

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 2012, a total of 10,746 persons were living with HIV/AIDS (PLWHA) in the state of Indiana, up from 10,279 persons by the end of 2011. 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 270.2 for males and 64.6 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 first diagnosed at the ages of 20 to 24 years of age. Around a third of all PLWHA are Black (36.6%), while about five out of ten people with HIV/AIDS are White (52.2%). Based on the smaller number of Blacks in the general population, the HIV prevalence rate (665.2/100,000) is exceeding the rate of Hispanics (211.7/100,000) and Whites (102.5/100,000). HIV/AIDS continues to affect Black males disproportionately more than their White counterparts.

Each PLWHA is associated with a risk category of how they were most likely infected with the disease. The overwhelming majority self-identified as Men Having Sex with Men (MSM). Its rate of 164.7 per 100,000 people of the population is between 6 to 10 times higher than any other risk category 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 30.7 per 100,000 people.

Geographically, the vast majority of people that were diagnosed in Indiana are also living here (89.2%). 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 297.7 per 100,000 diagnosed people. Other regions with large numbers of PLWHA include Region 1 (181.8/100,000) and Region 2 (130.1/100,000) which corresponds to the northern part of the state adjacent to Chicago, and Region 7 (131.8/100,000) located in Southwestern Indiana.

New Diagnosis:

In 2012, the number of newly diagnosed persons in Indiana was 509, slightly up from 2011, which had 500 newly diagnosed persons. The diagnosis rate remained relatively the same in 2012 at 7.9, slightly up from 7.7 per 100,000 population in 2011. The highest rate of new diagnosis occurred among males between the ages of 20 to 24 years of age. This is slightly lower than in 2010 when the majority of new cases were found among those 25 to 29 years of age. Males continue to outrank females more than three times. The male diagnosis rate of 12.9/100,000 has slightly decreased from a rate of 13.3 in 2011. The female new diagnosis rate increased to 2.9 from 2.3/100,000 in 2011.

For 2012, close to half of all diagnosed people are Black (47.7%), while in comparison the percentage of Whites shows a decrease (40.1%). The gap between races is starting to show a shift in the populations affected as shown by the previous year, 2011 (44.6% Black vs. 44.2% White). Blacks continue to have a rate (41.1) that is almost three times the rate of Hispanics (12.1), and more than eight times that of Whites (3.7). New diagnosis among males is predominant for all racial and ethnic groups. The rate of new diagnosis with HIV/AIDS among Black males (63.8) is especially high compared to their Hispanic (20.0) and White (6.6) counterparts. The majority of new diagnoses can be found in the MSM risk category, with a diagnosis rate of 7.0 per 100,000 population. The main contributors are Whites (45.1%), Blacks (43.3%), Hispanics (8.5%), and Other (3.1%). Heterosexual risk is the second highest category representing Blacks (58.0%), Whites (29.4%), and Hispanics (10.9%).

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

Mothers with HIV:

The cumulative number of reported cases of children born to HIV positive mothers, 1982 through 2012, in Indiana was 937, up from 881 in 2011. More than half of these children are Black (51.1%), less than one in three is White (30.4%), and almost a tenth are Hispanic (9.3%). Of all the children that were born to diagnosed mothers, 18.5% 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. These numbers also include foreign born children that have moved to Indiana. As of June 2013, there was 1 new 2012 pediatric HIV diagnosis reported based on case follow-ups.

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 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, which were later followed by 207 deaths in 2011. This is likely a result of another death match with Vital Records and a comparison with the National Death Index. The number of deaths recorded for 2012 during this report was at 139. The death records match occurred later than when this report was written in 2013. In 2012, the majority of diagnosed people that died were males (83.4%). Among the racial and ethnic groups, the death rate was highest for Whites (54.6%), followed by Blacks (35.2%) and Hispanics (4.3%). The highest number of deaths occurred among persons aged 50 to 59 (43.9%). The majority of deaths are connected to the MSM and Hetero risk group, with mortality percentages of 39.6% and 18.0% respectively. Geographically, the highest mortality percentage occurred in Region 5 (Central Indiana) at 44.6%.

Mobility:

Of the total number of diagnosed people in Indiana as of December 31, 2012, a relatively small number have migrated (10.8%). By the end of 2012, a cumulative total of 1,040 PLWHA that were diagnosed in Indiana had moved out of the state, compared to 912 in 2011. At the same time, a cumulative total of 2,377 PLWHA had moved into Indiana that were diagnosed by another state, compared to 2,148 persons in 2011. Of the diagnosed persons that moved into the state, the majority were White (50.0%), compared to 52.5% in 2011. Over one-third of all persons that moved to Indiana were Black (36.6%), slightly up from 35.5% in 2011. Diagnosed persons of Hispanic ethnicity remain stable as a percentage of all persons moving to Indiana. They comprised 8.2% in 2012, compared to 7.9% in 2011. Of those that moved to Indiana, more than a third (39.5%) settled in central Indiana's Health Region 5, and 12.9% in Region 1, the northern part of the state. The rest were distributed more or less equally among the other health regions of the state.

Counseling and Testing:

In 2012, a total number of 16,357 HIV tests were administered in Indiana by the state, federally funded sites, compared to 18,375 in 2011. Out of those 16,357 tests, 120 (0.7%) had a positive result, slightly lower than the numbers for 2011 (125/0.7%) and 2010 (135/0.8%). Slightly more tests were administered to males (55.0%) than to females (44.8%). In addition, 32 tests were administered to Transgender persons (5.7% positive). The positive test rates for males (9.7/1,000) were almost three times the number of female test results (3.0/1,000). Blacks (8.8) had a higher positivity rate per 1,000 tests as compared to Hispanics (6.9) and Whites (5.7). This changed from the previous year when rates among Whites (5.8) and Blacks (6.8) were closer. The largest number of positives came from the 20-29 age group (37.5%), with 30-39 year olds (21.3%) as a 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 are currently sexually active. An encouraging 89.6% of Indiana adolescents have been taught about HIV 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 have been tested for HIV.

STD:

In 2012, Chlamydia continued to be the most frequently reported sexually transmitted disease (STD) in Indiana, with 29,505 reported cases, 27,801 cases in 2011, and 22,825 in 2010. The majority of cases identified as White (42.6%) and Black (35.3%). Gonorrhea cases in 2012 were reported at 7,338 cases, 6,569 in 2011 and 6,496 in 2010. The majority of cases identified as Black (55.7%) and White (28.3%). Primary and secondary syphilis was reported to be 224 in 2012, up from 173 in 2011 and 175 reported cases the year prior. The majority of cases identified as Black (49.1%) and White (43.8%). Females continued to outnumber males for both Chlamydia and gonorrhea while syphilis is more prevalent among males. The majority of cases for Chlamydia and gonorrhea are among those \leq 24 years of age. For Primary and secondary syphilis the majority of cases goes up to \leq 29 years of age.

Hepatitis and TB:

In 2012, Indiana had 88 cases of acute Hepatitis B, greater than 66 in 2011. The total number of chronic Hepatitis C infections for the state was reported to be 5,758 cases in 2012. Finally, 103 cases of Tuberculosis (TB) were reported in Indiana in 2012, up from 100 in the previous year. Of those 103 TB cases five persons were also HIV positive.

Care Issues:

In the fiscal year that ran from April 1, 2011 to March 31, 2012, the funding for Part B of the Ryan White CARE Act added up to a total of \$11,811,918. The majority of that budget (87.7%) financed the AIDS Drug Assistance Program (ADAP) and the Health Insurance Assistance Program (HIAP), while the rest was used for other administrative costs.

Of the 279 persons enrolled in ADAP in the same period, more than half (48.75%) were White. The share of Blacks among ADAP recipients grew to 40.5%. The majority of recipients (63.8%) continued to select MSM as their main risk category. In this report period, 2,185 persons were enrolled and received assistance through HIAP, an increase of 19.40% compared to 1,830 a year prior.

As of March 31, 2012, Indiana had a prevalence of 10,325 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, 2011 and March 31, 2012 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, 3,286 (32.0%) PLWHA were found to represent those with Unmet Need.

Demographically, Whites represented 46.0%, Blacks represented 41.0%, and Hispanics represented 10.0% of the Unmet Need population. Most persons fell into the 40 – 49 age groups (39.0%). Of those with Unmet Need, a higher percentage of persons identified as Homosexual (46.0%) while Heterosexual (16.0%) and IDU (5.0%) followed.