



HIV/AIDS Surveillance Report 2025

Kentucky Cabinet for Health and Family Services
Department for Public Health
Viral Disease Prevention and Services Branch

(Data complete through 2023, preliminary for 2024)

Dear Reader:

Enclosed please find Kentucky's HIV/AIDS Annual Surveillance Report 2025, which contains data on HIV infections among Kentuckians reported to the Kentucky Department for Public Health. This annual edition is a Centers for Disease Control and Prevention (CDC) grant deliverable and is produced to fulfill the requirements of the Funding Opportunity Announcement (FOA): PS24-0047.

Confidential AIDS reporting started in 1982, whereas legislation requiring confidential HIV name-based reporting was not enacted until July 2004. Prior to July 2004, HIV infections were reported with a unique code.

Section I (and throughout the report) profiles HIV infections diagnosed among Kentuckians, regardless of progression to AIDS. A total of 12,793 cumulative HIV infections were diagnosed and reported as of December 31, 2024. Of these HIV infections, 58% have progressed to AIDS as of the report date.

Section II profiles new HIV infections diagnosed among Kentuckians. In calendar year 2023, there were 401 new HIV infections diagnosed among Kentucky residents, a diagnosis rate of 8.9 per 100,000. This is a decrease from the 9.0 per 100,000 population rate in 2022. Trends among people with newly diagnosed infections are presented in this section, and described by race/ethnicity, age at diagnosis, sex and mode of transmission. Per CDC guidance, data for the last two years (2024 and 2025) are considered preliminary and are not included in the trends analysis.

Section III profiles Kentuckians with HIV infection who were diagnosed with AIDS within 30 days of initial HIV diagnosis, also referred to as concurrent diagnoses. Analyses focus on the most recent 10-year period: January 1, 2015, through December 31, 2024. Twenty-two percent (22%) of the 3,595 individuals with new HIV disease diagnoses within that period were diagnosed with AIDS within 30 days of the initial HIV diagnosis.

Please read the data sources and technical notes on pages 3-5 for further information concerning the interpretation of the data. The data presented in this report are available at <https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/AnnualReport2025.pdf>.

Sincerely,

Manny Singh, MBBS, MPH
Epidemiologist Technical Advisor
Viral Disease Prevention and Services Branch
Division of Epidemiology and Health Planning

Release Date: 12/31/2025



HIV/AIDS Surveillance Report
Viral Disease Prevention and Services Branch
Division of Epidemiology and Health Planning
Department for Public Health
Cabinet for Health and Family Services

Address:

Kentucky Department for Public Health
Viral Disease Prevention and Services Branch
275 East Main Street, HS2E-C
Frankfort, KY 40621

Phone: (502) 564-6539 or (800) 420-7231

Case Reporting Only: (866) 510-0008

Kentucky AIDS Drug Assistance Program (KADAP): (866) 510-0005

Website: <https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/default.aspx>

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For all media inquiries, please call the Office of Communications at (502) 564-6786 for assistance.

Kentucky Department for Public Health HIV/AIDS useful links:

HIV Reporting and Statistics

Fillable Adult HIV Confidential Case Report Form:

https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/ACRF_Fillable.pdf

Fillable Pediatric HIV Confidential Case Report Form:

https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/PCRF_Fillable.pdf

HIV Prevention

Syringe Services Programs:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>

HIV Test Sites in Kentucky:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYHIVTestSites.pdf>

HIV Services

HIV Care Coordinator Regions and Contact Information:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYHIVCCRs.pdf>

Ryan White Services Eligibility Application:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Documents/RWEligApp.pdf>



Data Sources

The HIV/AIDS Annual Report presents data regarding HIV disease cases diagnosed among Kentuckians and reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program through December 31, 2024. In this annual edition, HIV disease cases diagnosed among Kentuckians are presented, regardless of disease progression. The data only include those persons who have been confidentially tested and reported to the HIV/AIDS Surveillance Program. No adjustments are made to the data to account for undiagnosed, anonymously tested or unreported cases.

Kentucky population estimates used in the calculation of rates were obtained from the Kentucky State Data Center. Source: Population Division, U.S. Census Bureau, 2020, available at <https://centers.louisville.edu/kentucky-state-data-center>. Accessed September 13, 2025.

HIV/AIDS Reporting Requirements

According to state regulation 902 KAR 2:020 Reportable Disease Surveillance, Section 16, health professionals licensed under KRS Chapters 311 through 314, health facilities licensed under KRS 216B.015(13) and medical laboratories licensed under KRS Chapter 333 are required to report HIV and AIDS cases to the Kentucky Department for Public Health within five business days of diagnosis.

Cases of confirmed HIV and AIDS are reported to the Kentucky Department for Public Health's HIV/AIDS Surveillance Program at 866-510-0008 on the Confidential Adult HIV Case Report form for patients ≥ 13 years of age and on the Pediatric Case Report form for patients less than 13 years of age at the time of diagnosis. Data from the case report forms are compiled to produce this report. Additional case reporting information can be found on the Kentucky HIV/AIDS Section Website: <https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/reportsstats.aspx>.

Key Terminology

The terminology used in this report is consistent with CDC's technical guidelines for HIV surveillance grantees in the United States, and also consistent with the National HIV Surveillance Report, available online at: <https://www.cdc.gov/hiv-data/index.html>.

Current Age: An individual's age or age group as of December 31, 2024.

Age at Diagnosis: An individual's age or age group at the time of initial HIV disease diagnosis.

Adults and Adolescents: An individual aged 13 years and older.

Pediatric: An individual aged less than 13 years.

Acquired Immunodeficiency Syndrome (AIDS): Advanced stage of HIV infection characterized by severe immune deficiency and diagnosed by the presence of at least one of 26 opportunistic illnesses or a CD4 T-lymphocyte count of less than 200 cells/ml of blood. The CD4 T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and a percentage of less than 14% is considered only if the count is missing.

Concurrent Diagnosis: Both HIV and AIDS are diagnosed within a 30-day period.

Date of Diagnosis: The date of an individual's initial HIV disease diagnosis.

Human Immunodeficiency Virus (HIV): A retrovirus that infects the helper T cells of the immune system resulting in immunodeficiency. HIV is diagnosed by a positive confirmatory antigen/antibody test or a positive/detectable viral detection test.



Race and Ethnicity: Ethnicity categories include Hispanic and not Hispanic. Data for all not Hispanic persons are displayed in combination with their racial groupings, which include:

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

Kentucky's HIV data are collected for all racial and ethnic groupings. However, due to small numbers, data for the following racial groups are aggregated into the "other" designation: American Indian or Alaska Native, Native Hawaiian or Pacific Islander and persons of multiple races.

Sex: Sex designations in this report are based on a person's sex assignment at birth.

Transmission Category: Classification used to summarize the behavior or event most likely responsible for disease transmission. Each case is only included in a single transmission route.

Male-to-Male Sexual Contact (MMSC): Men who report having sexual contact with other men.

Injection Drug Use (IDU): Individuals who report injecting nonprescription drugs.

MMSC/IDU: Men who report having sex with other men and also inject nonprescription drugs.

Heterosexual Contact: A person reporting specific heterosexual contact with a person known to have, or to be at high risk for HIV infection, such as an injection drug user, a bisexual male (females only), or a person with hemophilia/coagulation disorder.

Female Heterosexual Contact (FHC): A female who does not fit in the heterosexual contact category above, with no reported injection drug use, but reported sexual contact with a male and no additional information about the male's HIV status or behaviors.

Hemophilia: Individuals receiving clotting factor for hemophilia/coagulation disorder.

Perinatal: Individuals born to a mother with HIV or a mother with an exposure history listed in the transmission category hierarchy.

Blood Transfusion/Organ Transplant: Individuals who received blood transfusions or organ transplants. Individuals with a transfusion date listed after March 1985 are considered Cases of Public Health Importance (COPHI) and are followed to verify the mode of transmission.

Other: Individuals who had a transfusion/transplant, hemophilia/coagulation disorder or pediatric cases diagnosed as adults.

Undetermined/No Identified Risk (NIR): Individuals reporting no exposure history to HIV through any of the modes listed in the transmission category hierarchy above.



Technical Notes

Reporting Delays: Delays exist between the time HIV infection is diagnosed and the time the infection is reported to the HIV/AIDS Surveillance Program. Due to reporting delays, case statistics for the most recent years of diagnosis may not be complete. Therefore, the data for 2024 and 2025 are considered provisional and will not be included in the trend analysis. The data presented in this report have not been adjusted for reporting delays.

Place of Residence: HIV data are presented based on residence at the time of initial HIV infection diagnosis. Data presented on living cases reflect those originally diagnosed while living in Kentucky that are still presumed to be living, regardless of their current residence.

Vital Status: Cases are presumed to be alive unless the HIV/AIDS Surveillance Program has received notification of death. Current vital status information for cases is ascertained through reports of death from providers, reports of death from other states' surveillance programs, routine matches with Kentucky death certificates (vital statistics registry) and the Social Security Death Master Files (SSDMF).

Transmission Route: Despite the possible existence of multiple methods through which HIV was transmitted, cases are assigned a single most likely transmission route based on a hierarchy developed by the CDC. A limitation of the dataset is the large number of cases reported with an undetermined transmission route. Currently, surveillance data are collected through hard copy case reports, telephone reports and chart reviews, which occasionally result in missing information. Enhanced surveillance activities have been implemented to resolve case reports with missing risk factor information, including the re-classification of females into the FHC category.

Routine Interstate Duplicate Review (RIDR): Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help resolve duplicate reporting, CDC initiated the RIDR project in 2004. RIDR compares patient records nationwide in order to identify duplicate cases. The states with duplicate cases contact one another to compare patient profiles to assign the case one state residency based on residence at the earliest date of diagnosis. As a result of this process, the cumulative number of cases within Kentucky may change, but it has increased the accuracy of Kentucky's data by reducing the chance that a case has been counted more than once nationally.

Small Numbers: Data release limitations are set to ensure that the information cannot be used to inadvertently identify an individual. Data suppression rules are applied based on the population denominators for analyses below the state level. Additional numerator suppression rules are applied for groups or geographic areas that have <50,000 population. Rates are not released when the numerator is fewer than ten cases because of the low reliability of rates based on the small number of cases.

Difference between HIV Infection/HIV Disease, HIV without AIDS and concurrent diagnosis of HIV with AIDS:

HIV infection includes all individuals diagnosed with HIV, regardless of the stage of disease progression. This term is used interchangeably with HIV disease. The data are presented based on the date of the first diagnosis reported to the HIV/AIDS Surveillance Program. HIV without AIDS includes individuals who were diagnosed with HIV and had not progressed to AIDS as of the report date. Concurrent diagnosis with AIDS includes those who were diagnosed with AIDS within 30 days of initial HIV diagnosis.



Section I: Cumulative and Living HIV Infections Diagnosed as of December 31, 2024, Kentucky

Table 1. Cumulative ⁽¹⁾ HIV Disease Cases by Age at Diagnosis*, Race/Ethnicity and Sex at Birth as of December 31, 2024, Kentucky											
	Age Group	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%**	No.	%**	No.	%**	No.	%**	No.	%**
MALE	<13	25	<1	27	1	1	0	4	1	57	1
	13-19	148	2	181	6	14	2	33	8	376	4
	20-29	1,831	28	1,114	37	271	40	182	42	3,398	32
	30-39	2,223	35	877	29	239	36	122	28	3,461	33
	40-49	1,444	22	543	18	99	15	64	15	2,150	20
	50+	766	12	279	9	48	7	33	8	1,126	11
	TOTAL	6,437	100	3,021	100	672	100	438	100	10,568	100
FEMALE	<13	12	1	20	2	4	4	2	2	38	2
	13-19	51	5	58	6	7	6	2	2	118	5
	20-29	279	27	276	29	48	42	37	30	640	29
	30-39	339	33	304	32	24	21	42	34	709	32
	40-49	211	21	183	19	20	18	31	25	445	20
	50+	137	13	117	12	10	9	11	9	275	12
	TOTAL	1,029	100	958	100	113	100	125	100	2,225	100

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2024.

*Age at initial HIV diagnosis.

**Percentages may not total 100% due to rounding.

Since the beginning of the HIV epidemic in 1982, the majority (83%) of HIV cases diagnosed among Kentuckians have been reported among males (10,568 cases). In terms of age at time of diagnosis, more male HIV cases were diagnosed at ages 30-39 years (3,461 or 33%) than any other age grouping. Among white males, the highest percentage of cumulative cases was found in those aged 30-39 years at the time of diagnosis (35%). Among black males, 37% of cases were aged 20-29 years and 29% were aged 30-39 years at the time of diagnosis. The percentage of Hispanic males aged 20-29 years at the time of diagnosis (40%) was higher when compared to black (37%) and white populations (28%). Conversely, Hispanic males had the lowest percentage of cases diagnosed at ages 40-49 years (15%) as compared to black males and white males (18% and 22% respectively). Six percent (6%) of black males were teenagers at the time of diagnosis compared to 2% of white males and 2% of Hispanic males.

Similar patterns exist among females with HIV disease. More females were diagnosed with HIV disease at ages 30-39 years (709 or 32%) than in any other age category. For female cases, age at identification was nearly identical across age groups for black and white females, while Hispanic females were most often identified in the 20–29 years age group (42%).



Table 2. Cumulative ⁽¹⁾ Adult/Adolescent* HIV Disease Cases by Transmission Route, Race/Ethnicity and Sex at Birth as of December 31, 2024, Kentucky

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
		MALE	MMSC	4,490	70	1,748	58	455	68	293	68
IDU	491		8	335	11	36	5	25	6	887	8
MMSC/IDU	578		9	181	6	29	4	28	6	816	8
Heterosexual	229		4	237	8	47	7	33	8	546	5
Other ⁽²⁾	85		1	14	<1	1	<1	0	0	100	1
Undetermined ⁽³⁾	539		8	479	16	103	15	55	13	1,176	11
TOTAL ⁽⁴⁾	6,412		100	2,994	100	671	100	434	100	10,511	100
FEMALE	IDU	335	33	173	18	12	11	18	15	538	25
	Heterosexual	442	43	439	47	56	51	67	54	1,004	46
	Female Heterosexual	173	17	269	29	31	28	31	25	504	23
	Other ⁽²⁾	12	1	4	<1	0	0	1	1	17	1
	Undetermined ⁽³⁾	55	5	53	6	10	9	6	5	124	6
	TOTAL ⁽⁴⁾	1,017	100	938	100	109	100	123	100	2,187	100

*Cases are classified as adult/adolescent if they were 13 years of age or older at time of HIV diagnosis.

(1) Includes HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2024.

(2) Other includes persons who had a transfusion/transplant, hemophilia/coagulation disorder or pediatric cases diagnosed as adults.

(3) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview and persons whose mode of exposure remains undetermined after investigation.

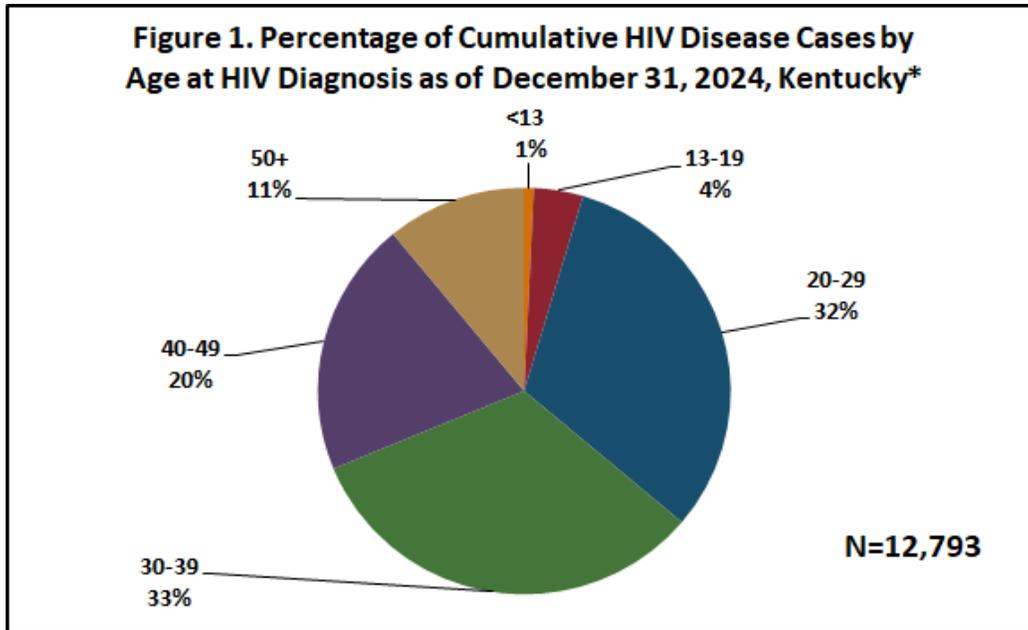
(4) Percentages may not total 100% due to rounding.

See terminology on page 4 for additional definition by transmission category.

Among adult/adolescent males, the majority of cumulative HIV cases reported the primary route of exposure as MMSC (66%), while among adult/adolescent women, most (46%) were exposed through heterosexual contact with a person with HIV or at high risk for HIV infection (e.g., a person who injects drugs). Adult/adolescent black males (11%) reported higher percentages of IDU as the route of HIV transmission in comparison to adult/adolescent white (8%) and Hispanic males (5%). Conversely, a higher percentage of adult/adolescent white males (70%) reported MMSC as the primary route of transmission as compared to 58% of all adult/adolescent black males and 68% of all adult/adolescent Hispanic males.

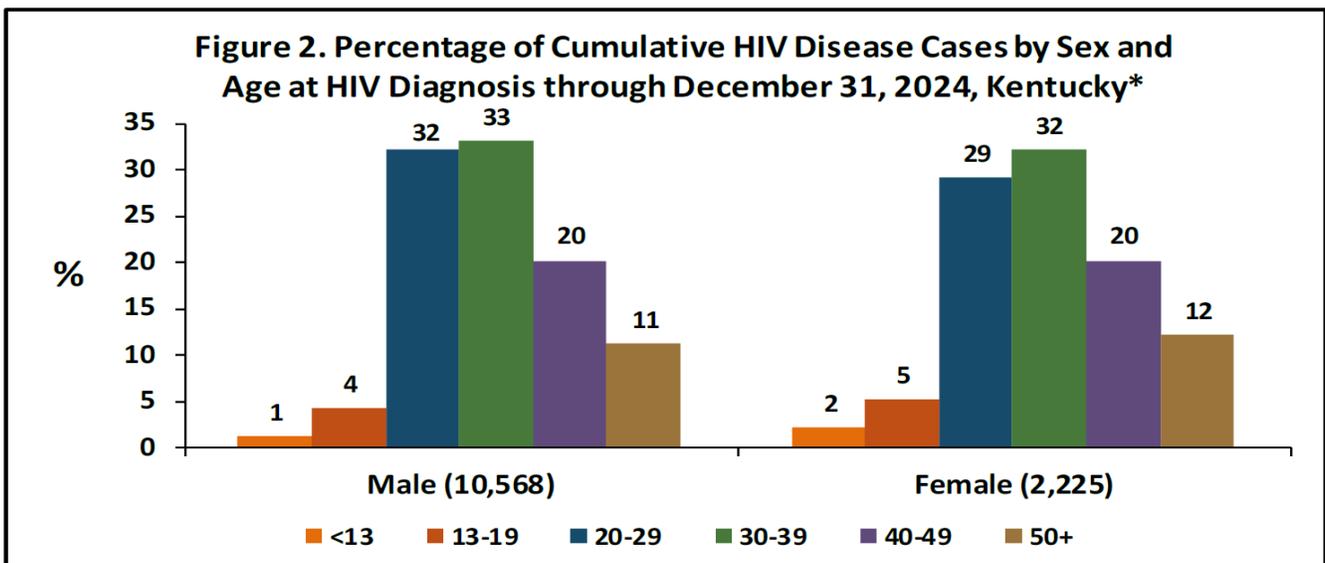
The most reported risk factor for adult/adolescent female cases in each racial/ethnic group was heterosexual contact (46%). When including female heterosexual contact as a risk category, only 6% of adult/adolescent females have undetermined routes of transmission compared to 11% of adult/adolescent males. Adult/adolescent black (16%) and Hispanic males (15%) have higher percentages of cases without an identified risk factor than adult/adolescent white males (8%). The existence of large percentages of cases without known routes of transmission poses a barrier to the provision of effective responses to the epidemic within these groups. Risk factor information forms the basis for program planning, service provision and guides resource allocation.





* Percentages may not total 100% due to rounding.

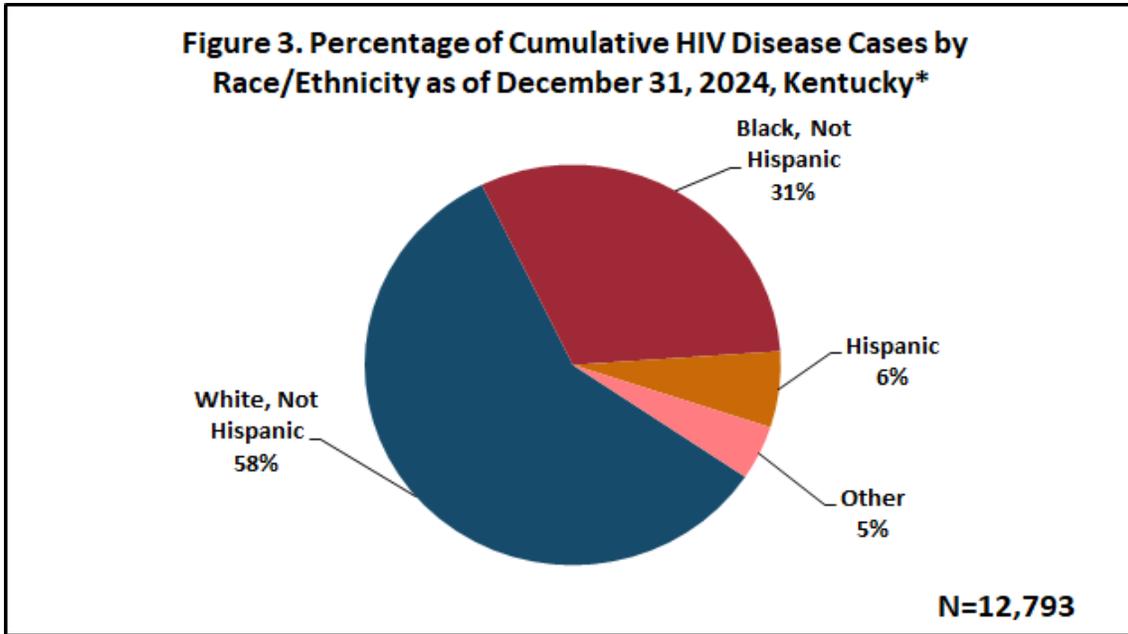
Figure 1 shows the distribution of cumulative Kentucky HIV cases by age at diagnosis. One-third (33%) of cumulative HIV cases in Kentucky were aged 30-39 years at the time of diagnosis. Persons aged 20-29 years also account for almost a third of cumulative cases (32%). Children (aged <13 years at diagnosis) and teenagers (aged 13-19 years) account for the smallest percentages of cases, at less than 5% each.



* Percentages may not total 100% due to rounding.

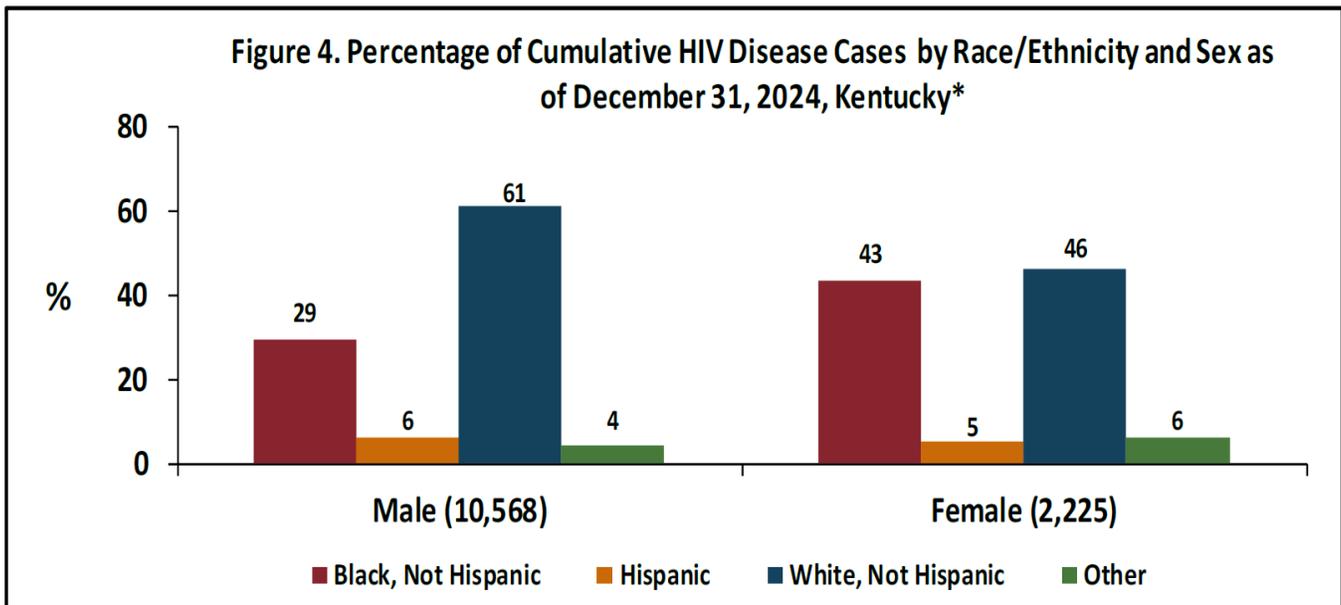
Figure 2 shows the percentage of HIV cases by age group and sex. Cumulatively, 10,568 male HIV cases have been diagnosed, of which 33% were aged 30-39 years at the time of diagnosis. Similarly, females aged 30-39 years at time of diagnosis accounted for the highest percentage of cumulative HIV cases by age group among females (32%). The mean age at diagnosis for both males and females is 35 years.





* Percentages may not total 100% due to rounding.

Figure 3 shows that 58% of cumulative HIV cases diagnosed in Kentucky are in white populations, 31% are in black populations, and 6% are in Hispanic populations.



* Percentages may not total 100% due to rounding.

Figure 4 shows the percentages of cumulative HIV cases within each sex group by race/ethnicity. Among males, the majority are white (61%) with black males accounting for 29% of cumulative cases. The distribution among females by racial/ethnic grouping differs from males with both black and white females accounting for almost equal percentage of cases at 43% and 46% respectively.



Cumulative Adult/Adolescent HIV Diagnoses by Transmission Route, Kentucky

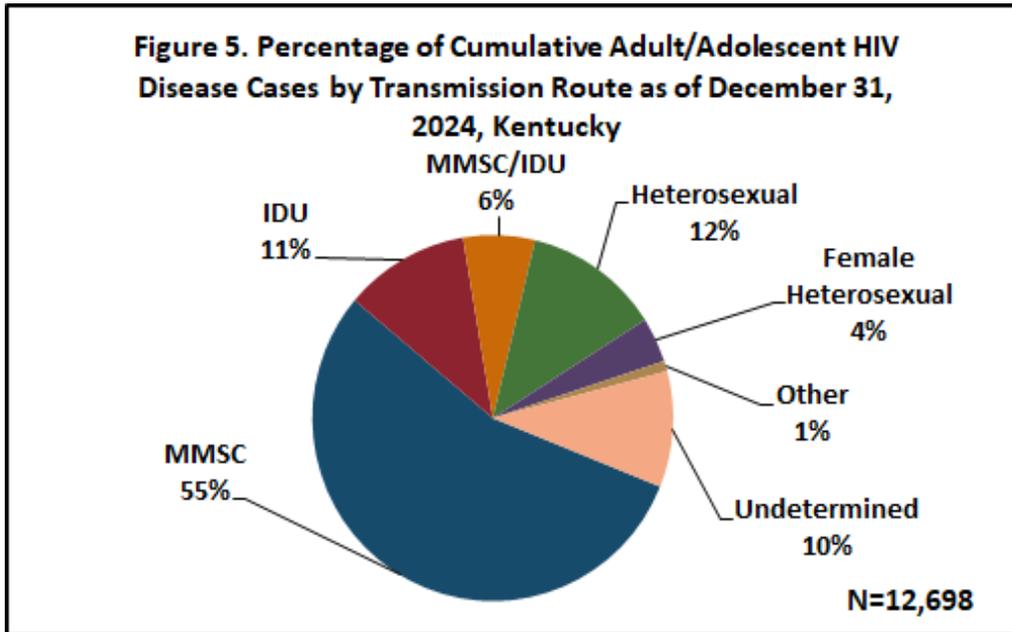


Table 3. Cumulative Adult/Adolescent HIV Disease Cases by Transmission Route as of December 31, 2024, Kentucky

Transmission Route	No.	%
MMSC	6,986	55
IDU	1,425	11
MMSC/IDU	816	6
Heterosexual	1,550	12
Female Heterosexual*	504	4
Other†	117	1
Undetermined	1,300	10
Total**	12,698	100

* Female Heterosexual = A female not reporting drug use but reporting sex with a male. See terminology on page 4 for additional definition.

**Percentages may not total 100% due to rounding.

† Other includes persons with transfusion/transplant, hemophilia/coagulation listed as mode of transmission, or persons with perinatal exposure who were diagnosed as an adult. See Table 12 for perinatal data.

In Kentucky, 55% of cumulative adult/adolescent HIV cases identified their primary transmission route as MMSC, as shown in Figure 5. Twelve percent (12%) of adult/adolescent HIV cases reported heterosexual contact as their primary transmission route, 11% reported IDU and 6% reported both MMSC and IDU. Ten percent (10%) of cumulative adult/adolescent HIV cases were reported without a risk factor identified. Cumulative adult/adolescent HIV case frequencies for each route of exposure are displayed in Table 3.



Cumulative HIV Diagnoses by Residential Area Development District (ADD) and County at Time of Diagnosis, Kentucky

Table 4. Cumulative and Living HIV Disease Cases by Residential ADD and County at Time of Diagnosis as of December 31, 2024, Kentucky⁽¹⁾

ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾	ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾
Barren River	452	288	Buffalo Trace	66	40
Allen	28	15	Bracken, Fleming and Robertson*	19	11
Barren	52	30	Lewis	16	7
Butler	16	13	Mason	31	22
Edmonson	11	7			
Hart	13	5			
Logan	35	23	Cumberland Valley	255	154
Metcalfe	9	5	Bell	30	21
Monroe	18	10	Clay	36	24
Simpson	30	21	Harlan	25	9
Warren	240	159	Jackson	18	11
			Knox	29	20
Big Sandy	104	67	Laurel	55	34
Floyd	29	20	Rockcastle	13	8
Johnson	11	5	Whitley	49	27
Magoffin	9	6			
Martin	13	12	FIVCO	179	107
Pike	42	24	Boyd	101	60
			Carter	25	15
Bluegrass	2,461	1,739	Elliott	7	5
Anderson	37	25	Greenup	31	21
Bourbon	36	25	Lawrence	15	6
Boyle	39	26			
Clark	65	46	Gateway	126	87
Estill	13	7	Bath	15	11
Fayette	1,671	1,175	Menifee	12	11
Franklin	128	89	Montgomery	32	24
Garrard	16	10	Morgan	35	17
Harrison	15	11	Rowan	32	24
Jessamine	99	76			
Lincoln	18	9	Green River	348	213
Madison	150	117	Daviess	170	98
Mercer	37	19	Hancock and Webster*	21	13
Nicholas	7	6	Henderson	77	46
Powell	12	7	McLean	11	8
Scott	72	56	Ohio	15	9
Woodford	46	35	Union	54	39

(1) One case was missing the residential county at the time of diagnosis.
 (2) Total cases with HIV disease regardless of progression to AIDS, both living and deceased.
 (3) Living cases regardless of current residence.

(Continued on page 12)
 * Cases combined due to confidentiality guidelines.

Cumulative HIV Diagnoses by Residential Area Development District (ADD) and County at Time of Diagnosis, Kentucky

Table 4 (continued). Cumulative and Living HIV Disease Cases By Residential ADD and County at Time of Diagnosis as of December 31, 2024, Kentucky ⁽¹⁾

ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾	ADD/County	Total HIV Disease Cases ⁽²⁾	Total Living with HIV Disease ⁽³⁾
Kentucky River	101	57	Northern Kentucky	1,095	733
Breathitt, Owsley and Wolfe*	14	6	Boone	195	139
Knott	17	11	Campbell	222	149
Lee and Leslie*	11	6	Carroll	19	14
Letcher	23	8	Gallatin and Owen*	17	14
Perry	36	26	Grant	38	23
			Kenton	590	382
			Pendleton	14	12
KIPDA/North Central	6,157	3,955	Pennyriple	408	240
Bullitt	129	100	Caldwell	23	13
Henry	32	23	Christian	199	137
Jefferson	5,670	3,659	Crittenden and Lyon*	28	8
Oldham	207	89	Hopkins	58	34
Shelby	93	68	Livingston	16	7
Spencer and Trimble*	26	16	Muhlenberg	38	19
			Todd	31	15
			Trigg	15	7
Lake Cumberland	217	153	Purchase	380	227
Adair and Cumberland*	15	9	Ballard and Carlisle*	18	11
Casey	10	6	Calloway	48	30
Clinton	14	11	Fulton	13	10
Green	10	8	Graves	64	36
McCreary	22	19	Hickman	9	7
Pulaski	75	47	Marshall	34	20
Russell	21	14	McCracken	194	113
Taylor	33	28			
Wayne	17	11			
Lincoln Trail	443	308			
Breckinridge	20	9			
Grayson	22	13			
Hardin	259	184			
Larue	10	9			
Marion	25	16			
Meade	33	23			
Nelson	64	48			
Washington	10	6			

(1) One case was missing the residential county at the time of diagnosis.

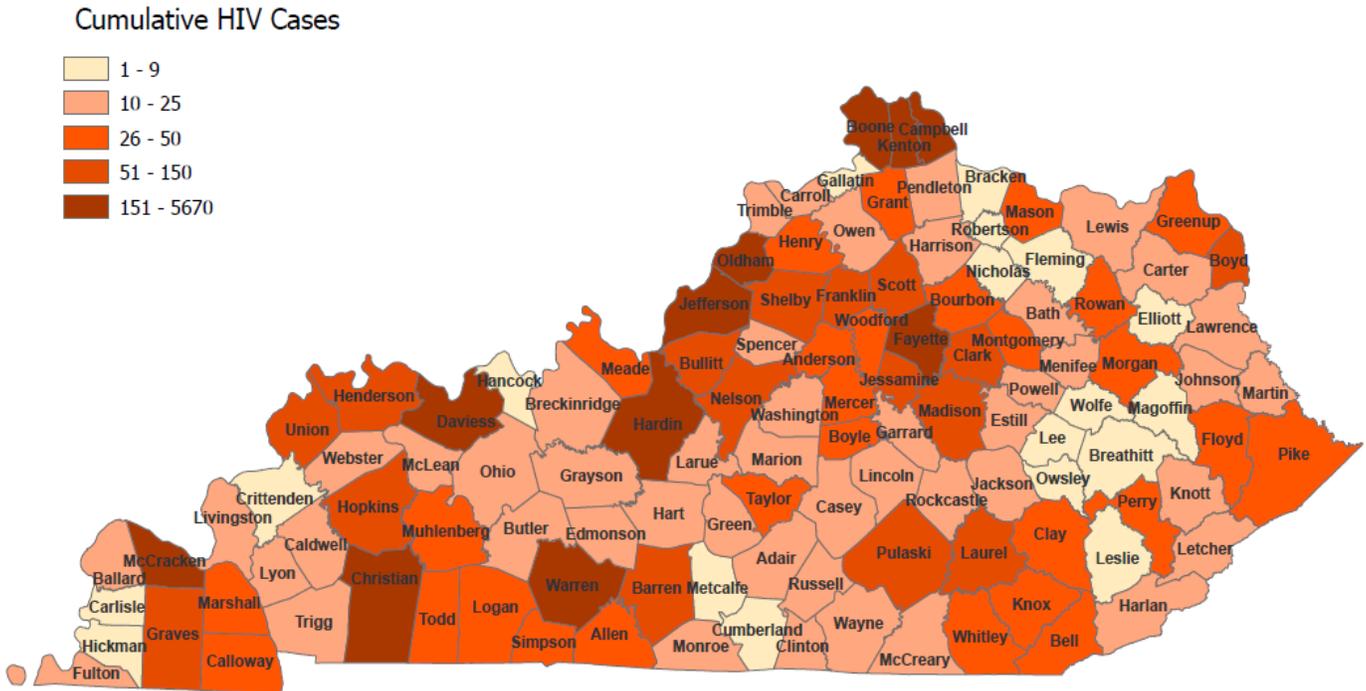
(2) Total cases with HIV disease regardless of progression to AIDS, both living and deceased.

(3) Living cases regardless of current residence.

* Cases combined due to confidentiality guidelines.

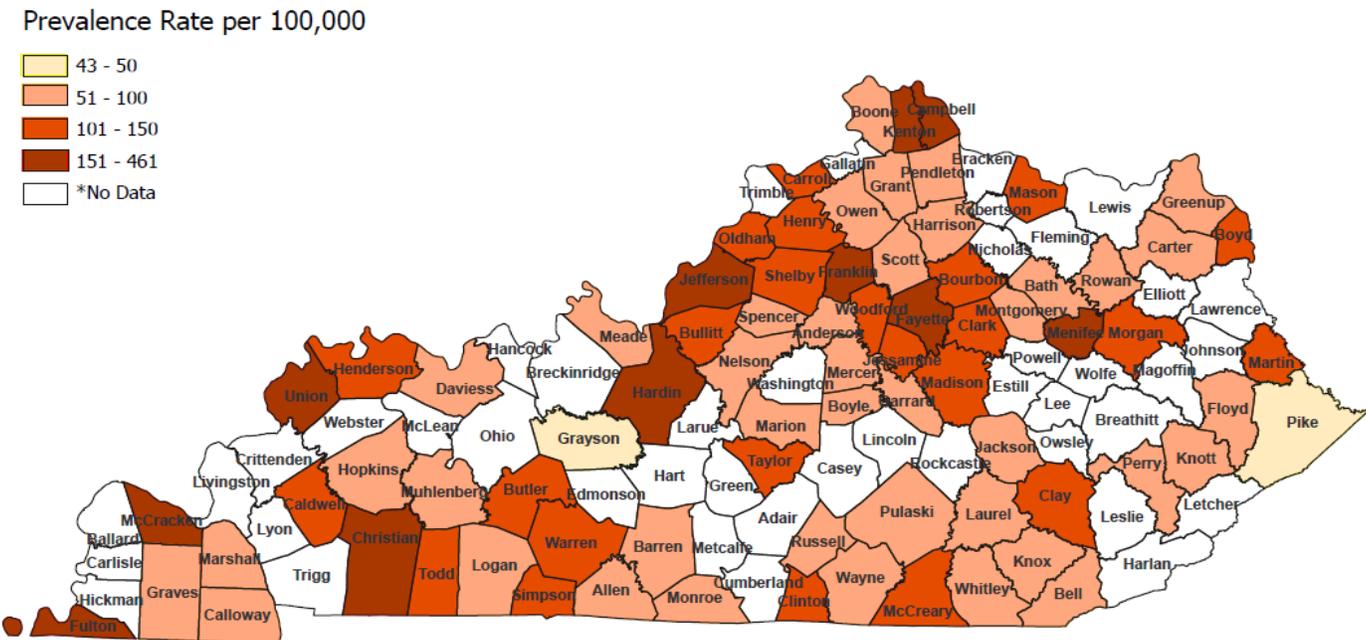


Figure 6. Cumulative HIV Disease Cases Diagnosed by Residential County at Time of Diagnosis as of December 31, 2024, Kentucky*



* One case was missing residential county at time of diagnosis.

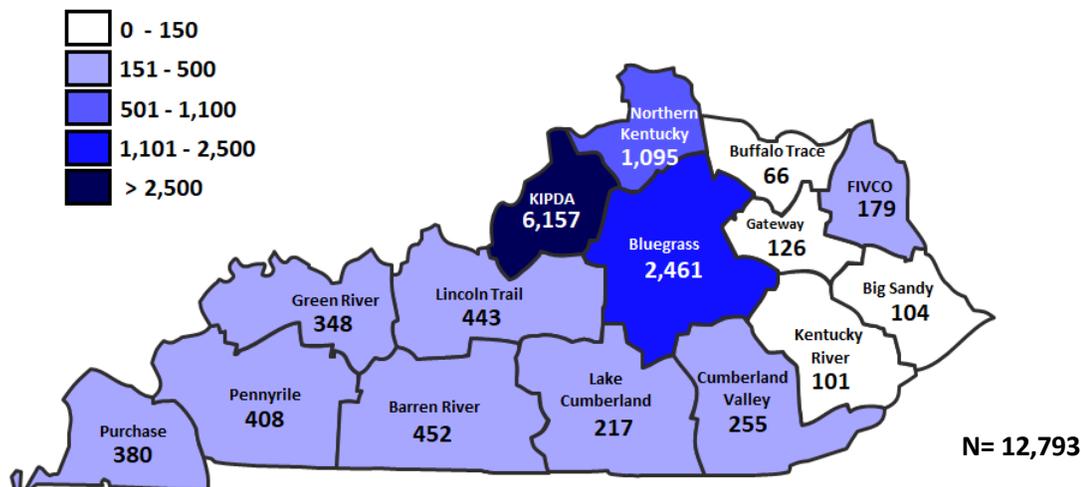
Figure 7. HIV Disease Prevalence Rates by Residential County at Time of Diagnosis as of December 31, 2024, Kentucky*



* Rates not published when cell size is less than 10.

Figure 8. Cumulative HIV Disease Diagnoses by ADD of Residence at Time of HIV Diagnosis as of December 31, 2024, Kentucky*

Cumulative HIV Disease Diagnoses by ADD

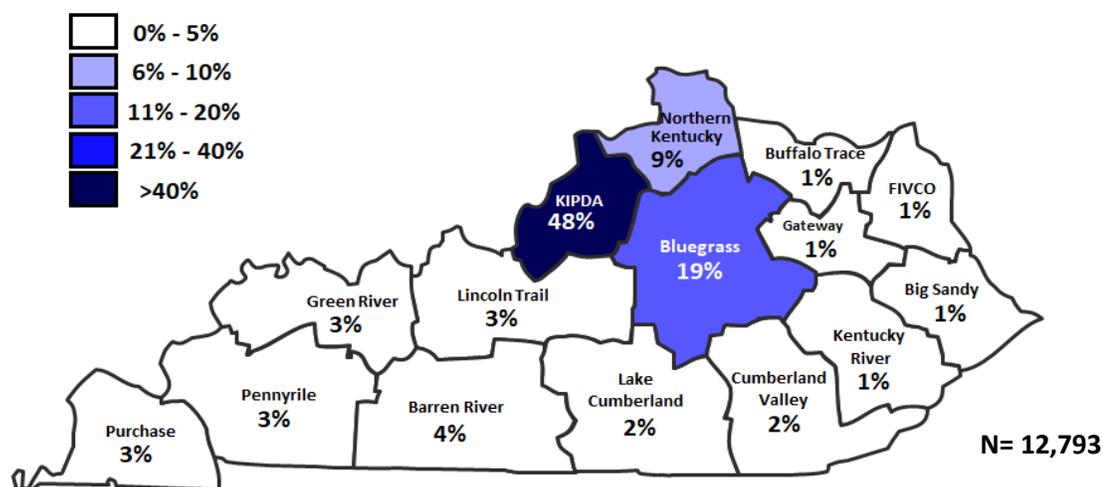


*One case was missing residential county information at the time of diagnosis.

Figure 8 indicates that the highest number of cumulative HIV cases, 6,157 (48%), resided in the KIPDA ADD at the time of diagnosis, which includes the city of Louisville. The Bluegrass ADD, which includes the city of Lexington, had the second highest number of HIV cases diagnosed, 2,461 (19%), followed by the Northern Kentucky ADD, including a portion of the Cincinnati metropolitan area, with 1,095 (9%) of cumulative cases.

Figure 9. Percentage of Cumulative HIV Disease Diagnoses by ADD of Residence at Time of HIV Diagnosis as of December 31, 2024, Kentucky*

Cumulative % HIV Disease Diagnoses by ADD



*One case was missing residential county information at the time of diagnosis.

Figure 9 shows the percentage of the cumulative (12,793) HIV cases statewide that were diagnosed within each ADD. The percentage of diagnoses by ADD ranged from 1% of total statewide cases residing in each of Buffalo Trace, Gateway, FIVCO, Big Sandy and Kentucky River ADDs to almost half (48%) residing in the KIPDA ADD at the time of diagnosis.



Persons Living with HIV Disease by Demographics, Kentucky

Table 5. Living HIV Disease Diagnoses by Transmission Route, Race/Ethnicity and Sex at Birth as of December 31, 2024, Kentucky⁽¹⁾

	Transmission Category	White, Not Hispanic		Black, Not Hispanic		Hispanic		Other/Unknown		TOTAL	
		No.	%	No.	%	No.	%	No.	%	No.	%
		MALE	MMSC	2,787	71	1,255	65	420	70	269	69
	IDU	271	7	110	6	21	4	20	5	422	6
	MMSC/IDU	368	9	80	4	24	4	22	6	494	7
	Heterosexual	120	3	138	7	40	7	27	7	325	5
	Perinatal	12	<1	18	1	1	<1	4	1	35	1
	Other ⁽²⁾	12	<1	2	<1	1	<1	0	0	15	<1
	Undetermined ⁽³⁾	370	9	333	17	89	15	46	12	838	12
	Male Subtotal⁽⁴⁾	3,940	100	1,936	100	596	100	388	100	6,860	100
FEMALE	IDU	226	33	72	12	6	6	13	12	317	21
	Heterosexual	288	42	294	47	52	54	54	51	688	46
	Female Heterosexual	128	19	211	34	23	28	30	28	397	26
	Perinatal	8	1	14	2	4	4	2	2	28	2
	Other ⁽²⁾	0	0	1	<1	0	0	1	1	2	<1
	Undetermined ⁽³⁾	33	5	30	5	7	7	6	6	76	5
	Female Subtotal⁽⁴⁾	683	100	622	100	97	100	106	100	1,508	100
ALL LIVING	MMSC	2,787	60	1,255	49	420	61	269	54	4,731	57
	IDU	497	11	182	7	27	4	33	7	739	9
	MMSC/IDU	368	8	80	3	24	4	22	4	494	6
	Heterosexual	408	9	432	17	92	13	81	16	1,013	12
	Female Heterosexual	128	3	211	8	28	4	30	6	397	5
	Perinatal	20	<1	32	1	5	1	6	1	63	1
	Other ⁽²⁾	12	<1	3	<1	1	<1	1	<1	17	<1
	Undetermined ⁽³⁾	403	9	363	14	96	14	52	11	914	11
	TOTAL⁽⁴⁾	4,623	100	2,558	100	693	100	494	100	8,368	100

(1) Includes living HIV disease cases diagnosed from the beginning of the epidemic as of December 31, 2024.

(2) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or pediatric cases diagnosed as adults.

(3) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview and persons whose route of exposure remains undetermined after investigation.

(4) Percentages may not total 100% due to rounding.

See terminology on page 4 for additional definitions by transmission category.

Table 5 shows living HIV cases diagnosed through December 31, 2024, by demographic and behavioral characteristics. There are 8,368 Kentuckians reported to be living with HIV (prevalence rate: 182.4 cases per 100,000). The distribution of behavioral characteristics varied by race/ethnicity and sex, but the majority of Kentucky males living with HIV contracted the disease through MMSC (69%), whereas the majority of Kentucky females contracted HIV through heterosexual contact (46%). An additional 26% of females reported female heterosexual contact, which is different than heterosexual contact in that the behavioral risk or serostatus of the male partner is unknown.



Section II: New HIV Infections Diagnosed among Kentuckians, as of December 31, 2024

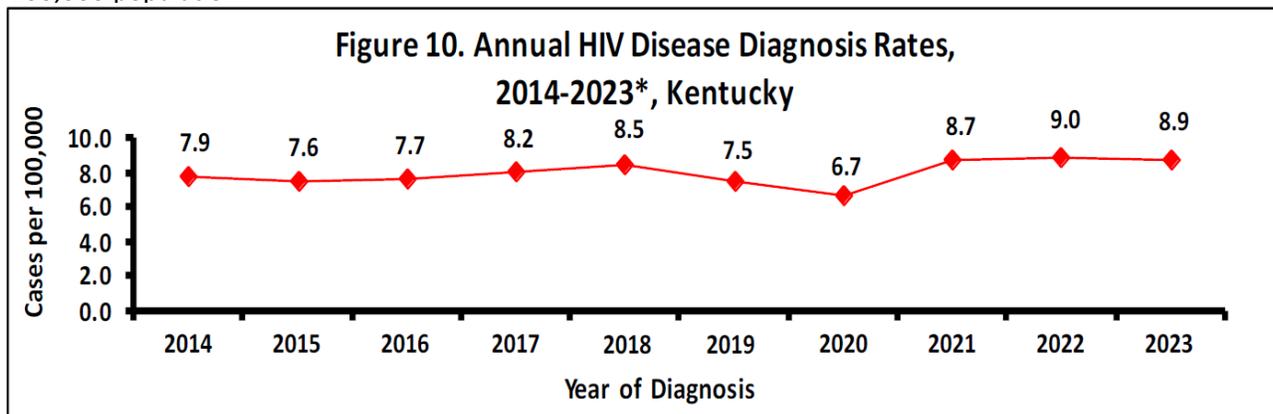
As of December 31, 2024, a total of 12,793 cumulative HIV infections among Kentuckians had been reported to the Department for Public Health’s HIV/AIDS Surveillance Program since AIDS reporting started in 1982. Of these infections, 58% have progressed to AIDS. The number of new HIV infections diagnosed since 2014 is presented in Table 6 along with the percentage from each year that have progressed to AIDS. Of the 3,944 HIV infections diagnosed since 2014, 1,204 (31%) had progressed to AIDS as of December 31, 2024.

Table 6. Number of HIV Infections per Year of Diagnosis (2014-2024 [†]) and Percentage that Progressed to AIDS in the Course of Illness as of December 31, 2024, Kentucky		
Year of HIV Diagnosis	TOTAL HIV/AIDS*	Percentage that Progressed to AIDS [†]
	No.	%
2014	349	37%
2015	336	34%
2016	341	39%
2017	363	33%
2018	379	27%
2019	335	27%
2020	303	28%
2021	394	26%
2022	404	29%
2023	401	32%
2024 [†]	339	24%
TOTAL	3,944	31%

*Total HIV infections regardless of disease progression.

[†]Data reported as of December 31, 2024.

Figure 10 displays annual HIV diagnosis rates among Kentuckians. The annual HIV diagnosis rate has remained fairly steady from 2014 to 2023 with slight fluctuations between 6.7 and 9.0 cases per 100,000 population.



*Data are current as of December 31, 2024. Data for 2024 and 2025 are considered preliminary due to reporting delays and are not included in the trend analysis.



A Comparison of Kentucky to Other States and Washington, DC. Using National Data from the Centers for Disease Control and Prevention, 2023⁽¹⁾

Table 7. Estimated* Annual HIV Disease Diagnosis Rates per 100,000 Population by Residence at Time of Diagnosis, 2023

Rank	Area of Residence	Rate
1	Washington, DC	32.6
2	Georgia	25.5
3	Florida	22.7
4	Louisiana	22.5
5	Mississippi	21.3
6	Nevada	21.1
7	Texas	20.2
8	South Carolina	18.3
9	Alabama	16.5
10	North Carolina	15.1
11	California	14.9
12	Tennessee	14.8
13	Illinois	14.7
14	Arizona	14.6
15	New York	14.1
16	Maryland	13.9
17	New Jersey	11.9
18	Arkansas	11.8
18	Virginia	11.8
20	Indiana	11.7
21	Delaware	11.4
21	Oklahoma	11.4
23	Missouri	10.6
24	Kentucky**	10.4
24	New Mexico	10.4
26	Colorado	9.6

Rank	Area of Residence	Rate
27	Massachusetts	8.8
27	Ohio	8.8
29	Pennsylvania	8.3
30	Michigan	8.1
31	Connecticut	7.8
32	Rhode Island	6.8
32	South Dakota	6.8
34	Minnesota	6.7
35	Oregon	6.6
36	West Virginia	6.5
37	Washington	6.3
38	Kansas	6.1
39	Nebraska	6.0
40	Utah	5.5
41	Iowa	5.1
41	Wisconsin	5.1
43	Hawaii	4.8
44	Alaska	4.6
45	Wyoming	4.2
46	North Dakota	3.2
47	Idaho	3.0
47	Montana	3.0
49	Maine	2.9
50	New Hampshire	2.8
51	Vermont	1.8

https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html#cdc_survey_profile_how_the_information_is_used-current-data-release4. Accessed September 2025.

*Estimated numbers resulted from a statistical adjustment that accounted for reporting delays, but not incomplete reporting.

**Kentucky's rate is estimated by the CDC using a different methodology and should not be compared directly to reported data elsewhere in this report.

Estimated National HIV Diagnosis Rate per 100,000, 2023: 13.7

In 2023, the annual estimated national HIV diagnosis rate was 13.7 per 100,000 population. The diagnosis rates among the 50 States and Washington, DC ranged from 1.8 per 100,000 population (Vermont) to 32.6 per 100,000 (Washington, DC). Kentucky ranked 24th with an estimated diagnosis rate of 10.4 per 100,000.



New HIV Diagnosis: Kentucky vs. the United States, 2023

Characteristics	Number of New Cases	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	328	82
Female (adult/adolescent)	73	18
Child (<13 yrs)	0	0
TOTAL	401	100
AGE AT DIAGNOSIS‡		
<13	0	0
13-24	61	15
25-44	243	61
45-64	88	22
65+	9	2
TOTAL	401	100
RACE/ETHNICITY		
White, Not Hispanic	215	54
Black, Not Hispanic	112	28
Hispanic	62	15
Other/Unknown	12	3
TOTAL	401	100
TRANSMISSION ROUTE		
MSM	212	53
IDU	45	11
MSM/IDU	19	5
Heterosexual	53	13
Perinatal	0	0
Other/Undetermined ⁽²⁾	72	18
TOTAL	401	100

Characteristics	Number of New Cases	% of New HIV cases ⁽¹⁾
SEX		
Male (adult/adolescent)	31,474	81
Female (adult/adolescent)	7,319	19
Child (<13 yrs)	57	<1
TOTAL[†]	38,850	100
AGE AT DIAGNOSIS‡		
<13	57	<1
13-24	7,117	18
25-44	23,103	59
45-64	7,616	20
65+	957	2
TOTAL[†]	38,850	100
RACE/ETHNICITY		
White, Not Hispanic	8,911	23
Black, Not Hispanic	14,781	38
Hispanic	13,035	34
Other	2,123	5
TOTAL[†]	38,850	100
TRANSMISSION ROUTE		
MSM	25,654	66
IDU	2,476	6
MSM/IDU	1,392	4
Heterosexual	9,191	24
Perinatal	106	<1
Other/Undetermined ⁽²⁾	31	<1
TOTAL[†]	38,850	100

*HIV diagnoses regardless of disease progression.

(1) Percentages may not always total 100% due to rounding.

(2) Includes hemophilia, blood transfusion and risk not reported or not identified.

(3) U.S. cases from CDC. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2022: 35.

‡ Age at initial HIV diagnosis.

† Totals among subpopulations may be different because values were calculated independently.

Kentucky’s distribution of HIV cases by sex and age at diagnosis (Table 8) closely parallels that of the U.S. (Table 9). The percentage of new HIV cases in Kentuckians who are white, not Hispanic, is much greater than in the U.S. population (54% vs. 23%, respectively). This can be partially attributed to the greater percentage of white, not Hispanic, persons in Kentucky’s general population (84%) as compared to the U.S. population (60%)¹. U.S. cases have been adjusted for reporting delays and missing risk factors. Kentucky cases have not been adjusted.

¹<https://www.census.gov/quickfacts/fact/table/KY,US/PST045218>



Adult/Adolescent HIV Diagnoses Regardless of Progression to AIDS†, Kentucky

Characteristics	1982-2018		2019		2020		2021		2022		2023		2024 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
SEX																
Male	8,723	83	275	82	258	85	322	82	333	82	328	82	272	80	10,511	83
Female	1,801	17	59	18	44	15	72	18	71	18	73	18	67	20	2,187	17
TOTAL⁽³⁾	10,524	100	334	100	302	100	394	100	404	100	401	100	339	100	12,698	100
AGE AT DIAGNOSIS*																
13-19	418	4	24	7	9	3	9	2	11	3	12	3	11	3	494	4
20-29	3,306	31	128	38	109	36	131	33	137	34	121	30	106	31	4,038	32
30-39	3,512	33	81	24	88	29	135	34	116	29	121	30	117	35	4,170	33
40-49	2,210	21	56	17	58	19	64	16	68	17	87	22	52	15	2,595	20
50+	1,078	10	45	13	38	13	55	14	72	18	60	15	53	16	1,401	11
TOTAL⁽³⁾	10,524	100	334	100	302	100	394	100	404	100	401	100	339	100	12,698	100
RACE/ETHNICITY																
White, Not Hispanic	6,255	59	195	58	183	61	222	56	209	52	215	54	150	44	7,429	59
Black, Not Hispanic	3,317	32	88	26	67	22	115	29	117	29	112	28	116	34	3,932	31
Hispanic	511	5	31	9	29	10	32	10	59	15	62	15	56	17	780	6
Other/Unknown	441	4	20	6	23	8	25	6	19	5	12	3	17	5	557	4
TOTAL⁽³⁾	10,524	100	334	100	302	100	394	100	404	100	401	100	339	100	12,698	100
TRANSMISSION ROUTE																
MSM	5,892	56	181	54	153	51	183	46	213	53	212	53	152	45	6,986	55
IDU	1,099	10	51	15	49	16	82	21	69	17	45	12	30	9	1,425	11
MSM/IDU	681	6	31	9	20	7	27	7	25	6	19	5	13	4	816	6
Heterosexual	1,377	13	23	7	26	9	26	7	26	6	53	13	19	6	1,550	12
Female Heterosexual	374	4	18	5	15	5	18	5	21	5	23	6	35	10	504	4
Other ⁽⁴⁾	116	1	0	0	0	0	0	0	0	0	1	0	0	0	117	1
Undetermined ⁽⁵⁾	985	9	30	9	39	13	58	15	50	12	48	12	90	27	1,300	10
TOTAL⁽³⁾	10,524	100	334	100	302	100	394	100	404	100	401	100	339	100	12,698	100

†HIV disease cases include both persons with HIV alone and those who have progressed to AIDS.

*Age at time of initial HIV diagnosis.

(1) Cases are classified as Adult/Adolescent if they were 13 years of age or older at the time of diagnosis.

(2) Data reported as of December 31, 2024. Data from 2024 are not used in trend analyses due to reporting delays.

(3) Percentages may not total 100% due to rounding.

(4) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or perinatal diagnosed as an adult.

(5) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview and persons whose route of exposure remains undetermined after investigation.

See terminology on page 4 for additional definitions by transmission category.

Table 10 shows a breakdown of new adult/adolescent HIV diagnoses by year of diagnosis and demographic characteristics. Cumulative data are presented through December 31, 2024. New diagnoses over the most recent years for which data are complete, 2019-2023, have been predominantly among males, white persons and males reporting sexual contact with other males. The total new HIV cases over the five-year period (2019-2023) were highest among 20–29-year-olds in comparison to other age groups. This shows a change in trends as compared to total cases, where the highest number of cases is among 30-39 years old group.



Adult/Adolescent HIV Diagnoses that have Progressed to AIDS†, Kentucky

Table 11. Adult/Adolescent ⁽¹⁾ HIV Disease Cases with AIDS by Year of Initial HIV Diagnosis, Sex, Age at Diagnosis, Race/Ethnicity and Transmission Route, Kentucky																
Characteristics	1982-2018		2019		2020		2021		2022		2023		2024 ⁽²⁾		Total	
<u>SEX</u>	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	5,674	83	74	83	67	79	83	82	101	87	107	84	73	88	6,179	84
Female	1,125	17	15	17	18	21	18	18	15	13	20	16	10	12	1,221	16
TOTAL⁽³⁾	6,799	100	89	100	85	100	101	100	116	100	127	100	83	100	7,400	100
AGE AT DIAGNOSIS*																
13-19	210	3	3	3	1	1	0	1	2	2	1	1	1	1	218	3
20-29	1,892	28	24	27	17	20	21	21	25	22	29	23	14	17	2,022	27
30-39	2,457	36	22	25	31	36	30	30	36	31	36	28	29	35	2,641	36
40-49	1,505	22	18	20	16	19	27	27	27	23	31	24	16	19	1,640	22
50+	735	11	22	25	20	24	23	23	26	22	30	24	23	28	879	12
TOTAL⁽³⁾	6,799	100	89	100	85	100	101	100	116	100	127	100	83	100	7,400	100
RACE/ETHNICITY																
White, Not Hispanic	4,143	61	51	57	54	64	58	57	67	58	70	55	41	49	4,484	61
Black, Not Hispanic	2,089	31	19	21	17	20	27	27	30	26	32	25	22	27	2,236	30
Hispanic	318	5	8	9	7	8	13	13	15	13	22	17	14	17	397	5
Other/Unknown	249	4	11	12	7	8	3	3	4	3	3	2	6	7	283	4
TOTAL⁽³⁾	6,799	100	89	100	85	100	101	100	116	100	127	100	83	100	7,400	100
TRANSMISSION ROUTE																
MMSC	3,714	55	41	46	38	45	41	41	58	50	63	50	39	47	3,994	54
IDU	823	12	9	10	17	20	17	17	22	19	11	9	5	6	904	12
MMSC/IDU	467	7	7	8	4	5	8	8	5	4	4	3	0	0	495	7
Heterosexual	988	15	11	12	10	12	7	7	9	8	14	11	8	10	1,047	14
Female Heterosexual	181	3	4	4	4	5	6	6	3	3	8	6	5	6	211	3
Other ⁽⁴⁾	112	2	0	0	0	0	0	0	0	0	1	1	0	1	113	2
Undetermined ⁽⁵⁾	514	8	17	19	12	14	22	22	19	16	26	20	26	31	636	9
TOTAL⁽³⁾	6,799	100	89	100	85	100	101	100	116	100	127	100	83	100	7,400	100

†HIV disease cases that have progressed to AIDS include only persons reported with an AIDS diagnosis as of December 31, 2024.

*Age at time of initial HIV diagnosis.

(1) Cases are classified as Adult/Adolescent if they were 13 years of age or older at the time of diagnosis.

(2) Data reported as of December 31, 2024. Data from 2024 are not used in trend analyses due to reporting delays.

(3) Percentages may not total 100% due to rounding.

(4) Other includes persons who had exposure through hemophilia/coagulation disorder, transfusion/transplant or perinatal diagnosed as an adult.

(5) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview and persons whose route of exposure remains undetermined after investigation.

See terminology on page 4 for additional definitions by transmission category.

Table 11 shows a breakdown of adult/adolescent HIV diagnoses that have progressed to AIDS by year of initial HIV diagnosis and demographic characteristics. Newly diagnosed cases that had progressed to AIDS as of December 31, 2024, were predominantly male, white persons and males reporting sexual contact with other males.

Table 12. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases by Transmission Route and Race/Ethnicity as of December 31, 2024, Kentucky

Transmission Route	White, Not Hispanic		Black, Not Hispanic		Other ⁽²⁾ Unknown		TOTAL	
	No.	%	No.	%	No.	%	No.	%
	Pediatric Hemophilia/Coagulation Disorder	10	27	1	2	0	0	11
Perinatal Exposure, Mother with HIV	24	65	40	85	11	100	75	79
Pediatric Transfusion/Transplant	2	5	0	0	0	0	2	2
Pediatric Risk Not Identified or Reported	1	3	6	13	0	0	7	7
TOTAL⁽³⁾	37	100	47	100	11	100	95	100

- (1) Cases are classified as pediatric if they are less than 13 years of age at the time of diagnosis.
- (2) Other includes Hispanic persons and persons of other races.
- (3) Percentages may not total 100% due to rounding.

Table 13. Number and Percentage of Cumulative Pediatric⁽¹⁾ HIV Disease Cases by Disease Status and Year of Diagnosis, Kentucky

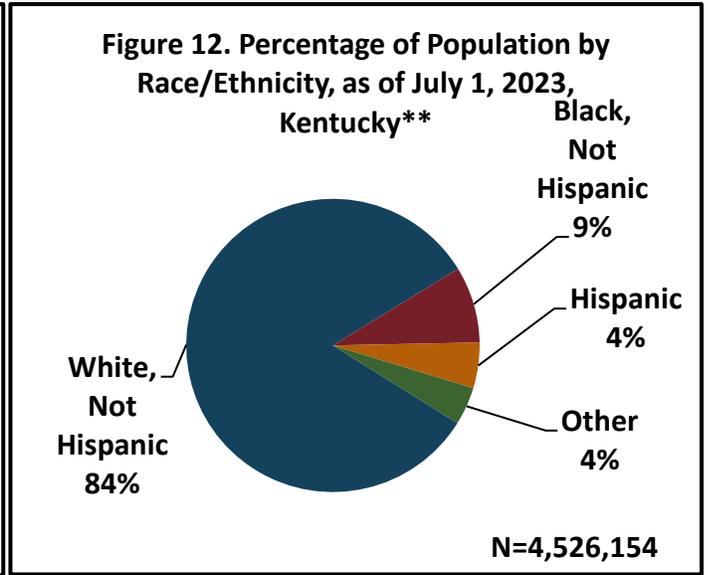
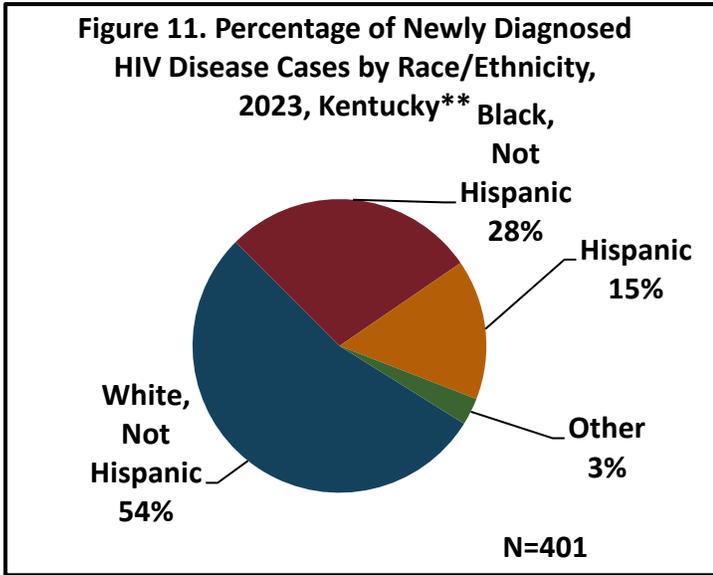
Disease Status	1982-2018		2019		2020		2021		2022		2023		2024 ⁽²⁾		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
HIV infections <i>without</i> AIDS	43	46	0	0	1	100	0	0	0	0	0	0	0	0	44	46
HIV infections <i>with</i> AIDS	50	54	1	100	0	0	0	0	0	0	0	0	0	0	51	54
Total⁽³⁾	93	100	1	100	1	100	0	0	95	100						

- (1) Cases are classified as pediatric if they are less than 13 years of age at the time of diagnosis.
- (2) Data reported as of December 31, 2024.
- (3) Percentages may not total 100% due to rounding.

There have been 95 pediatric HIV cases reported to the Kentucky HIV/AIDS Surveillance Program (Table 12 and Table 13) since reporting began in 1982. The majority of reported pediatric cases (79%) were due to perinatal transmission through an HIV-infected mother, 11 cases were reported with a primary exposure route of pediatric hemophilia or coagulation disorders, and two cases were due to pediatric transfusion or transplant (Table 12). Since 1991, there have been no pediatric HIV cases with hemophilia or coagulation disorders reported as the route of exposure. The two pediatric cases reported with pediatric transfusion or transplant as the risk factor were diagnosed in 1987 or earlier. Eighty-five percent (85%) of the 47 pediatric HIV cases among black populations were due to perinatal exposure, as compared to 65% of the 37 pediatric HIV cases among white populations. The majority (53%) of the 75 cumulative perinatal exposures from a mother with HIV were in black mothers.

Table 13 shows disease progression to AIDS as of December 31, 2024. Ninety-three (93) of the cumulative 95 pediatric cases (98%) in Kentucky were diagnosed before 2019. One or no new pediatric HIV case have been reported during each of the most recent five years.

New HIV Disease Cases by Race/Ethnicity, Kentucky



** Percentages may not total 100% due to rounding.

Figure 11 shows the race/ethnicity percentage distribution for newly diagnosed HIV cases among Kentuckians in 2023, the latest year data are considered complete. The majority of cases diagnosed in 2023 were white (54%), followed by black cases (28%).

Figure 12 shows the percentage race/ethnicity distribution of Kentucky’s population based on the 2023 population estimates. The majority of Kentuckians are white, not Hispanic. Persons who identify with multiple races were grouped under the “other” category.

There were higher percentages of new cases among black and Hispanic populations in relation to their representation in the general population. Black populations accounted for 28% of new HIV cases diagnosed in 2023 yet comprised just 9% of Kentucky’s population in 2023. Similarly, Hispanic populations accounted for 15% of newly diagnosed HIV cases in 2023 yet comprised only 4% of Kentucky’s population in that same year. Rates of new diagnoses by race/ethnicity and sex are presented in Table 14.

Table 14. Number and Rate of New HIV Diagnoses by Race/Ethnicity and Sex, Kentucky, 2023

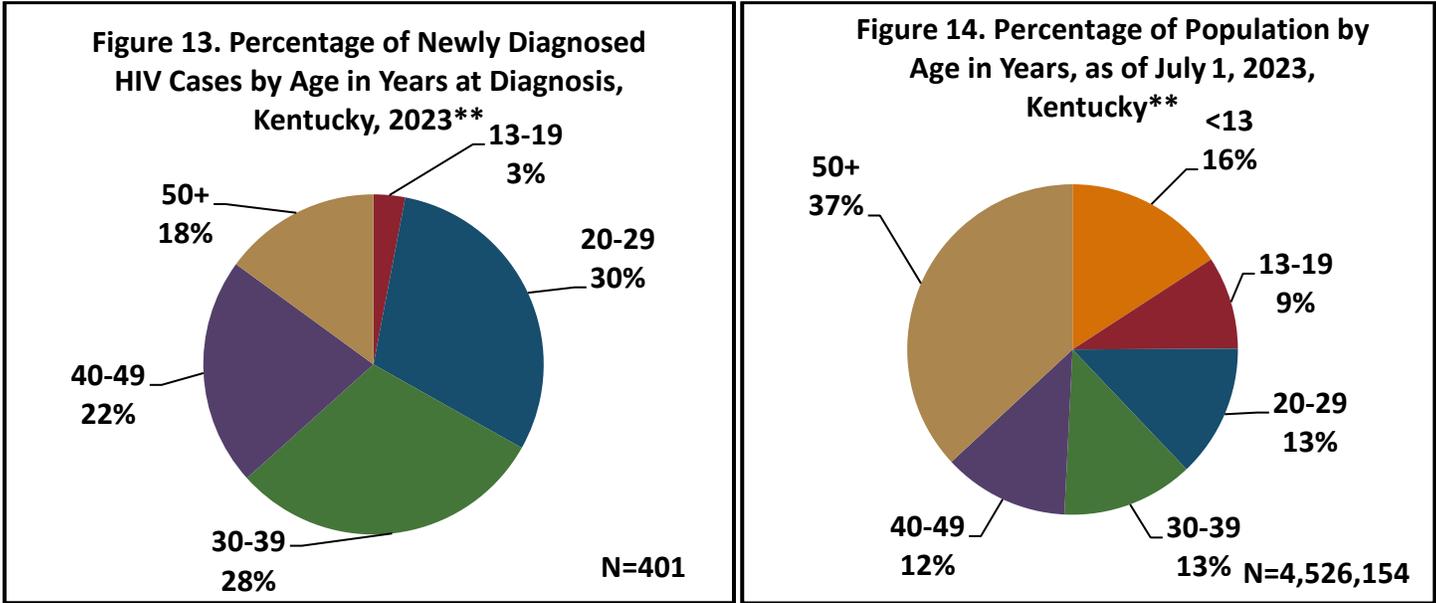
Race/Ethnicity	Male		Female		Total No. of Cases	Total Rate
	No. of Cases	Rate*	No. of Cases	Rate*		
Hispanic	58	45.4	4	†	62	25.8
Black, not Hispanic	86	44.5	26	13.4	112	29.0
White, not Hispanic	174	9.5	41	2.2	215	5.8
Other	10	10.4	2	†	12	6.1
Total**	328	14.5	73	3.2	401	8.8

*Rate per 100,000 based on census data estimates for racial and gender distribution for Kentucky in 2023.

†Rates are not published when cell size is less than 10.

** Percentages may not total 100% due to rounding.

New HIV Disease Cases by Age at Diagnosis, Kentucky



** Percentages may not total 100% due to rounding.

Figure 13 shows the percentage age distribution of newly diagnosed HIV cases among Kentuckians in 2023 at the time of HIV diagnosis. The highest percentage of new diagnoses was reported among Kentuckians aged 20-29 years (30%). Kentuckians aged 30-39 and 40-49 years accounted for 28% and 22% of new cases, respectively. Kentuckians aged 50+ years accounted for 18% of new cases diagnosed in 2023.

Figure 14 shows the percentage distribution of Kentucky’s population based on 2023 estimates, which can be directly compared with the percentages of each age group newly diagnosed in 2023. Higher percentages of new diagnoses occurred among persons in age groups 20-29, 30-39, and 40-49 years in comparison to the proportion of these groups in the general population.

Table 15. Number and Rate of New HIV Diagnoses by Age at Diagnosis and Race/Ethnicity§, Kentucky, 2023

Age at Diagnosis	Black not Hispanic		White not Hispanic	
	No. of Cases	Rate*	No. of Cases	Rate*
20-29	42	69.1	52	11.2
30-39	30	53.2	65	13.8
40-49	19	40.5	57	12.4
50+	14	12.4	38	2.6

§Rates among pediatric cases (<13 years), teens and Hispanics by age at diagnosis not published due to small numbers.
 *Rate per 100,000 based on census data estimates for racial and age distribution for Kentucky in 2023.

Rates of new diagnoses in 2023 (Table 15) were higher among black populations across all age groups in comparison to white populations. These relative rates were highest among 20-year-olds at the time of diagnosis. However, the rates among black populations in all age groups were about three times or higher than the rates among their white counterparts of the same age group. Rates among Hispanic populations are not presented due to small numbers.

Table 16. HIV Disease Cases and Diagnosis Rates by Year of HIV Diagnosis and ADD of Residence at Time of HIV Diagnosis, 1982-2023⁽²⁾, Kentucky

AREA DEVELOPMENT DISTRICT	CASES & RATES ⁽¹⁾	1982-2018*	2019	2020	2021	2022	2023	2024 ⁽²⁾	TOTAL CASES ⁽³⁾	% of Total
1. Barren River	Cases	374	13	9	11	15	8	22	452	4%
	Rate per 100,000		4.2		3.5	4.7				
2. Big Sandy	Cases	86	4	3	3	5	1	2	104	1%
	Rate per 100,000									
3. Bluegrass	Cases	2,075	47	50	74	78	84	53	2,461	19%
	Rate per 100,000		5.7	6.0	8.9	9.3	9.9			
4. Buffalo Trace	Cases	60	1	2	0	0	2	1	66	1%
	Rate per 100,000									
5. Cumberland Valley	Cases	210	6	5	11	11	9	3	255	2%
	Rate per 100,000				4.8	4.8				
6. FIVCO	Cases	144	8	3	4	4	10	6	179	1%
	Rate per 100,000						8.0			
7. Gateway	Cases	109	5	0	6	3	0	3	126	1%
	Rate per 100,000									
8. Green River	Cases	298	8	8	7	9	10	8	348	3%
	Rate per 100,000						5.0			
9. KIPDA	Cases	5,097	154	150	201	200	196	159	6,157	48%
	Rate per 100,000		15.1	14.6	19.7	19.6	19.2			
10. Kentucky River	Cases	87	3	2	4	3	1	1	101	1%
	Rate per 100,000									
11. Lake Cumberland	Cases	179	6	3	5	6	8	10	217	2%
	Rate per 100,000									
12. Lincoln Trail	Cases	349	13	14	16	14	18	19	443	3%
	Rate per 100,000		4.6	5.0	5.6	4.9	6.3			
13. Northern KY	Cases	896	42	38	27	29	36	27	1,095	9%
	Rate per 100,000		9.0	8.1	5.7	6.1	7.5			
14. Pennyriple	Cases	331	14	8	16	18	9	12	408	3%
	Rate per 100,000		6.5		7.5	8.4				
15. Purchase	Cases	321	11	8	9	9	9	13	380	3%
	Rate per 100,000		5.6							
TOTAL CASES ⁽³⁾		10,616	335	303	394	404	401	339	12,792	100%

(1) Rates are only listed for years of diagnosis 2019-2023. Data for 2024 are provisional due to reporting delays and are subject to change. Due to the small number of HIV cases reported in some ADDs, please interpret the corresponding rates with caution. Rates are not published when cell size is less than 10.

(2) Data reported as of December 31, 2024. Rates are not published for 2024 because the data are not complete.

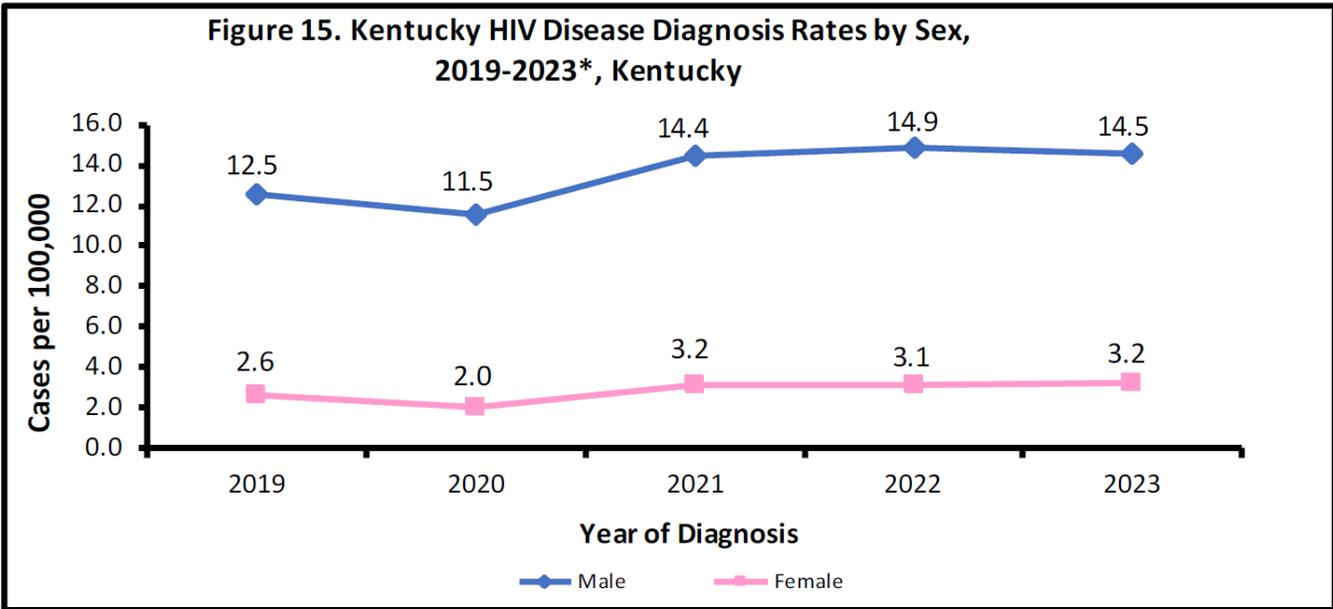
(3) Total HIV disease cases both living and deceased, regardless of progression to AIDS; Total HIV cases reported are 12,793— 1 HIV case had unknown residential information.

*Rates are not published due to multi-year aggregation of data.

Table 16 shows the HIV disease cases and diagnosis rates by year of HIV diagnosis and ADD of residence at the time of HIV diagnosis. The majority of the cases can be accounted for by the three urban ADDs, i.e. KIPDA, Bluegrass and Northern Kentucky ADDs. The rates are higher in general for KIPDA ADD followed by Bluegrass ADD, which includes the cities of Louisville and Lexington respectively. The KIPDA ADD showed a distinct increase in 2021 and 2022, which on investigation was found to be mainly associated with people who inject drugs.

Trends in HIV Disease Diagnosis Rates by Sex, 2019-2023, Kentucky

The trends in HIV diagnosis rates among Kentuckians by sex assigned at birth from 2019 to 2023 are presented in Figure 15.

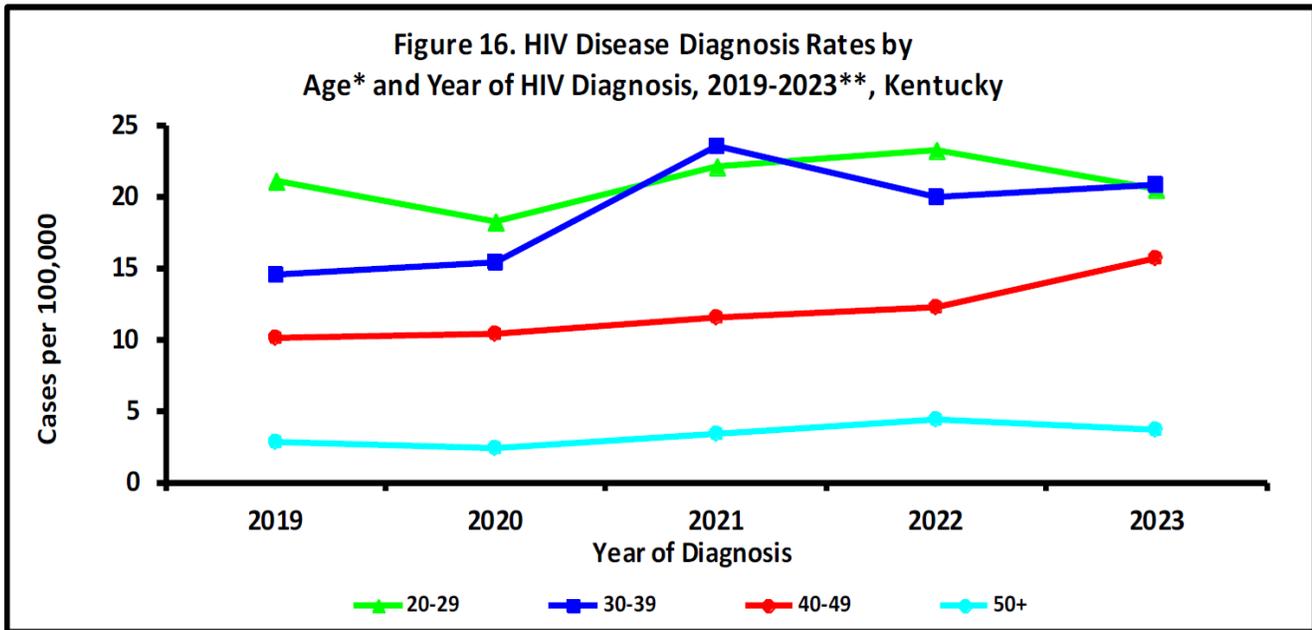


*Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays.

Males represent the majority (83%) of cumulative HIV cases diagnosed among Kentuckians. The yearly diagnosis rates among males varied from 11.5 to 14.9 cases per 100,000 population over the five-year period shown. From 2019 to 2023, the HIV diagnosis rates among males fluctuated between 4.5 to 5.8 times higher than the rate for females (Figure 15).

The female HIV diagnosis rates have remained fairly stable over the most recent five years, between 2.0 to 3.2 cases per 100,000 females. The highest HIV diagnosis rate among females within the most recent five years was in 2021 and 2023 at 3.2 newly diagnosed cases per 100,000 females.

Trends in HIV Disease Diagnosis Rates by Age at HIV Diagnosis, 2019-2023, Kentucky



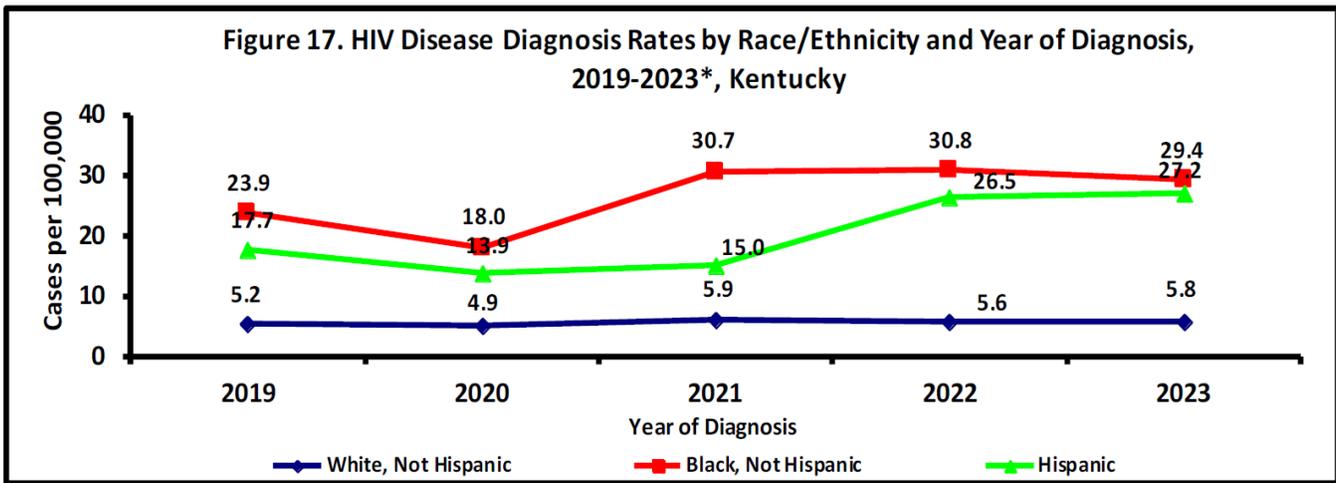
* Due to the small number of HIV cases reported, rates are not presented for age groups <13 and 13-19 years old.
 **Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays

Figure 16 shows HIV diagnosis rates by age category over the most recent five years (2019-2023) with complete data. The diagnosis rates among Kentuckians in the 20-29-year age groups reveal a downward trend from 2019 to 2020, while rates in the other age groups stayed almost stable during this time. Between 2020 and 2021, the rate increased among 20-29- and 30-39-year-old categories. From 2021 to 2022 the rate of diagnosis showed a decrease among the 30–39-year-old group. From 2022 to 2023 the rate of diagnosis showed an increase among the 40–49-year age group. The yearly diagnosis rates among those 50 years and over remained almost stable over the five-year period shown.

HIV Diagnosis Year	Mean Age	Age Range
2019	34.3	0-73
2020	35.0	0-77
2021	35.7	15-79
2022	36.2	17-70
2023	36.5	15-73

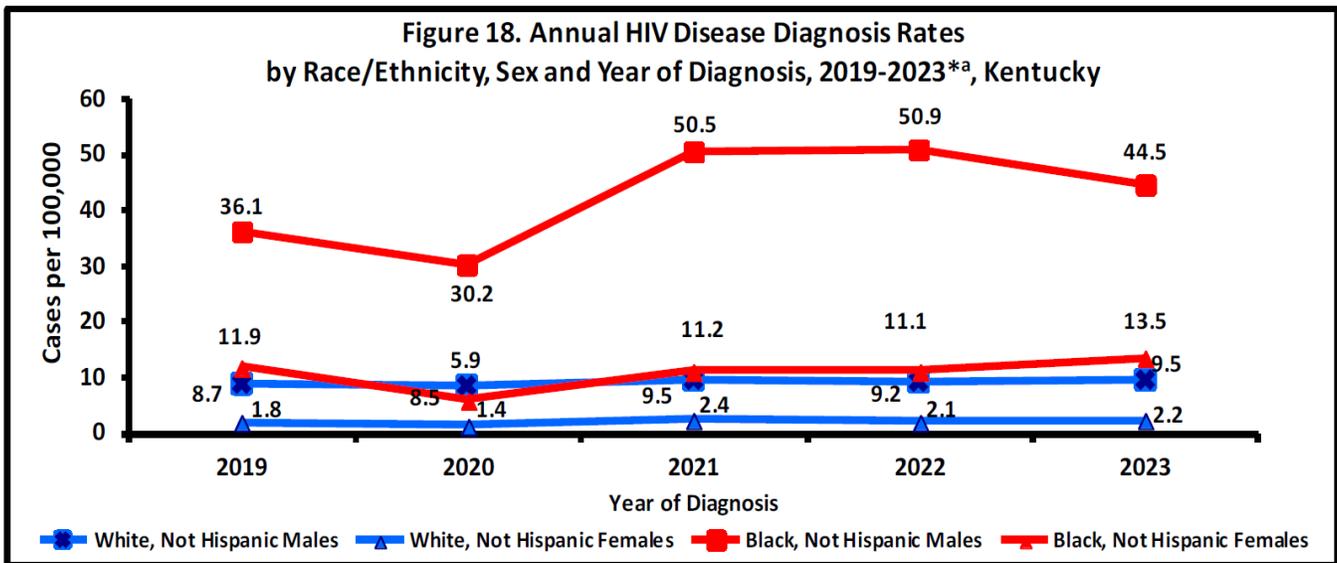
Table 17 shows the mean ages and actual age ranges at the time of HIV diagnosis from 2019-2023. The mean age of Kentuckians at the time of HIV diagnosis in the five-year period ranged between 34.3-36.5 years (age range 0-79 years).

Trends in HIV Disease Diagnosis Rates by Race/Ethnicity, 2019-2023, Kentucky



*Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays.

Figure 17 shows that between 2019 and 2023, the HIV diagnosis rates for black populations fluctuated between 3.7 to 5.5 times higher than those for white populations. The diagnosis rates for Hispanic populations were between 2.5 to 4.7 times higher than those for white populations over the same five-year period. The trends among white populations have remained steady. The rates for black populations decreased between 2019 and 2020, then increased abruptly between 2020 and 2021, with another slight increase in 2022 and a decrease in 2023. The rates for Hispanic populations decreased between 2019 and 2020, then slightly increased to 15.0 in 2021, followed by and a major increase to 26.5 in 2022, and then further increased to 27.2 cases per 100,000 in 2023.

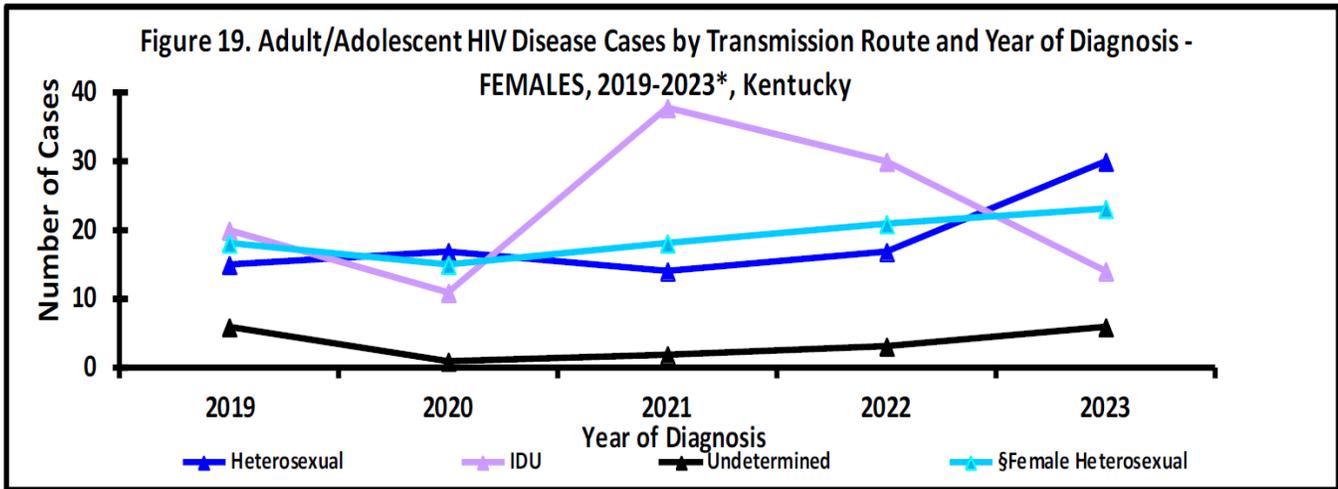


*Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays.

^aRates for Hispanic cases by sex are not presented due to the small number of cases reported.

Figure 18 presents diagnosis rates from 2019 through 2023 for black and white cases by sex. Black males and black females had consistently higher rates of new diagnoses in comparison to their white counterparts. The HIV diagnosis rates among black males fluctuated between 3.6 to 5.5 times higher than those of white males. The rates among black females were 4.2 to 6.6 times higher than those of white females over the five-year period.

Trends in HIV Disease Diagnosis Rates by Route of Transmission and Sex, 2019-2023, Kentucky

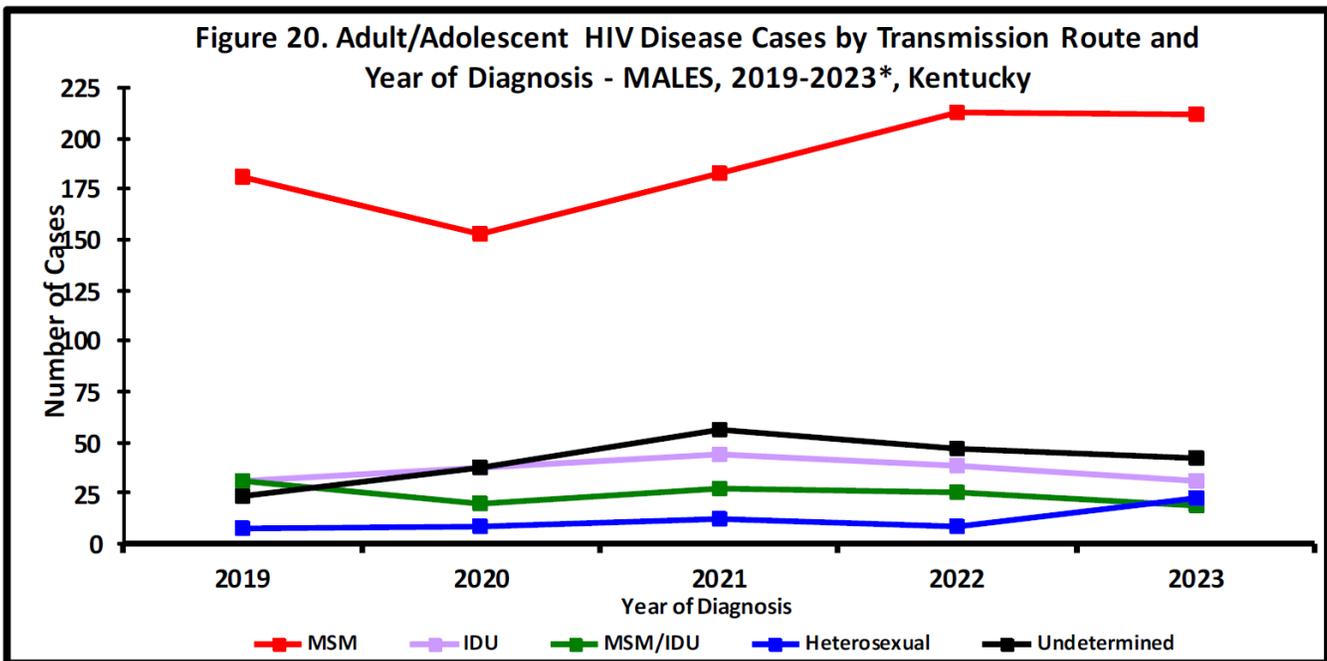


*Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays.

§Female Heterosexual Contact is a female not reporting drug use but reporting sex with a male with unknown HIV status or risk.

See terminology on page 4.

Figure 19 shows Kentucky’s adult/adolescent female HIV cases by transmission route and year of diagnosis. The largest number of new female cases reported IDU as their primary route of transmission, followed by FHC, over the five-year period. The number of new female cases reporting IDU decreased from 2019 to 2020, with an abrupt increase in 2021 due to a Jefferson County cluster, followed by a decrease in 2022 which continued in 2023. IDU as a route of transmission accounted for the largest number of cases diagnosed among females from 2019 to 2022, except for 2020.



*Data for 2024 and 2025 are not included in trend analyses since they are considered provisional due to reporting delays.

In Figure 20, which depicts trends for adult/adolescent males by transmission route, the largest number of cases diagnosed each year from 2019 to 2023 reported MMSC as their primary risk factor. The second largest number of cases were those with an undetermined risk. The number of males reporting IDU as a risk factor constantly increased between 2019 (31 cases) and 2021 (44 cases), followed by a decrease in 2022 (39 cases) and 2023 (31 cases).



Section III: HIV Infections Diagnosed Concurrently with AIDS among Kentuckians as of December 31, 2024

During the most recent 10-year period for which data are available (January 1, 2015, to December 31, 2024), a total of 3,595 HIV disease cases were diagnosed among Kentuckians. Of these, 1,075 (30%) had progressed to AIDS as of December 31, 2024.

Time to AIDS Diagnosis (Days)	No.	%
≤30 Days †	780	72.6
31-60 Days	60	5.6
61-90 Days	24	2.2
91-365 Days	70	6.5
>365 Days	141	13.1
Total	1,075	100

†Cases diagnosed with AIDS within 30 days of initial HIV diagnosis are considered concurrent diagnoses.

Note: 2,520 HIV-only cases diagnosed in the same time frame are not included in the table as they had not progressed to AIDS as of December 31, 2024.

During the most recent 10-year period, 780 (21.7%) of the 3,595 newly diagnosed HIV cases were diagnosed with AIDS within 30 days of the initial HIV diagnosis - also known as a concurrent diagnosis.

The distribution of progression to AIDS (in days) for the 1,075 AIDS cases is shown in Table 18. About 73% of the 1,075 AIDS cases diagnosed in the most recent 10 years were diagnosed with AIDS within 30 days of the initial HIV diagnosis.

According to the CDC late testers* are those who have an AIDS diagnosis within one year of initial HIV diagnosis. During the presented time period, 934 (26.0%) of the 3,595 Kentuckians diagnosed with HIV disease were late testers.

*CDC. Late versus early testing of HIV—16 sites, United States, 2000-2003. MMWR 2003; 52(25): 581-586.



Concurrent Diagnoses by Selected Characteristics, 2015-2024*, Kentucky

Table 19. HIV Infections Diagnosed in the Most Recent 10 Year Period (January 1, 2015-December 31, 2024) that were Diagnosed Concurrently with AIDS (within 30 Days of HIV Diagnosis) and those without a Concurrent Diagnosis by Sex, Age at Diagnosis, Race/Ethnicity and Transmission Category, Kentucky**

Characteristics	HIV With Concurrent AIDS Diagnosis*		HIV Without Concurrent AIDS Diagnosis**		Total HIV Disease Diagnoses***	
	No.	% ⁽¹⁾	No.	% ⁽¹⁾	No.	% ⁽¹⁾
SEX						
Male	662	85	2,305	82	2,967	83
Female	118	15	510	18	628	17
AGE AT DIAGNOSIS						
<13	1	<1	4	<1	5	<1
13-19	11	1	133	5	144	4
20-29	157	20	1,113	40	1,270	35
30-39	231	30	806	29	1,037	29
40-49	178	23	430	15	608	17
50+	202	26	329	12	531	15
RACE/ETHNICITY- Female						
White, Not Hispanic	59	50	282	55	341	54
Black, Not Hispanic	43	36	177	35	220	35
Hispanic	11	9	25	5	36	6
Other/Unknown	5	4	26	5	31	5
RACE/ETHNICITY- Male						
White, Not Hispanic	376	57	1,237	54	1,613	54
Black, Not Hispanic	158	24	678	29	836	28
Hispanic	88	13	248	11	336	11
Other/Unknown	40	6	142	6	182	6
TRANSMISSION CATEGORY						
MMSC	380	49	1,517	55	1,897	53
IDU	68	9	398	13	466	12
MMSC/IDU	30	4	214	8	244	7
Heterosexual	69	9	197	7	266	7
Female Heterosexual	56	7	169	6	225	6
Perinatal	1	<1	4	<1	5	<1
Other ⁽²⁾	2	<1	0	0	2	<1
Undetermined ⁽³⁾	174	22	316	11	490	14
TOTAL	780	100	2,815	100	3,595	100

*Concurrent diagnosis is defined as being diagnosed with both HIV and AIDS within a 30-day period.

**Without an AIDS diagnosis 30 days after initial HIV diagnosis. Includes both HIV (non-AIDS) cases and those with an AIDS diagnosis more than 30 days after initial HIV diagnosis.

***Total diagnoses January 1, 2015, through December 31, 2024, with HIV, regardless of AIDS diagnosis status.

(1) Percentages may not total to 100% due to rounding.

(2) Other includes persons who had exposure through hemophilia, transfusion/transplant or perinatal diagnosed as an adult.

(3) Undetermined refers to persons whose route of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to investigation, refused interview, and persons whose route of exposure remains undetermined after investigation.

See terminology on page 4 for additional definitions by transmission category.



Concurrent Diagnoses by Selected Characteristics, 2015-2024, Kentucky (Narrative)

Table 19 (page 30) examines the distribution of HIV cases among Kentuckians diagnosed between January 1, 2015, and December 31, 2024, by sex at birth, age at diagnosis, race/ethnicity and transmission route. Data are presented for cases diagnosed concurrently with AIDS (diagnosed with AIDS within a 30-day period after an initial HIV diagnosis), cases without a concurrent HIV/AIDS diagnosis (anyone who did not have an AIDS diagnosis within 30 days of the initial HIV diagnosis, whether they developed AIDS or not) and for all cases diagnosed with HIV (regardless of AIDS diagnosis status) within the 10-year period.

Of the 3,595 Kentuckians diagnosed with HIV disease during the 10-year period, about one-fifth (780 or 21.7%) were diagnosed with HIV and AIDS concurrently (within 30 days).

During the 10-year period presented, males consistently represent the highest number of diagnosed cases of HIV, with (85%) and without (82%) a concurrent AIDS diagnosis.

The distribution of with and without concurrent diagnosis by age at diagnosis differs between the two groups, with the highest percentages of concurrent cases aged 30-39 years (30%), followed by 50 plus years (26%) and 40-49 years (23%), while the highest percentages among non-concurrently diagnosed cases were aged 20-29 years (40%), followed by 30-39 years (29%) and 40-49 years at 15%.

The racial/ethnic distribution of cases diagnosed concurrently with AIDS differs by sex. Among females, the highest percentage of concurrent diagnoses was among white females (50%), followed by black females (36%) and Hispanic females at 9%. Among males the majority of concurrent diagnoses were among white males (57%). Twenty-four percent (24%) of concurrently diagnosed cases in males were among black males, and 13% were among Hispanic males. The percentages of concurrent diagnoses among Hispanic males and Hispanic females are much lower compared to white and black Kentuckians. Caution should be taken when interpreting the data for the other and unknown race/ethnicity categories, as the numbers of cases is small.

Data by route of transmission show HIV cases diagnosed concurrently with AIDS have a similar distribution to those without a concurrent diagnosis, with the majority of cases among those with a concurrent diagnosis reporting MMSC as the mode of transmission (49%), followed by both persons reporting heterosexual exposure and IDU at 9%, and female presumed heterosexual at 7%. Twenty-two percent (22%) of concurrently diagnosed HIV and AIDS cases have an undetermined transmission route, which creates challenges for prevention initiatives aimed at increasing early testing and engagement in care.



HIV Diagnoses by ADD, January 1, 2015-December 31, 2024

Figure 21. Number of HIV Disease Diagnoses by ADD of Residence at Time of HIV Diagnosis, for the Most Recent 10 years, January 1, 2015 – December 31, 2024, Kentucky

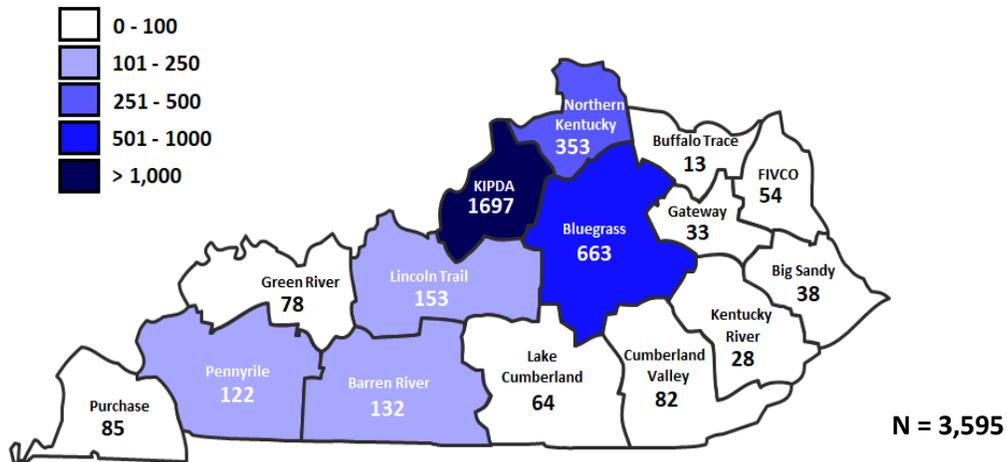
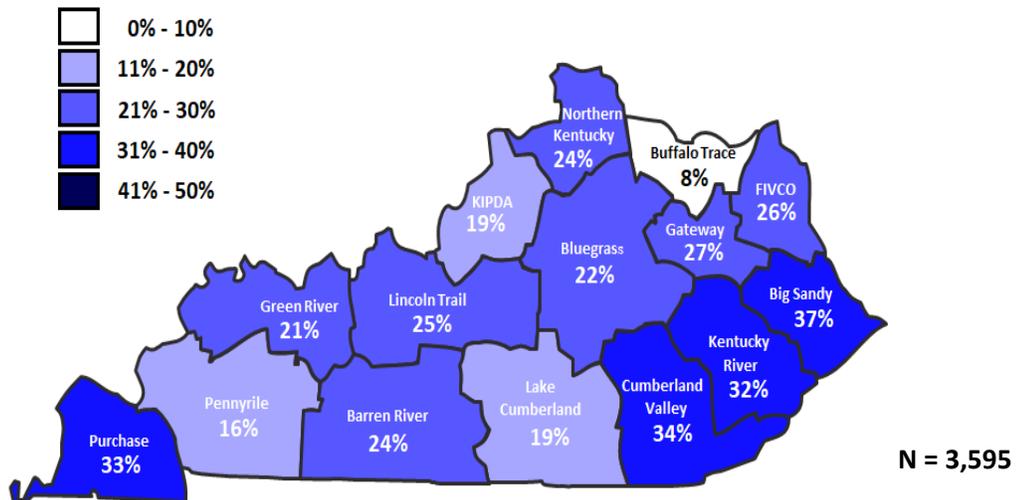


Figure 21 displays the total number of HIV infections (3,595) diagnosed between January 1, 2015, and December 31, 2024, by ADD of residence at time of HIV diagnosis. Data represent the total number of HIV cases in each ADD, regardless of disease progression status. The highest number of cases (1,697 or 47%) diagnosed during this time period were among residents of the KIPDA ADD, which includes the city of Louisville. The second highest number of cases (663 or 18%) resided in the Bluegrass ADD, which includes the city of Lexington.

Figure 22. Percentage of All HIV Disease Diagnoses within each ADD of Residence at Time of Diagnosis, who have a Concurrent Diagnosis of AIDS, for the Most Recent 10 Years, January 1, 2015 – December 31, 2024, Kentucky

% Concurrent within ADD: January 1, 2015–December 31, 2024



Note: The percentages presented in Figure 22 represent the proportion of concurrent diagnoses out of the total for each individual ADD. Totals for each ADD are presented in Figure 21.

Figure 22 shows the percentage of total HIV cases within each ADD that were concurrently diagnosed with AIDS (within 30 days of initial HIV diagnosis), between January 1, 2015, and December 31, 2024. The percentage of concurrent HIV and AIDS diagnoses within each ADD ranged from 8% to 37%. Big Sandy ADD (37%) had the highest proportion of concurrent HIV and AIDS cases, followed by Cumberland Valley ADD (34%).



HIV Diagnoses by Care Coordinator Region, January 1, 2015-December 31, 2024

Figure 23. Number of New HIV Disease Diagnoses within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10 Years, January 1, 2015—December 31, 2024, Kentucky

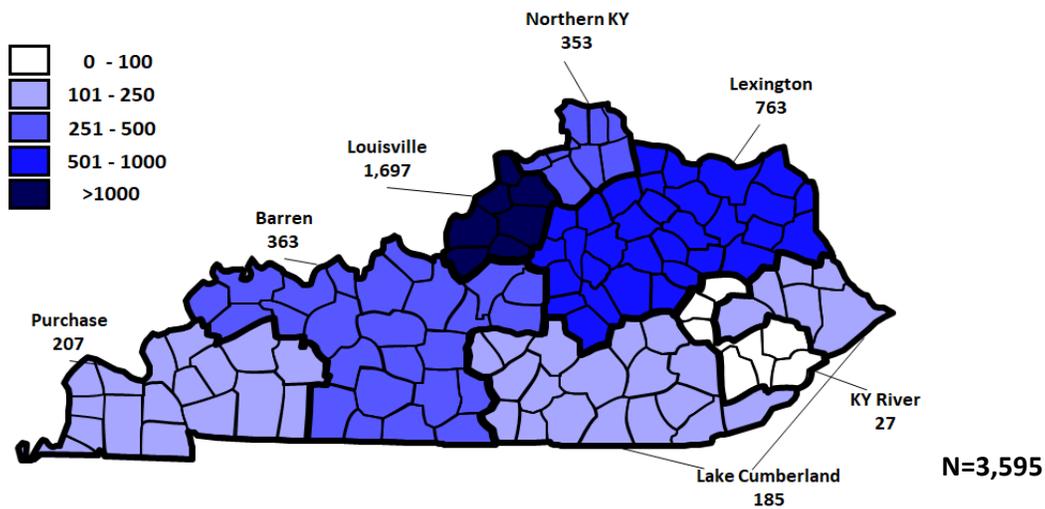
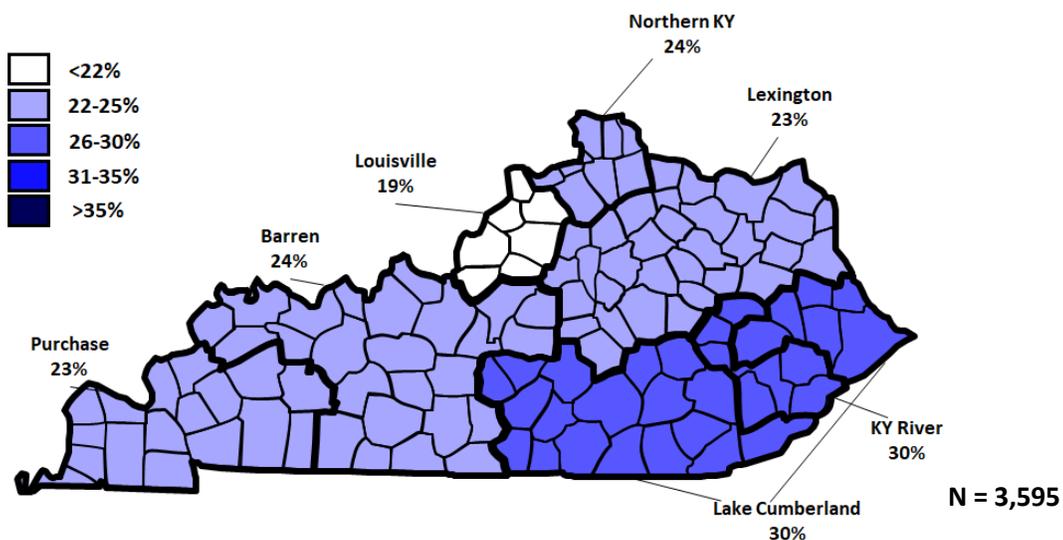


Figure 23 shows the total number of new HIV infections (regardless of disease progression status) diagnosed between January 1, 2015, and December 31, 2024, by Care Coordinator Region based on place of residence at time of HIV diagnosis. The highest number of cases (1,697 or 47%) diagnosed in this period occurred among residents of the Louisville Region. The second highest number of diagnoses (763 or 21%) occurred in residents of the Lexington Region.

Figure 24. Percentage of New HIV Cases with Concurrent Diagnosis within each Care Coordinator Region of Residence at Time of Diagnosis, for the Most Recent 10 Years, January 1, 2015—December 31, 2024, Kentucky



Note: The percentages presented in Figure 24 represent the proportion of concurrent diagnoses out of the total for each individual region. Totals for each region are presented in Figure 23. Owsley County is currently being served by both the Lake Cumberland and the KY River District Health Departments (HD). In Figures 23 & 24 Owsley County is included only in the KY River District HD, and Graves and Todd Counties are included in the Purchase District HD.

Figure 24 shows the percentage of total HIV cases within each Care Coordinator Region that were concurrently diagnosed with AIDS (within 30 days of an initial HIV diagnosis) between January 1, 2015, and December 31, 2024. In all regions, approximately one-fifth or more of cases diagnosed within each jurisdiction were concurrent diagnoses, with the highest proportions of concurrent HIV and AIDS cases residing in the Kentucky River Region and Lake Cumberland Region (30% each).

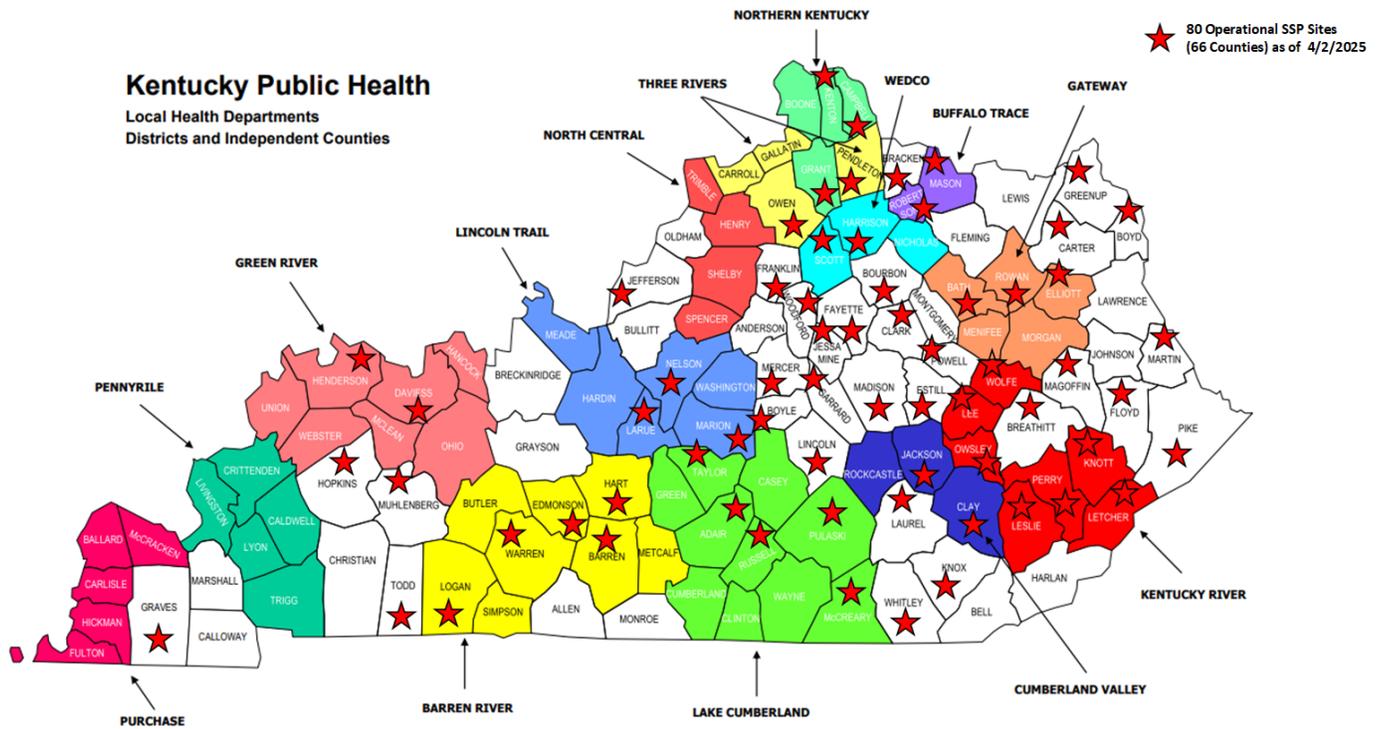


HIV Care Coordinator Regions, Kentucky

Map for Counties Covered	Region Name and Address	Counties Covered			
	Purchase Region: LivWell Community Health Services 1903 Broadway Street Paducah, KY 42001 (270) 444-8183, (877) 444-8183 Fax: (270) 444-8147	Ballard Caldwell Calloway Carlisle Christian	Crittenden Fulton Graves* Hickman	Hopkins Livingston Lyon Marshall	McCracken Muhlenberg Todd** Trigg
	Barren Region: Matthew 25 452 Old Corydon Road Henderson, KY 42420 (270) 826-0200, (866) 607-6590 Fax: (270) 826-0212	Allen Barren Breckinridge Butler Daviess Edmonson Grayson	Hancock Hardin Hart Henderson Larue Logan Marion	McLean Meade Metcalfe Monroe Nelson Ohio Simpson	Union Warren Washington Webster
	Louisville Region: ULSD KCCP 1212 S. 4 th Street, Suite 101 Louisville, KY 40203 (502) 852-2008 Fax: (502) 852-2510	Bullitt Henry	Jefferson Oldham	Shelby Spencer	Trimble
	Northern Kentucky Region: Northern KY Distt HD 8001 Veterans Memorial Drive Florence, KY 41042 (859) 341-4264 Fax: (859) 578-3689	Boone Campbell	Carroll Gallatin	Grant Kenton	Owen Pendleton
	Lexington Region: UK Bluegrass Care Clinic 3101 Beaumont Ctr Circle Suite 300 Lexington, KY 40513 (859) 323-5544, (866) 761-0206 Fax: (859) 257-3477	Anderson Bath Bourbon Boyd Boyle Bracken Carter Clark	Elliott Estill Fayette Fleming Franklin Garrard Greenup Harrison	Jessamine Lawrence Lewis Lincoln Madison Mason Menifee Mercer	Montgomery Morgan Nicholas Powell Robertson Rowan Scott Woodford
	Lake Cumberland Region: Lake Cumberland Distt HD 500 Bourne Avenue Somerset, KY 42501 (606) 678-4761, (800) 928-4416 Fax: (606) 678-2708	Adair Bell Breathitt Casey Clay Clinton	Cumberland Floyd Green Harlan Jackson Johnson	Knox Laurel Magoffin Martin McCreary Pike	Pulaski Rockcastle Russell Taylor Wayne Whitley
	Kentucky River Region: Kentucky River Distt HD 441 Gorman Hollow Road Hazard, KY 41701 (606) 439-2361 Fax: (606) 439-0870	Knott Lee	Leslie Letcher	Owsley Perry	Wolfe
	Graves County HD 416 Central Ave Mayfield, KY 42066 (270) 247-3553	Graves			
	Todd County HD 205 Public Square Elkton, KY 42220 (270) 265-2362	Todd			
	Mountain Comprehensive Care PO Box Whitesburg, KY 41858 606-633-4823	Bell Clay Floyd Harlan Jackson Johnson	Knott Knox Leslie Letcher Magoffin Owsley	Perry Pike	



Harm Reduction Programs, Kentucky



HIV Counseling and Testing Sites, Kentucky

The HIV Prevention Program at the Department for Public Health sponsors several HIV counseling and testing sites in each of the 120 counties across the state. Sponsored non-clinical agencies offer rapid-rapid HIV-1/2 antibody testing and can provide results within 1 to 20 minutes. Those with reactive results from an initial rapid test can be tested immediately with a different brand of rapid test than the initial rapid test. Clients receiving reactive results from both rapid tests are almost certainly infected with HIV and can be promptly linked to an HIV care provider without waiting days or weeks for a confirmatory test. Sponsored clinical agencies offer a rapid finger stick HIV 1/2 antibody test.

All state sponsored testing sites offer anonymous or confidential HIV testing at free or minimal cost by appointment and/or on a walk-in basis. Pre-test and post-test counseling are offered at all agencies.

A listing of state sponsored HIV testing sites is provided on the next page. Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer testing and IS NOT an all-inclusive list of testing centers in the Commonwealth of Kentucky.

For a comprehensive list of HIV testing sites, please visit:
<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/prevention.aspx>
<http://www.aidsvu.org>

State Sponsored HIV Counseling and Testing Sites, Kentucky

County / Agency	City	Phone	County / Agency	City	Phone
Adair County Health Department	Columbia	(270) 384-2286	Jessamine County Health Department	Nicholasville	(859) 885-4149
Allen County Health Department	Scottsville	(270) 237-4423	Johnson County Health Department	Paintsville	(606) 789-2590
Anderson County Health Department	Lawrenceburg	(502) 839-4551	Kenton County Health Department	Covington	(859) 431-3345
Ballard County Health Department	La Center	(270) 665-5432	Knott County Health Department	Hindman	(606) 785-3144
Barren County Health Department	Glasgow	(270) 651-8321	Knox County Health Department	Barbourville	(606) 546-3486
Bath County Health Department	Owingsville	(606) 674-2731	Larue County Health Department	Hodgenville	(270) 358-3844
Bell County Health Department	Pineville	(606) 337-7046	Laurel County Health Department	London	(606) 864-5187
Boone County Health Department	Florence	(859) 363-2060	Lawrence County Health Department	Louisa	(606) 638-4389
Bourbon County Health Department	Paris	(859) 987-1915	Lee County Health Department	Beattyville	(606) 464-2492
Boyd County Health Department	Ashland	(606) 324-7181	Leslie County Health Department	Hyden	(606) 672-7175
Boyle County Health Department	Danville	(859) 236-2053	Letcher County Health Department	Whitesburg	(606) 633-2945
Bracken County Health Department	Brooksville	(606) 735-2157	Vanceburg	(606) 796-2632	
Breathitt County Health Department	Jackson	(606) 666-7755	Lincoln County Health Department	Stanford	(606) 365-3106
Breckinridge County Health Department	Hardinsburg	(270) 756-5121	Livingston County Health Department	Smithland	(270) 928-2193
Bullitt County Health Department	Shepherdsville	(502) 543-2415	Logan County Health Department	Russellville	(270) 726-8341
Butler County Health Department	Morgantown	(270) 526-3221	Lyon County Health Department	Eddyville	(270) 828-9763
Caldwell County Health Department	Princeton	(270) 365-6571	Madison County Health Department	Richmond	(859) 623-7312
Calloway County Health Department	Murray	(270) 753-3381	Madison County Health Department - Berea	Berea	(859) 986-1192
Campbell County Health Department	Newport	(859) 431-1704	Magoffin County Health Department	Salyersville	(606) 349-6212
Carlisle County Health Department	Bardwell	(270) 628-5431	Marion County Health Department	Lebanon	(270) 692-3393
Carroll County Health Department	Carrollton	(502) 732-6641	Marshall County Health Department	Benton	(270) 527-1496
Carter County Health Department	Grayson	(606) 474-5109	Martin County Health Department	Inez	(606) 298-7752
Casey County Health Department	Liberty	(606) 787-6911	Mason County Health Department	Maysville	(606) 564-9447
Christian County Health Department	Hopkinsville	(270) 887-4160	(McCracken Co.) LivWell	Paducah	(270) 444-8183
Clark County Health Department	Winchester	(859) 744-4482	McCracken County Health Department	Paducah	(270) 444-9631
Clay County Health Department	Manchester	(606) 598-2425	McCreary County Health Department	Whitley City	(606) 376-2412
Clinton County Health Department	Albany	(606) 387-5711	McLean County Health Department Meade	Kalhoun	(270) 273-3062
Crittenden County Health Department	Marion	(270) 965-5215	County Health Department Menifee County	Brandenburg	(270) 422-3988
Cumberland County Health Department	Burkesville	(270) 864-2206	Health Department Mercer County Health	Frenchburg	(606) 768-2151
Daviess County Health Department	Owensboro	(270) 686-7744	Department Metcalfe County Health	Harrodsburg	(859) 734-4522
Edmonson County Health Department	Brownsville	(270) 597-2194	Department Monroe County Health	Edmonton	(270) 432-3214
Elliott County Health Department	Sandy Hook	(606) 738-5205	Department Montgomery County Health	Tompkinsville	(270) 487-6782
Estill County Health Department	Irvine	(606) 723-5181	Department Morgan County Health	Mount Sterling	(859) 498-3808
(Fayette Co.) AVOL (AIDS Volunteers, Inc.)	Lexington	(859) 225-3000	Department Muhlenberg County Health	West Liberty	(606) 743-3744
(Fayette Co.) Bluegrass Community Health Center	Lexington	(859) 259-2635	Department Nelson County Health	Central City	(270) 754-3200
(Fayette Co.) Lex-Fayette Health Department	Lexington	(859) 252-2371	Department Nicholas County Health	Bardstown	(502) 348-3222
(Fayette Co.) Moveable Feast Lexington	Lexington	(859) 252-2867	Department	Carlisle	(859) 289-2188
Fleming County Health Department	Flemingsburg	(606) 845-6511	Ohio County Health Department	Hartford	(270) 298-3663
Floyd County Health Department	Prestonsburg	(606) 886-2788	Oldham County Health Department	LaGrange	(502) 222-3516
Franklin County Health Department	Frankfort	(502) 564-7647	Owen County Health Department	Owenton	(502) 484-5736
Fulton County Health Department	Fulton	(270) 472-1982	Owsley County Health Department	Booneville	(606) 593-5181
Fulton County Health Department - Hickman	Hickman	(270) 236-2825	Pendleton County Health Department	Falmouth	(859) 654-6985
Gallatin County Health Department	Warsaw	(859) 567-2844	Perry County Health Department	Hazard	(606) 436-2196
Garrard County Health Department	Lancaster	(859) 792-2153	Pike County Health Department	Pikeville	(606) 437-5500
Grant County Health Department	Williamstown	(859) 824-5074	Powell County Health Department	Stanton	(606) 663-4360
Graves County Health Department	Mayfield	(270) 247-3553	Pulaski County Health Department	Somerset	(606) 679-4416
Grayson County Health Department	Leitchfield	(270) 259-3141	Robertson County Health Department	Mount Olivet	(606) 724-5222
Green County Health Department	Greensburg	(270) 932-4341	Rockcastle County Health Department	Mt. Vernon	(606) 256-1842
Greenup County Health Department	Greenup	(606) 473-9838	Rowan County Health Department	Morehead	(606) 784-8954
Hancock County Health Department	Hawesville	(270) 927-8803	Russell County Health Department	Jamestown	(270) 343-2181
Hardin County Health Department	Elizabethtown	(270) 765-6196	Scott County Health Department	Georgetown	(502) 863-3971
Harlan County Health Department	Harlan	(606) 573-4820	Shelby County Health Department	Shelbyville	(502) 633-1231
Harrison County Health Department	Cynthiana	(859) 234-2842	Simpson County Health Department	Franklin	(270) 586-8261
Hart County Health Department	Munfordville	(270) 524-2511	Spencer County Health Department	Taylorsville	(502) 477-8146
(Henderson Co.) Matthew 25 AIDS Services	Henderson	(270) 826-0200	Taylor County Health Department	Campbellsville	(270) 465-4191
Henderson County Health Department	Henderson	(270) 826-3951	Todd County Health Department	Elkton	(270) 265-2362
Henry County Health Department	New Castle	(502) 845-2882	Trigg County Health Department	Cadiz	(270) 522-8121
Hickman County Health Department	Clinton	(270) 653-6110	Trimble County Health Department	Bedford	(502) 255-7701
Hopkins County Health Department	Madisonville	(270) 821-5242	Union County Health Department	Morganfield	(270) 389-1230
Jackson County Health Department	McKee	(606) 287-8421	Warren County Health Department	Bowling Green	(270) 781-2490
(Jefferson Co.) Dixie Health Center	Louisville	(502) 574-7975	Washington County Health Department	Springfield	(859) 336-3989
(Jefferson Co.) Lou.-Metro HD - Fam Plan/Methadone	Louisville	(502) 574-6660	Wayne County Health Department	Monticello	(606) 348-9349
(Jefferson Co.) Louisville-Metro HD - Specialty	Louisville	(502) 574-6699	Webster County Health Department	Dixon	(270) 639-9315
(Jefferson Co.) Louisville-Metro HD - TB Clinic	Louisville	(502) 574-6617	Whitley County Health Department	Corbin	(606) 549-3380
(Jefferson Co.) Park DuValle Comm. Health Center	Louisville	(502) 458-0778	Wolfe County Health Department	Campton	(606) 668-3185
(Jefferson Co.) The More Center	Louisville	(502) 574-6414	Woodford County Health Department	Versailles	(859) 873-4541
(Jefferson Co.) Volunteers of America - Louisville	Louisville	(502) 636-4530			

