Miami-Dade County
Excluding Dept. of Corrections

HIV/AIDS Epidemiology Partnership 11a

Florida Department of Health
HIV/AIDS Section
Annual data trends as of 12/31/2013
Living (Prevalence) data as of 06/30/2014

Created: 01/02/14
Revision: 07/09/14
HIV and AIDS Case Data

- AIDS Cases became reportable in Florida in 1981.
- HIV (not AIDS) became reportable in Florida on July 1, 1997.
- HIV Infection reporting represents newly Adult HIV Infection Cases, regardless of AIDS status at time of report, that were previously reported.
- AIDS cases and HIV infection cases by year of report are NOT mutually exclusive and CANNOT be added together.
- Frozen databases of year-end data are generated at the end of each calendar year. These are the same data used for Florida CHARTS and all grant-related data where annual data are included.
- HIV prevalence data are generated later in the year, usually in July, when most of the “expected” death data are complete.
HIV and AIDS Case Data (con’t)

- Adult cases represent ages 13 and older, pediatric cases are those under the age of 13. For data by year, the age is by age of diagnosis. For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.

- Unless otherwise noted, whites are non-Hispanic and blacks are non-Hispanic.

- Unless otherwise noted. Area and county data will exclude DOC cases.
## Snapshot of Persons Reported with HIV Disease, 2013, Partnership 11a

<table>
<thead>
<tr>
<th></th>
<th>Adults (Age 13+)</th>
<th>Pediatrics (Age &lt;13)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Infection Cases</td>
<td>1,432</td>
<td>4</td>
<td>1,436</td>
</tr>
<tr>
<td>AIDS Cases</td>
<td>708</td>
<td>1</td>
<td>709</td>
</tr>
</tbody>
</table>

*HIV infection cases and AIDS cases by year of report are NOT mutually exclusive and CANNOT be added together.

## Cumulative HIV/AIDS Cases Reported 1981-2013

<table>
<thead>
<tr>
<th></th>
<th>Adults (Age 13+)</th>
<th>Pediatrics (Age &lt;13)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV (not AIDS) Cases**</td>
<td>13,854</td>
<td>163</td>
<td>14,017</td>
</tr>
<tr>
<td>AIDS Cases</td>
<td>34,349</td>
<td>512</td>
<td>34,861</td>
</tr>
<tr>
<td>Total</td>
<td>48,203</td>
<td>675</td>
<td>48,878</td>
</tr>
</tbody>
</table>

**HIV (not AIDS) cases were NOT reportable until 07/1997

Persons Living with HIV Disease through 2013, as of 06/30/2014: 26,490
HIV Infection Cases and Rates*
By Year of Report, 2004-2013, Partnership 11a

Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in newly reported cases of HIV infection in 2013. These trends were observed across most race/sex/risk groups throughout the state.

*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014. Rates are expressed as per 100,000 population.
Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of AIDS in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in newly reported cases of AIDS in 2013. These trends were observed across most race/sex/risk groups throughout the state.

*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014. Rates are expressed as per 100,000 population.
Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV Infection Cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.
Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.
Adult HIV Infection and AIDS Cases by Sex, Reported in 2013, Partnership 11a

HIV Infection
N=1,432

- Male: 78%
- Female: 22%

AIDS
N=708

- Male: 72%
- Female: 28%

Note: Partnership 11a’s Adult Population is: 48% Male and 52% Female.
Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2004 to 2013, the proportion of HIV infection cases among whites and blacks decreased by 1 and 10 percentage points, respectively. In contrast, the proportion of HIV infection cases increased by 11 percentage points among whites, during the same time period. Other races represent less than 2% of the cases and are not included.
Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11a

Note: Over the past ten years, Hispanics represented the majority (> 45%) of male HIV infection cases for most of the years. From 2004 to 2013, the proportion of HIV infection cases among blacks and white males decreased by 8 and 2 percentage points, respectively. In contrast, HIV infection cases among Hispanic males increase by 9 percentage points, during the same time period. Other races represent less than 2% of the cases and are not included.
Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11a

Note: HIV case disparities are more evident among women than men. For the past ten years, black women represented 67% or more of the cases each year. The proportion of female HIV infection cases decreased by 4 percentage points among black females, from 2004 to 2013. In contrast, the proportion of HIV infection cases increased by 4 percentage points among white females, while the proportion of cases among white females remained the unchanged during the same time period. Other races represent less than 3% of the cases and are not included.
Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11a

Factors Affecting Disparities
- Late diagnosis of HIV.
- Access to/acceptance of care.
- Delayed prevention messages.
- Stigma.
- Non-HIV STD’s in the community.
- Prevalence of injection drug use.
- Complex matrix of factors related to socioeconomic status

Note: In 2013, blacks accounted for 48% of adult AIDS cases, but only 16% of the population. From 2004 to 2013, the proportion of adult AIDS cases increased by 10 percentage points among Hispanics. In contrast, the proportion of adult AIDS cases decreased among whites and blacks by 2 and 6 percentage points, respectively, during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 3% of the cases and are not included.
Note: Among black males, the HIV infection case rate is nearly 2 times higher than the rate among white males. Among black females, the HIV case rate is 13-fold greater than the rate among white females. Among Hispanic males, the HIV case rate slightly lower than rate among the rate among white males. In contrast, among Hispanic females, the HIV case rate is slightly higher than the rate among white females.
*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.
Note: Among black males, the AIDS case rate is nearly 6 times higher than the rate among white males. Similarly, among black females, the AIDS case rate is 8 times higher than the rate among white females. Hispanic males have an AIDS case rate that is nearly 2 times higher than the rate among white males. In contrast, Hispanic females have an AIDS case rate that is lower than the rate among white females.

*Source: 2013 Partnership 11a population estimates are provided by Florida CHARTS as of 06/03/2014.
In this snapshot for 2013, blacks are over-represented among the HIV and AIDS cases, accounting for 37% of adult HIV cases and 44% of adult AIDS cases and, but only 16% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of the population.

*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.

**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.
Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2004–2013, Partnership 11a

Note: From 2004 to 2013, the proportion of adult HIV infection cases among those aged 20-29 increased by 12 percentage points.
Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the highest percent of HIV infection cases, recent estimates show that among males, 29% of HIV infection cases occur among those aged 20-29, whereas among females 28% of HIV infection cases occur among those aged 50 and older.
Definitions of Mode of Exposure Categories

- **MSM** = Men who have sex with men
- **IDU** = Injection Drug User
- **MSM/IDU** = Men who have sex with men & Injection Drug User
- **Heterosexual** = Heterosexual contact with person with HIV/AIDS or known HIV risk
- **OTHER** = includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.
- **NIR** = Cases reported with No Identified Risk
- **Redistribution of NIRs** = This illustrates the effect of statistically assigning (redistributing) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs.
Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2004–2013, Partnership 11a

Note: NIRs redistributed. Men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 11a, followed by heterosexual contact.
Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 11a

Note: NIRs redistributed. The heterosexual risk continues to be the dominant mode of exposure among females.
Note: NIRs redistributed. Among the male HIV infection and AIDS cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (82% and 66% respectively) followed by cases with a heterosexual risk (16% for HIV and 27% for AIDS). The recent increase among MSM is indicated by the higher MSM among HIV infection cases compared to AIDS cases, as HIV infection cases tend to represent a more recent picture of the epidemic.
Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported for 2013, heterosexual contact was the highest risk (95% and 86% respectively).
Cases Living with HIV Disease
Adults Living with HIV Disease
By Zip Code, Reported through 2013,
Partnership 11a

Total Adult Living HIV/AIDS Cases

- 0
- 1 - 50
- 51 - 125
- 126 - 250
- Over 250

N=26,356

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014
Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11a

Living MSM HIV/AIDS Cases

0
1 - 50
51 - 125
126 - 250
Over 250

N=13,930

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 04/07/2014
Injection Drug Users (IDUs)*
Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11a

Living IDU HIV/AIDS Cases

- 0
- 1 - 25
- 26 - 50
- 51 - 75
- Over 75

N=2,526

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 04/07/2014
Adult Heterosexuals Living with HIV Disease
By Zip Code, Reported through 2013, Partnership 11a

Living Heterosexual HIV/AIDS Cases

- 0
- 1 - 50
- 51 - 125
- 126 - 250
- Over 250

N=10,193

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014
Adults Living with HIV Disease
By Zip Code and Race/Ethnicity,
Reported through 2013, Partnership 11a

1 Dot = 3 cases
Dots are randomly placed within zip codes.

- Hispanic
- Black, not-Hispanic
- White, not-Hispanic

N=25,969

Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014
Adults Living with HIV Disease
By Zip Code and Sex,
Reported through 2013, Partnership 11a

1 Dot = 3 cases
Dots are randomly placed within zip codes.

- Male
- Female

N=26,356

Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014
Note: Among adult males living HIV disease, Hispanics represent the race most affected (48%). Among adult females, blacks represent the race most affected (71%). *Other includes Asian/Pacific Islanders and Native Alaskans/American Indians.
Among black males living with HIV disease reported through 2013, the case rate is 2 times higher than the rate among white males. Among black females living with HIV disease, the case rate is nearly 13 times higher than the rate among white females. The Hispanic male rate is lower than the rate among their white counterpart, whereas the Hispanic female rate is equivalent to the rate among their white counterpart. Data excludes Department of Corrections cases.

*Source: Population estimates are provided by Florida CHARTS.

**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.
Note: NIRs redistributed. Among males living with HIV disease, the distribution of risk among blacks differs from that among whites and Hispanics. MSM represents the highest risk for all races. White males have the smallest proportion of heterosexual contact cases.
Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 11a

Note: NIRs redistributed. Among females living with HIV disease, the distribution of risk among whites differs from that among blacks and Hispanics. Heterosexual contact is the majority risk for all races. However, whites have the largest proportion of IDU cases.
As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons reported with HIV/AIDS that are presumed to be alive has been increasing. Since 1995, the number of persons reported living with HIV/AIDS has increased over 400%. In 2013, the prevalence increased by 5.5% since the previous year.
Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 11a, 2013

HIV-infected = 30,426

- (1) HIV Diagnosed
- (2) Linked to Care
- (3) In Care this Year
- (4) On ART
- (5) Suppressed Viral Load (<200 copies/mL on ART)

(1) Number of cases known to be alive and living in Florida through 2013, regardless where diagnosed, as of 06/30/2014 (used for unmet need calculations).
(2) Ever in Care = 86% of those cases were linked to care, based on persons living with HIV disease in Florida (regardless of where diagnosed) who ever had a CD4 or Viral load (VL) test in the electronic HIV/AIDS Reporting System (eHARS). (2010 National estimates are 79%*).
(3) 55% of cases were in care this year, based on HRSA unmet need definition, for persons living with HIV in Florida (regardless of where diagnosed) and having at least 1 HIV-related care service involving either a VL or CD4 test or a refill of HIV-related RX. (2010 National estimates for in care are 56%*).
(4) Estimated 90.6% of In care and on ART this year in Florida per 2011 MMP data (2010 National estimates are 80%*).
(5) Estimated 78.0% on ART & the viral load is <200 this year in Florida per 2011 MMP data (2010 National estimates are 70%*).


For additional information please refer to the Florida Continuum of Care slide set accessible at http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html
Resident Deaths due to HIV Disease
By Year of Death, 1995-2013, Partnership 11a

These data represent a 81% decline in HIV resident deaths due to HIV disease from the peak year of 1995 to 2013. This is slightly higher than the 78% decline observed by the state.

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 05/16/2014).

Population data are provided by Florida CHARTS.

*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.
Some Useful Links

- CDC HIV/AIDS Surveillance Reports (State and Metro Data):
  http://www.cdc.gov/hiv/stats/hasrlink.htm

- MMWR (Special Articles on Diseases, Including HIV/AIDS):
  http://www.cdc.gov/mmwr/

- U.S. Census Data (Available by State, County):
  http://www.census.gov

- Partnership 11a Dept. of Health, HIV/AIDS Section Website (Slide sets, Facts Sheets, Monthly Surveillance Report, Counseling & Testing Data, etc.):
“The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow.”

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Visit Florida’s internet site for:
Monthly Surveillance Reports
Slide Sets and Fact Sheets
Annual Reports and Epi Profiles

Visit CDC’s HIV/AIDS internet site for:
Surveillance Reports, fact sheets and slide sets
http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm