HIV/AIDS Epidemiology Partnership 1

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

Created: 12/03/14

Revision: 10/14/15

Florida Department of Health
HIV/AIDS Section
Annual data trends as of 12/31/2014
Living (Prevalence) data as of 06/30/2015

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.

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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, 2014, Partnership 1

Total Population, 2014*

711,713

* 2014 estimate is provisional

HIV Infection and AIDS Cases Reported in 2014*

	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
HIV Infection Cases	111	2	113
AIDS Cases	50	-	50

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

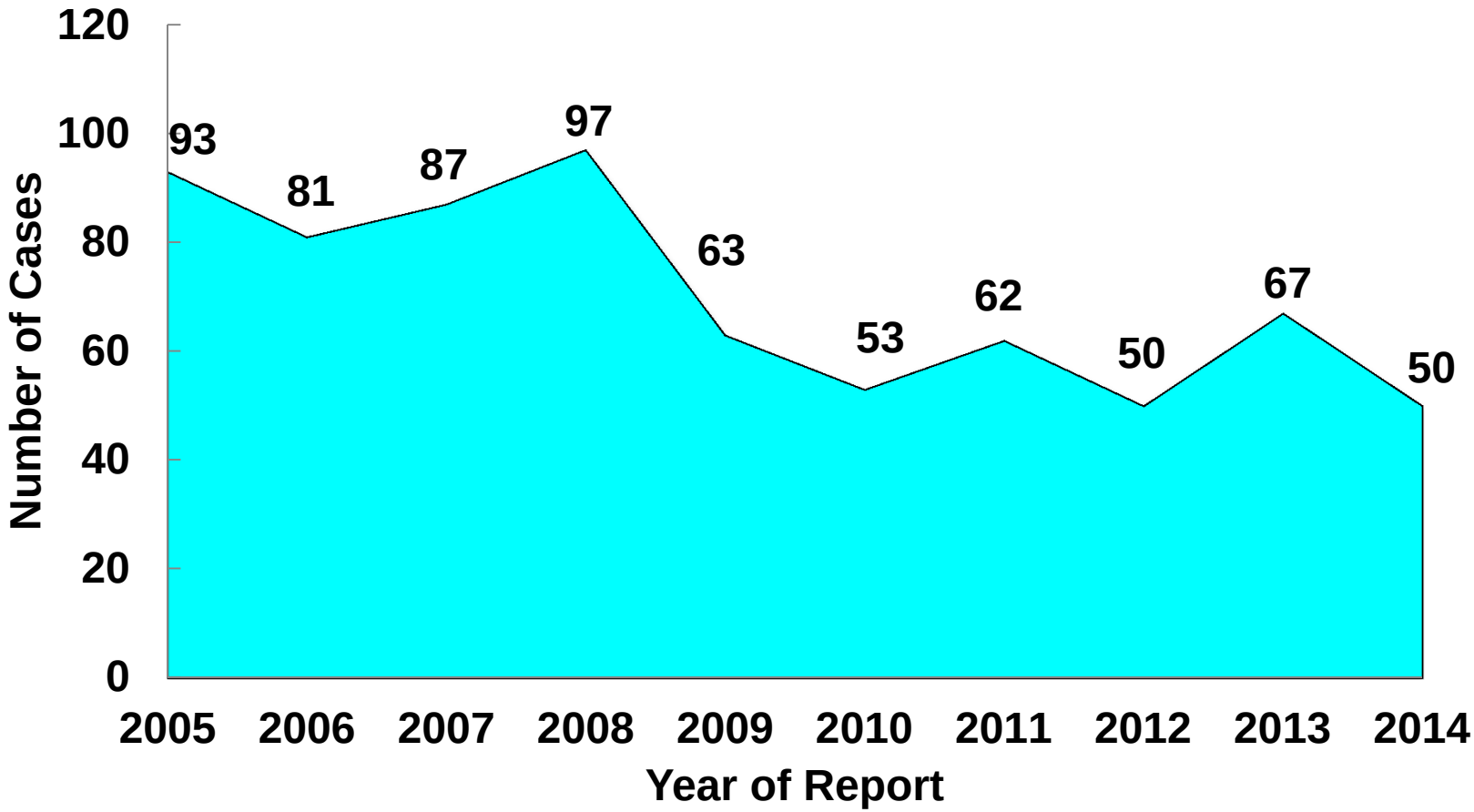
Cumulative HIV/AIDS Cases Reported 1981-2014

	Adults (Age 13+)	Pediatrics (Age<13)	TOTAL
HIV (not AIDS) Cases**	856	14	870
AIDS Cases	2,223	17	2,240
Total	3,079	31	3,110

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

Persons Living with HIV Disease through 2014, as of 06/30/2015: 1,961

AIDS Cases and Rates*, By Year of Report, 2005-2014, Partnership 1

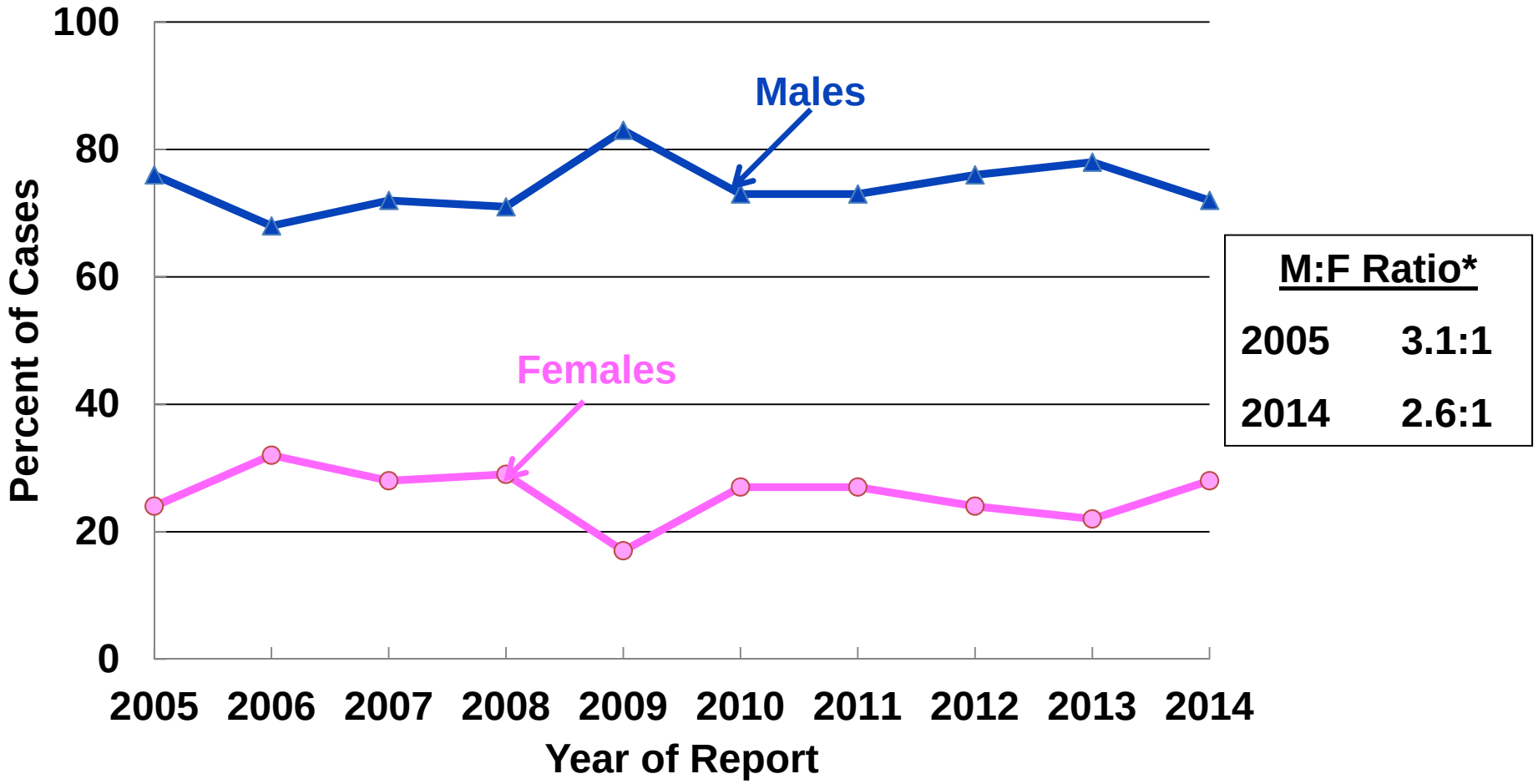


Year	Rate
05	14.0
06	12.1
07	12.8
08	14.3
09	9.2
10	7.7
11	8.9
12	7.2
13	9.5
14	7.0

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. AIDS cases in 2014 dropped by 25% from the previous year. This is higher than the 15% decline observed by the state during the same time period.

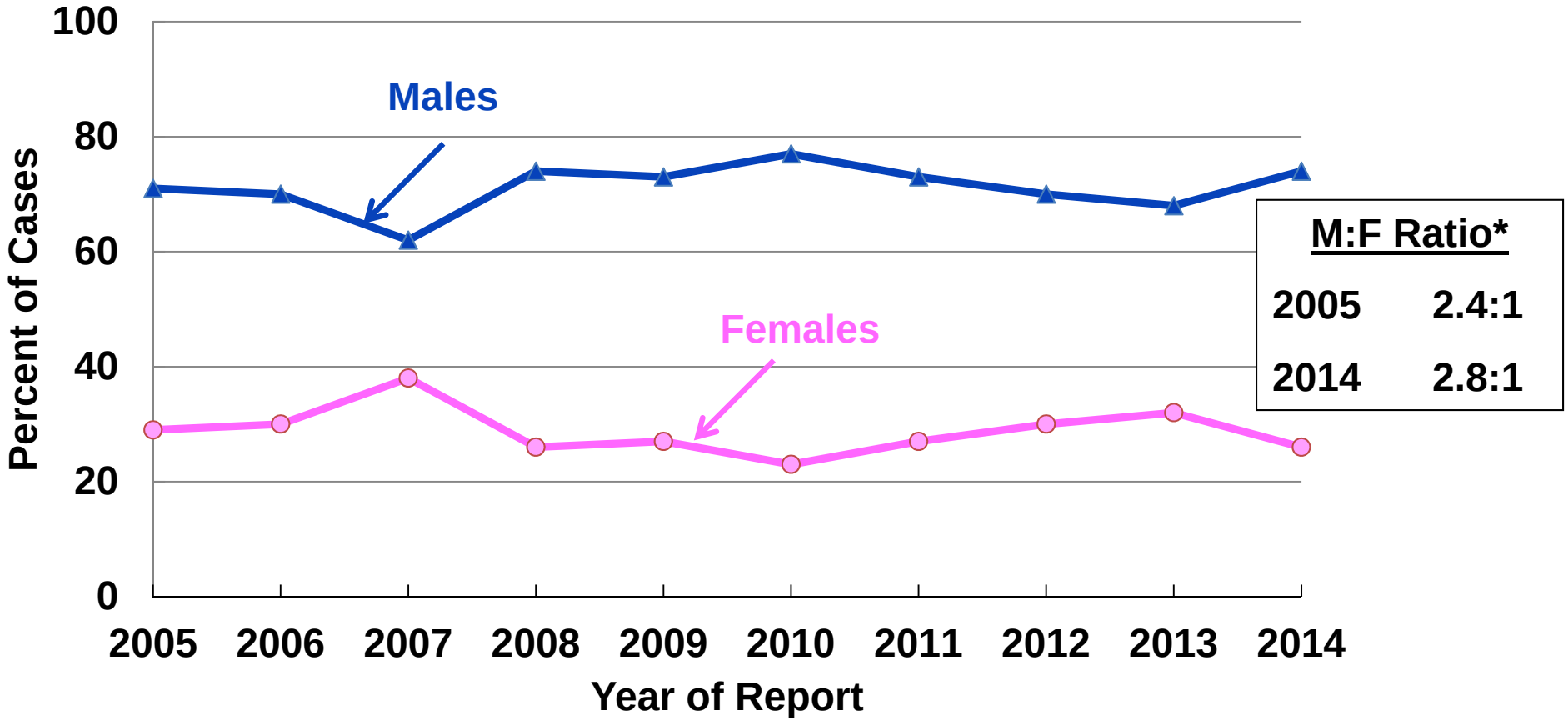
***Source: Population estimates are provided by Florida CHARTS as of 7/9/2015. Rates are expressed as per 100,000 population.**

HIV Infection Cases and Rates*, by Year of Report, 2005-2014, Partnership 1



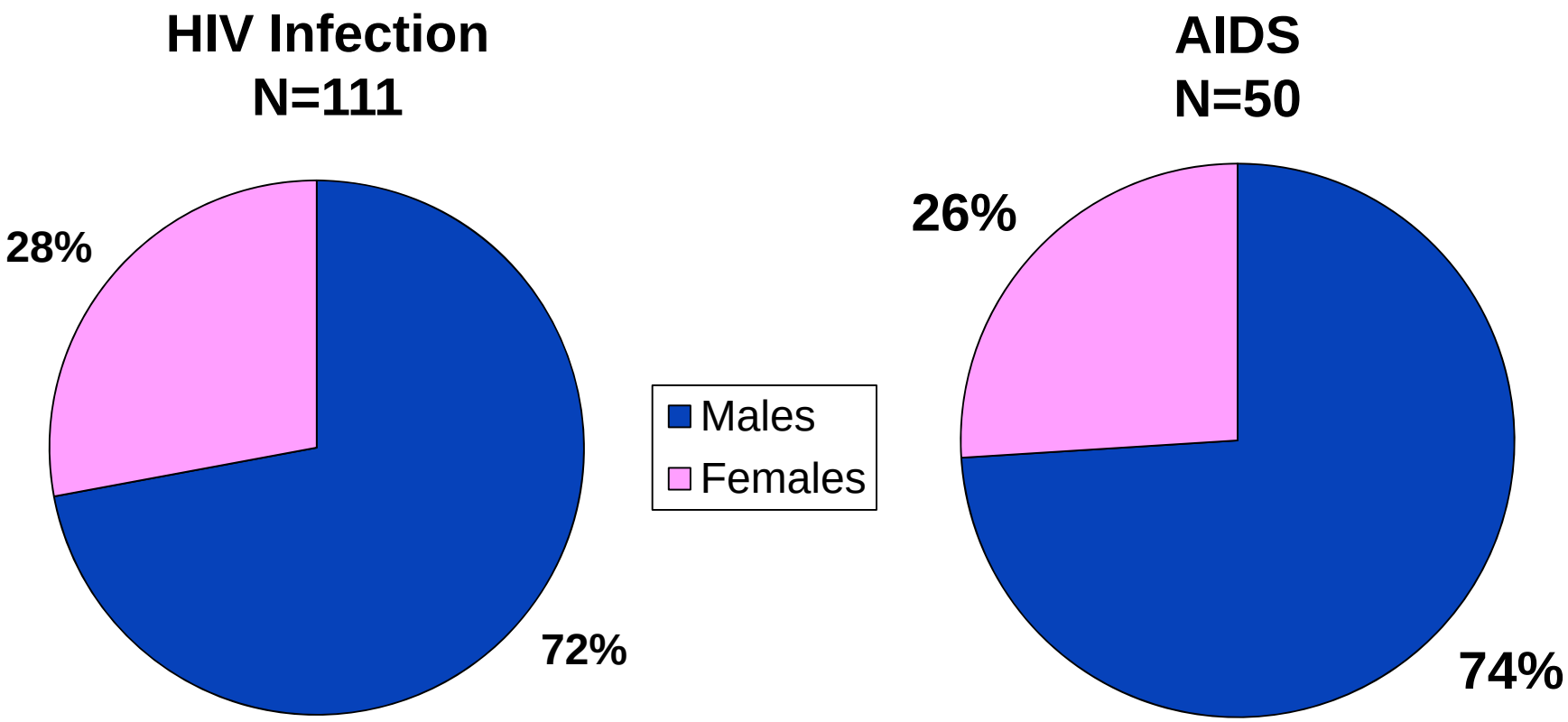
Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV infection cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult AIDS Cases, by Sex and Year of Report, 2005-2014, Partnership 1



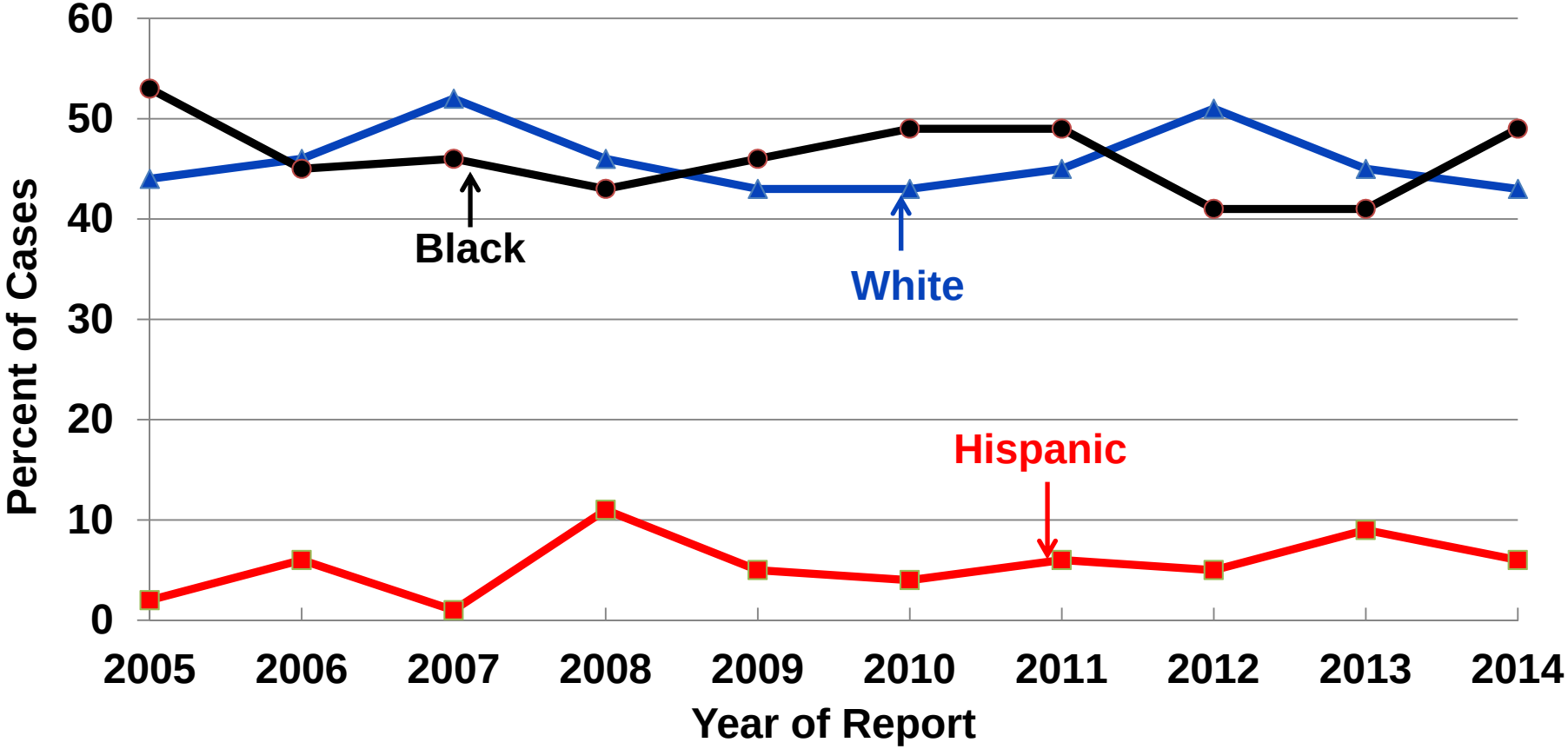
Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Partnership 1



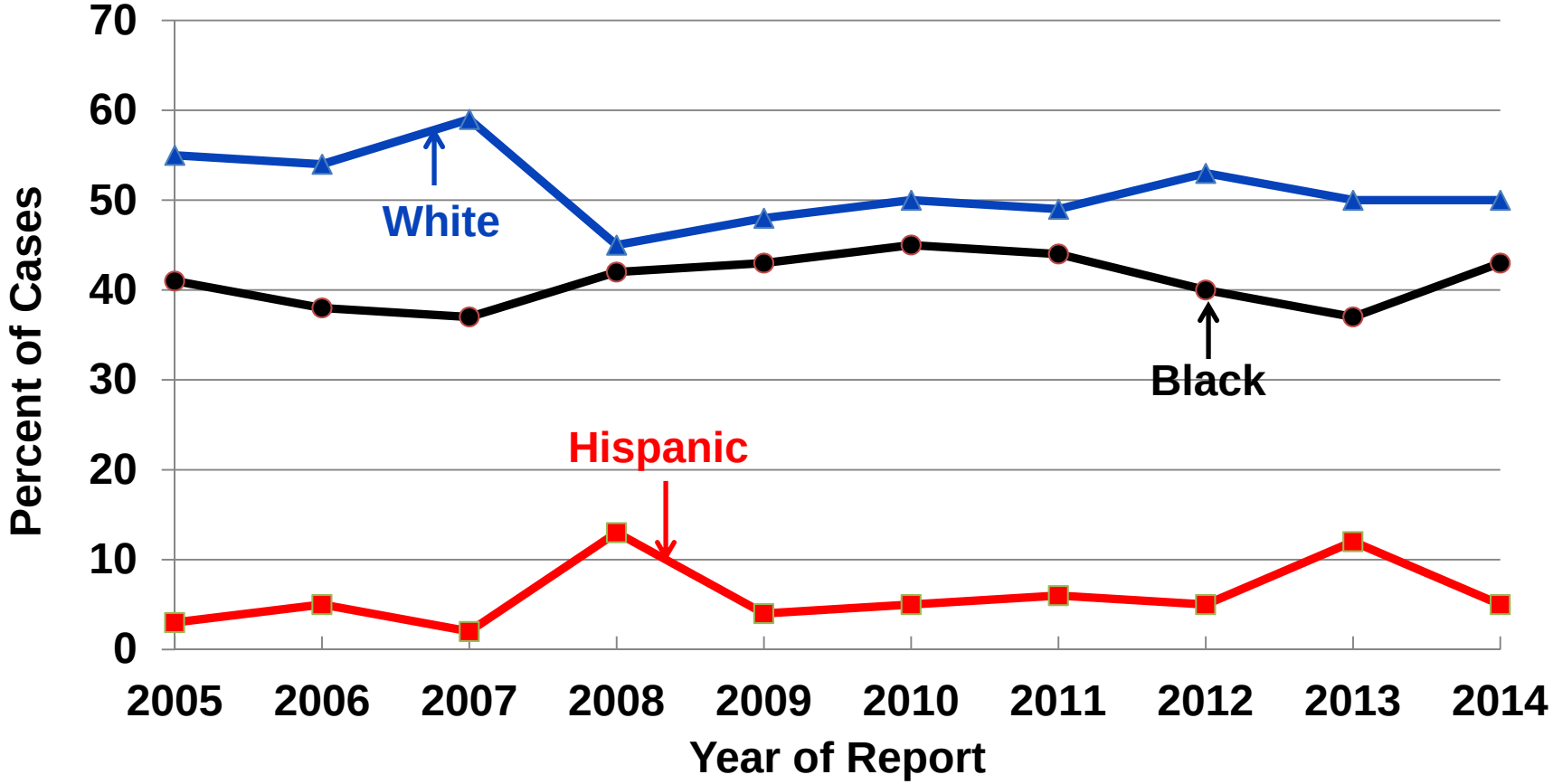
Note: Partnership 1's Adult Population is: 50% Male and 50% Female

Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 1



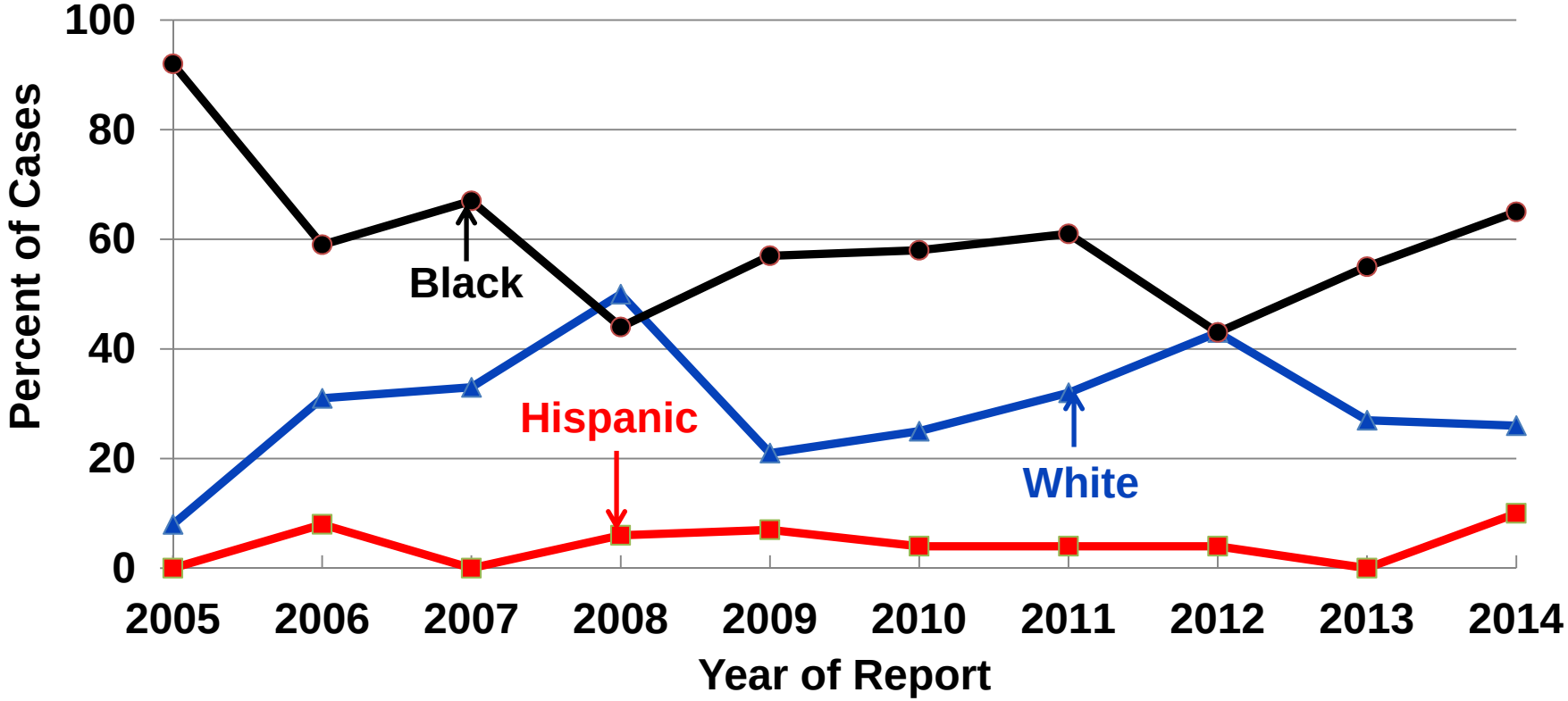
Note: HIV case reporting, implemented in mid-1997, reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2005 to 2014, the proportion of HIV infection cases among blacks and whites fluctuated over time, oftentimes, crossing paths. Whereas the proportion of HIV infection cases among Hispanics increased by 4 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, 2005-2014, Partnership 1



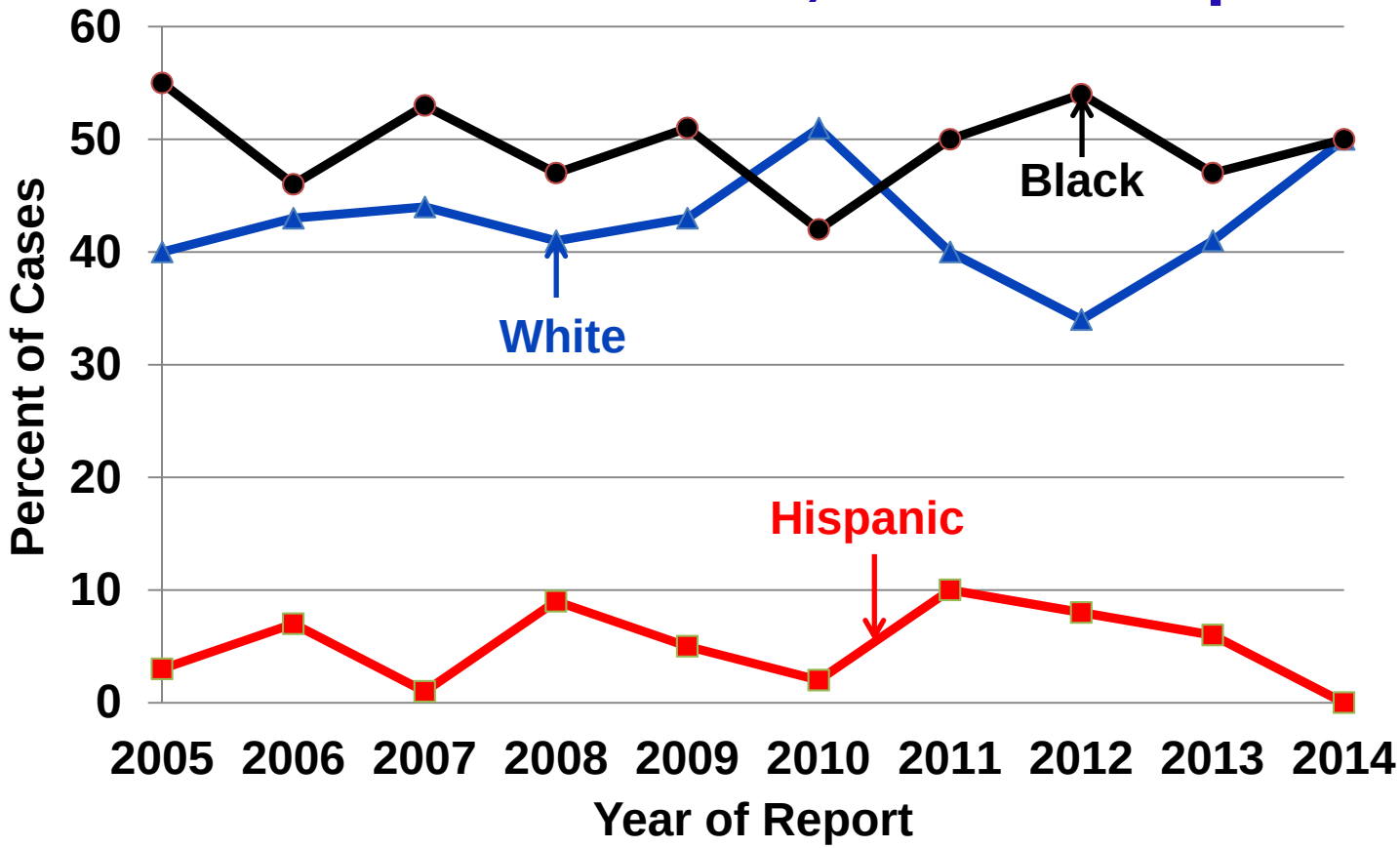
Note: The proportion of HIV infection cases among white males decreased by 5 percentage points from 2005 to 2014. In contrast the proportion of cases among black and Hispanic males increased by 2 percentage points, respectively for both. Whites represented the majority (> 45%) of male HIV infection cases 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, 2005-2014, Partnership 1



Note: HIV case disparities are more evident among women than men. For the past ten years, black females represented the majority (> 50%) of female HIV infection cases for most of the years. From 2005 to 2014, the proportion of female HIV infection cases among white and Hispanic females increased by 18 and 10 percentage points respectively. In contrast, the proportion of cases among black females decreased by 27 percentage points.

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2005-2014, 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 2014, blacks accounted for 50% of adult AIDS cases, but only 13% of the population. Overall, the proportion of AIDS cases among blacks and whites fluctuated over time, oftentimes, crossing paths. From 2005 to 2014, the proportion of adult AIDS cases among blacks and Hispanics decreased by 5 and 3 percentage points respectively. Whereas the proportion of cases among whites increased by 10 percentage points 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.

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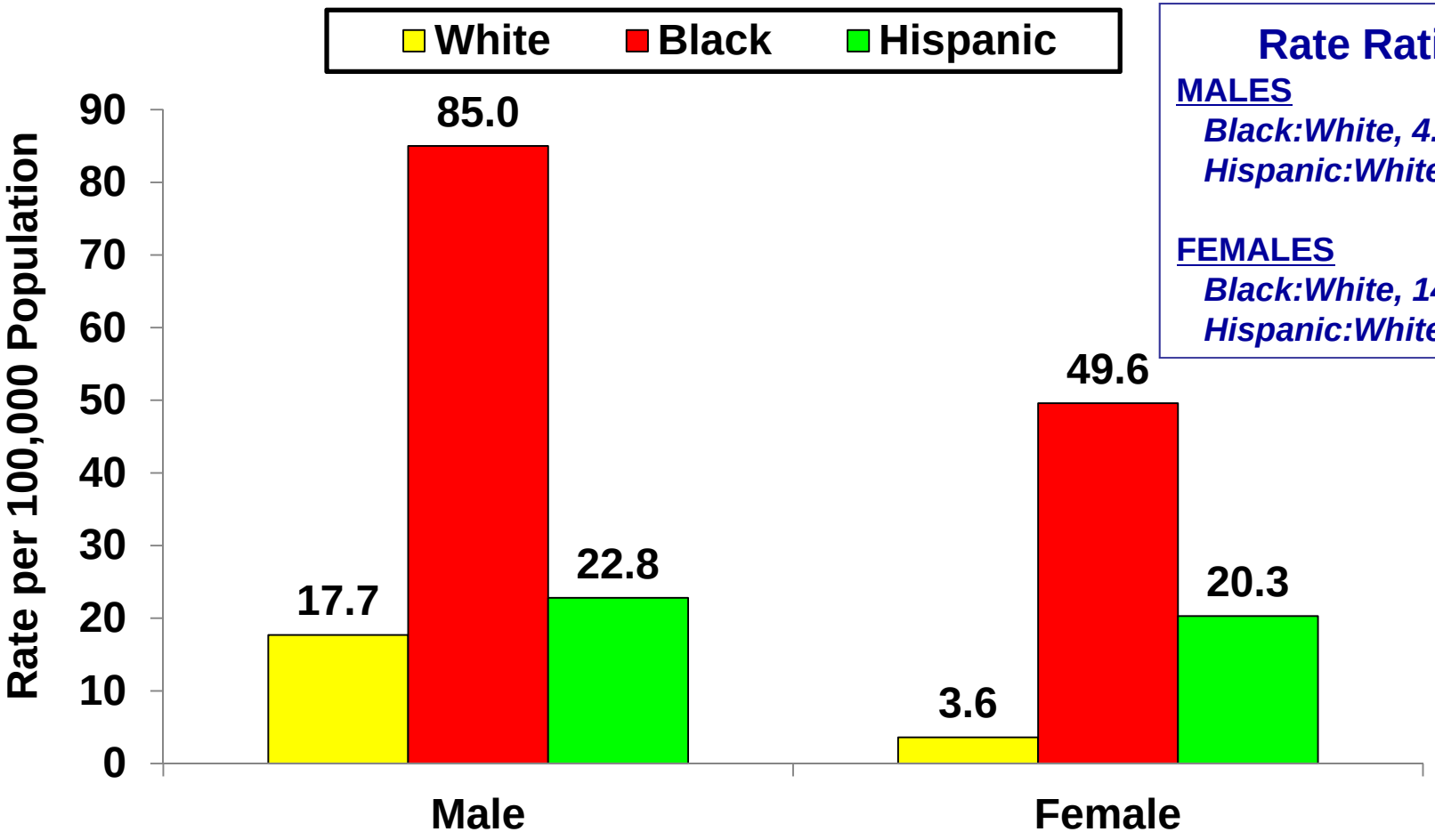
Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 1



Rate Ratios:

MALES

Black:White, 4.8:1

Hispanic:White, 1.3:1

FEMALES

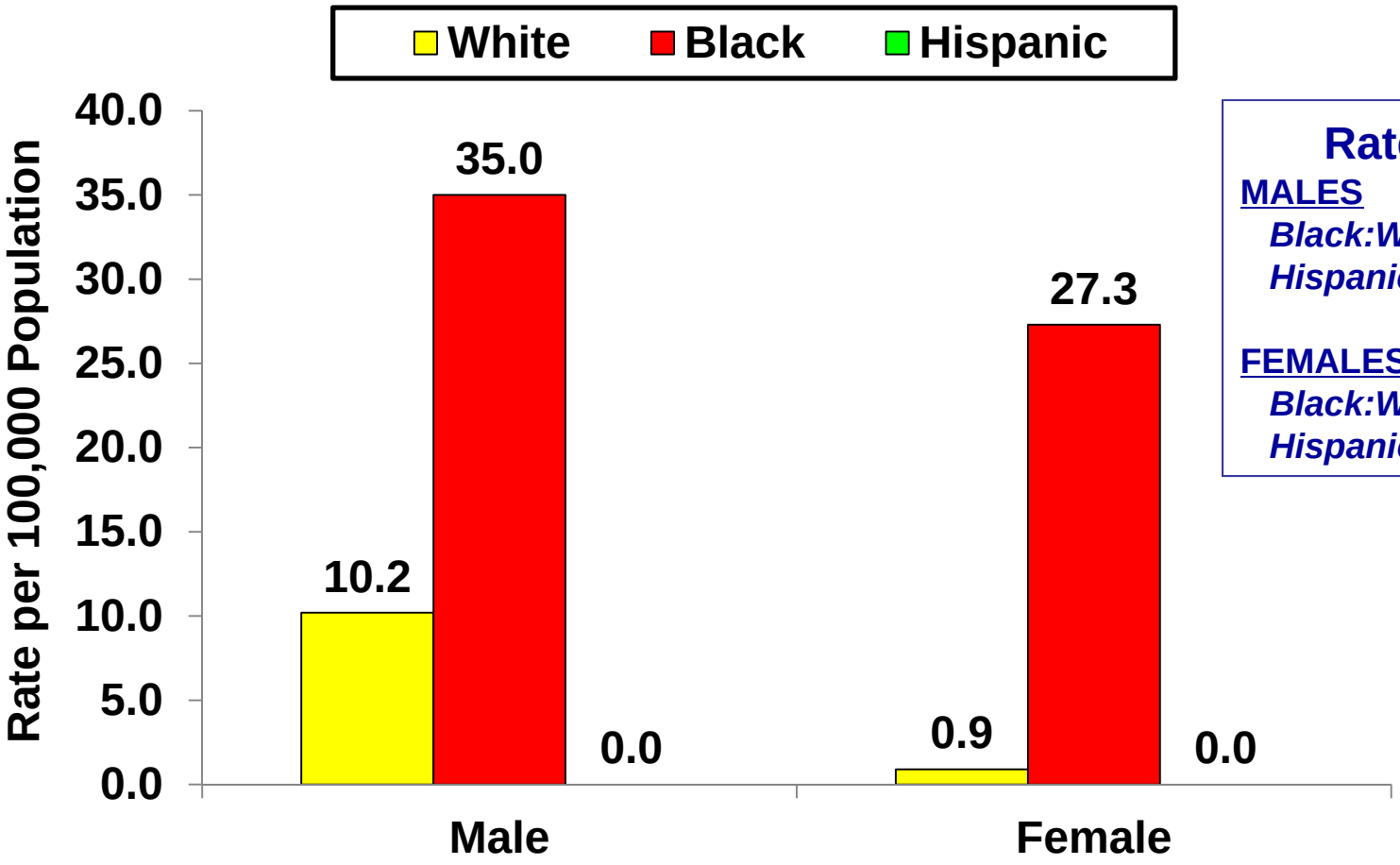
Black:White, 14.0 :1

Hispanic:White, 5.7:1

Note: Among black males, the HIV infection case rate is nearly 5 times higher than the rate among white males. Among black females, the HIV infection case rate is 14-fold greater than the rate among white females. Among both Hispanic males and females, the HIV infection case rate is higher than the rate among their white counterparts.

***Source: Partnership 1 population estimates are provided by Florida CHARTS as of 7/9/2015.**

Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 1



Rate Ratios:

MALES

Black:White, 3.4:1

Hispanic:White, 0.0:1

FEMALES

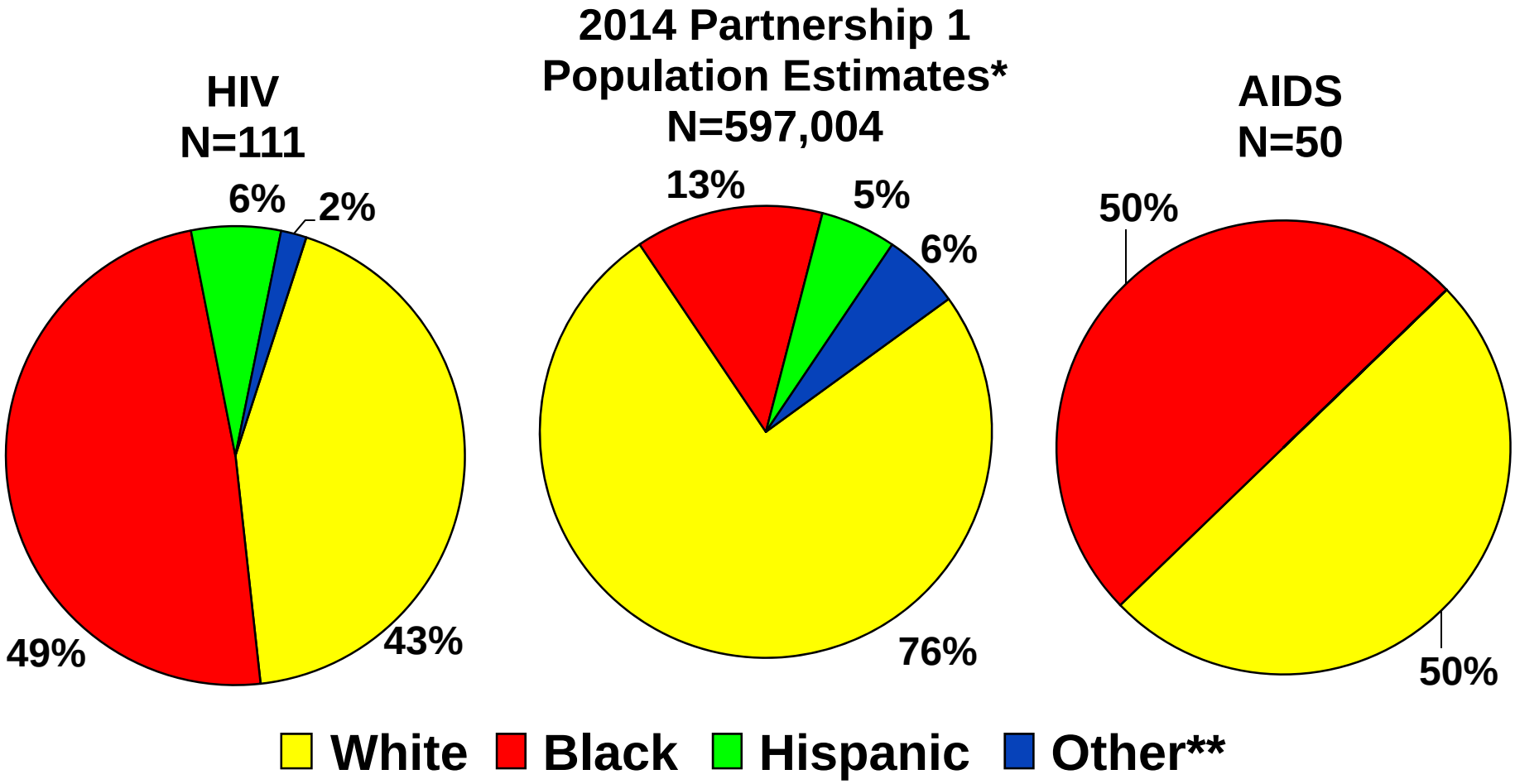
Black:White, 30.7:1

Hispanic:White, 0.0:1

Note: Among black males, the AIDS case rate is 3 times higher than the rate among white males. Among black females, the AIDS case rate is nearly 31-fold greater than the rate among white females.

***Source: Partnership 1 population estimates are provided by Florida CHARTS as of 7/9/2015.**

Adult HIV and AIDS Cases Reported in 2014 and Population Data, by Race/Ethnicity, Partnership 1

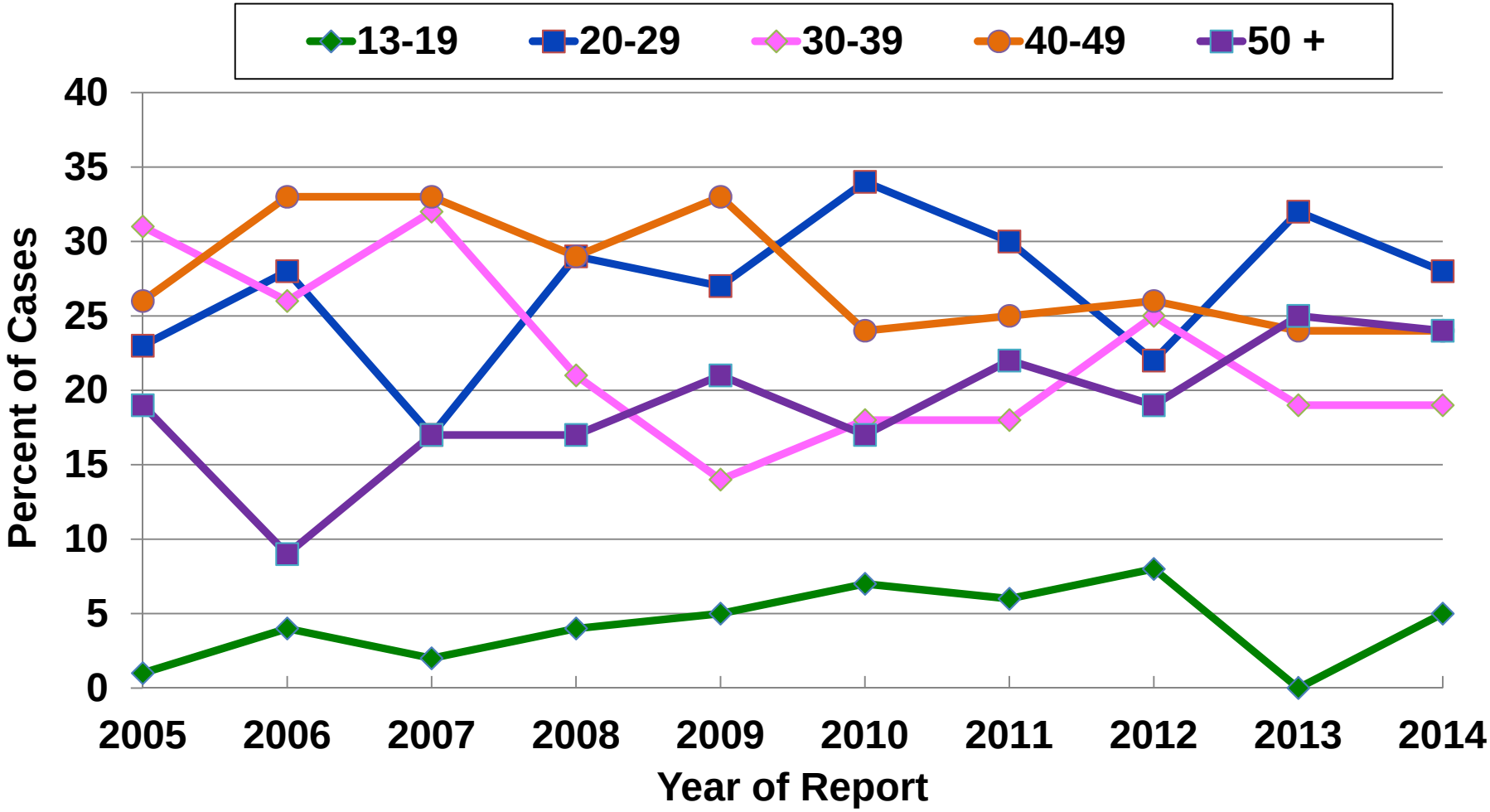


Note: In this snapshot for 2014, blacks are over-represented among the HIV and AIDS Cases, accounting for 49% of adult HIV cases and 50% of adult AIDS cases, but only 13% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of population.

***Source: Population estimate was provided by Florida CHARTS as of 7/9/2015.**

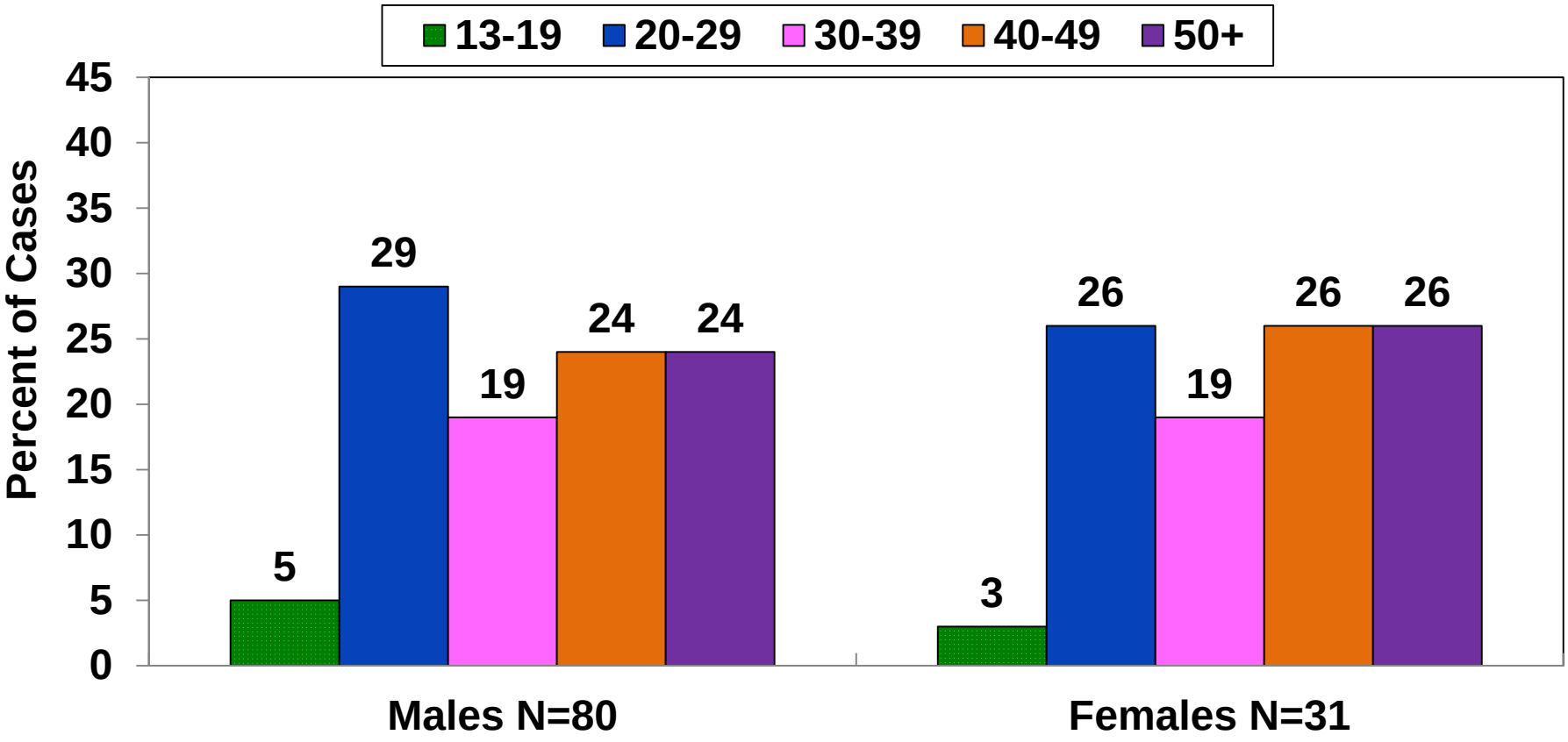
****Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.**

Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2005–2014, Partnership 1



Note: From 2005 to 2014, proportion of adult HIV infection cases among those aged 20-29 and those aged 50+ increased by 5 percentage points, respectively for both.

Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2014, 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, 29% of HIV infection cases occur among those aged 20-29, whereas among females, 26% of HIV infection cases occur among those aged 20-29, 40-49 and 50 or older, respectively for all three age groups.

Definitions of Mode of Exposure Categories

- MSM = Men who have sex with men or Male-to-male sexual contact with person with HIV/AIDS or known HIV risk
- IDU = Injection Drug User
- MSM/IDU = Men who have sex with men or Male-to-male sexual contact & 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.

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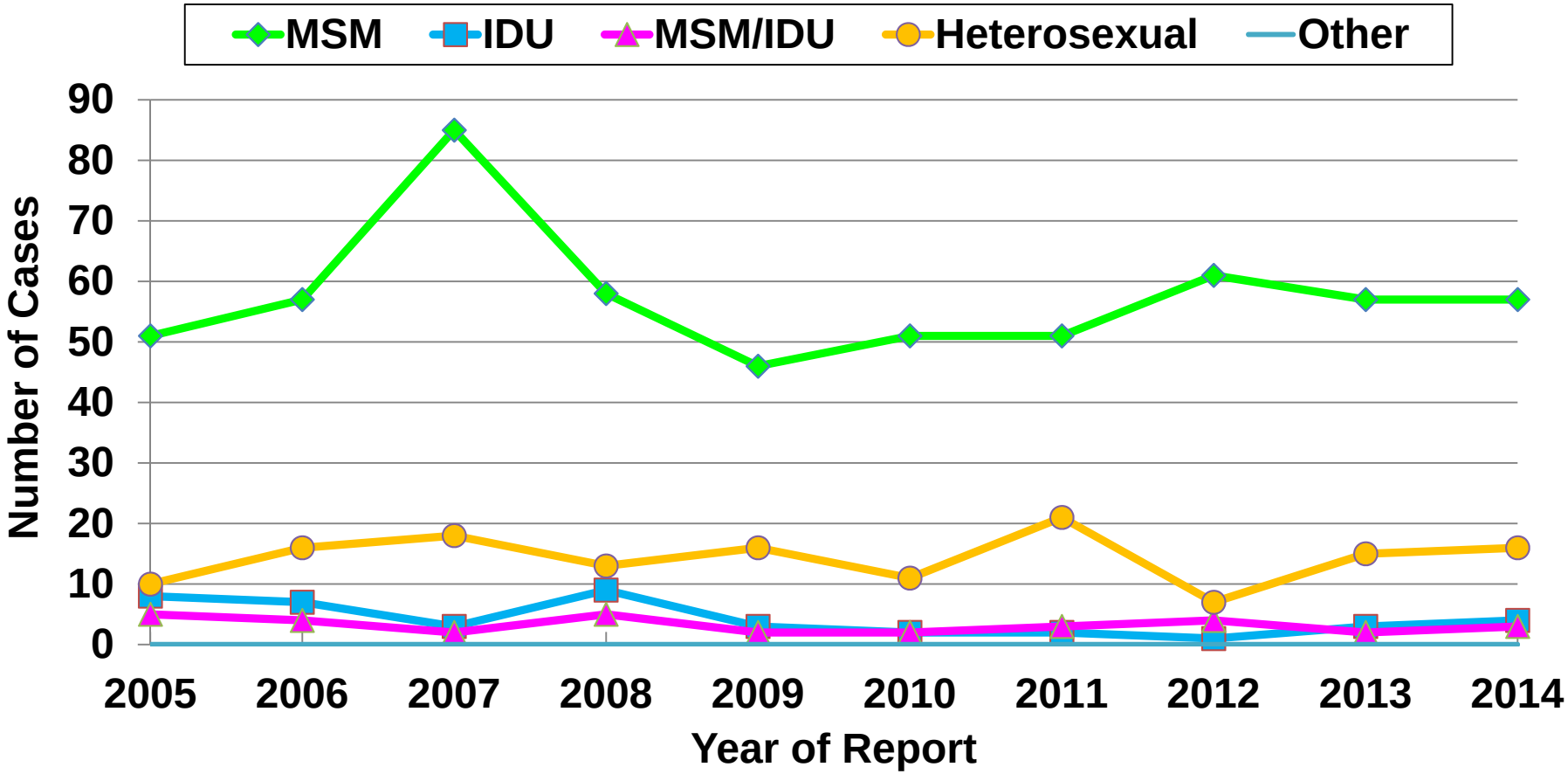
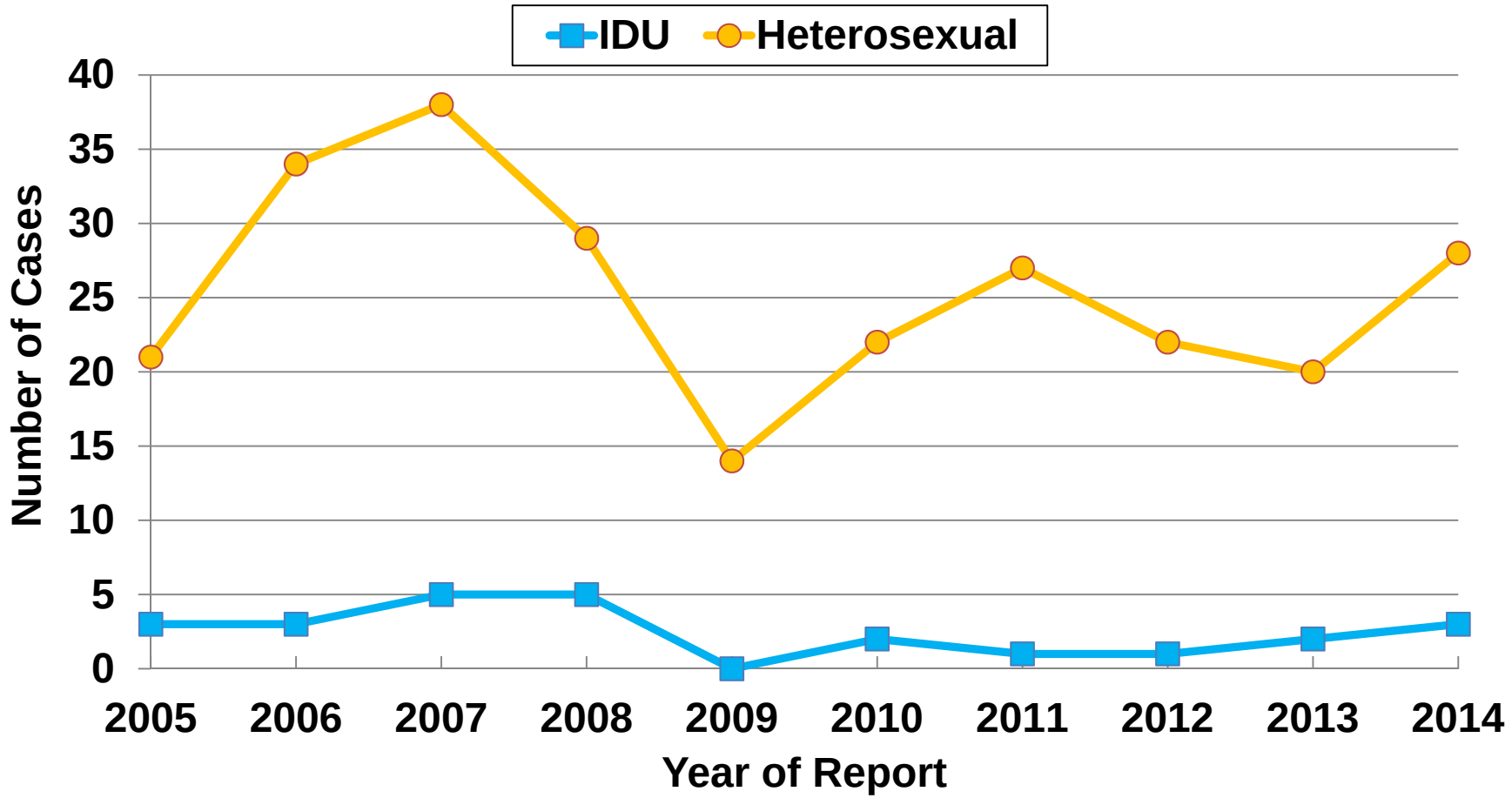
Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2005–2014, Partnership 1



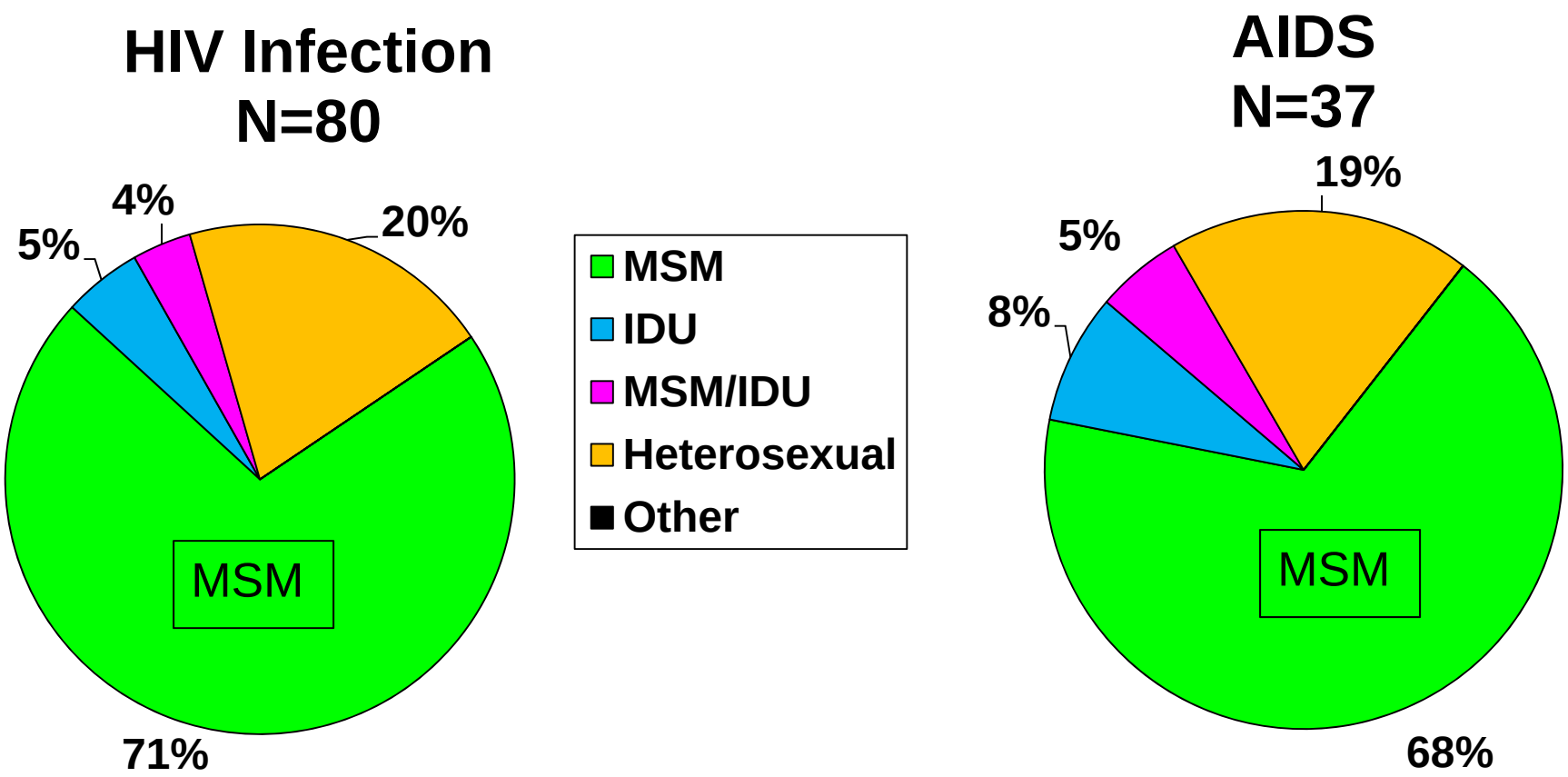
Note: NIRs redistributed. Male-to-male sexual contact (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 1, followed by heterosexual risk.

Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2005-2014, Partnership 1



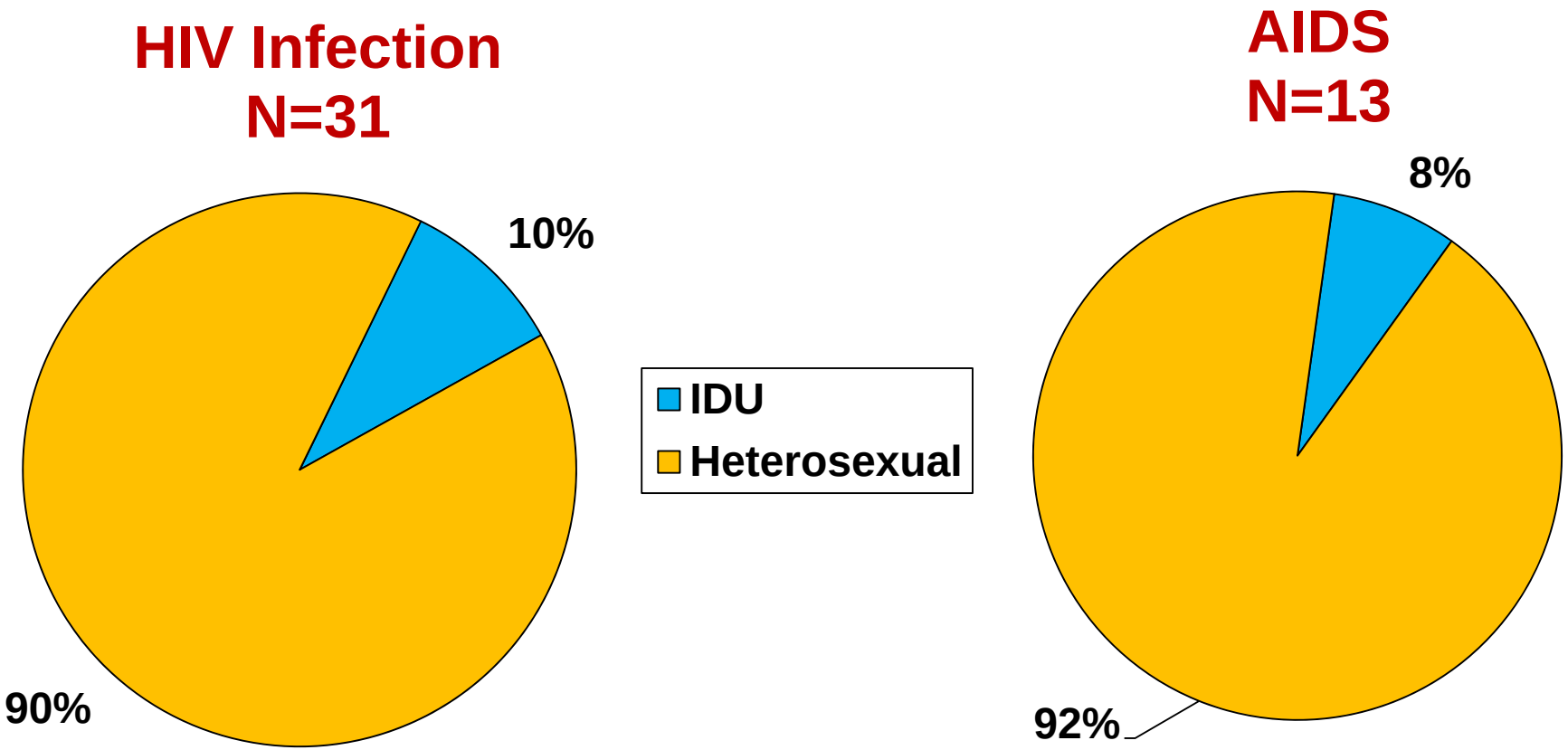
Note: NIRs redistributed. The heterosexual risk continues to be the dominant mode of exposure among females.

Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 1



Note: NIRs redistributed. Among the male HIV infection and AIDS cases reported for 2014, male-to-male sexual contact (MSM) was the most common risk factor (71% and 68% respectively) followed by cases with a heterosexual risk (20% for HIV and 19% 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 2014, Partnership 1



Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported for 2014, heterosexual sex was the highest risk (90% and 92% respectively).

Cases Living with HIV Disease

Unless otherwise noted, data in the following slides represent persons living with HIV/AIDS (PLWHAs), who were living in Florida (regardless where diagnosed) through the most recent calendar year. Living data are also referred to as prevalence cases or living with HIV disease.

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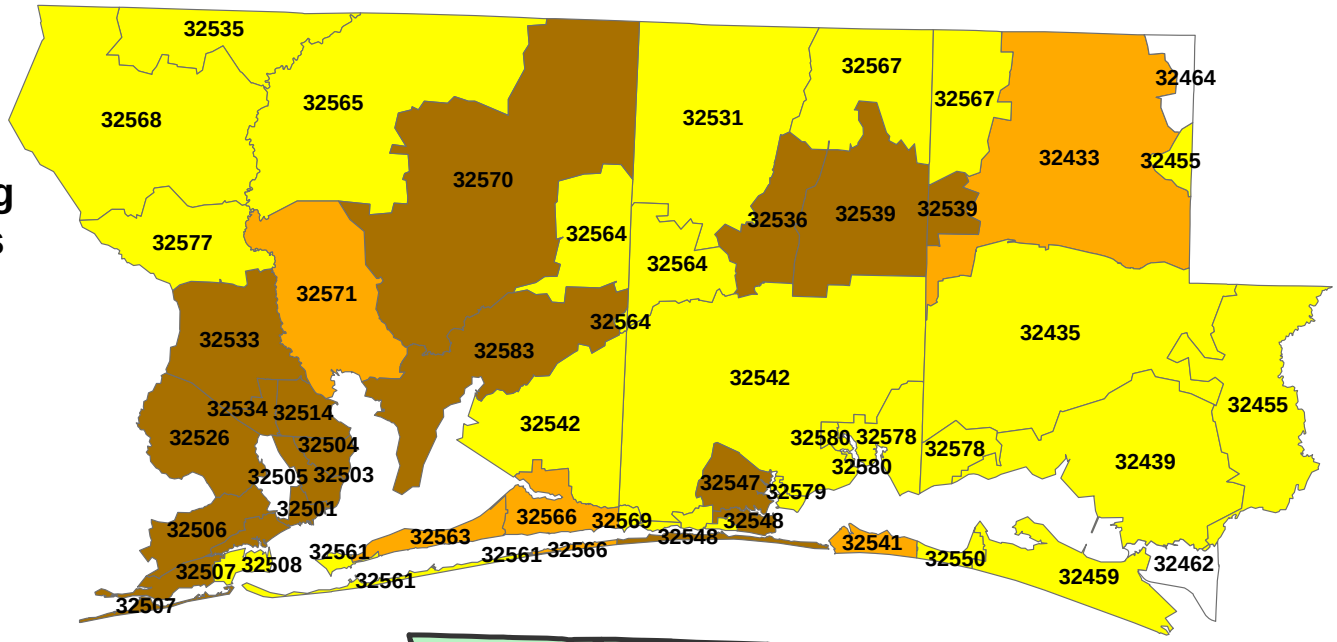
Adults Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 1

Total Adult Living HIV/AIDS Cases

- 0
- 1 - 20
- 21 - 40
- Over 40



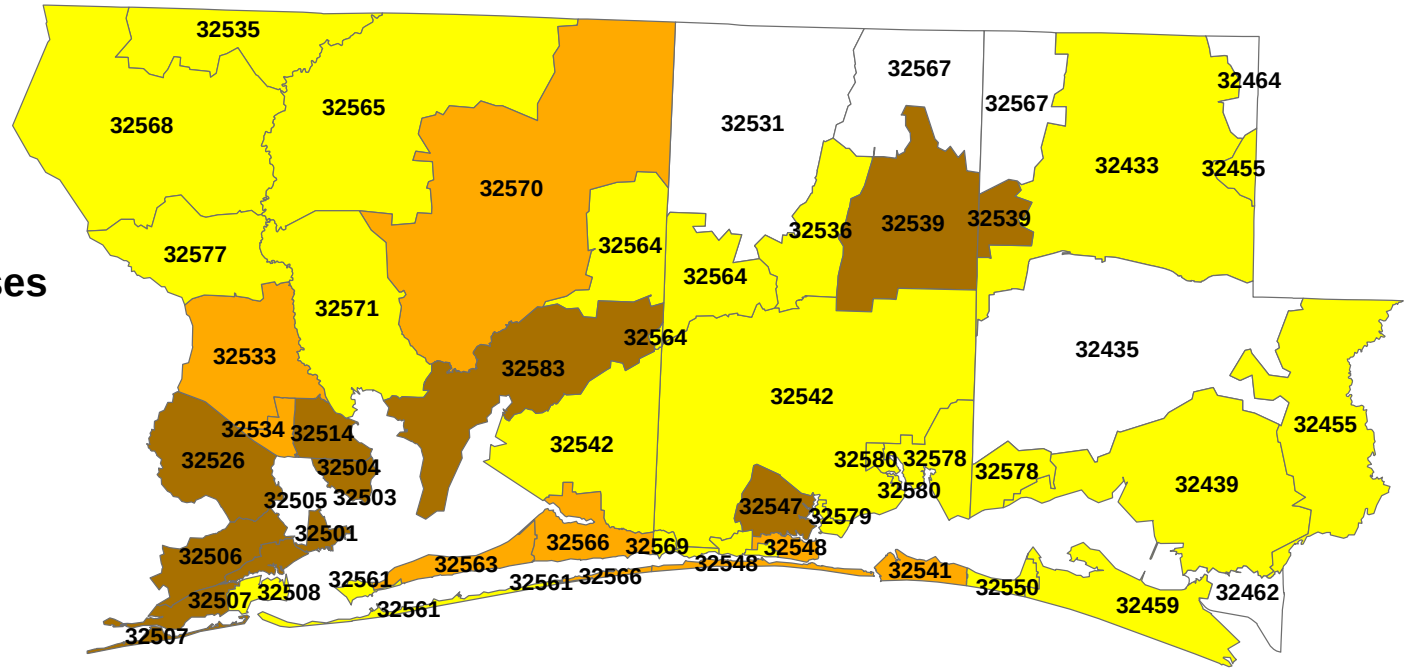
N= 1,943

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 1

Presumed Living MSM HIV/AIDS Cases

- 0
- 1 - 20
- 21 - 40
- Over 40



N= 1,093

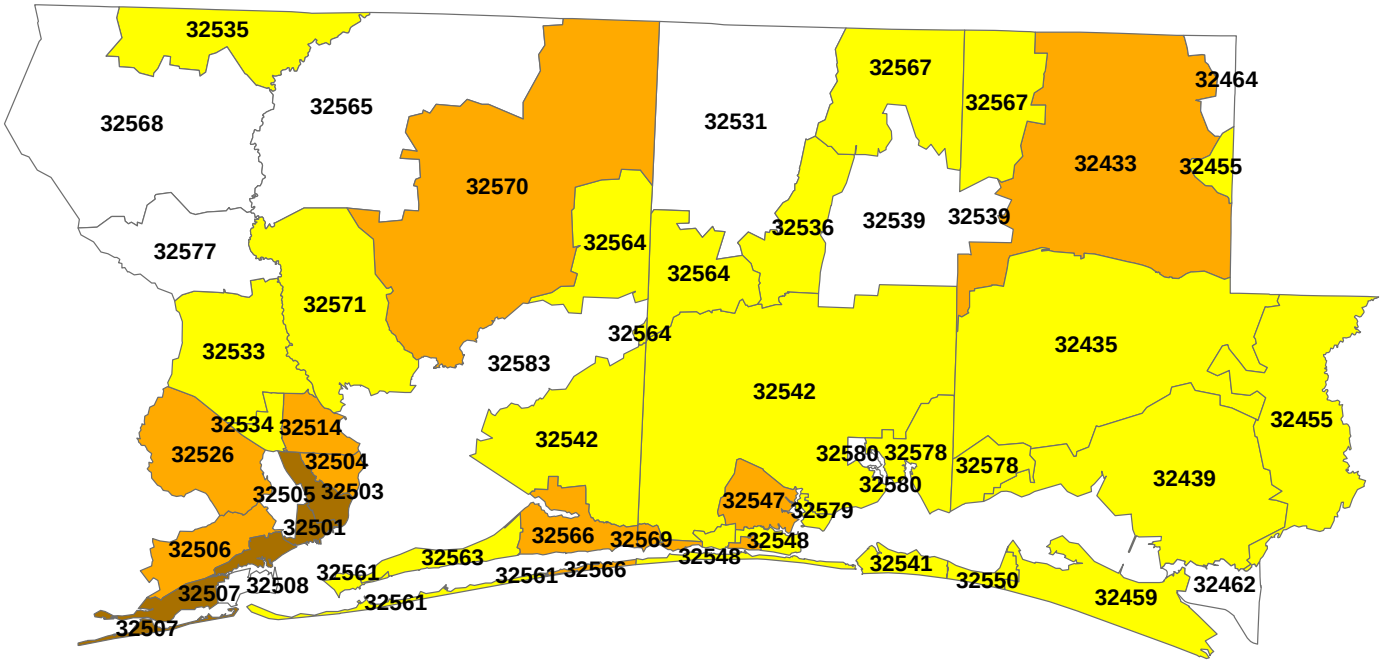
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 06/30/2015

Florida HEALTH

Injection Drug Users (IDUs)*
Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 1

Presumed Living IDU HIV/AIDS Cases

- 0
- 1 - 5
- 5 - 10
- Over 10



N=225

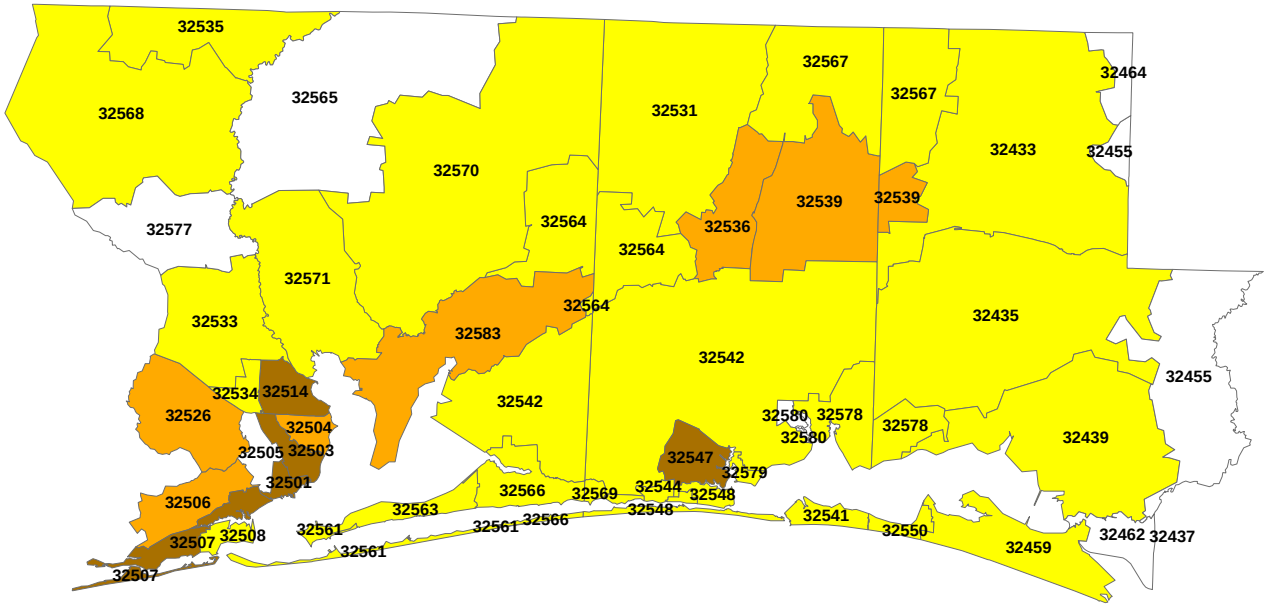
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 06/30/2015

Florida HEALTH

Adult Heterosexuals Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 1

Presumed Living Heterosexual HIV/AIDS Cases

- 0
- 1 - 20
- 21 - 40
- Over 40



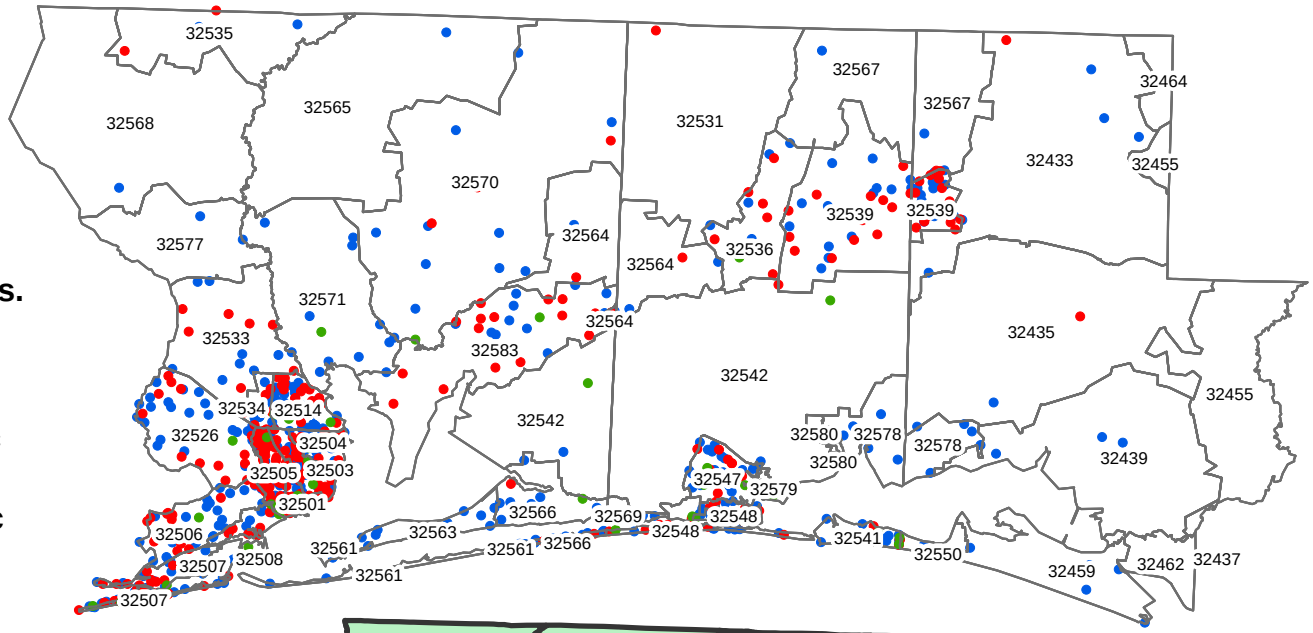
N= 682

NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

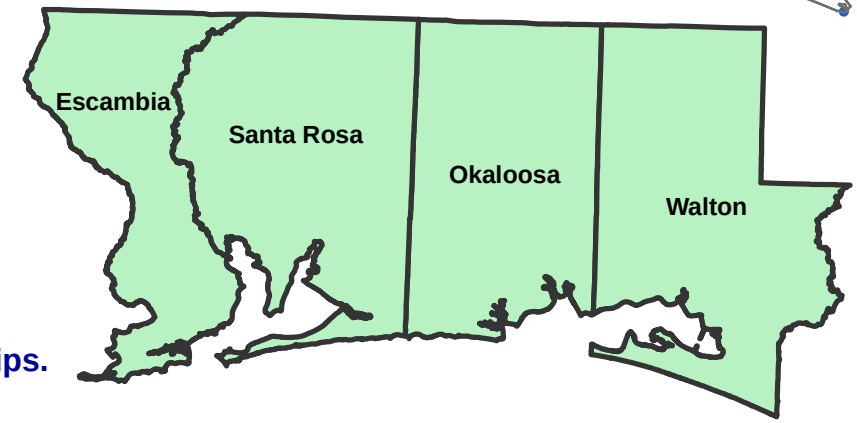
Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Diagnosed through 2014, Partnership 1

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

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

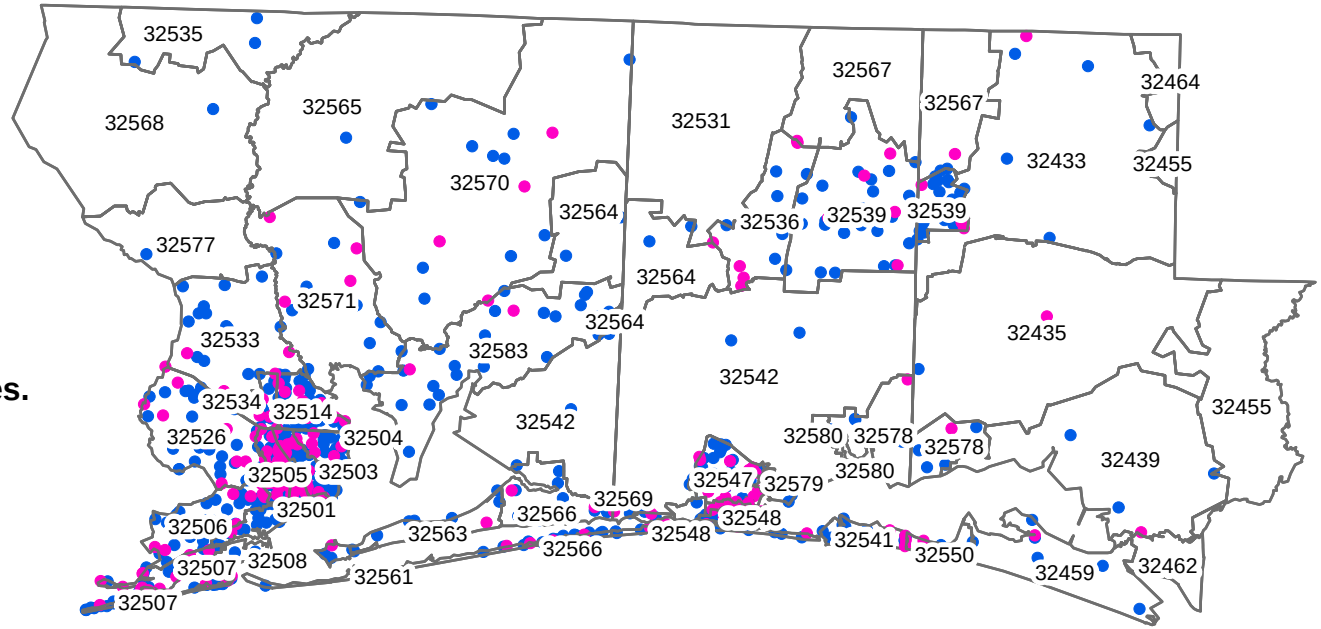


N=1,901



Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Adults Living with HIV Disease By Zip Code and Sex, Diagnosed through 2014, Partnership 1



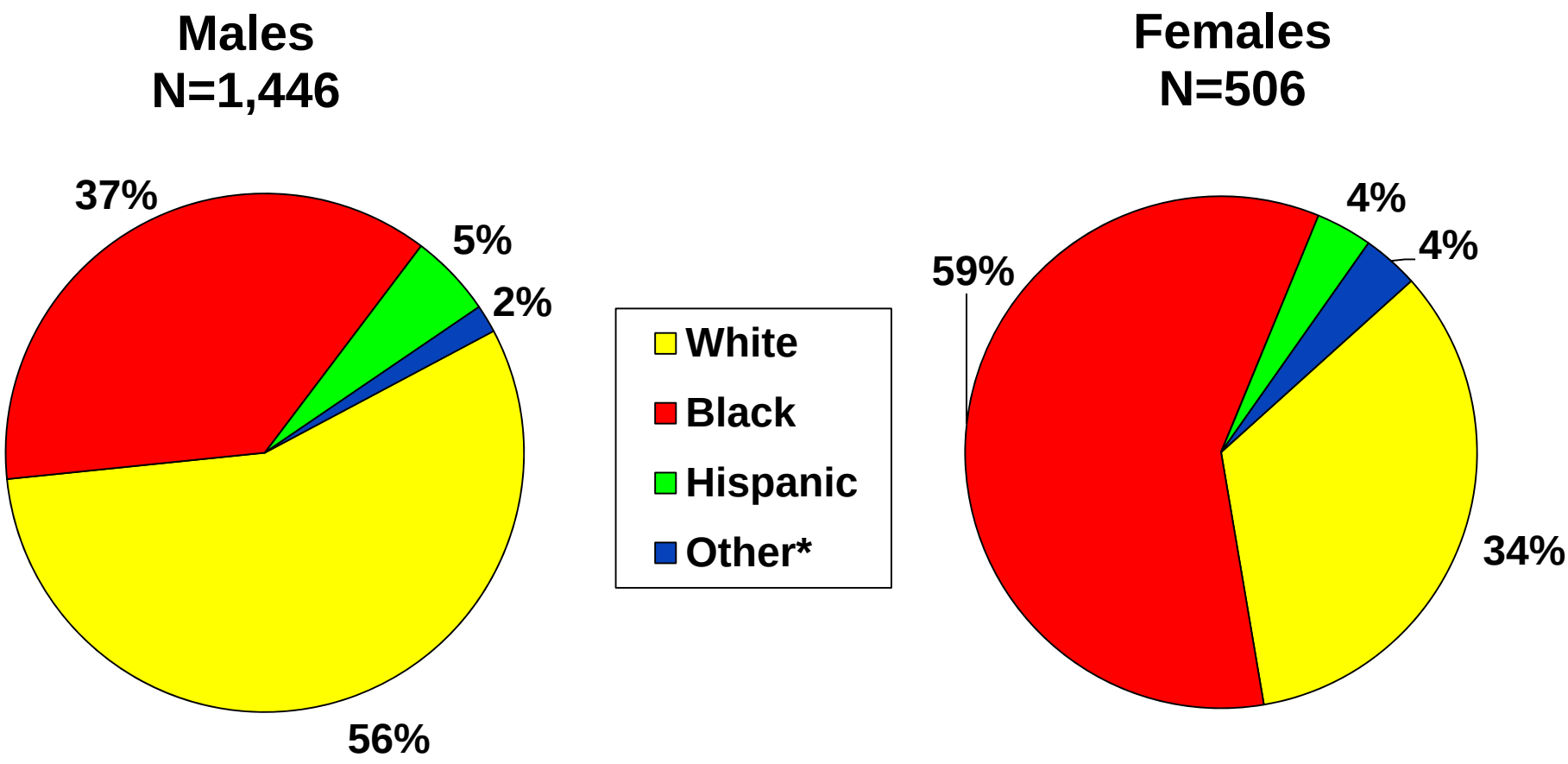
1 Dot = 3 cases
Dots are randomly placed within zip codes.

- Male
- Female

N=1,943

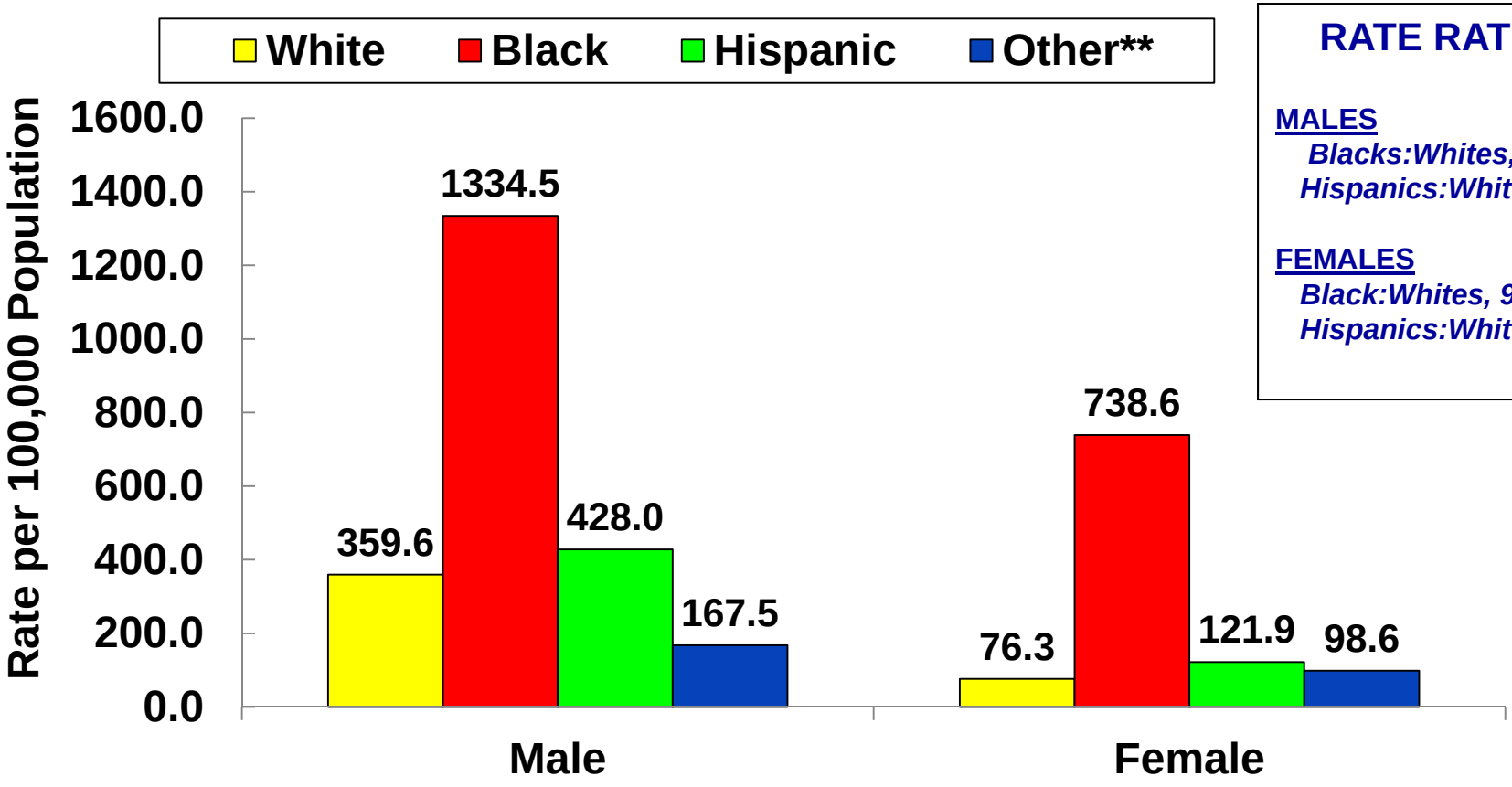
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Adults Living with HIV Disease, by Sex and Race/Ethnicity Diagnosed through 2014, Partnership 1



Note: Among adult males living with HIV disease, whites (56%) represent the race most affected. Among adult females living with HIV disease, blacks (59%) 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, Diagnosed through 2014, Partnership 1



RATE RATIOS:

MALES
Blacks:Whites, 3.7:1
Hispanics:Whites, 1.2:1

FEMALES
Black:Whites, 9.7:1
Hispanics:Whites, 1.6:1

Note: Among black males living with HIV disease, the case rate reported through 2014 is nearly 4 times higher than among the rate among white males. Among black females living with HIV disease, the case rate is nearly 10 times higher than the rate among white females. The case rate among Hispanic males and females are higher than the rate among their white counterparts. Data excludes Department of Corrections cases.

***Source: Population estimates are provided by Florida CHARTS as of 7/9/2015.**

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

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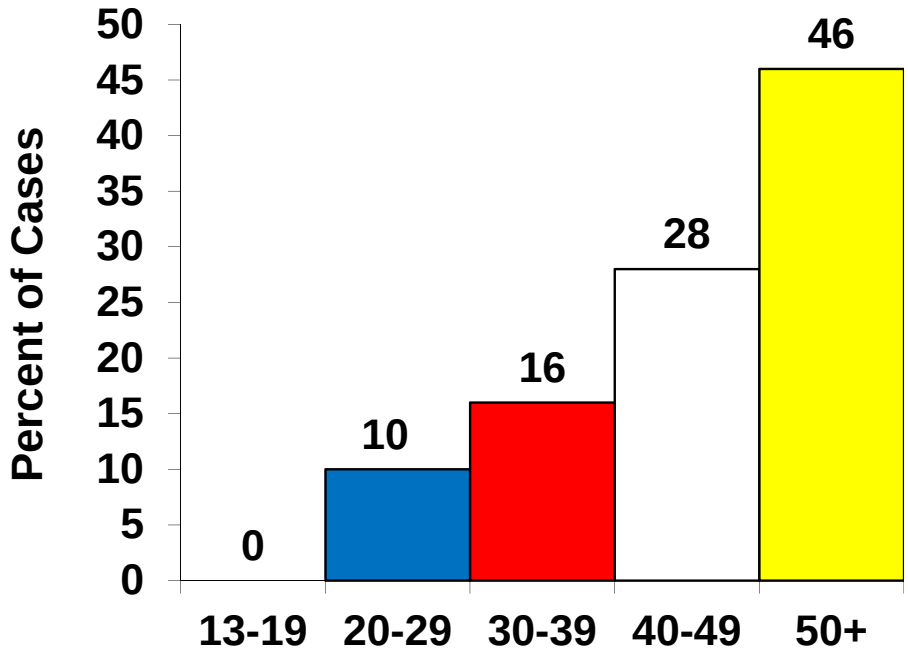
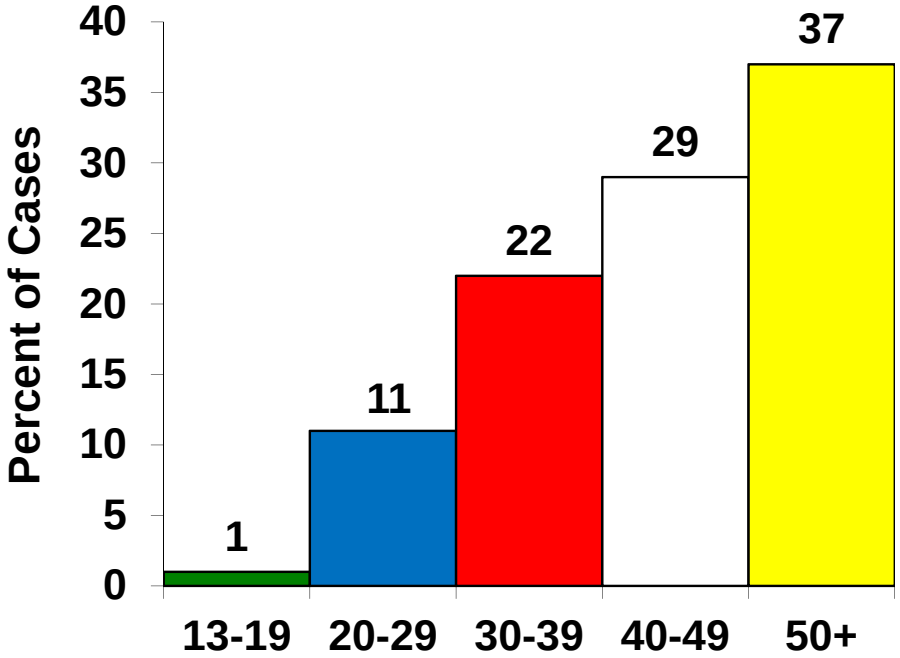
Adults Living with HIV Disease, by Sex and Current Age Group, Diagnosed through 2014, Partnership 1

Males
N=1,446

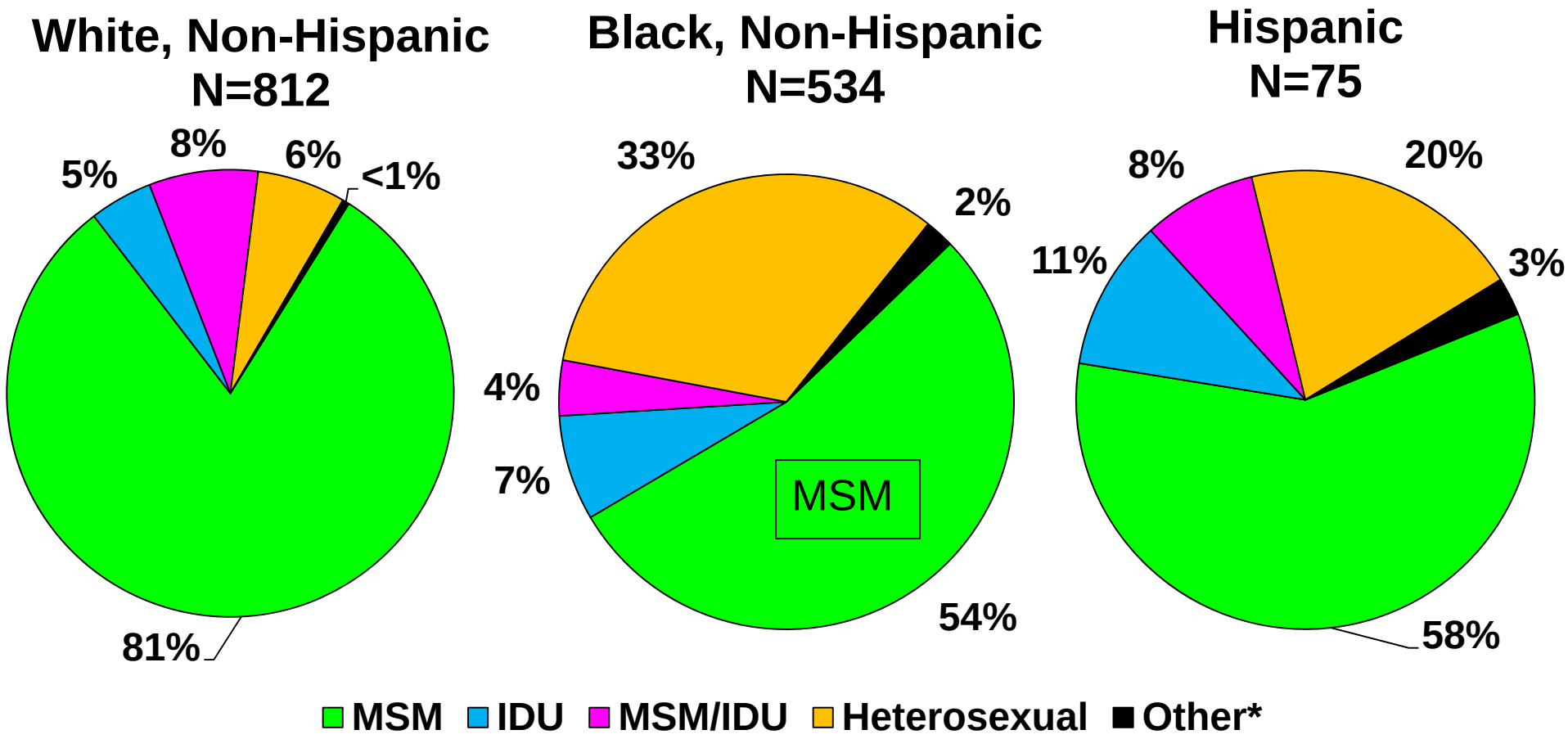


Females
N=506



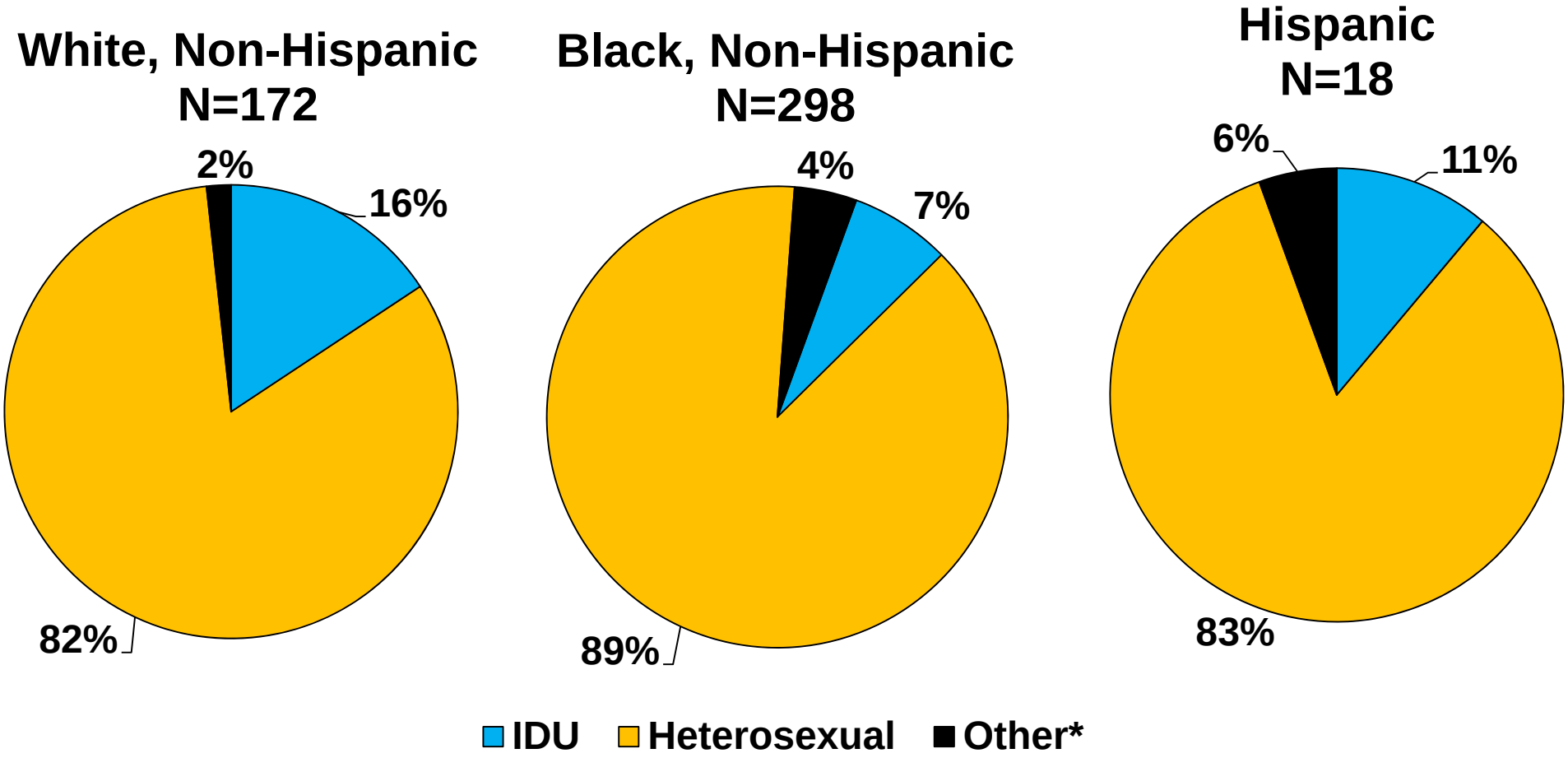
Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (74%), compared with females who are currently 40 years or older living with HIV disease (66%).

Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 1



Note: NIRs redistributed. Male-to-male sexual contact (MSM) represents the highest risk for all races. White males have the smallest proportion of heterosexual contact risk.
* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.

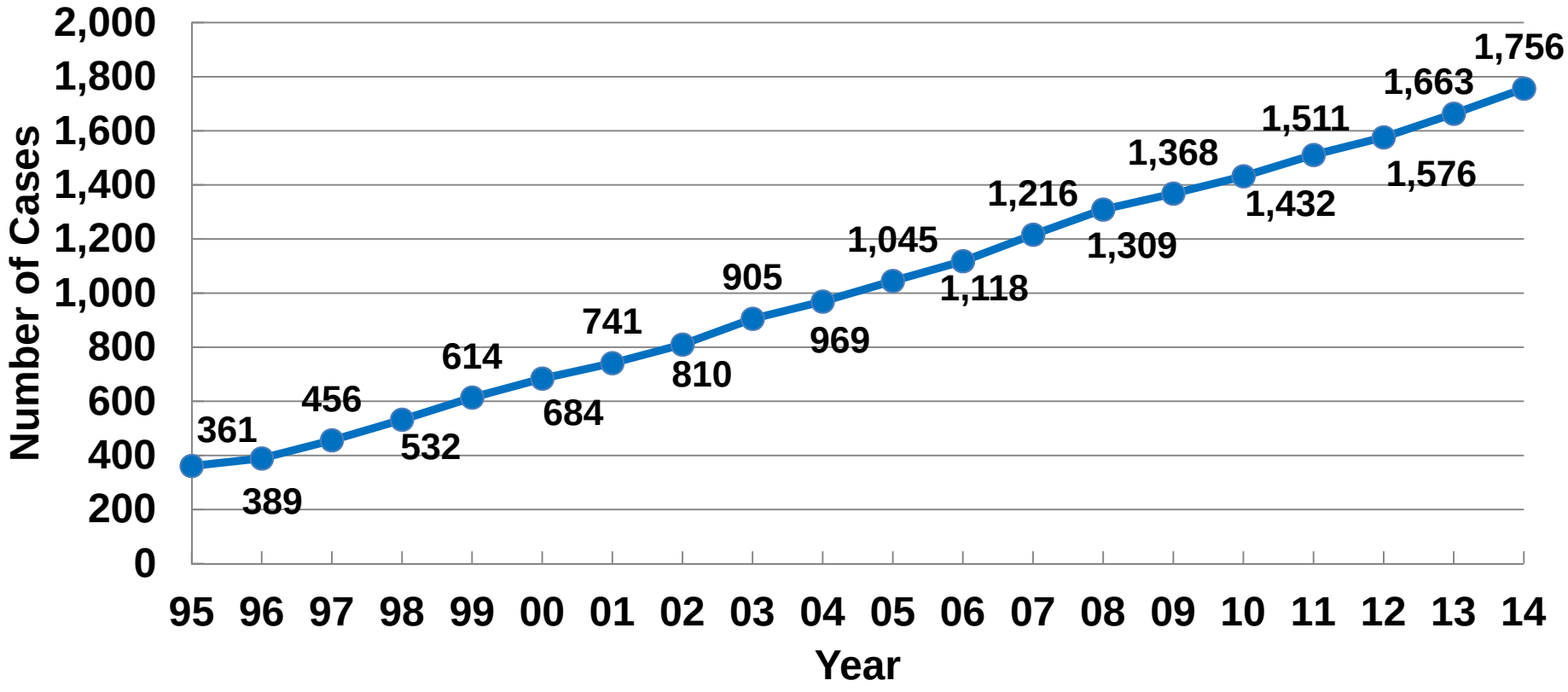
Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 1



Note: NIRs redistributed. Heterosexual contact is the majority risk for all races, however, whites have the highest proportion of IDU risk.

* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.

Annual Prevalence of Adults Living with HIV Disease, 1995-2014, 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 who are presumed to be alive have been increasing. Since 1995, the number of persons reported living with HIV/AIDS have increased over 370%. In 2014, the prevalence increased by 5.6% from the previous year.

Note: These data represent adults living with HIV disease diagnosed in Florida regardless of their current residence.

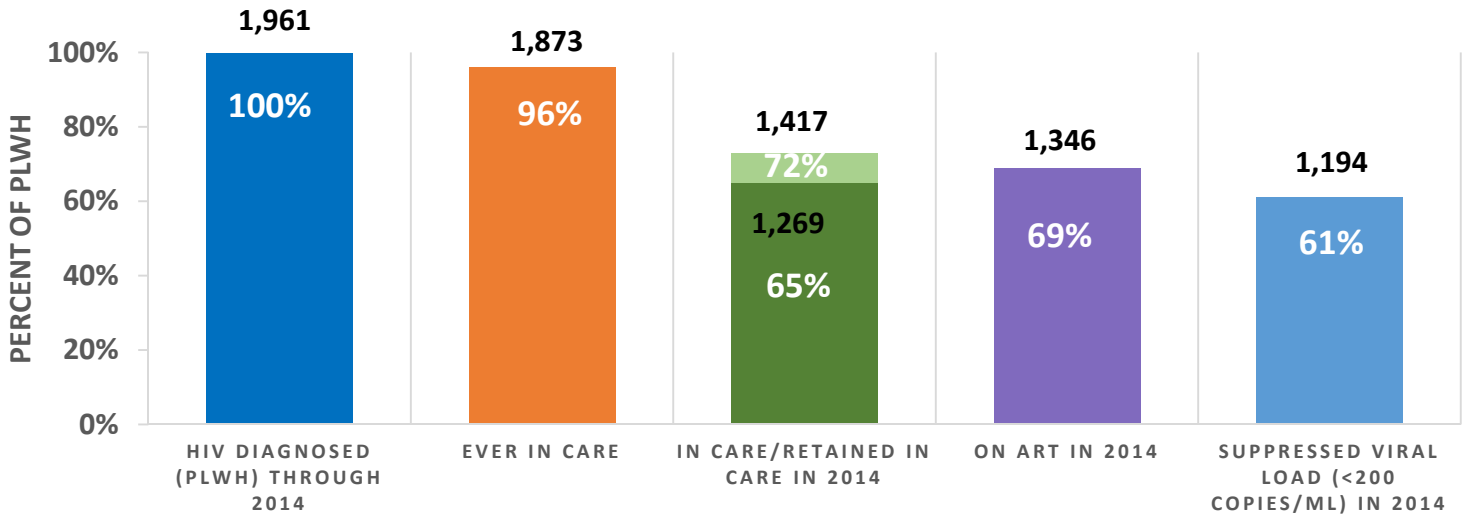
Partnership 1'sTop-9 Priority Populations in 2014 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

1. White Men who have sex with Men
2. Black Heterosexual men and women
3. Black Men who have sex with Men
4. White Heterosexual men and women
5. White Injection Drug User
6. Hispanic Men who have sex with Men
7. Black Injection Drug User
8. Hispanic Heterosexual men and women
9. Hispanic Injection Drug User

This final ranking is a result of ranking 9 race/risk groups among those newly reported in eHARS with HIV disease from the 3 most recent years, plus ranking these same 9 race/risk groups from all persons who were reported and living with HIV disease in eHARS through the most recent calendar year. The two ranks were then weighted and combined resulting in the final rank.

Florida HEALTH

Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Partnership 1 (excl. DOC), 2014

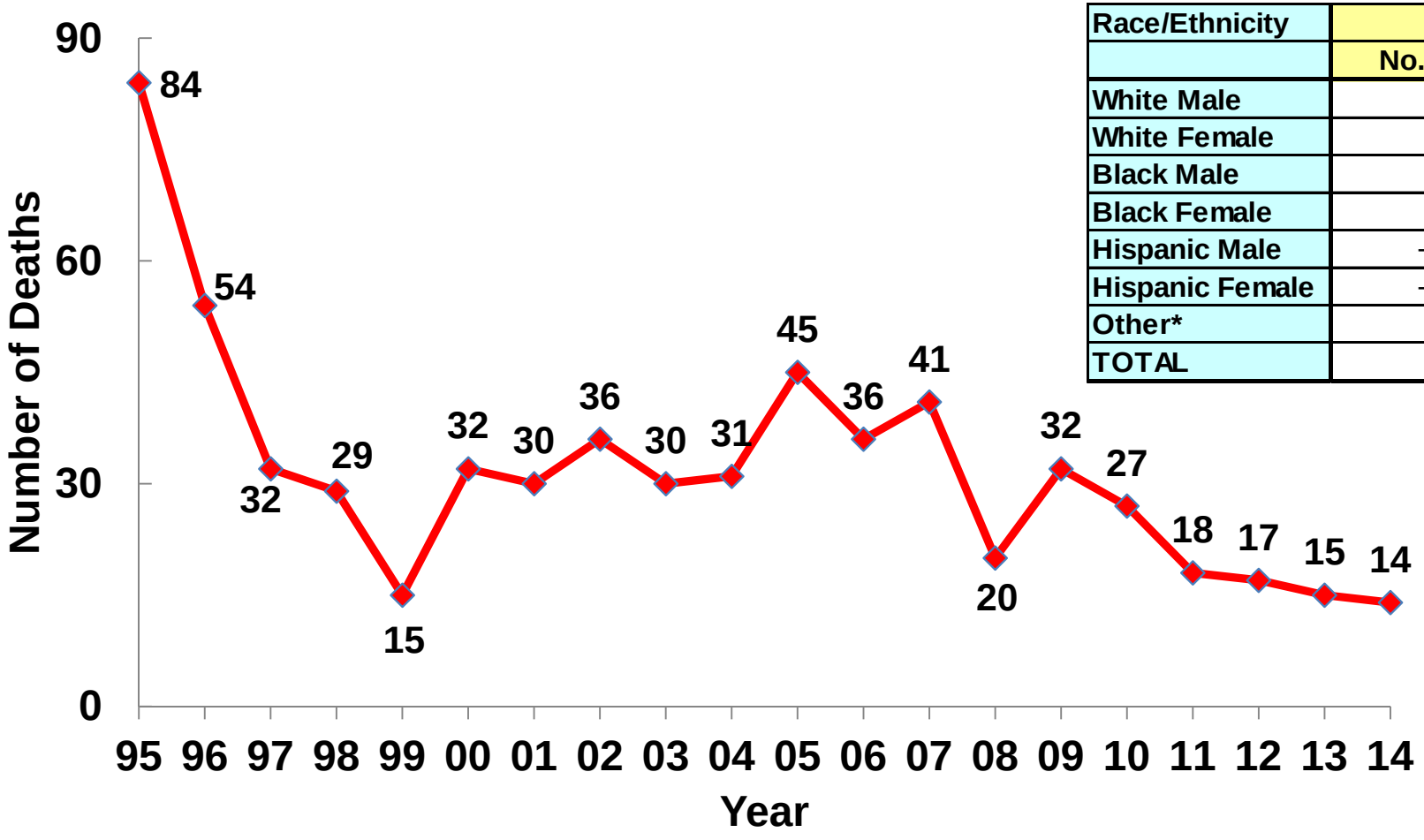


- 85% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 84% of PLWH in care had a suppressed viral load in 2014

(1) **HIV Diagnosed:** Persons diagnosed and living with HIV (PLWH) in Florida through the end of 2014.
(2) **Ever in Care**: PLWH with at least 1 documented viral load (VL) or CD4 lab, medical visit or prescription since HIV diagnosis.
(3) **In Care**: PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription in 2014.
Retained in Care: PLWH with 2 or more documented VL or CD4 labs, medical visits or prescriptions (at least 3 months apart) in 2014.
(4) **On ART**: Estimated PLWH on antiretroviral therapy (ART) in 2014 (estimated from 2013 FL MMP data).
(5) **Suppressed Viral Load**: PLWH with a suppressed VL (<200 copies/mL) on last VL in 2014.

Florida HEALTH

Resident Deaths due to HIV Disease by Year of Death, 1995-2014, Partnership 1



Race/Ethnicity	2014	
	No.	rate
White Male	7	2.7
White Female	1	0.4
Black Male	4	7.9
Black Female	1	2.0
Hispanic Male	-	0.0
Hispanic Female	-	0.0
Other*	1	2.3
TOTAL	14	2.0

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 5/31/2015). Population data are provided by Florida CHARTS as of 7/9/2015.
* 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

Florida HEALTH

"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

Maurice Moody
Escambia County Health Department
Phone: 850-595-6500 ext. 1502
Email: Maurice.Moody@flhealth.gov

Deborah Carty, HIV/AIDS Program Coordinator
Phone: 850-595-6500 ext. 1500
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