

# HIV Disease in Kansas

## Legislative Report January 2014

**Kansas Department of Health and Environment**

**STI/HIV Section**



Sources of information for this report:

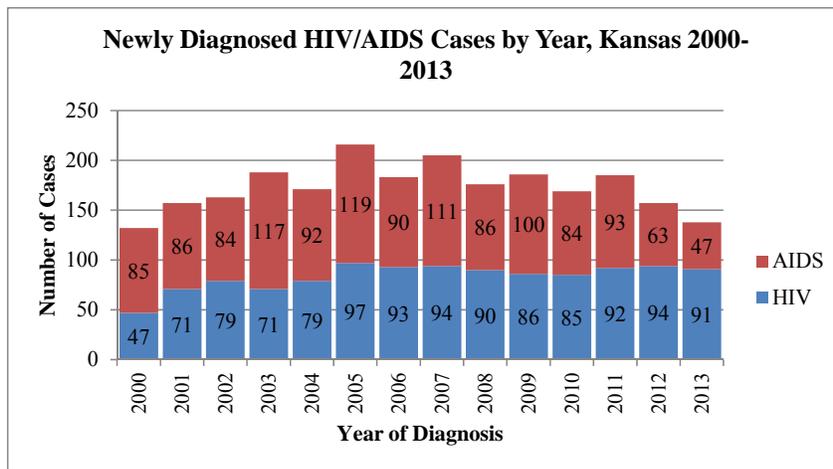
Kansas Department of Health and Environment  
Bureau of Disease Control and Prevention  
Kansas STI/HIV Section

For further information, contact the STI/HIV Section at 785-296-6174

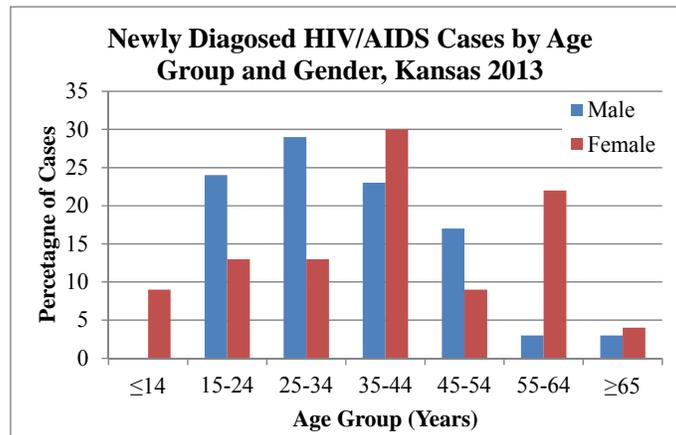
**SUMMARY**

This is a brief summary detailing the current state of the HIV/AIDS epidemic in the State of Kansas. This report also provides a synopsis of the prevention and intervention efforts of the Bureau of Disease Control and Prevention’s STI/HIV Section in the fight against HIV/AIDS.

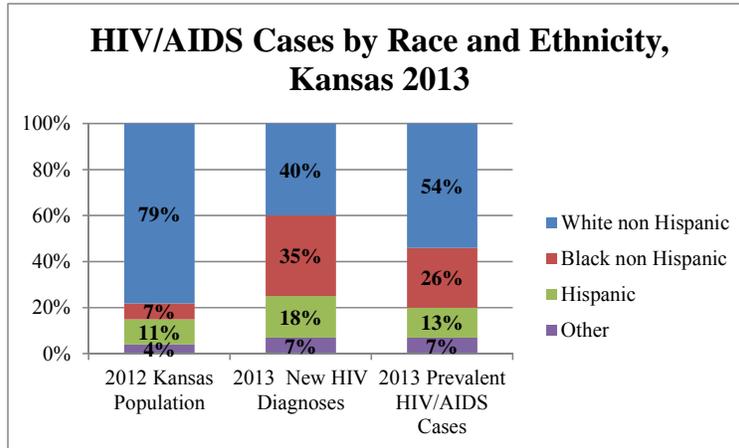
According to data reported through December 2013, it is estimated that there are 3,372 persons in Kansas currently living with HIV/AIDS. Of these, there are approximately 1,621 (51%) that currently have an AIDS diagnosis. The number of newly reported cases of HIV/AIDS for 2013 as of December was 138. This is a 12% decrease in the number of newly reported cases from the 157 reported in 2012. Of the newly reported cases, 47 (34%) were reported with a diagnosis of AIDS.



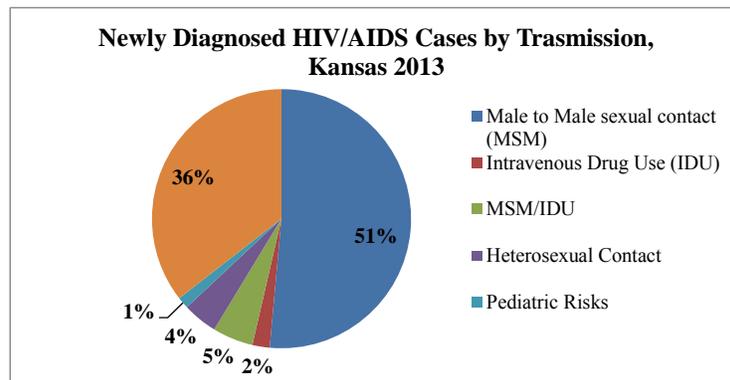
About 87% of the newly reported cases were male and the remaining 17% were female. The rate of infection for males was 8.0 per 100,000 compared to 1.6 per 100,000 for females. Fifty-one percent of all cases were between the ages of 25 and 44 years. Seventy-six percent of the male cases were between 15 and 44 years. However, for females the most represented age groups were 35-44 years and 55-64 years.



The burden of HIV disease has a disproportionate impact on racial and ethnic minorities in Kansas. White non-Hispanics represented 79% of the Kansas population and only 40% of the newly reported cases. At the same time, Black non-Hispanics represented 7% of the population and 35% of the newly reported cases.

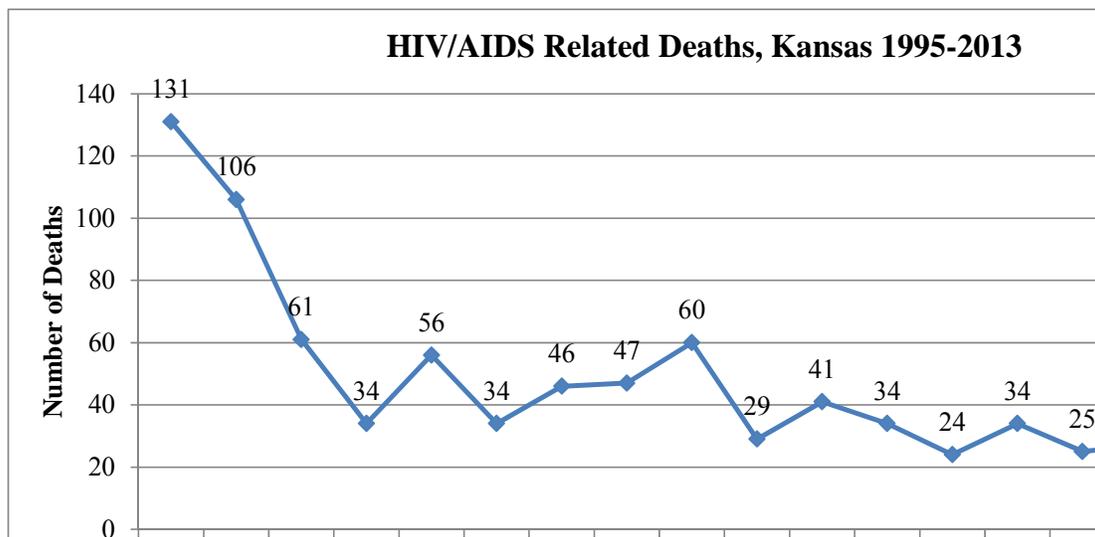


The mode of exposure examines behaviors that put persons at risk for becoming infected with HIV. Men who have sex with men (MSM) continued to be the leading mode of exposure with over 56% of the newly diagnosed cases reported it as their risk factor (MSM and MSM/IDU). The percent of cases with no identifiable risk remained the same at 36% in 2013. As newly reported cases are interviewed and data is collected, the percent of cases with no identified risk should decrease.



The six most populated counties in Kansas (Johnson, Shawnee, Leavenworth, Douglas, Wyandotte and Sedgwick) accounted for 55% of the state’s population and 74% of the newly diagnosed HIV/AIDS cases reported in 2013. The rate of newly reported cases for these six urban counties was 6.4 cases per 100,000 persons compared to a rate of 2.8 cases per 100,000 persons in the remaining 99 counties in the state.

Since the advent of Highly Active Antiretroviral Therapy (HAART) in the mid-1990s, there have been significant declines in the number of deaths attributed to HIV/AIDS. According to CDC, studies have shown that patients taking HAART have experienced significant reductions in viral loads and decreased incidence of opportunistic infections (which are one of the main indicators of HIV infection progressing to AIDS). As can be noted in the chart below, Kansas has been experiencing a relatively stable decline in the number of deaths due to HIV/AIDS since 1995.



**HIV Testing**

During FY2013, the STI/HIV Section supported 34 HIV Counseling and Testing (CT) sites within Kansas consisting of local health departments, community-based organizations, and institutions. Kansas state law requires anonymous testing be available within 100 miles of any point in the state. In compliance with this requirement, the HIV CTL Program supports anonymous testing throughout the state.

The STI/HIV CT program offers conventional (blood draw or oral mucosal) and rapid (Clearview 1/2 Complete) testing to identify individuals infected with HIV. These testing technologies have allowed the STI/HIV CT Program to offer testing to target populations in association with HIV prevention activities, and using an opt-out strategy in select clinic-based settings.

The approximate number of positive tests for both conventional and rapid testing confirmed through the Kansas Health and Environmental Laboratories are presented in the table below. As of June 2013, KDHE-supported CT sites conducted approximately 19,622 conventional and 4,045 rapid HIV tests. Of the 19,622 conventional tests conducted, 64 were newly-confirmed positive tests (0.3 percent positive). Of the 4,045 rapid HIV tests conducted, 37 were newly-confirmed positive tests (0.9 percent positive).

Year	Number of blood/OraSure Tests	Number of positives	% Confirmed Positive	Number of Rapid Tests	Number of positives	% Confirmed Positive
2009	21,980	46	0.2%	2,895	18	0.6%
2010	18,149	30	0.2%	12,037	37	0.3%
2011	19,995	34	0.2%	10,925	51	0.5%
2012	18,863	19	0.1%	10,722	33	0.3%
2013	19,622	64	0.3%	4,045	37	0.9%

**Partner Counseling and Referral Services**

All newly diagnosed individuals with HIV are referred to a Behavioral Intervention Specialist (BIS) for Partner Services (PS). PS provides services to the sex and needle-sharing partners of HIV infected individuals so they can avoid infection or, if already infected, can prevent transmission to others.

In CY2013, BIS were assigned 114 newly diagnosed HIV individuals to interview for Partner Services. BIS interviewed 113 of the 114 newly diagnosed HIV individuals (99%). They initiated 362 sexual and/or needle sharing partners to these individuals for referral, counseling and testing. Seventeen of the 347 partners were diagnosed with new HIV infections. Additionally, 339 individuals were investigated for referral, counseling and testing as social contacts. Social contacts are individuals that are not sexual and/or needle sharing partners but are individuals in need of risk reduction and /or medical services. Four of the 342 social contacts were diagnosed with new HIV infections.

### **Linking Patients to Medical Services**

One of the primary goals of the HIV/AIDS Section is to assist infected individuals in identifying and receiving necessary clinical care and supportive services. These services are designed to improve health and reduce transmission behaviors for persons living with HIV/AIDS in the state. The Ryan White Program supports two Linkage to Care Coordinators as part of the strategy to accomplish these purposes. Linkage to Care coordination is strengths-based, short-term case management. The goal is to link individuals who are diagnosed with HIV to medical care. Once a client is linked to a medical provider he/she is then transferred into the Ryan White medical case management system for ongoing support and services.

Publicly funded services available to Kansas residents include those administered through the Ryan White CARE Act; Part A, which includes four Kansas counties as part of the Kansas City metropolitan area, Part C thru the University of Kansas School of Medicine-Wichita and Part B and AIDS Drug Assistance Program (ADAP) statewide. Other publicly funded services include Kansas Medicaid, Medicare, Medicare and Housing Opportunities for People with AIDS (HOPWA).

### **Conclusions**

Confidential HIV reporting has provided a great deal of insight into the distribution, transmission and linkages to care for HIV infection in Kansas. It has allowed for the effective identification of infected partners of reported cases, and has facilitated the link of infected individuals to clinical care and other supportive service programs. It has also provided timely data for assessment of prevention efforts in the course of the disease process.