

HIV Surveillance **Report** | Supplemental Report

Volume 20, Number 3

Revised November 2015

HIV/AIDS Data through December 2013

**Provided for the Ryan White
HIV/AIDS Program, for
Fiscal Year 2015**



On the Web: <http://www.cdc.gov/hiv/library/reports/surveillance/>.

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://www.cdc.gov/cdc-info/requestform.html>

Acknowledgments

Publication of this report was made possible with the contributions of the state and territorial health departments and the HIV surveillance programs that provided surveillance data to CDC.

This report was prepared by the following CDC and HRSA staff and contractors: William Adih, Patricia Sweeney, Jianmin Li, Kelley Weld, and Michael Friend (desktop publishing).

Contents

Commentary	5
References	7
Technical Notes	8
References	8
Tables	
1 Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2009–2013 and as of December 2013—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program	9
2 Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2009–2013 and as of December 2013—emerging communities for the Ryan White HIV/AIDS Program	11
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 2013—United States and dependent areas for the Ryan White HIV/AIDS Program	12
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 2013—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program	14
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 2013—emerging communities for the Ryan White HIV/AIDS Program	16

The Ryan White HIV/AIDS Program statute was first enacted into law in 1990 and amended in 1996, 2000, 2006, and 2009. More information about the legislation and its history is available from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov/about/hab/legislation.html>.

In the implementation of the Ryan White HIV/AIDS Program (RWHAP) Parts A and B (formerly Titles I and II), 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 2015, HRSA used total counts of persons living with diagnosed HIV infection non-AIDS and persons living with infection ever classified as AIDS. Prior to FY 2007, only AIDS cases, adjusted by survival rate (estimated number of persons living with HIV infection ever classified as AIDS), were used in the formula. Beginning in FY 2007, persons living with diagnosed HIV infection non-AIDS as well as persons living with infection ever classified as AIDS, as reported to and confirmed by the Director of CDC, were used to calculate funding allocation amounts. See Technical Notes for further explanation.

The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS are used to determine funding levels for Ryan White HIV/AIDS Program Parts A and B. For FY 2015, CDC provided HRSA with data files containing the total number of persons reported living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS through calendar year 2013 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/Transitional Grant Area, Emerging Community, state, and territory. These totals were used in the RWHAP Parts A and B funding formula calculations.

FY 2015 is the third year in which HRSA calculated RWHAP Parts A and B funding amounts based on name-based HIV reporting for both the total number of persons living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS across all jurisdictions. From FY 2007 through FY 2012, HRSA was required to accept code-based or non-name HIV non-AIDS data from jurisdictions without mature name-based data.

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. The RWHAP Part A has 2 categories of grantees: Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs are defined as jurisdictions that have a cumulative total of more than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available and a minimum population of 50,000 persons (prior to FY 2007 the minimum population threshold for inclusion as an EMA was 500,000). An area will continue to be an EMA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of 2,000 or more 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 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 2015, 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 the 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 the required TGA thresholds that continue to be eligible per the RWHAP statute remain designated as TGAs and are presented in the TGA tables. For FY 2015, there were 29 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2014—both EMAs and TGAs—are those boundaries that were in effect when they were initially funded under Part A (formerly Title I). For all newly eligible areas, the boundaries are based on current metropolitan statistical area (MSA) boundary definitions determined by the Office of Management and Budget for use in federal statistical activities [1–3]. In FY 2015, one additional TGA received funding using boundaries that were different than those that were in effect when that jurisdiction first received funding. The decision to change the boundaries for this particular TGA was the result of litigation, which is currently on appeal. HRSA has consistently maintained that the geographic boundaries must remain fixed in time.

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

There are 3 separate grant awards under the RWHAP Part B Program and the AIDS Drug Assistance Program (ADAP). Each award is applied for and awarded separately. Funding is determined through formula and through demonstrated need, depending on the RWHAP Part B grant, as described below. The primary RWHAP Part B formula award includes the RWHAP Part B Base award, the ADAP Base award, the Minority AIDS Initiative (MAI) award (for those states that are eligible), the Emerging Communities (EC) award (for those states that are eligible), and the ADAP Supplemental award (for those states that HRSA deems eligible and that choose to apply). The Part B Supplemental grant is a competitive award for states that demonstrate the need for additional Part B funds. The ADAP Emergency Relief Funds (ERF) are awarded to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

PART B FORMULA AND SUPPLEMENTAL GRANTS

RWHAP Part B Base, ADAP Base, and EC funding are distributed using a funding formula process. The RWHAP Part B Base, ADAP Base, and EC formula awards are based on the reported number 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. The RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for grantees applying for MAI formula funds, awards are 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. Supplemental ADAP grants are awarded by the same formula as ADAP Base to states which meet any of the criteria listed in that section of the Funding Opportunity Announcement for the purpose of providing medications or insurance assistance for persons living with HIV/AIDS.

The RWHAP Part B Supplemental, ADAP 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. The applications are reviewed through a federally approved technical review process. States and territories applying for supplemental funds must provide quantifiable data on HIV epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges.

The RWHAP Part B EC eligibility is also determined based on the number of persons living with HIV infection non-AIDS and 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 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 in effect when initially funded.

REFERENCES

1. Office of Management and Budget. Standards for defining metropolitan and micropolitan statistical areas. *Federal Register* 2000;65(249):82228–82238. <http://go.usa.gov/3eXTA>. Published December 27, 2000. Accessed January 29, 2015.
2. Office of Management and Budget. Revised definitions of metropolitan statistical areas, new definitions of micropolitan statistical areas and combined statistical areas, and guidance on uses of the statistical definitions of these areas. OMB Bulletin 03-04. <http://go.usa.gov/vSPz>. Published June 6, 2003. Accessed June 9, 2015.
3. Office of Management and Budget. Update of statistical area definitions and guidance on their uses. OMB Bulletin 10-02. <http://go.usa.gov/vSPk>. Published December 1, 2009. Accessed June 9, 2015.

Technical Notes

In October 2009, Congress enacted the Ryan White HIV/AIDS Program (RWHAP) statute. The Act 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. The RWHAP authorizes the Centers for Disease Control and Prevention (CDC) to provide AIDS data to HRSA for use in their funding formula for all jurisdictions and provide HIV non-AIDS case data for areas with accurate and reliable name-based reporting as specified in the Act. The Act provided that areas without name-based HIV reporting systems in place could report HIV non-AIDS data directly to HRSA until FY 2012. Beginning in FY 2013, determinations were to be based on HIV non-AIDS and AIDS data reported by CDC to HRSA for all jurisdictions.

As of December 2012, the Marshall Islands and the Federated States of Micronesia had not implemented name-based or code-based reporting systems. CDC is currently not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia as their surveillance systems have 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., persons reported as alive as of December 31, 2012). Boundaries for MSAs are based on 1990 U.S. Census and historical MSA delineations for EMAs and TGAs that became eligible prior to FY 2007 (additional information on historical delineations is available at <http://www.census.gov/population/metro/data/pastmetro.html>). Boundaries for EMAs, TGAs, and ECs that became eligible after 2006 are determined using applicable definitions based on the

year of first eligibility. The sole exception to this is due to an active litigation matter.

Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS and 5-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. 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 non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the revised surveillance case definitions for HIV infection among adults, adolescents, and children <18 months and for HIV infection and AIDS among children aged 18 months to <13 years [1].

REFERENCES

1. CDC. Revised surveillance case definitions for HIV infection among adults, adolescents, and children 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, 2009–2013 and as of December 2013—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2009–2013 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2013) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	6,353	14,612
Baltimore, Maryland	2,904	19,305
Boston–Brockton–Nashua, Massachusetts–New Hampshire	2,755	9,610
Chicago, Illinois	4,837	15,959
Dallas, Texas	3,204	9,967
Detroit, Michigan	1,765	5,455
Fort Lauderdale, Florida	2,761	9,416
Houston, Texas	4,798	13,763
Los Angeles–Long Beach, California	7,312	27,236
Miami, Florida	3,574	14,607
Nassau–Suffolk, New York	1,020	3,639
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	762	4,125
New Orleans, Louisiana	1,464	4,549
New York, New York	13,448	64,931
Newark, New Jersey	2,058	7,204
Orlando, Florida	1,857	5,659
Philadelphia, Pennsylvania–New Jersey	3,796	14,134
Phoenix–Mesa, Arizona	1,539	4,775
San Diego, California	1,546	7,375
San Francisco, California	1,972	11,223
San Juan–Bayamon, Puerto Rico	1,779	6,720
Tampa–St. Petersburg–Clearwater, Florida	1,860	6,305
Washington, DC–Maryland–Virginia–West Virginia	5,477	19,019
West Palm Beach–Boca Raton, Florida	1,197	5,003
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	806	2,949
Baton Rouge, Louisiana	1,132	2,602
Bergen–Passaic, New Jersey	636	2,461
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,299	2,704
Cleveland–Lorain–Elyria, Ohio	630	2,415
Columbus, Ohio	984	2,156
Denver, Colorado	938	3,926
Fort Worth–Arlington, Texas	806	2,949
Hartford, Connecticut	493	2,427
Indianapolis, Indiana	768	2,457
Jacksonville, Florida	1,254	3,690
Jersey City, New Jersey	802	2,932

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2009–2013 and as of December 2013—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	Reported AIDS cases 2009–2013	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2013)
	No.	No.
Kansas City, Missouri–Kansas	694	2,795
Las Vegas, Nevada–Arizona	1,120	3,285
Memphis, Tennessee–Mississippi–Arkansas	1,311	3,540
Middlesex–Somerset–Hunterdon, New Jersey	421	1,656
Minneapolis–St. Paul, Minnesota–Wisconsin	952	2,940
Nashville–Davidson–Murfreesboro, Tennessee	721	2,715
Norfolk–Virginia Beach–Newport News, Virginia	796	2,592
Oakland, California	1,531	5,133
Orange County, California	944	3,968
Ponce, Puerto Rico	253	1,431
Portland–Vancouver, Oregon–Washington	703	2,712
Riverside–San Bernardino, California	1,563	5,321
Sacramento, California	619	2,094
St. Louis, Missouri–Illinois	1,128	3,517
San Antonio, Texas	1,100	3,110
San Jose, California	590	2,299
Seattle–Bellevue–Everett, Washington	999	4,442

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, 2009–2013 and as of December 2013—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2009–2013	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2013)
	No.	No.
Albany–Schenectady–Troy, New York	367	1,195
Augusta–Richmond County, Georgia–South Carolina	455	974
Bakersfield, California	344	1,248
Birmingham–Hoover, Alabama	348	1,362
Buffalo–Niagara Falls, New York	421	1,273
Charleston–North Charleston, South Carolina	447	1,285
Cincinnati–Middletown, Ohio–Kentucky–Indiana	651	1,830
Columbia, South Carolina	715	2,344
Jackson, Mississippi	592	1,606
Lakeland, Florida	408	1,148
Louisville, Kentucky–Indiana	520	1,542
Milwaukee–Waukesha–West Allis, Wisconsin	442	1,529
North Port–Bradenton–Sarasota, Florida*	258	1,073
Oklahoma City, Oklahoma	425	1,265
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	364	1,500
Pittsburgh, Pennsylvania	472	1,742
Port St. Lucie–Fort Pierce, Florida	490	1,445
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	360	1,456
Raleigh–Cary, North Carolina	566	1,682
Richmond, Virginia	774	2,079
Rochester, New York	418	1,704

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 2013—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Alabama	7,030	5,163	12,193
Alaska	275	387	662
Arizona	6,710	6,482	13,192
Arkansas	2,497	2,424	4,921
California	46,605	73,554	120,159
Colorado	6,459	5,209	11,668
Connecticut	3,648	7,179	10,827
Delaware	1,206	2,000	3,206
District of Columbia	6,497	9,277	15,774
Florida	46,130	58,261	104,391
Georgia	17,388	21,716	39,104
Hawaii	974	1,480	2,454
Idaho	461	428	889
Illinois	16,221	18,737	34,958
Indiana	4,533	5,113	9,646
Iowa	862	1,222	2,084
Kansas	1,370	1,682	3,052
Kentucky	2,885	3,118	6,003
Louisiana	9,007	10,589	19,596
Maine	556	682	1,238
Maryland	13,568	17,347	30,915
Massachusetts	7,486	10,717	18,203
Michigan	7,165	8,177	15,342
Minnesota	3,942	3,357	7,299
Mississippi	4,750	4,320	9,070
Missouri	5,587	6,434	12,021
Montana	176	267	443
Nebraska	893	1,009	1,902
Nevada	3,733	3,743	7,476
New Hampshire	522	628	1,150
New Jersey	17,205	19,550	36,755
New Mexico	1,156	1,633	2,789
New York	52,178	79,158	131,336
North Carolina	15,752	11,673	27,425
North Dakota	118	98	216
Ohio	10,073	9,266	19,339
Oklahoma	2,786	2,664	5,450
Oregon	2,174	3,417	5,591
Pennsylvania	14,171	19,353	33,524
Rhode Island	710	1,486	2,196

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 2013—United States and dependent areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
South Carolina	6,894	8,646	15,540
South Dakota	276	199	475
Tennessee	8,508	8,705	17,213
Texas	33,407	41,638	75,045
Utah	1,101	1,471	2,572
Vermont	196	258	454
Virginia	11,612	10,305	21,917
Washington	5,165	6,597	11,762
West Virginia	752	935	1,687
Wisconsin	2,724	2,782	5,506
Wyoming	120	155	275
American Samoa	1	1	2
Federated States of Micronesia*	—	—	0
Guam	45	35	80
Marshall Islands*	0	0	0
Northern Mariana Islands	0	2	2
Palau	3	1	4
Puerto Rico	7,968	10,838	18,806
U.S. Virgin Islands	264	336	600

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2015 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 2013—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	11,097	14,612	25,709
Baltimore, Maryland	7,945	10,305	18,250
Boston–Brockton–Nashua, Massachusetts–New Hampshire	6,604	9,610	16,214
Chicago, Illinois	13,710	15,959	29,669
Dallas, Texas	8,236	9,967	18,203
Detroit, Michigan	4,610	5,455	10,065
Fort Lauderdale, Florida	8,192	9,416	17,608
Houston, Texas	10,636	13,763	24,399
Los Angeles–Long Beach, California	18,647	27,236	45,883
Miami, Florida	13,161	14,607	27,768
Nassau–Suffolk, New York	2,430	3,639	6,069
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,048	4,125	6,173
New Orleans, Louisiana	3,748	4,549	8,297
New York, New York	42,102	64,931	107,033
Newark, New Jersey	6,504	7,204	13,708
Orlando, Florida	4,999	5,659	10,658
Philadelphia, Pennsylvania–New Jersey	10,557	14,134	24,691
Phoenix–Mesa, Arizona	5,194	4,775	9,969
San Diego, California	5,214	7,375	12,589
San Francisco, California	6,532	11,223	17,755
San Juan–Bayamon, Puerto Rico	5,230	6,720	11,950
Tampa–St. Petersburg–Clearwater, Florida	4,781	6,305	11,086
Washington, DC–Maryland–Virginia–West Virginia	14,844	19,019	33,863
West Palm Beach–Boca Raton, Florida	3,174	5,003	8,177
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	2,148	2,949	5,097
Baton Rouge, Louisiana	2,162	2,602	4,764
Bergen–Passaic, New Jersey	2,016	2,461	4,477
Charlotte–Gastonia–Concord, North Carolina–South Carolina	3,994	2,704	6,698
Cleveland–Lorain–Elyria, Ohio	2,566	2,415	4,981
Columbus, Ohio	1,799	2,344	4,143
Denver, Colorado	5,074	3,926	9,000
Fort Worth–Arlington, Texas	2,127	2,513	4,685
Hartford, Connecticut	1,229	2,427	3,656
Indianapolis, Indiana	2,210	2,457	4,667
Jacksonville, Florida	2,739	3,690	6,429
Jersey City, New Jersey	2,620	2,932	5,552
Kansas City, Missouri–Kansas	2,114	2,795	4,909
Las Vegas, Nevada–Arizona	3,291	3,285	6,576

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 2013—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Memphis, Tennessee–Mississippi–Arkansas	4,123	3,540	7,663
Middlesex–Somerset–Hunterdon, New Jersey	1,325	1,656	2,981
Minneapolis–St. Paul, Minnesota–Wisconsin	3,459	2,940	6,399
Nashville–Davidson–Murfreesboro, Tennessee	2,506	2,715	5,221
Norfolk–Virginia Beach–Newport News, Virginia	3,851	2,592	6,443
Oakland, California	2,487	5,133	7,620
Orange County, California	2,872	3,968	6,840
Ponce, Puerto Rico	605	1,219	1,824
Portland–Vancouver, Oregon–Washington	1,876	2,712	4,588
Riverside–San Bernardino, California	3,206	5,321	8,527
Sacramento, California	1,665	2,094	3,759
St. Louis, Missouri–Illinois	3,374	3,517	6,891
San Antonio, Texas	2,380	3,110	5,490
San Jose, California	1,034	2,299	3,333
Seattle–Bellevue–Everett, Washington	3,581	4,442	8,023

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 2015 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 2013—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Albany–Schenectady–Troy, New York	891	1,195	2,086
Augusta–Richmond County, Georgia–South Carolina	925	974	1,899
Bakersfield, California	670	1,248	1,918
Birmingham–Hoover, Alabama	2,436	1,362	3,798
Buffalo–Niagara Falls, New York	1,101	1,273	2,374
Charleston–North Charleston, South Carolina	1,054	1,285	2,339
Cincinnati–Middletown, Ohio–Kentucky–Indiana	1,807	1,830	3,637
Columbia, South Carolina	1,799	2,344	4,143
Jackson, Mississippi	1,677	16,066	3,283
Lakeland, Florida	755	1,148	1,903
Louisville, Kentucky–Indiana	1,586	1,542	3,128
Milwaukee–Waukesha–West Allis, Wisconsin	1,500	1,529	3,029
North Port–Bradenton–Sarasota, Florida*	726	1,073	1,799
Oklahoma City, Oklahoma	1,377	1,265	2,642
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	914	1,500	2,414
Pittsburgh, Pennsylvania	1,411	1,742	3,153
Port St. Lucie–Fort Pierce, Florida	602	1,445	2,047
Providence–New Bedford–Fall River, Rhode Island– Massachusetts	685	1,456	2,141
Raleigh–Cary, North Carolina	1,817	1,682	3,499
Richmond, Virginia	2,466	2,079	4,545
Rochester, New York	1,296	1,704	3,000

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 2015 funding calculations.

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