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HIV and AIDS Data through December 2018

Provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2020

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA
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On the Web: http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

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CDC-INFO
1-800-232-4636 (in English, en Español)
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Acknowledgments

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Contents

The Ryan White HIV/AIDS Program (RWHAP) is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was passed by Congress in 1990 to address the crisis of the HIV epidemic in the United States. This legislation has been amended and reauthorized 4 times: in 1996, 2000, 2006, and most recently in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009. More information about the legislation and its history is available from HRSA HAB at https://hab.hrsa.gov/about-ryan-white-hivaids-program/.

For the implementation of the RWHAP Metropolitan (Part A) and State (Part B) programs, HRSA HAB and the Centers for Disease Control and Prevention (CDC) collaborate to ensure the appropriate HIV and AIDS surveillance data are used in determining eligibility and funding allocation amounts. In FY 2020, HRSA used total counts of persons living with diagnosed HIV infection non-AIDS and persons living with infection ever classified as AIDS to calculate funding allocation amounts for eligible jurisdictions. For FY 2020, CDC provided HRSA with data files containing this information through calendar year 2018 for all jurisdictions. The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS were added together to arrive at the total number of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS for each eligible area: eligible metropolitan area (EMA), transitional grant area (TGA), emerging community (EC), state, and territory. These totals were used in the RWHAP Parts A and B funding formula calculations.

RWHAP Part A Funding

For the RWHAP Part A funding formula, HRSA continues to use cumulative cases of AIDS reported to and confirmed by the Director of CDC for the most recent 5 calendar years for which such data are available to determine eligibility, as instructed by the RWHAP statute. RWHAP Part A has 2 categories of grant recipients for areas that have a minimum population of 50,000 persons: EMAs and TGAs. EMAs are defined as areas that have a cumulative total of more than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available. An area will continue to be an EMA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of more than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 3,000 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. In FY 2020, there were 24 EMAs.

TGAs, the other category of Part A recipients, are defined as areas that have a cumulative total of at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available. An area will remain a TGA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of at least 1,000 but fewer than 2,000 cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 1,500 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. Provisions in the RWHAP statute provided for a modification beginning in FY 2009: in the case where a metropolitan area has a cumulative total of at least 1,400 but fewer than 1,500 persons living with HIV infection ever classified as AIDS as of December 31 of the most recent calendar year for which such data are available, such area shall be treated as having met criterion (b) as long as the area did not have more than 5% unobligated balance as of the most recent fiscal year for which such data are available. Areas that have fallen below either or both of the required TGA thresholds, but that continue to be eligible per the RWHAP statute because

they must fail both criteria for three consecutive years, remain designated as TGAs and are presented in the TGA tables. For FY 2020, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2020—both EMAs and TGAs—are those metropolitan statistical area (MSA) boundaries determined by the Office of Management and Budget (OMB) for use in federal statistical activities that were in effect when they were initially funded under Part A [1–3]. For all newly eligible areas, of which there were none in FY 2020, the boundaries are based on current MSA boundary definitions determined by OMB [1–3].

Minority AIDS Initiative (MAI) formula funds for Part A are awarded based on the reported number of minority persons living with diagnosed HIV infection, non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data for MAI formula funds are not included in this report.

RWHAP Part B Funding

RWHAP Part B and AIDS Drug Assistance Program (ADAP) funds are awarded via 3 separate grant award processes: the RWHAP Part B HIV Care Program award, the RWHAP Part B Supplemental Grant Program award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. The RWHAP Part B HIV Care Program award has a 5-year project period and is determined by a legislatively mandated funding formula process. The award includes the following 5 components: Part B Base award, ADAP Base award, ADAP Supplemental award (for eligible states that choose to apply), Emerging Communities award (for eligible states), and MAI award (for eligible states that do not decline funding). The RWHAP Part B Supplemental grant is a one-year competitive award for states that demonstrate the need for additional RWHAP Part B funds. The ADAP ERF grant is also a one-year competitive award. These funds are used to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

RWHAP Part B HIV Care Program Grant

For the RWHAP Part B Base, ADAP Base, ADAP Supplemental, Emerging Communities, and MAI funding formulas, HRSA continues to use cumulative cases of persons living with diagnosed HIV infection, non-AIDS and infection ever classified as AIDS in the state or territory through the end of the most recent calendar year as confirmed by the Director of CDC, as instructed by the RWHAP statute. The RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for recipients applying for MAI formula funds, awards are based on the reported number of racial/ethnic minorities living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data for MAI formula funds are not included in this report. ADAP Supplemental grants are awarded by the same formula as ADAP Base to states that meet any of the criteria listed in that section of the Notice of Funding Opportunity for the purpose of providing medications or insurance assistance for persons living with HIV infection.

RWHAP Part B Emerging Communities eligibility is determined based on the number of persons living with HIV infection ever classified as AIDS in that jurisdiction. Emerging communities are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available. An area will remain an EC unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of at least 500 but fewer than 1,000 cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 750 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent year for which such data are available. As with EMAs and TGAs, the geographic boundaries for ECs are those that were determined by OMB and that were in effect when initially funded.

RWHAP Part B Supplemental and ADAP ERF Grants

RWHAP Part B Supplemental and ADAP ERF grants are awarded to states demonstrating the severity of the burden of HIV infection and the need for additional federal assistance. The funds are intended to supplement the services otherwise provided by the state. All submitted applications for RWHAP Part B Supple-

mental and ADAP ERF competitive grants are reviewed and ranked by an external objective review committee; the highest-ranked applications receive consideration for award within available funding ranges. States and territories applying for RWHAP Part B Supplemental funds must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for persons living with HIV in the state or territory, and provide quantifiable data on HIV epidemiology, comorbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges. States and territories applying for RWHAP ADAP ERF funds must demonstrate the need for funding to prevent, reduce, or eliminate a waiting list, including through "cost-cutting" and/or "cost-saving" measures, or that need additional funding for a current or projected increase in treatment needs aligned with ending the HIV epidemic or other unanticipated increases in the number of clients in the program who have newly diagnosed HIV infection or have reengaged in care.

Technical Notes

In October 2009, Congress enacted amendments to the Ryan White HIV/AIDS Program (RWHAP) legislation. The RWHAP legislation specifies the use of surveillance data on persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS to determine formula funding for RWHAP Parts A and B HIV care and services programs. RWHAP authorizes the Centers for Disease Control and Prevention (CDC) to provide HIV infection non-AIDS and AIDS case surveillance data to the Health Resources and Services Administration (HRSA) for use in their funding formula for all jurisdictions.

As of December 2019, CDC was not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia, as their surveillance systems had not yet been certified. However, in the event that another jurisdiction reported cases that were diagnosed in either the Marshall Islands or the Federated States of Micronesia, the cases would be reflected in the data that CDC sends annually to HRSA.

Data re-release agreements between CDC and state/local HIV surveillance programs require certain levels of cell suppression at the state and county level in order to ensure confidentiality of personally identifiable information.

Data Requirements and Definitions

Case counts in all tables are presented by residence at earliest HIV diagnosis for persons with diagnosed HIV infection non-AIDS and residence at earliest AIDS diagnosis for persons with infection ever classified as AIDS. Data are presented by date of report rather than date of diagnosis (e.g., reported AIDS cases in the last 5 years). Boundaries for eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that became eligible prior to FY 2007 are based on the Office of Management and Budget (OMB) metropolitan statistical area (MSA) delineations that were in effect for such areas for FY 1994 (additional information on historical delineations is available at http://www.census.gov/geographies/reference-files/time-series/demo/metro-micro/historical-delineation-files.html). Boundaries for EMAs, TGAs, and emerging communities (ECs) that became eligible after 2006 are determined using applicable OMB definitions based on the year of first eligibility.

Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS are defined as persons reported as “alive” at last update.

HIV infection non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the 2008 and 2014 revised surveillance case definitions for HIV infection among adults, adolescents, and children <18 months and for HIV infection and AIDS among children aged 18 months to <13 years [4, 5].

References

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5. CDC [Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI]. Revised surveillance case definition for HIV infection—United States, 2014. *MMWR* 2014;63(RR-03):1–10.

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2014–2018, and as of December 2018—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2014–2018 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2018) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	4,933	17,184
Baltimore, Maryland	1,781	10,113
Boston–Brockton–Nashua, Massachusetts–New Hampshire	1,528	9,957
Chicago, Illinois	3,077	16,346
Dallas, Texas	2,450	11,153
Detroit, Michigan	1,197	5,681
Fort Lauderdale, Florida	1,619	9,425
Houston, Texas	3,179	15,008
Los Angeles–Long Beach, California	4,071	28,070
Miami, Florida	2,484	14,633
Nassau–Suffolk, New York	658	3,540
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	405	3,918
New Orleans, Louisiana	887	4,597
New York, New York	6,618	61,561
Newark, New Jersey	1,147	7,119
Orlando, Florida	1,463	6,122
Philadelphia, Pennsylvania–New Jersey	1,898	13,906
Phoenix–Mesa, Arizona	1,155	5,265
San Diego, California	990	7,409
San Francisco, California	836	10,645
San Juan–Bayamon, Puerto Rico	983	6,220
Tampa–St. Petersburg–Clearwater, Florida	1,529	6,574
Washington, DC–Maryland–Virginia–West Virginia	3,154	18,747
West Palm Beach–Boca Raton, Florida	834	4,985
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	569	3,237
Baton Rouge, Louisiana	661	2,717
Bergen–Passaic, New Jersey	386	2,464
Charlotte–Gastonia–Concord, North Carolina–South Carolina	826	3,017
Cleveland–Lorain–Elyria, Ohio	566	2,647
Columbus, Ohio	654	2,484
Denver, Colorado	659	4,060
Fort Worth–Arlington, Texas	691	2,832
Hartford, Connecticut	253	2,261
Indianapolis, Indiana	590	2,696
Jacksonville, Florida	894	3,868
Jersey City, New Jersey	441	2,921

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2014–2018, and as of December 2018—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	Reported AIDS cases 2014–2018 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2018) No.
Kansas City, Missouri–Kansas	457	2,841
Las Vegas, Nevada–Arizona	995	3,676
Memphis, Tennessee–Mississippi–Arkansas	1,014	3,715
Middlesex–Somerset–Hunterdon, New Jersey	278	1,681
Minneapolis–St. Paul, Minnesota–Wisconsin	598	3,210
Nashville–Davidson–Murfreesboro, Tennessee	418	2,574
Norfolk–Virginia Beach–Newport News, Virginia	828	2,826
Oakland, California	679	5,086
Orange County, California	616	4,047
Portland–Vancouver, Oregon–Washington	426	2,794
Riverside–San Bernardino, California	1,107	5,386
Sacramento, California	440	2,125
St. Louis, Missouri–Illinois	679	3,675
San Antonio, Texas	754	3,393
San Jose, California	301	2,349
Seattle–Bellevue–Everett, Washington	631	4,590

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

Table 2. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2014–2018, and as of December 2018—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2014–2018 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2018) No.
Albany–Schenectady–Troy, New York	169	1,124
Augusta–Richmond County, Georgia–South Carolina	361	1,206
Bakersfield, California	193	1,181
Birmingham–Hoover, Alabama	609	1,634
Buffalo–Niagara Falls, New York	260	1,218
Charleston–North Charleston, South Carolina	286	1,361
Cincinnati–Middletown, Ohio–Kentucky–Indiana	524	2,090
Columbia, South Carolina	506	2,481
Jackson, Mississippi	432	1,714
Lakeland, Florida	279	1,184
Louisville, Kentucky–Indiana	401	1,705
Milwaukee–Waukesha–West Allis, Wisconsin	264	1,592
North Port–Bradenton–Sarasota, Florida*	205	1,054
Oklahoma City, Oklahoma	386	1,410
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	232	1,445
Pittsburgh, Pennsylvania	341	1,846
Port St. Lucie–Fort Pierce, Florida	179	1,406
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	196	1,407
Raleigh–Cary, North Carolina	383	1,811
Richmond, Virginia	496	2,151
Rochester, New York	244	1,573

Note. See Commentary for definition of emerging communities (ECs).

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2018—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Alabama	7,857	5,673	13,530
Alaska	333	405	738
Arizona	8,536	7,086	15,622
Arkansas	3,197	2,626	5,823
California	60,660	74,018	134,678
Colorado	7,126	5,409	12,535
Connecticut	4,012	6,755	10,767
Delaware	1,298	1,946	3,244
District of Columbia	6,626	8,525	15,151
Florida	53,895	59,235	113,130
Georgia	24,782	25,581	50,363
Hawaii	1,163	1,447	2,610
Idaho	495	471	966
Illinois	19,109	19,232	38,341
Indiana	5,664	5,513	11,177
Iowa	1,148	1,326	2,474
Kansas	1,584	1,684	3,268
Kentucky	3,675	3,448	7,123
Louisiana	11,026	11,065	22,091
Maine	628	656	1,284
Maryland	15,374	17,488	32,862
Massachusetts	9,061	11,106	20,167
Michigan	8,542	8,547	17,089
Minnesota	4,550	3,705	8,255
Mississippi	5,247	4,792	10,039
Missouri	6,488	6,580	13,068
Montana	221	254	475
Nebraska	1,034	1,063	2,097
Nevada	4,855	4,147	9,002
New Hampshire	607	624	1,231
New Jersey	18,636	19,420	38,056
New Mexico	1,482	1,701	3,183
New York	53,583	74,560	128,143
North Carolina	17,546	12,645	30,191
North Dakota	218	154	372
Ohio	12,026	10,274	22,300
Oklahoma	3,266	2,886	6,152
Oregon	2,715	3,566	6,281
Pennsylvania	16,014	19,340	35,354
Rhode Island	1,059	1,434	2,493

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2018—United States and dependent areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
South Carolina	8,166	9,153	17,319
South Dakota	320	245	565
Tennessee	9,465	8,652	18,117
Texas	44,526	45,913	90,439
Utah	1,494	1,522	3,016
Vermont	228	284	512
Virginia	12,767	10,678	23,445
Washington	6,143	6,858	13,001
West Virginia	867	947	1,814
Wisconsin	3,209	2,884	6,093
Wyoming	156	163	319
American Samoa	0	1	1
Federated States of Micronesia*	0	0	0
Guam	65	42	107
Marshall Islands*	0	1	1
Northern Mariana Islands	4	9	13
Palau	5	4	9
Puerto Rico	8,431	9,967	18,398
U.S. Virgin Islands	269	348	617

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2020 funding calculations.

* See Technical Notes regarding data reported for these jurisdictions.

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2018—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	16,088	17,184	33,272
Baltimore, Maryland	8,416	10,113	18,529
Boston–Brockton–Nashua, Massachusetts–New Hampshire	8,080	9,957	18,037
Chicago, Illinois	16,346	16,346	32,692
Dallas, Texas	10,976	11,153	22,129
Detroit, Michigan	5,511	5,681	11,192
Fort Lauderdale, Florida	9,176	9,425	18,601
Houston, Texas	13,961	15,008	28,969
Los Angeles–Long Beach, California	24,573	28,070	52,643
Miami, Florida	15,667	14,633	30,300
Nassau–Suffolk, New York	2,695	3,540	6,235
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,279	3,918	6,197
New Orleans, Louisiana	4,392	4,597	8,989
New York, New York	43,364	61,561	104,925
Newark, New Jersey	6,958	7,119	14,077
Orlando, Florida	6,265	6,122	12,387
Philadelphia, Pennsylvania–New Jersey	11,563	13,906	25,469
Phoenix–Mesa, Arizona	6,638	5,265	11,903
San Diego, California	6,568	7,409	13,977
San Francisco, California	7,249	10,645	17,894
San Juan–Bayamon, Puerto Rico	5,591	6,220	11,811
Tampa–St. Petersburg–Clearwater, Florida	5,717	6,574	12,291
Washington, DC–Maryland–Virginia–West Virginia	16,702	18,747	35,449
West Palm Beach–Boca Raton, Florida	3,468	4,985	8,453
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	3,043	3,237	6,280
Baton Rouge, Louisiana	2,619	2,717	5,336
Bergen–Passaic, New Jersey	2,210	2,464	4,674
Charlotte–Gastonia–Concord, North Carolina–South Carolina	4,576	3,017	7,593
Cleveland–Lorain–Elyria, Ohio	3,033	2,647	5,680
Columbus, Ohio	3,327	2,484	5,811
Denver, Colorado	5,488	4,060	9,548
Fort Worth–Arlington, Texas	2,925	2,832	5,757
Hartford, Connecticut	1,344	2,261	3,605
Indianapolis, Indiana	2,781	2,696	5,477
Jacksonville, Florida	3,281	3,868	7,149
Jersey City, New Jersey	2,812	2,921	5,733
Kansas City, Missouri–Kansas	2,406	2,841	5,247

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2018—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Las Vegas, Nevada–Arizona	4,322	3,676	7,998
Memphis, Tennessee–Mississippi–Arkansas	4,293	3,715	8,008
Middlesex–Somerset–Hunterdon, New Jersey	1,600	1,681	3,281
Minneapolis–St. Paul, Minnesota–Wisconsin	4,018	3,210	7,228
Nashville–Davidson–Murfreesboro, Tennessee	2,877	2,574	5,451
Norfolk–Virginia Beach–Newport News, Virginia	4,145	2,826	6,971
Oakland, California	3,484	5,086	8,570
Orange County, California	3,706	4,047	7,753
Portland–Vancouver, Oregon–Washington	2,294	2,794	5,088
Riverside–San Bernardino, California	4,526	5,386	9,912
Sacramento, California	2,092	2,125	4,217
St. Louis, Missouri–Illinois	3,947	3,675	7,622
San Antonio, Texas	3,347	3,393	6,740
San Jose, California	1,525	2,349	3,874
Seattle–Bellevue–Everett, Washington	4,216	4,590	8,806

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2020 funding calculations.

Table 5. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2018—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Albany–Schenectady–Troy, New York	910	1,124	2,034
Augusta–Richmond County, Georgia–South Carolina	1,077	1,206	2,283
Bakersfield, California	1,033	1,181	2,214
Birmingham–Hoover, Alabama	2,457	1,634	4,091
Buffalo–Niagara Falls, New York	1,226	1,218	2,444
Charleston–North Charleston, South Carolina	1,330	1,361	2,691
Cincinnati–Middletown, Ohio–Kentucky–Indiana	2,328	2,090	4,418
Columbia, South Carolina	2,052	2,481	4,533
Jackson, Mississippi	1,873	1,714	3,587
Lakeland, Florida	907	1,184	2,091
Louisville, Kentucky–Indiana	1,981	1,705	3,686
Milwaukee–Waukesha–West Allis, Wisconsin	1,797	1,592	3,389
North Port–Bradenton–Sarasota, Florida*	830	1,054	1,884
Oklahoma City, Oklahoma	1,616	1,410	3,026
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	962	1,445	2,407
Pittsburgh, Pennsylvania	1,691	1,846	3,537
Port St. Lucie–Fort Pierce, Florida	674	1,406	2,080
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	1,019	1,407	2,426
Raleigh–Cary, North Carolina	2,080	1,811	3,891
Richmond, Virginia	2,708	2,151	4,859
Rochester, New York	1,288	1,573	2,861

Note. See Commentary for definition of emerging communities (ECs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2020 funding calculations.

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.