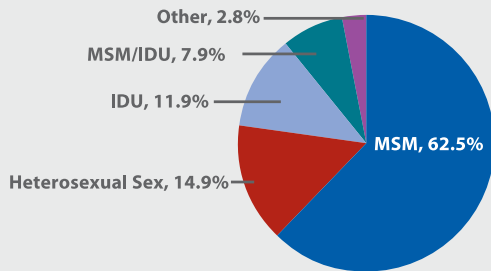


# Indiana – 2010 Profile

## HIV/AIDS Epidemic

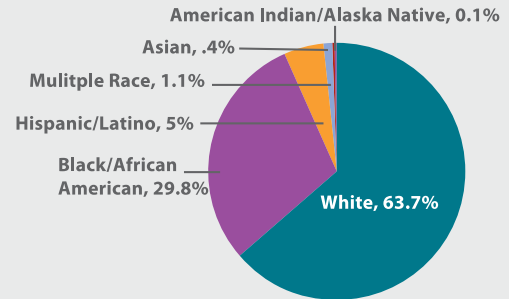
HIV/AIDS has claimed the lives of more than 550,000 Americans. Today, about 1.1 million Americans are living with HIV, the virus that causes AIDS, and one fifth of those infected are unaware of their infection.

**Estimated AIDS Diagnoses among Adults and Adolescents, by Transmission Category, Cumulative through 2008, Indiana**  
N = 9,129\*



\*MSM, men who have sex with men; IDU, injection drug users; MSM/IDU, men who have sex with men who also inject drugs

**Estimated AIDS Diagnoses, by Race/Ethnicity, Cumulative through 2008, Indiana**  
N = 9,186\*



\*Native Hawaiian/Other Pacific Islander, Unknown Race: <0.1%

Indiana reported 9,186 AIDS cases to CDC, cumulatively, from the beginning of the epidemic through December 2008. Indiana ranked 24th highest among the 50 states in cumulative reported AIDS cases.

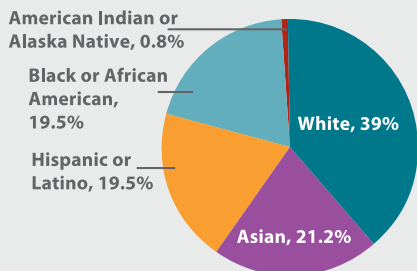
## Tuberculosis (TB)

Although the overall rate of TB in the United States has declined substantially since 1992, the rate of decrease among foreign-born persons has been much smaller than that for U.S.-born persons.

In 2008, Indiana reported:

- The 37th highest rate of TB among states in the United States (1.9 per 100,000 persons).
- 40.7% of TB cases occurred in foreign-born persons.

**TB Cases by Race/Ethnicity, 2008, Indiana**  
N = 118\*



\*Native Hawaiian or Other Pacific Islander, Multiple Race, Unknown or Missing: <0.1%

## Hepatitis A, B, and C Virus (HAV, HBV, HCV)

In the United States, incidence of acute HAV and HBV in 2008 was the lowest ever recorded because of the availability of safe and effective vaccines. But there is no vaccine for HCV, and chronic HBV and HCV account for more than 50% of new cases of chronic liver disease, a leading cause of death. About 4.5 million people are estimated to be living with HBV and HCV infection, and of that number, about 50% are unaware of their status.

From 1999 through 2008, Indiana:

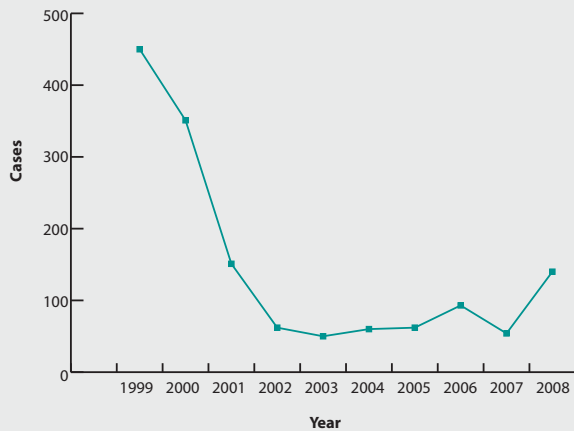
- Reported rates of acute hepatitis A decreased by 83%.
- Reported rates of acute hepatitis B decreased by 15%.

## Sexually Transmitted Diseases (STDs)

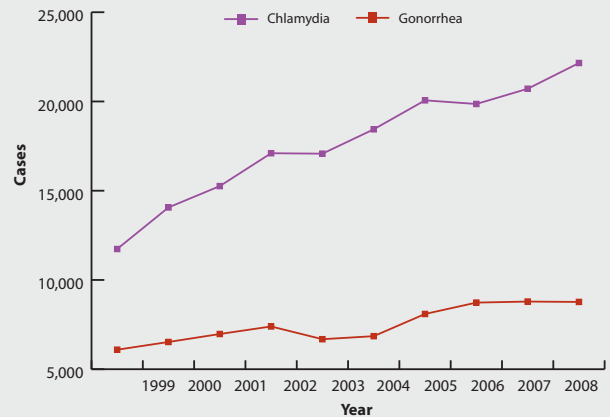
**Syphilis** – Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern United States and some urban areas.

- Indiana ranked 28th among 50 states, with 2.2 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 7 in 1999 to 0 in 2008.

**P & S Syphilis Cases, 1999–2008, Indiana**



**Chlamydia and Gonorrhea Cases, 1999–2008, Indiana**



**Chlamydia and Gonorrhea** – Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease, which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain. In 2008, Illinois:

- Ranked 30th among 50 states in chlamydial infections (349.1 per 100,000 persons) and ranked 13th among 50 states in gonorrheal infections (138.2 per 100,000 persons).
- Reported rates of chlamydia among women (513 cases per 100,000) were 2.9 times greater than those among men (178.2 cases per 100,000).

## Program Initiatives Supported by CDC

**HIV/AIDS** – CDC utilizes a comprehensive approach to HIV prevention that includes surveillance, research, interventions, capacity building, and evaluation. In Indiana, CDC supports the state health department to conduct and support HIV prevention programs. Programs are designed to meet the cultural needs, expectations, and values of the populations they serve, and involve affected communities in the HIV prevention community planning process to ensure that funding goes to those who need it most. Research, surveillance, and other prevention efforts are also supported.

**STDs** – In Indiana, CDC funds the state health department through the Comprehensive STD Prevention System (CSPS) grant program. CSPS supports a community-wide, science-based, interdisciplinary approach to STD prevention that includes behavioral interventions, medical and laboratory services, disease surveillance, outbreak response, professional development, and STD awareness and education campaigns.

**TB** – In Indiana, CDC funds the health department for TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services, medical consultation for complex TB cases, and training for state and local TB control staff.

**Viral Hepatitis** – In Indiana, CDC supports an adult viral hepatitis prevention coordinator to integrate viral hepatitis prevention activities into existing public health programs.

CDC Funding to Indiana, 2009	
HIV/AIDS	\$4,006,827
STDs	\$1,471,569*
TB	\$984,793
Viral Hepatitis	\$71,325

\*Also includes HIV appropriated funds

### For More Information

Indiana: <http://www.in.gov/isdh/> CDC: <http://www.cdc.gov/nchhstp/>