

HIV/AIDS

Epidemiology

Partnership 1

**Escambia, Okaloosa,
Santa Rosa and Walton Counties
Excluding Dept. of Corrections**

Created: 01/02/14

Revision: 06/19/14

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



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)

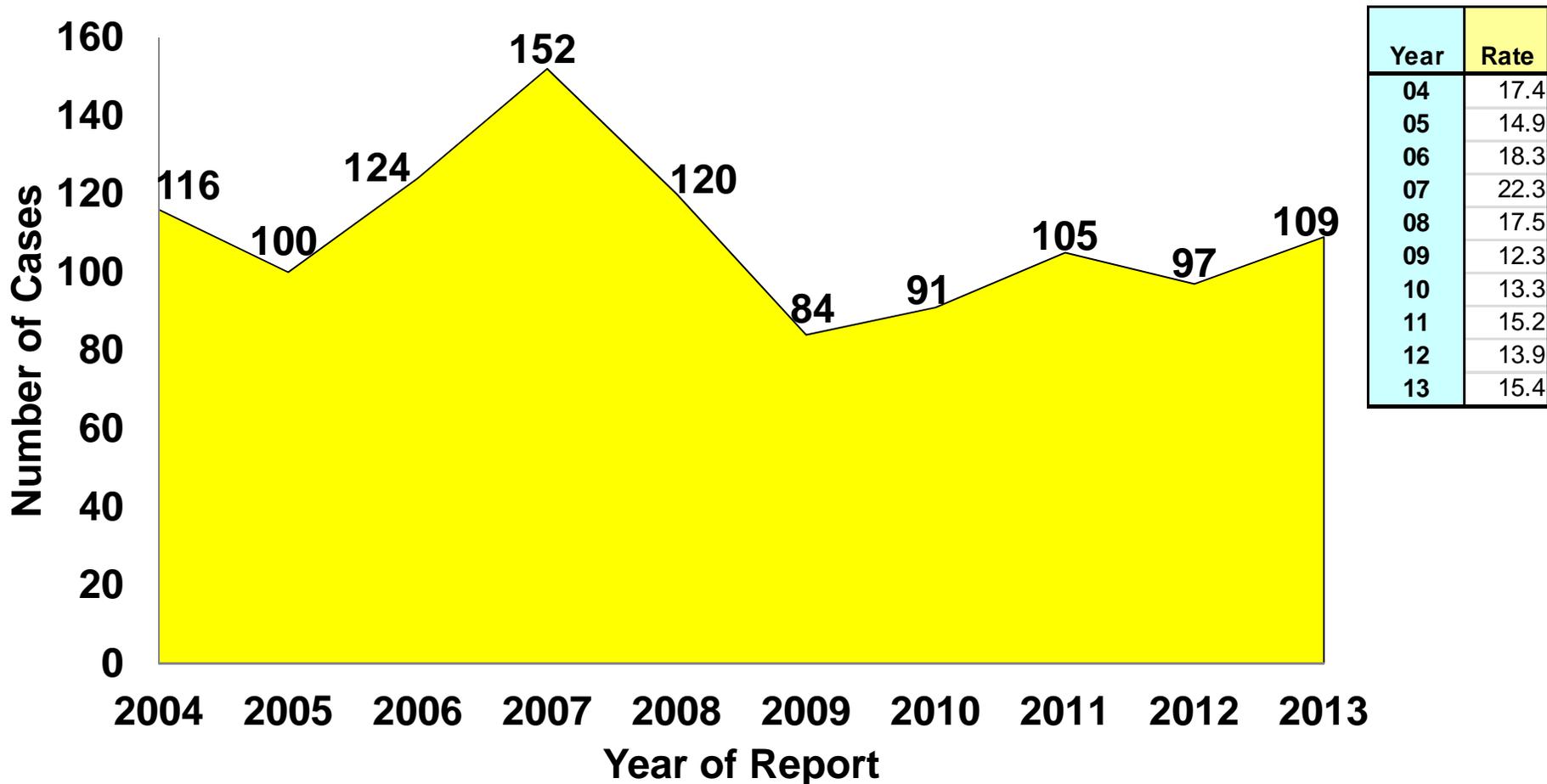
- ⌘ **Adult cases represent ages 13 and older, pediatric cases are those under the age of 13. For data by year, the age is by age of diagnosis. For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.**
- ⌘ **Unless otherwise noted, whites 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 1

	HIV Infection and AIDS Cases Reported in 2013*		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
	107	2	109
HIV Infection Cases			
	65	1	66
AIDS Cases			
*HIV infection cases and AIDS cases by year of report are NOT mutually exclusive and CANNOT be added together.			
Total Population, 2013 706,334	Cumulative HIV/AIDS Cases Reported 1981-2013		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
	817	20	837
HIV (not AIDS) Cases**			
	2,175	16	2,191
AIDS Cases			
Total	2,992	36	3,028
**HIV (not AIDS) cases were NOT reportable until 07/1997			
Persons Living with HIV Disease through 2013, as of 06/30/2014:			1,695



HIV Infection Cases and Rates*, By Year of Report, 2004-2013, Partnership 1

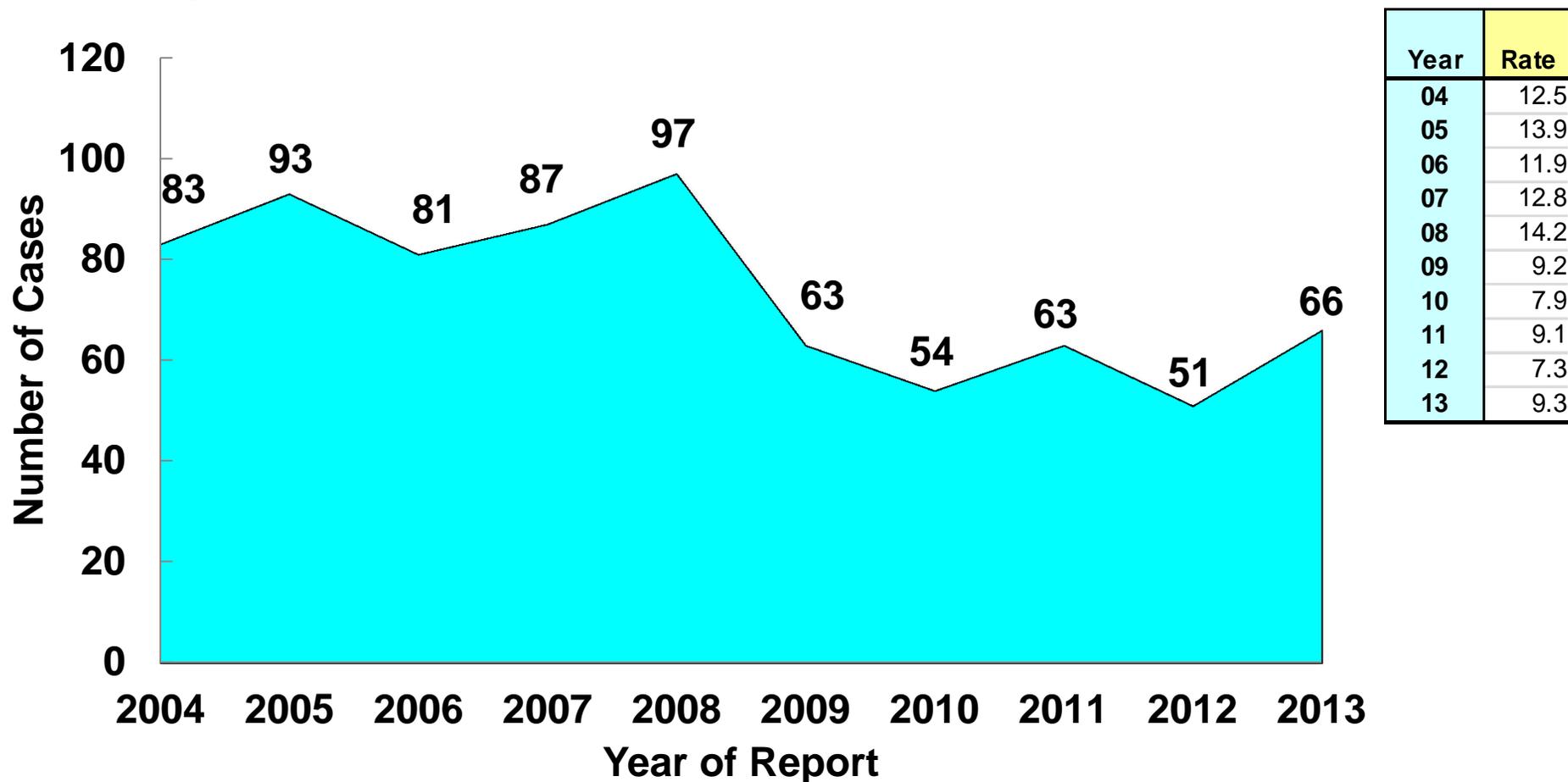


Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2007. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another 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.



AIDS Cases and Rates*, By Year of Report, 2004-2013, Partnership 1

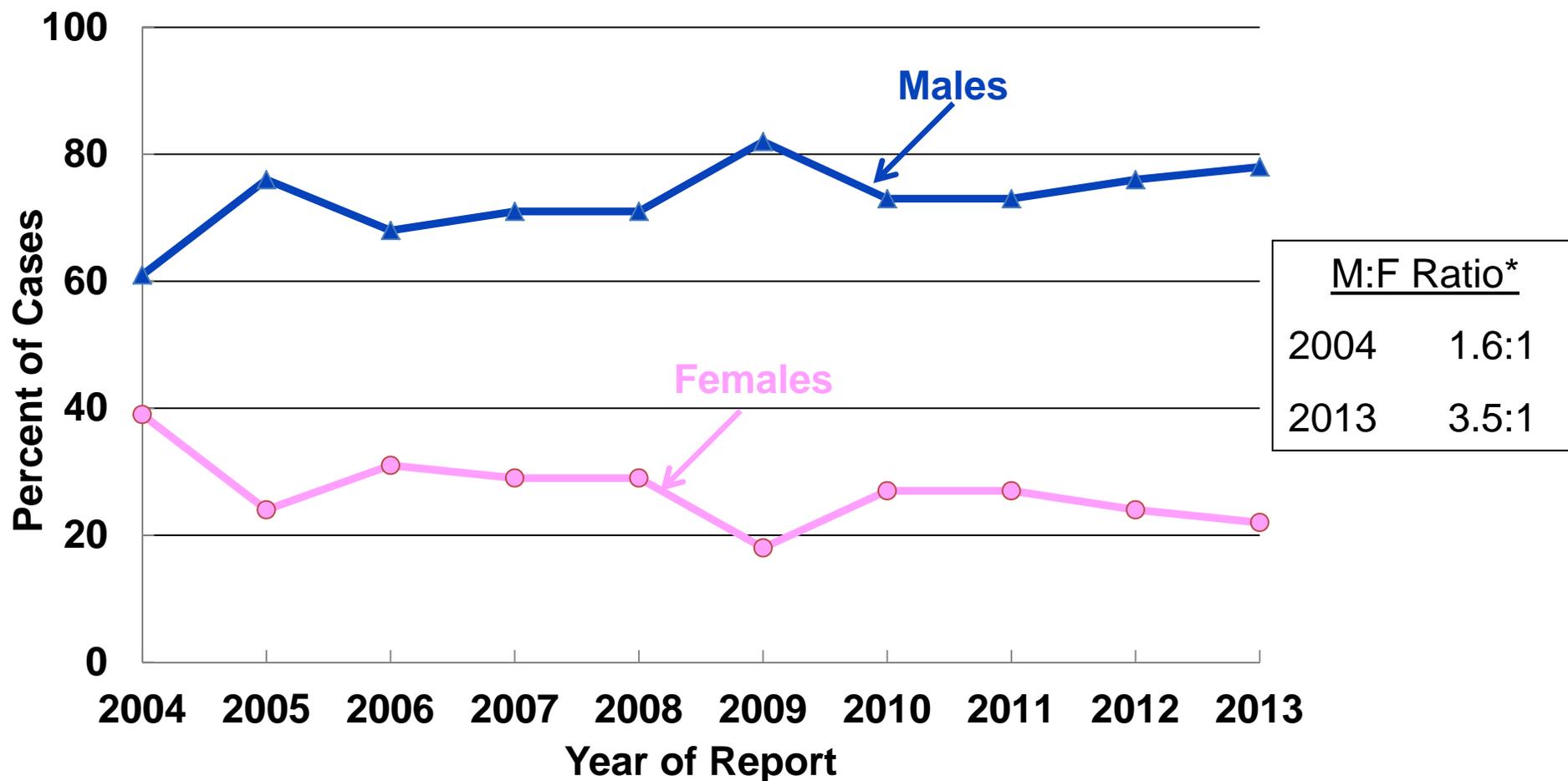


Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of AIDS in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in 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.



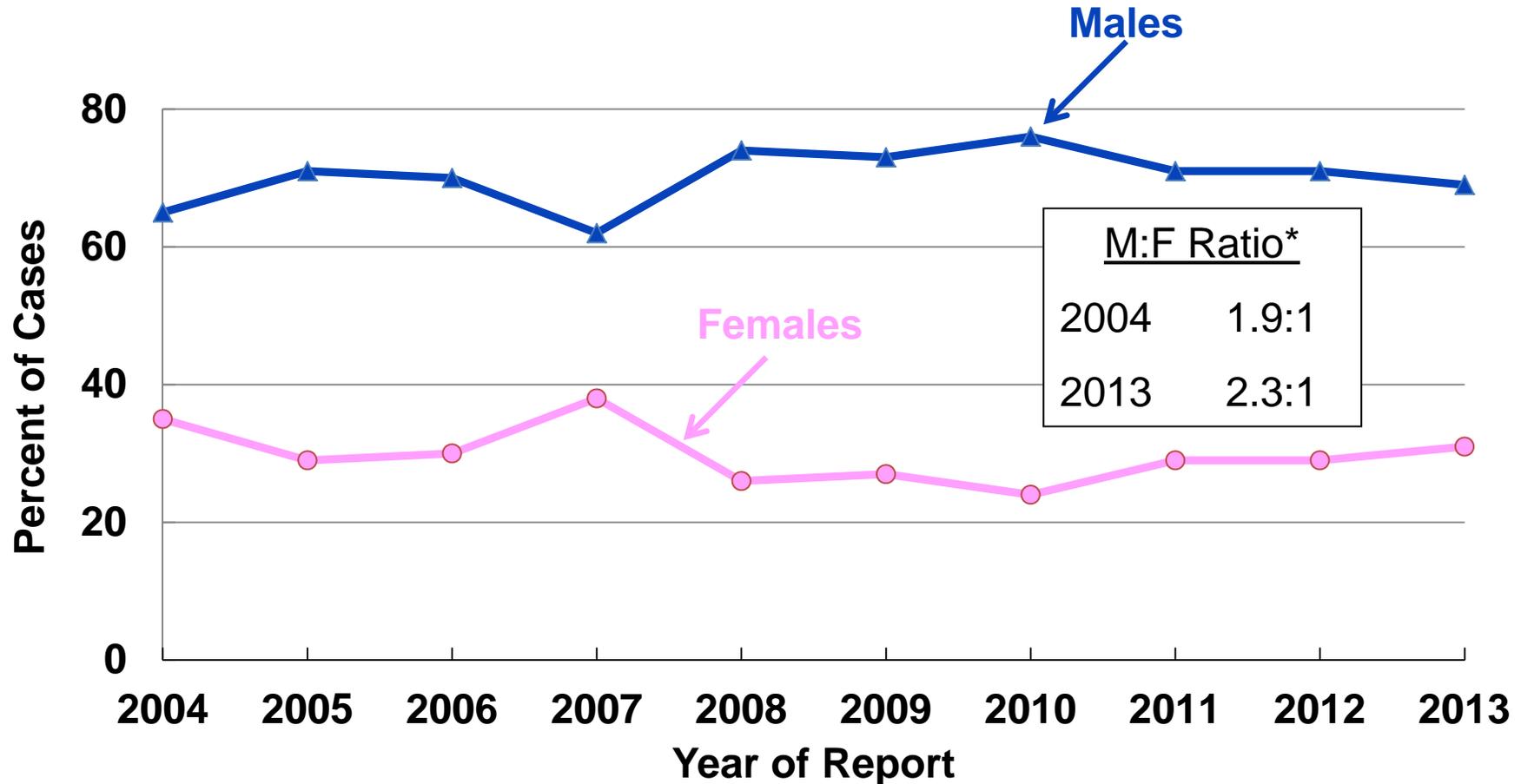
HIV Infection Cases and Rates*, by Year of Report, 2004-2013, Partnership 1



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.



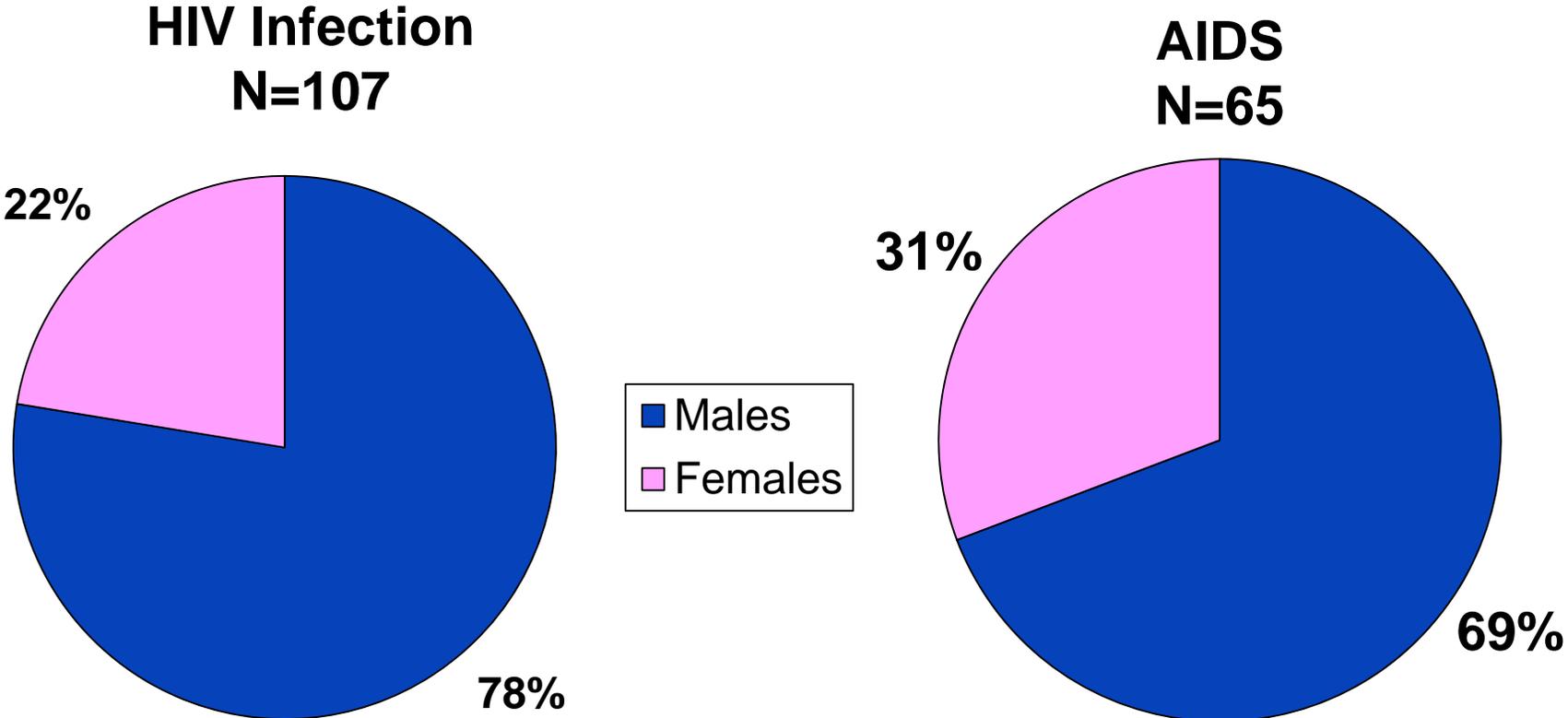
Adult AIDS Cases, by Sex and Year of Report, 2004-2013, Partnership 1



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.



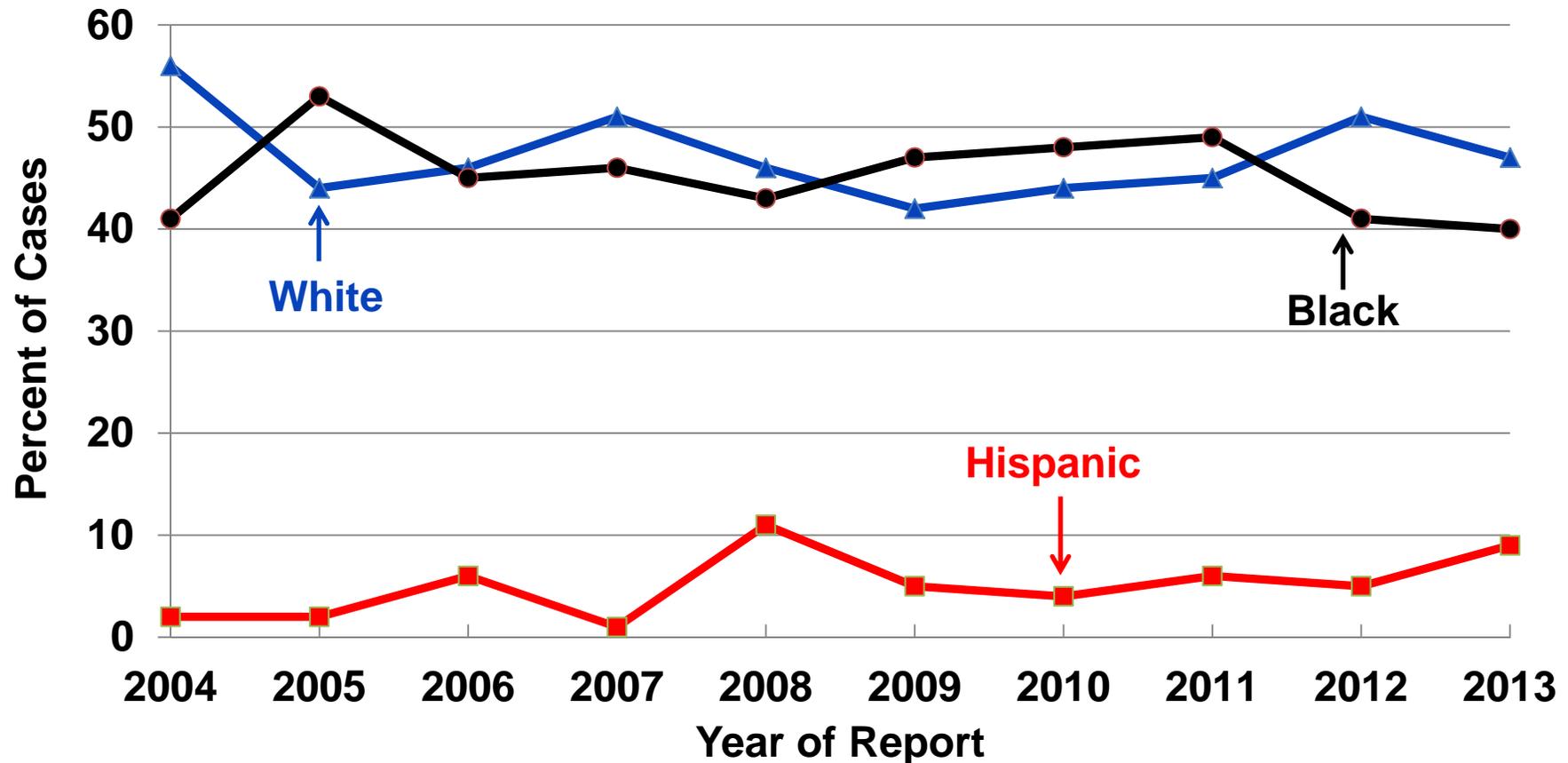
Adult HIV Infection and AIDS Cases by Sex, Reported in 2013, Partnership 1



Note: Partnership 1's Adult Population is: 50% Male and 50% Female



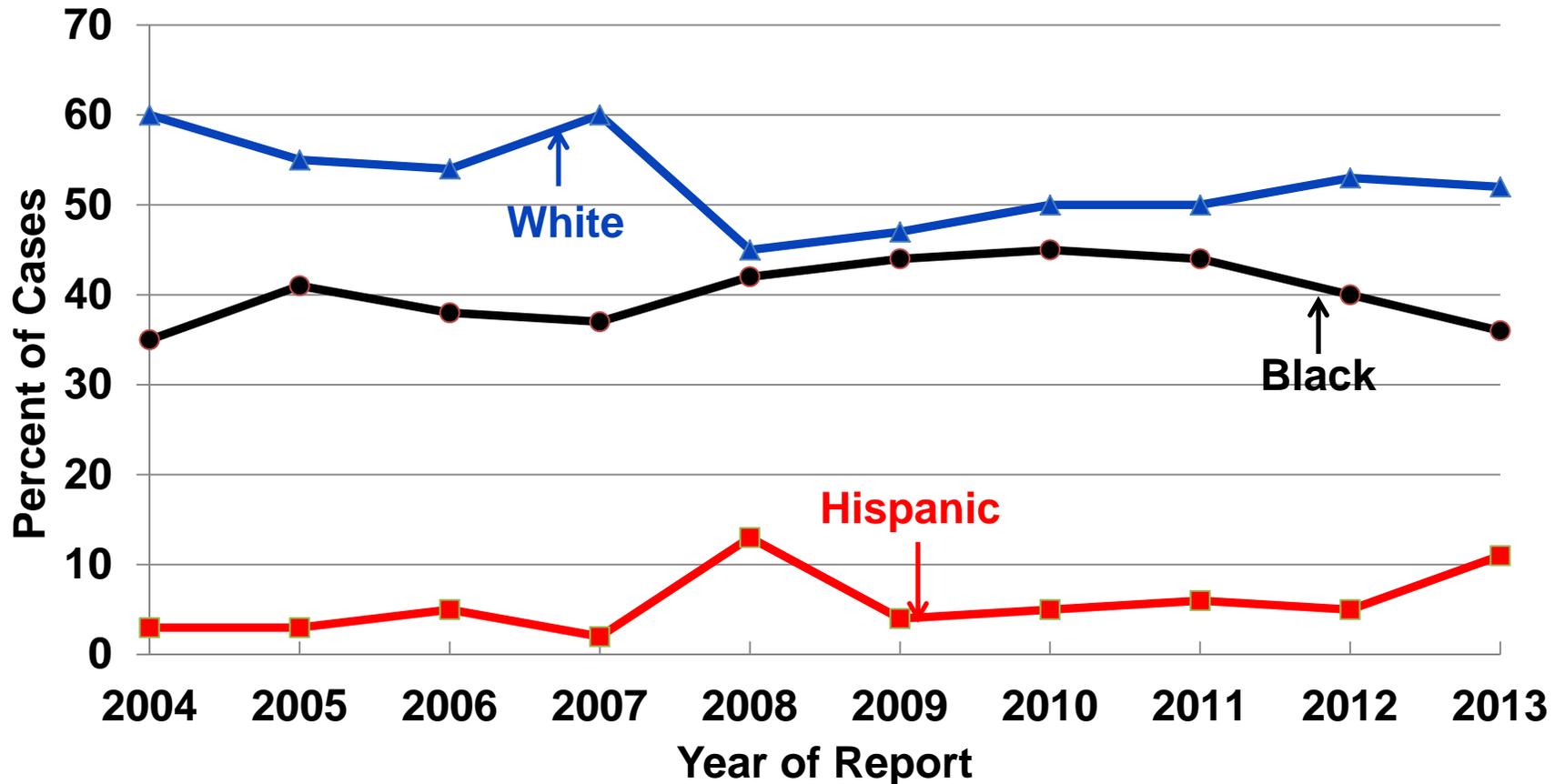
Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 1



Note: HIV case reporting, implemented in mid-1997, reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2004 to 2013, the proportion of black and white cases fluctuated over time, oftentimes, crossing paths. Whereas the proportion of HIV Infection cases among Hispanics increased by 7 percentage points over the same time period. Other races represent less than 6% of the cases and are not included.



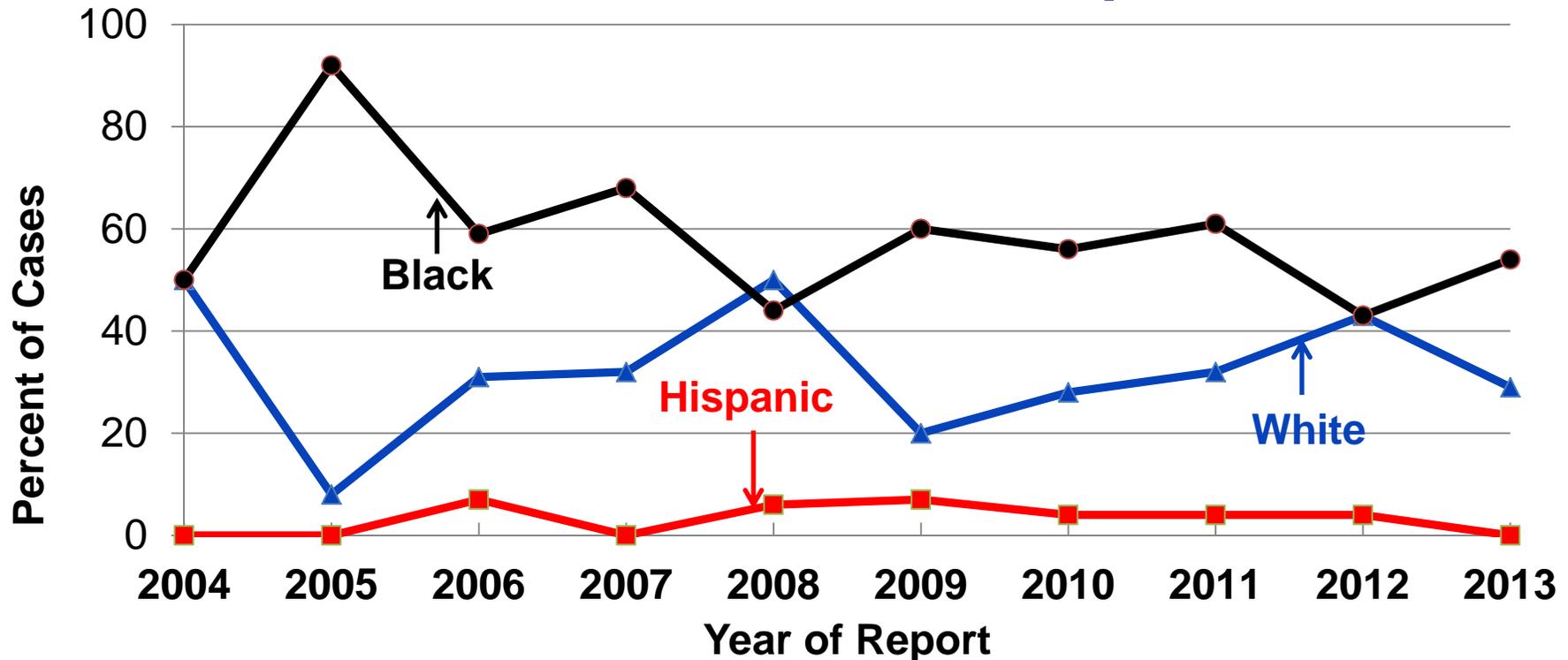
Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 1



Note: The proportion of HIV Infection cases among white males decreased by 8 percentage points from 2004 to 2013. In contrast the proportion of cases increased among black males by 1 percentage point. Whites represented the majority (> 45%) of male HIV Infection cases for most of the years. Other races represent less than 4% of the cases and are not included.



Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 1

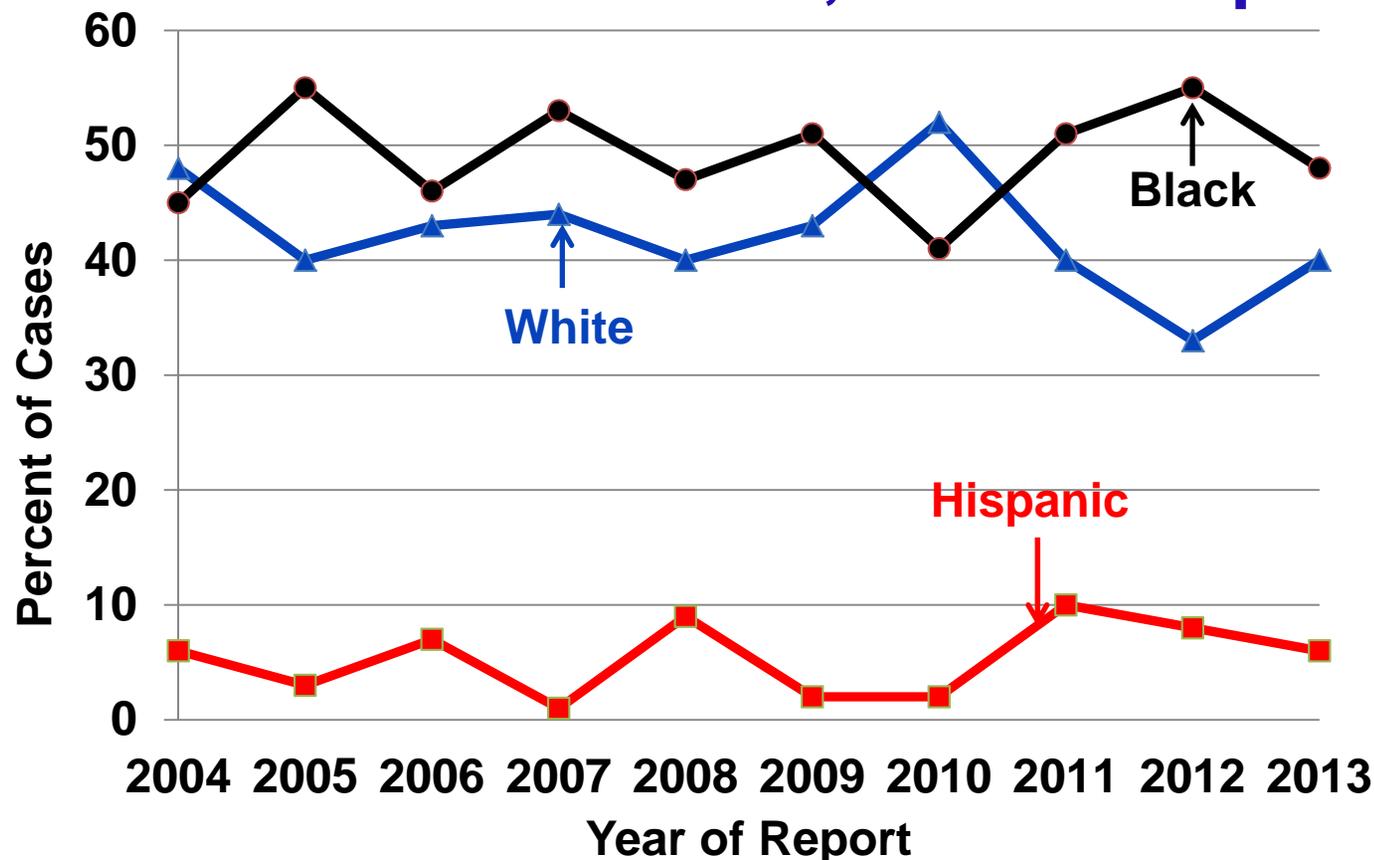


Note: HIV case disparities are more evident among women than men. For the past ten years, black women averaged more than 50% of the cases each year, representing the majority of female HIV Infection cases for most of the years. From 2004 to 2013, the proportion of female HIV Infection cases decreased by 21 percentage points among whites. In contrast, the proportion of cases among Others by 17 percentage points and among blacks by 4 percentage points. Whereas among Hispanics, the proportion of cases remained leveled over the same time period.

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



Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 1



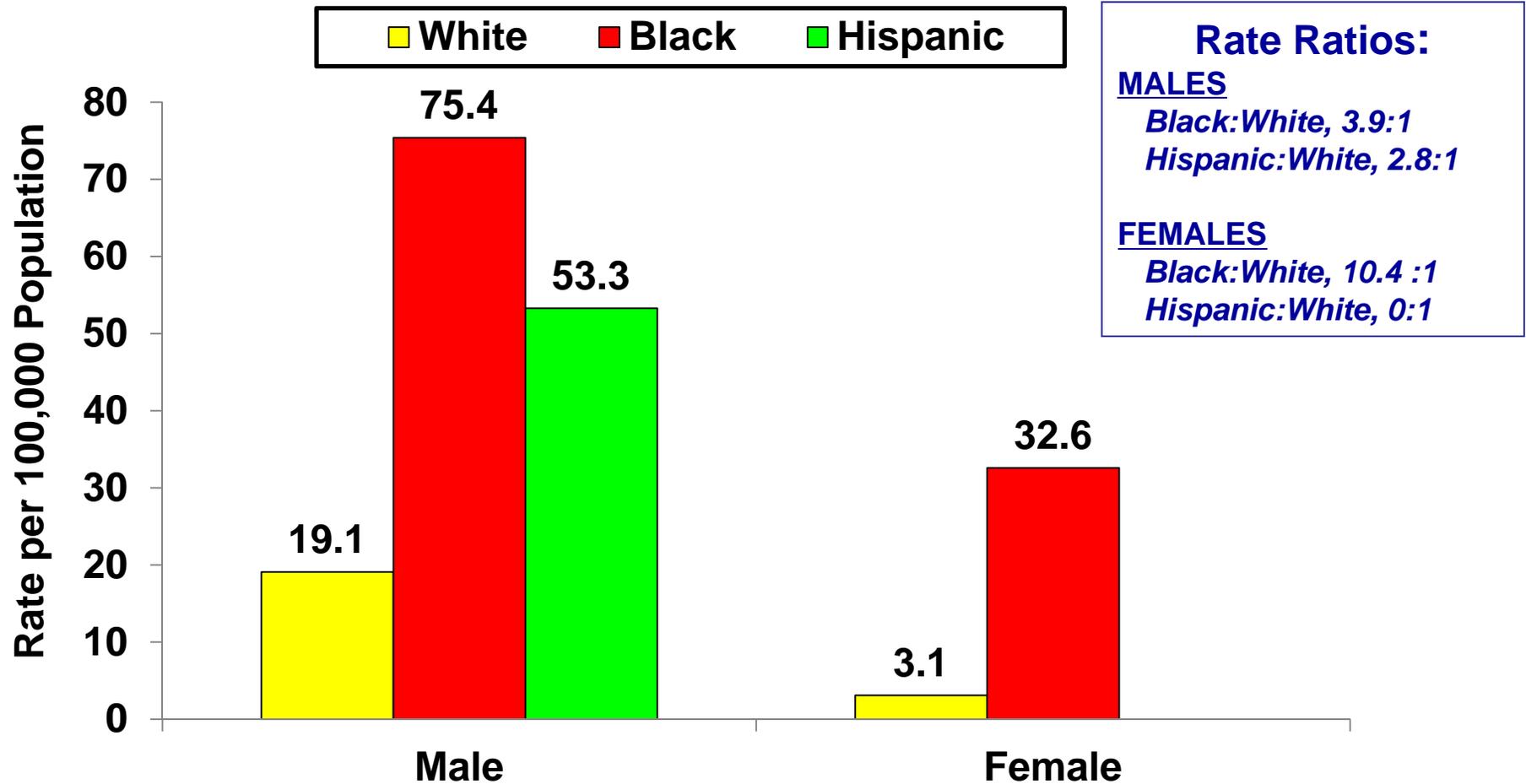
Factors Affecting Disparities

- 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 13% of the population. Overall, the proportion of black and white cases fluctuated over time, oftentimes, crossing paths. From 2004 to 2013, the proportion of adult AIDS cases decreased by 8 percentage points among whites yet increased 3 percentage points among blacks; while the proportion of cases among Hispanics remained relatively leveled during that time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 6% of the cases and are not included.



Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 1

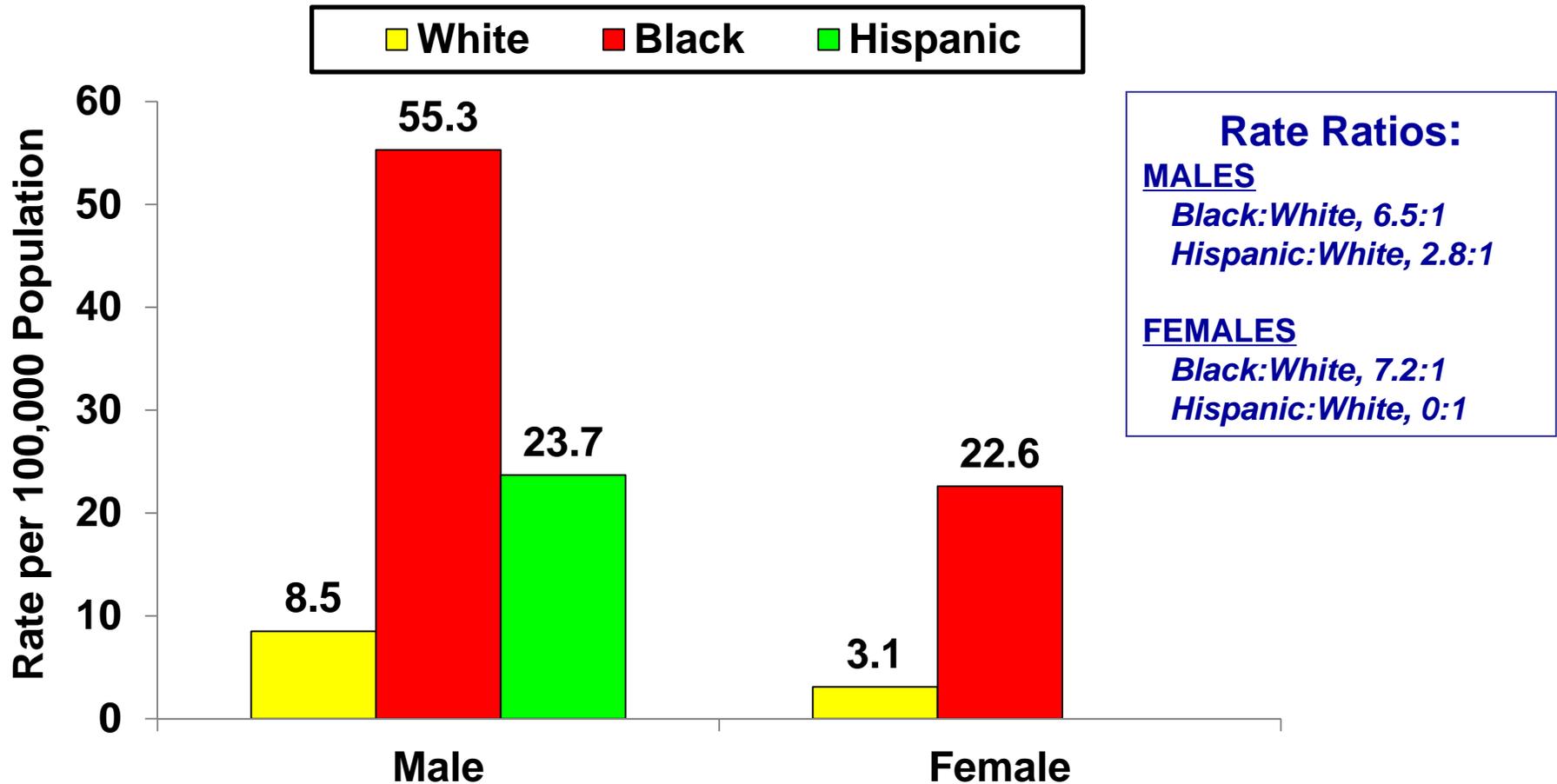


Note: Among black males, the HIV infection case rate is nearly 4 times higher than the rate among white males. Among black females, the HIV infection case rate is 10-fold greater than the rate among white females. Among Hispanic males, the HIV infection case rate is nearly 3 times higher than the rate among white males.

*Source: 2013 Partnership 1 population estimates are provided by Florida CHARTS as of 06/03/2014.



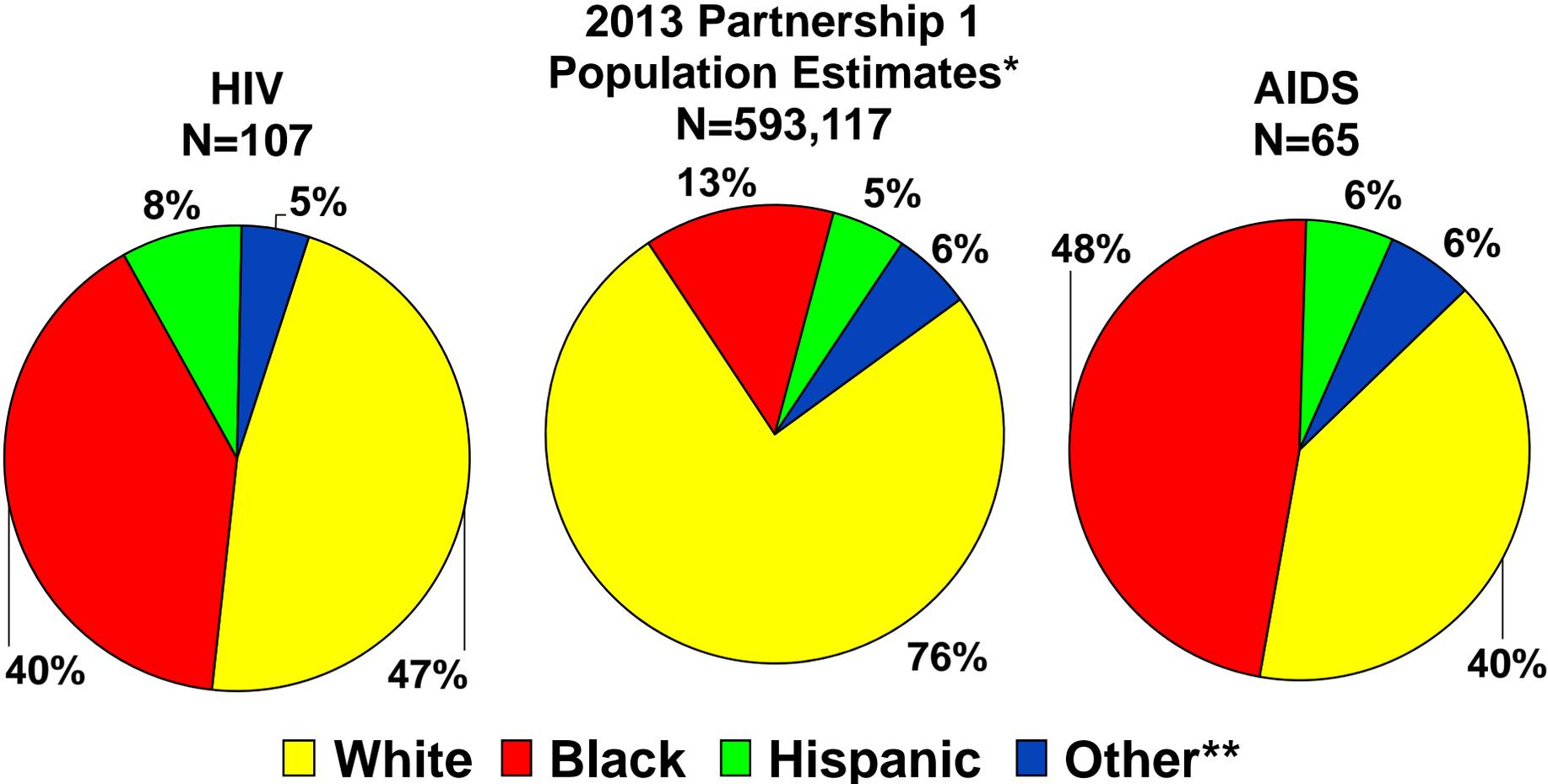
Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 1



Note: Among black males, the AIDS case rate is nearly 7 times higher than the rate among white males. Among black females, the AIDS case rate is 7 times higher than the rate among white females. Hispanic male rate ratio was nearly 3 times higher than the rate among white males.
 *Source: 2013 Partnership 1 population estimates are provided by Florida CHARTS as of 06/03/2014.



Adult HIV and AIDS Cases Reported in 2013 and Population Data, by Race/Ethnicity, Partnership 1



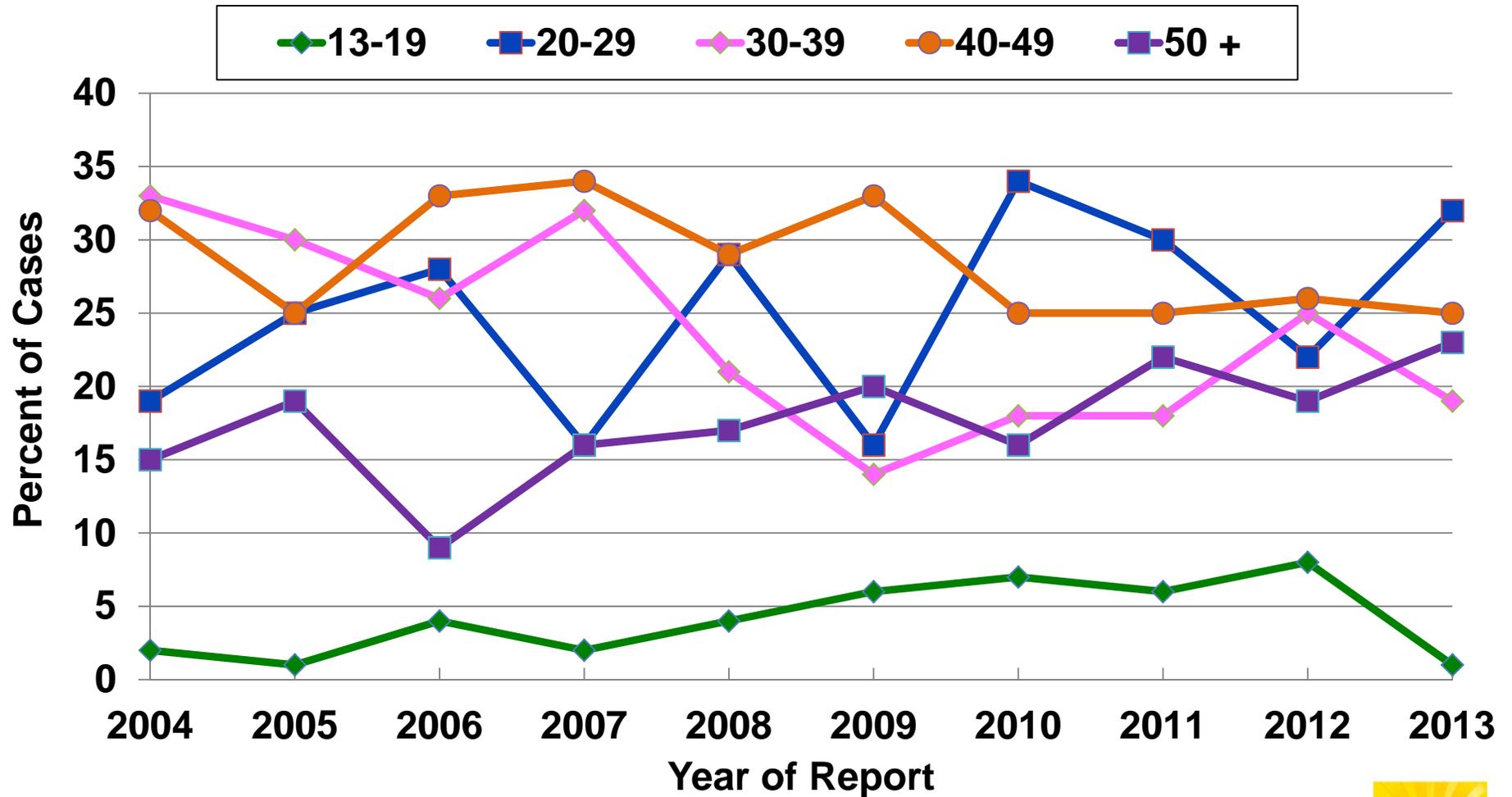
Note: In this snapshot for 2013, blacks are over-represented among the HIV and AIDS Cases, accounting for 40% of adult HIV cases and 48% of adult AIDS Cases, but only 13% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of population.

*Source: Population estimate was provided by Florida CHARTS as of 06/03/2014.

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



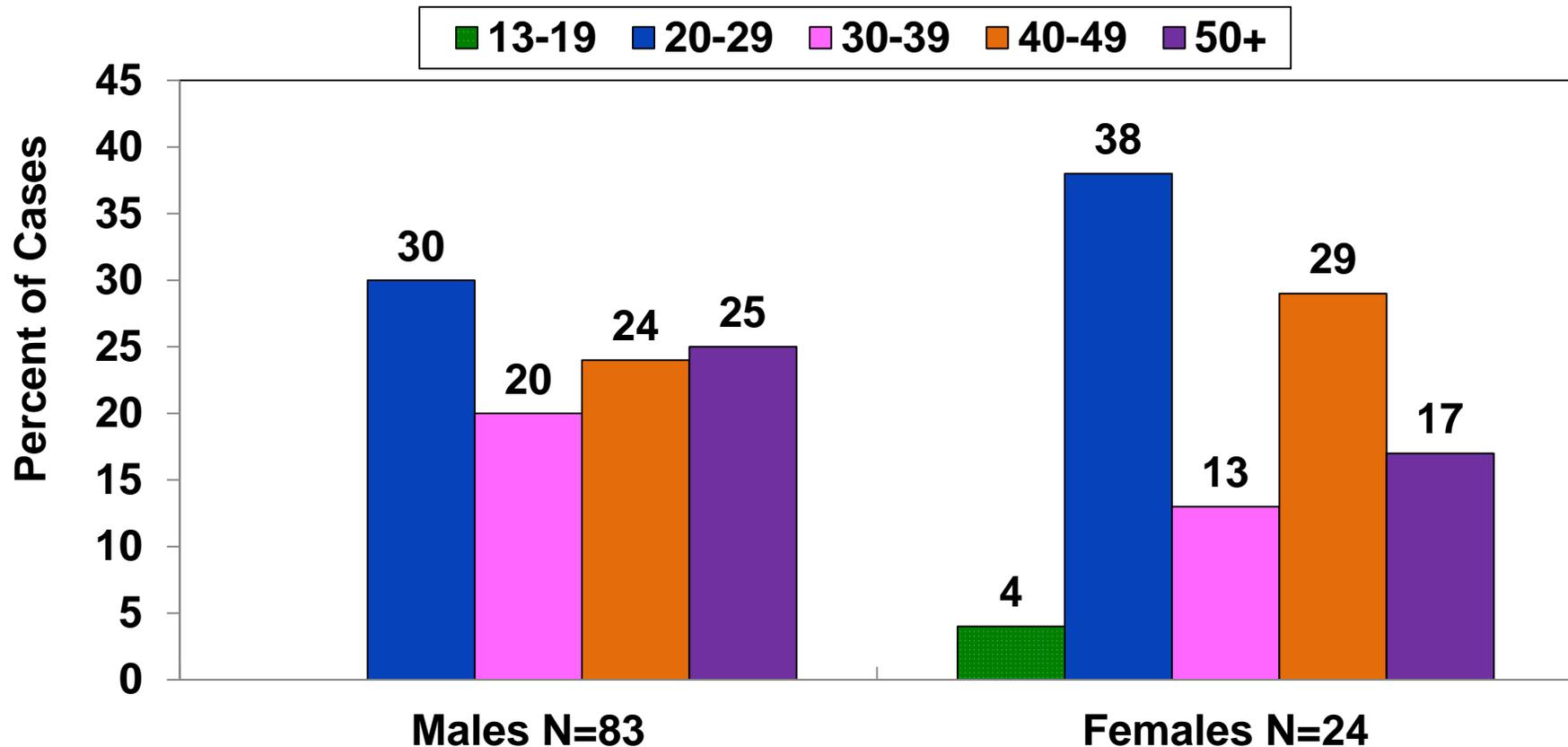
Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2004–2013, Partnership 1



Note: From 2004 to 2013, proportion of adult HIV infection cases among those aged 20-29 and those aged 50+ increased by 13 and 8 percentage points, respectively.



Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2013, Partnership 1



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, 30% of HIV infection cases occur among those aged 20-29, whereas among females, 38% of HIV infection cases occur among those aged 20-29.

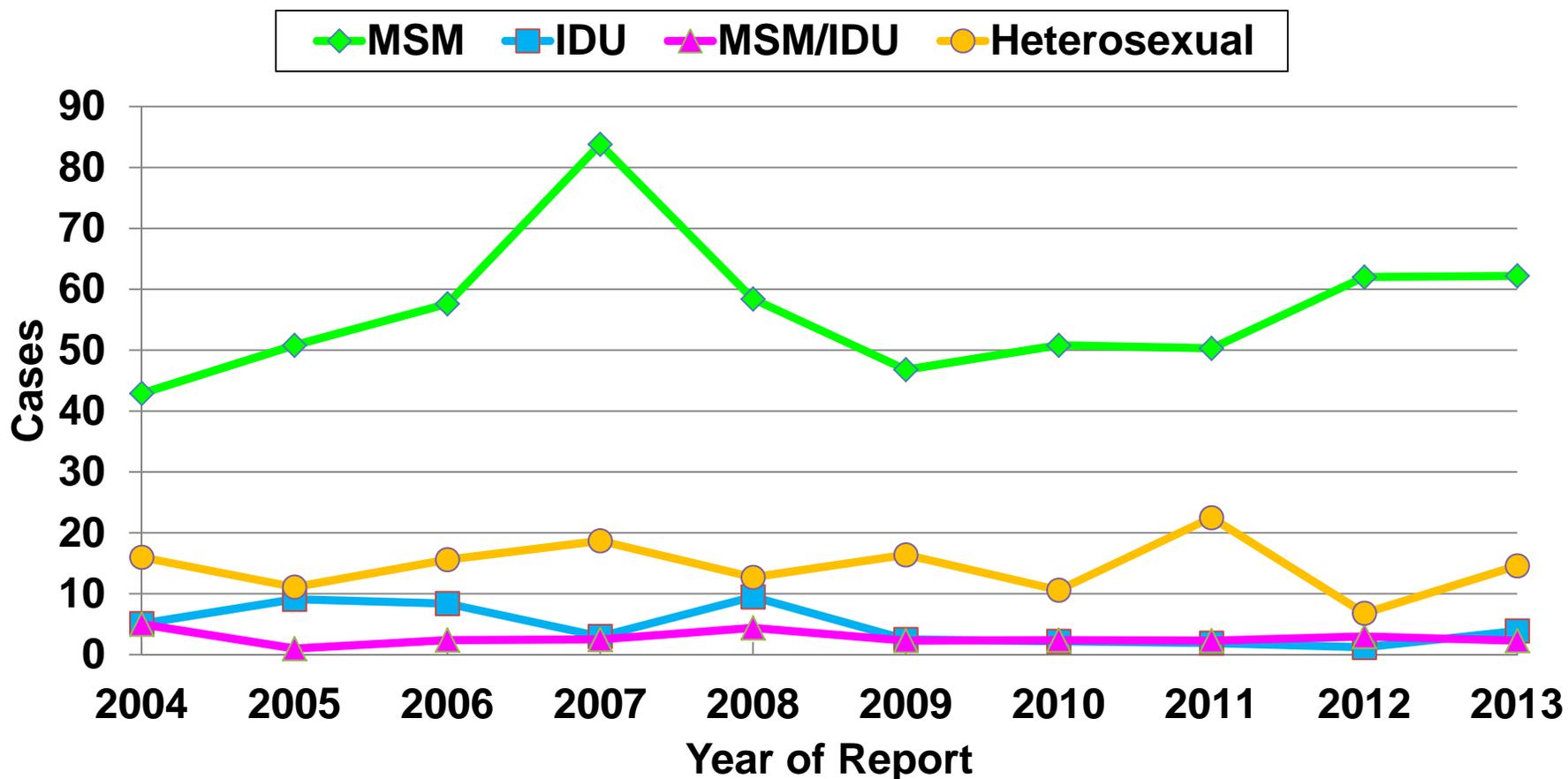


Definitions of Mode of Exposure Categories

- ❖ 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.



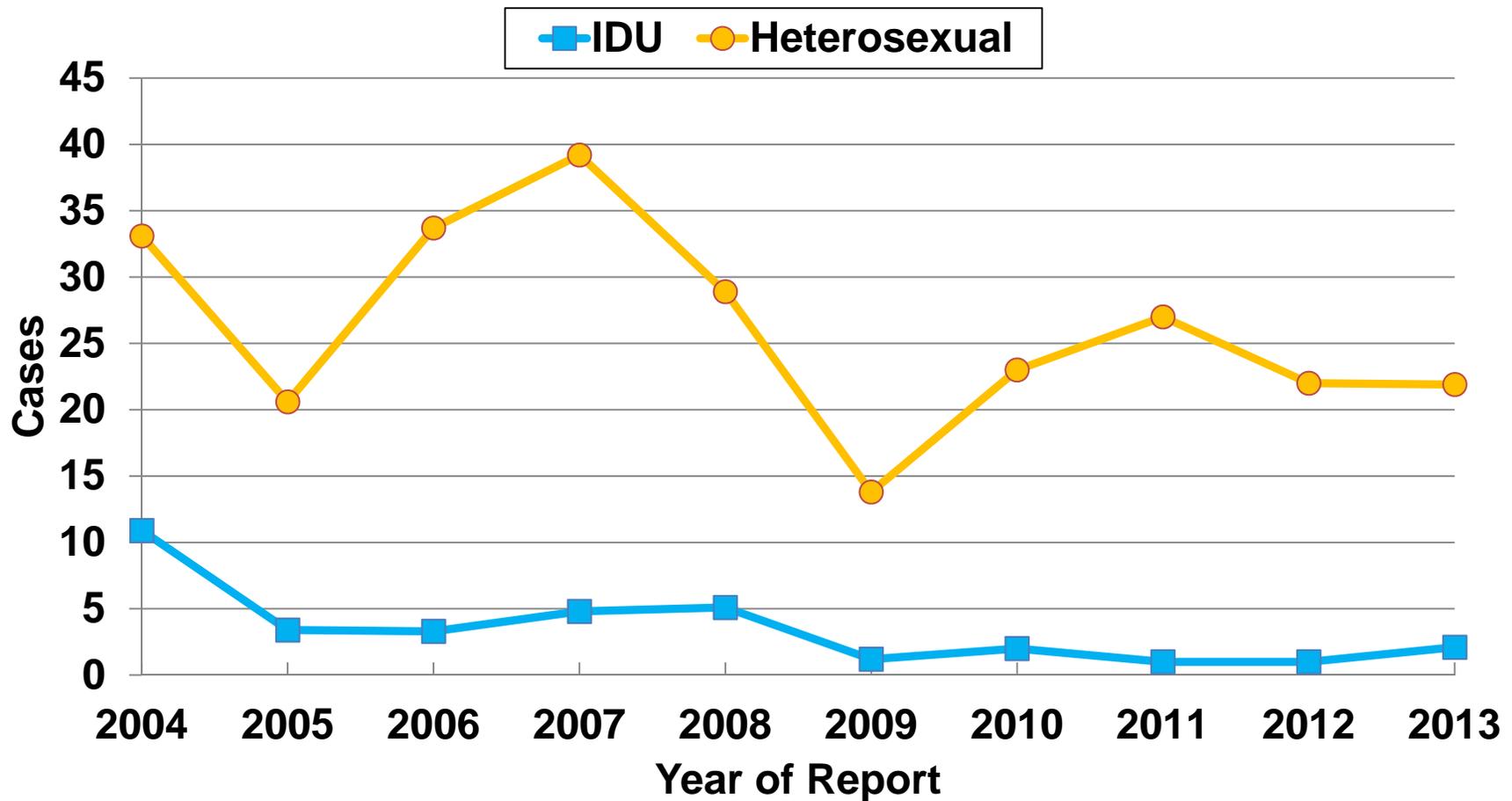
Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2004–2013, Partnership 1



Note: NIRs redistributed. Men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 1, followed by heterosexual risk.



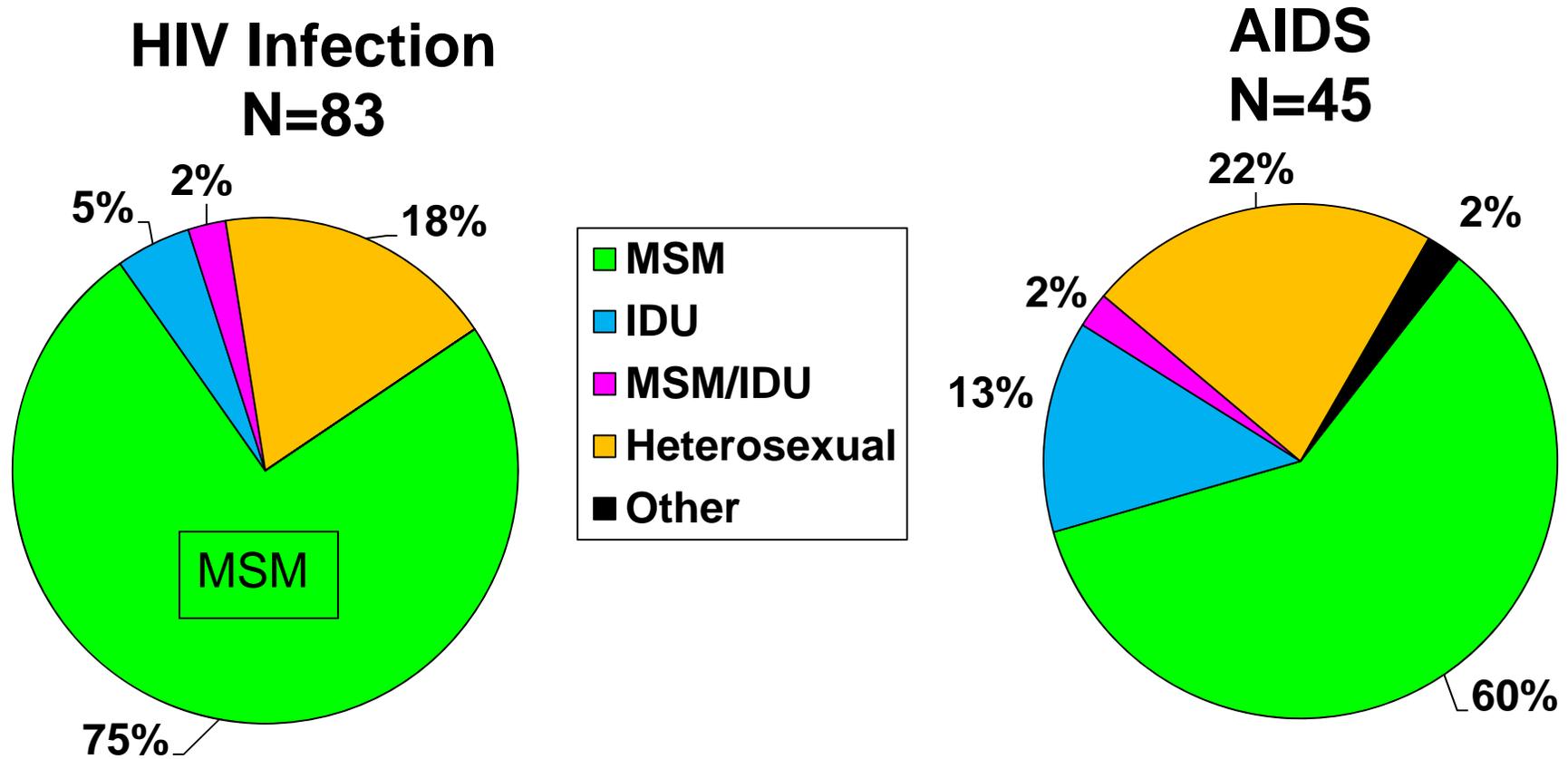
Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 1



Note: NIRs redistributed. The heterosexual risk continues to be the dominant mode of exposure among females.



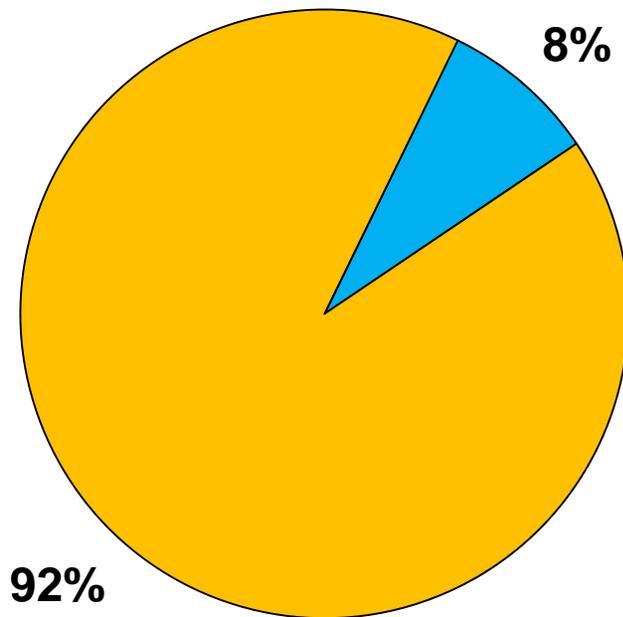
Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2013, Partnership 1



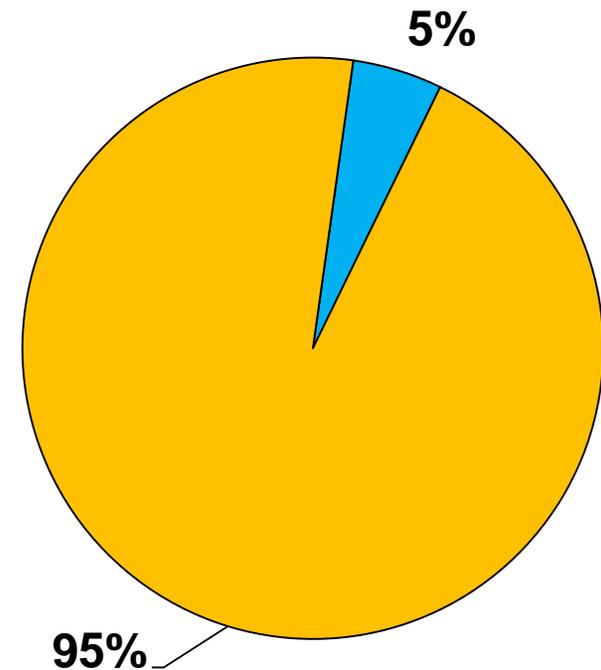
Note: NIRs redistributed. Among the male HIV infection and AIDS cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (75% and 60% respectively) followed by cases with a heterosexual risk (18% for HIV and 22% for HIV). The recent increase among MSM is indicated by the higher MSM among HIV infection cases compared to AIDS cases, as HIV infection cases tend to represent a more recent picture of the epidemic.

Adult Female HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2013, Partnership 1

**HIV Infection
N=24**



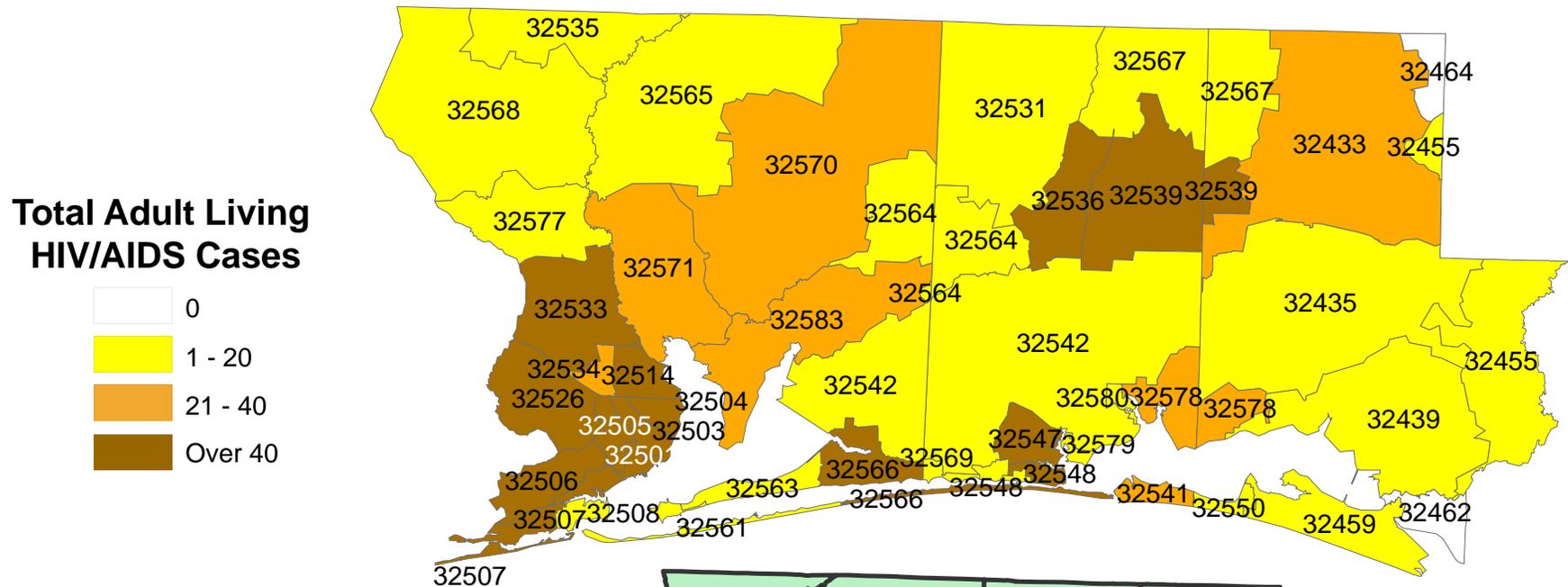
**AIDS
N=20**



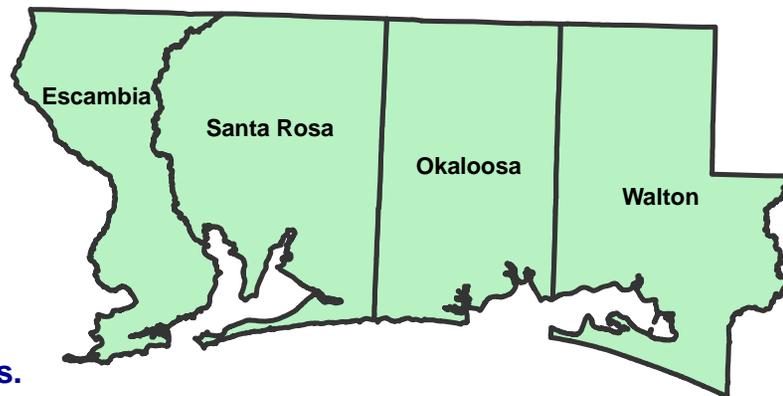
Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported for 2013, heterosexual sex was the highest risk (92% and 95% respectively).

Cases Living with HIV Disease

Adults Living with HIV Disease By Zip Code, Reported through 2013, Partnership 1



N= 1,716

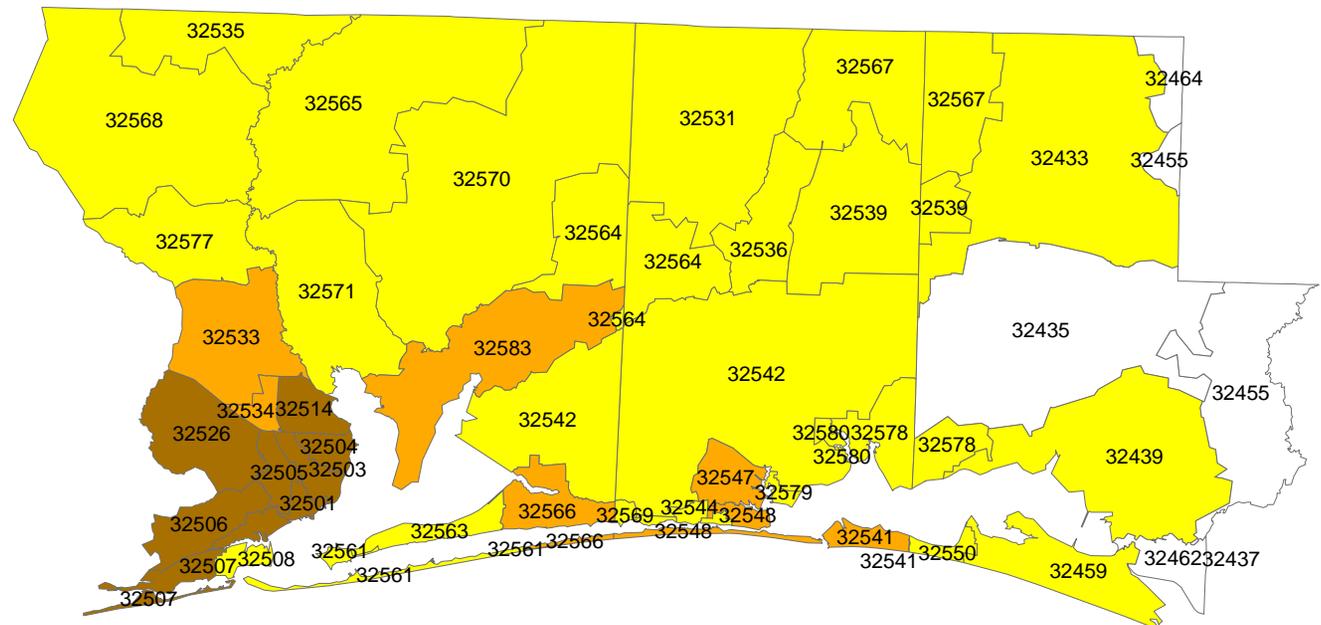
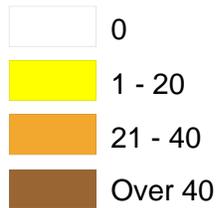


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

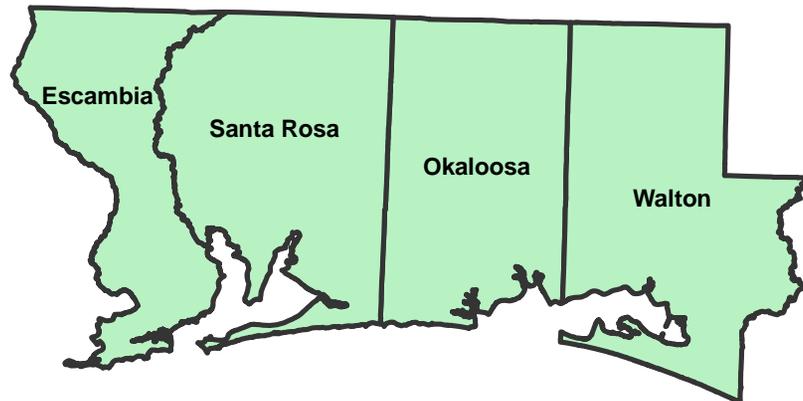


Men who have Sex with Men (MSM)* Living with HIV Disease By Zip Code, Reported through 2013, Partnership 1

Presumed Living MSM HIV/AIDS Cases



N= 954

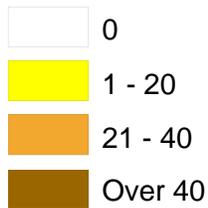


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 04/07/2014

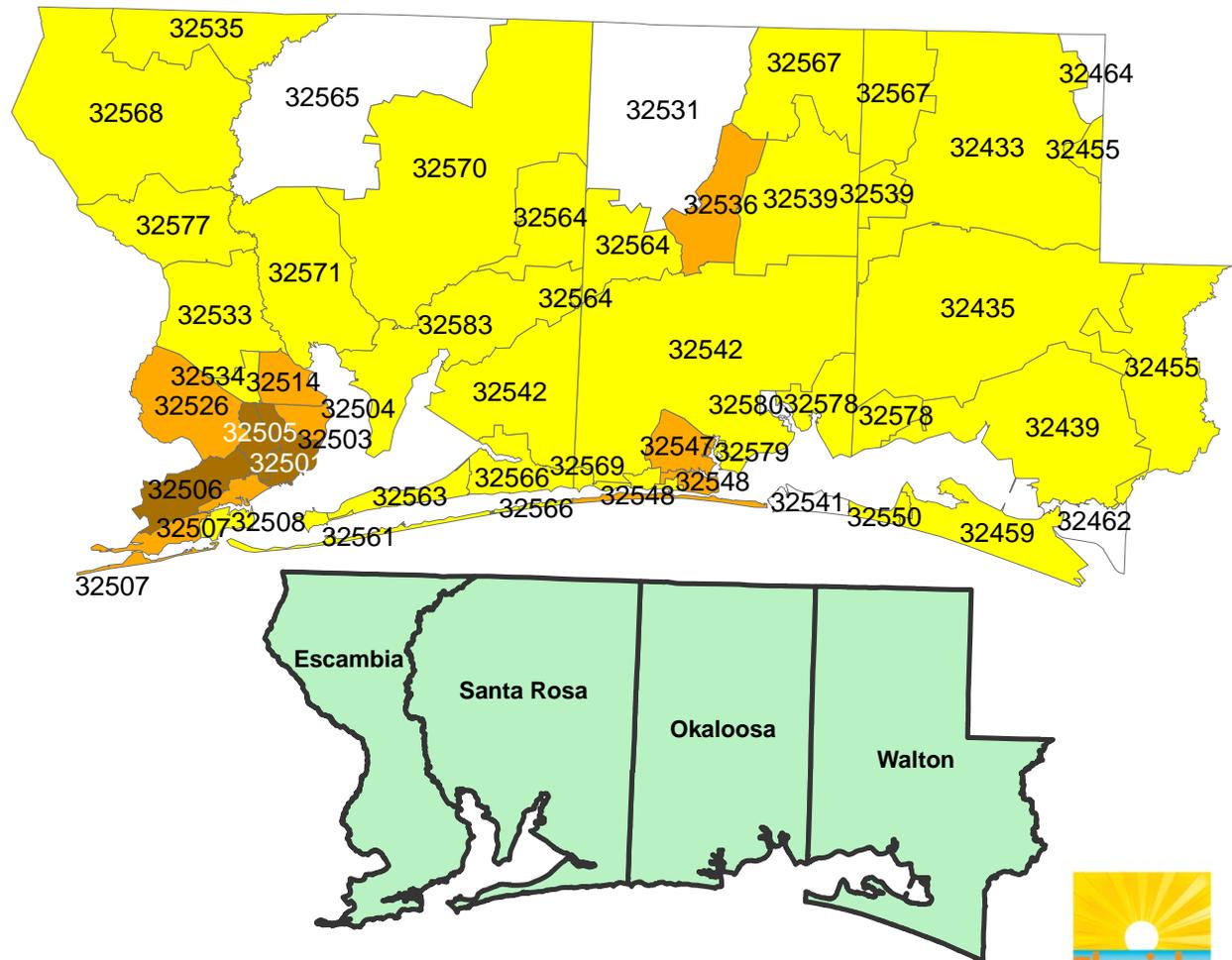


Adult Heterosexuals Living with HIV Disease By Zip Code, Reported through 2013, Partnership 1

Presumed Living Heterosexual HIV/AIDS Cases



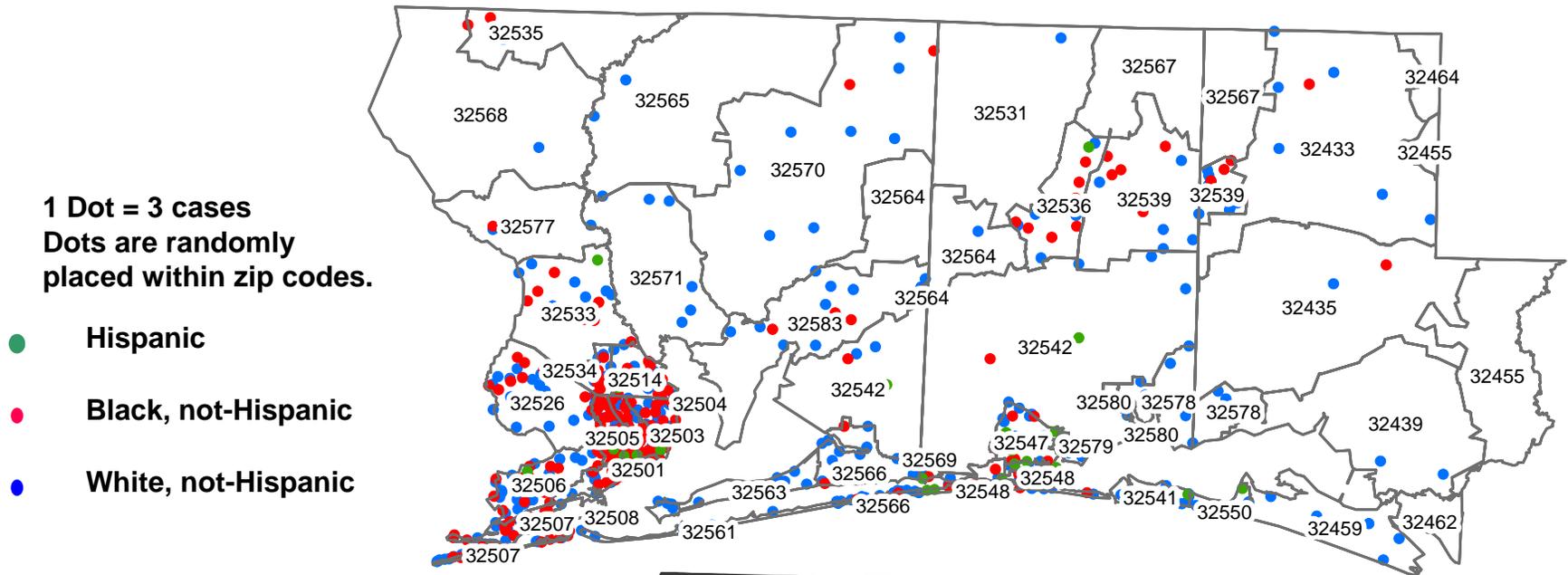
N= 621



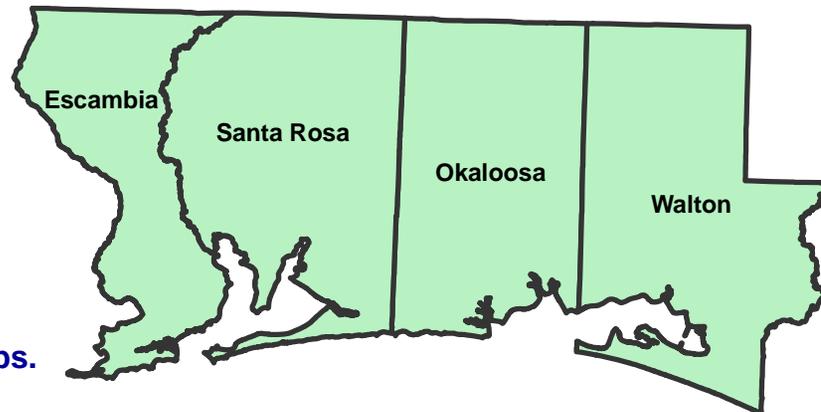
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014



Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Reported through 2013, Partnership 1



N=1,679



Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

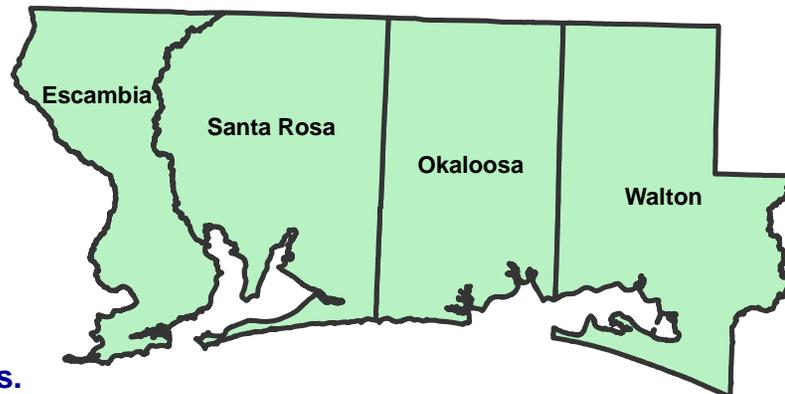
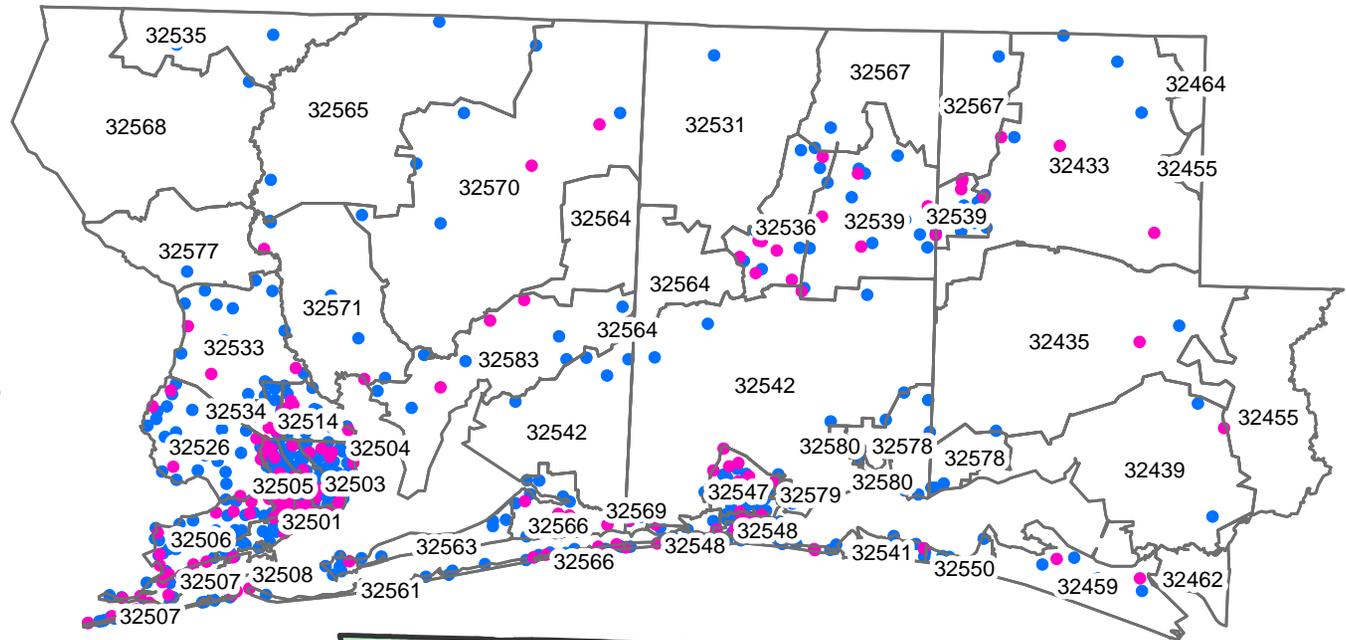


Adults Living with HIV Disease By Zip Code and Sex, Reported through 2013, Partnership 1

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

- Male
- Female

N=1,716

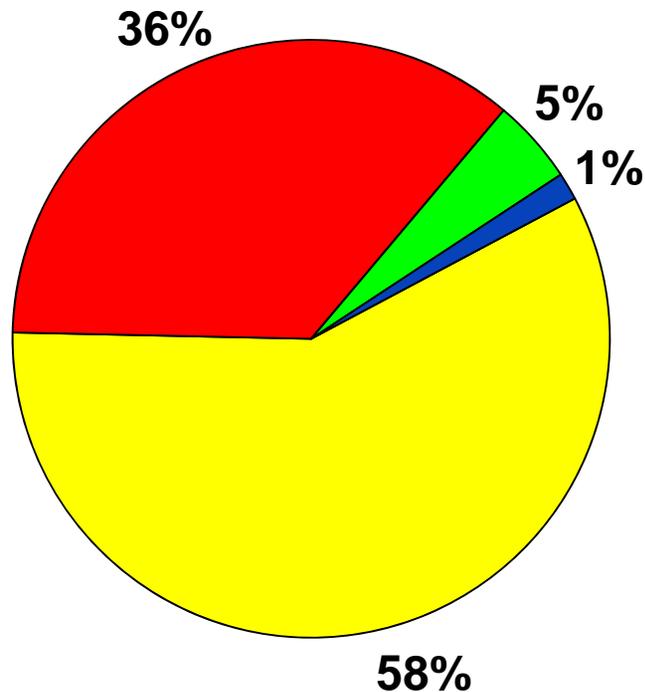


Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/07/2014

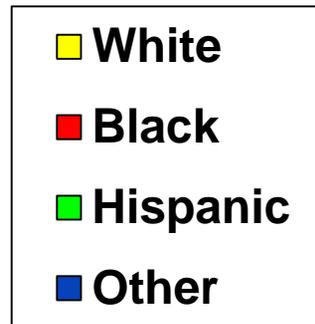
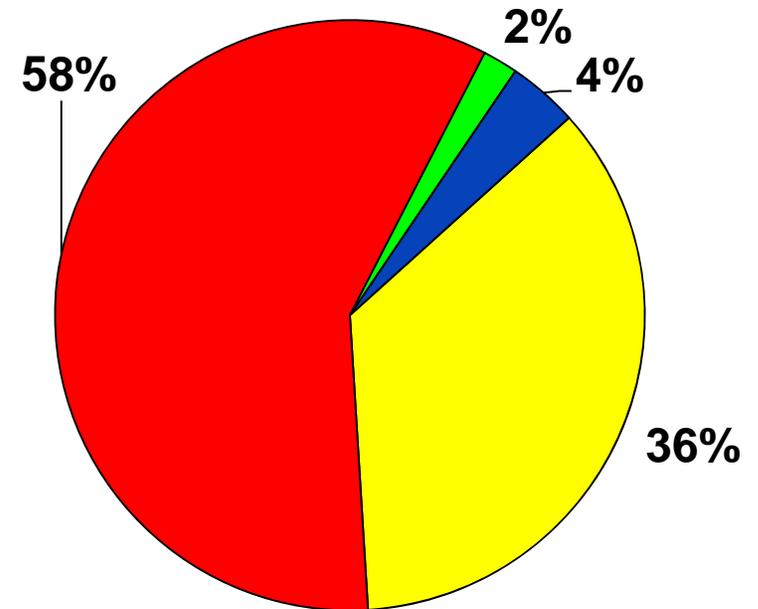


Adults Living with HIV Disease, by Sex and Race/Ethnicity Reported through 2013, Partnership 1

Males
N=1,220



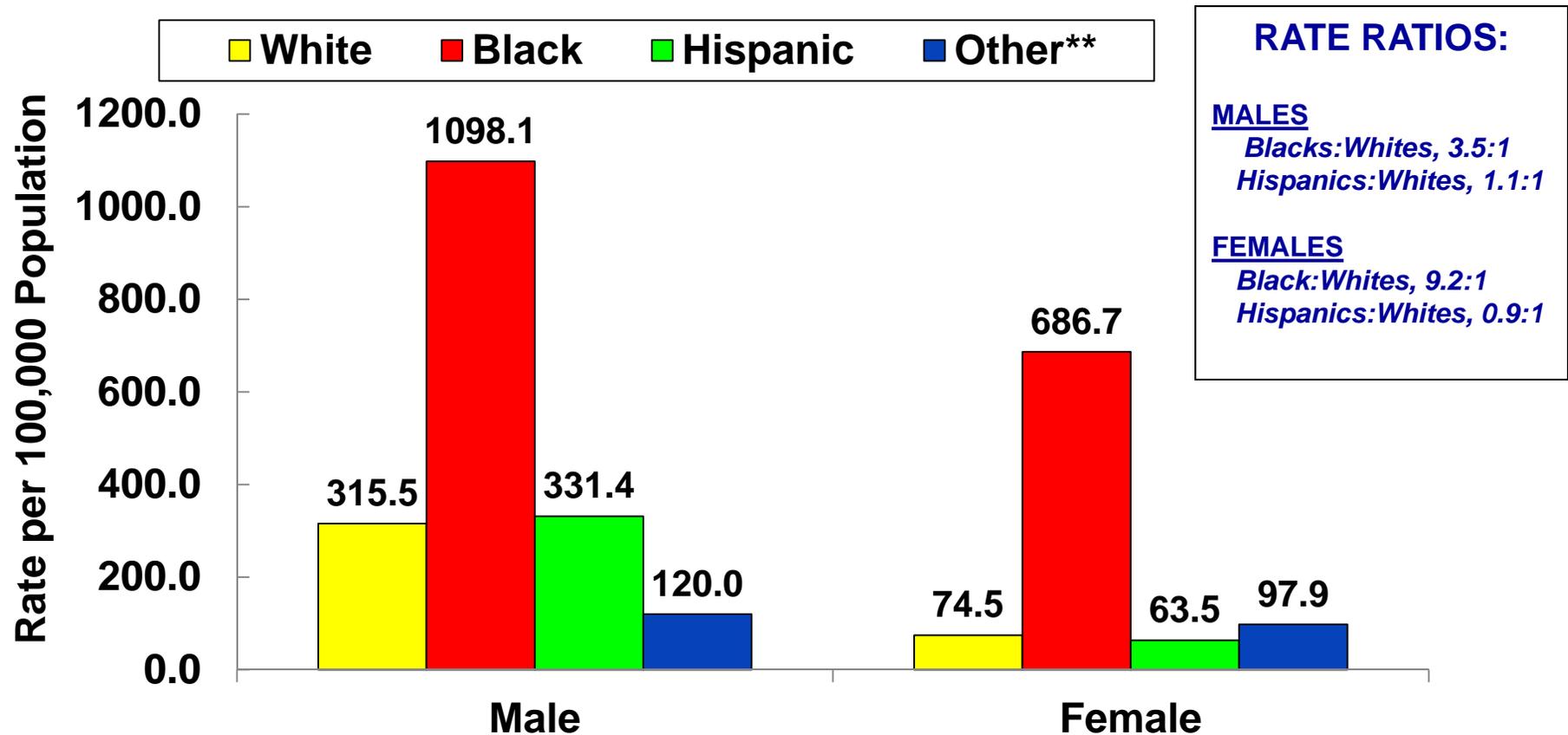
Females
N=468



Note: Among adult males living with HIV disease, whites (58%) represent the race most affected. Among adult females living with HIV disease, blacks (58%) represent the race most affected. *Other includes Asian/Pacific Islanders and Native Alaskans/American Indians and Multi-racial individuals.



Case Rates* of Adults Living with HIV Disease, by Sex and Race/Ethnicity, Reported through 2013, Partnership 1



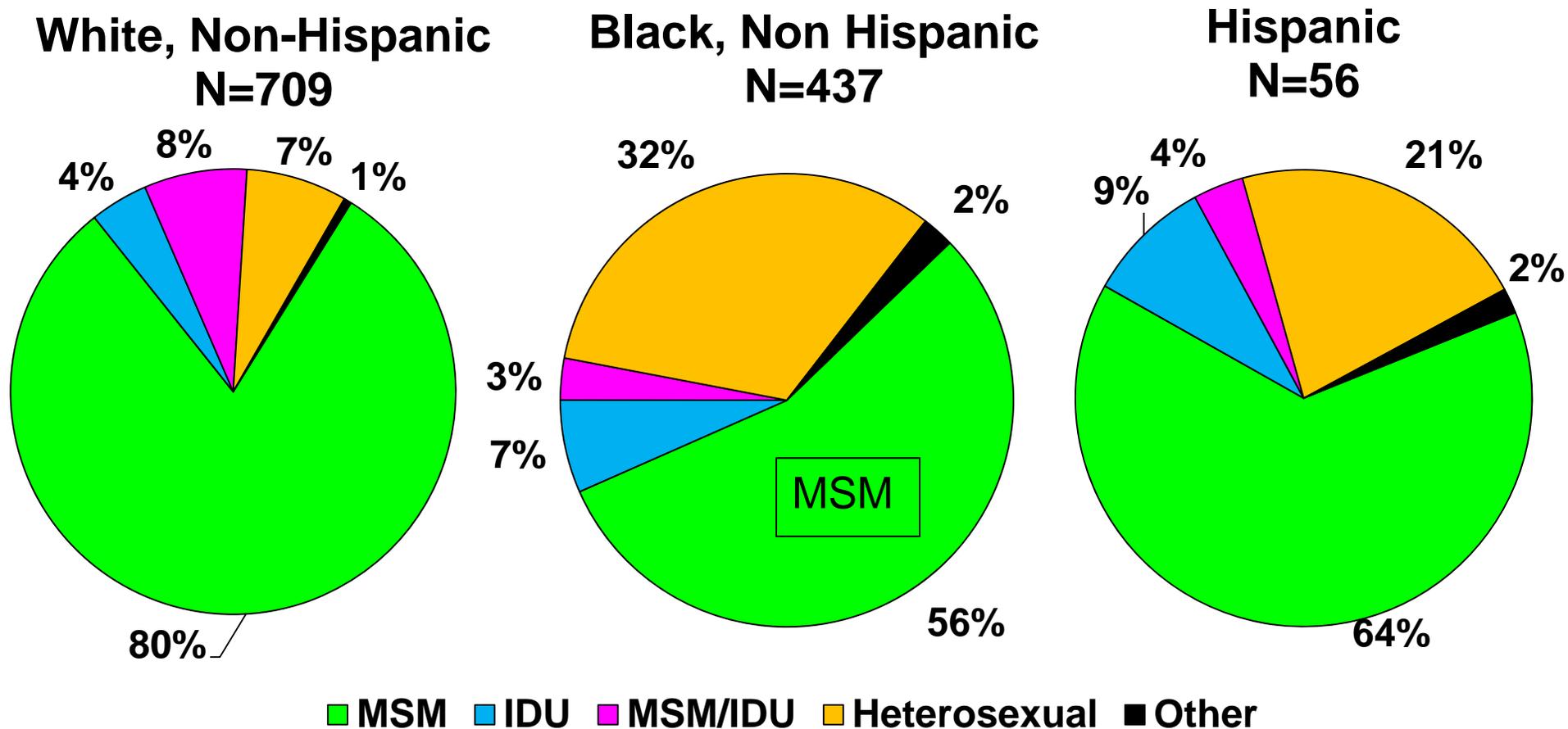
Note: Among black males living with HIV disease, the case rate reported through 2013 is nearly 4 times higher than among the rate among white males. Among black females living with HIV disease, the case rate is 9 times higher than the rate among white females. The case rate among Hispanic males is higher than the rate among their white counterpart. In contrast, the case rate among Hispanic females is lower than the rate among their white counterpart. Data excludes Department of Corrections cases.

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

**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.



Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2013, Partnership 1

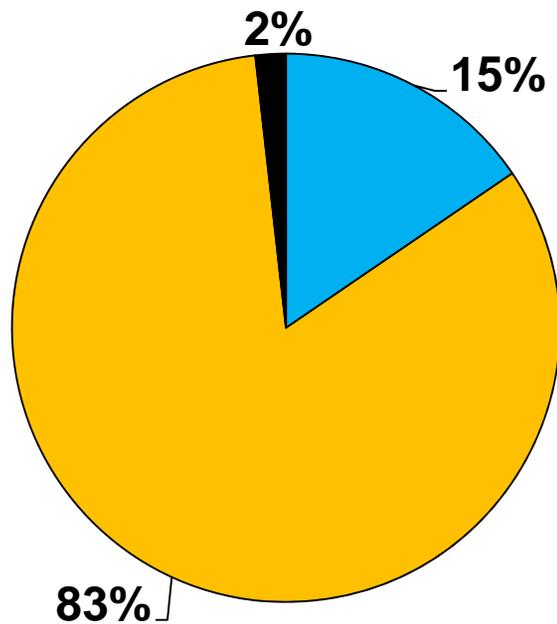


Note: NIRs redistributed. Among males living with HIV disease, the distribution of risk among blacks differs from that among whites and Hispanics. MSM represents the highest risk for all races. White males have the smallest proportion of heterosexual contact cases.

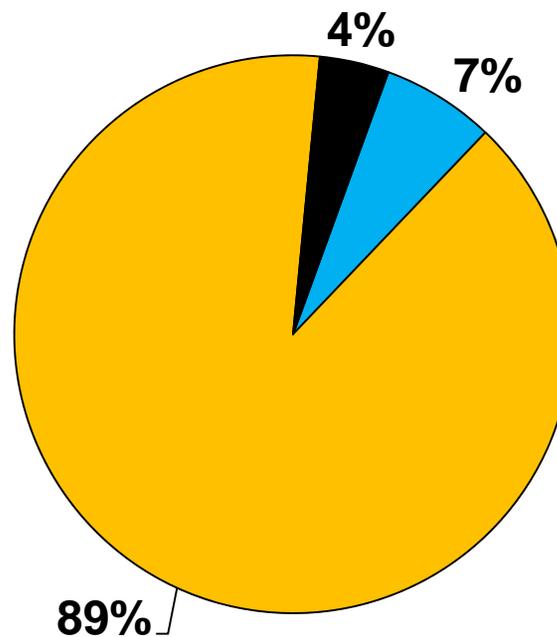


Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2013, Partnership 1

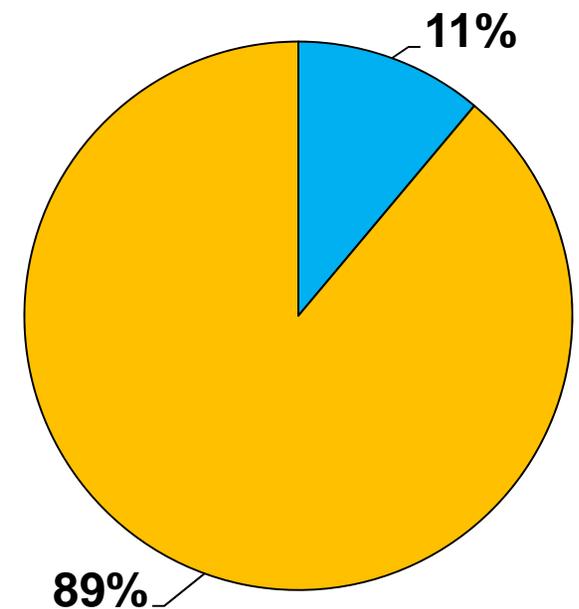
White, Non Hispanic
N=167



Black, Non Hispanic
N=274



Hispanic
N=9

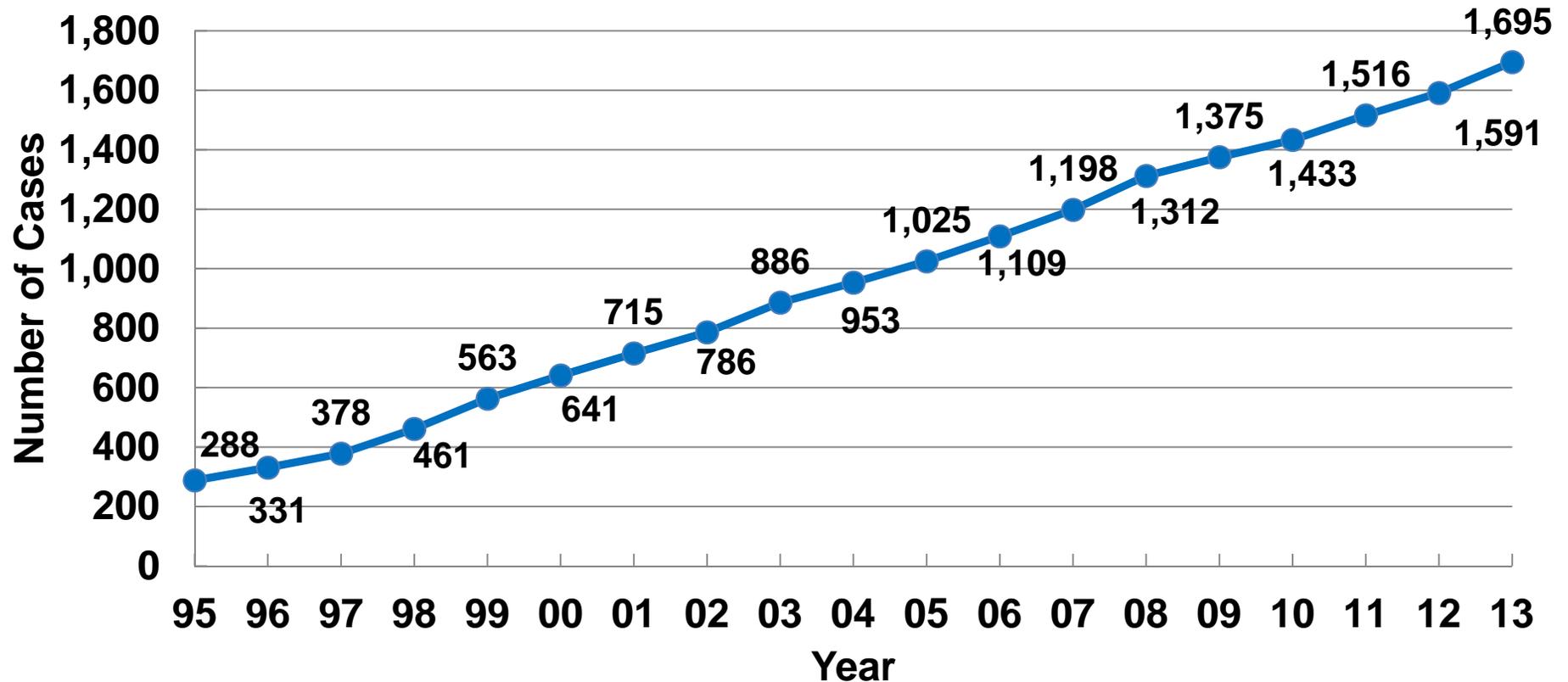


■ IDU ■ Heterosexual ■ Other

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 highest proportion of IDU cases.



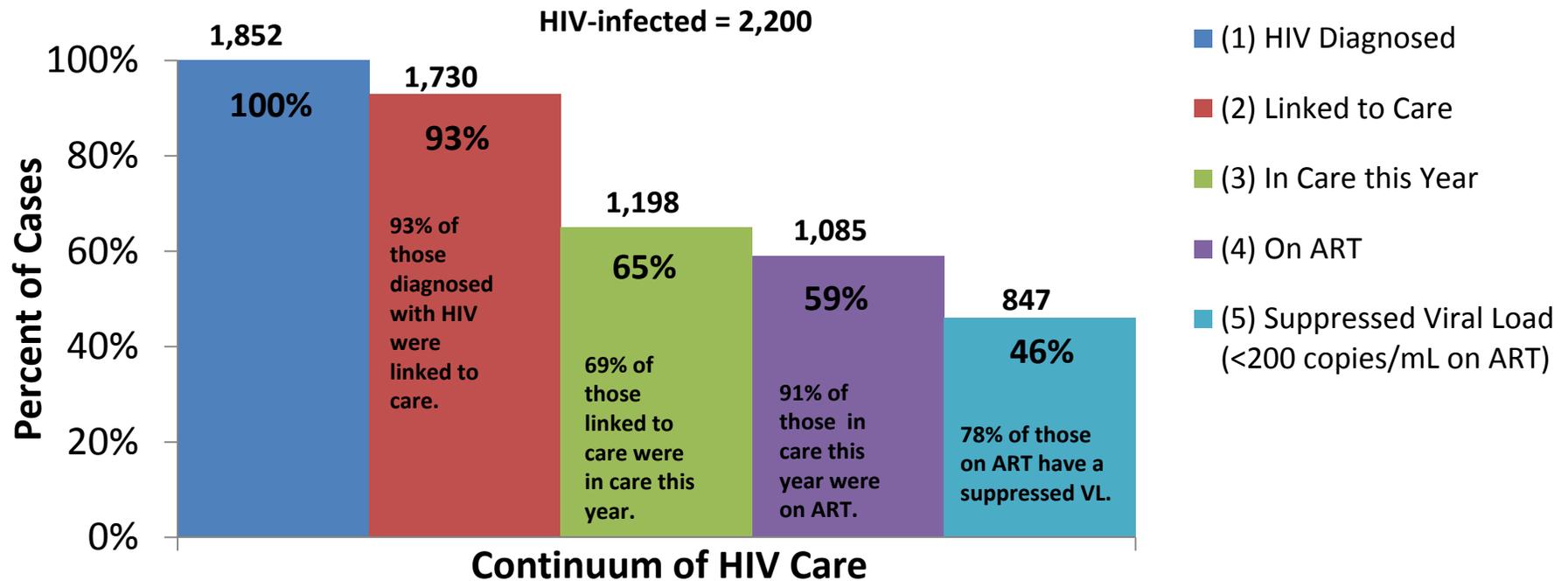
Annual Prevalence of Adults Living with HIV Disease, 1995-2013, Partnership 1



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 485%. In 2013, the prevalence increased by 6.5% from the previous year.



Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 1, 2013



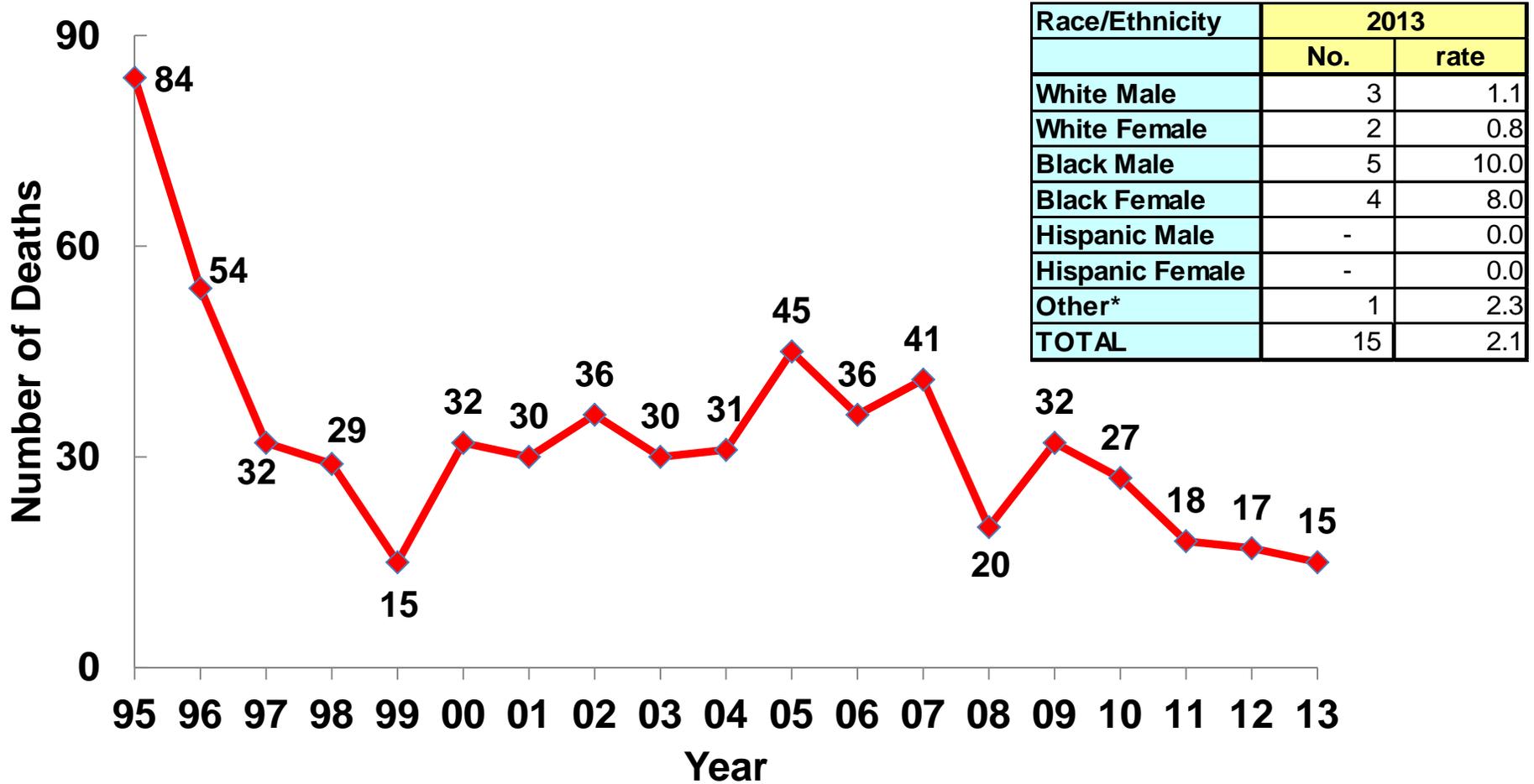
- (1) Number of cases known to be alive and living in Florida through 2013, regardless where diagnosed, as of 06/30/2014 (used for unmet need calculations).
 (2) Ever in Care = 86% of those cases were linked to care, based on persons living with HIV disease in Florida (regardless of where diagnosed) 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%*.)

*Continuum of HIV care among Ryan White HIV/AIDS Program clients, U.S., 2010 (<http://hab.hrsa.gov/data/reports/continuumofcare/index.html>)

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 1



Race/Ethnicity	2013	
	No.	rate
White Male	3	1.1
White Female	2	0.8
Black Male	5	10.0
Black Female	4	8.0
Hispanic Male	-	0.0
Hispanic Female	-	0.0
Other*	1	2.3
TOTAL	15	2.1

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 5/16/2014). Population data are provided by Florida CHARTS.

* Other includes Asian/Pacific Islanders and Native Alaskans/American Indians.



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 1, Dept. of Health, HIV/AIDS Section

Website (Slide sets, Facts Sheets, Monthly Surveillance

Report, Counseling & Testing Data, etc.):

<http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>



“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.”

--Foege WH et al. Int. J of Epidemiology 1976; 5:29-37



Partnership 1 Surveillance Contact

Scott Mickley

Escambia County Health Department

Phone: 850-595-6337

Email: Scott.Mickley@flhealth.gov

Deborah Carty, HIV/AIDS Program Coordinator

Phone: 850-595-0260

Email: Deborah.Carty@flhealth.gov



For Florida HIV/AIDS Surveillance Data
Contact: (850) 245-4444



Lorene Maddox, MPH

Ext. 2613

Tracina Bush, BSW

Ext. 2612

Madgene Moise, MPH

Ext. 2373

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

<http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>

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>