Volume 28,
Number 1

# HIV SURVEILLANCE REPORT

## SUPPLEMENTAL REPORT

## HIV and Stage 3 (AIDS) Classifications
## Data through December 2020
## Provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2022

HRSA
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This issue of the *HIV Surveillance Supplemental Report* is published by the Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 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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**Acknowledgments**

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# Contents

# Commentary

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://ryanwhite.hrsa.gov/about/legislation.

This issue of the *HIV Surveillance Supplemental Report* on data provided for RWHAP includes an update in terminology. The term "AIDS" has been updated to "stage 3 (AIDS) classification" throughout the report to align with terminology used in the HIV surveillance case definition and by CDC's Division of HIV Prevention. This terminology will be used from this point forward. No changes were made in the calculation of "AIDS" and "non-AIDS" cases for RWHAP. Calculations align with methodology presented in previous reports.

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 surveillance data are used in determining eligibility and funding allocation amounts. In FY 2022, HRSA used total counts of persons living with diagnosed HIV infection non-stage 3 (AIDS) and persons living with infection ever classified as stage 3 (AIDS) to calculate funding allocation amounts for eligible jurisdictions. For FY 2022, CDC provided HRSA with data files containing this information through calendar year 2020 for all jurisdictions. The number of persons living with diagnosed HIV infection non-stage 3 (AIDS) and the number of persons living with infection ever classified as stage 3 (AIDS) were added together to arrive at the total number of persons living with diagnosed HIV infection non-stage 3 (AIDS) and infection ever classified as stage 3 (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. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

## RWHAP Part A Funding

For the RWHAP Part A funding formula, HRSA continues to use cumulative stage 3 (AIDS) classifications 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 grant recipients for areas that have a minimum population of 50,000 persons: EMAs and TGAs. EMAs are defined as areas that have a cumulative total of more than 2,000 stage 3 (AIDS) classifications 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 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 stage 3 (AIDS) classifications 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 stage 3 (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 2022, there were 24 EMAs.

TGAs, the other category of Part A recipients, are defined as areas that have a cumulative total of at least 1,000 but fewer than 2,000 stage 3 (AIDS) classifications 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 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 stage 3 (AIDS) classifications 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 stage 3 (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 stage 3 (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 thresholds, 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 2022, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received RWHAP Part A funding in FY 2022—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 RWHAP Part A [1–3]. For all newly eligible areas, of which there were none in FY 2022, the boundaries are based on current MSA boundary definitions determined by OMB [1–3].

Minority AIDS Initiative (MAI) formula funds for RWHAP Part A are awarded based on the reported number of minority persons living with diagnosed HIV infection non-stage 3 (AIDS) and infection ever classified as stage 3 (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 HIV Care Program award, the RWHAP Part B Supplemental Grant Program award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. The RWHAP Part B HIV Care Program award has a 5-year project period and is determined by a legislatively mandated funding formula process. The award includes the following 5 components: Part B Base award, ADAP Base award, ADAP Supplemental award (for eligible states that choose to apply), Emerging Communities award (for eligible states), and MAI award (for eligible states that do not decline funding). 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, ADAP Supplemental, Emerging Communities, and MAI funding formulas, HRSA continues to use cumulative cases of persons living with diagnosed HIV infection non-stage 3 (AIDS) and infection ever classified as stage 3 (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-stage 3 (AIDS) and infection ever classified as stage 3 (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 for the purpose of providing medications or insurance assistance for persons with HIV.

RWHAP Part B Emerging Communities eligibility is determined based on the number of persons living with HIV infection ever classified as stage 3 (AIDS) in that jurisdiction. ECs are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 persons living with HIV infection ever classified stage 3 (AIDS) 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 persons living with HIV infection ever classified as stage 3 (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 stage 3 (AIDS) reported to and confirmed by the Director of CDC as of December 31 of the most recent year for which such data are available. 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 supplement 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. States and territories applying for RWHAP Part B Supplemental funds must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for persons with HIV in the state or territory, and 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. States and territories applying for RWHAP ADAP ERF funds must demonstrate the need for funding to prevent, reduce, or eliminate a waiting list, including through "cost-cutting" and/or "cost-saving" measures, or that need additional funding for a current or projected increase in treatment needs aligned with ending the HIV epidemic or other unanticipated increases in the number of clients in the program who have newly diagnosed HIV infection or have reengaged in care.

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-stage 3 (AIDS) and infection ever classified as stage 3 (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-stage 3 (AIDS) and stage 3 (AIDS) classification surveillance data to the Health Resources and Services Administration (HRSA) for use in their funding formula for all jurisdictions.

As of December 2020, 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 annually to HRSA. These data limitations do not impact the HRSA funding formula for these two jurisdictions due to the HRSA minimum allotment funding standards.

Data re-release agreements between CDC and state/local HIV surveillance programs require certain levels of cell suppression at the state and county level to ensure confidentiality of personally identifiable information.

## Data Requirements and Definitions

Case counts in all tables are presented by residence at earliest HIV diagnosis for persons with diagnosed HIV infection non-stage 3 (AIDS) and residence at earliest stage 3 (AIDS) classification for persons with infection ever classified as stage 3 (AIDS). Data are presented by date of report rather than date of diagnosis (e.g., reported stage 3 [AIDS] classifications 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 by using applicable OMB definitions based on the year of first eligibility.

Reported persons living with diagnosed HIV infection non-stage 3 (AIDS) or infection ever classified as stage 3 (AIDS) are defined as persons reported as "alive" at last update. HIV infection non-stage 3 (AIDS) classification and stage 3 (AIDS) classification data reported from CDC met the CDC surveillance case definitions published in the 2008 and 2014 revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and infection ever classified as stage 3 (AIDS) among children aged 18 months to <13 years [4, 5].

# References


1. Office of Management and Budget. Standards for defining metropolitan and micropolitan statistical areas. *Federal Register* 2000;65(249):82228–82238. http://www.gpo.gov/fdsys/pkg/FR-2000-12-27/pdf/00-32997.pdf. Published December 27, 2000. Accessed December 8, 2022.
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3. Office of Management and Budget. Update of statistical area definitions and guidance on their uses. OMB Bulletin 10-02. https://www.bls.gov/bls/omb-bulletin-10-02-update-of-statistical-area-definitions-and-guidance-on-their-uses.pdf. Published December 1, 2009. Accessed December 8, 2022.
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.
5. CDC [Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI]. Revised surveillance case definition for HIV infection—United States, 2014. *MMWR* 2014;63(RR-03):1–10.

**Table 1. Reported stage 3 (AIDS) classifications and persons reported living with diagnosed HIV infection ever classified as stage 3 (AIDS), by area of residence, 2016–2020, and as of December 2020—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program**

| Area of residence | Reported stage 3 (AIDS) classifications 2016–2020 No. | Persons reported living with diagnosed HIV infection ever classified as stage 3 (AIDS) (as of December 2020) No. |
|---|---|---|
| **Eligible metropolitan areas (EMAs)** | | |
| Atlanta–Sandy Springs–Marietta, Georgia | 4,280 | 17,715 |
| Baltimore, Maryland | 1,435 | 9,591 |
| Boston–Brockton–Nashua, Massachusetts–New Hampshire | 1,336 | 10,003 |
| Chicago, Illinois | 2,686 | 15,884 |
| Dallas, Texas | 2,273 | 11,497 |
| Detroit, Michigan | 1,128 | 5,703 |
| Fort Lauderdale, Florida | 1,488 | 9,457 |
| Houston, Texas | 2,775 | 15,184 |
| Los Angeles–Long Beach, California | 3,689 | 28,279 |
| Miami, Florida | 2,258 | 14,675 |
| Nassau–Suffolk, New York | 560 | 3,542 |
| New Haven–Bridgeport–Danbury–Waterbury, Connecticut | 350 | 3,825 |
| New Orleans, Louisiana | 757 | 4,602 |
| New York, New York | 5,632 | 59,818 |
| Newark, New Jersey | 933 | 6,894 |
| Orlando, Florida | 1,338 | 6,253 |
| Philadelphia, Pennsylvania–New Jersey | 1,636 | 13,638 |
| Phoenix–Mesa, Arizona | 1,101 | 5,370 |
| San Diego, California | 832 | 7,410 |
| San Francisco, California | 708 | 10,357 |
| San Juan–Bayamon, Puerto Rico | 772 | 6,069 |
| Tampa–St. Petersburg–Clearwater, Florida | 1,345 | 6,634 |
| Washington, DC–Maryland–Virginia–West Virginia | 2,574 | 19,201 |
| West Palm Beach–Boca Raton, Florida | 685 | 4,913 |
| **Transitional grant areas (TGAs)** | | |
| Austin–San Marcos, Texas | 473 | 3,247 |
| Baton Rouge, Louisiana | 545 | 2,713 |
| Bergen–Passaic, New Jersey | 297 | 2,384 |
| Charlotte–Gastonia–Concord, North Carolina–South Carolina | 617 | 3,086 |
| Cleveland–Lorain–Elyria, Ohio | 611 | 2,689 |
| Columbus, Ohio | 597 | 2,568 |
| Denver, Colorado | 639 | 4,101 |
| Fort Worth–Arlington, Texas | 623 | 2,912 |
| Hartford, Connecticut | 230 | 2,177 |
| Indianapolis, Indiana | 521 | 2,719 |
| Jacksonville, Florida | 782 | 3,894 |

**Table 1. Reported stage 3 (AIDS) classifications and persons reported living with diagnosed HIV infection ever classified as stage 3 (AIDS), by area of residence, 2016–2020, and as of December 2020—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)***

| Area of residence | Reported stage 3 (AIDS) classifications 2016–2020 No. | Persons reported living with diagnosed HIV infection ever classified as stage 3 (AIDS) (as of December 2020) No. |
|---|---|---|
| Jersey City, New Jersey | 372 | 2,869 |
| Kansas City, Missouri–Kansas | 413 | 2,871 |
| Las Vegas, Nevada–Arizona | 938 | 3,839 |
| Memphis, Tennessee–Mississippi–Arkansas | 838 | 3,770 |
| Middlesex–Somerset–Hunterdon, New Jersey | 241 | 1,660 |
| Minneapolis–St. Paul, Minnesota–Wisconsin | 575 | 3,319 |
| Nashville–Davidson–Murfreesboro, Tennessee | 422 | 2,606 |
| Norfolk–Virginia Beach–Newport News, Virginia | 641 | 2,841 |
| Oakland, California | 544 | 5,060 |
| Orange County, California | 588 | 4,102 |
| Portland–Vancouver, Oregon–Washington | 353 | 2,768 |
| Riverside–San Bernardino, California | 1,092 | 5,459 |
| Sacramento, California | 427 | 2,148 |
| St. Louis, Missouri–Illinois | 624 | 3,683 |
| San Antonio, Texas | 681 | 3,429 |
| San Jose, California | 268 | 2,355 |
| Seattle–Bellevue–Everett, Washington | 575 | 4,563 |

*Note*. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

**Table 2. Reported stage 3 (AIDS) classifications and persons reported living with diagnosed HIV infection ever classified as stage 3 (AIDS), by area of residence, 2016–2020, and as of December 2020—emerging communities for the Ryan White HIV/AIDS Program**

| Emerging communities (ECs) | Reported stage 3 (AIDS) classifications 2016–2020 No. | Persons reported living with diagnosed HIV infection ever classified as stage 3 (AIDS) (as of December 2020) No. |
|---|---|---|
| Albany–Schenectady–Troy, New York | 167 | 1,100 |
| Augusta–Richmond County, Georgia–South Carolina | 345 | 1,222 |
| Bakersfield, California | 252 | 1,253 |
| Birmingham–Hoover, Alabama | 421 | 1,675 |
| Buffalo–Niagara Falls, New York | 189 | 1,202 |
| Charleston–North Charleston, South Carolina | 250 | 1,371 |
| Cincinnati–Middletown, Ohio–Kentucky–Indiana | 566 | 2,207 |
| Columbia, South Carolina | 423 | 2,476 |
| Jackson, Mississippi | 374 | 1,752 |
| Lakeland, Florida | 260 | 1,202 |
| Louisville, Kentucky–Indiana | 385 | 1,756 |
| Milwaukee–Waukesha–West Allis, Wisconsin | 270 | 1,606 |
| North Port–Bradenton–Sarasota, Florida* | 187 | 1,059 |
| Oklahoma City, Oklahoma | 343 | 1,413 |
| Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division | 212 | 1,430 |
| Pittsburgh, Pennsylvania | 292 | 1,878 |
| Port St. Lucie–Fort Pierce, Florida | 146 | 1,380 |
| Providence–New Bedford–Fall River, Rhode Island–Massachusetts | 168 | 1,390 |
| Raleigh–Cary, North Carolina | 335 | 1,852 |
| Richmond, Virginia | 499 | 2,177 |
| Rochester, New York | 188 | 1,522 |

*Note*. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. 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-stage 3 (AIDS), infection ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2020—United States and dependent areas for the Ryan White HIV/AIDS Program**

| Area of residence | HIV infection non-stage 3 (AIDS) No. | HIV infection ever classified as stage 3 (AIDS) No. | Total No. |
|---|---|---|---|
| Alabama | 8,378 | 5,887 | 14,265 |
| Alaska | 362 | 398 | 760 |
| Arizona | 9,210 | 7,177 | 16,387 |
| Arkansas | 3,398 | 2,696 | 6,094 |
| California | 64,139 | 74,198 | 138,337 |
| Colorado | 7,290 | 5,493 | 12,783 |
| Connecticut | 4,083 | 6,571 | 10,654 |
| Delaware | 1,336 | 1,951 | 3,287 |
| District of Columbia | 6,790 | 8,287 | 15,077 |
| Florida | 56,520 | 59,350 | 115,870 |
| Georgia | 26,589 | 26,208 | 52,797 |
| Hawaii | 1,165 | 1,376 | 2,541 |
| Idaho | 498 | 477 | 975 |
| Illinois | 19,435 | 18,729 | 38,164 |
| Indiana | 6,064 | 5,593 | 11,657 |
| Iowa | 1,236 | 1,326 | 2,562 |
| Kansas | 1,715 | 1,734 | 3,449 |
| Kentucky | 3,987 | 3,511 | 7,498 |
| Louisiana | 11,444 | 11,144 | 22,588 |
| Maine | 630 | 665 | 1,295 |
| Maryland | 15,499 | 17,206 | 32,705 |
| Massachusetts | 9,419 | 11,158 | 20,577 |
| Michigan | 9,092 | 8,572 | 17,664 |
| Minnesota | 4,748 | 3,838 | 8,586 |
| Mississippi | 5,479 | 4,987 | 10,466 |
| Missouri | 6,817 | 6,632 | 13,449 |
| Montana | 245 | 259 | 504 |
| Nebraska | 1,084 | 1,079 | 2,163 |
| Nevada | 5,217 | 4,315 | 9,532 |
| New Hampshire | 639 | 612 | 1,251 |
| New Jersey | 18,458 | 18,868 | 37,326 |
| New Mexico | 1,607 | 1,699 | 3,306 |
| New York | 53,207 | 72,506 | 125,713 |
| North Carolina | 18,332 | 12,931 | 31,263 |
| North Dakota | 247 | 173 | 420 |
| Ohio | 12,620 | 10,545 | 23,165 |
| Oklahoma | 3,547 | 2,863 | 6,410 |
| Oregon | 2,909 | 3,535 | 6,444 |
| Pennsylvania | 16,379 | 19,122 | 35,501 |
| Rhode Island | 1,132 | 1,413 | 2,545 |

**Table 3. Reported number of persons living with diagnosed HIV infection non-stage 3 (AIDS), infection ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2020—United States and dependent areas for the Ryan White HIV/AIDS Program *(cont)***

| Area of residence | HIV infection non-stage 3 (AIDS) No. | HIV infection ever classified as stage 3 (AIDS) No. | Total No. |
|---|---|---|---|
| South Carolina | 8,619 | 9,284 | 17,903 |
| South Dakota | 374 | 276 | 650 |
| Tennessee | 10,008 | 8,725 | 18,733 |
| Texas | 48,205 | 46,767 | 94,972 |
| Utah | 1,646 | 1,515 | 3,161 |
| Vermont | 229 | 282 | 511 |
| Virginia | 13,130 | 11,102 | 24,232 |
| Washington | 6,538 | 6,831 | 13,369 |
| West Virginia | 1,005 | 956 | 1,961 |
| Wisconsin | 3,332 | 2,899 | 6,231 |
| Wyoming | 173 | 165 | 338 |
| American Samoa | 0 | 1 | 1 |
| Federated States of Micronesia* | 0 | 0 | 0 |
| Guam | 70 | 44 | 114 |
| Marshall Islands* | 0 | 1 | 1 |
| Northern Mariana Islands | 5 | 10 | 15 |
| Palau | 5 | 4 | 9 |
| Puerto Rico | 8,420 | 9,709 | 18,129 |
| U.S. Virgin Islands | 268 | 349 | 617 |

*Note*. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2022 funding calculations.

* See Technical Notes regarding data reported for these jurisdictions.

**Table 4. Reported number of persons living with diagnosed HIV infection non-stage 3 (AIDS), infection ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2020—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program**

| Area of residence | HIV infection non-stage 3 (AIDS) No. | HIV infection ever classified as stage 3 (AIDS) No. | Total No. |
|---|---|---|---|
| **Eligible metropolitan areas (EMAs)** | | | |
| Atlanta–Sandy Springs–Marietta, Georgia | 17,515 | 17,715 | 35,230 |
| Baltimore, Maryland | 8,384 | 9,591 | 17,975 |
| Boston–Brockton–Nashua, Massachusetts–New Hampshire | 8,454 | 10,003 | 18,457 |
| Chicago, Illinois | 16,641 | 15,884 | 32,525 |
| Dallas, Texas | 11,813 | 11,497 | 23,310 |
| Detroit, Michigan | 5,882 | 5,703 | 11,585 |
| Fort Lauderdale, Florida | 9,464 | 9,457 | 18,921 |
| Houston, Texas | 14,808 | 15,184 | 29,992 |
| Los Angeles–Long Beach, California | 25,433 | 28,279 | 53,712 |
| Miami, Florida | 16,422 | 14,675 | 31,097 |
| Nassau–Suffolk, New York | 2,753 | 3,542 | 6,295 |
| New Haven–Bridgeport–Danbury–Waterbury, Connecticut | 2,327 | 3,825 | 6,152 |
| New Orleans, Louisiana | 4,460 | 4,602 | 9,062 |
| New York, New York | 43,123 | 59,818 | 102,941 |
| Newark, New Jersey | 6,872 | 6,894 | 13,766 |
| Orlando, Florida | 6,777 | 6,253 | 13,030 |
| Philadelphia, Pennsylvania–New Jersey | 12,111 | 13,638 | 25,749 |
| Phoenix–Mesa, Arizona | 7,173 | 5,370 | 12,543 |
| San Diego, California | 6,867 | 7,410 | 14,277 |
| San Francisco, California | 7,308 | 10,357 | 17,665 |
| San Juan–Bayamon, Puerto Rico | 5,633 | 6,069 | 11,702 |
| Tampa–St. Petersburg–Clearwater, Florida | 6,040 | 6,634 | 12,674 |
| Washington, DC–Maryland–Virginia–West Virginia | 17,329 | 19,201 | 36,530 |
| West Palm Beach–Boca Raton, Florida | 3,564 | 4,913 | 8,477 |
| **Transitional grant areas (TGAs)** | | | |
| Austin–San Marcos, Texas | 3,257 | 3,247 | 6,504 |
| Baton Rouge, Louisiana | 2,715 | 2,713 | 5,428 |
| Bergen–Passaic, New Jersey | 2,204 | 2,384 | 4,588 |
| Charlotte–Gastonia–Concord, North Carolina–South Carolina | 4,834 | 3,086 | 7,920 |
| Cleveland–Lorain–Elyria, Ohio | 3,146 | 2,689 | 5,835 |
| Columbus, Ohio | 3,453 | 2,568 | 6,021 |
| Denver, Colorado | 5,578 | 4,101 | 9,679 |
| Fort Worth–Arlington, Texas | 3,277 | 2,912 | 6,189 |
| Hartford, Connecticut | 1,372 | 2,177 | 3,549 |
| Indianapolis, Indiana | 3,004 | 2,719 | 5,723 |
| Jacksonville, Florida | 3,447 | 3,894 | 7,341 |
| Jersey City, New Jersey | 2,753 | 2,869 | 5,622 |

**Table 4. Reported number of persons living with diagnosed HIV infection non-stage 3 (AIDS), infection ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2020—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)***

| Area of residence | HIV infection non-stage 3 (AIDS) No. | HIV infection ever classified as stage 3 (AIDS) No. | Total No. |
|---|---|---|---|
| Kansas City, Missouri–Kansas | 2,580 | 2,871 | 5,451 |
| Las Vegas, Nevada–Arizona | 4,670 | 3,839 | 8,509 |
| Memphis, Tennessee–Mississippi–Arkansas | 4,496 | 3,770 | 8,266 |
| Middlesex–Somerset–Hunterdon, New Jersey | 1,622 | 1,660 | 3,282 |
| Minneapolis–St. Paul, Minnesota–Wisconsin | 4,164 | 3,319 | 7,483 |
| Nashville–Davidson–Murfreesboro, Tennessee | 3,093 | 2,606 | 5,699 |
| Norfolk–Virginia Beach–Newport News, Virginia | 4,087 | 2,841 | 6,928 |
| Oakland, California | 3,744 | 5,060 | 8,804 |
| Orange County, California | 3,982 | 4,102 | 8,084 |
| Portland–Vancouver, Oregon–Washington | 2,451 | 2,768 | 5,219 |
| Riverside–San Bernardino, California | 5,194 | 5,459 | 10,653 |
| Sacramento, California | 2,178 | 2,148 | 4,326 |
| St. Louis, Missouri–Illinois | 4,089 | 3,683 | 7,772 |
| San Antonio, Texas | 3,719 | 3,429 | 7,148 |
| San Jose, California | 1,700 | 2,355 | 4,055 |
| Seattle–Bellevue–Everett, Washington | 4,452 | 4,563 | 9,015 |

*Note*. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. 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 2022 funding calculations.

**Table 5. Reported number of persons living with diagnosed HIV infection non-stage 3 (AIDS), infection ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2020—emerging communities for the Ryan White HIV/AIDS Program**

| Emerging communities (ECs) | HIV infection non-stage 3 (AIDS) No. | HIV infection ever classified as stage 3 (AIDS) No. | Total No. |
|---|---|---|---|
| Albany–Schenectady–Troy, New York | 903 | 1,100 | 2,003 |
| Augusta–Richmond County, Georgia–South Carolina | 1,181 | 1,222 | 2,403 |
| Bakersfield, California | 1,200 | 1,253 | 2,453 |
| Birmingham–Hoover, Alabama | 2,584 | 1,675 | 4,259 |
| Buffalo–Niagara Falls, New York | 1,295 | 1,202 | 2,497 |
| Charleston–North Charleston, South Carolina | 1,428 | 1,371 | 2,799 |
| Cincinnati–Middletown, Ohio–Kentucky–Indiana | 2,510 | 2,207 | 4,717 |
| Columbia, South Carolina | 2,144 | 2,476 | 4,620 |
| Jackson, Mississippi | 1,902 | 1,752 | 3,654 |
| Lakeland, Florida | 995 | 1,202 | 2,197 |
| Louisville, Kentucky–Indiana | 2,163 | 1,756 | 3,919 |
| Milwaukee–Waukesha–West Allis, Wisconsin | 1,843 | 1,606 | 3,449 |
| North Port–Bradenton–Sarasota, Florida* | 854 | 1,059 | 1,913 |
| Oklahoma City, Oklahoma | 1,763 | 1,413 | 3,176 |
| Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division | 976 | 1,430 | 2,406 |
| Pittsburgh, Pennsylvania | 1,746 | 1,878 | 3,624 |
| Port St. Lucie–Fort Pierce, Florida | 703 | 1,380 | 2,083 |
| Providence–New Bedford–Fall River, Rhode Island–Massachusetts | 1,091 | 1,390 | 2,481 |
| Raleigh–Cary, North Carolina | 2,220 | 1,852 | 4,072 |
| Richmond, Virginia | 2,704 | 2,177 | 4,881 |
| Rochester, New York | 1,251 | 1,522 | 2,773 |

*Note*. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. 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 2022 funding calculations.

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