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HIV and AIDS Data through December 2016

**Provided for the Ryan White
HIV/AIDS Program, for
Fiscal Year 2018**



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Confidential information, referrals, and educational material on HIV infection

CDC-INFO

1-800-232-4636 (in English, en Español)

1-888-232-6348 (TTY)

<http://wwwn.cdc.gov/dcs/ContactUs/Form>

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The Ryan White HIV/AIDS Program (RWHAP) is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was passed by Congress in 1990 to address the crisis of the HIV epidemic in the United States. This legislation has been amended and reauthorized 4 times: in 1996, 2000, 2006, and most recently in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009. More information about the legislation and its history is available from HRSA HAB at <https://hab.hrsa.gov/about-ryan-white-hivaids-program/>.

For the implementation of the RWHAP Metropolitan (Part A) and State (Part B) programs, 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 2018, HRSA used total counts of persons living with diagnosed HIV infection non-AIDS and persons living with infection ever classified as AIDS to calculate funding allocation amounts for eligible jurisdictions. For FY 2018, CDC provided HRSA with data files containing this information through calendar year 2016 for all jurisdictions. 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 area: eligible metropolitan area (EMA), transitional grant area (TGA), emerging community (EC), state, and territory. These totals were used in the RWHAP Parts A and B funding formula calculations.

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. RWHAP Part A has 2 categories of grantees:

EMAs and 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. 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 more 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 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 2018, 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 cases of AIDS 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 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 either or both of the required TGA thresh-

olds, but that continue to be eligible per the RWHAP statute because they must fail both criteria for three consecutive years remain designated as TGAs and are presented in the TGA tables. For FY 2018, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2018—both EMAs and TGAs—are those metropolitan statistical area (MSA) boundaries determined by the Office of Management and Budget (OMB) for use in federal statistical activities that were in effect when they were initially funded under Part A [1–3]. For all newly eligible areas, of which there were none in FY 2018, the boundaries are based on current MSA boundary definitions determined by OMB [1–3].

Minority AIDS Initiative (MAI) formula funds for Part A are awarded based on the reported number of minority 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. Data for MAI formula funds are not included in this report.

RWHAP PART B FUNDING

RWHAP Part B and AIDS Drug Assistance Program (ADAP) funds are awarded via 3 separate grant award processes: the RWHAP Part B Formula award, the RWHAP Part B Supplemental award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. The RWHAP Part B HIV Care Program grant award has a five-year project period and is determined by a legislatively mandated funding formula process. The award includes the following 5 components: Base award, ADAP Base award, MAI award (for eligible states), Emerging Communities award (for eligible states), and ADAP Supplemental award (for those states that HRSA deems eligible and that choose to apply). The RWHAP Part B Supplemental grant is a one-year competitive award for states that demonstrate the need for additional RWHAP Part B funds. The ADAP ERF grant is also a one-year competitive award. These funds are used to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

RWHAP Part B HIV Care Program Grant

For the RWHAP Part B Base, ADAP Base, MAI, ADAP Supplemental, and Emerging Communities

funding formula, HRSA continues to use cumulative cases of persons living with diagnosed 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, as instructed by the RWHAP statute. The RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for recipients applying for MAI formula funds, awards are based on the reported number of racial/ethnic minorities 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. Data for MAI formula funds are not included in this report. ADAP Supplemental grants are awarded by the same formula as ADAP Base to states that meet any of the criteria listed in that section of the Notice of Funding Opportunity Announcement for the purpose of providing medications or insurance assistance for persons living with HIV infection.

RWHAP Part B Emerging Communities eligibility is 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 cases of AIDS 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 750 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31st of the most recent year for which such data are available. As with EMAs and TGAs, the geographic boundaries for ECs are those that were determined by OMB and that were in effect when initially funded.

RWHAP Part B Supplemental and ADAP ERF Grants

RWHAP Part B Supplemental and ADAP ERF grants 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 supple-

ment the services otherwise provided by the state. All submitted applications for RWHAP Part B Supplemental and ADAP ERF competitive grants are reviewed and ranked by an external objective review committee (ORC); the highest-ranked applications receive consideration for award within available funding ranges. States and territories applying for RWHAP Part B 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.

Technical Notes

In October 2009, Congress enacted amendments to the Ryan White HIV/AIDS Program (RWHAP) legislation. The RWHAP legislation 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. RWHAP authorizes the Centers for Disease Control and Prevention (CDC) to provide HIV infection non-AIDS and AIDS case surveillance data to the Health Resources and Services Administration (HRSA) for use in their funding formula for all jurisdictions.

As of December 2016, CDC was not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia as their surveillance systems had 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.

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., reported AIDS cases in the last 5 years). Boundaries for eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that became eligible prior to FY 2007 are based on the Office of Management and Budget (OMB) metropolitan statistical area (MSA) delineations that were in effect for such areas for FY 1994 (additional information on historical delineations is available at <http://www.census.gov/geographies/reference-files/time-series/demo/metro-micro/historical-delineation-files.html>). Boundaries for EMAs, TGAs, and emerging communities (ECs) that became eligible after 2006 are determined using applicable OMB definitions based on the year of first eligibility.

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 infection non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the 2008 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 [4].

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4. CDC [Schneider E, Whitmore S, Glynn MK, Dominguez K, Mitsch A, McKenna MT]. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States 2008. *MMWR* 2008;57(RR-10):1–12.

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2012–2016 and as of December 2016—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2012–2016 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2016) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	7,257	16,336
Baltimore, Maryland	2,363	10,262
Boston–Brockton–Nashua, Massachusetts–New Hampshire	1,990	9,910
Chicago, Illinois	3,709	16,250
Dallas, Texas	2,942	10,769
Detroit, Michigan	1,490	5,720
Fort Lauderdale, Florida	1,832	9,405
Houston, Texas	3,814	14,592
Los Angeles–Long Beach, California	5,148	28,014
Miami, Florida	2,893	14,645
Nassau–Suffolk, New York	687	3,647
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	537	4,039
New Orleans, Louisiana	1,124	4,586
New York, New York	8,105	62,929
Newark, New Jersey	1,442	7,145
Orlando, Florida	1,544	5,931
Philadelphia, Pennsylvania–New Jersey	2,552	13,928
Phoenix–Mesa, Arizona	1,202	5,109
San Diego, California	1,229	7,410
San Francisco, California	1,128	10,905
San Juan–Bayamon, Puerto Rico	1,265	6,421
Tampa–St. Petersburg–Clearwater, Florida	1,694	6,486
Washington, DC–Maryland–Virginia–West Virginia	4,142	19,094
West Palm Beach–Boca Raton, Florida	948	4,985
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	698	3,113
Baton Rouge, Louisiana	864	2,706
Bergen–Passaic, New Jersey	514	2,488
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,224	2,981
Cleveland–Lorain–Elyria, Ohio	510	2,550
Columbus, Ohio	740	2,425
Denver, Colorado	679	3,955
Fort Worth–Arlington, Texas	868	2,746
Hartford, Connecticut	350	2,337
Indianapolis, Indiana	621	2,584
Jacksonville, Florida	1,037	3,836
Jersey City, New Jersey	580	2,929

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2012–2016 and as of December 2016—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	Reported AIDS cases 2012–2016	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2016)
	No.	No.
Kansas City, Missouri–Kansas	545	2,796
Las Vegas, Nevada–Arizona	1,058	3,591
Memphis, Tennessee–Mississippi–Arkansas	1,305	3,540
Middlesex–Somerset–Hunterdon, New Jersey	312	1,677
Minneapolis–St. Paul, Minnesota–Wisconsin	694	3,119
Nashville–Davidson–Murfreesboro, Tennessee	557	2,572
Norfolk–Virginia Beach–Newport News, Virginia	832	2,755
Oakland, California	941	5,138
Orange County, California	661	4,067
Portland–Vancouver, Oregon–Washington	551	2,792
Riverside–San Bernardino, California	1,233	5,309
Sacramento, California	485	2,117
St. Louis, Missouri–Illinois	795	3,637
San Antonio, Texas	868	3,269
San Jose, California	376	2,359
Seattle–Bellevue–Everett, Washington	722	4,539

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, 2012–2016 and as of December 2016—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2012–2016	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2016)
	No.	No.
Albany–Schenectady–Troy, New York	190	1,160
Augusta–Richmond County, Georgia–South Carolina	471	1,045
Bakersfield, California	207	1,204
Birmingham–Hoover, Alabama	597	1,587
Buffalo–Niagara Falls, New York	334	1,294
Charleston–North Charleston, South Carolina	315	1,328
Cincinnati–Middletown, Ohio–Kentucky–Indiana	495	1,999
Columbia, South Carolina	535	2,437
Jackson, Mississippi	530	1,672
Lakeland, Florida	322	1,160
Louisville, Kentucky–Indiana	473	1,633
Milwaukee–Waukesha–West Allis, Wisconsin	338	1,569
North Port–Bradenton–Sarasota, Florida*	225	1,061
Oklahoma City, Oklahoma	396	1,320
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	290	1,487
Pittsburgh, Pennsylvania	608	1,988
Port St. Lucie–Fort Pierce, Florida	270	1,424
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	252	1,447
Raleigh–Cary, North Carolina	433	1,782
Richmond, Virginia	496	2,037
Rochester, New York	281	1,649

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

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area 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 2016—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Alabama	7,432	5,571	13,003
Alaska	313	399	712
Arizona	7,850	6,879	14,729
Arkansas	3,021	2,566	5,587
California	55,466	74,217	129,683
Colorado	6,723	5,266	11,989
Connecticut	3,905	6,981	10,886
Delaware	1,259	2,012	3,271
District of Columbia	6,892	8,919	15,811
Florida	51,046	58,823	109,869
Georgia	22,040	24,152	46,192
Hawaii	1,141	1,505	2,646
Idaho	469	462	931
Illinois	18,133	19,099	37,232
Indiana	5,288	5,321	10,609
Iowa	1,023	1,297	2,320
Kansas	1,460	1,657	3,117
Kentucky	3,301	3,301	6,602
Louisiana	10,418	10,923	21,341
Maine	616	653	1,269
Maryland	15,201	17,620	32,821
Massachusetts	8,662	11,093	19,755
Michigan	8,100	8,567	16,667
Minnesota	4,315	3,595	7,910
Mississippi	4,996	4,601	9,597
Missouri	6,092	6,527	12,619
Montana	185	262	447
Nebraska	955	1,049	2,004
Nevada	4,359	4,055	8,414
New Hampshire	568	633	1,201
New Jersey	17,912	19,530	37,442
New Mexico	1,322	1,660	2,982
New York	54,301	76,680	130,981
North Carolina	16,823	12,422	29,245
North Dakota	164	131	295
Ohio	11,369	10,012	21,381
Oklahoma	3,058	2,748	5,806
Oregon	2,470	3,534	6,004
Pennsylvania	14,866	19,579	34,445
Rhode Island	983	1,478	2,461

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 2016—United States and dependent areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
South Carolina	7,726	8,987	16,713
South Dakota	307	233	540
Tennessee	8,794	8,440	17,234
Texas	40,012	44,460	84,472
Utah	1,273	1,502	2,775
Vermont	221	279	500
Virginia	12,431	10,455	22,886
Washington	5,733	6,762	12,495
West Virginia	820	950	1,770
Wisconsin	2,990	2,830	5,820
Wyoming	146	165	311
American Samoa	0	1	1
Federated States of Micronesia*	1	0	1
Guam	46	34	80
Marshall Islands*	0	1	1
Northern Mariana Islands	1	4	5
Palau	5	4	9
Puerto Rico	8,349	10,381	18,730
U.S. Virgin Islands	280	355	635

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2018 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 2016—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	14,211	16,336	30,547
Baltimore, Maryland	8,446	10,262	18,708
Boston–Brockton–Nashua, Massachusetts–New Hampshire	7,680	9,910	17,590
Chicago, Illinois	15,469	16,250	31,719
Dallas, Texas	9,852	10,769	20,621
Detroit, Michigan	5,202	5,720	10,922
Fort Lauderdale, Florida	8,860	9,405	18,265
Houston, Texas	12,682	14,592	27,274
Los Angeles–Long Beach, California	22,897	28,014	50,911
Miami, Florida	14,827	14,645	29,472
Nassau–Suffolk, New York	2,731	3,647	6,378
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,233	4,039	6,272
New Orleans, Louisiana	4,244	4,586	8,830
New York, New York	43,691	62,929	106,620
Newark, New Jersey	6,751	7,145	13,896
Orlando, Florida	5,767	5,931	11,698
Philadelphia, Pennsylvania–New Jersey	11,268	13,928	25,196
Phoenix–Mesa, Arizona	6,100	5,109	11,209
San Diego, California	6,205	7,410	13,615
San Francisco, California	7,008	10,905	17,913
San Juan–Bayamon, Puerto Rico	5,552	6,421	11,973
Tampa–St. Petersburg–Clearwater, Florida	5,362	6,486	11,848
Washington, DC–Maryland–Virginia–West Virginia	16,689	19,094	35,783
West Palm Beach–Boca Raton, Florida	3,344	4,985	8,329
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	2,718	3,113	5,831
Baton Rouge, Louisiana	2,506	2,706	5,212
Bergen–Passaic, New Jersey	2,138	2,488	4,626
Charlotte–Gastonia–Concord, North Carolina–South Carolina	4,273	2,981	7,254
Cleveland–Lorain–Elyria, Ohio	2,941	2,550	5,491
Columbus, Ohio	3,137	2,425	5,562
Denver, Colorado	5,245	3,955	9,200
Fort Worth–Arlington, Texas	2,629	2,746	5,375
Hartford, Connecticut	1,287	2,337	3,624
Indianapolis, Indiana	2,543	2,584	5,127
Jacksonville, Florida	2,996	3,836	6,832
Jersey City, New Jersey	2,693	2,929	5,622
Kansas City, Missouri–Kansas	2,254	2,796	5,050

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 2016—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Las Vegas, Nevada–Arizona	3,865	3,591	7,456
Memphis, Tennessee–Mississippi–Arkansas	4,082	3,540	7,622
Middlesex–Somerset–Hunterdon, New Jersey	1,480	1,677	3,157
Minneapolis–St. Paul, Minnesota–Wisconsin	3,834	3,119	6,953
Nashville–Davidson–Murfreesboro, Tennessee	2,652	2,572	5,224
Norfolk–Virginia Beach–Newport News, Virginia	4,047	2,755	6,802
Oakland, California	3,079	5,138	8,217
Orange County, California	3,304	4,067	7,371
Portland–Vancouver, Oregon–Washington	2,112	2,792	4,904
Riverside–San Bernardino, California	3,890	5,309	9,199
Sacramento, California	1,912	2,117	4,029
St. Louis, Missouri–Illinois	3,701	3,637	7,338
San Antonio, Texas	2,982	3,269	6,251
San Jose, California	1,298	2,359	3,657
Seattle–Bellevue–Everett, Washington	3,975	4,539	8,514

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 2018 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 2016—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Albany–Schenectady–Troy, New York	935	1,160	2,095
Augusta–Richmond County, Georgia–South Carolina	1,070	1,045	2,115
Bakersfield, California	837	1,204	2,041
Birmingham–Hoover, Alabama	2,373	1,587	3,960
Buffalo–Niagara Falls, New York	1,219	1,294	2,513
Charleston–North Charleston, South Carolina	1,231	1,328	2,559
Cincinnati–Middletown, Ohio–Kentucky–Indiana	2,118	1,999	4,117
Columbia, South Carolina	1,975	2,437	4,412
Jackson, Mississippi	1,811	1,672	3,483
Lakeland, Florida	869	1,160	2,029
Louisville, Kentucky–Indiana	1,794	1,633	3,427
Milwaukee–Waukesha–West Allis, Wisconsin	1,668	1,569	3,237
North Port–Bradenton–Sarasota, Florida*	787	1,061	1,848
Oklahoma City, Oklahoma	1,519	1,320	2,839
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	935	1,487	2,422
Pittsburgh, Pennsylvania	1,420	1,988	3,408
Port St. Lucie–Fort Pierce, Florida	618	1,424	2,042
Providence–New Bedford–Fall River, Rhode Island– Massachusetts	961	1,447	2,408
Raleigh–Cary, North Carolina	2,028	1,782	3,810
Richmond, Virginia	2,652	2,037	4,689
Rochester, New York	1,356	1,649	3,005

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 2018 funding calculations.

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.