

Florida HIV/AIDS Annual Report 2014

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Overview

The Florida Department of Health (FDOH), Bureau of Communicable Diseases, HIV/AIDS Section collects, analyzes, and disseminates surveillance data on HIV infection. These surveillance data are one of the primary sources of information on HIV and AIDS in Florida. For instance, HIV and AIDS surveillance data are used by the FDOH's public health partners in other health departments, federal agencies, nonprofit organizations, academic institutions, and the general public to help focus prevention efforts, plan services, allocate resources and monitor trends in HIV infection. This annual report summarizes information about HIV infection cases and HIV infection cases classified as AIDS in Florida.

Report Organization

The *Florida HIV/AIDS Annual Report 2014* is organized into 27 sections which are as follows:

1. Interpretation of HIV/AIDS Data
2. Florida's Rank in the United States
3. HIV Infection Case Rates by County of Residence
4. AIDS Case Rates by County of Residence
5. Ten Year Trend of HIV Infection Cases and Rates by Year of Report
6. Ten Year Trend of AIDS Cases and Rates by Year of Report
7. Adult HIV Infection and AIDS Cases by Sex
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21. Ten Year Trend of Adult Male AIDS Cases by Mode of Exposure
22. Ten Year Trend of Adult Female AIDS Cases by Mode of Exposure
23. Perinatal HIV/AIDS Cases
24. Prevalence Estimate of HIV Disease in the U.S. and Florida
25. Continuum of HIV Care
26. Impact of HIV-Related Deaths
27. Prevention of HIV Disease in Florida

1. Interpretation of HIV/AIDS Data

All HIV/AIDS data are current as of December 31, 2014.

- HIV infection reporting represents newly reported HIV cases, regardless of AIDS status at time of report.
- HIV infection cases and AIDS 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 Community Health Assessment Resource Tool Set (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 estimated death data are complete.
- Adult cases represent ages 13 and older, pediatric cases are those younger than 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, race/ethnicity reference to white residents and black residents represent persons who are white non-Hispanic and black non-Hispanic, respectively. Also, all references to Hispanic for race/ethnicity represent persons of Hispanic heritage regardless of race.
- Total statewide data will include Department of Correction Cases (DOC) unless otherwise noted. County data will exclude DOC cases.
- HIV incidence estimates are approximations of the numbers of people who are newly infected, which include those whose infection has not yet been diagnosed or reported.

HIV/AIDS Exposure Mode Categories are as follows:

- 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 and 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 illustrated the effect of statistically assigning (redistributing) the NIRs to recognize exposure (risk) categorized by applying the proportions of historically reclassified NIRs to the unresolved NIRs.

2. Florida's Rank in the United States

According to the Centers for Disease Control and Prevention (CDC), Florida ranked first among states in the number of cases of Human Immunodeficiency Virus (HIV) infection diagnosed in 2013 (which is the most recent year data are available nationally).³ That year, a total of 5,377 (11% of the U.S. total) HIV Infection cases were diagnosed in Florida, followed by 5,334 (11%) in California and 4,854 (10%) in Texas (Table 1). Additionally, Florida ranked fourth among states in the rate of HIV infections per 100,000 population. That year, Florida (27.5 per 100,000) was ranked behind Georgia (30.2), Louisiana (30.3) and Maryland (36.7).

Table 1. Top States in the Number of HIV Infection Cases, and Rates per 100,000 in 2013

Ranking	State	No. of cases	% of US Total	Ranking	State	Rate per 100,000
1	Florida	5,377	11%	1	Maryland	36.7
2	California	5,334	11%	2	Louisiana	30.3
3	Texas	4,854	10%	3	Georgia	30.2
4	New York	3,803	8%	4	Florida	27.5
5	Georgia	3,020	6%	5	New Jersey	24.5

Source: CDC. (2015). *HIV Surveillance Report, 2013*; vol. 25.

Florida ranked first among states in the estimated number of acquired immune deficiency syndrome (AIDS) cases diagnosed in 2013.³ That year, a total of 3,225 (12% of the U.S. total) AIDS cases were diagnosed in Florida, followed by 2,725 (10%) in California and 2,707 (10%) in Texas. With regard to the rate of AIDS cases per 100,000 population, Florida (16.5 per 100,000) and Georgia (16.5) ranked third, behind Louisiana (16.9) and Maryland (21.7) in 2013 (Table 2).

Table 2. Top States in the Number of AIDS Cases, and Rates per 100,000 in 2013

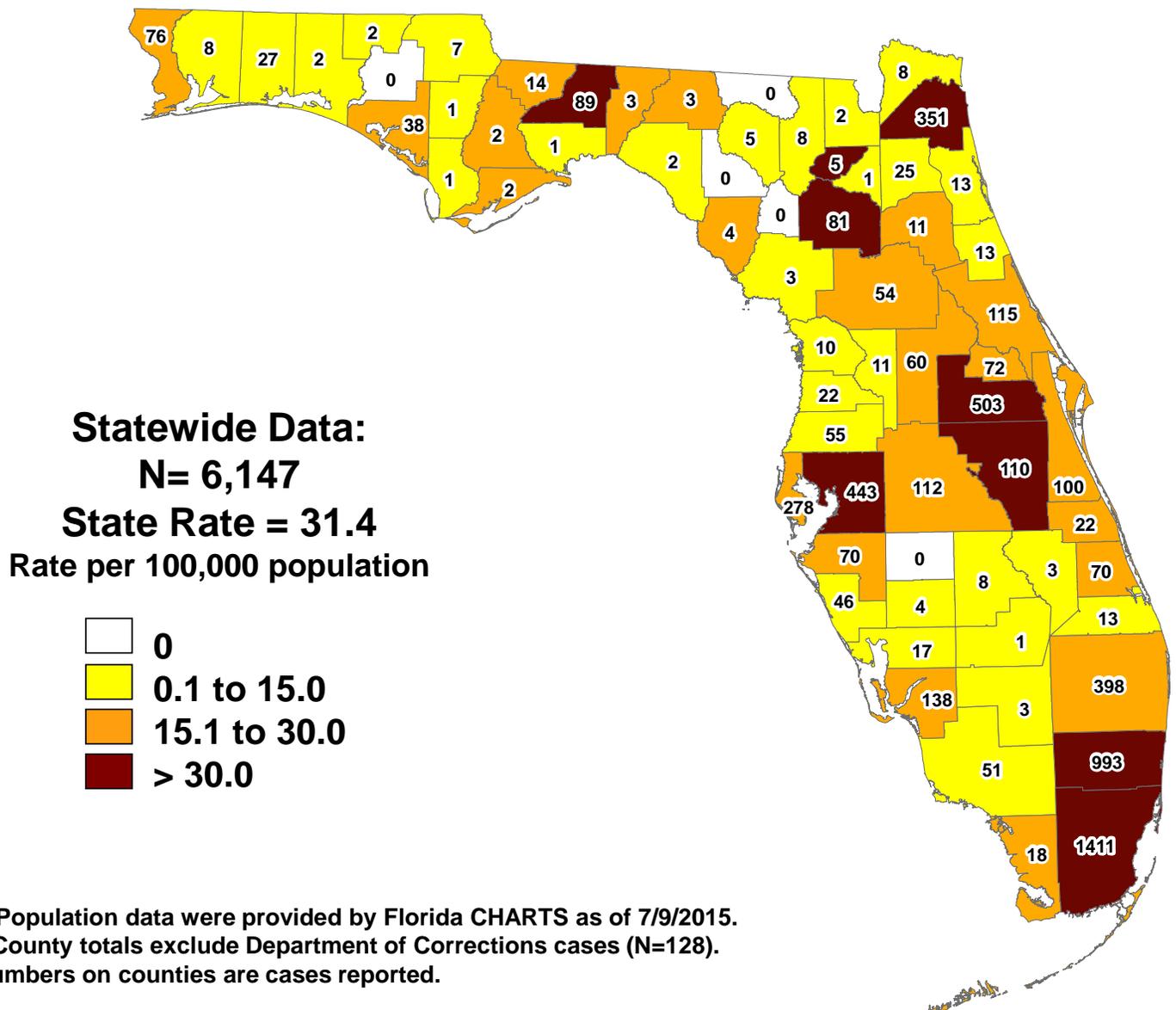
Ranking	State	No. of cases	% of US Total	Ranking	State	Rate per 100,000
1	Florida	3,225	12%	1	Maryland	21.7
2	California	2,725	10%	2	Louisiana	16.9
3	Texas	2,707	10%	3	Florida	16.5
4	New York	2,319	9%		Georgia	16.5
5	Georgia	1,286	6%	4	Mississippi	14.6

Source: CDC. (2015). *HIV Surveillance Report, 2013*; vol. 25.

3. HIV Infection Case Rates by County of Residence

In 2014, at least one HIV Infection case was reported in all but five counties in Florida. Twelve counties reported 100 or more cases (Figure 1). These 12 counties included Brevard, Broward, Duval, Hillsborough, Lee, Miami-Dade, Orange, Osceola, Palm Beach, Pinellas, Polk and Volusia. These aforementioned counties reported a combined total of 4,952 cases, or 81% of Florida's total reported cases in 2014 (N=6,147). The greatest numbers of HIV cases were reported from Miami-Dade (n=1,411), Broward (n=993), Orange (n=503), and Hillsborough (n=443). These three counties reported a combined total of 3,350 cases in 2014, or approximately half (54%) of the statewide total.

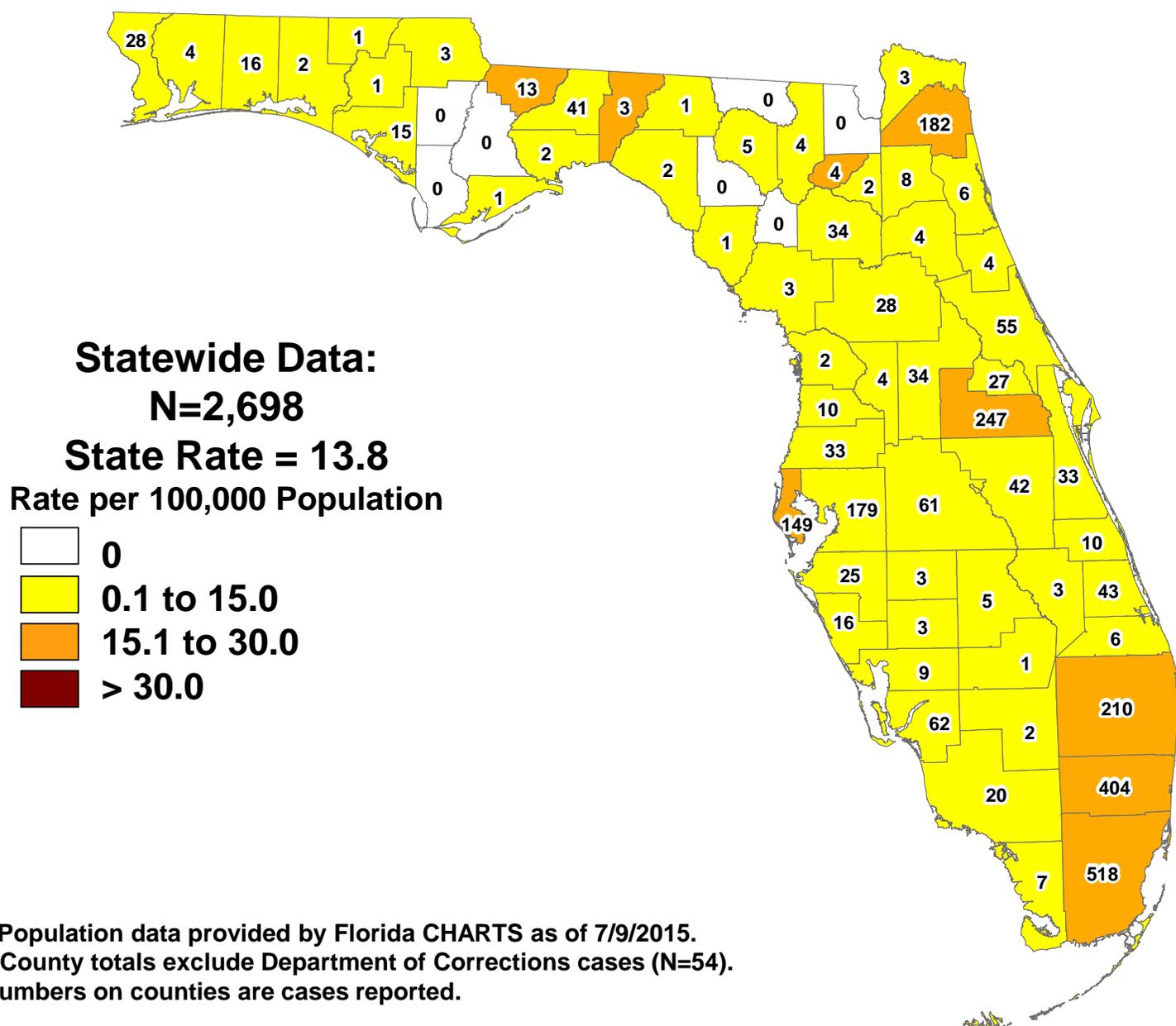
Figure 1. HIV Infection Case Rates* by County of Residence,** Reported in 2014, Florida



4. AIDS Case Rates by County of Residence

In 2014, at least one AIDS case was reported in all but seven counties in Florida (Figure 2). Although the AIDS epidemic is widespread throughout Florida, the majority of cases were reported from seven counties: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, and Pinellas, all reporting over 100 cases in 2014. These seven counties reported a combined total of 1,889 cases, or 70% of Florida's total reported cases in 2014 (N=2,698). The greatest numbers of AIDS cases were reported from two counties located in the southeastern part of the state, Broward (n=404) and Miami-Dade (n=518). These two counties reported a combined total of 922 cases in 2014, 34% of the statewide total.

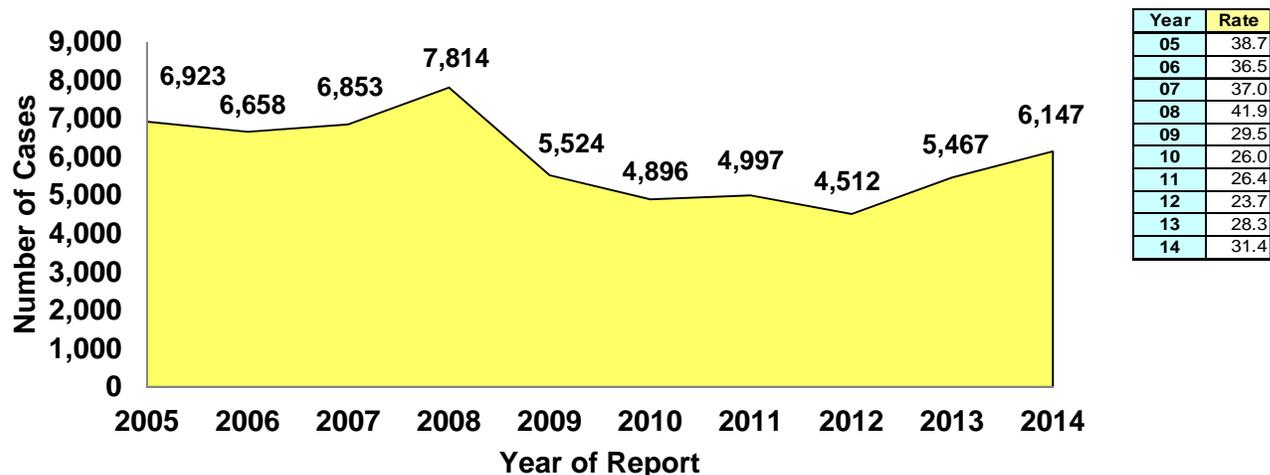
Figure 2. AIDS Case Rates* by County of Residence,** Reported in 2014, Florida



5. Ten Year Trend of HIV Infection Cases and Rates by Year of Report

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. An additional 12% increase was observed in 2014 compared to the previous year (Figure 3).

Figure 3. HIV Infection Cases and Rates,* by Year of Report, 2005-2014, Florida

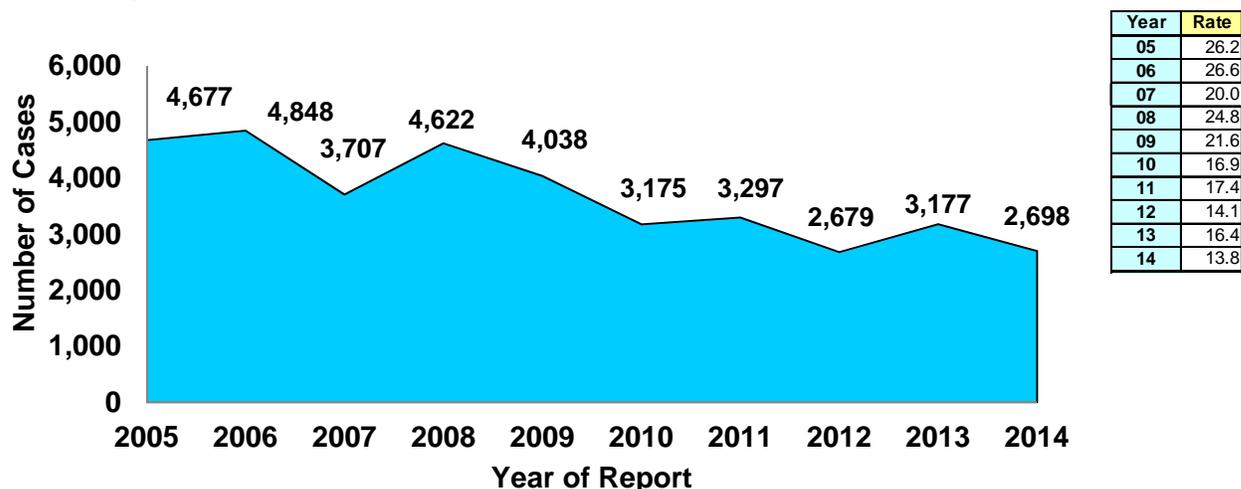


*Source: Population estimates are provided by Florida CHARTS as of 7/9/2015.

6. Ten Year Trend of AIDS Cases and Rates by Year of Report

As was observed with HIV infection cases, 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 15% from the previous year. Expanded efforts to link people and retain people in care may be a contributor to this decrease (Figure 4).

Figure 4. AIDS Cases and Rates,* by Year of Report, 2005-2014, Florida

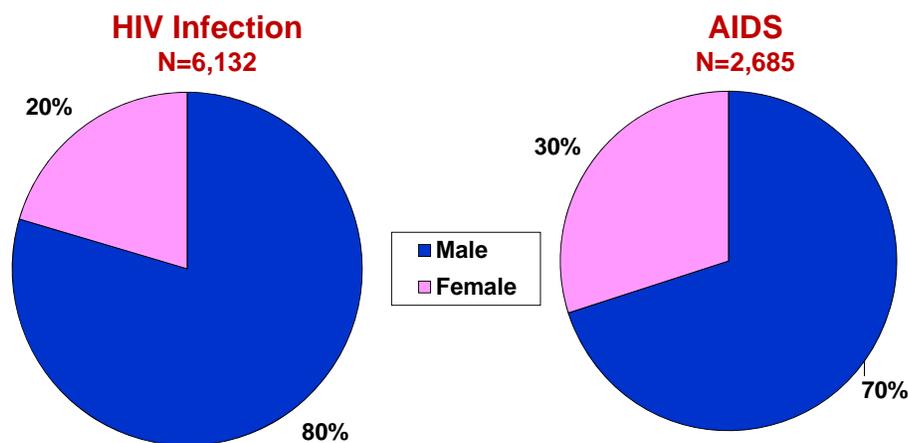


*Source: Population estimates are provided by Florida CHARTS as of 7/9/2015.

7. Adult HIV Infection and AIDS Cases by Sex

In 2014, a total of 4,878 adult males and 1,254 adult females were reported with HIV infection, representing 80% and 20% of cases, respectively (Figure 5). Also, in 2014 a total of 1,881 adult males and 804 adult females were reported with AIDS, representing 70% and 30% of cases, respectively.

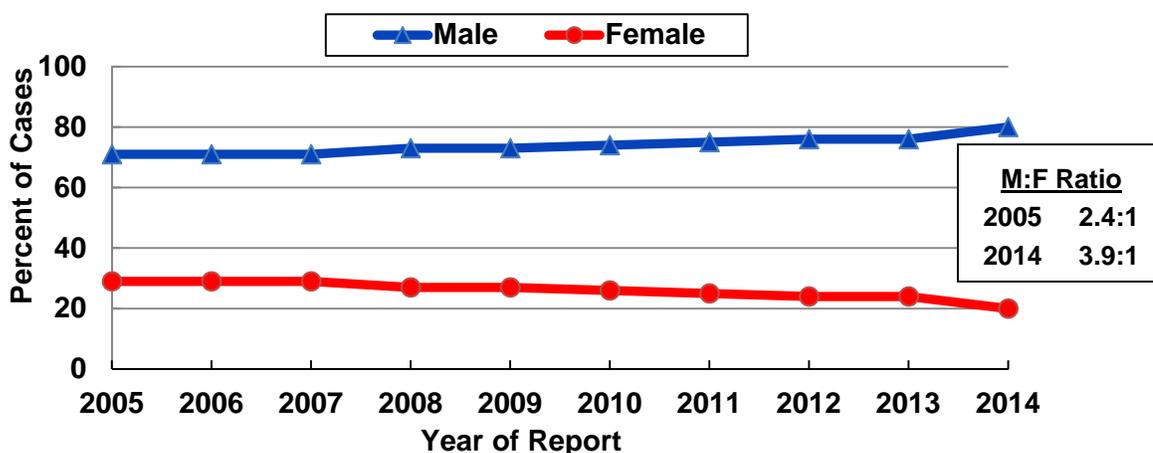
Figure 5. Percent of Adult HIV Infection and AIDS Cases by Sex, Reported in 2014, Florida



8. Ten Year Trend of Adult HIV Cases by Sex

In 2014, 80% of the adult HIV infection cases were male, compared to 71% in 2005 (Figure 6). Over the past ten years, the proportion of HIV infection cases among men has increased while the proportion among women has decreased. The result is an increase in the male-to-female ratio, from 2.4:1 in 2005 to 3.9:1 in 2014. The relative increase in male HIV cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM).

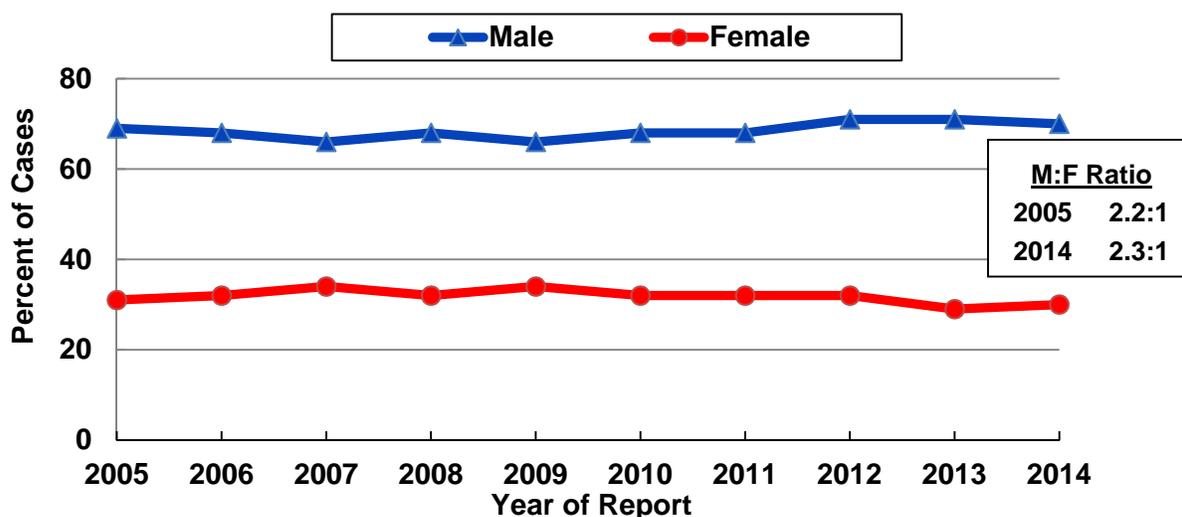
Figure 6. Percent of Adult HIV Infection Cases, by Sex and Year of Report, 2005-2014, Florida



9. Ten Year Trend of Adult AIDS Cases by Sex

The proportion of adult AIDS cases among men and women has remained fairly level throughout the past ten years with male AIDS cases at or above 66% (Figure 7). The male-to-female ratio increased slightly from 2.2:1 in 2005 to 2.3:1 in 2014.

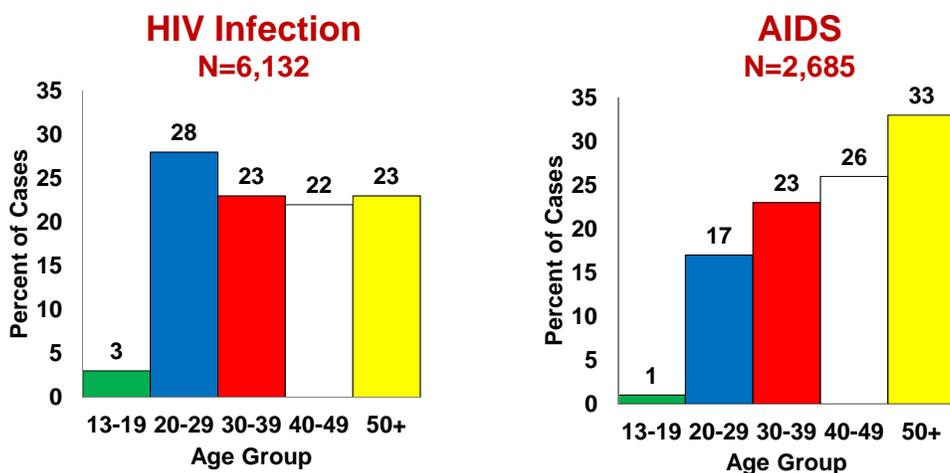
Figure 7. Percent of Adult AIDS Cases by Sex and Year of Report, 2005-2014, Florida



10. Adult HIV Infection and AIDS Cases by Age

HIV infection cases tend to be younger than AIDS cases. A greater proportion of HIV infection cases reported in 2014 were among those aged 20-29 (28%), followed by those aged 30-39 and those aged 50 or older (23%, respectively for each) (Figure 8). Conversely, the greatest proportion of AIDS cases reported in 2014 were among persons aged 50 or older (33%), followed by those in the 40-49 age group (26%). Adult cases for both HIV and AIDS are defined as those occurring in people 13 years of age or older. The analysis shown below includes only adult cases.

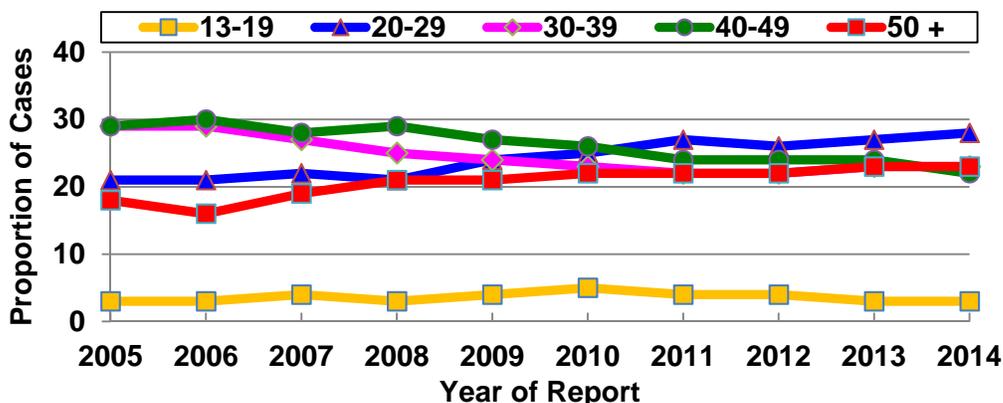
Figure 8. Age Distribution of Florida’s Adult HIV Infection Cases Compared with the Age Distribution of Florida’s Adult AIDS Cases, Reported in 2014, Florida



11. Ten Year Trend of HIV Infection Cases by Age Group at Diagnosis and Year of Report

Over the past ten years, the proportion of newly reported adult HIV cases has shown increases for both the 20-29 (7 percentage points) and 50+ (5 percentage points) age groups. In contrast, the proportion of newly reported adult HIV cases among those in the 30-39 and 40-49 age groups decreased by 6 and 7 percentage points respectively, over the same time period (Figure 9).

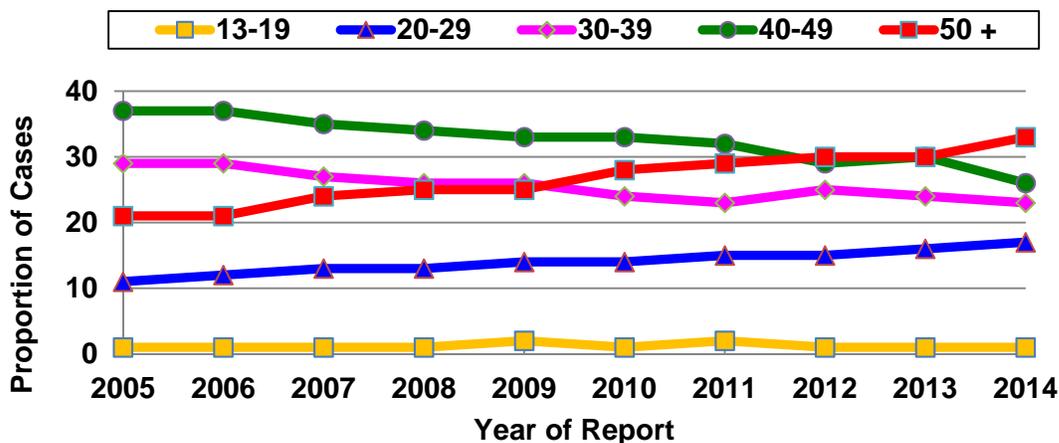
Figure 9. Adult HIV Infection Cases, by Age Group at Diagnosis, and Year of Report, 2005 – 2014, Florida



12. Ten Year Trend of AIDS Cases by Age Group at Diagnosis and Year of Report

Over the past ten years, the proportion of newly reported AIDS cases have shown increases for both the 20-29 and 50+ age groups (Figure 10). The 20-29 age group increased by 6 percentage points and the 50+ age group increased by 12 percentage points over the past ten years. In contrast, the 30-39 age group decreased by 6 percentage points and the 40-49 age group decreased by 11 percentage points over the past ten years. The 13-19 age group remained relatively level throughout the years.

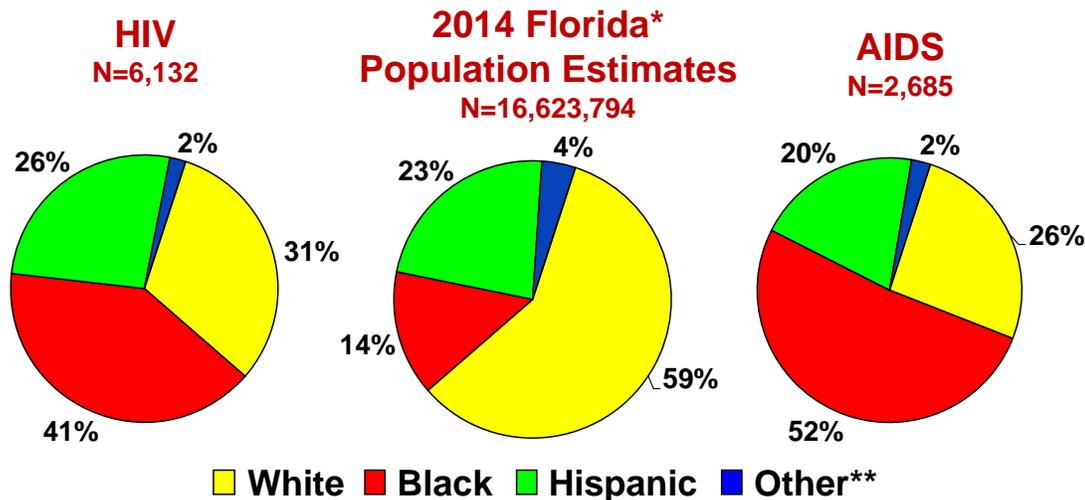
Figure 10. Adult AIDS Cases, by Age Group at Diagnosis, and Year of Report, 2005 – 2014, Florida



13. Adult HIV Infection Cases, AIDS Cases, and Population Data by Race/Ethnicity

Blacks comprise only 14% of the adult population in Florida, but represent 41% of adult HIV infection cases and 52% of adult AIDS cases reported in 2014 (Figure 11). Similarly, Hispanics comprise 23% of Florida's adult population, and account for 26% of the HIV infection cases and 20% of the AIDS cases.

Figure 11. Adult HIV Infection Cases, AIDS Cases and Population Data, by Race/Ethnicity, Reported in 2014, Florida

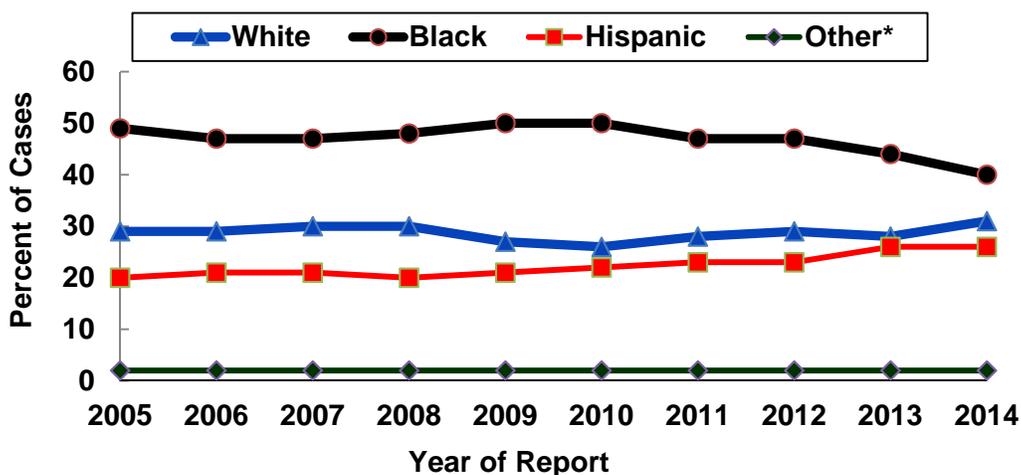


*Source: Population estimates are provided by Florida CHARTS as of 7/9/2015.
 **Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and multi-racial individuals.

14. Ten Year Trend of Adult HIV Infection Cases by Race/Ethnicity

From 2005 to 2014, the proportion of adult HIV cases decreased by 9 percentage points among blacks (Figure 12). In contrast, increases were observed among both white (2 percentage points) and Hispanic (6 percentage points) HIV infection cases over this same time period.

Figure 12. Percent of Adult HIV Infection Cases, by Race/Ethnicity and Year of Report, 2005–2014, Florida

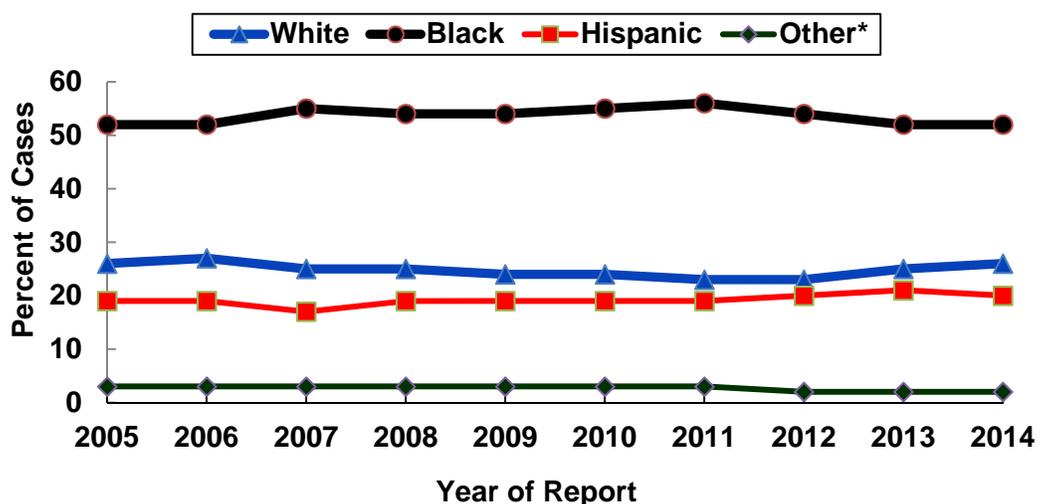


*Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial individuals.

15. Ten Year Trend of Adult AIDS Cases by Race/Ethnicity

Of the adult AIDS cases reported in 2014, 26% were white, compared to 52% black, 20% Hispanic and 2% other race/ethnicity (Figure 13). Over the past ten years, the proportion of AIDS cases has remained fairly level among all race/ethnic groups. However, during the same time period, blacks account for over 50% of reported AIDS cases each year.

Figure 13. Percent of Adult AIDS Cases, by Race/Ethnicity and Year of Report, 2005–2014, Florida

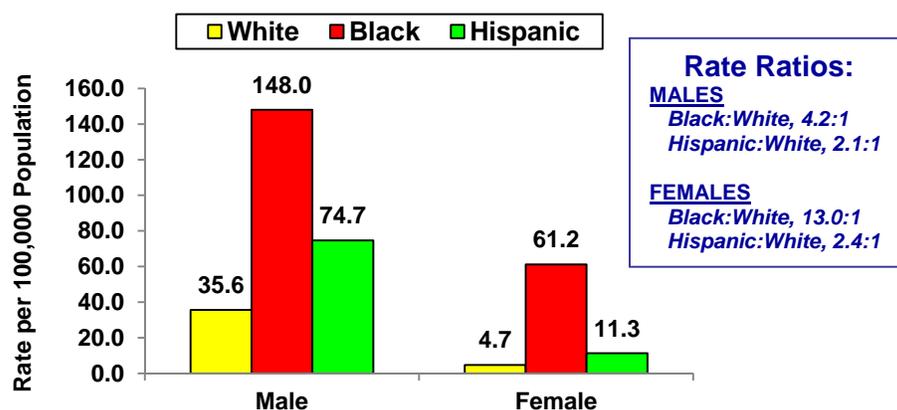


*Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial individuals.

16. Adult HIV Infection Case Rates by Sex and Race/Ethnicity

Black men and, to an even greater extent, black women are over-represented in the HIV epidemic (Figure 14). The HIV case rate for 2014 is four times higher among black men than among white men. Among black women, the HIV case rate is 13-fold greater than among white women. Hispanic male and Hispanic female HIV case rates are twice as high as the rates among their white counterparts.

Figure 14. Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Reported in 2014, Florida

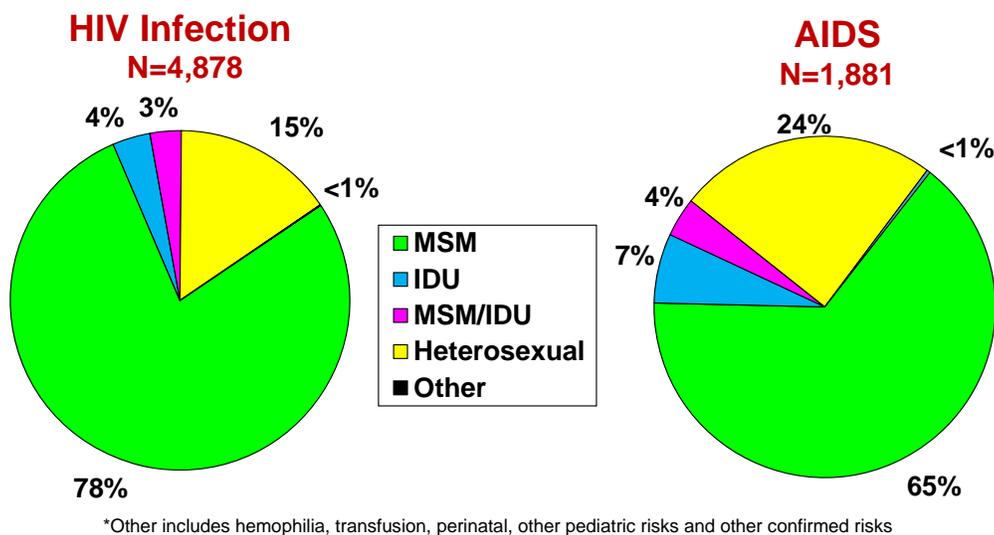


*Source: Population estimates are provided by Florida CHARTS as of 7/9/2015.

17. Adult Male HIV Infection and AIDS Cases by Mode of Exposure

Among the male HIV infection and AIDS cases reported for 2014, male-to-male sexual contact (MSM) was the most common risk factor (78% and 65% respectively) followed by cases with a heterosexual risk (15% for HIV and 24% for AIDS) (Figure 15). HIV cases tend to represent a more recent picture of the epidemic.

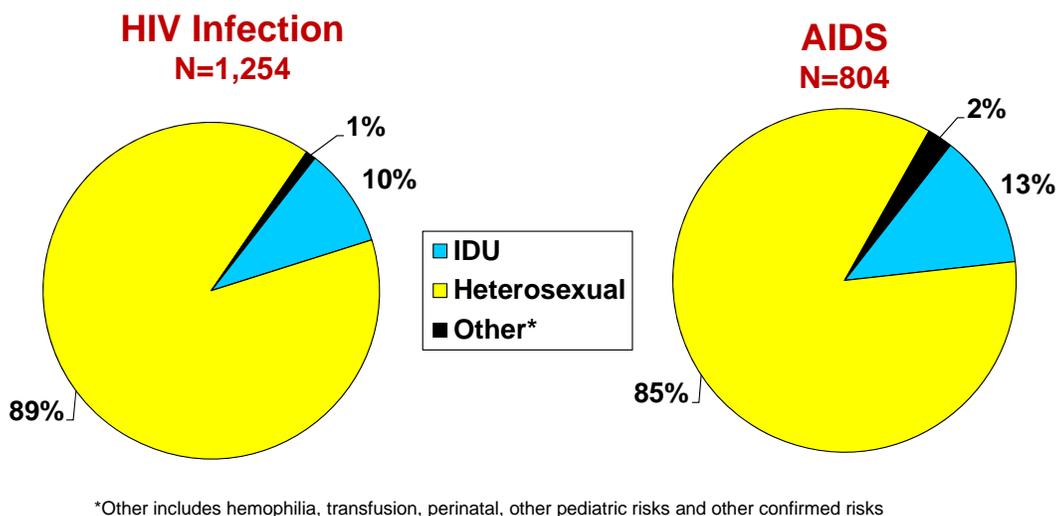
Figure 15. Adult Male HIV Infection and AIDS Cases by Mode of Exposure, Reported in 2014, Florida



18. Adult Female HIV Infection and AIDS Cases by Mode of Exposure

Among the female HIV infection and AIDS cases reported for 2014, heterosexual contact was the highest risk (89% and 85% respectively) (Figure 16).

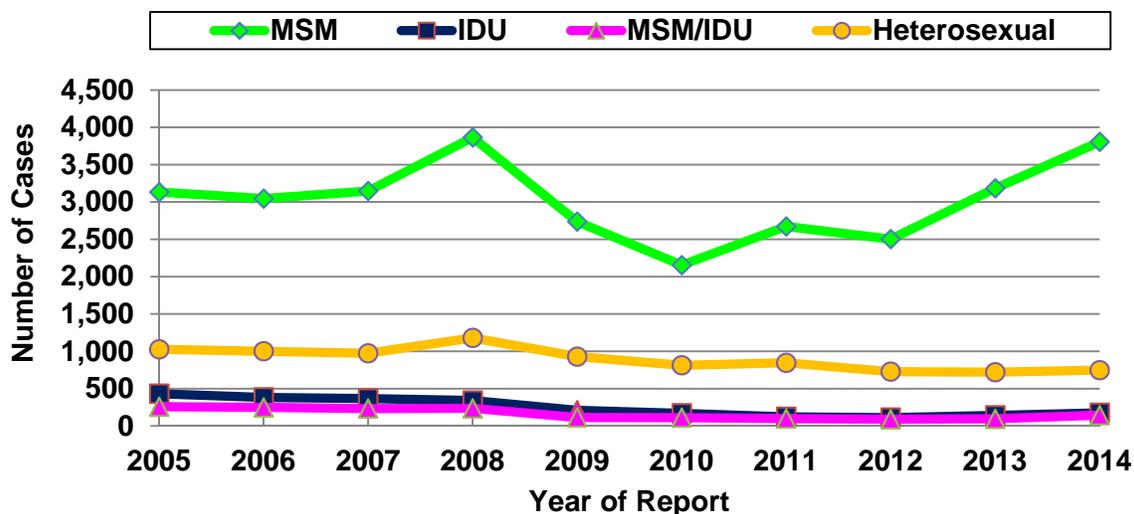
Figure 16. Adult Female HIV Infection and AIDS Cases by Mode of Exposure, Reported in 2014, Florida



19. Ten Year Trend of Adult Male HIV Infection Cases by Mode of Exposure

Over the past ten years, male to male sexual contact (MSM) remains as the primary mode of exposure among adult male HIV infection cases in Florida; this trend is followed by heterosexual contact (Figure 17). The number of adult males infected with HIV by way of male to male sexual contact increased by 21% from 2005 to 2014. In contrast, the number of adult male infected with HIV by way of heterosexual contact decreased by 59% over the same time period.

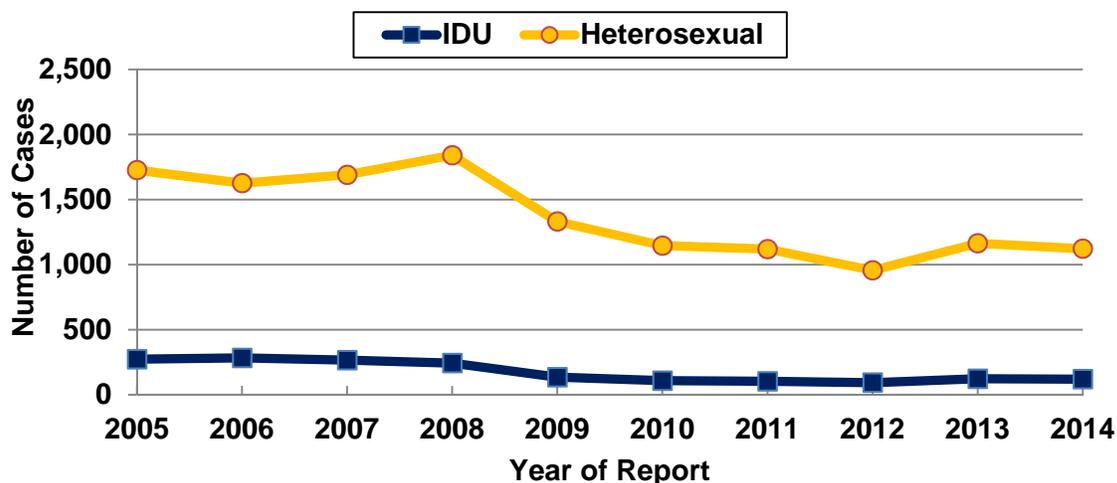
Figure 17. Adult Male HIV Infection Cases by Mode of Exposure and Year of Report, 2005 – 2014, Florida



20. Ten Year Trend of Adult Female HIV Infection Cases by Mode of Exposure

Over the past ten years, heterosexual contact continues to be the primary mode of exposure among adult female HIV infection cases in Florida; this trend is followed by injection drug use. The number of adult females infected with HIV by way of heterosexual contact decreased by 35% from 2005 to 2014. Similarly, the number of adult female infected with HIV by way of injection drug use decreased by 56% over the same time period (Figure 18).

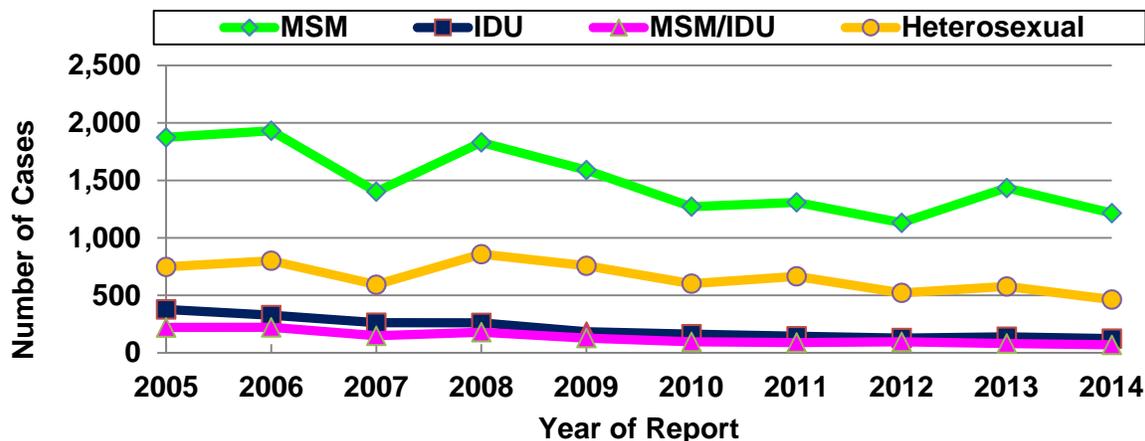
Figure 18. Adult Female HIV Infection Cases by Mode of Exposure and Year of Report, 2005 – 2014, Florida



21. Ten Year Trend of Adult Male AIDS Cases by Mode of Exposure

Over the past ten years, male to male sexual contact (MSM) remains as the primary mode of exposure among adult male AIDS cases in Florida; this trend is followed by heterosexual contact (Figure 19). The number of adult males who developed AIDS reported exposure by way of male to male sexual contact decreased by 35% from 2005 to 2014. Similarly, the number of adult males who developed AIDS reported exposure by way of heterosexual contact decreased by 38% over the same time period.

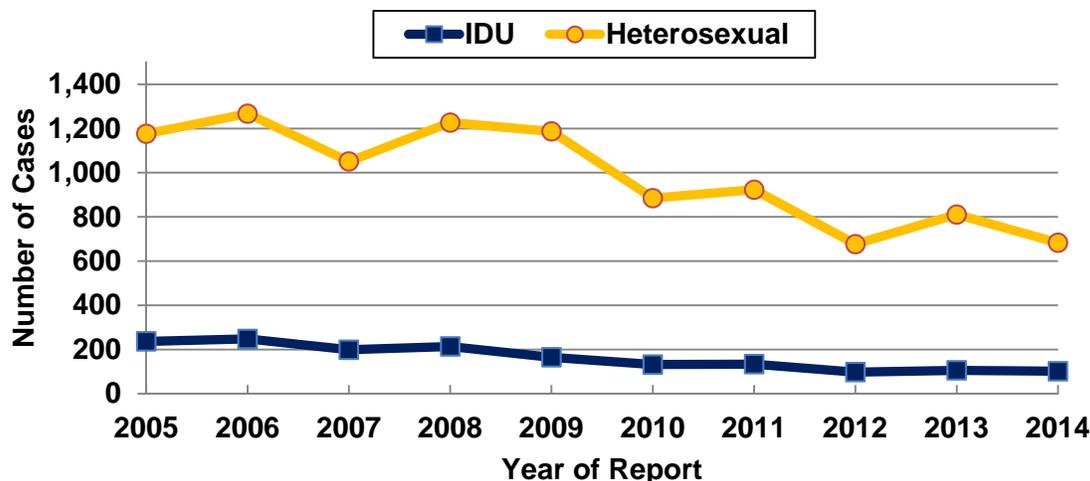
Figure 19. Adult Male AIDS Cases by Mode of Exposure and Year of Report, 2005 – 2014, Florida



22. Ten Year Trend of Adult Female AIDS Cases by Mode of Exposure

Over the past ten years, heterosexual contact continues to be the primary mode of exposure among adult female HIV infection cases in Florida; this trend is followed by injection drug use. The number of adult females who developed AIDS reported exposure by way of heterosexual contact decreased by 42% from 2005 to 2014. Similarly, the number of adult females who developed AIDS reported exposure by way of injection drug use decreased by 57% over the same time period (Figure 20).

Figure 20. Adult Female AIDS Cases by Mode of Exposure and Year of Report, 2005 – 2014, Florida

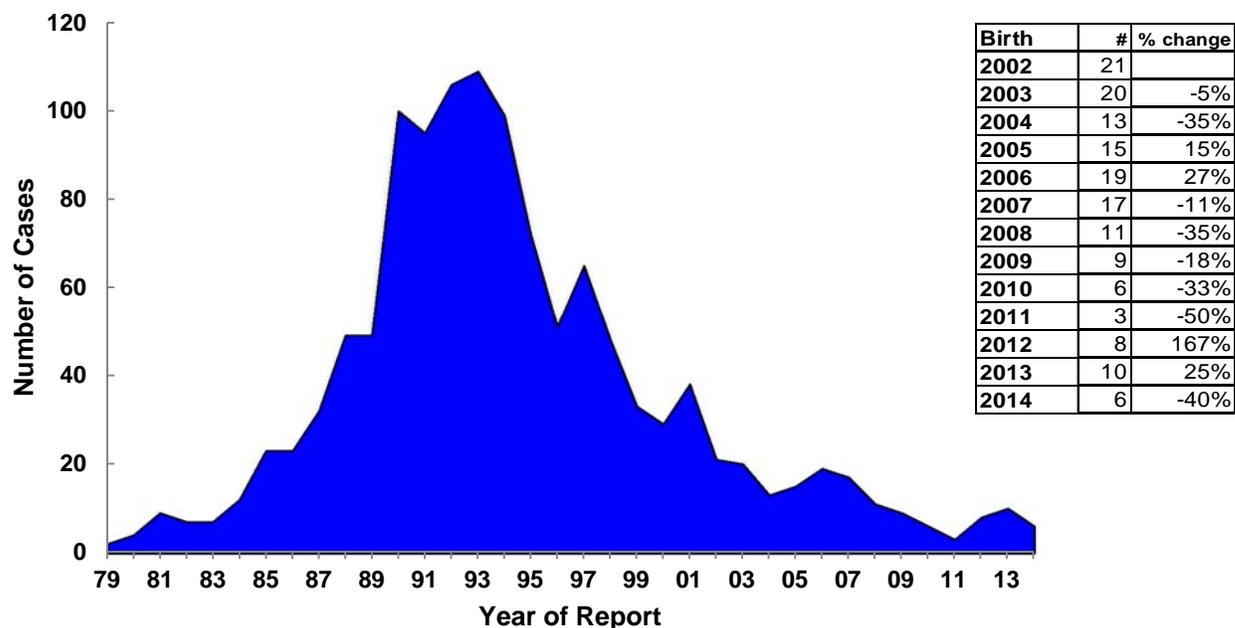


23. Perinatal HIV/AIDS Cases

Of the 1,220 perinatally infected babies born in Florida from 1979 through 2014, two were born as early as 1979 (Figure 21). The birth of HIV-infected babies continued to rise through 1993. In April 1994, the U.S. Public Health Service released guidelines for zidovudine (ZDV) also known as azidothymidine (AZT), used to reduce perinatal HIV transmission, and in 1995 recommendations for HIV counseling and voluntary testing for pregnant women were published. Florida law, beginning in October 1996 required the offering of HIV testing to pregnant women. As a result of this increase in testing for HIV infection, more HIV positive women could be offered ZDV during their pregnancy. Enhanced perinatal surveillance systems have documented increased use of ZDV among exposed infants and HIV-infected mothers at the prenatal, intrapartum, delivery and neonatal stages.

Prevention of perinatal HIV remains a very high priority in Florida. In the past few years, the use of other medical therapies, including protease inhibitors, has supplemented the use of ZDV for both infected mothers and their babies. The use of these medical therapies has been accompanied by a decrease in the number of perinatally HIV-infected infants and is responsible for the dramatic decline in perinatally acquired HIV/AIDS since 1994. Furthermore, numerous initiatives have contributed to the reduction in these cases. Major initiatives include: seven Targeted Outreach to Pregnant Women Act (TOPWA) programs, three perinatal nurses located in the most heavily impacted counties, social marketing, and provider education. These initiatives have helped to further educate local providers in the importance of testing pregnant women for HIV and then offering effective treatment during the pregnancy and at delivery to further decrease the chances of vertical transmission. The use of these medical therapies has been followed by a decrease in the number of perinatally HIV-infected children and a dramatic decline in perinatally-acquired HIV/AIDS cases since 1993. There was a sharp decrease in 1994 with a leveling trend from 2002 to 2007, followed by another sharp decrease through 2011. In summary, these successful initiatives have resulted in a 95% decline in HIV-perinatally infected births in Florida from 1993 (N=109) to 2014 (N=6).

Figure 21. Perinatally Acquired HIV Infected Cases, Born in Florida, by Year of Birth, 1979-2014 (N=1,220)



24. Prevalence Estimate of HIV Disease in the U.S. and Florida

Assessment of the extent of the HIV epidemic is an important step in community planning for HIV prevention and HIV/AIDS patient care. The HIV prevalence estimate is the estimated number of persons living with HIV infection, this includes those living with a diagnosis of HIV or AIDS and those who may be infected but are unaware of their serostatus. According to recent estimates published by CDC, more than 1.2 million people are currently living with HIV infection in the U.S.² Florida has consistently reported 10% to 12% of the national AIDS morbidity and currently accounts for 11% of all persons living with AIDS in the U.S. The Florida Department of Health now estimates that at least 126,100 persons, or roughly 11% of the national total, are currently living with HIV infection in Florida as of the end of 2014.

There are some small differences and a few substantive differences between the proportional distributions of populations living with HIV infection in Florida as compared to the U.S. as a whole as noted in the table below (Table 3). Florida has a larger proportion of women (28%) compared to the U.S. (24%). By race/ethnicity, Florida has a larger proportion of blacks (47%) compared to the U.S. (43%). By mode of exposure, Florida has a smaller proportion of MSM (48% vs. 52%) and IDU (9% vs. 15%). However, Florida has a larger proportion of cases with heterosexual contact (37% vs. 26%). By age group, Florida has a larger proportion of persons living with HIV infection older than the age of 50 (47% vs. 40%).

Table 3. Persons Living with HIV Disease by Selected Demographics and Risk Factors in the U.S. (2012)* and Florida (2014)**

Subgroup	U.S. (N=914,826)	Florida (N=109,969)
Male	76%	72%
Female	24%	28%
White	32%	30%
Black	43%	47%
Hispanic	20%	21%
Other	5%	2%
MSM	52%	48%
IDU	15%	9%
MSM/IDU	5%	4%
Heterosexual	26%	37%
Other	2%	2%
Age 0-24	5%	4%
Age 25-49	55%	49%
Age 50+	40%	47%

* Source: U.S. Data: CDC, HIV Surveillance Report, 2013, Vol. 25, Table 15a, estimated for 50 states with confidential name-based HIV infection reporting. Living data through 2012 is most recent available. **Florida Data: FL Department of Health, HIV/AIDS Section, eHARS, alive and reported through 2014, as of 06/30/2015.

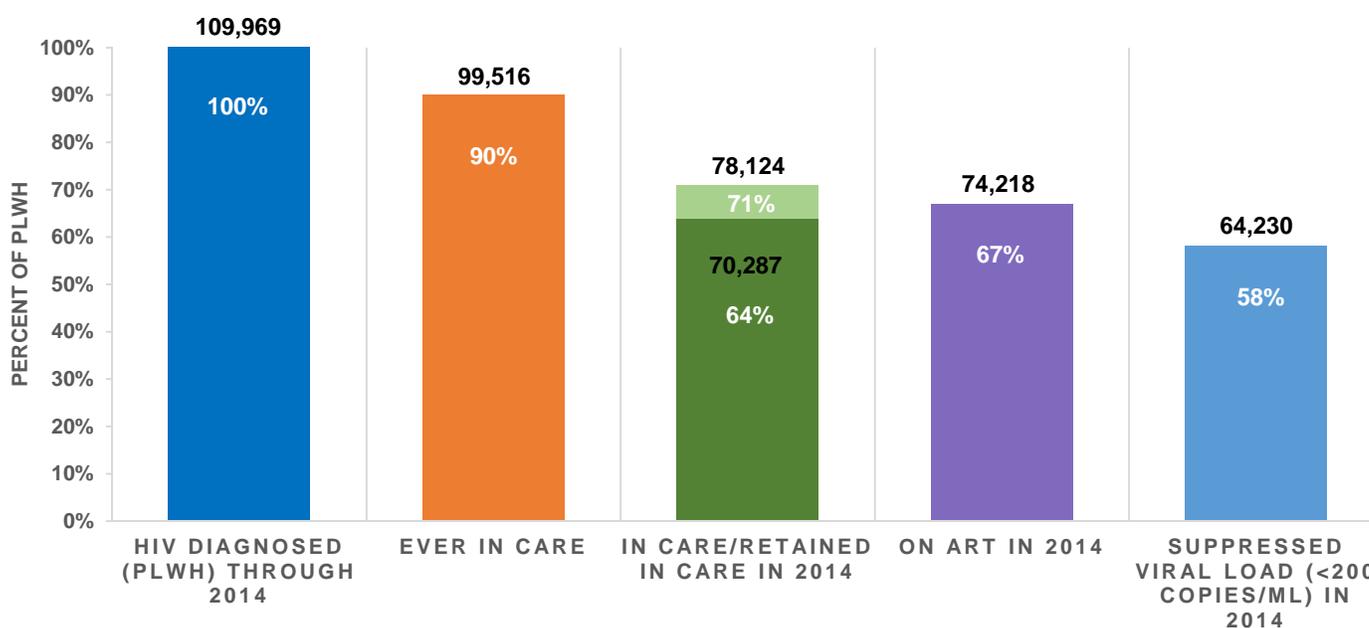
25. Continuum of HIV Care in Florida

The National HIV/AIDS strategy goals are to: (1) reduce the number of people who become infected with HIV; (2) increase access to care and improve health outcome for people living with HIV; (3) Reduce HIV-related health disparities. It is vital to improve engagement at every stage in a continuum of care that includes:

- HIV testing a subsequent diagnosis
- Linkage to HIV medical care
- Continuous engagement in HIV medical care (retention)
- Initiation of antiretroviral therapy (ART)
- Suppressed viral load (<200 copies/mL)

The HIV care continuum is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage (Figure 22).

Figure 22. Number and Percentage of Persons Diagnosed and Living with HIV (PLWH) Engaged in Selected Stages of the Continuum of HIV Care – Florida (incl. DOC), 2014



- 83% of those diagnosed with HIV in 2014 had documented HIV-related care within 3 months of diagnosis
- 82% 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.

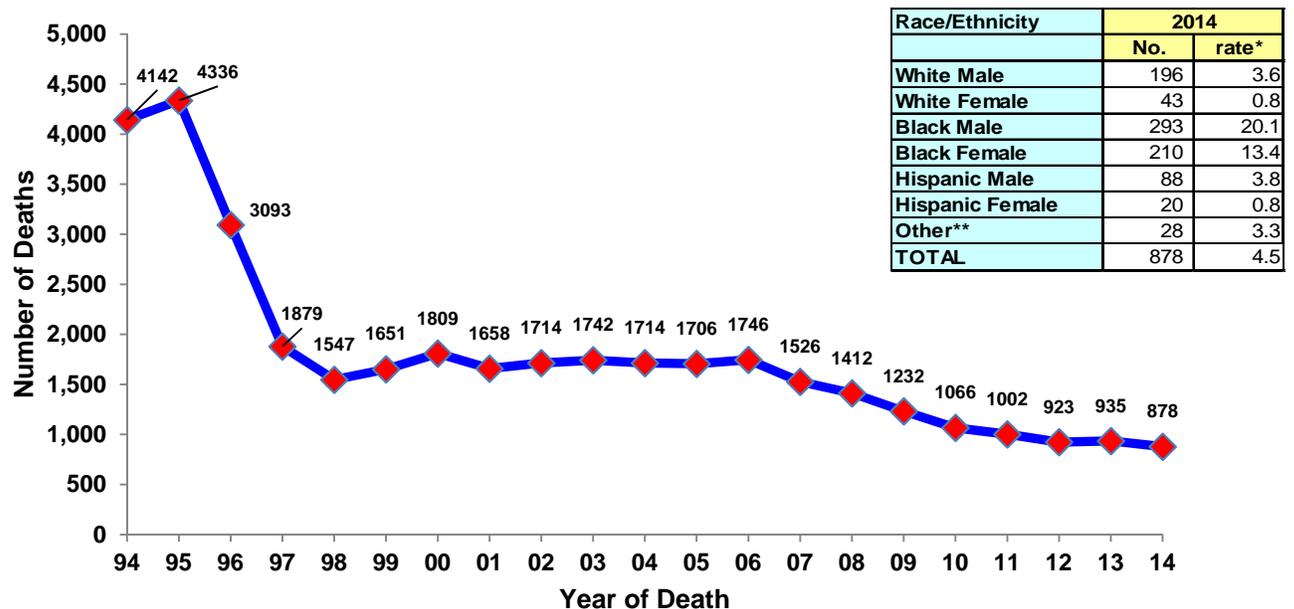
26. Impact of HIV-Related Deaths

HIV/AIDS deaths decreased markedly from 1996-1998 after the advent of highly active anti-retroviral therapy (HAART) in 1996. A leveling of the trend since 1998 may reflect factors such as viral resistance, late diagnosis of HIV, adherence problems, and lack of access to or acceptance of care (Figure 23). Overall, there has been a 79% decline in the number of Florida resident deaths due to HIV disease from 1995 (the peak of resident HIV-related deaths) to 2014. Since 2007, deaths have maintained a downward trend.

According to the Florida Bureau of Vital Statistics, for persons 25-44 years of age, in 2014 HIV was the:

- 6th leading cause of death.
- 5th leading cause of death among blacks.
- 9th leading cause of death among whites (down from 8th in 2013).
- 7th leading cause of death among Hispanics (up from 8th in 2013).
- 6th leading cause of death among men and the 5th leading cause of death among women.

Figure 23. Resident Deaths due to HIV Disease, by Year of Death, 1994–2014, Florida



Race/Ethnicity	2014	
	No.	rate*
White Male	196	3.6
White Female	43	0.8
Black Male	293	20.1
Black Female	210	13.4
Hispanic Male	88	3.8
Hispanic Female	20	0.8
Other**	28	3.3
TOTAL	878	4.5

*Source: Florida Department of Health, Office of Vital Statistics, Death Certificates (as of 05/31/2015). Population data are provided by Florida CHARTS 07/09/2015.

**Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial individuals.

27. Prevention of HIV Disease in Florida

The most common ways HIV is transmitted are through anal or vaginal sex or sharing drug injection equipment with a person infected with HIV,¹ therefore it is important to take steps to reduce the risks associated with these. They include:

- Know your HIV status. Everyone between the ages of 13 and 64 should be tested for HIV at least once. If you are at increased risk for HIV, you should be tested for HIV at least once a year.
- If you have HIV, you can get medical care, treatment, and supportive services to help you stay healthy and reduce your ability to transmit the virus to others.
- If you are pregnant and find that you have HIV, treatments are available to reduce the chance that your baby will have HIV.
- Abstain from sexual activity or be in a long-term mutually monogamous relationship with an uninfected partner.
- Limit your number of sex partners. The fewer partners you have, the less likely you are to encounter someone who is infected with HIV or another STD.
- Correct and consistent condom use. Latex condoms are highly effective at preventing transmission of HIV and some other sexually transmitted diseases. “Natural” or lambskin condoms do not provide sufficient protection against HIV infection.
- Get tested and treated for STDs and insist that your partners do too.
- Male circumcision has also been shown to reduce the risk of HIV transmission from women to men during vaginal sex.
- Do not inject drugs. If you inject drugs, you should get counseling and treatment to stop or reduce your drug use. If you cannot stop injecting drugs, use clean needles and works when injecting.
- Obtain medical treatment immediately if you think you were exposed to HIV. Sometimes, HIV medications can prevent infection if they are started quickly. This is called post-exposure prophylaxis.
- Participate in risk reduction programs. Programs exist to help people make healthy decisions, such as negotiating condom use or discussing HIV status.

Florida’s comprehensive HIV prevention program provides high-quality culturally appropriate prevention and education services to Florida’s at-risk and HIV-infected populations. The program’s overarching goals include reducing the number of new HIV infections, increasing the proportion of HIV-infected persons who know their status, linking HIV-infected persons to care and support services, and reducing risky behaviors that might lead to HIV/STD infection.

Our comprehensive program has multiple components, each designed around evidence-based models that are targeted, monitored, and evaluated to ensure maximum effectiveness. The HIV prevention community planning process provides a voice for persons affected by and infected with HIV. The process is designed to allow information to flow from the top down and from the bottom up and to ensure that all of our prevention activities are aligned with our comprehensive prevention plan.

References

1. Centers for Disease Control and Prevention [CDC]. (2015, January). *Basic information about HIV and AIDS*. Divisions of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Retrieved on April 13, 2015 from <http://www.cdc.gov/hiv/topics/basic/index.html>
2. CDC. (2015, March). *HIV in the United States: At a Glance*. Retrieved on April 13, 2015 from http://www.cdc.gov/hiv/pdf/statistics_basics_ataglance_factsheet.pdf
3. CDC. (2015, February). *HIV Surveillance Report, 2013*; vol. 25. Retrieved on February 23, 2015 from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

Additional Resources

Additional information about HIV and AIDS can be found on the CDC's website in English and Spanish at <http://www.cdc.gov/hiv/basics/index.html>

Please visit the HIV/AIDS surveillance webpage to access additional reports including fact sheets, epidemiologic profiles, monthly surveillance report, slide shows and much more at <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>

To locate services across the state please visit <http://www.floridahealth.gov/diseases-and-conditions/aids/index.html>

Website Links

Below are relevant website links.

http://www.cdc.gov	Centers for Disease Control and Prevention
http://www.who.int	World Health Organization
http://thebody.com/index.html	The Body
http://www.medscape.com	Medscape
http://www.paho.org/selection.asp?SEL=TP&LNG=ENG&CD=OAIDSNSTD	PAHO: HIV and Sexually Transmitted Infections
http://www.ashastd.org	The American Social Health Organization
http://www.unaids.org	UNAIDS
http://www.nastad.org	National Alliance of State and Territorial AIDS Directors
http://iapac.org	International Association of Physicians in AIDS Care
http://www.nap.edu/books/0309071372/html	National Academy Press, No Time To Lose (2000)
http://wemakethechange.com	We Make the Change
http://www.theaidsinstitute.org	The AIDS Institute
http://www.census.gov/population/international/data/hiv/	US Census Bureau
http://sis.nlm.nih.gov/HIV/HIVMain.html	National Library of Medicine

Contact Information

Below are contact phone numbers and email addresses should you need Hepatitis, HIV, AIDS, STD or TB data.

HIV/AIDS Case Reporting/ Epidemiology/ Prevalence

AIDS Case Reporting/Data Requests/Surveillance Main Number (850) 245-4430
• Lorene Maddox Lorene.Maddox@flhealth.gov ext. 2613
• Tracina Bush Tracina.Bush@flhealth.gov ext. 2612
• Madgene Moise Madgene.Moise@flhealth.gov ext. 2373

AIDS Drug Assistance Program/Patient Care Resources (850) 245-4335
AIDS Education & Prevention (850) 245-4336
HIV/AIDS Epidemiology/HIV Prevalence (850) 245-4448
Legal Issues (850) 245-4477

HIV/AIDS Incidence

• Jontae Sanders Jontae.Sanders@flhealth.gov (850) 245-4430

Hepatitis

Hepatitis Data Analysis/Vaccine and Testing/Educational Materials (850) 245-4334
• Phil Reichert Phil.Reichert@flhealth.gov

HIV Counseling and Testing Data

HIV Counseling and Testing/Seroprevalence & Special Studies (850) 245-4424
• Melinda Waters Melinda.Waters@flhealth.gov

Sexually Transmitted Disease Case Reporting

ICCR Clerk (850) 245-4325
STD Case Reporting/Data Requests/STD Prevention & Control Main Number (850) 245-4303
• James Matthias James.Matthias@flhealth.gov

Tuberculosis Case Reporting

TB Control Main Number (850) 245-4302
TB Case Reporting and Surveillance
TB Surveillance and Epidemiology/Data Requests
• Jose Zabala Jose.Zabala@flhealth.gov

Other Important Numbers

Epidemiology (850) 245-4401
Florida AIDS Hotline (800) FLA-AIDS
National AIDS Hotline (800) 342-AIDS
National Data Requests (CDC fax) (404) 332-4565
TB Information Hotline (800) 4TB-INFO