



KANSAS HIV/STD SURVEILLANCE UPDATE

Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention

The Kansas AIDS Ribbon was designed by the Kansas Capitol Chapter of the American Red Cross to raise hope and awareness in the state of Kansas and support the fight against HIV/AIDS.

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“Recent studies have shown that genital ulcer infections, such as syphilis, may increase the risk of HIV transmission 10-50 times for male-to-female through vaginal sex and 50 to 300 times for female-to-male through vaginal sex, according to the Institute of Medicine...”

See page 2 for Article “How Important are Bacterial Sexually Transmitted Diseases?”

The Kansas HIV/STD Surveillance Newsletter along with additional information may be obtained from our web site:
<http://www.kdhe.state.ks.us/hiv-std>

Printed copies of this newsletter are available upon request.

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Our Mission:

The HIV/STD section works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and other STDs. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection, and the provision of treatment and clinical care services.

HIV/STD Surveillance Update is a semi-annual publication of the Kansas Department of Health and Environment with funding assistance from the Centers for Disease Control and Prevention.

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**Ryan White Title II and HIV/STD Surveillance
Collaboration Effort**

In November of 2003, the Ryan White Title II Program and the HIV/STD Surveillance Program introduced a new Medical Eligibility Form for the Ryan White Title II Program. This new form replaces all prior Medical Eligibility Forms used in the enrollment process for Title II. It also doubles as the case report form (required for proper reporting in the State of Kansas).

Prior to implementation of the new form, HIV/STD Surveillance and Title II would coordinate information on new clients accessing services in addition to monthly data collaboration. This process was not only tedious but also unreliable, depending on staffing at the time. Additionally, it was discovered that of Medical Eligibility Forms that indicated that a case report had been filed, 75% had no documented case report.

The two programs decided that the best way to ensure proper reporting of clients would be to incorporate the case report form as part of the Medical Eligibility Form for Title II. Funding for the Title II program, as well as prevention activities, are dependant upon these numbers, which are reported to CDC. This became clear when the two programs found that over 50 clients accessing Title II CARE and AIDS Drug Assistance Program services had **not** been reported to the HIV/STD Surveillance Program. This presented a loss of potential funding to the Ryan White Title II Program at over \$78,000 (or \$1,500 per person per year).

If a case does not get reported to the Surveillance Program in time for reporting to CDC, it is not factored into the funding formula. Regardless of whether the clients were counted in the funding formula, they were accessing the services. This issue became clear as funds declined from federal grantees (HRSA and CDC). It became imperative to make sure the HIV/STD Section maximize all opportunities to ensure necessary funding. As with any new system, there were some initial questions about the new form. However, it quickly became clear that this collaboration had created a very positive outcome. Specifically:

- Improved accuracy, and completeness of information
- Reduced provider time required to complete necessary medical eligibility and reporting forms
- Immediate reporting to Surveillance is achieved
- Disease Intervention Specialists are notified sooner resulting in quicker Partner Counseling and Referral Services

As data requests increase for programs, the need for complete reporting to Surveillance becomes more and more important. This collaboration is just one more example of how the programs of KDHE are continually working together to provide the best service possible to our community.

HIV Rapid Testing in Kansas

The Kansas Department of Health and Environment (KDHE) HIV/STD Section will be incorporating HIV rapid testing into its HIV Prevention interventions in 2004. The HIV/STD program has recently awarded seven "enhanced" HIV testing grants that will begin on July 1, 2004 and is working closely with the KDHE Division of Health and Environmental Laboratories to ensure that the program meets Clinical Laboratory Information Act (CLIA) requirements associated with the use of the FDA approved and waived HIV rapid test OraQuick. As other tests are approved, they will be considered for use in association with the program.

The incorporation of HIV rapid testing is not designed to supplant existing testing technology but to enhance HIV testing efforts by more closely linking HIV testing with HIV prevention interventions and Ryan White case management activities. The program will continue to utilize traditional blood based EIA/Western Blot technology through its health department based HIV testing infrastructure. The program will also continue to use the oral OraSure test linked with Prevention.

This multi-step approach will allow the program to continue to provide HIV testing access within 75 miles of all Kansas citizens and enable our programs to take testing technology to the populations at risk in association with outreach prevention and other activities such as testing partners to positive people already in care. The advantage of taking testing to populations at risk for contracting HIV is that we can better find disease.

The program has already moved in this direction with some success. In advance of HIV rapid testing, the program integrated oral testing for HIV with HIV Prevention and Ryan White Case Management in May of 2000. That program has maintained an HIV positivity rate above 1% as of December 31, 2003. This compares with the traditional HIV testing program based in clinic settings of below .3%. Contractors utilizing the Oral testing have been able to illustrate that taking testing to the populations at risk can help public health find disease. Approximately one third of the positives from this program have been partners to people already in care. The rest of the positives have represented either prevention linked testing or testing associated with Partner Counseling and Referral Services (PCRS). The incorporation of rapid testing will hopefully further improve our ability to find HIV disease and refer people into PCRS and clinical care services including Ryan White case management services thereby reducing the reservoir of disease in Kansas.

HIV rapid testing through the KDHE program is anticipated to begin as of July 1, 2004. Until then

people who are at risk for HIV can get tested at one of our more than 80 sites in the state or by contacting our

regional HIV Prevention and Case Management contractors. Information on public testing sites can be accessed through our website at <http://www.kdhe.state.ks.us/hiv-std/> or by calling 785-296-6173. A downloadable statewide HIV/STD resource guide can also be accessed through the website.

How Important are Bacterial Sexually Transmitted Diseases?

Of the diseases that are mandatorily reportable in the United States, five of the top ten are sexually transmitted diseases (STDs) (CDC, 2002). The two most frequently reported diseases in Kansas in 2003 were gonorrhea and chlamydia (with 7,150 and 2,595 cases of chlamydia and gonorrhea respectively reported in 2003). In the State of the Union Address, for probably the first time in history, the President of the United States used the term "sexually transmitted diseases". President Bush stated, "To encourage right choices, we must be willing to confront the dangers young people face, even when they are difficult to talk about. Each year, about three million teenagers contact sexually transmitted diseases that can harm them, or kill them, or prevent them from ever becoming parents.--- Decisions children make now affect their health and character for the rest of their lives. All of us parents, schools, and government must work together to counter the negative influence of the culture and to send the right messages to our children."

STDs in Kansas continue to be a serious public health problem. Chlamydia and gonorrhea are the leading causes of pelvic inflammatory disease (PID). Serious complications of PID include ectopic pregnancy (which leads to fetal/embryonic death) and infertility. In fact, chlamydia is the leading cause of infertility in the state of Kansas.

While accounting for a small proportion of cases among the many reportable STDs in Kansas, syphilis remains important because of its role as a risk factor for HIV infection and transmission. Recent studies have shown that genital ulcer infections, such as syphilis, may increase the risk of HIV transmission 10-50 times for male-to-female through vaginal sex and 50 to 300 times for female-to-male through vaginal sex, according to the Institute of Medicine. Syphilis is also an important factor in infant health because congenitally acquired syphilis can result in severe infant morbidity and mortality.

State of Kansas
Reported Cases of Chlamydia by County
January - December 2003

| | | | | | | | | | | | | |
|----------|---------|----------|----------|----------|----------|----------|-----------|------------|--------------|-----------|------------|-------------|
| CHEYENNE | RAWLINS | DECATUR | NORTON | PHILLIPS | SMITH | JEWELL | REPUBLIC | WASHINGTON | MARSHALL | NEMAHA | BROWN | DONIPHAN |
| 1 | | 3 | 3 | 4 | 4 | | 3 | | 2 | 15 | 3 | 14 |
| SHERMAN | THOMAS | SHERIDAN | GRAHAM | ROOKS | OSBORNE | MITCHELL | CLOUD | CLAY | POTTAWATOMIE | JACKSON | ATCHISON | JEFFERSON |
| 6 | 16 | | 1 | 2 | 3 | 6 | 14 | 10 | 11 | 18 | 48 | 12 |
| WALLACE | LOGAN | GOVE | TREGO | ELLIS | RUSSELL | LINCOLN | OTTAWA | DICKINSON | GEARY | WABANSEE | SHAWNEE | LEAVENWORTH |
| | 2 | 1 | 7 | 48 | 2 | 2 | 3 | 3 | 264 | 597 | 12 | 180 |
| GREELEY | WICHITA | SCOTT | LANE | NESS | RUSH | BARTON | ELLSWORTH | SALINE | MORRIS | LYON | OSAGE | DOUGLAS |
| 2 | 2 | 4 | 1 | 4 | | | 3 | 113 | 28 | 3 | 4 | 316 |
| HAMILTON | KEARNEY | FINNEY | HODGEMAN | PAWNEE | STARBUCK | RENO | HARVEY | MCPHERSON | MARION | CHASE | COFFEY | FRANKLIN |
| 2 | 12 | 95 | | 3 | 3 | 168 | 28 | 7 | 2 | 111 | 13 | 37 |
| STANTON | GRANT | HASKELL | FORD | EDWARDS | PRATT | KINGMAN | SEDGWICK | BUTLER | GREENWOOD | WOODSON | ALLEN | BOURBON |
| 1 | 16 | 1 | 86 | 2 | 14 | 6 | 1900 | 114 | 8 | 3 | 25 | 29 |
| MORTON | STEVENS | SEWARD | MEADE | CLARK | COMANCHE | BARBER | HARPER | SUMNER | COWLEY | ELK | WILSON | NEOSHO |
| 3 | 3 | 56 | 2 | 1 | 3 | 12 | 10 | 34 | 94 | 10 | 33 | 124 |
| | | | | | | | | | | CHAUTAQUA | MONTGOMERY | LABETTE |
| | | | | | | | | | | 2 | 85 | 27 |
| | | | | | | | | | | | | 25 |

Total 7150

State of Kansas
Reported Cases of Gonorrhea by County
January - December 2003

| | | | | | | | | | | | | |
|----------|---------|----------|----------|----------|----------|----------|-----------|------------|--------------|-----------|------------|-------------|
| CHEYENNE | RAWLINS | DECATUR | NORTON | PHILLIPS | SMITH | JEWELL | REPUBLIC | WASHINGTON | MARSHALL | NEMAHA | BROWN | DONIPHAN |
| | | | | | 2 | | | | | | 4 | |
| SHERMAN | THOMAS | SHERIDAN | GRAHAM | ROOKS | OSBORNE | MITCHELL | CLOUD | CLAY | POTTAWATOMIE | JACKSON | ATCHISON | JEFFERSON |
| 1 | 1 | | | 2 | | 1 | 2 | 1 | 1 | 2 | 12 | 3 |
| WALLACE | LOGAN | GOVE | TREGO | ELLIS | RUSSELL | LINCOLN | OTTAWA | DICKINSON | GEARY | WABANSEE | SHAWNEE | LEAVENWORTH |
| | 1 | 1 | 2 | 5 | 1 | 1 | 1 | 1 | 39 | 266 | 3 | 58 |
| GREELEY | WICHITA | SCOTT | LANE | NESS | RUSH | BARTON | ELLSWORTH | SALINE | MORRIS | LYON | OSAGE | DOUGLAS |
| | | 2 | 1 | | 4 | | 1 | 14 | 1 | 1 | 57 | 184 |
| HAMILTON | KEARNEY | FINNEY | HODGEMAN | PAWNEE | STARBUCK | RENO | HARVEY | MCPHERSON | MARION | CHASE | COFFEY | FRANKLIN |
| | 1 | 13 | | 1 | 1 | 43 | 10 | 3 | 1 | 7 | 2 | 8 |
| STANTON | GRANT | HASKELL | FORD | EDWARDS | PRATT | KINGMAN | SEDGWICK | BUTLER | GREENWOOD | WOODSON | ALLEN | BOURBON |
| | 15 | 1 | 9 | | | 1 | 883 | 24 | | 1 | 1 | 5 |
| MORTON | STEVENS | SEWARD | MEADE | CLARK | COMANCHE | BARBER | HARPER | SUMNER | COWLEY | ELK | WILSON | NEOSHO |
| | | 9 | 1 | 2 | | | 2 | 16 | 30 | 3 | 1 | 36 |
| | | | | | | | | | | CHAUTAQUA | MONTGOMERY | LABETTE |
| | | | | | | | | | | 21 | 11 | 3 |

Total 2595

State of Kansas
Reported Cases of Early Syphilis by County
January - December 2003

| | | | | | | | | | | | | |
|----------|---------|----------|----------|----------|----------|----------|-----------|------------|--------------|-----------|------------|-------------|
| CHEYENNE | RAWLINS | DECATUR | NORTON | PHILLIPS | SMITH | JEWELL | REPUBLIC | WASHINGTON | MARSHALL | NEMAHA | BROWN | DONIPHAN |
| | | | | | | | | | | | | |
| SHERMAN | THOMAS | SHERIDAN | GRAHAM | ROOKS | OSBORNE | MITCHELL | CLOUD | CLAY | POTTAWATOMIE | JACKSON | ATCHISON | JEFFERSON |
| | | | | | | | | | | | | |
| WALLACE | LOGAN | GOVE | TREGO | ELLIS | RUSSELL | LINCOLN | OTTAWA | DICKINSON | GEARY | WABANSEE | SHAWNEE | LEAVENWORTH |
| | | | | | | | | | | | | |
| GREELEY | WICHITA | SCOTT | LANE | NESS | RUSH | BARTON | ELLSWORTH | SALINE | MORRIS | LYON | OSAGE | DOUGLAS |
| | | | | | | | | | | | | |
| HAMILTON | KEARNEY | FINNEY | HODGEMAN | PAWNEE | STARBUCK | RENO | HARVEY | MCPHERSON | MARION | CHASE | COFFEY | FRANKLIN |
| | | | | | | | | | | | | |
| STANTON | GRANT | HASKELL | FORD | EDWARDS | PRATT | KINGMAN | SEDGWICK | BUTLER | GREENWOOD | WOODSON | ALLEN | BOURBON |
| | | | | | | | 5 | | | | | |
| MORTON | STEVENS | SEWARD | MEADE | CLARK | COMANCHE | BARBER | HARPER | SUMNER | COWLEY | ELK | WILSON | NEOSHO |
| | | | | | | | | | | | | |
| | | | | | | | | | | CHAUTAQUA | MONTGOMERY | LABETTE |
| | | | | | | | | | | | | 21 |
| | | | | | | | | | | | | 9 |
| | | | | | | | | | | | | 1 |

Total 37

Kansas Newly Reported, Prevalent, and Cumulative AIDS Cases Reported as of December 31, 2003

| | Kansas Newly Reported AIDS Cases as of December 31, 2003 ^A | | Kansas Prevalent AIDS Cases as of December 31, 2003 ^B | | Kansas Cumulative AIDS Cases as of December 31, 2003 ^C | | U.S. Cumulative AIDS Cases as of December 31, 2002 ^C | |
|--|---|------------|--|------------|---|------------|---|--------------|
| | N | Percentage | N | Percentage | N | Percentage | N | Percentage |
| Cases | | | | | | | | |
| Adult/Adolescent | 122 | 98.4 | 1,089 | 99.4 | 2,589 | 99.5 | 877,275 | 99.0 |
| Pediatric (<13 Years Old) | 2 | 1.6 | 7 | 0.6 | 14 | 0.5 | 9,300 | 1.0 |
| Total | 124 | 100.0 | 1,096 | 100.0 | 2,603 | 100.0 | 886,575 | 100.0 |
| Age | | | | | | | | |
| <13 Years | 2 | 1.6 | 7 | 0.6 | 14 | 0.5 | 9,300 | 1.0 |
| 13 To 14 Years | . | . | 1 | 0.1 | 3 | 0.1 | 839 | 0.1 |
| 15 To 24 Years | 6 | 4.8 | 74 | 6.8 | 137 | 5.3 | 35,460 | 4.0 |
| 25 To 34 Years | 31 | 25.0 | 420 | 38.3 | 1,069 | 41.1 | 301,278 | 34.0 |
| 35 To 44 Years | 51 | 41.1 | 414 | 37.8 | 934 | 35.9 | 347,860 | 39.2 |
| 45 To 54 Years | 24 | 19.4 | 150 | 13.7 | 317 | 12.2 | 138,386 | 15.6 |
| 55 To 64 Years | 10 | 8.1 | 27 | 2.5 | 93 | 3.6 | 40,584 | 4.6 |
| 65 Years or Older | . | . | 3 | 0.3 | 36 | 1.4 | 12,868 | 1.5 |
| Total | 124 | 100.0 | 1,096 | 100.0 | 2,603 | 100.0 | 886,575 | 100.0 |
| Race/Ethnicity | | | | | | | | |
| Hispanic | 18 | 14.5 | 106 | 9.7 | 179 | 6.9 | ^E | ^E |
| American-Indian Non-Hispanic | 1 | 0.8 | 11 | 1.0 | 27 | 1.0 | ^E | ^E |
| Asian Non-Hispanic | 1 | 0.8 | 1 | 0.1 | 1 | 0.0 | ^E | ^E |
| Black Non-Hispanic | 35 | 28.2 | 244 | 22.3 | 470 | 18.1 | ^E | ^E |
| White Non-Hispanic | 65 | 52.4 | 723 | 66.0 | 1,908 | 73.3 | ^E | ^E |
| Old Asian/Pacific Islander Non-Hispanic ^D | 2 | 1.6 | 7 | 0.6 | 13 | 0.5 | ^E | ^E |
| Multi-Race Non-Hispanic | 2 | 1.6 | 2 | 0.2 | 3 | 0.1 | ^E | ^E |
| Unknown Non-Hispanic | . | . | 2 | 0.2 | 2 | 0.1 | ^E | ^E |
| Total | 124 | 100.0 | 1,096 | 100.0 | 2,603 | 100.0 | ^E | ^E |
| Gender | | | | | | | | |
| Male | 98 | 79.0 | 935 | 85.3 | 2,320 | 89.1 | 718,002 | 81.8 |
| Female | 26 | 21.0 | 161 | 14.7 | 283 | 10.9 | 159,271 | 18.2 |
| Total | 124 | 100.0 | 1,096 | 100.0 | 2,603 | 100.0 | 877,273 | 100.0 |
| Adult/Adolescent Exposure Category | | | | | | | | |
| Men Who Have Sex with Men (MSM) | 55 | 45.1 | 624 | 57.4 | 1,626 | 62.9 | 420,790 | 48.0 |
| Injection Drug User (IDU) | 9 | 7.4 | 108 | 9.9 | 246 | 9.5 | 240,268 | 27.4 |
| MSM and IDU | 8 | 6.6 | 102 | 9.4 | 242 | 9.4 | 59,719 | 6.8 |
| Hemophilia and Coagulation Disorder | . | . | 9 | 0.1 | 41 | 1.6 | . | . |
| High Risk Heterosexual Contact | 16 | 13.1 | 156 | 14.4 | 248 | 9.6 | 135,628 | 15.5 |
| Transfusion/Transplant | 3 | 2.5 | 14 | 1.3 | 52 | 2.0 | . | . |
| No Identified Risk (NIR) | 31 | 25.4 | 74 | 6.8 | 129 | 5.0 | 20,868 | 2.4 |
| Total | 122 | 100.0 | 1,087 | 100.0 | 2,584 | 100.0 | 877,273 | 100.0 |
| Pediatric (<13 Years) Category | | | | | | | | |
| Hemophilia and Coagulation Disorder | . | . | 2 | 22.2 | 5 | 26.3 | . | . |
| Mother with HIV | 2 | 100.0 | 5 | 55.6 | 12 | 63.2 | 8,629 | 92.8 |
| Transfusion/Transplant | . | . | 1 | 11.1 | 1 | 5.3 | . | . |
| No Identified Risk (NIR) | . | . | 1 | 11.1 | 1 | 5.3 | 671 | 7.2 |
| Total | 2 | 100.0 | 9 | 100.0 | 19 | 100.0 | 9,300 | 100.0 |

A Newly Reported cases are cases reported between January 1, 2003 and December 31, 2003.

B Prevalent cases are those people presumed living in KS with HIV and AIDS.

C Cumulative cases are those people ever reported to have HIV and AIDS.

D As of 1-1-03 CDC requires all Surveillance Programs to collect Race/Ethnicity in the same manner as the Census Bureau

E US data is not available for the year 2003 and therefore race categories are not comparable.

Percentages may not add to 100% due to rounding.

Kansas Newly Reported, Prevalent, and Cumulative HIV Cases Reported as of December 31, 2003

| | Kansas Newly Reported HIV Cases as of December 31, 2003 ^A | | Kansas Prevalent HIV Cases as of December 31, 2003 ^B | | Kansas Cumulative HIV Cases as of December 31, 2003 ^C | | U.S. Cumulative HIV Cases as of December 31, 2002 ^C | |
|--|--|------------|---|------------|--|------------|--|--------------|
| | N | Percentage | N | Percentage | N | Percentage | N | Percentage |
| Cases | | | | | | | | |
| Adult/Adolescent | 104 | 100.0 | 463 | 98.5 | 477 | 98.6 | 308,614 | 99.0 |
| Pediatric (<13 Years Old) | . | . | 7 | 1.5 | 7 | 1.4 | 3,219 | 1.0 |
| Total | 104 | 100.0 | 470 | 100.0 | 484 | 100.0 | 312,133 | 100.0 |
| Age | | | | | | | | |
| <13 Years | . | . | 7 | 1.5 | 7 | 1.4 | 3,219 | 1.0 |
| 13 To 14 Years | . | . | 2 | 0.4 | 2 | 0.4 | 391 | 0.1 |
| 15 To 24 Years | 13 | 12.5 | 76 | 16.2 | 76 | 15.7 | 40,896 | 13.1 |
| 25 To 34 Years | 49 | 47.1 | 185 | 39.4 | 189 | 39.0 | 115,468 | 37.0 |
| 35 To 44 Years | 26 | 25.0 | 137 | 29.1 | 141 | 29.1 | 100,294 | 32.1 |
| 45 To 54 Years | 14 | 13.5 | 49 | 10.4 | 52 | 10.7 | 37,763 | 12.1 |
| 55 To 64 Years | 2 | 1.9 | 12 | 2.6 | 13 | 2.7 | 10,647 | 3.4 |
| 65 Years or Older | . | . | 2 | 0.4 | 4 | 0.8 | 3,455 | 1.1 |
| Total | 104 | 100.0 | 470 | 100.0 | 484 | 100.0 | 312,133 | 100.0 |
| Race/Ethnicity | | | | | | | | |
| Hispanic | 17 | 16.3 | 65 | 13.8 | 68 | 14.0 | ^E | ^E |
| American-Indian Non-Hispanic | . | . | 2 | 0.4 | 2 | 0.4 | ^E | ^E |
| Asian Non-Hispanic | 1 | 1.0 | 1 | 0.2 | 1 | 0.2 | ^E | ^E |
| Black Non-Hispanic | 34 | 32.7 | 120 | 25.5 | 121 | 25.0 | ^E | ^E |
| White Non-Hispanic | 50 | 48.1 | 269 | 57.2 | 278 | 57.4 | ^E | ^E |
| Old Asian/Pacific Islander Non-Hispanic ^D | . | . | 1 | 0.2 | 2 | 0.4 | ^E | ^E |
| Multi-Race Non-Hispanic | 2 | 1.9 | 2 | 0.4 | 2 | 0.4 | ^E | ^E |
| Unknown Non-Hispanic | . | . | 10 | 2.1 | 10 | 2.1 | ^E | ^E |
| Total | 104 | 100.0 | 470 | 100.0 | 484 | 100.0 | ^E | ^E |
| Gender | | | | | | | | |
| Male | 73 | 70.2 | 361 | 76.8 | 373 | 77.1 | 228,572 | 74.0 |
| Female | 31 | 29.8 | 109 | 23.2 | 111 | 22.9 | 80,336 | 26.0 |
| Total | 104 | 100.0 | 470 | 100.0 | 484 | 100.0 | 308,908 | 100.0 |
| Adult/Adolescent Exposure Category | | | | | | | | |
| Men Who Have Sex with Men (MSM) | 39 | 37.5 | 207 | 44.7 | 212 | 44.4 | 134,357 | 43.5 |
| Injection Drug User (IDU) | 5 | 4.8 | 54 | 11.7 | 55 | 11.5 | 65,592 | 21.2 |
| MSM and IDU | 6 | 5.8 | 31 | 6.7 | 32 | 6.7 | 17,758 | 5.7 |
| High Risk Heterosexual Contact | 17 | 16.3 | 67 | 14.5 | 68 | 14.3 | 86,829 | 28.1 |
| Transfusion/Transplant | . | . | 2 | 0.4 | 2 | 0.4 | . | . |
| No Identified Risk (NIR) | 37 | 35.6 | 102 | 22.0 | 108 | 22.6 | 4,372 | 1.4 |
| Total | 104 | 100.0 | 463 | 100.0 | 477 | 100.0 | 308,908 | 100.0 |
| Pediatric (<13 Years) Category | | | | | | | | |
| Hemophilia and Coagulation Disorder | . | . | 1 | 14.3 | 1 | 14.3 | . | . |
| Mother with HIV | . | . | 6 | 85.7 | 6 | 85.7 | 2,754 | 85.6 |
| No Identified Risk (NIR) | . | . | . | . | . | . | 465 | 14.4 |
| Total | . | . | 7 | 100.0 | 7 | 100.0 | 3,219 | 100.0 |

A Newly Reported cases are cases reported between January 1, 2003 and December 31, 2003.

B Prevalent cases are those people presumed living in KS with HIV and AIDS.

C Cumulative cases are those people ever reported to have HIV and AIDS.

D As of 1-1-03 CDC requires all Surveillance Programs to collect Race/Ethnicity in the same manner as the Census Bureau.

E US data is not available for the year 2003 and therefore race categories are not comparable.

Percentages may not add to 100% due to rounding.

**Prevalent Adult/Adolescent AIDS Cases by Exposure and Gender Reported as of
December 31, 2003**

| | Male | | Female | | Total | |
|---|------|-------|--------|-------|-------|-------|
| | N | % | N | % | N | % |
| Adult/Adolescent Exposure Category | | | | | | |
| Men who have sex with men (MSM) | 624 | 67.1 | . | . | 624 | 57.4 |
| Injection Drug User (IDU) | 75 | 8.1 | 33 | 21.0 | 108 | 9.9 |
| MSM and IDU | 102 | 11.0 | . | . | 102 | 9.4 |
| Hemophilia and/or Coagulation Disorder | 9 | 1.0 | . | . | 9 | 0.8 |
| Heterosexual Contact | 54 | 5.8 | 102 | 65.0 | 156 | 14.3 |
| <i>Sex with an IVDU</i> | 11 | | 22 | | 33 | |
| <i>Sex with other High Risk Partner</i> | 43 | | 80 | | 123 | |
| Transfusion/Transplant | 9 | 1.0 | 5 | 3.2 | 14 | 1.3 |
| No Identified Risk (NIR) | 57 | 6.1 | 17 | 10.8 | 74 | 6.8 |
| TOTAL | 930 | 100.0 | 157 | 100.0 | 1087 | 100.0 |

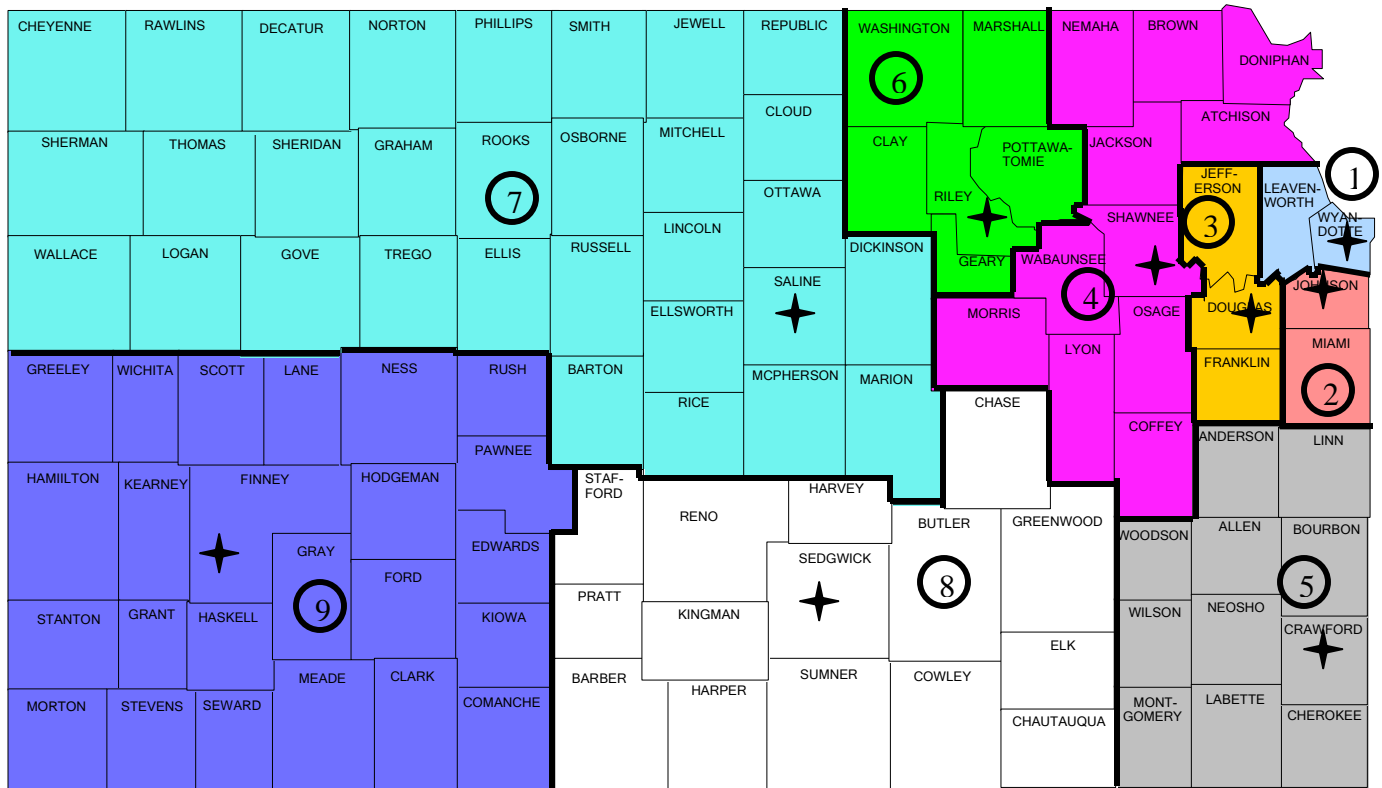
Percentages may not add to 100% due to rounding.

**Prevalent Adult/Adolescent HIV Cases by Exposure and Gender Reported as of
December 31, 2003**

| | Male | | Female | | Total | |
|---|------|-------|--------|-------|-------|-------|
| | N | % | N | % | N | % |
| Adult/Adolescent Exposure Category | | | | | | |
| Men who have sex with men (MSM) | 207 | 57.7 | . | . | 207 | 44.7 |
| Injection Drug User (IDU) | 33 | 9.2 | 21 | 20.2 | 54 | 11.7 |
| MSM and IDU | 31 | 8.6 | . | . | 31 | 6.7 |
| Heterosexual Contact | 21 | 5.9 | 46 | 44.3 | 67 | 14.5 |
| <i>Sex with an IVDU</i> | 2 | | 11 | | 13 | |
| <i>Sex with other High Risk Partner</i> | 19 | | 35 | | 54 | |
| Transfusion/Transplant | 2 | 0.6 | . | . | 2 | 0.4 |
| No Identified Risk (NIR) | 65 | 18.1 | 37 | 35.6 | 102 | 22.0 |
| TOTAL | 359 | 100.0 | 104 | 100.0 | 463 | 100.0 |

Percentages may not add to 100% due to rounding.

HIV Regions in Kansas



- Region 1- Kansas
- Region 4- Topeka
- Region 7- Salina
- Region 5- Pittsburg
- Region 8- Wichita
- Region 9- Garden City
- Region 3- Lawrence
- Region 6- Manhattan
- ★ Major Cities

| Region | Kansas Newly Reported AIDS Cases as of December 31,2003 | Kansas Newly Reported HIV Cases as of December 31,2003 | Kansas Prevalent AIDS Cases as of December 31,2003 | Kansas Prevalent HIV Cases as of December 31,2003 | Kansas Cumulative AIDS Cases as of December 31,2003 | Kansas Cumulative HIV Cases as of December 31,2003 |
|--------------|---|--|--|---|---|--|
| 1 | 30 | 19 | 260 | 89 | 521 | 92 |
| 2 | 13 | 25 | 176 | 76 | 438 | 78 |
| 3 | 4 | 4 | 45 | 14 | 106 | 14 |
| 4 | 12 | 6 | 101 | 37 | 261 | 41 |
| 5 | 3 | 2 | 28 | 19 | 120 | 19 |
| 6 | 2 | 8 | 33 | 20 | 90 | 20 |
| 7 | 8 | 6 | 45 | 22 | 102 | 22 |
| 8 | 48 | 28 | 378 | 167 | 891 | 170 |
| 9 | 4 | 6 | 30 | 25 | 74 | 27 |
| Unknown | . | . | . | 1 | . | 1 |
| TOTAL | 124 | 104 | 1096 | 470 | 2603 | 484 |

**Kansas Infertility Prevention Project (KIPP)
January-December 2003**

- ✓ KIPP sites screened 30,474 females for chlamydia in 2003. 1,919 or 6.3% were positive.
- ✓ 71% of tests were done in women between the ages of 15-24, and the same group accounted for 81.4% of the positive tests for chlamydia.
- ✓ Adolescent and STD clinics continue to have the highest percent positives when compared to other clinics.

