

HIV/AIDS Section

Florida HIV/AIDS Annual Report 2013

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Overview

The Florida Department of Health (FDOH), Bureau of Communicable Disease, 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 2013* is organized into 20 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
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13. Adult HIV Infection Cases, AIDS Cases, and Population Data by Race/Ethnicity
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15. Adult Male HIV Infection and AIDS Cases by Mode of Exposure
16. Adult Female HIV Infection and AIDS Cases by Mode of Exposure
17. Perinatal HIV/AIDS Cases
18. Prevalence Estimate of HIV Disease in the U.S. and Florida
19. Impact of HIV-Related Deaths
20. Prevention of HIV Disease in Florida

1. Interpretation of HIV/AIDS Data

All HIV/AIDS data are current as of December 31, 2013.

- 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
- IDU = Injection Drug User
- MSM/IDU = Men who have sex with men and injection drug user
- 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 second among states in the number of cases of Human Immunodeficiency Virus (HIV) infection diagnosed in 2011 (which is the most recent year data are available nationally).³ That year, a total of 5,973 (12% of the U.S. total) HIV Infection cases were diagnosed in California, followed by 5,408 (11%) in Florida and 5,065 (10%) in Texas (Table 1). Additionally, Florida ranked third among states in the rate of HIV infections per 100,000 population. That year, Florida (28.4 per 100,000) was ranked behind Maryland (30.6) and Louisiana (30.2).

Table 1. Top States in the Number of HIV Infection Cases, and Rates per 100,000 in 2011

Ranking	State	No. of cases	% of US Total	Ranking	State	Rate per 100,000
1	California	5,973	12%	1	Maryland	30.6
2	Florida	5,408	11%	2	Louisiana	30.2
3	Texas	5,065	10%	3	Florida	28.4
4	New York	4,960	10%	4	Georgia	25.7
5	Georgia	2,522	5%	5	New York	25.5

Source: CDC. (2013). *HIV Surveillance Report, 2011*; vol. 23.

Florida ranked third among states in the estimated number of acquired immune deficiency syndrome (AIDS) cases diagnosed in 2011.³ That year, a total of 3,623 (11% of the U.S. total) AIDS cases were diagnosed in California, followed by 3,574 (11%) in New York and 3,440 (11%) in Florida. With regard to the rate of AIDS cases per 100,000 population, Florida (18.1 per 100,000) ranked fourth behind Georgia (22.8), Maryland (20.1), Louisiana (18.4) and New York (18.4) in 2011 (Table 2).

Table 2. Top States in the Number of AIDS Cases, and Rates per 100,000 in 2011

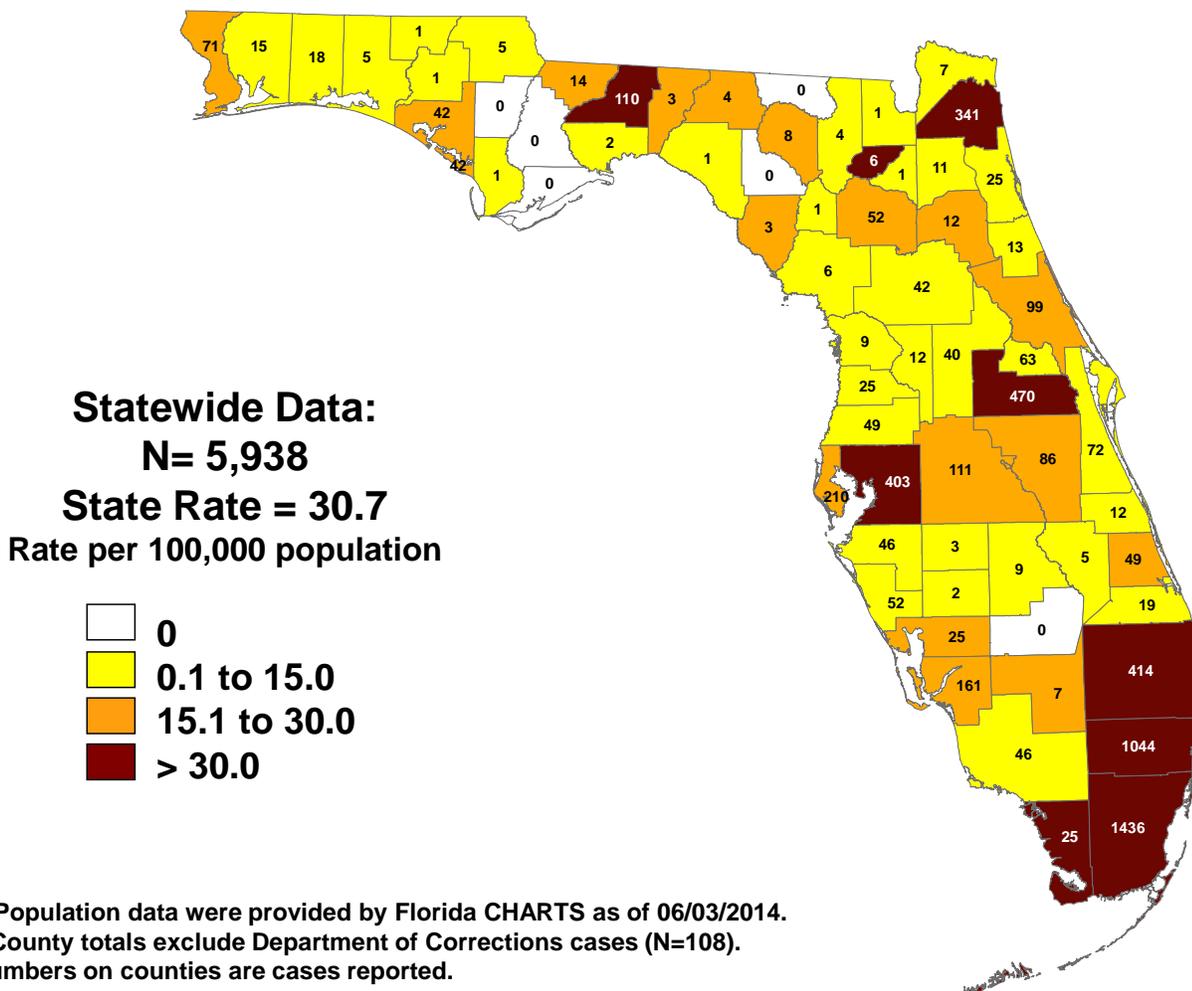
Ranking	State	No. of cases	% of US Total	Ranking	State	Rate per 100,000
1	California	3,623	11%	1	Georgia	22.8
2	New York	3,574	11%	2	Maryland	20.1
3	Florida	3,440	11%	3	Louisiana	18.4
4	Texas	3,393	11%		New York	18.4
5	Georgia	2,234	7%	4	Florida	18.1

Source: CDC. (2013). *HIV Surveillance Report, 2011*; vol. 23.

3. HIV Infection Case Rates by County of Residence

In 2013, at least one HIV Infection case was reported in all but six counties in Florida. Ten counties reported 100 or more cases (Figure 1). These ten counties included Broward, Duval, Hillsborough, Lee, Leon, Miami-Dade, Orange, Palm Beach, Pinellas and Polk. These aforementioned counties reported a combined total of 4,230 cases, or 71% of Florida's total reported cases in 2013 (N=5,938). The greatest numbers of HIV cases were reported from Miami-Dade (n=1,436), Broward (n=1,044), and Orange (n=470). These three counties reported a combined total of 2,950 cases in 2013, or half (50%) of the statewide total.

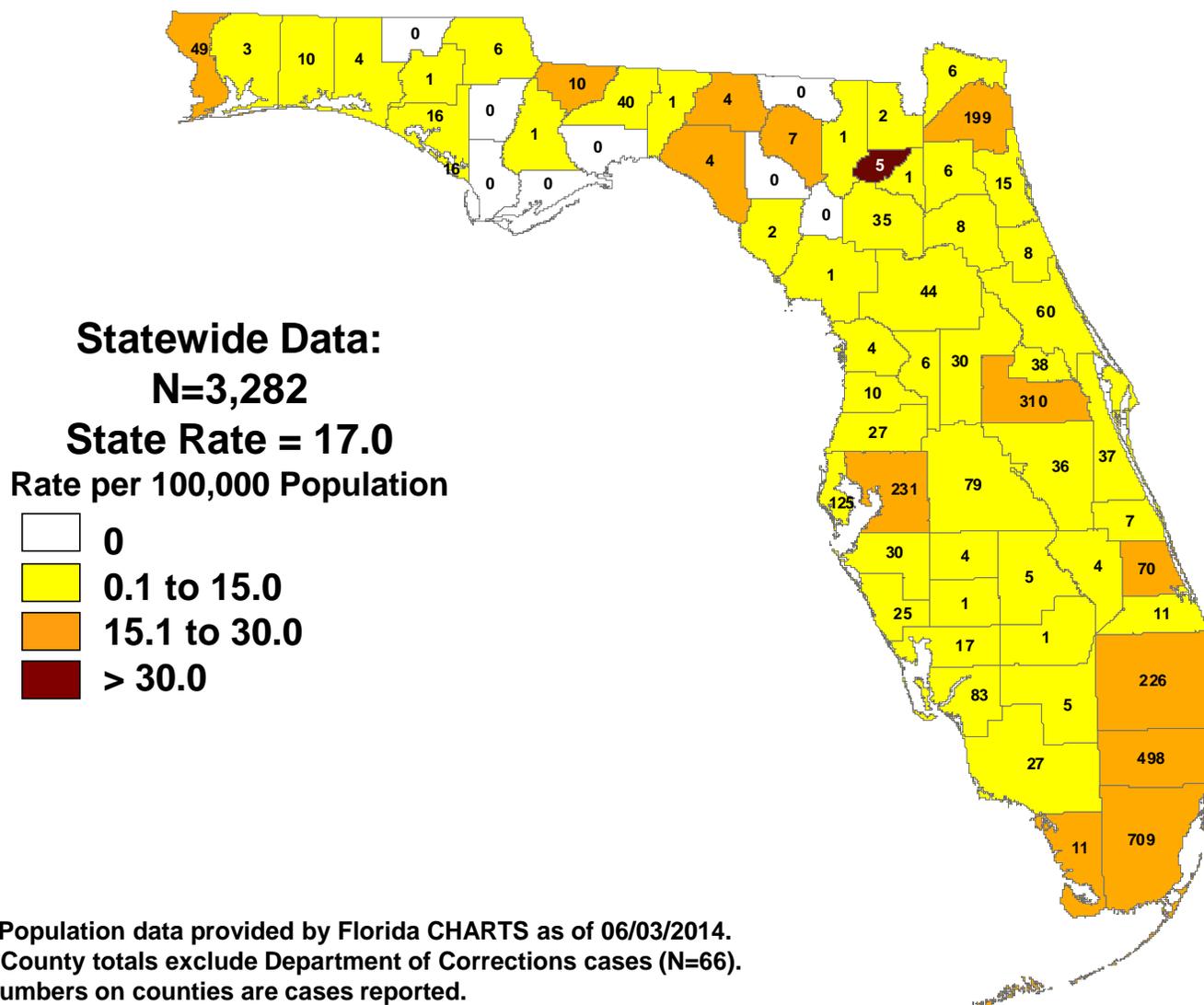
Figure 1. HIV Infection Case Rates* by County of Residence,** Reported in 2013, Florida



4. AIDS Case Rates by County of Residence

In 2013, at least one AIDS case was reported in all but eight 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 2013. These seven counties reported a combined total of 2,298 cases, or 70% of Florida's total reported cases in 2013 (N=3,282). The greatest numbers of AIDS cases were reported from two counties located in the southeastern part of the state, Broward (n=498) and Miami-Dade (n=709). These two counties reported a combined total of 1,207 cases in 2013, 37% of the statewide total.

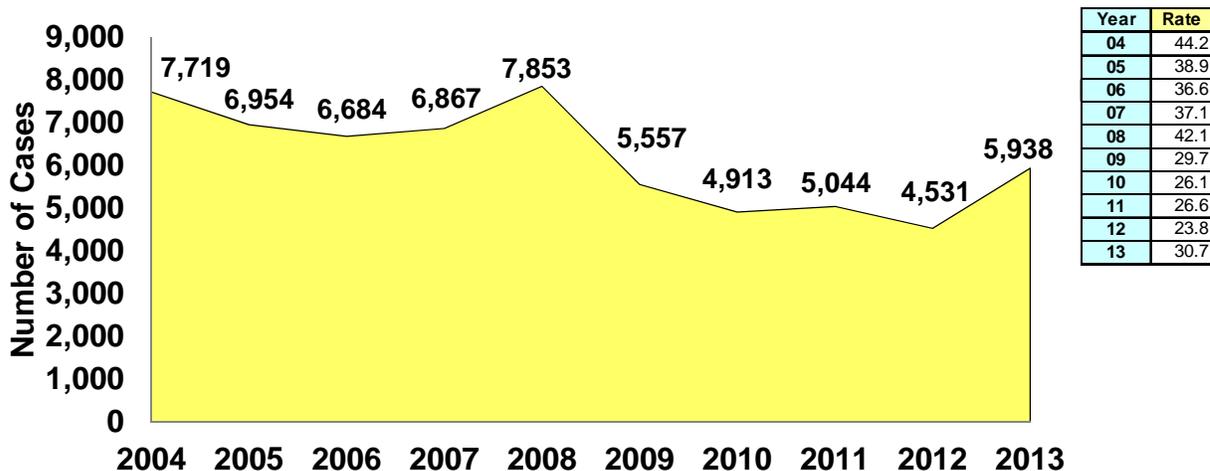
Figure 2. AIDS Case Rates* by County of Residence,** Reported in 2013, Florida



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 (Figure 3).

Figure 3. HIV Infection Cases and Rates,* by Year of Report, 2004-2013, Florida

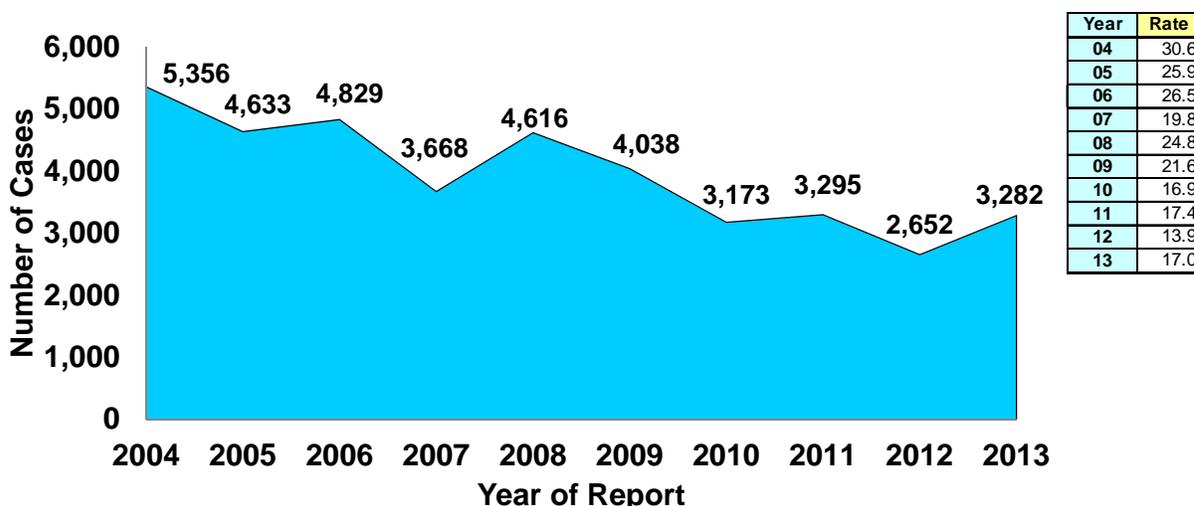


*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.

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

AIDS cases increased in 2004 due to increased CD4 testing statewide. Additionally, 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. There was another surge in the expansion of ELR in 2012, which was subsequently followed by another increase in newly reported cases of AIDS in 2013. (Figure 4).

Figure 4. AIDS Cases and Rates,* by Year of Report, 2004-2013, Florida

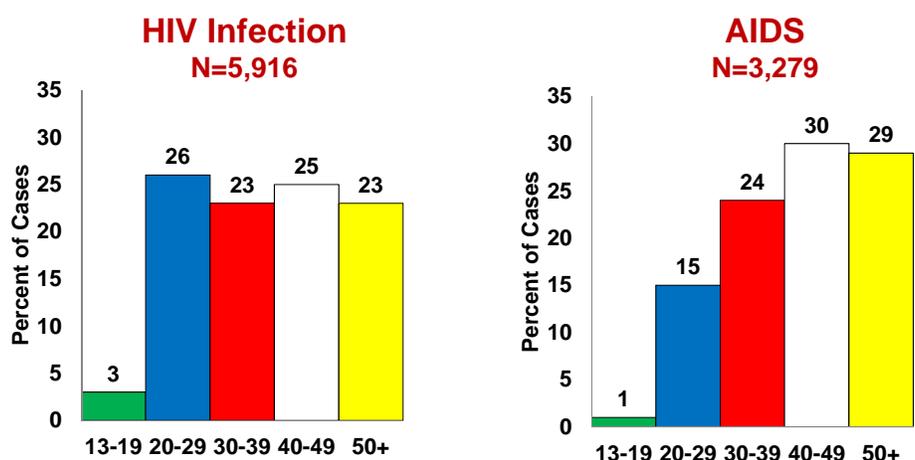


*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.

7. 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 2013 were among those aged 20-29 (26%), followed by those aged 40-49 (25%) (Figure 5). Conversely, the greatest proportion of AIDS cases reported in 2013 were among persons aged 40-49 (30%), followed by those in the 50 and older age group (29%) and those in the 30-39 age group (24%). Adult cases for both HIV and AIDS are defined as those occurring in people 13 years of age and older. The analysis shown below includes only adult cases.

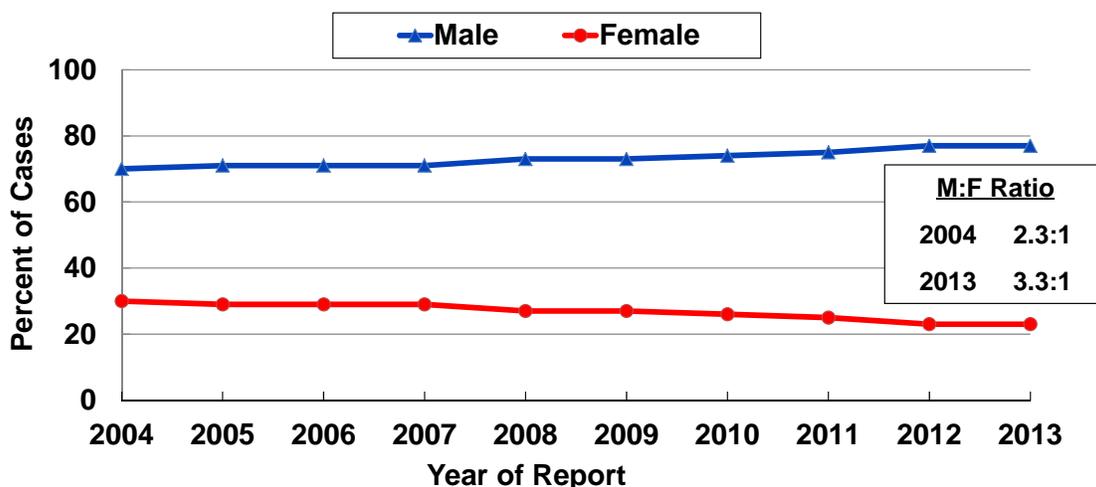
Figure 5. Age Distribution of Florida’s Adult HIV Infection Cases Compared with the Age Distribution of Florida’s Adult AIDS Cases, Reported in 2013, Florida



8. Ten Year Trend of Adult HIV Cases by Gender

In 2013, 77% of the adult HIV infection cases were male, compared to 70% in 2004 (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 2.3:1 in 2004 to 3.3:1 in 2013. The relative increase in male HIV cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM).

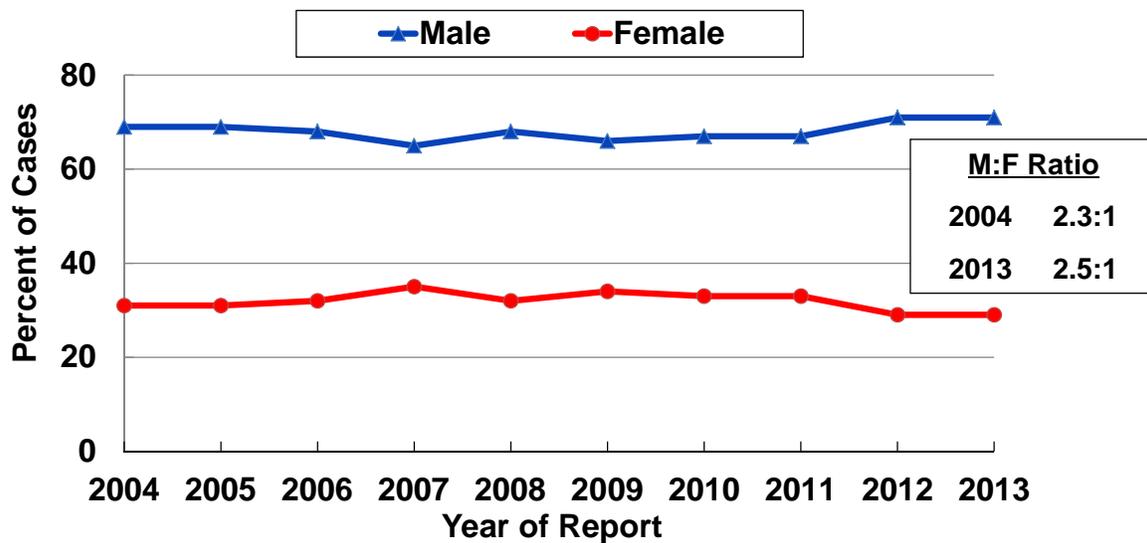
Figure 6. Percent of Adult HIV Infection Cases, by Gender and Year of Report, 2004-2013, Florida



9. Ten Year Trend of Adult AIDS Cases by Gender

Although the proportion of adult AIDS cases among men and women has remained fairly level, the proportion of male AIDS cases increased from 69% in 2004 to 71% in 2013 (Figure 7). As the proportion of males increase, the ratio of males-to-females increases as well, thus the male-to-female ratio increased slightly from 2.3:1 in 2004 to 2.5:1 in 2013.

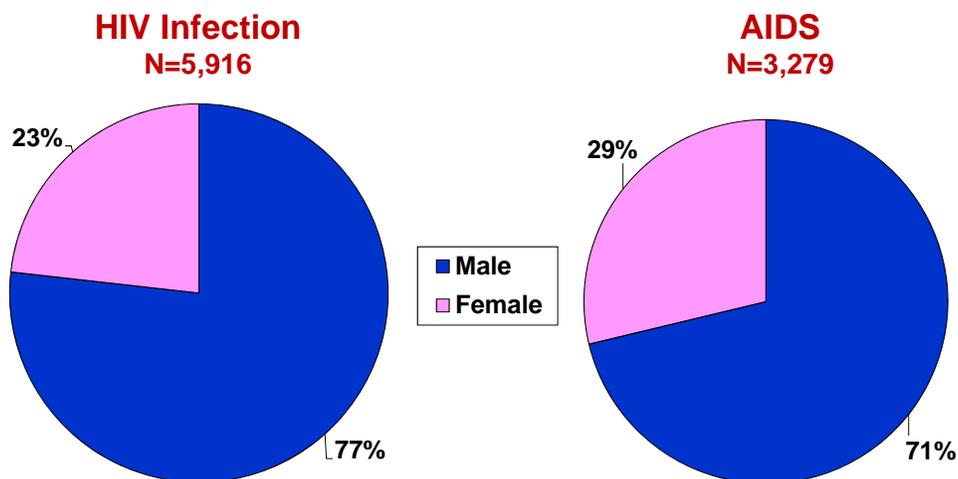
Figure 7. Percent of Adult AIDS Cases by Gender and Year of Report, 2004-2013, Florida



10. Adult HIV Infection and AIDS Cases by Gender

In 2013, a total of 4,542 adult males and 1,374 adult females were reported with HIV infection, representing 77% and 23% of cases, respectively (Figure 8). Also, in 2013 a total of 2,336 adult males and 943 adult females were reported with AIDS, representing 71% and 29% of cases, respectively.

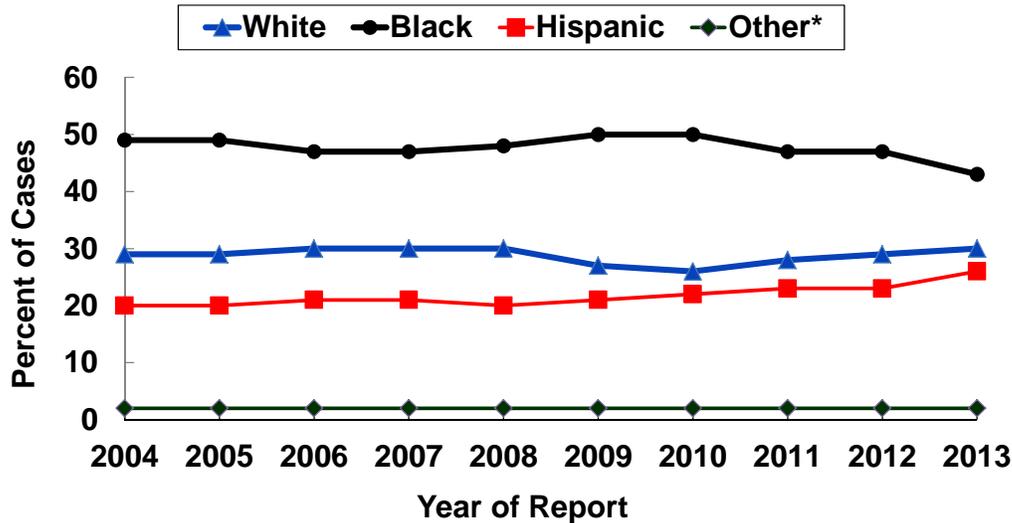
Figure 8. Percent of Adult HIV Infection and AIDS Cases by Gender, Reported in 2013, Florida



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

From 2004 to 2013, the proportion of adult HIV cases decreased by 6 percentage points among blacks (Figure 9). In contrast, increases were observed among both white (1 percentage point) and Hispanic (6 percentage points) HIV infection cases over this same time period.

Figure 9. Percent of Adult HIV Infection Cases, by Race/Ethnicity and Year of Report, 2004–2013, Florida

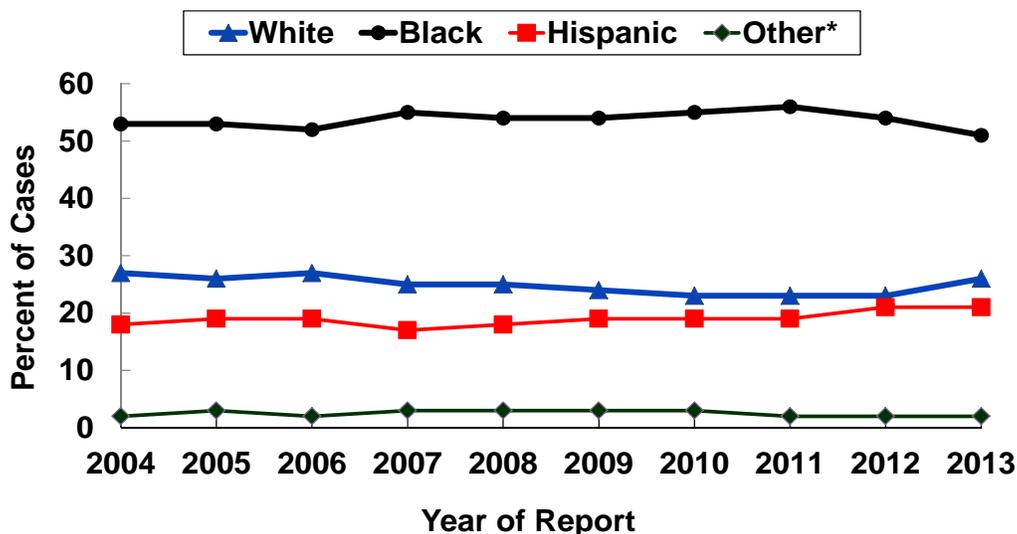


*Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial individuals.

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

Of the adult AIDS cases reported in 2013, 26% were white, compared to 51% black and 21% Hispanic (Figure 10). 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 10. Percent of Adult AIDS Cases, by Race/Ethnicity and Year of Report, 2004–2013, Florida

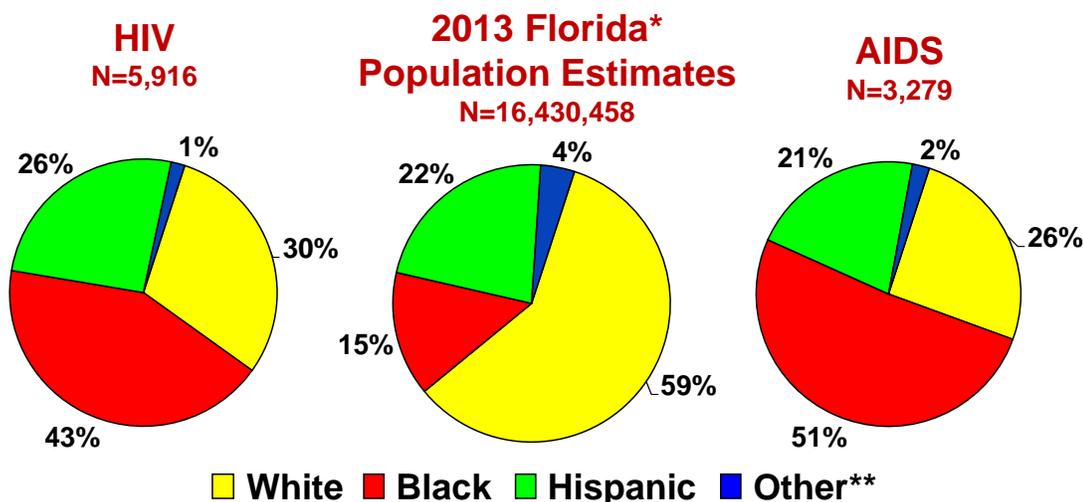


*Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial individuals.

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

Blacks comprise only 15% of the adult population in Florida, but represent 43% of adult HIV infection cases and 51% of adult AIDS cases reported in 2013 (Figure 11). Hispanics comprise 22% of Florida's adult population, and account for 26% of the HIV infection cases and 21% of the AIDS cases.

Figure 11. Adult HIV Infection Cases, AIDS Cases and Population Data, by Race/Ethnicity, Reported in 2013, Florida

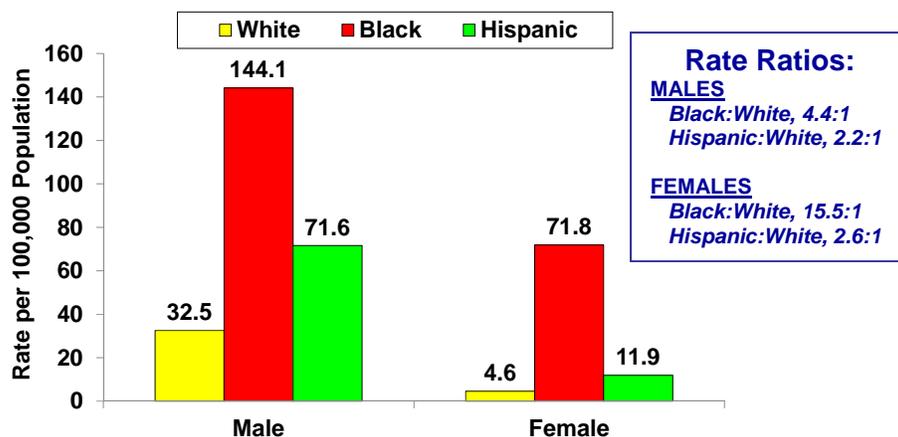


*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.
 **Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

14. Adult HIV Infection Case Rates by Gender and Race/Ethnicity

Black men and, to an even greater extent, black women are over-represented in the HIV epidemic (Figure 12). The HIV case rate for 2013 is four times higher among black men than among white men. Among black women, the HIV case rate is nearly 16-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 12. Adult HIV Infection Case Rates* by Gender and Race/Ethnicity, Reported in 2013, Florida

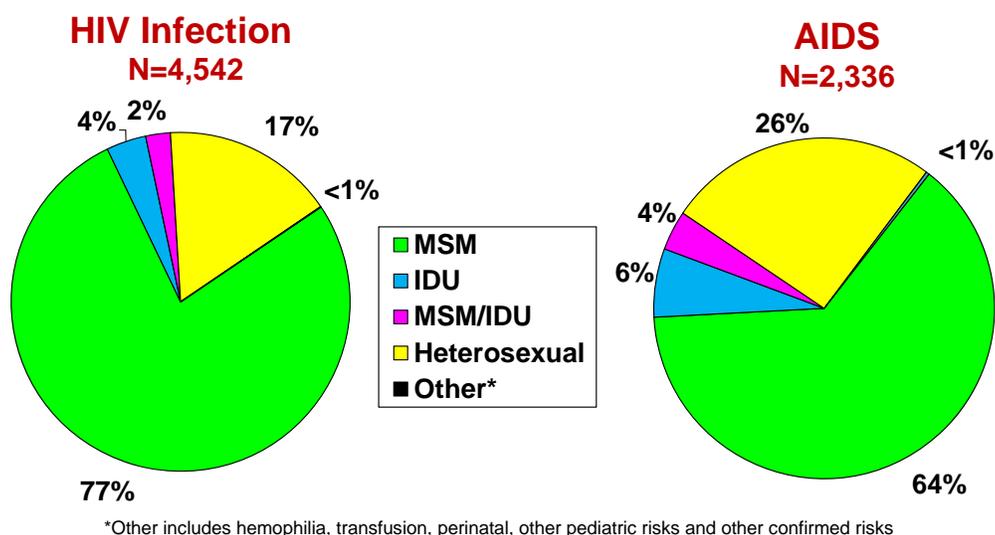


*Source: Population estimates are provided by Florida CHARTS as of 06/03/2014.

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

Among the male HIV infection and AIDS cases reported for 2013, men who have sex with men (MSM) was the most common risk factor (77% and 64% respectively) followed by cases with a heterosexual risk (17% for HIV and 26% for AIDS) (Figure 13). HIV cases tend to represent a more recent picture of the epidemic.

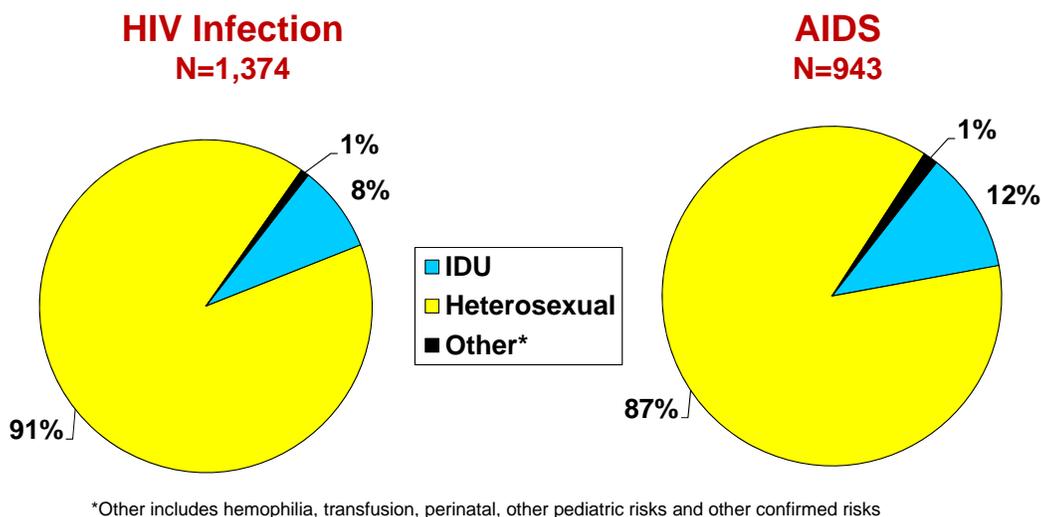
Figure 13. Adult Male HIV Infection and AIDS Cases by Mode of Exposure, Reported in 2013, Florida



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

Among the female HIV infection and AIDS cases reported for 2013, heterosexual sex was the highest risk (91% and 87% respectively) (Figure 14).

Figure 14. Adult Female HIV Infection and AIDS Cases by Mode of Exposure, Reported in 2013, Florida

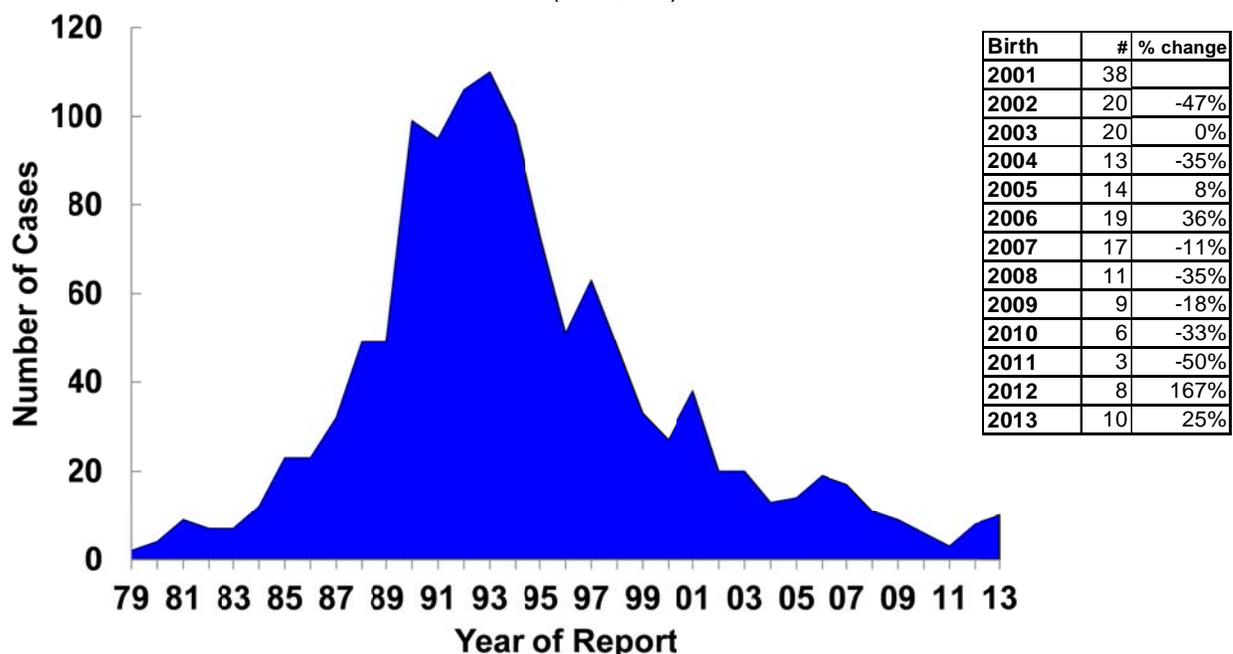


17. Perinatal HIV/AIDS Cases

Of the 1,208 perinatally infected babies born in Florida from 1979 through 2013, two were born as early as 1979 (Figure 15). 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 1994. There was a sharp decrease in 1993 with a leveling trend from 2002 to 2007, followed by another sharp decrease. In summary, these successful initiatives have resulted in a 91% decline in HIV-perinatally infected births in Florida from 1993 (N=110) to 2013 (N=10).

Figure 15. Perinatally Acquired HIV Infected Cases, Born in Florida, by Year of Birth, 1979-2013 (N=1,208)



18. 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, the estimated number of persons living with HIV infection, 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 1.1 million people are currently living with HIV infection in the U.S.² Florida has consistently reported 10-12% 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 126,000 persons, or roughly 11% of the national total, are currently living with HIV infection in Florida as of the end of 2013.

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 (29%) compared to the U.S. (25%). By race/ethnicity, Florida has a larger proportion of blacks (48%) compared to the U.S. (44%). By mode of exposure, Florida has a smaller proportion of MSM (47% vs. 50%) and IDU (9% vs. 16%). However, Florida has a larger proportion of cases with heterosexual contact (38% vs. 26%). By age group the U.S. has a larger proportion of persons living with HIV infection older than the age of 50 (44% vs. 35%).

Table 3. Persons Living with HIV Disease by Selected Demographics and Risk Factors in the U.S. (2010)* and Florida (2013)**

Subgroup	U.S. (N=872,990)	Florida (N=98,530)
Male	75%	71%
Female	25%	29%
White	34%	29%
Black	44%	48%
Hispanic	19%	21%
Other	3%	2%
MSM	50%	47%
IDU	16%	9%
MSM/IDU	6%	4%
Heterosexual	26%	38%
Other	2%	2%
Age 0-24	5%	4%
Age 25-49	60%	52%
Age 50+	35%	44%

* Source: U.S. Data: CDC, HIV Surveillance Report, 2011, Vol. 23, Table 15a, estimated for 50 states with confidential name-based HIV infection reporting. Living data through 2010 is most recent available. **Florida Data: FL Department of Health, HIV/AIDS Section, eHARS, alive and reported through 2013, as of 06/30/2014.

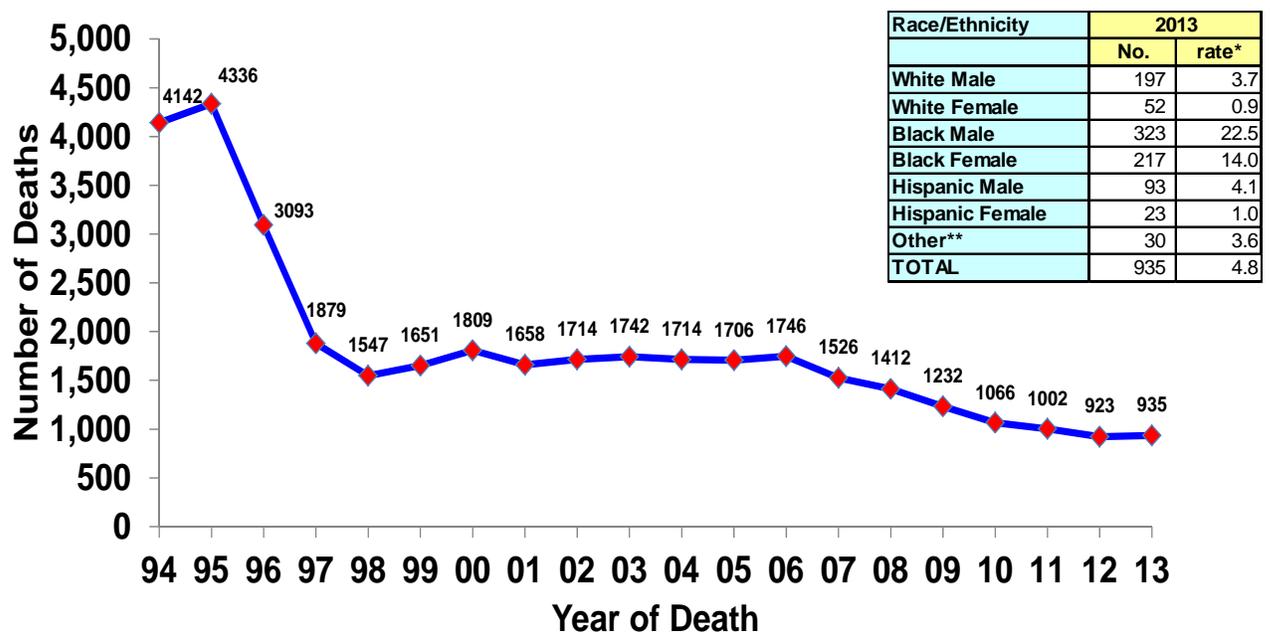
19. Impact of HIV-Related Deaths

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 16). Overall, there has been a 78% decline in the number of Florida resident deaths due to HIV disease from 1995 (the peak of resident HIV-related deaths) to 2013. Since 2007, deaths have maintained a downward trend and may be starting to level off.

According to the Florida Bureau of Vital Statistics, for persons 25-44 years of age, in 2013 HIV was the:

- 6th leading cause of death.
- 5th leading cause of death among blacks (down from 4th in 2012).
- 8th leading cause of death among whites (up from 9th in 2012).
- 8th leading cause of death among Hispanics.
- 6th leading cause of death among men and the 5th leading cause of death among women.

Figure 16. Resident Deaths due to HIV Disease, by Year of Death, 1994–2013, Florida



*Source: Florida Department of Health, Office of Vital Statistics, Death Certificates (as of 05/16/2014). Population data are provided by Florida CHARTS 06/03/2014.

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

20. 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]. (2012, April). *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 2, 2013 from <http://www.cdc.gov/hiv/topics/basic/index.htm>
2. CDC. (2013, February). *HIV in the United States: At a Glance*. Retrieved on July 9, 2013 from http://www.cdc.gov/hiv/pdf/statistics_basics_factsheet.pdf
3. CDC. (2013, February). *HIV Surveillance Report, 2011*; vol. 23. Retrieved on March 1, 2013 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
• Adrian Cooksey Adrian.Cooksey2@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