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HIV/AIDS Data through December 2009

**Provided for the Ryan White
HIV/AIDS Treatment Extension
Act of 2009, for Fiscal Year 2011**



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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 2011, HRSA, for the fifth 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 2011.

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 2011, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2011—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 2011, CDC provided HRSA with data files containing the total number of persons reported living with AIDS through calendar year 2009 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 5 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 2011: 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 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 2011, 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(249):82228–82238. <http://www.whitehouse.gov/omb/fedreg/metroareas122700.pdf>. Accessed April 15, 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 October 10, 2012.
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 October 10, 2012.

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 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, 2009 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 2011, 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, 2009 and were given the choice to submit their own numbers to HRSA or have CDC provide their reported HIV data to HRSA for FY 2011 funding allocations: California, District of Columbia, Hawaii, Illinois, Maryland, Massachusetts, Oregon, Rhode Island, and Palau. The EMAs and TGAs in states continuing to submit data directly to HRSA for FY 2011 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. The ECs in states continuing to submit data directly to HRSA for FY 2011 funding include the following: Bakersfield, CA and Providence-New Bedford-Fall River, RI-MA. The following areas continued to have CDC submit their HIV non-AIDS data to HRSA in FY 2011: Connecticut, Delaware, Georgia, Kentucky, Maine, Montana, New Hampshire, Oregon, 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 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 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 2011, 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 2011 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, 2009). 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, 2005–2009 and as of December 2009—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Area of residence	Reported AIDS cases 2005–2009 No.	Persons reported living with AIDS (as of December 2009) No.
Eligible metropolitan areas (EMAs)		
Atlanta-Sandy Springs-Marietta, Georgia	6,273	13,533
Baltimore, Maryland	4,610	10,575
Boston-Brockton-Nashua, Massachusetts-New Hampshire	2,516	8,374
Chicago, Illinois	5,761	15,263
Dallas, Texas	3,294	9,019
Detroit, Michigan	2,257	5,125
Fort Lauderdale, Florida	3,973	8,825
Houston, Texas	4,695	12,045
Los Angeles-Long Beach, California	7,609	24,729
Miami, Florida	5,320	13,947
Nassau-Suffolk, New York	1,266	3,809
New Haven-Bridgeport-Danbury-Waterbury, Connecticut	1,235	4,153
New Orleans, Louisiana	1,625	4,273
New York, New York	21,374	64,638
Newark, New Jersey	2,456	6,962
Orlando, Florida	2,462	5,117
Philadelphia, Pennsylvania-New Jersey	5,329	14,394
Phoenix-Mesa, Arizona	2,088	4,286
San Diego, California	2,107	6,955
San Francisco, California	2,783	11,029
San Juan-Bayamon, Puerto Rico	2,595	6,905
Tampa-St Petersburg-Clearwater, Florida	2,711	5,843
Washington, DC-Maryland-Virginia-West Virginia	7,770	18,677
West Palm Beach-Boca Raton, Florida	1,683	4,817
Transitional grant areas (TGAs)		
Austin-San Marcos, Texas	993	2,677
Baton Rouge, Louisiana	1,208	2,134
Bergen-Passaic, New Jersey	693	2,297
Caguas, Puerto Rico	298	741
Charlotte-Gastonia-Concord, North Carolina-South Carolina	1,231	2,143
Cleveland-Lorain-Elyria, Ohio	870	2,256
Denver, Colorado	1,254	3,549
Dutchess County, New York	252	804
Fort Worth-Arlington, Texas	847	2,262
Hartford, Connecticut	804	2,476
Indianapolis, Indiana	833	2,173
Jacksonville, Florida	1,627	3,371

Table 1. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2005–2009 and as of December 2009—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 2005–2009 No.	Persons reported living with AIDS (as of December 2009) No.
Jersey City, New Jersey	948	2,776
Kansas City, Missouri-Kansas	1,055	2,604
Las Vegas, Nevada-Arizona	1,326	2,945
Memphis, Tennessee-Mississippi-Arkansas	1,462	3,042
Middlesex-Somerset-Hunterdon, New Jersey	492	1,565
Minneapolis-St Paul, Minnesota-Wisconsin	1,018	2,558
Nashville-Davidson-Murfreesboro, Tennessee	994	2,513
Norfolk-Virginia Beach-Newport News, Virginia	904	2,603
Oakland, California	1,769	4,756
Orange County, California	1,167	3,866
Ponce, Puerto Rico	425	1,315
Portland-Vancouver, Oregon-Washington	898	2,559
Riverside-San Bernardino, California	1,776	5,114
Sacramento, California	640	1,872
St Louis, Missouri-Illinois	1,259	3,453
San Antonio, Texas	1,145	2,859
San Jose, California	707	2,070
Santa Rosa, California	261	910
Seattle-Bellevue-Everett, Washington	1,292	4,177
Vineland-Millville-Bridgeton, New Jersey	180	479

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 2011.

Table 2. Reported AIDS cases and persons reported living with AIDS, by area of residence, 2005–2009 and as of December 2009—emerging communities for the Ryan White HIV/AIDS Treatment Extension Act of 2009

Emerging communities (ECs)	Reported AIDS cases 2005–2009	Persons reported living with AIDS (as of December 2009)
	No.	No.
Albany-Schenectady-Troy, New York	416	1,229
Augusta-Richmond County, Georgia-South Carolina	354	1,054
Bakersfield, California	546	1,217
Birmingham-Hoover, Alabama	508	1,256
Bradenton-Sarasota-Venice, Florida	429	1,040
Buffalo-Niagara Falls, New York	487	1,294
Cincinnati-Middletown, Ohio-Kentucky-Indiana	760	1,565
Columbia, South Carolina	929	2,188
Columbus, Ohio	932	1,665
Jackson, Mississippi	618	1,353
Lakeland, Florida	535	1,021
Louisville, Kentucky-Indiana	655	1,367
Milwaukee-Waukesha-West Allis, Wisconsin	479	1,387
Oklahoma City, Oklahoma	505	1,166
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland- Wilmington Division	544	1,456
Pittsburgh, Pennsylvania	677	1,662
Port St. Lucie-Fort Pierce, Florida	547	1,252
Providence-New Bedford-Fall River, Rhode Island-Massachusetts	422	1,419
Raleigh-Cary, North Carolina	889	1,486
Richmond, Virginia	704	1,839
Rochester, New York	650	1,812

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 2009—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	6,439	4,502	10,941
Alaska	295	363	658
Arizona	6,221	5,847	12,068
Arkansas	2,487	2,505	4,992
California*	49,002	68,867	117,869
Colorado	6,246	4,726	10,972
Connecticut**	3,590	7,478	11,068
Delaware	1,173	1,914	3,087
District of Columbia* ^a	7,681	9,569	17,250
Florida	43,025	54,438	97,463
Georgia	14,799	19,934	34,733
Hawaii*	876	1,352	2,228
Idaho	426	354	780
Illinois	14,355	17,967	32,322
Indiana*	4,108	4,581	8,689
Iowa	720	1,039	1,759
Kansas	1,276	1,549	2,825
Kentucky	1,981	2,796	4,777
Louisiana	8,268	9,376	17,644
Maine*	490	594	1,084
Maryland*	17,216	17,163	34,379
Massachusetts	7,583	9,346	16,929
Michigan	6,596	7,620	14,216
Minnesota	3,600	2,888	6,488
Mississippi	4,659	3,675	8,334
Missouri	5,283	6,301	11,584
Montana	137	237	374
Nebraska	730	879	1,609
Nevada	3,574	3,450	7,024
New Hampshire	496	643	1,139
New Jersey	16,780	18,687	35,467
New Mexico	1,053	1,434	2,487
New York	50,493	79,598	130,091

Table 3. Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2009—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	14,265	10043	24,308
North Dakota	93	94	187
Ohio	8,937	8,060	16,997
Oklahoma	2,329	2,511	4,840
Oregon*	1,925	3,238	5,163
Pennsylvania	14,122	19,539	33,661
Rhode Island*	1,114	1,441	2,555
South Carolina	6,688	8,058	14,746
South Dakota	240	163	403
Tennessee	7,842	7,736	15,578
Texas	28,420	37,582	66,002
Utah	1,041	1,295	2,336
Vermont	148	255	403
Virginia	10,926	9,648	20,574
Washington	4,610	6,124	10,734
West Virginia	682	832	1,514
Wisconsin	2,597	2,534	5,131
Wyoming	120	120	240
American Samoa	1	1	2
Federated States of Micronesia*	1	5	6
Guam	59	38	97
Marshall Islands***	6	4	10
Northern Mariana Islands	0	1	1
Palau	3	0	3
Puerto Rico	7,013	11,159	18,172
U.S. Virgin Islands	246	322	568

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2011 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. This reduction is reflected in both the HIV non-AIDS and Total columns.

** 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 2009—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	9,261	13,533	22,794
Baltimore, Maryland	11,259	10,575	21,834
Boston-Brockton-Nashua, Massachusetts-New Hampshire ^a	6,618*	8,374	14,992
Chicago, Illinois	13,052*	15,263	27,451
Dallas, Texas	7,269	9,019	16,288
Detroit, Michigan	4,216	5,125	9,341
Fort Lauderdale, Florida	7,688	8,825	16,513
Houston, Texas	8,889	12,045	20,934
Los Angeles-Long Beach, California	18,535*	24,729	43,264
Miami, Florida	11,908	13,947	25,855
Nassau-Suffolk, New York	2,221	3,809	6,030
New Haven-Bridgeport-Danbury-Waterbury, Connecticut	1,984	4,153	6,137
New Orleans, Louisiana	3,593	4,273	7,866
New York, New York	40,294	64,638	104,932
Newark, New Jersey	6,546	6,962	13,508
Orlando, Florida	4,674	5,117	9,791
Philadelphia, Pennsylvania-New Jersey	10,653	14,394	25,047
Phoenix-Mesa, Arizona	4,787	4,286	9,073
San Diego, California	5,889*	6,955	12,844
San Francisco, California	7,434*	11,029	18,463
San Juan-Bayamon, Puerto Rico	4,386	6,905	11,291
Tampa-St Petersburg-Clearwater, Florida	4,524	5,843	10,367
Washington, DC-Maryland-Virginia-West Virginia ^b	16,038*	18,677	34,715
West Palm Beach-Boca Raton, Florida	3,132	4,817	7,949
Transitional grant areas (TGAs)			
Austin-San Marcos, Texas	1,806	2,677	4,483
Baton Rouge, Louisiana	2,018	2,134	4,152
Bergen-Passaic, New Jersey	1,999	2,297	4,296
Charlotte-Gastonia-Concord, North Carolina-South Carolina	3,716	2,143	5,859
Cleveland-Lorain-Elyria, Ohio	2,269	2,256	4,525
Denver, Colorado	4,903	3,549	8,452
Fort Worth-Arlington, Texas	1,820	2,262	4,082
Hartford, Connecticut**	1,194	2,550	3,744

Table 4. Reported number of persons living with HIV non-AIDS, AIDS, and total, by area of residence, as of December 2009—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 No.	AIDS No.	Total No.
Indianapolis, Indiana	1,951	2,173	4,124
Jacksonville, Florida	2,489	3,371	5,860
Jersey City, New Jersey	2,313	2,776	5,089
Kansas City, Missouri-Kansas	1,963	2,604	4,567
Las Vegas, Nevada-Arizona	3,072	2,945	6,017
Memphis, Tennessee-Mississippi-Arkansas	3,869	3,042	6,911
Middlesex-Somerset-Hunterdon, New Jersey	1,266	1,565	2,831
Minneapolis-St Paul, Minnesota-Wisconsin	3,164	2,558	5,722
Nashville-Davidson-Murfreesboro, Tennessee	2,252	,2513	4,765
Norfolk-Virginia Beach-Newport News, Virginia	3,576	2,603	6,179
Oakland, California	2,820*	4,756	7,576
Orange County, California	2,706*	3,866	6,572
Ponce, Puerto Rico	614	1,315	1,929
Portland-Vancouver, Oregon-Washington ^c	1,651*	2,559	4,210
Riverside-San Bernardino, California	3,628*	5,114	8,742
Sacramento, California	1,247*	1,872	3,119
St Louis, Missouri-Illinois ^d	3,109	3,453	6,562
San Antonio, Texas	1,798	2,859	4,657
San Jose, California	1,251*	2,070	3,321
Seattle-Bellevue-Everett, Washington	3,196	4,177	7,373

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 2011 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 2011.

* 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. This reduction is reflected in both the HIV and the Total columns.

** 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 Portland TGA cases include cases from areas of the Portland TGA that are in Washington State.

^d 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 2009—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	930	1,229	2,159
Augusta-Richmond County, Georgia-South Carolina	971	1,054	2,025
Bakersfield, California	744*	1,217	1,961
Birmingham-Hoover, Alabama	2,132	1,256	3,388
Bradenton-Sarasota-Venice, Florida	684	1,040	1,724
Buffalo-Niagara Falls, New York	998	1,294	2,292
Cincinnati-Middletown, Ohio-Kentucky-Indiana	1,510	1,565	3,075
Columbia, South Carolina	1,820	2,188	4,008
Columbus, Ohio	2,568	1,665	4,233
Jackson, Mississippi	1,667	1,353	3,020
Lakeland, Florida	688	1,021	1,709
Louisville, Kentucky-Indiana	1,057	1,367	2,424
Milwaukee-Waukesha-West Allis, Wisconsin	1,449	1,387	2,836
Oklahoma City, Oklahoma	1,157	1,166	2,323
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland- Wilmington Division	848	1,456	2,304
Pittsburgh, Pennsylvania	1,300	1,662	2,962
Port St. Lucie-Fort Pierce, Florida	725	1,252	1,977
Providence-New Bedford-Fall River, Rhode Island- Massachusetts	953*	1,419	2,372
Raleigh-Cary, North Carolina	1,547	1,486	3,033
Richmond, Virginia	2,468	1,839	4,307
Rochester, New York	1,354	1,812	3,166

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 2011 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. The reduction is reflected in both the HIV non-AIDS and Total columns.