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HIV and AIDS Data through December 2015

Provided for the Ryan White HIV/AIDS Program, for Fiscal Year 2017

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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Contents

The Ryan White HIV/AIDS Program statute was first enacted into law in 1990 and was amended in 1996, 2000, 2006, and 2009. More information about the legislation and its history is available from the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) at http://hab.hrsa.gov/about-ryan-white-hivaids-program/ryan-white-hivaids-program-legislation.

For the implementation of the Ryan White HIV/AIDS Program (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 2017, 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.

The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS are used to determine funding levels for RWHAP Parts A and B. For FY 2017, CDC provided HRSA with data files containing the total number of persons reported living with diagnosed HIV infection non-AIDS and the total number of persons living with infection ever classified as AIDS through calendar year 2015 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 grantees: EMAs and TGAs. EMAs are defined as jurisdictions 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 and a minimum population of 50,000 persons. 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 2,000 or more 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 2017, there were 24 EMAs.

The other category of Part A grantees, TGAs, are defined as those jurisdictions 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 and a minimum population of 50,000 persons. 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 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 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 2017, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2017—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 2017, 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 Formula award, the RWHAP Part B Supplemental award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. Each award is applied for and awarded separately. Funding is determined through formula and through demonstrated need, depending on the RWHAP Part B grant, as described below. The primary RWHAP Part B Formula award includes several components: the RWHAP Part B Base award, the ADAP Base award, the MAI award (for eligible states), the ECs award (for eligible states), and the ADAP Supplemental award (for those states that HRSA deems eligible and that choose to apply). The Part B Supplemental grant is a competitive award for states that demonstrate the need for additional Part B funds. ADAP ERF grants are competitive awards to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

Part B Formula and Supplemental Grants

RWHAP Part B Base, ADAP Base, and EC funds are distributed using a funding formula process. The RWHAP Part B Base, ADAP Base, and EC formula awards are based on the reported number 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. 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. Supplemental ADAP grants are awarded by the same formula as ADAP Base to states that meet any of the criteria listed in that section of the Funding Opportunity Announcement for the purpose of providing medications or insurance assistance for persons living with HIV infection.

RWHAP Part B Supplemental, ADAP 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. The applications are reviewed through a federally approved technical review process. States and territories applying for supplemental funds must 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.

RWHAP Part B EC eligibility is also determined based on the number of persons living with HIV infection ever classified as AIDS in that jurisdiction. ECs 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.

In October 2009, Congress enacted amendments to the Ryan White HIV/AIDS Program (RWHAP) statute. The Act 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 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 2015, 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 to HRSA annually.

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 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 non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the 2008 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].

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4. CDC [Schneider E, Whitmore S, Glynn MK, Dominguez K, Mitsch A, McKenna MT]. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States 2008. *MMWR* 2008;57(RR-10):1–12.

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2011–2015 and as of December 2015—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2011–2015 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2015) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	6,688	15,734
Baltimore, Maryland	2,572	10,125
Boston–Brockton–Nashua, Massachusetts–New Hampshire	2,358	9,805
Chicago, Illinois	4,260	16,230
Dallas, Texas	3,026	10,517
Detroit, Michigan	1,510	5,547
Fort Lauderdale, Florida	2,134	9,570
Houston, Texas	4,359	14,325
Los Angeles–Long Beach, California	5,690	27,712
Miami, Florida	3,114	14,751
Nassau–Suffolk, New York	881	3,667
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	660	4,069
New Orleans, Louisiana	1,241	4,583
New York, New York	10,041	64,476
Newark, New Jersey	1,627	7,193
Orlando, Florida	1,651	5,918
Philadelphia, Pennsylvania–New Jersey	3,382	14,034
Phoenix–Mesa, Arizona	1,228	5,025
San Diego, California	1,285	7,489
San Francisco, California	1,339	11,008
San Juan–Bayamon, Puerto Rico	1,407	6,643
Tampa–St. Petersburg–Clearwater, Florida	1,768	6,510
Washington, DC–Maryland–Virginia–West Virginia	4,420	19,184
West Palm Beach–Boca Raton, Florida	1,039	5,050
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	763	3,065
Baton Rouge, Louisiana	953	2,670
Bergen–Passaic, New Jersey	535	2,477
Charlotte–Gastonia–Concord, North Carolina–South Carolina	1,264	2,924
Cleveland–Lorain–Elyria, Ohio	488	2,480
Columbus, Ohio	798	2,348
Denver, Colorado	743	3,964
Fort Worth–Arlington, Texas	962	2,682
Hartford, Connecticut	387	2,372
Indianapolis, Indiana	693	2,542
Jacksonville, Florida	1,090	3,823
Jersey City, New Jersey	661	2,950

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2011–2015 and as of December 2015—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	Reported AIDS cases 2011–2015 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2015) No.
Kansas City, Missouri–Kansas	600	2,782
Las Vegas, Nevada–Arizona	1,033	3,463
Memphis, Tennessee–Mississippi–Arkansas	1,432	3,746
Middlesex–Somerset–Hunterdon, New Jersey	336	1,670
Minneapolis–St. Paul, Minnesota–Wisconsin	736	3,062
Nashville–Davidson–Murfreesboro, Tennessee	593	2,646
Norfolk–Virginia Beach–Newport News, Virginia	846	2,729
Oakland, California	1,056	5,225
Orange County, California	767	4,048
Portland–Vancouver, Oregon–Washington	584	2,752
Riverside–San Bernardino, California	1,275	5,354
Sacramento, California	507	2,134
St. Louis, Missouri–Illinois	851	3,587
San Antonio, Texas	937	3,199
San Jose, California	422	2,324
Seattle–Bellevue–Everett, Washington	781	4,507

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, 2011–2015 and as of December 2015—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2011–2015 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2015) No.
Albany–Schenectady–Troy, New York	259	1,174
Augusta–Richmond County, Georgia–South Carolina	498	1,036
Bakersfield, California	254	1,220
Birmingham–Hoover, Alabama	580	1,516
Buffalo–Niagara Falls, New York	390	1,298
Charleston–North Charleston, South Carolina	376	1,320
Cincinnati–Middletown, Ohio–Kentucky–Indiana	535	1,955
Columbia, South Carolina	577	2,412
Jackson, Mississippi	531	1,660
Lakeland, Florida	335	1,164
Louisville, Kentucky–Indiana	485	1,612
Milwaukee–Waukesha–West Allis, Wisconsin	385	1,553
North Port–Bradenton–Sarasota, Florida*	226	1,070
Oklahoma City, Oklahoma	434	1,303
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	306	1,489
Pittsburgh, Pennsylvania	424	1,788
Port St. Lucie–Fort Pierce, Florida	374	1,451
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	323	1,475
Raleigh–Cary, North Carolina	448	1,761
Richmond, Virginia	605	2,057
Rochester, New York	359	1,671

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 2015—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Alabama	7,044	5,363	12,407
Alaska	304	395	699
Arizona	7,470	6,789	14,259
Arkansas	2,846	2,530	5,376
California	52,497	74,205	126,702
Colorado	6,593	5,276	11,869
Connecticut	3,831	7,059	10,890
Delaware	1,238	1,993	3,231
District of Columbia	6,783	9,099	15,882
Florida	49,233	59,341	108,574
Georgia	20,074	23,334	43,408
Hawaii	1,080	1,481	2,561
Idaho	460	442	902
Illinois	17,391	19,044	36,435
Indiana	5,069	5,275	10,344
Iowa	947	1,261	2,208
Kansas	1,411	1,654	3,065
Kentucky	3,145	3,258	6,403
Louisiana	9,884	10,790	20,674
Maine	588	664	1,252
Maryland	14,606	17,389	31,995
Massachusetts	8,143	10,958	19,101
Michigan	7,725	8,323	16,048
Minnesota	4,178	3,529	7,707
Mississippi	4,958	4,598	9,556
Missouri	5,901	6,485	12,386
Montana	179	251	430
Nebraska	925	1,070	1,995
Nevada	4,123	3,927	8,050
New Hampshire	552	634	1,186
New Jersey	17,563	19,619	37,182
New Mexico	1,292	1,658	2,950
New York	53,749	78,531	132,280
North Carolina	16,259	12,283	28,542
North Dakota	141	122	263
Ohio	10,897	9,774	20,671
Oklahoma	3,008	2,700	5,708
Oregon	2,362	3,483	5,845
Pennsylvania	14,965	19,309	34,274
Rhode Island	851	1,502	2,353

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 2015—United States and dependent areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
South Carolina	7,465	8,881	16,346
South Dakota	296	215	511
Tennessee	8,612	8,784	17,396
Texas	37,681	43,613	81,294
Utah	1,213	1,489	2,702
Vermont	227	274	501
Virginia	12,167	10,490	22,657
Washington	5,534	6,695	12,229
West Virginia	824	953	1,777
Wisconsin	2,887	2,819	5,706
Wyoming	135	158	293
American Samoa	0	1	1
Federated States of Micronesia*	0	0	0
Guam	41	34	75
Marshall Islands*	0	1	1
Northern Mariana Islands	0	2	2
Palau	3	1	4
Puerto Rico	8,238	10,739	18,977
U.S. Virgin Islands	264	350	614

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2017 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 2015—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	12,998	15,734	28,732
Baltimore, Maryland	8,242	10,125	18,367
Boston–Brockton–Nashua, Massachusetts–New Hampshire	7,191	9,805	16,996
Chicago, Illinois	14,779	16,230	31,009
Dallas, Texas	9,353	10,517	19,870
Detroit, Michigan	4,972	5,547	10,519
Fort Lauderdale, Florida	8,617	9,570	18,187
Houston, Texas	11,980	14,325	26,305
Los Angeles–Long Beach, California	21,599	27,712	49,311
Miami, Florida	14,244	14,751	28,995
Nassau–Suffolk, New York	2,600	3,667	6,267
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,172	4,069	6,241
New Orleans, Louisiana	4,040	4,583	8,623
New York, New York	43,397	64,476	107,873
Newark, New Jersey	6,596	7,193	13,789
Orlando, Florida	5,454	5,918	11,372
Philadelphia, Pennsylvania–New Jersey	10,996	14,034	25,030
Phoenix–Mesa, Arizona	5,810	5,025	10,835
San Diego, California	5,786	7,489	13,275
San Francisco, California	6,878	11,008	17,886
San Juan–Bayamon, Puerto Rico	5,486	6,643	12,129
Tampa–St. Petersburg–Clearwater, Florida	5,176	6,510	11,686
Washington, DC–Maryland–Virginia–West Virginia	16,065	19,184	35,249
West Palm Beach–Boca Raton, Florida	3,283	5,050	8,333
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	2,503	3,065	5,568
Baton Rouge, Louisiana	2,405	2,670	5,075
Bergen–Passaic, New Jersey	2,085	2,477	4,562
Charlotte–Gastonia–Concord, North Carolina–South Carolina	4,108	2,924	7,032
Cleveland–Lorain–Elyria, Ohio	2,817	2,480	5,297
Columbus, Ohio	3,043	2,348	5,391
Denver, Colorado	5,168	3,964	9,132
Fort Worth–Arlington, Texas	2,471	2,682	5,153
Hartford, Connecticut	1,282	2,372	3,654
Indianapolis, Indiana	2,425	2,542	4,967
Jacksonville, Florida	2,898	3,823	6,721
Jersey City, New Jersey	2,639	2,950	5,589
Kansas City, Missouri–Kansas	2,157	2,782	4,939

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 2015—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program *(cont)*

Area of residence	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Las Vegas, Nevada–Arizona	3,642	3,463	7,105
Memphis, Tennessee–Mississippi–Arkansas	3,968	3,746	7,714
Middlesex–Somerset–Hunterdon, New Jersey	1,432	1,670	3,102
Minneapolis–St. Paul, Minnesota–Wisconsin	3,700	3,062	6,762
Nashville–Davidson–Murfreesboro, Tennessee	2,636	2,646	5,282
Norfolk–Virginia Beach–Newport News, Virginia	3,942	2,729	6,671
Oakland, California	2,847	5,225	8,072
Orange County, California	3,210	4,048	7,258
Portland–Vancouver, Oregon–Washington	2,043	2,752	4,795
Riverside–San Bernardino, California	3,631	5,354	8,985
Sacramento, California	1,739	2,134	3,873
St. Louis, Missouri–Illinois	3,595	3,587	7,182
San Antonio, Texas	2,767	3,199	5,966
San Jose, California	1,213	2,324	3,537
Seattle–Bellevue–Everett, Washington	3,836	4,507	8,343

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 2017 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 2015—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	HIV non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Albany–Schenectady–Troy, New York	915	1,174	2,089
Augusta–Richmond County, Georgia–South Carolina	1,020	1,036	2,056
Bakersfield, California	789	1,220	2,009
Birmingham–Hoover, Alabama	2,271	1,516	3,787
Buffalo–Niagara Falls, New York	1,171	1,298	2,469
Charleston–North Charleston, South Carolina	1,185	1,320	2,505
Cincinnati–Middletown, Ohio–Kentucky–Indiana	2,007	1,955	3,962
Columbia, South Carolina	1,923	2,412	4,335
Jackson, Mississippi	1,781	1,660	3,441
Lakeland, Florida	823	1,164	1,987
Louisville, Kentucky–Indiana	1,696	1,612	3,308
Milwaukee–Waukesha–West Allis, Wisconsin	1,609	1,553	3,162
North Port–Bradenton–Sarasota, Florida*	768	1,070	1,838
Oklahoma City, Oklahoma	1,489	1,303	2,792
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland—Wilmington Division	922	1,489	2,411
Pittsburgh, Pennsylvania	1,556	1,788	3,344
Port St. Lucie–Fort Pierce, Florida	622	1,451	2,073
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	829	1,475	2,304
Raleigh–Cary, North Carolina	1,935	1,761	3,696
Richmond, Virginia	2,615	2,057	4,672
Rochester, New York	1,321	1,671	2,992

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 2017 funding calculations.

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