

HIV/AIDS Epidemiology Partnership 3

**Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette,
Levy, Putnam, Suwannee and Union 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.**

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.**

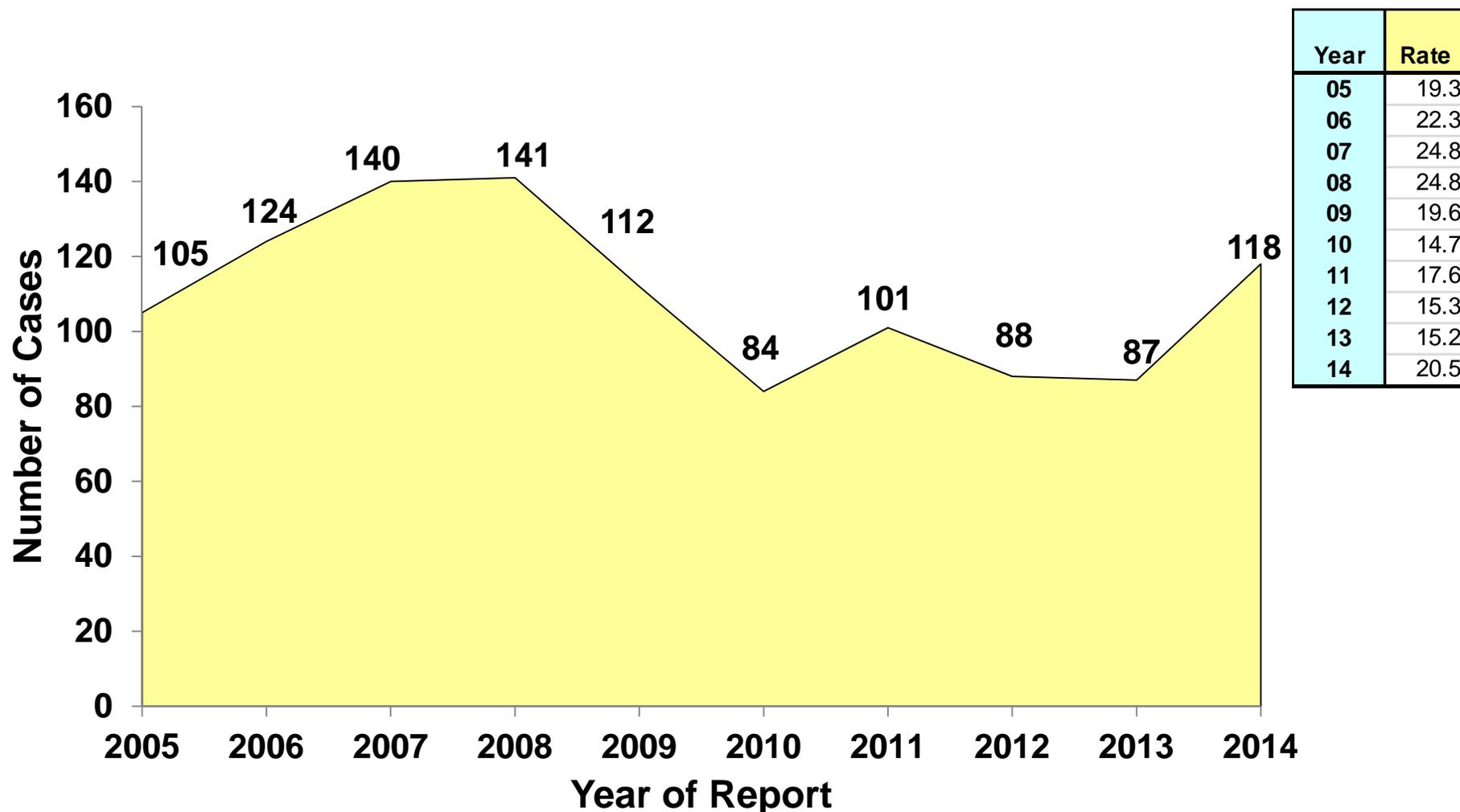
Snapshot of Persons Reported with HIV Disease, 2014, Partnership 3

	HIV Infection and AIDS Cases Reported in 2014*			
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL	
	HIV Infection Cases	118	-	118
AIDS Cases	57	-	57	
*HIV infection cases and AIDS cases by year of report are NOT mutually exclusive and CANNOT be added together.				
Total Population, 2014* <div style="text-align: center; font-size: 1.2em; font-weight: bold;">576,591</div>	Cumulative HIV/AIDS Cases Reported 1981-2014			
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL	
	HIV (not AIDS) Cases**	774	9	783
	AIDS Cases	2,062	30	2,092
	Total	2,836	39	2,875
**HIV (not AIDS) cases were NOT reportable until 07/1997				
*2014 estimate is provisional				
Persons Living with HIV Disease through 2014, as of 06/30/2015:			2,043	



HIV Infection Cases and Rates*

By Year of Report, 2005-2014, Partnership 3



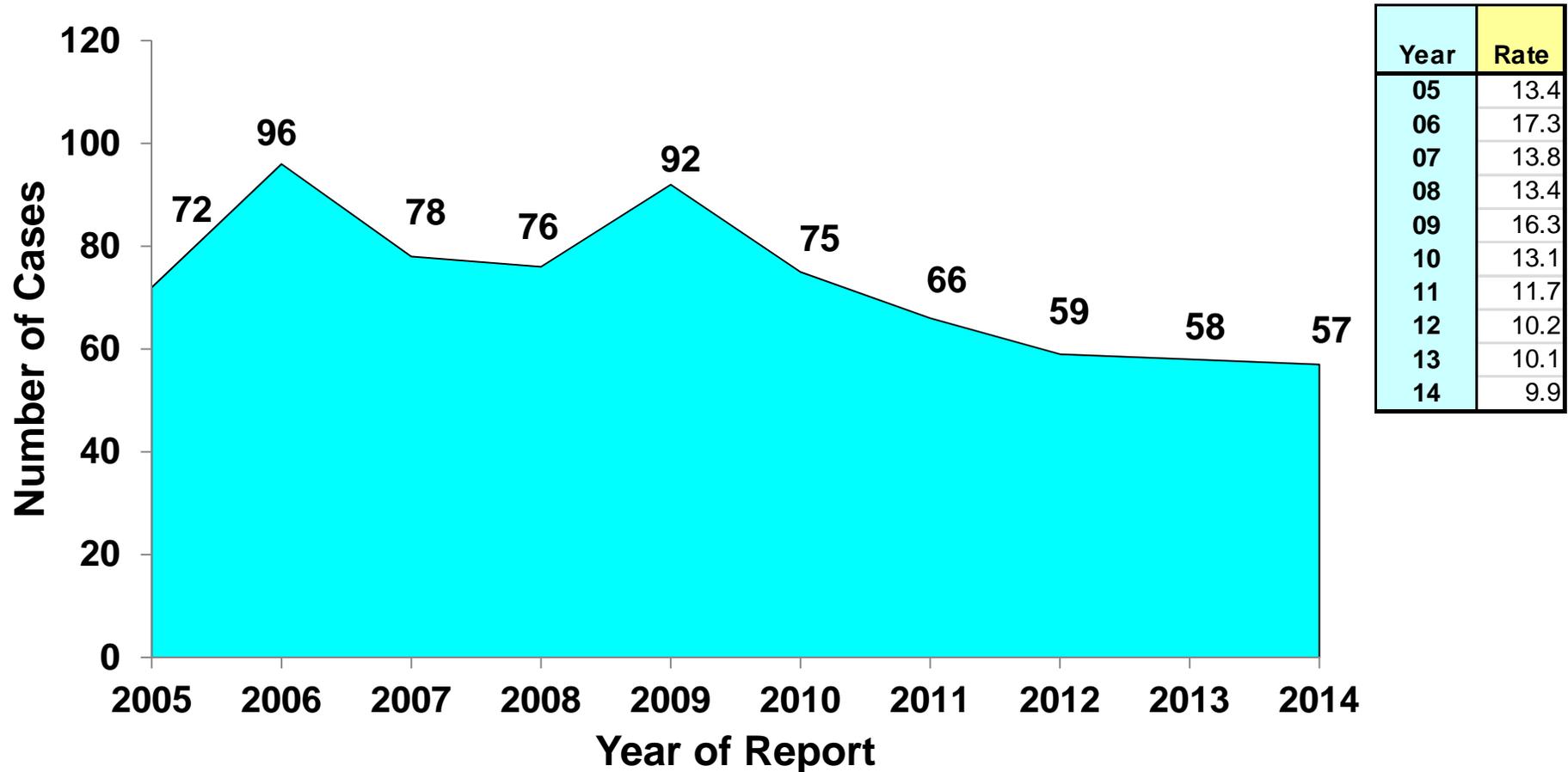
Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2008. This was followed by a general decline in reported cases through 2010, then a subsequent approach to leveling from 2011 to 2013. In 2014, HIV infection cases increased by 36% from 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 3

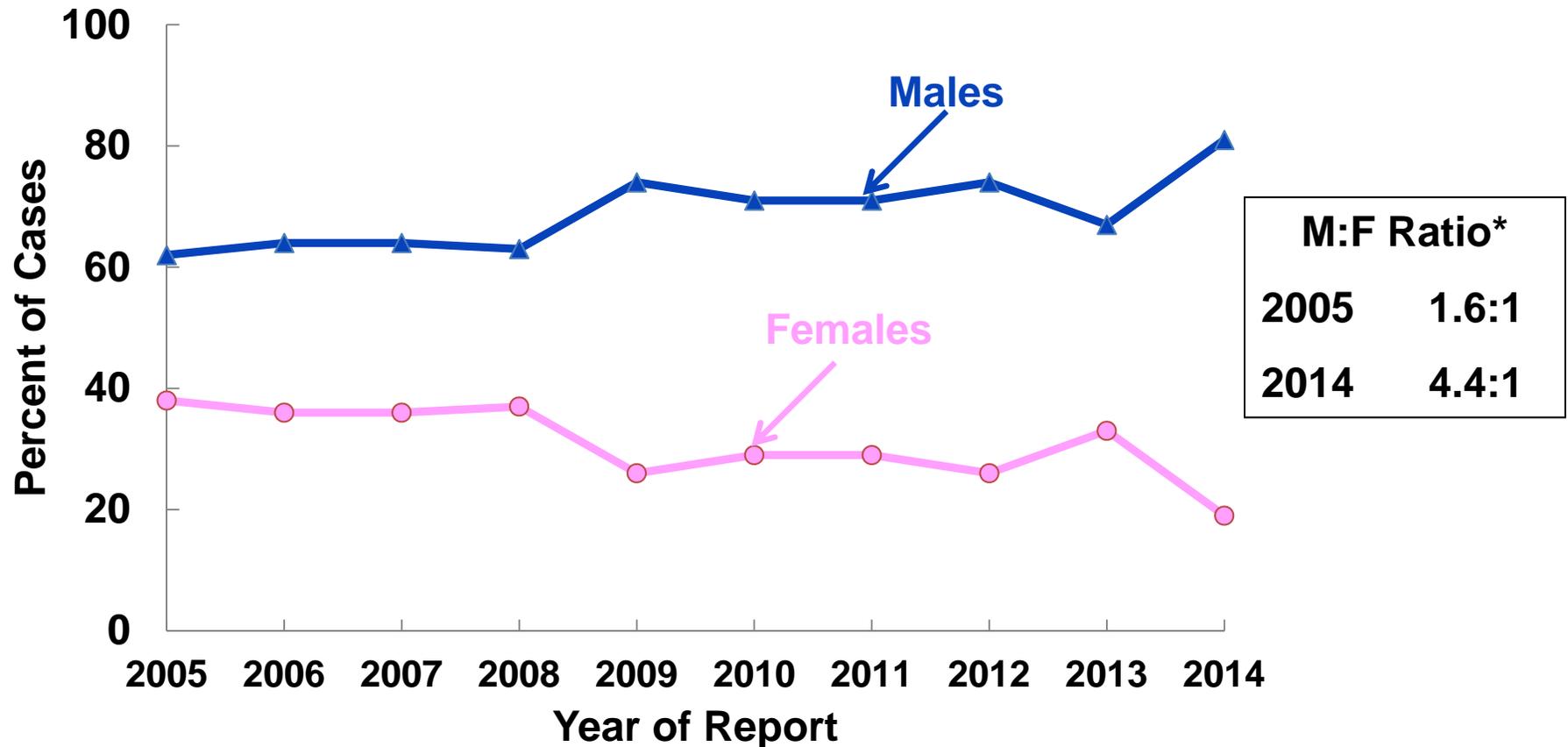


Electronic laboratory reporting delays in late 2007 along with the expansion of electronic lab reporting, contributed to the artificial spike in 2009, followed by annual decreases observed through 2013. In 2014, AIDS cases decreased by 2% from the previous year, which is lower than the 15% decline observed 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.



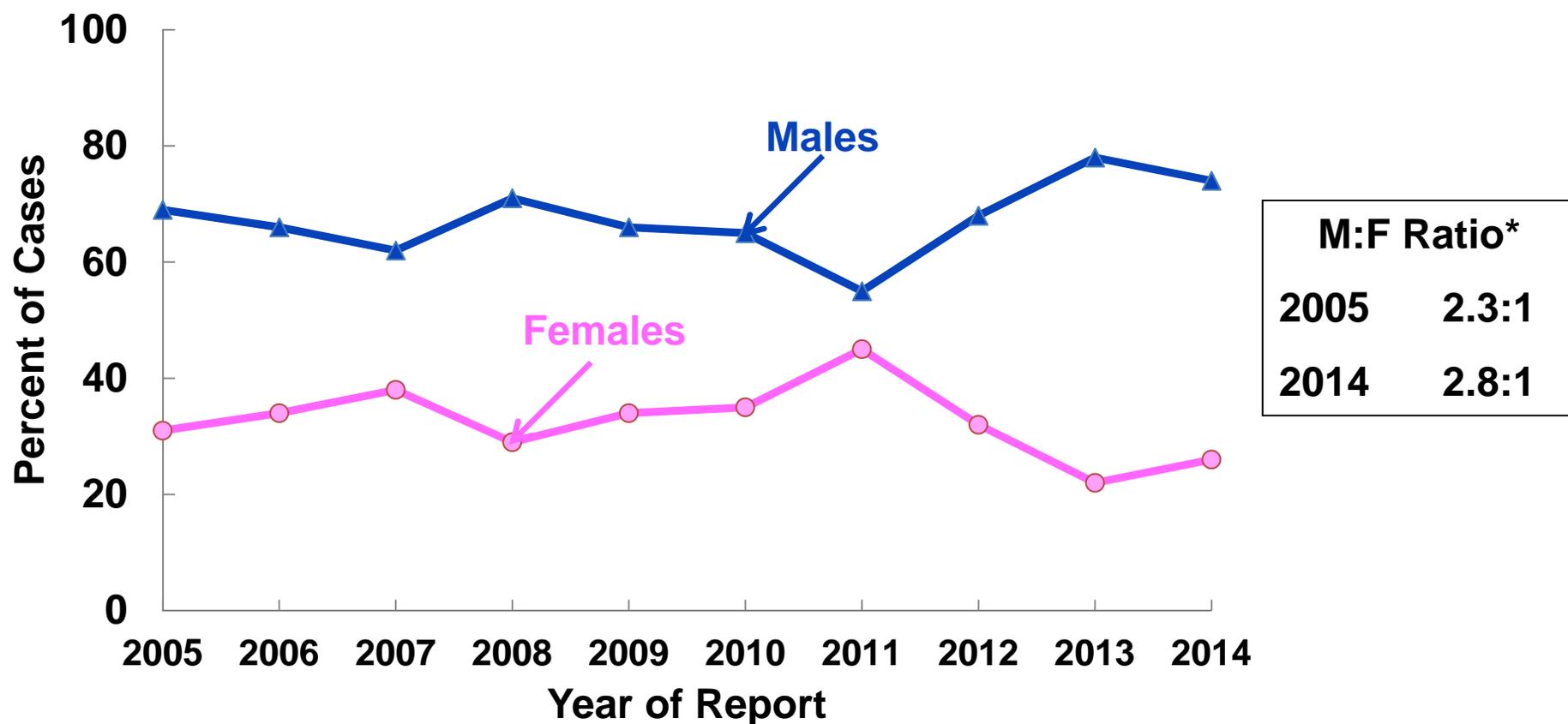
Adult HIV Infection Cases, by Sex and Year of Report, 2005-2014, Partnership 3



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 3

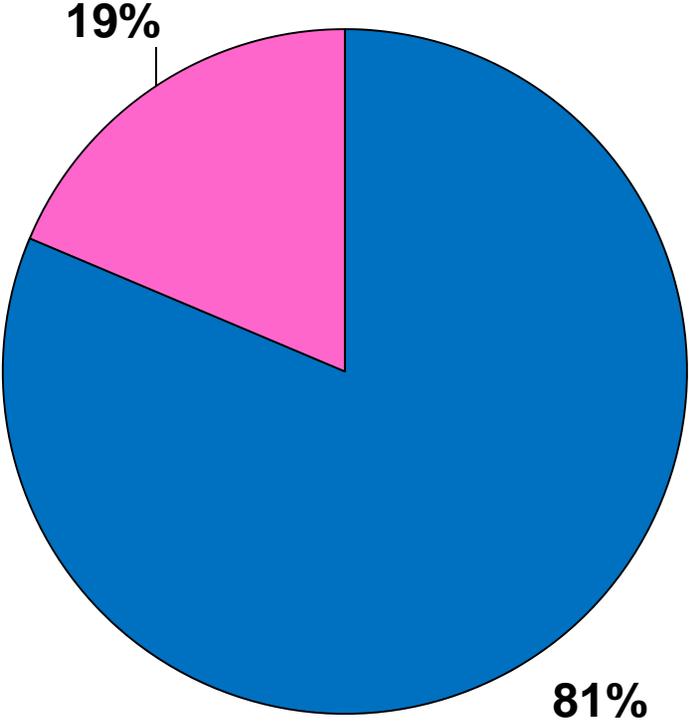


Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

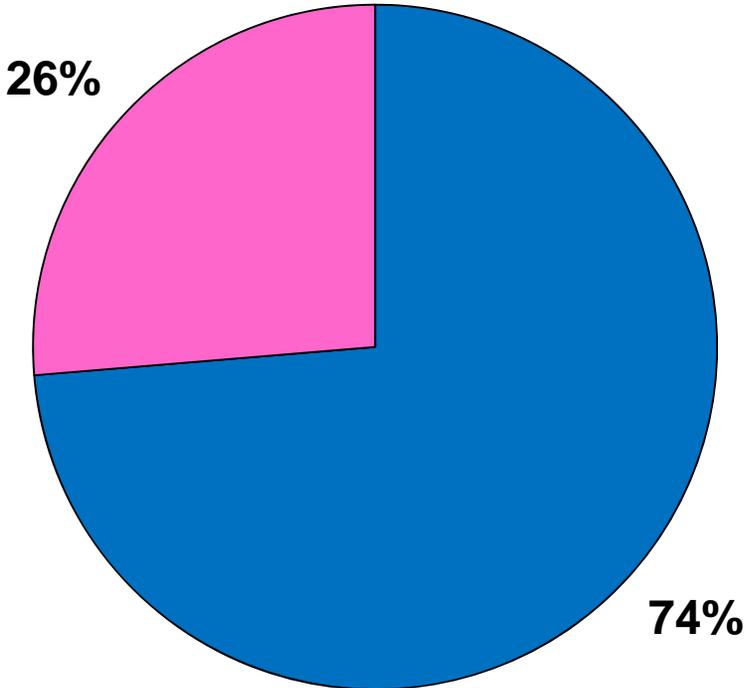


Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Partnership 3

HIV Infection
N=118



AIDS
N=57

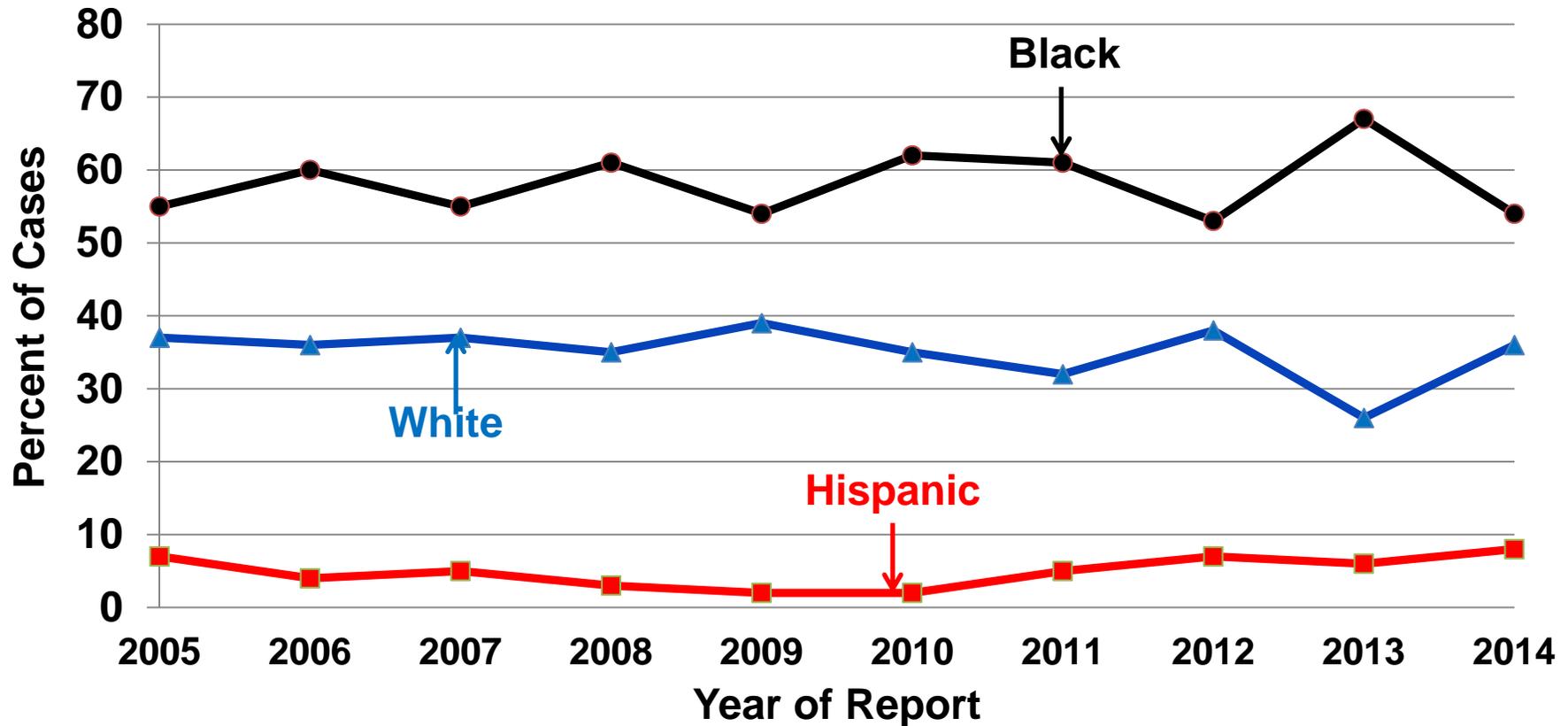


■ Males
■ Females

Note: Partnership 3's Adult Population is: 51% Male and 49% Female.

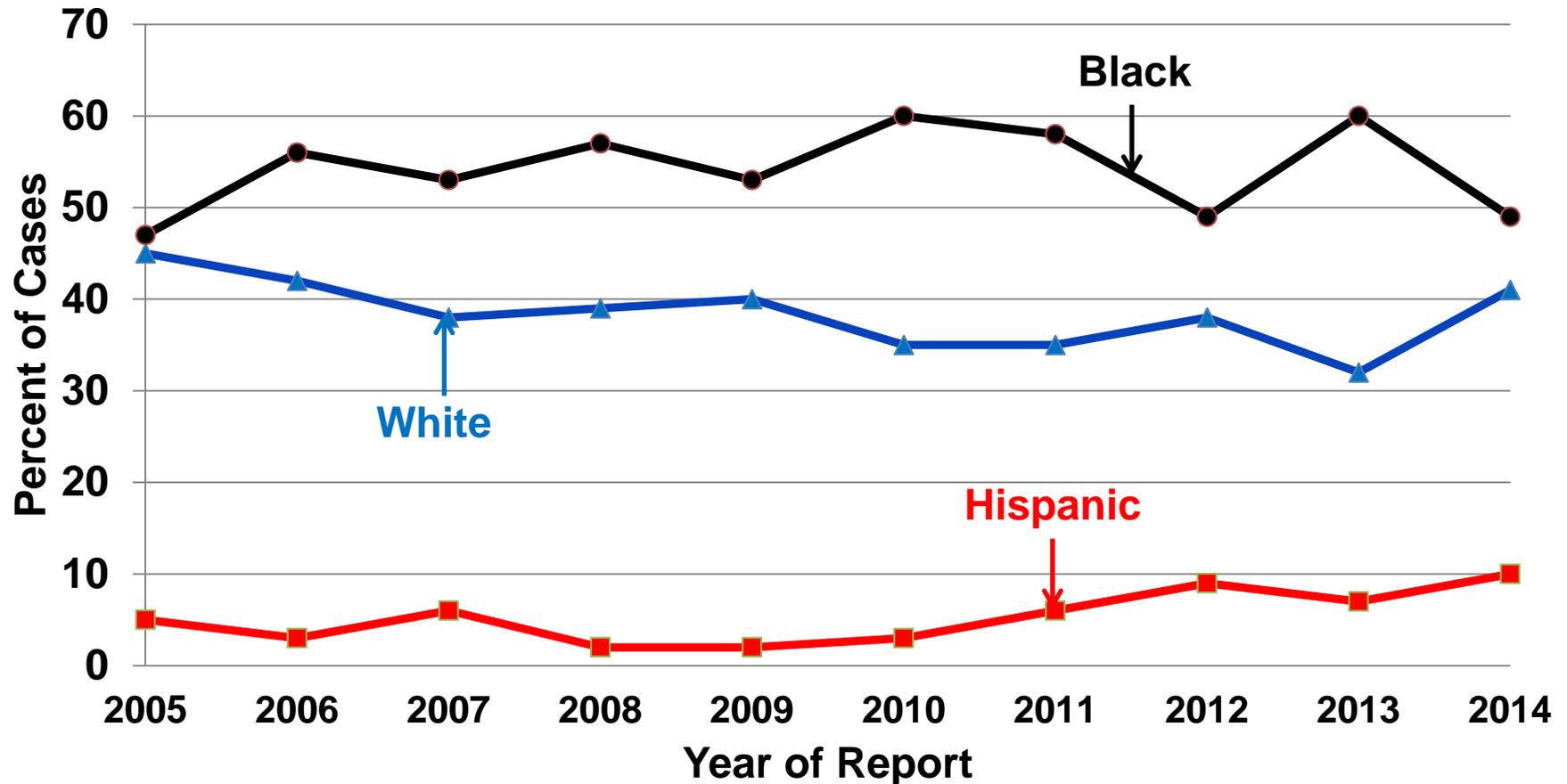


Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 3



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 decreased by 1 percentage point, respectively for both. In contrast, the proportion of HIV infection cases among Hispanics increased by 1 percentage point during the same time period. Other races represent less than 4% of the cases and are not included.

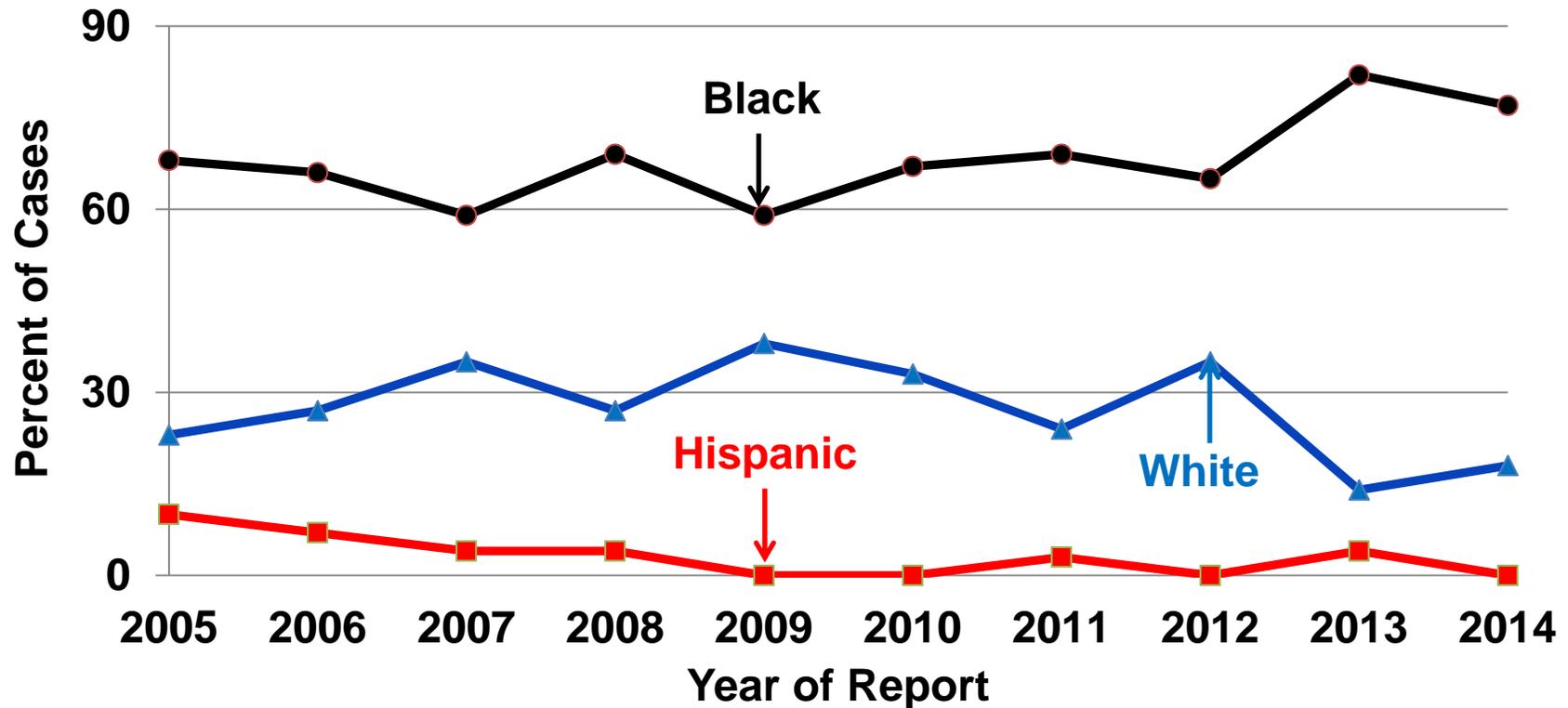
Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 3



Note: Blacks represented the majority (> 47%) of male HIV infection cases for most of the years. From 2005 to 2014, the proportion of HIV infection cases among white males decreased by 4 percentage points. In contrast, among Hispanics and blacks the proportion of HIV infection cases increased by 5 and 2 percentage points, respectively. Other races represent less than 5% of the cases and are not included.

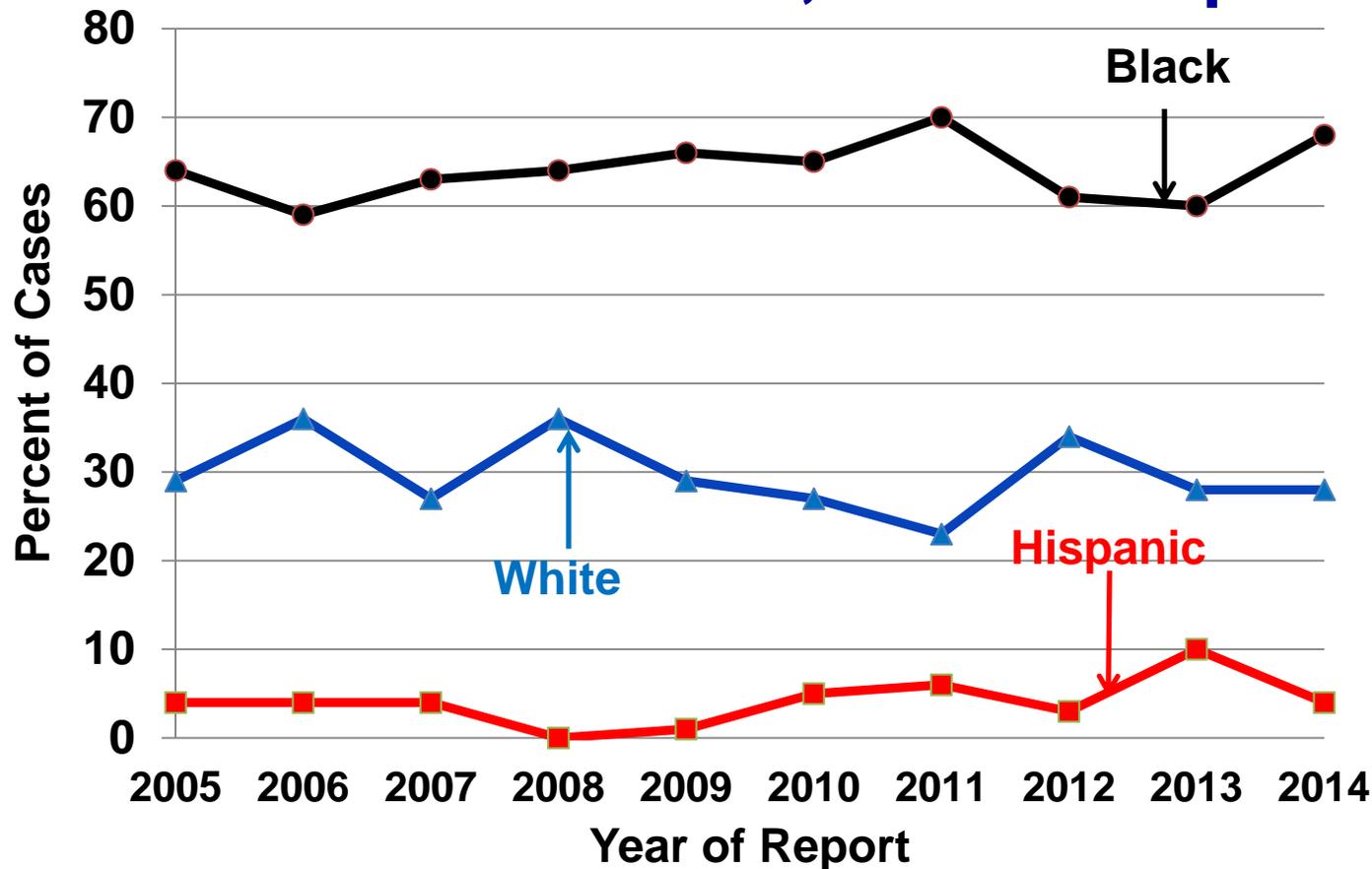


Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 3



Note: HIV case disparities are more evident among women than men. From 2005 to 2014, black women represented 59% or more of the cases each year. For the past ten years, the proportion of HIV infection cases among black females increased by 9 percentage points. In contrast, the proportion of HIV cases among white and Hispanic females decreased by 5 and 10 percentage points, respectively, during the same time period. Other races represent less than 4% of the cases and are not included.

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 3

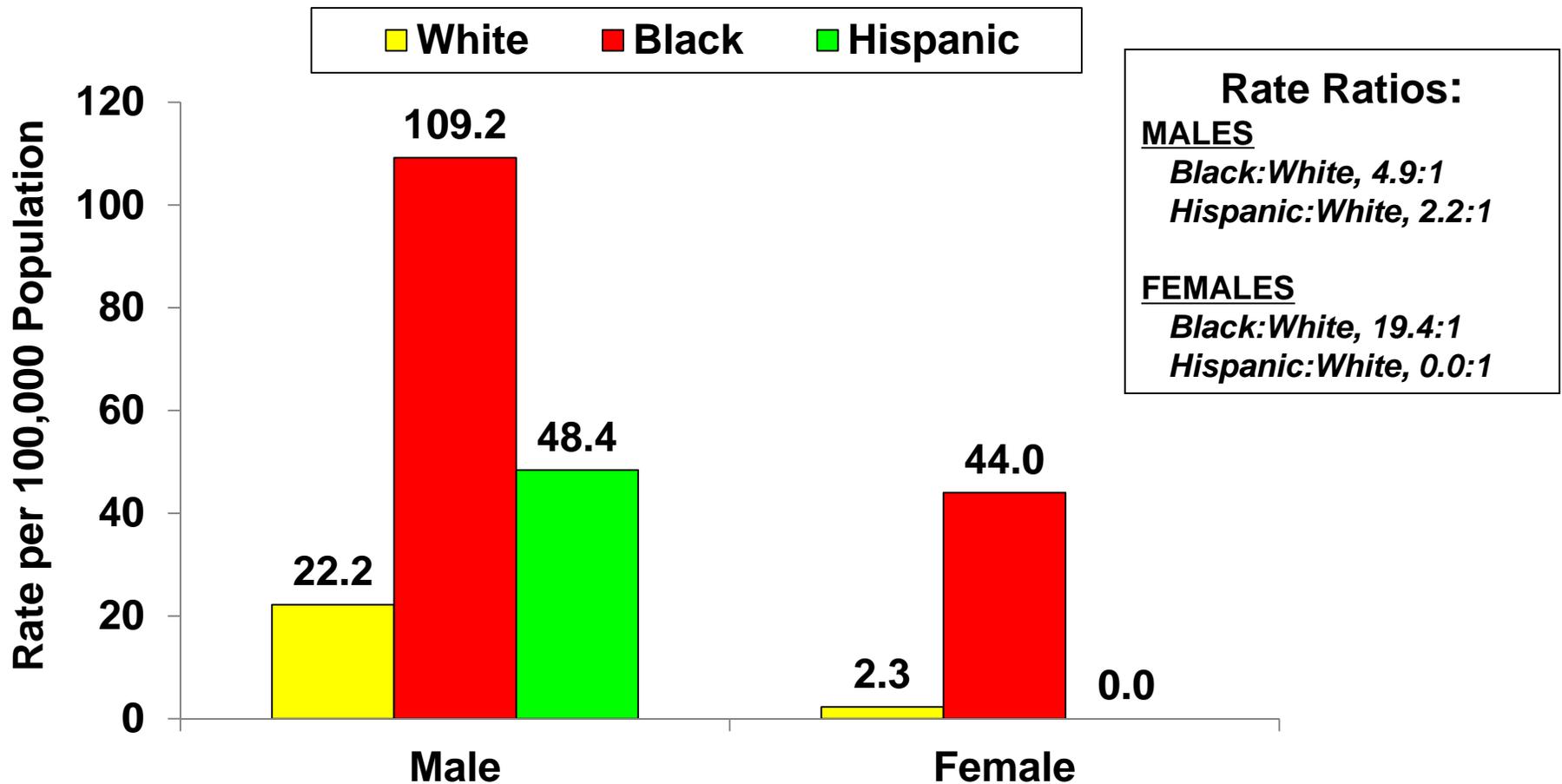


- Factors Affecting Disparities**
- Late diagnosis of HIV.
 - Access to/acceptance of care.
 - Delayed prevention messages.
 - Stigma.
 - Non-HIV STD's in the community.
 - Prevalence of injection drug use.
 - Complex matrix of factors related to socioeconomic status

Note: In 2014, blacks accounted for 68% of adult AIDS cases, but only 17% of the population. From 2005 to 2014, the proportion of AIDS cases among whites decreased by 1 percentage point. In contrast, the proportion of AIDS cases among blacks increased by 4 percentage points, whereas the proportion of AIDS cases among Hispanics remained relatively unchanged during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 6% of the cases and are not included.



Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 3

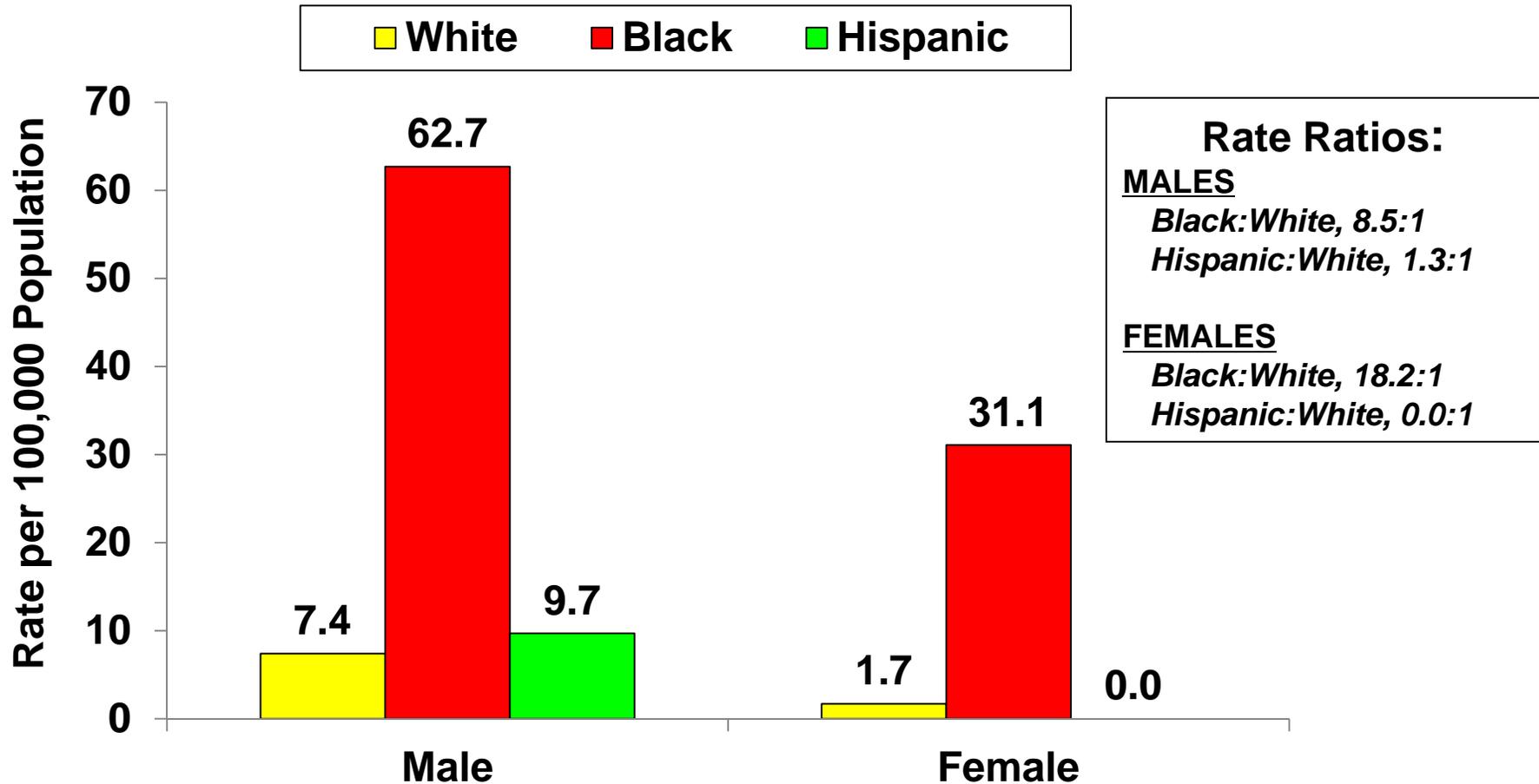


Note: Among black males, the HIV infection case rate is nearly 5 times higher than the rate among white males. Among black females, the HIV case rate 19-fold greater than the rate among white females. Among Hispanic males, the HIV case rate is 2 times higher than the rate among white males.

*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 3



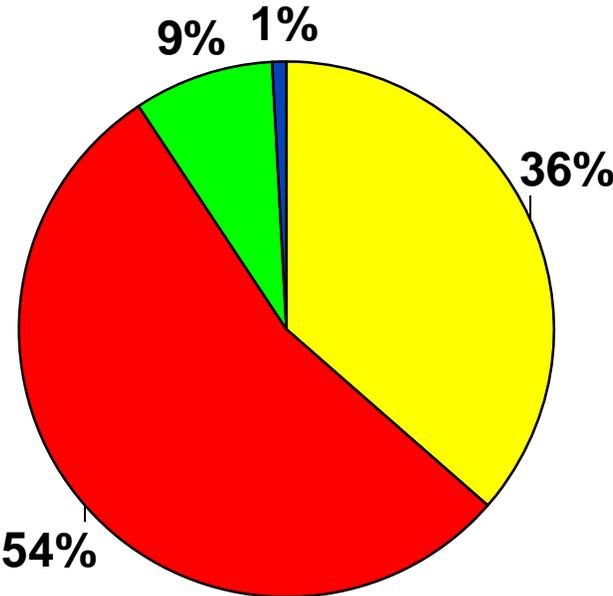
Note: Among black males, the AIDS case rate is nearly 9 times higher than the rate among white males. Among black females, the AIDS case rate is 18-fold greater than the rate among white females. The AIDS case rate among Hispanic males is higher than the rate among white males.

*Source: Partnership 3 population estimates are provided by Florida CHARTS as of 7/9/2015.

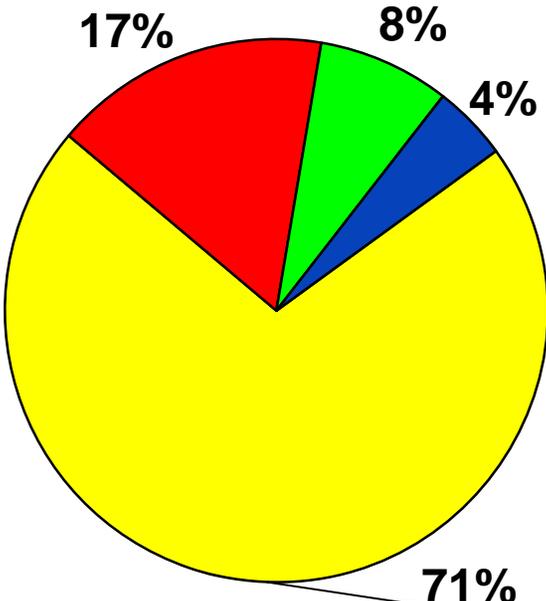


Adult HIV and AIDS Cases Reported in 2014 and Population Data, by Race/Ethnicity, Partnership 3

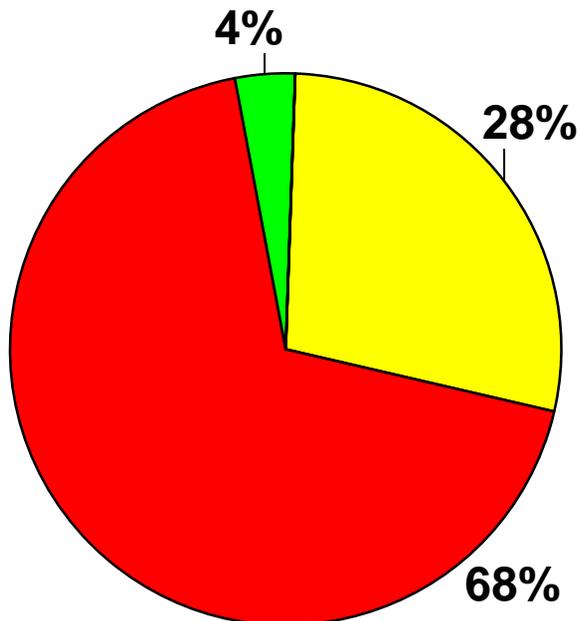
**HIV Infection
N=118**



**2014 Partnership 3
Population Estimates*
N=494,273**



**AIDS
N=57**



White
 Black
 Hispanic
 Other**

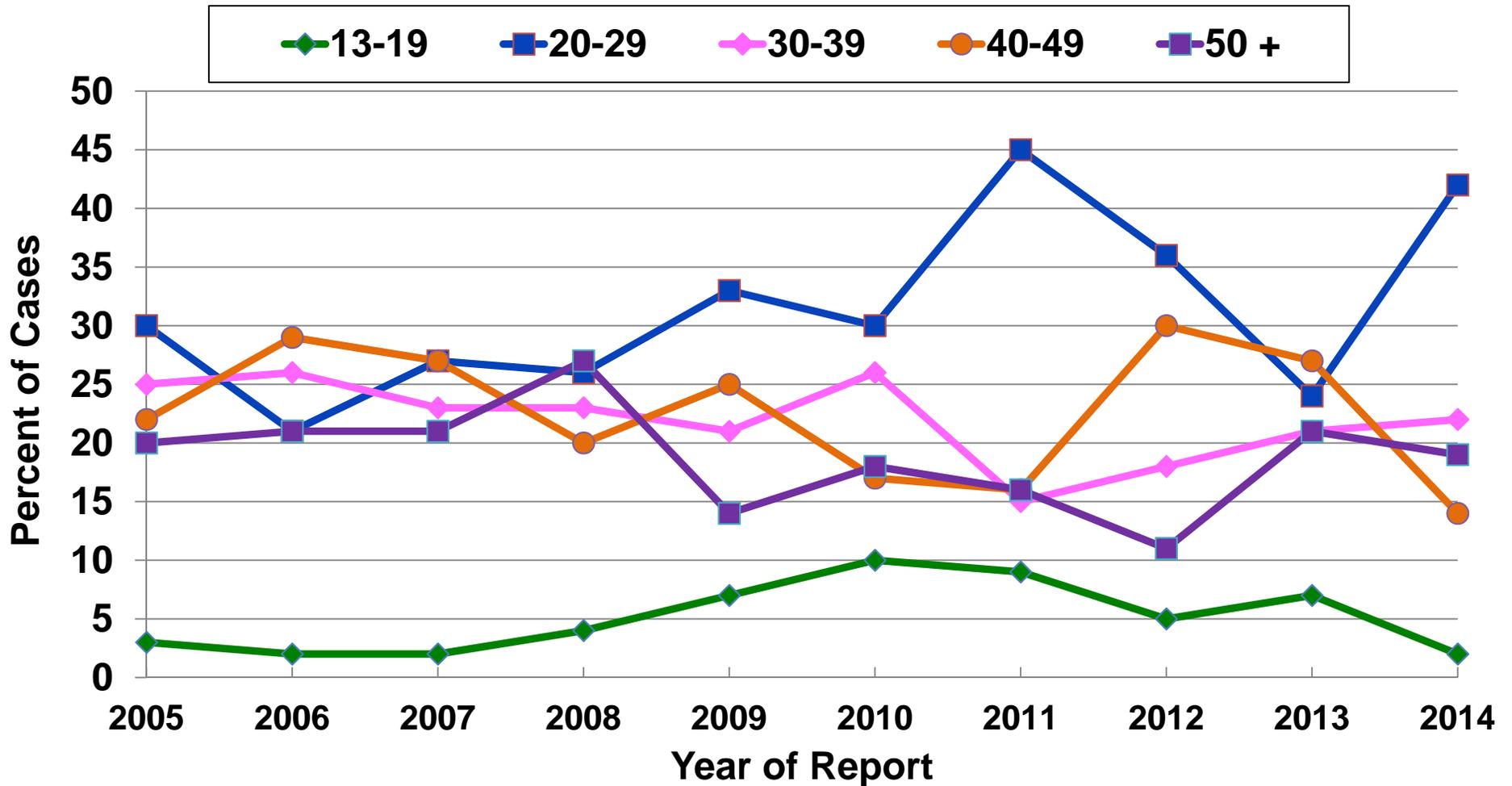
Note: In this snapshot for 2014, blacks are over-represented among the HIV and AIDS cases, accounting for 54% of adult HIV cases and 68% of adult AIDS cases, but only 17% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage 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.



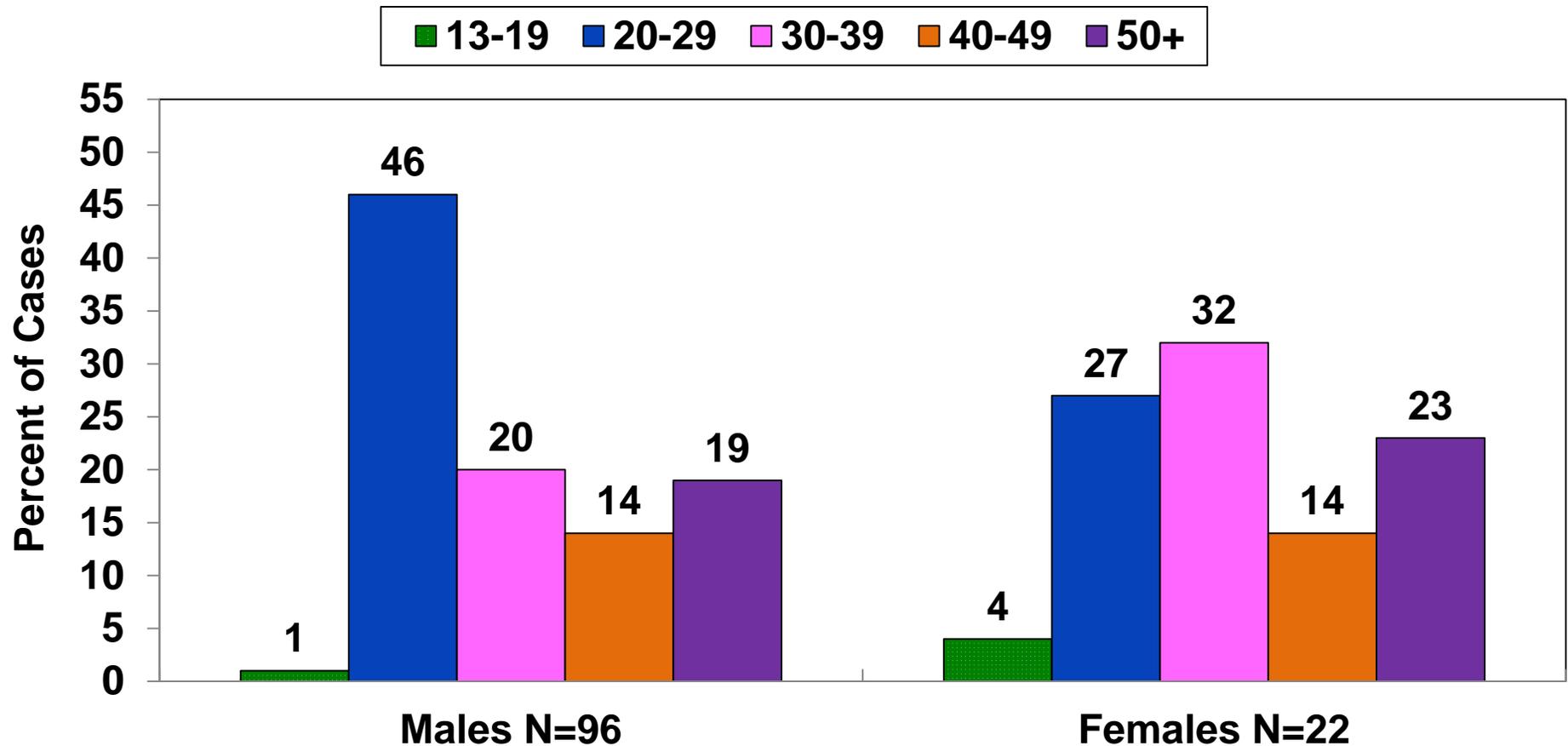
Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2005–2014, Partnership 3



Note: From 2005 to 2014, the proportion of adult HIV infection cases among those aged 20-29 increased by 12 percentage points, whereas the proportion of HIV infection cases among all other age groups declined during the same time period.



Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2014, Partnership 3

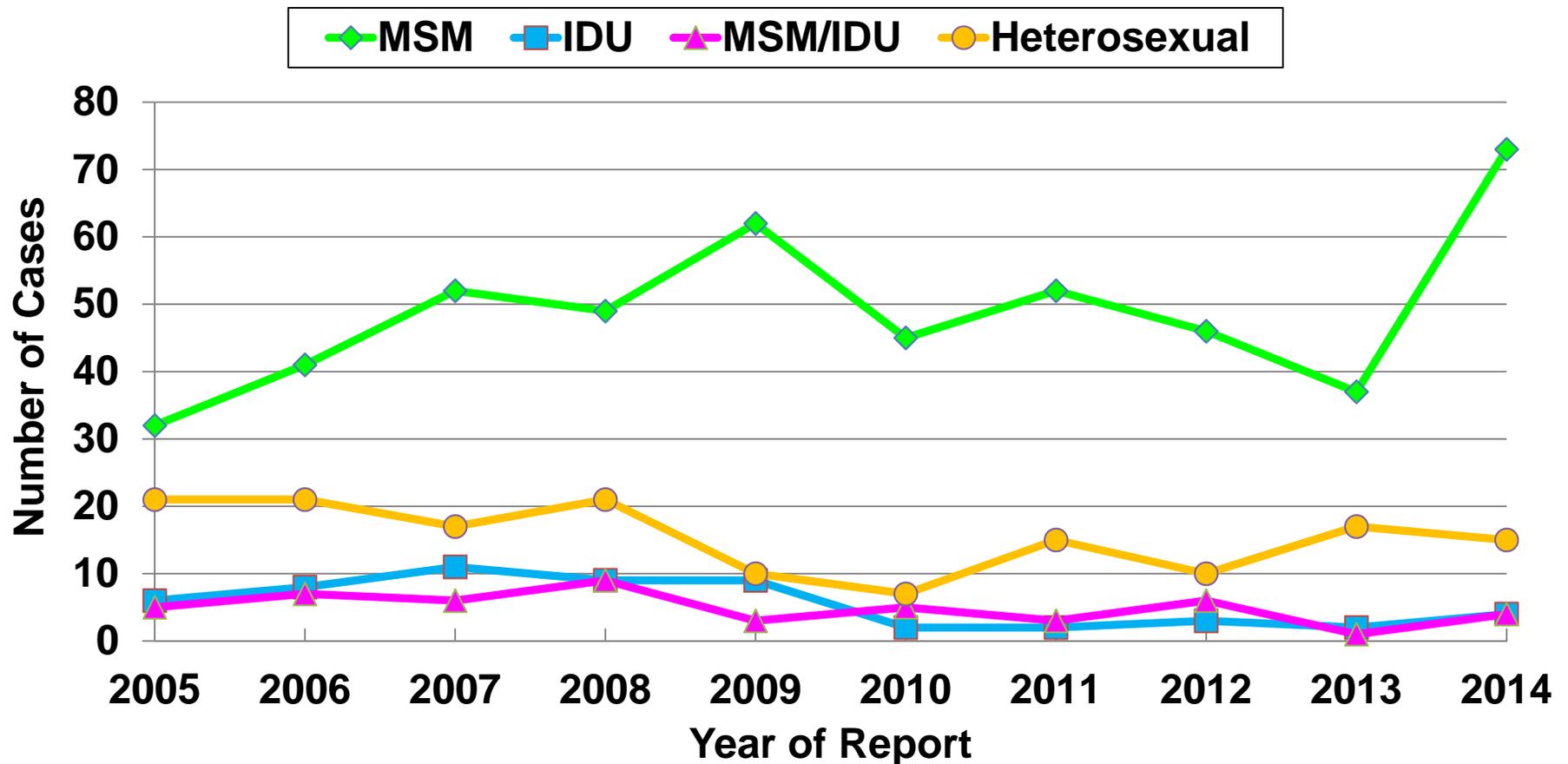


Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the highest percent of HIV infection cases, recent estimates show that among males, 46% of HIV infection cases occur among those aged 20-29, whereas among females 32% of HIV infection cases occur among those aged 30-39.

Definitions of Mode of Exposure Categories

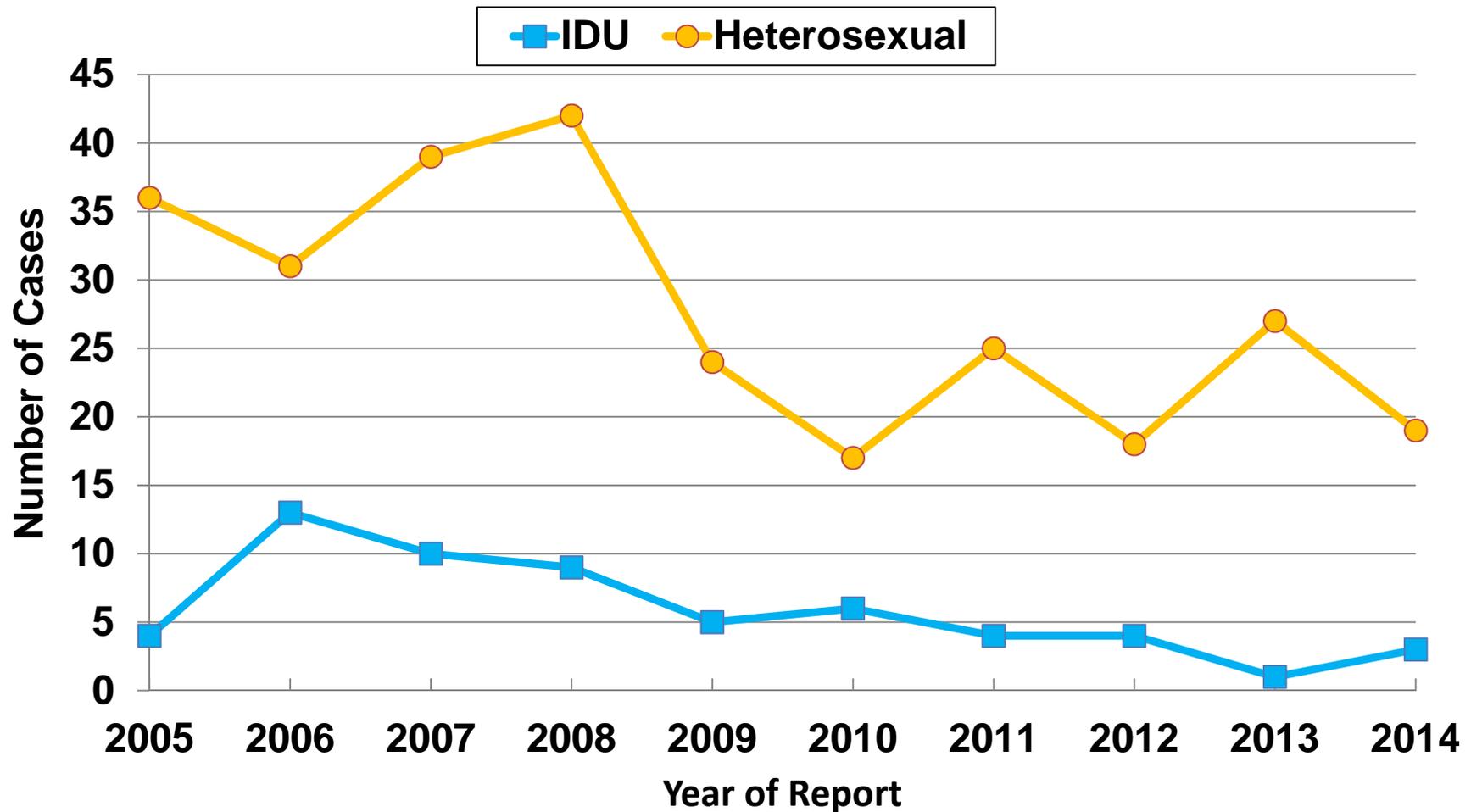
- ◆ **MSM** = Men who have sex with men or Male-to-male sexual contact with person with HIV/AIDS or known HIV risk
- ◆ **IDU** = Injection Drug User
- ◆ **MSM/IDU** = Men who have sex with men or Male-to-male sexual contact & Injection Drug User
- ◆ **Heterosexual** = Heterosexual contact with person with HIV/AIDS or known HIV risk
- ◆ **OTHER** = includes hemophilia, transfusion, perinatal and other pediatric risks and other confirmed risks.
- ◆ **NIR** = Cases reported with No Identified Risk
- ◆ **Redistribution of NIRs** = This illustrates the effect of statistically assigning (redistributing) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs.

Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2005–2014, Partnership 3



Note: NIRs redistributed. Male-to-male sexual contact(MSM) remains as the primary mode of exposure among male HIV cases in Partnership 3, followed by heterosexual risk.

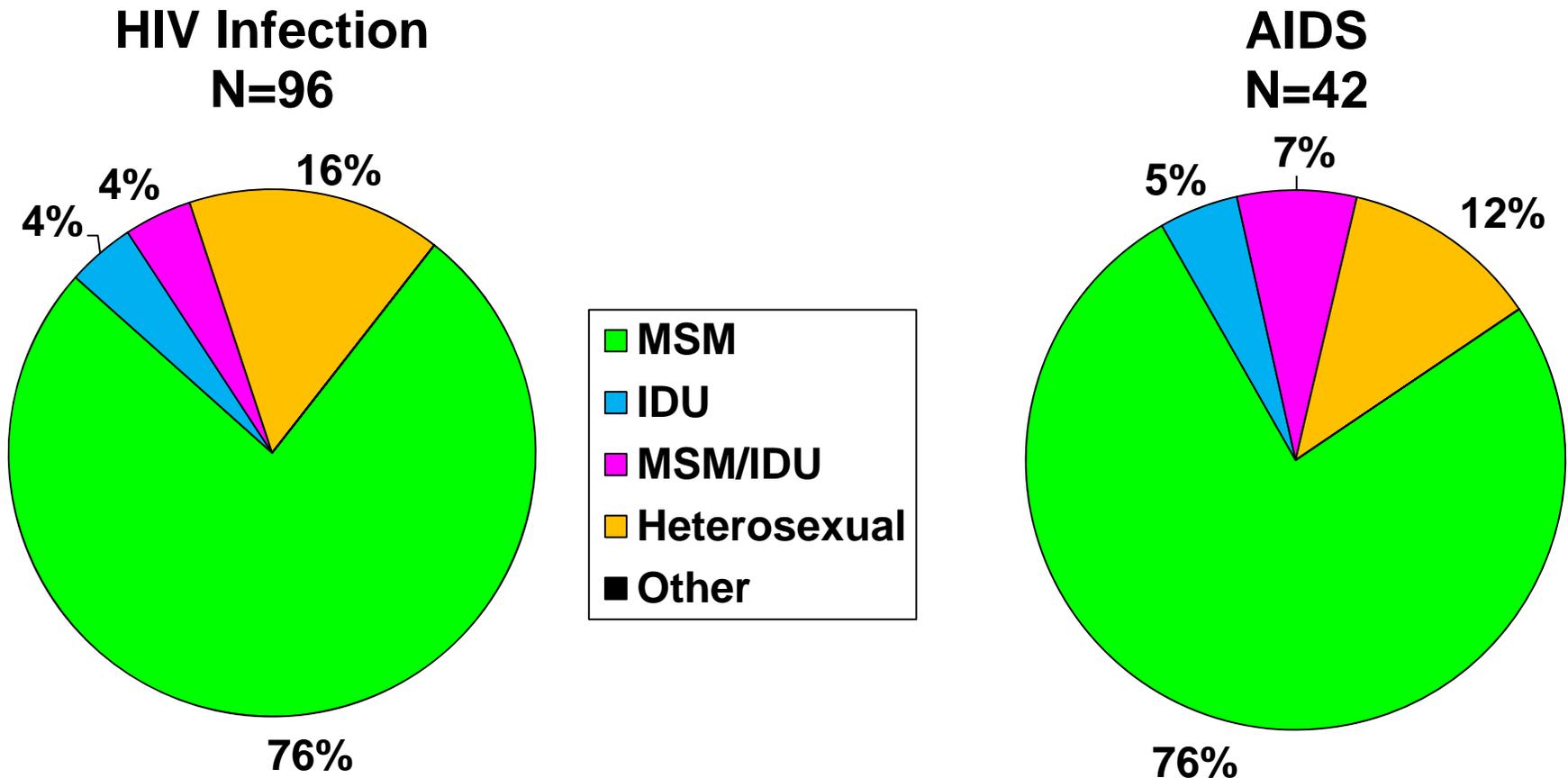
Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2005-2014, Partnership 3



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



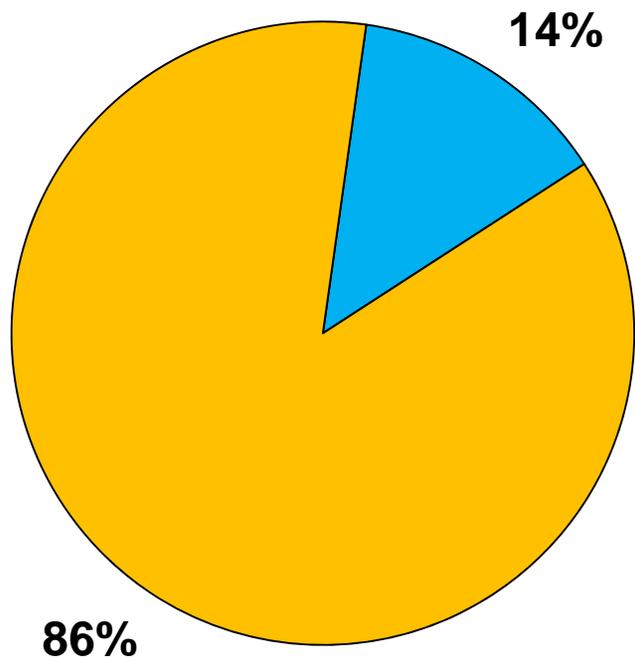
Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 3



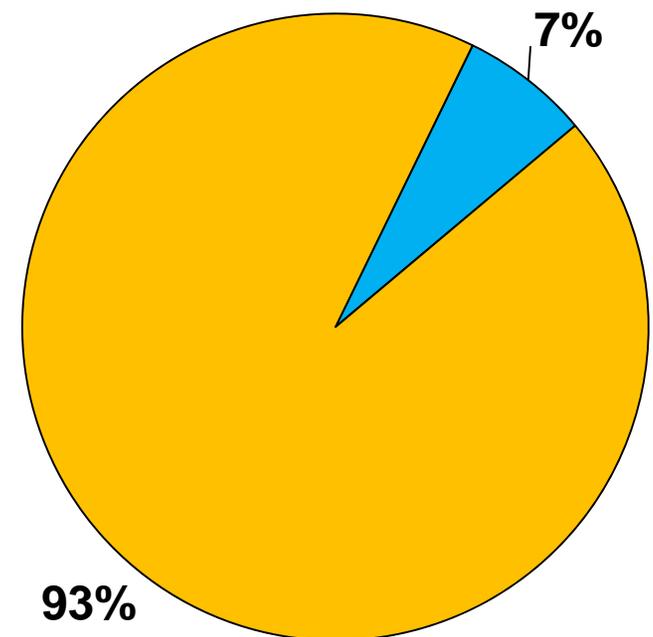
Note: NIRs redistributed. Among the male HIV infection and AIDS cases reported for 2014, male-to-male sexual contact (MSM) was the most common risk factor (76% respectively for both) followed by cases with a heterosexual risk (16% for HIV and 12% for AIDS).

Adult Female HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 3

**HIV Infection
N=22**



**AIDS
N=15**



Note: NIRs redistributed. Among the female HIV Infection and AIDS Cases reported for 2014, heterosexual exposure was the highest risk (86% and 93% respectively).

Cases Living with HIV Disease

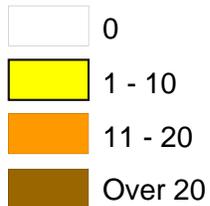
Unless otherwise noted, data in the following slides represent persons living with HIV/AIDS (PLWHAs), who were living in Florida (regardless where diagnosed) through the most recent calendar year. Living data are also referred to as prevalence cases or living with HIV disease.



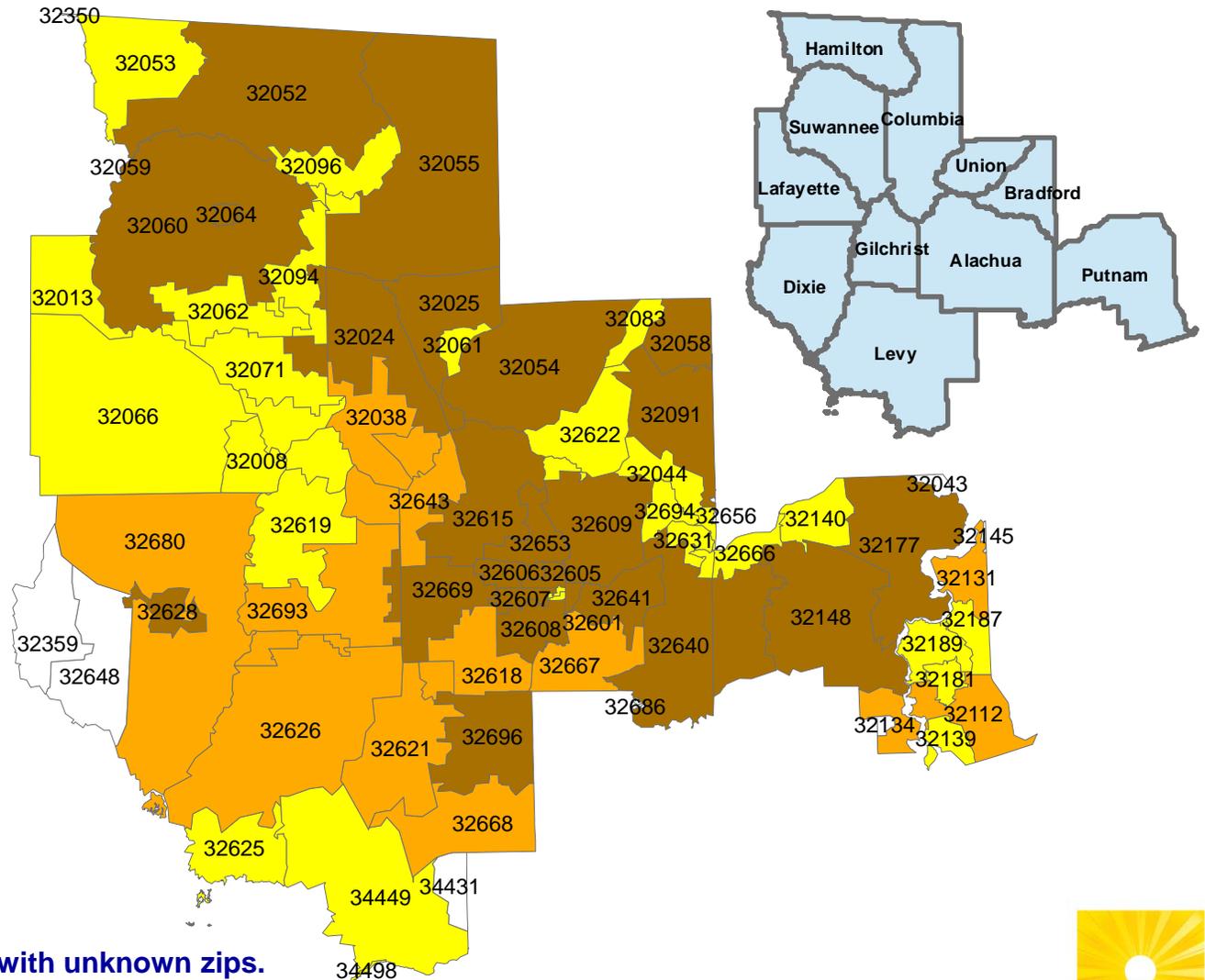
Adults Living with HIV Disease

By Zip Code, Diagnosed through 2014, Partnership 3

Total Adult Living HIV/AIDS Cases



N=1,930

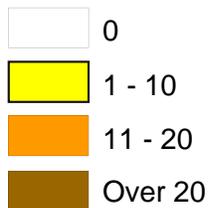


NIRs are not redistributed.
 Excludes DOC, homeless, and cases with unknown zips.
 Data as of 06/30/2015

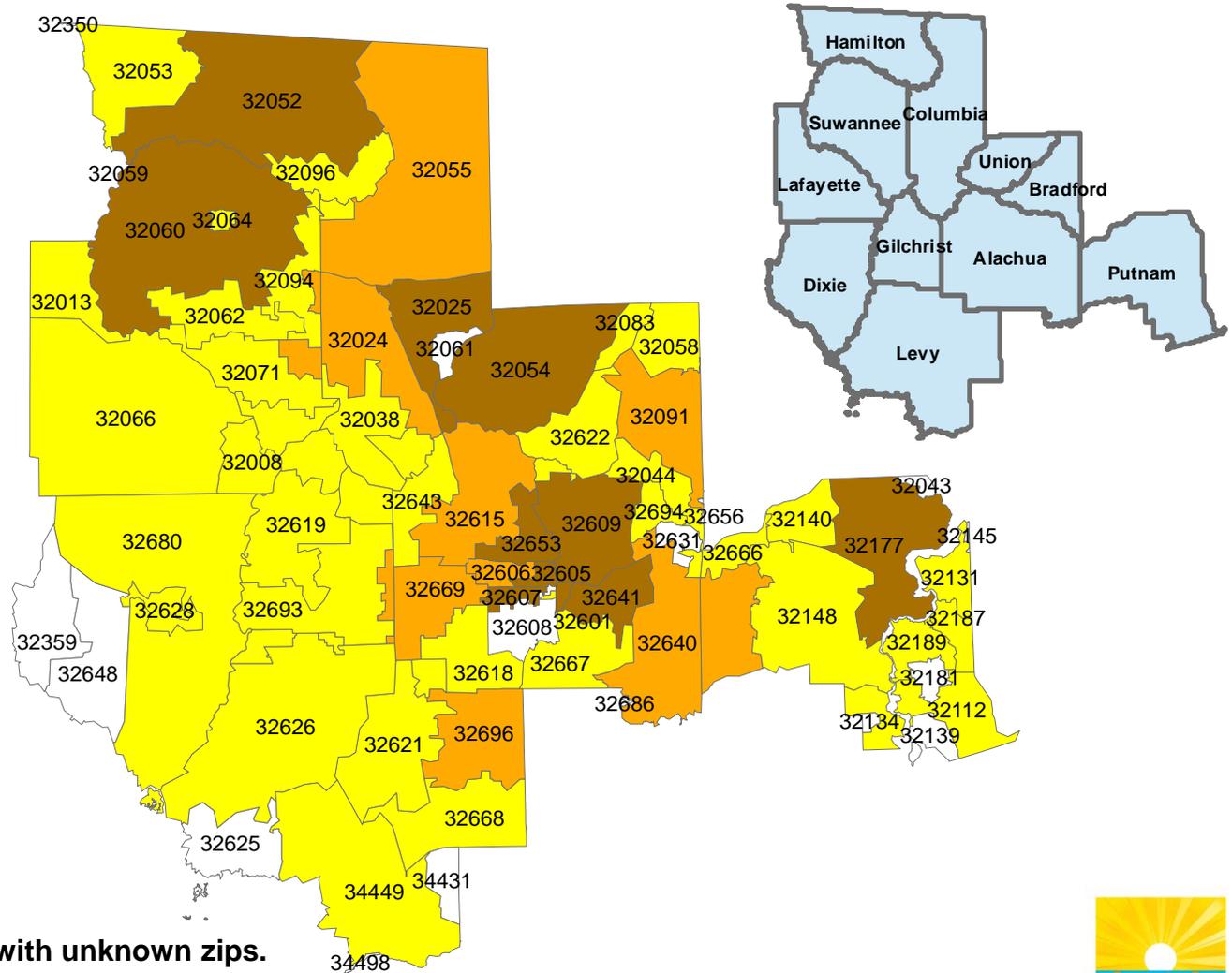


Men who have Sex with Men (MSM)* Living with HIV Disease By Zip Code, Diagnosed through 2014, Partnership 3

Presumed Living MSM HIV/AIDS Cases



N=871



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

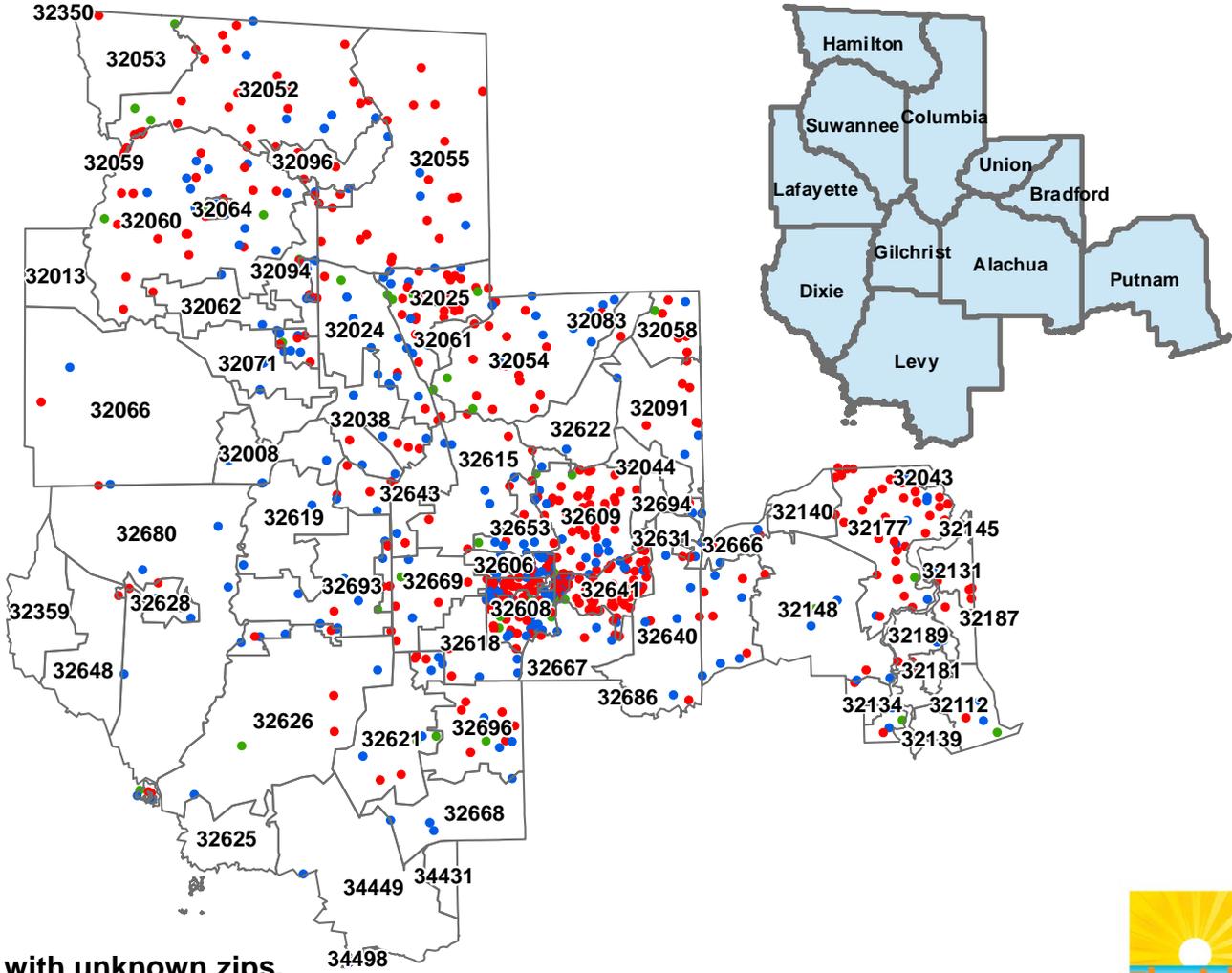


Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Diagnosed through 2014, Partnership 3

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

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

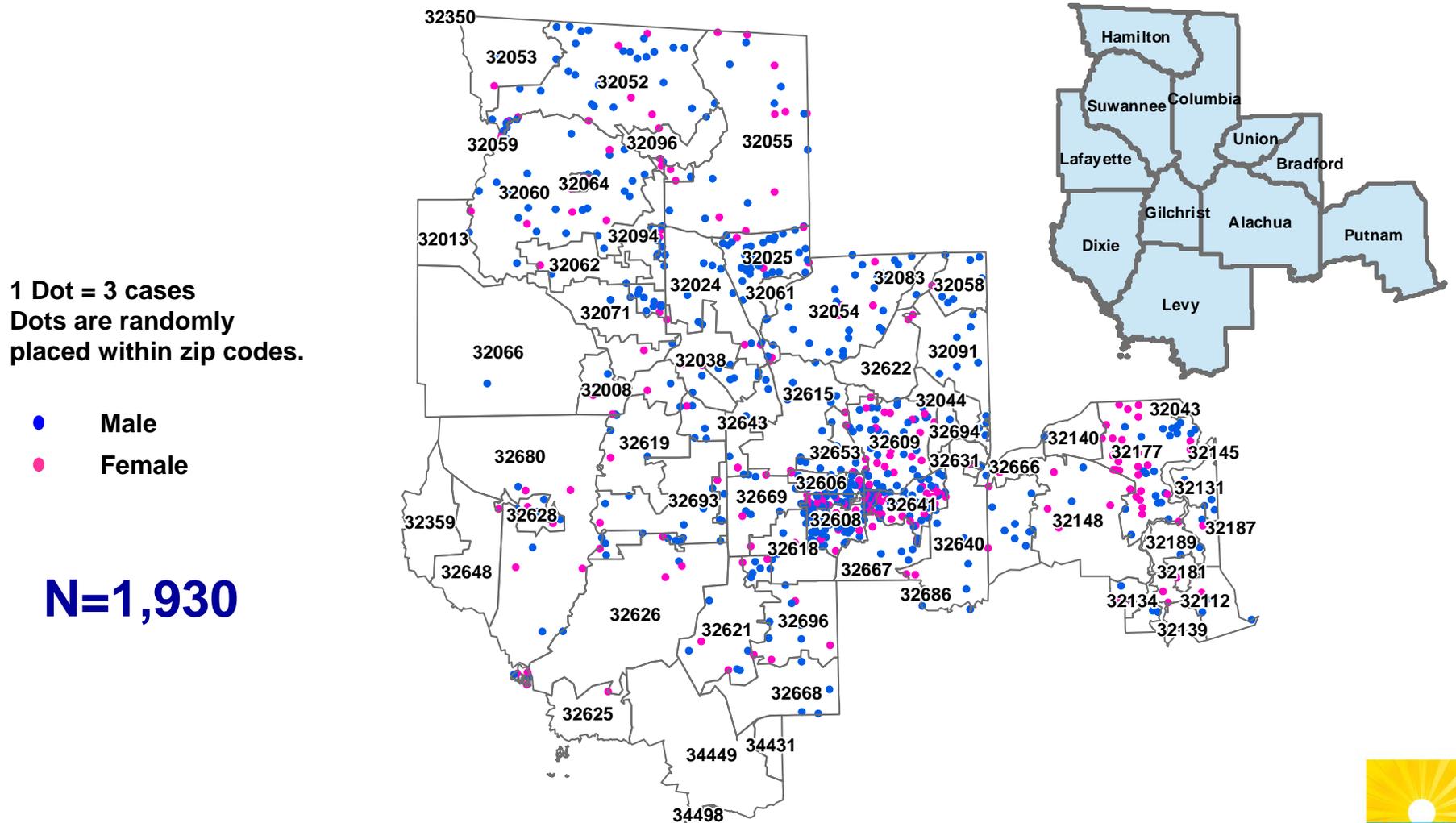
N=1,892



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



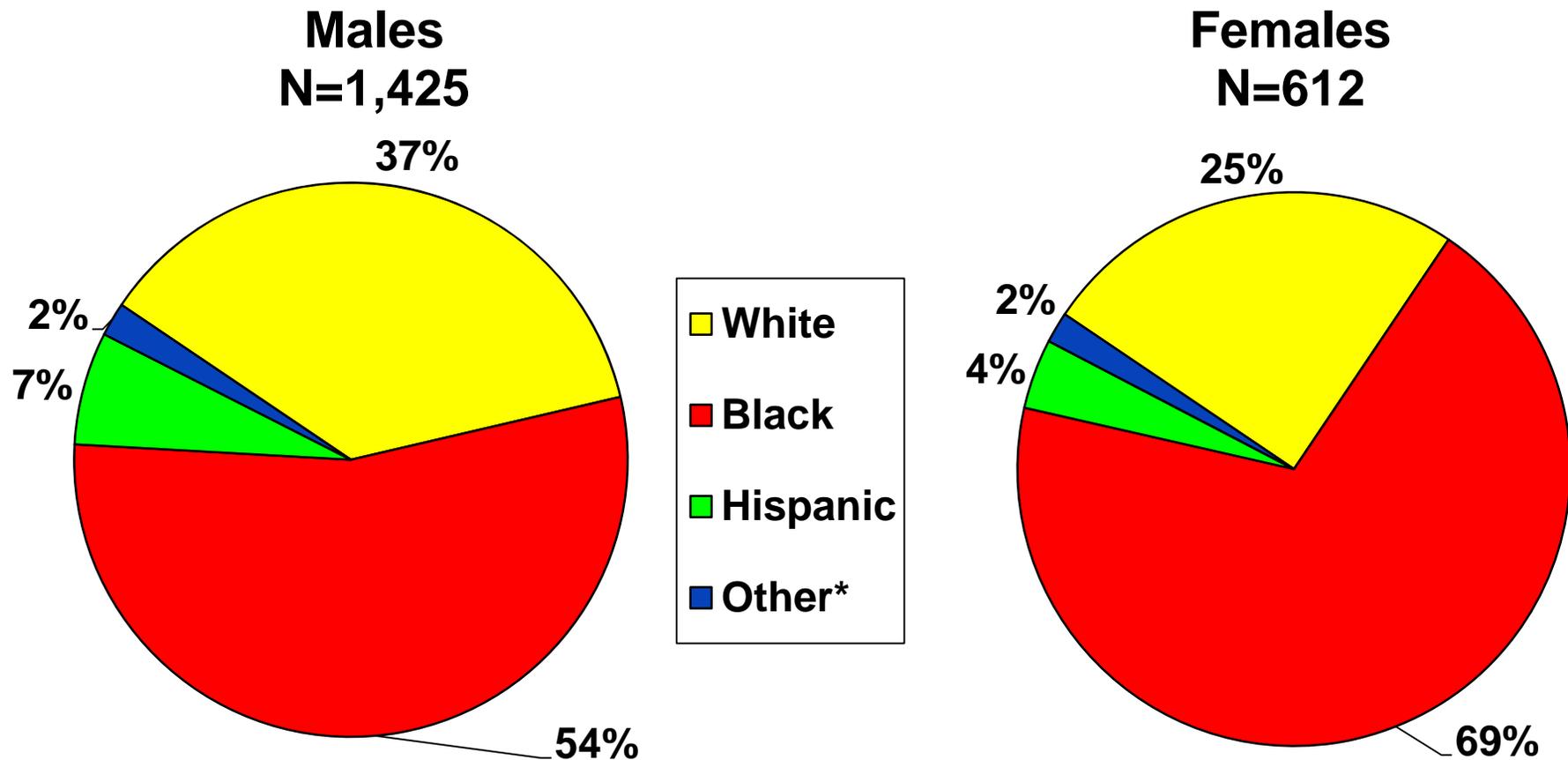
Adults Living with HIV Disease By Zip Code and Sex, Diagnosed through 2014, Partnership 3



Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/03/2015



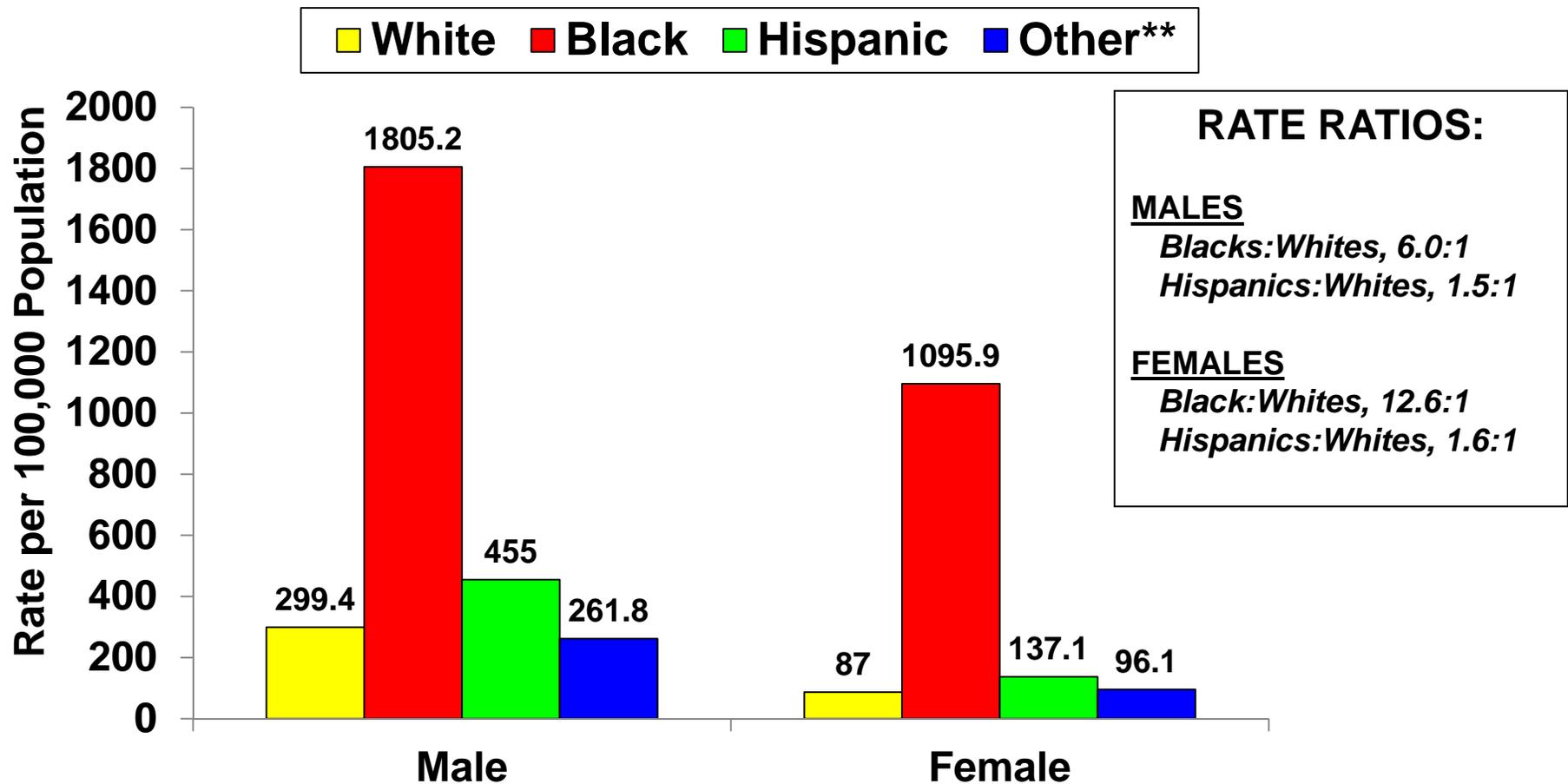
Adults Living with HIV Disease, by Sex and Race/Ethnicity Diagnosed through 2014, Partnership 3



Note: Among adults living with HIV disease, blacks represent the race most affected among both males (54%) and females (69%).

*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 3



Note: Among black males living with HIV disease Diagnosed through 2014, the case rate is 6 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. 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.

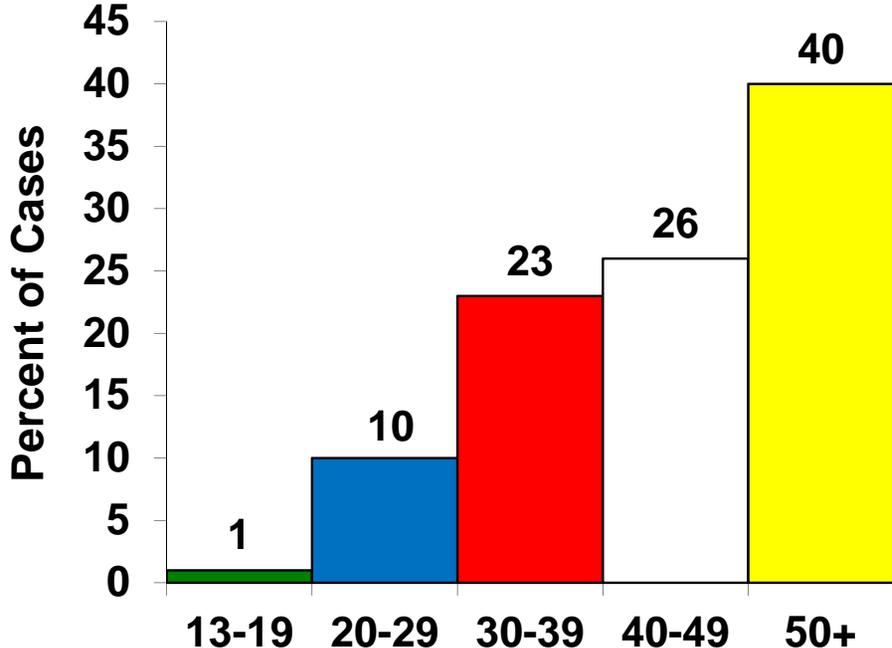
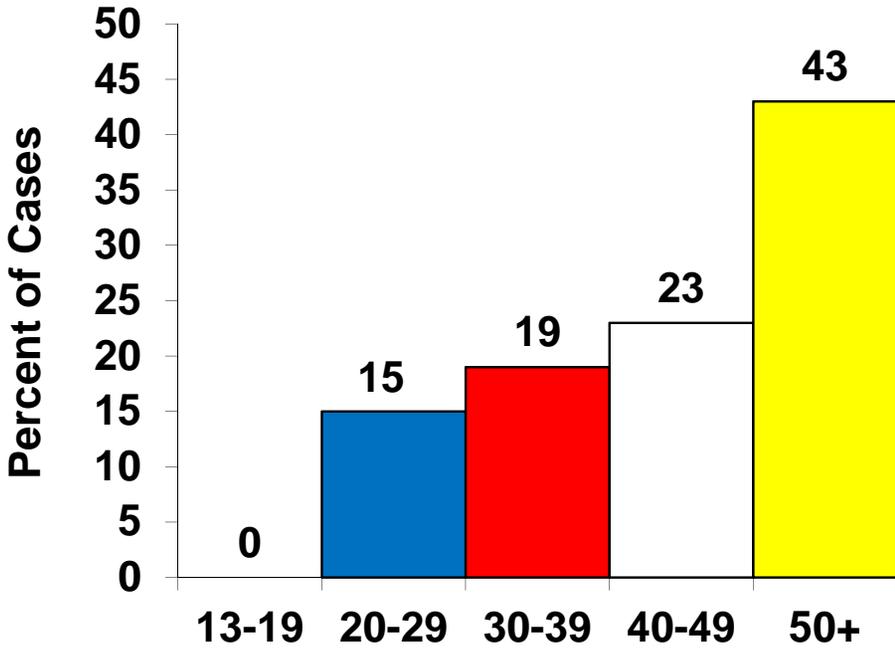
**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.



Adults Living with HIV Disease, by Sex and Current Age Group, Diagnosed through 2014, Partnership 3

Males
N=1,425

Females
N=612

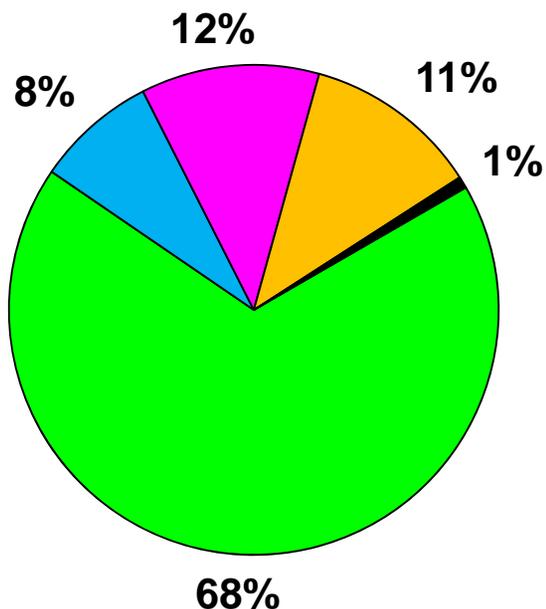


Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (66%). Similarly, females living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (66%).

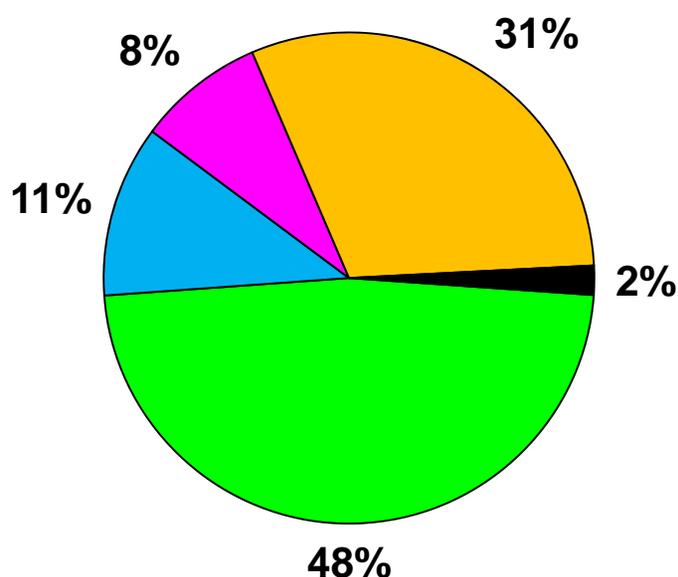


Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 3

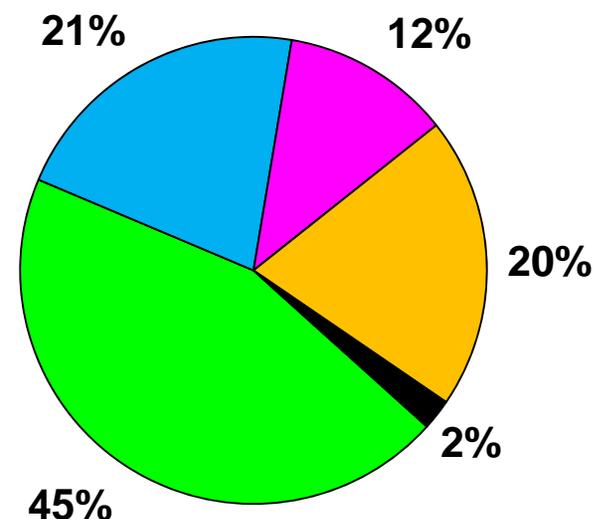
White, Non-Hispanic
N=526



Black, Non-Hispanic
N=777



Hispanic
N=94



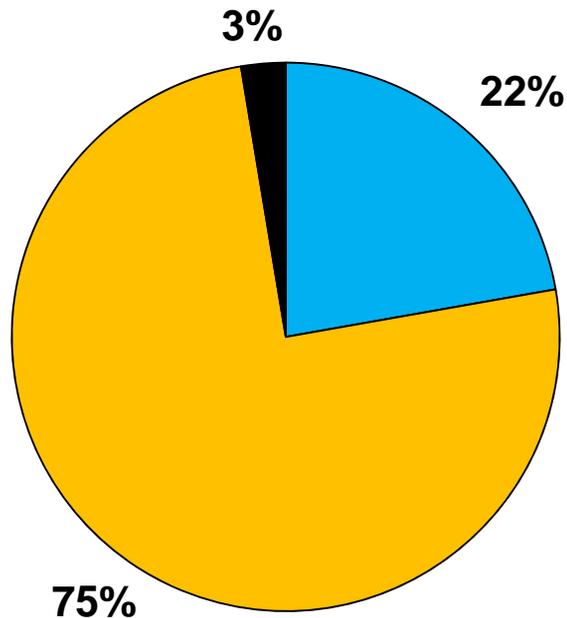
■ MSM ■ IDU ■ MSM/IDU ■ Heterosexual ■ Other*

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.

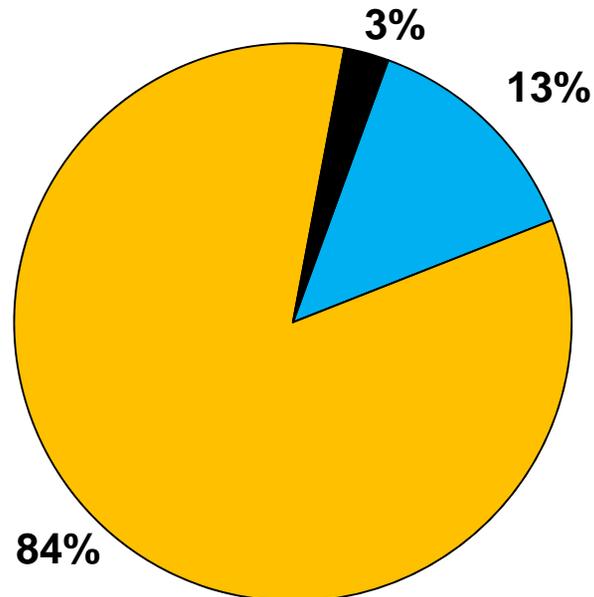
* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.

Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 3

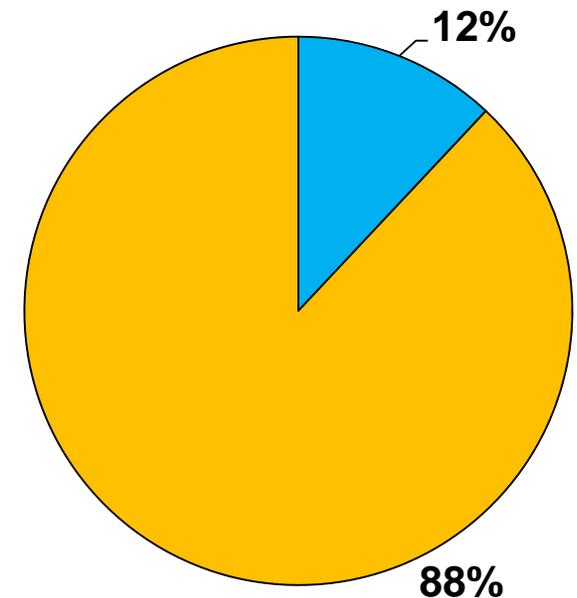
White, Non-Hispanic
N=153



Black, Non-Hispanic
N=423



Hispanic
N=25

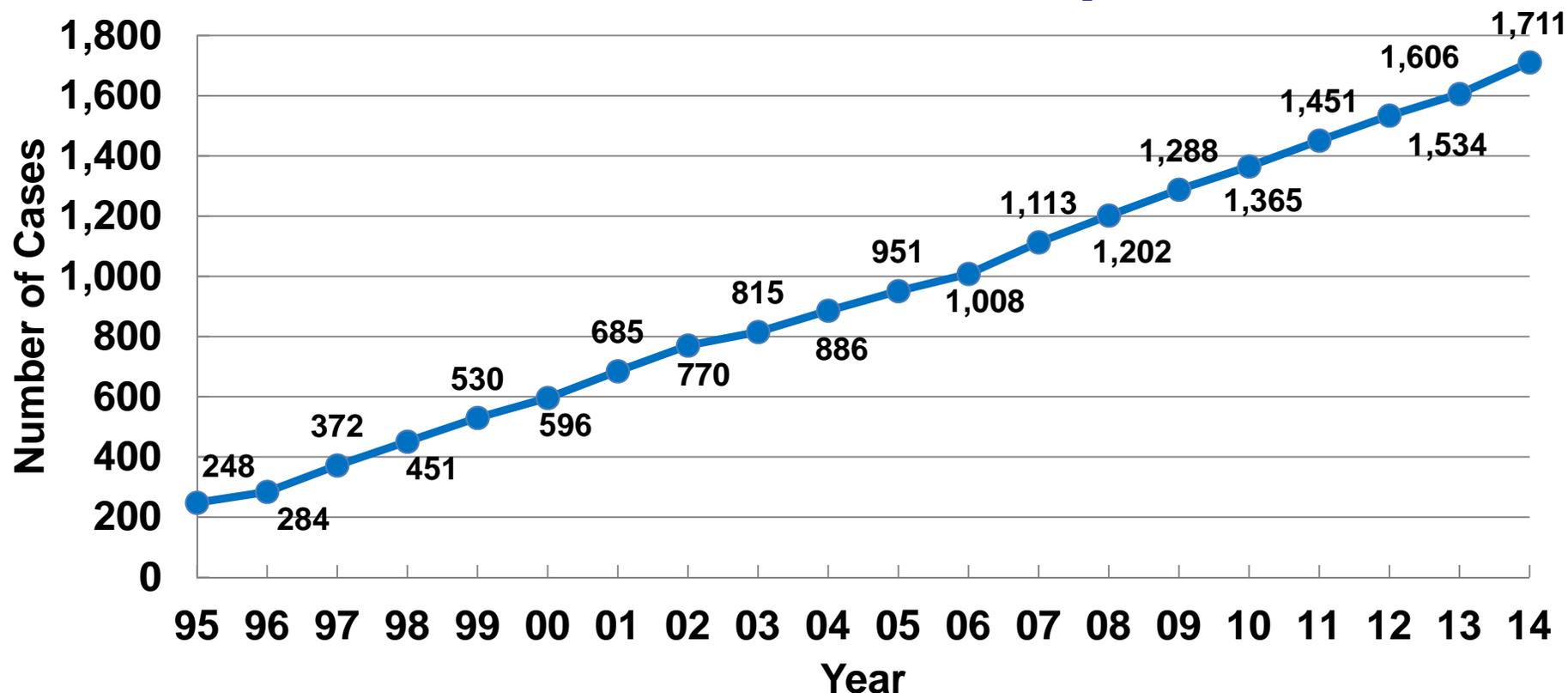


■ IDU ■ Heterosexual ■ Other*

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 3



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 550%. In 2014, the prevalence increased by 6.5% from the previous year.

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



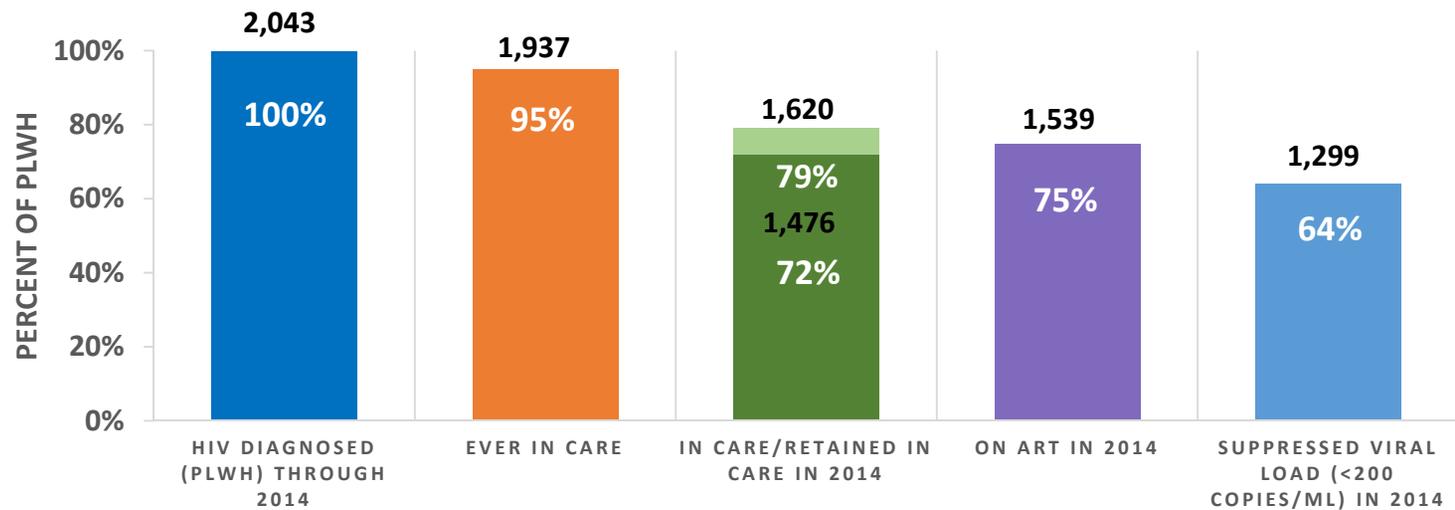
Partnership 3's Top-9 Priority Populations in 2014 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

- 1. Black Heterosexual men and women**
- 2. Black Men who have sex with Men**
- 3. White Men who have sex with Men**
- 4. White Heterosexual men and women**
- 5. Black Injection Drug User**
- 6. White 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 3 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.



Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Partnership 3 (excl. DOC), 2014



- 80% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 80% 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.

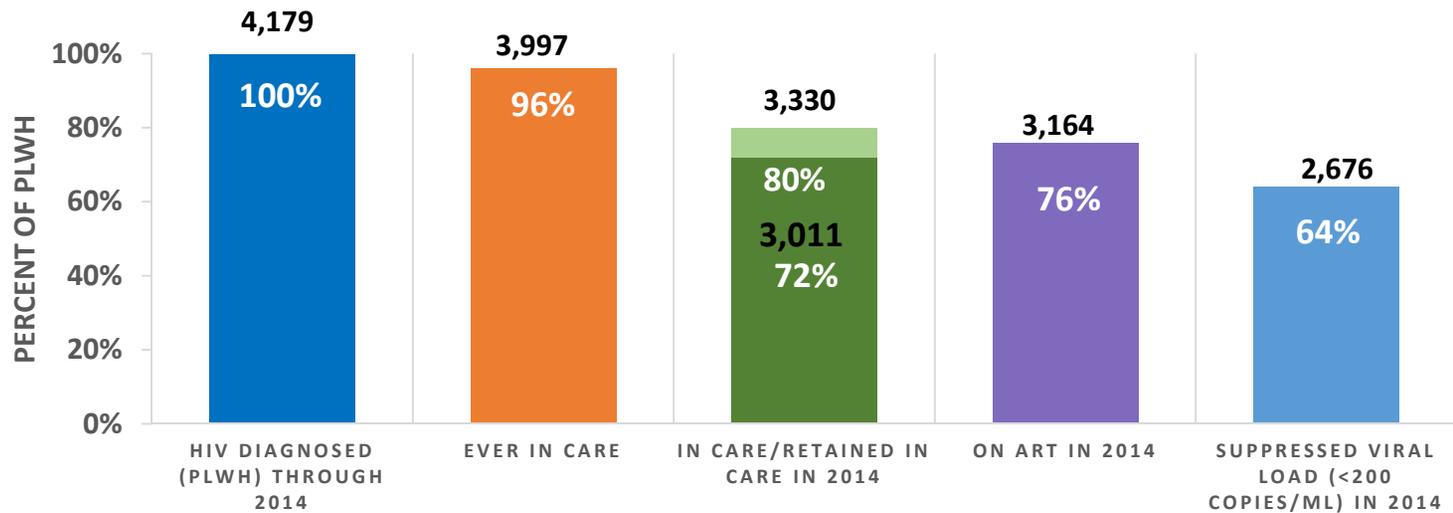
(3) **In Care:** PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription in 2014.

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.

Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care Partnership 3/13 (excl. DOC), 2014



- 84% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 80% 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.

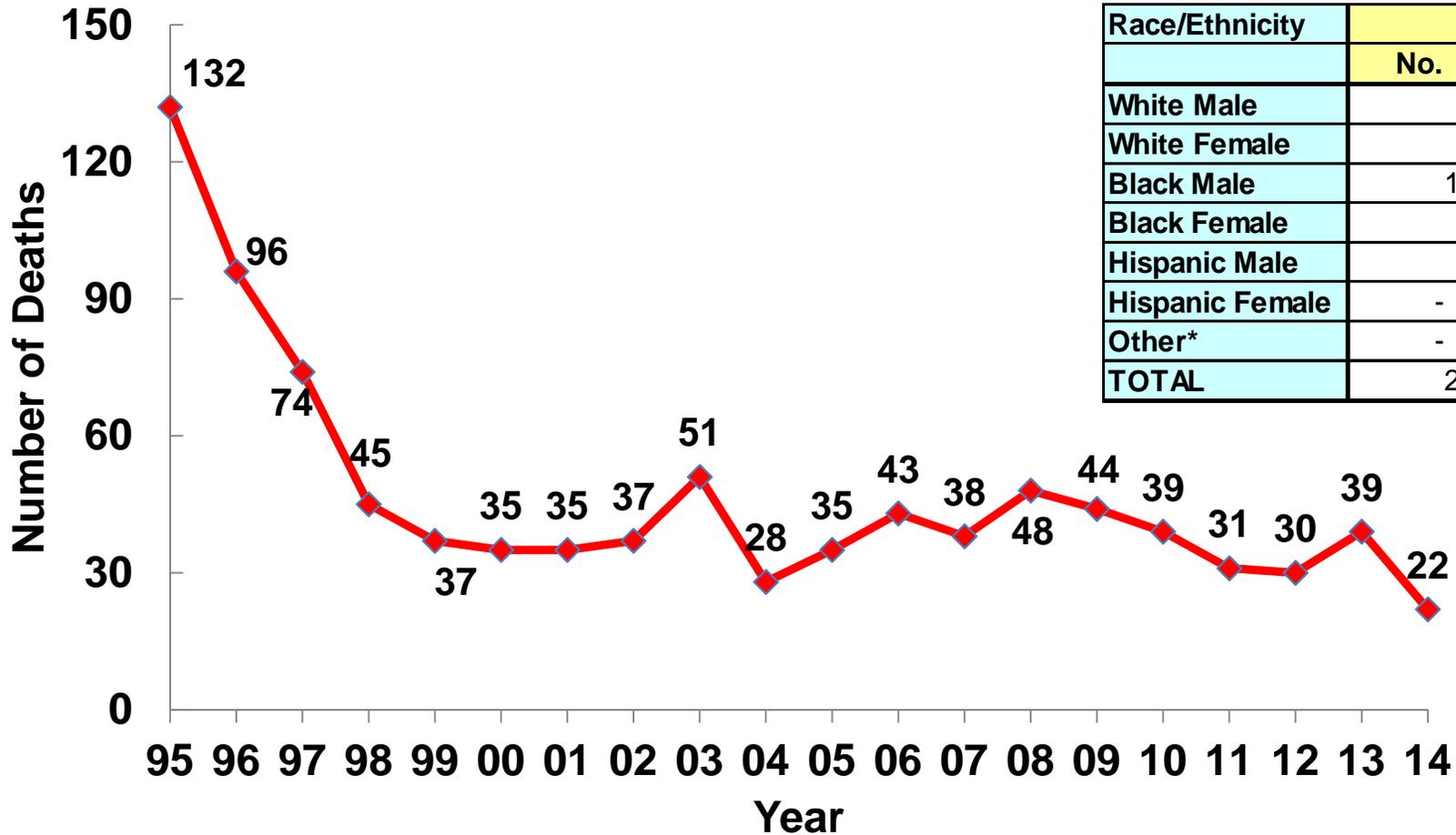
Retained in Care: PLWH with 2 or more documented VL or CD4 labs, medical visits or prescriptions (at least 3 months apart) in 2014.

(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.



Resident Deaths due to HIV Disease By Year of Death, 1995-2014, Partnership 3



Race/Ethnicity	2014	
	No.	rate
White Male	3	1.5
White Female	2	1.0
Black Male	11	21.1
Black Female	5	10.5
Hispanic Male	1	3.9
Hispanic Female	-	0.0
Other*	-	0.0
TOTAL	22	3.8

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 3 Dept. of Health, HIV/AIDS & Hepatitis Section
Website (Slide sets, Facts Sheets, Monthly Surveillance
Report, Counseling & Testing Data, etc.):
<http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>



“The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow.”

--Foege WH et al. Int. J of Epidemiology 1976; 5:29-37



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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>