HIV/AIDS Epidemiology Partnership 12

Flagler and Volusia 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 12

Total Population, 2014*

604,859

*2014 estimate is provisional

HIV Infection and AIDS Cases Reported in 2014*

	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
HIV Infection Cases	128	-	128
AIDS Cases	58	1	59

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

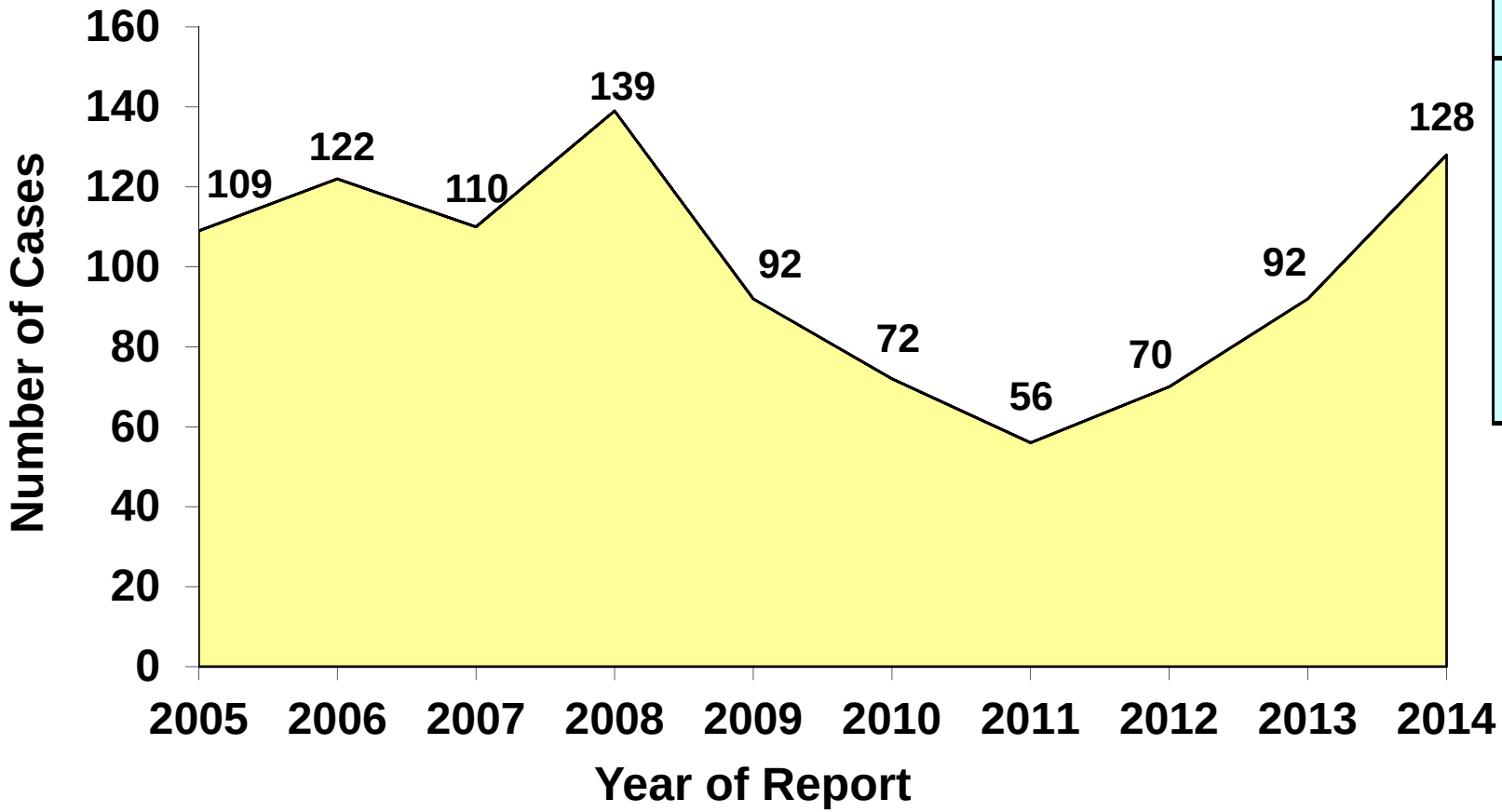
Cumulative HIV/AIDS Cases Reported 1981-2014

	Adults (Age 13+)	Pediatrics (Age<13)	TOTAL
HIV (not AIDS) Cases**	749	11	760
AIDS Cases	1,992	19	2,011
Total	2,741	30	2,771

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

Persons Living with HIV Disease through 2014, as of 06/30/2015: 1,784

HIV Infection Cases and Rates*, by Year of Report, 2005-2014, Partnership 12

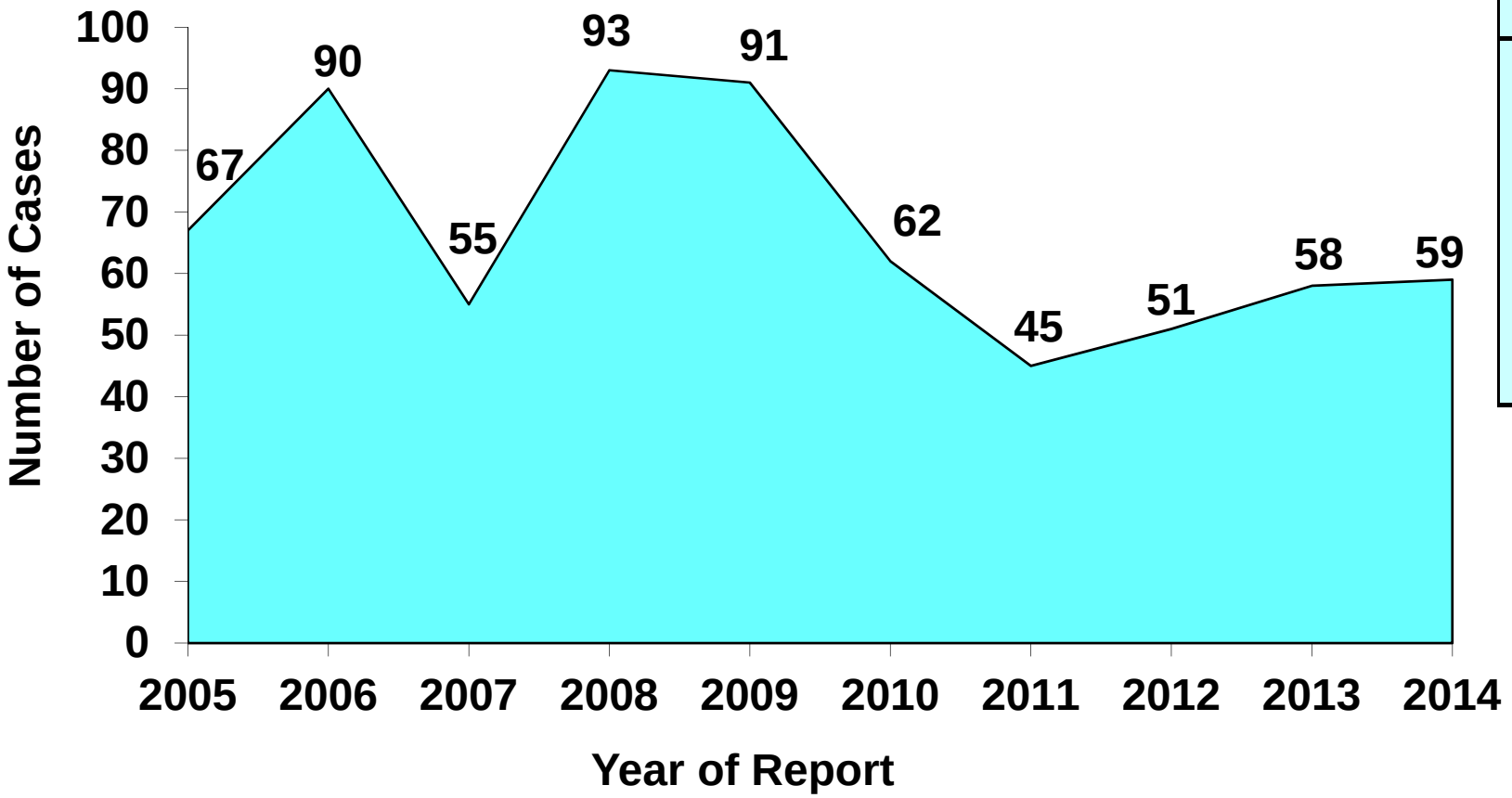


Year	Rate
05	19.3
06	21.0
07	18.6
08	23.5
09	15.6
10	12.2
11	9.5
12	11.8
13	15.3
14	21.2

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. An additional 31% increase was observed in 2014 compared to the previous year. This is higher than the 12% incline 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.**

AIDS Cases and Rates*
By Year of Report, 2005-2014, Partnership 12

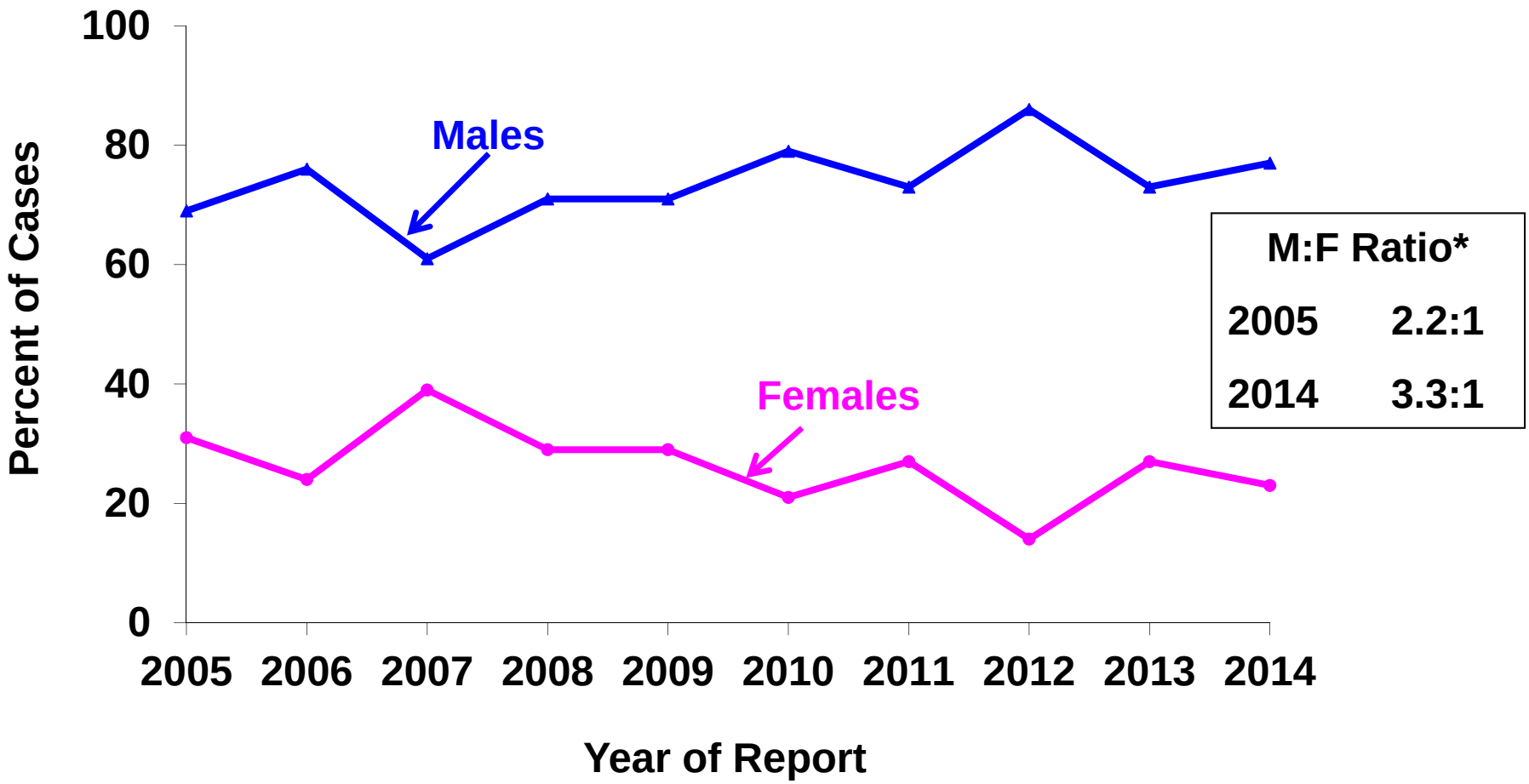


Year	Rate
05	12.0
06	15.5
07	9.3
08	15.7
09	15.4
10	10.8
11	7.6
12	8.6
13	9.7
14	9.8

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. In 2014, AIDS cases increased slightly by 2% from the previous year. In contrast, the state observed a 15% decline in AIDS cases during the same time period.

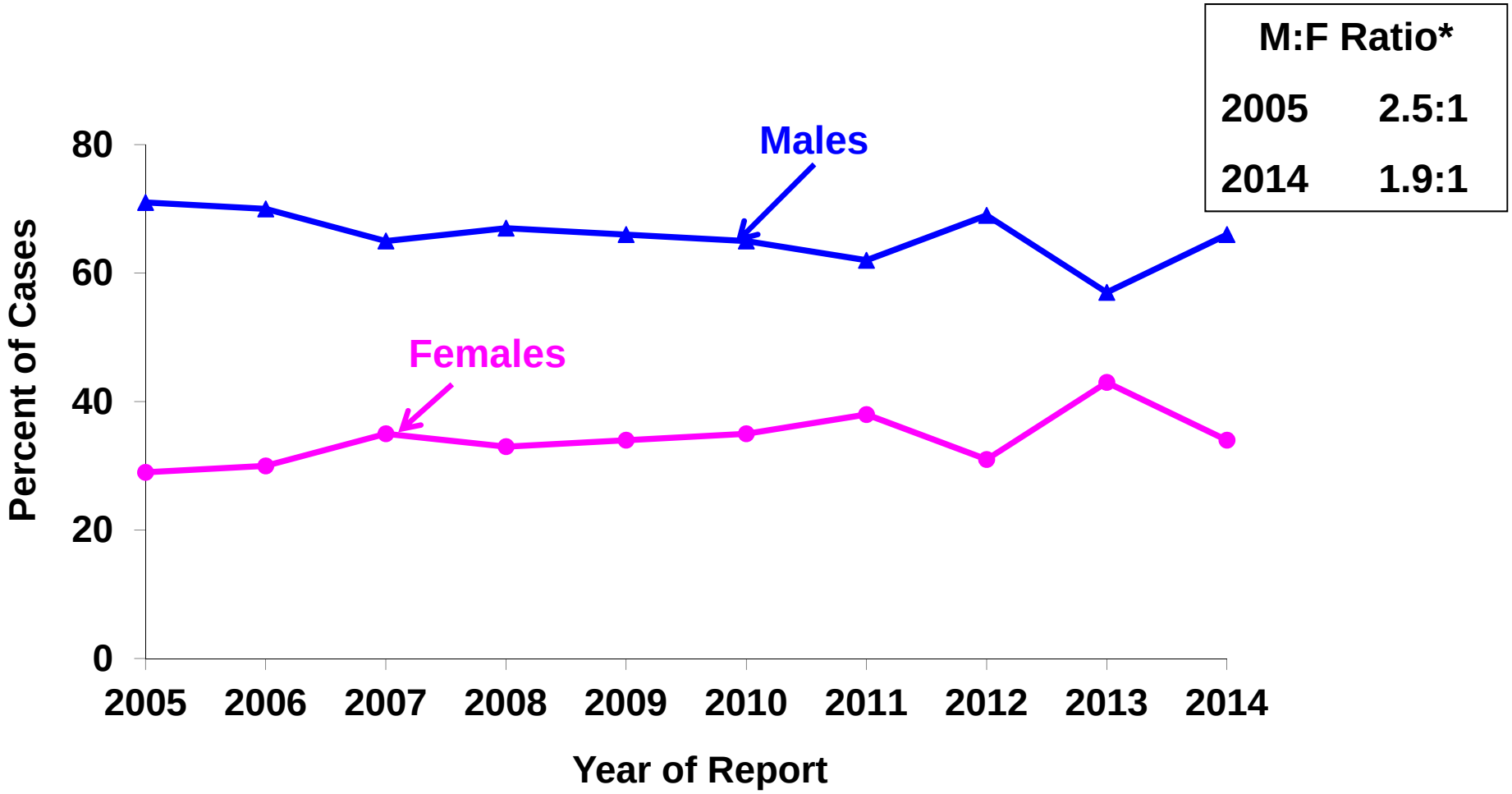
***Source: Population estimates are provided by Florida CHARTS as of 7/9/2015. Rates are expressed as per 100,000 population.**

Adult HIV Infection Cases, by Sex and Year of Report, 2005-2014, Partnership 12



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.

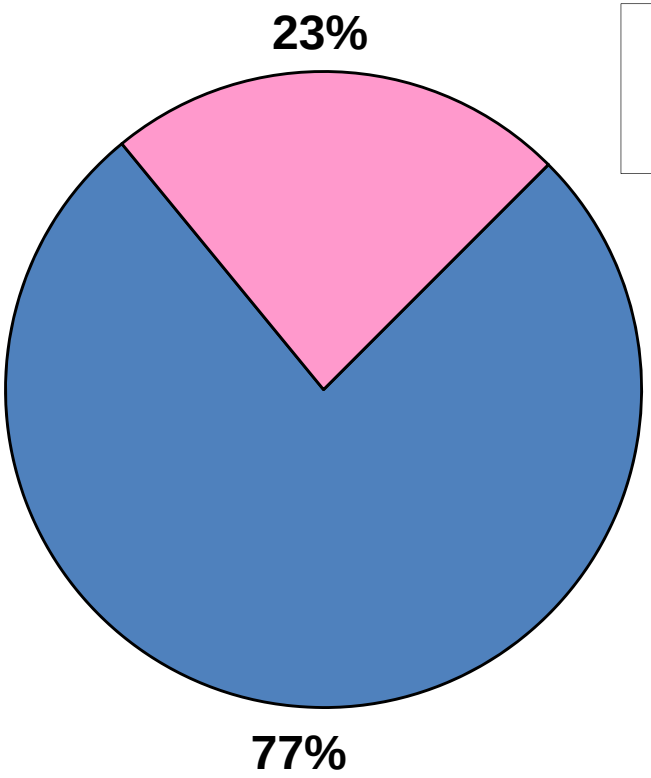
Adult AIDS Cases, by Sex and Year of Report, 2005-2014, Partnership 12

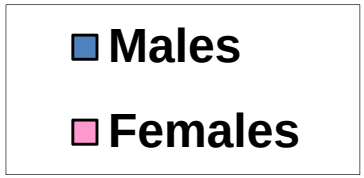


Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

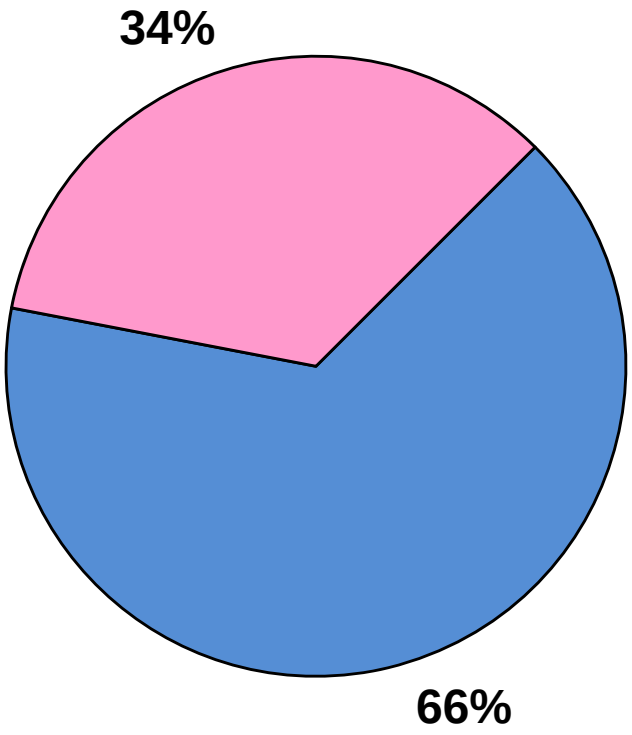
Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Partnership 12

HIV Infection
N=128



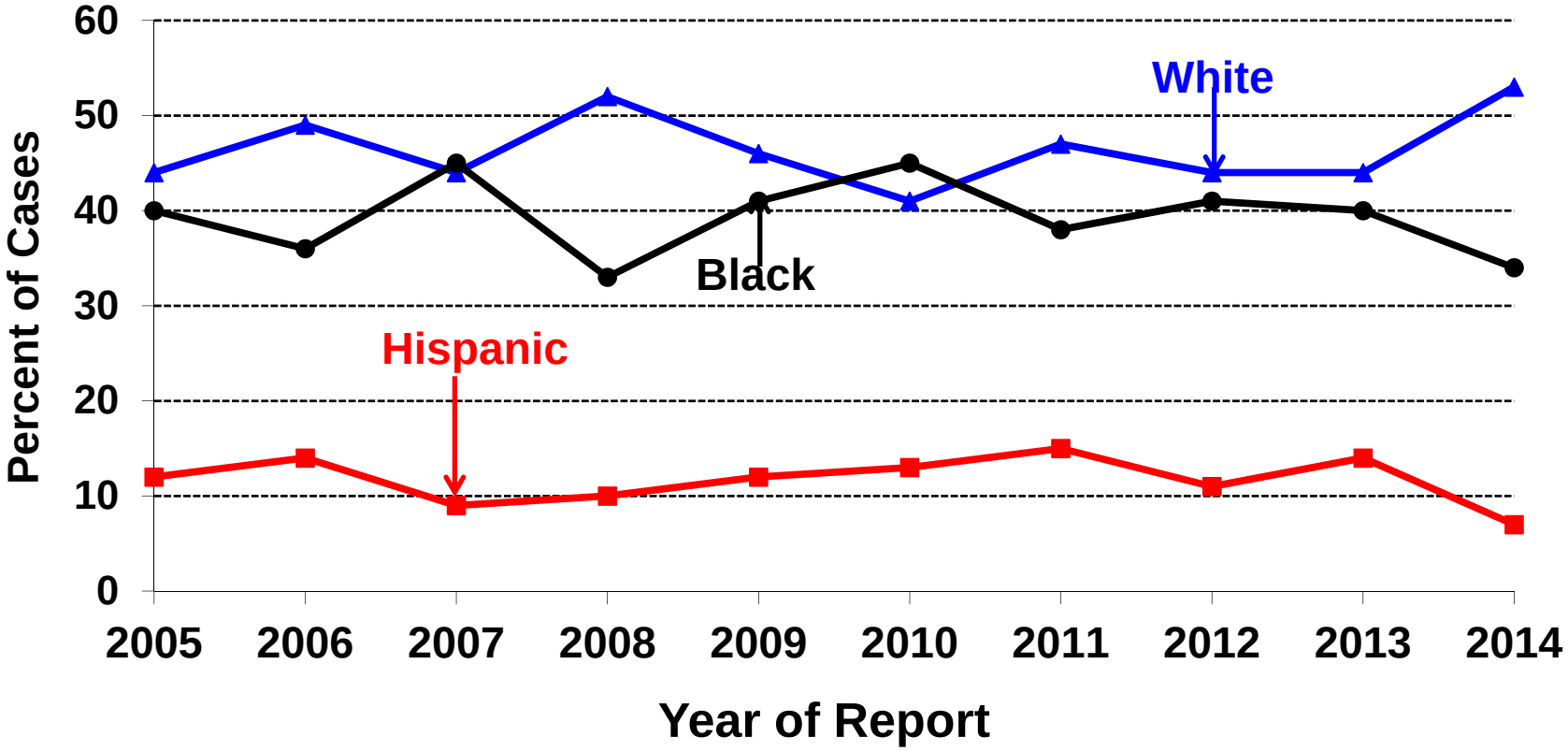


AIDS
N=58



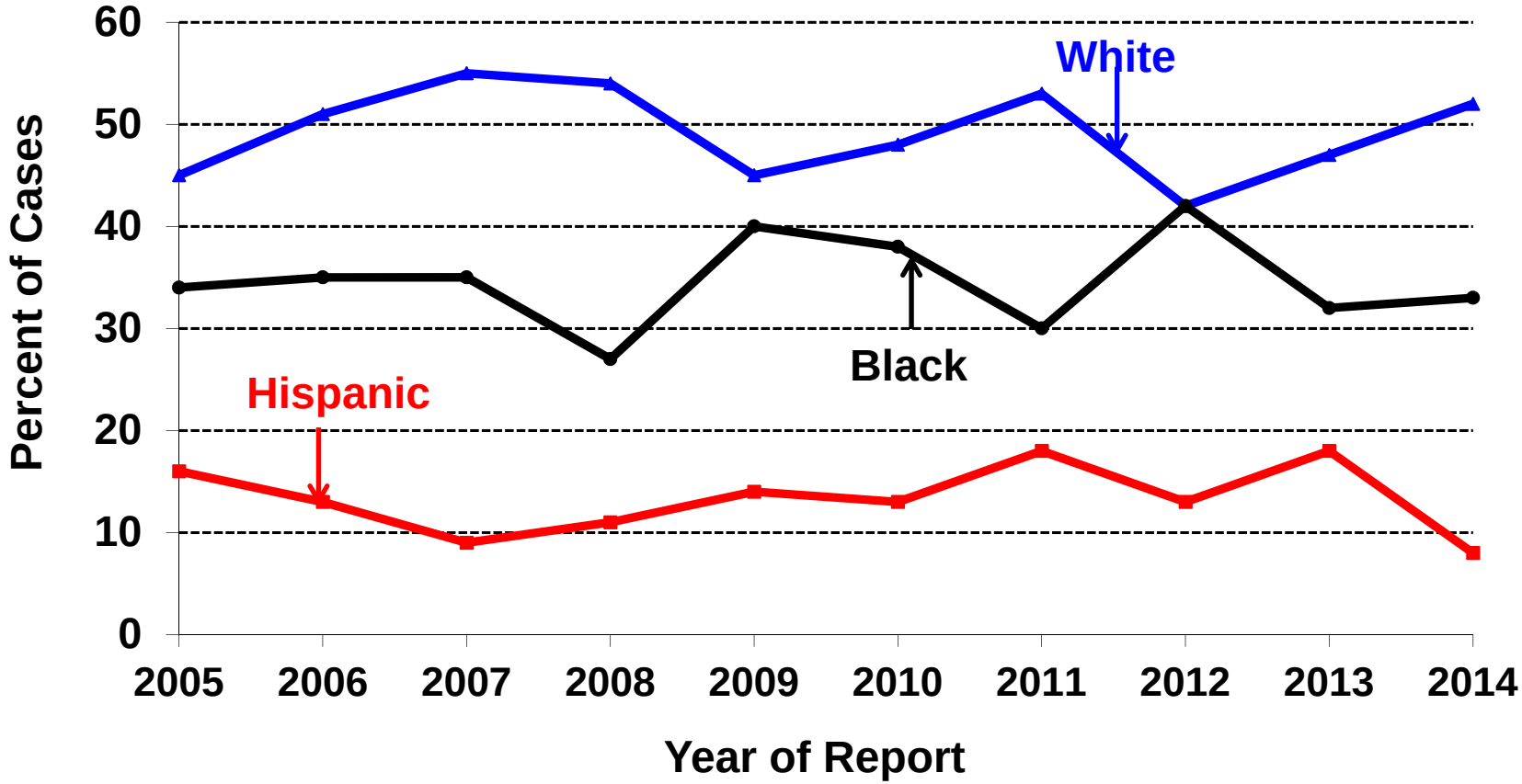
Note: Partnership 12's Adult Population is: 48% Male and 52% Female

Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 12



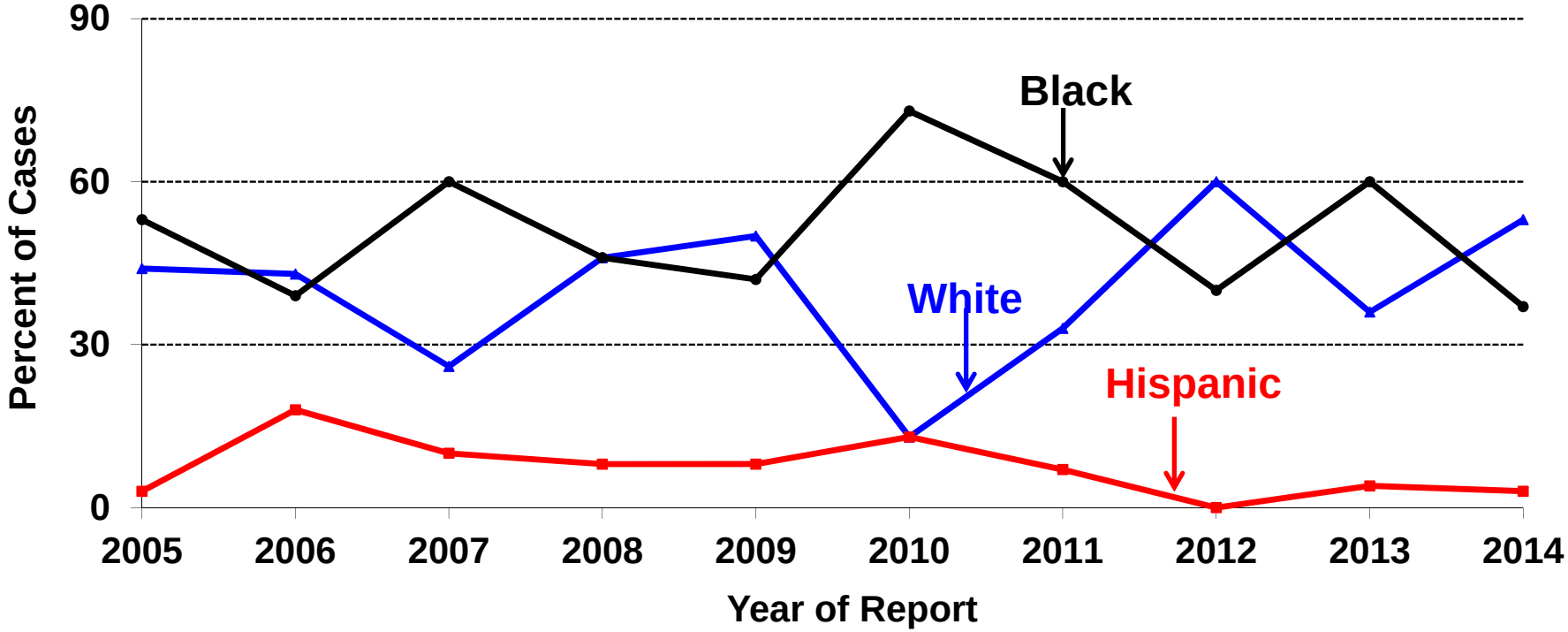
Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2005 to 2014, the proportion of HIV infection cases among blacks and Hispanics decreased by 6 and5 percentage points, respectively. In contrast, the proportion of HIV infection cases among whites increased by 9 percentage points over the same time period. Other races represent less than 3% of the cases and are not included.

Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 12



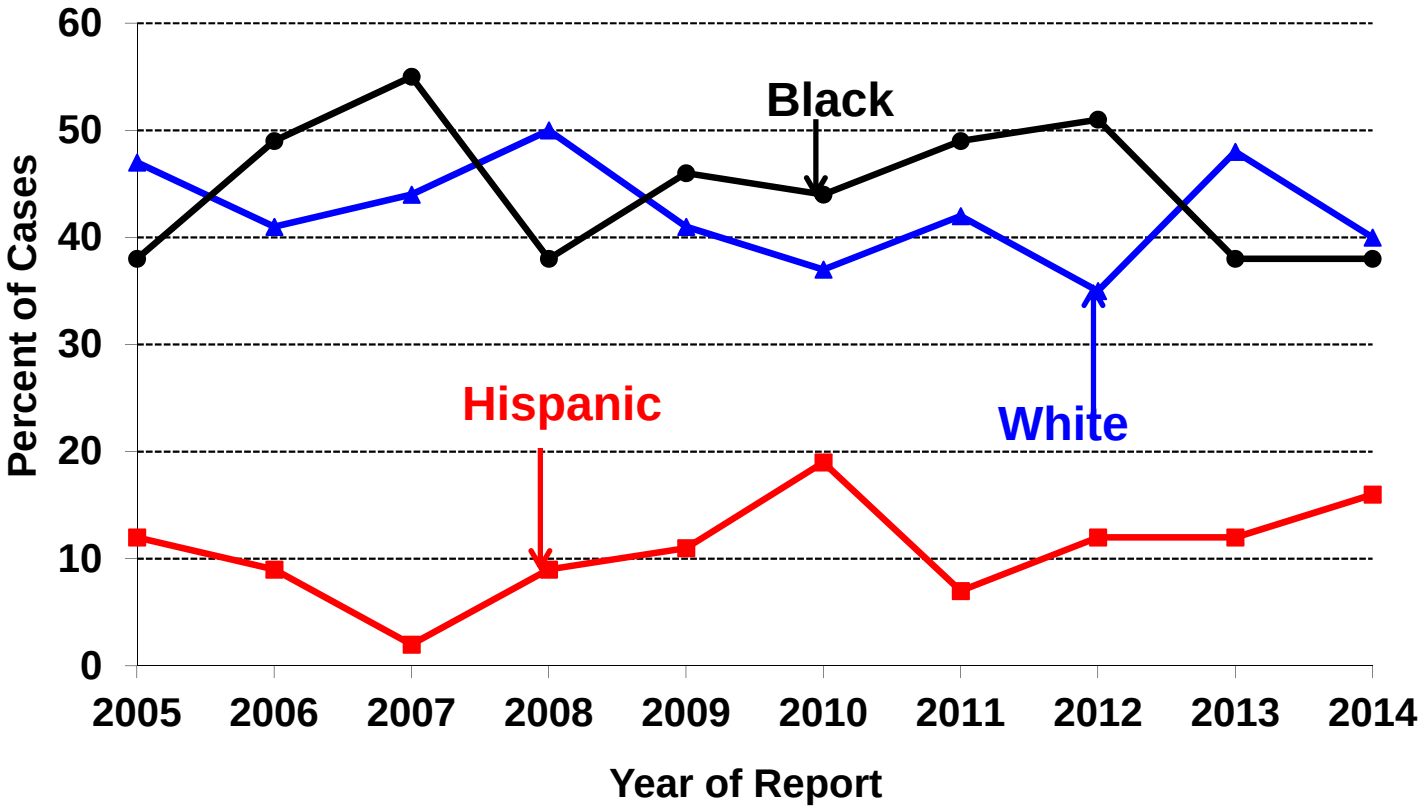
Note: From 2005 to 2014, the proportion of HIV infection cases among white males increased by 7 percentage points. In contrast, the proportion of HIV infection cases among black and Hispanic males decreased by 1 and 8 percentage points, respectively, during the same time period. Other races represent less than 7% of the cases and are not included.

Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 12



Note: The proportion of black and white adult female HIV infection cases shifted up and down over the years, oftentimes, crossing paths. From 2005 to 2014, the proportion of adult female HIV infection cases among blacks decreased by 16 percentage points. In contrast, the proportion of adult female HIV cases among whites increased by 9 percentage points, whereas adult female HIV cases among Hispanics remained unchanged during the same time period. Other races represent less than 5% of the cases and are not included.

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 12



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 38% of adult AIDS cases, but only 10% of the population. Over the past ten years, 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 Hispanics increased by 4 percentage points. In contrast, the proportion of adult AIDS cases among whites decreased by 7 percentage points, whereas the proportion of AIDS cases among blacks remained unchanged during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 3% of the cases and are not included.

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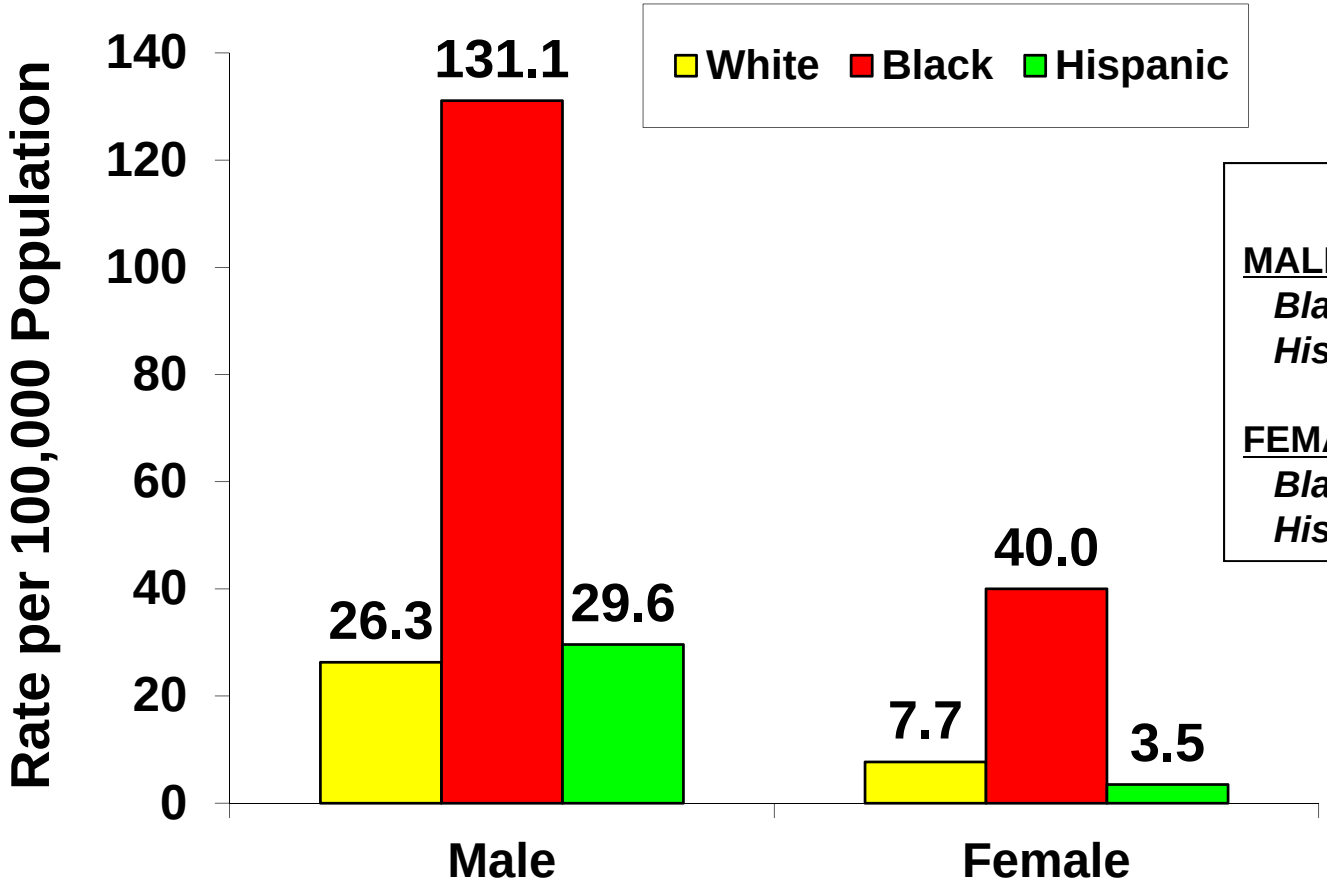
Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 12



Rate Ratios:

MALES

Black:White, 5.0:1

Hispanic:White, 1.1:1

FEMALES

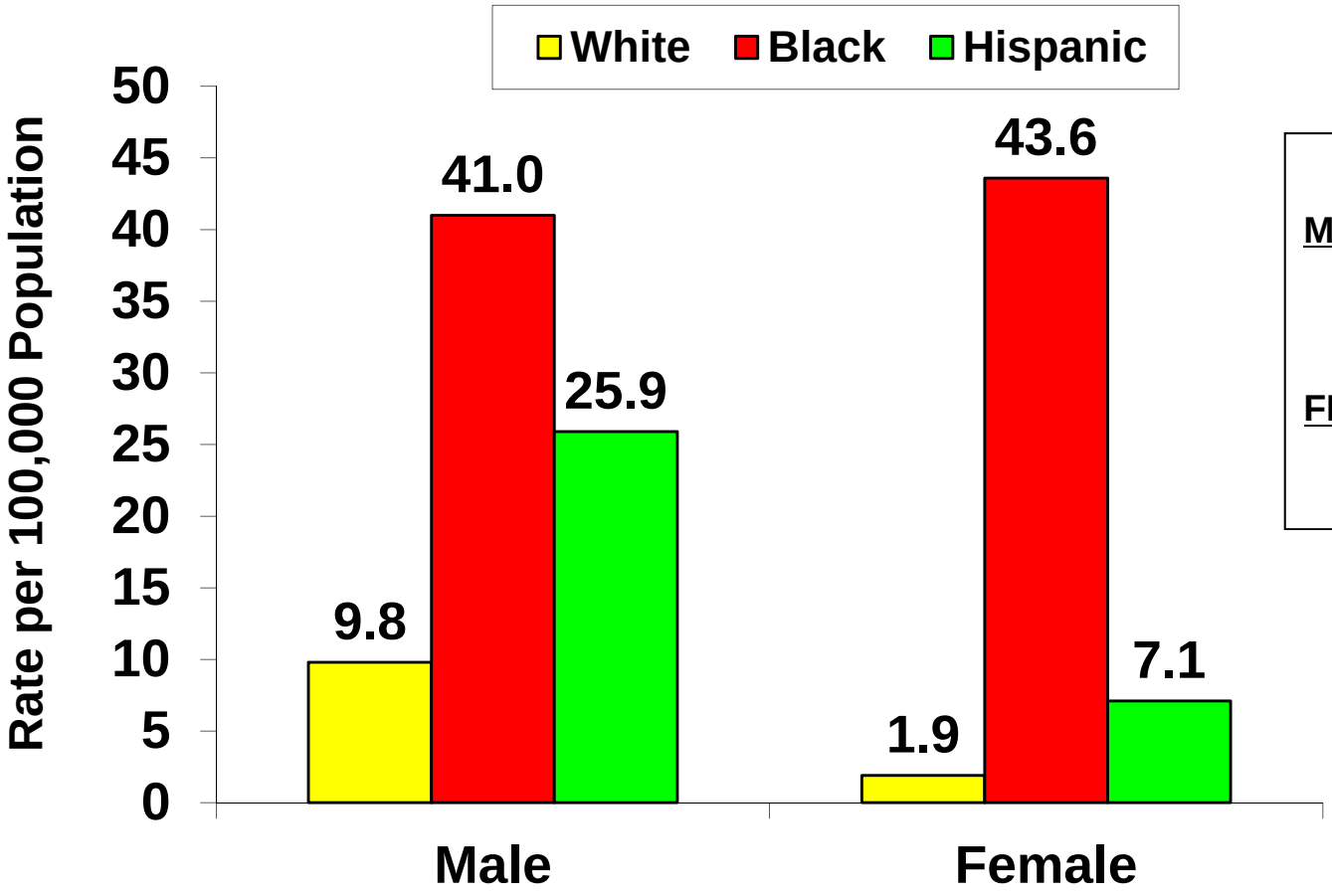
Black:White, 5.2:1

Hispanic:White, 0.5:1

Note: Among black males, the HIV case rate is 5 times higher than the rate among white males. Likewise among black females, the HIV case rate is 5 times than the rate among white females. Among Hispanic males, the HIV case rate is slightly higher than the rate among white males. In contrast, among Hispanic females the HIV case rate is lower than the rate among white females.

***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 12



Rate Ratios:

MALES

Black:White, 4.2:1

Hispanic:White, 2.6:1

FEMALES

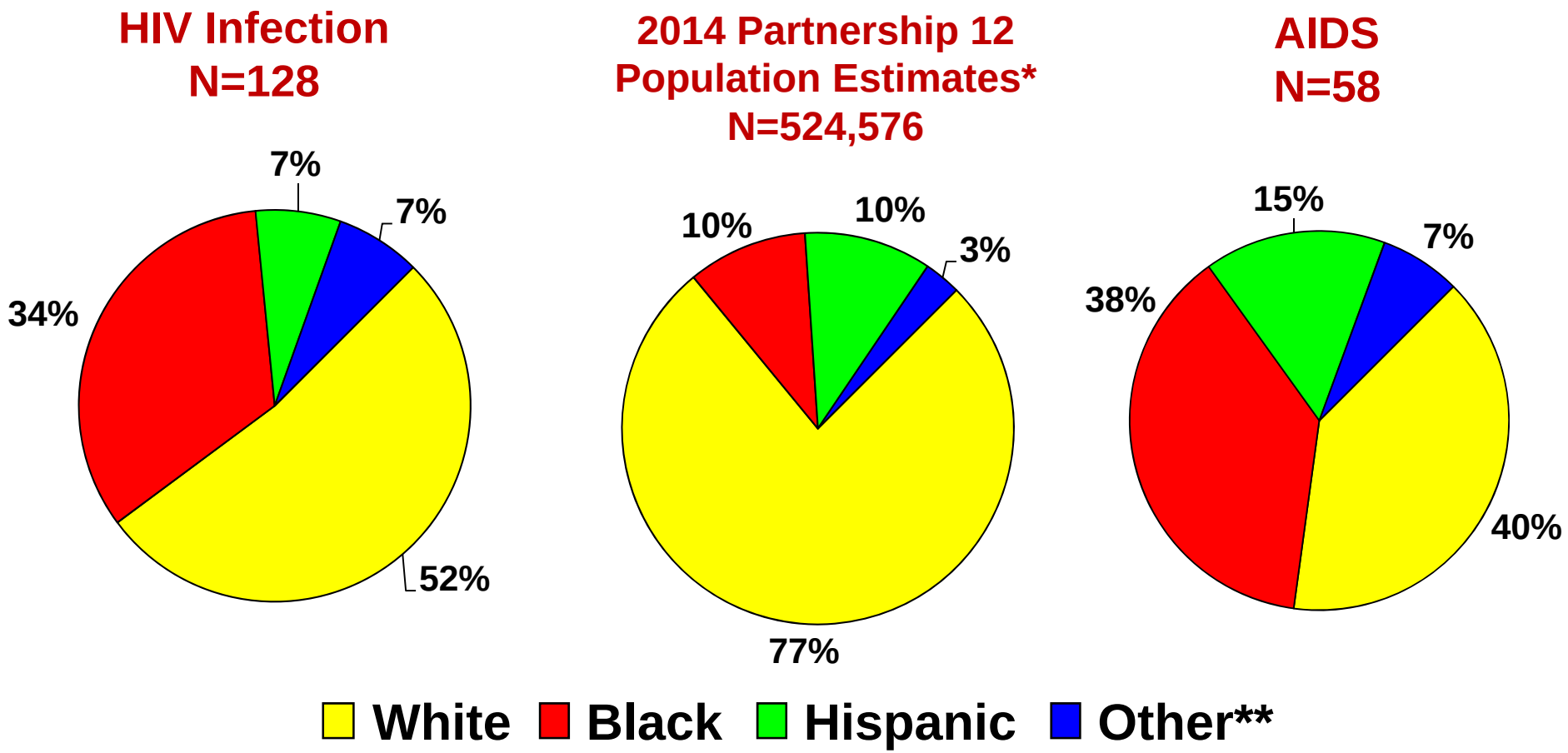
Black:White, 22.6:1

Hispanic:White, 3.7:1

Note: Among black males, the AIDS case rate is 4 times higher than the rate among white males. Among black females, the AIDS case rate is nearly 23-fold greater than the rate among white females. Hispanic male and female rates are higher than the rates among their white counterparts.

***Source: Partnership 12 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 12

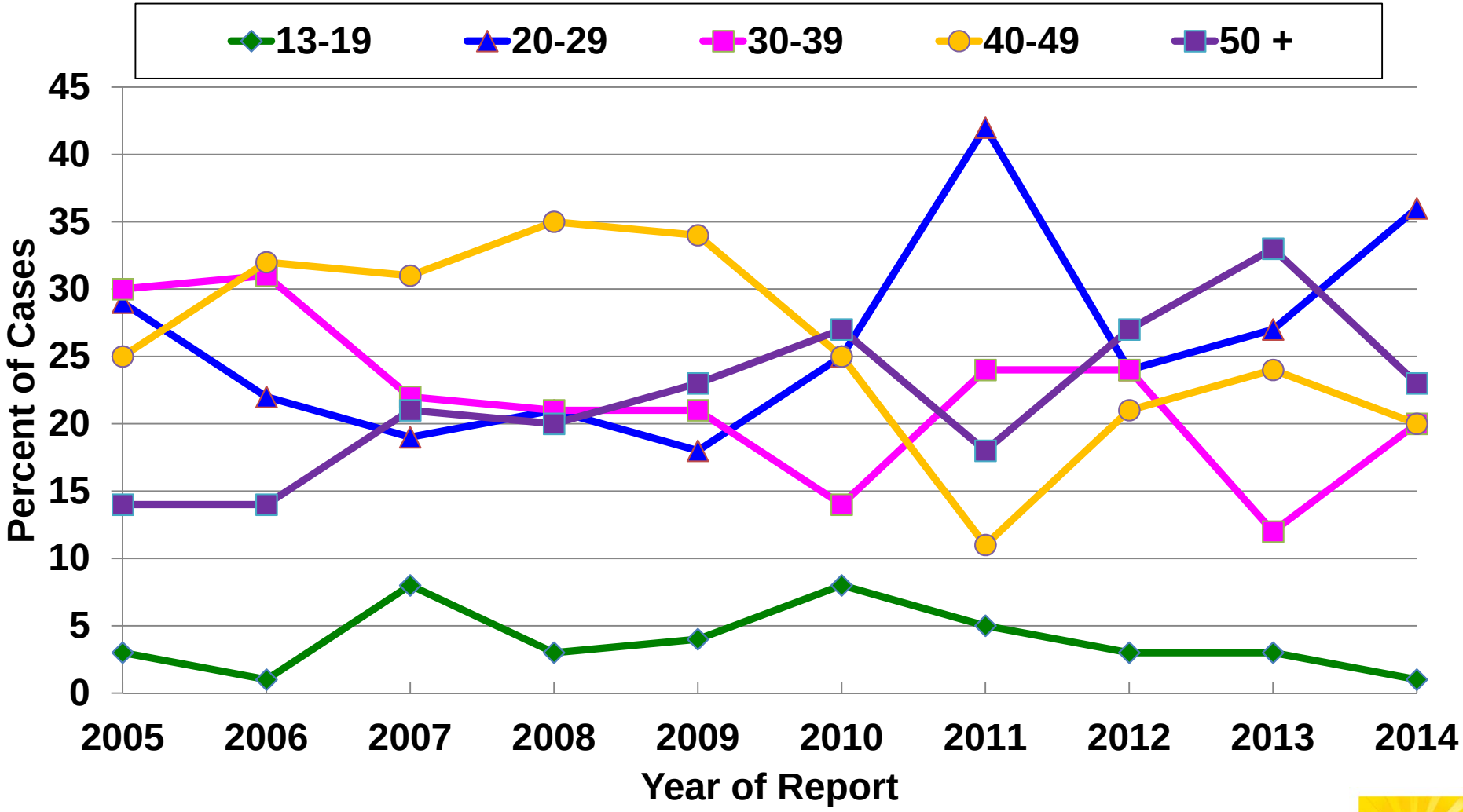


Note: In this snapshot for 2014, blacks are over-represented among the HIV and AIDS cases, accounting for 34% of adult HIV cases and 38% of adult AIDS cases, but only 10% of the adult population. Similarly, Hispanics are over-represented among AIDS cases, accounting for 15% of adult AIDS cases, but only 10% 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 7/9/2015.**

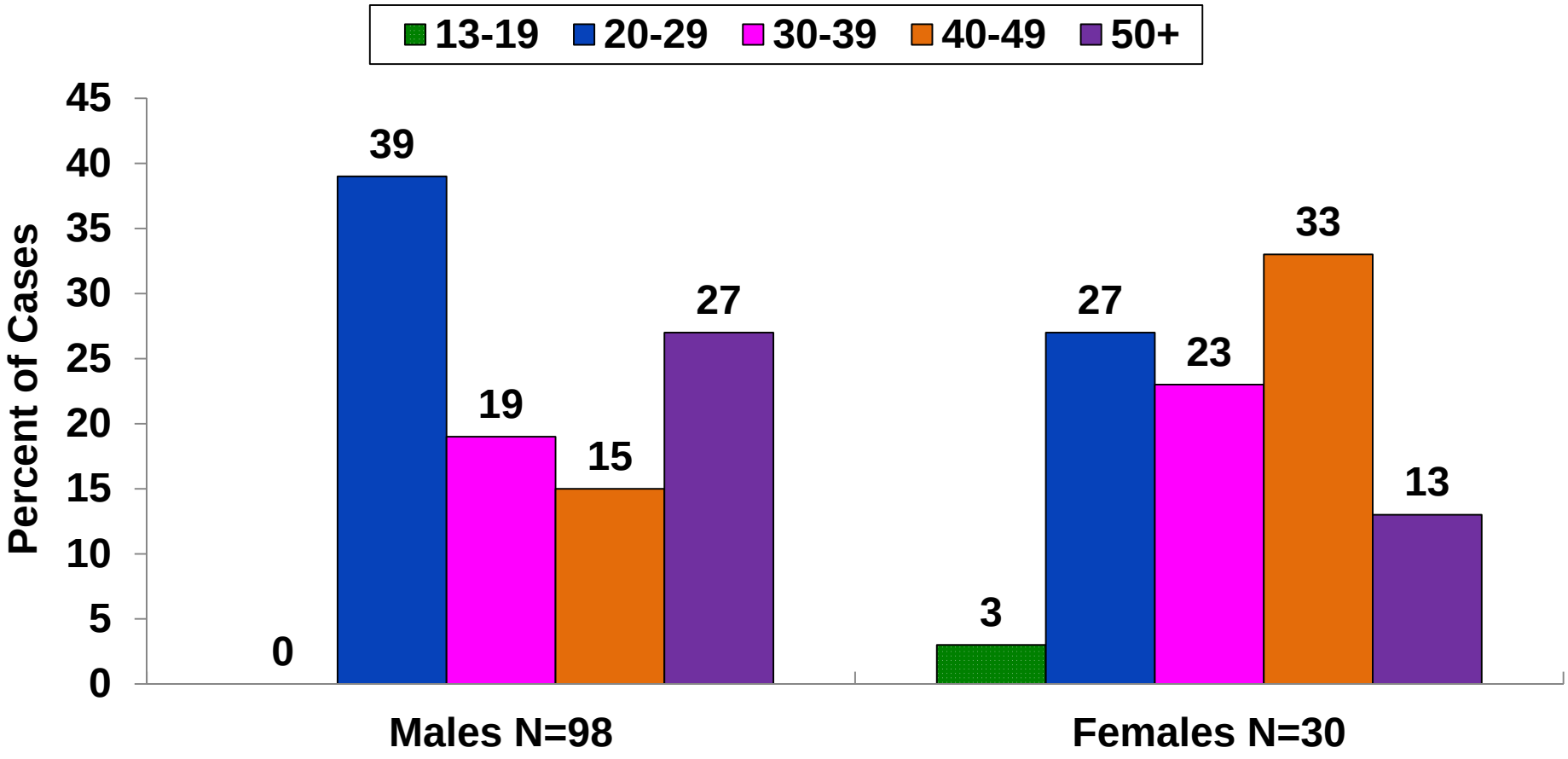
****Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.**

Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2005–2014, Partnership 12



Note: From 2005 to 2014, the proportion of adult HIV infection cases among those aged 20-29 and among those aged 50 or older, increased by 7 and 9 percentage points, respectively.

Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2014, Partnership 12



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, 39% of HIV infection cases occur among those aged 20-29, whereas among females, 33% of HIV infection cases occur among those in the 40-49 age group.

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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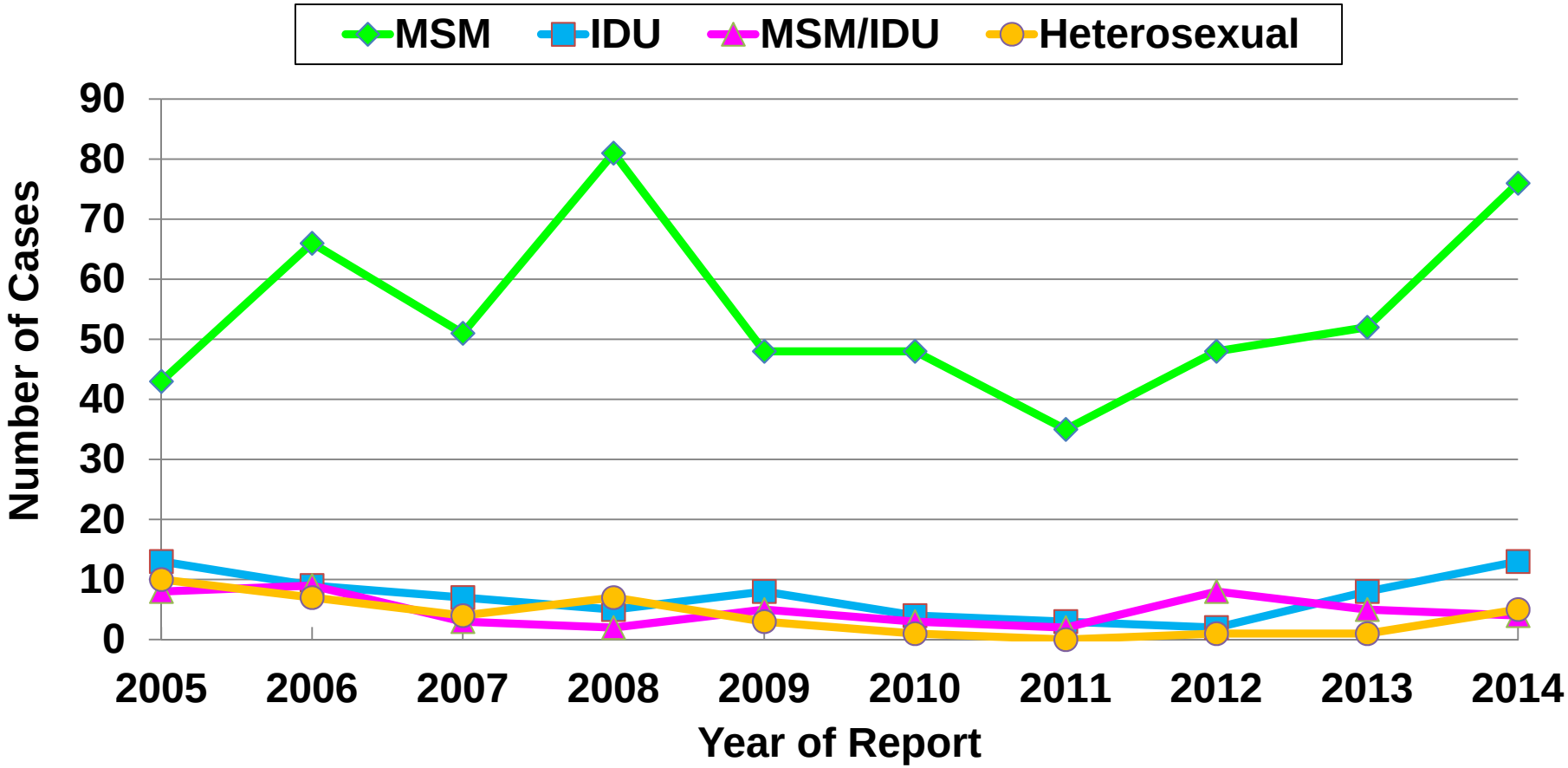
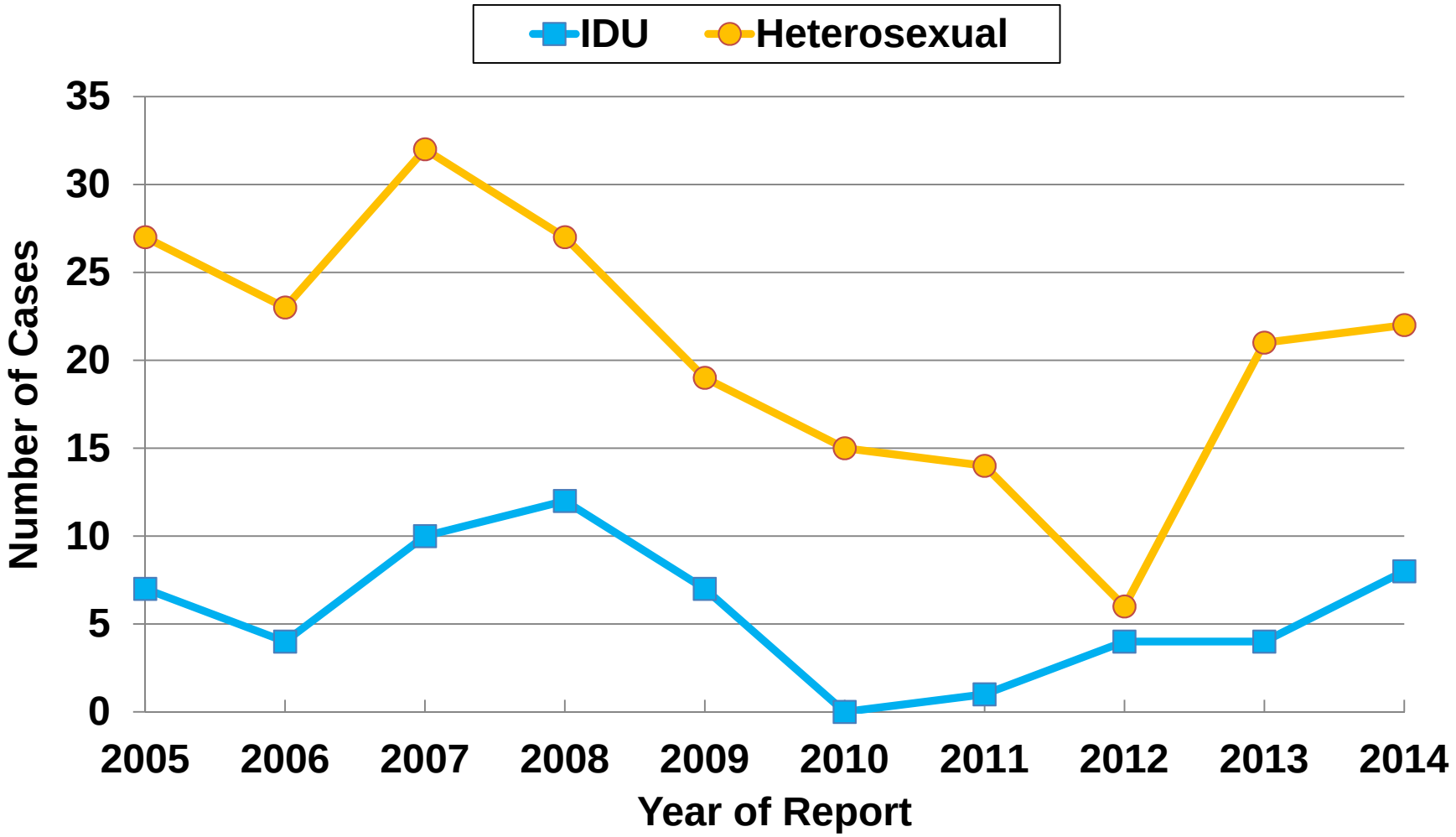
Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2005–2014, Partnership 12



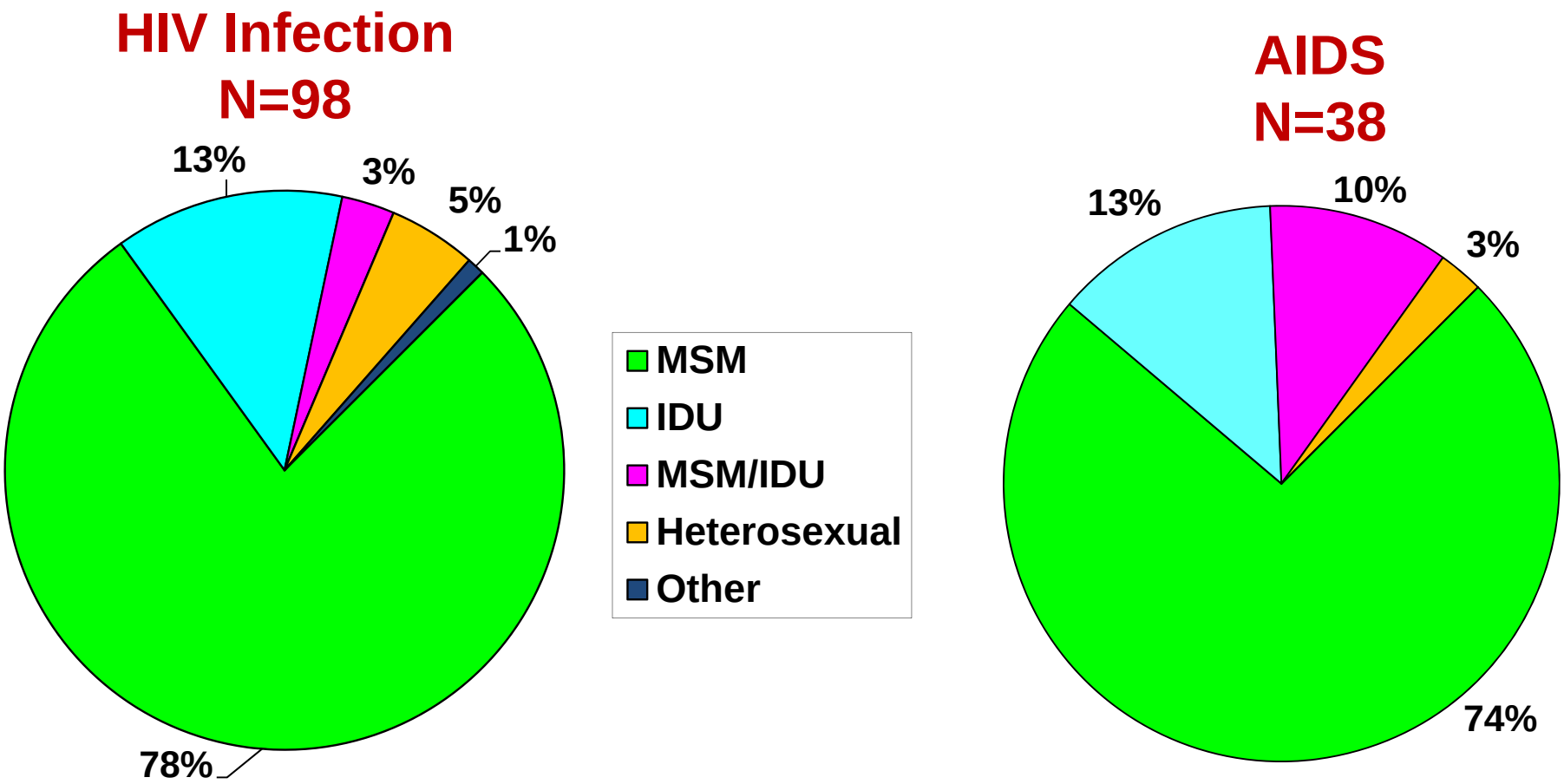
Note: NIRs redistributed. For most years, male-to-male sexual contact (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 12.

Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2005-2014, Partnership 12



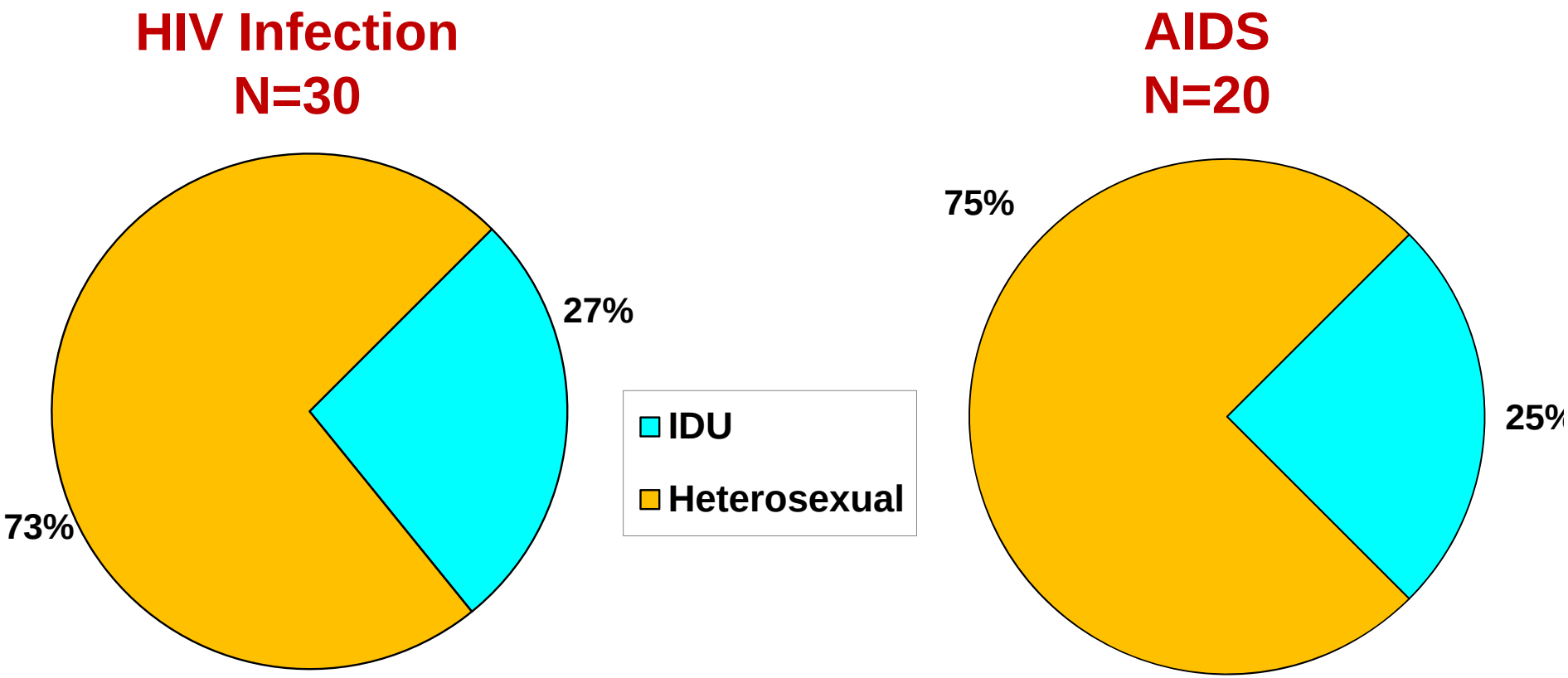
Note: NIRs redistributed. The heterosexual risk continues to be the dominant mode of exposure among females.

Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 12



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 (78% and 74% 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 12



Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported for 2014, heterosexual contact was the highest risk (73% and 75% respectively).

Cases Living with HIV Disease

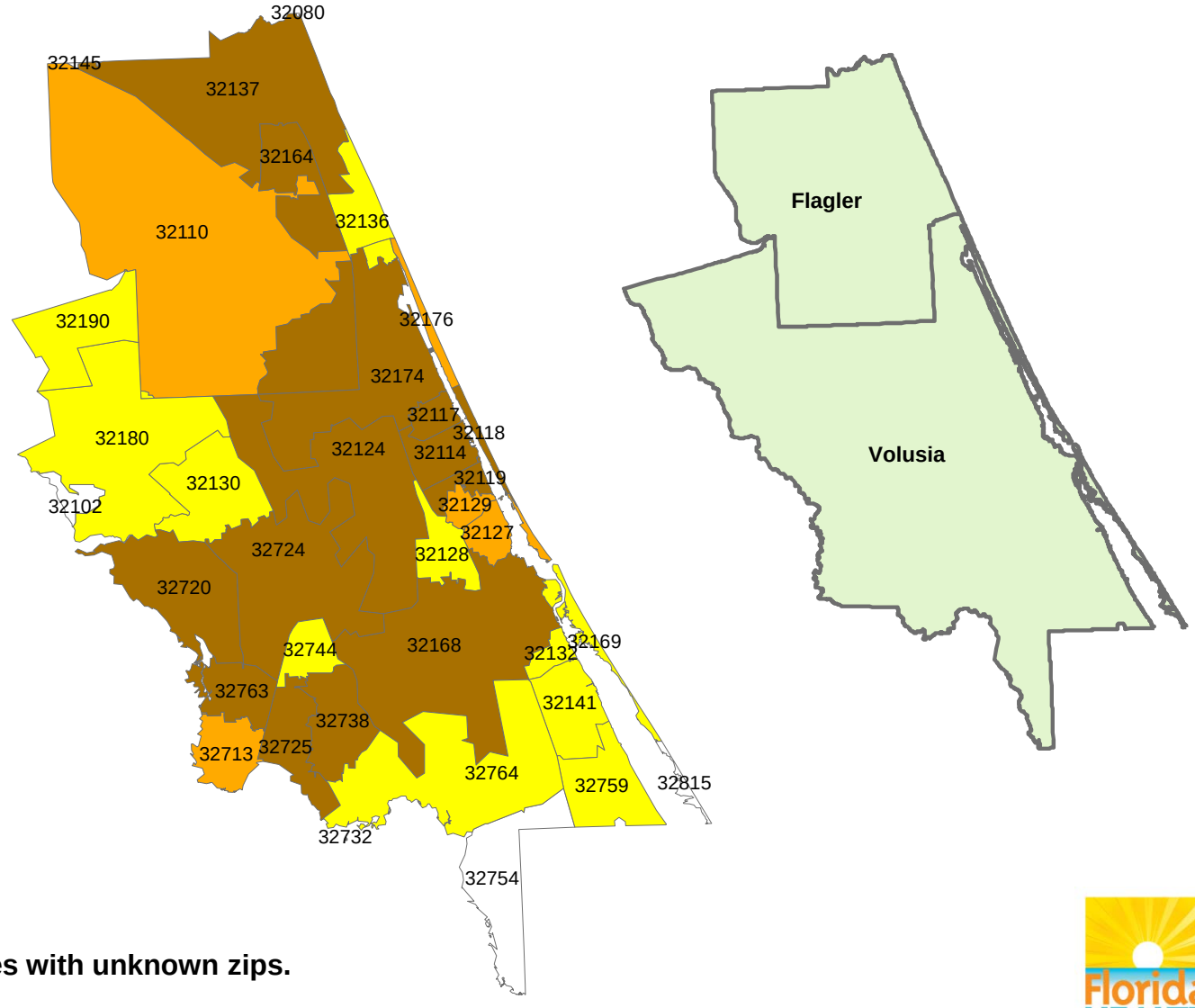
Unless otherwise noted, data in the following slides represent persons living with HIV/AIDS (PLWHAs), who were living in Florida (regardless where diagnosed) through the most recent calendar year. Living data are also referred to as prevalence cases or living with HIV disease.

Adults Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 12

Total Adult Living HIV/AIDS Cases

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

N=1,762



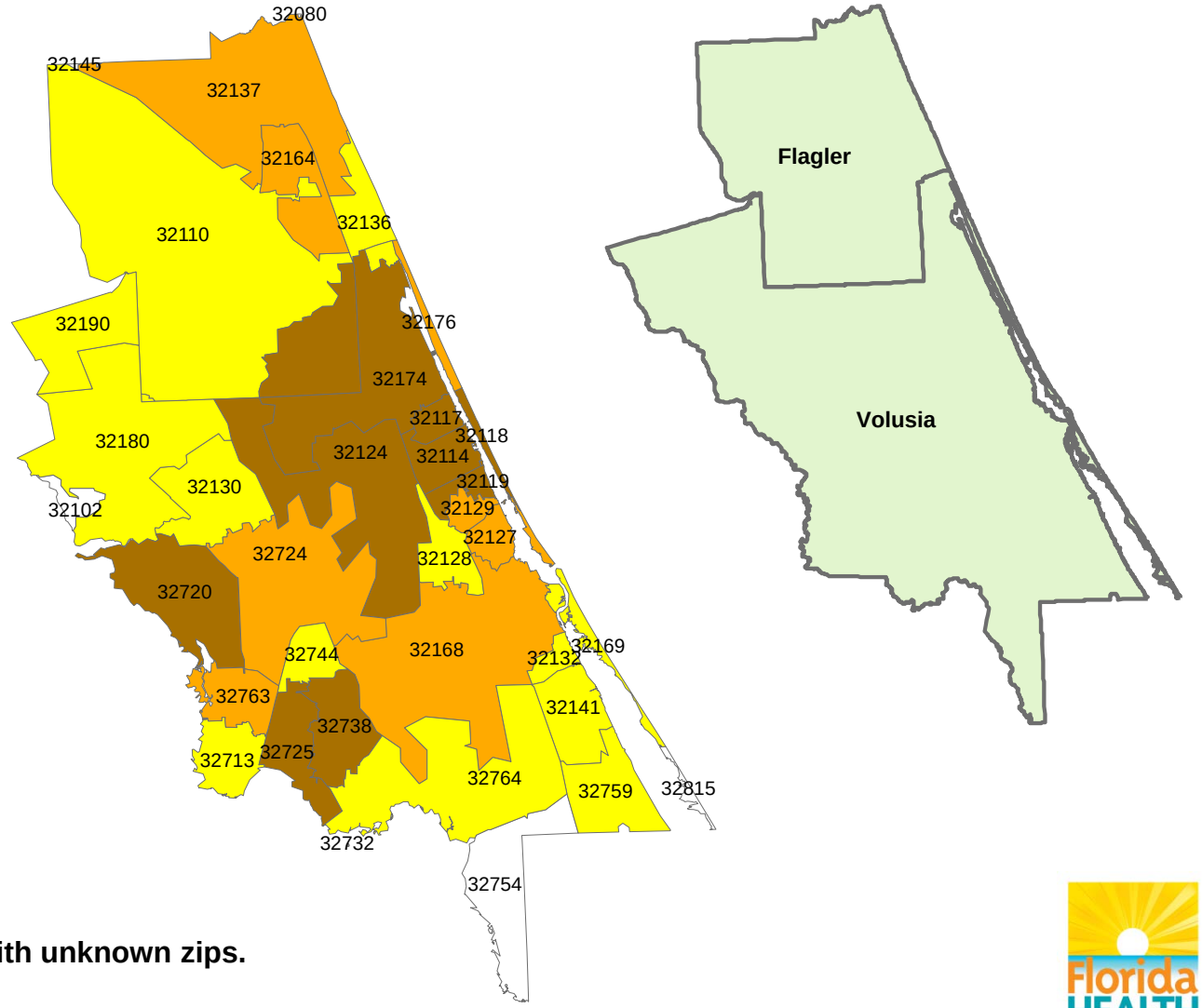
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 12

Presumed Living MSM HIV/AIDS Cases

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

N=978



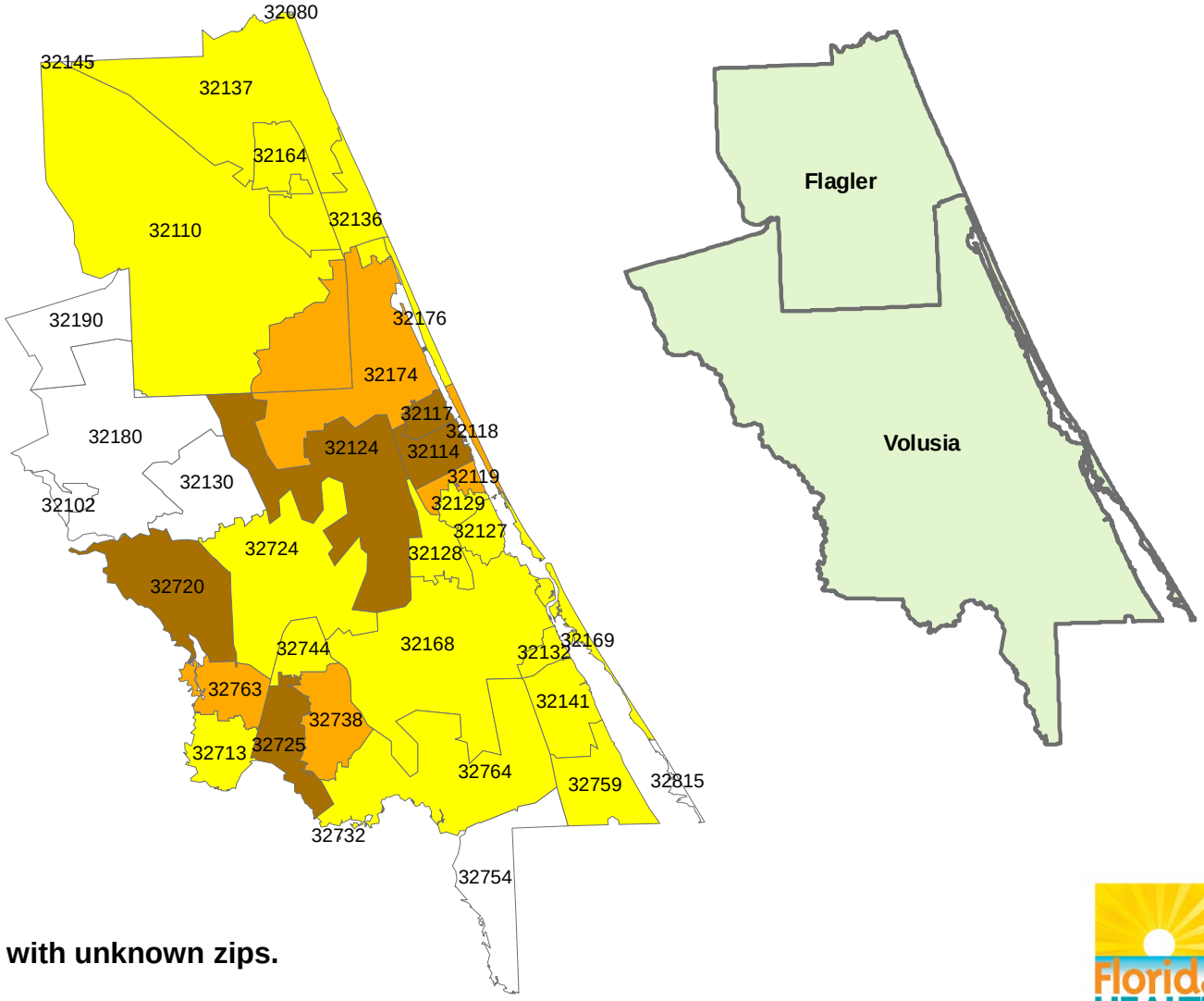
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 06/30/2015

Injection Drug Users (IDUs)*
Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 12

Presumed Living IDU HIV/AIDS Cases

- 0
- 1 - 10
- 11 - 20
- Over 20

N=352



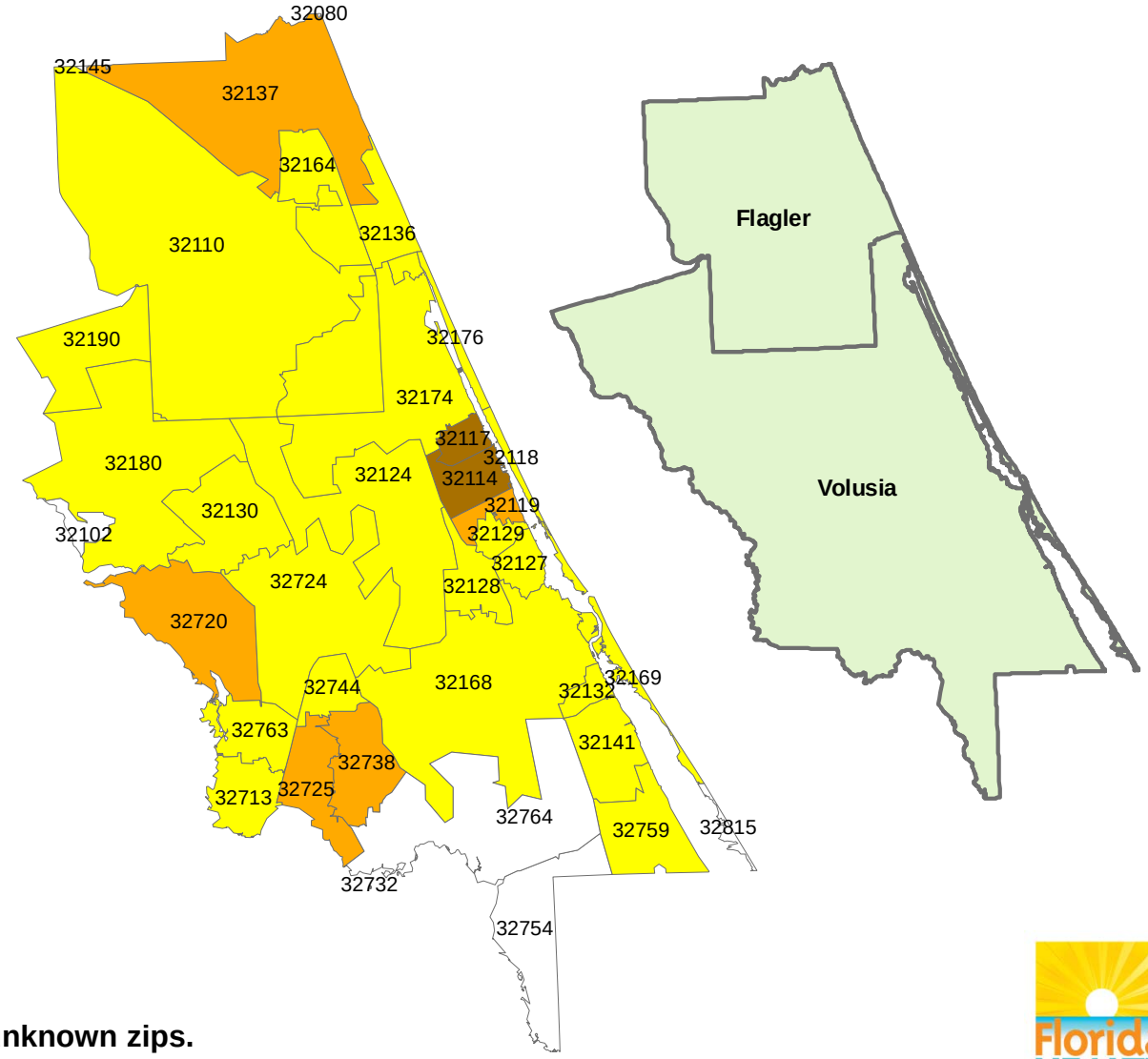
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 06/30/2015

Adult Heterosexuals Living with HIV Disease
By Zip Code, Diagnosed through 2014, Partnership 12

Presumed Living Heterosexual HIV/AIDS Cases

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

N=494



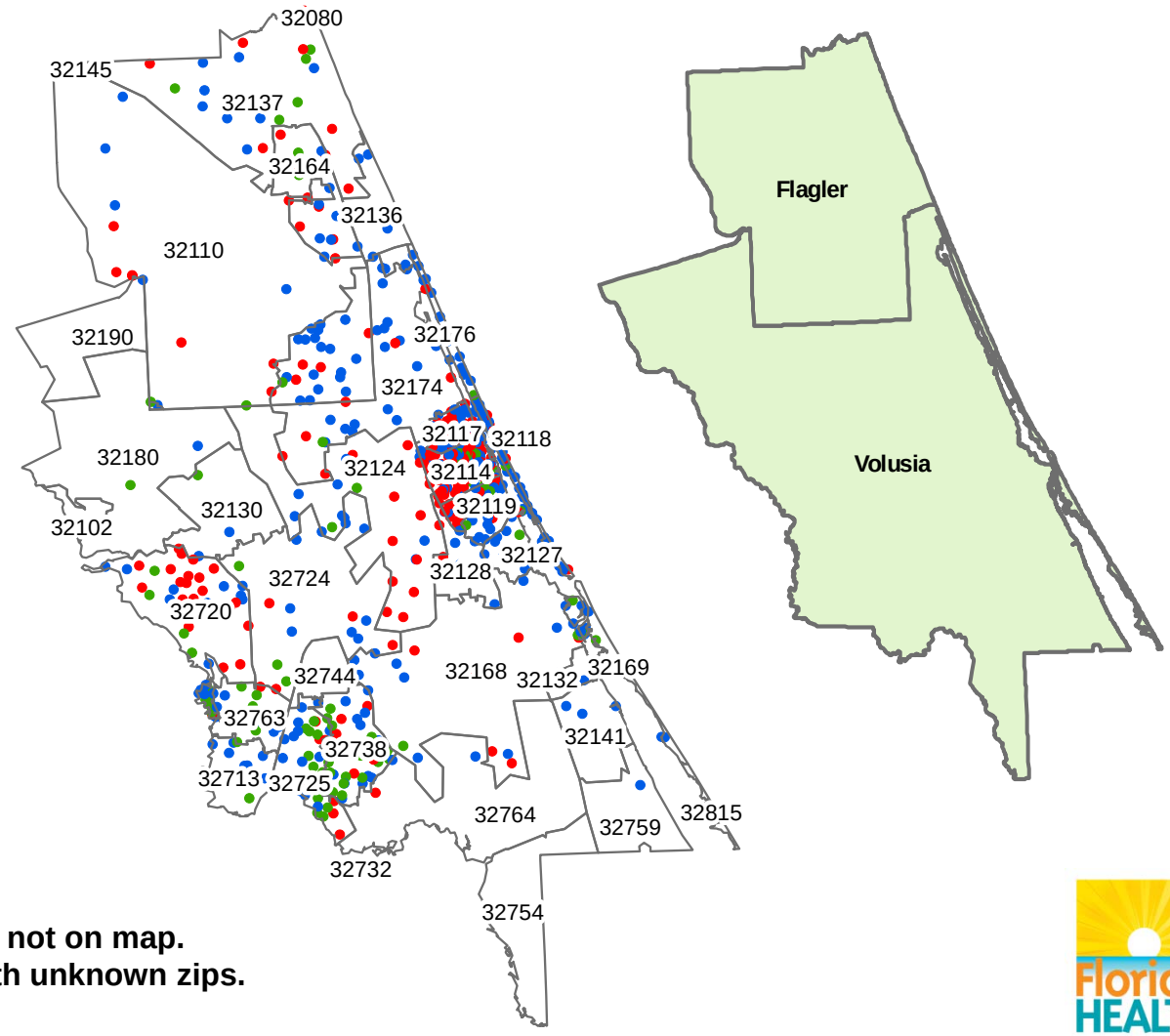
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Diagnosed through 2014, Partnership 12

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

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

N=1,713



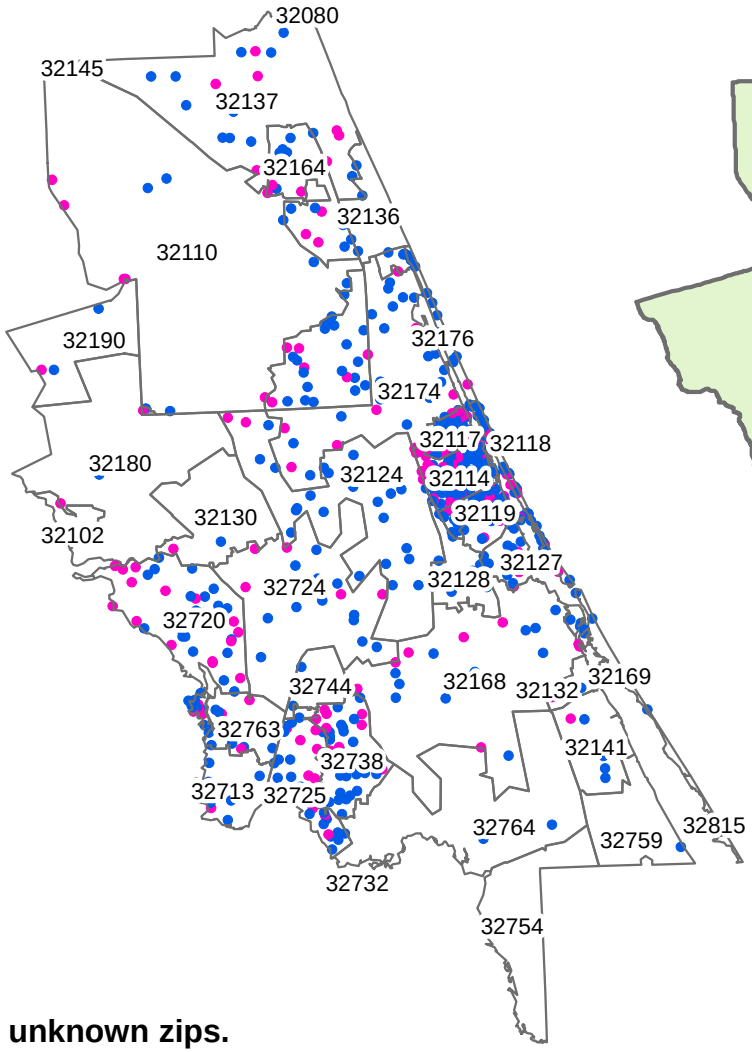
Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

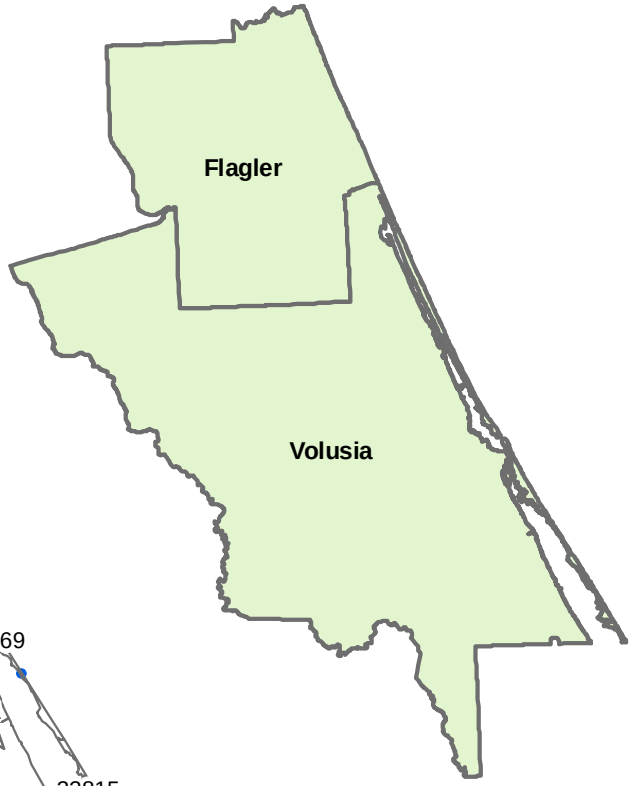
Adults Living with HIV Disease By Zip Code and Sex, Diagnosed through 2014, Partnership 12

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

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

N=1,762

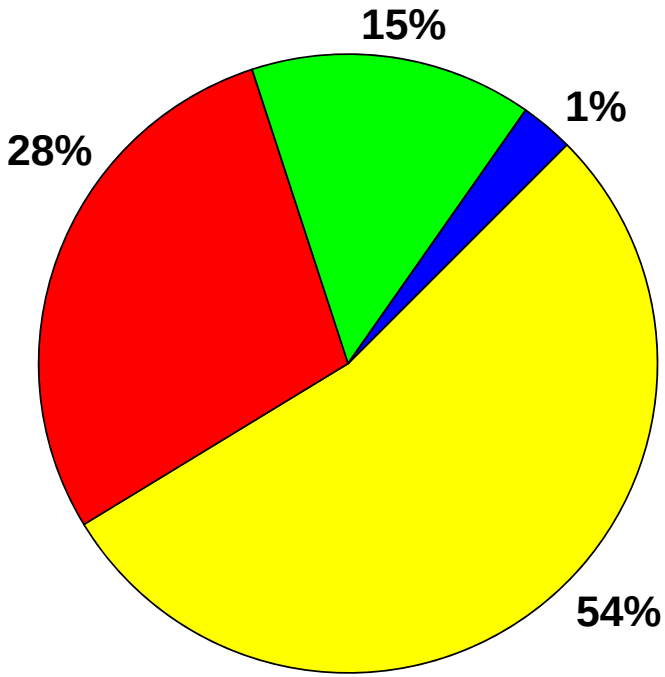


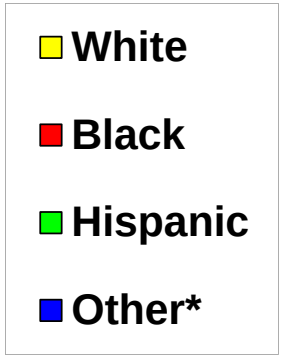


Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

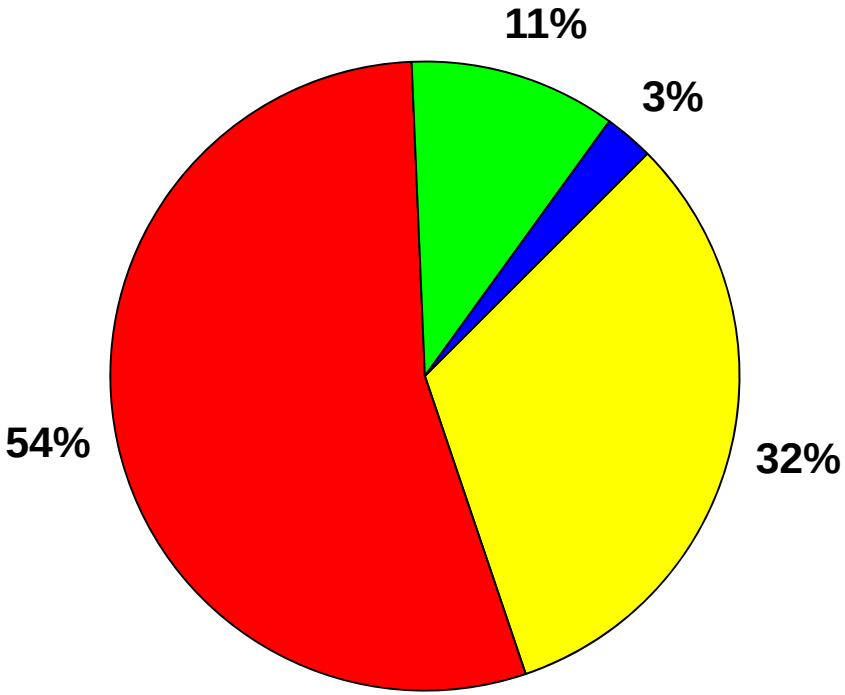
Adults Living with HIV Disease, by Sex and Race/Ethnicity Diagnosed through 2014, Partnership 12

Males
N=1,227



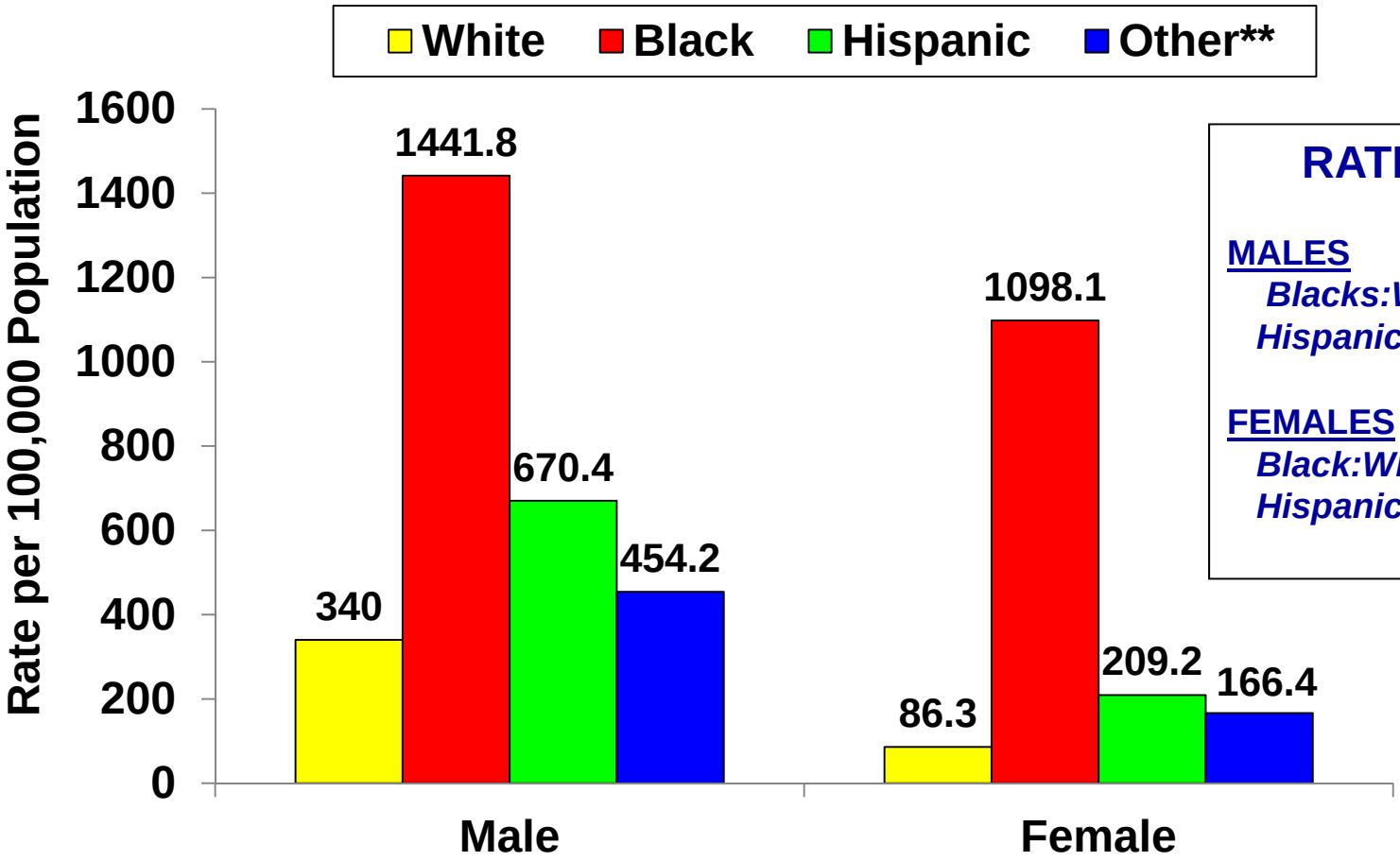


Females
N=554



Note: Among adult males living with HIV disease, whites represent the race most affected (54%). Among adult females living with HIV disease, blacks represent the race most affected (54%).
***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 12



RATE RATIOS:

MALES
Blacks:Whites, 4.2:1
Hispanics:Whites, 2.0:1

FEMALES
Black:Whites, 12.7:1
Hispanics:Whites, 2.4:1

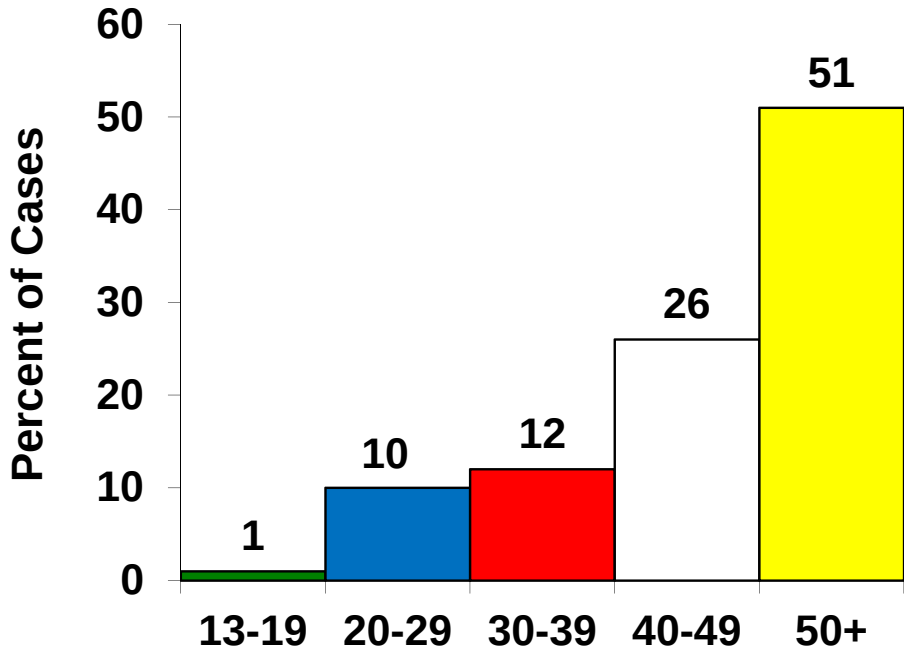
Note: Among black males living with HIV disease Diagnosed through 2014, the case rate is 5 times higher than the rate among white males. Among black females living with HIV disease, the case rate is nearly 13 times higher than the rate among white females. The case rate among Hispanic males and females is 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.**

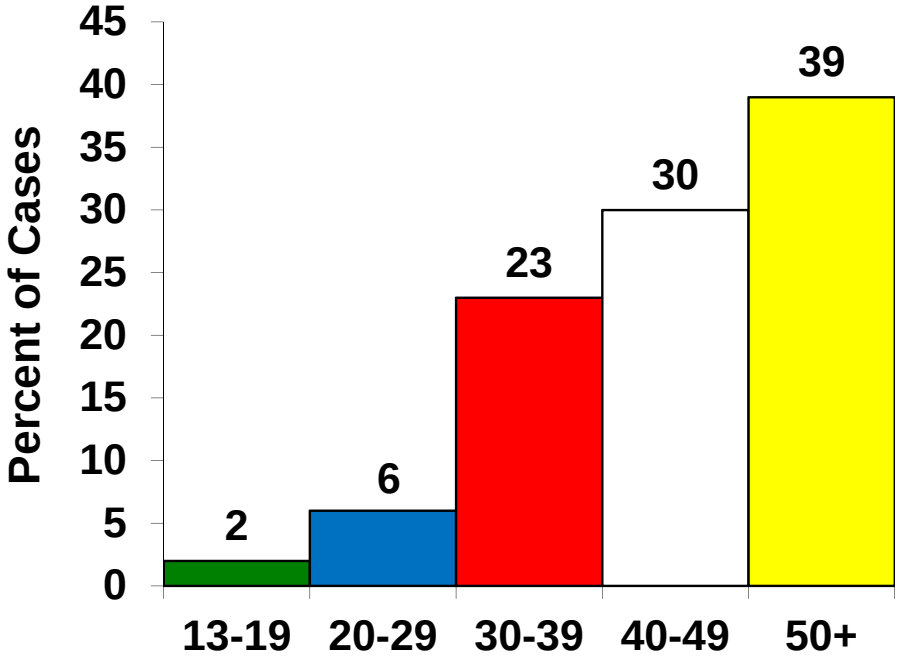
****Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.**

Adults Living with HIV Disease, by Sex and Current Age Group, Diagnosed through 2014, Partnership 12

Males
N=1,227

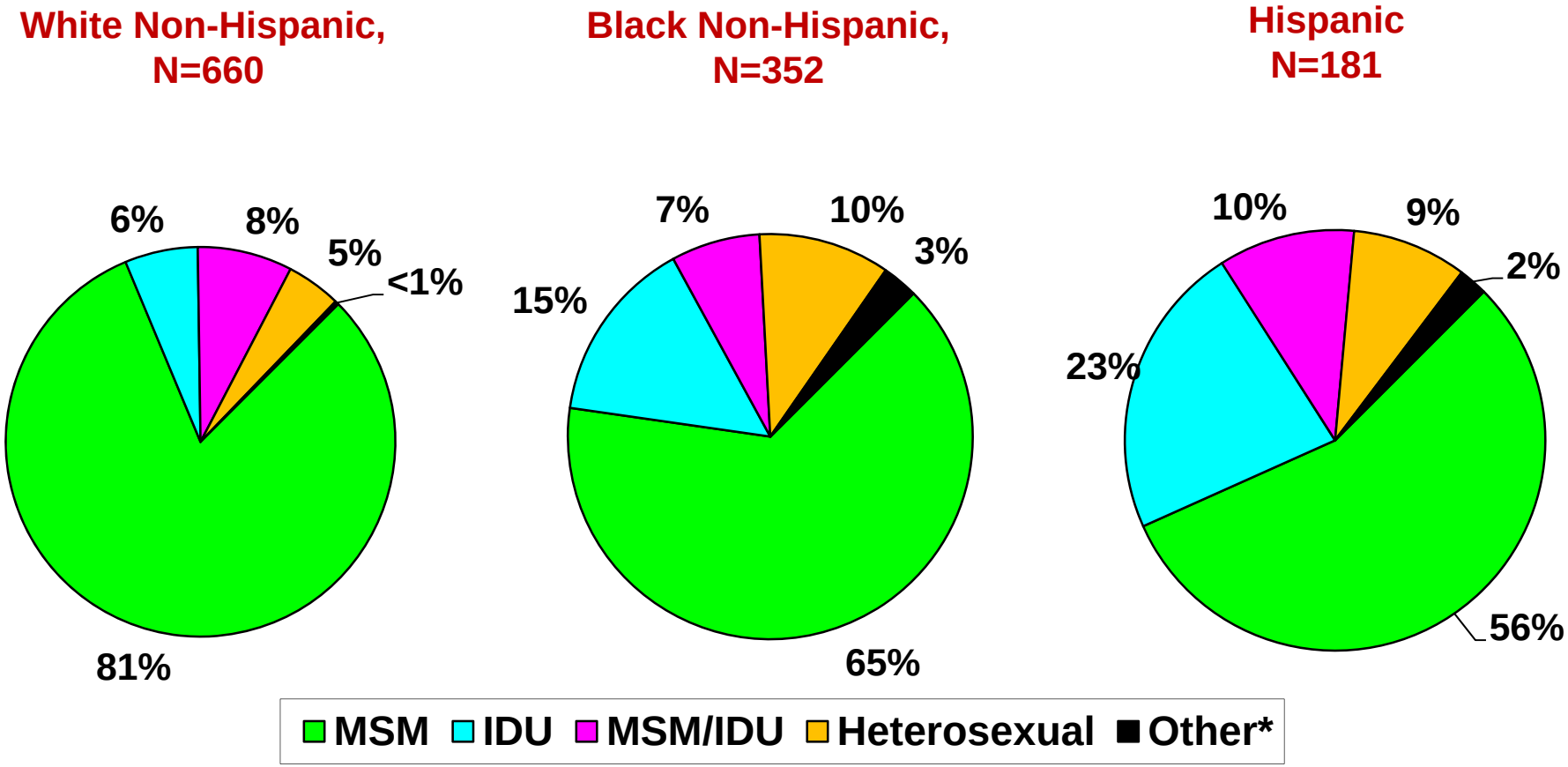


Females
N=554



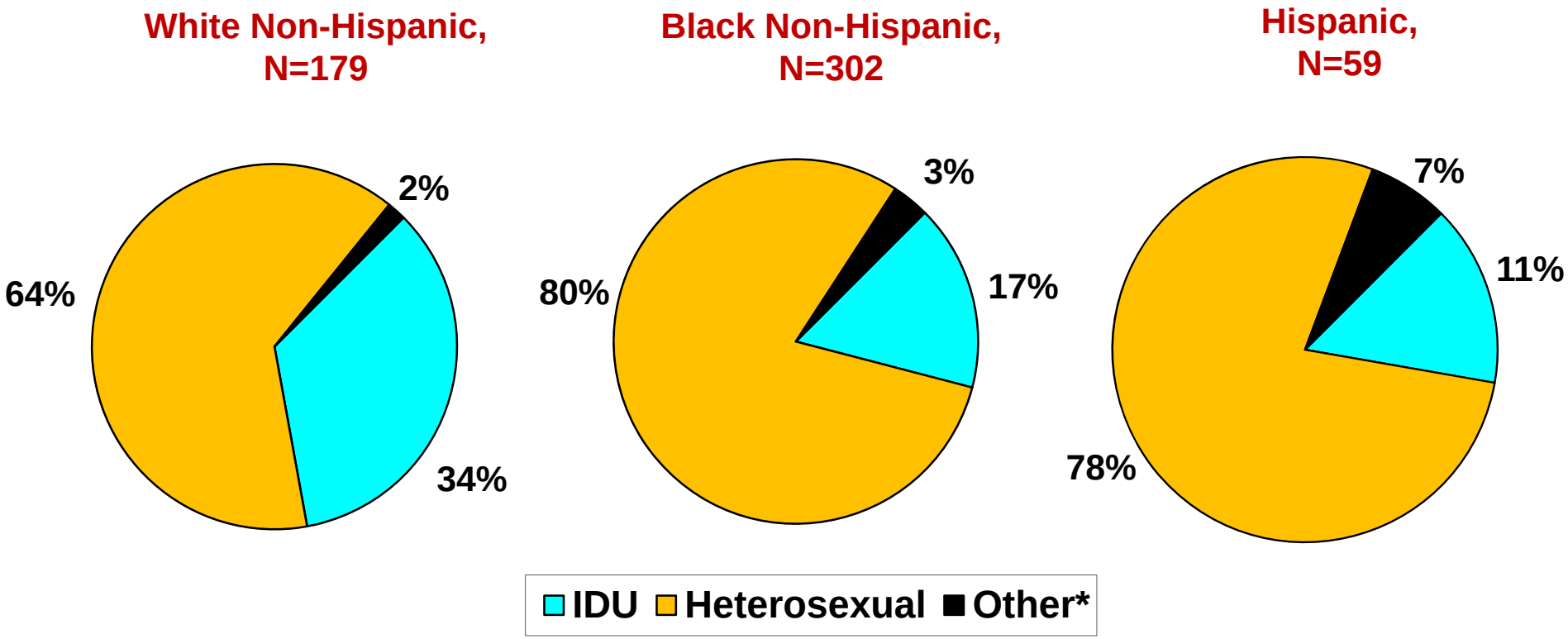
Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (77%), compared with females living with HIV disease (69%).

Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 12



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.**

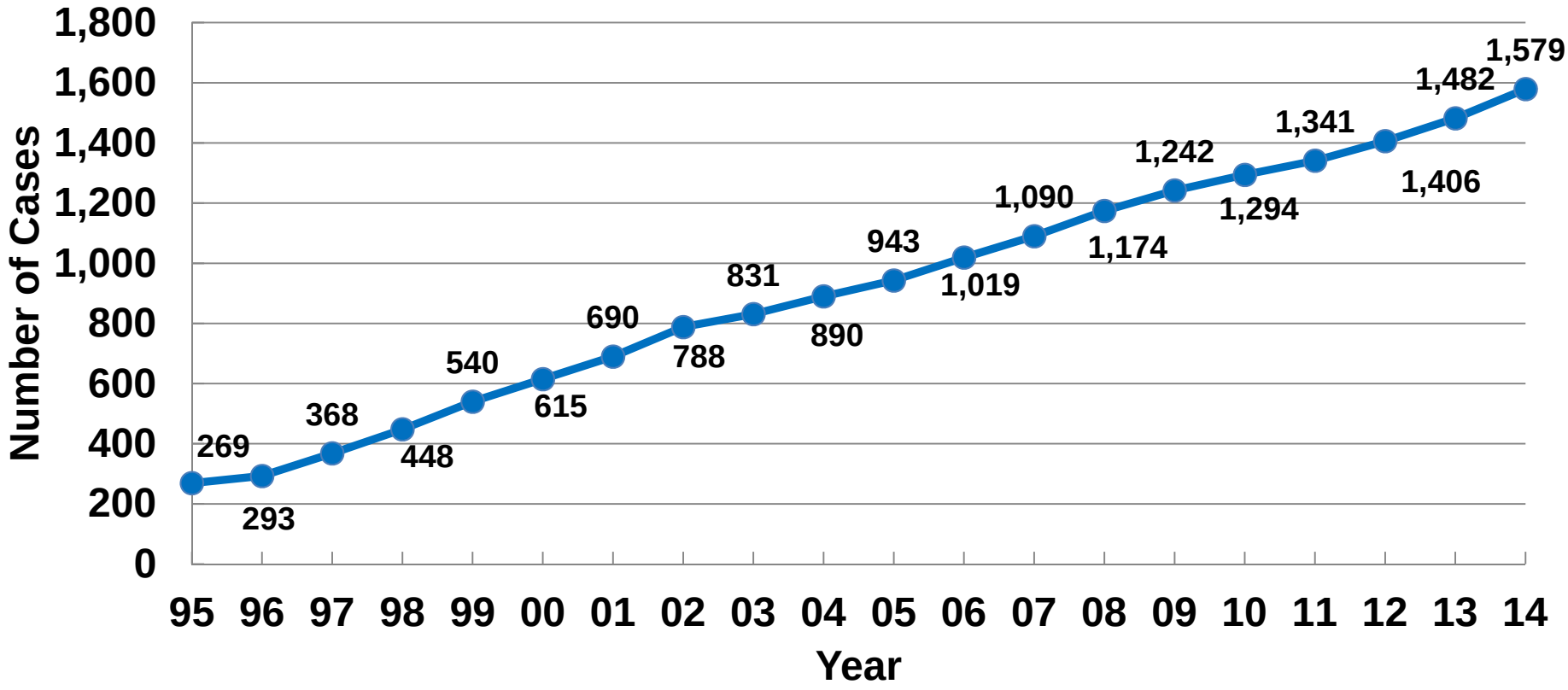
Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 12



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 12



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 460%. In 2014, the prevalence increased by 6.5% since the previous year.
Note: These data represent adults living with HIV disease diagnosed in Florida regardless of their current residence.

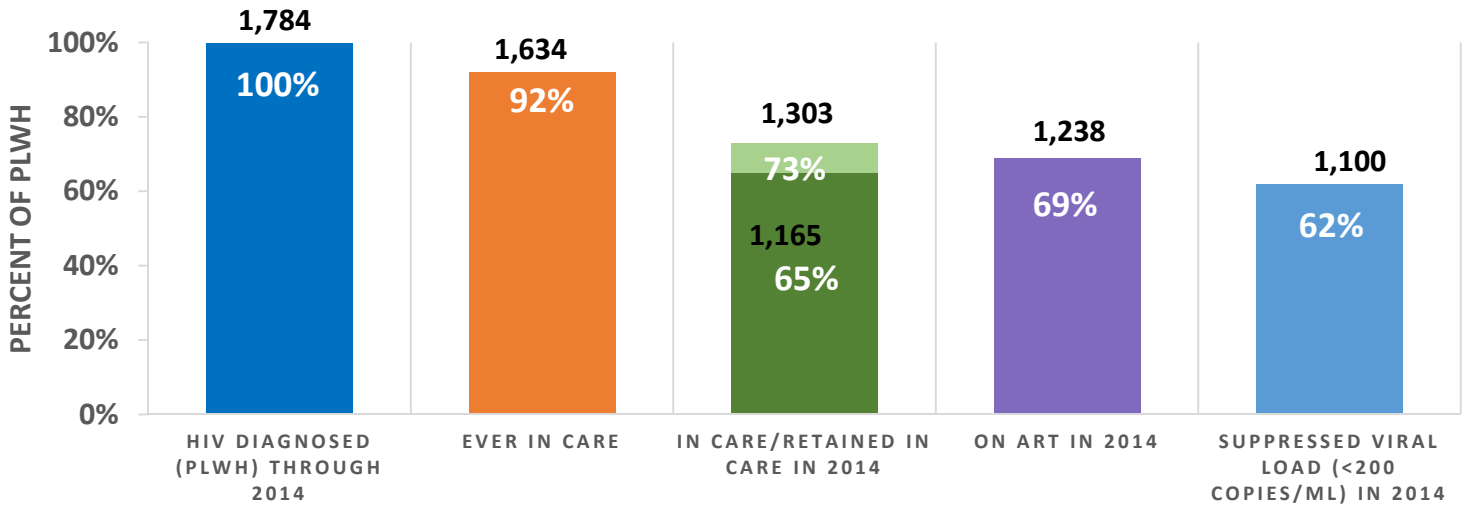
Partnership 12'sTop-9 Priority Populations in 2014 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

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

This final ranking is a result of ranking 9 race/risk groups among those newly reported in eHARS with HIV disease in Partnership 12 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 12 (excl. DOC), 2014

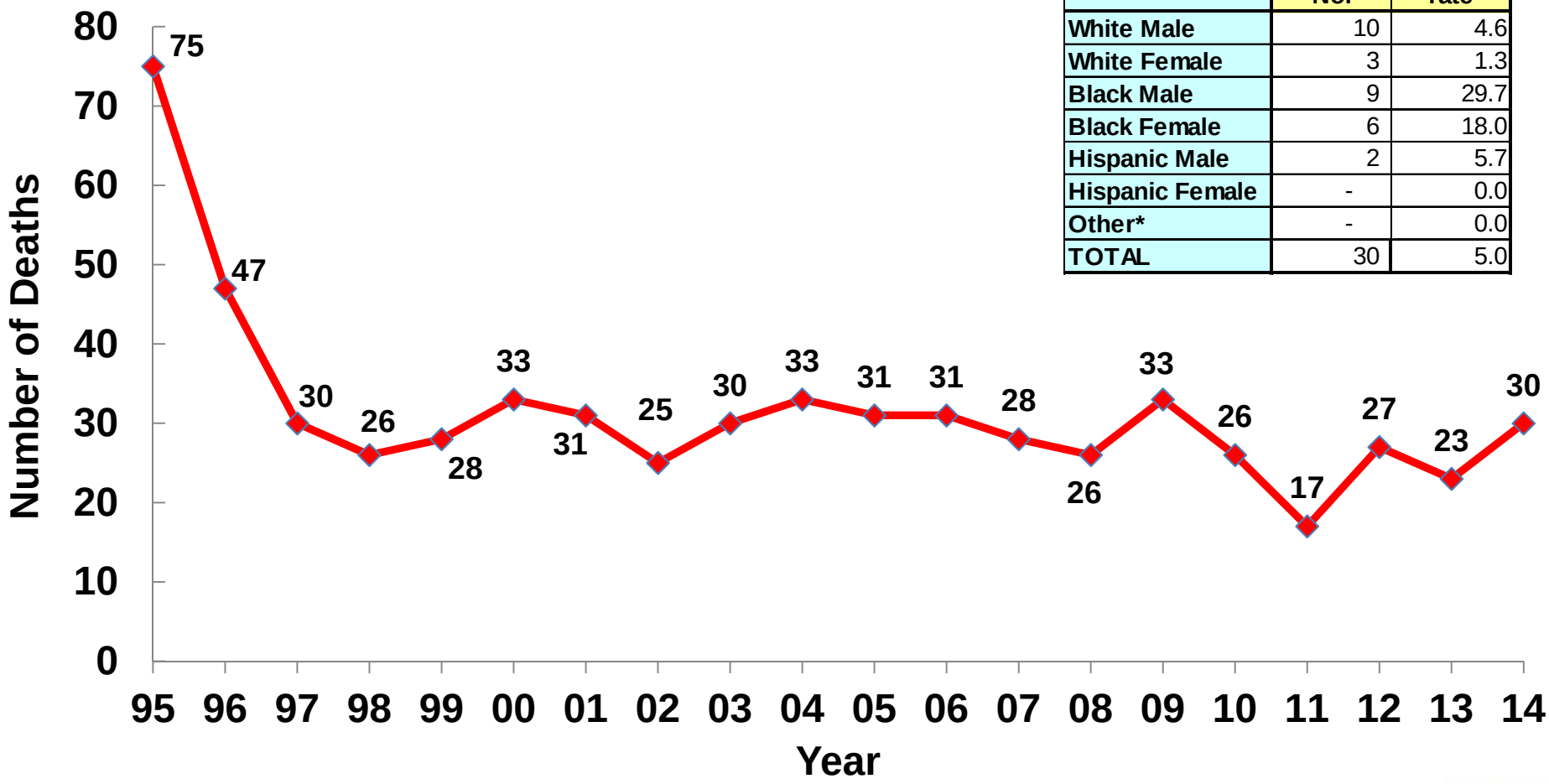


- 81% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 84% of PLWH in care had a suppressed viral load in 2014

(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 12



Race/Ethnicity	2014	
	No.	rate
White Male	10	4.6
White Female	3	1.3
Black Male	9	29.7
Black Female	6	18.0
Hispanic Male	2	5.7
Hispanic Female	-	0.0
Other*	-	0.0
TOTAL	30	5.0

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 12 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

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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