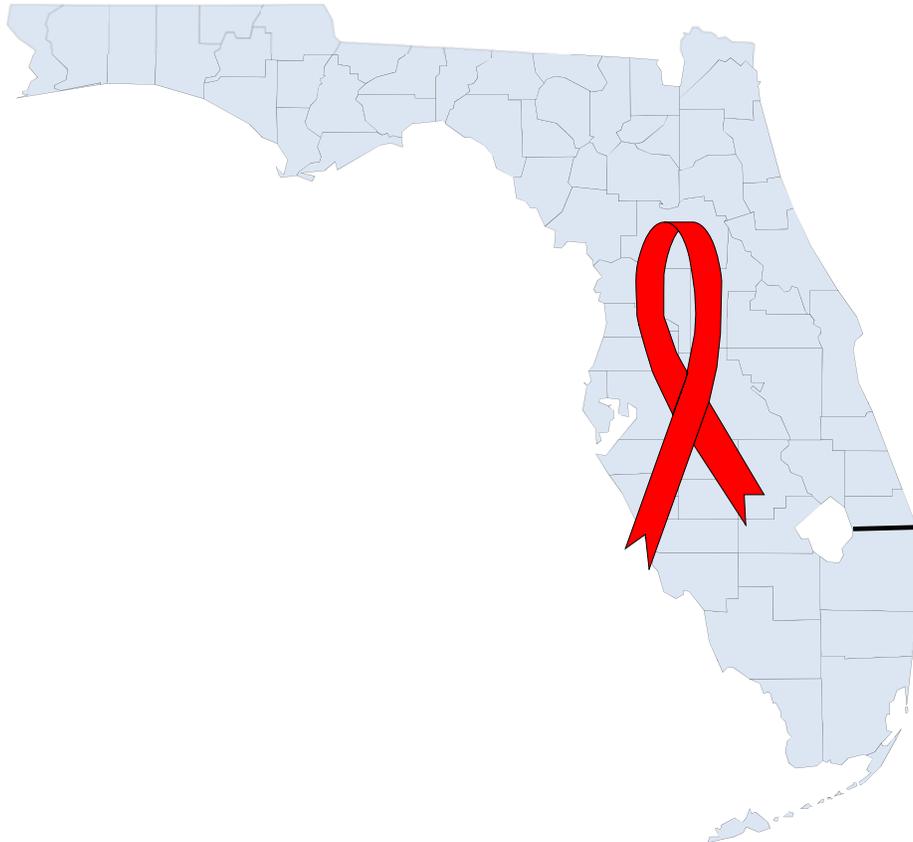


HIV and AIDS



Among Persons Aged 50 or Older in Florida

Annual Data as of 12/31/2013
Living data as of 06/30/2014

This epidemiologic profile pertaining to HIV/AIDS among persons aged 50 or older is updated and posted to our website each year. For additional data visit our website at <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html> or contact the HIV/AIDS Data Analysis staff in the HIV/AIDS Section, Surveillance Program at 850-245-4430.

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***Special acknowledgement given to Mrs. Michon Jackson
from Florida A & M University for her contribution to this report.***

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 useful for the improvement of HIV and AIDS prevention on a local, state, and federal level. This epidemiologic profile summarizes the HIV/AIDS infection cases among adults aged 50 or older in Florida.

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 of diagnosis.
- Unless otherwise noted, race/ethnicity references 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 (DOC) cases unless otherwise noted. County data will exclude DOC cases.
- HIV incidence estimates are approximations of the number 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 and other pediatric risks, along with other confirmed risks
- NIR = Cases reported with No Identified Risk
- Redistribution of NIRs = This illustrates 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

From the National Institute on Aging

“Grace was dating again. George, a close family friend she had known for a long time, was starting to stay overnight more and more often. Because she was past childbearing age, Grace didn't think about using condoms. And because she had known George for so long, she didn't think to ask him about his sexual history. So, Grace was shocked when she tested positive for HIV.”¹

A Worldwide View of the HIV/AIDS Epidemic among Persons Aged 50 or Older

A supplemental report issued in November 2013 by the Joint United Nations Programme on HIV/AIDS (UNAIDS) revealed that an average 3.6 million people aged 50 or older were living with HIV, up 29% from 2006 estimates.² This previously hidden side of the HIV/AIDS epidemic can no longer be ignored as persons aged 50 or older now account for 10% of all adults living with HIV in low- and middle-income countries and 30% of all adults in high-income countries. HIV/AIDS prevalence among people 50 and older in the global population has continued to increase over the past decade due to greater access to treatment, yet remains higher among men than women. In contrast, older women tend to experience a higher incidence of HIV/AIDS compared to men, mainly due to biological changes following menopause.³

As treatment options expand for persons aged 50 or older, more attention is being focused upon the increased mortality rates of this demographic compared to younger persons. Attributed to the presence of more chronic conditions, antiretroviral therapy may pose special health challenges to the 50 and older age group, making HIV prevention programs around the world more important than ever. Though heterosexual sex remains the main risk factor for infection among all age groups, many studies have established that older adults may know less about HIV compared to younger adults yet participate in many of the same activities that have been linked to increased risk for HIV infection worldwide.

HIV/AIDS among Persons Aged 50 or Older in the United States

The number of people aged 50 or older with HIV/AIDS in America is growing swiftly. In 2010 more than one-third of all persons with AIDS in the United States were aged 50 or over and nearly half of them were infected less than one year ago.⁴ Of persons 50 and older who are living with HIV/AIDS, 15% were newly diagnosed with HIV, while 24% were newly diagnosed with AIDS.

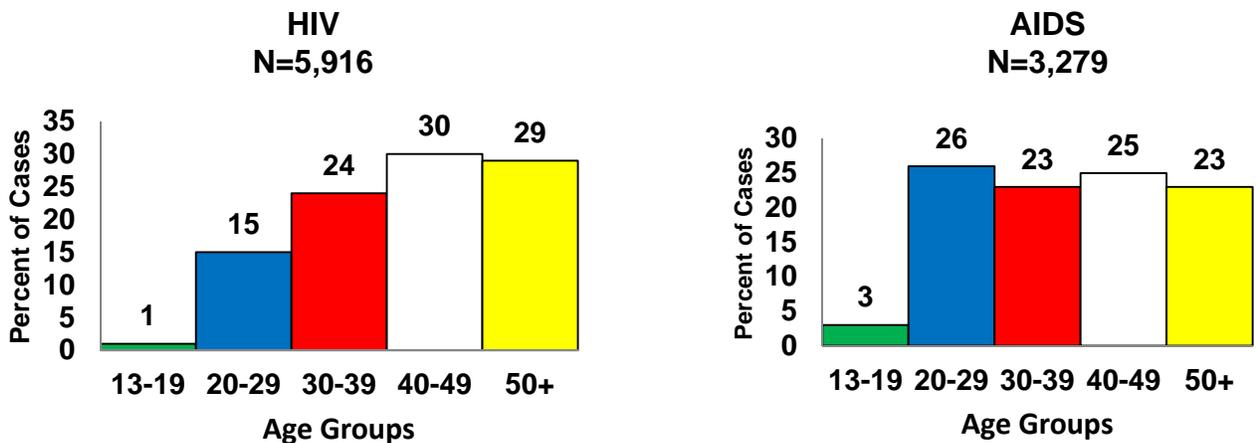
During 2011, the newly diagnosed HIV/AIDS case rates within this age group were 11 times higher among blacks (41.6 per 100,000 people) and nearly 3 times higher among Hispanics (15.4) compared to whites (3.9).⁵ In fact, the number of HIV/AIDS cases continues to rise among people of color, with blacks and Hispanics accounting for nearly half of all reported cases.⁶ This number is especially steep for black and Hispanic women who make up nearly 70% of all cases of HIV/AIDS in women. Men who have sex with men (MSM) continue to be the leading mode of exposure among men followed closely by heterosexual contact, whereas exposure among women continues to occur primarily due to heterosexual contact.

Though alarming, many believe these numbers are grossly underestimated as it is difficult to determine the true rate of HIV infection among persons aged 50 or older due to a lack of HIV/AIDS testing within this group. As a result, older Americans are typically later in the course of their disease when initially diagnosed resulting in a later start to treatment, poorer treatment outcomes and a faster transition from HIV to AIDS. Therefore health care providers must remain attuned to signs and symptoms associated with HIV/AIDS infection as the symptoms are routinely mistaken for maladies of old age. As individuals within this population are living longer, current providers must begin to adapt more quickly to the shifting needs of today's aging HIV/AIDS-infected patient.⁷

HIV and AIDS among Persons Aged 50 or Older in Florida by Year of Report

According to the 2013 Florida population estimates, persons aged 50 or older represent 38% (n=7,417,089) of the total population (N=19,318,859). Yet during the same time period, persons aged 50 or older accounted for 29% of all newly reported HIV cases and 23% of all newly reported AIDS cases (Figure 1).

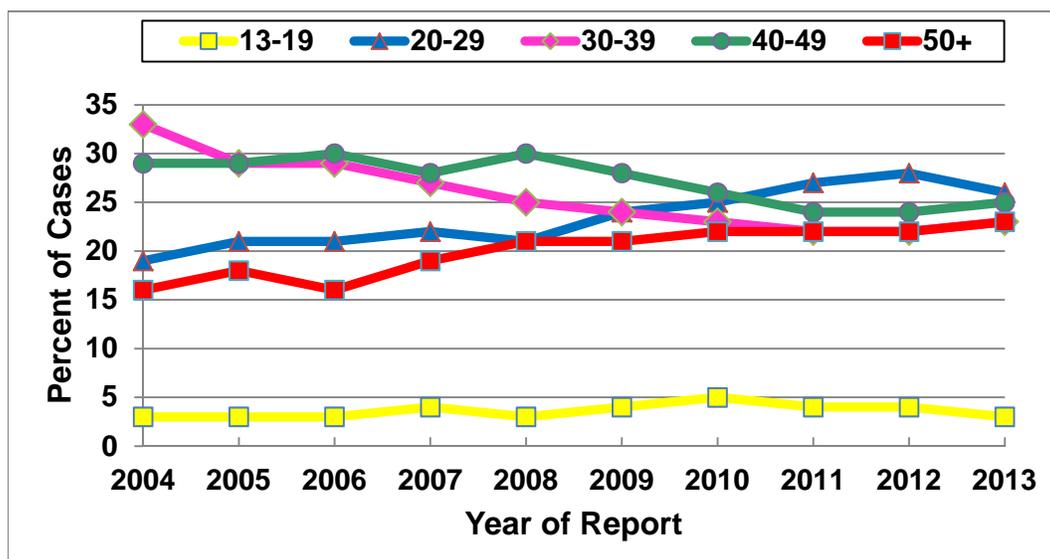
Figure 1: Percent of Adult HIV and AIDS Cases by Age Group at Diagnosis, 2013, Florida



HIV Infection Cases among Persons Aged 50 or Older, by Diagnosis and Year of Report, 2004-2013, Florida

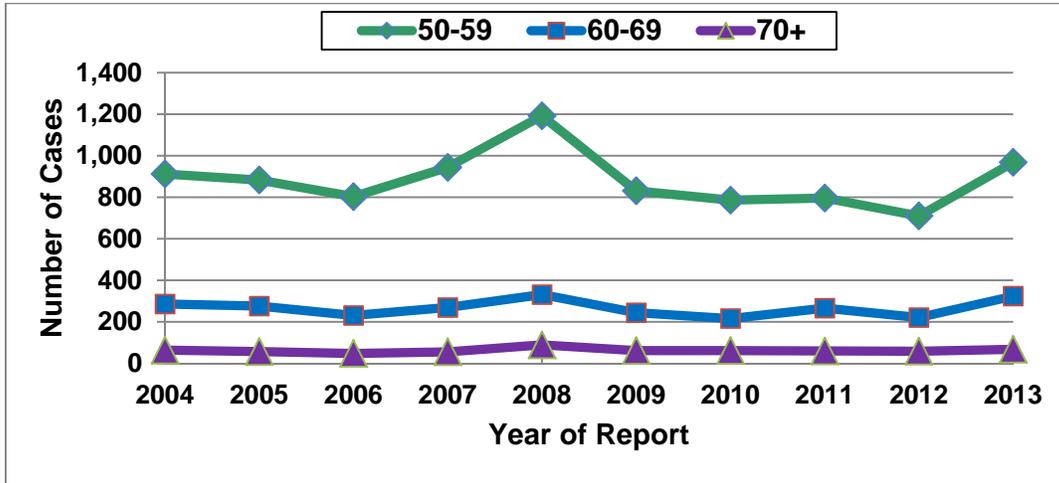
The proportion of newly reported HIV cases has shown a 7 percentage point increase for both the 20-29 and 50+ age groups (Figure 2) over the past ten years. The 13-19 age group has remained level over the past ten years.

Figure 2: Percent of HIV Infection Cases by Age at Diagnosis and Year of Report, 2004-2013, Florida



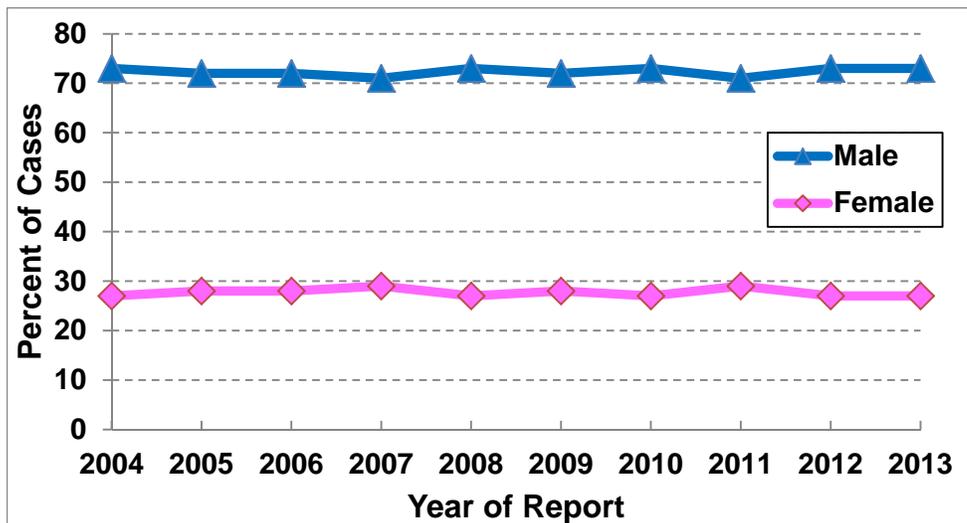
Over the past ten years, the number of HIV infection cases increased among persons aged 50 or older; more specifically increases were observed by 6% among those aged 50-59, 13% among those aged 60-69, 6% among those aged 70 or older (Figure 3).

Figure 3: Number of HIV Infection Cases by Age at Diagnosis and Year of Report, 2004-2013, Florida



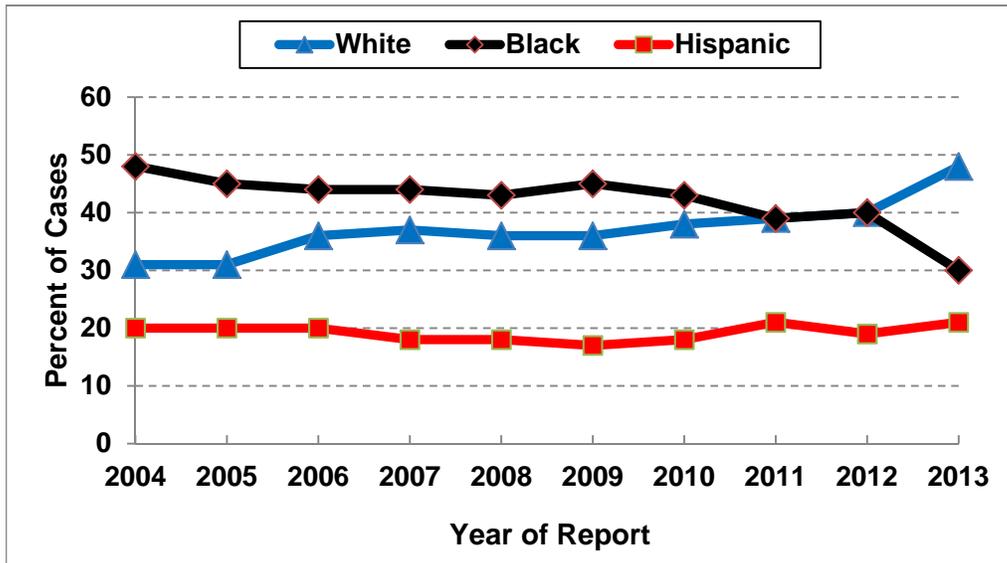
Throughout the last decade, approximately 73% or more of newly reported HIV infection cases among persons aged 50 or older were male. This trend has remained roughly the same over the years yielding a male to female ratio of 2.7:1 in both 2004 and 2013 (Figure 3).

Figure 4: Percent of HIV Infection Cases among Persons Aged 50 or older, by Sex and Year of Report, 2004-2013, Florida



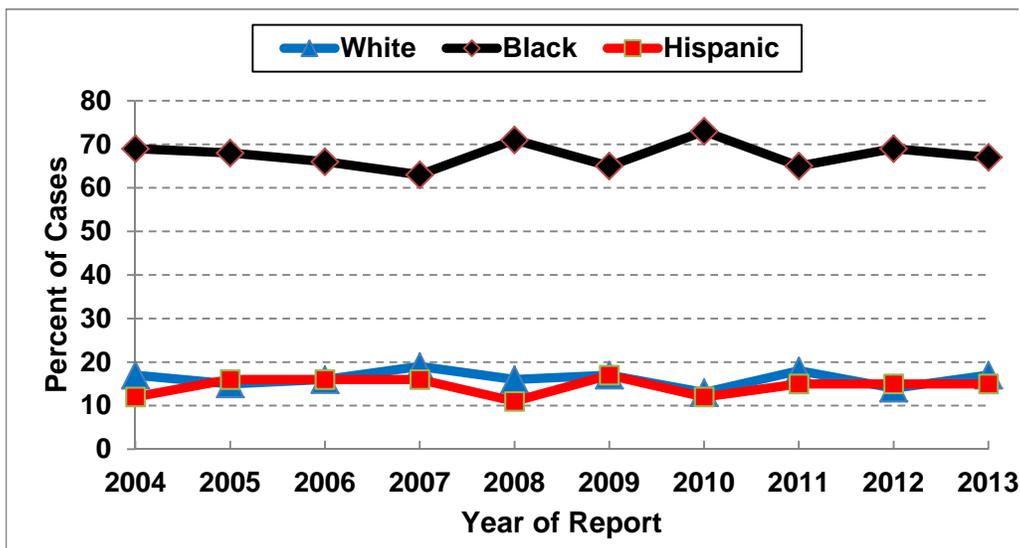
The proportion of newly reported HIV infection cases among black males aged 50 or older decreased by 18 percentage points from 2004 to 2013. In contrast, cases among white males in this age group increased by 17 percentage points, with Hispanic male cases remaining level during the same period (Figure 4).

Figure 5: Percent of Adult Male HIV Infection Cases among Persons Aged 50 or Older, by Race/Ethnicity and Year of Report, 2004-2013, Florida



The proportion of newly reported HIV infection cases among black females aged 50 or older decreased by 2 percentage points over the past ten years. In contrast, cases among Hispanic females during this same time period increased 3 percentage points. White female cases have fluctuated slightly throughout the years, yet remain relatively leveled (Figure 5).

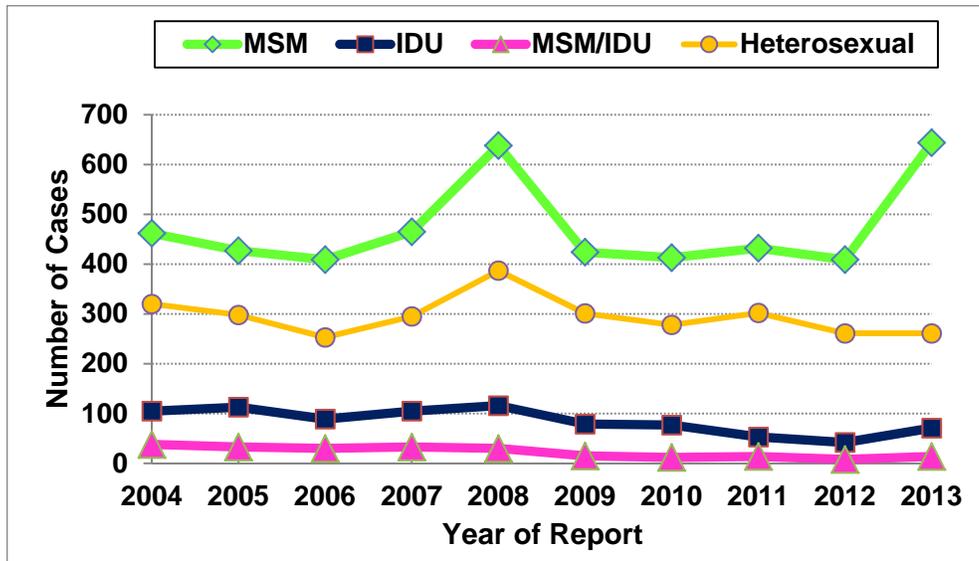
Figure 6: Percent of Adult Female HIV Infection Cases among Persons Aged 50 or Older, by Race/Ethnicity and Year of Report, 2004-2013, Florida



HIV Infection Cases among Persons Aged 50 or Older, by Mode of Exposure, Age at Diagnosis and Sex, Reported through 2013, Florida

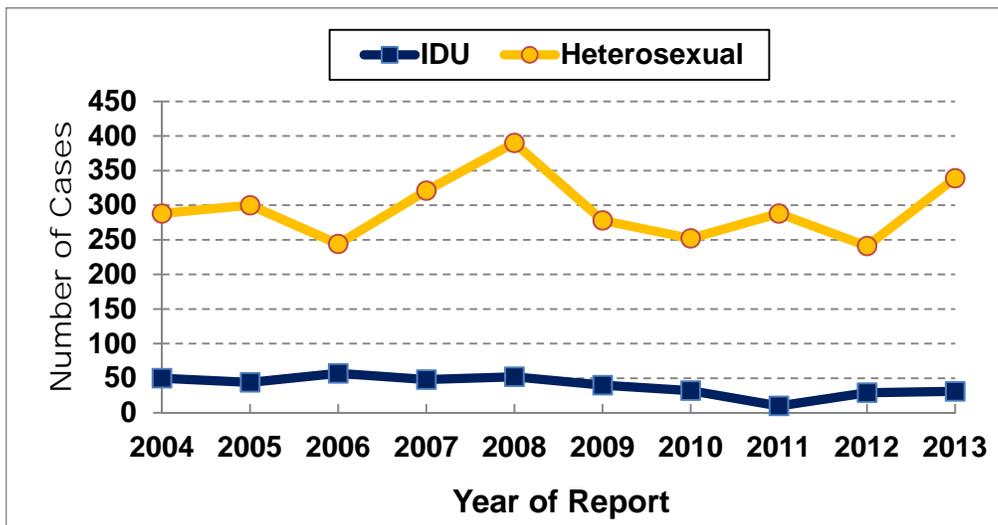
From 2004 to 2013, men who have sex with men (MSM) remains the primary mode of exposure among male HIV infection cases aged 50 or older in Florida, followed by high risk heterosexual contact (Figure 6). For instance, in males aged 70+, 51% acquired HIV from MSM while 44% acquired HIV from heterosexual contact (data not shown).

Figure 7: Male HIV Infection Cases among Persons Aged 50 or Older by Mode of Exposure and Year of Report, 2004-2013, Florida



The dominant mode of exposure for females aged 50 or older continues to be heterosexual contact (Figure 7). The number of reported cases due to heterosexual risk has increased by 18 percentage points from 2004 to 2013, while risk due to IDU has actually decreased by 38 percentage points over the same time period.

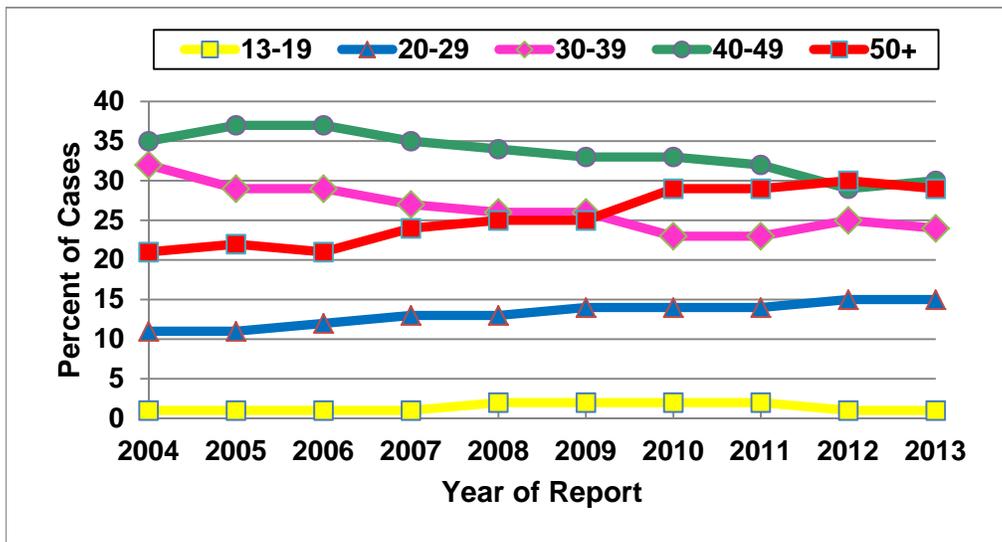
Figure 8: Female HIV Infection Cases among Persons Aged 50 or Older by Mode of Exposure and Year of Report, 2004-2013, Florida



AIDS Cases among Persons Aged 50 or Older, by Diagnosis and Year of Report, 2004-2013, Florida

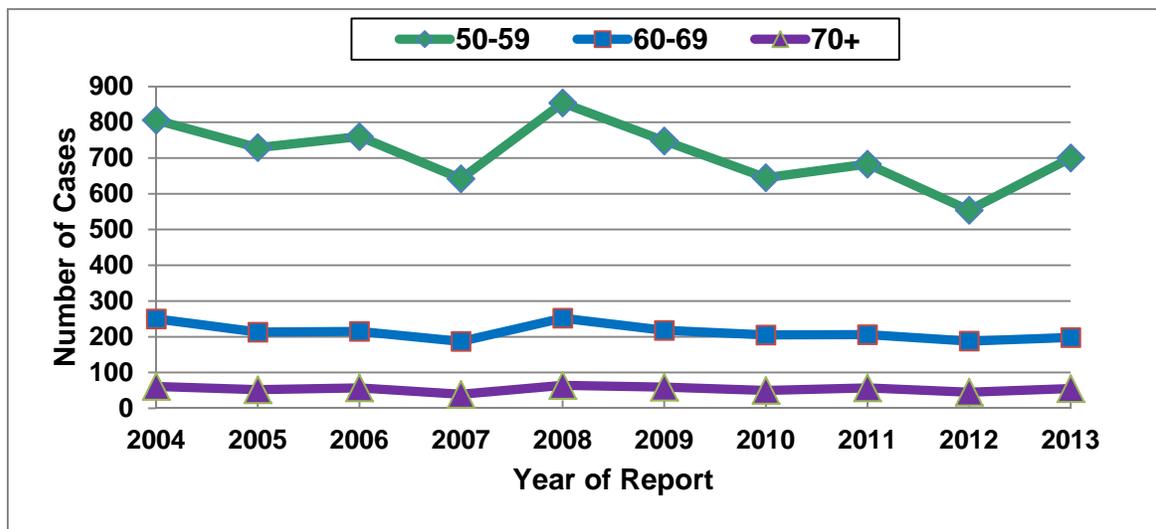
As seen previously with HIV infection cases, the proportion of newly reported AIDS cases has increased for both the 20-29 and 50+ age groups, while the 13-19 age group has remained stable (Figure 8). From 2004 to 2013, newly reported AIDS cases increased by 4 and 8 percentage points among the 20-29 and 50 and older age groups respectively. Over this same period, decreases in newly reported cases were noted among persons aged 30-39 and 40-49, 8 and 5 percentage points respectively.

Figure 9: Percent of AIDS Cases by Age at Diagnosis and Year of Report, 2004-2013, Florida



Over the past ten years, the number of AIDS cases decreased among persons aged 50 or older, more specifically decreases were observed by 13% among those aged 50-59, 21% among those aged 60-69, 10% among those aged 70 and older (Figure 10).

Figure 10: Number of AIDS Cases by Age at Diagnosis and Year of Report, 2004-2013, Florida



Prevalence data for Persons Aged 50 or Older Living with HIV/AIDS in Florida

Florida reported 45,134 persons aged 50 or older living with HIV/AIDS through 2013 (excluding 1,699 Department of Correction cases). A total of 39,930 persons aged 50 or older were living with HIV/AIDS in counties where the 50 and older population totaled more than 100,000. The HIV/AIDS case rate for these cases was 677.6 per 100,000 population (compared to the state rate of 608.5 for all HIV/AIDS cases of persons aged 50 or older). The highest rates were found in: Miami-Dade County (1412.1), Broward County (1253.5) and Orange County (901.8). Palm Beach County followed closely with an AIDS rate of (661.3) per 100,000 population. A total of 33,422 (77%) of these cases were reported from the seven most populous counties: Miami-Dade, Broward, Palm Beach, Orange, Hillsborough, Duval, and Pinellas (Table 1).

Table 1: Living HIV/AIDS Case Rates among Persons Aged 50 or Older for Counties with a 50+ Population Over 100,000, Florida, Reported through 2013

County	50+ Population*	Percent of State Pop	50+ PLWHA**	50+ PLWHA Case Rate***	Percent of State 50+ PLWHA
Miami-Dade	863,400	12%	12,192	1412.1	27%
Broward	638,137	9%	7,999	1253.5	18%
Palm Beach	569,070	8%	3,862	678.7	9%
Orange	333,318	4%	3,006	901.8	7%
Hillsborough	396,644	5%	2,623	661.3	6%
Duval	278,573	4%	2,009	721.2	4%
Pinellas	422,699	6%	1,731	409.5	4%
Lee	295,986	4%	769	259.8	2%
Polk	235,391	3%	736	312.7	2%
Saint Lucie	116,544	2%	726	622.9	2%
Brevard	245,633	3%	630	256.5	1%
Volusia	223,330	3%	609	272.7	1%
Escambia	106,700	1%	474	444.2	1%
Sarasota	212,599	3%	460	216.4	1%
Collier	159,074	2%	442	277.9	1%
Manatee	152,431	2%	411	269.6	1%
Seminole	144,717	2%	407	281.2	1%
Pasco	199,176	3%	313	157.1	1%
Marion	161,456	2%	289	179.0	1%
Lake	137,873	2%	242	175.5	1%
Sub Total	5,892,751	79%	39,930	677.6	88%
Remaining Counties	1,524,338	21%	5,204	341.4	56%
STATE TOTAL	7,417,089	100%	45,134	608.5	100%

HIV/AIDS among Persons 50 and Older

There were 45,134 persons aged 50 or older presumed to be living with HIV/AIDS (PLWHA) in Florida through 2013 (Table 2). Of these PLWHAs, 74% were male, 46% were black and 69% are between the ages of 50-59. As noted earlier, the percent of cases by race and sex differ greatly. Of males aged 50 or older 39% were black, 39% white, and 20% were Hispanic. Among females aged 50 or older, 67% were black, 16% were white, and 15% were Hispanic. A review of the PLWHAs by mode of exposure and sex indicates that 59% of the male cases were reported as MSM, followed by heterosexual contact (24%), and injection drug users (IDU) (11%). Furthermore, 82% of the female cases were reported with heterosexual contact and 18% were IDU.

Table 2: Persons Aged 50 or Older Living with HIV/AIDS by Race/Ethnicity, Age Group and Mode of Exposure, 2013, Florida

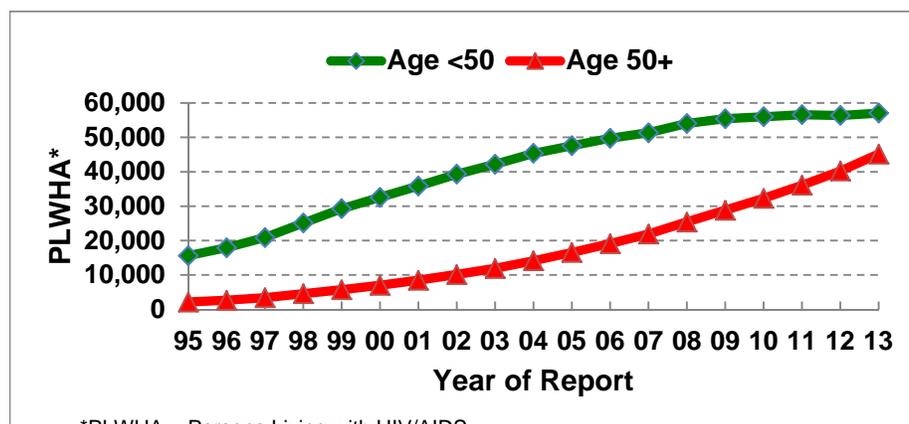
Race/Ethnicity	Men		Women		Total	
	No.	Percent	No.	Percent	No.	Percent
White	13,106	39%	1,938	16%	15,044	33%
Black	12,895	39%	7,971	67%	20,866	46%
Hispanic	6,738	20%	1,742	15%	8,480	19%
Other	538	2%	206	2%	744	2%
Age Group						
50-59	22,956	69%	8,237	69%	31,193	69%
60-69	8,166	25%	2,801	24%	10,967	24%
70+	2,155	6%	819	7%	2,974	7%
Mode of Exposure						
MSM	19,775	59%	0	0%	19,775	44%
IDU	3,700	11%	2,108	18%	5,808	13%
MSM/IDU	1,804	5%	0	0%	1,804	4%
Heterosexual Contact	7,948	24%	9,689	82%	17,637	39%
Other Confirmed Risk	50	0%	60	1%	110	0%
Total	33,277		11,857		45,134	

NIRs are redistributed.

HIV/AIDS Comparisons among Persons 50+ versus <50 years old

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 260% for ages <50 and older 1,790% for ages 50+. In the past year the prevalence increased by 1% for ages <50 and 12% for ages 50+ (Figure 11).

Figure 11: Annual Prevalence of Persons Living with HIV/AIDS by Current Age Group, 2004-2013, Florida



*PLWHA = Persons Living with HIV/AIDS

Prevention Techniques for Persons Aged 50 or Older

People aged 50 or older may not consider themselves at risk for getting infected with HIV for several reasons. Yet as with any age, if a person has sex with an infected partner or uses intravenous drugs, there is a possibility that HIV infection may occur. It is therefore best to abstain from oral, anal, or vaginal sex unless one is in a committed relationship or having sex with only one HIV-negative partner. While it is important to talk with a sex partner about their sexual history before having sex, if a partner's HIV status is not known, getting tested together is recommended. Regular annual check-ups are also suggested for everyone. During the check-up, the doctor should initiate a discussion of the need for routine HIV testing according to current Centers for Disease Control and Prevention (CDC) recommendations.

Unless one is in a mutually faithful relationship with an HIV-negative partner, a latex condom and lubricant should be used during every sexual encounter. This is especially important for females 50 and older because of dryness and thinning of the vaginal walls which may result in small cuts and tears that can increase the risk for acquiring HIV infection.³ The CDC recommends that men who have sex with men use condoms and get tested for HIV at least once a year (or more frequently depending upon sexual activities and the number of partners). Persons who use intravenous drugs (which include insulin and some vitamins) should only use clean needles and never share them.⁸ In addition, injection drug users should be tested once yearly and seek substance abuse counseling and treatment for their drug use. Lastly, because HIV/AIDS can be transmitted through blood transfusions, those persons aged 50 or older who have received blood products between 1978 and 1985 should be tested since this was the period before the blood supply was tested for HIV.⁸

Additionally, the rise in HIV/AIDS cases among older individuals may be attributed in part to several myths and misconceptions about HIV/AIDS. Older persons:

- may not be considered for HIV testing by medical professionals because certain symptoms mimic those associated with aging;
- may lack the knowledge or have misconceptions about HIV transmission and prevention;
- may not consider the need to use condoms;
- may have re-entered the dating scene after the death of or divorce from a spouse;
- may be likely to use erectile dysfunction drugs, such as Viagra;
- may have been initially infected earlier in life, yet have never been diagnosed or was diagnosed late or
- (women) may be financially dependent on male partners, decreasing their ability to negotiate condom use.

References

1. US Department of Health and Human Services. (2009). *AgePage: HIV, AIDS, and Older People*. National Institute on Aging, National Institutes of Health. Retrieved from <http://www.nia.nih.gov/health/publication/hiv-aids-and-older-people>
2. Joint United Nations Programme on HIV/AIDS [UNAIDS]. (2013). *HIV and Aging: A special supplement to the UNAIDS report on the global AIDS epidemic 2013*. UNAIDS: Geneva, Switzerland. Retrieved from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131101_JC2563_hiv-and-aging_en.pdf
3. HelpAge International. (2014). *HIV and AIDS policy*. Retrieved from: <http://www.helpage.org/what-we-do/hiv-and-aids/hiv-and-aids-policy/>
4. The AIDS InfoNet. (2013). *Older People and HIV* Fact Sheet 616. Retrieved from: http://www.aidsinfonet.org/fact_sheets/view/616
5. Centers for Disease Control and Prevention. (2013). *HIV Among Older Americans*. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention. Retrieved from: <http://www.cdc.gov/hiv/risk/age/olderamericans/>
6. National Institute on Aging. (2009). *HIV, AIDS, and Older People*. Retrieved from: <http://www.nia.nih.gov/health/publication/hiv-aids-and-older-people>
7. AIDSinfo. (2012). *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*. National Institutes of Health. Retrieved from: <http://www.aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/277/hiv-and-the-older-patient>
8. National Institute of Allergy and Infectious Diseases. (2010). *Understanding HIV/AIDS*. Retrieved from: <http://www.niaid.nih.gov/topics/HIVAIDS/Understanding/howHIVCausesAIDS/Pages/relationshipHIVAIDS.aspx>

Additional Resources

Additional information regarding HIV and AIDS in older adults may be found at the web links listed below.

FEDERAL RESOURCES	
AIDS.gov	http://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/overview/aging-population/
The AIDS Institute	http://www.theaidsinstitute.org/AgingAdultsMediaStrategy
Administration on Aging	http://www.aoa.gov/AoARoot/AoA_Programs/HPW/HIV_AIDS/index.aspx
The Body	http://www.thebody.com/content/67810/aging-with-hiv-home.html
The Graying of AIDS	http://www.grayingofaids.org/
The Well Project	http://www.thewellproject.org/hiv-information/aging-and-hiv
The Acria Center on HIV & Aging	http://www.acria.org/aging
STATE of FLORIDA RESOURCES	
Florida HIV/AIDS Hotline	http://211bigbend.net/florida-hiv-aids-hotline.html (800-FLA-AIDS)
We Make The Change	http://www.wemakethechange.com/
LOCAL/REGIONAL RESOURCES	
Elder Options	http://www.agingresources.org/2013/06/25/hiv-and-older-adults/
County HIV Counseling, Testing, and Referral Sites	http://srdappsdo35.doh.state.fl.us/ClinicSearch/ClinicSearch.aspx

Appendix

Florida Department of Health HIV/AIDS Epidemiological Profile Feedback

The purpose of this form is to provide the writers of HIV/AIDS epidemiological profiles feedback from their stakeholders regarding the ease of use and applicability of this profile to prevention and care planning activities.

Please complete this feedback form and send it to the Florida Department of Health, Division of Disease Control and Health Protection, Bureau of Communicable Diseases, HIV/AIDS Section, Surveillance Program, 4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399

1. Was the epidemiological profile easy to read?

Yes No Somewhat

2. Were the findings of the epidemiological profile clear to you?

Yes No Somewhat

If not, please explain why.

3. Was the epidemiological profile useful to your planning process?

Yes No Somewhat

If not, please explain why.

4. Describe how you used this epidemiological profile in your public health activities?

5. How can next year's profile be improved?
