

Executive Summary

Demographics:

The demographic information for Indiana used throughout this report are based on the 2006 Census Bureau estimates, that extrapolate the census data from 2000 and provide periodic updates before the next population census is taking place in 2010. Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,313,520 people as of July 2006. The majority of the population (86.1%) is White and Non Hispanic, followed by African Americans (8.6%). The rest is comprised of people of Asian/ Pacific Islander and American Indian/Alaskan Native origin. The population is predominantly Non Hispanic (95.4%), with a small, but fast growing Hispanic minority. According to the 2006 Census Estimates, 4.6% of the population selected Hispanic as their Ethnicity.

Prevalence:

By the end of December 2006, a total of 7,555 people were infected with HIV/AIDS in the state of Indiana, down from 7,765 infected people by the end of 2005. The disease continues to be male dominated, with the number of infected males almost four times higher than that of females. The rate of infection was at 200.5 for males and 45.9 for females per 100,000 people of the general population. The majority of infected persons are in their middle ages, ranging from 40 to 49 years of age by the end of 2006. However, the majority of people are diagnosed for the first time at the ages of 25 to 39 years of age. More than a third of all infected people are African American (34.0%), while about six out of ten people with HIV/AIDS were White (58.4%). Based on the smaller numbers of African Americans in the general population, the infection rate of that racial group (492.2/100,000) is exceeding the rate of the Hispanic (188.4/100,000) and White group (83.5/100,000). HIV/AIDS continues to affect African American males disproportionately more than their White counterparts.

Each infected person is associated with a risk category of how they most likely were infected with the disease. The overwhelming majority of risk categories were Men Having Sex with Men (MSM). Its rate of 123.0 per 100,000 people of the population is between six to ten times higher than the other risk categories for all infected people. It is the single largest category of risk for all race and ethnicity groups, and it is especially pronounced for African Americans.

Geographically, the vast majority of infected people that were diagnosed in Indiana are also living here (96.5%). Within the state of Indiana, most infected people are concentrated in the urban areas of the state. A majority is living in Health Region 6, corresponding to Central Indiana and the Indianapolis Metropolitan area, with 174.6 per 100,000 infected people. Other regions with large numbers of HIV/AIDS infected people include Region 1 (97.1/100,000) which corresponds to the northwest part of the state adjacent to Chicago, and Regions 2 (North-Central Lake Region), 5 (Kokomo and Muncie/Anderson area) and 7 (South-Central Region around Bloomington).

New Diagnosis:

The number of newly infected persons in Indiana was 539 for the calendar year 2006, up from 2005, which had 422 newly infected persons. The New Diagnosis rate also rose, from 6.8 per 100,000 in 2005 to 8.7 per 100,000 in 2006. The highest rates of new infections (21.6) in 2006 occurred among males between the ages of 25 to 29 years of age. Males continue to outrank females more than three times. The male New Diagnosis rate of 13.3 in 2006 is higher than the rate of 10.8 in 2005. The female New Diagnosis rate also rose to 3.8 in 2006 from 3.0 per 100,000 from the previous year.

Among the new infections with HIV/AIDS in 2006, African Americans continue to have a rate (36.8) that is almost twice the rate of their Hispanic counterparts (19.4), and more than seven times that of Whites (5.5). New infections among males are predominant for all racial and ethnic groups. The rate of new infections with HIV/AIDS among African American males (55.8) is especially high, compared to their Hispanic (26.4) and White (9.2) counterparts. The majority of new infections are to be found in the MSM risk category, whose New Diagnosis rate of 7.9 per 100,000 is outranking all other risk categories. The main contributors are African American (25.3/100,000) and Hispanic (9.8/100,000).

Geographically, nearly four out of ten newly infected persons live in Health Region 6 in Central Indiana similar to 2004, while the second largest group of more than 11.7% of all newly infected persons was located in Region 1 in northwestern Indiana. Within the leading regions, Marion county and Lake county had the most new infections in the reported time period.

Mothers with HIV:

The number of reported cases of children of HIV positive mothers in Indiana was 622, up from 509 in 2005. More than half of all children are African American (52.4%), less than one in four is White (39.1%), and the remaining are Hispanic (5.6%). In 2006, four new cases of pediatric infections were reported. Of all the children that were born to infected mothers, more than two thirds were definitely not infected (72.8%), while 11.2% tested positive for HIV and 16% 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 2006, the number of persons that were infected with HIV/AIDS and that died was 121, up from 89 in 2005. It remains to be seen if this is the beginning of a new trend towards rising mortality numbers or an exception to a trend. The majority of infected people that died were males (79.3%). Among the racial and ethnic groups the death rate was highest for Hispanics (2.4/100), followed by African Americans (1.9/100) and Whites (1.4/100). The highest number of deaths occurred among persons in the age of 40 to 49 (absolute number of 58). The majority of deaths are connected to the IDU and MSM/IDU risk group, with mortality rates of 2.68 and 2.06 respectively. Geographically, the highest mortality rates occurred in Regions 9 (East-Central Indiana) and 10 in Southern Indiana, with rates of 2.38 and 1.89 deaths per 100 infected people respectively.

Mobility:

Of the total number of infected people in Indiana, a relatively small number has migrated. At the end of 2006, a total of 268 persons that were diagnosed with HIV/AIDS in Indiana and were still alive had moved out of the state, compared to 199 in 2005. At the same time a total of 1,308 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 1,174 persons in 2005. Of the infected persons that moved into the state in 2006, the majority were White (53.8%), compared to 59.2% in 2005. Over one-third of all persons that moved to Indiana in 2005 were African American (36.2%), virtually unchanged from 2005. Infected persons of Hispanic ethnicity have decreased as a percentage of all persons moving to Indiana. They comprised 2.2% in 2006, compared to 7.3% in 2005. Of those that moved to Indiana, more than a third (38.1%) settled in central Indiana's Health Region 6, 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 2006, a total number of 32,901 HIV/AIDS tests were administered in Indiana, compared to 33,018 in 2005. Out of those 32,901 tests, 288 (0.9%) had a positive result, similar to the numbers of 2005 (250 or 0.8%). Slightly more tests were administered to males (55.4%) than to females (44.5%). In addition, twenty-nine tests were administered to Transgender persons in 2006. The positive test results for males (12.1/1,000) were almost three times the number of female test results (positive rate of 4.6/1,000). African Americans had the largest positive rate per 1,000 of 9.7, compared to Whites (8.4) and Hispanics (6.3). The largest rate of positive results came from the 20-29 year old range.

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 nearly half have used marijuana. Almost half of adolescents in Indiana (44.5%) have had sexual intercourse, while about a third are currently sexually active. An encouraging 92% of Indiana adolescents have been taught about HIV and AIDS infection in school, yet only 62.6% used a condom during the last sexual intercourse.

Behavioral Risk Factor Surveillance System:

Assessing the indicators of risk for HIV/AIDS in Indiana, a survey was conducted in 2006 that asked specific questions to a representative group of Indiana residents. In 2006, only 29.3% of all interviewees have ever been tested for HIV, down from 32.7% in 2005. Of those tests, the majority were done in a hospital or a drug treatment facility. African Americans have the largest share of HIV tests among all racial and ethnic groups with 51.9%. In contrast to previous surveys, high risk situations, including using intravenous drugs or having unprotected sex, have been omitted from the 2006 questionnaire.

STD:

Chlamydia continued to be the most frequently reported sexually transmitted disease in Indiana in 2006, with 20,283 cases reported in 2006, up from 20,006 in 2005. Gonorrhea was reported for 8,951 cases in 2006, while 252 cases of Syphilis were reported in 2005, down from 289 cases reported the year before. Females continued to outnumber males for both Chlamydia (75.1% vs. 24.4%) and Gonorrhea (55.2% vs. 44.5%) while Syphilis was more prevalent among males (76.0% vs. 23.2%). Both African Americans and Whites make up the majority of all STD cases in the last year. In 2006, Indiana had 80 cases of acute Hepatitis B, up from 57 in 2005. The total number of chronic Hepatitis C infections for the state was reported to be 4,011 cases in 2006. Finally, 125 cases of TB were reported in Indiana in 2006, down from 146 in the previous years. Of those 125 TB cases nine persons were also HIV positive.

Care Issues:

In the fiscal year that ran from April 1, 2006 to March 31, 2007, the funding for Title II of the Ryan White CARE Act added up to a total of \$11,681,486.00. The majority of that budget (84.7%) financed the Health Insurance Assistance Programs (HIAP), while the rest was used for other medical and social services.

Of the 244 persons enrolled in the medical and social service programs called ADAP (AIDS Drug Assistance Program) in 2006, more than two-thirds (71.5%) were White. The share of African Americans among ADAP recipients grew from 15.8% in 2005 to 16.8% in 2006. The majority of recipients (74%) continued to select MSM as their main risk category. In 2006, 1,176 persons were enrolled and received assistance through the Health Insurance Assistance Program (HIAP), slightly down from the year before, where 1,184 persons were enrolled.

Unmet Needs are defined as service needs and gaps for infected individuals who know their HIV positive status and are not receiving regular primary medical care. In 2005, a Needs Assessment Survey was given to 520 clients that received HIV services in Indiana. The majority of clients resided in Region 6 (Central Indiana 27.3%), followed by Region 3 (11.2%) and Region 1 (11.0%). Most of the respondents were White (71%), African American (19.4%) and Hispanic (6.2%). More than 80% had been enrolled in the Care Coordination Services for more than 12 months. More than 40% of the survey respondents (214) rely on ISDH programs to pay for medical expenses, followed by Medicaid 157 or 30%). Only a minority of 3.5% is able to pay for these expenses out of pocket.

The barriers most often mentioned by respondents were “Access to HIV Medication” (40.4%), “Access to Specialty Medical Care” (33.6%), “Housing” (29%), and “Basic HIV Medical Care” (29%). Please note that the survey respondents had the option of selecting several services. Therefore the percentages do not add up to 100%.