

Executive Summary

Demographics:

The demographic information for Indiana used throughout this report are based on the 2008 Census Bureau estimates, that extrapolate the census data from 2000 and provide periodic updates before the next population census is available in 2010. Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,376,792 people, as of July 2008. The majority of the population (88.0%) is White and Non Hispanic, followed by Blacks (9.1%). The rest is comprised of people of Asian/ Pacific Islander and American Indian/Alaskan Native origin. The population is predominantly Non Hispanic (94.8%), with a small, but fast growing Hispanic minority. According to the 2008 Census Estimates, 5.2% of the population selected Hispanic as their Ethnicity.

Prevalence:

By the end of December 2009, a total of 9,646 people were diagnosed with HIV/AIDS in the state of Indiana, up from 9,282 diagnosed people by the end of 2008. The disease continues to be male dominated, with the number of diagnosed males almost four times higher than that of females. The rate of infection was at 247.1 for males and 58.2 for females per 100,000 people of the general population. The majority of diagnosed persons are in their middle ages, ranging from 40 to 49 years of age by the end of 2009. However, the majority of people are diagnosed for the first time at the ages of 20 to 24 years of age. This is slightly lower than in 2008 when the majority of new cases were found among those 30 to 39 years of age. More than a third of all diagnosed people are Black (41.7%), while about five out of ten people with HIV/AIDS were White (47.9%). The gap between races continues to shorten as shown by the previous year, 2008 (34.8% Black vs. 55.9% White). Based on the smaller number of Blacks in the general population, the prevalence rate of that racial group (579.8/100,000) is exceeding the rate of the Hispanic (201.1/100,000) and White group (95.3/100,000). HIV/AIDS continues to affect Black males disproportionately more than their White counterparts.

Each diagnosed person is associated with a risk category of how they most likely were diagnosed with the disease. The overwhelming majority of risk categories were Men Having Sex with Men (MSM). Its rate of 152.6 per 100,000 people of the population is between 6 to 10 times higher than the other risk categories for all diagnosed people. It is the single largest category of risk for all race and ethnicity groups, and it is especially pronounced for Blacks. Heterosexual risk is the second highest risk category at 26.0 per 100,000 people.

Geographically, the vast majority of people that were diagnosed in Indiana are also living here (91.1%). Within the state of Indiana, most diagnosed people are concentrated in the urban areas of the state. The majority are living in Health Region 5, corresponding to Central Indiana and the Indianapolis Metropolitan area, with 271.3 per 100,000 diagnosed people. Other regions with large numbers of HIV/AIDS diagnosed people include Region 1 (169.1/100,000) and Region 2 (119.8/100,000) which corresponds to the northern part of the state adjacent to Chicago, and Region 7 (164.2/100,000) located in Southwestern Indiana.

New Diagnosis:

In 2009, the number of newly diagnosed persons in Indiana was 489, slightly up from 2008, which had 483 newly diagnosed persons. The diagnosis rate remained relatively the same in 2009 from 7.7 to 7.6 per 100,000 people in 2008. The highest rate of new diagnosis in 2009 occurred among males between the ages of 20 to 24 years of age. Males continue to outrank females more than three times. The male diagnosis rate of 12.1/100,000 in 2009 has increased from a rate of 11.9 in 2008. The female new diagnosis rate remained constant at 3.4/100,000 in 2009 and the previous year.

Among the new HIV/AIDS diagnosis in 2009, Blacks continue to have a rate (35.3) that is almost three times the rate of Hispanics (12.0), and more than seven times that of Whites (4.2). New diagnosis among males is predominant for all racial and ethnic groups. The rate of new diagnosis with HIV/AIDS among Black males (48.9) is especially high, compared to their Hispanic (20.0) and White (7.2) counterparts. The majority of new diagnosis can be found in the MSM risk category, with a diagnosis rate of 7.3 per 100,000 people. The main contributors are Whites (137), Blacks (74), and Hispanics (15). Heterosexual risk is the second highest category representing Blacks (40), Whites (20), and Hispanics (9).

Geographically, nearly five out of ten newly diagnosed persons live in Health Region 5 in Central Indiana, while regions 1, 2, and 7 come in close seconds of one another. Within the leading regions, Marion county and Lake county had the most new diagnosis in the reported time period.

Mothers with HIV:

The number of reported cases of children of HIV positive mothers in Indiana was 728, up from 698 in 2008. More than half of all children are Black (51.2%), less than one in three is White (31.1%), and the remaining is Hispanic (8.6%). In 2009, two new cases of pediatric diagnosis were reported. Of all the children that were born to diagnosed mothers, more than three fourths were exposed (80.1%), while 19.9% tested positive for HIV or were diagnosed with AIDS. Please note that these numbers are cumulative and include all children, including those that were born before medication to prevent the spread of the HIV virus from mother to child was available.

Mortality:

The number of people that died of HIV/AIDS-related complications in Indiana peaked around the year 1995 and started to drop sharply thanks to the widespread availability of antiretroviral medications. However, in 2007, the number of persons that were diagnosed with HIV/AIDS and that died was 210, up from 121 in 2006. The Office of Clinical Data and Research completed a death match in early 2008. The Vital Statistics department provides information on any deaths of persons for a given time period which is used to match against the surveillance data base to identify persons with HIV/AIDS that have deceased. This may account for the increase in deaths associated with persons that have HIV/AIDS. In 2008, the number dropped to 133 deaths. This decrease may in part be due to the development of a new Vital Records system established in early 2009. Many submitters were back logged with submittal of mortality reports. In 2009, it dropped even further to 119 deaths. It remains to be seen if 2007 is the beginning of a new trend towards rising mortality numbers or an exception to a trend. The majority of diagnosed people

that died were males (77.3%). Among the racial and ethnic groups the death rate was highest for Blacks (1.4/100), followed by Whites (1.2/100), and Hispanics (0.8/100). The highest number of deaths occurred among persons aged 40 to 49 (absolute number of 43). The majority of deaths are connected to the MSM and Hetero risk group, with mortality numbers of 49 and 14 respectively. Geographically, the highest mortality numbers occurred in Regions 5 (Central Indiana) at 45 deaths.

Mobility:

Of the total number of diagnosed people in Indiana as of December 31, 2009, a relatively small number has migrated. At the end of 2009, a total of 774 persons that were diagnosed with HIV/AIDS in Indiana and were still alive had moved out of the state, compared to 632 in 2008. At the same time a total of 1,885 people had moved to Indiana that were diagnosed with the disease in another state and that were alive at the time of this report, compared to 1,664 persons in 2008. Of the diagnosed persons that moved into the state in 2009, the majority were White (54.4%), compared to 56.2% in 2008. Over one-third of all persons that moved to Indiana in 2009 were Black (34.0%), virtually unchanged from 33.4% in 2008. Diagnosed persons of Hispanic ethnicity remain stable as a percentage of all persons moving to Indiana. They comprised 7.8% in 2009, compared to 7.3% in 2008. Of those that moved to Indiana, more than a third (39.1%) settled in central Indiana's Health Region 5, similar to the previous year. The rest was distributed more or less equally among the other health regions of the state.

Counseling and Testing:

In 2009, a total number of 31,826 HIV/AIDS tests were administered in Indiana by the state, federally funded sites, compared to 30,503 in 2008. Out of those 31,826 tests, 190 (0.5%) had a positive result, slightly lower than the numbers of 2008 (212 or 0.7%) and 2007 (222 or 0.7%). Slightly more tests were administered to males (56.3%) than to females (43.7%). In addition, twenty five tests were administered to Transgender persons in 2009. The positive test results for males (8.6/1,000) were almost three times the number of female test results (2.5/1,000). Blacks (6.2) had a similar positivity rate per 1,000 tests as compared to Whites (6.1) followed by Hispanics (4.6). The largest number of positives came from the 20-29 age groups (66) with 30-39 year olds (60) as runner-up.

Youth Risk Behavior Survey:

The Youth Risk Behavior Survey (YRBS) surveys the health-risk behaviors of young people every two years in six domains: (1) behaviors which facilitate unintentional injuries and violence, (2) tobacco use, (3) alcohol and drug uses, (4) sexual behaviors related to pregnancy and sexually transmitted diseases, (5) unhealthy dietary behaviors, and (6) physical inactivity and being overweight. The information gathered from the YRBS reveals that three-quarters of adolescents have used alcohol and over a third had used marijuana. Almost half of adolescents in Indiana (49.2%) have had sexual intercourse, while about a third is currently sexually active. An encouraging 89.6% of Indiana adolescents have been taught about HIV and AIDS infection in school, yet only 58.0% used a condom during the last sexual intercourse.

Behavioral Risk Factor Surveillance System:

In 2009, a survey was conducted to assess the indicators of risk for HIV/AIDS in Indiana. The survey asked specific questions to a representative group of Indiana residents. Approximately,

37.9% of all interviewees have ever been tested for HIV, up from 29.3% in 2006. Of those tests, the majority were done in a hospital or a drug treatment facility. Blacks have the largest share of HIV tests among all racial and ethnic groups with 58.5%. However, only 34.0% of men had been tested for HIV compared to 41.7% of women.

STD:

In 2009, Chlamydia continued to be the most frequently reported sexually transmitted disease in Indiana, with 21,759 reported cases, 21,744 cases in 2008, and 20,578 in 2007. Gonorrhea cases were reported at 6,812 cases in 2009 and 8,489 in 2008. Primary and Secondary Syphilis was reported to be 152 in 2009, up from 140 in 2008, and 53 reported cases the year prior. Females continued to outnumber males for both Chlamydia and Gonorrhea while Syphilis is more prevalent among males. Both Blacks and Whites make up the majority of all STD cases in the last year.

In 2009, Indiana had 63 cases of acute Hepatitis B, up from 58 in 2008. The total number of chronic Hepatitis C infections for the state was reported to be 7,066 cases in 2008. Finally, 118 cases of Tuberculosis (TB) were reported in Indiana in 2008, down from 129 in the previous year. Of those 118 TB cases four persons were also HIV positive.

Care Issues:

In the fiscal year that ran from April 1, 2009 to March 31, 2010, the funding for Title II of the Ryan White CARE Act added up to a total of \$12,798,881. The majority of that budget (89.7%) financed the Health Insurance Assistance Programs (HIAP), while the rest was used for other medical and social services.

Of the 495 persons enrolled in the medical and social service programs called ADAP (AIDS Drug Assistance Program) in 2009, more than half (55.6%) were White. The share of Blacks among ADAP recipients grew from 29.0% in 2008 to 35.6% in 2009. The majority of recipients (64.0%) continued to select MSM as their main risk category. In 2009, 1,563 persons were enrolled and received assistance through the Health Insurance Assistance Program (HIAP), up from the year before, when 1,384 persons were enrolled.

As of March 31, 2010, Indiana had a prevalence of 9,704 persons living with HIV or AIDS (PLWHA). Annually, the HIV Care Services program uses the total PLWHA to estimate an Unmet Needs population. Unmet Needs are defined as service needs and gaps for diagnosed individuals who know their HIV positive status and are not receiving primary care. To calculate this estimation persons found to have a CD4 or viral load test between April 1, 2009 and March 31, 2010 were identified as receiving care based on records kept by the electronic HIV AIDS Reporting System (eHARS). Also, individuals found to have Medicaid service or antiretroviral drug claims within this time frame were determined to be in care. Persons with the requirements listed above were removed and as a result, 3,459 (35.6%) PLWHA were found to represent those with Unmet Needs. Demographically, Whites represented 49.0%, Blacks represented 40.0%, and Hispanics represented 8.0% of the Unmet Needs population. Most persons fell into the 40 – 49 age groups (42.0%). Of those with Unmet Needs, a higher percentage of persons identified as Homosexual (46%) while Heterosexual (16.0%) and IDU (6.0%) followed.