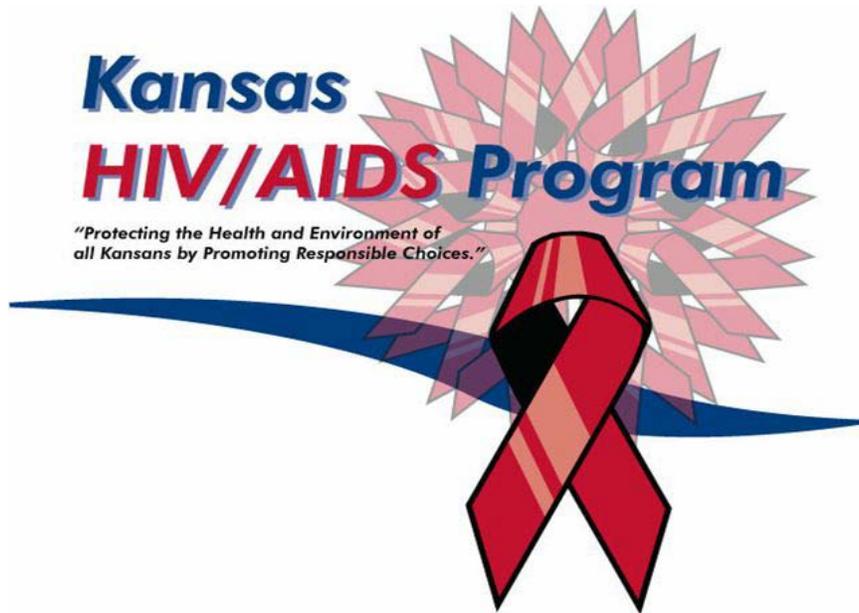


INTEGRATED EPIDEMIOLOGIC PROFILE 2007

Kansas HIV/AIDS Program

*"Protecting the Health and Environment of
all Kansans by Promoting Responsible Choices."*



The HIV/AIDS Program works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and AIDS.

HIV/AIDS SURVEILLANCE PROGRAM
HIV/AIDS SECTION
BUREAU OF DISEASE CONTROL AND PREVENTION
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT



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Executive Summary

At the end of 2007, a total of 2,495 persons were presumed to be living with HIV infection in the state of Kansas; of these, 53% (1,330) were AIDS cases. Approximately 70% of all counties in Kansas have individuals living with HIV/AIDS. Five of the 105 counties in Kansas contain more than 100 prevalent HIV/AIDS cases. From 2000 to 2007 the number of prevalent cases of HIV/AIDS has increased by 100% (1,243 to 2,495).

Due to the advent of highly active antiretroviral therapy (HAART) in 1996, the number of AIDS related deaths has sharply declined. In the state of Kansas, from 2001-2007 there were on average 38 deaths per year with 22 occurring in 2007. HIV is slowly becoming a chronic health condition as opposed to an acute illness. According to the CDC persons infected with the disease are now able to live longer and more productive lives, with HAART.

Over the past few years, the infection rate for both the non-Hispanic Black and Hispanic populations in the state of Kansas has increased significantly. These two minority groups make up approximately 15% of the state's population and account for 46% of the states newly diagnosed HIV/AIDS cases thus showing a need for increased prevention and education efforts in these populations. The non-Hispanic Black population however shows the greatest burden with the infection rate for Blacks currently eight times that of Whites and three times that of Hispanics.

The total number of newly diagnosed HIV/AIDS cases in Kansas has increased by 55% from 132 cases in 2000 to 205 cases in 2007. Among the 205 newly diagnosed cases of HIV/AIDS in 2007, 54.1 % (111) were new AIDS cases and 45.9% (94) were new HIV (non-AIDS) cases.

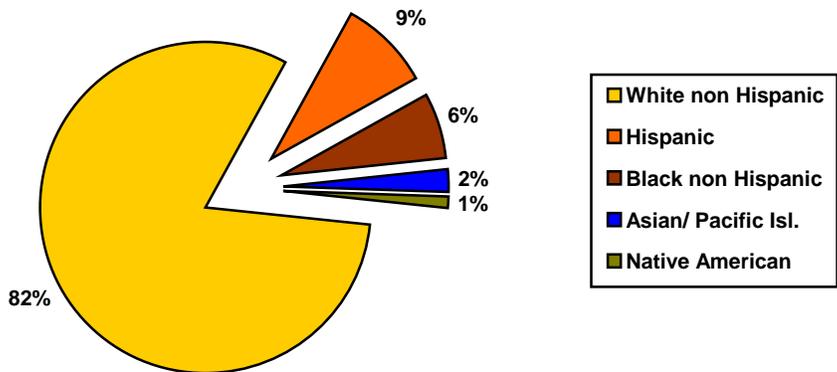
Men continue to be the most impacted gender group. The number of newly diagnosed female cases of HIV/AIDS in Kansas has increased by 30% since 2004. Men who have sex with men (MSM) continue to be the highest risk population among all of the risk categories. At the end of 2007 there were a total of 104 newly diagnosed cases noting their exposure risk as MSM, followed by 28 cases noting heterosexual risk. It is worth noting that Black and Hispanic MSM have higher infection rates than that of White MSM. The most impacted age groups are those between the ages of 25-44.

Region 1, which includes Wyandotte and Leavenworth counties, currently has the highest infection rate for newly diagnosed HIV cases, compared to any other region in the state. Region 8 continues to have the largest population of persons living with HIV and AIDS in the state. Region 8 also had the largest proportion of newly diagnosed female cases of HIV in 2007.

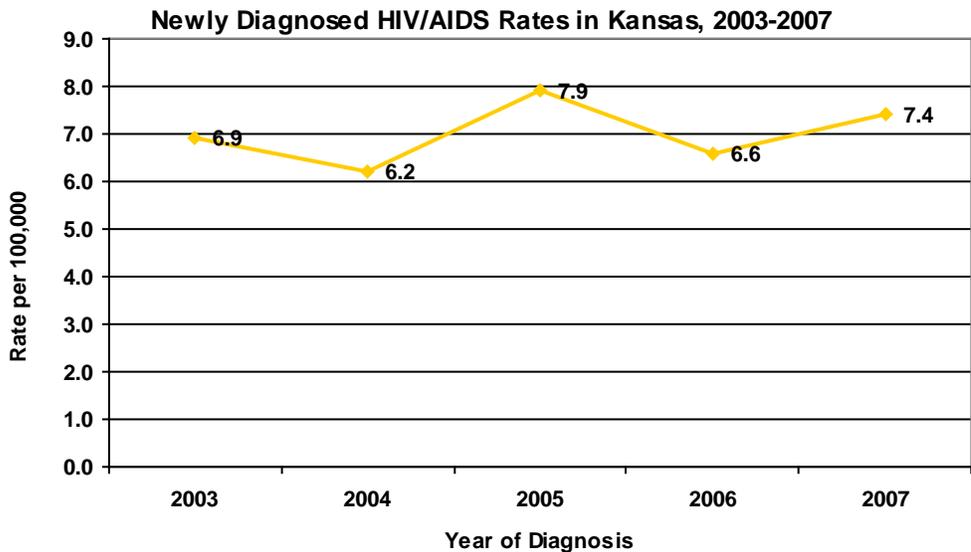
Surveillance data on HIV testing delays indicates that some groups may not fully benefit from recent treatment advances because they do not get tested early in their infections. For example, among persons who tested positive during 2004-2007, approximately 55% were diagnosed with AIDS at the time of their first positive test.

Overview of Profile Figures

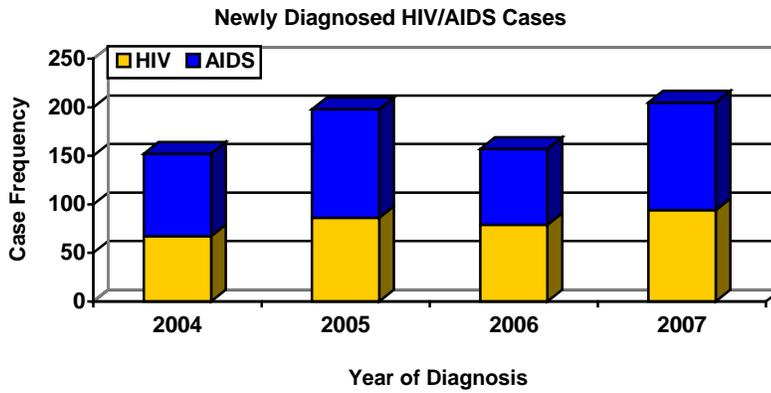
Kansas State Population Race/Ethnicity Distribution, 2007 Census Estimates



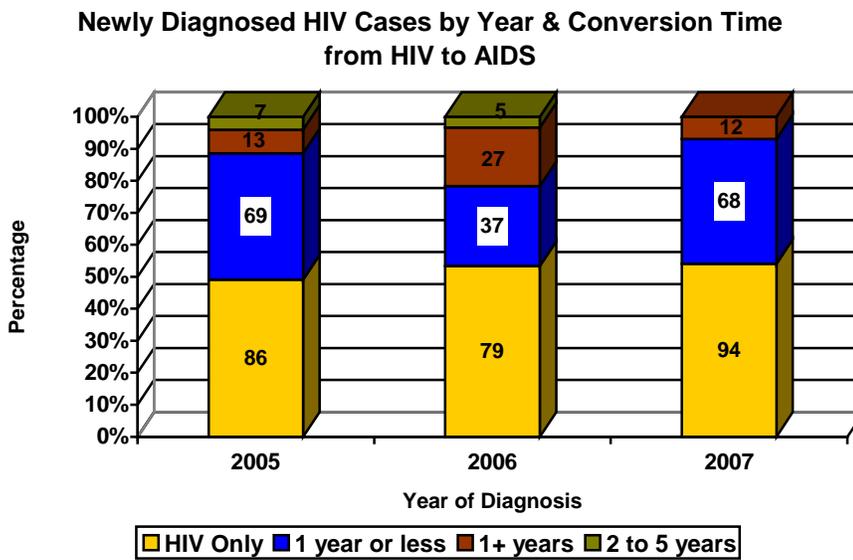
Source: 2007 Population Estimates, Kansas Department of Health & Environment Office of Vital Statistics



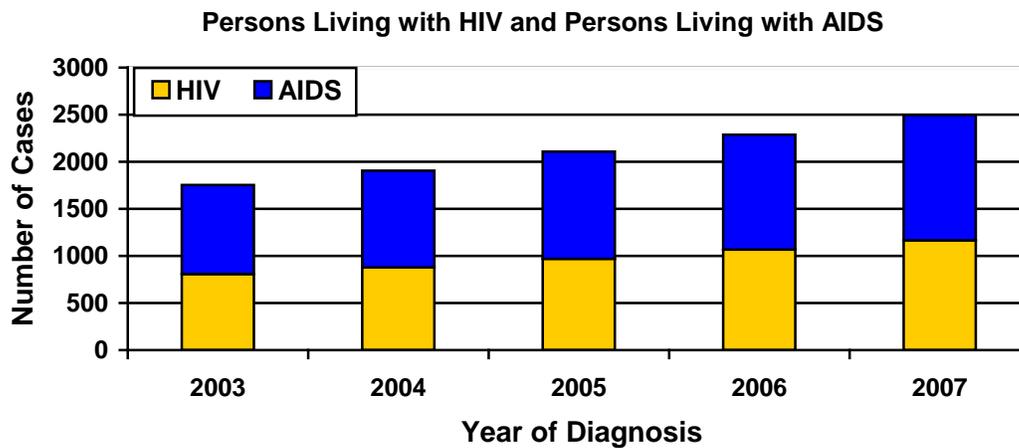
Data Source: Kansas HIV/AIDS Surveillance System: as of December 31, 2008



Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

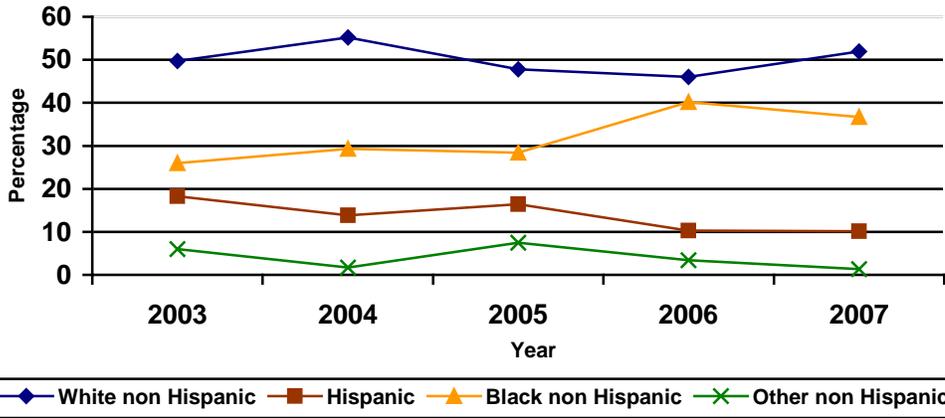


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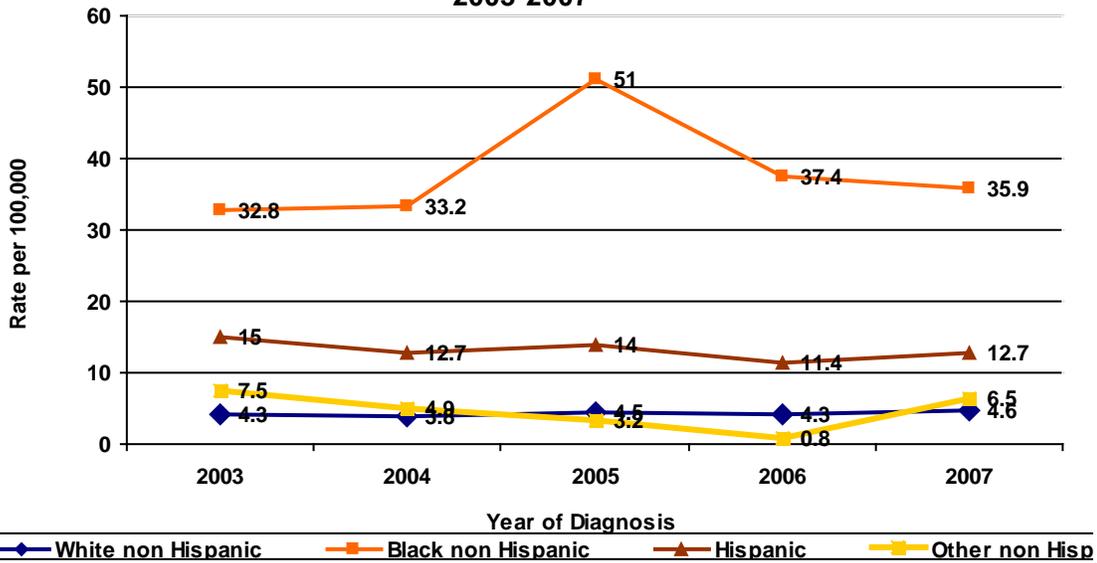
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

Kansas Major Race/Ethnicity Categories by Percent of Newly Diagnosed HIV/AIDS Cases by Year of Diagnosis, 2003-2007



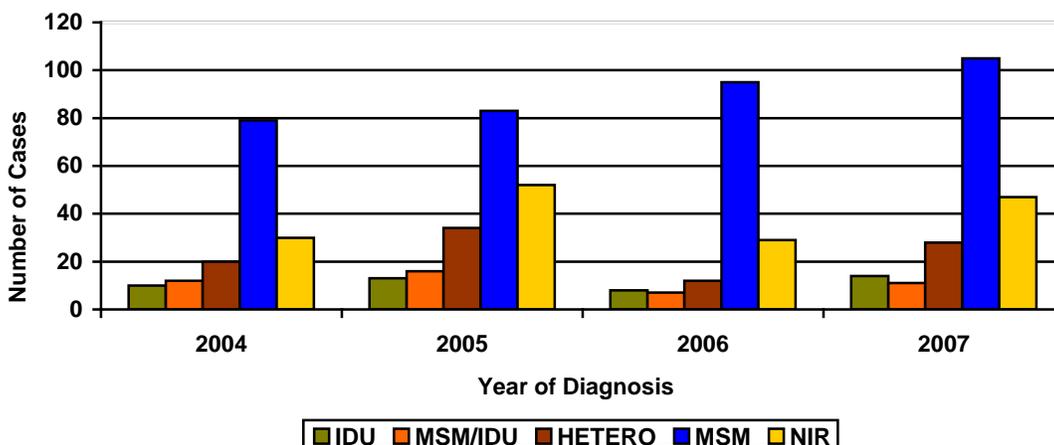
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31st 2008

Newly Diagnosed HIV/AIDS Case Rates by Race/Ethnicity 2003-2007



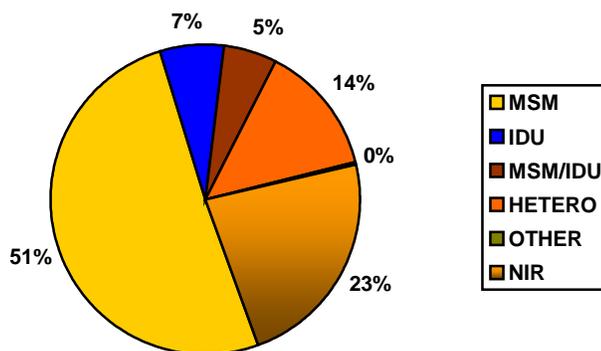
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31st 2008

Newly Diagnosed HIV/AIDS by Mode of Exposure and Year of Diagnosis 2004-2007



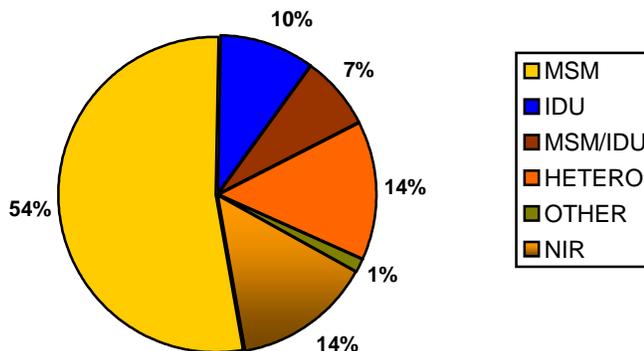
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31st 2008

Proportional Distribution of Newly Diagnosed HIV/AIDS Cases by Mode of Transmission, 2007



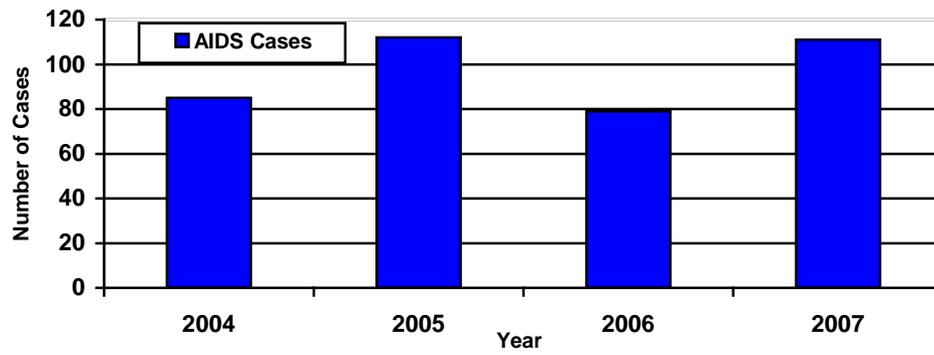
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

Proportion of Living HIV/AIDS cases by Mode of Transmission, 2007



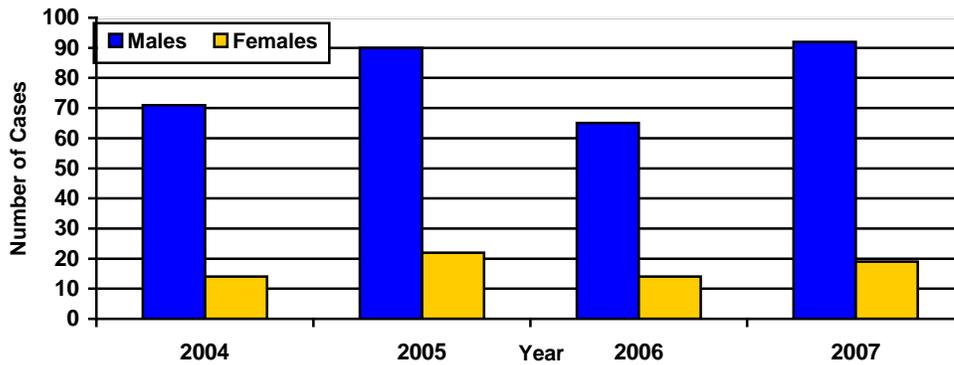
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

Newly Diagnosed AIDS Cases by Year of Diagnosis, Kansas 2004-2007



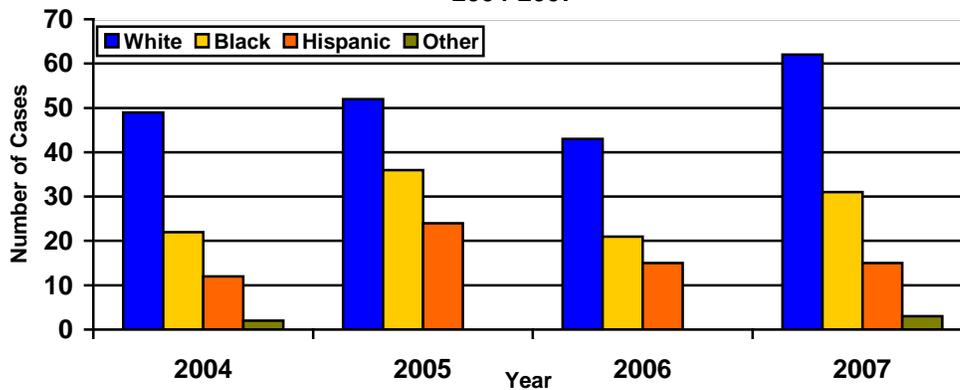
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

Newly Diagnosed AIDS Cases by Gender and Year of Diagnosis, 2004-2007



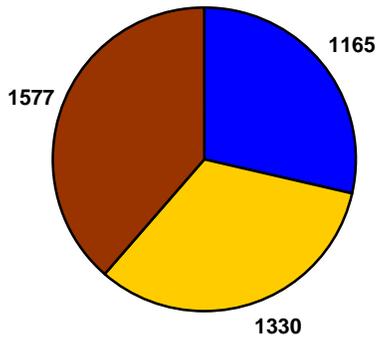
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

Newly Diagnosed AIDS Cases by Race/Ethnicity and Year of Diagnosis, 2004-2007



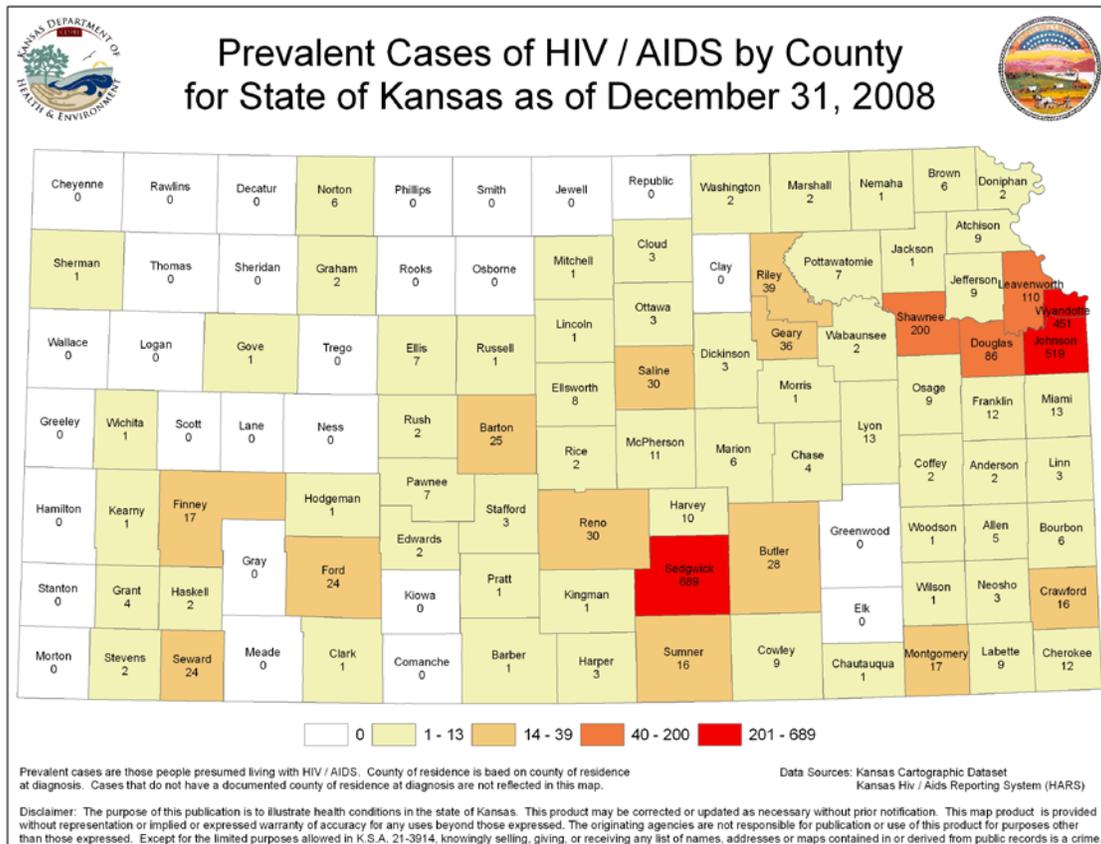
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

Cumulative Reported HIV/AIDS Cases (Living and Deceased) by Current Status

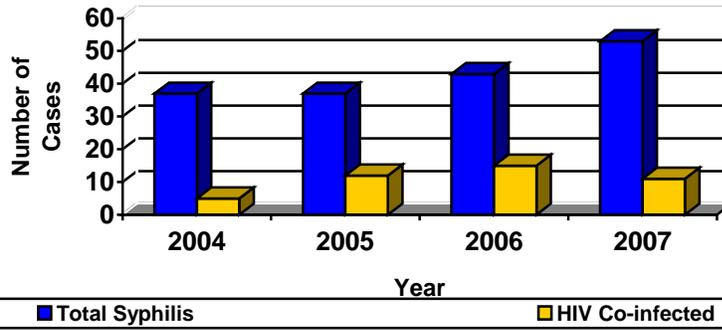


■ Living HIV ■ Living AIDS ■ Deceased HIV/AIDS

Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2008

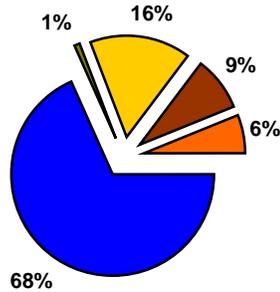


Early Syphilis & HIV Co-infected Syphilis



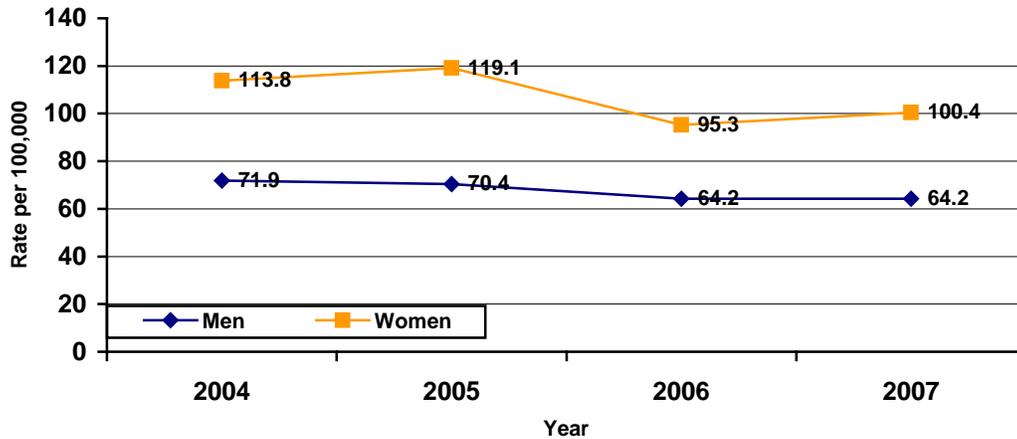
Data Source: Kansas Department of Health and Environment. Bureau of Disease Control and Prevention STD Section

Injection Drug Use by Primary Problem



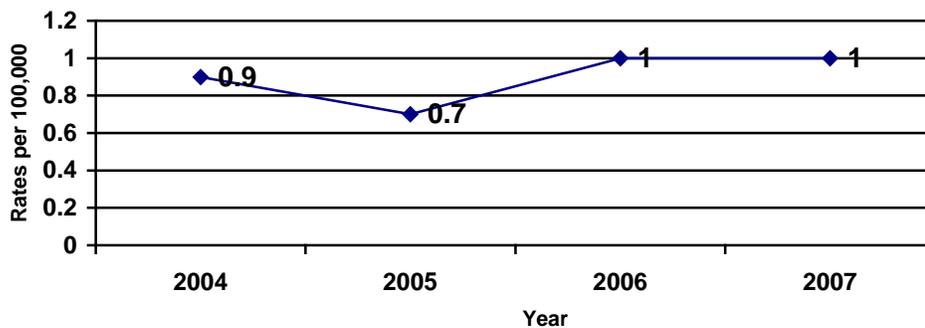
Source: Alcohol and Prevention Services, Kansas Client Placement Criteria (KCPC) System, 2009

Gonorrhea Rates by Gender in Kansas, 2004-2007



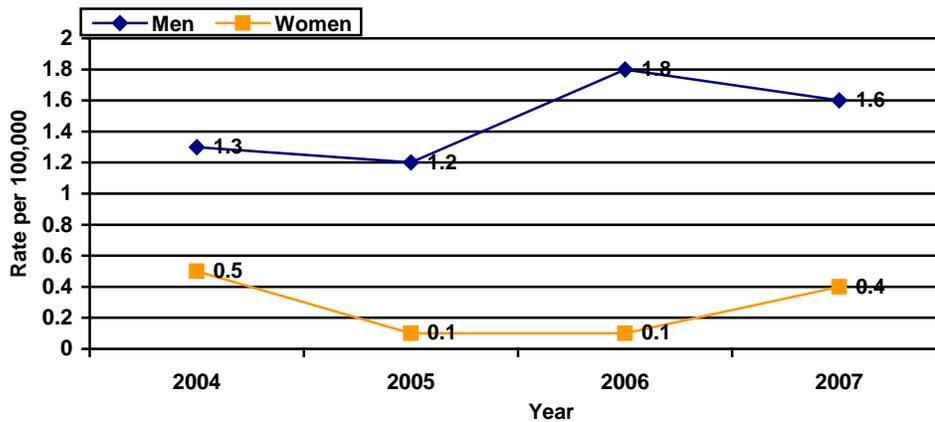
Data Source: Kansas Department of Health and Environment. Bureau of Disease Control and Prevention STD Section

Primary and Secondary Syphilis Rates in Kansas, 2004-2007



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2007. Atlanta, GA: US Department of Health and Human Services

Primary and Secondary Syphilis Rates in Kansas, by Gender, 2004-2006

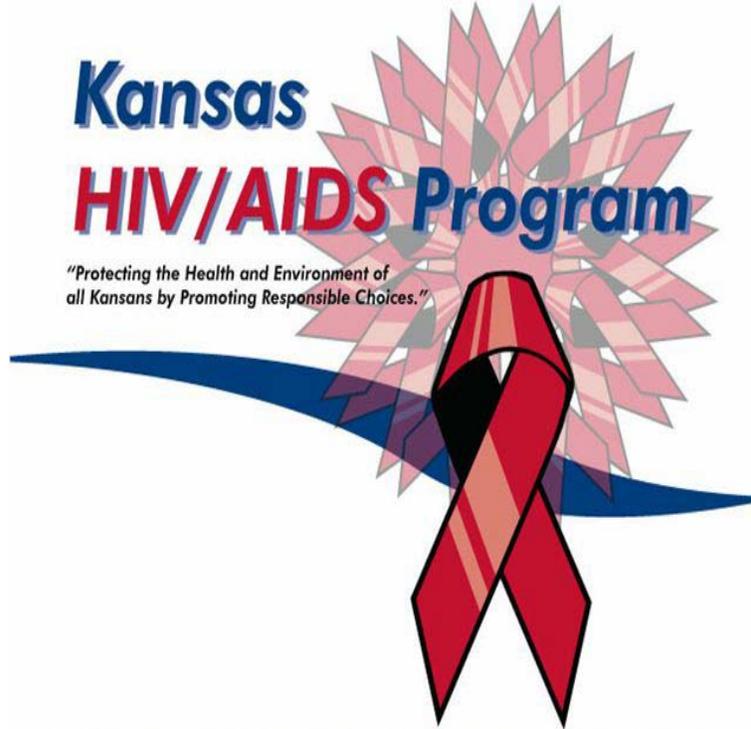


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INTRODUCTION

Introduction

This epidemiologic profile provides detailed information about the current HIV/AIDS epidemic in Kansas. Data from HIV surveillance and multiple other sources were reviewed to create this document that addresses the following key questions:

What are the socio-demographic characteristics of the general population in Kansas?
What is the scope of the HIV/AIDS epidemic in Kansas?
What are the indicators of risk for HIV/AIDS infection in Kansas?
What are the patterns of utilization of HIV services in persons in Kansas?

Each of the questions represents a section of the report, which includes relevant data and interpretation.

Data Sources

Data were compiled from a variety of sources to provide the most complete picture of the epidemic in Kansas. When interpreting the data, keep in mind that each of the data sources has strengths and limitations. A brief description of each data source is provided below.

Core HIV/AIDS Surveillance

HIV/AIDS Surveillance Data

The Kansas Department of Health and Environment began conducting HIV/AIDS surveillance in 1983. On July 1, 1999 the Kansas statutes requiring confidential name-based HIV reporting was instituted. All HIV and AIDS cases diagnosed or treated in the state of Kansas are reportable to the Kansas Department of Health and Environment's HIV/AIDS Surveillance Program. Standardized case report forms are used to collect demographics, vital status, laboratory and clinical results, as well as risk factor information on all cases. All surveillance data are entered into the HIV/AIDS Reporting System (eHARS), the standardized database developed by CDC.

Limitations: HIV surveillance data can provide only a minimum of estimates of the number of persons known to be infected with the condition. HIV/AIDS surveillance is totally reliant on positive laboratory test results and the fulfillment of disease reporting requirements by providers and laboratories.

Ryan White Care Act Data

The Ryan White Part B Program in the state of Kansas has been assisting Kansans living with HIV and AIDS via a variety of resources since 1987; before the enactment of the Federal Comprehensive AIDS Resources Emergency (CARE) Act in 1990. The Ryan White Care Act (RWCA) ensures quality and availability of care for medically underserved individuals and families affected by HIV/AIDS. The Ryan White Part B Program in Kansas maintains a database in the HIV/AIDS Program. They collect client demographics, diagnostic status, financial eligibility and vital status information. Data are collected only from clients who know their HIV status.

AIDS Drug Assistance Program (ADAP)

The HIV/AIDS Program at KDHE manages the statewide ADAP program which provides medications free of charge to persons living with HIV/AIDS who meet eligibility requirements. Kansas ADAP utilization data is available through cooperative efforts with the Kansas Social and Rehabilitative Services (SRS).

Limitations: All non-SRS databases are reliant on client reporting and case management reporting, which may result in time delays. The data is not generalizable to all HIV infected persons in Kansas; because data is only collected on persons who know their HIV status, are not eligible for health coverage through private insurance, are currently being provided care / treatment services through Ryan White Part B funded providers and are financially eligible to receive services.

STD Surveillance

The KDHE STD Section conducts statewide surveillance and treatment of chlamydia, gonorrhea, and syphilis infections. Services include partner counseling, referral services and treatment. Data are collected in the Sexually Transmitted Disease Management Information System (STDMIS). STD data can serve as a surrogate marker of unsafe sexual practices and demonstrate the prevalence of changes in specific behaviors.

Limitations: The data is dependent upon compliance with reporting laws and is limited to positive test results. In the case of some STDs, the patient may be asymptomatic.

Vital Statistics Data

The Office of Vital Statistics collects information on all births and deaths that occur in Kansas. The HIV/AIDS Surveillance Program obtains vital status information on all reported cases by matching them with death certificates. The data is also used to determine the number of deaths related to HIV/AIDS, as well as the number of perinatal exposures from birth certificates.

Limitations: The HIV Surveillance Program may not receive death reports for individuals who may be HIV infected, but HIV or AIDS is not listed as an immediate cause of death or an underlying cause of death. The completeness of birth certificates is dependent upon the diligence of the reporting entity.

Population Data

U.S. Census Bureau

The US Census Bureau collects and disseminates population estimates for states and counties every ten years. The data consists of demographic, economic and household characteristics of the population.

Limitations: The data is compiled from national statistics and is dependent upon the accuracy of reporting and participation of citizens.

Kansas State Data

Economic and demographic data specific to the population of Kansas were also pulled from the Governor's Economic and Demographic Report which is prepared annually to summarize the state of affairs in Kansas. Also, the Office of Local and Rural Health in KDHE provide health profiles for each county in Kansas.

Limitations: Local population data has many of the same limitations as federal population data. Completeness of data is dependent upon the accuracy of reporting and participation of the citizens. Estimates are not specific counts and therefore are more susceptible to unforeseen changes in the population.

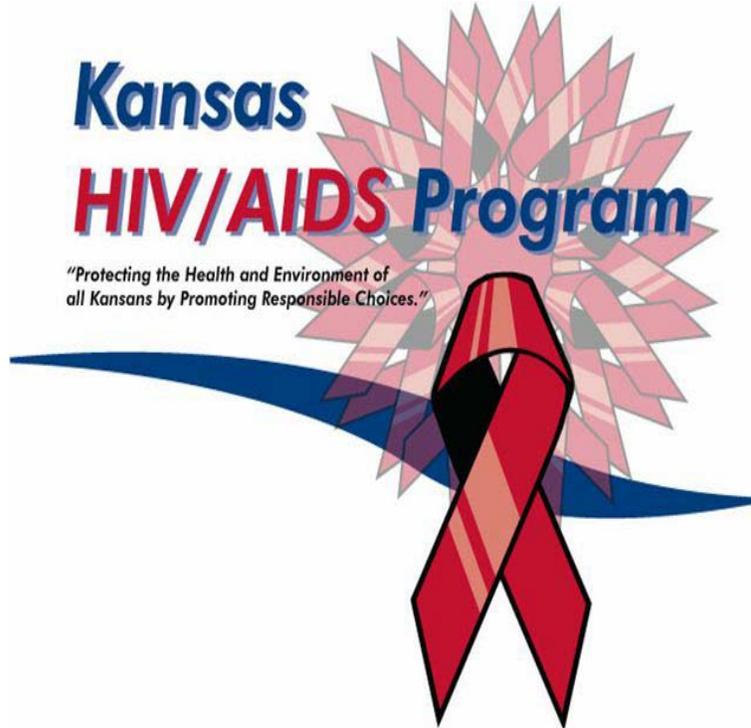
Methods

- This profile was created by the HIV/AIDS Surveillance Program of the Bureau of Disease Control and Prevention located in the Kansas Department of Health and Environment. All socioeconomic data, vital statistics, other infectious disease data, and behavioral data were either downloaded from a public website or obtained by special request.
- Incidence rates were calculated for a 12 month period (January through December) per 100,000 population. The denominators for these rates were obtained from 2007 population estimates from the US Census Bureau. The numerator is the number of reported cases that were diagnosed during the 12 month period.
- All HIV/AIDS data represent the number of cases diagnosed during that calendar year without adjusting for reporting delays. Reporting delays refer to the time between diagnosis of a case and receipt of the report by the surveillance unit. To minimize reporting delays, all data for 2007 was tabulated in March 31, 2009.

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CORE EPIDEMIOLOGIC QUESTIONS

Question 1

What are the socio-demographic characteristics of the general population in Kansas?

SUMMARY

Population: In 2007, the estimated total population for the state of Kansas was 2,775,997 persons. This represents a 3.3% increase from the published 2000 Census report of 2,688,418. The boundaries of Kansas form a nearly perfect rectangle around 105 counties that, according to 2007 population estimates, range from 1,297 persons in Greeley County to 526,319 persons in Johnson County. The population density varies widely across the state with more than 52% of the population living in the eastern third of the state (Regions 1, 2, 3, 4, and 5) and 61% of the population residing in metropolitan areas (county population greater than 50,000).

The total state land area is 81,815 square miles and the average population density is 33.9 persons per square mile. Kansas has three *major* metropolitan areas (counties with a population density greater than 300 persons per square mile) that contain 47.9% of the state's population. They are Kansas City (Wyandotte Co. and Johnson Co.), Wichita (Sedgwick Co.), and Topeka (Shawnee Co.).

Public Health Regional Structure: The KDHE HIV Prevention Section, in conjunction with the Community Planning Group and HIV Case-Management Section, divided the state into nine regions for public health planning. These regions have neither similar geography nor population size. They range in size from 31 counties (Region 7) to two counties (Regions 1 and 2), and surrounding urban centers: Kansas City (Region 1), Olathe/Overland Park/Shawnee (Region 2), Lawrence (Region 3), Topeka (Region 4), Pittsburg (Region 5), Manhattan (Region 6), Salina (Region 7), Wichita (Region 8), Garden City (Region 9). Region 8 contains the largest proportion of the state population (27%) and Region 6 contains the smallest (4.7%). The range in the number of counties and the area per region is due to the dramatic differences in population density throughout the state. This interesting mix of land mass and extremes in population density poses a major challenge in creating health education programming for the citizens of Kansas.

Demographic Composition: According to the 2007 census data, the racial and ethnic composition of the state was estimated to be 81.5% White non-Hispanic, 8.8% Hispanic, 6.3% Black non-Hispanic, 2.4% Asian/Pacific Islander, and 1.0% American Indian.

Age and Sex: According to the 2007 census estimate, the median age of Kansas' residents was 36.2 years. Based on the reported median age of 32.9 years in the 1990 Census in Kansas, the population is aging slightly. The same data estimates that the proportion of females in the overall population was slightly higher than the proportion of males (50.4% vs. 49.6%).

Poverty, Income, and Education: The median household income in Kansas in 2007 was \$47,341. The estimated proportion of the population below the federal poverty level in

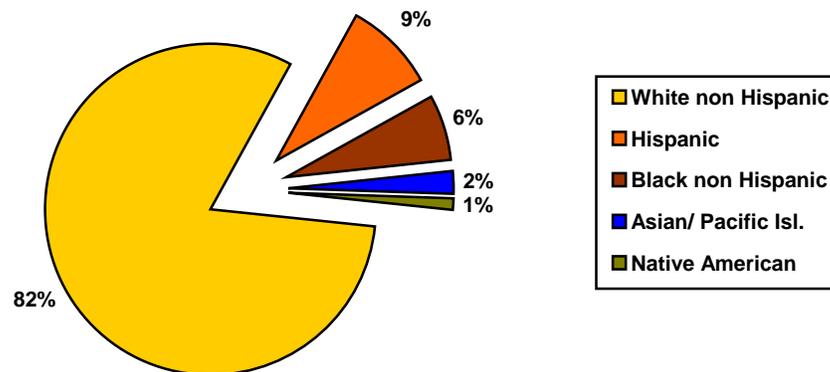
2007 was 11.2 % in Kansas as compared to 13.0 % nationally. Also, at this time there were approximately 12.5% of children living below poverty in the state of Kansas. In 2007, among individuals 25 years and above, 86% had at least graduated from high school, 25.8% had a bachelor's or higher degree.

DEMOGRAPHICS

The demographic make up of Kansas is becoming more diverse. Historically, the population of Kansas has been predominantly White non-Hispanic. In 2007, even though the overall makeup remained the same, the proportions of other races and ethnicities displayed an upward trend, especially in the proportion of the Hispanic population. The US Census Bureau estimates that the Hispanic population in Kansas continues to grow, increasing from 3.9% of the total population in 1990 to 8.8% of the total population in 2007.

Figure 1

**Kansas State Population Race/Ethnicity Distribution,
2007 Census Estimates**



Source: 2007 Estimates, Kansas Department of Health & Environment Office of Vital Statistics

The White non-Hispanic population maintains the majority in every region; however, their percentage of the population in Regions 1 and 9 is much lower than that of the other regions. Region 1 has the largest population of non-Hispanic Blacks in the state of Kansas. This Region also has the greatest percentage of non-Hispanic Blacks, compared to any other region. Approximately 43% of Kansas' Hispanic population resides in either Region 8 or 9. Although the size of the Hispanic population in these regions is very similar, Hispanics account for 34.1% of the population in Region 9 and only 8.6% of the population in Region 8 (Table 1).

Table 1: Percentage of the General Population by Race/Ethnicity and by Public Health Region, 2007

	White, non- Hispanic, %	Black, non- Hispanic, %	Native American, non- Hispanic, %	Asian/PI, non- Hispanic, %	Hispanic, %	Total Population (%)
Region 1	59.7	21.3	0.8	1.8	16.4	8.2
Region 2	85.8	4.3	0.4	3.8	5.6	20.0
Region 3	87.5	4.0	2.0	3.1	3.4	5.7
Region 4	82.7	6.6	1.5	1.2	8.0	11.0
Region 5	91.2	3.2	2.1	0.8	2.7	7.0
Region 6	84.6	7.3	0.7	2.9	4.5	5.0
Region 7	92.3	1.8	0.5	0.8	4.6	10.3
Region 8	80.4	7.1	1.0	2.9	8.6	26.8
Region 9	62.1	1.5	0.6	1.6	34.1	6.0

Source: 2007 Kansas Department of Health and Environment Office of Vital Statistics. Note: Due to rounding percentages may not add to 100%. Crude populations can be calculated by multiplying the total population by the percent value of concern. PI (Pacific Islander)

Classifying counties based upon population density further describes the distribution of people throughout Kansas and allows for better comparison of counties with similar populations. In Kansas, six of the 105 counties have more than 150 persons per square mile and 54.6 % of the population resides within these counties. The Kansas City metropolitan area which comprises Wyandotte and Johnson counties contains 28.1% of the state's population. These two counties both have a population density of greater than 1000 persons per square mile.

Percentage distribution of population by age group in Kansas is similar to US population. 64.4 percent of the population in Kansas during 2007 was 25 years of age or older (Table 2).

According to the 2007 census estimates the median age of Kansas' residents was 36.2 years. More than 25% of the population are 18 years of age or younger; 13% of the population are 65 or older. The age distribution among males and females in Kansas is similar; however, a slightly higher proportion of females are 65 years and older, a trend also noted in nationwide estimates. The same data estimates that the proportion of females in the overall population was slightly higher than the proportion of males (50.4% vs. 49.6%).

Table 2: Percentage Distribution of the General Population by Age Group and Gender, Kansas, 2007

Age Group (yrs.)	Males, % (N=1,376,311)	Females, % (N=1,399,686)	Total Population, % (N=2,775,997)
<13	18.5	17.4	18.0
13-14	2.9	2.6	2.8
15-24	15.5	14.1	14.8
25-34	13.5	12.6	13.0
35-44	13.4	13.0	13.2
45-54	14.7	14.5	14.6
55-64	10.6	10.7	10.6
≥65	10.9	15.0	13.0

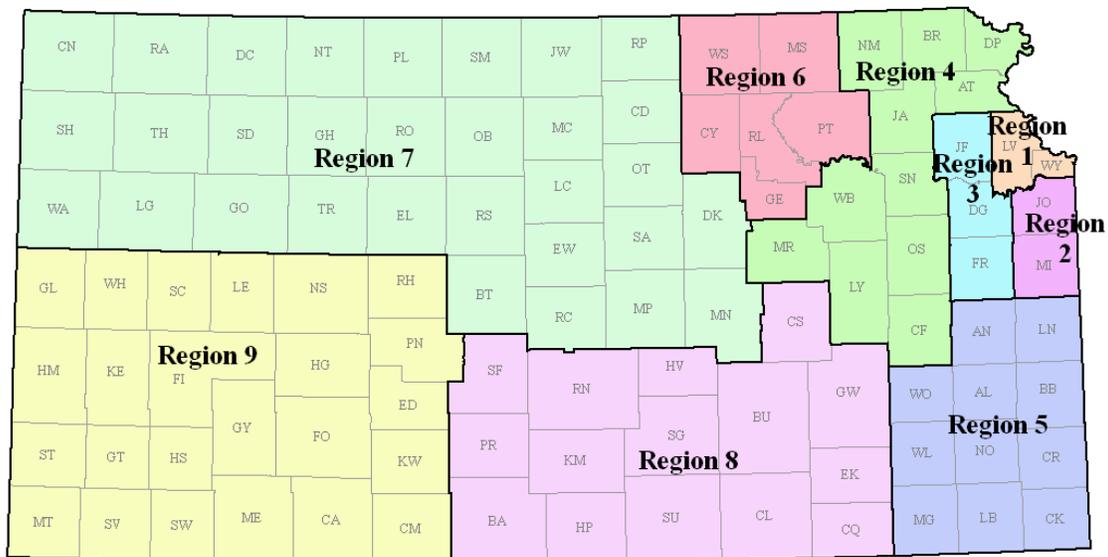
Source: 2007 Estimates, US Census Bureau & CDC Wonder

Note: Due to rounding percentages may not add to 100%. Crude populations can be achieved by multiplying the total population by the percent value of concern.

SOCIOECONOMIC STATUS

According to the US Bureau of the Census, there were approximately 310,911 Kansans living below the poverty line during 2007. Approximately 12.5% percent of the children residing in Kansas were living below the poverty line in 2007. According to the US Department of Health and Human Services, an income of less than \$17,170 was below 100% poverty for a family of three in 2007. During the 2006-2007 time period, there were approximately 250,260 people living in poverty in the major metropolitan areas of the state of Kansas; and an additional 151,350 in the non-metropolitan areas. According to the Kaiser Commission on Medicaid and the Underinsured 2006-2007 report, 14.2% of the state's population had no insurance coverage compared to 17.2% nationally.

HIV/AIDS Community Planning Regions



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Data Source:
 Kansas Cartographic Dataset
 Kansas HIV/STD Surveillance Program

Disclaimer: The purpose of this publication is to illustrate the status of the HIV/AIDS epidemic in the state of Kansas. This map product is provided without representation or implied or expressed warranty of accuracy for any uses beyond those expressed. The originating agencies are not responsible for publication or use of this product for purposes other than those expressed. This product may be corrected or updated as necessary without prior notification.

Question 2

What is the scope of HIV/AIDS epidemic in Kansas?

In 1983, KDHE began monitoring the disease known as Acquired Immunodeficiency Syndrome (AIDS). This surveillance was further enhanced on July 1, 1999 with the addition of legislation instituting confidential name based reporting of Human Immunodeficiency Virus (HIV) infection. Since that time, the HIV/AIDS epidemic has affected people of nearly all genders, ages, and racial/ethnic groups. However, the epidemic has not affected all of these groups equally.

Although White men who have sex with men (MSM) continue to be disproportionately impacted by HIV/AIDS, recent data suggest a change in the epidemic toward Blacks, Hispanics, women, and high risk heterosexuals. Blacks continue to have the highest rate of infection per 100,000 persons compared to any other racial or ethnic group in the state of Kansas. The rate for Hispanics also remains high but has been relatively stable since 2003 to current.

As the epidemic continues to change and the number of people living with the disease continues to grow, it is becoming more challenging to plan for HIV prevention and care. Due to limited resources, it is imperative that efforts are focused on identifying those populations most affected and most at risk for HIV infection.

HIGHLIGHTS

- During 2007, among all newly diagnosed and reported HIV/AIDS cases, 111 (54.1%) were new AIDS cases and 94 (45.9%) were HIV (non-AIDS) cases.
- At the end of 2007, 2,495 persons were presumed to be living with HIV/AIDS in Kansas. Of those, 53.3% (1,330 persons) had an AIDS diagnosis.
- The number of deaths due to AIDS continues to decline, as HAART therapy becomes more advanced. From 2004-2008, there was an average of 25 deaths per year.
- The HIV infection rate for Blacks continues to be disproportionately high (35.9 per 100,000); in 2007 it was more than eight times higher than that for Whites and three times that for Hispanics. In 2007 approximately 31% of the newly diagnosed HIV/AIDS cases were in the Black population.
- Newly diagnosed HIV/AIDS rates among non-Hispanic Blacks has steadily increased from 32.8 per 100,000 in 2003 to 35.9 per 100,000 in 2007.
- The number of women affected by HIV/AIDS is steadily increasing. Women comprised approximately 21% of the newly diagnosed HIV/AIDS cases in 2007. Although the rate of infection per 100,000 is low compared to that of men, it has remained steady over the years. Black women (24.1 per 100,000) have the highest rate of infection compared to any other racial or ethnic group in Kansas.

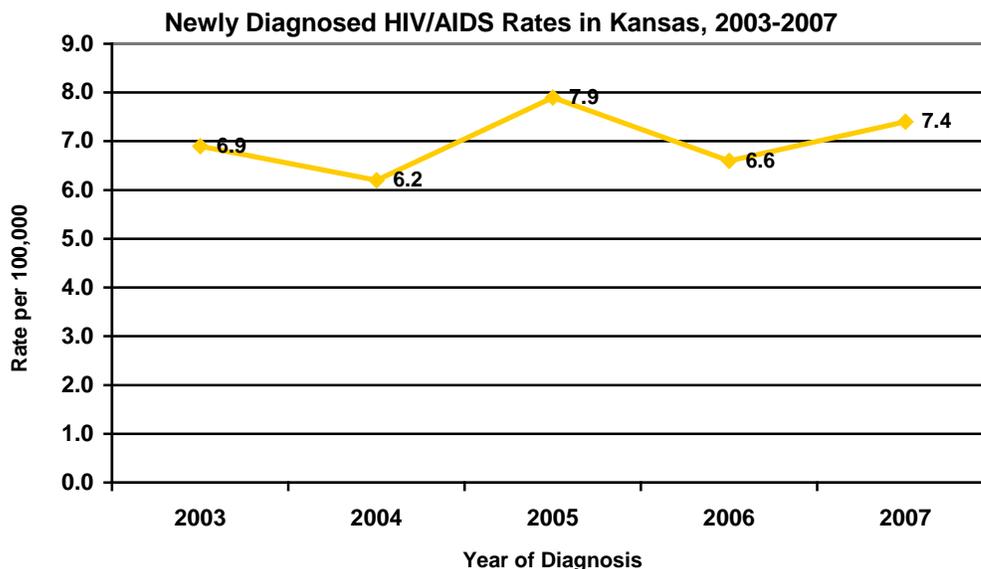
This section provides detailed information about demographic and risk characteristics of HIV infected persons and trends in the statewide epidemic. It describes cases diagnosed through 2007 and reported through December 2008. The regional epidemiological profiles included at the end of this section provide a more detailed description of the epidemic in each public health region. Unless noted, all data comes from Kansas eHARS (enhanced HIV/AIDS Reporting System).

OVERALL HIV/AIDS TRENDS

In 2007, 205 new cases of HIV/AIDS were diagnosed in the state of Kansas. This number reflects those persons whose HIV infection (including AIDS) was first diagnosed in 2007 and who were reported to the state health department. It is possible to have cases diagnosed as AIDS and HIV simultaneously, due to delays in testing. If a person is diagnosed with AIDS and HIV in the same year, they are counted as an AIDS case only in order to avoid “double-counting.” Once diagnosed with AIDS, a person does not re-enter the HIV “pool,” even if they no longer meet the case definition of AIDS (e.g. a person who is HIV positive in 2006, and subsequently develops *Pneumocystis carinii* pneumonia (PCP), becomes an AIDS case). However, if the condition is resolved, the person will not be reclassified as an HIV case.

From 2003 to 2007 newly diagnosed HIV/AIDS rates per 100,000 have increased from 6.9 per 100,000 to 7.4 per 100,000 (Figure 2). Newly diagnosed HIV/AIDS rates were the highest in 2005 (7.9 per 100,000).

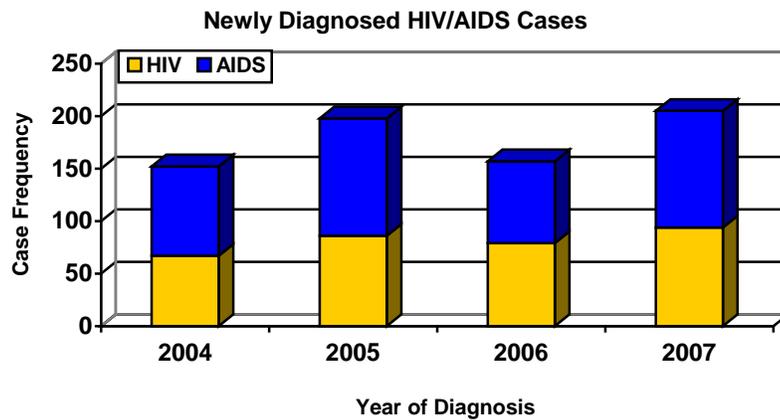
Figure 2



Data Source: Kansas HIV/AIDS Surveillance System; as of December 31st, 2008

In 2007, there were a total of 111 AIDS cases and 94 HIV cases diagnosed and reported in the state of Kansas. This is a 40 percent increase in HIV cases and 30 percent increase in AIDS cases compared to 2004 (Figure 3).

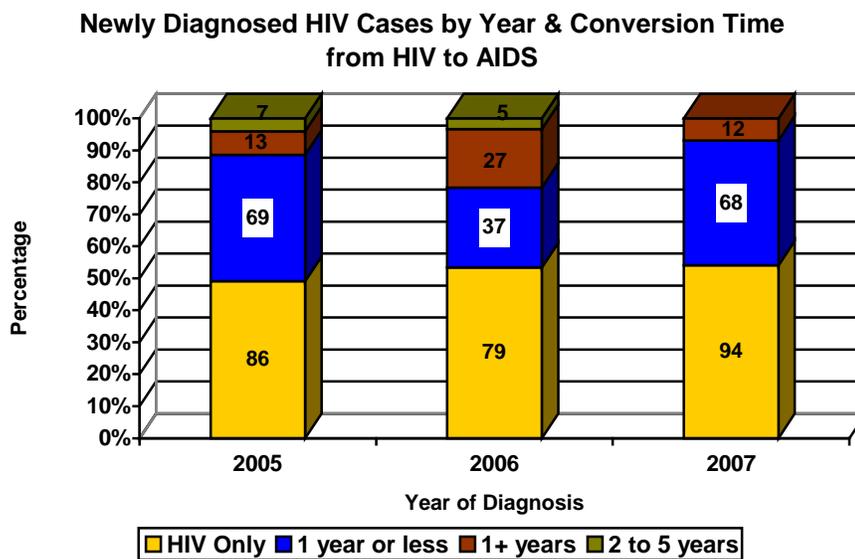
Figure 3



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

The number of persons newly diagnosed with HIV or AIDS in Kansas has increased steadily over the past four years. Compared to 2004, there has been a 35% increase in the number of newly diagnosed HIV and AIDS cases. Among the newly diagnosed cases of HIV in 2007, 68 (72%) were simultaneously diagnosed with both HIV and AIDS. The proportion of cases reported as converting from HIV to AIDS within one year has remained relatively stable over the years (Figure 4).

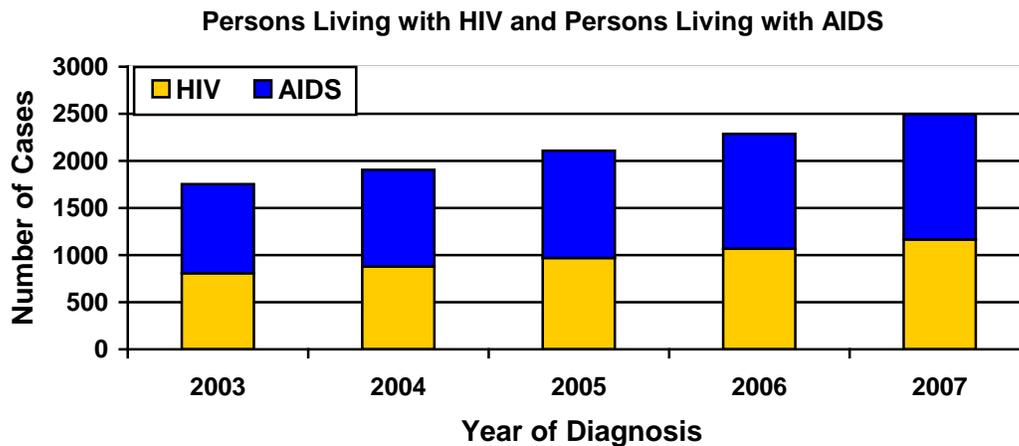
Figure 4



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

Prevalence numbers are an approximation of the number of persons actually living with HIV/AIDS at a particular period of time. The number does not include those persons who are infected and have not been tested for the virus. There were approximately 2,495 persons living with HIV/AIDS in the state of Kansas as of December 31, 2007. As noted in Figure 5 the number of prevalent cases of HIV and AIDS has consistently increased over the 5 year period. In 2003 there were approximately 1,028 persons living with AIDS, compared to 1,330 in 2007. The proportion of HIV and AIDS cases has remained relatively the same from 2003 to 2007. This trend is mainly due to the introduction of antiretroviral drug treatments and therapies, which tend to delay the progression from HIV to AIDS and from AIDS to death.

Figure 5



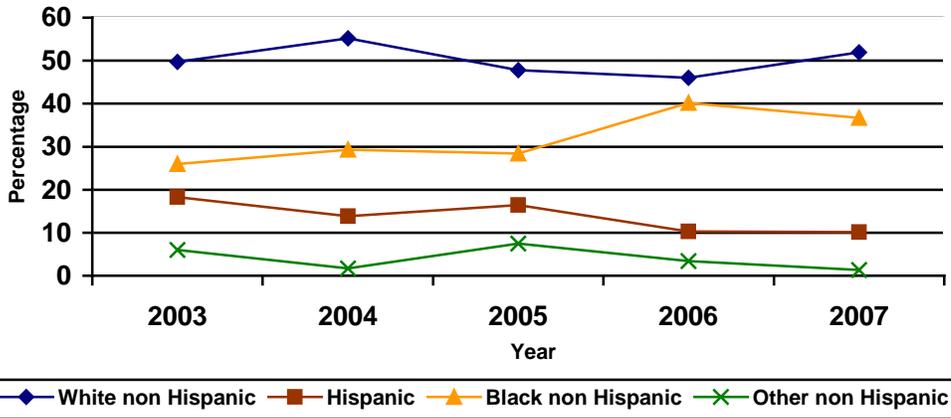
Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

From 2003-2006, there was a downward trend in the overall number of cases being diagnosed in non-Hispanic Whites and Hispanics in Kansas; compared to an upward trend in the number of cases diagnosed in non-Hispanic Blacks (Figure 6). However in 2007, there was a slight increase in the proportion of newly diagnosed non-Hispanic Whites, and a slight decrease in the proportion of non-Hispanic Blacks. The proportion of Hispanic cases continues to hold steady.

The minority population continues to be disproportionately affected by HIV/AIDS. Although only 18% of the state’s population is minority, these groups represent 49% of the newly diagnosed HIV/AIDS cases in 2007 and 41% of persons living with HIV/AIDS. Blacks in particular make up the majority of the minority cases, having 63 of the 205 newly diagnosed cases in 2007. Although Blacks make up only 6% of the population in Kansas, they have the highest rate of HIV/AIDS (35.9 per 100,000) infection compared to any other racial or ethnic group (Table 3). The 2007 rate of HIV/AIDS infection in the Black population is almost eight times higher than that for Whites and three times higher than that for Hispanics.

Figure 6

Kansas Major Race/Ethnicity Categories by Percent of Newly Diagnosed HIV/AIDS Cases by Year of Diagnosis, 2003-2007



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

The proportion of newly diagnosed HIV/AIDS cases in women in Kansas is currently twenty-one percent; which is consistent with trends noted in past years. This is a six percent increase from the 2006 total. In 2003 compared to 2007, the number of female cases diagnosed each year was roughly the same, (46 cases in 2003 to 43 cases in 2007), while the total number of cases increased by 21% (169 cases in 2003 to 205 cases in 2007).

In 2007, approximately 51% of the newly diagnosed HIV/AIDS cases were White, 31% Black and 15% Hispanic. These percentages are congruent with those of the persons living with HIV/AIDS in Kansas as of December 2007. The majority (58%) of the newly diagnosed cases of HIV/AIDS in 2007 were between the ages of 25 and 44 (Table 3). This is consistent with the percentage of cases living with HIV/AIDS in Kansas as of 2007. There was one newly diagnosed infant case of HIV reported in Kansas in 2007. There were no newly diagnosed adolescent cases in the 13-14 age group. The number of newly diagnosed HIV/AIDS cases between the ages of 45 and 64 was equal to 24.3% of the total percent of new cases. The number of newly diagnosed cases in this age grouping has been steadily increasing over the past several years. Regions 1, 2 and 8 continue to be the most affected regions in the state of Kansas. It should be noted that these areas are large urban metropolises in the state. They continue to have the greatest percentages of newly diagnosed cases of HIV/AIDS in the state. This is congruent with the percentages of persons living with HIV/AIDS in the state. Region 1 (19.8 per 100,000) continues to have the highest rate of infection for newly diagnosed HIV/AIDS cases, compared to any other region in the state (Table 3).

Table 3. Characteristics of persons infected with HIV/AIDS, Kansas, 2007

	HIV/AIDS CASES DIAGNOSED, 2007			PERSONS LIVING WITH HIV/AIDS, THROUGH 2007		
	N	%	Rate ¹	N	%	Rate ¹
TOTAL	205	100.0	7.3	2495	100.0	89.9
GENDER						
Male	162	79.0	11.8	2034	81.5	147.8
Female	43	21.0	3.1	461	18.5	32.9
RACE/ETHNICITY						
Hispanic	31	15.1	12.7	313	12.5	128.1
American-Indian	3	1.5	**	23	1.0	85.0
Asian	1	0.5	**	16	0.6	**
Black Non-Hispanic	63	30.7	35.9	626	25.1	356.5
White Non-Hispanic	105	51.2	4.6	1476	59.2	65.2
Multi-Race	2	1.0	*	31	1.2	*
Unknown	.	.	*	10	0.4	*
AGE GROUP (YRS.)						
<13	1	0.5	**	18	0.7	**
13-14	.	.	.	3	0.1	**
15-24	31	15.1	7.5	349	14.0	84.9
25-34	57	27.8	15.8	949	38.0	262.6
35-44	62	30.2	16.9	785	31.5	213.7
45-54	37	18.0	9.1	305	12.2	75.2
55-64	13	6.3	**	72	2.9	24.4
>65	4	2.0	**	14	0.6	**
PUBLIC HEALTH REGION						
1	45	22.0	19.8	547	22.0	240.4
2	55	26.8	9.9	501	20.1	89.9
3	6	2.9	3.8**	102	4.1	64.4
4	14	6.8	4.6**	241	9.6	79.0
5	14	6.8	7.3**	71	2.8	36.9
6	4	2.0	2.9**	78	3.1	56.3
7	12	5.9	4.2**	102	4.1	35.6
8	49	23.9	6.6	766	30.7	103.1
9	6	2.9	3.6**	87	3.5	51.8

¹Rates per 100,000 persons, @ Age at diagnosis **No available denominator for these categories from the current Census estimates

** Rate Based on very small numbers are not reliable

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

HIV/AIDS, By RACE/ETHNICITY AND SEX

In 2007 there were a total of 2,495 people in Kansas living with HIV/AIDS. As of December 31st, of the same year there were 205 new cases of HIV/AIDS. There were 162 men and 43 women newly diagnosed with HIV/AIDS in the state (Table 4). The number of female cases has increased 30% from the 2004 total of 33cases. Of the 43 newly diagnosed female cases, 49% were Black, 28% White, 19% Hispanic and the remaining 4% consisted of persons who noted their race as Asian/Pacific Islander and Multi-race.

The epidemic disproportionately affects both males and females in the Black community. Kansas statistics show congruence with the national data, in this regard. Although Blacks make up only 6% of the population in Kansas, they have the highest rate of infection compared to any other racial or ethnic group (Table 4). In 2007, Blacks accounted for 31% of the newly diagnosed HIV/AIDS cases. Black women comprised 49 percent of the total number of newly diagnosed female cases of HIV/AIDS in 2007 followed by White women (28%) and Hispanic women (18%). This is a slight decrease from the 57% in 2004. Black females (24.1 per 100,000) in Kansas have the highest rate of HIV/AIDS infection compared to women in any other racial or ethnic group.

Table 4. Newly Diagnosed HIV/AIDS Cases and Rates, by Race/Ethnicity and Gender, Kansas, 2007

Race/ethnicity	Males		Females		Total		
	N	%	N	%	N	%	Rate ²
White, non-Hispanic	93	45.3	12	5.9	105	51.2	4.6
Black, non-Hispanic	42	20.5	21	10.2	63	30.7	35.9
Hispanic	23	11.2	8	3.9	31	15.1	12.7
Other/unknown	4	2.0	2	1.0	6	3.0	**
Total	162	79.0	43	21.0	205	100*	

¹Calculated as the percentage of all newly diagnosed HIV disease in 2007.

²Rates calculated per 100,000

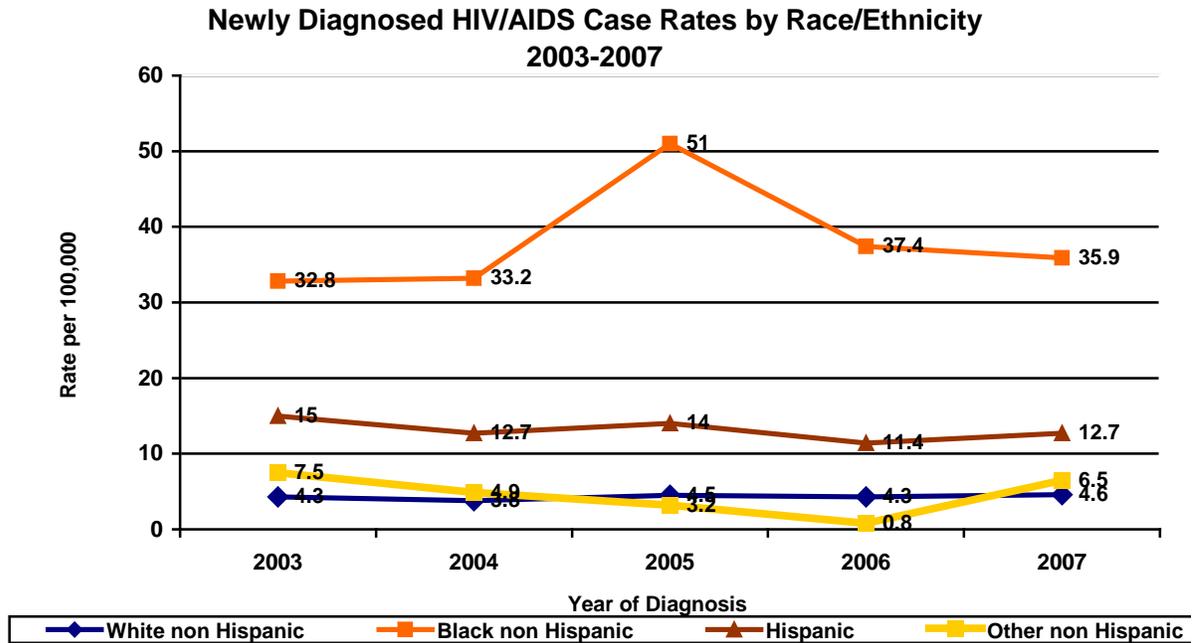
*Due to rounding percentages may not add up to 100 percent

** Rates based on small numbers are not reliable

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

Over the past five years, the number of newly diagnosed HIV/AIDS cases among non-Hispanic Blacks and Hispanics has been increasing. In 2007, the rate among non-Hispanic Blacks was 35.9 per 100,000. This is approximately eight times greater than the rate among the non-Hispanic White population (4.6 per 100,000) and almost three times greater than the rate among the Hispanic population (12.7 per 100,000 during the same year) (Figure 7).

Figure 7



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

HIV/AIDS, BY AGE GROUP

In 2007, persons aged 25-44 accounted for a little more than half (58%) of the 205 newly diagnosed HIV/AIDS cases. This is a 23% increase compared to the number of cases in 2004 in this age range. This data is consistent with trends noted in the CDC 2007 HIV/AIDS Surveillance Reports. Males between the ages of 25-44 made up 55.6% of the newly diagnosed HIV/AIDS cases, compared to 48% in 2004. The majority of newly diagnosed women (67.4%) were also in this age range. Approximately 15% of the newly diagnosed HIV/AIDS cases in 2007 were between the ages of 15 and 24 (Table 5). This current figure for youth has doubled since 2004. Persons over the age of 55 made up approximately 8% of the newly diagnosed HIV/AIDS cases in 2007.

Table 5. HIV/AIDS Diagnoses by Age Group and Gender, Kansas, 2007

Age Group (yrs.)*	Males		Females		Total	
	N	% ¹	N	% ¹	N	% ¹
<13	1	0.6	.	.	1	0.5
13-14	.	.	.	.	.	.
15-24	26	16.0	5	11.6	31	15.1
25-34	39	24.1	18	41.8	57	27.8
35-44	51	31.5	11	25.6	62	30.2
45-54	30	18.5	7	16.3	37	18.0
55-64	11	6.8	2	4.7	13	6.3
≥65	4	2.5	.	.	4	2.0
Total	162	100	43	100	205	100

¹Calculated as the percentage of all newly diagnosed HIV/AIDS Cases in 2007

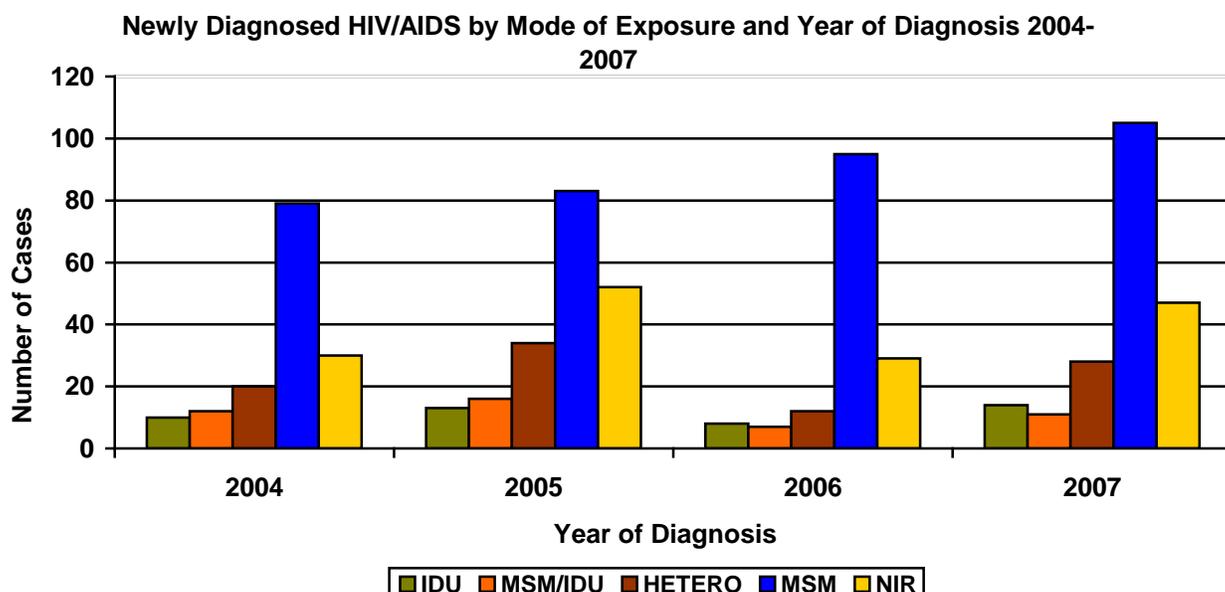
Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

*Age at diagnosis

HIV/AIDS, BY MODE OF EXPOSURE

The mode of exposure looks at behaviors that put people at risk for becoming infected with HIV. The number of cases of newly diagnosed HIV/AIDS by mode of exposure and year of diagnosis are presented below. Figure 8 shows the top four exposure (risk) categories, based upon those cases having a reported risk or exposure specified at the time of diagnosis. Male to male sexual (MSM) contact continues to be the predominant exposure category for newly diagnosed cases of HIV/AIDS in Kansas. This trend is consistent with national findings. Over the past four years, there has been a steady increase in the number of cases that note MSM as their primary risk factor. In 2007, there were a total of 104 cases that attributed MSM as the primary risk factor. This was approximately 51% of the total cases for that calendar year. The next most common mode of exposure was heterosexual contact. Lastly, cases that had no risk factor reported (NRR) or no identified risks (NIR) have also been included. These cases are currently being investigated with hopes of being able to reclassify them into the appropriate risk/exposure categories.

Figure 8



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

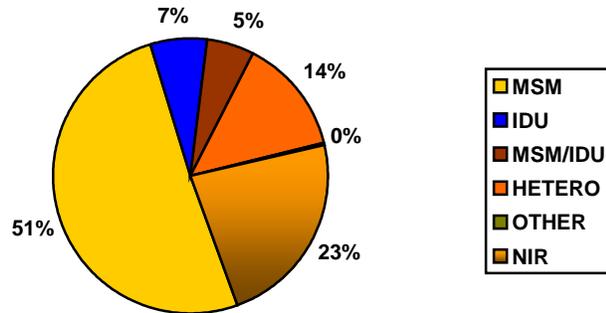
In 2007, approximately 23% of the newly diagnosed HIV/AIDS cases were reported as having no identified risk factor (Figure 9). This category has shown a relatively steady increase over the years. Obtaining risk factor information has become increasingly difficult over the years. This point denotes an increased need for provider education, regarding the importance of discussing risk factors with patients at the time of diagnosis. Per CDC guidelines, risk factors correspond to the period ‘before the first positive HIV test or AIDS diagnosis’. The Centers for Disease Control and Prevention consider risk

factor ascertainment a high priority in surveillance. Identification of risk factors enables the prevention program and community planning bodies to identify target groups and focus their programs and messages accordingly.

Kansas has a small number of cases attributing risk to intravenous drug use (IDU). This finding is consistent with data collected since the institution of HIV and AIDS case reporting in Kansas. This is comparable to the national standards, which note that HIV transmission via IDU has decreased substantially since 1993. In 2006, CDC reported a 15% decrease in HIV/AIDS among IDUs in the United States from 2003 (5,541) to 2006 (4,728). The number of newly diagnosed heterosexual exposure cases in Kansas has increased by 40% since 2004 (Figure 9).

Figure 9

Proportional Distribution of Newly Diagnosed HIV/AIDS Cases by Mode of Transmission, 2007

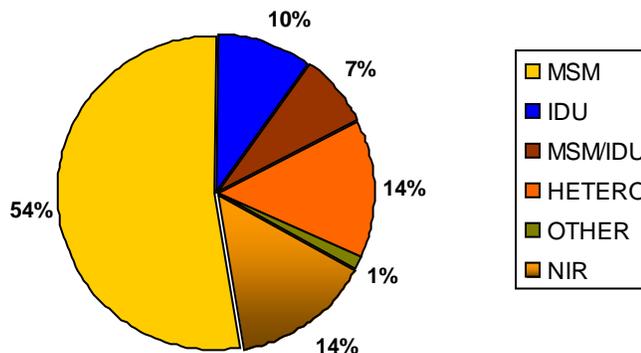


Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

The proportions by mode of exposure of newly diagnosed cases closely resemble that of prevalent cases in Kansas. For instance, approximately 14% of the newly diagnosed cases reported a risk of heterosexual contact, compared to 14% of prevalent HIV/AIDS cases indicating that same risk factor.

Figure 10

Proportion of Living HIV/AIDS cases by Mode of Transmission, 2007



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

Table 6. Proportion (%) of Living Kansas HIV/AIDS Cases by Category of Exposure and Region, 2007

Region	MSM	IDU	MSM/IDU	Het Sex	NIR	Other	Total (N)
1	47.7	10.1	5.9	15.8	1.1	19.4	(526)
2	57.4	4.4	6.4	14.4	1.6	15.8	(500)
3	64.7	5.9	7.8	12.7	3.9	4.9	(102)
4	50.8	12.5	7.1	15.8	1.3	12.5	(240)
5	38.6	18.6	8.6	21.4	0.0	12.9	(70)
6	42.3	7.7	9.0	17.9	2.6	20.5	(78)
7	45.1	27.5	5.9	9.8	2.9	8.8	(102)
8	56.3	8.9	9.9	12.0	1.2	11.6	(764)
9	43.0	22.1	1.2	16.3	0.0	17.4	(86)
Total (N)	(1299)	(245)	(184)	(351)	(35)	(354)	(2486)

*Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2007
Other includes: pediatric exposures, blood transfusions/blood products*

Analysis of regional data shows male to male sexual contact continues to be the predominant mode of exposure among persons living with HIV/AIDS in Kansas. The largest proportions of cases reporting MSM as a risk factor were located in Regions 2, 3, 4 and 8, with Region 3 having the greatest percentage among the four. Region 7 has the largest percent of cases reporting injection drug use (IDU) as a risk factor in the state, followed by Region 9. Region 5 had the greatest percentage of cases noting heterosexual contact as their primary risk factor in 2007 (Table 6).

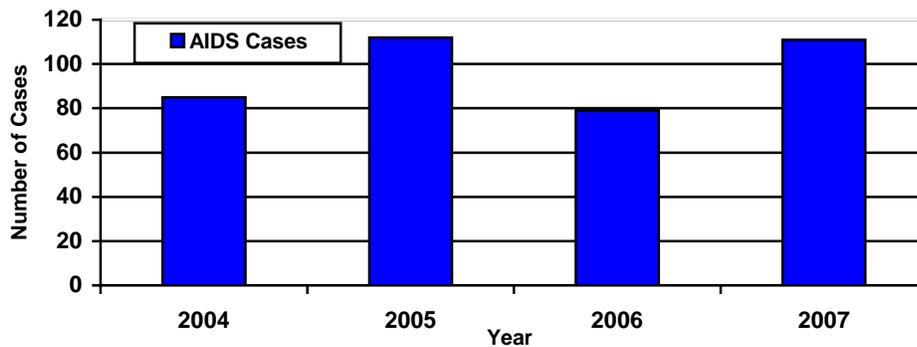
AIDS TRENDS AND HIV/AIDS MORTALITY

AIDS Trends

The number of newly diagnosed AIDS cases has increased from 85 in 2004 to 111 in 2007 (Figure 11). This is approximately a 32% increase in newly diagnosed AIDS cases.

Figure 11

Newly Diagnosed AIDS Cases by Year of Diagnosis, Kansas 2004-2007

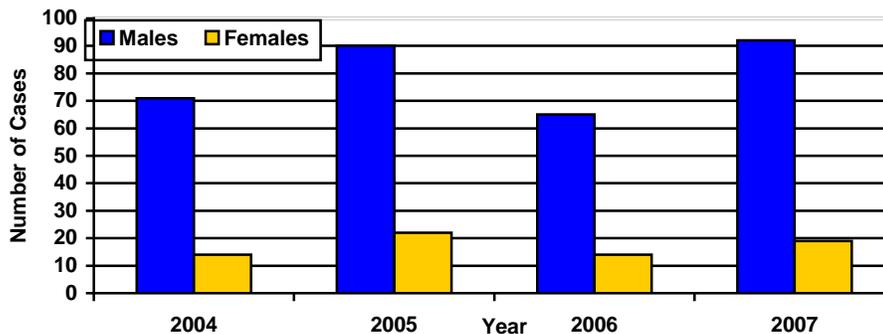


Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

Males continue to be the primary group impacted by AIDS in the state of Kansas. The number of newly diagnosed male AIDS cases continues to grow. This is contrary to the downward trend previously experienced from 1997 to 2003. In 2007, there were a total of 92 newly diagnosed AIDS cases among males in Kansas. This is a 29% increase compared to 2004. The number of female cases also continues to increase, although they are not as voluminous as their male counterparts. In 2007, there were 19 newly diagnosed AIDS cases among females in Kansas (Figure 12). This is a 35% increase from the 2004 total of 14 newly diagnosed cases.

Figure 12

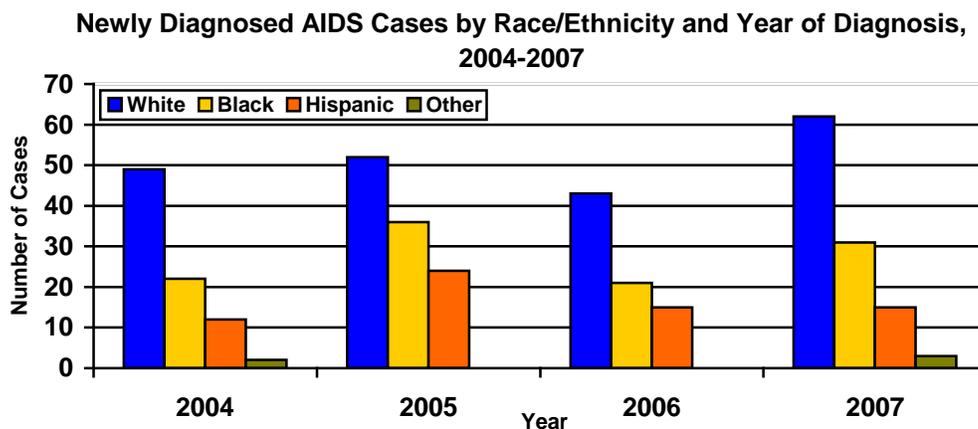
Newly Diagnosed AIDS Cases by Gender and Year of Diagnosis, 2004-2007



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

In 2007, there was an overall increase in the number of newly diagnosed AIDS cases among all races in Kansas compared to 2004. In Kansas, the face of HIV/AIDS is changing. Over the past few years, the proportion of cases among minorities has continued to increase. For example, the percentage of newly diagnosed AIDS cases among minorities in 2007 was 44%. This shift in cases among minorities is also being seen nationally. The number of cases among non-Hispanic Blacks is particularly higher than any other minority group in the state of Kansas. Since 2004, there has been a 41% increase in the number of non-Hispanic Black AIDS cases. Among Hispanics, there was a 25% increase in the number of newly diagnosed AIDS cases since 2004; and a 26% increase among Whites since 2004 (Figure 13).

Figure 13



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

When comparing newly diagnosed AIDS cases to prevalent cases at the end of 2007, it was found that men made up the bulk of the cases. The percentages among prevalent and newly diagnosed cases by gender were almost equal. This was also the case when analyzing cases by race/ethnicity. The percentage of prevalent minority cases was 38%, which is relatively close to the 44% seen in the incidence cases for 2007.

The most impacted ages are the 25-34 and 35-44 age ranges. Among cases 35-44 years, the percentage is relatively equal for both newly diagnosed and prevalent cases. Comparing the regional data for AIDS cases in 2007, it should be noted that the highest percentage of AIDS cases were located in the major metropolitan areas. The Kansas City and Wichita metro areas both continue to have the majority of newly diagnosed cases as well as the largest number of prevalent cases. The Kansas City metro accounted for approximately 46% of the newly diagnosed AIDS cases and 41% of the prevalent AIDS cases; while the Wichita metro contained 24% of the newly diagnosed and 32.6% of the current prevalent cases in Kansas. Although Region 1 had a smaller population compared to Region 8, it had the highest rate (127.4 per 100,000) of AIDS prevalence in the state of Kansas in 2007. Region 8 had the next highest prevalence rate in the state, which was 58.3 per 100,000.

Table 7. Characteristics of Persons with AIDS, Kansas, 2007

	Persons Newly Diagnosed, 2007		Persons Living with AIDS through 2007	
	N	%	N	%
Gender				
Male	92	82.9	1107	83.2
Female	19	17.1	223	16.8
Race/Ethnicity				
White, non-Hispanic	62	55.9	819	61.6
Black, non-Hispanic	31	27.9	302	22.7
Hispanic	15	13.5	176	13.2
Other/Unknown	3	2.7	33	2.5
Age Groups (yrs.)*				
<13	.	.	7	0.5
13-14	.	.	2	0.2
15-24	5	4.5	90	6.8
25-34	28	25.2	477	35.8
35-44	44	39.6	501	37.7
45-54	24	21.6	201	15.1
55-64	7	6.3	42	3.2
≥65	3	2.7	10	0.7
Public Health Regions				
1	27	24.3	290	21.8
2	24	21.6	264	19.8
3	3	2.7	57	4.3
4	7	6.3	118	8.9
5	9	8.1	32	2.4
6	4	3.6	35	2.6
7	6	5.4	60	4.5
8	27	24.3	433	32.6
9	4	3.6	41	3.1
Total	111	100.0	1330	100.0

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

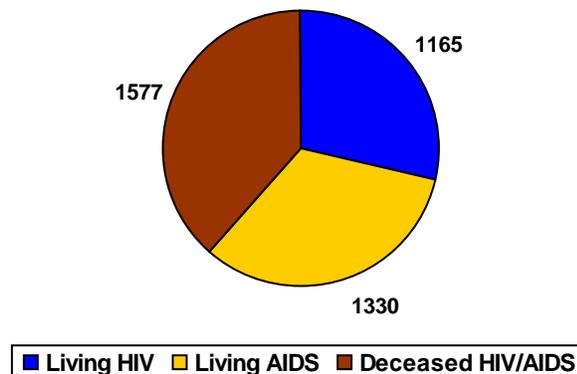
*Age at diagnosis

Mortality

The introduction of Highly Active Antiretroviral Therapy (HAART) in 1996 has greatly impacted the life span of persons living with HIV and AIDS. These medications have been extremely effective in the treatment of HIV infection. So much so, that they have altered the natural progression of the HIV disease. According to CDC, studies have shown that patients taking HAART have experienced significant reductions in HIV viral loads; some reduced to undetectable levels. HAART has also aided in decreasing the incidence of opportunistic infections (which are one of the main indicators of HIV infection progressing to AIDS), hospitalizations and deaths (1). Kansas surveillance data reflects the national trend of sharp declines in AIDS related deaths compared to previous years. AIDS surveillance data no longer accurately represent trends in HIV transmission; rather, AIDS surveillance data now reflect differences in access to testing and treatment, as well as the failure of certain treatments. Consequently, AIDS incidence and deaths, since 1996, provide a measure for identifying and describing the populations for whom treatment may not have been accessible, or effective.

Figure 14

**Cumulative Reported HIV/AIDS Cases (Living and Deceased)
by Current Status**



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2008

The number of deaths due to HIV/AIDS in Kansas continues to decrease. According to the Kansas Surveillance database there have been approximately 1,577 deaths due to HIV/AIDS reported in Kansas as of 2007 (Figure 14). Between 2003 and 2007, the majority of the persons with AIDS who died were men (84%); which is consistent with the fact that roughly 81% of persons living with AIDS in Kansas were men (Table 8). Approximately 48% of the deceased cases were White, 28% Black and 15% Hispanic. Region 8 had the greatest percentage of AIDS related deaths (48%) compared to any other region in the state. Region 8 also has the greatest percentage of persons living with AIDS as of December 2007. Living AIDS cases continue to increase across all demographic groups. In 2007, the HIV/AIDS prevalence rate was 90 per 100,000 compared to 69 per 100,000 in 2004.

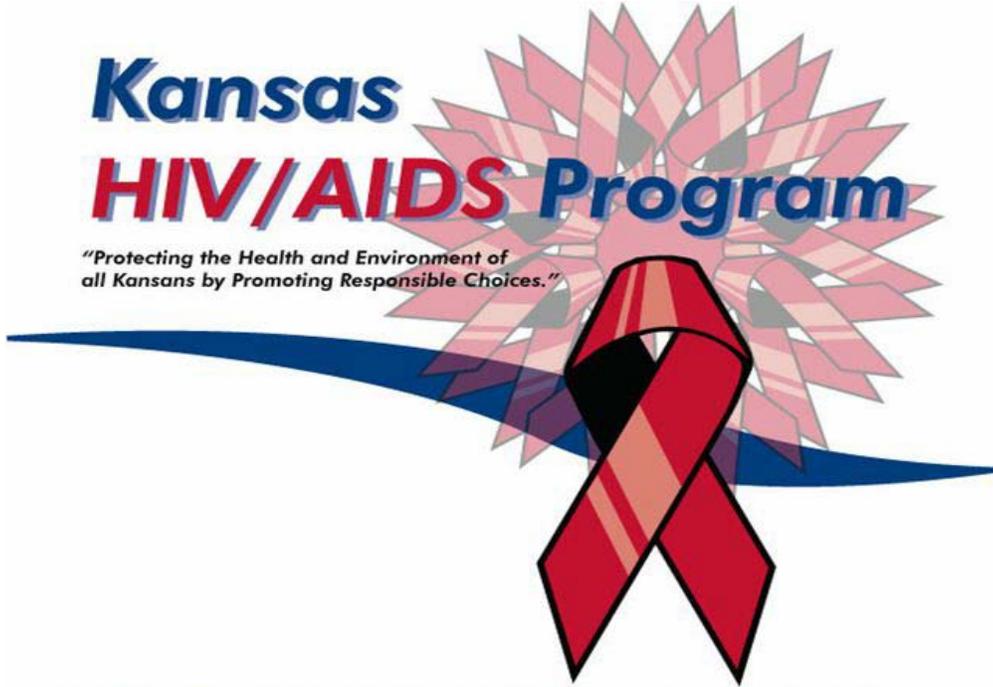
Table 8. Characteristics of Persons with AIDS Who Died and Persons Living with AIDS, Kansas

	Deaths among persons with AIDS, 2003-2007		Persons Living with AIDS through 2007	
	N	%	N	%
Male	68	84.0	2034	81.5
Female	13	16.0	461	18.5
Race/Ethnicity				
White, non-Hispanic	39	48.1	1476	59.2
Black, non-Hispanic	23	28.4	626	25.1
Hispanic	12	14.8	313	12.5
Other/Unknown	7	8.6	80	3.2
Age Groups (yrs.)*				
<13	.	.	18	0.7
13-14	.	.	3	0.1
15-24	1	1.2	349	14.0
25-34	17	21.0	949	38.0
35-44	27	33.3	785	31.5
45-54	21	26.0	305	12.2
55-64	11	13.6	72	2.9
≥65	4	4.9	14	0.6
Public Health Regions				
1	19	23.5	547	22.0
2	12	14.8	501	20.1
3	1	1.2	102	4.1
4	3	3.7	241	9.6
5	4	4.9	71	2.8
6	2	2.5	78	3.1
7	4	4.9	102	4.1
8	34	42.0	766	30.7
9	2	2.5	87	3.5
Total	81	100.0	2495	100.0

Source: Kansas HIV AIDS Reporting System, as of December 31, 2008

Kansas HIV/AIDS Program

*"Protecting the Health and Environment of
all Kansans by Promoting Responsible Choices."*

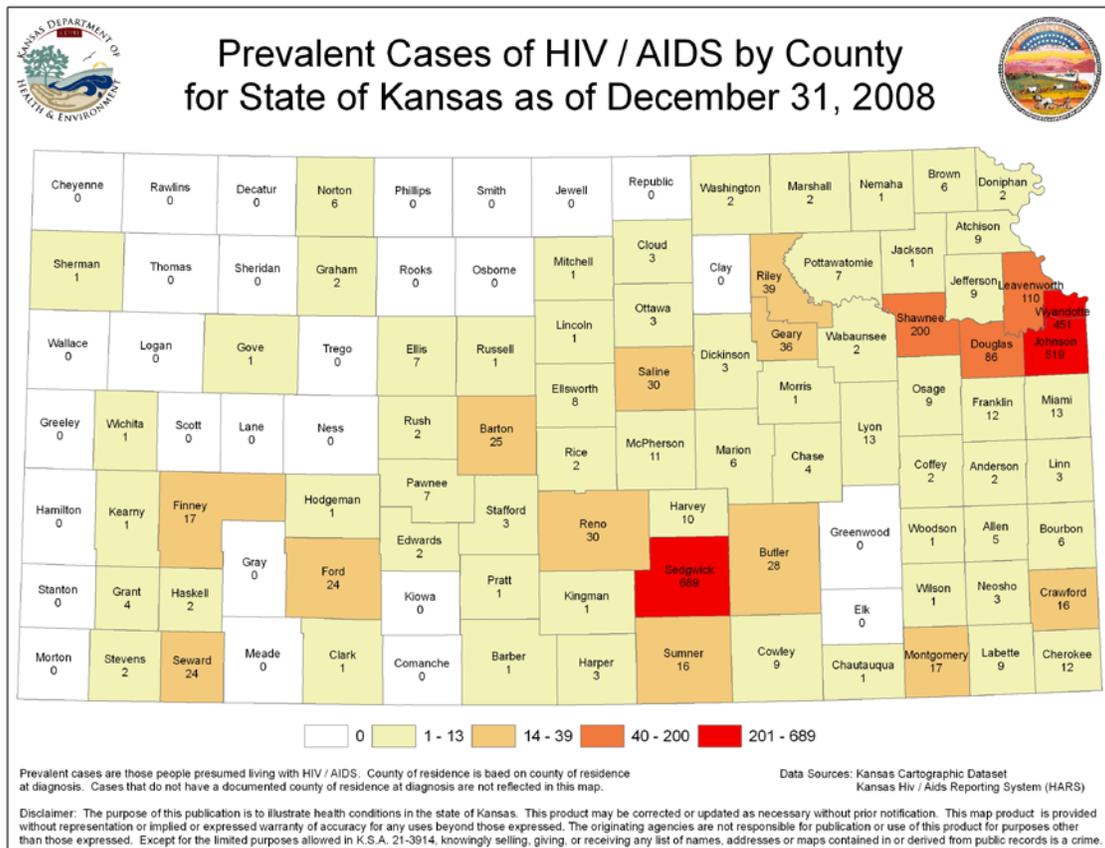


*The HIV/AIDS Program works to promote public health and enhance the quality of life
for Kansas residents by the prevention, intervention, and treatment of HIV and AIDS.*

REGIONAL PROFILES

The following pages presents each HIV case management planning region in some detail from 2005-2007. The regions having fewer identified cases and smaller numbers of prevalent cases will not be discussed as thoroughly as those regions with larger numbers. This is done mostly to assure the confidentiality of infected persons. Also, smaller numbers mean that rates and proportions are statistically unstable so conclusions drawn are more likely to be erroneous. Changes from one year or group of years may reflect true changes, but are more likely the result of normal variations that present as large changes with smaller numbers.

Figure 15



REGION 1

Counties in Region 1:	Leavenworth Wyandotte
2007 Estimated Population of Region 1	227,559
Prevalent HIV/AIDS Presumed Living in Region 1	547

Regional Information

Region 1 is located in the northeastern section of Kansas and consists of two counties and the city of Kansas City, Kansas. This area is a part of the Kansas City EMA (Eligible Metropolitan Area). The EMA consists of both Regions 1 and 2 along with seven counties in Missouri make up the Kansas City metropolitan area. This is geographically the smallest region in the state. Non-Hispanic Whites make up 59.7% of the region's population, non-Hispanic Blacks 21.3%, Hispanic 16.4%, Asian or Pacific Islanders 1.8% and less than one percent of the population is Native American. This region has the largest percentage of non-Hispanic Blacks and the second largest percentage of Hispanics in the state. Region 1 contains the highest and the sixth highest ranked counties by total population density.

Newly Diagnosed HIV 2005-2007

In Region 1 there were 48 newly diagnosed HIV cases in 2007. The majority of the cases were males (83.3%). The average infection rate for this region is 7.0 per 100,000. In 2007, Blacks made up the majority of the newly diagnosed HIV cases with 54.1%, followed by Whites (23%) and Hispanics (23%). Analyzing cases by mode of transmission showed male to male sexual contact as the primary risk factor with 52%. 35.4% of the cases reported in 2007 had no risk factor information provided, 10.4% noted heterosexual contact as their risk and the remaining 2.1% reported injection drug use. Approximately 37.5% of the newly diagnosed cases between 2005 and 2007 were between the ages of 25 and 34 years old.

REGION 1	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	14	78.0	21	78.0	208	81.0	246	85.0
Female	4	22.0	6	22.0	49	19.0	44	15.0
Age								
<13 yrs	.	.	.	.	2	0.8	1	0.3
13 to 14 Yrs	.	.	.	.	1	0.4	.	.
15 to 24 Yrs	7	38.9	1	3.7	61	23.7	19	6.5
25 to 34 Yrs	5	27.8	9	33.3	101	39.3	115	39.7
35 to 44 Yrs	2	11.1	10	37.0	65	25.3	100	34.5
45 to 54 Yrs	2	11.1	5	18.5	16	6.2	44	15.2
55 to 64 Yrs	2	11.1	1	3.7	9	3.5	8	2.8
65 Yrs or older	.	.	1	3.7	2	0.8	3	1.0
Race								
Hispanic	6	33.3	6	22.2	39	15.2	54	18.6
American Indian/Alaska Native	.	.	.	.	1	0.4	1	0.3
Asian	.	.	.	.	.	.	1	0.3
Non Hispanic Black	10	55.6	12	44.4	105	40.8	103	35.5
Non Hispanic White	2	11.1	9	33.3	103	40.1	128	44.1
Multi Race	.	.	.	.	8	3.1	3	1.0
Unknown	.	.	.	.	1	0.4	.	.
Exposure Category								
Men who have sex w/ men (MSM)	9		9		124	48.2	147	50.7
Injection Drug Use (IDU)	.		2		21	8.1	32	11.0
MSM & IDU	.		2		9	3.5	22	7.6
Hemophilia/coagulation disorder/Transfusion	.		.		.	.	4	1.4
Heterosexual Contact	1		6		32	12.5	51	17.6
No Risk Reported	8		8		69	26.8	33	11.4
Pediatric (All Risks Combined)	.		.		2	0.8	1	0.3
TOTAL	18	100.0	27	100.0	257	100.0	290	100.0

REGION 2

Counties in Region 2:	Johnson Miami
2007 Estimated Population of Region 2	557,397
Prevalent HIV/AIDS Presumed Living in Region 2	501

Regional Information

Region 2 which makes up part of the Kansas City EMA is also located in the northeastern section of Kansas. It consists of two counties in the Kansas City Metropolitan area. Johnson County continues to be the most inhabited county in the state. Non-Hispanic Whites make up 85.8% of the population, non-Hispanic Blacks 4.3%, Hispanics 5.6%, Asians 3.8%, and less than 1% of the population is Native American.

Newly Diagnosed HIV 2005-2007

In 2007, Region 2 had a total of 79 newly diagnosed HIV cases. The average HIV infection rate for Region 2 was 4.7 per 100,000. Males made up the majority of newly diagnosed cases in both HIV (80%). Whites made up the largest percentage of newly diagnosed HIV cases in this region in 2007 with 54%, followed by Blacks (28%), Hispanics (14%) and Asians (4%). Analyzing cases by mode of transmission revealed the majority of cases noted a risk of male to male sexual contact (48%), followed by cases having no identified risk factors (29%), heterosexual contact (16%). Thirty-five percent of the newly diagnosed HIV cases were between the ages of 25 and 34.

REGION 2	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	25	80.6	17	70.8	196	82.7	223	84.5
Female	6	19.4	7	29.2	41	17.3	41	15.5
Age								
<13 yrs	.	.	.	.	1	0.4	2	0.8
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	6	19.4	.	.	48	20.2	15	5.7
25 to 34 Yrs	13	41.9	6	25.0	104	43.9	99	37.5
35 to 44 Yrs	7	22.6	7	29.2	54	22.8	97	36.7
45 to 54 Yrs	3	9.7	9	37.5	23	9.7	33	12.5
55 to 64 Yrs	2	6.4	2	8.3	7	3.0	15	5.7
65 Yrs or older	.	.	.	.	.	.	3	1.1
Race								
Hispanic	5	16.1	1	4.2	22	9.3	25	9.5
American Indian/Alaska Native	.	.	.	.	.	.	1	0.4
Asian	1	3.2	.	.	5	2.1	3	1.1
Non Hispanic Black	7	22.6	6	25.0	47	19.8	51	19.3
Non Hispanic White	18	58.1	17	70.8	158	66.7	183	69.3
Multi Race	.	.	.	.	2	0.8	1	0.4
Unknown	.	.	.	.	3	1.3	.	.
Exposure Category								
Men who have sex w/ men (MSM)	18	58.1	16	66.7	131	55.3	157	59.5
Injection Drug Use (IDU)	1	3.2	.	.	12	5.1	10	3.8
MSM & IDU	.	.	.	.	15	6.3	17	6.4
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	1	0.4	4	1.5
Heterosexual Contact	5	16.1	5	20.8	32	13.5	40	15.1
No Risk Reported	7	22.6	3	12.5	45	19.0	34	12.9
Pediatric (All Risks Combined)	.	.	.	.	1	0.4	2	0.8
TOTAL	31	100.0	24	100.0	237	100.0	264	100.0

REGION 3

Counties in Region 3:	Douglas Jefferson Franklin
2007 Estimated Population of Region 3	158,434
Prevalent HIV/AIDS Presumed Living in Region 3	102

Regional Information

Region 3 is the third health region located in the northeastern section of Kansas and consists of three counties. Douglas County includes the main campus of the University of Kansas and Haskell Indian Nations University. Non-Hispanic Whites account for 87.5% of the population, non-Hispanic Blacks 4.0%, Hispanics 3.4%, Asians 3.1%, and 2.0% of the population is Native American. Region 3 has the 2nd largest proportion of Native American residents in the state.

Newly Diagnosed HIV Disease 2005-2007

Between 2005 and 2007, there were a total of 12 newly diagnosed HIV cases in Region 3. The average rate of infection for this region was 2.5 per 100,000. Due to the small number of cases in this region, data should be interpreted with caution. One hundred percent of the newly diagnosed cases were male. Approximately 92% were White and the remaining 8% Black. Fifty percent of the cases were between the ages of 15 and 34. Analysis of cases by mode of transmission revealed 92% of the cases reported male to male sexual contact as their risk factor and the remaining 8% noted MSM/IDU.

REGION 3	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	3	100.0	3	100.0	41	91.1	45	79.0
Female	.	.	.	.	4	8.9	12	21.0
Age								
<13 yrs	.	.	.	.	1	2.2	2	3.5
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	1	33.3	1	33.3	11	24.4	8	14.0
25 to 34 Yrs	.	.	.	.	17	37.8	16	28.1
35 to 44 Yrs	1	33.3	2	66.6	12	26.7	16	28.1
45 to 54 Yrs	1	33.3	.	.	4	8.9	13	22.8
55 to 64 Yrs	.	.	.	.	.	.	2	3.5
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	.	.	1	33.3	3	6.7	4	7.0
American Indian/Alaska Native	.	.	1	33.3	2	4.4	3	5.3
Asian	.	.	.	.	.	.	.	.
Non Hispanic Black	1	33.3	.	.	6	13.3	9	15.8
Non Hispanic White	2	66.6	1	33.3	33	73.3	40	70.2
Multi Race	.	.	.	.	1	2.2	.	.
Unknown	.	.	.	.	.	.	1	1.8
Exposure Category								
Men who have sex w/ men (MSM)	3	100.0	2	66.6	34	75.6	32	56.1
Injection Drug Use (IDU)	.	.	.	.	1	2.2	5	8.8
MSM & IDU	.	.	.	.	2	4.4	6	10.5
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	.	.	.	.	5	11.1	8	14.0
No Risk Reported	.	.	1	33.3	2	4.4	3	5.3
Pediatric (All Risks Combined)	.	.	.	.	1	2.2	3	5.3
TOTAL	3	100.0	3	100.0	45	100.0	57	100.0

REGION 4

Counties in Region 4:	Atchison	Jackson	Osage
	Brown	Lyon	Shawnee
	Coffey	Morris	Wabaunsee
	Doniphan	Nemaha	
2007 Estimated Population of Region 4	305,223		
Prevalent HIV/AIDS Presumed Living in Region 4	241		

Regional Information

Region 4 is in the northeast section of Kansas, and includes eleven counties as well as the capital city, Topeka. Non-Hispanic Whites account for 82.7% of the population, non-Hispanic Blacks 6.6%, Hispanics 8.0%, Asians 1.2%, and 1.5% of the population is Native American.

Newly Diagnosed HIV Disease 2005-2007

Region 4 had a total of 22 newly diagnosed HIV cases between 2005 and 2007. The average rate of infection for Region 4 is 2.4 per 100,000. Of the 22 newly reported HIV cases, 50% were Black, 45.5% were White and the remaining 4.5% were American Indian. Analysis of the mode of transmission showed that 68% of the cases reported male to male sexual contact as their primary risk factor. Eighty percent of the female cases noted heterosexual contact as their primary risk factor, which accounted for 14% of all risk factors reported. The two major age groups impacted were the 15-24 age range (27%) and the 35-44 age range (23%). All data analyses should be interpreted with caution as the number of cases reported is very small.

REGION 4	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	5	71.4	7	100.0	94	76.4	103	87.3
Female	2	28.6	.	.	29	23.6	15	12.7
Age								
<13 yrs	.	.	.	.	1	0.8	.	.
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	.	.	.	.	26	21.1	5	4.2
25 to 34 Yrs	2	28.6	.	.	51	41.5	34	28.8
35 to 44 Yrs	2	28.6	4	57.1	33	26.8	56	47.5
45 to 54 Yrs	2	28.6	2	28.6	10	8.1	19	16.1
55 to 64 Yrs	1	14.2	1	14.3	2	1.6	3	2.5
65 Yrs or older	.	.	.	.	.	.	1	0.8
Race								
Hispanic	.	.	.	.	3	2.4	8	6.8
American Indian/Alaska Native	1	14.2	.	.	2	1.6	2	1.7
Asian	.	.	.	.	1	0.8	.	.
Non Hispanic Black	3	42.9	2	28.6	34	27.6	30	25.4
Non Hispanic White	3	42.9	5	71.4	81	65.9	78	66.1
Multi Race	.	.	.	.	1	0.8	.	.
Unknown	.	.	.	.	1	0.8	.	.
Exposure Category								
Men who have sex w/ men (MSM)	4	57.1	5	71.4	59	48.0	64	54.2
Injection Drug Use (IDU)	.	.	1	14.3	18	14.6	12	10.2
MSM & IDU	1	14.2	.	.	7	5.7	10	8.5
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	2	1.7
Heterosexual Contact	1	14.2	1	14.3	18	14.6	20	16.9
No Risk Reported	1	14.2	.	.	20	16.3	10	8.5
Pediatric (All Risks Combined)	.	.	.	.	1	0.8	.	.
TOTAL	7	100.0	7	100.0	123	100.0	118	100.0

REGION 5

Counties in Region 5:	Allen	Crawford	Neosho
	Anderson	Labette	Wilson
	Bourbon	Linn	Woodson
	Cherokee	Montgomery	
2007 Estimated Population of Region 5	191,926		
Prevalent HIV/AIDS Presumed Living in Region 5	71		

Regional Information

Region 5 is in the southeastern section of Kansas and includes eleven counties. The region borders on both Oklahoma and Missouri. Non-Hispanic Whites account for 91.2% of the population, non-Hispanic Blacks 3.2%, Hispanics 2.7%, Native Americans 2.1%, and less than one percent of the population is Asian.

Newly Diagnosed HIV Disease 2005-2007

There were 10 newly diagnosed HIV cases between 2005 and 2007 in Region 5. Due to the extremely small number of newly diagnosed cases in Region 5 all analysis should be interpreted cautiously. The average rate of infection was 1.7 per 100,000 in this region over the 3 year time frame. Region 5 was the only region having the majority of its newly diagnosed HIV cases being female. Sixty percent of the cases were female and the remaining 40% were male. The racial breakdown was 60% White, 20% Black, 10% Hispanic and 10% Multi-race. Fifty percent of the newly diagnosed HIV cases were between the ages of 25 and 34. Analysis of the mode of transmission revealed IDU (30%), and heterosexual contact (30%) as the major risk factors reported, followed by MSM (10%). The remaining 30% of the cases had no identified risk factor reported.

REGION 5	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	1	20.0	7	77.8	27	69.2	22	68.8
Female	4	80.0	2	22.2	12	30.8	10	31.2
Age								
<13 yrs	.	.	.	.	.	.	.	.
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	3	60.0	.	.	9	23.1	1	3.1
25 to 34 Yrs	2	40.0	2	22.2	14	35.9	15	46.9
35 to 44 Yrs	.	.	5	55.6	8	20.5	12	37.5
45 to 54 Yrs	.	.	2	22.2	6	15.4	3	9.4
55 to 64 Yrs	.	.	.	.	2	5.1	1	3.1
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	1	20.0	2	22.2	2	5.1	2	6.3
American Indian/Alaska Native	.	.	.	.	.	.	1	3.1
Asian	.	.	.	.	.	.	.	.
Non Hispanic Black	1	20.0	3	33.3	4	10.3	2	6.3
Non Hispanic White	2	40.0	3	33.3	31	79.5	26	81.2
Multi Race	1	20.0	1	11.1	2	5.1	1	3.1
Unknown	.	.	.	.	.	.	.	.
Exposure Category								
Men who have sex w/ men (MSM)	.	.	1	11.1	14	35.9	13	40.6
Injection Drug Use (IDU)	2	40.0	1	11.1	9	23.1	4	12.5
MSM & IDU	.	.	1	11.1	2	5.1	4	12.5
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	1	20.0	3	33.3	8	20.5	7	21.9
No Risk Reported	2	40.0	3	33.3	6	15.4	4	12.5
Pediatric (All Risks Combined)	.	.	.	.	.	.	.	.
TOTAL	5	100.0	9	100.0	39	100.0	32	100.0

REGION 6

Counties in Region 6:	Clay Geary Marshall	Pottawatomie Riley Washington
2007 Estimated Population of Region 6	138,340	
Prevalent HIV/AIDS Presumed Living in Region 6	78	

Regional Information

Region 6 is in the north central section of Kansas. Six counties make up Region 6, which also includes a major military base and the main campus of Kansas State University. This region has the smallest population of the nine public health planning regions though it is not geographically the smallest region. Non-Hispanic Whites make up 84.6% of the population, non-Hispanic Blacks 7.3%, Hispanics 4.5%, Asians 2.9%, and less than one percent of the population is Native American.

Newly Diagnosed HIV Disease 2005-2007

Region 6 had a total of seven newly diagnosed HIV cases between 2005 and 2007. One hundred percent of the newly diagnosed cases were male. The demographic make up of the cases was 57% Black and 43% White. Forty-three percent of the newly diagnosed AIDS cases were between the ages of 25 and 34. Stratifying cases by mode of transmission revealed 71% of the cases noting male to male sexual contact as their risk factor and the remaining 29% had no identified risk reported. Due to the extremely small number of newly diagnosed cases, all further analysis should be interpreted with caution.

REGION 6	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		cases 2007		cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	.	.	4	100.0	30	69.8	25	71.4
Female	13	30.2	10	28.6
Age								
<13 yrs	1	2.3	1	2.9
13 to 14 Yrs
15 to 24 Yrs	.	.	1	25.0	10	23.3	3	8.6
25 to 34 Yrs	17	39.5	8	22.8
35 to 44 Yrs	.	.	2	50.0	8	18.6	18	51.4
45 to 54 Yrs	.	.	1	25.0	4	9.3	5	14.3
55 to 64 Yrs	3	7.0	.	.
65 Yrs or older
Race								
Hispanic	.	.	1	25.0	3	7.0	3	8.6
American Indian/Alaska Native
Asian
Non Hispanic Black	.	.	2	50.0	21	48.8	11	31.4
Non Hispanic White	.	.	1	25.0	18	41.9	21	60.0
Multi Race
Unknown	1	2.3	.	.
Exposure Category								
Men who have sex w/ men (MSM)	.	.	3	75.0	17	39.5	16	45.7
Injection Drug Use (IDU)	3	7.0	3	8.6
MSM & IDU	.	.	1	25.0	1	2.3	6	17.1
Hemophilia/coagulation disorder/Transfusion
Heterosexual Contact	6	14.0	8	22.8
No Risk Reported	15	34.9	1	2.9
Pediatric (All Risks Combined)	1	2.3	1	2.9
TOTAL	.	.	4	100.0	43	100.0	35	100.0

REGION 7

Counties in Region 7:	Barton	Lincoln	Republic
	Cheyenne	Logan	Rice
	Cloud	Marion	Rooks
	Decatur	McPherson	Russell
	Dickinson	Mitchell	Saline
	Ellis	Norton	Sheridan
	Ellsworth	Osborne	Sherman
	Gove	Ottawa	Smith
	Graham	Phillips	Thomas
	Jewell	Rawlins	Trego
	Wallace		
2007 Estimated Population of Region 7	286,507		
Prevalent HIV/AIDS Presumed Living in Region 7	102		

Regional Information

Region 7 includes 31 counties that occupy most of the northwestern quarter of Kansas. Thirteen of the counties in Region 7 are considered frontier counties, defined as an average population density of less than six persons per square mile. Consequently this is the largest region by geographic area. Non-Hispanic Whites account for 92.3% of the population (the largest percentages of Whites in the state), non-Hispanic Blacks 1.8%, Hispanics 4.6%, and less than one percent of the population is Asian or Native American.

Newly Diagnosed HIV Disease 2005-2007

There were nine newly diagnosed HIV cases in Region 7 between 2005 and 2007. 78% were male and the remaining 22% were female. The average rate of infection in Region 7 is 1.0 per 100,000. This rate, as well as all further analyses should be interpreted with caution as the number of cases is extremely small. The highest percentage of newly diagnosed cases in 2007 was among Whites (67%), followed by Blacks (33%). The majority of the newly diagnosed HIV cases were among persons age 15-24 (33%). Analysis of mode of transmission showed 55.6% of the newly diagnosed HIV cases noted MSM as their primary risk factor. The next highest percentage (22%) had no identified risk factor reported.

REGION 7	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		cases 2007		cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	5	83.3	4	66.7	30	71.4	46	76.7
Female	1	16.7	2	33.3	12	28.6	14	23.3
Age								
<13 yrs	.	.	.	.	1	2.4	1	1.7
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	2	33.3	.	.	6	14.3	2	3.3
25 to 34 Yrs	.	.	.	.	14	33.3	17	28.3
35 to 44 Yrs	2	33.3	5	83.3	12	28.6	26	43.3
45 to 54 Yrs	1	16.7	1	16.7	6	14.3	12	20.0
55 to 64 Yrs	1	16.7	.	.	3	7.1	2	3.3
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	.	.	.	.	4	9.5	9	15
American Indian/Alaska Native	.	.	.	.	.	.	.	.
Asian	.	.	.	.	.	.	1	1.7
Non Hispanic Black	1	16.7	.	.	12	28.6	8	13.3
Non Hispanic White	5	83.3	6	100.0	25	59.5	41	68.3
Multi Race	.	.	.	.	.	.	1	1.7
Unknown	.	.	.	.	1	2.4	.	.
Exposure Category								
Men who have sex w/ men (MSM)	3	50.0	2	33.3	13	31.0	33	55.0
Injection Drug Use (IDU)	1	16.7	.	.	14	33.3	14	23.3
MSM & IDU	.	.	2	33.3	2	4.8	4	6.7
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	1	2.4	.	.
Heterosexual Contact	.	.	.	.	6	14.3	4	6.7
No Risk Reported	2	33.3	2	33.3	5	11.9	4	6.7
Pediatric (All Risks Combined)	.	.	.	.	1	2.4	1	1.7
TOTAL	6	100.0	6	100.0	42	100.0	60	100.0

REGION 8

Counties in Region 8:	Barber	Elk	Pratt
	Butler	Greenwood	Reno
	Chase	Harper	Sedgwick
	Chautauqua	Harvey	Stafford
	Cowley	Kingman	Sumner
2007 Estimated Population of Region 8	742,813		
Prevalent HIV/AIDS Presumed Living in Region 8	766		

Regional Information

Region 8 includes 15 counties in south central Kansas. The region includes one of the state's largest cities, Wichita, and is the most populous of all the regions. Non-Hispanic Whites account for 80.4% of the population, non-Hispanic Blacks 7.1%, Hispanics 8.6%, Asian 2.9%, and 1.0% of the population is Native American. This region contains the largest populations of Hispanics, Asians, and Native Americans in the state.

Newly Diagnosed HIV Disease 2005- 2007

There were 68 newly diagnosed HIV cases in Region 8 between 2005 and 2007. The average rate of infection for this region was 3.0 per 100,000. Seventy-two percent of the newly diagnosed cases were male. Sixty percent of the cases were between the ages of 15-34. The largest percentage of cases was among Whites (46%), followed by Blacks (40%) and Hispanics (10%). Stratifying cases by mode of transmission reveals the largest percentage of cases was among MSM (50%), followed by cases having no identified risk (28%), and those reporting heterosexual contact (10%).

REGION 8	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	15	68.2	26	96.3	269	80.8	365	84.3
Female	7	31.8	1	3.7	64	19.2	68	15.7
Age								
<13 yrs	1	4.5	.	.	4	1.2	.	.
13 to 14 Yrs	.	.	.	.	.	.	1	0.2
15 to 24 Yrs	7	31.8	2	7.4	77	23.1	33	7.6
25 to 34 Yrs	7	31.8	8	29.6	135	40.5	156	36.0
35 to 44 Yrs	4	18.2	8	29.6	81	24.3	165	38.1
45 to 54 Yrs	2	9.1	4	14.8	30	9.0	64	14.8
55 to 64 Yrs	.	.	3	11.1	4	1.2	11	2.5
65 Yrs or older	1	4.5	2	7.4	2	0.6	3	0.7
Race								
Hispanic	3	13.6	2	7.4	40	12.0	49	11.3
American Indian/Alaska Native	.	.	1	3.7	6	1.8	3	0.7
Asian	.	.	.	.	1	0.3	4	0.9
Non Hispanic Black	9	40.9	6	22.2	88	26.4	86	19.9
Non Hispanic White	10	45.5	18	66.7	191	57.4	285	65.8
Multi Race	.	.	.	.	5	1.5	6	1.4
Unknown	.	.	.	.	2	0.6	.	.
Exposure Category								
Men who have sex w/ men (MSM)	12	54.5	16	59.3	176	52.9	254	58.7
Injection Drug Use (IDU)	1	4.5	3	11.1	34	10.2	34	7.9
MSM & IDU	1	4.5	3	11.1	23	6.9	53	12.2
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	2	0.6	3	0.7
Heterosexual Contact	3	13.6	1	3.7	37	11.1	55	12.7
No Risk Reported	4	18.2	4	14.8	57	17.1	34	7.8
Pediatric (All Risks Combined)	1	4.5	.	.	4	1.2	.	.
TOTAL	22	100.0	27	100.0	333	100.0	433	100.0

REGION 9

Counties in Region 9:	Clark	Hamilton	Ness
	Comanche	Haskell	Pawnee
	Edwards	Hodgeman	Rush
	Finney	Kearny	Scott
	Ford	Kiowa	Seward
	Grant	Lane	Stanton
	Gray	Meade	Stevens
	Greeley	Morton	Wichita
2007 Estimated Population of Region 9	167,798		
Prevalent HIV/AIDS Presumed Living in Region 9	87		

Regional Information

Region 9 comprises much of the southwestern corner of Kansas and includes 24 counties, 15 of which are considered frontier counties and average less than 6 persons per square mile. Non-Hispanic Whites make up 62.2% of the population, non-Hispanic Blacks 1.5%, Hispanics 34.1%, Asians 1.6%, and less than one percent of the population is Native American. Region 9 has the highest percentage of Hispanics in the state and the second largest Hispanic population. Region 8 has a much smaller percentage of Hispanics, but a slightly larger Hispanic population.

Newly Diagnosed HIV Disease 2005- 2007

In Region 9 there were a total of seven newly diagnosed HIV cases in 2007. Due to the extremely small number of newly diagnosed cases, all further analysis should be interpreted with caution. The average rate of infection for Region 9 was 1.4 per 100,000. Eighty-six percent of the newly diagnosed HIV cases were males. Fifty percent were between the ages of 45-54. The percent of newly diagnosed cases were evenly distributed between Whites (43%) and Hispanics (43%). The remaining 14% were Black. Analysis of the mode of transmission revealed equal percentages of cases reporting MSM (29%) and IDU (29%) as their risk factors. The remaining 42% had no risk factor reported.

REGION 9	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2007		2007		Cases 2007		Cases 2007	
	N	%	N	%	N	%	N	%
Gender								
Male	2	100.0	3	75.0	32	69.6	32	78.0
Female	.	.	1	25.0	14	30.4	9	22.0
Age								
<13 yrs	.	.	.	.	.	.	.	.
13 to 14 Yrs	.	.	.	.	.	.	1	2.4
15 to 24 Yrs	.	.	.	.	11	23.9	3	7.3
25 to 34 Yrs	.	.	3	75.0	20	43.5	17	41.5
35 to 44 Yrs	.	.	1	25.0	10	21.7	12	29.3
45 to 54 Yrs	2	100.0	.	.	5	10.9	8	19.5
55 to 64 Yrs	.	.	.	.	.	.	.	.
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	1	50.0	2	50.0	21	45.7	22	53.6
American Indian/Alaska Native	.	.	.	.	1	2.2	.	.
Asian	.	.	.	.	.	.	.	.
Non Hispanic Black	.	.	.	.	6	13.0	2	4.9
Non Hispanic White	1	50.0	2	50.0	18	39.1	17	41.5
Multi Race	.	.	.	.	.	.	.	.
Unknown	.	.	.	.	.	.	.	.
Exposure Category								
Men who have sex w/ men (MSM)	.	.	1	25.0	18	39.1	19	46.3
Injection Drug Use (IDU)	2	100.0	.	.	13	28.3	6	14.6
MSM & IDU	.	.	.	.	1	2.2	.	.
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	.	.	1	25.0	6	13.0	8	19.5
No Risk Reported	.	.	2	50.0	8	17.4	8	19.5
Pediatric (All Risks Combined)	.	.	.	.	.	.	.	.
TOTAL	2	100.0	4	100.0	46	100.0	41	100.0

Question 3

What are the indicators of risk for HIV/AIDS infection in Kansas?

The persons most likely to become infected with HIV are those who engage in high-risk behaviors and who live in communities where HIV prevalence is highest. In an effort to assist our stakeholders with understanding the differing risks for HIV infection in Kansas, this section examines the trends and characteristics of populations that practice high-risk behaviors. The primary focus of this section is three high-risk populations: men who have sex with men (MSM), injection drug users (IDU), and heterosexual adults.

The previous section addressed the level of HIV infection in various groups affected by HIV. This section examines direct and indirect measures of risk behavior in the groups most at risk of acquiring HIV infection. Direct measures of risk provide information about risk behavior that is directly associated with HIV transmission. Indirect measures do not directly describe HIV risk behaviors; rather they are indicators of possible HIV risk that may need further investigation. For example, an increase in STD rates does not directly indicate that HIV exposure is increasing; but indicates an increase in unprotected sex, which increases risk of HIV exposure.

HIGHLIGHTS

- ❖ Since 2004, there has been a steady increase in the number of MSM having co-infection of syphilis in Kansas.
- ❖ From 2004-2007, the proportion of early syphilis cases among MSM co-infected with HIV has increased 120% from 5 cases in 2004 to 11 cases in 2007.
- ❖ The gonorrhea incidence rate in Kansas was 82.6 per 100,000 persons in 2007.
- ❖ Wyandotte County had the highest gonorrhea incidence rate (371.5 per 100,000 persons) compared to other counties in the state in 2007.
- ❖ Primary and secondary syphilis incidence rates have slightly decreased in both men and women.

MEN WHO HAVE SEX WITH MEN (MSM)

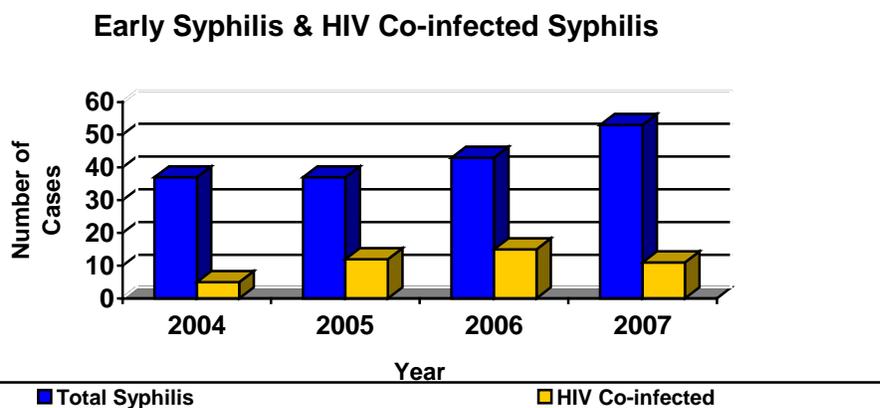
Direct Measures of Risk Behavior

From 2004-2007, there was a 31.6% increase in newly diagnosed HIV/AIDS cases reporting male to male sexual contact as their primary risk factor. In Kansas, male to male sexual contact (MSM) has historically been noted as the risk behavior that is most commonly reported among newly diagnosed cases of HIV and AIDS. This is consistent with national trends. According to CDC, MSM accounted for 71% of HIV infection among adults and adolescents in 2005 (2).

Indirect Measures of Risk Behavior

Sexually transmitted disease surveillance data may provide information about the potential occurrence of high risk behavior. From 2004-2007, there were a total of 43 cases of MSM co-morbidity of HIV and syphilis in Kansas. However, from 2004-2007, the proportion of MSM early syphilis cases co-infected with HIV increased by 120% (Figure 16). This increase in the prevalence of co-morbid cases may be indicative of an increase in MSM engaging in more risky sexual practices, such as unprotected sex with more partners. According to the CDC, this is also a national trend. Since the advent of HAART therapy, an unintended shift in attitude regarding the severity of becoming HIV infected has occurred. Researchers have found a sense of complacency among MSM regarding the possibility of acquiring the virus. According to CDC, researchers noted some of the following reasons for the increase in unprotected sexual activity among MSM: optimism about improved HIV treatment, recreational substance abuse, complex sexual decision making and increased use of the internet to seek sexual partners (3).

Figure 16



Data Source: Kansas Department of Health and Environment, Bureau of Disease Control & Prevention STD Section

INJECTION DRUG USERS (IDU)

Direct Measures of Risk Behavior

Approximately 6.8% of the newly diagnosed cases of HIV and AIDS in 2007 reported injection drug use as their primary risk factor. Another 5.3% reported MSM/IDU as their primary risk factor. At the end of 2007 approximately 9.8% of persons living with HIV and AIDS in Kansas had reported injection drug use as their primary risk factor, followed by 7.4% reporting MSM/IDU.

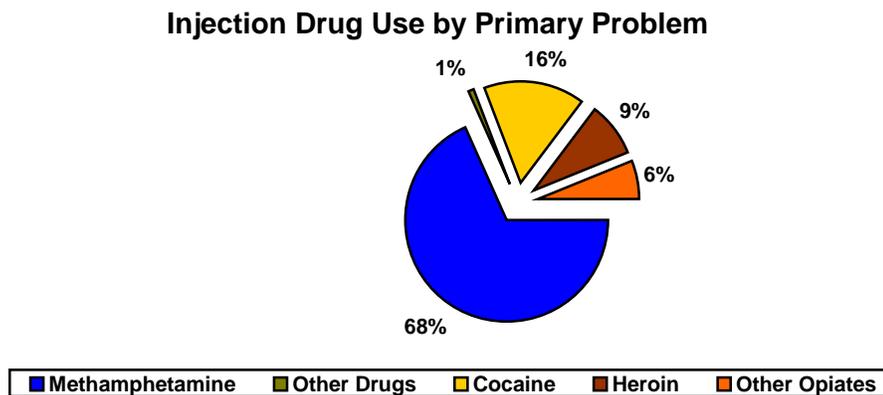
Indirect Measures of Risk Behavior

According to CDC substance use can increase the risk for HIV transmission through the tendency towards risky sexual behaviors while under the influence, as well as through sharing needles or other injection equipment (2, 3). Research has also shown that increased use of methamphetamine is also a concern because methamphetamine use has been associated with both risky sexual behavior for HIV infection and other STDs and with the sharing of injection equipment (4). According to the Mansergh study, methamphetamine and other “party drugs” (ecstasy, ketamine and GHB {gamma hydroxybutyrate}) are sometimes used to decrease social inhibitions and enhance sexual experiences (5).

The Kansas Client Placement Criteria (KCPC) System is an integral part of Addiction and Prevention Services (AAPS), which helps collect data, related to substance abuse treatment admissions at treatment service centers in Kansas. KCPC data are used to assess the demographic characteristics of injection drug users.

According to KCPC, in 2007, there were approximately 1,037 injection drug users admitted to treatment centers in Kansas. Of these admissions 709 used methamphetamine, 167 used cocaine/crack, 90 used heroin, and 9 used other drugs (Figure 17).

Figure 17



Source: Alcohol and Prevention Services, The Kansas Client Placement Criteria (KCPC) System, 2009

Approximately 68% of the injection drug users admitted to the treatment centers in Kansas during 2007 were between the ages of 25-44.

HETEROSEXUAL POPULATIONS

Direct Measures of Sexual Behavior

Approximately 13.7% of the newly diagnosed HIV/AIDS cases for 2007 in Kansas reported heterosexual contact as their primary risk factor.

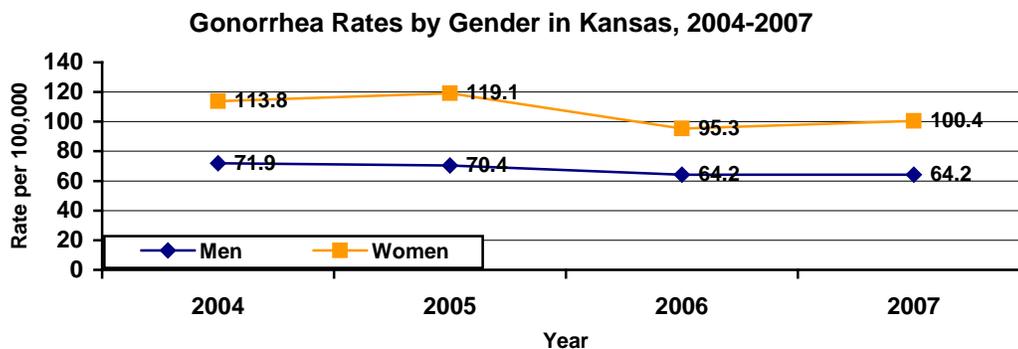
Indirect Measures of Risk Behavior

STD surveillance provides information that may help to identify potential occurrence of risky heterosexual behavior. Increases in STD rates do not directly indicate that HIV exposure is increasing. STD rates do however indicate an increase in unprotected sexual activity in a particular population.

Gonorrhea

The overall rate for gonorrhea in the state of Kansas in 2007 was 82 per 100,000; a 2.5% increase from 2006. This is just under the national rate of 118.9 per 100,000. From 2004 to 2007, the gonorrhea infection rates for women in Kansas were consistently higher than those for men in Kansas (Figure 18). This trend is consistent with national STD surveillance data, which shows for 2007 a rate of 123.5 per 100,000 for women and a rate of 113.7 per 100,000 for men.(6) The gonorrheal infections in women are usually asymptomatic and often go undiagnosed.

Figure 18



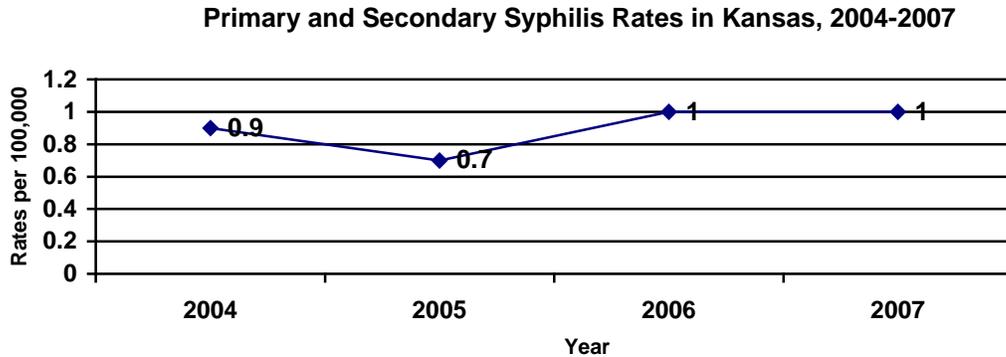
Data Source: Kansas Department of Health and Environment. Bureau of Disease Control & Prevention STD Section

In 2007, there were 2,289 new cases of gonorrhea diagnosed in Kansas. New cases of gonorrhea were diagnosed in 64% of the counties in the state. Four counties had more than 150 new cases; two of which had more than 500 new cases (Sedgwick and Wyandotte).

Syphilis

The Primary and secondary syphilis rates in Kansas have been relatively stable over the past four years (Figure 19). In 2007, there were a total of 53 newly diagnosed early syphilis cases reported in Kansas. New cases of early syphilis were reported in the following eight counties: Wyandotte, Johnson, Miami, Riley, Shawnee, Sedgwick, Butler and Cowley.

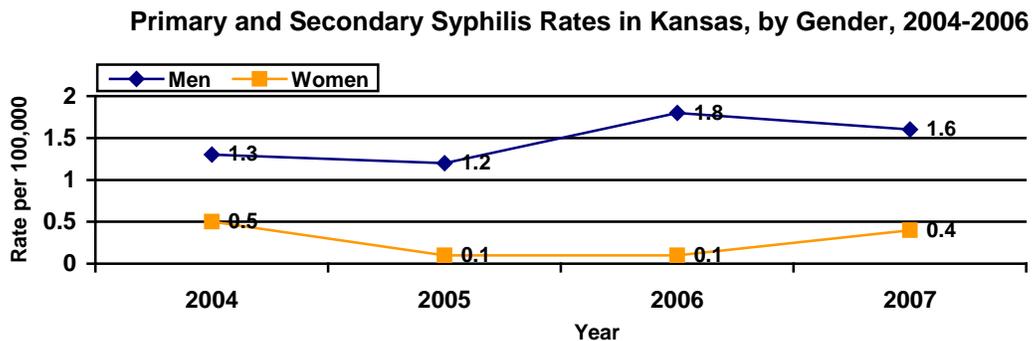
Figure 19



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2007. Atlanta, GA: US Department of Health and Human Services

In Kansas, the incidence rates of primary and secondary syphilis in men from 2004 to 2006 has been consistently higher than that for women. In 2007, the incidence rate for men was 1.6 per 100,000 compared to 0.4 per 100,000 for women (Figure 20). This trend may be due to the increase in syphilis among men who have sex with men. According to the CDC the national incidence rates for men infected with syphilis has increased from 3.3 cases per 100,000 in 2001 to 6.0 cases per 100,000 in 2007. (6)

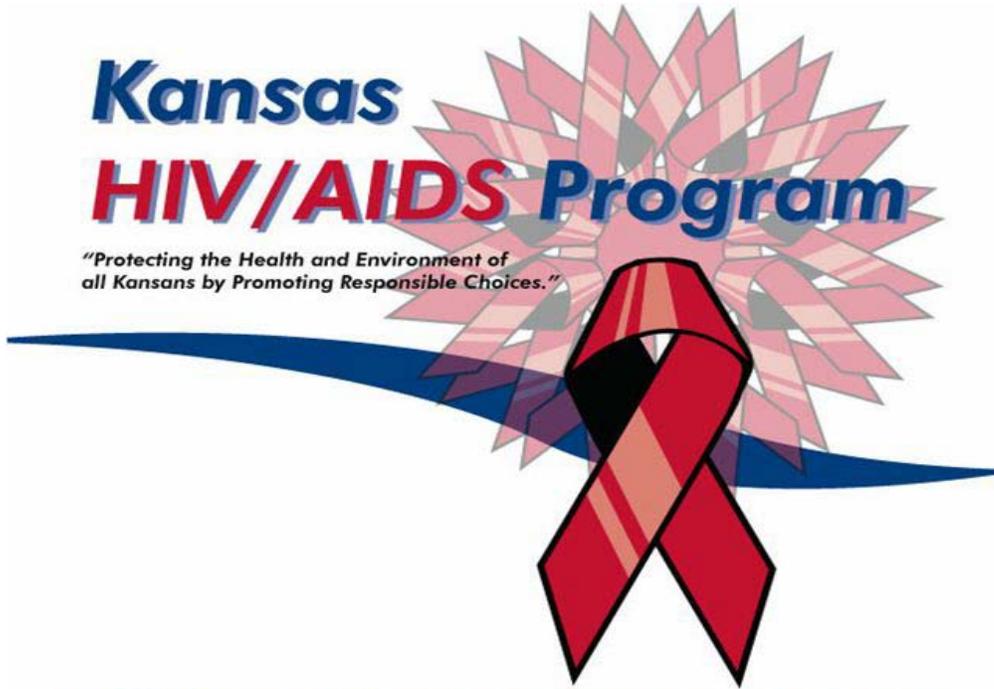
Figure 20



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2007. Atlanta, GA: US Department of Health and Human Services

Kansas HIV/AIDS Program

*"Protecting the Health and Environment of
all Kansans by Promoting Responsible Choices."*



The HIV/AIDS Program works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and AIDS.

RYAN WHITE HIV/AIDS CARE ACT SPECIAL QUESTIONS AND CONSIDERATIONS

Question 1

What are the patterns of utilization for HIV services of persons in Kansas?

This section focuses on information that pertains to HRSA HIV/AIDS care planning groups. Specifically, this section characterizes the patterns in the use of services by a number of populations in the state of Kansas. The sources of the information were HRSA-funded programs and supplemental studies conducted to examine specific aspects of HIV care in Kansas.

HIGHLIGHTS

- In 2007, a total of 883 clients received services funded through Ryan White Part B award in Kansas; of these, 251 were new clients.
- Seventy-seven percent of Kansas AIDS Drug Assistance (ADAP) clients receiving services during 2007 were male. The vast majority were 25 years of age or older (96%).
- The racial/ethnic distribution of those served in 2007 was primarily non-Hispanic Whites (60%), followed by Blacks (25%) and Hispanics (13%).
- Approximately 84 % of those served in 2007 lived at or below 200% of the poverty level.

In 2006 The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415, December 19, 2006) was passed. The Modernization Act of 2006 provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI flexibility to respond effectively to the changing epidemic.

The new law changed how Ryan White funds may be used, with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS across the country. Key changes in the most recent legislation included:

- The programs will no longer be identified as Title I, II, III, IV and V, but will be identified as Part A, B, C, D, and F.

- New method for determining eligibility for Part A (formerly called Title I) funds gives priority to urban areas with the highest number of people living with AIDS while also helping mid-size cities and areas with emerging needs.
- New method for distributing Part A funds directs money to metropolitan areas with the highest number of people who are HIV-positive. It also encourages outreach and testing, which will get people into treatment sooner and save more lives.
- More money will be spent on direct health care for Ryan White clients. Under the new law, grantees receiving funds under Parts A, B, and C (formerly called Titles I, II and III) must spend at least 75 percent (75%) of funds on “core medical services,” which includes ambulatory outpatient medical care, oral health, mental health, outpatient substance abuse treatment, medical nutritional therapy, medical case management and drug assistance.
- The new law recognizes that HIV/AIDS has had a devastating impact on racial/ethnic minorities in the U.S. African Americans accounted for 49 percent (49%) of all HIV/AIDS cases diagnosed in 2005. The new law codifies the Minority AIDS Initiative for HRSA's Ryan White programs.

The purpose of Part B funding is to improve the quality, availability, and organization of health care and support services for individuals and families with, or affected by, HIV disease in each state or territory. In addition, the funding provides access to needed pharmaceuticals through ADAP.

In 2007, 883 clients received services funded through Ryan White Part B award in Kansas; of these, 251 were new clients. During 2007, the distribution of Ryan White Part B clients by race/ethnicity, and sex was similar to the distribution of these characteristics among persons known to be living with HIV/AIDS in Kansas at the end of 2003 (Table 9).

Table 9. Comparison of Demographic Characteristics of Ryan White Part B Clients and Persons Living with HIV/AIDS, Kansas, 2007

	Ryan White Part B clients, % (N=883)	Persons living with HIV/AIDS, % (N=2,495)
Race/Ethnicity		
White, non-Hispanic	60.0	59.2
Black, non-Hispanic	25.0	25.1
Hispanic	13.0	12.5
Asian/Pacific Islander	0.8	0.6
American Indian/ Alaskan Native	1.1	1.0
Multiple Races	0.1	1.2
Unknown	0.0	0.4
Gender		
Male	77.0	81.5
Female	23.0	18.5
Age (yrs.)		
≤13	0.0	0.7
13-24	4.0	14.1
25-44	54.0	69.5
≥45	42.0	15.7

Data Source: Ryan White Title II Service Program

Data Source: Kansas HIV/AIDS Surveillance Program, as of December 31, 2008

AIDS Drug Assistance Program (ADAP)

Since 1987, Congress has appropriated funds to assist states in providing antiretroviral therapy (ART), approved by the Federal Drug Administration (FDA), to AIDS patients. With the initial passage of the Ryan White CARE Act in 1990, the assistance programs for ART were incorporated into Part B and became commonly known as ADAP. ADAP now provides FDA-approved HIV-related prescription drugs to the underinsured and uninsured persons living with HIV/AIDS. For many people with HIV, access to ADAP serves as a gateway to a broad array of health care and supportive services as well as other sources of coverage, including Medicaid, Medicare D, and private insurance.

Since June 2001, persons enrolled in ADAP in Kansas have been able to receive antiretroviral medications. These medications include nucleoside analogues, protease inhibitors, and non-nucleosides. According to the Kansas Ryan White Database Survey, 562 clients were served in Kansas during the last quarter of 2007. Most Kansas ADAP clients served during this month were male (77%) and 25 years of age or older (95%). The racial/ethnic distribution of those served in 2007 was predominantly non-Hispanic Whites (77%), non-Hispanic Blacks (25%), and Hispanics (13%).

Table 10. Characteristics of Patients Serviced in the AIDS Drug Assistance Program (N=562), Kansas, 4th Quarter 2007

Patients, %	
Gender	
Male	79
Female	21
Race/Ethnicity	
White, non-Hispanic	56
Black, non-Hispanic	25
Hispanic	17
Age (yrs.)	
<25	3.6
25-44	56.8
≥45	39.6

Data Source: Kansas Ryan White Data System, December 31, 2008.

HIV TESTING DELAYS

AIDS diagnoses are used by CDC to compare data nationally. Because there are differences in testing behavior and treatment outcomes among persons infected with HIV, there are significant variations within the population presenting with AIDS at any given time. With the increased availability of antiretroviral medications, which have often been successful in treating HIV-infected persons, it is important that people be tested early for HIV. Those who are tested early in the course of their disease can benefit from advances in treatment and effective drug combinations. However, a significant number of people are not tested until they are already immunosuppressed or ill with an opportunistic infection.

Of the persons with a positive result from a confidential HIV/AIDS test during 2004-2007, who were reported to the state's HIV/AIDS Surveillance Program, 55% were diagnosed with AIDS at the time of their initial test. Table 11 shows the time between a person's first positive confidential test and AIDS diagnosis, by demographic and risk characteristics. These data should be interpreted cautiously, however, because a person may have been tested earlier, but anonymously.

Table 11. Distribution of Persons with AIDS Diagnosis by Time Between First Positive HIV Test Result and AIDS Diagnosis, Kansas 2004-2007

	AIDS Diagnosis %		
	At time of 1 st HIV + test	≤ 3 Months	≥6 Months
Gender			
Male	46.6	64.6	19.0
Female	8.8	12.5	4.0
Race/Ethnicity			
White, non-Hispanic	25.6	36.1	11.5
Black non-Hispanic	17.6	22.3	10.1
Hispanic	12.8	15.8	4.0
Exposure Category			
MSM	25.3	36.4	10.8
Injection Drug User	3.4	4.1	2.4
MSM/IDU	3.7	5.1	2.7
High Risk Heterosexual	7.1	9.5	3.4
No Identified Risk	14.9	20.3	2.4
Age			
< 13	.	.	.
13-14	.	.	.
15-24	3.4	4.1	4.7
25-34	15.5	20.6	8.7
35-44	20.9	27.0	7.1
45-54	12.8	16.2	5.1
55-64	2.4	3.8	0.3
65+	0.7	1.7	0.7

Data source: Kansas HIV/AIDS Surveillance System, as of December 31, 2008

Glossary of Terms and Acronyms

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
eHARS	enhanced HIV AIDS Reporting System
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IDU	Intravenous (Injection) Drug Use; illegal drugs administered into the body with a needle
Incidence	Number of new cases of a disease divided by the population at that specific time
KDHE	Kansas Department of Health and Environment
MSM	Men who have sex with men or (male to male sexual contact)
MSM/IDU	Men who have sex with men and engage in Intravenous (Injection) Drug Use
NIR	No Identified Risk
NRR	No Risk Reported
PLWA	Persons Living With AIDS
PLWH	Persons Living With HIV
Prevalence	Number of living cases of HIV or AIDS divided by the population at that specific time
Rate	The proportion of people with a disease over a specific time period
Risk factor	An aspect of personal behavior, and environmental exposure, or an inborn or inherited characteristic that is associated with an increased occurrence of disease
STD	Sexually Transmitted Disease
Surveillance	The ongoing, systematic observation of a population for rapid and accurate detection of in the occurrence of diseases.

REFERENCES

1. Kaplan JE, Roselle G, Sepkowitz K. Opportunistic Infections in Immunodeficient Populations. *Emerging Infectious Diseases* 1998; Vol. 4 No. 3. Available at <http://www.cdc.gov/ncidod/eid/vol4no3/kaplan.htm>
2. CDC HIV/AIDS among Men Who Have Sex with Men [fact sheet]. Available at <http://www.cdc.gov/hiv/topics/msm/>. Accessed September 14, 2009
3. CDC. HIV/AIDS Surveillance Report, 2005. Vol. 17. Rev ed. Atlanta: US Department of Health and Human Services, CDC: 2007: 1-46. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Accessed September 14, 2009.
4. CDC. Methamphetamine and HIV risk among men who have sex with men [fact sheet]. Available at <http://www.effectiveinterventions.org>. Accessed September 14, 2009.
5. Mansergh G, Colfax GN, Marks G, et al. The Circuit Party Men's Health Survey: findings and implications for gay and bisexual men. *American Journal of Public Health* 2001; 91:953-958.
6. CDC Sexually Transmitted Disease Surveillance 2007. Atlanta: US Department of Health and Human Services, CDC: 2007 Available at <http://www.cdc.gov/stdstats/>. Accessed July 27, 2009.

APPENDIX

Outcomes of Surveillance

Type of Data	Definition	How Data is Used
Reported HIV/AIDS Diagnosis	The number of cases reported in a specific population during a specific time period	Useful for understanding reporting changes in an area
HIV/AIDS Prevalence Rate	The HIV/AIDS prevalence for a specific population divided by the number of people in the population	Prevalence rates can better highlight health disparities than number of cases
HIV/AIDS Incidence Rate	The HIV incidence for a specific population divided by the number of people in that population	Incidence rates reflect rates of new infection within a population, and can highlight health disparities
Estimated HIV/AIDS Diagnoses	The number of cases estimated to be diagnosed in a specific population during a specific time period	Serves as a marker of new infections in areas without incidence surveillance
HIV/AIDS Prevalence Estimate	The number of people estimated to be living with HIV/AIDS in a specific area at a specific point in time	Planning and resource allocation, monitoring trends and discrepancies between groups
HIV Incidence Estimate	The number of people estimated to be newly infected with HIV in a specific area during a specific time period	Planning and allocating funds, as well as evaluating the success of prevention programs

Data Source: www.CDC.gov