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## **HIV and AIDS Data through December 2017**

**Provided for the Ryan White  
HIV/AIDS Program, for  
Fiscal Year 2019**



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**On the Web:** <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.

**Confidential information, referrals, and educational material on HIV infection**

CDC-INFO

1-800-232-4636 (in English, en Español)

1-888-232-6348 (TTY)

<http://wwwn.cdc.gov/dcs/ContactUs/Form>

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The Ryan White HIV/AIDS Program (RWHAP) is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was passed by Congress in 1990 to address the crisis of the HIV epidemic in the United States. This legislation has been amended and reauthorized 4 times: in 1996, 2000, 2006, and most recently in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009. More information about the legislation and its history is available from HRSA HAB at <https://hab.hrsa.gov/about-ryan-white-hivaids-program/>.

For the implementation of the RWHAP Metropolitan (Part A) and State (Part B) programs, 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 2019, 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. For FY 2019, CDC provided HRSA with data files containing this information through calendar year 2017 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.

## **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 grant recip-

ients for areas that have a minimum population of 50,000 persons: EMAs and TGAs. EMAs are defined as areas that have a cumulative total of more 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. 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 more than 2,000 AIDS cases 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 2019, there were 24 EMAs.

TGAs, the other category of Part A recipients, are defined as areas 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. 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% unobligated balance as of the most recent fiscal year for which such data are available. 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 three consecutive years, remain designated as TGAs and are presented in the TGA tables. For FY 2019, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2019—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 2019, 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.

## **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 HIV Care Program award, the RWHAP Part B Supplemental Grant Program award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. The RWHAP Part B HIV Care Program award has a 5-year project period and is determined by a legislatively mandated funding formula process. The award includes the following 5 components: Part B Base award, ADAP Base award, ADAP Supplemental award (for eligible states that choose to apply), Emerging Communities award (for eligible states), and MAI award (for eligible states that do not decline funding). The RWHAP Part B Supplemental grant is a one-year competitive award for states that demonstrate the need for additional RWHAP Part B funds. The ADAP ERF grant is also a one-year competitive award. These funds are used to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

### **RWHAP Part B HIV Care Program Grant**

For the RWHAP Part B Base, ADAP Base, ADAP Supplemental, Emerging Communities, and MAI funding formulas, HRSA continues to use cumulative cases 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, as instructed by the RWHAP statute. The RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for recipients applying for MAI formula funds, awards are based on the reported number of racial/ethnic minorities 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. ADAP Supplemental grants are awarded by the same formula as ADAP Base to states that meet any of the criteria listed in that section of the Notice of Funding Opportunity for the purpose of providing medications or insurance assistance for persons living with HIV infection.

RWHAP Part B Emerging Communities eligibility is determined based on the number of persons living with HIV infection ever classified as AIDS in that jurisdiction. Emerging communities 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.

### **RWHAP Part B Supplemental and ADAP ERF Grants**

RWHAP Part B 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. All submitted applications for RWHAP Part B Supple-

mental and ADAP ERF competitive grants are reviewed and ranked by an external objective review committee; the highest-ranked applications receive consideration for award within available funding ranges. States and territories applying for RWHAP Part B Supplemental funds must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for persons living with HIV in the state or territory, and 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. States and territories applying for RWHAP ADAP ERF funds must demonstrate the need for funding to prevent, reduce, or eliminate a waiting list, including through “cost-cutting” and/or “cost-saving” measures, or that need additional funding for a current or projected increase in treatment needs aligned with ending the HIV epidemic or other unanticipated increases in the number of clients in the program who have newly diagnosed HIV infection or have reengaged in care.

# Technical Notes

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In October 2009, Congress enacted amendments to the Ryan White HIV/AIDS Program (RWHAP) legislation. The RWHAP legislation 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. RWHAP authorizes the Centers for Disease Control and Prevention (CDC) to provide HIV infection non-AIDS and AIDS case surveillance data to the Health Resources and Services Administration (HRSA) for use in their funding formula for all jurisdictions.

As of December 2017, CDC was not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia, as their surveillance systems had 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 annually to HRSA.

Data re-release agreements between CDC and state/local HIV surveillance programs require certain levels of cell suppression at the state and county level in order to ensure confidentiality of personally identifiable information.

## 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., reported AIDS cases in the last 5 years). 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/geographies/reference-files/time-series/demo/metro-micro/historical-delineation-files.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 are defined as persons reported as “alive” at last update.

HIV infection non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the 2008 and 2014 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, 5].



## 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.
5. CDC [Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI]. Revised surveillance case definition for HIV infection—United States, 2014. *MMWR* 2014;63(RR-03):1–10.

**Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2013–2017, and as of December 2017—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program**

Area of residence	Reported AIDS cases 2013–2017 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2017) No.
<b>Eligible metropolitan areas (EMAs)</b>		
Atlanta–Sandy Springs–Marietta, Georgia	5,145	16,687
Baltimore, Maryland	2,080	10,237
Boston–Brockton–Nashua, Massachusetts–New Hampshire	1,816	10,031
Chicago, Illinois	3,422	16,430
Dallas, Texas	2,643	10,972
Detroit, Michigan	1,399	5,697
Fort Lauderdale, Florida	1,861	9,471
Houston, Texas	3,370	14,822
Los Angeles–Long Beach, California	4,543	27,978
Miami, Florida	2,723	14,612
Nassau–Suffolk, New York	680	3,568
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	461	3,979
New Orleans, Louisiana	989	4,610
New York, New York	7,474	61,852
Newark, New Jersey	1,227	7,111
Orlando, Florida	1,571	6,002
Philadelphia, Pennsylvania–New Jersey	2,211	13,981
Phoenix–Mesa, Arizona	1,192	5,239
San Diego, California	1,123	7,418
San Francisco, California	967	10,820
San Juan–Bayamon, Puerto Rico	1,105	6,290
Tampa–St. Petersburg–Clearwater, Florida	1,628	6,519
Washington, DC–Maryland–Virginia–West Virginia	3,553	18,493
West Palm Beach–Boca Raton, Florida	909	5,006
<b>Transitional grant areas (TGAs)</b>		
Austin–San Marcos, Texas	613	3,174
Baton Rouge, Louisiana	785	2,751
Bergen–Passaic, New Jersey	434	2,472
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,123	3,034
Cleveland–Lorain–Elyria, Ohio	536	2,618
Columbus, Ohio	666	2,468
Denver, Colorado	658	4,013
Fort Worth–Arlington, Texas	723	2,797
Hartford, Connecticut	305	2,313
Indianapolis, Indiana	591	2,651
Jacksonville, Florida	972	3,845
Jersey City, New Jersey	500	2,935

**Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2013–2017, and as of December 2017—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)**

<b>Area of residence</b>	<b>Reported AIDS cases 2013–2017</b>	<b>Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2017)</b>
	<b>No.</b>	<b>No.</b>
Kansas City, Missouri–Kansas	480	2,825
Las Vegas, Nevada–Arizona	1,017	3,651
Memphis, Tennessee–Mississippi–Arkansas	1,019	3,557
Middlesex–Somerset–Hunterdon, New Jersey	300	1,683
Minneapolis–St. Paul, Minnesota–Wisconsin	624	3,175
Nashville–Davidson–Murfreesboro, Tennessee	493	2,297
Norfolk–Virginia Beach–Newport News, Virginia	820	2,732
Oakland, California	818	5,141
Orange County, California	652	4,054
Portland–Vancouver, Oregon–Washington	479	2,791
Riverside–San Bernardino, California	1,207	5,375
Sacramento, California	482	2,124
St. Louis, Missouri–Illinois	726	3,656
San Antonio, Texas	803	3,342
San Jose, California	305	2,343
Seattle–Bellevue–Everett, Washington	682	4,576

*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, 2013–2017, and as of December 2017—emerging communities for the Ryan White HIV/AIDS Program**

<b>Emerging communities (ECs)</b>	<b>Reported AIDS cases 2013–2017</b>	<b>Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2017)</b>
	<b>No.</b>	<b>No.</b>
Albany–Schenectady–Troy, New York	176	1,138
Augusta–Richmond County, Georgia–South Carolina	398	1,149
Bakersfield, California	198	1,201
Birmingham–Hoover, Alabama	584	1,592
Buffalo–Niagara Falls, New York	309	1,262
Charleston–North Charleston, South Carolina	302	1,359
Cincinnati–Middletown, Ohio–Kentucky–Indiana	494	2,039
Columbia, South Carolina	515	2,498
Jackson, Mississippi	527	1,724
Lakeland, Florida	304	1,163
Louisville, Kentucky–Indiana	419	1,667
Milwaukee–Waukesha–West Allis, Wisconsin	297	1,572
North Port–Bradenton–Sarasota, Florida*	231	1,071
Oklahoma City, Oklahoma	390	1,364
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	270	1,480
Pittsburgh, Pennsylvania	379	1,818
Port St. Lucie–Fort Pierce, Florida	234	1,417
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	238	1,424
Raleigh–Cary, North Carolina	421	1,803
Richmond, Virginia	453	2,060
Rochester, New York	270	1,607

*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 2017—United States and dependent areas for the Ryan White HIV/AIDS Program**

Area of residence	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Alabama	7,696	5,587	13,283
Alaska	326	401	727
Arizona	8,289	7,032	15,321
Arkansas	3,157	2,612	5,769
California	57,795	74,217	132,012
Colorado	6,947	5,334	12,281
Connecticut	4,000	6,888	10,888
Delaware	1,279	1,984	3,263
District of Columbia	6,699	8,469	15,168
Florida	52,088	59,027	111,115
Georgia	23,929	24,885	48,814
Hawaii	1,168	1,478	2,646
Idaho	503	463	966
Illinois	18,339	19,330	37,669
Indiana	5,494	5,438	10,932
Iowa	1,083	1,328	2,411
Kansas	1,525	1,666	3,191
Kentucky	3,454	3,401	6,855
Louisiana	10,752	11,075	21,827
Maine	622	653	1,275
Maryland	15,050	17,505	32,555
Massachusetts	8,767	11,208	19,975
Michigan	8,449	8,552	17,001
Minnesota	4,415	3,668	8,083
Mississippi	5,148	4,775	9,923
Missouri	6,331	6,555	12,886
Montana	206	265	471
Nebraska	1,004	1,061	2,065
Nevada	4,647	4,125	8,772
New Hampshire	596	626	1,222
New Jersey	18,245	19,466	37,711
New Mexico	1,380	1,667	3,047
New York	53,652	75,094	128,746
North Carolina	17,132	12,590	29,722
North Dakota	194	144	338
Ohio	11,796	10,157	21,953
Oklahoma	3,175	2,801	5,976
Oregon	2,600	3,563	6,163
Pennsylvania	15,814	19,340	35,154
Rhode Island	1,016	1,453	2,469

**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 2017—United States and dependent areas for the Ryan White HIV/AIDS Program (cont)**

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
South Carolina	7,932	9,228	17,160
South Dakota	312	233	545
Tennessee	8,874	8,147	17,021
Texas	42,523	45,235	87,758
Utah	1,421	1,499	2,920
Vermont	224	288	512
Virginia	12,465	10,342	22,807
Washington	5,868	6,834	12,702
West Virginia	845	940	1,785
Wisconsin	3,108	2,853	5,961
Wyoming	152	165	317
American Samoa	0	1	1
Federated States of Micronesia*	0	0	0
Guam	67	45	112
Marshall Islands*	0	1	1
Northern Mariana Islands	3	4	7
Palau	5	4	9
Puerto Rico	8,461	10,146	18,607
U.S. Virgin Islands	270	351	621

*Note.* The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2019 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 2017—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program**

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
<b>Eligible metropolitan areas (EMAs)</b>			
Atlanta–Sandy Springs–Marietta, Georgia	15,407	16,687	32,094
Baltimore, Maryland	8,405	10,237	18,642
Boston–Brockton–Nashua, Massachusetts–New Hampshire	7,805	10,031	17,836
Chicago, Illinois	15,642	16,430	32,072
Dallas, Texas	10,546	10,972	21,518
Detroit, Michigan	5,436	5,697	11,133
Fort Lauderdale, Florida	8,865	9,471	18,336
Houston, Texas	13,368	14,822	28,190
Los Angeles–Long Beach, California	23,403	27,978	51,381
Miami, Florida	15,155	14,612	29,767
Nassau–Suffolk, New York	2,702	3,568	6,270
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,291	3,979	6,270
New Orleans, Louisiana	4,369	4,610	8,979
New York, New York	43,306	61,852	105,158
Newark, New Jersey	6,804	7,111	13,915
Orlando, Florida	5,956	6,002	11,958
Philadelphia, Pennsylvania–New Jersey	11,644	13,981	25,625
Phoenix–Mesa, Arizona	6,453	5,239	11,692
San Diego, California	6,362	7,418	13,780
San Francisco, California	7,119	10,820	17,939
San Juan–Bayamon, Puerto Rico	5,584	6,290	11,874
Tampa–St. Petersburg–Clearwater, Florida	5,507	6,519	12,026
Washington, DC–Maryland–Virginia–West Virginia	16,405	18,853	34,898
West Palm Beach–Boca Raton, Florida	3,394	5,006	8,400
<b>Transitional grant areas (TGAs)</b>			
Austin–San Marcos, Texas	2,926	3,174	6,100
Baton Rouge, Louisiana	2,527	2,751	5,278
Bergen–Passaic, New Jersey	2,147	2,472	4,619
Charlotte–Gastonia–Concord, North Carolina–South Carolina	4,395	3,034	7,429
Cleveland–Lorain–Elyria, Ohio	3,018	2,618	5,636
Columbus, Ohio	3,247	2,468	5,715
Denver, Colorado	5,386	4,013	9,399
Fort Worth–Arlington, Texas	2,793	2,797	5,590
Hartford, Connecticut	1,318	2,313	3,631
Indianapolis, Indiana	2,685	2,651	5,336
Jacksonville, Florida	3,115	3,845	6,960
Jersey City, New Jersey	2,743	2,935	5,678
Kansas City, Missouri–Kansas	2,333	2,825	5,158

**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 2017—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)**

Area of residence	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Las Vegas, Nevada–Arizona	4,129	3,651	7,780
Memphis, Tennessee–Mississippi–Arkansas	4,174	3,557	7,731
Middlesex–Somerset–Hunterdon, New Jersey	1,526	1,683	3,209
Minneapolis–St. Paul, Minnesota–Wisconsin	3,912	3,175	7,087
Nashville–Davidson–Murfreesboro, Tennessee	2,538	2,297	4,835
Norfolk–Virginia Beach–Newport News, Virginia	4,067	2,732	6,799
Oakland, California	3,317	5,141	8,458
Orange County, California	3,584	4,054	7,638
Portland–Vancouver, Oregon–Washington	2,203	2,791	4,994
Riverside–San Bernardino, California	4,220	5,375	9,595
Sacramento, California	2,025	2,124	4,149
St. Louis, Missouri–Illinois	3,222	3,342	6,564
San Antonio, Texas	3,222	3,342	6,564
San Jose, California	1,382	2,343	3,725
Seattle–Bellevue–Everett, Washington	4,050	4,576	8,626

*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 2019 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 2017—emerging communities for the Ryan White HIV/AIDS Program**

	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
Emerging communities (ECs)	No.	No.	No.
Albany–Schenectady–Troy, New York	926	1,138	2,064
Augusta–Richmond County, Georgia–South Carolina	1,007	1,149	2,156
Bakersfield, California	931	1,201	2,132
Birmingham–Hoover, Alabama	2,424	1,592	4,016
Buffalo–Niagara Falls, New York	1,227	1,262	2,489
Charleston–North Charleston, South Carolina	1,286	1,359	2,645
Cincinnati–Middletown, Ohio–Kentucky–Indiana	2,257	2,039	4,296
Columbia, South Carolina	2,019	2,498	4,517
Jackson, Mississippi	1,849	1,724	3,573
Lakeland, Florida	883	1,163	2,046
Louisville, Kentucky–Indiana	1,865	1,667	3,532
Milwaukee–Waukesha–West Allis, Wisconsin	1,735	1,572	3,307
North Port–Bradenton–Sarasota, Florida*	816	1,071	1,887
Oklahoma City, Oklahoma	1,568	1,364	2,932
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	960	1,480	2,440
Pittsburgh, Pennsylvania	1,671	1,818	3,489
Port St. Lucie–Fort Pierce, Florida	648	1,417	2,065
Providence–New Bedford–Fall River, Rhode Island– Massachusetts	993	1,424	2,417
Raleigh–Cary, North Carolina	2,070	1,803	3,873
Richmond, Virginia	2,645	2,060	4,705
Rochester, New York	1,303	1,607	2,910

*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 2019 funding calculations.

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