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HIV/AIDS Data through December 2014

Provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2016

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Acknowledgments

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Contents

The Ryan White HIV/AIDS Program statute was first enacted into law in 1990 and was amended in 1996, 2000, 2006, and 2009. More information about the legislation and its history is available from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) at http://hab.hrsa.gov/abouthab/legislation.html.

In the implementation of the Ryan White HIV/AIDS Program (RWHAP) Parts A and B, HRSA HAB and the Centers for Disease Control and Prevention (CDC) collaborate to ensure the appropriate HIV and AIDS surveillance data are used in determining eligibility and funding allocation amounts. In FY 2016, HRSA used total counts of persons living with diagnosed HIV infection non-AIDS and persons living with infection ever classified as AIDS to calculate funding allocation amounts for eligible jurisdictions. Prior to FY 2007, only AIDS cases, adjusted by survival rate (estimated number of persons living with HIV infection ever classified as AIDS), were used in the formula. Beginning in FY 2007, persons living with diagnosed HIV infection non-AIDS as well as persons living with infection ever classified as AIDS, as reported to and confirmed by the Director of CDC, were used to calculate funding allocation amounts. See Technical Notes for further explanation.

The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS are used to determine funding levels for Ryan White HIV/AIDS Program Parts A and B. For FY 2016, CDC provided HRSA with data files containing the total number of persons reported living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS through calendar year 2014 for all jurisdictions. The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS were added together to arrive at the total number of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS for each eligible area: eligible metropolitan area (EMA), transitional grant area (TGA), emerging community (EC), state, and territory. These totals were used in the RWHAP Parts A and B funding formula calculations.

From FY 2007 through FY 2012, HRSA was required to accept code-based or non-name HIV non-AIDS data from jurisdictions without mature name-based data. Since FY 2013, RWHAP Parts A and B funding amounts have been based on name-based HIV reporting for both the total number of persons living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS across all jurisdictions.

RWHAP Part A Funding

For the RWHAP Part A funding formula, HRSA continues to use cumulative cases of AIDS reported to and confirmed by the Director of CDC for the most recent 5 calendar years for which such data are available to determine eligibility, as instructed by the RWHAP statute. RWHAP Part A has 2 categories of grantees: EMAs and TGAs. EMAs are defined as jurisdictions that have a cumulative total of 2,000 or more AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available and a minimum population of 50,000 persons (prior to FY 2007, the minimum population threshold for inclusion as an EMA was 500,000). An area will continue to be an EMA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of 2,000 or more cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 3,000 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. In FY 2016, there were 24 EMAs.

The other category of Part A grantees, TGAs, are defined as those jurisdictions that have a cumulative total of at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available and a minimum population of

50,000 persons. An area will remain a TGA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of at least 1,000 but fewer than 2,000 cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 1,500 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. Provisions in the RWHAP statute provided for a modification beginning in FY 2009: in the case where a metropolitan area has a cumulative total of at least 1,400 but fewer than 1,500 persons living with HIV infection ever classified as AIDS as of December 31 of the most recent calendar year for which such data are available, such area shall be treated as having met criterion (b) as long as the area did not have more than 5% of the TGA grant award unobligated at the end of the most recent fiscal year. Areas that have fallen below either or both of the required TGA thresholds, but that continue to be eligible per the RWHAP statute because they must fail both criteria for 3 consecutive years, remain designated as TGAs and are presented in the TGA tables. For FY 2016, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2016—both EMAs and TGAs—are those metropolitan statistical area (MSA) boundaries determined by the Office of Management and Budget (OMB) for use in federal statistical activities that were in effect when they were initially funded under Part A [1–3].* For all newly eligible areas, of which there were none in FY 2016, the boundaries are based on current MSA boundary definitions determined by OMB [1–3].

Minority AIDS Initiative (MAI) formula funds for Part A are awarded based on the reported number of minority persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data for MAI formula funds are not included in this report.

*In FY 2015, 1 additional TGA received funding using boundaries that were different than those that were in effect when that jurisdiction first received funding. The decision to change the boundaries for this particular TGA was the result of litigation that has since been resolved in HRSA's favor. HRSA has consistently maintained that the geographic boundaries are those that are determined by OMB, and that such boundaries must remain fixed in time.

RWHAP Part B Funding

RWHAP Part B and AIDS Drug Assistance Program (ADAP) funds are awarded via 3 separate grant award processes: the RWHAP Part B Program formula award, the RWHAP Part B Supplemental award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. Each award is applied for and awarded separately. Funding is determined through formula and through demonstrated need, depending on the RWHAP Part B grant, as described below. The primary RWHAP Part B Program formula award includes several components: the RWHAP Part B Base award, the ADAP Base award, the MAI award (for those states that are eligible), the EC award (for those states that are eligible), and the ADAP Supplemental award (for those states that HRSA deems eligible and that choose to apply). The Part B Supplemental grant is a competitive award for states that demonstrate the need for additional Part B funds. The ADAP Emergency Relief Funds are competitive awards to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

Part B Formula and Supplemental Grants

RWHAP Part B Base, ADAP Base, and EC funds are distributed using a funding formula process; the awards are based on the reported number of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS in the state or territory through the end of the most recent calendar year as confirmed by the Director of CDC. The RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for grantees applying for MAI formula funds, awards are based on the reported number of minority persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data for MAI formula funds are not included in this report. Supplemental ADAP grants are awarded by the same formula as ADAP Base to states that meet any of the criteria listed in that section of the Funding Opportunity Announcement for the purpose of providing medications or insurance assistance for persons living with HIV/AIDS.

RWHAP Part B Supplemental, ADAP Supplemental, and ADAP ERF grants are awarded to states demonstrating the severity of the burden of HIV infection and the need for additional federal assistance. The funds are intended to supplement the services otherwise provided by the state. The applications are reviewed through a federally approved technical review process. States and territories applying for supplemental funds must provide quantifiable data on HIV epidemiology, comorbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges.

RWHAP Part B EC eligibility is also determined based on the number of persons living with HIV infection ever classified as AIDS in that jurisdiction. ECs are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available. An area will remain an EC unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of at least 500 but fewer than 1,000 cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 750 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent year for which such data are available. As with EMAs and TGAs, the geographic boundaries for ECs are those that were determined by OMB and that were in effect when initially funded.

In October 2009, Congress enacted amendments to the Ryan White HIV/AIDS Program (RWHAP) statute. The Act specifies the use of surveillance data on persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS to determine formula funding for RWHAP Parts A and B HIV care and services programs. The RWHAP authorizes the Centers for Disease Control and Prevention (CDC) to provide AIDS data to the Health Resources and Services Administration (HRSA) for use in their funding formula for all jurisdictions and provide HIV non-AIDS case data for areas with accurate and reliable name-based reporting as specified in the Act. The Act provided that areas without name-based HIV reporting systems in place could report HIV non-AIDS data directly to HRSA until FY 2012. Beginning in FY 2013, determinations were to be based on HIV non-AIDS and AIDS data reported by CDC to HRSA for all jurisdictions.

As of December 2014, the Marshall Islands and the Federated States of Micronesia had not implemented name-based or code-based reporting systems. CDC is currently not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia as their surveillance systems have not yet been certified. However, in the event that another jurisdiction reported cases that were diagnosed in either the Marshall Islands or the Federated States of Micronesia, the cases would be reflected in the data that CDC sends to HRSA annually.

Data Requirements and Definitions

Case counts in all tables are presented by residence at earliest HIV diagnosis for persons with diagnosed HIV infection non-AIDS and residence at earliest AIDS diagnosis for persons with infection ever classified as AIDS. Data are presented by date of report rather than date of diagnosis (e.g., persons reported as alive as of December 31, 2014). Boundaries for eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that became eligible prior to FY 2007 are based on the Office of Management and Budget (OMB) metropolitan statistical area (MSA) delineations that were in effect for such areas for FY 1994 (additional information on historical delineations is available at http://www.census.gov/population/metro/data/pastmetro.html). Boundaries for EMAs, TGAs, and emerging communities (ECs) that became eligible after 2006 are determined using applicable OMB definitions based on the year of first eligibility.

Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS and 5-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS are defined as persons reported as “alive” at last update.

HIV non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the 2008 revised surveillance case definitions for HIV infection among adults, adolescents, and children <18 months and for HIV infection and AIDS among children aged 18 months to <13 years [4].

References

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4. CDC [Schneider E, Whitmore S, Glynn MK, Dominguez K, Mitsch A, McKenna MT]. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States 2008. *MMWR* 2008;57(RR-10):1–12.

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2010–2014 and as of December 2014—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2010–2014 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2014) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	6,502	15,402
Baltimore, Maryland	2,796	10,313
Boston–Brockton–Nashua, Massachusetts–New Hampshire	2,576	9,698
Chicago, Illinois	4,732	16,354
Dallas, Texas	3,155	10,250
Detroit, Michigan	1,637	5,515
Fort Lauderdale, Florida	2,433	9,499
Houston, Texas	4,732	14,119
Los Angeles–Long Beach, California	6,746	27,457
Miami, Florida	3,291	14,623
Nassau–Suffolk, New York	928	3,690
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	707	4,111
New Orleans, Louisiana	1,375	4,548
New York, New York	11,368	64,751
Newark, New Jersey	1,870	7,228
Orlando, Florida	1,759	5,828
Philadelphia, Pennsylvania–New Jersey	3,534	14,194
Phoenix–Mesa, Arizona	1,368	4,912
San Diego, California	1,402	7,441
San Francisco, California	1,639	11,140
San Juan–Bayamon, Puerto Rico	1,531	6,717
Tampa–St. Petersburg–Clearwater, Florida	1,814	6,453
Washington, DC–Maryland–Virginia–West Virginia	4,952	19,148
West Palm Beach–Boca Raton, Florida	1,120	5,036
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	779	3,025
Baton Rouge, Louisiana	1,073	2,611
Bergen–Passaic, New Jersey	606	2,480
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,272	2,863
Cleveland–Lorain–Elyria, Ohio	556	2,493
Columbus, Ohio	921	2,301
Denver, Colorado	850	3,957
Fort Worth–Arlington, Texas	925	2,590
Hartford, Connecticut	455	2,408
Indianapolis, Indiana	738	2,508
Jacksonville, Florida	1,119	3,745
Jersey City, New Jersey	741	2,957

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2010–2014 and as of December 2014—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	Reported AIDS cases 2010–2014 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2014) No.
Kansas City, Missouri–Kansas	668	2,837
Las Vegas, Nevada–Arizona	1,084	3,385
Memphis, Tennessee–Mississippi–Arkansas	1,469	3,719
Middlesex–Somerset–Hunterdon, New Jersey	383	1,661
Minneapolis–St. Paul, Minnesota–Wisconsin	779	2,992
Nashville–Davidson–Murfreesboro, Tennessee	652	2,616
Norfolk–Virginia Beach–Newport News, Virginia	796	2,587
Oakland, California	1,245	5,225
Orange County, California	869	4,018
Portland–Vancouver, Oregon–Washington	641	2,729
Riverside–San Bernardino, California	1,441	5,371
Sacramento, California	623	2,126
St. Louis, Missouri–Illinois	973	3,582
San Antonio, Texas	996	3,159
San Jose, California	509	2,301
Seattle–Bellevue–Everett, Washington	897	4,446

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

Table 2. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2010–2014 and as of December 2014—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2010–2014 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2014) No.
Albany–Schenectady–Troy, New York	320	1,208
Augusta–Richmond County, Georgia–South Carolina	458	1021
Bakersfield, California	306	1,234
Birmingham–Hoover, Alabama	557	1,529
Buffalo–Niagara Falls, New York	401	1,297
Charleston–North Charleston, South Carolina	396	1,285
Cincinnati–Middletown, Ohio–Kentucky–Indiana	594	1,915
Columbia, South Carolina	637	2,348
Jackson, Mississippi	576	1,677
Lakeland, Florida	372	1,147
Louisville, Kentucky–Indiana	500	1,575
Milwaukee–Waukesha–West Allis, Wisconsin	404	1,557
North Port–Bradenton–Sarasota, Florida*	240	1,075
Oklahoma City, Oklahoma	430	1,280
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	329	1,500
Pittsburgh, Pennsylvania	435	1,767
Port St. Lucie–Fort Pierce, Florida	453	1,460
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	328	1,462
Raleigh–Cary, North Carolina	493	1,734
Richmond, Virginia	708	2,023
Rochester, New York	367	1,712

Note. See Commentary for definition of emerging communities (ECs).

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2014—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Alabama	7,076	5,388	12,464
Alaska	296	382	678
Arizona	7,141	6,650	13,791
Arkansas	2,762	2,520	5,282
California	49,522	74,06	123,528
Colorado	6,605	5,245	11,850
Connecticut	3,752	7,140	10,892
Delaware	1,229	1,999	3,228
District of Columbia	6,816	9,236	16,052
Florida	48,138	58,889	107,027
Georgia	19,958	22,921	42,879
Hawaii	1,027	1,510	2,537
Idaho	446	428	874
Illinois	17,108	19,221	36,329
Indiana	4,760	5,193	9,953
Iowa	906	1,249	2,155
Kansas	1,401	1,686	3,087
Kentucky	2,993	3,171	6,164
Louisiana	9,623	10,606	20,229
Maine	579	694	1,273
Maryland	14,309	17,541	31,850
Massachusetts	7,966	10,819	18,785
Michigan	7,476	8,253	15,729
Minnesota	4,069	3,434	7,503
Mississippi	4,885	4,591	9,476
Missouri	5,774	6,493	12,267
Montana	174	254	428
Nebraska	910	1,060	1,970
Nevada	3,949	3,855	7,804
New Hampshire	545	626	1,171
New Jersey	17,592	19,694	37,286
New Mexico	1,229	1,659	2,888
New York	53,992	79,138	133,130
North Carolina	16,213	12,053	28,266
North Dakota	135	112	247
Ohio	10,601	9,694	20,295
Oklahoma	2,885	2,669	5,554
Oregon	2,258	3,447	5,705
Pennsylvania	14,791	19,461	34,252
Rhode Island	820	1,490	2,310

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2014—United States and dependent areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
South Carolina	7,210	8,679	15,889
South Dakota	292	207	499
Tennessee	8,517	8,719	17,236
Texas	35,739	42,747	78,486
Utah	1,137	1,475	2,612
Vermont	225	269	494
Virginia	11,777	10,186	21,963
Washington	5,379	6,629	12,008
West Virginia	801	956	1,757
Wisconsin	2,813	2,821	5,634
Wyoming	128	153	281
American Samoa	1	1	2
Federated States of Micronesia*	0	0	0
Guam	45	32	77
Marshall Islands*	0	1	1
Northern Mariana Islands	0	2	2
Palau	3	1	4
Puerto Rico	8,211	10,854	19,065
U.S. Virgin Islands	267	344	611

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2016 funding calculations.

* See Technical Notes regarding data reported for these jurisdictions.

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2014—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	12,816	15,402	28,218
Baltimore, Maryland	8,179	10,313	18,492
Boston–Brockton–Nashua, Massachusetts–New Hampshire	7,006	9,698	16,704
Chicago, Illinois	14,495	16,354	30,849
Dallas, Texas	8,947	10,250	19,197
Detroit, Michigan	4,814	5,515	10,329
Fort Lauderdale, Florida	8,534	9,499	18,033
Houston, Texas	11,332	14,119	25,451
Los Angeles–Long Beach, California	20,104	27,457	47,561
Miami, Florida	13,749	14,623	28,372
Nassau–Suffolk, New York	2,596	3,690	6,286
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,119	4,111	6,230
New Orleans, Louisiana	3,976	4,548	8,524
New York, New York	43,389	64,751	108,140
Newark, New Jersey	6,597	7,228	13,825
Orlando, Florida	5,264	5,828	11,092
Philadelphia, Pennsylvania–New Jersey	10,978	14,194	25,172
Phoenix–Mesa, Arizona	5,544	4,912	10,456
San Diego, California	5,520	7,441	12,961
San Francisco, California	6,687	11,140	17,827
San Juan–Bayamon, Puerto Rico	5,412	6,717	12,129
Tampa–St. Petersburg–Clearwater, Florida	5,037	6,453	11,490
Washington, DC–Maryland–Virginia–West Virginia	15,747	19,148	34,895
West Palm Beach–Boca Raton, Florida	3,254	5,036	8,290
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	2,310	3,025	5,335
Baton Rouge, Louisiana	2,323	2,611	4,934
Bergen–Passaic, New Jersey	2,083	2,480	4,563
Charlotte–Gastonia–Concord, North Carolina–South Carolina	4,093	2,863	6,956
Cleveland–Lorain–Elyria, Ohio	2,711	2,493	5,204
Columbus, Ohio	2,987	2,301	5,288
Denver, Colorado	5,186	3,957	9,143
Fort Worth–Arlington, Texas	2,304	2,590	4,894
Hartford, Connecticut	1,248	2,408	3,656
Indianapolis, Indiana	2,339	2,508	4,847
Jacksonville, Florida	2,839	3,745	6,584
Jersey City, New Jersey	2,705	2,957	5,662
Kansas City, Missouri–Kansas	2,157	2,837	4,994

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2014—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Las Vegas, Nevada–Arizona	3,482	3,385	6,867
Memphis, Tennessee–Mississippi–Arkansas	3,979	3,719	7,698
Middlesex–Somerset–Hunterdon, New Jersey	1,383	1,661	3,044
Minneapolis–St. Paul, Minnesota–Wisconsin	3,588	2,992	6,580
Nashville–Davidson–Murfreesboro, Tennessee	2,586	2,616	5,202
Norfolk–Virginia Beach–Newport News, Virginia	3,864	2,587	6,451
Oakland, California	2,649	5,225	7,874
Orange County, California	3,025	4,018	7,043
Portland–Vancouver, Oregon–Washington	1,954	2,729	4,683
Riverside–San Bernardino, California	3,417	5,371	8,788
Sacramento, California	1,710	2,126	3,836
St. Louis, Missouri–Illinois	3,508	3,582	7,090
San Antonio, Texas	2,600	3,159	5,759
San Jose, California	1,130	2,301	3,431
Seattle–Bellevue–Everett, Washington	3,739	4,469	8,208

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2016 funding calculations.

Table 5. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2014—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Albany–Schenectady–Troy, New York	929	1,208	2,137
Augusta–Richmond County, Georgia–South Carolina	982	1,021	2,003
Bakersfield, California	730	1,234	1,964
Birmingham–Hoover, Alabama	2,311	1,529	3,840
Buffalo–Niagara Falls, New York	1,165	1,297	2,462
Charleston–North Charleston, South Carolina	1,126	1,285	2,411
Cincinnati–Middletown, Ohio–Kentucky–Indiana	1,913	1,915	3,828
Columbia, South Carolina	1,866	2,348	4,214
Jackson, Mississippi	1,742	1,677	3,419
Lakeland, Florida	780	1,147	1,927
Louisville, Kentucky–Indiana	1,610	1,575	3,185
Milwaukee–Waukesha–West Allis, Wisconsin	1,559	1,557	3,116
North Port–Bradenton–Sarasota, Florida*	768	1,075	1,843
Oklahoma City, Oklahoma	1,428	1,280	2,708
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	923	1500	2,423
Pittsburgh, Pennsylvania	1,497	1,767	3,264
Port St. Lucie–Fort Pierce, Florida	616	1,460	2,076
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	796	1,462	2,258
Raleigh–Cary, North Carolina	1,907	1,734	3,641
Richmond, Virginia	2,475	2,023	4,498
Rochester, New York	1,329	1,712	3,041

Note. See Commentary for definition of emerging communities (ECs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2016 funding calculations.

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.