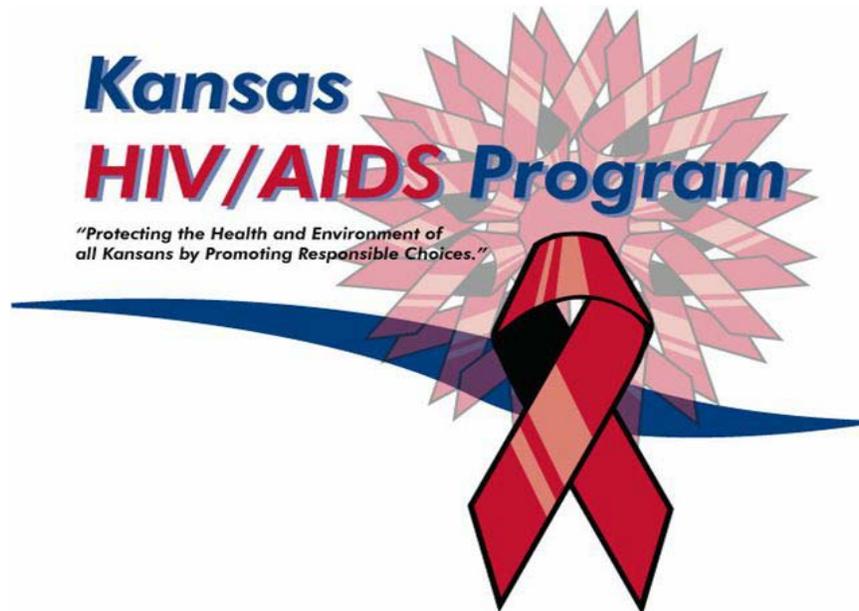


INTEGRATED EPIDEMIOLOGIC PROFILE 2010



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 2010, a total of 2,750 persons were presumed to be living with HIV infection in the State of Kansas; of these, 57% (1,561) 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 2010 the number of prevalent cases of HIV/AIDS increased by 121% (1,243 to 2,750).

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 2005-2010 there were on average 31 deaths per year with 27 occurring in 2010. 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. Research shows an average person diagnosed at 25 years of age, fully engaged in care and treatment can have an additional 39 years of survival.

Over the past 10 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 17% of the State's population and account for approximately 48% of the State's newly diagnosed HIV/AIDS cases, thus showing a need for increased testing, prevention and education efforts in these populations. However, the non-Hispanic black population shows the greatest burden with an infection rate currently nine times that of whites and almost four times that of Hispanics.

The total number of newly diagnosed HIV/AIDS cases in Kansas increased by 33% from 132 cases in 2000 to 169 cases in 2010. Among the 169 newly diagnosed cases of HIV/AIDS in 2010, 49% (84) were new AIDS cases and 51% (85) were new HIV (non-AIDS) cases.

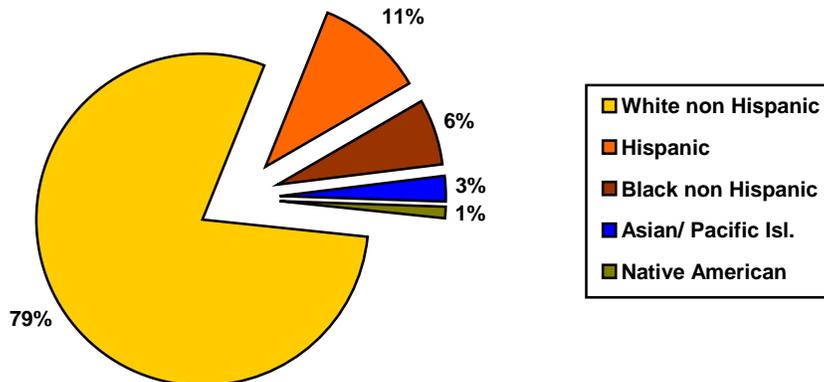
In 2010, 86% of newly diagnosed cases of HIV/AIDS were male, and the remaining 14% were female. Men who have sex with men (MSM) continue to be the highest risk population among all of the risk categories in 2010. At the end of 2010 there were a total of 110 newly diagnosed cases noting their exposure risk as MSM, followed by 35 cases noting heterosexual risk. It is worth noting that the infection rate for black males was seven times higher than that for their white counter parts. The most impacted age groups were those between the ages of 25-44. This data is consistent with current national statistics for HIV/AIDS.

Region 1, which consists of Wyandotte and Leavenworth counties, continues to have the highest infection rate for newly diagnosed HIV/AIDS cases, compared to any other region in the State. Region 8 continues to have the largest population of persons living with HIV/AIDS in the State. Regions 2 and 8 had the largest proportion of newly diagnosed female cases of HIV in 2010.

According to CDC, testing delays pose a significant health risk to the general population and those unaware of their HIV status. It has been found that the estimated 25% of positives unaware of their status account for approximately 54-70% of new HIV infections annually. CDC recommends testing everyone between the ages of 13-64 for HIV.

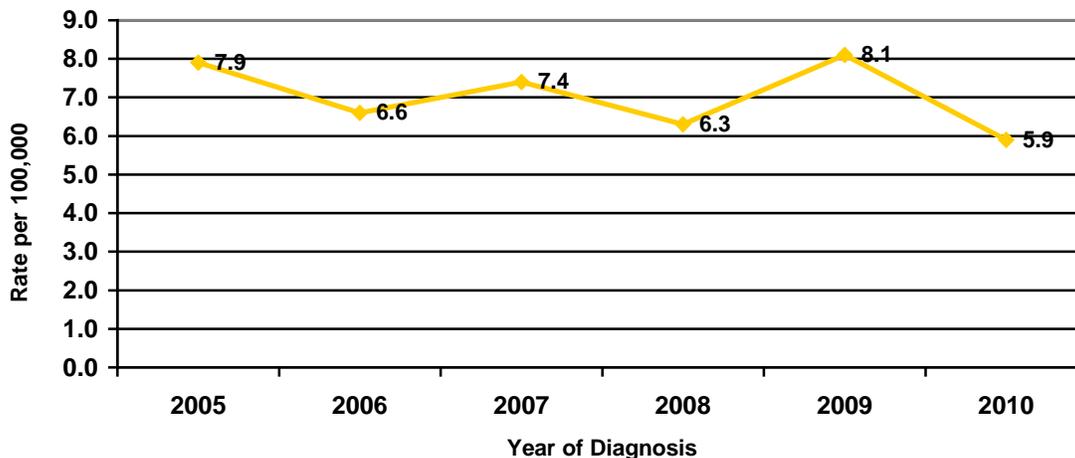
Overview of Profile Figures

Kansas State Population Race/Ethnicity Distribution, 2010 Census Estimates



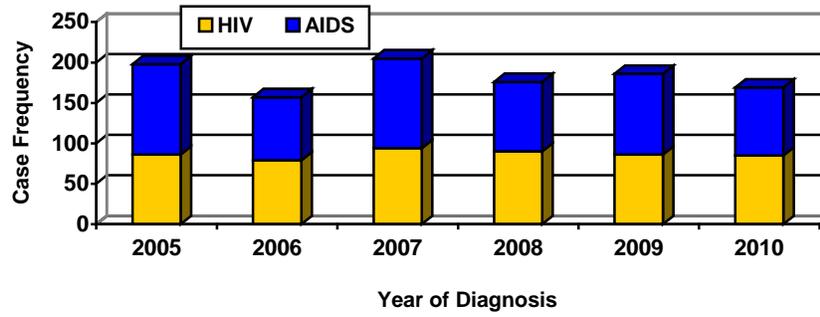
Source: 2010 Population Estimates, Kansas Department of Health & Environment Office of Vital Statistics

Newly Diagnosed HIV/AIDS Rates in Kansas, 2005-2010



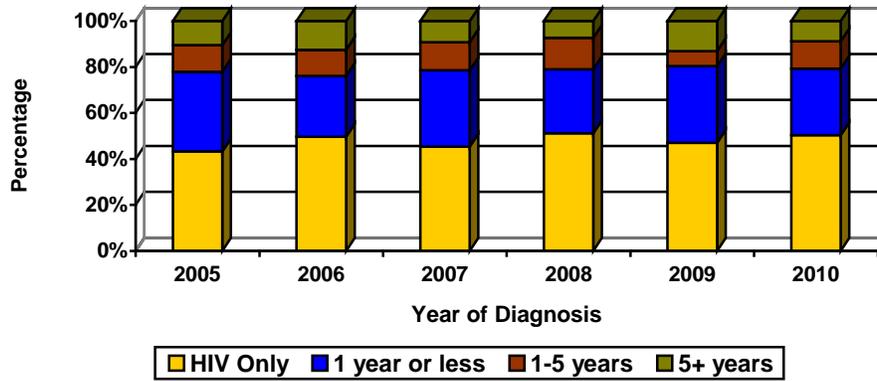
Data Source: Kansas HIV/AIDS Surveillance System: as of December 31, 2011

Newly Diagnosed HIV/AIDS Cases in Kansas, 2005-2010



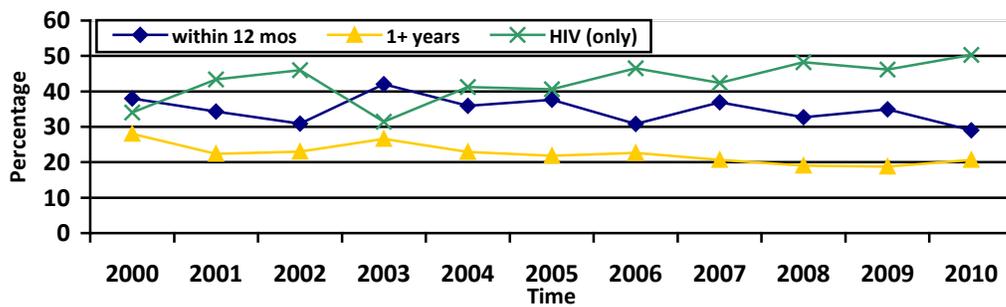
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed HIV Cases by Year & Conversion Time from HIV to AIDS 2005-2010, Kansas



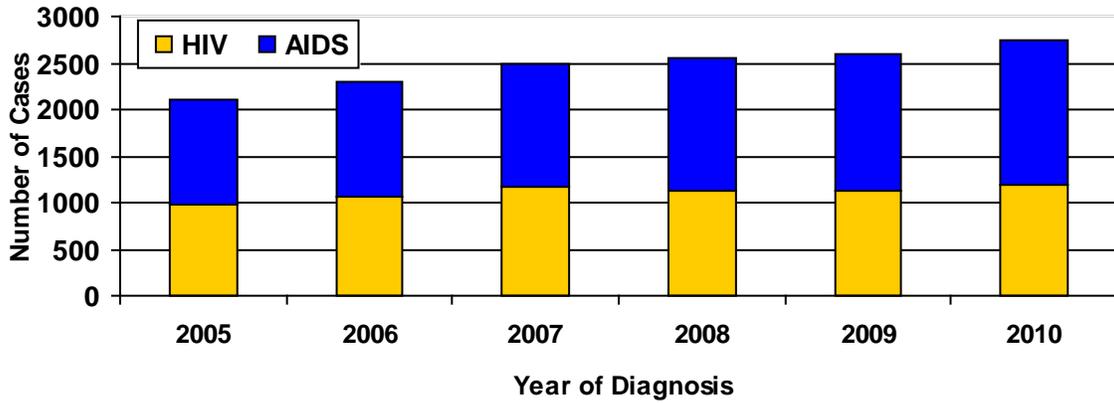
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Time from Initial Positive Test to AIDS Diagnosis, Kansas 2000-2010



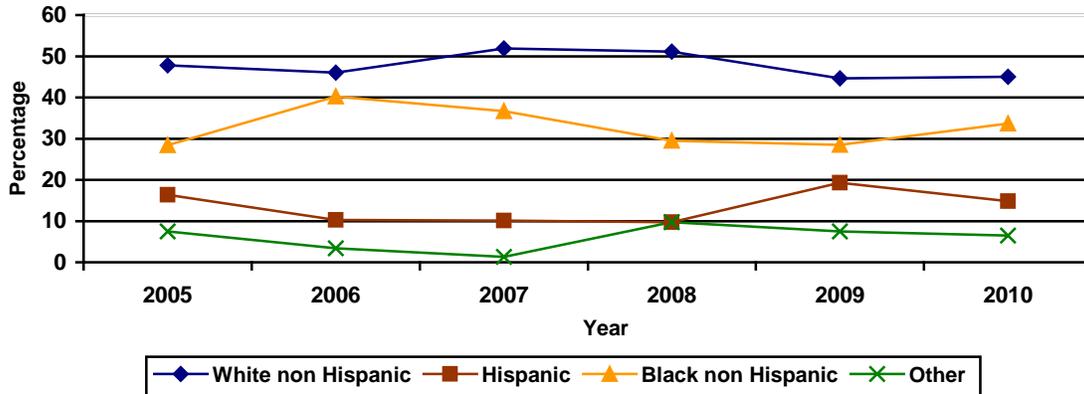
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Persons Living with HIV and Persons Living with AIDS in Kansas, 2005-2010



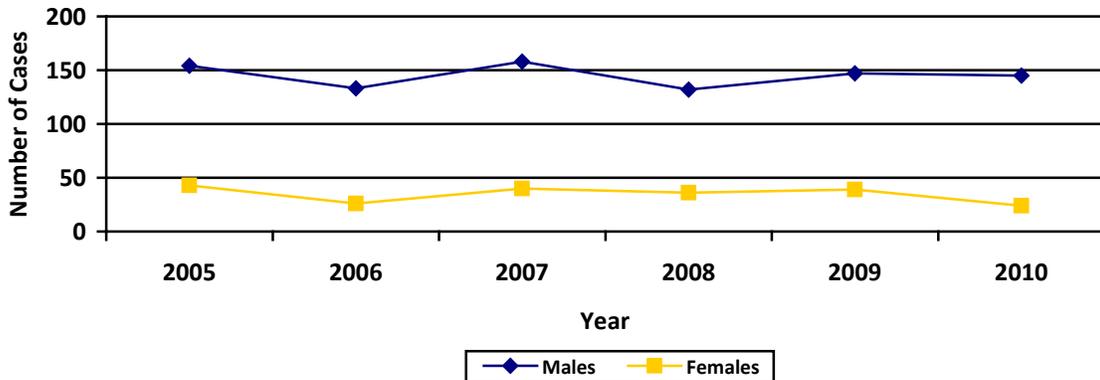
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Kansas Major Race/Ethnicity Categories by percent of Newly Diagnosed HIV/AIDS Cases by Year of Diagnosis, 2005-2010



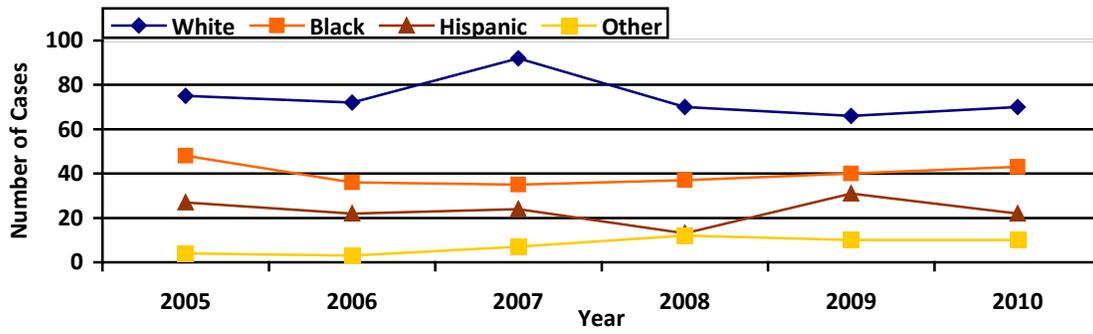
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed HIV/AIDS Cases by Sex Kansas 2005-2010



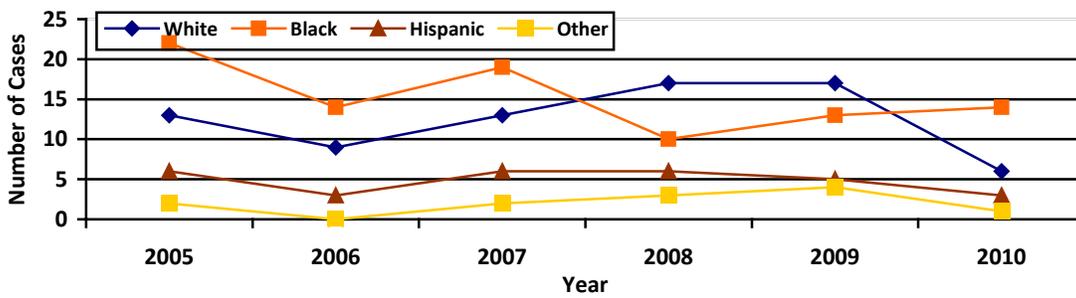
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed HIV/AIDS Males by Race/Ethnicity Kansas 2005-2010



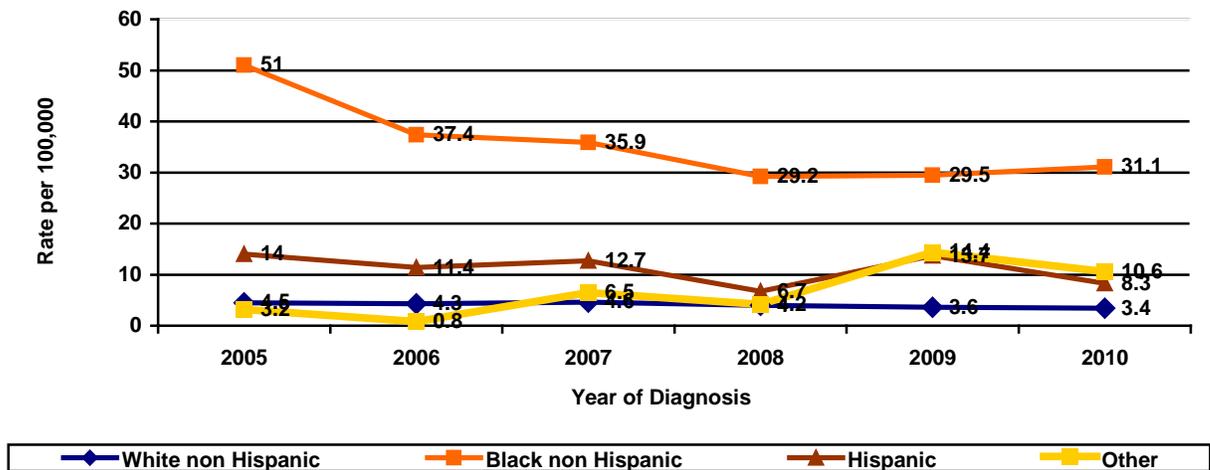
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed HIV/AIDS Females by Race/Ethnicity Kansas 2005-2010



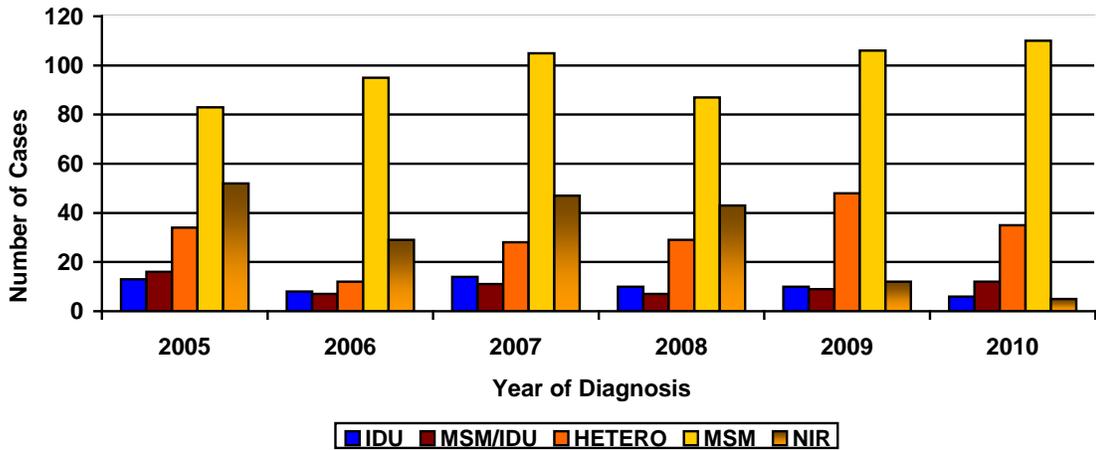
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed HIV/AIDS Case Rates by Race/Ethnicity in Kansas 2005-2010



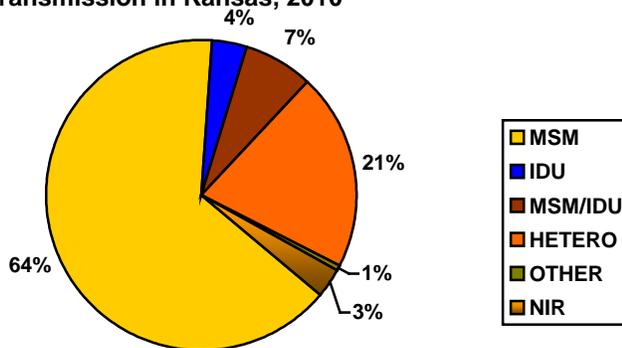
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed HIV/AIDS by Mode of Exposure and Year of Diagnosis in Kansas, 2005-2010



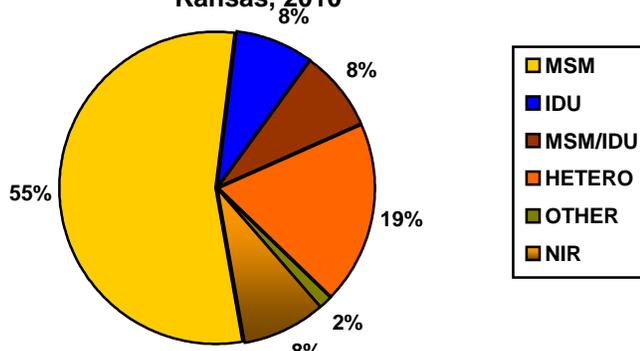
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Proportion of Newly Diagnosed HIV/AIDS Cases by Mode of Transmission in Kansas, 2010



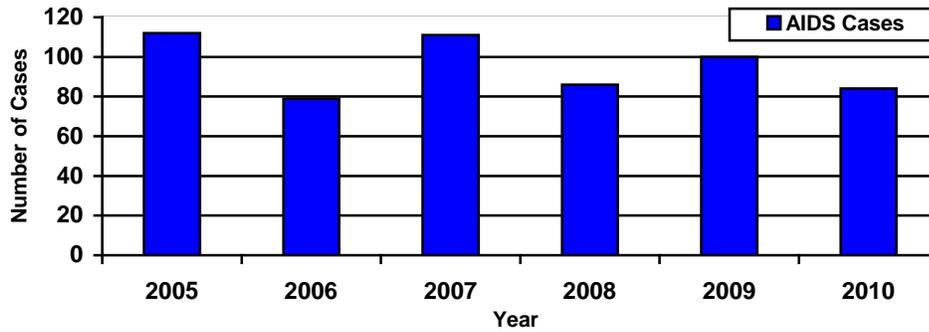
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Proportion of Living HIV/AIDS Cases by Mode of Transmission, Kansas, 2010



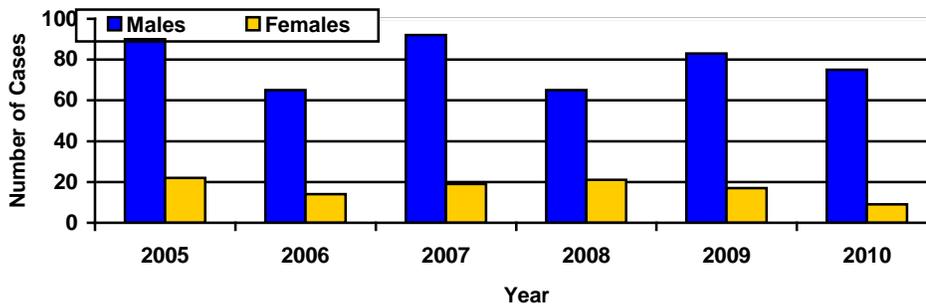
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed AIDS Cases by Year of Diagnosis, Kansas 2005-2010



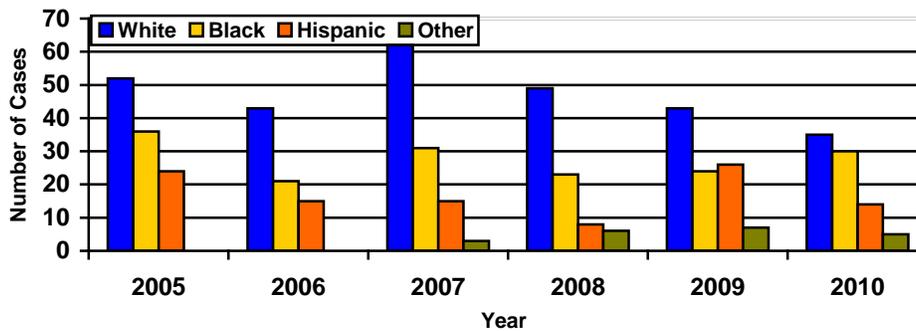
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed AIDS Cases by Gender and Year of Diagnosis in Kansas 2005-2010



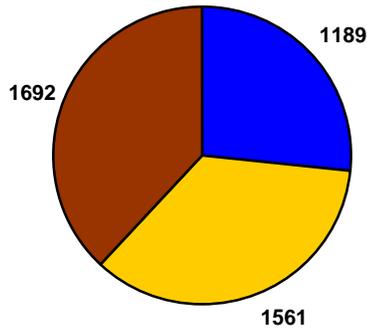
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Newly Diagnosed AIDS Cases by Race/Ethnicity and Year of Diagnosis, Kansas, 2005-2010



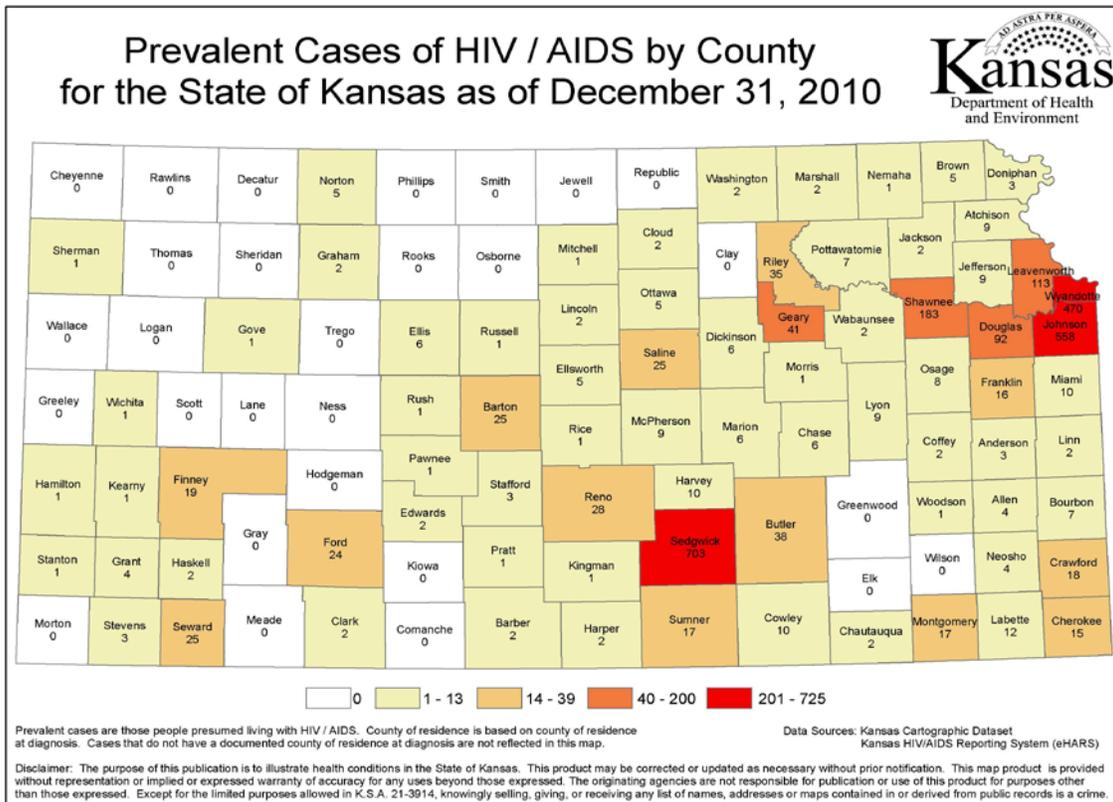
Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

Cumulative Reported HIV/AIDS Cases (Living and Deceased) by Current Status, Kansas, 2010

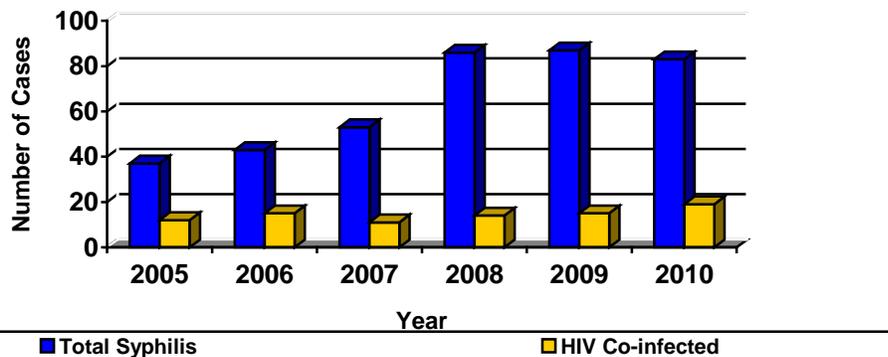


■ Living HIV ■ Living AIDS ■ Deceased HIV/AIDS

Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

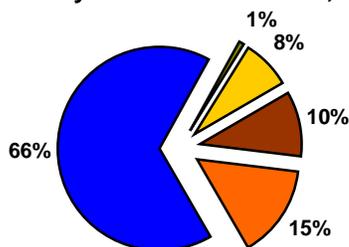


Early Syphilis & HIV Co-infected Syphilis in Kansas 2005-2010



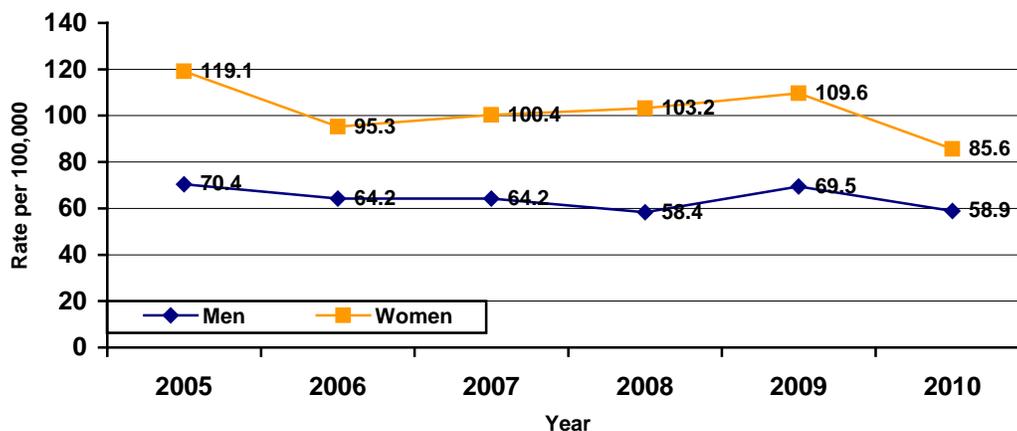
Data Source: Kansas Department of Health and Environment. Bureau of Disease Control and Prevention STD Section

Injection Drug Use by Primary Problem in Kansas, 2009-2010



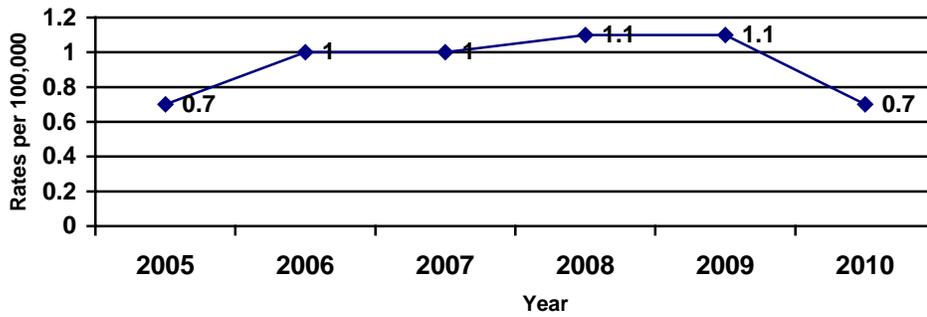
Data Source: Alcohol and Prevention Services, Kansas Client Placement Criteria (KCPC) System, 2011

Gonorrhea Rates by Gender in Kansas, 2005-2010



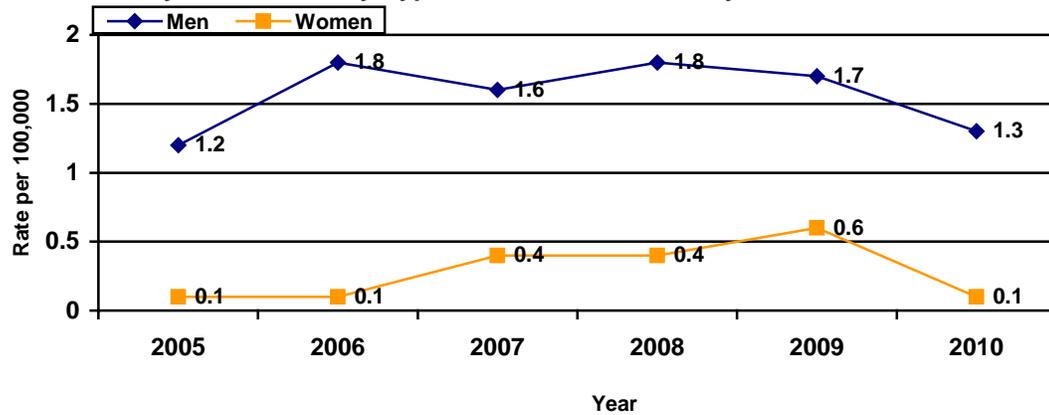
Data Source: Kansas Department of Health and Environment. Bureau of Disease Control and Prevention STD Section

Primary and Secondary Syphilis Rates in Kansas, 2005-2010



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2011. Atlanta, GA: US Department of Health and Human Services

Primary and Secondary Syphilis Rates in Kansas, by Gender, 2005-2010

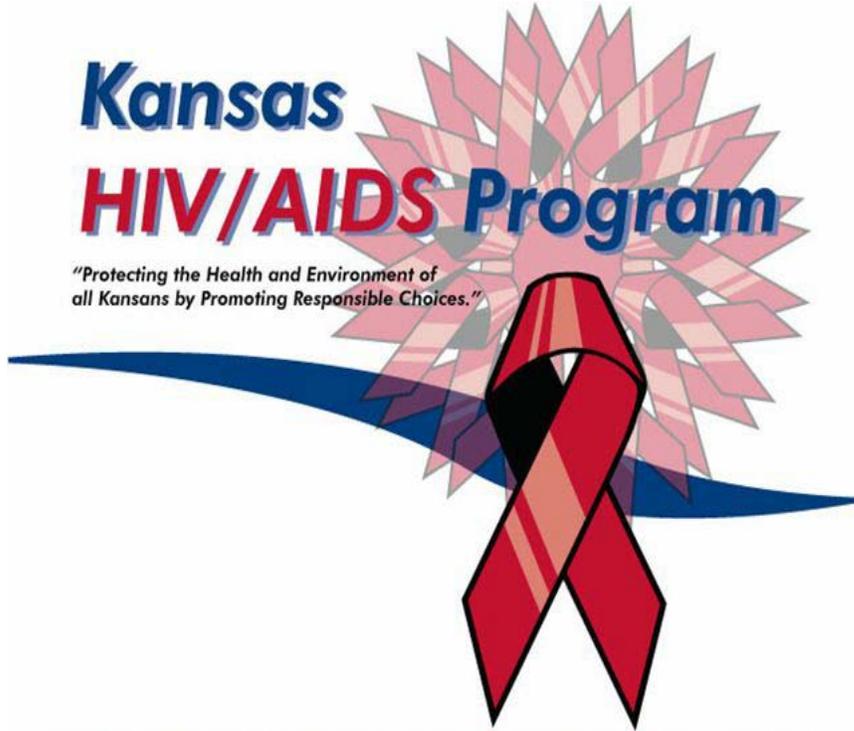


Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2011. Atlanta, GA: US Department of Health and Human Services

Kansas

HIV/AIDS Program

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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.

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 for persons in Kansas?
- What are the number and characteristics of person who know they are HIV positive but who are not receiving primary medical care?

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 were 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 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.

Limitations: 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 and are not eligible for health coverage through private insurance. And who 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 some death reports for HIV infected individuals, because HIV or AIDS is not listed as an immediate cause of death or an underlying cause of death on the death certificate. 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 have 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 data, 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 the US Census Bureau 2010 population estimates. 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 the receipt of the report by the surveillance unit. To minimize reporting delays, all data for 2010 was tabulated in March of 2012.

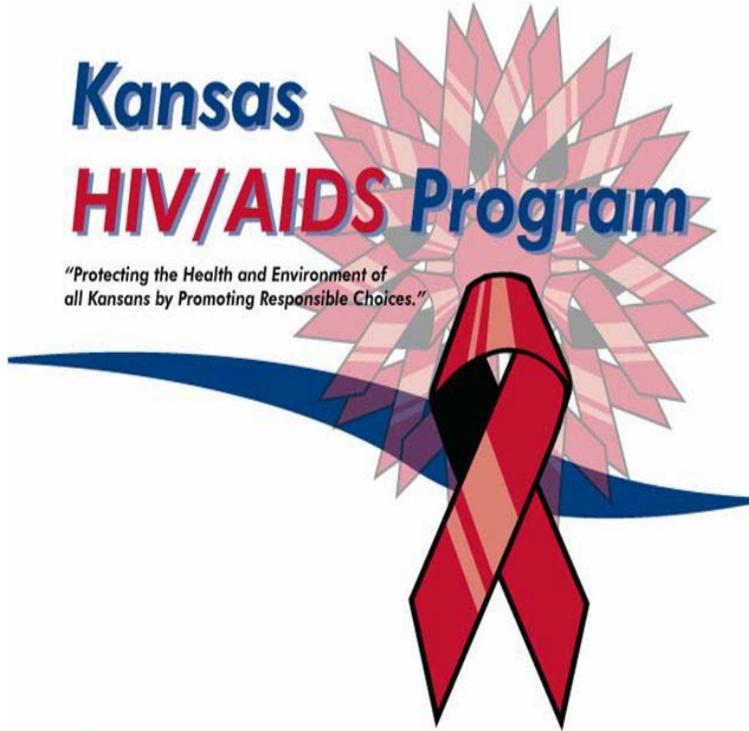
DISCLAIMER

Please note that as of December 31, 2010, the Kansas HIV Surveillance Program has been conducting data cleaning activities along with the Centers for Disease Control and Prevention on Kansas HIV Surveillance data to ensure the most accurate picture of the HIV epidemic in Kansas. As a result of these processes, you may notice a difference in the number of cases reported in previous issues of this document.

Kansas

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CORE EPIDEMIOLOGIC QUESTIONS

Question 1

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

SUMMARY

Population: In 2010, the estimated total population for the State of Kansas was 2,853,118 persons. This represents a 6.1% 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 2010 population estimates, range from 1,247 persons in Greeley County to 544,179 persons in Johnson County. The population density varies widely across the state with more than 51% of the population living in the eastern third of the state (Regions 1, 2, 3, 4, and 5) and 64% 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 48% of the state's population. They are Kansas City (Wyandotte Co. and Johnson Co.), Wichita (Sedgewick 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 (see map, p19). 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), and Garden City (Region 9). Region 8 contains the largest proportion of the state's population (27%) and Region 6 contains the smallest (5.3%). 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 and prevention intervention programs for the citizens of Kansas.

Demographic Composition: According to the 2010 census data, the racial and ethnic composition of the state was estimated to be 79% White non-Hispanic, 11% Hispanic, 6% Black non-Hispanic, 3% Asian/Pacific Islander, and 1.0% Native American.

Age and Sex: According to the 2010 census estimate, the median age of Kansas' residents was 36.0 years. Based on the reported median age of 32.9 years in the 2010 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%).

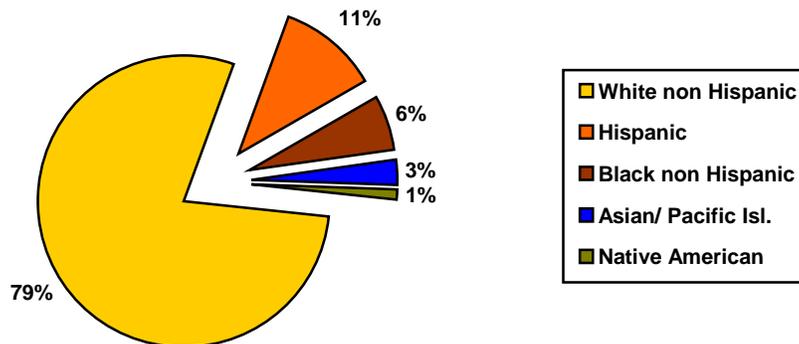
Poverty, Income, and Education: The median household income in Kansas in 2010 was \$49,424. The estimated proportion of the population living below the federal poverty level in 2010 was approximately 14% in Kansas as compared to 16.0% nationally. Also, at this time there were approximately 18.4% of children living below poverty in the State of Kansas. In 2010, among individuals 25 years and above, 89% had at least graduated from high school and 29.3% had a bachelor's or higher degree.

DEMOGRAPHICS

The demographic makeup of Kansas is becoming more diverse. Historically, the population of Kansas has been predominantly white non-Hispanic. In 2010, 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 11% of the total population in 2010.

Figure 1

Kansas State Population Race/Ethnicity Distribution, 2010 Census Estimates



Source: 2010 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 48% of Kansas' Hispanic population resides in Regions 8 and 9. Although the size of the Hispanic population in these regions is very similar, Hispanics account for 36.7% of the population in Region 9 and only 10.7% of the population in Region 8 (Table 1).

Table 1: Percentage of the General Population by Race/Ethnicity and by Public Health Region, 2010

	White, non- Hispanic, %	Black, non- Hispanic, %	Native American, non- Hispanic, %	Asian/PI, non- Hispanic, %	Hispanic, %	Total Population (%)
Region 1	56.4	20.7	0.8	2.4	19.7	8.2
Region 2	83.8	4.5	0.4	4.3	7.0	20.2
Region 3	86.6	3.8	2.2	3.0	4.4	5.5
Region 4	81.6	6.4	1.6	1.2	9.2	10.8
Region 5	90.4	3.1	2.2	0.7	3.6	6.8
Region 6	81.0	8.1	0.7	3.4	6.8	5.3
Region 7	91.1	1.8	0.4	0.8	5.8	10.2
Region 8	77.8	7.3	1.1	3.1	10.7	27.1
Region 9	59.3	1.8	0.5	1.6	36.7	5.9

Source: 2010 Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics.

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 denotes (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 includes Leavenworth, Wyandotte, Johnson, and Miami counties contains 28.4% of the State's population. The Wyandotte and Johnson county areas both have a population density of greater than 1000 persons per square mile.

The percent distribution of population by age group in Kansas is similar to that of the US population. 64.4% of the population in Kansas during 2010 was 25 years of age or older (Table 2).

According to the 2010 census estimates the median age of Kansas residents was 36.0 years. Approximately 27% of the population is 18 years of age or younger; 13% of the population is 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, 2010

Age Group (yrs.)	Males, % (N=1,415,408)	Females, % (N=1,437,710)	Total Population, % (N=2,853,118)
<13	19.1	18.0	18.5
13-14	2.8	2.7	2.7
15-24	14.9	13.7	14.3
25-34	13.6	12.9	13.2
35-44	12.4	11.9	12.1
45-54	14.2	14.3	14.2
55-64	11.6	11.7	11.6
≥65	11.4	14.9	13.8

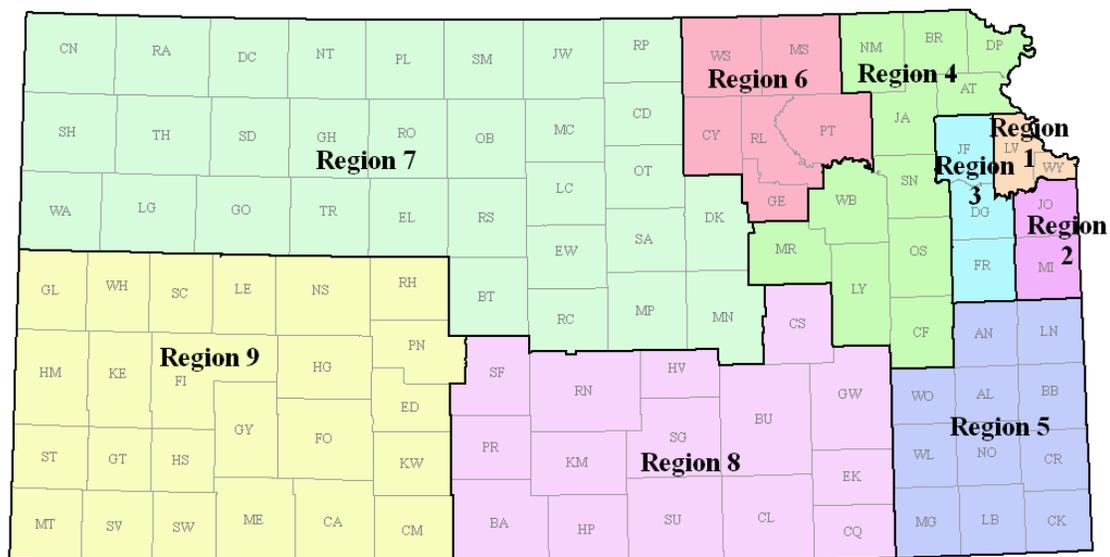
Source: 2010 Estimates, US Census Bureau & Kansas Bureau of Epidemiology and Public Health Informatics

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 Census Bureau, there were approximately 399,436 Kansans living below the poverty line in 2010. Approximately 18.4% of the children residing in Kansas were living below the poverty line in 2010. According to the US Department of Health and Human Services, an income of less than \$17,374 was below 100% poverty for a family of three in 2010. According to the Kaiser Commission on Medicaid and the Underinsured 2009-2010 report, approximately 15% of the state's population had no insurance coverage compared to 18% 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 the 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.

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 in Kansas. Due to limited resources, it is imperative that efforts are focused on identifying those populations most affected and most at risk for HIV infection.

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 2010 and reported through December 2011. 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).

HIGHLIGHTS

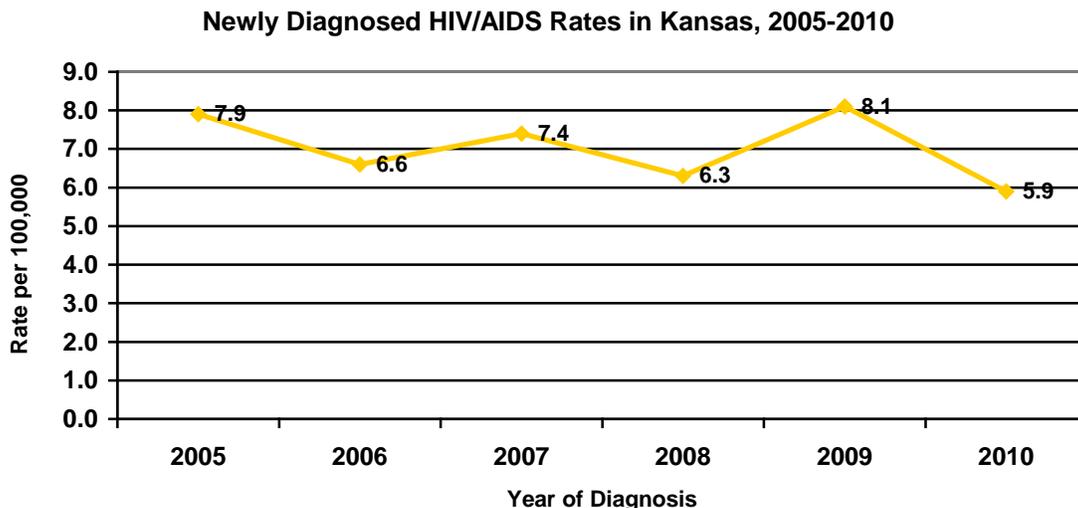
- During 2010, among all newly diagnosed HIV/AIDS cases, 84 (49.7%) were AIDS cases and 85 (50.3%) were HIV (non-AIDS) cases.
- At the end of 2010, 2,750 persons were presumed to be living with HIV/AIDS in Kansas. Of those, 56.8% (1,561 persons) had an AIDS diagnosis.
- The number of deaths due to AIDS continues to decline as HAART therapy becomes more advanced. From 2005-2010, there were an average of 31 deaths per year.
- The HIV infection rate for blacks (31.1 per 100,000) continues to rise and is disproportionately high compared to other racial and ethnic groups in the state; in 2010 the infection rate for blacks was nine times higher than that for whites (3.4 per 100,000) and nearly four times that for Hispanics (8.3 per 100,000).
- In 2010 approximately 34% of the newly diagnosed HIV/AIDS cases were black non-Hispanic.
- Black men (46.0 per 100,000) and black women (15.6 per 100,000) have the highest rate of infection compared to any other racial or ethnic groups in Kansas.

OVERALL HIV/AIDS TRENDS

In 2010, there were a total of 169 new cases of HIV/AIDS diagnosed in the State of Kansas. This number reflects those persons whose HIV infection (including AIDS) was first diagnosed in 2010 and were reported to the state health department. It is possible to have cases diagnosed simultaneously as AIDS and HIV, 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 2007, 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 2005 to 2010 newly diagnosed HIV/AIDS rates per 100,000 have decreased from 7.9 per 100,000 to 5.9 per 100,000 (Figure 2). Newly diagnosed HIV/AIDS rates were the highest in 2009 (8.1 per 100,000). This was the greatest infection rate since the implementation of HIV/AIDS reporting in 1999 for the state.

Figure 2

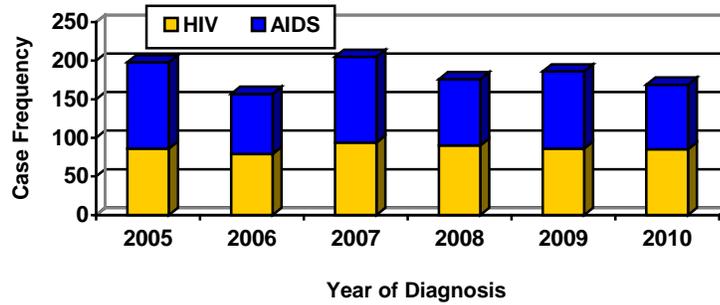


Data Source: Kansas HIV/AIDS Surveillance System; as of December 31, 2011

In 2010, there were a total of 84 AIDS cases and 85 HIV cases newly diagnosed and reported in the State of Kansas. This is a 1 percent decrease in the number of HIV cases and a 25 percent decrease in the number of AIDS cases compared to 2005 (Figure 3). The number of cases diagnosed in 2010 was within 9 percent of the anticipated number of new diagnoses for the State. Since 2005 there has been an average of 184 new cases of HIV/AIDS reported annually to the surveillance program.

Figure 3

Newly Diagnosed HIV/AIDS Cases in Kansas, 2005-2010



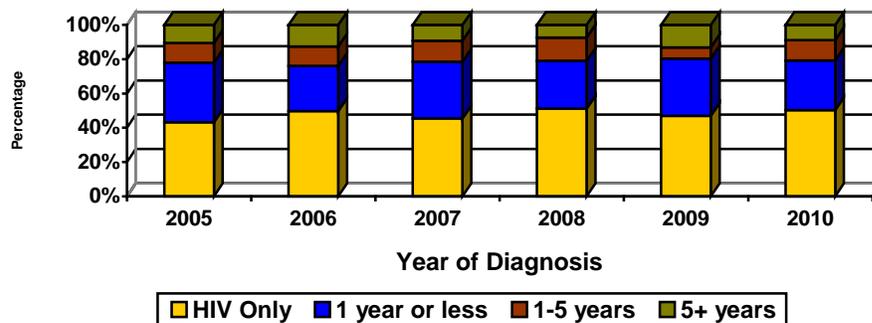
Data Source: Kansas HIV/AIDS Surveillance System; As of December 31, 2011

The number of newly diagnosed cases of HIV/AIDS in Kansas has been on a downward trend for the past few years (Figure 3). Compared to 2005, there has been a 14% decrease in the number of newly diagnosed HIV/AIDS cases reported in 2010.

Among the newly diagnosed cases of HIV infection in 2010, 49 (29%) were simultaneously diagnosed with both HIV and AIDS at the time of initial diagnosis. The proportion of cases reported as converting from HIV to AIDS within one year has remained relatively stable over the past 6 years (Figure 4). On average, Kansas has approximately 40 cases annually that enter the system with a simultaneous diagnosis. The time between conversion from HIV to AIDS is usually a good indicator of time of infection. Usually there is about a 10 year period between initial HIV infection and progression to AIDS. In light of this, caution should be taken when assessing the age at diagnosis of AIDS cases, due to cases having a simultaneous diagnosis of HIV and AIDS had more than likely been positive for a number of years and unaware of their status.

Figure 4

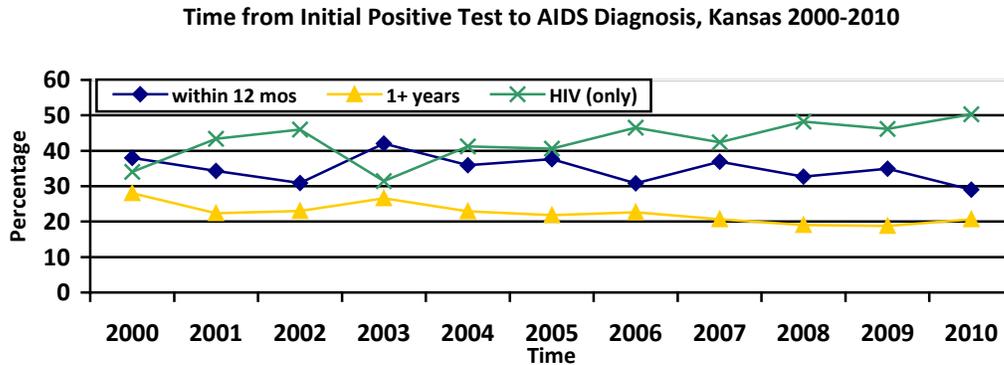
Newly Diagnosed HIV Cases by Year & Conversion Time from HIV to AIDS 2005-2010, Kansas



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31, 2011

According to CDC approximately one third of all diagnoses still occur late [1]. When assessing the time for overall progression to AIDS for new diagnoses in Kansas, it can be noted that approximately 34% of the cases have traditionally entered the system at an already immunocompromised state as shown in the table below (Figure 5). Cases entering care at such late time frames tend to have poor treatment outcomes and survival rates.

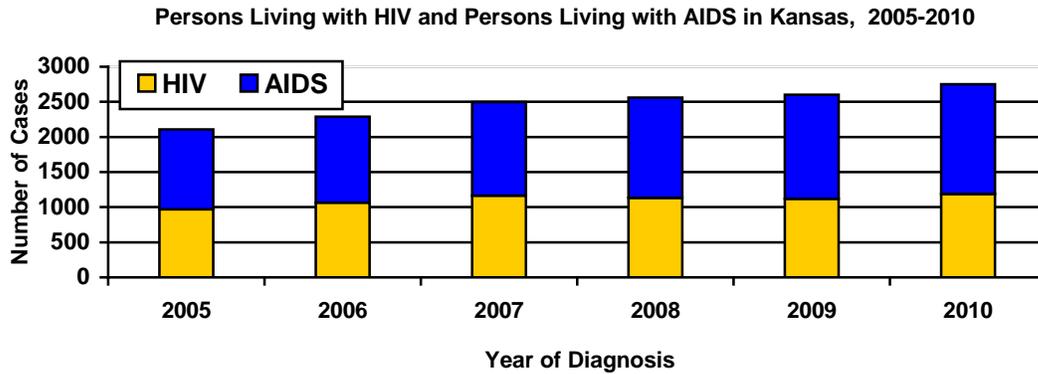
Figure 5



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

It is estimated that there are approximately 2,750 persons living with HIV/AIDS in the State of Kansas as of December 31, 2010. 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. The number of prevalent cases in Kansas has consistently increased from 2005 to 2010 (Figure 6). Assessing the true prevalence of persons living with HIV/AIDS in Kansas is a difficult task. Our jurisdiction has a large number of transient cases. There are a number of HIV/AIDS cases residing in Kansas that come from other jurisdictions as well as a large number of cases diagnosed in Kansas that have moved to other locations. This is a common occurrence as we share the bistate Kansas City metropolitan area with the State of Missouri and there is no more than a 3 hour drive to any border of several other neighboring states. There were approximately 1,561 persons living with AIDS in Kansas at the end of 2010, compared to 678 at the end of 2000 (not shown). The number of persons living with HIV (no AIDS) has also increased since 2000 from 443 to 1,189 at the end of 2010.

Figure 6

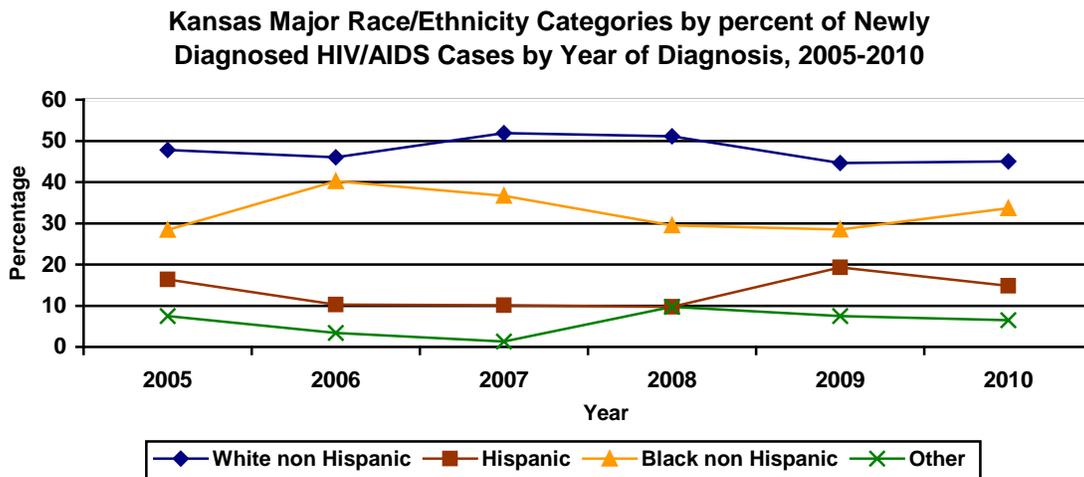


Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

The greatest number of newly diagnosed cases in 2010 of HIV/AIDS was among non-Hispanic whites (76) in the State of Kansas (Figure 7). The next racial group having the highest number of newly diagnosed cases in 2010 was non-Hispanic blacks (57) followed by Hispanics (25). Since 2007 there has been a downward trend in the percentage of newly diagnosed cases among whites and blacks in Kansas. There has however been an upward shift in the percentage of newly diagnosed cases among Hispanics since 2006.

In Kansas, the minority population continues to be disproportionately affected by HIV/AIDS. Although only 21% of the state’s population is minority, these groups represent 55% of the newly diagnosed HIV/AIDS cases in 2010 and approximately 44% of persons living with HIV/AIDS. The percentage of cases diagnosed among minorities in Kansas has steadily increased since 2000 by 67 percent (not shown).

Figure 7



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31, 2011

In 2010, the disease burden was greatest among blacks. Blacks comprised the greatest number of minority cases, with 57 of the 169 newly diagnosed cases in 2010. Although blacks make up only 6% of the population in Kansas, they have the highest rate of HIV/AIDS infection (31.1 per 100,000) compared to any other racial or ethnic group (Table 3). The 2010 rate of HIV/AIDS infection in the black population in Kansas is nine times higher than that for whites and almost four times higher than that for Hispanics. Hispanics have the second highest rate of infection (8.3 per 100,000) among all racial and ethnic groups. Hispanics currently comprise 12% of the state's population. The burden of disease for this racial/ethnic group is also disproportionate to their demographic makeup in the state. The current infection rate for whites is 3.4 per 100,000.

There were 169 newly diagnosed cases reported in Kansas in 2010, of those 86% were male and the remaining 14% female. In 2010, approximately 45% of the newly diagnosed HIV/AIDS cases were white, 34% black and 15% Hispanic. These percentages were relatively close with those of the persons living with HIV/AIDS in Kansas as of December 2010. Fifty-seven percent of the newly diagnosed cases of HIV/AIDS in 2010 were between the ages of 25 and 44 (Table 3). This is consistent with the percentage of cases living with HIV/AIDS in the state as of 2010. There was one new diagnosis reported under the age of 13. Youth between the ages of 15-24 made up 17% of the newly diagnosed cases reported in 2010, this is comparable to the 14% living with HIV/AIDS in the state. Another 20% of newly diagnosed HIV/AIDS cases were between the ages of 45 and 54. The number of newly diagnosed cases in this age group 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 (12.8 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, 2010

	HIV/AIDS CASES DIAGNOSED, 2010			PERSONS LIVING WITH HIV/AIDS, THROUGH 2010		
	N	%	Rate ¹	N	%	Rate ¹
TOTAL	169	100.0	5.9	2750	100.0	96.4
GENDER						
Male	145	85.8	10.2	2220	80.7	156.8
Female	24	14.2	1.7	530	19.3	36.9
RACE/ETHNICITY						
Hispanic	25	14.8	8.3	396	14.4	132.0
American-Indian	.	.	.	18	0.7	62.9
Asian	1	0.6	**	24	0.9	32.1
Black Non-Hispanic	57	33.7	31.1	678	24.6	370.0
White Non-Hispanic	76	45.0	3.4	1546	56.2	68.2
Multi-Race	10	5.9	*	71	2.6	**
Unknown	.	.	.	17	0.6	**
AGE GROUP (YRS.)						
<13	1	0.6	0.2	20	0.7	3.8
13-14	.	.	.	2	0.1	**
15-24	29	17.1	7.1	396	14.4	97.0
25-34	56	33.1	14.8	998	36.3	264.2
35-44	40	23.7	11.5	860	31.3	248.1
45-54	33	19.5	8.1	371	13.5	91.3
55-64	6	3.6	1.8	84	3.0	25.3
>65	4	2.4	1.1	19	0.7	**
PUBLIC HEALTH REGION						
1	30	17.8	12.8	606	22.0	259.3
2	45	26.6	7.8	591	21.5	102.4
3	8	4.7	5.1**	119	4.3	76.3
4	5	3.0	1.6**	227	8.2	73.7
5	5	3.0	2.6**	82	3.0	42.4
6	5	3.0	3.3**	87	3.2	57.4
7	5	3.0	1.7**	105	3.8	36.0
8	63	37.2	8.1	846	30.8	109.5
9	3	1.7	1.8**	87	3.2	51.4

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

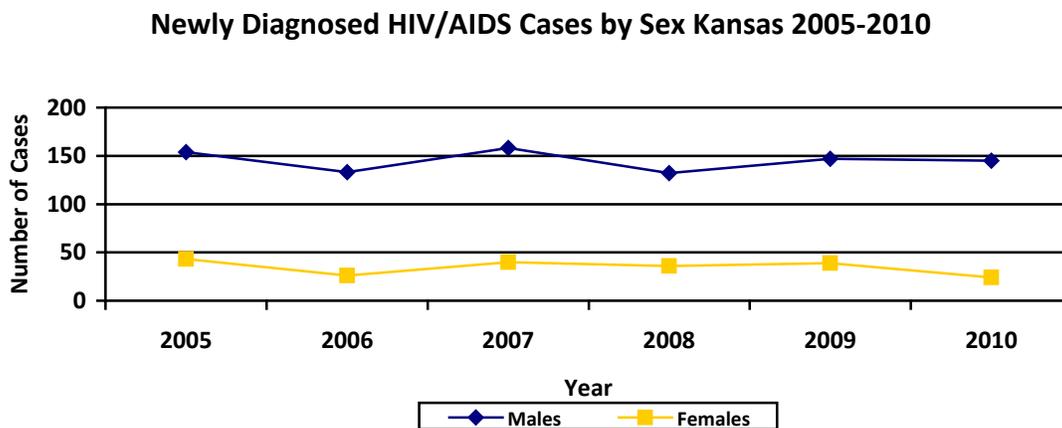
** Rate Based on very small numbers are not reliable

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

HIV/AIDS, By SEX AND RACE/ETHNICITY

In 2010, there were a total of 2,750 people in Kansas living with HIV/AIDS. As of December 31st, of the same year there were 169 newly diagnosed cases of HIV/AIDS. Of those newly diagnosed, 145 were male and 24 female (Table 4). The burden of infection has traditionally been within the male population in Kansas; as is the case nationally. The number of cases among males in Kansas has been relatively stable over the past 5 years. Since 2005 there was an average of 144 males diagnosed annually with HIV/AIDS in Kansas, compared to an average of 34 females (figure 8). The number of female cases has shown a downward trend since 2005. There was a 44% decrease in the number of new diagnoses among females from 2005 to 2010 (Figure 8).

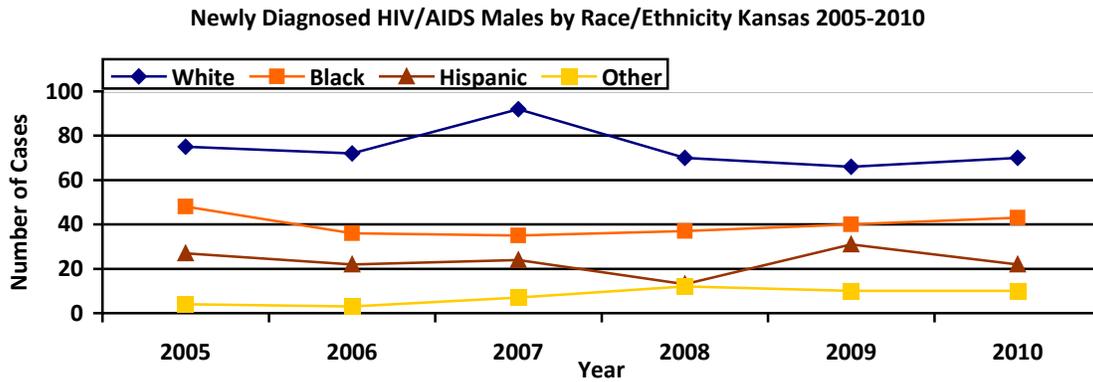
Figure 8



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31, 2011

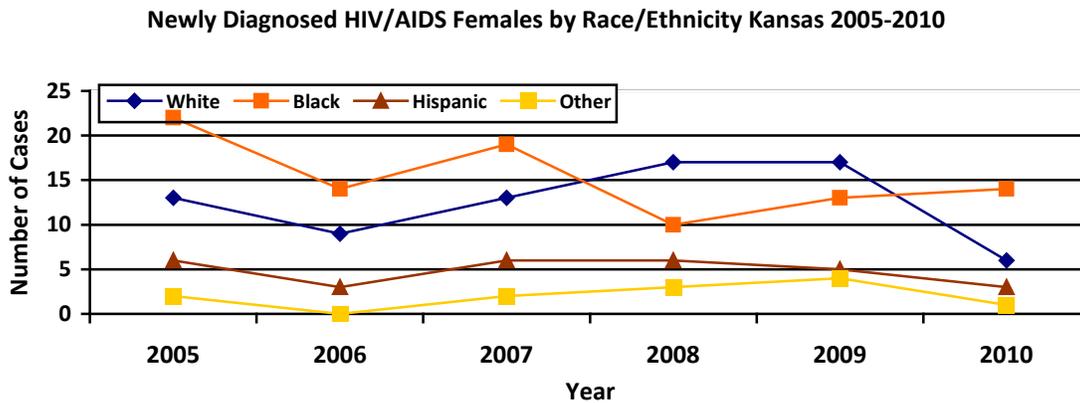
The proportion of newly diagnosed males in 2010 was roughly 86%. Of these cases 48% were white, 30% black 15% Hispanic and the remaining 7% were Asian or Multi-race (Figure 9). In assessing the raw number of newly diagnosed cases, white males have consistently had the greatest numbers, followed by blacks and Hispanics. However, assessing the burden of disease relative to the population, black males have been consistently disproportionately impacted by the condition. The rate of infection among black males (46.0 per 100,000) was 7 times higher than that of white males (6.3 per 100,000) and 3 times that of Hispanic males (14.0 per 100,000). As shown in figure 9 below, the number of newly diagnosed black males has steadily increased since 2007, while new diagnoses among white males have shown a steady decline. New diagnoses among Hispanic males have been relatively stable over the past few years.

Figure 9



Since 2005 there has been an overall downward trend in the number of newly diagnosed cases among black females, while the numbers among white females have trended upward (Figure 10). The number of cases among Hispanic women and the other category of racial/ethnic groups have remained relatively stable over the years. Of the 24 newly diagnosed female cases in 2010, 25% were white, 58% black, 13% Hispanic and the remaining 4% consisted of persons who noted their race as Asian/Pacific Islander, American Indian or Multi-race. The greatest burden of infection among females in 2010 was noted among non-Hispanic black females (15.6 per 100,000) compared to 2.1 per 100,000 among Hispanic females and 0.5 per 100,000 among non-Hispanic whites.

Figure 10



The epidemic in Kansas 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 2010, blacks accounted for 33.7% of the newly diagnosed HIV/AIDS cases in Kansas. Black women comprised 8.3% of the total number of newly diagnosed cases of HIV/AIDS in 2010, compared to 3.6 % white and 1.8 % Hispanic.

Table 4. Newly Diagnosed HIV/AIDS Cases and Rates, by Race/Ethnicity and Gender, Kansas, 2010

Race/ethnicity	Males		Females		Total		
	N	%	N	%	N	% ¹	Rate ²
White, non-Hispanic	70	41.4	6	3.6	76	44.9	3.4
Black, non-Hispanic	43	25.4	14	8.3	57	33.7	31.1
Hispanic	22	13.0	3	1.8	25	14.8	8.3
Other/unknown	10	5.9	1	0.6	11	6.5	**
Total	145	85.7	24	14.3	169	100*	

¹Calculated as the percentage of all newly diagnosed HIV disease in 2010.

²Rates calculated per 100,000

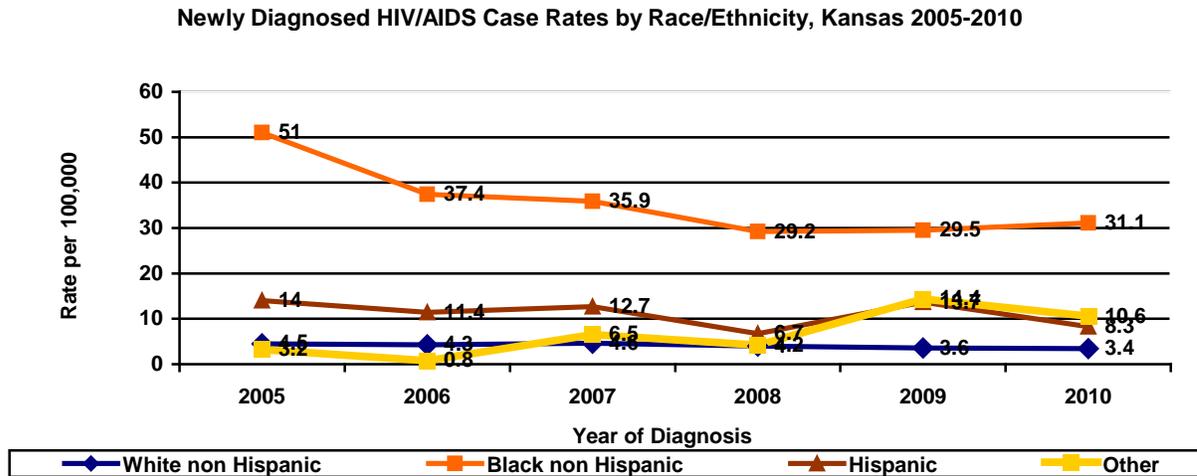
*Due to rounding percentages may not add up to 100 percent

** Rates based on small numbers are not reliable

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

From 2005 to 2008, the rate of infection among blacks has been decreasing in Kansas (Figure 11). In 2010, the rate among non-Hispanic blacks was 31.1 per 100,000. This is approximately nine times greater than the rate among the non-Hispanic white population (3.4 per 100,000) and almost four times greater than the rate among the Hispanic population (8.3 per 100,000 during the same year) (Figure 11).

Figure 11



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

HIV/AIDS, BY AGE GROUP

In 2010, persons aged 25-44 accounted for a little more than half (57%) of the 169 newly diagnosed HIV/AIDS cases. This age range is the most impacted by the condition both locally and nationally. Males between the ages of 25-44 made up 55.2% of the newly diagnosed HIV/AIDS cases in Kansas, compared to 64% in 2005. The majority of newly diagnosed women (66.6%) were also in this age range. Approximately 17.1% of the newly diagnosed HIV/AIDS cases in 2010 were between the ages of 15 and 24 (Table 5). Persons over the age of 55 made up approximately 6% of the newly diagnosed HIV/AIDS cases in 2010.

Table 5. HIV/AIDS Diagnoses by Age Group and Gender, Kansas, 2010

Age Group (yrs.)*	Males		Females		Total	
	N	% ¹	N	% ¹	N	% ¹
<13	1	0.7	.	.	1	0.6
13-14	.	.	.	.	.	.
15-24	28	19.3	1	4.2	29	17.1
25-34	48	33.1	8	33.3	56	33.1
35-44	32	22.1	8	33.3	40	23.7
45-54	28	19.3	5	20.8	33	19.5
55-64	6	4.1	.	.	6	3.6
≥65	2	1.4	2	8.3	4	2.4
Total	145	100.0	24	100.0	169	100.0

¹Calculated as the percentage of all newly diagnosed HIV/AIDS Cases in 2010

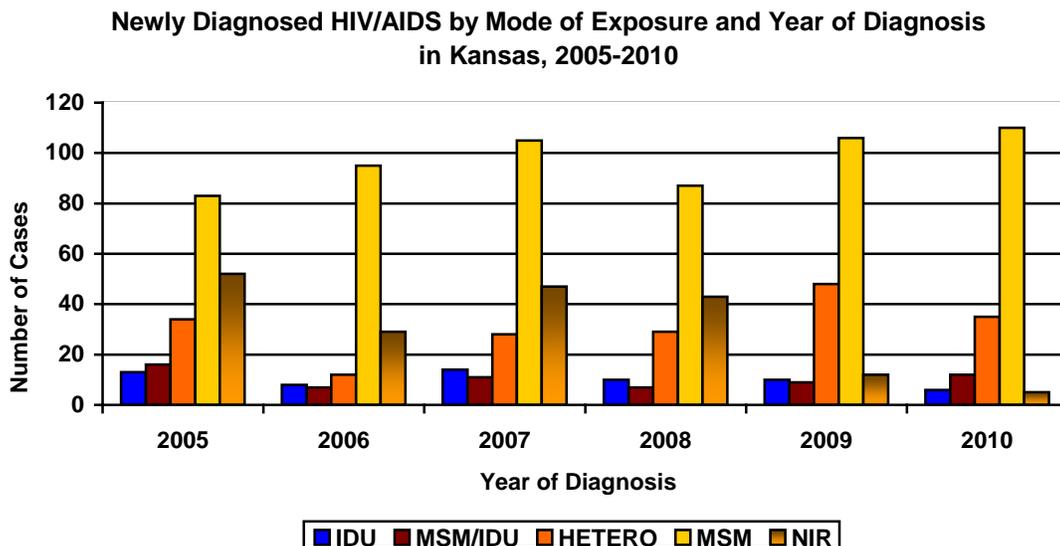
*Age at diagnosis

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

HIV/AIDS, BY MODE OF EXPOSURE

The mode of exposure looks at behaviors that put people at risk for becoming infected with HIV/AIDS. A hierarchy exists based on risk behavior that would cause one to be at greater risk for infection. The number of cases of newly diagnosed HIV/AIDS by mode of exposure and year of diagnosis are presented below. Figure 12 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 five years, there has been a steady increase in the number of cases that note MSM as their primary risk factor. In 2010, there were a total of 110 cases that attributed MSM as the primary risk factor. This was approximately 65% of the total cases for that calendar year. The second most common mode of exposure noted was heterosexual contact (21%). Assessing the data over the specified time period, shows a steady upward trend in cases reported with a heterosexual risk factor. Another 11% of the newly diagnosed cases noted injection drug use (IDU) as their primary mode of exposure; this includes MSM indicating IDU (MSM/IDU). This low percentage of IDU is consistent with historical data for Kansas. The data shows a downward trend over the past few years in the number of cases reported with a risk of IDU. 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 at a later date.

Figure 12



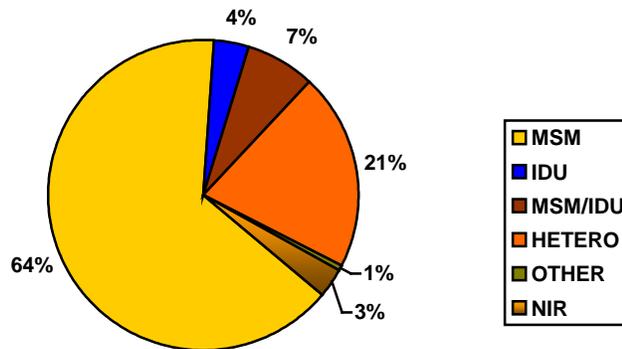
Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

In 2010, approximately three percent of the newly diagnosed HIV/AIDS cases were reported as having no identified risk factor (Figure 13). This category has shown a steady decrease since 2007. The HIV surveillance program staff has made considerable efforts to further investigate cases reported without a risk. 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 the collection of surveillance data. 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 percentage 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.

Figure 13

Proportion of Newly Diagnosed HIV/AIDS Cases by Mode of Transmission in Kansas, 2010

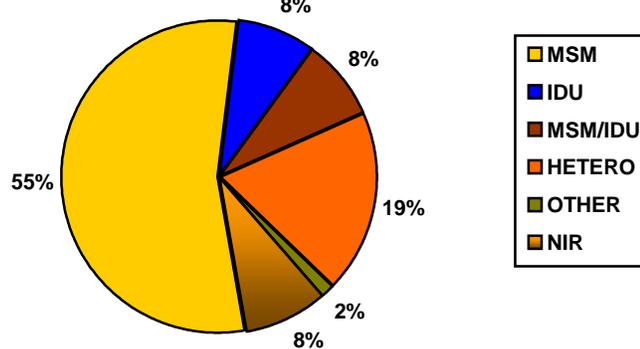


Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

The proportions by mode of exposure of newly diagnosed cases closely resemble that of prevalent cases in Kansas. For instance, approximately 21% of the newly diagnosed cases reported a risk of heterosexual contact, compared to 19% of prevalent HIV/AIDS cases indicating that same risk factor (Figure 14).

Figure 14

Proportion of Living HIV/AIDS Cases by Mode of Transmission, Kansas, 2010



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

Table 6. Proportion (%) of Living Kansas HIV/AIDS Cases by Category of Exposure and Region, 2010

Region	MSM	IDU	MSM/IDU	Het Sex	NIR	Other	Total (N)
1	53.1	8.7	6.1	18.5	12.2	1.3	(606)
2	59.4	4.7	6.4	18.8	8.8	1.9	(591)
3	62.2	5.0	9.2	16.0	4.2	3.4	(119)
4	49.8	11.9	9.3	18.9	8.8	1.3	(227)
5	45.1	12.2	8.5	26.8	6.1	1.2	(82)
6	49.4	5.7	8.0	19.5	14.9	2.3	(87)
7	50.5	20.0	9.5	10.5	7.6	1.9	(105)
8	55.6	7.4	10.9	19.4	5.4	1.3	(846)
9	48.3	13.8	4.6	20.7	11.5	1.1	(87)
Total (N)	(1505)	(225)	(227)	(517)	(233)	(43)	(2750)

*Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011
Other includes: pediatric exposures, blood transfusions/blood products*

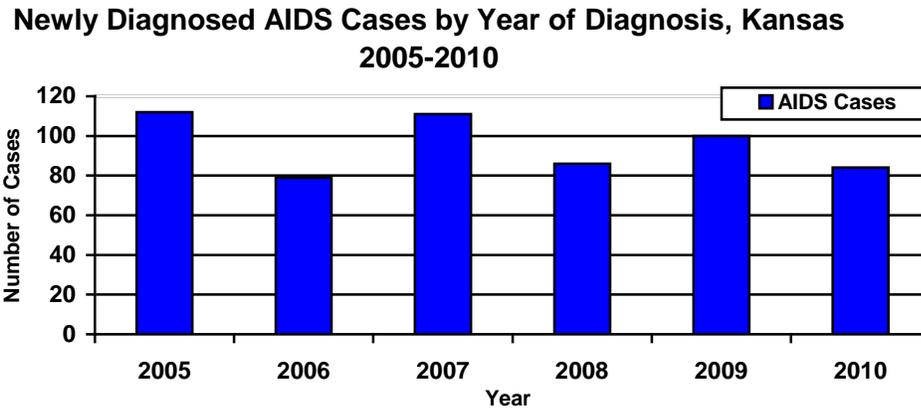
Regional comparisons of exposure categories provide a basis for targeted prevention intervention development in various areas across the state. This data provides several key planning variables such as geographic location and raw case numbers, which provide insight to the type and amount of resources needed in that particular area. Analysis of the above 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 greatest proportions of cases reporting MSM as a risk factor were located in Regions 1, 2, 3 and 8; with Region 3 having the greatest percentage among the four. Region 7 had the largest proportion of cases reporting injection drug use (IDU) as a risk factor in the state, followed by Regions 9 and 5. Region 5 had the greatest percentage of cases noting heterosexual contact as their primary risk factor followed by Region 9 in 2010 (Table 6).

AIDS TRENDS AND HIV/AIDS MORTALITY

AIDS Trends

Since 2005, there has been a downward trend in the number of newly diagnosed cases of AIDS in Kansas (Figure 15). The number of newly diagnosed AIDS cases has decreased from 112 in 2005 to 84 in 2010 (Figure 15). This is approximately a 25% decrease in the number of newly diagnosed AIDS cases.

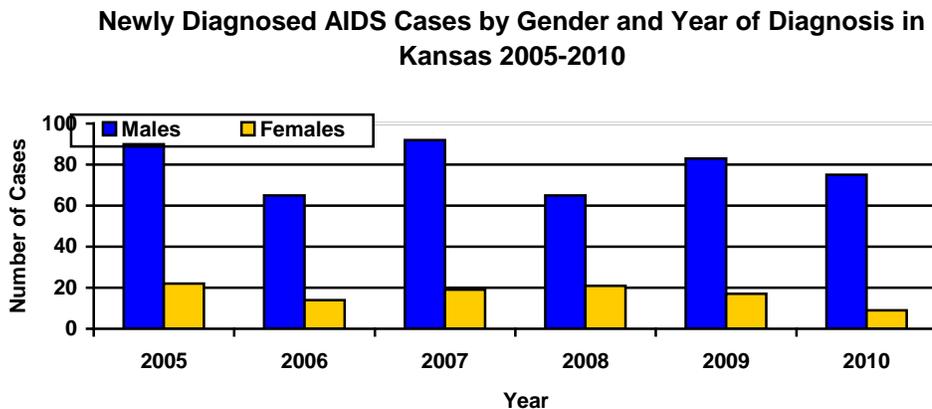
Figure 15



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

Males continue to be the primary gender group most impacted by AIDS in the State of Kansas as well as nationally. In 2010, there were a total of 75 newly diagnosed AIDS cases among males in Kansas. This is a 16% decrease compared to 2005. Since 2005 there has been a downward trend in the number of newly diagnosed female AIDS cases in Kansas. In 2010, there were 9 newly diagnosed AIDS cases among females in Kansas (Figure 16). This is a 59% decrease from the 2005 total of newly diagnosed cases.

Figure 16

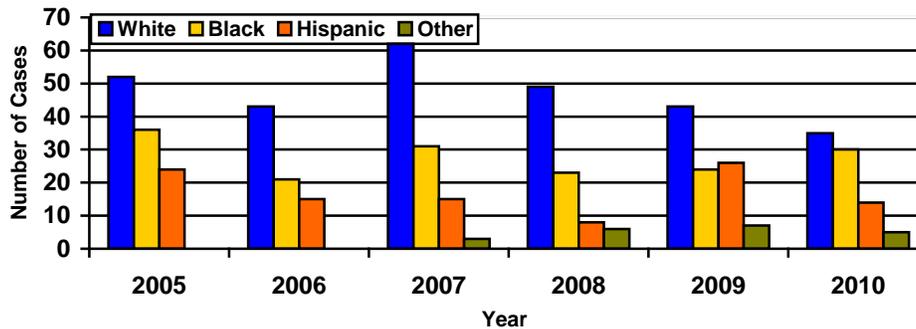


Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

In Kansas the face of HIV/AIDS is rapidly 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 2010 was 58% compared to 53% in 2005. This shift towards minorities is also being seen nationally. The rate of infection among non-Hispanic blacks is particularly higher than that for any other minority group in the State of Kansas. However, the overall number of newly diagnosed AIDS cases for non-Hispanic blacks, non-Hispanic whites and Hispanics has shown a downward trend since 2005 (Figure 17). This is evident by the 19.1% decline in AIDS cases among whites between the period 2005-2007 and 2008-2010 and the 12.5% decline among blacks followed by the 11.1% percent decrease among Hispanics. The number of AIDS cases among the Other (Asian, Native American and Multi-race) groups has increased by 500% over the same time period. The majority of the cases are among persons having noted a racial identity of Multi-race.

Figure 17

Newly Diagnosed AIDS Cases by Race/Ethnicity and Year of Diagnosis, Kansas, 2005-2010



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

When comparing newly diagnosed AIDS cases to prevalent cases at the end of 2010, it was found that men made up the majority of the cases (Table 7). The percentages among newly diagnosed cases by gender very closely resembled those for prevalent cases in the state. This was also the case when analyzing cases by race/ethnicity. The percentage of prevalent minority cases was 41.8%, which is a bit lower than the 58.3% seen in the incidence cases for 2010. This could be an indicator of care disparities or severity of disease progression at the time of AIDS diagnosis. Among the newly diagnosed AIDS cases, the most impacted age groups were those between the ages of 35-44 and 45-54; while the most impacted age groups among the prevalent cases were those between the ages of 25-34 and 35-44.

When comparing the regional data for AIDS cases at the end of 2010, 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 44% of the newly diagnosed AIDS cases and 44% of the prevalent AIDS cases; while the Wichita metro contained 33% of the newly diagnosed

and 31% of the current prevalent AIDS cases in Kansas. Although Region 1 had a smaller population compared to Region 8, it had the highest rate (151.4 per 100,000) of AIDS prevalence in the State of Kansas in 2010. Region 8 had the second highest prevalence rate in the state, 62.8 per 100,000.

Table 7. Characteristics of Persons with AIDS, Kansas, 2010

	Persons Newly Diagnosed, 2010		Persons Living with AIDS through 2010	
	N	%	N	%
Gender				
Male	75	89.3	1298	83.1
Female	9	10.7	263	16.9
Race/Ethnicity				
White, non-Hispanic	35	41.7	909	58.2
Black, non-Hispanic	30	35.7	360	23.1
Hispanic	14	16.7	235	15.1
Other/Unknown	5	5.9	57	3.6
Age Groups (yrs.)*				
<13	.	.	7	0.4
13-14	.	.	2	0.1
15-24	9	10.7	126	8.1
25-34	20	23.8	546	35.0
35-44	23	27.4	565	36.2
45-54	24	28.6	246	15.8
55-64	6	7.1	55	3.5
≥65	2	2.4	14	0.9
Public Health Regions				
1	16	19.0	354	22.7
2	21	25.0	334	21.4
3	4	4.8	67	4.3
4	3	3.5	126	8.1
5	4	4.8	45	2.9
6	2	2.4	39	2.5
7	4	4.8	64	4.1
8	28	33.3	485	31.0
9	2	2.4	47	3.0
Total	84	100.0	1561	100.0

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

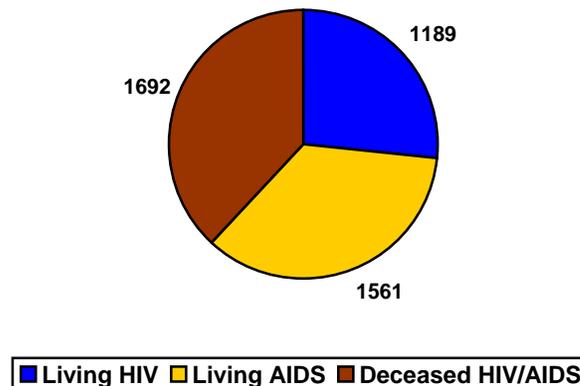
*Age at diagnosis

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 the 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 [2]. 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 18

Cumulative Reported HIV/AIDS Cases (Living and Deceased) by Current Status, Kansas, 2010



Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

The number of deaths due to HIV/AIDS in Kansas continues to decrease. According to the Kansas HIV/AIDS surveillance system data, there have been approximately 1,692 deaths attributed to HIV/AIDS reported in Kansas as of December 31, 2010 (Figure 18). The majority of the persons with AIDS who have died were men (90%); which is consistent with the fact that roughly 83% of persons living with AIDS in Kansas were men (Table 8). The greatest percentage of deaths occurred among cases reported with a risk of MSM (63.7%). Approximately 73.8% of the deceased cases were white, 16.4% black and 6.1% Hispanic. Region 8 had the greatest percentage of AIDS related deaths (33.7%) compared to any other region in the state. Region 8 also has the greatest percentage of persons living with AIDS (31.0%) as of December 31, 2010 (Table 8). The number of person living with AIDS continues to increase across all demographic

groups in the state. In 2010, the AIDS prevalence rate was 54.7 per 100,000 compared to 41.7 per 100,000 in 2005.

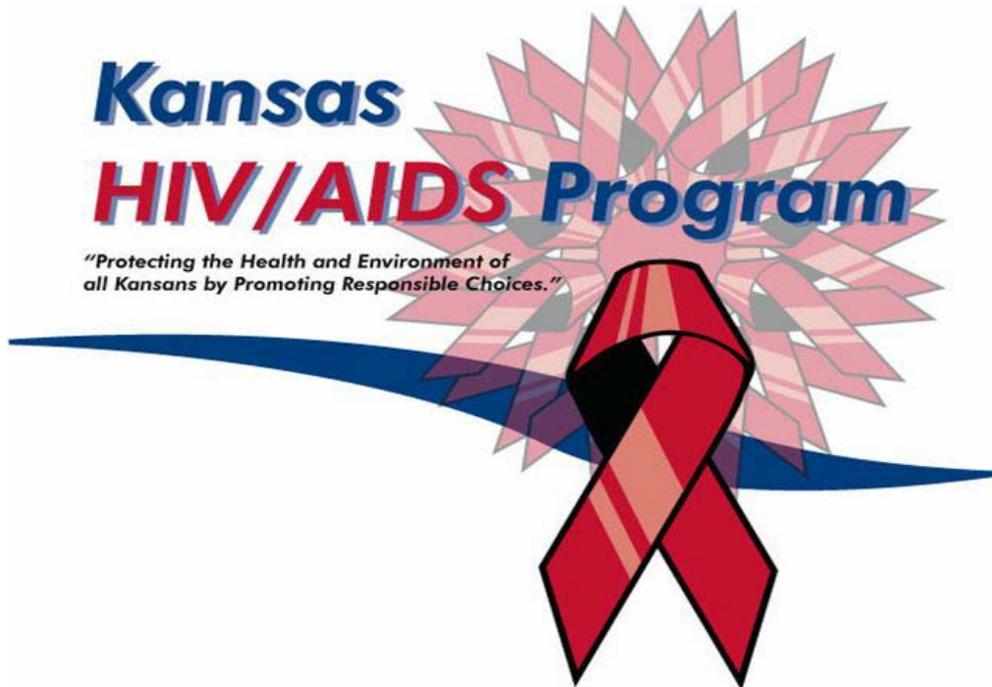
Table 8. Characteristics of Persons with AIDS Who Died and Persons Living with AIDS, Kansas

	Deaths among persons with HIV/AIDS, through 2010		Persons Living with AIDS through 2010	
	N	%	N	%
Male	1526	90.2	1298	83.1
Female	166	9.8	263	16.9
Race/Ethnicity				
White, non-Hispanic	1249	73.8	909	58.2
Black, non-Hispanic	278	16.4	360	23.1
Hispanic	104	6.1	235	15.1
Other/Unknown	61	3.6	57	3.6
Age Groups (yrs.)*				
<13	8	0.5	7	0.4
13-14	2	0.1	2	0.1
15-24	73	4.3	126	8.1
25-34	663	39.2	546	35.0
35-44	587	34.7	565	36.2
45-54	222	13.1	246	15.8
55-64	97	5.7	55	3.5
≥65	40	2.4	14	0.9
Exposure Risk				
MSM	1077	63.7	870	55.7
IDU	178	10.5	124	7.9
MSM/IDU	150	8.9	159	10.2
Heterosexual Contact	138	8.2	295	19.0
Transfusion/Transplant	63	3.7	13	0.8
NIR	75	4.4	86	5.5
All Pediatric Risks	11	0.6	14	0.9
Public Health Regions				
1	302	17.8	354	22.7
2	289	17.1	334	21.4
3	62	3.7	67	4.3
4	189	11.2	126	8.1
5	94	5.6	45	2.9
6	62	3.7	39	2.5
7	70	4.1	64	4.1
8	571	33.7	485	31.0
9	53	3.1	47	3.0
Total	1692	100.0	1561	100.0

Data Source: Kansas HIV AIDS Reporting System, as of December 31, 2011

Kansas HIV/AIDS Program

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

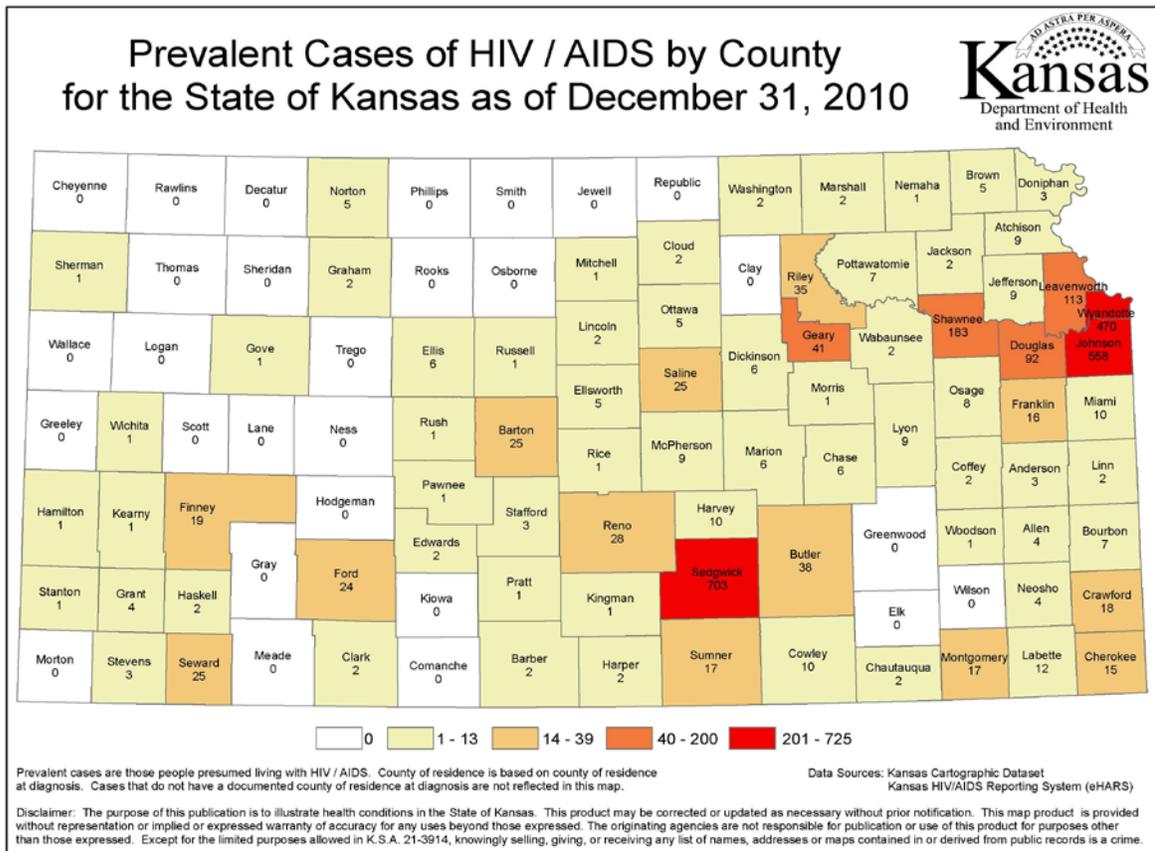


*The HIV/AIDS Program works to promote public health and enhance the quality of life
for Kansas residents by the prevention, intervention, and treatment of HIV and AIDS.*

REGIONAL PROFILES

The following pages present each HIV case management planning region in some detail from 2005-2010. 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 have the potential 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 19



REGION 1

Counties in Region 1:	Leavenworth Wyandotte
2010 Estimated Population of Region 1	233,732
Prevalent HIV/AIDS Presumed Living in Region 1	606

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 Transitional Grant Area (TGA). The TGA consists of both Regions 1 and 2 along with seven counties in Missouri which make up the Kansas City metropolitan area. This is geographically the smallest region in the state. Non-Hispanic whites make up 56.4% of the region's population, non-Hispanic blacks 20.7%, Hispanics 19.7%, Asian or Pacific Islanders 2.4% 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 2005-2010

In Region 1, there were 93 newly diagnosed HIV cases between 2005 and 2010. The majority of the cases were males (82.8%). The infection rate for this region during this time was 6.7 per 100,000 per year. This was the highest rate in the state. During this time period, blacks made up the majority of the newly diagnosed HIV cases with 51.6%, followed by whites (25.8%), Hispanics (19.4%), Asians (1.1%) and Multi-race (1.1%). Approximately 37.6% of the newly diagnosed cases between 2005 and 2010 were between the ages of 25 and 34 years old. This region also had a large percentage of cases reported among youth (21.5%). Analyzing cases by mode of transmission showed male to male sexual contact as the primary risk factor with 64.5%. 18.3% of the cases reported during this time frame noted heterosexual contact as their primary risk, along with 1.3% that reported injection drug use. The remaining 14% of the cases had no identified risk factor at the time of reporting.

Table 9. HIV/AIDS Incidence and Prevalence Region 1, by Diagnosis Date as of December 2010

REGION 1	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	77	82.8	108	85.7	201	79.8	303	85.6
Female	16	17.2	18	14.3	51	20.2	51	14.4
Age								
<13 yrs	.	.	.	.	2	0.8	1	0.3
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	20	21.5	16	12.7	53	21.0	32	9.0
25 to 34 Yrs	35	37.6	41	32.5	106	42.1	137	38.7
35 to 44 Yrs	24	25.8	40	31.7	63	25.0	121	34.2
45 to 54 Yrs	11	11.8	23	18.3	21	8.3	50	14.1
55 to 64 Yrs	3	3.2	5	4.0	6	2.4	10	2.8
65 Yrs or older	.	.	1	0.8	1	0.4	3	0.8
Race								
Hispanic	18	19.4	32	25.4	44	17.4	72	20.3
American Indian/Alaska Native	.	.	.	.	.	.	1	0.3
Asian	1	1.1	2	1.6	1	0.4	2	0.6
Non Hispanic Black	48	51.6	57	45.2	99	39.3	130	36.7
Non Hispanic White	24	25.8	32	25.4	97	38.5	143	40.4
Multi Race	1	1.1	3	2.4	9	3.6	6	1.7
Unknown	1	1.1	.	.	2	0.8	.	.
Exposure Category								
Men who have sex w/ men (MSM)	60	64.5	67	53.2	135	53.6	187	52.8
Injection Drug Use (IDU)	2	2.2	8	6.3	16	6.3	37	10.5
MSM & IDU	1	1.1	6	4.8	9	3.6	28	7.9
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	4	1.1
Heterosexual Contact	17	18.3	31	24.6	41	16.3	71	20.0
No Risk Reported	13	14.0	14	11.1	49	19.4	25	7.1
Pediatric (All Risks Combined)	.	.	.	.	2	0.8	2	0.6
TOTAL	93	100.0	126	100.0	252	100.0	354	100.0

*Due to rounding, percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

REGION 2

Counties in Region 2:	Johnson Miami
2010 Estimated Population of Region 2	576,966
Prevalent HIV/AIDS Presumed Living in Region 2	591

Regional Information

Region 2, which makes up part of the Kansas City (Transitional Grant Area) TGA, 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 83.8% of the population, non-Hispanic blacks 4.5%, Hispanics 7.0%, Asians 4.3%, and less than one percent of the population is Native American.

Newly Diagnosed HIV 2005-2010

Between 2005 and 2010, Region 2 had a total of 120 newly diagnosed HIV cases. The HIV infection rate for Region 2 was 3.6 per 100,000 per year. Males (81.7%) made up the majority of newly diagnosed HIV cases in this region. Whites made up the largest percentage of newly diagnosed HIV cases in this region during this time with 50.0%, followed by blacks (27.5%), Hispanics (12.5%) and Asians (5.0%). The majority of the cases reported in this region were between the ages of 25-34 (35%), followed by the 35-44 age group (23.3%) and youth 15-24 (15.8%). Analyzing cases by mode of transmission revealed the majority of cases noted a risk of male to male sexual contact (60.8%), followed by cases noting heterosexual contact (20.0%), injection drug use (2.5%) and MSM/IDU (2.5%). The remaining 11.7% had no identified risk factor reported.

Table 10. HIV/AIDS Incidence and Prevalence Region 2, by Diagnosis Date as of December 2010

REGION 2	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	98	81.7	118	76.6	210	81.7	277	82.9
Female	22	18.3	36	23.4	47	18.3	57	17.1
Age								
<13 yrs	3	2.5	1	0.6	4	1.5	2	0.6
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	19	15.8	13	8.4	50	19.5	27	8.1
25 to 34 Yrs	42	35.0	42	27.3	104	40.5	118	35.3
35 to 44 Yrs	28	23.3	46	29.9	58	22.6	114	34.1
45 to 54 Yrs	22	18.3	33	21.4	32	12.4	51	15.3
55 to 64 Yrs	6	5.0	15	9.7	9	3.5	19	5.7
65 Yrs or older	.	.	4	2.6	.	.	3	0.9
Race								
Hispanic	15	12.5	18	11.7	25	9.7	31	9.3
American Indian/Alaska Native	.	.	1	0.6	.	.	2	0.6
Asian	6	5.0	.	.	8	3.1	3	0.9
Non Hispanic Black	33	27.5	39	25.3	52	20.2	68	20.3
Non Hispanic White	60	50.0	87	56.5	161	62.6	219	65.6
Multi Race	4	3.3	9	5.8	7	2.7	11	3.3
Unknown	2	1.7	.	.	4	1.6	.	.
Exposure Category								
Men who have sex w/ men (MSM)	73	60.8	89	58.0	149	58.0	202	60.5
Injection Drug Use (IDU)	3	2.5	7	4.5	13	5.0	15	4.5
MSM & IDU	3	2.5	7	4.5	15	5.8	23	6.9
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	1	.04	4	1.2
Heterosexual Contact	24	20.0	37	24.0	46	17.9	65	19.4
No Risk Reported	14	11.7	13	8.4	29	11.3	23	6.9
Pediatric (All Risks Combined)	3	2.5	1	0.6	4	1.6	2	0.6
TOTAL	120	100.0	154	100.0	257	100.0	334	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

REGION 3

Counties in Region 3:	Douglas Jefferson Franklin
2010 Estimated Population of Region 3	155,944
Prevalent HIV/AIDS Presumed Living in Region 3	119

Regional Information

Region 3 is also 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 86.6% of the population, non-Hispanic Blacks 3.8%, Hispanics 4.4%, Asians 3.0%, and 2.2% of the population is Native American. Region 3 has the second largest percentage of Native American residents in the state.

Newly Diagnosed HIV 2005-2010

Between 2005 and 2010, there were a total of 25 newly diagnosed HIV cases in Region 3. The average rate of infection for this region during this time frame was 2.6 per 100,000 per year. Due to the small number of cases in this region, all data analyses should be interpreted with caution. 92% of the newly diagnosed cases were male. Approximately 68% were white, 8% were Hispanic, Native American and Asian respectively, and 4% black and Multi-race respectively. The largest percentages of newly diagnosed cases were between the ages of 15-24 and 35-44. Analysis of cases by mode of transmission revealed 84% of the cases reported male to male sexual contact (this includes cases noting MSM with injection drug use) as their primary risk factor followed by 12% heterosexual and the remaining 4% noted IDU.

Table 11. HIV/AIDS Incidence and Prevalence Region 3, by Diagnosis Date as of December 2010

REGION 3	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	23	92.0	18	78.3	46	88.5	54	80.6
Female	2	8.0	5	21.7	6	11.5	13	19.4
Age								
<13 yrs	.	.	.	.	.	.	2	3.0
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	8	32.0	4	17.4	14	26.9	11	16.4
25 to 34 Yrs	6	24.0	2	8.7	18	34.6	18	26.9
35 to 44 Yrs	8	32.0	9	39.1	15	28.8	18	26.9
45 to 54 Yrs	3	12.0	6	26.1	5	9.6	16	23.8
55 to 64 Yrs	.	.	1	4.3	.	.	2	3.0
65 Yrs or older	.	.	1	4.3	.	.	.	.
Race								
Hispanic	2	8.0	6	26.1	4	7.7	8	11.9
American Indian/Alaska Native	2	8.0	1	4.3	3	5.8	3	4.5
Asian	2	8.0	.	.	2	3.8	.	.
Non Hispanic Black	1	4.0	1	4.3	7	13.5	8	11.9
Non Hispanic White	17	68.0	15	65.2	34	65.4	47	70.1
Multi Race	1	4.0	.	.	2	3.8	.	.
Unknown	.	.	.	.	.	.	1	1.5
Exposure Category								
Men who have sex w/ men (MSM)	20	80.0	10	43.5	37	71.1	37	55.2
Injection Drug Use (IDU)	1	4.0	1	4.3	2	3.8	4	6.0
MSM & IDU	1	4.0	2	8.7	3	5.8	8	11.9
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	3	12.0	6	26.1	7	13.5	12	17.9
No Risk Reported	.	.	3	13.0	3	5.8	2	3.0
Pediatric (All Risks Combined)	.	.	1	4.3	.	.	4	6.0
TOTAL	25	100.0	23	100.0	52	100.0	67	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

REGION 4

Counties in Region 4:	Atchison	Jackson	Osage
	Brown	Lyon	Shawnee
	Coffey	Morris	Wabaunsee
	Doniphan	Nemaha	
2010 Estimated Population of Region 4	307,989		
Prevalent HIV/AIDS Presumed Living in Region 4	227		

Regional Information

Region 4 is located in the northeast section of Kansas and includes eleven counties as well as the capital city, Topeka. Non-Hispanic whites account for 81.6% of the population, non-Hispanic blacks 6.4%, Hispanics 9.2%, Asians 1.2%, and 1.6% of the population is Native American.

Newly Diagnosed HIV 2005-2010

Region 4 had a total of 36 newly diagnosed HIV cases between 2005 and 2010. The rate of infection for Region 4 during this period was 2.0 per 100,000 per year. Of the 36 newly reported HIV cases, 50% were white, 41.7% were black, 5.6% Native American and 2.8% Hispanic. The major age groups impacted during this time frame was the 35-44 age group (31%), followed by the 25-34 age group (22%), followed by youth ages 15-24 (19%). There were also cases in the 45-54 age group (17%) and the 55-64 age group (11%). Analysis of the mode of transmission showed that 72.2% of the cases reported male to male sexual contact as their primary risk factor, followed by 13.9% noting heterosexual contact as their primary risk factor. There were another 6% of cases that noted injection drug use as their main risk factor; the remaining 8% had no risk factor information reported. All data analyses should be interpreted with caution as the number of cases reported for this region during this time frame are small.

Table 12. HIV/AIDS Incidence and Prevalence Region 4, by Diagnosis Date as of December 2010

REGION 4	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	29	80.6	36	78.3	74	73.3	103	81.7
Female	7	19.4	10	21.7	27	26.7	23	18.3
Age								
<13 yrs	.	.	.	.	1	1.0	.	.
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	7	19.4	2	4.3	20	19.8	7	5.6
25 to 34 Yrs	8	22.2	9	19.6	34	33.7	38	30.1
35 to 44 Yrs	11	30.6	21	45.6	33	32.7	57	45.2
45 to 54 Yrs	6	16.7	11	23.9	10	9.9	21	16.7
55 to 64 Yrs	4	11.1	1	2.2	3	2.9	1	0.8
65 Yrs or older	.	.	2	4.3	.	.	2	1.6
Race								
Hispanic	1	2.8	8	17.4	5	4.9	13	10.3
American Indian/Alaska Native	2	5.6	.	.	2	2.0	2	1.6
Asian	.	.	.	.	1	1.0	.	.
Non Hispanic Black	15	41.7	9	19.6	29	28.7	29	23.0
Non Hispanic White	18	50.0	27	58.7	63	62.4	81	64.3
Multi Race	.	.	2	4.3	.	.	1	0.8
Unknown	.	.	.	.	1	1.0	.	.
Exposure Category								
Men who have sex w/ men (MSM)	21	58.3	23	50.0	44	43.6	69	54.8
Injection Drug Use (IDU)	2	5.6	6	13.0	15	14.8	12	9.5
MSM & IDU	5	13.9	5	10.9	8	7.9	13	10.3
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	2	1.6
Heterosexual Contact	5	13.9	10	21.7	18	17.8	25	19.8
No Risk Reported	3	8.3	2	4.3	15	14.8	5	4.0
Pediatric (All Risks Combined)	.	.	.	.	1	1.0	.	.
TOTAL	36	100.0	46	100.0	101	100.0	126	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

REGION 5

Counties in Region 5:	Allen	Crawford	Neosho
	Anderson	Labette	Wilson
	Bourbon	Linn	Woodson
	Cherokee	Montgomery	
2010 Estimated Population of Region 5	193,347		
Prevalent HIV/AIDS Presumed Living in Region 5	82		

Regional Information

Region 5 is located in the southeastern section of Kansas and includes eleven counties. This region borders both Oklahoma and Missouri. Non-Hispanic whites account for 90.4% of the population, non-Hispanic blacks 3.1%, Hispanics 3.6%, Native Americans 2.2%, and less than one percent of the population in this area is Asian.

Newly Diagnosed HIV 2005-2010

There were 20 newly diagnosed HIV cases between 2005 and 2010 in Region 5. Due to the small number of newly diagnosed cases in Region 5 all analysis should be interpreted with caution. The average rate of infection was 1.7 per 100,000 per year in this region over the six year period. Region 5 was the only region having the majority of its newly diagnosed HIV cases being female. Approximately sixty-five percent of the cases were female and the remaining 35% were male. The racial breakdown was 55% white, 20% Hispanic, 15% black and 10% Multi-race. Thirty-five percent of the newly diagnosed HIV cases were in the 25-34 age group, followed by the 15-24 age group (35%). The remaining 30% consisted of the 35-44 age group (15%) and the 55-64 age group (15%). Analysis of the mode of transmission revealed heterosexual contact (40%) as the most noted risk factor reported, followed by MSM (25%) and IDU (25%). The remaining 10% of the cases had no identified risk factor reported.

Table 13. HIV/AIDS Incidence and Prevalence Region 5, by Diagnosis Date as of December 2010

REGION 5	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	7	35.0	21	84.0	22	59.5	34	75.6
Female	13	65.0	4	16.0	15	40.5	11	24.4
Age								
<13 yrs	.	.	.	.	.	.	.	.
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	7	35.0	1	4.0	8	21.6	2	4.4
25 to 34 Yrs	7	35.0	8	32.0	15	40.5	20	44.4
35 to 44 Yrs	3	15.0	8	32.0	9	24.3	14	31.1
45 to 54 Yrs	3	15.0	7	28.0	4	10.8	7	15.6
55 to 64 Yrs	.	.	1	4.0	1	2.7	2	4.4
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	4	20.0	4	16.0	4	10.8	3	6.7
American Indian/Alaska Native	.	.	.	.	.	.	1	2.2
Asian	.	.	.	.	.	.	.	.
Non Hispanic Black	3	15.0	4	16.0	3	8.1	3	6.7
Non Hispanic White	11	55.0	15	60.0	27	73.0	35	77.7
Multi Race	2	10.0	2	8.0	2	5.4	3	6.7
Unknown	.	.	.	.	1	2.7	.	.
Exposure Category								
Men who have sex w/ men (MSM)	5	25.0	15	60.0	13	35.1	24	53.3
Injection Drug Use (IDU)	5	25.0	2	8.0	7	18.9	3	6.7
MSM & IDU	.	.	2	8.0	1	2.7	6	13.3
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	8	40.0	6	24.0	12	32.4	10	22.2
No Risk Reported	2	10.0	.	.	4	10.8	1	2.2
Pediatric (All Risks Combined)	.	.	.	.	.	.	1	2.2
TOTAL	20	100.0	25	100.0	37	100.0	45	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

REGION 6

Counties in Region 6:	Clay Geary Marshall	Pottawatomie Riley Washington
2010 Estimated Population of Region 6	151,532	
Prevalent HIV/AIDS Presumed Living in Region 6	87	

Regional Information

Region 6 is located in the north central portion of Kansas. Six counties make up Region 6. This area 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 81.0% of the population, non-Hispanic blacks 8.1%, Hispanics 6.8%, Asians 3.4%, and less than one percent of the population is Native American.

Newly Diagnosed HIV 2005-2010

Region 6 had a total of 19 newly diagnosed HIV cases between 2005 and 2010. The average rate of infection was 2.2 per 100,000 per year. Eighty-nine percent of the newly diagnosed cases were male and the remaining 11% were female. The demographic make up of the cases was 52.6% black and 42.1% white; the remaining 5.3% did not report a race. Thirty-seven percent of the newly diagnosed HIV cases were between the ages of 15 and 24. The second greatest percentage was among the 25-34 age group (32%) and the remaining 31.5% were among the 35-44, 45-54 and 55-64 age groups each making up 10.5%. Stratifying cases by mode of transmission revealed 74% of the cases noted male to male sexual contact (this includes cases noting MSM and injection drug use) as their primary risk factor followed by IDU (5.3%) and heterosexual (5.3%) risk and the remaining 16% had no identified risk factor reported. Due to the small number of newly diagnosed cases, all analyses should be interpreted with caution.

Table 14. HIV/AIDS Incidence and Prevalence Region 6, by Diagnosis Date as of December 2010

REGION 6	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	17	89.5	12	92.3	35	72.9	30	76.9
Female	2	10.5	1	7.7	13	27.1	9	23.1
Age								
<13 yrs	.	.	.	.	1	2.1	1	2.6
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	7	36.8	3	23.0	13	27.1	5	12.8
25 to 34 Yrs	6	31.6	4	30.8	17	35.4	10	25.6
35 to 44 Yrs	2	10.5	4	30.8	10	20.8	17	43.6
45 to 54 Yrs	2	10.5	2	15.4	4	8.3	6	15.4
55 to 64 Yrs	2	10.5	.	.	3	6.3	.	.
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	.	.	2	15.4	2	4.2	4	10.3
American Indian/Alaska Native	.	.	.	.	.	.	.	.
Asian	.	.	1	7.7	.	.	1	2.6
Non Hispanic Black	10	52.6	5	38.5	23	47.9	12	30.7
Non Hispanic White	8	42.1	5	38.5	21	43.7	22	56.4
Multi Race	.	.	.	.	.	.	.	.
Unknown	1	5.3	.	.	2	4.2	.	.
Exposure Category								
Men who have sex w/ men (MSM)	13	68.4	9	69.2	23	47.9	20	51.3
Injection Drug Use (IDU)	1	5.3	.	.	3	6.3	2	5.1
MSM & IDU	1	5.3	2	15.4	.	.	7	17.9
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	1	5.3	1	7.7	10	20.8	7	17.9
No Risk Reported	3	15.7	1	7.7	11	22.9	2	5.1
Pediatric (All Risks Combined)	.	.	.	.	1	2.1	1	2.6
TOTAL	19	100.0	13	100.0	48	100.0	39	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

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		
2010 Estimated Population of Region 7	291,582		
Prevalent HIV/AIDS Presumed Living in Region 7	105		

Regional Information

Region 7 consists of 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 land area. Non-Hispanic whites account for 91.1% of the population (this region contains the largest percentages of whites in the state), non-Hispanic blacks 1.8%, Hispanics 5.8%, and less than one percent of the population is Asian or Native American.

Newly Diagnosed HIV 2005-2010

There were 16 newly diagnosed HIV cases in Region 7 between 2005 and 2010. 87.5% were male and the remaining 12.5% were female. The average rate of infection in Region 7 is 1.0 per 100,000 per year. 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 during this time frame was among whites (43.7%) and blacks (43.7%) followed by Hispanics (6.3%) and no reported race (6.3%). The majority of the newly diagnosed HIV cases were among persons age 15-24 (38%), followed by the 25-34 age group (25%). The remaining 37.5% was equally distributed among the following age groups 35-44 (12.5%), 45-54 (12.5%), and 55-64 (12.5%). Analysis of mode of transmission showed 68.8% of the newly diagnosed HIV cases noted MSM as their primary risk factor, followed by heterosexual contact (12.5%). Approximately 18.7% of the cases had no identified risk factor reported at the time of diagnosis.

Table 15. HIV/AIDS Incidence and Prevalence Region 7, by Diagnosis Date as of December 2010

REGION 7	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	14	87.5	25	83.3	30	73.2	51	79.7
Female	2	12.5	5	16.7	11	26.8	13	20.3
Age								
<13 yrs	.	.	.	.	1	2.4	1	1.5
13 to 14 Yrs	.	.	.	.	.	.	.	.
15 to 24 Yrs	6	37.5	1	3.3	9	22.0	4	6.3
25 to 34 Yrs	4	25.0	5	16.7	12	29.3	17	26.6
35 to 44 Yrs	2	12.5	12	40.0	10	24.4	28	43.7
45 to 54 Yrs	2	12.5	10	33.3	6	14.6	11	17.2
55 to 64 Yrs	2	12.5	2	6.7	3	7.3	3	4.7
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	1	6.3	3	10.0	5	12.2	9	14.1
American Indian/Alaska Native	.	.	.	.	.	.	.	.
Asian	.	.	.	.	.	.	1	1.6
Non Hispanic Black	7	43.7	6	20.0	13	31.7	10	15.6
Non Hispanic White	7	43.7	20	66.7	21	51.2	42	65.6
Multi Race	.	.	.	.	.	.	1	1.6
Unknown	1	6.3	1	3.3	2	4.9	1	1.5
Exposure Category								
Men who have sex w/ men (MSM)	11	68.8	13	43.3	19	46.3	34	53.1
Injection Drug Use (IDU)	.	.	4	13.3	9	22.0	12	18.8
MSM & IDU	.	.	5	16.7	2	4.9	8	12.5
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	2	12.5	6	20.0	5	12.2	6	9.4
No Risk Reported	3	18.7	2	6.7	5	12.2	3	4.7
Pediatric (All Risks Combined)	.	.	.	.	1	2.4	1	1.5
TOTAL	16	100.0	30	100.0	41	100.0	64	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

REGION 8

Counties in Region 8:	Barber	Elk	Pratt
	Butler	Greenwood	Reno
	Chase	Harper	Sedgwick
	Chautauqua	Harvey	Stafford
	Cowley	Kingman	Sumner
2010 Estimated Population of Region 8	772,759		
Prevalent HIV/AIDS Presumed Living in Region 8	846		

Regional Information

Region 8 consists of 15 counties and is located 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 77.8% of the population, non-Hispanic blacks 7.3%, Hispanics 10.7%, Asian 3.1%, and 1.1% of the population is Native American. This region contains the largest populations of Hispanics, Asians, and Native Americans in the state.

Newly Diagnosed HIV 2005-2010

There were 162 newly diagnosed HIV cases in Region 8 between 2005 and 2010. The average rate of infection for this region was 3.6 per 100,000 per year. Seventy-two percent of the newly diagnosed cases were male and 28% female. The largest percentage of cases was among whites (52.4%), followed by blacks (31.5%), Hispanics (9.9%) and Multi-race (6.2%). The greatest percentage of cases were in the 25-34 age group (33%) followed by the 15-24 age group (26%), the 35-44 age group (22%). The remaining 17% were among the 45-54 age group (12%), the 55-64 age group (3%) and the 65 and older age group (2%). Stratifying cases by mode of transmission revealed 61% percentage of the cases noted MSM (this includes cases noting MSM and injection drug use) as their primary risk factor, followed by heterosexual contact (23%), IDU (6%) and NIR (9%) of the cases having no identified risk factor noted.

Table 16. HIV/AIDS Incidence and Prevalence Region 8, by Diagnosis Date as of December 2010

	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
REGION 8								
Gender								
Male	117	72.0	162	85.7	280	77.6	407	83.9
Female	45	28.0	27	14.3	81	22.4	78	16.1
Age								
<13 yrs	1	0.6	.	.	4	1.1	.	.
13 to 14 Yrs	.	.	1	0.5	.	.	1	0.2
15 to 24 Yrs	43	26.5	12	6.3	93	25.8	35	7.2
25 to 34 Yrs	53	32.7	44	23.3	130	36.0	168	34.6
35 to 44 Yrs	36	22.2	65	34.4	88	24.4	181	37.3
45 to 54 Yrs	20	12.3	44	23.3	38	10.5	76	15.7
55 to 64 Yrs	5	3.1	17	9.0	4	1.1	18	3.7
65 Yrs or older	4	2.5	6	3.2	4	1.1	6	1.2
Race								
Hispanic	16	9.9	33	17.5	52	14.4	67	13.8
American Indian/Alaska Native	.	.	.	.	2	0.6	1	0.2
Asian	.	.	.	.	1	0.3	4	0.8
Non Hispanic Black	51	31.5	49	25.9	89	24.6	98	20.2
Non Hispanic White	85	52.4	101	53.4	199	55.1	303	62.5
Multi Race	10	6.2	6	3.2	17	4.7	12	2.5
Unknown	.	.	.	.	1	0.3	.	.
Exposure Category								
Men who have sex w/ men (MSM)	89	55.0	100	52.9	199	55.1	271	55.9
Injection Drug Use (IDU)	10	6.2	19	10.0	28	7.7	35	7.2
MSM & IDU	9	5.6	21	11.1	28	7.7	64	13.2
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	2	0.6	3	0.6
Heterosexual Contact	38	23.4	38	20.1	73	20.2	91	18.8
No Risk Reported	15	9.2	10	5.3	27	7.5	19	3.9
Pediatric (All Risks Combined)	1	0.6	1	0.5	4	1.1	2	0.4
TOTAL	162	100.0	189	100.0	361	100.0	485	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

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
2010 Estimated Population of Region 9	169,267		
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 59.3% of the population, non-Hispanic blacks 1.8%, Hispanics 36.7%, 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 than Region 9.

Newly Diagnosed HIV 2005-2010

In Region 9, there were a total of nine newly diagnosed HIV cases between 2005 and 2010. 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 1.0 per 100,000 per year. Eighty-nine percent of the newly diagnosed HIV cases were males. Hispanics (56%) made up the greatest percentage of newly diagnosed cases, followed by whites (33%) and blacks (11%). Thirty-three percent were between the ages of 35-44 and 45-54 respectively, followed by ages 15-24 (22%) and 25-34 (11%). Analysis of the mode of transmission revealed 55% of cases reported MSM (this includes cases noting MSM with injection drug use) and IDU (11%) as their primary risk factor. The remaining 33% of the cases diagnosed during this time had no risk factor reported.

Table 17. HIV/AIDS Incidence and Prevalence Region 9, by Diagnosis Date as of December 2010

REGION 9	HIV Incidence		AIDS Incidence		Prevalent HIV		Prevalent AIDS	
	2005-2010		2005-2010		Cases 2010		Cases 2010	
	N	%	N	%	N	%	N	%
Gender								
Male	8	88.9	19	86.4	24	60.0	39	83.0
Female	1	11.1	3	13.6	16	40.0	8	17.0
Age								
<13 yrs	.	.	.	.	.	.	.	.
13 to 14 Yrs	.	.	.	.	.	.	1	2.1
15 to 24 Yrs	2	22.2	1	4.5	10	25.0	3	6.4
25 to 34 Yrs	1	11.1	11	50.0	16	40.0	20	42.6
35 to 44 Yrs	3	33.3	8	36.4	9	22.5	15	31.9
45 to 54 Yrs	3	33.3	2	9.1	5	12.5	8	17.0
55 to 64 Yrs	.	.	.	.	.	.	.	.
65 Yrs or older	.	.	.	.	.	.	.	.
Race								
Hispanic	5	55.6	14	63.6	20	50.0	28	59.5
American Indian/Alaska Native	.	.	.	.	1	2.5	.	.
Asian	.	.	.	.	.	.	.	.
Non Hispanic Black	1	11.1	2	9.1	3	7.5	2	4.3
Non Hispanic White	3	33.3	6	27.3	14	35.0	17	36.2
Multi Race	.	.	.	.	.	.	.	.
Unknown	.	.	.	.	2	5.0	.	.
Exposure Category								
Men who have sex w/ men (MSM)	3	33.3	13	59.1	16	40.0	26	55.3
Injection Drug Use (IDU)	1	11.1	.	.	8	20.0	4	8.5
MSM & IDU	2	22.2	2	9.1	2	5.0	2	4.3
Hemophilia/coagulation disorder/Transfusion	.	.	.	.	.	.	.	.
Heterosexual Contact	.	.	4	18.2	10	25.0	8	17.0
No Risk Reported	3	33.3	3	13.6	4	10.0	6	12.8
Pediatric (All Risks Combined)	.	.	.	.	.	.	1	2.1
TOTAL	9	100.0	22	100.0	40	100.0	47	100.0

*Due to rounding percentages may not add to 100.

Data Source: Kansas HIV/AIDS Surveillance System; As of December 31st 2011

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 section focuses on 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/AIDS. This section examines direct and indirect measures of risk behavior in the groups most at risk of acquiring HIV infection. Direct measures 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 2005, there has been a 124% increase in the number of syphilis cases in Kansas.
- ❖ From 2005-2010, the proportion of early syphilis cases among MSM co-infected with HIV increased 58%.
- ❖ The gonorrhea incidence rate in Kansas was 72.3 per 100,000 persons in 2010.
- ❖ Primary and secondary syphilis incidence rates have remained relatively stable over the past five years.

MEN WHO HAVE SEX WITH MEN (MSM)

Direct Measures of Risk Behavior

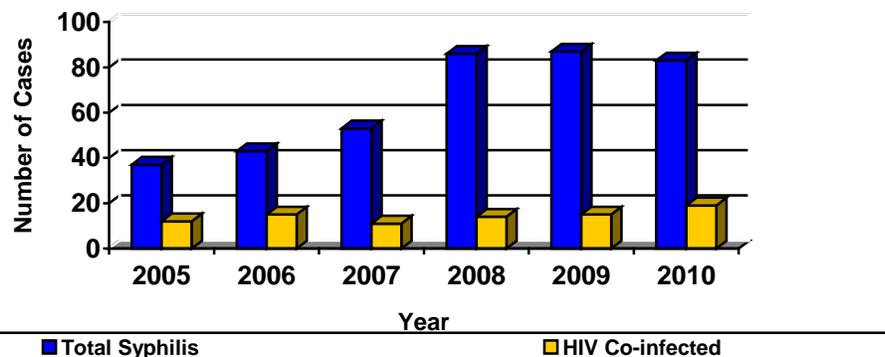
According to the CDC, MSM accounted for 61% of new HIV infections in 2009 and 49% of persons living with HIV in the country [3]. From 2006-2010, there was a 16% increase in newly diagnosed HIV/AIDS cases reporting male to male sexual contact as their primary risk factor in Kansas. In Kansas, male to male sexual contact (MSM) has historically been noted as the risk behavior that is most commonly reported among newly diagnosed cases of HIV/AIDS. At the end of December 2010, MSM accounted for approximately 62% of persons living with HIV/AIDS in Kansas. This includes persons denoting a risk of MSM along with injection drug use (IDU).

Indirect Measures of Risk Behavior

The prevalence of sexually transmitted infections in populations is often used as an indicator of high risk behavior. Confirmation of high risk behavior is noted from reports of limited condom usage and multiple sex partners within the exposure period. From 2006-2010, there has been a 93% increase in the number of early syphilis cases in Kansas (Figure 20). There has also been a steady increase in the number of co-infected cases of syphilis and HIV among MSM in Kansas (Figure 20). From 2005 to 2010 there was a 58% increase in the number of co-infected cases among MSM (Figure 20). According to CDC national data, MSM accounted for 67% of all primary and secondary syphilis in 44 states and the District of Columbia. 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 the 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 [4].

Figure 20

Early Syphilis & HIV Co-infected Syphilis in Kansas 2005-2010



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 4% of the newly diagnosed cases of HIV/AIDS in Kansas in 2010 reported injection drug use as their primary risk factor. Another 7% reported MSM/IDU as their primary risk factor. At the end of 2010, approximately 6% of persons living with HIV/AIDS in Kansas had reported injection drug use as their primary risk factor, followed by 8% reporting MSM/IDU.

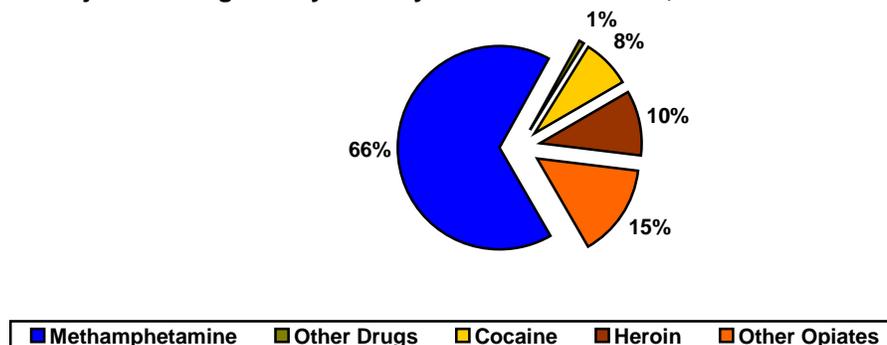
Indirect Measures of Risk Behavior

According to the 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 [3, 4]. Research has shown that methamphetamine usage has been associated with both risky sexual behavior for HIV infection and other STDs along with the sharing of injection equipment [5]. 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 [6]. It is important to note that although this information identifies increases in risky sexual behavior, it does not directly indicate that HIV exposure in Kansas is increasing via these means.

According to Kansas Client Placement Criteria (KCPC) data, between July 2009 and June 2010, there were approximately 1,130 injection drug users admitted to treatment centers in Kansas. Of these admissions, 749 were seeking treatment for methamphetamine usage, 87 for cocaine/crack usage, 115 for heroin usage, and the remaining 179 for usage of other injection drugs (Figure 21).

Figure 21

Injection Drug Use by Primary Problem in Kansas, 2009-2010



Source: Alcohol and Prevention Services, Kansas Client Placement Criteria (KCPC) System, 2011

Approximately 64% of injection drug users admitted for treatment were between the ages of 25 and 44. Youth between the ages of 15 and 24 made up 21% of the new admissions. Fifty-seven percent of the clients were male and the remaining 43% female. Approximately 92% were white, 3% black, 2% Native American and the remaining 3% Other.

HETEROSEXUAL POPULATIONS

Direct Measures of Sexual Behavior

Approximately 20% of the newly diagnosed HIV/AIDS cases for 2010 in Kansas reported heterosexual contact as their primary risk factor. Heterosexual risk is traditionally the most reported exposure category noted by female cases diagnosed with HIV/AIDS both nationally and in the State of Kansas. Increasing reports of this particular risk factor are also being noted among more cases of newly diagnosed males.

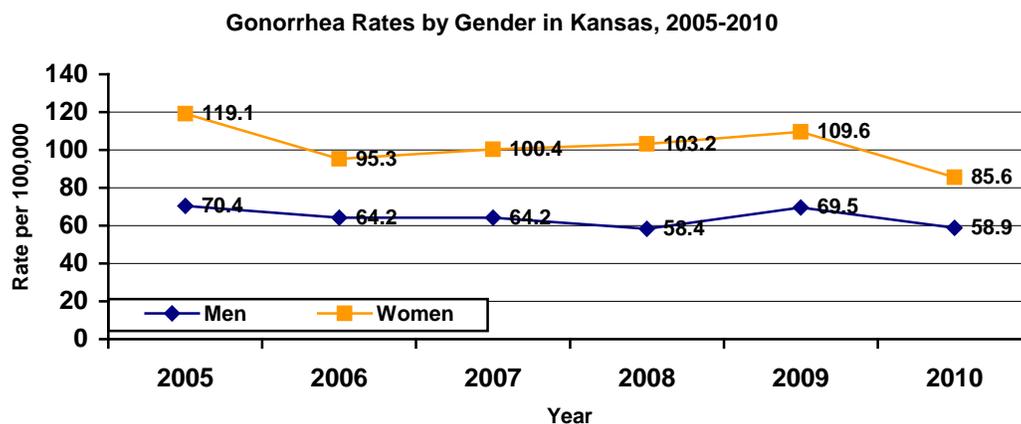
Indirect Measures of Risk Behavior

Sexually Transmitted Disease (STD) surveillance data 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. Since 2000, there has been a steady increase in the rate of STDs among Kansans. The rates of gonorrhea for women in the state are traditionally higher than those for men.

Gonorrhea

In 2010, the overall rate for gonorrhea in the State of Kansas was 72.3 per 100,000. This is an 8% decrease from 2006. This is under the national rate of 100.8 per 100,000. From 2006 to 2010, the gonorrhea infection rates for women in Kansas were consistently higher than those for men (Figure 22). This trend is consistent with national STD surveillance data, which shows for 2010 a rate of 106.5 per 100,000 for women and a rate of 94.1 per 100,000 for men [7]. Gonorrheal infections in women are usually asymptomatic and often go undiagnosed.

Figure 22



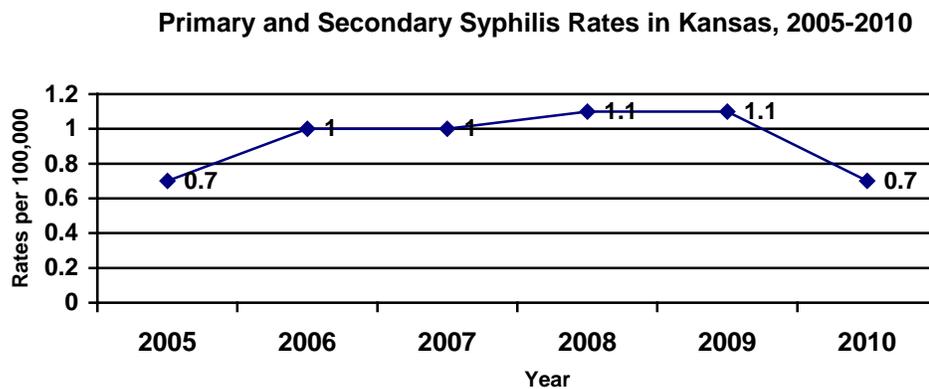
Data Source: Kansas Department of Health and Environment. Bureau of Disease Control & Prevention STD Section

In 2010, there were 2,064 new cases of gonorrhea diagnosed in Kansas. New cases of gonorrhea were diagnosed in 54% of the counties in the state. Four counties had more than 150 new cases, one of which had more than 500 new cases (Sedgwick).

Syphilis

The primary and secondary syphilis rates in Kansas have been relatively stable over the past six years (Figure 23). In 2010, there were a total of 83 newly diagnosed early syphilis cases reported in Kansas. New cases of early syphilis were reported in the following 18 counties: Leavenworth, Wyandotte, Johnson, Bourbon, Miami, Shawnee, Douglas, Montgomery, Geary, Marshall, Riley, Butler, Sedgwick, Reno, McPherson, Jackson, Saline, and Cloud.

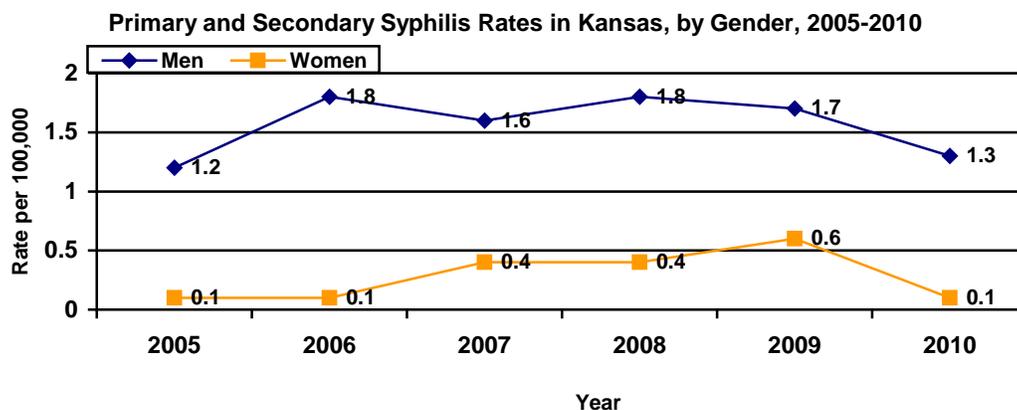
Figure 23



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2011. Atlanta, GA: US Department of Health and Human Services

In Kansas, the incidence rates of primary and secondary syphilis in men from 2005 to 2010 has been consistently higher than that for women. In 2010, the incidence rate for men was 1.3 per 100,000 compared to 0.1 per 100,000 for women (Figure 24). This trend may be due to the increase in syphilis among men who have sex with men. According to the CDC the national incidence rate for men infected with syphilis has increased from 3.3 cases per 100,000 in 2001 to 7.9 cases per 100,000 in 2010 [7].

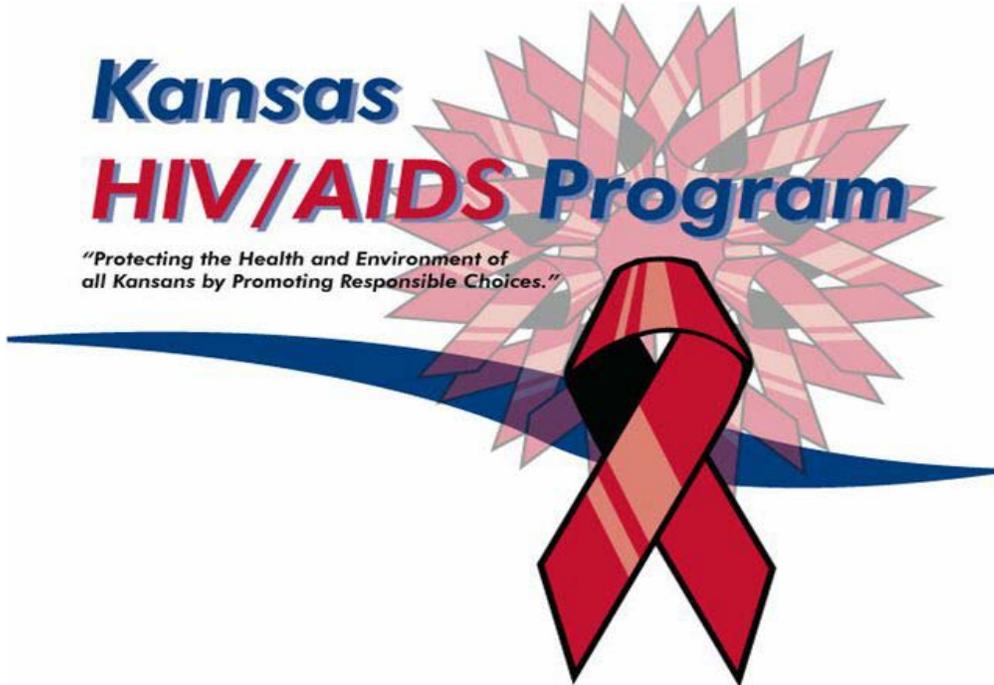
Figure 24



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2011. 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 client utilization of HIV/AIDS services for Care Planning Groups, specifically, the patterns of use of HIV services 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 2010, a total of 1,408 clients were referred for services funded through the Ryan White Part B award in Kansas.
- The racial/ethnic distribution of those referred in 2010 was primarily non-Hispanic Whites (56.4%), followed by Blacks (27.3%) and Hispanics (15%).
- Testing delays increases the spread of disease and has a severe impact on the health and welfare of positive individuals unaware of their status.
- CDC recommends testing everyone between the ages of 13-64 for HIV.

In 2010, 1,408 clients were referred for services funded through the Ryan White Part B award in Kansas. During 2010, the distribution of Ryan White Part B clients by race/ethnicity, and sex was directly proportional to the distribution of characteristics among persons known to be living with HIV/AIDS in Kansas at the end of 2010 (Table 18). The data indicate congruence between the percentages of persons living with HIV/AIDS and those referred for Ryan White care in Kansas in 2010 by race and gender.

Table 18. Comparison of Demographic Characteristics of those referred for Ryan White Part B services and Persons Living with HIV/AIDS, Kansas, 2010

	Ryan White Part B clients, % (N=1,408)	Persons living with HIV/AIDS, % (N=2,750)
Race/Ethnicity		
White, non-Hispanic	56.4	56.2
Black, non-Hispanic	27.3	24.6
Hispanic	15.0	14.4
Asian/Pacific Islander	0.3	0.9
American Indian/ Alaskan Native	1.0	0.7
Multiple Races	0.0	2.6
Unknown	0.0	0.6
Gender		
Male	77.0	80.7
Female	23.0	19.3
Age (yrs.)		
≤13	0.1	0.7
13-24	3.9	14.5
25-44	44.0	67.6
≥45	52.0	17.2

Data Source: Ryan White Part B Services Program

Data Source: Kansas HIV/AIDS Surveillance Program, as of December 31, 2011

The table below shows the actual clients served using Ryan White funds in 2010 (Table 19). The average number of visits per client for case management services was 25. The next service type having the greatest number of clients receiving services was medical. In 2010, a total of 719 clients received services; averaging 4 visits each.

Table 19: Utilization of Ryan White Part B Services, by Type of Service (N=1,056), Kansas 2010

	Case Management	Medical	Health Insurance Continuation	Dental
Clients Receiving Service (#)	1,056	719	48	279
Visits per Client (avg. #)	25	4	7	2

Data Source: Ryan White Part B Services Program

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.

Persons enrolled in ADAP in Kansas have been able to receive antiretroviral medications and other medications used to treat HIV related illnesses. According to the data collected in SCOUT (Kansas Ryan White Database), 1,197 clients were served in Kansas during 2010. Most Kansas ADAP clients served during this year were male (77%) and 25 years of age or older (96%). The racial/ethnic distribution of those served in 2010 was predominantly non-Hispanic whites (57%), non-Hispanic blacks (27%), and Hispanics (15%).

Table 20. Characteristics of Patients Serviced in the AIDS Drug Assistance Program (N=1,197), Kansas, 2010

	Patients, %
Gender	
Male	77.0
Female	23.0
Race/Ethnicity	
White, non-Hispanic	57.0
Black, non-Hispanic	27.0
Hispanic	15.0
Other *	1.0
Age (yrs.)	
<25	4.0
25-44	44.0
≥45	52.0

Data Source: Kansas Ryan White Data System, December 31, 2011.

*Other includes Asian/Pacific Islander, American Indian/Alaskan Native and Multi-Race

HIV TESTING DELAYS

AIDS diagnoses are used by the CDC to compare data nationally. Because there are differences in testing behaviors 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.

According to the CDC, there are approximately 56,000 people annually diagnosed with HIV in the United States. Of the estimated one million persons living with HIV/AIDS in the country, approximately 25% are unaware of their status. The Centers for Disease Control and Prevention reports that this group of unaware accounts for approximately 54 - 70 % of new infections in the country annually; compared to the 75% status aware contributing to roughly 30-46% of new HIV infections in the country annually. In light of these facts, it is essential to improve testing initiatives to capture individuals earlier in their infection and make them aware of their status and the availability of treatment and care. CDC issued a revised set of recommendations to address the late testing issue. The following suggestions were made:

- ❖ Routine voluntary HIV screening for all persons ages 13-64 in health care settings not based on risk.
- ❖ Repeat screening of high risk individuals annually.
- ❖ Initiate screening in areas of low or unknown prevalence [8].

Table 21 shows the time between a person's first positive confidential test and AIDS diagnosis, by demographic and risk characteristics in Kansas. Approximately 41% of the newly diagnosed cases of AIDS tested between 2000 and 2010 and reported to the Kansas HIV Surveillance Program were diagnosed with AIDS at the time of their initial test. This is consistent with national trends of approximately 40%. Men tended to test later in their disease progress than women. In Kansas, looking over time, Hispanics tended to test later than any other racial/ethnic group followed by whites and then blacks. CDC national data indicate Blacks have a tendency to test later in their infection than any other racial/ethnic group [1]. Concurrent diagnosis was most prominent among people between the ages of 45 and older. Youth also showed a high tendency of late diagnoses. When analyzing late testers by risk factor, persons with blood related conditions were most likely to have a dual diagnosis followed by people noting heterosexual risk and injection drug use as their primary exposure.

According to CDC approximately one third of all diagnoses still occur late [1]. When assessing the time for overall progression to AIDS, approximately 34% of the diagnoses in Kansas have traditionally entered the system at an already immunocompromised state (Figure 5, pg 23). Cases entering care at such late time frames tend to have poor

treatment outcomes and survival rates. These data should be interpreted cautiously because a person may have been tested earlier, but anonymously.

Table 21. Proportion of Persons Diagnosed with AIDS by Time between First Positive HIV Test Result and AIDS Diagnosis, Kansas 2000-2010

N=1022	AIDS Diagnosis %		
	At time of 1 st HIV + test	≤ 3 Months	≤ 12 Months
Gender			
Male	42.7	54.4	60.7
Female	38.0	55.8	61.8
Race/Ethnicity			
White, non-Hispanic	40.5	52.4	58.0
Black non-Hispanic	36.9	51.1	57.4
Hispanic	52.2	67.9	74.6
Other	46.7	51.1	62.2
Exposure Category			
MSM	39.1	51.0	56.4
Injection Drug User	40.9	51.1	61.3
MSM/IDU	38.9	48.9	55.6
High Risk Heterosexual	43.2	57.6	64.1
Hemophilia/Coagulation Disorder/Transfusion	50.0	100.0	.
All Pediatric Risks	28.6	.	.
No Identified Risk	61.4	81.9	89.1
Age			
< 13	66.7	.	.
13-14	.	.	.
15-24	42.9	58.4	70.1
25-34	39.6	53.2	60.3
35-44	39.6	52.0	56.6
45-54	48.4	58.3	65.1
55-64	43.1	58.6	63.8
65+	47.0	70.5	76.4

Data source: Kansas HIV/AIDS Surveillance System, as of December 31, 2011

*Other includes: American Indian/Alaskan Native, Asian/ Pacific Islanders and Multi-Race

Question 2

What are the number and characteristics of persons who know they are HIV positive but who are not accessing primary medical care?

The HIV/AIDS Bureau of Health Resources and Services Administration (HRSA) has a guiding principle that states “to better serve the underserved in response to the HIV/AIDS epidemic’s growing impact among underserved minority and hard to reach populations.” Jurisdictions are charged with assessing the shifting demographics of new HIV/AIDS cases throughout their state. In conjunction with this principle, the Kansas HIV/AIDS Program is developing methods to better identify persons who know their status but who are not receiving primary medical care.

HIGHLIGHTS

- Total unmet need (People Living with HIV/AIDS in Kansas and not in care) as of December 31, 2010 = 909.
- Non-Hispanic Whites (51.9%) made up the highest proportion of cases not in care in 2010, when compared to the other major racial/ethnic groups (non-Hispanic Blacks: 26.8% and Hispanics: 16.7%).
- There was a high proportion of cases between the ages of 25-34 that were not in primary care (38%) in 2010.
- Region 1 (27.3%) had the highest percentage of cases not in care, followed by Region 2 (25.4%) and Region 8 (21.4%).

MEASURING UNMET NEED

Kansas statutes require that laboratories report all test results indicative of HIV infection in persons residing in Kansas to the Kansas Department of Health and Environment. The interpretation of results indicating HIV infection currently includes only detectable viral loads. A separate statute requires the reporting of any CD4⁺ T-lymphocyte count of less than 500 per micro liter or a CD4⁺ T-lymphocyte percent of total lymphocytes less than 29.

Once the test results have been reported to the HIV/AIDS Surveillance Program, the results can be linked to the records in the HIV/AIDS case registry, which includes the known population of persons living with HIV in Kansas. Consequently, for a specified time period, each HIV-infected person can be characterized as “in care” or “not in care” by the presence or the absence of a laboratory test result (e.g., CD4 cell count or measurement of viral load) or presence on the active ADAP drug treatment rolls during that period. This method assumes that laboratory reporting is complete and that all HIV-positive persons “in care” will have at least one reportable test result that is reported in Kansas and that ADAP registration lists are up to date.

The characteristics of persons living with HIV/AIDS in Kansas and persons “in care” and “not in care” are presented in Table 22. This data refers to cases with a current residence of Kansas at the time of assessment. The data reveals that there is a larger proportion of males not accessing primary care compared to females. Non-Hispanic whites (51.9%) had the highest proportion of cases not in care in 2010, compared to other race/ethnic groups (Non-Hispanic blacks: 26.8% and Hispanics: 16.7%). The most impacted age group of persons living with HIV/AIDS and not receiving care was 25-34 year olds. They made up 38% of cases not in primary care followed by 35-44 year olds with 30.6%. Region 1 (27.3%) had the greatest percentage of cases among persons living with HIV/AIDS and “not in care” in 2010, followed by Region 2 (25.4%) and Region 8 (21.4%).

Caution should be noted when reviewing the number of persons not in care. The resultant data is limited to the completeness of reports of CD4 counts/percents and viral loads. Persons having test results outside of the required reporting range for CD4s and viral loads may be included in this total of “not in care”, thus making the total number of cases not accessing care potentially exaggerated.

It is also important to note that there are a number of Kansas HIV/AIDS cases that are currently residing in other states that may be accessing care in other jurisdictions. Kansas regularly conducts routine case de-duplication with other states in efforts to better track cases. There may be some delays in reporting current residence and lab data for these cases that change locations, thus causing an unintentional error in the calculation of the number of Kansas cases living with HIV/AIDS that are not in care or unaccounted for at the time of analysis.

**Table 22: Characteristics of Prevalent HIV/AIDS Cases & Care Status, Kansas
2010**

	In Care		Not In Care		Prevalent HIV/AIDS Cases As of December 2010	
	N	%	N	%	N	%
GENDER						
Male	1095	77.9	730	80.3	2220	80.7
Female	311	22.1	179	19.7	530	19.3
AGE						
<13	16	1.1	7	0.8	20	0.7
13 to 14 Years	1	0.1	.	.	2	0.1
15 to 24 Years	200	14.2	158	17.4	396	14.4
25 to 34 Years	490	34.9	345	38.0	998	36.3
35 to 44 Years	428	30.4	278	30.6	860	31.3
45 to 54 Years	223	15.9	93	10.2	371	13.5
55 to 64 Years	34	2.4	23	2.5	84	3.0
65 Years or Older	14	1.0	5	0.6	19	0.7
Unknown Age	.	.	.	.	.	.
RACE/ETHNICITY						
Hispanic	218	15.5	152	16.7	396	14.4
American-Indian Non Hispanic	11	0.8	6	0.7	18	0.7
Asian/Pacific Islander Non Hispanic	16	1.1	12	1.3	24	0.9
Black Non Hispanic	350	24.9	244	26.8	678	24.6
White Non Hispanic	760	54.0	472	51.9	1546	56.2
Multi-Race	51	3.6	14	1.5	71	2.6
Unknown	.	.	9	1.0	17	0.6
REGION						
Region 1	244	17.4	248	27.3	606	22.0
Region 2	242	17.2	231	25.4	591	21.5
Region 3	67	4.8	32	3.5	119	4.3
Region 4	114	8.1	86	9.5	227	8.2
Region 5	48	3.4	24	2.6	82	3.0
Region 6	31	2.2	38	4.2	87	3.2
Region 7	69	4.9	22	2.4	105	3.8
Region 8	548	39.0	195	21.4	846	30.8
Region 9	43	3.0	33	3.6	87	3.2
TOTAL	1406	100.0	909	100.0	2750	100.0

The Kansas HIV/AIDS Surveillance Program used the following components in the formula to calculate the unmet need in Kansas:

Data Sources:

Two existing databases were selected based upon access and availability to laboratory data and treatment usage. The first was the enhanced HIV/AIDS Reporting System (eHARS). eHARS is a web based browser database which allows for the collection of multiple pieces of information pertaining to cases of HIV and AIDS, such as lab reports, case reports, death certificates, birth certificates, etc. The second was the SCOUT database used by the Ryan White Care Program. SCOUT contains information pertaining to clients that are accessing care services and receiving assistance for antiretroviral drugs for treatment of HIV/AIDS infections supported by Ryan White funds.

Estimation Methods:

The population estimates for persons living with HIV and AIDS were abstracted from the Kansas enhanced HIV/AIDS Reporting System (eHARS). The analysis consisted of living cases having a current residence as Kansas in the system as of December 31, 2010. A dataset of ADAP recipients receiving services from January 2011 through November 2011 was pulled from the Kansas SCOUT database. The eHARS dataset was then matched with the SCOUT dataset to ensure no duplication or overestimation of cases.

‘Met need’ was defined as any living case of HIV/AIDS in Kansas as of December 31, 2010 having a laboratory result (CD4 count/percent or viral load) or were current on ADAP roles during a 12 month time frame between January 1, 2011 through November 30, 2011 in eHARS or SCOUT.

‘Unmet need’ was determined by estimating the number of living cases of HIV/AIDS in eHARS that were diagnosed prior to January 1, 2011 and did not have any current laboratory tests (CD4 or viral loads) or were not listed on ADAP roles for antiretroviral treatments between January 1, 2011 and November 30, 2011.

Limitations:

There are limitations to the unmet need estimation. This method assumes that laboratory reporting is complete and that all HIV positive persons in care will have at least one test (CD4 count/percent or viral load) result that is reported to the HIV Surveillance program. It should also be noted that the antiretroviral treatment rolls are limited in that they only contain information pertaining to cases that are currently enrolled in and receiving Ryan White Care. The data estimation is also dependent upon timely and accurate reporting of deaths among cases in Kansas. If a person died prior to December 31, 2010 and the HIV Surveillance Program was not notified, that person would be counted in this estimate. The Kansas HIV Surveillance Program does however conduct annual matches with its Vital Statistics Department to gain the most current death information on HIV/AIDS

cases in Kansas. In addition, persons who move out of state will automatically be counted among those listed as unmet need if the HIV Surveillance Program is not notified of changes in residency status. The Kansas HIV Surveillance Program does however participate in Routine Interstate Duplicate Review (RIDR), where Kansas collaborates with other states to assess and resolve potential duplicates between the states.

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
HRSA	Health Resources and Services Administration
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
SCOUT	The Ryan White Program data base containing information pertaining to cases accessing care services and receiving assistance for antiretroviral drugs for treatment of HIV/AIDS infections supported by Ryan White funds
STD	Sexually Transmitted Disease
Surveillance	The ongoing, systematic observation of a population for rapid and accurate detection of the occurrence of diseases.
TGA	Transitional Grant Area
Unmet Need	The need for HIV related health services by individuals with HIV who are aware of their status, but are not receiving regular primary health care.

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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