



HIV/AIDS Surveillance Report June 2016

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



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

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Dear Reader:

Enclosed, please find the June 2016 issue of Kentucky's HIV/AIDS Surveillance Report 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): PS13-1302.

Section I profiles the cumulative and living HIV infections diagnosed among Kentuckians, regardless of progression to AIDS. Confidential AIDS reporting started in 1982, whereas legislation requiring confidential HIV name-based reporting was not enacted until July of 2004. Prior to July 2004, HIV infections were reported with a unique code. HIV infections presented in this section (and throughout the report) include all HIV infections diagnosed, regardless of progression to AIDS. A total of 9,928 cumulative HIV infections were diagnosed and reported as of June 30, 2016. Of these HIV infections, 64% had progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2014, there were 351 new HIV infections diagnosed among Kentucky residents, a diagnosis rate of 8.0 per 100,000 population. 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.

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 10.5 year period: January 1, 2006, through June 30, 2016. Twenty-four percent of the 3,614 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 http://chfs.ky.gov/NR/rdonlyres/DCA0FF73-C42B-41FD-AC90-733939C239FD/0/AnnualReport_2016.pdf. To receive e-mail updates when new HIV/AIDS statistical reports are released online, please send a blank e-mail to the following address: subscribe-dph-semiannualreport@listserv.ky.gov.

Sincerely,

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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 June 30, 2016. In this annual edition, HIV disease cases diagnosed among Kentuckians are presented, regardless of disease progression. The data only include those persons who have been confidentially tested and reported to the HIV/AIDS Surveillance Program. No adjustments are made to the data presented to account for undiagnosed, anonymously tested, or unreported cases.

Population data: Kentucky population estimates used in the calculation of rates were obtained from the Kentucky State Data Center, source: Population Division, U.S. Census Bureau, 2010. Available at <http://www.ksdc.louisville.edu/> Accessed July 29, 2016.

HIV/AIDS Reporting Requirements

According to state regulation 902 KAR 2:020, Section 13, health professionals licensed under KRS chapters 311 through 314, health facilities licensed under KRS chapter 216B, and laboratories licensed under KRS chapter 333 are required to report HIV and AIDS cases to the Kentucky Department for Public Health or the Louisville Metro Department of Public Health and Wellness within five business days of diagnosis, depending on county of residence.

Cases residing in the Kentucky Counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble are reported to the Surveillance Nurse Consultant at the Louisville Metro Department of Public Health and Wellness at 502-574-6574. All other cases are reported to the Kentucky Department for Public Health’s HIV/AIDS Surveillance Program at 866-510-0008. Case information from both sites is combined at the Kentucky Department for Public Health to produce this report. Additional case reporting information can be found on the Kentucky HIV/AIDS Branch Web site: <http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm>.

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: <http://www.cdc.gov/hiv/library/reports/surveillance/>.

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.

AIDS (Acquired Immunodeficiency Syndrome): Advanced stage of HIV infection characterized by severe immune deficiency. 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. T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and a percentage of less than 14% of the total white blood cells (lymphocytes) is considered only if the count is missing.

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, i.e., AIDS.

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

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

Sex: Sex designations in this report are based on a person’s sex assignment at birth. According to the CDC, *Transgender* is an umbrella term that is used to identify persons whose sex assigned at birth does not match current gender identity or expression. Data for transgender persons are not presented in this report because information on gender identity (a person’s internal understanding of his or her gender or the gender with which a person identifies) is not consistently collected or documented in the data sources used by HIV Surveillance Program. HIV surveillance personnel collect this information, when available, from sources such as case report forms submitted by health care or HIV testing providers and medical records, or by matching with other databases (e.g., Ryan White program data). In May 2012, CDC issued guidance to state and local programs on methods for collecting data on transgender persons and working with transgenderspecific data. However, characterization of HIV infection among transgender persons in Kentucky would require supplemental data from special studies.

Age: The designation “adults and adolescents” refers to persons aged 13 years and older; the designation “pediatric” refers to persons aged less than 13 years at time of initial HIV diagnosis.

- **Current Age:** An individual’s age or age group as of June 30, 2016.
- **Age at Diagnosis:** An individual’s age or age group at the time of initial HIV disease diagnosis.

Race and Ethnicity: Ethnicity categories include Hispanics and non-Hispanics. Data for all non-Hispanics are displayed in combination with their racial groupings which include:

- White (non-Hispanic)
- Black or African American (non-Hispanic)
- Asian (non-Hispanic)
- Native Hawaiian or other Pacific Islander (non-Hispanic)
- American Indian or Alaska Native (non-Hispanic)

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.

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

- **Men Who Have Sex With Men (MSM):** Men who report having sexual contact with other men.
- **Injection Drug Use (IDU):** Individuals who report injecting nonprescription drugs.
- **MSM/IDU:** Men who report having sex with other men and also inject nonprescription drugs.
- **Heterosexual Contact:** A person reporting specific heterosexual contact with a person known to have, or to be at high risk for, HIV infection, e.g., an injection drug user, a bisexual male (females only), or a person with hemophilia/coagulation disorder.
- **Female Heterosexual Contact (FHC):** Different than heterosexual contact above and applies only to persons whose birth sex is female. It includes 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. This category was accepted by the CDC in 2010, and Kentucky’s data were revised starting with the June 2012 annual report to incorporate it. Cases previously categorized as “undetermined” and meeting this criteria were re-classified.
- **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. Cases previously classified in this category who meet the Female Heterosexual Contact have been re-assigned beginning in June 2012.

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 2015 and 2016 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 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.
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. See the "Key Terminology" list on page 4 for a description of the transmission categories. 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 results in missing information. Enhanced surveillance activities have been implemented to resolve case reports with missing risk factor information, including the re-classification of females into the "Female Heterosexual Contact" category.
5. Routine Interstate Duplicate Review (RIDR)- Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help resolve duplicate reporting, CDC initiated the Routine Interstate Duplicate Review (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 determine the state to which case residency belongs 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 <500,000 population. Rates are not released when the numerator is less than 10 cases because of the low reliability of rates based on a 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 the HIV virus 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. See "Key Terminology" on page 3 for a description of how HIV and AIDS are defined.

Section I: Cumulative and Living HIV Infections Diagnosed through June 30, 2016, Kentucky

Table 1. Cumulative⁽¹⁾ HIV Disease Cases By Age at Diagnosis*, Race/Ethnicity, and Sex through June 30, 2016, Kentucky

	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	<13	27	<1	31	1	0	0	1	1	59	1
	13-19	119	2	140	6	5	1	13	7	277	3
	20-29	1,488	28	833	34	134	39	63	35	2,518	31
	30-39	1,889	36	737	30	126	37	55	31	2,807	34
	40-49	1,200	23	513	21	47	14	33	19	1,793	22
	50+	510	10	208	8	29	9	13	7	760	9
	TOTAL⁽²⁾	5,233	99	2,462	100	341	100	178	100	8,214	100
FEMALE	<13	13	2	20	2	1	1	1	1	35	2
	13-19	40	5	50	6	5	7	3	4	98	6
	20-29	224	30	238	29	31	42	17	25	510	30
	30-39	246	32	268	33	19	26	22	33	555	32
	40-49	147	19	152	19	13	18	18	27	330	19
	50+	87	11	88	11	5	7	6	9	186	11
	TOTAL⁽²⁾	757	100	816	100	74	100	67	100	1,714	100

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2016.

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

*Age at initial HIV diagnosis.

Since the beginning of the HIV epidemic in 1982, the majority (83%) of HIV cases diagnosed among Kentuckians have been reported among males (8,214 cases). In terms of age at diagnosis, more male HIV cases were diagnosed in their 30's (2,807 or 34%) than any other decade. Among white males, the highest percentages of cumulative cases were aged 30-39 years at the time of diagnosis (36%). Among black males, 34% of cases were aged 20-29 years and 30% were aged 30-39 years at time of diagnosis. The percentage of Hispanic males in their 20's at time of diagnosis (39%) was higher when compared to blacks (34%) and whites (28%). Conversely, Hispanic males had the lowest percentage of cases aged 40-49 years at time of diagnosis (14%) as compared to black males and white males (21% and 23% respectively). Six percent of black males were teenagers at time of diagnosis compared to 2% of white males and 1% of Hispanic males.

Similar patterns exist among females with HIV disease. More females were diagnosed with HIV disease in their 30's (555 or 32%) than any other decade. Similar percentages of black and white females were diagnosed in that same decade of life. Hispanic females tend to be younger at the time of diagnosis than their racial and ethnic counterparts. More Hispanic females were diagnosed with HIV in their 20's (42%) than any other decade of life.

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MSM ⁽²⁾	3,780	73	1,288	53	183	54	111	63	5,362	66
	IDU ⁽³⁾	286	5	329	14	31	9	13	7	659	8
	MSM and IDU	325	6	146	6	8	2	7	4	486	6
	Heterosexual ⁽⁴⁾	210	4	222	9	36	11	15	8	483	6
	Other ⁽⁵⁾	88	2	16	1	0	0	0	0	104	1
	Undetermined ⁽⁶⁾	517	10	430	18	83	24	31	18	1,061	13
	TOTAL⁽⁷⁾	5,206	100	2,431	100	341	100	177	100	8,155	100
FEMALE	IDU ⁽³⁾	161	22	158	20	9	12	11	17	339	20
	Heterosexual ⁽⁴⁾	373	50	377	47	41	56	38	58	829	49
	Female Heterosexual ⁽⁸⁾	132	18	190	24	18	25	11	17	351	21
	Other ⁽⁵⁾	12	2	4	<1	0	0	0	0	16	1
	Undetermined ⁽⁶⁾	66	9	67	8	5	7	6	9	144	9
	TOTAL⁽⁷⁾	744	100	796	99	73	100	66	100	1,679	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 through June 30, 2016.

(2) MSM = Men Having Sex With Men.

(3) IDU = Injection Drug Use.

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

(5) "Other" includes persons who had a transfusion/transplant or hemophilia/coagulation disorder listed as mode of transmission 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 = A female not reporting drug use, but reporting sex with male. See terminology on page 4 for additional definition.

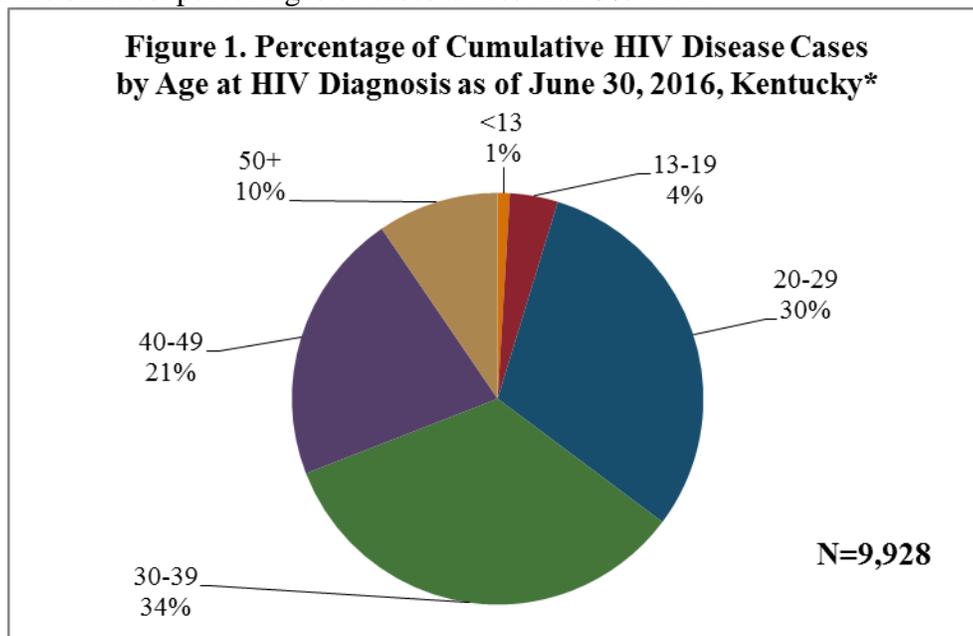
The majority of cumulative adult/adolescent male HIV diagnoses (66%) were reported with MSM as the primary route of exposure, while among adult/adolescent women 49% were exposed through heterosexual contact with a person with HIV or at high risk for HIV contraction (e.g., a person who injects drugs). Adult/adolescent minority males (14% of black males and 9% of Hispanic males) reported higher percentages of IDU as the route of transmission in comparison to non-minority adult/adolescents (5% of whites). Conversely, a higher percentage of adult/adolescent white males (73%) reported MSM as the

primary route of transmission as compared to 53% of all adult/adolescent black males and 54% of all adult/adolescent Hispanic males.

The majority of adult/adolescent female cases within each racial/ethnic group were infected through heterosexual contact (including female heterosexual contact). After factoring in female heterosexual contact as a risk category, a higher percentage of cases with undetermined routes of transmission exist among adult/adolescent males (13%) than adult/adolescent females (9%). Adult/adolescent Hispanic males (24%) and black males (18%) have higher percentages of cases without an identified risk factor than adult/adolescent white males (10%). 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 the groups in question. Risk factor information forms the basis for program planning and service provision and guides resource allocation.

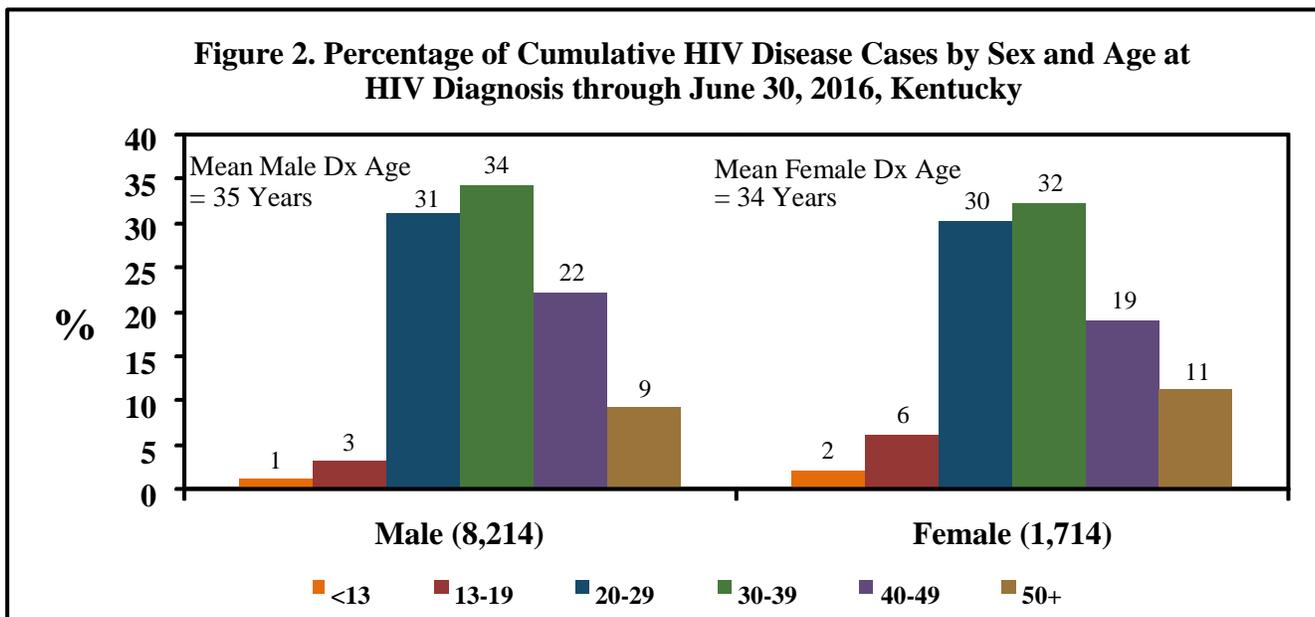
Cumulative HIV Diagnoses by Age at Diagnosis and Sex, Kentucky

Figure 1 shows the distribution of cumulative Kentucky HIV cases by age at diagnosis. Over one-third (34%) of cumulative HIV cases in Kentucky were aged 30-39 years at time of diagnosis. Persons aged 20-29 years account for almost a third of cumulative cases (30%). Children (<13 years at diagnosis) and teenagers (13-19 years) account for the smallest percentages of cases at less than 5% each.



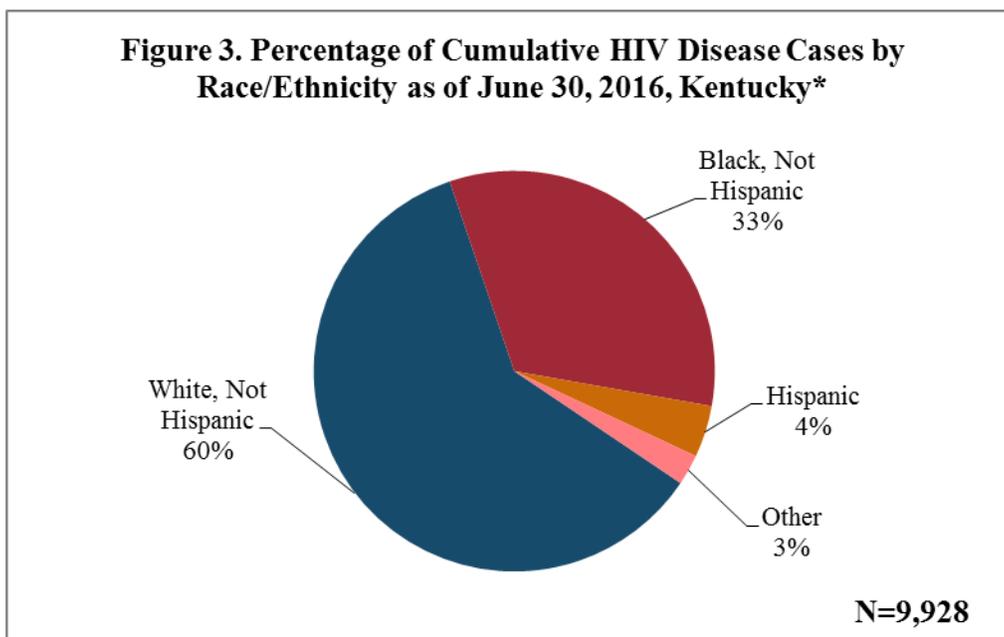
* Percentages may not total 100% due to rounding.

Figure 2 shows the percentage of HIV cases by age group and sex. Cumulatively, 8,214 male HIV cases have been diagnosed of which 34% were aged 30-39 years at time of diagnosis. Similarly, females aged 30-39 years at time of diagnosis accounted for the highest percentage of cumulative HIV cases by age group among females (32%). The mean age at diagnosis is 35 years for males and 34 years for females.



Cumulative HIV Diagnoses by Race/Ethnicity and Sex, Kentucky

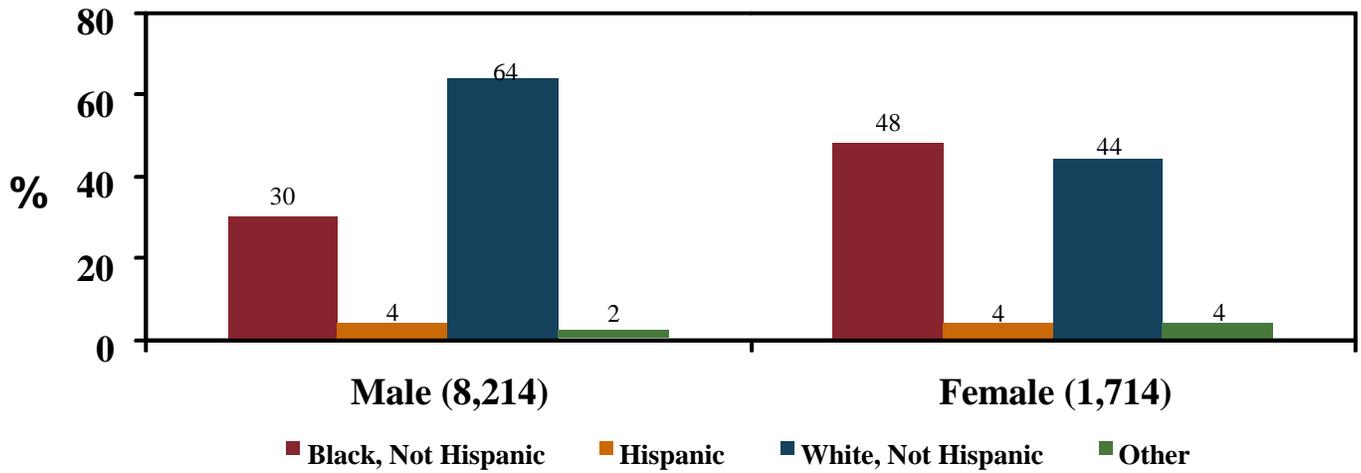
Figure 3 shows that 60% of cumulative HIV cases diagnosed in Kentucky are in whites, 33% are in blacks, and 4% are in Hispanics.



* 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 (64%) with black males accounting for 30% of cumulative cases. The distribution among females by racial/ethnic grouping differs from males with black females accounting for a higher percentage of cases than white females: 48% and 44%, respectively.

Figure 4. Percentage of Cumulative HIV Disease Cases by Race/Ethnicity and Sex as of June 30, 2016, Kentucky



Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

Figure 5. Percentage of Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route, through June 30, 2016, Kentucky

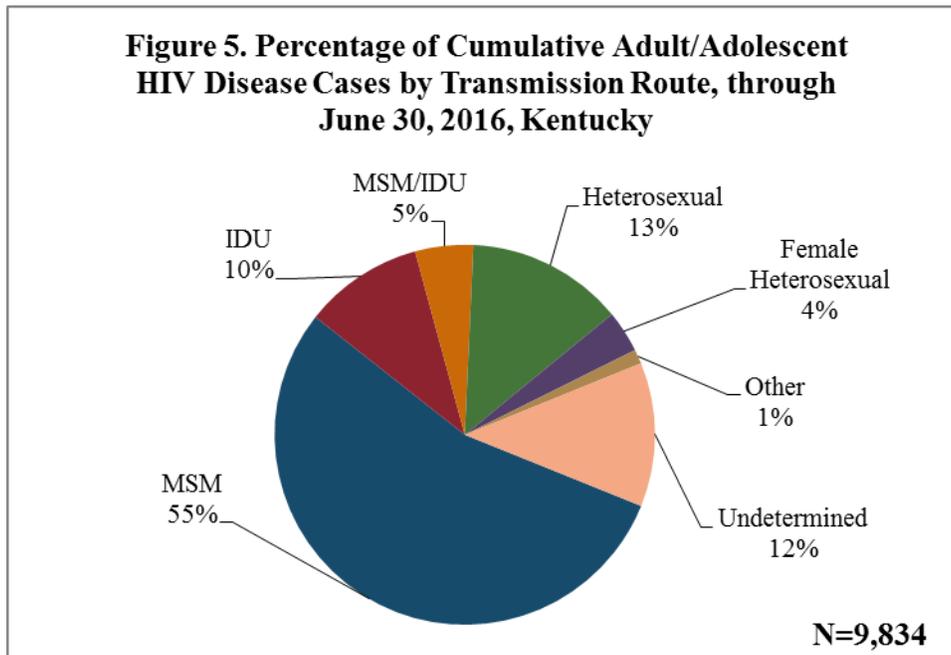


Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route, through June 30, 2016, Kentucky

Transmission Route	No.	%
MSM	5,362	55
IDU	998	10
MSM/IDU	486	5
Heterosexual	1,312	13
Female Heterosexual*	351	4

Other†	120	1
Undetermined	1,205	12
Total**	9,834	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.

In Kentucky, 55% of cumulative adult/adolescent HIV cases identified their primary transmission route as men who have sex with men (MSM) as shown in Figure 5. Thirteen percent of adult/adolescent HIV cases reported heterosexual contact as their primary transmission route, 10% reported injection drug use (IDU), and 5% reported both MSM and IDU. Twelve 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, through June 30, 2016, Kentucky

ADD/County	Total HIV Disease Cases ⁽¹⁾	Total Living with HIV Disease ⁽²⁾	ADD/County	Total HIV Disease Cases ⁽¹⁾	Total Living with HIV Disease ⁽²⁾
Barren River	351	221	Buffalo Trace	53	34
Allen	18	10	Bracken	7	5
Barren	43	24	Fleming	6	3
Butler	15	15	Lewis	15	8
Edmonson	8	6	Mason	25	18
Hart	13	8	Robertson	0	0
Logan	26	15			
Metcalfe	7	3			
Monroe	15	9			
Simpson	20	14	Cumberland Valley	190	119
Warren	186	117	Bell	21	15
			Clay	32	24
			Harlan	23	12
			Jackson	13	8
Big Sandy	71	44	Knox	20	13
Floyd	20	13	Laurel	37	23
Johnson	8	2	Rockcastle	9	6
Magoffin	6	5	Whitley	35	18
Martin	9	8			
Pike	28	16			
			FIVCO	140	85
			Boyd	88	53

Bluegrass	1,943	1,382
Anderson	30	21
Bourbon	32	24
Boyle	35	26
Clark	52	37
Estill	11	7
Fayette	1,343	947
Franklin	97	66
Garrard	10	6
Harrison	12	8
Jessamine	70	54
Lincoln	12	6
Madison	105	80
Mercer	31	18
Nicholas	6	6
Powell	11	8
Scott	55	45
Woodford	31	23

Carter	17	11
Elliott	6	5
Greenup	19	12
Lawrence	10	4

Gateway	97	66
Bath	13	10
Menifee	10	9
Montgomery	21	16
Morgan	32	16
Rowan	21	15

Green River	288	180
Daviess	142	85
Hancock	6	3
Henderson	63	36
McLean	8	5
Ohio	12	8
Union	52	41
Webster	5	2

Continued on page 12

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

(2) Living cases regardless of current residence.

(3) Two Cases were missing residential county at time of diagnosis

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, through June 30, 2016, Kentucky

ADD/County	Total HIV Disease Cases⁽¹⁾	Total Living with HIV Disease⁽²⁾	ADD/County	Total HIV Disease Cases⁽¹⁾	Total Living with HIV Disease⁽²⁾
Kentucky River	84	58	Northern Kentucky	815	544
Breathitt	5	2	Boone	134	95
Knott	14	12	Campbell	169	115
Lee	6	4	Carroll	18	14
Leslie	2	0	Gallatin	2	1
Letcher	22	14	Grant	34	23
Owsley	3	3	Kenton	444	285

Perry	26	19
Wolfe	6	4
KIPDA/North Central	4,779	3,064
Bullitt	89	68
Henry	30	21
Jefferson	4,385	2,821
Oldham	182	87
Shelby	74	58
Spencer	10	7
Trimble	9	2
Lake Cumberland	168	122
Adair	8	5
Casey	10	8
Clinton	11	8
Cumberland	4	3
Green	8	6
McCreary	22	21
Pulaski	62	41
Russell	12	8
Taylor	19	16
Wayne	12	6
Lincoln Trail	308	208
Breckinridge	16	7
Grayson	15	8
Hardin	185	133
Larue	5	4
Marion	17	9
Meade	25	17
Nelson	39	26
Washington	6	4

Owen	6	4
Pendleton	8	7
Pennyrile	322	180
Caldwell	23	12
Christian	147	96
Crittenden	9	7
Hopkins	42	18
Livingston	15	8
Lyon	17	6
Muhlenberg	33	16
Todd	22	9
Trigg	14	8
Purchase	317	198
Ballard	10	5
Calloway	37	22
Carlisle	5	3
Fulton	10	7
Graves	56	37
Hickman	9	8
Marshall	24	14
McCracken	166	102

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

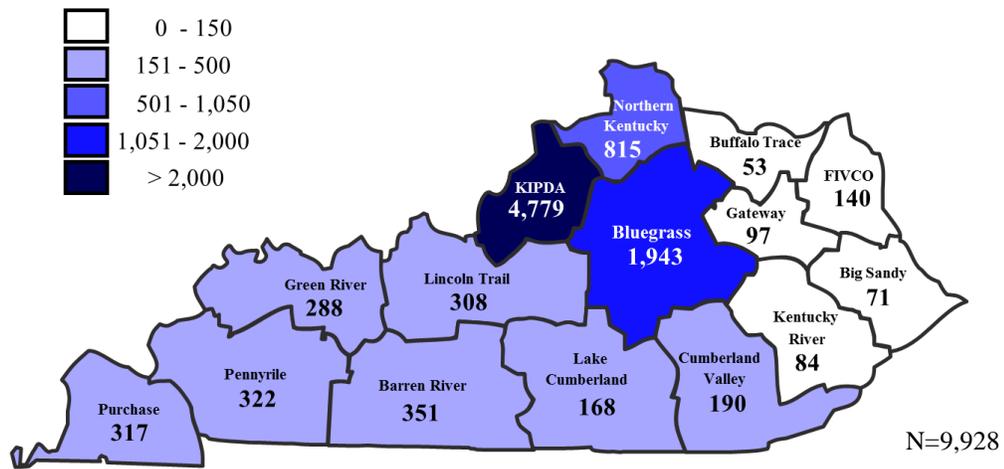
(2) Living cases regardless of current residence.

(3) Two Cases were missing residential county at time of diagnosis

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

Figure 6. Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2016, Kentucky

Cumulative HIV Disease Diagnoses by ADD

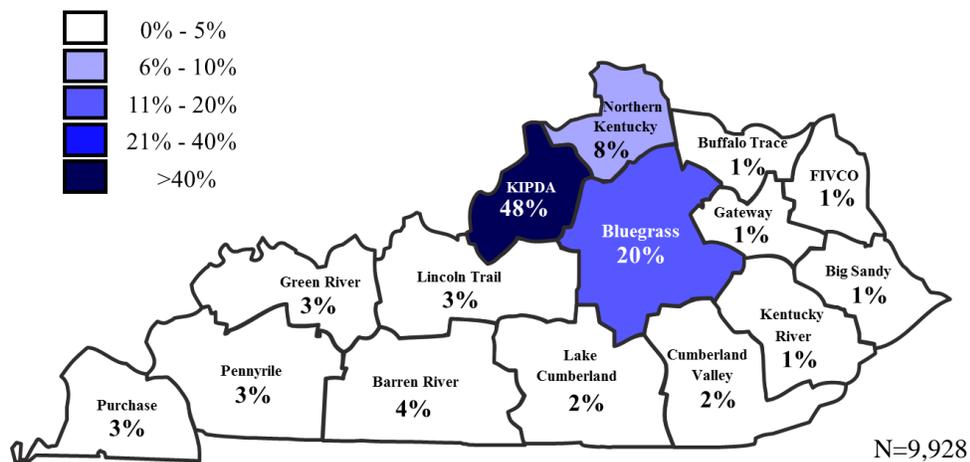


Note: 2 cases were missing residential county information at time of diagnosis.

Figure 6 indicates that the highest number of cumulative HIV cases, 4,779 (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, 1,943 (20%), followed by the Northern Kentucky ADD with the third highest number of HIV cases diagnosed through June 30, 2016, 815 (8%).

Figure 7. Percentage of Cumulative HIV Disease Diagnoses by Area Development District (ADD) of Residence at Time of HIV Diagnosis through June 30, 2016, Kentucky

Cumulative % HIV Disease Diagnoses by ADD



Note: 2 cases were missing residential county information at time of diagnosis.
Percentages may not total 100% due to rounding.

Figure 7 shows the percentage out of the cumulative 9,928 HIV statewide cases 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.

Living HIV Disease Diagnoses by Demographics, Kentucky

Table 5. Living HIV Disease Diagnoses By Transmission Route, Race/Ethnicity, and Sex through June 30, 2016, Kentucky⁽¹⁾

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
MALE	MSM ⁽²⁾	2,360	73	907	56	163	55	102	64	3,532	67
	IDU ⁽³⁾	136	4	142	9	21	7	8	5	307	6
	MSM and IDU	183	6	68	4	5	2	6	4	262	5
	Heterosexual ⁽⁴⁾	122	4	142	9	33	11	14	9	311	6
	Perinatal	12	<1	23	1	0	0	1	1	36	1
	Other ⁽⁵⁾	16	<1	5	<1	0	0	0	0	21	<1
	Undetermined ⁽⁶⁾	395	12	330	20	75	25	28	18	828	16
	Male Subtotal⁽⁷⁾	3,224	100	1,617	100	297	100	159	100	5,297	100
FEMALE	IDU ⁽³⁾	92	18	77	14	6	9	9	16	184	15
	Heterosexual ⁽⁴⁾	268	52	270	47	37	57	29	52	604	50
	Female Heterosexual ⁽⁸⁾	103	20	159	28	17	26	11	20	290	24
	Perinatal	9	2	14	2	1	2	1	2	25	2
	Other ⁽⁵⁾	0	0	1	<1	0	0	0	0	1	<1
	Undetermined ⁽⁶⁾	48	9	48	8	4	6	6	11	106	9
	Female Subtotal⁽⁷⁾	520	100	569	100	65	100	56	100	1,210	100
ALL LIVING	MSM ⁽²⁾	2,360	63	907	41	163	45	102	47	3,532	54
	IDU ⁽³⁾	228	6	219	10	27	7	17	8	491	8
	MSM and IDU	183	5	68	3	5	1	6	3	262	4
	Heterosexual ⁽⁴⁾	390	10	412	19	70	19	43	20	915	14
	Female Heterosexual ⁽⁸⁾	103	3	159	7	17	5	11	5	290	4
	Perinatal	21	1	37	2	1	<1	2	1	61	1
	Other ⁽⁵⁾	16	<1	6	<1	0	0	0	0	22	<1
	Undetermined ⁽⁶⁾	443	12	378	17	79	22	34	16	934	14
	TOTAL⁽⁷⁾	3,744	100	2,186	100	362	100	215	100	6,507	100

(1) Includes living HIV disease cases diagnosed from the beginning of the epidemic through June 30, 2016.

- (2) MSM = Men Having Sex With Men.
- (3) IDU = Injection Drug Use.
- (4) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.
- (5) "Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or pediatric cases diagnosed as adults.
- (6) "Undetermined" refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.
- (7) Percentages may not total 100% due to rounding.
- (8) "Female Heterosexual" includes a female who does not report drug use as an exposure, but does report sex with male. See terminology on page 4 for additional definition.

Table 5 shows living HIV cases diagnosed through June 30, 2016, by demographic and behavioral characteristics. There are 6,507 Kentuckians reported to be living with HIV (prevalence rate of 147.0 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 it through MSM contact (67%), whereas the majority of Kentucky females contracted HIV through heterosexual contact (50%). An additional 24% 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, through June 30, 2016

As of June 30, 2016, a total of 9,928 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, 64% have progressed to AIDS. The numbers of new HIV infections diagnosed since 2005 are presented in Table 6 along with the percentage from each year that have progressed to AIDS. HIV name-based reporting was introduced in mid-2004 and reporting increased and has stabilized since then. Of the 3,951 HIV infections diagnosed since 2005, 1,656 (42%) had progressed to AIDS as of June 30, 2016.

Table 6. Number of HIV Infections per Year of Diagnosis (2005-2016[†]) and Percentage that Progressed to AIDS in the Course of Illness, by June 30, 2016, Kentucky

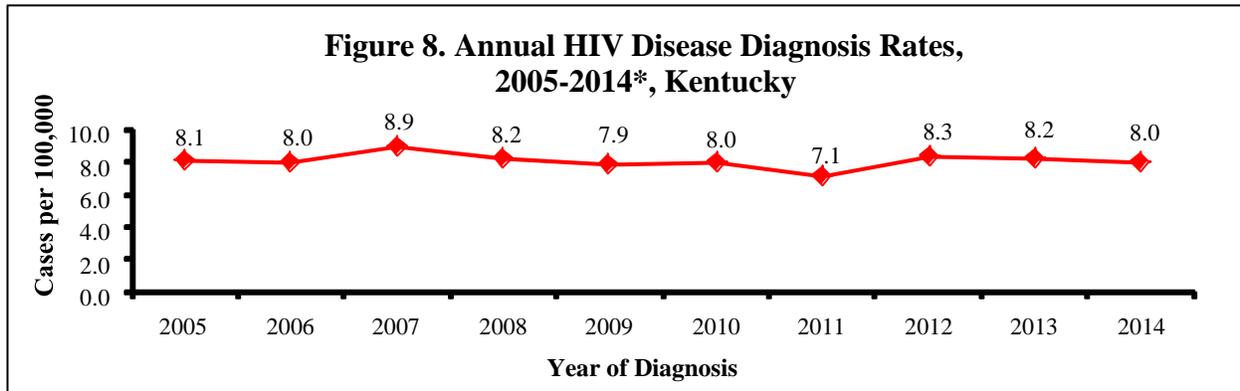
Year of HIV Diagnosis	TOTAL HIV/AIDS*	Percentage that Progressed to AIDS [†]
	No.	%
2005	337	55%
2006	337	58%
2007	380	49%
2008	351	50%
2009	341	43%
2010	347	43%
2011	310	44%
2012	365	35%
2013	362	33%
2014	351	30%

2015	334	27%
2016†	136	27%
TOTAL	3951	42%

*Total HIV infections regardless of disease progression.

†Data reported through June 30, 2016.

The annual HIV diagnosis rates among Kentuckians are presented in Figure 8. The annual HIV diagnosis rate has remained fairly steady from 2005 to 2014 with slight fluctuations between 7.1 to 8.9 cases per 100,000 population.



*Data are current as of June 30, 2016. 2015 data are considered preliminary due to reporting delays and therefore 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), 2014⁽¹⁾

Table 7. Estimated* Annual HIV Disease Diagnosis Rates per 100,000 Population by Residence at Time of Diagnosis, 2014

Rank	Area of Residence	Rate	Rank	Area of Residence	Rate
1	Washington, DC	57.8	24	Michigan	8.5
2	Louisiana	30.4	25	Kentucky**	8.4
3	Florida	26.9	26	Missouri	8.3
4	Maryland	23.3	27	Hawaii	7.8
5	Georgia	22.3	28	Colorado	7.5
6	New York	19.4	28	Indiana	7.5
7	Texas	17.9	29	New Mexico	6.8
8	South Carolina	17.5	30	Washington	6.5
9	Mississippi	17.3	31	Oregon	6.1
10	New Jersey	17.2	32	Minnesota	5.9
11	Nevada	16.4	33	Alaska	5.7
12	Alabama	14.4	34	West Virginia	5.2
13	California	14.3	35	Nebraska	5.0
13	North Carolina	14.3	36	Kansas	4.8
14	Delaware	14.2	37	Maine	4.6
15	Illinois	13.5	38	Utah	4.1
16	Tennessee	12.5	39	Wisconsin	4.0
17	Arizona	11.9	40	Iowa	3.4
17	Virginia	11.9	41	North Dakota	3.3
18	Arkansas	11.6	41	South Dakota	3.3
19	Massachusetts	10.9	42	New Hampshire	3.1
20	Pennsylvania	10.4	42	Vermont	3.1
21	Rhode Island	9.6	43	Wyoming	2.2
22	Oklahoma	8.8	44	Idaho	1.7
23	Ohio	8.7	45	Montana	1.6
24	Connecticut	8.5			

¹U.S. estimated rates from Centers for Disease Control and Prevention. HIV Surveillance Report, 2014; vol.26 <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published July 2015. Accessed August 2016.

*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, 2014:	13.8
-----------------------------------------------------------------	-------------

In 2014, the annual estimated national HIV diagnosis rate was 13.8 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.6 per 100,000 population (Montana) to 57.8 per 100,000 (Washington, DC). Kentucky ranked 25th with an estimated diagnosis rate of 8.4 per 100,000.

New HIV Infections: Kentucky vs. The United States, 2014

Table 8. New HIV Diagnoses* by I 2014, Kentucky

Characteristics	Number New Cases
SEX	
Male (adult/adolescent)	286
Female (adult/adolescent)	58
Child (<13 yrs)	7
TOTAL	351
AGE AT DIAGNOSIS†	
<13	7
13-24	72
25-44	187
45-64	83
65+	2
TOTAL	351
RACE/ETHNICITY	
White, Not Hispanic	201
Black, Not Hispanic	107
Hispanic	31
Other/Unknown	12
TOTAL	351
TRANSMISSION ROUTE	
MSM ⁽²⁾	174
IDU ⁽³⁾	9

Table 9. Estimated New U.S. HIV Infections* by Demographics, 2014⁽⁵⁾

Characteristics	Number of New Cases ⁽⁶⁾	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	35,571	81
Female (adult/adolescent)	8,328	19
Child (<13 yrs)	174	<1
TOTAL†	44,073	100
AGE AT DIAGNOSIS†		
<13	174	<1
13-24	9,731	22
25-44	22,754	52
45-64	10,498	24
65+	914	2
TOTAL†	44,071	100
RACE/ETHNICITY		
White, Not Hispanic	12,025	27
Black, Not Hispanic	19,540	44
Hispanic	10,201	23
Other	2,308	5
TOTAL†	44,074	100
TRANSMISSION ROUTE		
MSM ⁽²⁾	29,418	67
IDU ⁽³⁾	2,635	6

MSM/IDU	9	MSM/IDU		1,217	3
Heterosexual	19	Heterosexual		10,527	24
Perinatal	6	Perinatal		127	<1
Other/Undetermined ⁽⁴⁾	134	Other/Undetermined		149	<1
TOTAL	351	TOTAL[†]		44,073	100

*HIV diagnoses regardless of disease progression

States (1) Percentages may not always total 100% due to rounding. *and Dependent Areas*, 2014: 26.

(2) MSM=Men Having Sex With Men

(3) IDU=Injection Drug Use estimates which have been adjusted for reporting delays and missing

(4) Includes hemophilia, blood transfusion, and risk not reported or risk-factor information, but not for incomplete reporting. not identified

† Totals among subpopulations may be different because values were calculated independently.

(5) U.S. cases from Centers for Disease Control and Prevention. *HIV*

Surveillance Report: Diagnoses of HIV Infection in the United

Kentucky's distribution of HIV cases by sex and age at diagnosis (Table 8) closely parallels that of the U.S. (Table 9). However, the percentage of new HIV cases in Kentuckians that are white is much greater than in the U.S. population (57% vs. 27%, respectively). This can be partially attributed to the greater percentage of white persons in Kentucky's general population (86.1%) as compared to the U.S. population (77.1%)¹. United States cases have been adjusted for reporting delays and missing risk factors. Kentucky cases have not been adjusted for reporting delays and missing risk factors.

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	1982-10		2011		2012		2013		2014		2015 ⁽²⁾		2016 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	6,622	83	260	85	301	84	295	82	286	83	275	83	116	87	8,155	83
Female	1,376	17	46	15	59	16	64	18	58	17	58	17	18	13	1,679	17
TOTAL⁽³⁾	7,998	100	306	100	360	100	359	100	344	100	333	100	134	100	9,834	100
AGE AT DIAGNOSIS*																
13-19	296	4	14	5	21	6	10	3	14	4	15	5	5	4	375	4
20-29	2,356	29	101	33	144	40	124	35	108	31	137	41	58	43	3,028	31
30-39	2,939	37	63	21	75	21	83	23	88	26	75	23	39	29	3,362	34
40-49	1,723	22	85	28	75	21	78	22	85	25	57	17	20	15	2,123	22
50+	684	9	43	14	45	13	64	18	49	14	49	15	12	9	946	10
TOTAL⁽³⁾	7,998	100	306	100	360	100	359	100	344	100	333	100	134	100	9,834	100
RACE/ETHNICITY																
White, Not Hispanic	4,924	62	168	55	194	54	208	58	200	58	181	54	75	56	5,950	61
Black, Not Hispanic	2,607	33	102	33	131	36	117	33	102	30	126	38	42	31	3,227	33
Hispanic	295	4	24	8	20	6	19	5	31	9	12	4	13	10	414	4
Other/Unknown	172	2	12	4	15	4	15	4	11	3	14	4	4	3	243	2
TOTAL⁽³⁾	7,998	100	306	100	360	100	359	100	344	100	333	100	134	100	9,834	100
TRANSMISSION ROUTE																
MSM ⁽⁴⁾	4,380	55	169	55	188	52	190	53	174	51	183	55	78	58	5,362	55
IDU ⁽⁵⁾	915	11	13	4	20	6	19	5	9	3	14	4	8	6	998	10
MSM and IDU	436	5	8	3	9	3	11	3	9	3	10	3	3	2	486	5
Heterosexual ⁽⁶⁾	1,196	15	27	9	15	4	23	6	19	6	23	7	9	7	1,312	13
Female Heterosexual ⁽⁷⁾	201	3	17	6	31	9	34	9	33	10	28	8	7	5	351	4
Other ⁽⁸⁾	116	1	0	0	2	1	1	<1	0	0	1	<1	0	0	120	1
Undetermined ⁽⁹⁾	754	9	72	24	95	26	81	23	100	29	74	22	29	22	1,205	12
TOTAL⁽³⁾	7,998	100	306	100	360	100	359	100	344	100	333	100	134	100	9,834	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 through June 30, 2016. 2015 and 2016 data are not used in trend analyses due to reporting delays.

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

(4) MSM = Men Having Sex with Men.

(5) IDU = Injection Drug Use.

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

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

(8) "Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal, but 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 June 30, 2016. New diagnoses over the most recent years for which data are complete, 2011-2015, have been predominantly among males, whites, and males reporting sexual contact with other males. New HIV cases over the five year period 2011-2015 were also highest among persons 20-29 years old in comparison to other age groups.

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

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	1982-10		2011		2012		2013		2014		2015 ⁽²⁾		2016 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	4,764	84	116	86	105	83	95	79	86	83	77	85	34	92	5,277	84

Female	912	16	19	14	21	17	25	21	18	17	14	15	3	8	1,012	16
TOTAL⁽³⁾	5,676	100	135	100	126	100	120	100	104	100	91	100	37	100	6,289	100
<u>AGE AT DIAGNOSIS*</u>																
13-19	152	3	5	4	5	4	1	1	0	0	1	1	1	3	165	3
20-29	1,565	28	29	21	35	28	25	21	15	14	20	22	10	27	1,699	27
30-39	2,223	39	32	24	24	19	31	26	26	25	24	26	12	32	2,372	38
40-49	1,236	22	44	33	33	26	29	24	41	39	19	21	9	24	1,411	22
50+	500	9	25	19	29	23	34	28	22	21	27	30	5	14	642	10
TOTAL⁽³⁾	5,676	100	135	100	126	100	120	100	104	100	91	100	37	100	6,289	100
<u>RACE/ETHNICITY</u>																
White, Not Hispanic	3,550	63	80	59	75	60	71	59	56	54	49	54	19	51	3,900	62
Black, Not Hispanic	1,795	32	37	27	40	32	36	30	31	30	33	36	13	35	1,985	32
Hispanic	218	4	12	9	8	6	8	7	13	13	5	5	5	14	269	4
Other/Unknown	113	2	6	4	3	2	5	4	4	4	4	4	0	0	135	2
TOTAL⁽³⁾	5,676	100	135	100	126	100	120	100	104	100	91	100	37	100	6,289	100
<u>TRANSMISSION ROUTE</u>																
MSM⁽⁴⁾	3,143	55	69	51	59	47	51	43	47	45	47	52	17	46	3,433	55
IDU⁽⁵⁾	738	13	9	7	12	10	10	8	2	2	4	4	2	5	777	12
MSM and IDU	346	6	2	1	6	5	4	3	2	2	1	1	1	3	362	6
Heterosexual⁽⁶⁾	885	16	15	11	4	3	10	8	11	11	5	5	2	5	932	15
Female Heterosexual⁽⁷⁾	95	2	9	7	10	8	12	10	9	9	7	8	3	8	145	2
Other⁽⁸⁾	113	2	0	0	0	0	0	0	0	0	1	1	0	0	114	2
Undetermined⁽⁹⁾	356	6	31	23	35	28	33	28	33	32	26	29	12	32	526	8
TOTAL⁽³⁾	5,676	100	135	100	126	100	120	100	104	100	91	100	37	100	6,289	100

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of June 30, 2016.

*Age at time of initial HIV diagnosis.

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

(2) Data reported through June 30, 2016. 2015 and 2016 data not used in trend analyses due to reporting delays.

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

(4) MSM = Men Having Sex With Men.

(5) IDU = Injection Drug Use.

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

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

(8) "Other" includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant, or perinatal, but 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 June 30, 2016, were predominantly male, white, and males reporting sexual contact with other males.

Pediatric HIV Disease Cases, Kentucky

Table 12. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases By Transmission Route and Race/Ethnicity through June 30, 2016, Kentucky								
Transmission Route	White, Not Hispanic		Black, Not Hispanic		Other ⁽²⁾ Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Pediatric Hemophilia/Coagulation Disorder	10	25	1	2	0	0	11	12
Perinatal Exposure, Mother with HIV	25	63	43	84	3	100	71	76
Pediatric Transfusion/Transplant	2	5	0	0	0	0	2	2
Pediatric risk not identified or reported	3	8	7	14	0	0	10	11
TOTAL⁽³⁾	40	100	51	100	3	100	94	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	1982-2010		2011		2012		2013		2014		2015		2016 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
HIV infections without AIDS	24	33	4	100	5	100	3	100	7	100	1	100	2	100	46	49
HIV infections with AIDS	48	67	0	0	0	0	0	0	0	0	0	0	0	0	48	51
Total⁽³⁾	72	100	4	100	5	100	3	100	7	100	1	100	2	100	94	100

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

(2) Data reported through June 30, 2016.

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

There have been 94 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 (76%) 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-four percent of the 51 pediatric HIV cases among blacks were due to perinatal exposure as compared to 63% of the 40 pediatric HIV cases among whites. Only one pediatric HIV case has been reported among Hispanics. The majority (61%) of the 71 cumulative perinatal exposures from a mother with HIV were in blacks.

Table 13 shows disease progression to AIDS as of June 30, 2016. Seventy-two (or 77%) of the cumulative 94 pediatric cases in Kentucky were diagnosed prior to 2011. Seven or fewer new pediatric HIV cases have been reported during each of the most recent five years, and none of these cases had progressed to AIDS as of the report date.

New HIV Disease Cases by Race/Ethnicity, Kentucky

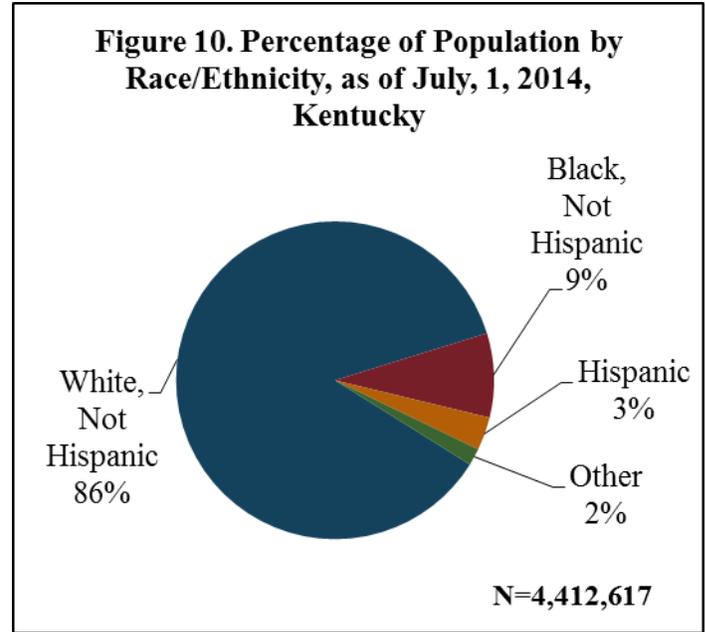
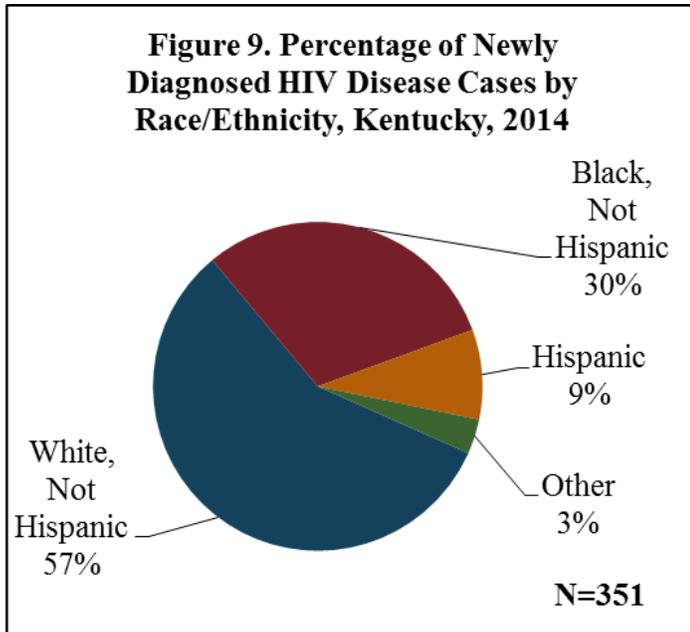


Figure 9 shows the race/ethnicity percentage distribution for newly diagnosed HIV cases among Kentuckians in 2014, the latest year data are considered complete. The majority of cases diagnosed in 2014 were white (57%), followed by black (30%). Nine percent of new cases diagnosed in 2014 were Hispanic and 3% were persons of other races, including American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and persons of multiple races.

Figure 10 shows the percentage race/ethnicity distribution of Kentucky's population based on the 2014 population estimates. The majority of Kentuckians are white, non-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 30% of new HIV cases diagnosed in 2014 yet comprised just 9% of Kentucky's population in 2014. Similarly, Hispanics accounted for 9% of newly diagnosed HIV cases in 2014 yet comprised only 3% 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.

Table 14. Number and Rate of New HIV Diagnoses by Race/Ethnicity and Sex, Kentucky, 2014

Race/Ethnicity	Male		Female		Total No of Cases	Total Rate
	No of Cases	Rate*	No of Cases	Rate*		
Hispanic	29	35.5	2	†	31	20.8

Black, not Hispanic	77	41.1	30	15.7	107	28.3
White, not Hispanic	174	9.3	27	1.4	201	5.3
Other	10	†	2	†	12	15.7
Total	290	13.4	61	2.7	351	8.0

*Rate per 100,000 based on census data estimates for racial and gender distribution for Kentucky in 2014.

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

New HIV Disease Cases by Age at Diagnosis, Kentucky

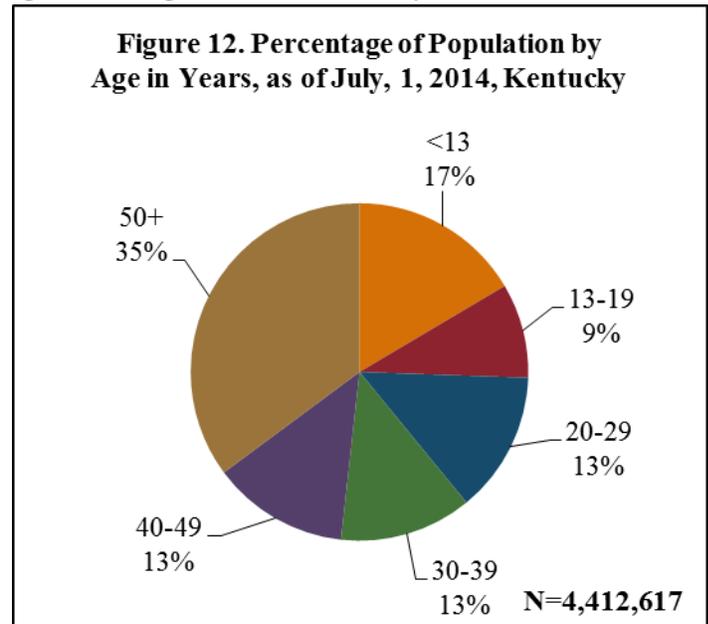
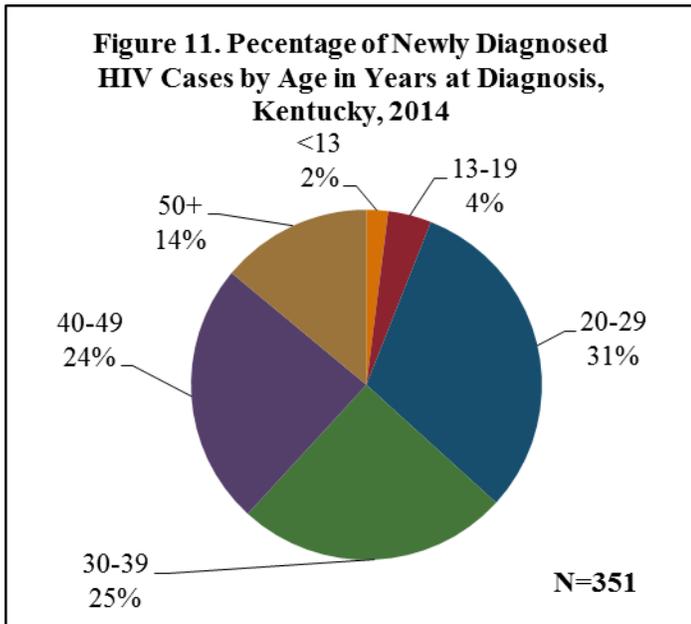


Figure 11 shows the percentage age distribution of newly diagnosed HIV cases among Kentuckians in 2014 at time of HIV diagnosis. The highest percentage of new diagnoses was reported among Kentuckians aged 20-29 years (31%). Kentuckians in their 30's and 40's accounted for 25% and 24% of new cases diagnosed in 2014, respectively.

Figure 12 shows the percentage distribution of Kentucky's population based on 2014 population estimates by age, which can be directly compared to the percentages in each age group that were newly diagnosed in 2014. 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.

Rates of new diagnoses in 2014 (Table 15) were higher among blacks across all age groups in comparison to whites. These differences were highest among 20-year-olds and 30-year-olds at the time of diagnosis. However, the rates among blacks in all age groups were at least four 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 15. Number and Rate of New HIV Diagnoses by Age at Diagnosis and Race/Ethnicity, Kentucky, 2014

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No of Cases	Rate*	No of Cases	Rate*
<13	2	†	2	†
13-19	4	9.3	27	1.4
20-29	31	41.1	27	1.4
30-39	25	41.1	27	1.4
40-49	24	41.1	27	1.4
50+	14	41.1	27	1.4

11. Lake Cumberland	Cases	120	11	9	13	4	9	2	168	2%
	Rate per 100,000		5.3		6.3					
12. Lincoln Trail	Cases	244	6	7	12	22	10	7	308	3%
	Rate per 100,000				4.4	8.0	3.7			
13. Northern KY	Cases	665	31	31	18	23	33	14	815	8%
	Rate per 100,000		7.0	7.0	4.0	5.1	7.3			
14. Pennyryle	Cases	267	6	11	11	8	11	8	322	3%
	Rate per 100,000			5.0	5.0		5.1			
15. Purchase	Cases	265	9	5	15	12	9	2	317	3%
	Rate per 100,000				7.6	6.1				
TOTAL CASES⁽³⁾		8,068	310	365	362	351	334	136	9,926	100%

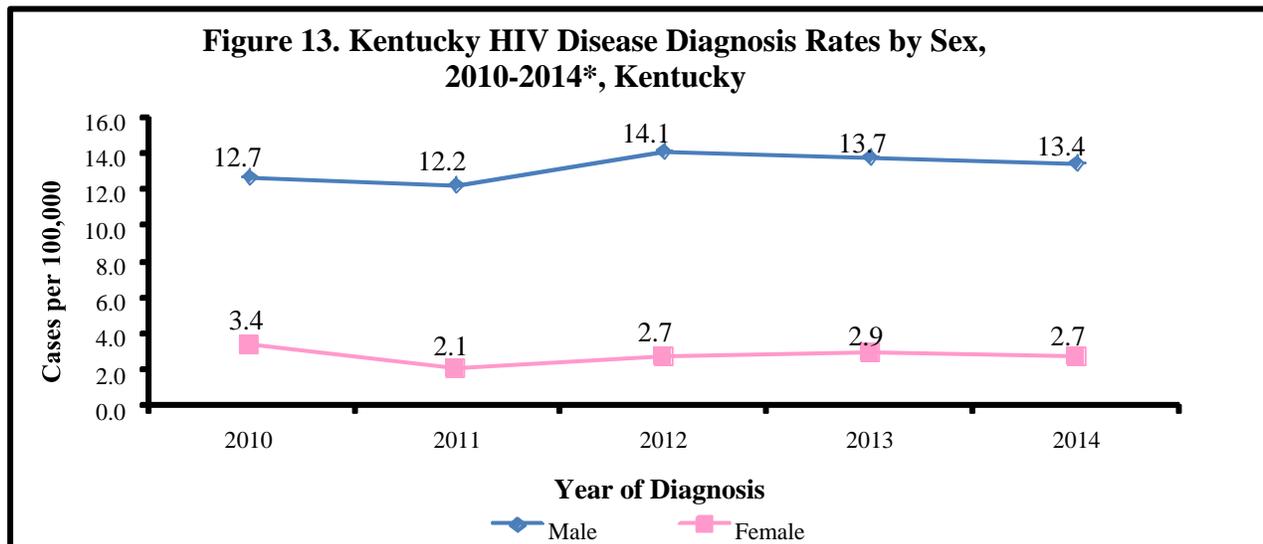
(1) Rates are only listed for years of diagnosis 2011-2015. Data for 2015 and 2016 are provisional due to reporting delays and are subject to change. Due to the small numbers of HIV cases reported in some ADDs, please interpret the corresponding rates with caution. Rates are not published when cell size is less than 10.

(2) Data reported through June 30, 2016. Rates are not published for 2016 because data are not complete.

(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 9,928—2 HIV cases had unknown residential information.

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

Trends in HIV Disease Diagnosis Rates by Sex, 2010-2014, Kentucky

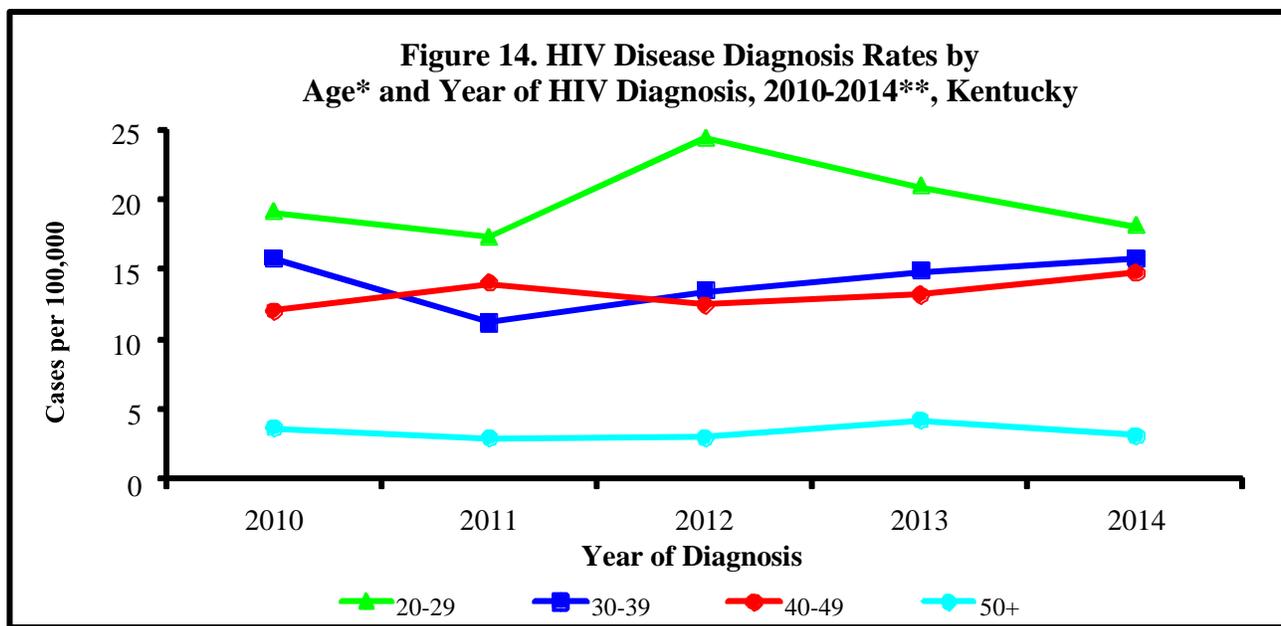


*Data for 2015 and 2016 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of cumulative HIV cases diagnosed among Kentuckians. The yearly diagnosis rates among males have remained stable over the five year period shown. From 2010 to 2014, the HIV diagnosis rates among males fluctuated between 3.7 to 5.8 times higher than for females (Figure 13).

The female HIV diagnosis rates have remained fairly stable over the most recent five years, between 2.1 to 3.4 cases per 100,000 females. The highest HIV diagnosis rate among females within the most recent five years was in 2010 at 3.4 newly diagnosed cases per 100,000 females.

Trends in HIV Disease Diagnosis Rates by Age at HIV Diagnosis, 2010-2014, 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 2015 and 2016 are not included in trend analyses since they are considered provisional due to reporting delays.

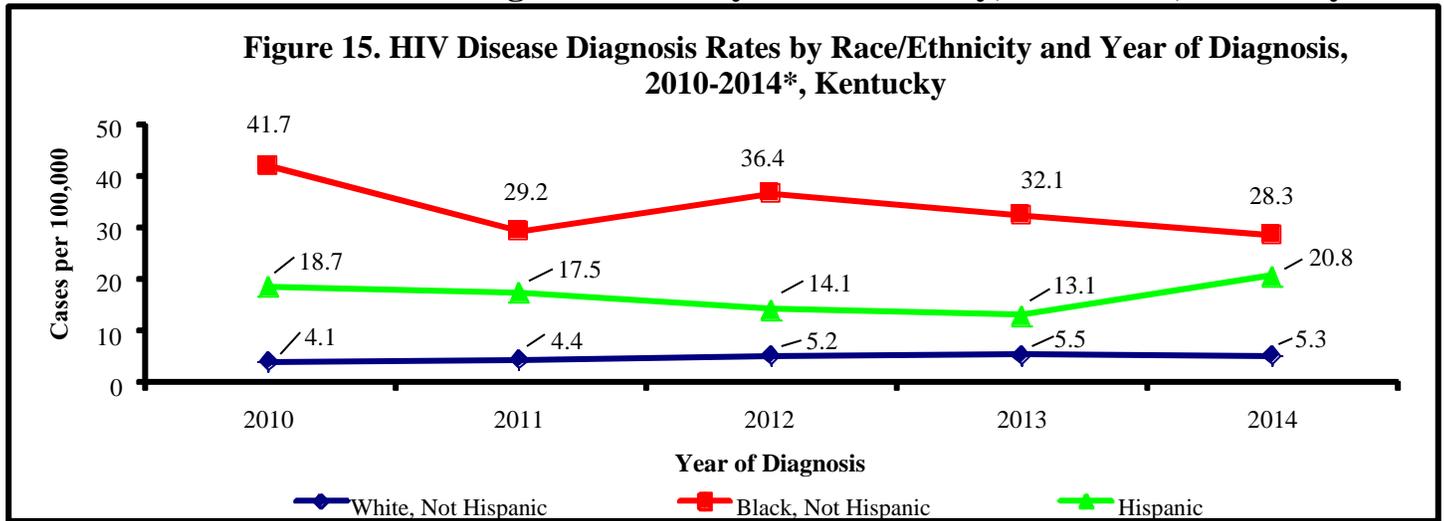
Figure 14 shows HIV diagnosis rates by age category over the most recent five years (2010-2014) with complete data. The diagnosis rates among Kentuckians in the 30-39 and 40-49 year age groups reveal an upward trend, while rates in the 20-29 year age group spiked in 2012 at 24.4 per 100,000 but have since decreased. The yearly diagnosis rates among those 50 years and over have also remained stable over the five year period shown.

HIV Diagnosis Year	Mean Age	Age Range
2010	35.2	0-74

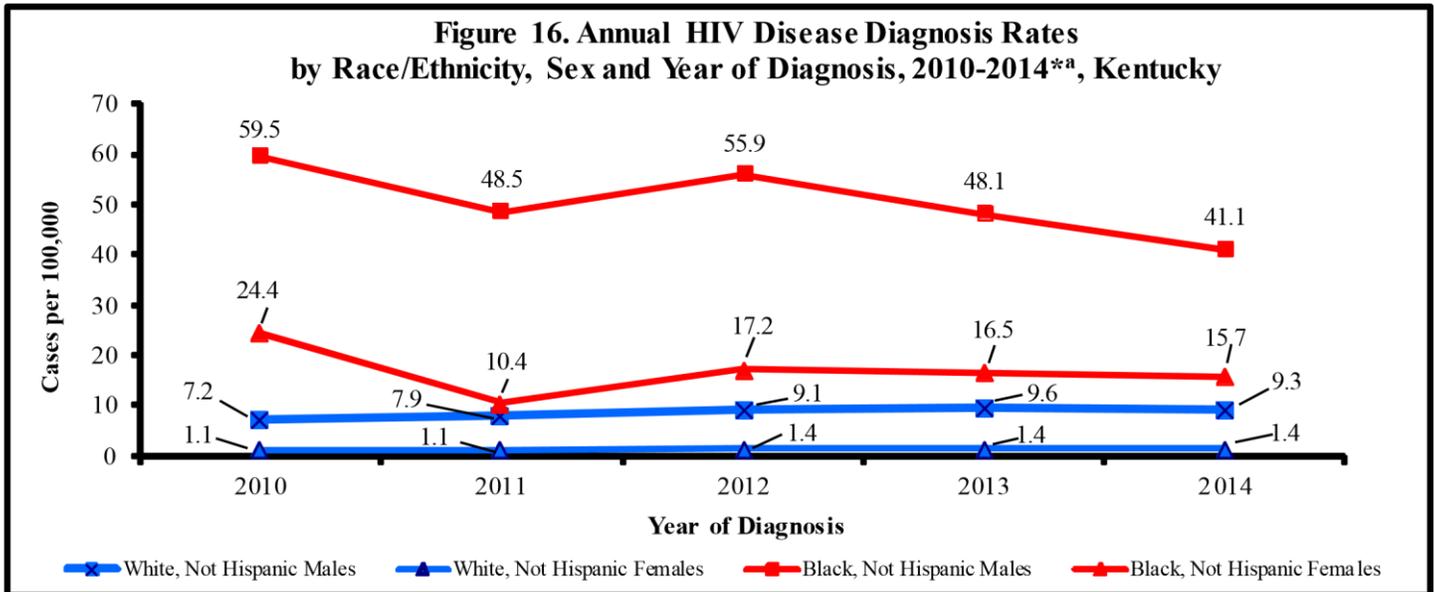
2011	35.9	0-79
2012	33.6	1-78
2013	36.2	2-75
2014	35.3	0-73

Table 17 shows the mean ages and actual age ranges at time of HIV diagnosis from 2010-2014. The mean ages of Kentuckians at time of HIV diagnosis in the five-year period ranged between 33.6-36.2 years (age range 0-79 years).

Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2010-2014, Kentucky



*Data for 2015 and 2016 are not included in trend analyses since they are considered provisional due to reporting delays.



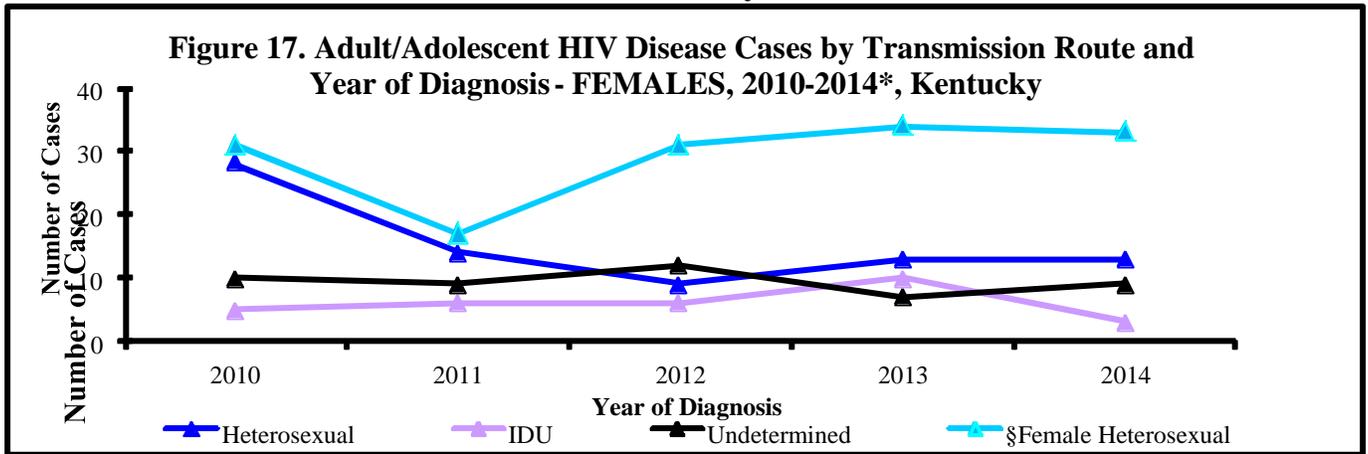
*Data for 2015 and 2016 are not included in trend analyses since they are considered provisional due to reporting delays. ^a

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

Figure 15 shows that between 2010 and 2014, the HIV diagnosis rates for blacks fluctuated between 5.3 to 10.2 times higher than whites. The diagnosis rates for Hispanics were between 2.4 to 4.6 times higher than whites over the same five year period. The overall trends for blacks and Hispanics show slight variations, while the trends among whites have remained steady.

Figure 16 presents diagnosis rates from 2010 through 2014 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 4.4 to 8.3 times higher than that of white males. The rates among black females were 9.5 to 22.2 times higher than those of white females over the five year period.

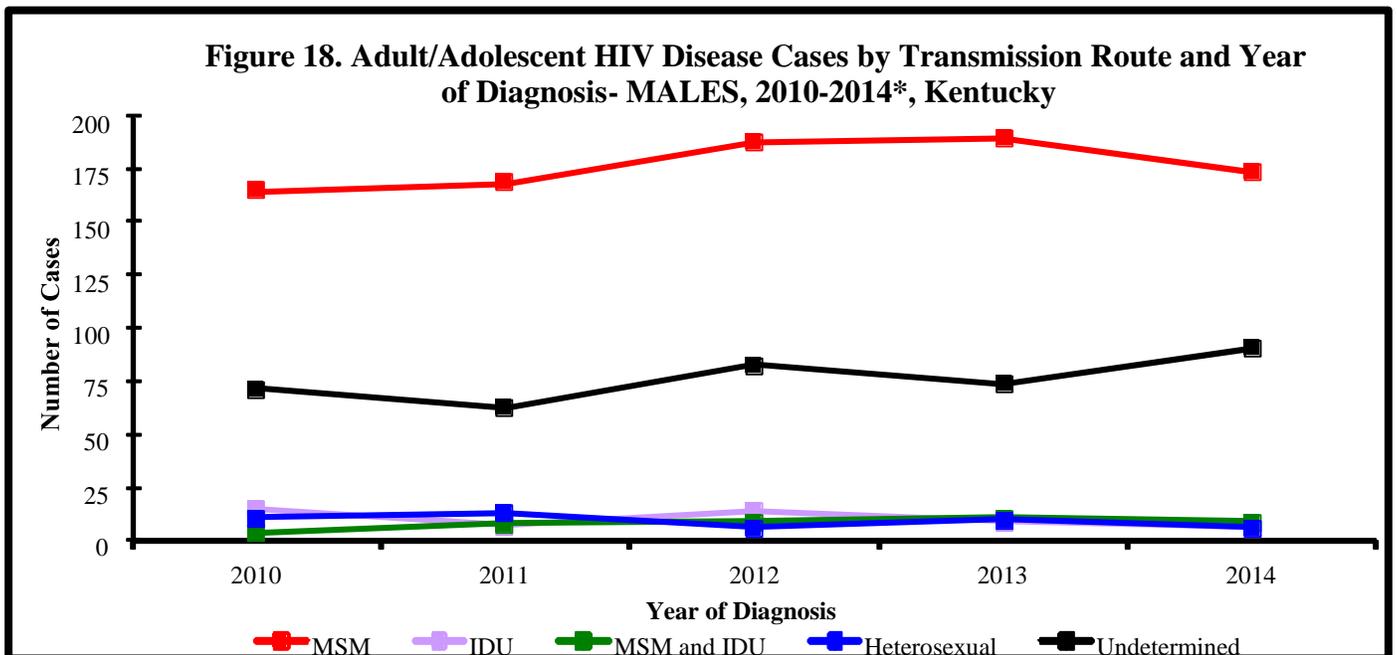
Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2010-2014, Kentucky



*Data for 2015 and 2016 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 17 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. Females reporting FHC were previously classified as “undetermined” but if they have reported sexual contact with a male of unknown sero-status or unknown behaviors and no drug use, they are now re-classified as FHC. This change was applied to all the years shown. The number of new female cases reporting IDU as the primary route of transmission remained fairly steady.



*Data for 2015 and 2016 are not included in trend analyses since they are considered provisional due to reporting delays.

In Figure 18, which depicts trends for adult/adolescent males by transmission route, the largest number of cases diagnosed each year from 2010 to 2014 reported MSM as their primary risk factor. The second largest number of cases were those with an undetermined risk. The number of males reporting IDU, MSM and IDU, and heterosexual contact as the primary route of transmission was similar throughout the five year period.

Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians through June 30, 2016

During the most recent 10.5 year period for which data are available (January 1, 2006, through June 30, 2016), a total of 3,614 HIV disease cases were diagnosed among Kentuckians. Of these, 1,469 (41%) had progressed to AIDS by June 30, 2016.

The distribution of progression to AIDS (in days) for the 1,469 AIDS cases is shown in Table 18. Sixty percent of the 1,469 AIDS cases diagnosed in the most recent 10.5 years progressed to AIDS within 30 days of the initial HIV diagnosis - also known as a “concurrent diagnosis.”

According to Centers for Disease Control and Prevention (CDC)¹, late testers are those who have an AIDS diagnosis within one year of initial HIV diagnosis. During the presented time period, 1,214 (34%) of the 3,614 Kentuckians diagnosed with HIV disease were late testers.

Table 18. AIDS Cases Diagnosed within the 10.5 Year Period January 1, 2006-June 30, 2016 by Time (in days) from HIV Diagnosis to AIDS Diagnosis, Kentucky		
Time to AIDS Diagnosis (Days)	No.	%
≤30 Days †	883	60
31-60 Days	116	8
61-90 Days	69	5
91-365 Days	146	10
>365 Days	255	17
Total	1,469	100

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.
 Note: 2,145 HIV-only cases diagnosed in the same timeframe are not included in table as they had not progressed to AIDS as of June 30, 2016.

Concurrent Diagnoses by Selected Characteristics, 2006-2016*, Kentucky

Table 19. HIV Infections Diagnosed in the Most Recent 10.5 Year Period (January 1, 2006-June 30, 2016) 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**

¹ CDC. Late versus early testing of HIV—16 sites, United States, 2000-2003. MMWR 2003; 52(25): 581-586.

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	734	83	2,230	82	2,964	82
Female	149	17	501	18	650	18
<u>AGE AT DIAGNOSIS</u>						
<13	0	0	33	1	33	1
13-19	11	1	162	6	173	5
20-29	151	17	1,000	37	1,151	32
30-39	250	28	638	23	888	25
40-49	279	32	600	22	879	24
50+	192	22	298	11	490	14
<u>RACE/ETHNICITY- Female</u>						
White, Not Hispanic	49	33	227	45	276	42
Black, Not Hispanic	82	55	226	45	308	47
Hispanic	14	9	19	4	33	5
Other/Unknown	4	3	29	6	33	5
<u>RACE/ETHNICITY- Male</u>						
White, Not Hispanic	453	62	1,230	55	1,683	57
Black, Not Hispanic	176	24	793	36	969	33
Hispanic	84	11	121	5	205	7
Other/Unknown	21	3	86	4	107	4
<u>TRANSMISSION CATEGORY</u>						
MSM ⁽²⁾	408	46	1,488	54	1,896	52
IDU ⁽³⁾	76	9	139	5	215	6
MSM and IDU	18	2	78	3	96	3
Heterosexual ⁽⁴⁾	93	11	251	9	344	10
Female Heterosexual ⁽⁵⁾	60	7	194	7	254	7
Perinatal	0	0	24	1	24	1
Other ⁽⁶⁾	1	<1	3	<1	4	<1
Undetermined ⁽⁷⁾	227	26	554	20	781	22
TOTAL	883	100	2,731	100	3,614	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, 2006 through June 30, 2016 with HIV, regardless of AIDS diagnosis status.

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

(2) MSM = Men Having Sex With Men.

(3) IDU = Injection Drug Use.

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

(5) Female Heterosexual = A female not reporting drug use, but reporting sex with male. See terminology on page 3.

- (6) "Other" includes persons who had exposure through hemophilia, transfusion/transplant, or perinatal, but diagnosed as an adult.
- (7) "Undetermined" refers to persons whose mode 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.

Concurrent Diagnoses by Selected Characteristics, 2006-2016, Kentucky (Narrative)

Table 19, on page 29, examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2006, and June 30, 2016, by sex, age at diagnosis, race/ethnicity, and transmission route. Data are presented for cases diagnosed concurrently with AIDS within a 30 day period after 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 10.5 year period.

Of the 3,614 Kentuckians diagnosed with HIV disease during the 10.5 year period presented, about a quarter (883 or 24%) were diagnosed with HIV and AIDS concurrently (within 30 days).

The distribution of cases diagnosed over the most recent 10.5 years by sex shows the percentage of males with a concurrent diagnosis is nearly identical to the percentage of males with a non-concurrent diagnosis (83% and 82% respectively). The distribution by age at diagnosis differs between the two groups, with the highest percentages of concurrent cases being aged 40-49 years (32%), while the highest percentages among non-concurrently diagnosed cases were younger (37% aged 20-29 years).

The racial/ethnic distribution of cases diagnosed concurrently with AIDS differs by sex. Among females, the highest percentage of concurrent diagnoses were among black females (55%) followed by white and Hispanic females (33% and 9%, respectively). However, among males, the majority of concurrent diagnoses were among white males (62%). Twenty-four 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 comparable. Caution should be taken when interpreting the data for the "other" and "unknown" race/ethnicity categories as the numbers of cases are small.

Data by route of transmission show HIV cases diagnosed concurrently with AIDS within 30 days 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 (46%), followed by persons reporting heterosexual exposure (11%). There were no children (<13 years at diagnosis) reported with a concurrent diagnosis. Twenty-six percent of concurrently diagnosed HIV and AIDS cases have an undetermined

transmission route, which creates challenges for prevention initiatives to increase early testing and engagement in care.

HIV Diagnoses by Area Development District (ADD), January 1, 2006-June 30, 2016, Kentucky

Figure 19. Number of HIV Disease Diagnoses within each Area Development District of Residence at Time of Diagnosis, for the Most Recent 10.5 years, January 1, 2006—June 30, 2016, Kentucky

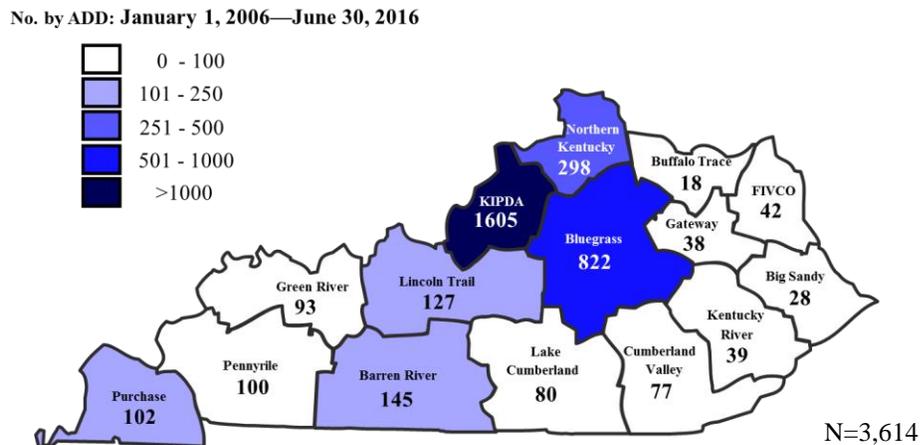
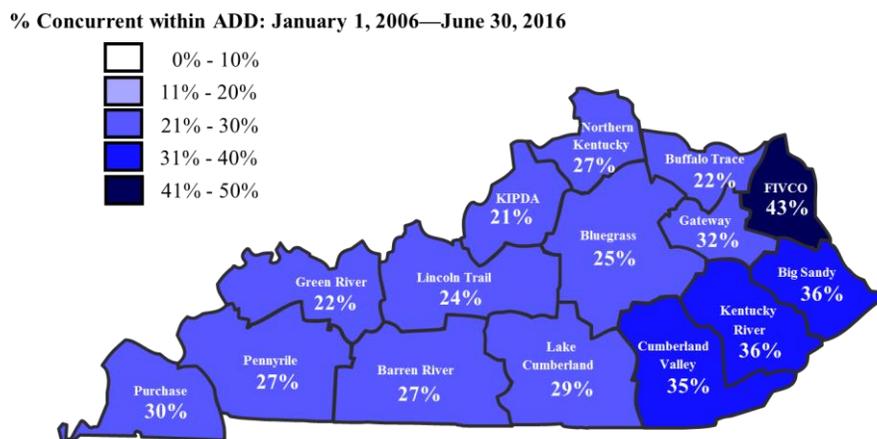


Figure 19 examines the total number of HIV infections diagnosed between January 1, 2006, and June 30, 2016, by ADD of residence at time of HIV diagnosis. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1,605 or 44%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (822 or 23%) resided in the Bluegrass ADD, which includes the city of Lexington. The ADDs in eastern Kentucky had the lowest number of HIV cases diagnosed and reported during this period.

Figure 20. 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 10.5 Years, January 1, 2006 – June 30, 2016, Kentucky



Note: The percentages presented in Figure 20 represent the proportion of concurrent diagnoses out of the total for each individual ADD. Totals for each ADD are presented in Figure 19.

Figure 20 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, 2006, and June 30, 2016. The percentage of concurrent HIV and AIDS diagnoses

within each ADD ranged from 21% to 43%. The ADDs with the highest proportion of concurrent HIV and AIDS cases were in the eastern Kentucky region: FIVCO, Big Sandy, Kentucky River and Cumberland Valley ADDs (43%, 36%, 36% and 35% respectively). The percentages in ADDs which had <50 total cases (see figure 19) should be interpreted with caution due to the small number of cases.

HIV Diagnoses by Care Coordinator Region, January 1, 2006-June 30, 2016, Kentucky

Figure 21. Number of HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10.5 Years, January 1, 2006--June 30, 2016, Kentucky

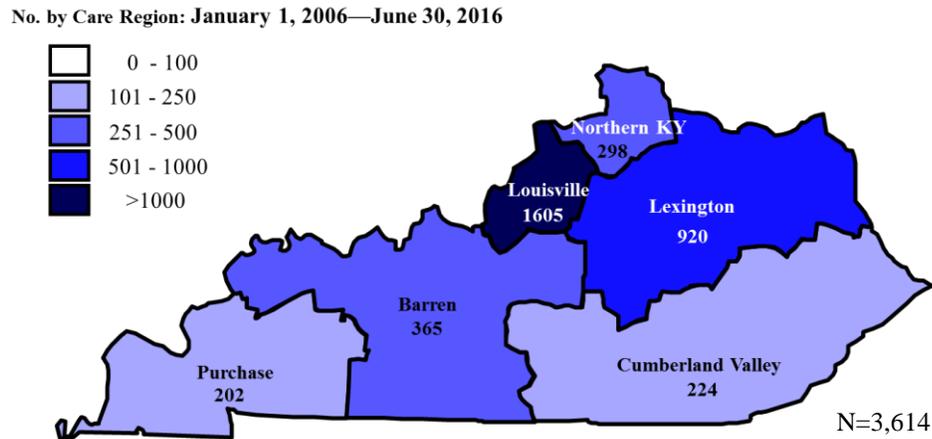
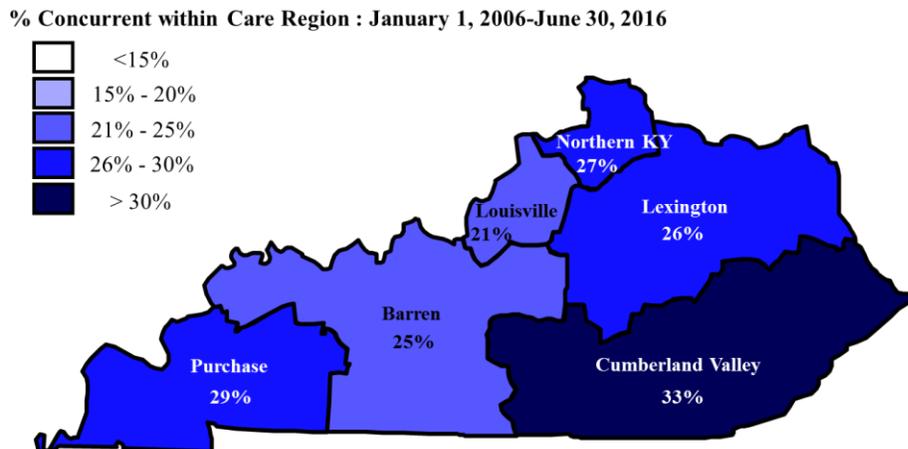


Figure 21 shows the total number of new HIV infections (regardless of disease progression status) diagnosed between January 1, 2006, and June 30, 2016, by Care Coordinator Region based on place of residence at time of HIV diagnosis. A Care Coordinator Region is defined based on the specific counties of the state for which clinical and support services are provided by a state-funded agency (agencies listed on page 33). The highest number of cases (1,605 or 44%) diagnosed in this period occurred among residents of the Louisville Region. The second highest number of diagnoses (920 or 25%) occurred in residents of the Lexington Region.

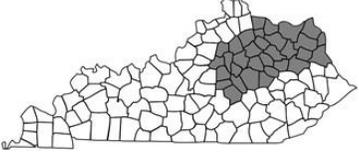
Figure 22. Percentage of All HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10.5 Years, January 1, 2006--June 30, 2016, Kentucky



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

Figure 22 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, 2006, and June 30, 2016. The percentage of concurrent HIV and AIDS diagnoses within each care region ranged from 21% to 33%. In all regions, approximately a quarter or more of cases diagnosed within each jurisdiction were concurrent diagnoses with the highest proportions of concurrent HIV and AIDS cases residing in the Cumberland Valley Region (33%) and Purchase Region (29%). For cases diagnosed concurrently, testing was likely not conducted near time of initial infection.

HIV Care Coordinator Regions, Kentucky

<p>Barren Region</p> 	<p>Matthew 25 452 Old Corydon Road Henderson, KY 42420 (270) 826-0200 (866) 607-6590 fax: (270) 826-0212</p>	<p>Counties Covered:</p>			
		<p>Allen Barren Breckinridge Butler Daviess Edmonson</p>	<p>Grayson Hancock Hardin Hart Henderson Larue</p>	<p>Logan McLean Marion Meade Metcalfe Monroe</p>	<p>Nelson Ohio Simpson Union Warren Washington Webster</p>
<p>Lake Cumberland Valley Region</p> 	<p>Lake Cumberland District Health Dept. 500 Bourne Avenue Somerset, KY 42501 (606) 678-4761 (800) 928-4416 fax: (606) 678-2708 Some Lake Cumberland Valley clients are covered by Lexington Region</p>	<p>Counties Covered:</p>			
		<p>Adair Bell Breathitt Casey Clay Clinton</p>	<p>Cumberland Floyd Green Harlan Jackson Johnson</p>	<p>Knox Laurel Magoffin Martin McCreary Pike</p>	<p>Pulaski Rockcastle Russell Taylor Wayne Whitley</p>
<p>Lexington Region</p> 	<p>Bluegrass Care Clinic, UK 740 S. Limestone, K512 UK Medical Center Lexington, KY 40536 (859) 323-5544 (866) 761-0206 fax: (859) 257-3477</p>	<p>Counties Covered:</p>			
		<p>Anderson Bath Bourbon Boyd Boyle Bracken Carter Clark</p>	<p>Elliott Estill Fayette Fleming Franklin Garrard Greenup Harrison</p>	<p>Jessamine Lawrence Lewis Lincoln Madison Mason Menifee Mercer</p>	<p>Montgomery Morgan Nicholas Powell Robertson Rowan Scott Woodford</p>
<p>Louisville Region</p> 	<p>University of Louisville Care Coordination Program (550 Clinic) 501 E. Broadway, Suite 120 Louisville, KY 40202 (502) 852-2008 fax: (502) 852-2510</p>	<p>Counties Covered:</p>			
		<p>Bullitt Henry</p>	<p>Jefferson Oldham</p>	<p>Shelby Spencer</p>	<p>Trimble</p>
<p>Northern Kentucky Region</p> 	<p>Northern KY District Health Dept. 2388 Grandview Drive Ft. Mitchell, KY 41017 (859) 341-4264 fax: (859) 578-3689</p>	<p>Counties Covered:</p>			
		<p>Boone Campbell</p>	<p>Carroll Gallatin</p>	<p>Grant Kenton</p>	<p>Owen Pendleton</p>
<p>Purchase Region</p>	<p>Heartland Cares, Inc.</p>	<p>Counties Covered:</p>			

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:

<http://chfs.ky.gov/dph/epi/HIVAIDS/prevention.htm> <http://www.aidsvu.org>

(Ctrl-Click to access above hyperlinks)

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	P aintsville	(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	P ineville	(606) 248-2862	Laurel County Health Department	London	(606) 864-5187
Boone County Health Department	Florence	(859) 363-2060	Lawrence County Health Department	Louisa	(606) 638-4389
Bourbon County Health Department	P aris	(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	P rinceton	(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) 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	Heartland Cares Clinic	P aducah	(270) 444-8183
Clark County Health Department	Winchester	(859) 744-4482	McCracken County Health Department	P aducah	(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	Harrodsburg	(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) AHEC Lexington	Lexington	(859) 281-6086	Morgan County Health Department	West Liberty	(606) 743-3744
(Fayette) AVOL (AIDS Volunteers, Inc.)	Lexington	(859) 225-3000	Muhlenberg County Health Department	Central City	(270) 754-3200
(Fayette) Bluegrass Community Health Center	Lexington	(859) 259-2635	Nelson County Health Department	Bardstown	(502) 348-3222
(Fayette) Lex-Fayette Health Department	Lexington	(859) 288-2323	Nicholas County Health Department	Carlisle	(859) 289-2188
(Fayette) Moveable Feast Lexington	Lexington	(859) 252-2867	Ohio County Health Department	Hartford	(270) 298-3663
Fleming County Health Department	Flemingsburg	(606) 845-6511	Oldham County Health Department	LaGrange	(502) 222-3516
Floyd County Health Department	P restonsburg	(606) 886-2788	Owen County Health Department	Owenton	(502) 484-5736
Franklin County Health Department	Frankfort	(502) 564-4269	Owsley County Health Department	Booneville	(606) 593-5181
Fulton County Health Department	Fulton	(270) 472-1982	P endleton County Health Department	Falmouth	(859) 654-6985
Fulton County Health Department – Hickman	Hickman	(270) 236-2825	P erry County Health Department	Hazard	(606) 436-2196
Gallatin County Health Department	Warsaw	(859) 567-2844	P ike County Health Department	P ikeville	(606) 437-5500
Garrard County Health Department	Lancaster	(859) 792-2153	P owell County Health Department	Stanton	(606) 663-4360
Grant County Health Department	Williamstown	(859) 824-5074	P ulaski County Health Department	Somerset	(606) 679-4416
Graves County Health Department	Mayfield	(270) 247-3553	Robertson County Health Department	Mount Olivet	(606) 724-5222
Grayson County Health Department	Leitchfield	(270) 259-3141	Rockcastle County Health Department	Mt. Vernon	(606) 256-2242
Green County Health Department	Greensburg	(270) 932-4341	Rowan County Health Department	Morehead	(606) 784-8954
Greenup County Health Department	Greenup	(606) 473-9838	Russell County Health Department	Jamesstown	(270) 343-2181
Hancock County Health Department	Hawesville	(270) 927-8803	Scott County Health Department	Georgetown	(502) 863-3971
Hardin County Health Department	Elizabethtown	(270) 765-6196	Shelby County Health Department	Shelbyville	(502) 633-1231
Harlan County Health Department	Harlan	(606) 573-4820	Simpson County Health Department	Franklin	(270) 586-8261
Harrison County Health Department	Cynthiana	(859) 234-2842	Spencer County Health Department	Taylorsville	(502) 477-8146
Hart County Health Department	Munfordville	(270) 524-2511	Taylor County Health Department	Campbellsville	(270) 465-4191
(Henderson) Matthew 25 AIDS Services	Henderson	(270) 826-0200	Todd County Health Department	Elkton	(270) 265-2362
Henderson County Health Department	Henderson	(270) 826-3951	Trigg County Health Department	Cadiz	(270) 522-8121
Henry County Health Department	New Castle	(502) 845-2882	Trimble County Health Department	Bedford	(502) 255-7702
Hickman County Health Department	Clinton	(270) 653-6110	Union County Health Department	Morganfield	(270) 389-1230
Hopkins County Health Department	Madisonville	(270) 821-5242	Warren County Health Department	Bowling Green	(270) 781-2490
Jackson County Health Department	McKee	(606) 287-8421	Western Kentucky University – Health Services	Bowling Green	(270) 745-2273
(Jefferson) Dixie Health Center	Louisville	(502) 937-7277	Washington County Health Department	Springfield	(859) 336-3989

(Jefferson) Harambee Health Center, Inc.	Louisville	(502) 593-5939	Wayne County Health Department	Monticello	(606) 348-7464
(Jefferson) Lou.-Metro HD - Fam P lan/Methadone	Louisville	(502) 574-6660	Webster County Health Department	Dixon	(270) 639-9315
(Jefferson) Louisville-Metro HD - Specialty Clinic	Louisville	(502) 574-6697	Whitley County Health Department	Corbin	(606) 549-3380
(Jefferson) Louisville-Metro HD - TB Clinic	Louisville	(502) 574-6617	Wolfe County Health Department	Campton	(606) 668-3185
(Jefferson) Middletown Clinic	Louisville	(502) 245-1074	Woodford County Health Department	Versailles	(859) 873-4541
(Jefferson) Newburg Health Center	Louisville	(502) 458-0778			
(Jefferson) The More Center	Louisville	(502) 574-6414			
(Jefferson) Volunteers of America – Louisville	Louisville	(502) 636-4540			