

Question 2

What is the scope of the HIV/AIDS Epidemic in Indiana?

Overall HIV/AIDS Trends

Throughout this report, unless mentioned otherwise, the time period that is reported on covers the 12-month period from January 1, 2006 to December 31, 2006.

At the end of December 2006, Indiana had a total of 3,594 residents infected with HIV, and 3,961 residents that had developed AIDS. That adds up to a total 7,555 persons living with HIV/AIDS in Indiana by the end of 2006. This number, also called the prevalence number, is the number of all persons that have been infected with the HIV virus sometime in the past, are either HIV positive only, or have developed AIDS, and are still alive at the cut-off time for data collection for this report. In comparison, the number of HIV/AIDS infected people at the end of 2005 was 7,765 persons. That is the equivalent of a 2.7% decrease in the number of HIV/AIDS infected persons over the past year.

In order to be able to compare the absolute numbers of cases with other entities such as surrounding states or the nation as a whole, the absolute numbers of infected persons will be converted into rates, in this case a prevalence rate per 100,000 persons of the specific population. By dividing the number of infected persons by the total number of the population the HIV prevalence rate per 100,000 comes to 58.0 (61.0), for AIDS it calculates to 63.9 (64.3), and for HIV/AIDS combined it is 121.9 (125.3) per 100,000 persons. The numbers in parenthesis show the infection rates at the end of 2005. The overall decrease of 2.1% from the previous year is also reflected in the individual rate decreases for 2006.

Within the United States, Indiana ranked 26th by number of cumulative AIDS cases reported in 2006, the last year for which state comparison data were available. Compared to its neighboring states, Table 6 shows a pulled-out section of the larger Table 5 on the cumulative number of reported AIDS cases for Indiana.

Table 5: Cumulative Number of HIV/AIDS Cases by State, Reported Through December 2005³

Rank	State	HIV/AIDS Numbers	Rank	State	HIV/AIDS Numbers
	United States	956,019	28	Oregon	5,740
1	New York	177,377	29	Nevada	5,481
2	California	139,019	30	Oklahoma	4,651
3	Florida	100,809	31	Minnesota	4,632
4	Texas	67,227	32	Kentucky	4,453
5	New Jersey	48,431	33	Wisconsin	4,332
6	Illinois	32,595	34	Arkansas	3,703
7	Pennsylvania	31,977	35	Delaware	3,458
8	Georgia	30,405	36	Hawaii	2,857
9	Maryland	29,166	37	Kansas	2,680
10	Puerto Rico	29,092	38	New Mexico	2,526
11	Massachusetts	18,896	39	Rhode Island	2,503
12	District of Columbia	16,962	40	Utah	2,261
13	Louisiana	16,952	41	Iowa	1,656
14	Virginia	16,378	42	West Virginia	1,444
15	North Carolina	14,915	43	Nebraska	1,377
16	Connecticut	14,487	44	Maine	1,053
17	Michigan	14,686	45	New Hampshire	1,032
18	Ohio	14,381	46	Alaska	621
19	South Carolina	12,715	47	Virgin Islands	618
20	Tennessee	11,867	48	Idaho	578
21	Washington	11,438	49	Vermont	447
22	Missouri	10,630	50	Montana	372
23	Arizona	9,952	51	South Dakota	244
24	Colorado	8,480	52	Wyoming	225
25	Alabama	8,252	53	North Dakota	140
26	Indiana	7,963	54	Guam	70
27	Mississippi	6,376			

³ Kaiser Family Foundation, *Cumulative Number of HIV/AIDS Cases, Reported Through December 2005*

Table 6: Cumulative Number of HIV/AIDS Cases, Reported Through December 2006, Selected Midwestern States and the U.S.⁴

Rank	State	HIV/AIDS Cases	Rate/100,000*
32	Kentucky	4,453	105.87
18	Ohio	14,381	125.29
26	Indiana	7,963	126.12
17	Michigan	14,686	145.46
6	Illinois	32,595	254.01
United States		956,019	319.31

*Note that the rate was calculated based on the 2005 number of HIV/AIDS cases and the Census estimated population figures for 2006

In Table 6 the states were arranged in ascending order according to the rate/100,000 persons of their respective population. Rank refers to the ranking by absolute number of infected people among all states in the nation in Table 5. There are differences between the ranking by absolute numbers and by rates as shown. For example, Indiana has a higher rate (126.12/100,000) than Ohio (125.29/100,000), even though Ohio has more cases in absolute numbers. Compared to the nation as a whole, Indiana ranks in midfield by absolute numbers (26th in the nation).

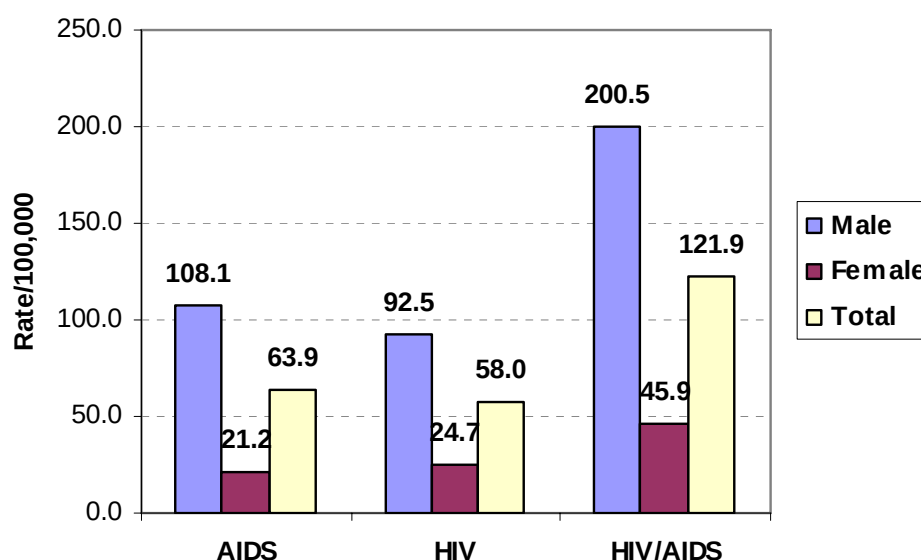
⁴ Kaiser Family Foundation, *Cumulative Number of HIV/AIDS Cases, Reported Through December 2004*

Prevalence of HIV/AIDS in Indiana

Prevalence numbers describe the number of cases of a disease in a population up to a certain point in time. In the case of this report, Prevalence describes the number of persons diagnosed with HIV/AIDS in Indiana that were alive by December 31, 2006 and that were reported in the HIV/AIDS Surveillance Report.

The prevalence rate for HIV/AIDS in Indiana shows some significant details when breaking out the rate by gender, race/ethnicity or age. Figure 13 shows the HIV/AIDS rates by sex.

Figure 13: Prevalence Rates for HIV, AIDS, and HIV/AIDS by Sex, Indiana 2006



The rate of infected males per 100,000 people of the overall male population is at 200.5 persons per 100,000, down from 206.7 in 2006. Males have an almost 4.5 times larger HIV/AIDS prevalence rate than females do. The female prevalence rate is at 45.9 persons per 100,000 females of the overall population, also down from 46.6 in 2006. For HIV and AIDS separately, males continue to be affected much more strongly than their female counterparts. HIV/AIDS continues to affect more males than females. Table 7 breaks out the absolute numbers, percentages and rates by gender and disease status.

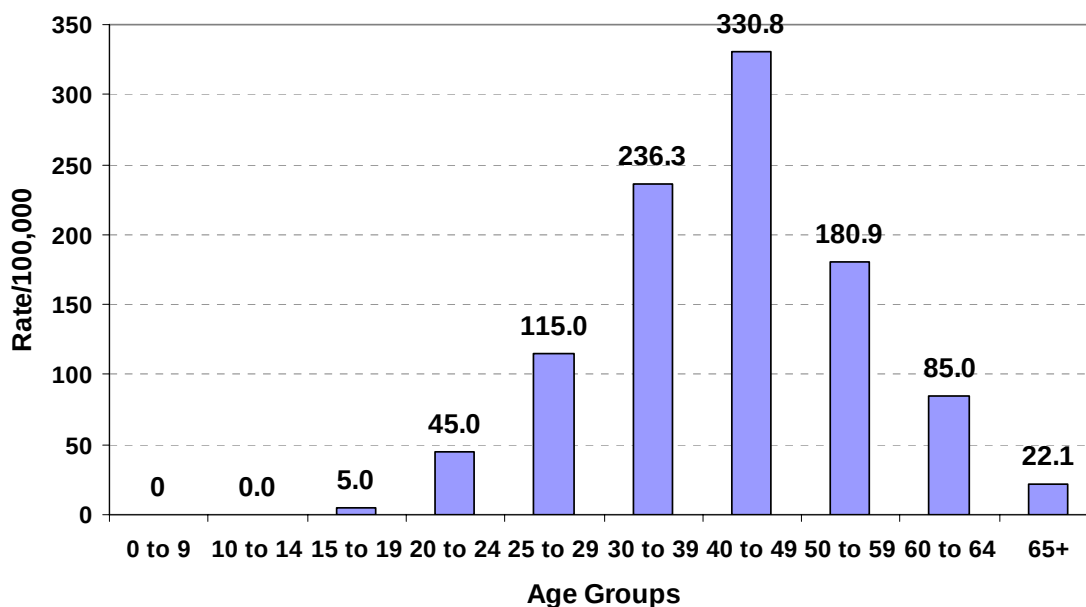
Table 7: Prevalence Numbers, Percentages and Rates for HIV, AIDS, and HIV/AIDS by Sex, 2006

	HIV			AIDS			HIV/AIDS		
	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000
Male	2,817	78.4	92.5	3,293	83.1	108.1	6,110	80.9	200.5
Female	777	21.6	24.7	668	16.9	21.2	1,445	19.1	45.9
Total	3,594	100.0	58.0	3,961	100.0	62.9	7,555	100.0	121.9

Prevalence of HIV/AIDS by Age

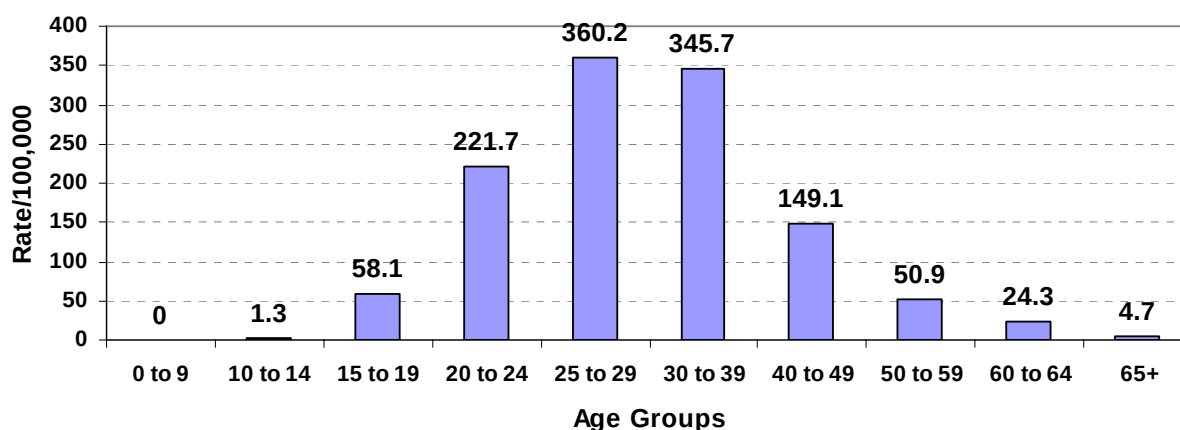
In order to better understand the dynamics at play with infected persons it is helpful to look at two different age definitions. One is the age of infected persons at the end of December 2006. The other is the age distribution for persons at the time of their infection. Figure 14 shows the age group distribution for infected persons that were alive at the end of 2006.

Figure 14: Prevalence Rates for HIV/AIDS by Age in December 2006



The majority of infected persons are in the groups of 30 to 39 years old and 40 to 49 years of age. In comparison, Figure 15 shows the age group distribution by age at time of diagnosis.

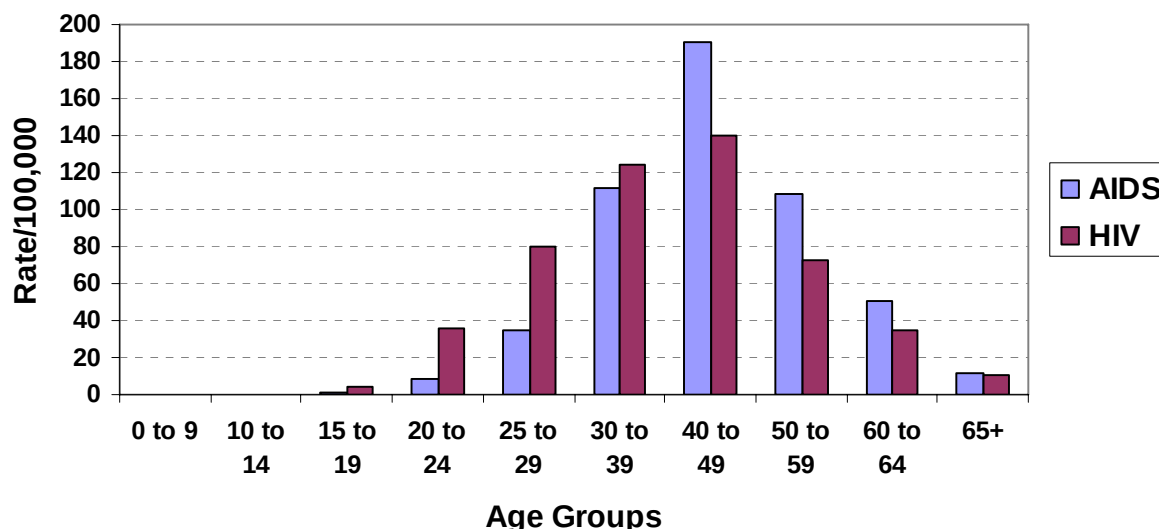
Figure 15: Prevalence Rates for HIV/AIDS by Age at Time of Diagnosis, 2006



It is interesting to note the difference in the age distribution between the two age profiles. Whereas the majority of infected persons alive at the end of 2006 were in their thirties and forties, a majority of persons were diagnosed in their twenties and thirties. For one, this discrepancy in the age distribution shows the effects of the availability and effectiveness of HIV/AIDS medications that have increased the long-term survival rate of infected persons. In other words, infected persons are living longer because of more effective medications, which is reflected in the greater number of infected persons in the older age groups. As a group, the persons that have been infected longer ago have moved from the age group of their initial diagnosis to their current age group at the end of 2006. In contrast, the majority of new infections and new diagnoses still occur in the age groups of 25 to 29 years of age and 30 to 39 years of age. As the group of the “initial” diagnoses is aging, the differences in age at time of diagnosis and age at the time of this study continues to grow.

Similar to this finding is the breakout by HIV and AIDS by age group. Figure 16 shows the corresponding distributions.

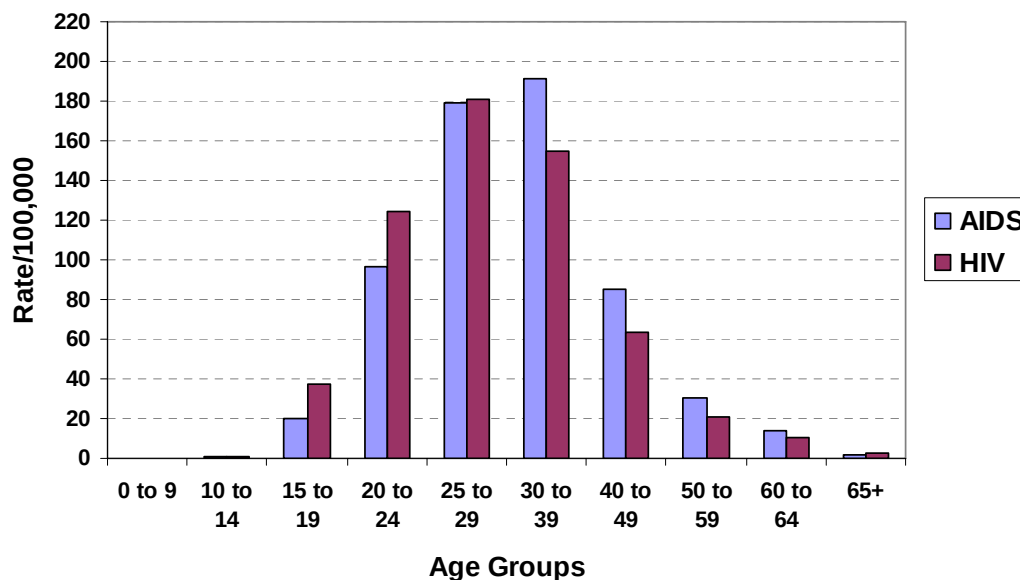
Figure 16: Prevalence Rates for HIV and AIDS by Age at End of Study, December 2006



The majority of infected persons are diagnosed with HIV first in their late twenties and thirties. The majority of AIDS diagnosis occurs for persons in their late twenties and thirties. The figure above gives a snapshot of the age distribution of the infected population at the end of 2006.

The corresponding diagnoses ages for HIV and AIDS are in Figure 17. They show similarities between the age distributions at the time of diagnosis and at the end of this study in 2006.

Figure 17: Prevalence Rates for HIV and AIDS by Age at Time of Diagnosis, 2006



The absolute numbers, percentages and rates for HIV, AIDS, and HIV/AIDS by age at end of study are presented in Table 8 and for age at time of diagnosis in Table 9.

Table 8: Prevalence Numbers, Percentages and Rates for HIV, AIDS, and HIV/AIDS by Age at End of Study, December 2006

Age	HIV			AIDS			HIV/AIDS		
	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000
0 to 9	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
10 to 14	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
15 to 19	19	0.5	4.3	3	0.1	0.7	22	0.3	5.0
20 to 24	166	4.6	36.1	41	1.0	8.9	207	2.7	45.0
25 to 29	318	8.8	79.9	140	3.5	35.2	420	5.6	105.5
30 to 39	1,063	29.6	124.4	957	24.2	112.0	2,020	26.7	236.3
40 to 49	1,325	36.9	140.3	1,798	45.4	190.4	3,123	41.3	330.8
50 to 59	535	14.9	72.4	801	20.2	108.4	1,336	17.7	180.9
60 to 64	89	2.5	34.4	131	3.3	50.6	220	2.9	85
over 65	79	2.2	10.4	64	2.3	11.8	169	2.2	22.1
Total	3,594	100.0	58.0	3,961	100.0	63.9	7,538	100.0	121.9

Note that 10-19 and 20-29 are split into two age groups.

Table 9: Prevalence Numbers, Percentages and Rates for HIV, AIDS, and HIV/AIDS by Age at Time of Diagnosis, December 2006

Age	HIV			AIDS			HIV/AIDS		
	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000
0 to 9	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
10 to 14	3	0.1	0.6	3	0.1	0.6	6	0.1	1.3
15 to 19	167	4.6	37.8	90	2.3	20.3	257	3.4	58.1
20 to 24	574	16.0	124.8	446	11.3	96.9	1,020	13.5	221.7
25 to 29	721	20.1	181.1	713	18.0	179.1	1,434	19.0	360.2
30 to 39	1,322	36.8	154.7	1,633	41.2	191.0	2,955	39.1	345.7
40 to 49	603	16.8	63.9	805	20.3	85.3	1,408	18.6	149.1
50 to 59	154	4.3	20.8	222	5.6	30.1	376	5.0	50.9
60 to 64	27	0.8	10.4	36	0.9	13.9	63	0.8	24.3
over 65	23	0.6	3.0	13	0.3	1.7	36	0.5	4.7
Total	3,594	100.0	58.0	3,961	100.0	63.9	7,555	100.0	121.9

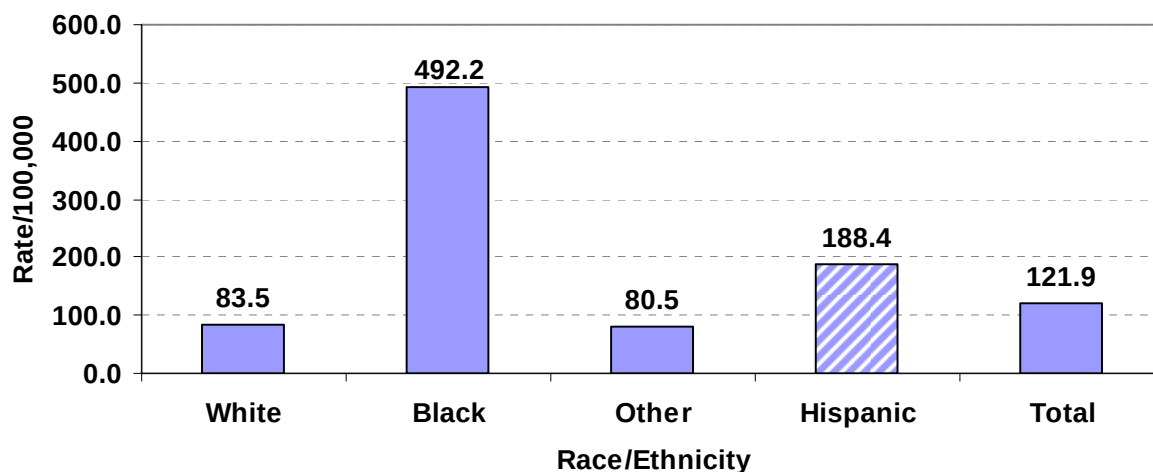
Note that 10-19 and 20-29 are split into two age groups.

Prevalence of HIV/AIDS by Race/Ethnicity

A look at the racial and ethnic make-up provides further details on the composition of the infected population.

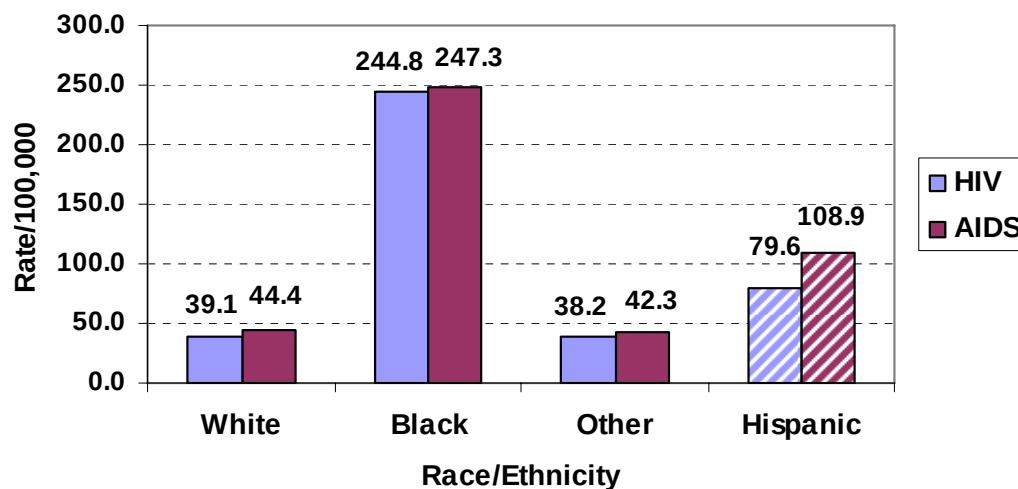
Indiana is overwhelmingly white and Non-Hispanic. Figure 18 shows the prevalence rate by race/ethnicity at the end of 2006. The racial and ethnic composition of infected persons in Indiana differs to a great extent from the racial/ethnic distribution of the state's overall population.

Figure 18: Prevalence Rates of HIV/AIDS by Race/Ethnicity in 2006



The overwhelming majority of infected cases are among African Americans, even though African Americans account for only about 8.6% of the overall population. In other words, HIV/AIDS is overwhelming more prevalent among African Americans than any other racial or ethnic group. The separate view of HIV and AIDS reveals further details about racial and ethnic differences among the infected population.

Figure 19: Prevalence Rates of HIV and AIDS by Race/Ethnicity in 2006



All of the racial groups have slightly higher rates of AIDS diagnosis than HIV infections. Table 10 lists the numbers, percentages and rates for HIV, AIDS, and HIV/AIDS by race/ethnicity.

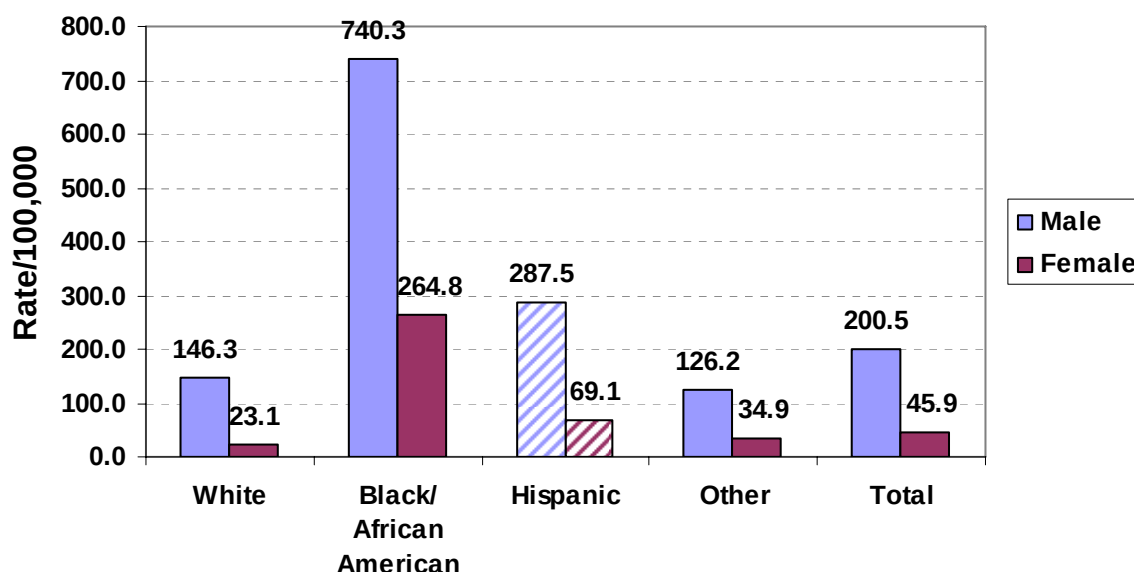
Table 10: Prevalence Numbers, Percentages and Rates of HIV, AIDS, and HIV/AIDS by Race/Ethnicity in 2006

Race/ Ethnicity	HIV			AIDS			HIV/AIDS		
	Number	%	Rate	Number	%	Rate	Number	%	Rate
African American	1,276	35.5	244.8	1,289	32.5	247.3	2,565	34.0	492.2
Hispanic	193	5.4	79.6	264	6.7	108.9	457	6.0	188.4
White	2,068	57.5	39.1	2,345	59.2	44.4	4,413	58.4	83.5
Other	57	1.6	38.2	63	1.6	42.3	120	1.6	80.5
Total	3,594	100.0	58.0	3,961	100.0	63.9	7,765	100.0	125.3

Prevalence of HIV/AIDS by Race/Ethnicity and Sex

Given the large differences between the racial and ethnic groups as well as the sex of infected and diagnosed clients, this profile will take a closer look at the distribution of race and ethnicity by sex.

Figure 20: Prevalence Rates of HIV/AIDS by Race/Ethnicity and Sex, 2006



The highest prevalence rates for HIV/AIDS are found for males among all racial and ethnic population groups. Among the infected male population, African American males continue to be disproportionately represented. Their prevalence rate is five times the rate

of White males, and almost three times the Hispanic male prevalence rate (Figure 20). In absolute numbers African American men are roughly half the number of their White counterparts. The current rates for both males and females are comparable, but slightly lower, to the rates from the previous year.

A similar picture emerges when comparing the female prevalence rates among the racial/ethnic groups. The highest prevalence rates are among African American females. Their HIV/AIDS prevalence rate is more than ten times higher than their White counterparts and still almost four times the rate of Hispanic females. In absolute numbers among the female infected population, half are African-American, while a comparable number of infected and diagnosed females are White. Table 11 shows the absolute numbers, percentages and rates per 100,000 by race/ethnicity and sex.

Table 11: Prevalence Numbers, Percentages and Rates of HIV/AIDS by Race/Ethnicity and Sex in 2006

Race/ Ethnicity	Male			Female		
	Number	%	Rate	Number	%	Rate
African American	1,845	30.2	740.3	720	49.8	264.8
Hispanic	381	6.2	287.5	76	5.3	69.1
White	3,790	62.0	146.3	623	43.1	23.1
Other	94	1.5	126.2	26	1.8	34.9
Total	6,110	100.0	200.5	1,445	100.0	45.9

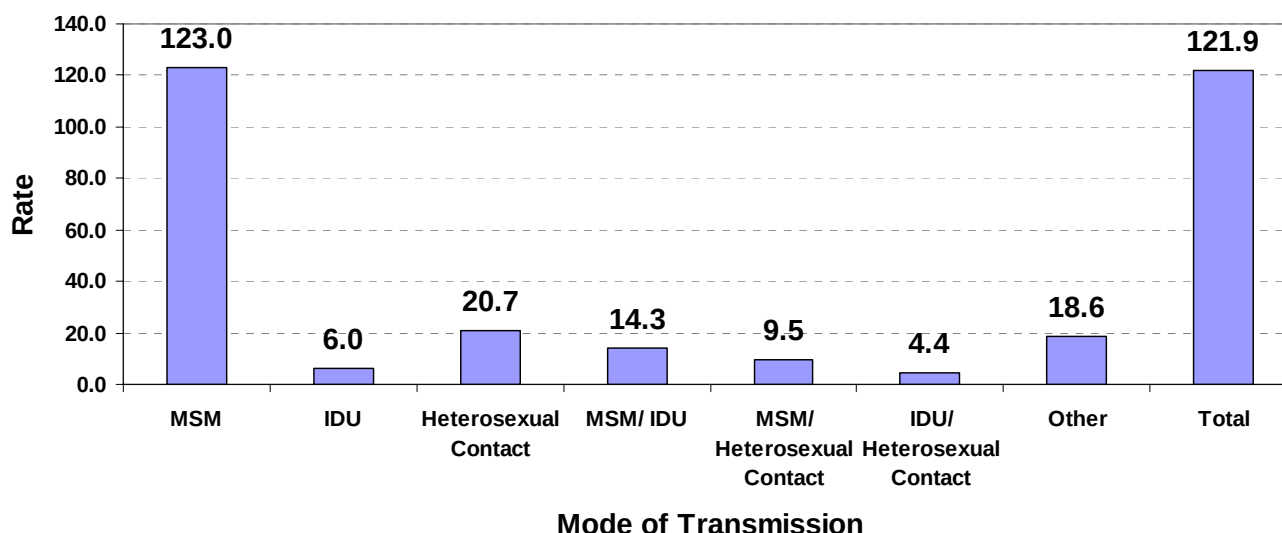
Prevalence of HIV/AIDS by Mode of Transmission

Modes of transmission of the virus were first classified and introduced by the Centers for Disease Control and Prevention (CDC). Those transmission categories are Men having Sex with Men (MSM), Injection Drug Users (IDU), Men having Sex with Men and Injection Drug Users (MSM/IDU), Heterosexual Contact, MSM and Heterosexual Contact, Heterosexual Contact and IDU, and Other. The *Other* category was created to encompass risk categories such as hemophilia and coagulation disorders, transfusion of blood or blood components or tissue transplants, infected mothers, no reported risk mode of transmission, or other categories. Due to the small numbers of all those categories, they are grouped into one category.

During each test for HIV, a person reports information about his or her behavior and events which in turn allows for a risk category classification. In case a person falls into multiple risk categories, the priority follows the sequence of transmission modes as outlined above.

The differences between the transmission mode prevalence rates are considerable. The overwhelming majority of HIV transmissions occurred through Men having Sex with Men (MSM). The rate for MSM transmission is between 6 and 11 times larger than the other four categories. Figure 21 shows the prevalence rates for HIV/AIDS by mode of transmission.

Figure 21: Prevalence Rates per 100,000 Population for HIV/AIDS by Mode of Transmission in 2006

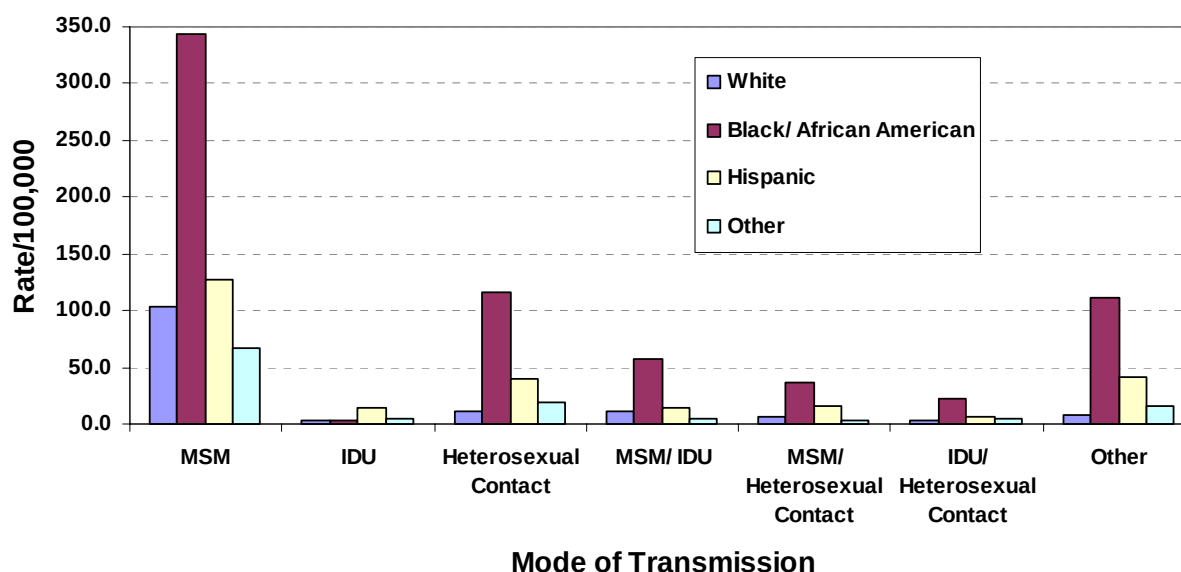


The calculation of the risk category rates differ slightly from the regular rate calculations.

For example, the rate for MSM was calculated by dividing the number of HIV/AIDS cases in Indiana by the number of all men living in Indiana at that time and by multiplying that by 100,000. Given that only males are potentially possible to get diagnosed as MSM (Men Having Sex with Men), the rate calculation is therefore based on only the male part of the general population. The denominator for the calculation of the IDU rate needs to be the entire population of Indiana, since persons of both gender have the potential of becoming IDUs. The rate for MSM/IDU was again calculated with only the male population of Indiana, while Heterosexual Contact and Other included the entire population.

Not all racial and ethnic groups contribute to the risk groups according to their relative size of the general population. Figure 22 breaks out the prevalence rates for transmission modes by race and ethnicity.

Figure 22: Prevalence Rates for HIV/AIDS by Mode of Transmission and Race/Ethnicity, 2006



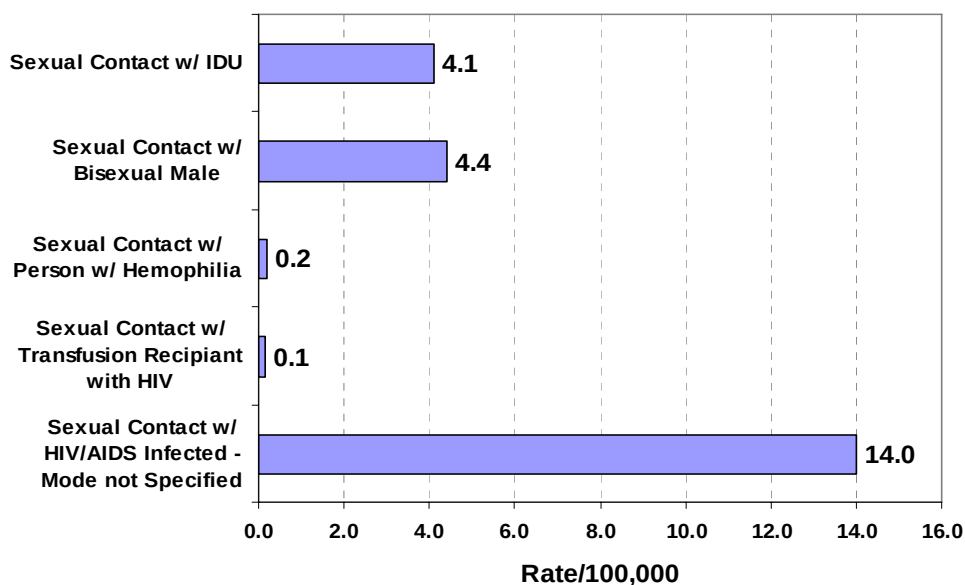
Consistent across all racial/ethnic categories, the highest HIV/AIDS prevalence rates are associated with MSM. The prevalence rate is especially high for African American MSM, even though *Heterosexual Contacts* and *Other* risk factors register prominently for African Americans as well. Table 12 lists the prevalence rates for all racial and ethnic groups.

Table 12: Prevalence Numbers and Rates per 100,000 Population for HIV/AIDS by Mode of Transmission and by Race/Ethnicity in 2006

Mode of Transmission	Black		Hispanic		White		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
MSM	856	343.4	168	126.8	2,673	103.2	50	67.1
IDU	178	3.4	34	14	154	2.9	7	4.7
Heterosexual Contact	608	116.7	98	40.4	549	10.4	29	19.5
MSM/IDU	141	56.6	19	14.3	243	10.5	3	4.0
MSM/Heterosexual Contact	93	37.3	22	16.6	172	6.6	2	2.7
IDU/Heterosexual Contact	112	21.5	17	7.0	139	21.5	6	4.0
Other	577	110.7	99	40.8	453	8.6	23	15.4
Total	2,565	492.2	457	188.4	4,413	83.5	120	80.5

The Heterosexual Contact risk group can be further broken down into categories. Figure 23 shows the prevalence numbers for HIV/AIDS, broken down by subcategories to the Heterosexual Contact category.

Figure 23: Prevalence Rates for HIV/AIDS by Heterosexual Contact Categories, 2006



Within the risk category of Heterosexual Contact, the majority of cases (14.0 per 100,000) occur through sexual contact to persons infected with HIV/AIDS where the risk category of the sexual partner is not specifically reported. This risk category is more than three times as prevalent as the next category, Sexual Contact with a Bisexual Male, at 4.4 per 100,000. Table 14 lists the components that are included into the category Heterosexual Contact as well as their absolute numbers, percentages and rates per 100,000.

Table 13: Prevalence Numbers, Percentages, and Rates for HIV/AIDS by Heterosexual Contact Categories, 2006

Mode of Transmission	Number	Percentage	Rate/100,000
Sexual Contact w/ HIV/AIDS Infected – Mode not reported	868	67.6%	14.0
Sexual Contact w/ Transfusion Recipient with HIV	9	0.7%	0.1
Sexual Contact w/ Person w/ Hemophilia	13	1.0%	0.2
Sexual Contact w/ Bisexual Male	139	10.8%	4.4*
Sexual Contact w/ IDU	255	19.9%	4.1
Total	1,284	100.0%	20.7

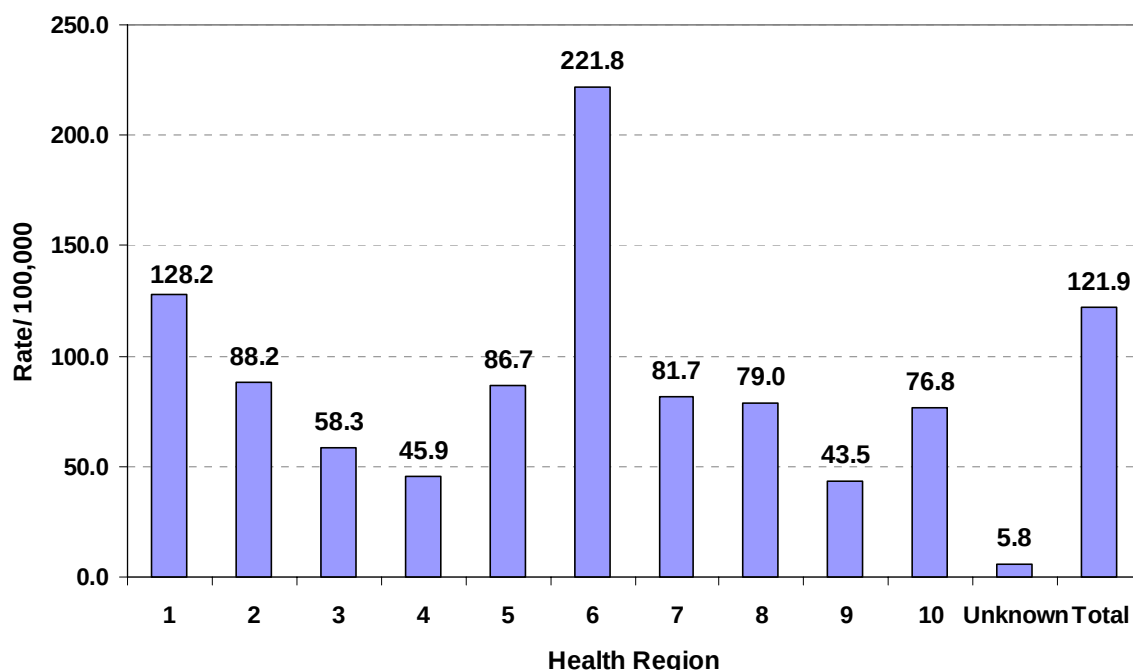
* Rate was calculated based on the female population in Indiana

Prevalence of HIV/AIDS by Health Regions

So far this profile has found that HIV/AIDS is most prevalent among minority men, mainly African American in their thirties and forties, whose main risk category is MSM. A look at the regional distribution of the infected population will provide further insight.

Figure 24 shows the prevalence rates per 100,000 people of the population of HIV/AIDS by Indiana's Health Regions. The rates per health region were calculated using the population estimates 2003.

Figure 24: Prevalence Rates for HIV/AIDS by Health Region, 2006

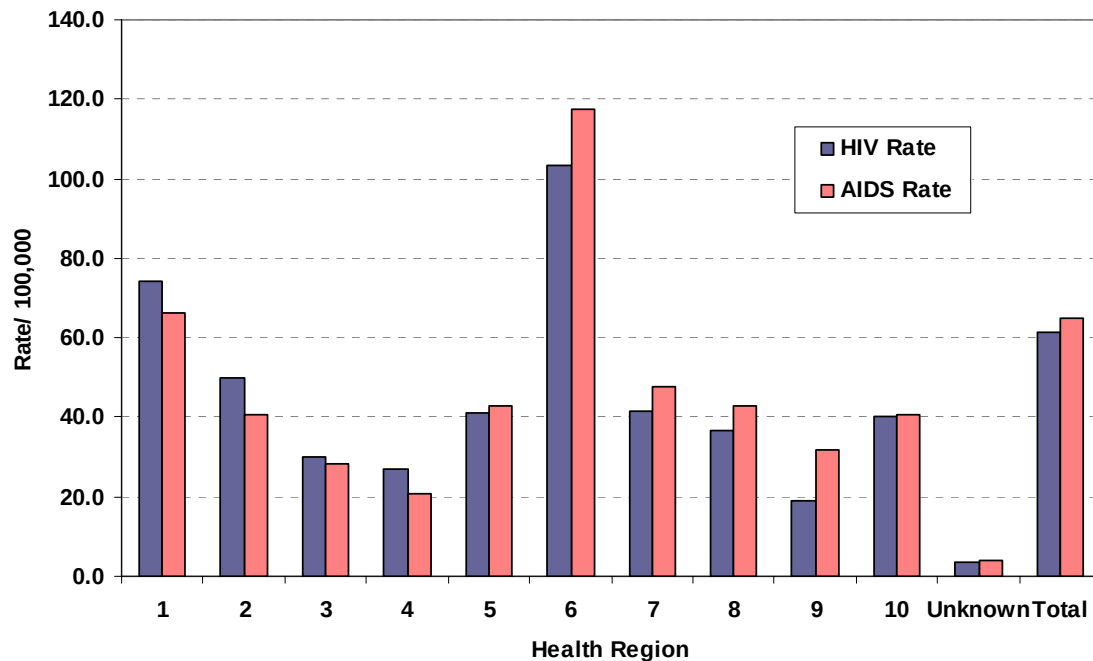


Indiana shows very distinct regional differences in its prevalence rate for HIV/AIDS. Health Region 6, which covers Indianapolis and the surrounding counties, shows the highest prevalence rate of the entire state, with a rate of 221.8 per 100,000 persons. The next highest rates are in Regions 1 and 2 which includes Lake, Porter and La Porte Counties in northern Indiana, with a rate of 128.2 and 88.2 per 100,000 people respectively.

Similar to the Indianapolis metro area, the proximity of the Chicago metro area is influencing the number of infected persons in that region. The highest prevalence rates are all associated with Indiana's larger cities, such as Evansville and Terre Haute in Region 7, Kokomo and Muncie/Anderson in Region 5, and Bloomington in south-central Indiana in Region 8.

Figure 25 breaks out the prevalence rate by HIV and AIDS separately for each Health Region. Most of the Health Regions show no large differences between their HIV and AIDS prevalence rates.

Figure 25: Prevalence Rates for HIV and AIDS by Health Region, 2006



The corresponding rates for HIV and AIDS by Health Region are listed in Table 14.

Table 14: Prevalence Numbers, Percentages and Rates per 100,000 Population for HIV, AIDS and HIV/AIDS by Health Region, 2006

Region	HIV			AIDS			HIV/AIDS		
	Number	%	Rate	Number	%	Rate	Number	%	Rate
1	483	13.4%	64.4	478	12.1%	63.7	961	12.7%	128.2
2	272	7.7%	48.7	221	5.6%	39.5	493	6.5%	88.2
3	212	5.9%	28.7	219	5.5%	29.6	431	5.7%	58.3
4	86	2.4%	24.4	76	1.9%	21.5	162	2.1%	45.9
5	217	6.0%	38.7	269	6.8%	48.0	486	6.4%	86.7
6	1,584	44.1%	102.6	1,839	46.4%	119.2	3,423	45.3%	221.8
7	257	7.2%	36.0	327	8.3%	45.7	584	7.7%	81.7
8	106	2.9%	37.9	115	2.9%	41.1	221	2.9%	79.0
9	47	1.3%	15.8	82	2.1%	27.6	129	1.7%	43.5
10	150	4.2%	37.5	157	4.0%	39.3	307	4.1%	76.8
Unknown	180	5.0%	2.9	178	4.5%	2.9	358	4.7%	5.8
Total	3,594	100.0%	58.0	3,961	100.0%	63.9	7,555	100.0%	121.9

Please note that in order to calculate the rate for each region, the number of HIV positive and AIDS diagnosed persons is divided by the total number of people living in each region and multiplied by 100,000.

Prevalence of HIV/AIDS by Current State of Residence

At the time of this report, the vast majority of infected persons that are eligible for the programs and services provided by ISDH also reside in the state. Some of the infected persons that had been diagnosed with HIV/AIDS in Indiana have either moved out of the state since their diagnosis, or they lived outside the state of Indiana and were only diagnosed here. Table 15 lists, in descending order, the states of residence of infected persons.

Table 15: Number of Infected Persons (HIV/AIDS) by State of Residence at the Time of this Report 2006

State of Residence	Number of Infected	State of Residence	Number of Infected
Indiana	7,287	South Carolina	4
Illinois	36	Utah	4
Florida	29	Washington	3
Texas	23	Massachusetts	3
Kentucky	14	New Mexico	3
Michigan	14	Foreign Country	3
Ohio	13	Louisiana	2
Arizona	11	Nebraska	2
Tennessee	10	Kansas	2
California	10	Rhode Island	2
Georgia	9	Hawaii	2
Nevada	8	Maryland	2
Alabama	7	North Dakota	1
Iowa	7	Oklahoma	1
Wisconsin	6	Connecticut	1
Colorado	6	Mississippi	1
Missouri	6	Maine	1
Pennsylvania	6	Wyoming	1
Minnesota	5	New Jersey	1
Virginia	4	West Virginia	1
North Carolina	4	Total	7,555

Within the state of Indiana most infected persons resided in Marion County. Table 16 lists the number of infected persons by Indiana counties, ranked in descending order.

Table 16: Number and Rate per 100,000 Population of Infected Persons with HIV/AIDS by Indiana County of Residence at Time of Report 2006

County of Residence	Number of Infected	HIV/AIDS Rate	County of Residence	Number of Infected	HIV/AIDS Rate
Marion	3,042	352.4	Clinton	13	38.1
Lake	801	161.4	Randolph	13	48.7
St. Joseph	332	124.7	Scott	13	54.6
Allen	322	93.6	Washington	13	46.6
Vanderburgh	208	120.1	Dearborn	13	26.5
Madison	170	130.4	Fountain	13	74.4
Vigo	142	138.4	Brown	12	79.2
Monroe	140	115.3	Daviess	12	39.4
Clark	122	120.1	Wabash	12	35.5
Elkhart	122	62.4	Noble	11	23.2
Hamilton	106	44.0	Greene	11	32.9
Hendricks	104	81.6	Vermillion	11	66.4
Porter	99	62.7	White	10	40.9
Tippecanoe	94	61.1	Jasper	9	28.2
LaPorte	90	81.4	Steuben	9	26.6
Howard	89	104.7	Decatur	9	28.2
Delaware	88	75.6	Perry	9	47.3
Johnson	74	57.6	Posey	9	33.5
Floyd	73	101.4	Jay	8	37.0
Wayne	65	93.9	Dubois	8	19.6
Putnam	50	135.3	Lagrange	8	21.7
Miami	44	123.5	Whitley	8	24.8
Grant	37	52.4	Blackford	8	57.8
Kosciusko	33	43.4	Jennings	7	24.6
Bartholomew	31	42.2	Starke	7	30.5
Hancock	29	45.9	Fayette	7	28.1
Morgan	28	40.1	Adams	6	17.7
Knox	28	73.0	Orange	6	30.3
Cass	28	69.8	Wells	6	21.4
Jackson	26	61.6	Pulaski	5	36.3
Boone	25	48.0	Fulton	5	24.2
Sullivan	24	110.3	Martin	5	48.1
Lawrence	24	51.7	Newton	5	34.6
Montgomery	22	57.5	Switzerland	5	51.5
Parke	20	115.2	Union	5	69.4
Henry	19	40.2	Rush	*	*
Huntington	18	47.1	Spencer	*	*
Harrison	17	46.2	Carroll	*	*
De Kalb	15	36.0	Franklin	*	*
Warrick	15	26.6	Ripley	*	*
Jefferson	15	46.3	Benton	*	*
Shelby	15	34.3	Crawford	*	*
Clay	15	55.3	Ohio	*	*
Owen	14	61.3	Pike	*	*
Gibson	14	41.9	Warren	*	*
Marshall	14	29.8	Tipton	*	*
Total				7,238	115.4

The author would like to point out that there is a difference between the total number of infected persons for Indiana in Table 16 (7,287) and the Total number of infected persons in Table 17 (7,238). Based on the available information it is not possible to determine in which counties the 49 “missing” persons in Table 17 were residing by the end of 2006. Considering the very dynamic and fluid nature of the data in the HIV/AIDS Surveillance Report and the HARS database, the “missing” cases are likely to be assigned to counties of residence in an updated version of the database. Given the total number of infected persons in Indiana the missing cases would account for a maximum error of about 0.1%.

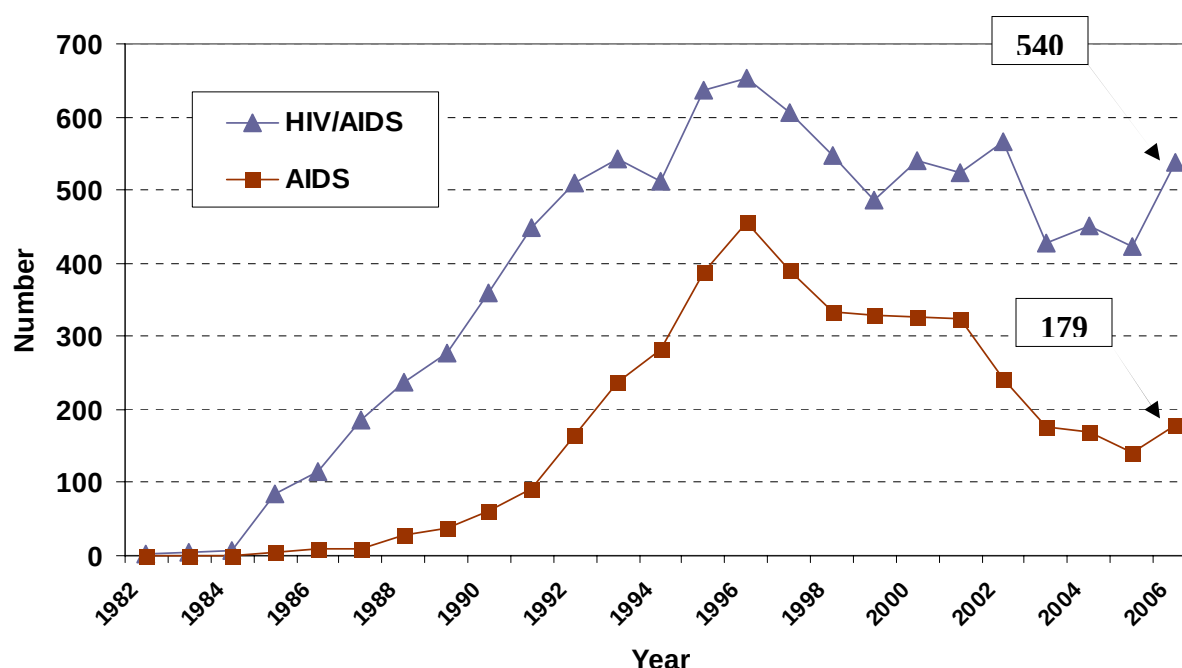
New Diagnosis of HIV/AIDS in Indiana

New Diagnosis describes the number and rates of new cases of a disease in a population in a certain amount of time, usually a year. In the case of this report, New Diagnosis describes the number of new cases of HIV/AIDS that were treated or reported in Indiana between January 1, 2006 and December 31, 2006 and that were reported in the HIV/AIDS Surveillance Report.

New Diagnosis Rates for Indiana 2006

Indiana started collecting data on HIV infections and AIDS diagnoses in 1982. Figure 26 shows the development of HIV/AIDS and AIDS over more than two decades, from 1982 up until the end of 2006.

Figure 26: New Diagnosis Numbers of AIDS and HIV/AIDS for Indiana, 1982 to 2006



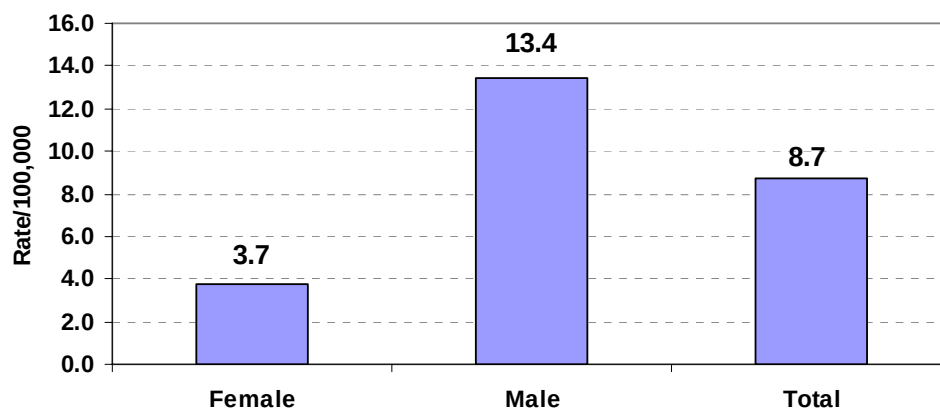
In the first decade after the recording of the infected and diagnosed persons in Indiana began, the numbers steadily climbed, until they reached a peak in the mid nineties (1996). At that point, the availability and effectiveness of antiviral drugs that, at least temporarily, slowed the progression from HIV infection to full AIDS, as well as educational campaigns to stop the spread of the virus brought the rise in the number of infected persons to a halt and, in fact, reversed them for the next four to five years.

Beginning in or around the year 2000, however, the number of new HIV/AIDS infections and AIDS diagnoses started to plateau and did not change much over the course of three years. The numbers did rise in 2006, however.

In 2006, the number of newly diagnosed persons with HIV/AIDS was 540, a fairly large increase from 2005 (422). The New Diagnosis rate is calculated at 8.7 per 100,000 persons, compared to an New Diagnosis rate of 6.8 in 2005.

Similar to the prevalence numbers, the group of newly infected persons is predominantly male.

Figure 27: New Infection (New Diagnosis) Rates for HIV/AIDS by Sex, 2006



Males continue to have a more than three times higher new infection rate than females. They contributed more than three quarters to the New Diagnosis rate in 2006.

A more detailed look at the New Diagnosis rates for HIV and AIDS separately is provided in Figure 28, which shows the difference in New Diagnosis rates by sex for HIV and AIDS separately.

Figure 28: New Diagnosis Rates for HIV and AIDS by Sex, 2006

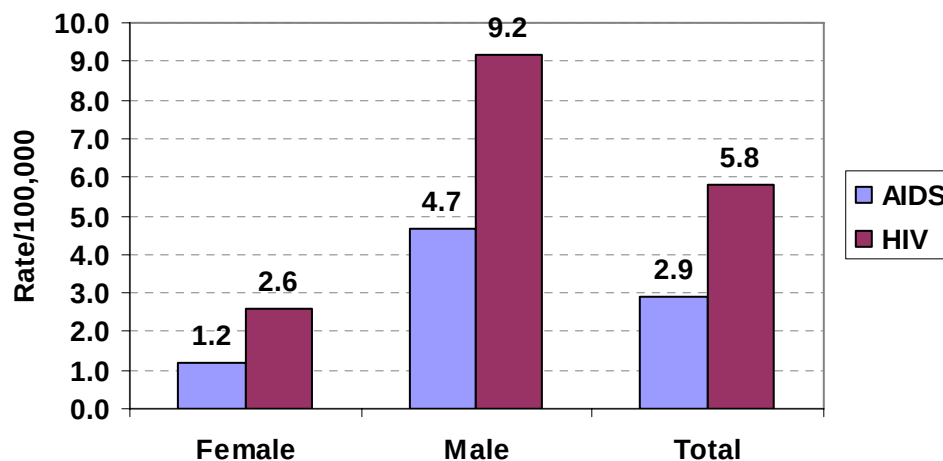


Table 17 shows the absolute number for HIV, AIDS and HIV/AIDS New Diagnosis in Indiana for 2006.

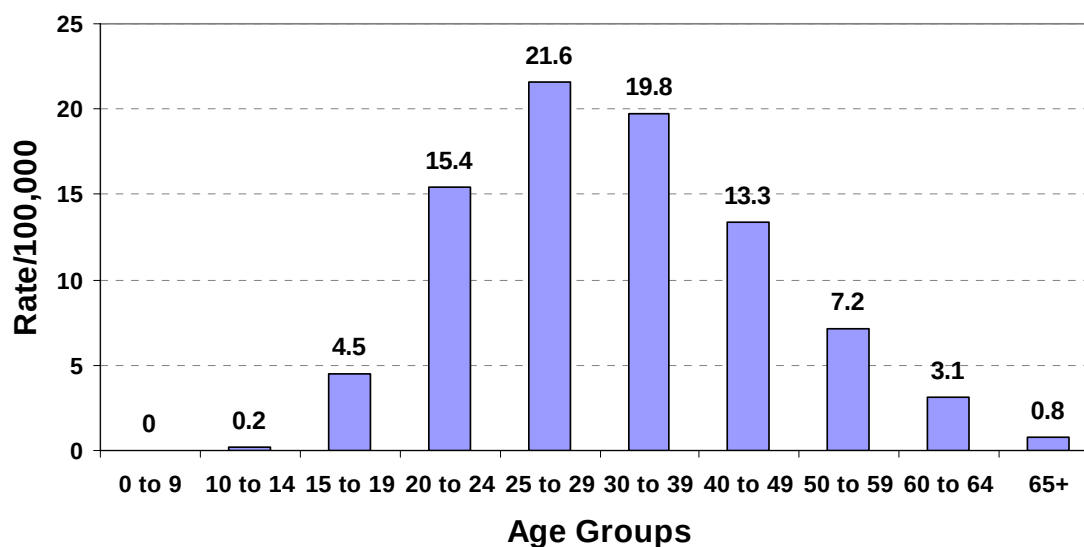
Table 17: New Diagnosis Numbers, Percentages and Rates per 100,000 Population for HIV, AIDS, and HIV/AIDS by Sex, 2006

Sex	HIV			AIDS			HIV/AIDS		
	Number	%	Rate	Number	%	Rate	Number	%	Rate
Male	280	77.6	9.2	141	79.3	4.6	421	78.1	13.4
Female	81	22.4	2.6	38	21.8	1.2	119	21.9	3.7
Total	361	100.0	5.8	179	100.0	2.9	540	100.0	8.7

New Diagnosis of HIV/AIDS by Age

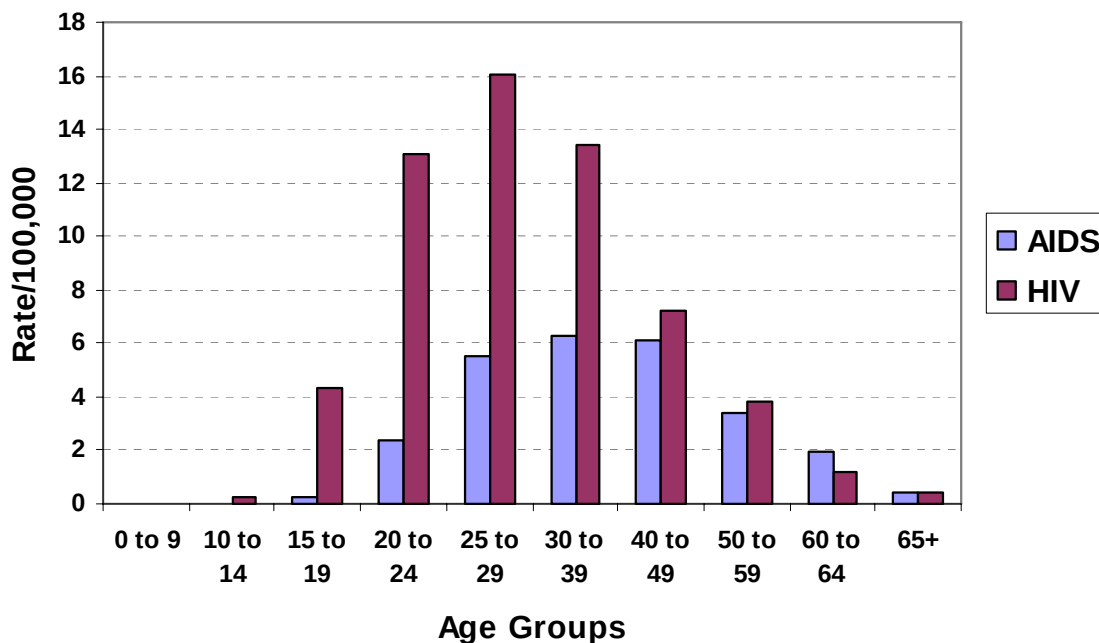
In 2006, the New Diagnosis rate for HIV/AIDS peaked among 25 to 29 year olds (21.6 per 100,000).

Figure 29: New Diagnosis Rates for HIV/AIDS by Age, 2006



A more detailed look at the HIV and AIDS New Diagnosis rates by age for 2006 reveal a more detailed picture of the age distribution among newly diagnosed persons.

Figure 30: New Diagnosis Rates for HIV and AIDS by Age, 2006



For most all age groups the HIV New Diagnosis rate exceeds the rate of newly diagnosed AIDS cases. The vast majority of newly diagnosed HIV cases in 2006 were in the age ranges of 20 to 39, while the majority of new AIDS diagnoses occurred for persons in the age ranges of 30 to 49 years of age.

Table 18 shows the absolute numbers, percentages and rates for the combined disease as well as the separate diagnoses for 2006.

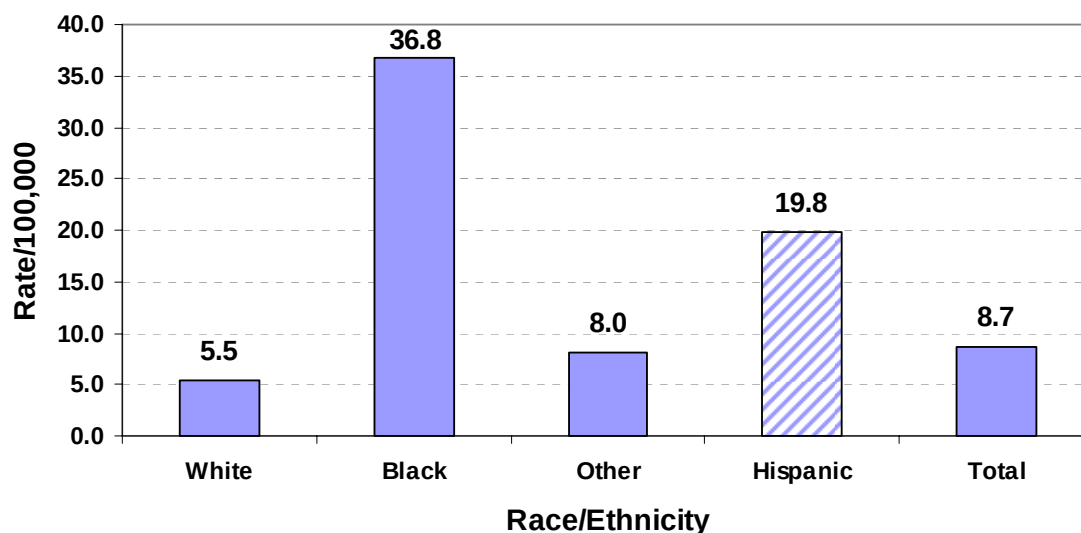
Table 18: New Diagnosis Numbers, Percentages and Rates for HIV, AIDS, and HIV/AIDS by Age, 2006

Age	HIV			AIDS			HIV/AIDS		
	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000	Number	%	Rate/ 100,000
0 to 9	0	0.0	0.0	0	0.0	0	0	0.0	0
10 to 14	1	0.3	0.2	0	0.0	0	1	0.2	0.2
15 to 19	19	5.3	4.3	1	0.2	0.2	20	3.7	4.5
20 to 24	60	16.6	13.0	11	6.1	2.4	71	13.2	15.4
25 to 29	64	17.7	16.1	22	12.3	5.5	86	16.0	21.6
30 to 39	115	31.9	13.5	54	30.2	6.3	169	31.4	19.8
40 to 49	68	18.8	7.2	58	32.4	6.1	126	23.4	13.3
50 to 59	28	7.8	3.8	25	14.5	3.5	53	9.8	7.2
60 to 64	3	0.8	1.2	5	2.8	1.9	8	1.5	3.1
over 65	3	0.8	0.4	3	1.7	0.4	6	1.1	0.8
Total	361	100.0	5.8	179	100.0	2.9	540	100.0	8.7

New Diagnosis Rate of HIV/AIDS by Race/Ethnicity

In Figure 31 the New Diagnosis rates are shown by race and ethnicity. In order to calculate the rate per 100,000 persons, the number of infected and diagnosed persons for each race and ethnicity was divided by the number of the entire Indiana population that were identified in the 2003 Census Estimates as belonging to that particular racial and ethnic category.

Figure 31: New Diagnosis Rates of HIV/AIDS by Race/Ethnicity, 2006



The overwhelming majority of newly infected and diagnosed persons were African American. They had a New Diagnosis rate of 36.8 per 100,000 people of the population, nearly twice as large as the next largest group of Hispanics (19.8 per 100,000). It is interesting to note that Black/African Americans make up a minority of the general population of about 8.4%, yet they account for 35.6% of all new cases of HIV/AIDS in 2006.

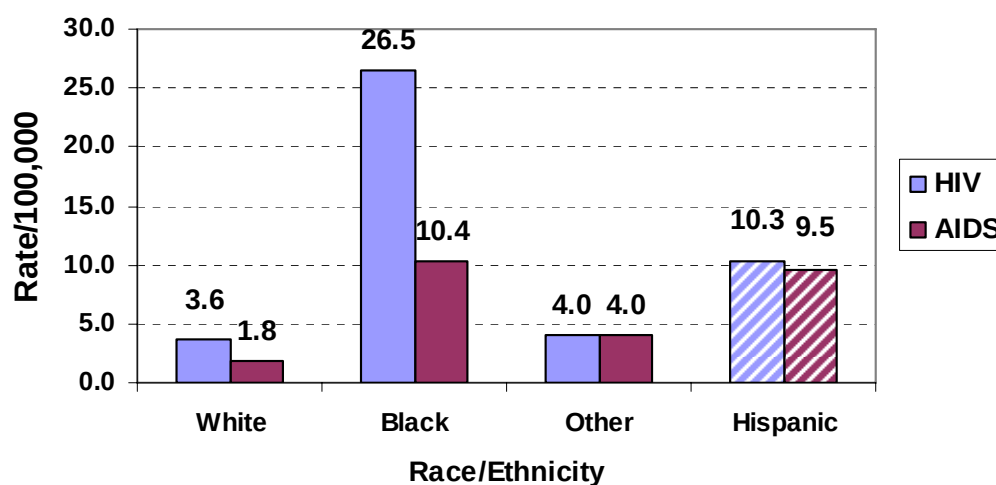
The New Diagnosis numbers for HIV/AIDS for absolute numbers, percentages and rates per 100,000 are listed in Table 19.

Table 19: New Diagnosis Numbers, Percentages and Rates per 100,000 Population for HIV/AIDS by Race/Ethnicity, 2006

	Number	Percent	Rate
Black	192	35.6	36.8
Hispanic	48	8.9	19.8
White	288	53.3	5.5
Other	12	2.2	8.0
Total	540	100.0	8.7

The absolute numbers for the combined disease as well as the percentage numbers show that all Black/African-American and Hispanic groups are over-represented in the number of newly infected and diagnosed persons, when compared to their part of the overall population.

Figure 32: New Diagnosis Rates for HIV and AIDS by Race/Ethnicity, 2006



The separate view of HIV and AIDS by race and ethnicity reveals further information about the different behavior of new infections and diagnoses. Displayed in Figure 32 are the new HIV infections and newly diagnosed cases of AIDS by race and ethnicity. African Americans show the highest rate of new HIV infections as well as new AIDS diagnoses among all racial and ethnic groups in Indiana. The second largest minority population group, Hispanics, have also the second largest New Diagnosis rates for both HIV and AIDS. In other words, the results in Figure 31 and Figure 32 show that new infections of HIV and AIDS are spreading much more rapidly among minority population groups than among Whites, a finding that is consistent with the status of the prevalence ratings. However, by absolute numbers, the new infections and diagnosis for Whites outnumber all other racial and ethnic groups.

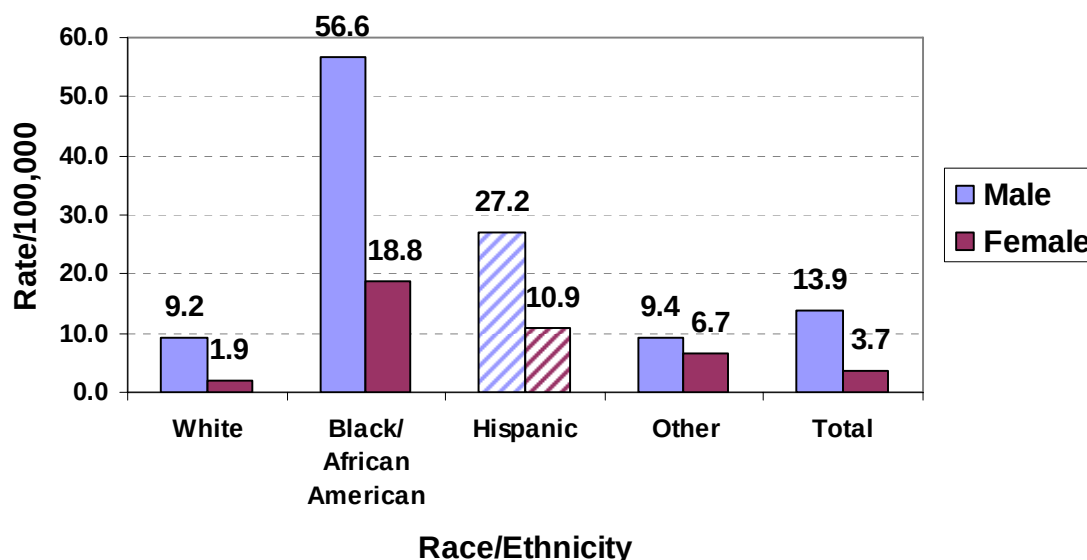
Table 20 lists the absolute numbers of newly infected and diagnosed persons by race/ethnicity, as well as the percentage of the overall infections and the rates per 100,000 people of the population.

Table 20: New Diagnosis Numbers, Percentages and Rates per 100,000 Population for HIV and AIDS by Race/Ethnicity, 2006

Race/ Ethnicity	HIV			AIDS		
	Total	Percent	Rate	Total	Percent	Rate
Black	138	38.2	26.5	54	30.2	10.4
Hispanic	25	6.9	10.3	23	12.8	9.5
White	192	53.2	3.6	96	53.6	1.8
Other	6	1.7	4.0	6	3.4	4.0
Total	361	100.0	5.8	179	100.0	2.9

In addition to racial and ethnic differences in the new infection rates, there are also differences in the number of male and female New Diagnoses among racial and ethnic groups. Figure 33 shows the New Diagnosis rate breakout by race/ethnicity and gender.

Figure 33: New Diagnosis Rates for HIV/AIDS by Race/Ethnicity and Sex, 2006



The New Diagnosis rate results for males and females mirror the earlier assessments, in which new infections and diagnoses rates are highest among the male groups of racial and ethnic minorities. The rates for African-American and Hispanic males are three to six times the White male New Diagnosis rate (see Figure 33 and Table 21).

Comparing the female New Diagnosis rates among these racial/ethnic groups shows a similar result. HIV/AIDS New Diagnosis rates are lowest among White females and highest among African-American females. In absolute numbers, White females make up the majority of new infections with HIV. African American females have the highest absolute number of new AIDS diagnoses. The results for all racial and ethnic groups for the combined disease HIV/AIDS are summarized in Table 21.

Table 21: New Diagnosis Numbers, Rates per 100,000 Population and Percentages for HIV/AIDS by Race/Ethnicity and Sex, 2006

Race/ Ethnicity	Male			Female		
	Total	Rate	Percent	Total	Rate	Percent
Black	141	56.6	33.4	51	18.8	43.2
Hispanic	36	27.2	8.5	12	10.9	10.2
White	238	9.2	56.4	50	1.9	42.4
Other	7	9.4	1.7	5	6.7	4.2
Total	422	13.9	100.0	118	3.7	100.0

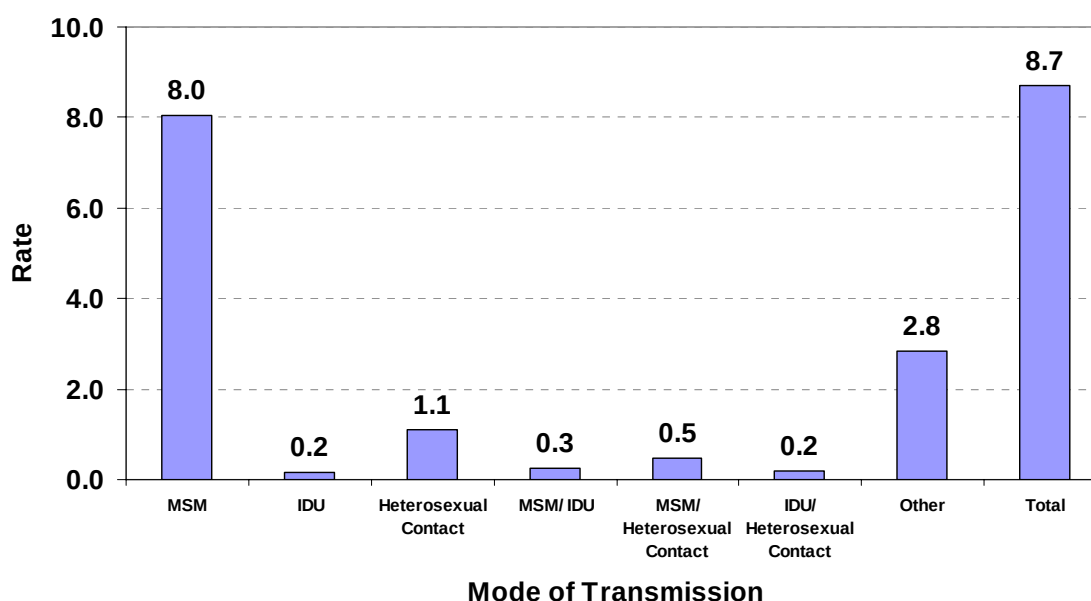
The rates in Table 21 were calculated by dividing the absolute number of new cases of HIV/AIDS by the number of the racial and ethnic male or female population respectively, and multiplying that number by 100,000. The reduction of the absolute numbers to the rates per

100,000 allows for direct comparison of rates between the different racial and ethnic groups as well as between the gender categories.

New Diagnosis of HIV/AIDS by Mode of Transmission

The New Diagnosis rates of HIV/AIDS vary widely by mode of transmission for 2006, as shown in Figure 34.

Figure 34: New Diagnosis Rates per 100,000 Population for HIV/AIDS by Mode of Transmission, 2006



Note: For categories MSM, MSM/IDU, and MSM/Heterosexual contact, rates are relative to the number of men.

The vast majority of new cases registered in 2006 are in the category of Men having Sexual Contact with Men (MSM). The New Diagnosis rate of 8.0 per 100,000 is more than twice that of the next closest category, *Heterosexual Contact*, with a rate of 1.1 per 100,000. The *MSM* rate increased from the previous year (7.9/100,000).

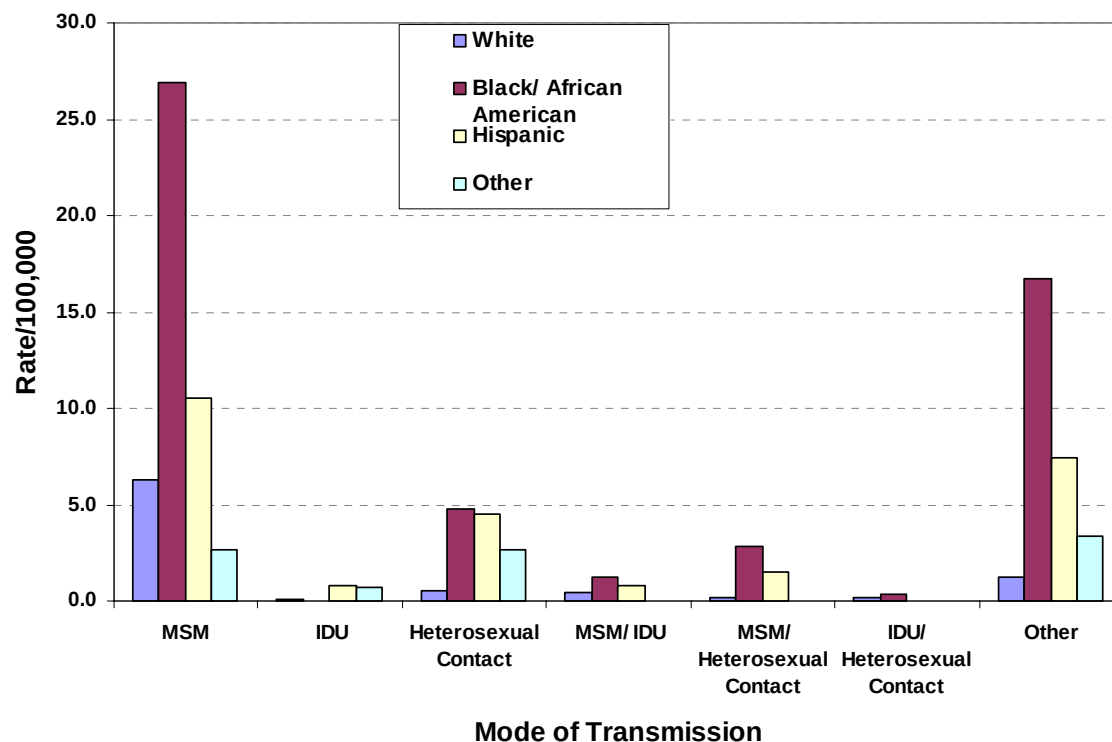
In absolute numbers, the most new cases of HIV are transmitted by MSM. Table 22 shows the absolute numbers, their respective percentages and the rates per 100,000 people for HIV/AIDS by mode of transmission.

Table 22: New Diagnosis Numbers, Rates per 100,000 Population and Percentages for HIV/AIDS by Mode of Transmission, 2006

Transmission Mode	Total	Rate	Percent
MSM	245	8.0	45.4%
IDU	10	0.2	1.9%
Heterosexual Contact	68	1.1	12.6%
MSM/IDU	16	0.3	3.0%
MSM/Heterosexual Contact	14	0.5	2.6%
IDU/Heterosexual Contact	11	0.2	2.0%
No Risk Reported	176	2.8	32.6%
Total	540	8.7	100.0%

In Figure 35, HIV/AIDS New Diagnosis rates are computed separately by race/ethnicity categories and mode of transmission.

Figure 35: New Diagnosis Rates of HIV/AIDS by Mode of Transmission and Race/Ethnicity, 2006



Consistent across all race/ethnic categories, the highest HIV/AIDS New Diagnosis rates are associated with *MSM*. For nearly all race/ethnic categories, the *Heterosexual contact* risk category accounts for the second highest HIV/AIDS New Diagnosis rates. The New Diagnosis numbers and rates per 100,000 for all racial and ethnic groups by mode of transmission are listed in Table 23.

Table 23: New Diagnosis Numbers and Rates per 100,000 Population for HIV/AIDS by Race/Ethnicity and Mode of Transmission, 2006

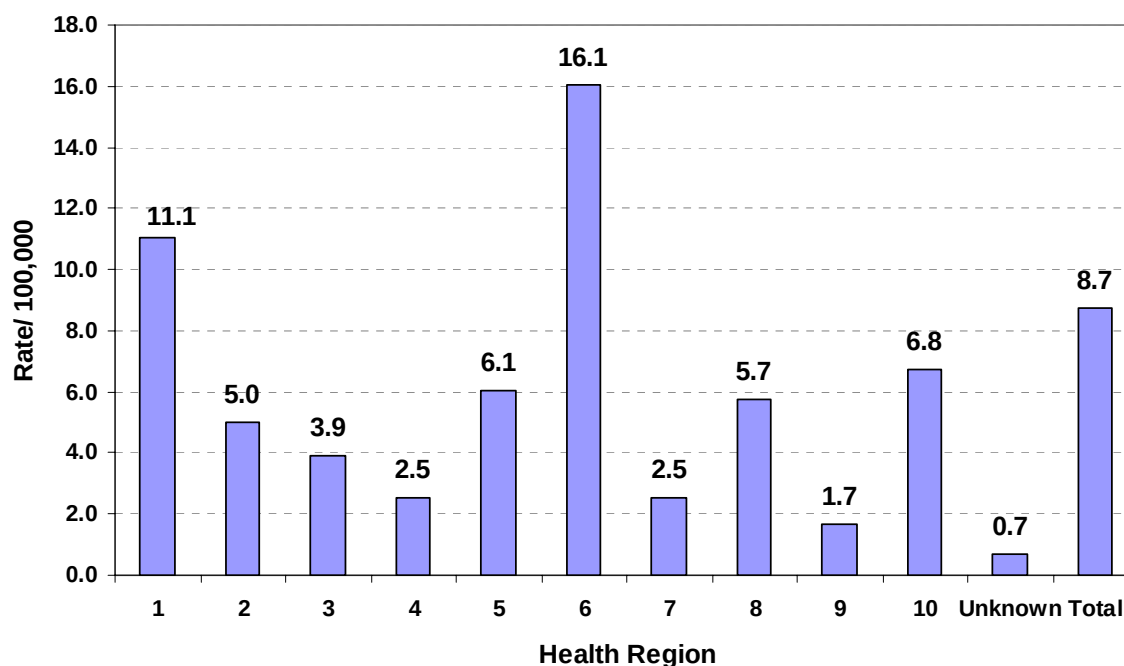
Transmission Mode	Black		Hispanic		White		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
MSM	67	26.9	14	10.6	162	6.3	2	2.7
IDU	1	0.0	2	0.8	6	0.1	1	0.7
Heterosexual Contact	25	4.8	11	4.5	28	0.5	4	2.7
MSM/IDU	3	1.2	1	0.8	12	0.5	0	0.0
MSM/Heterosexual Contact	7	2.8	2	1.5	5	0.2	0	0.0
IDU/Heterosexual Contact	2	0.4	0	0.0	9	0.2	0	0.0
Other	87	16.7	18	7.4	66	1.2	5	3.4
Total	192	36.8	48	19.8	288	5.5	12	8.0

In order to calculate the rate/100,000 people of the general population, the absolute number of people per risk category was divided by the number of the corresponding general population. However, the rate for MSM and MSM/IDU was calculated using the corresponding number of males of that particular racial and ethnic group.

New Diagnosis Rate for HIV/AIDS by Health Regions and Counties

The geographic distribution of New Diagnosis cases in Indiana shows regional differences. For the most part the highest New Diagnosis rates are corresponding to the population size and proximity of the health region to large urban areas in the state. The distribution of New Diagnosis rates for all ten Indiana Health Regions is provided in Figure 36.

Figure 36: New Diagnosis Rates of HIV/AIDS by Health Region in Indiana, 2006



Region 6, which corresponds to the Greater Indianapolis area, shows by far the largest share in the number of newly infected people. Their rate of 16.1 persons per 100,000 people of the population far exceeds the rates of the next closest regions (1, 5, and 10), which correspond to the areas around Gary, East-Central Indiana/Marion and Indiana's southeastern region respectively.

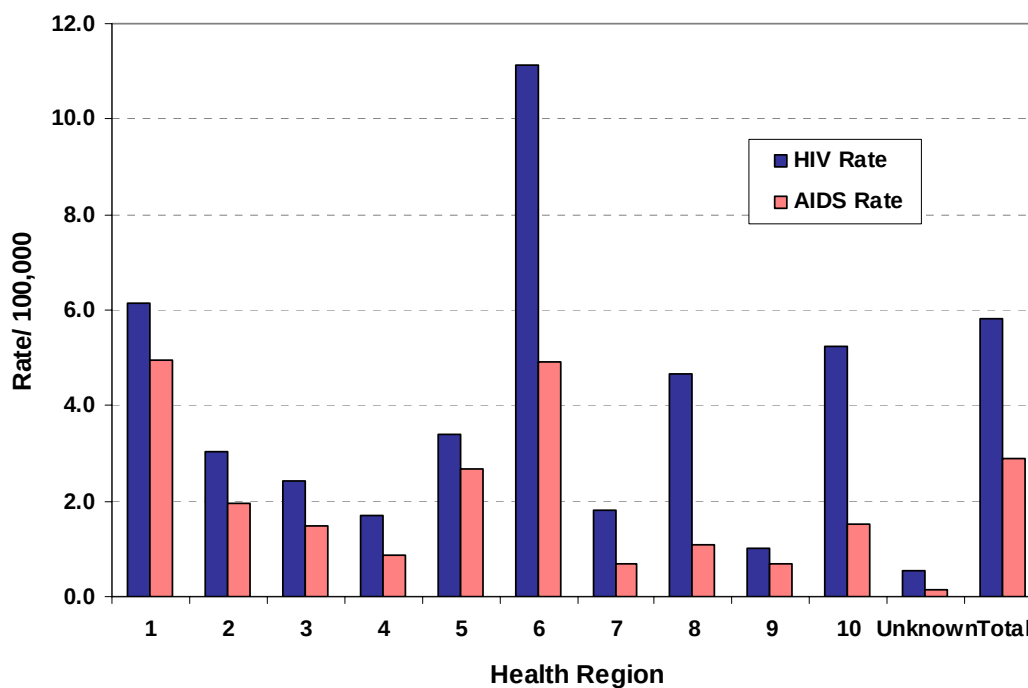
The New Diagnosis details of the combined disease HIV/AIDS for Indiana Health Regions are listed in Table 24.

Table 24: New Diagnosis Numbers, Percentages and Rates per 100,000 Population for HIV/AIDS by Health Region, 2006

Health Region	HIV/AIDS		
	Total	Percent	Rate
1	83	15.4%	11.1
2	28	5.2%	5.0
3	29	5.4%	3.9
4	9	1.7%	2.5
5	34	6.3%	6.1
6	248	46.0%	16.1
7	18	3.3%	2.5
8	16	3.0%	5.7
9	5	0.9%	1.7
10	27	5.0%	6.8
Unknown	43	8.0%	0.7
Total	540	100.0%	8.7

The New Diagnosis rate distribution with HIV and AIDS for each Health Region is displayed in Figure 37 below.

Figure 37: New Diagnosis Rates for HIV and AIDS by Health Region, 2006



Consistent with the numbers for the combined disease the majority of newly diagnosed cases of HIV and AIDS occur in Region 6, the greater Indianapolis area.

The separate HIV and AIDS New Diagnosis numbers are listed in Table 25 by Health Region.

Table 25: New Diagnosis Numbers, Percentages and Rates per 100,000 Population for HIV and AIDS by Health Region

Health Region	HIV			AIDS		
	Number	Percent	Rate	Number	Percent	Rate
1	46	12.8%	6.1	37	20.7%	4.9
2	17	4.7%	3.0	11	6.1%	2.0
3	18	5.0%	2.4	11	6.1%	1.5
4	6	1.7%	1.7	3	1.7%	0.8
5	19	5.3%	3.4	15	8.4%	2.7
6	172	47.8%	11.1	76	42.5%	4.9
7	13	3.6%	1.8	5	2.8%	0.7
8	13	3.6%	4.6	3	1.7%	1.1
9	3	0.8%	1.0	2	1.1%	0.7
10	21	5.8%	5.3	6	3.4%	1.5
Unknown	33	9.2%	0.5	10	5.6%	0.2
Total	361	100.0%	5.8	179	100.0%	2.9

In order to refine the geographic distribution of the newly diagnosed cases this profile also takes a look at the number of cases per county. Table 26 below is listing the New Diagnosis numbers for HIV/AIDS by the counties of residence, in declining order of magnitude for the combined disease. For reasons of confidentiality, no New Diagnosis numbers smaller than 5 is reported. All counties with less than five infected persons are combined into an *Other* category.

Table 26: New Diagnosis Numbers for HIV/AIDS by County, 2006

County	HIV/AIDS Number
Marion	215
Lake	74
St. Joseph	39
Allen	24
Hendricks	10
Clark	16
Hamilton	11
Elkhart	10
Madison	9
Monroe	13
LaPorte	8
Tippecanoe	7
Floyd	9
Howard	10
Delaware	9
Other	76
Total	540

Pediatric Classification and HIV Status of Mothers

All infants born to an HIV positive mother should be reported to the state health department, even though the final HIV status of the child is not known until later. By the end of 2006, a total of 622 children had been born to HIV positive mothers since the beginning of record keeping. During the year 2006, four cases of pediatric infection were recorded. All children recorded in the HARS database are classified in one of four categories:

- **Exposed:** Children that are born to HIV+ women, but their laboratory testing has not yet determined their HIV status
- **HIV:** Children that are born to HIV+ women and their laboratory has confirmed their HIV+ status
- **AIDS:** Children that are born to HIV+ women and they meet the definition for pediatric AIDS
- **Seroreverter:** Definitely Not Infected, the laboratory testing has confirmed that child is definitely not infected
- **DNI:** Definitely Not Infected

In Figure 38 the distribution of children among these four categories is shown. The numbers are cumulative.

Figure 38: Cumulative Number of Children born to HIV positive Mothers up until December 31, 2006

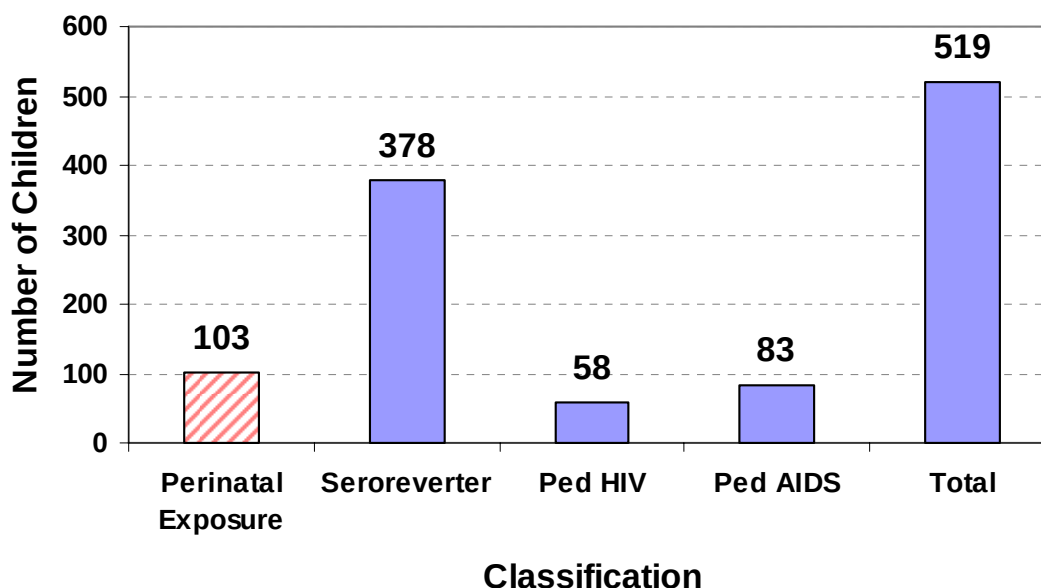


Table 27 shows the number of children that were born to HIV positive mothers by the time of the mother's diagnosis.

Table 27: Cumulative Numbers and Percentages of Children born to HIV positive Mothers, 2006

HIV Status of Mother	Perinatal Exposure	Pediatric HIV	Pediatric AIDS	Seroreverter	Total	Percent
Refused HIV Testing	0	0	1	0	1	0.2%
HIV+ before Pregnancy	59	7	10	199	275	44.2%
HIV+ during Pregnancy	19	7	5	105	136	21.9%
HIV+ at Delivery	3	2	0	6	11	1.8%
HIV+ sometime before Birth	17	6	3	32	58	9.3%
HIV+ after Birth	2	20	31	30	83	13.3%
HIV+ Time Unknown	3	4	4	4	15	2.4%
Unknown	0	9	24	2	35	5.6%
Total	103	55	78	378	614	100.0%

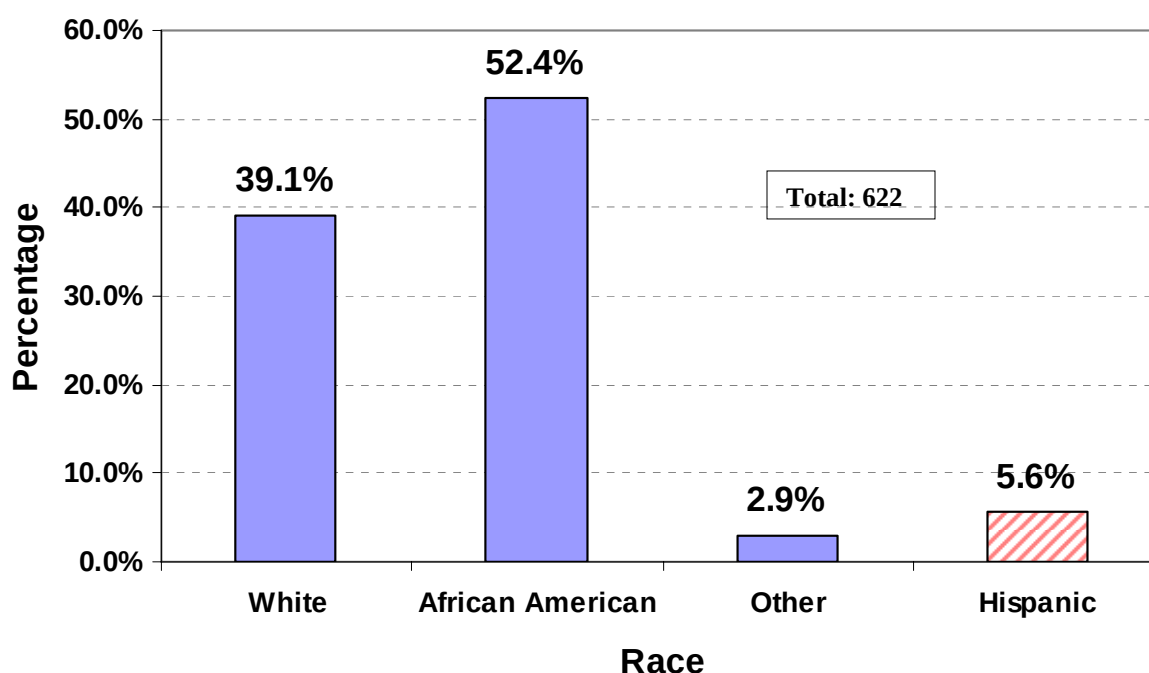
Note: A total of 8 cases did not reveal status at the time of this report.

A majority of children was born to mothers who's HIV positive status was determined either before (44.2%) or during (21.9%) a pregnancy. The time of detection of the HIV positive status of the mother is important in estimating the risk to the children of infected mothers. Early detection of the mother's status improves the chances of preventing the spread of the virus from the mother to the child, either during birth or after the child is born. Accordingly, the number of children that were diagnosed as HIV positive or meeting the criteria for pediatric AIDS was about two times larger if the status of the mother was diagnosed as HIV positive after the child was born, or where the time of infection in regards to the diagnosis was unknown.

Four new pediatric cases of HIV or AIDS were diagnosed in 2006.

The ethnic and racial distribution of the group of children that were born to infected mothers is presented in Figure 39. The figure includes those children that are currently in the *Exposed* category, pending the outcome of their laboratory results, as well as those that were diagnosed as either, *HIV positive*, *AIDS*, or *Definitely Not Infected*.

Figure 39: Cumulative Percentages of Children born to HIV+ Mothers by Race/Ethnicity, 2006



More than half of all children born to infected mothers were African-American. Table 28 shows the absolute numbers and corresponding percentages for all four categories by race and ethnicity. The different percentages of children in each category are consistent with the overall distribution of children by category and race/ethnicity.

Table 28: Cumulative Numbers and Percentages of Children born to HIV+ Mothers by Race/Ethnicity, 2006

Race/ Ethnicity	Exposure	%	Pediatric HIV	%	Pediatric AIDS	%	DNI	%	Total	%
African American/ Black	68	66.0	30	51.7	33	39.8	195	51.6	326	52.4
White	25	24.3	24	41.4	45	54.2	149	39.4	243	39.1
Other	5	4.9	2	3.4	4	4.8	7	1.9	18	2.9
Hispanic	5	4.9	2	3.4	1	1.2	27	7.1	35	5.6
Total	103	100.0	58	100.0	83	100.0	378	100.0	622	100.0

Indiana law requires the primary prenatal care provider to offer the pregnant women HIV information, counseling and voluntary testing. Medical studies have shown that pregnant women

who are HIV positive can reduce the risk of passing the virus on to their children by two-thirds with proper perinatal care and antiviral treatment during pregnancy, labor, delivery, and to the child after birth. Table 29 shows the number of children by their infection status broken out by the time the mother received drug treatment to lower her viral load.

Table 29: Cumulative Numbers of Children by their Infection Status and by the Availability of Drugs, 2006

Mother received drug...	...prior to Pregnancy	...during Pregnancy	...during Delivery	Child received drugs
Exposure	30	62	65	79
Pediatric HIV	1	9	10	14
Pediatric AIDS	0	5	0	3
DNI	95	232	235	276

In case of the mother receiving antiviral drugs before the pregnancy, no case of pediatric HIV or AIDS has been diagnosed. When taking the drugs during pregnancy the number of infected children is still very low compared to the not infected children of that same group.

Table 30: Numbers and Percentages of Children by the Mother's Mode of Transmission and by the Child's Infection Status, 2006

Mode of Transmission of Mother	Perinatal Exposure	Pediatric HIV	Pediatric AIDS	Seroreverter	Total	Percent
IDU	12	11	14	44	81	14.6%
Sexual contact with IDU	16	8	19	76	119	21.4%
Sexual contact with Bisexual Male	10	3	5	37	55	9.9%
Sexual contact with Male with Hemophilia	2	0	0	7	9	1.6%
Sexual contact with HIV+ Transfusion Recipient	0	0	0	2	2	0.4%
Sexual Contact with Male with HIV or AIDS	31	19	21	191	262	47.2%
Received Blood Transfusion	0	2	3	4	9	1.6%
Total	89	43	62	361	555*	100.0%

*Does not equal the total number of pediatric cases because some cases did not reveal the mode of transmission, and some cases include more than one mode of transmission.

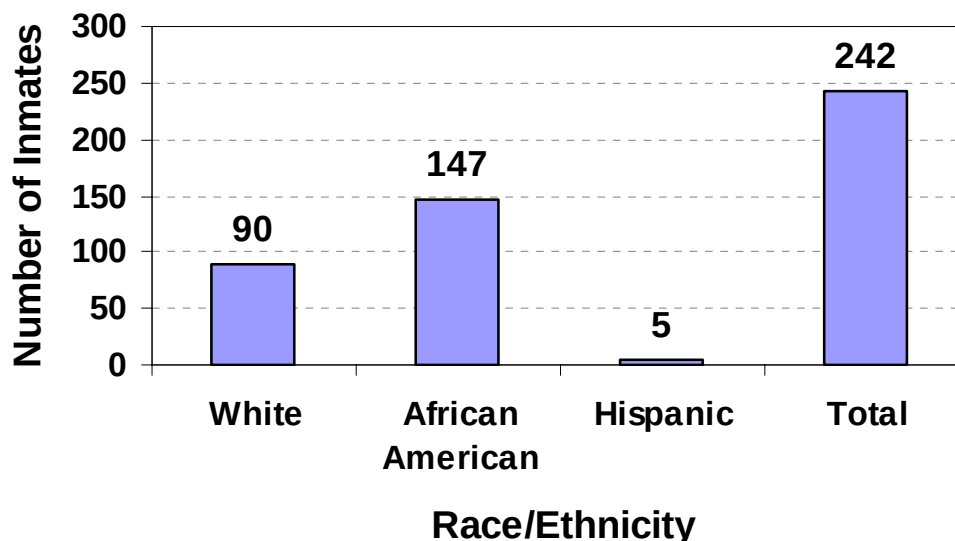
The majority of mothers (47.2%) were exposed to HIV or AIDS through sexual contact with a HIV+ male. Another 36% of mothers were exposed due to IDU, either by using personally using intravenous drugs, or through sexual contact with someone who was an IDU.

Department of Corrections

The Indiana Department of Corrections (DOC) started conducting mandatory HIV tests as part of the general intake process for every inmate at the beginning of their corrections term on July 1, 2002. Currently, no such test is administered when an inmate is released.

There are currently 242 inmates in Indiana Department of Correction facilities. The vast majority is male (221 or 91.3%). Of the infected inmates, 133 (55.0%) are diagnosed with HIV and 109 (45.0%) that developed AIDS in 2006. The majority of HIV-positive inmates are African American (58.3%), followed by White (37.2%), and Hispanics (2.1%). The number of those infected remained virtually the same from the previous year. However, there was significant change in what races were affected from last year, which showed a majority of white people being infected.

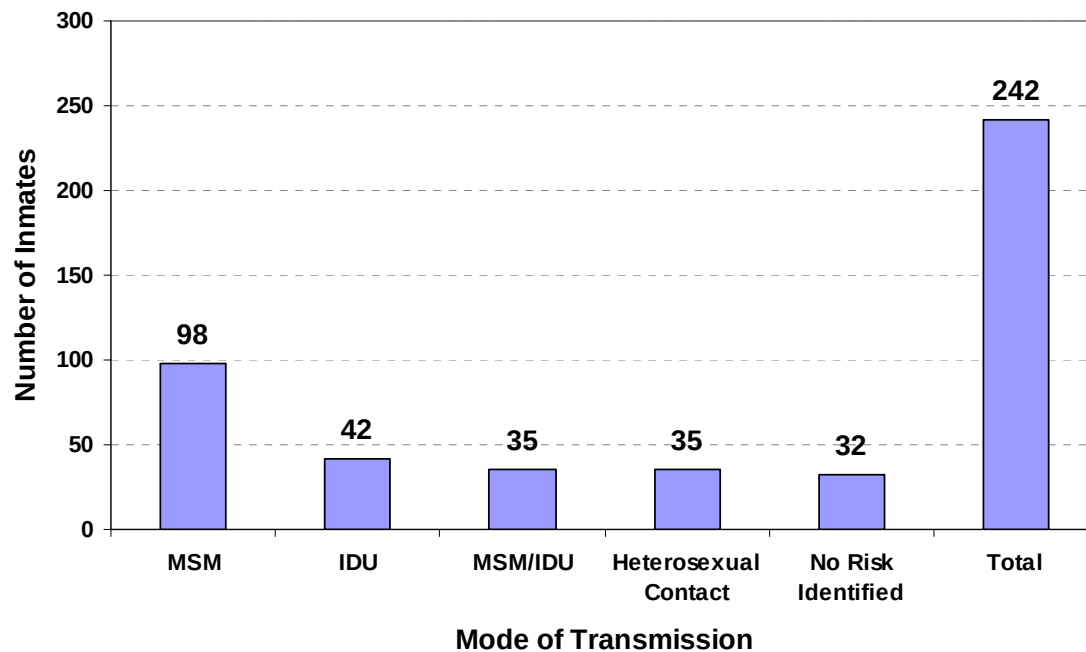
Figure 40: Number of Inmates with HIV/AIDS by Race/Ethnicity, 2006



Source: ISDH 2006

The risk category distribution for the inmates is shown in Figure 41.

Figure 41: Number of Inmates with HIV/AIDS by Mode of Transmission, 2006

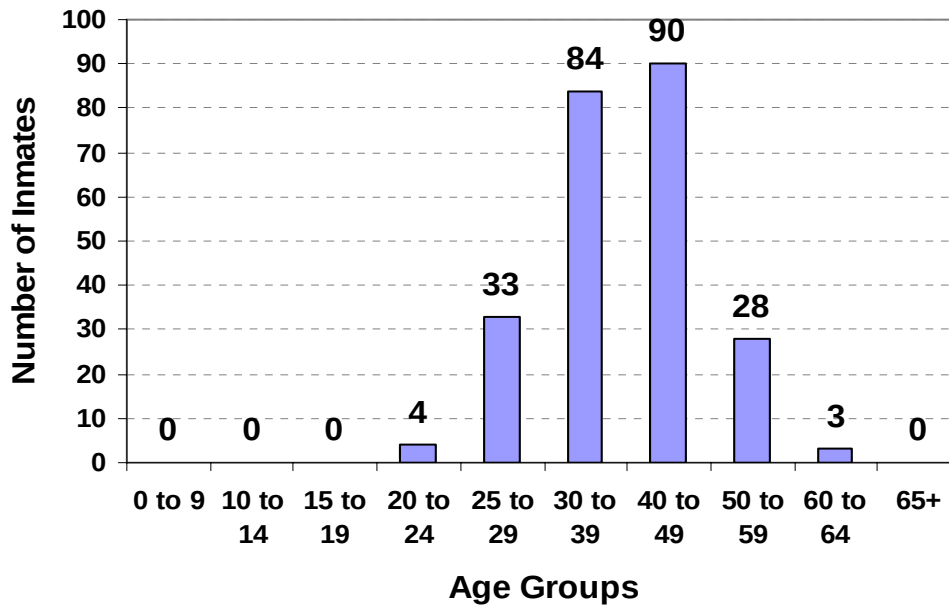


Source: ISDH 2006

The majority of inmates self-identify their risk category as MSM.

The age distribution of infected inmates is shown in Figure 42.

Figure 42: Number of Inmates with HIV/AIDS by Age, 2006



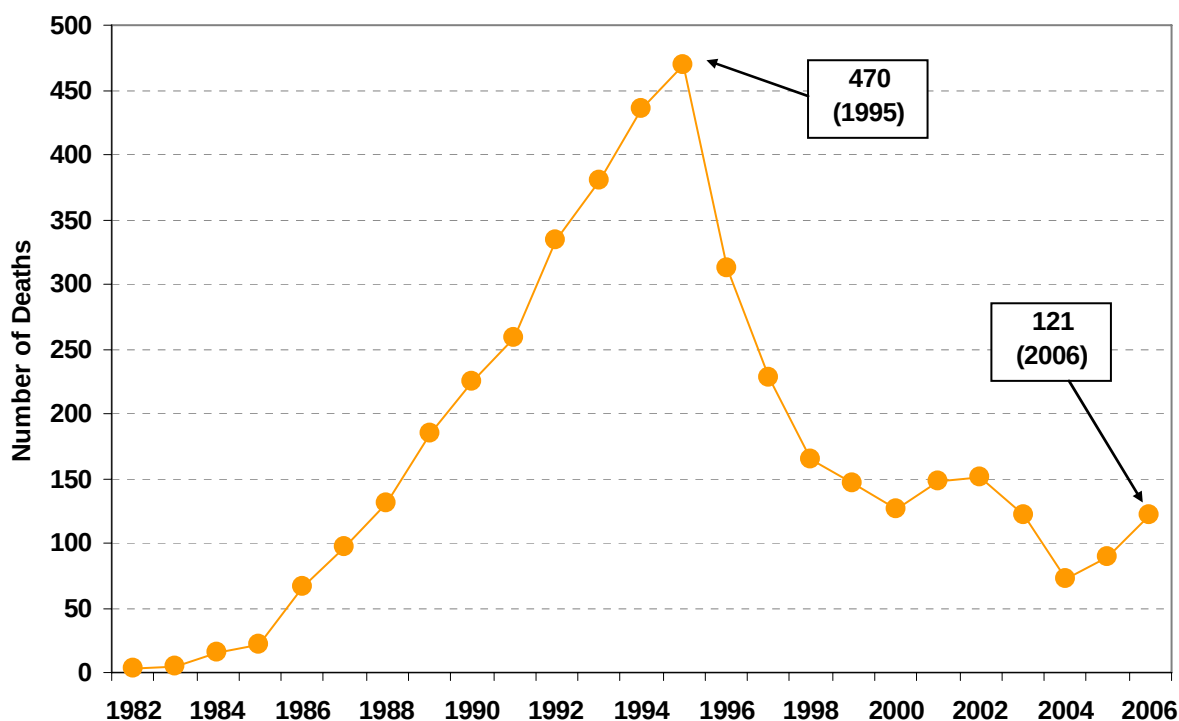
Source: ISDH 2006

Mortality

There is a difference between the number of deaths of persons with HIV/AIDS and the number of deaths due to HIV or AIDS. Deaths reported by the HIV/AIDS Surveillance program include all deaths of persons who were infected with HIV or diagnosed with AIDS. The deaths reported by Vital Records (death certificates) include only those who died as a result of AIDS and such was identified on the death certificate. The deaths reported here are deaths of persons who were infected with HIV or diagnosed with AIDS regardless of the cause of death. For example, the death may have been due to an automobile accident. Even though the person did not die due to the presence of HIV, the person is no longer living in Indiana and, therefore, not contributing to understanding and planning for HIV prevention or medical services.

Figure 43 shows the number of deaths of persons with HIV/AIDS since 1982. Shown in the figure are the absolute numbers of deaths in 1995 at the peak of annual mortality of infected persons and in 2006. The decline in annual death numbers in 1995 was due to the availability and effectiveness of antiretroviral drugs.

Figure 43: Number of HIV/AIDS Deaths by Year in Indiana, 1982 to 2006



In 2006, 121 persons that were infected with HIV/AIDS died, up from 89 in 2005. That equates to a rate of 1.6 per 100 persons compared to a rate of 1.1 per 100 persons in 2005.

The mortality rate is calculated by dividing the number of persons that died by the number of the infected population and multiplying that by 100. The trend of recent years of declining mortality

numbers was reversed in 2005. Table 31 shows the absolute number, percentages and rates broken out by sex for 2006.

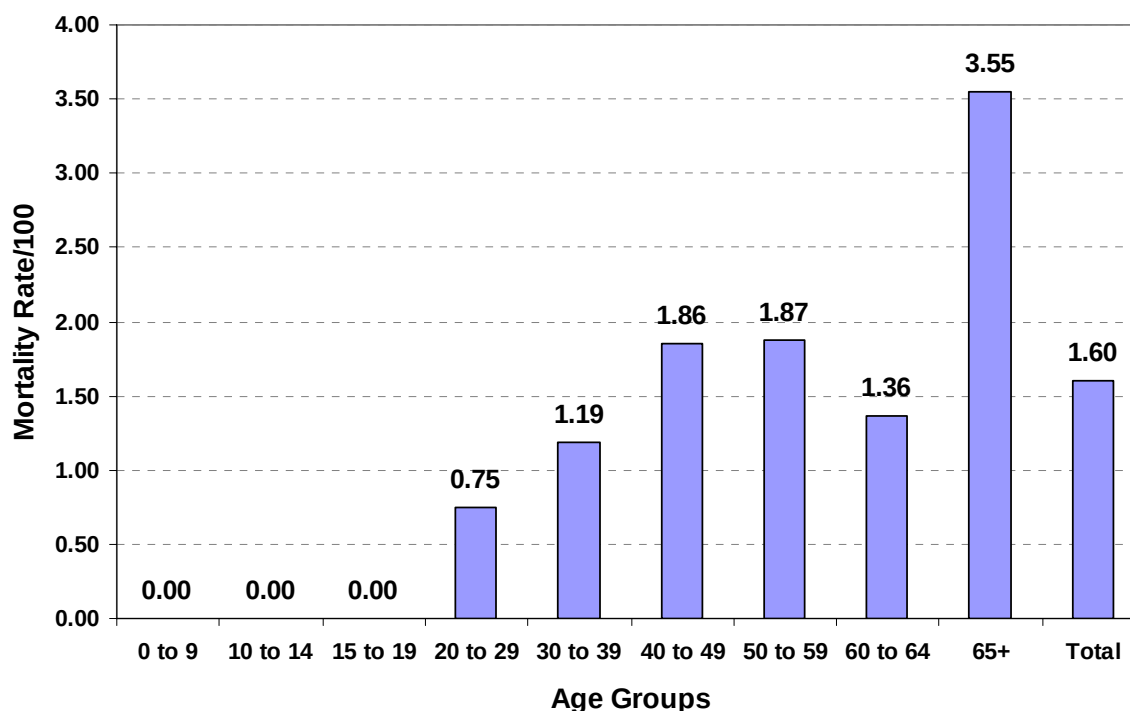
Table 31: Mortality Numbers, Percentages and Rates of HIV/AIDS by Sex, 2006

Sex	Number	Percentage	Rate/100
Male	96	79.3%	1.27
Female	25	20.7%	0.33
Total	121	100.0%	1.60

Infected males were about four times more likely than females to have died in 2006. The mortality rates reflect the gender composition of the infected population, where males have a higher prevalence rate than females do.

Figure 44 shows the breakout of the mortality rate by age groups.

Figure 44: Mortality Rates of HIV/AIDS by Age of Death in Indiana, 2006



The absolute numbers, percentages and rates by age group are listed in Table 32. Also included in Table 31 are the total numbers of infected persons by age group that was used to calculate the mortality rates.

Table 32: Mortality Numbers, Percentages and Rates of HIV/AIDS by Age of Death, 2006

Age Group in Years	Number of Deaths	Percent	Mortality Rate/100	Total Number of Infected Persons
0 to 9	0	0.0%	0.00	0
10 to 14	0	0.0%	0.00	0
15 to 19	0	0.0%	0.00	22
20 to 29	5	4.1%	0.75	665
30 to 39	24	19.8%	1.19	2,020
40 to 49	58	47.9%	1.86	3,123
50 to 59	25	20.7%	1.87	1,336
60 to 64	3	2.5%	1.36	220
65+	6	5.0%	3.55	169
Total	121	100.0%	1.60	7,555

Figure 45 presents further detail on the racial and ethnic characteristics of the deceased persons in 2006.

Figure 45: Mortality Rate of HIV/AIDS by Race and Ethnicity, 2006

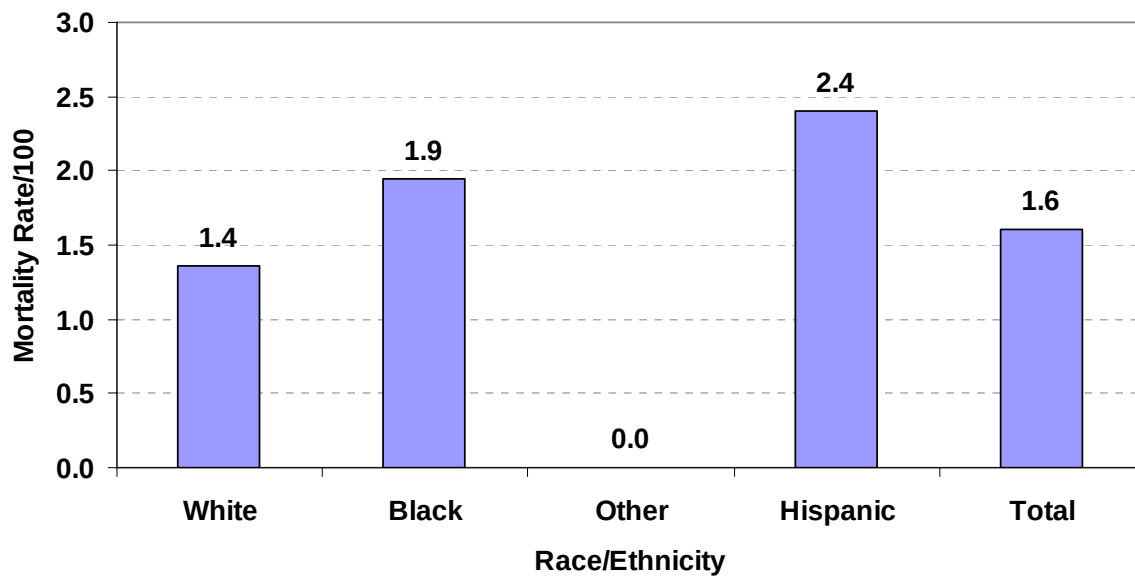


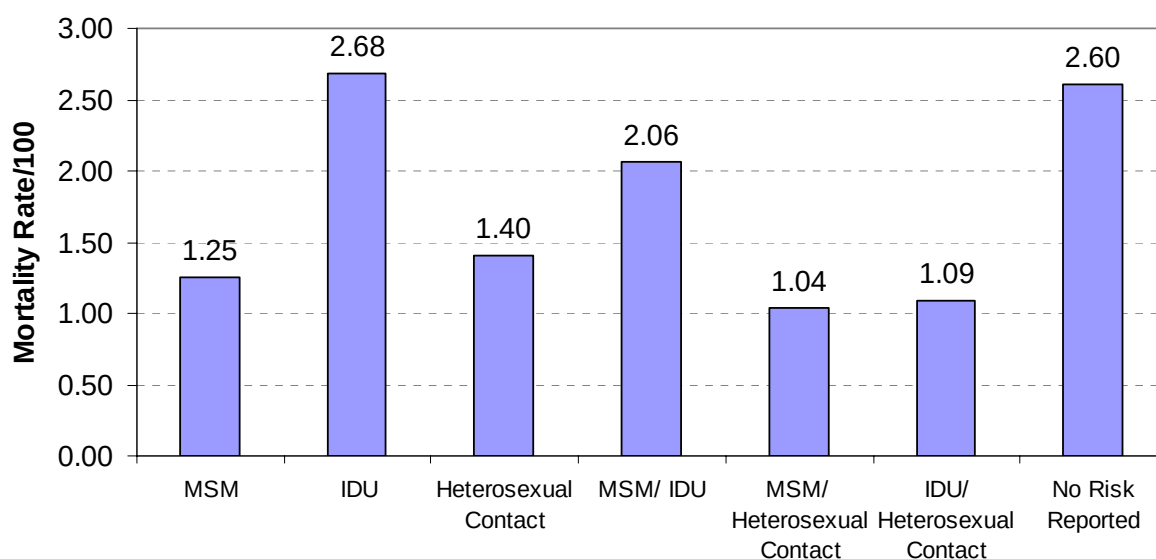
Table 33 lists the absolute mortality numbers, percentages and rates for the different racial and ethnic groups for 2006.

Table 33: Mortality Numbers, Percentages and Rates of HIV/AIDS by Race/Ethnicity, 2006

Race/Ethnicity	Number	Percent	Rate/100	Number of Infected Persons by Race/Ethnicity
White	60	49.6%	1.4	4,413
Black	50	41.3%	1.9	2,565
Other	0	0.0%	0.0	120
Hispanic	11	9.1%	2.4	457
Total	121	100.0%	1.6	7,555

The distribution of numbers of transmission modes associated with those persons that died in 2006 in Figure 46 shows mostly a similar picture to the prevalence and New Diagnosis rates earlier.

Figure 46: Mortality Rates of HIV/AIDS by Mode of Transmission for Indiana, 2006



The highest mortality rates are among Injection Drug Users (IDU) and the “No Risk Reported” category. Table 34 shows the corresponding numbers, percentages and rates for the risk categories.

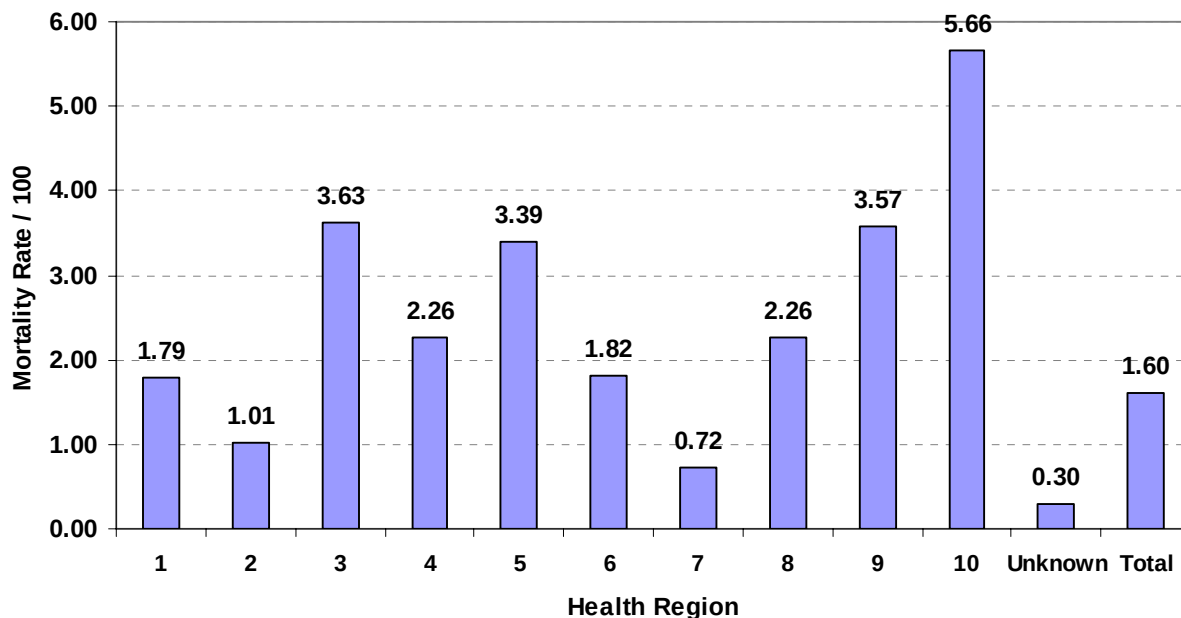
Table 34: Mortality Numbers, Rates and Percentages of HIV/AIDS by Mode of Transmission, 2006

Mode of Transmission/ Risk Category	Number of Deaths	Rate/100	Percent
MSM	47	1.25	38.8%
IDU	10	2.68	8.3%
Heterosexual Contact	18	1.40	14.9%
MSM/ IDU	9	2.06	7.4%
MSM/ Heterosexual Contact	3	1.04	2.5%
IDU/ Heterosexual Contact	3	1.09	2.5%
No Risk Reported	30	2.69	25.6%
Total	121*	1.60	100.0%

*One participant was listed in the “other” category

Finally, the distribution of deaths among the infected population in 2006 in Indiana shows large differences. The mortality rate distribution by Health Region is shown in Figure 47.

Figure 47: Mortality Rates of HIV/AIDS by Health Regions for Indiana, 2006



The mortality rate for each region was calculated by dividing the number of infected people that died in that region by the number of infected people that lived in that region in 2006. The “Unknown” variable includes those with either no county listed or a county outside of Indiana listed.

*** Health Region Key**

Region	Area
1	Northwest Indiana - Lake Region
2	Northcentral Indiana - Elkhart
3	Northeast Indiana - Fort Wayne
4	Westcentral Indiana - Lafayette
5	Eastcentral Indiana - Marion
6	Central Indiana - Indianapolis
7	Southwestern Indiana - Evansville/Terre Haute
8	Bloomington Area
9	Southeastern Indiana - Cincinnati Area
10	Southern Indiana - Louisville Area

The corresponding numbers, percentages and rates by Health Region are in Table 35.

Table 35: Mortality Numbers, Percentages and Rates of HIV/AIDS by Health Regions for Indiana, 2006

Health Region	Number of Deaths	Percent	Rate/100	Number of Infected Persons by Region
1	13	10.7%	1.79	961
2	4	3.3%	1.01	493
3	12	9.9%	3.63	431
4	3	2.5%	2.26	162
5	12	9.9%	3.39	486
6	49	40.5%	1.82	3,423
7	3	2.5%	0.72	584
8	4	3.3%	2.26	221
9	3	2.5%	3.57	129
10	12	9.9%	5.66	307
Unknown	6	5.0%	0.30	358
Total	121	100.0%	1.60	7,555

Finally, when ranked among the other states of the U.S., Indiana ranks 33rd, (down from 25th in 2002) in the number of HIV related deaths in 2003, the last year that national data was available for comparisons.⁵

⁵ Kaiser Family Foundation, (<http://www.statehealthfacts.kff.org>), 2003

Migration Patterns

By the end of 2006, a total of 268 persons that were diagnosed in Indiana with either HIV or AIDS or HIV/AIDS and were not known to have died, had moved out of the state (Out-Migration). At the same time, 1,308 persons that were diagnosed with either HIV or AIDS or HIV/AIDS in a state other than Indiana, had moved here by the end of 2006 (In-Migration). Table 36 lists the cumulative numbers of Out-Migrants by the state to which they moved, while Table 37 lists the cumulative number of In-Migrants by the state in which they were diagnosed with HIV or AIDS.

Table 36: Numbers and Percentages of Persons Diagnosed with HIV or AIDS in Indiana and Currently Living outside the State, 2006 (Out-Migration)

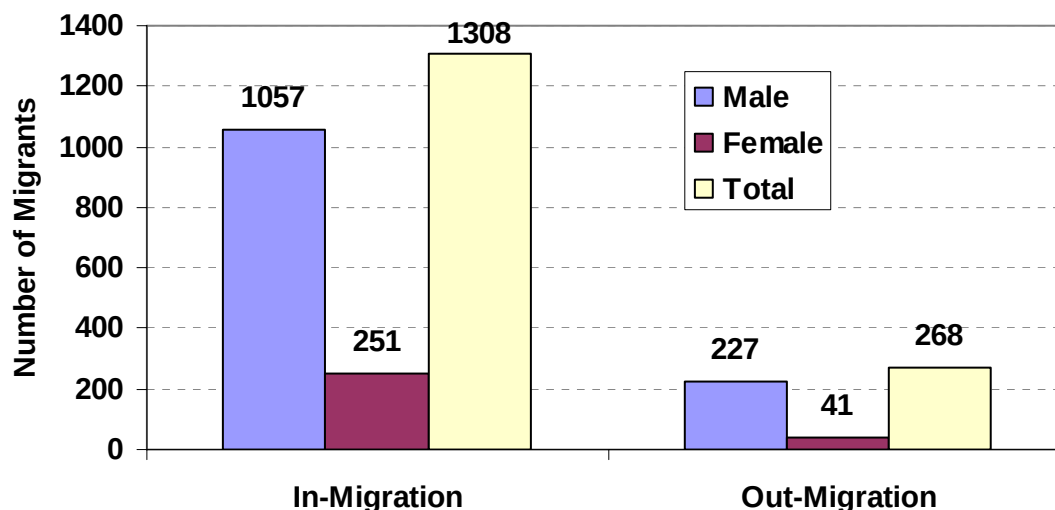
Current State of Residence	Number	Percent	Current State of Residence	Number	Percent
Alabama	7	2.6%	Mississippi	1	0.4%
Arizona	11	4.1%	North Carolina	4	1.5%
California	10	3.7%	North Dakota	1	0.4%
Colorado	6	2.2%	Nebraska	2	0.7%
Connecticut	1	0.4%	New Jersey	1	0.4%
Foreign Country	3	1.1%	New Mexico	3	1.1%
Florida	29	10.8%	Nevada	8	3.0%
Georgia	9	3.4%	Ohio	11	4.1%
Hawaii	2	0.7%	Oklahoma	1	0.4%
Iowa	7	2.6%	Pennsylvania	6	2.2%
Illinois	36	13.4%	Rhode Island	2	0.7%
Kansas	2	0.7%	South Carolina	4	1.5%
Kentucky	14	5.2%	Tennessee	10	3.7%
Louisiana	2	0.7%	Texas	23	8.6%
Massachusetts	3	1.1%	Utah	4	1.5%
Maryland	3	1.1%	Virginia	4	1.5%
Maine	2	0.7%	Washington	3	1.1%
Michigan	14	5.2%	Wisconsin	6	2.2%
Minnesota	5	1.9%	West Virginia	1	0.4%
Missouri	6	2.2%	Wyoming	1	0.4%
			Total	268	100.0%

Table 37: Numbers and Percentages of Persons that were Diagnosed with HIV or AIDS outside of Indiana and Migrated to Indiana, 2006 (In-Migration)

State of Diagnosis	HIV/AIDS	Percent HIV/AIDS
Alabama	24	1.8%
Arizona	23	1.8%
Arkansas	14	1.1%
California	93	7.1%
Colorado	23	1.8%
Connecticut	5	0.4%
Delaware	4	0.3%
Florida	138	10.6%
Foreign Country	8	0.6%
Georgia	39	3.0%
Hawaii	1	0.1%
Illinois	167	12.8%
Iowa	9	0.7%
Kansas	10	0.8%
Kentucky	75	5.7%
Louisiana	23	1.8%
Maine	1	0.1%
Maryland	10	0.8%
Massachusetts	5	0.4%
Michigan	54	4.1%
Minnesota	22	1.7%
Mississippi	23	1.8%
Missouri	43	3.3%
Montana	1	0.1%
Nebraska	1	0.1%
Nevada	18	1.4%
New Hampshire	1	0.1%
New Jersey	24	1.8%
New Mexico	6	0.5%
New York	35	2.7%
North Carolina	15	1.1%
Ohio	69	5.3%
Oklahoma	9	0.7%
Oregon	4	0.3%
Pennsylvania	19	1.5%
South Carolina	16	1.2%
Tennessee	31	2.4%
Texas	71	5.4%
Utah	4	0.3%
Virginia	22	1.7%
Washington	13	1.0%
Washington, DC	10	0.8%
West Virginia	6	0.5%
Wisconsin	27	2.1%
Wyoming	1	0.1%
Unknown	91	7.0%
Total	1,308	100.0%

A look at the gender distribution of infected people reveals a large difference between male and female migrant numbers. Figure 48 shows the cumulative numbers of infected persons migrating to and from Indiana by sex. The numbers for both the migration to Indiana and out of the state reflect the total number of infected persons that have been recorded since 1982 up until 2006.

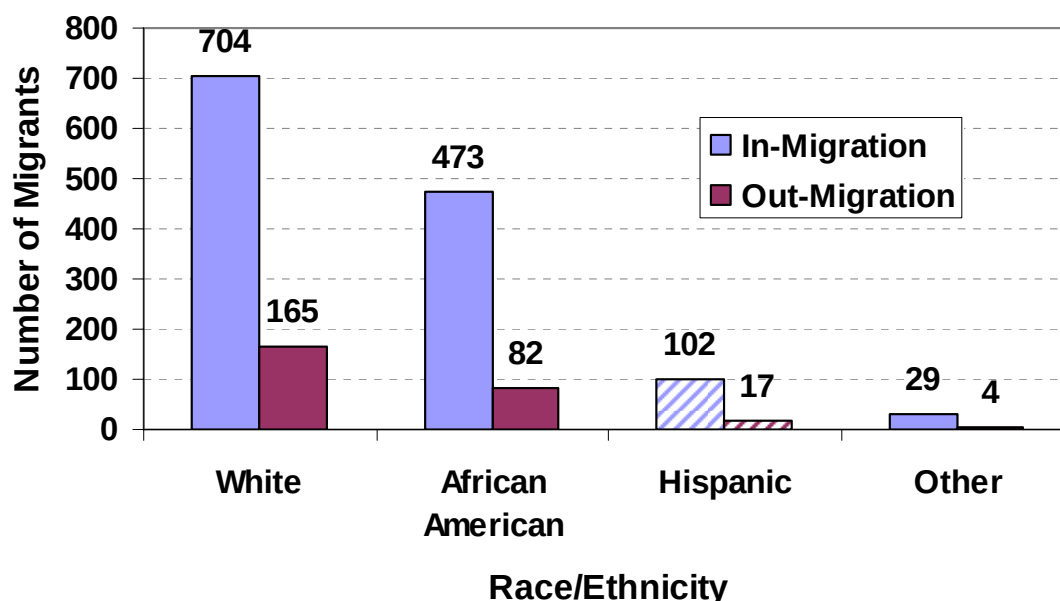
Figure 48: Cumulative Number of Migrants that were Diagnosed with HIV or AIDS by Sex, including 2006



For both migration directions, males outnumber females by four to five times. They make up roughly 85% of the migrants. There is virtually no difference between the gender distribution of infected people that move to Indiana or of those that are leaving the state, after they have been diagnosed here, other than the difference in numbers.

There are, however, differences when considering the racial and ethnic composition of both migrating groups. Figure 49 shows the number of migrating persons that were alive at the time of this report by their race and ethnicity.

Figure 49: Cumulative Number of Migrants that were Diagnosed with HIV or AIDS by Race/Ethnicity and Migration Direction, including 2006



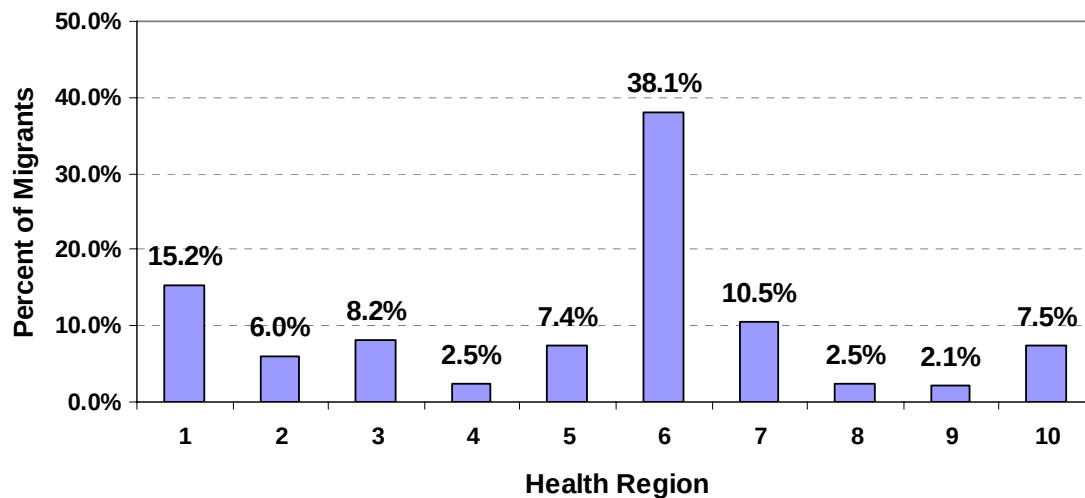
In absolute numbers, the “In-Migrants” outnumber “Out-Migrants”. However, in terms of percentages about the same share of infected persons of minority background have left the state than have moved to Indiana. The same is true for infected White persons. About the same percentage of White migrants have moved to Indiana than left it. However, in terms of absolute numbers, the number of in-migrants exceeds that of persons leaving the state. In other words, since 1982 Indiana’s population of HIV/AIDS infected people has seen a net growth because of migration. The absolute numbers and corresponding percentages are listed in Table 38.

Table 38: Cumulative Numbers and Percentages of Migrants that were Diagnosed with HIV or AIDS by Race/Ethnicity and Migration Direction, including 2006

Race/Ethnicity	In-Migration	Percent	Out-Migration	Percent
White	704	53.8%	165	61.6%
Black	473	36.2%	82	30.6%
Other	102	7.8%	17	6.3%
Hispanic	29	2.2%	4	1.5%
Total	1,308	100.0%	268	100.0%

The group of migrants that moved to Indiana after they were diagnosed with HIV/AIDS did settle in various parts of the state. Figure 50 shows the distribution of in-migrants by Health Region in Indiana.

Figure 50: Cumulative Percentages of In-Migrants that were Diagnosed with HIV or AIDS by Health Region including 2006



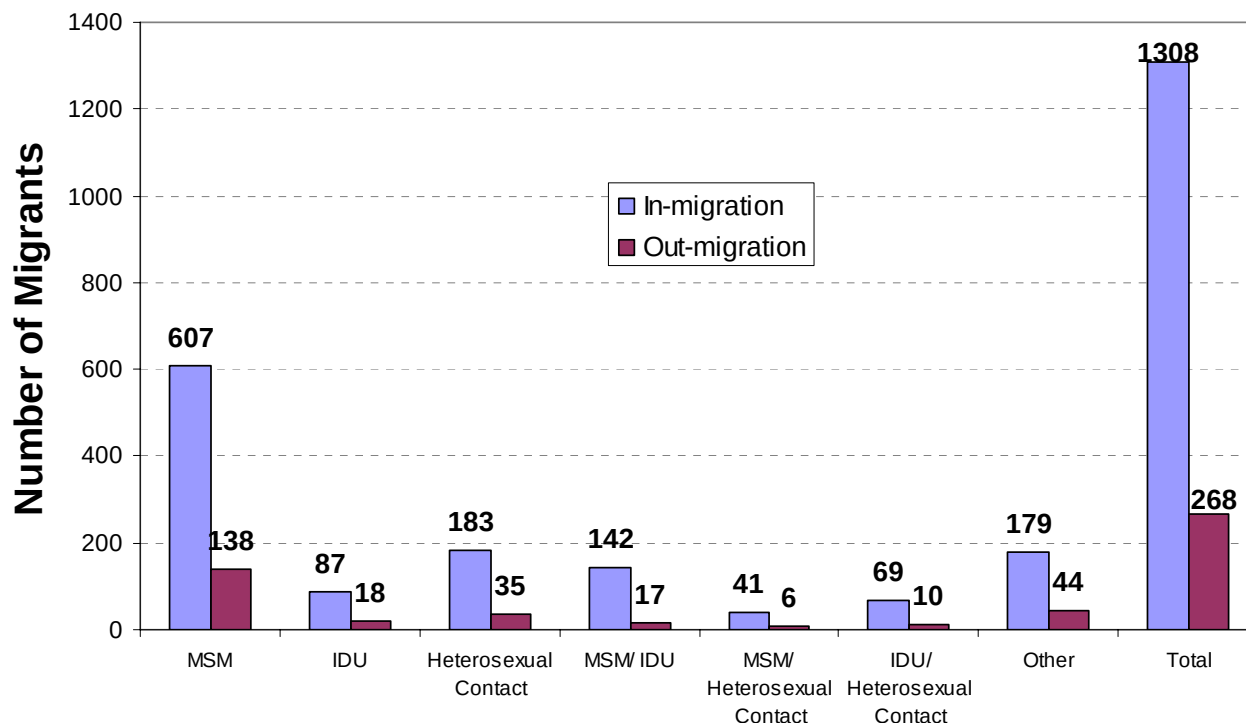
Region Key:

Region	Area
1	Northwest Indiana - Lake Region
2	Northcentral Indiana - Elkhart
3	Northeast Indiana - Fort Wayne
4	Westcentral Indiana - Lafayette
5	Eastcentral Indiana - Marion
6	Central Indiana - Indianapolis
7	Southwestern Indiana - Evansville/Terre Haute
8	Bloomington Area
9	Southeastern Indiana - Cincinnati Area
10	Southern Indiana - Louisville Area

The Health Regions surrounding the urban centers of the state attracted the largest number of people coming to Indiana. Health Region 6, the greater Indianapolis area, attracted almost four out of ten migrants (38%) of all in-migrants alone.

The distribution of risk categories among migrants is shown in Figure 51.

Figure 51: Number of Migrants that were Diagnosed with HIV or AIDS by Mode of Transmission, including 2006



Similar to Indiana's resident infected population, *MSM* is the dominant transmission mode among the migrant population. Almost half of persons moving to Indiana (46%) were associated with that risk category. This ratio is also consistent with the overall infected population, where about 49% were associated with *MSM*. The same is true for *MSM/IDU* and *Heterosexual Contacts*, which both are represented among the migrant population in nearly the same ratios as the current infected population at large.

Counseling and Testing Data

Counseling, Testing, and Referral (CTR) data are collected and used (1) to assess the behavioral risks for sex and needle-sharing partners of HIV-infected persons; (2) to evaluate the effectiveness of the CTR program as part of the overall HIV prevention effort; and (3) to improve how other HIV prevention activities, interventions, and services are implemented.

Accurate and consistent data collection is a critical component for evaluating how effective the CTR program is, as well as enabling providers to better focus prevention efforts on those persons most at risk. The data reveal information of the dynamics of HIV transmission in general, and it allows for more intensive prevention and education efforts to be applied for specific high-risk groups. To do all this, however, the collected data must be relevant to behavioral risks, HIV/AIDS prevalence, and the demographics of affected communities.

The following numbers represent all cases that have received CTR services during the year 2006.

By the end of 2006, a total of 32,901 tests had been administered. Of those tests, 288 had positive results, which equates to a positive rate of 8.8 per 1,000 tested persons.

The group of tested persons included more males (55.4%) than females. Table 39 lists the number of tests and the results, as well as the corresponding rates by sex.

Table 39: Number, Percentage and Rate of CTR Tests Performed by Sex in Indiana in 2006

Sex	Number of Tests	Number of Positives	Positive Rate/1,000	New Positives	New Positive Rate /1,000
Male	18,226 (55.4%)	221 (76.7%)	12.1	160	8.8
Female	14,646 (44.5%)	67 (23.3%)	4.6	32	2.2
Transgendered-FTM	5 (0.0%)	0 (0.0%)	0	0	0
Transgendered-MTF	24 (0.1%)	0 (0.0%)	0	0	0
Total	32,901	288	8.8	192	5.8

The rate for males and females is calculated by dividing the number of male and female positives by their respective total tested population times 1,000.

Consistent with the results from the Surveillance Report, males have a higher number of positive results than females even though, in this case, the absolute number of tested persons by sex was comparable. Still, the male positivity rate is about three times the female rate.

The racial and ethnic distribution of the CTR results is shown in Table 40 for 2006.

Table 40: Number, Percentage and Rate of CTR Tests Performed by Race/Ethnicity in Indiana, 2006

Category	Number of Tests	Positives	Rate/1,000	New Positives	New Positive Rate/1,000
White	19,432 (59.1%)	163 (56.7%)	8.4	114	5.9
African American	11,410 (34.7%)	111 (38.5%)	9.7	71	6.2
Other	2,059 (6.2%)	14 (4.8%)	6.8	7	3.4
Total	32,901 (100%)	288 (100%)	8.8	192	5.8
Hispanic*	2,843 (8.6%)	18(6.3%)	6.3	10	3.5

* Please note that persons of Hispanic ethnicity can be of any race and are therefore not treated as a race in the Table 39.

Among the tested population, African Americans have the highest positivity rate of 9.7 per 1,000 tested persons, followed by Whites with 8.4 per 1,000. Whites make up more than half of the tested persons as well as half of all positive test results. In the last Census of the general population about 4% of Indiana's population identified themselves as Hispanic/Latino. In the group of tested persons more than twice as many identified as ethnic Hispanics.

Age wise, the majority of positive results were found in the 20 to 29 year old group. Figure 52 shows the positive rates by all age groups.

Figure 52: CTR Positivity Rates per 1,000 by Age Group in Indiana, 2006

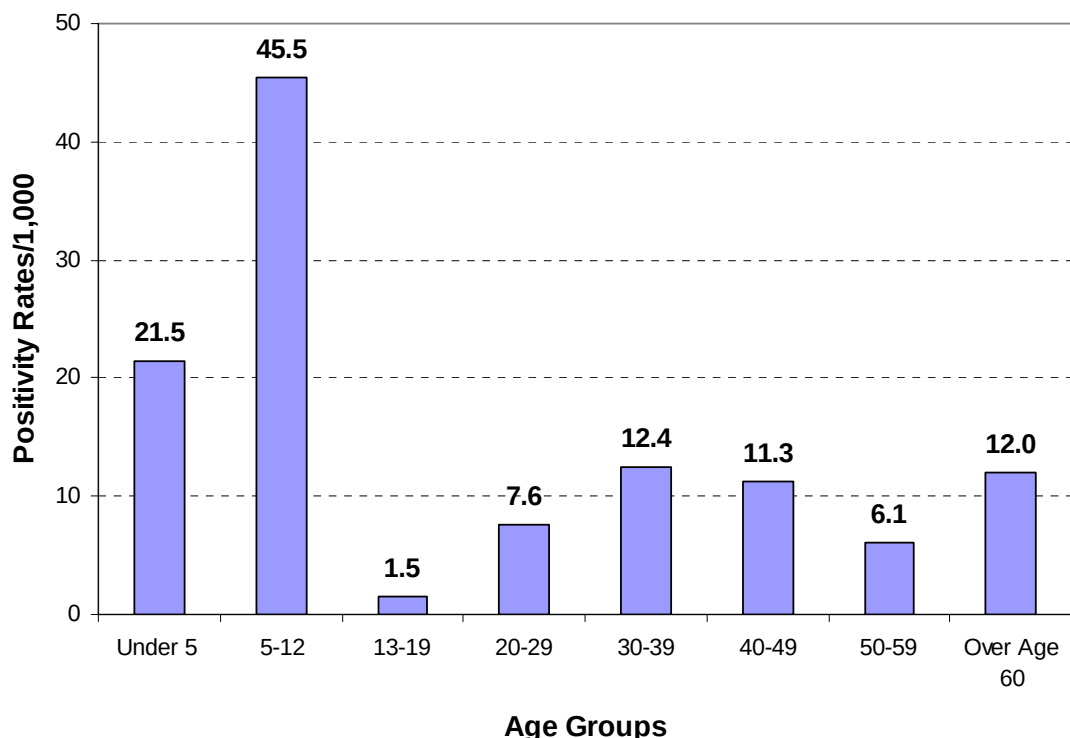


Table 41 lists the number of tested persons, the number of positive results and the positivity rate by age group.

Table 41: Number, Percentage and Rate of CTR Tests Performed by Age Group in Indiana, 2006

Age Group in Years	Number of Tests	Percent	Number of Positive Results	Percent	Rate/1,000	New Positives	New Positive Rate/1,000
0-12	255	0.8%	6	2.1%	23.5	4	15.7
13-19	3,238	9.8%	5	1.7%	1.5	5	1.5
20-29	14,197	43.2%	108	37.5%	7.6	70	4.9
30-39	7,098	21.6%	88	30.5%	12.4	59	8.3
40-49	4,973	15.1%	56	19.4%	11.3	38	7.6
50-59	2,141	6.5%	13	4.5%	6.1	7	3.3
60+	999	3.0%	12	4.2%	12.0	9	9.0
Total	32,901	100.0%	288	100.0%	8.8	192	5.8

The majority of tests were performed among the group of 20 to 29 year olds. The largest number of positive results also occurred among the same age group 37.5% of all positive results, while the 0-12 age group had the highest positivity rate of all age groups with 23.5 per 1,000 tested persons.

An extended set of risk category variables was collected for each person tested. The results are shown in Table 42.

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006

	Incarcerated	Percent	Sex Worker	Percent
Yes	3,574	10.9%	295	0.9%
No	28,953	88.0%	32,530	98.9%
Don't Know	335	1.0%	28	0.1%
Not Asked	0	0.0%	0	0.0%
No Response	39	0.1%	48	0.1%
Blank	0	0.00%	0	0.0%
Total	32,901	100.0%	32,901	100.0%

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006 - continued

	IDU	Percent	Sex w/ Female	Percent	Sex w/ hemophilia	Percent	Sex while on Drugs	Percent
Within 30 Days	312	1.0%	11,290	34.3%	64	0.2%	3,817	11.6%
Within 60 Days	111	0.3%	1,142	3.5%	19	0.1%	859	2.6%
Within 90 Days	100	0.3%	919	2.8%	16	0.1%	665	2.0%
Don't Know	33	.1%	12	0.0%	922	2.8%	56	0.2%
More than 90 Days	1,160	3.5%	3,728	11.3%	185	0.6%	3,677	11.2%
No	31,158	94.7%	15,783	50.0%	31,668	96.3%	23,797	72.33%
No Response	27	0.1%	27	0.1%	27	0.1%	30	0.1%
Total	32,901	100.0%	32,901	100.0%	32,901	100.0%	32,901	100.0%

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006 - continued

	Sex while on Heroin	Percent	Sex while on Crack	Percent	Sex while on Cocaine	Percent
Within 30 Days	196	0.6%	870	2.6%	853	2.6%
Within 60 Days	67	0.2%	271	0.8%	297	0.9%
Within 90 Days	52	0.2%	190	0.6%	208	0.6%
Don't Know	17	0.1%	29	0.1%	52	0.2%
More than 90 Days	640	2.0%	1,398	4.3%	2,130	6.5%
No	31,908	97.0%	30,125	91.6%	29,340	89.2%
No Response	21	0.1%	18	0.1%	21	0.1%
Total	32,901	100.0%	32,901	100.0%	32,901	100.0%

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006 - continued

	Sex while on Crystal Meth	Percent	Sex while on Ecstasy	Percent	Sex while on Ketamine	Percent
Within 30 Days	248	0.8%	158	0.5%	25	0.1%
Within 60 Days	112	0.3%	65	0.2%	6	0.0%
Within 90 Days	91	0.3%	72	0.2%	16	0.1%
Don't Know	19	0.1%	29	0.1%	21	0.1%
More than 90 Days	1,291	2.0%	926	2.8%	231	.7%
No	31,120	94.6%	31,623	96%	32,579	99.0%
No Response	20	0.1%	28	0.1%	23	0.1%
Total	32,901	100.0%	32,901	100.0%	32,901	100.0%

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006 - continued

	Sex w/ Transgender	Percent	Sex w/ Male	Percent	Sex for Drugs/ Money	Percent
Within 30 Days	59	0.2%	12,811	38.9%	544	1.7%
Within 60 Days	14	0.0%	1,232	3.7%	133	0.4%
Within 90 Days	18	0.1%	938	2.9%	113	0.3%
Don't Know	45	0.1%	17	0.1%	32	0.1%
More than 90 Days	97	0.3%	2,865	8.7%	876	2.7%
No	32,639	99.2%	14,988	45.6%	31,177	94.8%
No Response	29	0.1%	40	0.1%	26	0.1%
Total	32,901	100.0%	32,901	100.0%	32,901	100.0%

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006 - continued

Response	Sex w/ IDU	Percent	Sex w/ HIV unknown	Percent	Sex w/ MSM	Percent	Sex w/ met from Internet	Percent
Within 30 Days	353	1.1%	9,347	28.4%	1,935	5.9%	583	1.8%
Within 60 Days	115	0.3%	1,139	3.5%	273	0.8%	181	0.6%
Within 90 Days	95	0.3%	886	2.7%	199	0.6%	116	0.4%
Do not know	2,022	6.1%	2,036	6.2%	746	2.3%	55	0.2%
More than 90 Days	1,080	3.3%	3,982	12.1%	819	2.50%	707	2.1%
No	29,212	88.8%	15,465	47.0%	28,896	87.8%	31,232	94.9%
No Response	24	0.07%	43	0.1%	33	0.1%	27	0.1%
Total	32,901	100.00%	32,901	100.00%	32,901	100.00%	32,901	100.00%

Table 42: Number and Percentage of CTR Tests Performed by Mode of Transmission in Indiana, 2006 - continued

	Sex w/ HIV+	Percent	Sex w/ person who exchanges sex for drugs/money	Percent	Sex w/ Anonymou s Partner	Percent	Other	Percent
Within 30 Days	400	1.2%	579	1.8%	2,024	6.2%	1,852	5.6%
Within 60 Days	75	0.2%	187	0.6%	611	1.9%	236	0.7%
Within 90 Days	96	0.3%	128	0.4%	455	1.4%	216	0.7%
Do not know	4,168	12.7%	1,761	5.4%	177	0.5%	336	1.0%
More than 90 Days	498	1.5%	950	2.9%	3,344	10.2%	1,153	3.5%
No	27,639	84.0%	29,275	89.0%	26,255	79.8%	29,061	88.3%
No Response	25	0.1%	21	0.1%	35	0.1%	47	0.1%
Total	32,901	100.0%	32,901	100.0%	32,901	100.0%	32,901	100.0%

Table 43: Number and Percentage of Confirmed STD Status of Clients, 2006

Response	Frequency	Percent
Do not know	179	0.5
No	30,654	93.2
Not Asked	6	0.0
Yes- Lab Confirmed	1,180	3.6
Yes- Self Report	882	2.7
Total	32,901	100.0

The majority of tested clients showed that they did not have an STD (93.2%). A total of 6.3% of the clients tested showed that they had an STD, either self-reported or laboratory confirmed.

Throughout the state of Indiana HIV tests are performed at various different sites. Table 44 lists the number of tests and the different types of sites at which they were performed.

Table 44: Number and Percentage of CTR Tests Performed by Site Type in Indiana, 2006

Test Site	Number of Tests	Percent
Community Setting	443	1.3%
Community Setting- Bar/Club/ Adult Entertainment	161	0.5%
Community Setting- Other	1,768	5.4%
Community Setting- Residential	43	0.1%
Community Setting- Shelter/ Transitional Housing	96	0.3%
Correctional Facility	766	2.3%
Facility Other	342	1.0%
HIV Counseling & Testing Site	1,581	4.8%
Inpatient- Drug/Alcohol Treatment	600	1.8%
Inpatient Facility	245	0.7%
Outpatient- Community Health Clinic	1,803	5.5%
Outpatient- Community Mental Health	713	2.2%
Outpatient- Family Planning	1,195	3.6%
Outpatient- Health Department/ Public Health Clinic	4,737	14.3%
Outpatient- HIV Specialty Clinic	30	0.1%
Outpatient- School/ University Clinic	152	0.5%
Outpatient Facility- Other and Unknown	515	0.6%
Total	15,190	100.0%

The majority of tests (14.1%) were performed at Health Departments/Public Health Clinics throughout the state.