# HIV/AIDS Epidemiology Partnership 11b

## Monroe County

### 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.

# 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 11b

**Total Population, 2014***

**73,584**

*2014 estimate is provisional

## HIV Infection and AIDS Cases Reported in 2014*

| | Adults (Age 13+) | Pediatrics (Age <13) | TOTAL |
|---|---|---|---|
| **HIV Infection Cases** | 18 | - | 18 |
| **AIDS Cases** | 7 | - | 7 |

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

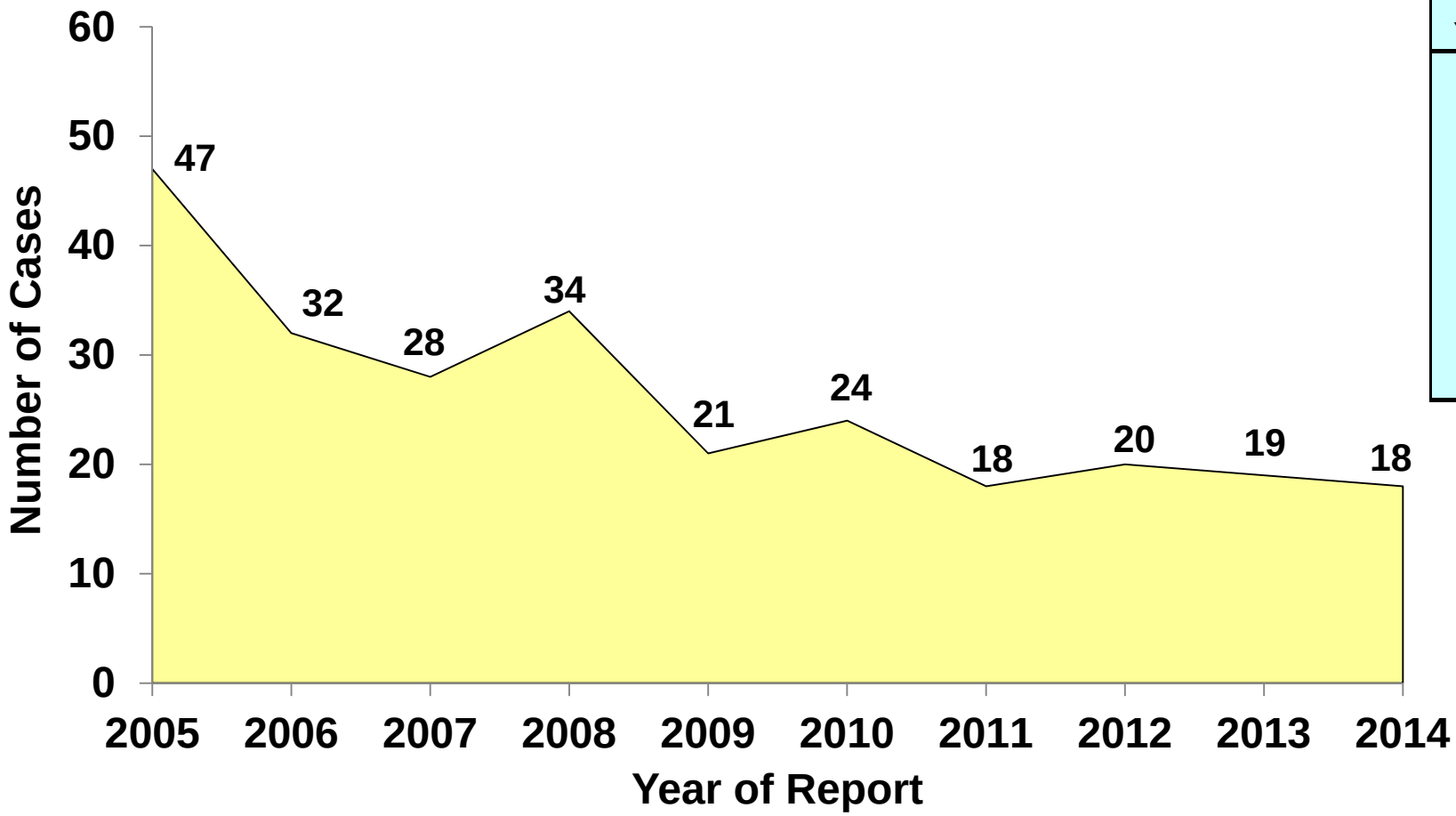
## Cumulative HIV/AIDS Cases Reported 1981-2014

| | Adults (Age 13+) | Pediatrics (Age<13) | TOTAL |
|---|---|---|---|
| **HIV (not AIDS) Cases**** | 245 | - | 245 |
| **AIDS Cases** | 1,335 | 2 | 1,337 |
| **Total** | 1,580 | 2 | 1,582 |

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

Persons Living with HIV Disease through 2014, as of 06/30/2015: 658

# HIV Infection Cases and Rates*, By Year of Report, 2005-2014, Partnership 11b




| Year | Rate |
|---|---|
| 05 | 60.9 |
| 06 | 42.2 |
| 07 | 37.4 |
| 08 | 46.0 |
| 09 | 28.5 |
| 10 | 32.9 |
| 11 | 24.8 |
| 12 | 27.7 |
| 13 | 26.1 |
| 14 | 24.5 |

**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. A 5% decrease was observed in 2014 compared to the previous year. In contrast, the state observed a 12% increase in HIV infection cases 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.**

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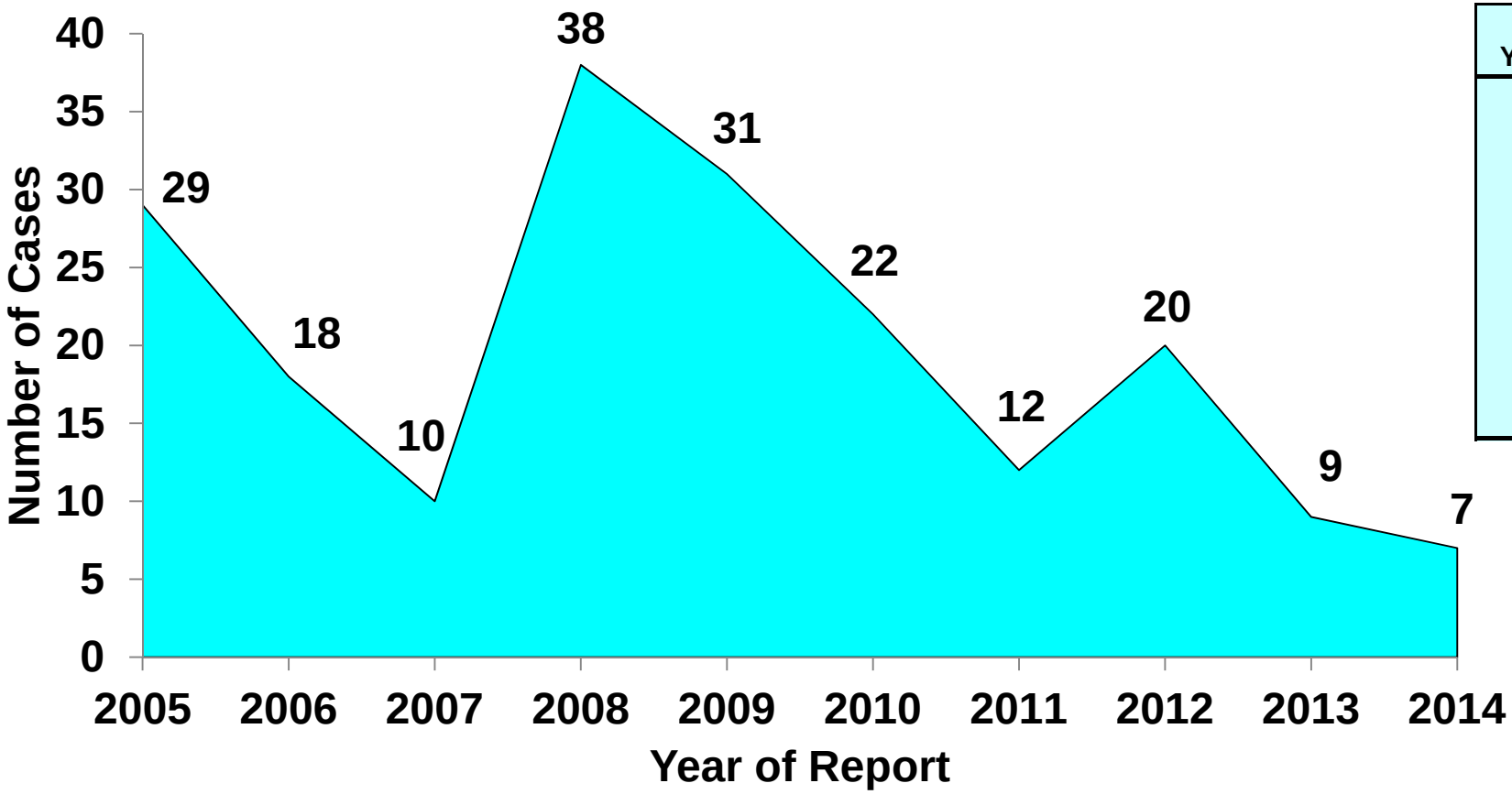
# AIDS Cases and Rates*
# By Year of Report, 2005-2014, Partnership 11b

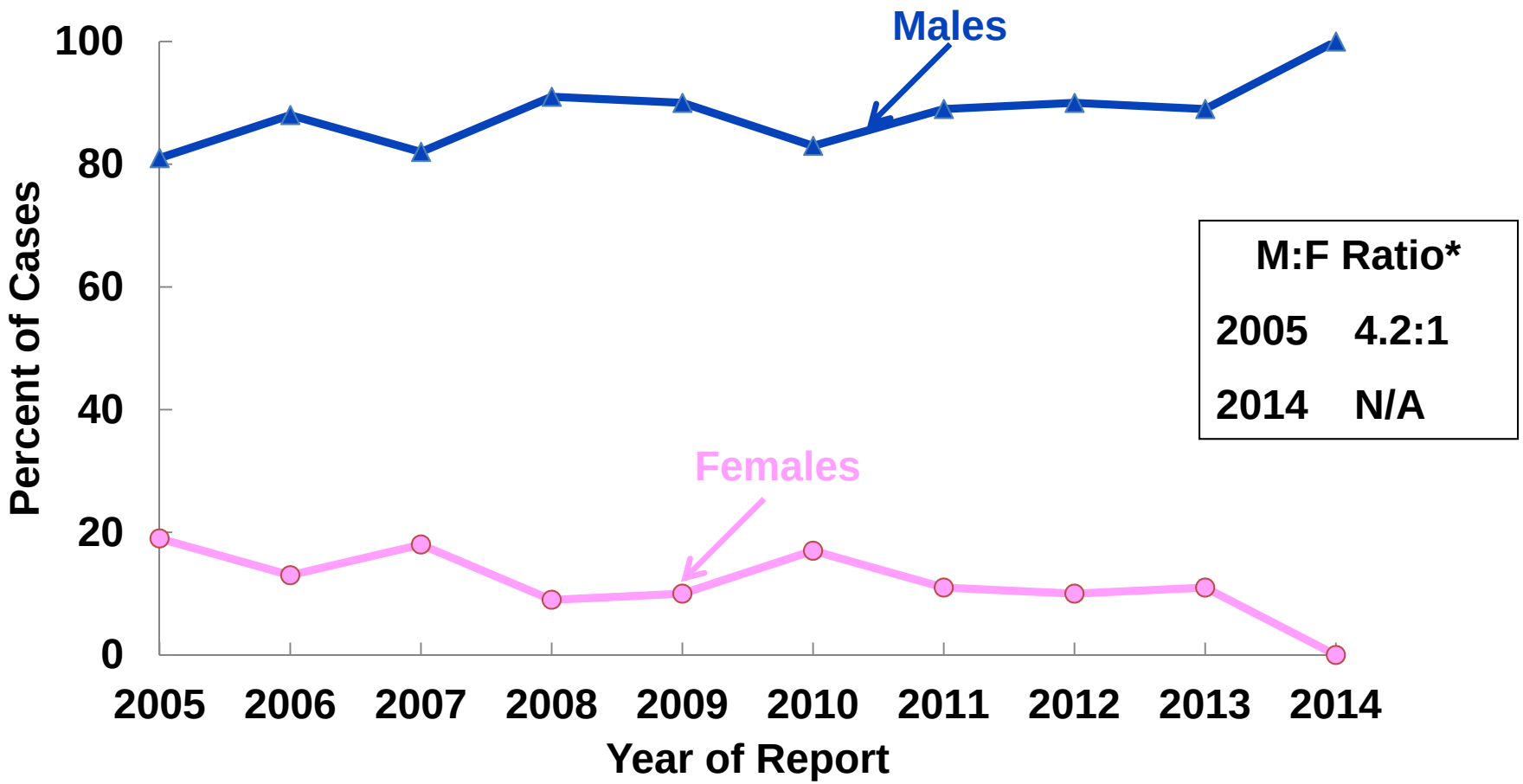



| Year | Rate |
|---|---|
| 05 | 37.5 |
| 06 | 23.8 |
| 07 | 14.7 |
| 08 | 52.7 |
| 09 | 42.1 |
| 10 | 30.2 |
| 11 | 16.5 |
| 12 | 27.7 |
| 13 | 12.4 |
| 14 | 9.5 |

**Electronic laboratory reporting delays in late 2007 decreased cases in that year. The expansion of electronic lab reporting increased the timeliness of reporting, which contributed to the artificial spike in 2008, followed by subsequent annual decreases through 2013. AIDS cases in 2014 dropped by 22% from the previous year. This is higher than the 15% decline observed by the state during the same time period.**

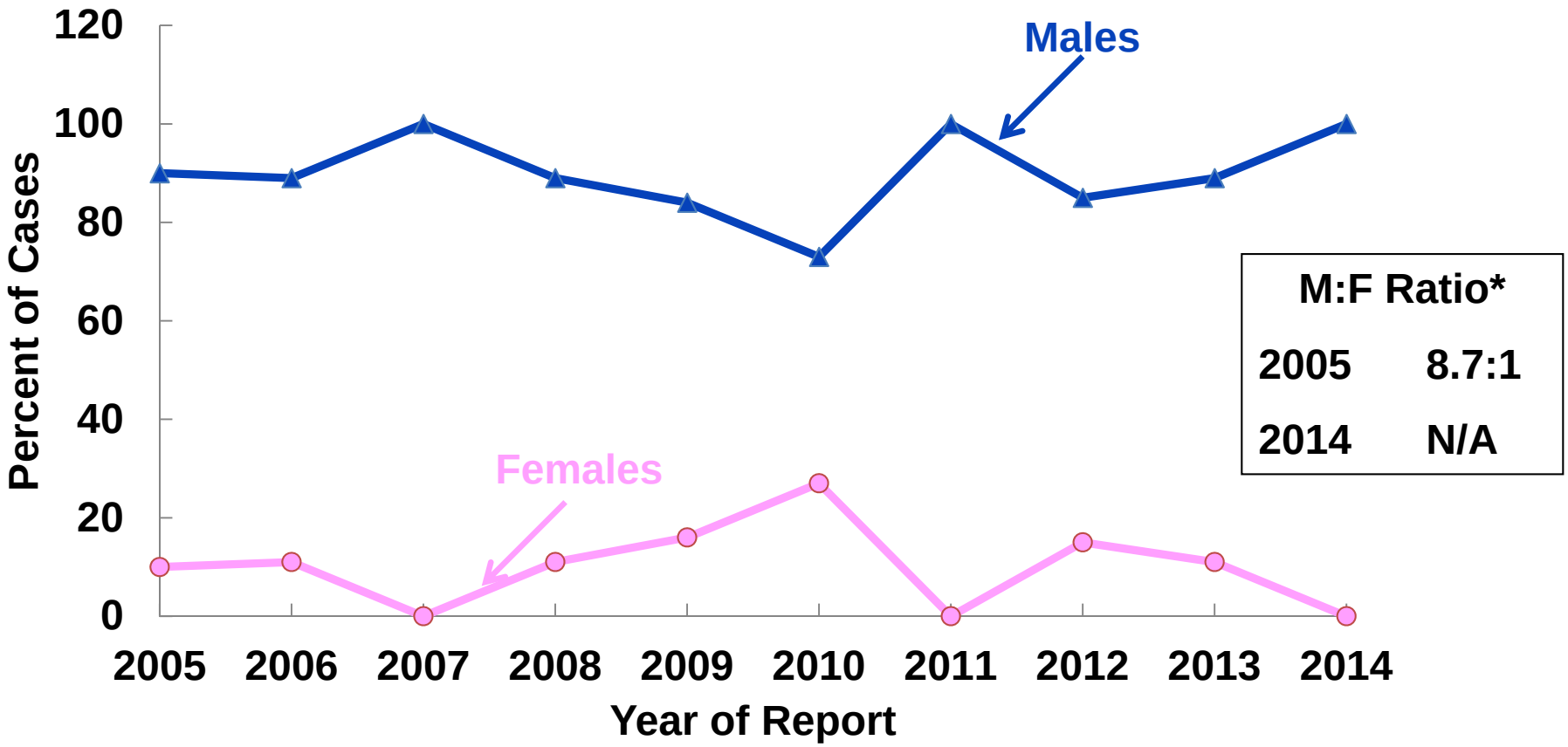
***Source: Population estimates are provided by Florida CHARTS as of 7/9/2015. Rates are expressed as per 100,000 population.**

# Adult HIV Infection Cases, by Sex and Year of Report, 2005-2014, Partnership 11b



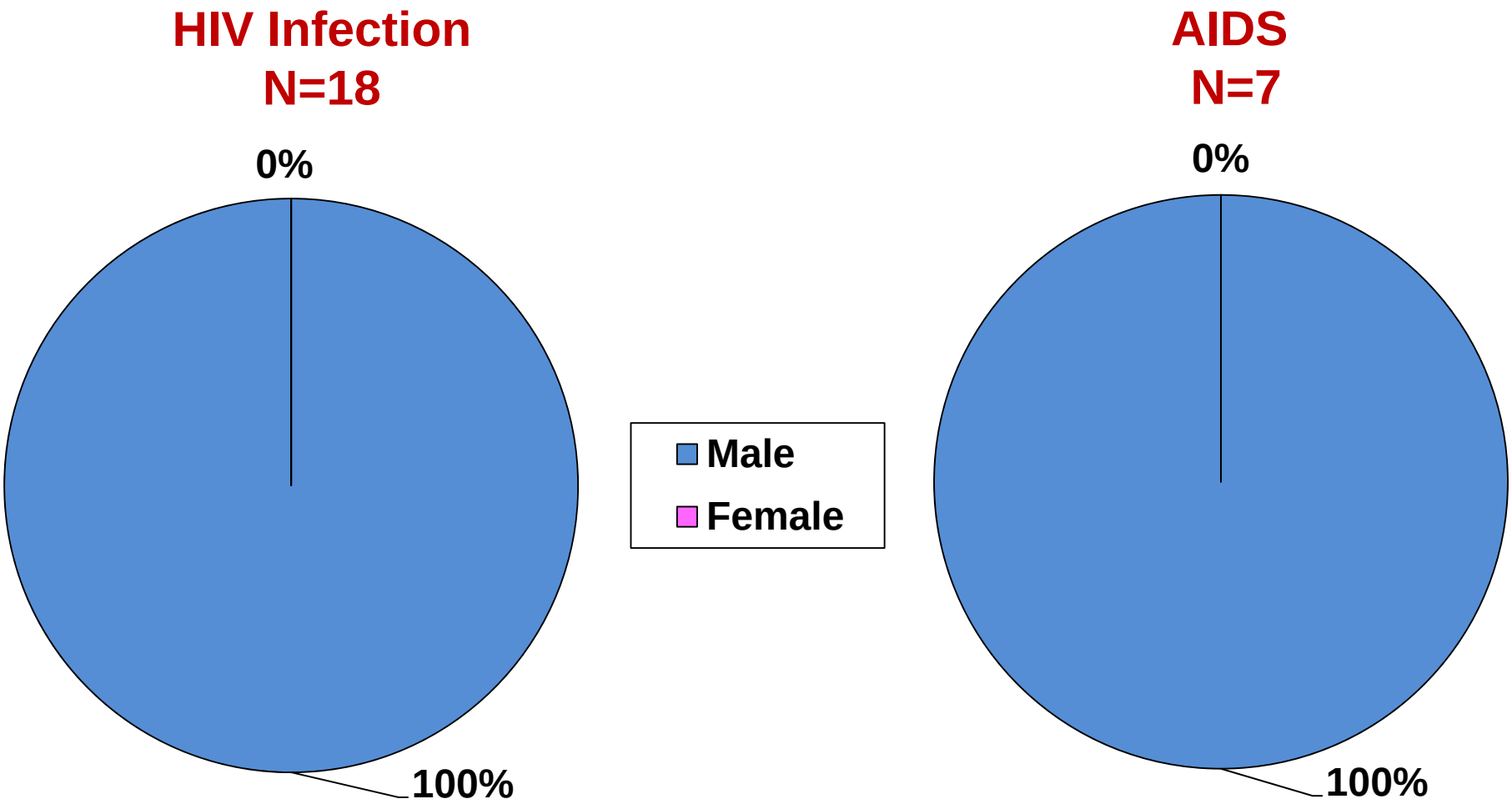

Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV Infection Cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio 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 11b



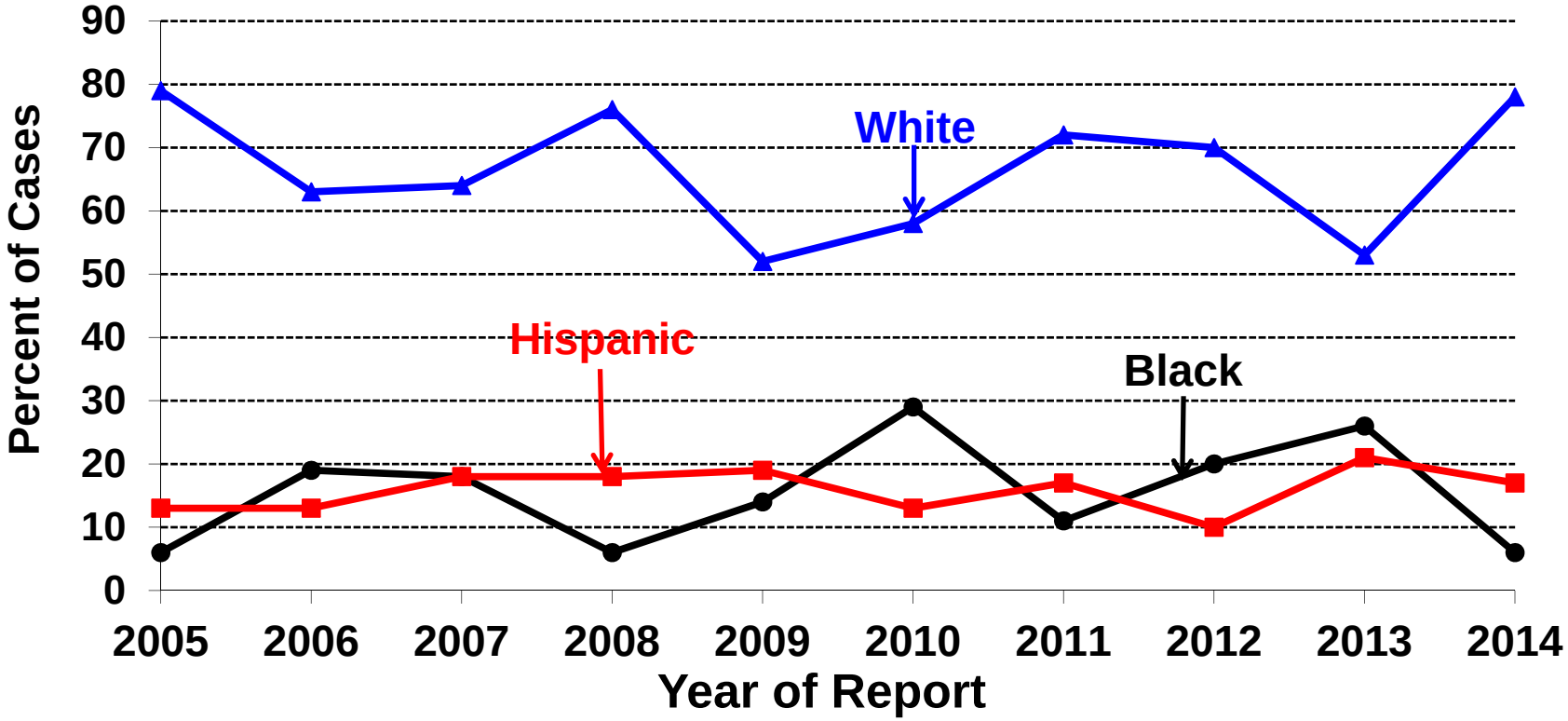

Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

# Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Partnership 11b



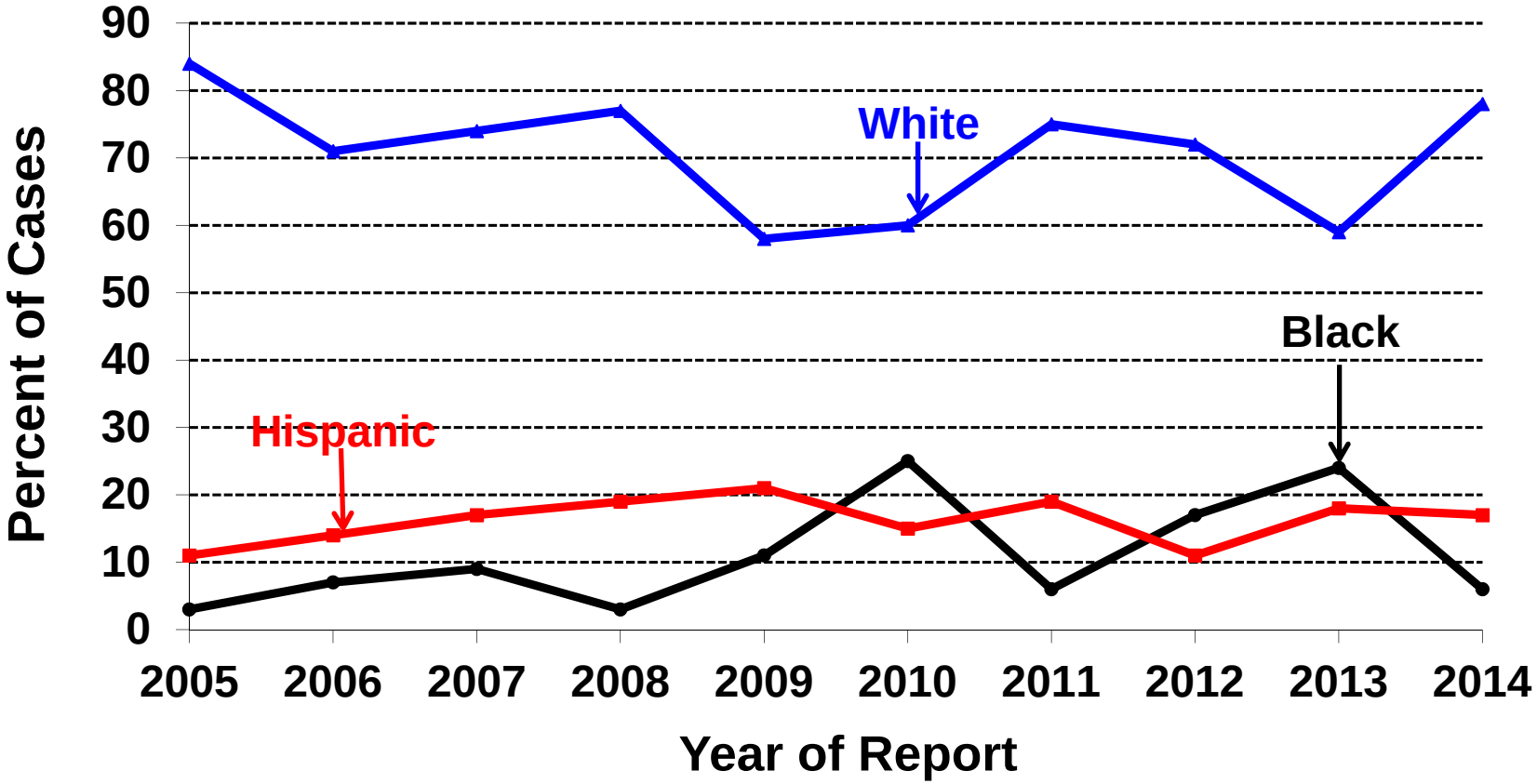

Note: Partnership 11b's Adult Population is: 53% Male and 47% Female.

# Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 11b



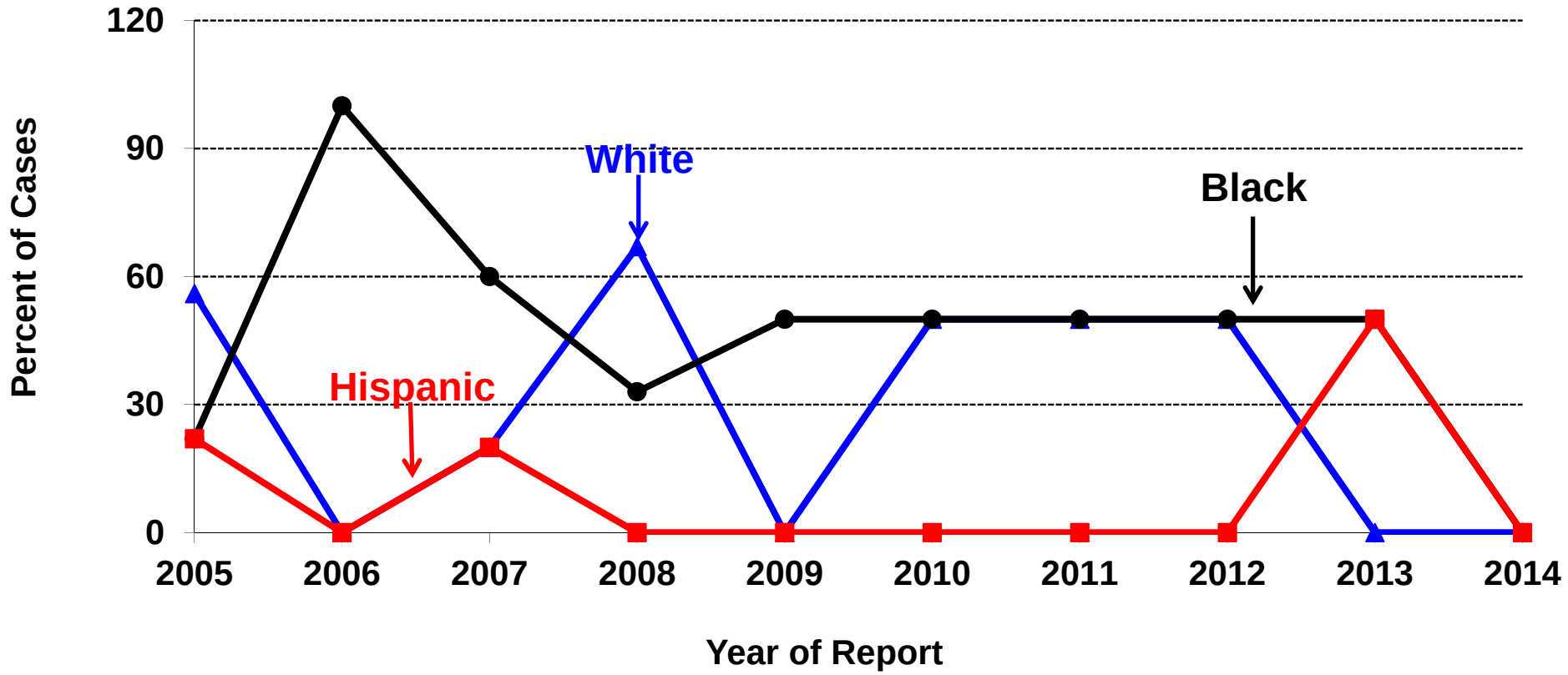

**Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2005 to 2014, the proportion HIV infection cases among Hispanics increased by 4 percentage points. In contrast, the proportion of HIV infection cases among whites decreased by 1 percentage point and remained the same among blacks during the same time period. Other races represent less than 1% of the cases and are not included.**

# Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 11b



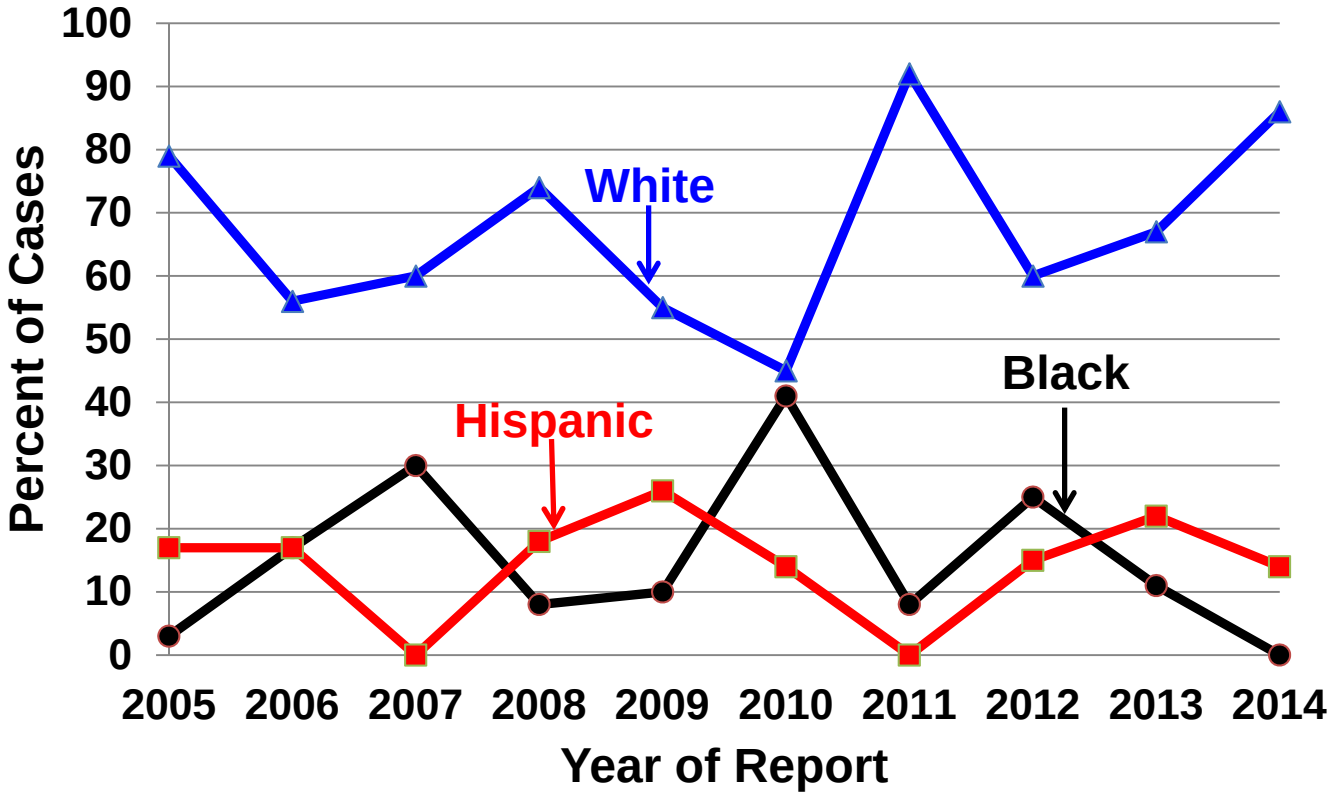

**Note: The proportion of male HIV infection cases among blacks and Hispanics has shifted up and down over the years, at times, crossing paths. From 2005 to 2014, the proportion of HIV infection cases among Hispanic and black males increased by 6 and 3 percentage points, respectively. In contrast, the proportion of HIV infection cases among white males decreased by 6 percentage points. Other races represent less than 1% of the cases and are not included.**

# Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 11b




**Note: Partnership 11b has small number of new female HIV infection cases each year which at times can make data by year and race difficult to interpret. From 2005 to 2014, the proportion of adult female HIV cases declined to zero among all race/ethnicity groups.**

# Adult AIDS Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 11b




***Factors Affecting Disparities***

*-Late diagnosis of HIV.*

*-Access to/ acceptance of care.*

*-Delayed prevention messages.*

*-Stigma.*

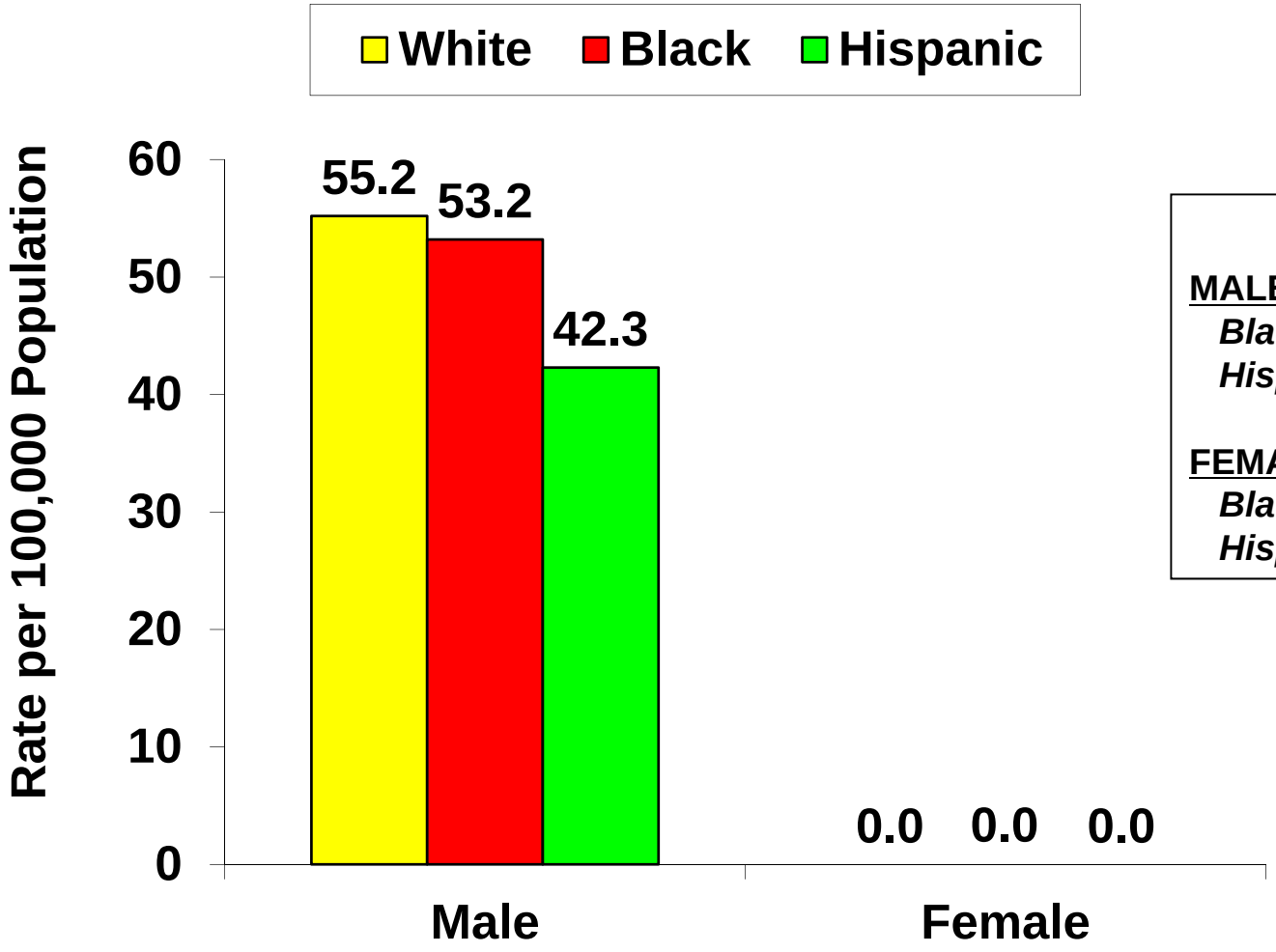
*-Non-HIV STD's in the community.*

*-Prevalence of injection drug use.*

*-Complex matrix of factors related to socioeconomic status*

**From 2005 to 2014, the proportion of AIDS cases among whites increased by 7 percentage points. In contrast, the proportion of AIDS cases among Hispanics decreased by 3 percentage points; meanwhile the proportion of AIDS cases among blacks declined to zero during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 10% of the cases and are not included.**

# Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 11b




**Rate Ratios:**

**MALES**

***Black:White, 1.0:1***

***Hispanic:White, 0.8:1***

**FEMALES**

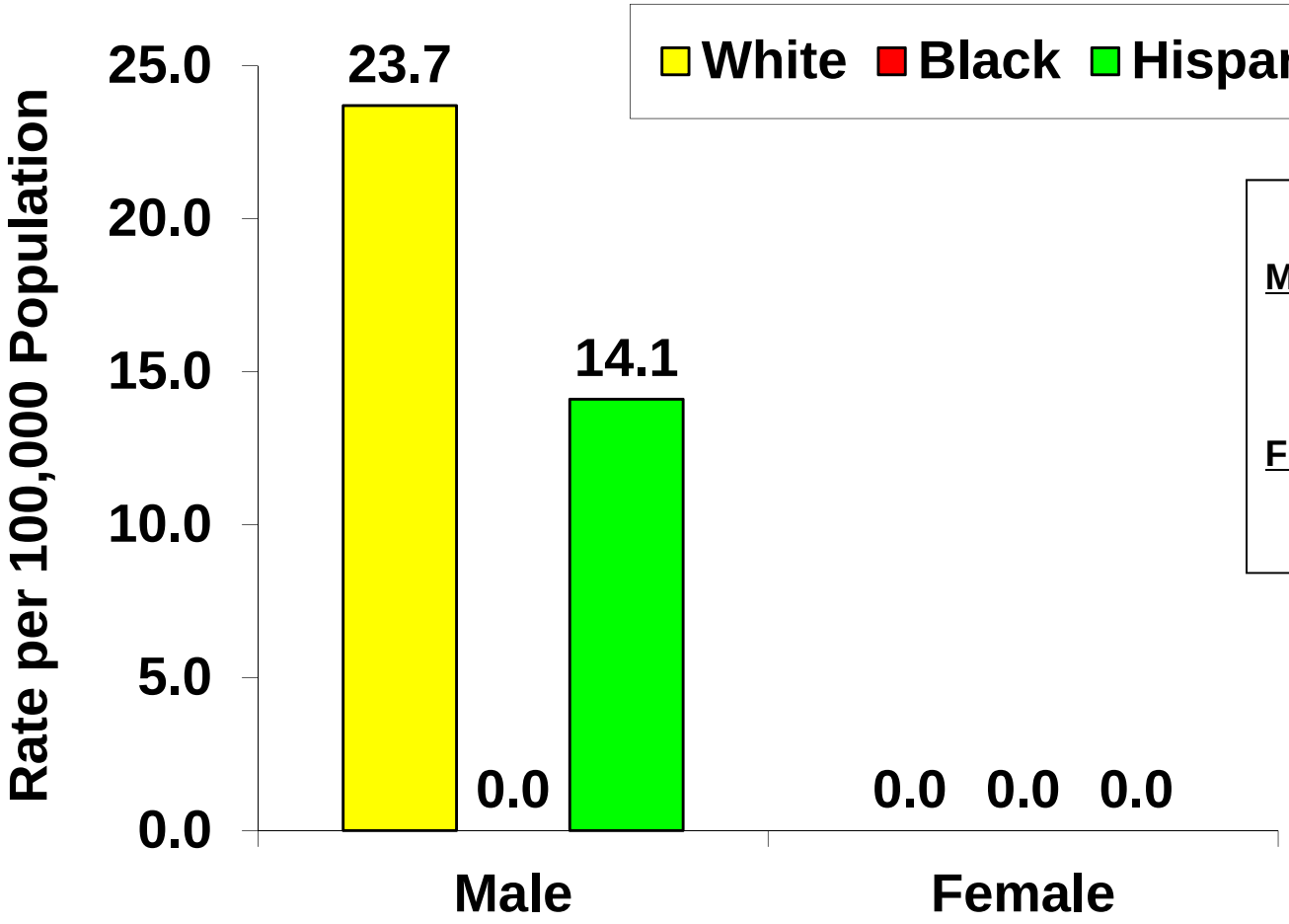
***Black:White, N/A***

***Hispanic:White, N/A***

**Note: The HIV infection case rate is highest among white males in comparison to the their black and Hispanic counterparts.**

***Source: 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 11b




**Rate Ratios:**

**MALES**

***Black:White, 0.0:1***

***Hispanic:White, 0.6:1***

**FEMALES**

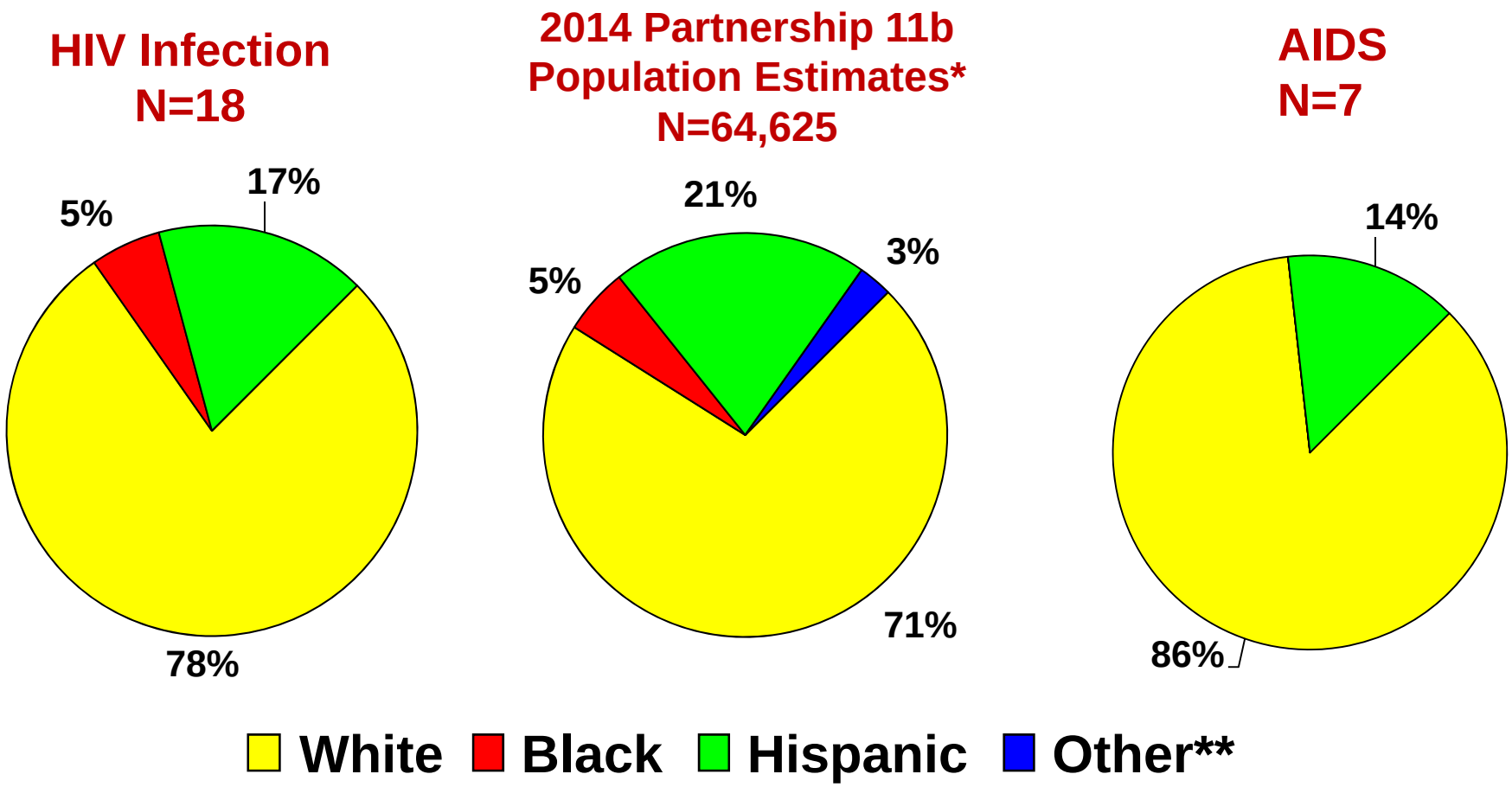
***Black:White, N/A***

***Hispanic:White, N/A***

**Note: The AIDS case rate is highest among white males in comparison to the their Hispanic and black counterparts.**

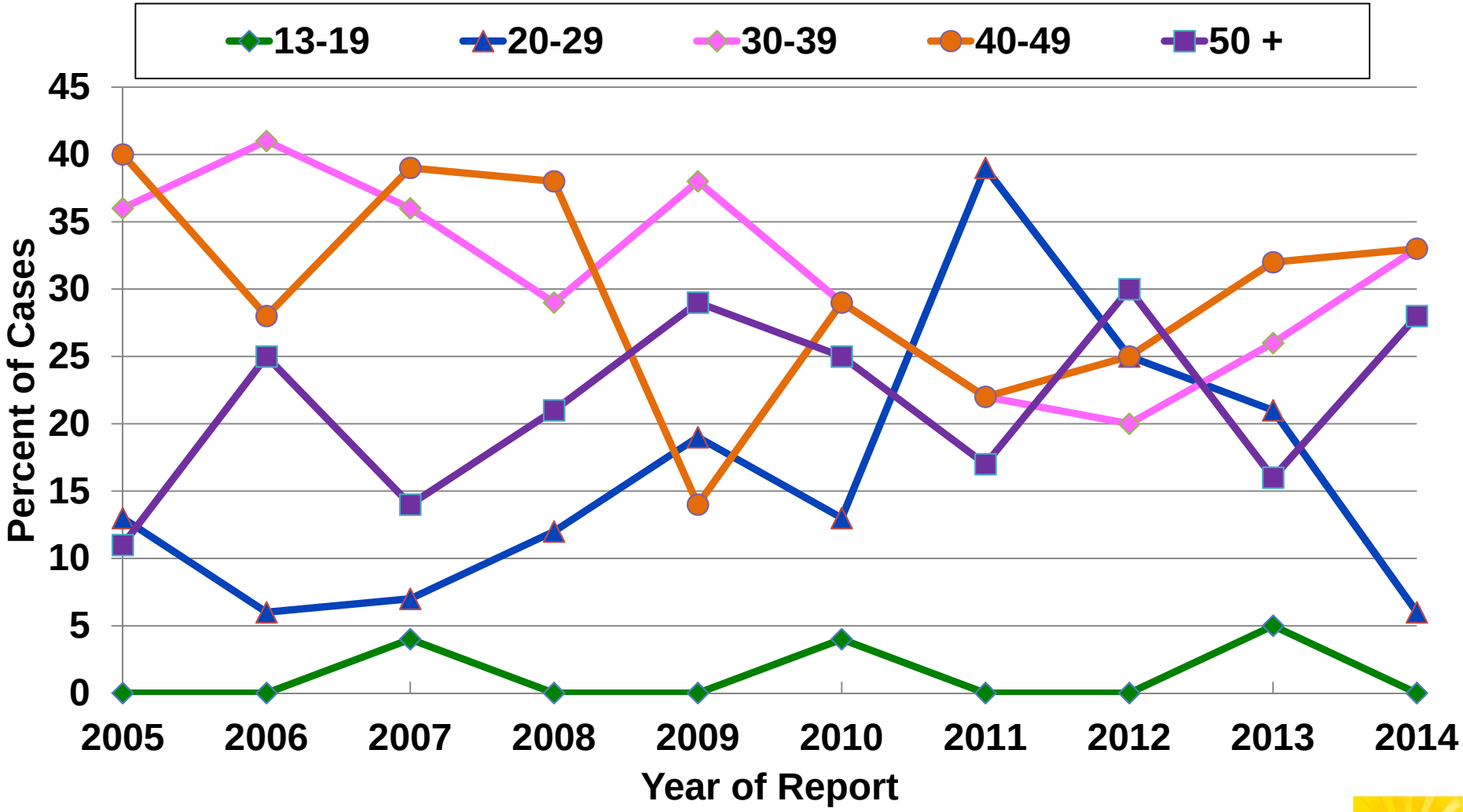
***Source: Population estimates are provided by Florida CHARTS as of 7/9/2015.**

# Adult HIV and AIDS Cases Reported in 2014 and Population Data, by Race/Ethnicity, Partnership 11b



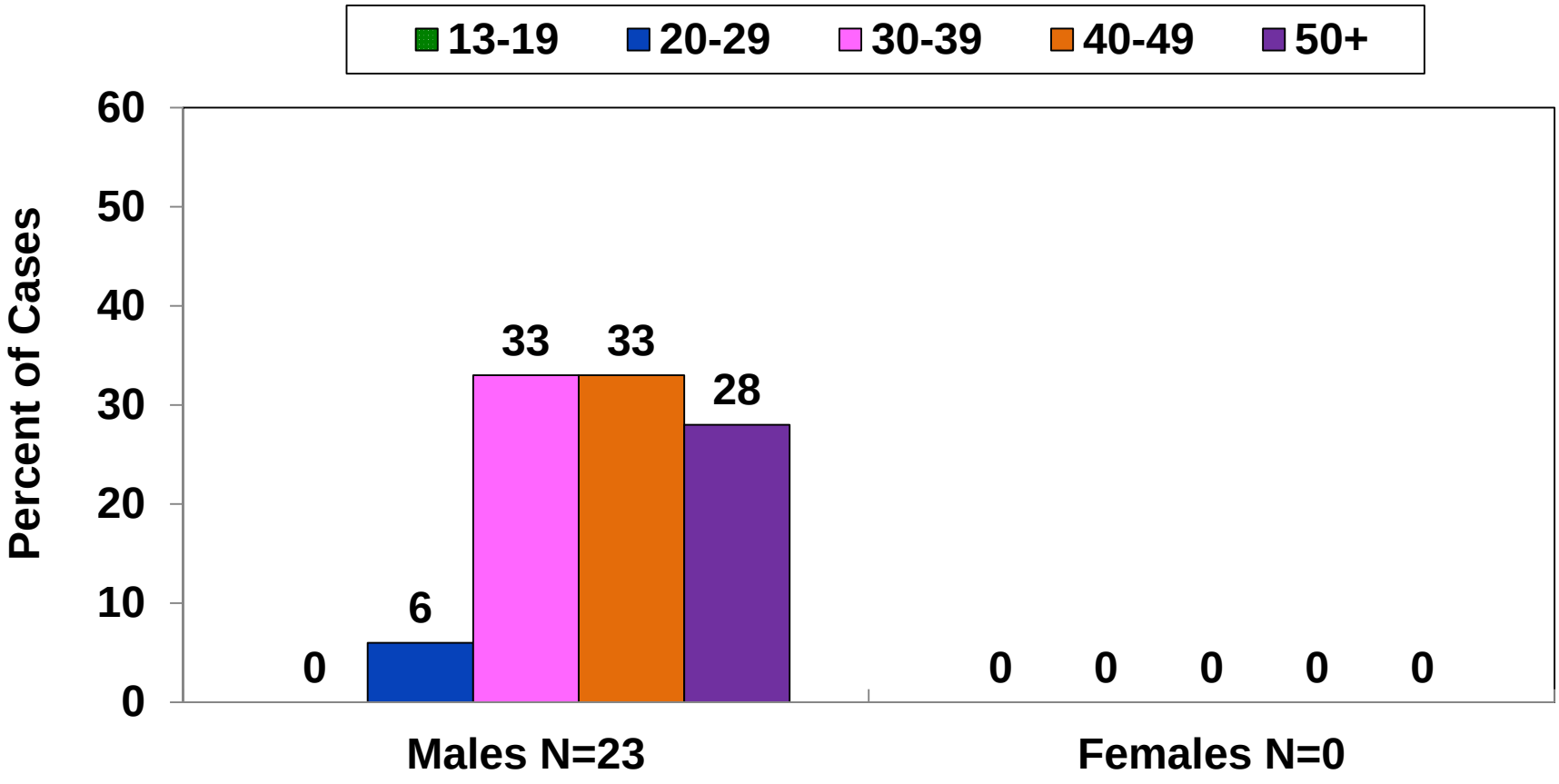

**Note: In this snapshot for 2014, the HIV disease burden weighs heaviest among whites. Whites make up 71% of the adult population yet among the HIV and AIDS cases, whites account for 78% of adult HIV infection cases and 86% of adult AIDS cases.**
***Source: Population estimates are provided by Florida CHARTS as of 12/19/2014.**
****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, 2005–2014, Partnership 11b




Note: From 2005 to 2014, the proportion of adult HIV infection cases among those aged 50 or older increased by 17 percentage points, while the proportion of HIV cases decreased among all other age groups during the same time period.

# Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2014, Partnership 11b




**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 groups with the highest percent of HIV infection cases, recent estimates show that among males, 33% of HIV infection cases occur among those aged 20-29 and 30-39, respectively.**

# 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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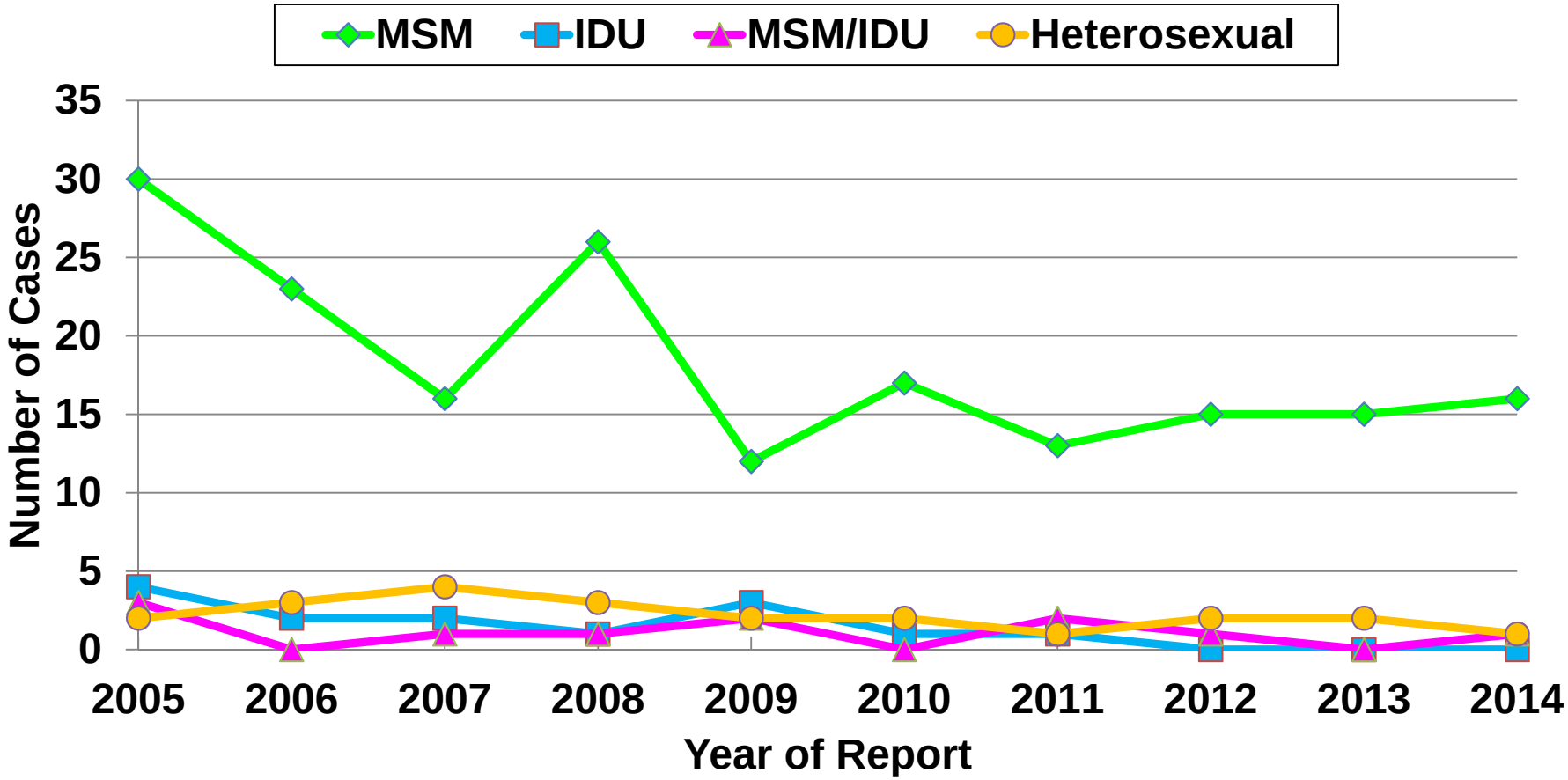
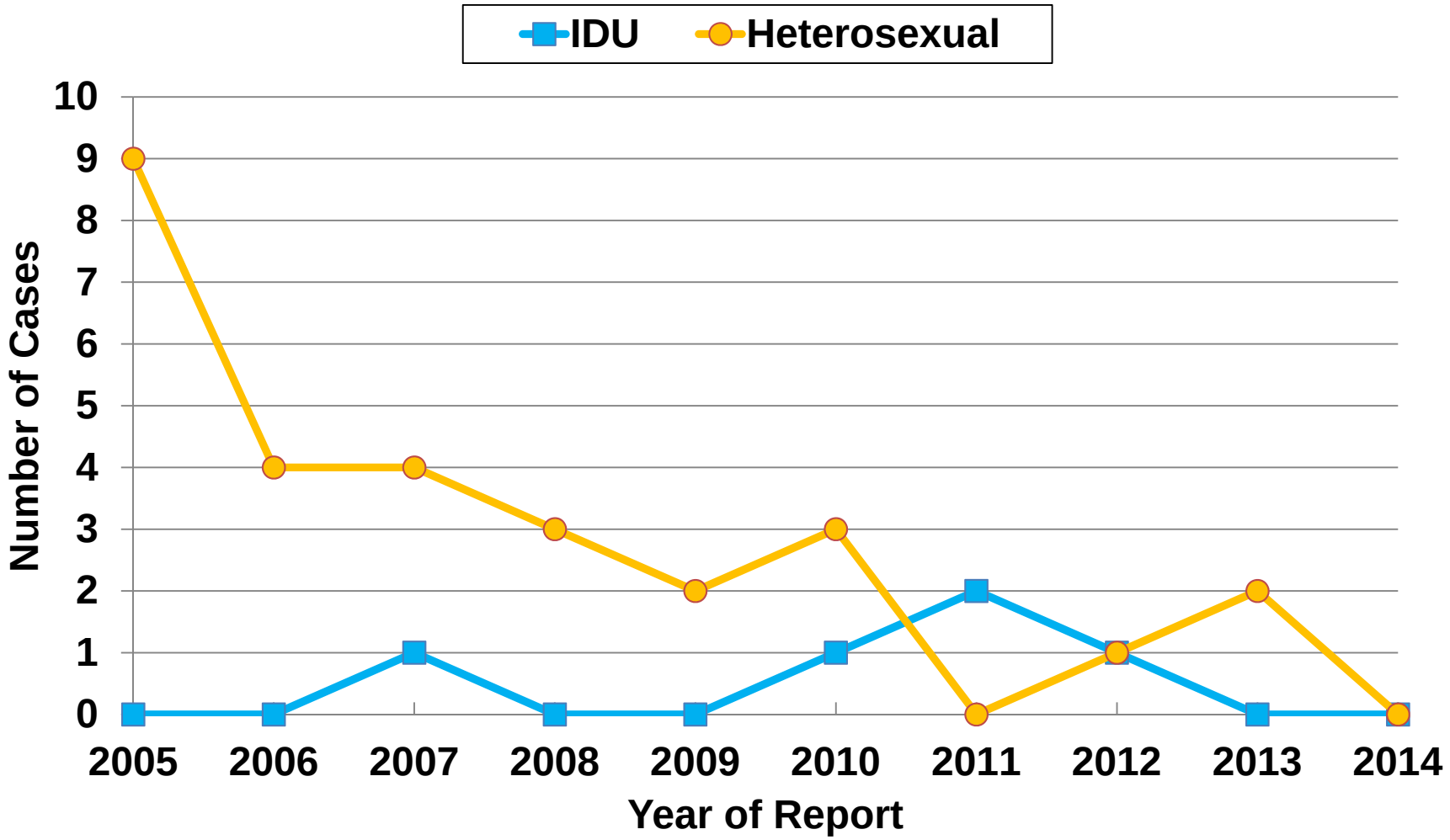
# Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2005–2014, Partnership 11b



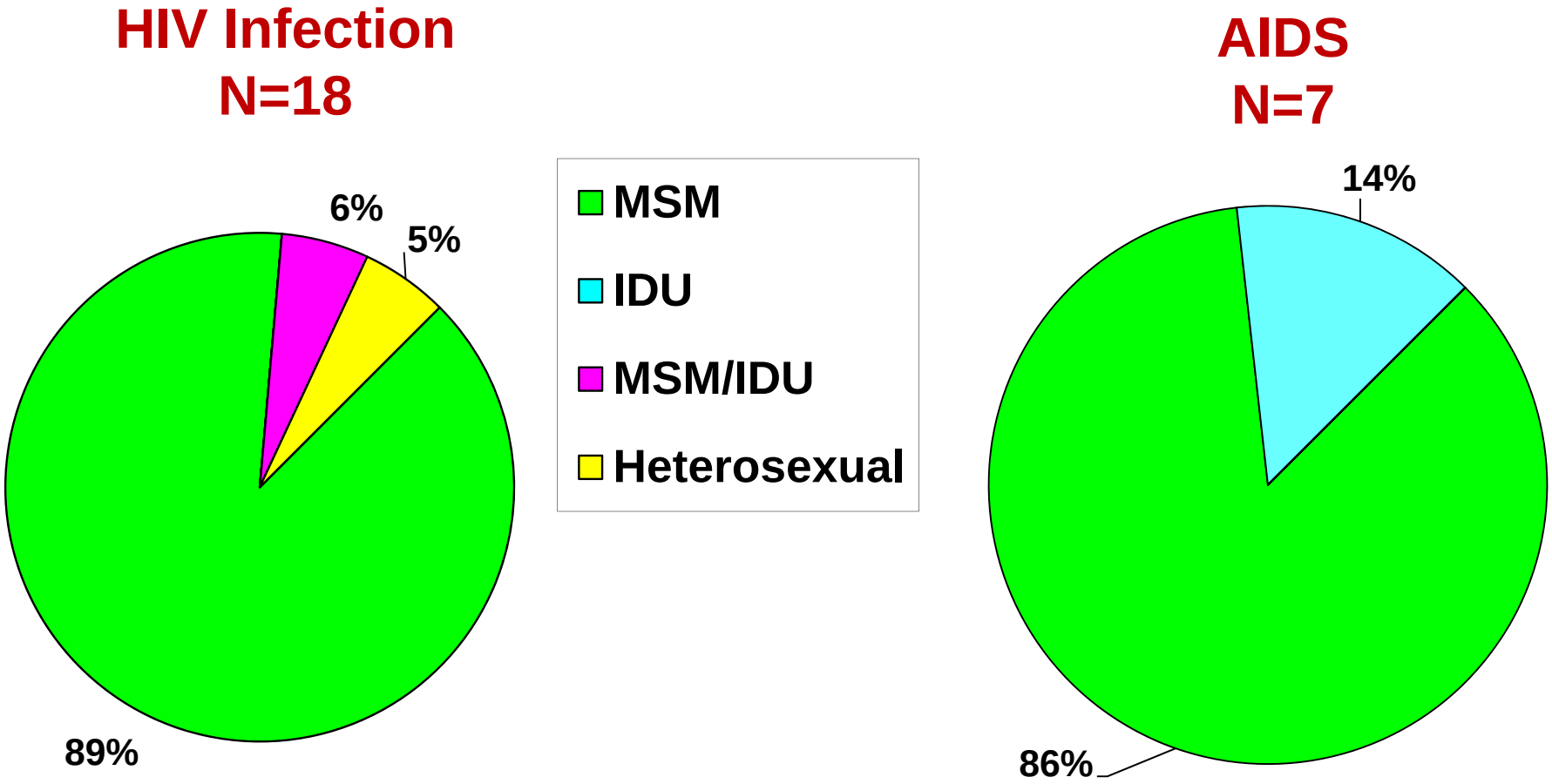

**Note: NIRs redistributed. For most years, Male-to-male sexual contact (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 11b.**

# Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2005-2014, Partnership 11b



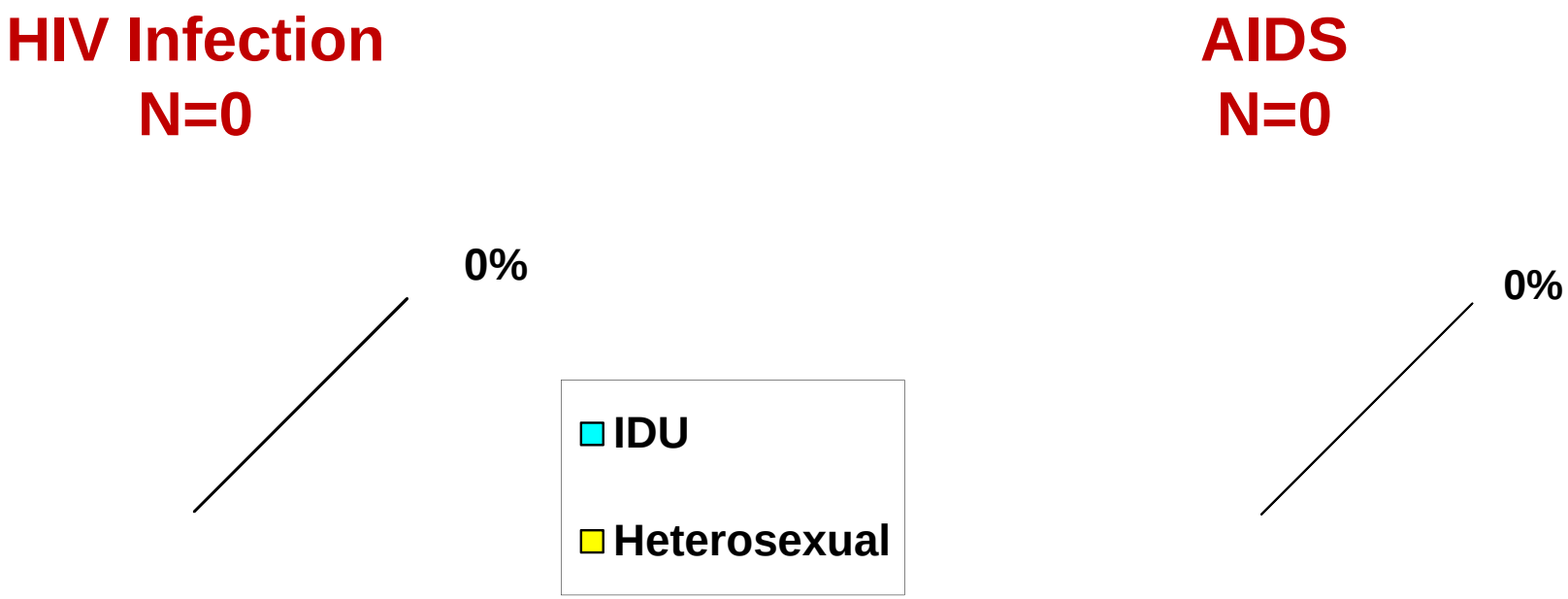

**Note: NIRs redistributed. Heterosexual risk continues to be the dominant mode of exposure among females for most of the years, followed by Injection Drug Use (IDU).**

# Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 11b




**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 (89% and 86% respectively). 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 11b




Note: In 2014, there were no cases of HIV or AIDS among females .

# 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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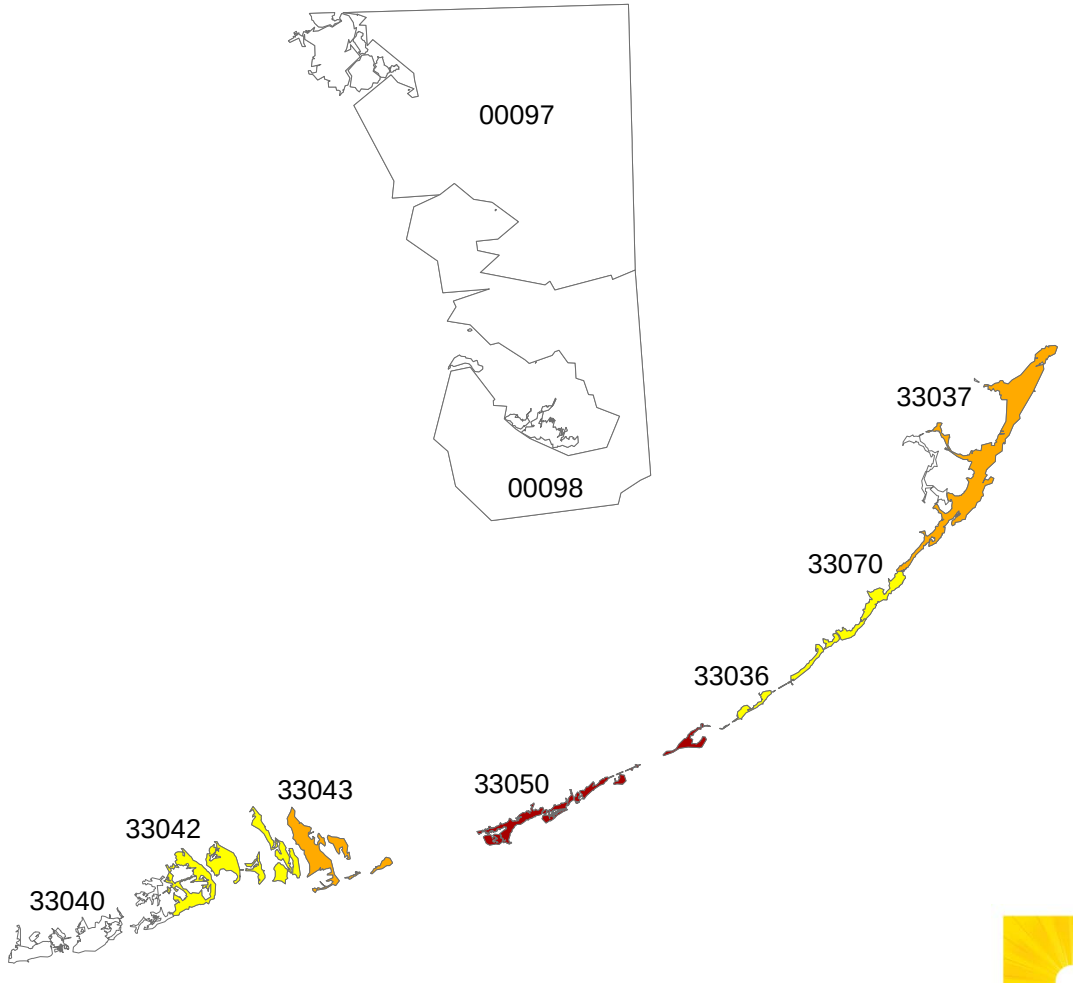
# Adults Living with HIV Disease
# By Zip Code, Diagnosed through 2014, Partnership 11b

**Total Living HIV/AIDS Cases**

- 0
- 1 - 10
- 11 - 20
- 21 - 30
- Over 30

**N=619**



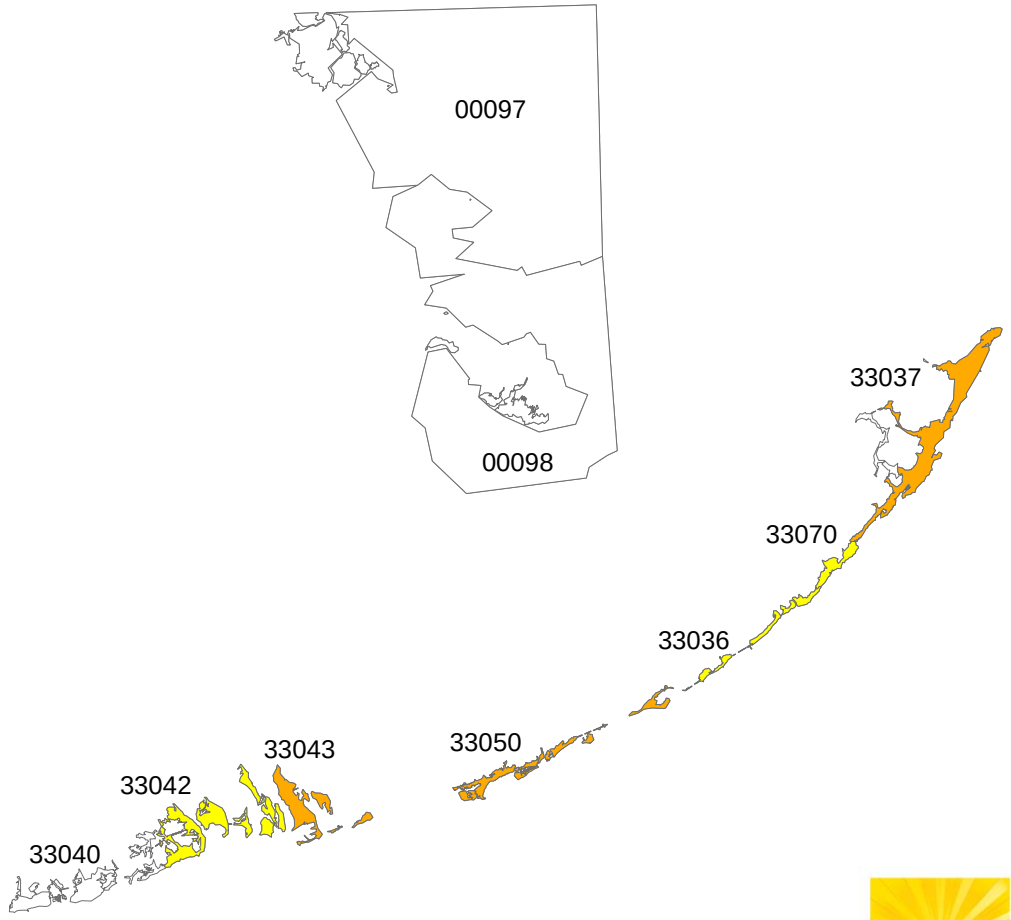

**NIRs are not redistributed.**
**Excludes DOC, homeless, and cases with unknown zips.**
**Data as of 06/30/2015**

# Men who have Sex with Men (MSM)*
# Living with HIV Disease
# By Zip Code, Diagnosed through 2014, Partnership 11b

**Presumed Living**
**MSM HIV/AIDS Cases**

- 0
- 1 - 10
- 11 - 20
- 21 - 30
- Over 30

**N=507**

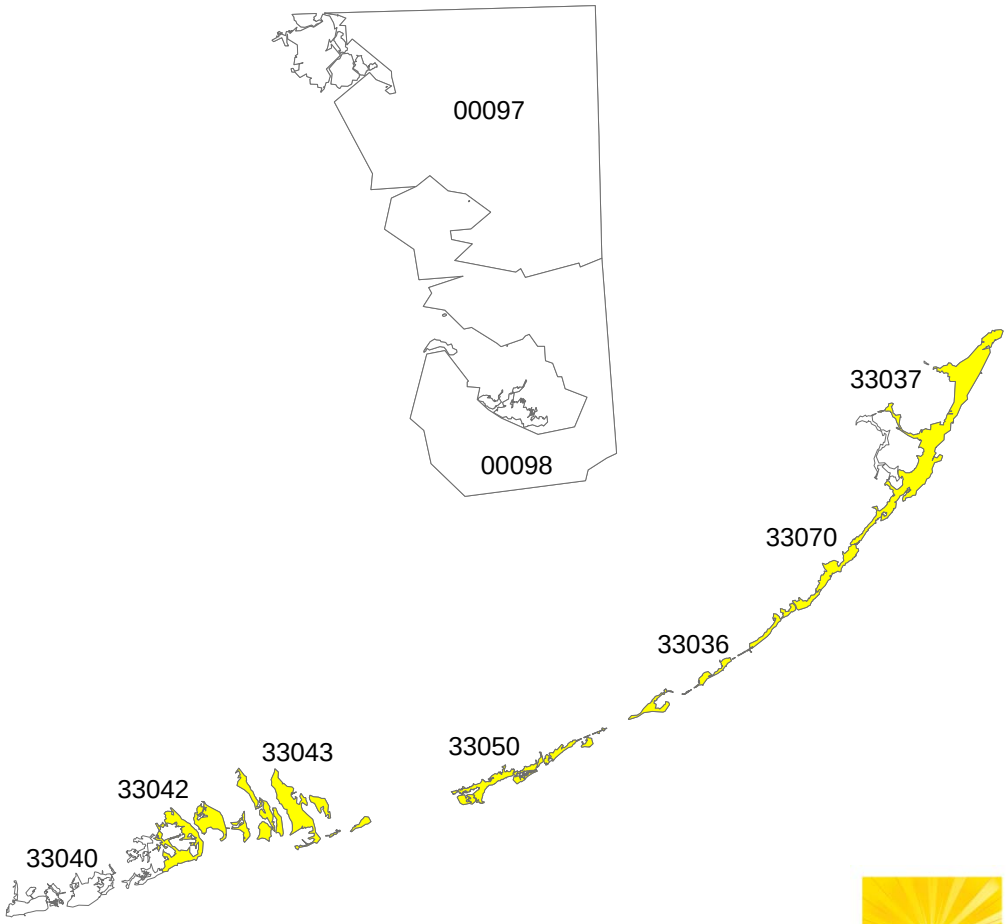



**NIRs are not redistributed.**
**Excludes DOC, homeless, and cases with unknown zips.**
***Includes MSM/IDU cases.**
**Data as of 06/30/2015**

# Injection Drug Users (IDUs)*
# Living with HIV Disease
# By Zip Code, Diagnosed through 2014, Partnership 11b

**Presumed Living**
**IDU HIV/AIDS Cases**

- 0
- 1 - 5
- 6 - 10
- Over 10




**N=77**

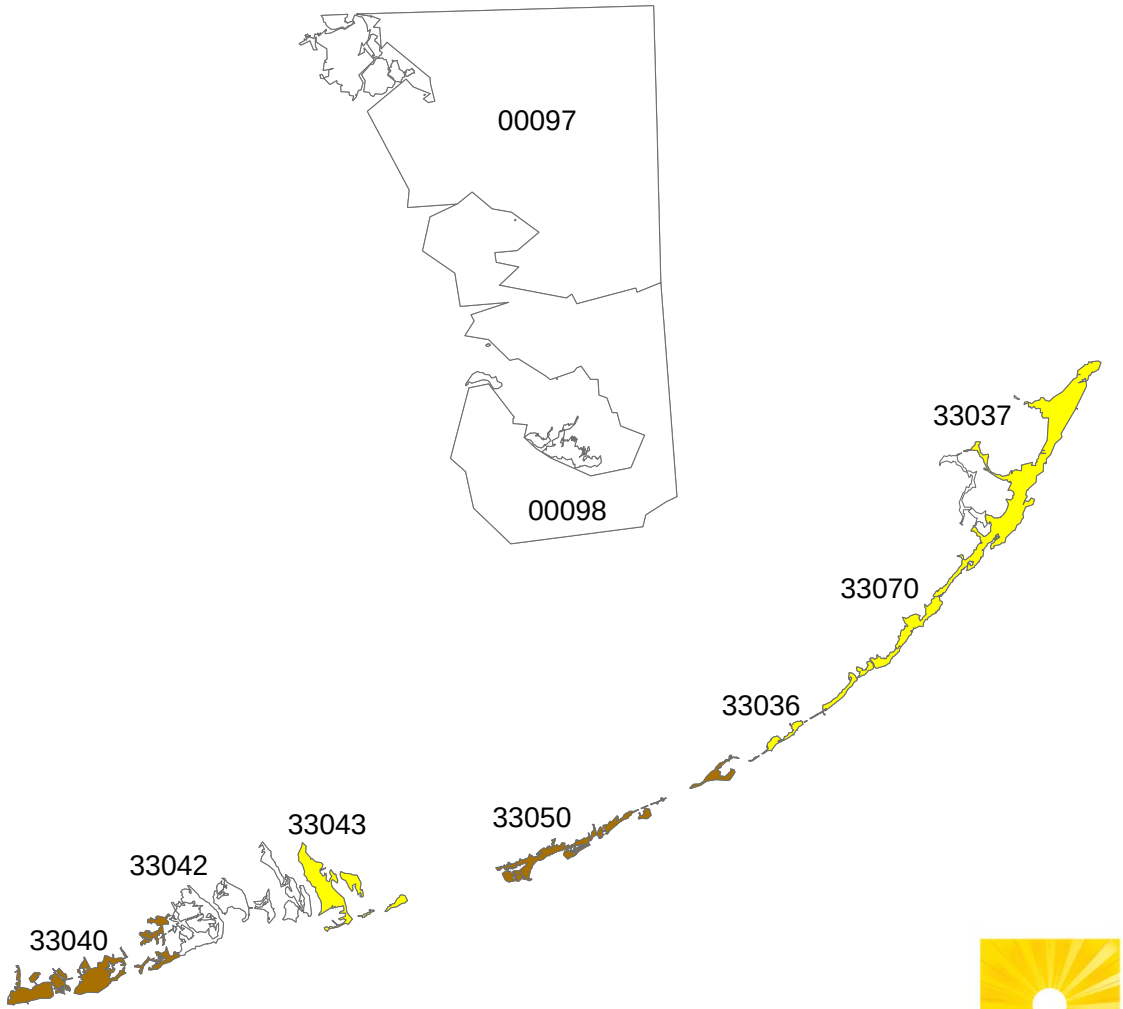
**NIRs are not redistributed.**
**Excludes DOC, homeless, and cases with unknown zips.**
***Includes MSM/IDU cases.**
**Data as of 06/30/2015**

# Adult Heterosexuals Living with HIV Disease By Zip Code, Diagnosed through 2014, Partnership 11b

**Presumed Living Heterosexual HIV/AIDS Cases**

- 0
- 1 - 5
- 6 - 10
- Over 10

**N=79**



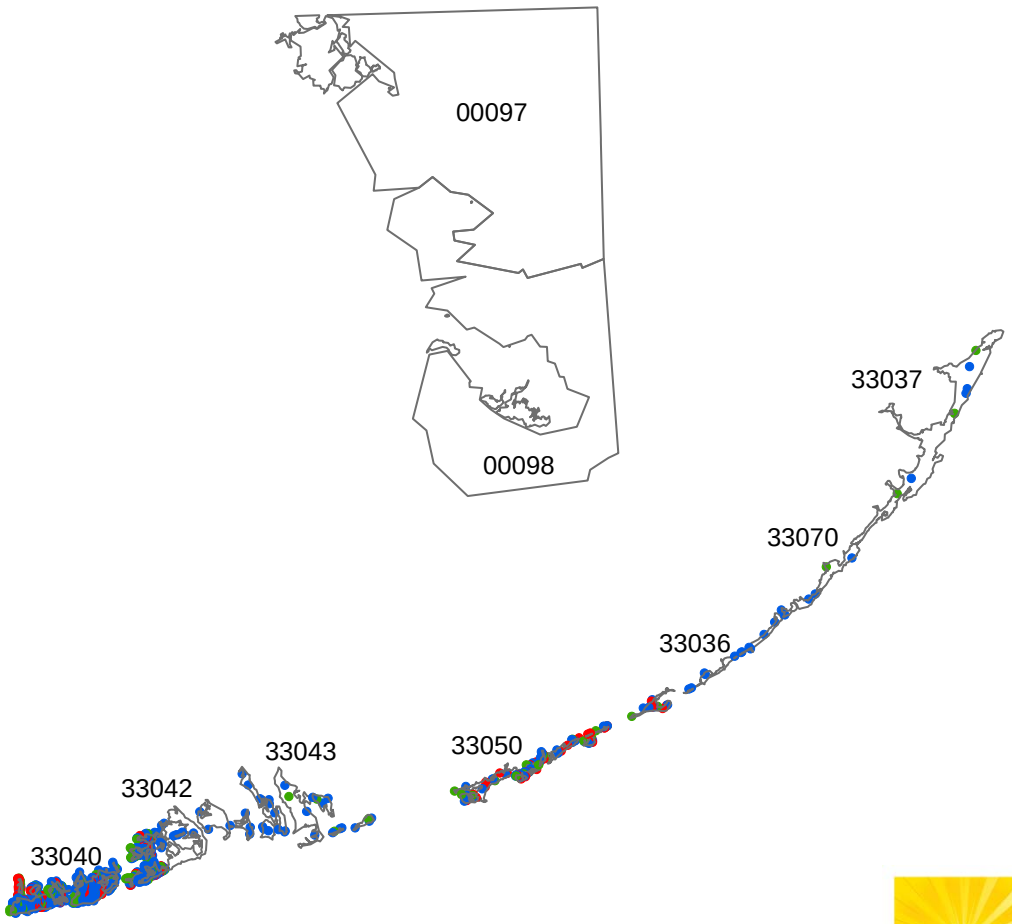

**NIRs are not redistributed.**
**Excludes DOC, homeless, and cases with unknown zips.**
**Data as of 06/30/2015**

# Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Diagnosed through 2014, Partnership 11b

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

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

## N=612



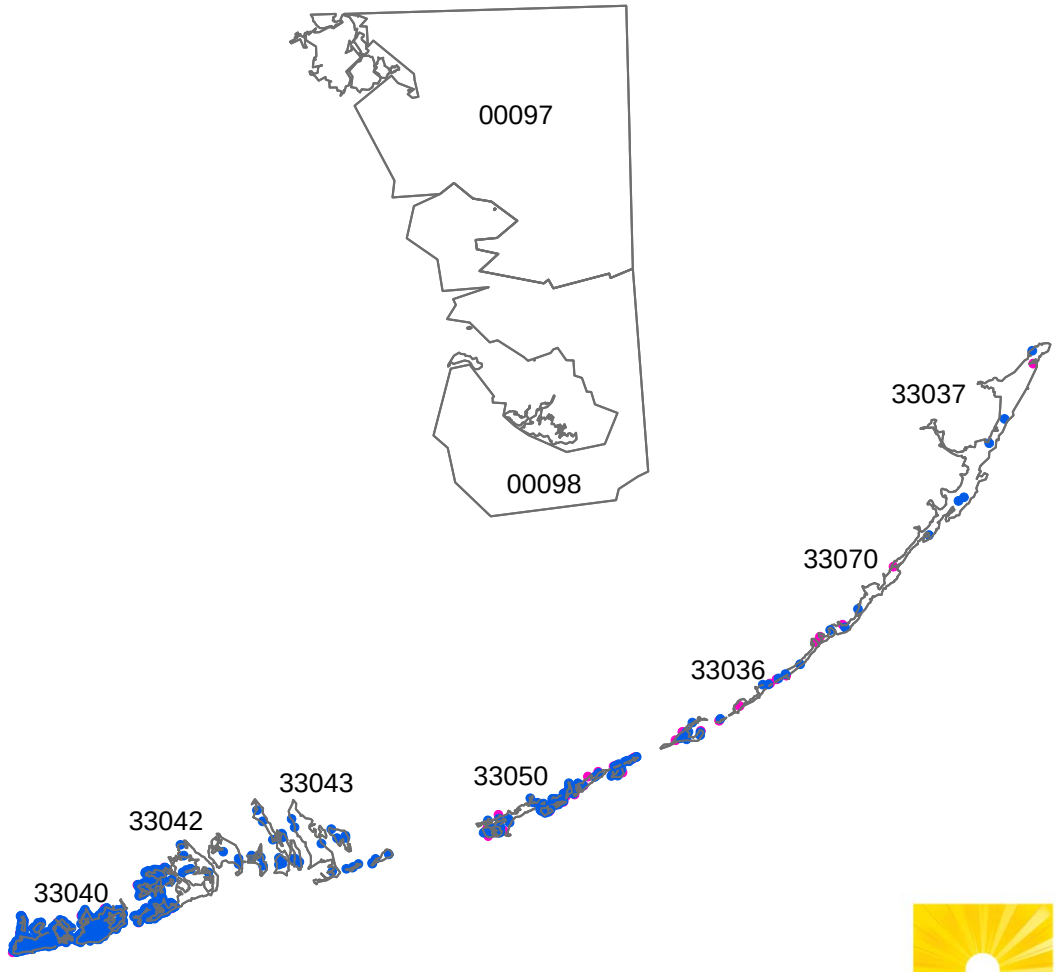

**Total includes all races, some which are not on map.**
**Excludes DOC, homeless, and cases with unknown zips.**
**Data as of 06/30/2015**

# Adults Living with HIV Disease
# By Zip Code and Sex,
# Diagnosed through 2014, Partnership 11b

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

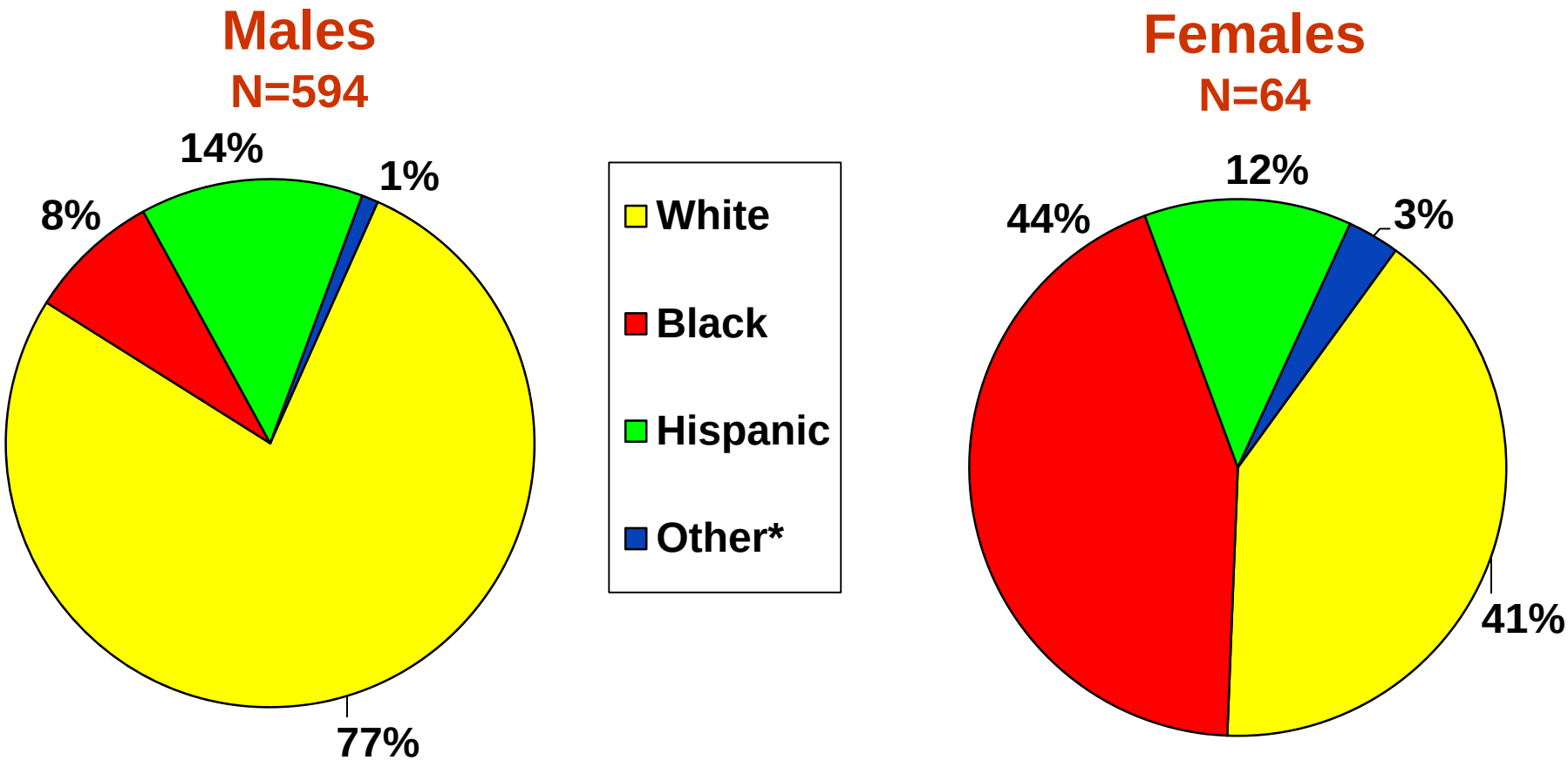
- **Male**
- **Female**

## N=619



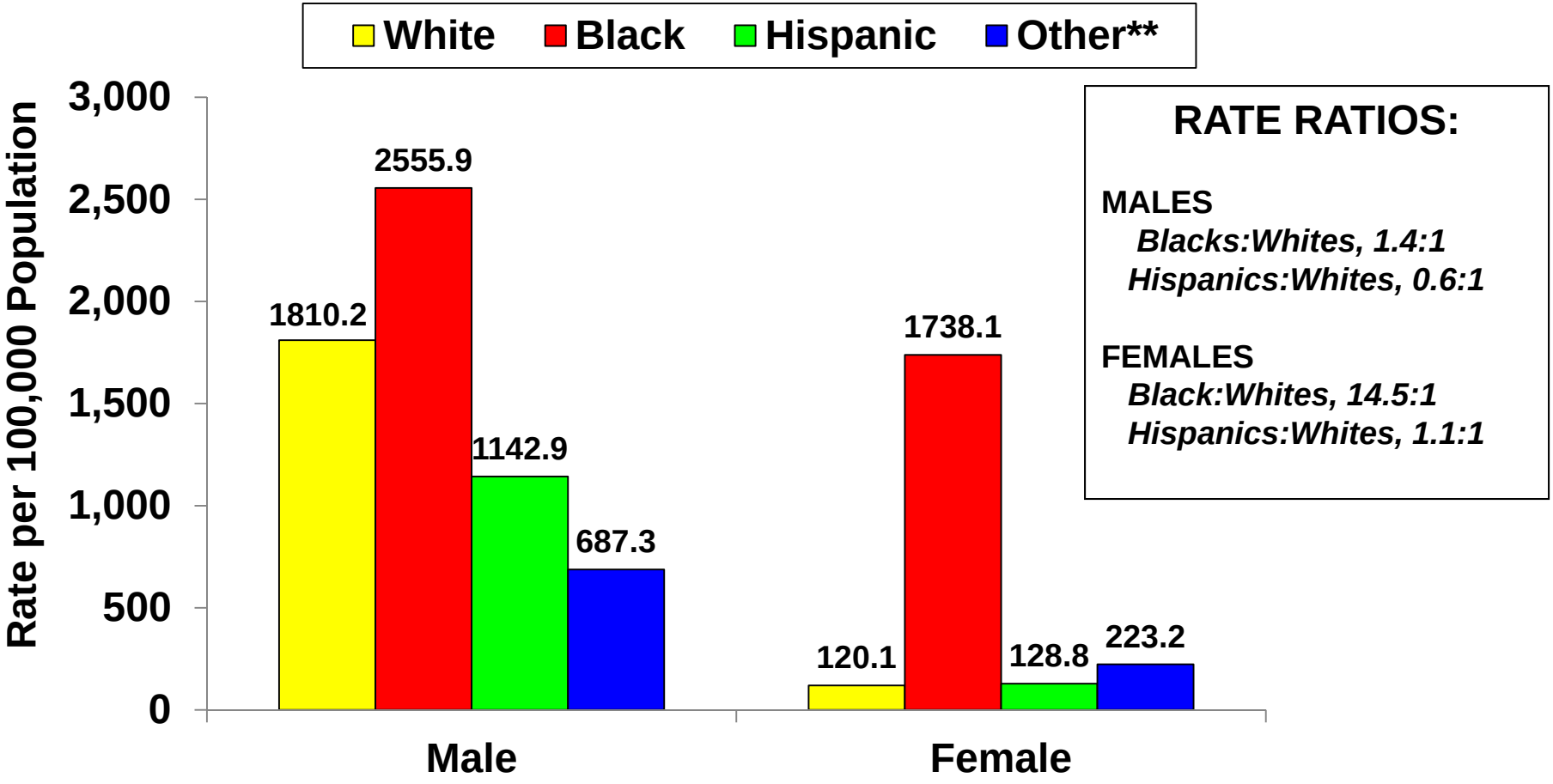

**Excludes DOC, homeless, and cases with unknown zips.**
**Data as of 06/30/2015**

# Adults Living with HIV Disease, by Sex and Race/Ethnicity Diagnosed through 2014, Partnership 11b




**Note: Among adult males living with HIV disease, whites represent the race most affected (77%). Among adult females living with HIV disease, blacks represent the race most affected (44%). *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, Diagnosed through 2014, Partnership 11b



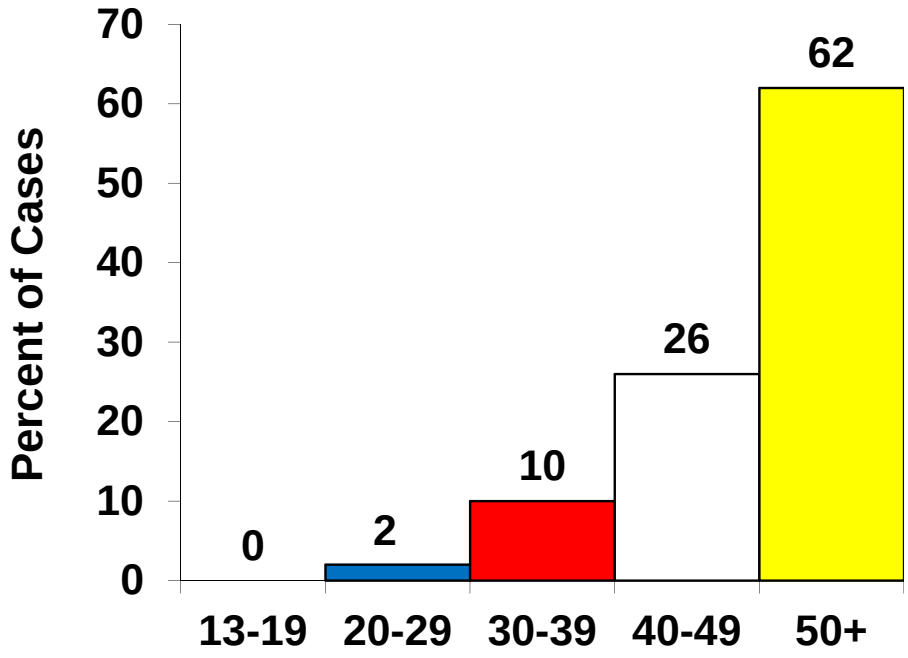

**Note: Among adult black males living with HIV disease Diagnosed through 2014, the case rate is slightly higher than the rate among white males. Among adult black females living with HIV disease, the case rate is nearly 15 times higher than the rate among white females. The Hispanic male rate is lower than the rate among their white counterpart, whereas the Hispanic female rate is slightly higher than the rate among their white counterpart. Data excludes Department of Corrections cases.**

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

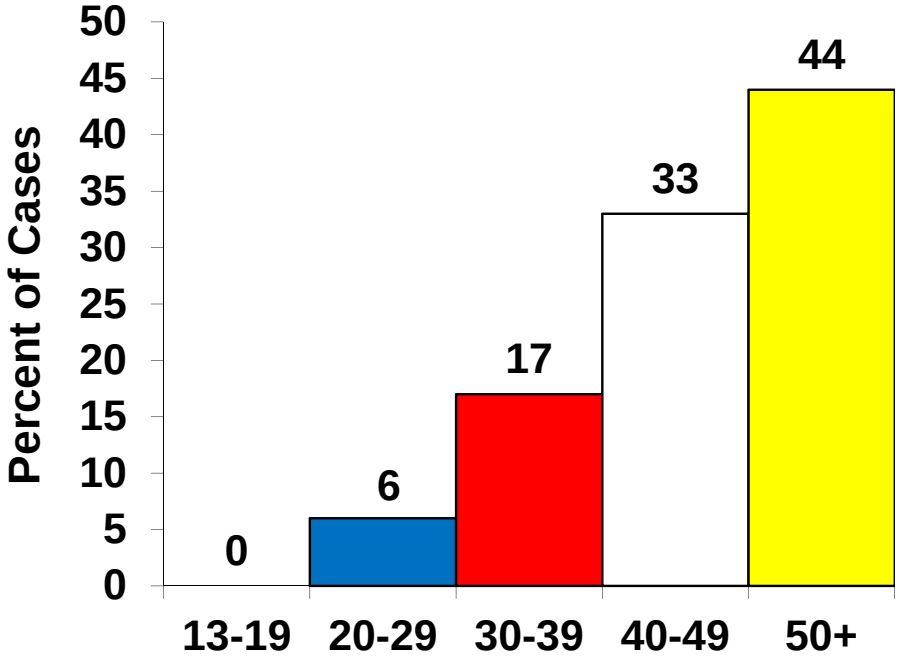
****Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.**

# Adults Living with HIV Disease, by Sex and Current Age Group, Diagnosed through 2014, Partnership 11b

## Males
N=594

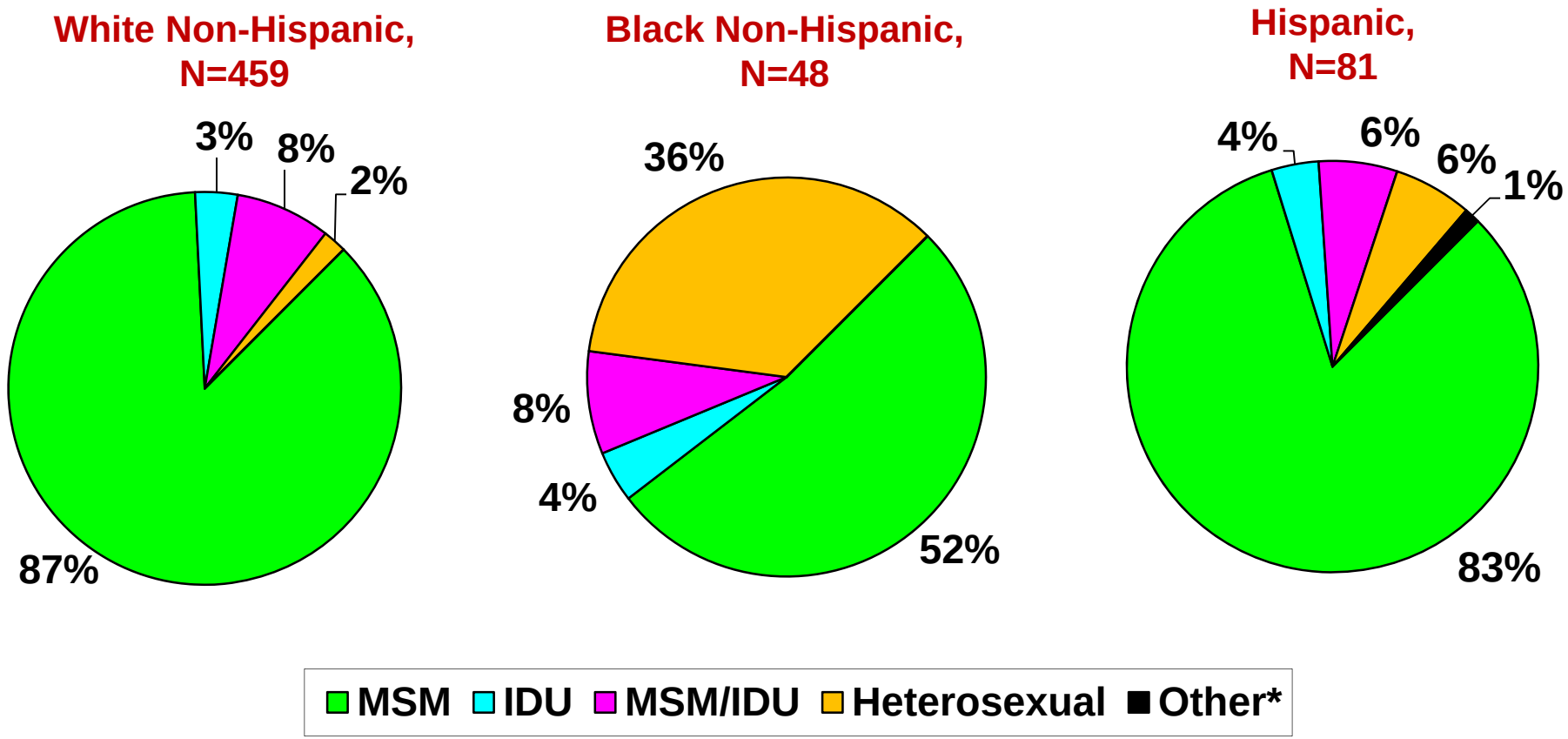



## Females
N=64



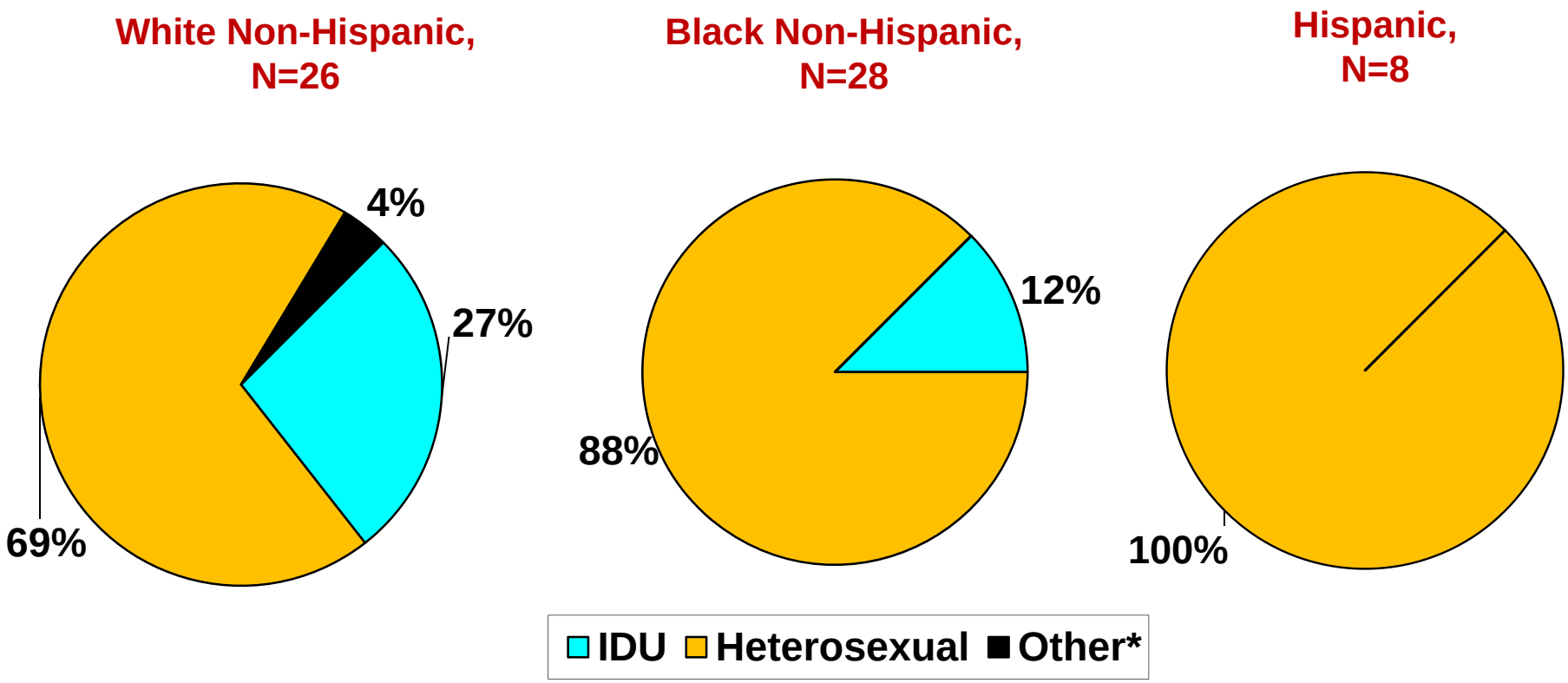

**Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (88%), compared with females living with HIV disease (77%).**

# Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 11b



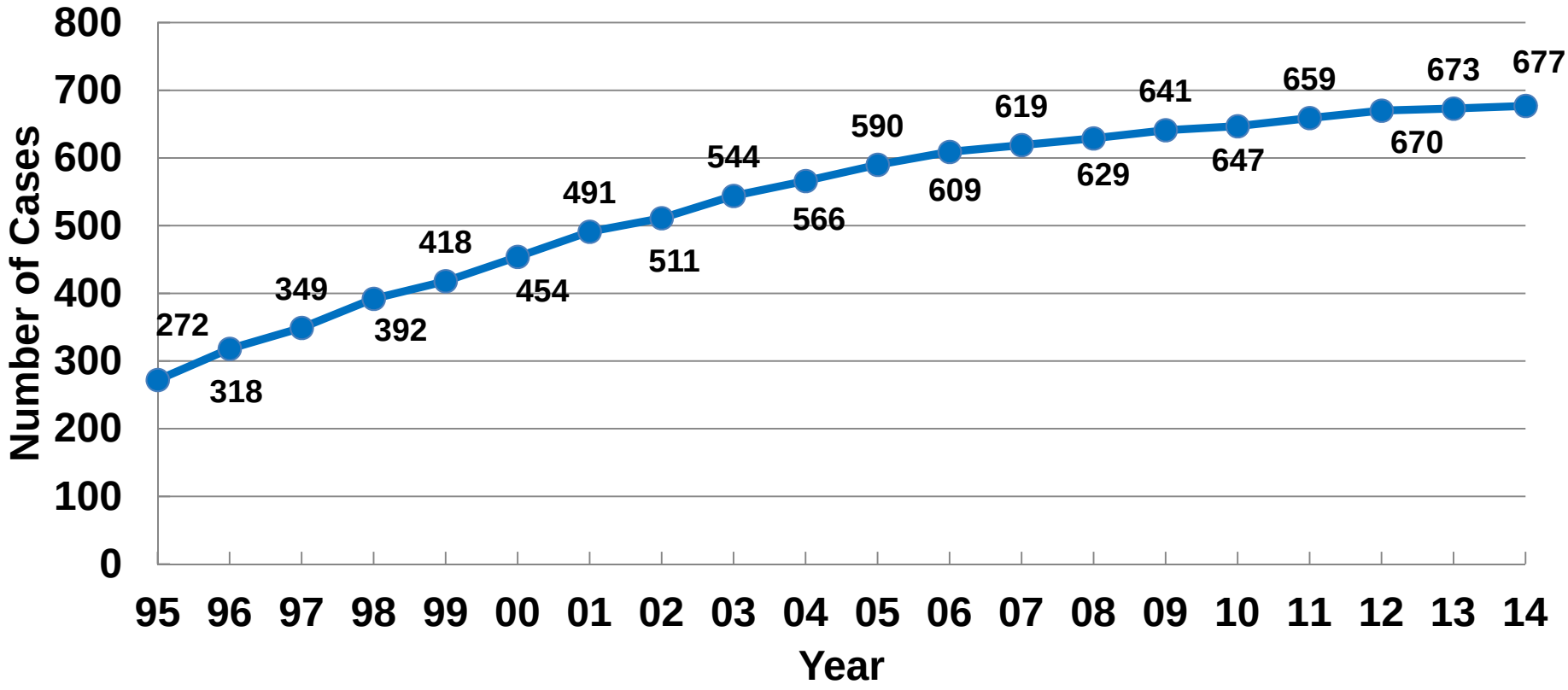

**Note: NIRs redistributed. Male-to-male sexual contact (MSM) represents the highest risk for all races. White males have the smallest proportion of heterosexual contact risk.**
*** Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.**

# Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 11b




Note: NIRs redistributed. Heterosexual contact is the majority risk for all races. However, whites have the largest 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 11b




**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 140%. In 2014, the prevalence increased by nearly 1% since the previous year.**
**Note: These data represent adults living with HIV disease diagnosed in Florida regardless of their current residence.**

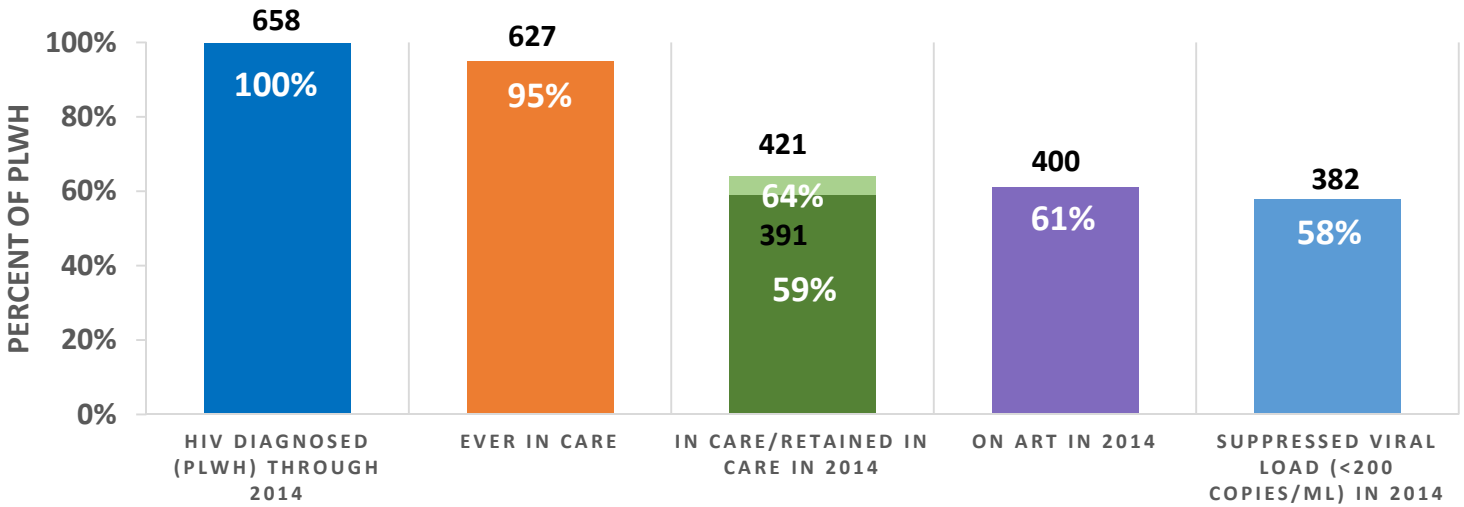
# Partnership 11b'sTop-9 Priority Populations in 2014 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

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

This final ranking is a result of ranking 9 race/risk groups among those newly reported in eHARS with HIV disease in Partnership 11a 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 in Partnership 1 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 11b (excl. DOC), 2014

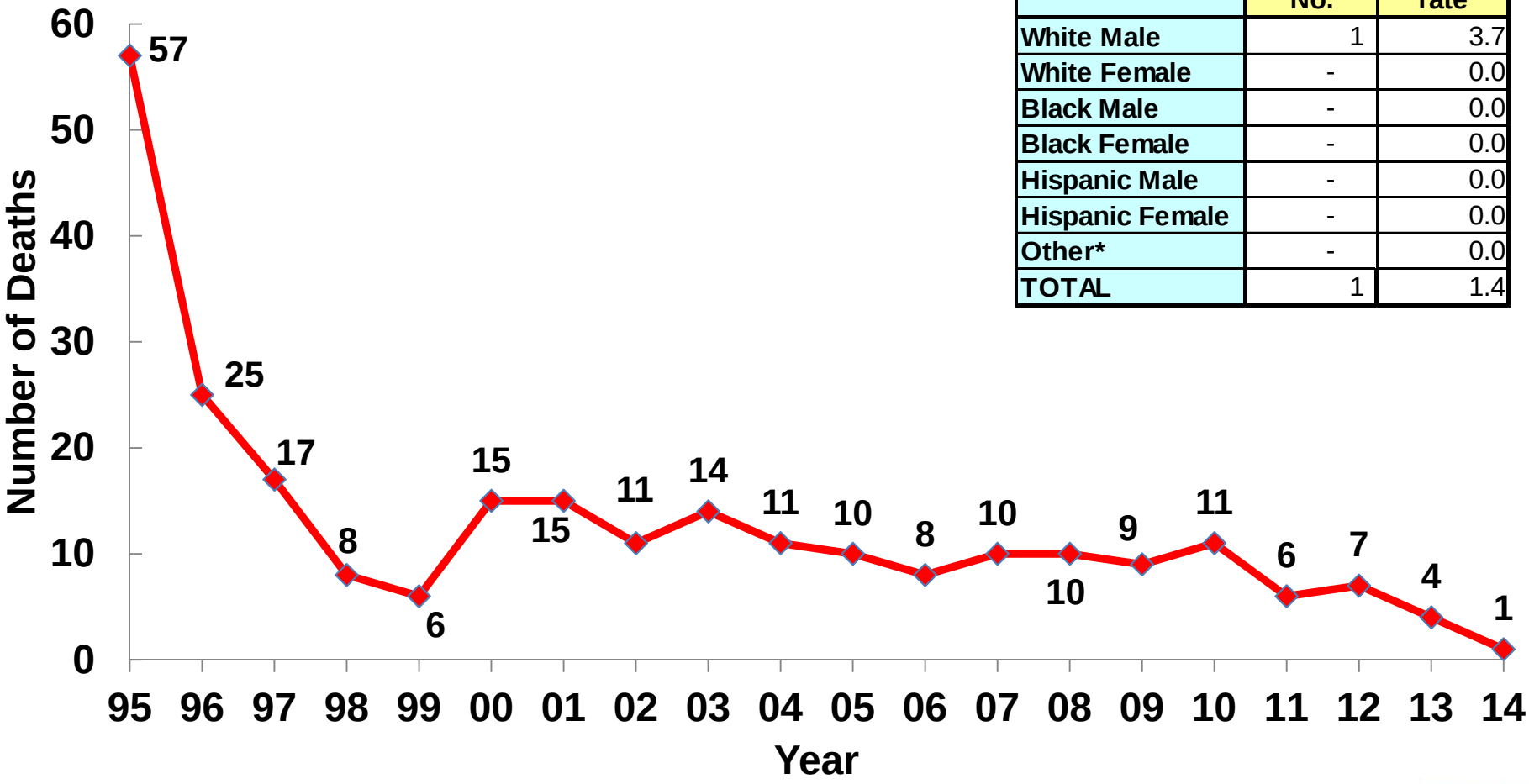



- 100% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 91% of PLWH in care had a suppressed viral load in 2014

(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 11b




| Race/Ethnicity | 2014 | |
|---|---|---|
| | No. | rate |
| White Male | 1 | 3.7 |
| White Female | - | 0.0 |
| Black Male | - | 0.0 |
| Black Female | - | 0.0 |
| Hispanic Male | - | 0.0 |
| Hispanic Female | - | 0.0 |
| Other* | - | 0.0 |
| TOTAL | 1 | 1.4 |

**Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 05/31/2015). Population data are provided by Florida CHARTS as of 7/9/2015.**

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

# 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 11b 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

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| | |
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| **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**