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HIV SURVEILLANCE REPORT

SUPPLEMENTAL REPORT

HIV and AIDS Data through December 2023 Provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2025

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This issue of the *HIV Surveillance Supplemental Report* is published by the Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, and the HIV/AIDS Bureau, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Rockville, Maryland.

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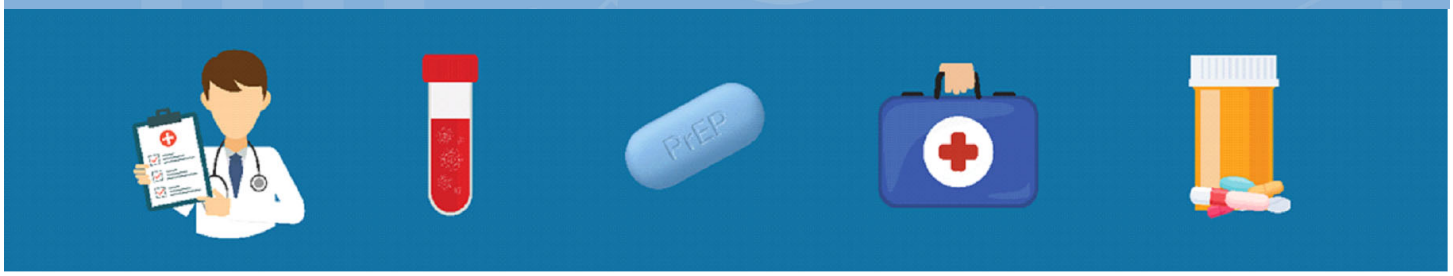
Contents

Commentary



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 enacted by Congress in 1990 to address the HIV epidemic in the United States [1]. This statute was amended and reauthorized in 1996, 2000, 2006, and most recently in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009. More information about the statute and its history is available at https://ryanwhite.hrsa.gov/about/legislation.

For the implementation of the RWHAP Metropolitan (Part A) and State (Part B) programs, HRSA and the Centers for Disease Control and Prevention (CDC) collaborate to ensure the appropriate HIV surveillance data are used in determining eligibility and funding allocation amounts. In Fiscal Year (FY) 2025, HRSA used total counts of persons living with diagnosed HIV non-stage 3 (AIDS) (HIV non-stage 3 [AIDS] classifications) and persons living with HIV disease ever classified as stage 3 (AIDS) (stage 3 [AIDS] classifications) to calculate funding allocation amounts for RWHAP eligible jurisdictions. For FY 2025, CDC provided HRSA with data files that included information through calendar year 2023 for all jurisdictions. The number of HIV non-stage 3 (AIDS) classifications was added to the number of stage 3 (AIDS) classifications to determine the total number of HIV non-stage 3 (AIDS) and stage 3 (AIDS) classifications for each RWHAP eligible area, including Eligible Metropolitan Area (EMA), Transitional Grant Area (TGA), Emerging Community (EC), state, and U.S. territory or freely associated jurisdiction. These totals were used in the RWHAP Parts A and B funding calculations to determine formula funding amounts.

RWHAP Part A Funding

Part A Eligibility

To determine eligibility for RWHAP Part A formula funding, HRSA continues to use cumulative stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC for the most recent five calendar years for which such data are available, as instructed by the RWHAP statute. RWHAP Part A awards grants to EMAs and TGAs that have a minimum population of 50,000 persons.

EMAs are defined as areas that have a cumulative total of more than 2,000 stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC during the most recent five calendar years for which such data are available. An area continues to be an EMA unless it fails to meet both of the following requirements for three consecutive fiscal years: (a) a cumulative total of more than 2,000 stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC during the most recent period of five calendar years for which such data are available, and (b) a cumulative total of 3,000 or more stage 3 (AIDS) classifications 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 2025, there were 24 RWHAP eligible EMAs.

TGAs are defined as areas that have a cumulative total of at least 1,000 but fewer than 2,000 stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC during the most recent five calendar years for which such data are available. An area remains a TGA unless it fails to meet both of the following requirements for three consecutive fiscal years: (a) a cumulative total of at least 1,000 but fewer than 2,000 stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC during the most recent period of five calendar years for which such data are available, and (b) a cumulative total of 1,500 or more stage 3 (AIDS) classifications 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.

The RWHAP statute was amended in 2009 to include a modification expanding eligibility for metropolitan areas with a cumulative total of at least 1,400 but fewer than 1,500 stage 3 (AIDS) classifications as of December 31 of the most recent calendar year for which such data are available. Beginning in FY 2009, RWHAP eligible TGAs have been treated as having met TGA criterion (b) as long as the area did not have more than 5% unobligated balance of RWHAP funds as of the most recent fiscal year for which such data are available. Areas that have fallen below either or both 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 RWHAP TGA tables. For FY 2025, there were 28 RWHAP eligible TGAs.

The geographic boundaries for all jurisdictions that received RWHAP Part A funding in FY 2025—both EMAs and TGAs—are referred to as Metropolitan Statistical Areas (MSAs). Boundaries for MSAs are determined by the White House Office of Management and Budget (OMB) for use in federal statistical activities [2–4]. There were no MSAs that became newly eligible for Part A funding in FY 2025 based on the eligibility criteria set forth in the RWHAP statute [2–4].

Part A Funding

To determine formula funding amounts for the Part A Base award, as instructed by the RWHAP statute, HRSA continues to use cumulative cases of HIV non-stage 3 (AIDS) and stage 3 (AIDS) classifications in the EMA or TGA through the end of the most recent calendar year as confirmed by the Director of CDC. The RWHAP Part A formula is a weighted relative distribution.

Minority AIDS Initiative (MAI) formula funds for RWHAP Part A are awarded based on the reported number of racial/ethnic minority persons living with diagnosed HIV non-stage 3 (AIDS) and HIV disease ever classified as stage 3 (AIDS) reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data used to determine MAI formula funding amounts are not included in this report.

RWHAP Part B Funding

RWHAP Part B funds and AIDS Drug Assistance Program (ADAP) funds are awarded by three 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 five-year project period and is determined by a legislatively mandated process to fund formula-based awards.

The RWHAP Part B HIV Care Program award includes the Part B Base award, ADAP Base award, ADAP Supplemental award (for eligible jurisdictions that choose to apply), EC award (for eligible jurisdictions), and MAI award (for eligible jurisdictions that do not decline funding).

The RWHAP Part B Supplemental grant is a one-year competitive award for jurisdictions 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 jurisdictions prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

RWHAP Part B HIV Care Program Grant Funding

To determine formula funding amounts for the RWHAP Part B Base, ADAP Base, ADAP Supplemental, EC, and MAI, as instructed by the RWHAP statute, HRSA continues to use cumulative cases of HIV non-stage 3 (AIDS) and stage 3 (AIDS) classifications in the state, U.S. territory, or freely associated jurisdiction through the end of the most recent calendar year, as reported to and confirmed by the Director of CDC. The RWHAP Part B Base formula is a weighted relative distribution that takes RWHAP Part A funding into account. The remaining funding streams are based on a relative distribution. ADAP Supplemental grants are awarded by the same formula as ADAP Base to jurisdictions 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 with HIV.

Emerging Communities Eligibility

As with Part A, RWHAP Part B EC eligibility is determined based on the number of stage 3 (AIDS) classifications in that jurisdiction. ECs are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC during the most recent five calendar years for which such data are available. An area remains an EC unless it fails to meet both of the following requirements for three consecutive fiscal years: (a) a cumulative total of at least 500 but fewer than 1,000 stage 3 (AIDS) classifications reported to and confirmed by the Director of CDC during the most recent period of five calendar years for which such data are available, and (b) a cumulative total of 750 or more stage 3 (AIDS) classifications 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 in effect when initially funded.

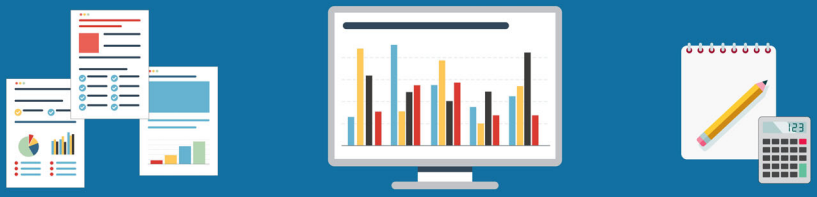
Minority AIDS Initiative

For recipients applying for MAI formula funds, awards are based on the reported number of racial/ethnic minority persons living with diagnosed HIV non-stage 3 (AIDS) and HIV disease ever classified as stage 3 (AIDS) reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data used to determine MAI formula funding amounts are not included in this report.

RWHAP Part B Supplemental and ADAP ERF Funding

RWHAP Part B Supplemental and ADAP ERF grants are awarded to jurisdictions demonstrating the severity of the burden of HIV and the need for additional federal assistance. These additional funds are intended to supplement the services otherwise provided by the jurisdiction. Applications for RWHAP Part B Supplemental and ADAP ERF competitive grants are reviewed and ranked by an external objective review committee. States, U.S. territories, and freely associated states applying for RWHAP Part B Supplemental funds must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for persons with HIV in the state, U.S. territory, or freely associated jurisdiction, 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, U.S. territories, and freely associated jurisdictions 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 the need for additional funding for a current or projected increase in treatment needs aligned with reducing HIV transmission or other unanticipated increases in the number of clients in the program who have newly diagnosed HIV or have reengaged in care.

Technical Notes



In October 2009, Congress enacted amendments to the RWHAP statute specifying the use of surveillance data on HIV non-stage 3 (AIDS) and stage 3 (AIDS) classifications to determine formula funding amounts for RWHAP Parts A and B HIV care and services programs. The RWHAP statute authorizes CDC to provide HIV non-stage 3 (AIDS) and stage 3 (AIDS) classification surveillance data to HRSA for use in funding formula calculations for all jurisdictions.

As of December 2020, CDC stopped accepting HIV case data from the Marshall Islands and the Federated States of Micronesia, whose HIV surveillance systems had not yet been certified. However, when other jurisdictions report cases that were diagnosed in either the Marshall Islands or the Federated States of Micronesia, these cases are included in the HIV surveillance data that CDC sends annually to HRSA. These data limitations do not impact HRSA funding formula calculations for these two jurisdictions due to the HRSA minimum allotment funding standards.

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

Data Requirements and Definitions

Case counts in all tables in this report are presented based on the jurisdiction of residence at earliest HIV diagnosis for persons with diagnosed HIV non-stage 3 (AIDS) and jurisdiction of residence at earliest stage 3 (AIDS) classification for persons with HIV disease ever classified as stage 3 (AIDS).

Data are presented by date of report rather than date of diagnosis (e.g., reported stage 3 [AIDS] classifications in the last five years).

Boundaries for EMAs and TGAs that became eligible prior to FY 2007 are based on the OMB MSA delineations that were in effect for such areas for FY 1994 (additional information on historical delineations is available at https://www.census.gov/geographies/reference-files/time-series/demo/metro-micro/historical-delineation-files.html).

Boundaries for EMAs, TGAs, and ECs that became eligible after 2006 are determined by using applicable OMB definitions based on the year of first eligibility.

Reported persons living with diagnosed HIV non-stage 3 (AIDS) or HIV disease ever classified as stage 3 (AIDS) are defined as persons reported as “alive” at last update.

HIV non-stage 3 (AIDS) classification and stage 3 (AIDS) classification data reported from CDC met the CDC surveillance case definitions published in the 2008 and 2014 revised surveillance case definitions for HIV among adults, adolescents, and children aged <18 months and for HIV and HIV disease ever classified as stage 3 (AIDS) among children aged 18 months to <13 years [5, 6].

References

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6. 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 stage 3 (AIDS) classifications and persons reported living with diagnosed HIV disease ever classified as stage 3 (AIDS), by area of residence, 2019–2023, and as of December 2023—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported stage 3 (AIDS) classifications 2019–2023 No.	Persons reported living with diagnosed HIV disease ever classified as stage 3 (AIDS) (as of December 2023) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	3,742	18,605
Baltimore, Maryland	1,043	9,216
Boston–Brockton–Nashua, Massachusetts–New Hampshire	1,021	9,863
Chicago, Illinois	2,295	15,830
Dallas, Texas	2,429	12,121
Detroit, Michigan	970	5,725
Fort Lauderdale, Florida	1,463	9,455
Houston, Texas	3,082	16,015
Los Angeles–Long Beach, California	3,506	27,954
Miami, Florida	2,051	14,702
Nassau–Suffolk, New York	438	3,526
New Orleans, Louisiana	620	4,571
New York, New York	4,945	58,173
Newark, New Jersey	807	6,654
Orlando, Florida	1,225	6,418
Philadelphia, Pennsylvania–New Jersey	1,547	13,331
Phoenix–Mesa, Arizona	1,169	5,602
San Diego, California	865	7,532
San Francisco, California	614	9,908
San Juan–Bayamon, Puerto Rico	627	5,888
Tampa–St. Petersburg–Clearwater, Florida	1,299	6,664
Washington, DC–Maryland–Virginia–West Virginia	2,224	19,256
West Palm Beach–Boca Raton, Florida	686	4,916
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	568	3,382
Baton Rouge, Louisiana	404	2,668
Bergen–Passaic, New Jersey	259	2,335
Charlotte–Gastonia–Concord, North Carolina–South Carolina	727	3,339
Cleveland–Lorain–Elyria, Ohio	489	2,694
Columbus, Ohio	547	2,665
Denver, Colorado	633	4,134
Fort Worth–Arlington, Texas	728	3,135
Indianapolis, Indiana	576	2,899
Jacksonville, Florida	766	3,939
Jersey City, New Jersey	300	2,803
Kansas City, Missouri–Kansas	416	2,877

Table 1. Reported stage 3 (AIDS) classifications and persons reported living with diagnosed HIV disease ever classified as stage 3 (AIDS), by area of residence, 2019–2023, and as of December 2023—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	Reported stage 3 (AIDS) classifications 2019–2023 No.	Persons reported living with diagnosed HIV disease ever classified as stage 3 (AIDS) (as of December 2023) No.
Las Vegas, Nevada–Arizona	934	4,052
Memphis, Tennessee–Mississippi–Arkansas	784	3,790
Middlesex–Somerset–Hunterdon, New Jersey	202	1,638
Minneapolis–St. Paul, Minnesota–Wisconsin	535	3,373
Nashville–Davidson–Murfreesboro, Tennessee	475	2,599
Norfolk–Virginia Beach–Newport News, Virginia	604	2,948
Oakland, California	578	5,028
Orange County, California	570	4,148
Portland–Vancouver, Oregon–Washington	320	2,697
Riverside–San Bernardino, California	1,087	5,584
Sacramento, California	438	2,268
St. Louis, Missouri–Illinois	652	3,680
San Antonio, Texas	717	3,583
San Jose, California	262	2,402
Seattle–Bellevue–Everett, Washington	558	4,599

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs). In 2022, U.S. Census Bureau county-level data transitioned from 8 counties to 9 planning regions in Connecticut. Connecticut planning regions were not delineated to MSAs for the Vintage 2022 population estimates. Consequently, there were no available population estimates for MSAs that were defined by the OMB March 2020 Bulletin with respect to Connecticut planning regions.

Table 2. Reported stage 3 (AIDS) classifications and persons reported living with diagnosed HIV disease ever classified as stage 3 (AIDS), by area of residence, 2019–2023, and as of December 2023—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported stage 3 (AIDS) classifications 2019–2023 No.	Persons reported living with diagnosed HIV disease ever classified as stage 3 (AIDS) (as of December 2023) No.
Albany–Schenectady–Troy, New York	125	1,061
Augusta–Richmond County, Georgia–South Carolina	240	1,226
Bakersfield, California	320	1,287
Birmingham–Hoover, Alabama	347	1,706
Buffalo–Niagara Falls, New York	196	1,211
Charleston–North Charleston, South Carolina	214	1,405
Cincinnati–Middletown, Ohio–Kentucky–Indiana	562	2,325
Columbia, South Carolina	370	2,539
Jackson, Mississippi	274	1,690
Lakeland, Florida	306	1,277
Louisville, Kentucky–Indiana	443	1,822
Milwaukee–Waukesha–West Allis, Wisconsin	246	1,606
North Port–Bradenton–Sarasota, Florida*	187	1,060
Oklahoma City, Oklahoma	421	1,530
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	194	1,401
Pittsburgh, Pennsylvania	256	1,856
Port St. Lucie–Fort Pierce, Florida	181	1,350
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	128	1,370
Raleigh–Cary, North Carolina	359	1,956
Richmond, Virginia	405	2,196
Rochester, New York	149	1,450

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 non-stage 3 (AIDS), HIV disease ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2023—United States and territories and freely associated states for the Ryan White HIV/AIDS Program

Area of residence	HIV non-stage 3 (AIDS) No.	HIV disease ever classified as stage 3 (AIDS) No.	Total No.
Alabama	9,193	5,960	15,153
Alaska	400	394	794
Arizona	10,428	7,465	17,893
Arkansas	3,800	2,761	6,561
California	71,719	74,062	145,781
Colorado	7,746	5,588	13,334
Connecticut	4,265	6,319	10,584
Delaware	1,418	1,938	3,356
District of Columbia	6,779	7,959	14,738
Florida	59,956	59,571	119,527
Georgia	30,070	27,470	57,540
Hawaii	1,241	1,345	2,586
Idaho	580	515	1,095
Illinois	21,058	18,645	39,703
Indiana	6,861	5,856	12,717
Iowa	1,443	1,389	2,832
Kansas	1,925	1,786	3,711
Kentucky	4,484	3,669	8,153
Louisiana	12,285	11,261	23,546
Maine	671	675	1,346
Maryland	15,968	17,080	33,048
Massachusetts	9,770	10,958	20,728
Michigan	9,853	8,618	18,471
Minnesota	5,131	3,916	9,047
Mississippi	5,965	4,903	10,868
Missouri	7,526	6,608	14,134
Montana	268	256	524
Nebraska	1,244	1,108	2,352
Nevada	6,102	4,525	10,627
New Hampshire	672	622	1,294
New Jersey	19,265	18,382	37,647
New Mexico	1,766	1,676	3,442
New York	54,700	70,492	125,192
North Carolina	19,959	13,540	33,499
North Dakota	317	203	520
Ohio	13,387	10,841	24,228
Oklahoma	4,095	3,041	7,136
Oregon	3,250	3,478	6,728
Pennsylvania	17,161	18,724	35,885
Rhode Island	1,215	1,394	2,609

Table 3. Reported number of persons living with diagnosed HIV non-stage 3 (AIDS), HIV disease ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2023—United States and territories and freely associated states for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV non-stage 3 (AIDS) No.	HIV disease ever classified as stage 3 (AIDS) No.	Total No.
South Carolina	9,430	9,512	18,942
South Dakota	429	309	738
Tennessee	10,963	8,819	19,782
Texas	55,968	49,420	105,388
Utah	1,934	1,618	3,552
Vermont	234	284	518
Virginia	14,087	11,352	25,439
Washington	7,133	6,946	14,079
West Virginia	1,216	995	2,211
Wisconsin	3,726	2,965	6,691
Wyoming	188	181	369
American Samoa	0	0	0
Federated States of Micronesia*	1	0	1
Guam	70	45	115
Marshall Islands*	0	1	1
Northern Mariana Islands	5	9	14
Palau	0	0	0
Puerto Rico	8,709	9,355	18,064
U.S. Virgin Islands	294	358	652

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2025 funding calculations.

* See Technical Notes regarding data reported for these jurisdictions.

Table 4. Reported number of persons living with diagnosed HIV non-stage 3 (AIDS), HIV disease ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2023—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-stage 3 (AIDS) No.	HIV disease ever classified as stage 3 (AIDS) No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	20,048	18,605	38,653
Baltimore, Maryland	8,415	9,216	17,631
Boston–Brockton–Nashua, Massachusetts–New Hampshire	8,826	9,863	18,689
Chicago, Illinois	18,041	15,830	33,871
Dallas, Texas	13,460	12,121	25,581
Detroit, Michigan	6,313	5,725	12,038
Fort Lauderdale, Florida	9,700	9,455	19,155
Houston, Texas	17,280	16,015	33,295
Los Angeles–Long Beach, California	27,945	27,954	55,899
Miami, Florida	17,052	14,702	31,754
Nassau–Suffolk, New York	2,934	3,526	6,460
New Orleans, Louisiana	4,648	4,571	9,219
New York, New York	44,213	58,173	102,386
Newark, New Jersey	7,093	6,654	13,747
Orlando, Florida	7,452	6,418	13,870
Philadelphia, Pennsylvania–New Jersey	12,628	13,331	25,959
Phoenix–Mesa, Arizona	8,062	5,602	13,664
San Diego, California	7,479	7,532	15,011
San Francisco, California	7,562	9,908	17,470
San Juan–Bayamon, Puerto Rico	5,819	5,888	11,707
Tampa–St. Petersburg–Clearwater, Florida	6,511	6,664	13,175
Washington, DC–Maryland–Virginia–West Virginia	17,975	19,256	37,231
West Palm Beach–Boca Raton, Florida	3,755	4,916	8,671
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	3,804	3,382	7,186
Baton Rouge, Louisiana	2,917	2,668	5,585
Bergen–Passaic, New Jersey	2,317	2,335	4,652
Charlotte–Gastonia–Concord, North Carolina–South Carolina	5,315	3,339	8,654
Cleveland–Lorain–Elyria, Ohio	3,329	2,694	6,023
Columbus, Ohio	3,704	2,665	6,369
Denver, Colorado	5,835	4,134	9,969
Fort Worth–Arlington, Texas	3,896	3,135	7,031
Indianapolis, Indiana	3,412	2,899	6,311
Jacksonville, Florida	3,764	3,939	7,703
Jersey City, New Jersey	2,860	2,803	5,663
Kansas City, Missouri–Kansas	2,842	2,877	5,719
Las Vegas, Nevada–Arizona	5,508	4,052	9,560

Table 4. Reported number of persons living with diagnosed HIV non-stage 3 (AIDS), HIV disease ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2023—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV non-stage 3 (AIDS) No.	HIV disease ever classified as stage 3 (AIDS) No.	Total No.
Memphis, Tennessee–Mississippi–Arkansas	4,874	3,790	8,664
Middlesex–Somerset–Hunterdon, New Jersey	1,716	1,638	3,354
Minneapolis–St. Paul, Minnesota–Wisconsin	4,461	3,373	7,834
Nashville–Davidson–Murfreesboro, Tennessee	3,303	2,599	5,902
Norfolk–Virginia Beach–Newport News, Virginia	4,537	2,948	7,485
Oakland, California	4,245	5,028	9,273
Orange County, California	4,346	4,148	8,494
Portland–Vancouver, Oregon–Washington	2,682	2,697	5,379
Riverside–San Bernardino, California	6,149	5,584	11,733
Sacramento, California	2,597	2,268	4,865
St. Louis, Missouri–Illinois	4,435	3,680	8,115
San Antonio, Texas	4,274	3,583	7,857
San Jose, California	1,961	2,402	4,363
Seattle–Bellevue–Everett, Washington	4,724	4,599	9,323

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs). In 2022, U.S. Census Bureau county-level data transitioned from 8 counties to 9 planning regions in Connecticut. Connecticut planning regions were not delineated to MSAs for the Vintage 2022 population estimates. Consequently, there were no available population estimates for MSAs that were defined by the OMB March 2020 Bulletin with respect to Connecticut planning regions.

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2025 funding calculations.

Table 5. Reported number of persons living with diagnosed HIV non-stage 3 (AIDS), HIV disease ever classified as stage 3 (AIDS), and total, by area of residence, as of December 2023—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV non-stage 3 (AIDS) No.	HIV disease ever classified as stage 3 (AIDS) No.	Total No.
Albany–Schenectady–Troy, New York	959	1,061	2,020
Augusta–Richmond County, Georgia–South Carolina	1,323	1,226	2,549
Bakersfield, California	1,505	1,287	2,792
Birmingham–Hoover, Alabama	2,768	1,706	4,474
Buffalo–Niagara Falls, New York	1,335	1,211	2,546
Charleston–North Charleston, South Carolina	1,561	1,405	2,966
Cincinnati–Middletown, Ohio–Kentucky–Indiana	2,628	2,325	4,953
Columbia, South Carolina	2,254	2,539	4,793
Jackson, Mississippi	1,991	1,690	3,681
Lakeland, Florida	1,141	1,277	2,418
Louisville, Kentucky–Indiana	2,453	1,822	4,275
Milwaukee–Waukesha–West Allis, Wisconsin	2,037	1,606	3,643
North Port–Bradenton–Sarasota, Florida*	935	1,060	1,995
Oklahoma City, Oklahoma	2,034	1,530	3,564
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	1,022	1,401	2,423
Pittsburgh, Pennsylvania	1,843	1,856	3,699
Port St. Lucie–Fort Pierce, Florida	767	1,350	2,117
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	1,175	1,370	2,545
Raleigh–Cary, North Carolina	2,440	1,956	4,396
Richmond, Virginia	3,009	2,196	5,205
Rochester, New York	1,332	1,450	2,782

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 2025 funding calculations.

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