

ANNUAL HIV SURVEILLANCE SUMMARY REPORT

**Bureau of
Epidemiology**

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The data provided in the tables, figures and maps are based on HIV reports received through March 31, 2018. Expanded analysis of data presented in the Annual HIV Surveillance Summary and other HIV data may be requested by sending email to c-hivepi@state.pa.us or by telephone/fax to our office at 717-783-0481(tel) or 717-772-6975(fax).

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A Special Note for the Readers of Pennsylvania HIV Surveillance Report Explanation for Changes in the Annual HIV Surveillance Summary Report

This note is intended to inform readers of changes that have been introduced in the Pennsylvania (Pa) Annual Human Immunodeficiency Virus (HIV) Surveillance Summary Report. The format of this annual summary has changed from the format used in previous years to reflect some changes in the way HIV is viewed and to make the information contained in this report understandable to a wider audience. This report considers HIV infection as a single disease entity with varying degrees of severity rather than using separate disease classifications for HIV infection without Acquired Immunodeficiency Syndrome (AIDS) and AIDS.

Since the inception of the Annual Summary Report, HIV has been depicted as two conditions, HIV infection without AIDS and AIDS, respectively. This separation served a purpose at the time. However, with advances in the clinical and epidemiologic experiences with HIV infection, HIV disease is now viewed as a spectrum condition; progressing from early stage of infection to full-blown symptomatic infection.

In 2002, Pa promulgated public health regulations revising the reportability of adult and pediatric AIDS, adding HIV, CD4 count (<200 cells/uL or <14%), detectable viral load and perinatal exposure to HIV. The new regulations took effect on Oct. 18, 2002 and active surveillance was conducted retrospectively to Jan. 1, 2000. Since that time, HIV reporting has been ongoing statewide with the exception of the county of Philadelphia where it did not become reportable by name until October 2005.

In addition, the US Centers for Disease Control and Prevention (CDC) has made changes to the HIV case definition, taking into account advances in testing and detection. This new case definition recognizes HIV infection as a disease with varying degrees of severity. For adults and adolescents (i.e., persons aged ≥ 13 years), the HIV infection classification system and the surveillance case definitions for HIV infection and AIDS were revised by the CDC in 2008 and combined into a single case definition for HIV infection. In addition, the HIV infection case definition for children aged <13 years and the AIDS case definition for children aged 18 months to <13 years were also revised. No changes were made to the HIV infection classification system, the 24 AIDS-defining conditions for children aged <13 years, or the AIDS case definition for children aged <18 months. These case definitions are intended for public health surveillance only and not as a guide for clinical diagnosis. Further revisions to the HIV disease case definition were published by CDC in 2014.

The data in previous years tables and figures were constructed separately for HIV infection without AIDS and AIDS. Most tables and figures now have HIV infection without AIDS combined with AIDS under one identity called HIV disease. Consequently, any comparison of this report to previous years should take into account these differences.

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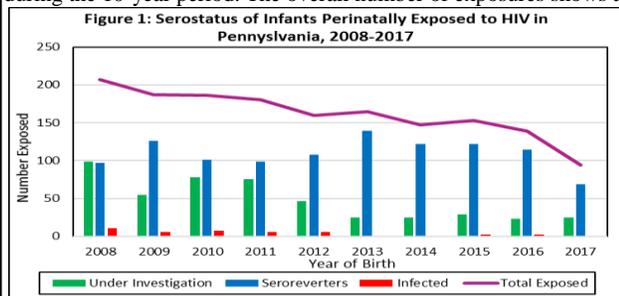
HIV Surveillance Spotlight

Characteristics of Perinatal HIV Exposure in Pennsylvania, 2008-2017

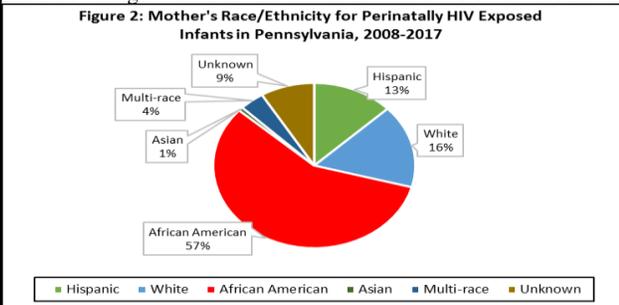
Background: In 2001, the Centers for Disease Control and Prevention expanded HIV screening recommendations for pregnant women as part of routine prenatal care. In 2003, an initiative was introduced to reduce perinatal transmission through universal testing and use of rapid tests during labor and delivery or postpartum, if the mother was not screened prenatally. Early screening in pregnancy gives the HIV-infected mother and exposed infant the opportunity to benefit from timely interventions, including maternal lifelong antiretroviral therapy (ARV), scheduled cesarean delivery, avoidance of breastfeeding, infant ARV prophylaxis and timely infant diagnostic testing. A second test in the third trimester is a cost-effective strategy for women who live in areas with high incidence of HIV or AIDS, women who have identified risk factors of acquiring HIV, and those who have signs and symptoms of acute HIV infection. Pennsylvania has required reporting of perinatal exposure to HIV since October 2002.

Methods: Data reported through the Pennsylvania National Electronic Disease Surveillance System and Enhanced HIV/AIDS Reporting System was used for this analysis. Data was selected based on the infant date of birth from 1/1/2008 to 12/31/2017.

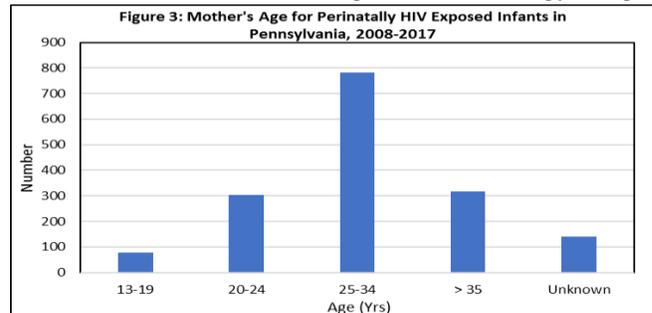
Results: A total of 1,619 perinatal HIV exposures were reported during the 10-year period. The overall number of exposures shows a



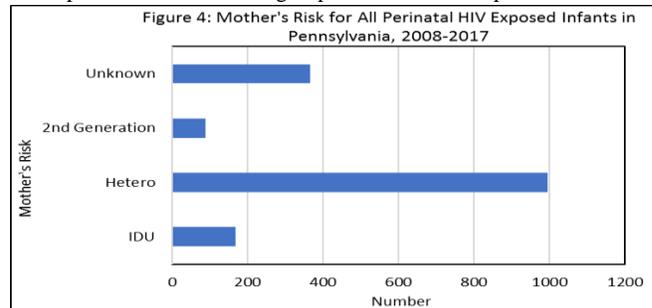
decrease over time, although data for 2017 may be incomplete due to lag in reporting. Diagnosis of HIV infection among perinatally HIV exposed children in the past five years has remained low, reflecting improved screening and treatment (Figure 1). The HIV positive mothers who gave birth in this timeframe tended to be black/African



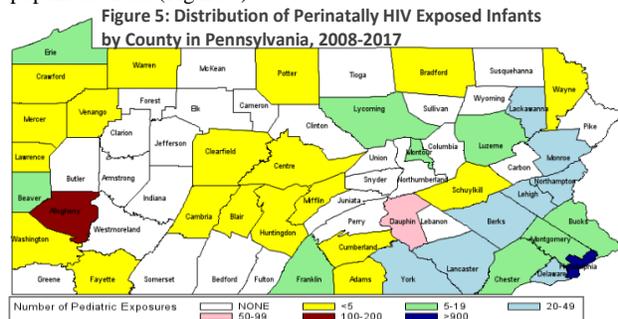
American, age 25-34 years, have a diagnosis of HIV before the pregnancy and with a transmission risk of heterosexual contact with a person with HIV or AIDS (Figures 2, 3, and 4). Sixty-five percent of mothers were documented as receiving anti-retroviral therapy during



their pregnancy. This rate is low and likely due to incomplete reporting. Eighty percent of mothers in the total HIV exposed cohort knew they were HIV positive before their pregnancy versus 34 percent in the pediatric HIV infected group. Perinatal HIV exposures were



widely distributed across the state with concentration in the more populated areas (Figure 5).



Summary: This analysis shows a substantial decrease in the number of children infected through perinatal exposure to HIV. It may be reflective of routine HIV screening for pregnant women, the use of anti-retroviral therapy to control mother's infection and prophylactic medication for the infant after birth. It is important to consider if the mother has significant risk factors and to retest in the third trimester to identify seroconversion during pregnancy.

Executive Summary

HIV can cause AIDS and is typically spread by exposure to body fluids or tissue from an infected individual. Sex and injection drug use are the most common ways of becoming infected. The first cases of AIDS were described in 1981, and confirmed cases in Pa. date back to 1980 (identified through retrospective review).

HIV infects humans and causes damage by taking over cells in the immune system — the part of the body which usually works to fight off germs, bacteria and disease. If left untreated, it usually progresses to AIDS, disability and death. Although no cure or vaccine is currently available, HIV is a treatable condition, and individuals can live normal lives. Highly active antiretroviral treatments (HAART) first became available in the mid-1990s. These treatments are very effective in preventing or slowing the progression of the disease and have the added benefit of reducing the likelihood of transmitting the virus to others. In the past few years, some individuals at high risk for infection are now administered certain antiretroviral drugs as a measure to reduce their risk for contracting the virus.

This report is based on data collected by the Pa. Department of Health (DOH) for cases diagnosed by the end of 2017 but reported through March 31, 2018. Cases are counted using specific criteria described in the methods section. The report provides counts of confirmed cases with breakouts and cross tabulations by year of diagnosis, race, birth sex, mode of transmission, county of residence and vital status.

Since 1981, more than 61,000 residents of Pa. have been diagnosed with HIV disease. Approximately 25,000 of these persons have died, and an estimated 36,000 are currently living with the disease. The proportion of people with HIV disease who have died has declined steadily since the mid-1990s. The most common methods of transmission are sex between men, heterosexual sex and injection drug use. Although cases have been diagnosed and people are living with HIV disease in nearly every county in Pa., HIV disease has had a disproportionate impact on blacks/African-Americans and is more common in large population centers.

The number of new diagnoses peaked in the early to mid-1990s when almost 3,000 new diagnoses were reported annually. In 2017, less than 1,000 new diagnoses were reported. Approximately, three times as many males have been diagnosed with HIV disease than females. Blacks/African-Americans and Hispanics make up 11 percent and 6.6 percent of the population of Pa., respectively, but account for 49 percent and 13.6 percent of all new diagnoses among Pa. residents. Although a person can be infected at any age, the majority of new diagnoses occur in persons who are between the ages of 20 and 49 years.

The epidemic has evolved since the first cases were reported in 1980s. While men having sex with men has continued to be the predominant mode of transmission, heterosexual contact has been increasing as a risk factor since the 1990s. Perinatally acquired infections has declined sharply to near zero. DOH has maintained a concerted effort to continue to prevent new infections and provide adequate medical and support services for those living with the disease in Pa.

Methods

Pa. HIV regulations require that health care providers such as physicians, hospitals and clinical laboratories must report new diagnoses of HIV disease to the DOH.¹ HIV disease encompasses the diagnoses of AIDS and HIV infection without an AIDS diagnosis. Typically, cases are first reported electronically by clinical laboratories whenever there is a preliminary or confirmatory event, such as a positive HIV laboratory test or the occurrence of an AIDS defining clinical condition. The cases are reported through the Pa. National Electronic Disease Surveillance Systems (NEDSS). In addition, data are routinely transferred from Pa-NEDSS to the Enhanced HIV/AIDS Reporting System (eHARS) for purposes of data management, analysis and reporting to the CDC.²

All reports are followed up by epidemiologists and disease intervention specialists to collect additional information about the case, such as risk factors, residence at diagnosis, race, etc. These data are continuously processed through electronic data systems that use standardized algorithms to calculate the date of confirmed diagnosis, age at diagnosis, the most likely way the person was infected (e.g., sex, injection drug use, etc.), clinical status and a variety of other characteristics. The surveillance of HIV is guided by standard procedures, policies and practices as established by the CDC.^{3,4}

These data are used to (1) monitor trends in the epidemic, (2) identify communities or demographic groups or geographic areas for prevention and outreach efforts, (3) monitor potential outbreaks or clusters of cases, and (4) develop strategies and tools for preventing new infections and ensuring persons who are living with HIV disease are able to receive medical care and support services.

Data in this report are based on all confirmed HIV cases among persons who were residents of Pa. at the time of diagnosis for cases diagnosed by the end of 2017 and reported to the DOH by March 31, 2018. A case must meet certain minimum requirements to be considered a “countable” case. These requirements are the same as those used by the CDC for publishing national estimates.⁵ At a minimum, a case must have a confirmed diagnosis (either through a standard laboratory testing algorithm or confirmed by a physician). The following characteristics must be known: the person’s date of birth, sex at birth, county of residence at diagnosis, vital status (i.e., alive or deceased), race and last name. These data are regularly matched with other databases such as state vital records data to ascertain vital status of cases. In addition, Pa. and all other states in the U.S. regularly exchange information to determine if a case is truly a new diagnosis or a report of a case that has been previously diagnosed in another state.

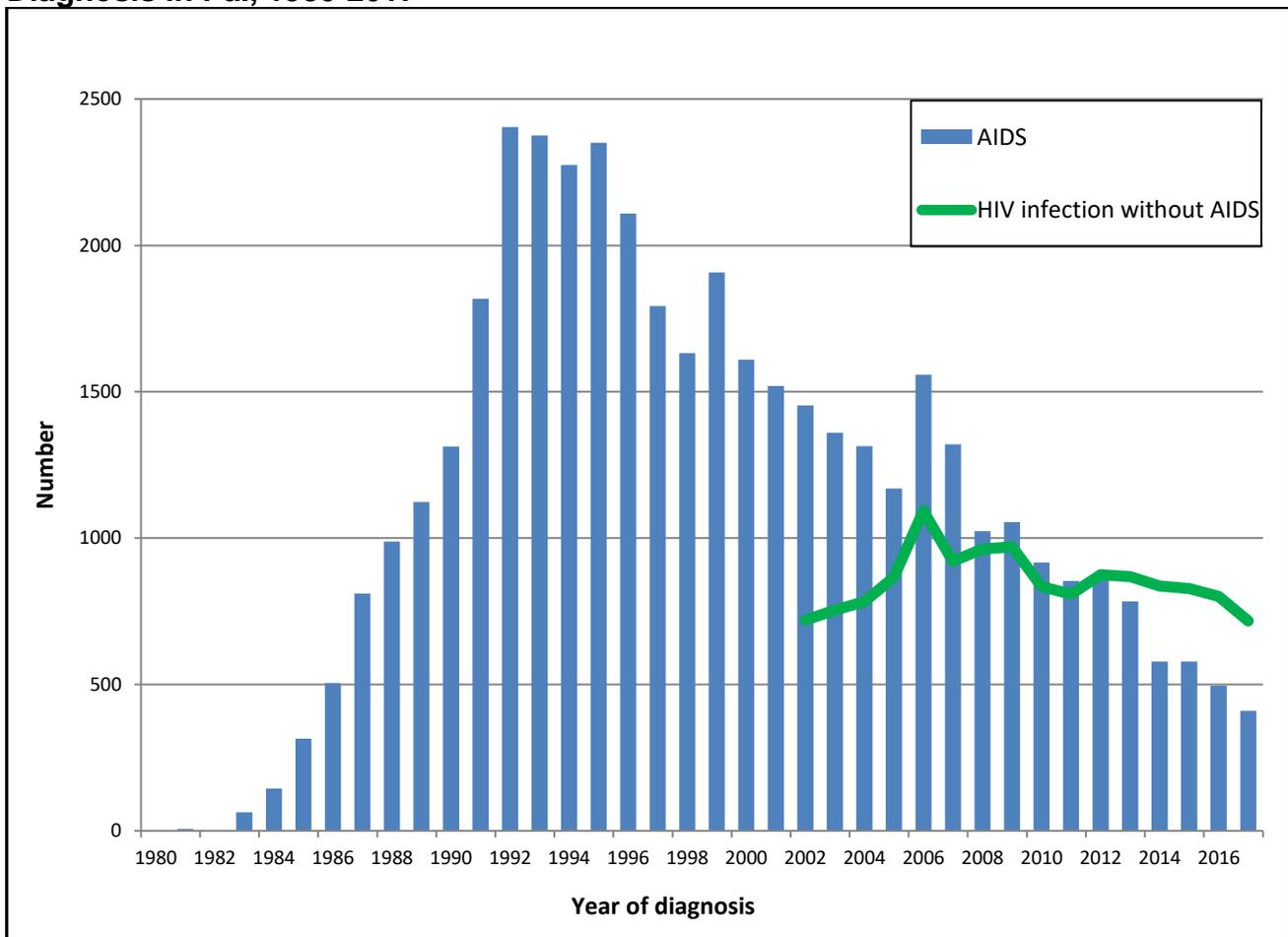
For the purpose of this report, data are extracted from the Pa. eHARS database and analyzed using the SAS software. The programs and methods to extract and analyze these data have been standardized since 2012.

Findings

The first case of AIDS in Pa. was reported just after the start of the epidemic in 1981, although subsequent epidemiological investigation identified cases that were diagnosed in 1980. The 1980s and first half of the 1990s saw a rapid increase in the number of new cases with a peak in 1991. In the mid-1990s, the number of new cases in Pa. began to steadily decline. HIV infection without an AIDS diagnosis became reportable in Pa. in 2002. HIV disease encompasses both AIDS and HIV infection without an AIDS diagnosis and cases are counted using standard criteria established by the CDC. In 2017, 966 new diagnoses of HIV disease among residents of Pa. were reported. This number may be incomplete due to lags in reporting.

Figure 1 below depicts the number of new diagnoses of AIDS and HIV infection without AIDS among Pa. residents by year of diagnosis. For each year, the bars representing AIDS include individuals who were newly diagnosed with AIDS, in addition to persons who were previously diagnosed with HIV infection without AIDS. The numbers show persistent decline in both new diagnoses of AIDS and HIV infection without AIDS.

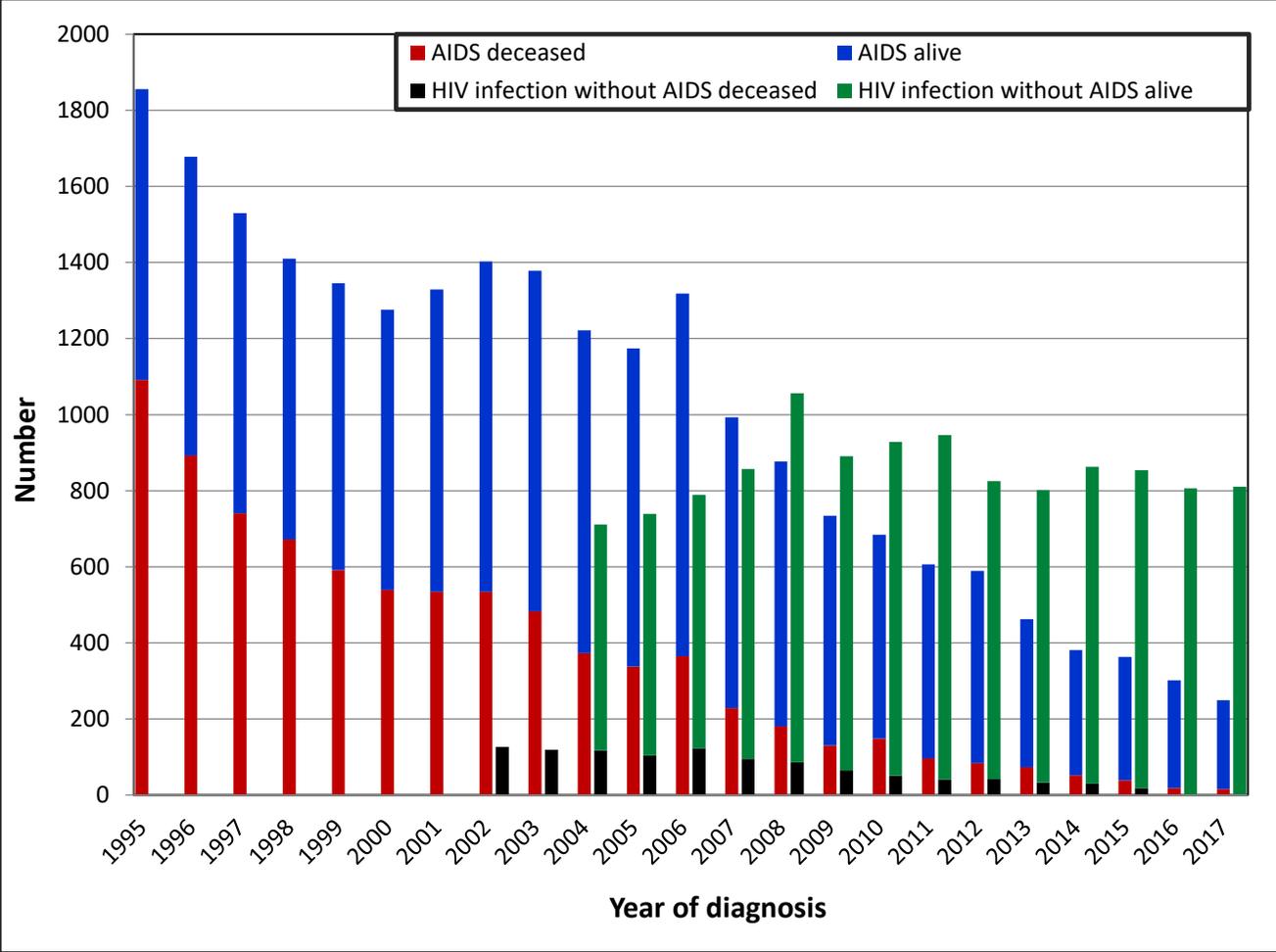
Figure 1: Annual Diagnoses of AIDS and HIV Infection without AIDS by Year of Diagnosis in Pa., 1980-2017



Note: HIV Infection without AIDS became reportable in Pa. in October 2002.

Figure 2 below displays the vital status of people with HIV disease by diagnosis status and year of diagnosis. Mortality among individuals living with HIV disease has decreased over time in Pa., and this has been observed in every population group. HAART first became available in the mid-1990s and had a dramatic impact on the number of deaths among people living with HIV disease. The number of deaths among individuals with HIV disease has decreased each year, while the number of people living with this condition has continued to increase every year.

Figure 2: Cases of AIDS and HIV Infection without AIDS by Vital Status and Year of Diagnosis in Pa., 1995-2017



The following (Table 1) provides a tabulation of all reported cases of HIV disease among persons who were residents of Pa. at the time of diagnosis from 1980 through 2017. New HIV disease diagnoses peaked in 1991 with 3,003 cases. Pediatric cases are those that were diagnosed with HIV infection before age 13. The number of perinatally exposed cases of HIV disease among Pa. residents has declined sharply due mainly to prevention efforts with pregnant women and infants.

Table 1: Annual Diagnoses of HIV Disease among Residents of Pa., 1980-2017

Year of Diagnosis	Adult/Adolescent	Pediatric	Total
1980	3	0	3
1981	8	1	9
1982	50	3	53
1983	106	5	111
1984	258	4	262
1985	779	26	805
1986	1,080	16	1,096
1987	1,552	17	1,569
1988	1,909	23	1,932
1989	2,448	24	2,472
1990	2,949	40	2,989
1991	2,966	37	3,003
1992	2,862	67	2,929
1993	2,352	72	2,424
1994	2,224	40	2,264
1995	2,146	44	2,190
1996	2,049	35	2,084
1997	1,884	26	1,910
1998	1,802	34	1,836
1999	1,732	31	1,763
2000	1,752	18	1,770
2001	1,787	25	1,812
2002	2,105	18	2,123
2003	2,108	24	2,132
2004	1,995	10	2,005
2005	2,028	13	2,041
2006	2,397	14	2,411
2007	1,903	12	1,915
2008	1,827	14	1,841
2009	1,697	7	1,704
2010	1,504	14	1,518
2011	1,409	6	1,415
2012	1,455	10	1,465
2013	1,323	8	1,331
2014	1,212	5	1,217
2015	1,185	6	1,191
2016	1,100	3	1,103
2017	965	1	966
TOTAL	60,911	753	61,664

Table 2 below depicts HIV disease by sex, race/ethnicity and year of diagnosis from 2012 to 2017. HIV disease has had a differential impact on various racial/ethnic groups. Overall, blacks/African-Americans account for over 49 percent of cases. Black/African-American males and females are disproportionately impacted with 46 percent and 59 percent of cases, respectively.

Table 2: Number of Cases of HIV Disease by Sex, Race/Ethnicity and Year of Diagnosis, Pa., 2012-2017

	2012		2013		2014		2015		2016		2017*		TOTAL TO DATE 1980-2017	
	number	percent	number	percent										
TOTAL MALE	1,096	100	1,058	100	957	100	921	100	842	100	752	100	46,429	100
White (non-Hispanic)	336	31	315	30	304	32	287	31	278	33	255	34	17,357	37
Black/African-American (non-Hispanic)	553	50	546	52	475	50	476	52	375	45	352	47	21,485	46
Hispanic	168	15	136	13	130	14	124	13	150	18	121	16	6,030	13
Asian/Pacific	15	1	21	2	19	2	16	2	19	2	12	2	304	1
Native American	2	0	4	0	4	0	2	0	2	0	1	0	41	0
Multiple Race	22	2	36	3	25	3	16	2	18	2	11	1	1,212	3
TOTAL FEMALE	369	100	273	100	260	100	270	100	261	100	214	100	15,235	100
White (non-Hispanic)	66	18	60	22	54	21	62	23	50	19	52	24	3,276	22
Black/African-American (non-Hispanic)	231	63	174	64	161	62	169	63	159	61	111	52	8,948	59
Hispanic	55	15	26	10	38	15	32	12	43	16	44	21	2,388	16
Asian/Pacific	6	2	7	3	4	2	5	2	5	2	3	1	87	1
Native American	1	0	0	0	0	0	0	0	2	1	0	0	19	0
Multiple Race	10	3	6	2	3	1	2	1	2	1	4	2	517	3
TOTAL	1,465	100	1,331	100	1,217	100	1,191	100	1,103	100	966	100	61,664	100

* Count may be incomplete due to lag in reporting.

Note: Percentages may not add to 100% due to 'rounding.'

Table 3 below provides a tabulation of all reported cases of HIV disease among Pa. residents at the time of diagnosis from 2012-2017. A person may be diagnosed with HIV disease at any age, but many of the persons are diagnosed between ages 20 and 49. In the past five years, persons between the ages 20-29 years have accounted for the highest proportion of the new diagnoses each year. The proportion of cases attributable to this age group also increased each year, except in 2017, where there was a very small decrease.

Table 3: Number of Cases of HIV Disease by Age at Diagnosis and Year of Diagnosis in Pa., 2012-2017

	2012		2013		2014		2015		2016		2017*		TOTAL TO DATE 1980-2017	
	number	percent	number	percent										
ALL AGES	1,465	100	1,331	100	1,217	100	1,191	100	1,103	100	966	100	61,664	100
0-12	10	1	8	1	5	0	6	1	3	0	1	0	753	1
13-19	71	5	72	5	62	5	59	5	48	4	56	6	1,970	3
20-29	460	31	406	31	395	32	426	36	412	37	336	35	15,216	25
30-39	306	21	303	23	272	22	263	22	274	25	257	27	21,249	34
40-49	330	23	267	20	230	19	198	17	162	15	138	14	14,537	24
OVER 49	288	20	275	21	253	21	239	20	204	18	178	18	7,939	13

* Count may be incomplete due to lag in reporting.

Table 4 below provides a summary of all reported cases of HIV disease among Pa. residents from 2012-2017 by the most likely mode of transmission of the virus. HIV disease is transmitted from person to person through exposure to body fluids or tissues of persons already infected. The most common means of transmission is men who have sex with men (MSM), heterosexual sex and injection drug use (IDU). Most infants are infected through perinatal exposure. During the early part of the epidemic, some people were infected through transplant of tissues, transfusions and the use of anticoagulant blood products. While all tissues used for transplantation and transfusion are now tested for HIV before use, there still exists a very small risk for infection through transfusion and transplantation. The predominant mode of transmission in the past five years was MSM, and it accounts for about 50% of new diagnoses. MSM has had the highest proportion of HIV transmission followed by heterosexual contact each year. IDU has persistently declined as a risk factor for HIV in Pennsylvania in the past 15 years.

Table 4: Number of Cases of HIV Disease by Mode of Transmission and Year of Diagnosis, Pa., 2012-2017

	2012		2013		2014		2015		2016		2017*		TOTAL TO DATE 1980-2017	
	Number	percent	number	percent										
ALL MODES	1,465	100	1,331	100	1,217	100	1,191	100	1,103	100	966	100	61,664	100
Men sex w/ men (MSM)	651	44	649	49	615	51	632	53	583	53	479	50	23,329	38
Injection drug use (IDU)	124	8	92	7	67	6	68	6	58	5	65	7	15,573	25
MSM and IDU	34	2	31	2	28	2	26	2	24	2	23	2	2,969	5
Coagulation disorder	0	0	0	0	0	0	0	0	0	0	0	0	262	0
Heterosexual contact	482	33	445	33	436	36	338	28	304	28	150	16	15,210	25
Transfusion received	0	0	0	0	0	0	0	0	0	0	0	0	222	0
Undetermined/other	164	11	104	8	66	5	120	10	130	12	247	26	3,329	5
All pediatric modes**	10	1	10	1	5	0	7	1	4	0	2	0	770	1

* Counts may be incomplete due to lag in reporting.

** Includes adult cases that had pediatric modes of transmission (e.g., perinatal exposure)

Note: Percentage may not add to 100% due to "rounding."

Table 5 below shows that MSM was the most common mode of transmission and accounted for 52 percent and 37 percent, respectively, of all reported cases in the first and most recent periods (1980-1990 and 2001-2017). During the second period (1991-2000), IDU was the predominant mode of transmission at 36 percent. Heterosexual transmission increased from 20 percent during the second period (1991-2000) to 25 percent in the the most recent period (2001-2017). Other modes of transmission, such as perinatal exposure or transfusion, have become much less common in the most recent period.

Table 5: Number of HIV Disease by Mode of Transmission and Race/Ethnicity in Pa., 1980-1990, 1991-2000 and 2001-2017

	White (non-Hispanic)		Black/African-American (non-Hispanic)		Hispanic		Asian/Pacific		Native American		Multiple Race		ALL RACES	
	number	percent	number	percent	number	Percent	number	percent	number	percent	number	percent	number	percent
1980-1990														
ALL MODES	5,522	100	4,292	100	1,313	100	26	100	5	100	143	100	11,301	100
Men sex w/men (MSM)	3,783	69	1,766	41	225	17	20	77	2	40	55	38	5,851	52
Injection drug use (IDU)	706	13	1,563	36	791	60	1	4	2	40	52	36	3,115	28
MSM and IDU	331	6	430	10	95	7	1	4	0	0	27	19	884	8
Coagulation disorder	190	3	10	0	6	0	0	0	0	0	0	0	206	2
Heterosexual contact	229	4	333	8	144	11	2	8	0	0	7	5	715	6
Transfusion received	119	2	18	0	3	0	1	4	0	0	0	0	141	1
All pediatric modes	57	1	70	2	30	2	0	0	1	20	1	1	159	1
Undetermined/other	107	2	102	2	19	1	1	4	0	0	1	1	230	2
1991-2000														
ALL MODES	6,876	100	11,766	100	2,914	100	66	100	15	100	536	100	22,173	100
Men sex w/men (MSM)	3,712	54	2,817	24	392	13	30	45	7	47	141	26	7,099	32
Injection drug use (IDU)	1,534	22	4,907	42	1,427	49	5	8	2	13	217	40	8,092	36
MSM and IDU	340	5	687	6	149	5	1	2	1	7	47	9	1,225	6
Coagulation disorder	42	1	3	0	1	0	0	0	0	0	1	0	47	0
Heterosexual contact	905	13	2,778	24	729	25	17	26	3	20	106	20	4,538	20
Transfusion received	42	1	21	0	4	0	5	8	0	0	1	0	73	0
All pediatric modes	54	1	257	2	82	3	2	3	0	0	9	2	404	2
Undetermined/other	247	4	296	3	130	4	6	9	2	13	14	3	695	3
2001-2017*														
ALL MODES	8,235	100	14,375	100	4,191	100	299	100	40	100	1,050	100	28,190	100
Men sex w/men (MSM)	4,296	52	4,451	31	1,138	27	122	41	14	35	358	34	10,379	37
Injection drug use (IDU)	1,091	13	2,074	14	996	24	14	5	2	5	189	18	4,366	15
MSM and IDU	348	4	307	2	143	3	5	2	1	3	56	5	860	3
Coagulation disorder	6	0	1	0	2	0	0	0	0	0	0	0	9	0
Heterosexual contact	1,732	21	6,289	44	1,443	34	114	38	22	55	357	34	9,957	35
Transfusion received	3	0	4	0	1	0	0	0	0	0	0	0	8	0
All pediatric modes	24	0	128	1	41	1	5	2	0	0	9	1	207	1
Undetermined/other	735	9	1,121	8	427	10	39	13	1	3	81	8	2,404	9

* The more recent pattern, 2001-20017, is a better reflection of current distribution of cases than the earlier periods, 1980-1990 and 1991-2000.

Table 5a below provides a tabulation of all reported cases of HIV disease among **males** by mode of transmission, race and period of diagnosis. While MSM had the highest proportion of cases of HIV disease between 1980-2017, the number of individuals with IDU risk diminished remarkably over time such that it accounted for only 14 percent of all reported cases in the most recent time period (2001-2017).

Table 5a: Number of HIV Disease for Males by Mode of Transmission and Race/Ethnicity in Pa., 1980-1990, 1991-2000 and 2001-2017

	White (non-Hispanic)		Black/African-American (non-Hispanic)		Hispanic		Asian/Pacific		Native American		Multiple Race		ALL RACES	
	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
1980-1990														
ALL MODES	5,035	100	3,568	100	1,020	100	23	100	2	100	118	100	9,766	100
Men sex w/men (MSM)	3,783	75	1,766	49	225	22	20	87	2	100	55	47	5,851	60
Injection drug use (IDU)	458	9	1,118	31	624	61	0	0	0	0	33	28	2,233	23
MSM and IDU	331	7	430	12	95	9	1	4	0	0	27	23	884	9
Coagulation disorder	187	4	9	0	6	1	0	0	0	0	0	0	202	2
Heterosexual contact	78	2	119	3	34	3	1	4	0	0	1	1	233	2
Transfusion received	69	1	7	0	3	0	0	0	0	0	0	0	79	1
All pediatric modes	47	1	44	1	21	2	0	0	0	0	1	1	113	1
Undetermined/other	82	2	75	2	12	1	1	4	0	0	1	1	171	2
1991-2000														
ALL MODES	5,649	100	8,219	100	1,959	100	49	100	11	100	369	100	16,256	100
Men sex w/men (MSM)	3,712	66	2,817	34	392	20	30	61	7	64	141	38	7,099	44
Injection drug use (IDU)	966	17	3,375	41	1,080	55	3	6	1	9	131	36	5,556	34
MSM and IDU	340	6	687	8	149	8	1	2	1	9	47	13	1,225	8
Coagulation disorder	40	1	3	0	1	0	0	0	0	0	1	0	45	0
Heterosexual contact	370	7	1,020	12	216	11	7	14	1	9	43	12	1,657	10
Transfusion received	26	0	9	0	2	0	3	6	0	0	0	0	40	0
All pediatric modes	33	1	123	1	50	3	1	2	0	0	2	1	209	1
Undetermined/other	162	3	185	2	69	4	4	8	1	9	4	1	425	3
2001-2017*														
ALL MODES	6,673	100	9,698	100	3,051	100	232	100	28	100	725	100	20,407	100
Men sex w/men (MSM)	4,296	64	4,451	46	1,138	37	122	53	14	50	358	49	10,379	51
Injection drug use (IDU)	644	10	1,344	14	778	25	12	5	0	0	116	16	2,894	14
MSM and IDU	348	5	307	3	143	5	5	2	1	4	56	8	860	4
Coagulation disorder	5	0	0	0	2	0	0	0	0	0	0	0	7	0
Heterosexual contact	913	14	2,955	30	712	23	69	30	12	43	155	21	4,816	24
Transfusion received	2	0	0	0	1	0	0	0	0	0	0	0	3	0
All pediatric modes	9	0	62	1	23	1	0	0	0	0	4	1	98	0
Undetermined/other	456	7	579	6	254	8	24	10	1	4	36	5	1,350	7

* The more recent pattern, 2001-20017, is a better reflection of current distribution of cases than the earlier periods, 1980-1990 and 1991-2000.

Table 5b below provides a tabulation of all reported cases of HIV disease among **females** by mode of transmission, race and period of diagnosis. IDU was the predominant mode of transmission for females in the first period (1980-1990) at 57 percent but then decreased to 43 percent in the second period (1991-2000) and, eventually, to 19 percent in the most recent period (2001-2017). Heterosexual sex became more dominant in the second period (1991-2000) at 49 percent and increased further to 66 percent in the most recent period (2001-2017).

Table 5b: Number of HIV Disease for Females by Mode of Transmission and Race/Ethnicity in Pa., 1980-1990, 1991-2000 and 2001-2017

	White (Non-Hispanic)		Black/African-American (non-Hispanic)		Hispanic		Asian/Pacific		Native American		Multiple Race		ALL RACES	
	Number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	Number	percent
1980-1990														
ALL MODES	487	100	724	100	293	100	3	100	3	100	25	100	1,535	100
Men sex w/men (MSM)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injection drug use (IDU)	248	51	445	61	167	57	1	33	2	67	19	76	882	57
MSM and IDU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coagulation disorder	3	1	1	0	0	0	0	0	0	0	0	0	4	0
Heterosexual contact	151	31	214	30	110	38	1	33	0	0	6	24	482	31
Transfusion received	50	10	11	2	0	0	1	33	0	0	0	0	62	4
All pediatric modes	10	2	26	4	9	3	0	0	1	33	0	0	46	3
Undetermined/other	25	5	27	4	7	2	0	0	0	0	0	0	59	4
1991-2000														
ALL MODES	1,227	100	3,547	100	955	100	17	100	4	100	167	100	5,917	100
Men sex w/men (MSM)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injection drug use (IDU)	568	46	1,532	43	347	36	2	12	1	25	86	51	2,536	43
MSM and IDU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coagulation disorder	2	0	0	0	0	0	0	0	0	0	0	0	2	0
Heterosexual contact	535	44	1,758	50	513	54	10	59	2	50	63	38	2,881	49
Transfusion received	16	1	12	0	2	0	2	12	0	0	1	1	33	1
All pediatric modes	21	2	134	4	32	3	1	6	0	0	7	4	195	3
Undetermined/other	85	7	111	3	61	6	2	12	1	25	10	6	270	5
2001-2017*														
ALL MODES	1,562	100	4,677	100	1,140	100	67	100	12	100	325	100	7,783	100
Men sex w/men (MSM)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injection drug use (IDU)	447	29	730	16	218	19	2	3	2	17	73	22	1,472	19
MSM and IDU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coagulation disorder	1	0	1	0	0	0	0	0	0	0	0	0	2	0
Heterosexual contact	819	52	3,334	71	731	64	45	67	10	83	202	62	5,141	66
Transfusion received	1	0	4	0	0	0	0	0	0	0	0	0	5	0
All pediatric modes	15	1	66	1	18	2	5	7	0	0	5	2	109	1
Undetermined/other	279	18	542	12	173	15	15	22	0	0	45	14	1,054	14

* The more recent pattern, 2001-2017, is a better reflection of current distribution of cases than the earlier periods, 1980-1990 and 1991-2000.

Table 6 below provides a summary of all reported cases of HIV disease by vital status and county of residence at diagnosis. The majority of persons diagnosed with HIV disease in Pa. were residents of large population centers, such as Philadelphia and Allegheny counties.

Table 6: Cumulative Cases of HIV Disease by Vital Status and County of Residence, Pa., 1980-2017

COUNTY	PRESUMED ALIVE	REPORTED DEAD	CUMULATIVE CASES
PHILADELPHIA	18,419	14,061	32,480
ALLEGHENY	2,945	2,011	4,956
DELAWARE	1,752	1,297	3,049
MONTGOMERY	1,153	779	1,932
DAUPHIN	1,071	728	1,799
BERKS	1,060	652	1,712
LEHIGH	1,076	545	1,621
LANCASTER	895	571	1,466
BUCKS	847	579	1,426
YORK	821	484	1,305
CHESTER	556	474	1,030
NORTHAMPTON	390	291	681
LUZERNE	380	263	643
CUMBERLAND	387	225	612
ERIE	348	209	557
LACKAWANNA	308	186	494
MONROE	292	189	481
LYCOMING	227	185	412
WESTMORELAND	174	178	352
CENTRE	188	75	263
LEBANON	150	108	258
SCHUYLKILL	143	96	239
FRANKLIN	145	86	231
BEAVER	113	113	226
CAMBRIA	122	104	226
WASHINGTON	115	106	221
UNION	125	53	178
BLAIR	84	79	163
FAYETTE	100	52	152
ADAMS	90	54	144
NORTHUMBERLAND	80	64	144
PIKE	100	41	141
BUTLER	90	50	140
SOMERSET	89	47	136
CARBON	87	48	135

COUNTY	PRESUMED ALIVE	REPORTED DEAD	CUMULATIVE CASES
MERCER	74	60	134
WAYNE	61	62	123
HUNTINGDON	72	44	116
CRAWFORD	71	42	113
CLEARFIELD	72	40	112
LAWRENCE	57	46	103
COLUMBIA	64	33	97
BRADFORD	43	33	76
ARMSTRONG	39	33	72
INDIANA	40	32	72
MCKEAN	27	25	52
PERRY	32	19	51
VENANGO	21	28	49
GREENE	24	24	48
BEDFORD	28	19	47
TIOGA	20	19	39
SUSQUEHANNA	20	17	37
MIFFLIN	18	18	36
WARREN	22	11	33
MONTOUR	19	13	32
SNYDER	21	9	30
CLARION	22	7	29
WYOMING	15	14	29
CLINTON	16	9	25
JEFFERSON	15	10	25
JUNIATA	16	9	25
FOREST	12	2	14
ELK	8	4	12
FULTON	9	1	10
SULLIVAN	8	2	10
POTTER	2	6	8
CAMERON	0	0	0
STATE TOTAL	35,890	25,774	61,664

Table 7 below provides a tabulation of all reported cases and rates of HIV disease by county of residence and year of diagnosis (2014 through 2017). In 2016, the rate of new HIV diagnoses for Pa. was 8.6 per 100,000 population. Philadelphia County had the highest rate at 29.8 per 100,000 population in 2016.

Table 7: Annual Diagnoses and Rate of HIV Disease by County of Residence in Pa., 2014-2017

COUNTY	2014	2015	2016	2017*	2016 RATE PER 100,000**
ADAMS	5	2	7	6	6.90
ALLEGHENY	128	142	126	100	10.30
ARMSTRONG	2	0	3	2	4.50
BEAVER	5	3	1	8	0.60
BEDFORD	0	5	2	0	4.10
BERKS	31	30	38	41	9.20
BLAIR	5	5	5	2	4.00
BRADFORD	0	0	6	4	9.90
BUCKS	30	25	20	31	3.20
BUTLER	4	7	2	6	1.10
CAMBRIA	6	5	3	2	2.20
CAMERON	0	0	0	0	0.00
CARBON	6	2	5	7	7.90
CENTRE	5	9	11	8	6.80
CHESTER	21	14	19	14	3.70
CLARION	0	1	0	1	0.00
CLEARFIELD	6	4	1	3	1.20
CLINTON	1	0	1	1	2.50
COLUMBIA	1	2	5	2	7.50
CRAWFORD	2	1	4	3	4.60
CUMBERLAND	9	7	11	10	4.40
DAUPHIN	37	35	50	38	18.30
DELAWARE	74	70	59	43	10.50
ELK	0	1	0	1	0.00
ERIE	12	15	14	9	5.10
FAYETTE	5	3	6	4	4.50
FOREST	0	0	0	0	0.00
FRANKLIN	9	3	4	7	2.60
FULTON	0	0	0	0	0.00
GREENE	1	1	0	0	0.00
HUNTINGDON	0	3	1	1	2.20
INDIANA	0	1	1	4	1.20
JEFFERSON	0	1	0	0	0.00
JUNIATA	0	0	0	1	0.00
LACKAWANNA	9	11	13	8	6.20

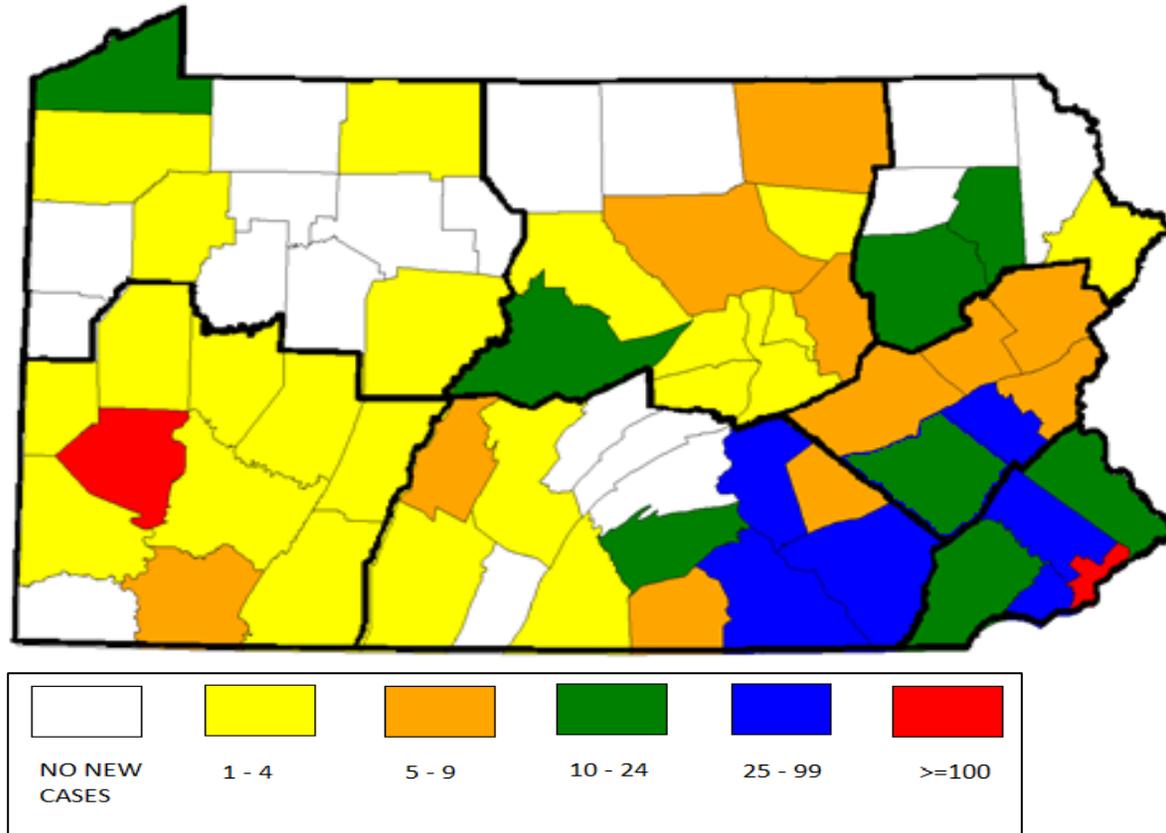
COUNTY	2014	2015	2016	2017*	2016 RATE PER 100,000**
LANCASTER	30	38	35	22	6.50
LAWRENCE	5	5	0	3	0.00
LEBANON	6	6	9	5	6.50
LEHIGH	40	27	39	37	10.70
LUZERNE	17	27	16	13	5.10
LYCOMING	4	6	5	6	4.30
MCKEAN	1	0	1	0	2.40
MERCER	4	7	0	1	0.00
MIFFLIN	0	1	0	0	0.00
MONROE	9	12	8	5	4.80
MONTGOMERY	46	37	31	32	3.80
MONTOUR	1	1	1	2	5.50
NORTHAMPTON	5	9	5	6	1.70
NORTHUMBERLAND	2	3	2	2	2.20
PERRY	2	2	0	0	0.00
PHILADELPHIA	565	546	468	409	29.80
PIKE	4	2	1	6	1.80
POTTER	0	0	0	0	0.00
SCHUYLKILL	3	4	5	7	3.50
SNYDER	1	0	2	1	4.90
SOMERSET	2	2	3	1	4.00
SULLIVAN	1	0	1	0	16.30
SUSQUEHANNA	2	1	0	2	0.00
TIOGA	0	1	0	0	0.00
UNION	1	2	1	1	2.20
VENANGO	0	2	1	1	1.90
WARREN	0	1	0	0	0.00
WASHINGTON	3	1	4	6	1.90
WAYNE	5	3	0	0	0.00
WESTMORELAND	16	8	3	2	0.80
WYOMING	0	0	0	3	0.00
YORK	28	29	44	26	9.90
STATE TOTAL	1,217	1,191	1,103	966	8.60

*Count may be incomplete due to lags in reporting.

**Rates based on 2016 estimated population.

Figure 3 below displays the number of new diagnoses of HIV disease in 2016 by county of residence at diagnosis. Most of the new cases were diagnosed in southeastern and southcentral counties, as well as Allegheny County in the southwest region of the state.

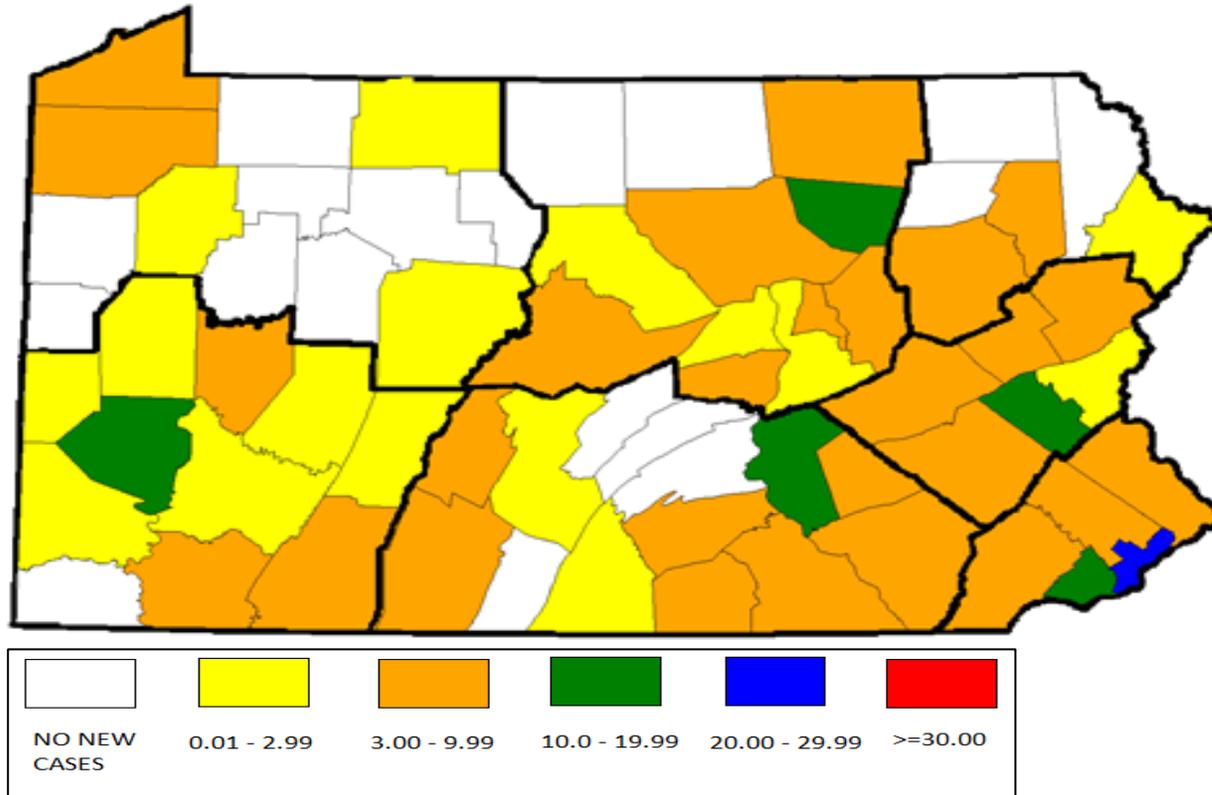
Figure 3: New Diagnoses of HIV Disease by County in Pa., 2016



AACO=AIDS Activities Coordinating Office
 AIDSNET = AIDSNET
 NE = Northeastern Wyoming Valley
 NC = North Central District AIDS Region
 SC = Family Health Council of South Central Pennsylvania
 SW = Southwest Pennsylvania - Jewish Healthcare Foundation
 NW = Northwest Pennsylvania Rural AIDS Alliance

Figure 4 below depicts the rate of new diagnoses of HIV disease in 2016 by county of residence at diagnosis. The overall HIV rate in Pa. in 2016 was 8.6 per 100,000 population. While only one out of 48 rural counties saw a rate higher than the state rate, seven out of 19 urban counties experienced rates higher than the state. The highest rate was observed in Philadelphia County at 29.8 per 100,000 population.

Figure 4: Rate* (per 100,000 county residents) of New HIV Disease Diagnoses by County, Pa., 2016



*Rates are based on 2016 estimated population.

- AACO=AIDS Activities Coordinating Office
- AIDSNET = AIDSNET
- NE = Northeastern Wyoming Valley
- NC = North Central District AIDS Region
- SC = Family Health Council of South Central Pennsylvania
- SW = Southwest Pennsylvania - Jewish Healthcare Foundation
- NW = Northwest Pennsylvania Rural AIDS Alliance

Table 8 provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and HIV planning area. It also includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 8: Characteristics of HIV Disease by Time Interval of Diagnosis and HIV Planning Area in Pa., 2012-2017

		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	54,391	100	1,465	100	1,331	100	1,217	100	1,191	100	1,103	100	966	100	61,664	100	35,890	100
SEX	MALE	40,803	75	1,096	75	1,058	79	957	79	921	77	842	76	752	78	46,429	75	25,974	72
	FEMALE	13,588	25	369	25	273	21	260	21	270	23	261	24	214	22	15,235	25	9,916	28
RACE/ETHNICITY	WHITE	18,514	34	402	27	375	28	358	29	349	29	328	30	307	32	20,633	33	11,042	31
	BLACK/AFRICAN-AMERICAN	26,651	49	784	54	720	54	636	52	645	54	534	48	463	48	30,433	49	17,602	49
	HISPANIC	7,351	14	223	15	162	12	168	14	156	13	193	17	165	17	8,418	14	5,607	16
	ASIAN/PACIFIC	259	0	21	1	28	2	23	2	21	2	24	2	15	2	391	1	320	1
	NATIVE AMERICAN	42	0	3	0	4	0	4	0	2	0	4	0	1	0	60	0	46	0
	MULTIRACE	1,574	3	32	2	42	3	28	2	18	2	20	2	15	2	1,729	3	1,273	4
AGE (YEARS)	< 13	720	1	10	1	8	1	5	0	6	1	3	0	1	0	753	1	558	2
	13 – 19	1,602	3	71	5	72	5	62	5	59	5	48	4	56	6	1,970	3	1,625	5
	20 – 29	12,781	23	460	31	406	31	395	32	426	36	412	37	336	35	15,216	25	10,366	29
	30 – 39	19,574	36	306	21	303	23	272	22	263	22	274	25	257	27	21,249	34	11,599	32
	40 – 49	13,212	24	330	23	267	20	230	19	198	17	162	15	138	14	14,537	24	7,928	22
	Over 49	6,502	12	288	20	275	21	253	21	239	20	204	18	178	18	7,939	13	3,814	11
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	19,720	36	651	44	649	49	615	51	632	53	583	53	479	50	23,329	38	13,774	38
	INJECTION DRUG USE (IDU)	15,099	28	124	8	92	7	67	6	68	6	58	5	65	7	15,573	25	6,717	19
	MSM AND IDU	2,803	5	34	2	31	2	28	2	26	2	24	2	23	2	2,969	5	1,424	4
	COAGULATION DISORDER	262	0	0	0	0	0	0	0	0	0	0	0	0	0	262	0	59	0
	HETEROSEXUAL CONTACT	13,055	24	482	33	445	33	436	36	338	28	304	28	150	16	15,210	25	10,921	30
	TRANSFUSION	222	0	0	0	0	0	0	0	0	0	0	0	0	0	222	0	31	0
	ALL PEDIATRIC	732	1	10	1	10	1	5	0	7	1	4	0	2	0	770	1	573	2
	UNDETERMINED/OTHER	2,498	5	164	11	104	8	66	5	120	10	130	12	247	26	3,329	5	2,391	7
COALITION AREA	AIDS Activities Coordinating Office	35,571	65	955	65	837	63	736	60	692	58	597	54	529	55	39,917	65	22,727	63
	AIDSNET	4,249	8	117	8	122	9	94	8	84	7	100	9	103	11	4,869	8	3,048	8
	Northeastern Wyoming Valley	1,244	2	36	2	44	3	37	3	44	4	30	3	32	3	1,467	2	884	2
	North Central District AIDS Region	1,162	2	30	2	19	1	17	1	24	2	35	3	27	3	1,314	2	813	2
	Family Health Council of South Central Pennsylvania	5,446	10	131	9	133	10	131	11	136	11	168	15	118	12	6,263	10	3,818	11
	Southwest Pennsylvania - Jewish Healthcare Foundation	5,642	10	174	12	153	11	172	14	173	15	152	14	135	14	6,601	11	3,851	11
	Northwest Pennsylvania Rural AIDS Alliance	1,077	2	22	2	23	2	30	2	38	3	21	2	22	2	1,233	2	749	2

Table 9 below provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and county of residence for the AIDS Activity Office planning area. It includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 9: Characteristics of HIV Disease by Time Interval of Diagnosis for AIDS Activities Office in Pa., 2012-2017

AIDS Activities Coordinating Office
Bucks, Delaware, Chester, Montgomery, and Philadelphia counties

		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	35,571	100	955	100	837	100	736	100	692	100	597	100	529	100	39,917	100	22,727	100
SEX	MALE	26,493	74	711	74	677	81	580	79	534	77	443	74	421	80	29,859	75	16,297	72
	FEMALE	9,078	26	244	26	160	19	156	21	158	23	154	26	108	20	10,058	25	6,430	28
RACE/ETHNICITY	WHITE	8,988	25	183	19	155	19	147	20	109	16	104	17	108	20	9,794	25	5,033	22
	BLACK/AFRICAN-AMERICAN	21,508	60	610	64	550	66	468	64	474	68	372	62	330	62	24,312	61	13,737	60
	HISPANIC	4,032	11	132	14	89	11	90	12	87	13	100	17	80	15	4,610	12	3,074	14
	ASIAN/PACIFIC	193	1	14	1	20	2	14	2	12	2	12	2	6	1	271	1	219	1
	NATIVE AMERICAN	29	0	3	0	4	0	4	1	2	0	3	1	1	0	46	0	39	0
	MULTIRACE	821	2	13	1	19	2	13	2	8	1	6	1	4	1	884	2	625	3
AGE (YEARS)	< 13	477	1	6	1	5	1	2	0	2	0	0	0	0	0	492	1	375	2
	13 – 19	1,087	3	47	5	52	6	37	5	37	5	31	5	37	7	1,328	3	1,105	5
	20 – 29	8,390	24	329	34	276	33	254	35	243	35	228	38	189	36	9,909	25	6,731	30
	30 – 39	12,593	35	190	20	180	22	154	21	159	23	141	24	150	28	13,567	34	7,241	32
	40 – 49	8,633	24	204	21	156	19	132	18	110	16	83	14	70	13	9,388	24	4,936	22
	Over 49	4,391	12	179	19	168	20	157	21	141	20	114	19	83	16	5,233	13	2,339	10
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	12,279	35	403	42	410	49	371	50	372	54	315	53	267	50	14,417	36	8,381	37
	INJECTION DRUG USE (IDU)	10,420	29	87	9	47	6	39	5	34	5	32	5	34	6	10,693	27	4,430	19
	MSM AND IDU	1,819	5	25	3	20	2	17	2	10	1	8	1	8	2	1,907	5	900	4
	COAGULATION DISORDER	65	0	0	0	0	0	0	0	0	0	0	0	0	0	65	0	17	0
	HETEROSEXUAL CONTACT	9,466	27	381	40	335	40	295	40	250	36	223	37	81	15	11,031	28	7,821	34
	TRANSFUSION	99	0	0	0	0	0	0	0	0	0	0	0	0	0	99	0	10	0
	ALL PEDIATRIC	479	1	6	1	6	1	2	0	2	0	1	0	1	0	497	1	378	2
	UNDETERMINED/OTHER	944	3	53	6	19	2	12	2	24	3	18	3	138	26	1,208	3	790	3
COUNTY	BUCKS	1,240	3	43	5	37	4	30	4	25	4	20	3	31	6	1,426	4	847	4
	CHESTER	909	3	34	4	19	2	21	3	14	2	19	3	14	3	1,030	3	556	2
	DELAWARE	2,633	7	95	10	75	9	74	10	70	10	59	10	43	8	3,049	8	1,752	8
	MONTGOMERY	1,669	5	48	5	69	8	46	6	37	5	31	5	32	6	1,932	5	1,153	5
	PHILADELPHIA	29,120	82	735	77	637	76	565	77	546	79	468	78	409	77	32,480	81	18,419	81

Table 10 below provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and county of residence for the AIDSNET HIV planning area. In addition, it includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 10: Characteristics of HIV Disease by Time Interval of Diagnosis for AIDSNET in Pa., 2012-2017

		AIDSNET																	
		Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill counties																	
		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
TOTAL CASES		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
		4,249	100	117	100	122	100	94	100	84	100	100	100	103	100	4,869	100	3,048	100
SEX	MALE	2,885	68	84	72	92	75	62	66	62	74	70	70	71	69	3,326	68	1,994	65
	FEMALE	1,364	32	33	28	30	25	32	34	22	26	30	30	32	31	1,543	32	1,054	35
RACE/ETHNICITY	WHITE	1,627	38	38	32	48	39	24	26	40	48	35	35	34	33	1,846	38	1,023	34
	BLACK/AFRICAN-AMERICAN	762	18	29	25	32	26	25	27	24	29	29	29	25	24	926	19	628	21
	HISPANIC	1,675	39	47	40	31	25	43	46	18	21	32	32	40	39	1,886	39	1,220	40
	ASIAN/PACIFIC	10	0	1	1	3	2	1	1	0	0	1	1	2	2	18	0	14	0
	NATIVE AMERICAN	2	0	0	0	0	0	0	0	0	0	1	1	0	0	3	0	3	0
	MULTIRACE	173	4	2	2	8	7	1	1	2	2	2	2	2	2	190	4	160	5
AGE (YEARS)	< 13	70	2	1	1	0	0	1	1	0	0	0	0	0	0	72	1	52	2
	13 – 19	107	3	6	5	3	2	5	5	3	4	1	1	2	2	127	3	100	3
	20 – 29	967	23	29	25	24	20	20	21	18	21	31	31	35	34	1,124	23	775	25
	30 – 39	1,577	37	24	21	26	21	23	24	17	20	26	26	24	23	1,717	35	985	32
	40 – 49	1,051	25	24	21	37	30	26	28	21	25	17	17	15	15	1,191	24	733	24
	Over 49	477	11	33	28	32	26	19	20	25	30	25	25	27	26	638	13	403	13
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	1,049	25	44	38	47	39	31	33	39	46	41	41	43	42	1,294	27	816	27
	INJECTION DRUG USE (IDU)	1,388	33	15	13	8	7	8	9	1	1	3	3	5	5	1,428	29	703	23
	MSM AND IDU	178	4	4	3	6	5	3	3	4	5	1	1	1	1	197	4	112	4
	COAGULATION DISORDER	37	1	0	0	0	0	0	0	0	0	0	0	0	0	37	1	10	0
	HETEROSEXUAL CONTACT	1,020	24	32	27	36	30	39	41	20	24	23	23	16	16	1,186	24	868	28
	TRANSFUSION	19	0	0	0	0	0	0	0	0	0	0	0	0	0	19	0	4	0
	ALL PEDIATRIC	76	2	1	1	0	0	1	1	0	0	0	0	0	0	78	2	58	2
	UNDETERMINED/OTHER	482	11	21	18	25	20	12	13	20	24	32	32	38	37	630	13	477	16
COUNTY	BERKS	1,498	35	40	34	34	28	31	33	30	36	38	38	41	40	1,712	35	1,060	35
	CARBON	107	3	7	6	1	1	6	6	2	2	5	5	7	7	135	3	87	3
	LEHIGH	1,395	33	43	37	40	33	40	43	27	32	39	39	37	36	1,621	33	1,076	35
	MONROE	416	10	14	12	17	14	9	10	12	14	8	8	5	5	481	10	292	10
	NORTHAMPTON	626	15	5	4	25	20	5	5	9	11	5	5	6	6	681	14	390	13
	SCHUYLKILL	207	5	8	7	5	4	3	3	4	5	5	5	7	7	239	5	143	5

Table 11 below provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and county of residence for the Northeastern Wyoming Valley HIV planning area. It also includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 11: Characteristics of HIV Disease by Time Interval of Diagnosis for Northeastern Wyoming Valley in Pa., 2012-2017

NORTHEASTERN WYOMING VALLEY
Lackawanna, Luzerne, Pike, Susquehanna, Wayne, and Wyoming counties

		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	1,244	100	36	100	44	100	37	100	44	100	30	100	32	100	1,467	100	884	100
SEX	MALE	963	77	28	78	27	61	22	59	34	77	25	83	25	78	1,124	77	638	72
	FEMALE	281	23	8	22	17	39	15	41	10	23	5	17	7	22	343	23	246	28
RACE/ETHNICITY	WHITE	763	61	23	64	22	50	22	59	23	52	14	47	16	50	883	60	480	54
	BLACK/AFRICAN-AMERICAN	248	20	8	22	12	27	8	22	5	11	6	20	8	25	295	20	196	22
	HISPANIC	173	14	5	14	7	16	6	16	16	36	7	23	6	19	220	15	160	18
	ASIAN/PACIFIC	4	0	0	0	0	0	0	0	0	0	1	3	2	6	7	0	7	1
	NATIVE AMERICAN	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	2	0
	MULTIRACE	52	4	0	0	3	7	1	3	0	0	2	7	0	0	58	4	39	4
AGE (YEARS)	< 13	21	2	0	0	1	2	0	0	0	0	0	0	0	0	22	1	15	2
	13 – 19	30	2	1	3	0	0	0	0	1	2	0	0	3	9	35	2	30	3
	20 – 29	245	20	8	22	14	32	6	16	14	32	9	30	12	38	308	21	215	24
	30 – 39	440	35	5	14	10	23	11	30	12	27	9	30	7	22	494	34	290	33
	40 – 49	371	30	7	19	12	27	9	24	7	16	6	20	4	13	416	28	237	27
	Over 49	137	11	15	42	7	16	11	30	10	23	6	20	6	19	192	13	97	11
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	409	33	21	58	15	34	13	35	22	50	14	47	18	56	512	35	309	35
	INJECTION DRUG USE (IDU)	347	28	4	11	10	23	3	8	5	11	2	7	0	0	371	25	168	19
	MSM AND IDU	70	6	0	0	0	0	0	0	0	0	2	7	2	6	74	5	39	4
	COAGULATION DISORDER	13	1	0	0	0	0	0	0	0	0	0	0	0	0	13	1	2	0
	HETEROSEXUAL CONTACT	244	20	8	22	15	34	20	54	14	32	8	27	9	28	318	22	251	28
	TRANSFUSION	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	1	0
	ALL PEDIATRIC	23	2	0	0	1	2	0	0	0	0	0	0	0	0	24	2	17	2
	UNDETERMINED/OTHER	133	11	3	8	3	7	1	3	3	7	4	13	3	9	150	10	97	11
COUNTY	LACKAWANNA	429	34	13	36	11	25	9	24	11	25	13	43	8	25	494	34	308	35
	LUZERNE	535	43	18	50	17	39	17	46	27	61	16	53	13	41	643	44	380	43
	PIKE	112	9	4	11	12	27	4	11	2	5	1	3	6	19	141	10	100	11
	SUSQUEHANNA	31	2	1	3	0	0	2	5	1	2	0	0	2	6	37	3	20	2
	WAYNE	112	9	0	0	3	7	5	14	3	7	0	0	0	0	123	8	61	7
	WYOMING	25	2	0	0	1	2	0	0	0	0	0	0	3	9	29	2	15	2

Table 12 below provides a summary of the number of new diagnoses of HIV disease by sex, race, age at diagnosis, mode of transmission and county of residence for the North Central District AIDS Region HIV planning area. It also includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 12: Characteristics of HIV Disease by Time Interval of Diagnosis for North Central District AIDS Region in Pa., 2012–2017

NORTH CENTRAL DISTRICT AIDS REGION

Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union counties

		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	1,162	100	30	100	19	100	17	100	24	100	35	100	27	100	1,314	100	813	100
SEX	MALE	880	76	26	87	13	68	15	88	22	92	32	91	22	81	1,010	77	626	77
	FEMALE	282	24	4	13	6	32	2	12	2	8	3	9	5	19	304	23	187	23
RACE/ETHNICITY	WHITE	579	50	5	17	7	37	8	47	15	63	23	66	15	56	652	50	367	45
	BLACK/AFRICAN-AMERICAN	377	32	18	60	9	47	8	47	4	17	6	17	7	26	429	33	281	35
	HISPANIC	154	13	6	20	2	11	1	6	3	13	5	14	5	19	176	13	117	14
	ASIAN/PACIFIC	7	1	0	0	0	0	0	0	1	4	1	3	0	0	9	1	9	1
	NATIVE AMERICAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MULTIRACE	45	4	1	3	1	5	0	0	1	4	0	0	0	0	48	4	39	5
AGE (YEARS)	< 13	13	1	1	3	0	0	1	6	1	4	0	0	0	0	16	1	13	2
	13 – 19	25	2	2	7	1	5	1	6	2	8	1	3	2	7	34	3	30	4
	20 – 29	264	23	9	30	5	26	6	35	6	25	17	49	5	19	312	24	212	26
	30 – 39	449	39	6	20	4	21	4	24	7	29	9	26	10	37	489	37	282	35
	40 – 49	281	24	6	20	3	16	2	12	3	13	3	9	3	11	301	23	182	22
	Over 49	130	11	6	20	6	32	3	18	5	21	5	14	7	26	162	12	94	12
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	375	32	13	43	4	21	11	65	13	54	19	54	10	37	445	34	276	34
	INJECTION DRUG USE (IDU)	388	33	4	13	2	11	0	0	1	4	3	9	1	4	399	30	203	25
	MSM AND IDU	91	8	0	0	1	5	0	0	1	4	2	6	3	11	98	7	55	7
	COAGULATION DISORDER	16	1	0	0	0	0	0	0	0	0	0	0	0	0	16	1	5	1
	HETEROSEXUAL CONTACT	180	15	6	20	3	16	3	18	2	8	6	17	11	41	211	16	160	20
	TRANSFUSION	7	1	0	0	0	0	0	0	0	0	0	0	0	0	7	1	2	0
	ALL PEDIATRIC	13	1	1	3	0	0	1	6	2	8	0	0	0	0	17	1	14	2
	UNDETERMINED/OTHER	92	8	6	20	9	47	2	12	5	21	5	14	2	7	121	9	98	12
COUNTY	BRADFORD	65	6	1	3	0	0	0	0	0	0	6	17	4	15	76	6	43	5
	CENTRE	214	18	8	27	8	42	5	29	9	38	11	31	8	30	263	20	188	23
	CLINTON	19	2	3	10	0	0	1	6	0	0	1	3	1	4	25	2	16	2
	COLUMBIA	82	7	4	13	1	5	1	6	2	8	5	14	2	7	97	7	64	8
	LYCOMING	380	33	7	23	4	21	4	24	6	25	5	14	6	22	412	31	227	28
	MONTOUR	26	2	1	3	0	0	1	6	1	4	1	3	2	7	32	2	19	2
	NORTHUMBERLAND	131	11	1	3	3	16	2	12	3	13	2	6	2	7	144	11	80	10
	POTTER	7	1	0	0	1	5	0	0	0	0	0	0	0	0	8	1	2	0
	SNYDER	26	2	0	0	0	0	1	6	0	0	2	6	1	4	30	2	21	3
	SULLIVAN	7	1	1	3	0	0	1	6	0	0	1	3	0	0	10	1	8	1
	TIOGA	38	3	0	0	0	0	0	0	1	4	0	0	0	0	39	3	20	2
	UNION	167	14	4	13	2	11	1	6	2	8	1	3	1	4	178	14	125	15

Table 13 below provides a summary of the number of new diagnoses of HIV disease in Pa. by sex, race, age at diagnosis, mode of transmission and county of residence for the Family Health Council of South Central Pennsylvania HIV planning area. It includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 13 - Characteristics of HIV Disease by Time Interval of Diagnosis Family Health Council of South Central Pa., 2012–2017

FAMILY HEALTH COUNCIL OF SOUTH CENTRAL PENNSYLVANIA

Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York counties

		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	5,446	100	131	100	133	100	131	100	136	100	168	100	118	100	6,263	100	3,818	100
SEX	MALE	4,000	73	88	67	104	78	110	84	106	78	131	78	85	72	4,624	74	2,731	72
	FEMALE	1,446	27	43	33	29	22	21	16	30	22	37	22	33	28	1,639	26	1,087	28
RACE/ETHNICITY	WHITE	2,699	50	57	44	69	52	61	47	63	46	80	48	53	45	3,082	49	1,805	47
	BLACK/AFRICAN-AMERICAN	1,457	27	40	31	41	31	44	34	47	35	45	27	32	27	1,706	27	1,035	27
	HISPANIC	1,047	19	25	19	21	16	19	15	19	14	35	21	27	23	1,193	19	779	20
	ASIAN/PACIFIC	14	0	2	2	1	1	1	1	6	4	4	2	3	3	31	0	27	1
	NATIVE AMERICAN	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	1	0
	MULTIRACE	225	4	7	5	1	1	6	5	1	1	4	2	3	3	247	4	171	4
AGE (YEARS)	< 13	90	2	1	1	1	1	1	1	3	2	2	1	1	1	99	2	62	2
	13 – 19	169	3	3	2	9	7	8	6	5	4	8	5	4	3	206	3	166	4
	20 – 29	1,209	22	31	24	30	23	35	27	45	33	53	32	41	35	1,444	23	992	26
	30 – 39	2,095	38	33	25	32	24	32	24	26	19	46	27	34	29	2,298	37	1,334	35
	40 – 49	1,265	23	42	32	33	25	25	19	30	22	33	20	18	15	1,446	23	854	22
	Over 49	618	11	21	16	28	21	30	23	27	20	26	15	20	17	770	12	410	11
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	1,935	36	54	41	69	52	68	52	61	45	83	49	54	46	2,324	37	1,465	38
	INJECTION DRUG USE (IDU)	1,503	28	8	6	14	11	10	8	18	13	13	8	9	8	1,575	25	738	19
	MSM AND IDU	272	5	3	2	2	2	5	4	5	4	4	2	2	2	293	5	134	4
	COAGULATION DISORDER	53	1	0	0	0	0	0	0	0	0	0	0	0	0	53	1	11	0
	HETEROSEXUAL CONTACT	1,130	21	34	26	29	22	32	24	27	20	33	20	19	16	1,304	21	943	25
	TRANSFUSION	35	1	0	0	0	0	0	0	0	0	0	0	0	0	35	1	6	0
	ALL PEDIATRIC	91	2	1	1	2	2	1	1	3	2	2	1	1	1	101	2	64	2
	UNDETERMINED/OTHER	427	8	31	24	17	13	15	11	22	16	33	20	33	28	578	9	457	12
COUNTY	ADAMS	118	2	5	4	1	1	5	4	2	1	7	4	6	5	144	2	90	2
	BEDFORD	35	1	5	4	0	0	0	0	5	4	2	1	0	0	47	1	28	1
	BLAIR	140	3	3	2	3	2	5	4	5	4	5	3	2	2	163	3	84	2
	CUMBERLAND	550	10	9	7	16	12	9	7	7	5	11	7	10	8	612	10	387	10
	DAUPHIN	1565	29	40	31	34	26	37	28	35	26	50	30	38	32	1,799	29	1,071	28
	FRANKLIN	197	4	4	3	7	5	9	7	3	2	4	2	7	6	231	4	145	4
	FULTON	9	0	0	0	1	1	0	0	0	0	0	0	0	0	10	0	9	0
	HUNTINGDON	109	2	1	1	1	1	0	0	3	2	1	1	1	1	116	2	72	2
	JUNIATA	23	0	1	1	0	0	0	0	0	0	0	0	1	1	25	0	16	0
	LANCASTER	1276	23	31	24	34	26	30	23	38	28	35	21	22	19	1,466	23	895	23
	LEBANON	217	4	9	7	6	5	6	5	6	4	9	5	5	4	258	4	150	4
	MIFFLIN	33	1	1	1	1	1	0	0	1	1	0	0	0	0	36	1	18	0
	PERRY	45	1	0	0	2	2	2	2	2	1	0	0	0	0	51	1	32	1
YORK	1129	21	22	17	27	20	28	21	29	21	44	26	26	22	1,305	21	821	22	

Table 14 below provides a summary of the number of new diagnoses of HIV disease in Pa. by sex, race, age at diagnosis, mode of transmission and county of residence for the Southwest Pa. Jewish Healthcare Foundation HIV planning area. It includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 14: Characteristics of HIV Disease by Time Interval of Diagnosis for Southwest Pa. Jewish Healthcare Foundation in Pa., 2012–2017

SOUTHWEST PENNSYLVANIA – JEWISH HEALTHCARE FOUNDATION

Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland counties

		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	5,642	100	174	100	153	100	172	100	173	100	152	100	135	100	6,601	100	3,851	100
SEX	MALE	4,721	84	143	82	131	86	140	81	136	79	125	82	109	81	5,505	83	3,119	81
	FEMALE	921	16	31	18	22	14	32	19	37	21	27	18	26	19	1,096	17	732	19
RACE/ETHNICITY	WHITE	3,175	56	88	51	63	41	84	49	74	43	60	39	68	50	3,612	55	1,909	50
	BLACK/AFRICAN-AMERICAN	2,047	36	68	39	68	44	73	42	83	48	69	45	52	39	2,460	37	1,530	40
	HISPANIC	167	3	5	3	11	7	4	2	9	5	12	8	7	5	215	3	166	4
	ASIAN/PACIFIC	25	0	4	2	2	1	7	4	2	1	5	3	2	1	47	1	39	1
	NATIVE AMERICAN	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
	MULTIRACE	226	4	9	5	9	6	4	2	5	3	6	4	6	4	265	4	207	5
AGE (YEARS)	< 13	33	1	1	1	1	1	0	0	0	0	0	0	0	0	35	1	26	1
	13 – 19	152	3	10	6	5	3	10	6	8	5	7	5	6	4	198	3	164	4
	20 – 29	1,424	25	51	29	50	33	63	37	82	47	67	44	46	34	1,783	27	1,206	31
	30 – 39	2,050	36	40	23	47	31	38	22	35	20	39	26	26	19	2,275	34	1,243	32
	40 – 49	1,354	24	44	25	24	16	28	16	22	13	16	11	26	19	1,514	23	818	21
	Over 49	629	11	28	16	26	17	33	19	26	15	23	15	31	23	796	12	394	10
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	3,227	57	108	62	97	63	102	59	104	60	102	67	80	59	3,820	58	2,239	58
	INJECTION DRUG USE (IDU)	816	14	3	2	8	5	5	3	9	5	5	3	12	9	858	13	342	9
	MSM AND IDU	298	5	2	1	2	1	3	2	5	3	6	4	5	4	321	5	139	4
	COAGULATION DISORDER	63	1	0	0	0	0	0	0	0	0	0	0	0	0	63	1	13	0
	HETEROSEXUAL CONTACT	821	15	15	9	16	10	39	23	18	10	8	5	11	8	928	14	702	18
	TRANSFUSION	47	1	0	0	0	0	0	0	0	0	0	0	0	0	47	1	8	0
	ALL PEDIATRIC	34	1	1	1	1	1	0	0	0	0	0	0	0	0	36	1	27	1
	UNDETERMINED/OTHER	336	6	45	26	29	19	23	13	37	21	31	20	27	20	528	8	381	10
COUNTY	ALLEGHENY	4,218	75	123	71	119	78	128	74	142	82	126	83	100	74	4,956	75	2,945	76
	ARMSTRONG	63	1	2	1	0	0	2	1	0	0	3	2	2	1	72	1	39	1
	BEAVER	199	4	6	3	4	3	5	3	3	2	1	1	8	6	226	3	113	3
	BUTLER	114	2	4	2	3	2	4	2	7	4	2	1	6	4	140	2	90	2
	CAMBRIA	196	3	10	6	4	3	6	3	5	3	3	2	2	1	226	3	122	3
	FAYETTE	121	2	6	3	7	5	5	3	3	2	6	4	4	3	152	2	100	3
	GREENE	43	1	2	1	1	1	1	1	1	1	0	0	0	0	48	1	24	1
	INDIANA	62	1	3	2	1	1	0	0	1	1	1	1	4	3	72	1	40	1
	SOMERSET	124	2	2	1	2	1	2	1	2	1	3	2	1	1	136	2	89	2
	WASHINGTON	191	3	7	4	9	6	3	2	1	1	4	3	6	4	221	3	115	3
	WESTMORELAND	311	6	9	5	3	2	16	9	8	5	3	2	2	1	352	5	174	5

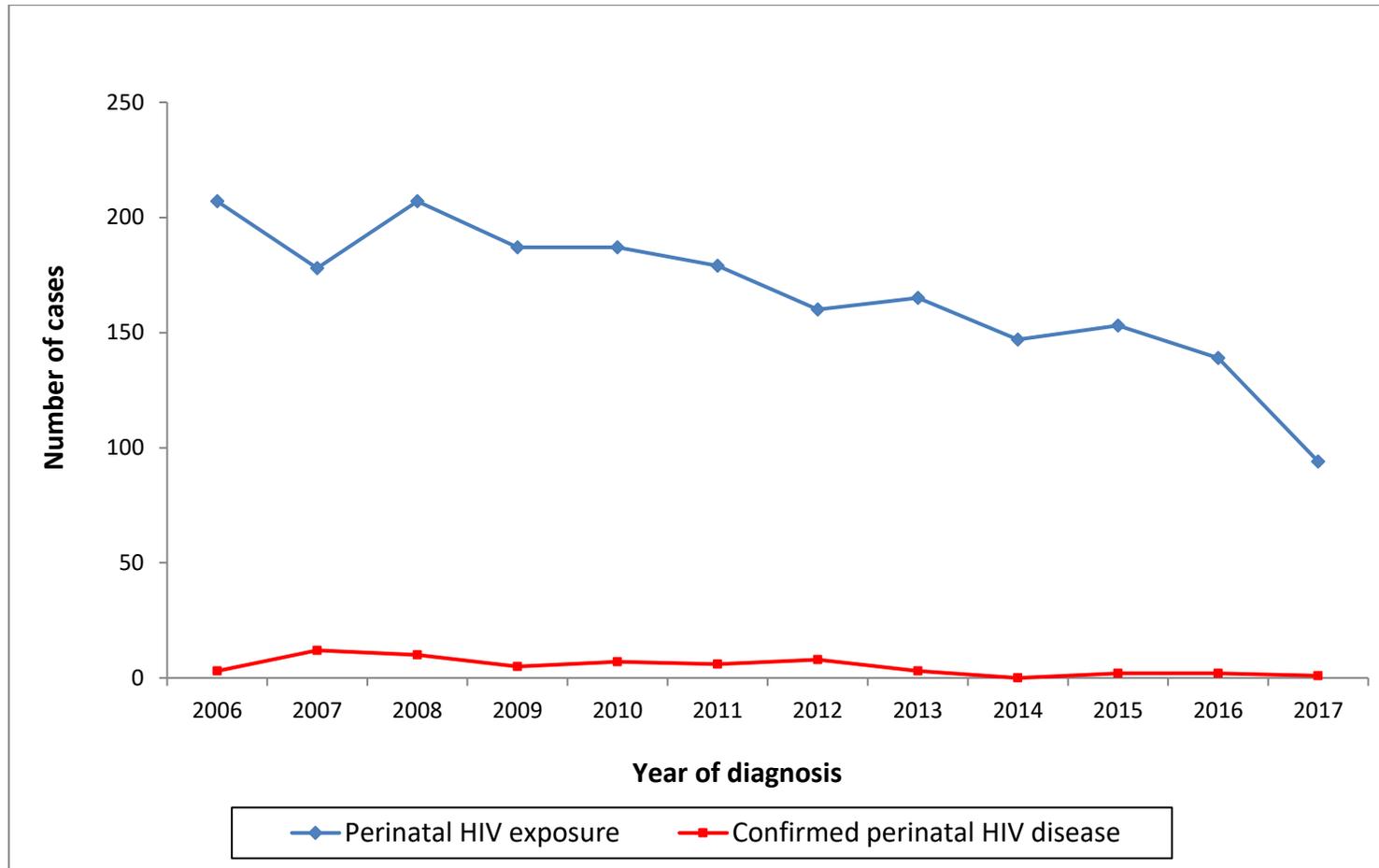
Table 15 below provides a summary of the number of new diagnoses of HIV disease in Pa. by sex, race, age at diagnosis, mode of transmission and county of residence for the Northwest Pa. Rural AIDS Alliance HIV planning area. In addition, it includes an estimate of the number of persons who were presumed to be alive at the end of 2017.

Table 15: Characteristics of HIV Disease by Time Interval of Diagnosis Northwest Pa. Rural AIDS Alliance, 2012–2017

NORTHWEST PENNSYLVANIA RURAL AIDS ALLIANCE																			
Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, and Warren counties																			
		BEFORE 2012		2012		2013		2014		2015		2016		2017		TOTAL TO DEC 31, 2017		CURRENTLY LIVING DEC 31, 2017	
		number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent	number	percent
	TOTAL CASES	1,077	100	22	100	23	100	30	100	38	100	21	100	22	100	1,233	100	749	100
SEX	MALE	861	80	16	73	14	61	28	93	27	71	16	76	19	86	981	80	569	76
	FEMALE	216	20	6	27	9	39	2	7	11	29	5	24	3	14	252	20	180	24
RACE/ETHNICITY	WHITE	683	63	8	36	11	48	12	40	25	66	12	57	13	59	764	62	425	57
	BLACK/AFRICAN-AMERICAN	252	23	11	50	8	35	10	33	8	21	7	33	9	41	305	25	195	26
	HISPANIC	103	10	3	14	1	4	5	17	4	11	2	10	0	0	118	10	91	12
	ASIAN/PACIFIC	6	1	0	0	2	9	0	0	0	0	0	0	0	0	8	1	5	1
	NATIVE AMERICAN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
	MULTIRACE	32	3	0	0	1	4	3	10	1	3	0	0	0	0	37	3	32	4
AGE (YEARS)	< 13	16	1	0	0	0	0	0	0	0	0	1	5	0	0	17	1	15	2
	13 – 19	32	3	2	9	2	9	1	3	3	8	0	0	2	9	42	3	30	4
	20 – 29	282	26	3	14	7	30	11	37	18	47	7	33	8	36	336	27	235	31
	30 – 39	370	34	8	36	4	17	10	33	7	18	4	19	6	27	409	33	224	30
	40 – 49	257	24	3	14	2	9	8	27	5	13	4	19	2	9	281	23	168	22
	Over 49	120	11	6	27	8	35	0	0	5	13	5	24	4	18	148	12	77	10
MODE OF TRANSMISSION	MEN SEX W/MEN (MSM)	446	41	8	36	7	30	19	63	21	55	9	43	7	32	517	42	288	38
	INJECTION DRUG USE (IDU)	237	22	3	14	3	13	2	7	0	0	0	0	4	18	249	20	133	18
	MSM AND IDU	75	7	0	0	0	0	0	0	1	3	1	5	2	9	79	6	45	6
	COAGULATION DISORDER	15	1	0	0	0	0	0	0	0	0	0	0	0	0	15	1	1	0
	HETEROSEXUAL CONTACT	194	18	6	27	11	48	8	27	7	18	3	14	3	14	232	19	176	23
	TRANSFUSION	10	1	0	0	0	0	0	0	0	0	0	0	0	0	10	1	0	0
	ALL PEDIATRIC	16	1	0	0	0	0	0	0	0	0	1	5	0	0	17	1	15	2
	UNDETERMINED/OTHER	84	8	5	23	2	9	1	3	9	24	7	33	6	27	114	9	91	12
COUNTY	CAMERON	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CLARION	25	2	2	9	0	0	0	0	1	3	0	0	1	5	29	2	22	3
	CLEARFIELD	96	9	1	5	1	4	6	20	4	11	1	5	3	14	112	9	72	10
	CRAWFORD	98	9	5	23	0	0	2	7	1	3	4	19	3	14	113	9	71	9
	ELK	10	1	0	0	0	0	0	0	1	3	0	0	1	5	12	1	8	1
	ERIE	483	45	10	45	14	61	12	40	15	39	14	67	9	41	557	45	348	46
	FOREST	14	1	0	0	0	0	0	0	0	0	0	0	0	0	14	1	12	2
	JEFFERSON	24	2	0	0	0	0	0	0	1	3	0	0	0	0	25	2	15	2
	LAWRENCE	87	8	0	0	3	13	5	17	5	13	0	0	3	14	103	8	57	8
	MCKEAN	46	4	2	9	2	9	1	3	0	0	1	5	0	0	52	4	27	4
	MERCER	118	11	2	9	2	9	4	13	7	18	0	0	1	5	134	11	74	10
	VENANGO	44	4	0	0	1	4	0	0	2	5	1	5	1	5	49	4	21	3
	WARREN	32	3	0	0	0	0	0	0	1	3	0	0	0	0	33	3	22	3

The table below depicts the trend in confirmed cases of pediatric HIV disease and the number of children who were perinatally exposed to HIV from 2006 through 2017. Pediatric HIV disease (i.e., cases diagnosed before age 13) has been nearly eliminated in Pa., with just a single case reported in 2017. This single case was exposed and born outside the United States. The number of children born to HIV positive women has also declined since 2006.

Figure 5: Confirmed Cases of Pediatric HIV Disease and Perinatal HIV Exposure by Year of Diagnosis in Pa., 2006-2017



Citations

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