301	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.

Characteristics	Number of New Cases ⁽⁶⁾	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	24,897	82
Female (adult/adolescent)	5,449	18
Child (<13 yrs)	57	<1
TOTAL†	30,403	100
AGE AT DIAGNOSIS‡		
<13	57	<1
13-24	6,082	21
25-44	17,182	55
45-64	6,389	21
65+	693	2
TOTAL†	30,403	100
RACE/ETHNICITY		
White, Not Hispanic	7,843	26
Black, Not Hispanic	12,856	42
Hispanic	8,008	26
Other	1,696	6
TOTAL†	30,403	100
TRANSMISSION ROUTE		
MSM ⁽²⁾	20,572	68
IDU ⁽³⁾	2,033	7
MSM/IDU	1,105	4
Heterosexual	6,548	22
Perinatal	104	<1
Other/Undetermined ⁽⁴⁾	40	<1
TOTAL†	30,403	100

(5) U.S. cases from CDC. *HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2020: 33.*

‡ 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. 26%, respectively). This can be partially attributed to the greater percentage of white, not Hispanic, persons in Kentucky's general population (84%) as compared to the U.S. population (60%)¹. U.S. cases have been adjusted for reporting delays and missing risk factors. Kentucky cases have not been adjusted.

¹ <https://www.census.gov/quickfacts/fact/table/KY,US/PST045218>

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

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

Characteristics	1982-15		2016		2017		2018		2019		2020		2021 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	8,021	83	288	85	296	82	310	82	275	82	256	85	284	81	9,730	83
Female	1,652	17	51	15	67	18	69	18	58	18	44	15	66	19	2,007	17
TOTAL⁽³⁾	9,673	100	339	100	363	100	379	100	333	100	300	100	350	100	11,737	100
AGE AT DIAGNOSIS*																
13-19	372	4	13	4	13	4	28	7	23	7	9	3	10	3	468	4
20-29	2,954	31	125	37	134	37	138	36	128	38	109	36	114	33	3,702	32
30-39	3,315	34	98	29	98	27	108	28	81	24	86	29	117	33	3,903	33
40-49	2,098	22	57	17	57	16	54	14	56	17	58	19	60	17	2,440	21
50+	934	10	46	14	61	17	51	13	45	14	38	13	49	14	1,224	10
TOTAL⁽³⁾	9,673	100	339	100	363	100	379	100	333	100	300	100	350	100	11,737	100
RACE/ETHNICITY																
White, Not Hispanic	5,821	60	174	51	217	60	216	57	195	59	184	61	200	57	7,007	60
Black, Not Hispanic	3,114	32	115	34	105	29	110	29	90	27	68	23	104	29	3,706	32
Hispanic	418	4	36	11	26	7	25	7	32	10	28	10	28	8	593	5
Other/Unknown	320	3	14	4	15	4	28	7	16	5	20	7	18	5	431	4
TOTAL⁽³⁾	9,673	100	339	100	363	100	379	100	333	100	300	100	350	100	11,737	100
TRANSMISSION ROUTE																
MMSC ⁽⁴⁾	5,419	56	199	59	192	53	204	54	181	54	151	50	149	43	6,495	55
IDU ⁽⁵⁾	1,012	10	20	6	49	14	52	14	50	15	47	16	66	19	1,296	11
MMSC/IDU	571	6	20	6	39	11	23	6	31	9	20	7	21	6	725	6
Heterosexual ⁽⁶⁾	1,327	14	23	7	15	4	26	7	22	7	26	9	15	4	1,454	12
Female Heterosexual ⁽⁷⁾	320	3	26	8	27	7	22	6	19	6	15	5	20	6	449	4
Other ⁽⁸⁾	119	1	0	0	0	0	0	0	0	0	0	0	0	0	119	1
Undetermined ⁽⁹⁾	905	9	51	15	41	11	52	14	30	9	41	14	79	23	1,199	10
TOTAL⁽³⁾	9,673	100	339	100	363	100	379	100	333	100	300	100	350	100	11,737	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, 2021. Data from 2021 are not used in trend analyses due to reporting delays.

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

(4) MMSC = Male to Male Sexual Contact.

(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, 2021. New diagnoses over the most recent years for which data are complete, 2016-2020, have been predominantly among males, whites, and males reporting sexual contact with other males. New HIV cases over the five year period (2016-2020) were also highest among 20-29 year olds in comparison to other age groups. This shows a change in trends as compared to total cases, where highest number of cases are among 30-39 years old group.

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

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

Characteristics	1982-15		2016		2017		2018		2019		2020		2021 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	5,416	84	111	85	91	85	81	84	67	82	56	77	54	83	5,876	84
Female	1,058	16	20	15	16	15	15	16	15	18	17	23	11	17	1,152	16
TOTAL⁽³⁾	6,474	100	131	100	107	100	96	100	82	100	73	100	65	100	7,028	100
AGE AT DIAGNOSIS*																
13-19	191	3	4	3	1	1	5	5	3	4	0	0	0	0	204	3
20-29	1,784	28	27	21	23	22	26	27	19	23	14	19	10	15	1,903	27
30-39	2,407	37	43	33	30	28	25	26	21	26	27	37	15	23	2,568	37
40-49	1,440	22	28	21	28	26	19	20	18	22	15	21	23	35	1,571	22
50+	652	10	29	22	25	23	21	22	21	26	17	23	17	26	782	11
TOTAL⁽³⁾	6,474	100	131	100	107	100	96	100	82	100	73	100	65	100	7,028	100
RACE/ETHNICITY																
White, Not Hispanic	3,969	61	70	53	69	64	58	60	50	61	46	63	38	58	4,300	61
Black, Not Hispanic	2,028	31	46	35	22	21	23	24	13	16	14	19	16	25	2,162	31
Hispanic	286	5	12	9	9	8	6	6	9	11	7	10	10	15	339	5
Other/Unknown	191	3	3	2	7	7	9	9	10	12	6	8	1	2	191	3
TOTAL⁽³⁾	6,474	100	131	100	107	100	96	100	82	100	73	100	65	100	7,028	100
TRANSMISSION ROUTE																
MMSC ⁽⁴⁾	3,578	55	64	49	48	45	49	51	36	44	30	41	23	35	3,828	55
IDU ⁽⁵⁾	804	12	9	7	10	9	13	14	8	10	14	19	4	6	862	12
MMSC/IDU	415	6	4	3	13	12	3	3	6	7	4	5	4	6	415	6
Heterosexual ⁽⁶⁾	966	15	10	8	5	5	3	3	11	13	10	14	4	6	1,009	14
Female Heterosexual ⁽⁷⁾	150	2	10	8	10	9	7	7	4	5	4	5	7	11	192	3
Other ⁽⁸⁾	114	2	0	0	0	0	0	0	0	0	0	0	0	0	114	2
Undetermined ⁽⁹⁾	447	7	34	26	21	20	21	22	17	21	11	15	23	35	574	8
TOTAL⁽³⁾	6,474	100	131	100	107	100	96	100	82	100	73	100	65	100	7,028	100

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of December 31, 2021.

* 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, 2021. Data from 2021 are not used in trend analyses due to reporting delays.

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

(4) MMSC = Male to Male Sexual Contact.

(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 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, 2021, were predominantly male, white, and males reporting sexual contact with other males.

Table 12. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases By Transmission Route and Race/Ethnicity as of December 31, 2021, Kentucky

Transmission Route	White, Not Hispanic		Black, Not Hispanic		Other ⁽²⁾ Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Pediatric Hemophilia/Coagulation Disorder	10	26	1	2	0	0	11	11
Perinatal Exposure, Mother with HIV	25	66	43	86	7	100	75	79
Pediatric Transfusion/Transplant	2	5	0	0	0	0	2	2
Pediatric risk not identified or reported	1	3	6	12	0	0	7	7
TOTAL⁽³⁾	38	100	50	100	7	100	95	100

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

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

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

Table 13. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases by Disease Status and Year of Diagnosis, Kentucky

Disease Status	1982-2015		2016		2017		2018		2019		2020		2021 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
HIV infections without AIDS	40	44	2	100	1	100	0	0	0	0	1	100	0	0	44	46
HIV infections with AIDS	50	56	0	0	0	0	0	0	1	100	0	0	0	0	51	54
Total⁽³⁾	90	100	2	100	1	100	0	0	1	100	1	0	0	0	95	100

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

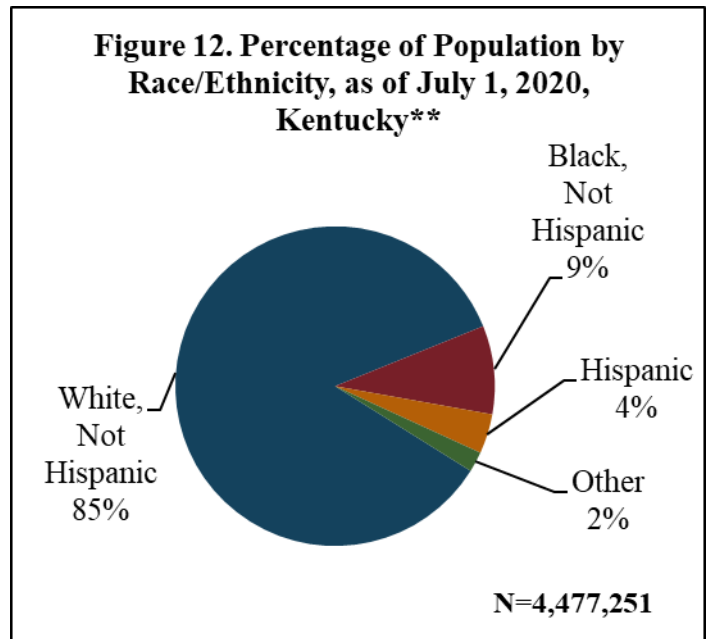
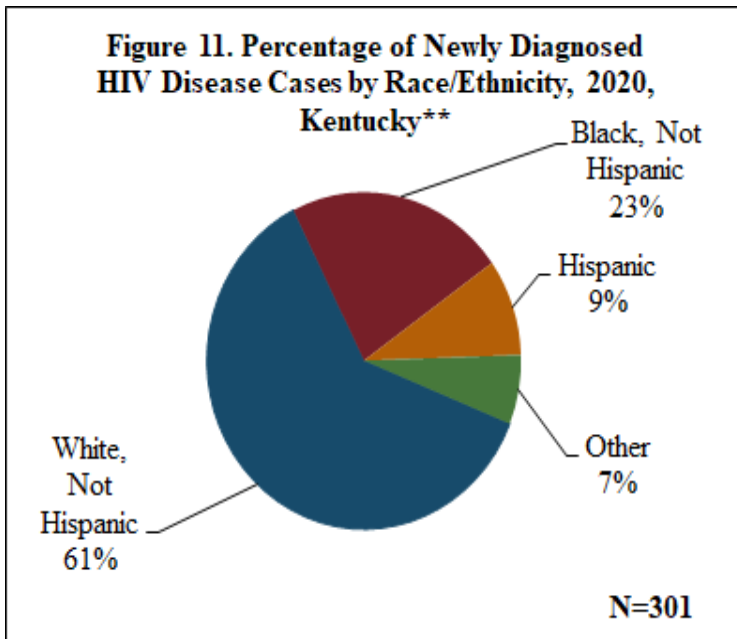
(2) Data reported as of December 31, 2021.

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

There have been 95 pediatric HIV cases reported to the Kentucky HIV/AIDS surveillance program (Table 12 and Table 13) since reporting began in 1982. The majority of reported pediatric cases (79%) were due to perinatal transmission through an HIV-infected mother, 11 cases were reported with a primary exposure route of pediatric hemophilia or coagulation disorders, and two cases were due to pediatric transfusion or transplant (Table 12). Since 1991, there have been no pediatric HIV cases with hemophilia or coagulation disorders reported as the route of exposure. The two pediatric cases reported with pediatric transfusion or transplant as the risk factor were diagnosed in 1987 or earlier. Eighty-six percent of the 50 pediatric HIV cases among blacks were due to perinatal exposure as compared to 66% of the 38 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, 2021. Ninety (95%) of the cumulative 95 pediatric cases in Kentucky were diagnosed prior to 2016. 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 2020, the latest year data are considered complete. The majority of cases diagnosed in 2020 were white (61%), followed by black (23%).

Figure 12 shows the percentage race/ethnicity distribution of Kentucky’s population based on the 2020 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 23% of new HIV cases diagnosed in 2020 yet comprised just 9% of Kentucky's population in 2020. Similarly, Hispanics accounted for 9% of newly diagnosed HIV cases in 2020 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.

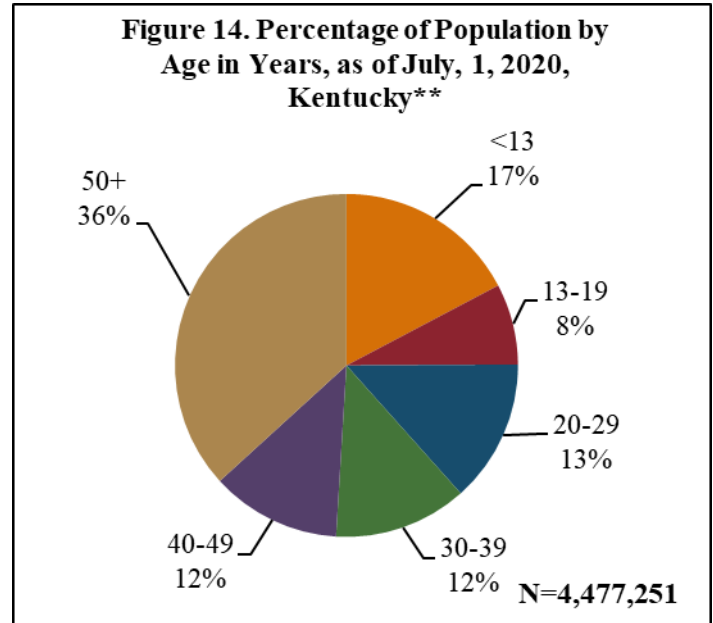
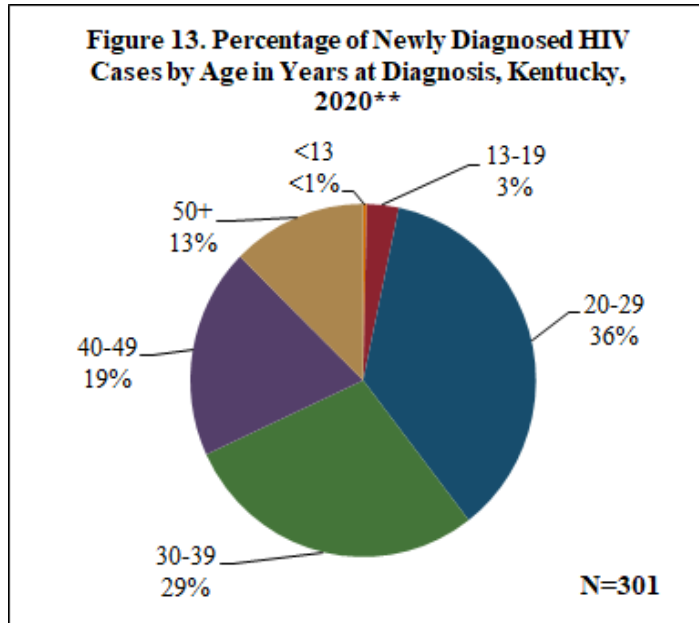
Race/Ethnicity	Male		Female		Total No. of Cases	Total Rate
	No. of Cases	Rate*	No. of Cases	Rate*		
Hispanic	24	25.0	4	†	28	15.6
Black, not Hispanic	57	28.5	11	5.5	68	16.9
White, not Hispanic	157	8.4	28	1.4	185	4.9
Other	18	40.3	2	†	20	21.8
Total	256	11.6	45	2.0	301	6.7

*Rate per 100,000 based on census data estimates for racial and gender distribution for Kentucky in 2020.

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

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

New HIV Disease Cases by Age at Diagnosis, Kentucky



** Percentages may not total 100% due to rounding

Figure 13 shows the percentage age distribution of newly diagnosed HIV cases among Kentuckians in 2020 at time of HIV diagnosis. The highest percentage of new diagnoses was reported among Kentuckians aged 20-29 years (36%). Kentuckians aged 30-39 and 40-49 years accounted for 29% and 19% of new cases, respectively. Kentuckians aged 50+ years accounted for 13% of new cases diagnosed in 2020.

Figure 14 shows the percentage distribution of Kentucky’s population based on 2020 estimates, which can be directly compared to the percentages in each age group that were newly diagnosed in 2020. 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, 2020

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No. of Cases	Rate*	No. of Cases	Rate*
20-29	31	45.6	60	12.2
30-39	18	34.3	54	11.5
40-49	7	†	39	8.3
50+	7	†	28	1.9

§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 2020.

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

Rates of new diagnoses in 2020 (Table 15) were higher among blacks across all age groups in comparison to whites. These relative rates were highest among 20-year-olds at the time of diagnosis. However, the rates among blacks in all age groups were at least about 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, 1982-2021⁽²⁾, Kentucky

AREA DEVELOPMENT DISTRICT	CASES & RATES ⁽¹⁾	1982-2015*	2016	2017	2018	2019	2020	2021 ⁽²⁾	TOTAL CASES ⁽³⁾	% of Total
1. Barren River	Cases	345	15	13	14	13	9	9	418	4%
	Rate per 100,000		5.0	4.3	4.6	4.2				
2. Big Sandy	Cases	70	5	5	6	4	2	3	95	1%
	Rate per 100,000									
3. Bluegrass	Cases	1,898	65	66	79	47	50	60	2,265	19%
	Rate per 100,000		8.0	8.0	9.6	5.7	6.0			
4. Buffalo Trace	Cases	53	3	0	4	1	2	0	63	1%
	Rate per 100,000									
5. Cumberland Valley	Cases	186	10	10	6	6	5	10	233	2%
	Rate per 100,000		4.3	4.3						
6. FIVCO	Cases	134	5	8	4	8	3	2	164	1%
	Rate per 100,000									
7. Gateway	Cases	97	3	4	5	5	0	5	119	1%
	Rate per 100,000									
8. Green River	Cases	290	3	8	7	8	8	7	331	3%
	Rate per 100,000									
9. Kentucky River	Cases	83	1	5	1	3	2	5	100	1%
	Rate per 100,000									
10. KIPDA/ North Central	Cases	4,713	164	159	168	155	149	189	5,697	48%
	Rate per 100,000		16.4	15.8	16.7	15.4	14.7			
11. Lake Cumberland	Cases	165	3	11	3	5	3	4	194	2%
	Rate per 100,000			5.3						
12. Lincoln Trail	Cases	301	16	11	23	13	14	14	392	3%
	Rate per 100,000		5.9	4.0	8.3	4.7	5.0			
13. Northern KY	Cases	805	25	46	49	42	38	22	1,027	9%
	Rate per 100,000		5.5	10.0	10.6	9.0	8.1			
14. Pennyrile	Cases	311	18	12	4	13	8	11	377	3%
	Rate per 100,000		8.4	5.6		6.1				
15. Purchase	Cases	311	5	6	6	11	8	9	356	3%
	Rate per 100,000					5.6				
TOTAL CASES⁽³⁾		9,762	341	364	379	334	301	350	11,831	100%

(1) Rates are only listed for years of diagnosis 2016-2020. Data for 2021 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.

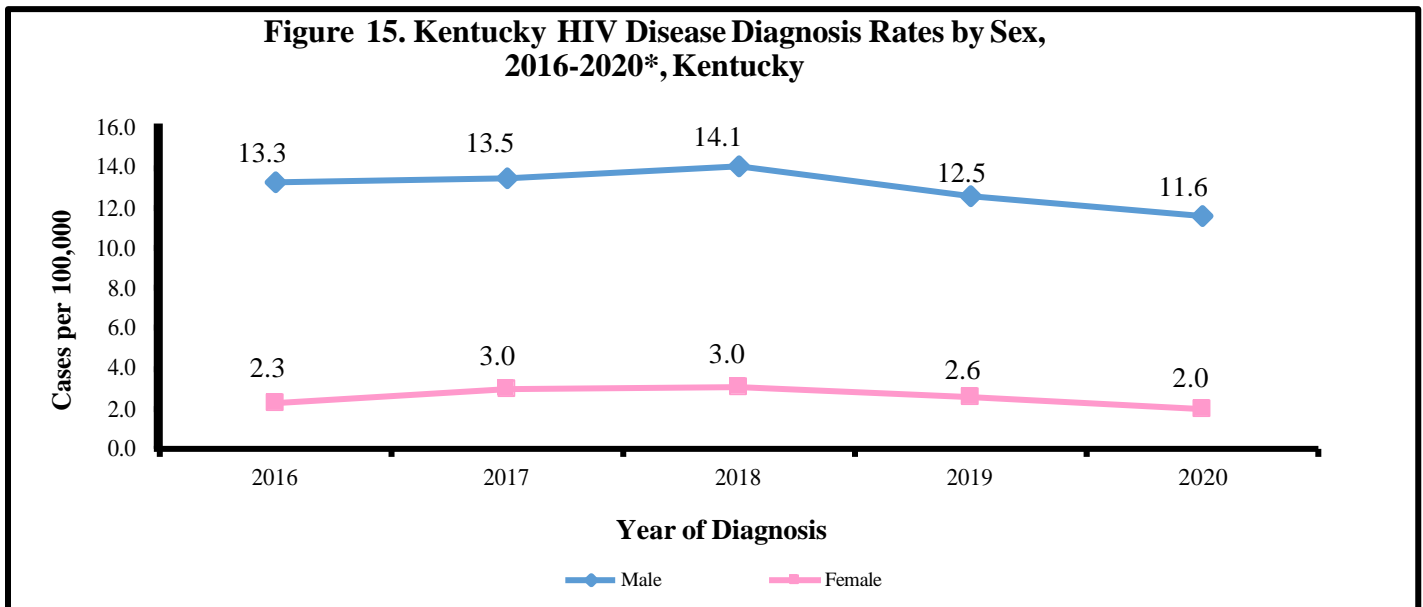
(2) Data reported as of December 31, 2021. Rates are not published for 2021 because data are not complete.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 11,832— 1 HIV case had unknown residential information.

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

Table 16 shows the HIV disease cases and diagnosis rates by year of HIV diagnosis and Area Development District (ADD) of residence at time of HIV diagnosis. The majority of the cases can be accounted for by the three urban ADDs, i.e., KIPDA, Bluegrass, and Northern Kentucky ADDs. The rates are higher in general for KIPDA ADD followed by Bluegrass ADD, which includes the cities of Louisville and Lexington respectively. The 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, 2016-2020, Kentucky

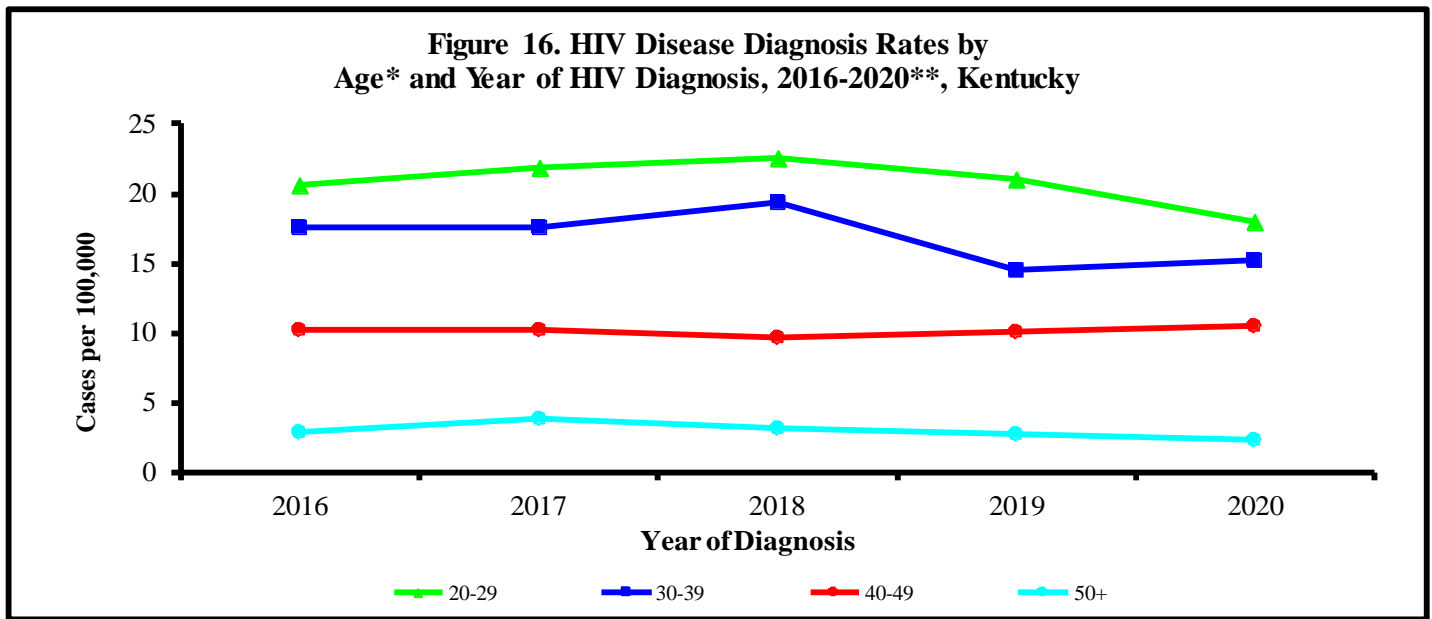


*Data for 2021 are not included in trend analyses since they are considered provisional due to reporting delays.

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 and 2020. From 2016 to 2020, the HIV diagnosis rates among males fluctuated between 4.7 to 5.8 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 2.0 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, 2016-2020, Kentucky



* Due to the small numbers of HIV cases reported, rates are not presented for age groups 0-12 and 13-19 years old.

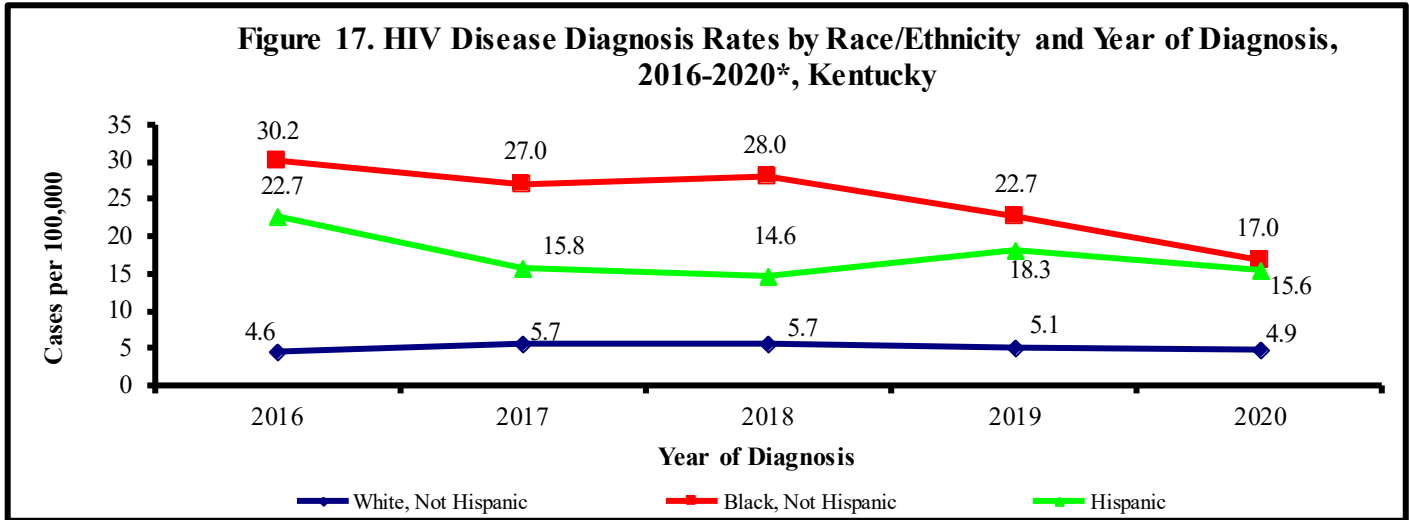
**Data for 2021 are not included in trend analyses since they are considered provisional due to reporting delays.

Figure 16 shows HIV diagnosis rates by age category over the most recent five years (2016-2020) with complete data. The diagnosis rates among Kentuckians in the 20-29 and 50 plus year age groups reveal an upward trend from 2016 to 2017. Between 2017 and 2018, the rate increased among the 20-29 and 30-39 year age groups, while rate in the 40-49 and 50 plus year age groups stayed almost stable. Between 2018 and 2019 the rates in 20-29 and 30-39 year age group decreased, while the rates remained almost stable for 40-49 and 50 plus year age group. Between 2019 and 2020 the rate for 20-29 year age group shows major decrease, while there was a slight increase for 30-39 year age group. The yearly diagnosis rates among those 40-49 and 50 years and over remained almost stable over the five year period.

HIV Diagnosis Year	Mean Age	Age Range
2016	34.6	1-71
2017	35.6	0-70
2018	34.1	15-84
2019	34.3	0-73
2020	35.0	0-77

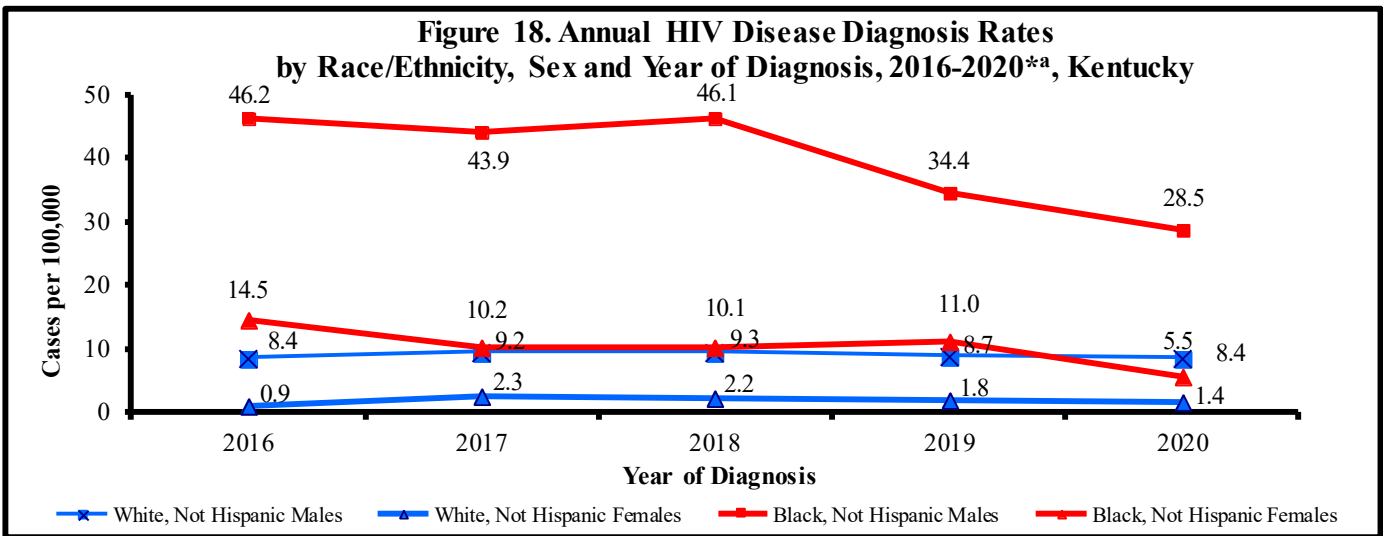
Table 17 shows the mean ages and actual age ranges at time of HIV diagnosis from 2016-2020. The mean ages of Kentuckians at time of HIV diagnosis in the five-year period ranged between 34.1-35.6 years (age range 0-84 years).

Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2016-2020, Kentucky



*Data for 2021 are not included in trend analyses since they are considered provisional due to reporting delays.

Figure 17 shows that between 2016 and 2020, the HIV diagnosis rates for blacks fluctuated between 3.5 to 6.6 times higher than whites. The diagnosis rates for Hispanics were between 2.7 to 4.9 times higher than whites over the same five year period. The trends among whites have remained almost steady. The rates for blacks decreased between 2016 and 2017, then slightly increased between 2017 and 2018, with again a decrease between 2018 and 2020. The rates for Hispanics decreased between 2016 and 2018 to the lowest level of 14.6, then increased between 2018 and 2019, but again decreased between 2019 and 2020.

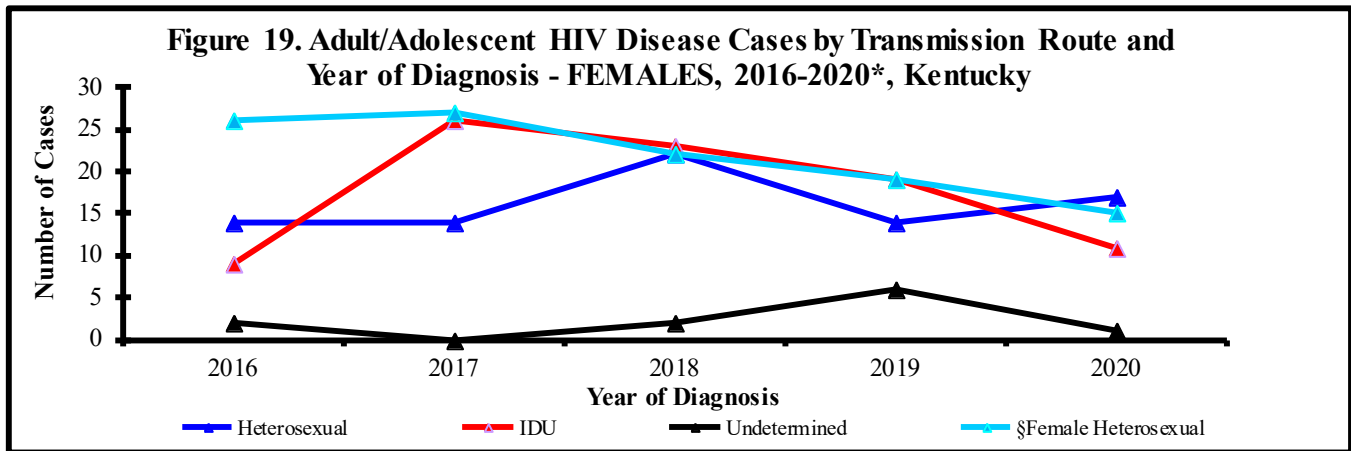


* Data for 2020 are not included in trend analyses since they are considered provisional due to reporting delays.

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

Figure 18 presents diagnosis rates from 2016 through 2020 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 3.4 to 5.5 times higher than that of white males. The rates among black females were 3.9 to 16.1 times higher than those of white females over the five year period.

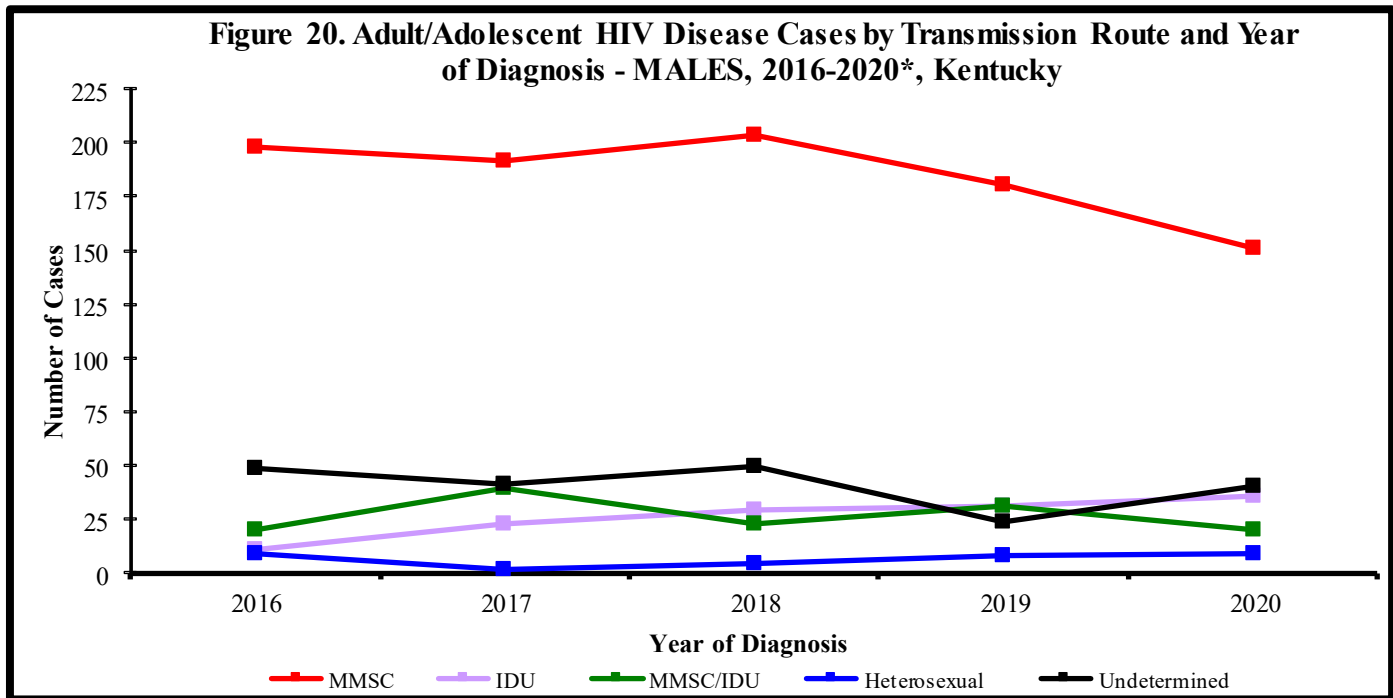
Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2016-2020, Kentucky



*Data for 2021 are not included in trend analyses since they are considered provisional due to reporting delays.

§Female Heterosexual Contact = A female not reporting drug use, but reporting sex with male with unknown HIV status or risk. See terminology on page 4.

Figure 19 shows Kentucky’s adult/adolescent female HIV cases by transmission route and year of diagnosis. The largest number of new female cases reported female heterosexual contact (FHC) as their primary route of transmission followed by heterosexual contact over the five year period. This change was applied to all the years shown. The number of new female cases reporting IDU as the primary route of transmission varied from 17.6% in 2016 to 38.8% in 2017. IDU as route of transmission among females decreased between 2017 and 2020.



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

In Figure 20, which depicts trends for adult/adolescent males by transmission route, the largest number of cases diagnosed each year from 2016 to 2020 reported MMSC as their primary risk factor. The second largest number of cases were those with an undetermined risk. The number of males reporting IDU as a risk factor increased consistently between 2016 and 2020.

Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians as of December 31, 2021

During the most recent 10 year period for which data are available (January 1, 2012, to December 31, 2021), a total of 3,482 HIV disease cases were diagnosed among Kentuckians. Of these, 1,059 (30%) had progressed to AIDS as of December 31, 2021.

Table 18. AIDS Cases Diagnosed within the 10 Year Period January 1, 2012-December 31, 2021 by Time (in days) from HIV Diagnosis to AIDS Diagnosis, Kentucky		
Time to AIDS Diagnosis (Days)	No.	%
≤30 Days †	737	69.6
31-60 Days	66	6.2
61-90 Days	35	3.3
91-365 Days	90	8.5
>365 Days	131	12.4
Total	1,059	100

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.
 Note: 2,423 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, 2021.

During the most recent 10 year period, 737 (21.2%) of the 3,482 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 1,059 AIDS cases is shown in Table 18. About 70% of the 1,059 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, 928 (26.7%) of the 3,482 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, 2012-2021*, Kentucky

Table 19. HIV Infections Diagnosed in the Most Recent 10 Year Period (January 1, 2012-December 31, 2021) 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	608	83	2,277	83	2,885	83
Female	129	17	468	17	597	17
<u>AGE AT DIAGNOSIS</u>						
<13	1	<1	18	1	19	1
13-19	10	1	144	5	154	4
20-29	140	19	1,124	41	1,264	36
30-39	195	26	716	26	911	26
40-49	189	26	447	16	636	18
50+	202	27	296	11	498	14
<u>RACE/ETHNICITY- Female</u>						
White, Not Hispanic	58	45	255	54	313	52
Black, Not Hispanic	58	45	177	38	235	40
Hispanic	7	5	14	3	21	4
Other/Unknown	6	5	22	5	28	5
<u>RACE/ETHNICITY- Male</u>						
White, Not Hispanic	372	61	1,280	56	1,652	57
Black, Not Hispanic	136	22	690	30	826	29
Hispanic	66	11	175	8	241	8
Other/Unknown	34	6	132	6	166	6
<u>TRANSMISSION CATEGORY</u>						
MMSC ⁽²⁾	347	47	1,564	57	1,911	55
IDU ⁽³⁾	62	8	292	11	354	10
MMSC/IDU	28	4	198	7	226	6
Heterosexual ⁽⁴⁾	67	9	178	6	245	7
Female Heterosexual ⁽⁵⁾	66	9	172	6	238	7
Perinatal	1	<1	15	1	16	<1
Other ⁽⁶⁾	1	<1	2	<1	3	<1
Undetermined ⁽⁷⁾	165	23	324	12	489	14
TOTAL	737	100	2,745	100	3,482	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, 2012 through December 31, 2021 with HIV, regardless of AIDS diagnosis status.

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

(2) MMSC = Male to Male Sexual Contact.

(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.

(7) 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.

Concurrent Diagnoses by Selected Characteristics, 2012-2021, Kentucky (Narrative)

Table 19 (page 30), examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2012 and December 31, 2021 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 3,482 Kentuckians diagnosed with HIV disease during the 10 year period, about a quarter (737 or 21.2%) were diagnosed with HIV and AIDS concurrently (within 30 days).

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

The distribution by age at diagnosis differs between the two groups, with the highest percentages of concurrent cases being aged 50 plus (27%), followed by 30-39 and 40-49 years (26%), 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 and white females (45%), followed by Hispanic females at five percent. However, among males, the majority of concurrent diagnoses were among white males (61%). Twenty-two percent of concurrently diagnosed cases in males were among black males and 11% were among Hispanic males. The percentages of concurrent diagnoses among Hispanic males and Hispanic females are much lower compared to white and black Kentuckians. Caution should be taken when interpreting the data for the other and unknown race/ethnicity categories as the numbers of cases are small.

Data by route of transmission show HIV cases diagnosed concurrently with AIDS have a similar distribution to those without a concurrent diagnosis, with the majority of cases among those with a concurrent diagnosis reporting male-to-male sexual contact as the mode of transmission (47%), followed by both persons reporting heterosexual exposure and female presumed heterosexual at 9%, and IDU at 8%. Twenty-three 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, 2012-December 31, 2021

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, 2012 — December 31, 2021, Kentucky

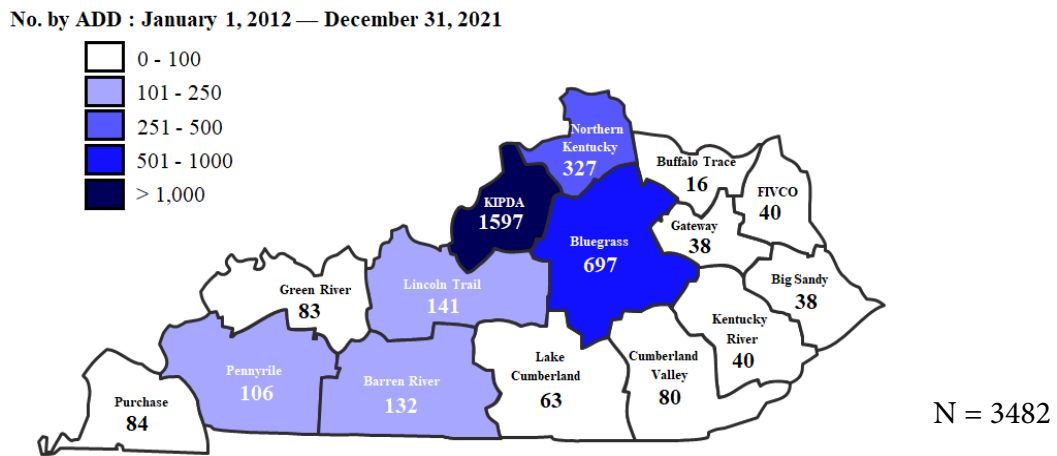
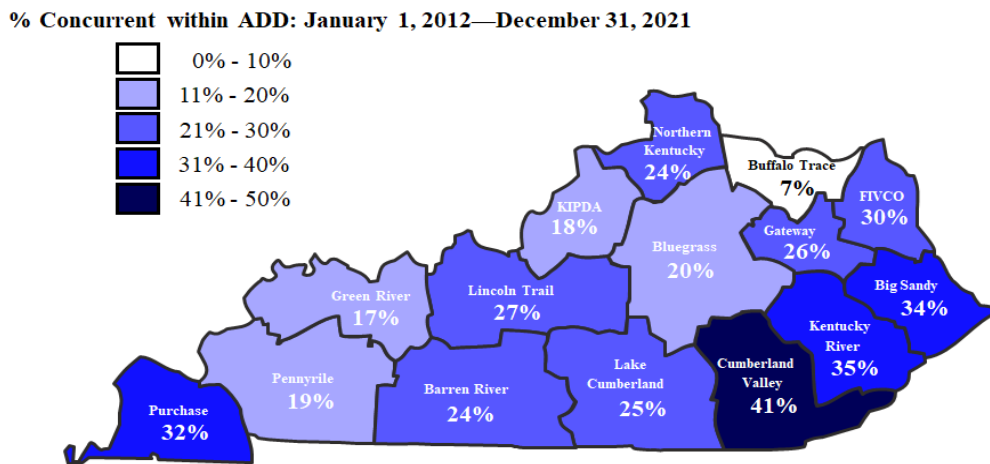


Figure 21 displays the total number of HIV infections (3,482) diagnosed between January 1, 2012, and December 31, 2021, by ADD of residence at time of HIV diagnosis. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1,597 or 46%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (697 or 20%) resided in the Bluegrass ADD, which includes the city of Lexington.

Figure 22. Percentage of All HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10 Years, January 1, 2012 – December 31, 2021, 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, 2012, and December 31, 2021. The percentage of concurrent HIV and AIDS diagnoses within each ADD ranged from 7% to 41%. Cumberland Valley ADD (41%) had the highest proportion of concurrent HIV and AIDS cases, followed by Kentucky River ADD (35%).

HIV Diagnoses by Care Coordinator Region, January 1, 2012-December 31, 2021 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, 2012--December 31, 2021, Kentucky

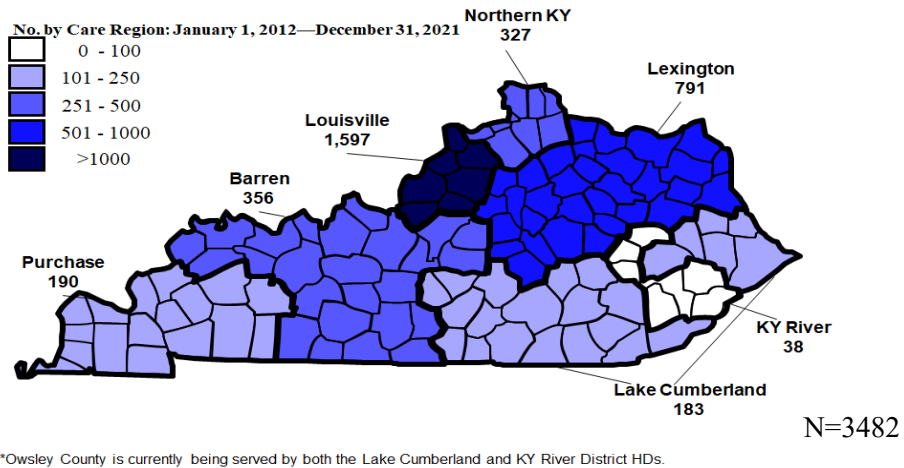


Figure 23 shows the total number of new HIV infections (regardless of disease progression status) diagnosed between January 1, 2012, and December 31, 2021, by Care Coordinator Region based on place of residence at time of HIV diagnosis. The highest number of cases (1,597 or 46%) diagnosed in this period occurred among residents of the Louisville Region. The second highest number of diagnoses (791 or 23%) occurred in residents of the Lexington Region.

Figure 24. Percentage of New HIV Cases with Concurrent Diagnosis within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10 Years, January 1, 2012—December 31, 2021, Kentucky



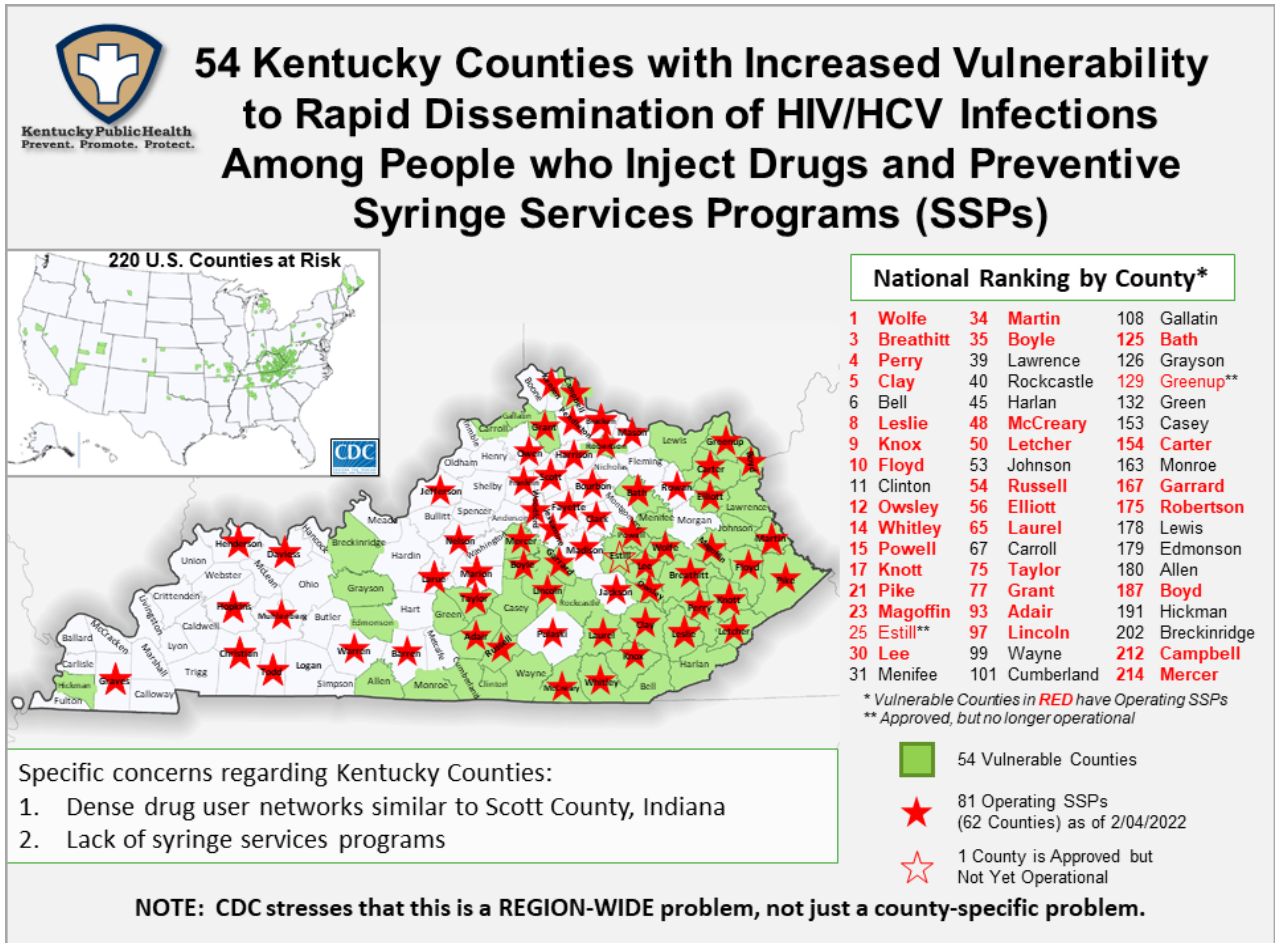
Note: The percentages presented in Figure 24 represent the proportion of concurrent diagnoses out of the total for each individual region. Totals for each region are presented in Figure 23. Owsley County is currently being served by both the Lake Cumberland and KY River District Health Departments (HD). 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, 2012, and December 31, 2021. In all regions, approximately one-fifth or more of cases diagnosed within each jurisdiction were concurrent diagnoses with the highest proportions of concurrent HIV and AIDS cases residing in the Lake Cumberland and Kentucky River Region (34%), and Purchase Region (25%).

HIV Care Coordinator Regions, Kentucky

Map for Counties Covered	Region Name and Address	Counties Covered:			
	Purchase Region: LivWell Community Health Sevices 1903 Broadway Street Paducah, KY 42001 (270) 444-8183 (877) 444-8183 Fax: (270) 444-8147	Ballard Caldwell Calloway Carlisle	Christian Crittenden Fulton Graves	Hickman Hopkins Livingston Lyon	McCracken Marshall Muhlenberg Todd Trigg
	Barren Region: Matthew 25 452 Old Corydon Road Henderson, KY 42420 (270) 826-0200 (866) 607-6590 Fax: (270) 826-0212	Allen Barren Breckinridge Butler Daviess Edmonson	Grayson Hancock Hardin Hart Henderson Larue	Logan McLean Marion Meade Metcalfe Monroe	Nelson Ohio Simpson Union Warren Washington Webster
	Louisville Region: U of L KCCP 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 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	Louisville	(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/Methadon	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			

