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# HIV/AIDS Epidemiology Partnership 4



**Baker, Clay, Duval,  
Nassau and St. Johns Counties**

**Excluding Dept. of Corrections**

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.**

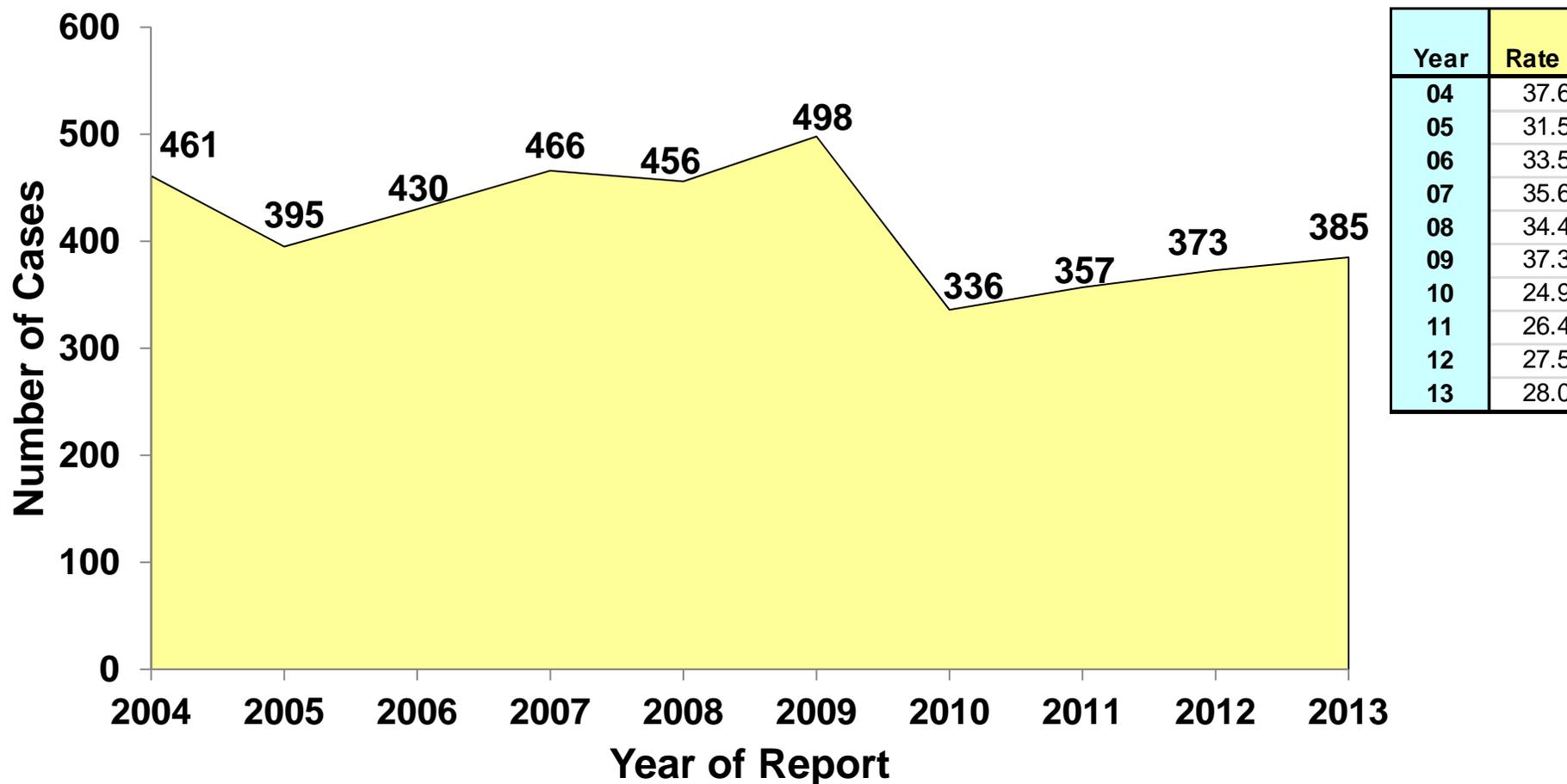
# Snapshot of Persons Reported with HIV Disease, 2013, Partnership 4

	HIV Infection and AIDS Cases Reported in 2013*		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
<b>Total Population, 2013</b>	384	1	385
<b>1,376,940</b>	228	-	228
	*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		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
	2,977	38	3,015
	7,774	78	7,852
	10,751	116	10,867
	**HIV (not AIDS) cases were NOT reportable until 07/1997		
Persons Living with HIV Disease through 2013, as of 06/30/2014:		6,312	



# HIV Infection Cases and Rates\*

## By Year of Report, 2004-2013, Partnership 4



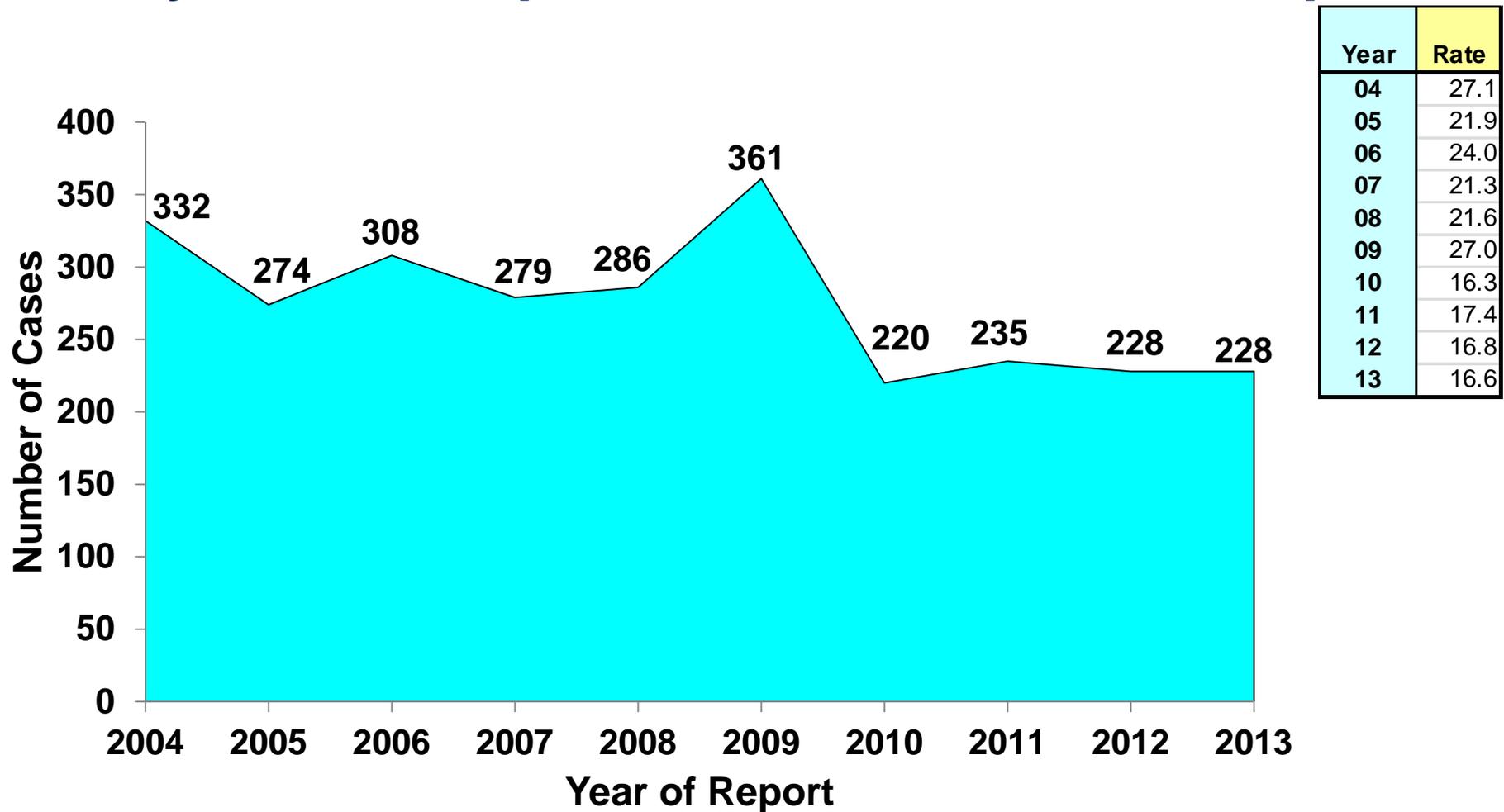
**Note:** Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2009. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by 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 4

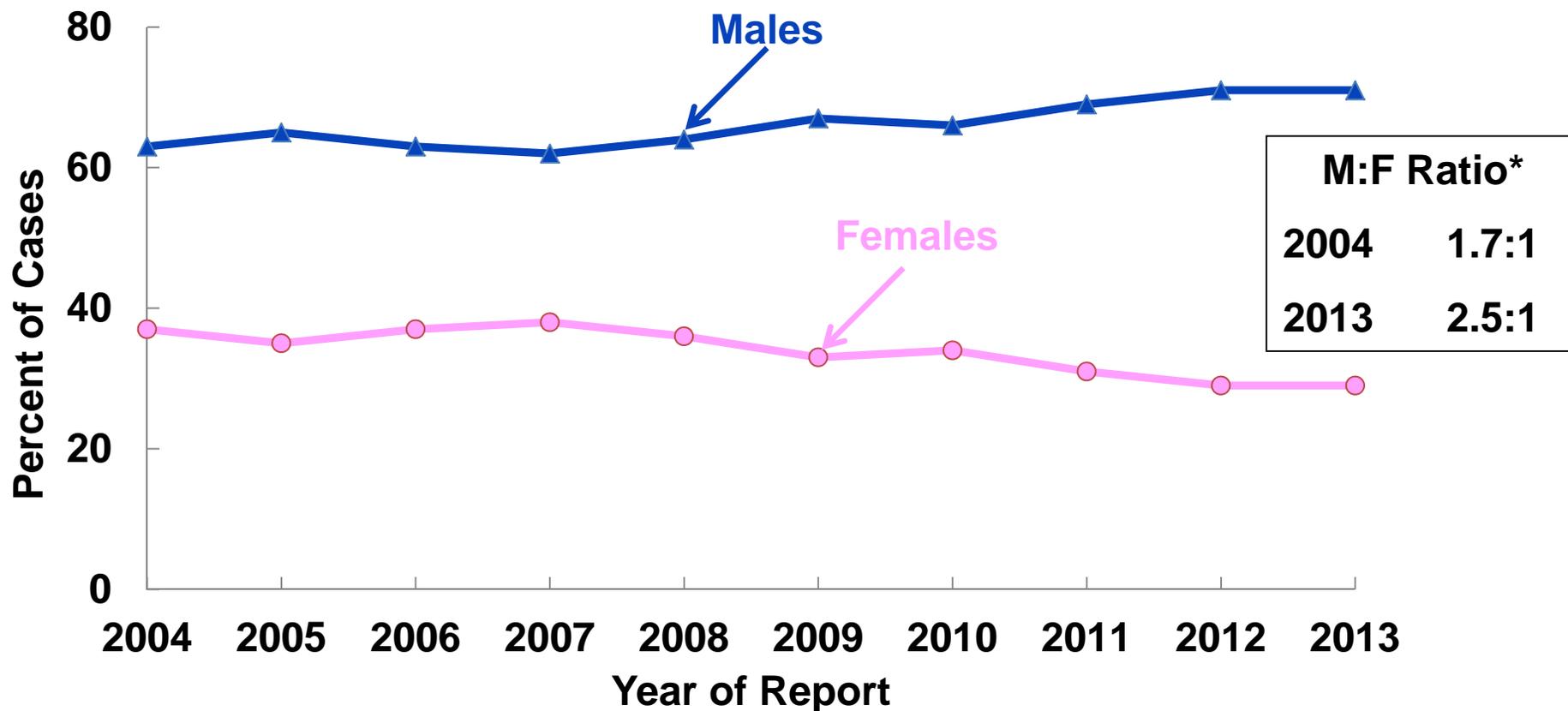


Electronic laboratory reporting delays in late 2007 along with the expansion of electronic lab reporting, contributed to the artificial spike in 2009, followed by an annual approach to leveling. Over the past ten years, the number of AIDS cases have decreased by 31%.

\*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014. Rates are expressed as per 100,000 population.

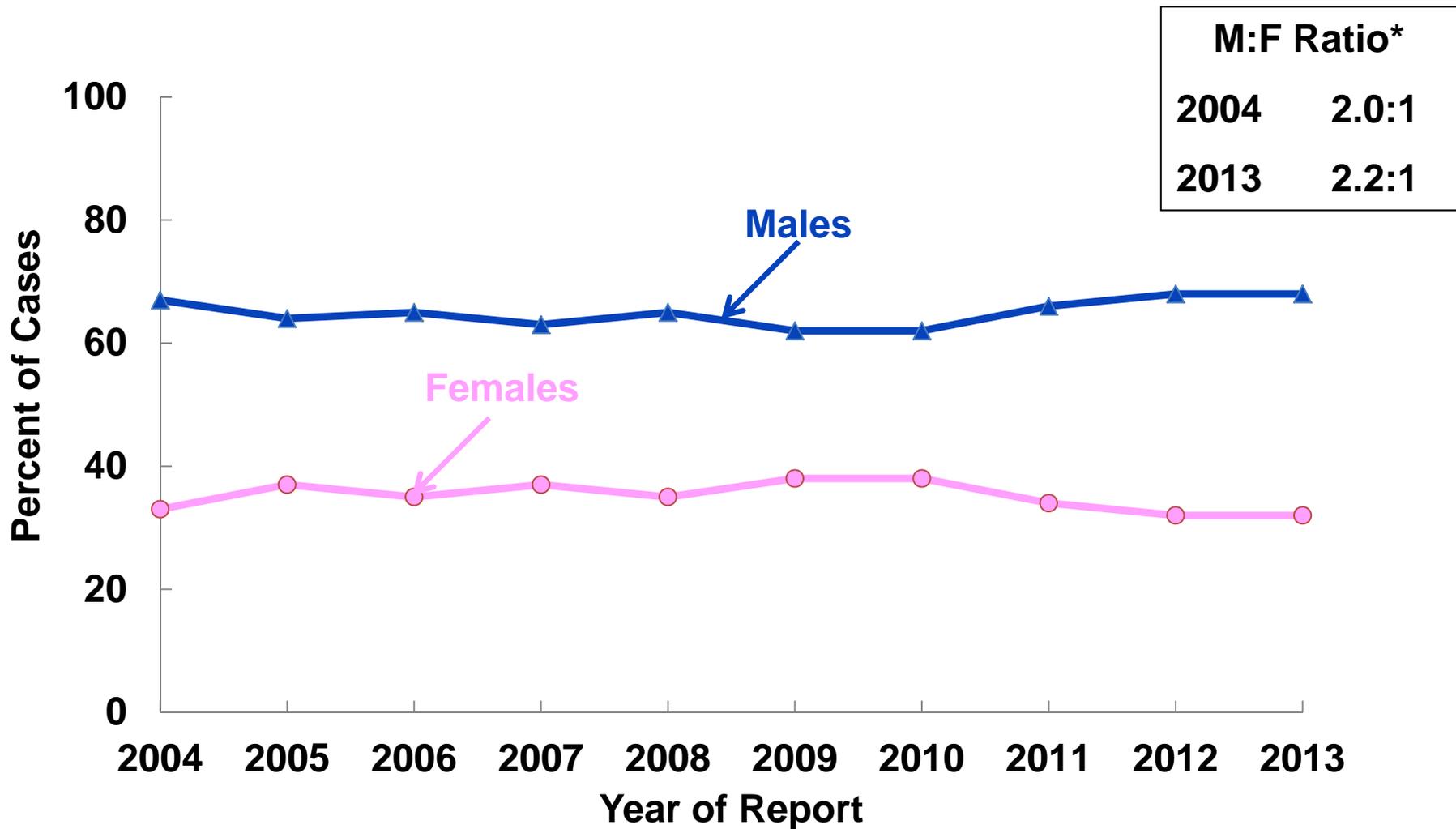


# Adult HIV Infection Cases, by Sex and Year of Report, 2004-2013, Partnership 4



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 4

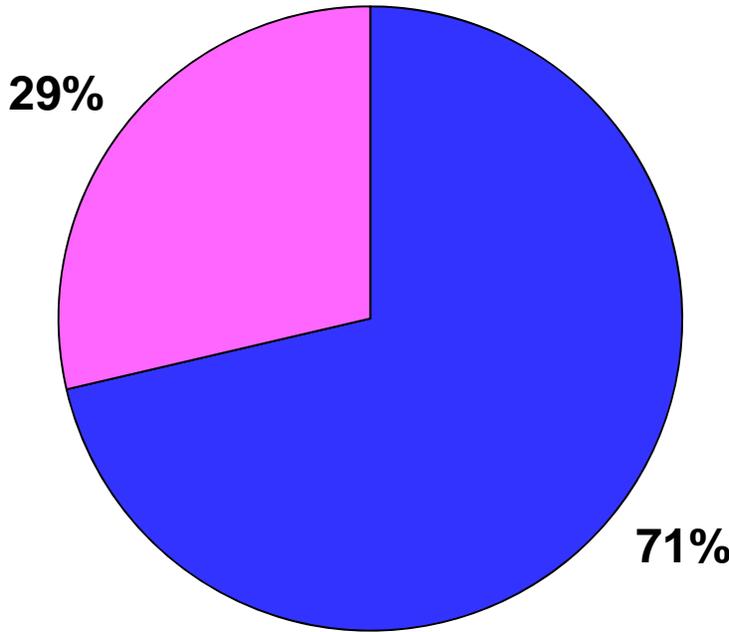


Note: Adult AIDS Cases tend to represent HIV transmission that occurred many years ago. The relative increases in male cases reflect the changing face of the AIDS epidemic over time. \*The male-to-female ratio is the number of cases among males divided by the number of cases among females.

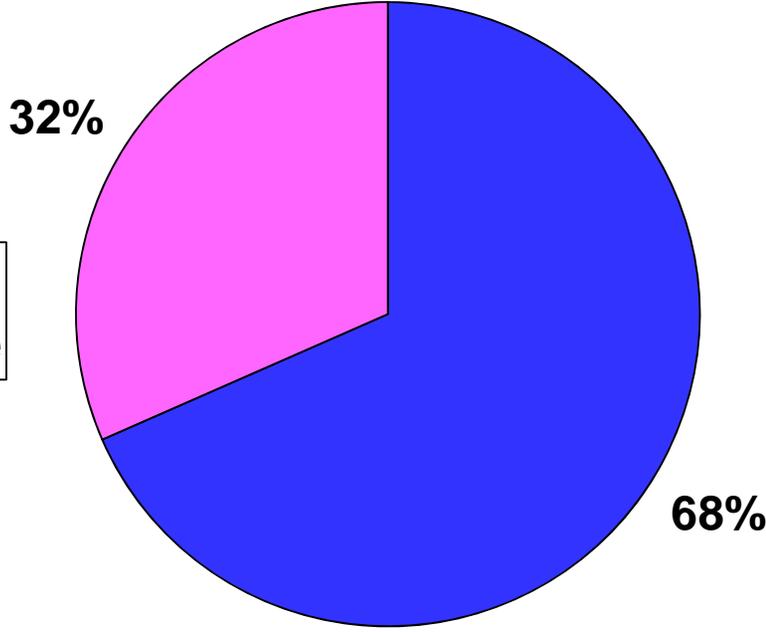


# Adult HIV Infection and AIDS Cases by Sex, Reported in 2013, Partnership 4

**HIV Infection**  
**N=384**



**AIDS**  
**N=228**

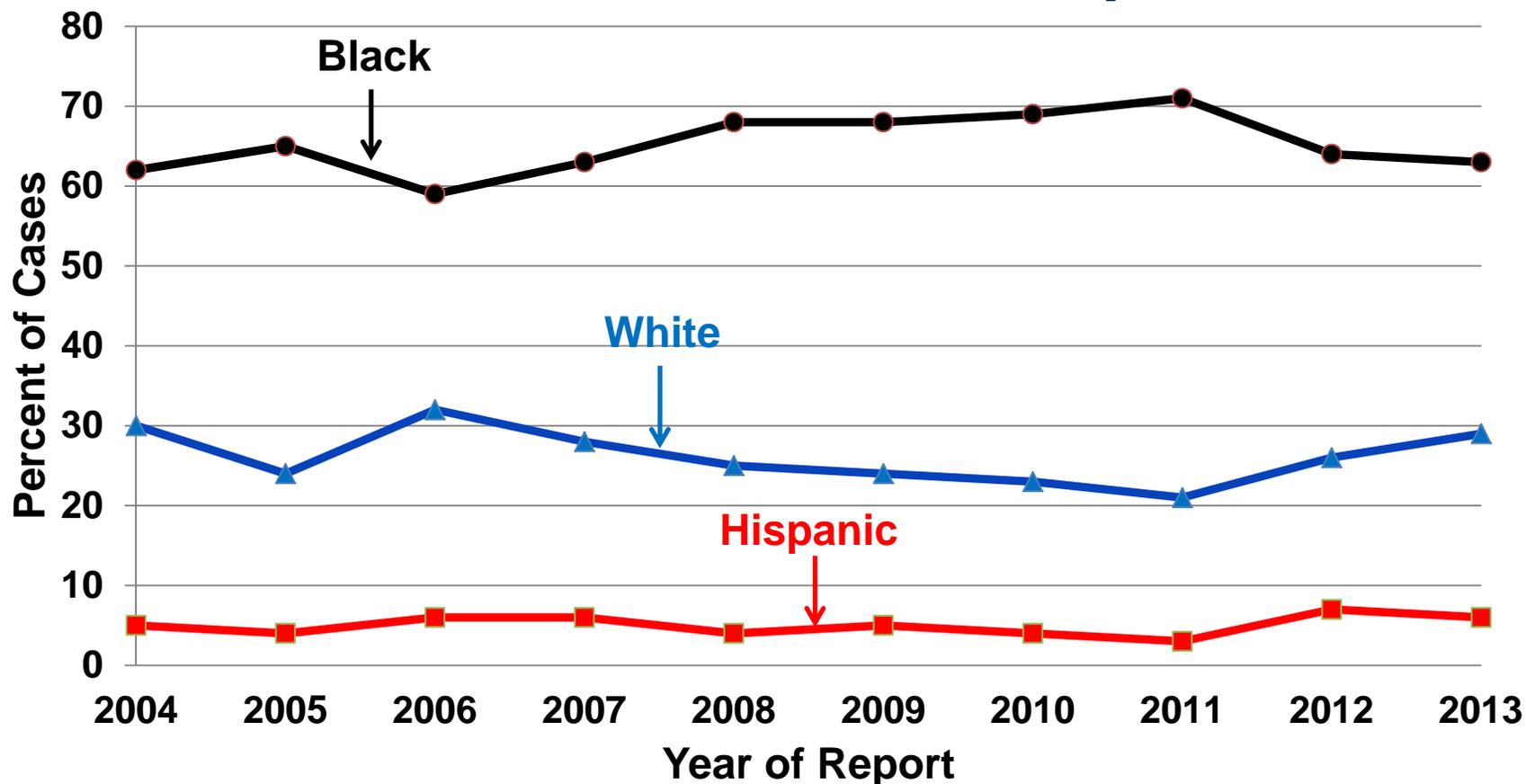


■ Male  
■ Female

Note: Partnership 4's Adult Population is: 48% Male and 52% Female.



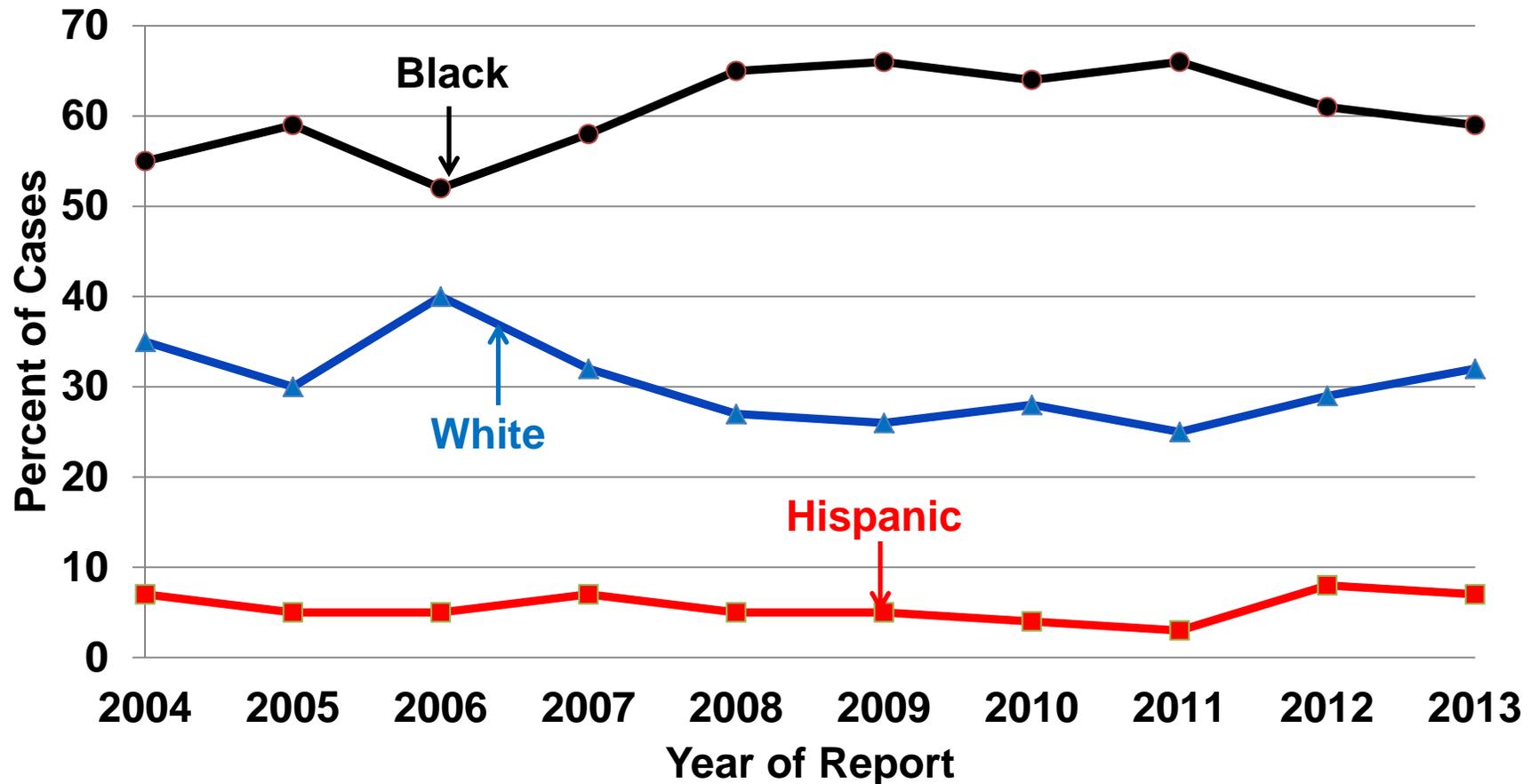
# Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



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 HIV Infection cases decreased by 1 percentage point among whites. In contrast, the proportion of HIV Infection cases increased by 1 percentage point among both blacks and Hispanics, respectively, during the same time period. Other races represent less than 5% of the cases and are not included.

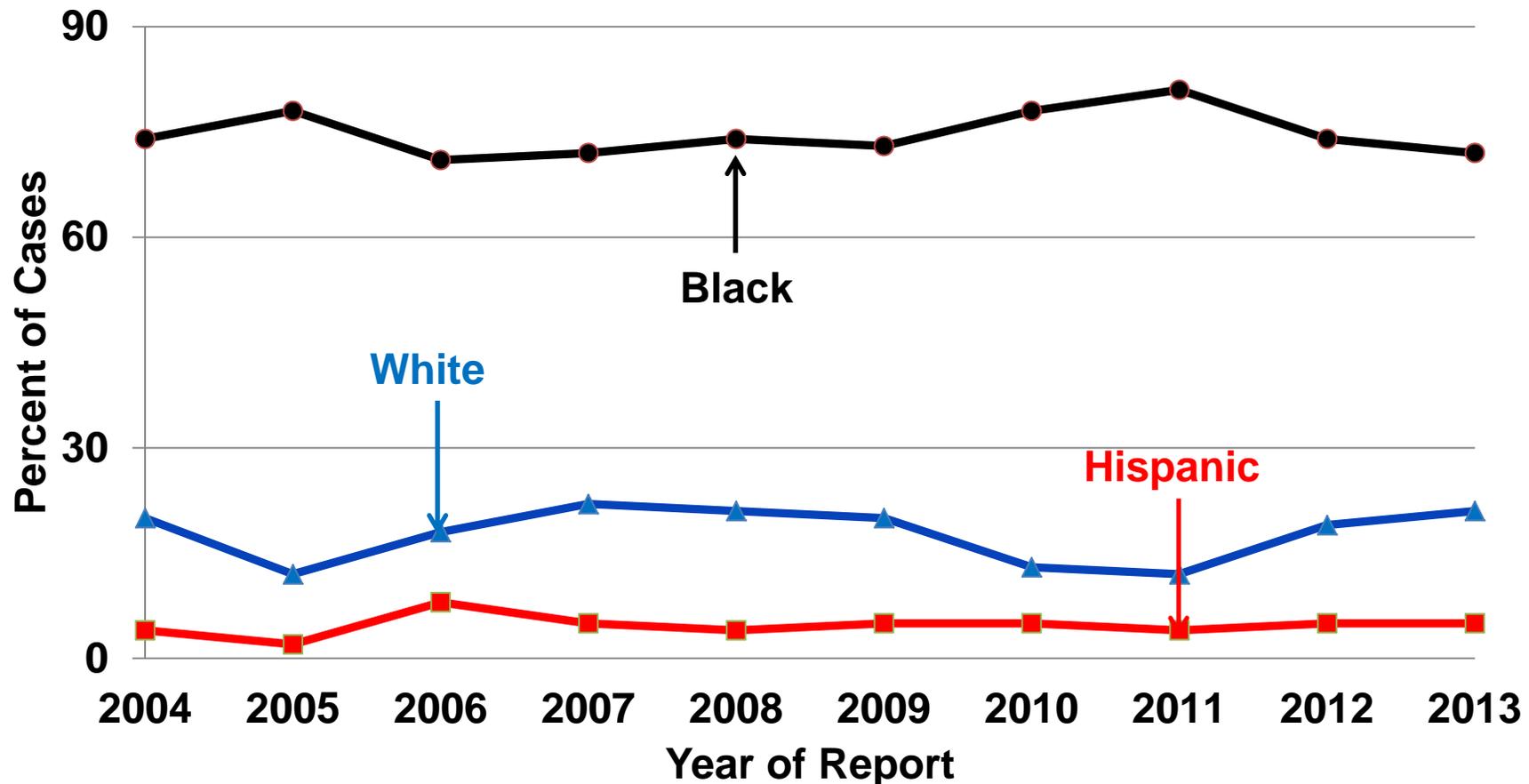


# Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



Note: Blacks represented the majority (> 59%) of male HIV infection cases for most of the years. From 2004 to 2013, the proportion of adult male HIV infection cases among blacks increased by 4 percentage points. In contrast, the proportion of adult male HIV infection cases among whites decreased by 3 percentage points, while no differences were observed among Hispanics during the same time period. Other races represent less than 6% of the cases and are not included.

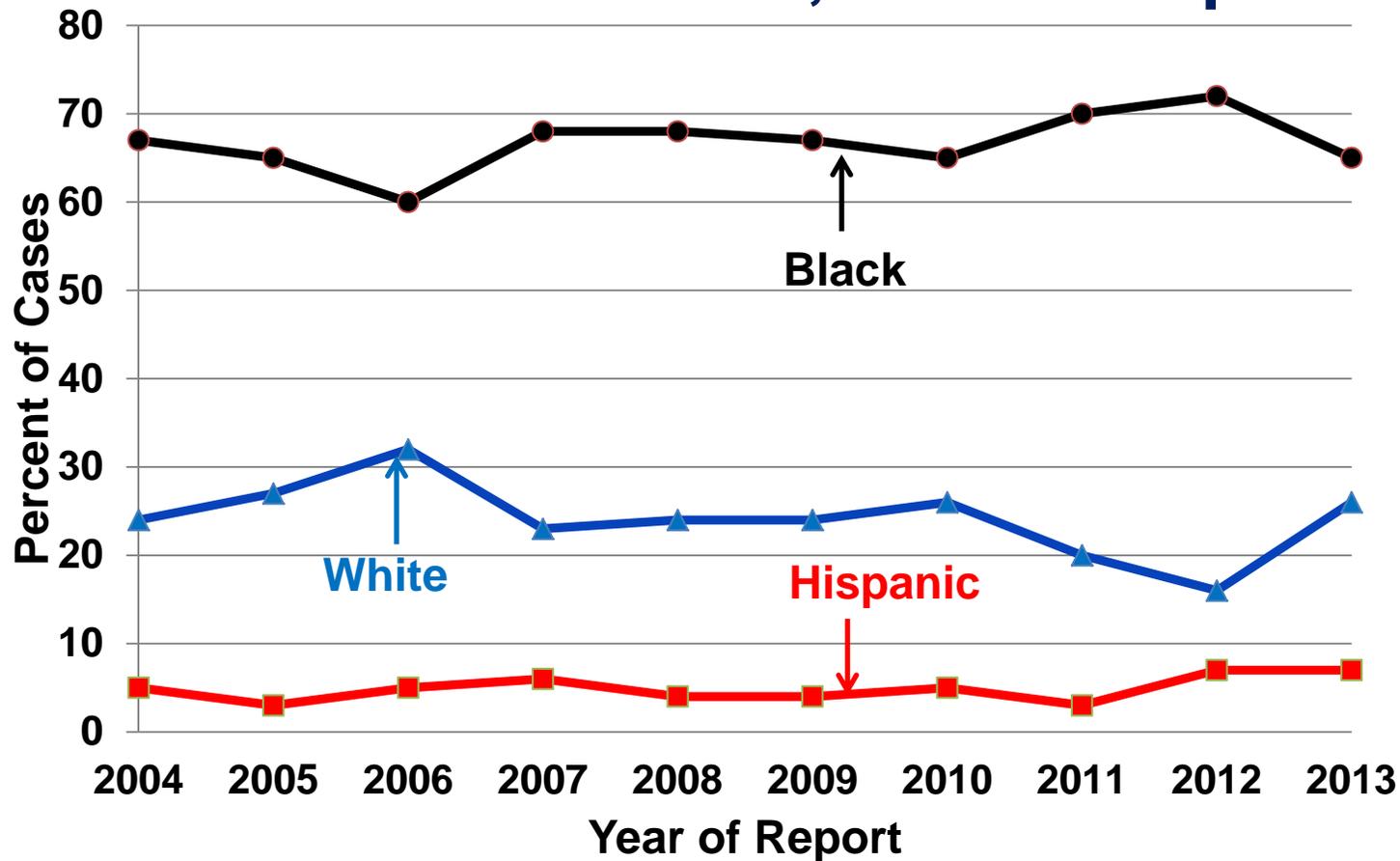
# Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4



Note: HIV case disparities are more evident among women than men. From 2004 to 2013, black women represented 70% or more of the cases each year. Over the past ten years, the proportion of HIV infection cases decreased among black and white females by 2 and 1 percentage points respectively. Conversely, the proportion of HIV infection cases among Hispanic females increased by 1 percentage point, during the same time period. Other races represent less than 8% of the cases and are not included.



# Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 4

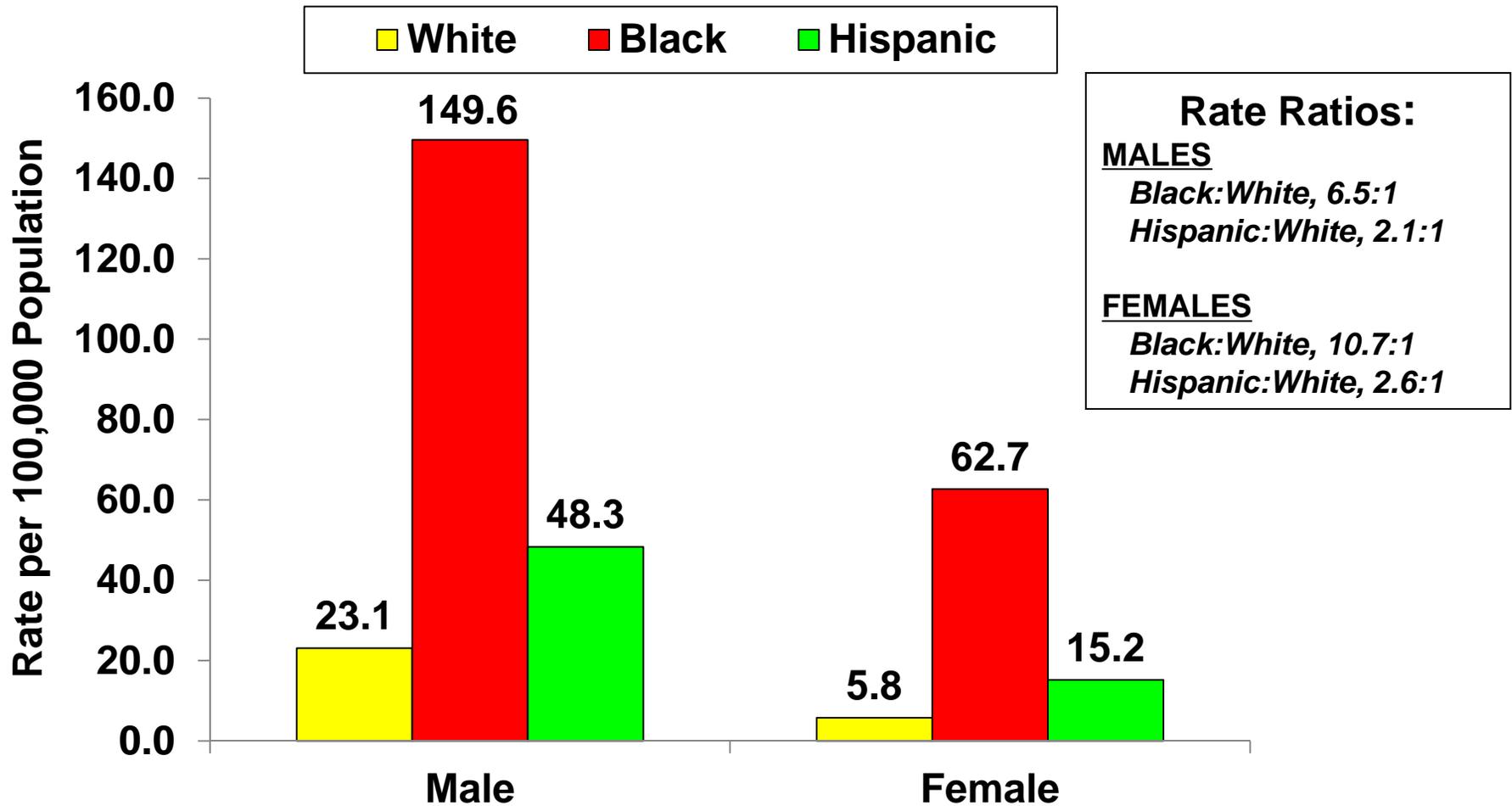


- Factors Affecting Disparities**
- Late diagnosis of HIV.
  - Access to/acceptance of care.
  - Delayed prevention messages.
  - Stigma.
  - Non-HIV STD's in the community.
  - Prevalence of injection drug use.
  - Complex matrix of factors related to socioeconomic status

Note: In 2013, blacks accounted for 68% of adult AIDS cases, but only 20% of the population. From 2004 to 2013, the proportion of adult AIDS cases among blacks decreased by 2 percentage points. In contrast, the proportion of adult AIDS cases increased by 2 percentage points among both whites and Hispanics, respectively, during the same 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 4

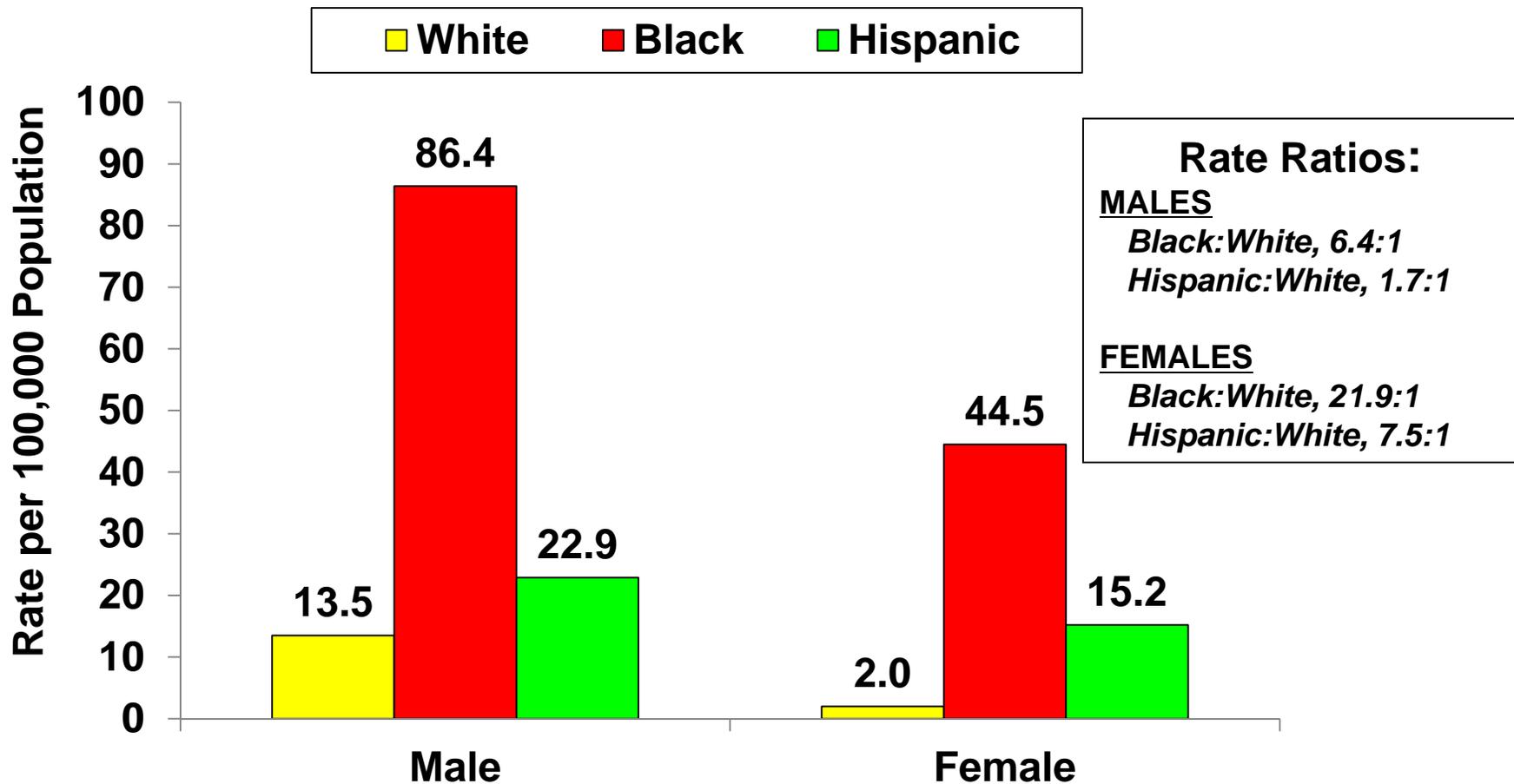


Note: Among black males, the HIV infection case rate is nearly 7 times higher than the rate among white males. Among black females, the HIV case rate is nearly 11-fold greater than the rate among white females. Among Hispanic males and females, the HIV case rates are higher than the rates among their white counterparts.

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



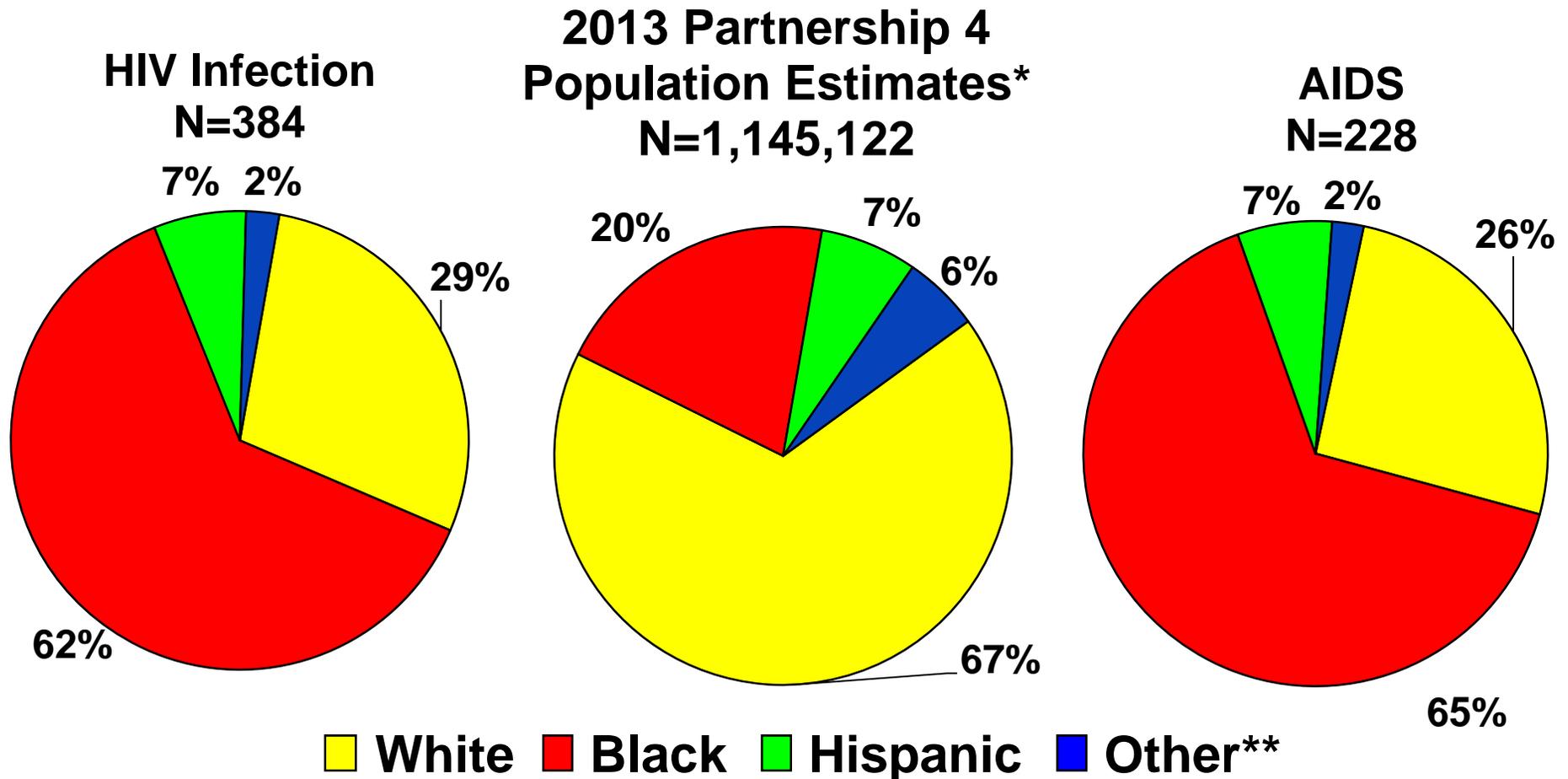
# Adult AIDS Case Rates\* by Sex and Race/Ethnicity, Reported in 2013, Partnership 4



Note: Among black males, the AIDS case rate is 6 times higher than the rate among white males. Among black females, the AIDS case rate is nearly 22-fold greater than the rate among white females. Hispanic male and female rates are higher than the rates among their white counterparts. \*Source: 2013 Partnership 4 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 4



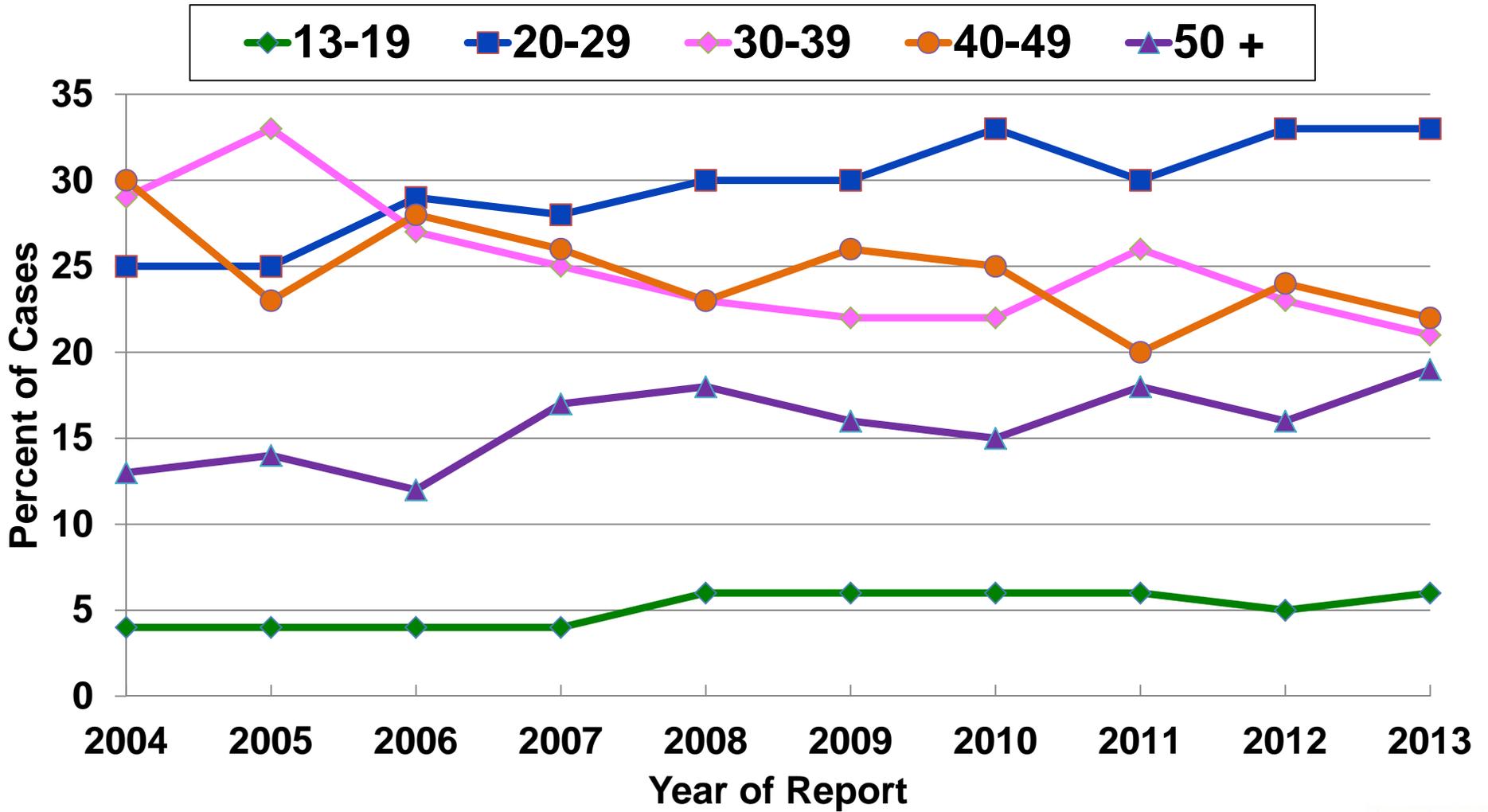
**Note:** In this snapshot for 2013, blacks are over-represented among the HIV and AIDS cases, accounting for 62% of adult HIV cases and 65% of adult AIDS cases, but only 20% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage 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.



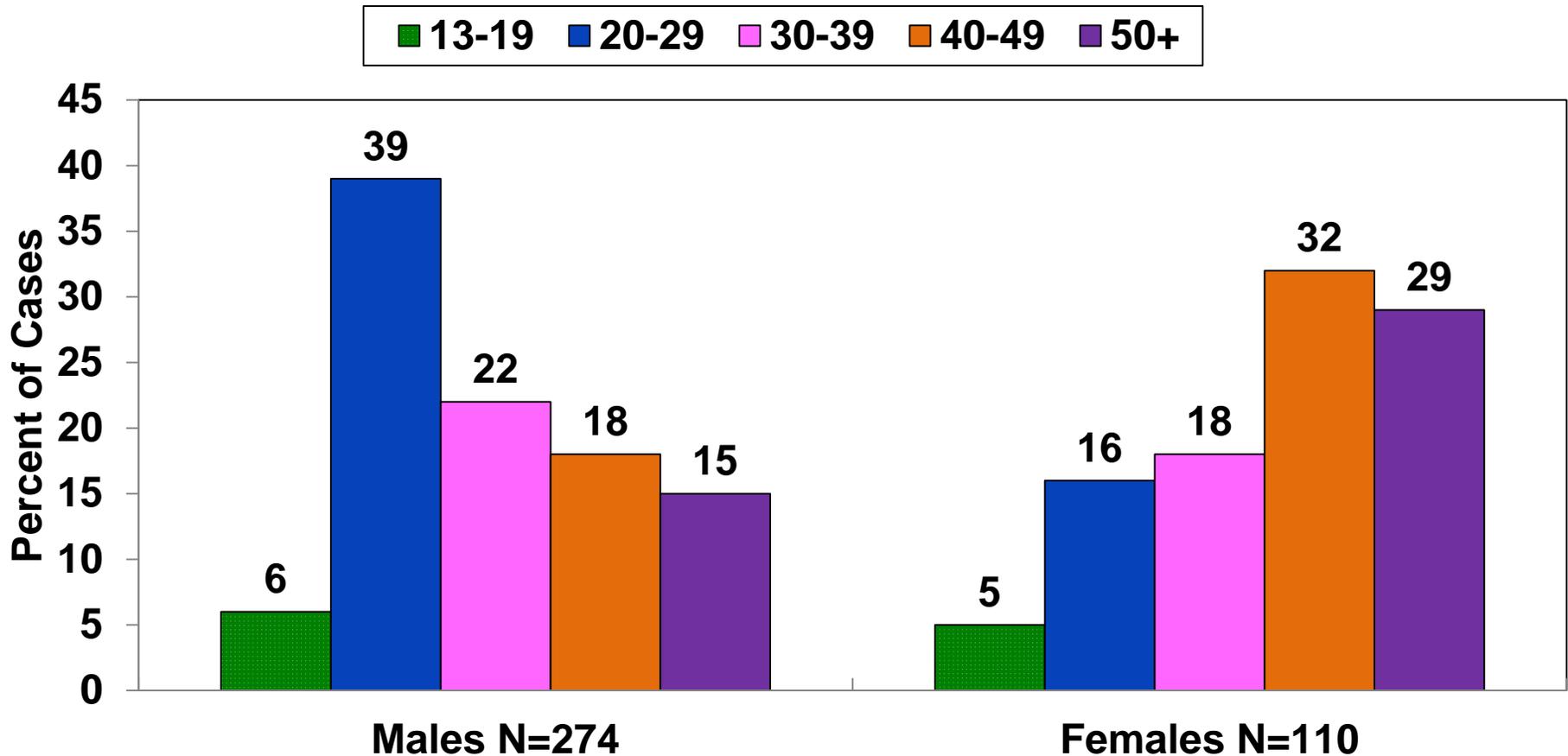
# Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2004–2013, Partnership 4



Note: From 2004 to 2013, the proportion of adult HIV infection cases among those aged 13-19, 20-29 and 50+, increased by 2, 8 and 5 percentage points, respectively.



# Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2013, Partnership 4

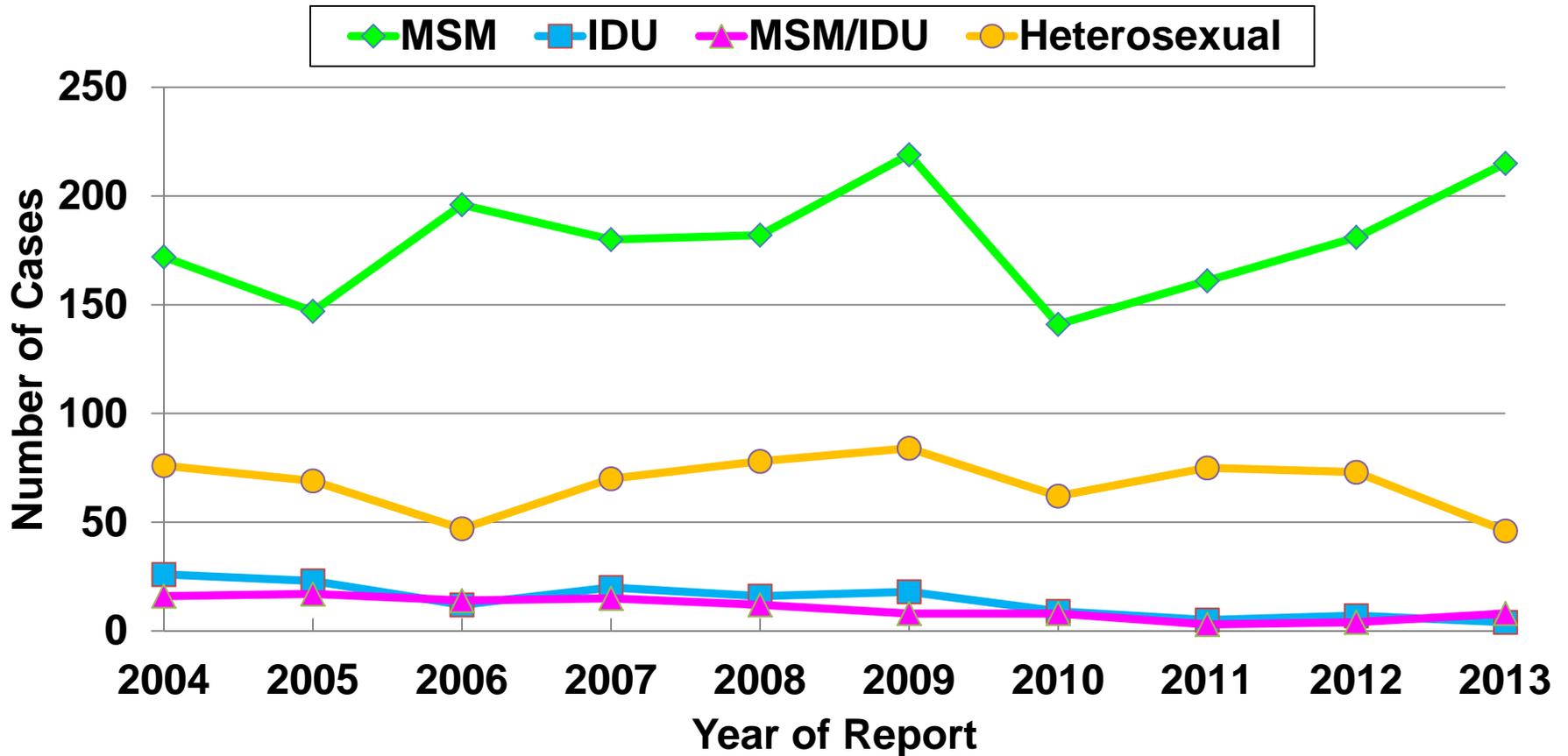


Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the largest proportion of HIV infection cases, recent estimates show that among males, 39% of HIV infection cases occur among those aged 20-29, whereas among females 32% of HIV infection cases occur among those aged 40-49.

# 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 and 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.

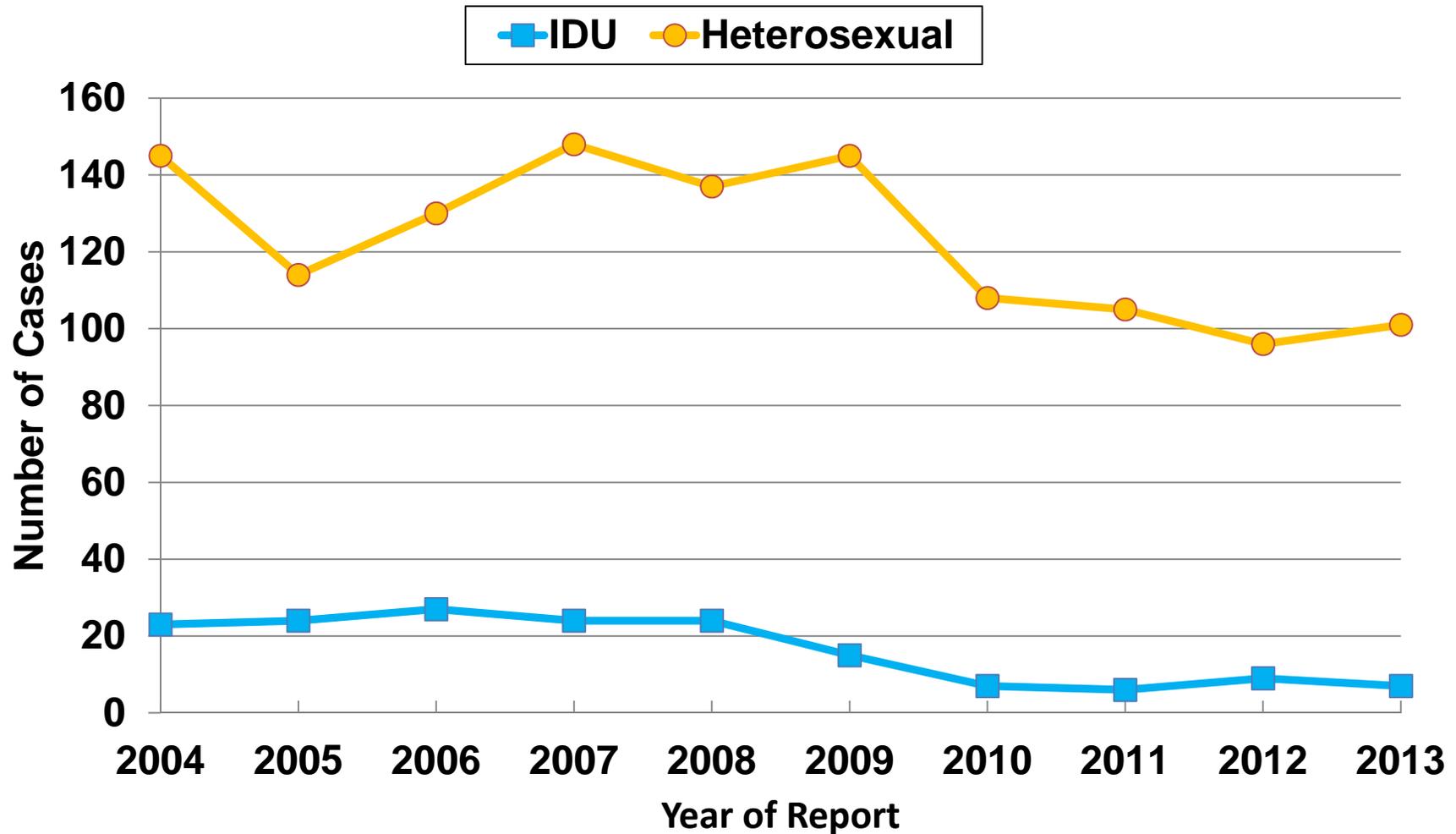
# Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2004–2013, Partnership 4



Note: NIRs redistributed. Men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 4, followed by heterosexual contact.



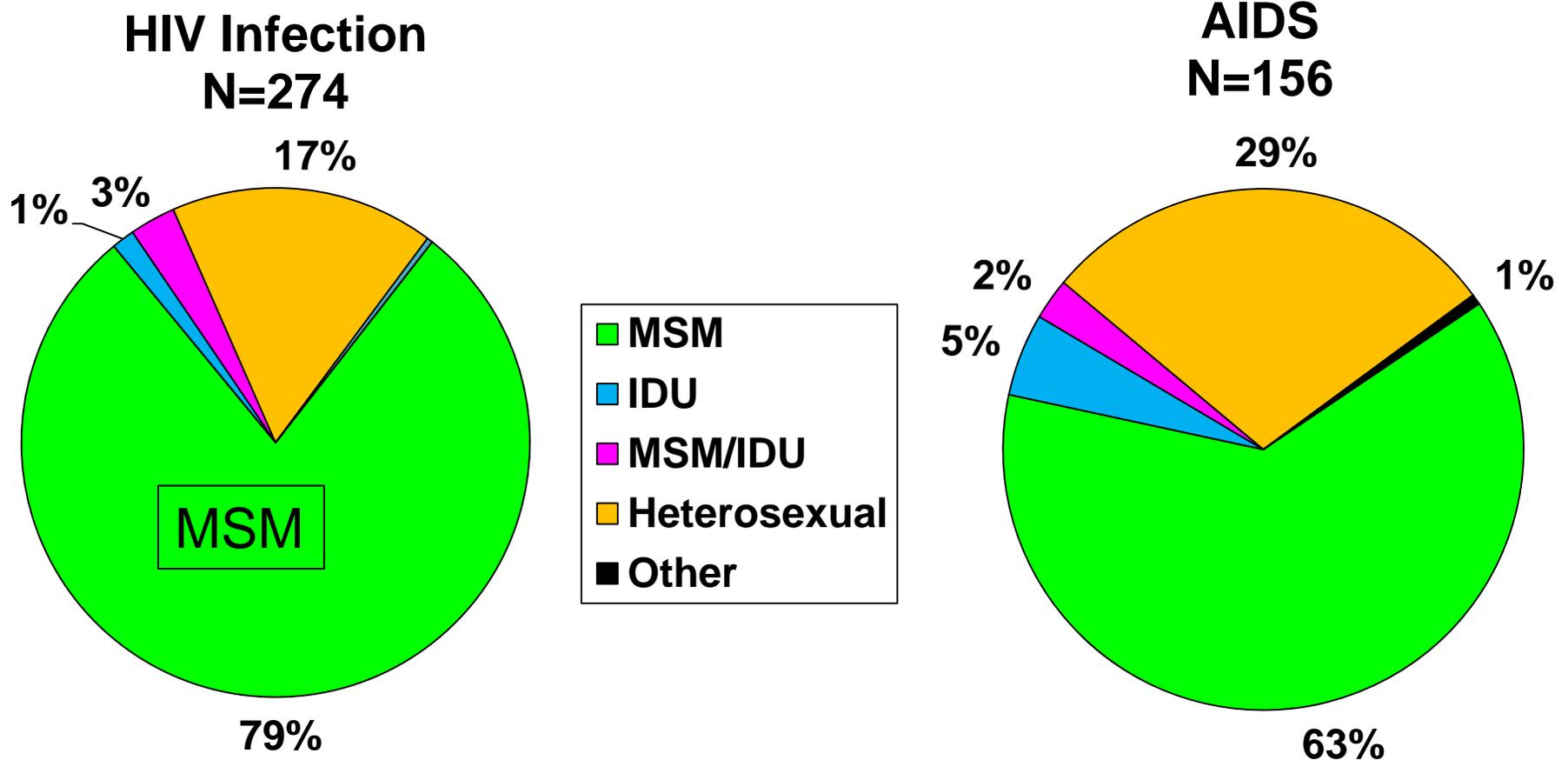
# Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 4



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

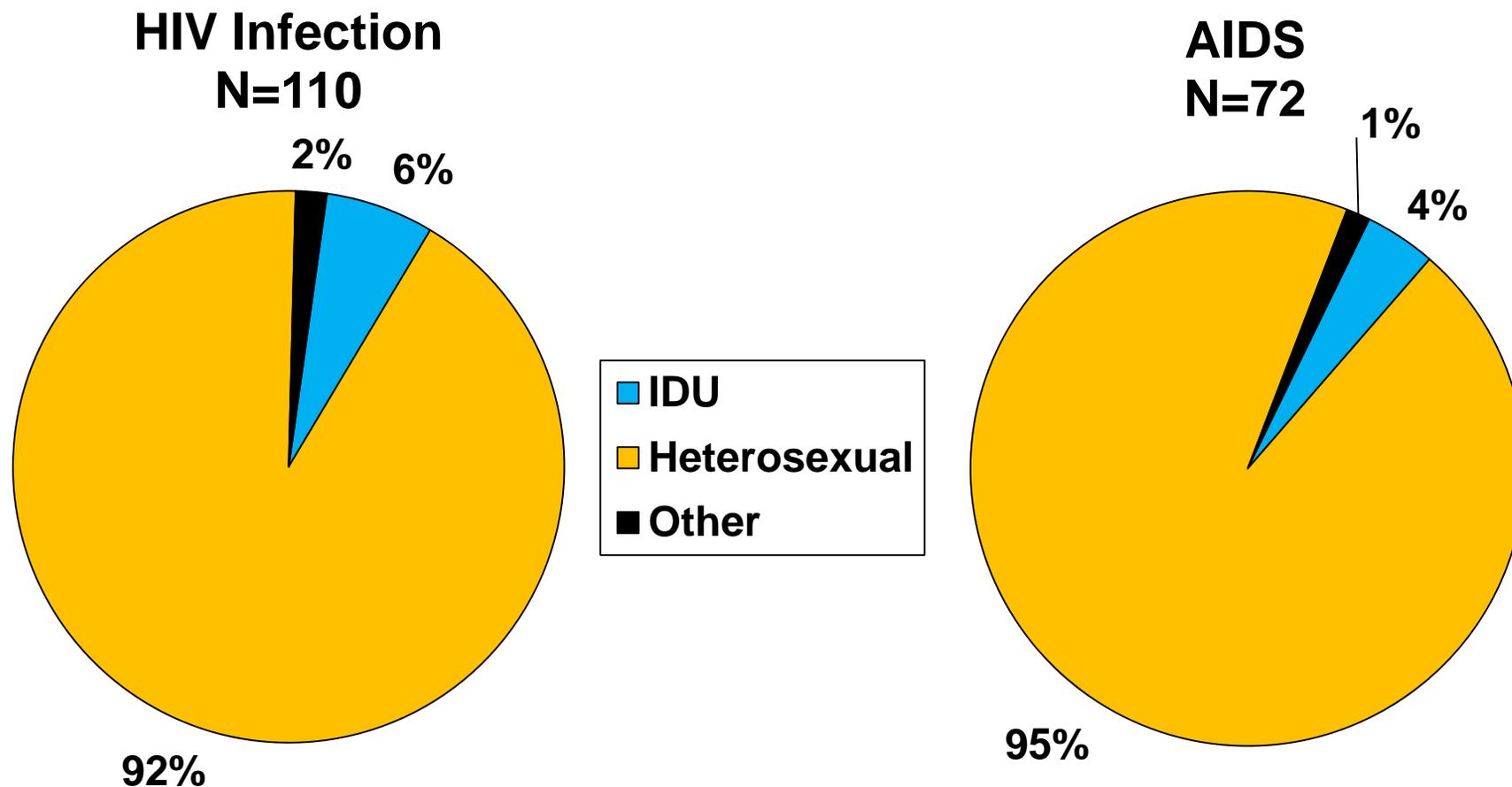


# Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2013, Partnership 4



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 (79% and 63% respectively) followed by cases with a heterosexual risk (17% for HIV and 29% for AIDS).

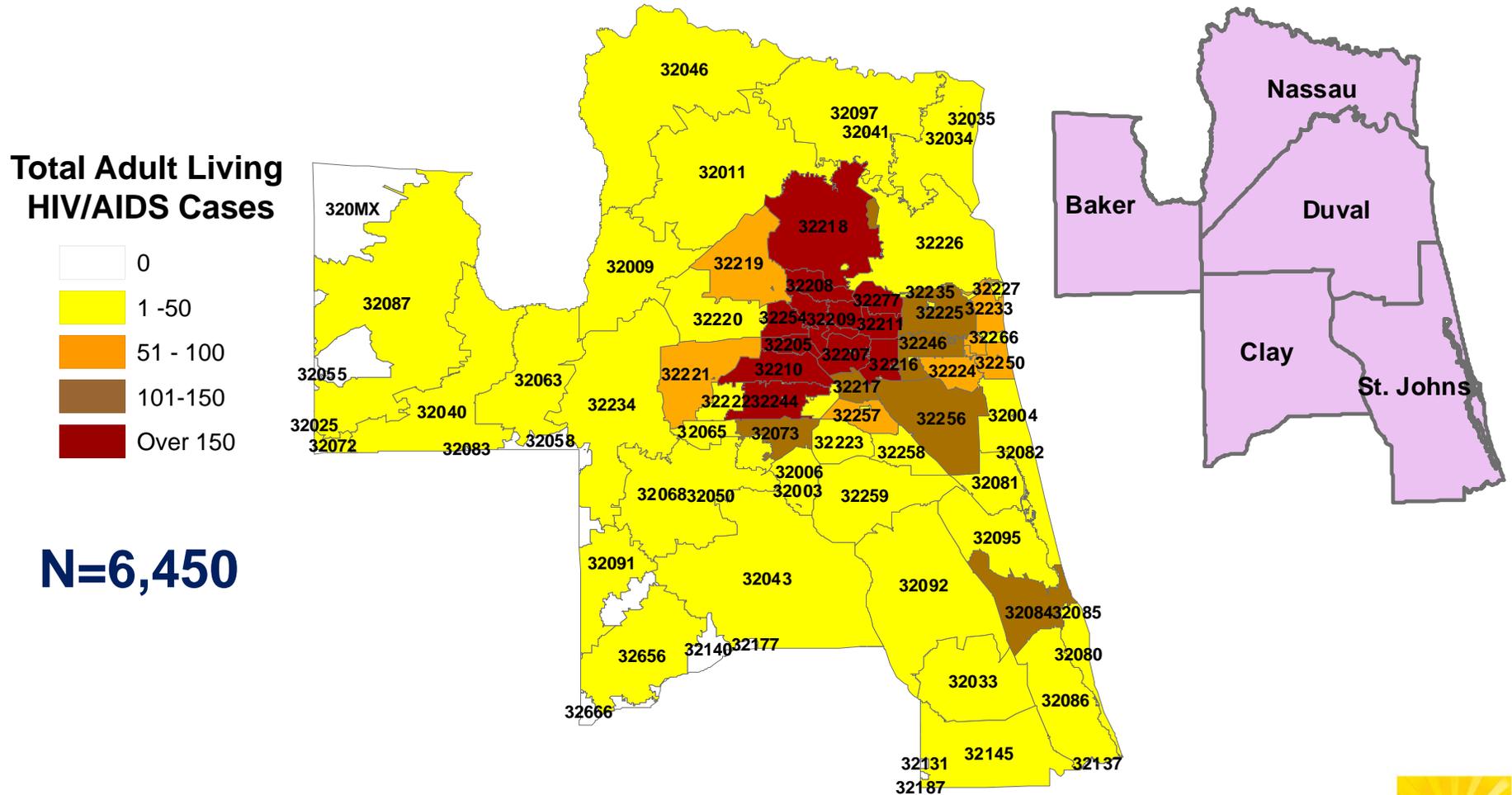
# Adult Female HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2013, Partnership 4



Note: NIRs redistributed. Among the female HIV Infection and AIDS Cases reported for 2013, heterosexual contact 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 4



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



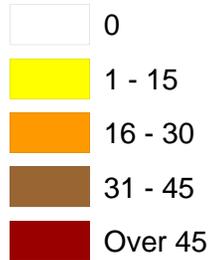




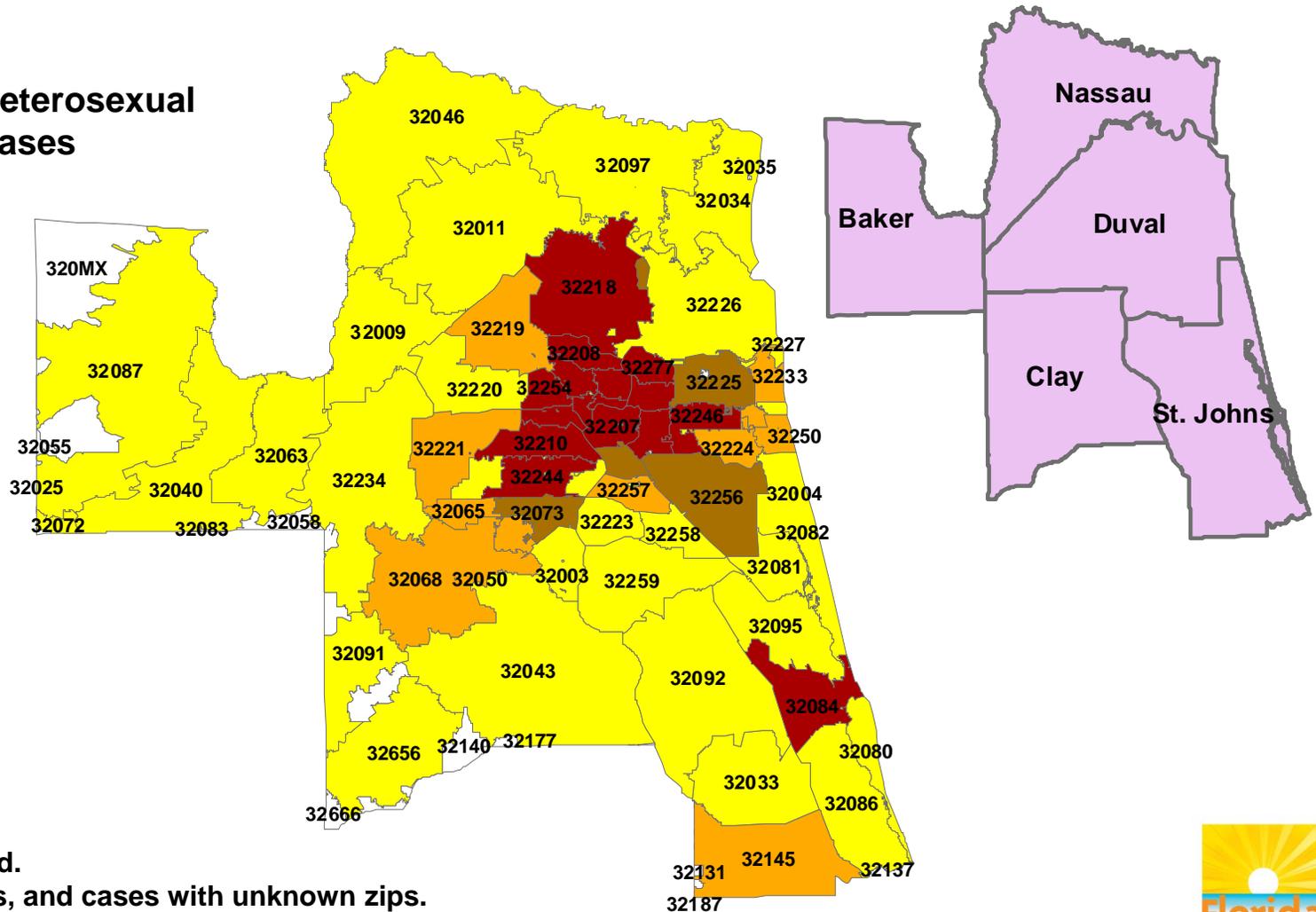


# Adult Heterosexuals Living with HIV Disease By Zip Code, Reported through 2013, Partnership 4

## Presumed Living Heterosexual HIV/AIDS Cases



**N=2,847**



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

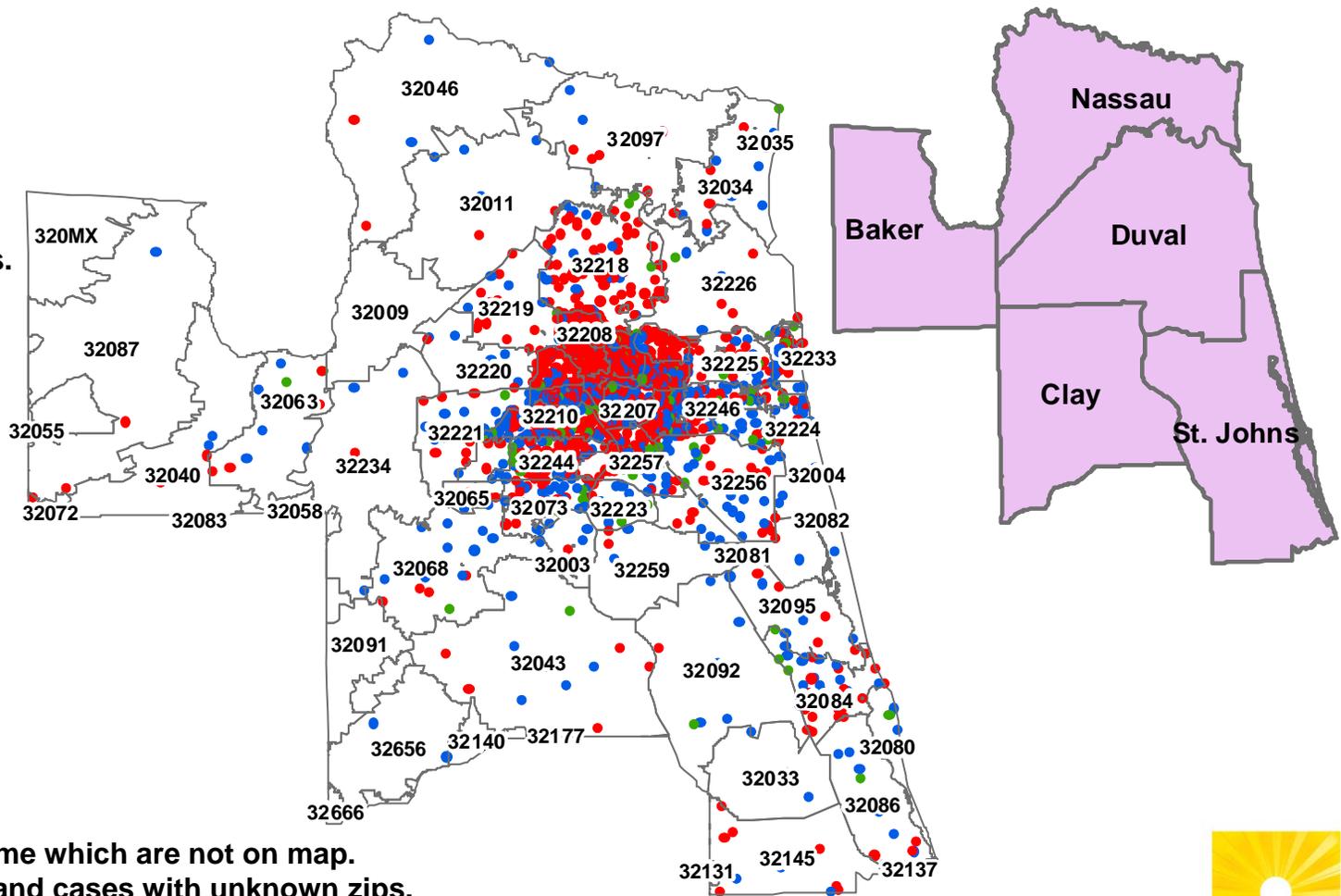


# Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Reported through 2013, Partnership 4

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

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

**N=6,257**



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

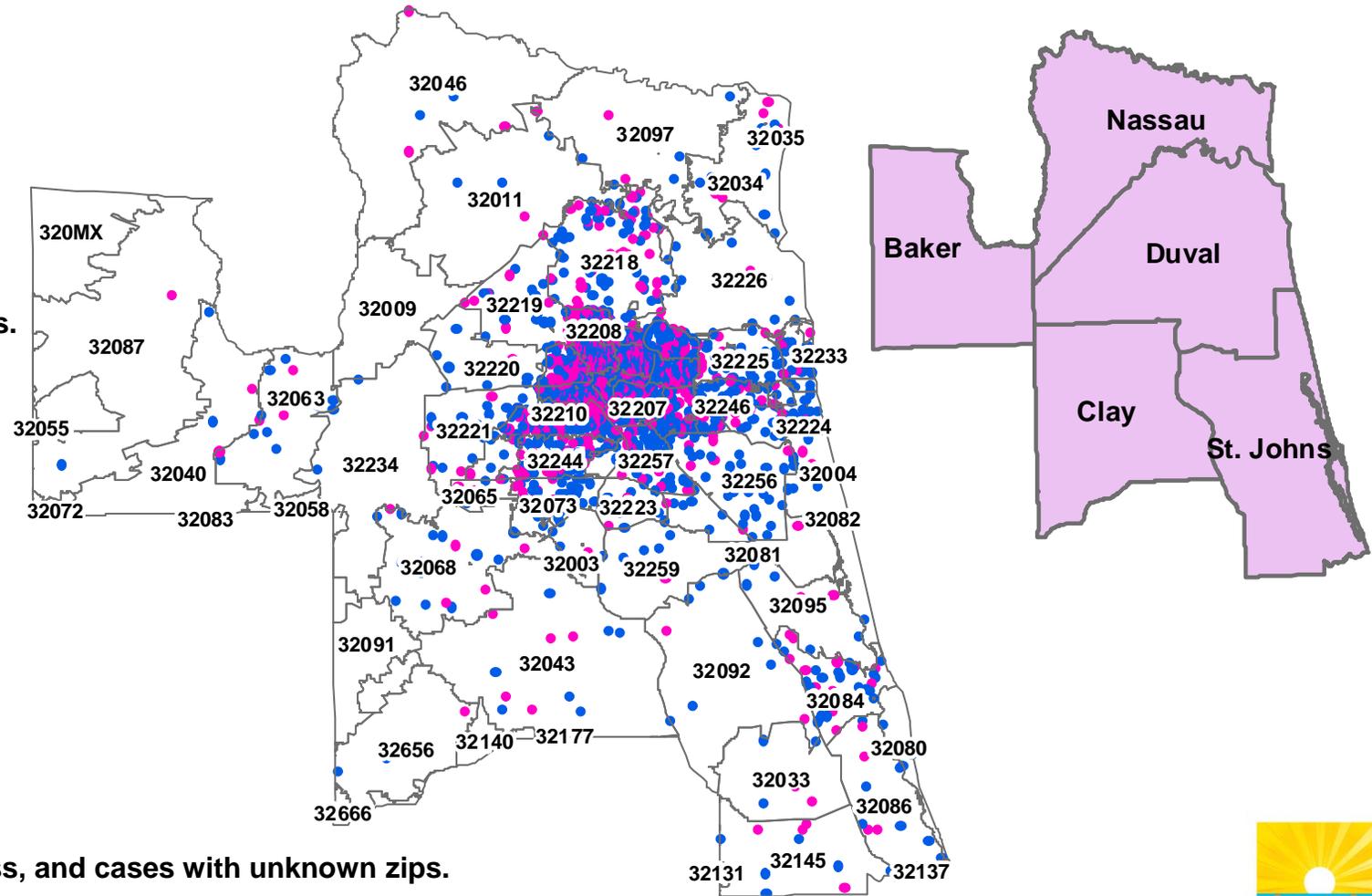


# Adults Living with HIV Disease By Zip Code and Sex, Reported through 2013, Partnership 4

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

- Male
- Female

**N=6,450**

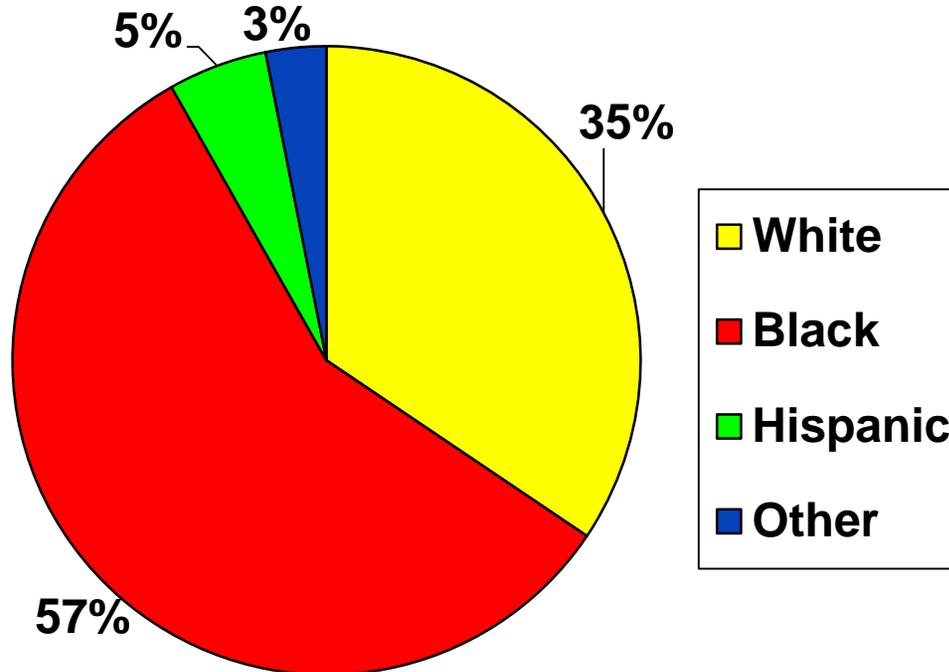


Excludes DOC, homeless, and cases with unknown zips.  
Data as of 04/07/2014

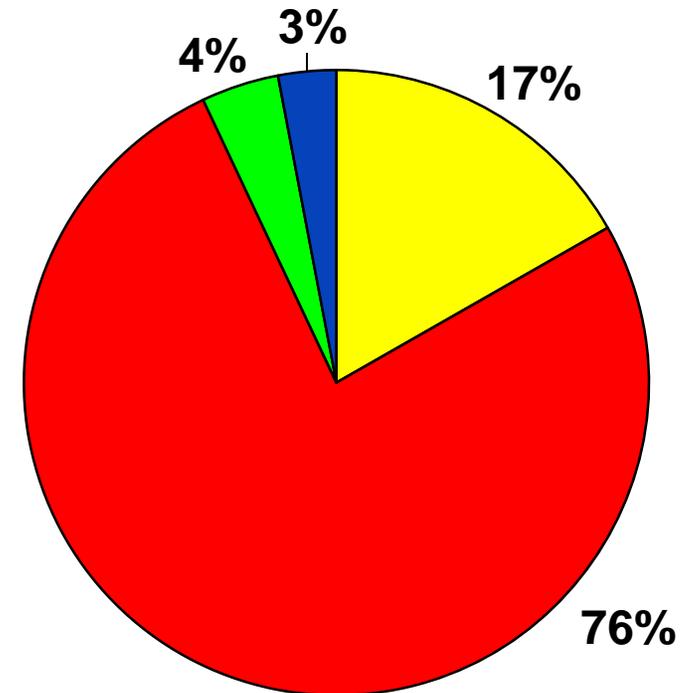


# Adults Living with HIV Disease, by Sex and Race/Ethnicity Reported through 2013, Partnership 4

**Males**  
N=4,051



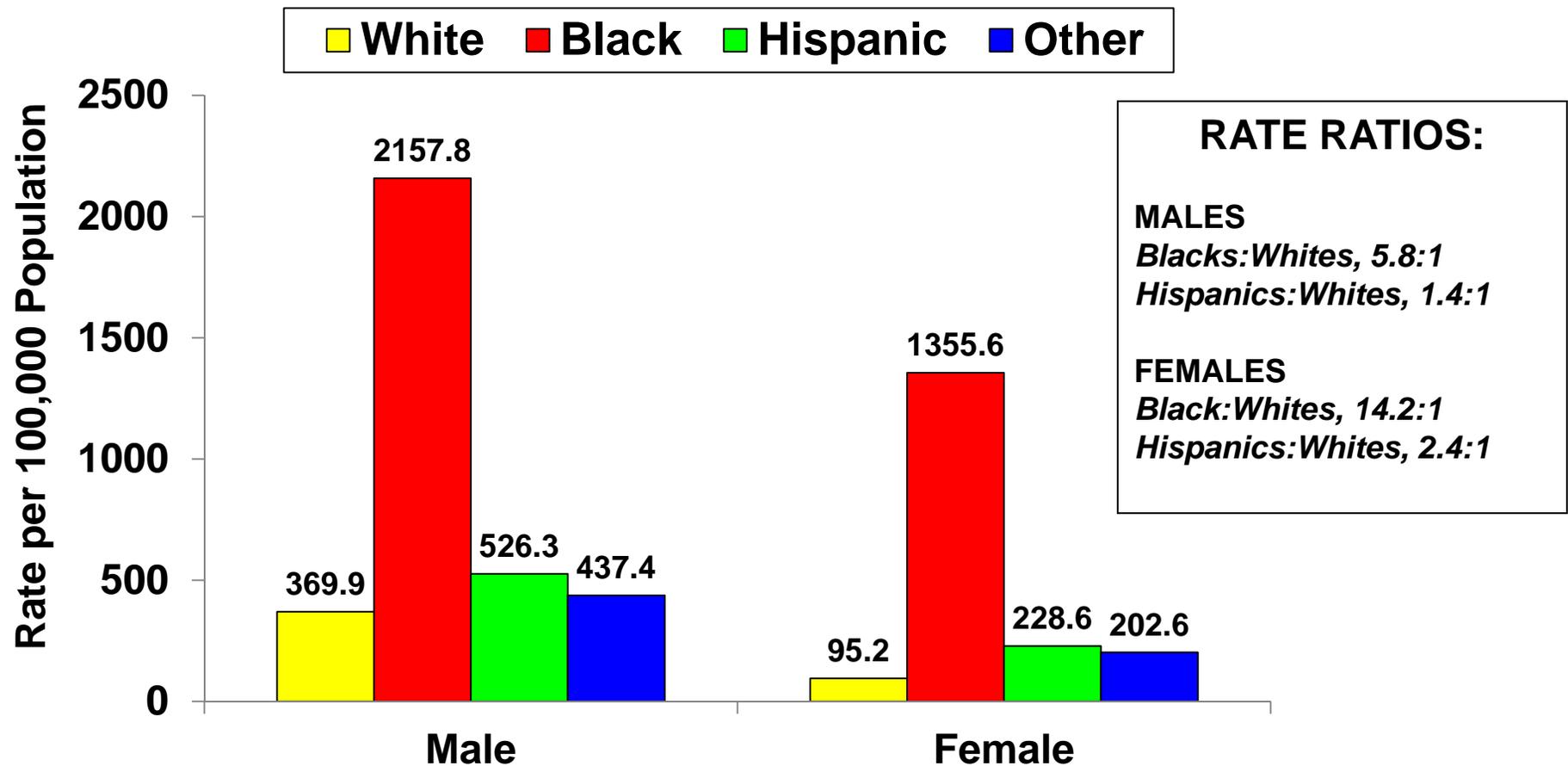
**Females**  
N=2,239



**Note:** Among adults living with HIV disease, blacks represent the highest race among both males (57%) and females (76%).

\*Other includes Asian/Pacific Islanders, 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 4



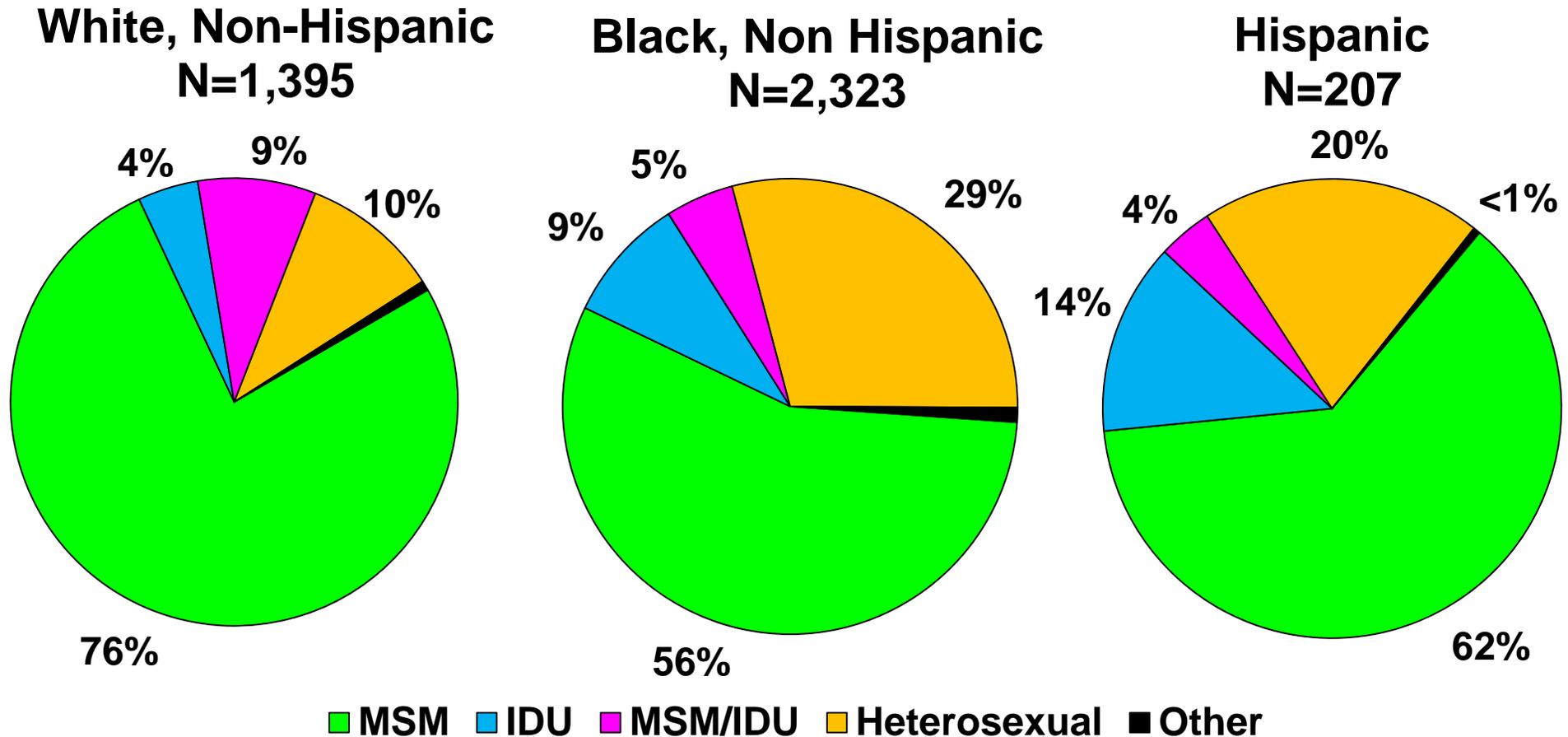
Note: Among black males living with HIV disease, the case rate reported through 2013 is nearly 6 times higher than the rate among white males. Among black females living with HIV disease, the case rate is 14 times higher than the rate among white females. Hispanic male and female rates are higher than the rates among their white counterparts. 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.



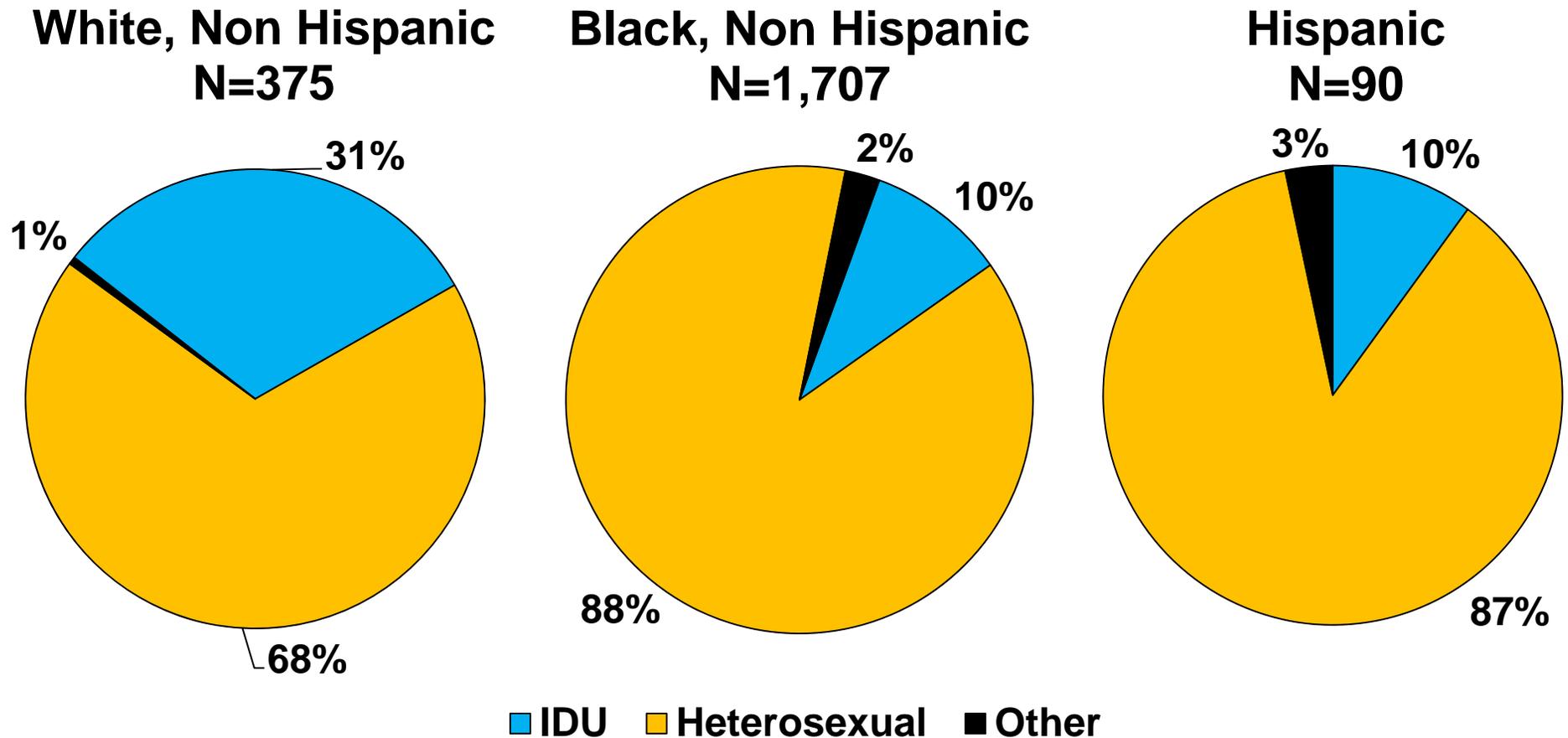
# Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2013, Partnership 4



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.

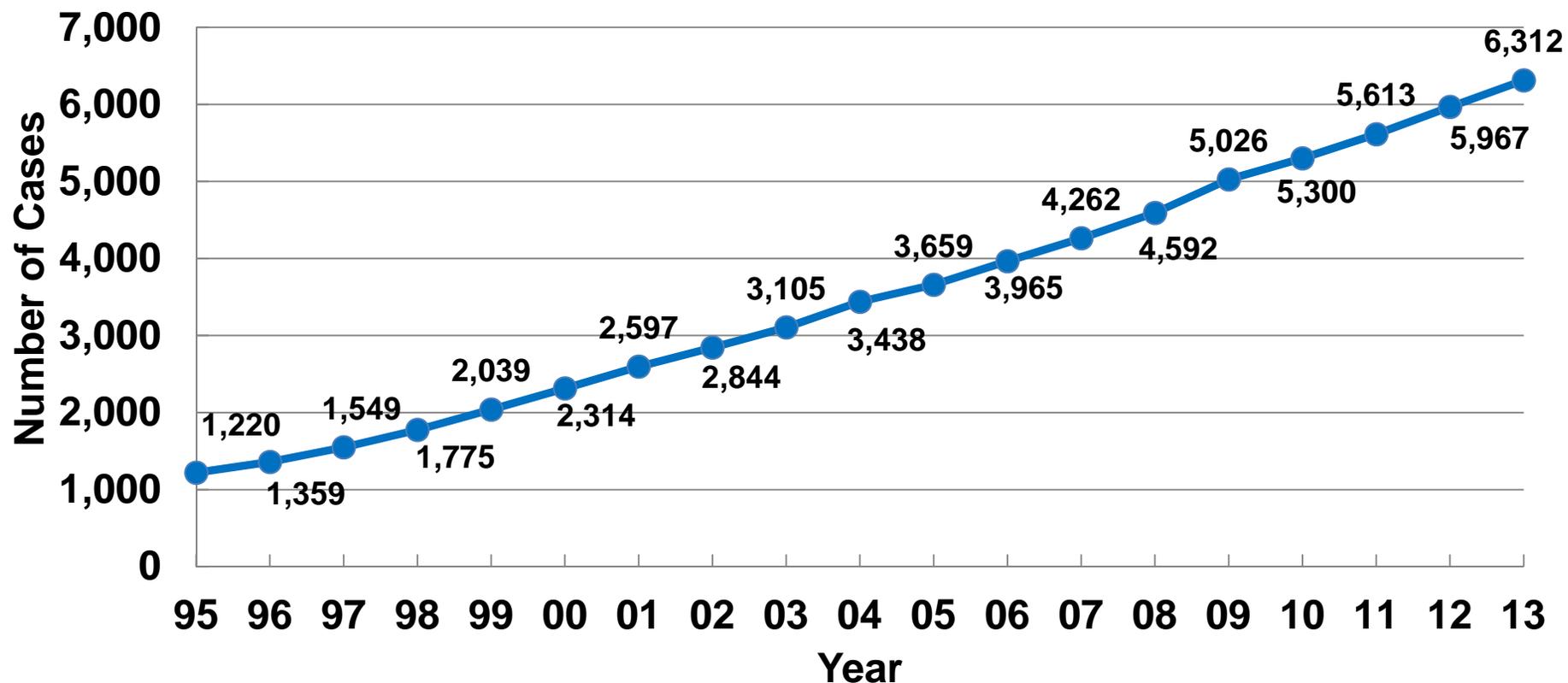


# Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2013, Partnership 4



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.

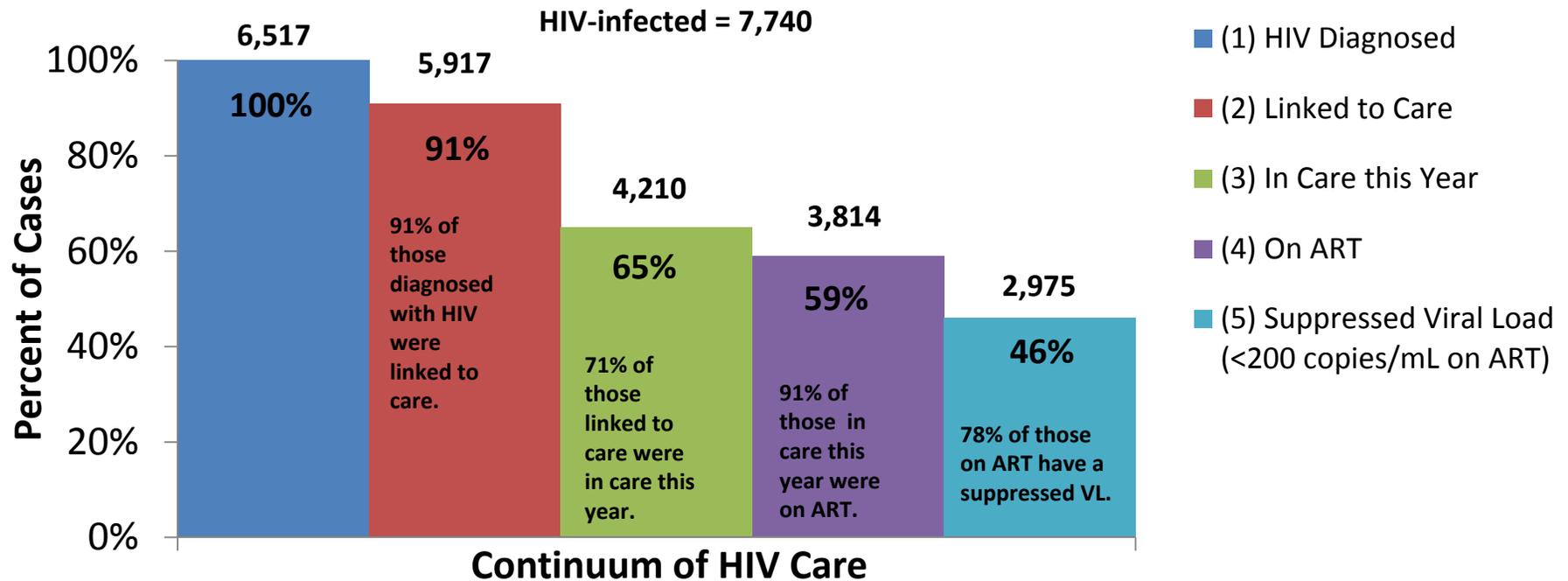
# Annual Prevalence of Adults Living with HIV Disease, 1995-2013, Partnership 4



**Note:** 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 415%. In 2013, the prevalence increased by 5.8% from the previous year.



# Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 4, 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%\*).

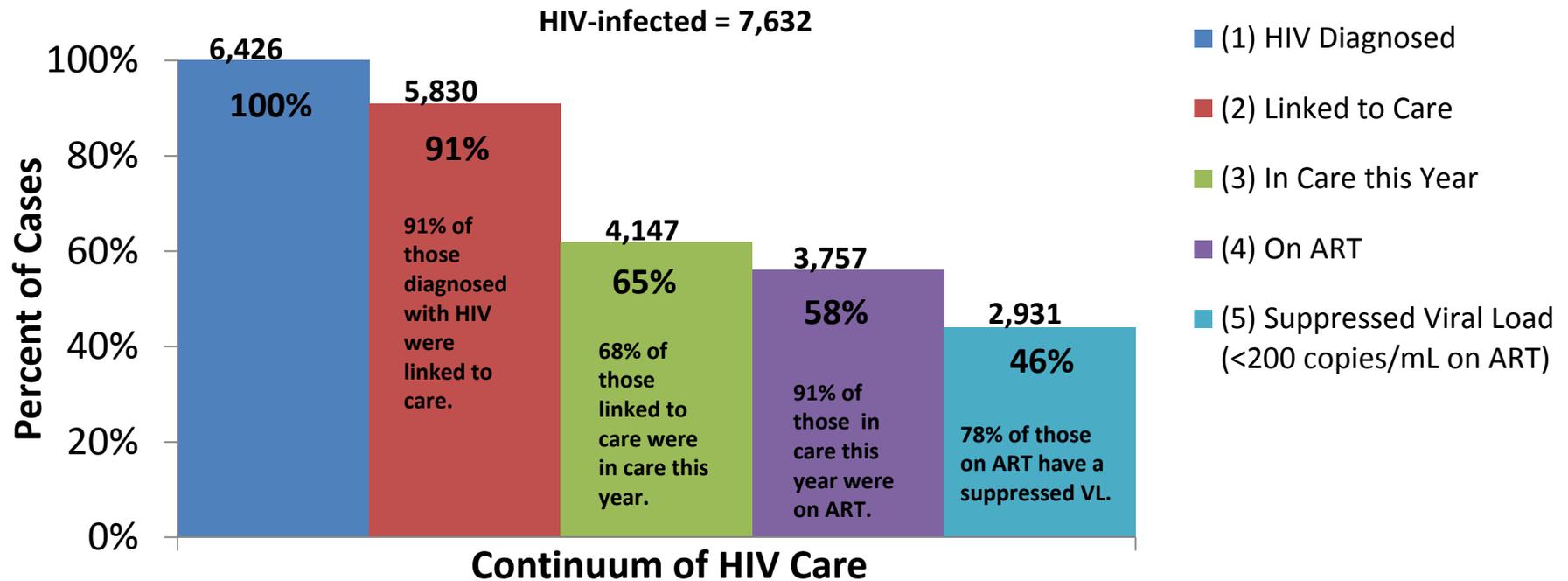
(5) Estimated 78.0% on ART & the viral load is <200 this year in Florida per 2011 MMP data (2010 National estimates are 70%\*).

\*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>



# Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Jacksonville EMA, 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%\*).

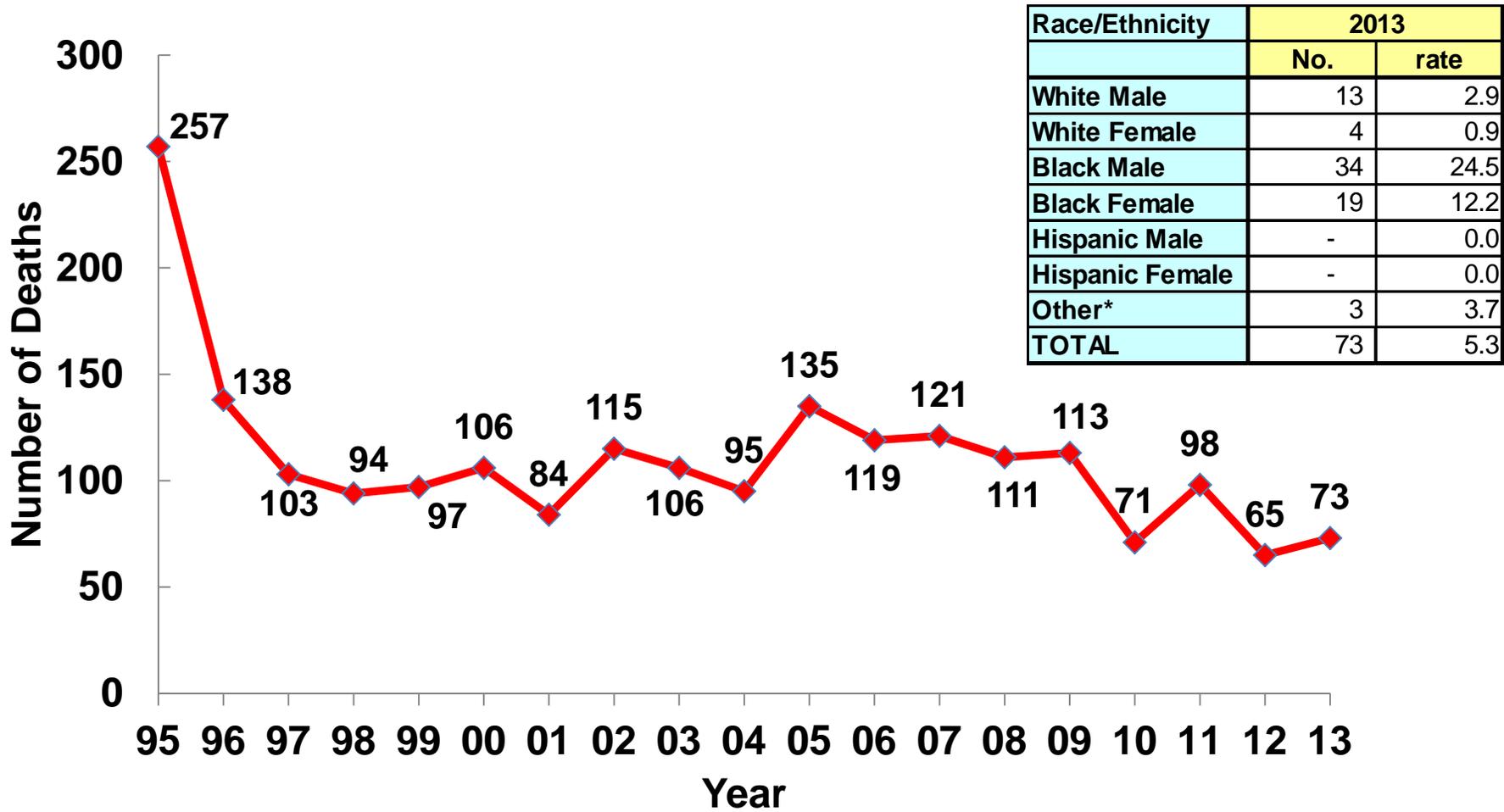
(5) Estimated 78.0% on ART & the viral load is <200 this year in Florida per 2011 MMP data (2010 National estimates are 70%\*).

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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 4



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 4 Dept. of Health, HIV/AIDS & Hepatitis 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 4 Surveillance Contact

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Phone: 904-253-2985

Email: [Max.Wilson@flhealth.gov](mailto:Max.Wilson@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>**