



# HIV Epidemiological Profile: 2014 Update



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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 HIV stage 3 (AIDS), previously referred to as 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

Deaths among persons living with HIV (all stages), including HIV stage 3 (AIDS), previously referred to as AIDS, may or may not have been due to HIV or HIV stage 3 (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 all stages, including HIV stage 3 (AIDS), previously referred to as AIDS.

### HIV 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 HIV stage 3 (AIDS), previously referred to as AIDS.

### Morbidity

The occurrence of an illness, disease, or injury.

### New HIV infections/ New HIV Diagnoses

The category *new HIV infections* includes persons newly diagnosed with HIV infection regardless of the stage of disease (stage 0, 1, 2, 3 [AIDS], or unknown) and refers to all persons with a diagnosis of 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 HIV stage 3 (AIDS), previously referred to as AIDS, in the same year.

Thus, the categories *new HIV infections* and *new HIV stage 3 (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 HIV Stage 3 (AIDS) diagnoses

The category *New HIV stage 3 (AIDS), previously referred to as AIDS, diagnoses* includes persons newly diagnosed with HIV stage 3 (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 *HIV stage 3 (AIDS)* and HIV in the same year. Thus, the categories *new HIV stage 3 (AIDS) diagnoses* and *new HIV infections/diagnoses* will duplicate case counts for the same report year and cannot be combined.

The criteria for an *HIV stage 3 (AIDS) diagnosis*, previously referred to as AIDS, are: (1) a confirmed HIV infection and (2) either an HIV stage 3 (AIDS)-defining opportunistic infection or a CD4+ T-lymphocyte count of less than 200 cells/ $\mu$ L or percentage of less than 14 if no CD4+ T-lymphocyte count is present.

### Persons living with HIV (not HIV Stage 3 (AIDS))

This category includes persons currently living with HIV (not HIV stage 3 (AIDS), previously referred to as 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 HIV Stage 3 (AIDS)

This category includes persons currently living with HIV stage 3 (AIDS), previously referred to as AIDS, in Nevada based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV or HIV stage 3 (AIDS) in Nevada.

### Persons living with HIV

This category includes the total number of persons currently living with HIV, including HIV stage 3 (AIDS), previously referred to as AIDS, in Nevada, based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV, including HIV stage 3 (AIDS), in Nevada. The categories *persons living with HIV (not HIV stage 3 (AIDS))* and *persons living with HIV stage 3 (AIDS)*, are mutually exclusive and can be combined to calculate the total number of persons living with HIV.

## Race/Ethnicity

The collection of race/ethnicity data in HIV 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. Rates in the tables calculated using counts under 12 have a relative standard error greater than 30% and are denoted by ~ as they should be interpreted with caution. Some rates, such as transmission categories, are not able to be calculated due to the absence of a denominator population estimate from the Nevada State Demographers Office. These rates are denoted by "NA."

**Small Counts and 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%. Standard Error measure indicates the extent to which a survey estimate is likely to deviate from the true population and is expressed as a number. Relative Standard Error (RSE) is the standard error expressed as a fraction of the estimate and is usually displayed as a percentage.

## Targeted Testing

When testing resources are focused towards a specific population or group. In the case of HIV, targeted testing occurs when one or more risk factors for HIV transmission are present. Targeted testing is used by various testing sites across Nevada as it yields higher positivity rates. Caution should be taken when comparing new infections counts and rates across years as counts and rate can show a possible increase or decrease. However, in actuality certain populations are tested more often than others depending on their sexual preference, gender identity, age, race/ethnicity, and/or lifestyle.

## Transgender

Persons whose gender identity, expression or behaviors are different from those typically associated with their assigned sex at birth. HIV 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.



# ABBREVIATIONS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome also referred to as HIV stage 3 (AIDS).
<b>AI/AN</b>	American Indian/Alaskan Native
<b>API</b>	Asian/Hawaiian/Pacific Islander
<b>ART</b>	anti-retroviral therapy
<b>CDC</b>	Centers for Disease Control and Prevention
<b>eHARS</b>	enhanced HIV/AIDS Reporting System
<b>HIV</b>	Human Immunodeficiency Virus
<b>EPI</b>	Epidemiology
<b>IDU</b>	injection drug use or injection drug user
<b>MSM</b>	male-to-male sexual contact or men who have sex with men
<b>MSM+IDU</b>	male-to-male sexual contact and injection drug use or men who have sex with men and use injection drugs
<b>MTF</b>	male to female
<b>FTM</b>	female to male
<b>NIR</b>	no identified risk
<b>NRR</b>	no reported risk
<b>PrEP</b>	pre-exposure prophylaxis
<b>RSE</b>	relative standard error
<b>SB</b>	senate bill

## EXECUTIVE SUMMARY

In 2014, there were 438 new HIV diagnoses, including HIV stage 3 (AIDS), previously referred to as AIDS, statewide, which is a small increase from the 434 new HIV diagnoses, including HIV stage 3 (AIDS), in 2013. Inversely, the number of new HIV stage 3 (AIDS) diagnoses declined from 2013 (250) to 2014 (215). Though it is difficult to accurately identify the reasons for an increase in reported HIV diagnoses, it may be likely a result of: 1) Increased targeted testing; 2) Better HIV case finding; and 3. Access to care. Further, reasons for a decrease in HIV stage 3 (AIDS) diagnoses may be due to better care of HIV cases, which can reduce the progression from HIV to HIV stage 3 (AIDS).

At the end of 2014, a total of 9,733 persons were known to be living with HIV, including HIV stage 3 (AIDS), in Nevada. Over half (52%) had been diagnosed with HIV stage 3 (AIDS). Overall, the number of new HIV diagnoses, new HIV stage 3 (AIDS) cases, and deaths among persons living with HIV, including HIV stage 3 (AIDS), has been steadily declining. Generally, fewer people are becoming infected and people are living longer once they do become infected. Although many advances have been made in HIV, including HIV stage 3 (AIDS), prevention and care, geographic, sex, age, and racial/ethnic disparities still exist within Nevada.

Of all the counties in Nevada, Clark County continues to have the highest morbidity of HIV, including HIV stage 3 (AIDS). In 2014, Clark County had the highest rate of new HIV diagnoses (18.7 per 100,000 population) and rate of persons living with HIV (404.6 per 100,000 population). In Washoe County, which is the next most populous county in Nevada, the rate of new HIV diagnoses was 9.2 per 100,000 population and the rate of persons living with HIV, including HIV stage 3 (AIDS), was 216.6 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 2014, the rate of new HIV diagnoses in the all other counties region was only 3.6 cases per 100,000 population and the rate of persons living with HIV, including HIV stage 3 (AIDS), was 122.5 per 100,000 population.

Males continue to be disproportionately affected by HIV, including HIV stage 3 (AIDS), in Nevada. In 2014, 87% of newly diagnosed HIV diagnoses were among males and 84% of persons living with HIV, including HIV stage 3 (AIDS), were male. Furthermore, 74% of all newly diagnosed persons reported a transmission category of male-to-male sexual contact. Among males, Blacks and Hispanics had the highest rates of new diagnoses (66.5 and 31.9 per 100,000 population, respectively).

Large racial/ethnic disparities exist within Nevada, especially among Blacks/African Americans. In 2014, the rate of new HIV diagnoses among Blacks was over 4 times that of Whites (43.6 vs. 10.5 per 100,000 population). This disparity is even greater for Black females, whose rate of new HIV diagnoses was 8.4 times higher than that of White females (20.2 vs. 2.4 per 100,000 population). In addition, the rate of new HIV diagnoses among Black youths (13-24 years) was over 9 times higher than that of White youths (90.7 vs. 9.9 per 100,000 population).

With regard to age, from 2010 to 2014 rates of new HIV diagnoses have increased overall during the five year time period in all groups except for those 35 to 44 years of age and those over the age of 55. The rate among 13 to 24 year olds increased from 20.6 per 100,000 population in 2010 to 23.8 per 100,000 population in 2014. The rate among 25 to 34 year olds increased from 28.9 per 100,000 population in 2010 to 39.3 per 100,000 population in 2014. The greatest percent change from 2010 to 2014, has occurred in those aged 45 to 54 years of age (48%), where the rate has gone from 14.0 per 100,000 in 2010 to 20.0 per 100,000 in 2014.

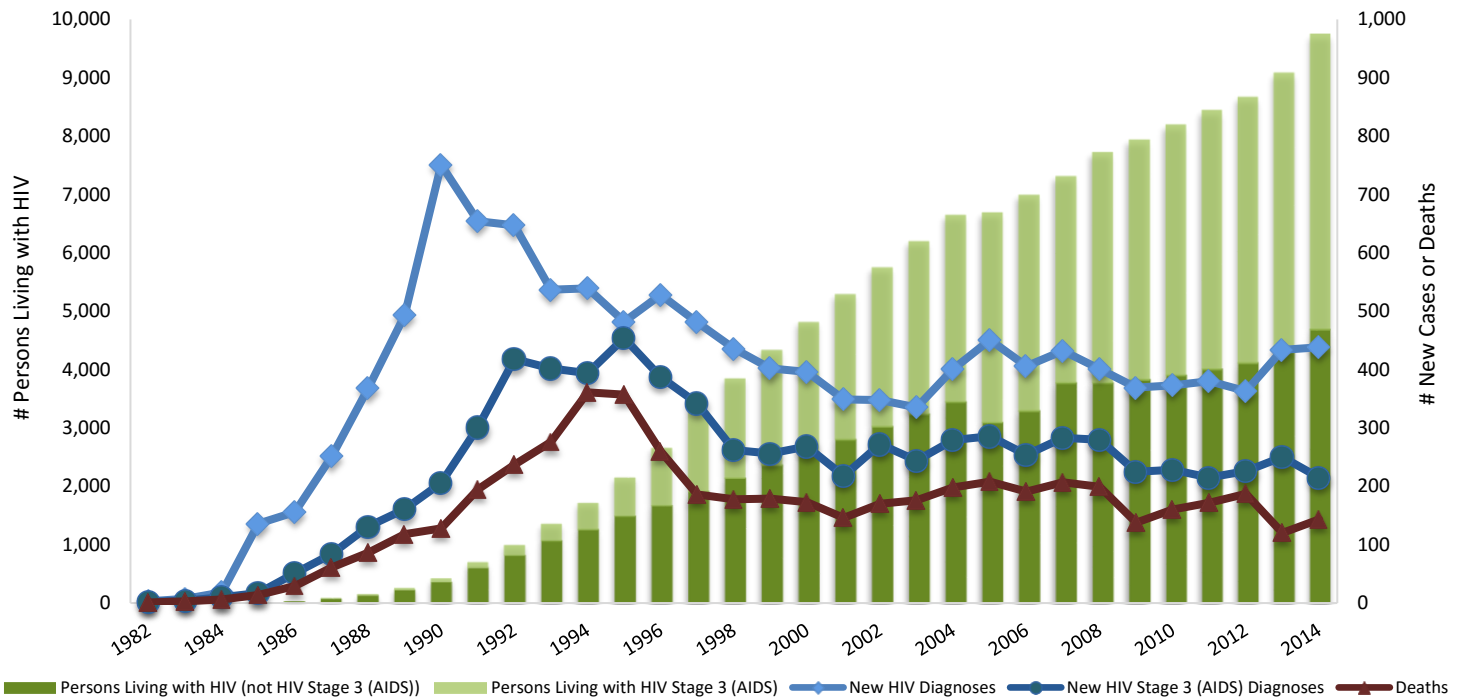
New to this report are the terms "HIV" (previously referred to as "HIV/AIDS") and "HIV Stage 3 (AIDS)" (previously referred to as "AIDS"). Change in reference is due to a change in case definition, in which a staging system is used in which AIDS is end stage HIV (Stage 3) and HIV refers to all stages, including AIDS. This report will also term persons living with HIV/AIDS (PLWHA) as persons living with HIV (PLWH). Also, new to this update are tables regarding HIV testing from the Behavioral Risk Factor Surveillance Survey (BRFSS) and incidence and prevalence mapping by county. 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, new HIV stage 3 (AIDS) diagnoses, and persons living with HIV, including HIV stage 3 (AIDS) presented in this report are from analyses of a March 2016 extract of the Nevada enhanced HIV/AIDS Reporting System (eHARS).

# OVERVIEW OF HIV IN NEVADA

## Historical Trends

**Figure 1|** Persons Living with HIV, New HIV Diagnoses, New HIV Stage 3 (AIDS) Diagnoses, and Deaths in Nevada, 1982-2014



**Table 1|** Persons Living with HIV, New HIV Diagnoses, New HIV Stage 3 (AIDS) Diagnoses, and Deaths in Nevada, 1982- 2014

Year	New HIV Diagnoses		New HIV Stage 3 (AIDS) Diagnoses		Persons Living with HIV (not HIV Stage 3 (AIDS))		Persons Living with HIV Stage 3 (AIDS)		Persons Living with HIV		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	373	13.8	228	8.4	3,910	144.5	4,281	158.2	8,191	302.7	160	4,640
2011	380	14.0	215	7.9	4,014	147.5	4,425	162.6	8,439	310.1	172	4,812
2012	363	13.2	226	8.2	4,120	149.8	4,543	165.2	8,663	315.0	187	4,999
2013	434	15.5	250	8.9	4,341	155.0	4,737	169.1	9,078	324.1	120	5,119
2014	438	15.4	215	7.6	4,689	164.9	5,044	177.4	9,733	342.3	143	5,262

## Overview of HIV in Nevada

**Figure 1:** In 1982, the first HIV infection in Nevada was diagnosed. Since then, the number of persons living with HIV and has steadily increased while the number of new HIV diagnoses, new HIV stage 3 (AIDS) diagnoses, and deaths has decreased from the peak in the early to mid-nineties. Fewer people are becoming infected, and people are living longer once they do become infected.

**Table 1:** In the last five years (2010 to 2014), the number of persons newly diagnosed with HIV infection increased over 17%, from 373 diagnoses in 2010 compared to 438 diagnoses in 2014. While the number of new diagnoses from 2010 to 2012 and 2013 to 2014 remained fairly stable between their respective years, from 2012 to 2013, there was a large increase in the number of new diagnoses. It is possible this sharp increase between 2012 and 2013 was due to the closure of the Southern Nevada Health District main building in April 2012 and the subsequent disruption in testing services. With less testing available, fewer people may have been tested and fewer people may have been diagnosed. This temporary reduction in access and services may have resulted in subsequent HIV transmissions and the resulting increase in numbers seen between 2012 and 2013.

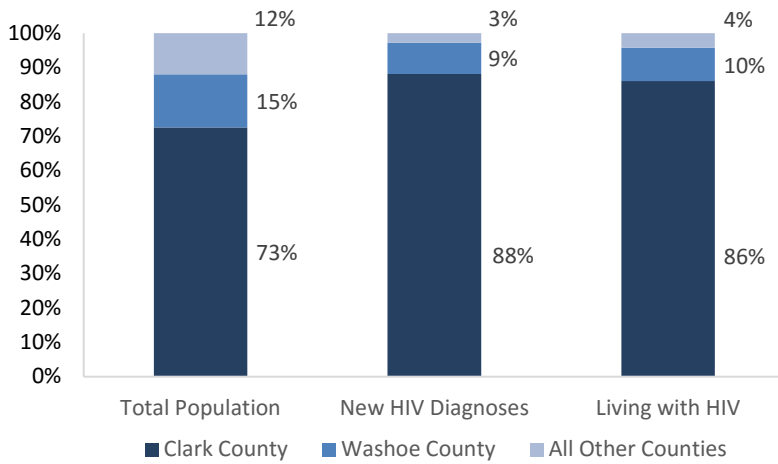
The number of new HIV stage 3 (AIDS) diagnoses has increased and decreased slightly from year to year during this five year period. There was a spike in new HIV stage 3 (AIDS) diagnoses in 2013, where 250 new diagnoses were reported, yet all other years did not see similar spikes and did not exceed 226 new diagnoses. In addition, the overall rate of new HIV stage 3 (AIDS) diagnoses has decreased from 8.4 per 100,000 population in 2010 to 7.6 per 100,000 population in 2014, or a decrease of 6% of new HIV stage 3 (AIDS) diagnoses 2014 as compared to 2010.

In 2014, there were 4,689 persons living with HIV (not HIV stage 3 (AIDS)), 5,044 persons living with HIV stage 3 (AIDS), and a total of 9,733 persons living with HIV. Of the 9,733 persons living with HIV at the end of 2014, 35% were diagnosed with HIV infection outside of Nevada. The number of persons living with HIV (not HIV stage 3 (AIDS)) increased almost 20% in 2014 as compared to 2010. The number of persons living with HIV stage 3 (AIDS) increased almost 18% in 2014 as compared to 2010. The total number of persons living with HIV, including HIV stage 3 (AIDS), in Nevada increased almost 19% from 8,191 in 2010 as compared to 9,733 in 2014.

Since the beginning of the epidemic, 5,262 persons known to be living with HIV, including HIV stage 3 (AIDS), in Nevada have died. In 2014 alone, there were 143 persons living with HIV who died. In this report, cause of death is not specified; some of these deaths may have been due to HIV related causes, while others may have been due to unrelated causes. Overall, the number of deaths among persons living with HIV, including HIV stage 3 (AIDS) has been declining with over a 10.6% decrease in number of deaths in 2014 as compared to 2010.

# HIV BY GEOGRAPHIC AREA

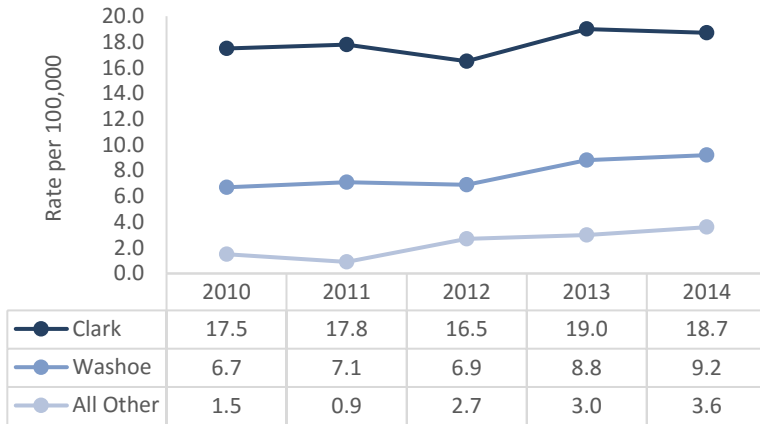
**Figure 2 | Total Population, New HIV Diagnoses, and Persons Living with HIV in Nevada by County, 2014**



**Figure 2:** At the end of 2014, there were 2,828,794 persons living in Nevada. Nevada’s population was concentrated in Clark County (73%), with the next most populous county being Washoe County (15%). The remaining counties in the state are grouped together and referred to as *all other counties*. In 2014, 12% of Nevada’s population resided in all other counties.

Clark County accounts for a disproportionate amount of new HIV diagnoses and persons living with HIV. In 2014, 88% of new HIV diagnoses and 86% of persons living with HIV were in Clark County, although only 73% of the total state population resided in Clark County.

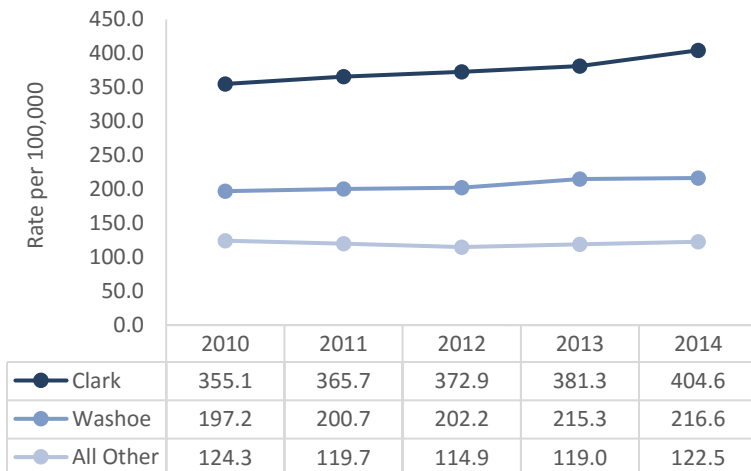
**Figure 3 | Annual Rate of New HIV Diagnoses in Nevada by County, 2010 – 2014~**



~ The rate for “All Other” have been calculated using counts under 12, please refer to the definition of small counts for guidance.

**Figure 3:** In 2014, the rate of new diagnoses in Clark County (18.7 per 100,000 population) was more than two times greater than that of Washoe County (9.2 per 100,000 population) and more than five times greater than that of all other counties (3.6 per 100,000 population). From 2010 to 2014, the rate of new diagnoses has remained relatively steady in Washoe County, but with a slight increase every year since 2012. From 2010 to 2014, the rate of new diagnoses in Clark County has remained fairly stable with the exception of 2012 where it dropped to 16.5 per 100,000 population. This drop in 2012 and subsequent increase in 2013 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 in Nevada by County, 2010 – 2014**

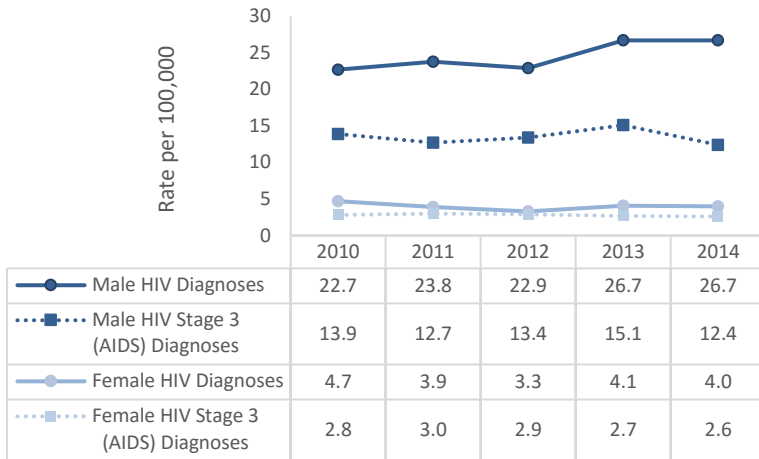


**Figure 4:** In 2014, Clark County has the highest rate of people living with HIV with a rate (404.6 per 100,000 population) 1.9 times higher than the rate in Washoe County (216.6 per 100,000 population) and 3.3 times higher than the rate in all other counties (122.5 per 100,000 population). From 2010 to 2014 in Clark and Washoe Counties, the rate of persons living with HIV has increased, while in all other counties the rate has remained stable. 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 migration to more populous counties or out of state.

# HIV AND SEX AT BIRTH

## New HIV Diagnoses and HIV Stage 3 (AIDS) Diagnoses

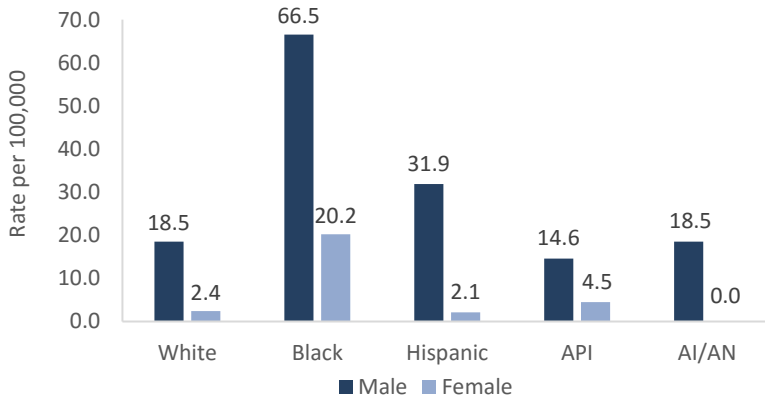
**Figure 5 |** Annual Rate of New HIV Diagnoses and New HIV Stage 3 (AIDS) Diagnoses in Nevada by Sex, 2010– 2014



**Figure 5:** In 2014, the rate of new HIV diagnoses among men (26.7 per 100,000 population) was 6.7 times that of women (4.0 per 100,000 population). Since 2010, the rate of new diagnoses among males increased while among females the rate has decreased.

The rate of new HIV stage 3 (AIDS) diagnoses among men is also significantly higher than that of women (12.4 vs. 2.6 per 100,000 population). The rates of new HIV stage 3 (AIDS) diagnoses among males and females have decreased over the last five years.

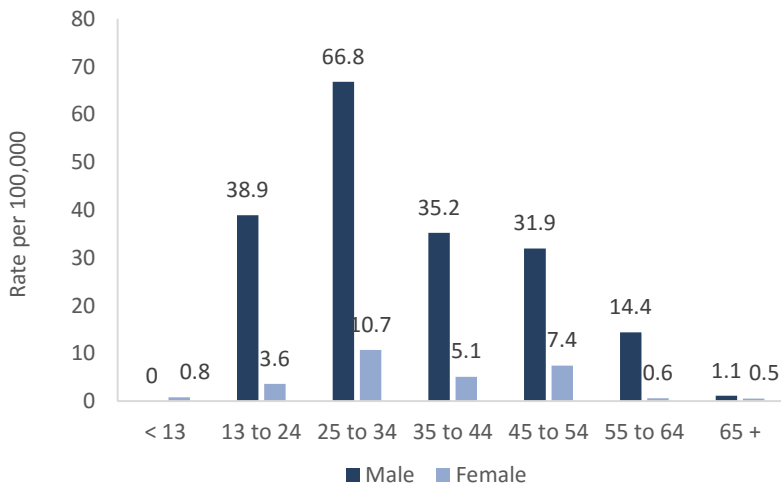
**Figure 6 |** Annual Rate of New HIV Diagnoses in Nevada by Sex and Race/ Ethnicity, 2014\*~



**Figure 6:** In 2014, rates of new HIV diagnoses were highest among Blacks. The rate of new HIV diagnoses among Black males (66.5 per 100,000 population) was 3.6 times higher than that of White males (18.5 per 100,000 population), and the rate of new HIV diagnoses among Black females (20.2 per 100,000 population) was 8.4 times higher than that of White females (2.4 per 100,000 population). Hispanic and Asian/Hawaiian/Pacific Islander (API) males also experienced disparately high rates of new HIV diagnoses (31.9 and 14.6 per 100,000 population, respectively). AI/AN have very small counts (under 12) causing their rates to vary greatly and unable to appropriately compare.

\*The number of persons who identified as multi-racial was 10 in 2014. Data for these persons were not included in this figure.  
 ~ Some rates in the figure have been calculated using counts under 12, please refer to the definition of small counts for guidance.

**Figure 7 |** Annual Rate of New HIV Diagnoses in Nevada by Sex and Age, 2014~



**Figure 7:** In 2014, among men, the highest rates of new HIV diagnoses were among 25- to 34-year-olds (66.8 per 100,000 population), 13- to 24-year-olds (38.9 per 100,000 population), and 35- to 44-year-olds (31.9 per 100,000 population).

In 2014, among women, rates of new HIV diagnoses were highest among female 55- to 64-year-olds (14.4 per 100,000 population), 25- to 34-year-olds (10.7 per 100,000 population). All other female age groups have counts under 12 so please use caution when interpreting and comparing rates.

~ Some rates in the figure have been calculated using counts under 12, please refer to the definition of small counts for guidance.

**Table 2 | New HIV Diagnoses in Nevada by Sex and Transmission Category, 2010-2014**

Transmission Category	2010		2011		2012		2013		2014	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>										
MSM	257	83%	273	83%	247	78%	288	76%	284	74%
IDU	15	5%	14	4%	12	4%	13	3%	13	3%
MSM+IDU	19	6%	18	6%	20	6%	30	8%	26	7%
Heterosexual contact	5	2%	9	3%	8	3%	17	5%	12	3%
Perinatal exposure	0	0%	1	0%	0	0%	0	0%	0	0%
Transfusion/ Hemophilia	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	14	5%	12	4%	31	10%	29	8%	47	12%
<b>Subtotal</b>	<b>310</b>	<b>100%</b>	<b>327</b>	<b>100%</b>	<b>318</b>	<b>100%</b>	<b>377</b>	<b>100%</b>	<b>382</b>	<b>100%</b>
<b>Females</b>										
IDU	5	8%	5	9%	5	11%	5	9%	5	9%
Heterosexual contact	50	79%	28	53%	20	44%	32	56%	20	36%
Perinatal exposure	1	2%	2	4%	0	0%	3	5%	2	4%
Transfusion/ Hemophilia	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	7	11%	18	34%	20	44%	17	30%	29	52%
<b>Subtotal</b>	<b>63</b>	<b>100%</b>	<b>53</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>56</b>	<b>100%</b>
<b>Total</b>	<b>373</b>	<b>100%</b>	<b>380</b>	<b>100%</b>	<b>363</b>	<b>100%</b>	<b>434</b>	<b>100%</b>	<b>438</b>	<b>100%</b>

**Table 2:** From 2010 to 2014, male-to-male sexual contact (MSM) has been the primary transmission category for the majority of new HIV diagnoses among males, accounting for 78.8% of new cases on average between 2010 and 2014 (range 74%-83%). During this same time period, the percentage of males with a transmission category of (IDU) has decreased from 5% in 2010 to 3% in 2014. NIR/NRR has shown a rise in recent years going from 5% in 2010 to 12% in 2014. Over the past five years, the percentage of newly infected males with a transmission category of MSM+IDU and injection drug use (IDU) has remained relatively stable.

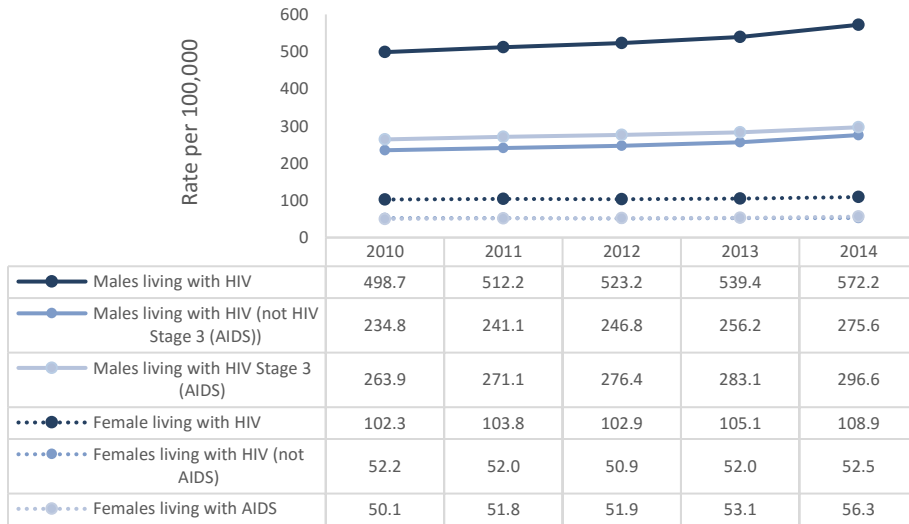
Among females, heterosexual contact has been the most common transmission category. Although the percentage of females with this risk has decreased from 2010 to 2014, this is most likely due to more stringent risk ascertainment standards and not an actual decrease in heterosexual contact. Many of the 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) which is most likely responsible for the increase from 11% in 2010 to 52% in 2014.

Since 2010, there have been few to 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.



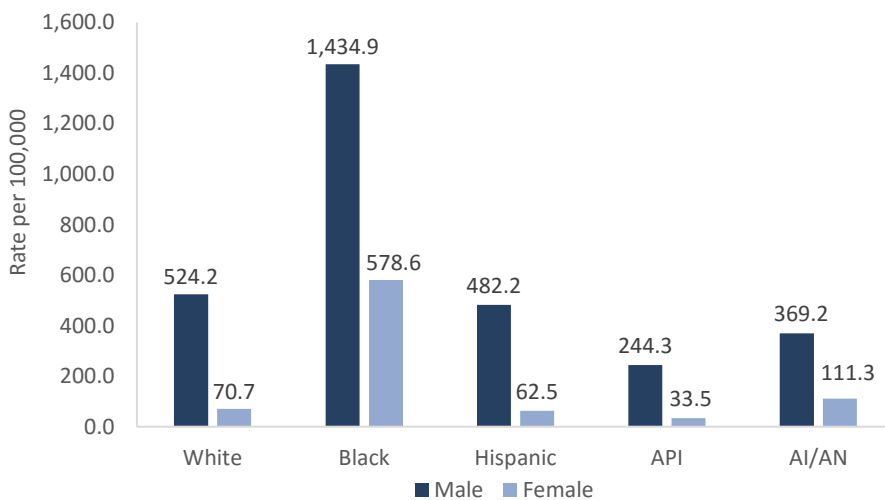
## Persons Living with HIV

**Figure 8** | Annual Rate of Persons Living with HIV, HIV (not HIV Stage 3 (AIDS)), and HIV Stage 3 (AIDS) in Nevada by Sex, 2010 – 2014



**Figure 8:** For both males and females, the rate of persons living with HIV has steadily increased. In 2014, the rate of males living with HIV (572.2 per 100,000) was 5.3 times that of females (108.9 per 100,000). The rate of persons living with HIV stage 3 (AIDS) has also been increasing for both males and females. In 2014, the rate of males living with HIV stage 3 (AIDS) (296.6 per 100,000) was 5.3 times that of females (56.3 per 100,000).

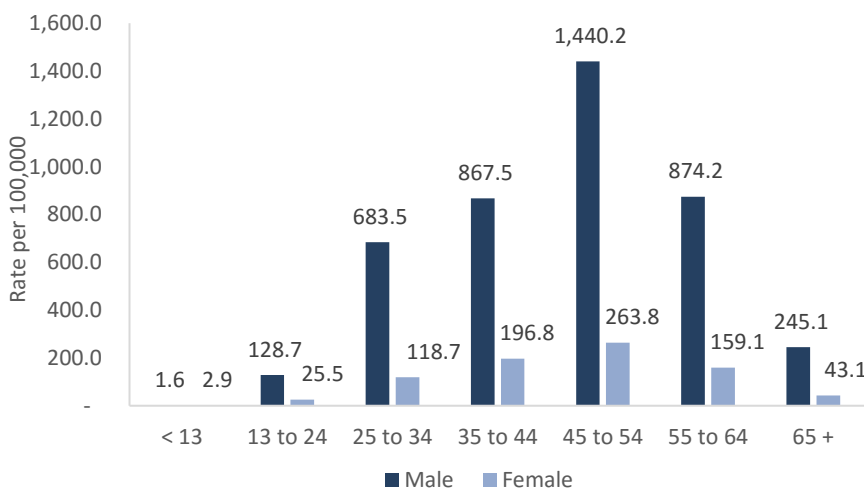
**Figure 9** | Annual Rate of Persons Living with HIV in Nevada by Sex and Race/Ethnicity, 2014



**Figure 9:** For both males and females, the highest rate of persons living with HIV was among Blacks. The rate among Black males was 2.7 times that of White males (1,434.9 vs. 524.2 per 100,000 population), and the rate among Black females was nearly 8.2 times that of White females (578.6 vs. 70.7 per 100,000 population).

The rate of persons living with HIV was lowest among API. API males had a rate of 244.3 per 100,000 population, and API females had a rate of 33.5 per 100,000 population.

**Figure 10** | Annual Rate of Persons Living with HIV in Nevada by Sex and Age, 2014



**Figure 10:** The highest rates of persons living with HIV in Nevada among males is 45- to 54-year-olds followed by 55- to 64-year-olds (1,440.2 and 874.2 per 100,000 population respectively).

45- to 54-year-old females had the highest rate of persons living with HIV in Nevada (263.8 per 100,000) followed by 35- to 44-year-old females (196.8 per 100,000).



**Table 3 | Persons Living with HIV in Nevada by Sex and Transmission Category, 2010-2014**

Transmission Category	2010		2011		2012		2013		2014	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>										
MSM	5,085	75%	5,292	75%	5,492	76%	5,773	76%	6,242	76%
IDU	495	7%	492	7%	484	7%	485	6%	489	6%
MSM+IDU	509	7%	525	7%	538	7%	575	8%	633	8%
Heterosexual contact	255	4%	259	4%	260	4%	280	4%	291	4%
Perinatal exposure	26	0%	30	0%	33	0%	33	0%	33	0%
Transfusion/Hemophilia	7	0%	7	0%	7	0%	7	0%	7	0%
NIR/NRR	445	7%	436	6%	448	6%	465	6%	502	6%
<b>Subtotal</b>	<b>6,822</b>	<b>100%</b>	<b>7,041</b>	<b>100%</b>	<b>7,262</b>	<b>100%</b>	<b>7,618</b>	<b>100%</b>	<b>8,197</b>	<b>100%</b>
<b>Females</b>										
IDU	253	18%	246	18%	242	17%	243	17%	246	16%
Heterosexual contact	839	61%	861	62%	850	61%	889	61%	928	60%
Perinatal exposure	31	2%	33	2%	32	2%	36	2%	40	3%
Transfusion/Hemophilia	4	0%	4	0%	3	0%	3	0%	3	0%
NIR/NRR	242	18%	254	18%	274	20%	289	20%	319	21%
<b>Subtotal</b>	<b>1,369</b>	<b>100%</b>	<b>1,398</b>	<b>100%</b>	<b>1,401</b>	<b>100%</b>	<b>1,460</b>	<b>100%</b>	<b>1,536</b>	<b>100%</b>
<b>Total</b>	<b>8,191</b>	<b>100%</b>	<b>8,439</b>	<b>100%</b>	<b>8,663</b>	<b>100%</b>	<b>9,078</b>	<b>100%</b>	<b>9,733</b>	<b>100%</b>

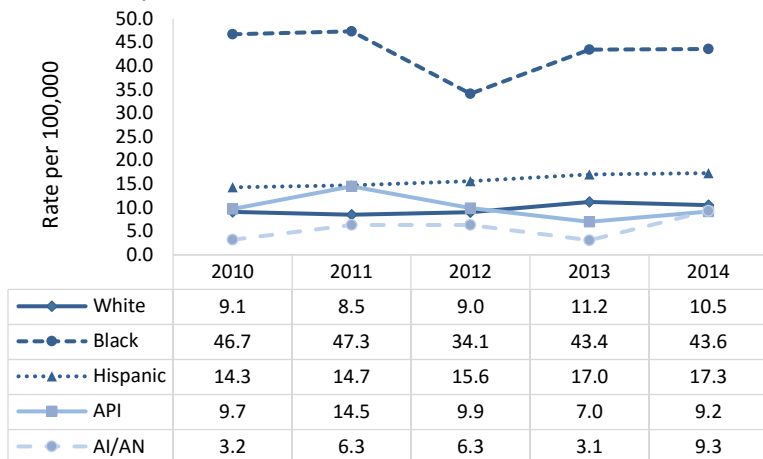
**Table 3:** In 2014, 76% of males living with HIV had a transmission category of MSM. Since 2010, this has been the transmission category for 75% or more of males. In 2014, 6% of males living with HIV had a transmission category of IDU, and another 8% of males had a transmission category of combined MSM and IDU. The percentage of cases with a transmission category of IDU or combined MSM and IDU has remained relatively stable since 2010.

From 2010 to 2014, heterosexual contact has been the most common transmission category for females living with HIV, accounting for over 60% of all cases. In 2014, IDU was the transmission category for 16% of females, and very few females had a transmission category of perinatal exposure or transfusion/hemophilia.

# HIV AND RACE/ETHNICITY

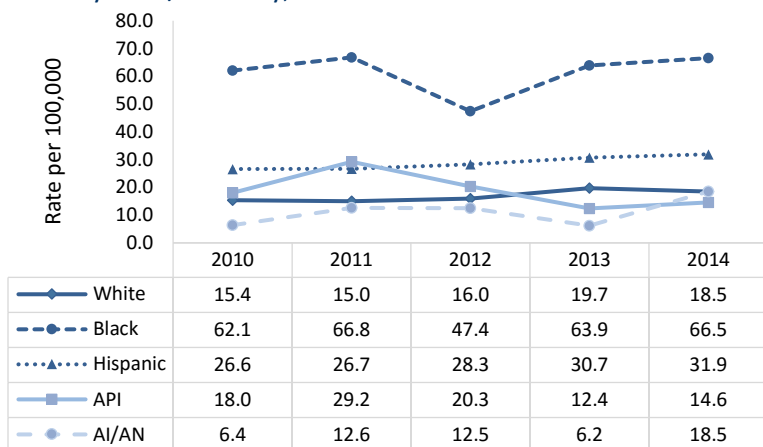
## New HIV Diagnoses

**Figure 11| Annual Rate of New HIV Diagnoses in Nevada by Race/Ethnicity, 2010– 2014\***



\*The number of persons who identified as multi-racial was 7 in 2010; 5 in 2011; 9 in 2012; 14 in 2013; and 10 in 2014. Data for these persons were not included in this figure.

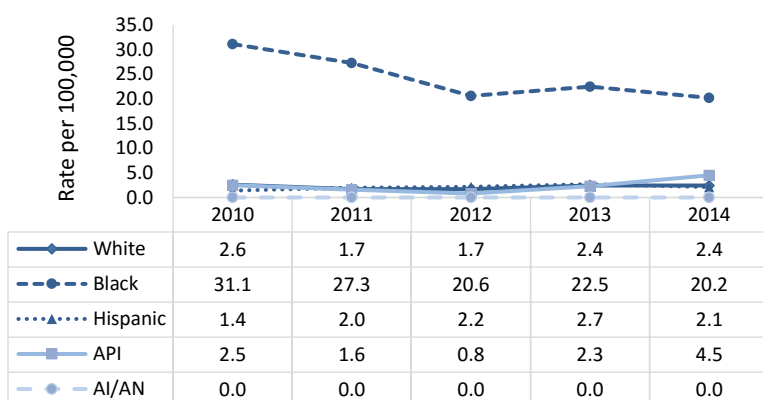
**Figure 12| Annual Rate of New HIV Diagnoses among Males in Nevada by Race/Ethnicity, 2010– 2014\*~**



\*The number of males who identified as multi-racial was 5 in 2010; 4 in 2011; 9 in 2012; 14 in 2013; and 10 in 2014. Data for these persons were not included in this figure.

~AI/AN had counts under 12, please refer to the definition of small counts for guidance.

**Figure 13| Annual Rate of New HIV Diagnoses among Females in Nevada by Race/Ethnicity, 2010–2014\*~**



\*The number of females who identified as multi-racial was 2 in 2010 and 1 in 2011. Data for these persons were not included in this figure.

~Hispanics and API have counts under 12, please refer to the small counts definition.

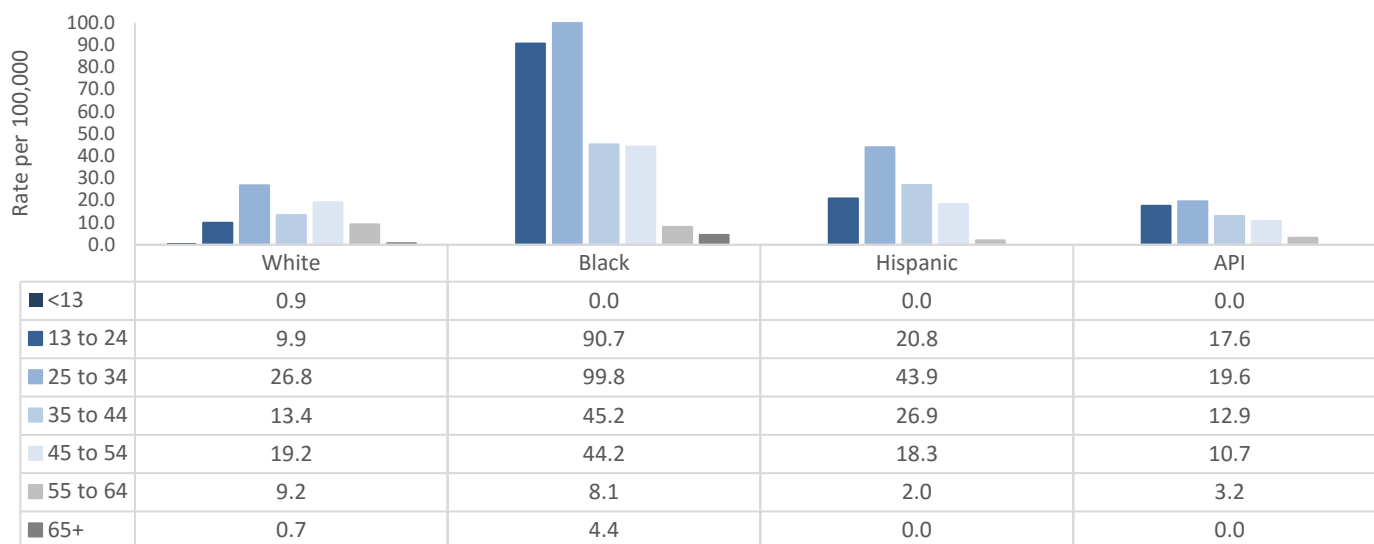
**Figure 11:** Large racial/ethnic disparities exist in Nevada. In 2014, the highest rate of new HIV diagnoses was among Blacks (43.6 per 100,000 population) and was over 4 times higher than the rate among Whites (10.5 per 100,000 population). The second highest rate was among Hispanics (17.3 per 100,000 population).

From 2010 to 2014, the rate of new HIV diagnoses increased among Hispanics and Whites, while the rate among API and Blacks decreased. However, 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 diagnoses, the rate among American Indians/ Alaska Natives (AI/AN) should be interpreted with caution.

**Figure 12:** Among males, the highest rates of new diagnoses were among Blacks (66.5 per 100,000 population) and Hispanics (31.9 per 100,000). From 2010 to 2014, during 2010-2014, there was a decrease in the rate of new diagnoses among API males, while the rate among Black, Hispanic and White males have increased slightly. 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 diagnoses, the rate among AI/AN should be interpreted with caution.

**Figure 13:** For all race/ethnicity groups, the rate of new diagnoses among females has been much lower than that of males. However, the rate of new diagnoses among Black females is high. In 2014, the rate among Black females (31.1 per 100,000 population) was 13 times higher than that of White females (2.4 per 100,000 population). The rate among Black women saw a decreased in 2012, and has remained fairly stable since. During this same time period, the rates among Hispanic and White females have remained stable over the five year period, while rates among API and Hispanic females fluctuated greatly due to the small number of new diagnoses in these populations. There were no female AI/AN cases reported.

**Figure 14| Rates of New HIV Diagnoses by Age at Diagnosis and Race/Ethnicity, 2014\*~**



\*Data for persons who identified as multi-racial and AI/AN were not included in this figure due to the small number of new diagnoses in this population.  
 ~Many age groups represented in the figure above have counts under 12. Please refer to the small counts definition for guidance in interpreting rates.

**Figure 14:** For all groups in 2014 except API, the highest rates of new diagnoses were among 25 to 34 year olds. The greatest proportion of individuals newly diagnosed with HIV were below the age of 54. Blacks have the top three highest rates of new diagnosis by race/ethnicity for those 13 to 24 (90.7 per 100,000), 25 to 34 (99.8 per 100,000), and 35 to 44 (45.2 per 100,000). Blacks and Hispanics are two race/ethnicity groups specifically targeted for HIV testing due to their higher risk of exposure and subsequently infection.

**Table 4| New HIV Diagnoses in Nevada by Race/Ethnicity and Transmission Category, 2014\*~**

Transmission Category	White		Black		Hispanic		API		AI/AN		Multi-Race/Other*	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>												
MSM	94	66%	59	74%	105	81%	15	88%	2	67%	9	90%
IDU	11	8%	0	0%	2	2%	0	0%	0	0%	0	0%
MSM+IDU	21	15%	1	1%	4	3%	0	0%	0	0%	0	0%
Heterosexual contact	1	1%	6	8%	4	3%	0	0%	0	0%	1	10%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	16	11%	14	18%	14	11%	2	12%	1	33%	0	0%
<b>Subtotal</b>	<b>143</b>	<b>100%</b>	<b>80</b>	<b>100%</b>	<b>129</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>10</b>	<b>100%</b>
<b>Females</b>												
IDU	4	22%	0	0%	1	13%	0	0%	0	0%	0	0%
Heterosexual contact	6	33%	9	38%	3	38%	2	33%	0	0%	0	0%
Perinatal exposure	1	6%	1	4%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	7	39%	14	58%	4	50%	4	67%	0	0%	0	0%
<b>Subtotal</b>	<b>18</b>	<b>100%</b>	<b>24</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>Total</b>	<b>161</b>	<b>100%</b>	<b>104</b>	<b>100%</b>	<b>137</b>	<b>100%</b>	<b>23</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>10</b>	<b>100%</b>

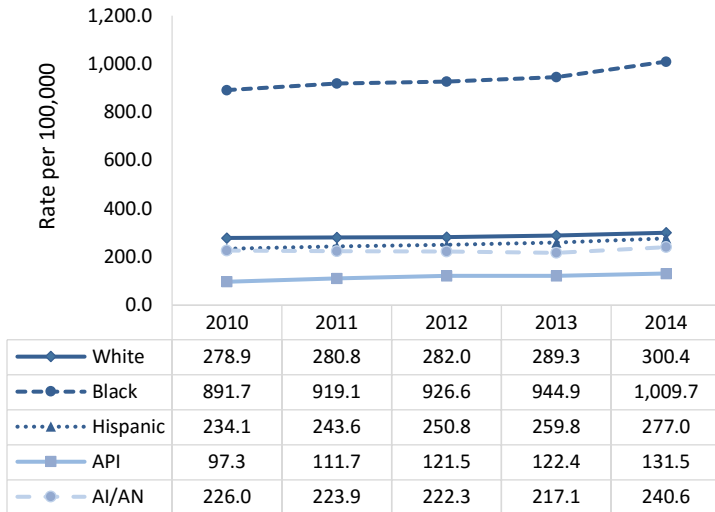
\*Data for persons who identified as multi-racial were not included.  
 ~The figure above contains counts under 12. Please refer to the small counts definition for guidance.

**Table 4:** For all males across all race/ethnicity MSM was the transmission category for the majority of new HIV diagnoses. NIR/NRR had the second highest diagnosis proportion. MSM+IDU and IDU had the third and fourth highest diagnosis counts aside from NIR/NRR, followed by the transmission category of heterosexual contact which was highest among Black males (8%).

For all females across all race/ethnicity, the most common known transmission category for all race/ethnicity groups was heterosexual contact. White and Black females were the only groups who reported IDU or perinatal exposure as a transmission risk.

## Persons Living with HIV

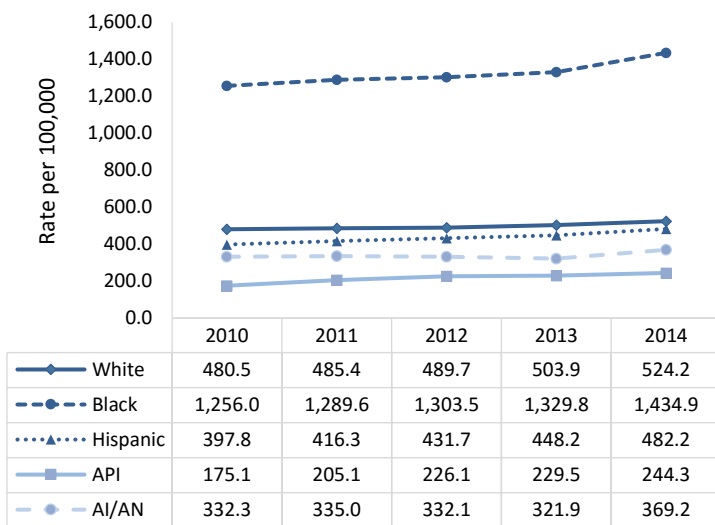
**Figure 15| Annual Rate of Persons Living with HIV in Nevada by Race/Ethnicity, 2010 – 2014\***



\*Data for persons who identified as multi-racial are not included in this figure.

**Figure 15:** As with new HIV diagnoses, in 2014 the highest rate of persons living with HIV was among Blacks (1,009.7 per 100,000 population). The second highest rate was among Whites (300.4 per 100,000 population), followed by Hispanics (277.0 per 100,000 population). The rate for Blacks was 3.4 times higher than the rate for Whites in 2014. From 2010 to 2014, the rate of persons living with HIV has increased among all race/ethnicity groups. This can be attributed to improved treatment which has increased the lifespan of those diagnosed with HIV. As more people diagnosed are living longer the prevalence rate will rise.

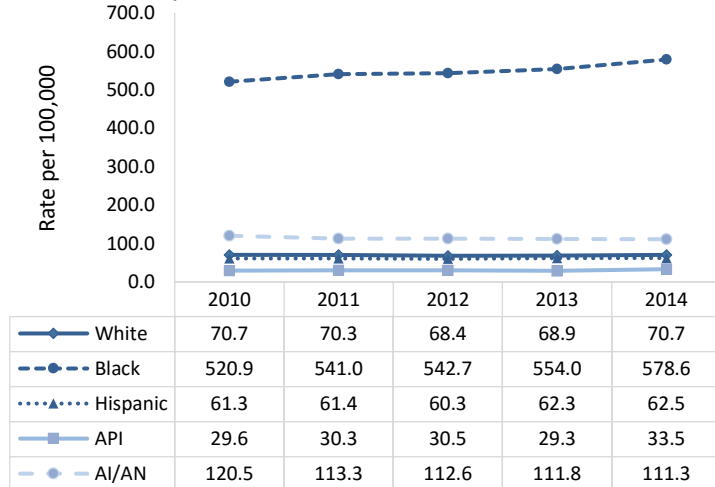
**Figure 16| Annual Rate of Males Living with HIV in Nevada by Race/Ethnicity, 2010 – 2014\***



\*Data for persons who identified as multi-racial are not included in this figure.

**Figure 16:** Among males, from 2010 to 2014, there were increases in the rate of persons living with HIV among all race/ethnicity groups. In 2014, Black males had the highest rate of persons living with HIV (1,434.9 per 100,000 population), while API males had the lowest rate (244.3 per 100,000 population). From 2010 to 2014, the rate of male persons living with HIV has increased among all race/ethnicity groups. This can be attributed to improved treatment which has increased the lifespan of those diagnosed with HIV. As more people diagnosed are living longer the prevalence rate will rise.

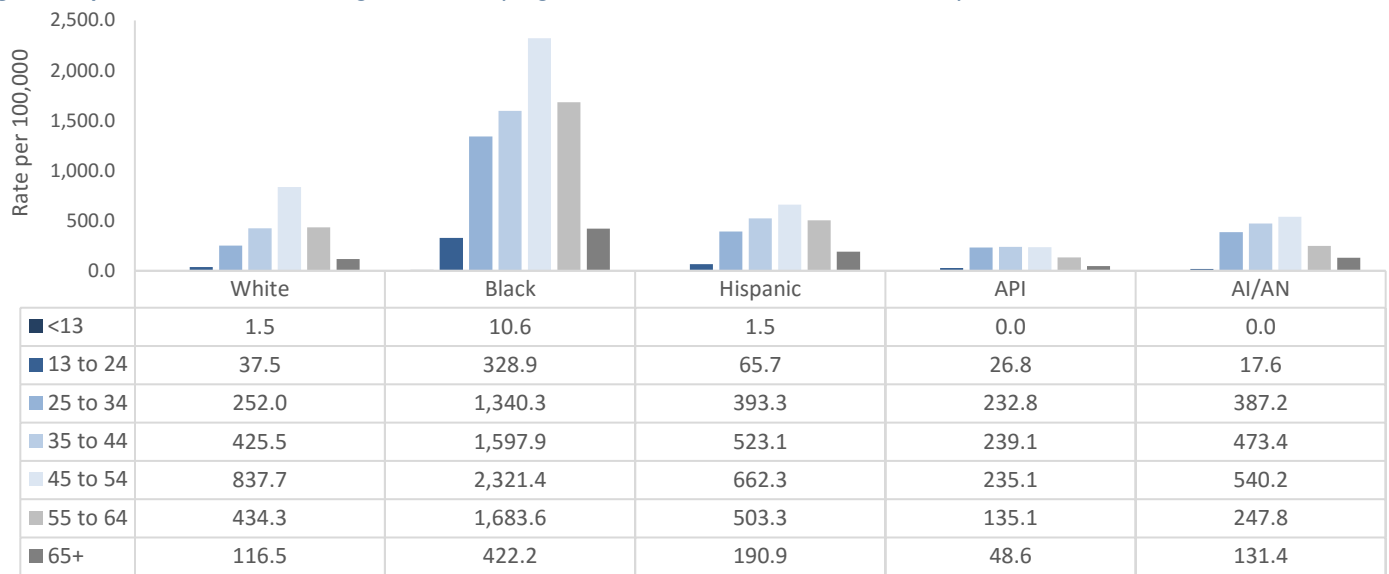
**Figure 17| Annual Rate of Females Living with HIV in Nevada by Race/Ethnicity, 2010 – 2014\***



\*Data for persons who identified as multi-racial are not included in this figure.

**Figure 17:** For all race/ethnicity groups, the rate of persons living with HIV 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 from 2010 to 2014. Rates among Whites and AI/AN have remained relatively stable. The rate among Black females is much higher compared to all other race/ethnicity groups. In 2014, the rate of Black females was 8.2 times higher than that of White females living with HIV in Nevada.

**Figure 18|** Rate of Persons Living with HIV by Age at End of Year and Race/Ethnicity, 2014\*



\*Data were not included for multi-racial persons in this figure. There were 127 multi-racial persons living with HIV at the end of 2014.

**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 45- to 54-year-olds (2,321.4), 55- to 64-year-olds (1,683.6), and 35- to 44-year-olds (1,597.3). The lowest rates were among persons less than 13, which may be due to the lack of new diagnoses in this age group (Figure 19).

**Table 5|** Persons Living with HIV in Nevada by Race/Ethnicity and Transmission Category, 2014

Transmission Category	White		Black		Hispanic		API		AI/AN		Multi-Race	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>												
MSM	3,076	76%	1,206	70%	1,572	80%	256	90%	46	77%	86	75%
IDU	263	6%	143	8%	72	4%	2	1%	4	7%	5	4%
MSM+IDU	405	10%	96	6%	97	5%	13	5%	6	10%	16	14%
Heterosexual contact	82	2%	118	7%	81	4%	5	2%	1	2%	4	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	217	5%	145	8%	124	6%	9	3%	3	5%	4	3%
<b>Subtotal</b>	<b>4,059</b>	<b>100%</b>	<b>1,725</b>	<b>100%</b>	<b>1,953</b>	<b>100%</b>	<b>285</b>	<b>100%</b>	<b>60</b>	<b>100%</b>	<b>115</b>	<b>100%</b>
<b>Females</b>												
IDU	139	26%	77	11%	22	9%	2	4%	4	22%	2	17%
Heterosexual contact	281	53%	423	62%	172	71%	35	78%	10	56%	7	58%
Perinatal exposure	11	2%	24	3%	5	2%	0	0%	0	0%	0	0%
Transfusion/Hemophilia	2	0%	0	0%	0	0%	1	2%	0	0%	0	0%
NIR/NRR	100	19%	162	24%	43	18%	7	16%	4	22%	3	25%
<b>Subtotal</b>	<b>533</b>	<b>100%</b>	<b>686</b>	<b>100%</b>	<b>242</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>18</b>	<b>100%</b>	<b>12</b>	<b>100%</b>
<b>Total</b>	<b>4,592</b>	<b>100%</b>	<b>2,411</b>	<b>100%</b>	<b>2,195</b>	<b>100%</b>	<b>330</b>	<b>100%</b>	<b>78</b>	<b>100%</b>	<b>127</b>	<b>100%</b>

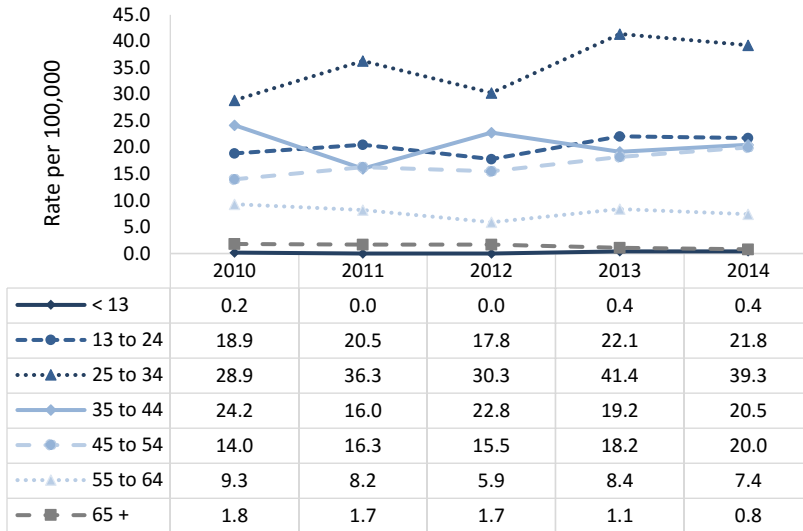
**Table 5:** For all race/ethnicity groups, MSM was the most common transmission category among males living with HIV/AIDS. This percentage was highest among API (90%), Hispanic (80%), and White (76%) males. Blacks and AI/AN had the highest percentage of males with a transmission category of IDU (8% and 7% respectively). The percentage of males with a transmission category of combined MSM and IDU was highest among multi-racial persons (14%), Whites (10%), and AI/AN (10%).

Among females, the most common transmission category was heterosexual contact for all race/ethnicity groups, followed by NIR/NRR. IDU varied across race/ethnicity groups, with the highest percentage among White females (26%) and AI/AN females (22%).

# HIV/AIDS AND AGE

## New HIV Diagnoses

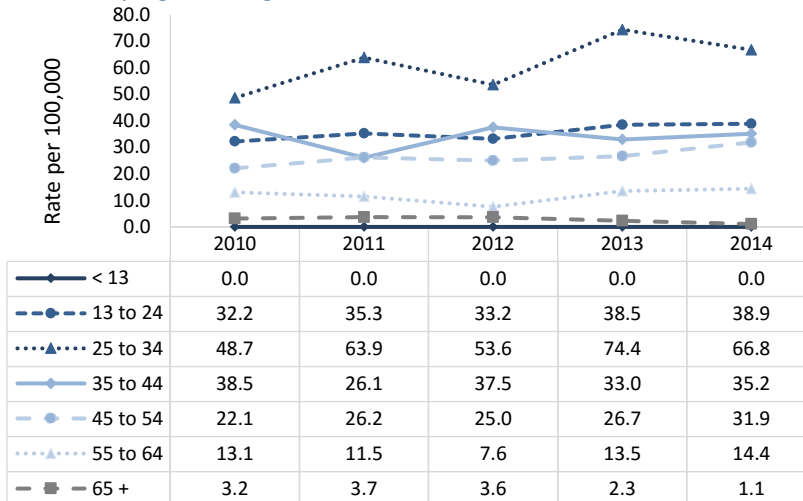
**Figure 19|** Annual Rate of New HIV Diagnoses in Nevada by Age at Diagnosis, 2010 – 2014



**Figure 19:** From 2010 to 2014, 25- to 34-year-olds, from 28.9 per 100,000 to 39.3 per 100,000, had the greatest increase in rate of new diagnoses. Follow by those 45- to 54-years-of-age, from 14.0 per 100,000 to 20.0 per 100,000. The rate among those above 55 years of age has decreased from 2010 to 2014.

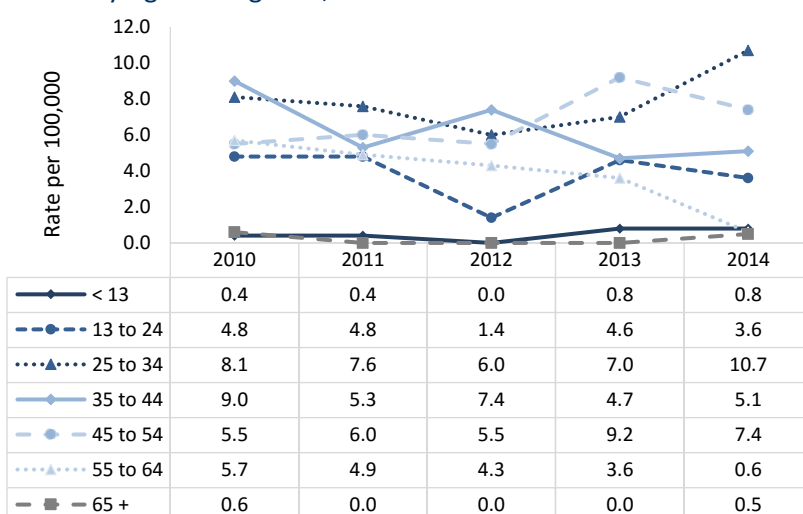
From 2011 to 2012, all age groups, except for 35- to 44-year-olds, experienced a decrease or no change in the rate of new diagnoses. This may have been due to the closure of Southern Nevada Health District’s main building and disruptions in testing services.

**Figure 20|** Annual Rate of New HIV Diagnoses among Males in Nevada by Age at Diagnosis, 2010 – 2014



**Figure 20:** Among males, in 2014, the highest rates of new HIV infection were among 25- to 34-year-olds (66.8 per 100,000 population), followed by 13- to 24-year-olds (38.9 per 100,000 population). From 2010 to 2014, HIV infection rates increased among 13- to 24-year-olds, 25- to 34-year-olds and 45- to 54-year-olds. The only groups to experience declines in the rate of new diagnoses are those aged 35- to 44 years of age and over the age-of-65. Youth and young adult populations are typically targeted specifically for HIV testing due to their risk increased of exposure.

**Figure 21|** Annual Rate of New HIV Diagnoses among Females in Nevada by Age at Diagnosis, 2010 – 2014~



**Figure 21:** In 2014, 35- to 44-year-old females had the highest rate of new diagnoses in 2012 (10.7 per 100,000 population), followed by 45- to 55-year-olds (7.4 per 100,000 population). From 2010 to 2014, there has been a steady decline in the rate of new HIV diagnoses among 35- to 44- and 55- to 64-year-old females. Fluctuation as seen in the rates over this time period, is most likely due to the small number of new diagnoses within each age group. Please refer to the ‘small counts’ definition for guidance.

~Many age groups represented in the figure above have counts under 12. Please refer to the small counts definition for guidance in interpreting rates.



**Table 6 | New HIV Diagnoses by Age at Diagnosis and Transmission Category, 2014**

Transmission Category	<13		13 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65+	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>														
MSM	0	0%	80	88%	100	77%	50	69%	37	59%	16	67%	1	50%
IDU	0	0%	3	3%	4	3%	1	1%	4	6%	1	4%	0	0%
MSM+IDU	0	0%	3	3%	12	9%	5	7%	5	8%	1	4%	0	0%
Heterosexual contact	0	0%	1	1%	4	3%	2	3%	3	5%	1	4%	1	50%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	0	0%	4	4%	10	8%	14	19%	14	22%	5	21%	0	0%
<b>Subtotal</b>	<b>0</b>	<b>0%</b>	<b>91</b>	<b>100%</b>	<b>130</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>63</b>	<b>100%</b>	<b>24</b>	<b>100%</b>	<b>2</b>	<b>100%</b>
<b>Females</b>														
IDU	0	0%	0	0%	4	20%	0	0%	1	7%	0	0%	0	0%
Heterosexual contact	0	0%	0	0%	8	40%	5	50%	6	43%	1	100%	0	0%
Perinatal exposure	1	50%	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	1	50%	7	88%	8	40%	5	50%	7	50%	0	0%	1	0%
<b>Subtotal</b>	<b>2</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>20</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>1</b>	<b>100%</b>	<b>1</b>	<b>0%</b>
<b>Total</b>	<b>2</b>	<b>100%</b>	<b>99</b>	<b>100%</b>	<b>150</b>	<b>100%</b>	<b>82</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>25</b>	<b>100%</b>	<b>3</b>	<b>100%</b>

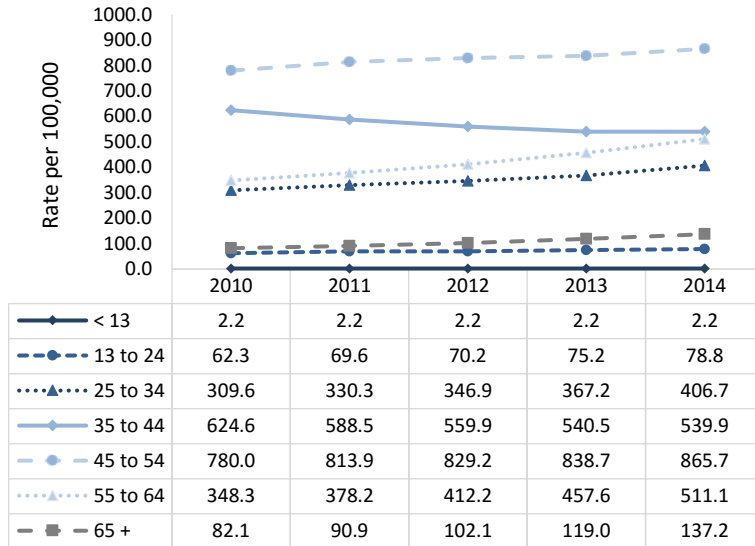
*~Many transmission groups represented in the table above have counts under 12. Please refer to the small counts definition for guidance in interpreting counts and percent.*

**Table 6:** Among males, MSM was the transmission category for the majority of newly infected persons across all age groups (74.3%). This percentage was much lower among 45- to 54-year-old males (59%). While those in the 45- to 55-year-old age group reported the highest NIR/NRR of 22%. The age groups which reported the highest proportion of MSM as a transmission category were between ages of 13 to 24 (88%) and 25 to 34 (77%). MSM youth and young adults are typically targeted for testing due to their higher risk of exposure and transmission. The percentage of males with a transmission category of IDU was highest among 45- to 54-year-old males (6%), while the percentage of males with a transmission category of combined MSM and IDU was highest among 25- to 34-year-old (9%) and 45- to 54-year-old males (8%).

Among females, the over 51% of newly diagnosed females had a transmission category of NIR/NRR, between the years of 2010-2014. In order to be considered NIR/NRR the individual must not have reported or identified a transmission risk during a case investigation. It does not mean they do not have a transmission risk only that it has yet to be documented. The second highest was heterosexual contact (35.7%) with the majority of cases between the ages of 25 and 54. Heterosexual contact is identified when a female has heterosexual contact with a male who has previously been diagnosed with HIV. The small number of new HIV diagnoses within each age group makes it difficult to draw conclusions about transmission category across age. Please refer to the 'small counts' definition for further guidance on how to address small counts.

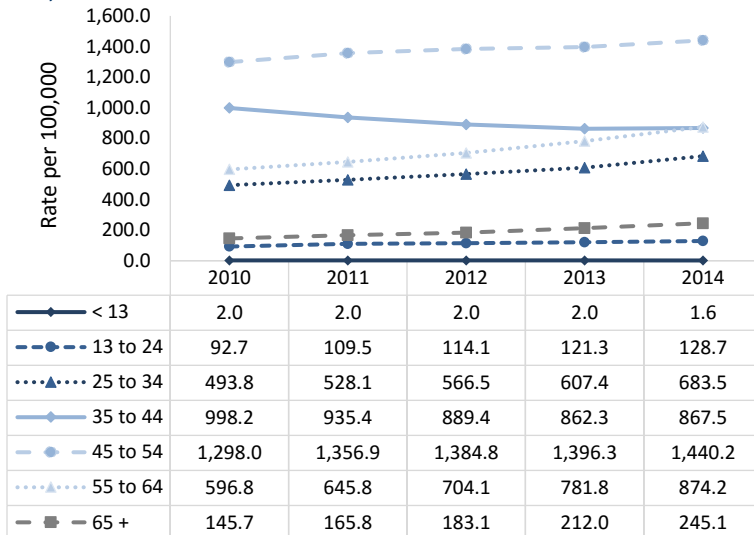
## Persons Living with HIV

**Figure 22| Annual Rate of Persons Living with HIV by Age at End of Year, 2010-2014\***



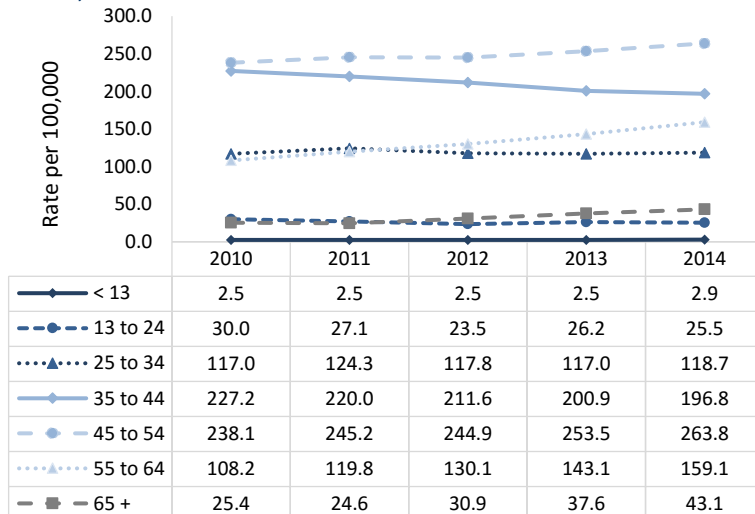
**Figure 22:** From 2010 to 2014, all age groups experienced an increase in the rate of persons living with HIV except for 35- to 44-year-olds (624.6 per 100,000 in 2010 to 539.9 per 100,000 in 2014) and persons under the age of 13 (2.2 per 100,000 in 2010, to 2.2 per 100,000 in 2014). For both age groups, these declines were most likely due to decreases in number of new diagnoses or “aging” into these older age groups. There were increases in the rates of persons living with HIV among persons 13 to 24 and 25 to 34, which may be due to the use of targeted testing which specifically focuses on high risk populations such as youth or those with certain risky behaviors. The increase in those over the age of 45 could be attributed to people living longer once they become infected and “aging” into these older age groups.

**Figure 23| Annual Rate of Males Living with HIV by Age at End of Year, 2010– 2014\***



**Figure 23:** Among males living with HIV, there was an increase in rates for all age groups except 35- to 44-year-olds (998.2 per 100,000 in 2010, to 867.5 per 100,000 in 2014) and <13-year-olds (2.0 per 100,000 in 2010 to 1.6 per 100,000 in 2014). This was most contributed to by the sharp decline in new diagnoses in these two age groups. In 2014, the highest rates of persons living with HIV were among 45- to 54-year-old males (1,440.2 per 100,000 population) followed by 55- to 64-year-old males (874.2 per 100,000 population). The increase in those over the age of 45, from 2010 to 2014, could be attributed to people living longer once they become infected and “aging” into these older age groups.

**Figure 24| Annual Rate of Females Living with HIV by Age at End of Year, 2010– 2014\***



**Figure 24:** Overall trends, over the last five years, among females showed either declines or relatively stable rates for those under the age of 44. The highest rates of females living with HIV in 2014 were among 45- to 54-year-olds (263.8 per 100,000 population) followed by 35- to 44-year-olds (196.8 per 100,000 population). The rate increases in those over the age of 45, from 2010 to 2014, could be attributed to people living longer once they become infected and “aging” into these older age groups.

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



**Table 7 |** Persons Living with HIV by Age at End of Year and Transmission Category, 2014~

Transmission Category	<13		13 to 24		25 to 34		35 to 44		45 to 54		55 to 64		65+	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>														
MSM	0	0%	243	81%	1,125	85%	1,398	79%	2,126	75%	990	68%	324	73%
IDU	0	0%	4	1%	18	1%	64	4%	202	7%	162	11%	36	8%
MSM+IDU	0	0%	13	4%	94	7%	142	8%	242	9%	121	8%	20	5%
Heterosexual contact	0	0%	9	3%	32	2%	60	3%	108	4%	63	4%	19	4%
Perinatal exposure	4	100%	24	8%	5	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%	8	3%	56	4%	108	6%	162	6%	117	8%	42	10%
<b>Subtotal</b>	<b>4</b>	<b>100%</b>	<b>301</b>	<b>100%</b>	<b>1,330</b>	<b>100%</b>	<b>1,773</b>	<b>100%</b>	<b>2,843</b>	<b>100%</b>	<b>1,455</b>	<b>100%</b>	<b>442</b>	<b>100%</b>
<b>Females</b>														
IDU	0	0%	0	0%	17	8%	44	11%	102	21%	70	26%	10	11%
Heterosexual contact	0	0%	20	36%	131	59%	261	68%	293	59%	157	58%	65	73%
Perinatal exposure	5	71%	26	46%	9	4%	0	0%	0	0%	0	0%	0	0%
Transfusion/ Hemophilia	0	0%	0	0%	1	0%	0	0%	1	0%	1	0%	0	0%
NIR/NRR	2	29%	10	18%	64	29%	79	21%	101	20%	45	16%	14	16%
<b>Subtotal</b>	<b>7</b>	<b>100%</b>	<b>56</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	<b>384</b>	<b>100%</b>	<b>497</b>	<b>100%</b>	<b>273</b>	<b>100%</b>	<b>89</b>	<b>100%</b>
<b>Total</b>	<b>13</b>	<b>100%</b>	<b>357</b>	<b>100%</b>	<b>1,552</b>	<b>100%</b>	<b>2,157</b>	<b>100%</b>	<b>3,340</b>	<b>100%</b>	<b>1,728</b>	<b>100%</b>	<b>531</b>	<b>100%</b>

~Many transmission groups represented in the table above have counts under 12. Please refer to the small counts definition for guidance in interpreting counts and percents.

**Table 7:** For both males and females, there were very few differences in identifiable transmission categories across age groups. A form of sexual contact had the highest proportion of individuals across all ages, either MSM for males (76.2%) and heterosexual contact for females (60.1%). The second highest transmission categories across age groups by sex were MSM+IDU for males (7.8%) and IDU for females (15.9%).

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 13- to 24-year-olds, which is to be expected for these age groups since Nevada's first HIV diagnoses occurred in 1982. The number of new HIV diagnoses reached a peak in 1990 with 751 diagnoses. Advances in anti-retroviral therapies (ART) when used correctly can lower the risk of perinatal exposure. ART through the use of drugs can reduce the amount (viral load) of HIV in an individual's body to an undetectable level which in turn lowers the risk of transmission.<sup>1</sup> Increase usage of ART can be attributed to the lower number of perinatal exposure for <13-year-olds.

Among males, MSM was the transmission category for the majority of persons living with HIV across all age groups. 25- to 34-year-olds had the highest proportion of MSM (85%). The percentage of males with a transmission category of Injection drug use (IDU) was highest among 55- to 64-year-old males (11%), while the percentage of males with a transmission category of combined MSM and IDU was highest among 45- to 54-year-olds (9%).

Among females, heterosexual contact was the transmission category for the majority of persons living with HIV across all age groups except for those under the age of 24. Females under the age of 24 had a higher proportion of perinatal exposure (49.2%) than heterosexual contact (31.7%). IDU was much higher among older age groups, with the highest proportion among 55 to 64 (26%) and 45- to 54-year-old females (21%).

<sup>1</sup> AIDS.gov. (2015). Pregnancy & Childbirth: <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pregnancy-and-childbirth/index.html>

## 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:

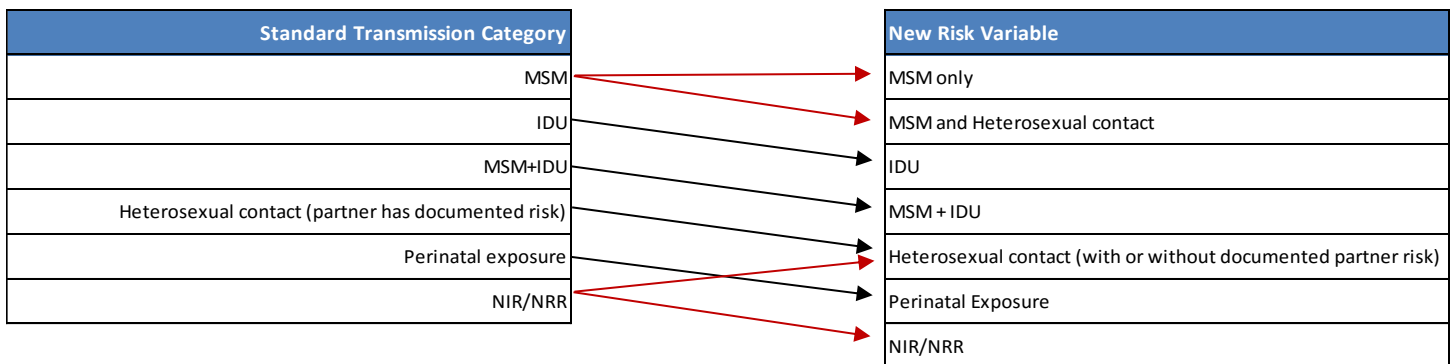
1. Perinatal exposure
2. Transfusion/hemophilia
3. Male-to-male sexual contact (MSM)
4. Injection drug use (IDU)
5. MSM+IDU
6. Heterosexual contact with documented risk factor/HIV infection of partner
7. No identified risk/No risk reported (NIR/NRR)
  - Includes persons who report heterosexual contact 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 of the information available 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).

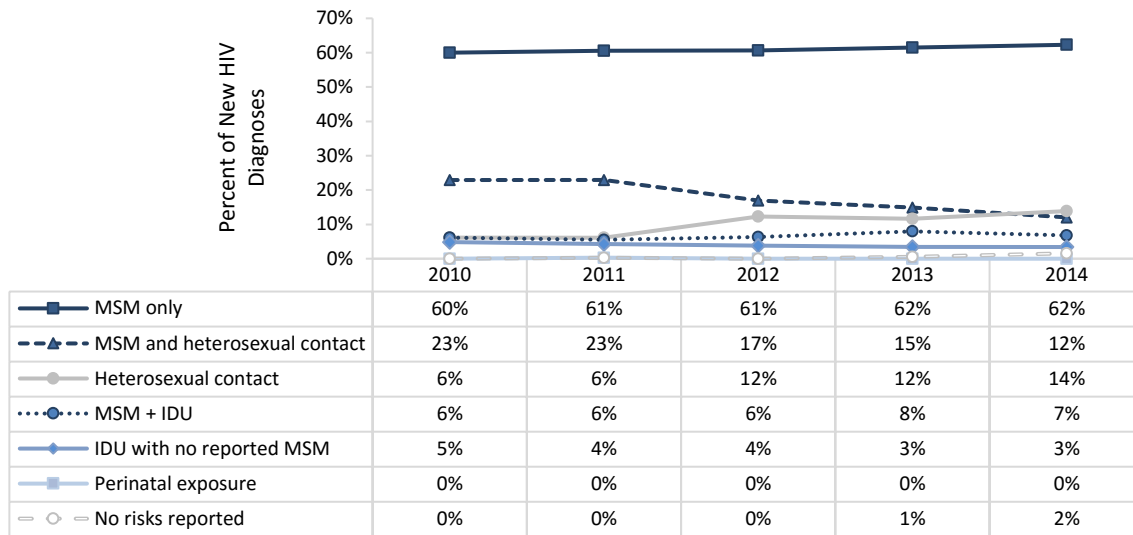
**Figure 25 | Standard Transmission Risk (Before 2012) vs. New Expanded Transmission Risk (After 2012)**



**Figure 25** Above 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.

## Males Newly Diagnosed with HIV Infection

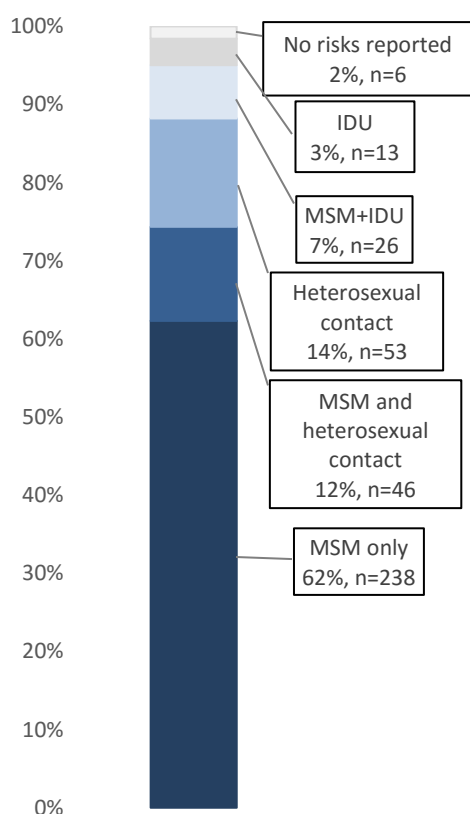
**Figure 26 |** Reported Risks of Males Newly Diagnosed with HIV, Percent of New HIV Diagnoses, 2010 – 2014



**Figure 26:** From 2010 to 2014, 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 remained stable (between 60-62%). Alternatively, heterosexual contact had a percent change of 133% over the same period.

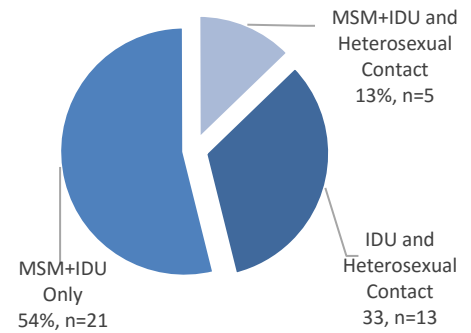
In 2014, 12% of males reported both MSM and heterosexual contact. The percentage of males reporting both of these risk behaviors has decreased from 23% in 2010 to 12% in 2014. This represents over a 47.8 percent change decrease of the five year period.

**Figure 27 |** Reported Risks of Males Newly Diagnosed with HIV, Percent of New HIV Diagnoses, 2014



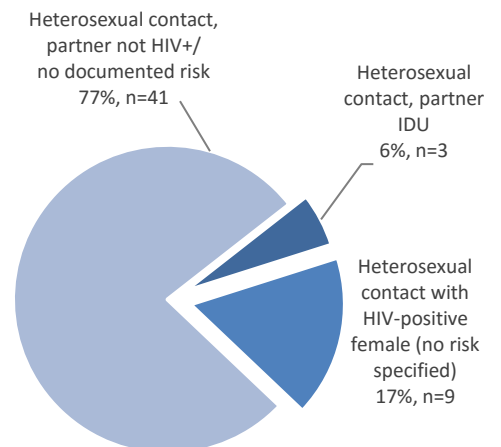
### IDU/MSM+IDU and Heterosexual Contact

Of the 39 males who reported a risk of IDU or MSM+IDU, 54% reported MSM+IDU only and no heterosexual contact; 13% reported MSM+IDU and heterosexual contact; and 33% reported IDU and heterosexual contact. No cases reported only IDU.

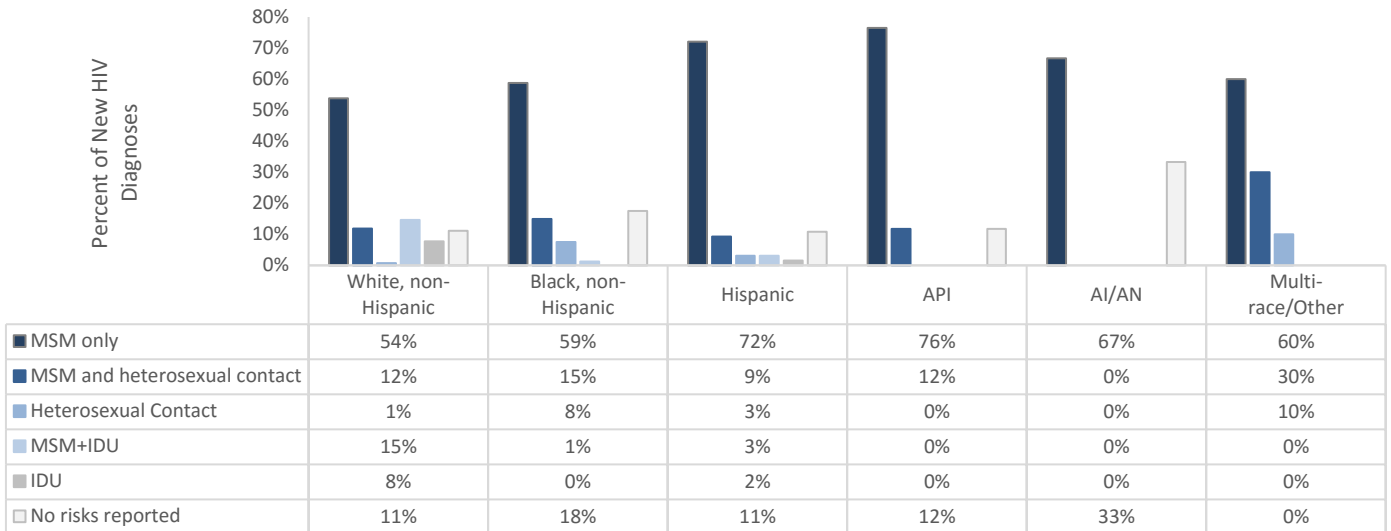


### Heterosexual Contact and HIV Status/ Risk of Partner

Of the 53 males who reported a risk of heterosexual contact, the majority (77%) did not have a partner with a documented risk for HIV or HIV infection. Seventeen percent had a partner who was HIV positive with no documented risk behaviors, and only 6% had a partner who engaged in IDU.

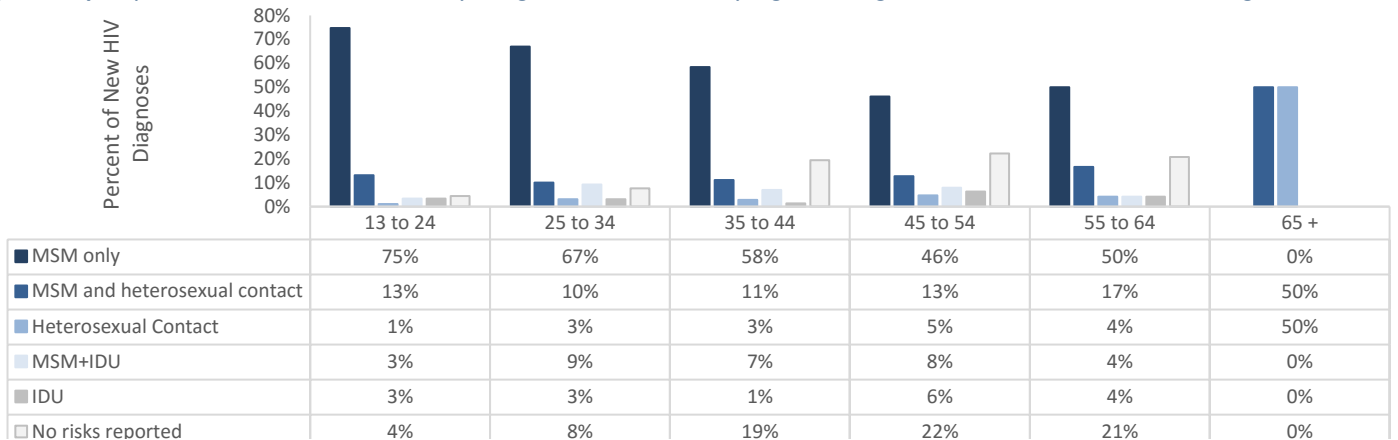


**Figure 28** | Reported Risks of Males Newly Diagnosed with HIV by Race/Ethnicity, Percent of New HIV Diagnoses, 2014



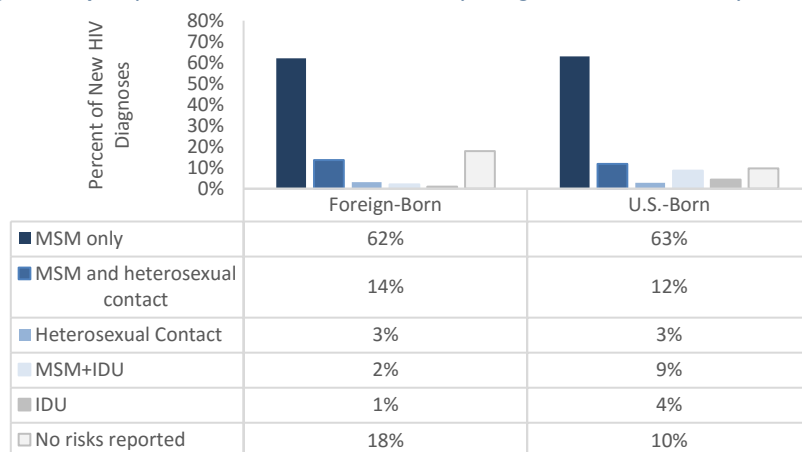
**Figure 28:** MSM accounted for the greatest percentage of cases among all race/ethnicity groups, with the highest percentage (76%) among API males. Multi-race/Other males had the greatest percentage of cases who reported both MSM and heterosexual contact (30%), as well as Heterosexual Contact (10%). Black, non-Hispanic males had the second greatest percentage of cases who reported MSM and heterosexual contact only (15%) and NIR/NRR (18%).

**Figure 29** | Reported Risks of Males Newly Diagnosed with HIV by Age at Diagnosis, Percent of New HIV Diagnoses, 2014



**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 or heterosexual contact only. IDU and MSM+IDU varied between age groups.

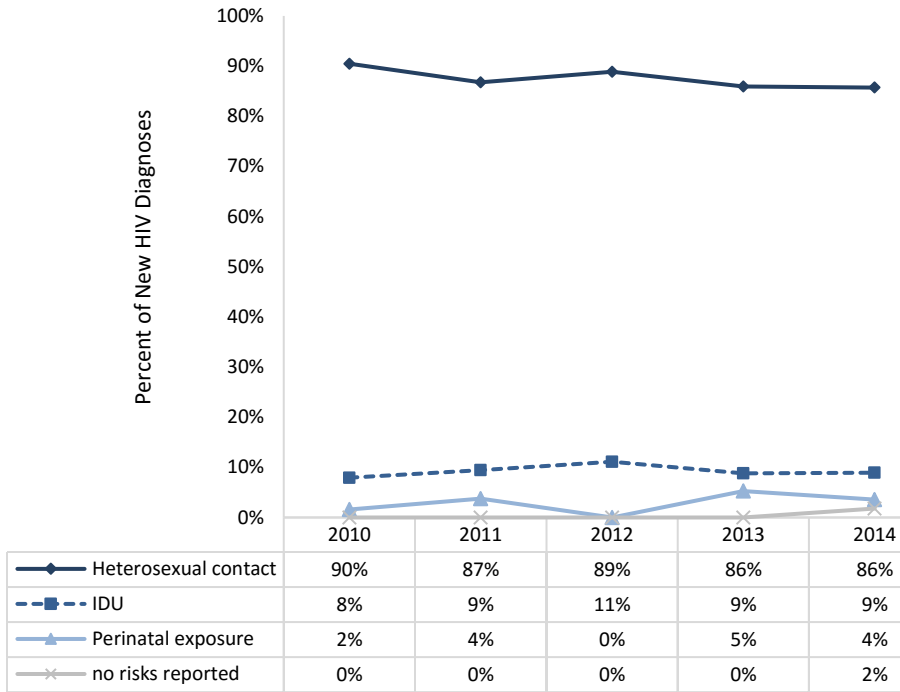
**Figure 30** | Reported Risks of Males Newly Diagnosed with HIV by Nativity, Percent of New HIV Diagnoses, 2014



**Figure 30:** MSM only accounted for the greatest percentage of cases among both foreign-born and U.S.-born males. U.S.-born males when compared to foreign-born males reported a similar MSM only (63% vs. 62%) percentage, whereas a lower percentage of foreign-born males compared to U.S.-born males reported MSM+IDU (2% vs. 9%) or IDU (1% vs. 4%). More Foreign-born males (18%) reported NIR/NRR than U.S.- born (10%).

## Females Newly Diagnosed with HIV Infection

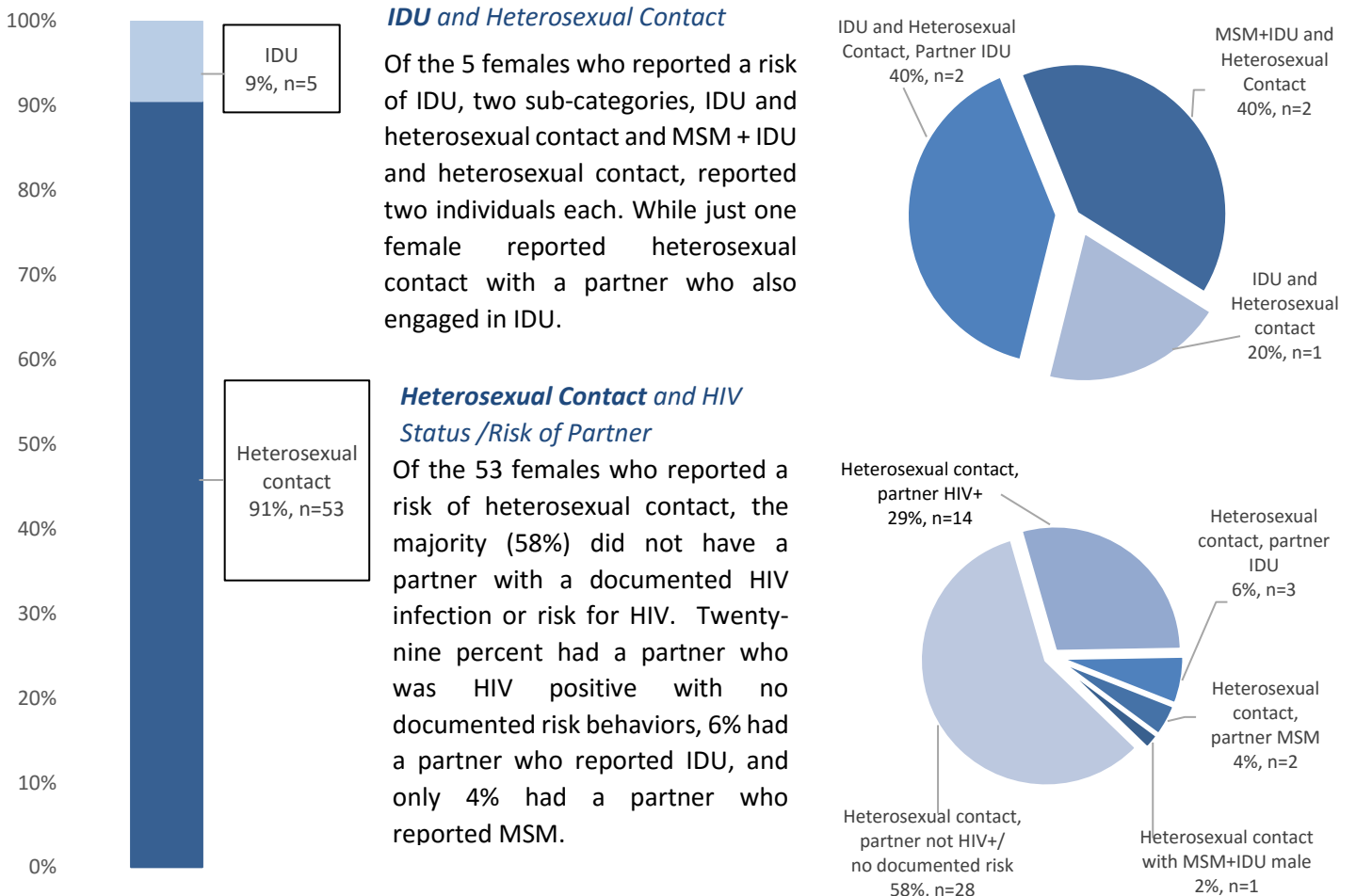
**Figure 31** | Reported Risks of Females Newly Diagnosed with HIV, Percent of New HIV Diagnoses, 2010 —2014



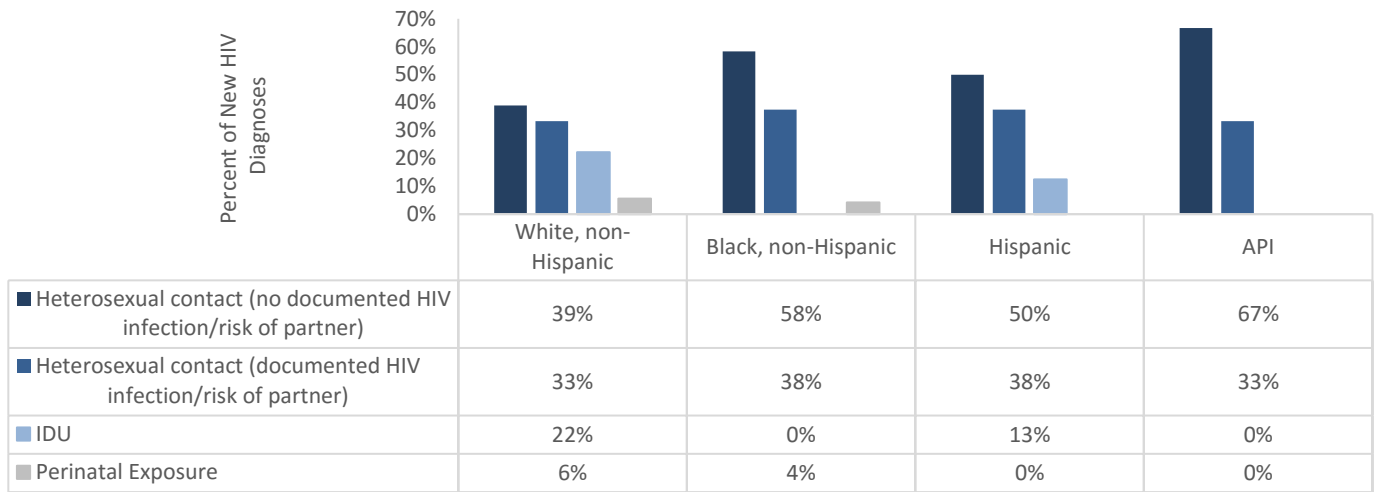
**Figure 31:** From 2010 to 2014, on average over 87% of females reported a risk of heterosexual contact. More detailed information on heterosexual risk is not shown in this figure as the methods for collecting the risks and HIV status of partners has changed over time. Changes in the risks and HIV status of partners would reflect changes in data collection practices and not changes in behaviors.

The percentage of females reporting IDU 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 Diagnoses, 2014

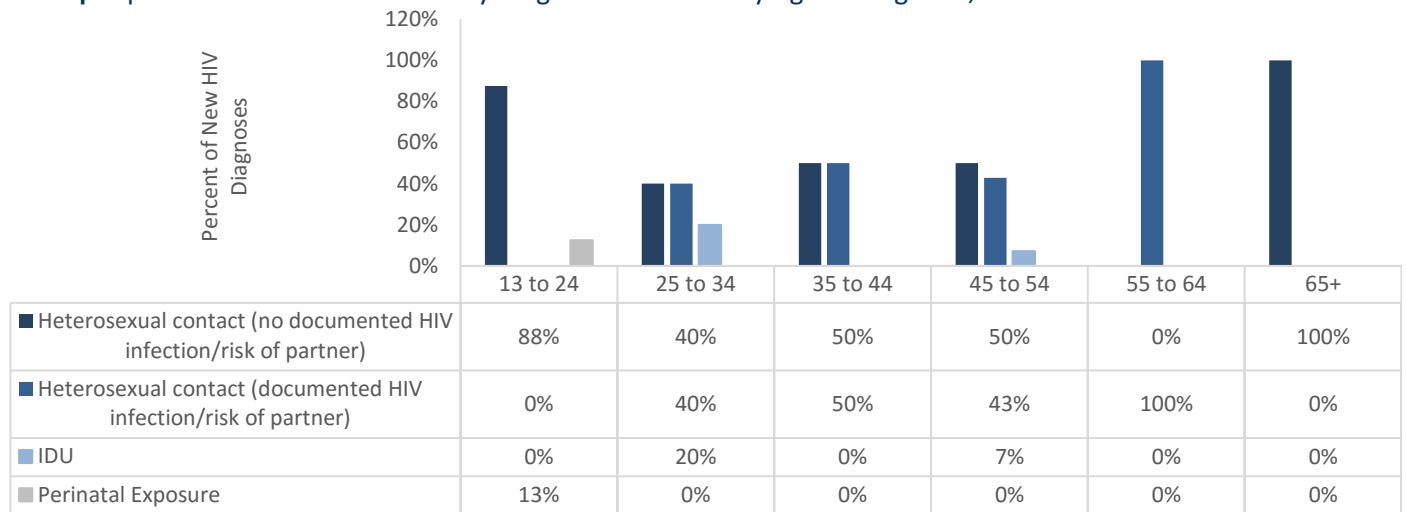


**Figure 33 |** Reported Risks of Females Newly Diagnosed with HIV by Race/Ethnicity, Percent of New HIV Diagnoses, 2014

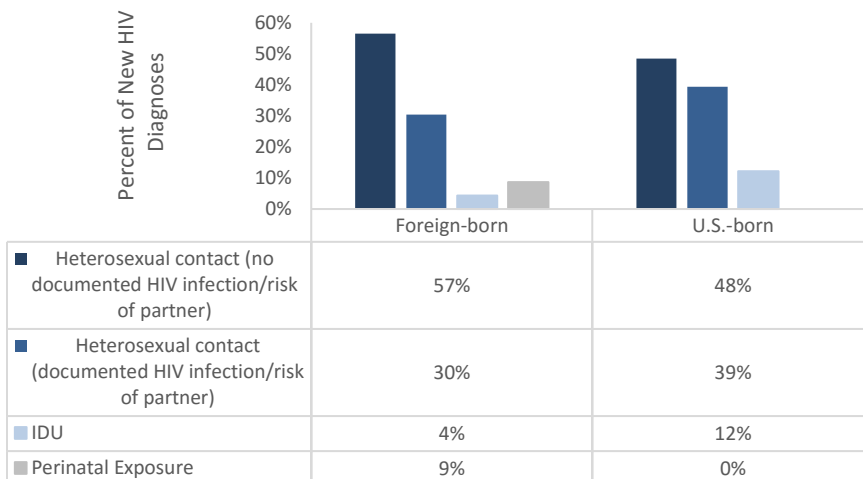


**Figure 33:** Across all race/ethnicity groups, the majority of women had a risk of heterosexual contact, with or without documented HIV infection or risk of their partner(s). API (67%) women had the greatest percentage of cases who reported heterosexual contact with no information on HIV status or risk for their partner(s) (67%), whereas Hispanic (38%) and Black (38%) women tied for the greatest percentage of cases who reported heterosexual contact with information on the HIV status or risks for their partner(s).

**Figure 34 |** Reported Risks of Females Newly Diagnosed with HIV by Age at Diagnosis, 2014



**Figure 35 |** Reported Risks of Females Newly Diagnosed with HIV by Nativity, Percent of New HIV Diagnoses, 2014



**Figure 35:** The majority of both foreign-born and U.S.-born women had a risk of heterosexual contact, with or without documented HIV infection or risk of their partner(s). The percentage of foreign-born women who reported heterosexual contact with no documented HIV infection/risk of partner was higher than U.S.-born women (57% vs. 48%). Only Foreign-born reported Perinatal Exposure as a risk (9%).

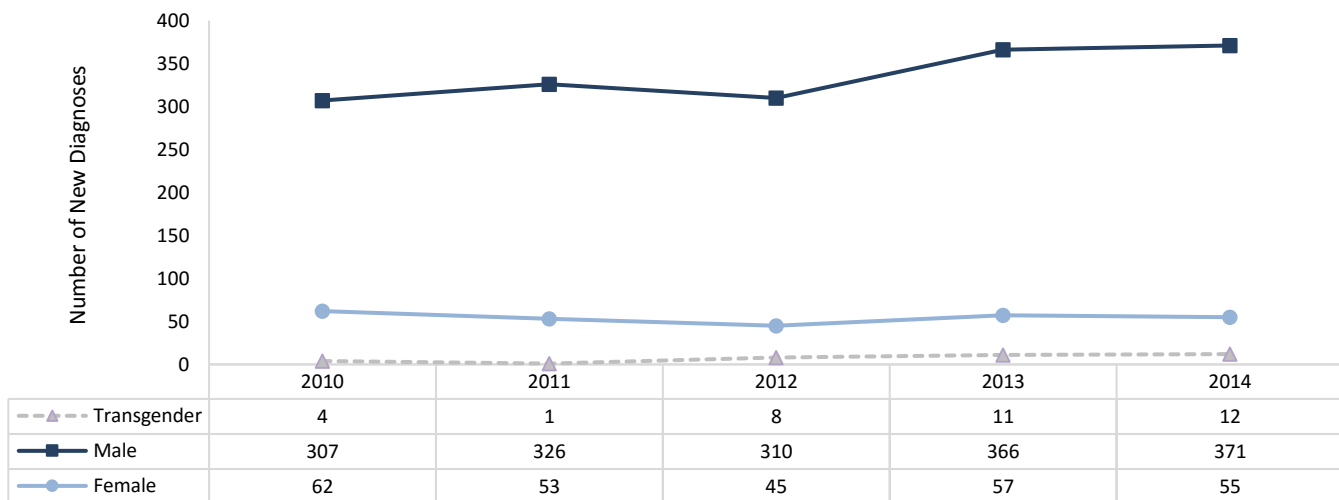
## HIV AMONG TRANSGENDER PERSONS

*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.<sup>1</sup> 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.<sup>1</sup> In a review of studies on male-to-female (MTF) transgender women, Herbst et al.<sup>2</sup> 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.<sup>2</sup> 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 is new, and that data presented in this section are most likely an underestimate of HIV morbidity in the transgender population.

### New HIV Diagnoses

**Figure 36 |** New HIV Diagnoses in Nevada by Current Gender, 2010–2014



**Figure 36:** Due to the small number of transgender persons newly diagnosed with HIV, only limited data can be provided on new HIV diagnoses in this population. From 2010 to 2014, of the 1,988 persons newly diagnosed with HIV in Nevada, 36 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.

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

<sup>2</sup>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.

<sup>3</sup>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

**Table 8 |** Transgender Persons Living with HIV in Nevada, 2010-2014

	Total		Male to Female (MTF)		Female to Male (FTM)	
	n	Column %	n	Column %	n	Column %
<b>Residence at Diagnosis</b>						
Nevada	80	63%	56	58%	24	80%
Out of State	47	37%	41	42%	6	20%
<b>Race/Ethnicity</b>						
White, non-Hispanic	30	24%	23	24%	7	23%
Black, non-Hispanic	50	39%	36	37%	14	47%
Hispanic	28	22%	20	21%	8	27%
Asian/Hawaiian/Pacific Islander	9	7%	8	8%	1	3%
American Indian/Alaska Native	2	2%	2	2%	0	0%
Multi-race/Other	8	6%	8	8%	0	0%
<b>Age at End of Calendar Year 2013</b>						
< 13	0	0%	0	0%	0	0%
13 to 24	8	6%	8	8%	0	0%
25 to 34	31	24%	27	28%	4	13%
35 to 44	36	28%	26	27%	10	33%
45 to 54	37	29%	26	27%	11	37%
55 to 64	11	9%	8	8%	3	10%
65 +	4	3%	2	2%	2	7%
<b>Transmission Category</b>						
Sexual Contact*	104	82%	84	87%	20	67%
IDU	4	3%	0	0%	4	13%
Sexual Contact + IDU*	9	7%	9	9%	0	0%
Perinatal exposure	2	2%	2	2%	0	0%
NIR/NRR	8	6%	2	2%	6	20%
<b>Total</b>	<b>127</b>	<b>100%</b>	<b>97</b>	<b>100%</b>	<b>30</b>	<b>100%</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

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

**Table 8:** Out of the 9,733 individuals living with HIV in Nevada at the end of 2014, 127 identified as transgender, accounting for 1.3% of all persons living with HIV in Nevada (not shown in table). The majority of transgender persons living with HIV in Nevada identified as MTF (n = 97, 76.4%) of those 97 individuals 58% were residents of Nevada at the time of diagnosis.

Over one third (39%) of transgender persons living with HIV in Nevada were Black, with the next highest percentage identifying as White (24%) followed by Hispanic (22%).

The greatest proportions of transgender persons living with HIV were between 25 and 54 years of age (81.9%) at the end of 2014 for both MTF and FTM individuals.

Sexual contact was the most common transmission category for both MTF and FTM persons living with HIV in 2014 (87% and 67% respectively). The second most common mode of transmission for MTF persons was combined sexual contact + IDU (9%), while the third most common transmission mode for FTM persons was IDU (13%).



## FACILITY OF DIAGNOSIS

**Table 9 | Facility of New HIV Diagnosis, 2014**

Facility Type	Nevada		Clark County		Washoe County		All Other Counties	
	n	Column %	n	Column %	n	Column %	n	Column %
<b>Facility of Diagnosis</b>								
HIV Counseling and Testing Site	129	29%	124	32%	5	13%	0	0%
Private Physician's Office	140	32%	132	34%	7	18%	1	8%
Inpatient Facility/Hospital	72	16%	61	16%	9	23%	2	17%
Outpatient Facility (unspecified)	14	3%	6	2%	6	15%	2	17%
Adult HIV Clinic	9	2%	1	0%	7	18%	1	8%
Correctional Facility	13	3%	13	3%	0	0%	0	0%
STD Clinic	15	3%	14	4%	0	0%	1	8%
Blood Bank or Plasma Center	17	4%	15	4%	2	5%	0	0%
Emergency Room	0	0%	0	0%	0	0%	0	0%
Tuberculosis Clinic	4	1%	4	1%	0	0%	0	0%
Obstetrics and Gynecology Clinic	2	0%	0	0%	2	5%	0	0%
Facility/Other/Unknown	23	5%	16	4%	2	5%	5	42%
<b>Total</b>	<b>438</b>	<b>100%</b>	<b>386</b>	<b>100%</b>	<b>40</b>	<b>100%</b>	<b>12</b>	<b>100%</b>

**Table 9:** The majority of people who were diagnosed with HIV in 2014 were diagnosed at a private physician's office (32%) or an HIV counseling and testing site (29%). 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. Sixteen percent of persons were diagnosed at an inpatient facility/hospital, meaning they were admitted to a medical facility. This suggests they were fairly ill at the time of diagnosis and could have tested earlier.

**Table 10 | Facility of HIV Stage 3 (AIDS) Diagnosis, 2014**

Facility Type	Nevada		Clark County		Washoe County		All Other Counties	
	n	Column %	n	Column %	n	Column %	n	Column %
<b>Facility of Diagnosis</b>								
HIV Counseling and Testing Site	48	22%	48	26%	0	0%	0	0%
Private Physician's Office	42	20%	39	21%	2	10%	1	10%
Inpatient Facility/Hospital	86	40%	71	39%	11	52%	4	40%
Outpatient Facility (unspecified)	1	0%	0	0%	0	0%	1	10%
Adult HIV Clinic	27	13%	20	11%	6	29%	1	10%
Correctional Facility	7	3%	5	3%	1	5%	1	10%
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%
Tuberculosis Clinic	0	0%	0	0%	0	0%	0	0%
Obstetrics and Gynecology Clinic	0	0%	0	0%	0	0%	0	0%
Facility/Other/Unknown	4	2%	1	1%	1	5%	2	20%
<b>Total</b>	<b>215</b>	<b>100%</b>	<b>184</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>10</b>	<b>100%</b>

Source: Nevada Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (March 2016)

New HIV Diagnoses are counted in eHARS surveillance statistics and include HIV cases diagnosed in Nevada, both living and deceased. The surveillance data excludes HIV cases diagnosed in other states, but who currently live in Nevada. HIV diagnoses may duplicate case counts if the person was diagnosed with both HIV and HIV stage 3 (AIDS) in 2014.

**Table 10:** The majority of people who were diagnosed with HIV stage 3 (AIDS) in 2014 were diagnosed at an inpatient facility/hospital (40%) or an HIV counseling and testing site (22%), which raises several concerns. Being diagnosed with HIV stage 3 (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.

# TIME FROM HIV INFECTION TO AIDS DIAGNOSIS

**Table 11** | HIV Stage 3 (AIDS) diagnosis within 12 Months of HIV diagnosis among Persons Diagnosed with HIV Diagnoses in Nevada, 2010 vs. 2014\*

	2010			2014			Difference in proportion diagnosed < 12 months*
	HIV Stage 3 (AIDS) Diagnosis <12 months n	Total HIV Diagnoses n	% of Total Diagnoses Column %	HIV Stage 3 (AIDS) Diagnosis <12 months n	Total HIV Diagnoses n	% of Total Diagnoses Column %	
<b>Residence at Diagnosis</b>							
Clark County	122	338	36%	102	378	27%	-9%
Washoe County	7	25	28%	14	40	35%	7%
All Other Counties**	3	5	60%	2	4	50%	-10%
<b>Total</b>	<b>132</b>	<b>368</b>	<b>36%</b>	<b>118</b>	<b>422</b>	<b>28%</b>	<b>-8%</b>
<b>Sex at Birth</b>							
Male	110	307	36%	102	368	28%	-8%
Female	22	61	36%	16	54	30%	-6%
<b>Total</b>	<b>132</b>	<b>368</b>	<b>36%</b>	<b>118</b>	<b>422</b>	<b>28%</b>	<b>-8%</b>
<b>Race/Ethnicity</b>							
White, non-Hispanic	45	136	33%	53	153	35%	2%
Black, non-Hispanic	26	100	26%	23	101	23%	-3%
Hispanic	48	102	47%	31	133	23%	-24%
Asian/Hawaiian/Pacific Islander	10	22	45%	11	22	50%	5%
American Indian/Alaska Native	0	1	0%	0	3	0%	0%
Multi-race/other/unknown	3	7	43%	0	10	0%	-43%
<b>Total</b>	<b>132</b>	<b>368</b>	<b>36%</b>	<b>118</b>	<b>422</b>	<b>28%</b>	<b>-8%</b>
<b>Age at Diagnosis</b>							
< 13	0	0	0%	0	0	0%	0%
13 to 24	13	80	16%	12	97	12%	-4%
25 to 34	27	108	25%	28	146	19%	-6%
35 to 44	43	93	46%	33	80	41%	-5%
45 to 54	27	52	52%	34	73	47%	-5%
55 to 64	16	29	55%	9	23	39%	-16%
65 +	6	6	100%	2	3	67%	-33%
<b>Total</b>	<b>132</b>	<b>368</b>	<b>36%</b>	<b>118</b>	<b>422</b>	<b>28%</b>	<b>-8%</b>
<b>Transmission Category</b>							
<b>Male</b>							
MSM	91	255	36%	73	274	27%	-9%
IDU	3	14	21%	5	13	38%	17%
MSM+IDU	6	19	32%	5	25	20%	-12%
Heterosexual contact	3	5	60%	2	12	17%	-43%
Perinatal exposure	0	0	0%	0	0	0%	0%
Transfusion/Hemophilia	0	0	0%	0	0	0%	0%
NIR/NRR	7	14	50%	17	44	39%	-11%
<b>Subtotal</b>	<b>110</b>	<b>307</b>	<b>36%</b>	<b>102</b>	<b>368</b>	<b>28%</b>	<b>-8%</b>
<b>Female</b>							
IDU	1	5	20%	0	5	0%	-20%
Heterosexual contact	19	49	39%	3	20	15%	-24%
Perinatal exposure	0	0	0%	0	1	0%	0%
Transfusion/Hemophilia	0	0	0%	0	0	0%	0%
NIR/NRR	2	7	29%	13	28	46%	18%
<b>Subtotal</b>	<b>22</b>	<b>61</b>	<b>36%</b>	<b>16</b>	<b>54</b>	<b>30%</b>	<b>-6%</b>
<b>Total</b>	<b>132</b>	<b>368</b>	<b>36%</b>	<b>118</b>	<b>422</b>	<b>28%</b>	<b>-8%</b>

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 2010 with a diagnosis of HIV Stage 3 (AIDS) within 12 months of their HIV diagnosis subtracted from the proportion of persons in 2014 with a diagnosis of HIV Stage 3 (AIDS) within 12 months of their HIV diagnosis.

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

**Table 11:** Having a diagnosis of HIV and HIV stage 3 (AIDS) within a 12 month period is commonly considered to be a marker for a late diagnosis of an HIV infection believed to be related to late HIV testing.<sup>1</sup> However, recent research suggests that using this measurement alone may misclassify individuals as late testers.<sup>2</sup> 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 HIV stage 3 (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 (HIV stage 3 (AIDS) is typically diagnosed when an HIV-positive individual's CD4 count is less than 200 cells/ $\mu$ L of blood or CD4 percent is less than 14), HIV stage 3 (AIDS) diagnosis information was complete for a majority of these individuals. In 2014, 96% of persons had a CD4 lab within 12 months of their HIV diagnosis, and in 2010, 99% of persons had a CD4 lab within 12 months of their HIV diagnosis. However, CD4 counts greater than 500 cells/ $\mu$ L of blood were not yet reportable in 2014, so some lab results may have been missing.

In 2014, of the 422 individuals who were newly diagnosed with HIV and had been informed of their status, 28% were diagnosed with HIV stage 3 (AIDS) within 12 months of their HIV diagnosis. From 2010 to 2014, there was a decrease of 8 percentage points in the proportion of late diagnoses.

The *all other counties* region had the highest proportion of persons with a late diagnosis (50%) in 2014, and this proportion has decreased by 10 percentage points since 2010. In 2014, Clark County had the lowest proportion of late diagnoses (27%), and this proportion decreased by 9 percentage points from 2010 to 2014.

In 2014, a greater proportion of females had a late diagnosis compared to males (30% vs. 28%). From 2010 to 2014, the proportion of late diagnoses points among female's increased 6 percentage points whereas males decreased 8 percentage points.

In terms of race/ethnicity, the highest proportion of late diagnoses occurred among persons who identified as API (50%), White (35%), Hispanic (23%) and Black (23%) in 2014. Hispanics were the only race/ethnicity group to experience a large decrease. The proportion of late diagnoses among Hispanics decreased by 24 percentage points from 2010 to 2014.

With regard to age, the proportion of late diagnoses was much higher in older age groups, with the highest proportions among those over 65 years of age (67%) and 45 to 54 year olds (47%). From 2010 to 2014, all groups had a percentage decrease of those converting to stage 3 (AIDS) within 12 months. Those over 65 years of age experienced the greatest decrease in proportion of late diagnoses, from 100% in 2010 to 67% in 2014.

Among males, individuals with a transmission category of NIR/NRR had the highest proportion of late diagnoses (39%) followed by IDU (38%). The proportion of NIR/NRR who had a late diagnosis decreased 11 percentage points from 2010 to 2014. IDU is the only transmission category to have an increase in proportion from 21% in 2010 to 38% in 2014. Males who had a transmission category of Heterosexual contact had the lowest proportion for a reported transmission category of late diagnoses (17%), and there was a 43 percentage point decrease in this proportion from 2010 to 2014.

Among females, individuals with a transmission category of NIR/NRR had the highest proportion of late diagnoses (46%), followed by individuals who had Heterosexual contact (15%).

<sup>1</sup>Centers for Disease Control and Prevention. (2010). Vital Signs: HIV Testing and Diagnosis Among Adults --- United States, 2001--2009: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5947a3.htm>

<sup>2</sup>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 related causes, while others may have been due to unrelated causes.

**Table 12 | Deaths among Persons Living with HIV in Nevada, 2014**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>County at Diagnosis</b>									
Clark County	116	81%	5.6	101	82%	9.7	15	79%	1.5
Washoe County	17	12%	3.9	15	12%	6.8	2	11%	0.9
All Other Counties**	10	7%	3.0	8	7%	4.6	2	11%	1.2
<b>Race/Ethnicity</b>									
White, non-Hispanic	86	60%	5.6	78	63%	10.1	8	42%	1.1
Black, non-Hispanic	31	22%	13.0	24	19%	20.0	7	37%	5.9
Hispanic	22	15%	2.8	19	15%	4.7	3	16%	0.8
Asian/Hawaiian/Pacific Islander	0	0%	0.0	0	0%	0.0	0	0%	0.0
American Indian/Alaska Native	1	1%	3.1	1	6%	6.2	0	0%	0.0
Multi-race/Other	3	2.1%	NA	2	0%	NA	1	0%	NA
<b>Age at End of Year</b>									
< 13	0	0%	0	0	0%	0.0	0	0%	0.0
13 to 24	2	1%	0.5	1	1%	0.5	1	5%	0.5
25 to 34	9	6%	2.4	9	7%	4.6	0	21%	0.0
35 to 44	30	21%	7.5	26	21%	12.7	4	53%	2.0
45 to 54	51	36%	13.2	41	33%	20.8	10	5%	5.3
55 to 64	37	26%	10.9	35	28%	21.0	2	1%	1.2
65 +	14	4%	3.6	12	10%	6.7	2	1%	1.0
<b>Transmission Category</b>									
MSM	84	53%	NA	84	68%	NA	0	0%	NA
IDU	17	22%	NA	12	10%	NA	5	26%	NA
MSM+IDU	10	9%	NA	10	8%	NA	0	0%	NA
Heterosexual contact	20	8%	NA	9	7%	NA	11	58%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	12	8%	NA	9	7%	NA	3	16%	NA
<b>Total</b>	<b>143</b>	<b>100%</b>	<b>5.0</b>	<b>124</b>	<b>100%</b>	<b>8.7</b>	<b>19</b>	<b>100%</b>	<b>1.3</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Overall rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data.

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

**Table 12:** In this table, crude death rates were calculated as the number of deaths of persons living with HIV/AIDS in Nevada per 100,000 persons.

In 2014, the death rate of persons living with HIV/AIDS in Nevada was 5.0 per 100,000 persons. This rate was highest in Clark County (5.6 per 100,000 population) and lowest in the all other counties region (3.0 per 100,000 population). For females, Blacks had the highest crude death rate. For males, Blacks had the highest rate of 20.0 per 100,000 followed by 10.1 per 100,000 for Whites. Of all age groups, 45 to 54 year old males had the highest death rate (13.2 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 (68%), while among females, persons with a transmission category of heterosexual contact (58%) while IDU (26%) accounted for the greatest proportions of deaths.

**Table 13 |** Survival for more than 12, 24, and 36 months after a diagnosis of HIV Stage 3 (AIDS) in Nevada during 2008-2012 by selected characteristics

	Number of Persons	Proportion Survived (in months)		
		>12	>24	>36
<b>Residence at HIV Stage 3 (AIDS) Diagnosis</b>				
Clark County	1,044	87%	84%	82%
Washoe County	92	77%	77%	76%
All Other counties*	38	89%	87%	87%
<b>Total</b>	<b>1,174</b>	<b>86%</b>	<b>83%</b>	<b>81%</b>
<b>Sex at Birth</b>				
Male	973	87%	84%	82%
Female	201	86%	81%	79%
<b>Total</b>	<b>1,174</b>	<b>86%</b>	<b>83%</b>	<b>81%</b>
<b>Race/Ethnicity</b>				
White, non-Hispanic	458	86%	82%	81%
Black, non-Hispanic	324	87%	84%	81%
Hispanic	312	87%	85%	83%
Asian/Hawaiian/Pacific Islander	51	84%	84%	84%
American Indian/Alaska Native	10	80%	80%	80%
Multi-race/Other	19	84%	79%	74%
<b>Total</b>	<b>1,174</b>	<b>86%</b>	<b>83%</b>	<b>81%</b>
<b>Age at HIV Stage 3 (AIDS) Diagnosis</b>				
< 13	0	NA	NA	NA
13 to 24	92	97%	95%	93%
25 to 34	286	91%	90%	88%
35 to 44	359	86%	85%	83%
45 to 54	303	87%	82%	80%
55 to 64	111	74%	66%	61%
65 +	23	52%	48%	43%
<b>Total</b>	<b>1,174</b>	<b>86%</b>	<b>83%</b>	<b>81%</b>
<b>Transmission Category</b>				
<b>Male</b>				
MSM	736	86%	84%	81%
IDU	67	88%	85%	84%
MSM+IDU	63	90%	87%	84%
Heterosexual Contact	40	90%	88%	85%
Perinatal Exposure	6	100%	100%	100%
Hemophilia/Blood Transfusion	1	100%	100%	100%
NIR/NRR	60	78%	78%	78%
<b>Subtotal</b>	<b>973</b>	<b>87%</b>	<b>84%</b>	<b>82%</b>
<b>Female</b>				
IDU	33	82%	79%	76%
Heterosexual Contact	128	88%	83%	81%
Perinatal Exposure	3	100%	100%	100%
Hemophilia/Blood Transfusion	0	NA	NA	NA
NIR/NRR	37	78%	73%	73%
<b>Subtotal</b>	<b>201</b>	<b>86%</b>	<b>81%</b>	<b>79%</b>
<b>Year of AIDS Diagnosis</b>				
2008	280	85%	83%	81%
2009	225	89%	85%	82%
2010	228	86%	82%	81%
2011	215	87%	83%	81%
2012	226	86%	83%	82%
<b>Total</b>	<b>1,174</b>	<b>86%</b>	<b>83%</b>	<b>81%</b>

NA: Represents categories that contain no individuals.

**Table 13:** In this analysis of survival after an HIV stage 3 (AIDS) diagnosis, only persons who were diagnosed with HIV stage 3 (AIDS) in Nevada in 2008-2012 and had a current Nevada residence as of March 2016 were included.

Overall, 86% of persons living with HIV stage 3 (AIDS) in Nevada survived more than 12 months after their HIV stage 3 (AIDS) diagnosis. The proportion surviving more than 36 months was 81%, only 5% less than the proportion surviving more than 12 months.

From 2008 to 2012, there was little change in survival for more than 12, 24, and 36 months.

Between Clark, Washoe, and all other counties, differences in the proportion surviving were very small. The *all other counties* region had the greatest proportion of persons surviving 36 months or more (87%).

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

AI/AN had the lowest proportion of persons surviving more than 12 months after an HIV stage 3 (AIDS) diagnosis (80%), followed by API (84%). Hispanics and Blacks had the highest proportion surviving more than 12 months (87% each) followed closely by Whites (86%).

As age increased, the proportion of persons surviving more than 12 months decreased. 55 to 64 year olds and persons 65 and older had the lowest proportions of persons surviving more than 12 months (74% and 52%, respectively).

Among males, persons with a transmission category of injection drug use NIR/NRR had the lowest proportion of persons surviving more than 12 months (78%). The overall proportion of males surviving more than 36 months was 82%.

Among females, persons with a transmission category of Heterosexual contact had the highest proportion surviving more than 12 months (88%). The overall proportion of females surviving more than 36 months was 79%.

## SUMMARY DATA TABLES

**Table 14 | New HIV Diagnoses in Nevada, 2014~**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>County of Residence</b>									
Clark County	386	88%	18.7	336	88%	32.3	50	89%	4.9
Washoe County	40	9%	9.2	36	9%	16.4	4	7%	1.8
All Other Counties**	12	3%	3.6	10	3%	5.8	2	4%	1.2
<b>Race/Ethnicity</b>									
White, non-Hispanic	161	37%	10.5	143	37%	18.5	18	32%	2.4
Black, non-Hispanic	104	24%	43.6	80	21%	66.5	24	43%	20.2
Hispanic	137	31%	17.3	129	34%	31.9	8	14%	2.1
Asian/Hawaiian/ Pacific Islander	23	5%	9.2	17	4%	14.6	6	11%	4.5
American Indian/ Alaska Native	3	1%	9.3	3	1%	18.5	0	0%	0.0
Multi-race/Other	10	2%	NA	10	3%	NA	0	0%	NA
<b>Age at Diagnosis</b>									
< 13	2	0%	0.4	0	0%	0.0	2	4%	0.8
13 to 24	99	23%	21.8	91	24%	38.9	8	14%	3.6
25 to 34	150	34%	39.3	130	34%	66.8	20	36%	10.7
35 to 44	82	19%	20.5	72	19%	35.2	10	18%	5.1
45 to 54	77	18%	20.0	63	16%	31.9	14	25%	7.4
55 to 64	25	6%	7.4	24	6%	14.4	1	2%	0.6
65 +	3	1%	0.8	2	1%	1.1	1	2%	0.5
<b>Transmission Category</b>									
MSM	284	65%	NA	284	74%	NA	0	0%	NA
IDU	18	4%	NA	13	3%	NA	5	9%	NA
MSM+IDU	26	6%	NA	26	7%	NA	0	0%	NA
Heterosexual contact	32	7%	NA	12	3%	NA	20	36%	NA
Perinatal exposure	2	0%	NA	0	0%	NA	2	4%	NA
Hemophilia/Blood Transfusion	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	76	17%	NA	47	12%	NA	29	52%	NA
<b>Total</b>	<b>438</b>	<b>100%</b>	<b>15.4</b>	<b>382</b>	<b>100%</b>	<b>26.7</b>	<b>56</b>	<b>100%</b>	<b>4.0</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 15| New HIV stage 3 (AIDS) Diagnoses in Nevada, 2014~**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>County of Residence</b>									
Clark County	184	86%	8.9	151	85%	14.5	33	89%	3.2
Washoe County	21	10%	4.8	19	11%	8.6	2	5%	0.9
All Other Counties**	10	5%	3.0	8	4%	4.6	2	5%	1.2
<b>Race/Ethnicity</b>									
White, non-Hispanic	87	40%	5.7	79	44%	10.2	8	22%	1.1
Black, non-Hispanic	55	26%	23.0	38	21%	31.6	17	46%	14.3
Hispanic	56	26%	7.1	48	27%	11.9	8	22%	2.1
Asian/Hawaiian/ Pacific Islander	15	7%	6.0	12	7%	10.3	3	8%	2.2
American Indian/ Alaska Native	2	1%	6.2	1	1%	6.2	1	3%	6.2
Multi-race/Other	0	0%	NA	0	0%	NA	0	0%	NA
<b>Age at Diagnosis</b>									
< 13	0	0%	0.0	0	0%	0.0	0	0%	0.0
13 to 24	19	9%	4.2	14	8%	6.0	5	14%	2.3
25 to 34	51	24%	13.4	45	25%	23.1	6	16%	3.2
35 to 44	55	26%	13.8	46	26%	22.5	9	24%	4.6
45 to 54	61	28%	15.8	50	28%	25.3	11	30%	5.8
55 to 64	24	11%	7.1	19	11%	11.4	5	14%	2.9
65 +	5	2%	1.3	4	2%	2.2	1	3%	0.5
<b>Transmission Category</b>									
MSM	130	60%	NA	130	73%	NA	0	0%	NA
IDU	12	6%	NA	8	4%	NA	4	11%	NA
MSM+IDU	15	7%	NA	15	8%	NA	0	0%	NA
Heterosexual contact	19	9%	NA	4	2%	NA	15	41%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA
Hemophilia/Blood Transfusion	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	39	18%	NA	21	12%	NA	18	49%	NA
<b>Total</b>	<b>215</b>	<b>100%</b>	<b>7.6</b>	<b>178</b>	<b>100%</b>	<b>12.4</b>	<b>37</b>	<b>100%</b>	<b>2.6</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.



**Table 16 | New HIV Diagnoses in Nevada, 2010- 2014~**

	2010			2011			2012			2013			2014			% Change <sup>†</sup>
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	
<b>County at Diagnosis</b>																
Clark County	343	92%	17.5	350	92%	17.8	329	91%	16.5	386	89%	19.0	386	88%	18.7	13%
Washoe County	25	7%	6.0	27	7%	6.4	25	7%	5.8	38	9%	8.8	40	9%	9.2	60%
All Other Counties**	5	1%	1.5	3	1%	0.9	9	2%	2.7	10	2%	3.0	12	3%	3.6	140%
<b>Sex</b>																
Male	310	83%	22.7	327	86%	23.8	318	88%	22.9	377	87%	26.7	382	87%	26.7	23%
Female	63	17%	4.7	53	14%	3.9	45	12%	3.3	57	13%	4.1	56	13%	4.0	-11%
<b>Race/Ethnicity</b>																
White, non-Hispanic	137	37%	9.1	128	34%	8.5	136	37%	9.0	170	39%	11.2	161	37%	10.5	18%
Black, non-Hispanic	103	28%	46.7	105	28%	47.3	77	21%	34.1	101	23%	43.4	104	24%	43.6	1%
Hispanic	103	28%	14.3	107	28%	14.7	116	32%	15.6	131	30%	17.0	137	31%	17.3	33%
Asian/Hawaiian/ Pacific Islander	22	6%	9.7	33	9%	14.5	23	6%	9.9	17	4%	7.0	23	5%	9.2	5%
American Indian/ Alaska Native	1	0%	3.2	2	1%	6.3	2	1%	6.3	1	0%	3.1	3	1%	9.3	200%
Multi-race/Other	7	2%	NA	5	1%	NA	9	2%	NA	14	3%	NA	10	2%	NA	43%
<b>Age at Diagnosis</b>																
< 13	1	0%	0.2	0	0%	0.0	0	0%	0.0	2	0%	0.4	2	0%	0.4	NA
13 to 24	82	22%	18.9	89	23%	20.5	78	21%	17.8	99	23%	22.1	99	23%	21.8	21%
25 to 34	109	29%	28.9	136	36%	36.3	113	31%	30.3	156	36%	41.4	150	34%	39.3	38%
35 to 44	94	25%	24.2	62	16%	16.0	89	25%	22.8	76	18%	19.2	82	19%	20.5	-13%
45 to 54	52	14%	14.0	61	16%	16.3	58	16%	15.5	69	16%	18.2	77	18%	20.0	48%
55 to 64	29	8%	9.3	26	7%	8.2	19	5%	5.9	28	6%	8.4	25	6%	7.4	-14%
65 +	6	2%	1.8	6	2%	1.7	6	2%	1.7	4	1%	1.1	3	1%	0.8	-50%
<b>Transmission Category</b>																
<b>Males</b>																
MSM	257	83%	NA	273	83%	NA	247	78%	NA	288	76%	NA	284	74%	NA	11%
IDU	15	5%	NA	14	4%	NA	12	4%	NA	13	3%	NA	13	3%	NA	-13%
MSM+IDU	19	6%	NA	18	6%	NA	20	6%	NA	30	8%	NA	26	7%	NA	37%
Heterosexual contact	5	2%	NA	9	3%	NA	8	3%	NA	17	5%	NA	12	3%	NA	140%
Perinatal exposure	0	0%	NA	1	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	NA
Transfusion/Hemophilia	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	NA
NIR/NRR	14	5%	NA	12	4%	NA	31	10%	NA	29	8%	NA	47	12%	NA	236%
<b>Subtotal</b>	<b>310</b>	<b>100%</b>	<b>22.7</b>	<b>327</b>	<b>100%</b>	<b>23.8</b>	<b>318</b>	<b>100%</b>	<b>22.9</b>	<b>377</b>	<b>100%</b>	<b>26.7</b>	<b>382</b>	<b>100%</b>	<b>26.7</b>	<b>23%</b>
<b>Females</b>																
IDU	5	8%	NA	5	9%	NA	5	11%	NA	5	9%	NA	5	9%	NA	0%
Heterosexual contact	50	79%	NA	28	53%	NA	20	44%	NA	32	56%	NA	20	36%	NA	-60%
Perinatal exposure	1	0%	NA	2	4%	NA	0	0%	NA	3	5%	NA	2	4%	NA	NA
Transfusion/Hemophilia	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	NA
NIR/NRR	7	11%	NA	18	34%	NA	20	44%	NA	17	30%	NA	29	52%	NA	314%
<b>Subtotal</b>	<b>63</b>	<b>100%</b>	<b>4.7</b>	<b>53</b>	<b>100%</b>	<b>3.9</b>	<b>45</b>	<b>100%</b>	<b>3.3</b>	<b>57</b>	<b>100%</b>	<b>4.1</b>	<b>56</b>	<b>100%</b>	<b>4.0</b>	<b>-11%</b>
<b>Total</b>	<b>373</b>	<b>100%</b>	<b>13.8</b>	<b>380</b>	<b>100%</b>	<b>14.0</b>	<b>363</b>	<b>100%</b>	<b>13.2</b>	<b>434</b>	<b>100%</b>	<b>15.5</b>	<b>438</b>	<b>100%</b>	<b>15.4</b>	<b>17%</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

† % Change is the percent change in the number of new diagnoses from 2010 to 2014.



**Table 17 | Persons Living with HIV by Sex in Nevada, 2014~**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>County of Residence</b>									
Clark County	8,373	86%	404.6	7,056	86%	678.5	1,317	86%	127.9
Washoe County	946	10%	216.6	806	10%	366.2	140	9%	64.6
All Other Counties**	413	4%	122.5	334	4%	193.8	79	5%	48.0
<b>Race/Ethnicity</b>									
White, non-Hispanic	4,592	47%	300.4	4,059	50%	524.2	533	35%	70.7
Black, non-Hispanic	2,411	25%	1,009.7	1,725	21%	1,434.9	686	45%	578.6
Hispanic	2,195	23%	277.0	1,953	24%	482.2	242	16%	62.5
Asian/Hawaiian/ Pacific Islander	330	3%	131.5	285	3%	244.3	45	3%	33.5
American Indian/ Alaska Native	78	1%	240.6	60	1%	369.2	18	1%	111.3
Multi-race/Other	127	1%	NA	115	1%	NA	12	1%	NA
<b>Age at Diagnosis</b>									
< 13	11	0%	2.2	4	0%	1.6	7	1%	2.9
13 to 24	357	4%	78.8	301	4%	128.7	56	4%	25.5
25 to 34	1,552	16%	406.7	1,330	16%	683.5	222	14%	118.7
35 to 44	2,157	22%	539.9	1,773	22%	867.5	384	25%	196.8
45 to 54	3,340	34%	865.7	2,843	35%	1,440.2	497	32%	263.8
55 to 64	1,728	18%	511.1	1,455	18%	874.2	273	18%	159.1
65 +	531	5%	137.2	442	5%	245.1	89	6%	43.1
<b>Transmission Category</b>									
MSM	6,242	64%	NA	6,242	76%	NA	0	0%	NA
IDU	735	8%	NA	489	6%	NA	246	16%	NA
MSM+IDU	633	7%	NA	633	8%	NA	0	0%	NA
Heterosexual contact	1,219	13%	NA	291	4%	NA	928	60%	NA
Perinatal exposure	73	1%	NA	33	0%	NA	40	3%	NA
Hemophilia/Blood Transfusion	10	0%	NA	7	0%	NA	3	0%	NA
NIR/NRR	821	8%	NA	502	6%	NA	319	21%	NA
<b>Total</b>	<b>9,733</b>	<b>100%</b>	<b>342.3</b>	<b>8,197</b>	<b>100%</b>	<b>572.2</b>	<b>1,536</b>	<b>100%</b>	<b>108.9</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 18 | Persons Living with HIV in Nevada, 2010 - 2014~**

	2010			2011			2012			2013			2014			% Change <sup>†</sup> %
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	
<b>Residence at Diagnosis</b>																
Nevada	5,797	71%	NA	5,866	70%	NA	5,886	68%	NA	6,071	67%	NA	6,296	65%	NA	9%
Out of state	2,369	29%	NA	2,555	30%	NA	2,777	32%	NA	3,007	33%	NA	3,435	35%	NA	45%
Missing	25	0%	NA	18	0%	NA	0	0%	NA	0	0%	NA	2	0%	NA	NA
<b>County of Residence</b>																
Clark County	6,959	85%	355.1	7,195	85%	365.7	7,414	86%	372.9	7,746	85%	381.3	8,373	86%	404.6	20%
Washoe County	823	10%	197.2	846	10%	200.7	865	10%	202.2	931	10%	215.3	946	10%	216.6	15%
All Other Counties**	409	5%	124.3	398	5%	119.7	384	4%	114.9	401	4%	119.0	413	4%	122.5	1%
<b>Sex</b>																
Male	6,822	83%	498.7	7,041	83%	512.2	7,262	84%	523.2	7,618	84%	539.4	8,197	84%	572.2	20%
Female	1,369	17%	102.3	1,398	17%	103.8	1,401	16%	102.9	1,460	16%	105.1	1,536	16%	108.9	12%
<b>Race/Ethnicity</b>																
White, non-Hispanic	4,207	51%	278.9	4,241	50%	280.8	4,270	1558%	282.0	4,407	49%	289.3	4,592	47%	300.4	9%
Black, non-Hispanic	1,965	24%	891.7	2,042	24%	919.1	2,092	764%	926.6	2,200	24%	944.9	2,411	25%	1,009.7	23%
Hispanic	1,682	21%	234.1	1,776	21%	243.6	1,869	682%	250.8	2,001	22%	259.8	2,195	23%	277.0	30%
Asian/Hawaiian/ Pacific Islander	221	3%	97.3	255	3%	111.7	283	103%	121.5	297	3%	122.4	330	3%	131.5	49%
American Indian/Alaska Native	71	1%	226.0	71	1%	223.9	71	26%	222.3	70	1%	217.1	78	1%	240.6	10%
Multi-race/Other	45	1%	NA	54	1%	NA	78	28%	NA	103	1%	NA	127	1%	NA	182%
<b>Age at End of Year</b>																
Missing	58	1%	NA	57	1%	NA	57	1%	NA	57	1%	NA	49	1%	NA	NA
< 13	11	0%	2.2	11	0%	2.2	11	0%	2.2	11	0%	2.2	11	0%	2.2	0%
13 to 24	270	3%	62.3	302	4%	69.6	308	4%	70.2	337	4%	75.2	357	4%	78.8	32%
25 to 34	1,169	14%	309.6	1,237	15%	330.3	1,294	15%	346.9	1,384	15%	367.2	1,552	16%	406.7	33%
35 to 44	2,422	30%	624.6	2,278	27%	588.5	2,182	25%	559.9	2,139	24%	540.5	2,157	22%	539.9	-11%
45 to 54	2,903	35%	780.0	3,037	36%	813.9	3,111	36%	829.2	3,187	35%	838.7	3,340	34%	865.7	15%
55 to 64	1,083	13%	348.3	1,203	14%	378.2	1,333	15%	412.2	1,518	17%	457.6	1,728	18%	511.1	60%
65 +	275	3%	82.1	314	4%	90.9	367	4%	102.1	445	5%	119.0	531	5%	137.2	93%
<b>Transmission Category</b>																
<b>Males</b>																
MSM	5,085	75%	NA	5,292	75%	NA	5,492	76%	NA	5,773	76%	NA	6,242	76%	NA	23%
IDU	495	7%	NA	492	7%	NA	484	7%	NA	485	6%	NA	489	6%	NA	-1%
MSM+IDU	509	7%	NA	525	7%	NA	538	7%	NA	575	8%	NA	633	8%	NA	24%
Heterosexual contact	255	4%	NA	259	4%	NA	260	4%	NA	280	4%	NA	291	4%	NA	14%
Perinatal exposure	26	0%	NA	30	0%	NA	33	0%	NA	33	0%	NA	33	0%	NA	27%
Transfusion/Hemophilia	7	0%	NA	7	0%	NA	7	0%	NA	7	0%	NA	7	0%	NA	0%
NIR/NRR	445	7%	NA	436	6%	NA	448	6%	NA	465	6%	NA	502	6%	NA	13%
<b>Subtotal</b>	<b>6,822</b>	<b>100%</b>	<b>498.7</b>	<b>7,041</b>	<b>100%</b>	<b>512.2</b>	<b>7,262</b>	<b>100%</b>	<b>523.2</b>	<b>7,618</b>	<b>100%</b>	<b>539.4</b>	<b>8,197</b>	<b>100%</b>	<b>572.2</b>	<b>20%</b>
<b>Females</b>																
IDU	253	18%	NA	246	18%	NA	242	17%	NA	243	17%	NA	246	16%	NA	-3%
Heterosexual contact	839	61%	NA	861	62%	NA	850	61%	NA	889	61%	NA	928	60%	NA	11%
Perinatal exposure	31	0%	NA	33	2%	NA	32	2%	NA	36	2%	NA	40	3%	NA	29%
Transfusion/Hemophilia	4	0%	NA	4	0%	NA	3	0%	NA	3	0%	NA	3	0%	NA	-25%
NIR/NRR	242	18%	NA	254	18%	NA	274	20%	NA	289	20%	NA	319	21%	NA	32%
<b>Subtotal</b>	<b>1,369</b>	<b>100%</b>	<b>102.3</b>	<b>1,398</b>	<b>100%</b>	<b>103.8</b>	<b>1,401</b>	<b>100%</b>	<b>102.9</b>	<b>1,460</b>	<b>100%</b>	<b>105.1</b>	<b>1,536</b>	<b>100%</b>	<b>108.9</b>	<b>12%</b>
<b>Total</b>	<b>8,191</b>	<b>100%</b>	<b>302.7</b>	<b>8,439</b>	<b>100%</b>	<b>310.1</b>	<b>8,663</b>	<b>100%</b>	<b>315.0</b>	<b>9,078</b>	<b>100%</b>	<b>324.1</b>	<b>9,733</b>	<b>100%</b>	<b>342.3</b>	<b>19%</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

† % Change is the percent change in the number of number of persons living with HIV from 2010 to 2014.

**Table 19 | New HIV Diagnoses in Clark County by Sex, 2014~**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>Race/Ethnicity</b>									
White, non-Hispanic	122	32%	12.4	110	33%	22.0	12	24%	2.5
Black, non-Hispanic	101	26%	45.2	77	23%	69.3	24	48%	21.4
Hispanic	127	33%	20.0	119	35%	36.9	8	16%	2.6
Asian/Hawaiian/Pacific Islander	23	6%	10.7	17	5%	16.9	6	12%	5.2
American Indian/Alaska Native	3	1%	22.1	3	1%	43.4	0	0%	0.0
Multi-race/Other	10	3%	NA	10	3%	NA	0	0%	NA
<b>Age at Diagnosis</b>									
< 13	0	0%	0.0	0	0%	0.0	0	0%	0.0
13 to 24	90	23%	27.7	82	24%	49.1	8	16%	5.1
25 to 34	134	35%	47.4	117	35%	81.4	17	34%	12.2
35 to 44	74	19%	24.0	65	19%	41.3	9	18%	6.0
45 to 54	63	16%	22.2	49	15%	33.7	14	28%	10.1
55 to 64	22	6%	9.4	21	6%	18.3	1	2%	0.8
65 +	3	1%	1.1	2	1%	1.6	1	2%	0.7
<b>Transmission Category</b>									
MSM	261	68%	NA	261	78%	NA	0	0%	NA
IDU	10	3%	NA	7	2%	NA	3	6%	NA
MSM+IDU	19	5%	NA	19	6%	NA	0	0%	NA
Heterosexual contact	31	8%	NA	12	4%	NA	19	38%	NA
Perinatal exposure	1	0%	NA	0	0%	NA	1	2%	NA
NIR/NRR	64	17%	NA	37	11%	NA	27	54%	NA
<b>Total</b>	<b>386</b>	<b>100%</b>	<b>18.7</b>	<b>336</b>	<b>100%</b>	<b>32.3</b>	<b>50</b>	<b>100%</b>	<b>4.9</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 20|** New HIV Stage 3 (AIDS) Diagnoses in Clark County by Sex, 2014~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>Race/Ethnicity</b>									
White, non-Hispanic	66	36%	6.7	60	40%	12.0	6	18%	1.2
Black, non-Hispanic	52	28%	23.3	36	24%	32.4	16	48%	14.2
Hispanic	49	27%	7.7	42	28%	13.0	7	21%	2.2
Asian/Hawaiian/Pacific Islander	15	8%	7.0	12	8%	11.9	3	9%	2.6
American Indian/Alaska Native	2	1%	14.8	1	1%	14.5	1	3%	15.1
Multi-race/Other	0	0%	NA	0	0%	NA	0	0%	NA
<b>Age at Diagnosis</b>									
< 13	0	0%	0.0	0	0%	0.0	0	0%	0.0
13 to 24	19	10%	5.8	14	9%	8.4	5	15%	3.2
25 to 34	47	26%	16.6	42	28%	29.2	5	15%	3.6
35 to 44	48	26%	15.6	41	27%	26.0	7	21%	4.6
45 to 54	46	25%	16.2	36	24%	24.8	10	30%	7.2
55 to 64	20	11%	8.6	15	10%	13.1	5	15%	4.2
65 +	4	2%	1.5	3	2%	2.5	1	3%	0.7
<b>Transmission Category</b>									
MSM	123	67%	NA	123	81%	NA	0	0%	NA
IDU	5	3%	NA	1	1%	NA	4	12%	NA
MSM+IDU	12	7%	NA	12	8%	NA	0	0%	NA
Heterosexual contact	16	9%	NA	3	2%	NA	13	39%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA
Transfusion/Hemophilia	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	28	15%	NA	12	8%	NA	16	48%	NA
<b>Total</b>	<b>184</b>	<b>100%</b>	<b>8.9</b>	<b>151</b>	<b>100%</b>	<b>14.5</b>	<b>33</b>	<b>100%</b>	<b>3.2</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 21 | Persons Living with HIV in Clark County, 2014~**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>Residence at Diagnosis</b>									
Nevada	5,482	65%	NA	4,570	65%	NA	912	69%	NA
Out of state	2,890	35%	NA	2,485	35%	NA	405	31%	NA
<b>Race/Ethnicity</b>									
White, non-Hispanic	3,703	44%	377.0	3,308	47%	662.8	395	30%	81.8
Black, non-Hispanic	2,252	27%	1,007.4	1,594	23%	1,433.7	658	50%	585.6
Hispanic	1,953	23%	307.8	1,748	25%	542.3	205	16%	65.7
Asian/Hawaiian/Pacific Islander	297	4%	137.7	261	4%	259.8	36	3%	31.2
American Indian/Alaska Native	56	1%	413.4	43	1%	621.5	13	1%	196.1
Multi-race/Other	112	1%	NA	102	1%	NA	10	1%	NA
<b>Age at End of Year</b>									
Missing	57	1%	NA	49	1%	NA	8	0%	NA
< 13	9	0%	2.4	4	0%	2.1	5	0%	2.7
13 to 24	320	4%	98.4	268	4%	160.4	52	4%	32.8
25 to 34	1,374	16%	485.9	1,184	17%	824.1	190	14%	136.6
35 to 44	1,886	23%	611.2	1,550	22%	984.3	336	26%	222.4
45 to 54	2,828	34%	997.4	2,415	34%	1,662.8	413	31%	298.6
55 to 64	1,462	17%	625.8	1,226	17%	1,071.1	236	18%	198.1
65 +	437	5%	166.0	360	5%	295.6	77	6%	54.4
<b>Transmission Category</b>									
MSM	5,510	66%	NA	5,510	78%	NA	0	0%	NA
IDU	572	7%	NA	382	5%	NA	190	14%	NA
MSM+IDU	512	6%	NA	512	7%	NA	0	0%	NA
Heterosexual contact	1,075	13%	NA	246	3%	NA	829	63%	NA
Perinatal exposure	64	1%	NA	30	0%	NA	34	3%	NA
Hemophilia/Blood Transfusion	8	0%	NA	7	0%	NA	1	0%	NA
NIR/NRR	632	8%	NA	369	5%	NA	263	20%	NA
<b>Total</b>	<b>8,373</b>	<b>100%</b>	<b>404.6</b>	<b>7,056</b>	<b>100%</b>	<b>678.5</b>	<b>1,317</b>	<b>100%</b>	<b>127.9</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 22 | New HIV Diagnoses and New HIV Stage 3 (AIDS) Diagnoses in Washoe County, 2014~**

	New HIV Infections			New HIV stage 3 (AIDS) Diagnoses		
	n	Column %	Rate*	n	Column %	Rate*
<b>Sex</b>						
Male	36	90%	16.4	19	90%	8.6
Female	4	10%	1.8	2	10%	0.9
<b>Race/Ethnicity</b>						
White, non-Hispanic	29	73%	10.1	13	62%	4.5
Black, non-Hispanic	3	8%	27.9	3	14%	27.9
Hispanic	8	20%	7.7	5	24%	4.8
Asian/Hawaiian/Pacific Islander	0	0%	0.0	0	0%	0.0
American Indian/Alaska Native	0	0%	0.0	0	0%	0.0
Multi-race/Other	0	0%	0.0	0	0%	0.0
<b>Age at Diagnosis</b>						
< 13	0	0%	0.0	0	0%	0.0
13 to 24	8	20%	11.5	0	0%	0.0
25 to 34	15	38%	23.9	3	14%	4.8
35 to 44	6	15%	11.1	5	24%	9.3
45 to 54	9	23%	15.5	9	43%	15.5
55 to 64	2	5%	3.6	3	14%	5.3
65 +	0	0%	0.0	1	5%	1.7
<b>Transmission Category</b>						
MSM	18	45%	NA	5	24%	NA
IDU	8	20%	NA	5	24%	NA
MSM+IDU	6	15%	NA	3	14%	NA
Heterosexual contact	1	3%	NA	2	10%	NA
Perinatal exposure	0	0%	NA	0	0%	NA
Hemophilia/Blood Transfusion	0	0%	NA	0	0%	NA
NIR/NRR	7	18%	NA	6	29%	NA
<b>Total</b>	<b>40</b>	<b>100%</b>	<b>9.2</b>	<b>21</b>	<b>100%</b>	<b>4.8</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 23 | Persons Living with HIV in Washoe County, 2014~**

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>Residence at Diagnosis</b>									
Nevada	558	59%	NA	461	57%	NA	97	69%	NA
Out of state	388	41%	NA	345	43%	NA	43	31%	NA
<b>Race/Ethnicity</b>									
White, non-Hispanic	615	65%	215.0	531	66%	368.6	84	60%	59.2
Black, non-Hispanic	113	12%	1,052.1	93	12%	1,576.8	20	14%	413.0
Hispanic	167	18%	161.0	141	17%	265.4	26	19%	51.4
Asian/Hawaiian/Pacific Islander	29	3%	99.6	22	3%	163.0	7	5%	44.8
American Indian/Alaska Native	14	1%	195.0	11	1%	314.3	3	2%	81.5
Multi-race/Other	8	1%	NA	8	1%	NA	0	0%	NA
<b>Age at End of Year</b>									
Missing	0	0%	NA	0	0%	NA	0	0%	NA
< 13	0	0%	0.0	0	0%	0.0	0	0%	0.0
13 to 24	30	3%	43.1	27	3%	75.0	3	2%	8.9
25 to 34	138	15%	219.8	115	14%	358.3	23	16%	74.9
35 to 44	189	20%	350.8	157	19%	573.8	32	23%	120.7
45 to 54	344	36%	593.3	291	36%	988.3	53	38%	185.7
55 to 64	188	20%	334.3	166	21%	597.3	22	16%	77.4
65 +	57	6%	94.1	50	6%	175.8	7	5%	21.8
<b>Transmission Category</b>									
MSM	546	58%	NA	546	68%	NA	0	0%	NA
IDU	90	10%	NA	58	7%	NA	32	23%	NA
MSM+IDU	85	9%	NA	85	11%	NA	0	0%	NA
Heterosexual contact	93	10%	NA	23	3%	NA	70	50%	NA
Perinatal exposure	4	0%	NA	1	0%	NA	3	2%	NA
Hemophilia/Blood Transfusion	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	128	14%	NA	93	12%	NA	35	25%	NA
<b>Total</b>	<b>946</b>	<b>100%</b>	<b>219.5</b>	<b>806</b>	<b>100%</b>	<b>370.3</b>	<b>140</b>	<b>100%</b>	<b>64.6</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.



**Table 24| New HIV Diagnoses in Nevada by Race/Ethnicity, 2014~**

County at Diagnosis	White			Black			Hispanic			API			AI/AN			Multi-Race/Other†		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
Clark County	122	76%	12.4	101	97%	45.2	127	93%	20.0	23	100%	10.7	3	100%	22.1	10	100%	NA
Washoe County	29	18%	10.1	3	3%	27.9	8	6%	7.7	0	0%	0.0	0	0%	0.0	0	0%	NA
All Other Counties**	10	6%	3.8	0	0%	0.0	2	1%	3.7	0	0%	0.0	0	0%	0.0	0	0%	NA
<b>Sex</b>																		
Male	143	89%	18.5	80	77%	66.5	129	94%	31.9	17	74%	14.6	3	100%	18.5	10	100%	NA
Female	18	11%	2.4	24	23%	20.2	8	6%	2.1	6	26%	4.5	0	0%	0.0	0	0%	NA
<b>Age</b>																		
< 13	2	1%	1.0	0	0%	0.0	0	0%	0.0	0	0%	0.0	0	0%	0.0	0	0%	NA
13 to 24	18	11%	9.1	37	36%	83.9	32	23%	18.9	6	26%	16.1	1	33%	17.6	5	50%	NA
25 to 34	49	30%	26.8	35	34%	99.8	54	39%	43.9	7	30%	19.6	1	33%	20.4	4	40%	NA
35 to 44	27	17%	13.4	15	14%	45.2	33	24%	26.9	5	22%	12.9	1	33%	27.8	1	10%	NA
45 to 54	42	26%	19.2	14	13%	44.2	17	12%	18.3	4	17%	10.7	0	0%	0.0	0	0%	NA
55 to 64	21	13%	9.2	2	2%	8.1	1	1%	2.0	1	4%	3.2	0	0%	0.0	0	0%	NA
65 +	2	1%	0.7	1	1%	4.4	0	0%	0.0	0	0%	0.0	0	0%	0.0	0	0%	NA
<b>Transmission Category</b>																		
<b>Males</b>																		
MSM	94	66%	NA	59	74%	NA	105	81%	NA	15	88%	NA	2	67%	NA	9	90%	NA
IDU	11	8%	NA	0	0%	NA	2	2%	NA	0	0%	NA	0	0%	NA	0	0%	NA
MSM+IDU	21	15%	NA	1	1%	NA	4	3%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Heterosexual contact	1	1%	NA	6	8%	NA	4	3%	NA	0	0%	NA	0	0%	NA	1	10%	NA
NIR/NRR	16	11%	NA	14	18%	NA	14	11%	NA	2	12%	NA	1	33%	NA	0	0%	NA
<b>Subtotal</b>	<b>143</b>	<b>100%</b>	<b>18.5</b>	<b>80</b>	<b>100%</b>	<b>66.5</b>	<b>129</b>	<b>100%</b>	<b>31.9</b>	<b>17</b>	<b>100%</b>	<b>14.6</b>	<b>3</b>	<b>100%</b>	<b>18.5</b>	<b>10</b>	<b>100%</b>	<b>NA</b>
<b>Females</b>																		
IDU	4	22%	NA	0	0%	NA	1	13%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Heterosexual contact	6	33%	NA	9	38%	NA	3	38%	NA	2	33%	NA	0	0%	NA	0	0%	NA
Perinatal exposure	1	6%	NA	1	4%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	7	39%	NA	14	58%	NA	4	50%	NA	4	67%	NA	0	0%	NA	0	0%	NA
<b>Subtotal</b>	<b>18</b>	<b>100%</b>	<b>2.4</b>	<b>24</b>	<b>100%</b>	<b>20.2</b>	<b>8</b>	<b>100%</b>	<b>2.1</b>	<b>6</b>	<b>100%</b>	<b>4.5</b>	<b>0</b>	<b>100%</b>	<b>0.0</b>	<b>0</b>	<b>100%</b>	<b>NA</b>
<b>Total</b>	<b>161</b>	<b>100%</b>	<b>10.5</b>	<b>104</b>	<b>100%</b>	<b>43.6</b>	<b>137</b>	<b>100%</b>	<b>17.3</b>	<b>23</b>	<b>100%</b>	<b>9.2</b>	<b>3</b>	<b>100%</b>	<b>9.3</b>	<b>10</b>	<b>100%</b>	<b>NA</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

†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 diagnoses.

**Table 25 | Persons Living with HIV in Nevada by Race/Ethnicity, 2014~**

	White			Black			Hispanic			API			AI/AN			Multi-race/Other†		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
<b>County of Residence</b>																		
Clark County	3,703	81%	377.0	2,252	93%	1007.4	1,953	89%	307.8	297	90%	137.7	56	72%	413.4	112	88%	NA
Washoe County	615	13%	215.0	113	5%	1052.1	167	8%	161.0	29	9%	99.6	14	18%	195.0	8	6%	NA
All Other Counties**	274	6%	105.2	46	2%	1021.1	74	3%	136.3	4	1%	65.1	8	10%	68.4	7	6%	NA
<b>Sex</b>																		
Male	4,059	88%	524.2	1,725	72%	1434.9	1,953	89%	482.2	285	86%	244.3	60	77%	369.2	115	91%	NA
Female	533	12%	70.7	686	28%	578.6	242	11%	62.5	45	14%	33.5	18	23%	111.3	12	120%	NA
<b>Age at End of Year</b>																		
Missing	33	1%	NA	11	0%	NA	13	1%	NA	0	0%	NA	0	0%	NA	72	57%	NA
< 13	3	0%	1.5	5	0%	10.6	3	0%	1.5	0	0%	0.0	0	0%	0.0	0	0%	NA
13 to 24	74	2%	37.5	145	6%	328.9	111	5%	65.7	10	3%	26.8	1	1%	17.6	16	13%	NA
25 to 34	461	10%	252.0	470	19%	1340.3	484	22%	393.3	83	25%	232.8	19	24%	387.2	35	28%	NA
35 to 44	856	19%	425.5	530	22%	1597.9	642	29%	523.1	93	28%	239.1	17	22%	473.4	19	15%	NA
45 to 54	1,836	40%	837.7	736	31%	2321.4	614	28%	662.3	88	27%	235.1	26	33%	540.2	40	31%	NA
55 to 64	986	21%	434.3	418	17%	1683.6	257	12%	503.3	42	13%	135.1	10	13%	247.8	15	12%	NA
65 +	343	7%	116.5	96	4%	422.2	71	3%	190.9	14	4%	48.6	5	6%	131.4	2	2%	NA
<b>Transmission Category</b>																		
<b>Males</b>																		
MSM	3,076	76%	NA	1,206	70%	NA	1,572	80%	NA	256	90%	NA	46	77%	NA	86	75%	NA
IDU	263	6%	NA	143	8%	NA	72	4%	NA	2	1%	NA	4	7%	NA	5	4%	NA
MSM+IDU	405	10%	NA	96	6%	NA	97	5%	NA	13	5%	NA	6	10%	NA	16	14%	NA
Heterosexual contact	82	2%	NA	118	7%	NA	81	4%	NA	5	2%	NA	1	2%	NA	4	3%	NA
Perinatal exposure	9	0%	NA	17	1%	NA	7	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Transfusion/ Hemophilia	7	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	217	5%	NA	145	8%	NA	124	6%	NA	9	3%	NA	3	5%	NA	4	3%	NA
<b>Subtotal</b>	<b>4,059</b>	<b>100%</b>	<b>524.2</b>	<b>1,725</b>	<b>100%</b>	<b>1,434.9</b>	<b>1,953</b>	<b>100%</b>	<b>482.2</b>	<b>285</b>	<b>100%</b>	<b>244.3</b>	<b>60</b>	<b>100%</b>	<b>369.2</b>	<b>115</b>	<b>100%</b>	<b>NA</b>
<b>Females</b>																		
IDU	139	26%	NA	77	11%	NA	22	9%	NA	2	4%	NA	4	22%	NA	2	2%	NA
Heterosexual contact	281	53%	NA	423	62%	NA	172	71%	NA	35	78%	NA	10	56%	NA	7	6%	NA
Perinatal exposure	11	2%	NA	24	3%	NA	5	2%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Transfusion/ Hemophilia	2	0%	NA	0	0%	NA	0	0%	NA	1	2%	NA	0	0%	NA	0	0%	NA
NIR/NRR	100	19%	NA	162	24%	NA	43	18%	NA	7	16%	NA	4	22%	NA	3	2%	NA
<b>Subtotal</b>	<b>533</b>	<b>100%</b>	<b>70.7</b>	<b>686</b>	<b>100%</b>	<b>578.6</b>	<b>242</b>	<b>100%</b>	<b>62.5</b>	<b>45</b>	<b>100%</b>	<b>33.5</b>	<b>18</b>	<b>100%</b>	<b>111.3</b>	<b>12</b>	<b>100%</b>	<b>NA</b>
<b>Total</b>	<b>4,592</b>	<b>100%</b>	<b>300.4</b>	<b>2,411</b>	<b>100%</b>	<b>1,009.7</b>	<b>2,195</b>	<b>100%</b>	<b>277.0</b>	<b>330</b>	<b>100%</b>	<b>131.5</b>	<b>78</b>	<b>100%</b>	<b>240.6</b>	<b>127</b>	<b>100%</b>	<b>NA</b>

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

†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 diagnoses.

**Table 26| New HIV Diagnoses in Nevada by Age at End of Year, 2014~**

	<13			13 to 24			25 to 34			35 to 44			45 to 54			55 to 64			65+					
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*			
<b>County at Diagnosis</b>																								
Clark County	0	0%	0.0	90	91%	30.2	134	89%	47.4	74	90%	24.0	63	82%	22.2	22	88%	9.4	3	100%	1.1			
Washoe County	0	0%	0.0	8	8%	12.5	15	10%	23.9	6	7%	11.1	9	12%	15.5	2	8%	3.6	0	0%	0.0			
All Other Counties**	2	100%	3.7	1	1%	1.8	1	1%	2.8	2	2%	5.4	5	6%	11.3	1	4%	2.1	0	0%	0.0			
<b>Sex</b>																								
Male	0	0%	0.0	91	92%	42.4	130	87%	66.8	72	88%	35.2	63	82%	31.9	24	96%	14.4	2	67%	1.1			
Female	2	100%	0.8	8	8%	4.0	20	13%	10.7	10	12%	5.1	14	18%	7.4	1	4%	0.6	1	33%	0.5			
<b>Race/Ethnicity</b>																								
White, non-Hispanic	2	100%	0.9	18	18%	9.9	49	33%	26.8	27	33%	13.4	42	55%	19.2	21	84%	9.2	2	67%	0.7			
Black, non-Hispanic	0	0%	0.0	37	37%	90.7	35	23%	99.8	15	18%	45.2	14	18%	44.2	2	8%	8.1	1	33%	4.4			
Hispanic	0	0%	0.0	32	32%	20.8	54	36%	43.9	33	40%	26.9	17	22%	18.3	1	4%	2.0	0	0%	0.0			
Asian/Hawaiian/ Pacific Islander	0	0%	0.0	6	6%	17.6	7	5%	19.6	5	6%	12.9	4	5%	10.7	1	4%	3.2	0	0%	0.0			
American Indian/ Alaska Native	0	0%	0.0	1	1%	19.3	1	1%	20.4	1	1%	27.8	0	0%	0.0	0	0%	0.0	0	0%	0.0			
Multi-race/Other	0	0%	NA	5	5%	NA	4	3%	NA	1	1%	NA	0	0%	NA	0	0%	NA	0	0%	NA			
<b>Transmission Category</b>																								
<b>Males</b>																								
MSM	0	0%	NA	80	88%	NA	100	77%	NA	50	69%	NA	37	59%	NA	16	67%	NA	1	50%	NA			
IDU	0	0%	NA	3	3%	NA	4	3%	NA	1	1%	NA	4	6%	NA	1	4%	NA	0	0%	NA			
MSM+IDU	0	0%	NA	3	3%	NA	12	9%	NA	5	7%	NA	5	8%	NA	1	4%	NA	0	0%	NA			
Heterosexual contact	0	0%	NA	1	1%	NA	4	3%	NA	2	3%	NA	3	5%	NA	1	4%	NA	1	50%	NA			
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA			
NIR/NRR	0	0%	NA	4	4%	NA	10	8%	NA	14	19%	NA	14	22%	NA	5	21%	NA	0	0%	NA			
<b>Subtotal</b>	<b>0</b>	<b>100%</b>	<b>0.0</b>	<b>91</b>	<b>100%</b>	<b>42.4</b>	<b>130</b>	<b>100%</b>	<b>66.8</b>	<b>72</b>	<b>100%</b>	<b>35.2</b>	<b>63</b>	<b>100%</b>	<b>31.9</b>	<b>24</b>	<b>100%</b>	<b>14.4</b>	<b>2</b>	<b>100%</b>	<b>1.1</b>			
<b>Females</b>																								
IDU	0	0%	NA	0	0%	NA	4	20%	NA	0	0%	NA	1	7%	NA	0	0%	NA	0	0%	NA			
Heterosexual contact	0	0%	NA	0	0%	NA	8	40%	NA	5	50%	NA	6	43%	NA	1	100%	NA	0	0%	NA			
Perinatal exposure	1	50%	NA	1	13%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA			
NIR/NRR	1	50%	NA	7	88%	NA	8	40%	NA	5	50%	NA	7	50%	NA	0	0%	NA	1	100%	NA			
<b>Subtotal</b>	<b>2</b>	<b>100%</b>	<b>0.8</b>	<b>8</b>	<b>100%</b>	<b>4.0</b>	<b>20</b>	<b>100%</b>	<b>10.7</b>	<b>10</b>	<b>100%</b>	<b>5.1</b>	<b>14</b>	<b>100%</b>	<b>7.4</b>	<b>1</b>	<b>100%</b>	<b>0.6</b>	<b>1</b>	<b>100%</b>	<b>0.5</b>			
<b>Total</b>	<b>2</b>	<b>100%</b>	<b>0.8</b>	<b>99</b>	<b>100%</b>	<b>23.8</b>	<b>150</b>	<b>100%</b>	<b>39.3</b>	<b>82</b>	<b>100%</b>	<b>20.5</b>	<b>77</b>	<b>100%</b>	<b>20.0</b>	<b>25</b>	<b>100%</b>	<b>7.4</b>	<b>3</b>	<b>100%</b>	<b>0.8</b>			

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12 please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Table 27 | Persons Living with HIV in Nevada by Age at End of Year††, 2014~**

	<13			13 to 24			25 to 34			35 to 44			45 to 54			55 to 64			65+			
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	
<b>County of Residence</b>																						
Clark County	9	82%	2.4	320	90%	98.4	1,374	89%	485.9	1,886	87%	611.2	2,828	85%	997.4	1,462	85%	625.8	437	82%	166.0	
Washoe County	0	0%	0.0	30	8%	43.1	138	9%	219.8	189	9%	350.8	344	10%	593.3	188	11%	334.3	57	11%	94.1	
All Other Counties**	2	18%	4.0	7	2%	12.0	40	3%	111.0	81	4%	218.4	168	5%	379.1	78	5%	161.7	37	7%	58.6	
<b>Sex</b>																						
Male	4	36%	1.6	301	84%	128.7	1,330	86%	683.5	1,773	82%	867.5	2,843	85%	1,440.2	1,455	84%	874.2	442	83%	245.1	
Female	7	64%	2.9	56	16%	25.5	222	14%	118.7	384	18%	196.8	497	15%	263.8	273	16%	159.1	89	17%	43.1	
<b>Race/Ethnicity</b>																						
White, non-Hispanic	3	27%	1.5	74	21%	37.5	461	30%	252.0	856	40%	425.5	1,836	55%	837.7	986	57%	434.3	343	65%	116.5	
Black, non-Hispanic	5	46%	10.6	145	41%	328.9	470	30%	1,340.3	530	25%	1,597.9	736	22%	2,321.4	418	24%	1,683.6	96	18%	422.2	
Hispanic	3	27%	1.5	111	31%	65.7	484	31%	393.3	642	30%	523.1	614	18%	662.3	257	15%	503.3	71	13%	190.9	
Asian/Hawaiian/Pacific Islander	0	0%	0.0	10	3%	26.8	83	5%	232.8	93	4%	239.1	88	3%	235.1	42	2%	135.1	14	3%	48.6	
American Indian/Alaska Native	0	0%	0.0	1	0%	17.6	19	1%	387.2	17	1%	473.4	26	1%	540.2	10	1%	247.8	5	1%	131.4	
Multi-race/Other	0	0%	NA	16	5%	NA	35	2%	NA	19	1%	NA	40	1%	NA	15	1%	NA	2	0%	NA	
<b>Transmission Category</b>																						
<b>Males</b>																						
MSM	0	0%	NA	243	81%	NA	1,125	85%	NA	1,398	79%	NA	2,126	75%	NA	990	68%	NA	324	73%	NA	
IDU	0	0%	NA	4	1%	NA	18	1%	NA	64	4%	NA	202	7%	NA	162	11%	NA	36	8%	NA	
MSM+IDU	0	0%	NA	13	4%	NA	94	7%	NA	142	8%	NA	242	9%	NA	121	8%	NA	20	5%	NA	
Heterosexual contact	0	0%	NA	9	3%	NA	32	2%	NA	60	3%	NA	108	4%	NA	63	4%	NA	19	4%	NA	
Perinatal exposure	4	100%	NA	24	8%	NA	5	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	
Transfusion/ Hemophilia	0	0%	NA	0	0%	NA	0	0%	NA	1	0%	NA	3	0%	NA	2	0%	NA	1	0%	NA	
NIR/NRR	0	0%	NA	8	3%	NA	56	4%	NA	108	6%	NA	162	6%	NA	117	8%	NA	42	10%	NA	
<b>Subtotal</b>	<b>4</b>	<b>100%</b>	<b>1.6</b>	<b>301</b>	<b>100%</b>	<b>128.7</b>	<b>1,330</b>	<b>100%</b>	<b>683.5</b>	<b>1,773</b>	<b>100%</b>	<b>867.5</b>	<b>2,843</b>	<b>100%</b>	<b>1,440.2</b>	<b>1,455</b>	<b>100%</b>	<b>874.2</b>	<b>442</b>	<b>100%</b>	<b>245.1</b>	
<b>Females</b>																						
IDU	0	0%	NA	0	0%	NA	17	8%	NA	44	11%	NA	102	21%	NA	70	26%	NA	10	11%	NA	
Heterosexual contact	0	0%	NA	20	36%	NA	131	59%	NA	261	68%	NA	293	59%	NA	157	58%	NA	65	73%	NA	
Perinatal exposure	5	71%	NA	26	46%	NA	9	4%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	
Transfusion/ Hemophilia	0	0%	NA	0	0%	NA	1	0%	NA	0	0%	NA	1	0%	NA	1	0%	NA	0	0%	NA	
NIR/NRR	2	29%	NA	10	18%	NA	64	29%	NA	79	21%	NA	101	20%	NA	45	16%	NA	14	16%	NA	
<b>Subtotal</b>	<b>8</b>	<b>100%</b>	<b>2.9</b>	<b>56</b>	<b>100%</b>	<b>25.5</b>	<b>222</b>	<b>100%</b>	<b>118.7</b>	<b>384</b>	<b>100%</b>	<b>196.8</b>	<b>497</b>	<b>100%</b>	<b>263.8</b>	<b>273</b>	<b>100%</b>	<b>159.1</b>	<b>89</b>	<b>100%</b>	<b>43.1</b>	
<b>Total</b>	<b>11</b>	<b>100%</b>	<b>2.2</b>	<b>357</b>	<b>100%</b>	<b>78.8</b>	<b>1,552</b>	<b>100%</b>	<b>406.7</b>	<b>2,157</b>	<b>100%</b>	<b>539.9</b>	<b>3,340</b>	<b>100%</b>	<b>865.7</b>	<b>1,728</b>	<b>100%</b>	<b>511.1</b>	<b>531</b>	<b>100%</b>	<b>137.2</b>	

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

\* Rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2015 data. In cases where NA is denoted no denominator is available.

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

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

††There were 57 persons missing age at end of year at the end of 2014. Data for these persons were not included in this table.

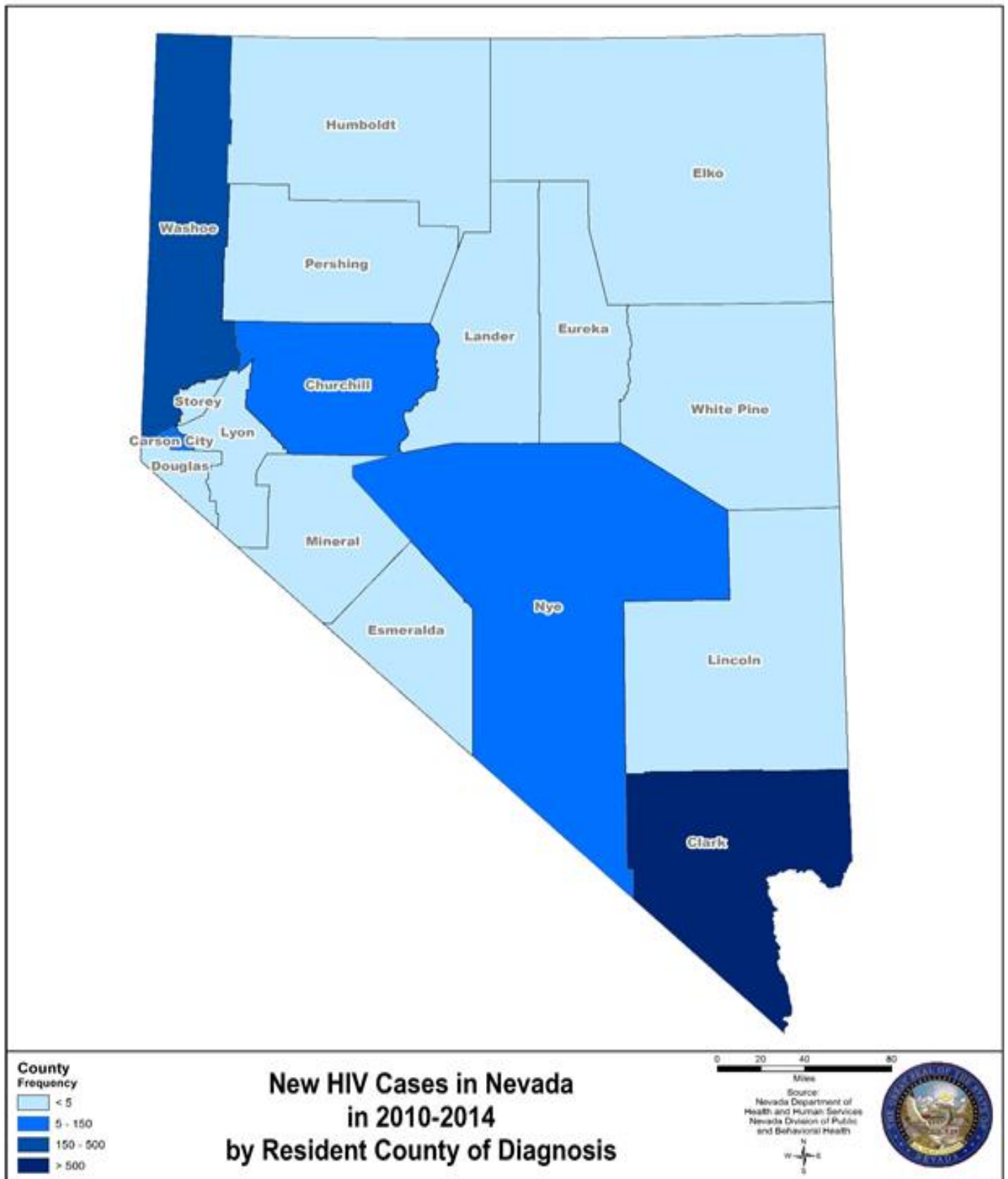
**Table 28|** Expanded Risk Categories by Sex for New HIV Diagnoses, 2010 – 2014~

Expanded Risk	2010		2011		2012		2013		2014	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
<b>Males</b>										
MSM only	186	60%	198	61%	193	61%	232	62%	238	62%
MSM and heterosexual contact	71	23%	75	23%	54	17%	56	15%	46	12%
IDU only	0	0%	2	1%	2	1%	0	0%	0	0%
IDU and heterosexual contact only	15	5%	12	4%	10	3%	13	3%	13	3%
IDU and MSM	9	3%	11	3%	11	3%	19	5%	21	5%
IDU, MSM, and heterosexual contact	10	3%	7	2%	9	3%	11	3%	5	1%
Heterosexual contact with IDU female	0	0%	0	0%	4	1%	6	2%	3	1%
Heterosexual contact with HIV+ female	5	2%	9	3%	4	1%	11	3%	9	2%
Heterosexual contact only (no other risk identified)	14	5%	11	3%	31	10%	27	7%	41	11%
Perinatal exposure, HIV diagnosed at age 13 years or older	0	0%	1	0%	0	0%	0	0%	0	0%
No Risks Reported (NIR/NRR)	0	0%	1	0%	0	0%	2	1%	6	2%
<b>Total</b>	<b>310</b>	<b>100%</b>	<b>327</b>	<b>100%</b>	<b>318</b>	<b>100%</b>	<b>377</b>	<b>100%</b>	<b>382</b>	<b>100%</b>
<b>Females</b>										
Heterosexual contact with MSM	3	5%	3	6%	5	11%	5	9%	2	4%
Heterosexual contact with IDU male	6	10%	1	2%	2	4%	3	5%	3	5%
Heterosexual contact with MSM+IDU male	2	3%	1	2%	0	0%	1	2%	1	2%
Heterosexual contact with HIV+ male	39	62%	23	43%	13	29%	23	40%	14	25%
Heterosexual contact (no other risk identified)	7	11%	18	34%	20	44%	17	30%	28	50%
IDU only	0	0%	1	2%	1	2%	0	0%	0	0%
IDU and heterosexual contact	3	5%	2	4%	3	7%	1	2%	1	2%
IDU and heterosexual contact with IDU male	1	2%	2	4%	1	2%	3	5%	2	4%
IDU and heterosexual contact with MSM+IDU male	1	2%	0	0%	0	0%	1	2%	2	4%
Perinatal exposure	1	2%	0	0%	0	0%	2	4%	1	2%
Perinatal exposure, HIV diagnosed at age 13 years or older	0	0%	2	4%	0	0%	1	2%	1	2%
No Risks Reported (NIR/NRR)	0	0%	0	0%	0	0%	0	0%	1	2%
<b>Total</b>	<b>63</b>	<b>100%</b>	<b>53</b>	<b>100%</b>	<b>45</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>56</b>	<b>100%</b>

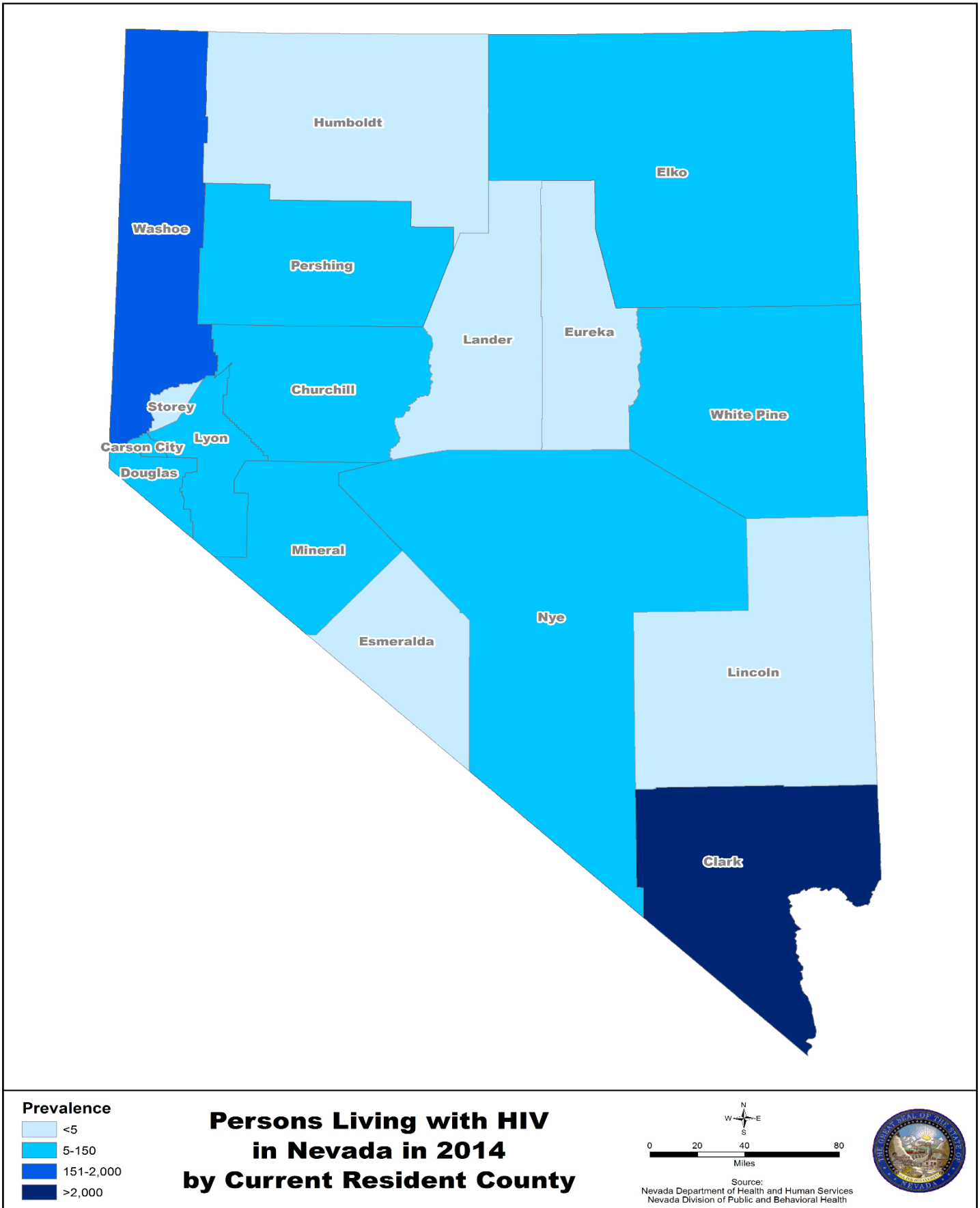
Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2016)

~The table above contains counts under 12, please use caution when interpreting the data as the Relative Standard Error (RSE) is greater than 30%.

**Figure 37 |** New HIV Diagnoses by County of Residence in Nevada, 2010-2014



**Figure 38** | Person Living with HIV by Current County of Residence in Nevada, 2014





**For more information, contact:**

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**Report Changes:**

“HIV” was previously referred to as “HIV/AIDS;” “Stage 3 (AIDS)” was previously referred to as “AIDS.” The change in reference is due to a change in case definition (2014), in which a staging system is used where AIDS is now end stage HIV (Stage 3) and HIV refers to all stages, including AIDS. More information can be found here: <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf> or <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm>.

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