



HIV/AIDS Epidemiology Partnership 12

Flagler and Volusia Counties

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 12

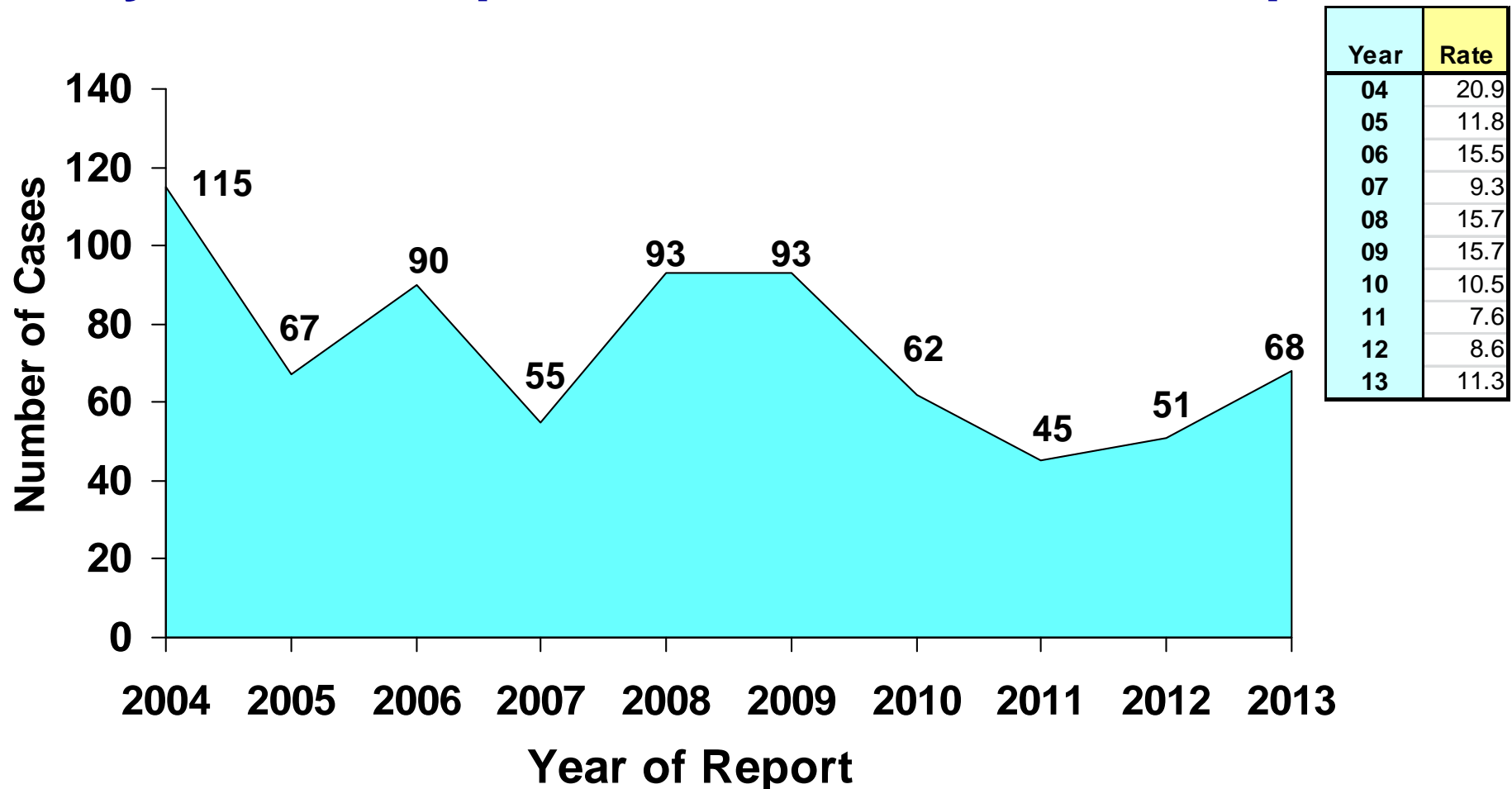
Persons Living with HIV/AIDS through 2012 as of 06/30/2013 1,463	Cumulative AIDS Cases (1981-2013)		
	Adults (Age 13+) 1,945	Pediatrics (Age <13) 18	Total 1,963
	Cumulative HIV Cases (not AIDS) 07/1997-12/2013		
	Adults (Age 13+) 701	Pediatrics (Age <13) 17	Total 718
Total HIV/AIDS Cases	Adult (Age 13+) 2,646	Pediatrics (Age <13) 35	Total 2,681

ADULTS	Males	Females	Total	M:F Ratio
Cumulative AIDS Cases	1,452	493	1,945	2.9 : 1
Cumulative HIV Cases	483	218	701	2.2 : 1



AIDS Cases and Rates*

by Year of Report, 2004-2013, Partnership 12

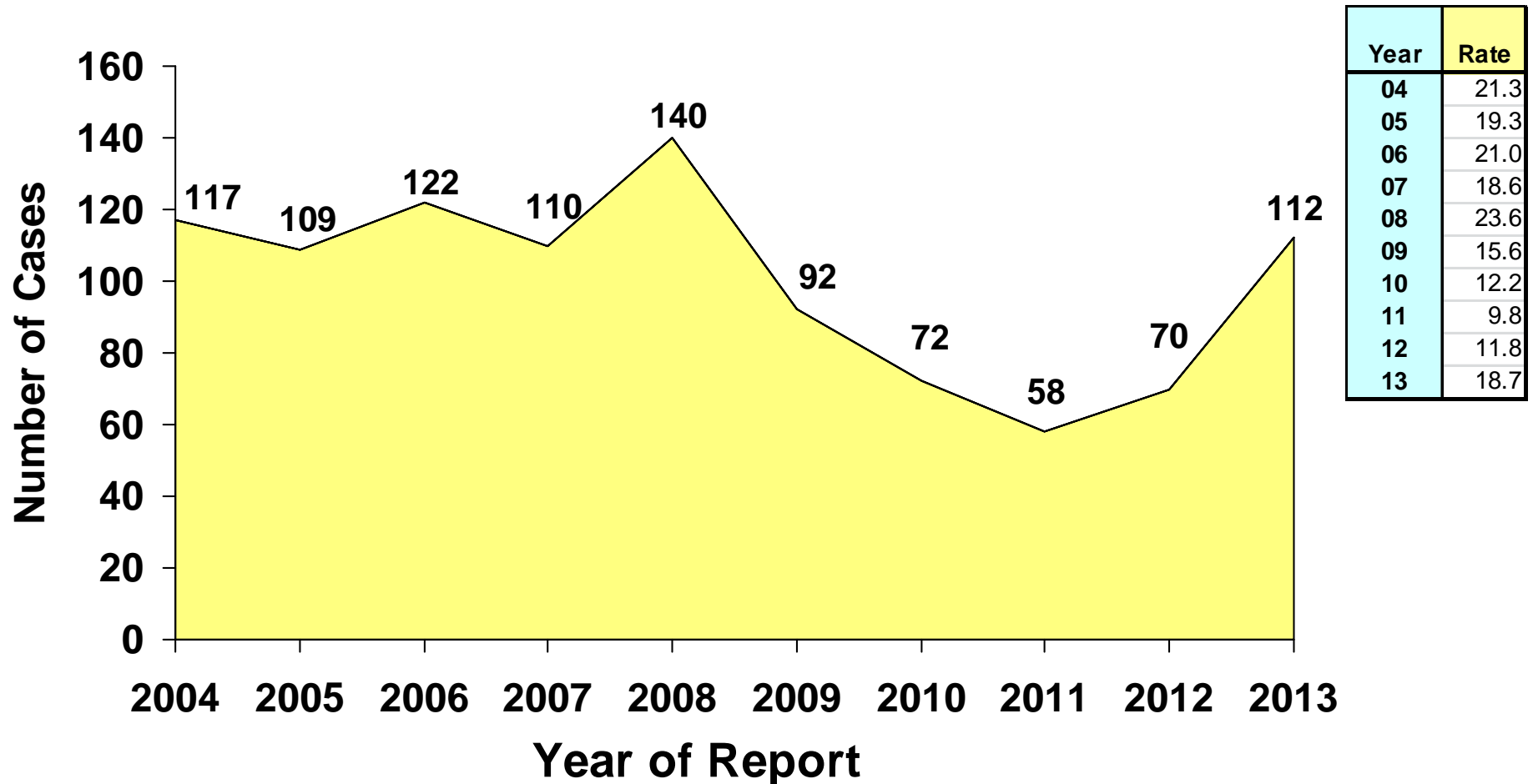


Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of AIDS in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another increase in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



HIV Infection Cases and Rates*, by Year of Report, 2004-2013, Partnership 12

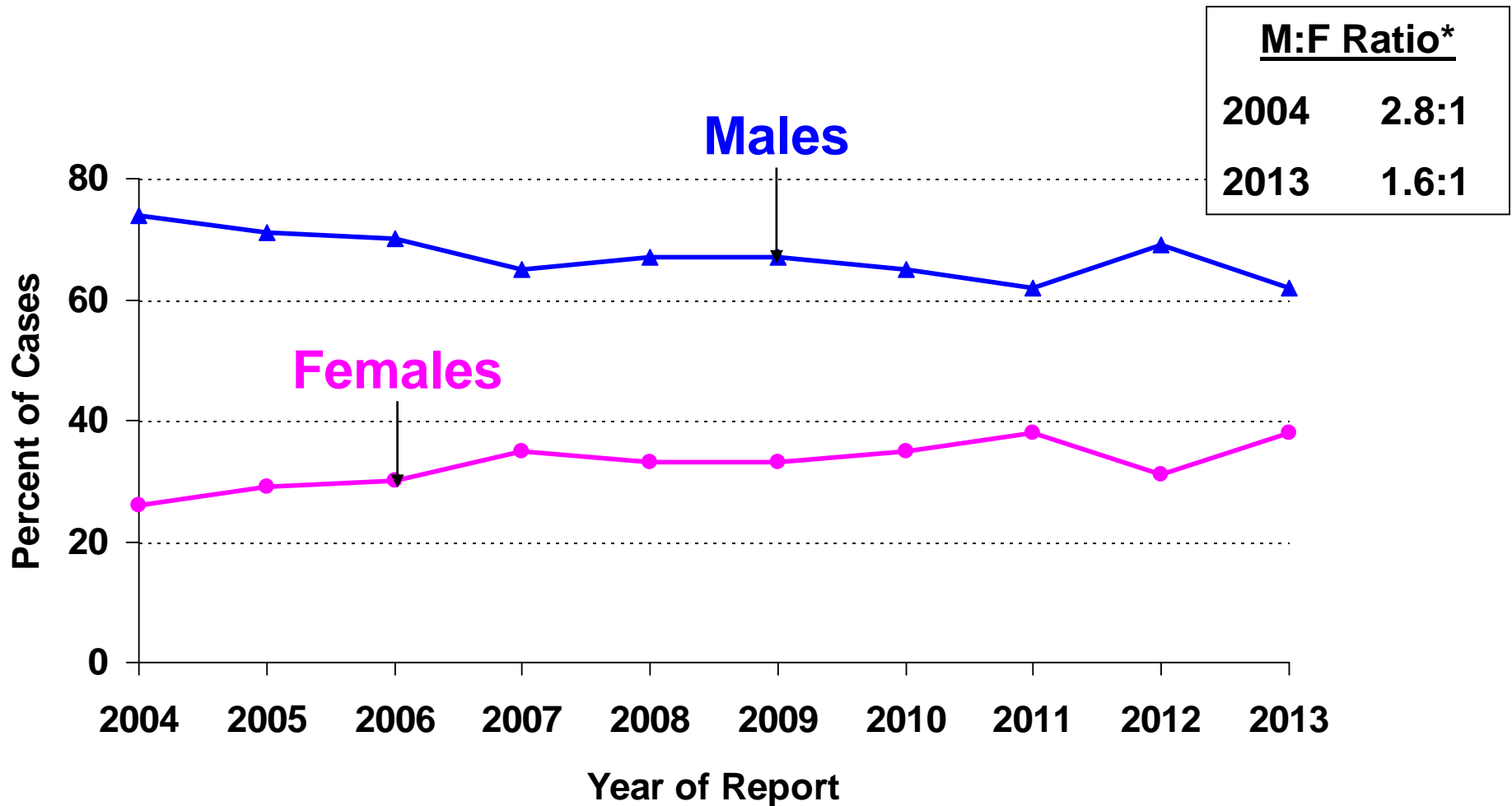


Note: Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly reported cases of HIV infection in 2008. This was followed by a general decline in reported cases through 2012. Another surge in the expansion of ELR in 2012 was followed by another 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.



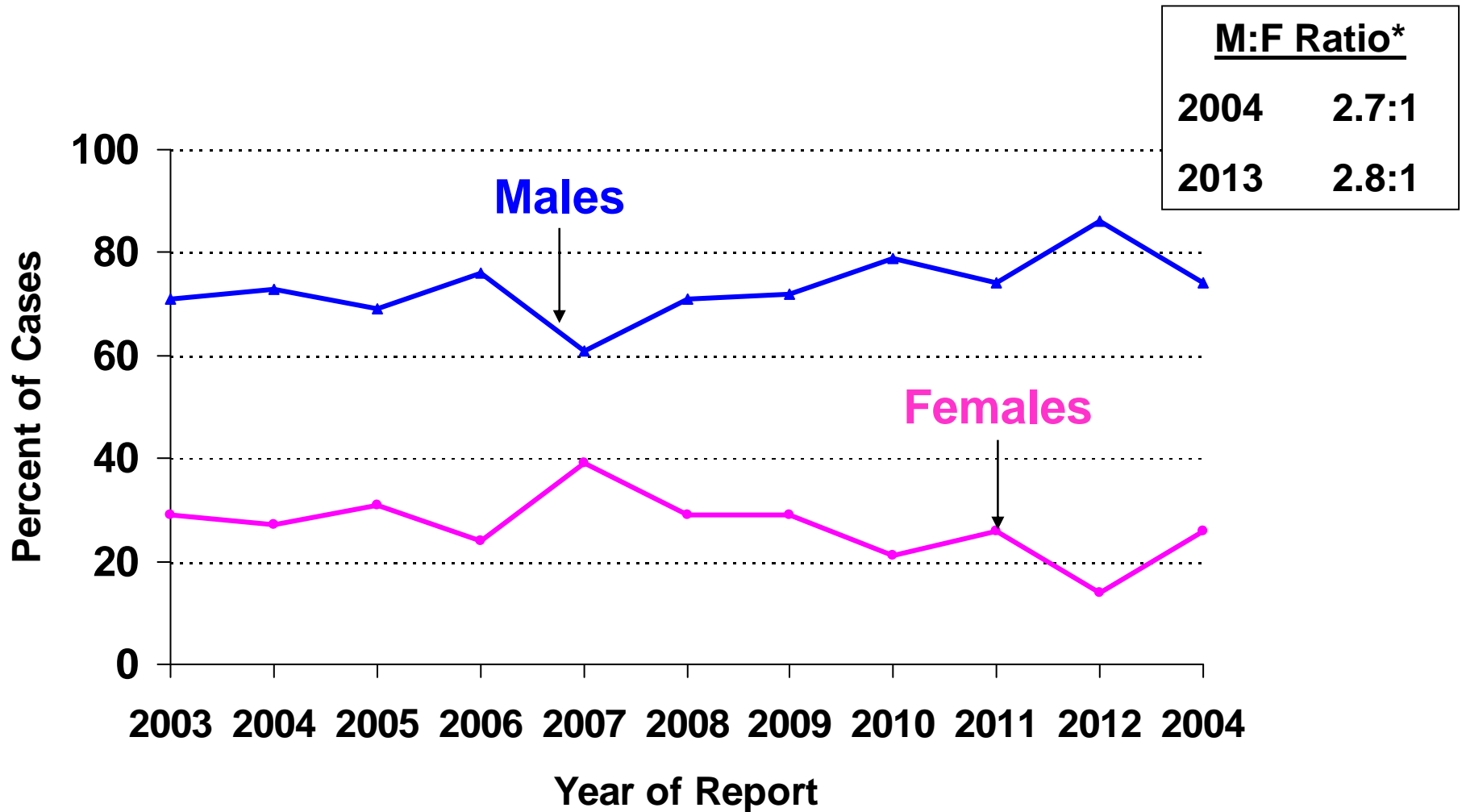
Adult AIDS Cases, by Sex and Year of Report, 2004-2013, Partnership 12



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



Adult HIV Infection Cases, by Sex and Year of Report, 2004-2013, Partnership 12

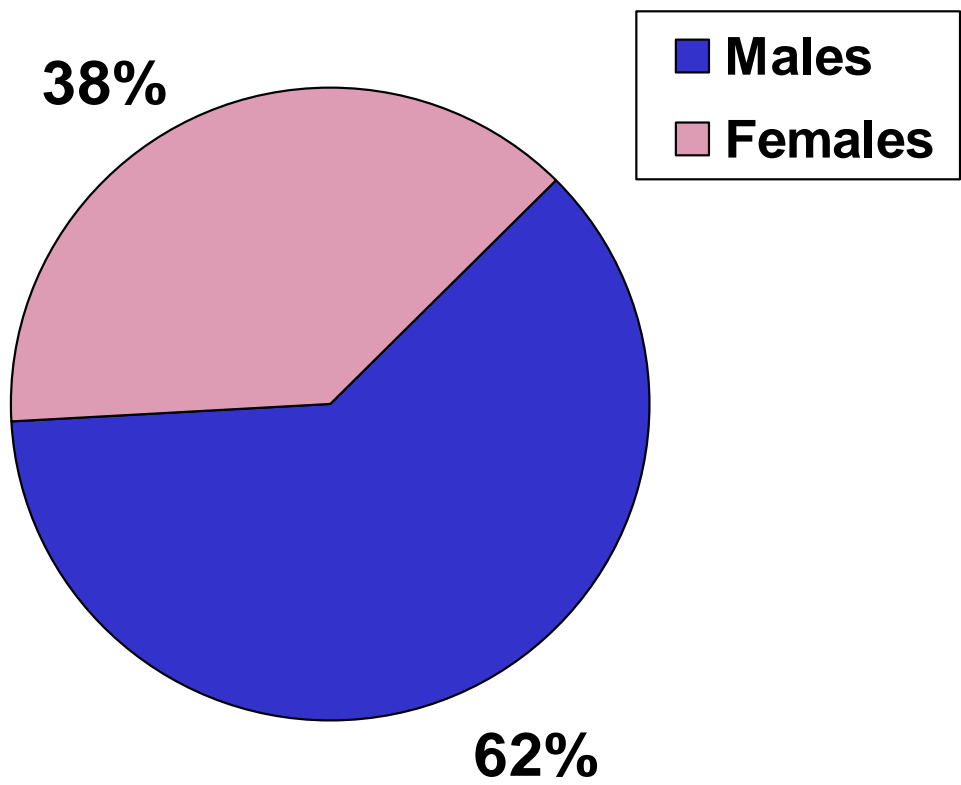


Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV Infection Cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio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

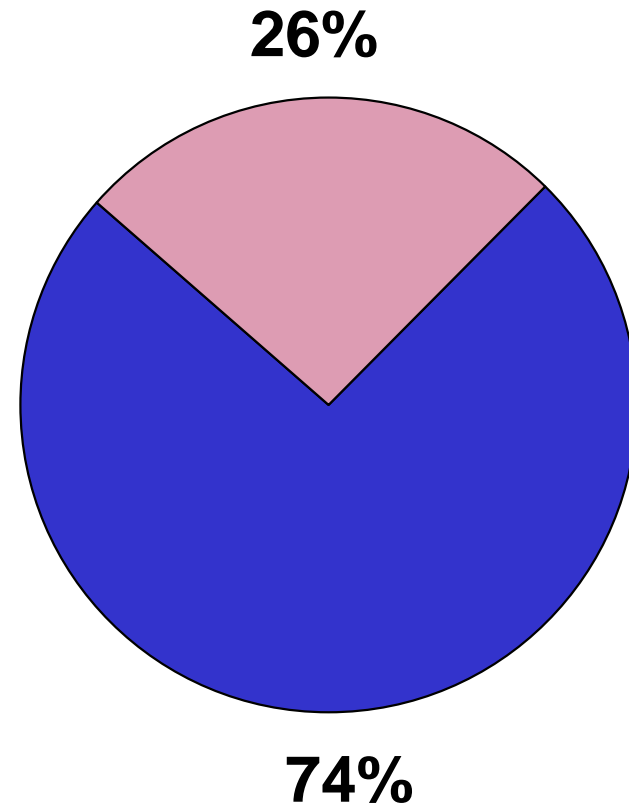


Adult AIDS and HIV Infection Cases by Sex, Reported in 2013, Partnership 12

AIDS
N=68



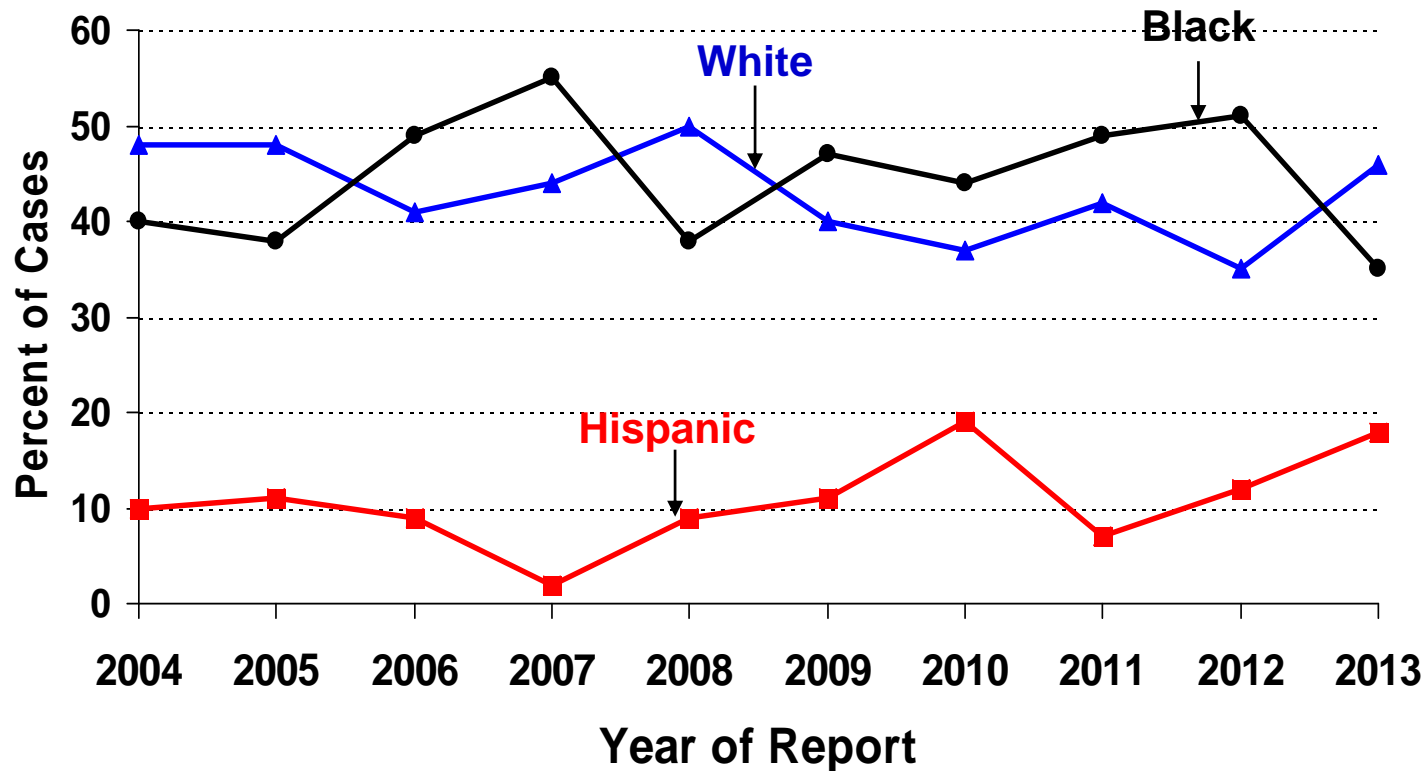
HIV Infection
N=111



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



Adult AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 12



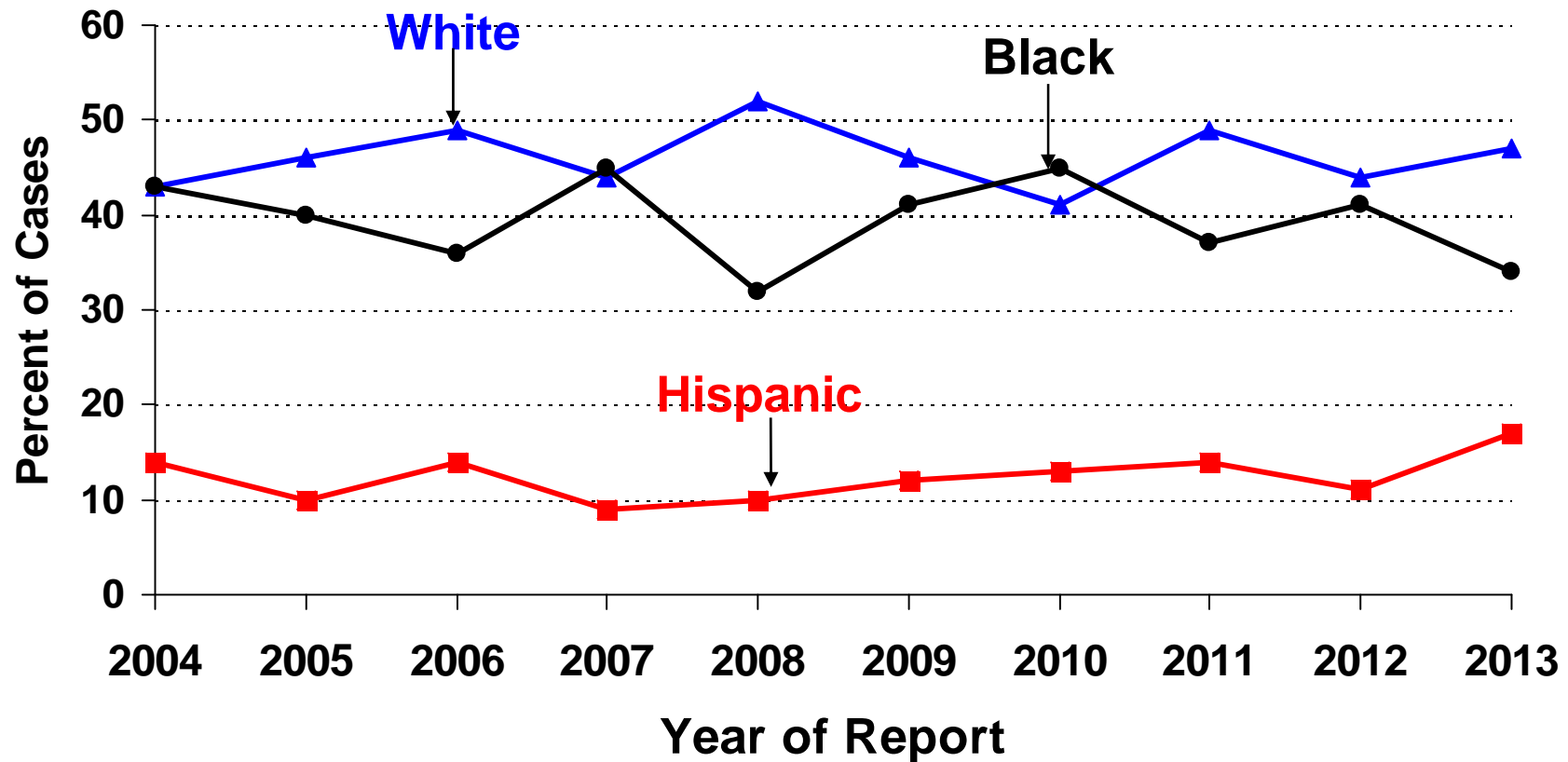
Factors Affecting Disparities

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

Note: In 2013, blacks accounted for 35% of adult AIDS cases, but only 10% of the population. The proportion of black and white cases fluctuated over time, oftentimes, crossing paths. From 2004 to 2013, the proportion of adult AIDS cases increased by 8 percentage points among Hispanics whereas it decreased by 2 and 5 percentage points among whites and blacks respectively. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 3% of the cases and are not included.



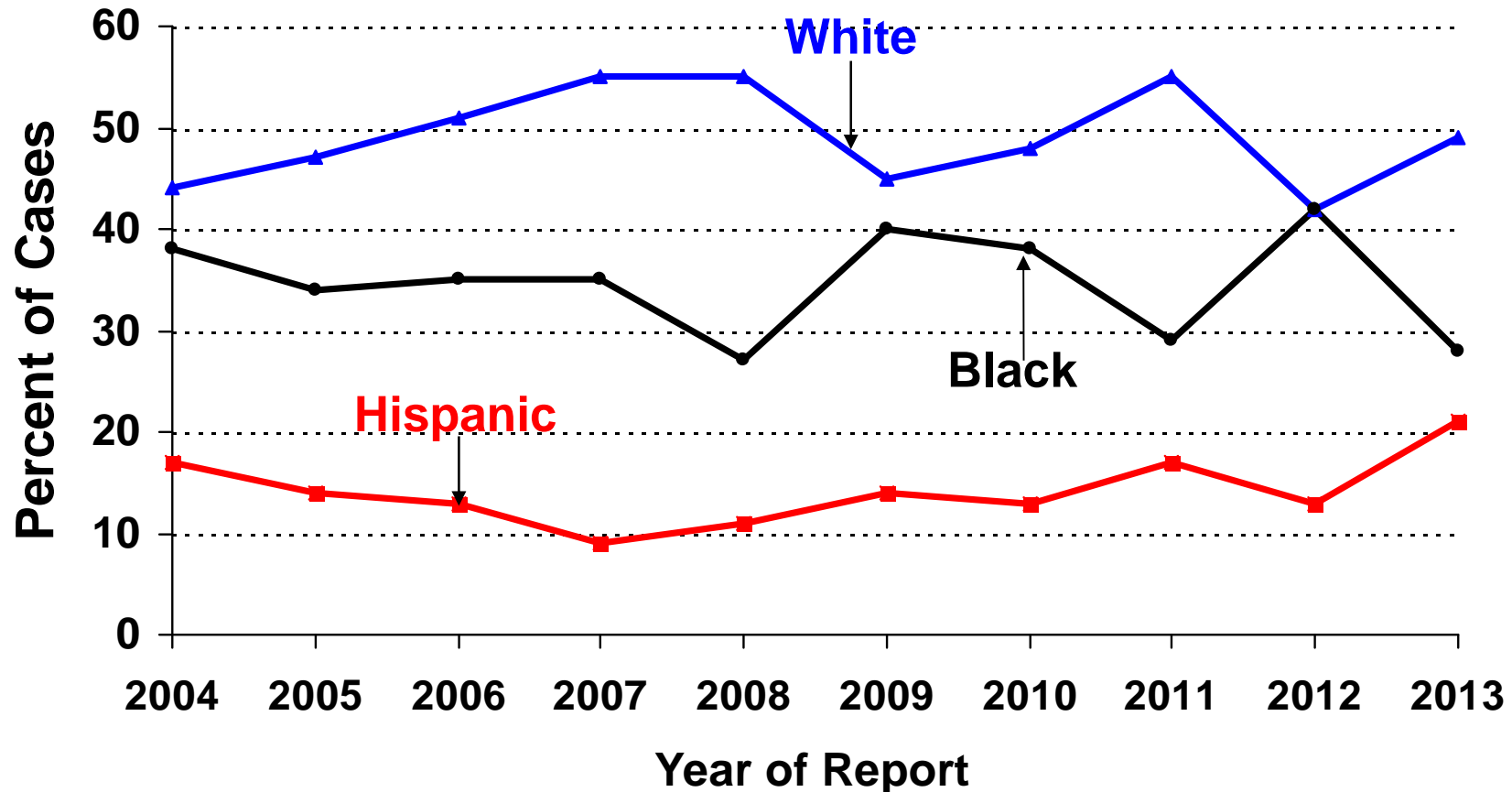
Adult HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 12



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 of HIV infection cases among blacks decreased by 9 percentage points. In contrast, the proportion of HIV infection cases among whites and Hispanics increased by 4 and 3 percentage points, respectively, over the same time period. Other races represent less than 3% of the cases and are not included.

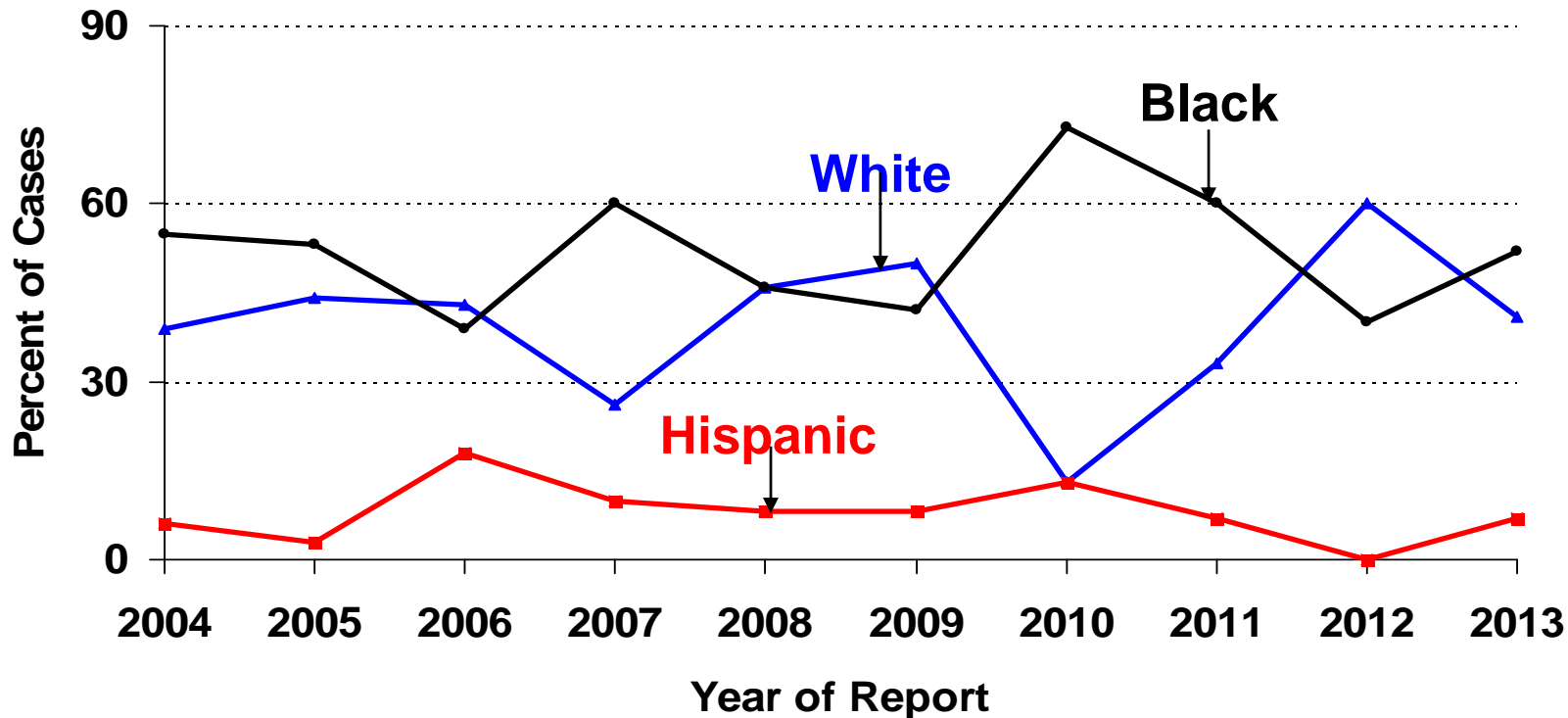


Adult Male HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 12



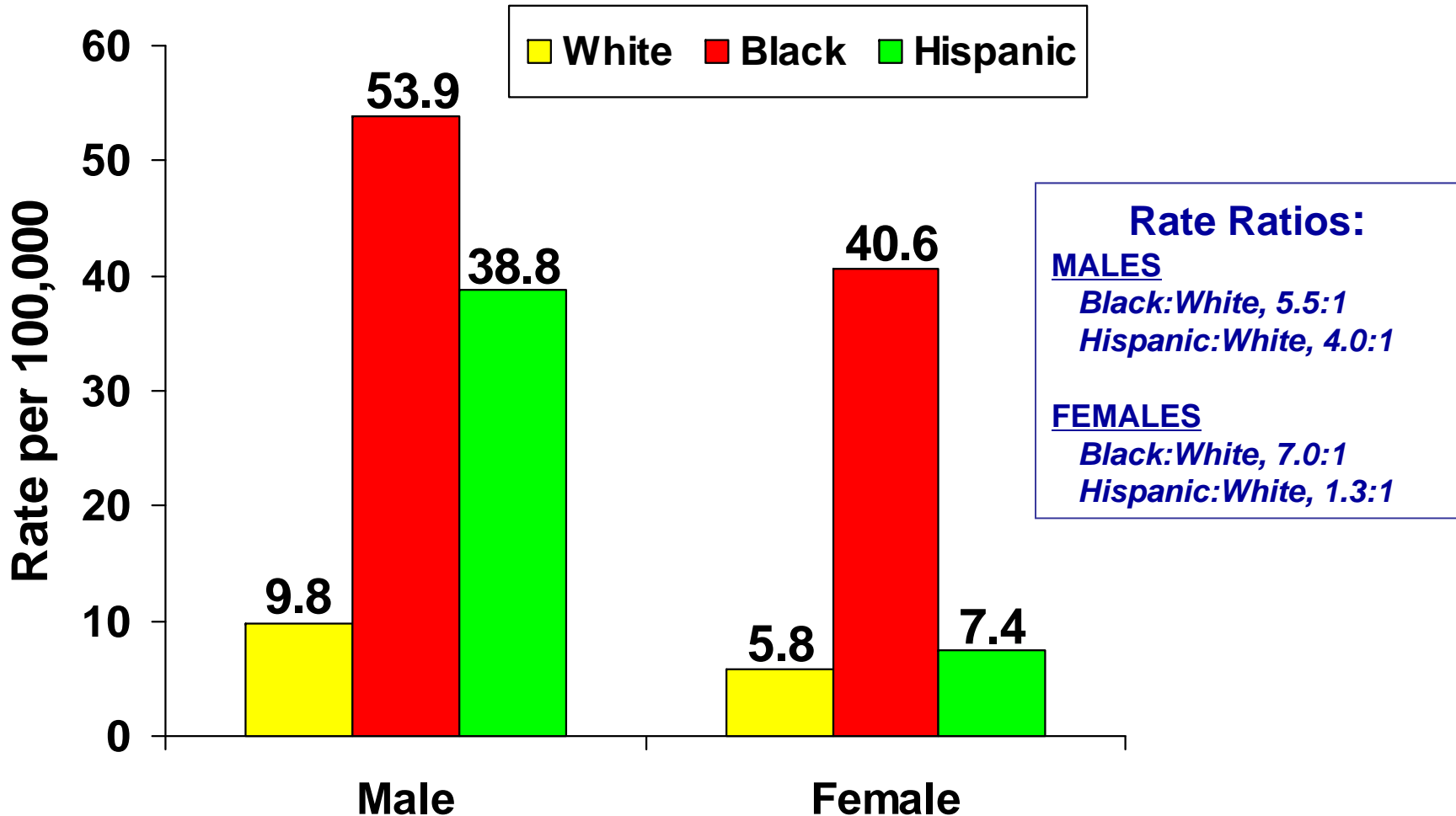
Note: From 2004 to 2013, the proportion of HIV infection cases among white and Hispanic males increased by 5 and 4 percentage points, respectively. In contrast, the proportion of HIV infection cases decreased by 10 percentage points among black males. Other races represent less than 7% of the cases and are not included.

Adult Female HIV Infection Cases by Race/Ethnicity and Year of Report, 2004-2013, Partnership 12



Note: The proportion of black and white adult female HIV infection cases shifted up and down over the years, oftentimes, crossing paths. From 2004 to 2013, the proportion of adult female HIV infection cases among blacks decreased by 3 percentage points. In contrast, the proportion of adult female HIV cases increased among Hispanics and whites by 1 and 2 percentage points, respectively, during the same time period. Other races represent less than 5% of the cases and are not included.

Adult AIDS Case Rates* by Sex and Race/Ethnicity, Reported in 2013, Partnership 12

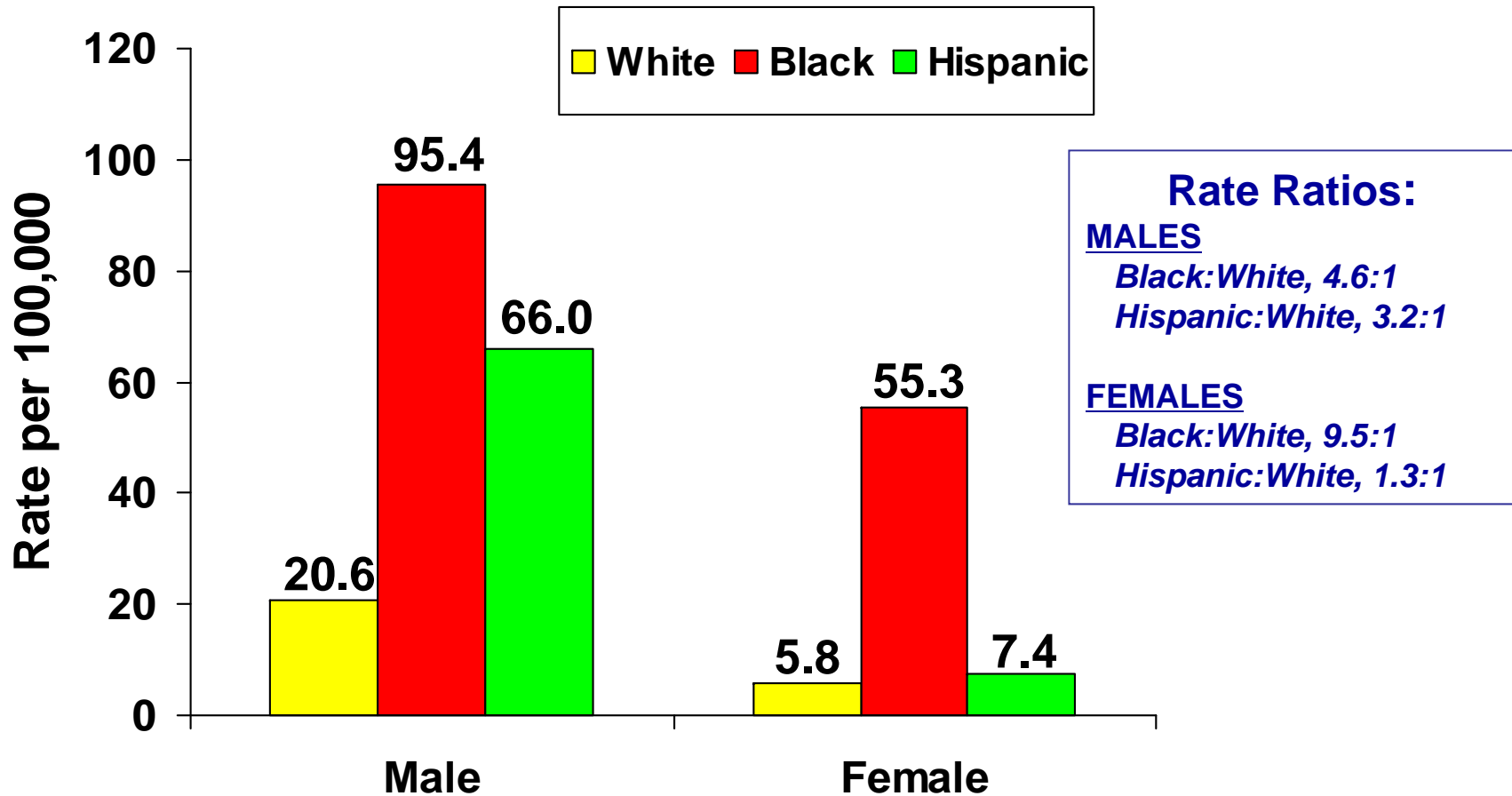


Note: Among black males, the AIDS case rate is nearly 6 times higher than the rate among white males. Among black females, the AIDS case rate is 7 times higher than the rate among white females. Hispanic male and female rates are higher than the rates among their white counterparts.

*Source: 2013 Partnership 12 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 12

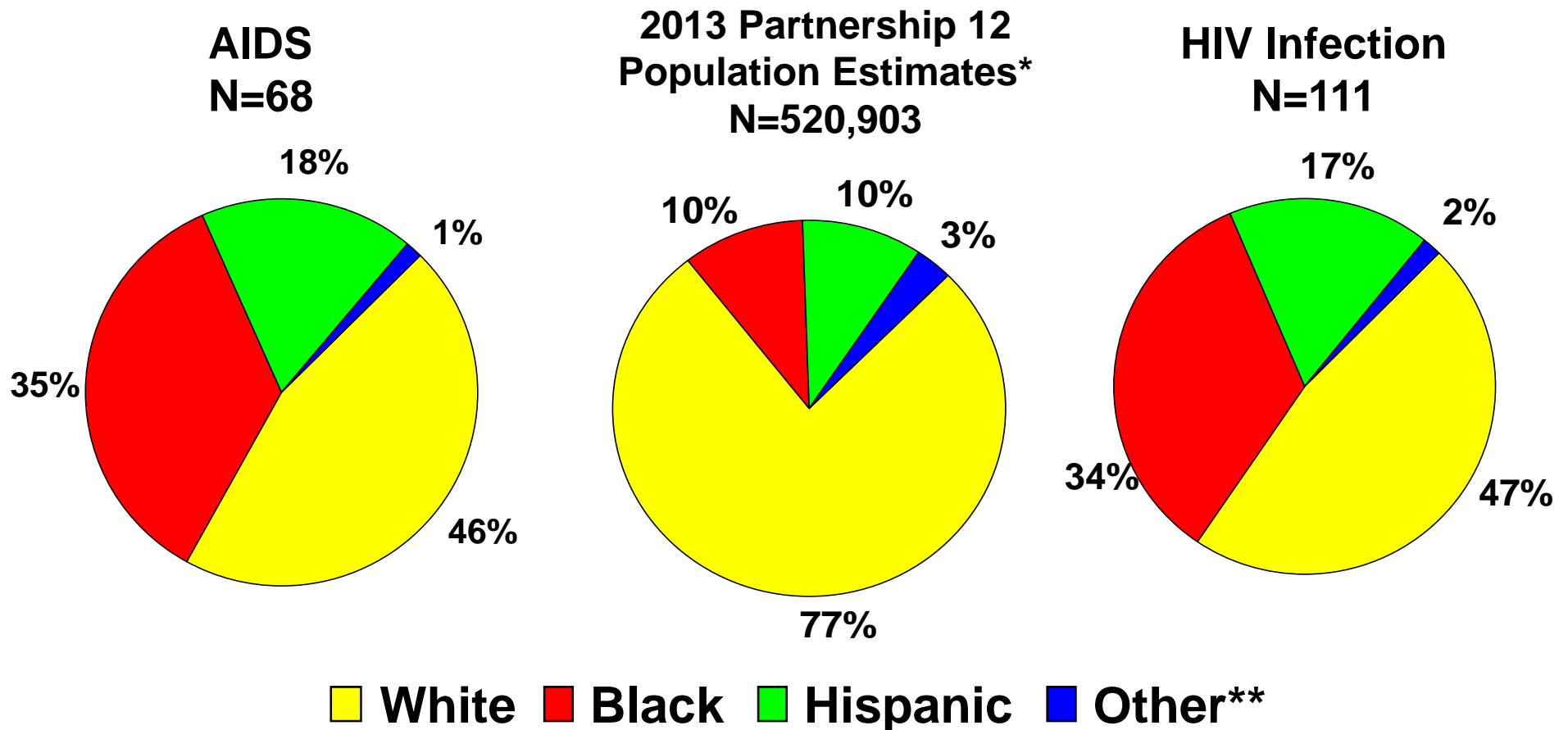


Note: Among black males, the HIV case rate is nearly 5 times higher than the rate among white males. Among black females, the HIV case rate is nearly 10-fold greater than the rate among white females. Among Hispanic males and females, the HIV case rate is higher than the rate among their white counterparts.

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



Adult AIDS and HIV Cases Reported in 2013 and Population Data, by Race/Ethnicity, Partnership 12



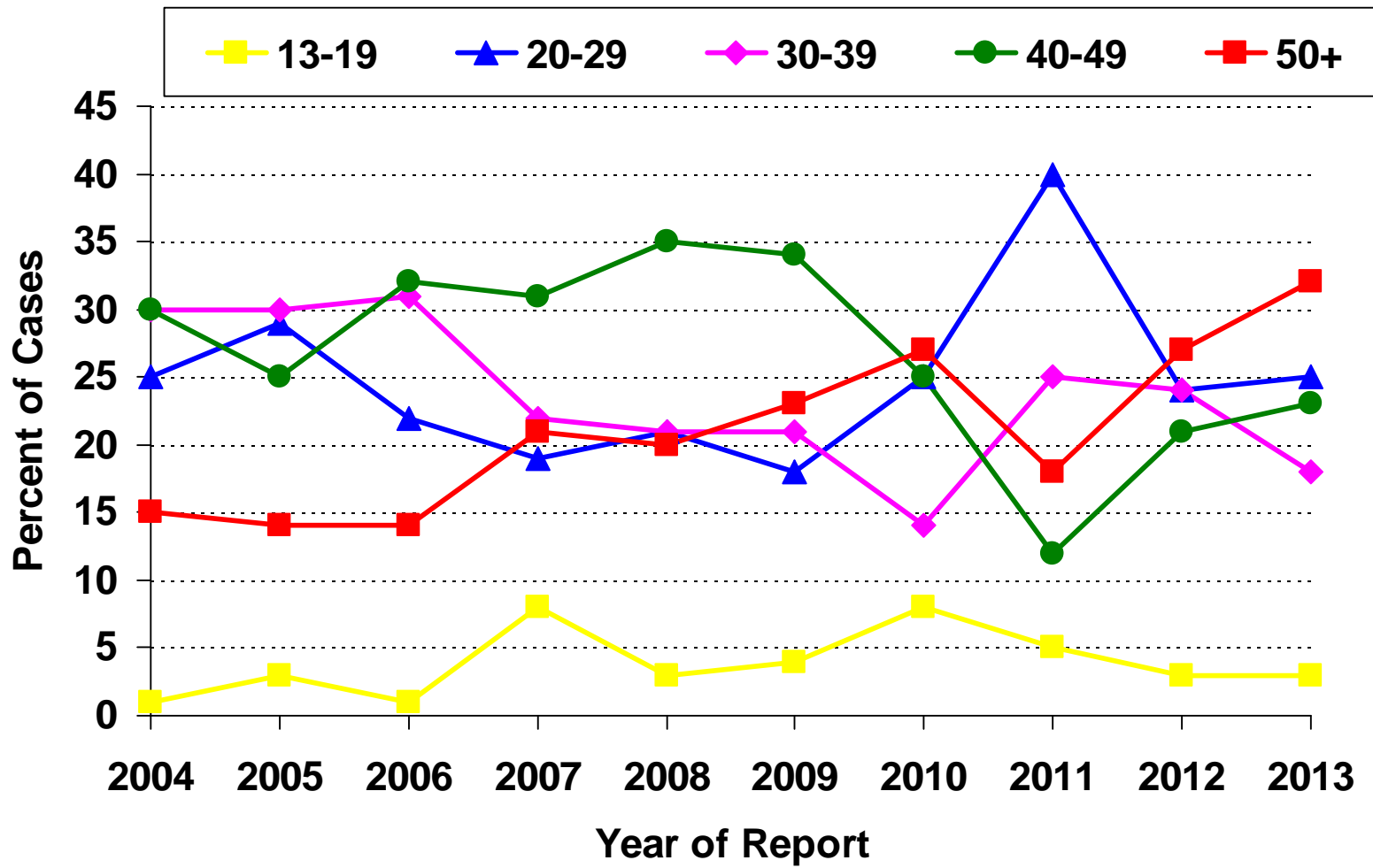
Note: In this snapshot for 2013, blacks are over-represented among the AIDS and HIV infection cases, accounting for 35% of adult AIDS cases and 34% of adult HIV infection cases, but only 10% of the adult population. A group is disproportionately impacted to the extent that the percentage of cases exceeds the percentage of the population.

*Source: Population estimates are provided by Florida CHARTS as of 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 12

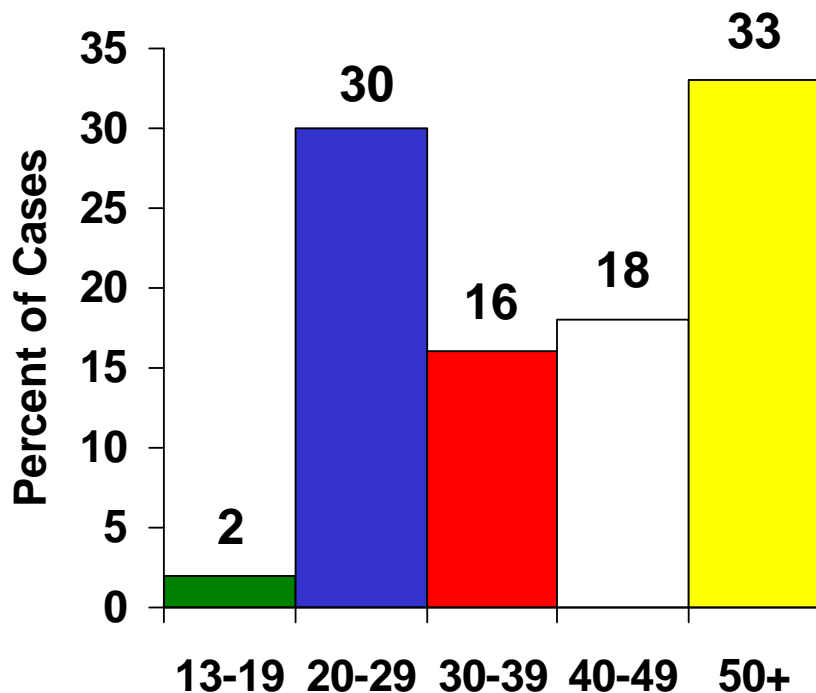


Note: From 2004 to 2013, the proportion of adult HIV infection cases among those aged 50+ increased by 17 percentage points.

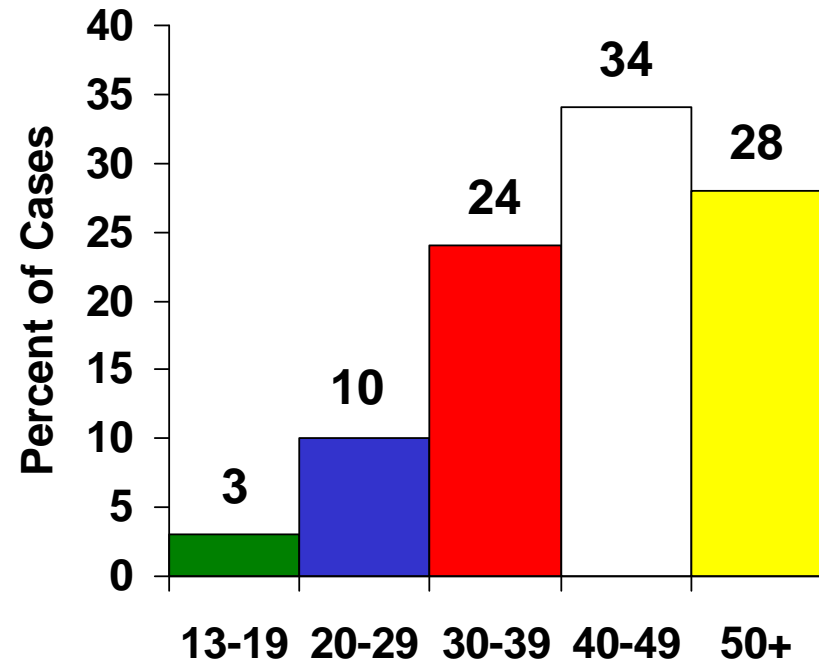


Adult HIV Infection Cases, by Sex and Age Group at Diagnosis, Reported in 2013, Partnership 12

Males
N=82



Females
N=17



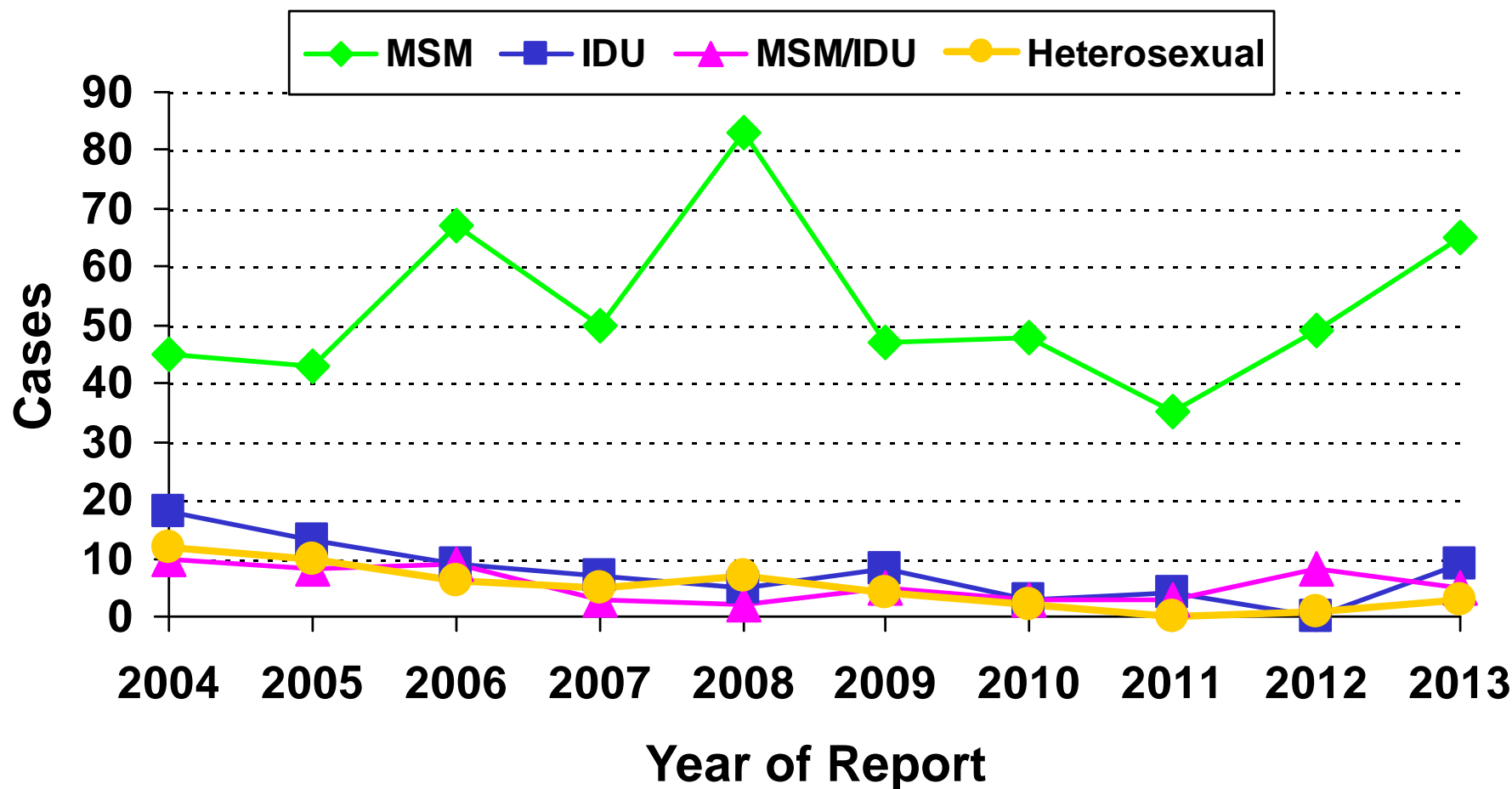
Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the highest percent of HIV infection cases, recent estimates show that among males, 33% of HIV infection cases occur among those aged 50 and older, whereas among females, 34% of HIV infection cases occur among those in the 40-49 age group.



Definitions of Mode of Exposure Categories

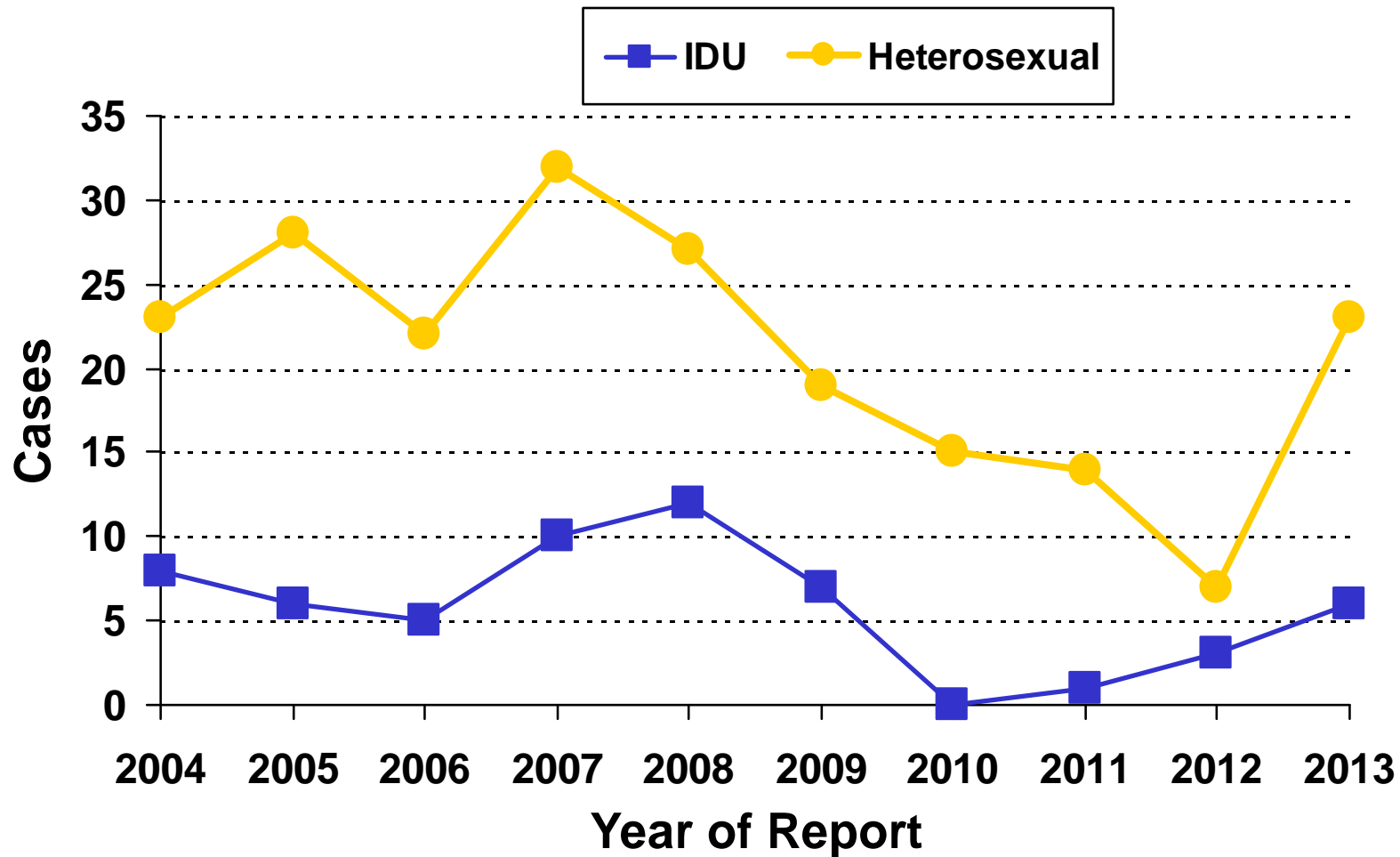
- ◆ **MSM** = Men who have sex with men
- ◆ **IDU** = Injection Drug Use
- ◆ **MSM/IDU** = Men who have sex with men & Injection Drug Use
- ◆ **Heterosexual** = Heterosexual contact with person with HIV/AIDS or known HIV risk
- ◆ **OTHER** = includes hemophilia, transfusion, perinatal and other pediatric 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 12



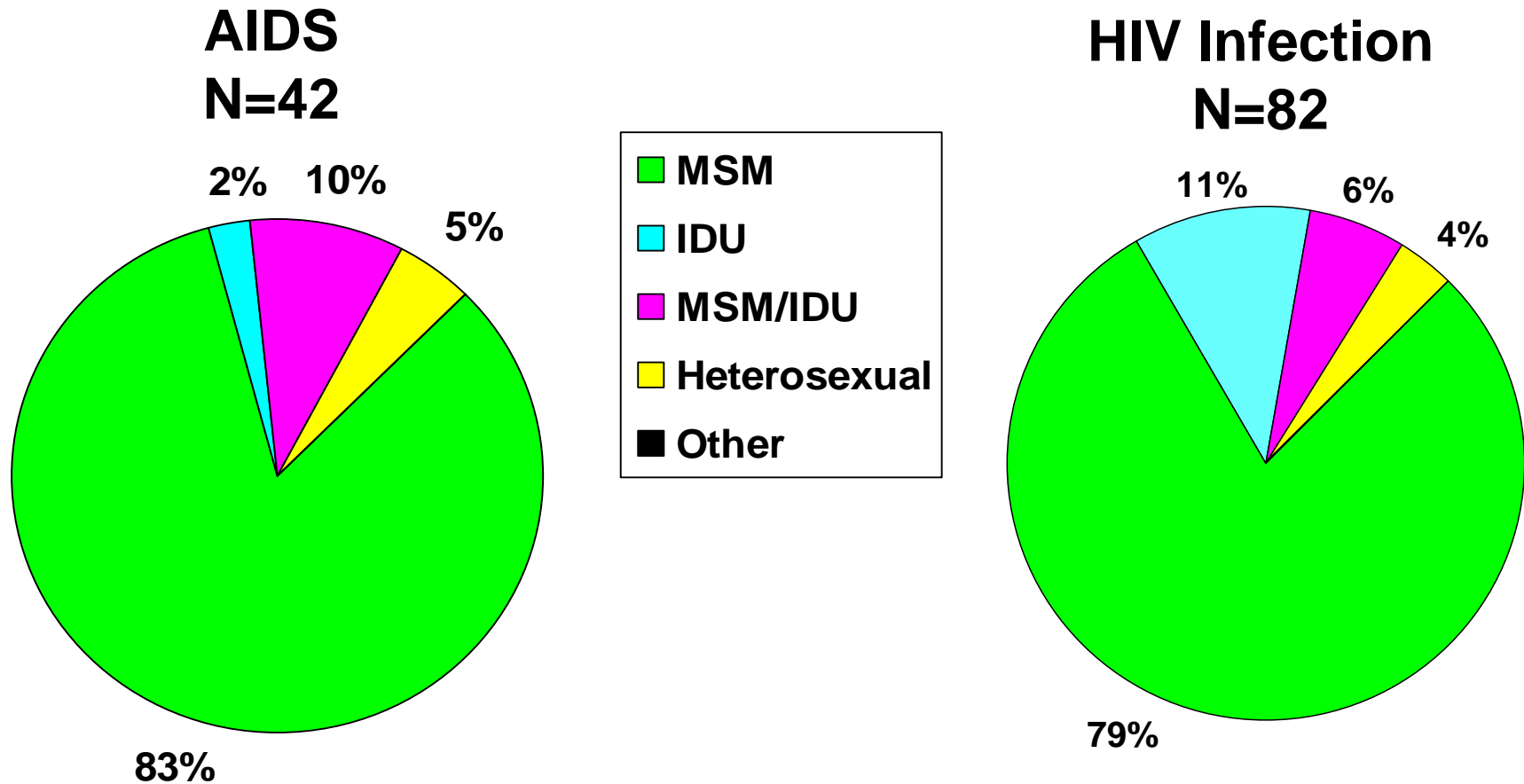
Note: NIRs redistributed. For most years, men who have sex with men (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 12.

Adult Female HIV Infection Cases by Exposure Category and Year of Report, 2004-2013, Partnership 12



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

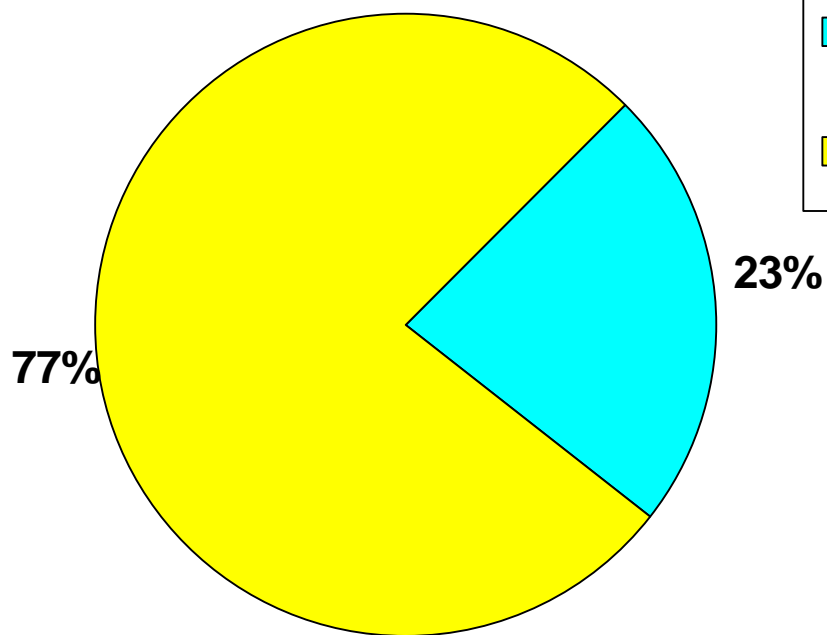
Adult Male AIDS and HIV Infection Cases, by Mode of Exposure, Reported in 2013, Partnership 12



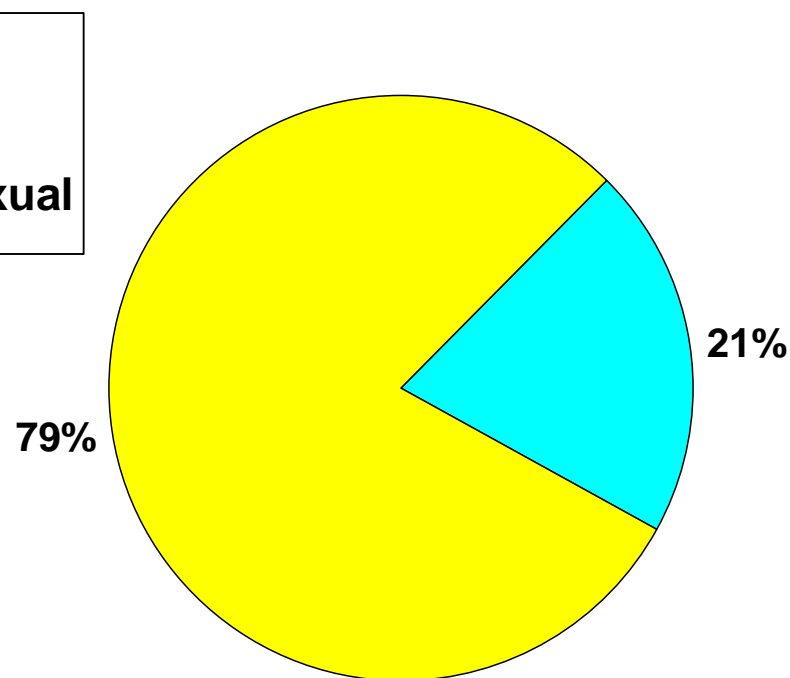
Note: NIRs redistributed. Among the male AIDS and HIV infection cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (83% and 79% respectively). The recent increase among MSM is indicated by the higher MSM among HIV infection cases compared to AIDS cases, as HIV infection 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 12

AIDS
N=26



HIV Infection
N=29



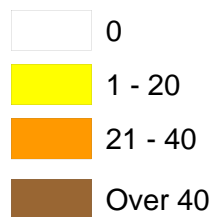
Note: NIRs redistributed. Among the female AIDS and HIV infection cases reported for 2013, heterosexual contact was the highest risk (77% and 79% respectively).



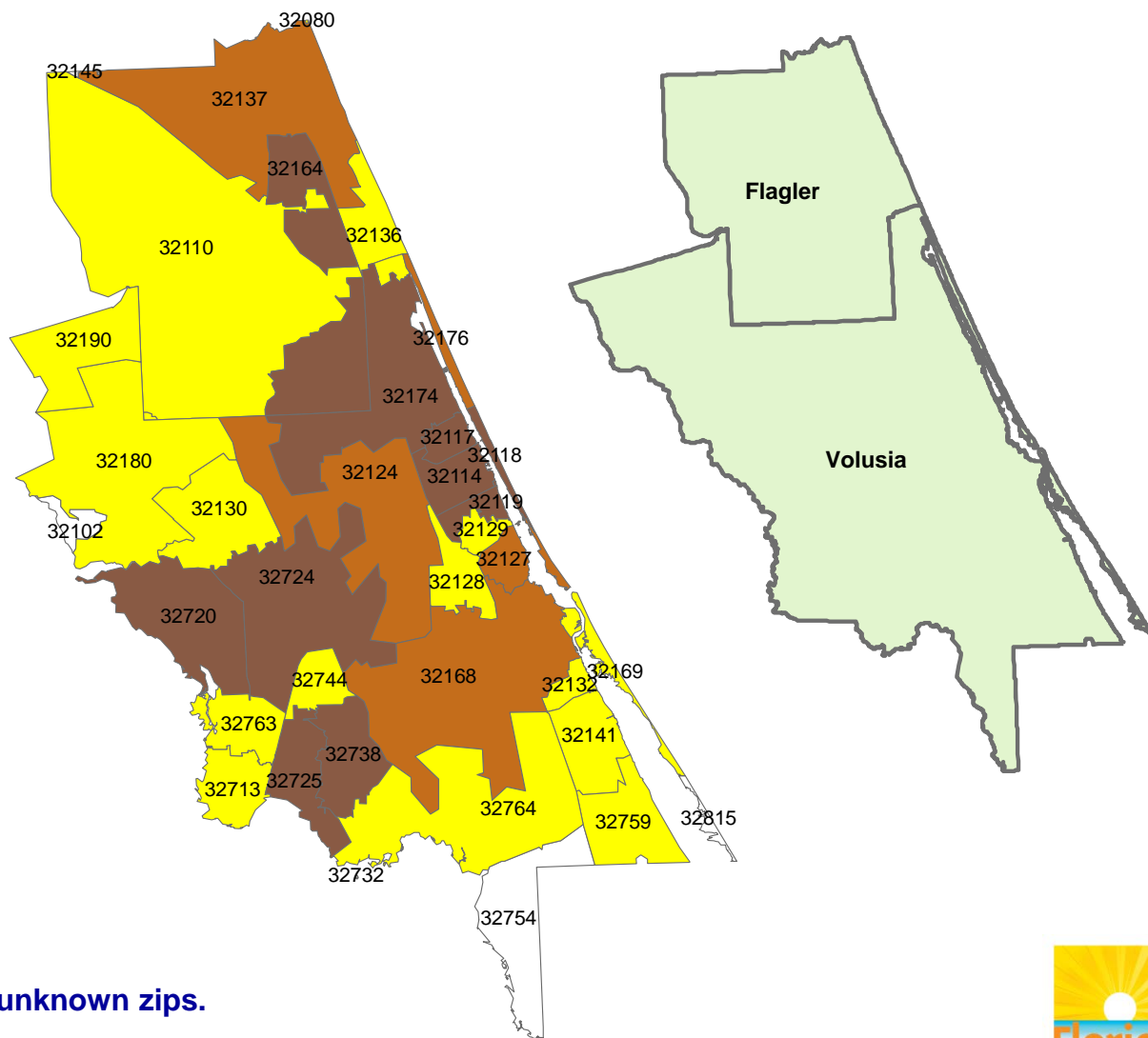
Cases Living with HIV Disease

Adults Living with HIV Disease By Zip Code, Reported through 2012, Partnership 12

Total Adult Living HIV/AIDS Cases



N=1,475

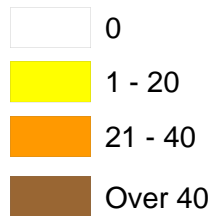


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

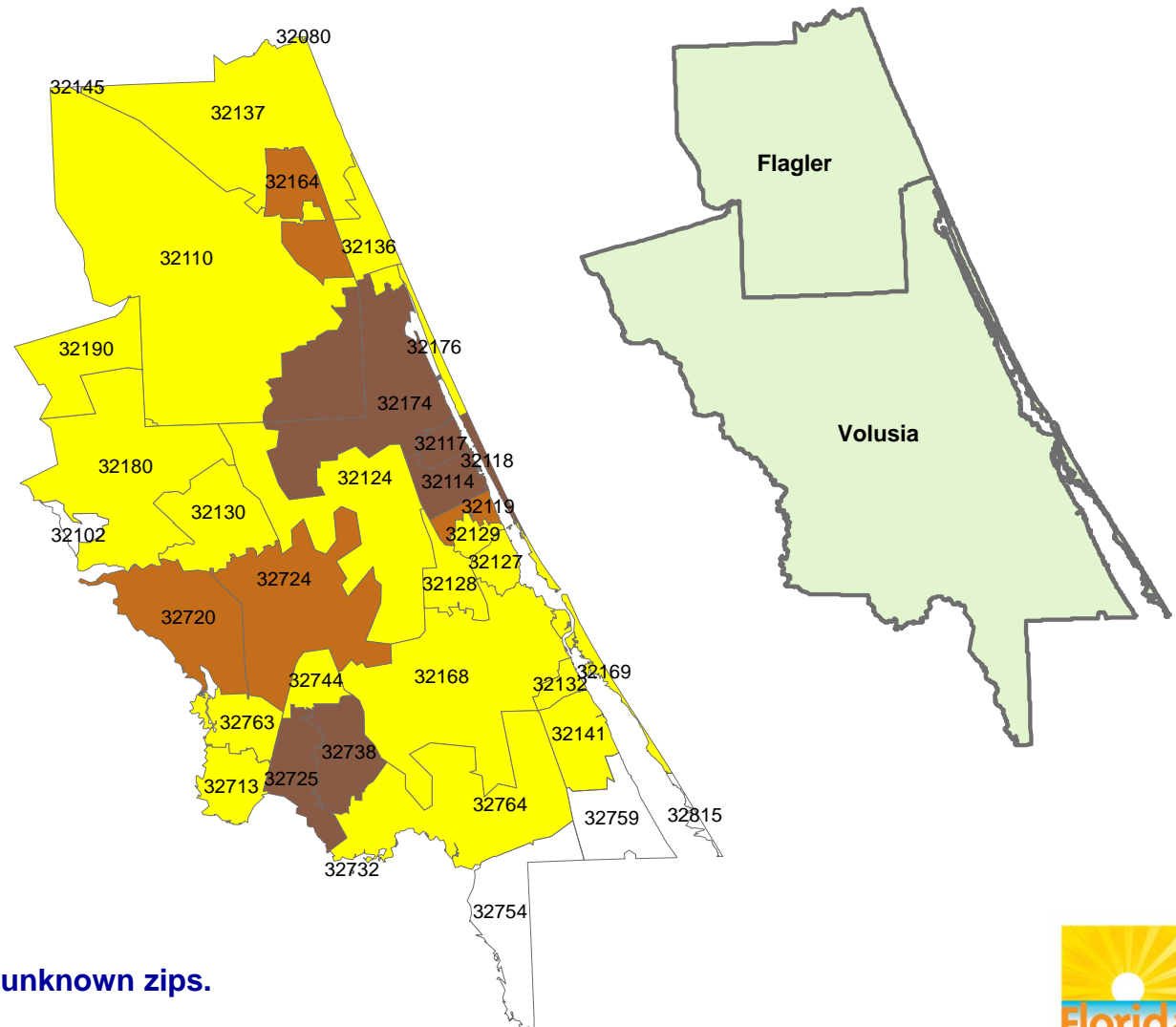


Men who have Sex with Men (MSM)* Living with HIV Disease By Zip Code, Reported through 2012, Partnership 12

Presumed Living MSM HIV/AIDS Cases



N=795

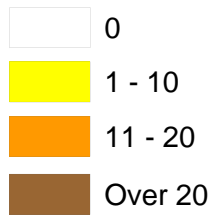


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/2013

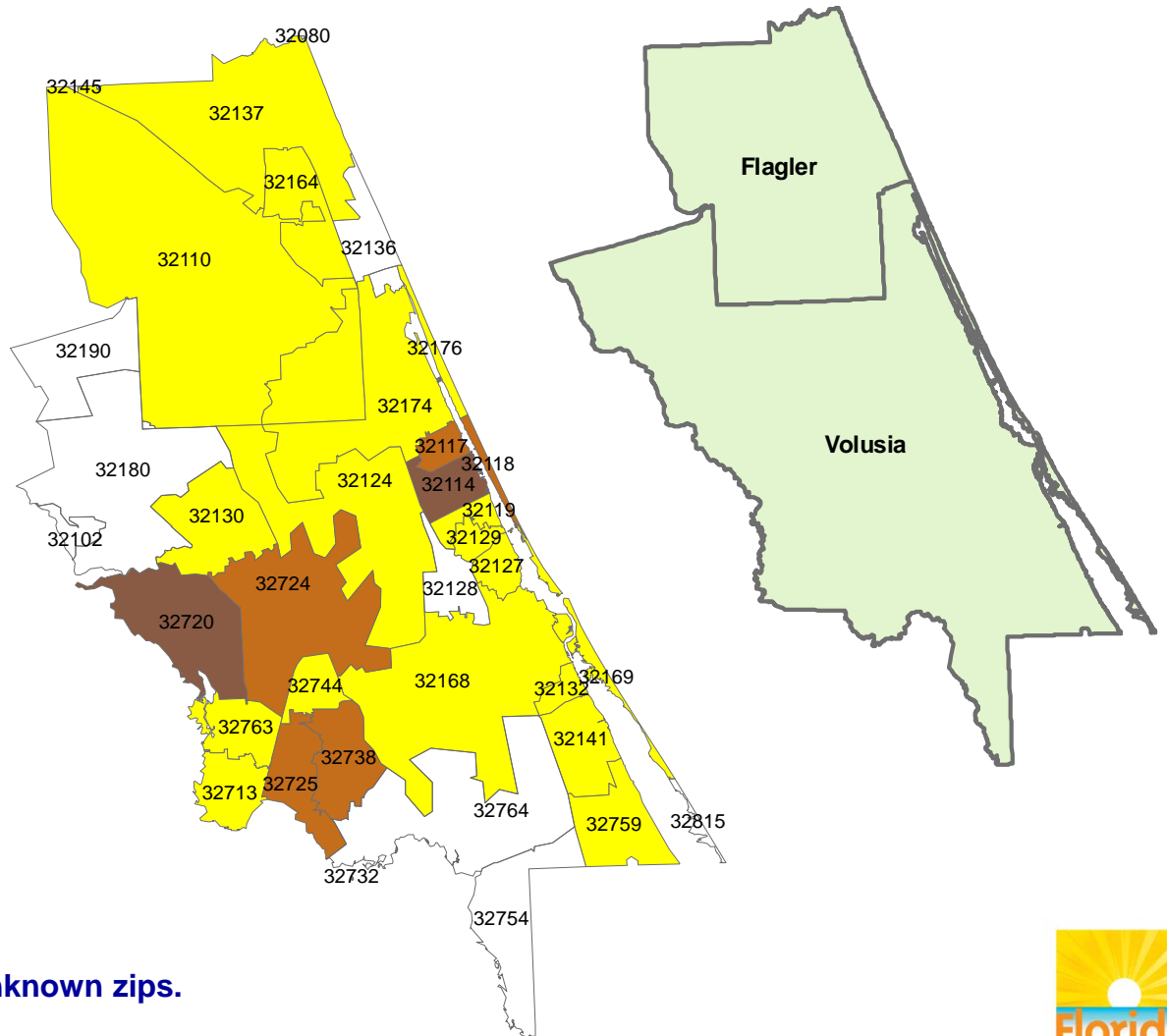


Injection Drug Users (IDUs)* Living with HIV Disease By Zip Code, Reported through 2012, Partnership 12

Presumed Living IDU HIV/AIDS Cases



N=276

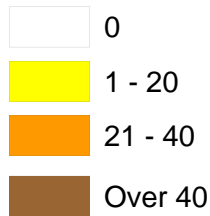


NIRs are not redistributed.
Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 05/17/13

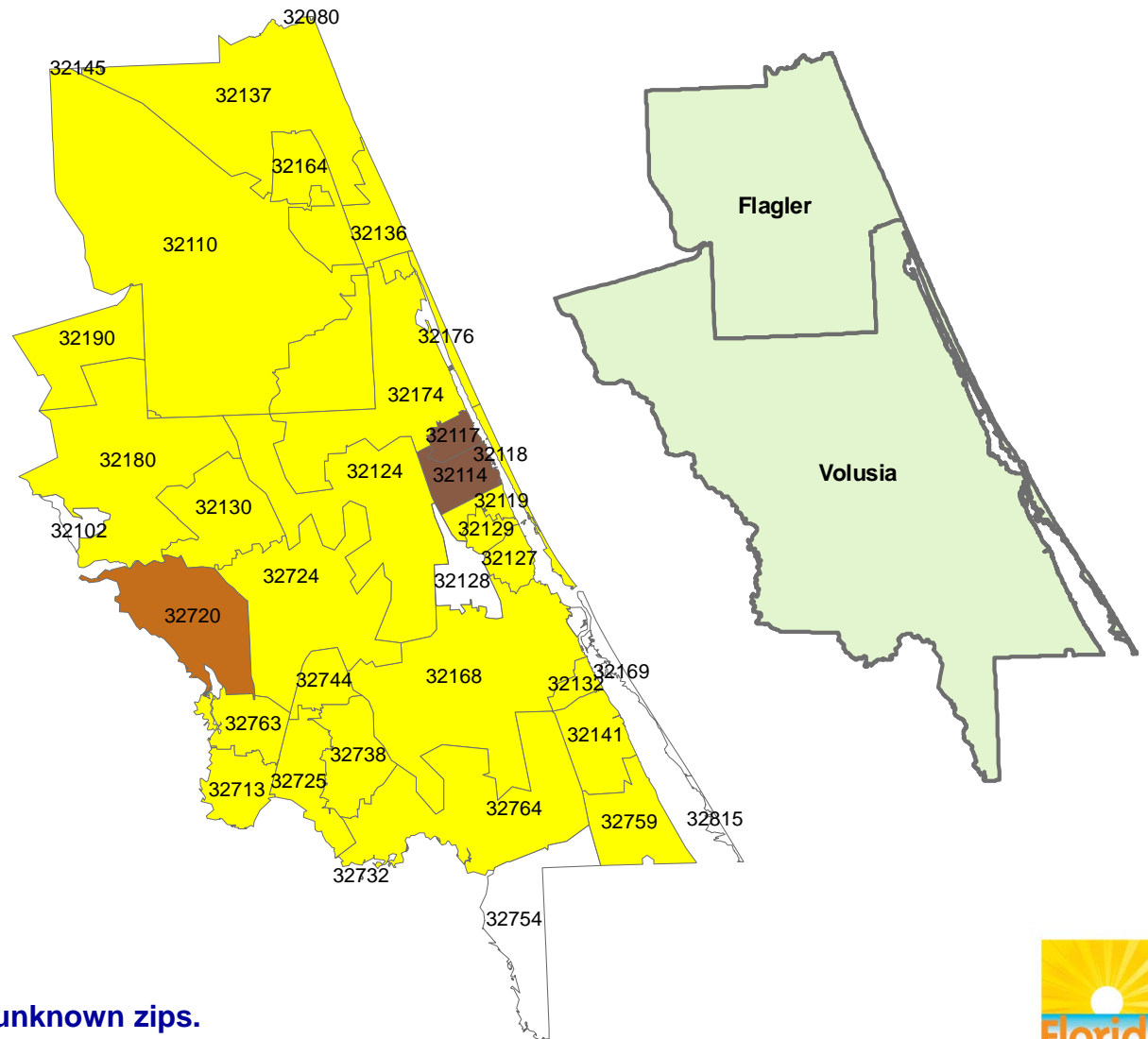


Adult Heterosexuals Living with HIV Disease By Zip Code, Reported through 2012, Partnership 12

Presumed Living Heterosexual HIV/AIDS Cases



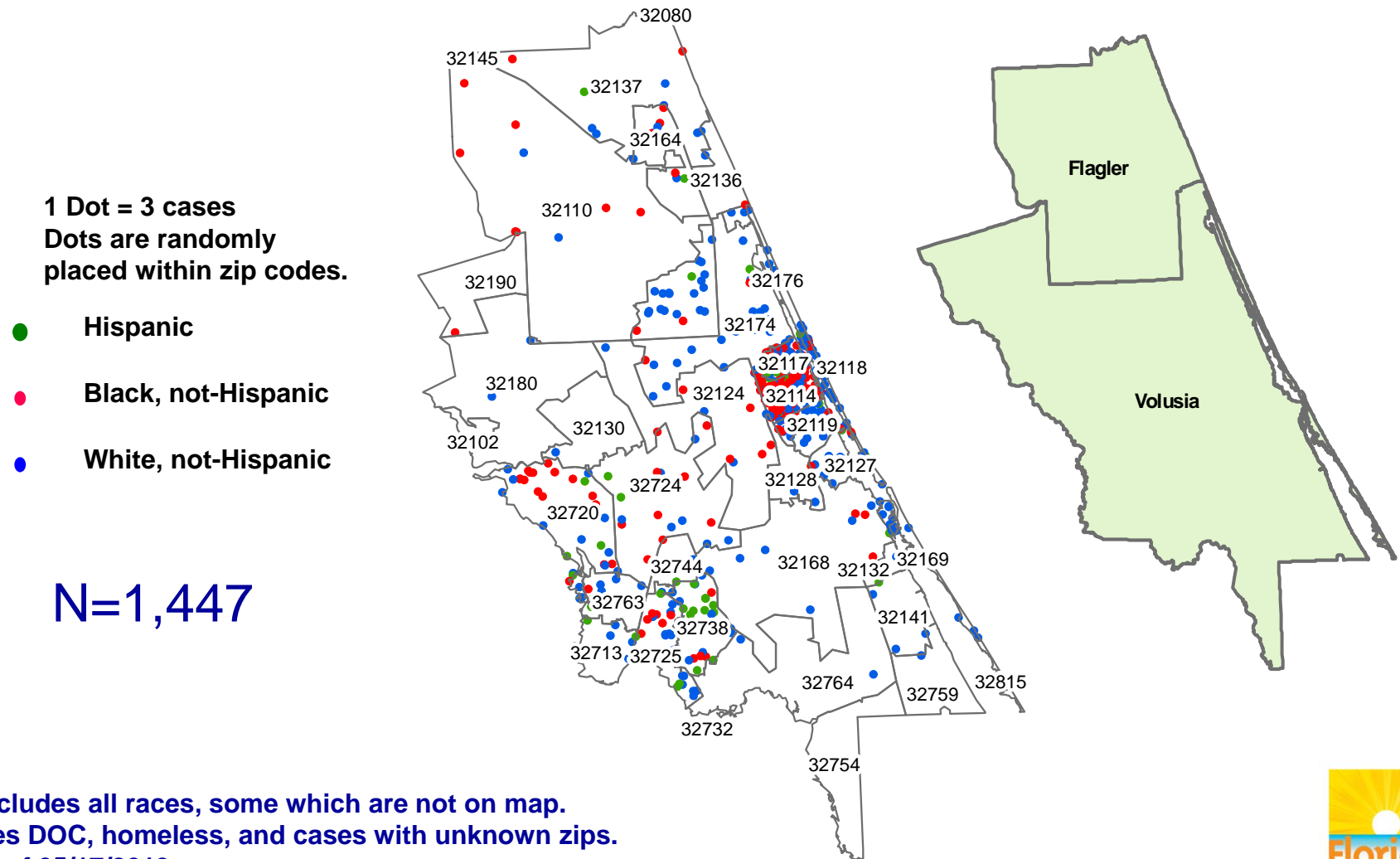
N=434



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

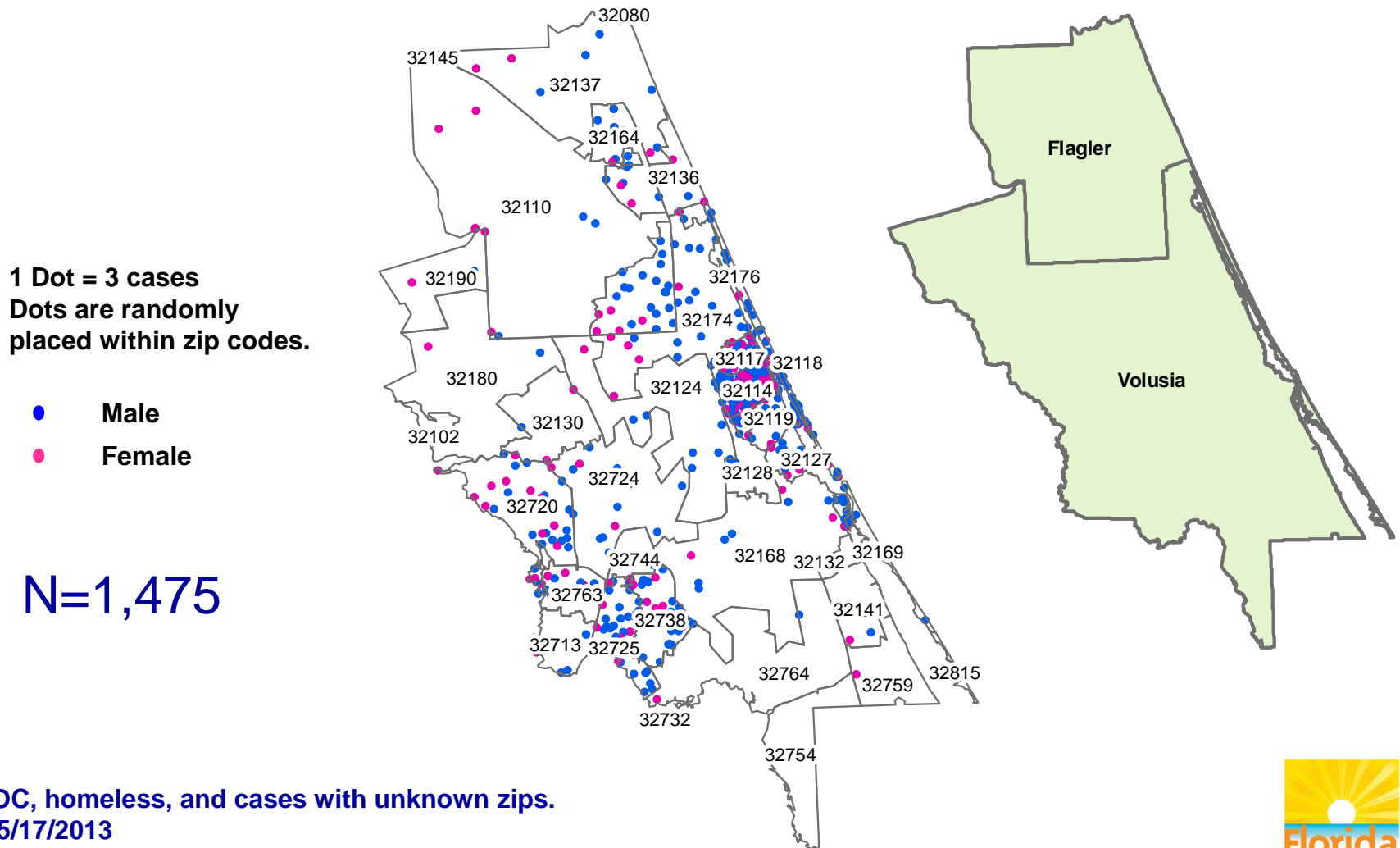


Adults Living with HIV Disease By Zip Code and Race/Ethnicity, Reported through 2012, Partnership 12



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 12

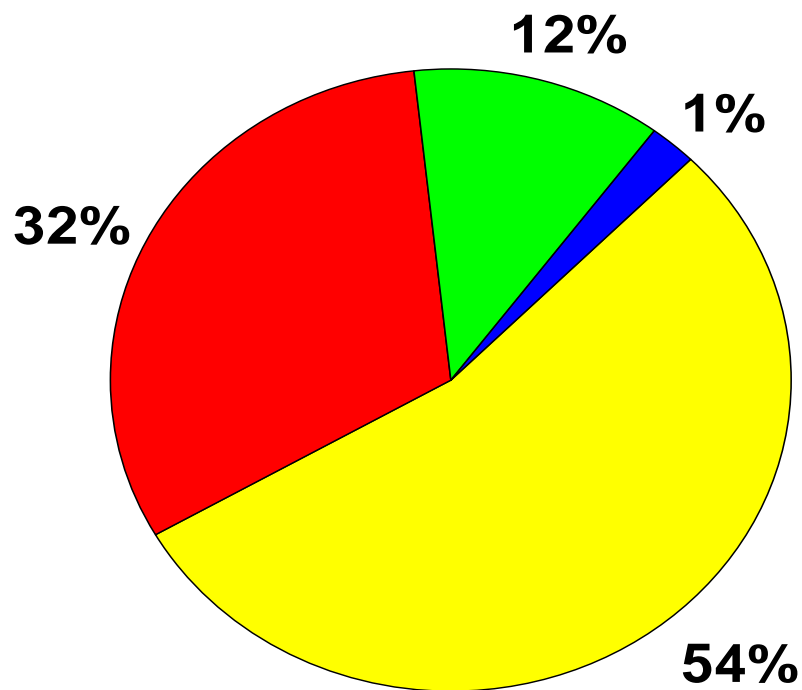


Excludes DOC, homeless, and cases with unknown zips.
Data as of 05/17/2013

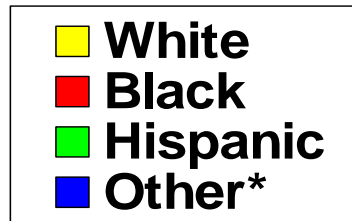
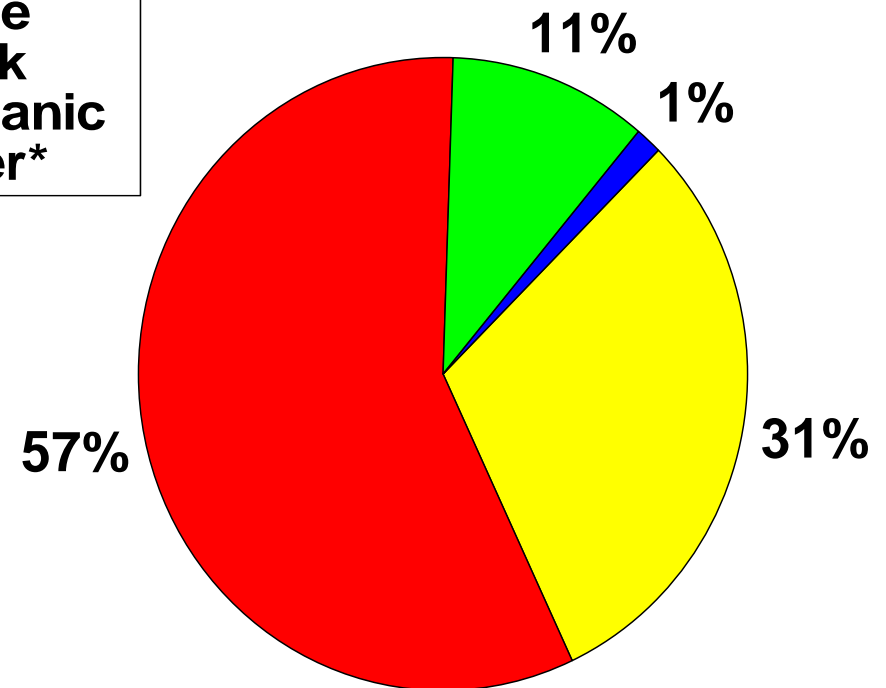


Adults Living with HIV Disease, by Sex and Race/Ethnicity Reported through 2012, Partnership 12

Males
N=986



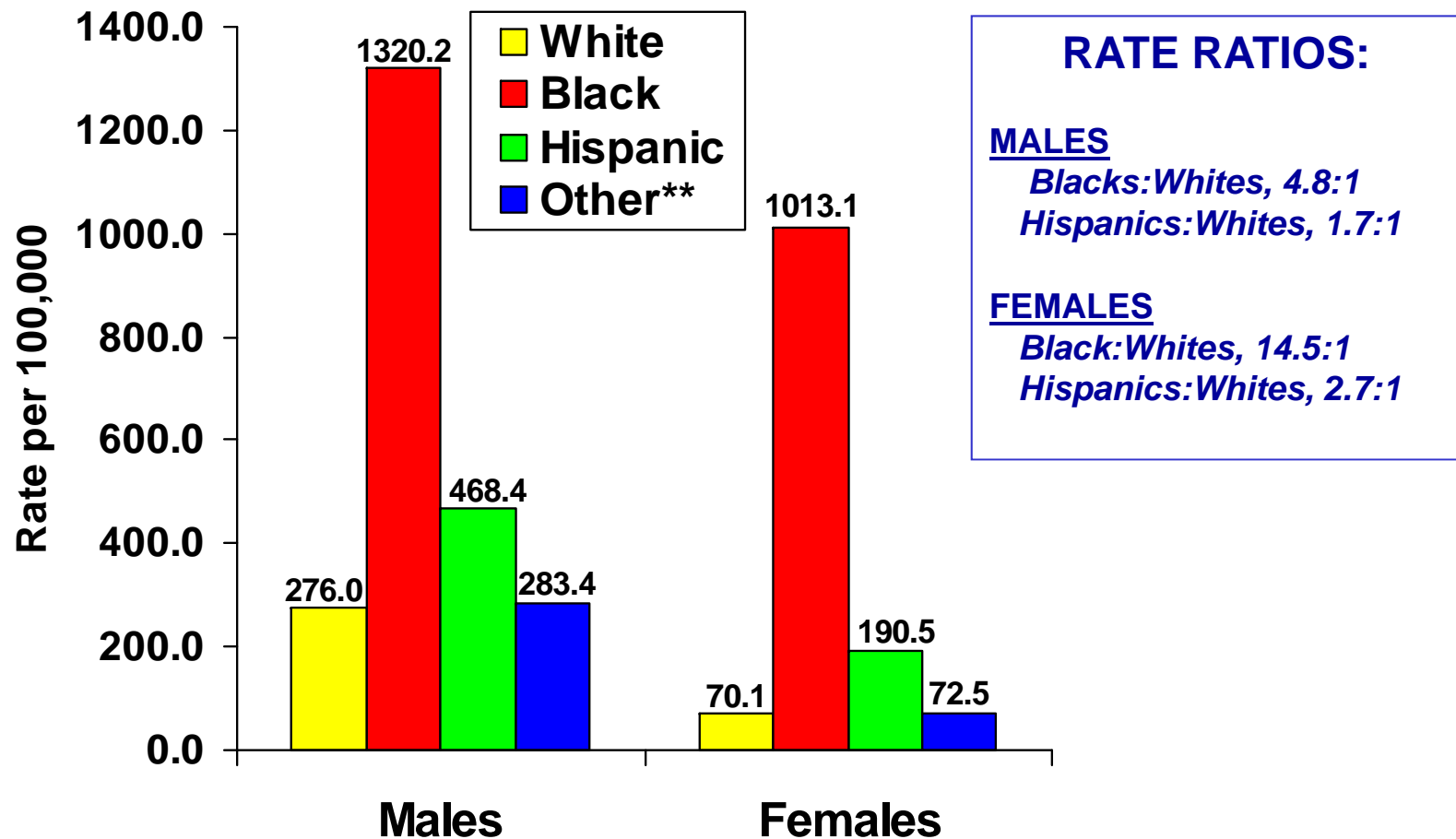
Females
N=471



Note: Among adult males living with HIV disease, whites represent the race most affected (54%). Among adult females living with HIV disease, blacks represent the race most affected (57%).

*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 12



Note: Among black males living with HIV disease reported through 2012, the case rate is 5 times higher than the rate among white males. Among black females living with HIV disease, the case rate is nearly 15 times higher than the rate among white females. The Hispanic male rate is nearly 2 times higher and the Hispanic female rate is nearly 3 times higher than the rate among their white counterparts. Data excludes Department of Corrections cases.

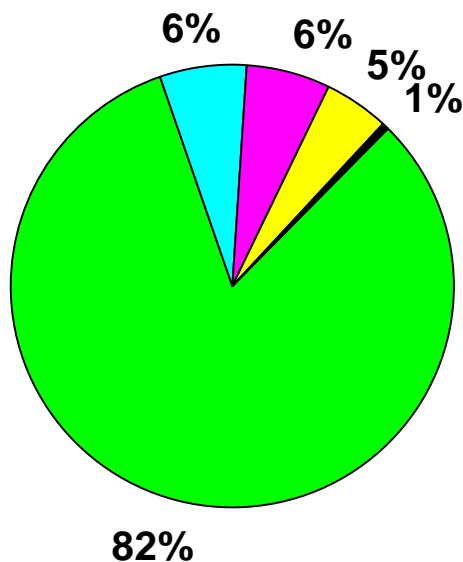
*Source: Population estimates are provided by FloridaCHARTS.

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

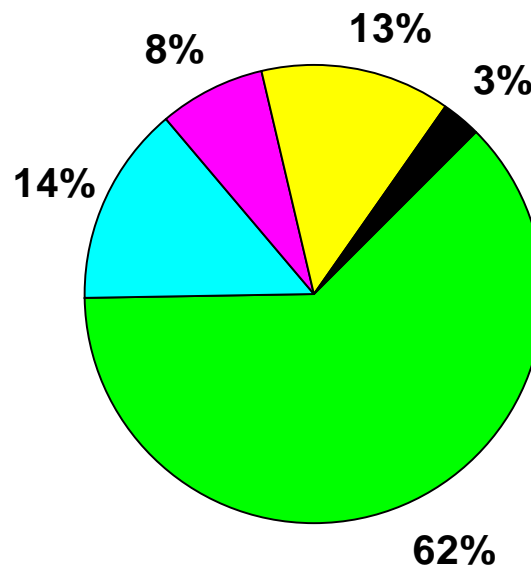


Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 12

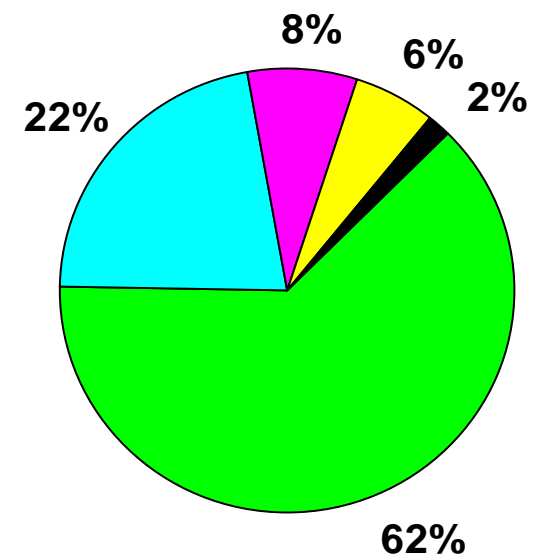
White Non-Hispanic,
N=532



Black Non-Hispanic,
N=313



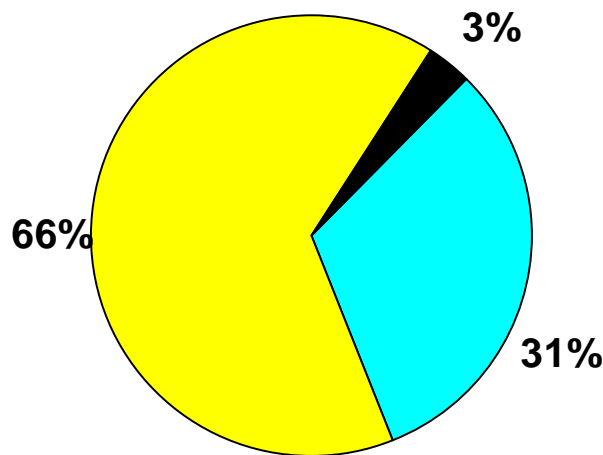
Hispanic
N=118



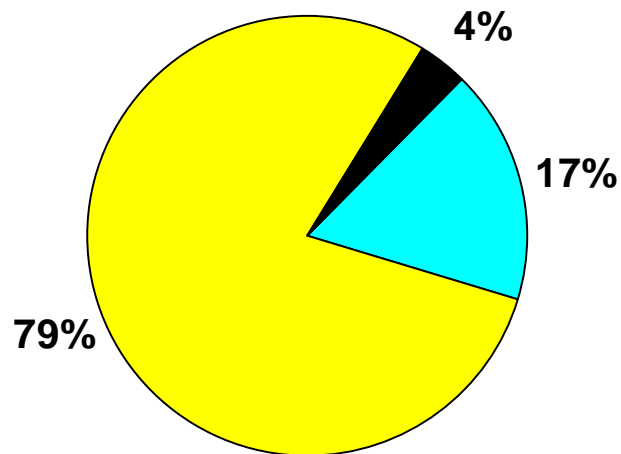
Note: NIRs redistributed. Among adult males living with HIV disease, the distribution of risk among blacks differs from that among whites and Hispanics. MSM represents the highest risk for all races. White males have the smallest proportion of heterosexual contact cases.

Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Reported through 2012, Partnership 12

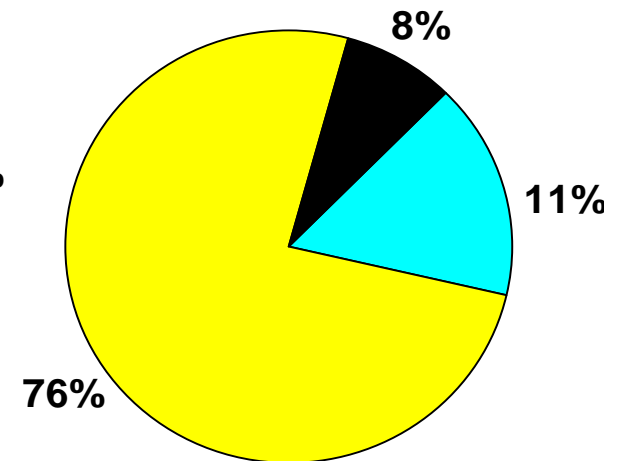
White Non-Hispanic,
N=144



Black Non-Hispanic,
N=271



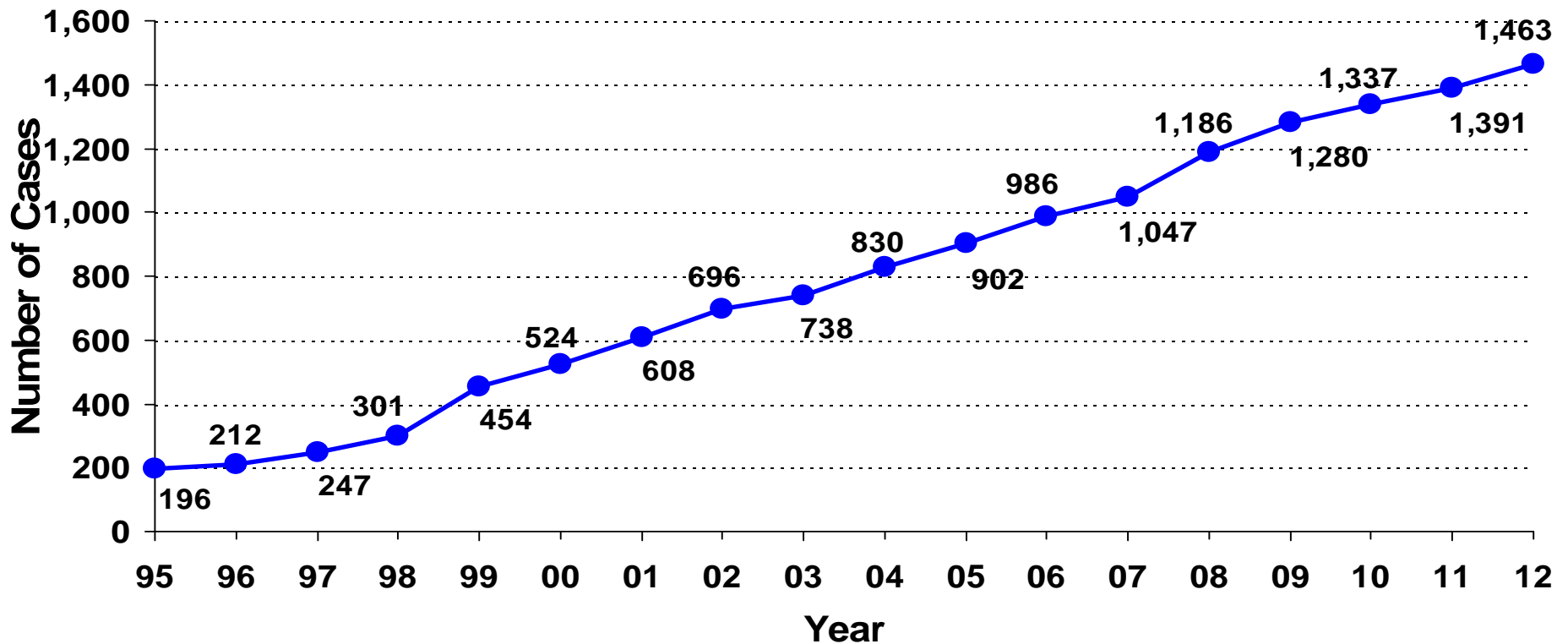
Hispanic,
N=50



■ IDU ■ Heterosexual ■ Other

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.

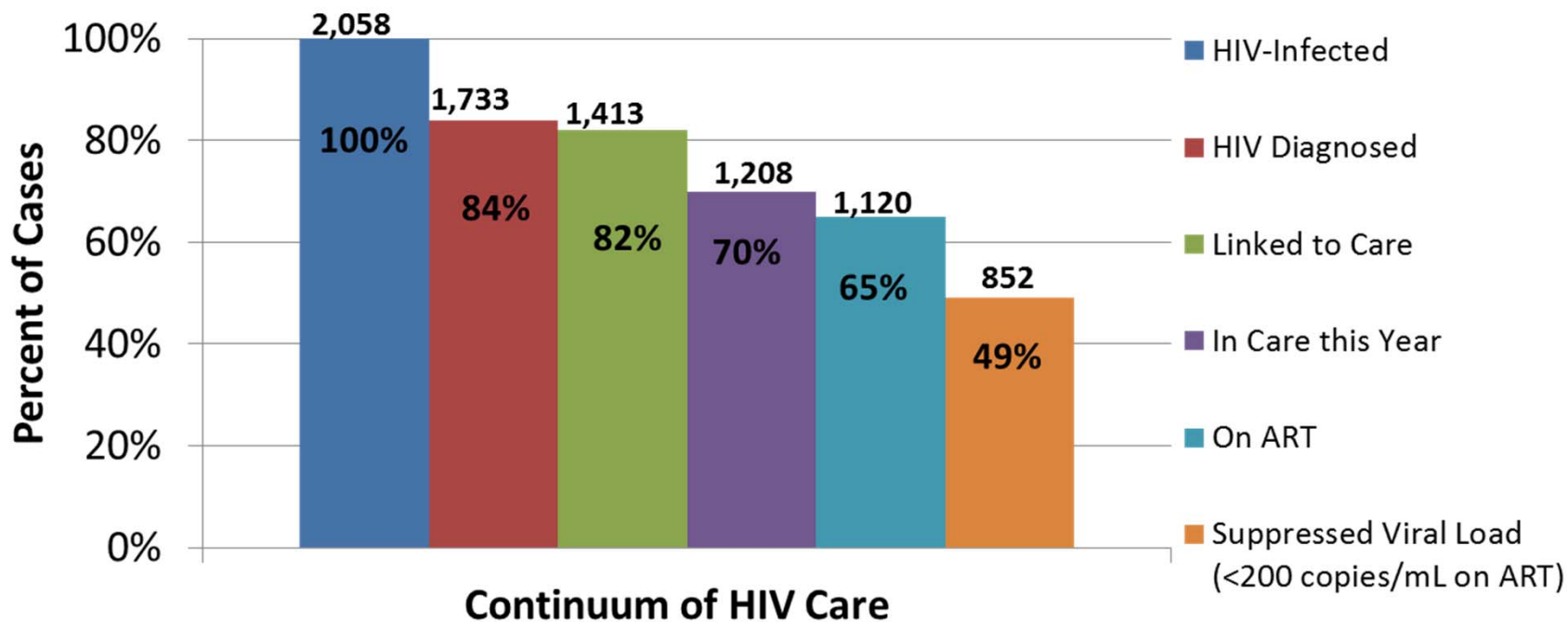
Annual Prevalence of Adults Living with HIV Disease, 1995-2012, Partnership 12



As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons reported with HIV/AIDS that are presumed to be alive has been increasing. Since the year 1995, prevalent cases have increased by over 646%. In 2012, the prevalence increased by 5% since the previous year.



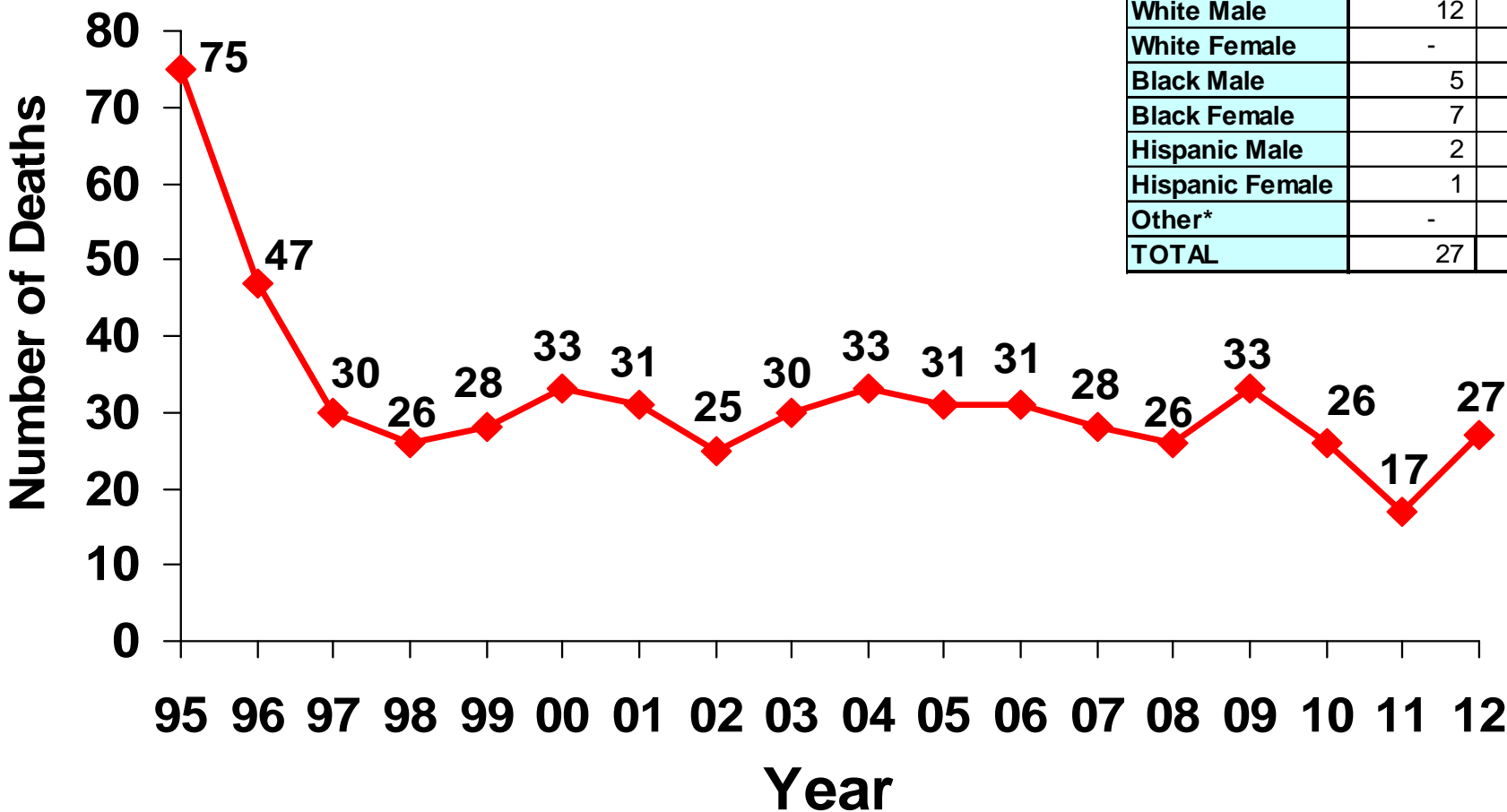
Number and Percentage of HIV-Infected Persons Engaged in Selected Stages of The Continuum of HIV Care — Partnership 12, 2012



- 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 12



Race/Ethnicity	2012	
	No.	rate
White Male	12	5.5
White Female	-	0.0
Black Male	5	16.9
Black Female	7	21.5
Hispanic Male	2	6.1
Hispanic Female	1	3.0
Other*	-	0.0
TOTAL	27	4.5

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 12 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:

Surveillance Reports, fact sheets and slide sets

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