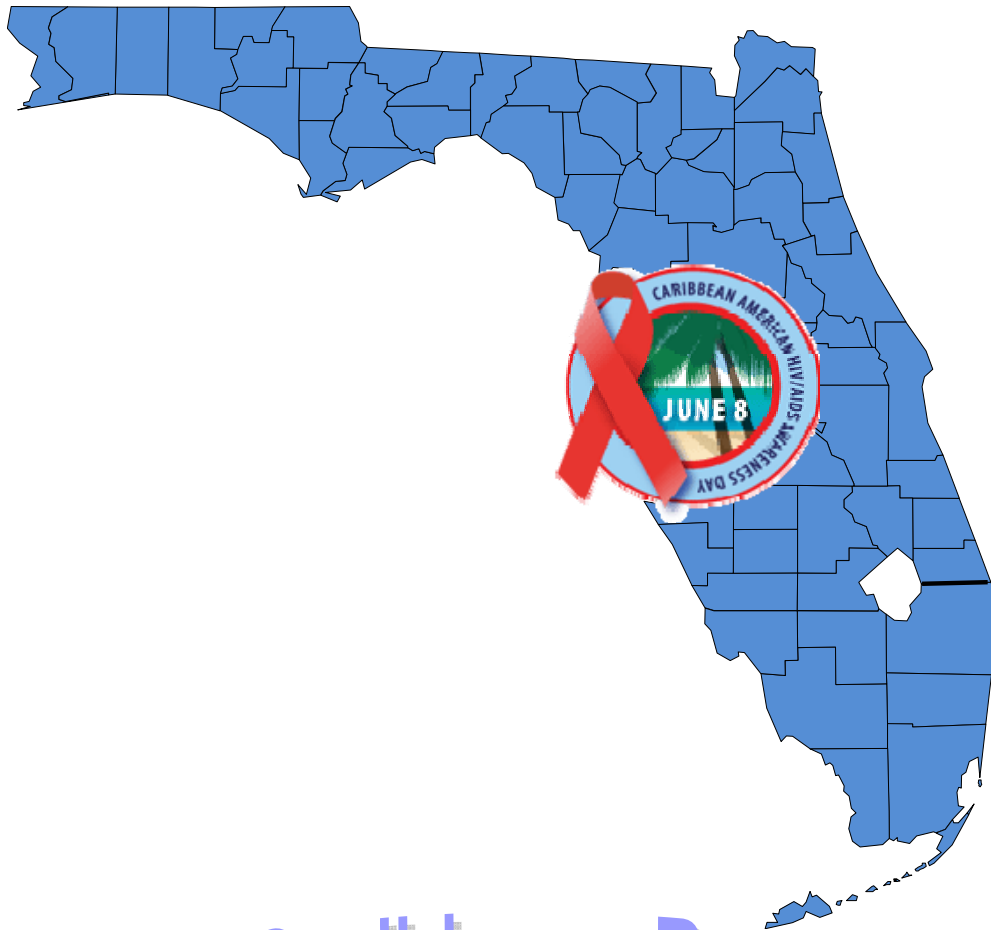


# HIV and AIDS



## Among Caribbean-Born Adults in Florida

The epidemiologic profile pertaining to HIV/AIDS among Caribbean-born adults 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.

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

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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 infection and AIDS cases among Caribbean-born adults 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 May, 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.

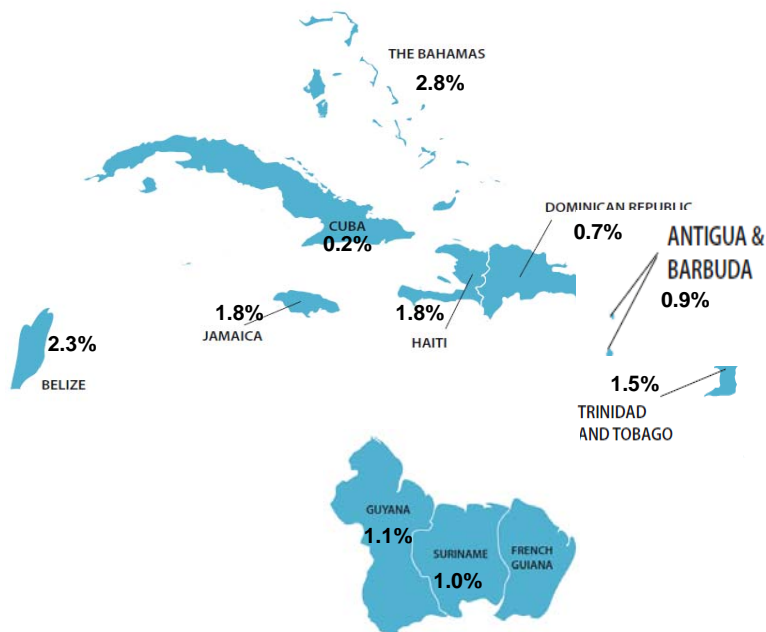
HIV/AIDS Exposure Mode Categories are as follows:

- 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

## A Global View of the HIV/AIDS Epidemic in the Caribbean

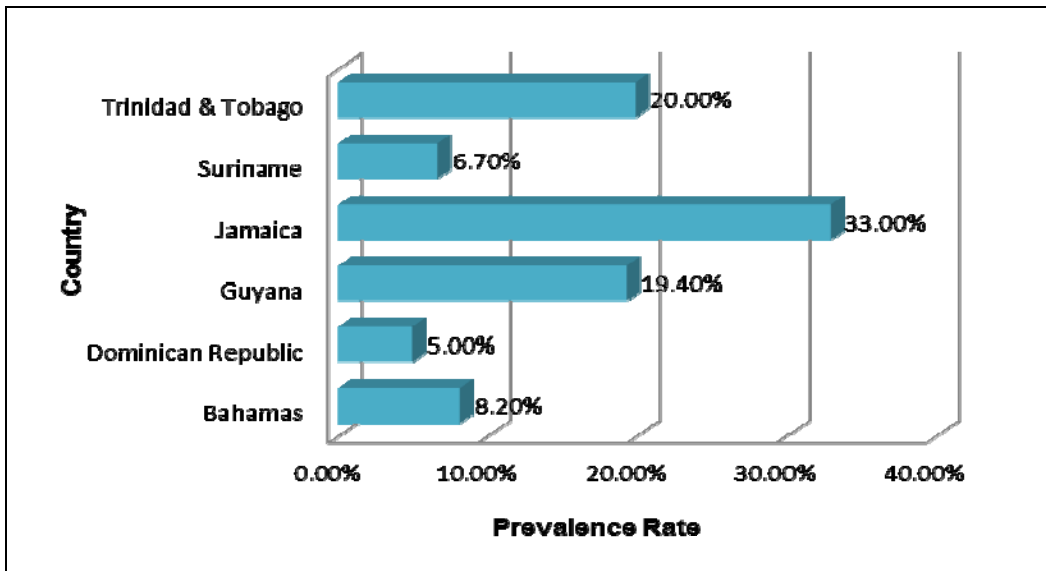
In 2012, there were approximately 35.3 million people living with HIV worldwide, 2.3 million of which were newly infected. According to the 2013 Joint United Nations Program on HIV/AIDS (UNAIDS) report, nearly 250,000 of the people living with HIV were within the Caribbean, 12,000 of which were newly infected with HIV and 10,000 who had died from AIDS.<sup>1</sup> With a prevalence rate of 1%, the Caribbean region had the second highest proportion of HIV infections in the world, behind sub-Saharan Africa.<sup>2</sup> Yet due to difference in cultural and behavioral practices, the HIV prevalence often varies drastically between Caribbean countries. (Figure 1) Furthermore, 2012 USAID reports indicate that increased access to antiretroviral therapy and more widespread testing for HIV throughout the region has resulted in more people living with HIV/AIDS.<sup>3</sup>

**Figure 1: Snapshot of the HIV/AIDS Prevalence in the Caribbean, 2012**



Attributed to widespread poverty, gender inequality and HIV-related stigma, HIV is commonly spread through heterosexual contact, usually paid sex acts. Unprotected sex between female sex workers and their clients has therefore led to a disproportionate rate of infection among women in the Caribbean (53%) as compared to men.<sup>4</sup> While there is insufficient HIV/AIDS surveillance data in many Caribbean countries, transmission among men who have sex with men (MSM) is increasingly being reported<sup>5</sup> (Figure 2). At the end of 2010, prevalence rates were particularly high in Jamaica (33%) and Trinidad & Tobago (20%) where one-quarter of Caribbean MSM indicated that they regularly have sex with a female partner in order to hide their sexual orientation.<sup>3,6</sup> Consequently a shifting trend of HIV transmission among younger adults has arisen, with patterns of infection differing by gender across the region. PEPFAR reports in 2010 that prevalence among young males in Barbados, Jamaica and the Bahamas is twice that of their female cohort, whereas in Haiti, Trinidad & Tobago and the Dominican Republic, young women are twice as likely to be infected with HIV/AIDS.<sup>7</sup>

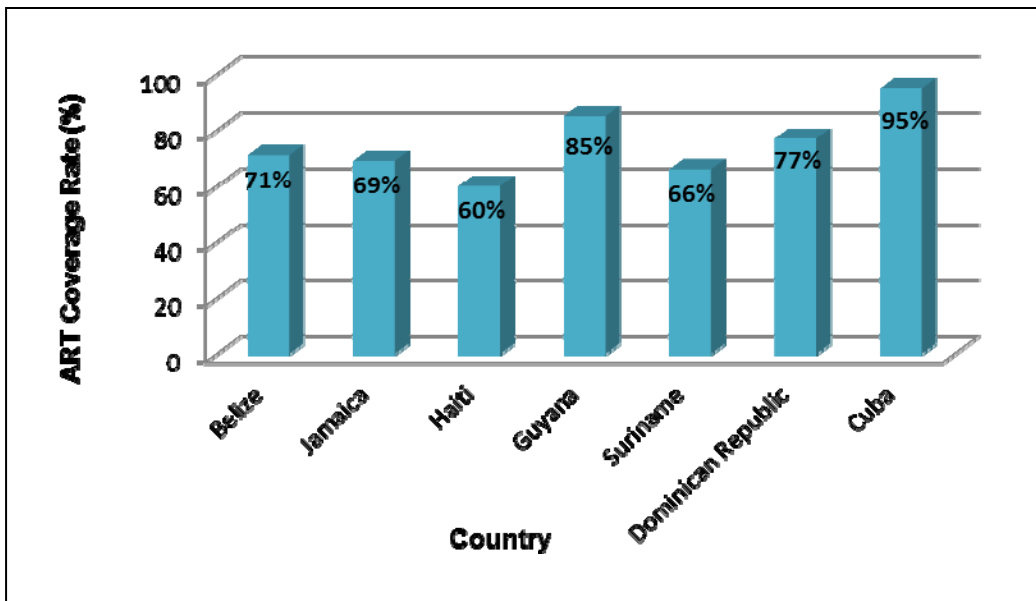
**Figure 2: HIV Prevalence among Adult MSM in the Caribbean Region by Country**



Though the AIDS-related death rate fell from 20,000 to roughly 10,000 between 2005 and 2011, AIDS continues to be the leading cause of death among adults 25-44 year olds in the Caribbean.<sup>8</sup> In 2012, injection drug use was thought to play a minimal role in HIV transmission within most Caribbean nations, yet many reports show a link between the use of crack cocaine and sexual transmission of HIV.<sup>3</sup>

Despite economic challenges and insufficient health systems, many Caribbean nations had made significant progress to ensure a more uniform access to treatment for people living with HIV/AIDS.<sup>3</sup> Due largely to international support, it is estimated that the Caribbean region was able to extend ART to nearly 62% of the populace by 2011, with Cuba and Guyana leading the way with coverage at 95% and 85%, respectively<sup>9</sup> (Figure 3).

**Figure 3: HIV-Infective People Receiving ART in Select Caribbean Countries, 2012**



## **HIV/AIDS Epidemic Among Caribbean-Born in Florida Reported through 2013**

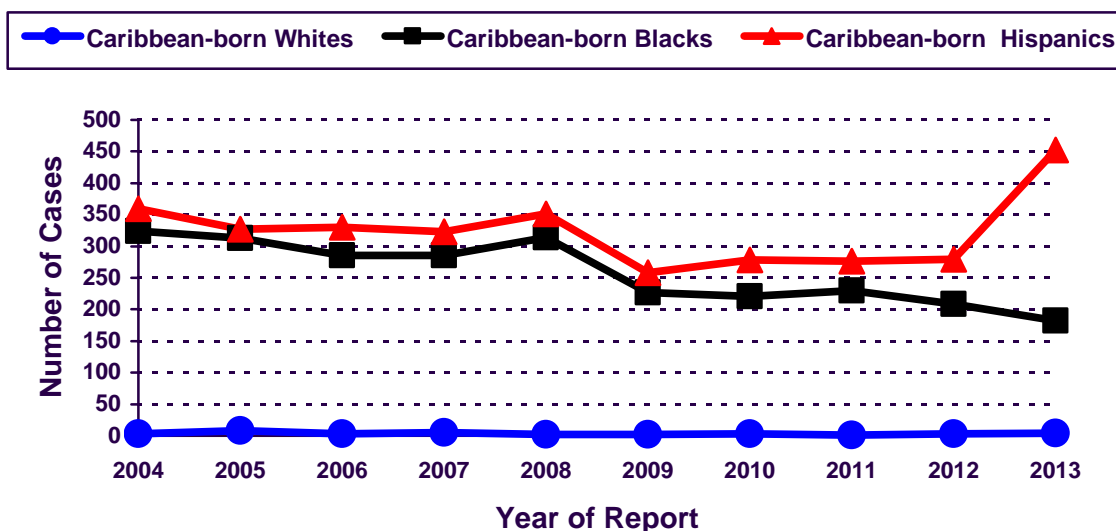
Each year, the Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section, Surveillance Program produces an epidemiological profile on HIV/AIDS and its impact on different communities. Due to the vast number of immigrants located in Florida, specifically in South Florida, a more detailed profile on the Caribbean population has been completed for the state. Through 2013, there were 27,932 reported HIV/AIDS cases of Caribbean-born people in Florida (Table 1). Of those HIV/AIDS cases, 27,925 were adults (15,490 of which were living with HIV) and seven were pediatric cases.

**Table 1: HIV/AIDS Cases Among Caribbean-Born by Country of Birth, Reported Through 2013, Florida**

| <b>Caribbean Country of Birth</b> | <b>Number of Cases</b> |
|-----------------------------------|------------------------|
| Aruba                             | 10                     |
| Anguilla                          | 2                      |
| Netherlands Antilles              | 7                      |
| Antigua and Barbuda               | 32                     |
| Bahamas                           | 688                    |
| Bermuda                           | 14                     |
| Barbados                          | 79                     |
| Cuba                              | 7,500                  |
| Cayman Islands                    | 11                     |
| Dominica                          | 21                     |
| Dominican Republic                | 559                    |
| Guadeloupe                        | 1                      |
| Grenada                           | 28                     |
| Haiti                             | 12,445                 |
| Jamaica                           | 1,746                  |
| Saint Kitts and Nevis             | 8                      |
| Saint Lucia                       | 33                     |
| Montserrat                        | 1                      |
| Martinique                        | 2                      |
| Puerto Rico                       | 4,166                  |
| Turks and Caicos Islands          | 71                     |
| Trinidad and Tobago               | 241                    |
| Saint Vincent and the Grenadines  | 19                     |
| Virgin Islands, British           | 19                     |
| Virgin Islands, U.S.              | 229                    |
| <b>Total</b>                      | <b>27,932</b>          |

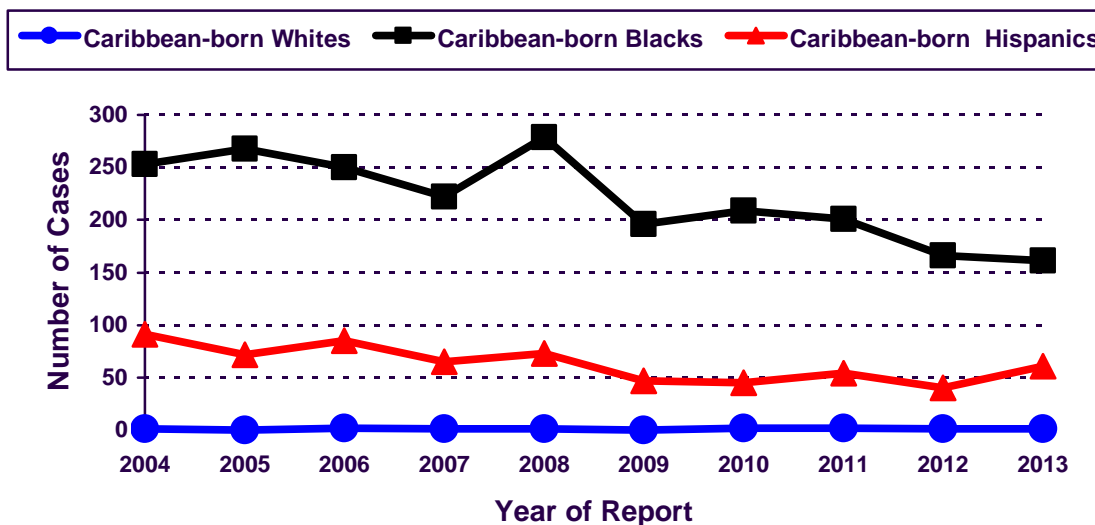
From 2004-2013, reported HIV/AIDS cases among Caribbean-born black males decreased 44% (Figure 4). In contrast, cases among Caribbean-born Hispanic males have increased 26% over the past decade; this group continues to have the most reported cases of HIV/AIDS in Florida. In contrast, Caribbean-born white male HIV/AIDS cases have shown little change over the same period, averaging less than eight cases per year.

**Figure 4: Male Caribbean-Born HIV/AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Florida**



In comparison to male cases, the trend for reported female HIV/AIDS cases by race/ethnicity in Florida is quite different. Though Caribbean-born black female cases have declined by 36% between 2004 and 2013, this group still outpaces Caribbean-born Hispanics female cases of HIV/AIDS at a ratio of 2.6:1. In addition, Caribbean-born white female cases continue to remain stable over the same time period, averaging less than two cases per year (Figure 5).

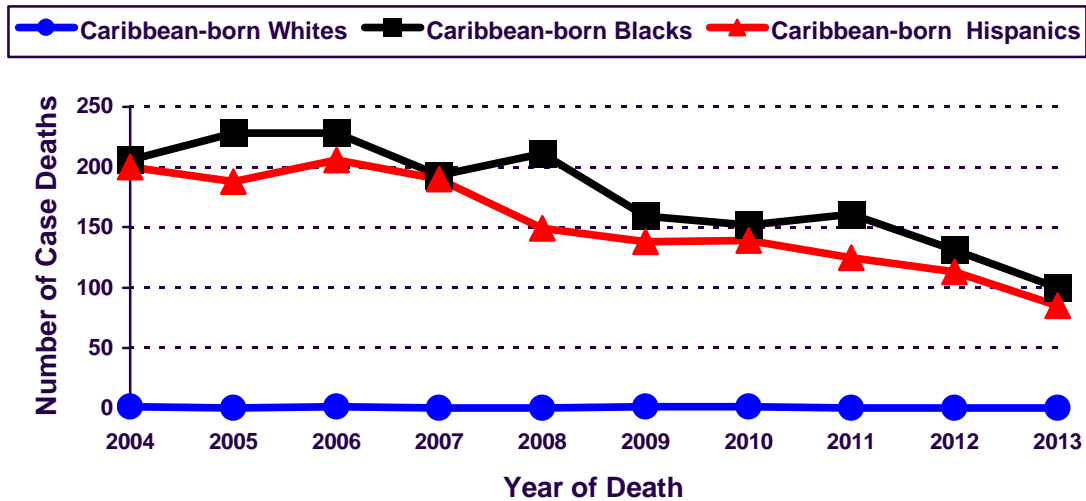
**Figure 5: Female Caribbean Born HIV/AIDS Cases by Race/Ethnicity and Year of Report, 2004-2013, Florida**





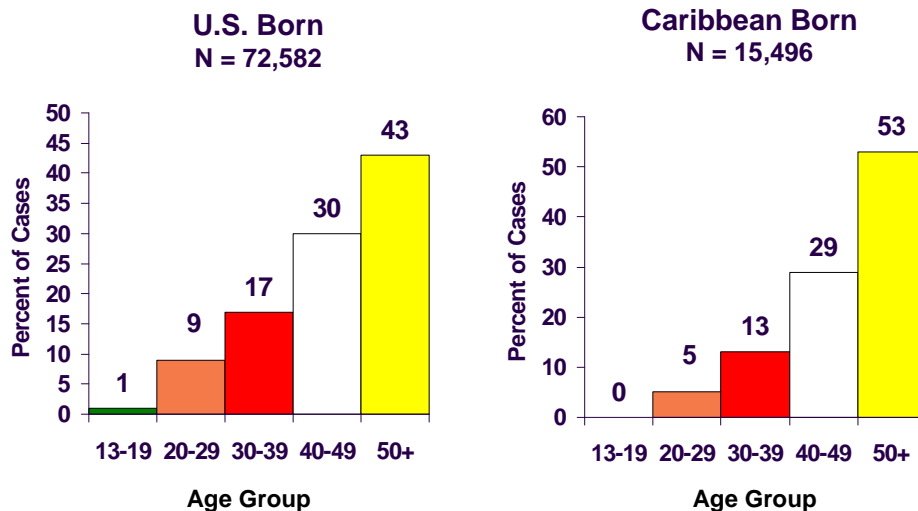
Though variations in the number of Caribbean-born HIV/AIDS reported deaths by race/ethnicity exist, this is thought to be due to an increase in drug treatment programs, culturally appropriate prevention methods, and patient care initiatives. Despite these efforts, Caribbean-born blacks represented the largest number of HIV/AIDS case deaths over the past ten years, followed closely by Caribbean-born Hispanics (Figure 6).

**Figure 6: Caribbean Born HIV/AIDS Case Deaths by Race/Ethnicity and Year of Death, 2004-2013, Florida**



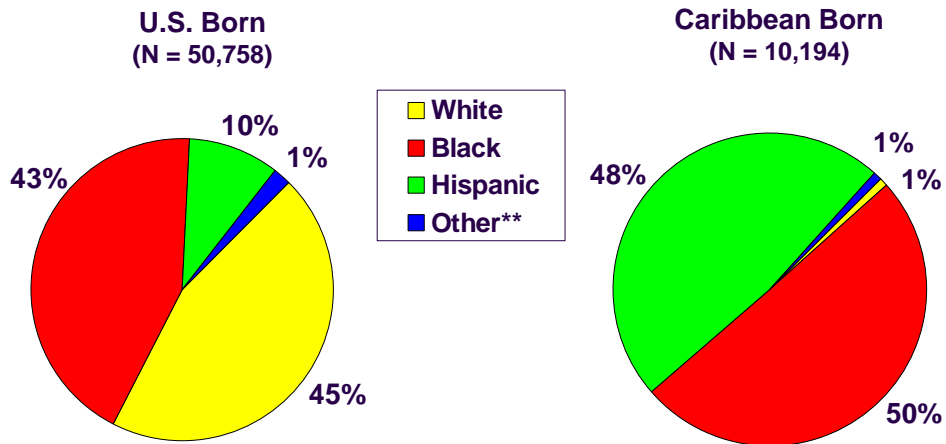
In Florida, among U.S. born adults living with HIV/AIDS reported through 2013, the 50+ age group had the largest proportion of cases at 43%. Likewise, among Caribbean-born adults living with HIV/AIDS, the aged 50+ age group had the largest proportion of cases at 53% during the same time period (Figure 7).

**Figure 7: Adults Living with HIV/AIDS by Age and Country of Birth, Reported through 2013, Florida**



In the 2013 snapshot of males living with HIV disease by race/ethnicity, 45% of U.S. born males were white, 43% were black, and 10% were Hispanic. Among those who were Caribbean-born, 50% were black, 48% were Hispanic and 1% were white (Figure 8).

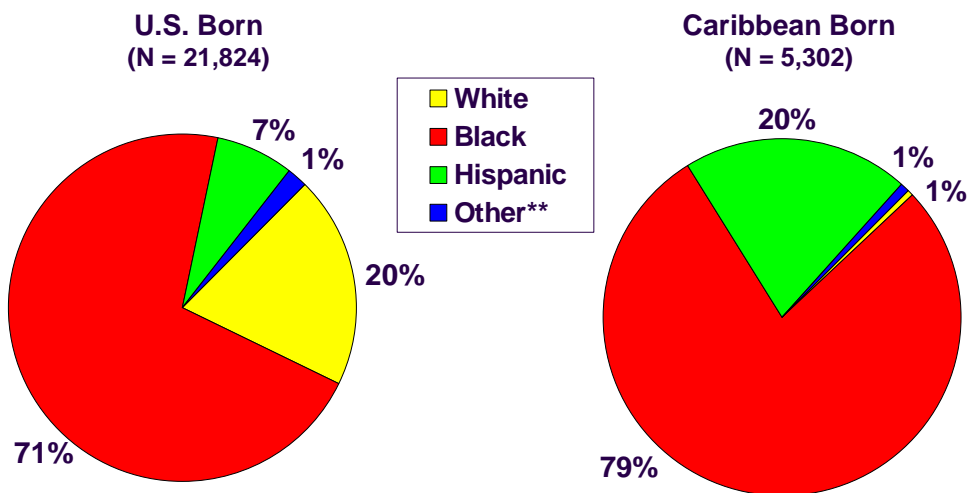
**Figure 8: Adult Males Living with HIV/AIDS by Country of Birth and Race/Ethnicity, Reported through 2013, Florida**



\*\*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.

Additionally, among US born females living with HIV through 2013, the majority were black (71%), whereas 20% were white and 7% Hispanic. Of those who were Caribbean-born, 79% were black, 20% were Hispanic and 1% were white (Figure 9).

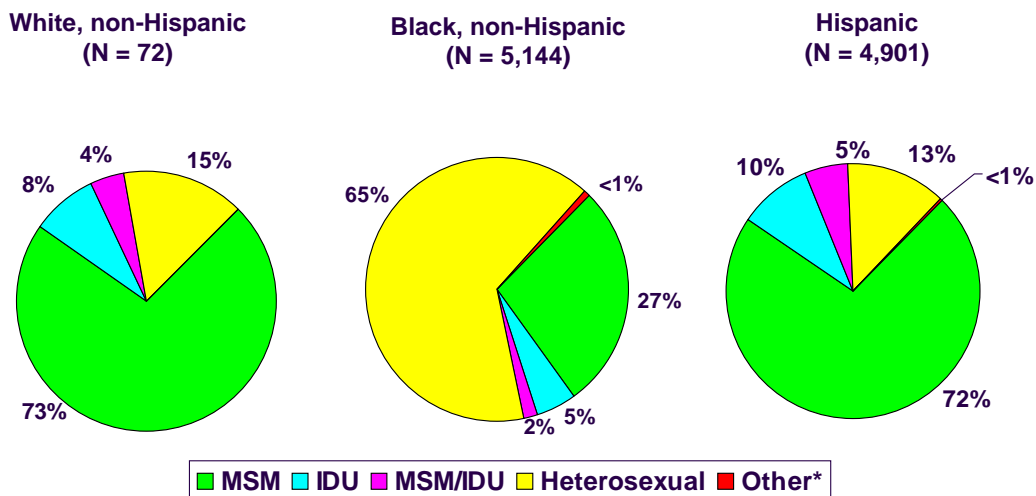
**Figure 9: Adult Females Living with HIV/AIDS by Country of Birth and Race/Ethnicity, Reported through 2013, Florida**



\*\*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.

Of Caribbean-born males living with HIV disease through 2013, the risk distribution differs significantly based upon race/ethnicity. MSM represents the highest risk for whites and Hispanics, while the highest risk amid blacks is heterosexual contact. Heterosexual contact amongst white and Hispanic males however, represents 15% and 13% of HIV/AIDS cases, respectively (Figure 10).

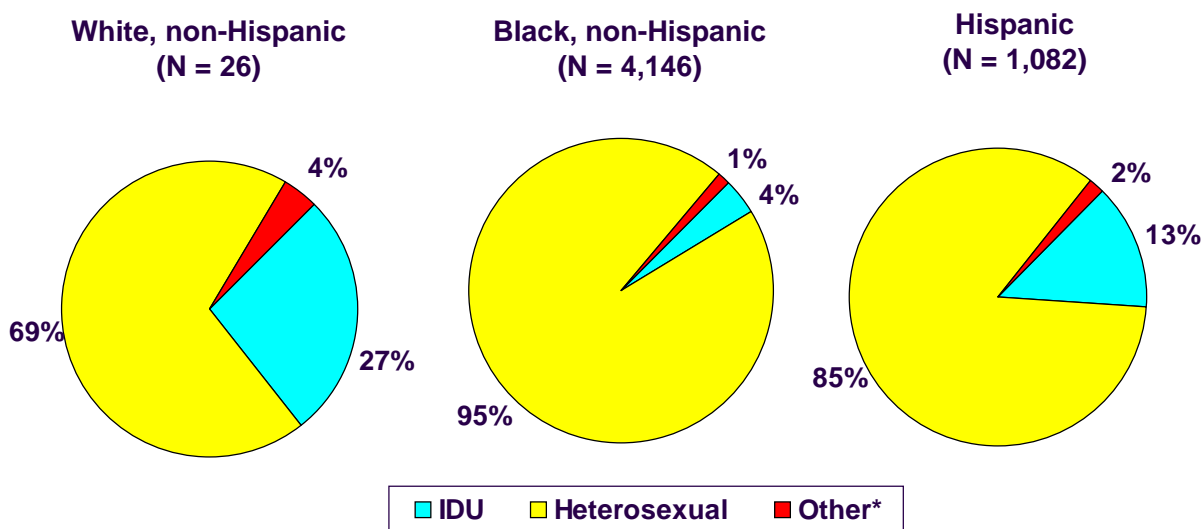
**Figure 10: Caribbean-Born Adult Males Living with HIV/AIDS by Race/Ethnicity and Mode of Exposure, Reported through 2013, Florida**



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

Among females living with HIV disease, the risk distribution among blacks and Hispanics through 2013 differed from that of whites; yet heterosexual contact remained the primary risk factor for women of all races. In contrast, black and Hispanic women had a lower risk of HIV exposure due to IDU risk than white women (Figure 11).

**Figure 11: Caribbean-Born Adult Females Living with HIV by Race/Ethnicity and Mode of Exposure, Reported through 2013, Florida**



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

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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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