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**Provided for the Ryan White
HIV/AIDS Program, for
Fiscal Year 2014**



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The Ryan White HIV/AIDS Program statute 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 (HAB) at <http://hab.hrsa.gov/about/hab/legislation.html>.

In the implementation of the Ryan White HIV/AIDS Program (RWHAP) Parts A and B (formerly Titles I and II), HRSA HAB and the Centers for Disease Control and Prevention (CDC) collaborate to ensure the appropriate HIV and AIDS surveillance data are used in determining eligibility and funding allocation amounts. In FY 2014, HRSA used total counts of persons living with diagnosed HIV infection and persons living with infection ever classified as AIDS. Prior to FY 2007, only AIDS cases, adjusted by survival rate (estimated number of persons living with HIV infection ever classified as AIDS), were used in the formula. Beginning in FY 2007, persons living with diagnosed HIV infection non-AIDS as well as persons living with infection ever classified as AIDS, as reported to and confirmed by the Director of CDC, were used to calculate funding allocation amounts. See Technical Notes for further explanation.

RWHAP PART A FUNDING

For the RWHAP Part A funding formula, 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, as instructed by the RWHAP statute. The RWHAP Part A has 2 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 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 persons living with HIV infection ever classified as 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. In FY 2014, there were 24 EMAs.

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 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 persons living with HIV infection ever classified as 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. Provisions in the RWHAP statute provided for a modification beginning in FY 2009. In the case where a metropolitan area has a cumulative total of at least 1,400 but fewer than 1,500 persons living with HIV infection ever classified as 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 criterion (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. Areas that have fallen below the required TGA thresholds that continue to be eligible per the RWHAP statute remain designated as TGAs and are presented in the TGA tables. For FY 2014, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2014—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].

RWHAP PART B FUNDING

There are 3 separate grant awards under the RWHAP Part B and AIDS Drug Assistance Programs (ADAP). Each award is applied for and awarded separately. Funding is determined through formula and through demonstrated need, depending on the RWHAP Part B grant. The primary RWHAP Part B formula award includes the RWHAP Part B Base award, the ADAP Base award, the Minority AIDS Initiative (MAI) award (for those states that are eligible), the Emerging Community (EC) award (for those states that are eligible), and the ADAP Supplemental award (for those states that HRSA deems eligible and that choose to apply). The Part B Supplemental grant is a competitive award for states that demonstrate the need for additional Part B funds. The ADAP Emergency Relief Funds (ERF) are to help states prevent, reduce, or eliminate ADAP waiting lists or implement ADAP-related cost-containment measures.

FORMULA AND SUPPLEMENTAL GRANTS

RWHAP Part B Base, ADAP Base, and EC funding are distributed using a funding formula process. The RWHAP Part B Base, ADAP Base, and EC formula awards are based on the reported number of persons living with HIV infection non-AIDS and infection ever classified as AIDS in the state or territory through the end of the most recent calendar year as confirmed by the Director of CDC. The RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for grantees applying for MAI formula funds, awards are based on the reported number of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Supplemental ADAP grants are awarded by the same formula as ADAP Base to states which meet any of the criteria listed in that section of the Funding Opportunity Announcement for the purpose of providing medications or insurance assistance for persons living with HIV/AIDS. Data for MAI formula funds are not included in this report.

The RWHAP Part B Supplemental grants, including ADAP Supplemental, Part B Supplemental, and ADAP ERF, are awarded to states demonstrating the severity of the burden of HIV infection and the need for additional federal assistance. The funds are intended to supplement the services otherwise provided by the state. The applications are reviewed through a federally approved technical review process. States and territories applying for supplemental funds must provide quantifiable data on HIV epidemiology, comorbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges.

The RWHAP Part B EC eligibility is also determined based on the number of persons living with HIV infection ever classified as 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 persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent year for which such data are available.

The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS are used to determine funding levels for RWHAP Parts A and B. For FY 2014, CDC provided HRSA with data files containing the total number of persons reported living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS through calendar year 2012 for all jurisdictions. FY 2014 is the second year in which HRSA calculated RWHAP Parts A and B funding amounts based on name-based HIV reporting for both the total number of persons living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS across all jurisdictions. From FY 2007 through FY 2012, HRSA was required to accept code-based or non-name HIV non-

AIDS data from jurisdictions without mature name-based data.

The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS were added together to arrive at the total number of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS for each eligible EMA/TGA, EC, state, and territory. These totals were used in the RWHAP Parts 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/sites/default/files/omb/fedreg/metroareas122700.pdf>. Published December 27, 2000. Accessed June 9, 2015.
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/. Published June 6, 2003. Accessed June 9, 2015.
3. Office of Management and Budget. Update of statistical area definitions and guidance on their uses. OMB Bulletin 10-02. <http://www.whitehouse.gov/sites/default/files/omb/assets/bulletins/b10-02.pdf>. Published December 1, 2009. Accessed June 9, 2015.

Technical Notes

In October 2009, Congress enacted the Ryan White HIV/AIDS Program (RWHAP) statute. The Act specifies the use of surveillance data on persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS to determine formula funding for RWHAP Parts A and B HIV care and services programs. The RWHAP statute authorizes the Centers for Disease Control and Prevention (CDC) to provide AIDS data to the Health Resources and Services Administration (HRSA) for use in their funding formulas for all jurisdictions and to provide HIV non-AIDS case data for areas with accurate and reliable name-based reporting as specified in the Act. The Act provided that areas without name-based HIV reporting systems in place could report HIV non-AIDS data directly to HRSA until FY 2012. Beginning in FY 2013, determinations were to be based on HIV non-AIDS and AIDS data reported by CDC to HRSA for all jurisdictions.

As of December 2012, the Marshall Islands and the Federated States of Micronesia had not implemented name-based or code-based reporting systems. CDC is currently not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia as their surveillance systems have not yet been certified. However, in the event that another jurisdiction reported cases that were diagnosed in either the Marshall Islands or the Federated States of Micronesia, the cases would be reflected in the data that CDC sends to HRSA annually. In FY 2014, the Marshall Islands had one case of HIV infection ever classified as AIDS reported by Hawaii for calculating AIDS Drug Assistance Programs (ADAP) funding amounts in FY 2014. These jurisdictions receive a minimum allotment amount of funding for the RWHAP Part B Base as indicated in the RWHAP statute.

DATA REQUIREMENTS AND DEFINITIONS

Case counts in all tables are presented by residence at earliest HIV diagnosis for persons with diagnosed HIV infection non-AIDS and residence at earliest AIDS diagnosis for persons with infection ever classified as AIDS. Data are presented by date of report rather than date of diagnosis (e.g., persons reported as alive as of December 31, 2012). Boundaries for metropolitan sta-

tistical areas (MSAs) are based on 1990 U.S. Census and historical MSA delineations for eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that became eligible prior to FY 2007 (additional information on historical delineations is available at <http://www.census.gov/population/metro/data/past-metro.html>). Boundaries for EMAs, TGAs, and emerging communities (ECs) that became eligible after 2006 are determined using applicable definitions based on the year of first eligibility.

Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS and 5-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS are defined as persons reported as “alive” at last update.

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>. Published December 5, 2008. Accessed June 9, 2015.

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2008–2012 and as of December 2012—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2008–2012 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2012) No.
Eligible metropolitan areas (EMAs)		
Atlanta-Sandy Springs-Marietta, Georgia	6,355	14,776
Baltimore, Maryland	3,490	10,176
Boston-Brockton-Nashua, Massachusetts-New Hampshire	2,769	9,334
Chicago, Illinois	5,030	16,037
Dallas, Texas	3,312	9,685
Detroit, Michigan	1,869	5,289
Fort Lauderdale, Florida	3,218	9,310
Houston, Texas	5,034	13,516
Los Angeles-Long Beach, California	7,795	26,799
Miami, Florida	4,116	14,399
Nassau-Suffolk, New York	1,190	3,682
New Haven-Bridgeport-Danbury-Waterbury, Connecticut	873	4,240
New Orleans, Louisiana	1,558	4,652
New York, New York	16,046	66,528
Newark, New Jersey	2,435	7,282
Orlando, Florida	1,909	5,555
Philadelphia, Pennsylvania-New Jersey	4,150	14,467
Phoenix-Mesa, Arizona	1,756	4,737
San Diego, California	1,664	7,327
San Francisco, California	2,352	11,264
San Juan-Bayamon, Puerto Rico	1,829	6,975
Tampa-St. Petersburg-Clearwater, Florida	2,118	6,199
Washington, DC-Maryland-Virginia-West Virginia	6,440	19,128
West Palm Beach-Boca Raton, Florida	1,347	4,991
Transitional grant areas (TGAs)		
Austin-San Marcos, Texas	852	2,902
Baton Rouge, Louisiana	1,233	2,562
Bergen-Passaic, New Jersey	742	2,442
Charlotte-Gastonia-Concord, North Carolina-South Carolina	1,126	2,450
Cleveland-Lorain-Elyria, Ohio	678	2,430
Columbus, Ohio	1,054	2,071
Denver, Colorado	1,066	3,886
Fort Worth-Arlington, Texas	882	2,447
Hartford, Connecticut	546	2,488
Indianapolis, Indiana	860	2,400
Jacksonville, Florida	1,374	3,640

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2008–2012 and as of December 2012—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	Reported AIDS cases 2008–2012 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2012) No.
Jersey City, New Jersey	965	2,963
Kansas City, Missouri-Kansas	890	2,821
Las Vegas, Nevada-Arizona	1,212	3,214
Memphis, Tennessee-Mississippi-Arkansas	1,321	3,494
Middlesex-Somerset-Hunterdon, New Jersey	460	1,646
Minneapolis-St. Paul, Minnesota-Wisconsin	1,029	2,883
Nashville-Davidson-Murfreesboro, Tennessee	756	2,633
Norfolk-Virginia Beach-Newport News, Virginia	833	2,598
Oakland, California	1,702	5,108
Orange County, California	1,113	3,983
Portland-Vancouver, Oregon-Washington	756	2,786
Riverside-San Bernardino, California	1,605	5,386
Sacramento, California	625	2,064
St. Louis, Missouri-Illinois	1,155	3,486
San Antonio, Texas	1,128	3,027
San Jose, California	748	2,336
Seattle-Bellevue-Everett, Washington	1,082	4,448

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

Table 2. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2008–2012 and as of December 2012—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2008–2012	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2012)
	No.	No.
Albany-Schenectady-Troy, New York	384	1,201
Augusta-Richmond County, Georgia-South Carolina	423	965
Bakersfield, California	439	1,302
Birmingham-Hoover, Alabama	406	1,365
Buffalo-Niagara Falls, New York	432	1,276
Charleston-North Charleston, South Carolina	493	1,258
Cincinnati-Middletown, Ohio-Kentucky-Indiana	716	1,834
Columbia, South Carolina	844	2,328
Jackson, Mississippi	557	1,542
Lakeland, Florida	474	1,131
Louisville, Kentucky-Indiana	577	1,498
Milwaukee-Waukesha-West Allis, Wisconsin	480	1,534
North Port-Bradenton-Sarasota, Florida*	320	1,063
Oklahoma City, Oklahoma	421	1,241
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland— Wilmington Division	420	1,496
Pittsburgh, Pennsylvania	519	1,721
Port St. Lucie-Fort Pierce, Florida	512	1,412
Providence-New Bedford-Fall River, Rhode Island-Massachusetts	371	1,426
Raleigh-Cary, North Carolina	700	1,645
Richmond, Virginia	867	2,071
Rochester, New York	471	1,716

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

* This MSA was formerly named Bradenton-Sarasota-Venice, Florida, but the counties delineating the MSA have not changed.

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2012—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Alabama	7,088	5,066	12,154
Alaska	273	386	659
Arizona	6,684	6,424	13,108
Arkansas	2,501	2,373	4,874
California	45,274	73,300	118,574
Colorado	6,611	5,170	11,718
Connecticut	3,650	7,383	11,033
Delaware	1,260	1,986	3,246
District of Columbia	6,460	9,484	15,944
Florida	46,084	57,462	103,546
Georgia	15,769	21,796	37,565
Hawaii	936	1,455	2,391
Idaho	460	414	874
Illinois	16,233	18,867	35,090
Indiana	4,461	4,959	9,420
Iowa	852	1,204	2,056
Kansas	1,351	1,704	3,055
Kentucky	2,807	3,044	5,851
Louisiana	8,914	10,534	19,448
Maine	573	659	1,232
Maryland	13,319	17,048	30,367
Massachusetts	7,052	10,421	17,473
Michigan	7,095	7,935	15,030
Minnesota	3,953	3,289	7,242
Mississippi	4,979	4,230	9,209
Missouri	5,583	6,374	11,957
Montana	172	267	439
Nebraska	882	990	1,872
Nevada	3,725	3,685	7,410
New Hampshire	528	641	1,169
New Jersey	17,171	19,700	36,871
New Mexico	1,115	1,670	2,785
New York	53,857	80,887	134,744

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2012—United States and dependent areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
North Carolina	15,603	11,209	26,812
North Dakota	117	94	211
Ohio	9,992	9,241	19,233
Oklahoma	2,698	2,633	5,331
Oregon	2,109	3,517	5,626
Pennsylvania	14,319	19,749	34,068
Rhode Island	690	1,462	2,152
South Carolina	7,039	8,556	15,595
South Dakota	281	199	480
Tennessee	8,466	8,532	16,998
Texas	32,166	40,478	72,644
Utah	1,104	1,445	2,549
Vermont	191	258	449
Virginia	11,444	10,243	21,687
Washington	5,191	6,583	11,774
West Virginia	765	931	1,696
Wisconsin	2,759	2,787	5,546
Wyoming	134	152	286
American Samoa	1	1	2
Federated States of Micronesia*	—	—	0
Guam	49	35	84
Marshall Islands*	6	5	11
Northern Mariana Islands	0	1	1
Palau	3	1	4
Puerto Rico	7,949	11,338	19,287
U.S. Virgin Islands	259	343	602

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2014 funding calculations.

* See Technical Notes regarding data reported for these jurisdictions.

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2012—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta-Sandy Springs-Marietta, Georgia	9,936	14,776	24,712
Baltimore, Maryland	7,884	10,176	18,060
Boston-Brockton-Nashua, Massachusetts-New Hampshire	6,197	9,334	15,531
Chicago, Illinois	13,667	16,037	29,704
Dallas, Texas	8,190	9,685	17,875
Detroit, Michigan	4,560	5,289	9,849
Fort Lauderdale, Florida	8,172	9,310	17,482
Houston, Texas	10,132	13,416	23,548
Los Angeles-Long Beach, California	18,121	26,799	44,920
Miami, Florida	12,955	14,399	27,354
Nassau-Suffolk, New York	2,423	3,682	6,105
New Haven-Bridgeport-Danbury-Waterbury, Connecticut	2,038	4,240	6,278
New Orleans, Louisiana	3,754	4,562	8,316
New York, New York	43,732	66,528	110,260
Newark, New Jersey	6,556	7,282	13,838
Orlando, Florida	5,045	5,555	10,600
Philadelphia, Pennsylvania-New Jersey	10,728	14,467	25,195
Phoenix-Mesa, Arizona	5,179	4,737	9,916
San Diego, California	5,095	7,327	12,422
San Francisco, California	6,488	11,264	17,752
San Juan-Bayamon, Puerto Rico	5,065	6,975	12,040
Tampa-St. Petersburg-Clearwater, Florida	4,781	6,199	10,980
Washington, DC-Maryland-Virginia-West Virginia	14,418	19,128	33,546
West Palm Beach-Boca Raton, Florida	3,186	4,991	8,177
Transitional grant areas (TGAs)			
Austin-San Marcos, Texas	2,048	2,902	4,950
Baton Rouge, Louisiana	2,150	2,562	4,712
Bergen-Passaic, New Jersey	2,005	2,442	4,447
Charlotte-Gastonia-Concord, North Carolina-South Carolina	4,048	2,450	6,498
Cleveland-Lorain-Elyria, Ohio	2,504	2,430	4,934
Columbus, Ohio	2,864	2,122	4,986

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2012—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Denver, Colorado	5,151	3,886	9,037
Fort Worth-Arlington, Texas	2,115	2,447	4,562
Hartford, Connecticut	1,252	2,488	3,740
Indianapolis, Indiana	2,143	2,400	4,543
Jacksonville, Florida	2,728	3,640	6,368
Jersey City, New Jersey	2,531	2,963	5,494
Kansas City, Missouri-Kansas	2,119	2,821	4,940
Las Vegas, Nevada-Arizona	3,261	3,214	6,475
Memphis, Tennessee-Mississippi-Arkansas	4,061	3,494	7,555
Middlesex-Somerset-Hunterdon, New Jersey	1,293	1,646	2,939
Minneapolis-St. Paul, Minnesota-Wisconsin	3,457	2,883	6,340
Nashville-Davidson-Murfreesboro, Tennessee	2,531	2,633	5,164
Norfolk-Virginia Beach-Newport News, Virginia	3,752	2,598	6,350
Oakland, California	2,256	5,108	7,364
Orange County, California	2,826	3,983	6,809
Portland-Vancouver, Oregon-Washington	1,846	2,785	4,632
Riverside-San Bernardino, California	3,154	5,386	8,540
Sacramento, California	1,620	2,064	3,684
St. Louis, Missouri-Illinois	3,343	3,486	6,829
San Antonio, Texas	2,189	3,027	5,216
San Jose, California	948	2,336	3,284
Seattle-Bellevue-Everett, Washington	3,595	4,448	8,043

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 2014 funding calculations.

Table 5. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2012—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Albany-Schenectady-Troy, New York	908	1,201	2,109
Augusta-Richmond County, Georgia-South Carolina	856	965	1,821
Bakersfield, California	660	1,302	1,962
Birmingham-Hoover, Alabama	2,404	1,365	3,769
Buffalo-Niagara Falls, New York	1,070	1,276	2,346
Charleston-North Charleston, SC	1,770	1,834	3,604
Cincinnati-Middletown, Ohio-Kentucky-Indiana	1,073	1,258	2,331
Columbia, South Carolina	1,833	2,328	4,161
Jackson, Mississippi	1,803	1,542	3,345
Lakeland, Florida	752	1,131	1,883
Louisville, Kentucky-Indiana	1,561	1,498	3,059
Milwaukee-Waukesha-West Allis, Wisconsin	1,527	1,534	3,061
North Port-Bradenton-Sarasota, Florida*	731	1,063	1,794
Oklahoma City, Oklahoma	1,324	1,241	2,565
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland— Wilmington Division	960	1,496	2,456
Pittsburgh, Pennsylvania	1,386	1,721	3,107
Port St. Lucie-Fort Pierce, Florida	639	1,412	2,051
Providence-New Bedford-Fall River, Rhode Island-Massachusetts	663	1,426	2,089
Raleigh-Cary, North Carolina	1,761	1,645	3,406
Richmond, Virginia	2,436	2,071	4,507
Rochester, New York	1,299	1,716	3,015

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

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2014 funding calculations.

* This MSA was formerly named Bradenton-Sarasota-Venice, Florida, but the counties delineating the MSA have not changed.