HIV/AIDS Epidemiological Profile: 2009 - 2013

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DEFINITIONS

All other counties
The category *all other counties* includes all counties in Nevada other than Clark and Washoe counties. This includes Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.

Age at diagnosis
Age at diagnosis is the age of the individual at the time he/she was diagnosed with HIV and/or AIDS.

Age at end of year
Age at end of year is calculated based on a person's date of birth, and is the person's age at the end of the report year. If the date of birth is incomplete or unknown, age at end of year cannot be calculated.

Cumulative deaths
The total number of deaths from the beginning of the epidemic through the end of the report year.

Deaths among persons living with HIV/AIDS
Deaths among persons living with HIV/AIDS may or may not have been due to HIV or AIDS. Deaths are counted for those persons whose current residence was Nevada at the end of the report year; therefore, cases that have died out of state may not be reflected in this data.

eHARS
Enhanced HIV/AIDS Reporting System; a document based data management system for tracking surveillance of HIV/AIDS.

HIV/AIDS surveillance
The systematic collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with a diagnosis of HIV infection and persons with a diagnosis of AIDS.

Morbidity
The occurrence of an illness, disease, or injury.

New HIV infections
The category *new HIV infections* includes persons newly diagnosed with HIV infection in Nevada (both living and deceased) and excludes persons who were diagnosed in another state but who currently live in Nevada. This category also includes persons who were newly diagnosed with HIV and AIDS in the same year. Thus, the categories *new HIV infections* and *new AIDS diagnoses* will duplicate case counts for the same report year and cannot be combined.

In addition, the category new HIV infections is based on diagnoses of HIV infection and does not include every person who has been infected with HIV. Many people do not get tested for HIV and cannot be included in surveillance statistics. Furthermore, a recent diagnosis may not reflect a new infection; an individual may be diagnosed with HIV many years after he/she was first infected.

New AIDS diagnoses
The category *New AIDS Diagnoses* includes persons newly diagnosed with AIDS in Nevada (both living and deceased) and excludes persons who were diagnosed in another state but who currently live in Nevada. This category also includes persons who were newly diagnosed with AIDS and HIV in the same year. Thus, the categories *new AIDS diagnoses* and *new HIV infections* will duplicate case counts for the same report year and cannot be combined.

The criteria for an AIDS diagnosis are: (1) a confirmed HIV infection and (2) either an AIDS-defining opportunistic infection or a CD4+ T-lymphocyte count of less than 200 cells/µL or percentage of less than 14.

Persons living with HIV (not AIDS)
This category includes persons currently living with HIV (not AIDS) in Nevada, based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV in Nevada.

Persons living with AIDS
This category includes persons currently living with AIDS in Nevada based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV or AIDS in Nevada.

Persons living with HIV/AIDS

This category includes the total number of persons currently living with HIV and/or AIDS in Nevada, based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV or AIDS in Nevada. The categories *persons living with HIV (not AIDS)* and *persons living with AIDS* are mutually exclusive and can be combined to calculate the total number of persons living with HIV/AIDS.

Race/Ethnicity

The collection of race/ethnicity data in HIV/AIDS surveillance follows the guidelines set forth by the Office of Management and Budget (OMB) in 1997.

Ethnicity: There are two ethnicity categories: Hispanic/Latino and not Hispanic/Latino. All persons who identified as Hispanic/Latino are classified as Hispanic/Latino regardless of their racial identification.

Race: There are four race categories: White, Black/ African American, Asian/Native Hawaiian/Pacific Islander (API), and American Indian/Alaska Native (AI/AN). The categories Asian, Native Hawaiian, and Pacific Islander were combined into the single category API due to their small population size in Nevada. Persons categorized by race were not Hispanic/Latino.

Rate

The rapidity at which a health event occurs as indicated by the number of cases per number of people during a specific time period. In this report, rates were calculated for the 12-month period per 100,000 population using population estimates from the Nevada State Demographer's Office.

Transgender

Persons whose gender identity, expression or behaviors are different from those typically associated with their assigned sex at birth. HIV/AIDS surveillance programs use two variables, *sex at birth* and *current gender identity*, to identify transgender individuals and commonly use the following gender categories:

Male to Female (MTF): An individual who was born as a male but currently identifies as a female.

Female to Male (FTM): An individual who was born as a female but currently identifies as a male.

Additional gender identity: Gender identities other than male, female, MTF, and FTM. For example, genderqueer, gender fluid, and bigender.

Transmission Category

The risk behavior associated with HIV transmission. A single person may have multiple exposures, so a hierarchy is used to select the risk factor that was most likely to cause HIV transmission. However, male-to-male sexual contact and injection drug use are equally likely to cause transmission, so males who report both of these behaviors are classified into a combined category. The primary transmission categories that have been identified are:

Male-to-male sexual contact (MSM): includes males with reported sexual contact with another male.

Injection drug use (IDU): includes persons who took non-prescribed drugs by injection, intravenously, intramuscularly, or subcutaneously.

Male-to-male sexual contact and injection drug use (MSM+IDU): includes males who reported both male-to-male sexual contact and injection drug use.

Heterosexual contact: includes persons who had heterosexual contact with an HIV-infected person, an injection drug user, or a person who has received blood products. For females only, history of heterosexual sex with a bisexual male constitutes a transmission category of heterosexual contact.

Perinatal transmission: includes infants who were infected during gestation, birth, or postpartum through breastfeeding to an HIV-infected mother.

Transfusion/Hemophilia: includes hemophilia and receipt of transfusions or transplants.

No Identified Risk / No Risk Reported (NIR/NRR): Persons who have no risk information reported by the provider or no risk factor was identified during an expanded investigation.

Small Counts: Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AI/AN	American Indian/Alaskan Native
API	Asian/Hawaiian/Pacific Islander
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CI	95% Confidence interval
eHARS	enhanced HIV/AIDS Reporting System
HIV	Human Immunodeficiency Virus
EPI	Epidemiology
IDU	injection drug use or injection drug user
MSM	male-to-male sexual contact or men who have sex with men
MSM+IDU	male-to-male sexual contact and injection drug use or men who have sex with men and use injection drugs
MTF	male to female
FTM	female to male
NIR	no identified risk
NRR	no reported risk
SB	senate bill
YRBS	Youth Risk Behavior Survey

TECHNICAL NOTES

Confidence Intervals (CI)

Lower and upper 95% and 96% confidence limit factors for rates are based on a Poisson variable of 1 through 99 deaths when counts are under 100.[1] Significance and non-significance is determined by overlap. Caution should be taken where CIs slightly overlap. Confidence limits included on the tables in the summary data table section of the profile were used to determine significance in the table and graph interpretations contained on pages four through thirty.

Relative Standard Error (RSE)

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

NA

The notation NA is used to represent cases where the data may not meet the criteria for reliability, data quality or confidentiality due to small counts or inability to calculate rates based on an equivalent population.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is primarily funded by the Centers for Disease Control and Prevention (CDC). However, various state programs may fund additional modules or questions. This is the largest telephone health survey in the world and is conducted in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The Nevada BRFSS surveys adults eighteen years of age or older: in 2011 - 5,493 adults were surveyed; in 2012 - 4,846 adults were surveyed and; in 2013 - 5,102 were surveyed. The BRFSS contains core questions that are asked in all states and territories allowing for national as well as state-to-state comparisons. In addition, optional modules are also available and state-specific questions may be added to address state-specific needs. The BRFSS is used to assess risk for chronic disease, identify demographic differences in health-related behaviors, address emerging health issues, evaluate public health policies and programs, assess special populations, and measure progress toward achieving state and national health objectives. Many states also use BRFSS data to support health-related legislative efforts. BRFSS information as well as survey results are available online at http://apps.nccd.cdc.gov/brfss/

1. Fay MP, Feuer EJ. Confidence intervals for directly standardized rates: a method based on the gamma distribution. Statistics in Medicine 1997;16(7):791–801.

EXECUTIVE SUMMARY

In 2013, there were 440 new HIV infections statewide, which is a substantial increase from the 360 new HIV infections in 2012. This increase is unusual and was most likely due to the unexpected closure of the Southern Nevada Health District building in April 2012 and the subsequent disruption in HIV testing services, causing fewer people to get tested and diagnosed. With this overall decline, there are unusual increases in the number of new HIV infections among many sub-populations, so it is important to consider how these events may affect new HIV infection trends.

At the end of 2013, a total of 9,114 persons were known to be living with HIV/AIDS in Nevada, over half (52%) of whom have been diagnosed with AIDS. Overall, the number of new HIV Infections, new AIDS cases, and deaths among persons living with HIV/AIDS has been steadily declining. Fewer people are becoming infected and people are living longer once they do become infected. Although many advances have been made in HIV/AIDS prevention and care, geographic, sex, age, and racial/ethnic disparities still exist within our state.

Of all the counties in Nevada, Clark County continues to have the highest morbidity of HIV/AIDS. In 2013, Clark County had the highest rate of new HIV infections (19.5 per 100,000 population) and rate of persons living with HIV/AIDS (387.1 per 100,000 population). In Washoe County, which is the next most populous county in Nevada, the rate of new HIV infections was 8.8 per 100,0000 population and the rate of persons living with HIV/AIDS was 216.2 per 100,000 population. Due to their small population size, the remaining counties in the state are grouped into the category *all other counties*. In 2013, the rate of new HIV infections in the all other counties region was only 3.3 cases per 100,000 population and the rate of persons living with HIV/AIDS was 121.2 per 100,000 population.

Males continue to be disproportionately affected by HIV/AIDS in Nevada. In 2013, 87% of newly diagnosed HIV infections were among males and 84% of persons living with HIV/AIDS were male. Furthermore, 76% of all newly infected persons had a transmission category of male-to-male sexual contact. Among males, Blacks and Hispanics had the highest rates of new infection (76.0 and 32.3 per 100,000 population, respectively).

Large racial/ethnic disparities exist within our state, especially among Blacks/African Americans. In 2013, the rate of new HIV infections among Blacks was over 4.7 times that of whites (51.2 vs. 10.7 per 100,000 population). This disparity is even greater for Black females, whose rate of new HIV infections was almost 12 times higher than that of White females (26.2 vs. 2.2 per 100,000 population). In addition, the rate of new HIV infections among Black youths (13-24 years) was nearly 5 times higher than that of White youths (34.5 vs. 7.2 per 100,000 population).

With regard to age, from 2009 to 2013 there have been substantial increases in the rate of new HIV infections among youth (13 to 24 years) and the 55 to 64 years age group, while other age groups have experienced declines during this same time period. The rate among 13 to 24 year olds increased from 15.8 per 100,000 population in 2009 to 24.0 per 100,000 population in 2013. The rate among 25 to 34 year olds increased from 33.5 per 100,000 population in 2009 to 40.7 per 100,000 population in 2013. The rate among 55 to 64 year olds increased from 6.5 per 100,000 population in 2009 to 9.1 per 100,000 population in 2013. While the other age groups either decreased or remained relatively the same during the same time period (2009-2013).

New to this report are sections on expanded behavioral risks and HIV/AIDS among transgender persons. These sections were developed in response to requests from individuals and agencies involved with HIV care and prevention, and it is hoped that they will help inform programming and policy.

Data on new HIV infections and new AIDS diagnoses presented in this report are from analyses of an August 2014 extract of the Nevada enhanced HIV/AIDS Reporting System (eHARS), and data on persons living with HIV/AIDS are from a February 2014 extract of the Nevada enhanced HIV/AIDS Reporting System (eHARS).

SOCIODEMOGRAPHIC CHARACTERISTICS OF NEVADA

Demographic Characteristics

Nevada is the seventh largest state (geographically) in the nation and it is comprised of 17 counties spread across 110,540 square miles. Nevada is a frontier state with a 2013 population estimate of almost 2.8 million (Nevada State Demographer) and is traditionally divided into three regions: Clark County (72.3% of the population), Washoe County (15.2% of the population), all others (12.5% of the population). It is the fifth fastest growing state in the nation. Approximately 81.1% of Nevada's land area is owned by the federal government with 67% administered by the Bureau of Land Management. The remaining 18.9% is under private ownership or state/local jurisdiction.

In 2013, the race/ethnicity composition of Nevada was 58.3% White, 26.5% Hispanic, 7.2% Black, 6.7% Asian/Pacific Islander, and 1.3% Native American or Alaska Native. Nevada is one of nine states to potentially become a minority-majority state as Nevada has a minority population of 41.7%. Over one-half of the population in Nevada was between the ages of 25 and 64 (52.8%), another one-third was between the ages of 0 and 24 (35.5), while the remaining 12.7% of population was age 65 and older. Just over half of the population (50.5%) is male with the remaining 49.5% female.[1]

Socioeconomic Status

In 2012, the average annual pay in Nevada was $46,716, ranking 32nd in the nation. The median household income was $54,083, ranking 32nd in the nation.[3] Nevada ranks 31st in the country for persons living below the poverty level. Just over sixteen percent of the population of Nevada's population was living below the poverty level in 2012. The poverty rates per county ranged from 8.6 in Storey County to 20.5 in Pershing County.[5] According to the U.S. Census Bureau, 22.2% of Nevada's population of 25 years and older has a bachelor's degree or higher and 84.4 % of Nevada's population is a high school graduate or higher.[3] According to the 2012 American Community Family Survey, 57% of Nevada's population 16 and over were employed. Also, an estimated 24% of children under 18 were below poverty level.[4]

Health Status

In 2013, the United Health Foundation ranked Nevada 37th in the nation based on 15 health indicators. Nevada's strengths are low levels of air pollution at 9.1 micrograms of fine particulate per cubic meter, a low rate of preventable hospitalizations with 57.3 discharges per 1,000 Medicare enrollees and a low infant mortality rate at 5.7 deaths per 1,000 live births. Some of the challenges are low immunization coverage with 65.3% of children ages 19 to 35 months receiving complete immunizations.[6] Nevada also had the lowest rate (50%) of adults receiving the flu vaccine in the country.[7] Nevada has a low public health funding at $37 per person and high geographic disparity within the state at 19.1%. Nevada ranks 32nd among states for premature death (years lost per 100,000 population).[6]

In 2013, Nevada had a higher rate of uninsured residents than the national average, at 23.0% compared to 15.6%. The percentage of government funded insurance is lower in Nevada than the national average. By race/ethnicity, Hispanics had the highest uninsured rate with 35% according to the Kaiser State Health Facts report. According to the United State Census 2012 Statistical Abstract, Nevada ranked 47th in the nation for doctors per 100,000 resident population in 2009 (most recent data).[7] Twelve of Nevada's counties have areas or population groups within county lines that are considered to be Primary Medical Care Health Professional Shortage areas.[8]

1. **Please note: Rates were calculated using the Interim 2013 Population Estimates which are based on 2013 Population Estimates. Updated June 2013, by the Nevada State Health Division, Bureau of Health Planning and Statistics, based on the 2013 Total Population Estimates provided by the Nevada State Demographer, June 2013.
2. U.S. Census Bureau: *2012 American Community Survey*. (2014, July). Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_NP01&prodType=narrative_profile
3. U.S. Census Bureau: *Community Facts*. (2014, July). Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml
4. University of New Mexico: Bureau of Business & Economic Research: *Per capita personal income by state*. (2013, April). Retrieved from http://bber.unm.edu/econ/us-pci.htm
5. USDA Economic Research Service: *Percent of Total Population in Poverty, 2012 Nevada*. (2014, June). Retrieved from http://ers.usda.gov/data-products/county-level-data-sets/poverty.aspx?reportPath=/State_Fact_Sheets/PovertyReport&fips_st=32#.U7W_B_ldVHU
6. United Health Foundation: *America's health rankings Nevada*. (2014, July). Retrieved from http://www.americashealthrankings.org/CustomReport
7. The Henry J. Kaiser Family Foundation: *State Health Facts*. (2014, July). Retrieved from http://kff.org/statedata/?state=NV
8. U.S. Department of Health and Human Services: *Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations*. (2014, July). Retrieved from http://hpsafind.hrsa.gov/

OVERVIEW OF HIV/AIDS IN NEVADA

Historical Trends

Figure 1 *| Persons Living with HIV/AIDS, New HIV Infections, New AIDS Diagnoses, and Deaths in Nevada, 1982-2013*

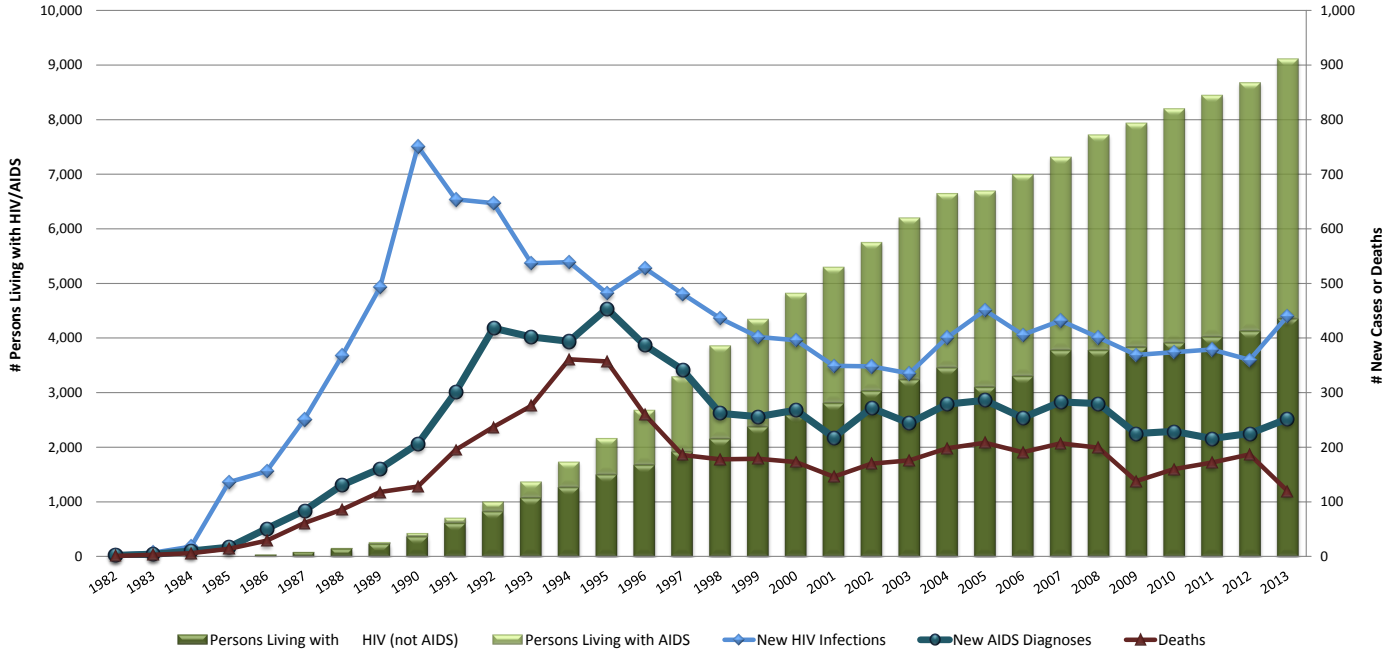


Table 1 *| Persons Living with HIV/AIDS, New HIV Infections, New AIDS Diagnoses, and Deaths in Nevada, 1982-2013*

Year	New HIV Infections		New AIDS Diagnoses		Persons Living with HIV (not AIDS)		Persons Living with AIDS		Persons Living with HIV/AIDS*		Deaths	Cumulative Deaths
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	N
1982	3	0.3	2	0.2	0	0.0	0	0.0	0	0.0	1	1
1983	7	0.8	4	0.4	1	0.1	0	0.0	1	0.1	3	3
1984	18	2.0	10	1.1	3	0.3	0	0.0	3	0.4	6	9
1985	136	14.2	17	1.8	7	0.7	2	0.2	10	1.0	14	23
1986	156	15.7	51	5.1	39	3.9	5	0.5	48	4.8	29	52
1987	251	24.3	84	8.1	85	8.2	8	0.8	101	9.8	61	113
1988	368	33.6	131	12.0	146	13.3	20	1.8	179	16.4	86	199
1989	493	42.4	161	13.9	237	20.4	38	3.3	295	25.4	118	317
1990	751	60.8	206	16.7	372	30.1	68	5.5	470	38.0	128	445
1991	654	49.6	301	22.8	616	46.7	104	7.9	767	58.1	195	640
1992	647	47.2	418	30.5	828	60.4	186	13.6	1,074	78.3	237	877
1993	537	37.5	402	28.1	1,080	75.4	302	21.1	1,457	101.8	276	1,153
1994	539	35.3	394	25.8	1,273	83.4	470	30.8	1,826	119.7	361	1,514
1995	482	29.9	454	28.2	1,505	93.4	671	41.6	2,269	140.8	357	1,871
1996	528	31.1	387	22.8	1,682	99.2	1,008	59.4	2,789	164.4	260	2,131
1997	481	26.9	342	19.1	1,924	107.5	1,379	77.0	3,410	190.5	186	2,317
1998	436	23.3	262	14.0	2,158	115.3	1,712	91.5	3,985	213.0	178	2,495
1999	402	20.7	256	13.2	2,383	122.4	1,971	101.3	4,476	230.0	179	2,674
2000	396	19.6	268	13.3	2,598	128.8	2,232	110.6	4,959	245.8	173	2,847
2001	349	16.4	218	10.3	2,812	132.2	2,493	117.2	5,437	255.7	146	2,993
2002	348	15.8	272	12.4	3,033	137.8	2,724	123.8	5,895	267.9	170	3,163
2003	335	14.6	244	10.7	3,245	141.7	2,962	129.3	6,349	277.1	176	3,339
2004	401	16.7	279	11.6	3,458	143.8	3,194	132.9	6,796	282.7	198	3,537
2005	451	18.0	286	11.4	3,104	123.7	3,594	143.2	6,822	271.8	208	3,745
2006	406	14.9	254	9.3	3,303	121.2	3,693	135.5	6,996	256.8	191	3,936
2007	432	15.9	283	10.4	3,779	139.0	3,537	130.1	7,316	269.1	207	4,143
2008	401	15.2	280	10.6	3,780	143.1	3,943	149.3	7,723	292.4	199	4,342
2009	369	13.8	225	8.4	3,834	143.2	4,104	153.3	7,938	296.4	138	4,480
2010	374	13.8	229	8.5	3,916	144.7	4,285	158.3	8,201	303.0	160	4,640
2011	379	13.9	216	7.9	4,020	147.7	4,429	162.7	8,449	310.4	172	4,812
2012	360	13.1	225	8.2	4,129	150.1	4,549	165.4	8,678	315.5	187	4,999
2013	440	15.9	252	9.1	4,356	157.0	4,758	171.4	9,114	328.4	120	5,119

**The number of persons living with HIV/AIDS equals the number of persons living with HIV (not AIDS) plus the number of persons living with AIDS.*

Overview of HIV/AIDS in Nevada

Figure 1: In 1982, the first HIV infection in Nevada was diagnosed. Since then, the number of persons living with HIV/AIDS has steadily increased while the number of new HIV infections, new AIDS diagnoses, and deaths has decreased. Fewer people are becoming infected, and people are living longer once they do become infected.

Table 1: In the last five years (2009 to 2013), the number of persons newly diagnosed with HIV infection increased 19%, from 369 to 440. From 2012 to 2013 there was a large increase in the number of new infections, whereas the number of new infections from 2011 to 2012 had a decline. It is believed that this decrease in 2012 is due to the closure of the Southern Nevada Health District main building in April 2012 and the subsequent disruption in testing services. With fewer people getting tested, fewer people who may have been infected were diagnosed.

The number of new AIDS diagnoses has also decreased during this time period, from 225 in 2009 to 252 in 2013. In addition, the rate of new AIDS diagnoses has also increased from 8.4 per 100,000 population in 2009 to 9.1 per 100,000 population in 2013.

In 2013, there were 4,356 persons living with HIV (not AIDS), 4,758 persons living with AIDS, and a total of 9,114 persons living with HIV/AIDS. Of the 9,114 persons living with HIV/AIDS at the end of 2013. The number of persons living with HIV (not AIDS) increased 13.6% from 2009 to 2013, and the number of persons living with AIDS increased 15.9% from 2009 to 2013. The rate of the number of persons living with HIV (not AIDS) has also increased from 143.2 per 100,000 population in 2009 to 157.0 per 100,000 population in 2013. The total number of persons living with HIV/AIDS in Nevada increased 14.8% from 7,938 in 2009 to 9,114 in 2013. The total number of persons living with HIV/AIDS rate has experienced a statistically significant increase from 296.4 per 100,000 population in 2009 to 328.4 per 100,000 population in 2013.

Since the beginning of the epidemic, 5,119 persons known to be living with HIV/AIDS in Nevada have died. In 2013 alone, there were 120 persons living with HIV/AIDS who died. In this report, cause of death is not specified; some of these deaths may have been due to HIV/AIDS related causes, while others may have been due to unrelated causes. Overall, the number of deaths among persons living with HIV/AIDS has been declining.

HIV/AIDS BY GEOGRAPHIC AREA

Figure 2| *Total Population, New HIV Infections, and Persons Living with HIV/AIDS in Nevada by County, 2013*

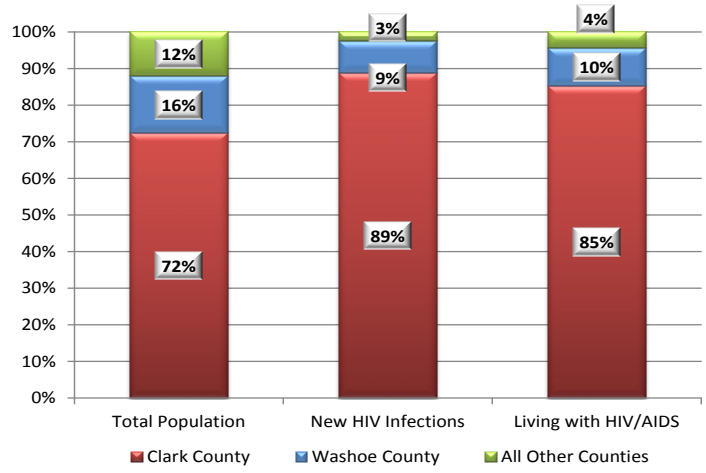
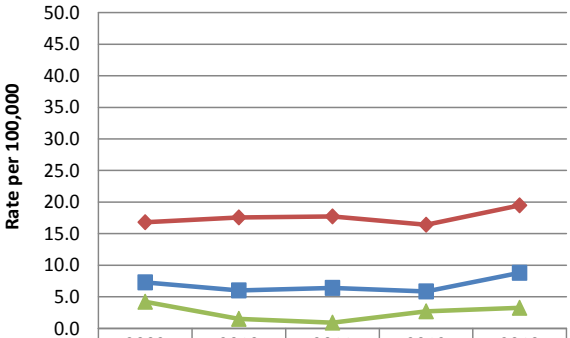


Figure 2: At the end of 2013, there were 2,775,216 persons living in Nevada. Nevada's population was concentrated in Clark County, with the next most populous county being Washoe County. The remaining counties in the state will be grouped together and referred to as *all other counties.* In 2013, 12% of Nevada's population resided in all other counties.

Clark County accounts for a disproportionate amount of new HIV infections and persons living with HIV/AIDS. In 2013, 89% of new HIV infections and 85% of persons living with HIV/AIDS were in Clark County, although only 72% of the total state population resided in Clark County.

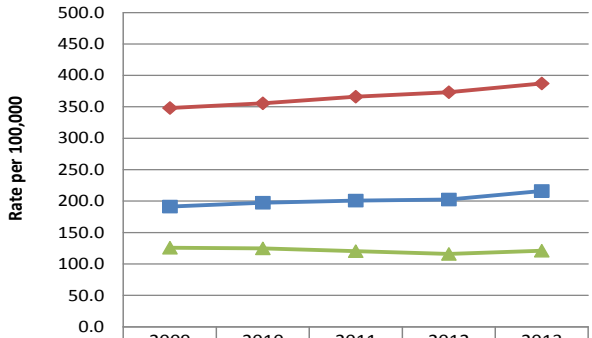
Figure 3| *Annual Rate of New HIV Infections in Nevada by County, 2009—2013*



	2009	2010	2011	2012	2013
Clark County	16.8	17.6	17.7	16.4	19.5
Washoe County	7.3	6.0	6.4	5.8	8.8
All Other Counties	4.2	1.5	0.9	2.7	3.3

Figure 3: In 2013, the rate of new infections in Clark County (19.5 per 100,000 population) was 2.2 times greater than that of Washoe County (8.8 per 100,000 population) and 5.9 times greater than that of all other counties (3.3 per 100,000 population). From 2009 to 2013, there has been a steady decline in the rate of new infections in Washoe County. From 2009 to 2011, the rate of new infections in Clark County has remained fairly stable but dropped to 15.6 per 100,000 population in 2012. This drop in 2012 was most likely due to the unexpected closure of the Southern Nevada Health District main building in April 2012 and disruption in testing services.

Figure 4| *Annual Rate of Persons Living with HIV/AIDS in Nevada by County, 2009—2013*



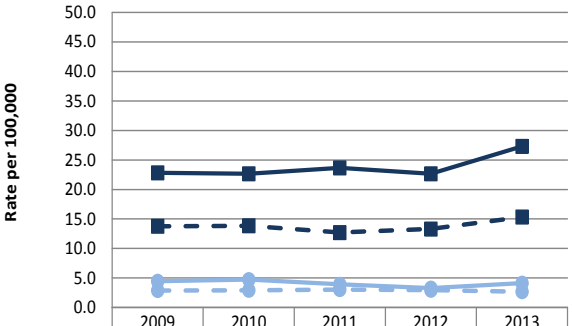
	2009	2010	2011	2012	2013
Clark County	348.2	355.5	366.0	373.4	387.1
Washoe County	191.4	197.4	200.9	202.5	216.2
All Other Counties	125.7	124.8	120.3	116.1	121.2

Figure 4: Clark County has the highest rate of people living with HIV/AIDS. In 2013, the rate in Clark County (387.1 per 100,000 population) was 1.8 times higher than the rate in Washoe County (216.2 per 100,000 population) and 3.2 times higher than the rate in all other counties (121.2 per 100,000 population). From 2009 to 2013, in Clark and Washoe Counties the rate of persons living with HIV/AIDS has increased. Clark County's increase was statistically significant. All other counties region the rate decreased. This increase in Clark and Washoe Counties suggests that HIV-positive individuals are living longer. The decrease in all other counties may be due to the decrease in new infections as well as fewer persons diagnosed with HIV elsewhere moving to this region.

HIV/AIDS AND SEX AT BIRTH

New HIV Infections and AIDS Diagnoses

Figure 5| *Annual Rate of New HIV Infections and New AIDS Diagnoses in Nevada by Sex, 2009– 2013*

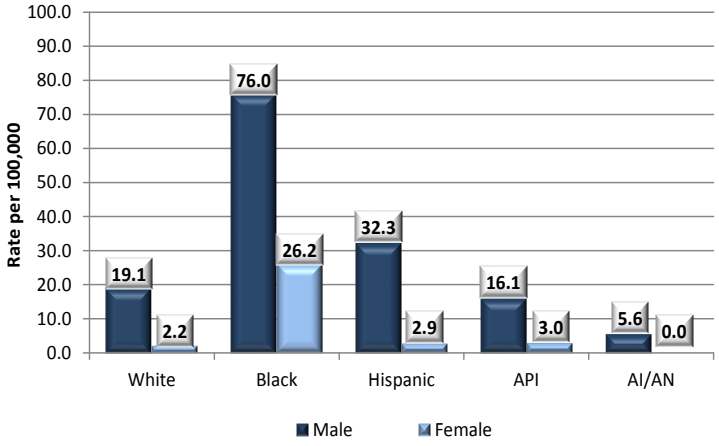


	2009	2010	2011	2012	2013
Male HIV Infection	22.8	22.7	23.7	22.6	27.3
Male AIDS Diagnoses	13.8	13.9	12.7	13.3	15.3
Female HIV Infection	4.5	4.7	3.9	3.3	4.2
Female AIDS Diagnoses	2.9	2.9	3.1	2.9	2.7

Figure 5: In 2013, the rate of new HIV infections among men (27.3 per 100,000 population) was 6.5 times that of women (4.2 per 100,000 population). Since 2009, the rate of new infections among males and females has experienced an increase.

The rate of new AIDS diagnoses among men is also significantly higher than that of women (15.3 vs. 2.7 per 100,000 population). The rate of new AIDS diagnoses among females has decreased over the last five years while the rate among males have increased.

Figure 6| *Annual Rate of New HIV Infections in Nevada by Sex and Race/Ethnicity, 2013**



**12 persons who identified as multi-racial in 2013 were not included in this figure.*

Figure 6: In 2013, rates of new HIV infections were highest among Blacks. The rate of new HIV infections among Black males (76.0 per 100,000 population) was 4.0 times higher than that of White males (19.1 per 100,000 population), and the rate of new HIV infections among Black females (26.2 per 100,000 population) was 11.9 times higher than that of White females (2.2 per 100,000 population). Hispanic and Asian/Hawaiian/Pacific Islander (API) males also experienced disparately high rates of new HIV infection (32.3 and 16.1 per 100,000 population, respectively).

Figure 7| *Annual Rate of New HIV Infections in Nevada by Sex and Age, 2013*

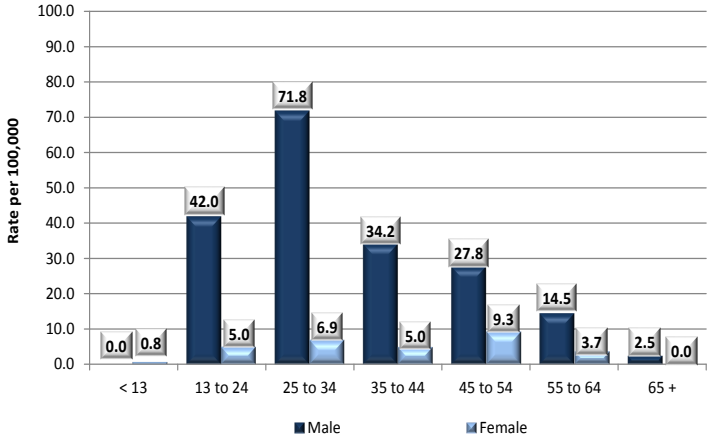


Figure 7: In 2013, among men, the highest rates of new HIV infections were among persons 25 to 34 years old (71.8 per 100,000 population), 13 to 24 years old (42.0 per 100,000 population), and 35 to 44 years old (34.2 per 100,000 population). New HIV infections among persons 25 to 34 years old are statistically significantly higher than any other age-group.

Among women, rates of new HIV infections were highest among persons 45 to 54 years old (9.3 per 100,000 population), and 25 to 34 years old (6.9 per 100,000 population). The age groups 35 to 44 years old and 13 to 24 years old were equal with a rate of 5.0 per 100,000 population.

Table 2| *New HIV Infections in Nevada by Sex and Transmission Category, 2009-2013*

Transmission Category	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Males										
MSM	264	85%	259	83%	271	83%	246	78%	293	77%
IDU	16	5%	15	5%	14	4%	11	3%	13	3%
MSM+IDU	17	5%	18	6%	18	6%	19	6%	30	8%
Heterosexual contact	6	2%	5	2%	9	3%	9	3%	16	4%
Perinatal exposure	0	0%	0	0%	1	0%	0	0%	0	0%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	7	2%	14	5%	13	4%	30	10%	31	8%
Subtotal	**310**	**100%**	**311**	**100%**	**326**	**100%**	**315**	**100%**	**383**	**100%**
Females										
IDU	6	10%	4	6%	5	9%	5	11%	5	9%
Heterosexual contact	51	86%	50	79%	28	53%	19	42%	32	56%
Perinatal exposure	0	0%	1	2%	2	4%	0	0%	3	5%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	2	3%	8	13%	18	34%	21	47%	17	30%
Subtotal	**59**	**100%**	**63**	**100%**	**53**	**100%**	**45**	**100%**	**57**	**100%**
Total	**369**	**100%**	**374**	**100%**	**379**	**100%**	**360**	**100%**	**440**	**100%**

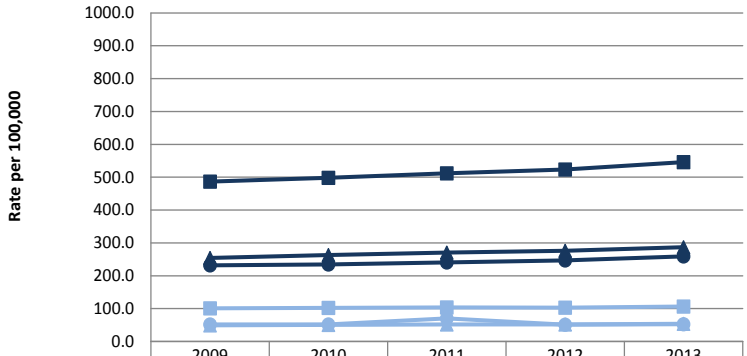
Table 2: From 2009 to 2013, male-to-male sexual contact (MSM) has been the transmission category accounting for more than 80% of new HIV infections among males. Over the past five years, the percentage of newly infected males with a transmission category of MSM and combined MSM and IDU has remained relatively stable. During this same time period, the percentage of males with a transmission category of injection drug use (IDU) has decreased from 5% to 3%.

Among females, heterosexual contact has been the most common transmission category. Although the percentage of females with this risk has decreased from 2009 to 2013, this is most likely due to more stringent risk ascertainment standards and not an actual decrease in heterosexual contact. Many of the cases that would have been assigned a risk of heterosexual contact did not meet the new risk ascertainment standards and thus were assigned as no identified risk/ no risk reported (NIR/NRR).

Since 2009, there have been few or no newly infected persons with a transmission category of perinatal exposure, which is most likely the result of SB 266. SB 266 was signed into law in 2007 and requires that HIV testing be provided to all pregnant women as part of routine prenatal care. This has resulted in more women being aware of their HIV status and providers appropriately treating HIV-positive pregnant women, thus decreasing HIV transmission. Persons in Table 2 who have a risk of perinatal exposure were born before 2007 and diagnosed several years after their birth. Their cases do not suggest poor implementation of SB 266.

Persons Living with HIV/AIDS

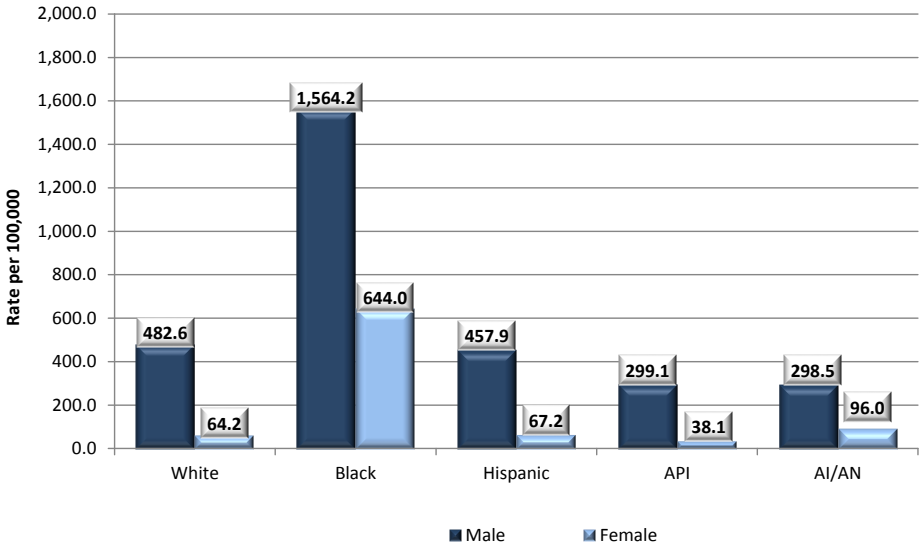
Figure 8| *Annual Rate of Persons Living with HIV/AIDS, HIV (not AIDS), and AIDS in Nevada by Sex, 2009– 2013*



	2009	2010	2011	2012	2013
Males living with HIV/AIDS	486.4	498.1	511.8	523.2	545.9
Males living with HIV (not AIDS)	231.8	234.6	241.0	247.0	259.2
Males living with AIDS	254.6	263.5	270.8	276.3	286.7
Female living with HIV/AIDS	100.9	102.6	104.0	103.1	106.3
Females living with HIV (not AIDS)	51.9	52.3	70.4	51.0	52.6
Females living with AIDS	49.0	50.3	51.9	52.0	53.7

Figure 8: For both males and females, the rate of persons living with HIV/AIDS has steadily increased. In 2013, the rate of males living with HIV/AIDS (545.9 per 100,000) was 5.1 times that of females (106.3 per 100,000). The rate of persons living with AIDS has also been increasing for both males and females. In 2013, the rate of males living with AIDS (286.7 per 100,000) was 5.3 times that of females (53.7 per 100,000). From 2009 to 2013 Males living with HIV/AIDS, Males, living with HIV (not AIDS) and Males living with AIDS experienced statistically significant increases.

Figure 9| *Annual Rate of Persons Living with HIV/AIDS in Nevada by Sex and Race/Ethnicity, 2013**



**105 persons living with HIV/AIDS at the end of 2013 who identified as multi-racial not included in this figure.*

Figure 9: For both males and females, the highest rate of persons living with HIV/AIDS was among Blacks. These rates were also statistically significant. The rate among Black males was 3.2 times that of White males (1,564.2 vs. 482.6 per 100,000 population), and the rate among Black females was nearly 10 times that of White females (644.0 vs. 64.2 per 100,000 population). The rates for both, Black males and females in 2013 are statistically significant.

The rates of persons living with HIV/AIDS was lowest among AI/AN and API. AI/AN males had a rate of 298.5 per 100,000 population, and AI/AN females had a rate of 96.0 per 100,000 population. API males had a rate of 299.1 per 100,000 population, and AI/AN females had a rate of 38.1 per 100,000 population.

Figure 10| *Annual Rate of Persons Living with HIV/AIDS in Nevada by Sex and Age, 2013*

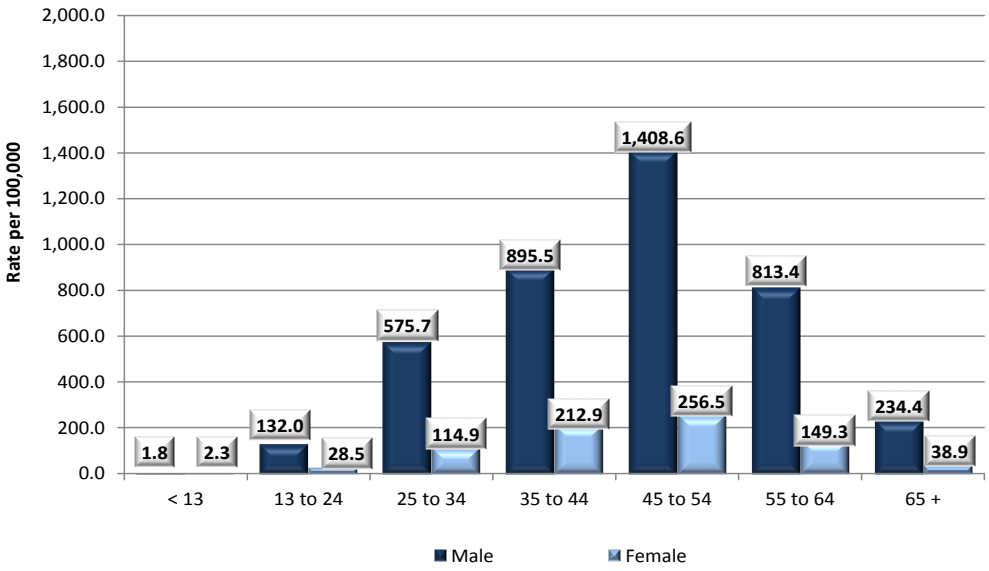


Figure 10: Among males, 45 to 54 year olds had the highest rate which was also statistically significant. Followed by, 35 to 44 year olds, who had the second highest rates of persons living with HIV/AIDS in Nevada (1,408.6 and 895.5 per 100,000 population, respectively).

Rates among females were similar to those of males. Females 45 to 54 years old had the highest rate of persons living with HIV/AIDS followed by females 35 to 44 years old in Nevada (256.5 and 212.9 per 100,000, respectively).

Table 3| *Persons Living with HIV/AIDS in Nevada by Sex and Transmission Category, 2009-2013*

Transmission Category	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Males										
MSM	4,878	74%	5,090	75%	5,297	75%	5,500	76%	5,793	76%
IDU	486	7%	496	7%	493	7%	485	7%	490	6%
MSM+IDU	507	8%	510	7%	526	7%	539	7%	579	8%
Heterosexual contact	246	4%	255	4%	259	4%	260	4%	281	4%
Perinatal exposure	27	0%	26	0%	30	0%	33	0%	33	0%
Transfusion/Hemophilia	7	0%	7	0%	7	0%	7	0%	7	0%
NIR/NRR	456	7%	448	7%	439	6%	453	6%	471	6%
Subtotal	**6,607**	**100%**	**6,832**	**100%**	**7,051**	**100%**	**7,277**	**100%**	**7,654**	**100%**
Females										
IDU	257	19%	253	18%	246	18%	242	17%	243	17%
Heterosexual contact	799	60%	839	61%	861	62%	850	61%	889	61%
Perinatal exposure	26	2%	31	2%	33	2%	32	2%	36	2%
Transfusion/Hemophilia	4	0%	4	0%	4	0%	3	0%	3	0%
NIR/NRR	245	18%	242	18%	254	18%	274	20%	289	20%
Subtotal	**1,331**	**100%**	**1,369**	**100%**	**1,398**	**100%**	**1,401**	**100%**	**1,460**	**100%**
Total	**7,938**	**100%**	**8,201**	**100%**	**8,449**	**100%**	**8,678**	**100%**	**9,114**	**100%**

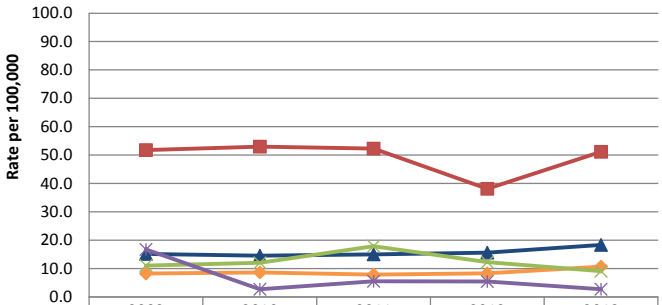
Table 3: In 2013, 76% of males living with HIV/AIDS had a transmission category of MSM. Since 2009, this has been the transmission category for 75% or more of males. In 2013, 6% of males living with HIV/AIDS had a transmission category of IDU, and another 8% of males had a transmission category of combined MSM and IDU. The percentage of cases with a transmission category of IDU or combined MSM and IDU has remained relatively stable since 2009.

From 2009 to 2013, heterosexual contact has been the most common transmission category for females living with HIV/AIDS, accounting for well over half of all cases. In 2013, IDU was the transmission category for 17% of females, and very few females had a transmission category of perinatal exposure or transfusion/hemophilia.

HIV/AIDS AND RACE/ETHNICITY

New HIV Infections

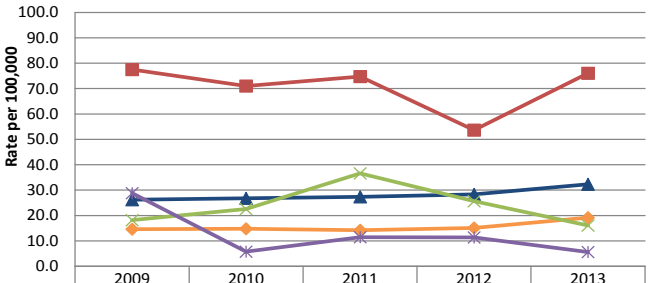
Figure 11| *Annual Rate of New HIV Infections in Nevada*



	2009	2010	2011	2012	2013
White	8.3	8.6	7.9	8.3	10.7
Black	51.8	53.0	52.3	38.1	51.2
Hispanic	15.1	14.6	15.0	15.6	18.4
API	11.1	12.1	17.9	12.3	9.1
AI/AN	16.8	2.8	5.5	5.5	2.7

**6 in 2009; 7 in 2010; 5 in 2011: 9 in 2012; and 13 in 2013 identified as multi-racial not included in this figure.*

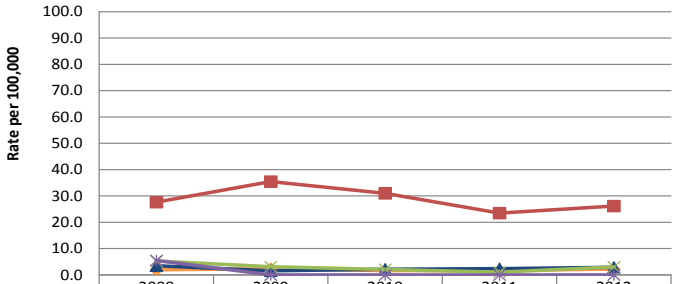
Figure 12| *Annual Rate of New HIV Infections among Males in Nevada by Race/Ethnicity, 2009– 2013**



	2009	2010	2011	2012	2013
White	14.6	14.8	14.2	15.1	19.1
Black	77.5	71.0	74.8	53.6	76.0
Hispanic	26.3	26.7	27.4	28.3	32.3
API	18.2	22.6	36.6	25.6	16.1
AI/AN	28.8	5.7	11.4	11.3	5.6

**5 in 2009; 5 in 2010; 4 in 2011; 9 in 2012; and 12 in 2013 identified as multi-racial are not included in this figure.*

Figure 13| *Annual Rate of New HIV Infections among Females in Nevada by Race/Ethnicity, 2009—2013**



	2008	2009	2010	2011	2012
White	1.9	2.4	1.6	1.6	2.2
Black	27.6	35.5	31.0	23.4	26.2
Hispanic	3.5	1.5	2.1	2.4	2.9
API	5.3	3.1	2.1	1.0	3.0
AI/AN	5.5	0.0	0.0	0.0	0.0

**1 in 2009; 2 in 2010; 1 in 2011; 0 in 2012; and 0 in 2013 identified as multi-racial are not included in this figure.*

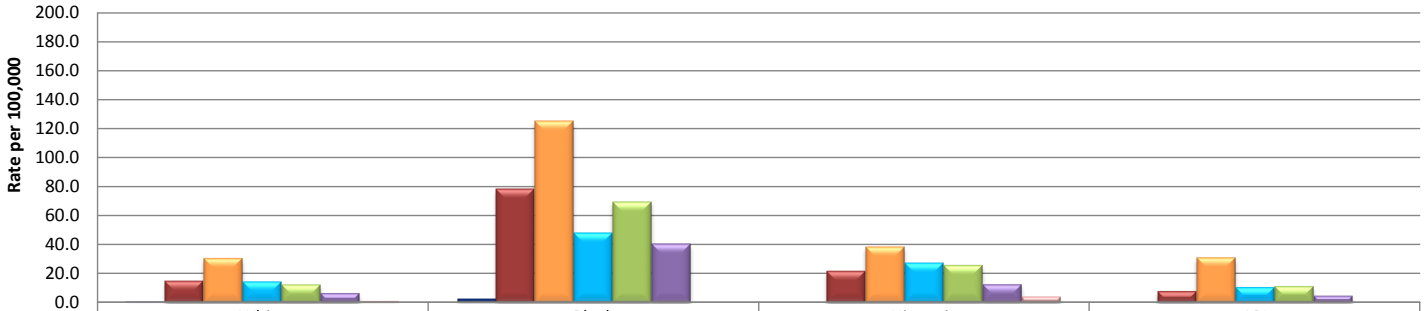
Figure 11: Large racial/ethnic disparities exist in Nevada. In 2013, the highest rate of new HIV infections was among Blacks (51.2 per 100,000 population) and was 4.8 times higher than the rate among Whites (10.7 per 100,000 population). The second highest rate was among Hispanics (18.4 per 100,000 population) followed by APIs (9.1 per 100,000 population).

From 2009 to 2013, the rate of new HIV infections increased among Blacks, Hispanics, and Whites, while the rate among APIs and AI/AN decreased. The rate among Blacks dropped suddenly in 2012, which may have been caused by the unexpected disruption in Southern Nevada Health District's testing services in 2012. Due to the small number of new infections, the rate among American Indians/Alaska Natives (AI/AN) has been unstable over the past five years.

Figure 12: Among males, the highest rates of new infections were among Blacks (76.0 per 100,000 population) and Hispanics (32.3 per 100,000). From 2009 to 2013, Hispanic (26.3 to 32.3 per 100,000 population) and White males (14.6 to 19.1 per 100,000 population) experienced an increase in the rate of new infections. During this same time period, there was a slight decrease in the rate of new infections among Black and API males. As discussed previously, the rate among Blacks decreased suddenly in 2012, and this decline may be due to disruptions in testing services. Due to the small number of new infections, the rate among AI/AN has been unstable over the past five years.

Figure 13: For all race/ethnicity groups, the rate of new infections among females has been much lower than that of males. However, the rate of new infections among Black females is alarmingly high. In 2013, the rate among Black females (26.2 per 100,000 population) was 12.0 times higher than that of White females (2.2 per 100,000 population). The rate among Black women decreased greatly in 2012, but this decrease was most likely due to unexpected disruptions in testing services. During this same time period, the rates among Hispanic and White females have also decreased, while rates among API and AI/AN females fluctuated greatly due to the small number of new infections in these populations.

Figure 14| *Rates of New HIV Infections by Age at Diagnosis and Race/Ethnicity, 2013**



	White	Black	Hispanic	API
<13	0.4	2.2	0.0	0.0
13 to 24	14.9	78.0	21.7	7.9
25 to 34	30.6	125.1	38.5	31.2
35 to 44	14.5	48.0	27.4	10.6
45 to 54	12.4	69.2	25.9	11.3
55 to 64	6.4	39.9	12.4	4.7
65+	1.1	0.0	3.8	0.0

**Multi-racial and AI/AN were not included in this figure. AI/AN not included due to the small number of new infections in this population.*

Figure 14: Rates in every age group for Blacks in 2013 are statistically significant. The rate of new infections for 25 to 34 year olds was ranked 1st for all race/ethnicity categories. While the 2nd and 3rd rankings varied by race/ethnicity. Overall, rates among older age groups steadily dropped lower after age 34, except for among Blacks aged 45 to 54 years old who experienced a sharp increase.

Transmission Category	White		Black		Hispanic		API		AI/AN		Multi-Race/ Other*	
	n	%	n	%	n	%	n	%	n	%	n	%
Males												
MSM	112	74%	56	73%	103	85%	12	95%	1	95%	9	100%
IDU	7	3%	2	2%	4	0%	0	0%	0	0%	0	0%
MSM+IDU	25	10%	0	0%	3	4%	0	0%	0	0%	2	0%
Heterosexual contact	3	2%	5	8%	7	0%	0	0%	0	0%	1	0%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	8	11%	13	17%	8	11%	2	5%	0	5%	0	0%
Subtotal	**155**	**100%**	**76**	**100%**	**125**	**100%**	**14**	**100%**	**1**	**100%**	**12**	**100%**
Females												
IDU	4	27%	0	5%	1	0%	0	0%	0	0%	0	0%
Heterosexual contact	9	27%	13	18%	8	38%	2	100%	0	100%	0	0%
Perinatal exposure	1	0%	2	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	4	45%	11	77%	1	63%	1	0%	0	0%	0	0%
Subtotal	**18**	**100%**	**26**	**100%**	**10**	**100%**	**3**	**100%**	**0**	**100%**	**0**	**0%**
Total	**173**	**100%**	**102**	**100%**	**135**	**100%**	**17**	**100%**	**1**	**100%**	**12**	**100%**

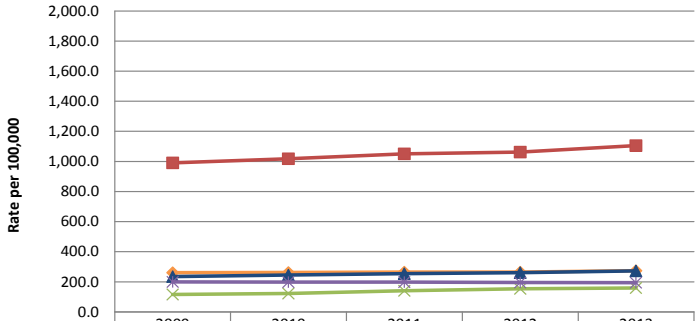
**Multi-racial/other includes persons who identified as multi-racial, other race, or AI/AN. These were combined due the small number of new infections in these populations.*

Table 4: For all race/ethnicity MSM was the transmission category for the majority of new HIV infections. The percentage of males with a transmission category of heterosexual contact was highest among Black males (8%).

Among females, the most common transmission category for all race/ethnicity groups was heterosexual contact. White and Hispanic females were the only groups who reported IDU as a transmission risk.

Persons Living with HIV/AIDS

Figure 15| *Annual Rate of Persons Living with HIV/AIDS in Nevada by Race/Ethnicity, 2009– 2013**

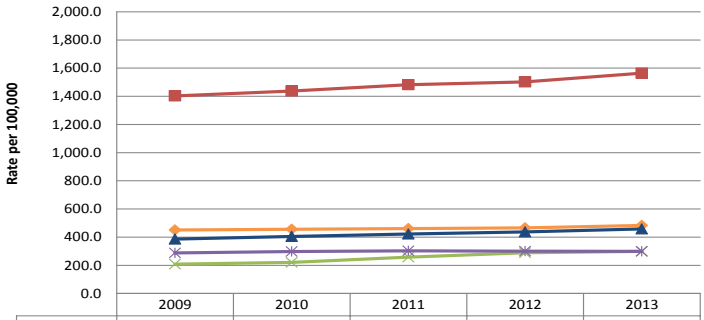


	2009	2010	2011	2012	2013
White	260.3	261.8	264.0	265.1	274.0
Black	990.1	1,018.0	1,050.5	1,062.3	1,105.5
Hispanic	234.9	245.2	253.9	260.6	272.7
API	115.6	122.2	140.1	153.3	159.5
AI/AN	199.9	198.7	197.7	195.9	194.5

**31 in 2009; 45 in 2010; 54 in 2011; 80 in 2012; and 105 in 2013.*

Figure 15: As with new HIV infections, in 2013 the highest rate of persons living with HIV/AIDS was among Blacks (1,105.5 per 100,000 population). The second highest rate was among Whites (274.0 per 100,000 population), followed by Hispanics (272.7 per 100,000 population). From 2009 to 2013, the rate of persons living with HIV/AIDS has increased among all race/ethnicity groups except AI/AN. From 2009 to 2013 Blacks, Hispanics, and API have experienced statistically significant increases over the course of the 5 year period.

Figure 16| *Annual Rate of Males Living with HIV/AIDS in Nevada by Race/Ethnicity, 2009– 2013**

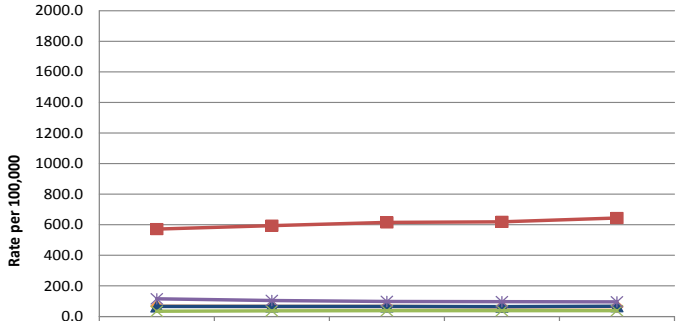


	2009	2010	2011	2012	2013
White	451.2	455.5	460.8	465.2	482.6
Black	1,402.8	1,437.1	1,482.0	1,502.4	1,564.2
Hispanic	386.1	405.0	422.5	437.0	457.9
API	208.8	220.0	257.5	289.4	299.1
AI/AN	288.3	298.3	302.9	300.4	298.5

**27 in 2009; 39 in 2010; 47 in 2011; 72 in 2012; and 93 in 2013.*

Figure 16: Among males, from 2009 to 2013, there were increases in the rate of persons living with HIV/AIDS among all race/ethnicity groups. In 2013, Black males, had the highest rate of persons living with HIV/AIDS (1,564.2 per 100,000 population), while API males had the lowest rate (298.5 per 100,000 population). From 2009 to 2013 White, Black, Hispanic, and API males have experienced statistically significant increases over the course of the 5 year period.

Figure 17| *Annual Rate of Females Living with HIV/AIDS in Nevada by Race/Ethnicity, 2009 – 2013**

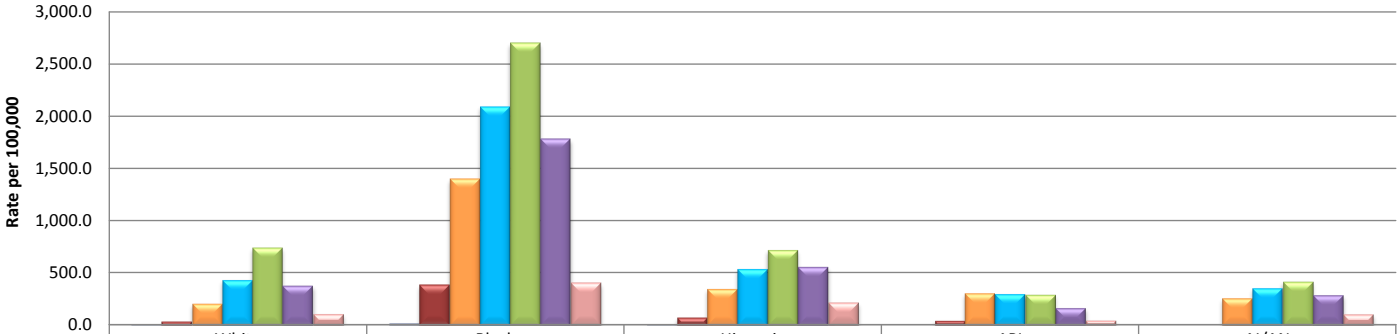


	2009	2010	2011	2012	2013
White	66.5	65.6	65.3	63.5	64.2
Black	571.4	593.5	615.0	618.8	644.0
Hispanic	65.0	66.1	65.9	64.4	67.2
API	34.8	37.2	38.0	38.5	38.1
AI/AN	115.5	103.8	97.8	96.8	96.0

**4 in 2009; 6 in 2010; 7 in 2011; 8 in 2012; and 12 in 2013.*

Figure 17: For all race/ethnicity groups, the rate of persons living with HIV/AIDS is much lower among females compared to males. In addition, all race/ethnicity groups except for Whites and AI/AN have experienced an increase in the rate of persons living with HIV/AIDS from 2009 to 2013. The rate among Black females is much higher compared to all other race/ethnicity groups, and has increased substantially from 2009 to 2013.

Figure 18| *Rate of Persons Living with HIV/AIDS by Age at End of Year and Race/Ethnicity, 2013**



	White	Black	Hispanic	API	AI/AN
<13	1.3	10.8	1.4	0.0	0.0
13 to 24	37.1	378.2	73.1	43.3	0.0
25 to 34	208.6	1,396.9	347.7	307.9	259.6
35 to 44	433.4	2,089.5	540.7	300.4	355.5
45 to 54	745.3	2,699.6	721.9	294.5	418.9
55 to 64	380.3	1,782.2	559.3	167.7	290.3
65+	105.9	400.0	215.1	45.3	104.4

**Data were not included for multi-racial persons in this figure. There were 80 multi-racial persons living with HIV/AIDS at the end of 2012.*

Figure 18: Age trends were fairly similar across all race/ethnicity groups. Among all race/ethnicity groups, rates were much lower among younger age groups and older age groups, with rates highest among persons 35 to 44 years old and 45 to 54 years old. The lowest rates were among persons less than 13, which may be due to the lack of new infections in this age group (Figure 19).

Table 5| *Persons Living with HIV/AIDS in Nevada by Race/Ethnicity and Transmission Category, 2013*

Transmission Category	White		Black		Hispanic		API		AI/AN		Multi-Race	
	n	%	n	%	n	%	n	%	n	%	n	%
Males												
MSM	2,972	76%	1,070	68%	1,412	80%	233	90%	39	74%	67	72%
IDU	261	7%	147	9%	72	4%	2	1%	4	8%	4	4%
MSM+IDU	371	9%	87	6%	88	5%	12	5%	7	13%	14	15%
Heterosexual contact	82	2%	112	7%	78	4%	5	2%	1	2%	3	3%
Perinatal exposure	9	0%	17	1%	7	0%	0	0%	0	0%	0	0%
Transfusion/Hemophilia	7	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	212	5%	131	8%	113	6%	8	3%	2	4%	5	5%
Subtotal	**3,914**	**100%**	**1,564**	**100%**	**1,770**	**100%**	**260**	**100%**	**53**	**100%**	**93**	**100%**
Females												
IDU	141	27%	73	11%	22	9%	2	5%	4	22%	1	8%
Heterosexual contact	273	53%	401	63%	166	71%	31	82%	10	56%	8	67%
Perinatal exposure	9	2%	22	3%	5	2%	0	0%	0	0%	0	0%
Transfusion/Hemophilia	2	0%	0	0%	0	0%	1	3%	0	0%	0	0%
NIR/NRR	93	18%	144	23%	41	18%	4	11%	4	22%	3	25%
Subtotal	**518**	**100%**	**640**	**100%**	**234**	**100%**	**38**	**100%**	**18**	**100%**	**12**	**100%**
Total	**4,432**	**100%**	**2,204**	**100%**	**2,004**	**100%**	**298**	**100%**	**71**	**100%**	**105**	**100%**

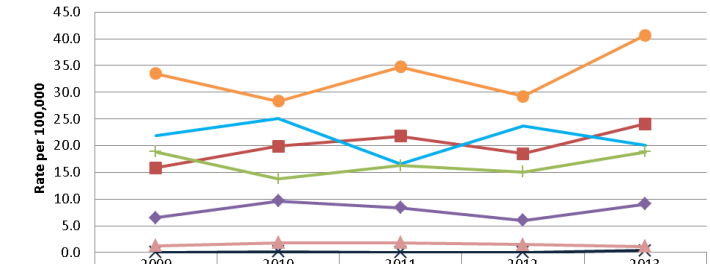
Table 5: For all race/ethnicity groups, MSM was the most common transmission category among males living with HIV/AIDS accounting for over 70% of the cases with the exception of the Black race/ethnicity group where it accounted for 68%. Blacks and AI/ANs had the highest percentage of males with a transmission category of IDU (9% and 8% respectively). The percentage of males with a transmission category of combined MSM and IDU was highest among multi-racial persons (15%) and AI/AN (13%).

Among females, the most common transmission category was heterosexual contact for all race/ethnicity groups. IDU varied across race/ethnicity groups, with the highest percentage among White females (27%) and AI/AN females (22%).

HIV/AIDS AND AGE

New HIV Infections

Figure 19| *Annual Rate of New HIV Infections in Nevada by Age at Diagnosis, 2009 – 2013*

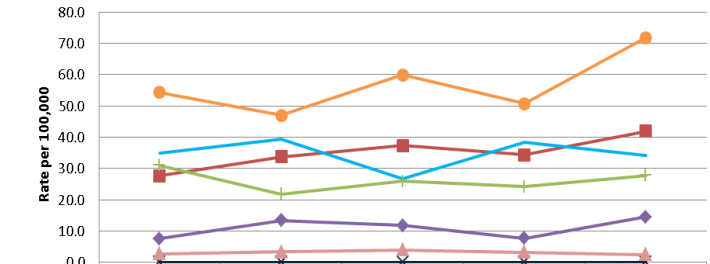


	2009	2010	2011	2012	2013
< 13	0.0	0.2	0.0	0.0	0.4
13 to 24	15.8	19.9	21.7	18.5	24.0
25 to 34	33.5	28.3	34.7	29.2	40.7
35 to 44	21.9	25.1	16.6	23.7	20.1
45 to 54	18.9	13.9	16.2	15.1	18.8
55 to 64	6.5	9.6	8.4	6.0	9.1
65 +	1.3	1.9	1.8	1.5	1.1

Figure 19: From 2009 to 2013, 13 to 24 year olds had the greatest increase in rate of new infections. The rate of new infections among 25 to 34 year olds came in second and those among the age group 55 to 64 years old came in third. The rate among the other age groups decreased or experienced little change.

From 2011 to 2012, all age groups except for 35 to 44 year olds experienced a decrease in the rate of new infections. This may have been due to the closure of Southern Nevada Health District's main building and disruptions in testing services.

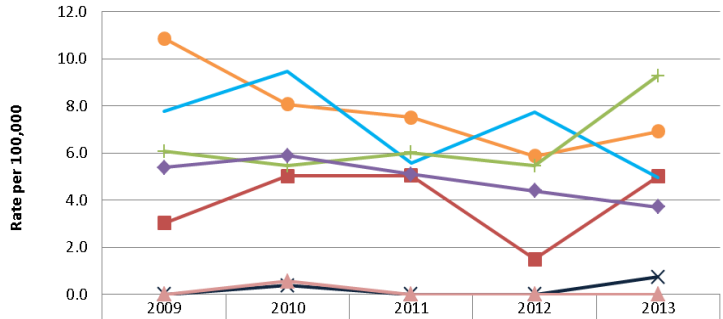
Figure 20| *Annual Rate of New HIV Infections among Males in Nevada by Age at Diagnosis, 2009 – 2013*



	2009	2010	2011	2012	2013
< 13	0.0	0.0	0.0	0.0	0.0
13 to 24	27.7	33.7	37.4	34.4	42.0
25 to 34	54.3	47.0	59.9	50.8	71.8
35 to 44	34.9	39.5	26.8	38.5	34.2
45 to 54	31.0	21.8	25.9	24.2	27.8
55 to 64	7.6	13.4	11.8	7.7	14.5
65 +	2.8	3.4	4.0	3.2	2.5

Figure 20: Among males, in 2013, the highest rates of new HIV infection were among persons 25 to 34 years old (71.8 per 100,000 population), followed by persons 13 to 24 years old (42.0 per 100,000 population). From 2009 to 2013, HIV infection rates increased among 13 to 24 year olds, 25 to 34 year olds, and 55 to 64 year olds. All other age groups have experienced a stable decline in the rate of new infections. In light of these declines, the increasing rates of new infections among males 13 to 24 years old, 25 to 34 year olds, and 55 to 64 year olds are especially alarming.

Figure 21| *Annual Rate of New HIV Infections among Females in Nevada by Age at Diagnosis, 2009 – 2013*



	2009	2010	2011	2012	2013
< 13	0.0	0.4	0.0	0.0	0.8
13 to 24	3.0	5.0	5.1	1.5	5.0
25 to 34	10.9	8.1	7.5	5.9	6.9
35 to 44	7.8	9.5	5.6	7.8	5.0
45 to 54	6.1	5.5	6.0	5.5	9.3
55 to 64	5.4	5.9	5.1	4.4	3.7
65 +	0.0	0.6	0.0	0.0	0.0

Figure 21: In 2013, 45 to 54 year old females had the highest rate of new infections (9.3 per 100,000 population) followed by 25 to 34 year olds (6.9 per 100,000 population). From 2009 to 2013, there has been a steady decline in the rate of new HIV infections among 25 to 34 year old females. The rate among other age groups has fluctuated over this time period, which is most likely due to the small number of new infections within each age group.

Table 6| *New HIV Infections by Age at Diagnosis and Transmission Category, 2013*

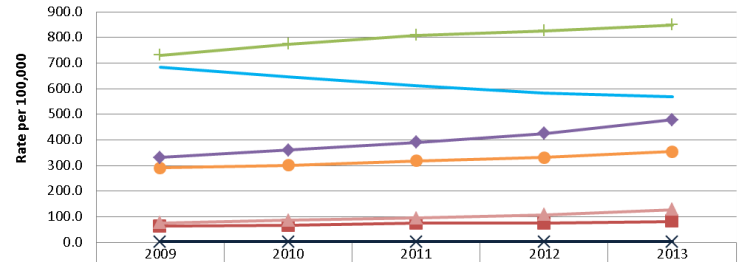
Transmission Category	<13		13 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Males														
MSM	0	0%	74	83%	119	82%	50	75%	38	70%	12	52%	0	0%
IDU	0	0%	1	1%	3	2%	1	1%	3	6%	4	17%	1	25%
MSM+IDU	0	0%	7	8%	13	9%	6	9%	1	2%	2	9%	1	25%
Heterosexual contact	0	0%	5	6%	3	2%	2	3%	5	9%	1	4%	0	0%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	0	0%	2	2%	8	5%	8	12%	7	13%	4	17%	2	50%
Subtotal	**0**	**0%**	**89**	**100%**	**146**	**100%**	**67**	**100%**	**54**	**100%**	**23**	**100%**	**4**	**100%**
Females														
IDU	0	0%	0	0%	0	0%	1	11%	3	18%	1	17%	0	0%
Heterosexual contact	0	0%	9	90%	8	62%	7	78%	7	41%	1	17%	0	0%
Perinatal exposure	2	100%	1	10%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	0	0%	0	0%	5	38%	1	11%	7	41%	4	67%	0	0%
Subtotal	**2**	**100%**	**10**	**100%**	**13**	**100%**	**9**	**100%**	**17**	**100%**	**6**	**100%**	**0**	**0%**
Total	**2**	**100%**	**99**	**100%**	**159**	**100%**	**76**	**100%**	**71**	**100%**	**29**	**100%**	**4**	**100%**

Table 6: For both males and females, the majority of new HIV infections are consolidated in between the ages of 13 to 64 years of age.

Among males, MSM was the transmission category for the majority of newly infected persons across all age groups. This percentage was much lower among males 55 to 64 years old (52%). The percentage of males with a transmission category of IDU was highest among males 45 to 54 years old (6%), while the percentage of males with a transmission category of combined MSM and IDU was highest among males 25 to 34 years old (6%) and 13 to 24 years old (6%).

Persons Living with HIV/AIDS

Figure 22| *Annual Rate of Persons Living with HIV/AIDS by Age at End of Year, 2009-2013**



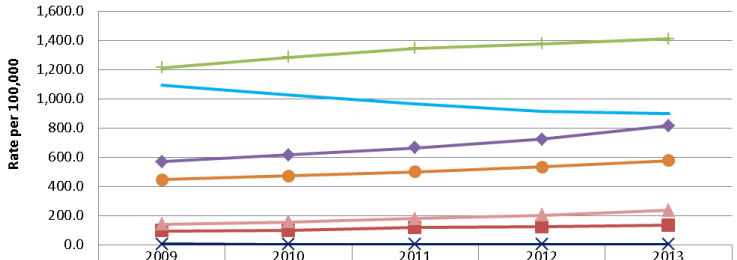
	2009	2010	2011	2012	2013
< 13	2.5	2.1	2.1	2.0	2.0
13 to 24	62.3	65.4	73.8	74.9	81.8
25 to 34	290.5	301.2	318.3	331.5	354.4
35 to 44	684.5	647.0	610.7	581.7	567.1
45 to 54	731.0	774.3	808.8	826.6	849.1
55 to 64	331.3	360.1	389.8	425.0	477.9
65 +	76.4	85.3	95.2	108.0	127.3

**The number of persons missing age at end of year was 61 in 2009, 59 in 2010, 58 in 2011, 58 in 2012, and 58 in 2013.*

The following figures report age at end of year. For additional information about how age at end of year is determined, refer to p. iii.

Figure 22: From 2009 to 2013, all age groups experienced an increase in the rate of persons living with HIV/AIDS except for persons less than 13 years old and persons 35 to 44 years old. For both age groups, these declines were most likely due to their decreases in number of new infections. There were large increases in the rates of persons living with HIV/AIDS among persons 45 years and older, which may be due to people living longer once they become infected and "aging" into these older age groups.

Figure 23| *Annual Rate of Males Living with HIV/AIDS by Age at End of Year, 2009– 2013**

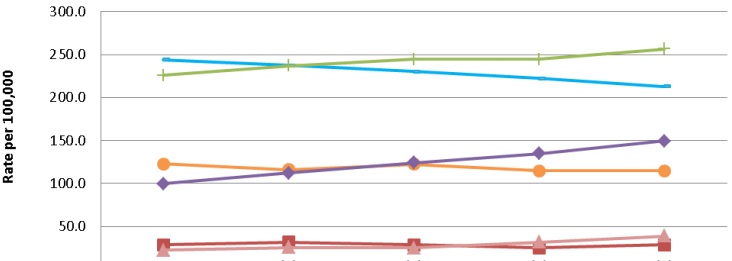


	2009	2010	2011	2012	2013
< 13	3.0	1.8	1.8	1.8	1.8
13 to 24	93.5	96.9	115.9	121.7	132.0
25 to 34	444.1	471.1	499.1	531.7	575.7
35 to 44	1,090.7	1,024.7	962.6	914.9	895.5
45 to 54	1,212.5	1,284.8	1,344.3	1,376.8	1,408.6
55 to 64	568.7	614.2	662.0	722.1	813.4
65 +	140.3	156.4	179.3	200.2	234.4

**The number of males missing age at end of year was 52 in 2009, 51 in 2010, 50 in 2011, 50 in 2012, and 50 in 2013.*

Figure 23: Among males living with HIV/AIDS, there was an increase in rates for all age groups except persons less than 13 years old and 35 to 44 years old. This was most likely due to the sharp decline in new infections in these two age groups. In 2013, the highest rates of persons living with HIV/AIDS were among males 45 to 54 years old (1,408.6 per 100,000 population) followed by males 35 to 44 years old (895.5 per 100,000 population).

Figure 24| *Annual Rate of Females Living with HIV/AIDS by Age at End of Year, 2009– 2013**



	2009	2010	2011	2012	2013
< 13	1.9	2.3	2.3	2.3	2.3
13 to 24	28.8	31.7	28.8	25.1	28.5
25 to 34	122.8	116.2	122.3	114.7	114.9
35 to 44	244.1	237.4	230.2	222.1	212.9
45 to 54	225.8	236.9	244.4	244.4	256.5
55 to 64	99.8	112.1	123.9	134.6	149.3
65 +	22.2	25.6	24.9	31.6	38.9

**The number of females missing age at end of year was 9 in 2009, 8 in 2010, 8 in 2011, 8 in 2012, and 8 in 2013.*

Figure 24: Overall trends from 2009 to 2013 among females show a decline in the rates of those in the 25 to 34 years old and 35 to 44 years old age groups living with HIV/AIDS. The rates increased in the age groups for those over the age of 45 living with HIV/AIDS during the same time period. The highest rates of females living with HIV/AIDS in 2013 were among persons 45 to 54 years old (256.6 per 100,000 population) and persons 35 to 44 years old (212.9 per 100,000 population).

Table 7| *Persons Living with HIV/AIDS by Age at End of Year and Transmission Category, 2013*

Transmission Category	<13		13 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65+	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Males														
MSM	0	0%	223	80%	986	84%	1,387	79%	2,007	73%	878	68%	276	74%
IDU	0	0%	1	0%	15	1%	73	4%	219	8%	149	12%	30	8%
MSM+IDU	0	0%	15	5%	84	7%	129	7%	237	9%	97	8%	16	4%
Heterosexual contact	0	0%	8	3%	32	3%	61	3%	110	4%	56	4%	14	4%
Perinatal exposure	5	100%	24	9%	4	0%	0	0%	0	0%	0	0%	0	0%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	1	0%	3	0%	2	0%	1	0%
NIR/NRR	0	0%	9	3%	49	4%	105	6%	158	6%	104	8%	36	10%
Subtotal	**5**	**100%**	**280**	**100%**	**1,170**	**100%**	**1,756**	**100%**	**2,734**	**100%**	**1,286**	**100%**	**373**	**100%**
Females														
IDU	0	0%	1	2%	17	8%	49	13%	105	22%	60	25%	8	11%
Heterosexual contact	0	0%	22	39%	130	60%	260	67%	278	59%	140	58%	58	77%
Perinatal exposure	5	83%	27	47%	4	2%	0	0%	0	0%	0	0%	0	0%
Transfusion/Hemophilia	0	0%	0	0%	1	0%	0	0%	2	0%	0	0%	0	0%
NIR/NRR	1	17%	7	12%	64	30%	78	20%	85	18%	41	17%	9	12%
Subtotal	**6**	**100%**	**57**	**100%**	**216**	**100%**	**387**	**100%**	**470**	**100%**	**241**	**100%**	**75**	**100%**
Total	**11**	**100%**	**337**	**200%**	**1,386**	**300%**	**2,143**	**400%**	**3,204**	**500%**	**1,527**	**100%**	**448**	**100%**

Table 7: For both males and females, there were very few differences in transmission categories across age groups. For both males and females, there was a higher proportion of persons with a transmission category of perinatal exposure among persons less than 13 years of age and persons 13 to 24 years old, which is to be expected for these age groups. The majority of the cases of persons living with HIV/AIDS are consolidated within the ages 35 to 64 year old (76%).

Among males, MSM was the transmission category for the majority of persons living with HIV/AIDS across all age groups. The percentage of males with a transmission category of injection drug use (IDU) was highest among males 55 to 64 years old (12%), while the percentage of males with a transmission category of combined MSM and IDU was highest among 45 to 54 year olds (9%) and 55 to 64 year olds (8%).

Among females, heterosexual contact was the transmission category for the majority of persons living with HIV/AIDS across all age groups. IDU was much higher among older age groups, with the highest proportion among females 55 to 64 (25%) and 45 to 54 years old (22%).

EXPANDED BEHAVIORAL RISKS

The majority of persons newly diagnosed with HIV in Nevada are interviewed by health department staff after their initial diagnosis. At this time, detailed information on their risk behaviors and the risk behaviors of their partners is collected. Typically individuals engage in a wide range of risk behaviors, but not all of these behaviors are conveyed in the standard risk categories used in surveillance reports.

Generally, Nevada and CDC HIV surveillance reports use the *transmission category* variable to display information on risk behaviors. This variable is calculated using a hierarchy to select the risk factor that was most likely to cause HIV transmission. The hierarchy is as follows:

1. Perinatal exposure
2. Transfusion/hemophilia
3. Male-to-male sexual contact (MSM)
4. Injection drug use (IDU)
5. MSM+IDU
6. Heterosexual contact with documented risk factor/HIV infection of partner
7. No identified risk/No risk reported (NIR/NRR)
    - Includes persons who report heterosexual contact with no documented risk factor/HIV infection of their partner(s)
    - Includes persons who reported no risks, most likely because they could not be interviewed

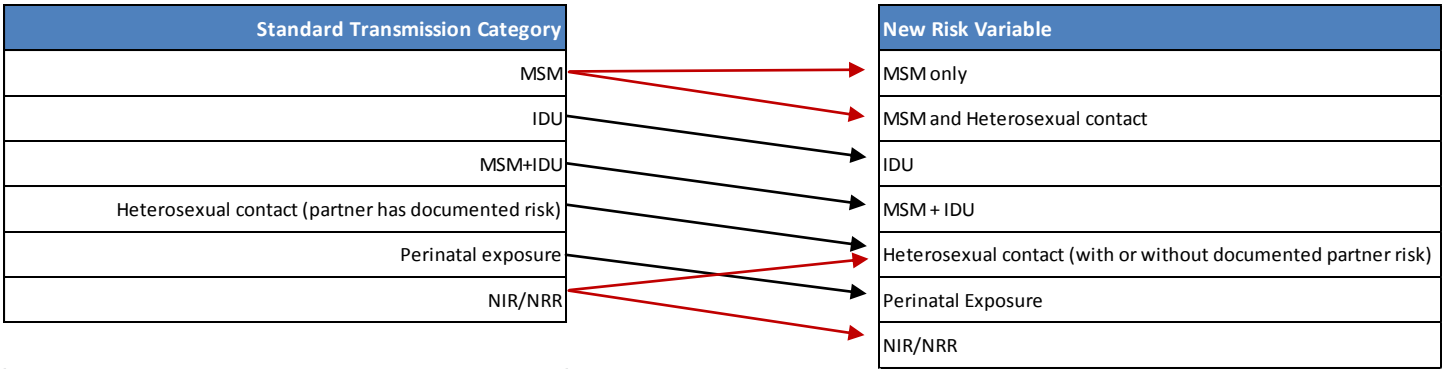
For individuals who report multiple risks, only their most likely mode of transmission is assigned as their transmission category. For example, men who report sexual contact with men as well as with women are only counted in the MSM category and not the heterosexual contact category.

In addition, this variable does not display all available information on heterosexual risk. In order to confirm heterosexual contact as the primary exposure mode, it must be confirmed that the case's partner is HIV-positive or engages in other high risk behaviors such as IDU and MSM. Persons who report heterosexual contact only, and whose partners have no documented risk or HIV infection, are considered to have no identified risk and are included in the "no identified risk" (NIR) category. Furthermore, the transmission category variable does not display the risk behaviors of the partners of heterosexual cases.

In light of these limitations, this section uses a new risk variable to better display the multiple risks persons engage in, as well as provide more information on heterosexual contact. This new variable provides information on men who engage in sex with both men and women and also groups heterosexual contact cases together, regardless of whether there is documented HIV infection/risk for their partner(s).

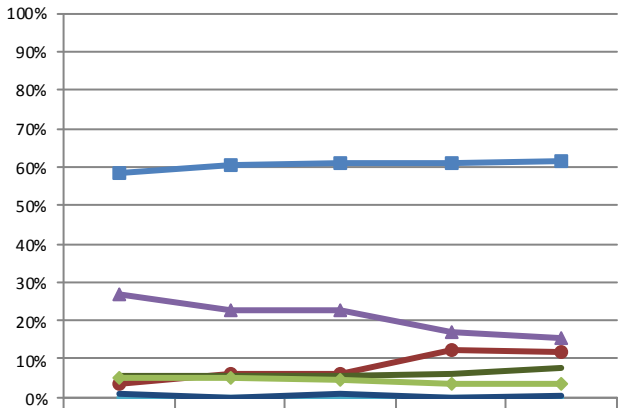
Figure 25 below shows the standard transmission category to the left, the new risk variable to the right, and how they correspond to each other. Black arrows indicate where categories directly correspond between the two variables, and red arrows indicate where a category corresponds to a new category or more than one category.

Figure 25| *Standard Transmission Category vs. New Risk Category*



Males Newly Diagnosed with HIV Infection

Figure 26| *Reported Risks of Males Newly Diagnosed with HIV, Percent of New HIV Infections, 2009 —2013*



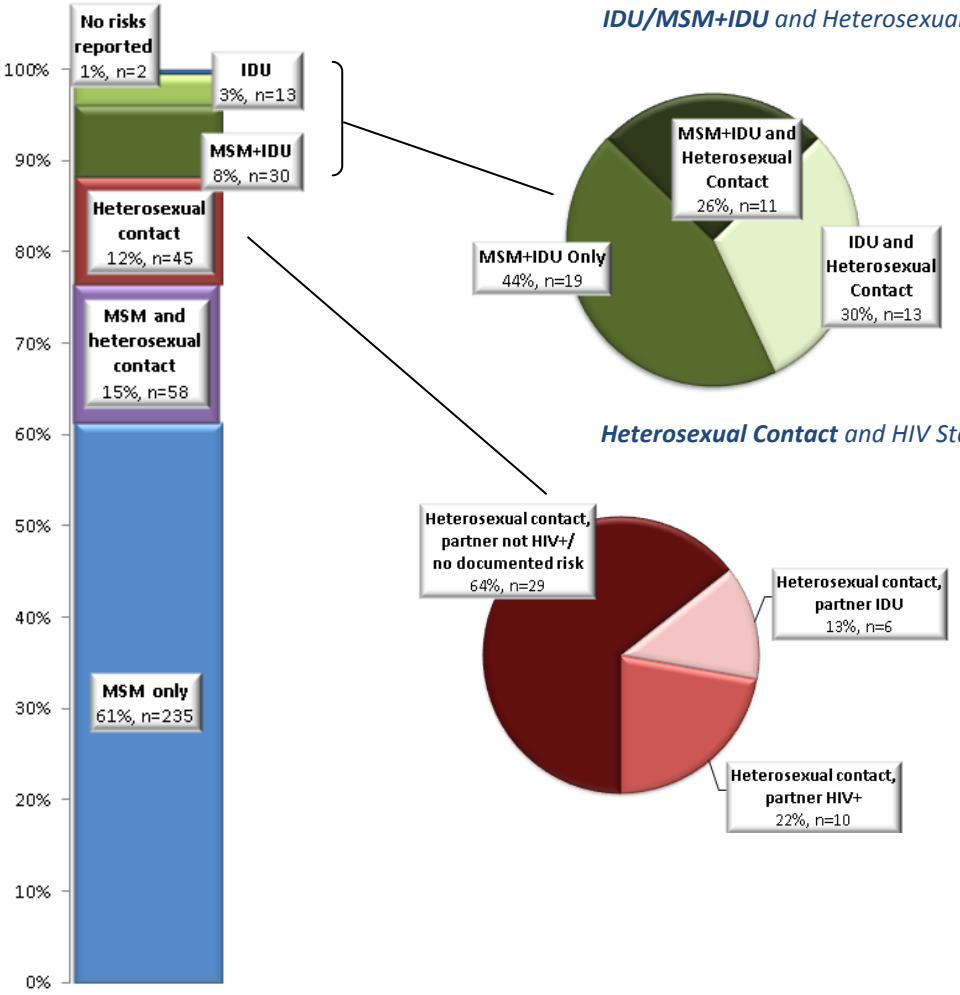
	2009	2010	2011	2012	2013
MSM only	58%	60%	61%	61%	61%
MSM and heterosexual contact	27%	23%	22%	17%	15%
Heterosexual contact	4%	6%	6%	12%	12%
MSM + IDU	5%	6%	6%	6%	8%
IDU with no reported MSM	5%	5%	4%	3%	3%
Perinatal exposure	0%	0%	0%	0%	0%
No risks reported	1%	0%	1%	0%	1%

Figure 26: From 2009 to 2013, the majority of males newly diagnosed with HIV reported a risk of MSM only, and the percentage of cases who reported only a risk of MSM increased from 58% in 2009 to 61% in 2013.

In 2013, 15% of males reported both MSM and heterosexual contact. The percentage of males reporting both of these risk behaviors has decreased from 27% in 2009 to 15% in 2013. Conversely, the percentage of newly diagnosed males reporting only heterosexual contact has increased from 4% in 2009 to 12% in 2013.

The percentage of males reporting both MSM and IDU has remained stable, while the percentage of males reporting only IDU has decreased from 5% in 2009 to 3% in 2013.

Figure 27| *Reported Risks of Males Newly Diagnosed with HIV, Percent of New HIV Infections, 2013*



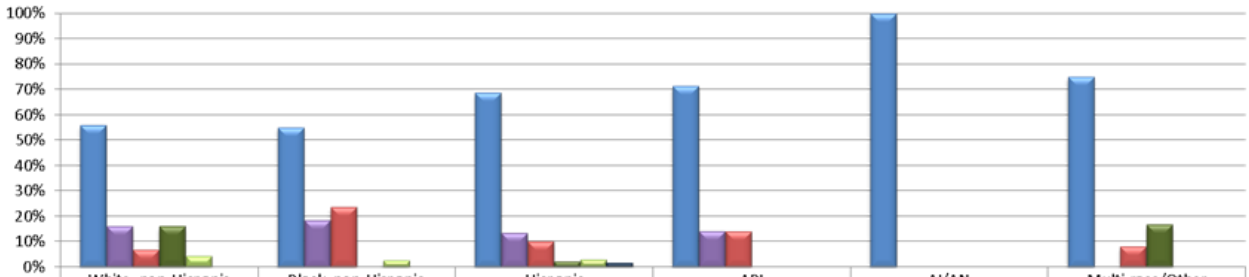
IDU/MSM+IDU *and Heterosexual Contact*

Of the 43 males who reported a risk of IDU or MSM+IDU, 44% reported MSM+IDU only and no heterosexual contact; 26% reported MSM+IDU and heterosexual contact; and 30% reported IDU and heterosexual contact. No cases reported only IDU.

Heterosexual Contact *and HIV Status/Risk of Partner*

Of the 45 males who reported a risk of heterosexual contact, the majority (64%) did not have a partner with a documented risk for HIV or HIV infection. Twenty-two percent had a partner who was HIV positive with no documented risk behaviors, and 13% had a partner who engaged in IDU.

Figure 28| *Reported Risks of Males Newly Diagnosed with HIV by Race/Ethnicity, Percent of New HIV Infections, 2013**

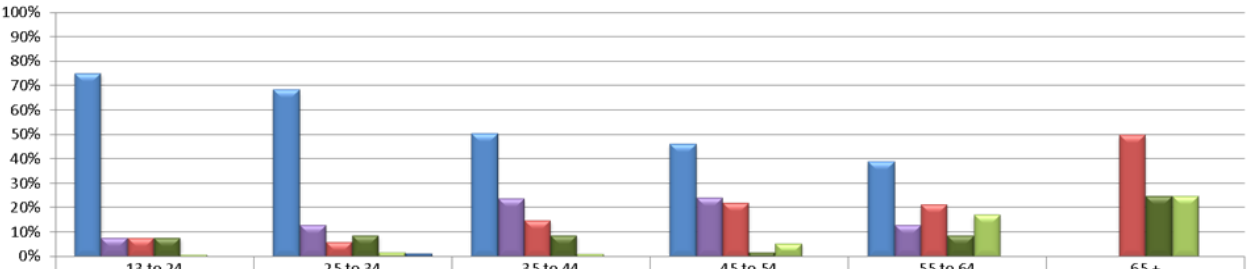


	White, non-Hispanic	Black, non-Hispanic	Hispanic	API	AI/AN	Multi-race/Other
MSM only	56%	55%	69%	71%	100%	75%
MSM and heterosexual contact	16%	18%	14%	14%	0%	0%
Heterosexual Contact	7%	24%	10%	14%	0%	8%
MSM+IDU	16%	0%	2%	0%	0%	17%
IDU	5%	3%	3%	0%	0%	0%
No risks reported	0%	0%	2%	0%	0%	0%

**Data for persons who identified as multi-racial and AI/AN were combined due to the small number of new infections and small size of these populations.*

Figure 28: MSM only accounted for the greatest percentage of cases among all race/ethnicity groups, the percentages ranging from 55% among Black, non-Hispanic males to 100% among API males. White, non-Hispanic males had the greatest percentage of cases who reported both MSM and heterosexual contact (16%), as well as MSM+IDU (16%) and IDU (5%). Black, non-Hispanic males reported the greatest percentage of cases of heterosexual contact only (24%).

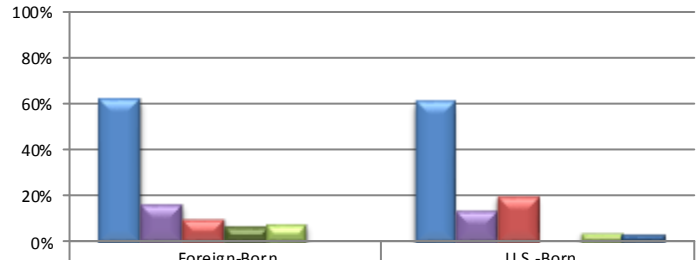
Figure 29| *Reported Risks of Males Newly Diagnosed with HIV by Age at Diagnosis, Percent of New HIV Infections, 2013*



	13 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 +
MSM only	75%	68%	51%	46%	39%	0%
MSM and heterosexual contact	8%	13%	24%	24%	13%	0%
Heterosexual Contact	8%	6%	15%	22%	22%	50%
MSM+IDU	8%	9%	9%	2%	9%	25%
IDU	1%	2%	1%	6%	17%	25%
No risks reported	0%	1%	0%	0%	0%	0%

Figure 29: A greater percentage of younger males reported only a risk of MSM, whereas a greater percentage of older males reported both MSM and heterosexual contact, IDU or heterosexual contact only. MSM+IDU varied between age groups.

Figure 30| *Reported Risks of Males Newly Diagnosed with HIV by Nativity, Percent of New HIV Infections, 2013**



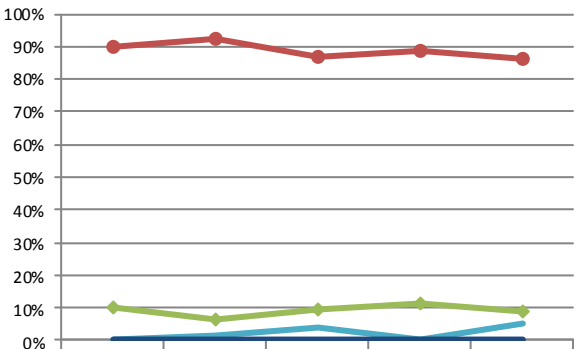
	Foreign-Born	U.S.-Born
MSM only	61%	60%
MSM and heterosexual contact	16%	14%
Heterosexual Contact	10%	19%
MSM+IDU	6%	0%
IDU	7%	4%
No risks reported	0%	3%

**5 persons missing information on nativity were not included in this figure.*

Figure 30: MSM accounted for the greatest percentage, over 60%, of cases among both foreign-born and U.S.-born males. A higher percentage of foreign-born males compared to U.S.-born males reported MSM+IDU (6% vs. 0%), and IDU (7% vs. 4%), whereas a lower percentage of foreign-born males compared to U.S.-born males reported heterosexual contact only (10% vs. 19%) and no risks reported (0% vs 3%). The percentage of foreign-born and U.S.-born males who reported MSM and heterosexual contact only was almost the same (16% vs. 14%).

Females Newly Diagnosed with HIV Infection

Figure 31| *Reported Risks of Females Newly Diagnosed with HIV, Percent of New HIV Infections, 2009 —2013*



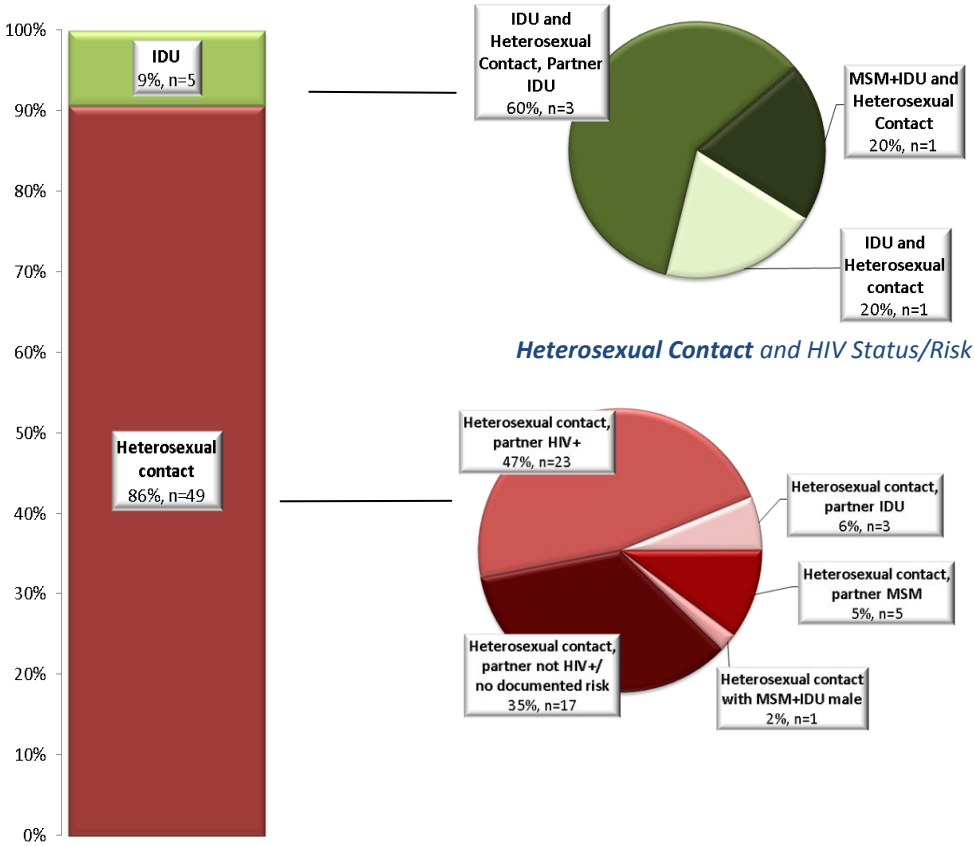
	2009	2010	2011	2012	2013
Heterosexual contact	90%	92%	87%	89%	86%
IDU	10%	6%	9%	11%	9%
Perinatal exposure	0%	2%	4%	0%	5%
no risks reported	0%	0%	0%	0%	0%

Figure 31: From 2009 to 2013, on average over 88% of females reported a risk of heterosexual contact. More detailed information on heterosexual risk is not shown in this figure as the methods for collecting the risks and HIV status of partners has changed over time. Changes in the risks and HIV status of partners would reflect changes in data collection practices and not changes in behaviors.

The percentage of females reporting IDU and perinatal exposure has fluctuated over the past 5 years due to the small number of new cases reporting this risk.

Figure 32| *Reported Risks of Females Newly Diagnosed with HIV, Percent of New HIV Infections, 2013*

***IDU** and Heterosexual Contact*

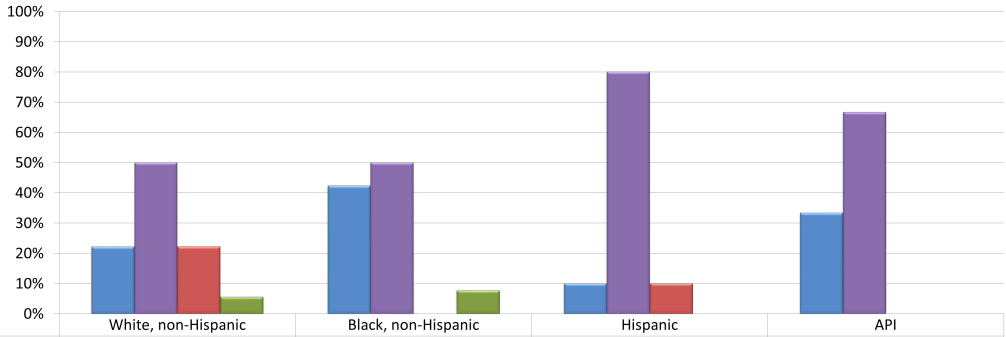


Of the 5 females who reported IDU, 3 reported both IDU and heterosexual contact, while both, heterosexual contact with a partner who also engaged in IDU and heterosexual contact with a partner who also engaged in IDU and MSM had one case each.

***Heterosexual Contact** and HIV Status/Risk of Partner*

Of the 49 females who reported a risk of heterosexual contact, the majority (47%) had a partner who was HIV positive. Thirty-five percent had a partner who had a partner not HIV positive nor had a documented risk behaviors, 6% had a partner who reported IDU, and 5% had a partner who reported MSM. While 2% had a partner who reported both MSM and IDU.

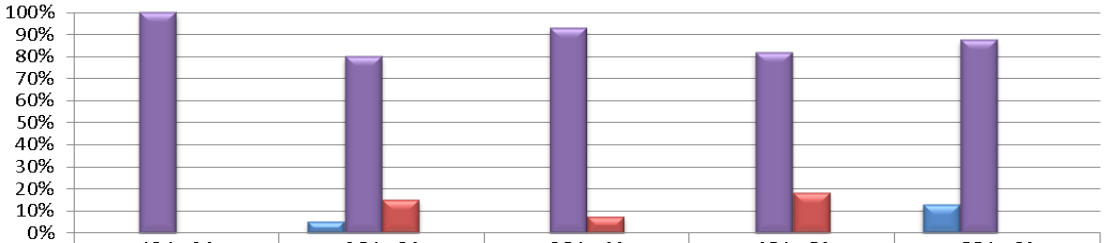
Figure 33| *Reported Risks of Females Newly Diagnosed with HIV by Race/Ethnicity, Percent of New HIV Infections, 2013*



	White, non-Hispanic	Black, non-Hispanic	Hispanic	API
Heterosexual contact (no documented HIV infection/risk of partner)	22%	42%	10%	33%
Heterosexual contact (documented HIV infection/risk of partner)	50%	50%	80%	67%
IDU	22%	0%	10%	0%
Perinatal Exposure	6%	8%	0%	0%

Figure 33: Across all race/ethnicity groups, the majority of women had a risk of heterosexual contact, with or without documented HIV infection or risk of their partner(s). Black females had the greatest percentage of cases who reported heterosexual contact with no information on HIV status or risk for their partner(s) (42%), whereas Hispanic women had the greatest percentage of cases who reported heterosexual contact with information on the HIV status or risks for their partner(s) (80%).

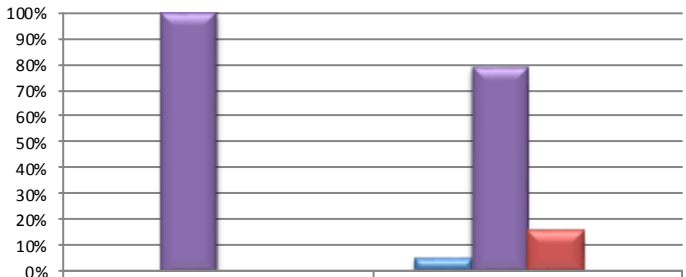
Figure 34| *Reported Risks of Females Newly Diagnosed with HIV by Age at Diagnosis, 2013*



	13 to 24	25 to 34	35 to 44	45 to 54	55 to 64
Heterosexual contact (no documented HIV infection/risk of partner)	0%	5%	0%	0%	13%
Heterosexual contact (documented HIV infection/risk of partner)	100%	80%	93%	82%	88%
IDU	0%	15%	7%	18%	0%
Perinatal Exposure	0%	0%	0%	0%	0%

Figure 34: Across all age groups, the majority of women had a risk of heterosexual contact, with a documented HIV infection or risk of their partner(s). Females twenty-five to fifty-four years of age accounted for 100% of the females reported IDU as a risk. Females 25 to 34 and 55 to 64 years of age were the only age groups to report a risk of heterosexual contact, without a documented HIV infection or risk of their partner(s).

Figure 35| *Reported Risks of Females Newly Diagnosed with HIV by Nativity, 2013*



	Foreign-born	U.S.-born
Heterosexual contact (no documented HIV infection/risk of partner)	0%	5%
Heterosexual contact (documented HIV infection/risk of partner)	100%	79%
IDU	0%	15%
Perinatal Exposure	0%	0%

Figure 35: The majority of both foreign-born and U.S.-born women had a risk of heterosexual contact, with a documented HIV infection or risk of their partner(s). A higher percentage of foreign-born women reported heterosexual contact with a documented HIV infection/risk of partner was higher than U.S.-born women (100% vs. 79%). No foreign-born women reported IDU whereas U.S.-born reported IDU for 15% of all U.S.-born cases.

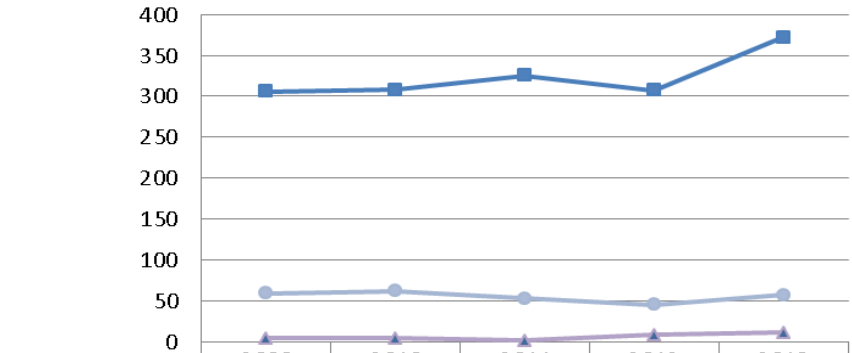
HIV/AIDS AMONG TRANSGENDER PERSONS

Transgender is an umbrella term that refers to people whose current gender identity does not conform to their assigned sex at birth. Information on transgender identities is not collected uniformly in national HIV surveillance data, so information on HIV infection in this population is limited. However, data from local health departments and research studies indicate that this population experiences a high morbidity of HIV. Based on data from CDC funded testing programs, in 2009, 2.6% of transgender individuals tested positive for HIV compared to only 0.9% of males and 0.3% of females.[1] In a review of studies on male-to-female (MTF) transgender women, Herbst et al.[2] estimated that 27.7% [95% CI: (24.8% — 30.6%)] of MTFs tested positive for HIV infection. Considering these findings, efforts to understand the impact of HIV on Nevada's transgender community are timely and important.

In accordance with CDC guidelines, Nevada's HIV counseling/testing and surveillance programs use a two question model to collect data on sex/gender.[2] One question asks sex at birth and the second asks current gender identity. Data on transgender gender identities has been collected for some time, but not robustly or uniformly. Therefore, in 2012 HIV program staff received additional training on how to more effectively collect information on gender status. It is important to consider that implementation of these practices are new, and that data presented in this section are most likely an underestimate of HIV morbidity in the transgender population.

New HIV Infections

Figure 36| *New HIV Infections in Nevada by Current Gender, 2009– 2013**



	2009	2010	2011	2012	2013
Transgender	4	4	1	8	11
Male	306	308	325	307	372
Female	59	62	53	45	57

Figure 36: Due to the small number of transgender persons newly infected with HIV, only limited data can be provided on new HIV infections in this population. From 2009 to 2013, of the 1,922 persons newly diagnosed with HIV in Nevada, 28 identified as transgender. The number of transgender persons newly diagnosed with HIV has increased over the past five years, suggesting that gender ascertainment practices are improving and more complete information on gender will be available in the future.

[1] Centers for Disease Control and Prevention. (2011). HIV among Transgender People: http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf

[2] Herbst, J.H. et al. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behavior 12(1):1-17.

[3] Sausa LA, Sevelius J, Keatley J, Iñiguez JR, Reyes M. (2009). Policy recommendations for inclusive data collection of trans people in HIV prevention, care & services. Center of Excellence for Transgender HIV Prevention: University of California, San Francisco: http://transhealth.ucsf.edu/pdf/data-recommendation.pdf

Persons Living with HIV/AIDS

Table 8| *Transgender Persons Living with HIV/AIDS in Nevada, 2009-2013*

	Total		Male to Female (MTF)		Female to Male (FTM)	
	N	%	n	%	n	%
Residence at Diagnosis						
Nevada	80	66%	56	62%	24	77%
Out of State	42	34%	35	38%	7	23%
Race/Ethnicity						
White, non-Hispanic	34	28%	26	29%	8	26%
Black, non-Hispanic	45	37%	31	34%	14	45%
Hispanic	26	21%	18	20%	8	26%
Asian/Hawaiian/Pacific Islander	8	7%	7	8%	1	3%
American Indian/Alaska Native	2	2%	2	2%	0	0%
Multi-race/Other	7	6%	7	8%	0	0%
Age at End of Calendar Year 2013						
< 13	0	0%	0	0%	0	0%
13 to 24	10	8%	9	10%	1	3%
25 to 34	25	20%	22	24%	3	10%
35 to 44	35	29%	24	26%	11	35%
45 to 54	34	28%	24	26%	10	32%
55 to 64	12	10%	8	9%	4	13%
65 +	6	5%	4	4%	2	6%
Transmission Category						
Sexual Contact*	98	80%	78	86%	20	65%
IDU	7	6%	2	2%	5	16%
Sexual Contact+IDU*	6	5%	6	7%	0	0%
Perinatal exposure	3	2%	3	3%	0	0%
NIR/NRR	8	7%	2	2%	6	19%
Total	**122**	**100%**	**91**	**100%**	**31**	**100%**

**Sexual contact includes any sexual contact and does not differentiate between male to male sexual contact and heterosexual contact.*

Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (February 2013)

Table 8: From 2009 to 2013, of the 9,114 unique individuals living with HIV/AIDS in Nevada, 122 identified as transgender, accounting for 1% of all persons living with HIV/AIDS in Nevada (not shown in table). The majority of transgender persons living with HIV/AIDS in Nevada identified as MTF (75%) and were diagnosed with HIV/AIDS in Nevada.

Over one-third (37%) of transgender persons living with HIV/AIDS were Black, with the next highest percentage identifying as White (28%).

The greatest proportions of transgender persons living with HIV/AIDS were between 35 to 44 and 45 to 54 years of age at the end of 2013 for both MTF and FTM individuals. A greater proportion of MTF (24%) were between 25 to 34 years of age than in FTM (10%).

Sexual contact was the most common transmission category for both MTF and FTM persons living with HIV/AIDS from 2009 to 2013 (86% and 65% respectively). The second most common risk of transmission for MTF persons was combined sexual contact + IDU (6%), while the second most common transmission mode for FTM persons was IDU (16%).

FACILITY OF DIAGNOSIS

Table 9| *Facility of HIV Diagnosis, 2013*

	Nevada		Clark County		Washoe County		All Other Counties*	
	N	%	n	%	n	%	n	%
Facility of Diagnosis								
HIV Counseling and Testing Site	137	31%	127	32%	10	26%	0	0%
Private Physician's Office	97	22%	95	24%	1	3%	1	9%
Inpatient Facility/Hospital	77	18%	71	18%	4	11%	2	18%
Outpatient Facility/Other	0	0%	0	0%	0	0%	0	0%
Adult HIV Clinic	17	4%	1	0%	14	37%	2	18%
Correctional Facility	16	4%	13	3%	1	3%	2	18%
STD Clinic	49	11%	48	12%	0	0%	1	9%
Blood Bank or Plasma Center	10	2%	9	2%	1	3%	0	0%
Emergency Room	1	0%	1	0%	0	0%	0	0%
Facility/Other/Unknown	36	8%	26	7%	7	18%	3	27%
Total	**440**	**100%**	**391**	**100%**	**38**	**100%**	**11**	**100%**

Table 9: The majority of people who were diagnosed with HIV in 2013 were diagnosed at a HIV Counseling and Testing Sites (31%). HIV Counseling and Testing Sites are located at community centers serving populations at high risk for HIV, and testing is conducted by local health department staff. This high proportion indicates the importance of these efforts in identifying individuals who are HIV-positive.

Table 10| *Facility of AIDS Diagnosis, 2013*

	Nevada		Clark County		Washoe County		All Other Counties*	
	N	%	n	%	n	%	n	%
Facility of Diagnosis								
HIV Counseling and Testing Site	63	25%	63	28%	0	0%	0	0%
Private Physician's Office	43	17%	43	19%	0	0%	0	0%
Inpatient Facility/Hospital	90	36%	83	37%	6	27%	1	20%
Obstetrics and Gynecology Clinic	0	0%	0	0%	0	0%	0	0%
Adult HIV Clinic	40	16%	24	11%	14	64%	2	40%
Correctional Facility	12	5%	10	4%	1	5%	1	20%
STD Clinic	0	0%	0	0%	0	0%	0	0%
Blood Bank or Plasma Center	0	0%	0	0%	0	0%	0	0%
Emergency Room	0	0%	0	0%	0	0%	0	0%
Facility/Other/Unknown	4	2%	2	1%	1	5%	1	20%
Total	**252**	**100%**	**225**	**100%**	**22**	**100%**	**5**	**100%**

Table 10: The majority of people who were diagnosed with AIDS in 2013 were diagnosed at an inpatient facility/hospital (36%) or an HIV counseling and testing site (25%), which raises several concerns.

Being diagnosed with AIDS at an inpatient facility/hospital suggests that the individual was either diagnosed with HIV late during the course of the infection or was not receiving routine care and became very ill. Sixty-four percent (n=58) of individuals diagnosed at an inpatient facility/hospital were diagnosed with AIDS within three months of their HIV diagnosis. Of the remaining individuals (n=32), 75% (n=24) had not been obtaining regular care after their HIV diagnosis based on lab data from eHARS.

HIV counseling and testing sites do not provide routine HIV care, suggesting that individuals diagnosed with AIDS at this type of facility were diagnosed with HIV at a later stage of the disease or have fallen out of care. Seventy percent (n=44) of individuals diagnosed at an HIV Counseling and Testing Site were diagnosed with AIDS within three months of their HIV diagnosis. Based on lab data from eHARS, it appears that the remaining individuals had not been obtaining regular care after their HIV diagnosis. However, undetectable viral loads and CD4 counts greater than 500 cells/µL of blood do not have to be reported, so some of these individuals may have been receiving regular medical care.

TIME FROM HIV INFECTION TO AIDS DIAGNOSIS

Table 11| *AIDS diagnosis within 12 Months of HIV diagnosis among Persons Diagnosed with HIV Infection in Nevada, 2008 vs. 2012**

	2008			2012			Difference in proportion diagnosed < 12 months*
	AIDS Diagnosis <12 months n	Total HIV Diagnoses n	% of Total Diagnoses %	AIDS Diagnosis <12 months n	Total HIV Diagnoses n	% of Total Diagnoses %	
Residence at Diagnosis							
Clark County	134	358	37%	113	322	35%	-2%
Washoe County	12	33	36%	6	25	24%	-12%
All Other Counties	2	7	29%	6	9	67%	38%
Total	**148**	**398**	**37%**	**125**	**356**	**35%**	**-2%**
Sex at Birth							
Male	126	336	38%	107	312	34%	-3%
Female	22	62	35%	18	44	41%	5%
Total	**148**	**398**	**37%**	**125**	**356**	**35%**	**-2%**
Race/Ethnicity							
White, non-Hispanic	55	178	31%	52	135	39%	8%
Black, non-Hispanic	39	100	39%	33	74	45%	6%
Hispanic	46	100	46%	35	113	31%	-15%
Asian/Hawaiian/Pacific Islander	4	11	36%	4	23	17%	-19%
American Indian/Alaska Native	3	3	100%	1	2	50%	-50%
Multi-race/other/unknown	1	6	17%	0	9	0%	-17%
Total	**148**	**398**	**37%**	**125**	**356**	**35%**	**-2%**
Age at Diagnosis							
< 13	0	0	0%	0	0	0%	0%
13 to 24	13	61	21%	18	75	24%	3%
25 to 34	34	110	31%	33	113	29%	-2%
35 to 44	44	114	39%	34	88	39%	0%
45 to 54	33	70	47%	28	56	50%	3%
55 to 64	19	34	56%	9	19	47%	-9%
65 +	5	9	56%	3	5	60%	4%
Total	**148**	**398**	**37%**	**125**	**356**	**35%**	**-2%**
Transmission Category							
Male							
MSM	103	268	38%	74	245	30%	-8%
IDU	8	27	30%	5	11	45%	16%
MSM+IDU	4	17	24%	8	19	42%	19%
Heterosexual contact	7	18	39%	2	9	22%	-17%
Perinatal exposure	0	0	0%	0	0	0%	0%
Transfusion/Hemophilia	0	1	0%	0	0	0%	0%
NIR/NRR	4	5	80%	18	28	64%	-16%
Subtotal	**126**	**336**	**38%**	**107**	**312**	**34%**	**-3%**
Female							
IDU	1	5	20%	2	5	40%	20%
Heterosexual contact	20	54	37%	8	19	42%	5%
Perinatal exposure	0	0	0%	0	0	0%	0%
Transfusion/Hemophilia	0	0	0%	0	0	0%	0%
NIR/NRR	1	3	33%	8	20	40%	7%
Subtotal	**22**	**62**	**35%**	**18**	**44**	**41%**	**5%**
Total	**148**	**398**	**37%**	**125**	**356**	**35%**	**-2%**

Only persons who were informed of their HIV infection were included in this table.

**Difference in proportion was calculated as the proportion of persons in 2008 with a diagnosis of AIDS within 12 months of their HIV diagnosis subtracted from the proportion of persons in 2012 with a diagnosis of AIDS within 12 months of their HIV diagnosis.*

Table 11: Having a diagnosis of HIV and AIDS within a 12 month period is commonly considered to be a marker for a late HIV diagnosis and late HIV testing. However, recent research suggests that using this measurement alone may misclassify individuals as late testers.[1] Thus, when reviewing these data it is important to consider the full range of factors that could cause a short time interval from HIV to AIDS diagnosis.

In this analysis, only individuals who were diagnosed with HIV in Nevada and informed of their HIV status were included. Based on CD4 lab data from eHARS (AIDS is typically diagnosed when an HIV-positive individual's CD4 count is less than 200 cells/µL of blood or CD4 percent is less than 14), AIDS diagnosis information was complete for a majority of these individuals. In 2012, ninety-three percent of persons had a CD4 lab within 12 months of their HIV diagnosis, and in 2008, 78% of persons had a CD4 lab within 12 months of their HIV diagnosis. However, CD4 counts greater than 500 cells/µL of blood do not have to be reported, so some lab results may have been missing.

In 2012, of the 356 individuals who were newly diagnosed with HIV and had been informed of their status, 35% were diagnosed with AIDS within 12 months of their HIV diagnosis. From 2008 to 2012, there was an decrease of 2 percentage points in the proportion of late diagnoses.

The all other counties region had the highest proportion of persons with a late diagnosis (67%) in 2012 increased by 38% points since 2008. In 2012, Washoe County had the lowest proportion of late diagnoses (24%) which decreased by 12% points from 2008 to 2012.

In 2012, a greater proportion of females had a late diagnosis compared to males (41% vs. 34%). From 2008 to 2012, the proportion of late diagnoses among females increased by 5% points .

In terms of race/ethnicity, the highest proportion of late diagnoses occurred among persons who identified as Black (45%), White (39%), and Hispanic (31%) in 2012. Black, non-Hispanic and White, non-Hispanic were the only race/ ethnicity groups to experience an increase. AI/AN experienced an increase (50%). However, due to small counts caution should be used when interpreting the data. The proportion of late diagnoses among API decreased by 19% points from 2008 to 2012.

With regard to age, the proportion of late diagnoses was much higher in older age groups, with the highest proportions among 65+ year olds (60%), 55 to 64 years of age (47%), and 45 to 54 years of age (50%). From 2008 to 2012, 65+ year olds experienced the greatest increase in proportion of late diagnoses, from 56% in 2008 to 60% in 2012.

Among males, individuals with a transmission category of NIR/NRR (aside from perinatal exposure) had the highest proportion of late diagnoses (64%). This proportion decreased by 16% points from 2008 to 2012. Males who had a transmission category of Heterosexual contact had the lowest proportion of late diagnoses (22%), and there was a 17% point decrease in this proportion from 2008 to 2012.

Among females, individuals with a transmission category of Heterosexual contact had the highest proportion of late diagnoses (42%), followed by individuals who had NIR/NRR (40%) and IDU (40%).

[1]Schwarcz, S.K., Hsu, L., Chin, C.S., Richards, T.A., Frank, H., Wenzel, C., & Dilley, J. (2011). Do people who develop AIDS within 12 months of HIV diagnosis delay HIV testing? *Public Health Reports*,*126*(4), 552-9.

DEATHS AND SURVIVAL AFTER AN AIDS DIAGNOSIS

In this report, death information was obtained from eHARS. Several measures are taken to ensure the quality of this data, including annual matches to the state electronic death registry, the national Social Security Death Index, and the National Death Index. Throughout this report, cause of death is not specified; some of these deaths may have been due to HIV/AIDS related causes, while others may have been due to unrelated causes.

Table 12| *Deaths among Persons Living with HIV/AIDS in Nevada, 2013*

	Total				Male				Female			
	N	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†
County at Diagnosis												
Clark County	108	90%	5.2	(4.2 - 6.2)	90	90%	8.5	(6.9 - 10.5)	18	90%	1.8	(1.0 - 2.8)
Washoe County	9	8%	2.1	(1.0 - 4.0)	8	8%	3.7	(1.6 - 7.2)	1	5%	0.5	(0.1 - 2.6)
All Other Counties**	3	3%	1.0	(0.2 - 2.9)	2	2%	1.1	(0.1 - 4.2)	1	5%	0.9	(0.0 - 5.0)
Race/Ethnicity												
White, non-Hispanic	52	43%	2.7	(2.1 - 3.6)	46	46%	4.7	(3.5 - 6.3)	6	30%	0.7	(0.3 - 1.5)
Black, non-Hispanic	38	32%	19.8	(14.0 - 27.2)	26	26%	27.1	(17.7 - 39.7)	12	60%	12.8	(6.7 - 22.4)
Hispanic	23	19%	4.2	(2.6 - 6.3)	21	21%	7.4	(4.6 - 11.3)	2	10%	0.7	(0.1 - 2.5)
Asian/Hawaiian/Pacific Islander	5	4%	13.6	(0.1 - 3.3)	5	5%	28.7	(0.3 - 7.8)	0	0%	0.0	(0.0 - 0.0)
American Indian/Alaska Native	2	2%	0.9	(4.4 - 31.7)	2	2%	2.1	(9.3 - 67.1)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Age at End of Year												
< 13	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
13 to 24	5	4%	1.2	(0.4 - 2.8)	4	4%	1.9	(0.5 - 4.8)	1	5%	0.5	(0.1 - 2.8)
25 to 34	29	24%	7.4	(5.0 - 10.6)	24	24%	11.8	(7.5 - 17.7)	5	25%	2.7	(0.9 - 6.2)
35 to 44	32	27%	8.5	(5.8 - 12.0)	26	26%	13.3	(8.7 - 19.4)	6	30%	3.3	(1.2 - 7.2)
45 to 54	30	25%	8.0	(5.4 - 11.3)	26	26%	13.4	(8.7 - 19.4)	4	20%	2.2	(0.6 - 5.6)
55 to 64	18	15%	5.6	(3.3 - 8.9)	14	14%	8.9	(4.8 - 14.9)	4	20%	2.5	(0.7 - 6.3)
65 +	6	5%	1.7	(0.6 - 3.9)	6	6%	3.8	(1.4 - 8.2)	0	0%	0.0	(0.0 - 0.0)
Transmission Category												
MSM	63	53%	NA	NA	63	63%	NA	NA	0	0%	NA	NA
IDU	26	22%	NA	NA	19	19%	NA	NA	7	35%	NA	NA
MSM+IDU	11	9%	NA	NA	11	11%	NA	NA	0	0%	NA	NA
Heterosexual contact	10	8%	NA	NA	3	3%	NA	NA	7	35%	NA	NA
Perinatal exposure	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	10	8%	NA	NA	4	4%	NA	NA	6	30%	NA	NA
Total	**120**	**100%**	**4.5**	**(3.7 - 5.3)**	**100**	**100%**	**3.7**	**(3.0 - 4.4)**	**20**	**100%**	**0.8**	**(0.5 - 1.2)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)
**Age adjusted rates per 100,000 population were calculated using 2013 population estimates from the Nevada State Demographer vintage 2013 data and adjusted to the 2000 U.S. standard population. Rates for "Age at End of Year" are age-specific and were not adjusted to the 2000 U.S. standard popualtion.*
***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.*
† 95% confidence intervals are calcauted based on the rate.
Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 12: In this table, age-adjusted death rates were calculated as the number of deaths of persons living with HIV/AIDS in Nevada per 100,000 persons and weighted to reflect standard age distributions.

In 2013, the age-adjusted death rate of persons living with HIV/AIDS in Nevada was 4.5 per 100,000 persons. This rate was highest in Clark County (5.2 per 100,000 population) and lowest in the all other counties region (0.2 per 100,000 population). For both males and females, Blacks had the highest age-adjusted death rate. Of all age groups, 45 to 54 year old males had the highest death rate (13.4 per 100,000 population). Among males, persons with a transmission category of male-to-male sexual contact (MSM) accounted for the greatest proportion of deaths (63%), while among females, persons with a transmission category of heterosexual and IDU accounted for the greatest proportion of deaths (35%).

Table 13| *Survival for more than 12, 24, and 36 months after a diagnosis of AIDS in Nevada during 2006-2010 by selected characteristics**

	Number of Persons	Proportion Survived (in months)		
		>12	>24	>36
Residence at AIDS Diagnosis				
Clark County	970	86%	83%	80%
Washoe County	98	83%	82%	82%
All Other counties*	50	90%	86%	86%
Total	**1,118**	**86%**	**83%**	**80%**
Sex at Birth				
Male	924	86%	83%	81%
Female	194	87%	81%	79%
Total	**1,118**	**86%**	**83%**	**80%**
Race/Ethnicity				
White, non-Hispanic	452	84%	80%	77%
Black, non-Hispanic	282	87%	84%	80%
Hispanic	303	89%	87%	86%
Asian/Hawaiian/Pacific Islander	53	79%	79%	79%
American Indian/Alaska Native	8	75%	75%	75%
Multi-race/Other	20	85%	80%	75%
Total	**1,118**	**86%**	**83%**	**80%**
Age at AIDS Diagnosis				
< 13	1	100%	100%	100%
13 to 24	66	98%	97%	95%
25 to 34	251	89%	88%	86%
35 to 44	392	86%	84%	82%
45 to 54	278	87%	82%	79%
55 to 64	109	73%	65%	61%
65 +	21	52%	48%	48%
Total	**1,118**	**86%**	**83%**	**80%**
Transmission Category				
Male				
MSM	716	86%	83%	80%
IDU	74	81%	78%	76%
MSM+IDU	43	81%	79%	79%
Heterosexual Contact	38	95%	95%	95%
Perinatal Exposure	3	100%	100%	100%
Hemophilia/Blood Transfusion	0	0%	0%	0%
NIR/NRR	50	84%	84%	82%
Subtotal	**924**	**86%**	**83%**	**81%**
Female				
IDU	34	88%	85%	79%
Heterosexual Contact	135	87%	80%	79%
Perinatal Exposure	1	100%	100%	100%
Hemophilia/Blood Transfusion	1	100%	100%	100%
NIR/NRR	23	87%	83%	83%
Subtotal	**194**	**87%**	**81%**	**79%**
Year of AIDS Diagnosis				
2006	219	85%	83%	82%
2007	247	87%	83%	81%
2008	243	84%	82%	79%
2009	201	89%	84%	80%
2010	208	85%	82%	80%
Total	**1,118**	**86%**	**83%**	**80%**

Table 13: In this analysis of survival after an AIDS diagnosis, only persons who were diagnosed with AIDS in Nevada in 2006-2010 and had a current Nevada residence as of February 2014 were included.

Overall, 86% of persons living with AIDS in Nevada survived more than 12 months after their AIDS diagnosis. The proportion surviving more than 36 months was 80%, only 6% less than the proportion surviving more than 12 months.

From 2006 to 2010, there were only slight changes in survival for more than 12, 24, and 36 months.

Between Clark, Washoe, and all other counties, differences in the proportion surviving were minimal. The all other counties region had the greatest proportion of persons surviving 36 months or more (86%).

In Nevada as a whole, the proportion of males surviving more than 36 months was slightly higher than females. Gender differences were small with regard to survival for more than 12 months and more than 24 months.

AI/ANs had the lowest proportion of persons surviving more than 12 months after an AIDS diagnosis (79%), followed by APIs (75%). Hispanics had the highest proportion surviving more than 12 months (89%) followed by Blacks (87%).

As age increased, the proportion of persons surviving more than 12 months decreased. Persons 55 to 64 years old and persons 65+ had the lowest proportions of persons surviving more than 12 months (73% and 52%, respectively).

Among males, persons with a transmission category of injection drug use (IDU) and MSM+IDU had the lowest proportion of persons surviving more than 12 months (81%).

Among females, persons with a transmission category of IDU had the highest proportion surviving more than 12 months (88%) with a count over 5. However, the proportion surviving more than 36 months was only 79%.

UTILZATION OF HIV SERVICES

This section focuses on information pertaining to the HRSA Ryan White HIV/AIDS Program. Specifically, this section characterizes the funding awards and patterns in the use of services by a number of populations in the state of Nevada. The information was provided by Kaiser State Health Facts, Nevada's Ryan White CARE funded programs, and the HIV/AIDS Surveillance Program.

Ryan White is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Federal funds are awarded to agencies located around the country, which in turn deliver care to eligible individuals under funding categories called Parts A-F. First authorized in 1990, the Ryan White CARE Act was reauthorized by Congress in 2009 as the Ryan White HIV/AIDS Treatment Extension Act. The act did not include a "sunset" clause allowing for Ryan White to continue operation without reauthorization in 2013 by Congress. Currently, the reauthorization of Ryan White has been postponed until the full impact of the Affordable Care Act (ACA) signed into law on March 23, 2010 is understood.

The Nevada Division of Public and Behavioral Health Ryan White CARE Act receives Part B-National Grant Award and Part F-Special Projects of National Significance (SPNS) funding. The purpose of Part B funding is to improve the quality, availability, and organization of health care and support services for individuals and families with, or affected by, HIV/AIDS in each state or territory. In addition, the funding provides access to needed pharmaceuticals through the AIDS Drug Assistance Program (ADAP).

Funding and Utilization

The Ryan White Part B (RWPB) program receives funding from four sources. The main source of program funding is the federal RWPB grant. The federal funds include an ADAP earmark of 74% of the total award. The RWPB program receives State General Funds in part for the Maintenance of Effort (MOE) requirement to the federal funding, for ADAP and the State Pharmacy Assistance Program for Medicare Part D clients. The RWPB program also receives program revenue in the form of pharmaceutical rebates. And fourthly, the U.S. Department of Housing and Urban Development funds a HOPWA grant for Housing Opportunities for Persons with AIDS.

Table 14| *Ryan White Part B General Receipts/Funding 2014-2015*

	Reciepts/Funding (FY 2014)	
General Receipts/Funding 2014-2015		
Ryan White Part B Federal Grant – Base Amount	$	2,068,914.00
Ryan White Part B Federal Grant – ADAP Earmark	$	6,118,122.00
State General Funds (SFY 14)	$	2,090,735.00
Drug Rebates (SFY 14)	$	6,732,330.61
HOPWA (SFY 14)	$	238,240.00
Total	**$**	**17,248,341.61**

Goals

RWPB medical care and support services are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve quality of life for those affected by the epidemic. The RWPB program works with subgrantees and contractors to ensure that services are provided to people living with HIV/AIDS (PLWHA). RWPB funds are utilized to provide a variety of services, including:

- Providing medications to treat HIV/AIDS (through ADAP);
- Reduce new HIV infections;
- Increase access to primary health care for underserved populations;
- Improve retention in primary health care;
- Reduce health disparities in care;
- Enhance health insurance coverage;
- Provide home and community-based services; and
- Improve quality of life for those infected and affected by HIV/AIDS.

Current Ryan White Part B eligibility criteria include:

- Documented laboratory tests confirming diagnosis of HIV/AIDS
- Nevada residency
- Client income must not exceed 400% of Federal Poverty Guidelines-approximately $47,080/year for one
- Client may own a single-family home and a car (two if married)
- Additional assets of the client may not exceed $10,000
- Lab tests for T-Cell and Viral Load must be done every six months
- ADAP eligibility recertification every six months

Table 15| *Ryan White Part B Program Membership, Utilization and Costs, 2011—2014*

	ADAP			SPAP			COB		
	Average Cost per month per client	Average Monthly caseload of clients receiving medication	Percent Change in enrollment	Average Cost per month per client	Average Monthly caseload of clients receiving medication	Percent Change in enrollment	Average Cost per month per client	Average Monthly caseload of clients receiving medication	Percent Change in enrollment
2011	$984	599	1.87%	$219	162	21.80%	$323	115	11.65%
2012	$1,042	634	5.84%	$226	170	4.94%	$342	109	-5.22%
2013	$1,168	734	15.77%	$236	189	11.18%	$314	149	36.70%
2014	$1,073	365	-50.27%	$70	183	-3.17%	$364	151	1.34%

Catalyst Pharmacy Benefit Manager (PBM) Executive Summary, December 2014

HIV/AIDS Services

HIV/AIDS services are predominately located in the Las Vegas and Reno metropolitan areas. The rural/ frontier areas of Nevada are challenged with access to care and people in those populations must often travel to the major metropolitan cities. The semi-urban Carson City area is steadily developing its own Health District and expanded services for Persons Living with HIV/AIDS.

The Nevada continuum of care, especially with respect to ADAP and primary medical care services, includes: Access to Healthcare Network (AHN) medical discount plan, Northern Nevada HIV Outpatient Program, Education, and Services (HOPES)-Reno, Carson City Health and Human Services, Community Outreach Medical Center (COMC)-Las Vegas, University Medical Center of Southern Nevada (UMCSN), and Aid for AIDS of Nevada-Las Vegas (AFAN). Services are delivered either directly or via network membership/referral. Medical and non-case management supports clients accessing and remaining in care. Ryan White Care Act vendors are required to have policy/evidence in place for timely follow-up with clients who drop out of service. There is no waiting list and all eligible individuals presenting with HIV/AIDS are receiving services.

A group representing Nevada's three health districts (Carson City Health and Human Services, Washoe County Health District and Southern Nevada Health District), the State AIDS Task Force, the HIV/AIDS Medical Advisory Board, the University of Nevada, Reno Medical School, the Nevada State Health Division's HIV/AIDS Prevention and Surveillance Units, the Northern Nevada Planning Council, Ryan White Parts A, B, C and D met on October 2008 and identified service needs, gaps, and barriers to care for people currently not in care. Nevertheless, it is important to note that according to the U.S. Department of Health and Human Services, Health Resources Administration (HRSA), several Nevada rural and frontier counties (Elko, Esmeralda, Eureka, Lander, Lincoln, Lyon and Storey) are considered as Medically Underserved Areas (MUA) and four counties (Washoe, Carson City, Clark, and Elko) are considered to be Medically Underserved Populations (MUP). As such, many persons who have an AIDS or HIV diagnosis may have limited access to medical care, especially in their respective communities. Since obtaining and continuing proper medical treatment is imperative for HIV/AIDS patients, access to health care is a substantial challenge for individuals in several counties in Nevada.

Compounding the limited availability of medical care in Nevada is the lack of medical insurance. Nevada historically has a higher rate of uninsured residents than the national average. The percentage of government-funded insurance is also historically lower in Nevada than the national average. However, with the adoption of the Affordable Care Act, states like Nevada have expanded Medicaid coverage and provide insurance subsidies to more individuals who in the past only qualified for Ryan White. In Nevada, changes to the program have been evolving over the past year due to the ACA and the requirement to have all ADAP participants enrolled in the Silver State Health Exchange or the newly expanded Medicaid. The RWPB Program provides access to care and fills gaps in care not covered by other funding sources.

On a positive note, northern Nevada has developed a new pay-for-service non-profit (Access to Healthcare Network) which enables the working poor, with no insurance, to have access to a limited number of specialty care physicians. The individual must have the ability to pay for a significantly reduced charge (30% of Medicaid rates) for the service rendered. Payment can come from a funding source (such as Ryan White), employment, or a patient trust fund set up for the Network's use to help an individual attempting to pay for a medical service.

Nevada has a number of subgroups which are negatively impacted by the lack of resources mentioned above (Latinos, African Americans, Transgender, men having sex with men (MSM), undocumented, substance abusers, people with mental health issues, the homeless or those near homelessness, and those incarcerated in Nevada's correctional system). Historically in Nevada, youth between the ages of 15 to 24, women of color, Native Americans and the gay population, both males and females seeking primary health care, are often underserved. The lack of child care hampers some families from seeking or keeping employment.

There are limited dentists willing to provide oral health care to person known to be infected by HIV/AIDS. Mental health treatment is at a critical state in Nevada. Many persons seeking this service end up in hospital emergency rooms to receive limited services. Persons with HIV/AIDS who live in the rural parts of Nevada have extensive challenges in accessing services. Lack of transportation is at the fore-front along with the lack of primary care and/or oral health care

providers who agree to treat those diagnosed with AIDS or HIV. Due to recent statewide budget cuts, transportation and housing has become even more limited. In most cases, the rural Nevada resident has to travel to the two urban cities (Reno and Las Vegas) to receive medical services. Nevada is in need of more public funding to adequately provide primary medical care and HRSA identified priority core and support services.

Nevada has offered a number of the HRSA defined core and support services beyond the central ADAP services. However, all the resources are located in Nevada's two urban cities. Northern Nevada HOPES offers the most comprehensive medical services in the Northern Nevada area, serving all counties with the exception of Clark, Nye, Esmeralda and Lincoln counties. The HOPES Clinic provides (either free or on a sliding fee scale) full primary health care, pharmacy and case management services as well as a number of support services. The Southern Nevada Health District provides these services through various funding streams or coordinates local service organizations (e.g. Aid for AIDS in Nevada (AFAN), Community Outreach Medical Center, Community Counseling Center, Golden Rainbow, and Saint Therese Center), provide direct service programs, food programs, prevention and education programs and community outreach. Although services are provided by a variety of organizations, both funded and not funded from Ryan White grants, some needs (e.g. pharmacy, housing, transportation, mental health and substance abuse services, child care, and oral health) are greater than services available. Organizations such as the Veterans Hospital in Reno, HOPES, community health nursing, and tribal clinics are challenged by the demand for services. Again, as stated above, rural residents have a difficult time accessing services because most services (primary medical care, oral health, mental health treatment, and substance abuse treatment and case management) do not exist in their communities.

Barriers for those seeking HIV/AIDS services

- There is a need to have physicians do an HIV test as part of "normal" testing.
- There is fear by those who are undocumented to seek testing or services.
- Lack of transportation, especially in rural Nevada.
- There is a need to develop new primary care providers (physicians, nurses, social workers, educators) and preparing clinical expertise but limited interest.
- Hours of services are typically Monday through Friday, from 8:00 a.m. to 5:00 p.m. but services may be needed during another part of the day/week.
- Available insurance does not cover pre-existing conditions.
- Unwillingness of providers to take patients who have a diagnosis of HIV/AIDS.
- Lack of services, especially in rural Nevada.
- Clients' non-compliance with directed/requested core or support services.
- Undiagnosed or untreated mental health issues.
- Lack of cultural diversity with nurses, social workers, physicians and educators.
- Disconnect between major funding sources causes difficulties in planning (including unanticipated needs).
- Lack of private funding and constraints in ability to move existing funds around to meet funding needs.
- Fragmentation of system.
- Location of existing services, especially lack of services in rural Nevada.

CHARACTERISTICS OF PERSONS WHO KNOW THEY ARE HIV -POSITIVE, BUT WHO ARE NOT RECIEVING PRIMARY CARE

The number of clients considered “out-of-care” are also known as the “unmet need” in Nevada. The HIV/AIDS Surveillance Program has developed several strategies for identifying persons who know their status but who are not receiving primary medical care. The first project focuses on enumerating the persons who are reported as HIV infected, currently living in Nevada and receiving routine medical care versus those who are not receiving care. To be counted as receiving care, the client must have received laboratory testing in the previous year or have been enrolled and active in ADAP. The number of persons living with HIV/AIDS (PLWHA) in Nevada in 2013, was 9,114. Based on HIV/AIDS Surveillance data (eHARS) and the number of clients receiving care through ADAP, it was estimated that 5,158 (56.6%) of PLWHA were receiving primary medical care in 2013.

Nevada’s RW Program, in collaboration with the HIV Prevention Program, work with partner organizations to identify PLWHA and refer them into care. RW Program case partner organizations are all required to have policies in place to follow-up with clients who drop out of service.

In 2007, law was passed to make mandatory that testing organizations refer HIV-positive people into treatment and if the organization does not have ability to make referrals it can access referrals through the Health Districts.
The 2009 Legislative Session approved a Rapid Testing Law: Allowing community based organizations (CBOs) to offer rapid testing. Also in 2009, the Nevada HIV Prevention Program and State AIDS Task Force increased testing efforts statewide to identify individuals with HIV/AIDS and refer into services.

Outreach services are provided by the Southern Nevada Health District, the Northern Nevada Outreach Team, ACCEPT, Washoe County Health District, and HOPES. Early intervention services are provided by HOPES, UMC Medical Services, Southern Nevada Health District, University of Nevada, Reno School of Medicine Clinic for high risk pregnancies and the Veterans Hospital. Clark County’s (Las Vegas) HIV program conducts database matches and identifies out-of-care positive individuals, contacts them to see if they are still in the area, and attempts to bring them into care.
Prioritized areas for the upcoming years, affecting resource allocations and adapting the system of care to meet these priorities, are described on the following page. Distance rural and frontier clients have to travel for services and the lack or limited transportation available was taken into consideration. Access to medical care was noted along with barriers which limit the health care providers willing to provide services to those with AIDS and HIV.

Priorities to be considered include:

1) Use resources to identify the knowledge gaps with health care providers throughout the state and the rural frontier. Then, provide education on HIV and other medical issues, including the continuum of care (prevention, new infections, assessment and stabilization of clients and medical care).

2) Identify funds to develop and maintain a telemedicine system to increase access to knowledge and care, especially for rural and urban-underserved residents.

3) Promote universal testing through memorandums of understanding to help educate health professionals in rationale for testing and develop protocols to implement.

4) Identify local primary care providers in rural Nevada willing to provide care to HIV/AIDS patients. Where possible, this may be done through the use of federally qualified health centers (FQHCs). Ask federally qualified health clinics (FQHCs) to expand their services to include oral health.

5) Cross-train staff on services and access points.

6) Integrate “direct observation therapy” (DOT) programming.

7) As funds permit, hire and train new case managers for rural Nevada.

8) Increase culturally sensitive knowledge and awareness among the state’s population about the transmission of HIV/AIDS or the implementation interventions which reduce stigma and discrimination towards persons who are infected and affected by HIV.

9) Increase collaboration, coordination and integration of HIV services into existing mental health and substance abuse programs.

10) Standardize and implement primary health care indicators and ensure compliance.

11) Use resources to increase testing for HIV and identify those who have fallen out of care through data matching and provide intensive targeted outreach to bring back to care.

UNMET NEED AMONG PERSON LIVING WITH HIV/AIDS

Table 16| *Unmet Need Among Persons Living with HIV/AIDS in Nevada, 2013*

Unmet Need among Persons Living with HIV/AIDS in Nevada, 2013					
	Unmet Need		Met Need		Total
	N	%	N	%	N
Diagnostic Status					
HIV (not AIDS)	1,835	45%	2,213	55%	4,048
AIDS	1,837	38%	2,945	62%	4,782
Total	**3,672**	**42%**	**5,158**	**58%**	**8,830**
County of Residence					
Clark County	3,151	42%	4,353	58%	7,504
Washoe County	333	36%	593	64%	926
All Other Counties**	188	47%	212	53%	400
Total	**3,672**	**42%**	**5,158**	**58%**	**8,830**
Sex at Birth					
Male	3,140	42%	4,281	58%	7,421
Female	532	38%	877	62%	1,409
Total	**3,672**	**42%**	**5,158**	**58%**	**8,830**
Race/Ethnicity					
White, non-Hispanic	1,810	42%	2,476	58%	4,286
Black, non-Hispanic	884	41%	1,252	59%	2,136
Hispanic	804	41%	1,138	59%	1,942
Asian/Hawaiian/Pacific Islander	35	51%	33	49%	68
American Indian/Alaska Native	106	36%	187	64%	293
Multi-race/Other	33	31%	72	69%	105
Total	**3,672**	**42%**	**5,158**	**58%**	**8,830**
Age at End of Year					
< 13	16	44%	20	56%	36
13 to 24	552	46%	646	54%	1,198
25 to 34	1,421	45%	1,717	55%	3,138
35 to 44	1,175	41%	1,666	59%	2,841
45 to 54	393	32%	842	68%	1,235
55 to 64	105	31%	229	69%	334
65 +	10	21%	38	79%	48
Missing	0	0%	0	0%	0
Total	**3,672**	**42%**	**5,158**	**58%**	**8,830**
Transmission Category					
Male					
MSM	2,361	42%	3,328	58%	5,689
IDU	229	47%	254	53%	483
MSM+IDU	245	43%	320	57%	565
Heterosexual Contact	123	45%	153	55%	276
Transfusion/Hemophilia	2	29%	5	71%	7
Perinatal Exposure	6	24%	19	76%	25
NIR/NRR	174	46%	202	54%	376
Subtotal	**3,140**	**42%**	**4,281**	**58%**	**7,421**
Female					
IDU	115	48%	125	52%	240
Heterosexual Contact	304	35%	571	65%	875
Transfusion/Hemophilia	2	50%	2	50%	4
Perinatal Exposure	9	36%	16	64%	25
NIR/NRR	102	38%	163	62%	265
Subtotal	**532**	**38%**	**877**	**62%**	**1,409**
Total	**3,672**	**42%**	**5,158**	**58%**	**8,830**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

Persons living with HIV/AIDS data includes data on persons living in Nevada with HIV (not yet AIDS) and AIDS based on the current address listed in the HIV/AIDS Reporting System (eHARS). These persons may or may not have been diagnosed with HIV or AIDS in Nevada for the given year.

All cases are CDC eligible, informed of status and alive at the end of calendar year.

***All other counties includes Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, & White Pine Counties.*

Unmet need is defined as an HIV-positive individual not having any laboratory tests (i.e., CD4 count/ percent and/or viral load test) or medical care visit within a one year period. This definition is commonly used by HIV/AIDS surveillance and prevention programs across the United States. In this analysis, our sample consisted of individuals in the eHARS who had been diagnosed in or outside of Nevada with HIV infection in 2013 or earlier and have been informed of their HIV status (92.8% of persons were informed of their HIV status).

Laboratory data was obtained from eHARS. In addition, individuals were matched to the ADAP registry in order to identify individuals who are in care but may not have had laboratory results in eHARS. One of the major limitations of this analysis is that in Nevada not all CD4 and viral load test results are reportable. As stated in NAC.441A, only CD4 results less than 500 cells/µL and detectable viral loads are required to be reported to the state or local health department. Thus, our measures of the number of persons with unmet need are most likely over-estimates.

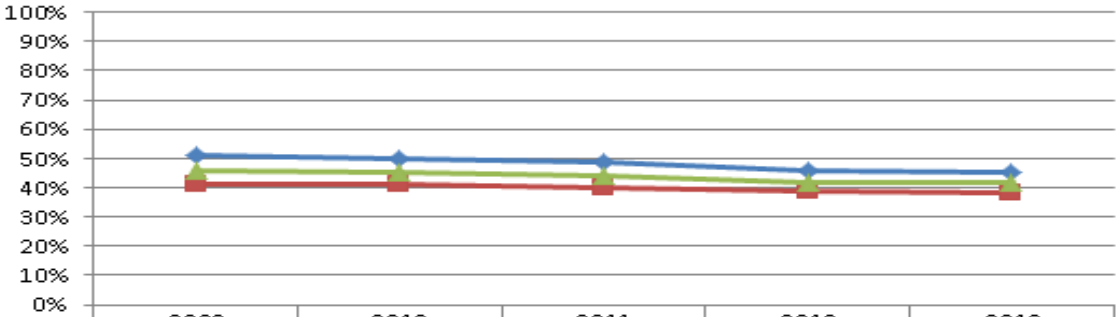
In 2013, 42% of persons living with HIV/AIDS in Nevada had unmet need with persons living with HIV (not AIDS) having a higher proportion of unmet need (45%) than persons living with AIDS (38%). There were a higher proportion of males with unmet need (42%) than females (38%).

All other counties region had the highest proportion of persons living with HIV/AIDS with unmet need (47%), while Washoe County had the lowest proportion of persons living with HIV/AIDs with unmet need (36%).

With regard to race/ethnicity, Asian/Hawaiian/Pacific Islander (API) and White had the highest proportion of persons living with HIV/AIDs with unmet need (51% and 42%, respectively). Persons who identified as multi-race/other and American Indian/Alaska Native (AI/AN) had the lowest proportion of persons with unmet need (31% and 36%, respectively).

Ages 13 to 24 year olds had the highest proportion of person living with HIV/AIDS with unmet need (46%), followed by 25 to 34 year olds (45%). Persons 65+ years old had the lowest proportion of unmet needs (21%).

Figure 37| *Percentage of Persons Living with HIV (not AIDS), or HIV/AIDS in Nevada who were Out of Care, 2009-2013*



	2009	2010	2011	2012	2013
HIV (not AIDS)	51%	50%	49%	46%	45%
AIDS	41%	41%	40%	39%	38%
HIV/AIDS	46%	45%	44%	42%	42%

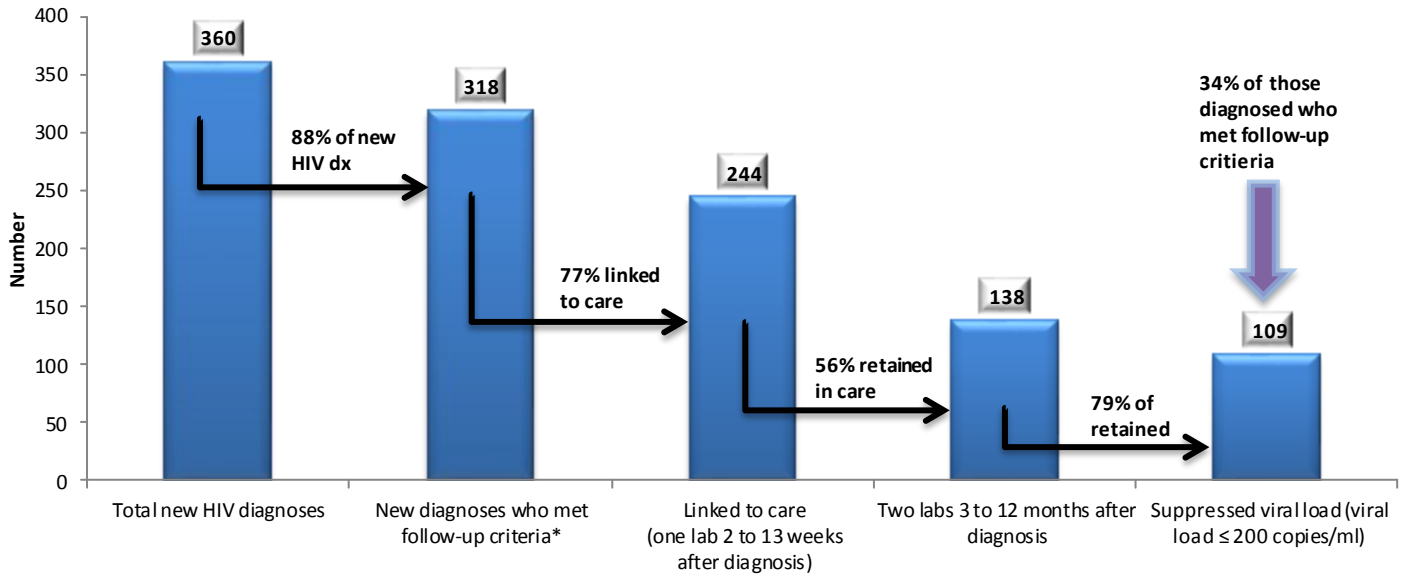
Among males, the highest proportion of persons living with HIV/AIDS with unmet need had a transmission category of injection drug use (IDU) (47%), followed by no identified risk/no risk reported (NIR/NRR) transmission category (46%). Among females, the highest proportion of persons living with HIV/AIDS with unmet need had a transmission category of transfusion/hemophilia (50%), followed by injection drug use (IDU) transmission category (48%).

HIV/AIDS CONTINUUM OF CARE CASCADE

HIV/AID continuum of care cascade is based on the Gardner Cascade developed from the national HIV/AIDS data and is designed to show the important care steps from HIV diagnosis, being linked to care, retained in care and to achieving viral suppression in a population.[1] The cascade of care can be used to lay out service needs. The following HIV/AIDS cascade of care analyses below are based on New Mexico's HIV care cascade model and is slightly modified from Gardner Cascade in that linked to care is defined as having any HIV-related lab 2-13 weeks after HIV diagnoses and retained in care is defined as having two HIV-related labs 3-12 months after diagnosis. Viral suppression is defined as viral load less than or equal to 200 copies/ml. Take caution when interpreting the following analyses as Nevada state law only requires the reporting of CD4 labs with counts below 500 per ml[3] of blood and detectable viral load labs; therefore, number of cases retained in care and virally suppressed will most likely be underestimated.

2012 New HIV Infections

Figure 38| *New HIV Infections Continuum of Care Cascade for Nevada, 2012**



* Follow-up criteria: Alive and having a Nevada residence 15 months after initial diagnosis

To move to next category in the cascade, person has to meet the criteria of the previous category, except where noted. For example, to determine how many people had a suppressed viral load, we only looked at the people who had two labs 3 to 12 months after diagnosis.

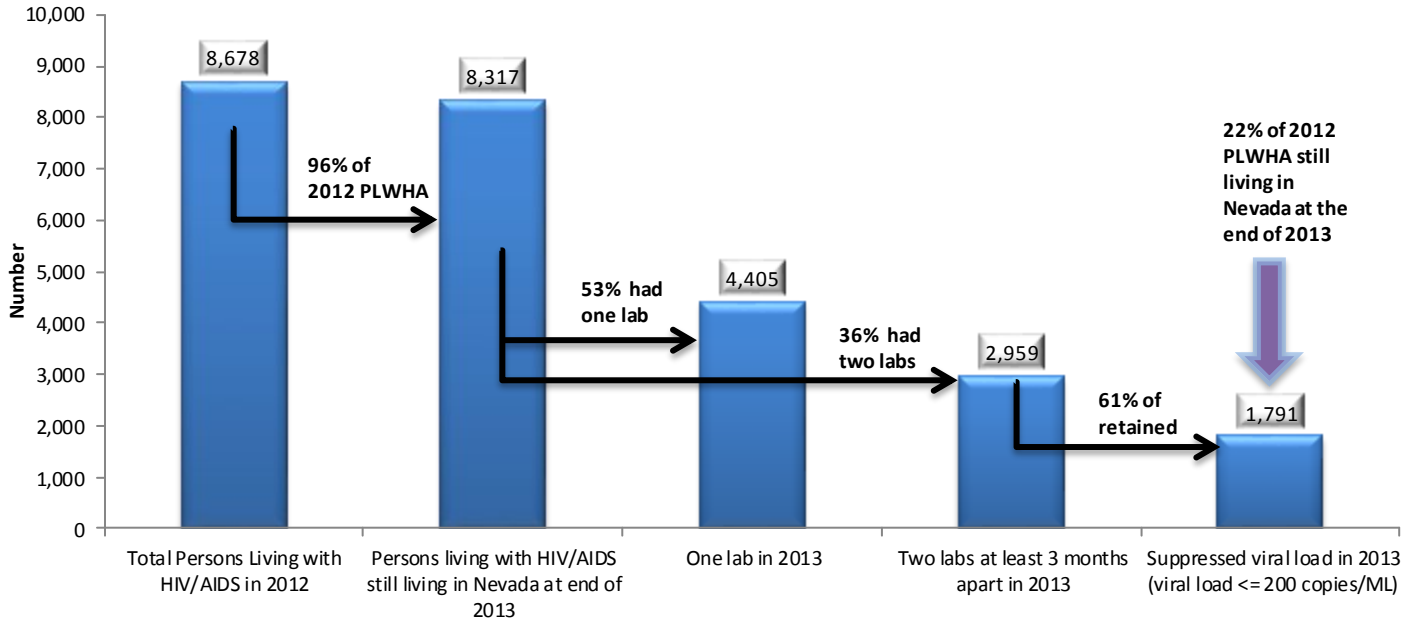
2012 New HIV diagnoses

There were 360 new HIV diagnoses in Nevada in 2012. Eighty eight percent of these new cases were alive and still living in Nevada 15 months after the initial diagnosis. Among these cases still residing in Nevada, 77% were linked to HIV care but only 56% of linked to care cases were retained in care. Seventy nine percent of cases that were retained in care achieved viral load suppression (viral load ≤ 200 copies per ml). Overall, 34% of HIV cases diagnosed in 2012 that were alive and living in Nevada 15 months after initial diagnoses had their HIV infection adequately managed. Due to data limitations as explained above, this is most likely an underestimate.

1. Gardner EM, McLees MP, Steiner JF, del Rio C, Burman WJ. The spectrum of engagement in HIV care and its relevance to test-and treat strategies for prevention of HIV infection. Clin Infect Dis. 2011; 52:793–800. [PubMed: 21367734]

2012 PERSON LIVING WITH HIV/AIDS

Figure 39| *Persons Living with HIV/AIDS Infections Continuum of Care Cascade for Nevada, 2012**



* Follow-up criteria : Alive and having a Nevada residence 15 months after initial diagnosis

To move to next category in the cascade, person has to meet the criteria of the previous category, except where noted. For example, to determine how many people had a suppressed viral load, we only looked at the people who had two labs in 2013.

2012 Persons Living with HIV/AIDS

There were 8,678 persons living with HIV or AIDS (PLWHA) in Nevada in 2012. Ninety six percent of PLWHA in 2012 were alive and still living in Nevada at the end of 2013. Among these cases still residing in Nevada at the end of 2013, 53% had one HIV-related lab in 2013 while only 36% had two HIV-related labs in 2013. Sixty one percent of cases retained in care (two HIV-related labs at least 3 months apart in 2013) achieved viral load suppression. Overall, 22% of 2012 PLWHA that were alive and still living in Nevada at the end of 2013 had a suppressed viral load.

Although retained in care among PLWHA is defined as having two HIV-related labs in a single year, many healthcare providers will only order one CD4 or viral load test per year as standard HIV care for patients who have their HIV infection managed well. If we look at the number of cases that had one lab or two labs in 2013, the number of cases that are virally suppressed increased to 2,836 which in turn, increased the overall percentage of 2012 PLWHA still residing in Nevada at the end of 2013 with suppressed viral load to 28% (data not shown in graph). [1]

1. Gardner EM, McLees MP, Steiner JF, del Rio C, Burman WJ. The spectrum of engagement in HIV care and its relevance to test-and treat strategies for prevention of HIV infection. Clin Infect Dis. 2011; 52:793–800. [PubMed: 21367734]

WOMEN, INFANTS, CHILDREN AND YOUTH

Youth-

Youth (13-24) in Nevada are an important group to target for HIV prevention/intervention activities, as they are not only showing recent increases in new HIV infections but in other STDs (Chlamydia and Gonorrhea). Additionally, there are also upward trends among new HIV infections being diagnosed in 25-34 year olds, reiterating the importance of prevention among youth as many of these cases may have seroconverted while they were youth. Further, prevention efforts should occur prior to individuals participating in high risk taking behaviors.

Sexually Transmitted Diseases

Engaging in sexual risk taking behaviors and having STDs are known factors to increase the likelihood of acquiring HIV. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection. Statewide, STD trends from the Nevada Division of Public and Behavioral Health STD Program indicate that among 13-19 year olds there has been a significant increase in the number of new Chlamydia and Gonorrhea cases among youth.

High Sexual Risk-Taking Behaviors

Additionally, high school students are reporting an increase in high sexual risk taking behaviors. According to the Nevada Youth Risk Behavior Survey (YRBS), there was an increase in the proportion of youth who have ever had sexual intercourse, as well as an increase in early sexual initiation, multiple (4 or more) sexual partners, recent sexual intercourse, and unprotected sex (sex without a condom). This data also suggests that there are increases in lack of any pregnancy prevention method which corresponds to the increase in ever been pregnant or gotten someone pregnant.

Substance Use: Young people in the United States use alcohol, tobacco, and other drugs at high rates. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol. In Nevada, 33.3% of students reported they currently drank alcohol and 17.5% reported binge drinking in the past 30 days.[1]

Table 17| *Select Nevada Youth Behavioral Risk Survey Responses, 2013*

Percentage of High School Students	Risky Behaviors	
	Yes	CI*
Youth Risk Behavioral Survey		
Who ever injected any illegal drugs	3.4%	(2.6-4.2)
Who ever had sexual intercourse	43.1%	(40.8-45.3)
Who had sexual intercourse for the first time before age 13 years	5.8%	(4.7-6.9)
Who had sexual intercourse with four or more persons during their life	13.6%	(12.1-15.2)
Who were currently sexually active	28.2%	(26.2-30.2)
Who used a condom during last sexual intercourse	56.3%	(52.1-60.5)
Who did not use any method to prevent pregnancy during last sexual intercourse	18.0%	(14.6-21.3)
Who drank alcohol or used drugs before last sexual intercourse	22.5%	(19.0-26.0)
Who were ever taught in school about acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection	81.7%	(79.9-83.4)

1. Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. 2013 Nevada Youth Risk Behavior Survey. Carson City, Nevada. February 2014.

Women

It's estimated that 1 in 32 African American women will be diagnosed with HIV infection at some point in their lifetime. Women accounted for almost 25 percent of people living with HIV infection in the United States in 2010. Only about half of women who are diagnosed with HIV are in care, and even fewer (4 in 10) have the virus under control. Generally, women are at a greater risk of heterosexual transmission of HIV. Biologically, women are two times more likely to become infected with HIV through unprotected heterosexual intercourse than men. In the United States, heterosexual transmission accounts for approximately 84 percent of new HIV infections in females.[1]

In Nevada in 2013, a total of 9,155 persons were known to be living with HIV/AIDS, 19% of whom were women. During the same time period, there were 437 new HIV infections in Nevada. Recent trends suggest an overall decrease in the number of new HIV infections among women in Nevada; however, women still accounted for 12% of the new HIV infections (51 cases) and AIDS diagnoses (37 cases) in 2013. The greatest proportion of new HIV infections in Nevada were among African Americans (46%), followed by Whites (30%) and Hispanics (18%). Heterosexual contact continues to be the leading risk factor for HIV transmission among women, accounting for 57% of risk for new HIV infections among women in Nevada. A disproportionate amount of epidemic among this population resides in Clark County; 91% of the new HIV infections resided in Clark County (5.1 diagnoses per 100,000 population) in 2013.

HIV and AIDS continue to be one of the top causes of death among all groups in Nevada. In recent years, younger women of color have seen an increase in mortality rates associated with HIV/AIDS. Get yourself tested, talk about it and be aware! Knowing your HIV status and that of your partner's is one vital step in helping to stop the spread of HIV. Research shows that starting HIV treatment and care earlier increases your chances of a healthier and longer life. Individuals at risk for acquiring or transmitting HIV infection are critical in the prevention of new cases and increased attention to early testing among women and other at-risk populations is needed.[1]

Infants and Children

Perinatal transmission occurs when the mother infects their child during pregnancy, labor and delivery, or breastfeeding. It is the most common mode of HIV transmission for infants and children. When HIV is diagnosed before or during pregnancy, perinatal transmission can be reduced to less than 1% if appropriate medical treatment is given, the virus becomes undetectable, and breastfeeding is avoided. Since the mid-1990s, HIV testing and preventive interventions have resulted in more than a 90% decline in the number of children perinatally infected with HIV in the United States.[2]

Table 18| Sexually Transmitted Disease Counts Reported During Pregnancy, 2010-2013

Year of Birth	Mother's STDs Status Reported During Pregnancy*						
	Gonorrhea	Syphilis	Chlamydia	HIV	Hepatitis B	Hepatitis C	Human papillomavirus (HPV)
2010	67	31	601	38	96	42	1,203
2011	66	23	474	33	86	31	1,093
2012	87	17	509	20	75	47	948
2013	46	21	499	18	78	44	928

**STD status during pregnancy for mothers who were Nevada residents as reported on the 2003 US standard birth certificate.*

1. CDC- HIV Among Women. (n.d.). Retrieved from http://www.cdc.gov/hiv/risk/gender/women/facts/index.html

2. CDC - HIV Among Pregnant Women, Infants, and Children - Pregnant Women, Gender, Risk. (n.d.). Retrieved from http://www.cdc.gov/hiv/risk/gender/pregnantwomen/facts/index.html

Table 19| New HIV Infections among Women, Infants, Children, and Youth (WICY) in Clark County and the State of Nevada, 2011-2013*

	Clark County							Nevada						
	2011		2012		2013		%	2011		2012		2013		%
	n	%	n	%	n	%	change[1]	n	%	n	%	n	%	change[1]
Sex at Birth														
Male	77	61%	67	64%	79	60%	3%	79	60%	73	62%	89	61%	13%
Female	49	39%	38	36%	52	40%	6%	53	40%	45	38%	57	39%	8%
Total	**126**	**100%**	**105**	**100%**	**131**	**100%**	**4%**	**132**	**100%**	**118**	**100%**	**146**	**100%**	**11%**
Race/Ethnicity														
White, non-Hispanic	29	23%	23	22%	38	29%	31%	30	23%	28	24%	44	30%	47%
Black, non-Hispanic	52	41%	39	37%	48	37%	-8%	54	41%	41	35%	50	34%	-7%
Hispanic	31	25%	34	32%	31	24%	0%	33	25%	39	33%	38	26%	15%
Asian/Hawaiian/Pacific Islander	11	9%	5	5%	5	4%	-55%	12	9%	6	5%	5	3%	-58%
American Indian/Alaska Native	1	1%	1	1%	0	0%	-100%	1	1%	1	1%	0	0%	-100%
Multi-race	2	2%	3	3%	9	7%	350%	2	2%	3	3%	9	6%	350%
Total	**126**	**100%**	**105**	**100%**	**131**	**100%**	**4%**	**132**	**100%**	**118**	**100%**	**146**	**100%**	**11%**
Age														
< 2	0	0%	0	0%	1	1%	NA	0	0%	0	0%	1	1%	NA
2 to 12	0	0%	0	0%	1	1%	NA	0	0%	0	0%	1	1%	NA
13 to 24	87	69%	70	67%	89	68%	2%	89	67%	76	64%	99	68%	11%
25 to 34	13	10%	10	10%	12	9%	-8%	14	11%	11	9%	13	9%	-7%
35 to 44	10	8%	13	12%	8	6%	-20%	10	8%	14	12%	9	6%	-10%
45 to 54	8	6%	5	5%	15	11%	88%	11	8%	10	8%	17	12%	55%
55 to 64	8	6%	7	7%	5	4%	-38%	8	6%	7	6%	6	4%	-25%
65 +	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
Total	**126**	**100%**	**105**	**100%**	**131**	**100%**	**4%**	**132**	**100%**	**118**	**100%**	**146**	**100%**	**11%**
Transmission Category														
Male														
MSM	70	91%	58	87%	65	82%	-7%	72	91%	64	88%	74	83%	3%
IDU	0	0%	0	0%	0	0%	NA	0	0%	0	0%	1	1%	NA
MSM+IDU	6	8%	4	6%	7	9%	17%	6	8%	4	5%	7	8%	17%
Heterosexual contact	0	0%	2	3%	5	6%	NA	0	0%	2	3%	5	6%	NA
Perinatal exposure	1	1%	0	0%	0	0%	-100%	1	1%	0	0%	0	0%	-100%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
NIR/NRR	0	0%	3	4%	2	3%	NA	0	0%	3	4%	2	2%	NA
Subtotal	**77**	**100%**	**67**	**100%**	**79**	**100%**	3%	**79**	**100%**	**73**	**100%**	**89**	**100%**	**13%**
Female														
IDU	5	10%	4	11%	4	8%	-20%	5	9%	5	11%	5	9%	0%
Heterosexual contact	24	49%	17	45%	32	62%	33%	28	53%	19	42%	32	56%	14%
Perinatal exposure	2	4%	0	0%	3	6%	50%	2	4%	0	0%	3	5%	50%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
NIR/NRR	18	37%	17	45%	13	25%	-28%	18	34%	21	47%	17	30%	-6%
Subtotal	**49**	**100%**	**38**	**100%**	**52**	**100%**	6%	**53**	**100%**	**45**	**100%**	**57**	**100%**	**8%**
Total	**126**	**100%**	**105**	**100%**	**131**	**100%**	**4%**	**132**	**100%**	**118**	**100%**	**146**	**100%**	**11%**

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (Aug 2014)

New HIV Infections are counted in eHARS surveillance statistics and include HIV and AIDS cases diagnosed in Nevada, both living and deceased. The surveillance data excludes HIV/AIDS cases diagnosed in other states, but who currently live in Nevada. HIV Diagnoses and AIDS Diagnoses may duplicate case counts if the person was diagnosed with both HIV and AIDS in the same year.

**WICY include women aged 25 yrs or older, infants < 2 yrs, children between 2 to 13 yrs and youths between 13 and 24 yrs.*

[1]% change is the percentage increase or decrease relative to the number of cases in 2011. Take caution when interpreting percent changes calculated from small case counts because they are susceptible to high variability and are likely to be misleading.

Table 20| New AIDS Infections among Women, Infants, Children, and Youth (WICY) in Clark County and the State of Nevada, 2011-2013*

	Clark County							Nevada						
	2011		2012		2013		%	2011		2012		2013		%
	n	%	n	%	n	%	change[†]	n	%	n	%	n	%	change[†]
Sex at Birth														
Male	20	35%	19	35%	19	37%	-5%	20	33%	20	33%	21	36%	5%
Female	37	65%	35	65%	33	63%	-11%	41	67%	40	67%	37	64%	-10%
Total	**57**	**100%**	**54**	**100%**	**52**	**100%**	**-9%**	**61**	**100%**	**60**	**100%**	**58**	**100%**	**-5%**
Race/Ethnicity														
White, non-Hispanic	10	18%	9	17%	14	27%	40%	12	20%	13	22%	16	28%	33%
Black, non-Hispanic	31	54%	35	65%	24	46%	-23%	32	52%	37	62%	26	45%	-19%
Hispanic	13	23%	10	19%	12	23%	-8%	14	23%	10	17%	14	24%	0%
Asian/Hawaiian/Pacific Islander	2	4%	0	0%	1	2%	-50%	2	3%	0	0%	1	2%	-50%
American Indian/Alaska Native	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
Multi-race	1	2%	0	0%	1	2%	0%	1	2%	0	0%	1	2%	0%
Total	**57**	**100%**	**54**	**100%**	**52**	**100%**	**-9%**	**61**	**100%**	**60**	**100%**	**58**	**100%**	**-5%**
Age														
< 2	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
2 to 12	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
13 to 24	24	42%	21	39%	23	40%	-4%	24	39%	22	37%	25	43%	4%
25 to 34	10	18%	9	17%	4	7%	-60%	10	16%	9	15%	5	9%	-50%
35 to 44	10	18%	11	20%	5	9%	-50%	13	21%	11	18%	5	9%	-62%
45 to 54	9	16%	9	17%	9	16%	0%	10	16%	13	22%	10	17%	0%
55 to 64	4	7%	4	7%	11	19%	175%	4	7%	5	8%	13	22%	225%
65 +	0	0%	0	0%	5	9%	NA	0	0%	0	0%	0	0%	NA
Total	**57**	**100%**	**54**	**100%**	**57**	**100%**	**0%**	**61**	**100%**	**60**	**100%**	**58**	**100%**	**-5%**
Transmission Category														
Male														
MSM	14	70%	15	79%	17	89%	21%	14	23%	16	27%	18	31%	29%
IDU	0	0%	0	0%	0	0%	NA	0	0%	0	0%	1	2%	NA
MSM+IDU	2	10%	0	0%	0	0%	-100%	2	3%	0	0%	0	0%	-100%
Heterosexual contact	0	0%	0	0%	2	11%	NA	0	0%	0	0%	2	3%	NA
Perinatal exposure	4	20%	1	5%	0	0%	-100%	4	7%	1	2%	0	0%	-100%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	0	0%	3	5%	0	0%	NA
NIR/NRR	0	0%	3	16%	0	0%	NA	20	33%	20	33%	21	36%	5%
Subtotal	**20**	**100%**	**19**	**100%**	**19**	**100%**	-5%	**61**	**100%**	**60**	**100%**	**58**	**100%**	**-5%**
Female														
IDU	6	16%	5	14%	6	18%	0%	6	15%	6	15%	6	16%	0%
Heterosexual contact	16	43%	20	57%	14	42%	-13%	19	46%	21	53%	15	41%	-21%
Perinatal exposure	2	5%	1	3%	2	6%	0%	2	5%	1	3%	2	5%	0%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
NIR/NRR	13	35%	9	26%	11	33%	-15%	14	34%	12	30%	14	38%	0%
Subtotal	**37**	**100%**	**35**	**100%**	**33**	**100%**	-11%	**41**	**100%**	**40**	**100%**	**37**	**100%**	**-10%**
Total	**57**	**100%**	**54**	**100%**	**57**	**100%**	**0%**	**61**	**100%**	**60**	**100%**	**58**	**100%**	**-5%**

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (Aug 2014)

New HIV Infections are counted in eHARS surveillance statistics and include HIV and AIDS cases diagnosed in Nevada, both living and deceased. The surveillance data excludes HIV/AIDS cases diagnosed in other states, but who currently live in Nevada. HIV Diagnoses and AIDS Diagnoses may duplicate case counts if the person was diagnosed with both HIV and AIDS in the same

**WICY include women aged 25 yrs or older, infants < 2 yrs, children between 2 to 13 yrs and youths between 13 and 24 yrs.*

[†]% change is the percentage increase or decrease relative to the number of cases in 2011. Take caution when interpreting percent changes calculated from small case counts because they are susceptible to high variability and are likely to be misleading.

Table 21| Women, Infants, Children, and Youth (WICY) living with HIV (not AIDS) in Clark County and the State of Nevada, 2011-2013*

	Clark County							Nevada						
	2011		2012		2013		%	2011		2012		2013		%
	n	%	n	%	n	%	change[†]	n	%	n	%	n	%	change[†]
Sex at Birth														
Male	178	23%	180	23%	195	24%	10%	202	23%	203	23%	217	23%	7%
Female	594	77%	588	77%	608	76%	2%	693	77%	687	77%	715	77%	3%
Total	**772**	**100%**	**768**	**100%**	**803**	**100%**	4%	**895**	**100%**	**890**	**100%**	**932**	**100%**	**4%**
Race/Ethnicity														
White, non-Hispanic	240	31%	236	31%	241	30%	0%	316	35%	306	34%	310	33%	-2%
Black, non-Hispanic	339	44%	335	44%	350	44%	0	362	40%	357	40%	373	40%	3%
Hispanic	148	19%	149	19%	160	20%	0	163	18%	169	19%	187	20%	15%
Asian/Hawaiian/Pacific Islander	31	4%	31	4%	27	3%	0	36	4%	37	4%	33	4%	-8%
American Indian/Alaska Native	6	1%	6	1%	5	1%	0	10	1%	10	1%	8	1%	-20%
Multi-race	8	1%	11	1%	20	2%	2	8	1%	11	1%	21	2%	163%
Total	**772**	**100%**	**768**	**100%**	**803**	**100%**	**4%**	**895**	**100%**	**890**	**100%**	**932**	**100%**	**4%**
Age at End of Year														
< 2	0	0%	0	0%	1	0%	NA	0	0%	0	0%	1	0%	NA
2 to 12	9	1%	9	1%	9	1%	0	10	1%	10	1%	9	1%	-10%
13 to 24	209	27%	202	26%	220	27%	5%	235	26%	228	26%	247	27%	5%
25 to 34	128	17%	120	16%	117	15%	-9%	148	17%	142	16%	142	15%	-4%
35 to 44	172	22%	167	22%	164	20%	-5%	199	22%	191	21%	189	20%	-5%
45 to 54	163	21%	155	20%	169	21%	4%	198	22%	191	21%	206	22%	4%
55 to 64	75	10%	93	12%	97	12%	0	86	10%	102	11%	106	11%	23%
65 +	16	2%	22	3%	26	3%	1	19	2%	26	3%	32	3%	68%
Total	**772**	**100%**	**768**	**100%**	**803**	**100%**	**4%**	**895**	**100%**	**890**	**100%**	**932**	**100%**	**4%**
Transmission Category														
Male														
MSM	150	84%	150	83%	157	81%	0	167	83%	168	83%	176	81%	5%
IDU	3	2%	1	1%	0	0%	-1	3	1%	1	0%	0	0%	-100%
MSM+IDU	5	3%	10	6%	15	8%	2	7	3%	11	5%	15	7%	114%
Heterosexual contact	3	2%	3	2%	5	3%	1	3	1%	3	1%	5	2%	67%
Perinatal exposure	13	7%	14	8%	14	7%	0	15	7%	16	8%	15	7%	0%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
NIR/NRR	4	2%	2	1%	4	2%	0	7	3%	4	2%	6	3%	-14%
Subtotal	**178**	**100%**	**180**	**100%**	**195**	**100%**	**10%**	**202**	**100%**	**203**	**100%**	**217**	**100%**	**7%**
Female														
IDU	77	13%	71	12%	68	11%	0	89	13%	89	13%	87	12%	-2%
Heterosexual contact	382	64%	371	63%	393	65%	3%	436	63%	422	61%	446	62%	2%
Perinatal exposure	14	2%	12	2%	13	2%	-7%	16	2%	15	2%	17	2%	6%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	1	0%	1	0%	1	0%	0%
NIR/NRR	128	21%	134	23%	134	22%	5%	151	22%	160	23%	164	23%	9%
Subtotal	**601**	**100%**	**588**	**100%**	**608**	**100%**	**1%**	**693**	**100%**	**687**	**100%**	**715**	**100%**	**3%**
Total	**772**	**100%**	**768**	**100%**	**803**	**100%**	**4%**	**895**	**100%**	**890**	**100%**	**932**	**100%**	**4%**

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (Feb 2014)

Persons living with HIV/AIDS data include data on persons living in Nevada with HIV (not yet AIDS) and AIDS based on the current address listed in the HIV/AIDS Reporting System (eHARS). These persons may or may not have been diagnosed with HIV or AIDS in Nevada.

**WICY include women aged 25 yrs or older, infants < 2 yrs, children between 2 to 13 yrs and youths between 13 and 24 yrs.*

[†]% change is the percentage increase or decrease relative to the number of cases in 2011. Take caution when interpreting percent changes calculated from small case counts because they are susceptible to high variability and are likely to be misleading.

Table 22| Women, Infants, Children, and Youth (WICY) living with AIDS in Clark County and the State of Nevada, 2011-2013*

	Clark County							Nevada						
	2011		2012		2013		%	2011		2012		2013		%
	n	%	n	%	n	%	change[†]	n	%	n	%	n	%	change[†]
Sex at Birth														
Male	45	7%	56	9%	62	9%	38%	48	6%	60	8%	68	8%	42%
Female	587	93%	597	91%	625	91%	6%	697	94%	706	92%	737	92%	6%
Total	**632**	**100%**	**653**	**100%**	**687**	**100%**	**9%**	**745**	**100%**	**766**	**100%**	**805**	**100%**	**8%**
Race/Ethnicity														
White, non-Hispanic	183	29%	182	28%	187	27%	2%	262	35%	260	34%	267	33%	2%
Black, non-Hispanic	315	50%	332	51%	351	51%	0	327	44%	343	45%	363	45%	11%
Hispanic	109	17%	114	17%	122	18%	0	124	17%	131	17%	141	18%	14%
Asian/Hawaiian/Pacific Islander	13	2%	13	2%	12	2%	0	17	2%	17	2%	16	2%	-6%
American Indian/Alaska Native	8	1%	8	1%	8	1%	0	10	1%	10	1%	10	1%	0%
Multi-race	4	1%	4	1%	7	1%	NA	5	1%	5	1%	8	1%	60%
Total	**632**	**100%**	**653**	**100%**	**687**	**100%**	**9%**	**745**	**100%**	**766**	**100%**	**805**	**100%**	**8%**
Age at End of Year														
< 2	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
2 to 12	1	< 1%	1	< 1%	1	< 1%	NA	1	< 1%	1	< 1%	1	< 1%	0%
13 to 24	64	10%	76	12%	84	12%	31%	67	9%	80	10%	90	11%	34%
25 to 34	70	11%	65	10%	65	9%	-7%	80	11%	73	10%	74	9%	-8%
35 to 44	184	29%	181	28%	173	25%	-6%	214	29%	210	27%	198	25%	-7%
45 to 54	206	33%	213	33%	219	32%	6%	249	33%	257	34%	264	33%	6%
55 to 64	85	13%	89	14%	108	16%	27%	108	14%	112	15%	135	17%	25%
65 +	22	3%	28	4%	37	5%	1	26	3%	33	4%	43	5%	65%
Total	**632**	**100%**	**653**	**100%**	**687**	**100%**	**9%**	**745**	**100%**	**766**	**100%**	**805**	**100%**	**8%**
Transmission Category														
Male														
MSM	29	64%	37	66%	44	71%	NA	29	60%	40	67%	47	69%	62%
IDU	0	0%	0	0%	0	0%	NA	0	0%	0	0%	1	1%	NA
MSM+IDU	2	4%	1	2%	0	0%	NA	2	4%	1	2%	0	0%	-100%
Heterosexual contact	1	2%	1	2%	3	5%	NA	1	2%	1	2%	3	4%	200%
Perinatal exposure	13	29%	14	25%	13	21%	0	14	29%	14	23%	14	21%	0%
Transfusion/Hemophilia	0	0%	0	0%	0	0%	NA	0	0%	0	0%	0	0%	NA
NIR/NRR	0	0%	3	5%	2	3%	NA	2	4%	4	7%	3	4%	50%
Subtotal	**45**	**100%**	**56**	**100%**	**62**	**100%**	**38%**	**48**	**100%**	**60**	**100%**	**68**	**100%**	**42%**
Female														
IDU	118	20%	114	19%	117	19%	-1%	154	22%	150	21%	153	21%	-1%
Heterosexual contact	374	64%	378	63%	392	63%	5%	424	61%	427	60%	442	60%	4%
Perinatal exposure	16	3%	16	3%	18	3%	NA	17	2%	17	2%	19	3%	12%
Transfusion/Hemophilia	1	< 1%	1	< 1%	1	< 1%	NA	3	0%	2	0%	2	0%	-33%
NIR/NRR	78	13%	88	15%	97	16%	24%	99	14%	110	16%	121	16%	22%
Subtotal	**587**	**100%**	**597**	**100%**	**625**	**100%**	**6%**	**697**	**100%**	**706**	**100%**	**737**	**100%**	**6%**
Total	**632**	**100%**	**653**	**100%**	**687**	**100%**	**9%**	**745**	**100%**	**766**	**100%**	**805**	**100%**	**8%**

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (Feb 2014)

Persons living with HIV/AIDS data include data on persons living in Nevada with HIV (not yet AIDS) and AIDS based on the current address listed in the HIV/AIDS Reporting System (eHARS). These persons may or may not have been diagnosed with HIV or AIDS in Nevada.

**WICY include women aged 25 yrs or older, infants < 2 yrs, children between 2 to 13 yrs and youths between 13 and 24 yrs.*

[†]% change is the percentage increase or decrease relative to the number of cases in 2011. Take caution when interpreting percent changes calculated from small case counts because they are susceptible to high variability and are likely to be misleading.

SEXUALLY TRANSMITTED DISEASES (STD)

According to the CDC Individuals who contract syphilis, gonorrhea, and herpes often also have HIV, or have an increased risk of contracting HIV in the future. Some STDs produce sores or breaks in the skin which may allow for HIV to be transmitted more easily. The same behaviors which put an individual at risk of contracting an STD are the same behaviors which increase an individual's risk of contracting HIV. The CDC advises the only way to avoid STDs is to not have vaginal, anal, or oral sex.

The following behaviors increase the risk of contracting a STD:

- Choosing to participate in risky behaviors;
- Choosing not to use condoms or using them incorrectly;
- Having a high number of sexual partners;
- Use drugs or alcohol before or during sex; and
- Not receiving regular STD testing if sexually active[1]

In 2013, a total of 1,401,906 cases of *Chlamydia trachomatis* infection, 333,004 cases of Gonorrhea, and 56,471 cases of syphilis (P&S, early latent, late, late latent, and congenital) in the United States were reported to the CDC. Nevada reported in 2013, 11,860 cases of chlamydia, 2,742 cases of gonorrhea and 213 cases of syphilis (primary and secondary).

Table 23| *STD Infections in Nevada by Disease and County of Residence, 2013**

County	Chlamydia			Gonorrhea			Syphilis, Primary and Secondary		
	n	Rate*	95% CI †	n	Rate*	95% CI †	n	Rate*	95% CI †
Carson City	194	348.2	(299.2 - 397.2)	19	34.1	(20.5 - 53.3)	< 5	3.6	(0.4 - 13.0)
Churchill	72	285.6	(223.5 - 359.7)	7	27.8	(11.2 - 57.2)	< 5	4.0	(0.1 - 22.1)
Clark	9,327	464.4	(455.0 - 473.8)	2,269	113.0	(108.3 - 117.6)	171	8.5	(7.2 - 9.8)
Douglas	74	155.1	(121.8 - 194.4)	< 5	NA	NA	< 5	NA	NA
Elko	143	270.9	(226.5 - 315.6)	27	51.2	(33.7 - 74.4)	0	0.0	(0.0 - 0.0)
Esmeralda	< 5	NA	NA	0	0.0	(0.0 - 0.0)	0	0.0	(0.0 - 0.0)
Eureka	< 5	NA	NA	0	0.0	(0.0 - 0.0)	0	0.0	(0.0 - 0.0)
Humboldt	46	260.7	(190.9 - 347.8)	< 5	NA	NA	< 5	NA	NA
Lander	16	254.2	(145.3 - 412.7)	0	0.0	(0.0 - 0.0)	0	0.0	(0.0 - 0.0)
Lincoln	< 5	NA	NA	< 5	NA	NA	0	0.0	(0.0 - 0.0)
Lyon	148	282.1	(236.6 - 327.5)	17	32.4	(18.9 - 51.9)	< 5	NA	NA
Mineral	28	632.9	(420.5 - 914.7)	5	113.0	(36.7 - 263.7)	0	0.0	(0.0 - 0.0)
Nye	49	110.5	(81.8 - 146.1)	6	13.5	(5.0 - 29.5)	0	0.0	(0.0 - 0.0)
Pershing	7	100.1	(40.2 - 206.2)	< 5	NA	NA	< 5	NA	NA
Storey	< 5	NA	NA	0	0.0	(0.0 - 0.0)	0	0.0	(0.0 - 0.0)
Washoe	1,686	391.2	(372.5 - 409.8)	367	85.1	(76.4 - 93.9)	33	7.7	(5.3 - 10.8)
White Pine	20	198.3	(121.1 - 306.2)	< 5	NA	NA	< 5	NA	NA
Total	**11,860**	**427.4**	**(419.7 - 435.0)**	**2,742**	**98.8**	**(95.1 - 102.5)**	**213**	**7.7**	**(6.6 - 8.7)**

*Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of Jan 2015*

**Crude rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.*

[1] *Syphilis, P & S refers to Primary and Secondary Syphilis.*

1. STD and HIV – CDC Fact Sheet Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2013.* Atlanta: U.S. Department of Health and Human Services; 2014. http://www.cdc.gov/nchhstp/newsroom/docs/std-trends-508.pdf

Table 24| *All Reported STD Infections in Nevada by Disease, 2013**

	Chlamydia			Gonorrhea			P&S Syphilis[1]			EL Syphilis[2]		
	N	%	Rate*	N	%	Rate*	N	%	Rate*	N	%	Rate*
Resident County at Diagnosis												
Clark	8,614	77.6%	428.9	2,090	82.0%	104.1	170	82.1%	8.5	220	93.6%	11.0
Washoe	1,686	15.2%	391.2	367	14.4%	85.1	31	15.0%	7.2	14	6.0%	3.2
Carson/Douglas/Lyon	413	3.7%	264.9	38	1.5%	24.4	2	1.0%	1.3	0	0.0%	0.0
All Other Counties**	394	3.5%	218.9	54	2.1%	30.0	4	1.9%	2.2	1	0.4%	0.6
Total	**11,107**	**100%**	**400.2**	**2,549**	**100%**	**91.8**	**207**	**100%**	**7.5**	**235**	**100%**	**8.5**
Race/Ethnicity												
White, non-Hispanic	2,644	23.8%	163.5	585	23.0%	36.2	78	37.7%	4.8	76	32.3%	4.7
Black, non-Hispanic	1,870	16.8%	938.0	746	29.3%	374.2	39	18.8%	19.6	65	27.7%	32.6
Hispanic	2,179	19.6%	296.5	348	13.7%	47.3	60	29.0%	8.2	62	26.4%	8.4
American Indian/Alaska Native	125	1.1%	342.5	28	1.1%	76.7	0	0.0%	0.0	2	0.9%	5.5
Asian/Hawaiian/Pacific Islander	358	3.2%	191.7	48	1.9%	25.7	13	6.3%	7.0	8	3.4%	4.3
Unknown/Other	3,931	35.4%	NA	794	31.1%	NA	17	8.2%	NA	22	9.4%	NA
Total	**11,107**	**100%**	**400.2**	**2,549**	**100%**	**91.8**	**207**	**100%**	**7.5**	**235**	**100%**	**8.5**
Age Group												
<9	9	0.1%	2.3	2	0.1%	0.5	0	0.0%	0.0	0	0.0%	0.0
10-14	81	0.7%	43.4	27	1.1%	14.5	0	0.0%	0.0	1	0.4%	0.5
15-19	2,978	26.8%	1,617.6	543	21.3%	295.0	9	4.3%	4.9	6	2.6%	3.3
20-24	4,018	36.2%	2,105.7	687	27.0%	360.0	47	22.7%	24.6	55	23.4%	28.8
25-29	2,005	18.1%	1,035.5	460	18.0%	237.6	43	20.8%	22.2	44	18.7%	22.7
30-34	995	9.0%	503.8	327	12.8%	165.6	26	12.6%	13.2	32	13.6%	16.2
35-39	486	4.4%	255.2	172	6.7%	90.3	22	10.6%	11.6	16	6.8%	8.4
40-44	254	2.3%	135.5	115	4.5%	61.4	17	8.2%	9.1	27	11.5%	14.4
45-54	222	2.0%	58.8	159	6.2%	42.1	32	15.5%	8.5	35	14.9%	9.3
55-64	35	0.3%	11.0	42	1.6%	13.1	9	4.3%	2.8	16	6.8%	5.0
65+	17	0.2%	4.8	13	0.5%	3.7	2	1.0%	0.6	3	1.3%	0.9
Unknown	7	0.1%	NA	2	0.1%	NA	0	0.0%	NA	0	0.0%	NA
Total	**11,107**	**100%**	**400.2**	**2,549**	**100%**	**91.8**	**207**	**100%**	**7.5**	**235**	**100%**	**8.5**

*Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of March 2014*

**Crude rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.*

[1] *Syphilis, P & S refers to Primary and Secondary Syphilis.*

[2] *Syphilis, EL refers to Early Latent Syphilis.*

Figure 40| *Cases of Chlamydia Diagnosed Between 6/2012 and 12/2013 in the Las Vegas Are by Zip Code Tabulation Areas*

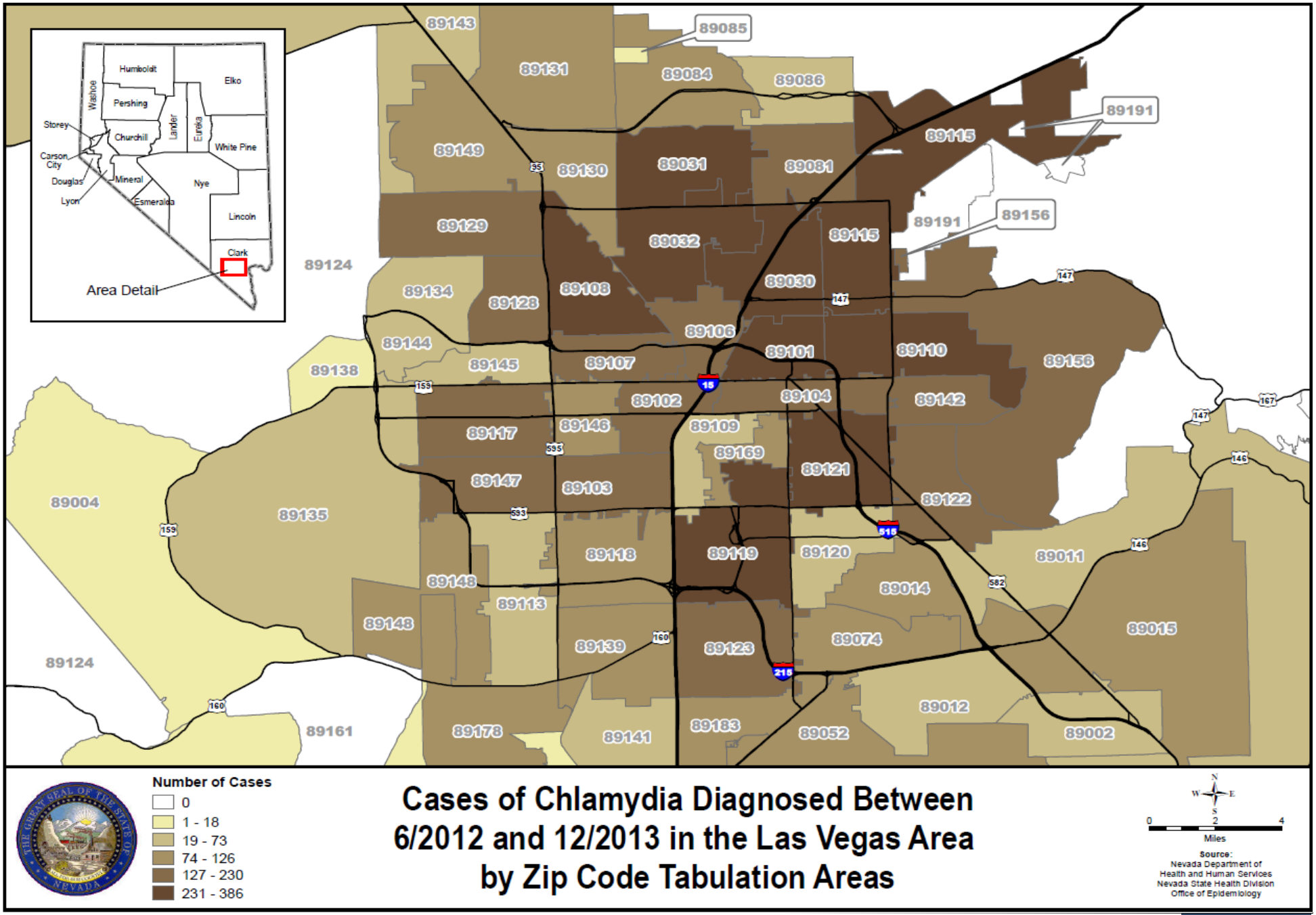


Figure 41| *Cases of Gonorrhea Diagnosed in the Las Vegas Are by Zip Code Tabulation Areas, 2009-2013*

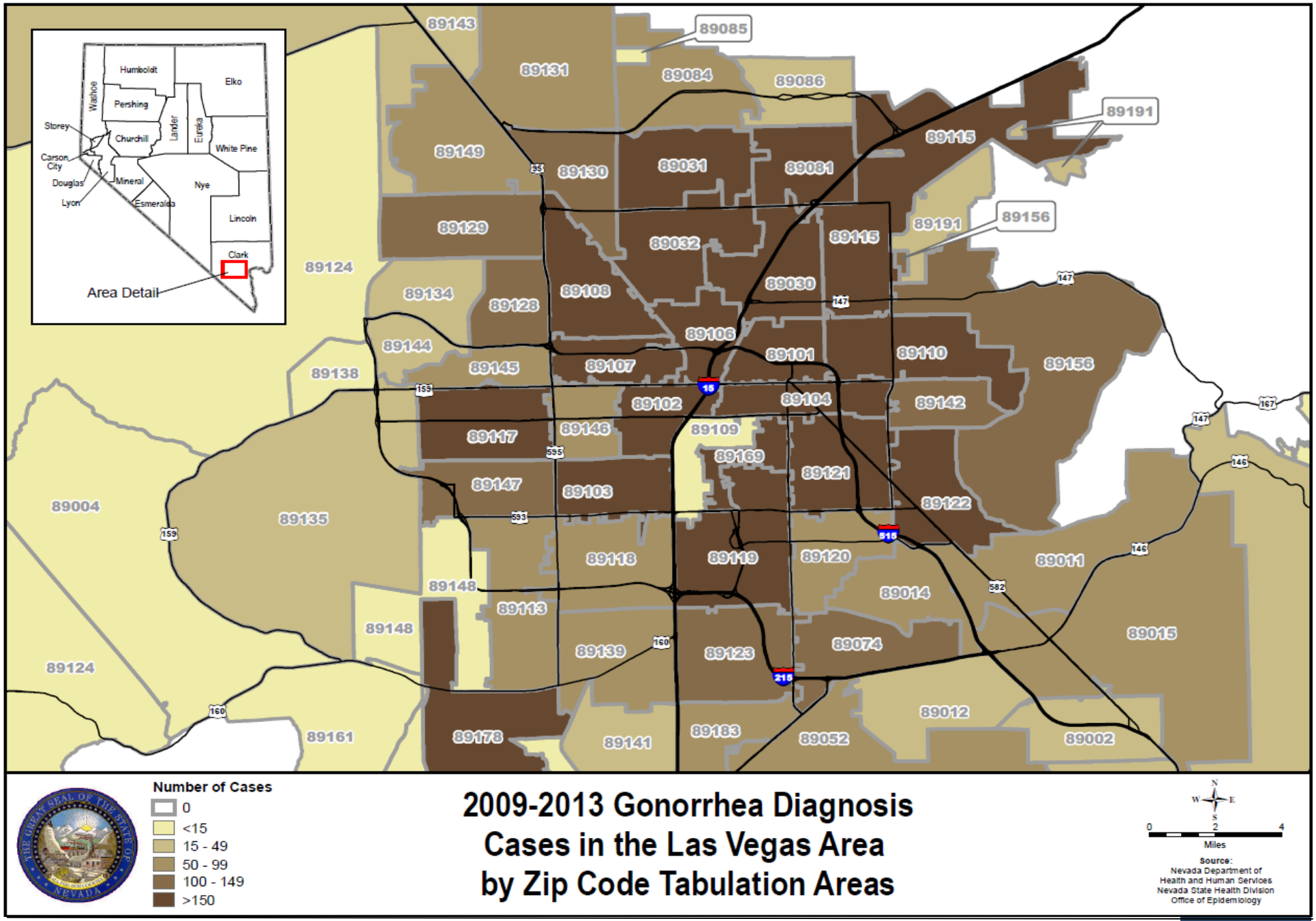
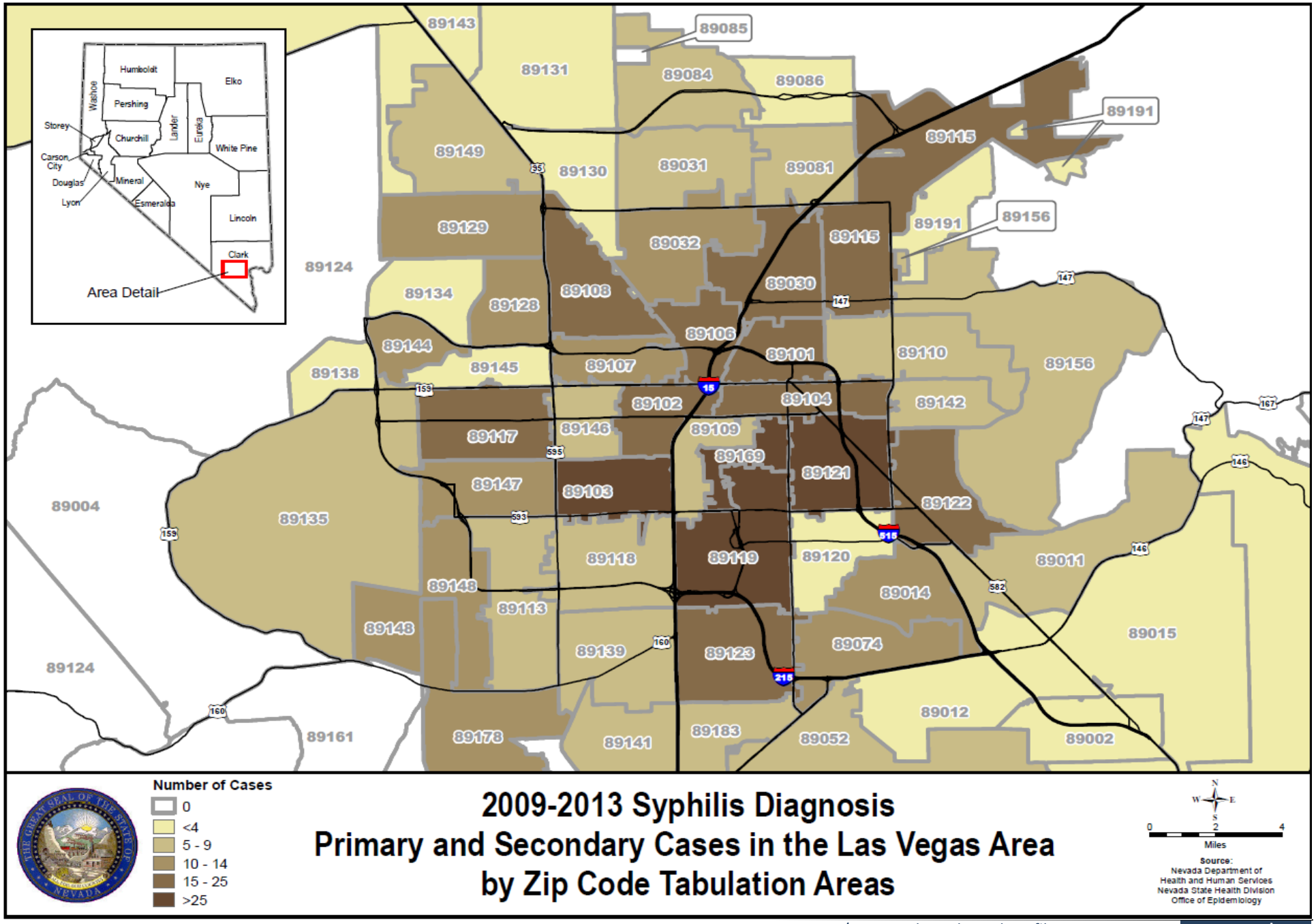


Figure 42| *Cases of Primary and Secondary Syphilis Diagnosed in the Las Vegas Are by Zip Code Tabulation Areas, 2009-2013*



SYPHILIS/HIV CO-INFECTION ANALYSIS

Table 25| *Syphilis Only vs. HIV/Syphilis Co-infection in Nevada, 2009-2013**

	Syphilis Diagnosis Only (N=1,358)			Concurrent HIV and Syphilis		
	n**	%	95% CI†	n**	%	95% CI†
Type of Syphilis						
Primary and Secondary	558	41.1%	(37.7 - 44.5)	57	41.9%	(31.7 - 54.3)
Early Latent	800	58.9%	(54.8 - 63.0)	79	58.1%	(46.0 - 72.4)
Sex at Birth						
Male	1,138	83.8%	(78.9 - 88.7)	135	99.3%	(82.5 - 100.0)
Female	220	16.2%	(14.1 - 18.3)	1	0.7%	(0.0 - 4.1)
Race/Ethnicity						
White, non-Hispanic	453	33.4%	(30.3 - 36.4)	42	30.9%	(22.3 - 41.7)
Black, non-Hispanic	358	26.4%	(23.6 - 29.1)	43	31.6%	(22.9 - 42.6)
Hispanic	348	25.6%	(22.9 - 28.3)	45	33.1%	(24.1 - 44.3)
Asian/Hawaiian/Pacific Islander	58	4.3%	(3.2 - 5.5)	5	3.7%	(1.2 - 8.6)
American Indian/Alaska Native	358	0.5%	(0.2 - 1.1)	0	0.0%	(0.0 - 0.0)
Multi-race/Other	134	9.9%	(8.2 - 11.5)	1	0.7%	(0.0 - 4.1)
Age						
< 13	1	0.1%	(0.0 - 0.5)	0	0.0%	(0.0 - 0.0)
13 to 24	292	22.7%	(20.1 - 25.3)	36	26.5%	(18.5 - 36.6)
25 to 34	396	30.8%	(27.8 - 33.9)	63	46.3%	(35.6 - 59.3)
35 to 44	280	21.8%	(19.3 - 24.4)	22	16.2%	(10.0 - 24.7)
45 to 54	236	18.4%	(16.0 - 20.7)	10	7.4%	(3.5 - 13.5)
55 to 64	61	4.8%	(3.6 - 6.1)	5	3.7%	(1.2 - 8.6)
65 +	18	1.4%	(0.8 - 2.2)	0	0.0%	(0.0 - 0.0)
Total Number of Partners (past 12 months from Syphilis Diagnosis)						
< 5	972	78.5%	(73.5 - 83.4)	80	61.1%	(48.4 - 76.0)
6 to 10	128	10.3%	(8.5 - 12.1)	22	16.8%	(10.4 - 25.7)
11 to 19	74	6.0%	(4.7 - 7.5)	16	12.2%	(7.0 - 19.8)
20 +	65	5.2%	(4.1 - 6.7)	13	9.9%	(5.3 - 17.0)
Prior STD History						
Yes	610	45.8%	(42.1 - 49.4)	41	30.4%	(21.8 - 41.2)
No	653	49.0%	(45.2 - 52.7)	91	67.4%	(54.3 - 82.8)
Gender of Sex Partner(s) (For Male Cases)						
Male	781	70.2%	(65.2 - 75.1)	109	80.7%	(65.6 - 95.9)
Female	235	21.1%	(18.4 - 23.8)	11	8.2%	(4.1 - 14.6)
Both male and female	80	7.2%	(5.7 - 8.9)	15	11.1%	(6.2 - 18.3)
Sexual Behaviors (past 12 months from Syphilis Diagnosis)						
Met sex partners via internet	388	29.3%	(26.4 - 32.2)	60	44.4%	(33.9 - 57.2)
Sex with anonymous partner	633	47.6%	(43.9 - 51.3)	80	59.3%	(47.0 - 73.8)
Sex with an IDU	49	3.7%	(2.7 - 4.9)	16	11.9%	(6.8 - 19.2)
Sex while high or intoxicated	397	29.9%	(26.9 - 32.8)	63	46.7%	(35.9 - 59.7)
Exchanged drugs/money for sex	96	7.2%	(5.8 - 8.8)	10	7.4%	(3.6 - 13.6)
Drug Use (past 12 months from Syphilis Diagnosis)						
Any Drugs	318	23.4%	(20.8 - 26.0)	56	41.2%	(31.1 - 53.5)
Injection Drugs	44	3.2%	(2.4 - 4.3)	10	7.4%	(3.5 - 13.5)
Methamphetamines	107	7.9%	(9.7 - 9.4)	35	25.7%	(17.9 - 35.8)

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2013) and Sexually Transmitted

** Only the first Syphilis diagnoses between 2009-2013 are included in this analysis; therefore, people with multiple Syphilis*

§Concurrent Syphilis/HIV diagnosis is defined as having a Syphilis diagnosis date 30 days before or after a HIV diagnosis date.

***Reported numbers less than 12, as well as estimated number (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.*

†Confidence Interval

A total of 1,358 persons were diagnosed with Syphilis at least once in Nevada from 2009 to 2013*. Among these cases, 136 persons also had a HIV diagnosis within 30 days of a Syphilis diagnosis. When comparing persons with concurrent HIV/Syphilis diagnoses to persons with Syphilis diagnoses only, some disparities are present. Compared with persons with Syphilis only, persons with concurrent HIV/Syphilis infections were more likely to be 25 to 34 year old and have 6 or more sex partners. Compared with persons with Syphilis only, persons with concurrent HIV/Syphilis infections were also more likely to have met sex partners via internet, injection drug user, and have sex while high or intoxicated. Persons with concurrent HIV/Syphilis infections were more likely to use some type of drugs, specifically methamphetamines, than persons with Syphilis only. However, compared to persons with Syphilis only, persons with concurrent HIV/Syphilis infections were less likely to have previous STD history and males were less likely to have sex with only females.

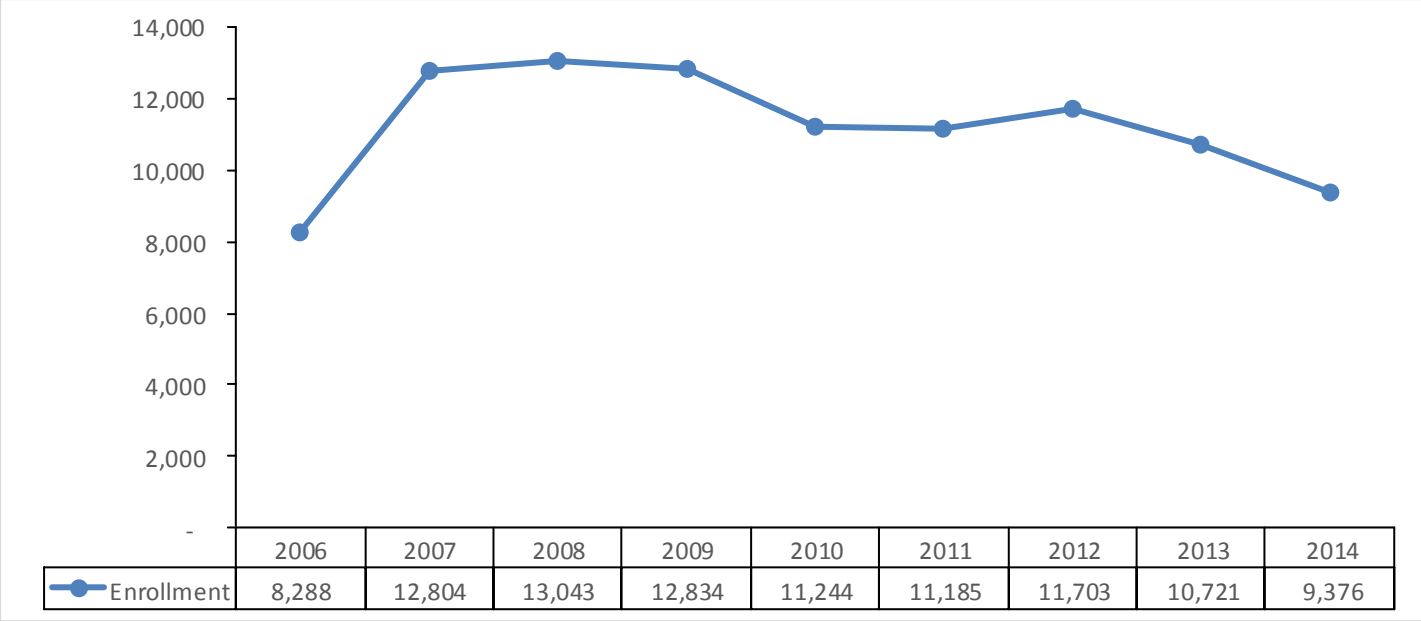
SUBSTANCE ABUSE

"Drug abuse and addiction have been inextricably linked with HIV/AIDS since the beginning of the epidemic. The link has to do with heightened risk—both of contracting and transmitting HIV and of worsening its consequences."[1] While needle sharing is a method in which HIV can spread a lesser recognized risk of substance abuse is that certain drugs can increase an individuals likelihood of engaging in risky behaviors. Some of these behaviors include unprotected sex, sex while under the influence, or sex for money transactions.[1]

Injection Drug Users in Treatment in Nevada

The Substance Abuse Prevention and Treatment Agency (SAPTA) keeps records on clients being treated at 24 substance abuse treatment programs throughout the state. The chart below shows the percentage of total admissions of those seeking treatment for injection drug use as the primary, secondary or tertiary substance of abuse. It is important to keep in mind that these people are being treated for substance abuse and this is a different population than the population in general.

Figure 43| *Substance Abuse Prevention and Treatment Agency Enrollment by Year, 2006-2014*



	2006	2007	2008	2009	2010	2011	2012	2013	2014
Enrollment	8,288	12,804	13,043	12,834	11,244	11,185	11,703	10,721	9,376

When clients are admitted for treatment, they are offered HIV/TB services which include education, counseling and testing, if requested. HIV services are offered to all clients admitted to SAPTA funded treatment programs. Injection drug users may be getting tested for HIV at facilities other than a substance abuse treatment program.

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY/ HIV AND AIDS ANALYSIS

Table 26| *Substance Abuse Prevention and Treatment Agency/Persons Living with HIV/AIDS in 2013 Linkage Analysis*

	Nevada Prevalance					
	SAPTA		LINK*		HIV/AIDS	
	n	%	n	%	n	%
Sex at Birth						
Male	66,557	64%	394	80%	7,654	84%
Female	36,745	36%	98	20%	1,460	16%
Total	**103,302**	**100%**	**492**	**100%**	**9,114**	**100%**
Race/Ethnicity						
White, non-Hispanic	63,628	62%	195	40%	4,432	49%
Black, non-Hispanic	12,355	12%	186	38%	2,204	24%
Hispanic	18,618	18%	84	17%	2,004	22%
Asian/Hawaiian/Pacific Islander	1,654	2%	6	1%	298	3%
American Indian/Alaska Native	2,827	3%	7	1%	71	1%
Multi-race/Other/Unknown	4,220	4%	14	3%	105	1%
Total	**103,302**	**100%**	**492**	**100%**	**9,114**	**100%**
Age						
Missing	33	0%	0	0%	58	1%
< 13	246	0%	0	0%	11	< 1%
13 to 24	30,984	30%	28	6%	337	4%
25 to 34	27,716	27%	110	22%	1,386	15%
35 to 44	21,431	21%	123	25%	2,143	24%
45 to 54	16,930	16%	162	33%	3,204	35%
55 to 64	5,200	5%	66	13%	1,527	17%
65 +	762	1%	3	1%	448	5%
Total	**103,302**	**100%**	**492**	**100%**	**9,114**	**100%**
Transmission Category						
Male						
MSM			214	54%	5,793	64%
IDU			72	18%	490	8%
MSM+IDU			67	17%	579	6%
Heterosexual contact			19	5%	281	13%
Perinatal exposure			2	1%	33	1%
Transfusion/Hemophilia			0	0%	7	< 1%
NIR/NRR			20	5%	471	8%
Subtotal			**394**	**100%**	**7,654**	**100%**
Female						
IDU			26	27%	243	17%
Heterosexual contact			57	58%	889	61%
Perinatal exposure			0	0%	36	2%
Transfusion/Hemophilia			0	0%	3	< 1%
NIR/NRR			15	15%	289	20%
Subtotal			**98**	**100%**	**1,460**	**100%**
Total	**103,302**	**100%**	**492**	**100%**	**9114**	**100%**

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (Aug 2014)

During 2013, 9,114 persons were living with HIV/AIDS in Nevada and of those 492 were also admitted to a program monitored by the Substance Abuse Prevention and Treatment Agency (SAPTA). Over 100,000 people have been enrolled in SAPTA since 2006 and of those over 60,000 have agreed to the HIV testing offered to them when admitted to treatment in a SAPTA approved program.

There have been 68 individuals who were tested for HIV by SAPTA at admission and who were diagnosed within one year with HIV/AIDS. Of the 68 individuals who tested positive for HIV/AIDS within one year of being reported to the state of Nevada, 17 were diagnosed within 30 days of admission and five were diagnosed the same day as the HIV test was administered as a result of admission to a substance abuse treatment program.

* SAPTA and PLWHA individuals were matched utilizing Link Plus. First name, last name, date of birth, and

RISKY BEHAVIORS

Individuals who partake in certain risky behaviors such as choosing not to use condoms or using them incorrectly, having a high number of sexual partners, using drugs or alcohol before or during sex, not receiving regular STD testing if sexually active can increase the likelihood the individual will contract an STD or HIV.[1]

Table 27| *Behavioral Risk Factor Surveillance Survey—Risky Behaviors, 2011-2012*

	Risky Behaviors BRFSS	
	Yes	CI*
Sex at Birth		
Male	4.6	(3.5-5.6)
Female	3.7	(2.9-4.6)
Race/Ethnicity		
White, non-Hispanic	3.5	(2.7-4.2)
Black, non-Hispanic	6.0	(2.7-9.2)
Hispanic	4.9	(3.4-6.4)
Multi-race /All-Other/Unknown	5.2	(2.6-7.8)
Age		
18 - 24	14.2	(10.6-17.9)
25 - 34	7.0	(5.1-8.9)
35 - 44	3.8	(2.2-5.4)
45 - 54	1.8	(0.9-2.6)
55 - 64	0.5	(0.2-0.8)
65+	0.4	(0.1-0.7)
Education		
Less than H.S.	4.3	(2.4-6.1)
H.S. or G.E.D.	4.6	(3.4-5.9)
Some Post H.S.	4.8	(3.5-6.0)
College Graduate	2.4	(1.4-3.4)
Income		
< 15,000	6.5	(4.1-8.8)
$15,000 to $24,999	6.0	(4.0-8.0)
$25,000 to $34,999	3.6	(1.6-5.7)
$35,000 to $49,999	4.0	(2.3-5.7)
$50,000 to $74,999	3.2	(1.9-4.5)
$75,000+	2.8	(1.6-4.0)
Insurance		
Yes	3.4	(2.7-4.1)
No	6.2	(4.7-7.8)
Total	**4.2**	**(3.5-4.8)**

According to the 2011 and 2012 combined Behavioral Risk factor Surveillance System (BRFSS) of the 9,507 surveyed 4.2% had answered yes to one of more of the following questions:

- You have used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease this past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Those who reported yes to one or more of these questions have an increased risk of contracting an STD and/or HIV. In 2011/2012, those ages 18-24 (14.2%) reported they had engaged in at least one risky behavior during those years. As age increases the percentage of individuals reporting "yes" decreases.[2]

1. STD and HIV – CDC Fact Sheet Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2013.* Atlanta: U.S. Department of Health and Human Services; 2014. http://www.cdc.gov/nchhstp/newsroom/docs/std-trends-508.pdf

2. Nevada Department of Public and Behavioral Health (DPBH). Behavioral Risk Factor Surveillance System Survey Data, 2011-2012.

SUMMARY DATA TABLES

Table 28| New HIV Infections in Nevada, 2013

	Total				Male				Female			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
County at Diagnosis												
Clark County	391	89%	19.5	(17.5 - 21.4)	339	89%	33.4	(29.9 - 37.0)	52	91%	5.2	(3.9 - 6.9)
Washoe County	38	9%	8.8	(6.2 - 12.1)	34	9%	15.6	(10.8 - 21.8)	4	7%	1.9	(0.5 - 4.8)
All Other Counties**	11	3%	3.3	(1.6 - 5.9)	10	3%	5.9	(2.8 - 10.8)	1	2%	0.6	(0.0 - 3.4)
Race/Ethnicity												
White, non-Hispanic	173	39%	10.7	(9.1 - 12.3)	155	40%	19.1	(16.1 - 22.1)	18	32%	2.2	(1.3 - 3.5)
Black, non-Hispanic	102	23%	51.2	(41.2 - 61.1)	76	20%	76.0	(59.9 - 95.1)	26	46%	26.2	(17.1 - 38.3)
Hispanic	135	31%	18.4	(15.3 - 21.5)	125	33%	32.3	(26.7 - 38.0)	10	18%	2.9	(1.4 - 5.3)
Asian/Hawaiian/Pacific Islander	17	4%	9.1	(5.3 - 14.6)	14	4%	16.1	(8.8 - 27.0)	3	5%	3.0	(0.6 - 8.8)
American Indian/Alaska Native	1	< 1%	2.7	(0.1 - 15.3)	1	< 1%	5.6	(0.1 - 31.4)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other	12	3%	NA	NA	12	3%	NA	NA	0	0%	NA	NA
Age at Diagnosis												
< 13	2	0%	0.4	(0.0 - 1.3)	0	0%	0.0	(0.0 - 0.0)	2	4%	0.8	(0.1 - 2.7)
13 to 24	99	23%	24.0	(19.5 - 29.3)	89	23%	42.0	(33.7 - 51.6)	10	18%	5.0	(2.4 - 9.2)
25 to 34	159	36%	40.7	(34.3 - 47.0)	146	38%	71.8	(60.2 - 83.5)	13	23%	6.9	(3.7 - 11.8)
35 to 44	76	17%	20.1	(15.8 - 25.2)	67	17%	34.2	(26.5 - 43.4)	9	16%	5.0	(2.3 - 9.4)
45 to 54	71	16%	18.8	(14.7 - 23.7)	54	14%	27.8	(20.9 - 36.3)	17	30%	9.3	(5.4 - 14.9)
55 to 64	29	7%	9.1	(6.1 - 13.0)	23	6%	14.5	(9.1 - 22.0)	6	11%	3.7	(1.4 - 8.1)
65 +	4	1%	1.1	(0.3 - 2.9)	4	1%	2.5	(0.7 - 6.4)	0	0%	0.0	(0.0 - 0.0)
Transmission Category												
MSM	293	67%	NA	NA	293	77%	NA	NA	0	0%	NA	NA
IDU	18	4%	NA	NA	13	3%	NA	NA	5	9%	NA	NA
MSM+IDU	30	7%	NA	NA	30	8%	NA	NA	0	0%	NA	NA
Heterosexual contact	48	11%	NA	NA	16	4%	NA	NA	32	56%	NA	NA
Perinatal exposure	3	1%	NA	NA	0	0%	NA	NA	3	5%	NA	NA
NIR/NRR	48	11%	NA	NA	31	8%	NA	NA	17	30%	NA	NA
Total	**440**	**100%**	**15.9**	**(14.4 - 17.3)**	**383**	**100%**	**27.3**	**(24.6 - 30.1)**	**57**	**100%**	**4.2**	**(3.1 - 5.4)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.*

† 95% confidence intervals are calculated based on the rate.*

Table 29| New AIDS Diagnoses in Nevada, 2013

	Total				Male				Female			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
County at Diagnosis												
Clark County	225	89%	11.2	(9.7 - 12.7)	192	89%	18.9	(16.3 - 21.6)	33	89%	3.3	(2.3 - 4.7)
Washoe County	22	9%	5.1	(3.2 - 7.8)	19	9%	8.7	(5.3 - 13.6)	3	8%	1.4	(0.3 - 4.1)
All Other Counties**	5	2%	1.5	(0.5 - 3.5)	4	2%	2.3	(0.6 - 6.0)	1	3%	0.6	(0.0 - 3.4)
Race/Ethnicity												
White, non-Hispanic	89	35%	5.5	(4.4 - 6.8)	79	37%	9.7	(7.7 - 12.1)	10	27%	0.6	(0.3 - 1.1)
Black, non-Hispanic	75	30%	37.6	(29.6 - 47.2)	55	26%	55.0	(41.4 - 71.6)	20	54%	10.0	(6.1 - 15.5)
Hispanic	69	27%	9.4	(7.3 - 11.9)	63	29%	16.3	(12.5 - 20.9)	6	16%	0.8	(0.3 - 1.8)
Asian/Hawaiian/Pacific Islander	12	5%	6.4	(3.3 - 11.2)	11	5%	12.7	(6.3 - 22.6)	1	3%	0.5	(0.0 - 3.0)
American Indian/Alaska Native	1	< 1%	2.7	(0.1 - 15.3)	1	< 1%	5.6	(0.1 - 31.4)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other	6	2%	NA	NA	6	3%	NA	NA	0	0%	NA	NA
Age at Diagnosis												
< 13	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
13 to 24	25	10%	6.1	(3.9 - 9.0)	21	10%	9.9	(6.1 - 15.1)	4	11%	2.0	(0.5 - 5.1)
25 to 34	68	27%	17.4	(13.5 - 22.0)	63	29%	31.0	(23.8 - 39.7)	5	14%	2.7	(0.9 - 6.2)
35 to 44	61	24%	16.1	(12.3 - 20.7)	56	26%	28.6	(21.6 - 37.1)	5	14%	2.8	(0.9 - 6.4)
45 to 54	59	23%	15.6	(11.9 - 20.2)	49	23%	25.2	(18.7 - 33.4)	10	27%	5.5	(2.6 - 10.0)
55 to 64	34	13%	10.6	(7.4 - 14.9)	21	10%	13.3	(8.2 - 20.3)	13	35%	8.1	(4.3 - 13.8)
65 +	5	2%	1.4	(0.5 - 3.3)	5	2%	3.1	(1.0 - 7.3)	0	0%	0.0	(0.0 - 0.0)
Transmission Category												
MSM	161	64%	NA	NA	161	75%	NA	NA	0	0%	NA	NA
IDU	19	8%	NA	NA	13	6%	NA	NA	6	16%	NA	NA
MSM+IDU	6	2%	NA	NA	6	3%	NA	NA	0	0%	NA	NA
Heterosexual contact	28	11%	NA	NA	13	6%	NA	NA	15	41%	NA	NA
Perinatal exposure	2	1%	NA	NA	0	0%	NA	NA	2	5%	NA	NA
Transfusion/Hemophilia	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	36	14%	NA	NA	22	10%	NA	NA	14	38%	NA	NA
Total	**252**	**100%**	**9.1**	**(8.0 - 10.2)**	**215**	**100%**	**15.3**	**(13.3 - 17.4)**	**37**	**100%**	**2.7**	**(1.9 - 3.7)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.*

† 95% confidence intervals are calculated based on the rate.

Table 30| *New HIV Infections in Nevada, 2009- 2013*

	2009				2010				2011				2012				2013				% Change[††]
	n	%	Rate*	95% CI[†]	n	%	Rate*	95% CI[†]	n	%	Rate*	95% CI[†]	n	%	Rate*	95% CI[†]	n	%	Rate*	95% CI[†]	%
County at Diagnosis																					
Clark County	325	88%	16.8	(15.0 - 18.6)	344	92%	17.6	(15.7 - 19.4)	349	92%	17.7	(15.9 - 19.6)	326	91%	16.4	(14.6 - 18.2)	391	89%	19.5	(17.5 - 21.4)	20%
Washoe County	30	8%	7.3	(4.9 - 10.4)	25	7%	6.0	(3.9 - 8.8)	27	7%	6.4	(4.2 - 9.3)	25	7%	5.8	(3.8 - 8.6)	38	9%	8.8	(6.2 - 12.1)	27%
All Other Counties**	14	4%	4.2	(2.3 - 7.1)	5	1%	1.5	(0.5 - 3.5)	3	1%	0.9	(0.2 - 2.6)	9	3%	2.7	(1.2 - 5.1)	11	3%	3.3	(1.6 - 5.9)	-21%
Sex																					
Male	310	84%	22.8	(20.3 - 25.4)	311	83%	22.7	(20.2 - 25.2)	326	86%	23.7	(21.1 - 26.2)	315	88%	22.6	(20.1 - 25.2)	383	87%	27.3	(24.6 - 30.1)	24%
Female	59	16%	4.5	(3.4 - 5.8)	63	17%	4.7	(3.6 - 6.0)	53	14%	3.9	(3.0 - 5.2)	45	13%	3.3	(2.4 - 4.4)	57	13%	4.2	(3.1 - 5.4)	-3%
Race/Ethnicity																					
White, non-Hispanic	133	36%	8.3	(6.9 - 9.7)	139	37%	8.6	(7.2 - 10.1)	128	34%	8.0	(6.6 - 9.3)	135	38%	8.4	(7.0 - 9.8)	173	39%	10.7	(9.1 - 12.3)	30%
Black, non-Hispanic	100	27%	52.7	(42.4 - 63.1)	103	28%	53.4	43.1 - 63.7	103	27%	53.0	(42.8 - 63.2)	76	21%	38.6	(30.4 - 48.3)	102	23%	51.2	(41.2 - 61.1)	2%
Hispanic	104	28%	15.5	(12.5 - 18.5)	102	27%	14.9	(12.0 - 17.7)	108	28%	15.4	(12.5 - 18.3)	115	32%	16.0	(13.1 - 18.9)	135	31%	18.4	(15.3 - 21.5)	30%
Asian/Hawaiian/Pacific Islander	20	5%	11.3	(6.9 - 17.4)	22	6%	12.2	(7.5 - 18.6)	33	9%	18.1	(12.5 - 25.5)	23	6%	12.5	(7.8 - 18.9)	17	4%	9.1	(5.3 - 14.6)	-15%
American Indian/Alaska Native	6	2%	16.9	(6.2 - 36.8)	1	< 1%	2.8	(0.1 - 15.6)	2	1%	5.6	(0.7 - 20.1)	2	1%	5.5	(0.7 - 19.9)	1	< 1%	2.7	(0.1 - 15.3)	-83%
Multi-race/Other	6	2%	NA	NA	7	2%	NA	NA	5	1%	NA	NA	9	3%	NA	NA	12	3%	NA	NA	100%
Age at Diagnosis																					
< 13	0	0%	0.0	(0.0 - 0.0)	1	< 1%	0.2	(0.0 - 1.1)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	2	0%	0.4	(0.0 - 1.3)	NA
13 to 24	65	18%	15.8	(12.3 - 20.2)	82	22%	19.9	(15.8 - 24.7)	89	23%	21.7	(17.5 - 26.8)	76	21%	18.5	(14.6 - 23.1)	99	23%	24.0	(19.5 - 29.3)	52%
25 to 34	129	35%	33.5	(27.8 - 39.3)	110	29%	28.3	(23.0 - 33.6)	135	36%	34.7	(28.9 - 40.6)	114	32%	29.2	(23.8 - 34.6)	159	36%	40.7	(34.3 - 47.0)	23%
35 to 44	82	22%	21.9	(17.4 - 27.2)	94	25%	25.1	(20.3 - 30.7)	62	16%	16.6	(12.7 - 21.3)	89	25%	23.7	(19.0 - 29.2)	76	17%	20.1	(15.8 - 25.2)	-7%
45 to 54	70	19%	18.9	(14.7 - 23.8)	52	14%	13.9	(10.4 - 18.2)	61	16%	16.2	(12.4 - 20.9)	57	16%	15.1	(11.4 - 19.6)	71	16%	18.8	(14.7 - 23.7)	1%
55 to 64	19	5%	6.5	(3.9 - 10.1)	29	8%	9.6	(6.4 - 13.8)	26	7%	8.4	(5.5 - 12.3)	19	5%	6.0	(3.6 - 9.4)	29	7%	9.1	(6.1 - 13.0)	53%
65 +	4	1%	1.3	(0.3 - 3.2)	6	2%	1.9	(0.7 - 4.0)	6	2%	1.8	(0.7 - 3.9)	5	1%	1.5	(0.5 - 3.4)	4	1%	1.1	(0.3 - 2.9)	0%
Transmission Category																					
Males																					
MSM	264	85%	NA	NA	259	83%	NA	NA	271	83%	NA	NA	246	78%	NA	NA	293	77%	NA	NA	11%
IDU	16	5%	NA	NA	15	5%	NA	NA	14	4%	NA	NA	11	3%	NA	NA	13	3%	NA	NA	-19%
MSM+IDU	17	5%	NA	NA	18	6%	NA	NA	18	6%	NA	NA	19	6%	NA	NA	30	8%	NA	NA	76%
Heterosexual contact	6	2%	NA	NA	5	2%	NA	NA	9	3%	NA	NA	9	3%	NA	NA	16	4%	NA	NA	167%
Perinatal exposure	0	0%	NA	NA	0	0%	NA	NA	1	< 1%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	NA
Transfusion/Hemophilia	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	NA
NIR/NRR	7	2%	NA	NA	14	5%	NA	NA	13	4%	NA	NA	30	10%	NA	NA	31	8%	NA	NA	343%
Subtotal	**310**	**100%**	**22.8**	**(20.3 - 25.4)**	**311**	**100%**	**22.7**	**(20.2 - 25.2)**	**326**	**100%**	**23.7**	**(21.1 - 26.2)**	**315**	**100%**	**22.6**	**(20.1 - 25.2)**	**383**	**100%**	**27.3**	**(24.6 - 30.1)**	**24%**
Females																					
IDU	6	10%	NA	NA	4	6%	NA	NA	5	9%	NA	NA	5	11%	NA	NA	5	9%	NA	NA	-17%
Heterosexual contact	51	86%	NA	NA	50	79%	NA	NA	28	53%	NA	NA	19	42%	NA	NA	32	56%	NA	NA	-37%
Perinatal exposure	0	0%	NA	NA	1	2%	NA	NA	2	4%	NA	NA	0	0%	NA	NA	3	5%	NA	NA	NA
Transfusion/Hemophilia	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	NA
NIR/NRR	2	3%	NA	NA	8	13%	NA	NA	18	34%	NA	NA	21	47%	NA	NA	17	30%	NA	NA	750%
Subtotal	**59**	**100%**	**4.5**	**(3.4 - 5.8)**	**63**	**100%**	**4.7**	**(3.6 - 6.0)**	**53**	**100%**	**3.9**	**(3.0 - 5.2)**	**45**	**100%**	**3.3**	**(2.4 - 4.4)**	**57**	**100%**	**4.2**	**(3.1 - 5.4)**	**-3%**
Total	**369**	**100%**	**13.8**	**(12.4 - 15.2)**	**374**	**100%**	**13.8**	**(12.4 - 15.2)**	**379**	**100%**	**13.9**	**(12.5 - 15.3)**	**360**	**100%**	**13.1**	**(11.7 - 14.4)**	**440**	**100%**	**15.9**	**(14.4 - 17.3)**	**19%**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)

** Rates per 100,000 population were calculated using the corresponding years population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.*

[†] 95% confidence intervals are calculated based on the rate.

[††] % Change is the percent change in the number of new infections from 2009 to 2013.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 31| *Persons Living with HIV/AIDS in Nevada, 2013*

	Total				Male				Female			
	N	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†
Residence at Diagnosis												
Nevada	6,096	67%	NA	NA	5,074	66%	NA	NA	1,022	70%	NA	NA
Out of state	3,018	33%	NA	NA	2,580	34%	NA	NA	438	30%	NA	NA
Missing	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
County of Residence												
Clark County	7,775	85%	387.1	(378.5 - 395.7)	6,534	85%	644.4	(628.8 - 660.0)	1,241	85%	124.8	(117.9 - 131.7)
Washoe County	932	10%	216.2	(202.3 - 230.1)	792	10%	363.8	(338.5 - 389.2)	140	10%	65.6	(54.7 - 76.5)
All Other Counties**	407	4%	121.2	(109.4 - 133.0)	328	4%	192.3	(171.5 - 213.2)	79	5%	47.8	(37.8 - 59.6)
Race/Ethnicity												
White, non-Hispanic	4,432	49%	274.0	(265.9 - 282.1)	3,914	51%	482.6	(467.5 - 497.8)	518	35%	64.2	(58.7 - 69.7)
Black, non-Hispanic	2,204	24%	1,105.5	(1,059.4 - 1,151.7)	1,564	20%	1,564.2	(1,486.7 - 1,641.7)	640	44%	644.0	(594.1 - 693.9)
Hispanic	2,004	22%	272.7	(260.7 - 284.6)	1,770	23%	457.9	(436.6 - 479.3)	234	16%	67.2	(58.5 - 75.8)
Asian/Hawaiian/Pacific Islander	298	3%	159.5	(141.4 - 177.7)	260	3%	299.1	(262.7 - 335.4)	38	3%	38.1	(26.9 - 52.2)
American Indian/Alaska Native	71	1%	194.5	(151.9 - 245.4)	53	1%	298.5	(223.6 - 390.5)	18	1%	96.0	(56.9 - 151.8)
Multi-race/Other	105	1%	NA	NA	93	1%	NA	NA	12	1%	NA	NA
Age at End of Year												
Missing	58	1%	NA	NA	50	1%	NA	NA	8	1%	NA	NA
< 13	11	< 1%	2.0	(1.0 - 3.6)	5	0%	1.8	(0.6 - 4.2)	6	0%	2.3	(0.8 - 4.9)
13 to 24	337	4%	81.8	(73.1 - 90.6)	280	4%	132.0	(116.6 - 147.5)	57	4%	28.5	(21.6 - 37.0)
25 to 34	1,386	15%	354.4	(335.7 - 373.0)	1,170	15%	575.7	(542.8 - 608.7)	216	15%	114.9	(99.6 - 130.3)
35 to 44	2,143	24%	567.1	(543.1 - 591.1)	1,756	23%	895.5	(853.6 - 937.4)	387	27%	212.9	(191.7 - 234.1)
45 to 54	3,204	35%	849.1	(819.7 - 878.5)	2,734	36%	1,408.6	(1,355.8 - 1,461.4)	470	32%	256.5	(233.3 - 279.7)
55 to 64	1,527	17%	477.9	(453.9 - 501.8)	1,286	17%	813.4	(768.9 - 857.9)	241	17%	149.3	(130.4 - 168.1)
65 +	448	5%	127.3	(115.5 - 139.0)	373	5%	234.4	(210.6 - 258.2)	75	5%	38.9	(30.6 - 48.7)
Transmission Category												
MSM	5,793	64%	NA	NA	5,793	76%	NA	NA	0	0%	NA	NA
IDU	733	8%	NA	NA	490	6%	NA	NA	243	17%	NA	NA
MSM+IDU	579	6%	NA	NA	579	8%	NA	NA	0	0%	NA	NA
Heterosexual contact	1,170	13%	NA	NA	281	4%	NA	NA	889	61%	NA	NA
Perinatal exposure	69	1%	NA	NA	33	1%	NA	NA	36	2%	NA	NA
Hemophilia/Blood Transfusion	10	< 1%	NA	NA	7	< 1%	NA	NA	3	< 1%	NA	NA
NIR/NRR	760	8%	NA	NA	471	6%	NA	NA	289	20%	NA	NA
Total	**9,114**	**100%**	**328.4**	**(321.7 - 335.1)**	**7,654**	**100%**	**545.9**	**(533.6 - 558.1)**	**1,460**	**100%**	**106.3**	**(100.9 - 111.8)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.*

† 95% confidence intervals are calcauted based on the rate.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 32| *Persons Living with HIV/AIDS in Nevada, 2009- 2013*

	2009				2010				2011				2012				2013				% Change††
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	%
Residence at Diagnosis																					
Nevada	5,784	73%	NA	NA	5,805	71%	NA	NA	5,874	70%	NA	NA	5,898	68%	NA	NA	6,096	67%	NA	NA	5%
Out of state	2,123	27%	NA	NA	2,371	29%	NA	NA	2,557	30%	NA	NA	2,780	32%	NA	NA	3,018	33%	NA	NA	42%
Missing	31	< 1%	NA	NA	25	< 1%	NA	NA	18	< 1%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	NA
County of Residence																					
Clark County	6,731	85%	348.2	(339.8 - 356.5)	6,966	85%	355.5	(347.2 - 363.8)	7,202	85%	366.0	(357.6 - 374.5)	7,424	86%	373.4	(364.9 - 381.9)	7,775	85%	387.1	(378.5 - 395.7)	16%
Washoe County	790	10%	191.4	(178.0 - 204.7)	824	10%	197.4	(184.0 - 210.9)	847	10%	200.9	(187.4 - 214.4)	866	10%	202.5	(189.0 - 216.0)	932	10%	216.2	(202.3 - 230.1)	18%
All Other Counties**	417	5%	125.7	(113.7 - 137.8)	411	5%	124.8	(112.7 - 136.9)	400	5%	120.3	(108.5 - 132.1)	388	4%	116.1	(104.5 - 127.6)	407	4%	121.2	(109.4 - 133.0)	-2%
Sex																					
Male	6,607	83%	486.4	(474.6 - 498.1)	6,832	83%	498.1	(486.3 - 509.9)	7,051	83%	511.8	(499.9 - 523.8)	7,277	84%	523.2	(511.2 - 535.3)	7,654	84%	545.9	(533.6 - 558.1)	16%
Female	1,331	17%	100.9	(95.5 - 106.3)	1,369	17%	102.6	(97.1 - 108.0)	1,398	17%	104.0	(98.6 - 109.5)	1,401	16%	103.1	(97.7 - 108.5)	1,460	16%	106.3	(100.9 - 111.8)	10%
Race/Ethnicity																					
White, non-Hispanic	4,180	53%	260.3	(252.5 - 268.2)	4,216	51%	261.8	(253.9 - 269.7)	4,250	50%	264.0	(256.1 - 272.0)	4,281	49%	265.1	(257.2 - 273.1)	4,432	49%	274.0	(265.9 - 282.1)	6%
Black, non-Hispanic	1,878	24%	990.1	(945.4 - 1,034.9)	1,965	24%	1,018.0	(973.0 - 1,063.0)	2,042	24%	1,050.5	(1,004.9 - 1,096.0)	2,092	24%	1,062.3	(1,016.8 - 1,107.8)	2,204	24%	1,105.5	(1,059.4 - 1,151.7)	17%
Hispanic	1,573	20%	234.9	(223.3 - 246.5)	1,683	21%	245.2	(233.4 - 256.9)	1,777	21%	253.9	(242.1 - 265.8)	1,871	22%	260.6	(248.8 - 272.4)	2,004	22%	272.7	(260.7 - 284.6)	27%
Asian/Hawaiian/Pacific Islander	205	3%	115.6	(99.8 - 131.5)	221	3%	122.2	(106.1 - 138.3)	255	3%	140.1	(122.9 - 157.3)	283	3%	153.3	(135.5 - 171.2)	298	3%	159.5	(141.4 - 177.7)	45%
American Indian/Alaska Native	71	1%	199.9	(156.1 - 252.1)	71	1%	198.7	(155.2 - 250.6)	71	1%	197.7	(154.4 - 249.4)	71	1%	195.9	(153.0 - 247.1)	71	1%	194.5	(151.9 - 245.4)	0%
Multi-race/Other	31	< 1%	NA	NA	45	1%	NA	NA	54	1%	NA	NA	80	1%	NA	NA	105	1%	NA	NA	239%
Age at End of Year																					
Missing	61	1%	NA	NA	59	1%	NA	NA	58	1%	NA	NA	58	1%	NA	NA	58	1%	NA	NA	-5%
< 13	13	< 1%	2.5	(1.3 - 4.2)	11	< 1%	2.1	(1.0 - 3.7)	11	< 1%	2.1	(1.0 - 3.7)	11	< 1%	2.0	(1.0 - 3.6)	11	< 1%	2.0	(1.0 - 3.6)	-15%
13 to 24	256	3%	62.3	(54.7 - 70.0)	270	3%	65.4	(57.6 - 73.2)	302	4%	73.8	(65.5 - 82.1)	308	4%	74.9	(66.5 - 83.3)	337	4%	81.8	(73.1 - 90.6)	32%
25 to 34	1,118	14%	290.5	(273.4 - 307.5)	1,169	14%	301.2	(283.9 - 318.4)	1,237	15%	318.3	(300.6 - 336.1)	1,294	15%	331.5	(313.4 - 349.6)	1,386	15%	354.4	(335.7 - 373.0)	24%
35 to 44	2,565	32%	684.5	(658.0 - 710.9)	2,425	30%	647.0	(621.2 - 672.8)	2,281	27%	610.7	(585.7 - 635.8)	2,184	25%	581.7	(557.3 - 606.1)	2,143	24%	567.1	(543.1 - 591.1)	-16%
45 to 54	2,714	34%	731.0	(703.5 - 758.5)	2,905	35%	774.3	(746.1 - 802.4)	3,039	36%	808.8	(780.1 - 837.6)	3,118	36%	826.6	(797.6 - 855.6)	3,204	35%	849.1	(819.7 - 878.5)	18%
55 to 64	970	12%	331.3	(310.4 - 352.1)	1,086	13%	360.1	(338.7 - 381.5)	1,206	14%	389.8	(367.8 - 411.8)	1,336	15%	425.0	(402.3 - 447.8)	1,527	17%	477.9	(453.9 - 501.8)	57%
65 +	241	3%	76.4	(66.7 - 86.0)	276	3%	85.3	(75.2 - 95.3)	315	4%	95.2	(84.7 - 105.7)	369	4%	108.0	(97.0 - 119.1)	448	5%	127.3	(115.5 - 139.0)	86%
Transmission Category																					
Males																					
MSM	4,878	74%	NA	NA	5,090	75%	NA	NA	5,297	75%	NA	NA	5,500	76%	NA	NA	5,793	76%	NA	NA	19%
IDU	486	7%	NA	NA	496	7%	NA	NA	493	7%	NA	NA	485	7%	NA	NA	490	6%	NA	NA	1%
MSM+IDU	507	8%	NA	NA	510	7%	NA	NA	526	7%	NA	NA	539	7%	NA	NA	579	8%	NA	NA	14%
Heterosexual contact	246	4%	NA	NA	255	4%	NA	NA	259	4%	NA	NA	260	4%	NA	NA	281	4%	NA	NA	14%
Perinatal exposure	27	< 1%	NA	NA	26	< 1%	NA	NA	30	< 1%	NA	NA	33	< 1%	NA	NA	33	< 1%	NA	NA	22%
Transfusion/Hemophilia	7	< 1%	NA	NA	7	< 1%	NA	NA	7	< 1%	NA	NA	7	< 1%	NA	NA	7	< 1%	NA	NA	0%
NIR/NRR	456	7%	NA	NA	448	7%	NA	NA	439	6%	NA	NA	453	6%	NA	NA	471	6%	NA	NA	3%
Subtotal	**6,607**	**100%**	**486.4**	**(474.6 - 498.1)**	**6,832**	**100%**	**498.1**	**(486.3 - 509.9)**	**7,051**	**100%**	**511.8**	**(499.9 - 523.8)**	**7,277**	**100%**	**523.2**	**(511.2 - 535.3)**	**7,654**	**100%**	**545.9**	**(533.6 - 558.1)**	**16%**
Females																					
IDU	257	19%	NA	NA	253	18%	NA	NA	246	18%	NA	NA	242	17%	NA	NA	243	17%	NA	NA	-5%
Heterosexual contact	799	60%	NA	NA	839	61%	NA	NA	861	62%	NA	NA	850	61%	NA	NA	889	61%	NA	NA	11%
Perinatal exposure	26	2%	NA	NA	31	2%	NA	NA	33	2%	NA	NA	32	2%	NA	NA	36	2%	NA	NA	38%
Transfusion/Hemophilia	4	< 1%	NA	NA	4	< 1%	NA	NA	4	< 1%	NA	NA	3	< 1%	NA	NA	3	< 1%	NA	NA	-25%
NIR/NRR	245	18%	NA	NA	242	18%	NA	NA	254	18%	NA	NA	274	20%	NA	NA	289	20%	NA	NA	18%
Subtotal	**1,331**	**100%**	**100.9**	**(95.5 - 106.3)**	**1,369**	**100%**	**102.6**	**(97.1 - 108.0)**	**1,398**	**100%**	**104.0**	**(98.6 - 109.5)**	**1,401**	**100%**	**103.1**	**(97.7 - 108.5)**	**1,460**	**100%**	**106.3**	**(100.9 - 111.8)**	**10%**
Total	**7,938**	**100%**	**296.4**	**(289.9 - 303.0)**	**8,201**	**100%**	**303.0**	**(296.5 - 309.6)**	**8,449**	**100%**	**310.4**	**(303.8 - 317.0)**	**8,678**	**100%**	**315.5**	**(308.9 - 322.2)**	**9,114**	**100%**	**328.4**	**(321.7 - 335.1)**	**15%**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

** Rates per 100,000 population were calculated using the years corresponding population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.*

† 95% confidence intervals are calculated based on the rate.

†† % Change is the percent change in the number of number of persons living with HIV/AIDS from 2009 to 2013.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 33| *New HIV Infections in Clark County, 2013*

	Total				Male				Female			
	N	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†
Race/Ethnicity												
White, non-Hispanic	145	37%	13.6	(11.4 - 15.8)	128	38%	23.9	(19.8 - 28.0)	17	33%	3.2	(1.9 - 5.1)
Black, non-Hispanic	97	25%	53.0	(43.0 - 64.7)	73	22%	80.5	(63.1 - 101.2)	24	46%	26.0	(16.5 - 39.1)
Hispanic	120	31%	21.1	(17.3 - 24.9)	112	33%	37.4	(30.5 - 44.3)	8	15%	3.0	(1.3 - 5.8)
Asian/Hawaiian/Pacific Islander	17	4%	11.2	(6.5 - 17.9)	14	4%	19.8	(10.8 - 33.2)	3	6%	3.7	(0.8 - 10.8)
American Indian/Alaska Native	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other**	12	3%	NA	NA	12	4%	NA	NA	0	0%	NA	NA
Age at Diagnosis												
< 13	2	1%	0.4	(0.0 - 1.3)	0	0%	0.0	(0.0 - 0.0)	2	4%	0.8	(0.1 - 2.7)
13 to 24	89	23%	21.6	(17.4 - 26.6)	79	23%	37.3	(29.5 - 46.4)	10	19%	5.0	(2.4 - 9.2)
25 to 34	137	35%	35.0	(29.2 - 40.9)	125	37%	61.5	(50.7 - 72.3)	12	23%	6.4	(3.3 - 11.2)
35 to 44	70	18%	18.5	(14.4 - 23.4)	62	18%	31.6	(24.2 - 40.5)	8	15%	4.4	(1.9 - 8.7)
45 to 54	63	16%	16.7	(12.8 - 21.4)	48	14%	24.7	(18.2 - 32.8)	15	29%	8.2	(4.6 - 13.5)
55 to 64	27	7%	8.4	(5.6 - 12.3)	22	6%	13.9	(8.6 - 21.3)	5	10%	3.1	(1.0 - 7.2)
65 +	3	1%	0.9	(0.2 - 2.5)	3	1%	1.9	(0.4 - 5.5)	0	0%	0.0	(0.0 - 0.0)
Transmission Category												
MSM	260	66%	NA	NA	260	77%	NA	NA	0	0%	NA	NA
IDU	13	3%	NA	NA	9	3%	NA	NA	4	8%	NA	NA
MSM+IDU	26	7%	NA	NA	26	8%	NA	NA	0	0%	NA	NA
Heterosexual contact	47	12%	NA	NA	15	4%	NA	NA	32	62%	NA	NA
Perinatal exposure	3	1%	NA	NA	0	0%	NA	NA	3	6%	NA	NA
NIR/NRR	42	11%	NA	NA	29	9%	NA	NA	13	25%	NA	NA
Total	**391**	**100%**	**19.5**	**(17.5 - 21.4)**	**339**	**100%**	**33.4**	**(29.9 - 37.0)**	**52**	**100%**	**5.2**	**(3.9 - 6.9)**

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

of new infections.

† 95% confidence intervals are calcauted based on the rate.*

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 34| *New AIDS Diagnoses in Clark County, 2013*

	Total				Male				Female			
	N	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†
Race/Ethnicity												
White, non-Hispanic	77	34%	7.2	(5.7 - 9.0)	68	35%	12.7	(9.9 - 16.1)	9	27%	1.7	(0.8 - 3.2)
Black, non-Hispanic	68	30%	37.2	(28.9 - 47.1)	50	26%	55.1	(40.9 - 72.7)	18	55%	19.5	(11.6 - 30.8)
Hispanic	61	27%	10.7	(8.2 - 13.8)	56	29%	18.7	(14.1 - 24.3)	5	15%	1.9	(0.6 - 4.3)
Asian/Hawaiian/Pacific Islander	12	5%	7.9	(4.1 - 13.8)	11	6%	15.5	(7.8 - 27.8)	1	3%	1.2	(0.0 - 6.9)
American Indian/Alaska Native	1	0%	6.0	(0.2 - 33.3)	1	1%	12.2	(0.3 - 68.1)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other**	6	3%	NA	NA	6	3%	NA	NA	0	0%	NA	NA
Age at Diagnosis												
< 13	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
13 to 24	23	10%	5.6	(3.5 - 8.5)	19	10%	9.0	(5.4 - 14.0)	4	12%	2.0	(0.5 - 5.1)
25 to 34	62	28%	15.9	(12.2 - 20.3)	58	30%	28.5	(21.7 - 36.9)	4	12%	2.1	(0.6 - 5.4)
35 to 44	53	24%	14.0	(10.5 - 18.3)	48	25%	24.5	(18.0 - 32.5)	5	15%	2.8	(0.9 - 6.4)
45 to 54	51	23%	13.5	(10.1 - 17.8)	42	22%	21.6	(15.6 - 29.2)	9	27%	4.9	(2.2 - 9.3)
55 to 64	31	14%	9.7	(6.6 - 13.8)	20	10%	12.7	(7.7 - 19.5)	11	33%	6.8	(3.4 - 12.2)
65 +	5	2%	1.4	(0.5 - 3.3)	5	3%	3.1	(1.0 - 7.3)	0	0%	0.0	(0.0 - 0.0)
Transmission Category												
MSM	145	64%	NA	NA	145	76%	NA	NA	0	0%	NA	NA
IDU	16	7%	NA	NA	10	5%	NA	NA	6	18%	NA	NA
MSM+IDU	5	2%	NA	NA	5	3%	NA	NA	0	0%	NA	NA
Heterosexual contact	26	12%	NA	NA	12	6%	NA	NA	14	42%	NA	NA
Perinatal exposure	2	1%	NA	NA	0	0%	NA	NA	2	6%	NA	NA
Transfusion/Hemophilia	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	31	14%	NA	NA	20	10%	NA	NA	11	33%	NA	NA
Total	**225**	**100%**	**11.2**	**(9.7 - 12.7)**	**192**	**100%**	**18.9**	**(16.3 - 21.6)**	**33**	**100%**	**3.3**	**(2.3 - 4.7)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

of new infections.

† 95% confidence intervals are calcauted based on the rate.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 35| *Persons Living with HIV/AIDS in Clark County, 2013*

	Total				Male				Female			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
Residence at Diagnosis												
Nevada	5,268	68%	NA	NA	4,395	67%	NA	NA	873	70%	NA	NA
Out of state	2,507	32%	NA	NA	2,139	33%	NA	NA	368	30%	NA	NA
Race/Ethnicity												
White, non-Hispanic	3,557	46%	333.2	(322.3 - 344.2)	3,177	49%	593.2	(572.6 - 613.8)	380	31%	71.5	(64.3 - 78.6)
Black, non-Hispanic	2,041	26%	1,115.8	(1,067.4 - 1,164.2)	1,431	22%	1,577.6	(1,495.9 - 1,659.4)	610	49%	661.5	(609.0 - 714.0)
Hispanic	1,774	23%	311.7	(297.2 - 326.2)	1,576	24%	526.3	(500.3 - 552.3)	198	16%	73.4	(63.2 - 83.6)
Asian/Hawaiian/Pacific Islander	267	3%	175.7	(154.6 - 196.8)	237	4%	334.8	(292.2 - 377.4)	30	2%	37.0	(24.9 - 52.8)
American Indian/Alaska Native	48	1%	286.5	(211.3 - 379.9)	35	1%	428.1	(298.2 - 595.3)	13	1%	151.6	(80.7 - 259.2)
Multi-race/Other	88	1%	NA	NA	78	1%	NA	NA	10	1%	NA	NA
Age at End of Year												
Missing	58	1%	NA	(0.0 - 0.0)	50	1%	NA	(0.0 - 0.0)	8	1%	NA	(0.0 - 0.0)
< 13	11	< 1%	2.0	(1.0 - 3.6)	5	< 1%	1.8	(0.6 - 4.2)	6	< 1%	2.3	(0.8 - 4.9)
13 to 24	304	4%	73.8	(65.5 - 82.1)	252	4%	118.8	(104.2 - 133.5)	52	4%	26.0	(19.4 - 34.2)
25 to 34	1,212	16%	309.9	(292.4 - 327.3)	1,030	16%	506.8	(475.9 - 537.8)	182	15%	96.8	(82.8 - 110.9)
35 to 44	1,841	24%	487.2	(464.9 - 509.4)	1,504	23%	767.0	(728.2 - 805.7)	337	27%	185.4	(165.6 - 205.2)
45 to 54	2,706	35%	717.1	(690.1 - 744.1)	2,318	35%	1,194.3	(1,145.7 - 1,242.9)	388	31%	211.7	(190.7 - 232.8)
55 to 64	1,281	16%	400.9	(378.9 - 422.8)	1,076	16%	680.6	(639.9 - 721.2)	205	17%	127.0	(109.6 - 144.4)
65 +	362	5%	102.8	(92.2 - 113.4)	299	5%	187.9	(166.6 - 209.2)	63	5%	32.7	(25.1 - 41.8)
Transmission Category												
MSM	5,074	65%	NA	NA	5,074	78%	NA	NA	0	0%	NA	NA
IDU	575	7%	NA	NA	387	6%	NA	NA	188	15%	NA	NA
MSM+IDU	459	6%	NA	NA	459	7%	NA	NA	0	0%	NA	NA
Heterosexual contact	1,021	13%	NA	NA	235	4%	NA	NA	786	63%	NA	NA
Perinatal exposure	61	1%	NA	NA	30	1%	NA	NA	31	2%	NA	NA
Hemophilia/Blood Transfusion	8	< 1%	NA	NA	7	< 1%	NA	NA	1	< 1%	NA	NA
NIR/NRR	577	7%	NA	NA	342	5%	NA	NA	235	19%	NA	NA
Total	**7,775**	**100%**	**387.1**	**(378.5 - 395.7)**	**6,534**	**100%**	**644.4**	**(628.8 - 660.0)**	**1,241**	**100%**	**124.8**	**(117.9 - 131.7)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

† 95% confidence intervals are calculated based on the rate.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have

Table 36| New AIDS Diagnoses and New HIV Infections in Washoe County, 2013

	New HIV Infections				New AIDS Diagnoses			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
Sex								
Male	34	89%	15.6	(10.8 - 21.8)	19	86%	8.7	(5.3 - 13.6)
Female	4	11%	1.9	(0.5 - 4.8)	3	14%	1.4	(0.3 - 4.1)
Race/Ethnicity								
White, non-Hispanic	21	55%	7.4	(4.6 - 11.3)	10	45%	3.5	(1.7 - 6.5)
Black, non-Hispanic	5	13%	51.3	(16.7 - 119.7)	7	32%	71.8	(28.9 - 148)
Hispanic	11	29%	10.8	(5.4 - 19.3)	5	23%	4.9	(1.6 - 11.5)
Asian/Hawaiian/Pacific Islander	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
American Indian/Alaska Native	1	3%	12.0	(0.3 - 67.0)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other**	0	0%	NA	NA	0	0%	NA	NA
Age at Diagnosis								
< 13	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
13 to 24	7	18%	10.5	(4.2 - 21.6)	2	9%	3.0	(0.4 - 10.8)
25 to 34	17	45%	26.7	(15.5 - 42.7)	4	18%	6.3	(1.7 - 16.1)
35 to 44	6	16%	10.6	(3.9 - 23.0)	7	32%	12.3	(4.9 - 25.4)
45 to 54	6	16%	10.2	(3.7 - 22.1)	7	32%	11.9	(4.8 - 24.4)
55 to 64	1	3%	1.9	(0.0 - 10.6)	2	9%	3.8	(0.5 - 13.7)
65 +	1	3%	1.9	(0.0 - 10.8)	0	0%	0.0	(0.0 - 0.0)
Transmission Category								
MSM	26	68%	NA	NA	14	64%	NA	NA
MSM+IDU	4	11%	NA	NA	1	5%	NA	NA
IDU	3	8%	NA	NA	2	9%	NA	NA
Heterosexual contact	1	3%	NA	NA	2	9%	NA	NA
Perinatal exposure	0	0%	NA	NA	0	0%	NA	NA
Hemophilia/Blood Transfusion	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	4	11%	NA	NA	3	14%	NA	NA
Total	**38**	**100%**	**8.8**	**(6.2 - 12.1)**	**22**	**100%**	**5.1**	**(3.2 - 7.8)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

*** Multi-race/other includes persons who identified as multi-race or other race. These categories were combined due to their small population size and low number of new infections.*

† 95% confidence intervals are calculated based on the rate.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard

Table 37| Persons Living with HIV/AIDS in Washoe County, 2013

	Total				Male				Female			
	N	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
Residence at Diagnosis												
Nevada	565	61%	NA	NA	464	59%	NA	NA	101	72%	NA	NA
Out of state	367	39%	NA	NA	328	41%	NA	NA	39	28%	NA	NA
Race/Ethnicity												
White, non-Hispanic	603	65%	212.3	(195.4 - 229.2)	518	65%	364.5	(333.1 - 395.9)	85	61%	59.9	(47.8 - 74.1)
Black, non-Hispanic	117	13%	1,200.2	(982.7 - 1417.7)	95	12%	1,835.5	(1485.0 - 2243.8)	22	16%	481.1	(297.8 - 735.5)
Hispanic	163	17%	160.2	(135.6 - 184.8)	139	18%	259.3	(216.2 - 302.4)	24	17%	49.9	(31.6 - 74.9)
Asian/Hawaiian/Pacific Islander	25	3%	91.8	(59.4 - 135.6)	19	2%	150.0	(90.3 - 234.2)	6	4%	41.2	(15.1 - 89.7)
American Indian/Alaska Native	16	2%	192.4	(110.0 - 312.4)	13	2%	317.3	(169.0 - 542.6)	3	2%	71.1	(14.7 - 207.7)
Multi-race/Other	8	1%	NA	NA	8	1%	NA	NA	0	0%	NA	NA
Age at End of Year												
Missing	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
< 13	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
13 to 24	25	3%	37.5	(24.3 - 55.3)	22	3%	64.0	(39.6 - 97.9)	3	2%	9.3	(1.9 - 27.1)
25 to 34	125	13%	196.2	(161.8 - 230.6)	102	13%	308.0	(248.3 - 367.8)	23	16%	75.2	(47.1 - 113.9)
35 to 44	219	23%	385.1	(334.1 - 436.1)	186	23%	638.4	(546.6 - 730.1)	33	24%	119.0	(81.9 - 167.1)
45 to 54	338	36%	572.3	(511.3 - 633.3)	287	36%	959.7	(848.6 - 1070.7)	51	36%	175.0	(130.3 - 230.0)
55 to 64	173	19%	328.6	(279.6 - 377.5)	150	19%	572.2	(480.6 - 663.7)	23	16%	87.0	(54.5 - 131.7)
65 +	52	6%	100.7	(75.2 - 132.0)	45	6%	189.8	(138.5 - 254.0)	7	5%	25.0	(10.1 - 51.6)
Transmission Category												
MSM	540	58%	NA	NA	540	68%	NA	NA	0	0%	NA	NA
IDU	87	9%	NA	NA	56	7%	NA	NA	31	22%	NA	NA
MSM+IDU	83	9%	NA	NA	83	10%	NA	NA	0	0%	NA	NA
Heterosexual contact	92	10%	NA	NA	22	3%	NA	NA	70	50%	NA	NA
Perinatal exposure	4	< 1%	NA	NA	1	< 1%	NA	NA	3	2%	NA	NA
Hemophilia/Blood Transfusion	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	126	14%	NA	NA	90	11%	NA	NA	36	26%	NA	NA
Total	**932**	**100%**	**216.2**	**(202.3 - 230.1)**	**792**	**100%**	**363.8**	**(338.5 - 389.2)**	**140**	**100%**	**65.6**	**(54.7 - 76.5)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

† 95% confidence intervals are calculated based on the rate.

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 38| *New HIV Infections in Nevada by Race/Ethnicity, 2013*

	White				Black				Hispanic				API				AI/AN				Multi-Race/Other†			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
County at Diagnosis																								
Clark County	145	84%	13.6	(11.4 - 15.8)	97	95%	52.4	(42.5 - 63.9)	120	89%	20.6	(16.9 - 24.3)	17	100%	11.1	(6.4 - 17.7)	0	0%	0.0	(0.0 - 0.0)	12	100%	NA	NA
Washoe County	21	12%	7.4	(4.6 - 11.3)	5	5%	51.3	(16.7 - 119.7)	11	8%	10.8	(5.4 - 19.3)	0	0%	0.0	(0.0 - 0.0)	1	100%	12.0	(0.3 - 67.0)	0	0%	NA	NA
All Other Counties**	7	4%	2.7	(1.1 - 5.5)	0	0%	0.0	(0.0 - 0.0)	4	3%	7.9	(2.2 - 20.4)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
Sex																								
Male	155	90%	19.1	(16.1 - 22.1)	76	75%	76.0	(59.9 - 95.1)	125	93%	32.3	(26.7 - 38.0)	14	82%	16.1	(8.8 - 27.0)	1	100%	5.6	(0.1 - 31.4)	12	100%	NA	NA
Female	18	10%	2.2	(1.3 - 3.5)	26	25%	26.2	(17.1 - 38.3)	10	7%	2.9	(1.4 - 5.3)	3	18%	3.0	(0.6 - 8.8)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
Age																								
< 13	1	1%	0.4	(0.0 - 2.3)	1	1%	2.2	(0.1 - 12)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
13 to 24	31	18%	14.9	(10.1 - 21.2)	27	26%	78.0	(51.4 - 113.4)	30	22%	21.7	(14.6 - 31.0)	2	12%	7.9	(1.0 - 28.5)	0	0%	0.0	(0.0 - 0.0)	9	75%	NA	NA
25 to 34	63	36%	30.6	(23.5 - 39.1)	36	35%	125.1	(87.6 - 173.2)	48	36%	38.5	(28.4 - 51.0)	8	47%	31.2	(13.5 - 61.4)	1	100%	17.3	(0.4 - 96.4)	3	25%	NA	NA
35 to 44	30	17%	14.5	(9.8 - 20.7)	12	12%	48.0	(24.8 - 83.9)	31	23%	27.4	(18.6 - 38.9)	3	18%	10.6	(2.2 - 31.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
45 to 54	30	17%	12.4	(8.4 - 17.7)	18	18%	69.2	(41.0 - 109.4)	20	15%	25.9	(15.8 - 40.0)	3	18%	11.3	(2.3 - 33.1)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
55 to 64	15	9%	6.4	(3.6 - 10.6)	8	8%	39.9	(17.2 - 78.7)	5	4%	12.4	(4.0 - 28.9)	1	6%	4.7	(0.1 - 26.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
65 +	3	2%	1.1	(0.2 - 3.1)	0	0%	0.0	(0.0 - 0.0)	1	1%	3.8	(0.1 - 21.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
Transmission Category																								
Males																								
MSM	112	72%	NA	NA	56	74%	NA	NA	103	82%	NA	NA	12	86%	NA	NA	1	100%	NA	NA	9	75%	NA	NA
IDU	7	5%	NA	NA	2	3%	NA	NA	4	3%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
MSM+IDU	25	16%	NA	NA	0	0%	NA	NA	3	2%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	2	17%	NA	NA
Perinatal exposure	3	2%	NA	NA	5	7%	NA	NA	7	6%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	1	8%	NA	NA
Heterosexual contact	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	8	5%	NA	NA	13	17%	NA	NA	8	6%	NA	NA	2	14%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Subtotal	**155**	**100%**	**19.1**	**(16.1 - 22.1)**	**76**	**100%**	**76.0**	**(59.9 - 95.1)**	**125**	**100%**	**32.3**	**(26.7 - 38.0)**	**14**	**100%**	**16.1**	**(8.8 - 27.0)**	**1**	**7%**	**5.6**	**(0.1 - 31.4)**	**12**	**100%**	**NA**	**NA**
Females																								
IDU	4	22%	NA	NA	0	0%	NA	NA	1	10%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Heterosexual contact	9	50%	NA	NA	13	50%	NA	NA	8	80%	NA	NA	2	67%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Perinatal exposure	1	6%	NA	NA	2	8%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	4	22%	NA	NA	11	42%	NA	NA	1	10%	NA	NA	1	33%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Subtotal	**18**	**100%**	**2.2**	**(1.3 - 3.5)**	**26**	**100%**	**26.2**	**(17.1 - 38.3)**	**10**	**100%**	**2.9**	**(1.4 - 5.3)**	**3**	**100%**	**3.0**	**(0.6 - 8.8)**	**0**	**0%**	**0.0**	**(0.0 - 0.0)**	**0**	**0%**	**NA**	**NA**
Total	**173**	**100%**	**10.7**	**(9.1 - 12.3)**	**102**	**100%**	**51.2**	**(41.2 - 61.1)**	**135**	**100%**	**18.4**	**(15.3 - 21.5)**	**17**	**100%**	**9.1**	**(5.3 - 14.6)**	**1**	**100%**	**2.7**	**(0.1 - 15.3)**	**12**	**100%**	**NA**	**NA**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.*

†Multi-race/other includes persons who identified as multi-race, other race, or American Indian/Alaska Native. These categories were combined due to their small population size and low number of new infections.

† 95% confidence intervals are calculated based on the rate.*

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 39| *Persons Living with HIV/AIDS in Nevada by Race/Ethnicity, 2013*

	White				Black				Hispanic				API				AI/AN				Multi-race/Other			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
County of Residence																								
Clark County	3,557	80%	332.6	(321.7 - 343.5)	2,041	93%	1,101.8	(1,054 - 1,149.6)	1,774	89%	304.3	(290.2 - 318.5)	267	90%	173.7	(152.8 - 194.5)	48	68%	284.0	(209.4 - 376.6)	88	84%	NA	NA
Washoe County	603	14%	212.3	(195.4 - 229.2)	117	5%	1,200.2	(982.7 - 1,417.7)	163	8%	160.2	(135.6 - 184.8)	25	8%	91.8	(59.4 - 135.6)	16	23%	192.4	(110.0 - 312.4)	8	8%	NA	NA
All Other Counties**	272	6%	103.0	(90.8 - 115.2)	46	2%	1,051.2	(769.6 - 1,402.1)	67	3%	133.2	(103.2 - 169.1)	6	2%	103.0	(37.8 - 224.1)	7	10%	62.1	(24.9 - 127.8)	9	9%	NA	NA
Sex																								
Male	3,914	88%	482.6	(467.5 - 497.8)	1,564	71%	1,564.2	(1,486.7 - 1,641.7)	1,770	88%	457.9	(436.6 - 479.3)	260	87%	299.1	(262.7 - 335.4)	53	75%	298.5	(223.6 - 390.5)	93	89%	NA	NA
Female	518	12%	64.2	(58.7 - 69.7)	640	29%	644.0	(594.1 - 693.9)	234	12%	67.2	(58.5 - 75.8)	38	13%	38.1	(26.9 - 52.2)	18	25%	96.0	(56.9 - 151.8)	12	11%	NA	NA
Age at End of Year																								
Missing	33	1%	NA	NA	11	0%	NA	NA	14	1%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
< 13	3	0%	1.3	(0.3 - 3.7)	5	0%	10.8	(3.5 - 25.1)	3	0%	1.4	(0.3 - 4.1)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	NA	NA
13 to 24	77	2%	37.1	(29.3 - 46.4)	131	6%	378.2	(313.5 - 443.0)	101	5%	73.1	(58.8 - 87.4)	11	4%	43.3	(21.6 - 77.5)	0	0%	0.0	(0.0 - 0.0)	17	16%	NA	NA
25 to 34	430	10%	208.6	(188.9 - 228.4)	402	18%	1,396.9	(1,260.3 - 1,533.4)	434	22%	347.7	(315.0 - 380.4)	79	27%	307.9	(243.8 - 383.8)	15	21%	259.6	(145.3 - 428.2)	26	25%	NA	NA
35 to 44	895	20%	433.4	(405.0 - 461.8)	522	24%	2,089.5	(1,910.2 - 2,268.7)	611	30%	540.7	(497.8 - 583.5)	85	29%	300.4	(239.9 - 371.4)	18	25%	355.5	(210.7 - 561.8)	12	11%	NA	NA
45 to 54	1,806	41%	745.3	(711.0 - 779.7)	702	32%	2,699.6	(2,499.9 - 2,899.3)	558	28%	721.9	(662.0 - 781.8)	78	26%	294.5	(232.8 - 367.6)	22	31%	418.9	(259.3 - 640.3)	38	36%	NA	NA
55 to 64	888	20%	380.3	(355.3 - 405.3)	357	16%	1,782.2	(1,597.3 - 1,967.0)	226	11%	559.3	(486.3 - 632.2)	36	12%	167.7	(117.5 - 232.2)	12	17%	290.3	(150.0 - 507.1)	8	8%	NA	NA
65 +	300	7%	105.9	(93.9 - 117.9)	74	3%	400.0	(314.1 - 502.2)	57	3%	215.1	(162.9 - 278.6)	9	3%	45.3	(20.7 - 86.0)	4	6%	104.4	(28.4 - 267.3)	4	4%	NA	NA
Transmission Category																								
Males																								
MSM	2,972	76%	NA	NA	1,070	68%	NA	NA	1,412	80%	NA	NA	233	90%	NA	NA	39	74%	NA	NA	67	72%	NA	NA
IDU	261	7%	NA	NA	147	9%	NA	NA	72	4%	NA	NA	2	1%	NA	NA	4	8%	NA	NA	4	4%	NA	NA
MSM+IDU	371	9%	NA	NA	87	6%	NA	NA	88	5%	NA	NA	12	5%	NA	NA	7	13%	NA	NA	14	15%	NA	NA
Heterosexual contact	82	2%	NA	NA	112	7%	NA	NA	78	4%	NA	NA	5	2%	NA	NA	1	2%	NA	NA	3	3%	NA	NA
Perinatal exposure	9	0%	NA	NA	17	1%	NA	NA	7	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Transfusion/Hemophilia	7	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	212	5%	NA	NA	131	8%	NA	NA	113	6%	NA	NA	8	3%	NA	NA	2	4%	NA	NA	5	5%	NA	NA
Subtotal	**3,914**	**100%**	**482.6**	**(467.5 - 497.8)**	**1,564**	**100%**	**1,564.2**	**(1,486.7 - 1,641.7)**	**1,770**	**100%**	**457.9**	**(436.6 - 479.3)**	**260**	**100%**	**302.8**	**(266.0 - 339.6)**	**53**	**100%**	**300.4**	**(225.0 - 392.9)**	**93**	**100%**	**NA**	**NA**
Females																								
IDU	141	27%	NA	NA	73	11%	NA	NA	22	9%	NA	NA	2	5%	NA	NA	4	22%	NA	NA	1	8%	NA	NA
Heterosexual contact	273	53%	NA	NA	401	63%	NA	NA	166	71%	NA	NA	31	82%	NA	NA	10	56%	NA	NA	8	67%	NA	NA
Perinatal exposure	9	2%	NA	NA	22	3%	NA	NA	5	2%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Transfusion/Hemophilia	2	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	1	3%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	93	18%	NA	NA	144	23%	NA	NA	41	18%	NA	NA	4	11%	NA	NA	4	22%	NA	NA	3	25%	NA	NA
Subtotal	**518**	**100%**	**64.4**	**(58.9 - 70.0)**	**640**	**100%**	**644.0**	**(594.1 - 693.9)**	**234**	**100%**	**67.2**	**(58.5 - 75.8)**	**38**	**100%**	**38.1**	**(26.9 - 52.2)**	**18**	**100%**	**96.0**	**(56.9 - 151.8)**	**12**	**100%**	**NA**	**NA**
Total	**4,432**	**100%**	**274.5**	**(266.4 - 282.6)**	**2,204**	**100%**	**1,119.2**	**(1,072.4 - 1,165.9)**	**2,004**	**100%**	**272.7**	**(260.7 - 284.6)**	**298**	**100%**	**159.5**	**(141.4 - 177.7)**	**71**	**100%**	**194.5**	**(151.9 - 245.4)**	**105**	**100%**	**NA**	**NA**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (February 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.*

† 95% confidence intervals are calculated based on the rate.*

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 40| *New HIV Infections in Nevada by Age at Diagnosis, 2013*

	<13				13 to 24				25 to 34				35 to 44				45 to 54				55 to 64				65+			
	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†	n	%	Rate*	95% CI†
County at Diagnosis																												
Clark County	2	100%	0.5	(0.1 - 1.8)	89	90%	30.1	(24.2 - 37.1)	137	86%	48.4	(40.3 - 56.5)	70	92%	24.8	(19.3 - 31.3)	63	89%	23.2	(17.8 - 29.6)	27	93%	12.3	(8.1 - 17.9)	3	75%	1.4	(0.3 - 4.0)
Washoe County	0	0%	0.0	(0.0 - 0.0)	7	7%	10.5	(4.2 - 21.6)	17	11%	26.7	(15.5 - 42.7)	6	8%	10.6	(3.9 - 23.0)	6	8%	10.2	(3.7 - 22.1)	1	3%	1.9	(0.0 - 10.6)	1	25%	1.9	(0.0 - 10.6)
All Other Counties**	0	0%	0.0	(0.0 - 0.0)	3	3%	6.1	(1.2 - 17.7)	5	3%	11.3	(3.7 - 26.4)	0	0%	0.0	(0.0 - 0.0)	2	3%	4.3	(0.5 - 15.6)	1	3%	2.1	(0.1 - 11.8)	0	0%	0.0	(0.0 - 0.0)
Sex																												
Male	0	0%	0.0	(0.0 - 0.0)	89	90%	42.0	(33.7 - 51.6)	146	92%	71.8	(60.2 - 83.5)	67	88%	34.2	(26.5 - 43.4)	54	76%	27.8	(20.9 - 36.3)	23	79%	14.5	(9.1 - 22)	4	100%	2.5	(0.7 - 6.4)
Female	2	100%	0.8	(0.1 - 2.7)	10	10%	5.0	(2.4 - 9.2)	13	8%	6.9	(3.7 - 11.8)	9	12%	5.0	(2.3 - 9.4)	17	24%	9.3	(5.4 - 14.9)	6	21%	3.7	(1.4 - 8.1)	0	0%	0.0	(0.0 - 0.0)
Race/Ethnicity																												
White, non-Hispanic	1	50%	0.4	(0.0 - 2.3)	31	31%	14.9	(10.1 - 21.2)	63	40%	30.6	(23.5 - 39.1)	30	39%	14.5	(9.8 - 20.7)	30	42%	12.4	(8.4 - 17.7)	15	52%	6.4	(3.6 - 10.6)	3	75%	1.1	(0.2 - 3.1)
Black, non-Hispanic	1	50%	2.2	(0.1 - 12)	27	27%	78.0	(51.4 - 113.4)	36	23%	125.1	(87.6 - 173.2)	12	16%	48.0	(24.8 - 83.9)	18	25%	69.2	(41.0 - 109.4)	8	28%	39.9	(17.2 - 78.7)	0	0%	0.0	(0.0 - 0.0)
Hispanic	0	0%	0.0	(0.0 - 0.0)	30	30%	21.7	(14.6 - 31)	48	30%	38.5	(28.4 - 51)	31	41%	27.4	(18.6 - 38.9)	20	28%	25.9	(15.8 - 40.0)	5	17%	12.4	(4.0 - 28.9)	1	25%	3.8	(0.1 - 21)
Asian/Hawaiian/Pacific Islander	0	0%	0.0	(0.0 - 0.0)	2	2%	7.9	(1.0 - 28.5)	8	5%	31.2	(13.5 - 61.4)	3	4%	10.6	(2.2 - 31.0)	3	4%	11.3	(2.3 - 33.1)	1	3%	4.7	(0.1 - 26)	0	0%	0.0	(0.0 - 0.0)
American Indian/Alaska Native	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	1	1%	17.3	(0.4 - 96.4)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)
Multi-race/Other†	0	0%	NA	NA	9	9%	NA	NA	3	2%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Transmission Category																												
Males																												
MSM	0	0%	NA	NA	74	83%	NA	NA	119	82%	NA	NA	50	75%	NA	NA	38	70%	NA	NA	12	52%	NA	NA	0	0%	NA	NA
IDU	0	0%	NA	NA	1	1%	NA	NA	3	2%	NA	NA	1	1%	NA	NA	3	6%	NA	NA	4	17%	NA	NA	1	25%	NA	NA
MSM+IDU	0	0%	NA	NA	7	8%	NA	NA	13	9%	NA	NA	6	9%	NA	NA	1	2%	NA	NA	2	9%	NA	NA	1	25%	NA	NA
Heterosexual contact	0	0%	NA	NA	5	6%	NA	NA	3	2%	NA	NA	2	3%	NA	NA	5	9%	NA	NA	1	4%	NA	NA	0	0%	NA	NA
Perinatal exposure	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	0	0%	NA	NA	2	2%	NA	NA	8	5%	NA	NA	8	12%	NA	NA	7	13%	NA	NA	4	17%	NA	NA	2	50%	NA	NA
Subtotal	**0**	**0%**	**0.0**	**(0.0 - 0.0)**	**89**	**100%**	**42.0**	**(33.7 - 51.6)**	**146**	**100%**	**71.8**	**(60.2 - 83.5)**	**67**	**100%**	**34.2**	**(26.5 - 43.4)**	**54**	**100%**	**27.8**	**(20.9 - 36.3)**	**23**	**100%**	**14.5**	**(9.1 - 22.0)**	**4**	**100%**	**2.5**	**(0.7 - 6.4)**
Females																												
IDU	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	1	11%	NA	NA	3	4%	NA	NA	1	0%	NA	NA	0	0%	NA	NA
Heterosexual contact	0	0%	NA	NA	9	90%	NA	NA	8	62%	NA	NA	7	78%	NA	NA	7	10%	NA	NA	1	100%	NA	NA	0	0%	NA	NA
Perinatal exposure	2	20%	NA	NA	1	10%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	0	0%	NA	NA	0	0%	NA	NA	5	38%	NA	NA	1	11%	NA	NA	7	10%	NA	NA	4	0%	NA	NA	0	0%	NA	NA
Subtotal	**2**	**20%**	**0.8**	**(0.1 - 2.7)**	**10**	**100%**	**5.0**	**(2.4 - 9.2)**	**13**	**100%**	**6.9**	**(3.7 - 11.8)**	**9**	**100%**	**5.0**	**(2.3 - 9.4)**	**17**	**24%**	**9.3**	**(5.4 - 14.9)**	**6**	**100%**	**3.7**	**(1.4 - 8.1)**	**0**	**100%**	**0.0**	**(0.0 - 0.0)**
Total	**2**	**100%**	**0.4**	**(0 - 1.3)**	**99**	**100%**	**24.0**	**(19.5 - 29.3)**	**159**	**100%**	**40.7**	**(34.3 - 47.0)**	**76**	**100%**	**20.1**	**(15.8 - 25.2)**	**71**	**100%**	**18.8**	**(14.7 - 23.7)**	**29**	**100%**	**9.1**	**(6.1 - 13.0)**	**4**	**100%**	**1.1**	**(0.3 - 2.9)**

Source: Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (August 2014)

** Rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2013 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.*

†Multi-Race/Other includes persons who identified as multi-race, other race, or American Indian/Alaska Native. These categories were combined due to the small number of new infections in these populations.

[i] 95% confidence intervals are calculated based on the rate.*

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 41| *Persons Living with HIV/AIDS in Nevada by Age at End of Year†, 2013*

	<13				13 to 24				25 to 34				35 to 44				45 to 54				55 to 64				65+			
	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †	n	%	Rate*	95% CI †
County of Residence																												
Clark County	11	100%	2.7	(1.3 - 4.8)	304	90%	102.9	(91.3 - 114.4)	1,212	87%	427.8	(403.8 - 451.9)	1,841	86%	651.8	(622.0 - 681.6)	2,706	84%	995.0	(957.5 - 1,032.5)	1,281	84%	583.1	(551.2 - 615)	362	81%	164.8	(147.8 - 181.8)
Washoe County	0	0%	0.0	(0.0 - 0.0)	25	7%	37.5	(24.3 - 55.3)	125	9%	196.2	(161.8 - 230.6)	219	10%	385.1	(334.1 - 436.1)	338	11%	572.3	(511.3 - 633.3)	173	11%	328.6	(279.6 - 377.5)	52	12%	98.8	(73.8 - 129.5)
All Other Counties**	0	0%	0.0	(0.0 - 0.0)	8	2%	16.1	(7.0 - 31.8)	49	4%	111.0	(82.1 - 146.7)	83	4%	215.3	(171.5 - 266.8)	160	5%	345.3	(291.8 - 398.8)	13	1%	27.5	(14.7 - 47.1)	34	8%	72.0	(49.9 - 100.6)
Sex																												
Male	5	45%	1.8	(0.6 - 4.2)	280	83%	132.0	(116.6 - 147.5)	1,170	84%	575.7	(542.8 - 608.7)	1,756	82%	895.5	(853.6 - 937.4)	2,734	85%	1,408.6	(1,355.8 - 1,461.4)	1,286	84%	813.4	(768.9 - 857.9)	373	83%	234.4	(210.6 - 258.2)
Female	6	55%	2.3	(0.8 - 4.9)	57	17%	28.5	(21.6 - 37.0)	216	16%	114.9	(99.6 - 130.3)	387	18%	212.9	(191.7 - 234.1)	470	15%	256.5	(233.3 - 279.7)	241	16%	149.3	(130.4 - 168.1)	75	17%	38.9	(30.6 - 48.7)
Race/Ethnicity																												
White, non-Hispanic	3	27%	1.3	(0.3 - 3.7)	77	23%	37.1	(29.3 - 46.4)	430	31%	208.6	(188.9 - 228.4)	895	42%	433.4	(405.0 - 461.8)	1,806	56%	745.3	(711.0 - 779.7)	888	58%	380.3	(355.3 - 405.3)	300	67%	105.9	(93.9 - 117.9)
Black, non-Hispanic	5	45%	10.8	(3.5 - 25.1)	131	39%	378.2	(313.5 - 443.0)	402	29%	1,396.9	(1,260.3 - 1,533.4)	522	24%	2,089.5	(1,910.2 - 2,268.7)	702	22%	2,699.6	(2,499.9 - 2,899.3)	357	23%	1,782.2	(1,597.3 - 1,967.0)	74	17%	400.0	(314.1 - 502.2)
Hispanic	3	27%	1.4	(0.3 - 4.1)	101	30%	73.1	(58.8 - 87.4)	434	31%	347.7	(315.0 - 380.4)	611	29%	540.7	(497.8 - 583.5)	558	17%	721.9	(662.0 - 781.8)	226	15%	559.3	(486.3 - 632.2)	57	13%	215.1	(162.9 - 278.6)
Asian/Hawaiian/Pacific Islander	0	0%	0.0	(0.0 - 0.0)	11	3%	43.3	(21.6 - 77.5)	79	6%	307.9	(243.8 - 383.8)	85	4%	300.4	(239.9 - 371.4)	78	2%	294.5	(232.8 - 367.6)	36	2%	167.7	(117.5 - 232.2)	9	2%	45.3	(20.7 - 86.0)
American Indian/Alaska Native	0	0%	0.0	(0.0 - 0.0)	0	0%	0.0	(0.0 - 0.0)	15	1%	259.6	(145.3 - 428.2)	18	1%	355.5	(210.7 - 561.8)	22	1%	418.9	(259.3 - 640.3)	12	1%	290.3	(150.0 - 507.1)	4	1%	104.4	(28.4 - 267.3)
Multi-race/Other	0	0%	NA	NA	17	5%	NA	NA	26	2%	NA	NA	12	1%	NA	NA	38	1%	NA	NA	8	1%	NA	NA	4	1%	NA	NA
Transmission Category																												
Males																												
MSM	0	0%	NA	NA	223	80%	NA	NA	986	84%	NA	NA	1,387	79%	NA	NA	2,007	73%	NA	NA	878	68%	NA	NA	276	74%	NA	NA
IDU	0	0%	NA	NA	1	0%	NA	NA	15	1%	NA	NA	73	4%	NA	NA	219	8%	NA	NA	149	12%	NA	NA	30	8%	NA	NA
MSM+IDU	0	0%	NA	NA	15	5%	NA	NA	84	7%	NA	NA	129	7%	NA	NA	237	9%	NA	NA	97	8%	NA	NA	16	4%	NA	NA
Heterosexual contact	0	0%	NA	NA	8	3%	NA	NA	32	3%	NA	NA	61	3%	NA	NA	110	4%	NA	NA	56	4%	NA	NA	14	4%	NA	NA
Perinatal exposure	5	100%	NA	NA	24	9%	NA	NA	4	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Transfusion/Hemophilia	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	1	0%	NA	NA	3	0%	NA	NA	2	0%	NA	NA	1	0%	NA	NA
NIR/NRR	0	0%	NA	NA	9	3%	NA	NA	49	4%	NA	NA	105	6%	NA	NA	158	6%	NA	NA	104	8%	NA	NA	36	10%	NA	NA
Subtotal	**5**	**100%**	**1.8**	**(0.6 - 4.2)**	**280**	**100%**	**132.0**	**(116.6 - 147.5)**	**1,170**	**100%**	**575.7**	**(542.8 - 608.7)**	**1,756**	**100%**	**895.5**	**(853.6 - 937.4)**	**2,734**	**100%**	**1,408.6**	**(1,355.8 - 1,461.4)**	**1,286**	**100%**	**813.4**	**(768.9 - 857.9)**	**373**	**100%**	**234.4**	**(210.6 - 258.2)**
Females																												
IDU	0	0%	NA	NA	1	2%	NA	NA	17	8%	NA	NA	49	13%	NA	NA	105	22%	NA	NA	60	25%	NA	NA	8	11%	NA	NA
Heterosexual contact	0	0%	NA	NA	22	39%	NA	NA	130	60%	NA	NA	260	67%	NA	NA	278	59%	NA	NA	140	58%	NA	NA	58	77%	NA	NA
Perinatal exposure	5	83%	NA	NA	27	47%	NA	NA	4	2%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
Transfusion/Hemophilia	0	0%	NA	NA	0	0%	NA	NA	1	0%	NA	NA	0	0%	NA	NA	2	0%	NA	NA	0	0%	NA	NA	0	0%	NA	NA
NIR/NRR	1	17%	NA	NA	7	12%	NA	NA	64	30%	NA	NA	78	20%	NA	NA	85	18%	NA	NA	41	17%	NA	NA	9	12%	NA	NA
Subtotal	**6**	**100%**	**2.3**	**(0.8 - 4.9)**	**57**	**100%**	**28.5**	**(21.6 - 37.0)**	**216**	**100%**	**114.9**	**(99.6 - 130.3)**	**387**	**100%**	**212.9**	**(191.7 - 234.1)**	**470**	**100%**	**256.5**	**(233.3 - 279.7)**	**241**	**100%**	**149.3**	**(130.4 - 168.1)**	**75**	**100%**	**38.9**	**(30.6 - 48.7)**
Total	**11**	**100%**	**2.0**	**(1.0 - 3.6)**	**337**	**100%**	**81.8**	**(73.1 - 90.6)**	**1,386**	**100%**	**354.4**	**(335.7 - 373.0)**	**2,143**	**100%**	**567.1**	**(543.1 - 591.1)**	**3,204**	**100%**	**849.1**	**(819.7 - 878.5)**	**1,527**	**100%**	**477.9**	**(453.9 - 501.8)**	**448**	**100%**	**127.3**	**(115.5 - 139.0)**

Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (February 2013)

** Rates per 100,000 population were calculated using 2012 population projections from the Nevada State Demographer vintage 2012 data.*

***All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.*

†There were 58 persons missing age at end of year at the end of 2012. Data for these persons were not included in this table.

† 95% confidence intervals are calculated based on the rate.*

Reported numbers less than 12, as well as estimated numbers (and accompanying rates and trends) based on these numbers, should be interpreted with caution because the numbers have underlying relative standard errors greater than 30% and are considered unreliable.

Table 42| *Percent of Individuals who Answered the Question- "Have you ever been tested for HIV?" on the Behavioral Risk Factors Surveillance Survey (BRFSS), Nevada 2013*

	Yes	CI*	No	CI*
Geography				
Clark County	42.7	(39.1-43.3)	57.3	(53.7-60.9)
Washoe County	37.6	(34.5-40.8)	62.4	(59.2-65.5)
All Other Counties	32.1	(28.8-35.4)	67.9	(64.6-71.2)
Sex at Birth				
Male	41.3	(37.3-45.3)	58.7	(54.7-62.7)
Female	39.9	(36.3-43.4)	60.1	(56.6-63.7)
Race/Ethnicity				
White, non-Hispanic	37.9	(35.2-40.7)	62.1	(59.3-64.8)
Black, non-Hispanic	63.9	(54.0-73.7)	36.1	(26.3-46.0)
Hispanic	40.7	(31.4-50.0)	59.3	(50.0-68.6)
Multi-race /All-Other/Unknown	40.4	(33.2-47.6)	59.6	(52.4-66.8)
Age at Time of Survey				
18 - 24	26.4	(18.9-33.9)	73.6	(66.1-81.1)
25 - 34	57.9	(51.0-64.7)	42.1	(35.3-49.0)
35 - 44	49.6	(42.7-56.4)	50.4	(43.6-57.3)
45 - 54	48.3	(41.6-55.0)	51.7	(45.0-58.4)
55 - 64	34.3	(29.0-39.5)	65.7	(60.5-71.0)
65+	20.5	(16.4-24.6)	79.5	(75.4-83.6)
Education				
Less than H.S.	36.2	(27.3-45.1)	63.8	(54.9-72.7)
H.S. or G.E.D.	36.9	(31.8-42.0)	63.1	(58.0-68.2)
Some Post H.S.	42.0	(37.8-46.1)	58.0	(53.9-62.2)
College Graduate	47.6	(43.3-51.9)	52.4	(48.1-56.7)
Income				
< 15,000	45.2	(34.8-55.7)	54.8	(44.3-65.2)
$15,000 to $24,999	33.4	(26.8-40.0)	66.6	(60.0-73.2)
$25,000 to $34,999	43.4	(35.5-51.3)	56.6	(48.7-64.5)
$35,000 to $49,999	41.3	(34.3-48.2)	58.7	(51.8-65.7)
$50,000 to $74,999	41.3	(34.5-48.0)	58.7	(52.0-65.5)
$75,000+	45.4	(40.4-50.5)	54.6	(49.5-59.6)
Insurance				
Yes	40.1	(37.2-43.0)	59.9	(57.0-62.8)
No	43.1	(36.7-49.4)	56.9	(50.6-63.3)
Age at Last HIV Test (2011-2013)				
13 - 24	16.9	(15.2-18.7)		
25 - 35	29.2	(27.1-31.4)		
36 - 45	14.0	(12.5-15.5)		
46 - 55	9.2	(8.0-10.3)		
56 +	6.6	(5.7-7.5)		
Total	**40.7**	**(38.6-42.8)**	**59.3**	**(57.2-61.4)**

Age at last test is 2011-2013 combined response to the question, "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation" also only tests which a test date was given was included.

* 95% confidence intervals are calcauted based on the rate.

Table 43| *Percent of Individuals who Reported Receiving a HIV Test by Facility of Testing to the Behavioral Risk Factors Surveillance Survey (BRFSS), Nevada 2013*

	Private Doctor/ HMO	CI*	Counseling & Testing Site	CI*	Hospital or ER	CI*	Clinic	CI*	Jail or Prison	CI*	Drug TX Facility	CI*	Home or Other	CI*
Geography														
Clark County	40.4	(35.0-45.9)	6.5	(3.5-9.5)	15.5	(10.5-20.5)	19.3	(15.0-23.5)	3.5	(0.5-6.5)	1.0	(0.2-1.8)	13.9	(10.3-17.4)
Washoe County	39.5	(34.6-44.5)	2.9	(1.5-4.3)	13.5	(10.1-16.9)	24.3	(19.6-29.0)	2.2	(0.6-3.8)	1.5	(0.3-2.7)	16.0	(12.2-19.9)
All Other Counties	40.3	(34.2-46.4)	2.3	(0.6-4.0)	14.4	(9.2-19.5)	26.2	(20.4-32.0)	2.4	(0.2-4.6)	0.8	(0.0-2.0)	13.6	(9.9-17.2)
Sex at Birth														
Male	34.8	(28.9-40.8)	6.8	(3.1-10.6)	14.0	(8.5-19.6)	20.7	(15.8-25.7)	5.6	(1.3-10.0)	1.1	(0.1-2.0)	16.8	(12.5-21.1)
Female	46.2	(40.4-52.0)	4.2	(1.8-6.7)	16.2	(10.8-21.6)	20.6	(16.2-25.0)	0.6	(0.1-1.0)	1.0	(0.2-1.8)	11.2	(7.9-14.5)
Race/Ethnicity														
White, non-Hispanic	40.1	(35.4-44.7)	5.6	(2.8-8.5)	14.5	(11.0-17.9)	19.7	(15.8-23.6)	1.4	(0.1-2.6)	1.2	(0.2-2.3)	17.5	(14.0-21.1)
Black, non-Hispanic	43.8	(29.8-57.9)	1.3	(0.0-3.8)	18.9	(4.4-33.4)	14.9	(6.2-23.6)	0.4	(0.0-1.2)	1.6	(0.0-3.8)	19.2	(8.5-29.9)
Hispanic	36.9	(22.7-51.1)	8.7	(0.0-17.8)	5.9	(1.6-10.2)	25.5	(14.1-37.0)	14.9	(0.0-31.2)	0.8	(0.0-2.1)	7.3	(0.0-14.8)
Multi-race /All-Other/Unknown	41.2	(30.0-52.4)	6.4	(0.7-12.2)	18.9	(6.8-31.0)	22.4	(13.6-31.2)	3.4	(0.0-7.8)	0.4	(0.0-0.9)	7.2	(1.8-12.7)
Age at Time of Survey														
18 - 24	43.6	(27.9-59.3)	0.1	(0.0-0.3)	16.5	(5.0-27.9)	29.0	(15.5-42.6)	0.0	(0.0-0.0)	1.0	(0.0-2.5)	9.8	(0.2-19.5)
25 - 34	36.5	(28.0-45.0)	9.7	(3.3-16.1)	13.6	(5.5-21.7)	23.1	(16.0-30.1)	5.6	(0.0-12.4)	0.3	(0.0-0.8)	11.2	(6.7-15.8)
35 - 44	52.2	(42.8-61.7)	2.7	(0.5-4.8)	13.4	(6.0-20.9)	16.9	(10.4-23.4)	1.6	(0.0-4.4)	0.2	(0.0-0.4)	13.0	(7.0-19.0)
45 - 54	29.0	(20.8-37.2)	5.1	(1.0-9.2)	19.0	(7.7-30.2)	18.5	(11.0-26.0)	5.6	(0.0-11.4)	1.8	(0.0-3.6)	21.1	(13.1-29.0)
55 - 64	46.5	(36.9-56.1)	4.9	(0.0-11.2)	12.6	(6.3-18.8)	18.1	(11.4-24.8)	1.1	(0.1-2.1)	2.6	(0.0-5.8)	14.2	(8.2-20.3)
65+	35.4	(25.3-45.4)	8.3	(0.0-17.1)	17.0	(10.8-23.1)	25.3	(13.0-37.6)	0.7	(0.0-1.6)	1.0	(0.0-2.7)	12.4	(6.5-18.4)
Education														
Less than H.S.	22.5	(9.9-35.1)	7.4	(0.0-16.0)	28.8	(11.3-46.3)	21.2	(9.3-33.2)	11.5	(0.0-25.5)	1.6	(0.0-3.5)	7.0	(0.0-14.2)
H.S. or G.E.D.	41.4	(32.6-50.3)	5.1	(0.8-9.4)	14.8	(6.4-23.3)	22.8	(15.6-29.9)	2.7	(0.3-5.2)	0.6	(0.0-1.2)	12.5	(6.7-18.4)
Some Post H.S.	42.1	(35.6-48.5)	6.7	(2.6-10.9)	13.5	(9.4-17.7)	19.8	(14.6-24.9)	2.3	(0.0-4.8)	1.6	(0.1-3.1)	14.0	(9.9-18.1)
College Graduate	47.1	(40.3-53.9)	3.4	(1.1-5.6)	9.3	(5.9-12.8)	19.3	(14.1-24.4)	0.0	(0.0-0.1)	0.3	(0.0-0.9)	20.6	(14.9-26.2)
Income														
< 15,000	29.8	(16.2-43.4)	4.7	(0.0-12.6)	26.3	(8.7-44.0)	21.2	(10.3-32.1)	6.0	(0.0-14.7)	2.1	(0.0-4.5)	9.9	(2.0-17.7)
$15,000 to $24,999	32.3	(21.6-43.0)	5.5	(0.0-11.7)	17.0	(9.2-24.8)	26.3	(16.7-35.9)	8.3	(0.0-21.6)	1.7	(0.0-3.4)	8.8	(3.2-14.4)
$25,000 to $34,999	42.5	(30.0-54.9)	10.7	(0.1-21.3)	9.0	(3.3-14.8)	23.0	(12.5-33.4)	0.2	(0.0-0.6)	0.0	(0.0-0.0)	14.5	(5.7-23.3)
$35,000 to $49,999	39.2	(28.5-49.9)	3.8	(0.0-7.9)	8.3	(3.3-13.2)	24.6	(15.2-34.0)	5.3	(0.0-11.7)	3.0	(0.0-7.1)	15.9	(5.1-26.6)
$50,000 to $74,999	42.9	(33.0-52.9)	6.6	(0.0-13.4)	11.8	(4.8-18.7)	14.7	(7.5-21.8)	4.3	(0.0-9.8)	0.7	(0.0-1.8)	18.9	(12.0-25.8)
$75,000+	49.0	(41.0-57.1)	2.3	(0.6-3.9)	10.4	(6.3-14.5)	17.5	(11.1-23.9)	0.2	(0.0-0.6)	0.0	(0.0-0.0)	20.5	(14.5-26.5)
Insurance														
Yes	43.0	(38.2-47.9)	4.2	(2.2-6.2)	14.6	(10.2-19.0)	20.6	(16.8-24.4)	2.0	(0.3-3.8)	1.1	(0.3-1.8)	14.5	(11.4-17.5)
No	32.0	(23.7-40.4)	9.9	(3.1-16.6)	16.6	(8.6-24.6)	20.7	(13.7-27.6)	6.8	(0.0-14.3)	0.9	(0.0-1.9)	13.1	(7.0-19.3)
Total	**40.3**	**(36.1-44.5)**	**5.6**	**(3.3-7.9)**	**15.1**	**(11.2-18.9)**	**20.7**	**(17.3-24.0)**	**3.2**	**(0.9-5.5)**	**1.0**	**(0.4-1.7)**	**14.1**	**(11.4-16.9)**

* 95% confidence intervals are calcauted based on the rate.

Response to the BRFSS question, "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation"

Figure 44| *New HIV Diagnosis for 2013 in the Las Vegas Area by Zip code Tabulation Areas, 2013*

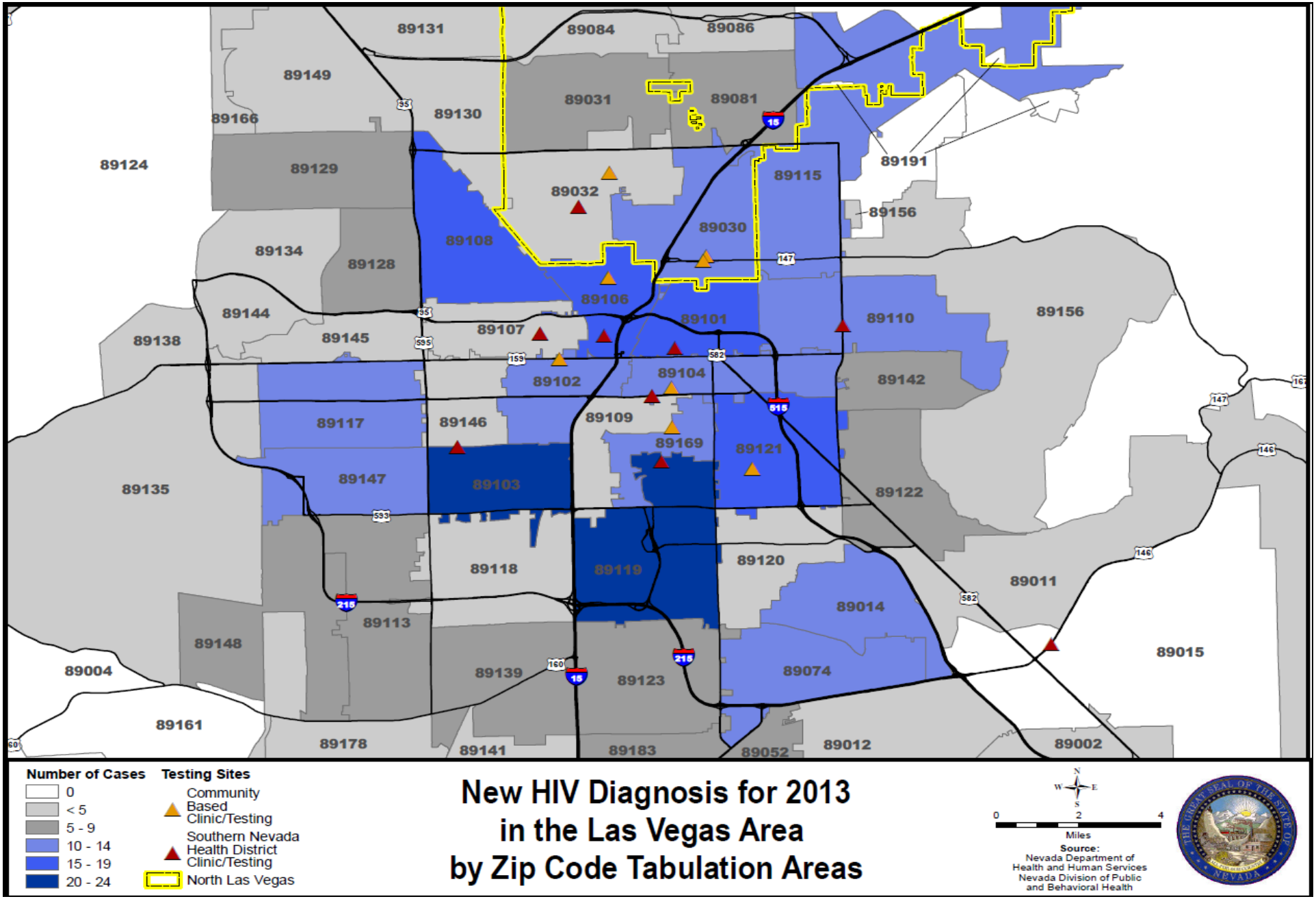


Figure 45| *New HIV/AIDS Diagnosis in Nevada by Residence of Diagnosis, 2009-2013*

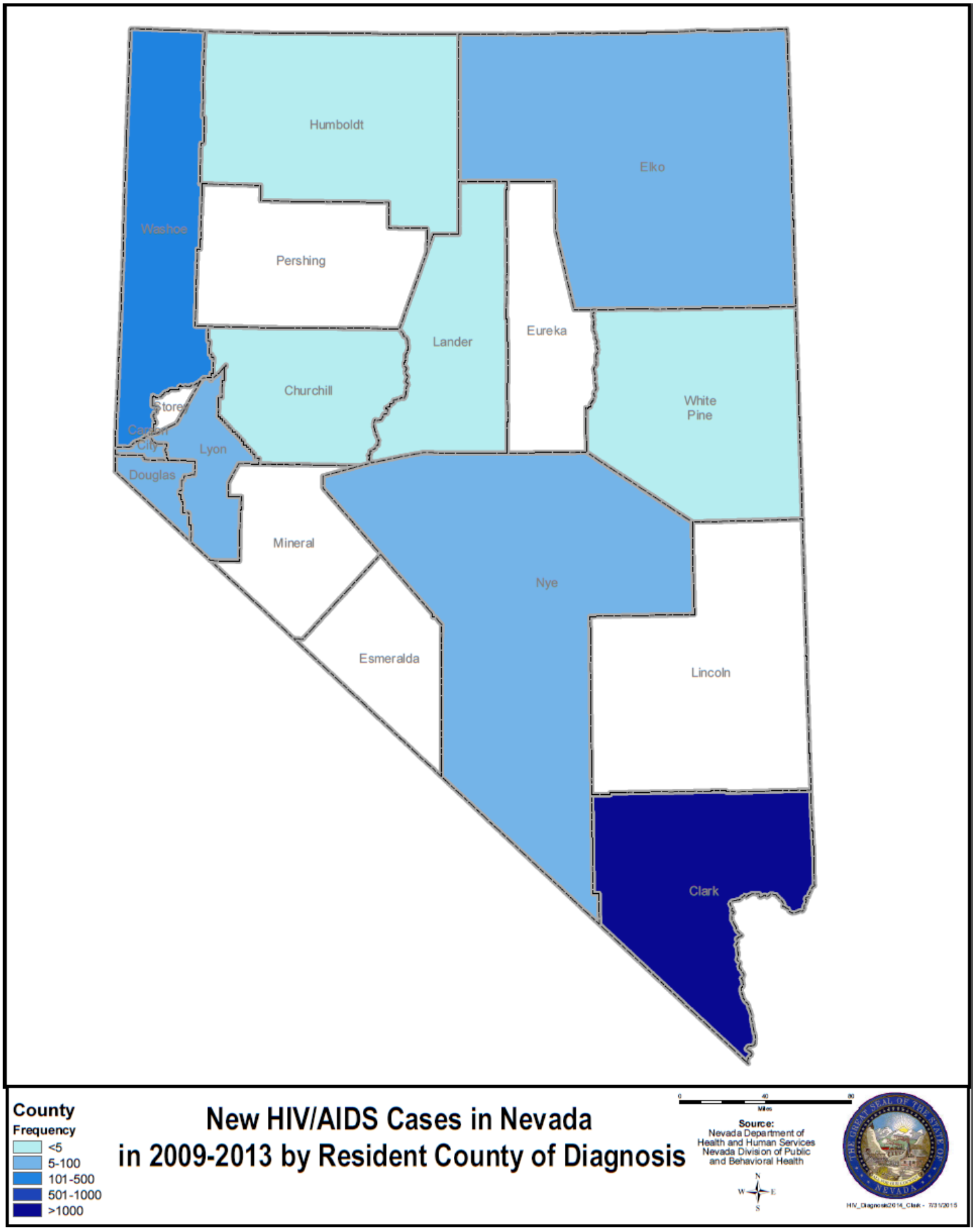


Figure 46| *New HIV/AIDS Diagnosis in Clark County by Residence of Diagnosis, 2009-2013*

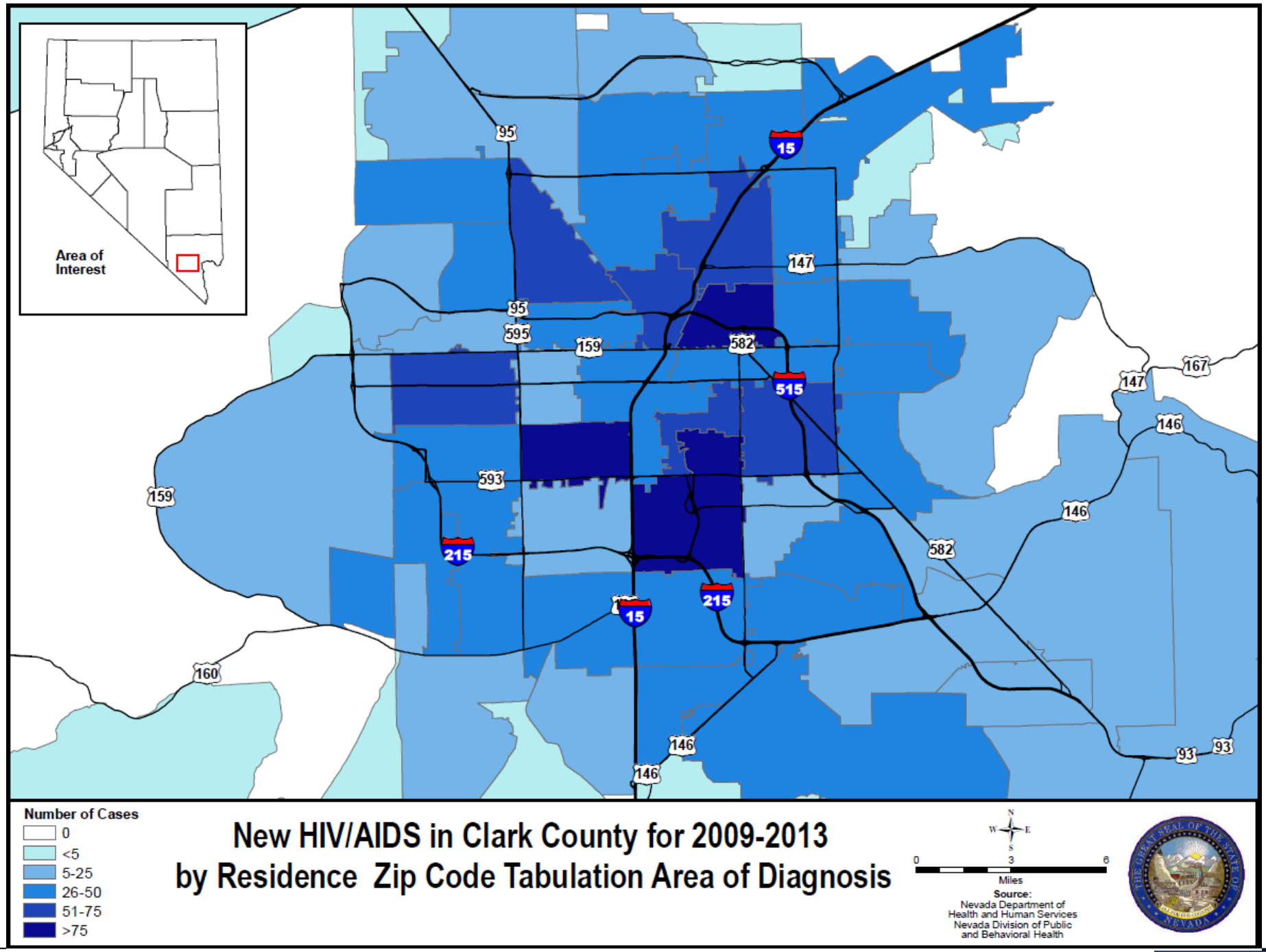


Figure 47| *New HIV/AIDS Diagnosis in Washoe County by Residence of Diagnosis, 2009-2013*

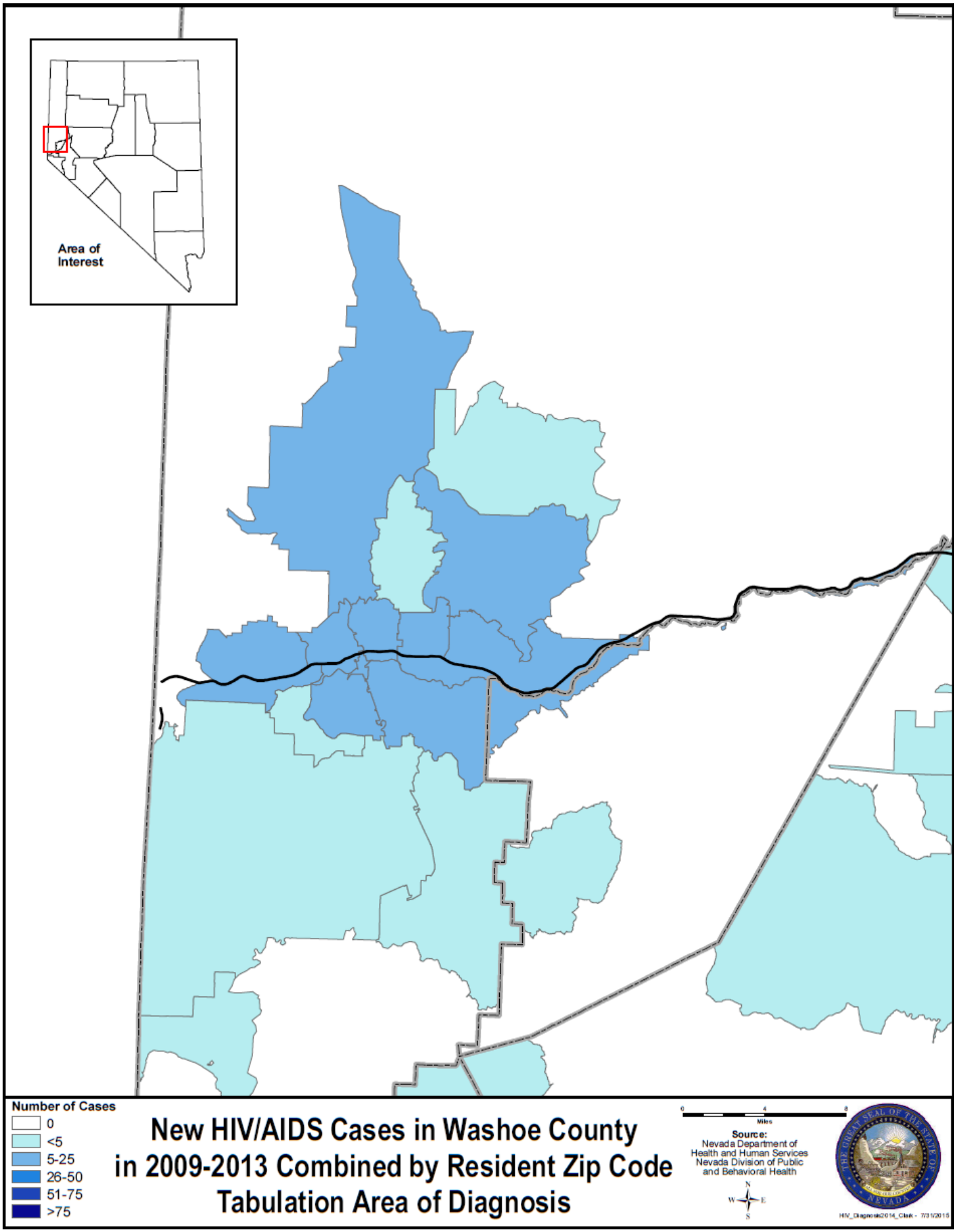


Figure 48| *New HIV/AIDS Diagnosis in Nevada by Current Residence Zip Code Tabulation Area, 2009-2013*

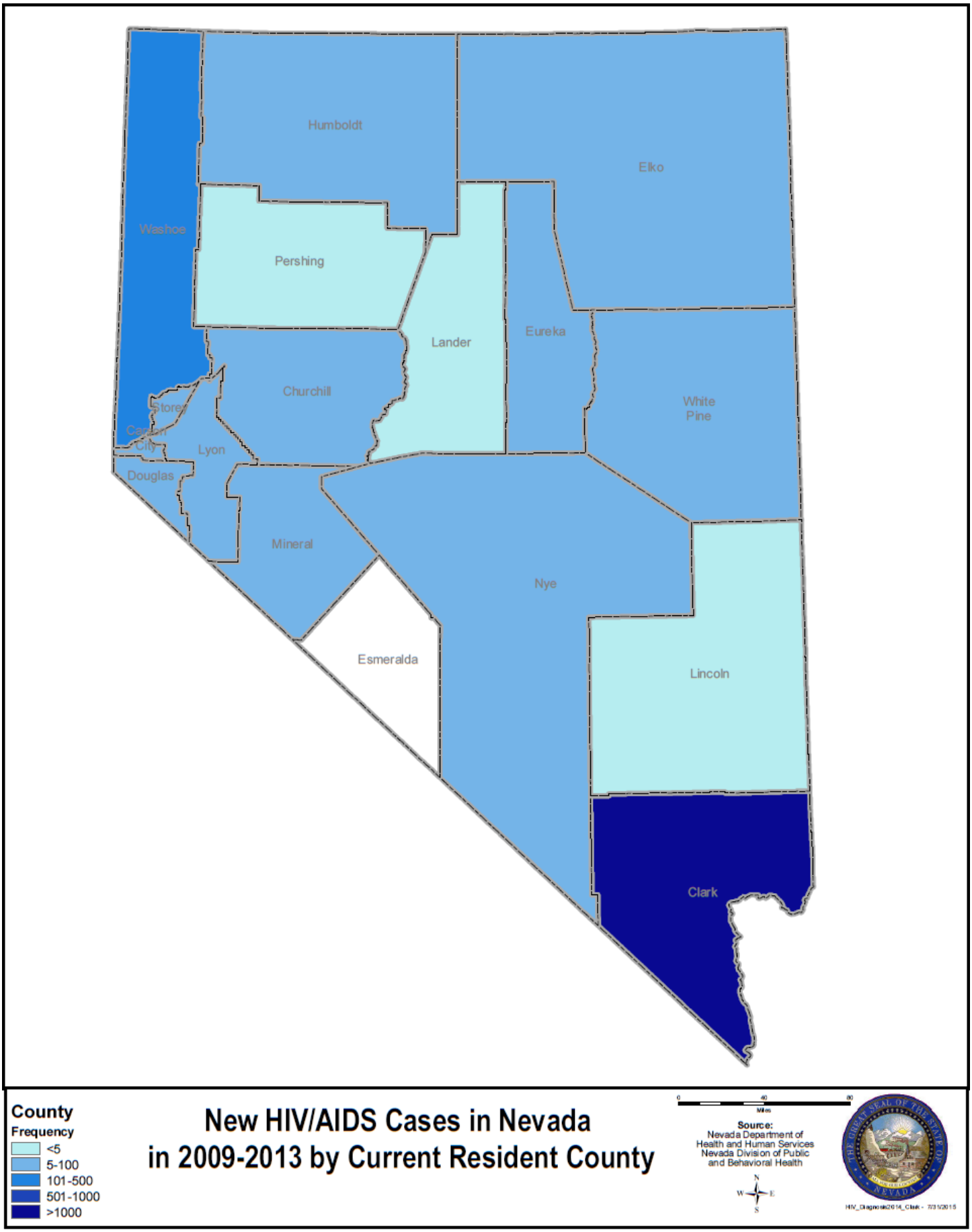


Figure 49| *New HIV/AIDS Diagnosis in Clark County by Current Residence Zip Code Tabulation Area, 2009-2013*

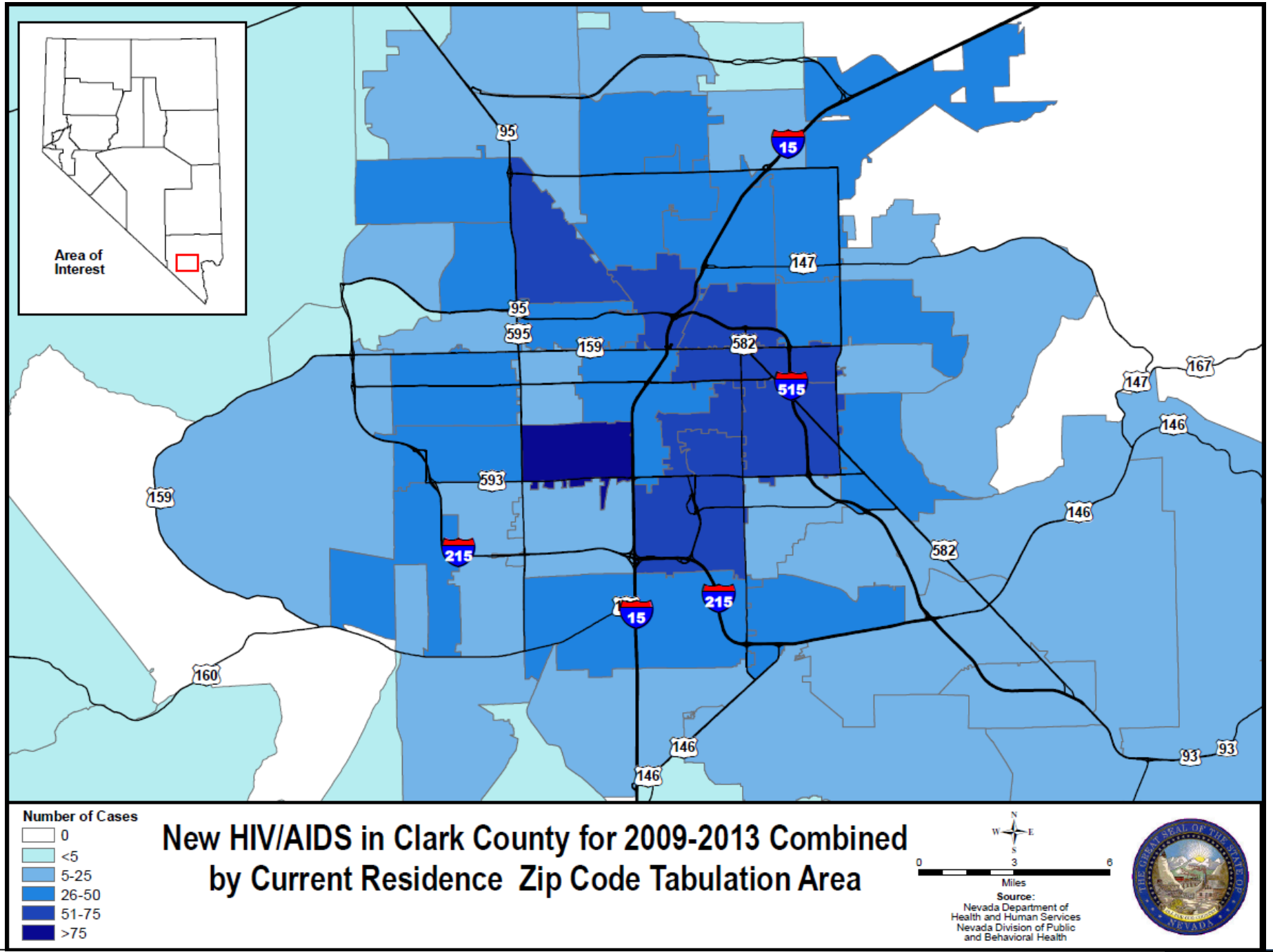


Figure 50| *New HIV/AIDS Diagnosis in Washoe County by Current Residence Zip Code Tabulation Area, 2009-2013*

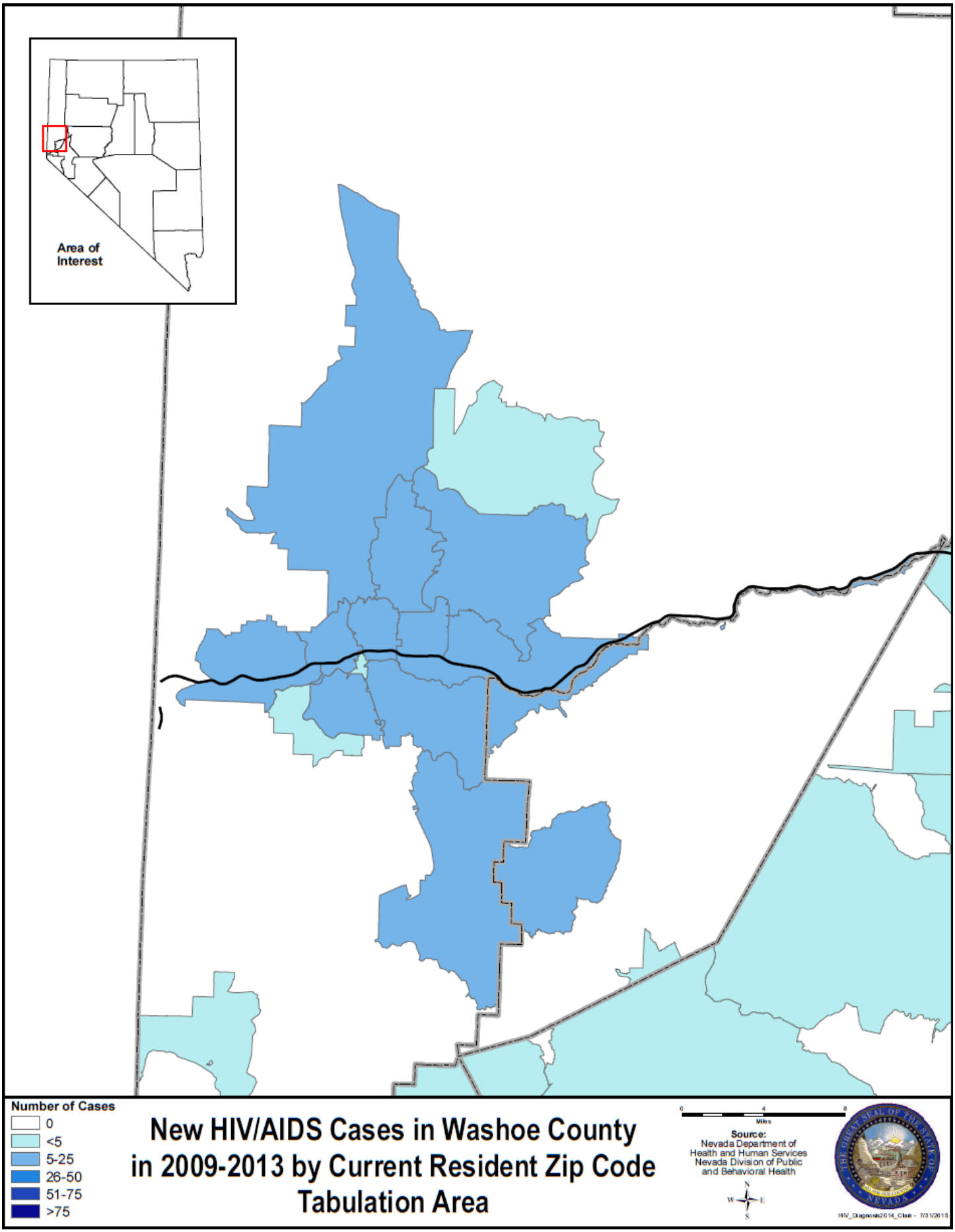


Figure 51| *Persons Living with HIV/AIDS in Nevada by Residence Zip Code Tabulation Area of Diagnosis, 2013*

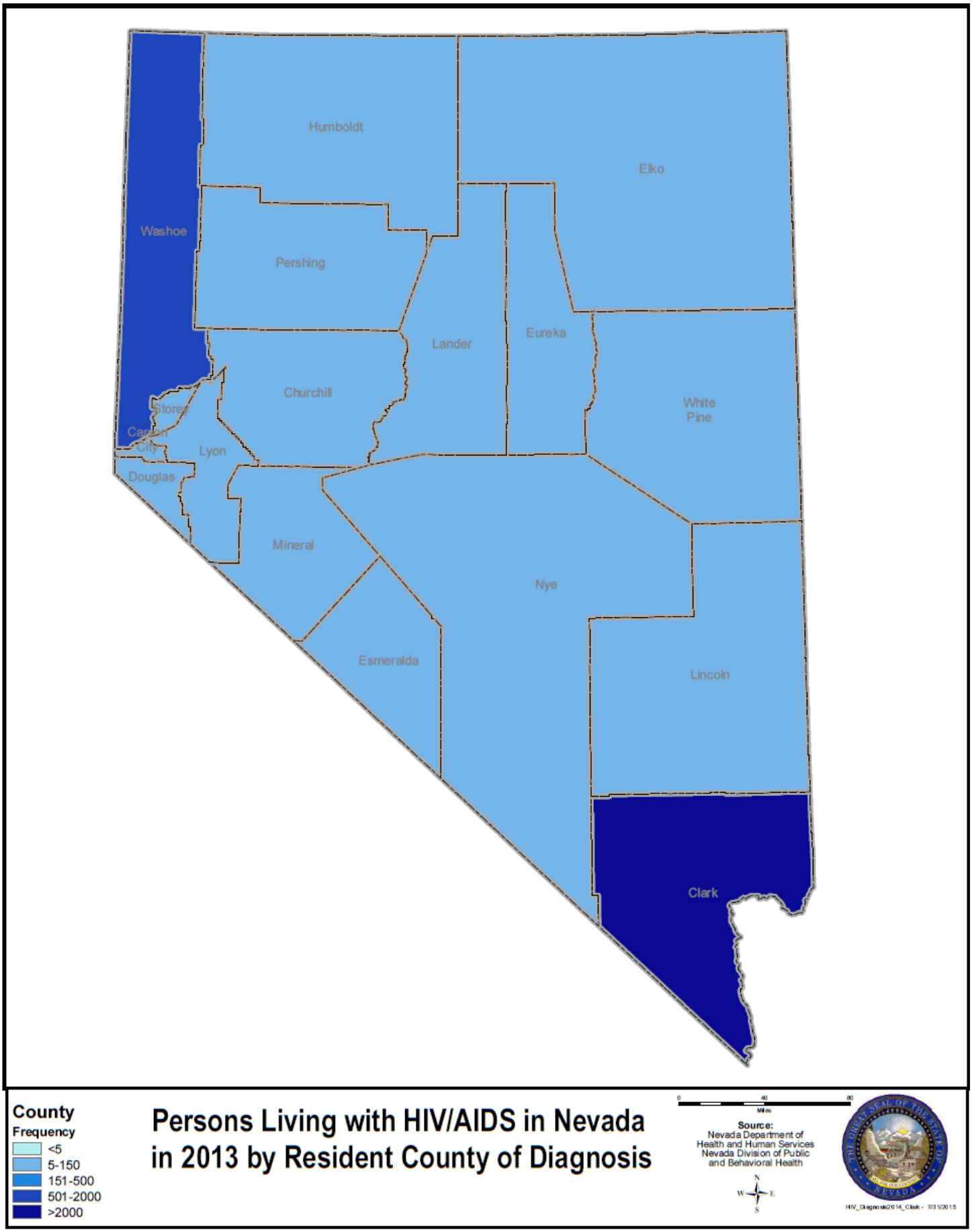


Figure 52| *Persons Living with HIV/AIDS in Clark County by Residence Zip Code Tabulation Area of Diagnosis, 2013*

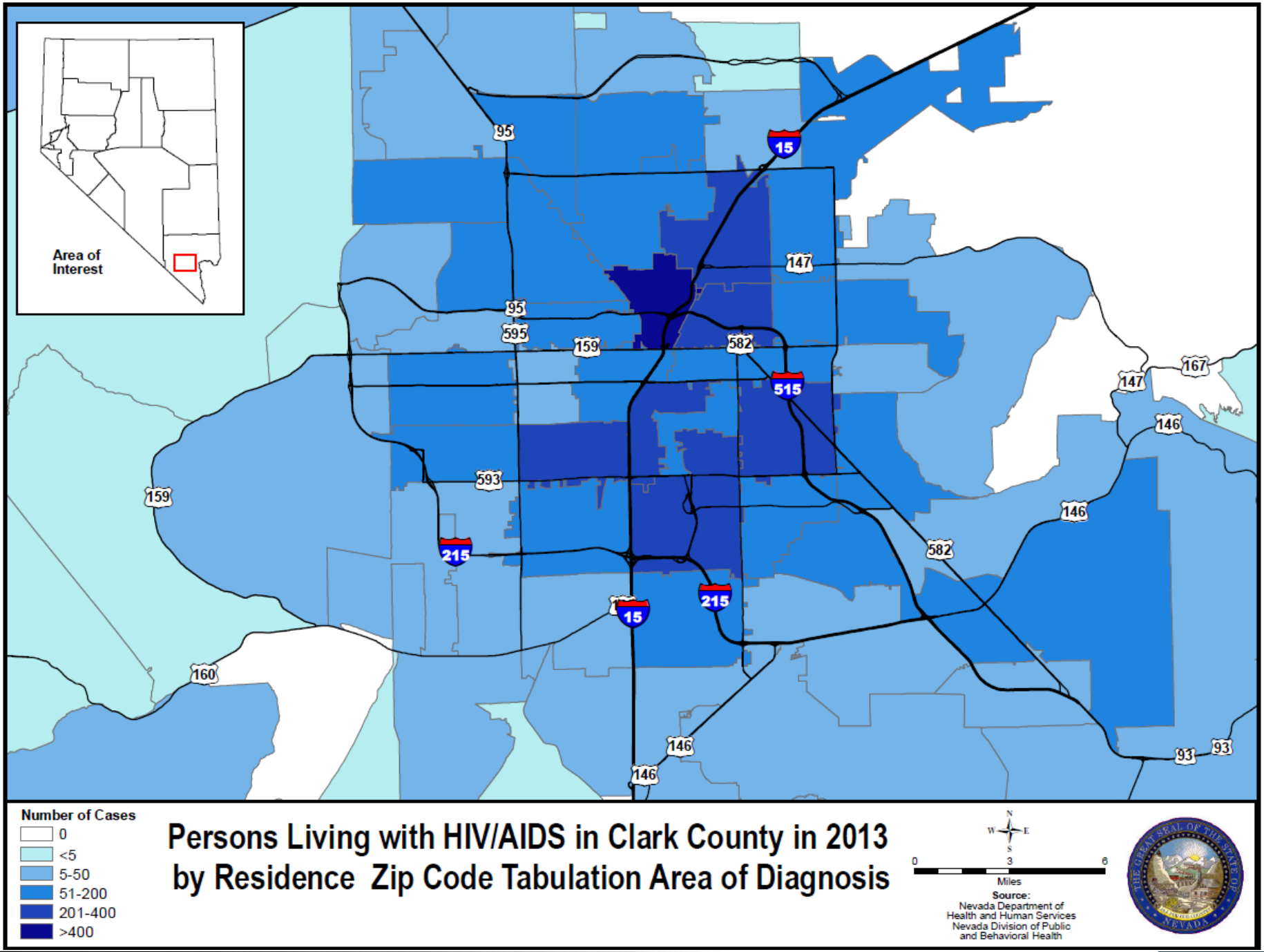


Figure 53| *Persons Living with HIV/AIDS in Washoe County by Residence Zip Code Tabulation Area of Diagnosis, 2013*

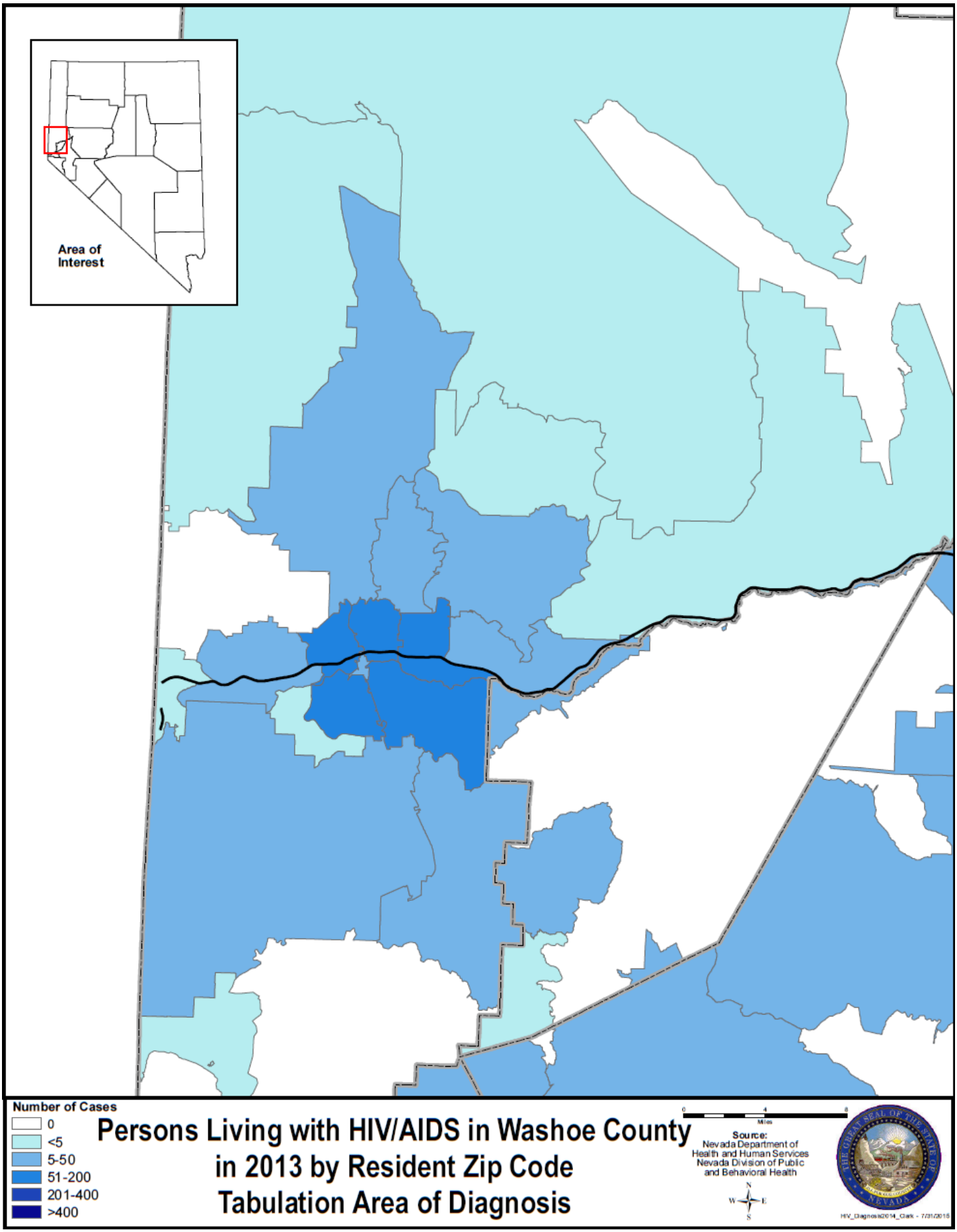


Figure 54| *Persons Living with HIV/AIDS in Nevada by Current Resident County, 2013*

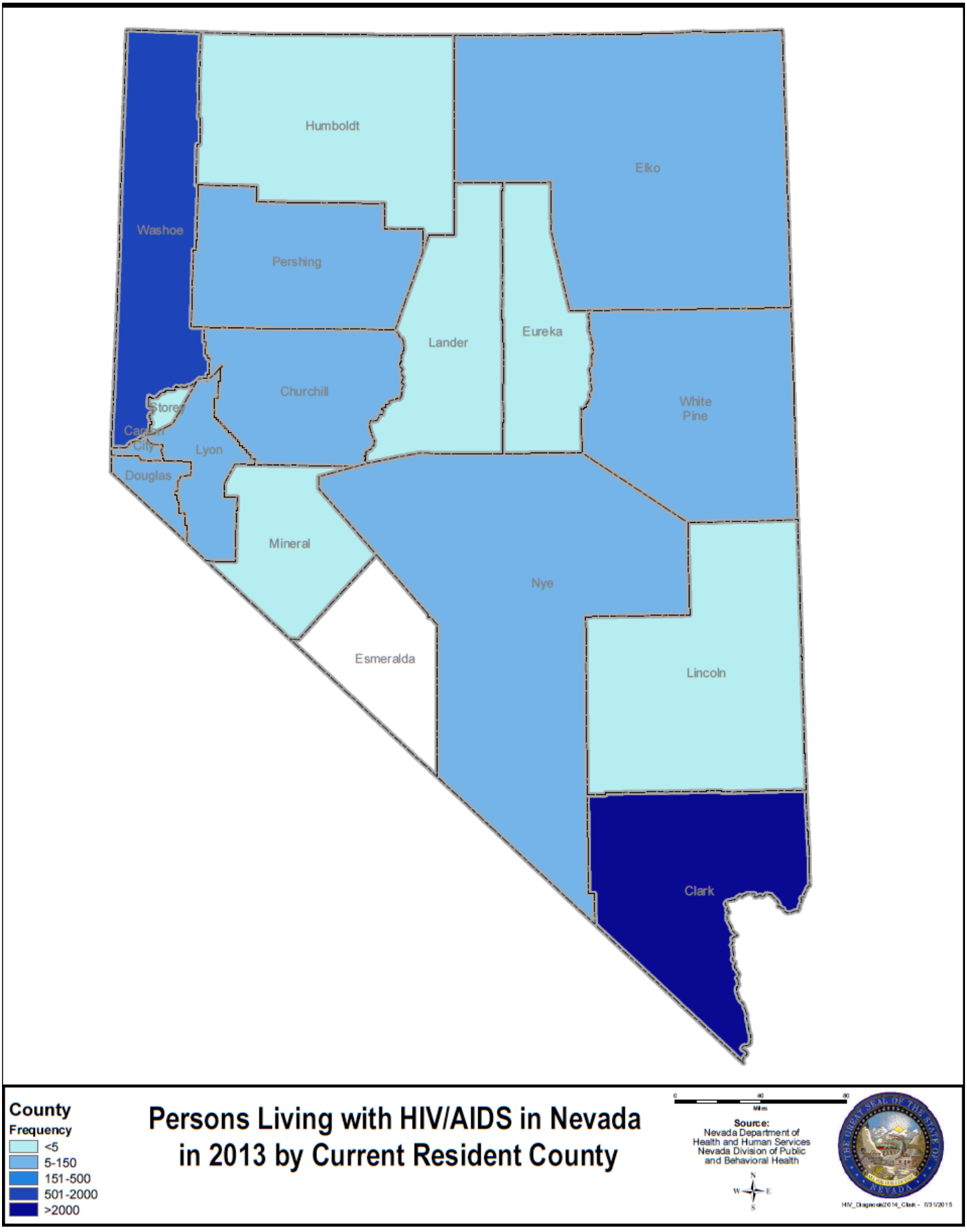


Figure 55| *Persons Living with HIV/AIDS in Clark County by Current Residence Zip Code Tabulation Area, 2013*

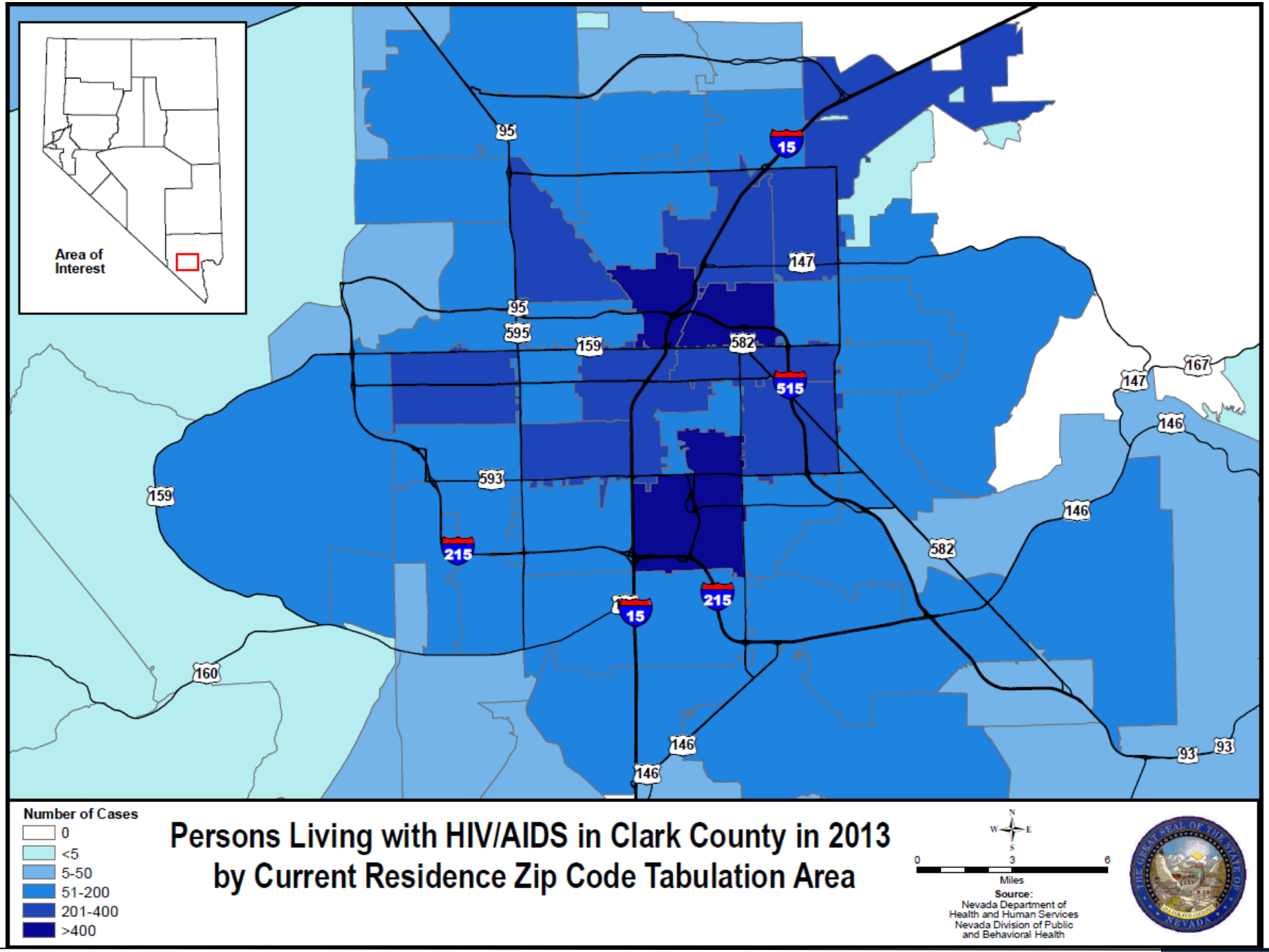
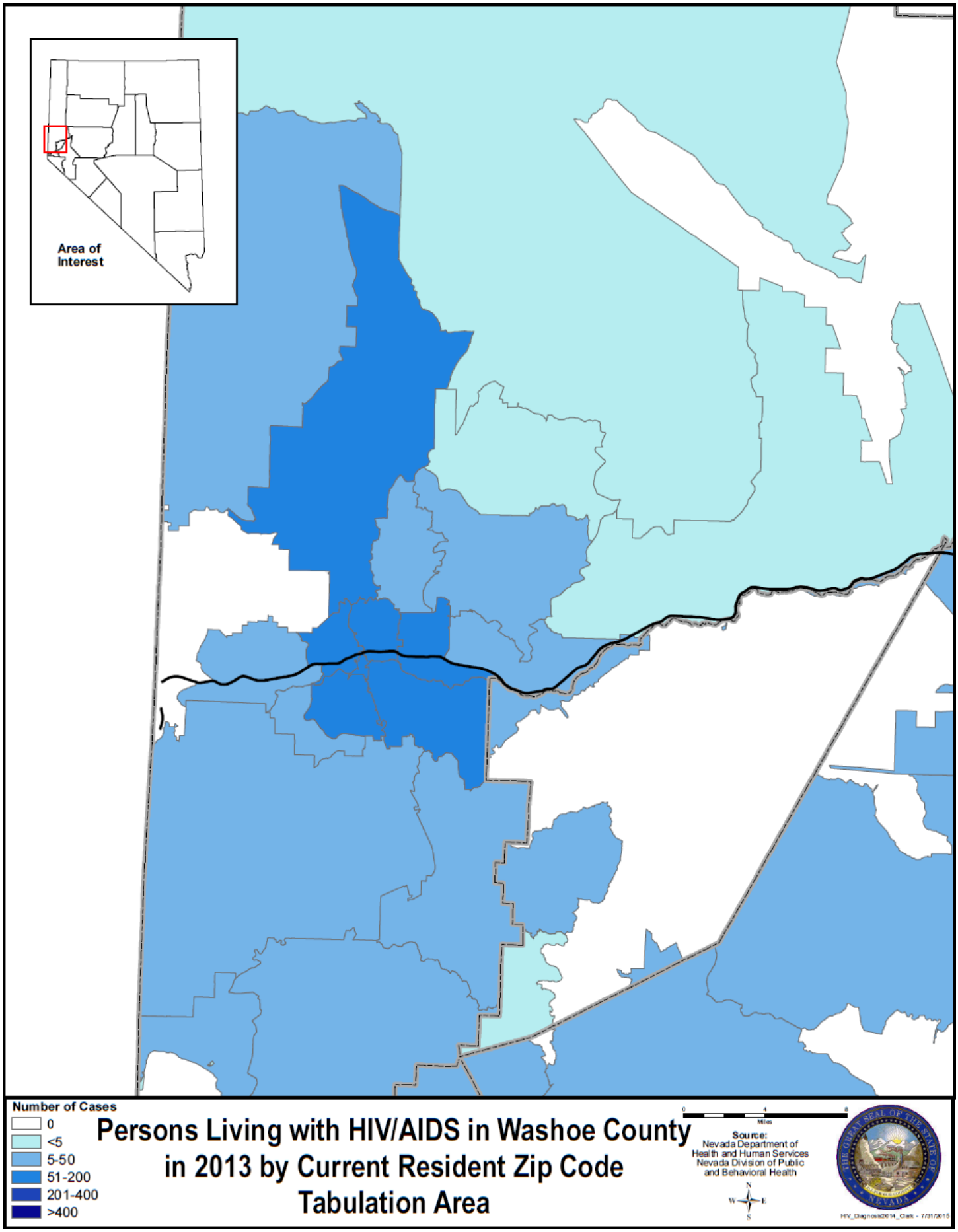


Figure 56| *Persons Living with HIV/AIDS in Washoe County by Current Resident Zip Code Tabulation Area, 2013*



APPENDIX

Figure 57| *Clark County Zip Code Tabulation Areas*

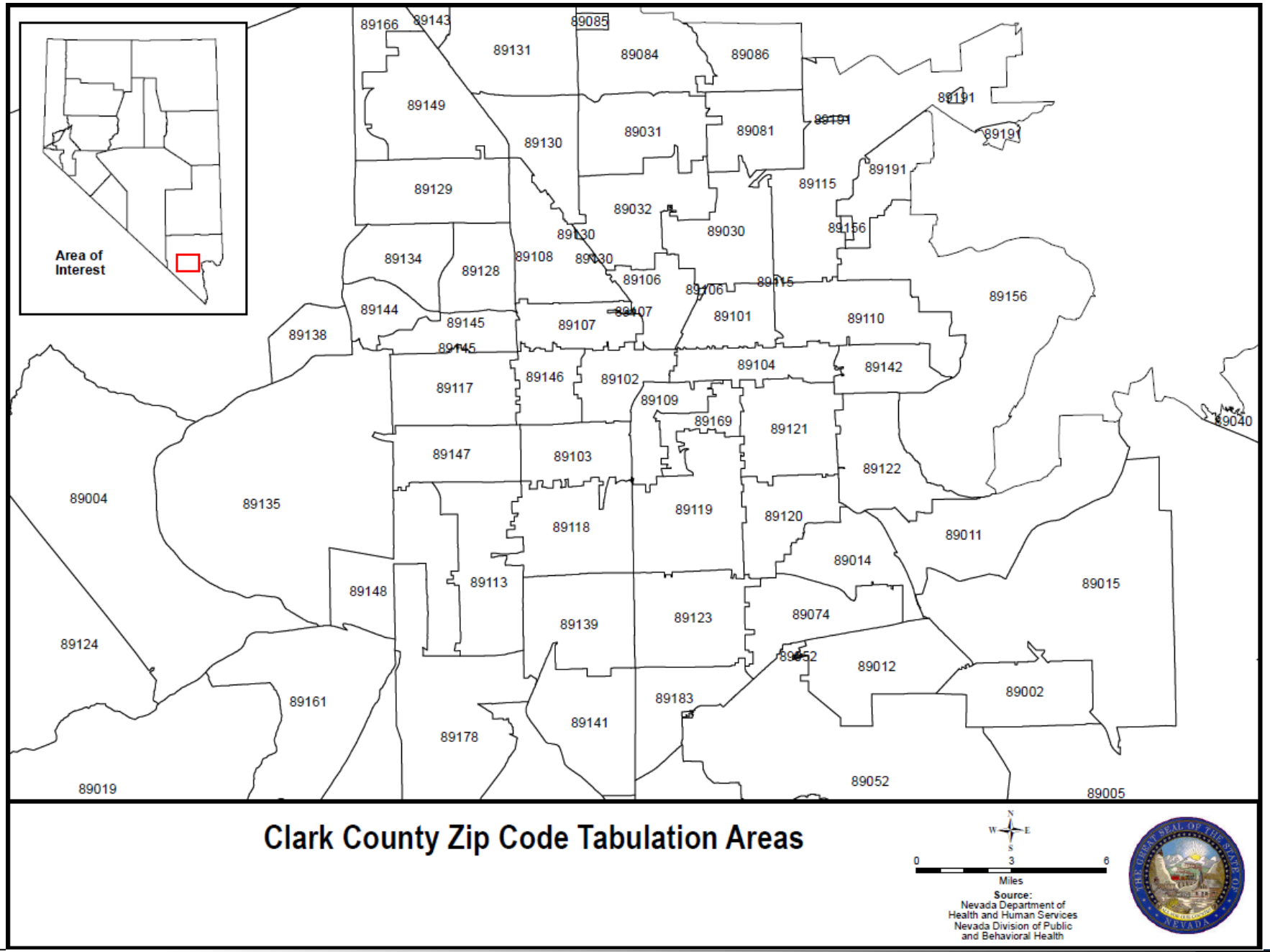
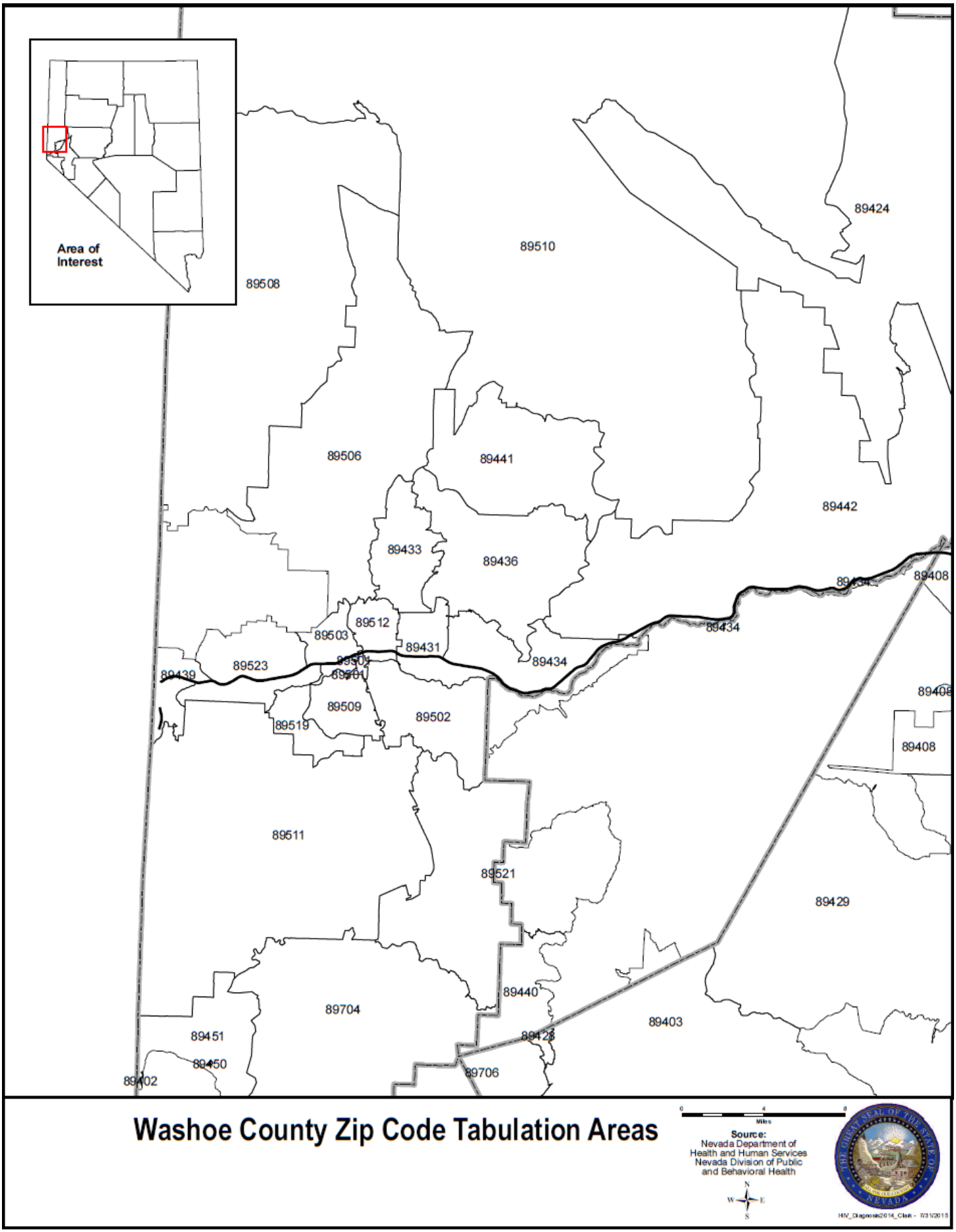


Figure 58| *Washoe County Zip Code Tabulation Areas*



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