HIV Surveillance Report | Supplemental Report

Volume 17, Number 1

# HIV/AIDS Data through December 2008

# Provided for the Ryan White HIV/AIDS Treatment Extension Act of 2009, for Fiscal Year 2010

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

This issue of the *HIV Surveillance Supplemental Report* is published by the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, and the HIV/AIDS Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland.



**Suggested citation**

Centers for Disease Control and Prevention. HIV/AIDS data through December 2008 provided for the Ryan White HIV/AIDS Treatment Extension Act of 2009, for fiscal year 2010. *HIV Surveillance Supplemental Report* 2012; 17(No. 1): [inclusive page numbers]. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published January 2012. Accessed [date].



**On the Web**: http://www.cdc.gov/hiv/topics/surveillance/resources/reports/

**Confidential information, referrals, and educational material on HIV infection and AIDS**
CDC-INFO (formerly, the CDC National AIDS Hotline)
1-800-232-4636 (in English, en Español)
1-888-232-6348 (TTY)
E-mail: cdcinfo@cdc.gov

**Acknowledgments**
Publication of this report would not have been possible without the contributions of the state and territorial health departments and the HIV surveillance programs that provided surveillance data to CDC.

# Contents

# Commentary

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (formerly the Comprehensive AIDS Resources Emergency Act) was first enacted into law in 1990, and amended in 1996, 2000, 2006, and 2009. More information about the legislation and its history is available from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau at http://hab.hrsa.gov/abouthab/legislation.html.

In FY2010, HRSA, for the fourth 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, eligible metropolitan areas (EMAs) and transitional grant areas (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. There are 24 EMAs for FY2010.

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 FY2010, there were 32 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY2010—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 [1–3].

The Part B emerging community (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 FY2010, 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 FY2010, CDC provided HRSA with data files containing the total number of persons reported living with

AIDS through calendar year 2008 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 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 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 FY2010: 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).

Provisions in the Ryan White HIV/AIDS Treatment Extension Act of 2009 provide for an upward adjustment for name-based reporting, for Part A (formula and supplemental) and Part B (formula) grantees for fiscal years 2010–2012. Under the Part A legislation, an area receives a 3 percent increase in living HIV/AIDS case counts for purposes of calculating funding for both formula and supplemental awards if an area: 1) qualified as a TGA in 2007; 2) converted from a code-based reporting system to a name-based reporting system in 2007; 3) reported data to CDC based on their name-based reporting system in 2007; and 4) experienced a 30 percent or more decrease in funding under Part A (formula and supplemental only) from fiscal years 2006 to 2007 due to the implementation of the name-based reporting system. Under Part B, a state that lost more than 30 percent of funding from fiscal year 2006 due to reporting living HIV cases through a name-based reporting system for the first time in fiscal year 2007, or a state that contains an area that qualifies as a TGA in FY 2007 and that meets the aforementioned criteria for Part A grantees, shall receive a 3 percent increase in living HIV/AIDS case counts for funding purposes. In FY 2010, one TGA and one state received a 3 percent upward adjustment in living HIV/AIDS case counts for funding purposes.

After these adjustments, 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. Office of Management and Budget. Standards 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 2, 2011.
2. Office of Management and Budget. Revised definitions of metropolitan statistical areas, new definitions of micropolitan statistical areas and combined statistical areas, and guidance on uses of the statistical definitions of these areas. OMB Bulletin 03-04. http://www.whitehouse.gov/omb/bulletins/b03-04.html. Published June 6, 2003. Accessed August 2, 2011.
3. Office of Management and Budget. Update of statistical area definitions and guidance on their uses. OMB Bulletin 08-01. http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf. Published November 20, 2007. Accessed August 2, 2011.

# Technical Notes

In October 2009, Congress enacted the Ryan White HIV/AIDS Treatment Extension Act of 2009. 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 Extension Act of 2009 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. The areas exempt from the requirement to provide name-based HIV non-AIDS data, considered "code-based reporting areas" under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, and determined by CDC to not be fully operational by December 31, 2008 were: the Marshall Islands, Palau, and the Federated States of Micronesia. (Note: These areas 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 2010, 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, 2008 and were given the choice to submit their own numbers to HRSA or have CDC provide their reported HIV data to HRSA for FY2010 funding allocations: California, District of Columbia, Hawaii, Illinois, Maryland, Massachusetts, Oregon, Rhode Island, and Vermont. Of these, Vermont chose to have CDC report their HIV data to HRSA for FY2010 funding allocation purposes and the remaining areas continued to report their HIV non-AIDS data directly to HRSA in FY2010. The EMAs and TGAs in states continuing to submit data directly to HRSA for FY2010 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; Chicago, IL; Baltimore, MD; Boston, MA; and Portland, OR. ECs in states continuing to submit data directly to HRSA for FY2010 funding include the following: Bakersfield, CA; Providence–New Bedford–Fall River, RI–MA. The following areas continued to have CDC submit their HIV non-AIDS data to HRSA in FY2010: Connecticut, Delaware, Georgia, Kentucky, Maine, Montana, New Hampshire, Pennsylvania (including Philadelphia County), Washington, Puerto Rico, American Samoa, and the Northern Mariana Islands.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 extended for three more years the period in which Part A (areas) and Part B (states) grantees currently using code-based data reporting systems must convert to a name-based data reporting system for purposes of reporting accurate data for funding. The penalties will remain for states/areas that report code-based data in any of the fiscal years 2009 through 2012. States/areas will receive a 5 percent downward adjustment in reported cases if they report code-based data in fiscal years 2010 and/or 2011. This adjustment will increase to 6 percent in fiscal year 2012. States/areas reporting code-based data for a fiscal year will also continue to receive a 5 percent penalty cap on an

increase in their grant award from their previous year's grant award. In effect the transition period ends in FY 2012, requiring states/areas to provide name-based data only in FY 2013.

Provisions in the Ryan White HIV/AIDS Treatment Extension Act of 2009 provide for an upward adjustment for name-based reporting for Part A (formula and supplemental) and Part B (formula) grantees for fiscal years 2010–2012. Under the Part A legislation, an area receives a 3 percent increase in living HIV/AIDS case counts for purposes of calculating funding for both formula and supplemental awards if an area: 1) qualified as a TGA in 2007; 2) converted from a code-based reporting system to a name-based reporting system in 2007; 3) reported data to CDC based on their name-based reporting system in 2007; and 4) experienced a 30 percent or more decrease in funding under Part A (formula and supplemental only) from fiscal years 2006 to 2007 due to the implementation of the name-based reporting system. Under Part B, a state that lost more than 30 percent of funding from fiscal year 2006 due to reporting living HIV cases through a name-based reporting system for the first time in fiscal year 2007, or a state that contains an area that qualifies as a TGA in FY 2007 and that meets the aforementioned criteria for Part A grantees, shall receive a 3 percent increase in living HIV/AIDS case counts for funding purposes. In FY 2010, one TGA and one state received a 3 percent upward adjustment in living HIV/AIDS case counts for funding purposes.

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 is 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 FY2010 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, 2008). 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 HIV (non-AIDS) cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the revised surveillance case definitions for HIV infection among adults, adolescents, and children <18 months and for HIV infection and AIDS among children aged 18 months to <13 years [1].

## References

1. CDC. Revised surveillance case definitions for HIV infection among adults, adolescents, and children <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. *MMWR* 2008;57(RR-10);1–8. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a1.htm. Accessed July 29, 2011.

## Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2004–2008 and as of December 2008—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

| Area of residence | Reported AIDS cases 2004–2008 No. | Persons reported living with AIDS (as of December 2008) No. |
|---|---|---|
| **Eligible metropolitan areas (EMAs)** | | |
| Atlanta–Sandy Springs–Marietta, Georgia | 6,197 | 12,728 |
| Baltimore, Maryland | 4,996 | 10,450 |
| Boston–Brockton–Nashua, Massachusetts–New Hampshire | 2,545 | 8,084 |
| Chicago, Illinois | 6,279 | 14,681 |
| Dallas, Texas | 3,404 | 8,592 |
| Detroit, Michigan | 2,329 | 4,929 |
| Fort Lauderdale, Florida | 4,096 | 8,337 |
| Houston, Texas | 5,032 | 11,567 |
| Los Angeles–Long Beach, California | 8,236 | 23,682 |
| Miami, Florida | 5,741 | 13,631 |
| Nassau–Suffolk, New York | 1,404 | 3,673 |
| New Haven–Bridgeport–Danbury–Waterbury, Connecticut | 1,405 | 4,264 |
| New Orleans, Louisiana | 1,716 | 4,165 |
| New York, New York | 22,210 | 61,357 |
| Newark, New Jersey | 2,648 | 6,809 |
| Orlando, Florida | 2,484 | 4,792 |
| Philadelphia, Pennsylvania–New Jersey | 5,603 | 14,261 |
| Phoenix–Mesa, Arizona | 2,102 | 4,115 |
| San Diego, California | 2,161 | 6,660 |
| San Francisco, California | 2,932 | 10,885 |
| San Juan–Bayamon, Puerto Rico | 2,584 | 7,206 |
| Tampa–St Petersburg–Clearwater, Florida | 2,852 | 5,621 |
| Washington, DC–Maryland–Virginia–West Virginia | 8,047 | 17,889 |
| West Palm Beach–Boca Raton, Florida | 1,815 | 4,672 |
| **Transitional grant areas (TGAs)** | | |
| Austin–San Marcos, Texas | 1,000 | 2,544 |
| Baton Rouge, Louisiana | 1,209 | 2,022 |
| Bergen–Passaic, New Jersey | 781 | 2,249 |
| Caguas, Puerto Rico | 326 | 785 |
| Charlotte–Gastonia–Concord, North Carolina–South Carolina | 1,219 | 1,942 |
| Cleveland–Lorain–Elyria, Ohio | 846 | 2,234 |
| Denver, Colorado | 1,260 | 3,413 |
| Dutchess County, New York | 325 | 821 |
| Fort Worth–Arlington, Texas | 926 | 2,210 |
| Hartford, Connecticut* | 938 | 2,582 |
| Indianapolis, Indiana | 842 | 2,054 |
| Jacksonville, Florida | 1,564 | 3,121 |

## Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2004–2008 and as of December 2008—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009 *(cont)*

| Area of residence | Reported AIDS cases 2004–2008 No. | Persons reported living with AIDS (as of December 2008) No. |
|---|---|---|
| Jersey City, New Jersey | 1,032 | 2,648 |
| Kansas City, Missouri–Kansas | 1,032 | 2,551 |
| Las Vegas, Nevada–Arizona | 1,341 | 2,787 |
| Memphis, Tennessee–Mississippi–Arkansas | 1,505 | 2,803 |
| Middlesex–Somerset–Hunterdon, New Jersey | 501 | 1,497 |
| Minneapolis–St Paul, Minnesota–Wisconsin | 898 | 2,301 |
| Nashville–Davidson–Murfreesboro, Tennessee | 1,050 | 2,368 |
| Norfolk–Virginia Beach–Newport News, Virginia | 717 | 2,454 |
| Oakland, California | 1,663 | 4,457 |
| Orange County, California | 1,186 | 3,731 |
| Ponce, Puerto Rico | 474 | 1,406 |
| Portland–Vancouver, Oregon–Washington | 922 | 2,430 |
| Riverside–San Bernardino, California | 1,755 | 4,870 |
| Sacramento, California | 646 | 1,812 |
| St Louis, Missouri–Illinois | 1,135 | 3,181 |
| San Antonio, Texas | 1,059 | 2,621 |
| San Jose, California | 644 | 1,964 |
| Santa Rosa, California | 296 | 884 |
| Seattle–Bellevue–Everett, Washington | 1,327 | 4,000 |
| Vineland–Millville–Bridgeton, New Jersey | 207 | 473 |

*Note*. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

* Provisions contained in the Ryan White HIV/AIDS Treatment Extension Act of 2009 provide an upward adjustment of 3% for all living cases of HIV/AIDS above the numbers reported by CDC for certain jurisdictions if certain conditions described in the legislation are met.

## Table 2. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2004–2008 and as of December 2008—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009

| Emerging communities (ECs) | Reported AIDS cases 2004–2008 No. | Persons reported living with AIDS (as of December 2008) No. |
|---|---|---|
| Albany–Schenectady–Troy, New York | 498 | 1,202 |
| Augusta–Richmond County, Georgia–South Carolina | 435 | 1,025 |
| Bakersfield, California | 598 | 1,224 |
| Birmingham–Hoover, Alabama | 563 | 1,242 |
| Buffalo–Niagara Falls, New York | 564 | 1,250 |
| Cincinnati–Middletown, Ohio–Kentucky–Indiana | 707 | 1,511 |
| Columbia, South Carolina | 947 | 2,095 |
| Columbus, Ohio | 816 | 1,572 |
| Jackson, Mississippi | 656 | 1,343 |
| Lakeland, Florida | 569 | 964 |
| Louisville, Kentucky–Indiana | 655 | 1,349 |
| Milwaukee–Waukesha–West Allis, Wisconsin | 475 | 1,309 |
| Oklahoma City, Oklahoma | 480 | 1,112 |
| Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division | 568 | 1,437 |
| Pittsburgh, Pennsylvania | 687 | 1,644 |
| Port St. Lucie–Fort Pierce, Florida | 566 | 1,195 |
| Providence–New Bedford–Fall River, Rhode Island–Massachusetts | 471 | 1,365 |
| Raleigh–Cary, North Carolina | 818 | 1,387 |
| Richmond, Virginia | 702 | 1,747 |
| Rochester, New York | 706 | 1,735 |
| Sarasota–Bradenton, Florida | 450 | 1,007 |

*Note*. See Commentary for definition of emerging community (EC).

## Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2008—United States and dependent areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

| Area of residence | HIV infection (non-AIDS) No. | AIDS No. | Total No. |
|---|---|---|---|
| Alabama | 6,070 | 4,392 | 10,462 |
| Alaska | 287 | 361 | 648 |
| Arizona | 6,129 | 5,604 | 11,733 |
| Arkansas | 2,459 | 2,326 | 4,785 |
| California | 45,469* | 66,237 | 111,706 |
| Colorado | 6,154 | 4,546 | 10,700 |
| Connecticut** | 3,381 | 7,490 | 10,871 |
| Delaware | 1,253 | 1,875 | 3,128 |
| District of Columbia[a] | 6,936* | 9,151 | 16,087 |
| Florida | 41,556 | 52,108 | 93,664 |
| Georgia | 13,251 | 18,943 | 32,194 |
| Hawaii | 946* | 1,307 | 2,253 |
| Idaho | 410 | 334 | 744 |
| Illinois | 15,177* | 17,321 | 32,498 |
| Indiana | 3,954 | 4,328 | 8,282 |
| Iowa | 681 | 954 | 1,635 |
| Kansas | 1,220 | 1,462 | 2,682 |
| Kentucky | 1,829 | 2,730 | 4,559 |
| Louisiana | 7,887 | 8,982 | 16,869 |
| Maine | 439 | 549 | 988 |
| Maryland | 17,300* | 16,841 | 34,141 |
| Massachusetts | 7,445* | 9,062 | 16,507 |
| Michigan | 6,351 | 7,320 | 13,671 |
| Minnesota | 3,495 | 2,605 | 6,100 |
| Mississippi | 4,653 | 3,630 | 8,283 |
| Missouri | 5,165 | 5,980 | 11,145 |
| Montana | 132 | 225 | 357 |
| Nebraska | 704 | 833 | 1,537 |
| Nevada | 3,442 | 3,266 | 6,708 |
| New Hampshire | 498 | 604 | 1,102 |
| New Jersey | 15,990 | 18,141 | 34,131 |
| New Mexico | 980 | 1,385 | 2,365 |
| New York | 47,565 | 76,039 | 123,604 |

## Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2008—United States and dependent areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009 *(cont)*

| Area of residence | HIV infection (non-AIDS) No. | AIDS No. | Total No. |
|---|---|---|---|
| North Carolina | 13,763 | 9,352 | 23,115 |
| North Dakota | 88 | 86 | 174 |
| Ohio | 8,674 | 7,891 | 16,565 |
| Oklahoma | 2,313 | 2,380 | 4,693 |
| Oregon | 1,790* | 3,074 | 4,864 |
| Pennsylvania | 13,446 | 19,570 | 33,016 |
| Rhode Island | 1,055* | 1,377 | 2,432 |
| South Carolina | 6,631 | 7,649 | 14,280 |
| South Dakota | 232 | 151 | 383 |
| Tennessee | 7,504 | 7,247 | 14,751 |
| Texas | 27,175 | 35,843 | 63,018 |
| Utah | 974 | 1,247 | 2,221 |
| Vermont | 100* | 250 | 350 |
| Virginia | 10,651 | 9,119 | 19,770 |
| Washington | 4,384 | 5,868 | 10,252 |
| West Virginia | 683 | 824 | 1,507 |
| Wisconsin | 2,469 | 2,398 | 4,867 |
| Wyoming | 111 | 113 | 224 |
| American Samoa | 1 | 1 | 2 |
| Federated States of Micronesia | 9* | 0 | 9 |
| Guam | 56 | 35 | 91 |
| Marshall Islands*** | 0 | 1 | 1 |
| Northern Mariana Islands | 4 | 4 | 8 |
| Palau*** | — | — | 0 |
| Puerto Rico | 6,904 | 11,640 | 18,544 |
| U.S. Virgin Islands | 234 | 336 | 570 |

*Note*. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY2010 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.

** Provisions contained in the Ryan White HIV/AIDS Treatment Extension Act of 2009 provide an upward adjustment of 3% for all living cases of HIV/AIDS above the numbers reported by CDC for certain jurisdictions if certain conditions described in the legislation are met.

*** 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 2008—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

| Area of residence | HIV infection (non-AIDS) No. | AIDS No. | Total No. |
|---|---|---|---|
| **Eligible metropolitan areas (EMAs)** | | | |
| Atlanta–Sandy Springs–Marietta, Georgia | 8,074 | 12,728 | 20,802 |
| Baltimore, Maryland | 11,481* | 10,450 | 21,931 |
| Boston–Brockton–Nashua, Massachusetts–New Hampshire | 6,476* | 8,084 | 14,560 |
| Chicago, Illinois | 13,052* | 14,681 | 27,733 |
| Dallas, Texas | 6,877 | 8,592 | 15,469 |
| Detroit, Michigan | 4,065 | 4,929 | 8,994 |
| Fort Lauderdale, Florida | 7,402 | 8,337 | 15,739 |
| Houston, Texas | 8,660 | 11,567 | 20,227 |
| Los Angeles–Long Beach, California | 16,825* | 23,682 | 40,507 |
| Miami, Florida | 11,544 | 13,631 | 25,175 |
| Nassau–Suffolk, New York | 2,040 | 3,673 | 5,713 |
| New Haven–Bridgeport–Danbury–Waterbury, Connecticut | 1,909 | 4,264 | 6,173 |
| New Orleans, Louisiana | 3,475 | 4,165 | 7,640 |
| New York, New York | 37,939 | 61,357 | 99,296 |
| Newark, New Jersey | 6,219 | 6,809 | 13,028 |
| Orlando, Florida | 4,464 | 4,792 | 9,256 |
| Philadelphia, Pennsylvania–New Jersey | 10,068 | 14,261 | 24,329 |
| Phoenix–Mesa, Arizona | 4,688 | 4,115 | 8,803 |
| San Diego, California | 5,500* | 6,660 | 12,160 |
| San Francisco, California | 7,075* | 10,885 | 17,960 |
| San Juan–Bayamon, Puerto Rico | 4,305 | 7,206 | 11,511 |
| Tampa–St Petersburg–Clearwater, Florida | 4,344 | 5,621 | 9,965 |
| Washington, DC–Maryland–Virginia–West Virginia[a] | 14,910* | 17,889 | 32,799 |
| West Palm Beach–Boca Raton, Florida | 3,078 | 4,672 | 7,750 |
| **Transitional grant areas (TGAs)** | | | |
| Austin–San Marcos, Texas | 1,749 | 2,544 | 4,293 |
| Baton Rouge, Louisiana | 1,914 | 2,022 | 3,936 |
| Bergen–Passaic, New Jersey | 1,882 | 2,249 | 4,131 |
| Caguas, Puerto Rico | 525 | 785 | 1,310 |
| Charlotte–Gastonia–Concord, North Carolina–South Carolina | 3,492 | 1,942 | 5,434 |
| Cleveland–Lorain–Elyria, Ohio | 2,137 | 2,234 | 4,371 |

## Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2008—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009 *(cont)*

| Area of residence | HIV infection (non-AIDS) No. | AIDS No. | Total No. |
|---|---|---|---|
| Denver, Colorado | 4,858 | 3,413 | 8,271 |
| Dutchess County, New York | 471 | 821 | 1,292 |
| Fort Worth–Arlington, Texas | 1,740 | 2,210 | 3,950 |
| Hartford, Connecticut** | 1,143 | 2,582 | 3,725 |
| Indianapolis, Indiana | 1,846 | 2,054 | 3,900 |
| Jacksonville, Florida | 2,347 | 3,121 | 5,468 |
| Jersey City, New Jersey | 2,200 | 2,648 | 4,848 |
| Kansas City, Missouri–Kansas | 1,893 | 2,551 | 4,444 |
| Las Vegas, Nevada–Arizona | 2,941 | 2,787 | 5,728 |
| Memphis, Tennessee–Mississippi–Arkansas | 3,688 | 2,803 | 6,491 |
| Middlesex–Somerset–Hunterdon, New Jersey | 1,262 | 1,497 | 2,759 |
| Minneapolis–St Paul, Minnesota–Wisconsin | 3,087 | 2,301 | 5,388 |
| Nashville–Davidson–Murfreesboro, Tennessee | 2,147 | 2,368 | 4,515 |
| Norfolk–Virginia Beach–Newport News, Virginia | 3,561 | 2,454 | 6,015 |
| Oakland, California | 2,640* | 4,457 | 7,097 |
| Orange County, California | 2,515* | 3,731 | 6,246 |
| Ponce, Puerto Rico | 634 | 1,406 | 2,040 |
| Portland–Vancouver, Oregon–Washington[b] | 1,534* | 2,430 | 3,964 |
| Riverside–San Bernardino, California | 3,392* | 4,870 | 8,262 |
| Sacramento, California | 1,126* | 1,812 | 2,938 |
| St Louis, Missouri–Illinois[c] | 2,982 | 3,181 | 6,163 |
| San Antonio, Texas | 1,787 | 2,621 | 4,408 |
| San Jose, California | 1,179* | 1,964 | 3,143 |
| Santa Rosa, California | 446* | 884 | 1,330 |
| Seattle–Bellevue–Everett, Washington | 3,065 | 4,000 | 7,065 |
| Vineland–Millville–Bridgeton, New Jersey | 379 | 473 | 852 |

*Note*. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY2010 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.

** Provisions contained in the Ryan White HIV/AIDS Treatment Extension Act of 2009 provide an upward adjustment of 3% for all living cases of HIV/AIDS above the numbers reported by CDC for certain jurisdictions if certain conditions described in the legislation are met.

[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 2008—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009

| Emerging communities (ECs) | HIV infection (non-AIDS) No. | AIDS No. | Total No. |
|---|---|---|---|
| Albany–Schenectady–Troy, New York | 866 | 1,202 | 2,068 |
| Augusta–Richmond County, Georgia–South Carolina | 930 | 1,025 | 1,955 |
| Bakersfield, California | 714* | 1,224 | 1,938 |
| Birmingham–Hoover, Alabama | 1,990 | 1,242 | 3,232 |
| Buffalo–Niagara Falls, New York | 889 | 1,250 | 2,139 |
| Cincinnati–Middletown, Ohio–Kentucky–Indiana | 1,489 | 1,511 | 3,000 |
| Columbia, South Carolina | 1,805 | 2,095 | 3,900 |
| Columbus, Ohio | 2,505 | 1,572 | 4,077 |
| Jackson, Mississippi | 1,675 | 1,343 | 3,018 |
| Lakeland, Florida | 667 | 964 | 1,631 |
| Louisville, Kentucky–Indiana | 976 | 1,349 | 2,325 |
| Milwaukee–Waukesha–West Allis, Wisconsin | 1,392 | 1,309 | 2,701 |
| Oklahoma City, Oklahoma | 1,142 | 1,112 | 2,254 |
| Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division | 920 | 1,437 | 2,357 |
| Pittsburgh, Pennsylvania | 1,249 | 1,644 | 2,893 |
| Port St. Lucie–Fort Pierce, Florida | 702 | 1,195 | 1,897 |
| Providence–New Bedford–Fall River, Rhode Island–Massachusetts | 913* | 1,365 | 2,278 |
| Raleigh–Cary, North Carolina | 1,484 | 1,387 | 2,871 |
| Richmond, Virginia | 2,436 | 1,747 | 4,183 |
| Rochester, New York | 1,308 | 1,735 | 3,043 |
| Sarasota–Bradenton, Florida | 645 | 1,007 | 1,652 |

*Note*. See Commentary for definition of emerging community (EC).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY2010 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.