American Indians Living with an HIV Diagnosis in Florida, 2018

105

out of 119,661 (<1%) persons living with an HIV diagnosis in Florida in 2018 were American Indian

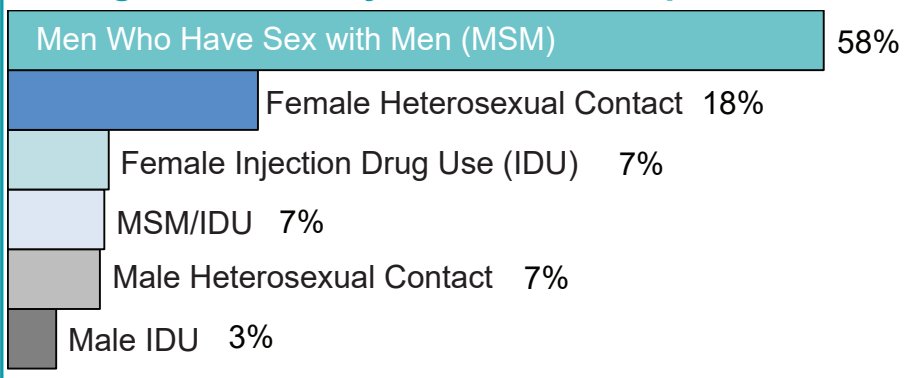
32

out of 23,728 (<1%) persons who received an **HIV** diagnosis in Florida during 2014–2018 were American Indian

17

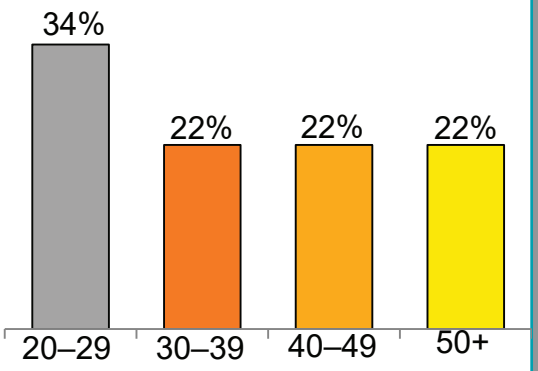
out of 10,381 (<1%) persons who received an **AIDS** diagnosis in Florida during 2014–2018 were American Indian

American Indians who received an HIV diagnosis during 2014–2018 by mode of HIV exposure



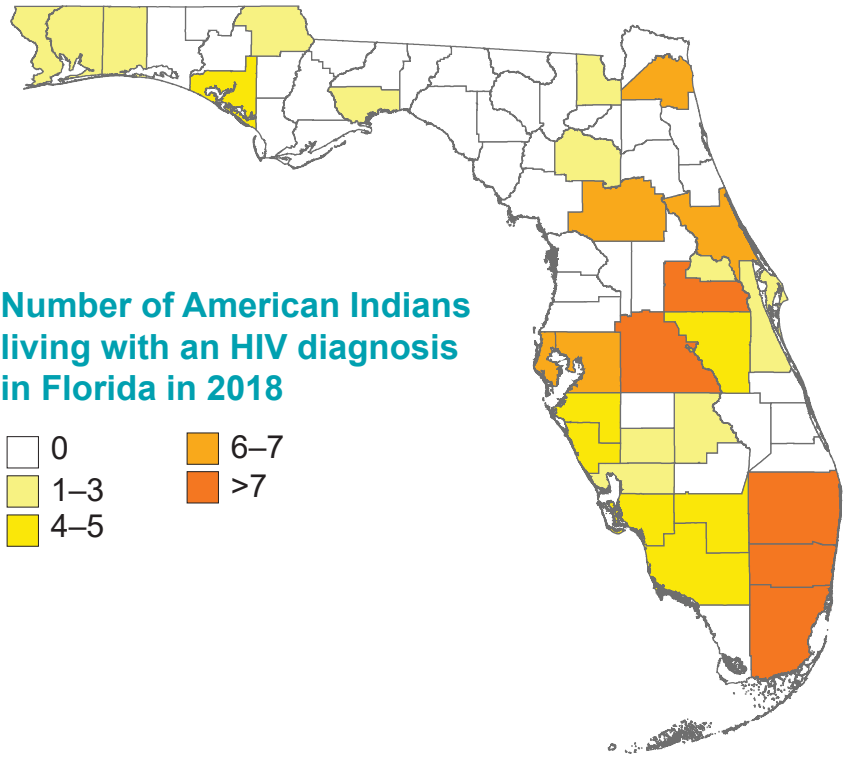
MSM, MSM/IDU and Heterosexual Data exclude Transgender Persons

The highest proportion of Amerian Indians who received an HIV diagnosis during 2014–2018 were aged 20–29

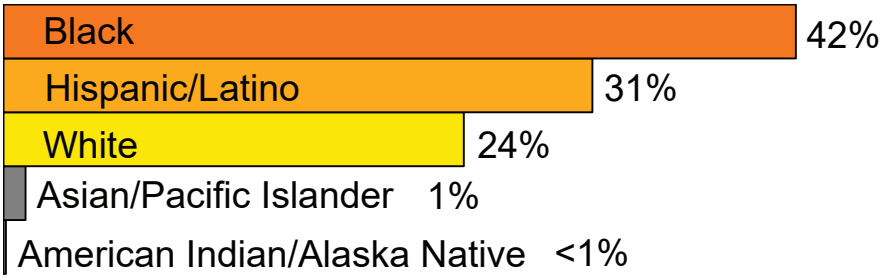


Ages under 20 (n=0) not shown.

Number of American Indians living with an HIV diagnosis in Florida in 2018

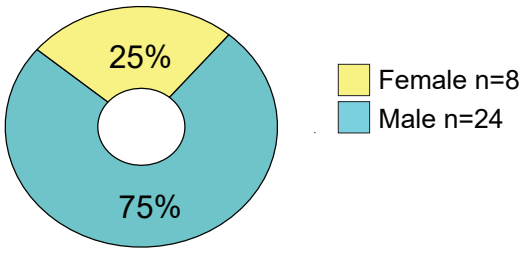


American Indians represented less than one percent (n=32) of persons who received an HIV diagnosis during 2014–2018



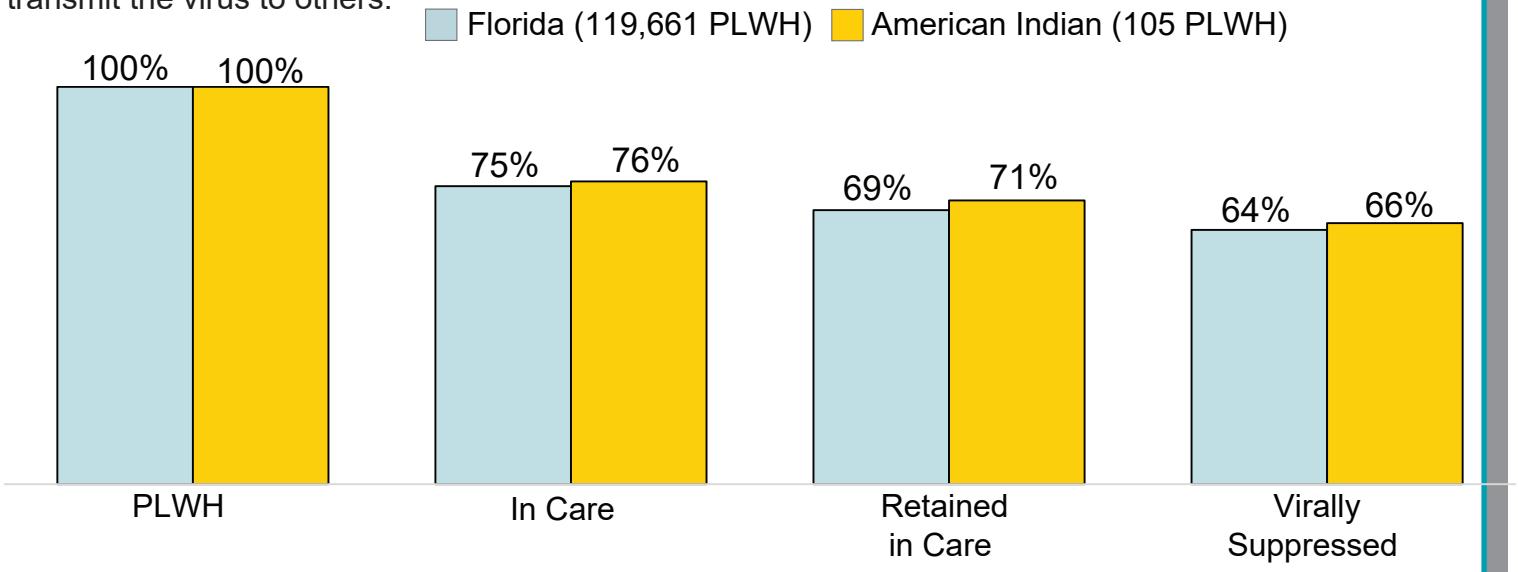
Unless otherwise noted, Whites and Blacks are non-Hispanic. Not specified and mixed races (n=219) not shown as they represent 1% of diagnoses.

American Indian males were more likely to receive an HIV diagnosis than American Indian females during 2014–2018



HIV Care Continuum for American Indians living with an HIV diagnosis in Florida in 2018

The HIV Care Continuum reflects the series of steps a person living with an HIV diagnosis (PLWH) takes from initial diagnosis to being retained in care and achieving a very low level of HIV in the body (viral suppression). PLWH with a suppressed viral load (<200 copies/mL) are highly unlikely to transmit the virus to others.[1]



In Care: Documented care ≥1 time in 2018. **Retained in Care:** Documented care ≥2 times, ≥3 months apart in 2018.

[1]Centers for Disease Control and Prevention (CDC). (2018). https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf

HIV Testing

All adolescents and adults (ages 13–64) should be tested for HIV at least once during their lifetime. Persons at increased risk for HIV should be tested at least **annually**. Per Florida law, all pregnant women are to be tested for HIV and other sexually transmitted infections (STIs) at their initial prenatal care visit, again at 28–32 weeks, and at labor and delivery if HIV status is unknown.

www.knowyourhivstatus.com

Pre-Exposure Prophylaxis (PrEP)

For persons at increased risk for HIV, PrEP medication, taken once daily, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk.

To find a PrEP provider visit:

www.preplocator.org

Antiretroviral Therapy (ART)

For persons living with HIV, starting ART with a provider as soon as possible improves health outcomes by reducing the risk of disease progression and reducing HIV viral load. Persons living with HIV who take ART as prescribed and achieve and sustain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. ART is recommended for all persons living with HIV, regardless of how long they have had the virus or how healthy they are. To find a care provider or to learn more about the resources available to persons living with HIV, visit **www.floridaaids.org**

Florida HIV/AIDS Hotline

1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-800-503-7118 Hearing/Speech Impaired
www.211bigbend.org/flhivaidshotline
Text 'FLHIV' or 'flhiv' to 898211
For more information:
DiseaseControl@flhealth.gov

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Data Sources:
For national data: www.cdc.gov/hiv/library/factsheets/index.html or www.kff.org/hivaids
For more Florida data: www.floridaaids.org or www.flhealthcharts.com