

Executive Summary

Demographics:

The demographic information for Indiana used throughout this report is based on the 2010 Census Bureau population estimate. Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,483,802 people. The majority of the population (84.0%) 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 (94.0%), with a small, but fast growing Hispanic minority. According to the 2010 Census Estimates, 6.0% of the population selected Hispanic as their Ethnicity.

Prevalence:

By the end of December 2010, a total of 9,893 persons were living with HIV/AIDS (PLWHA) in the state of Indiana, up from 9,646 persons by the end of 2009. 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 249.3 for males and 58.9 for females per 100,000 people of the general population. The majority of PLWHA are in their middle ages, ranging from 40 to 49 years of age. However, the majority of people are diagnosed for the first time at the ages of 20 to 29 years of age. Around a third of all PLWHA are Black (35.1%), while about five out of ten people with HIV/AIDS are White (54.6%). Based on the smaller number of Blacks in the general population, the prevalence rate of that racial group (587.3/100,000) is exceeding the rate of the Hispanic (182.4/100,000) and White group (98.8/100,000). HIV/AIDS continues to affect Black males disproportionately more than their White counterparts.

Each PLWHA 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 155.0 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 26.7 per 100,000 people.

Geographically, the vast majority of people that were diagnosed in Indiana are also living here (80%). Within the state of Indiana, most PLWHA 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 275.0 per 100,000 diagnosed people. Other regions with large numbers of PLWHA include Region 1 (168.6/100,000) and Region 2 (121.7/100,000) which corresponds to the northern part of the state adjacent to Chicago, and Region 7 (111.9/100,000) located in Southwestern Indiana.

New Diagnosis:

In 2010, the number of newly diagnosed persons in Indiana was 496, slightly up from 2009, which had 489 newly diagnosed persons. The diagnosis rate remained relatively the same in 2010 at 7.6 slightly down from 7.7 per 100,000 people in 2009. The highest rate of new diagnosis in 2010 occurred among males between the ages of 25 to 29 years of age. This is slightly higher than in 2009 when the majority of new cases were found among those 20 to 24 years of age. Males continue to outrank females more than three times. The male diagnosis rate of 12.4/100,000 in 2010 has increased from a rate of 12.1 in 2009. The female new diagnosis rate remained around 3.0/100,000 in 2010 and the previous year.

For the first time, close to half of all diagnosed people is Black (45.8%), while in comparison the percentage of Whites shows a decrease (42.3%). The gap between races is starting to show a shift in the populations affected as shown by the previous year, 2009 (41.7% Black vs. 47.9% White). Blacks continue to have a rate (38.4) that is almost three times the rate of Hispanics (10.8), and more than eight times that of Whites (3.8). New diagnosis among males is predominant for all racial and ethnic groups. The rate of new diagnosis with HIV/AIDS among Black males (61.4) is especially high, compared to their Hispanic (16.1) and White (6.6) counterparts. The majority of new diagnosis can be found in the MSM risk category, with a diagnosis rate of 7.2 per 100,000 people. The main contributors are Whites (111), Blacks (99), and Hispanics (13). Heterosexual risk is the second highest category representing Blacks (43), Whites (23), and Hispanics (16).

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 cumulative number of reported cases of children born to HIV positive mothers, 1982 through 2010 in Indiana was 826, up from 728 in 2009. More than half of all children are Black (51.0%), less than one in three is White (31.0%), and the remaining is Hispanic (9.4%). In 2010, three new cases of pediatric HIV diagnosis were reported. Of all the children that were born to diagnosed mothers, 19.0% 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. From 2008-2009, the number dropped to 119 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 2010, it went back up to 149 deaths. This is likely a result of another death match with Vital Records and a comparison with the National Death Index. The majority of diagnosed people that died were males (79.2%). Among the racial and ethnic groups the death rate was highest for Blacks (1.7/100), followed by Whites (1.4/100), and Hispanics (1.1/100). The highest number of deaths occurred among persons aged 40 to 49 (absolute number of 62). The majority of deaths are connected to the MSM and Hetero risk group, with mortality numbers of 66 and 22 respectively. Geographically, the highest mortality numbers occurred in Regions 5 (Central Indiana) at 67 deaths.

Mobility:

Of the total number of diagnosed people in Indiana as of December 31, 2010, a relatively small number has migrated. At the end of 2010, a total of 849 persons that were diagnosed with HIV/AIDS in Indiana and were still alive had moved out of the state, compared to 774 in 2009. At the same time a total of 1,963 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 1,885 persons in 2009. Of the diagnosed persons that moved into the state in 2009, the majority were White (54.1%), compared to 54.4% in 2009. Over one-third of all persons that moved to Indiana in 2010 were Black (34.0%), virtually unchanged from 34.0% in 2009. Diagnosed persons of Hispanic ethnicity remain stable as a percentage of all persons moving to Indiana. They comprised 8.0% in 2010, compared to 7.8% in 2009. Of those that moved to Indiana, more than a third (39.5%) settled in central Indiana's Health Region 5, and 13.1% in Health Region 1, the northern part of the state. The rest was distributed more or less equally among the other health regions of the state.

Counseling and Testing:

In 2010, a total number of 17,459 HIV/AIDS tests were administered in Indiana by the state, federally funded sites, compared to 31,826 in 2009. Out of those 17,459 tests, 135 (0.8%) had a positive result, slightly higher than the numbers of 2009 (190 or 0.5%) and 2008 (212 or 0.7%). Slightly more tests were administered to males (54.7%) than to females (45.2%). In addition, sixteen tests were administered to Transgender persons in 2010. The positive test results for males (10.3/1,000) were almost six times the number of female test results (1.6/1,000). Blacks (8.2) had a higher positivity rate per 1,000 tests as compared to Whites (5.5) followed by Hispanics (4.9). This changed from the previous year when Whites (6.1) and Blacks (6.2) were close to the same. The largest number of positives came from the 20-29 age groups (69) with 40-49 year olds (27) 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 2009 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 2010, a survey (respondents=6,231) 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, 34.6% of all interviewees have ever been tested for HIV, down from 37.9% in 2009. Of those tests, the majority were done in a hospital (41.1%) or a private doctor/HMO (40.4%). Respondents with a higher percentage of HIV testing were more likely to be among the 25-34 and 35-44 age groups (47.6% vs. 45.2%). Blacks have the largest share of HIV tests among each racial and ethnic group with 60.9%. However, only 30.5% of men had been tested for HIV compared to 38.8% of women. A higher percentage of respondents (43%) with an income of \$24,999 or less indicated they've been tested for HIV.

STD:

In 2010, Chlamydia continued to be the most frequently reported sexually transmitted disease in Indiana, with 22,825 reported cases, 21,759 cases in 2009, and 21,744 in 2008. Gonorrhea cases were reported at 6,496 cases in 2010, 6,812 in 2009 and 8,489 in 2008. Primary and Secondary Syphilis was reported to be 175 in 2010, up from 152 in 2009, and 140 reported cases the year prior. Females continued to outnumber males for both Chlamydia and Gonorrhea while Syphilis is more prevalent among males. Both Blacks (43.4%) and Whites (36.0%) make up the majority of all STD cases in the last year.

In 2010, Indiana had 66 cases of acute Hepatitis B, up from 63 in 2009. The total number of chronic Hepatitis C infections for the state was reported to be 5,954 cases in 2009. Finally, 100 cases of Tuberculosis (TB) were reported in Indiana in 2011, up from 90 in the previous year. Of those 100 TB cases six persons were also HIV positive.

Care Issues:

In the fiscal year that ran from April 1, 2010 to March 31, 2011, the funding for Part B of the Ryan White CARE Act added up to a total of \$12,215,957. The majority of that budget (90.2%) financed the AIDS Drug Assistance Program (ADAP) and the Health Insurance Assistance Programs (HIAP), while the rest was used for other administrative costs.

Of the 660 persons enrolled in ADAP in the same period, more than half (53.5%) were White. The share of Blacks among ADAP recipients grew to 36.8%. The majority of recipients (62.8%) continued to select MSM as their main risk category. In this report period, 1,830 persons were enrolled and received assistance through HIAP, an increase of 32% compared to 1,384 two years ago.

As of March 31, 2011, Indiana had a prevalence of 9,927 PLWHA. Annually, the HIV Care Services program uses the total PLWHA to estimate an Unmet Need population. Unmet Need is 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, 2010 and March 31, 2011 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, 3,282 (33.1%) PLWHA were found to represent those with Unmet Need.

Demographically, Whites represented 47.0%, Blacks represented 41.0%, and Hispanics represented 9.0% of the Unmet Need population. Most persons fell into the 40 – 49 age groups (40.0%). Of those with Unmet Need, a higher percentage of persons identified as Homosexual (45%) while Heterosexual (15.0%) and IDU (6.0%) followed.