HIV/AIDS Epidemiology Partnership 2b

Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla 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.

Florida HEALTH

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 2b

Total Population, 2014*

437,976

*2014 estimate is provisional

HIV Infection and AIDS Cases Reported in 2014*

	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
HIV Infection Cases	115	1	116
AIDS Cases	62	1	63

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

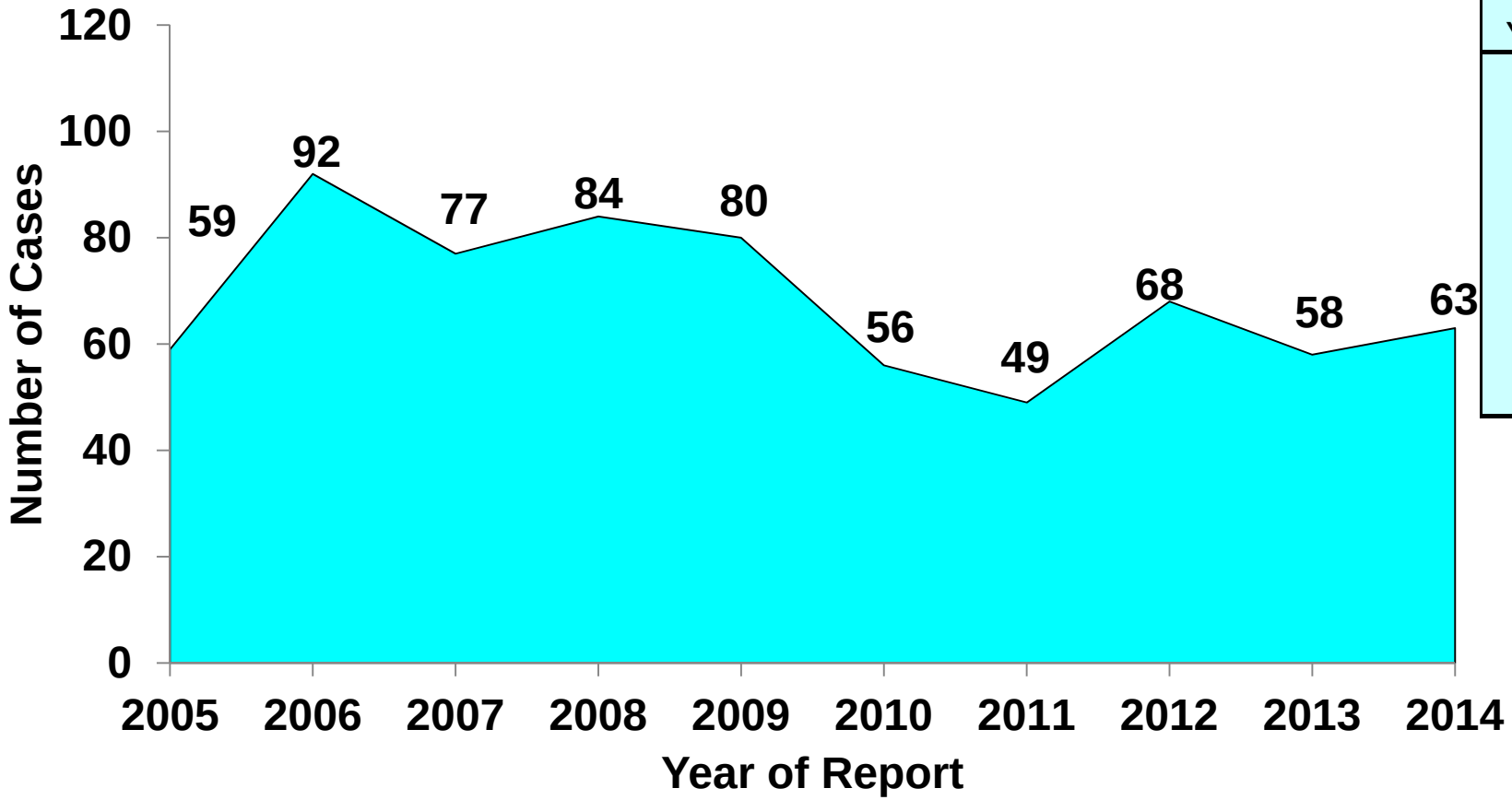
Cumulative HIV/AIDS Cases Reported 1981-2014

	Adults (Age 13+)	Pediatrics (Age<13)	TOTAL
HIV (not AIDS) Cases**	915	8	923
AIDS Cases	1,694	12	1,706
Total	2,609	20	2,629

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

Persons Living with HIV Disease through 2014, as of 06/30/2015: 1,855

AIDS Cases and Rates*
By Year of Report, 2005-2014, Partnership 2b

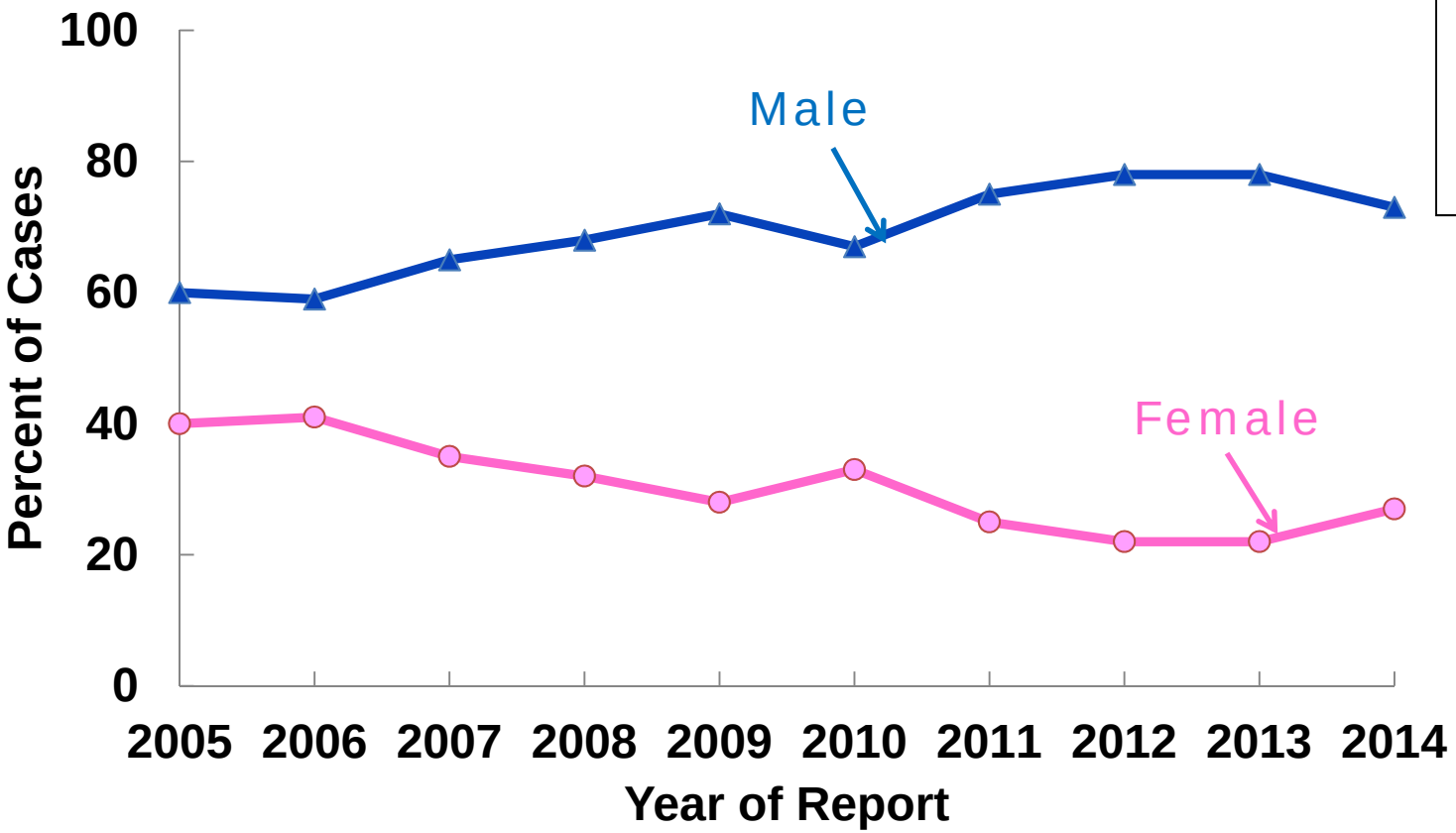


Year	Rate
05	14.4
06	22.1
07	18.3
08	19.7
09	18.7
10	13.3
11	11.3
12	15.7
13	13.3
14	14.4

Electronic laboratory reporting (ELR) delays in late 2007 decreased cases in that year, while the expansion of electronic lab reporting increased the timeliness of reporting, contributing to a slight increase in 2008. This was followed by a general decline in reported cases through 2011; however, another expansion of ELR in 2012 may have contributed to the increase in cases reported that year. In 2014, AIDS cases rose by 9% compared to 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.**

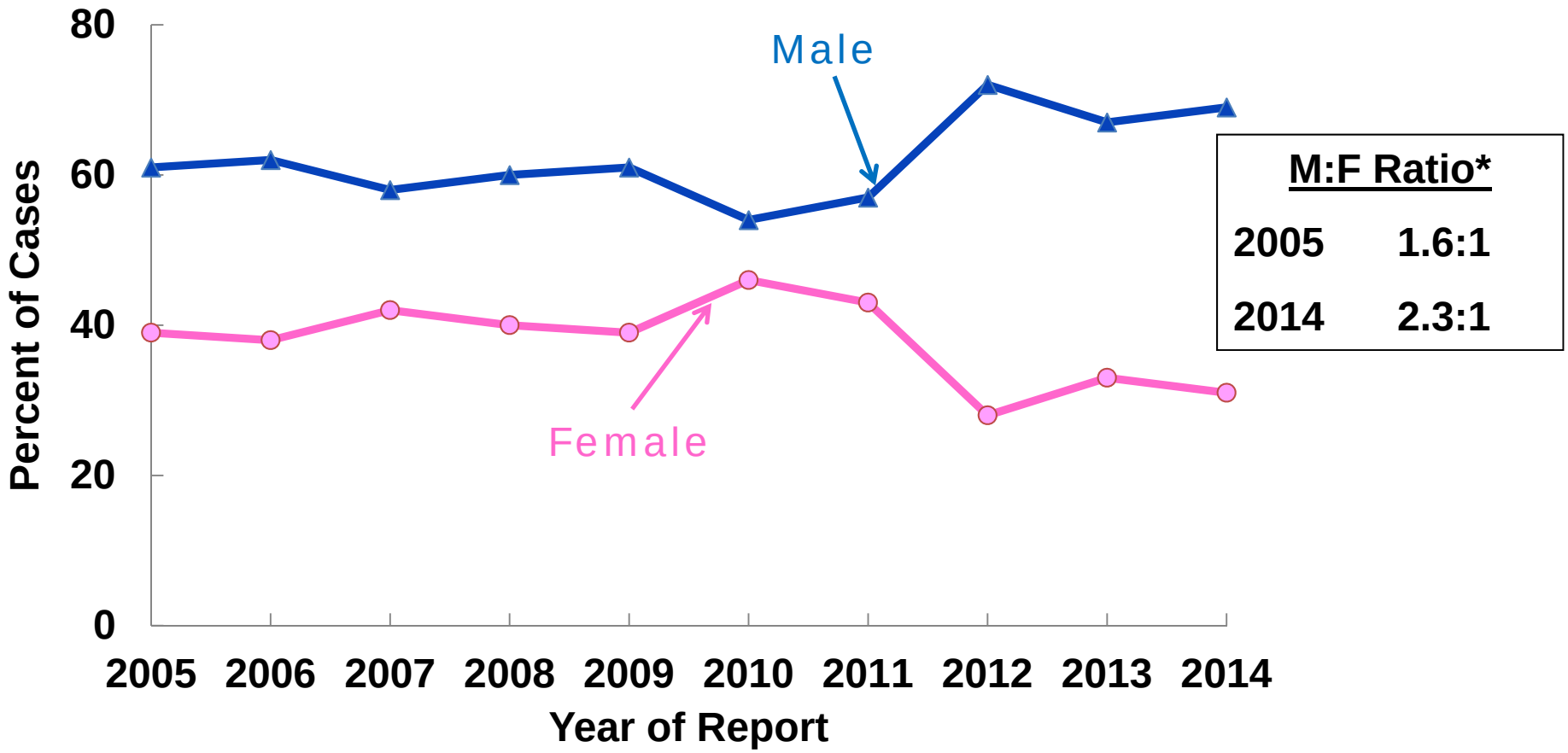
Adult HIV Infection Cases, by Sex and Year of Report, 2005-2014, Partnership 2b



M:F Ratio*	
2005	1.5:1
2014	2.7:1

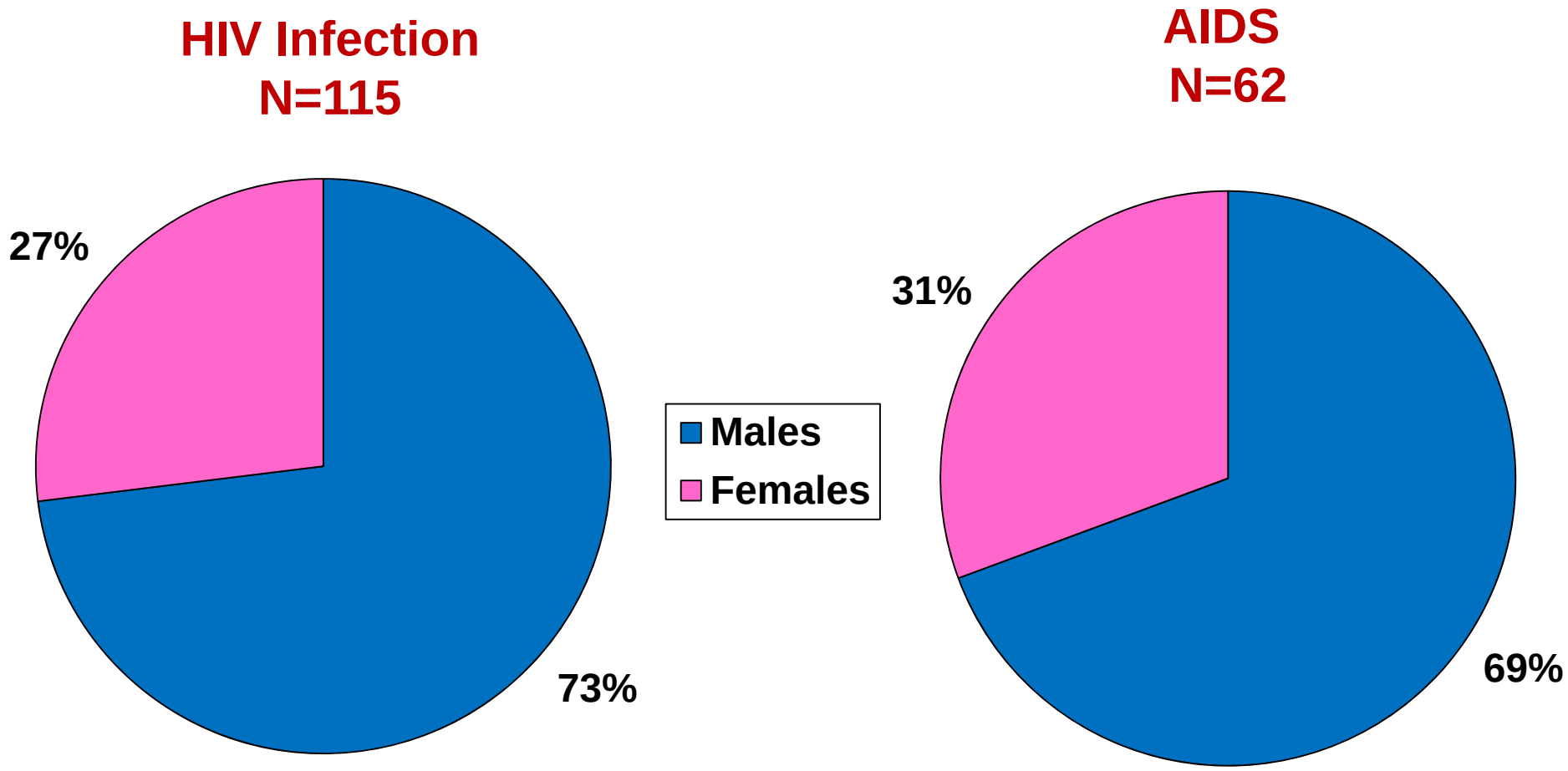
Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV infection cases might be attributed to percentage increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio 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 2b



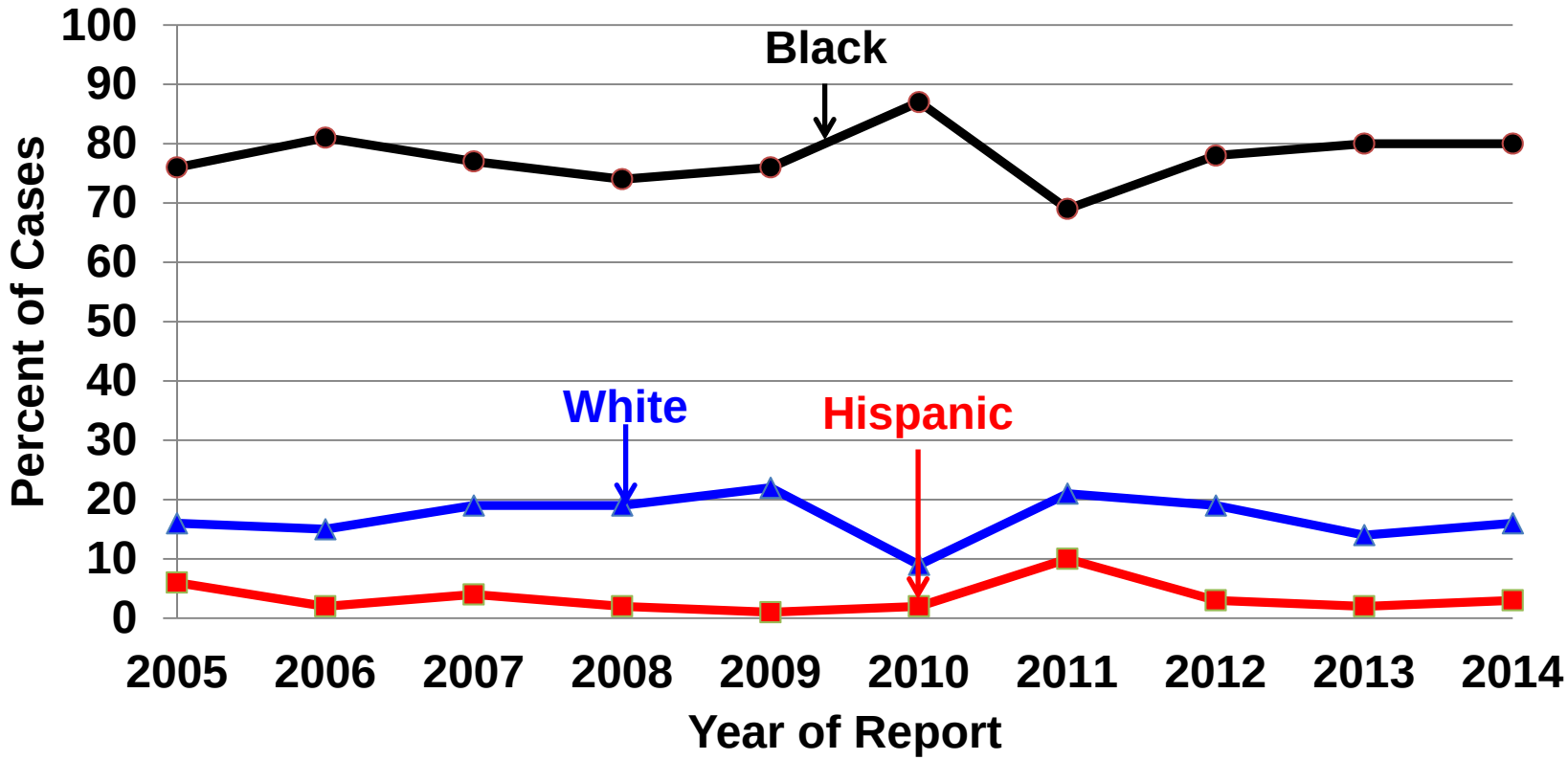
Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in male cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Partnership 2b



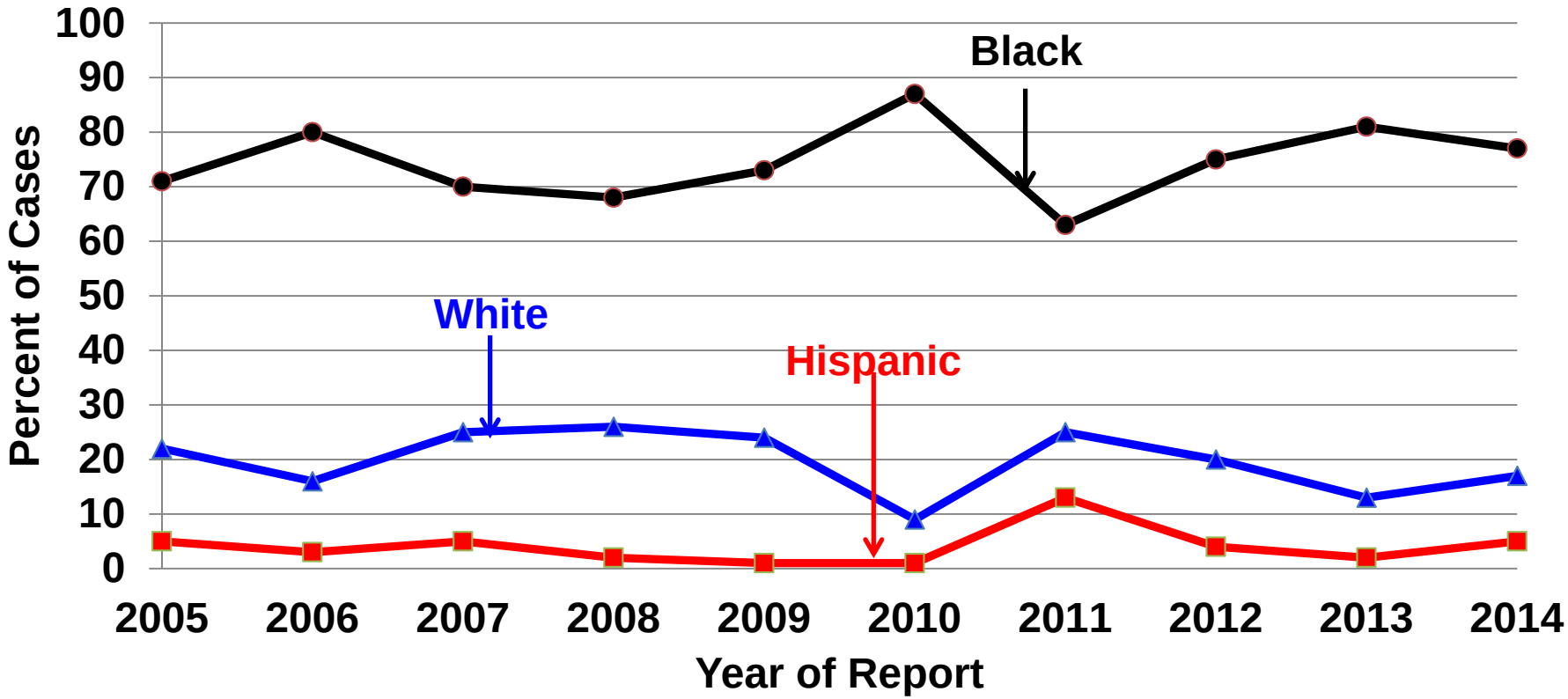
Note: Partnership 2b's Adult Population is: 49% Male and 51% Female.

Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 2b



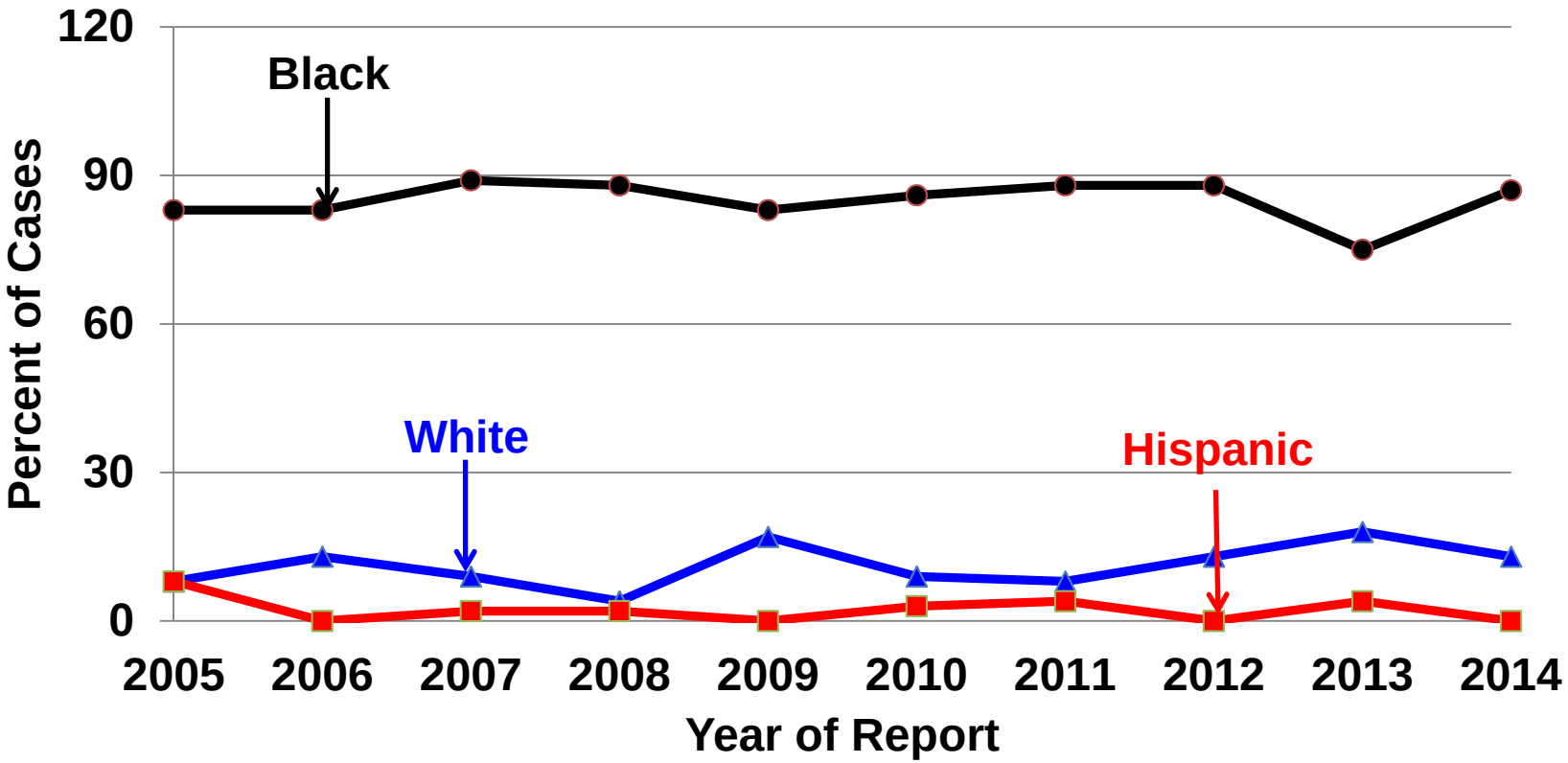
Note: HIV case reporting, implemented in mid-1997, reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2005 to 2014, the proportion of HIV infection cases among blacks increased by 4 percentage points. In contrast, the proportion of HIV infection among Hispanics decreased by 3 percentage points, while the proportion of HIV cases among whites remained unchanged 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, 2005-2014, Partnership 2b



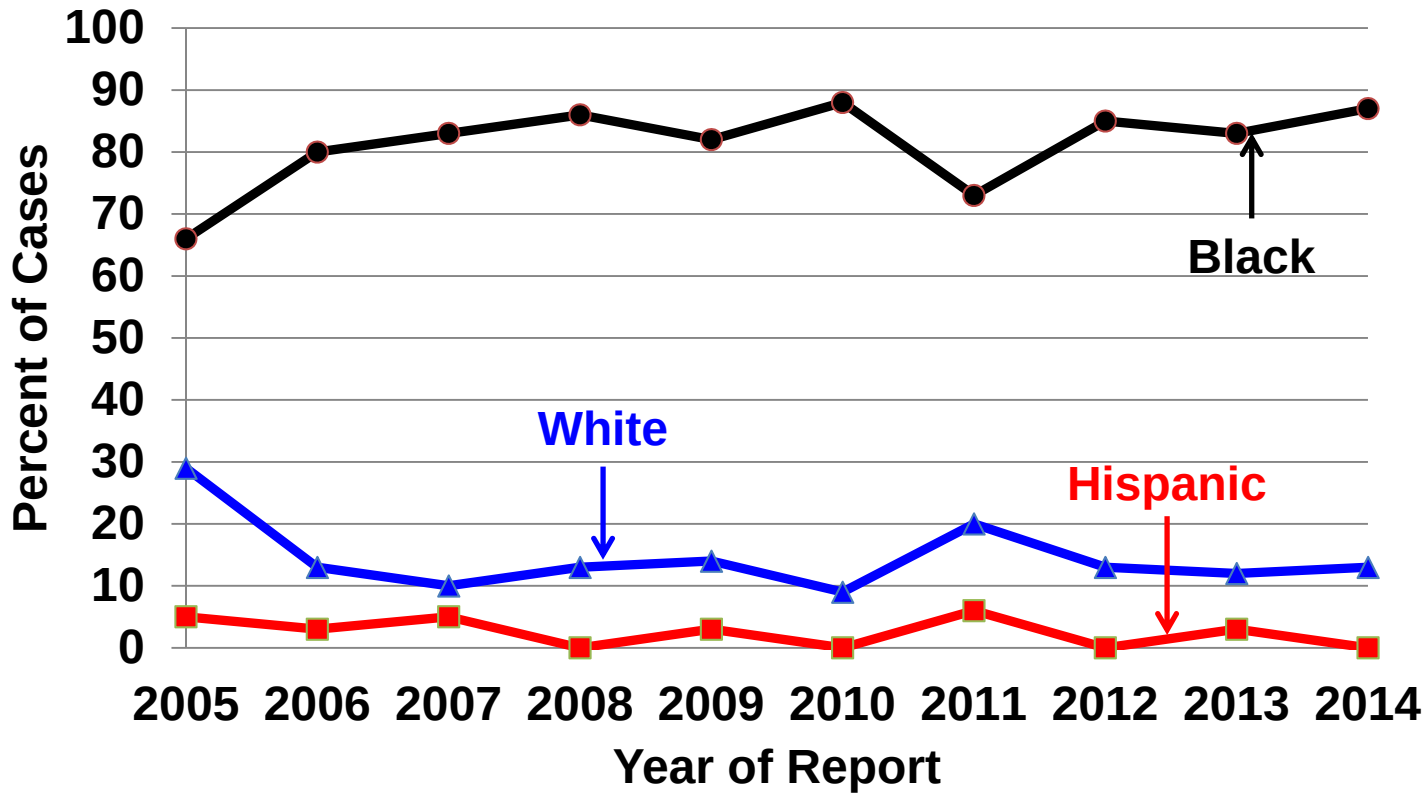
Note: Blacks represented the majority (> 63%) of male HIV infection cases for most of the years. From 2005 to 2014, the proportion of HIV infection cases among whites decreased by 5 percentage points yet increased among blacks by 6 percentage points. Among Hispanics, the proportion of HIV infection cases remained level during the same time period. 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 2b



Note: HIV case disparities are more evident among women than men. For the past ten years, black women represented 75% or more of the cases each year. From 2005 to 2014, HIV infection cases among black and white females increased by 4 and 5 percentage points, respectively, whereas HIV cases among Hispanic females remained relatively level over the years. Other races represent less than 6% of the cases and are not included.

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 2b



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 87% of adult AIDS cases, but only 30% of the population. From 2005 to 2014, the proportion of AIDS cases among whites decreased by 16 percentage points while the proportion of cases among blacks increased by 22 percentage points. The proportion of AIDS cases among Hispanics remained relatively level over the years. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 4% of the cases and are not included.

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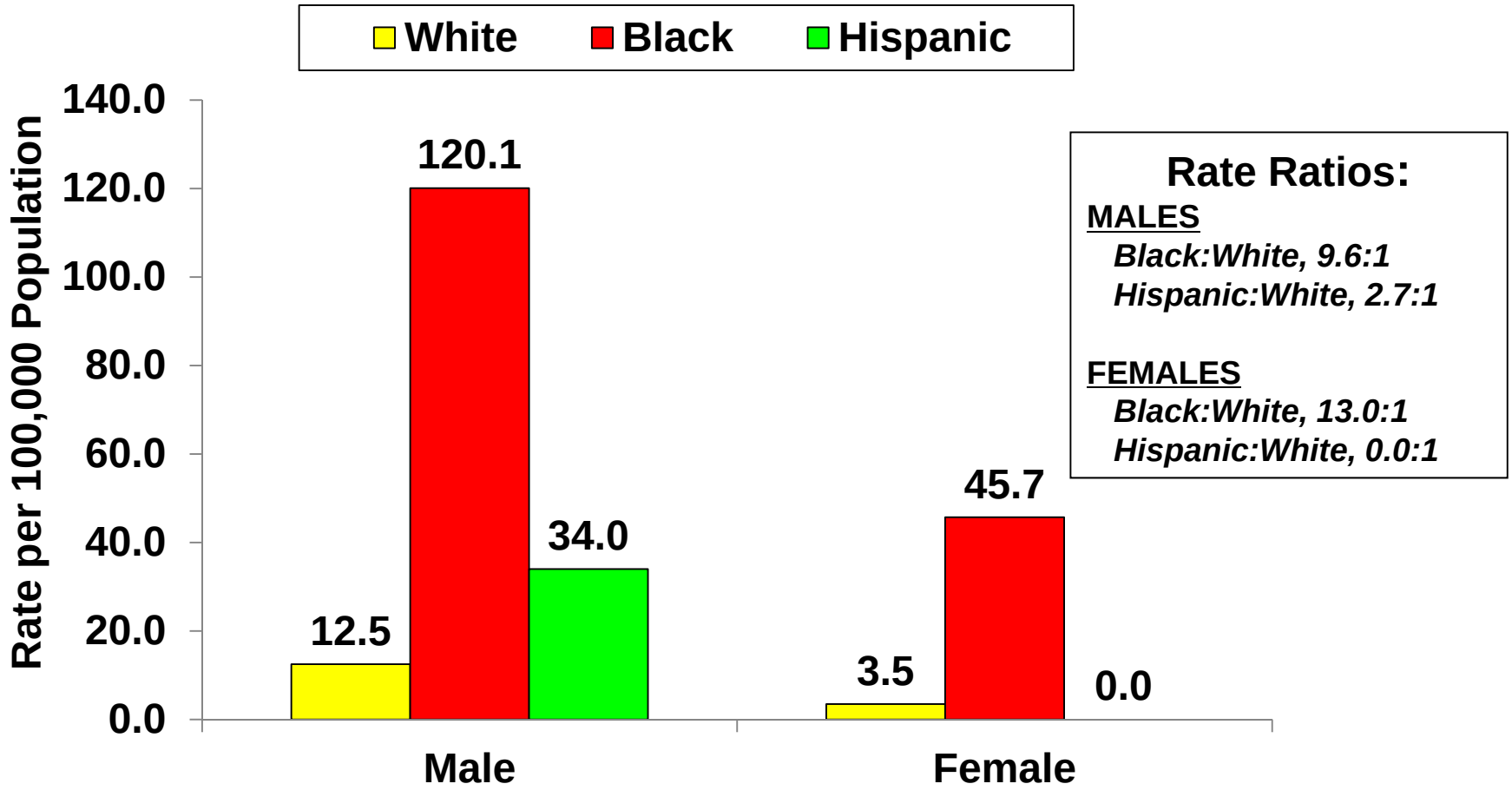
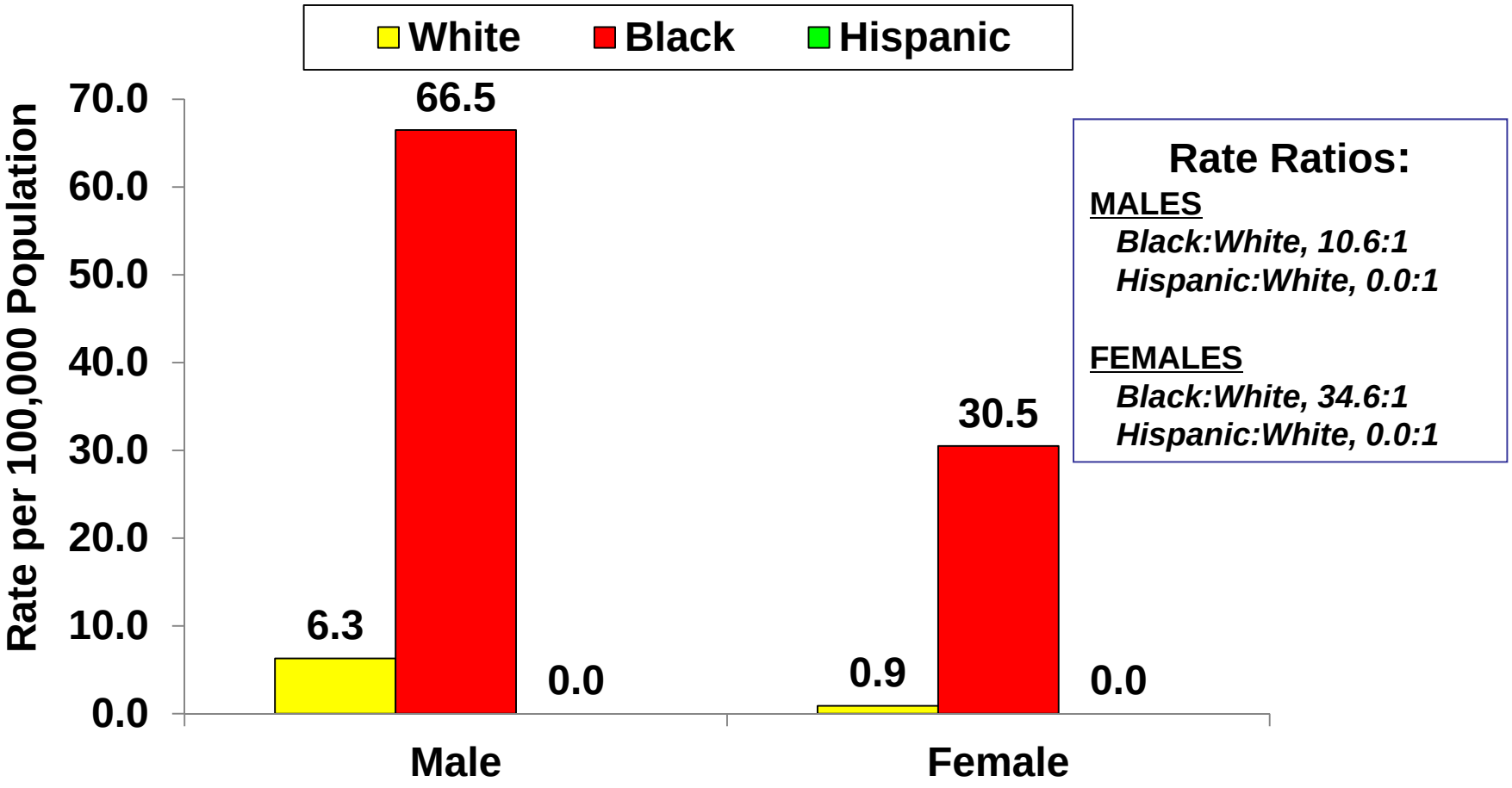
Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 2b



Note: Among black males, the HIV infection case rate is nearly 10-fold greater than the rate among white males. Among black females, the HIV case rate is 13-fold greater than the rate among white females. Among Hispanic males, the HIV case rate is nearly 3 times higher than the rate among white males.

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

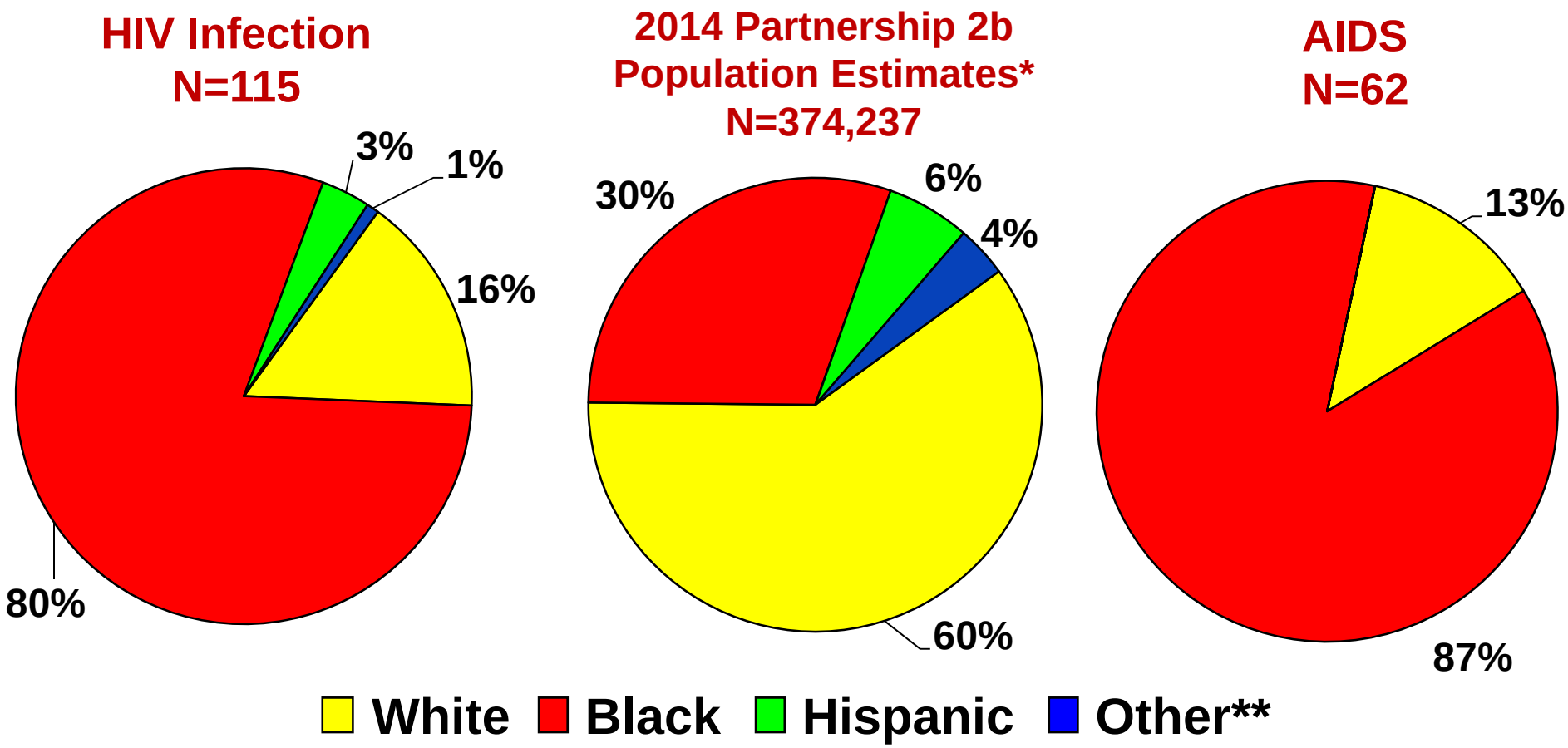
Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 2b



Note: The AIDS case rate is highest among black males compared to their white and Hispanic counterparts. Similarly, the AIDS case rate is highest among black females compared to their white and Hispanic counterparts.

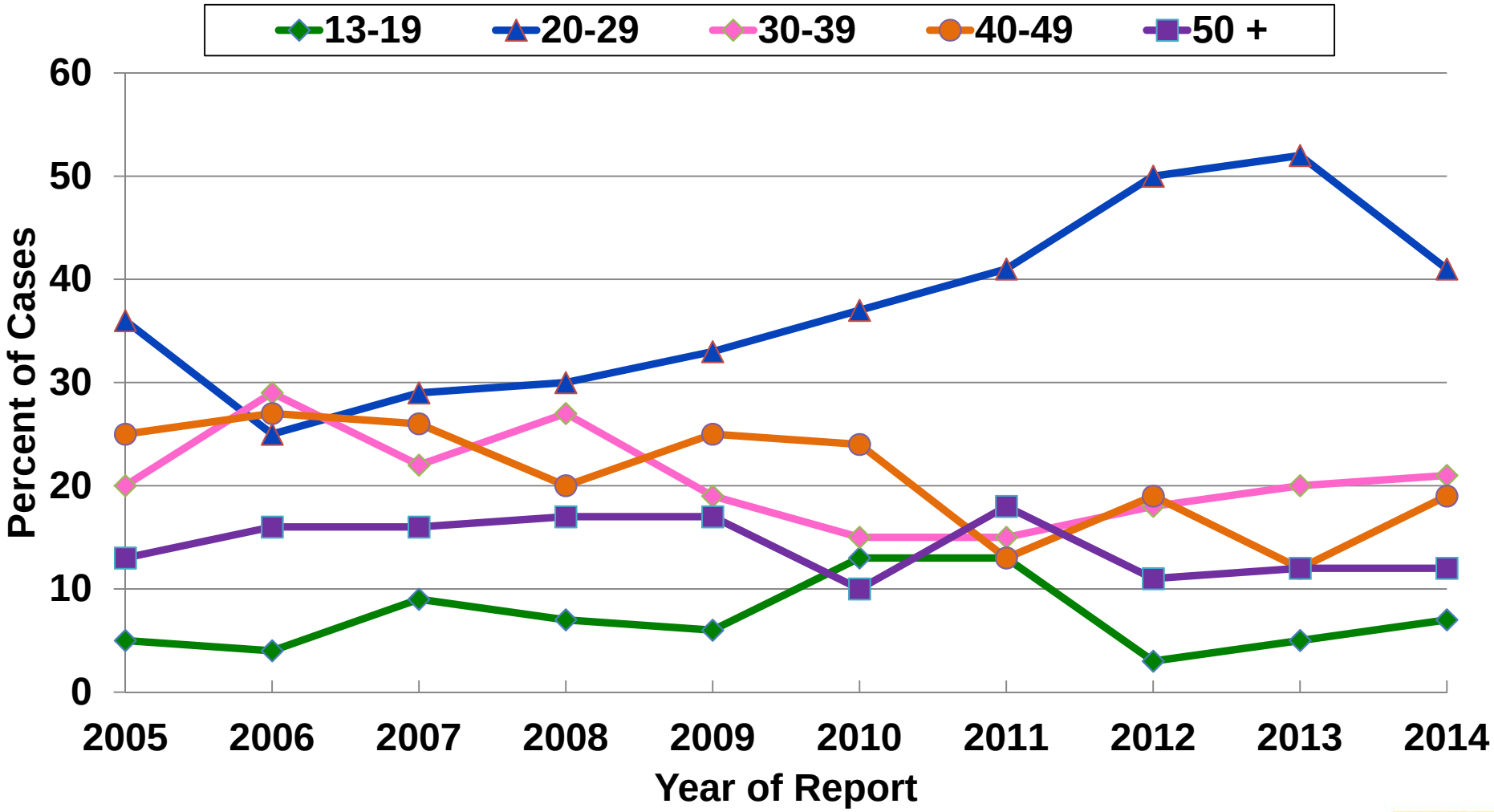
***Source: Partnership 2b Population estimates are provided by Florida CHARTS as of 7/9/2015.**

Adult HIV and AIDS Cases Reported in 2014 and Population Data, by Race/Ethnicity, Partnership 2b



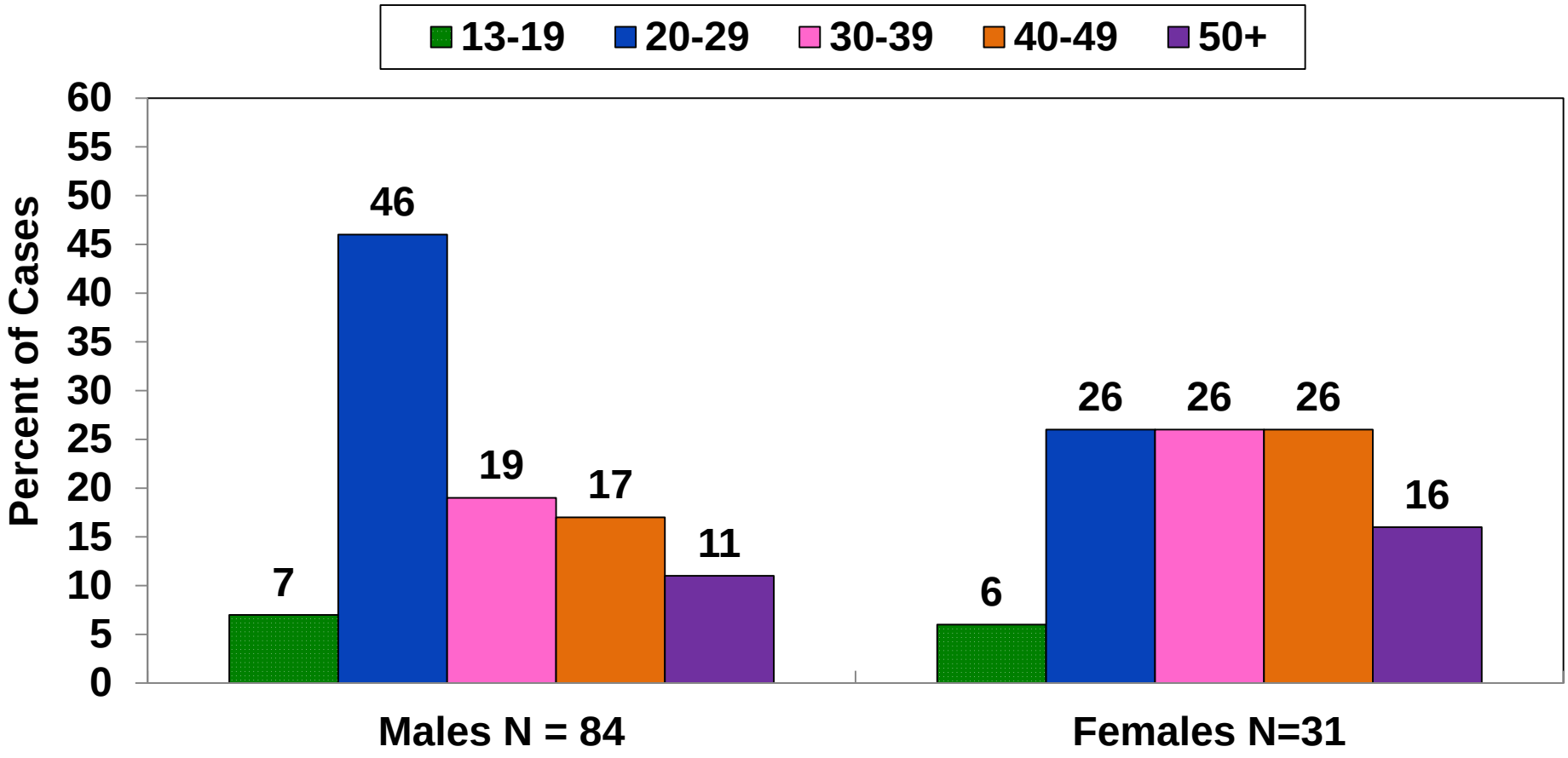
Note: In this snapshot for 2014, blacks are over-represented among the HIV and AIDS cases, accounting for 80% of adult HIV cases and 87% of adult AIDS cases, but only 30% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage 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 mixed races.**

Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2005–2014, Partnership 2b



Note: From 2005 to 2014, the proportion of adult HIV infection cases among those aged 20-29 increased by 5 percentage points.

Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2014, Partnership 2b



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, 46% of HIV infection cases occur among those aged 20-29, whereas among females, 26% of HIV infection cases occur among those aged 20-29, 30-39, and 40-49, respectively for all three.

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 percentages of historically reclassified NIRs to the unresolved NIRs.

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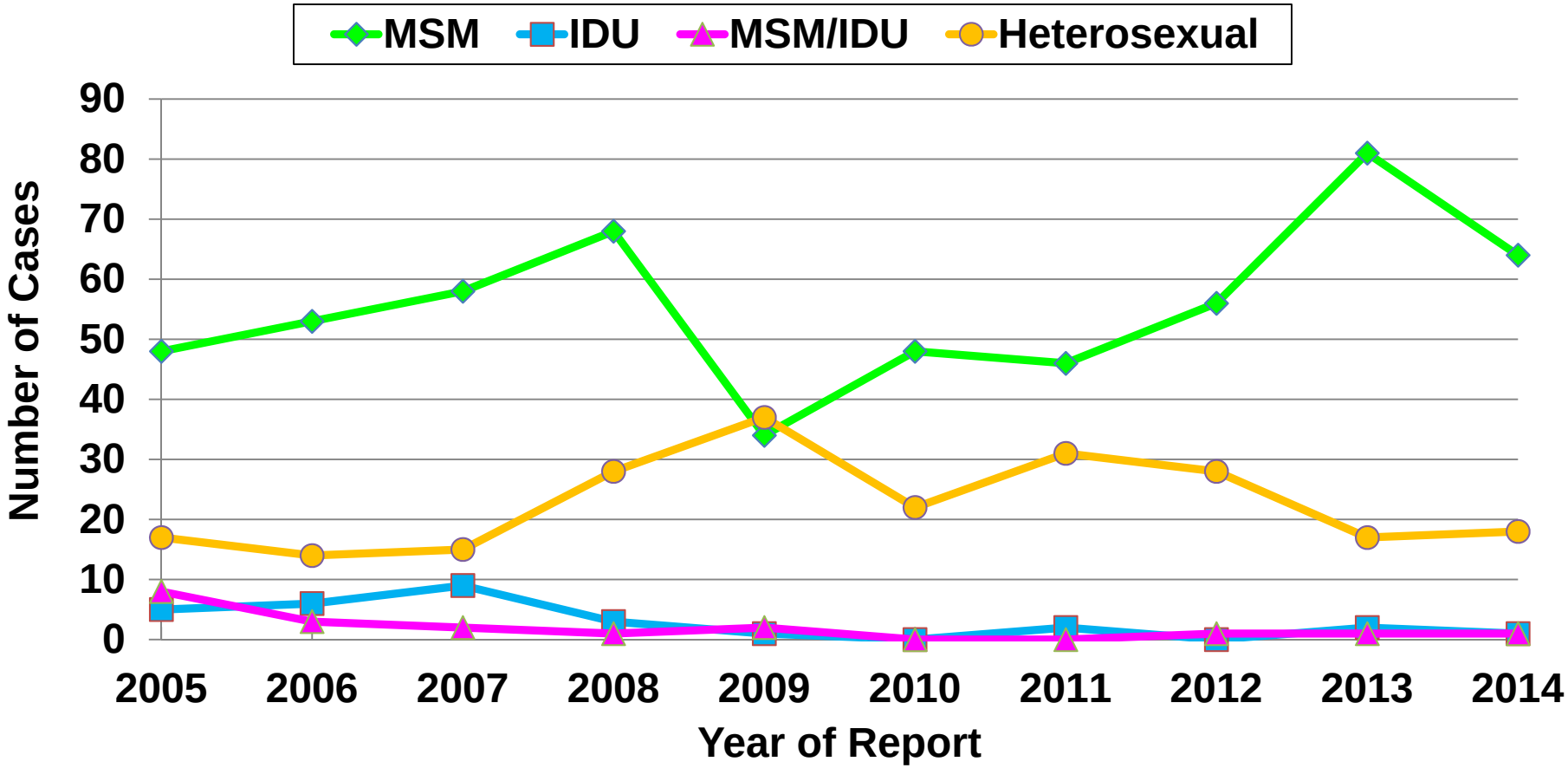
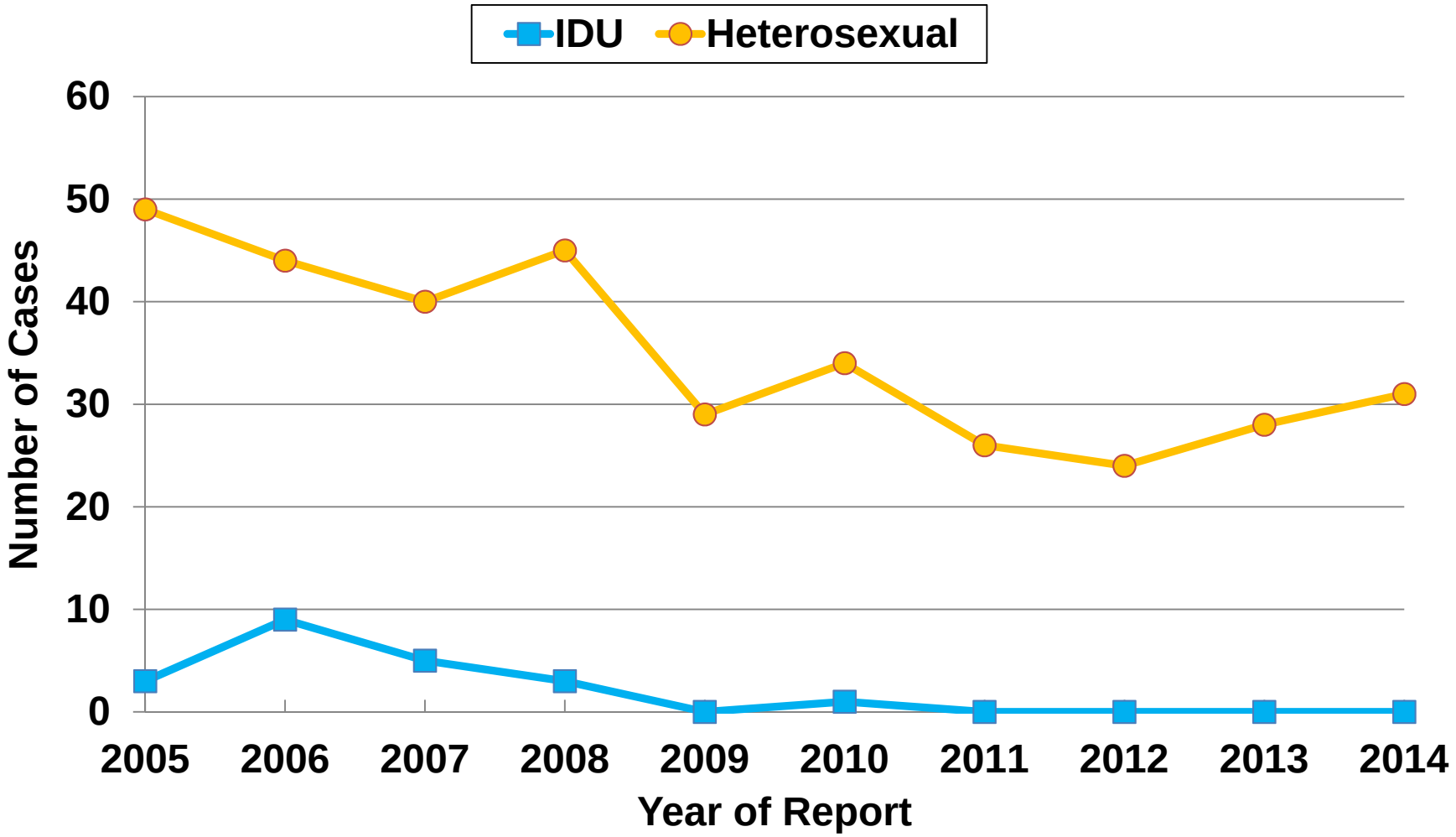
Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2005–2014, Partnership 2b



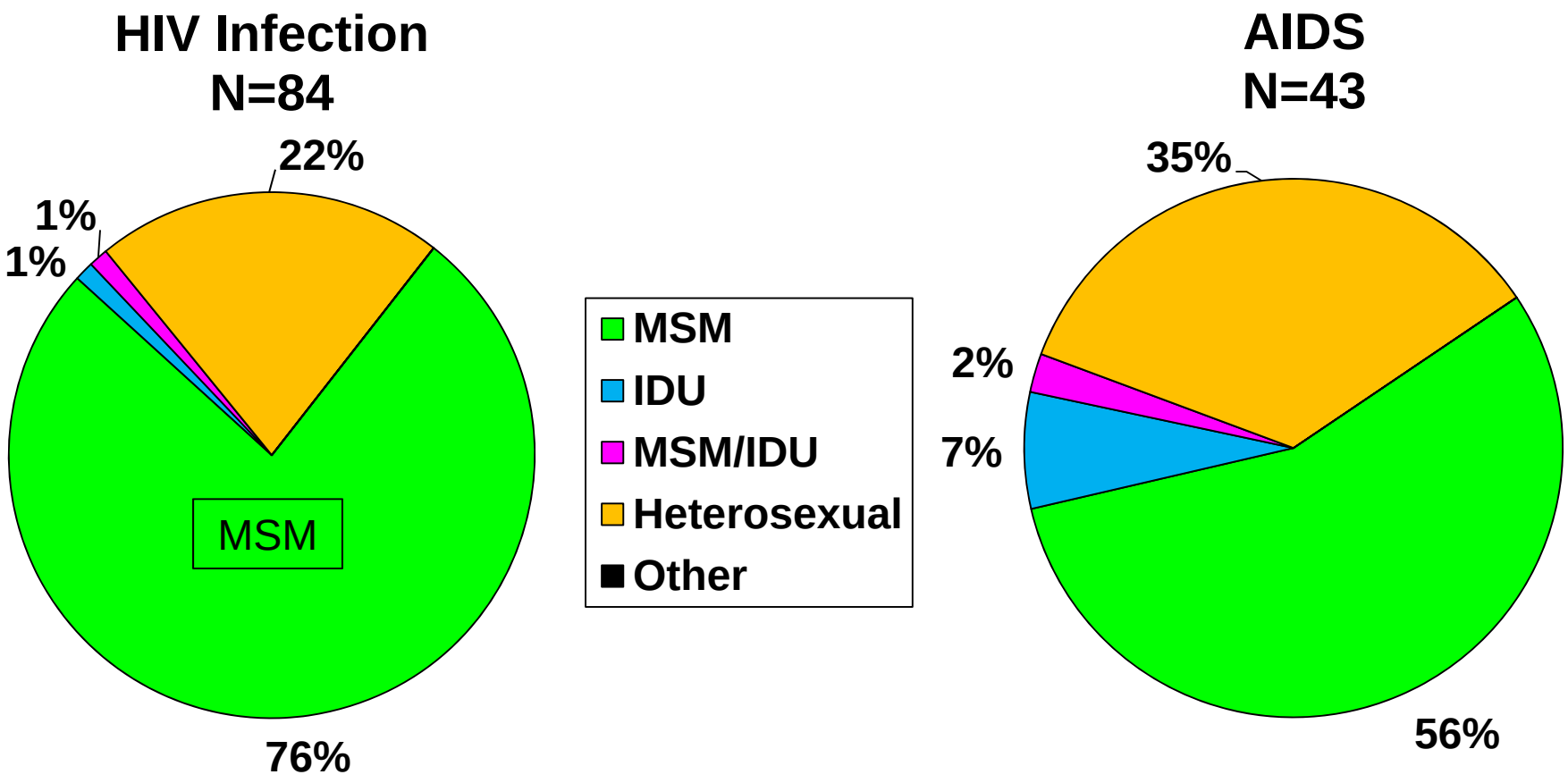
Note: NIRs redistributed. For most of the years, male-to-male sexual contact (MSM) remain as the primary mode of exposure among male HIV cases in Partnership 2b, followed by heterosexual contact.

Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2005-2014, Partnership 2b



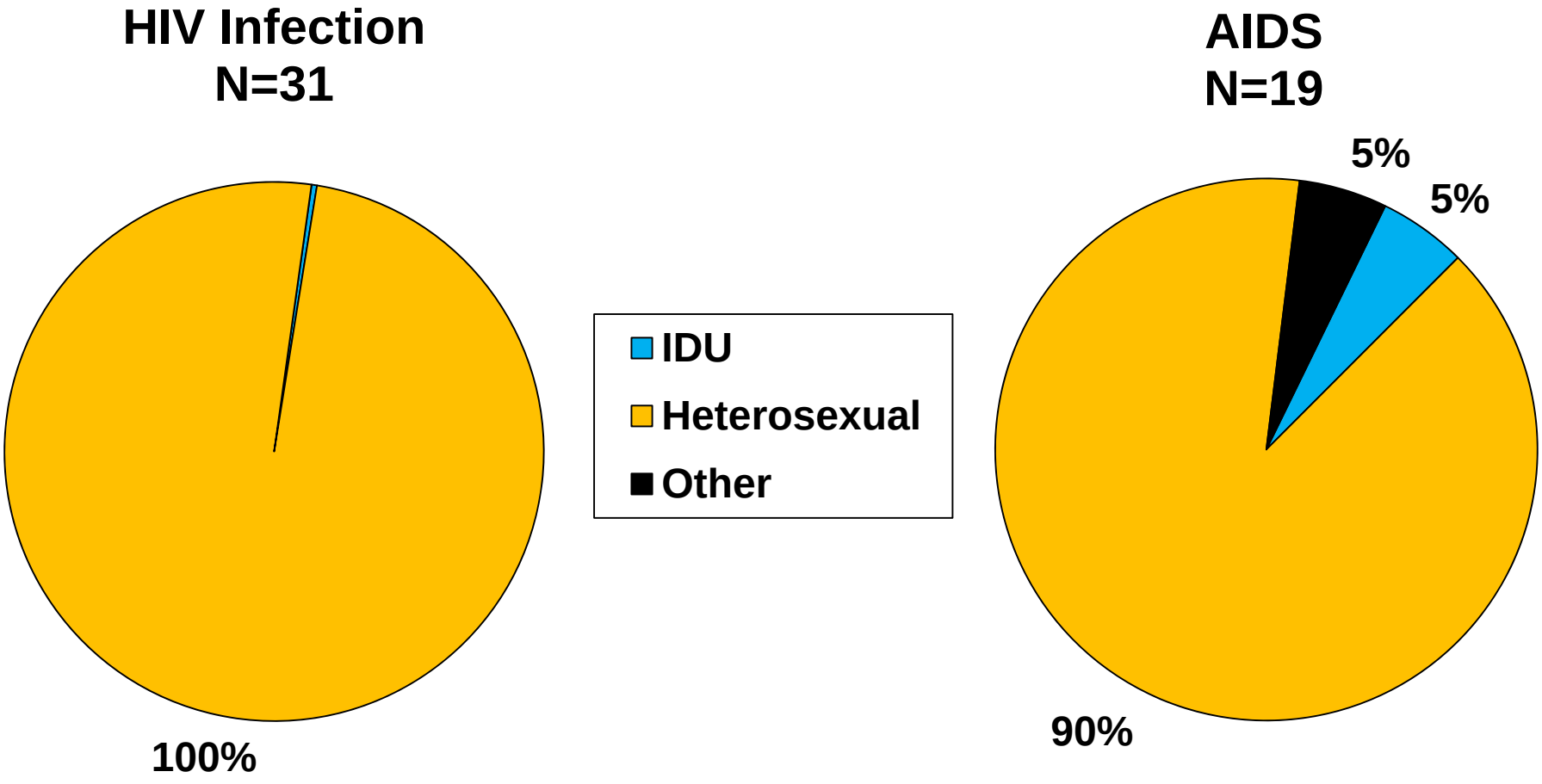
Note: NIRs redistributed. The heterosexual risk continues to be the dominant mode of exposure among females.

Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 2b



Note: NIRs redistributed. Among the adult male HIV infection and AIDS cases reported for 2014, male-to-male sexual contact (MSM) was the most common risk factor (76% for HIV and 56% for AIDS), followed by heterosexual risk (22% for HIV and 35% for AIDS).

Adult Female HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 2b



Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported for 2014, heterosexual exposure was the highest risk (100% for HIV and 90% for AIDS).

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.

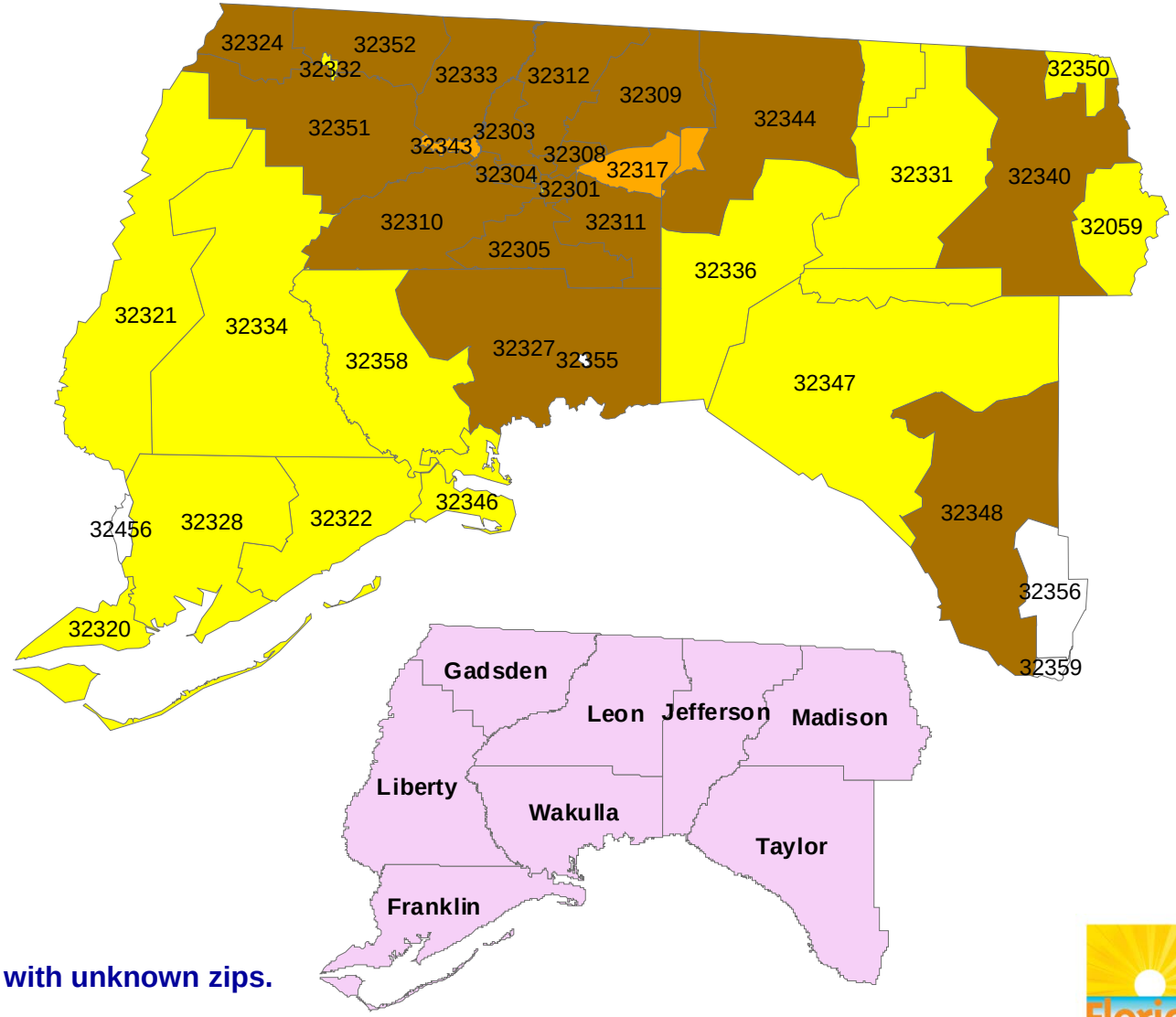
Florida HEALTH

Adults Living with HIV Disease
By Zip Code, Diagnosed through2014, Partnership 2b

Total Adult Living HIV/AIDS Cases

- 0
- 1 - 15
- 16 - 30
- Over 30

N= 1,848



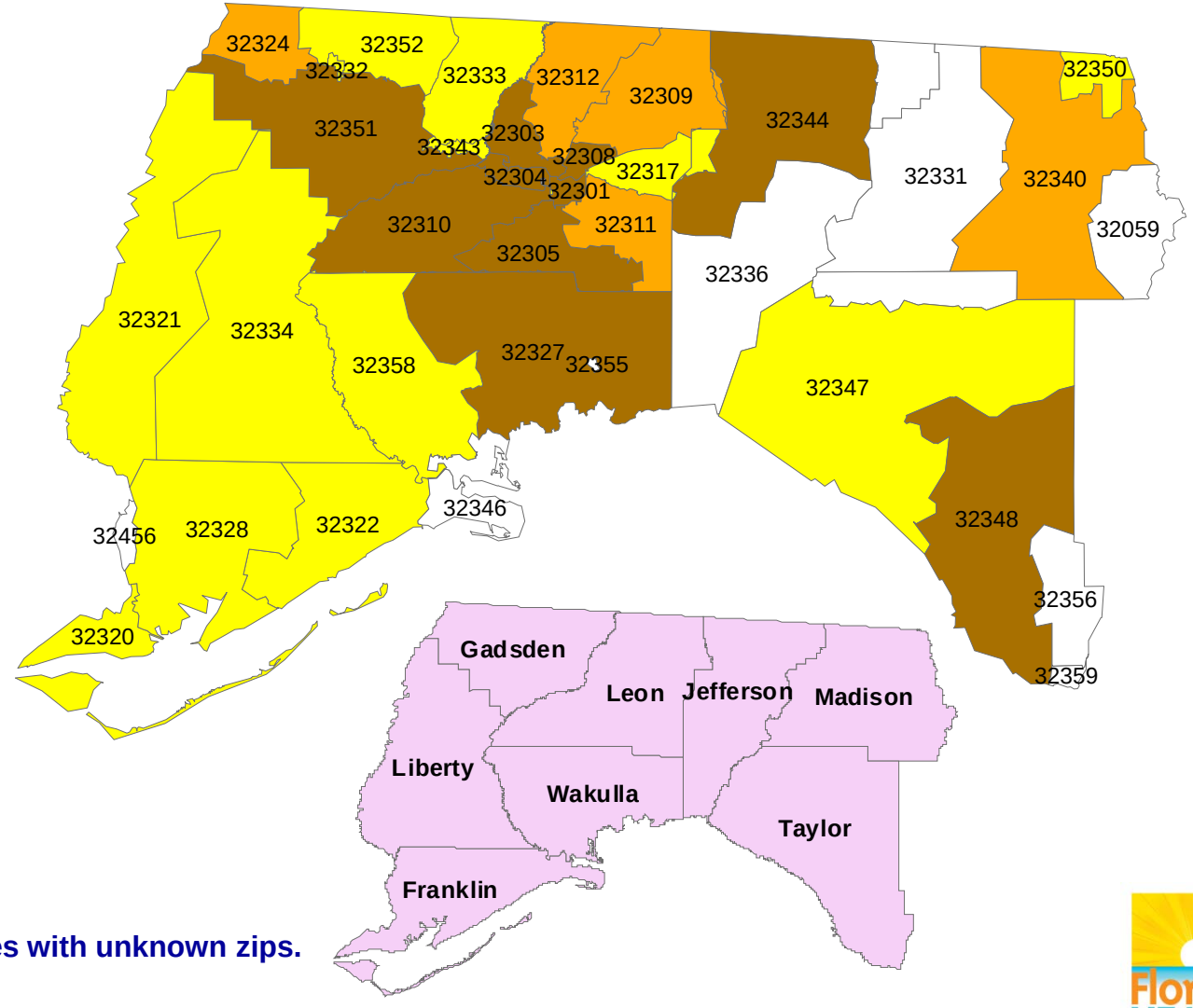
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Men who have Sex with Men (MSM)*
Living with HIV Disease
By Zip Code, Diagnosed through2014, Partnership 2b

Presumed Living
MSM HIV/AIDS Cases

- 0
- 1 - 15
- 16 - 30
- Over 30

N= 853

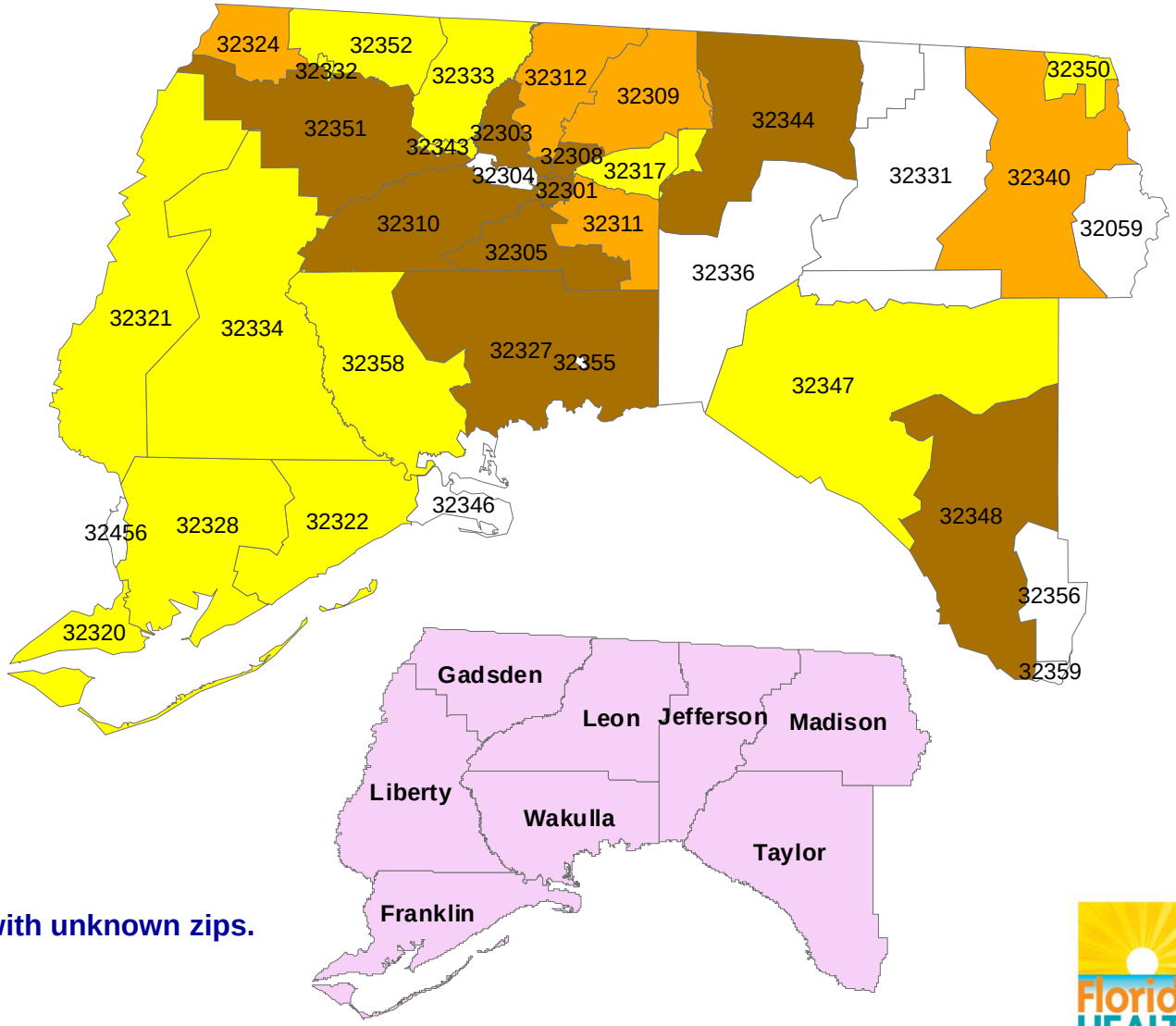


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 06/30/2015

Injection Drug Users (IDUs)*
Living with HIV Disease
By Zip Code, Diagnosed through2014, Partnership 2b

Presumed Living IDU HIV/AIDS Cases

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



N= 198

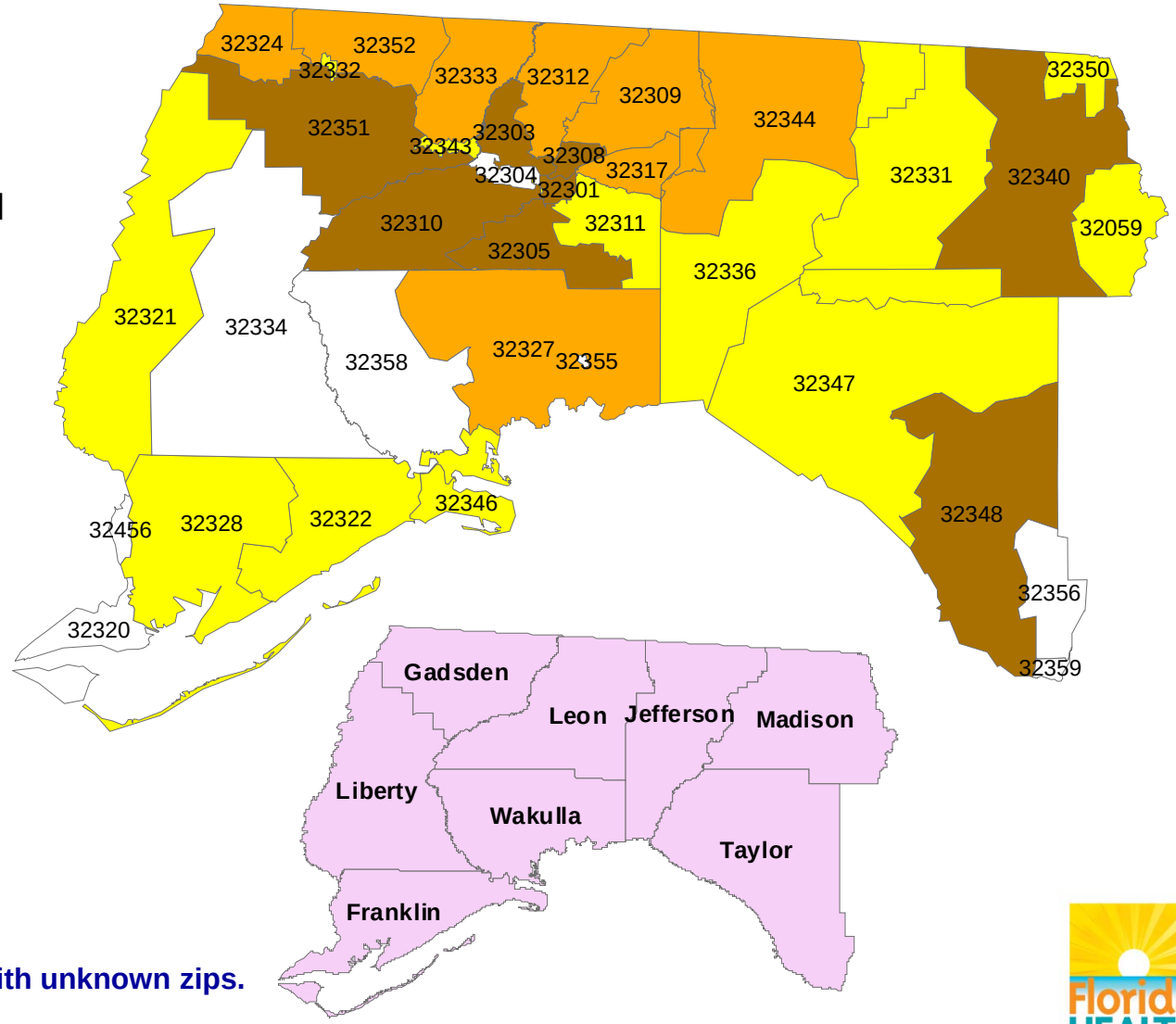
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
***Includes MSM/IDU cases.**
Data as of 06/30/2015

Adult Heterosexuals Living with HIV Disease
By Zip Code, Diagnosed through2014, Partnership 2b

Presumed Living Heterosexual HIV/AIDS Cases

- 0
- 1 - 15
- 16 - 30
- Over 30

N= 843



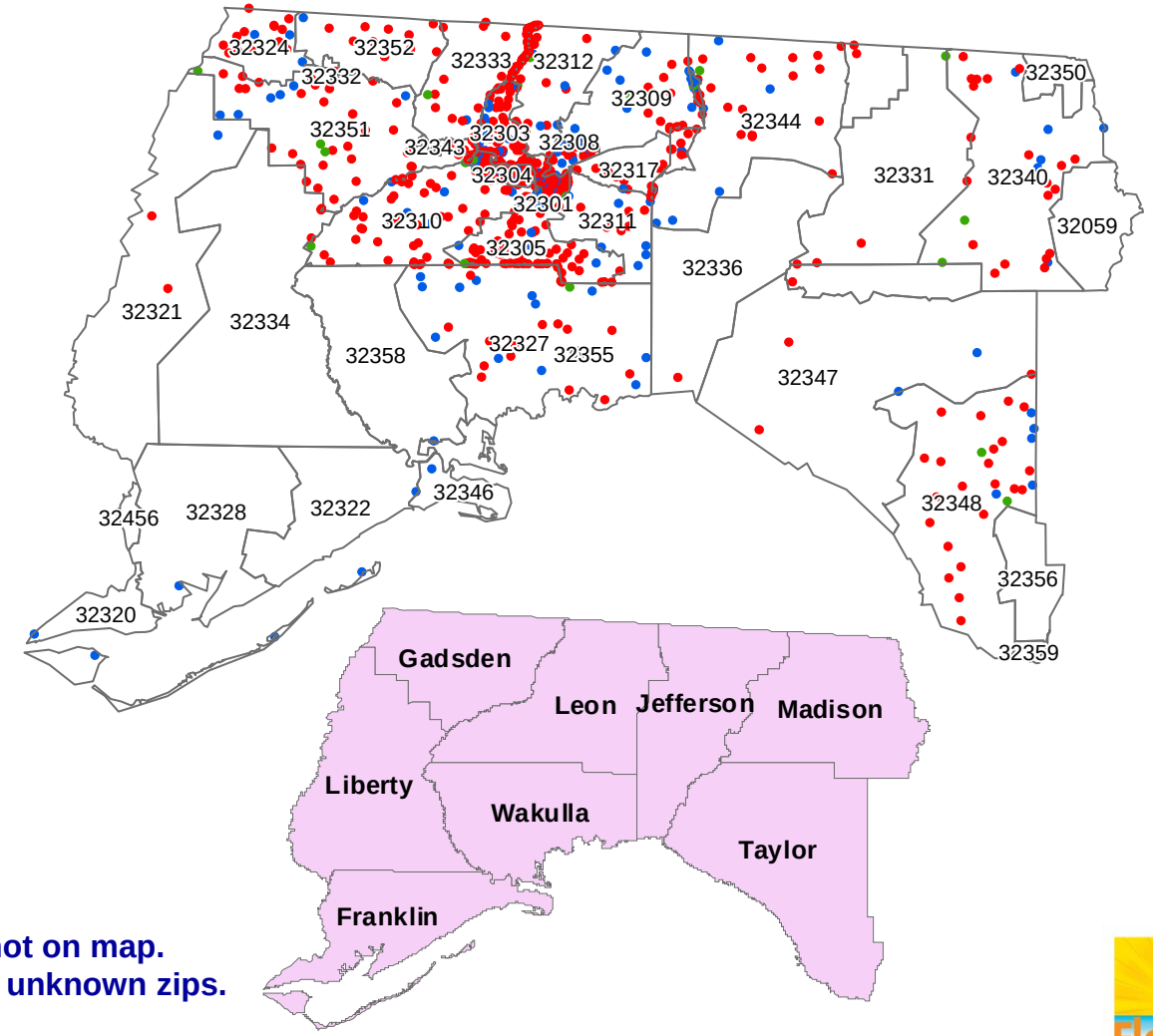
NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Diagnosed through2014, Partnership 2b

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

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

N=1,813



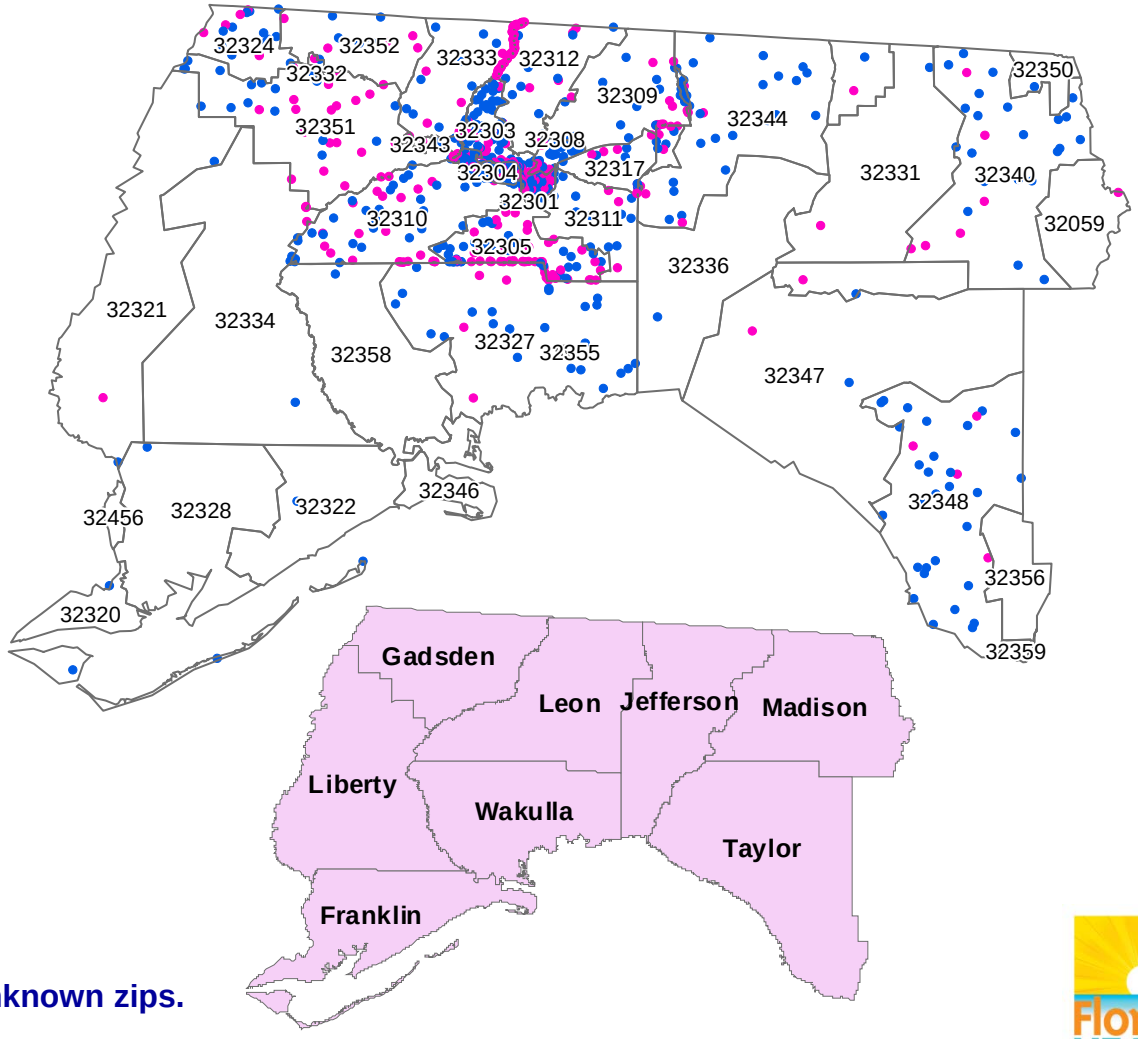
Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Adults Living with HIV Disease
By Zip Code and Sex,
Diagnosed through2014, Partnership 2b

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

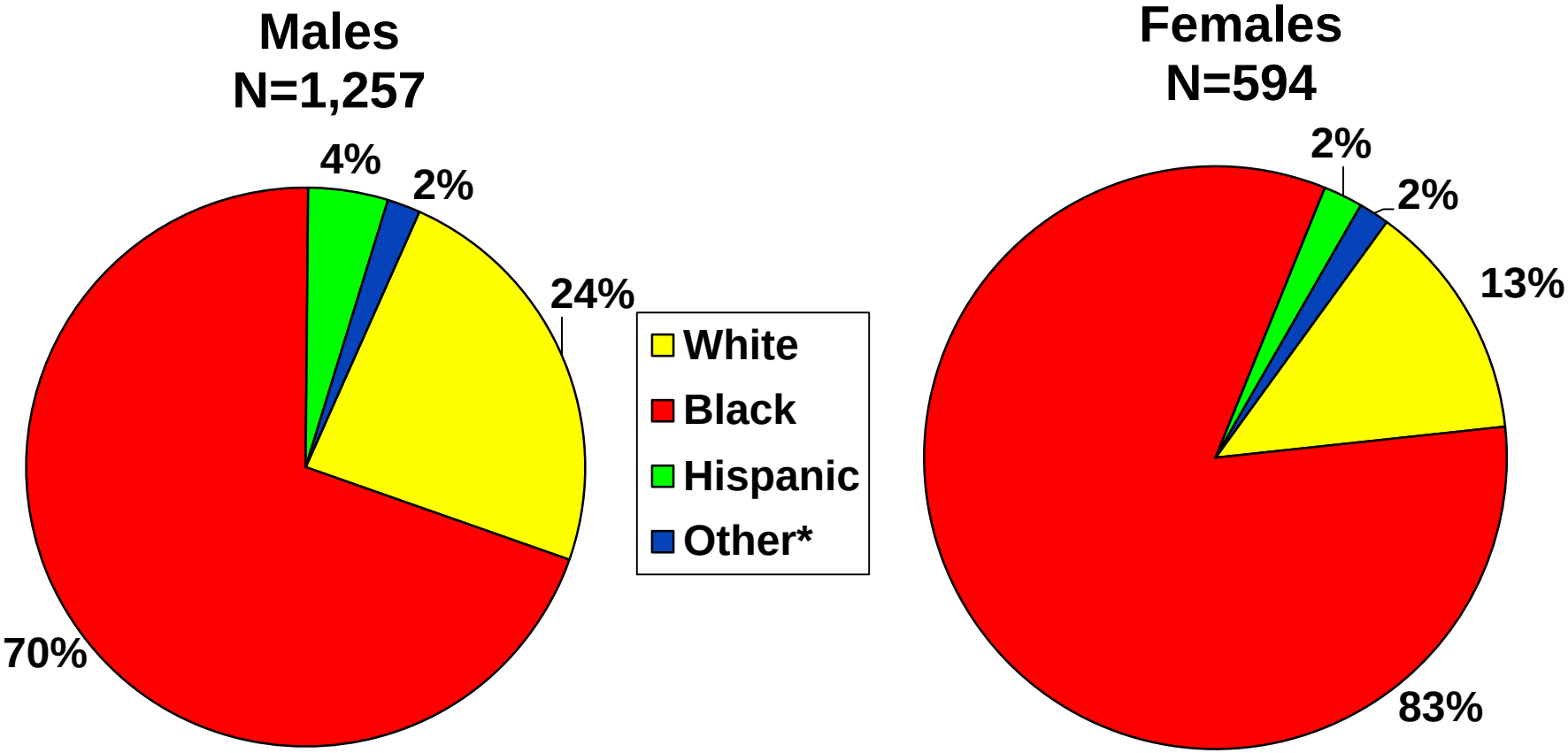
- **Male**
- **Female**

N=1,848



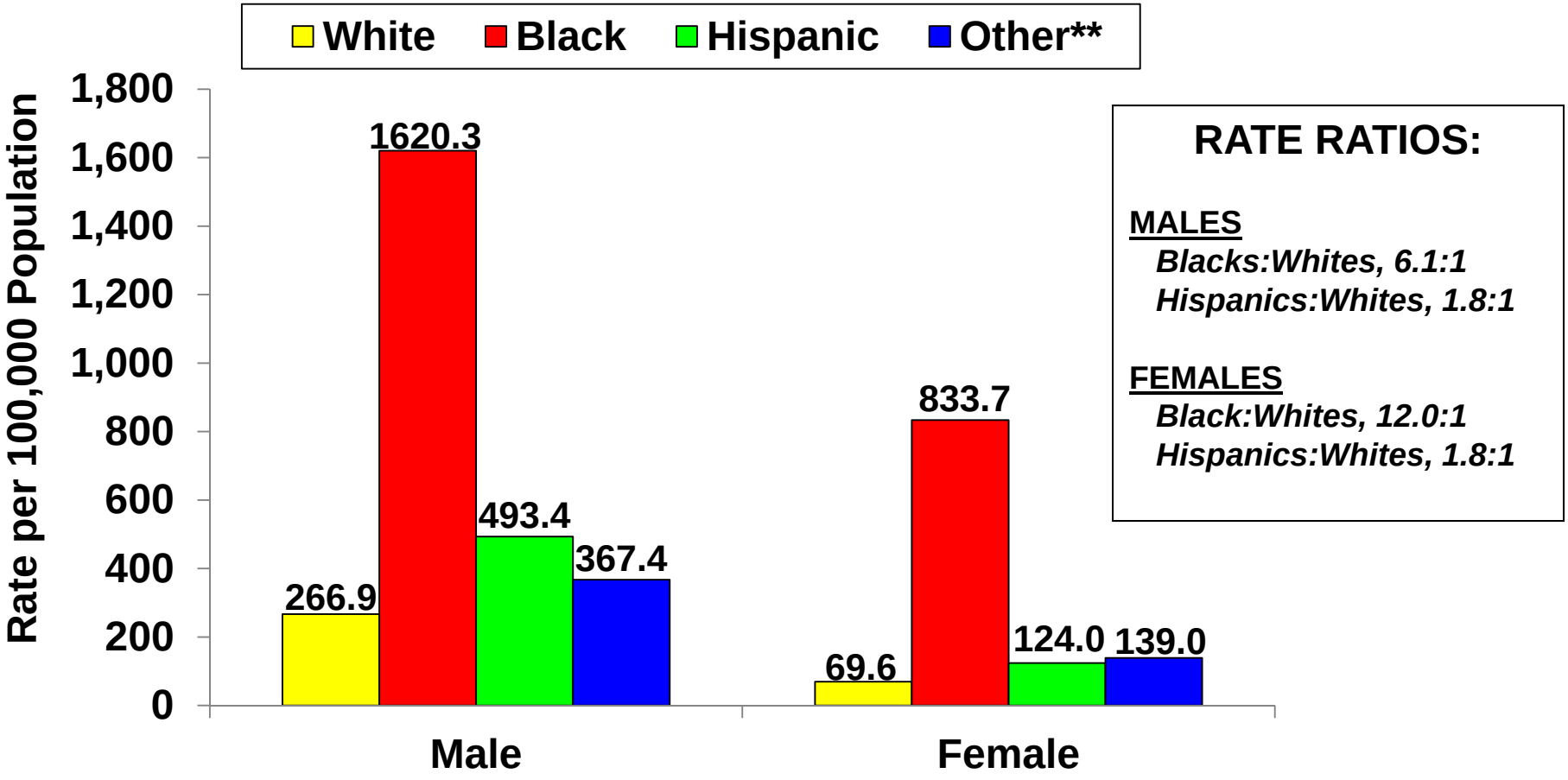
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

Adults Living with HIV Disease, by Sex and Race/Ethnicity Diagnosed through2014, Partnership 2b



Note: Among adults living with HIV disease, blacks represent the race most affected among both males (70%) and females (83%).
***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 through2014, Partnership 2b



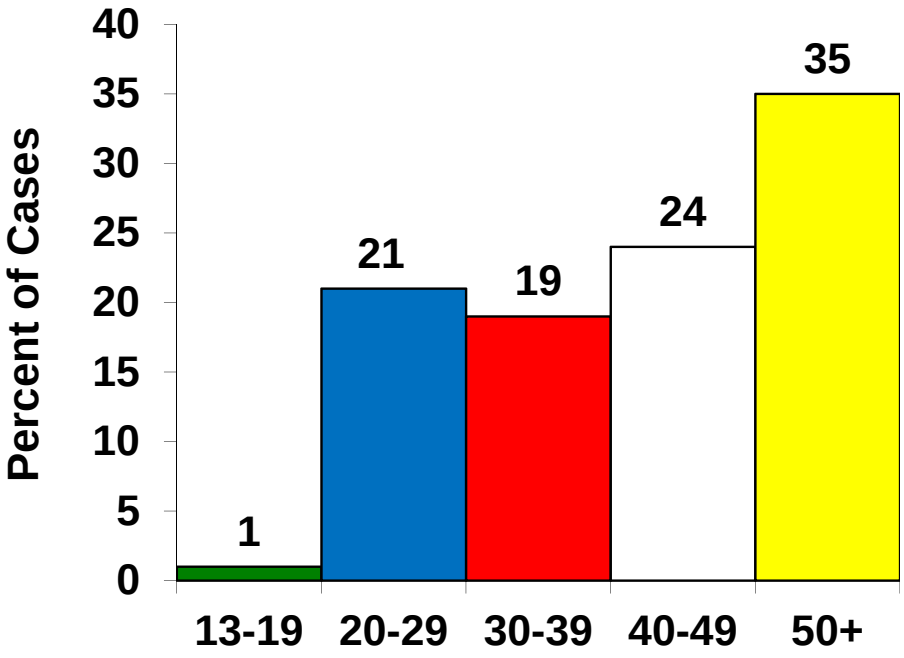
Note: Among black males living with HIV disease Diagnosed through2014, the case rate is 6 times higher than the rate among white males. Among black females living with HIV disease, the case rate is 12 times higher than the rate among white females. Hispanic male and female rates are higher than the rates among their white counterparts. Data excludes Department of Corrections cases.

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

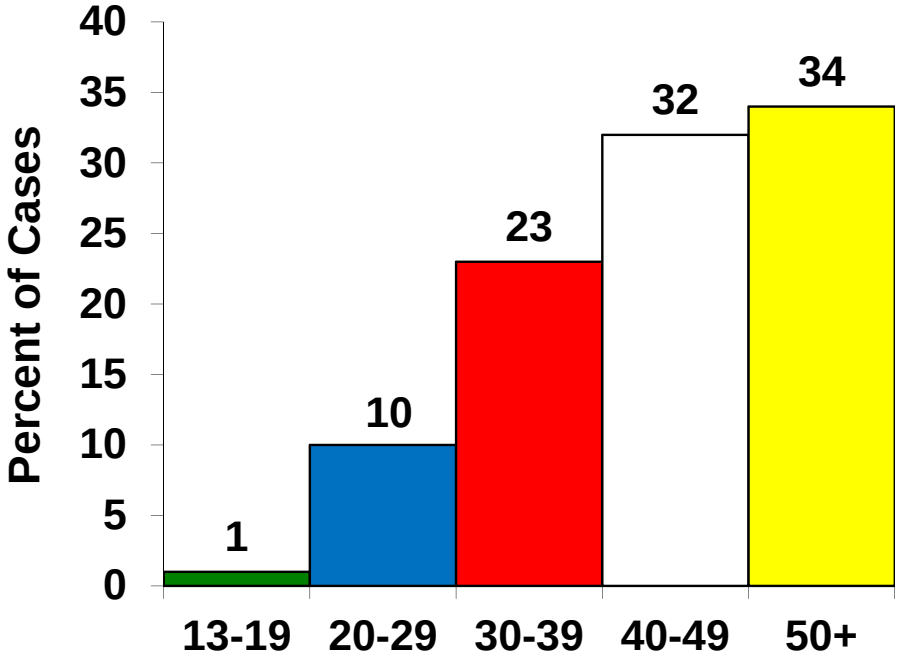
****Other includes Asian/Pacific Islanders and Native Alaskans/American Indians and Multi-racial individuals.**

Adults Living with HIV Disease, by Sex and Current Age Group, Diagnosed through2014, Partnership 2b

Males
N=1,257

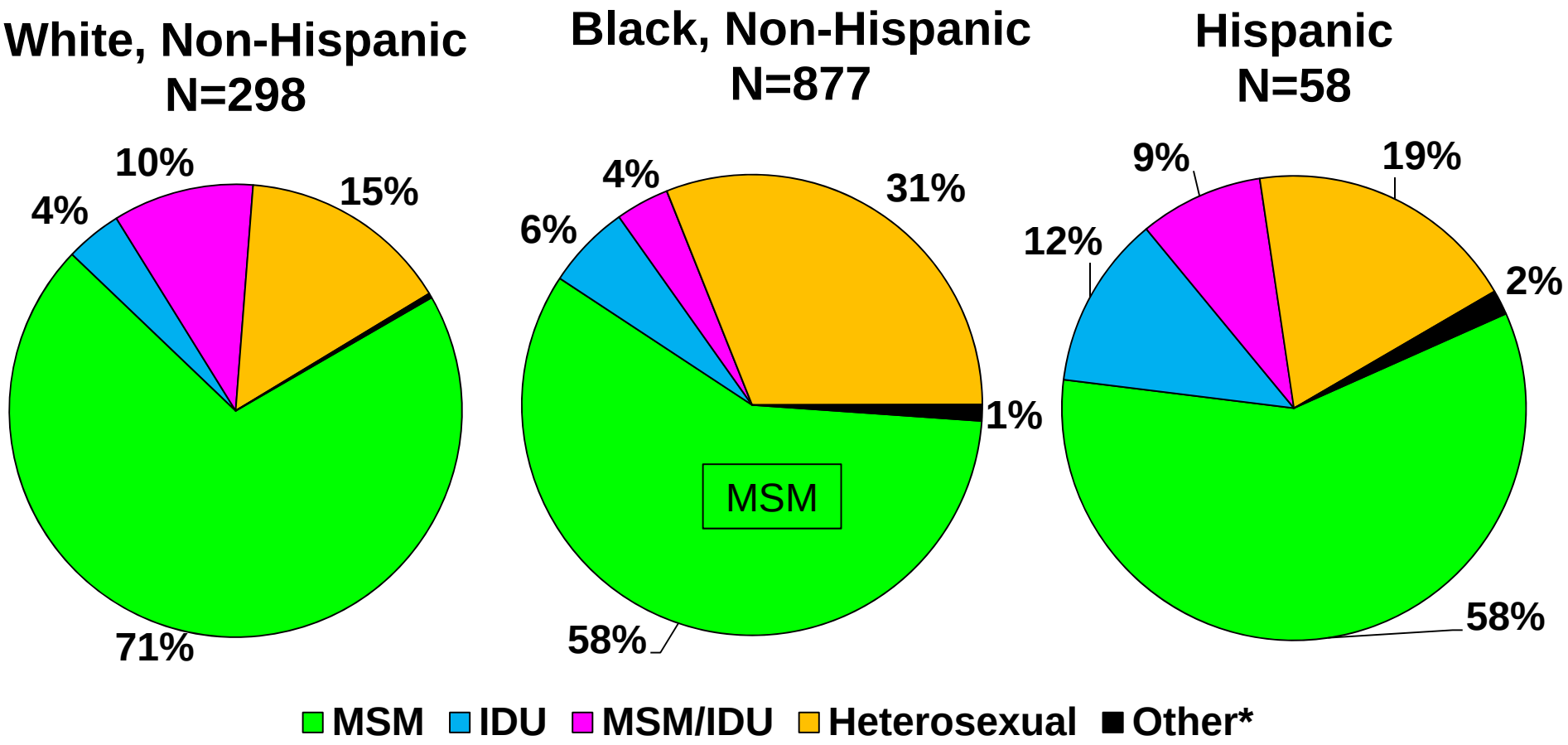


Females
N=594



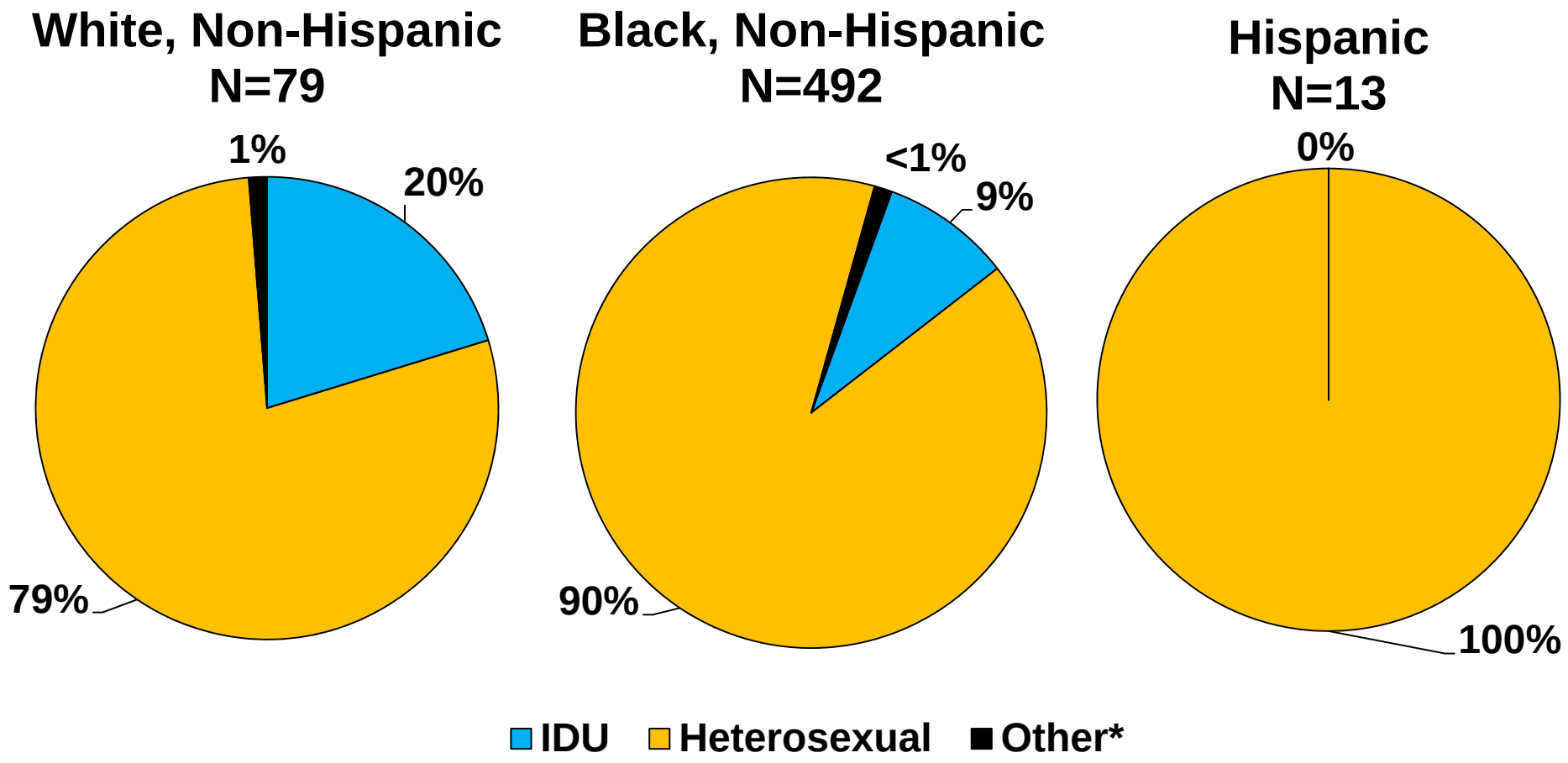
Note: Females living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (66%), compared with males who are currently 40 years of age or older living with HIV disease (59%).

Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through2014, Partnership 2b



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

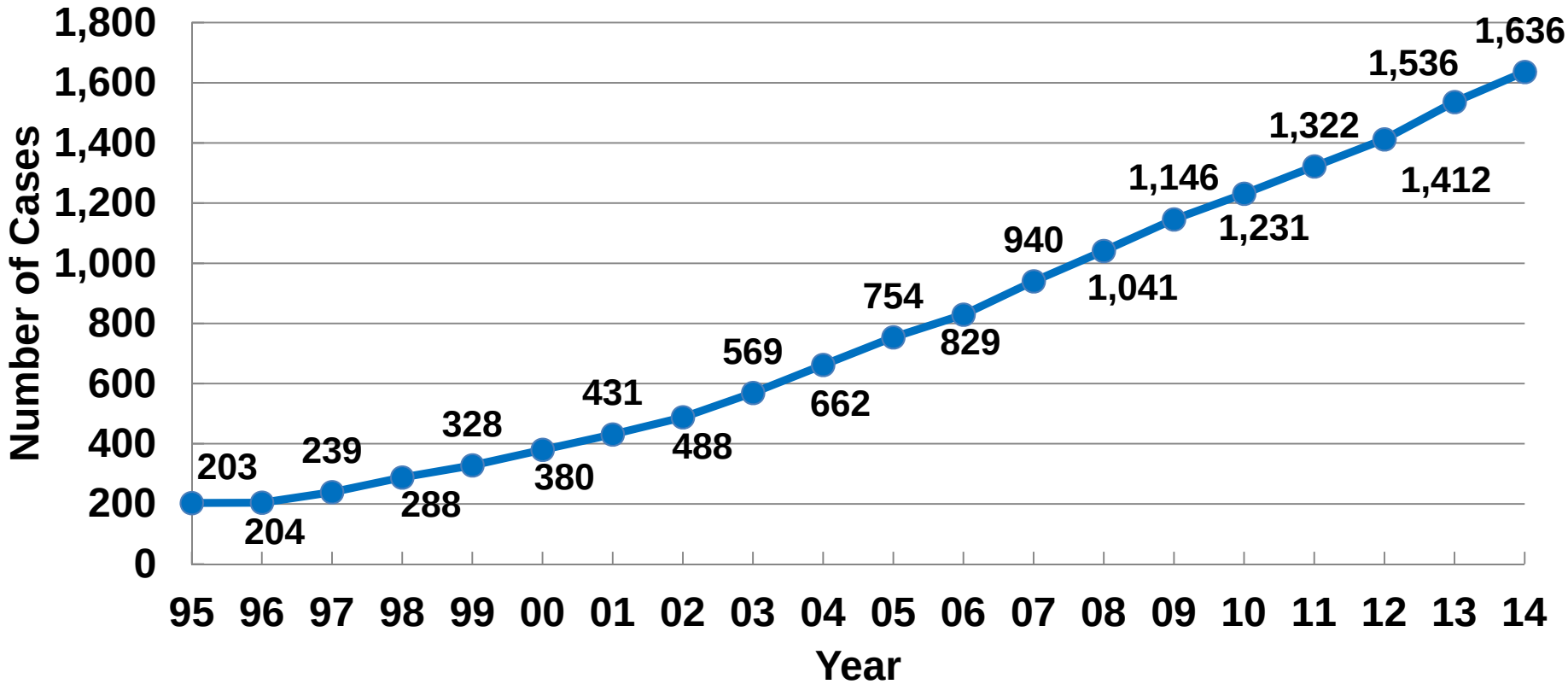
Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through2014, Partnership 2b



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 2b



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 690%. In 2014, the prevalence increased by 6.5% from the previous year.

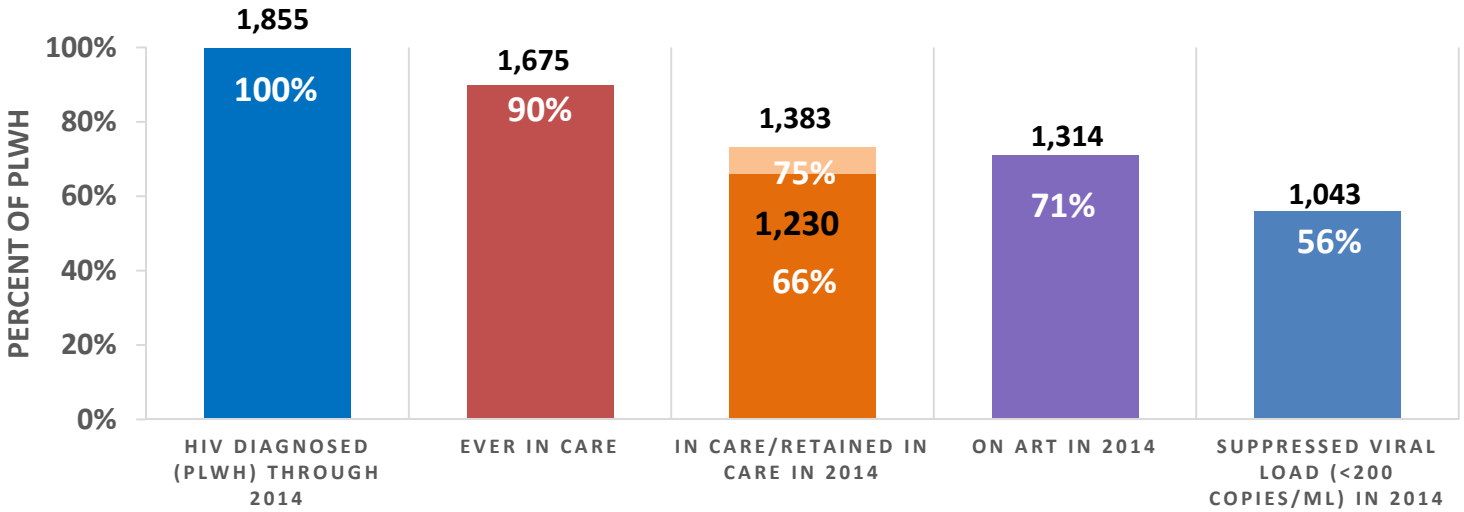
Partnership 2b'sTop-9 Priority Populations in 2014 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

1. Black Men who have sex with Men
2. Black Heterosexual men and women
3. White Men who have sex with men
4. White Heterosexual men and women
5. Black Injection Drug User
6. Hispanic Men who have sex with Men
7. White 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 2b (excl. DOC), 2014

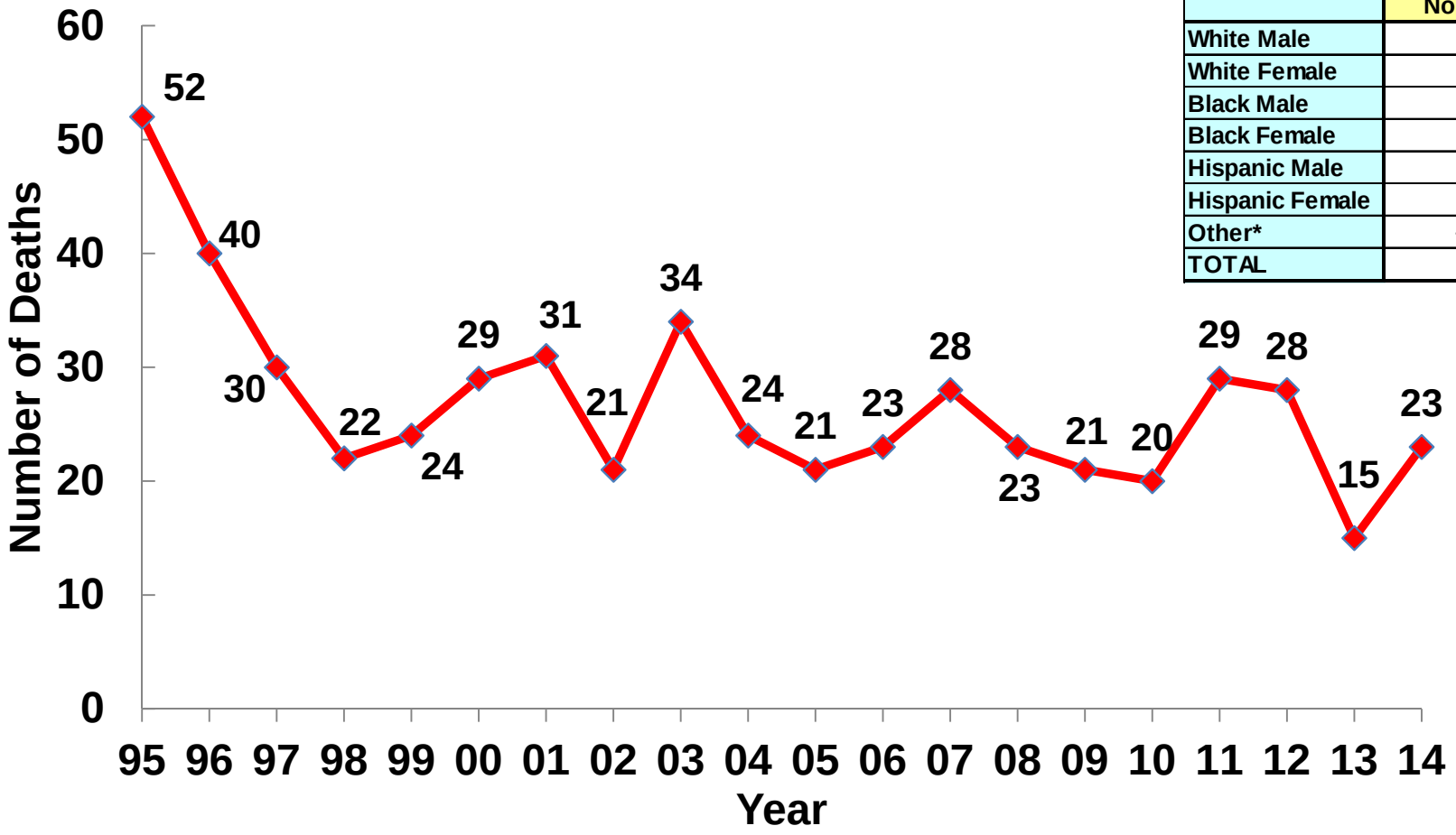


- 69% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 75% of PLWH in care had a suppressed viral load in 2014

(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 2b



Race/Ethnicity	2014	
	No.	rate
White Male	2	1.6
White Female	2	1.6
Black Male	10	15.1
Black Female	7	9.8
Hispanic Male	1	6.9
Hispanic Female	1	7.6
Other*	-	0.0
TOTAL	23	5.3

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 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 2b, 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

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