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HIV/AIDS Data through December 2010

**Provided for the Ryan White
HIV/AIDS Treatment Extension
Act of 2009, for Fiscal Year 2012**



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Centers for Disease Control and Prevention Thomas R. Frieden, M.D., M.P.H.
Director

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention..... Rima F. Khabbaz, M.D.
Director (Acting)

Division of HIV/AIDS Prevention..... Jonathan H. Mermin, M.D., M.P.H.
Director

HIV Incidence and Case Surveillance Branch..... H. Irene Hall, Ph.D.
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Research and Dissemination Team..... Anna Satcher Johnson, M.P.H
Team Supervisor

Quantitative Sciences and Data Management Branch..... Timothy A. Green, Ph.D.
Chief

Health Resources and Services Administration..... Mary K. Wakefield, Ph.D., R.N.
Administrator

Health Resources and Services Administration..... Deborah Parham Hopson, Ph.D, R.N., F.A.A.N.
Assistant Surgeon General

Health Resources and Services Administration, HIV/AIDS Bureau..... Steven R. Young, M.S.P.H.
Metropolitan HIV/AIDS Programs

Health Resources and Services Administration, HIV/AIDS Bureau..... Heather Hauck, M.S.W., L.I.C.S.W.
Director, Division of State HIV/AIDS Programs

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Contents

Commentary	4
References	6
Technical Notes	7
Data Requirements and Definitions	8
References	8
Tables	
1 Reported AIDS cases and persons reported living with AIDS, by area of residence, 2006–2010 and as of December 2010—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009	9
2 Reported AIDS cases and persons reported living with AIDS, by area of residence, 2006–2010 and as of December 2010—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009	11
3 Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—United States and dependent areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009	12
4 Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009	14
5 Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009	16

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 FY 2012, HRSA, for the sixth 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 FY 2007, only AIDS cases, adjusted by a survival rate (estimated living cases of AIDS), were used in the formulae. Beginning in FY 2007, 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), were 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 for which such data are available 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 that have a cumulative total of more than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available and with a minimum population of 50,000 persons (prior to FY 2007, 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 AIDS cases reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 3,000 or more living cases of AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. There are 24 EMAs for FY 2012.

The other category of Part A grantees, TGAs, are defined as those jurisdictions that have a cumulative total of at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available 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—AIDS cases reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 1,500 or more living cases of AIDS reported to and confirmed by the Director of CDC as of December 31 for the most recent calendar year for which such data are available. Provisions in the Ryan White HIV/AIDS Treatment Extension Act of 2009 provide for a modification beginning in FY 2009. In the case where a metropolitan area has a cumulative total of at least 1,400 and fewer than 1,500 living cases of AIDS as of December 31 of the most recent calendar year for which such data are available, such area shall be treated as having met the criteria (b) as long as the area did not have more than 5% unobligated balance as of the most recent fiscal year for which such data are available. *Note:* The first year the consecutive year requirement was applied was FY 2008. 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 FY 2012, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2012—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 cases of AIDS 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 during the most recent 5 calendar years for which such data are available. 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 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available, and (b) a cumulative total of 750 or more living cases of AIDS reported to and confirmed by the Director of CDC as of December 31 for the most recent year for which such data are available.

The number of persons living with HIV non-AIDS and the number of persons living with AIDS are used to determine funding levels for Ryan White Parts A and B. For FY 2012, CDC provided HRSA with data files containing the total number of persons reported living with AIDS through calendar year 2010 for all jurisdictions as well as the total number of persons living with HIV non-AIDS 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 non-AIDS 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 non-AIDS 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 non-AIDS by 6 percent for those areas that reported their code-based data directly to HRSA. The code-based HIV non-AIDS cases were then added to the number of persons living with HIV non-AIDS 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 non-AIDS cases included in their total cases for FY 2012: Boston, MA-NH; St. Louis, MO-IL; and Washington, DC-MD-VA-WV. The 6-percent reduction rule was only applied to the HIV non-AIDS 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 fiscal year 2007; (2) converted from a code-based reporting system to a name-based reporting system in fiscal year 2007; (3) reported data to CDC based on their name-based reporting system in 2007; and (4) experienced more than a 30 percent 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 non-AIDS 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 2012, 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. <http://www.whitehouse.gov/omb/fedreg/metroareas122700.pdf>. Accessed September 23, 2013.
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 September 23, 2013.
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 September 23, 2013.

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 to determine formula funding for Part A and Part B 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 non-AIDS 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 6 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 6 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, 2010 were the Marshall Islands 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 2012, where the data were subjected to the 6 percent reduction and were used for funding calculation.)

The following areas had operational name-based HIV reporting systems in place by December 31, 2010 and were given the choice to submit their own numbers to HRSA or have CDC provide their reported HIV data to HRSA for FY 2012 funding allocations: California, District of Columbia, Hawaii, Illinois, Maryland, Massachusetts, Oregon, Rhode Island, and Palau. Of these, Oregon chose to have CDC report their HIV data to HRSA for FY 2012 funding allocation purposes and the remaining areas continued to report their HIV non-AIDS data directly to HRSA in FY 2012. The EMAs and TGAs in states continuing to submit data directly to HRSA for FY 2012 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; and Boston, MA. The ECs in states continuing to submit data directly to HRSA for FY 2012 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 FY 2012: Connecticut, Delaware, Georgia, Kentucky, Maine, Montana, New Hampshire, Pennsylvania (including Philadelphia County), Vermont, 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 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 remained for states/areas that report code-based data in any of the fiscal years 2009 through 2012. States/areas received a 5 percent downward adjustment in reported cases if they reported code-based data in fiscal years 2010 and/or 2011. This adjustment increased 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 fiscal year 2007; (2) converted from a code-based reporting system to a name-based reporting system in fiscal year 2007; (3) reported data to CDC based on their name-based reporting system in 2007; and (4) experienced more than a 30 percent 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 non-AIDS 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 2012, 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), and
- participation in standard de-duplication activities.

When all these factors are in place, 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 Ryan White and HRSA funding purposes. 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 FY 2012 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, 2010). Boundaries for MSAs are based on 1994 U.S. Census MSA definitions for EMAs and TGAs that became eligible prior to FY 2007. 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 non-AIDS or AIDS and five-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with HIV non-AIDS 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. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a1.htm>. Accessed March 14, 2013.

Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2006–2010 and as of December 2010—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Area of residence	Reported AIDS cases 2006–2010 No.	Persons reported living with AIDS (as of December 2010) No.
Eligible metropolitan areas (EMAs)		
Atlanta-Sandy Springs-Marietta, Georgia	5,284	13,537
Baltimore, Maryland	4,000	10,743
Boston-Brockton-Nashua, Massachusetts-New Hampshire	2,465	8,520
Chicago, Illinois	5,065	15,277
Dallas, Texas	3,215	9,280
Detroit, Michigan	2,058	5,392
Fort Lauderdale, Florida	3,682	8,943
Houston, Texas	4,658	12,347
Los Angeles-Long Beach, California	8,113	25,628
Miami, Florida	4,716	13,951
Nassau-Suffolk, New York	1,185	3,733
New Haven-Bridgeport-Danbury-Waterbury, Connecticut	1,000	4,139
New Orleans, Louisiana	1,510	4,393
New York, New York	18,395	65,465
Newark, New Jersey	2,444	7,027
Orlando, Florida	2,258	5,296
Philadelphia, Pennsylvania-New Jersey	4,643	14,293
Phoenix-Mesa, Arizona	1,979	4,477
San Diego, California	1,944	7,088
San Francisco, California	2,691	11,034
San Juan-Bayamon, Puerto Rico	2,193	6,962
Tampa-St Petersburg-Clearwater, Florida	2,414	5,909
Washington, DC-Maryland-Virginia-West Virginia	7,469	19,270
West Palm Beach-Boca Raton, Florida	1,553	4,846
Transitional grant areas (TGAs)		
Austin-San Marcos, Texas	879	2,726
Baton Rouge, Louisiana	1,236	2,319
Bergen-Passaic, New Jersey	703	2,350
Caguas, Puerto Rico	241	755
Charlotte-Gastonia-Concord, North Carolina-South Carolina	1,182	2,243
Cleveland-Lorain-Elyria, Ohio	763	2,318
Denver, Colorado	1,200	3,675
Dutchess County, New York	200	754
Fort Worth-Arlington, Texas	774	2,274
Hartford, Connecticut	645	2,443
Indianapolis, Indiana	786	2,212
Jacksonville, Florida	1,517	3,424

Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2006–2010 and as of December 2010—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 2006–2010	Persons reported living with AIDS (as of December 2010)
	No.	No.
Jersey City, New Jersey	909	2,778
Kansas City, Missouri-Kansas	1,011	2,637
Las Vegas, Nevada-Arizona	1,296	3,001
Memphis, Tennessee-Mississippi-Arkansas	1,274	3,234
Middlesex-Somerset-Hunterdon, New Jersey	473	1,602
Minneapolis-St Paul, Minnesota-Wisconsin	999	2,676
Nashville-Davidson-Murfreesboro, Tennessee	903	2,577
Norfolk-Virginia Beach-Newport News, Virginia	857	2,473
Oakland, California	1,768	4,876
Orange County, California	1,191	3,769
Ponce, Puerto Rico	398	1,324
Portland-Vancouver, Oregon-Washington	865	2,622
Riverside-San Bernardino, California	1,675	5,211
Sacramento, California	648	1,971
St Louis, Missouri-Illinois	1,313	3,446
San Antonio, Texas	1,143	2,956
San Jose, California	768	2,189
Santa Rosa, California	226	907
Seattle-Bellevue-Everett, Washington	1,237	4,292
Vineland-Millville-Bridgeton, New Jersey	160	481

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

Four TGAs failed for three consecutive years to meet eligibility criteria to remain a TGA. Therefore, they did not receive funding in FY 2012.

Table 2. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2006–2010 and as of December 2010—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Emerging communities (ECs)	Reported AIDS cases 2006–2010	Persons reported living with AIDS (as of December 2010)
	No.	No.
Albany-Schenectady-Troy, New York	423	1,240
Augusta-Richmond County, Georgia-South Carolina	274	1,032
Bakersfield, California	523	1,247
Birmingham-Hoover, Alabama	402	1,269
Bradenton-Sarasota-Venice, Florida	395	1,048
Buffalo-Niagara Falls, New York	442	1,261
Cincinnati-Middletown, Ohio-Kentucky-Indiana	807	1,673
Columbia, South Carolina	915	2,178
Columbus, Ohio	985	1,835
Jackson, Mississippi	620	1,439
Lakeland, Florida	524	1,072
Louisville, Kentucky-Indiana	611	1,423
Milwaukee-Waukesha-West Allis, Wisconsin	483	1,427
Oklahoma City, Oklahoma	438	1,130
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland- Wilmington Division	475	1,456
Pittsburgh, Pennsylvania	605	1,680
Port St. Lucie-Fort Pierce, Florida	517	1,307
Providence-New Bedford-Fall River, Rhode Island-Massachusetts	411	1,463
Raleigh-Cary, North Carolina	865	1,575
Richmond, Virginia	744	1,867
Rochester, New York	543	1,765

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

Table 3. Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—United States and dependent areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Area of residence	HIV non-AIDS No.	AIDS No.	Total No.
Alabama	6,745	4,608	11,353
Alaska	296	368	664
Arizona	6,223	6,081	12,304
Arkansas	2,567	2,542	5,109
California*	50,052	70,374	120,426
Colorado	6,307	4,879	11,186
Connecticut**	3,625	7,432	11,057
Delaware	1,210	1,920	3,130
District of Columbia ^a	7,409	9,841	17,250
Florida	43,929	55,105	99,034
Georgia	15,699	19,988	35,687
Hawaii*	885	1,398	2,283
Idaho	442	377	819
Illinois	14,224	18,089	32,313
Indiana*	4,168	4,633	8,801
Iowa	749	1,081	1,830
Kansas	1,204	1,571	2,775
Kentucky	2,475	2,929	5,404
Louisiana	8,410	9,853	18,263
Maine*	527	627	1,154
Maryland*	16,148	17,594	33,742
Massachusetts	7,488	9,548	17,036
Michigan	6,683	8,033	14,716
Minnesota	3,737	3,030	6,767
Mississippi	4,680	3,845	8,525
Missouri	5,359	6,242	11,601
Montana	142	246	388
Nebraska	820	957	1,777
Nevada	3,534	3,473	7,007
New Hampshire	518	631	1,149
New Jersey	16,747	18,951	35,698
New Mexico	1,091	1,465	2,556
New York	50,995	80,162	131,157

Table 3. Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—United States and dependent areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009 (cont)

Area of residence	HIV non-AIDS No.	AIDS No.	Total No.
North Carolina	14,645	10,608	25,253
North Dakota	98	92	190
Ohio	9,110	8,494	17,604
Oklahoma	2,505	2,444	4,949
Oregon*	1,897	3,316	5,213
Pennsylvania	14,528	19,570	34,098
Rhode Island*	1,329	1,490	2,819
South Carolina	6,689	7,998	14,687
South Dakota	260	171	431
Tennessee	8,043	8,104	16,147
Texas	29,821	38,253	68,074
Utah	1,055	1,334	2,389
Vermont	172	262	434
Virginia	10,862	9,607	20,469
Washington	4,749	6,308	11,057
West Virginia	706	856	1,562
Wisconsin	2,688	2,614	5,302
Wyoming	120	118	238
American Samoa	1	2	3
Federated States of Micronesia*	2	4	6
Guam	51	34	85
Marshall Islands***	0	1	1
Northern Mariana Islands	0	1	1
Palau	2	1	3
Puerto Rico	7,334	11,360	18,694
U.S. Virgin Islands	248	326	574

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2012 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 6% reduction to the number of HIV cases submitted by states/territories with code-based HIV surveillance for award calculations, as required by legislation. This reduction is reflected in the Total column only.

** 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.

Table 4. Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Area of residence	HIV non-AIDS No.	AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta-Sandy Springs-Marietta, Georgia	9,577	13,537	23,114
Baltimore, Maryland*	10,774	10,743	21,517
Boston-Brockton-Nashua, Massachusetts-New Hampshire ^a	6,533	8,520	15,053
Chicago, Illinois*	12,029	15,277	27,306
Dallas, Texas	7,570	9,280	16,850
Detroit, Michigan	4,293	5,392	9,685
Fort Lauderdale, Florida	7,779	8,943	16,722
Houston, Texas	9,403	12,347	21,750
Los Angeles-Long Beach, California*	19,012	25,628	44,640
Miami, Florida	12,271	13,951	26,222
Nassau-Suffolk, New York	2,199	3,733	5,932
New Haven-Bridgeport-Danbury-Waterbury, Connecticut	1,990	4,139	6,129
New Orleans, Louisiana	3,594	4,393	7,987
New York, New York	41,106	65,465	106,571
Newark, New Jersey	6,513	7,027	13,540
Orlando, Florida	4,785	5,296	10,081
Philadelphia, Pennsylvania-New Jersey	11,053	14,293	25,346
Phoenix-Mesa, Arizona	4,769	4,477	9,246
San Diego, California*	6,038	7,088	13,126
San Francisco, California*	7,532	11,034	18,566
San Juan-Bayamon, Puerto Rico	4,566	6,962	11,528
Tampa-St Petersburg-Clearwater, Florida	4,613	5,909	10,522
Washington, DC-Maryland-Virginia-West Virginia ^b	15,314	19,270	34,584
West Palm Beach-Boca Raton, Florida	3,135	4,846	7,981
Transitional grant areas (TGAs)			
Austin-San Marcos, Texas	1,858	2,726	4,584
Baton Rouge, Louisiana	2,051	2,319	4,370
Bergen-Passaic, New Jersey	1,939	2,350	4,289
Charlotte-Gastonia-Concord, North Carolina-South Carolina	3,808	2,243	6,051
Cleveland-Lorain-Elyria, Ohio	2,281	2,318	4,599
Denver, Colorado	4,926	3,675	8,601
Fort Worth-Arlington, Texas	1,934	2,274	4,208
Hartford, Connecticut**	1,225	2,516	3,741

Table 4. Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2010—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009 (cont)

Area of residence	HIV non-AIDS	AIDS	Total
	No.	No.	No.
Indianapolis, Indiana	2,006	2,212	4,218
Jacksonville, Florida	2,549	3,424	5,973
Jersey City, New Jersey	2,333	2,778	5,111
Kansas City, Missouri-Kansas	1,987	2,637	4,624
Las Vegas, Nevada-Arizona	3,051	3,001	6,052
Memphis, Tennessee-Mississippi-Arkansas	3,943	3,234	7,177
Middlesex-Somerset-Hunterdon, New Jersey	1,262	1,602	2,864
Minneapolis-St Paul, Minnesota-Wisconsin	3,265	2,676	5,941
Nashville-Davidson-Murfreesboro, Tennessee	2,376	2,577	4,953
Norfolk-Virginia Beach-Newport News, Virginia	3,569	2,473	6,042
Oakland, California*	2,880	4,876	7,756
Orange County, California*	2,755	3,769	6,524
Ponce, Puerto Rico	609	1,324	1,933
Portland-Vancouver, Oregon-Washington ^c	1,643	2,622	4,265
Riverside-San Bernardino, California*	3,678	5,211	8,889
Sacramento, California*	1,328	1,971	3,299
St Louis, Missouri-Illinois ^d	3,128	3,446	6,574
San Antonio, Texas	1,848	2,956	4,808
San Jose, California*	1,249	2,189	3,438
Seattle-Bellevue-Everett, Washington	3,292	4,292	7,584

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 FY 2012 funding calculations.

Four TGAs failed for three consecutive years to meet eligibility criteria to remain a TGA. Therefore, they did not receive funding in FY 2012.

* HRSA applied 6% reduction to the number of HIV cases submitted by states/territories with code-based HIV surveillance for award calculations, as required by legislation. This reduction is reflected in the Total column only.

** 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 Boston EMA cases include cases from areas of the Boston EMA that are in New Hampshire.

^b DC code-based number includes cases from code-based HIV surveillance areas of Maryland that are part of the DC EMA.

^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 non-AIDS, AIDS, and total, by area of residence, as of December 2010—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Emerging communities (ECs)	HIV non-AIDS No.	AIDS No.	Total No.
Albany-Schenectady-Troy, New York	875	1,240	2,115
Augusta-Richmond County, Georgia-South Carolina	991	1,032	2,023
Bakersfield, California*	766	1,247	2,013
Birmingham-Hoover, Alabama	2,235	1,269	3,504
Bradenton-Sarasota-Venice, Florida	687	1,048	1,735
Buffalo-Niagara Falls, New York	1,007	1,261	2,268
Cincinnati-Middletown, Ohio-Kentucky-Indiana	1,555	1,673	3,228
Columbia, South Carolina	1,764	2,178	3,942
Columbus, Ohio	2,637	1,835	4,472
Jackson, Mississippi	1,674	1,439	3,113
Lakeland, Florida	700	1,072	1,772
Louisville, Kentucky-Indiana	1,499	1,423	2,922
Milwaukee-Waukesha-West Allis, Wisconsin	1,504	1,427	2,931
Oklahoma City, Oklahoma	1,234	1,130	2,364
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland-Wilmington Division	873	1,456	2,329
Pittsburgh, Pennsylvania	1,314	1,680	2,994
Port St. Lucie-Fort Pierce, Florida	711	1,307	2,018
Providence-New Bedford-Fall River, Rhode Island-Massachusetts*	1,112	1,463	2,575
Raleigh-Cary, North Carolina	1,615	1,575	3,190
Richmond, Virginia	2,384	1,867	4,251
Rochester, New York	1,285	1,765	3,050

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 FY 2012 funding calculations.

* HRSA applied 6% reduction to the number of HIV cases submitted by states/territories with code-based HIV surveillance for award calculations, as required by legislation. The reduction is reflected in the Total column only.