

HIV Disease in Kansas

Legislative Report January 2012

Kansas Department of Health and Environment

HIV/AIDS Section



Sources of information for this report:

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

For further information, contact the HIV/AIDS Section at 785-296-8596

SUMMARY

This report entails the annual summary of the HIV/AIDS epidemic in the state of Kansas since the enactment of the July 1999 state statute instituting confidential name based reporting of HIV to the Kansas Department of Health and Environment (KDHE).

Based upon cases reported through December 2011, the Kansas HIV/AIDS Surveillance Program estimates that there are approximately 2,918 individuals presumed to be living with HIV (regardless of AIDS) residing in Kansas. Of these cases, 52% or 1,537 currently have a diagnosis of AIDS. The number of newly reported cases of HIV (regardless of AIDS) in Kansas was 169 in 2011. This is approximately a 1% decrease from the 2010 total of 171 cases. Of the 169 newly reported cases, approximately 50% (76) had a diagnosis of AIDS. Of the 76 newly reported AIDS cases there were approximately 32 cases that were simultaneously diagnosed with both HIV and AIDS in this reporting year.

Report Year	HIV(only)	AIDS	Total Newly Reported Cases
2007	89	135	224
2008	117	108	225
2009	98	114	212
2010	76	95	171
2011	93	76	169

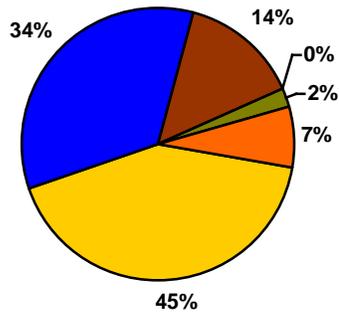
Approximately 84% of the newly reported cases in Kansas were male and the remaining 16% were female; compared to roughly 77% males and 23 % females reported nationally in 2009. The rate of infection for males in 2011 was approximately 10.1 per 100,000, compared to 1.8 per 100,000 for females. Sixty-eight percent of the newly reported cases in Kansas were among minorities, compared to 69 % reported nationally in 2009. Forty-three percent of the newly reported cases in 2011 were White, 34% Black, 14% Hispanic and the remaining 9% other (American Indian, Asian/Pacific Islanders and Multi-race). Fifty-two percent of the newly reported cases of HIV/AIDS in 2011 were between the ages of 25 and 44 compared to 53% reported nationally by Centers for Disease Control and Prevention (CDC) for 2009. Another 22% of the newly diagnosed cases in Kansas were youth between the ages of 15 and 24 compared to approximately 30% reported nationally in 2009.

Exposure Category Reported for New 2011 Kansas Cases	HIV (only)	AIDS	Total %
Male to Male sexual contact (MSM)	48	47	56.2%
Intravenous Drug Use (IDU)	1	6	4.1%
Male to Male sexual contact & intravenous drug use (MSM/IDU)	3	4	4.1%
Heterosexual (Hetero)	13	5	10.7%
No Identified Risk (NIR)	26	14	23.7%
Pediatric risks (All risks combined)	2	0	1.2%

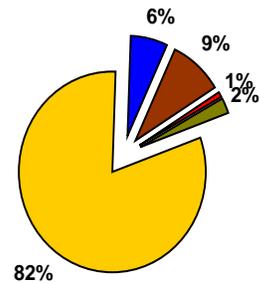
Of the 169 newly reported cases 56% reported a risk of male to male sexual contact (MSM) followed by 11% reporting a risk of heterosexual contact, another 4.1% noting a risk of male to male sexual contact and intravenous drug use (MSM/IDU), another 4.1%

noted a risk of intravenous drug use (IDU) and another 24% having no identified risk reported. One percent of the cases reported in 2011 noted pediatric risks. The six most populated counties in Kansas (Johnson, Shawnee, Leavenworth, Douglas, Wyandotte and Sedgwick) accounted for 55% of the state's population and 73% of the newly diagnosed HIV/AIDS cases reported in 2011. The rate of infection for these six urban counties was 8.7 per 100,000 persons compared to a rate of 2.5 per 100,000 persons in the remaining 99 non-urban counties in the state.

Newly Reported cases of HIV/AIDS by Race in Kansas, 2011

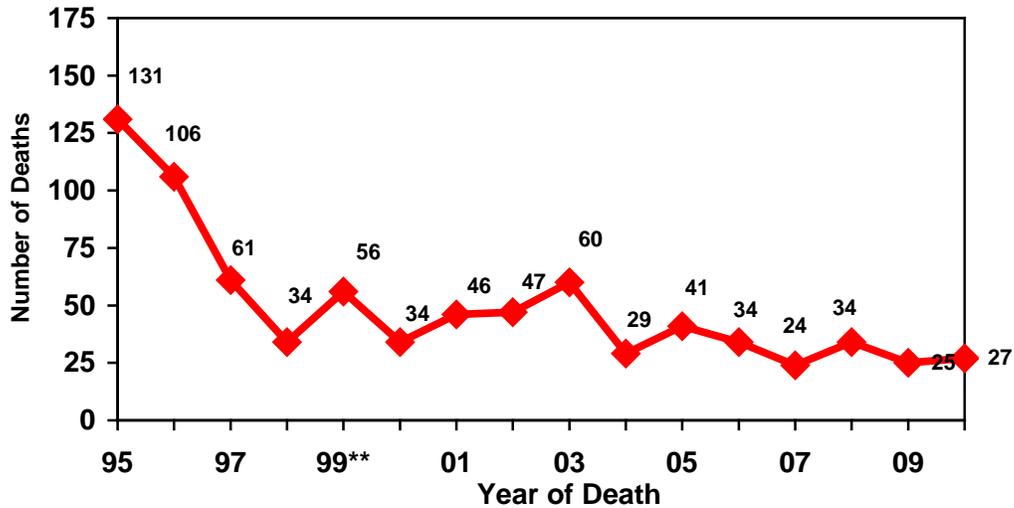


Kansas Population



White
 Black
 Hispanic
 Amer. Indian
 Asian/PI
 Multi Race

There has been a significant decline in the number of deaths attributed to HIV/AIDS in Kansas since the institution of Highly Active Antiretroviral Therapy (HAART). 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).



HIV Testing

During FY 2011, the HIV Program supported 84 HIV Counseling, Testing and Referral (CTR) 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 given point in the state. In compliance with this requirement, the HIV CTR Program offers anonymous testing at 62 testing sites throughout the state.

The HIV CTR program offers conventional (either blood draw or oral mucosal) and Clearview ½ Complete rapid testing to find persons with HIV infection. These testing technologies have allowed the HIV CTR program to offer testing to target populations in association with HIV prevention activities, and in opt-out clinic-based settings.

The table below illustrates the approximate number of positive tests for both conventional testing (blood/OraSure) and rapid testing confirmed through the Kansas Department of Health and Environment Lab. As of June 2011, KDHE-supported CTR sites conducted approximately 19,995 conventional and 10,925 rapid HIV tests. Of the 19,995 conventional tests conducted, 34 were newly-confirmed positive tests with a 0.2% positivity rate. Of the 10,925 rapid HIV tests conducted, 51 were confirmed positive with a 0.5% positivity rate.

Year	Number of blood/OraSure Tests	Number of positives	% Actual	Number of Rapid Tests	Number of positives	% Actual
2008	23,211	48	0.2%	1,828	16	0.9%
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%

Since the introduction of oral and rapid testing technologies for HIV, the HIV CTR program has consistently achieved a substantially higher positivity rate than before when traditional blood-based testing was the only testing technology used. Use of these new technologies has likely contributed to the increased number of individuals newly

diagnosed with HIV as these technologies have increased sensitivity and are capable of detecting HIV infection earlier than previous technologies.

Partner Counseling and Referral Services

All newly diagnosed individuals with HIV are referred to Disease Intervention Specialist (DIS) for Partner Services (PS). PS provides services to HIV infected individuals as well as counsels and refers sex and needle-sharing partners so they can avoid infection or, if already infected, can prevent transmission to others.

In FY2011, DIS was assigned 162 newly diagnosed HIV individuals to interview for Partner Services. DIS interviewed 158 of the 162 newly diagnosed HIV individuals (98%). They initiated 368 sexual and/or needle sharing partners to these individuals for referral, counseling and testing. Fifteen of the 368 partners were diagnosed with new HIV infections. Additionally, 441 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. Two of the 441 social contacts were diagnosed with new HIV infections.

Linking patients to care 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. 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 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).

Referrals for positives are recorded and tracked by HIV/AIDS Surveillance staff using a post-test positive checklist and the case report. The program has integrated the data from the Sexually Transmitted Disease Management Information System (STD MIS), the HIV/AIDS Reporting System (eHARS), Ryan White Case Management (SCOUT) data systems and the CDC's web-based program evaluation management system (PEMS) to evaluate the effectiveness of the continuum of prevention and care services. The system is comprised of multiple information systems but aggregate data can be compiled for each element of the system.

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.