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HIV/AIDS Data through December 2006

Provided for the Ryan White HIV/AIDS
Treatment Modernization Act of 2006,
for Fiscal Year 2008



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Contents

	Commentary	4
Table 1	Reported AIDS cases and reported living with AIDS, by area of residence, 2002-2006 and as of December 2006—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006	6
Table 2	Reported AIDS cases and reported living with AIDS, by area of residence, 2002-2006 and as of December 2006—Emerging Communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006	8
Table 3	Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2006—United States and dependent areas	9
Table 4	Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2006—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006	11
Table 5	Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2006—Emerging Communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006	13
	Technical Notes	14

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 FY2008, the Health Resources and Services Administration (HRSA), for the second year in a row, used counts of living cases of HIV in the Parts A and B (formerly Titles I and II) allocation formulae. Prior to FY2007, only AIDS cases, adjusted by a survival rate (estimated living AIDS cases), were used in the formulae. Beginning in FY2007, 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.

As instructed by 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 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 3 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 living cases of AIDS as of December 31 for the most recent calendar year for which such data are available. There are 22 EMAs for FY2008. 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 3 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 living case of AIDS as of December 31 for the most recent calendar year for which such data are available.

For FY2007 and FY2008, 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 classified as TGAs. If these jurisdictions do not meet the definition of a TGA for 3 consecutive fiscal years, they will cease to be eligible for Part A funding. For FY2008, there were 34 TGAs, with 5 TGAs receiving Part A funding for the first time in FY2007 (these 5 were Emerging Communities in FY2006). TGAs added in FY2007 were: Baton Rouge, LA; Charlotte-Gastonia-Concord, NC-SC; Indianapolis, IN; Memphis, TN-MS-AR; and Nashville-Davidson-Murfreesboro, TN. No new TGAs were added in FY2008.

The geographic boundaries for all jurisdictions that received Part A funding in FY2008—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 3 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 living cases of 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 remained eligible for funding in FY2008, even if they no longer met 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 FY2008, CDC provided HRSA with data files containing the total number of persons reported living with AIDS through calendar year 2006 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 name-based HIV 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 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, 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 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 living cases of 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 HIV/AIDS Treatment Modernization Act of 2006. Public Law 109-45. Available at: <http://hab.hrsa.gov/law/reauth06.htm>. Accessed October 1, 2008.
2. Office of Management and Budget. Standards for defining metropolitan and micropolitan statistical areas. *Federal Register* 2000;65:82228-82238. Also available at: <http://www.whitehouse.gov/omb/fedreg/metroareas122700.pdf>. Accessed October 1, 2008.

Table 1. Reported AIDS cases and reported living with AIDS, by area of residence, 2002–2006 and as of December 2006—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Area of residence	Reported AIDS Cases	Persons Reported Living with
	<u>2002-2006</u> No.	<u>AIDS (as of December 2006)</u> No.
Eligible metropolitan areas (EMA)		
Atlanta-Sandy Springs-Marietta, Georgia	5,506	10,608
Baltimore, Maryland	5,204	9,028
Boston-Brockton-Nashua, Massachusetts-New Hampshire	2,864	7,478
Chicago, Illinois	7,240	13,105
Dallas, Texas	3,485	7,901
Detroit, Michigan	2,483	4,355
Fort Lauderdale, Florida	3,853	7,510
Houston, Texas	5,347	10,806
Los Angeles-Long Beach, California	8,842	20,486
Miami, Florida	5,821	12,889
New Orleans, Louisiana	2,006	3,834
New York, New York	25,101	58,046
Newark, New Jersey	2,654	6,504
Orlando, Florida	2,559	4,295
Philadelphia, Pennsylvania-New Jersey	6,156	12,809
Phoenix-Mesa, Arizona	2,111	3,485
San Diego, California	2,256	6,036
San Francisco, California	2,841	7,994
San Juan-Bayamon, Puerto Rico	3,028	6,834
Tampa-St Petersburg-Clearwater, Florida	2,767	5,058
Washington, DC-Maryland-Virginia-West Virginia	8,265	17,116
West Palm Beach-Boca Raton, Florida	2,143	4,426
Transitional grant areas (TGA)		
Austin-San Marcos, Texas	964	2,298
Baton Rouge, Louisiana	1,295	1,781
Bergen-Passaic, New Jersey	769	2,134
Caguas, Puerto Rico	410	758
Charlotte-Gastonia-Concord, North Carolina-South Carolina	1,221	1,669
Cleveland-Lorain-Elyria, Ohio	921	2,149
Denver, Colorado	1,203	3,040
Dutchess County, New York	340	772
Fort Worth-Arlington, Texas	1,001	2,094

Table 1. Reported AIDS cases and reported living with AIDS, by area of residence, 2002–2006 and as of December 2006—Eligible Metropolitan Areas and Transitional Grant Areas for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Area of residence	Reported AIDS Cases	Persons Reported Living with
	<u>2002-2006</u>	<u>AIDS (as of December 2006)</u>
	No.	No.
Hartford, Connecticut	1,077	2,465
Indianapolis, Indiana	1,018	1,918
Jacksonville, Florida	1,464	2,838
Jersey City, New Jersey	976	2,467
Kansas City, Missouri-Kansas	720	2,164
Las Vegas, Nevada-Arizona	1,346	2,618
Memphis, Tennessee-Mississippi-Arkansas	1,816	2,565
Middlesex-Somerset-Hunterdon, New Jersey	558	1,408
Minneapolis-St Paul, Minnesota-Wisconsin	841	2,063
Nashville-Davidson-Murfreesboro, Tennessee	1,091	2,058
Nassau-Suffolk, New York	1,366	3,414
New Haven-Bridgeport -Danbury-Waterbury, Connecticut	1,651	4,082
Norfolk-Virginia Beach-Newport News, Virginia	912	2,191
Oakland, California	1,490	3,840
Orange County, California	1,120	3,346
Ponce, Puerto Rico	514	1,329
Portland-Vancouver, Oregon-Washington	972	2,220
Riverside-San Bernardino, California	1,702	4,318
Sacramento, California	613	1,604
St. Louis, Missouri-Illinois	1,203	3,011
San Antonio, Texas	969	2,403
San Jose, California	537	1,689
Santa Rosa, California	311	774
Seattle-Bellevue-Everett, Washington	1,503	3,721
Vineland-Millville-Bridgeton, New Jersey	225	430

Note. See Commentary for definition of Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA).
 Five former Emerging Communities in FY2006 were added as new Transitional Grant Areas in FY2007: Baton Rouge, Louisiana; Charlotte-Gastonia, 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, 2002–2006 and as of December 2006—Emerging Communities for the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Emerging Communities (EC)	Reported AIDS Cases 2002-2006	Persons Reported Living With AIDS (as of December 2006)
	No.	No.
Albany-Schenectady-Troy, New York	535	1,131
Augusta-Richmond County, Georgia-South Carolina	452	920
Birmingham-Hoover, Alabama	613	1,130
Buffalo-Niagara Falls, New York	556	1,172
Cincinnati-Middletown, Ohio-Kentucky-Indiana	757	1,353
Columbia, South Carolina	961	1,877
Columbus, Ohio	816	1,366
Jackson, Mississippi	724	1,257
Lakeland, Florida	541	842
Louisville, Kentucky-Indiana	586	1,234
Milwaukee-Waukesha-West Allis, Wisconsin	488	1,168
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland—Wilmington Division	649	1,341
Pittsburgh, Pennsylvania	792	1,425
Port St. Lucie-Fort Pierce, Florida	590	1,111
Providence-New Bedford-Fall River, Rhode Island-Massachusetts	539	1,298
Raleigh-Cary, North Carolina	762	1,159
Richmond, Virginia	664	1,556
Rochester, New York	755	1,641
Sarasota-Bradenton-Venice, Florida	489	933

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 2006—United States and dependent areas

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
Alabama	5,410	3,956	9,366
Alaska	207	329	536
Arizona	5,494	4,833	10,327
Arkansas	2,278	2,165	4,443
California	36,472*	56,428	92,900
Colorado	5,834	4,053	9,887
Connecticut	2,574	7,176	9,750
Delaware	1,109*	1,739	2,848
District of Columbia ^a	4,141*	9,707	13,848
Florida	35,267	47,774	83,041
Georgia	8,082	15,987	24,069
Hawaii	1,237*	1,206	2,443
Idaho	336	301	637
Illinois	14,555*	15,566	30,121
Indiana	3,752	4,014	7,766
Iowa	570	870	1,440
Kansas	1,188	1,273	2,461
Kentucky	1,295	2,557	3,852
Louisiana	7,418	8,101	15,519
Maine	389	506	895
Maryland	14,349*	14,279	28,628
Massachusetts	7,078*	8,300	15,378
Michigan	5,884	6,459	12,343
Minnesota	3,178	2,338	5,516
Mississippi	4,312	3,405	7,717
Missouri	4,926	5,437	10,363
Montana	115*	185	300
Nebraska	656	736	1,392
Nevada	3,249	3,031	6,280
New Hampshire	434	554	988
New Jersey	15,552	17,144	32,696
New Mexico	900	1,270	2,170
New York	42,283	72,443	114,726

Table 3. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2006—United States and dependent areas

Area of residence	HIV infection (non-AIDS) No.	AIDS No.	Total No.
North Carolina	11,855	8,278	20,133
North Dakota	75	72	147
Ohio	7,865	7,177	15,042
Oklahoma	2,218	2,180	4,398
Oregon	1,610*	2,803	4,413
Pennsylvania**	11,561*	17,358	28,919
Rhode Island	873*	1,302	2,175
South Carolina	6,438	6,955	13,393
South Dakota	199	137	336
Tennessee	6,587	6,420	13,007
Texas	24,154	33,296	57,450
Utah	875	1,161	2,036
Vermont	196*	231	427
Virginia	9,555	8,192	17,747
Washington	4,019	5,447	9,466
West Virginia	654	741	1,395
Wisconsin	2,337	2,143	4,480
Wyoming	88	103	191
American Samoa	1	1	2
Federated States of Micronesia	5*	0	5
Guam	56	37	93
Northern Mariana Islands	3	3	6
Marshall Islands***	---	1	1
Palau***	---	---	---
Puerto Rico	5,521	11,048	16,569
Virgin Islands	232	315	547

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in 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 code-based States/territories for award calculations, as required by legislation.

^{**} The City of Philadelphia, PA remained as a code-based HIV reporting area while the rest of PA was a name-based HIV reporting area.

^{***} Did not submit any code-based HIV data to HRSA.

⁻⁻⁻ Data not reported.

Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2006—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	4,288	10,608	14,896
Baltimore, Maryland	11,183*	9,028	20,211
Boston-Brockton-Nashua, Massachusetts-New Hampshire	6,113*	7,478	13,591
Chicago, Illinois	12,369*	13,105	25,474
Dallas, Texas	6,096	7,901	13,997
Detroit, Michigan	3,723	4,355	8,078
Fort Lauderdale, Florida	6,359	7,510	13,869
Houston, Texas	7,628	10,806	18,434
Los Angeles-Long Beach, California	13,138*	20,486	33,624
Miami, Florida	10,169	12,889	23,058
New Orleans, Louisiana	3,385	3,834	7,219
New York, New York	33,482	58,046	91,528
Newark, New Jersey	5,886	6,504	12,390
Orlando, Florida	3,518	4,295	7,813
Philadelphia, Pennsylvania-New Jersey	8,106*	12,809	20,915
Phoenix-Mesa, Arizona	4,137	3,485	7,622
San Diego, California	4,633*	6,036	10,669
San Francisco, California	5,996*	7,994	13,990
San Juan-Bayamon, Puerto Rico	3,296	6,834	10,130
Tampa-St Petersburg-Clearwater, Florida	3,529	5,058	8,587
Washington, DC-Maryland-Virginia-West Virginia ^a	9,460*	17,116	26,576
West Palm Beach-Boca Raton, Florida	2,693	4,426	7,119
Transitional grant areas (TGA)			
Austin-San Marcos, Texas	1,479	2,298	3,777
Baton Rouge, Louisiana	1,761	1,781	3,542
Bergen-Passaic, New Jersey	1,756	2,134	3,890
Caguas, Puerto Rico	373	758	1,131
Charlotte-Gastonia-Concord, North Carolina-South Carolina	2,982	1,669	4,651
Cleveland-Lorain-Elyria, Ohio	1,912	2,149	4,061
Denver, Colorado	4,612	3,040	7,652
Dutchess County, New York	419	772	1,191

Table 4. Reported number of persons living with HIV infection (non-AIDS), AIDS, and total, by area of residence, as of December 2006—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.
Fort Worth-Arlington, Texas	1,598	2,094	3,692
Hartford, Connecticut	851	2,465	3,316
Indianapolis, Indiana	1,701	1,918	3,619
Jacksonville, Florida	1,958	2,838	4,796
Jersey City, New Jersey	2,004	2,467	4,471
Kansas City, Missouri-Kansas	1,942	2,164	4,106
Las Vegas, Nevada-Arizona	2,790	2,618	5,408
Memphis, Tennessee-Mississippi-Arkansas	3,119	2,565	5,684
Middlesex-Somerset-Hunterdon, New Jersey	1,099	1,408	2,507
Minneapolis-St Paul, Minnesota-Wisconsin	2,778	2,063	4,841
Nashville-Davidson-Murfreesboro, Tennessee	1,925	2,058	3,983
Nassau-Suffolk, New York	1,712	3,414	5,126
New Haven-Bridgeport -Danbury-Waterbury, Connecticut	1,476	4,082	5,558
Norfolk-Virginia Beach-Newport News, Virginia	3,208	2,191	5,399
Oakland, California	2,138*	3,840	5,978
Orange County, California	1,992*	3,346	5,338
Ponce, Puerto Rico	588	1,329	1,917
Portland-Vancouver, Oregon-Washington ^b	1,374*	2,220	3,594
Riverside-San Bernardino, California	2,726*	4,318	7,044
Sacramento, California	817*	1,604	2,421
St. Louis, Missouri-Illinois ^c	2,781	3,011	5,792
San Antonio, Texas	1,597	2,403	4,000
San Jose, California	922*	1,689	2,611
Santa Rosa, California	379*	774	1,153
Seattle-Bellevue-Everett, Washington	2,892	3,721	6,613
Vineland-Millville-Bridgeton, New Jersey	361	430	791

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

Five former Emerging Communities in FY2006 were added as new Transitional Grant Areas in FY2007: Baton Rouge, Louisiana; Charlotte-Gastonia, 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 which 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 which 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 2006—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	759	1,131	1,890
Augusta-Richmond County, Georgia-South Carolina	824	920	1,744
Birmingham-Hoover, Alabama	1,803	1,130	2,933
Buffalo-Niagara Falls, New York	760	1,172	1,932
Cincinnati-Middletown, Ohio-Kentucky-Indiana	1,298	1,353	2,651
Columbia, South Carolina	1,771	1,877	3,648
Columbus, Ohio	2,146	1,366	3,512
Jackson, Mississippi	1,622	1,257	2,879
Lakeland, Florida	557	842	1,399
Louisville, Kentucky-Indiana	670	1,234	1,904
Milwaukee-Waukesha-West Allis, Wisconsin	1,326	1,168	2,494
Philadelphia, Pennsylvania-New Jersey-Delaware-Maryland—Wilmington Division	844*	1,341	2,185
Pittsburgh, Pennsylvania	1,165	1,425	2,590
Port St. Lucie-Fort Pierce, Florida	633	1,111	1,744
Providence-New Bedford-Fall River, Rhode Island-Massachusetts	873*	1,298	2,171
Raleigh-Cary, North Carolina	1,242	1,159	2,401
Richmond, Virginia	2,183	1,556	3,739
Rochester, New York	1,143	1,641	2,784
Sarasota-Bradenton-Venice, Florida	531	933	1,464

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 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. Areas that are exempt from the requirement to provide name-based HIV non-AIDS data, are considered “code-based reporting areas” under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, and were determined by CDC to not be fully operational by December 31, 2006 are: California, the District of Columbia, Hawaii, Maryland, Massachusetts, Montana, Oregon, Pennsylvania (Philadelphia cases only), Vermont, the Marshall Islands, Palau, and the Federated States of Micronesia. Note: the Marshall Islands, Palau, and the Federated States of Micronesia had not yet implemented name-based or code-based reporting systems but were given the option of reporting case counts to HRSA. Therefore these areas continued to submit their own HIV non-AIDS case data directly to HRSA, where the data were subject to the 5 percent reduction and were used for funding distribution in FY2008. 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; Washington, DC; Baltimore, MD; Boston, MA; Portland, OR; and Philadelphia, PA. The following areas chose to have CDC submit their HIV non-AIDS data to HRSA for FY2007 and CDC continued to submit their HIV data to HRSA in FY2008: Connecticut, Georgia, Kentucky, New Hampshire, Puerto Rico, American Samoa, and the Northern Mariana Islands. The following areas had operational name-based HIV reporting systems in place by December 31, 2006 and were given the choice to submit their own numbers to HRSA or have CDC provide their reported HIV data to HRSA for FY2008 allocations:

Delaware, Illinois, Maine, Pennsylvania (excluding Philadelphia), Rhode Island, and Washington. Of those, Maine, Pennsylvania (excluding Philadelphia), and Washington chose to have CDC report their HIV data to HRSA for FY2008 funding allocation 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 the ship flags are officially changed and HIV cases are then reported to CDC. The date CDC enables areas to report HIV cases to CDC will be used as the date a reporting system becomes operational for the purposes of this guidance.

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, 2006). 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 HIV or AIDS and five-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with HIV or 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(RR-13).