HIV/AIDS Surveillance Supplemental Report

Volume 13, Number 3

HIV/AIDS Data through December 2005

Provided for the Ryan White HIV/AIDS Treatment Modernization Act of 2006, for Fiscal Year 2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, Georgia 30333

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

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Suggested citation

Centers for Disease Control and Prevention. HIV/AIDS data through December 2005 provided for the Ryan White HIV/AIDS Treatment Modernization Act of 2006, for fiscal year 2007. *HIV/AIDS Surveillance Supplemental Report* 2008;13(No. 3):[inclusive page numbers]. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/.

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Acknowledgments

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

This report was prepared by the following staff and contractors of the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC: Patricia Sweeney, Jianmin Li, Denise Hughes, Michael Campsmith, Irene Hall, Marie Morgan (editing), and Michael Friend (desktop publishing), and the following staff at the HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA): Douglas Morgan, Celia Gabrel, Jill Jacobsen Ashman, and Narayanan Valappil.

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Commentary

The Ryan White HIV/AIDS Treatment Program (formerly the Comprehensive AIDS Resources Emergency Act) was first enacted into law in 1990, and amended in 1996, 2000, and 2006. The 2006 amendments, referred to as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 [1], established new criteria for eligibility determination for Eligible Metropolitan Areas (EMA) and Emerging Communities (EC), and introduced a new funding category under Part A (formerly Title I) of the law. The new category of grantees is termed Transitional Grant Areas (TGA). The 2006 amendments also changed the data requirements used for the formula award allocations.

In fiscal year (FY) 2007, with the passage of the new Act, the Health Resources and Services Administration (HRSA), for the very first time, used counts of persons living with HIV in the Parts A and B (formerly Titles I and II) allocation formulae. In previous years, only AIDS cases, adjusted by a survival rate (estimated persons living with AIDS), were used in the formulae. Now, persons living with HIV (non-AIDS) as well as persons living with AIDS, as reported to and confirmed by the Director of the Centers for Disease Control and Prevention (CDC), are used to calculate funding allocation amounts. See Technical Notes for further explanation.

There were also minor changes to the eligibility determination criteria. As instructed by the law, HRSA continues to use cumulative cases of AIDS reported to and confirmed by the Director of CDC for the most recent 5 calendar years to determine eligibility for Part A grantees. Part A now has two categories of grantees, Eligible Metropolitan Areas and Transitional Grant Areas. EMAs are defined as jurisdictions with more than 2,000 AIDS cases reported to and confirmed by the Director of CDC over the most recent 5 calendar years and with a minimum population of 50,000 persons. (Prior to FY2007, the minimum population threshold for inclusion as an EMA was 500,000.) An area will continue to be an EMA unless it fails to meet both of the following requirements for three consecutive fiscal years: a) A cumulative total of 2,000 or more cases of AIDS reported during the most recent period of 5 calendar years, and b) A cumulative total of 3,000 or more persons living with AIDS as of December 31 for the most recent calendar year for which such data are available. Currently there are 22 EMAs. The new category of Part A grantees, TGAs, are defined as those jurisdictions with at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the Director of CDC over the most recent 5 calendar years and with a minimum population of 50,000 persons. An area will remain a TGA unless it fails to meet both of the following requirements for three consecutive fiscal years: a) A cumulative total of at least 1,000—but fewer than 2,000—cases of AIDS reported during the most recent period of 5 calendar years, and b) A cumulative total of 1,500 or more persons living with AIDS as of December 31 for the most recent calendar year for which such data are available.

For FY2007, those jurisdictions that received Title I funding in FY2006, but did not meet the new definition of an EMA or TGA as defined above were still classified as TGAs. If these jurisdictions do not meet the definition of a TGA for three consecutive fiscal years, they will cease to be eligible for Part A funding. Currently, there are 34 TGAs, with five TGAs receiving Part A funding for the first time in FY2007 (these five were Emerging Communities in FY2006). The five newly-funded TGAs are: Baton Rouge, LA; Charlotte–Gastonia–Concord, NC–SC; Indianapolis, IN; Memphis, TN–MS–AR; and Nashville–Davidson–Murfreesboro, TN.

The geographic boundaries for all jurisdictions that received Part A funding in FY2007—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 [2].

AIDS cases are also used to determine eligibility for Part B Emerging Communities funding. ECs are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 AIDS cases reported to and confirmed by the Director of CDC over the most recent 5 calendar years. An area will remain an EC unless it fails to meet both of the following requirements for three consecutive fiscal years: a) A cumulative total of at least 500—but fewer than 1,000—cases of AIDS reported during the most recent

period of 5 calendar years, and b) A cumulative total of 750 or more persons living with AIDS as of December 31 for the most recent year for which such data are available. A hold harmless provision was added for ECs, so that all ECs that were eligible for funding in FY2007 remain eligible for funding in FY2008, even if they no longer meet the eligibility requirement.

As mentioned above, persons reported living with HIV and persons reported living with AIDS are used to determine funding levels for Parts A and B. For FY2007, CDC provided HRSA with data files containing the total number of persons reported living with AIDS through calendar year 2005 for all jurisdictions as well as the total number of persons living with HIV for all jurisdictions with name-based HIV reporting. Jurisdictions that did not yet have HIV name-based reporting sent tables containing the total number of code-based reported persons living with HIV directly to HRSA; those areas are listed in the Technical Notes.

Under the revised legislation, HRSA was also required to accept code-based or non-name HIV data when calculating funding amounts. In response, HRSA, in consultation with the CDC, developed a "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 the 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, 2005 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 legislation, HRSA reduced the total number of code-based reported persons living with HIV by 5 percent for those areas that reported their code-based data directly to HRSA. The code-based HIV cases were then added to the number of persons living with HIV and the number of persons living with AIDS reported to HRSA from CDC. For EMAs/TGAs that cross state lines, it was possible to have HIV cases reported by CDC from the name-based reporting state(s) as well as HIV cases reported directly to HRSA from the code-based reporting state(s). The following areas had both name-based and code-based HIV cases included in their total: Boston, MA–NH; Philadelphia, PA–NJ; St. Louis, MO–IL; and Washington, DC–MD–VA–WV. The 5 percent reduction rule was only applied to the HIV cases reported from the code-based state(s). 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 persons living with HIV and AIDS for each EMA/TGA, EC, and State. These totals were used in the Part A and B funding formula calculations.

REFERENCES

1. Health Resources and Services Administration. The Ryan White Treatment Modernization Act of 2006. Public Law 109-415. Available at: http://hab.hrsa.gov/law/reauth06.htm. Accessed August 1, 2008.
2. Office of Management and Budget. Standards for defining metropolitan and micropolitan statistical areas. *Federal Register* 2000;65(249):82228–82238. Also available at: http://www.whitehouse.gov/omb/fedreg/metroareas122700.pdf. Accessed August 1, 2008.

Table 1. Reported AIDS cases and reported living with AIDS, by area of residence, 2001–2005 and as of December 2005—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Area of residence	Reported AIDS Cases 2001–2005 No.	Persons Reported Living with AIDS (as of December 2005) No.
Eligible metropolitan areas (EMA)		
Atlanta–Sandy Springs–Marietta, Georgia	5,861	10,052
Baltimore, Maryland	5,464	8,415
Boston–Brockton–Nashua, Massachusetts–New Hampshire	2,998	7,277
Chicago, Illinois	7,169	12,809
Dallas, Texas	3,568	7,543
Detroit, Michigan	2,453	4,120
Fort Lauderdale, Florida	3,837	7,443
Houston, Texas	5,165	10,256
Los Angeles–Long Beach, California	8,715	19,965
Miami, Florida	5,923	12,965
New Orleans, Louisiana	2,062	3,702
New York, New York	27,936	58,609
Newark, New Jersey	2,918	6,480
Orlando, Florida	2,573	4,089
Philadelphia, Pennsylvania–New Jersey	6,208	11,840
Phoenix–Mesa, Arizona	2,111	3,249
San Diego, California	2,330	5,782
San Francisco, California	2,982	8,114
San Juan–Bayamon, Puerto Rico	3,189	6,581
Tampa–St Petersburg–Clearwater, Florida	2,782	4,878
Washington, DC–Maryland–Virginia–West Virginia	8,225	16,054
West Palm Beach–Boca Raton, Florida	2,271	4,527
Transitional grant areas (TGA)		
Austin–San Marcos, Texas	973	2,184
Baton Rouge, Louisiana	1,331	1,664
Bergen–Passaic, New Jersey	838	2,123
Caguas, Puerto Rico	427	745
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,095	1,495
Cleveland–Lorain–Elyria, Ohio	947	2,139
Denver, Colorado	1,183	2,896
Dutchess County, New York	356	731
Fort Worth–Arlington, Texas	918	1,992
Hartford, Connecticut	1,132	2,422

Table 1. Reported AIDS cases and reported living with AIDS, by area of residence, 2001–2005 and as of December 2005—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006 *(cont)*

Area of residence	Reported AIDS Cases 2001–2005 No.	Persons Reported Living with AIDS (as of December 2005) No.
Indianapolis, Indiana	1,029	1,849
Jacksonville, Florida	1,494	2,815
Jersey City, New Jersey	1,062	2,432
Kansas City, Missouri–Kansas	707	2,086
Las Vegas, Nevada–Arizona	1,267	2,409
Memphis, Tennessee–Mississippi–Arkansas	1,775	2,409
Middlesex–Somerset–Hunterdon, New Jersey	616	1,397
Minneapolis–St Paul, Minnesota–Wisconsin	787	1,926
Nashville–Davidson–Murfreesboro, Tennessee	1,099	1,989
Nassau–Suffolk, New Jersey	1,505	3,291
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	1,749	3,977
Norfolk–Virginia Beach–Newport News, Virginia	1,082	2,174
Oakland, California	1,556	3,702
Orange County, California	1,160	3,184
Ponce, Puerto Rico	537	1,280
Portland–Vancouver, Oregon–Washington	960	2,061
Riverside–San Bernardino, California	1,733	4,132
Sacramento, California	574	1,474
St Louis, Missouri–Illinois	1,119	2,739
San Antonio, Texas	936	2,269
San Jose, California	506	1,583
Santa Rosa, California	302	744
Seattle–Bellevue–Everett, Washington	1,564	3,524
Vineland–Millville–Bridgeton, New Jersey	235	426

Note. See Commentary for definition of Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA).

Five former Emerging Communities in FY 2006 were added as new Transitional Grant Areas in FY 2007: Baton Rouge, Louisiana; Charlotte–Gastonia–Concord, North Carolina–South Carolina; Indianapolis, Indiana; Memphis, Tennessee–Mississippi–Arkansas; Nashville–Davidson–Murfreesboro, Tennessee.

Table 2. Reported AIDS cases and reported living with AIDS, by area of residence, 2001–2005 and as of December 2005—Emerging Communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

	Reported AIDS Cases 2001–2005	Persons Reported Living with AIDS (as of December 2005)
Emerging Communities (EC)	**No.**	**No.**
Albany–Schenectady–Troy, New York	551	1,078
Augusta–Richmond County, Georgia–South Carolina	523	933
Birmingham–Hoover, Alabama	613	1,104
Buffalo–Niagara Falls, New York	612	1,088
Cincinnati–Middletown, Ohio–Kentucky–Indiana	598	1,226
Columbia, South Carolina	927	1,812
Columbus, Ohio	754	1,312
Jackson, Mississippi	774	1,202
Lakeland, Florida	509	799
Louisville, Kentucky–Indiana	634	1,184
Milwaukee–Waukesha–West Allis, Wisconsin	502	1,116
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	786	1,378
Pittsburgh, Pennsylvania	806	1,335
Port St Lucie–Fort Pierce, Florida	618	1,091
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	787	1,791
Raleigh–Cary, North Carolina	683	1,024
Richmond, Virginia	666	1,492
Rochester, New York	773	1,559
Sarasota–Bradenton–Venice, Florida	521	898

Note. See Commentary for definition of Emerging Communities (EC).

Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2005—United States and dependent areas

State of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Alabama	5,339	3,808	9,147
Alaska	177	313	490
Arizona	5,221	4,486	9,707
Arkansas	2,219	2,069	4,288
California	35,916*	54,667	90,583
Colorado	5,779	3,844	9,623
Connecticut	1,847	7,002	8,849
Delaware	1,036*	1,685	2,721
District of Columbia[a]	3,496*	9,293	12,789
Florida	34,603	47,142	81,745
Georgia	6,145	15,011	21,156
Hawaii	793*	1,255	2,048
Idaho	311	278	589
Illinois	12,843*	15,081	27,924
Indiana	3,662	3,883	7,545
Iowa	535	803	1,338
Kansas	1,094	1,194	2,288
Kentucky	1,037	2,443	3,480
Louisiana	7,222	7,653	14,875
Maine	399*	482	881
Maryland	13,544*	13,173	26,717
Massachusetts	6,791*	8,081	14,872
Michigan	5,722	6,077	11,799
Minnesota	3,015	2,180	5,195
Mississippi	4,128	3,223	7,351
Missouri	4,755	5,133	9,888
Montana	110	187	297
Nebraska	621	648	1,269
Nevada	3,020	2,823	5,843
New Hampshire	453	557	1,010

Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2005—United States and dependent areas *(cont)*

State of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
New Jersey	15,023	16,964	31,987
New Mexico	833	1,222	2,055
New York	39,375	71,471	110,846
North Carolina	11,237	7,537	18,774
North Dakota	77	68	145
Ohio	7,734	6,942	14,676
Oklahoma	2,248	2,048	4,296
Oregon	1,403*	2,598	4,001
Pennsylvania	9,067*	15,828	24,895
Rhode Island	796*	1,208	2,004
South Carolina	6,661	6,889	13,550
South Dakota	184	125	309
Tennessee	6,552	6,172	12,724
Texas	22,585	31,799	54,384
Utah	779	1,140	1,919
Vermont	192*	226	418
Virginia	8,995	7,904	16,899
Washington	3,758*	5,164	8,922
West Virginia	627	696	1,323
Wisconsin	2,290	2,044	4,334
Wyoming	84	98	182
American Samoa	1	1	2
Federated States of Micronesia	5*	0	5
Guam	56	36	92
Northern Mariana Islands	1	3	4
Marshall Islands	2	1	3
Palau	0*	0	0
Puerto Rico	4,331	10,678	15,009
Virgin Islands	237	296	533

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

* HRSA applied 5% reduction to the number of HIV cases submitted by code-based states/territories for award calculations, as required by legislation.

[a] The numbers reported for the District of Columbia are only for those persons whose area of residence was the District of Columbia.

Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2005—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Eligible metropolitan areas (EMA)			
Atlanta–Sandy Springs–Marietta, Georgia	3,317	10,052	13,369
Baltimore, Maryland	10,549*	8,415	18,964
Boston–Brockton–Nashua, Massachusetts–New Hampshire	5,883*	7,277	13,160
Chicago, Illinois	11,042*	12,809	23,851
Dallas, Texas	5,655	7,543	13,198
Detroit, Michigan	3,619	4,120	7,739
Fort Lauderdale, Florida	6,198	7,443	13,641
Houston, Texas	7,152	10,256	17,408
Los Angeles–Long Beach, California	12,691*	19,965	32,656
Miami, Florida	10,166	12,965	23,131
New Orleans, Louisiana	3,359	3,702	7,061
New York, New York	31,322	58,609	89,931
Newark, New Jersey	5,784	6,480	12,264
Orlando, Florida	3,356	4,089	7,445
Philadelphia, Pennsylvania–New Jersey	6,649*	11,840	18,489
Phoenix–Mesa, Arizona	3,930	3,249	7,179
San Diego, California	4,526*	5,782	10,308
San Francisco, California	6,392*	8,114	14,506
San Juan–Bayamon, Puerto Rico	2,600	6,581	9,181
Tampa–St Petersburg–Clearwater, Florida	3,516	4,878	8,394
Washington, DC–Maryland–Virginia–West Virginia[a]	8,525*	16,054	24,579
West Palm Beach–Boca Raton, Florida	2,700	4,527	7,227
Transitional grant areas (TGA)			
Austin–San Marcos, Texas	1,362	2,184	3,546
Baton Rouge, Louisiana	1,679	1,664	3,343
Bergen–Passaic, New Jersey	1,683	2,123	3,806
Caguas, Puerto Rico	315	745	1,060
Charlotte–Gastonia–Concord, North Carolina–South Carolina	2,884	1,495	4,379
Cleveland–Lorain–Elyria, Ohio	1,859	2,139	3,998
Denver, Colorado	4,560	2,896	7,456
Dutchess County, New York	372	731	1,103

Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2005—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006 *(cont)*

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Fort Worth–Arlington, Texas	1,534	1,992	3,526
Hartford, Connecticut	652	2,422	3,074
Indianapolis, Indiana	1,645	1,849	3,494
Jacksonville, Florida	1,908	2,815	4,723
Jersey City, New Jersey	1,911	2,432	4,343
Kansas City, Missouri–Kansas	1,786	2,086	3,872
Las Vegas, Nevada–Arizona	2,579	2,409	4,988
Memphis, Tennessee–Mississippi–Arkansas	3,092	2,409	5,501
Middlesex–Somerset–Hunterdon, New Jersey	1,056	1,397	2,453
Minneapolis–St Paul, Minnesota–Wisconsin	2,620	1,926	4,546
Nashville–Davidson–Murfreesboro, Tennessee	1,910	1,989	3,899
Nassau–Suffolk, New Jersey	1,512	3,291	4,803
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	1,052	3,977	5,029
Norfolk–Virginia Beach–Newport News, Virginia	3,027	2,174	5,201
Oakland, California	2,101*	3,702	5,803
Orange County, California	1,923*	3,184	5,107
Ponce, Puerto Rico	409	1,280	1,689
Portland–Vancouver, Oregon–Washington[b]	1,192*	2,061	3,253
Riverside–San Bernardino, California	2,604*	4,132	6,736
Sacramento, California	786*	1,474	2,260
St Louis, Missouri–Illinois[c]	2,586*	2,739	5,325
San Antonio, Texas	1,476	2,269	3,745
San Jose, California	891*	1,583	2,474
Santa Rosa, California	369*	744	1,113
Seattle–Bellevue–Everett, Washington	2,693*	3,524	6,217
Vineland–Millville–Bridgeton, New Jersey	370	426	796

Note. See Commentary for definition of Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA).

Five areas were added as Transitional Grant Areas in FY 2007: Baton Rouge, Louisiana; Charlotte–Gastonia–Concord, North Carolina–South Carolina; Indianapolis, Indiana; Memphis, Tennessee–Mississippi–Arkansas; Nashville–Davidson–Murfreesboro, Tennessee.

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

* HRSA applied 5% reduction to the number of HIV cases submitted by code-based states/territories for award calculations, as required by legislation.

[a] DC code-based number includes cases from code-based areas of Maryland that are part of the DC EMA.

[b] Portland TGA cases include cases from areas of the Portland TGA that are in Washington State.

[c] St. Louis TGA cases include cases from code-based areas of Illinois that are part of the St. Louis TGA.

Table 5. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2005—Emerging Communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Emerging Communities (EC)	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Albany–Schenectady–Troy, New York	721	1,078	1,799
Augusta–Richmond County, Georgia–South Carolina	787	933	1,720
Birmingham–Hoover, Alabama	1,763	1,104	2,867
Buffalo–Niagara Falls, New York	683	1,088	1,771
Cincinnati–Middletown, Ohio–Kentucky–Indiana	1,292	1,226	2,518
Columbia, South Carolina	1,845	1,812	3,657
Columbus, Ohio	2,087	1,312	3,399
Jackson, Mississippi	1,526	1,202	2,728
Lakeland, Florida	532	799	1,331
Louisville, Kentucky–Indiana	515	1,184	1,699
Milwaukee–Waukesha–West Allis, Wisconsin	1,309	1,116	2,425
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	876*	1,378	2,254
Pittsburgh, Pennsylvania	922*	1,335	2,257
Port St Lucie–Fort Pierce, Florida	630	1,091	1,721
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	208*	1,791	1,999
Raleigh–Cary, North Carolina	1,143	1,024	2,167
Richmond, Virginia	2,048	1,492	3,540
Rochester, New York	1,104	1,559	2,663
Sarasota–Bradenton–Venice, Florida	531	898	1,429

Note. See Commentary for definition of Emerging Communities (EC).

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

* HRSA applied 5% reduction to the number of HIV cases submitted by code-based states/territories for award calculations, as required by legislation.

Technical Notes

In December 2006, Congress enacted the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The Act specifies the use of living HIV and AIDS case surveillance data in funding formulae for HIV care and services programs. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 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 Virgin Islands. Areas not specified in the Act could report those data directly to HRSA until such time that the areas—in consultation with the state epidemiologist and CDC—determine that their system has become operational and that their name-based HIV data are sufficiently accurate and reliable for CDC to provide those data to HRSA. The Act further specifies that the numbers submitted from these areas be modified to adjust for duplicative reporting by reducing the numbers by 5%. It was determined that areas with name-based HIV reporting systems in place prior to December 31, 2005 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% reduction applied. For FY2007, the following areas reported HIV data directly to HRSA: California, Delaware, District of Columbia, Hawaii, Illinois, Maine, Maryland, Massachusetts, Montana, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, Marshall Islands, Palau, and Federated States of Micronesia. The Eligible Metropolitan Areas and Transitional Grant Areas in these states 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; District Of Columbia; Chicago, IL; Baltimore, MD; Boston, MA; Portland, OR; Philadelphia, PA; and Seattle, WA. The following areas chose to have CDC report their HIV data to HRSA for funding allocation purposes under Part A and Part B (see Commentary for description of Part A and Part B): Connecticut, Georgia, Kentucky, New Hampshire, Puerto Rico, American Samoa and Northern Mariana Islands.

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, 2005). Boundaries for metropolitan statistical areas (MSA) are based on 1994 U.S. Census MSA definitions for eligible metropolitan areas (EMA)/transitional grant areas (TGA) that became eligible prior to FY2007. Boundaries for newly eligible EMAs, TGAs and emerging communities (EC) are determined using applicable definitions based on the 2000 U.S. Census. Reported persons living with AIDS and five-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with AIDS are defined as persons reported as “alive” at last update.

HIV (non-AIDS) cases for code-based data submitted to HRSA and CDC data met the CDC surveillance case definition for definitive or presumptive HIV infection published in the CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance [1].

References

1. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *MMWR* 1999;48(No. RR-13):29–31.