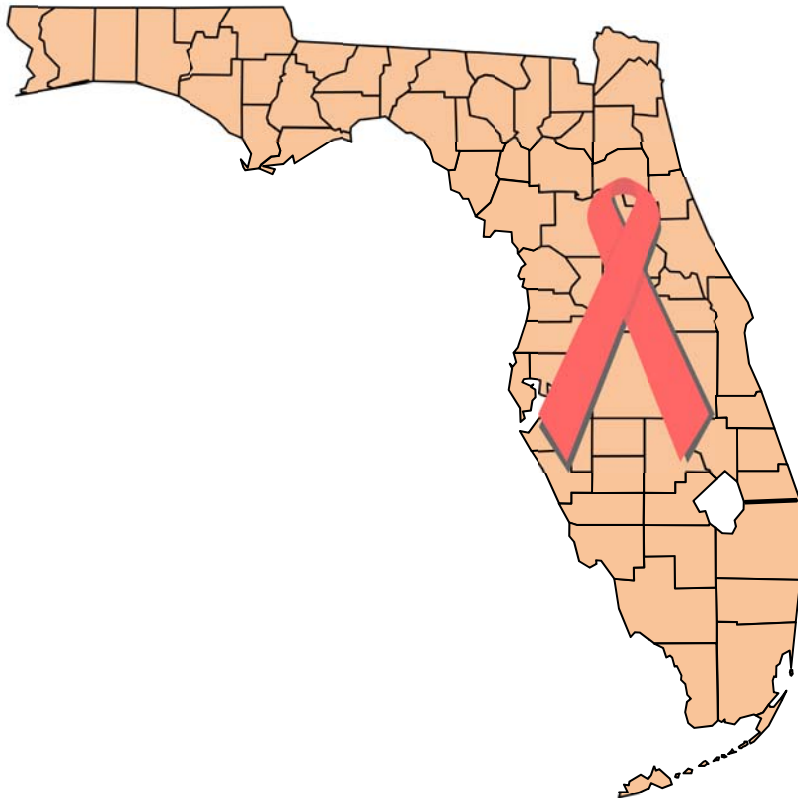


# HIV and AIDS



## Among Adolescent and Young People in Florida

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

This epidemiological profile pertaining to Adolescents (ages 13-19) and Young Adults (ages 20-24) is updated and posted on 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 Surveillance Program at 850-245-4430.

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***Special acknowledgement given to Ms. Mwedusasa Mtenga 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 pertaining to 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 epidemiological profile summarizes information about HIV infection and HIV infection cases classified as AIDS among adolescents (ages 13 - 19) and young adults (20 - 24) 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 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 and other pediatric risks, along with 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.

# Impact of HIV/AIDS among Adolescents (13-19) and Young Adults (Ages 20-24)

## A Worldwide View

Globally, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 35.3 million people were living with HIV at the end of 2012 (Figure 1).<sup>1</sup> Sub-Saharan Africa remains the largest region of HIV infection accounting for 69% of people living with HIV worldwide.<sup>1</sup> Worldwide, HIV infection rates are declining; from 2001 to 2012 the number of new infections has declined by 33%, from 3.4 million new infections in 2001 to 2.3 million new infections in 2012.<sup>1</sup> The number AIDS deaths is also declining, reaching 1.6 million AIDS deaths in 2012, down from its peak of 2.3 million AIDS deaths in 2005.<sup>1</sup> This decline in AIDS deaths is related to the increased use of antiretroviral therapy (ART), which has averted and estimated 4.2 million deaths in middle and low income countries.<sup>2</sup> Adolescents and young adults are at the center of the global HIV/AIDS pandemic.<sup>3</sup> Adolescents (10-19 years), account for 2.1 million of those living with HIV globally. New studies from across the world have established that the majority of young people have no idea how HIV/AIDS is transmitted or how to protect themselves from the disease, this affirms that there is still a demand for more intervention and education.<sup>3</sup> In some regions, HIV prevalence among adolescents and young adults has improved in the past decade. In sub-Saharan Africa, there has been a 42% decline in the number of young people (15-24 years) living with HIV from 2001 to 2012.<sup>1</sup> However, HIV/AIDS global progress is fragile and unevenly distributed. HIV rates are increasing in some countries and regions and too many new infections are still occurring.<sup>1</sup>

Every corner of the world has its own method of addressing this pandemic; the current efforts Worldwide have been significant in most areas. Researchers have increased their attention to the Middle East and North Africa, in which, rates of infection have continually increased since 2001. On the contrary, in other areas such as the United States, rates of infection are stable. There are several explanations for the sustainment in rates of infection in the United States. The 50 states and 6 dependent areas have had long withstanding efforts in controlling HIV/AIDS; increased HIV testing sites, early prevention and detection and treatment.

**Figure 1.** A global view of HIV infections (35.3 million people), 2012



Source of Map: AIDSInfo. (2014). *World overview: Epidemiological status*. Retrieved on October 22, 2014 from <http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/>

## **United States**

*(50 states and 6 dependent areas with long-term confidential reporting)*

In the United States, at least 25% of all new HIV infections occur in people under the age of 25 years old.<sup>4</sup> It was noted that each year U.S. youth under the age of 20 experience nearly four million sexually transmitted infections, which include; Herpes, Human Papillomavirus (HPV), Chlamydia, Gonorrhea, Syphilis, and HIV.<sup>5</sup> The ratio of male to female adolescents and young adults with a diagnosis of HIV infection increases with age at diagnosis. In 2011, 2,316 adolescents and 8,140 young adults were diagnosed with HIV infection.<sup>4</sup> Similarly, 559 adolescents and 2,425 young adults were diagnosed with AIDS.<sup>4</sup> Overall, males accounted for 79% of all diagnoses of HIV infections among adults and adolescents.<sup>1</sup>

Black/African American adolescents and young adults are disproportionately affected by the HIV/AIDS epidemic.<sup>1,4</sup> In 2011, 15% of adolescent populations were black, yet 67% of HIV/AIDS diagnoses this age group was black.<sup>4</sup> Among the population of young adults, 14% were black, yet 58% of HIV/AIDS diagnoses among young adults were among blacks.<sup>4</sup>

In terms of mode of exposure, in 2011 the majority of HIV/AIDS cases among adolescent (92.8%) and young adult males (90.8%) were attributed to male-to-male sexual contact (MSM).<sup>4</sup> The majority HIV/AIDS cases diagnosed among both adolescent (92.7%) and young adult females (91.2%) during that same time period were attributed to high-risk heterosexual contact.<sup>4</sup>

Besides MSM and heterosexual contact, other adolescences and young adults have contracted HIV/AIDS from their mother during childbirth, otherwise known as perinatal exposure. Most of these infections came from mothers who were not tested early in their pregnancy to receive preventive services.<sup>4</sup> As a result of increased access to antiretroviral therapy after birth and the use of prophylaxis to prevent AIDS opportunist infections among children, an increasing number of children who were infected perinatally are now surviving to adolescence.<sup>1</sup>

## Florida

In Florida there were 2,824 HIV cases and 700 AIDS cases reported during 2011-2013 in the adolescent and young adult population (Table 1). Blacks were predominately affected accounting for 59% of HIV cases. There were more males infected with HIV than females. Among the male HIV cases, 81% were between the ages of 20-24, the primary modes of exposure were MSM (89%), followed by heterosexual contact (8%). Among female HIV cases, 66% of the HIV cases were between the ages of 20-24 and heterosexual contact was the primary mode of transmission (90%).

**Table 1.** HIV Infection and AIDS Cases among Adolescents and Young Adults by Race, Mode of Exposure and Age at Diagnosis, Reported in 2011-2013, Florida

	HIV						AIDS					
	Men		Women		Total		Men		Women		Total	
Race/Ethnicity	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent
White	426	19%	70	13%	496	18%	53	10%	10	6%	63	9%
Black	1,297	56%	383	73%	1,680	59%	352	66%	130	79%	482	69%
Hispanic	518	23%	66	13%	584	21%	116	22%	19	12%	135	19%
Other*	55	2%	9	2%	64	2%	14	3%	6	4%	20	3%
<b>Total</b>	2,296		528		2,824		535		165		700	
<b>Age Group of Dx</b>												
13-19	447	19%	181	34%	628	22%	77	14%	44	27%	121	17%
20-24	1,849	81%	347	66%	2,196	78%	458	86%	121	73%	579	83%
<b>Total</b>	2,296		528		2,824		535		165		700	
<b>Exposure Category</b>												
MSM	1,907	89%	0	0%	1,907	72%	419	83%	0	0%	419	63%
IDU	16	1%	22	4%	38	1%	5	1%	4	2%	9	1%
MSM/IDU	42	2%	0	0%	42	2%	16	3%	0	0%	16	2%
Heterosexual Contact	171	8%	453	90%	624	24%	40	8%	122	75%	162	24%
Perinatal Risk	14	1%	28	6%	42	2%	24	5%	35	22%	59	9%
Other**	0	0%	1	0%	1	0%	0	0%	1	1%	1	0%
<b>Total</b>	2,150		504		2,654		504		162		666	
Ajustments have been made to redistribute NIR cases.												

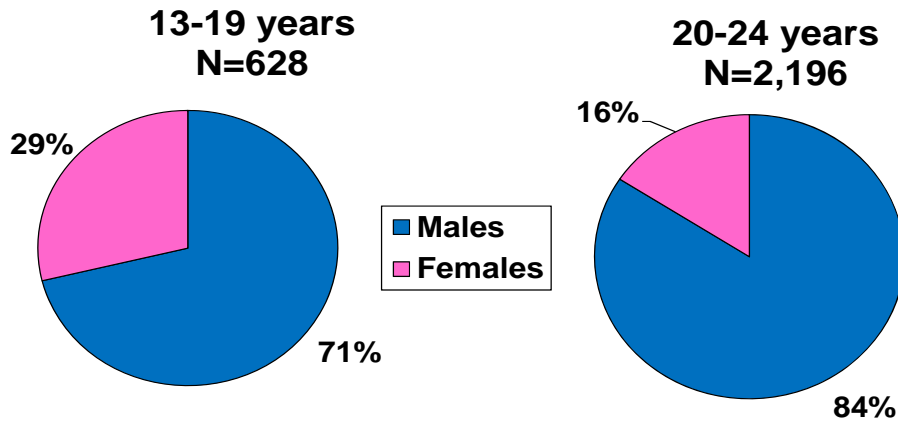
Note: Redistribution of cases reported with No Identified Risk (NIR) illustrates the effect of statistically assigning (redistributing) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs.



## The HIV/AIDS Epidemic among Adolescents and Young Adults in Florida

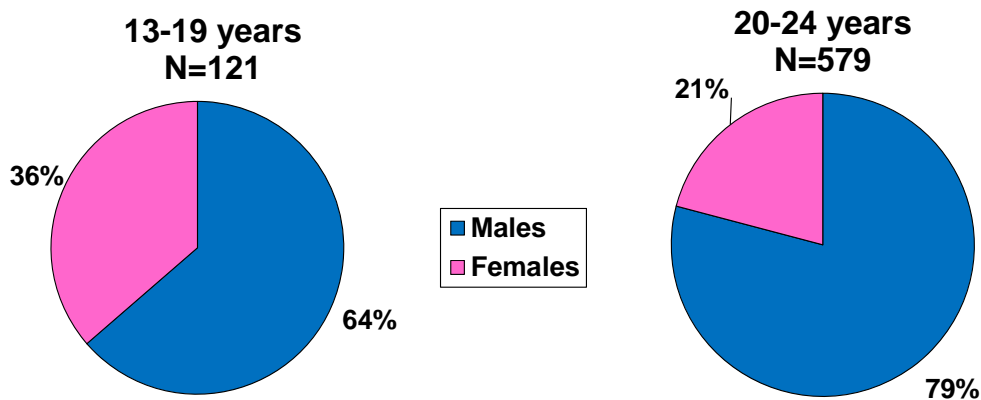
In Florida, the male-to-female ratio of persons diagnosed with HIV varies by age group at diagnosis. Of the HIV cases reported in the three-year period of 2011-2013, males accounted for 71% of adolescents compared with 84% of young adults (Figure 2).

**Figure 2.** Cases of HIV Infection among Adolescents and Young Adults by Age at Diagnosis and Sex, Reported 2011-2013, Florida



As with HIV cases, AIDS cases also vary by age and sex. Of the AIDS cases reported in the three-year period of 2011-2013, males accounted for only 64% of adolescents compared with 79% young adults (Figure 3).

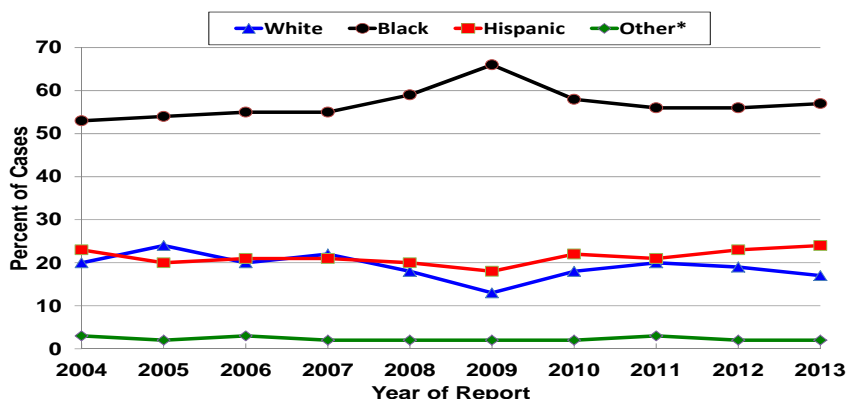
**Figure 3.** Cases of AIDS among Adolescents and Young Adults by Age at Diagnosis and Sex, Reported 2011-2013, Florida



## HIV Cases by Race/Ethnicity among Male Adolescents and Young Adults

Between 2004 and 2013, the percentage of HIV cases among black males remained fairly constant. However, the proportion of black male HIV cases experienced a sharp increase in 2009 and then leveled back out in 2010. In addition, about half of all cases occur in black males. The proportion of white and Hispanic male HIV cases also remained fairly constant over the 10 year span, where the proportion of both cases decreased in 2009 and leveled out in 2010. Since 2004, other races/ethnicities have continued with only 1% of all cases (Figure 4).

**Figure 4.** Percent Distribution of HIV Cases among Males age 13-24, by Race/Ethnicity and Year of Report, 2004-2013, Florida

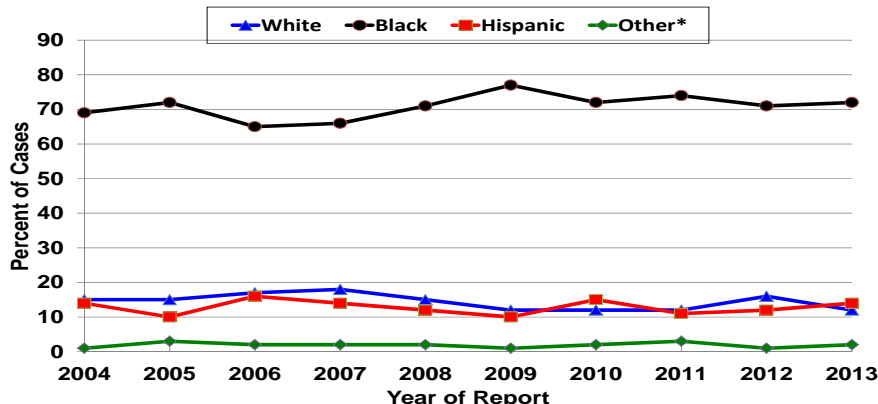


\* Other includes Asian/Pacific Islander, Native American/Alaska Native, and multi-racial individuals.

## HIV Cases by Race/Ethnicity among Female Adolescents and Young Adults

Similar to black males, black females have the highest proportion of reported cases of HIV among females than any other race/ethnic group between the ages of 13-24. Over the past ten years, HIV cases among black females have fluctuated, but remained consistent overall, ranging between 65% and 77% of the reported cases. Over this same time period, the proportion of HIV cases among white and Hispanic females remained fairly similar, ranging between 10% and 19% of the total reported cases. Since 2004, other races/ethnicities have continued to range from 1% - 3% of all cases (Figure 5).

**Figure 5.** Percent Distribution of HIV Cases among Females age 13-24, by Race/Ethnicity and Year of Report, 2004-2013, Florida

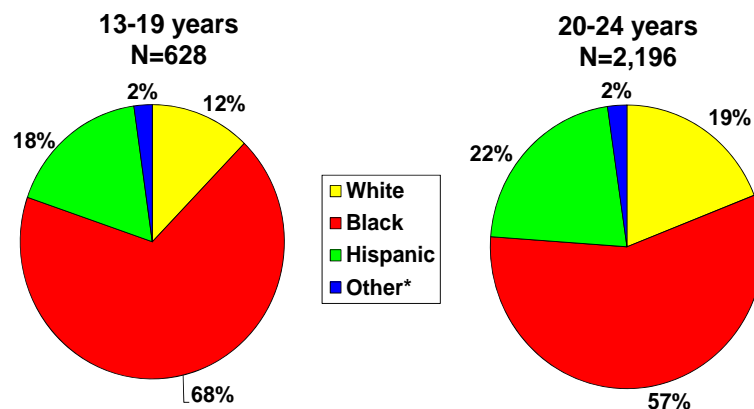


\* Other includes Asian/Pacific Islander, Native American/Alaska Native, and multi-racial individuals.

## HIV Cases by Race/Ethnicity among Adolescents and Young Adults

There are higher proportions of reported HIV cases among blacks for both adolescents (68%) and young adults (57%). Hispanics and whites have lower percentages when compared to blacks, however their proportions among age groups differ. The proportion of hispanic and white cases of HIV is greater in young adults than in adolescents. (Figure 6).

**Figure 6.** HIV Cases by Race/ Ethnicity among Adolescents and Young Adults, Reported in 2011-2013, Florida

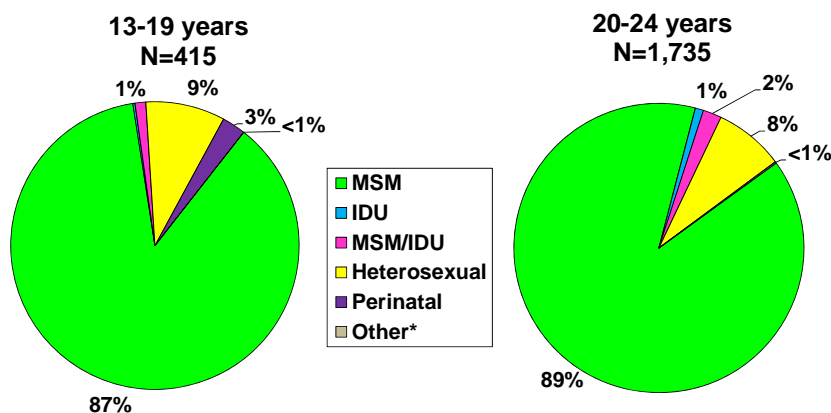


\* Other includes Asian/Pacific Islander, Native American/Alaska Native, and multi-racial individuals.

## HIV Cases by Mode of Exposure among Male Adolescents and Young Adults

The proportion of modes of exposure of male HIV cases was quite similar among both age groups and consistent with previous year's statistics. The majority of HIV cases are contracted through MSM, 87% and 89% respectively for adolescent and young adults. Heterosexual contact was the next most common risk, 9% for adolescents and 8% for young adults (Figure 7).

**Figure 7.** HIV Cases among Adolescents and Adult Males, by Mode of Exposure and Age at Diagnosis, Reported in 2011-2013, Florida

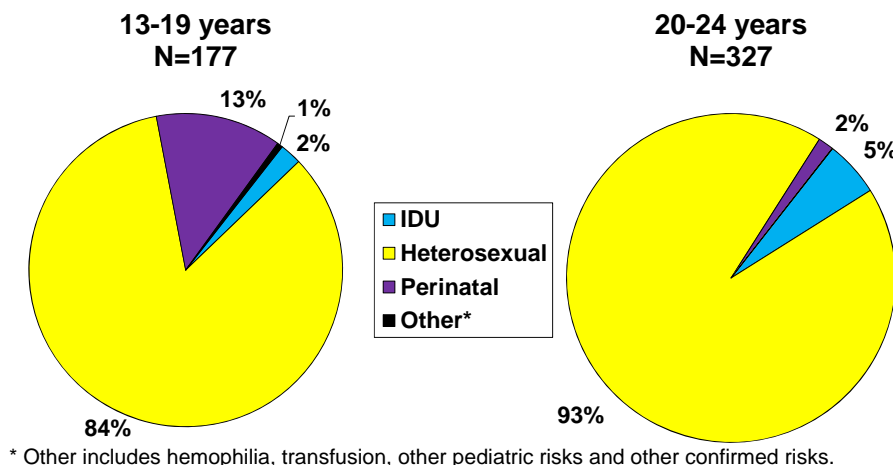


\* Other includes hemophilia, transfusion, other pediatric risks and other confirmed risks.

## HIV Cases by Mode of Exposure among Female Adolescents and Young Adults

In both adolescent and young adult females, the primary mode of HIV transmission was heterosexual contact; for adolescents is accounted for 84% and 93% for young adults. Whereas, perinatal acquired HIV cases represented 13% of the adolescents but only 2% of the young adults. Injection drug use (IDU) represented a greater proportion of exposure among young adults than in adolescents (Figure 8).

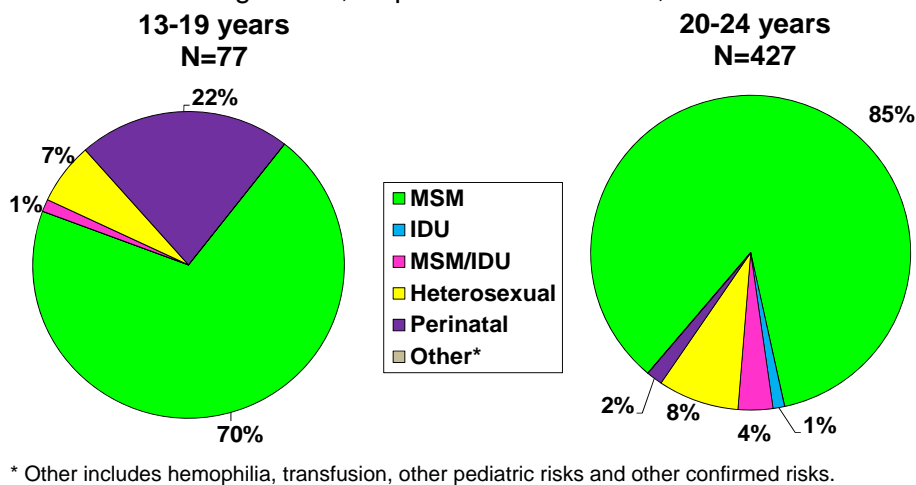
**Figure 8.** HIV Cases among Adolescents and Adult Females, by Mode of Exposure and Age at Diagnosis, Reported in 2011-2013, Florida



## Male AIDS Cases in Adolescents and Young Adults by Mode of Exposure and Age at Diagnosis

In both adolescent and young adult males the majority of AIDS cases were contracted from MSM. Among adolescent males nearly one-fourth (22%) were infected perinatally. The proportion of AIDS cases acquired via heterosexual transmission among young adult males was slightly higher (8%) than the proportion in adolescent males (7%). The proportion of AIDS cases transmitted through MSM/IDU was higher among young adults (4%) than adolescents (1%). Similarly, the injection drug use (IDU) mode of exposure was higher for young adults (1%) than adolescents (<1%) (Figure 9).

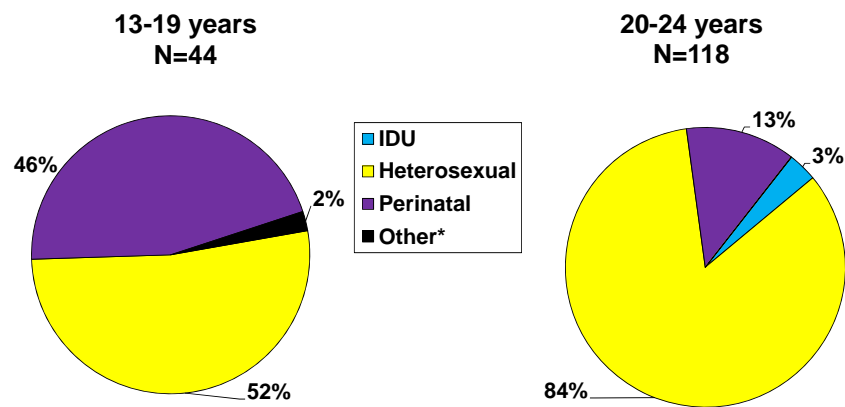
**Figure 9.** AIDS Cases in Males by Mode of Exposure and Age at Diagnosis in Adolescents and Young Adults, Reported in 2011-2013, Florida



## Female AIDS Cases in Adolescents and Young Adults by Mode of Exposure and Age at Diagnosis

There is a significant difference in the proportions of modes of exposure between adolescent and young adult female AIDS cases. Heterosexual contact accounts for the greatest proportion of mode of exposure for both young adults (84%) and adolescents (52%). Among adolescents almost half (46%) of the AIDS cases were perinatally acquired, compared to only 13% of young adult females. Injection drug use accounts for 3% of female AIDS cases among young adults (Figure 10).

**Figure 10.** AIDS Cases in Females by Mode of Exposure and Age at Diagnosis in Adolescents and Young Adults, Reported in 2011-2013, Florida

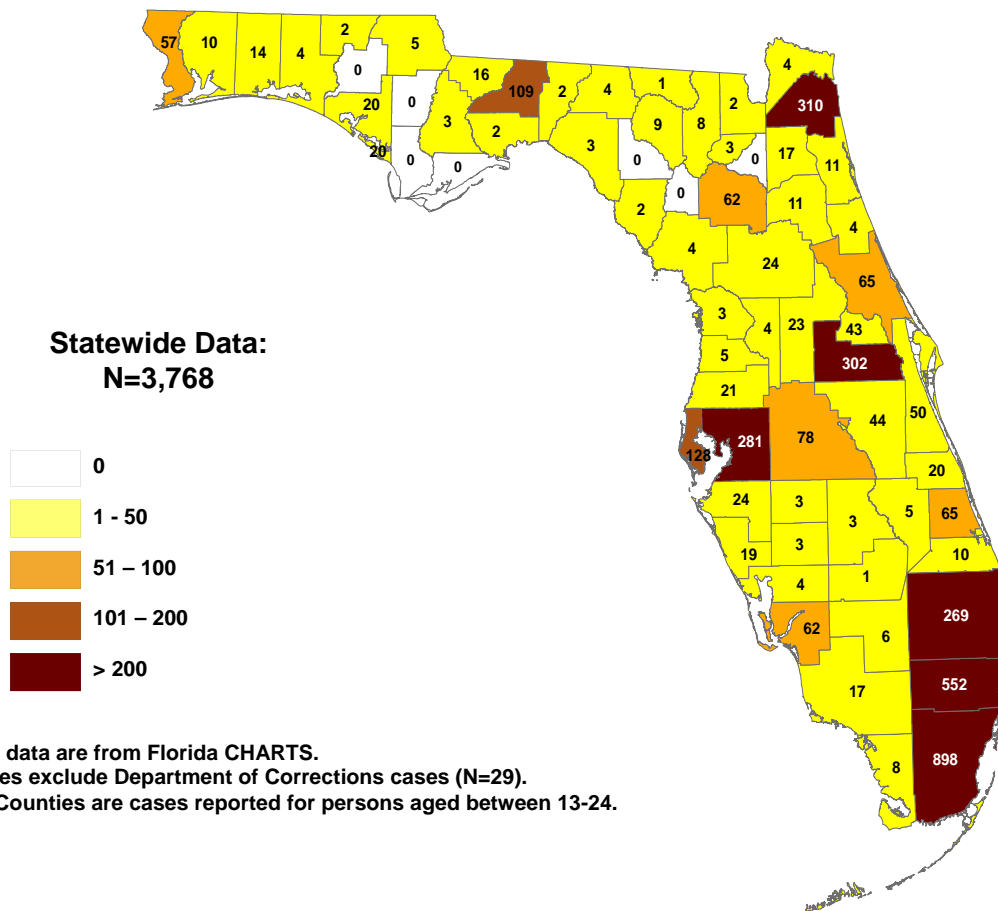


\* Other includes hemophilia, transfusion, other pediatric risks and other confirmed risks.

## Geographical Distribution of Adolescents and Young Adults Living with HIV Disease

A total of 3,768 adolescent and young adults living with HIV disease have been reported in Florida through 2013, of which 29 were reported from the Florida Department of Corrections. The majority of these cases were reported from the top six counties, each reporting more than 200 cases of HIV/AIDS. These include Dade (N=898), Broward (N=552), Duval (N=310), Orange (N=302), Hillsborough (N=281), and Palm Beach (N=269) (Figure 11).

**Figure 11.** Living HIV/AIDS Cases among Adolescents and Young Adults by County,\* Reported through 2013, Florida



## Adolescents and Young Adults Living with HIV Disease by Race, Age, and Mode of Exposure in Florida

In Florida, there are 3,768 adolescents and young adults (ages 13-24) living with HIV disease reported through 2013. Eighty-one percent of these cases are young adults (ages 20-24). Blacks are predominately affected accounting for over two thirds (68%) of adolescents and young adults living with HIV disease. Male to male sexual (MSM) contact remains the primary mode of exposure of HIV infection among males (72%). Conversely, among females heterosexual contact (50%) remains the primary mode of exposure of HIV infection followed closely by perinatal exposure (47%) (Table 2).

**Table 2.** Adolescents and Young Adults Living with HIV Disease by Race, Age and Mode of Exposure, Reported through 2013, Florida

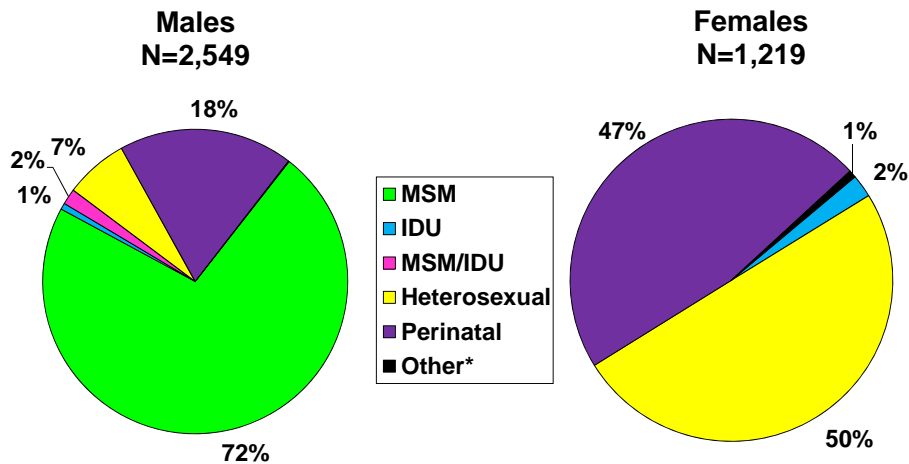
	HIV Disease					
	Males		Females		Total	
<b>Current Age Group</b>						
13-19	362	14%	355	29%	717	19%
20-24	2,187	86%	864	71%	3,051	81%
<b>Total</b>	2,549		1,219		3,768	
<b>Race/Ethnicity</b>	No.	Percent	No.	Percent	No.	Percent
White	365	14%	137	11%	502	13%
Black	1,638	64%	912	75%	2,550	68%
Hispanic	490	19%	150	12%	640	17%
Other	56	2%	20	2%	76	2%
<b>Total</b>	2,549		1,219		3,768	
<b>Exposure Category</b>						
MSM	1,844	72%	---	---	1,844	49%
IDU	17	1%	28	2%	45	1%
MSM/IDU	43	2%	---	---	43	1%
Heterosexual Contract	171	7%	609	50%	780	21%
Other Confirmed Risk	2	<1%	9	1%	11	0%
Perinatal	472	19%	573	47%	1,045	28%
<b>Total</b>	2,549		1,219		3,768	
NIRs Redistributed						

\* Note: Redistribution of cases reported with No Identified Risk (NIR) illustrates the effect of statistically assigning (redistributing) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs.

## Adolescents and Young Adults Living with HIV Disease by Sex and Mode of Exposure

Among males living with HIV disease the majority (72%) acquired the disease through MSM contact, followed by perinatal exposure (18%). Among females, 50% acquired the disease through heterosexual contact and 47% were acquired perinatally (Figure 12).

**Figure 12.** Adolescents and Young Adults Living with HIV Disease by Sex and Mode of Exposure, Reported through 2013, Florida

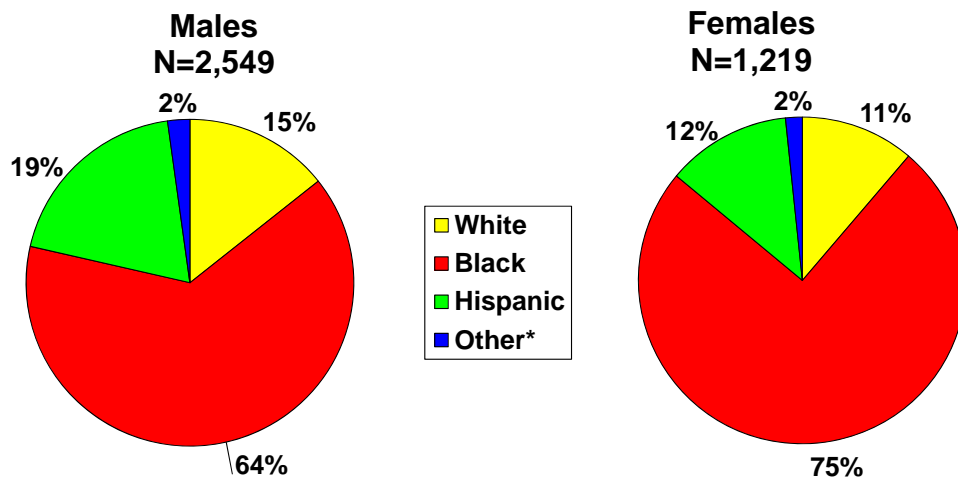


\* Other includes hemophilia, transfusion, other pediatric risks and other confirmed risks.

## Adolescents and Young Adults Living with HIV Disease by Race/Ethnicity and Sex

Among those adolescents and young adults living with HIV disease, blacks represented the majority of cases for both males (64%) and females (75%) (Figure 13).

**Figure 13.** Adolescents and Young Adults Living with HIV Disease by Race/Ethnicity and Sex, Reported through 2013, Florida



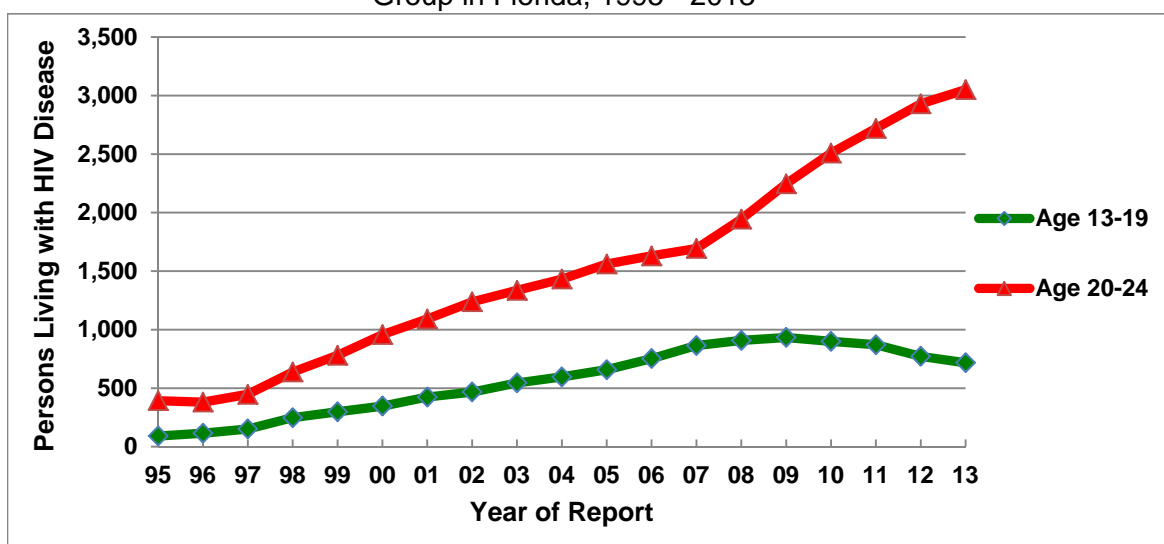
\* Other includes Asian/Pacific Islander, Native American/Alaska Native, and multi-racial individuals.



## Annual Prevalence of Adolescents and Young Adults Living with HIV Disease by Current Age Group, Florida 1995 – 2013

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 2010 decreases in the annual prevalence of cases aged 13-19 have been observed (Figure 14). The decrease in the HIV/AIDS prevalence among adolescents may be attributed to the current drug treatments advanced testing, and advocating prevention to the target populations such as minorities and females. Over the past decade, there has been a significant decline in perinatal HIV transmission from mother-to-child due to the antiretroviral (ARV) medications.<sup>6</sup>

**Figure 14.** Annual Prevalence of Persons Living with HIV Disease (PLWHA) by Current Age Group in Florida, 1995 - 2013



## Sexually Transmitted Diseases (STDs) among Adolescents and Young Adults in the United States

In the United States, STDs are a major public health issue. Each year, one in four teens contracts a Sexually Transmitted Disease/Sexually Transmitted Infection (STD/STI). One in two sexually active persons will contract a STD/STI by age 25. Almost half of them occurring in adolescents and young adults aged 15 to 24, and one third of the overall total occurred among teenagers. The two most reported infectious diseases in the US are Chlamydia, and gonorrhea. Both of these diseases, along with syphilis are known to increase HIV transmission. Those who are infected with STDs are two to five times more likely than those unaffected to acquire HIV infection if they are exposed through sexual contact. In addition, if there is a HIV-infected individual who is also infected with another STD, that person has a higher chance of transmitting HIV through sexual contact, than another person who is HIV infected.<sup>8</sup>

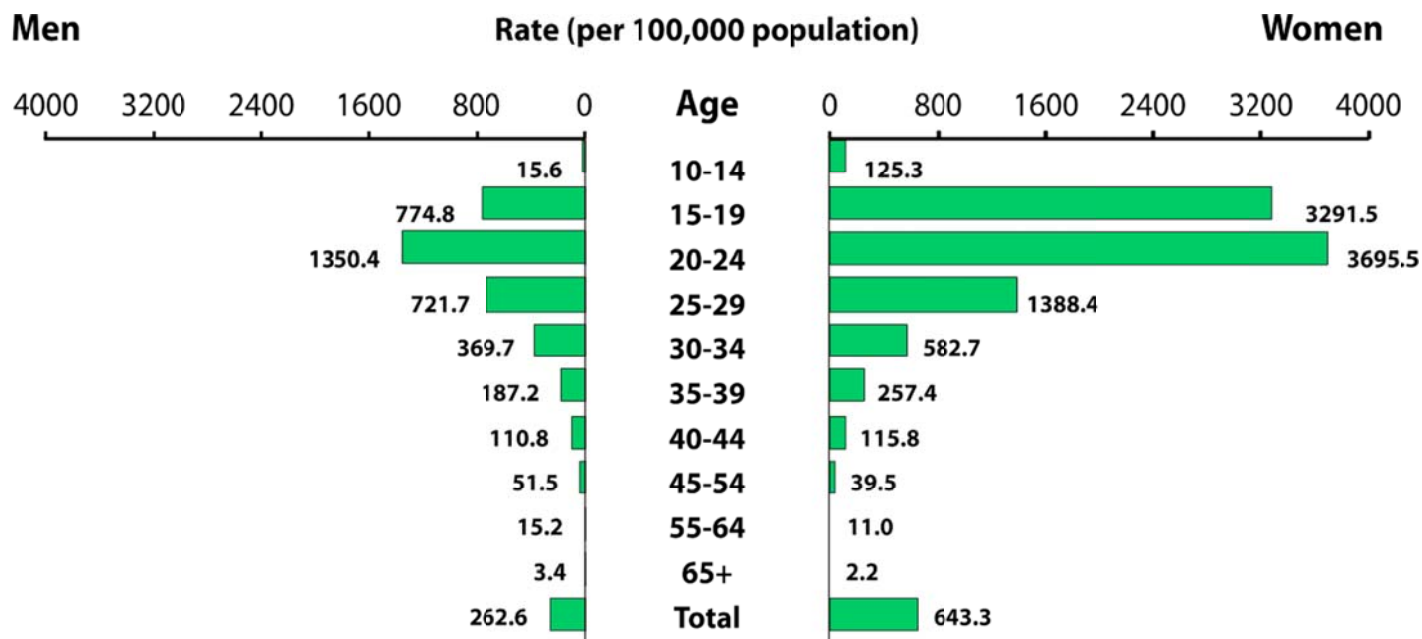
The common trend seen among adolescents and young adults is the lack of condom use which has been proven to significantly reduce the risk of transmitting HIV/AIDS and other sexually transmitted diseases.<sup>9</sup> In order to receive the best benefit from condoms they must be used consistently and correctly. If they are used inconsistently, an STD or HIV can be transmitted during any single act with an infected partner. The most reliable ways to avoid STDs and HIV is to abstain from sexual activity, or be involved in a long-term relationship with a partner who is unaffected.<sup>8</sup>

### Chlamydia among Adolescents and Young Adults in the United States

This common STD is transmitted during vaginal, anal, and oral sex; it can also be passed down from an infected mother to baby during childbirth. It is also known as the “silent” disease, because approximately three-fourths of infected women and half of infected men do not have any symptoms. If symptoms are to occur they will usually appear after 1 to 3 weeks of infection. Some common symptoms between both sexes are abnormal discharges from either vagina or penis and a burning sensation while urinating. Women who are infected with Chlamydia are up to five times more likely to become infected with HIV.<sup>10</sup>

Since 1994, Chlamydia has been the most frequently reported STD. During the last ten years, there was a significant increase in reported cases due to the expansion of Chlamydia screening methods. However, there are still many women who are not being tested due to lack of awareness and resources. If left untreated Chlamydia can lead to pelvic inflammatory disease (PID) – a disease that can cause infertility.<sup>10</sup> In 2012, the highest case rates of Chlamydia were among women aged 20 to 24 (3,695.5 cases per 100,000 females), and 15 to 19 year olds (3,291.5 cases per 100,000 females). The highest case rates among males were also noted in those young adults ages 20 to 24 (1,350.4 cases per 100,000 males) (Figure 15).

**Figure 15.** Rate of Chlamydia by age and sex in the United States, 2012

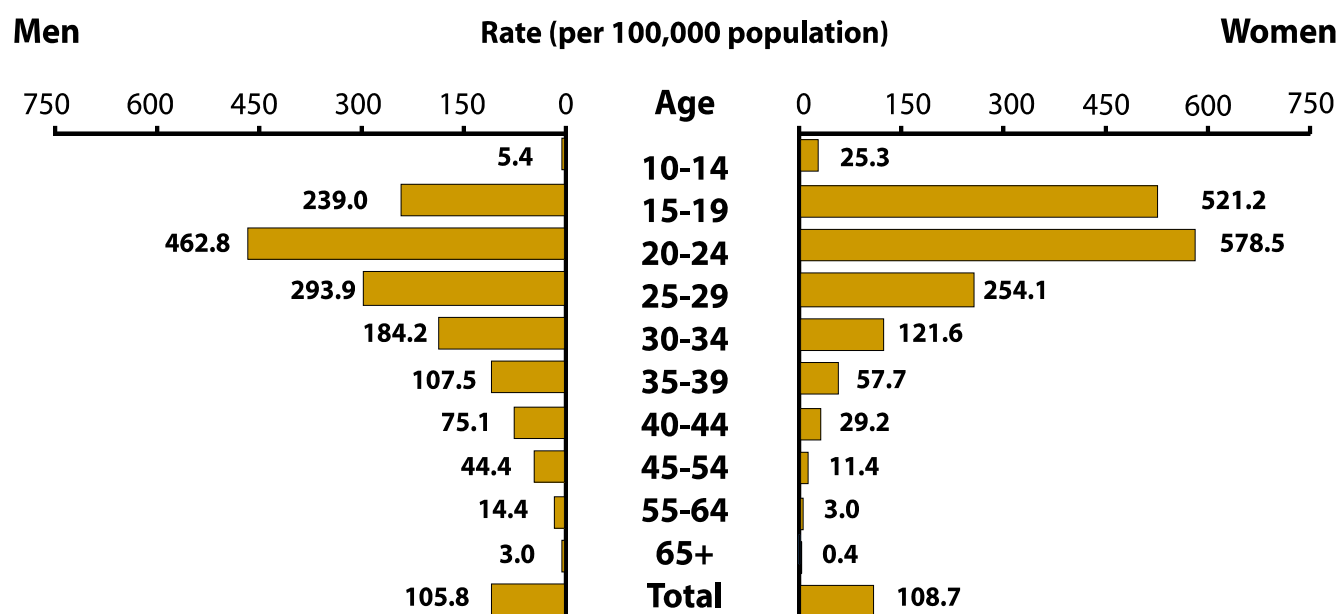


## Gonorrhea among Adolescents and Young Adults in the United States

The second most reported STD is caused by a bacterium that grows and multiplies in warm, moist areas of the reproductive tract; it can also grow in the mouth, throat, eyes, and anus.<sup>10</sup> Gonorrhea spreads through contact with the penis, vagina, mouth or anus; it can also be passed down from an infected mother to baby during delivery. This disease is also “silent” because some men and women who are infected have no symptoms.<sup>11</sup> Symptoms in males can take up to 30 days to appear, and some symptoms in women can be mistaken for other bladder or vaginal infections. However, if symptoms should appear both sexes will experience abnormal discharges from either vagina or penis, and a burning sensation while urinating. In addition, if gonorrhea is left untreated it can cause infertility in both sexes.<sup>11</sup>

Similar to Chlamydia, in 2012, the highest case rates of gonorrhea are in women aged 20 to 24 years of age (578.5 per 100,000 females), and 15 to 19 year olds (521.2 per 100,000 females). The highest case rates in males also occurred in young adults aged 20 to 24 (462.8 cases per 100,000 males) (Figure 16).

**Figure 16.** Rate of Gonorrhea by Age and Sex in the United States, 2012

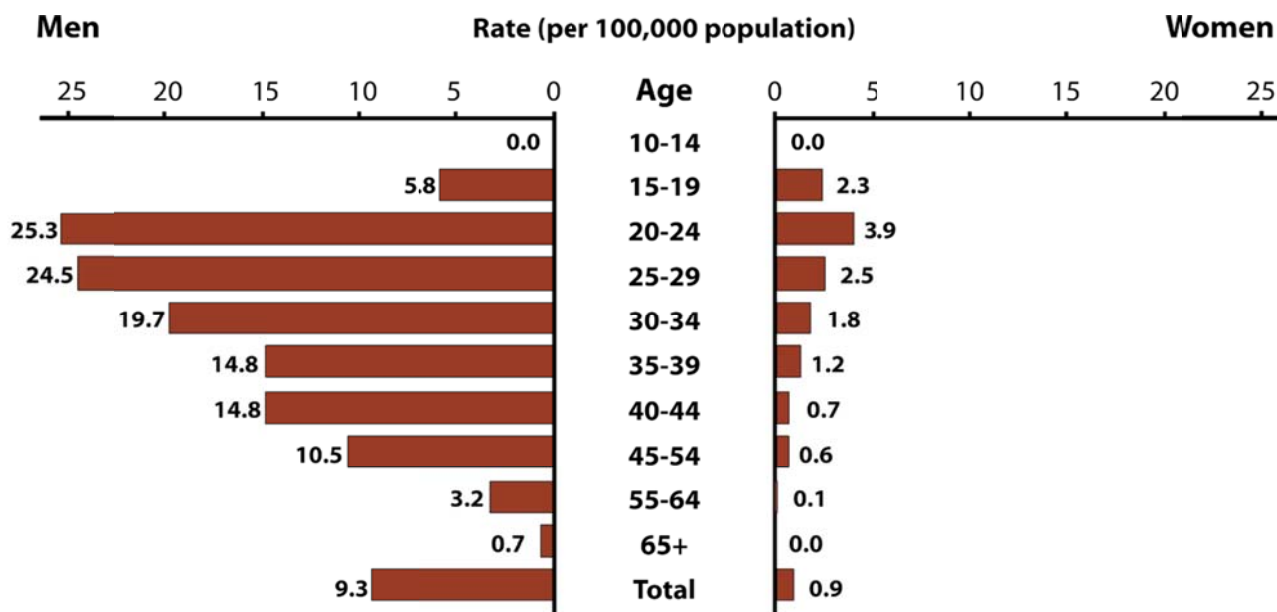


## Syphilis among Adolescents and Young Adults in the United States

Syphilis, another common STD is also known as “the great imitator.” This disease received this name because so many of its signs and symptoms are common in other diseases, making it difficult to tell apart. Syphilis is generally transmitted during vaginal, oral or anal sex. Like Chlamydia and gonorrhea, syphilis can spread from mother to child during pregnancy. Many people with syphilis do not have any symptoms for years, although if left untreated this disease can lead to further complications such as severe damage to internal organs or death.<sup>12</sup> There are three stages in which syphilis can be transmitted during the primary, secondary, and latent stage. In the primary stage of syphilis the person infected has a single or multiple sores. Symptoms usually occur 10 to 90 days after infection. There are up to 40% perinatal deaths that occur to fetuses whose mothers had syphilis in the primary stage.<sup>12</sup>

During the secondary stage skin rashes and mucous filled lesions are present. The rashes may occur in the palms of the hand and on the bottom of the foot.<sup>12</sup> The signs and symptoms of the secondary stage will disappear with or without treatment, although if left untreated the infection will progress to the latent stage of the disease. The latent or hidden stage of syphilis lasts for years, usually starting when symptoms from the primary and secondary stage disappear.<sup>12</sup> In 2012, the highest rate of primary and secondary (P&S) syphilis was in men aged 20 to 24 (25.3 per 100,000). Among women, the rate of primary and secondary (P&S) syphilis was highest among those aged 20 to 24 (3.9 per 100,000) (Figure 17).

**Figure 17.** Primary and Secondary Syphilis—Rates by Age and Sex, United States, 2012



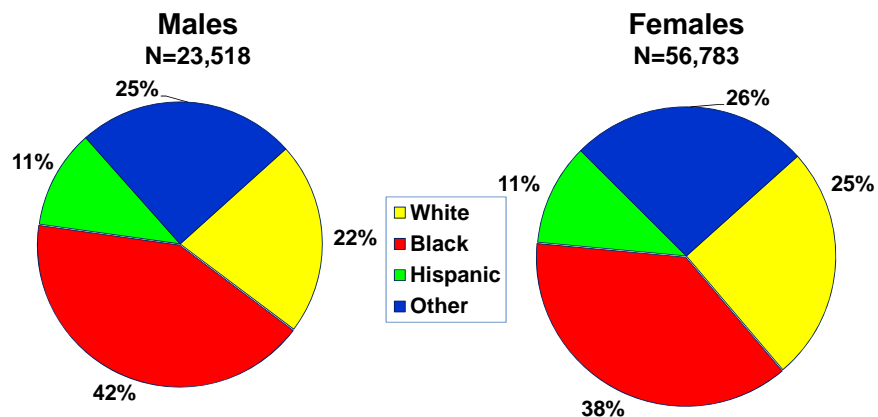
## Sexually Transmitted Diseases (STDs) among Adolescents and Young Adults in Florida

Sexually Transmitted Diseases remain a public health dilemma in Florida, especially among adolescents and young adults. It is estimated that two out of every three reported STD cases in Florida were under the age of 25. The following sections outline the distribution of chlamydia, gonorrhea, syphilis; three of the most common STDs reported in Florida.

### Adult Chlamydia Cases by Sex and Race/Ethnicity in Florida

In Florida there are more cases of Chlamydia among females than among males aged 13 or older. This is primarily due to the annual screenings and routine check-ups received by women. By race/ethnicity, blacks represent the majority of cases among males (42%) and females (38%) (Figure 18). About one-fourth (26%) of the reported Chlamydia cases occurred among adolescents ages 13 to 19.

**Figure 18.** Adult Chlamydia Cases, by Sex and Race/Ethnicity, Reported in 2013, Florida

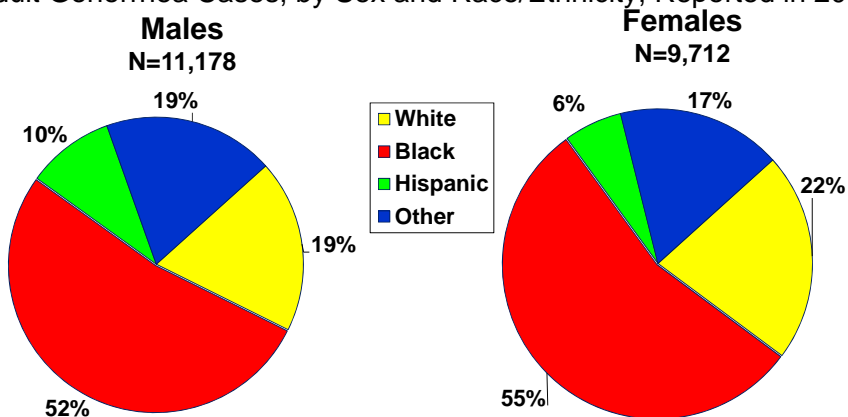


\* Other includes Asian/Pacific Islander, Native American/Alaska Native, and multi-racial individuals.

### Adult Gonorrhea Cases by Sex and Race/Ethnicity in Florida

In the state of Florida, blacks aged 13 or older have the highest proportion of gonorrhea cases compared to other racial/ethnic groups, among both males (52% of male cases) and females (55% of female cases) (Figure 19). Of all the gonorrhea cases reported in 2013, 19% occurred among adolescents aged between 13 to 19 years old.

**Figure 19.** Adult Gonorrhea Cases, by Sex and Race/Ethnicity, Reported in 2013, Florida

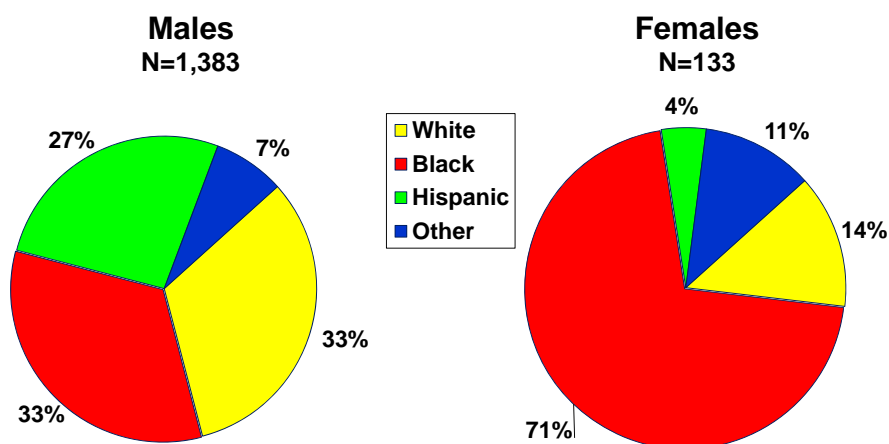


\* Other includes Asian/Pacific Islander, Native American/Alaska Native, and multi-racial individuals.

## Adult Syphilis Cases by Sex and Race/Ethnicity in Florida

A large proportion of syphilis cases aged 13 or older in the state of Florida are among males, however the racial distribution between males and females vary. Among males, approximately one-third of the cases are white, one-third are black, and one-fourth are Hispanic. Among female syphilis cases, blacks represent the majority of the cases (71%), followed by whites (14%), then other ethnicities (11%), and finally Hispanic females make up the smallest proportion (4%) (Figure 20). Among all syphilis cases only 6% occurred among adolescents aged 13 to 19 years old.

**Figure 20.** Adult Primary and Secondary Syphilis Cases, by Sex and Race/Ethnicity, Reported in 2013, Florida



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

## Conclusion

Throughout Florida HIV/AIDS data suggests more attention on testing and prevention efforts are needed in adolescents and young adults, especially those who are black. Among this population, the dominant modes of transmission are: MSM, heterosexual contact and perinatal exposure. Due to the effectiveness of treatment programs, more adolescence that were infected as infants are living longer becoming adolescents. With the current trend, it is possible in the future to see those same perinatal infected individuals become young adults. In the past few years, there are more people contracting the disease than dying from HIV/AIDS. In order to decrease the amount of HIV/AIDS cases, comprehensive programs should focus on risky sexual behavior (i.e., anal sex, MSM, multiple partners) and provide adolescents and young adults with information on how they can protect themselves.

A national biannual survey of adolescent health risk and health protective behaviors conducted by the Centers for Disease Control and Prevention known as Youth Risk Behavior Surveys (YRBS) have shown that comprehensive prevention programs have resulted in a decline in risky sexual behaviors and an increase in condom use among sexually active youth. Comprehensive programs should be culturally competent, have clearly defined audiences, objectives, and interventions; and be based on behavioral and social science theories and research. Other characteristics of effective programs are: the behavioral goals, teaching methods, age-appropriate material, sufficient time allotted to adequately complete important activities, address social pressures on sexual behaviors, and provide modeling and practice of communication, and negotiation.

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## 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.

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

Yes     No     Somewhat

If not, please explain why.

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

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

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