



HIV/AIDS Epidemiology Partnership 11b

Monroe County

Excluding Dept. of Corrections

Florida Department of Health
HIV/AIDS and Hepatitis Section
Annual data trends as of 12/31/2013
Living (Prevalence) data as of 06/30/2013

Created: 01/02/14

Revision: 02/12/14



HIV and AIDS Case Data

- ⦿ HIV Infection reporting represents newly reported HIV cases, regardless of AIDS status at time of report.
- ⦿ HIV infection cases classified as Stage 3 (AIDS) became reportable in Florida in 1981.
- ⦿ HIV infection cases (without an AIDS diagnosis) became reportable in Florida on July 1, 1997.
- ⦿ 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 prepared later in the year, when most of the “expected” death data are complete, usually in July.

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.**

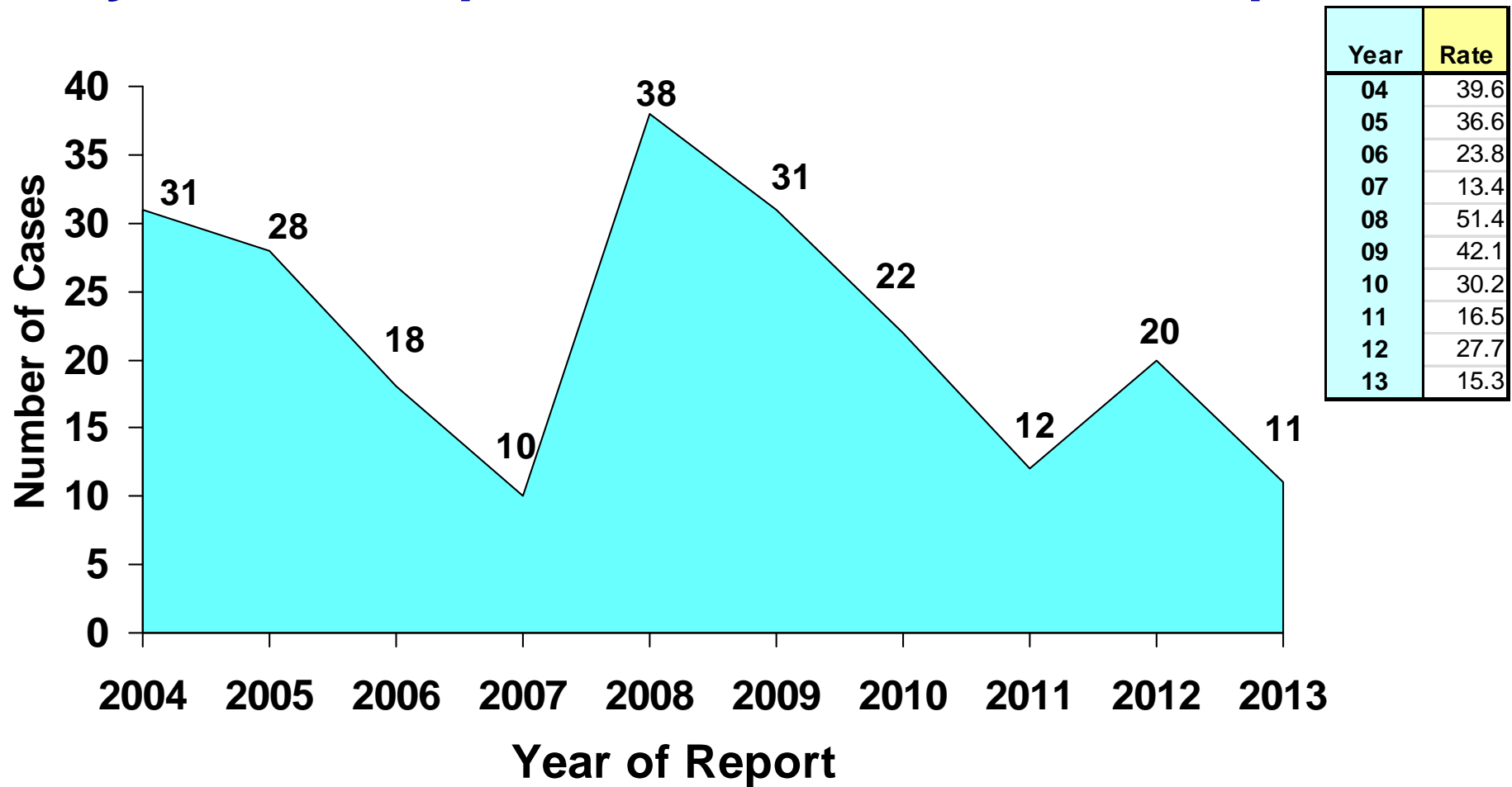
Cumulative HIV (not AIDS) and AIDS Cases, Reported through 2013, Partnership 11b

Persons Living with HIV/AIDS through 2012 as of 06/30/2013 678	Cumulative AIDS Cases (1981-2013)		
	Adults (Age 13+) 1,327	Pediatrics (Age <13) 4	Total 1,331
	Cumulative HIV Cases (not AIDS) 07/1997-12/2013		
	Adults (Age 13+) 237	Pediatrics (Age <13) 1	Total 238
Total HIV/AIDS Cases	Adult (Age 13+) 1,564	Pediatrics (Age <13) 5	Total 1,569

ADULTS	Males	Females	Total	M:F Ratio
Cumulative AIDS Cases	1,234	93	1,327	13.3 : 1
Cumulative HIV Cases	210	27	237	8.0 : 1



AIDS Cases and Rates*, by Year of Report, 2004-2013, Partnership 11b

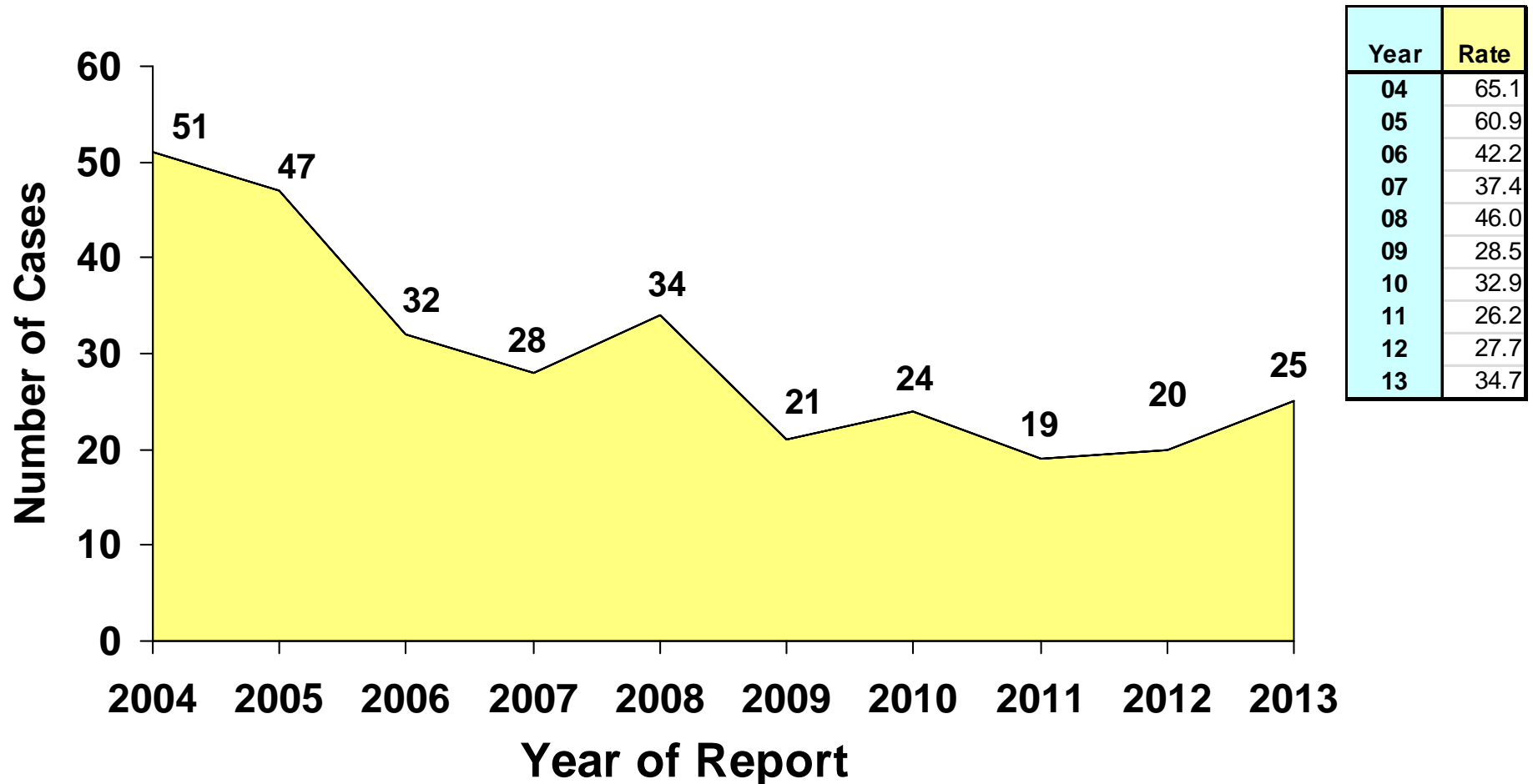


Electronic laboratory reporting delays in late 2007 decreased cases in that year. The expansion of electronic lab reporting increased the timeliness of reporting, which contributed to the artificial spike in 2008, followed by subsequent annual decreases through 2013. Over the past ten years, the number of AIDS cases have decreased by 65%.

*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014. Rates are expressed as per 100,000 population.



HIV Infection Cases and Rates*, by Year of Report, 2004-2013, Partnership 11b

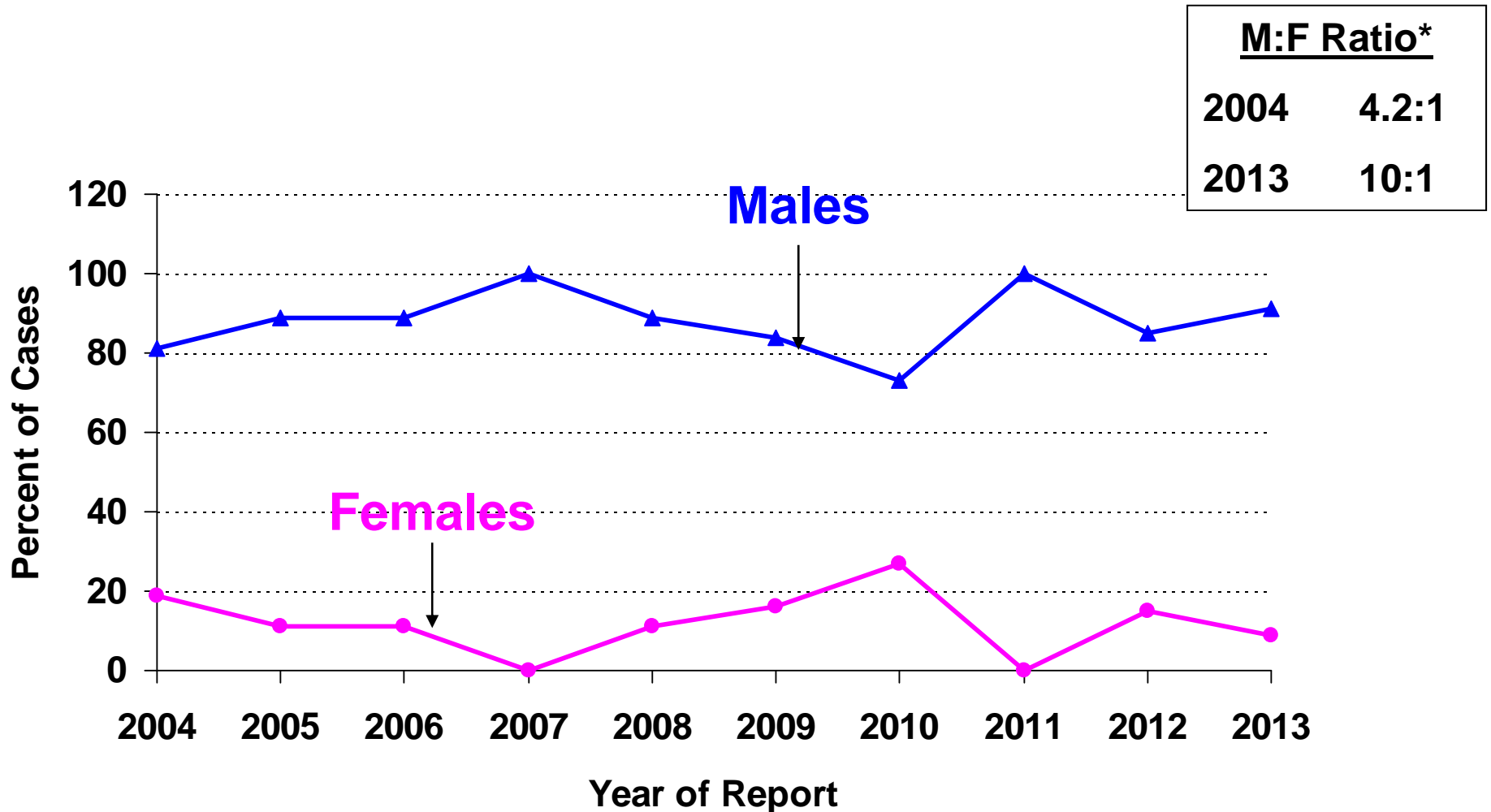


Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in newly reported cases of HIV infection in 2013. These trends were observed across most race/sex/risk groups throughout the state.

*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014. Rates are expressed as per 100,000 population.



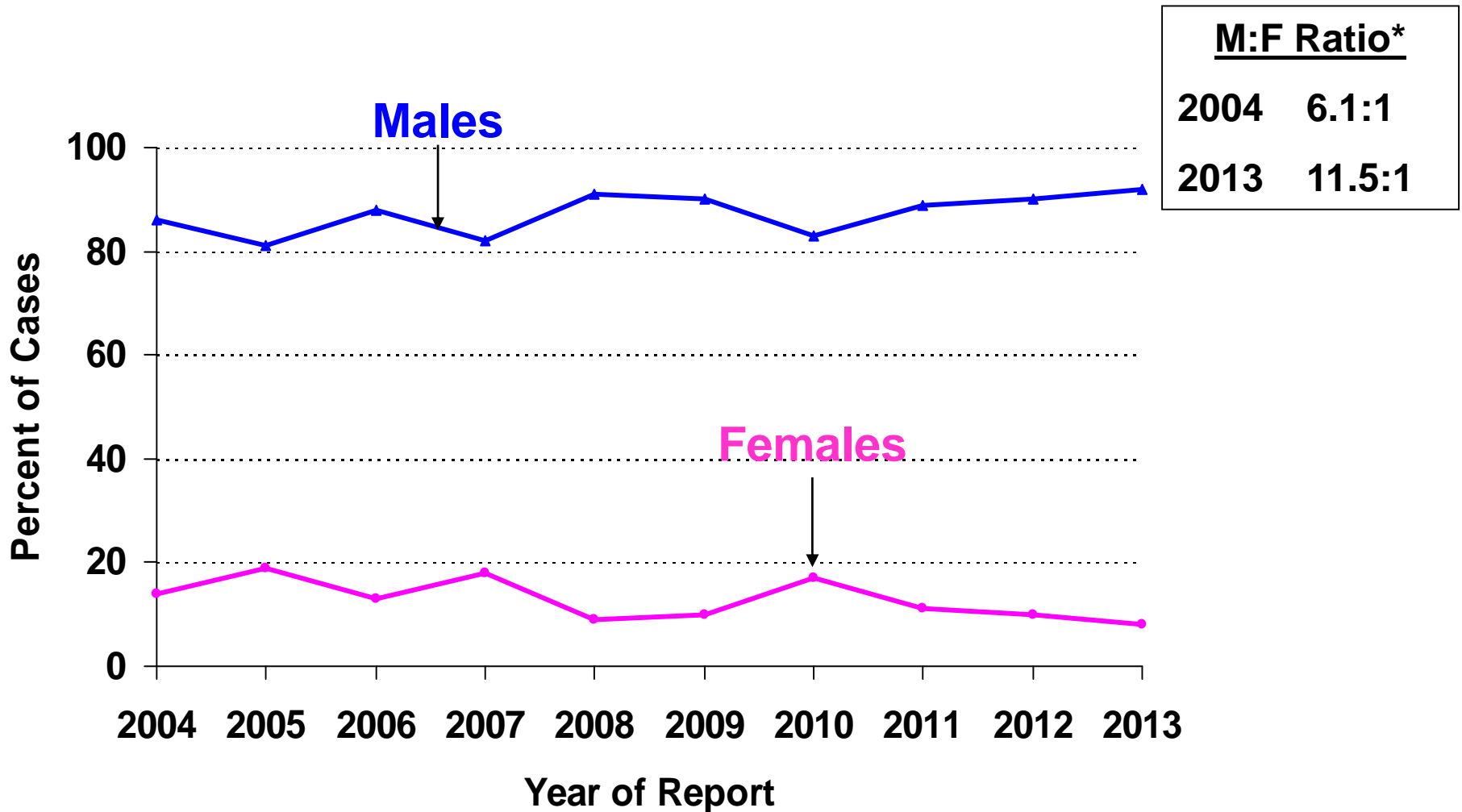
Adult AIDS Cases, by Sex and Year of Report, 2004-2013, Partnership 11b



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



Adult HIV Infection Cases, by Sex and Year of Report, 2004-2013, Partnership 11b



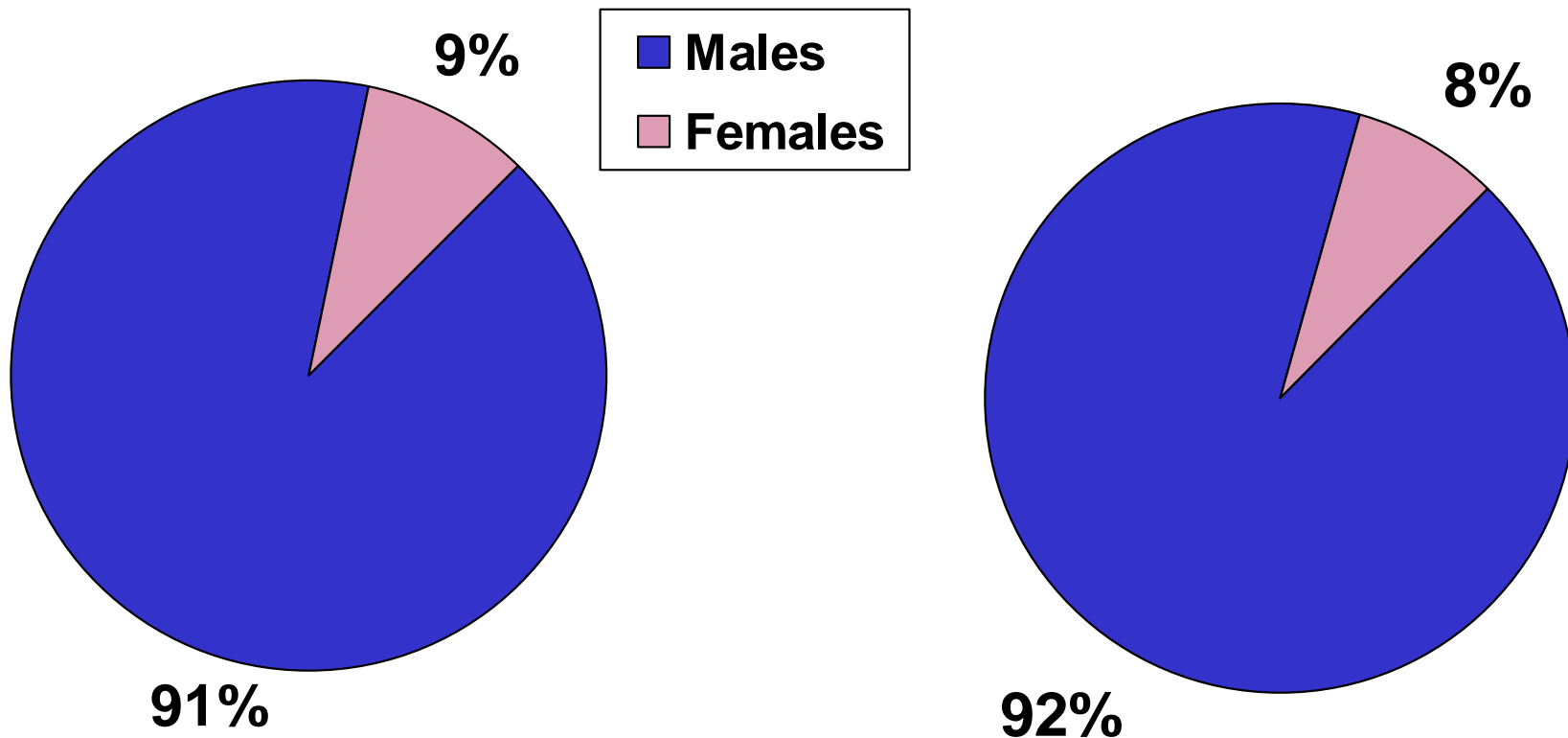
Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV Infection Cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio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



Adult AIDS and HIV Infection Cases by Sex, Reported in 2013, Partnership 11b

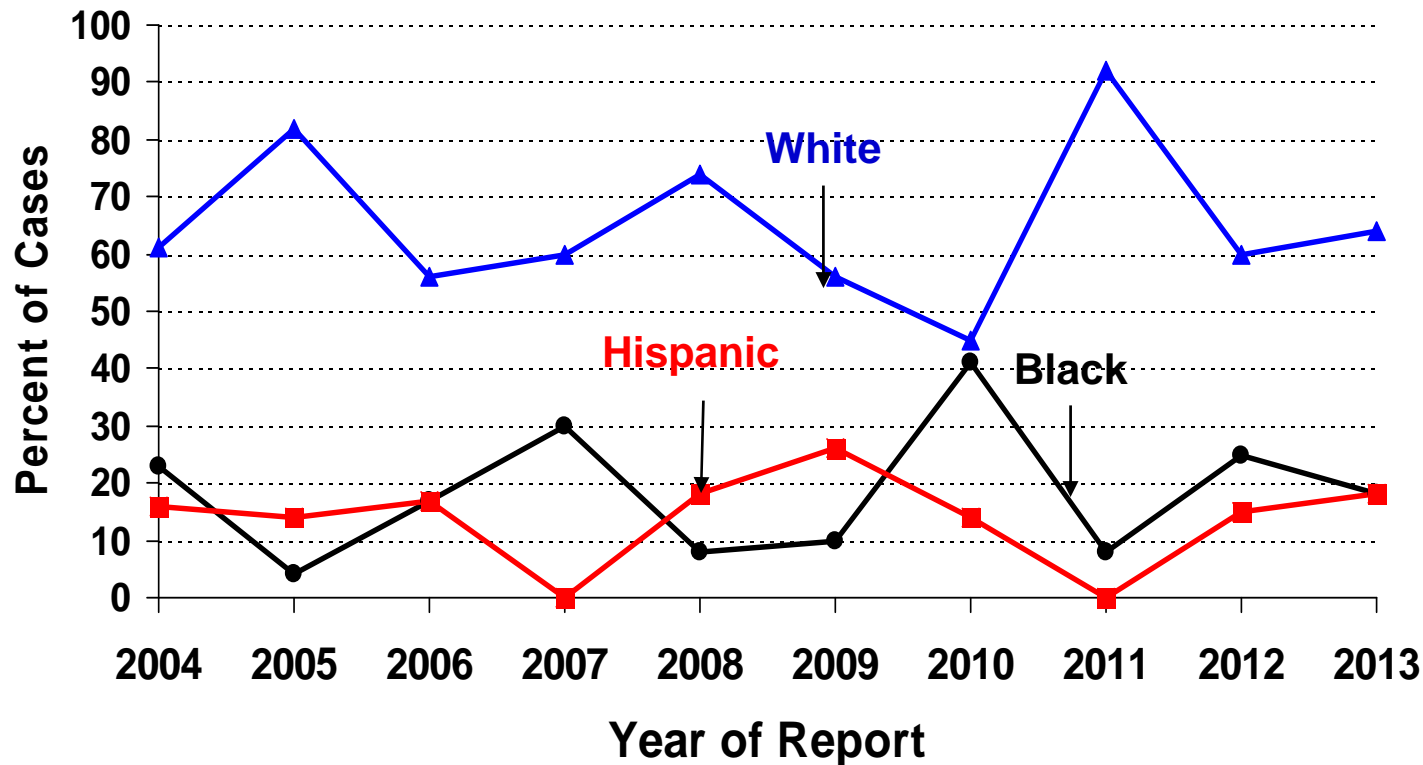
AIDS
N=11

HIV Infection
N=25



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

Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



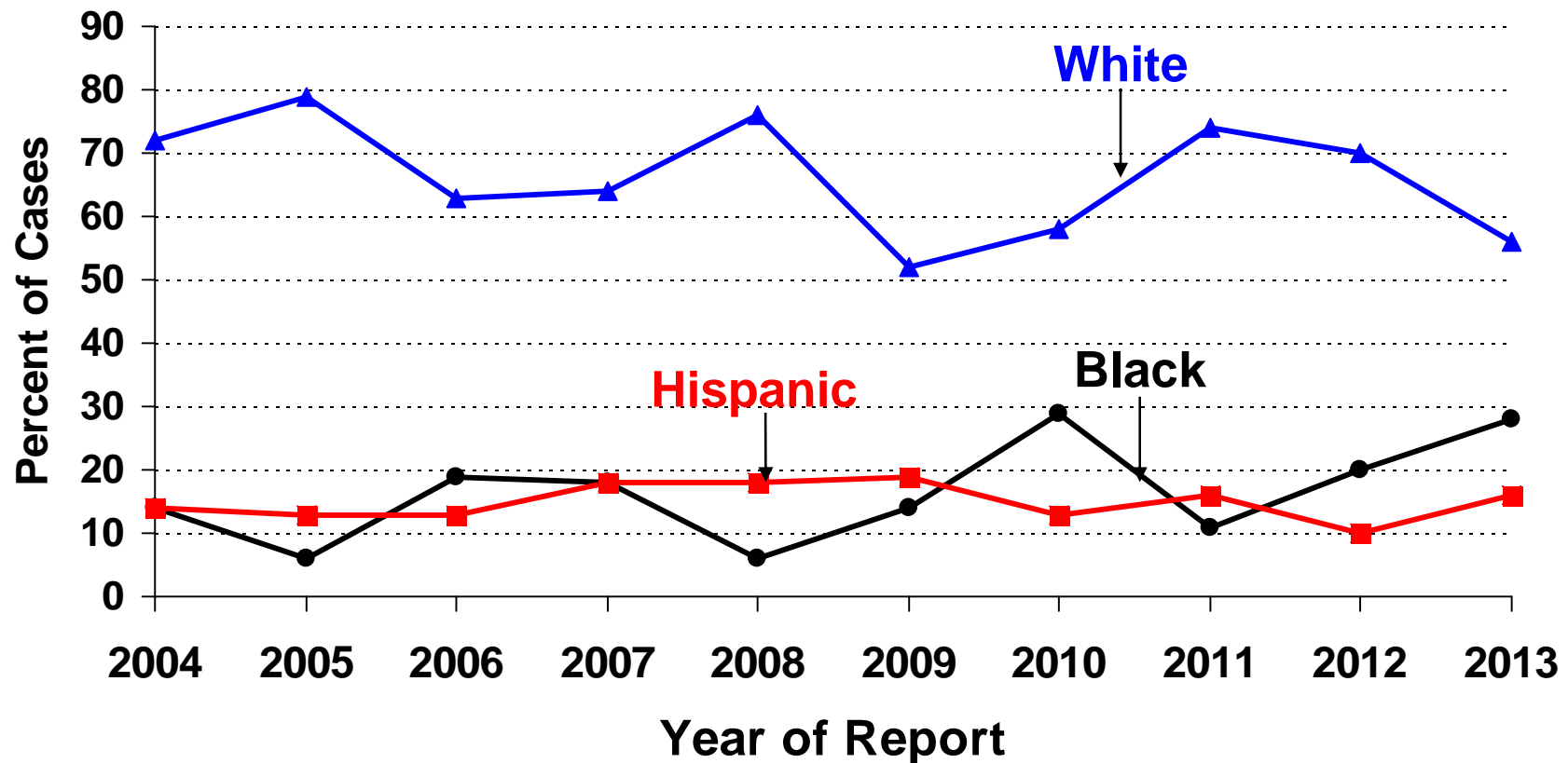
Factors Affecting Disparities

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

In 2013, blacks accounted for 18% of adult AIDS cases, but only 5% of the population. From 2004 to 2013, the proportion of AIDS cases among whites and Hispanics increased by 4 and 2 percentage points, respectively. In contrast, the proportion of AIDS cases among blacks decreased by 5 percentage points. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 10% of the cases and are not included.

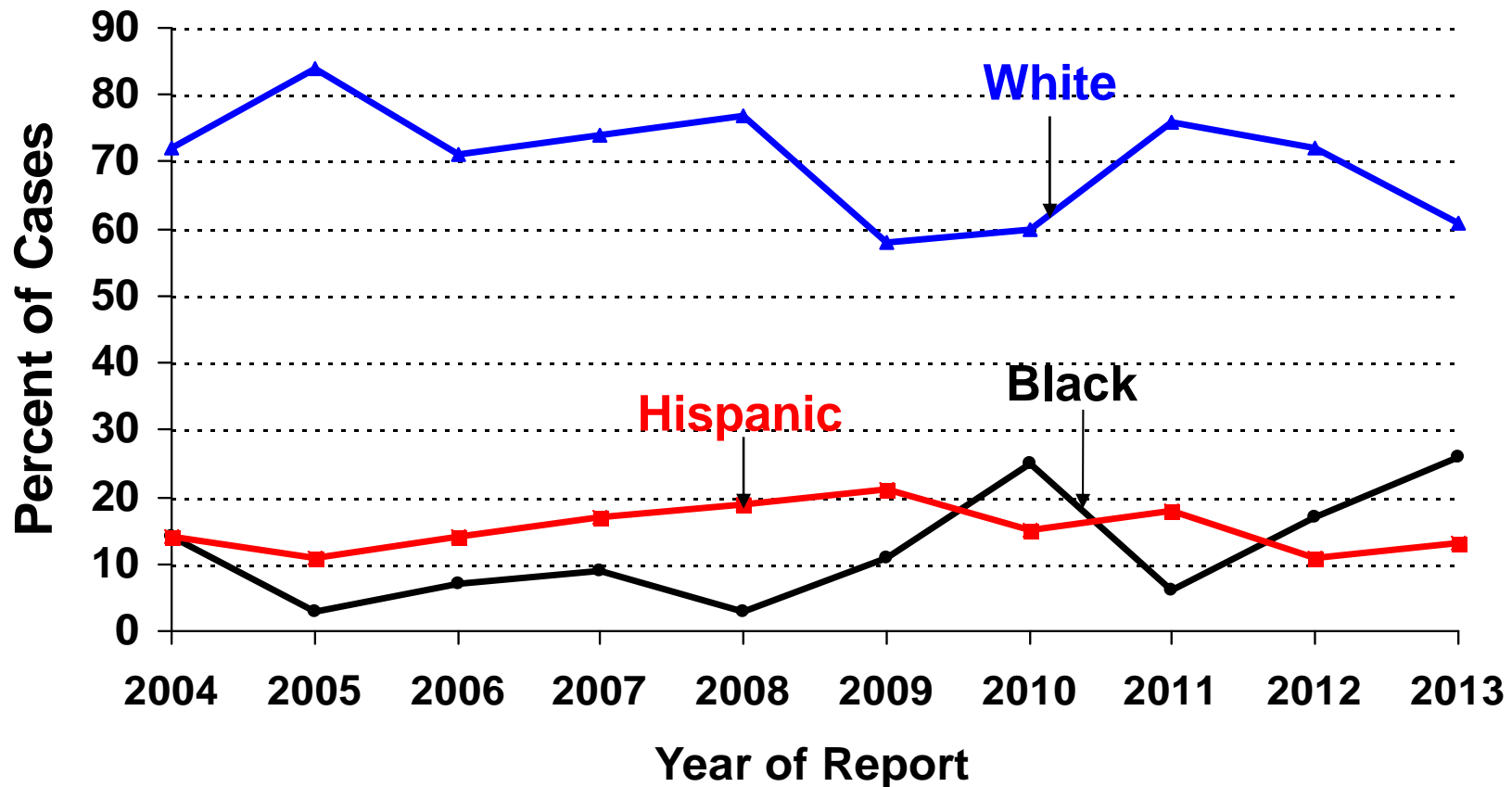


Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



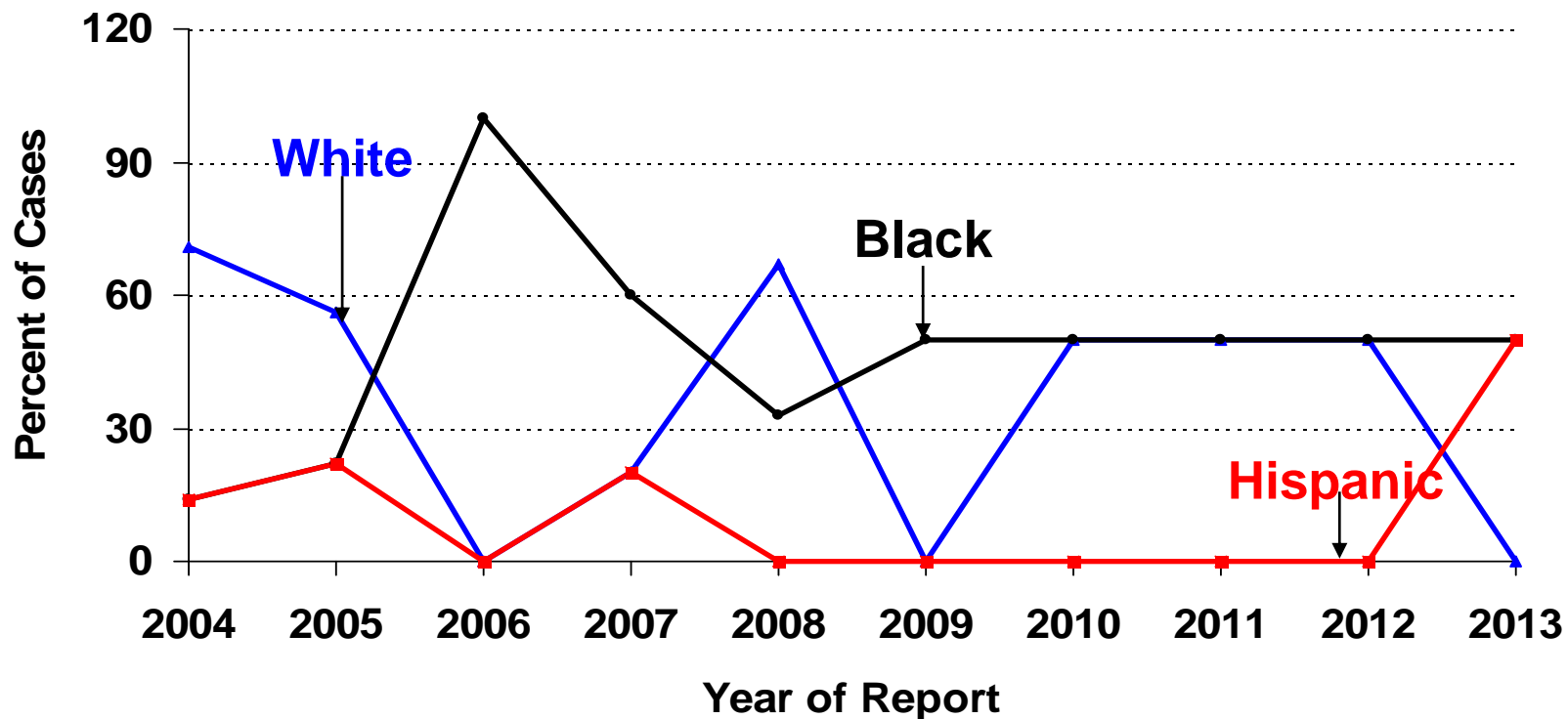
Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2004 to 2013, the proportion HIV infection cases among Hispanics and blacks increased by 2 and 14 percentage points, respectively. In contrast, the proportion of HIV infection cases decreased by 16 percentage points. Other races represent less than 1% of the cases and are not included.

Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



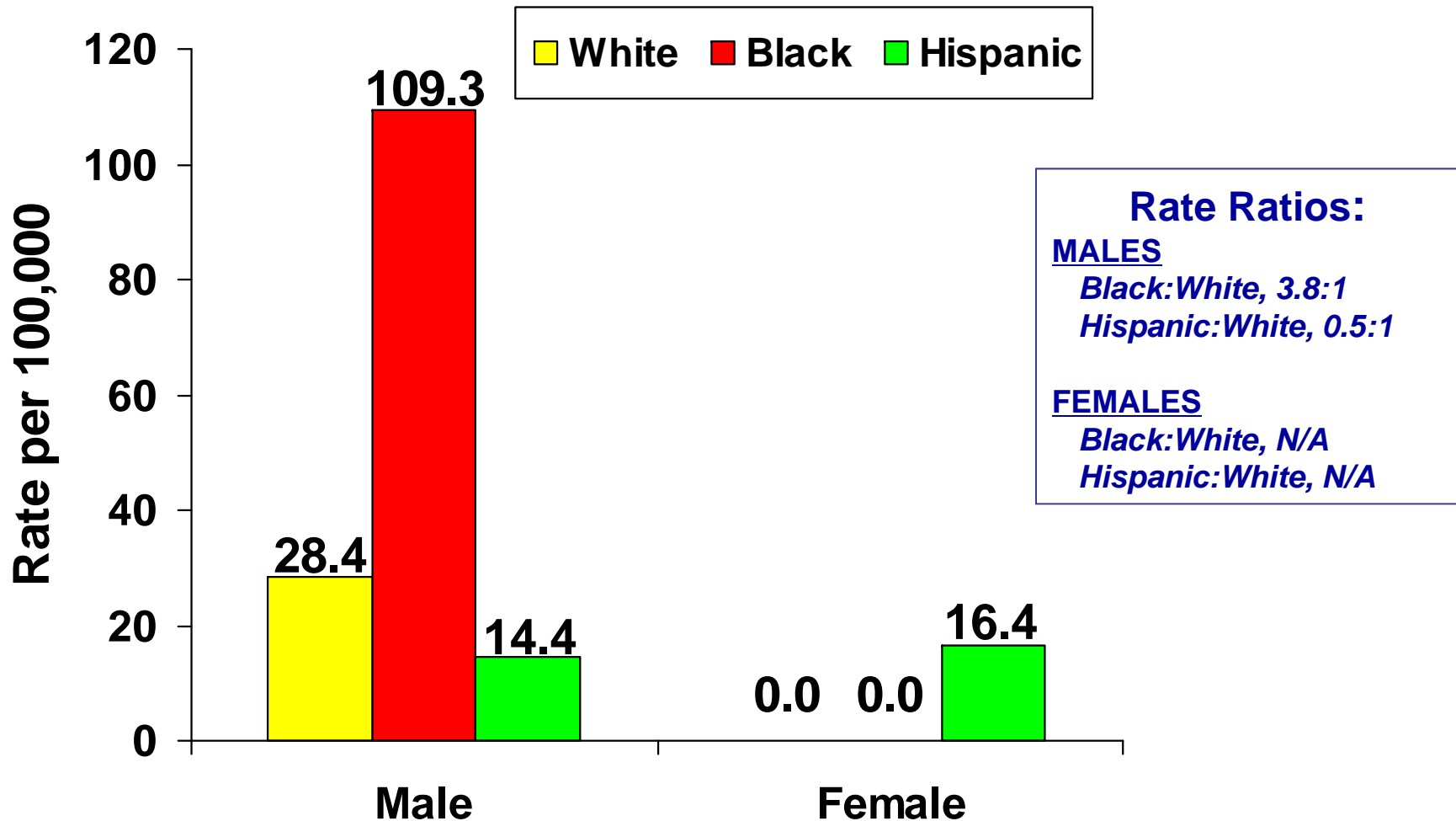
Note: The proportion of male HIV infection cases among blacks and Hispanics has shifted up and down over the years, at times, crossing paths. From 2004 to 2013, the proportion of HIV infection cases among Hispanic and white males decreased by 1 and 11 percentage points, respectively. In contrast, the proportion of HIV infection cases among black males increased by 12 percentage points. Other races represent less than 1% of the cases and are not included.

Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 11b



Note: Partnership 11b has small number of new female HIV infection cases each year which at times can make data by year by race difficult to interpret. From 2004 to 2013, the proportion of adult female HIV cases increased by 36 percentage points among both blacks and Hispanics. In contrast, the proportion of adult female HIV cases among whites decreased by 71 percentage points, during the same time period.

Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 11b

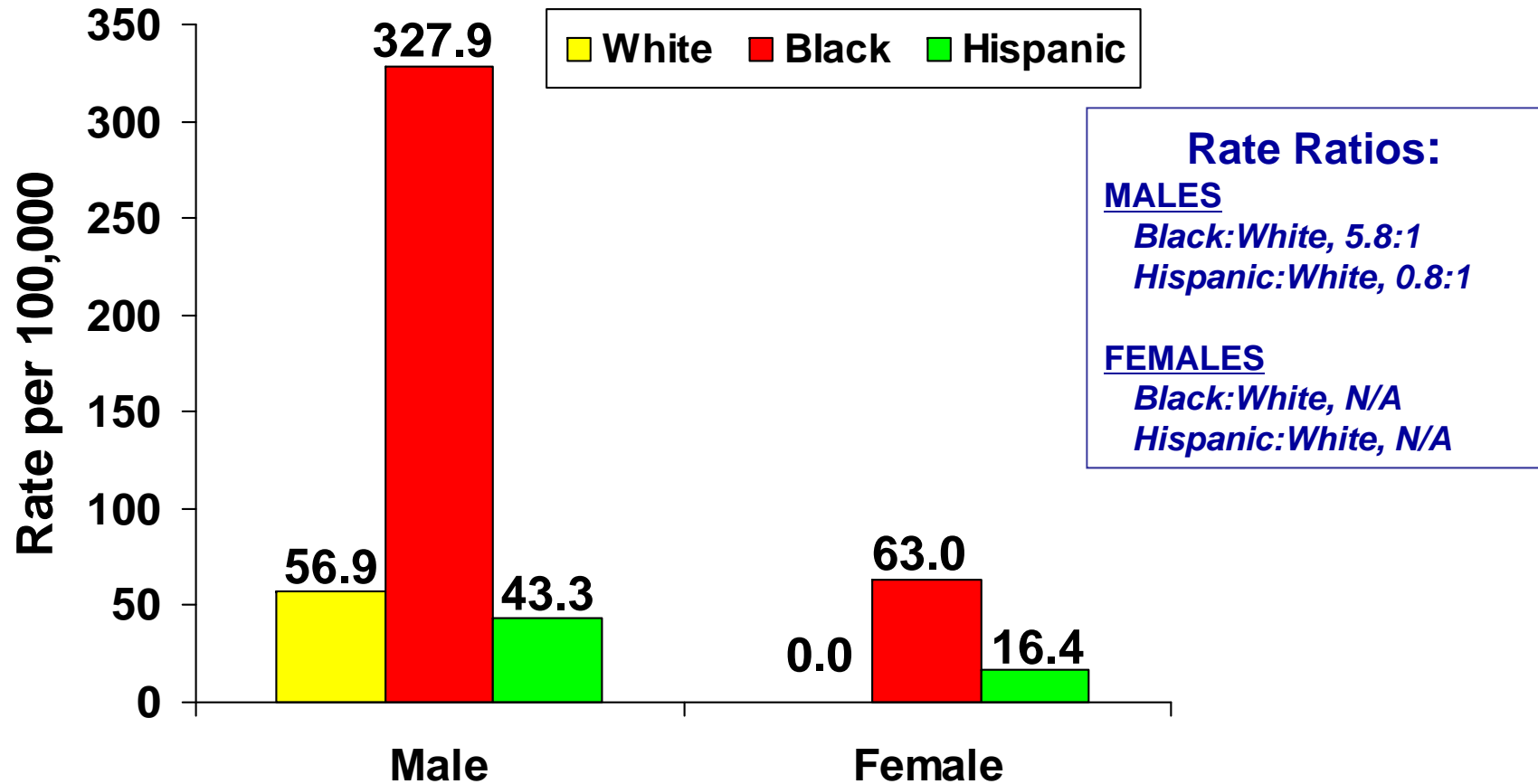


Note: Among black males, the AIDS case rate is nearly 4 times higher than the rate among white males. In contrast, the AIDS case rate among Hispanic males is lower than the rate among white males. The AIDS case rate is highest among Hispanic females in comparison to the their white and black counterparts.

*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014.



Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 11b

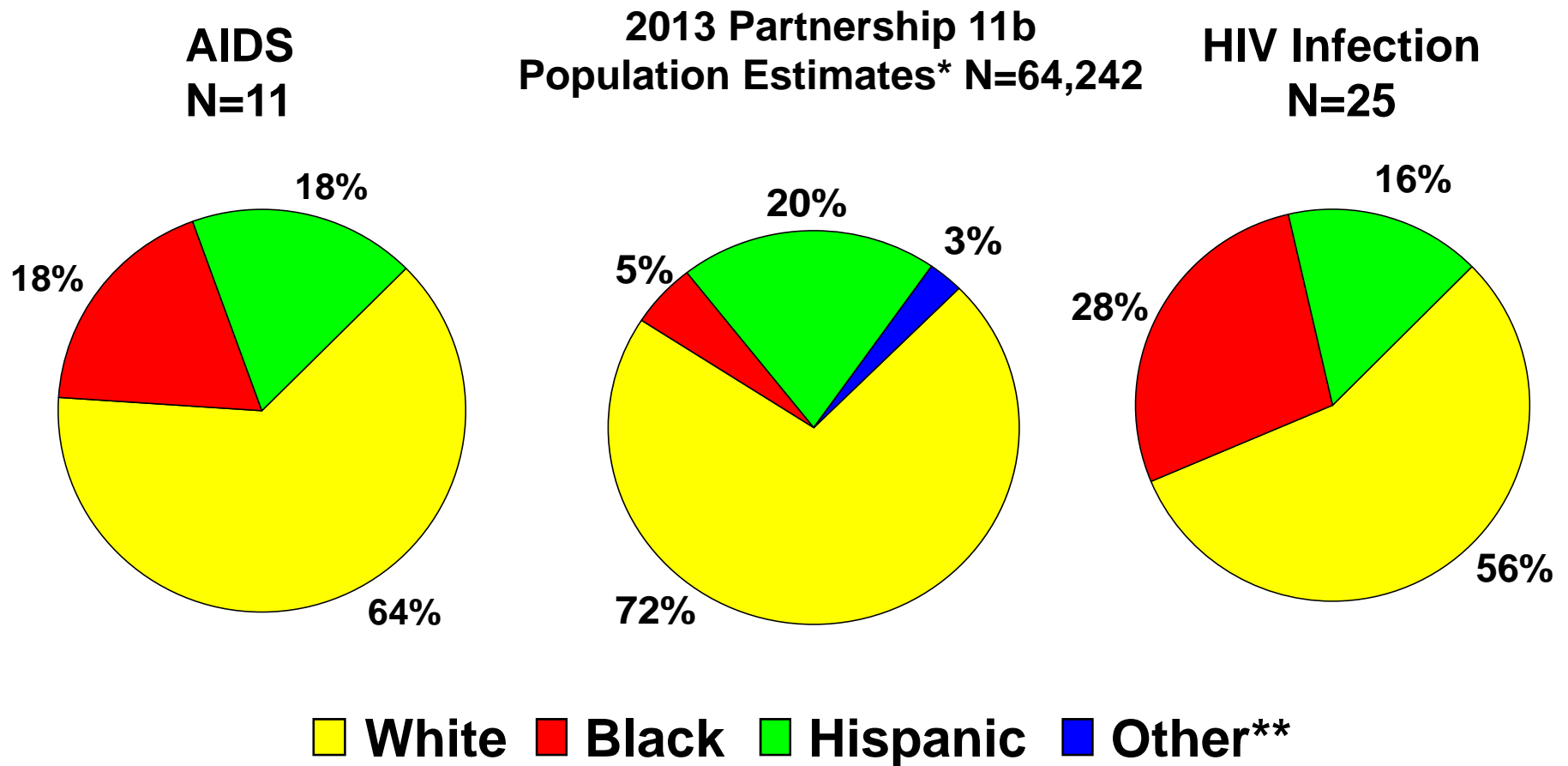


Note: Among black males, the HIV infection case rate is nearly 6 times higher than the rate among white males. In contrast, Hispanic males have a lower HIV case rate compared to the rate among white males. The HIV infection case rate is highest among black females in comparison to their white and Hispanic counterparts.

*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014.



Adult AIDS and HIV Cases Reported in 2013 and Population Data, by Race/Ethnicity, Partnership 11b



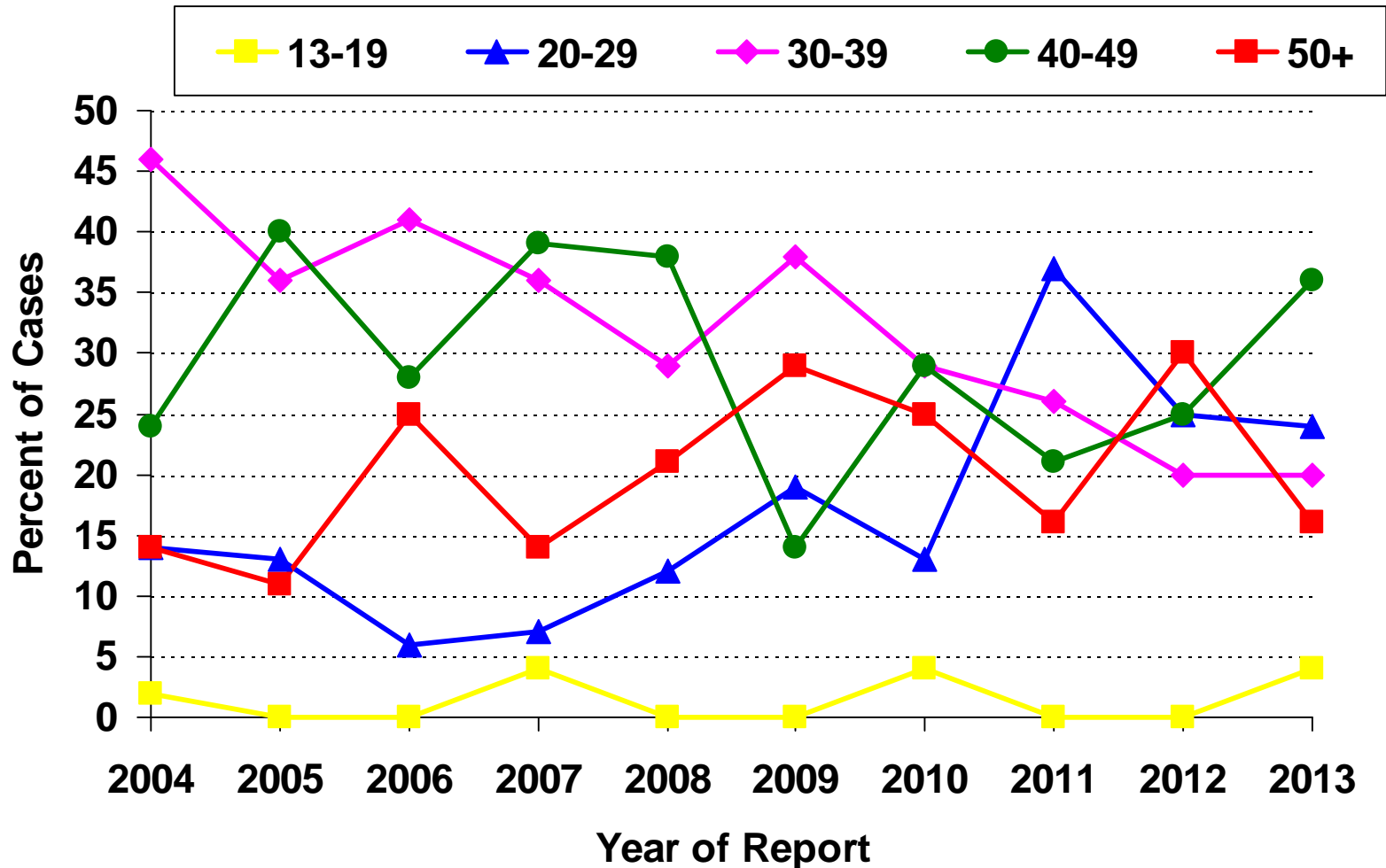
Note: In this snapshot for 2013, blacks are over-represented among the AIDS and HIV infection cases, accounting for 18% of adult AIDS cases and 28% of adult HIV infection cases, but only 5% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of the population.

*Source: Population estimates are provided by Florida CHARTS as of 02/05/2014.

**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.



Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2004–2013, Partnership 11b

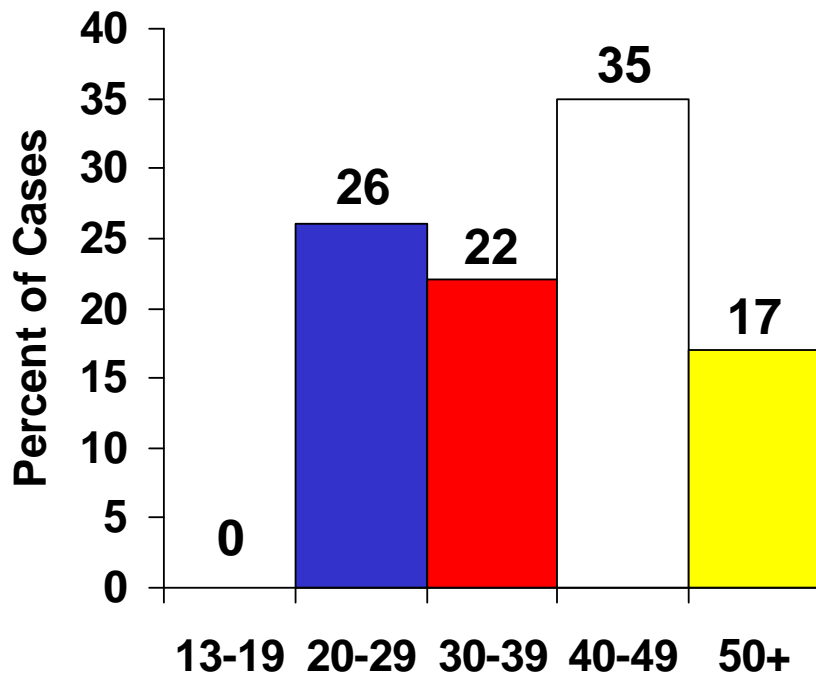


Note: From 2004 to 2013, the proportion of adult HIV infection cases among those aged 20-29 and those aged 40-49 increased by 10 and 12 percentage points, respectively.

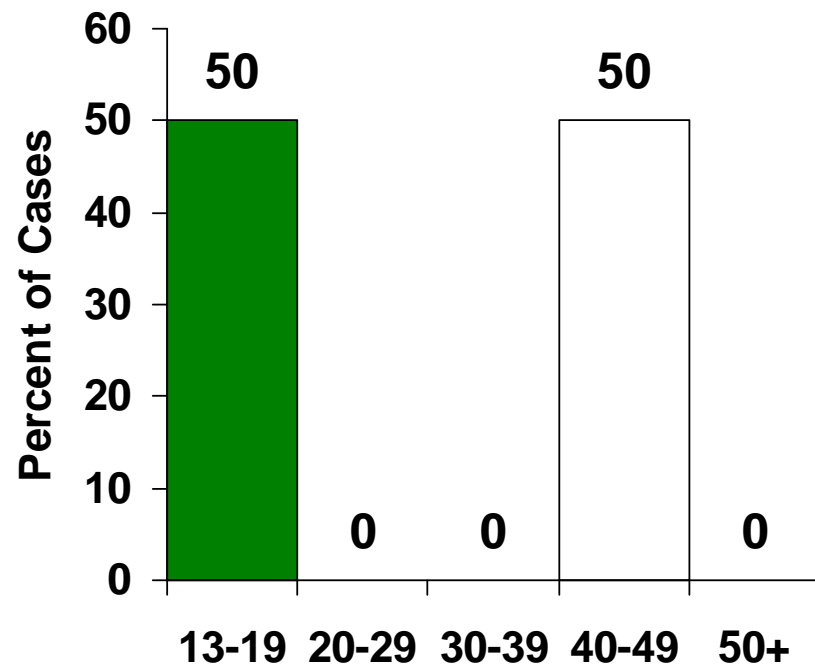


Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2013, Partnership 11b

Males
N=23



Females
N=2

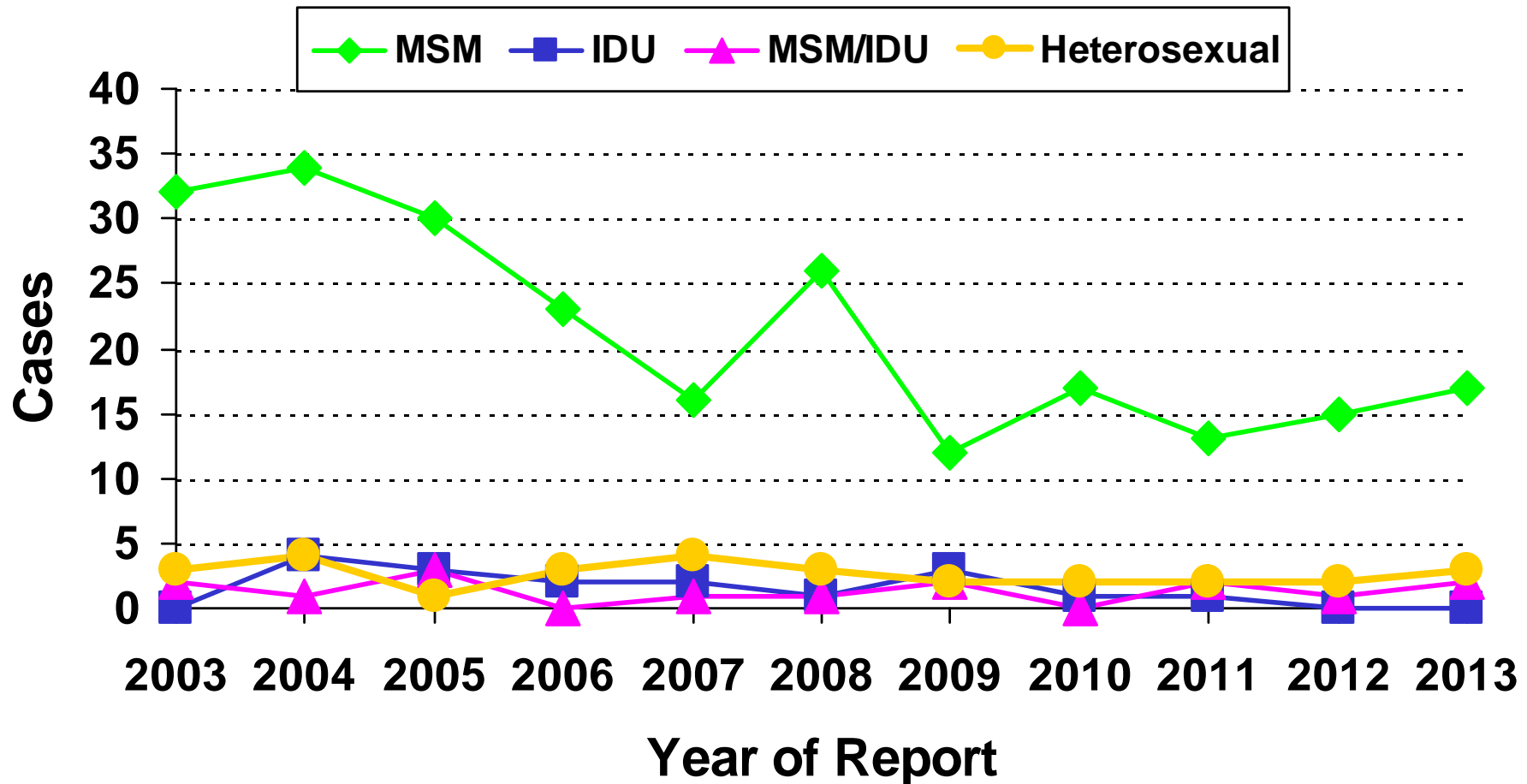


Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age groups with the highest percent of HIV infection cases, recent estimates show that among males, 35% of HIV infection cases occur among those aged 40-49. Among females, the percent of HIV cases is split evenly (50%) among the 20-29 and 50+ age groups.

Definitions of Mode of Exposure Categories

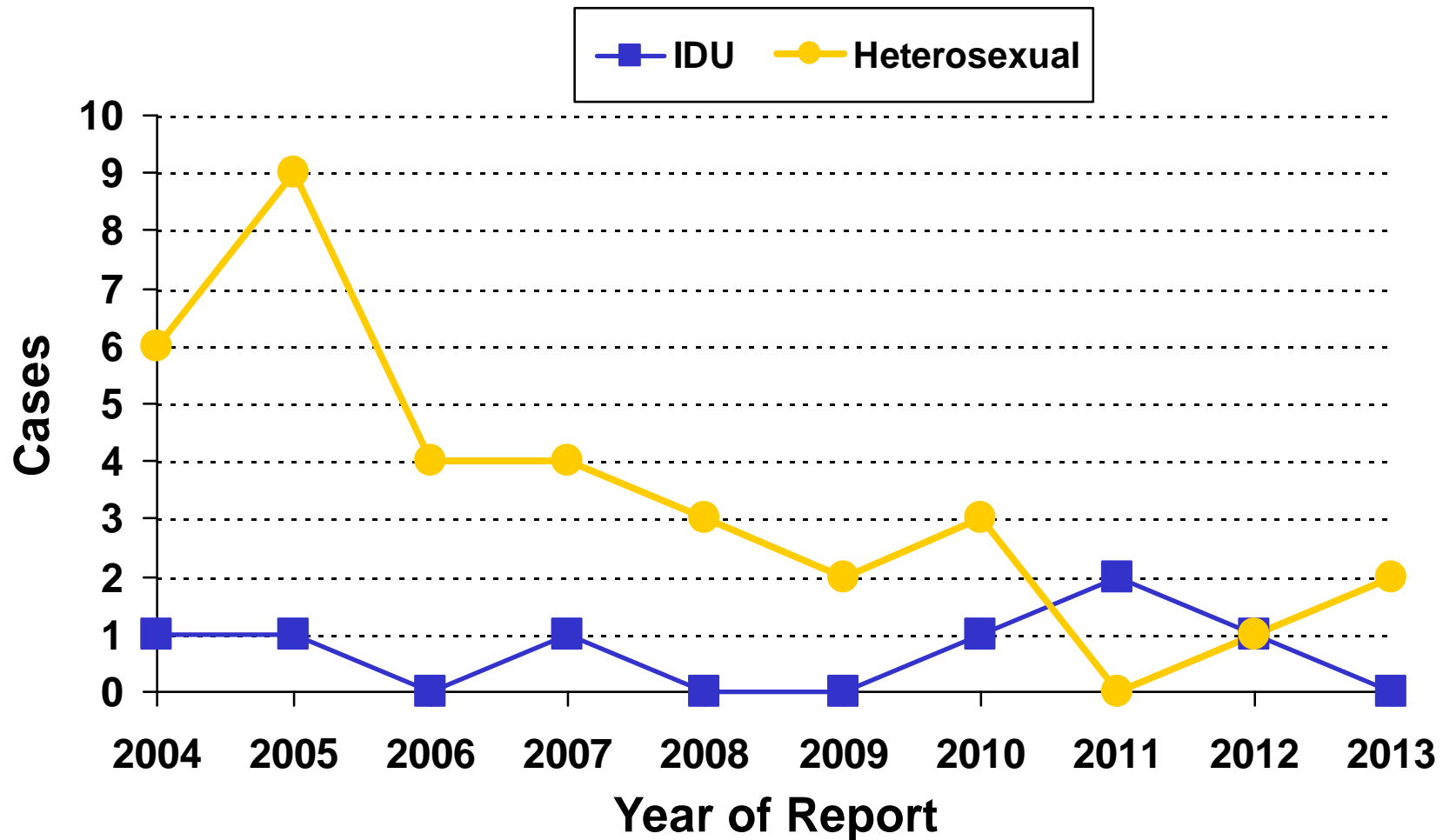
- ◆ **MSM** = Men who have sex with men
- ◆ **IDU** = Injection Drug Use
- ◆ **MSM/IDU** = Men who have sex with men & Injection Drug Use
- ◆ **Heterosexual** = Heterosexual contact with person with HIV/AIDS or known HIV risk
- ◆ **OTHER** = includes hemophilia, transfusion, perinatal and other pediatric 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, 2004–2013, Partnership 11b



Note: NIRs redistributed. For most years, men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 11b.

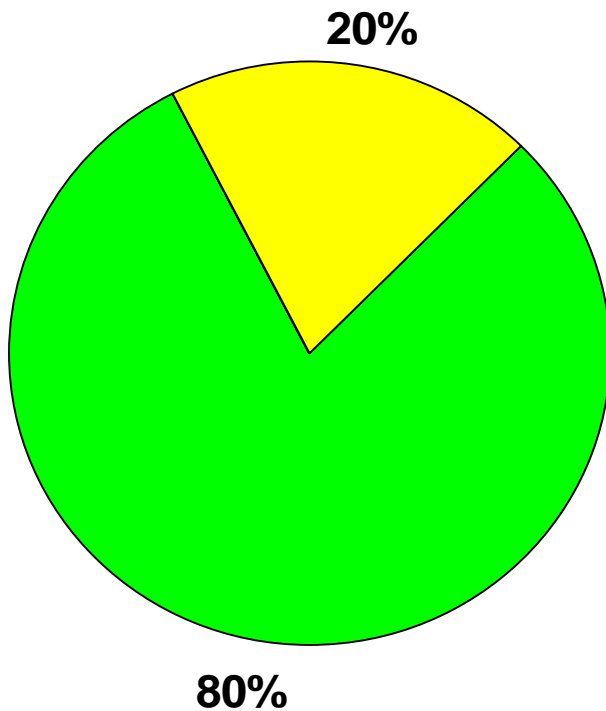
Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 11b



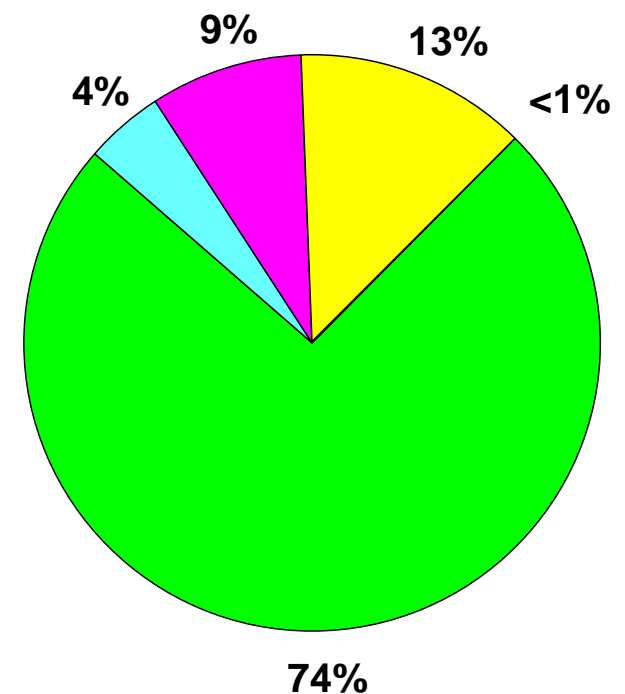
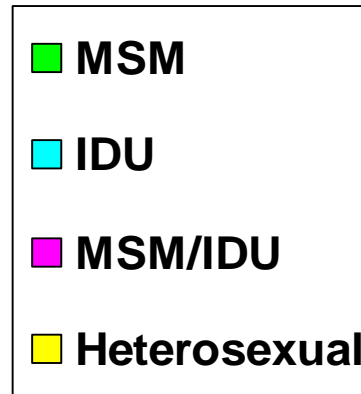
Note: NIRs redistributed. Heterosexual risk continues to be the dominant mode of exposure among females for most of the years, followed by Injection Drug Use (IDU).

Adult Male AIDS and HIV Infection Cases, by Mode of Exposure, Reported in 2013, Partnership 11b

AIDS
N=10



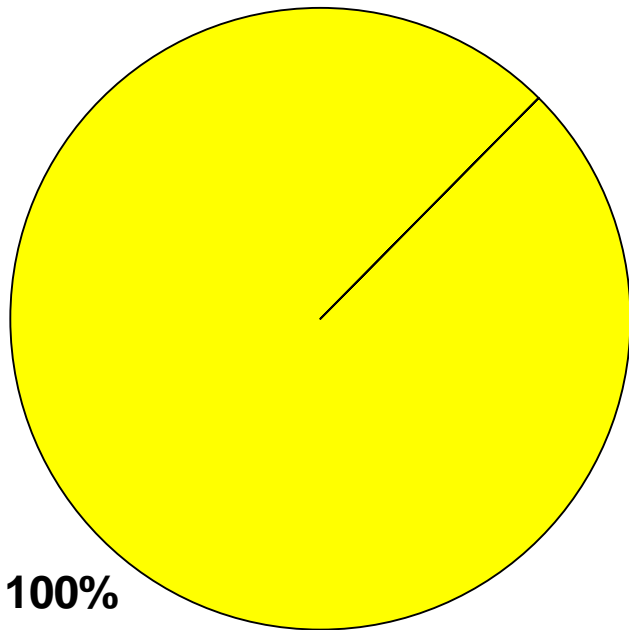
HIV Infection
N=23



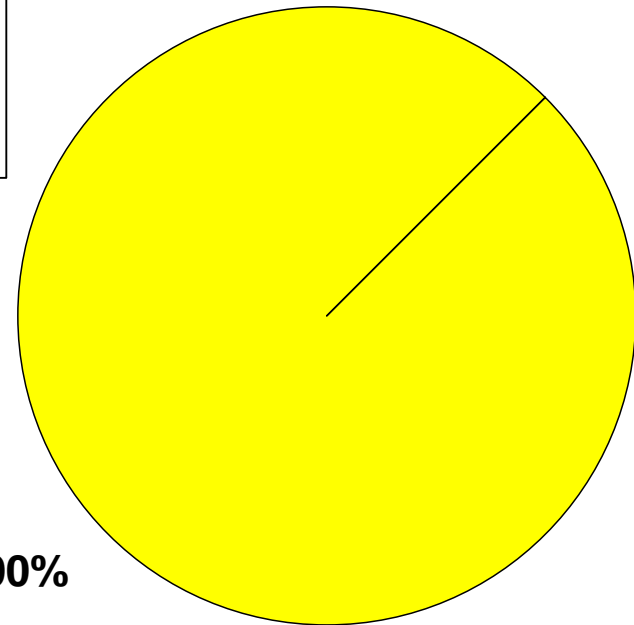
Note: NIRs redistributed. Among the male AIDS and HIV infection cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (80% and 74% respectively). The recent increase among MSM is indicated by the higher MSM among HIV infection cases compared to AIDS cases, as HIV infection cases tend to represent a more recent picture of the epidemic.

Adult Female AIDS and HIV Infection Cases, by Mode of Exposure, Reported in 2013, Partnership 11b

AIDS
N=1



HIV Infection
N=2

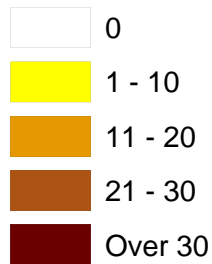


Note: NIRs redistributed. Among the female AIDS and HIV infection cases reported in 2013, heterosexual contact was the most common risk factor (100%).

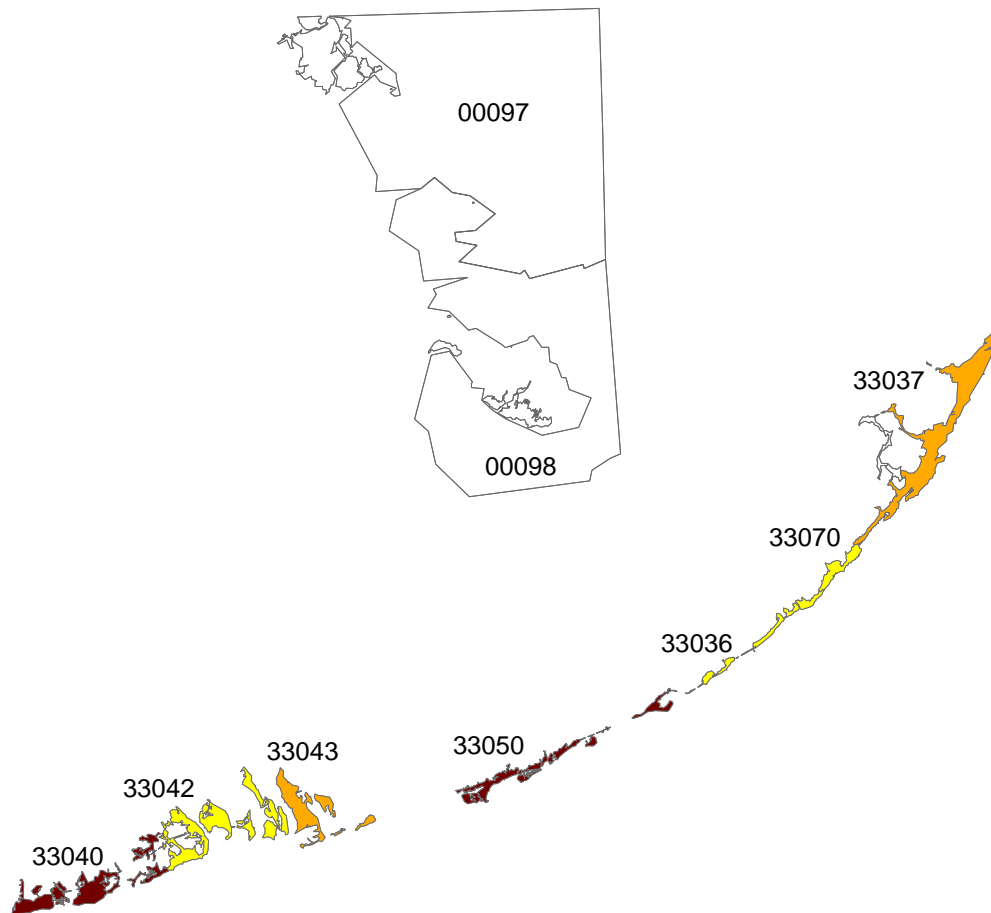
Cases Living with HIV Disease

Adults Living with HIV Disease By Zip Code, Reported through 2012, Partnership 11b

Total Adult Living
HIV/AIDS Cases



N=676

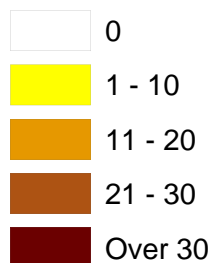


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

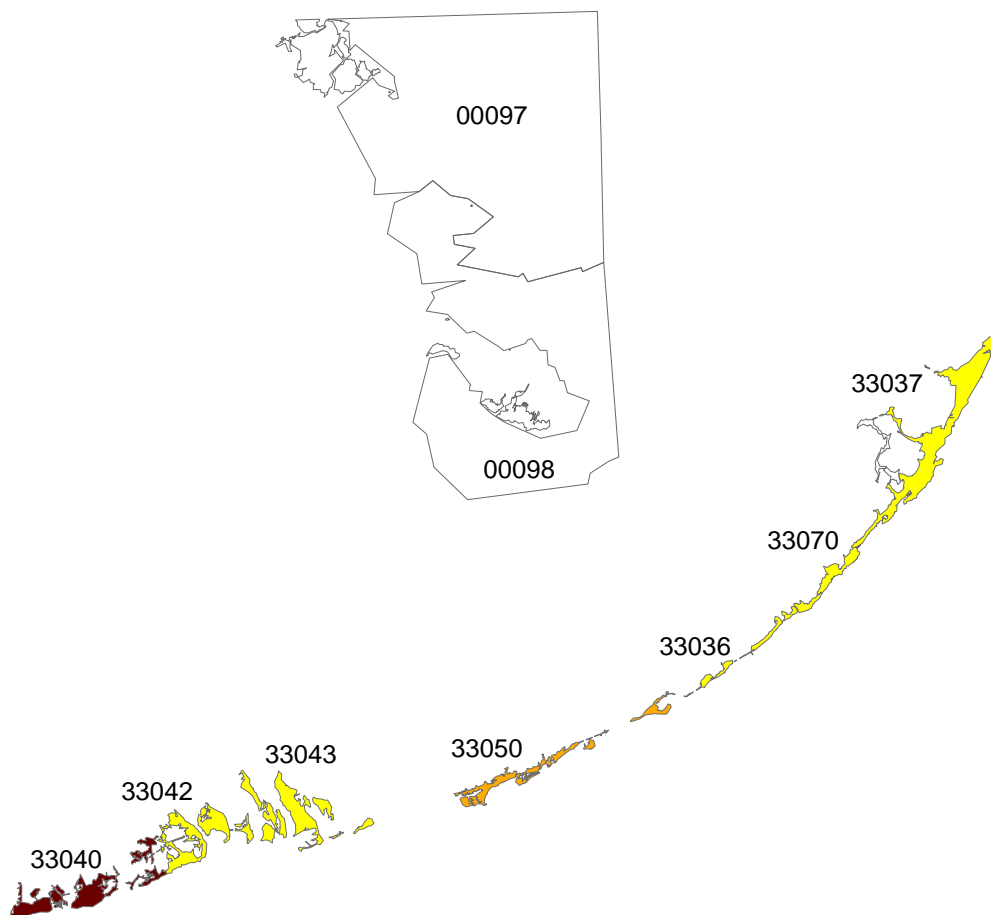


Men who have Sex with Men (MSM)* Living with HIV Disease By Zip Code, Reported through 2012, Partnership 11b

Presumed Living MSM HIV/AIDS Cases



N=549

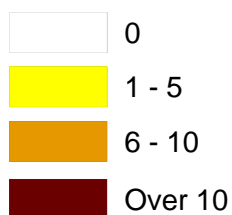


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/2013

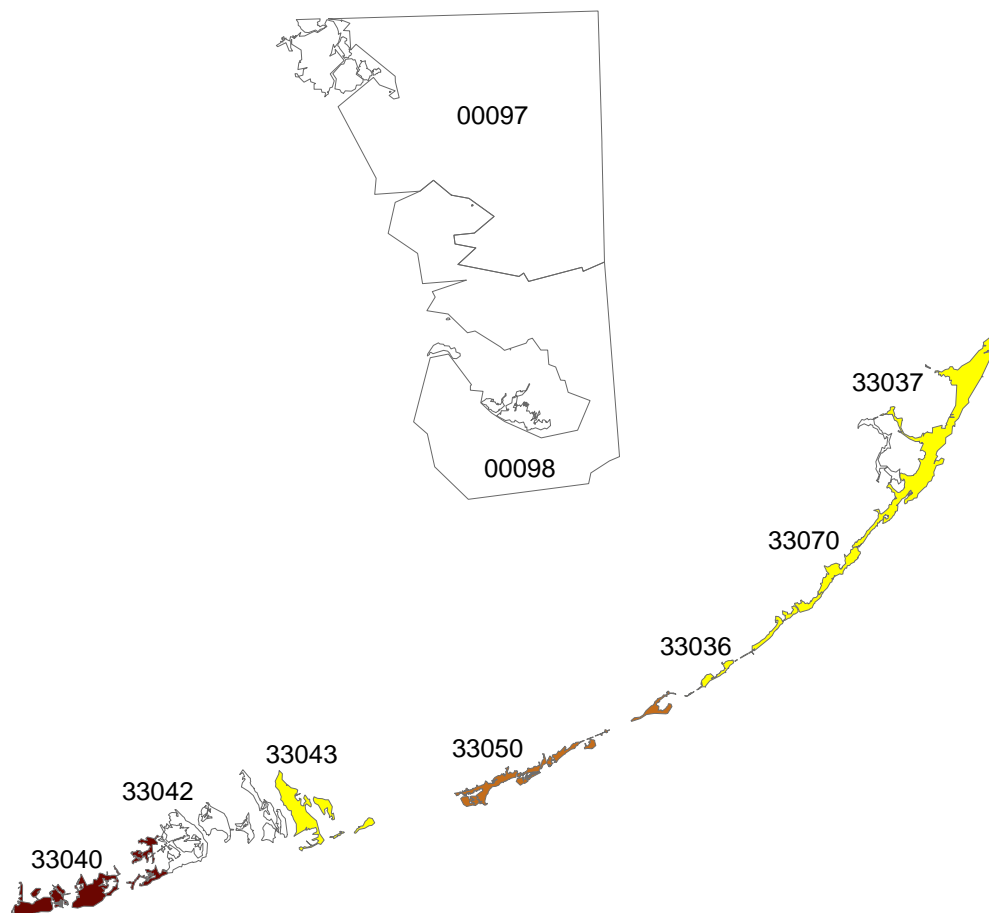


Injection Drug Users (IDUs)* Living with HIV Disease By Zip Code, Reported through 2012, Partnership 11b

Presumed Living IDU HIV/AIDS Cases



N=77

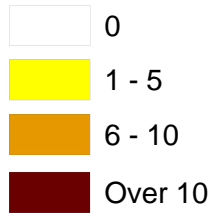


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/2013

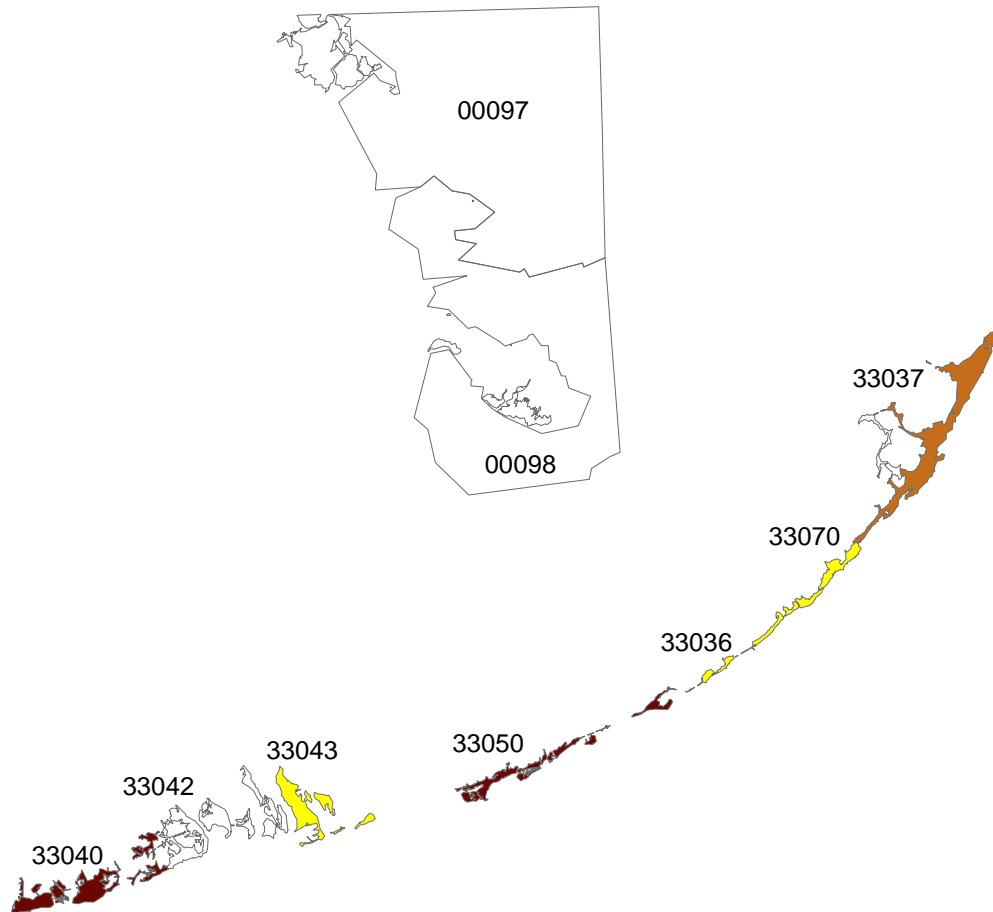


Adult Heterosexuals Living with HIV Disease By Zip Code, Reported through 2012, Partnership 11b

Presumed Living Heterosexual HIV/AIDS Cases



N=90



NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

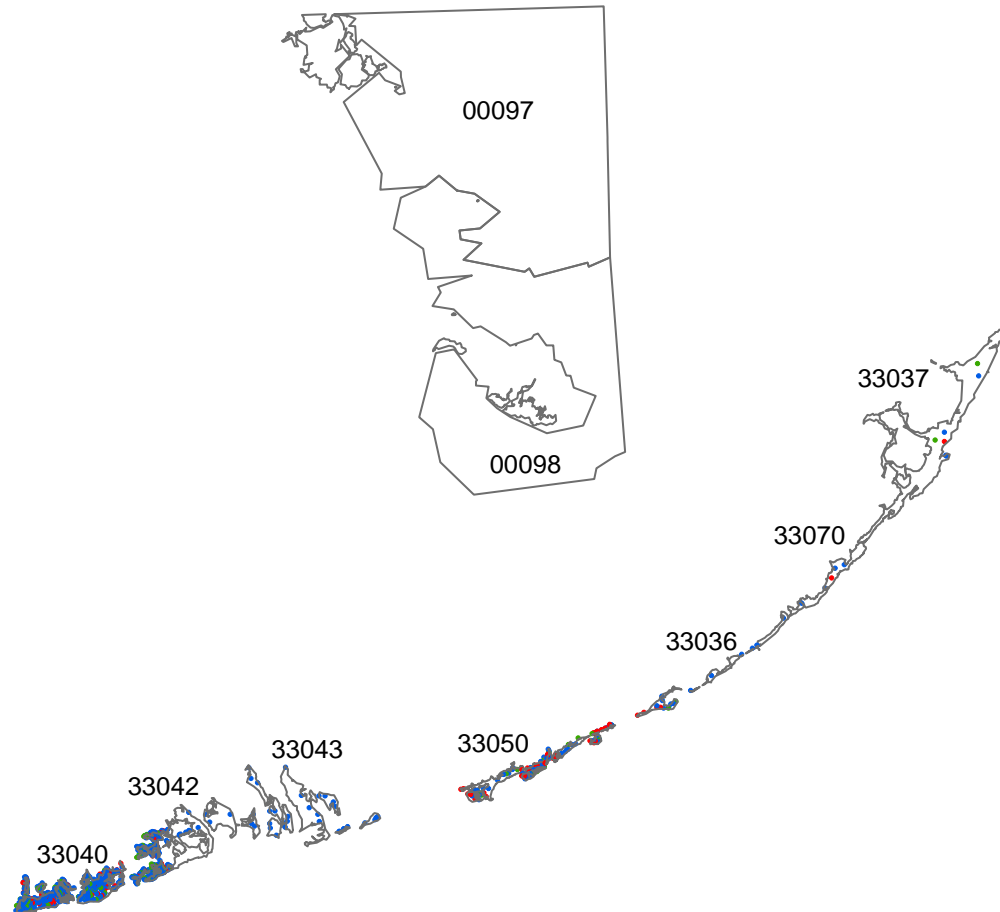


Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Reported through 2012, Partnership 11b

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

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

N=663



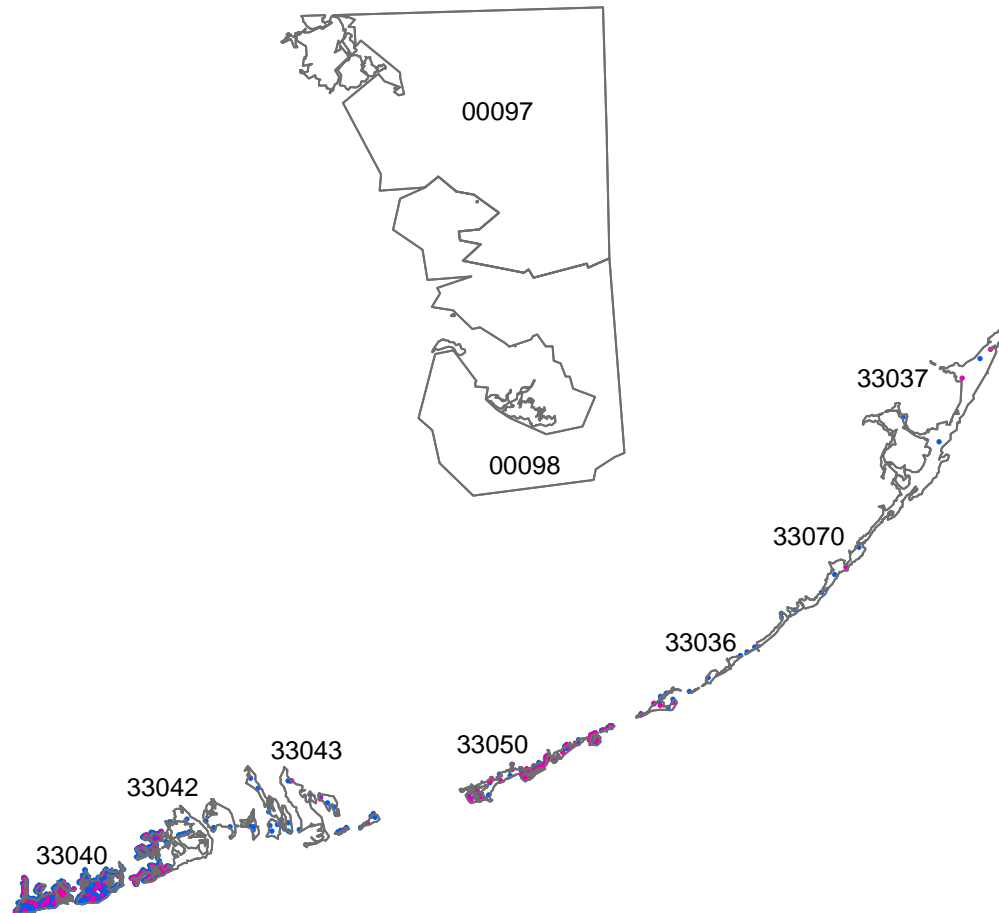
Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

Adults Living with HIV Disease By Zip Code and Sex, Reported through 2012, Partnership 11b

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

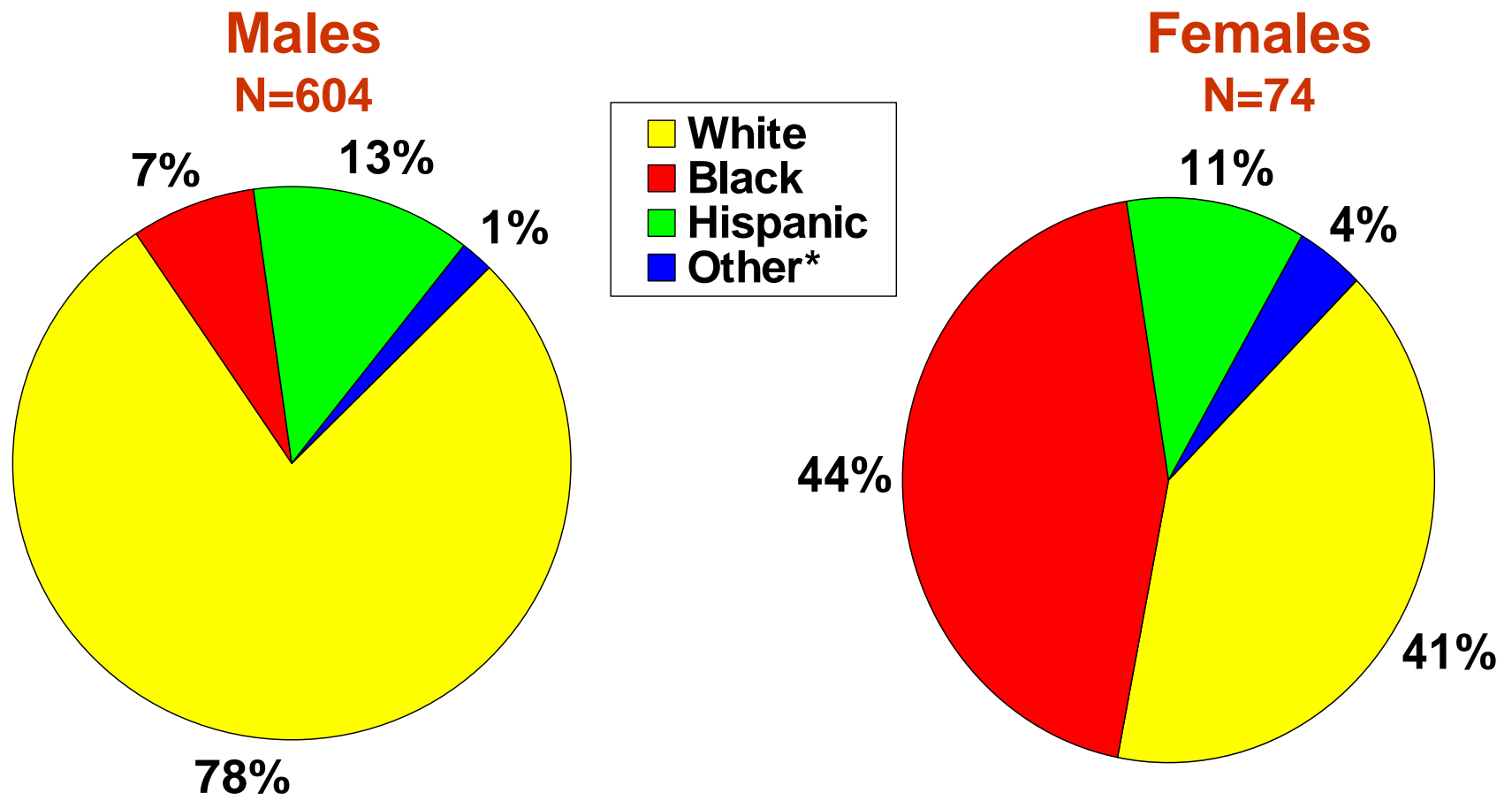
- Male
- Female

N=676



Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

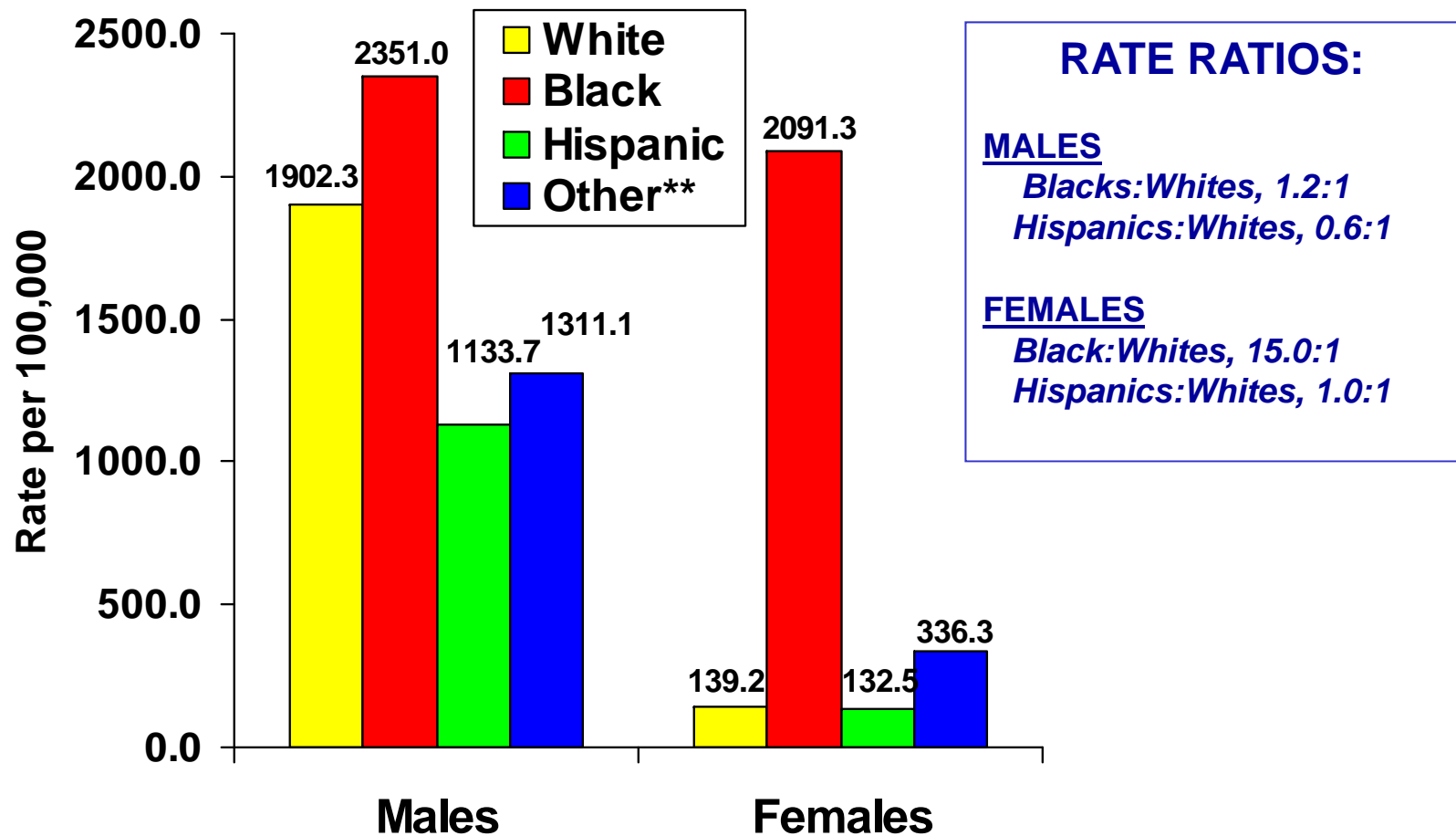
Adults Living with HIV Disease, by Sex and Race/Ethnicity Reported through 2012, Partnership 11b



Note: Among adult males living with HIV disease, whites represent the race most affected (78%). Among adult females living with HIV disease, blacks represent the race most affected (44%).
*Other includes Asian/Pacific Islanders and Native Alaskans/American Indians.



Case Rates* of Adults Living with HIV Disease, by Sex and Race/Ethnicity, Reported through 2012, Partnership 11b



Note: Among adult black males living with HIV disease reported through 2012, the case rate is slightly higher than the rate among white males. Among adult black females living with HIV disease, the case rate is 15 times higher than the rate among white females. The Hispanic male rate is lower than the rate among their white counterpart, whereas the Hispanic female rate is equivalent to the rate among their white counterpart. Data excludes Department of Corrections cases.

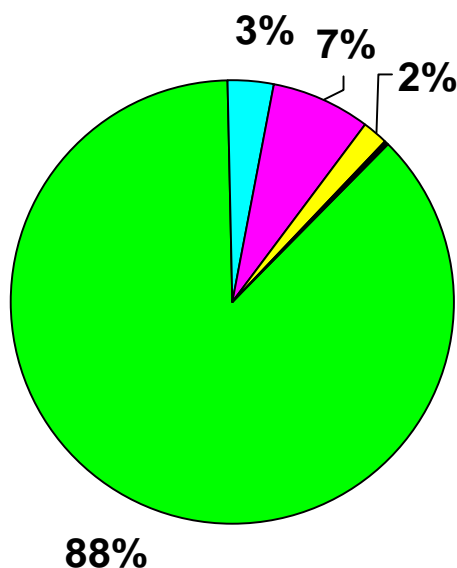
*Source: Population estimates are provided by FloridaCHARTS

**Other includes Asian/Pacific Islanders and Native Alaskans/American Indians.

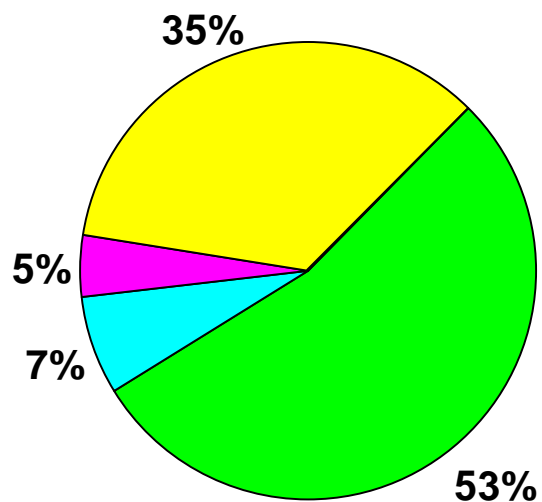


Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 11b

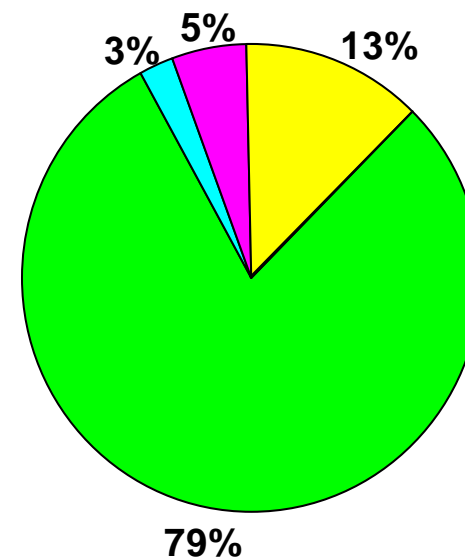
White Non-Hispanic,
N=472



Black Non-Hispanic,
N=43



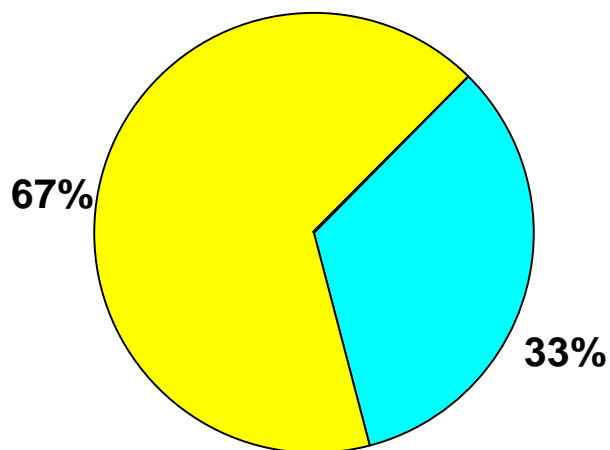
Hispanic,
N=78



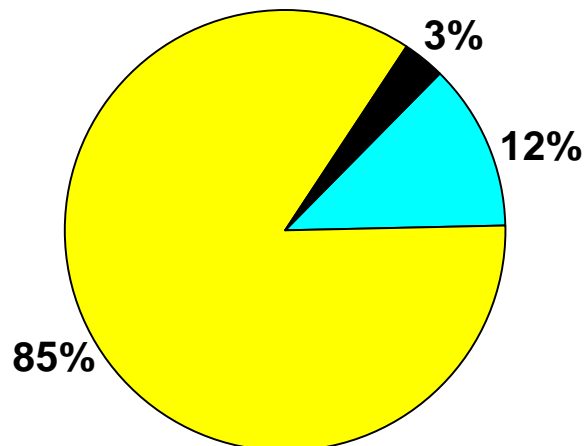
Note: NIRs redistributed. Among males living with HIV disease, the distribution of risk among blacks differs from that among whites and Hispanics. MSM represents the highest risk for all races. White males have the smallest proportion of heterosexual contact cases.

Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 11b

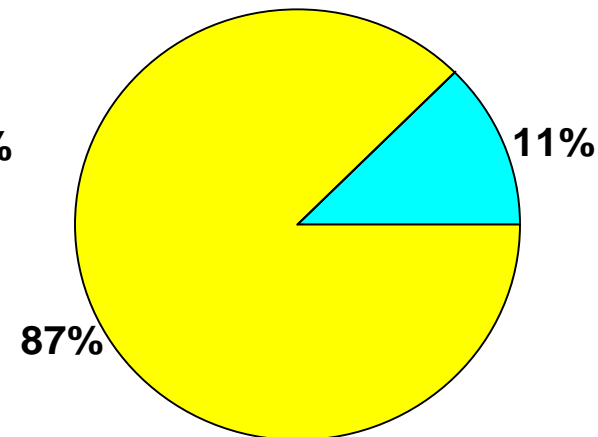
White Non-Hispanic,
N=30



Black Non-Hispanic,
N=33

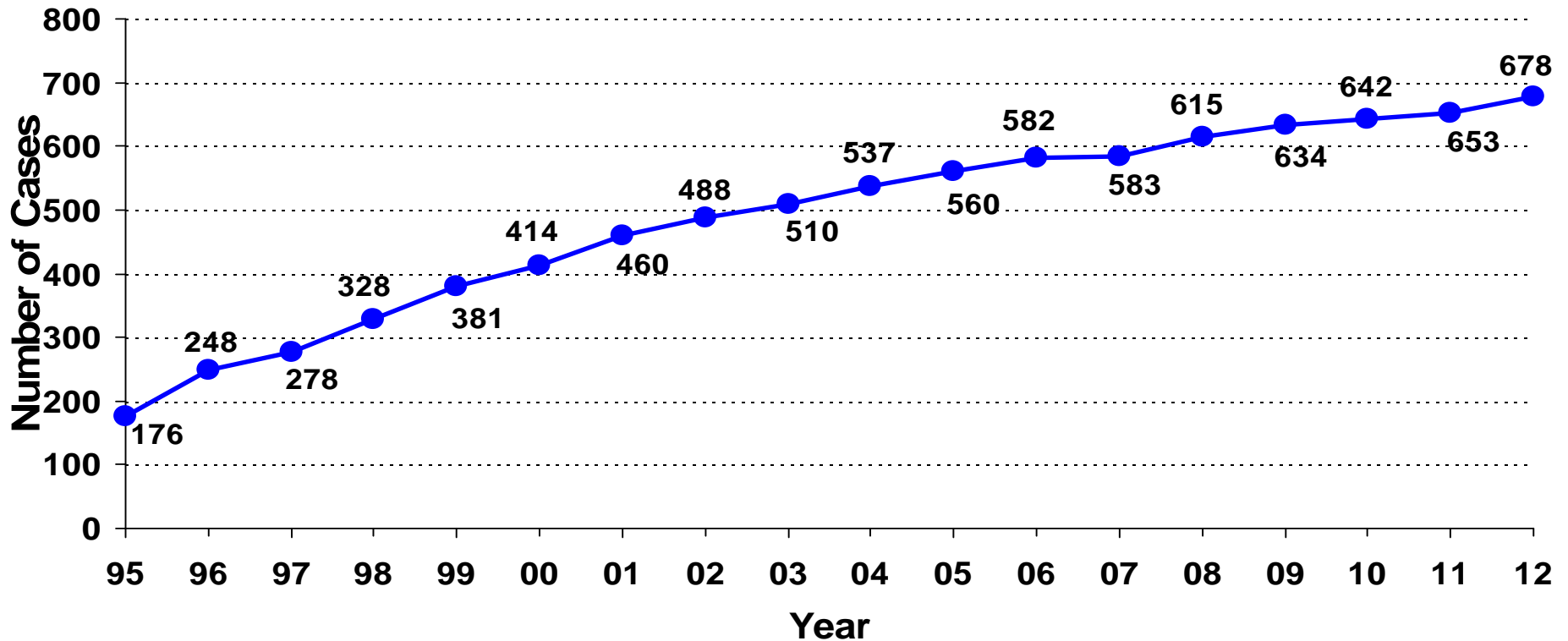


Hispanic,
N=8



Note: NIRs redistributed. Among adult females living with HIV disease, the distribution of risk among whites differs from that among blacks and Hispanics. Heterosexual contact is the majority risk for all races. However, whites have the largest proportion of IDU cases.

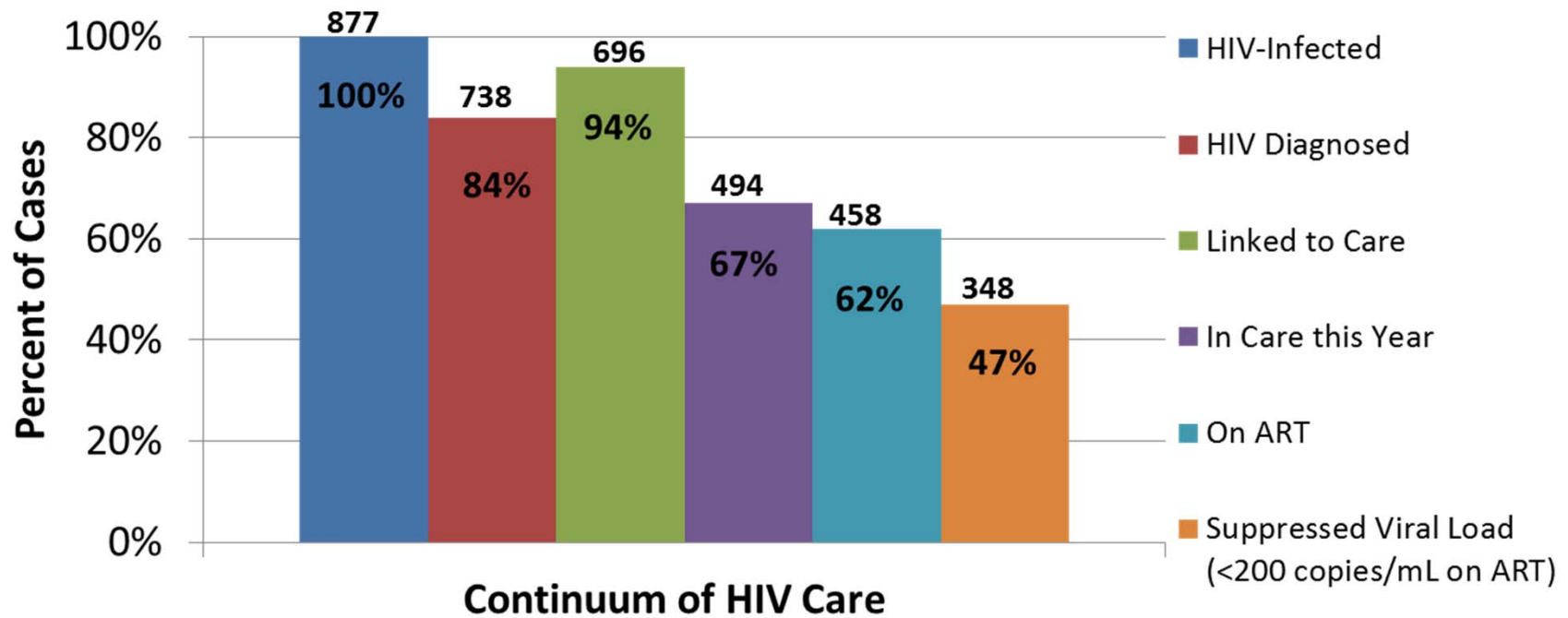
Annual Prevalence of Adults Living with HIV Disease, 1995-2012, Partnership 11b



As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons reported with HIV/AIDS that are presumed to be alive has been increasing. Since the year 1995, prevalent cases have increased by over 285%. In 2012, the prevalence increased by 4% since the previous year.



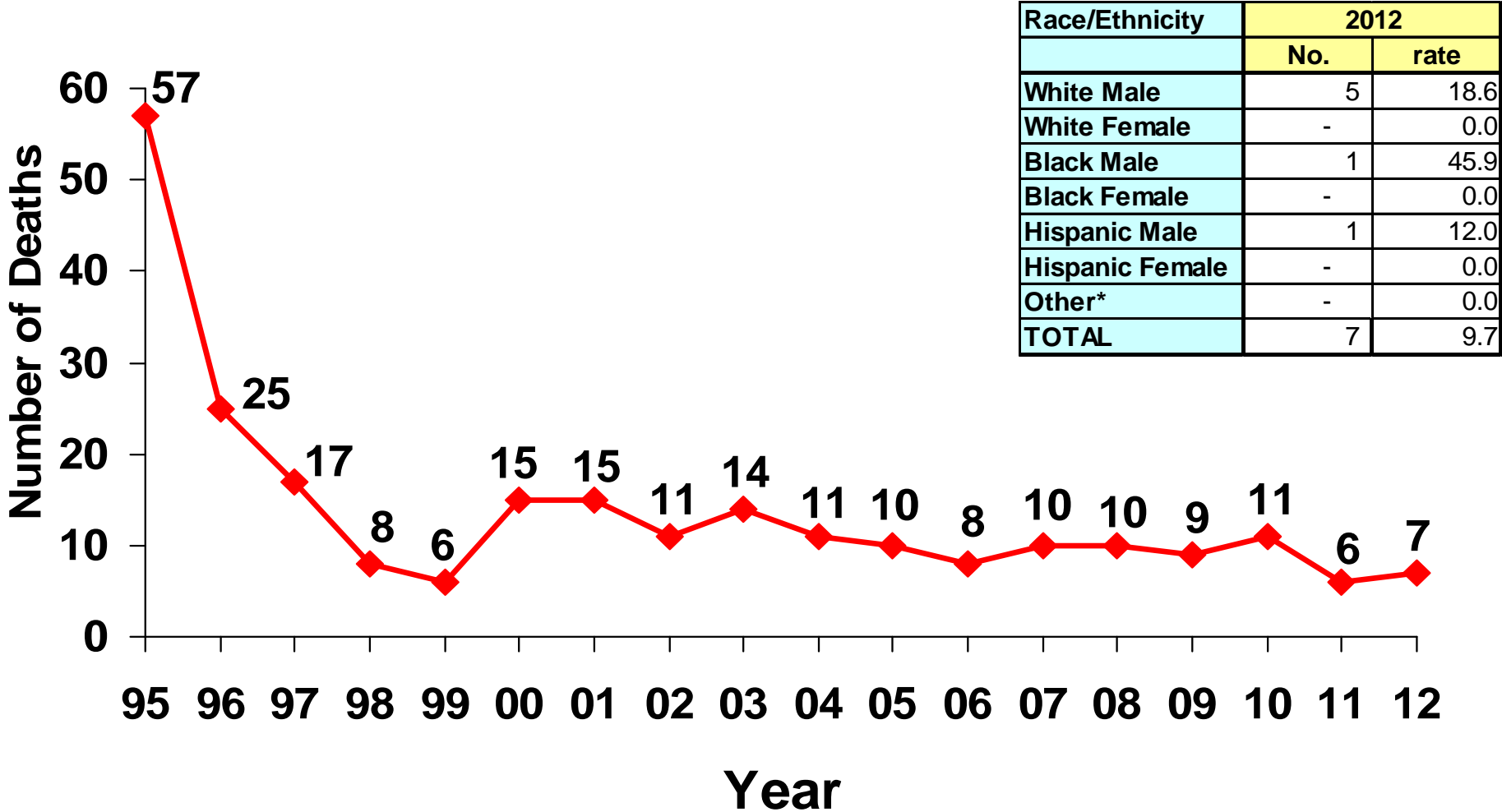
Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 11b, 2012



- HIV-infected=HIV diagnosed cases divided by 84.2% (to account for 15.8% national estimated unaware of their status in Florida). The 2011 indicator report (http://www.cdc.gov/hiv/pdf/2011_Monitoring_HIV_Indicators_HSSR_FINAL.pdf) estimates that 15.8% are undiagnosed (Table 9a) – this report uses 2010 data and was published in October 2013.
- HIV Diagnosed=Number of cases known to be alive and living in Florida through 2012, regardless where diagnosed, as of 06/30/2013 (used for unmet need calculations), plus an additional 4% to account for OOS in care, but not yet entered into eHARS.
- Linked to Care (Ever in Care) =Based on calculated data of persons living with HIV disease in Florida (regardless of where diagnosed) who ever had a CD4 or Viral load test in the eHARS dataset. (National estimates are 77%).
- In Care this Year=Based on Unmet need calculations as prescribed by HRSA, for persons living with HIV in Florida (regardless of where diagnosed) and having at least 1 HIV-related care service involving either a VL or CD4 test, or a refill of HIV-related RX, plus 5% for unreported/missing labs and plus 6% for OOS cases known in care, but not yet entered into eHARS. (National estimates for in care are 57%).
- On ART=Estimated 92.7% of In care this year in Florida per MMP (National estimates are 88%)
- Suppressed VL=Estimated 76.1% on ART are in care this year in Florida per MMP (National estimates are 77%).



Resident Deaths due to HIV Disease by Year of Death, 1995-2012, Partnership 11b



Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 05/07/13). Population data are provided by FloridaCHARTS.

*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 11b Dept. of Health, HIV/AIDS & Hepatitis Program
Website**

**(Slide Sets, Fact Sheets, Monthly Surveillance Report,
Counseling & Testing Data, etc., etc.):**

http://www.doh.state.fl.us/disease_ctrl/aids/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



For Florida HIV/AIDS Surveillance Data

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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.doh.state.fl.us/disease_ctrl/aids/trends/trends.html

Visit CDC's HIV/AIDS internet site for:

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