HIV Epidemiological Profile: 2015 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.

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* include 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* include 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.

Criteria, as of 2014, 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/µL or percentage of less than 14 if no CD4+ T-lymphocyte count is present.

Percent

Due to rounding percent's may not equal 100% when added.

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. Multi-racial is anyone who identified with more than one race.

Rate

The rapidity at which a health event occurs as indicated by the number of cases per number of people during a specific time. 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, 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 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

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

EXECUTIVE SUMMARY

In 2015, there were 483 new HIV diagnoses, including HIV stage 3 (AIDS) statewide, which is an increase from the 434 new HIV diagnoses, including HIV stage 3 (AIDS), in the previous year of 2014. 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; 3) Increased utilization of electronic lab reporting; and 4) Access to care. Inversely, the number of new HIV stage 3 (AIDS) diagnoses slightly declined from 2014 (214) to 2015 (202). The decrease could be partially attributed to the changes made to HIV stage 3 (AIDS) case definition in 2014. Another possible reason for a decrease in HIV stage 3 (AIDS) diagnoses may be due to better access to care, contributed by passage of the Affordable Care Act (ACA), which can reduce the progression from HIV to HIV stage 3 (AIDS). In 2014, as part of the Affordable Care Act, Nevada expanded Medicaid coverage to all Nevadans who qualified.

Overall, the number of persons living in Nevada with HIV, including HIV stage 3 (AIDS), has been increasing over the years. This could be attributed to improved anti-retroviral treatment (ART) and access to care. At the end of 2015, a total of 10,124 persons were known to be living with HIV, including HIV stage 3 (AIDS). The progression of HIV into HIV stage 3 (AIDS) has declined from 51.7% in 2014 to 50.5% in 2015. While the number of persons living with HIV, including HIV stage 3 (AIDS), have increased the number of 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.

Amongst all the counties in Nevada, Clark County, which accounted for 72.9% of Nevada's population in 2015, continues to have the highest morbidity of HIV, including HIV stage 3 (AIDS). In 2015, Clark County had the highest rate of new HIV diagnoses (20.9 per 100,000 population) and rate of persons living with HIV, including HIV stage 3 (AIDS) (417.1 per 100,000 population). Washoe County, which is the next most populous county in Nevada, the rate of new HIV diagnoses was 8.6 per 100,0000 population and the rate of persons living with HIV, including HIV stage 3 (AIDS), was 219.8 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 2015, the rate of new HIV diagnoses in the all other counties region was only 2.4 cases per 100,000 population and the rate of persons living with HIV, including HIV stage 3 (AIDS), was 122.7 per 100,000 population.

Males continue to be disproportionately affected by HIV, including HIV stage 3 (AIDS), in Nevada. In 2015, 87% (29.0 per 100,000 population) of newly diagnosed HIV diagnoses were among males and 84% of persons living with HIV, including HIV stage 3 (AIDS), were male. Furthermore, 76% of all newly diagnosed males reported a transmission category of male-to-male sexual contact. This disparity is even greater for Black females, whose rate of new HIV diagnoses was 7.7 times higher than that of White females (22.4 vs. 2.9 per 100,000 population).

Large racial/ethnic disparities exist within Nevada, especially among Blacks/African Americans and Hispanics who reported the highest rates of new diagnoses (48.5 and 17.8 per 100,000 population, respectively) in 2015. Blacks/African Americans accounted for 8.5% of Nevada's population in 2015. While during the same period, the rate of new HIV diagnoses among Blacks was over 4 times that of Whites (48.5 vs. 11.0 per 100,000 population). In addition, the rate of new HIV diagnoses among Black youths (13-24 years) was just over 6 times higher than that of White youths (59.2 vs. 9.8 per 100,000 population).

Regarding age, rates of new HIV diagnoses have increased overall between the years of 2011 to 2015 in all groups except for those 13-24 years of age and 55-64 years of age despite case counts remaining constant. Overall, most new HIV diagnoses occur to those under 44 years of age (75%) due to targeted testing in those age groups. Whereas data shows a greater proportion of persons living with HIV in Nevada are over the age of 35 (79%). Improved care has contributed to better survival into older age groups.

Recent changes to this report include, "HIV" (previously referred to as "HIV/AIDS") and "HIV Stage 3 (AIDS)" (previously referred to as "AIDS"). The change in reference is due to a change in case definition, as of 2014, which states that HIV is classified in stages and AIDS is referred as end stage HIV (stage 3). This report will also term persons living with HIV/AIDS (PLWHA) as persons living with HIV (PLWH). These sections were developed in response to requests from individuals and HIV care and prevention agencies, and hopes to aid with policy making and programming.

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 2017 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- 2015

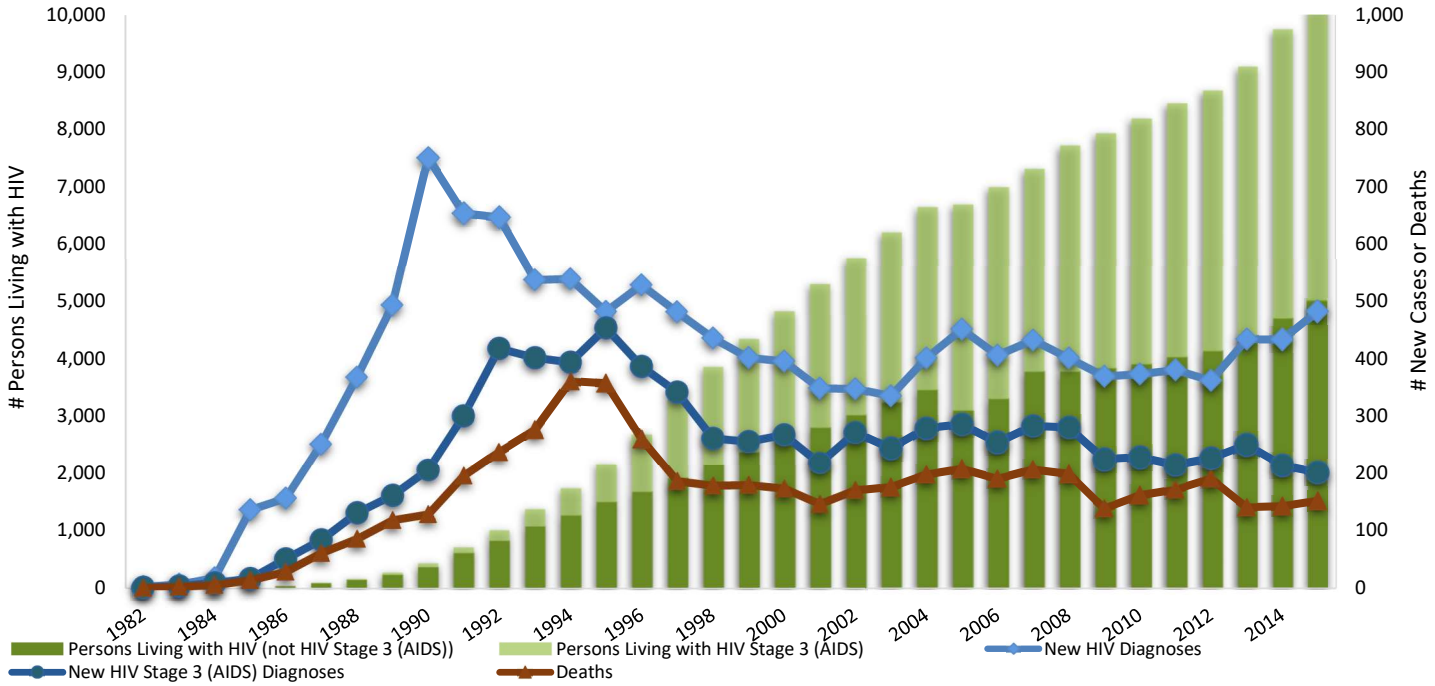


Table 1| Persons Living with HIV, New HIV Diagnoses, New HIV Stage 3 (AIDS) Diagnoses, and Deaths in Nevada, 1982- 2015

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	31	52
1987	251	24.3	84	8.1	85	8.2	8	0.8	101	9.8	67	113
1988	368	33.6	131	12.0	146	13.3	20	1.8	179	16.4	95	199
1989	493	42.4	161	13.9	237	20.4	38	3.3	295	25.4	125	317
1990	751	60.8	206	16.7	372	30.1	68	5.5	470	38.0	139	445
1991	654	49.6	301	22.8	616	46.7	104	7.9	767	58.1	211	640
1992	647	47.2	418	30.5	828	60.4	186	13.6	1,074	78.3	258	877
1993	537	37.5	402	28.1	1,080	75.4	302	21.1	1,457	101.8	292	1,153
1994	539	35.3	394	25.8	1,273	83.4	470	30.8	1,826	119.7	378	1,514
1995	482	29.9	454	28.2	1,505	93.4	671	41.6	2,269	140.8	381	1,871
1996	528	31.1	387	22.8	1,682	99.2	1,008	59.4	2,789	164.4	271	2,131
1997	481	26.9	342	19.1	1,924	107.5	1,379	77.0	3,410	190.5	196	2,317
1998	436	23.3	262	14.0	2,158	115.3	1,712	91.5	3,985	213.0	181	2,495
1999	402	20.7	256	13.2	2,383	122.4	1,971	101.3	4,476	230.0	204	2,674
2000	396	19.6	268	13.3	2,598	128.8	2,232	110.6	4,959	245.8	190	2,847
2001	349	16.4	218	10.3	2,812	132.2	2,493	117.2	5,437	255.7	162	2,993
2002	348	15.8	272	12.4	3,033	137.8	2,724	123.8	5,895	267.9	191	3,163
2003	335	14.6	244	10.7	3,245	141.7	2,962	129.3	6,349	277.1	186	3,339
2004	401	16.7	279	11.6	3,458	143.8	3,194	132.9	6,796	282.7	199	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	193	3,936
2007	432	15.9	283	10.4	3,779	139.0	3,537	130.1	7,316	269.1	197	4,143
2008	401	15.2	280	10.6	3,780	143.1	3,943	149.3	7,723	292.4	179	4,342
2009	369	13.8	225	8.4	3,834	143.2	4,104	153.3	7,938	296.4	159	4,481
2010	373	13.8	228	8.4	3,910	144.5	4,281	158.2	8,191	302.7	158	4,640
2011	380	14.0	215	7.9	4,029	148.0	4,424	162.5	8,453	310.6	158	4,812
2012	362	13.2	226	8.2	4,135	150.4	4,542	165.2	8,677	315.5	184	5,003
2013	434	15.5	250	8.9	4,354	155.4	4,736	169.1	9,090	324.5	148	5,144
2014	434	15.3	214	7.5	4,703	165.4	5,043	177.4	9,746	342.8	147	5,287
2015	483	16.8	202	7.0	5,014	174.5	5,110	177.8	10,124	352.3	152	5,439

Overview of HIV in Nevada

Figure 1: In 1982, the first HIV infection in Nevada was diagnosed. New diagnoses peaked in 1990 where 751 persons were diagnosed (60.8 per 100,000 population). New HIV stage 3 (AIDS) cases peaked shortly after in 1995 where 454 persons were diagnosed (28.2 per 100,000 population). Since the early 90's new diagnoses steadily declined until reaching its current level around the year 2000 after which rates of new HIV diagnoses remained constant while rates of new HIIV stage 3 (AIDS) decreased slightly over the same period. The number of deaths also peaked in 1995 with 381 deaths. After the peaks of new diagnoses of HIV and HIV stage 3 (AIDS) in conjunction with decreasing death counts, the number of persons living with HIV has steadily increased over the years. Individuals are becoming infected at a lower rate than the early years of the epidemic, and people are living longer once they do become infected due to better access to care and improved anti-retroviral therapies. Rates of new HIV diagnoses begin increasing after 2012, which has many contributing factors such as increased utilization of electronic lab reporting, and improved access to care through Nevada's adoption of the Medicaid expansion in 2014 through to the Affordable Care Act. Also, in 2012, the state of Nevada began receiving electronic lab reports which allowed increased the timeliness and efficiency of HIV case reporting. As of 2015, changes in regulations (see section 5, NAC 441.235), could account for the reporting some increase in new diagnoses within the state of Nevada. Comprehensive lab reporting directly from the laboratories can assist probable or previously unreported cases, who are in care, to be identified and investigated which in turn can increase the number of new diagnoses.

Table 1: In the last five years (2011 to 2015), the number of persons newly diagnosed with HIV infection increased over 21%, from 380 diagnoses in 2011 compared to 483 diagnoses in 2015. From 2012 to 2013, a large increase in the number of new diagnoses was reported. 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 accessible 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.

From the peak of new HIV stage 3 (AIDS) diagnoses in 1995 the number of new HIV stage 3 (AIDS) diagnoses decreased rapidly until 1999. After 1999, the number of new HIV stage 3 (AIDS) diagnoses remained constant ranging between 202 – 286 diagnoses a year. From 1998 to 2015, the rate of new HIV stage 3 (AIDS) has halved from 14.0 per 100,000 population in 1998 to 7.0 per 100,000 population in 2015.

In 2015, there were 5,014 persons living with HIV (not HIV stage 3 [AIDS]), 5,110 persons living with HIV stage 3 (AIDS), and a total of 10,124 persons living with HIV. Of the 10,124 persons living with HIV at the end of 2015, 38% were diagnosed with HIV infection outside of Nevada. From 2011 to 2015, the number of persons living with HIV (excluding HIV stage 3) increased 24% while those living with HIV stage 3 (AIDS) increased 16%.

Overall, the total number of persons living with HIV (including all stages) in Nevada increased from 8,453 in 2011 to 10,124 in 2015 with a percentage increase of 20%. This increase could be due to lower death counts in conjunction with better access to care in recent years. Also, a legislative change occurred in 2015, to NAC 441A.235 Section 5 updating the previous reporting requirements (see p.29) which may have contributed to better case finding of individuals living with HIV as cases who were in care and/or diagnosed in another state as they were not previously reportable under statute.

Since the beginning of the epidemic, 5,439 persons known to be living with HIV, including HIV stage 3 (AIDS), in Nevada have died as of 2015. In 2015 alone, there were 152 persons living with HIV who were reported a current residence or place of death in Nevada, 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 steadily declining from the peak of 381 deaths in the year 1995 to 152 deaths in the year 2015. Declines in deaths in persons living with HIV show the impact of better access to care and improved anti-retroviral therapies.

HIV BY GEOGRAPHIC AREA

Figure 2| Total Population, New HIV Diagnoses, and Persons Living with HIV in Nevada by County, 2015

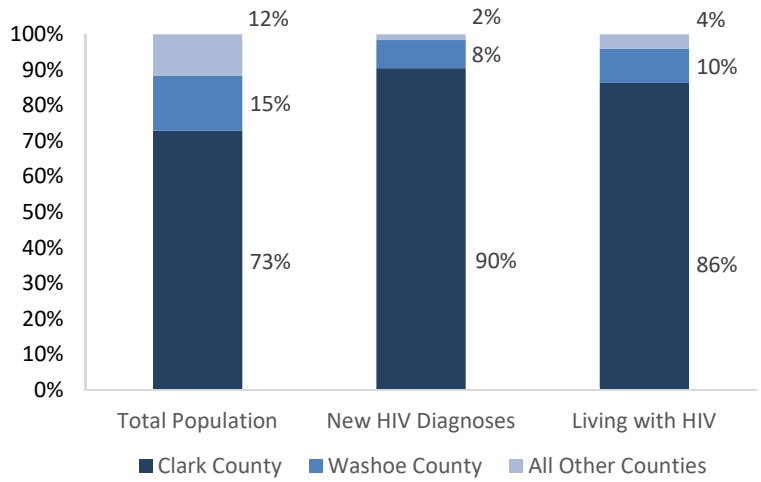
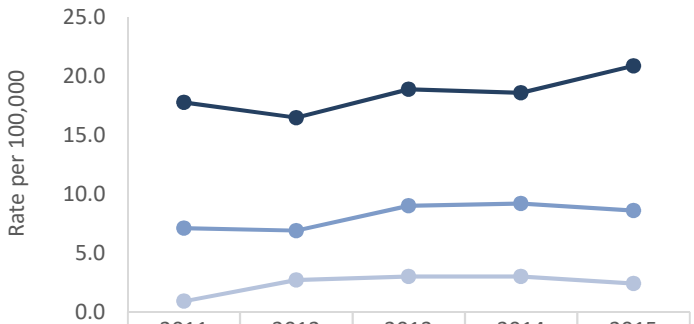


Figure 2: At the end of 2015, there were 2,874,075 persons living in Nevada. Nevada's population is primarily concentrated in Clark County with 73% of the population followed by Washoe with 15% and All Other Counties accounting for 12%. Clark County accounted for 90% of all new HIV diagnoses followed by Washoe with 8% and All Other Counties with 2%. Clark County accounted for 86% of persons living with HIV followed by Washoe County with 10% and All Other Counties with 4%.

Figure 3| Annual Rate of New HIV Diagnoses in Nevada by County, 2011 — 2015~

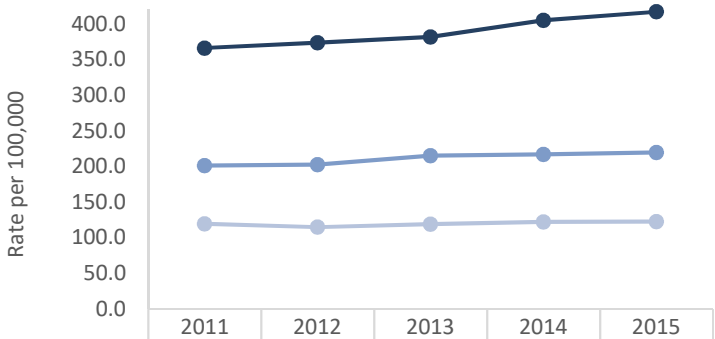


	2011	2012	2013	2014	2015
Clark	17.8	16.5	18.9	18.6	20.9
Washoe	7.1	6.9	9.0	9.2	8.6
All Other	0.9	2.7	3.0	3.0	2.4

~ 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 2015, the rate of new diagnoses in Clark County (20.9 per 100,000 population) was more than two times greater than that of Washoe County (8.6 per 100,000 population) and more than eight times greater than that of all other counties (2.4 per 100,000 population). From 2011 to 2015, the rate of new diagnoses has remained relatively steady in Washoe County, after a slight increase every year in 2013. From 2011 to 2015, the rate of new diagnoses in Clark County has remained constant except for 2012 where it dropped to 16.5 per 100,000 population. Electronic lab reporting, which began in 2012, may have contributed to the increase seen in new HIV cases in *all other counties.*

Figure 4| Annual Rate of Persons Living with HIV in Nevada by County, 2011 — 2015



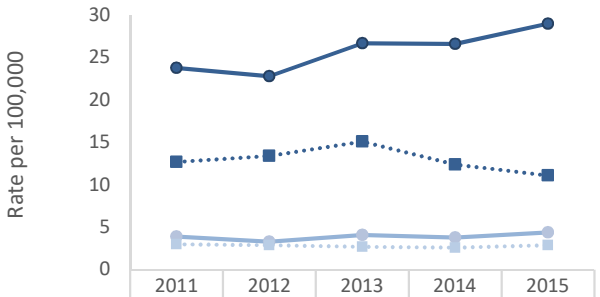
	2011	2012	2013	2014	2015
Clark	366.2	373.6	381.8	405.1	417.1
Washoe	201.4	202.5	215.3	217.0	219.8
All Other	119.7	114.9	119.3	122.5	122.7

Figure 4: In 2015, Clark County has the highest rate of people living with HIV with a rate (417.1 per 100,000 population) which is 1.9 times higher than the rate in Washoe County (219.8 per 100,000 population) and 3.4 times higher than the rate in all other counties (122.7 per 100,000 population). From 2011-2015, the rates of persons living with HIV has increased in Washoe and Clark Counties, while the rate has remained constant in all other counties. These increases in Clark and Washoe Counties suggest HIV-positive individuals are living longer. Despite continued diagnoses of new HIV cases in *all other counties* the rates of persons living with HIV have remained constant. The absence of an increase in *all other counties* as experienced by Clark and Washoe is most likely due to migration to areas with better access to care such as Clark and Washoe Counties.

HIV AND SEX AT BIRTH

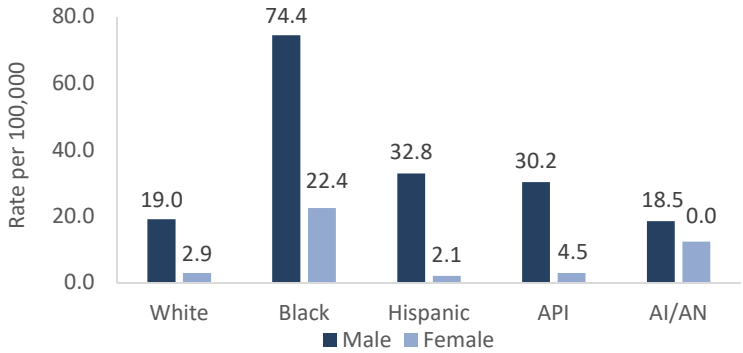
New HIV Diagnoses and HIV Stage 3 (AIDS) Diagnoses

Figure 5| Annual Rate of New HIV Diagnoses and New HIV Stage 3 (AIDS) Diagnoses in Nevada by Sex, 2011 – 2015



	2011	2012	2013	2014	2015
Male HIV Diagnoses	23.8	22.8	26.7	26.6	29.0
Male HIV Stage 3 (AIDS) Diagnoses	12.7	13.4	15.1	12.4	11.1
Female HIV Diagnoses	3.9	3.3	4.1	3.8	4.4
Female HIV Stage 3 (AIDS) Diagnoses	3.0	2.9	2.7	2.6	2.9

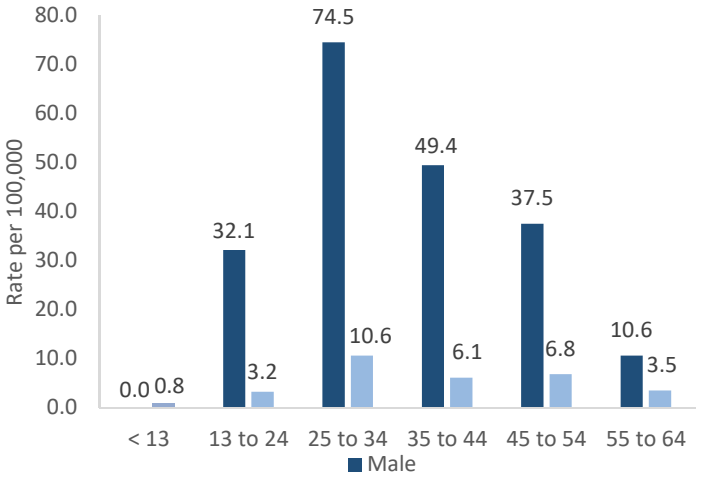
Figure 6| Annual Rate of New HIV Diagnoses in Nevada by Sex and Race/ Ethnicity, 2015*~



**The number of persons who identified as multi-racial was 7 in 2015. 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, 2015~



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

Figure 5: In 2015, the rate of new HIV diagnoses among men (29.0 per 100,000 population) was 6.6 times that of women (4.4 per 100,000 population). Since 2011, the rate of new diagnoses among males increased while rates among females remained constant. Closure of Southern Nevada Health District main building, in 2012, utilization of electronic lab reporting and the legislation change of NAC 441A may have contributed to increases in 2013 and 2015.

The rate of new HIV stage 3 (AIDS) diagnoses among men is also significantly higher than that of women (11.1 vs. 2.9 per 100,000 population). The rates of new HIV stage 3 (AIDS) diagnoses among males have decreased since 2013. While rates of new HIV stage 3 (AIDS) among females have remained constant.

Figure 6: In 2015, rates of new HIV diagnoses were highest among both Black males and females. Rate of new HIV diagnoses among Black males (74.4 per 100,000 population) was 3.9 times higher than that of White males (19.0 per 100,000 population), while the rate of new HIV diagnoses among Black females (22.4 per 100,000 population) was 7.7 times higher than that of White females (2.9 per 100,000 population). Hispanic and Asian/Hawaiian/Pacific Islander (API) males also experienced disparately high rates of new HIV diagnoses (32.8 and 30.2 per 100,000 population, respectively). Overall minority populations experience the greatest burden of HIV in Nevada.

Figure 7: In 2015, among men, the highest rates of new HIV diagnoses were among 25- to 34-year-olds (74.5 per 100,000 population), 35- to 44-year-olds (49.4 per 100,000 population), and 45- to 54-year-olds (37.5 per 100,000 population), respectively. Males under 35 have been identified in Nevada as a high-risk population which has led to increased HIV testing in that group especially among those who have report having sex with males.

In 2015, among women, rates of new HIV diagnoses were highest among 25- to 34-year-olds (10.6 per 100,000 population), followed by 45- to 54-year-olds (6.8 per 100,000 population). All other female age groups have counts 12 or under so please use caution when interpreting and comparing rates.

Table 2| New HIV Diagnoses in Nevada by Sex and Transmission Category, 2011- 2015

Transmission Category	2011		2012		2013		2014		2015	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
Males										
MSM	273	83%	246	78%	288	76%	284	75%	321	76%
IDU	14	4%	12	4%	13	3%	13	3%	13	3%
MSM+IDU	18	6%	20	6%	30	8%	26	7%	24	6%
Heterosexual contact	9	3%	8	3%	17	5%	12	3%	14	3%
Perinatal exposure	1	0%	0	0%	0	0%	0	0%	0	0%
Transfusion/ Hemophilia	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	12	4%	31	10%	29	8%	46	12%	48	11%
Subtotal	**327**	**100%**	**317**	**100%**	**377**	**100%**	**381**	**100%**	**420**	**100%**
Females										
IDU	5	9%	5	11%	5	9%	5	9%	7	11%
Heterosexual contact	28	53%	20	44%	32	56%	20	38%	22	35%
Perinatal exposure	2	4%	0	0%	3	5%	1	2%	1	2%
Transfusion/ Hemophilia	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	18	34%	20	44%	17	30%	27	51%	33	52%
Subtotal	**53**	**100%**	**45**	**100%**	**57**	**100%**	**53**	**100%**	**63**	**100%**
Total	**380**	**100%**	**362**	**100%**	**434**	**100%**	**434**	**100%**	**483**	**100%**

Table 2:

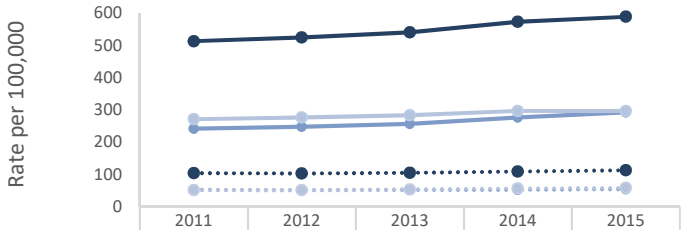
From 2011 to 2015, male-to-male sexual contact (MSM) has been the primary transmission category for the majority of new HIV diagnoses among males, accounting for an average of 78% (75%-83%) of new cases. During this same time period, the percentage of males with a transmission category of (IDU) has decreased from 4% to 3%. Males who report male-to-male sexual contact (MSM) and/or injection drug users (IDU) are behavioral characteristics specifically targeted for testing as they have been historically proven to exhibit a higher burden of risk for HIV transmission. NIR/NRR has shown a rise in recent years going from 4% in 2011 to 11% in 2015. 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 constant.

Among females, heterosexual contact (with a person with documented HIV infection) has been the most common transmission category. Although the percentage of females with this risk has decreased from 2011 to 2015, which is most likely related to the increase in NIR/NRR. 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). This is most likely responsible for the increase in this category from 34% in 2011 to 52% in 2015.

Since 2011, 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, 2011 – 2015



	2011	2012	2013	2014	2015
Males living with HIV	512.9	524	540.1	573	588.5
Males living with HIV (not HIV Stage 3 (AIDS))	241.9	247.8	257.0	276.5	292.5
Males living with HIV Stage 3 (AIDS)	271.1	276.3	283.1	296.6	296.0
Female living with HIV	104.1	103.0	105.3	109.0	112.8
Females living with HIV (not AIDS)	52.3	51.1	52.1	52.7	54.8
Females living with AIDS	51.8	51.9	53.1	56.3	58.0

Figure 8: For both males and females, the rate of persons living with HIV has steadily increased. In 2015, the rate of males living with HIV (588.5 per 100,000) was 5.2 times that of females (112.8 per 100,000). The rate of persons living with HIV stage 3 (AIDS) has also been increasing for both males and females. In 2015, the rate of males living with HIV stage 3 (AIDS) (296.0 per 100,000) was 5.1 times that of females (58.0 per 100,000).

Figure 9| Annual Rate of Persons Living with HIV in Nevada by Sex and Race/Ethnicity, 2015

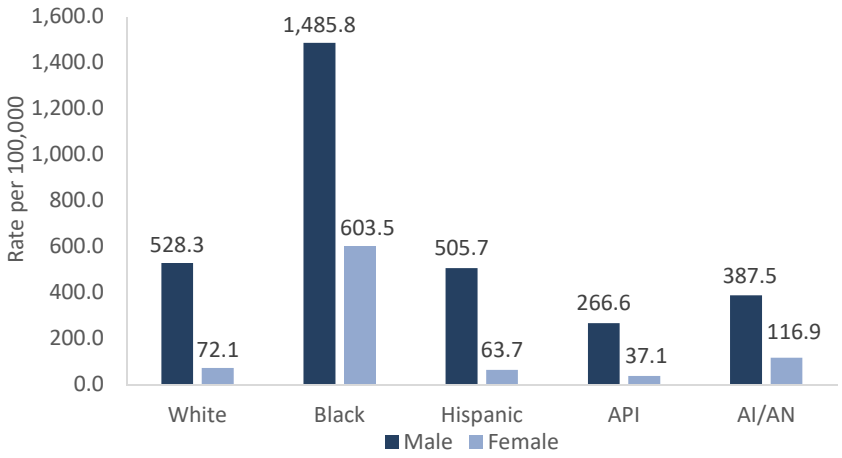


Figure 9: For both males and females, the highest rate of persons living with HIV was among Blacks. The rate among Black males was 2.8 times that of White males (1,485.8 vs. 528.3 per 100,000 population), and the rate among Black females was nearly 8.4 times that of White females (603.5 vs. 72.1 per 100,000 population).

The rate of persons living with HIV was lowest among API. API males had a rate of 266.6 per 100,000 population, and API females had a rate of 37.1 per 100,000 population.

Figure 10| Annual Rate of Persons Living with HIV in Nevada by Sex and Age, 2015

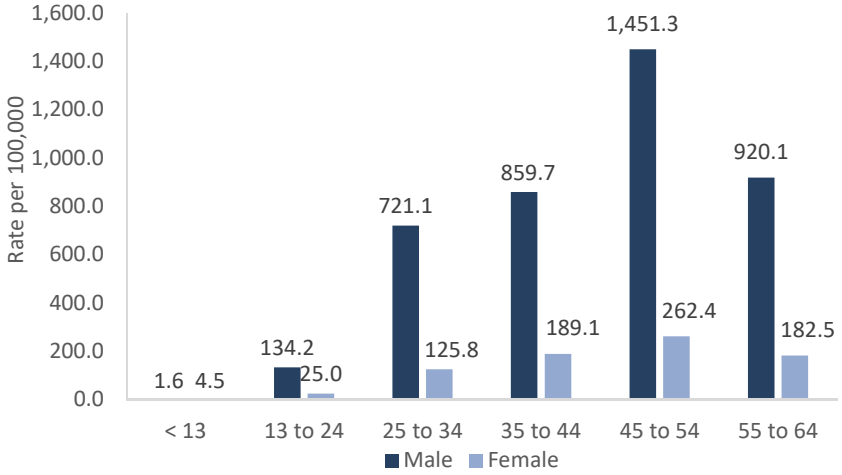


Figure 10: The highest rates of persons living with HIV in Nevada among males is 45- to 54-year-olds followed by 55- to 64-year-olds (1,451.3 and 920.1 per 100,000 population respectively).

Forty-five- to 54-year-old females had the highest rate of persons living with HIV in Nevada (262.4 per 100,000) followed by 35- to 44-year-old females (189.1 per 100,000).

Table 3| Persons Living with HIV in Nevada by Sex and Transmission Category, 2011-2015

Transmission Category	2011		2012		2013		2014		2015	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
Males										
MSM	5,298	75%	5,504	76%	5,783	76%	6,252	76%	6,484	76%
IDU	493	7%	485	7%	485	6%	489	6%	489	6%
MSM+IDU	526	7%	537	7%	575	8%	632	8%	661	8%
Heterosexual contact	260	4%	260	4%	280	4%	291	4%	303	4%
Perinatal exposure	31	0%	33	0%	33	0%	33	0%	32	0%
Transfusion/ Hemophilia	7	0%	7	0%	7	0%	7	0%	7	0%
NIR/NRR	436	6%	448	6%	465	6%	504	6%	538	6%
Subtotal	**7,051**	**100%**	**7,274**	**100%**	**7,628**	**100%**	**8,208**	**100%**	**8,514**	**100%**
Females										
IDU	248	18%	242	17%	243	17%	247	16%	245	15%
Heterosexual contact	863	62%	853	61%	892	61%	929	60%	969	60%
Perinatal exposure	32	2%	31	2%	35	2%	40	3%	44	3%
Transfusion/ Hemophilia	4	0%	3	0%	3	0%	3	0%	4	0%
NIR/NRR	255	18%	274	20%	289	20%	319	21%	348	22%
Subtotal	**1,402**	**100%**	**1,403**	**100%**	**1,462**	**100%**	**1,538**	**100%**	**1,610**	**100%**
Total	**8,453**	**100%**	**8,677**	**100%**	**9,090**	**100%**	**9,746**	**100%**	**10,124**	**100%**

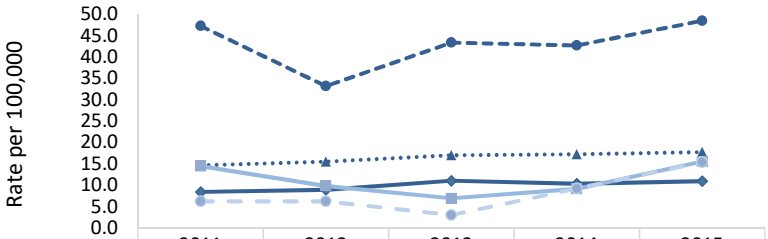
Table 3: In 2015, 76% of males living with HIV had a transmission category of MSM only. Overall, MSM and MSM+IDU have accounted for over 80% of persons living with HIV year after year. While the proportions of risks year to year have remained constant the number of persons living with HIV have increased. The numbers of persons living with HIV has increased at a similar pace to the entire state of Nevada's population. After 2009-2010, due to lower housing costs and improved access to care, such as Nevada's adoption of the Affordable Care Act Medicaid expansion, in 2014, Nevada's population has steadily increased. These factors may have led less HIV individuals to leave Nevada after diagnosis in turn increasing the number of persons living with HIV.

From 2011 to 2015, heterosexual contact (with individual with documented HIV infection) has been the most common transmission category for females living with HIV, accounting for over 60% of all cases. In 2015, IDU was the transmission category for 15% of females, and very few females had a transmission category of perinatal exposure or transfusion/hemophilia. Over the years as the proportion of heterosexual contact slightly decreased while those reporting NIS/NRR has experienced increases.

HIV AND RACE/ETHNICITY

New HIV Diagnoses

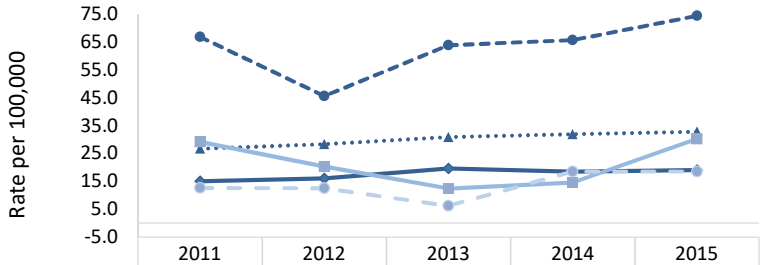
Figure 11| Annual Rate of New HIV Diagnoses in Nevada by Race/Ethnicity, 2011– 2015*



	2011	2012	2013	2014	2015
White	8.5	9.0	11.1	10.4	11.0
Black	47.3	33.2	43.4	42.7	48.5
Hispanic	14.7	15.6	17.1	17.3	17.8
API	14.5	9.9	7.0	9.2	15.6
AI/AN	6.3	6.3	3.1	9.3	15.4

**The number of persons who identified as multi-racial was 5 in 2011; 10 in 2012; 14 in 2013; 10 in 2014; and 7 in 2015. 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.

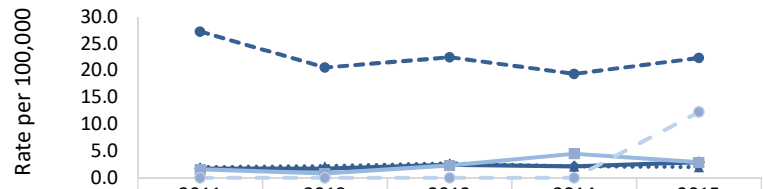
Figure 12| Annual Rate of New HIV Diagnoses among Males in Nevada by Race/Ethnicity, 2011 – 2015*~



	2011	2012	2013	2014	2015
White	15.0	16.0	19.6	18.5	19.0
Black	66.8	45.6	63.9	65.7	74.4
Hispanic	26.7	28.3	30.9	31.9	32.8
API	29.2	20.3	12.4	14.6	30.2
AI/AN	12.6	12.5	6.2	18.5	18.5

**The number of males who identified as multi-racial was 4 in 2011; 10 in 2012; 14 in 2013; 10 in 2014; and 7 in 2015. 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, 2011 – 2015*~



	2011	2012	2013	2014	2015
White	1.7	1.7	2.4	2.1	2.9
Black	27.3	20.6	22.5	19.4	22.4
Hispanic	2.0	2.2	2.7	2.1	2.0
API	1.6	0.8	2.3	4.5	2.9
AI/AN	0.0	0.0	0.0	0.0	12.3

**The number of females who identified as multi-racial was 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.

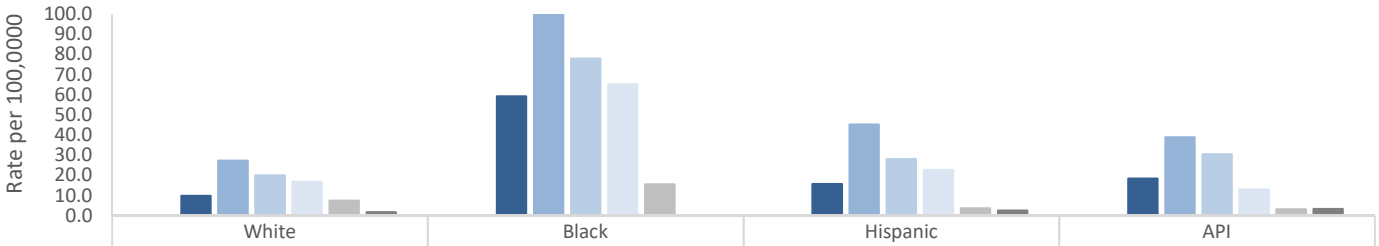
Figure 11: Large racial/ethnic disparities exist in Nevada. In 2015, the highest rate of new HIV diagnoses was among Blacks (48.5 per 100,000 population) and was over 4 times higher than the rate among Whites (11.0 per 100,000 population). The second highest rate was among Hispanics (17.8 per 100,000 population).

From 2011 to 2015, the rate of new HIV diagnoses increased among all groups over the five-year period. However, the rates among Blacks and API dropped in 2012, which may have been caused by the unexpected disruption in Southern Nevada Health District's testing services in 2012. In 2015, API experienced an increase from the prior three years.

Figure 12: Among males, from 2011 to 2015, all groups have experienced an increase over the five-year period. In 2015, the highest rates of new diagnoses were among Blacks (74.4 per 100,000 population) and Hispanics (32.8 per 100,000). As discussed previously, the rate among Blacks and API decreased in 2012, and this decline may be due to disruptions in testing services. The rate among API new HIV diagnoses declined from 2012 to 2014 then returned to previous its' previous 2011 level in 2015.

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 2015, the rate among Black females (22.4 per 100,000 population) was 7.7 times higher than that of White females (2.9 per 100,000 population). The rate among Black women saw a decrease in 2012, and has remained constant since. During the five-year period, rates among Whites have increased slightly. During this same period, the rates among Hispanics have remained constant. While rates among API, and AI/AN females fluctuated due to the small number of new diagnoses in these populations.

Figure 14| Rates of New HIV Diagnoses by Age at Diagnosis and Race/Ethnicity, 2015*~



	White	Black	Hispanic	API
<13	0.5	0.0	0.0	0.0
13 to 24	9.8	59.2	15.7	18.4
25 to 34	27.3	113.4	45.3	38.9
35 to 44	20.0	77.9	28.1	30.5
45 to 54	16.9	65.3	22.7	13.0
55 to 64	7.5	15.6	3.7	3.1
65+	1.7	0.0	2.5	3.3

**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 2015, 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 25 to 34 (113.4 per 100,000), 35 to 44 (77.9 per 100,000), and 45 to 54 (65.3 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 which can lead to higher rates when compared to other groups.

Table 4| New HIV Diagnoses in Nevada by Race/Ethnicity and Transmission Category, 2015*~

Transmission Category	White		Black		Hispanic		API		AI/AN		Multi-Race/Other*	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
Males												
MSM	105	71%	59	65%	116	85%	32	89%	2	67%	7	100%
IDU	9	6%	2	2%	2	1%	0	0%	0	0%	0	0%
MSM+IDU	17	12%	1	1%	4	3%	1	3%	1	33%	0	0%
Heterosexual contact	2	1%	6	7%	5	4%	1	3%	0	0%	0	0%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	14	10%	23	25%	9	7%	2	6%	0	0%	0	0%
Subtotal	**147**	**100%**	**91**	**100%**	**136**	**100%**	**36**	**100%**	**3**	**100%**	**7**	**100%**
Females												
IDU	7	32%	0	0%	0	0%	0	0%	0	0%	0	0%
Heterosexual contact	6	27%	10	37%	6	75%	0	0%	0	0%	0	0%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	1	50%	0	0%
NIR/NRR	9	41%	17	63%	2	25%	4	100%	1	50%	0	0%
Subtotal	**22**	**100%**	**27**	**100%**	**8**	**100%**	**4**	**100%**	**2**	100%	**0**	**100%**
Total	**169**	**100%**	**118**	**100%**	**144**	**100%**	**40**	**100%**	**5**	**100%**	**7**	**100%**

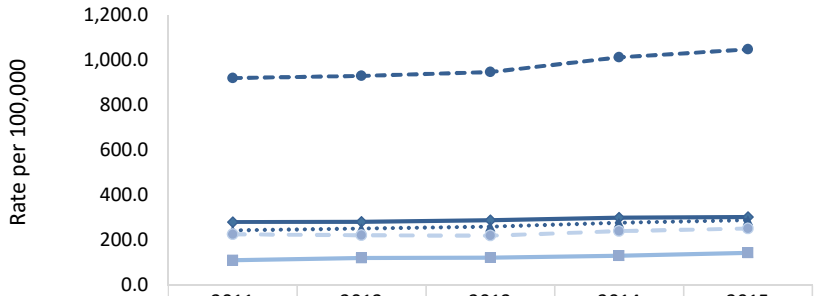
**Data for persons who identified as multi-racial were not included.*
~The figure above contains counts under 12. Please refer to the small counts definition for guidance.

Table 4: For all males across all race/ethnicity, MSM was the transmission category reported 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 (7%).

For all females across all race/ethnicity, the most common known transmission category for all race/ethnicity groups was heterosexual contact. White females were the only groups who reported IDU. API reported 100% of cases had NIR/NRR. While Black females reported predominantly NIR/NRR at 63%. AI/AN reported one case as perinatal exposure as a transmission risk.

Persons Living with HIV

Figure 15| Annual Rate of Persons Living with HIV in Nevada by Race/Ethnicity, 2011 – 2015*

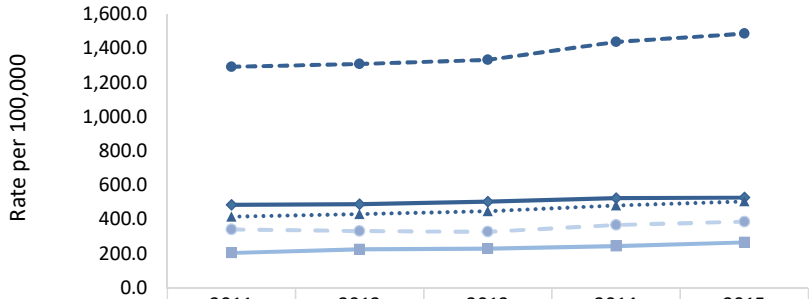


	2011	2012	2013	2014	2015
White	281.2	282.0	289.5	300.7	303.0
Black	920.4	929.7	946.6	1,011.8	1,047.5
Hispanic	244.1	251.5	260.4	277.5	289.4
API	111.7	122.0	122.4	131.5	143.8
AI/AN	227.1	222.3	220.2	240.6	252.2

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

Figure 15: As with new HIV diagnoses, in 2015 the highest rate of persons living with HIV was among Blacks (1,047.5 per 100,000 population). The second highest rate was among Whites (303.0 per 100,000 population), followed by Hispanics (289.4 per 100,000 population). The rate for Blacks was over 3.4 times higher than the rate for Whites in 2015. From 2011 to 2015, 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, 2011 – 2015*

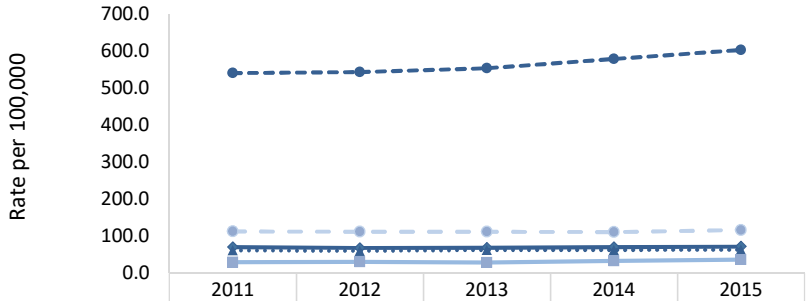


	2011	2012	2013	2014	2015
White	485.7	489.8	504.1	524.6	528.3
Black	1,292.3	1,308.8	1,333.3	1,438.2	1,485.8
Hispanic	417.1	432.7	449.0	483.2	505.7
API	205.1	227.0	229.5	244.3	266.6
AI/AN	341.3	332.1	328.1	369.2	387.5

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

Figure 16: Among males, from 2011 to 2015, there were increases in the rate of persons living with HIV among all race/ethnicity groups. In 2015, Black males had the highest rate of persons living with HIV (1485.8 per 100,000 population), while API males had the lowest rate (266.6 per 100,000 population). From 2011 to 2015, 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, 2011 – 2015*

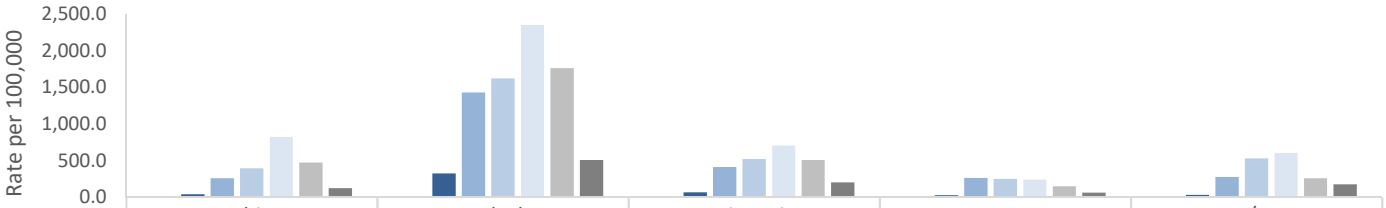


	2011	2012	2013	2014	2015
White	70.7	68.4	69.1	70.8	72.1
Black	541.0	543.6	554.0	579.4	603.5
Hispanic	61.7	60.6	62.5	62.5	63.7
API	30.3	30.5	29.3	33.5	37.1
AI/AN	113.3	112.6	111.8	111.3	116.9

**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 have experienced an increase in the rate of persons living with HIV from 2011 to 2015. From 2011 to 2014, all groups except Blacks remained fairly constant. While the rate among Black females continued to increase compared to all other race/ethnicity groups. In 2015, the rate of Black females was 8.4 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, 2015*



	White	Black	Hispanic	API	AI/AN
<13	1.9	12.5	1.5	2.4	18.1
13 to 24	40.7	325.7	68.1	31.6	35.8
25 to 34	259.0	1,429.5	412.9	266.8	278.7
35 to 44	397.9	1,620.5	524.2	251.7	532.7
45 to 54	821.5	2,351.3	705.2	241.7	604.5
55 to 64	472.8	1,761.3	508.7	150.8	259.9
65+	126.5	510.2	205.0	65.1	177.0

**Data were not included for multi-racial persons in this figure. There were 141 multi-racial persons living with HIV at the end of 2015.*

Figure 18: Age trends were almost identical 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 Black 45- to 54-year-olds (2,351.3), Black 55- to 64-year-olds year-olds (1,761.3), and Black 35- to 44-year-olds (1,620.5). The lowest rates were among persons less than 13 for all race/ethnicity groups, which may be due to the lack of new diagnoses in this age group (Figure

Table 5| Persons Living with HIV in Nevada by Race/Ethnicity and Transmission Category, 2015

Transmission Category	White		Black		Hispanic		API		AI/AN		Multi-Race	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
Males												
MSM	3,099	76%	1,263	69%	1,693	81%	282	89%	48	76%	99	77%
IDU	255	6%	148	8%	75	4%	3	1%	4	6%	4	3%
MSM+IDU	420	10%	101	6%	101	5%	15	5%	7	11%	17	13%
Heterosexual contact	82	2%	126	7%	83	4%	6	2%	1	2%	5	4%
Perinatal exposure	9	0%	16	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	220	5%	164	9%	136	6%	12	4%	3	5%	3	2%
Subtotal	**4,092**	**100%**	**1,818**	**100%**	**2,095**	**100%**	**318**	**100%**	**63**	**100%**	**128**	**100%**
Females												
IDU	139	26%	77	11%	21	8%	3	6%	3	16%	2	15%
Heterosexual contact	288	53%	447	61%	181	72%	35	69%	10	53%	8	62%
Perinatal exposure	9	2%	25	3%	7	3%	1	2%	1	5%	1	8%
Transfusion/Hemophilia	2	0%	1	0%	0	0%	1	2%	0	0%	0	0%
NIR/NRR	107	20%	179	25%	44	17%	11	22%	5	26%	2	15%
Subtotal	**545**	**100%**	**729**	**100%**	**253**	**100%**	**51**	**100%**	**19**	**100%**	**13**	**100%**
Total	**4,637**	**100%**	**2,547**	**100%**	**2,348**	**100%**	**369**	**100%**	**82**	**100%**	**141**	**100%**

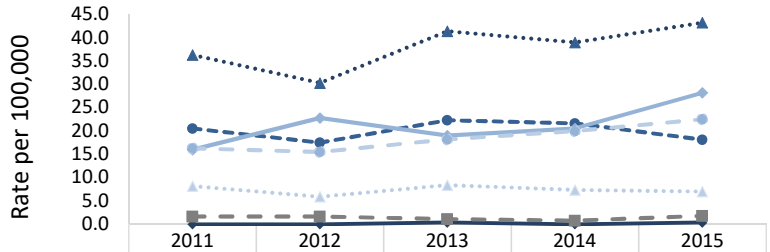
Table 5: For all race/ethnicity groups, MSM was the most common transmission category among males living with HIV/AIDS. This percentage was highest among API (89%), Hispanic (81%), and Multi-Race (77%) males. Black, White and AI/AN had the highest percentage of males with a transmission category of IDU (8%, 6% and 6% respectively). The percentage of males with a transmission category of combined MSM and IDU was highest among multi-racial persons (13%), Whites (10%), and AI/AN (11%). Multi-Race is defined as anyone who identifies as more than one race.

Among females, the most common transmission category was heterosexual contact for all race/ethnicity groups, followed by NIR/NRR. A notable exception are White females who reported 26% IDU over 20% NIR/NRR. While IDU varied across race/ethnicity groups, with the highest percentage among White females (26%) and the lowest among API females (6%).

HIV/AIDS AND AGE

New HIV Diagnoses

Figure 19| Annual Rate of New HIV Diagnoses in Nevada by Age at Diagnosis, 2011 – 2015

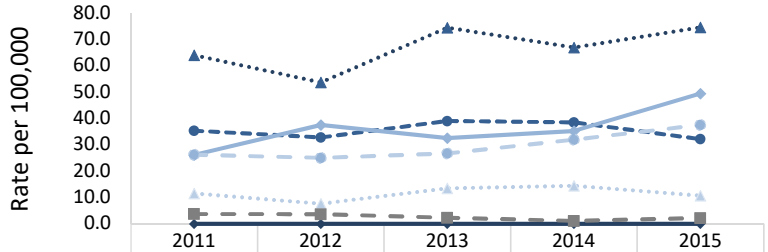


	2011	2012	2013	2014	2015
< 13	0.0	0.0	0.4	0.0	0.4
13 to 24	20.5	17.5	22.3	21.6	18.1
25 to 34	36.3	30.3	41.4	39.0	43.2
35 to 44	16.0	22.8	19.0	20.5	28.2
45 to 54	16.3	15.5	18.2	20.0	22.5
55 to 64	8.2	5.9	8.4	7.4	7.0
65 +	1.7	1.7	1.1	0.8	1.8

Figure 19: From 2011-2015, the greatest increase in the rate of HIV diagnoses was observed among 35-44-year-olds (16.0 per 100,000 to 28.2 per 100,000). This was followed by 25-34 years of age (36.3 per 100,000 to 43.2 per 100,000). The rates among those 55- to 64 years-of-age and 13- to 24-year-olds have decreased from 2011 to 2015.

From 2012 to 2013, all age groups, except for 35- to 44-year-olds and over 65-year-olds, experienced an increase in the rate of new diagnoses. This may have been due to the closure of Southern Nevada Health District's main building in 2012.

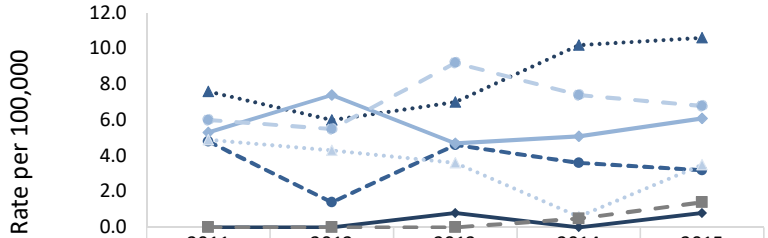
Figure 20| Annual Rate of New HIV Diagnoses among Males in Nevada by Age at Diagnosis, 2011 – 2015



	2011	2012	2013	2014	2015
< 13	0.0	0.0	0.0	0.0	0.0
13 to 24	35.3	32.7	39.0	38.5	32.1
25 to 34	63.9	53.6	74.4	66.8	74.5
35 to 44	26.1	37.5	32.5	35.2	49.4
45 to 54	26.2	25.0	26.7	31.9	37.5
55 to 64	11.5	7.6	13.5	14.4	10.6
65 +	3.7	3.6	2.3	1.1	2.2

Figure 20: Among males, in 2015, the highest rates of new HIV infection were among 25- to 34-year-olds (74.5 per 100,000 population), followed by 35- to 44-year-olds (49.4 per 100,000 population). From 2011 to 2015, HIV infection rates increased among 35- to 44-year-olds, 45- to 54-year-olds and 25- to 34-year-olds. The only groups to experience declines in the rate of new diagnoses are those aged 13- to 24-years-old, 55- to 64-years-old, 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, 2011 – 2015~



	2011	2012	2013	2014	2015
< 13	0.0	0.0	0.8	0.0	0.8
13 to 24	4.8	1.4	4.6	3.6	3.2
25 to 34	7.6	6.0	7.0	10.2	10.6
35 to 44	5.3	7.4	4.7	5.1	6.1
45 to 54	6.0	5.5	9.2	7.4	6.8
55 to 64	4.9	4.3	3.6	0.6	3.5
65 +	0.0	0.0	0.0	0.5	1.4

~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 21: In 2015, 25- to 34-year-old females had the highest rate of new diagnoses (10.6 per 100,000 population), followed by 45- to 55-year-olds (6.8 per 100,000 population). From 2011 to 2015, there has been a decline in the rate of new HIV diagnoses for 55- to 64-year-olds and 13- to 24-year-olds, except for 2012. Fluctuation seen in the rates over this 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.

Table 6| New HIV Diagnoses by Age at Diagnosis and Transmission Category, 2015

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 %
Males														
MSM	0	0%	61	81%	123	84%	68	67%	53	71%	13	72%	3	75%
IDU	0	0%	3	4%	2	1%	3	3%	4	5%	0	0%	1	25%
MSM+IDU	0	0%	7	9%	9	6%	6	6%	1	1%	1	6%	0	0%
Heterosexual contact	0	0%	0	0%	0	0%	6	6%	7	9%	1	6%	0	0%
Perinatal exposure	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	0	0%	4	5%	13	9%	18	18%	10	13%	3	17%	0	0%
Subtotal	**0**	**100%**	**75**	**100%**	**147**	**100%**	**101**	**100%**	**75**	**100%**	**18**	**100%**	**4**	**100%**
Females														
IDU	0	0%	0	0%	3	15%	1	8%	2	15%	1	17%	0	0%
Heterosexual contact	0	0%	2	29%	7	35%	3	25%	7	54%	2	33%	1	33%
Perinatal exposure	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NIR/NRR	1	0%	5	71%	10	50%	8	67%	4	31%	3	50%	2	67%
Subtotal	**2**	**100%**	**7**	**100%**	**20**	**100%**	**12**	**100%**	**13**	**100%**	**6**	**100%**	**3**	**100%**
Total	**2**	**100%**	**82**	**100%**	**167**	**100%**	**113**	**100%**	**88**	**100%**	**24**	**100%**	**7**	**100%**

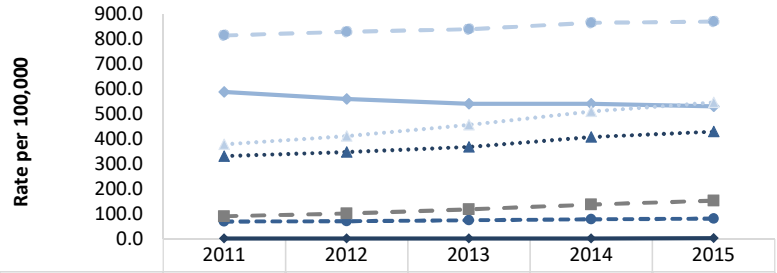
~Many transmission groups represented in the table above have counts under 12. Please refer to the small counts definition for guidance in interpreting counts and percent.

Table 6: Among males, MSM was the transmission category for the majority of newly infected persons across all age groups (76.4%). The age groups which reported the highest proportion of MSM as a transmission category were between ages of 25 to 34 (84%) and 13 to 24 (81%). MSM youth and young adults are typically targeted for testing due to their higher risk of exposure and transmission. The percentage of males reporting a transmission category of combined MSM and IDU who have the highest proportion by age and sex are among 13- to 24-years-old (9%) 25- to 34-years-old (6%) and 35- to 44-year-old males (6%). While percentage of IDU only among all male age groups accounted for 3.1% of the cases, 45- to 54-year-old males reported the highest proportion at 5%. Those in the 35- to 44-year-old age group reported the highest NIR/NRR of 18%.

Among females, over 53% of newly diagnosed females had a transmission category of NIR/NRR in 2015. To be considered NIR/NRR the individual must not have reported or identified a transmission risk during a case investigation. While this does not mean they do not have a transmission risk only that it has yet to be documented. The second highest was heterosexual contact (32.2%) 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 these counts.

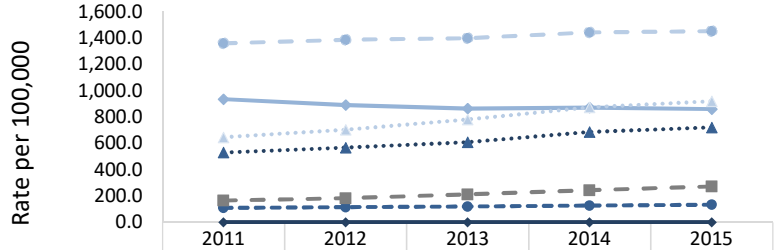
Persons Living with HIV

Figure 22| Annual Rate of Persons Living with HIV by Age at End of Year, 2011 – 2015*



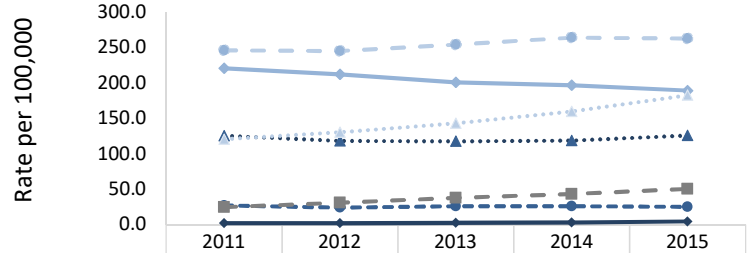
	2011	2012	2013	2014	2015
< 13	2.0	2.0	2.2	2.2	3.0
13 to 24	69.8	70.9	75.4	79.2	81.4
25 to 34	331.9	348.0	368.5	408.0	429.8
35 to 44	588.8	561.2	541.0	541.1	531.4
45 to 54	815.2	830.2	840.0	865.9	870.6
55 to 64	378.8	411.9	457.3	511.1	546.7
65 +	90.9	102.1	119.0	137.2	153.6

Figure 23| Annual Rate of Males Living with HIV by Age at End of Year, 2011 – 2015*



	2011	2012	2013	2014	2015
< 13	2.0	2.0	2.0	1.6	1.6
13 to 24	110.0	115.0	121.7	129.2	134.2
25 to 34	530.2	568.1	609.4	686.1	721.1
35 to 44	935.4	891.4	863.3	870.0	859.7
45 to 54	1,358.9	1,386.9	1,398.4	1,440.8	1,451.3
55 to 64	646.4	703.5	781.2	873.6	920.1
65 +	165.8	183.1	212.0	245.1	272.9

Figure 24| Annual Rate of Females Living with HIV by Age at End of Year, 2011 – 2015*



	2011	2012	2013	2014	2015
< 13	2.1	2.1	2.5	2.9	4.5
13 to 24	27.1	24.0	26.2	26.0	25.0
25 to 34	125.4	118.3	117.5	118.7	125.8
35 to 44	220.6	212.2	200.9	196.8	189.1
45 to 54	245.8	244.9	254.0	263.8	262.4
55 to 64	120.5	130.1	143.1	159.6	182.5
65 +	24.6	30.9	37.6	43.1	50.5

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

Figure 22: From 2011 to 2015, all age groups experienced an increase in the rate of persons living with HIV except for 35- to 44-year-olds (588.8 per 100,000 in 2011 to 531.4 per 100,000 in 2015). Increases in the rates of persons living with HIV among persons 13 to 24 and 25 to 34, may be attributed to an increase in HIV positive youth and young adults who have chosen to remain or move to Nevada. Increases in all age groups over the age of 45 could be attributed to people living longer once they become infected and "aging" into these older age groups. The number of those 65 years-of-age and over nearly doubled from 314 cases in 2011 to 613 cases in 2015. Between the years of 2011 to 2014, 57 cases did not report an age while 58 cases did not report an age in 2015.

Figure 23: Among males living with HIV, rates increased for all age groups except 35- to 44-year-olds (935.4 per 100,000 in 2011, to 859.7 per 100,000 in 2015) and <13-year-olds (2.0 per 100,000 in 2011 to 1.6 per 100,000 in 2015). This could be attributed to the declines in new diagnoses in these two age groups. In 2015, the highest rates of persons living with HIV were among 45- to 54-year-old males (1,451.3 per 100,000 population) followed by 55- to 64-year-old males (920.1 per 100,000 population). The increase in those over the age of 45, from 2011 to 2015, could be attributed to people living longer once they become infected and "aging" into these older age groups. Between the years of 2011 to 2015, 49 male cases did not report an age.

Figure 24: Overall trends, over the last five years, among females showed either declines or relatively constant rates for those under the age of 44. The highest rates of females living with HIV in 2015 were among 45- to 54-year-olds (262.4 per 100,000 population) followed by 35- to 44-year-olds (189.1 per 100,000 population). Rate increase in those over the age of 45, from 2011 to 2015, could be attributed to people living longer once they become infected and "aging" into these older age groups. Between the years of 2011 to 2014, 8 cases did not report an age, while 9 cases did not report an age in 2015.

Table 7| Persons Living with HIV by Age at End of Year and Transmission Category, 2015~

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 %
Males														
MSM	0	0%	251	80%	1,203	85%	1,371	78%	2,189	75%	1,068	69%	366	72%
IDU	0	0%	8	3%	24	2%	60	3%	184	6%	168	11%	42	8%
MSM+IDU	0	0%	16	5%	98	7%	143	8%	247	9%	128	8%	28	6%
Heterosexual contact	0	0%	7	2%	32	2%	64	4%	112	4%	67	4%	21	4%
Perinatal exposure	4	100%	21	7%	7	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%	11	4%	59	4%	119	7%	167	6%	126	8%	47	9%
Subtotal	**4**	**100%**	**314**	**100%**	**1,423**	**100%**	**1,758**	**143%**	**2,902**	**100%**	**1,559**	**100%**	**505**	**100%**
Females														
IDU	0	0%	0	0%	19	8%	39	11%	87	17%	79	25%	18	17%
Heterosexual contact	0	0%	21	38%	129	54%	248	67%	313	62%	182	57%	74	69%
Perinatal exposure	9	82%	21	38%	14	6%	0	0%	0	0%	0	0%	0	0%
Transfusion/ Hemophilia	0	0%	0	0%	1	0%	1	0%	1	0%	1	0%	0	0%
NIR/NRR	2	18%	13	24%	75	32%	83	22%	100	20%	55	17%	16	15%
Subtotal	**11**	**100%**	**55**	**100%**	**238**	**100%**	**371**	**100%**	**501**	**100%**	**317**	**100%**	**108**	**100%**
Total	**15**	**100%**	**369**	**100%**	**1,661**	**100%**	**2,129**	**100%**	**3,403**	**100%**	**1,876**	**100%**	**613**	**100%**

~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 7: For both males and females, there were very few differences in identifiable transmission categories across age groups. Transmission categories involving sexual contact reported the highest proportion of individuals across all ages, either MSM (only) for males (76%) and heterosexual contact for females (60%). The second highest transmission categories across age groups by sex were MSM+IDU for males (8%) and NIR/NRR for females (22%).

For both males and females, there was a higher proportion of persons with a transmission category of perinatal exposure among persons under 34-years-of-age, which is to be expected 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 improved 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 transmision.[1] 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 most persons living with HIV across all age groups. Over 90% of all reported MSM risk occurred in males between the ages of 25- to- 64-years-of-age. Males between the ages of 45- to-54 – years-old accounted for almost 34% of reported MSM risk. The percentage of males with a transmission category of Injection drug use (IDU) was highest among 55- to 64-year-old males (11%) and 65 and over (8%) and when combined these age groups account for 43% of all IDU cases, while the percentage of males with a transmission category of combined MSM and IDU was highest among 45- to 54-year-olds (9%). Over 78% of all reported MSM+IDU cases were between the ages of 35-to-64-years-old.

Among females, heterosexual contact was the transmission category for most persons living with HIV across all age groups except for those under the age of 13, who reported perinatal exposure (82%) as the primary risk. IDU was much higher among older age groups, with the highest proportion among 55 to 64 (25%) and 45- to 54-year-old females and 65 and older (17% each). In 2015, 13.5% of all female persons living with HIV in Nevada reported NIR/NRR.

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

EXPANDED BEHAVIORAL RISKS

Most persons newly diagnosed with HIV in Nevada are interviewed by health department staff after their initial diagnosis. During 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 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 the information available on heterosexual risk. 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 lieu 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 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)

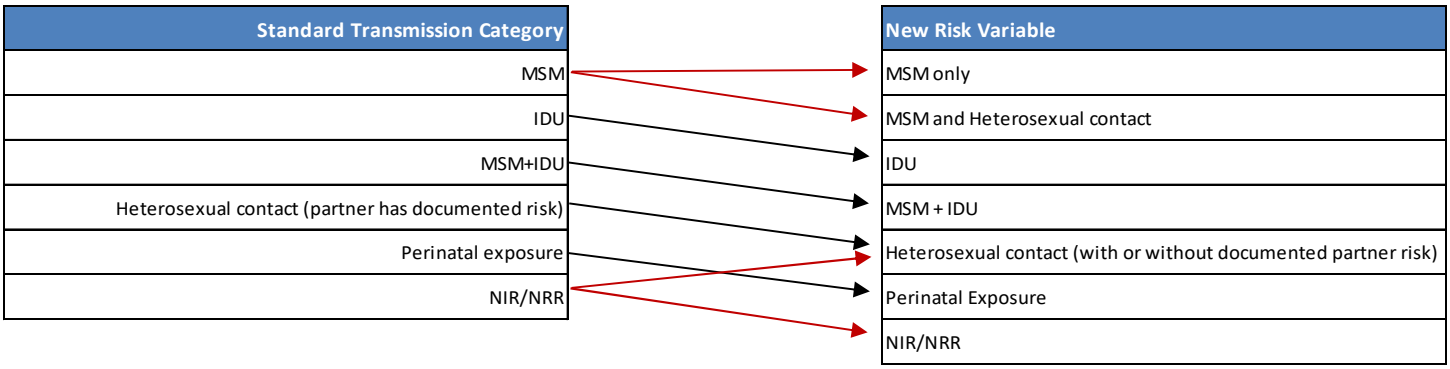
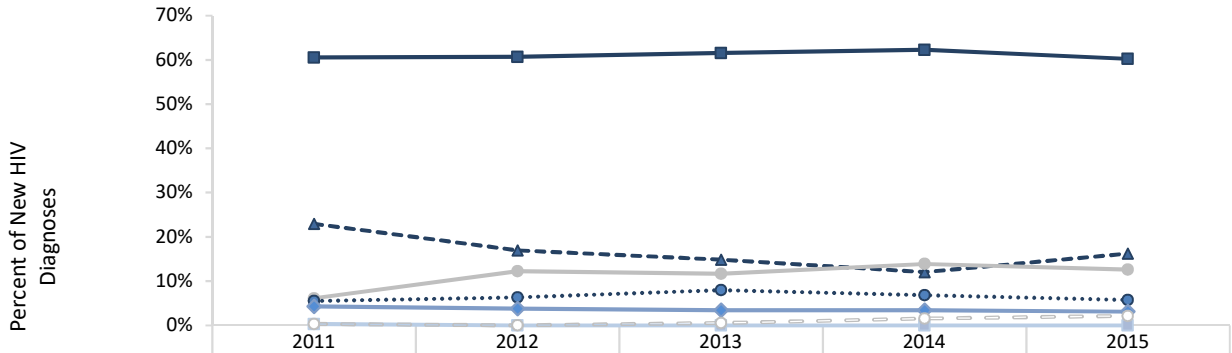


Figure 25 Above shows the standard transmission category to the left, the new risk variable to the right, and how they correspond to each other. Black arrows indicate where categories directly correspond between the two variables, and red arrows indicate where a category corresponds to a new category 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, 2011 – 2015

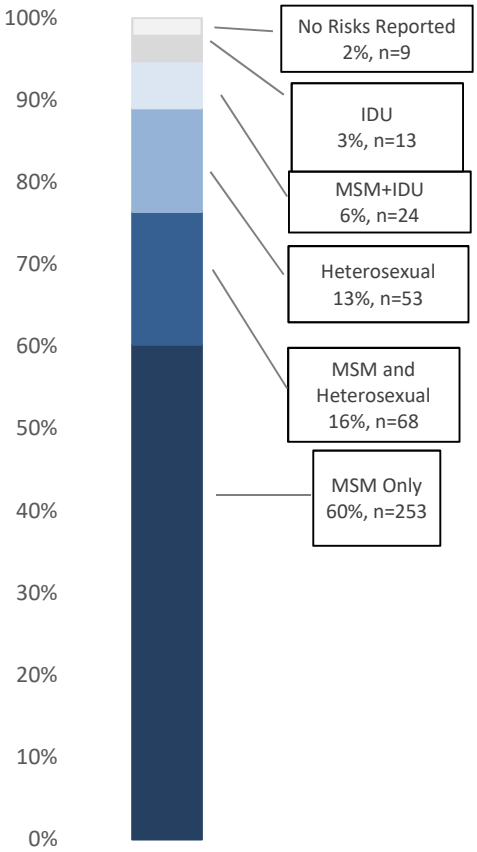


	2011	2012	2013	2014	2015
MSM only	61%	61%	62%	62%	60%
MSM and heterosexual contact	23%	17%	15%	12%	16%
Heterosexual contact	6%	12%	12%	14%	13%
MSM + IDU	6%	6%	8%	7%	6%
IDU with no reported MSM	4%	4%	3%	3%	3%
Perinatal exposure	0%	0%	0%	0%	0%
No risks reported	0%	0%	1%	2%	2%

Figure 26: From 2011 to 2015, 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, new diagnoses reporting heterosexual contact had a percent doubled over the same period five-year period from 6% to 13%.

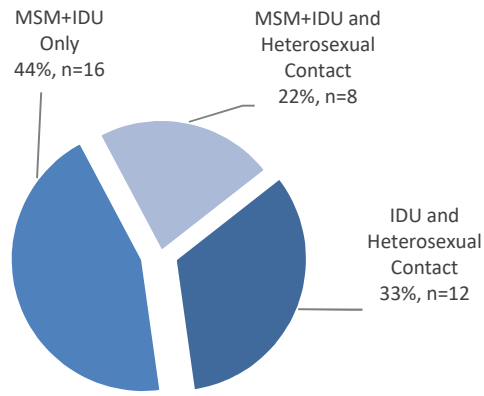
In 2015, 16% of males reported both MSM and heterosexual contact. The percentage of males reporting both risk behaviors have decreased from 23% in 2011 to 16% in 2015. This represents over a 7% reduction over the five-year period while heterosexual contact increased by nearly the same amount during the same period.

Figure 27| Reported Risks of Males Newly Diagnosed with HIV, Percent of New HIV Diagnoses, 2015



IDU/MSM+IDU and Heterosexual Contact

Of the 36 males who reported a risk of IDU or MSM+IDU, 44% reported MSM+IDU only and no heterosexual contact; 22% reported MSM+IDU and heterosexual contact; and 33% reported IDU and heterosexual contact. One newly diagnosed case reported IDU only.



Heterosexual Contact and HIV Status/ Risk of Partner

Of the 53 males who reported a risk of heterosexual contact, the majority (74%) did not have a partner with a documented risk for HIV or HIV infection. Twenty-one percent had a partner who was HIV positive with no documented risk behaviors, and only 6% had a partner who engaged in IDU.

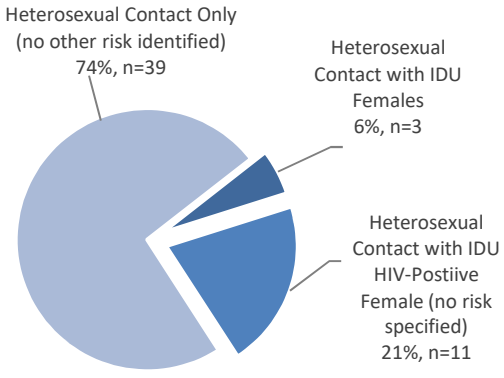
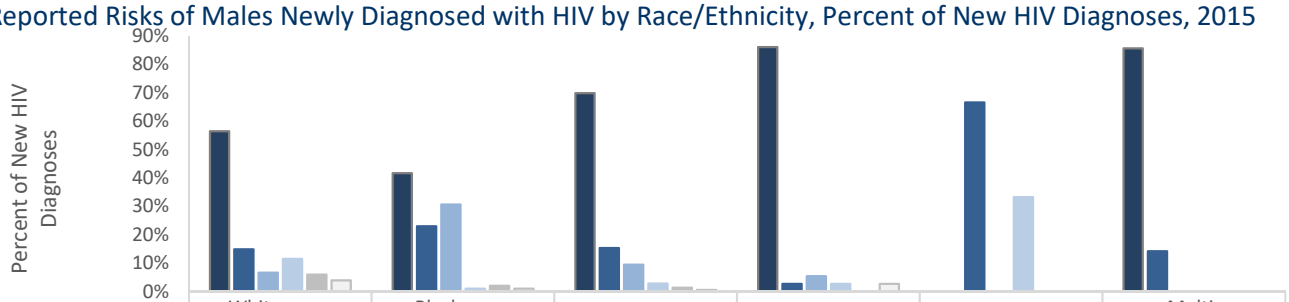


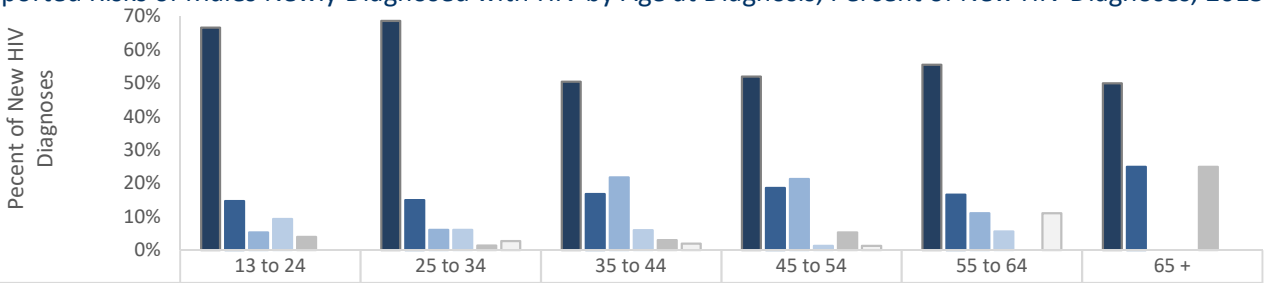
Figure 28| Reported Risks of Males Newly Diagnosed with HIV by Race/Ethnicity, Percent of New HIV Diagnoses, 2015



	White, non-Hispanic	Black, non-Hispanic	Hispanic	API	AI/AN	Multi-race/Other
MSM only	56%	42%	70%	86%	0%	86%
MSM and heterosexual contact	15%	23%	15%	3%	67%	14%
Heterosexual Contact	7%	31%	10%	6%	0%	0%
MSM+IDU	12%	1%	3%	3%	33%	0%
IDU	6%	2%	1%	0%	0%	0%
No risks reported	4%	1%	1%	3%	0%	0%

Figure 28: MSM accounted for the greatest percentage of cases among all race/ethnicity groups (60.2%), API reported the highest percentage of cases reporting MSM (86%) followed by Multi-race/Other (86%). The highest MSM number of cases reported were among Hispanic (95 cases, 70%) and White, non-Hispanic (83 cases, 56%) males. Black, non-Hispanic males had the highest percentage of cases who reported heterosexual contact only (38 cases, 31%). AI/AN and Multi-race/Other reported counts under 12.

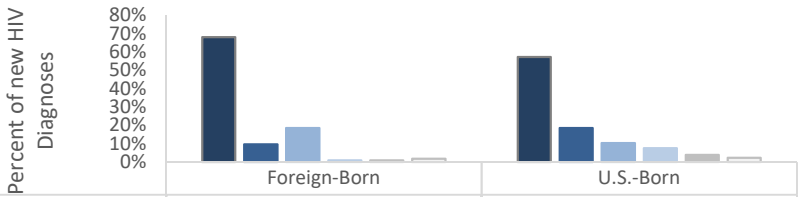
Figure 29| Reported Risks of Males Newly Diagnosed with HIV by Age at Diagnosis, Percent of New HIV Diagnoses, 2015



	13 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 +
MSM only	67%	69%	50%	52%	56%	50%
MSM and heterosexual contact	15%	15%	17%	19%	17%	25%
Heterosexual Contact	5%	6%	22%	21%	11%	0%
MSM+IDU	9%	6%	6%	1%	6%	0%
IDU	4%	1%	3%	5%	0%	25%
No risks reported	0%	3%	2%	1%	11%	0%

Figure 29: A greater percentage of younger males reported only a risk of MSM, whereas a greater percentage of older males reported both MSM and heterosexual contact 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, 2015

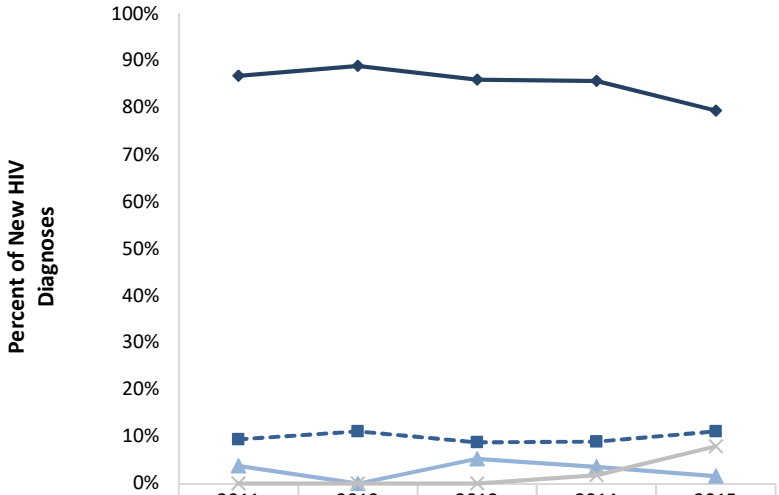


	Foreign-Born	U.S.-Born
MSM only	68%	57%
MSM and heterosexual contact	10%	19%
Heterosexual Contact	19%	10%
MSM+IDU	1%	7%
IDU	1%	4%
No risks reported	2%	2%

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 (68% vs. 57%) percentage, whereas a lower percentage of foreign-born males compared to U.S.-born males reported MSM+IDU (1% vs. 7%) or IDU (1% vs. 4%). There were 307 US-born and 113 foreign-born males diagnosed in 2015.

Females Newly Diagnosed with HIV Infection

Figure 31| Reported Risks of Females Newly Diagnosed with HIV, Percent of New HIV Diagnoses, 2011 — 2015

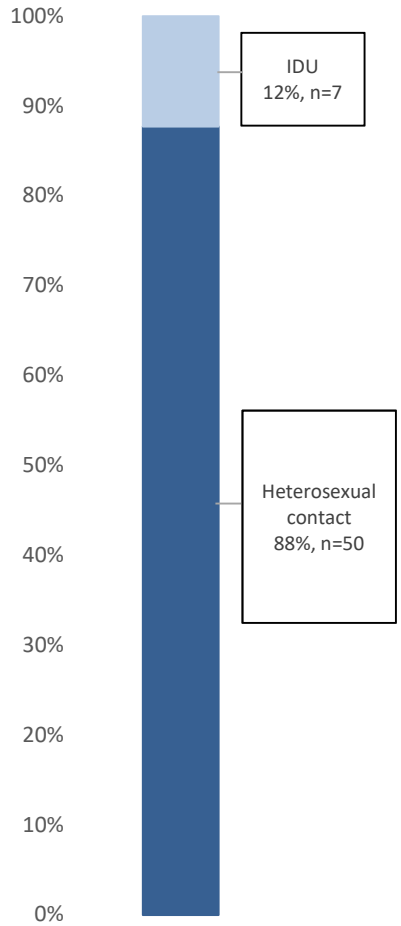


	2011	2012	2013	2014	2015
Heterosexual contact	87%	89%	86%	86%	79%
IDU	9%	11%	9%	9%	11%
Perinatal exposure	4%	0%	5%	4%	2%
No risks reported	0%	0%	0%	2%	8%

Figure 31: From 2011 to 2015, the percent of females reported a risk of heterosexual contact has declined from 87% to 79% while the risk of no risk reported has increased over the same period. 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, 2015

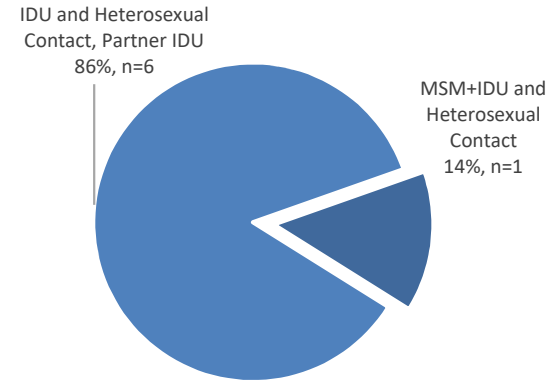


IDU and Heterosexual Contact

Of the 7 females who reported a risk of IDU, six females reported heterosexual contact with a partner who also engaged in IDU (86%). While one individual reported a partner with a history of MSM + IDU and heterosexual contact. Please refer to the 'small counts' definition for guidance.

Heterosexual Contact and HIV Status /Risk of Partner

Of the 50 females who reported a risk of heterosexual contact, the majority (56%) did not have a partner with a documented HIV infection or risk for HIV. Twenty-eight percent had a partner who was HIV positive with no documented risk behaviors, 6% had a partner who reported partners who either were IDU or MSM and IDU, and only 4% had a partner who reported MSM and IDU.



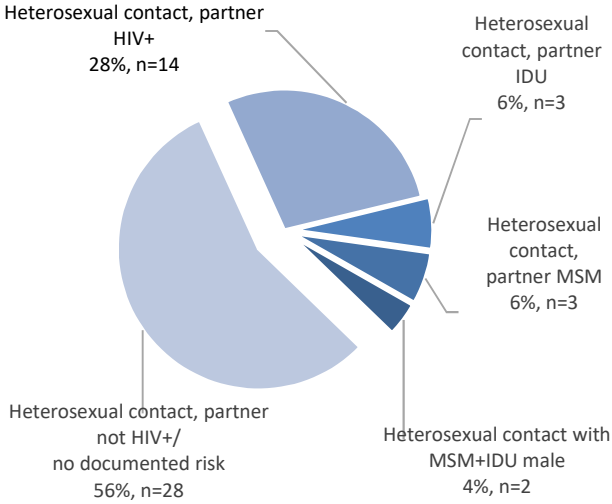
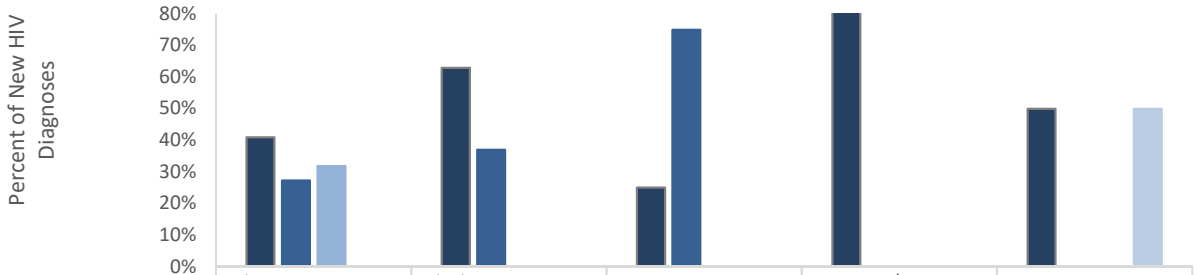


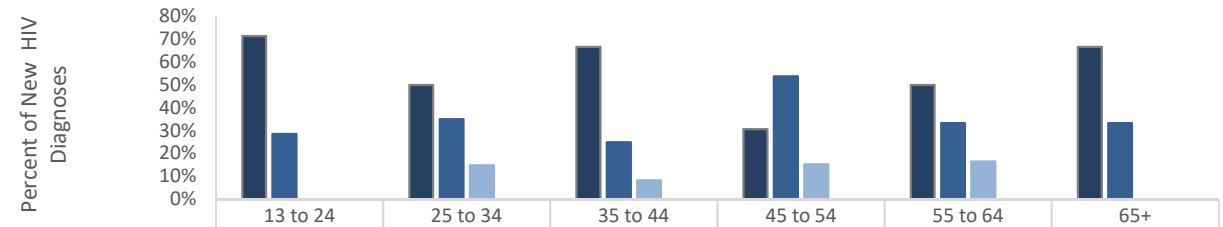
Figure 33| Reported Risks of Females Newly Diagnosed with HIV by Race/Ethnicity, Percent of New HIV Diagnoses, 2015



	White, non-Hispanic	Black, non-Hispanic	Hispanic	AI/AN	API
Heterosexual contact (no documented HIV infection/risk of partner)	41%	63%	25%	100%	50%
Heterosexual contact (documented HIV infection/risk of partner)	27%	37%	75%	0%	0%
IDU	32%	0%	0%	0%	0%
Perinatal Exposure	0%	0%	0%	0%	50%

Figure 33: Across all race/ethnicity groups, majority of women had a risk of heterosexual contact, with or without documented HIV infection or risk of their partner(s). AI/AN (100%) and Black, non-Hispanic (63%) women had the greatest percentages of cases who reported heterosexual contact with no information on HIV status or risk for their partner(s), whereas Hispanic (75%) and Black (37%) women had the greatest percentages of cases who reported heterosexual contact with information on the HIV status or risks for their partner(s).

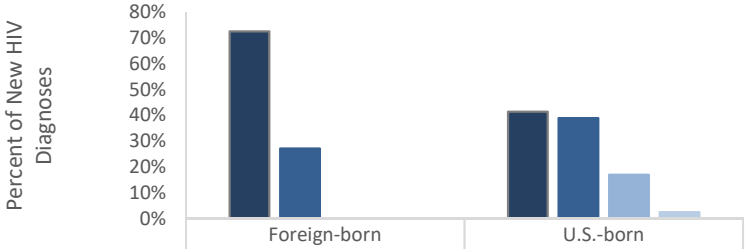
Figure 34| Reported Risks of Females Newly Diagnosed with HIV by Age at Diagnosis, 2015



	13 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Heterosexual contact (no documented HIV infection/risk of partner)	71%	50%	67%	31%	50%	67%
Heterosexual contact (documented HIV infection/risk of partner)	29%	35%	25%	54%	33%	33%
IDU	0%	15%	8%	15%	17%	0%
Perinatal Exposure	0%	0%	0%	0%	0%	0%

Figure 34: All percentages above are derived from counts less than 12. Please refer to small counts definition for guidance.

Figure 35| Reported Risks of Females Newly Diagnosed with HIV by Nativity, Percent of New HIV Diagnoses, 2015



	Foreign-born	U.S.-born
Heterosexual contact (no documented HIV infection/risk of partner)	73%	41%
Heterosexual contact (documented HIV infection/risk of partner)	27%	39%
IDU	0%	17%
Perinatal Exposure	0%	2%

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 (73% vs. 41%). Only US-born reported IDU (17%) and Perinatal Exposure as a risk (2%).

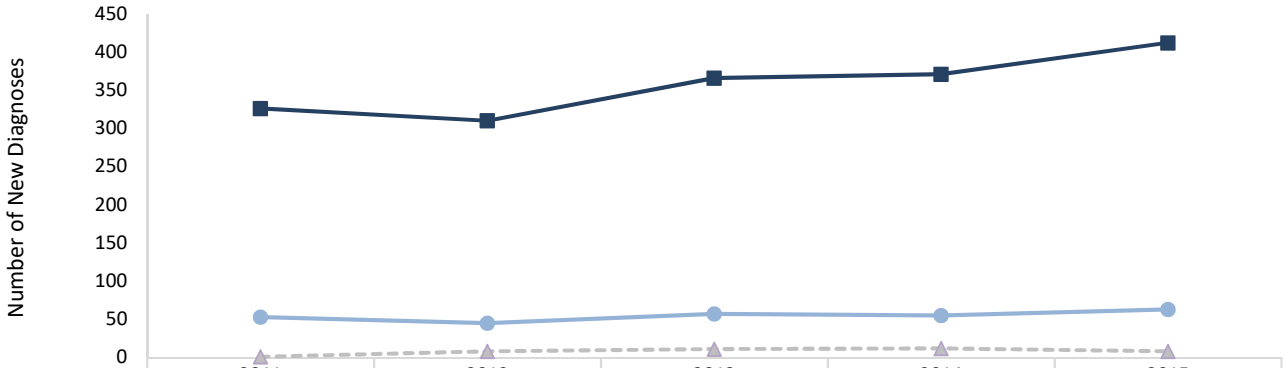
HIV AMONG TRANSGENDER PERSONS

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.[1] Based on data from CDC-funded testing programs, in 2009, 2.6% of transgender individuals tested positive for HIV compared to only 0.9% of males and 0.3% of females.[1] In a review of studies on male-to-female (MTF) transgender women, Herbst et al.[2] estimated that 27.7% [95% CI: (24.8% — 30.6%)] of MTFs tested positive for HIV infection. Considering these findings, efforts to understand the impact of HIV on Nevada's transgender community are timely and important.

In accordance with CDC guidelines, Nevada's HIV counseling/testing and surveillance programs use a two-question model to collect data on sex/gender.[2] One question asks sex at birth and the second asks current gender identity. Data on transgender gender identities has been collected for some time, but not robustly or uniformly. Therefore, in 2012, HIV program staff received additional training on how to more effectively collect information on gender status. It is important to consider that implementation of these practices is new, and that data presented in this section are most likely an underestimate of HIV morbidity in the transgender population. Per a study "*How Many Adults Identify as Transgender in the United States*" conducted by the Williams Institute somewhere between 8,570 to 18,018 individuals who identify as transgender reside in Nevada.[4]

New HIV Diagnoses

Figure 36| New HIV Diagnoses in Nevada by Current Gender, 2011– 2015



	2011	2012	2013	2014	2015
Transgender	1	8	11	12	8
Male	326	310	366	371	412
Female	53	45	57	55	63

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 2011 to 2015, of the 2,093 persons newly diagnosed with HIV in Nevada, 139 identified as transgender. The number of transgender persons newly diagnosed with HIV has increased over the past five years, suggesting that gender ascertainment practices are improving and more complete information on gender will be available in the future.

[1] Centers for Disease Control and Prevention. (2011). HIV among Transgender People: http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf
[2] Herbst, J.H. et al. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behavior 12(1):1-17.
[3] Sausa LA, Sevelius J, Keatley J, Iñiguez JR, Reyes M. (2009). Policy recommendations for inclusive data collection of trans people in HIV prevention, care & services. Center of Excellence for Transgender HIV Prevention: University of California, San Francisco: http://transhealth.ucsf.edu/pdf/data-recommendation.pdf
[4] Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.t (2016). How many Adults Identify as Transgender in the United States? Los Angeles, CA: The Williams Institute: https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf

Persons Living with HIV

Table 8| Transgender Persons Living with HIV in Nevada, 2011-2015

	Total		Male to Female (MTF)		Female to Male (FTM)	
	n	Column %	n	Column %	n	Column %
Residence at Diagnosis						
Nevada	84	60%	61	56%	23	77%
Out of State	55	40%	48	44%	7	23%
Race/Ethnicity						
White, non-Hispanic	32	23%	25	23%	7	23%
Black, non-Hispanic	52	37%	38	35%	14	47%
Hispanic	30	22%	22	20%	8	27%
Asian/Hawaiian/Pacific Islander	11	8%	10	9%	1	3%
American Indian/Alaska Native	3	2%	3	3%	0	0%
Multi-race/Other	11	8%	11	10%	0	0%
Age at End of Calendar Year 2013						
< 13	0	0%	0	0%	0	0%
13 to 24	9	6%	9	8%	0	0%
25 to 34	35	25%	31	28%	4	13%
35 to 44	34	24%	27	25%	7	23%
45 to 54	41	29%	29	27%	12	40%
55 to 64	16	12%	11	10%	5	17%
65 +	4	3%	2	2%	2	7%
Transmission Category						
Sexual Contact*	111	80%	92	84%	19	63%
IDU	4	3%	0	0%	4	13%
Sexual Contact + IDU*	13	9%	13	12%	0	0%
Perinatal exposure	2	1%	2	2%	0	0%
NIR/NRR	9	6%	2	2%	7	23%
Total	**139**	**100%**	**109**	**100%**	**30**	**100%**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

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

Table 8: Out of the 10,124 individuals living with HIV in Nevada at the end of 2015, 139 identified as transgender, accounting for 1.4% of all persons living with HIV in Nevada (not shown in table). Amongst the majority of transgender persons living with HIV in Nevada, 61 individuals were identified as MTF (n=109, 78.4%) and 84 of the 139 individuals who reported as transgender were residents of Nevada at the time of diagnosis.

Over one third (37%) of transgender persons living with HIV, between the years of 2011 to 2015, in Nevada were Black, non-Hispanic with the next highest percentage identifying as White (23%) followed by Hispanic (22%).

The greatest proportions of transgender persons living with HIV were between 25 and 54 years of age (85.6%) at the end of 2015 for both MTF and FTM individuals.

Sexual contact was the most common transmission category for both MTF and FTM persons living with HIV in 2015 (84% for MTF and 63% for FTM respectively). The second most common mode of transmission for MTF persons was combined sexual contact + IDU (12%), while IDU only (13%) was the second most common transmission mode for FTM.

FACILITY OF DIAGNOSIS

Table 9| Facility of New HIV Diagnosis, 2015

Facility Type	Nevada		Clark County		Washoe County		All Other Counties	
	n	Column %	n	Column %	n	Column %	n	Column %
Facility of Diagnosis								
HIV Counseling and Testing Site	121	25%	112	26%	9	24%	0	0%
Private Physician's Office	149	31%	144	33%	4	11%	1	13%
Inpatient Facility/Hospital	77	16%	69	16%	7	18%	1	13%
Outpatient Facility (unspecified)	25	5%	17	4%	7	18%	1	13%
Adult HIV Clinic	11	2%	2	0%	6	16%	3	38%
Correctional Facility	24	5%	23	5%	0	0%	1	13%
STD Clinic	42	9%	41	9%	0	0%	1	13%
Blood Bank or Plasma Center	19	4%	15	3%	4	11%	0	0%
Emergency Room	1	0%	1	0%	0	0%	0	0%
Tuberculosis Clinic	3	1%	3	1%	0	0%	0	0%
Obstetrics and Gynecology Clinic	0	0%	0	0%	0	0%	0	0%
Facility/Other/Unknown	11	2%	10	2%	1	3%	0	0%
Total	**483**	**100%**	**437**	**100%**	**38**	**100%**	**8**	**100%**

Table 9: The major percentage of people who were diagnosed with HIV in 2015 were diagnosed at a private physician's office (31%) or an HIV counseling and testing site (25%). 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 ill at the time of diagnosis and could have tested earlier.

Table 10| Facility of HIV Stage 3 (AIDS) Diagnosis, 2015

Facility Type	Nevada		Clark County		Washoe County		All Other Counties	
	n	Column %	n	Column %	n	Column %	n	Column %
Facility of Diagnosis								
HIV Counseling and Testing Site	28	14%	28	15%	0	0%	0	0%
Private Physician's Office	48	24%	45	24%	2	18%	1	20%
Inpatient Facility/Hospital	89	44%	83	45%	3	27%	3	60%
Outpatient Facility (unspecified)	2	1%	1	1%	1	9%	0	0%
Adult HIV Clinic	14	7%	9	5%	5	45%	0	0%
Correctional Facility	6	3%	5	3%	0	0%	1	20%
STD Clinic	15	7%	15	8%	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	0	0%	0	0%	0	0%	0	0%
Total	**202**	**100%**	**186**	**100%**	**11**	**100%**	**5**	**100%**

Source: Nevada Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), (March 2017)
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 2015.

Table 10: The majority of people who were diagnosed with HIV stage 3 (AIDS) in 2015 were diagnosed at an inpatient facility/hospital (44%) or a private physician's office (24%), 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, 2011 vs. 2015*

	2011			2015			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 %	
Residence at Diagnosis							
Clark County	130	350	37%	111	437	25%	-12%
Washoe County	6	27	22%	9	38	24%	1%
All Other Counties	2	3	67%	3	8	38%	-29%
Total	**138**	**380**	**36%**	**123**	**483**	**25%**	**-11%**
Sex at Birth							
Male	110	327	34%	99	420	24%	-10%
Female	28	53	53%	24	63	38%	-15%
Total	**138**	**380**	**36%**	**123**	**483**	**25%**	**-11%**
Race/Ethnicity							
White, non-Hispanic	47	128	37%	46	169	27%	-9%
Black, non-Hispanic	39	105	37%	31	118	26%	-11%
Hispanic	44	107	41%	34	144	24%	-18%
Asian/Hawaiian/Pacific Islander	7	33	21%	10	40	25%	4%
American Indian/Alaska Native	0	2	0%	2	5	40%	40%
Multi-race/other/unknown	1	5	20%	0	7	0%	-20%
Total	**138**	**380**	**36%**	**123**	**483**	**25%**	**-11%**
Age at Diagnosis							
< 13	0	0	0%	0	2	0%	0%
13 to 24	17	89	19%	11	82	13%	-6%
25 to 34	41	136	30%	28	167	17%	-13%
35 to 44	31	62	50%	38	113	34%	-16%
45 to 54	31	61	51%	33	88	38%	-13%
55 to 64	15	26	58%	9	24	38%	-20%
65 +	3	6	50%	4	7	57%	7%
Total	**138**	**380**	**36%**	**123**	**483**	**25%**	**-11%**
Transmission Category							
Male							
MSM	86	273	32%	71	321	22%	-9%
IDU	9	14	64%	6	13	46%	-18%
MSM+IDU	5	18	28%	2	24	8%	-19%
Heterosexual contact	5	9	56%	2	14	14%	-41%
Perinatal exposure	1	1	100%	0	0	0%	-100%
Transfusion/Hemophilia	0	3	0%	0	0	0%	0%
NIR/NRR	4	12	33%	18	48	38%	4%
Subtotal	**110**	**327**	**34%**	**99**	**420**	**24%**	**-10%**
Female							
IDU	4	5	80%	3	7	43%	-37%
Heterosexual contact	10	28	36%	8	22	36%	1%
Perinatal exposure	1	2	50%	0	1	0%	-50%
Transfusion/Hemophilia	0	3	0%	0	0	0%	0%
NIR/NRR	13	18	72%	13	33	39%	-33%
Subtotal	**28**	**53**	**53%**	**24**	**63**	**38%**	**-15%**
Total	**138**	**380**	**36%**	**123**	**483**	**25%**	**-11%**

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 2011 with a diagnosis of HIV Stage 3 (AIDS) within 12 months of their HIV diagnosis subtracted from the proportion of persons in 2015 with a diagnosis of HIV Stage 3 (AIDS) within 12 months of their HIV diagnosis.*

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.[1] However, recent research suggests that using this measurement alone may misclassify individuals as late testers.[2] Thus, when reviewing this 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/µL of blood or in cases where a CD4 count is not present; a CD4 percent is less than 14. HIV stage 3 (AIDS) diagnosis information was complete for a majority of these individuals.

In 2015, of the 483 individuals who were newly diagnosed with HIV and had been informed of their status, 25% were diagnosed with HIV stage 3 (AIDS) within 12 months of their HIV diagnosis. From 2011 to 2015, there was a decrease of 9 percentage points in the proportion of late diagnoses.

The *all other counties* region had the highest proportion of persons with a late diagnosis (38%) in 2015, while this proportion has decreased by 29 percentage points from a high of 37% in 2011. It shows access to case is still a barrier to diagnosis and treatment in Nevada's rural communities. In 2015, Washoe County had the lowest proportion of late diagnoses (24%), and this proportion increase by 2 percentage points from 2011 to 2015. Clark County experienced a decrease of 12 percentage points in the proportion of late diagnoses, between 2011 to 2015.

In 2015, a greater proportion of females had a late diagnosis compared to males (38% vs. 24%). From 2011 to 2015, the proportion of late diagnoses points among females decreased 15 percentage points whereas among males decreased 10 percentage points.

In terms of race/ethnicity, the highest proportion of late diagnoses, with case counts over 12, occurred among persons who identified as White (27%), Black (26%), API (25%), and Hispanic (24%) in 2015. API and AN/AI were the only race/ethnicity groups to experience an increase. The proportion of late diagnoses among API increased by 4 percentage points from 2011 to 2015.

With regard to age, from 2011 to 2015, all groups had a percentage decrease of those converting to stage 3 (AIDS) within 12 months except those over 65 years of age who went from 50% in 2011 to 575 in 2015, a 7% increase. The proportion of late diagnoses was much higher in older age groups, with the highest proportions among those over 65 years of age (57%), 55- to 64-year-olds (38%) and 45- to 54-year-olds (38%). Those 55 to 64 years of age experienced the greatest decrease in proportion of late diagnoses (20%), from 58% in 2011 to 38% in 2015.

Among males, in 2015, individuals with a transmission category of IDU had the highest proportion of late diagnoses (46%) followed by NIR/NRR (38%). The proportion of IDU who had a late diagnosis decreased 18 percentage points from 2011 to 2015. NIR/NRR is the only transmission category to have an increase in proportion from 33% in 2011 to 38% in 2015. Males who had a transmission category of MSM+IDU had the lowest proportion for a reported transmission category of late diagnoses (8%), and there was a 20-percentage point decrease in this proportion from 2011 to 2015.

Among females, individuals with a transmission category of IDU had the highest proportion of late diagnoses (43%), followed by individuals who had NIR/NRR (39%) then Heterosexual contact (36%). The proportion of IDU who had a late diagnosis decreased 37 percentage points from 2011 to 2015.

[1] 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

[2] 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, 2015

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
Residence of HIV Diagnosis									
Clark County	117	77%	5.6	93	76%	8.8	24	80%	2.3
Washoe County	19	13%	4.3	16	13%	7.2	3	10%	1.3
All Other Counties**	7	5%	1.8	7	6%	4.1	0	0%	0
Unknown	9	6%	NA	6	5%	NA	3	10%	NA
Race/Ethnicity									
White, non-Hispanic	76	50%	5.0	65	53%	8.4	11	37%	1.5
Black, non-Hispanic	42	28%	17.3	29	24%	23.7	13	43%	10.8
Hispanic	24	16%	3.0	19	16%	4.6	5	17%	1.3
Asian/Hawaiian/Pacific Islander	6	4%	2.3	6	5%	5	0	0%	0
American Indian/Alaska Native	0	0%	0.0	0	0%	0	0	0%	0
Multi-race/Other	4	3%	NA	3	2%	NA	1	3%	NA
Age at End of Year									
< 13	0	0%	0.0	0	0%	0	0	0%	0
13 to 24	2	1%	0.4	2	2%	0.9	0	0%	0
25 to 34	15	10%	3.9	13	11%	6.6	2	7%	1.1
35 to 44	20	13%	5.0	15	12%	7.3	5	17%	2.5
45 to 54	39	26%	10.0	32	26%	16	7	23%	3.7
55 to 64	46	30%	13.4	37	30%	21.8	9	30%	5.2
65 +	30	20%	7.5	23	19%	12.4	7	23%	3.3
Transmission Category									
MSM	73	48%	NA	73	60%	NA	0	0%	NA
IDU	23	15%	NA	15	12%	NA	8	27%	NA
MSM+IDU	14	9%	NA	14	11%	NA	0	0%	NA
Heterosexual contact	18	12%	NA	5	4%	NA	13	43%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	24	16%	NA	15	12%	NA	9	30%	NA
Total	**152**	**100%**	**5.3**	**122**	**100%**	**8.4**	**30**	**100%**	**2.1**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)
** Overall rates per 100,000 population were calculated using 2015 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 2015, the death rate of persons living with HIV/AIDS in Nevada was 5.3 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 (1.8 per 100,000 population). For females, Blacks had the highest crude death rate. For males, Blacks had the highest rate of 23.7 per 100,000 followed by 8.4 per 100,000 for Whites. Of all age groups, 55- to 64-years-old had the highest death rate, 21.8 per 100,000 population for males, and 5.2 per 100,000 population for females. Among males, persons with a transmission category of male-to-male sexual contact (MSM) accounted for the greatest proportion of deaths (60%), while among females, persons reporting a transmission category of heterosexual contact (43%) accounted for the transmission risk factor with the highest number of deaths.

Table 13| Survival for more than 12, 24, and 36 months after a diagnosis of HIV Stage 3 (AIDS) in Nevada during 2009-2013 by selected characteristics

	Number of Persons	Proportion Survived (in months)		
		>12	>24	>36
Residence at HIV Stage 3 (AIDS) Diagnosis				
Clark County	1,017	88%	85%	83%
Washoe County	90	81%	81%	80%
All Other counties*	38	92%	89%	89%
Total	**1,145**	**88%**	**85%**	**83%**
Sex at Birth				
Male	951	88%	85%	83%
Female	194	86%	80%	79%
Total	**1,145**	**88%**	**85%**	**83%**
Race/Ethnicity				
White, non-Hispanic	430	88%	85%	83%
Black, non-Hispanic	324	87%	84%	81%
Hispanic	308	87%	85%	83%
Asian/Hawaiian/Pacific Islander	54	87%	85%	85%
American Indian/Alaska Native	7	100%	100%	100%
Multi-race/Other	22	86%	82%	77%
Total	**1,145**	**88%**	**85%**	**83%**
Age at HIV Stage 3 (AIDS) Diagnosis				
< 13	0	NA	NA	NA
13 to 24	101	97%	93%	91%
25 to 34	292	92%	91%	90%
35 to 44	318	87%	85%	84%
45 to 54	297	88%	84%	81%
55 to 64	116	78%	71%	66%
65 +	21	48%	43%	38%
Total	**1,145**	**88%**	**85%**	**83%**
Transmission Category				
Male				
MSM	706	88%	86%	83%
IDU	63	87%	84%	84%
MSM+IDU	61	93%	90%	87%
Heterosexual Contact	40	95%	93%	88%
Perinatal Exposure	5	100%	100%	100%
Hemophilia/Blood Transfusion	1	100%	100%	100%
NIR/NRR	75	79%	77%	77%
Subtotal	**951**	**88%**	**85%**	**83%**
Female				
IDU	29	79%	76%	76%
Heterosexual Contact	110	89%	82%	81%
Perinatal Exposure	5	100%	100%	80%
Hemophilia/Blood Transfusion	0	NA	NA	NA
NIR/NRR	50	82%	78%	78%
Subtotal	**194**	**86%**	**80%**	**79%**
Year of AIDS Diagnosis				
2009	226	89%	85%	82%
2010	228	86%	82%	81%
2011	215	87%	83%	81%
2012	226	86%	83%	82%
2013	250	91%	89%	87%
Total	**1,145**	**88%**	**85%**	**83%**

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 2009-2013 and had a current Nevada residence as of March 2017, were included.

Overall, 88% 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 83%, only 5% less than the proportion surviving more than 12 months.

From 2009 to 2012, there was little change in survival for more than 12, 24, and 36 months. However, in 2013 5-6% increase in the proportion of those surviving was reported.

Between Clark, and Washoe, differences in the proportion surviving were very small. While Clark showed the fastest decline in survival among the counties. The *All Other Counties** had the greatest proportion of persons surviving 36 months or more (89%).

In Nevada, as a whole, the proportion of males surviving more than 36 months was slightly greater to that of females. Gender differences were small with respect to survival for less than 12 months. For both- greater than 24 months and 36 months, females revealed lower survival outcomes.

Multi-Race/Other had the lowest proportions of persons surviving more than 12, 24 and 36 months (86%). Black, non-Hispanic had the second lowest survival proportion after 36 months of 81%.

As age increased, the proportion of persons surviving more than 12 months decreased. 55- to 64-year-olds 45- to 54-year-olds, and persons 65 and older had the lowest proportions of persons surviving more than 12 months (88%, 78% and 48%, respectively).

Among males, persons with a transmission category of NIR/NRR and injection drug use had the lowest proportions of persons surviving more than 12 months (79%, and 87% respectively). While NIR/NRR and MSM had the lowest proportion after 36 months (77% and 83%, respectively)

Among females, persons with a transmission category of IDU had the lowest proportion surviving more than 12 months (79%) dropping to 76% for those surviving over 36 months. The overall proportion of females surviving more than 36 months was 79%.

2015 NEVADA STATE LEGISLATURE NAC 441A UPDATE

Nevada's HIV Surveillance program relies on NRS 441A and NAC 441A to legislate the reporting of HIV laboratory results. Prior to 2015, NAC 2441A.235 Section 5 required the reporting any test or examination that is performed by a medical laboratory and reveals CD4 lymphocyte counts of less than 500 cells per microliter constitutes evidence suggesting the presence of a communicable disease and must be reported. While many labs chose to report, all HIV detected HIV related laboratory results in the past going forward this practice is mandatory in addition to undetected results.

During the 2015 Nevada Legislative Session, NAC 2441A.235 Section 5 was updated to require the following HIV related tests to be reported to the State of Nevada.

5. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory shall report as required by this section the results of any test of any specimen derived from the human body, if the test is approved by the Food and Drug Administration of the United States Department of Health and Human Services, and:

(a) The results of the test confirm the presence of the human immunodeficiency virus (HIV) or antibodies to the human immunodeficiency virus (HIV); or

(b) The test was conducted to monitor the progression of a human immunodeficiency virus (HIV) infection, including, without limitation, all levels of CD4, and both detectable and undetectable viral loads.

6. With respect to a test described in subsection 5, if the interpretation of the laboratory diagnostic testing algorithm is positive, indicating the presence of infection with the human immunodeficiency virus (HIV), the laboratory must report to the health authority:

(a) The overall result or conclusion of the algorithm; and

(b) Results from all such tests, including, without limitation, negative, nonreactive or intermediate results, that are performed as part of the testing algorithm, including, without limitation:

(1) Fourth-generation and third-generation tests for the human immunodeficiency virus (HIV);

(2) Human immunodeficiency virus antibody differentiation tests (HIV-1/-2); and

(3) Nucleic acid amplification tests (NAT) for the presence of the human immunodeficiency virus (HIV).

Tracking of all HIV related tests indicates a step in the right direction. According to the CDC, the results of these blood tests, which measure the number of CD4 cells in the blood and the amount of HIV virus, helps to identify if an HIV treatment is successfully control the HIV infection.[1] If an HIV positive individual remains out of care and they can develop an opportunistic infection or their CD4 counts can drop below a certain level then they could be diagnosed as HIV stage 3 (AIDS).[2] CDC states having an undetectable viral load greatly lowers your chance of transmitting the virus to individuals who are HIV-negative.[1] As seen in Figure 1, those diagnoses are living longer. It should also be noted, despite the increases in the number of individuals living with HIV the number of individuals progressing to HIV stage 3 (AIDS) has remained constant.

[1] Centers for Disease Control and Prevention. (2016). Understanding Care: https://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/understanding.html

[2] Centers for Disease Control and Prevention. (2016). HIV Treatment: https://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/stayincare/treatment.html

SUMMARY DATA TABLES

Table 14| New HIV Diagnoses in Nevada, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
County of Residence									
Clark County	437	90%	20.9	376	90%	35.7	61	97%	5.8
Washoe County	38	8%	8.6	36	9%	16.2	2	3%	0.9
All Other Counties**	8	2%	2.4	8	2%	4.6	0	0%	0.0
Race/Ethnicity									
White, non-Hispanic	169	35%	11.0	147	35%	19.0	22	35%	2.9
Black, non-Hispanic	118	24%	48.5	91	22%	74.4	27	43%	22.4
Hispanic	144	30%	17.8	136	32%	32.8	8	13%	2.0
Asian/Hawaiian/ Pacific Islander	40	8%	15.6	36	9%	30.2	4	6%	2.9
American Indian/ Alaska Native	5	1%	15.4	3	1%	18.5	2	3%	12.3
Multi-race/Other	7	1%	NA	7	2%	NA	0	0%	NA
Age at Diagnosis									
< 13	2	0%	0.4	0	0%	0.0	2	3%	0.8
13 to 24	82	17%	18.1	75	18%	32.1	7	11%	3.2
25 to 34	167	35%	43.2	147	35%	74.5	20	32%	10.6
35 to 44	113	23%	28.2	101	24%	49.4	12	19%	6.1
45 to 54	88	18%	22.5	75	18%	37.5	13	21%	6.8
55 to 64	24	5%	7.0	18	4%	10.6	6	10%	3.5
65 +	7	1%	1.8	4	1%	2.2	3	5%	1.4
Transmission Category									
MSM	321	66%	NA	321	76%	NA	0	0%	NA
IDU	20	4%	NA	13	3%	NA	7	11%	NA
MSM+IDU	24	5%	NA	24	6%	NA	0	0%	NA
Heterosexual contact	36	7%	NA	14	3%	NA	22	35%	NA
Perinatal exposure	1	0%	NA	0	0%	NA	1	2%	NA
Hemophilia/Blood Transfusion	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	81	17%	NA	48	11%	NA	33	52%	NA
Total	**483**	**100%**	**16.8**	**420**	**100%**	**29.0**	**63**	**100%**	**4.4**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
County of Residence									
Clark County	186	92%	8.9	146	91%	13.9	40	98%	3.8
Washoe County	11	5%	2.5	10	6%	4.5	1	2%	0.5
All Other Counties**	5	2%	1.5	5	3%	2.9	0	0%	0.0
Race/Ethnicity									
White, non-Hispanic	79	39%	5.2	67	42%	8.7	12	29%	1.6
Black, non-Hispanic	60	30%	24.7	41	25%	33.5	19	46%	15.7
Hispanic	49	24%	6.0	42	26%	10.1	7	17%	1.8
Asian/Hawaiian/ Pacific Islander	10	5%	3.9	7	4%	5.9	3	7%	2.2
American Indian/ Alaska Native	1	0%	3.1	1	1%	6.2	0	0%	0.0
Multi-race/Other	3	1%	NA	3	2%	NA	0	0%	NA
Age at Diagnosis									
< 13	0	0%	0.0	0	0%	0.0	0	0%	0.0
13 to 24	16	8%	3.5	11	7%	4.7	5	12%	2.3
25 to 34	53	26%	13.7	49	30%	24.8	4	10%	2.1
35 to 44	59	29%	14.7	48	30%	23.5	11	27%	5.6
45 to 54	52	26%	13.3	38	24%	19.0	14	34%	7.3
55 to 64	13	6%	3.8	9	6%	5.3	4	10%	2.3
65 +	9	4%	2.3	6	4%	3.2	3	7%	1.4
Transmission Category									
MSM	119	59%	NA	119	74%	NA	0	0%	NA
IDU	15	7%	NA	9	6%	NA	6	15%	NA
MSM+IDU	8	4%	NA	8	5%	NA	0	0%	NA
Heterosexual contact	19	9%	NA	3	2%	NA	16	39%	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	41	20%	NA	22	14%	NA	19	46%	NA
Total	**202**	**100%**	**7.0**	**161**	**100%**	**11.1**	**41**	**100%**	**2.9**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2011- 2015~

	2011			2012			2013			2014			2015			% Change†
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*	%
County at Diagnosis																
Clark County	350	92%	17.8	328	91%	16.5	385	89%	18.9	384	88%	88.5	437	90%	20.9	125%
Washoe County	27	7%	6.4	25	7%	5.8	39	9%	9.0	40	9%	9.2	38	8%	8.6	141%
All Other Counties**	3	1%	0.9	9	2%	2.7	10	2%	3.0	10	2%	2.3	8	2%	2.4	267%
Sex																
Male	327	86%	23.8	317	88%	22.8	377	87%	26.7	381	88%	87.8	420	87%	29.0	128%
Female	53	14%	3.9	45	12%	3.3	57	13%	4.1	53	12%	12.2	63	13%	4.4	119%
Race/Ethnicity																
White, non-Hispanic	128	34%	8.5	136	38%	9.0	169	39%	11.1	159	37%	36.6	169	35%	11.0	132%
Black, non-Hispanic	105	28%	47.3	75	21%	33.2	101	23%	43.4	102	24%	23.5	118	24%	48.5	112%
Hispanic	107	28%	14.7	116	32%	15.6	132	30%	17.1	137	32%	31.6	144	30%	17.8	135%
Asian/Hawaiian/ Pacific Islander	33	9%	14.5	23	6%	9.9	17	4%	7.0	23	5%	5.3	40	8%	15.6	121%
American Indian/ Alaska Native	2	1%	6.3	2	1%	6.3	1	0%	3.1	3	1%	0.7	5	1%	15.4	250%
Multi-race/Other	5	1%	NA	10	3%	NA	14	3%	NA	10	2%	NA	7	1%	NA	140%
Age at Diagnosis																
< 13	0	0%	0.0	0	0%	0.0	2	0%	0.4	0	0%	0.0	2	0%	0.4	0%
13 to 24	89	23%	20.5	77	21%	17.5	100	23%	22.3	98	23%	22.6	82	17%	18.1	92%
25 to 34	136	36%	36.3	113	31%	30.3	156	36%	41.4	149	34%	34.3	167	35%	43.2	123%
35 to 44	62	16%	16.0	89	25%	22.8	75	17%	19.0	82	19%	18.9	113	23%	28.2	182%
45 to 54	61	16%	16.3	58	16%	15.5	69	16%	18.2	77	18%	17.7	88	18%	22.5	144%
55 to 64	26	7%	8.2	19	5%	5.9	28	6%	8.4	25	6%	5.8	24	5%	7.0	92%
65 +	6	2%	1.7	6	2%	1.7	4	1%	1.1	3	1%	0.7	7	1%	1.8	117%
Transmission Category																
Males																
MSM	273	83%	NA	246	78%	NA	288	76%	NA	284	75%	NA	321	76%	NA	118%
IDU	14	4%	NA	12	4%	NA	13	3%	NA	13	3%	NA	13	3%	NA	93%
MSM+IDU	18	6%	NA	20	6%	NA	30	8%	NA	26	7%	NA	24	6%	NA	133%
Heterosexual contact	9	3%	NA	8	3%	NA	17	5%	NA	12	3%	NA	14	3%	NA	156%
Perinatal exposure	1	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0%
Transfusion/Hemophilia	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0%
NIR/NRR	12	4%	NA	31	10%	NA	29	8%	NA	46	12%	NA	48	11%	NA	400%
Subtotal	**327**	**100%**	**23.8**	**317**	**100%**	**22.8**	**377**	**100%**	**26.7**	**381**	**100%**	**87.8**	**420**	**100%**	**29.0**	**128%**
Females																
IDU	5	9%	NA	5	11%	NA	5	9%	NA	5	9%	NA	7	11%	NA	140%
Heterosexual contact	28	53%	NA	20	44%	NA	32	56%	NA	20	38%	NA	22	35%	NA	79%
Perinatal exposure	2	4%	NA	0	0%	NA	3	5%	NA	1	2%	NA	1	2%	NA	50%
Transfusion/Hemophilia	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0%
NIR/NRR	18	34%	NA	20	44%	NA	17	30%	NA	27	51%	NA	33	52%	NA	183%
Subtotal	**53**	**100%**	**3.9**	**45**	**100%**	**3.3**	**57**	**100%**	**4.1**	**53**	**100%**	**12.2**	**63**	**100%**	**4.4**	**119%**
Total	**380**	**100%**	**14.0**	**362**	**100%**	**13.2**	**434**	**100%**	**15.5**	**434**	**100%**	**15.3**	**483**	**100%**	**16.8**	**127%**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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 2011 to 2015.

Table 17| Persons Living with HIV by Sex in Nevada, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
County of Residence									
Clark County	8,741	86%	417.1	7,345	86%	697.9	1,396	87%	133.8
Washoe County	969	10%	219.8	832	10%	374.7	137	9%	62.6
All Other Counties**	414	4%	122.7	337	4%	195.7	77	5%	46.6
Race/Ethnicity									
White, non-Hispanic	4,637	46%	303	4,092	48%	528.3	545	34%	72.1
Black, non-Hispanic	2,547	25%	1,047.50	1,818	21%	1,485.80	729	45%	603.5
Hispanic	2,348	23%	289.4	2,095	25%	505.7	253	16%	63.7
Asian/Hawaiian/ Pacific Islander	369	4%	143.8	318	4%	266.6	51	3%	37.1
American Indian/ Alaska Native	82	1%	252.2	63	1%	387.5	19	1%	116.9
Multi-race/Other	141	1%	NA	128	2%	NA	13	1%	NA
Age at Diagnosis									
< 13	15	0%	3	4	0%	1.6	11	1%	4.5
13 to 24	369	4%	81.4	314	4%	134.2	55	3%	25
25 to 34	1,661	16%	429.8	1,423	17%	721.1	238	15%	125.8
35 to 44	2,129	21%	531.4	1,758	21%	859.7	371	23%	189.1
45 to 54	3,403	34%	870.6	2,902	34%	1,451.30	501	31%	262.4
55 to 64	1,876	19%	546.7	1,559	18%	920.1	317	20%	182.5
65 +	613	6%	153.6	505	6%	272.9	108	7%	50.5
Transmission Category									
MSM	6,484	64%	NA	6,484	76%	NA	0	0%	NA
IDU	734	7%	NA	489	6%	NA	245	15%	NA
MSM+IDU	661	7%	NA	661	8%	NA	0	0%	NA
Heterosexual contact	1,272	13%	NA	303	4%	NA	969	60%	NA
Perinatal exposure	76	1%	NA	32	0%	NA	44	3%	NA
Hemophilia/Blood Transfusion	11	0%	NA	7	0%	NA	4	0%	NA
NIR/NRR	886	9%	NA	538	6%	NA	348	22%	NA
Total	**10,124**	**100%**	**352.3**	**8,514**	**100%**	**588.5**	**1,610**	**100%**	**112.8**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2011 - 2015~

	2011			2012			2013			2014			2015			% Change†
	n	Column %	R ate*	n	Column %	Rate*	n	Column %	Rate*	n	Column %	ate*	n	Column %	Rate*	%
Residence at Diagnosis																
Nevada	5,866	70%	NA	5,886	68%	NA	6,071	67%	NA	6,296	65%	NA	6,601	62%	NA	13%
Out of state	2,555	30%	NA	2,777	32%	NA	3,007	33%	NA	3,435	35%	NA	4,002	38%	NA	57%
Missing	18	0%	NA	0	0%	NA	0	0%	NA	2	0%	NA	0	0%	NA	NA
County of Residence																
Clark County	7,206	85%	366.2	7,427	86%	373.6	7,757	85%	381.8	8,384	86%	86.0	8,741	86%	417.1	121%
Washoe County	849	10%	201.4	866	10%	202.5	931	10%	215.3	948	10%	9.7	969	10%	219.8	114%
All Other Counties**	398	5%	119.7	384	4%	114.9	402	4%	119.3	413	4%	4.2	414	4%	122.7	104%
Sex																
Male	7,051	83%	512.9	7,274	84%	524.0	7,628	84%	540.1	8,208	84%	84.2	8,514	84%	588.5	121%
Female	1,402	17%	104.1	1,403	16%	103.0	1,462	16%	105.3	1,538	16%	15.8	1,610	16%	112.8	115%
Race/Ethnicity																
White, non-Hispanic	4,247	50%	281.2	4,271	49%	282.0	4,410	49%	289.5	4,596	47%	47.2	4,637	46%	303.0	109%
Black, non-Hispanic	2,045	24%	920.4	2,099	24%	929.7	2,204	24%	946.6	2,416	25%	24.8	2,547	25%	1,047.5	125%
Hispanic	1,780	21%	244.1	1,874	22%	251.5	2,005	22%	260.4	2,199	23%	22.6	2,348	23%	289.4	132%
Asian/Hawaiian/ Pacific Islander	255	3%	111.7	284	3%	122.0	297	3%	122.4	330	3%	3.4	369	4%	143.8	145%
American Indian/Alaska Native	72	1%	227.1	71	1%	222.3	71	1%	220.2	78	1%	0.8	82	1%	252.2	114%
Multi-race/Other	54	1%	NA	78	1%	NA	103	1%	NA	127	1%	NA	141	1%	NA	261%
Age at End of Year																
Missing	57	1%	0.0	57	1%	0.0	57	1%	0.0	57	1%	0.6	58	1%	0.0	102%
< 13	10	0%	2.0	10	0%	2.0	11	0%	2.2	11	0%	0.1	15	0%	3.0	150%
13 to 24	303	4%	69.8	311	4%	70.9	338	4%	75.4	359	4%	3.7	369	4%	81.4	122%
25 to 34	1,243	15%	331.9	1,298	15%	348.0	1,389	15%	368.5	1,557	16%	16.0	1,661	16%	429.8	134%
35 to 44	2,279	27%	588.8	2,187	25%	561.2	2,141	24%	541	2,162	22%	22.2	2,129	21%	531.4	93%
45 to 54	3,042	36%	815.2	3,115	36%	830.2	3,192	35%	840.0	3,341	34%	34.3	3,403	34%	870.6	112%
55 to 64	1,205	14%	378.8	1,332	15%	411.9	1,517	17%	457.3	1,728	18%	17.7	1,876	19%	546.7	156%
65 +	314	4%	90.9	367	4%	102.1	445	5%	119.0	531	5%	5.4	613	6%	153.6	195%
Transmission Category																
Males																
MSM	5,298	75%	NA	5,504	76%	NA	5,783	76%	NA	6,252	76%	NA	6,484	76%	NA	122%
IDU	493	7%	NA	485	7%	NA	485	6%	NA	489	6%	NA	489	6%	NA	99%
MSM+IDU	526	7%	NA	537	7%	NA	575	8%	NA	632	8%	NA	661	8%	NA	126%
Heterosexual contact	260	4%	NA	260	4%	NA	280	4%	NA	291	4%	NA	303	4%	NA	117%
Perinatal exposure	31	0%	NA	33	0%	NA	33	0%	NA	33	0%	NA	32	0%	NA	103%
Transfusion/Hemophilia	7	0%	NA	7	0%	NA	7	0%	NA	7	0%	NA	7	0%	NA	100%
NIR/NRR	436	6%	NA	448	6%	NA	465	6%	NA	504	6%	NA	538	6%	NA	123%
Subtotal	**7,051**	**100%**	**512.9**	**7,274**	100%	**524.0**	**7,628**	100%	**540.1**	**8,208**	100%	**84.2**	**8,514**	100%	**558.5**	**121%**
Females																
IDU	248	18%	NA	242	17%	NA	243	17%	NA	247	16%	NA	245	15%	NA	99%
Heterosexual contact	863	62%	NA	853	61%	NA	892	61%	NA	929	60%	NA	969	60%	NA	112%
Perinatal exposure	32	2%	NA	31	2%	NA	35	2%	NA	40	3%	NA	44	3%	NA	138%
Transfusion/Hemophilia	4	0%	NA	3	0%	NA	3	0%	NA	3	0%	NA	4	0%	NA	100%
NIR/NRR	255	18%	NA	274	20%	NA	289	20%	NA	319	21%	NA	348	22%	NA	136%
Subtotal	**1,402**	**100%**	**104.1**	**1,403**	**100%**	**103.0**	**1,462**	**100%**	**0.0**	**1,538**	**100%**	**0.0**	**1,610**	**100%**	**0.0**	**115%**
Total	**8,453**	**100%**	**310.6**	**8,677**	**100%**	**315.5**	**9,090**	**100%**	**324.5**	**9,746**	**100%**	**342.8**	**10,124**	**100%**	**352.3**	**120%**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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 2011 to 2015.

Table 19| New HIV Diagnoses in Clark County by Sex, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
Race/Ethnicity									
White, non-Hispanic	142	32%	14.4	122	32%	24.4	20	33%	4.1
Black, non-Hispanic	115	26%	50.5	88	23%	77.7	27	44%	23.6
Hispanic	135	31%	20.8	127	34%	38.5	8	13%	2.5
Asian/Hawaiian/Pacific Islander	34	8%	15.4	30	8%	29.2	4	7%	3.4
American Indian/Alaska Native	4	1%	29.3	2	1%	28.7	2	3%	29.9
Multi-race/Other	7	2%	NA	7	2%	NA	0	0%	NA
Age at Diagnosis									
< 13	2	0%	0.5	0	0%	0.0	2	3%	1.1
13 to 24	75	17%	22.9	68	18%	40.4	7	11%	4.4
25 to 34	151	35%	53.2	132	35%	91.5	19	31%	13.6
35 to 44	105	24%	33.8	93	25%	58.8	12	20%	7.9
45 to 54	79	18%	27.3	66	18%	44.7	13	21%	9.2
55 to 64	18	4%	7.6	13	3%	11.1	5	8%	4.1
65 +	7	2%	2.6	4	1%	3.2	3	5%	2.0
Transmission Category									
MSM	292	67%	NA	292	78%	NA	0	0%	NA
IDU	15	3%	NA	8	2%	NA	7	11%	NA
MSM+IDU	20	5%	NA	20	5%	NA	0	0%	NA
Heterosexual contact	35	8%	NA	14	4%	NA	21	34%	NA
Perinatal exposure	1	0%	NA	0	0%	NA	1	2%	NA
NIR/NRR	74	17%	NA	42	11%	NA	32	52%	NA
Total	**437**	**100%**	**20.9**	**376**	**100%**	**35.7**	**61**	**100%**	**5.8**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
Race/Ethnicity									
White, non-Hispanic	66	35%	6.7	55	38%	11	11	28%	2.3
Black, non-Hispanic	59	32%	25.9	40	27%	35.3	19	48%	16.6
Hispanic	49	26%	7.5	42	29%	12.7	7	18%	2.2
Asian/Hawaiian/Pacific Islander	8	4%	3.6	5	3%	4.9	3	8%	2.5
American Indian/Alaska Native	1	1%	7.3	1	1%	14.3	0	0%	0
Multi-race/Other	3	2%	NA	3	2%	NA	0	0%	NA
Age at Diagnosis									
< 13	0	0%	0	0	0%	0	0	0%	0
13 to 24	14	8%	4.3	9	6%	5.4	5	13%	3.1
25 to 34	51	27%	18	47	32%	32.6	4	10%	2.9
35 to 44	56	30%	18	45	31%	28.4	11	28%	7.2
45 to 54	48	26%	16.6	34	23%	23	14	35%	9.9
55 to 64	9	5%	3.8	6	4%	5.1	3	8%	2.5
65 +	8	4%	2.9	5	3%	4	3	8%	2
Transmission Category									
MSM	109	59%	NA	109	75%	NA	0	0%	NA
IDU	12	6%	NA	7	5%	NA	5	13%	NA
MSM+IDU	6	3%	NA	6	4%	NA	0	0%	NA
Heterosexual contact	19	10%	NA	3	2%	NA	16	40%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	40	22%	NA	21	14%	NA	19	48%	NA
Total	**186**	**100%**	**8.9**	**146**	**100%**	**13.9**	**40**	**100%**	**3.8**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
Residence at Diagnosis									
Nevada	5,559	62%	NA	4,643	61%	NA	916	65%	NA
Out of state	3,406	38%	NA	2,913	39%	NA	493	35%	NA
Race/Ethnicity									
White, non-Hispanic	3,732	43%	379.1	3,323	45%	664.7	409	29%	84.4
Black, non-Hispanic	2,391	27%	1,050.00	1,691	23%	1,493.70	700	50%	611.4
Hispanic	2,096	24%	322.8	1,880	26%	570.5	216	15%	67.5
Asian/Hawaiian/Pacific Islander	337	4%	152.7	293	4%	285	44	3%	37.3
American Indian/Alaska Native	61	1%	446.6	46	1%	660.1	15	1%	224.2
Multi-race/Other	124	1%	NA	112	2%	NA	12	1%	NA
Age at End of Year									
Missing	57	1%	NA	49	1%	NA	8	1%	NA
< 13	13	0%	3.5	4	0%	2.1	9	1%	4.9
13 to 24	328	4%	100.1	277	4%	164.7	51	4%	32.0
25 to 34	1,489	17%	524.9	1,282	17%	888.7	207	15%	148.5
35 to 44	1,882	22%	605.9	1,550	21%	979.2	332	24%	217.9
45 to 54	2,883	33%	996.8	2,464	34%	1,667.80	419	30%	296.1
55 to 64	1,582	18%	663.7	1,308	18%	1,115.20	274	20%	226.3
65 +	507	6%	186.7	411	6%	328.6	96	7%	65.6
Transmission Category									
MSM	5,736	66%	NA	5,736	78%	NA	0	0%	NA
IDU	576	7%	NA	382	5%	NA	194	14%	NA
MSM+IDU	531	6%	NA	531	7%	NA	0	0%	NA
Heterosexual contact	1,124	13%	NA	256	3%	NA	868	62%	NA
Perinatal exposure	68	1%	NA	30	0%	NA	38	3%	NA
Hemophilia/Blood Transfusion	9	0%	NA	7	0%	NA	2	0%	NA
NIR/NRR	697	8%	NA	403	5%	NA	294	21%	NA
Total	**8,741**	**100%**	**417.1**	**7,345**	**100%**	**697.9**	**1,396**	**100%**	**404.6**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	New HIV Infections			New HIV stage 3 (AIDS) Diagnoses		
	n	Column %	Rate*	n	Column %	Rate*
Sex						
Male	36	95%	16.2	10	91%	4.5
Female	2	5%	0.9	1	9%	0.5
Race/Ethnicity						
White, non-Hispanic	22	58%	7.7	8	73%	2.8
Black, non-Hispanic	3	8%	27.5	1	9%	9.2
Hispanic	8	21%	7.5	0	0%	0.0
Asian/Hawaiian/Pacific Islander	5	13%	16.9	2	18%	6.7
American Indian/Alaska Native	0	0%	0.0	0	0%	0.0
Multi-race/Other	0	0%	NA	0	0%	NA
Age at Diagnosis						
< 13	0	0%	0.0	0	0%	0.0
13 to 24	6	16%	8.5	2	18%	2.8
25 to 34	13	34%	20.5	2	18%	3.2
35 to 44	6	16%	11.0	1	9%	1.8
45 to 54	7	18%	12.2	2	18%	3.5
55 to 64	6	16%	10.6	4	36%	7.0
65 +	0	0%	0.0	0	0%	0.0
Transmission Category						
MSM	23	61%	NA	7	64%	NA
IDU	4	11%	NA	2	18%	NA
MSM+IDU	3	8%	NA	1	9%	NA
Heterosexual contact	1	3%	NA	0	0%	NA
Perinatal exposure	0	0%	NA	0	0%	NA
Hemophilia/Blood Transfusion	0	0%	NA	0	0%	NA
NIR/NRR	7	18%	NA	1	9%	NA
Total	**38**	**100%**	**8.6**	**11**	**100%**	**2.5**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	Total			Male			Female		
	n	Column %	Rate*	n	Column %	Rate*	n	Column %	Rate*
Residence at Diagnosis									
Nevada	751	64%	NA	632	63%	NA	119	69%	NA
Out of state	424	36%	NA	370	37%	NA	54	31%	NA
Race/Ethnicity									
White, non-Hispanic	625	64%	217.8	544	65%	376.6	81	59%	56.8
Black, non-Hispanic	111	11%	1,018.2	91	11%	1,519.9	20	15%	407.0
Hispanic	179	18%	168.5	152	18%	279.6	27	20%	52.0
Asian/Hawaiian/Pacific Islander	28	3%	94.4	23	3%	167.3	5	4%	31.4
American Indian/Alaska Native	14	1%	193.9	11	1%	312.9	3	2%	81.0
Multi-race/Other	12	1%	NA	11	1%	NA	1	1%	NA
Age at End of Year									
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	34	4%	48.3	31	4%	85.1	3	2%	8.8
25 to 34	134	14%	211.1	110	13%	340	24	18%	77.1
35 to 44	176	18%	322.8	151	18%	545.6	25	18%	93.1
45 to 54	356	37%	620.3	301	36%	1032.8	55	40%	194.7
55 to 64	203	21%	357.3	179	22%	636.3	24	18%	83.7
65 +	66	7%	105.0	60	7%	203.8	6	4%	18.0
Transmission Category									
MSM	562	58%	NA	562	68%	NA	0	0%	NA
IDU	90	9%	NA	62	7%	NA	28	20%	NA
MSM+IDU	90	9%	NA	90	11%	NA	0	0%	NA
Heterosexual contact	95	10%	NA	25	3%	NA	70	51%	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	13%	NA	92	11%	NA	36	26%	NA
Total	**969**	**100%**	**219.8**	**832**	**100%**	**374.7**	**137**	**100%**	**404.6**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	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*
County at Diagnosis																		
Clark County	142	84%	14.4	115	97%	50.5	135	94%	20.8	34	85%	15.4	4	80%	29.3	7	100%	NA
Washoe County	22	13%	7.7	3	3%	27.5	8	6%	7.5	5	13%	16.9	0	0%	0.00	0	0%	NA
All Other Counties**	5	3%	1.9	0	0%	0.00	1	1%	1.8	1	3%	16.1	1	20%	8.6	0	0%	NA
Sex																		
Male	147	87%	19.0	91	77%	74.4	136	94%	32.8	36	90%	30.2	3	60%	18.5	7	100%	NA
Female	22	13%	2.9	27	23%	22.4	8	6%	2.00	4	10%	2.9	2	40%	12.3	0	0%	NA
Age																		
< 13	1	1%	0.5	0	0%	0.00	0	0%	0.00	0	0%	0.00	1	20%	18.1	0	0%	NA
13 to 24	19	11%	9.8	26	22%	59.2	27	19%	15.7	7	18%	18.4	1	20%	17.9	2	29%	NA
25 to 34	50	30%	27.3	41	35%	113	57	40%	45.3	14	35%	38.9	2	40%	39.8	3	43%	NA
35 to 44	40	24%	20.0	26	22%	77.9	35	24%	28.1	12	30%	30.5	0	0%	0.00	0	0%	NA
45 to 54	37	22%	16.9	21	18%	65.3	22	15%	22.7	5	13%	13.00	1	20%	21.6	2	29%	NA
55 to 64	17	10%	7.5	4	3%	15.6	2	1%	3.7	1	3%	3.1	0	0%	0.00	0	0%	NA
65 +	5	3%	1.7	0	0%	0.00	1	1%	2.5	1	3%	3.3	0	0%	0.00	0	0%	NA
Transmission Category																		
Males																		
MSM	105	71%	NA	59	65%	NA	116	85%	NA	32	89%	NA	2	67%	NA	7	100%	NA
IDU	9	6%	NA	2	2%	NA	2	1%	NA	0	0%	NA	0	0%	NA	0	0%	NA
MSM+IDU	17	12%	NA	1	1%	NA	4	3%	NA	1	3%	NA	1	33%	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	2	1%	NA	6	7%	NA	5	4%	NA	1	3%	NA	0	0%	NA	0	0%	NA
NIR/NRR	14	10%	NA	23	25%	NA	9	7%	NA	2	6%	NA	0	0%	NA	0	0%	NA
Subtotal	**147**	**100%**	**19.0**	**91**	**100%**	**74.4**	**136**	**100%**	**32.8**	**36**	**100%**	**30.2**	**3**	**100%**	**18.5**	**7**	**100%**	**NA**
Females																		
IDU	7	32%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Heterosexual contact	6	27%	NA	10	37%	NA	6	75%	NA	0	0%	NA	0	0%	NA	0	0%	NA
Perinatal exposure	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	1	50%	NA	0	0%	NA
NIR/NRR	9	41%	NA	17	63%	NA	2	25%	NA	4	100%	NA	1	50%	NA	0	0%	NA
Subtotal	**22**	**100%**	**2.9**	**27**	**100%**	**22.4**	**8**	**100%**	**2.00**	**4**	**100%**	**2.9**	**2**	**100%**	**12.3**	**0**	**100%**	**NA**
Total	**169**	**100%**	**11.0**	**118**	**100%**	**48.5**	**144**	**100%**	**17.8**	**40**	**100%**	**15.6**	**5**	**100%**	**15.4**	**7**	**100%**	**NA**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	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*
County of Residence																		
Clark County	3,732	80%	379.1	2,391	94%	1,050.0	2,096	89%	322.8	337	91%	152.7	61	74%	446.6	124	88%	NA
Washoe County	625	13%	217.8	111	4%	1,018.2	179	8%	168.5	28	8%	94.4	14	17%	193.9	12	9%	NA
All Other Counties**	280	6%	108.0	45	2%	992.3	73	3%	131.1	4	1%	64.5	7	9%	60.2	5	4%	NA
Sex																		
Male	4,092	88%	528.3	1,818	71%	1,485.8	2,095	89%	505.7	318	86%	266.6	63	77%	387.5	128	91%	NA
Female	545	12%	72.1	729	29%	603.5	253	11%	63.7	51	14%	37.1	19	23%	116.9	13	9%	NA
Age at End of Year																		
Missing	34	1%	NA	11	0%	NA	13	1%	NA	0	0%	NA	0	0%	NA	0	0%	NA
< 13	4	0%	1.9	6	0%	12.5	3	0%	1.5	1	0%	2.4	1	1%	18.1	0	0%	NA
13 to 24	79	2%	40.7	143	6%	325.7	117	5%	68.1	12	3%	31.6	2	2%	35.8	16	11%	NA
25 to 34	475	10%	259.0	517	20%	1,429.5	520	22%	412.9	96	26%	266.8	14	17%	278.7	39	28%	NA
35 to 44	795	17%	397.9	541	21%	1,620.5	653	28%	524.2	99	27%	251.7	19	23%	532.7	22	16%	NA
45 to 54	1,796	39%	821.5	756	30%	2,351.3	684	29%	705.2	93	25%	241.7	28	34%	604.5	46	33%	NA
55 to 64	1073	23%	472.8	452	18%	1,761.3	277	12%	508.7	48	13%	150.8	11	13%	259.9	15	11%	NA
65 +	381	8%	126.5	121	5%	510.2	81	3%	205.0	20	5%	65.1	7	9%	177.0	3	2%	NA
Transmission Category																		
Males																		
MSM	3,099	76%	NA	1,263	69%	NA	1,693	81%	NA	282	89%	NA	48	76%	NA	99	77%	NA
IDU	255	6%	NA	148	8%	NA	75	4%	NA	3	1%	NA	4	6%	NA	4	3%	NA
MSM+IDU	420	10%	NA	101	6%	NA	101	5%	NA	15	5%	NA	7	11%	NA	17	13%	NA
Heterosexual contact	82	2%	NA	126	7%	NA	83	4%	NA	6	2%	NA	1	2%	NA	5	4%	NA
Perinatal exposure	9	0%	NA	16	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	220	5%	NA	164	9%	NA	136	6%	NA	12	4%	NA	3	5%	NA	3	2%	NA
Subtotal	**4,092**	**100%**	**528.3**	**1,818**	**100%**	**1,485.8**	**2,095**	**100%**	**505.7**	**318**	**100%**	**266.6**	**63**	**100%**	**387.5**	**128**	**100%**	**NA**
Females																		
IDU	139	26%	NA	77	11%	NA	21	8%	NA	3	6%	NA	3	16%	NA	2	1%	NA
Heterosexual contact	288	53%	NA	447	61%	NA	181	72%	NA	35	69%	NA	10	53%	NA	8	6%	NA
Perinatal exposure	9	2%	NA	25	3%	NA	7	3%	NA	1	2%	NA	1	5%	NA	1	1%	NA
Transfusion/ Hemophilia	2	0%	NA	1	0%	NA	0	0%	NA	1	2%	NA	0	0%	NA	0	0%	NA
NIR/NRR	107	20%	NA	179	25%	NA	44	17%	NA	11	22%	NA	5	26%	NA	2	1%	NA
Subtotal	**545**	**100%**	**72.1**	**729**	**100%**	**603.5**	**253**	**100%**	**63.7**	**51**	**100%**	**37.1**	**19**	**100%**	**116.9**	**13**	**100%**	**NA**
Total	**4,637**	**100%**	**303.0**	**2,547**	**100%**	**1,047.5**	**2,348**	**100%**	**289.4**	**369**	**100%**	**143.8**	**82**	**100%**	**252.2**	**141**	**100%**	**NA**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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, 2015~

	<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 *
County at Diagnosis																					
Clark County	2	100%	0.5	75	91%	22.9	151	90%	53.2	105	93%	33.8	79	90%	27.3	18	75%	7.6	7	100%	2.6
Washoe County	0	0%	0.0	6	7%	8.5	13	8%	20.5	6	5%	11.0	7	8%	12.2	6	25%	10.6	0	0%	0.0
All Other Counties**	0	0%	0.0	1	1%	1.8	3	2%	7.6	2	2%	5.6	2	2%	4.5	0	0%	0.0	0	0%	0.0
Sex																					
Male	0	0%	0.0	75	91%	32.1	147	88%	74.5	101	89%	49.4	75	85%	37.5	18	75%	10.6	4	57%	2.2
Female	2	100%	0.8	7	9%	3.2	20	12%	10.6	12	11%	6.1	13	15%	6.8	6	25%	3.5	3	43%	1.4
Race/Ethnicity																					
White, non-Hispanic	1	50%	0.5	19	23%	9.8	50	30%	27.3	40	35%	20.0	37	42%	16.9	17	71%	7.5	5	71%	1.7
Black, non-Hispanic	0	0%	0.0	26	32%	59.2	41	25%	113.4	26	23%	77.9	21	24%	65.3	4	17%	15.6	0	0%	0.0
Hispanic	0	0%	0.0	27	33%	15.7	57	34%	45.3	35	31%	28.1	22	25%	22.7	2	8%	3.7	1	14%	2.5
Asian/Hawaiian/ Pacific Islander	0	0%	0.0	7	9%	18.4	14	8%	38.9	12	11%	30.5	5	6%	13.0	1	4%	3.1	1	14%	3.3
American Indian/ Alaska Native	1	50%	18.1	1	1%	17.9	2	1%	39.8	0	0%	0.0	1	1%	21.6	0	0%	0.0	0	0%	0.0
Multi-race/Other	0	0%	NA	2	2%	NA	3	2%	NA	0	0%	NA	2	2%	NA	0	0%	NA	0	0%	NA
Transmission Category																					
Males																					
MSM	0	0%	NA	61	81%	NA	123	84%	NA	68	67%	NA	53	71%	NA	13	72%	NA	3	75%	NA
IDU	0	0%	NA	3	4%	NA	2	1%	NA	3	3%	NA	4	5%	NA	0	0%	NA	1	25%	NA
MSM+IDU	0	0%	NA	7	9%	NA	9	6%	NA	6	6%	NA	1	1%	NA	1	6%	NA	0	0%	NA
Heterosexual contact	0	0%	NA	0	0%	NA	0	0%	NA	6	6%	NA	7	9%	NA	1	6%	NA	0	0%	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	5%	NA	13	9%	NA	18	18%	NA	10	13%	NA	3	17%	NA	0	0%	NA
Subtotal	**0**	**100%**	**0.0**	**75**	**100%**	**32.1**	**147**	**100%**	**74.5**	**101**	**100%**	**49.4**	**75**	**100%**	**37.5**	**18**	**100%**	**10.6**	**4**	**100%**	**2.2**
Females																					
IDU	0	0%	NA	0	0%	NA	3	15%	NA	1	8%	NA	2	15%	NA	1	17%	NA	0	0%	NA
Heterosexual contact	0	0%	NA	2	29%	NA	7	35%	NA	3	25%	NA	7	54%	NA	2	33%	NA	1	33%	NA
Perinatal exposure	1	50%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA	0	0%	NA
NIR/NRR	1	50%	NA	5	71%	NA	10	50%	NA	8	67%	NA	4	31%	NA	3	50%	NA	2	67%	NA
Subtotal	**2**	**100%**	**0.8**	**7**	**100%**	**3.2**	**20**	**100%**	**10.6**	**12**	**100%**	**6.1**	**13**	**100%**	**6.8**	**6**	**100%**	**3.5**	**3**	**100%**	**1.4**
Total	**2**	**100%**	**0.4**	**82**	**100%**	**18.1**	**167**	**100%**	**43.2**	**113**	**100%**	**28.2**	**88**	**100%**	**22.5**	**24**	**100%**	**7.0**	**7**	**100%**	**1.8**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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††, 2015~

	<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 *
County of Residence																					
Clark County	13	87%	3.5	328	89%	100.1	1,489	90%	524.9	1,882	88%	605.9	2,883	85%	996.8	1,582	84%	663.7	507	83%	186.7
Washoe County	0	0%	0.0	34	9%	48.3	134	8%	211.1	176	8%	322.8	356	10%	620.3	203	11%	357.3	66	11%	105.0
All Other Counties**	2	13%	4.0	7	2%	12.6	38	2%	96.6	71	3%	199.9	164	5%	370.5	91	5%	189.7	40	7%	61.8
Sex																					
Male	4	27%	1.6	314	85%	134.2	1,423	86%	721.1	1,758	83%	859.7	2,902	85%	1,451.3	1,559	83%	920.1	505	82%	272.9
Female	11	73%	4.5	55	15%	25.0	238	14%	125.8	371	17%	189.1	501	15%	262.4	317	17%	182.5	108	18%	50.5
Race/Ethnicity																					
White, non-Hispanic	4	27%	1.9	79	21%	40.7	475	29%	259.0	795	37%	397.9	1,796	53%	821.5	1,073	57%	472.8	381	62%	126.5
Black, non-Hispanic	6	40%	12.5	143	39%	325.7	517	31%	1,429.5	541	25%	1,620.5	756	22%	2,351.3	452	24%	1,761.3	121	20%	510.2
Hispanic	3	20%	1.5	117	32%	68.1	520	31%	412.9	653	31%	524.2	684	20%	705.2	277	15%	508.7	81	13%	205.0
Asian/Hawaiian/ Pacific Islander	1	7%	2.4	12	3%	31.6	96	6%	266.8	99	5%	251.7	93	3%	241.7	48	3%	150.8	20	3%	65.1
American Indian/ Alaska Native	1	7%	18.1	2	1%	35.8	14	1%	278.7	19	1%	532.7	28	1%	604.5	11	1%	259.9	7	1%	177.0
Multi-race/Other	0	0%	NA	16	4%	NA	39	2%	NA	22	1%	NA	46	1%	NA	15	1%	NA	3	0%	NA
Transmission Category																					
Males																					
MSM	0	0%	NA	251	80%	NA	1,203	85%	NA	1,371	78%	NA	2,189	75%	NA	1,068	69%	NA	366	72%	NA
IDU	0	0%	NA	8	3%	NA	24	2%	NA	60	3%	NA	184	6%	NA	168	11%	NA	42	8%	NA
MSM+IDU	0	0%	NA	16	5%	NA	98	7%	NA	143	8%	NA	247	9%	NA	128	8%	NA	28	6%	NA
Heterosexual contact	0	0%	NA	7	2%	NA	32	2%	NA	64	4%	NA	112	4%	NA	67	4%	NA	21	4%	NA
Perinatal exposure	4	100%	NA	21	7%	NA	7	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	11	4%	NA	59	4%	NA	119	7%	NA	167	6%	NA	126	8%	NA	47	9%	NA
Subtotal	**4**	**100%**	**1.6**	**314**	**100%**	**134.2**	**1,423**	**100%**	**721.1**	**1,758**	**100%**	**859.7**	**2,902**	**100%**	**1,451.3**	**1,559**	**100%**	**920.1**	**505**	**100%**	**272.9**
Females																					
IDU	0	0%	NA	0	0%	NA	19	8%	NA	39	11%	NA	87	17%	NA	79	25%	NA	18	17%	NA
Heterosexual contact	0	0%	NA	21	38%	NA	129	54%	NA	248	67%	NA	313	62%	NA	182	57%	NA	74	69%	NA
Perinatal exposure	9	82%	NA	21	38%	NA	14	6%	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	18%	NA	13	24%	NA	75	32%	NA	83	22%	NA	100	20%	NA	55	17%	NA	16	15%	NA
Subtotal	**11**	**100%**	**4.5**	**55**	**100%**	**25.0**	**238**	**100%**	**125.8**	**371**	**100%**	**189.1**	**501**	**100%**	**262.4**	**317**	**100%**	**182.5**	**108**	**100%**	**50.5**
Total	**15**	**100%**	**3.0**	**369**	**100%**	**81.4**	**1,661**	**100%**	**429.8**	**2,129**	**100%**	**531.4**	**3,403**	**100%**	**870.6**	**1,876**	**100%**	**546.7**	**613**	**100%**	**153.6**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

** Rates per 100,000 population were calculated using 2015 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 58 persons missing age at end of year at the end of 2015. Data for these persons were not included in this table.

Table 28| Expanded Risk Categories by Sex for New HIV Diagnoses, 2011 – 2015~

Expanded Risk	2011		2012		2013		2014		2015	
	n	Column %	n	Column %	n	Column %	n	Column %	n	Column %
Males										
MSM only	198	61%	193	61%	232	62%	238	62%	253	60%
MSM and heterosexual contact	75	23%	54	17%	56	15%	46	12%	68	16%
IDU only	2	1%	2	1%	0	0%	0	0%	1	0%
IDU and heterosexual contact only	12	4%	10	3%	13	3%	13	3%	12	3%
IDU and MSM	11	3%	11	3%	19	5%	21	5%	16	4%
IDU, MSM, and heterosexual contact	7	2%	9	3%	11	3%	5	1%	8	2%
Heterosexual contact with IDU female	0	0%	4	1%	6	2%	3	1%	3	1%
Heterosexual contact with HIV+ female	9	3%	4	1%	11	3%	9	2%	11	3%
Heterosexual contact only (no other risk identified)	11	3%	31	10%	27	7%	41	11%	39	9%
Perinatal exposure, HIV diagnosed at age 13 years or older	1	0%	0	0%	0	0%	0	0%	0	0%
No Risks Reported (NIR/NRR)	1	0%	0	0%	2	1%	6	2%	9	2%
Total	**327**	**100%**	**318**	**100%**	**377**	**100%**	**382**	**100%**	**420**	**100%**
Females										
Heterosexual contact with MSM	3	6%	5	11%	5	9%	2	4%	3	5%
Heterosexual contact with IDU male	1	2%	2	4%	3	5%	3	5%	3	5%
Heterosexual contact with MSM+IDU male	1	2%	0	0%	1	2%	1	2%	2	3%
Heterosexual contact with HIV+ male	23	43%	13	29%	23	40%	14	25%	14	22%
Heterosexual contact (no other risk identified)	18	34%	20	44%	17	30%	28	50%	28	44%
IDU only	1	2%	1	2%	0	0%	0	0%	0	0%
IDU and heterosexual contact	2	4%	3	7%	1	2%	1	2%	0	0%
IDU and heterosexual contact with IDU male	2	4%	1	2%	3	5%	2	4%	6	10%
IDU and heterosexual contact with MSM+IDU male	0	0%	0	0%	1	2%	2	4%	1	2%
Perinatal exposure	0	0%	0	0%	2	4%	1	2%	1	2%
Perinatal exposure, HIV diagnosed at age 13 years or older	2	4%	0	0%	1	2%	1	2%	0	0%
No Risks Reported (NIR/NRR)	0	0%	0	0%	0	0%	1	2%	5	8%
Total	**53**	**100%**	**45**	**100%**	**57**	**100%**	**56**	**100%**	**63**	**100%**

Source: Nevada Division of Public and Behavioral Health HIV/AIDS Reporting System (eHARS), (March 2017)

~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, 2011-2015

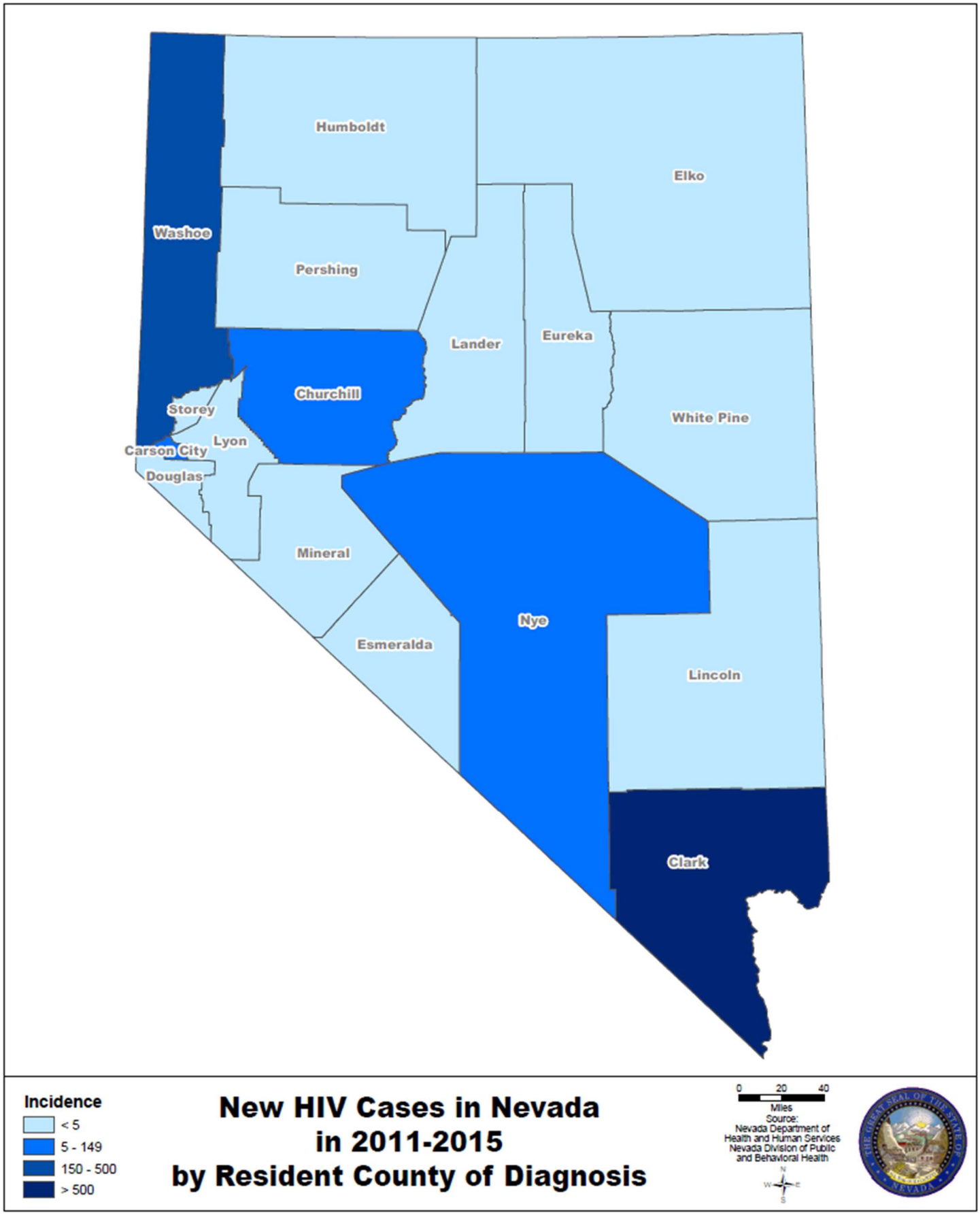
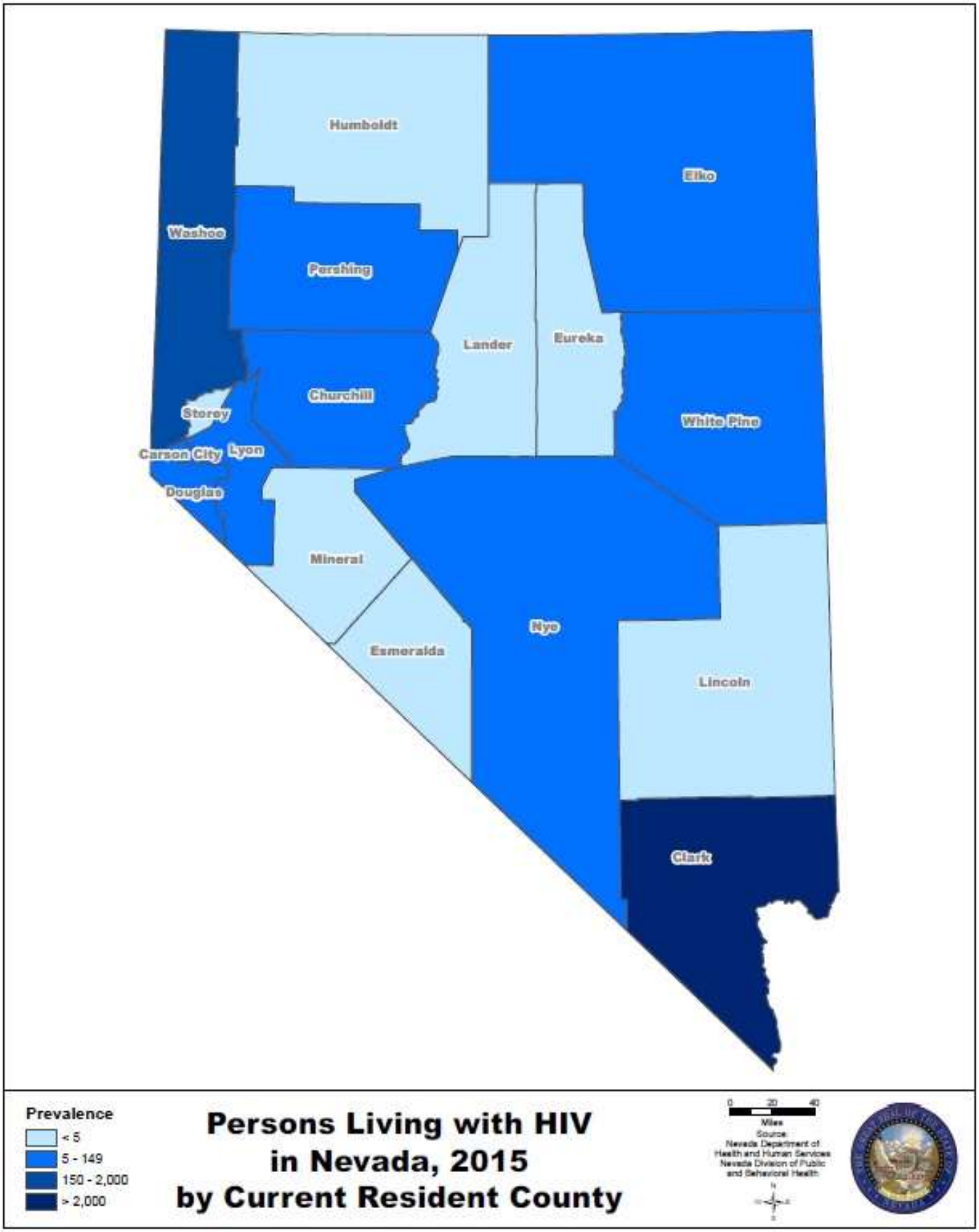


Figure 38| Person Living with HIV by Current County of Residence in Nevada, 2015



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Note as of October 2016:

"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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