

HIV/AIDS Epidemiology Partnership 9

Palm Beach 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.**

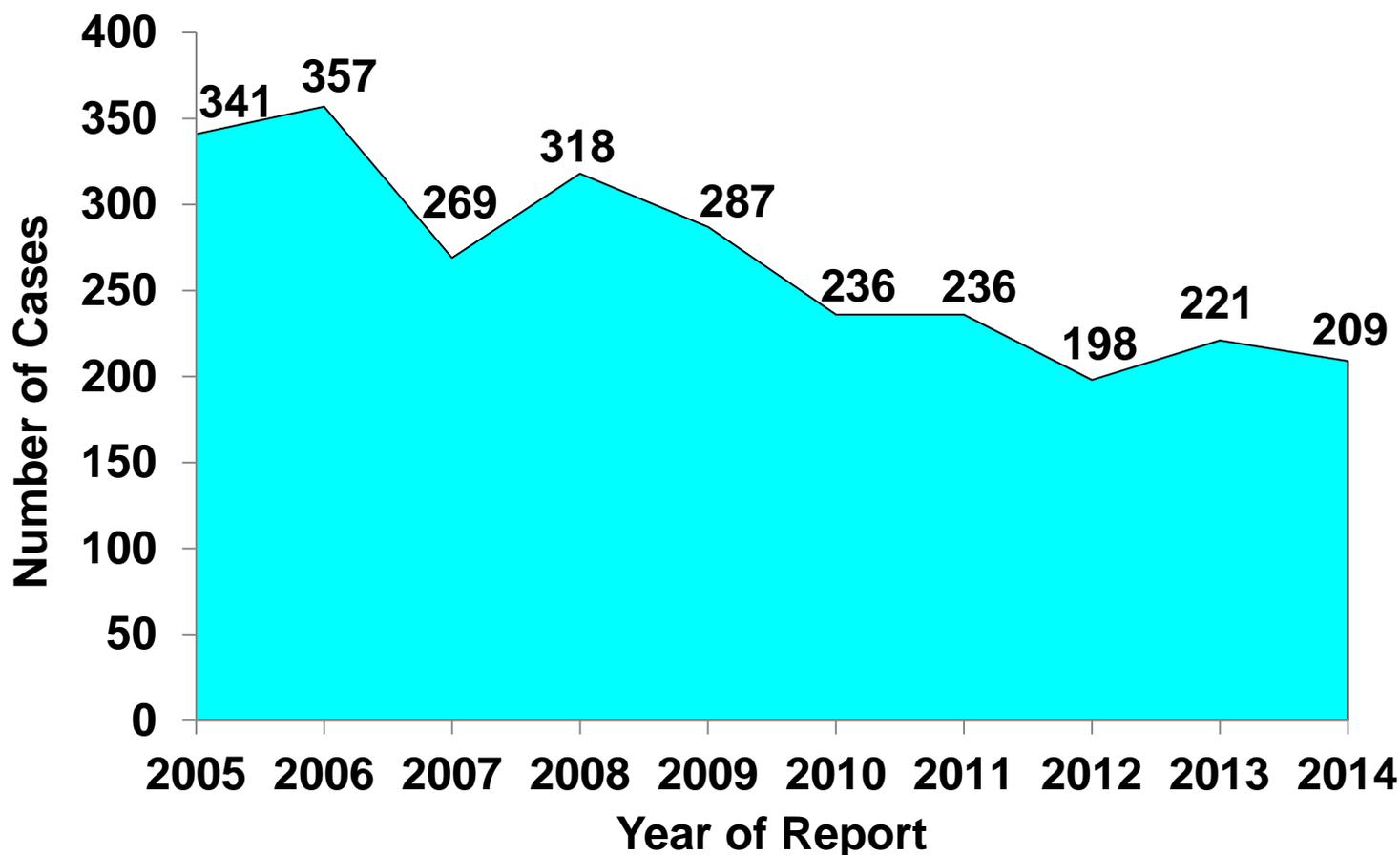
Snapshot of Persons Reported with HIV Disease, 2014, Partnership 9

	HIV Infection and AIDS Cases Reported in 2014*		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
Total Population, 2014*	397	1	398
1,362,383	206	3	209
	*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
	3,657	42	3,699
	11,536	223	11,759
	15,193	265	15,458
*2014 estimate is provisional	**HIV (not AIDS) cases were NOT reportable until 07/1997		
Persons Living with HIV Disease through 2014, as of 06/30/2015:			8,020



AIDS Cases and Rates*

By Year of Report, 2005-2014, Partnership 9



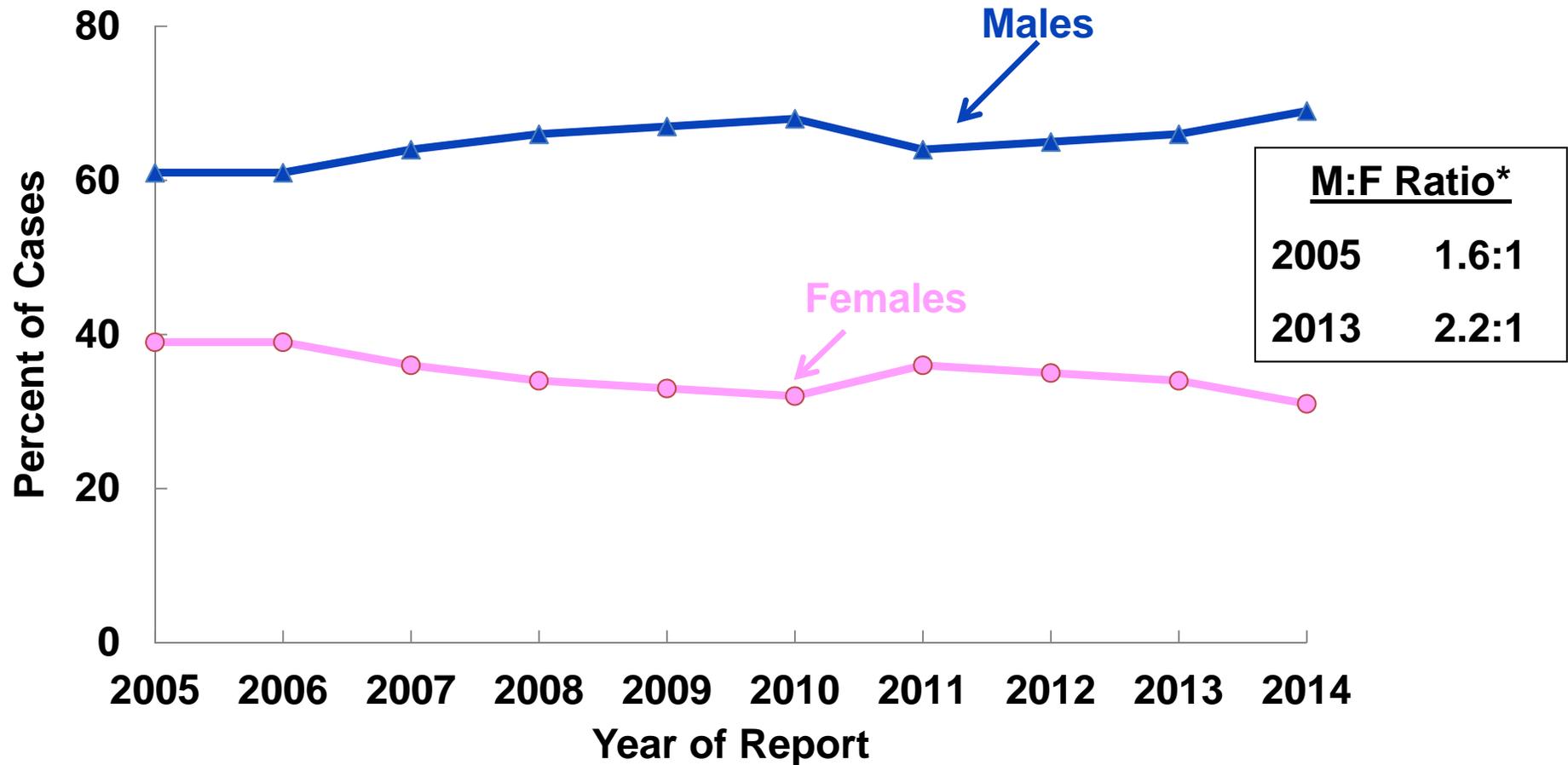
Year	Rate
05	26.9
06	27.6
07	20.7
08	24.3
09	21.8
10	18.0
11	17.8
12	14.9
13	16.4
14	15.4

Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of AIDS in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in newly reported cases of AIDS in 2013. AIDS cases in 2014 dropped by 5% from the previous year. This 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.



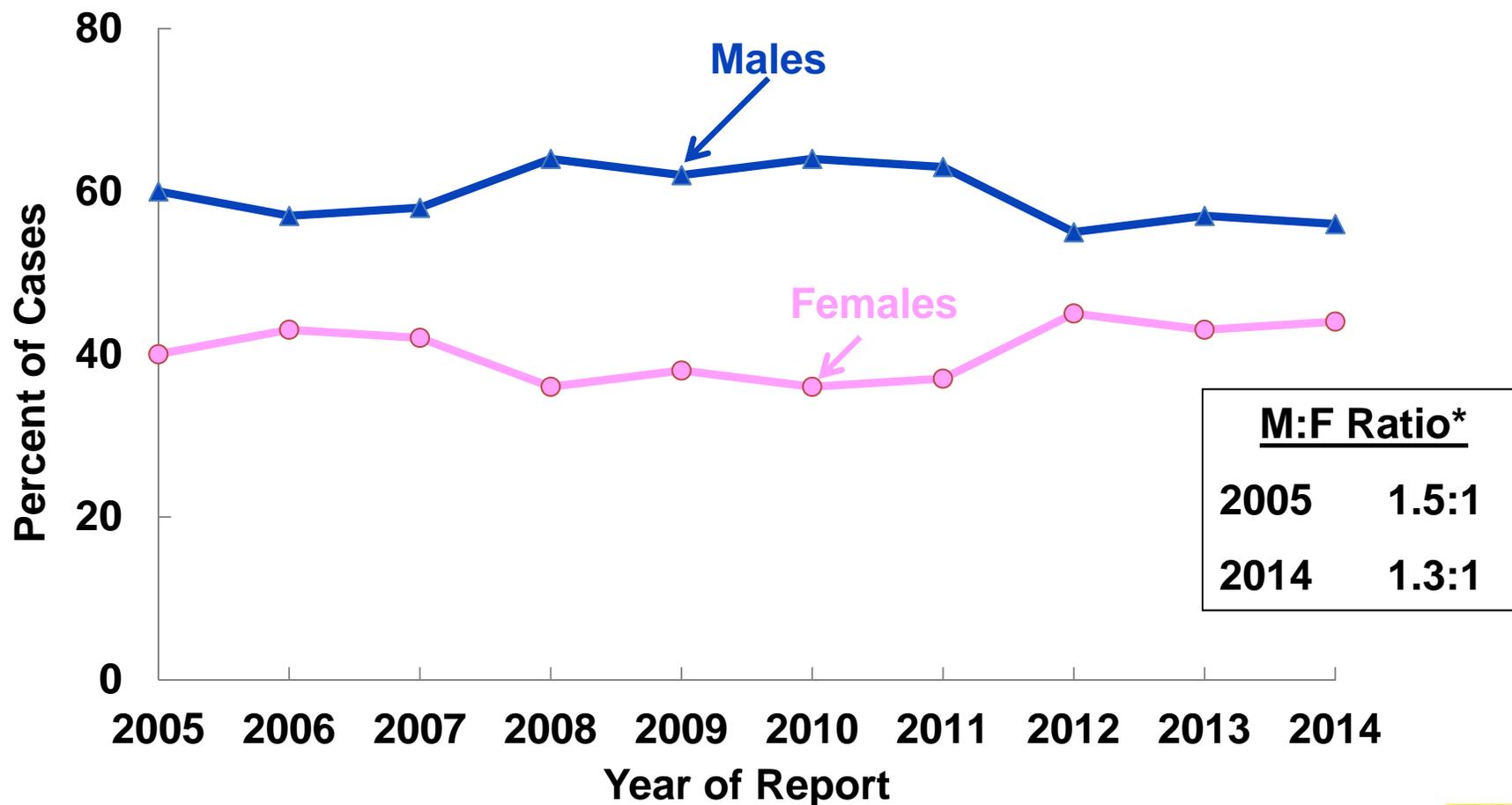
Adult HIV Infection Cases, by Sex and Year of Report, 2005-2014, Partnership 9



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 9

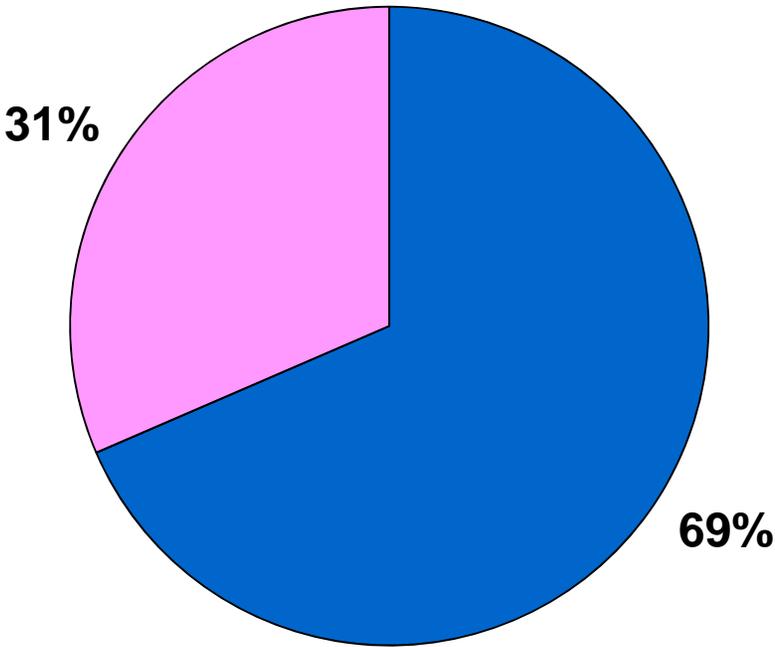


Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

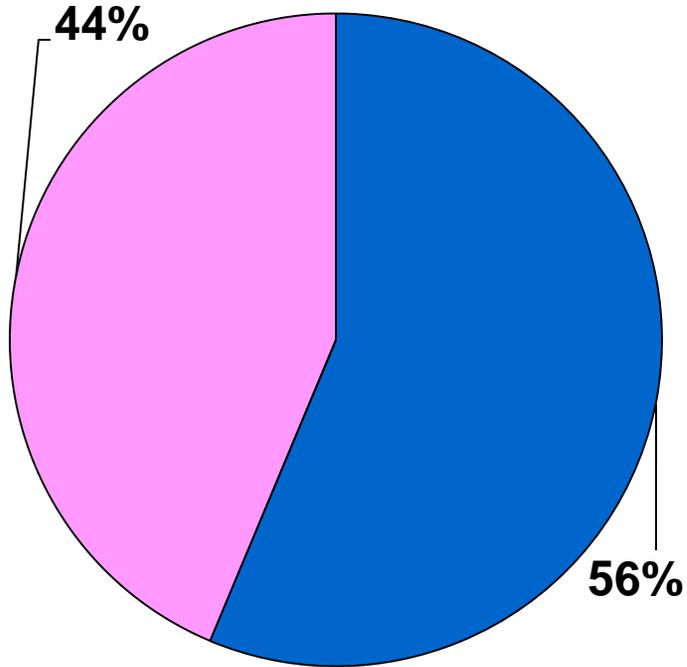


Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Partnership 9

HIV Infection
N=397



AIDS
N=206

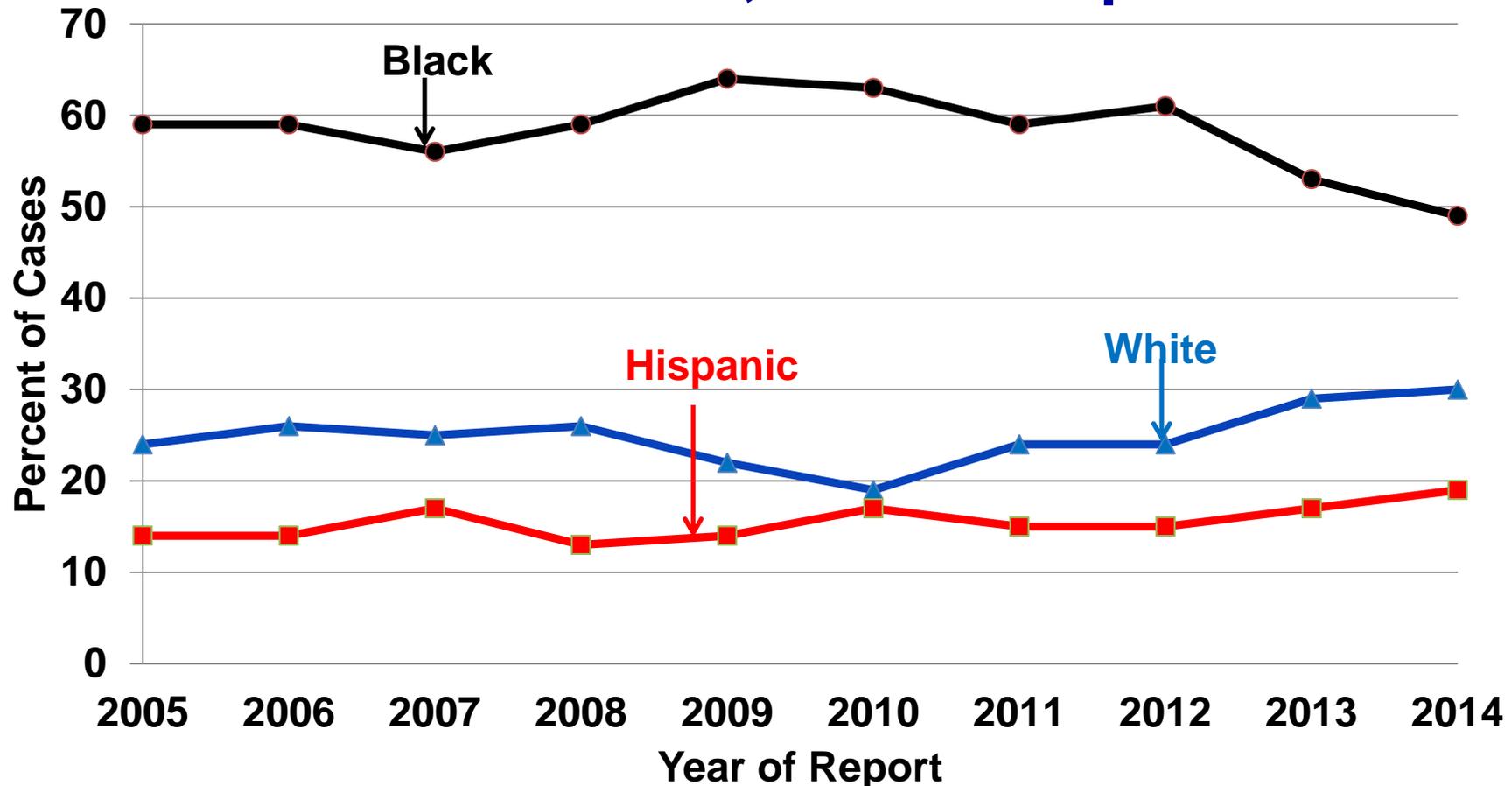


■ Male
■ Female

Note: Partnership 9's Adult Population is: 48% Male and 52% Female.



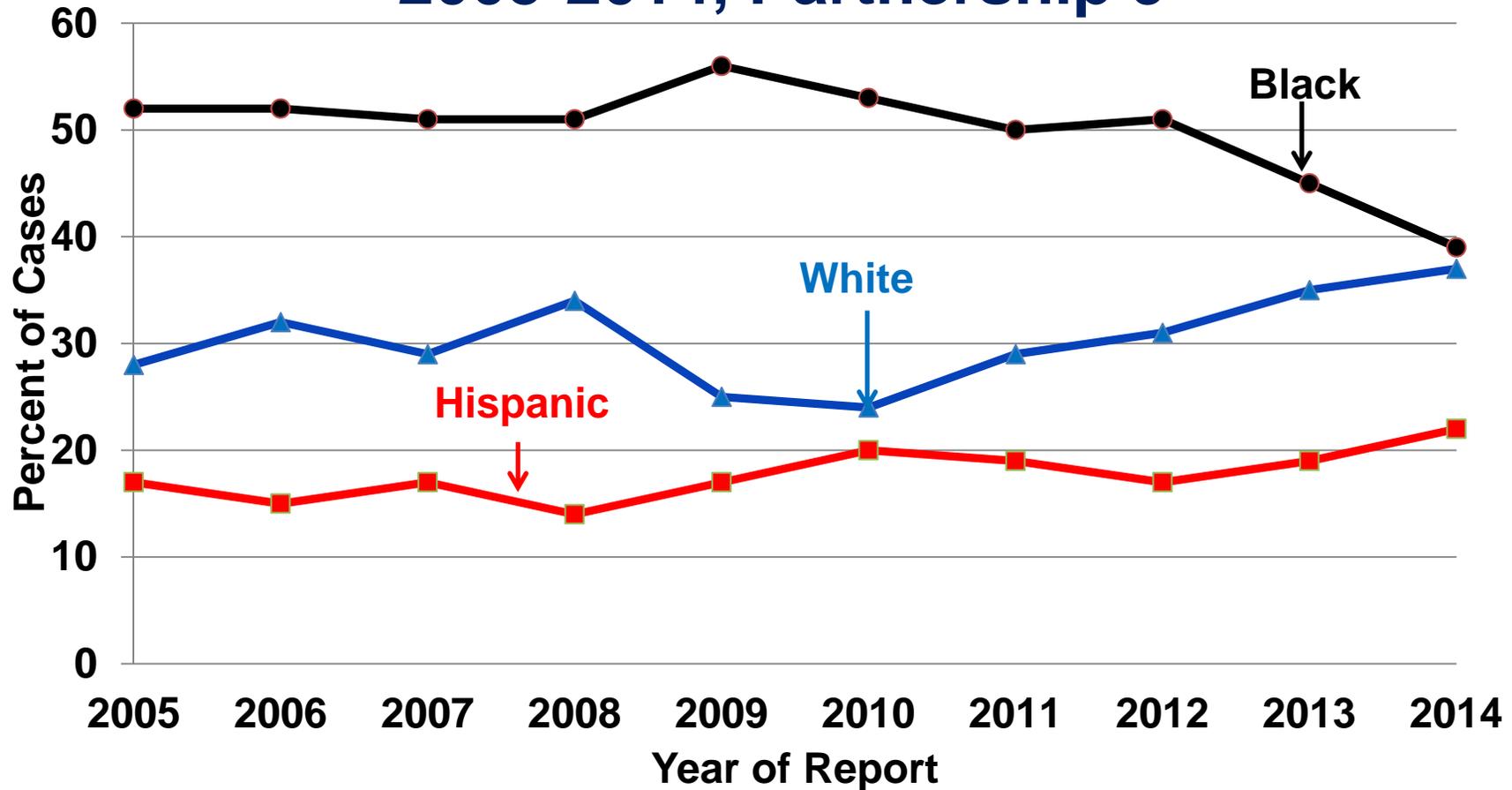
Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 9



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 decreased by 10 percentage points. In contrast, the proportion of HIV infection cases among Hispanics and whites increased by 5 and 6 percentage points, respectively, during the same time period. Other races represent less than 3% of the cases and are not included.



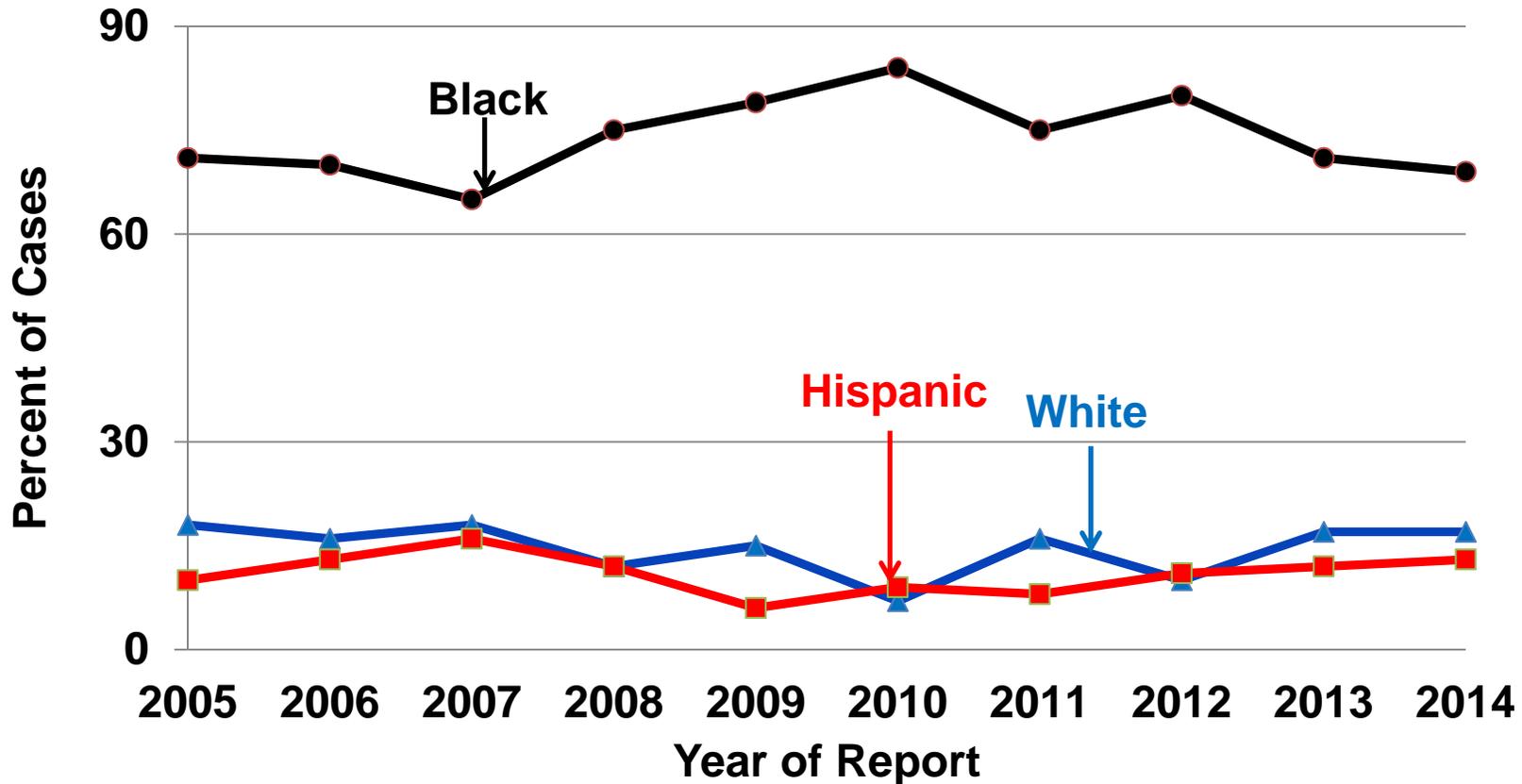
Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 9



Note: Blacks represent the majority (> 45%) of male HIV infection cases for most of the years. From 2005 to 2014, the proportion of HIV infection cases among blacks decreased by 13 percentage points. In contrast, the proportion of HIV infection cases among whites and Hispanics increased by 9 and 5 percentage points, respectively, during the same time period. Other races represent less than 3% of the cases and are not included.



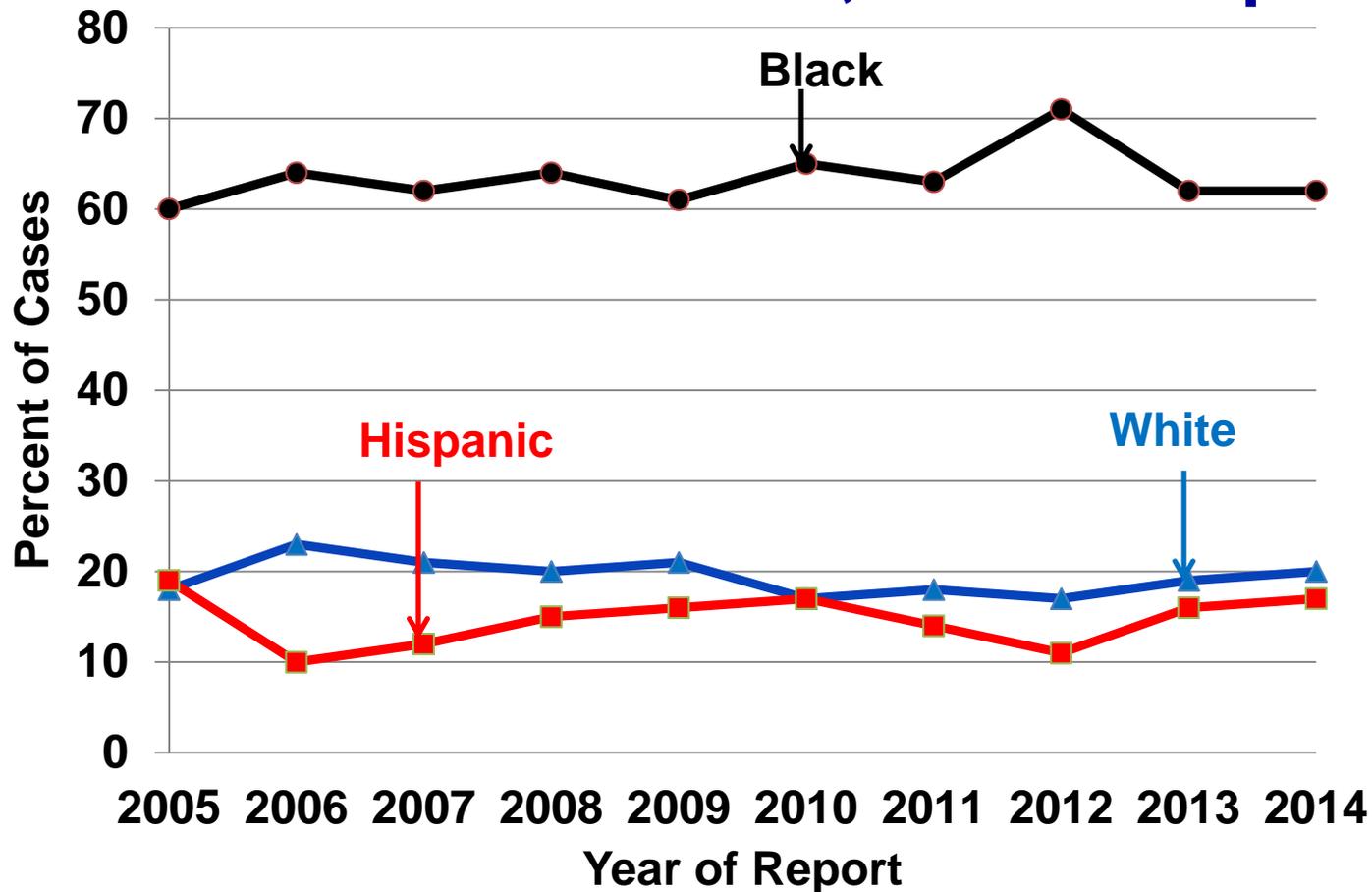
Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 9



Note: HIV case disparities are more evident among women than men. For the past ten years, black women represented 65% or more of the cases each year. The proportion of HIV infection cases among Hispanic females increased by 3 percentage points from 2005 to 2014. In contrast, the proportion of HIV infection cases among white and black females decreased by 1 and 2 percentage points, respectively. Other races represent less than 3% of the cases and are not included.



Adult AIDS Cases by Race/Ethnicity and Year of Report, 2005-2014, Partnership 9



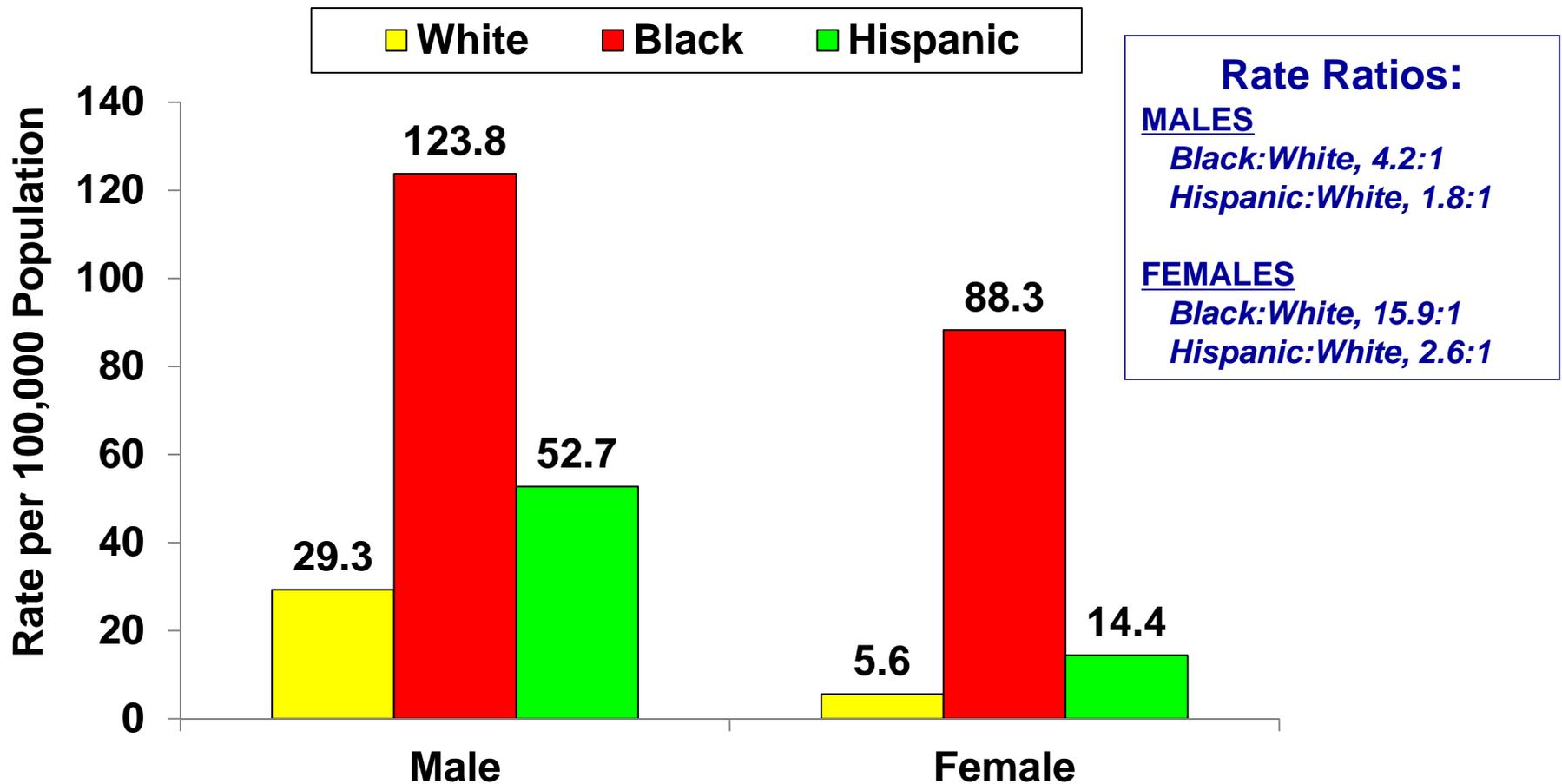
Factors Affecting Disparities

- 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 62% of adult AIDS cases, but only 16% of the population. From 2005 to 2014, the proportion of AIDS cases among whites and blacks increased by 2 percentage points, respectively. In contrast, the proportion of AIDS cases among Hispanics decreased by 1 percentage point. 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.



Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Partnership 9

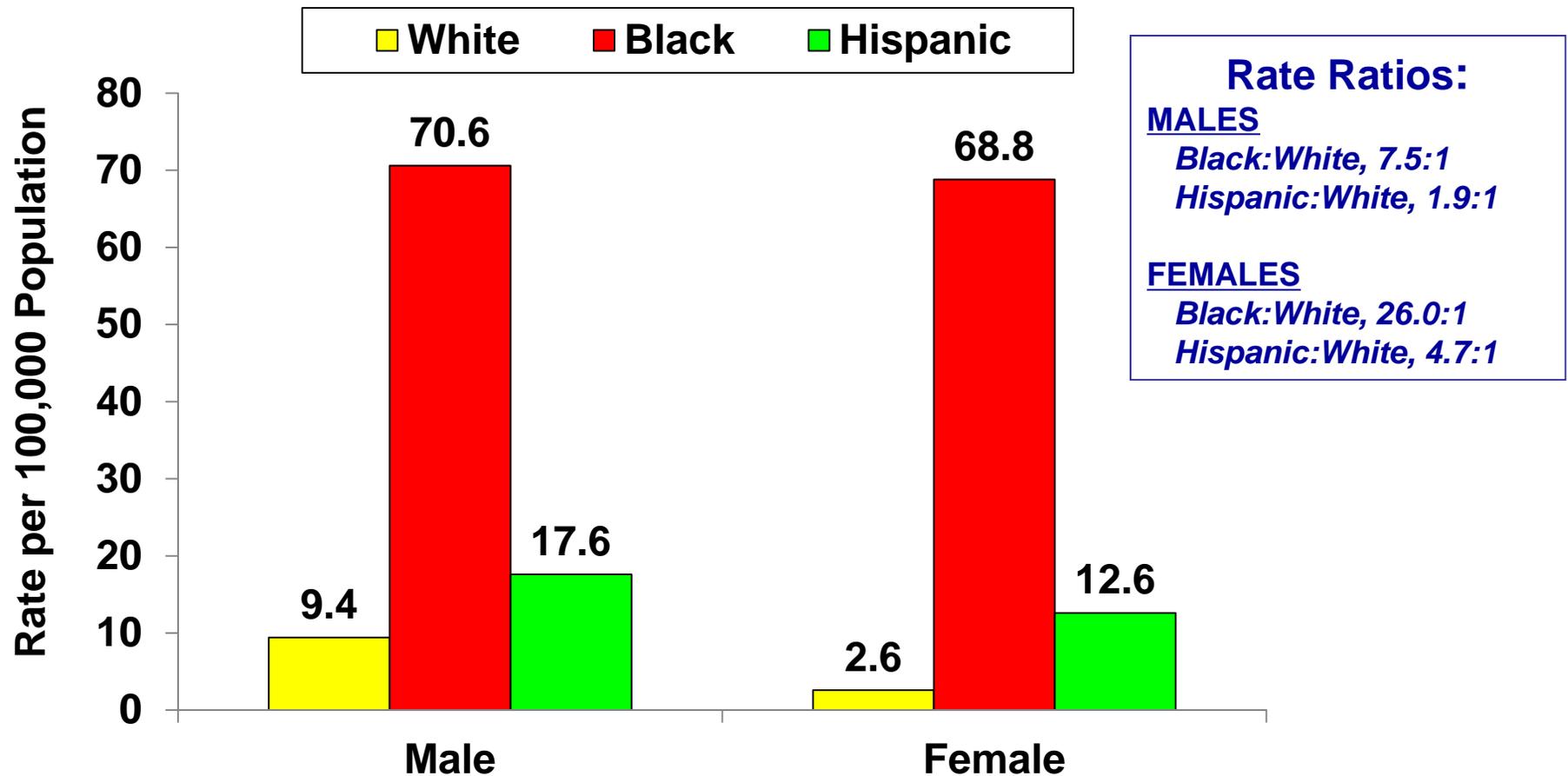


Note: Among black males, the HIV infection case rate is 4 times higher than the rate among white males. Among black females, the HIV case rate is nearly 16-fold greater than the rate among white females. Among Hispanic males and females, the HIV case rate is higher than the rate among their white counterparts.

*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 9



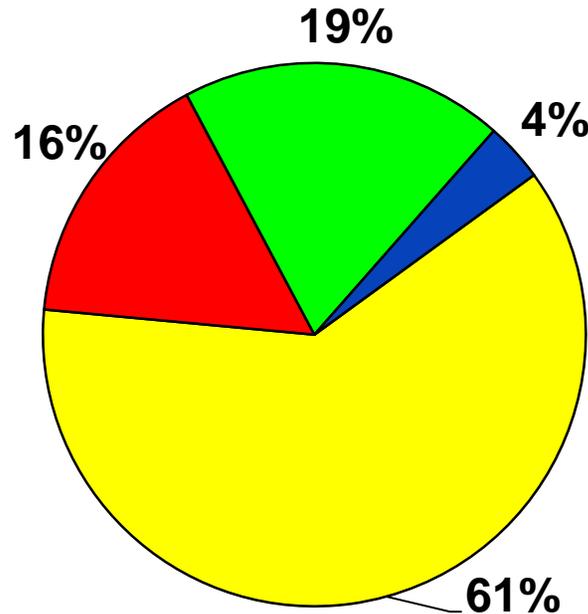
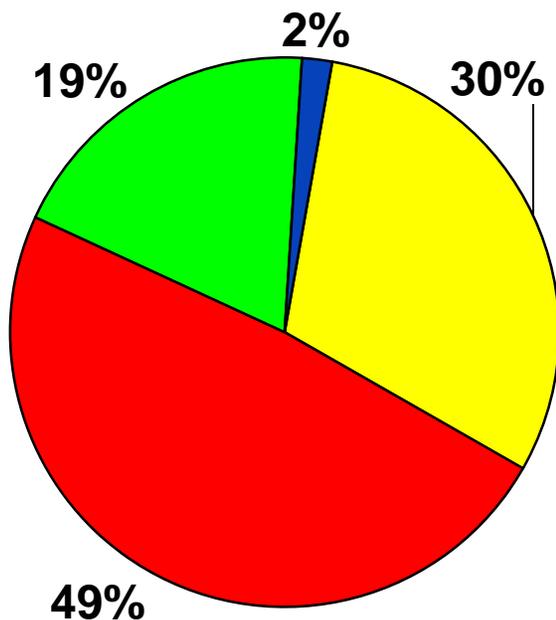
Note: Among black males, the AIDS case rate is nearly 8 times higher than the rate among white males. Among black females, the AIDS case rate is 26-fold greater than among white females. Hispanic male and female rates are higher than the rates among their white counterparts.
 *2014 Partnership 9 population estimates are provided by Florida CHARTS as of 7/9/2015.



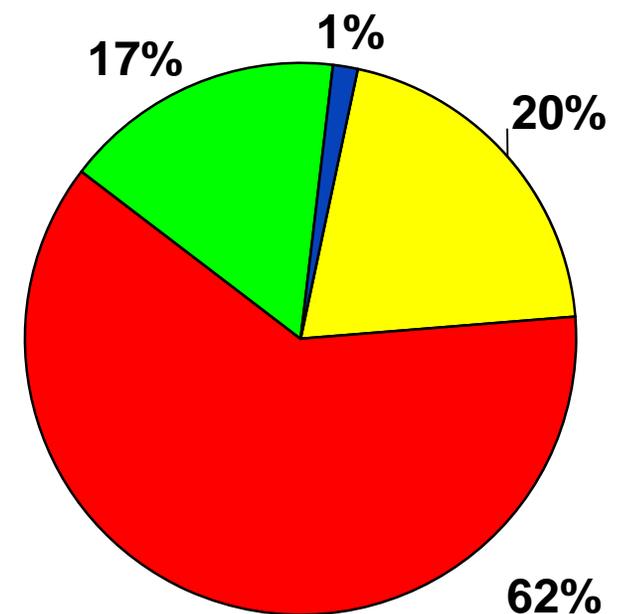
Adult HIV and AIDS Cases Reported in 2014 and Population Data, by Race/Ethnicity, Partnership 9

2014 Partnership 9
Population Estimates*
N=1,168,577

HIV Infection
N=397



AIDS
N=206



■ White
 ■ Black
 ■ Hispanic
 ■ Other**

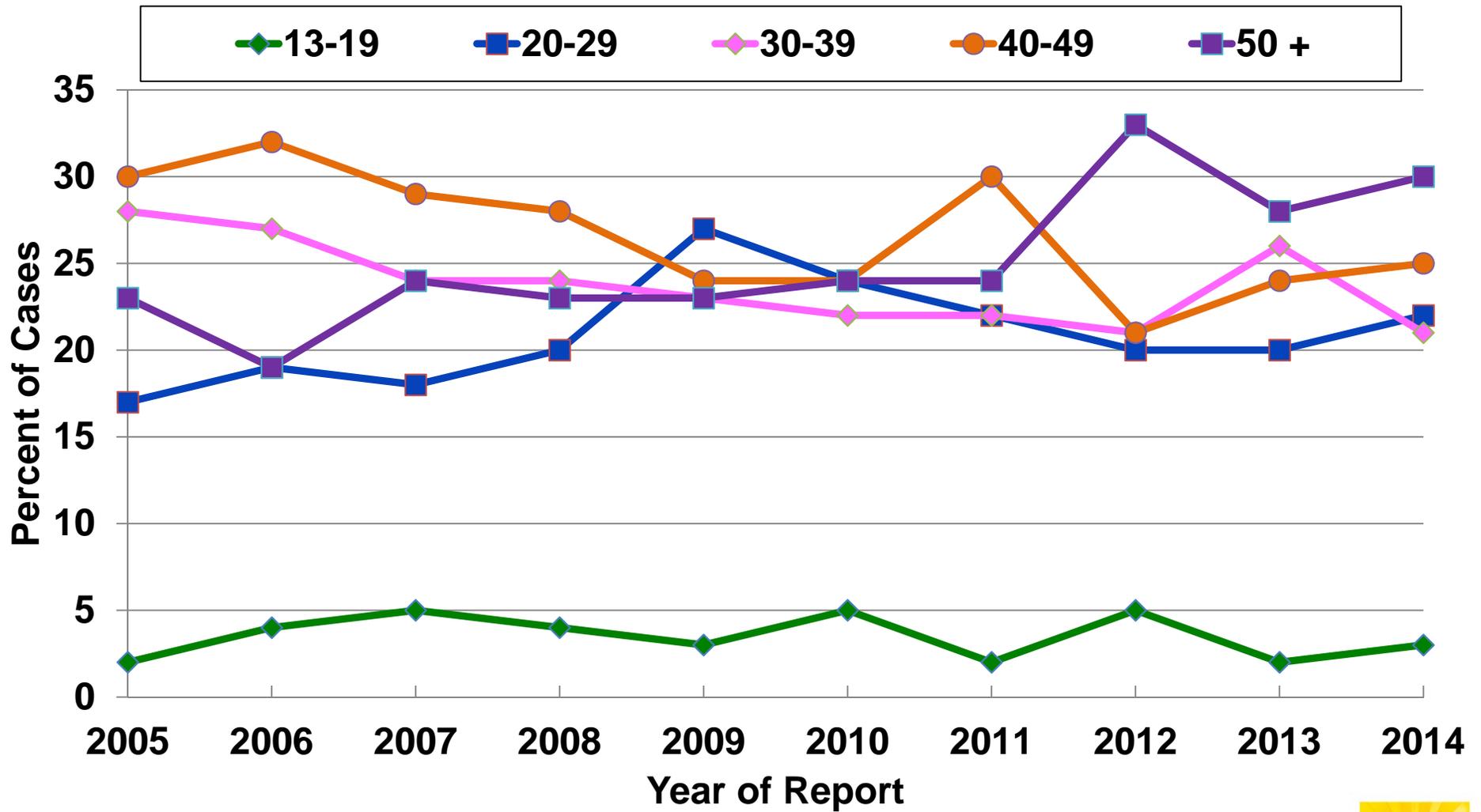
Note: In this snapshot for 2014, blacks are over-represented among the HIV and AIDS cases, accounting for 49% of adult HIV cases and 62% of adult AIDS cases, but only 16% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage 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.



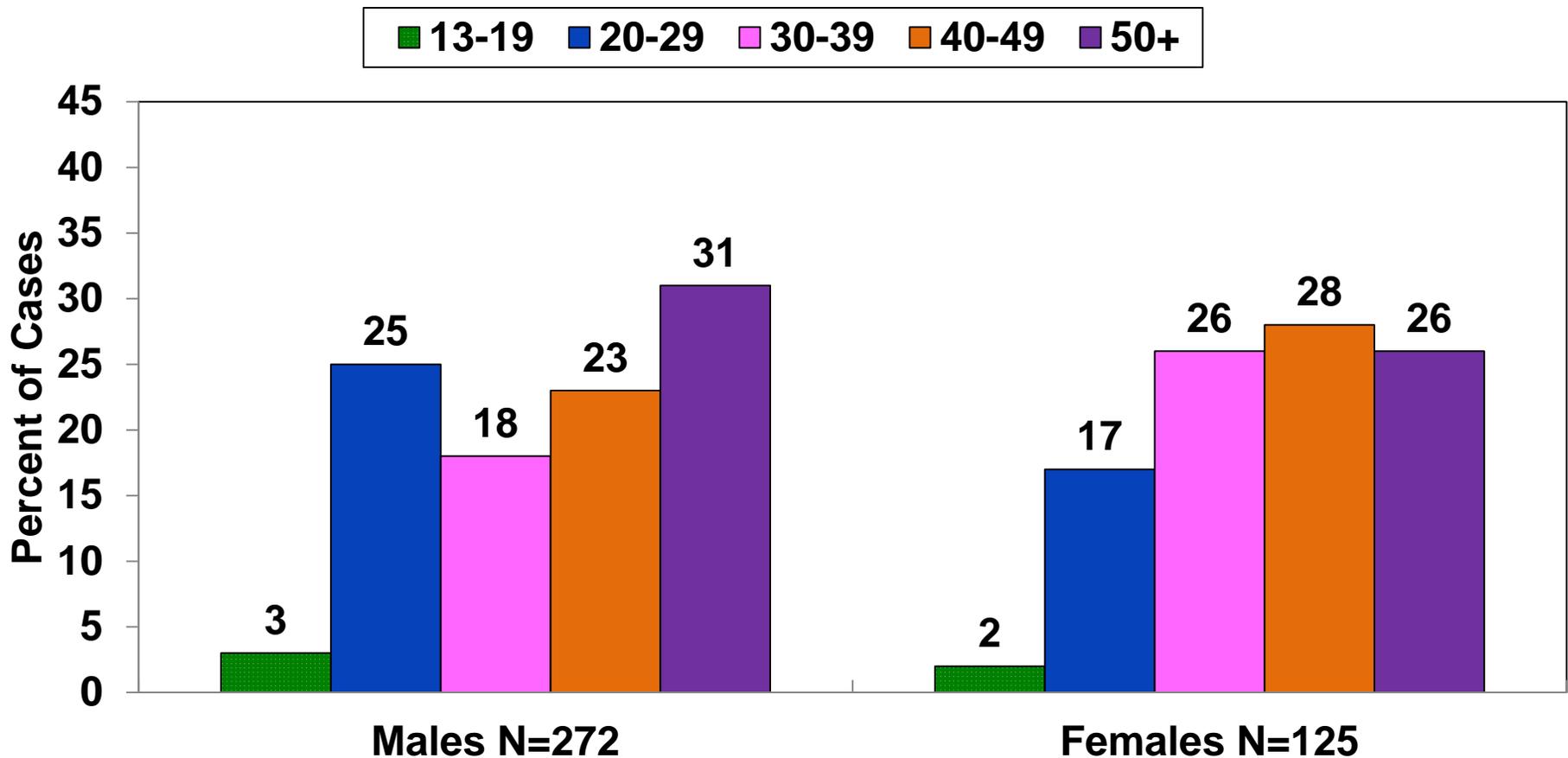
Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2005–2014, Partnership 9



Note: From 2005 to 2014, the proportion of adult HIV infection cases among those aged 20-29 and those aged 50+ increased by 5 and 7 percentage points, respectively.



Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2014, Partnership 9



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, 31% of HIV infection cases occur among those aged 50 or older, whereas among females, 28% of HIV infection cases occur among those aged 40-49.

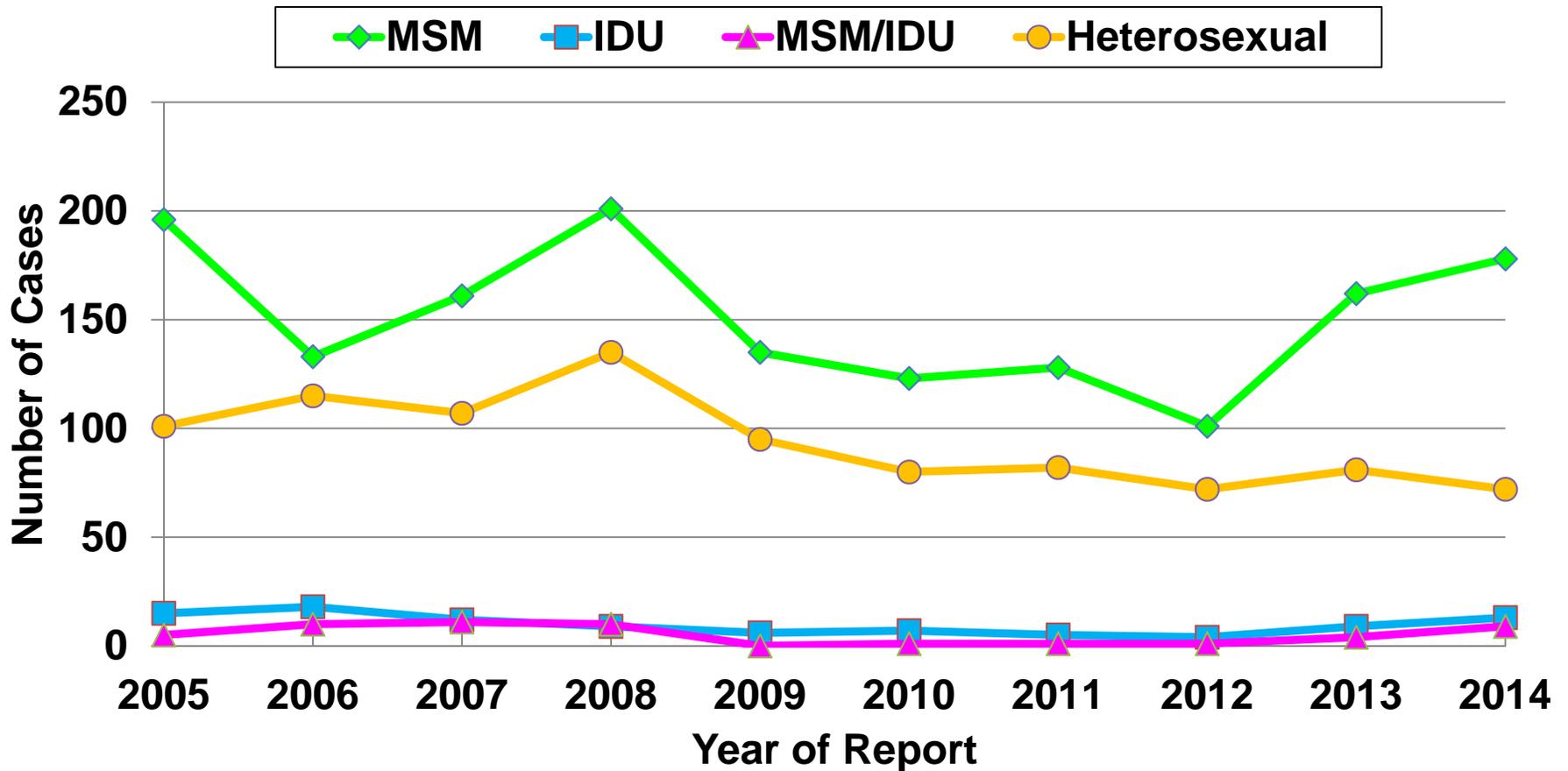


Definitions of Mode of Exposure Categories

- ◆ **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.



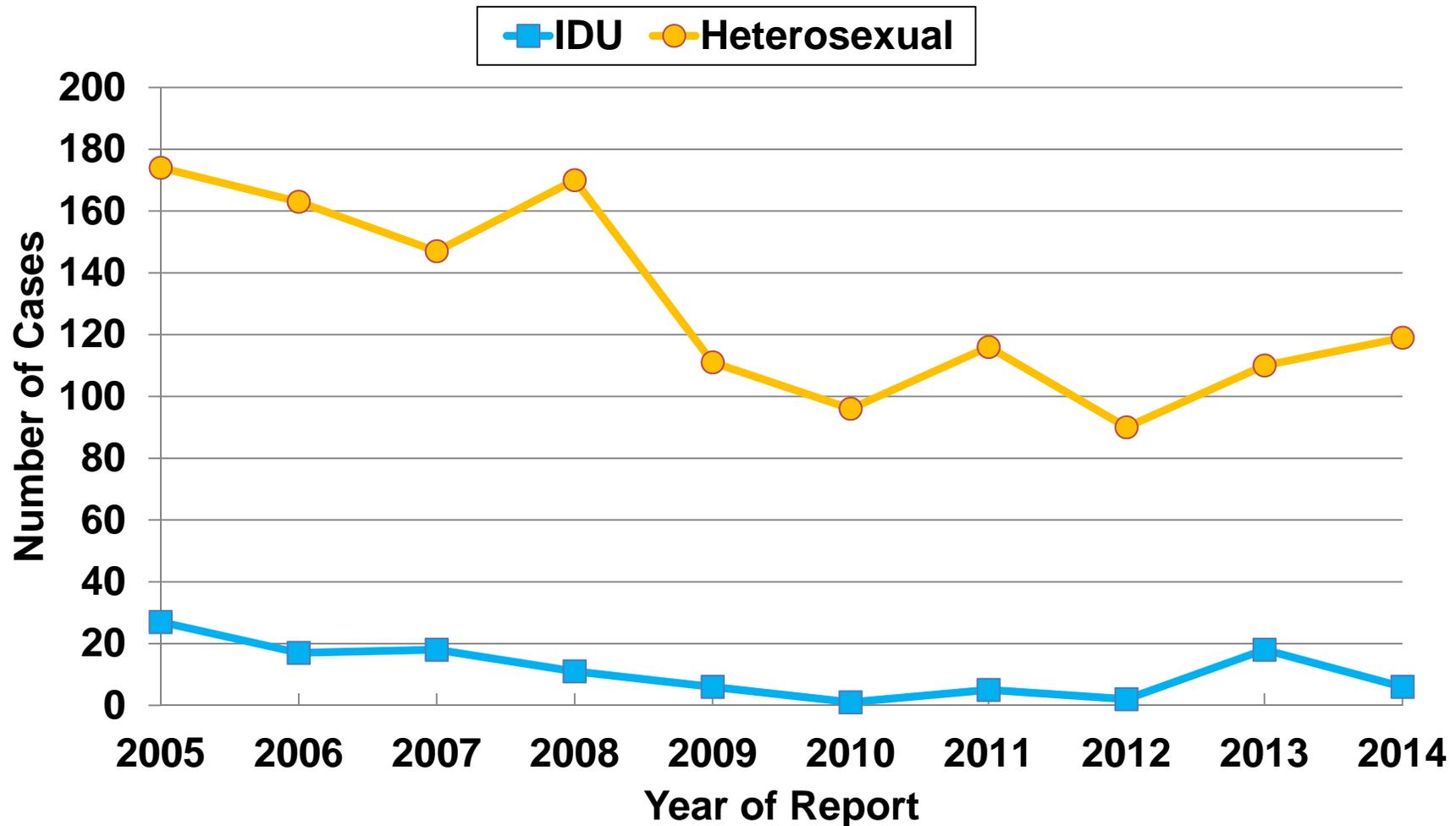
Adult Male HIV Infection Cases, by Mode of Exposure and Year of Report, 2005–2014, Partnership 9



Note: NIRs redistributed. For most of the years, men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 9, followed by heterosexual contact.



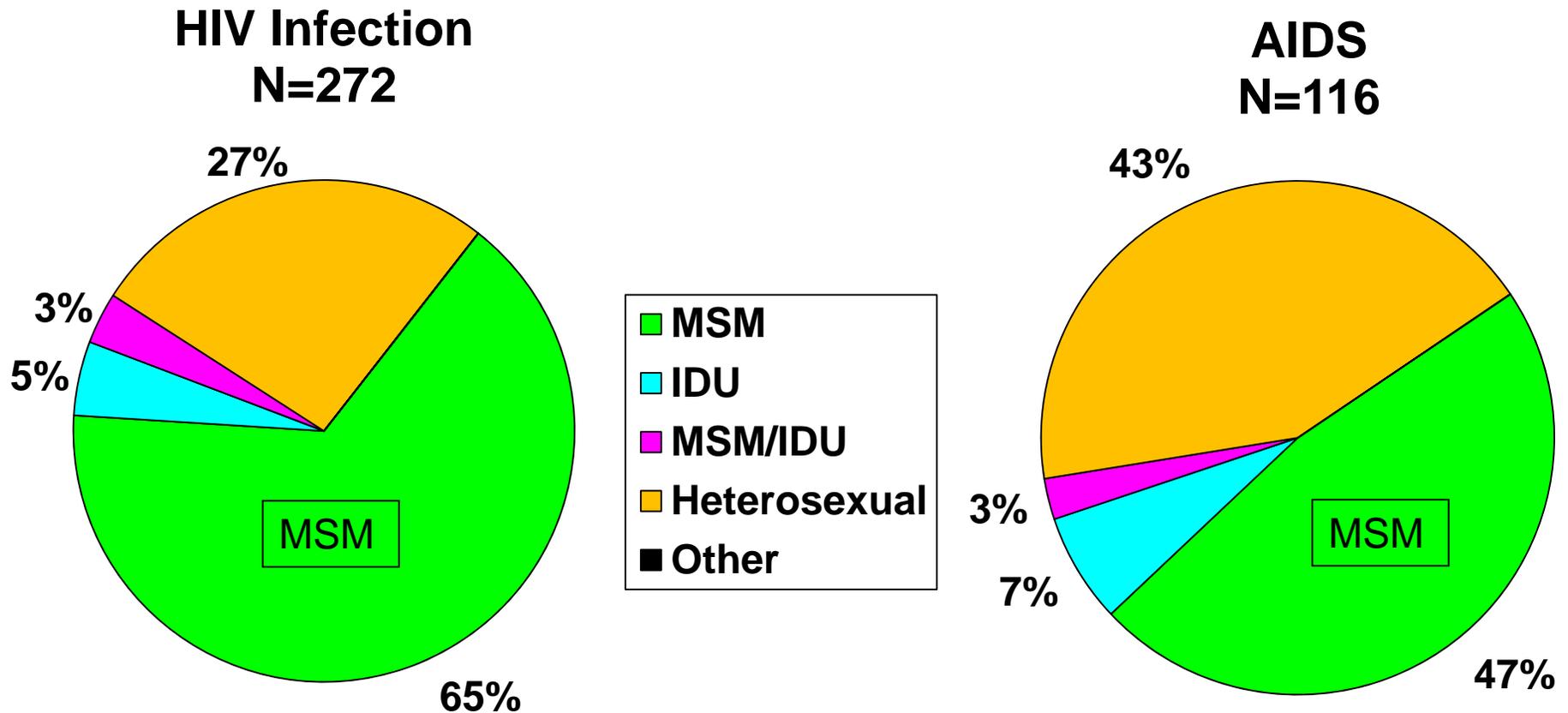
Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2005-2014, Partnership 9



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



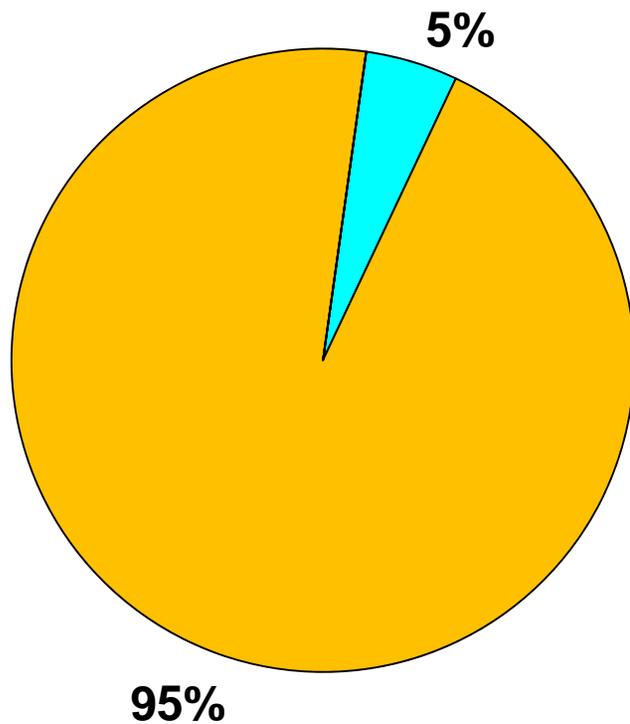
Adult Male HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 9



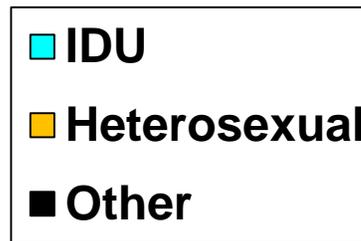
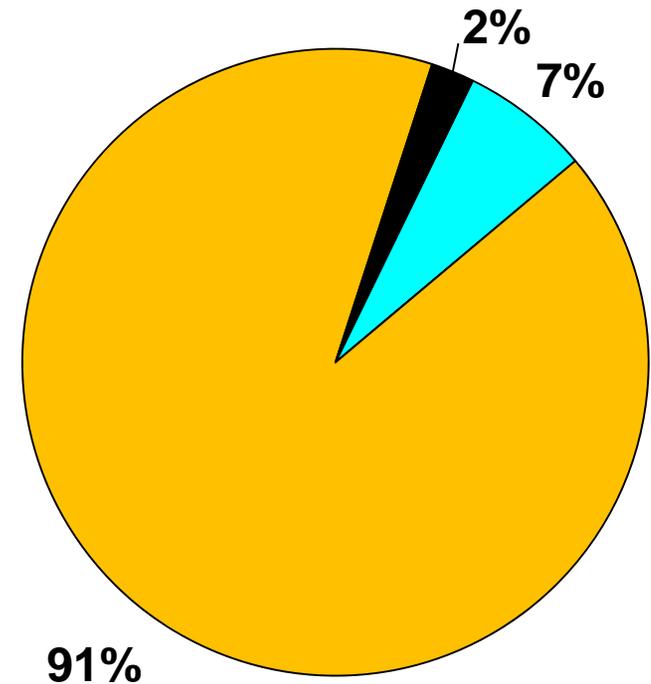
Note: NIRs redistributed. Among the male HIV infection and AIDS cases reported in 2014, male-to-male sexual contact (MSM) cases were most common risk factor (65% for HIV and 47% for AIDS), followed by cases with heterosexual contact (27% for HIV and 43% for AIDS).

Adult Female HIV Infection and AIDS Cases, by Mode of Exposure, Reported in 2014, Partnership 9

HIV Infection
N=125



AIDS
N=90



Note: NIRs redistributed. Among the female HIV infection and AIDS cases reported for 2014, heterosexual contact was the highest risk (95% for HIV and 91% for AIDS).

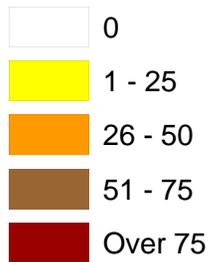
Cases Living with HIV Disease

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.

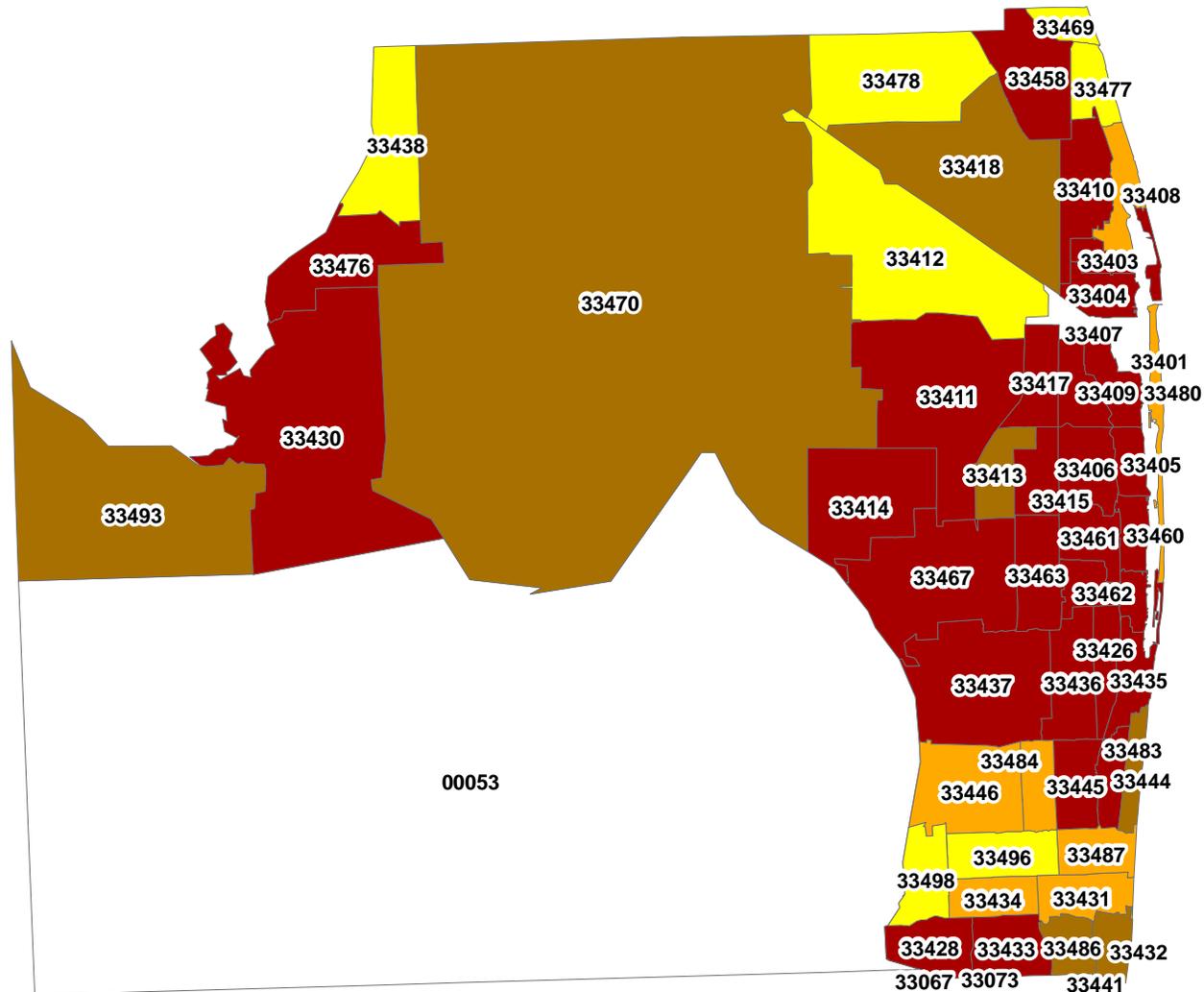


Adults Living with HIV Disease By Zip Code, Diagnosed through 2014, Partnership 9

Total Adult Living
HIV/AIDS Cases



N=7,966

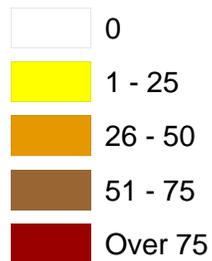


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 06/30/2015

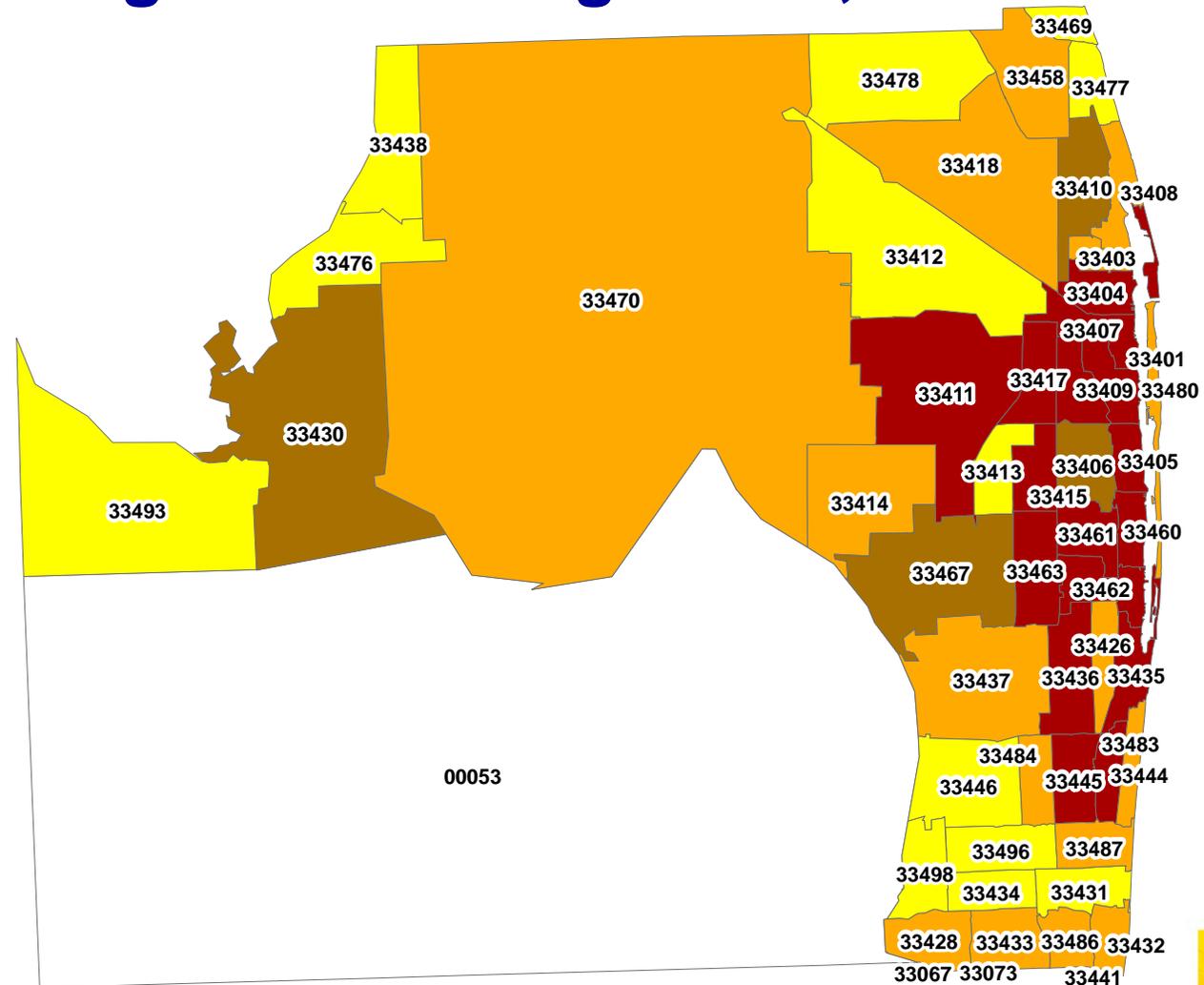


Men who have Sex with Men (MSM)* Living with HIV Disease By Zip Code, Diagnosed through 2014, Partnership 9

Presumed Living MSM HIV/AIDS Cases



N=2,860

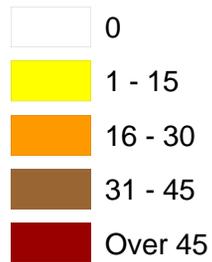


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 06/30/2015

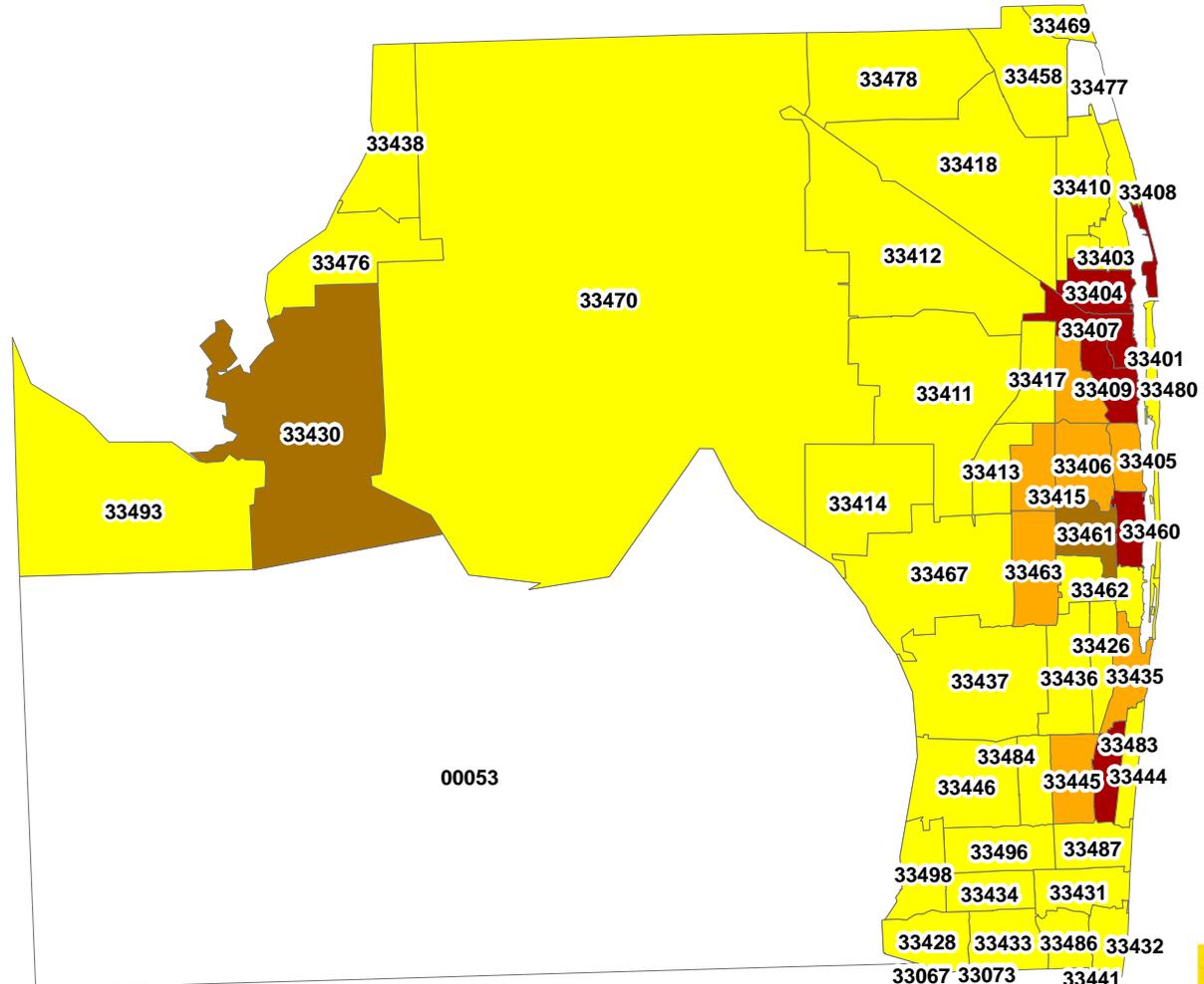


Injection Drug Users (IDUs)* Living with HIV Disease By Zip Code, Diagnosed through 2014, Partnership 9

Presumed Living IDU HIV/AIDS Cases



N=712



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

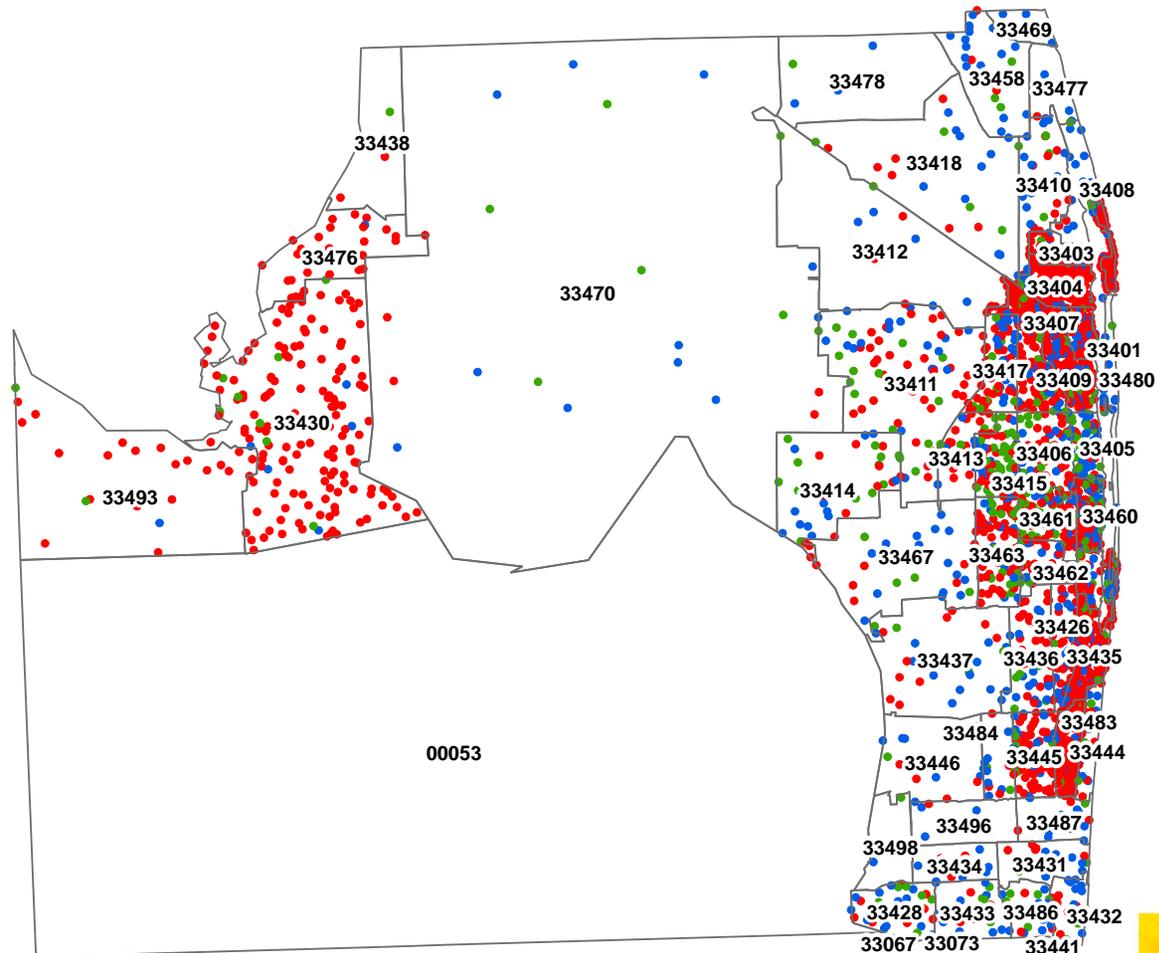


Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Diagnosed through 2014, Partnership 9

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

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

N=7,864



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

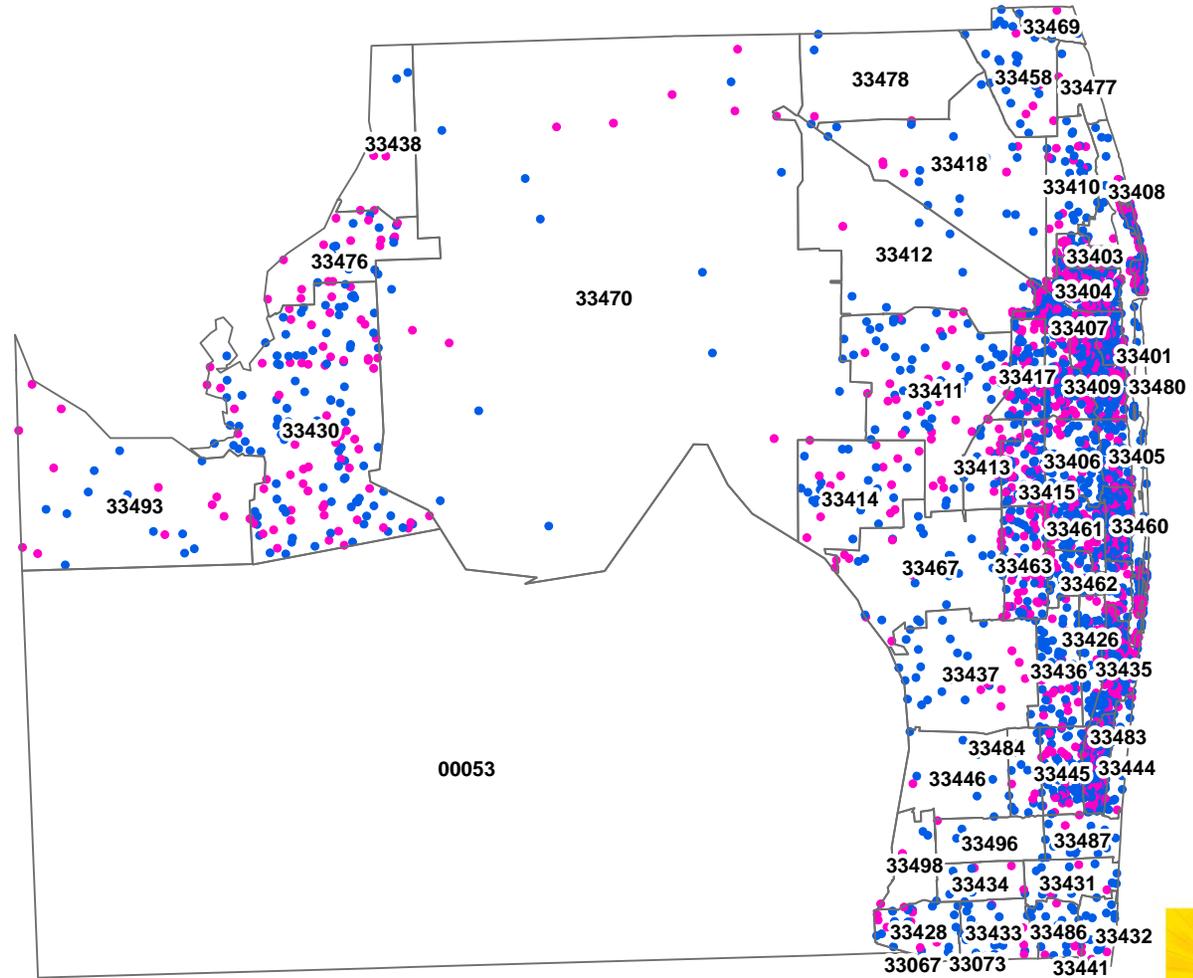


Adults Living with HIV Disease By Zip Code and Sex, Diagnosed through 2014, Partnership 9

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

- Male
- Female

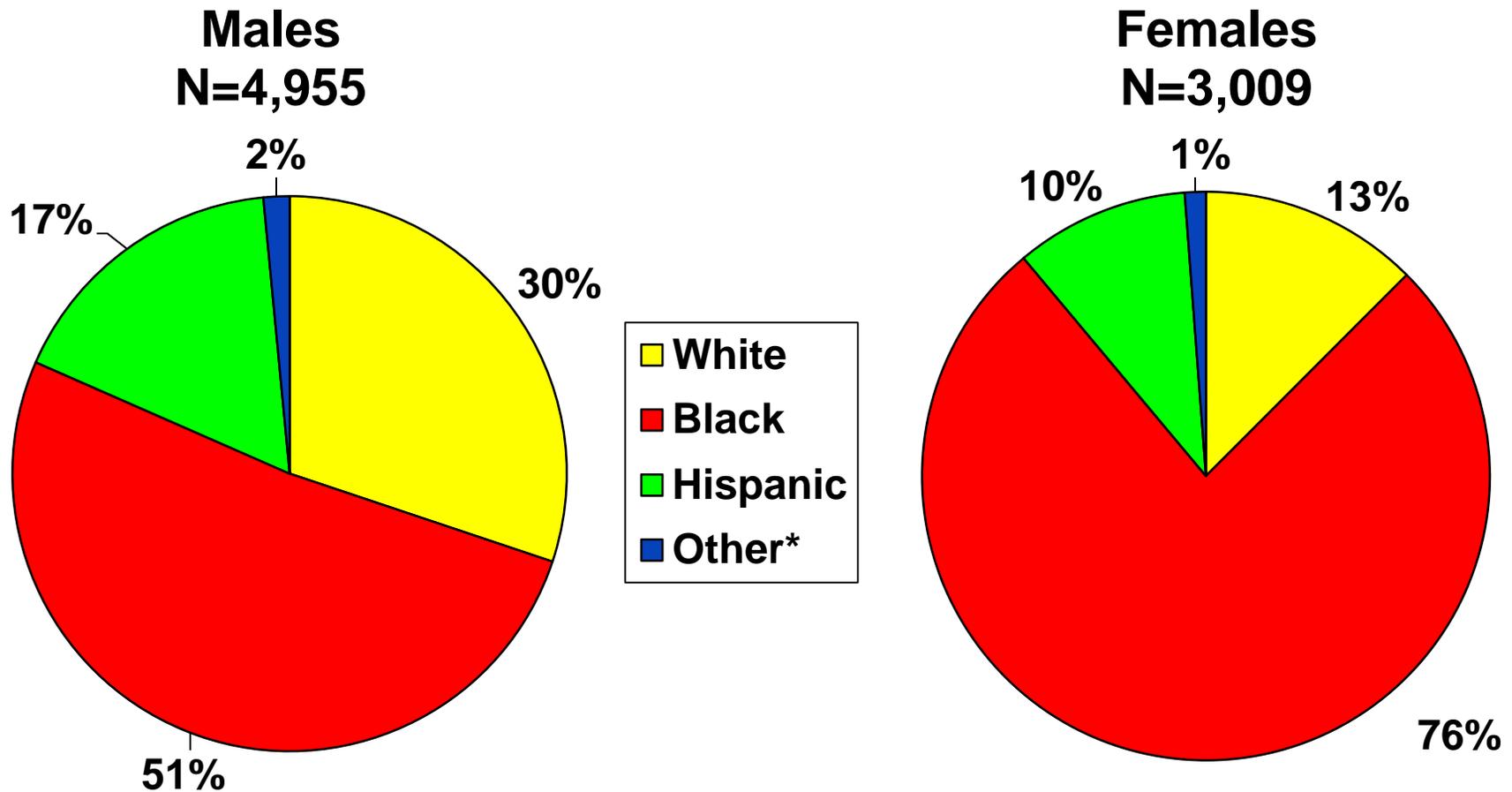
N=7,966



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 9

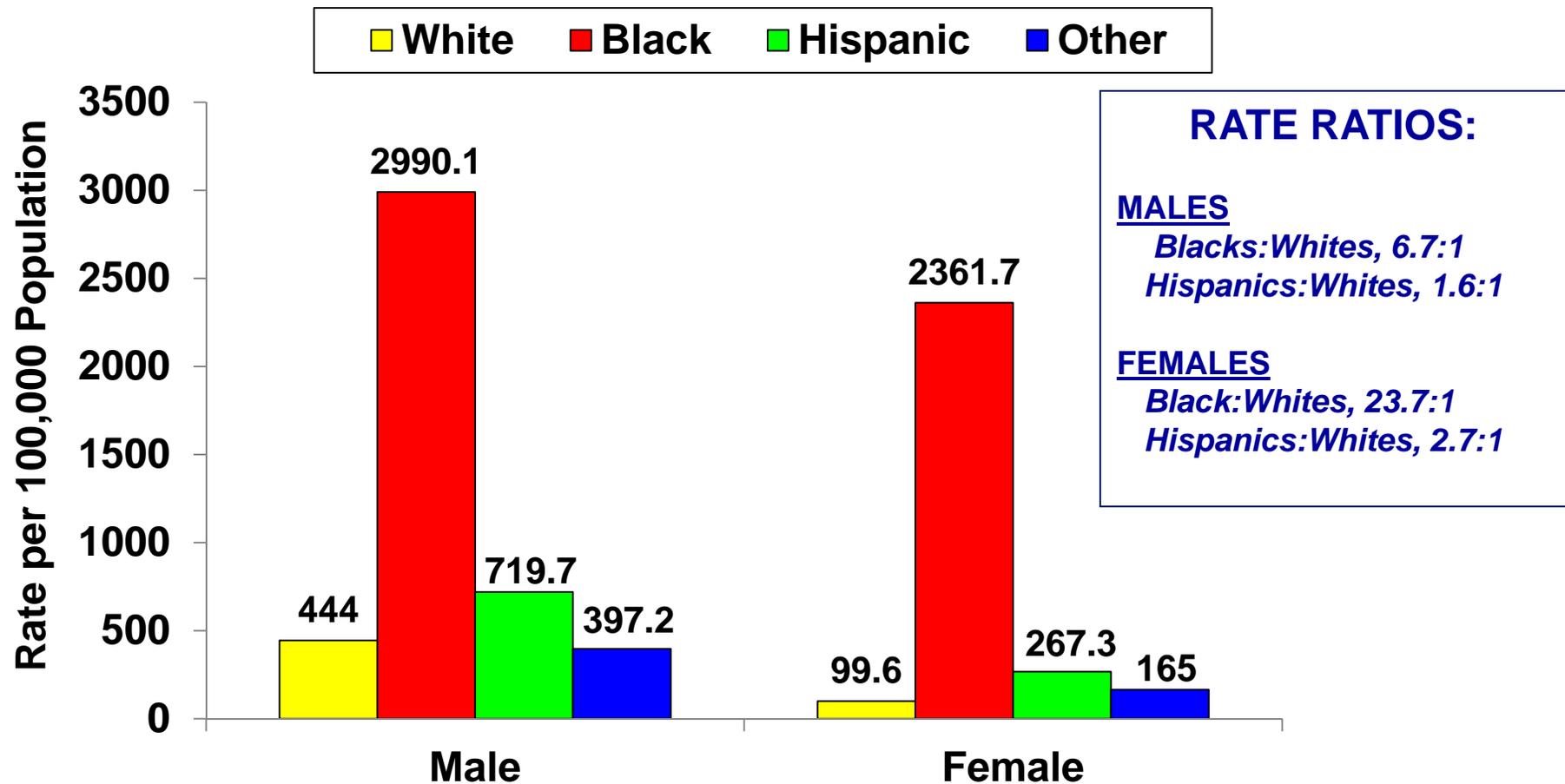


Note: Among adults living with HIV disease, blacks represent the race most affected among both males (51%) and females (76%).

*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 9



Note: Among black males living with HIV disease Diagnosed through 2014 is nearly 7 times higher than the rate among white males. Among black females living with HIV disease, the case rate is nearly 24 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.

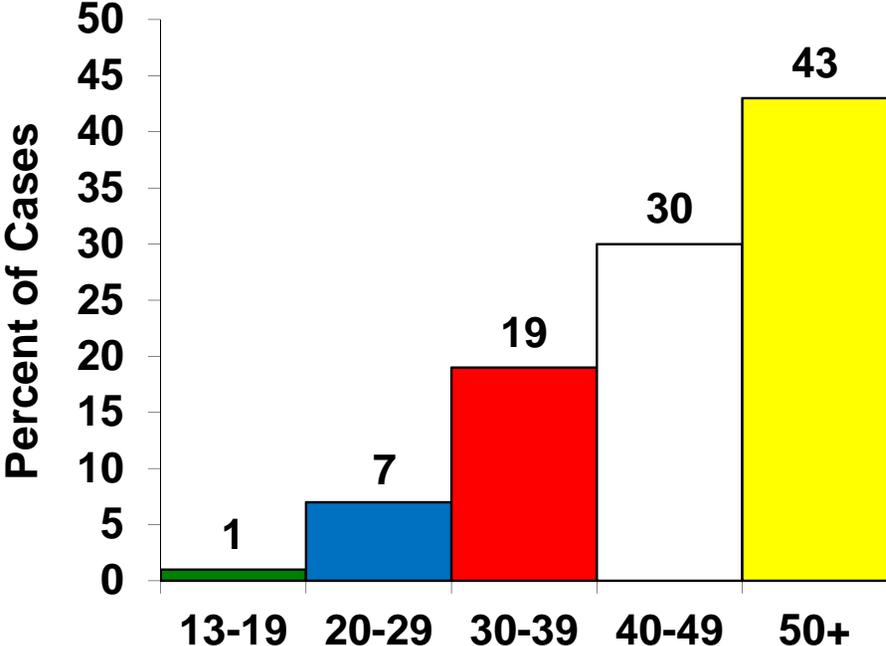
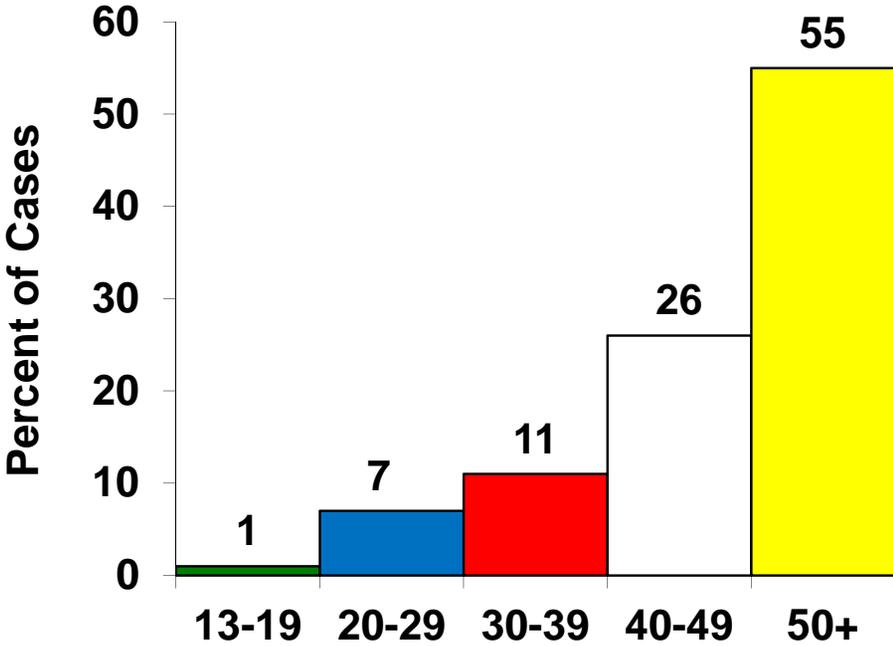
**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.



Adults Living with HIV Disease, by Sex and Current Age Group, Diagnosed through 2014, Partnership 9

Males
N=4,995

Females
N=3,009

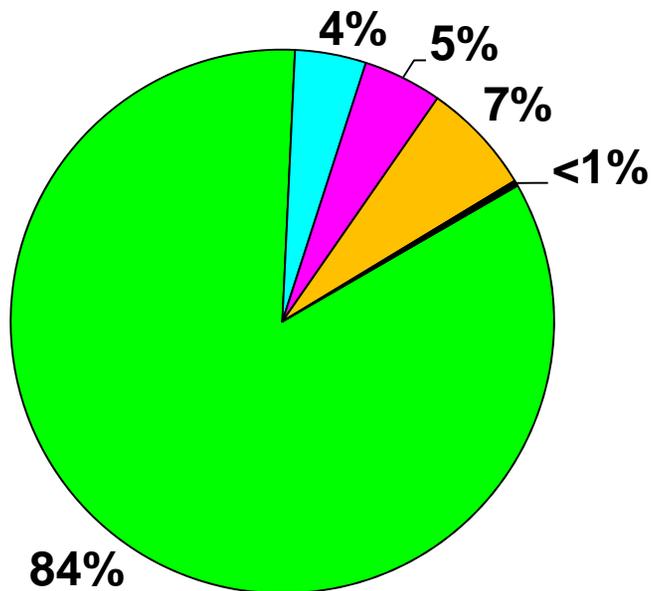


Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (80%), compared with females who are currently 40 years of age or older living with HIV disease (73%).

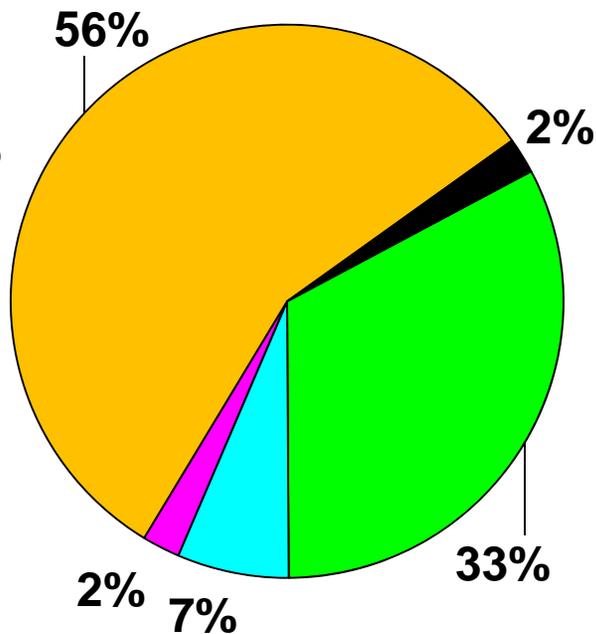


Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2014, Partnership 9

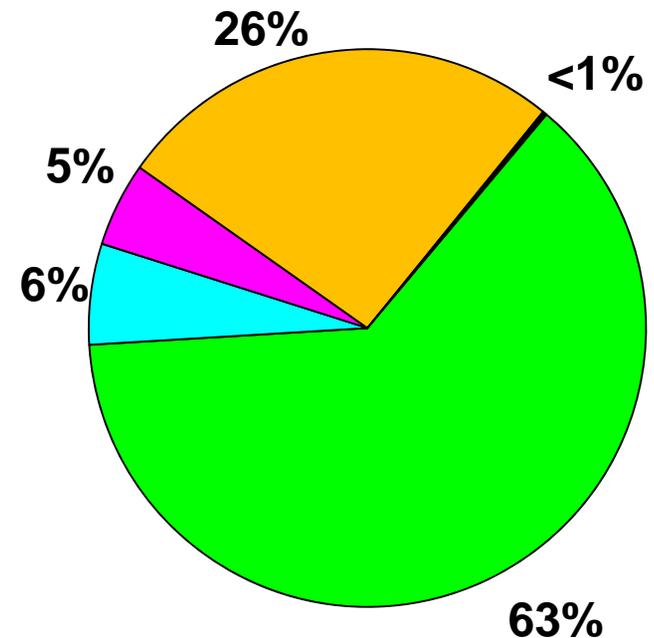
**White, Non-Hispanic
N=1,514**



**Black, Non-Hispanic
N=2,585**



**Hispanic
N=820**



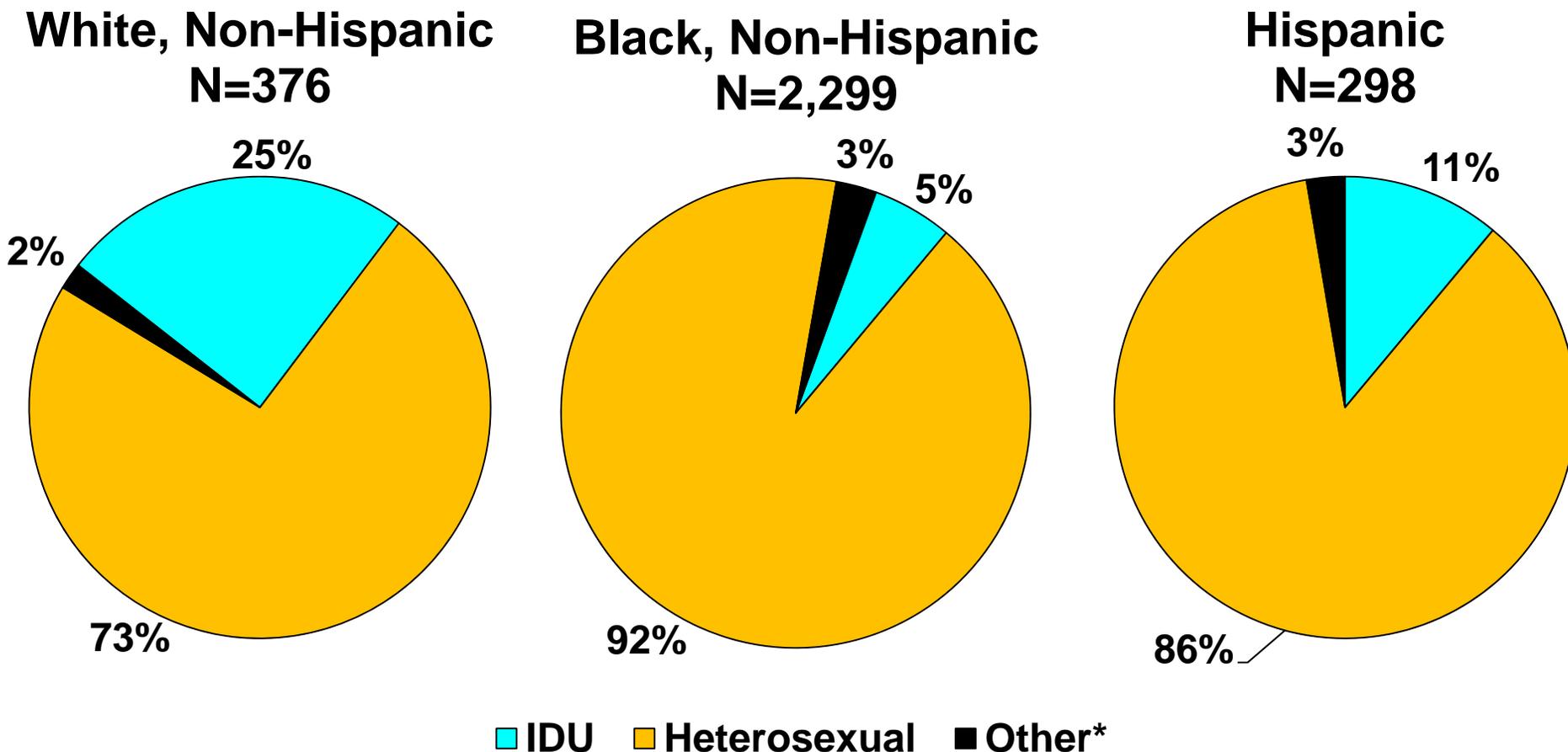
■ MSM ■ IDU ■ MSM/IDU ■ Heterosexual ■ Other*

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 9

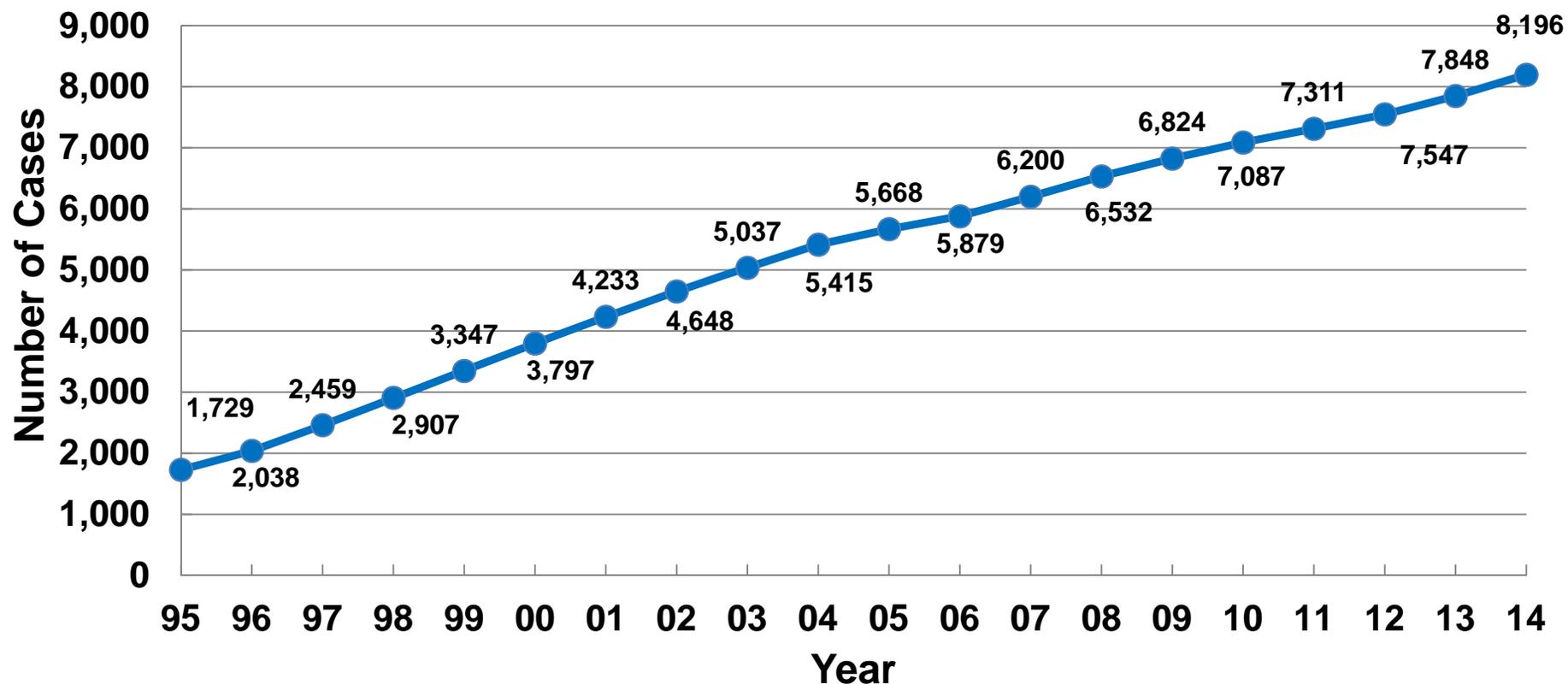


Note: NIRs redistributed. Heterosexual contact is the majority risk for all races. However, whites have the largest proportion of IDU risk.

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



Annual Prevalence of Adults Living with HIV Disease, 1995-2014, Partnership 9



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 350%. In 2014, the prevalence increased by 4.4% since the previous year.

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



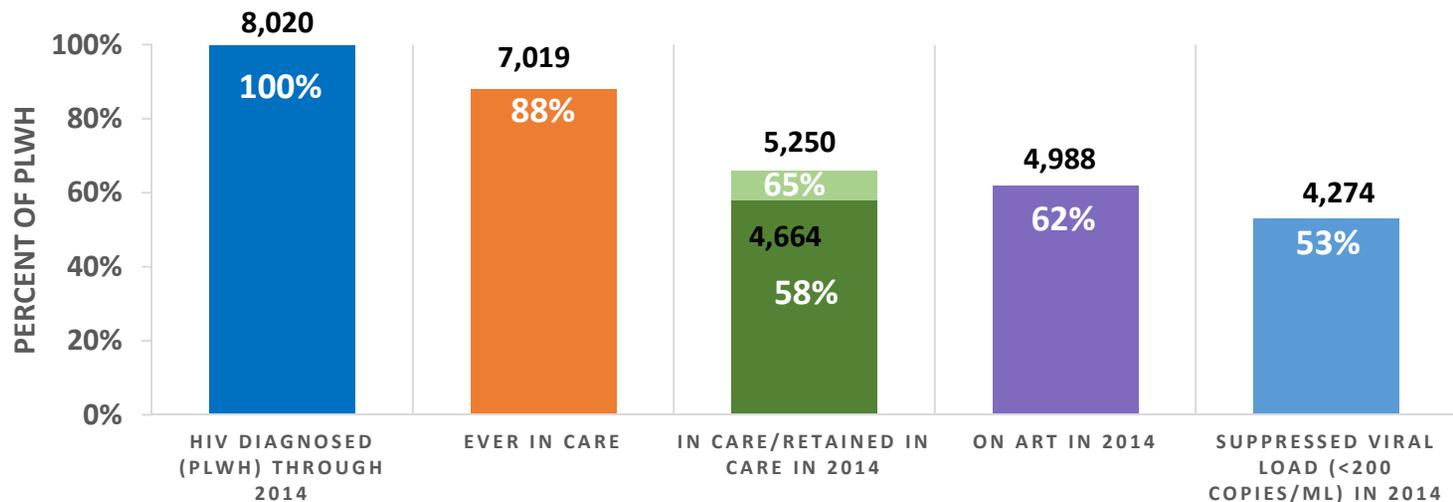
Partnership 9's Top-9 Priority Populations in 2014 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

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



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



- 80% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 81% 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.

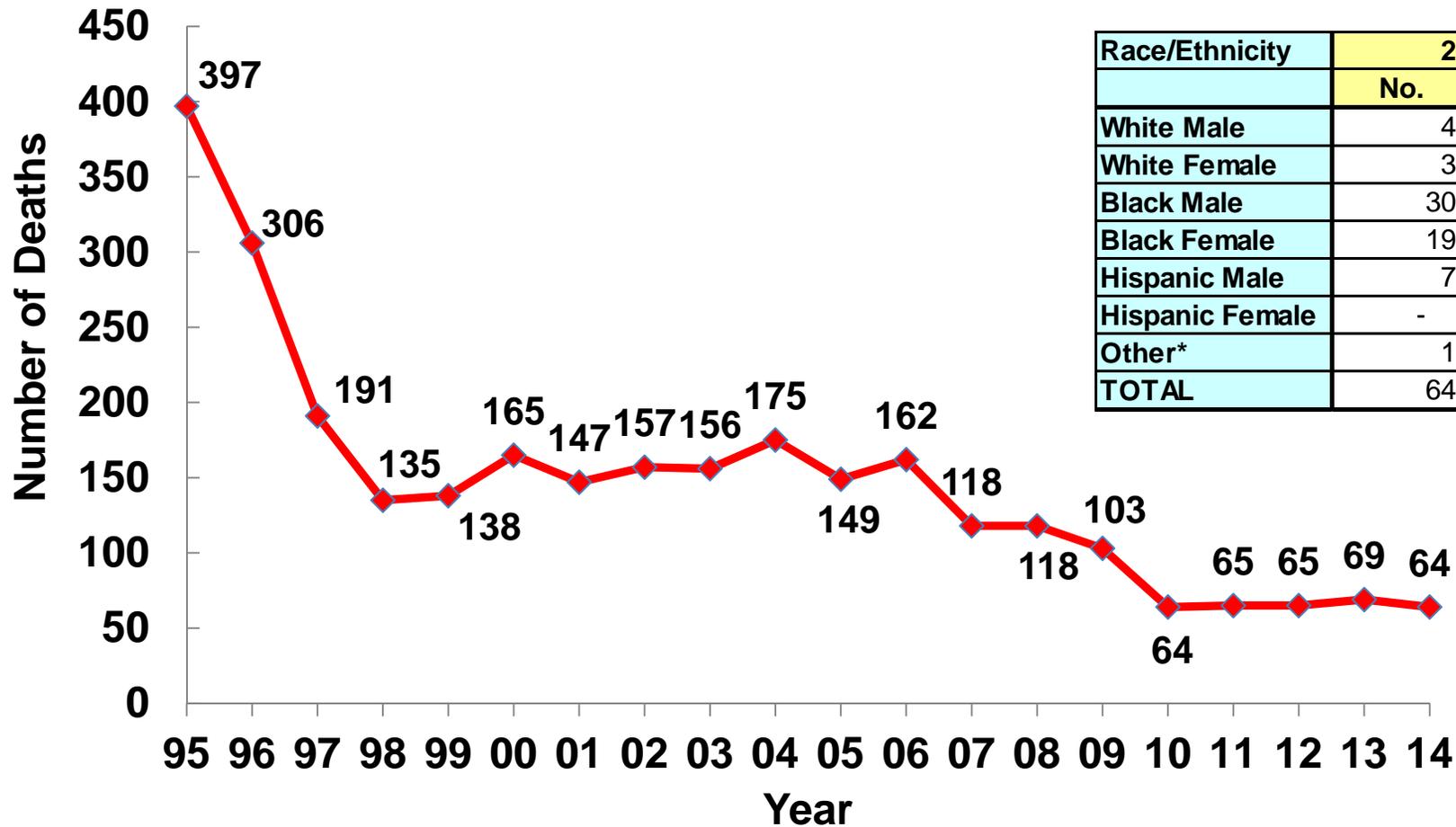
(3) In Care: PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription in 2014.

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 9



These data represent a 84% decline in HIV resident deaths due to HIV disease from the peak year of 1995 to 2014. This is much higher than the 79% decline observed by the state.

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 9 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



Partnership 9 Surveillance Contact

Psyche Doe

Palm Beach County Health Department

Phone: 561-840-3137

Email: Psyche.Doe@flhealth.gov

Mitchell Durant, HIV/AIDS Program Coordinator

Phone: 561-804-7947

Email: Mitchell.Durant@flhealth.gov



For Florida HIV/AIDS Surveillance Data
Contact: (850) 245-4444



Lorene Maddox, MPH

Ext. 2613

Tracina Bush, BSW

Ext. 2612

Madgene Moise, MPH

Ext. 2373

Visit Florida's internet site for:
Monthly Surveillance Reports
Slide Sets and Fact Sheets
Annual Reports and Epi Profiles

<http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>

Visit CDC's HIV/AIDS internet site for:
Surveillance Reports, fact sheets and slide sets

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>