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HIV/AIDS Data through December 2007

Provided for the Ryan White HIV/AIDS Treatment Modernization Act of 2006, for Fiscal Year 2009

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

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Contents

Commentary

The Ryan White HIV/AIDS Treatment Program (formerly the Comprehensive AIDS Resources Emergency Act) was first enacted into law in 1990, and amended in 1996, 2000, and 2006. The 2006 amendments, referred to as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 [1], established new criteria for eligibility determination for eligible metropolitan areas (EMA) and emerging communities (EC), and introduced a new funding category under Part A (formerly Title I) of the law. The new category of grantees is termed transitional grant areas (TGA). The 2006 amendments also changed the data requirements used for the formula award allocations.

In FY2009, the Health Resources and Services Administration (HRSA), for the third year in a row, used total counts of living cases of HIV and living cases of AIDS in the Ryan White HIV/AIDS Treatment Program Parts A and B (formerly Titles I and II) allocation formulae. Prior to FY2007, only AIDS cases, adjusted by a survival rate (estimated living AIDS cases), were used in the formulae. Beginning in FY2007, persons living with HIV (non-AIDS) as well as persons living with AIDS, as reported to and confirmed by the Director of the Centers for Disease Control and Prevention (CDC), are used to calculate funding allocation amounts. See Technical Notes for further explanation.

As instructed by the law, HRSA continues to use cumulative cases of AIDS reported to and confirmed by the Director of CDC for the most recent 5 calendar years to determine eligibility for Part A grantees. Part A has two categories of grantees, EMAs and TGAs. EMAs are defined as jurisdictions with more than 2,000 AIDS cases reported to and confirmed by the Director of CDC over the most recent 5 calendar years and with a minimum population of 50,000 persons. (Prior to FY2007, the minimum population threshold for inclusion as an EMA was 500,000.) An area will continue to be an EMA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: a) A cumulative total of 2,000 or more cases of AIDS reported during the most recent period of 5 calendar years, and b) A cumulative total of 3,000 or more living cases of AIDS as of December 31 for the most recent calendar year for which such data are available. Note: The first year the consecutive year requirement was applied was FY2008. Areas that have fallen below the required EMA thresholds that continue to be eligible are presented in the tables and remain designated as EMAs. There are 24 EMAs for FY2009, including the two new EMAs (Nassau–Suffolk, NY and New Haven–Bridgeport–Danbury–Waterbury, CT) that were previously classified as TGAs for FY2007 and FY2008. These two new EMAs were reclassified as EMAs for FY2009 as a result of a decision on April 25, 2008 by the United States Court of Appeals for the Second Circuit, in the matter of *County of Nassau, New York, et al, v. Michael O. Leavitt, Secretary of the U.S. Department of Health and Human Services, et al*.

The other category of Part A grantees, TGAs, are defined as those jurisdictions with at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the Director of CDC over the most recent 5 calendar years and with a minimum population of 50,000 persons. An area will remain a TGA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: a) A cumulative total of at least 1,000—but fewer than 2,000—cases of AIDS reported during the most recent period of 5 calendar years, and b) A cumulative total of 1,500 or more living cases of AIDS as of December 31 for the most recent calendar year for which such data are available. Note: The first year the consecutive year requirement was applied was FY2008. Areas that have fallen below the required TGA thresholds that continue to be eligible are presented in the tables and remain designated as TGAs.

For FY2009, there were 32 TGAs, including the 5 new TGAs that started receiving Part A funding for the first time in FY2007 (these 5 were ECs in FY2006). The 5 new TGAs added in FY2007 were: Baton Rouge, LA; Charlotte–Gastonia–Concord, NC–SC; Indianapolis, IN; Memphis, TN–MS–AR; and Nashville–Davidson–Murfreesboro, TN. No new TGAs were added in FY2009.

The geographic boundaries for all jurisdictions that received Part A funding in FY2009—both EMAs and TGAs—are those boundaries that were in effect when they were initially funded under Part A (formerly

Title I). For all newly eligible areas, the boundaries are based on current metropolitan statistical area (MSA) boundary definitions determined by the Office of Management and Budget for use in federal statistical activities [2].

The Part B EC eligibility is also determined based on the number of living AIDS cases in that jurisdiction. ECs are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 AIDS cases reported to and confirmed by the Director of CDC over the most recent 5 calendar years. An area will remain an EC unless it fails to meet both of the following requirements for 3 consecutive fiscal years: a) A cumulative total of at least 500—but fewer than 1,000—cases of AIDS reported during the most recent period of 5 calendar years, and b) A cumulative total of 750 or more living cases of AIDS as of December 31 for the most recent year for which such data are available. A hold harmless provision was added for ECs, so that all ECs that were eligible for funding in FY2007 and in FY2008 remained eligible for funding in FY2009, even if they no longer met the eligibility requirement.

The number of persons living with HIV and the number of persons living with AIDS are used to determine funding levels for Ryan White Parts A and B. For FY2009, CDC provided HRSA with data files containing the total number of persons reported living with AIDS through calendar year 2007 for all jurisdictions as well as the total number of persons living with HIV for all jurisdictions with name-based HIV reporting. Jurisdictions that did not yet have mature name-based HIV reporting sent tables containing the total number of code-based reported persons living with HIV directly to HRSA; those areas are listed in the Technical Notes.

Under the 2006 reauthorization, HRSA was required to accept code-based or non-name HIV data when calculating funding amounts. In response, HRSA, in consultation with the CDC, developed "Technical Guidance for Submission of HIV non-AIDS Data Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006" to ensure that the data reported to HRSA by code-based areas followed a uniform process similar to the process used to report name-based data to the CDC. Data submitted directly to HRSA were required to be certified by the State Epidemiologist. The Technical Guidance also allowed the State Epidemiologist in areas with operational name-based reporting systems established prior to December 31, 2006 to request that CDC report their HIV non-AIDS data to HRSA. The State Epidemiologist was required to make such requests in writing to both HRSA and CDC. As required by the 2006 legislation, HRSA reduced the total number of code-based reported persons living with HIV by 5 percent for those areas that reported their code-based data directly to HRSA. The code-based HIV cases were then added to the number of persons living with HIV and the number of persons living with AIDS reported to HRSA from CDC. For EMAs/TGAs that cross state lines, it was possible to have HIV cases reported by CDC from the name-based reporting state(s) as well as HIV cases reported directly to HRSA from the code-based reporting state(s). The following areas had both name-based and code-based HIV cases included in their total cases for FY2009: Boston, MA–NH; Portland–Vancouver, OR–WA; St. Louis, MO–IL; and Washington, DC–MD–VA–WV. The 5-percent reduction rule was only applied to the HIV cases reported to HRSA directly from the code-based state(s). The number of persons living with HIV and the number of persons living with AIDS were then added together to arrive at the total number of living cases of HIV and AIDS for each EMA, TGA, EC, state, and territory. These totals were used in the Part A and B funding formula calculations.

References

1. Health Resources and Services Administration. The Ryan White HIV/AIDS Treatment Modernization Act of 2006. Public Law 109-45. Available at: http://hab.hrsa.gov/law/reauth06.htm. Accessed August 27, 2010.
2. Office of Management and Budget. Standard for defining metropolitan and micropolitan statistical areas. *Federal Register* 2000;65:82228–82238. Also available at: http://www.whitehouse.gov/omb/fedreg/metroareas122700.pdf. Accessed August 27, 2010.

Technical Notes

In December 2006, Congress enacted the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The Act specifies the use of living HIV and AIDS case surveillance data in funding formulae for HIV care and services programs. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 authorizes CDC to provide AIDS data to HRSA for use in their funding formulae for all jurisdictions and provide HIV non-AIDS case data for areas with accurate and reliable name-based reporting as specified in the Act. These areas include Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming, Guam, and the U.S. Virgin Islands. Areas not specified in the Act could report those data directly to HRSA until such time that the areas—in consultation with the State Epidemiologist and CDC—determine that their system has become operational and that their name-based HIV data are sufficiently accurate and reliable for CDC to provide those data to HRSA. The Act further specifies that the numbers submitted directly to HRSA from these areas be modified to adjust for duplicative reporting by reducing the numbers by 5 percent. It was determined that areas with name-based HIV reporting systems in place prior to December 31, 2006 that are not specified in the Act as an eligible area meeting the standard, but were reporting HIV non-AIDS cases to CDC, could choose to submit their own numbers to HRSA or have CDC provide their reported data to HRSA and not have the 5 percent reduction applied. Areas that were exempt from the requirement to provide name-based HIV non-AIDS data, were considered "code-based reporting areas" under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, and were determined by CDC to not be fully operational by December 31, 2007 were: Hawaii, Maryland, Vermont, the Marshall Islands, Palau, and the Federated States of Micronesia. Note: the Marshall Islands, Palau, and the Federated States of Micronesia had not yet implemented name-based or code-based reporting systems but were given the option of reporting case counts to HRSA. These areas continued to submit their own HIV non-AIDS case data directly to HRSA in FY 2009, where the data were subjected to the 5 percent reduction and were used for funding calculation. The following areas had operational name-based HIV reporting systems in place by December 31, 2007 and were given the choice to submit their own numbers to HRSA or have CDC provide their reported HIV data to HRSA for FY2009 funding allocations: California, Delaware, District of Columbia, Illinois, Massachusetts, Montana, Oregon, Pennsylvania (Philadelphia cases only), and Rhode Island. Of those, Delaware, Montana, and Pennsylvania (Philadelphia cases only) chose to have CDC report their HIV data to HRSA for FY2009 funding allocation purposes and the remaining areas continued to report their HIV non-AIDS data directly to HRSA in FY2009. The EMAs and TGAs in states continuing to submit data directly to HRSA for FY2009 funding include the following: Los Angeles–Long Beach, CA; Oakland, CA; Orange County, CA; Riverside–San Bernardino, CA; Sacramento, CA; San Diego, CA; San Francisco, CA; San Jose, CA; Santa Rosa, CA; Washington, DC; Baltimore, MD; Boston, MA; and Portland, OR. The following areas continued to have CDC submit their HIV non-AIDS data to HRSA in FY2009: Connecticut, Georgia, Kentucky, Maine, New Hampshire, Pennsylvania (excluding Philadelphia), Washington, Puerto Rico, American Samoa, and the Northern Mariana Islands.

The assessment of whether HIV non-AIDS data may be provided by CDC for use by HRSA for funding purposes is based on whether the system is determined to be operational. The determination is made in consultation with state HIV surveillance programs and the State Epidemiologist. CDC considers a variety of factors to determine if an area is operational, including:

- the extent of integrated HIV/AIDS case reporting
- the extent of reporting by multiple sources (including laboratories and providers)
- the use of a standard reporting system to report cases to CDC (HARS, eHARS, or other CDC-approved system)
- participation in standard de-duplication activities

When all these factors are in place the ship flags are officially changed and HIV cases are then reported to CDC. The date CDC enables areas to report HIV cases to CDC will be used as the date a reporting system becomes operational for the purposes of this guidance. By April 2008, all surveillance areas (excluding the Marshall Islands, Palau, and the Federated States of Micronesia) had operational name-based HIV surveillance systems and were reporting HIV data to CDC; however, some of the areas (now name-based and previously code-based) continued to report their HIV non-AIDS data directly to HRSA for the FY2009 Ryan White funding calculation.

Data Requirements and Definitions

Case counts in all tables are presented by residence at earliest HIV diagnosis for HIV non-AIDS cases and residence at earliest AIDS diagnosis for AIDS cases. Data are presented by date of report rather than date of diagnosis (e.g., cases reported as alive as of December 31, 2007). Boundaries for MSAs are based on 1994 U.S. Census MSA definitions for EMAs and TGAs that became eligible prior to FY2007. Boundaries for newly eligible EMAs, TGAs, and ECs are determined using applicable definitions based on the 2000 U.S. Census.

Reported persons living with HIV or AIDS and five-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with HIV or AIDS are defined as persons reported as "alive" at last update.

HIV (non-AIDS) cases for code-based data submitted to HRSA and CDC data met the CDC surveillance case definition for definitive or presumptive HIV infection published in the CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance [1].

References

1. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *MMWR* 1999;48(RR-13). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a1.htm. Accessed August 27, 2010.

Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2003–2007 and as of December 2007—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Area of residence	Reported AIDS cases 2003–2007 No.	Persons reported living with AIDS (as of December 2007) No.
Eligible metropolitan areas (EMA)		
Atlanta–Sandy Springs–Marietta, Georgia	5,782	11,571
Baltimore, Maryland	4,716	9,488
Boston–Brockton–Nashua, Massachusetts–New Hampshire	2,661	7,748
Chicago, Illinois	6,631	13,945
Dallas, Texas	3,393	8,346
Detroit, Michigan	2,339	4,635
Fort Lauderdale, Florida	3,810	7,724
Houston, Texas	5,334	10,809
Los Angeles–Long Beach, California	9,388	22,431
Miami, Florida	5,584	12,988
Nassau–Suffolk, New York	1,393	3,621
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	1,574	4,200
New Orleans, Louisiana	1,830	4,006
New York, New York	24,338	59,700
Newark, New Jersey	2,555	6,669
Orlando, Florida	2,526	4,550
Philadelphia, Pennsylvania–New Jersey	5,994	13,596
Phoenix–Mesa, Arizona	2,101	3,775
San Diego, California	2,285	6,403
San Francisco, California	3,065	10,532
San Juan–Bayamon, Puerto Rico	2,842	7,023
Tampa–St Petersburg–Clearwater, Florida	2,768	5,264
Washington, DC–Maryland–Virginia–West Virginia	7,914	16,350
West Palm Beach–Boca Raton, Florida	1,893	4,513
Transitional grant areas (TGA)		
Austin–San Marcos, Texas	971	2,458
Baton Rouge, Louisiana	1,185	1,888
Bergen–Passaic, New Jersey	786	2,190
Caguas, Puerto Rico	389	761
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,255	1,809
Cleveland–Lorain–Elyria, Ohio	904	2,158
Denver, Colorado	1,247	3,232
Dutchess County, New York	340	803
Fort Worth–Arlington, Texas	1,007	2,238
Hartford, Connecticut	1,089	2,565
Indianapolis, Indiana	885	1,990
Jacksonville, Florida	1,513	2,970

Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2003–2007 and as of December 2007—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006 *(cont)*

Area of residence	Reported AIDS cases 2003–2007 No.	Persons reported living with AIDS (as of December 2007) No.
Jersey City, New Jersey	941	2,528
Kansas City, Missouri–Kansas	901	2,390
Las Vegas, Nevada–Arizona	1,335	2,763
Memphis, Tennessee–Mississippi–Arkansas	1,670	2,688
Middlesex–Somerset–Hunterdon, New Jersey	507	1,442
Minneapolis–St Paul, Minnesota–Wisconsin	871	2,173
Nashville–Davidson–Murfreesboro, Tennessee	1,117	2,215
Norfolk–Virginia Beach–Newport News, Virginia	844	2,353
Oakland, California	1,622	4,173
Orange County, California	1,205	3,662
Ponce, Puerto Rico	492	1,371
Portland–Vancouver, Oregon–Washington	953	2,339
Riverside–San Bernardino, California	1,897	4,686
Sacramento, California	636	1,699
St Louis, Missouri–Illinois	1,215	3,099
San Antonio, Texas	1,011	2,568
San Jose, California	577	1,816
Santa Rosa, California	328	844
Seattle–Bellevue–Everett, Washington	1,476	3,914
Vineland–Millville–Bridgeton, New Jersey	231	461

Note. See Commentary for definition of eligible metropolitan areas (EMA) and transitional grant areas (TGA).

Five former emerging communities in FY2006 were added as new transitional grant areas in FY2007: Baton Rouge, Louisiana; Charlotte–Gastonia–Concord, North Carolina–South Carolina; Indianapolis, Indiana; Memphis, Tennessee–Mississippi–Arkansas; Nashville–Davidson–Murfreesboro, Tennessee.

Table 2. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2003–2007 and as of December 2007—emerging communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Emerging communities (EC)	Reported AIDS cases 2003–2007 No.	Persons reported living with AIDS (as of December 2007) No.
Albany–Schenectady–Troy, New York	518	1,194
Augusta–Richmond County, Georgia–South Carolina	442	980
Bakersfield, California	555	1,136
Birmingham–Hoover, Alabama	591	1,174
Buffalo–Niagara Falls, New York	579	1,253
Cincinnati–Middletown, Ohio–Kentucky–Indiana	638	1,415
Columbia, South Carolina	943	2,050
Columbus, Ohio	839	1,407
Jackson, Mississippi	735	1,331
Lakeland, Florida	532	867
Louisville, Kentucky–Indiana	613	1,369
Milwaukee–Waukesha–West Allis, Wisconsin	489	1,247
Oklahoma City, Oklahoma	511	1,088
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	621	1,388
Pittsburgh, Pennsylvania	814	1,559
Port St. Lucie–Fort Pierce, Florida	564	1,126
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	492	1,340
Raleigh–Cary, North Carolina	795	1,249
Richmond, Virginia	653	1,595
Rochester, New York	726	1,742
Sarasota–Bradenton, Florida	451	942

Note. See Commentary for definition of emerging communities (EC).

Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2007—United States and dependent areas

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Alabama	5,702	4,164	9,866
Alaska	278	340	618
Arizona	5,949	5,180	11,129
Arkansas	2,388	2,296	4,684
California	41,730*	63,187	104,917
Colorado	5,974	4,313	10,287
Connecticut	3,215	7,403	10,618
Delaware	1,259	1,813	3,072
District of Columbia[a]	6,575*	8,559	15,134
Florida	38,303	49,055	87,358
Georgia	10,883	17,447	28,330
Hawaii	845*	1,251	2,096
Idaho	356	311	667
Illinois	15,447*	16,513	31,960
Indiana	3,953	4,218	8,171
Iowa	637	912	1,549
Kansas	1,260	1,369	2,629
Kentucky	1,635	2,788	4,423
Louisiana	7,663	8,522	16,185
Maine	421	534	955
Maryland	15,793*	15,029	30,822
Massachusetts	7,258*	8,651	15,909
Michigan	6,177	6,900	13,077
Minnesota	3,370	2,457	5,827
Mississippi	4,575	3,570	8,145
Missouri	5,061	5,751	10,812
Montana	120	205	325
Nebraska	680	784	1,464
Nevada	3,447	3,214	6,661
New Hampshire	480	587	1,067
New Jersey	15,851	17,564	33,415
New Mexico	934	1,330	2,264
New York	44,973	73,879	118,852

Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2007—United States and dependent areas *(cont)*

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
North Carolina	12,812	8,718	21,530
North Dakota	83	78	161
Ohio	8,274	7,380	15,654
Oklahoma	2,259	2,333	4,592
Oregon	1,746*	2,938	4,684
Pennsylvania	12,401	18,647	31,048
Rhode Island	985*	1,346	2,331
South Carolina	6,591	7,604	14,195
South Dakota	209	144	353
Tennessee	7,032	6,822	13,854
Texas	25,894	34,734	60,628
Utah	932	1,206	2,138
Vermont	206*	236	442
Virginia	10,092	8,573	18,665
Washington	4,420	5,734	10,154
West Virginia	662	786	1,448
Wisconsin	2,418	2,283	4,701
Wyoming	98	109	207
American Samoa	2	1	3
Federated States of Micronesia	8*	0	8
Guam	55	35	90
Marshall Islands**	—	1	1
Northern Mariana Islands	3	3	6
Palau**	—	—	—
Puerto Rico	6,519	11,335	17,854
U.S. Virgin Islands	235	335	570

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2009 funding calculations.

[a] The numbers reported for the District of Columbia are only for those persons whose area of residence was the District of Columbia.

* HRSA applied 5% reduction to the number of HIV cases submitted by states/territories with code-based HIV surveillance for award calculations, as required by legislation.

** Did not submit any code-based HIV data to HRSA.

— Data not reported.

Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2007—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Eligible metropolitan areas (EMA)			
Atlanta–Sandy Springs–Marietta, Georgia	6,260	11,571	17,831
Baltimore, Maryland	11,901*	9,488	21,389
Boston–Brockton–Nashua, Massachusetts–New Hampshire	6,270*	7,748	14,018
Chicago, Illinois	13,166*	13,945	27,111
Dallas, Texas	6,589	8,346	14,935
Detroit, Michigan	3,944	4,635	8,579
Fort Lauderdale, Florida	6,730	7,724	14,454
Houston, Texas	8,047	10,809	18,856
Los Angeles–Long Beach, California	15,106*	22,431	37,537
Miami, Florida	10,877	12,988	23,865
Nassau–Suffolk, New York	1,877	3,621	5,498
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	1,813	4,200	6,013
New Orleans, Louisiana	3,397	4,006	7,403
New York, New York	35,856	59,700	95,556
Newark, New Jersey	6,237	6,669	12,906
Orlando, Florida	3,953	4,550	8,503
Philadelphia, Pennsylvania–New Jersey	9,070	13,596	22,666
Phoenix–Mesa, Arizona	4,528	3,775	8,303
San Diego, California	5,161*	6,403	11,564
San Francisco, California	6,641*	10,532	17,173
San Juan–Bayamon, Puerto Rico	4,029	7,023	11,052
Tampa–St Petersburg–Clearwater, Florida	3,975	5,264	9,239
Washington, DC–Maryland–Virginia–West Virginia[a]	12,687*	16,350	29,028
West Palm Beach–Boca Raton, Florida	2,881	4,513	7,394
Transitional grant areas (TGA)			
Austin–San Marcos, Texas	1,630	2,458	4,088
Baton Rouge, Louisiana	1,867	1,888	3,755
Bergen–Passaic, New Jersey	1,858	2,190	4,048
Caguas, Puerto Rico	483	761	1,244
Charlotte–Gastonia–Concord, North Carolina–South Carolina	3,216	1,809	5,025
Cleveland–Lorain–Elyria, Ohio	2,020	2,158	4,178

Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2007—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006 *(cont)*

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Denver, Colorado	4,721	3,232	7,953
Dutchess County, New York	452	803	1,255
Fort Worth–Arlington, Texas	1,681	2,238	3,919
Hartford, Connecticut	1,085	2,565	3,650
Indianapolis, Indiana	1,825	1,990	3,815
Jacksonville, Florida	2,169	2,970	5,139
Jersey City, New Jersey	2,166	2,528	4,694
Kansas City, Missouri–Kansas	1,953	2,390	4,343
Las Vegas, Nevada–Arizona	2,968	2,763	5,731
Memphis, Tennessee–Mississippi–Arkansas	3,421	2,688	6,109
Middlesex–Somerset–Hunterdon, New Jersey	1,212	1,442	2,654
Minneapolis–St Paul, Minnesota–Wisconsin	2,964	2,173	5,137
Nashville–Davidson–Murfreesboro, Tennessee	2,036	2,215	4,251
Norfolk–Virginia Beach–Newport News, Virginia	3,329	2,353	5,682
Oakland, California	2,431*	4,173	6,604
Orange County, California	2,370*	3,662	6,032
Ponce, Puerto Rico	627	1,371	1,998
Portland–Vancouver, Oregon–Washington[b]	1,508*	2,339	3,847
Riverside–San Bernardino, California	3,167*	4,686	7,853
Sacramento, California	970*	1,699	2,669
St Louis, Missouri–Illinois[c]	2,897*	3,099	5,996
San Antonio, Texas	1,711	2,568	4,279
San Jose, California	1,102*	1,816	2,918
Santa Rosa, California	415*	844	1,259
Seattle–Bellevue–Everett, Washington	3,099	3,914	7,013
Vineland–Millville–Bridgeton, New Jersey	375	461	836

Note. See Commentary for definition of eligible metropolitan areas (EMA) and transitional grant areas (TGA).

Five former emerging communities in FY2006 were added as new transitional grant areas in FY2007: Baton Rouge, Louisiana; Charlotte–Gastonia–Concord, North Carolina–South Carolina; Indianapolis, Indiana; Memphis, Tennessee–Mississippi–Arkansas; Nashville–Davidson–Murfreesboro, Tennessee.

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY2009 funding calculations.

* HRSA applied 5% reduction to the number of HIV cases submitted by states/territories with code-based HIV surveillance for award calculations, as required by legislation.

[a] DC code-based number includes cases from code-based HIV surveillance areas of Maryland which are part of the DC EMA.

[b] Portland TGA cases include cases from areas of the Portland TGA that are in Washington State.

[c] St. Louis TGA cases include cases from code-based HIV surveillance areas of Illinois that are part of the St. Louis TGA.

Table 5. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2007—emerging communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Emerging communities (EC)	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Albany–Schenectady–Troy, New York	819	1,194	2,013
Augusta–Richmond County, Georgia–South Carolina	890	980	1,870
Bakersfield, California	615*	1,136	1,751
Birmingham–Hoover, Alabama	1,870	1,174	3,044
Buffalo–Niagara Falls, New York	821	1,253	2,074
Cincinnati–Middletown, Ohio–Kentucky–Indiana	1,421	1,415	2,836
Columbia, South Carolina	1,816	2,050	3,866
Columbus, Ohio	2,350	1,407	3,757
Jackson, Mississippi	1,680	1,331	3,011
Lakeland, Florida	604	867	1,471
Louisville, Kentucky–Indiana	873	1,369	2,242
Milwaukee–Waukesha–West Allis, Wisconsin	1,354	1,247	2,601
Oklahoma City, Oklahoma	1,109	1,088	2,197
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	939	1,388	2,327
Pittsburgh, Pennsylvania	1,197	1,559	2,756
Port St. Lucie–Fort Pierce, Florida	658	1,126	1,784
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	804*	1,340	2,144
Raleigh–Cary, North Carolina	1,365	1,249	2,614
Richmond, Virginia	2,328	1,595	3,923
Rochester, New York	1,245	1,742	2,987
Sarasota–Bradenton, Florida	594	942	1,536

Note. See Commentary for definition of emerging communities (EC).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY2009 funding calculations.

*HRSA applied 5% reduction to the number of HIV cases submitted by states/territories with code-based HIV surveillance for award calculations, as required by legislation.