

Executive Summary

Demographics:

The demographic information for Indiana used throughout this report are based on the 2003 Census Bureau estimates, that extrapolate the census data from 2000 and provide periodic updates before the next population census is taking place in 2010. Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,271,973 people as of July 2005. The majority of the population (88.6%) is White and Non Hispanic, followed by African Americans (8.8%). The rest is comprised of people of Asian/ Pacific Islander and American Indian/Alaskan Native origin. The population is predominantly Non Hispanic (95.5%), with a small, but fast growing Hispanic minority. According to the 2000 Census, 4.5% of the population selected Hispanic as their Ethnicity.

Prevalence:

By the end of December 2005, a total of 7,765 people were infected with HIV/AIDS in the state of Indiana, up from 7,252 infected people by the end of 2004. The disease continues to be male dominated, with the number of infected males more than four times higher than that of females. The rate of infection was at 206.7 for males and 46.6 for females per 100,000 people of the general population. The majority of infected persons are in their middle ages, ranging from 40 to 49 years of age by the end of 2005. However, the majority of people are diagnosed for the first time at the ages of 25 to 39 years of age. More than a third of all infected people are African American (35.0%), while about six out of ten people with HIV/AIDS were White (58.6%). Based on the smaller numbers of African Americans in the general population, the infection rate of that racial group (521.7/100,000) is exceeding the rate of the Hispanic (177.3/100,000) and White group (86.2/100,000). HIV/AIDS continues to affect African American males disproportionately more than their White counterparts.

Each infected person is associated with a risk category of how they most likely were infected with the disease. The overwhelming majority of risk categories were Men Having Sex with Men (MSM). Its rate of 132.4 per 100,000 people of the population is between six to ten times higher than the other risk categories for all infected people. It is the single largest category of risk for all race and ethnicity groups, and it is especially pronounced for African Americans.

Geographically, the vast majority of infected people that were diagnosed in Indiana are also living here (98%). Within the state of Indiana, most infected people are concentrated in the urban areas of the state. A majority is living in Health Region 6, corresponding to Central Indiana and the Indianapolis Metropolitan area, with 221.1 per 100,000 infected people. Other regions with large numbers of HIV/AIDS infected people include Region 1 (140.3/100,000) which corresponds to the northwest part of the state adjacent to Chicago, and Regions 2 (North-Central Lake Region), 5 (Kokomo and Muncie/Anderson area) and 7 (South-Central Region around Bloomington).

Incidence:

The number of newly infected persons in Indiana was 422 for the calendar year 2005, almost the same as 2004 (427 newly infected persons). However, the incidence rate continued to drop, from 7.3 per 100,000 in 2004 to 6.8 per 100,000 in 2005. The highest rates of new infections (16.8) in 2005 occurred among males between the ages of 30 to 39 years of age. Males continue to outrank females more than three times. The male incidence rate of 10.8 in 2005 is lower than the rate of 11.4 in 2004. The female incidence rate also dropped to 3.0 in 2005 from 3.3 per 100,000 from the previous year.

Among the new infections with HIV/AIDS in 2005, African Americans continue to have a rate (30.7) that is more than twice the rate of their Hispanic counterparts (14.4), and more than nine times that of Whites (4.1). New infections among males are predominant for all racial and ethnic groups. The rate of new infections with HIV/AIDS among African American males (44.9) is especially high, compared to their Hispanic (19.6) and White (7.2) counterparts. The majority of new infections are to be found in the MSM risk category, whose incidence rate of 5.9 per 100,000 is outranking all other risk categories. The main contributors are African American (20.9/100,000) and Hispanic (9.1/100,000). Geographically, more than four out of ten newly infected persons live in Health Region 6 in Central Indiana similar to 2004, while the second largest group of more than 13% of all newly infected persons was located in Region 1 in northwestern Indiana. Within the leading regions, Marion county and Lake county had the most new infections in the reported time period.

Mothers with HIV:

The number of reported cases of HIV positive mothers in Indiana was 72 in the reported time period, up from 65 in 2004. These 72 mothers had a total of 509 children. More than half of all children are African American (55.4%), less than one in four is White (37.7%), and the remaining are Hispanic (5.3%). In 2005, no new cases of pediatric infections were reported. Of all the children that were born to infected mothers, more than two third were definitely not infected (67.5%), while 9.5% tested positive for HIV and 6.7% 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 anti-retroviral medications. However, in 2005, the number of persons that were infected with HIV/AIDS and that died was 89, up from 73 in 2004. It remains to be seen if this is the beginning of a new trend towards rising mortality numbers or a one-time exception to a trend. The majority of infected people that died were males (86.5%). Among the racial and ethnic groups the death rate was highest for Whites (1.19/100), followed by African Americans (1.10/100) and Hispanics (0.93/100). The highest number of deaths occurred

among persons in the age of 40 to 49 (absolute number of 39). The majority of deaths are connected to the IDU and MSM/IDU risk group, with mortality rates of 1.97 and 1.83 respectively. Geographically, the highest mortality rates occurred in Regions 9 (East-Central Indiana) and 5 in Northeastern Indiana, with rates of 2.65 and 1.90 death per 100 infected people respectively.

Mobility:

Of the total number of infected people in Indiana, a relatively small number has migrated. At the end of 2005, a total of 199 persons that were diagnosed with HIV/AIDS in Indiana and were still alive had moved out of the state, compared to 194 in 2004. At the same time a total of 1,174 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 961 persons in 2004. Of the infected persons that moved into the state in 2005, the majority were White (59.2%), compared to 59.8% in 2004.

About one third of all persons that moved to Indiana in 2004 were African American (32.6%), virtually unchanged from 2004. Infected persons of Hispanic ethnicity have increased as a percentage of all persons moving to Indiana. They comprised 7.3% in 2005, compared to 6.7% in 2004. Of those that moved to Indiana, more than a third (38.2%) settled in central Indiana's Health Region 6, similar to the previous year. The rest was distributed more or less equally among the other health regions of the state.

Counseling and Testing:

In 2004, a total number of 33,018 HIV/AIDS tests were administered in Indiana, compared to 34,163 in 2004. Out of those 33,018 tests 250 (0.8%) had a positive result, similar to the numbers of 2004 (266 or 0.8%). Slightly more tests were administered to males (54.2%) than to females (45.8%) were tested. In addition, seven tests were administered to Transgender persons in 2005. The positive test results for males (10.8/1,000) were more than three times the number of female test results (positive rate of 3.7/1,000). African Americans had the largest positive rate per 1,000 of 8.1, compared to Whites (7.3) and Hispanics (5.8). The largest rate of positive results came from the over 60 year old. In July 2005, Indiana switched to a new, CDC mandated, set of variables for risk categories of tested persons. The report breaks down the available CTR data into the two versions. However, it is not possible to link the two sets directly.

Youth Behavioral Risk Factor Surveillance System:

The Youth Behavioral Risk Factor Surveillance System (YBRFSS) 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 YBRFSS reveals that three-quarters of adolescents have used alcohol and nearly half have used marijuana. Almost half of adolescents in Indiana (44.5%) have had sexual intercourse, while about a third are currently sexually active. An encouraging 92% of Indiana adolescents have been taught about HIV and AIDS infection in school, yet only 62.6% used a condom during the last sexual intercourse.

Behavioral Risk Factor Surveillance System:

Assessing the indicators of risk for HIV/AIDS in Indiana, a survey was conducted in 2005 that asked specific questions to a representative group of Indiana residents. In 2005, only 32.7% of all interviewees have ever been tested for HIV, down from 36.5% in 2004. Of those tests, the majority were done in a hospital or a drug treatment facility. Black/African Americans have the largest share of HIV tests among all racial and ethnic groups with 56%. In contrast to previous years questions about HIV knowledge and Safer Sex practices have been omitted from the 2005 questionnaire.

STD:

Chlamydia continued to be the most frequently reported sexually transmitted disease in Indiana in 2005, with 20,006 cases reported in 2005, up from 18,504 in 2004. Gonorrhea was reported for 8,078 cases in 2005, while 289 cases of Syphilis were reported in 2005, up from 275 cases reported the year before. Females continued to outnumber males for both Chlamydia and Gonorrhea while Syphilis was more prevalent among males. Both African Americans and Whites make up the majority of all STD cases in the last year. In 2005, Indiana had 57 cases of acute Hepatitis B, down from 80 in 2004. The total number of chronic Hepatitis C infections for the state was reported to be 2,225 cases in 2005. Finally, 146 cases of TB were reported in Indiana in 2005, up from 128 in the previous years. Of those 128 TB cases 7 persons were also HIV positive.

Care Issues:

In the fiscal year, that ran from April 1, 2005 to March 31, 2006, the funding for Title II of the Ryan White CARE Act added up to a total of \$11,706,817. The majority of that budget (81.8%) financed the Health Insurance Assistance Programs (HIAP), while the rest was used for other medical and social services.

Of the 241 persons enrolled in the medical and social service programs called ADAP (AIDS Drug Assistance Program) in 2005, more than two thirds (69.3%) were White. The share of African Americans among ADAP recipients dropped from 16.1% in 2004 to 15.8% in 2005. The majority of recipients (69%) continued to select MSM as their main risk category. In 2005, 1,184 persons were enrolled and received assistance through the Health Insurance Assistance Program (HIAP), slightly down from the year before, where 1,219 persons were enrolled.

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

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