





Dear Reader:

The survival of persons with HIV disease and reduced transmission to others involves engagement in a continuum of care which includes: HIV testing, linkage to care, engagement in continuous care, receiving antiretroviral therapy (ART) and becoming virally suppressed. Without treatment, most people develop acquired immunodeficiency syndrome (AIDS) which compromises their immune system especially if they remain without treatment for extended periods of time. A consistently suppressed viral load is associated with reduced morbidity and mortality, and a lower probability of transmitting HIV to sexual partners¹.

Early initiation of HIV care helps to control levels of the virus during the acute stage when people are seroconverting and have a high viral burden. Following a person's diagnosis, they should be immediately linked into medical care. Kentucky's data shows that eighty four percent (84%) of adults/adolescents newly diagnosed in 2019 were successfully linked to medical care within one month of HIV diagnosis.

There were 7,940 adult/adolescents living in Kentucky and diagnosed with HIV disease from start of HIV epidemic in 1982 through 2018, and were living at the end of 2019. Of those, sixty nine percent (69%) received medical care in 2019; fifty three percent (53%) were retained in continuous care in 2019; and fifty five percent (55%) achieved viral suppression.

Of the 5,499 adult/adolescent diagnoses who received medical care in 2019, seventy six percent (76%) were retained in continuous care and eighty percent (80%) achieved viral suppression. It is also noteworthy that of the 4,192 adult/adolescents who were retained in care, eighty four percent (84%) achieved viral suppression.

Sincerely,

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

Kentucky HIV Continuum of Care Report, 2020

Data Sets:

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

Data used for linkage to care was as of June 30, 2020.

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

□ The denominator (overall population included in analysis) was obtained from data as of December 31, 2019. □ The numerators (persons engaged at each stage of care, out of the denominator) were calculated using laboratory data as of June 30, 2020 to account for reporting delays.

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

Methodology and Definitions:

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

HIV Diagnosed (Denominator) – This includes all persons who were diagnosed with HIV disease by December 31, 2018 and living through December 31, 2019 (Persons with HIV - PWH). Persons included were adult/adolescents (≥ 13 years old) at time of diagnosis and had their most recent known Point in Time Address (PITA) in Kentucky. Data as of December 31, 2019 was used to calculate the denominator.

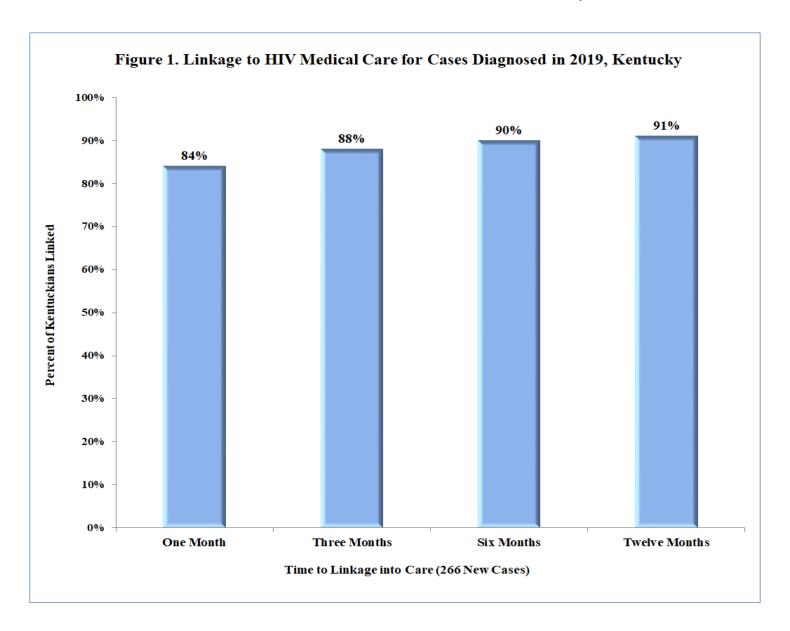
Linked to Care – Defined as Kentuckians newly diagnosed in 2019 and successfully linked to HIV-related medical care within one month of their initial HIV diagnosis. Linkage to care was calculated by the number of months between the HIV diagnosis date and initial medical care visit. Medical care visits were defined as having a CD4+ cell count or percent, a viral load test or a nucleotide sequence test. (Note that this is a different denominator than the other indicators and data as of June 30, 2020 was used to account for reporting delays for those diagnosed later in 2019).

Receipt of Care – Also known as any evidence of HIV-related medical care. Defined as PWH who had at least one HIV-related medical care visit. Viral load, CD4+ cell count and percent, and nucleotide sequence tests collected in 2019 were used as measures for medical care visits.

Retained in Care – Defined as PWH who had two or more (≥2) HIV-related medical care visits performed at least three months apart during a 12-month period. Viral load, CD4+ cell count and percent and nucleotide sequence tests collected in 2019 were used as measures for medical care visits.

Viral Suppression – Defined as the number of PWH whose most recent viral load test in 2019 was < 200 copies/ml. The most recent viral load result collected at any point in 2019 was considered.

LINKAGE TO CARE FOR CASES DIAGNOSED IN 2019, KENTUCKY



Entry into the HIV care continuum begins with diagnosis and linkage to care. Figure 1 shows the linkage to HIV medical care for Kentuckians newly diagnosed with HIV in 2019 (266 cases) as of June 30, 2020.

The data shows that eighty four percent (84%) of Kentuckians diagnosed with HIV during 2019 were linked to HIV related medical care within one month of diagnosis. Eighty eight percent (88%) of newly diagnosed cases were linked to care within three months of HIV diagnosis. Ninety one (91) out of every hundred (100) newly diagnosed cases were linked to care within one year of initial HIV diagnosis. Research has shown that viral suppression is achieved more quickly if treatment is started within three months of diagnosis. ¹

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

Linkage to Care by Selected Characteristics, 2019, Kentucky

Table 1. New HIV Diagnoses in 2019 Showing Linkage to Care Status within One Month of Diagnosis by Sex at

Birth, Age at Diagnosis, Race/Ethnicity, and Transmission Category, Kentucky.

				·			
	Linked to Care* Not Linked to Care		l to Care**	** Total New Diagnoses			
Characteristics	No.	% ⁽¹⁾	No.	% ⁽¹⁾	No.	% ⁽¹⁾	
SEX							
Male	186	83	37	86	223	84	
Female	37	17	6	14	43	16	
AGE AT DIAGNOSIS							
13-19	17	8	3	7	20	8	
20-29	81	36	23	53	104	39	
30-39	53	24	10	23	63	24	
40-49	40	18	4	9	44	17	
50+	31	14	3	7	34	13	
RACE/ETHNICITY							
White, Not Hispanic	153	69	22	51	175	66	
Black, Not Hispanic	48	22	17	40	65	24	
Hispanic	15	7	4	9	19	7	
Other/Unknown	7	3	0	0	7	3	
TRANSMISSON CATEGORY							
MSM ⁽²⁾	109	49	15	35	124	47	
$\mathrm{IDU}^{(3)}$	32	14	9	21	41	15	
MSM/IDU	20	9	2	5	22	8	
Heterosexual ⁽⁴⁾	9	4	1	2	10	4	
Undetermined ⁽⁵⁾	52	23	16	37	68	26	
CARE COORDINATOR							
REGION ⁽⁶⁾							
Purchase	20	9	4	9	24	9	
Barren	30	13	4	9	34	13	
Lake Cumberland	12	5	3	7	15	6	
Lexington	53	24	6	14	59	22	
Louisville	73	33	18	42	91	34	
Northern Kentucky	34	15	6	14	40	15	
Kentucky River	1	<1	2	5	3	1	
TOTAL	223	100	43	100	266	100	

^{*}Linked to HIV Care within one month of diagnosis.

^{**}Not linked to HIV Care within one month of diagnosis.

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

⁽²⁾ MSM = Men Who Have Sex With Men.

⁽³⁾ IDU = Injection Drug Use.

^{(4) &}quot;Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

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

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

Spectrum of Engagement in HIV Care among Adults/Adolescents in 2019, Kentucky

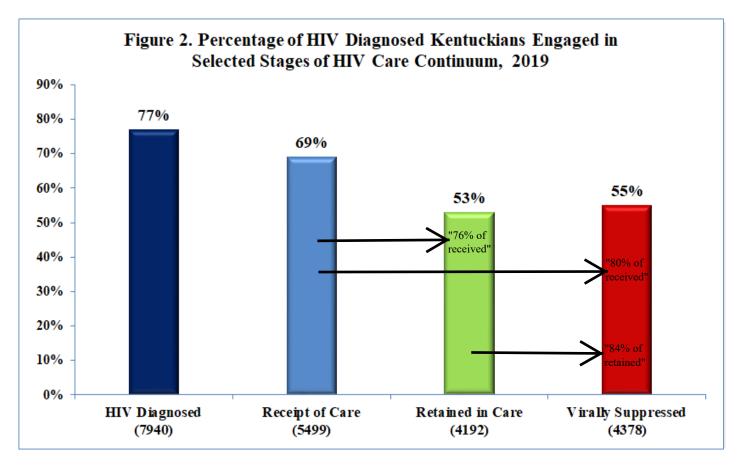


Figure 2 represents the percentage of Kentuckians engaged in selected stages of HIV continuum of care during 2019.

The HIV continuum presented only reflects adult/adolescents diagnosed and reported to the HIV Surveillance Program, thereby also referred to as a diagnosis-based continuum.

There were 7,940 adult/adolescents with most recent PITA in Kentucky diagnosed with HIV disease (regardless of progresion to AIDS) at the end of 2018 and were living at the end of 2019. Of those: Sixty nine percent (69%) had a care marker in 2019 and were considered to be in care. Fifty three percent (53%) were retained in continous care in 2019, and fifty five percent (55%) achieved viral suppression.

Of the 5,499 adult/adolescent persons with HIV, who received care in 2019, seventy six percent (76%) were retained in continuous care and eighty percent (80%) achieved viral suppression. It is also noteworthy that of the 4,192 adult/adolescents who were retained in continuous care, eighty four percent (84%) achieved viral suppression. These data highlight the need to get people linked and engaged in care, as this greatly improves their retention and viral load suppression rates (with adherence to antiretroviral treatment). Sustained viral suppression is the key to optimal health outcomes at both the individual and population levels, as treatment helps prevent forward transmission.¹

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

Engagement in Selected Stages of Care by Demographics, 2019, Kentucky

Table 2. Kentuckians Aged⁽¹⁾ 13+ Years Living with Diagnosed HIV Engaged in Selected Stages of HIV Care in 2019 by Sex, Current Age, Race/Ethnicity, and Transmission Route, Kentucky

Care III 2019 D	y Sex, Cui	Tent Age,	Nace/Etill	iicity, aiiu	1 1 ali 5 ili 15 5	ion Koute,	Kentucky	
Characteristics	HIV D:	agnosed	Doggivad A	ıv HIV Care	Deteinedi	n HIV Care	Vinally C	uppressed
SEX	No.	agnoseu %	No.	%	No.	miv Care	No.	%
Male SEA	6,434	81	4,456	81	3,388	81	3,553	81
Female	1,506	19	1,043	19	804	19	825	19
TOTAL								
	7,940	100	5,499	100	4,192	100	4,378	100
AGE in 2016	1.5	z1	10	-1	7	-1	2	0
13-19 20-29	15 716	<1 9	10 549	<1	7 388	<1 9	398	9
30-39	1,591	20	1,115	10 20	816	19	845	19
40-49	1,834	23	1,113	23	936	22	1,000	23
50+	3,784	48	2,573	47	2,045	49	2,133	49
			-					
TOTAL	7,940	100	5,499	100	4,192	100	4,378	100
RACE/ETHNICITY		• .	2 220	7 0		60	0.610	
White, Not Hispanic	4,417	56	3,229	59	2,517	60	2,612	60
Black, Not Hispanic	2,645	33	1,703	31	1,226	29	1,279	29
Hispanic	562 316	7 4	330 237	6	267 182	6 4	290 197	7
Other/Unknown								4
TOTAL	7,940	100	5,499	100	4,192	100	4,378	100
TRANSMISSION ROUTE								
MSM ⁽³⁾	4,411	56	3,223	59	2,458	59	2,576	59
$\mathbf{ID}\mathbf{U}^{(4)}$	711	9	444	8	337	8	359	8
MSM/IDU	461	6	307	6	228	5	238	5
Heterosexual ⁽⁵⁾	1,144	14	839	15	659	16	677	15
Other ⁽⁶⁾	15	<1	11	<1	9	<1	8	<1
Undetermined ⁽⁷⁾	1,198	15	675	12	501	12	520	12
TOTAL	7,940	100	5,499	100	4,192	100	4,378	100
CARE COORDINATOR								
REGION ⁽⁸⁾								
Barren	861	11	579	11	440	11	484	11
Kentucky River	73	1	54	1	43	1	46	1
Lake Cumberland	418	5	281	5	217	5	258	6
Lexington	1,823	23	1,360	25	1,115	27	1,238	28
Louisville	3,477	44	2,445	45	1,793	43	1,673	38
Northern Kentucky	755	10	403	7	252	6	340	8
Purchase	523	7	370	7	328	8	336	8
TOTAL ⁽²⁾	7,930	100	5,492	100	4,188	100	4,375	100
		•				-		

⁽¹⁾ Current age in 2019.

⁽²⁾ I case among total diagnosed was missing residential county at time of diagnosis. Percentages may not total 100% due to rounding.

⁽³⁾ MSM = Men Who Have Sex With Men.

⁽⁴⁾ IDU = Injection Drug Use.

^{(5) &}quot;Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

^{(6) &}quot;Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal, but diagnosed as an adult.

Engagement in Selected Stages of Care by Demographics, 2019, Kentucky

Table 3. Kentuckians Aged⁽¹⁾ 13+ Years Living with Diagnosed HIV Not Engaged in Selected Stages of HIV Care in 2019 by Sex, Current Age, Race/Ethnicity, and Transmission Route, Kentucky

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Characteristics	HIV Dia	agnosed	Ca	•		are	Not Virally	Suppressed
SEX	No.	%	No.	%	No.	%	No.	%
Male	6,434	81	1,978	81	3,046	81	2,881	81
Female	1,506	19	463	19	702	19	681	19
TOTAL	7,940	100	2,441	100	3,748	100	3,562	100
<u>AGE in 2016</u>								
13-19	15	<1	5	<1	8	<1	13	<1
20-29	716	9	167	7	328	9	318	9
30-39	1,591	20	476	20	775	21	746	21
40-49	1,834	23	582	24	898	24	834	23
50+	3,784	48	1,211	50	1,739	46	1,651	46
TOTAL	7,940	100	2,441	100	3,748	100	3,562	100
RACE/ETHNICITY								
White, Not Hispanic	4,417	56	1,188	49	1,900	51	1,805	51
Black, Not Hispanic	2,645	33	942	39	1,419	38	1,366	38
Hispanic	562	7	232	10	295	8	272	8
Other/Unknown	316	4	79	3	134	4	119	3
TOTAL	7,940	100	2,441	100	3,748	100	3,562	100
TRANSMISSION ROUTE								
$MSM^{(3)}$	4,411	56	1,188	49	1,953	52	1,835	52
IDU ⁽⁴⁾	711	9	267	11	374	10	352	10
MS M/IDU	461	6	154	6	233	6	223	6
Heterosexual ⁽⁵⁾	1,144	14	305	13	485	13	467	13
Other ⁽⁶⁾	15	<1	4	<1	6	<1	7	<1
Undetermined ⁽⁷⁾	1,198	15	523	21	697	19	678	19
TOTAL	7,940	100	2,441	100	3,748	100	3,562	100
CARE COORDINATOR								
REGION ⁽⁸⁾								
Barren	861	11	282	12	421	11	377	11
Kentucky River	73	1	19	1	30	1	27	1
Lake Cumberland	418	5	137	6	201	5	160	5
Lexington	1,823	23	463	19	708	19	585	16
Louisville	3,477	44	1,032	42	1,684	45	1,804	51
Northern Kentucky	755	10	352	14	503	13	415	12
Purchase	523	7	153	6	195	5	187	5
TOTAL ⁽²⁾	7,930	100	2,438	100	3,742	100	3,555	100

⁽¹⁾ Current age in 2019.

^{(2) 1} case among total diagnosed was missing residential county at time of diagnosis. Percentages may not total 100% due to rounding.

⁽³⁾ MSM = Men Who Have Sex With Men.

⁽⁴⁾ IDU = Injection Drug Use.

^{(5) &}quot;Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

^{(6) &}quot;Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal, but diagnosed as an adult.

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

Engagement in Selected Stages of Care by Sex, 2019, Kentucky

100% 86% 90% 83% 80% 69% 69% Percent Living with Diagnosed HIV 70% 60% 55% 55% 53% 53% 50% 40% 30% 20% 10% 0% **Female** Male Sex ■Linked to Care ■ Receipt of Care ■Retained in Care ■ Suppressed Viral Load (<200 copies/ml)
</p>

Figure 3. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Sex at Birth, 2019

Linkage to care among newly diagnosed adult/adolescents in 2019 only, therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 3 shows the percentages of adult/adolescent Kentuckians engaged in the care continuum by sex at birth. Adult/adolescent females in Kentucky performed better than males for linkage to care (eighty six percent for females vs eighty three percent for males). Both sexes attained same level for receipt of care at sixty nine percent (69%), retention in care at fifty three percent (53%), and viral suppression at fifty five percent (55%).

Engagement in Selected Stages of Care by Race/Ethnicity, 2019, Kentucky

100% 87% 90% Percent Living with Diagnosed HIV 79% 80% 74% 73% 70% 64% 59% 57% 59% 60% 52% 48% 46% 48% 50% 40% 30% 20% 10% 0% White Black Hispanic Race/Ethnicity ■ Linked to Care ■Receipt of Care ■ Retained in Care ■ Suppressed Viral Load (<200 copies/ml)

Figure 4. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Race/Ethnicity, 2019

Linkage to care among newly diagnosed adult/adolescents in 2019 only, therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 4 shows the percentages of adult/adolescent Kentuckians engaged in the HIV care continuum by race/ethnicity. White adult/adolescents attained higher rates compared to black and Hispanic adult/adolescents across all presented stages of the continuum and subsequently achieved higher rates of viral suppression. Fifty nine percent (59%) of white adult/adolescents were virally suppressed in 2019, compared to forty eight percent (48%) of black and fifty two percent (52%) of Hispanic adult/adolescents.

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

Engagement in Selected Stages of Care by Current Age, 2019, Kentucky

100% 91% 91% 90% 85% 84% 78% 77% 80% Percent Living with Diagnosed HIV 70% 68% 68% 67% 70% 54% ^{56%} 55% 60% 54% 56% 47% 50% 40% 30% 20% 13% 10% 0% 13-19 20-29 30-39 40-49 50+ Age (in years) ■ Linked to Care ■ Receipt of Care ■ Retained in Care ■ Suppressed Viral Load (<200 copies/ml)

Figure 5. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Current Age, 2019

Linkage to care among newly diagnosed adult/adolescents in 2019 only, therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

Figure 5 shows the percentages of adult/adolescent Kentuckians engaged in the HIV care continuum by their current age in 2019 – the analysis year.

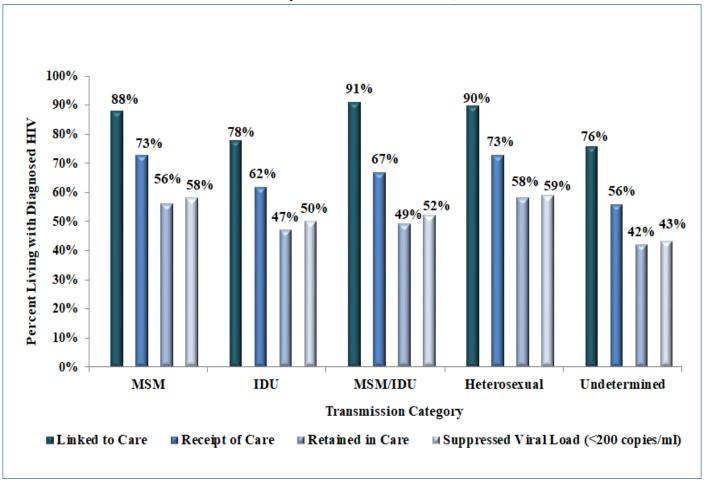
The figure shows that 20-29 year olds were least likely to get linked to care, when compared to other current age categories. However, once they were effectively linked to care, they were most likely to receive care (seventy seven percent) compared to other age categories.

Retention in care was highest among 20-29 and 50+ age categories at fifty four percent (54%), and lowest among teenagers at forty seven percent (47%).

Adults/adolescent Kentuckians aged 20-29 years and 50+ were most likely to be virally suppressed at fifty six percent (56%) when compared to other age categories, while the teenagers were least likely to be virally suppressed at thirteen percent (13%).

Engagement in Selected Stages of Care by Mode of Transmission, 2019, Kentucky

Figure 6. Percentage of HIV-Diagnosed Adult/Adolescent Kentuckians Engaged in Selected Stages of HIV Care by Mode of Transmission, 2019



Linkage to care among newly diagnosed adult/adolescents in 2019 only, therefore the total of new cases for linkage to care is different than all the other measures presented, and should not be directly compared.

MSM = Men Having Sex with Men

IDU = Injection Drug User

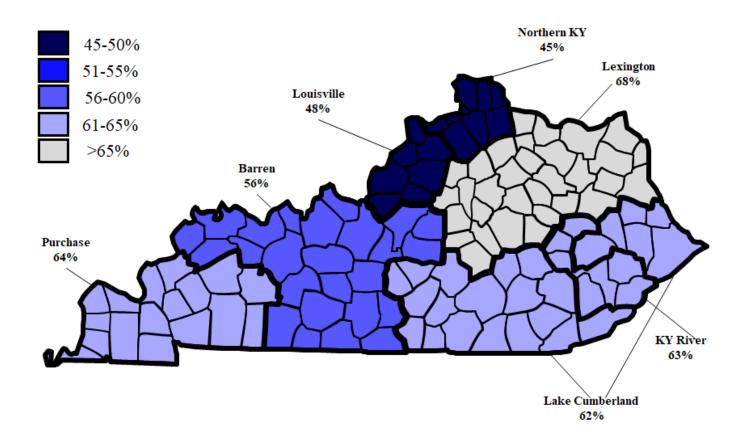
Figure 6 shows the percentages of adult/adolescent Kentuckians engaged in the care continuum by mode of transmission.

Persons without a risk factor identified had the lowest percentages of linkage to care, receipt of care, retained in care, and suppressed viral load. Conversely, those who reported heterosexual contact had the highest rates of engagement across all care markers along the continuum.

A comparison of adult/adolescents with either IDU or MSM or a combination of both transmission categories shows that IDU had the lowest percentage of linkage to care at seventy eight percent (78%) in comparison to MSM at eighty eight percent (88%), and MSM/IDU at ninety one percent (91%). Adult/adolescent MSM also had higher rates of engagement and retention in care, and viral suppression in comparison to IDU and MSM/IDU.

Viral Suppression Attainment by Care Coordinator Region, 2019, Kentucky

Figure 7. Percentage of Kentuckians Living with HIV as of December 31, 2019 Who were Virally Suppressed in 2019 in each Care Coordinator Region*



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

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

Figure 7 shows the percentages of adult/adolescent Kentuckians who achieved viral suppression within each individual care coordinator region. Lexington care coordinator region had the highest percentage of persons achieving viral suppression at sixty eight percent (68%) followed by Purchase and Kentucky River care coordinator regions at sixty four percent (64%) and sixty three percent (63%) respectively.

In Barren River fifty six (56) out of every hundred (100) persons with HIV were virally suppressed during 2019. Less than half (forty eight percent) of the Kentuckians living with HIV in the Louisville region achieved viral suppression. Northern Kentucky region had the lowest percentage of viral suppression at forty five percent (45%).

Kentucky HIV Continuum of Care Report, 2020

Limitations:

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

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

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

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

HIV Care Coordinator Regions, Kentucky

Map for Counties Covered	Region Name and Address						
	Purchase Region: Heartland Cares, Inc. 619 N 30 th 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 401 East Chestnut, Suite 480 Louisville, KY 40202 (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 740 S. Limestone, K512 UK Medical Center Lexington, KY 40536 (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		ty is covered by Greurchase Region.	aves County Healtl	n Department ,		
	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.					