



Caribbean-Born Persons Living with an HIV Diagnosis in Florida, 2018

19,249

out of 119,661 (16%) persons living with an HIV diagnosis in Florida in 2018 were Caribbean-born

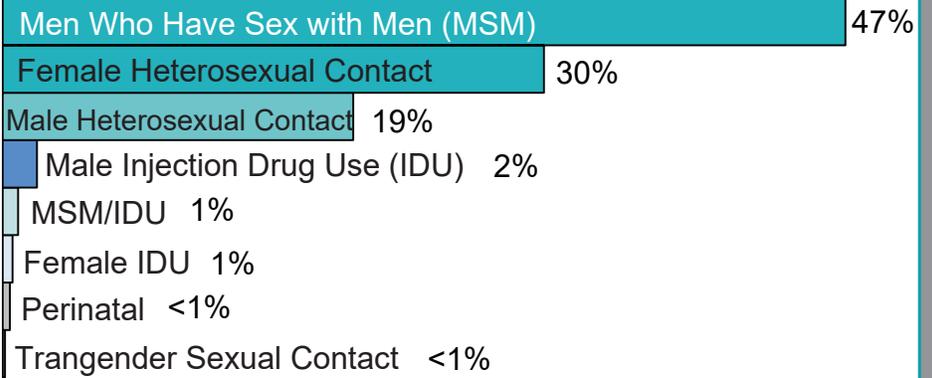
757

out of 4,906 (15%) persons who received an **HIV** diagnosis in Florida in 2018 were Caribbean-born

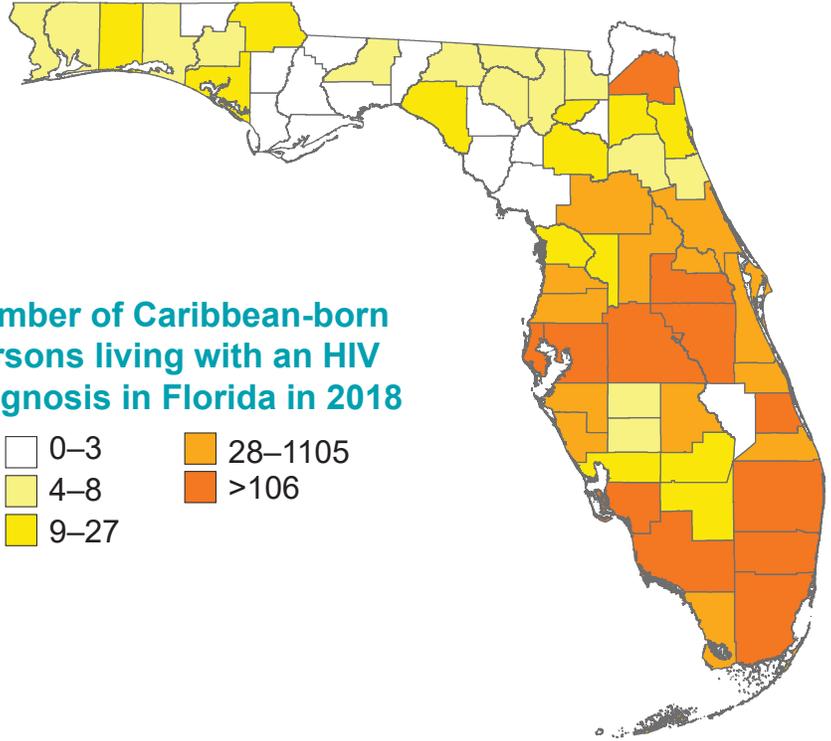
310

out of 1,918 (16%) persons who received an **AIDS** diagnosis in Florida in 2018 were Caribbean-born

Caribbean-born persons who received an HIV diagnosis in 2018 by mode of HIV exposure



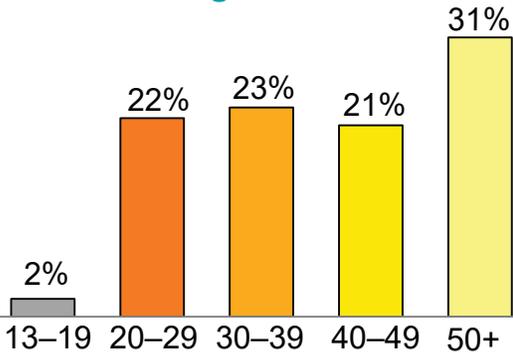
MSM, MSM/IDU and Heterosexual Data exclude Transgender Persons



Number of Caribbean-born persons living with an HIV diagnosis in Florida in 2018

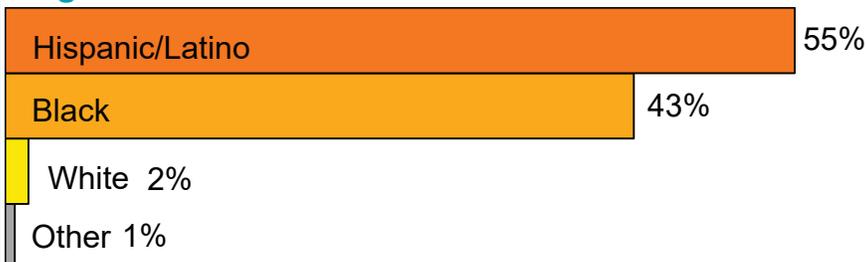


The highest proportion of Caribbean-born persons who received an HIV diagnosis in 2018 were aged 50 and older



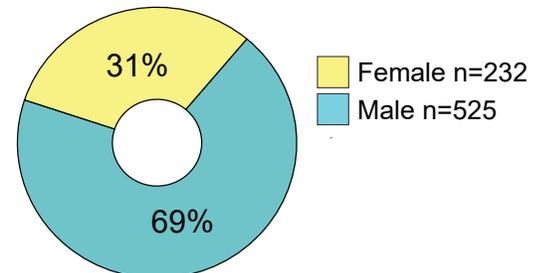
Ages under 13 (n=3) not shown as they represent <1% of diagnoses

Hispanics represented the highest proportion of Caribbean-born persons who received an HIV diagnosis in 2018



Unless otherwise noted, Whites and Blacks are non-Hispanic/Latino. "Other" includes Asian/Pacific Islanders, American Indians/Native Alaskans and mixed races.

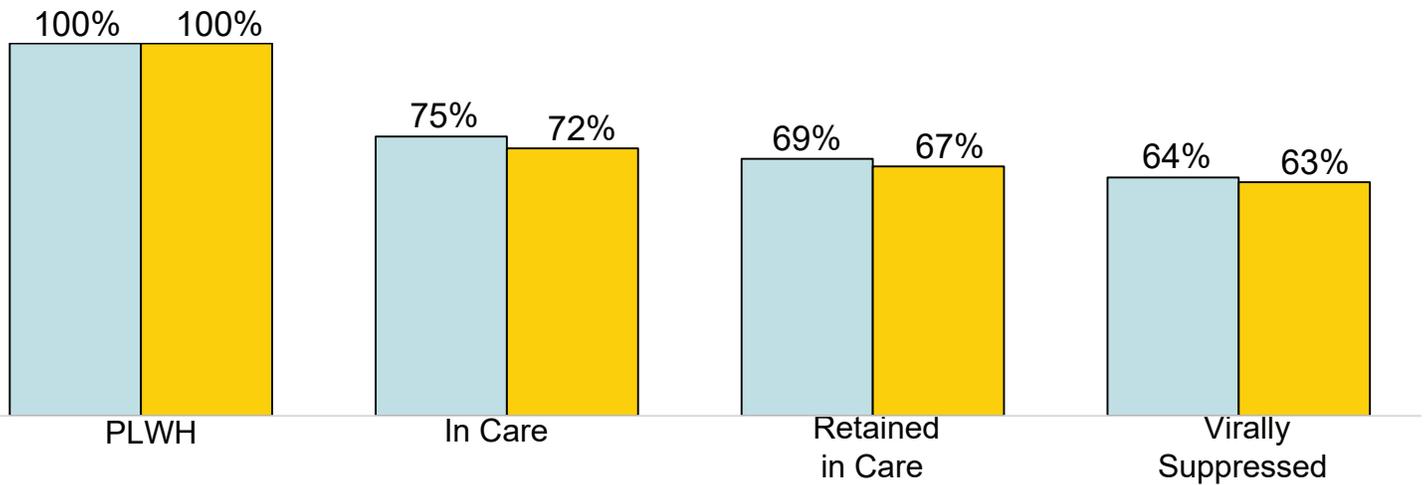
Caribbean-born males were more likely to receive an HIV diagnosis than Caribbean-born females in 2018



HIV Care Continuum for Caribbean-born persons 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

■ Florida (119,661 PLWH) ■ Caribbean-born (19,249 PLWH)



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

¹Centers 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/flhivaids hotline
 Text 'FLHIV' or 'flhiv' to 898211

For more information:

DiseaseControl@flhealth.gov

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

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