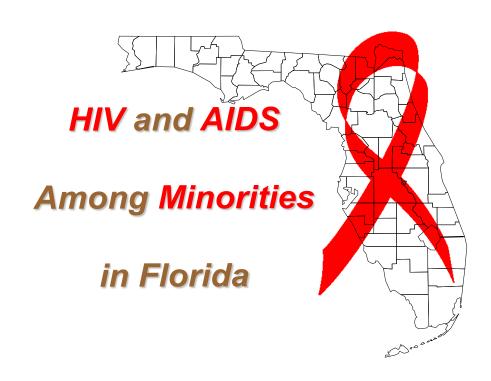
Created: 09/01/2013 Revision: 12/18/2013



The minority epidemiologic profile for 2012 was prepared by Mr. Jontae Sanders. It is updated every other year. For copies of either the minority epidemiologic profile and/or the minority slide set, please contact Lorene Maddox, MPH, Tracina Bush, BSW or Madgene Moise, MPH at (850) 245-4430.

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Overview

The Florida Department of Health (FDOH), Bureau of Communicable Disease, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and Hepatitis 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. HIV and AIDS surveillance is useful for the improvement of HIV and AIDS prevention on a local, state, and government level. This epidemiological profile summarizes the HIV/AIDS infection cases among minorities in Florida.

Interpretation of HIV/AIDS Data

All HIV/AIDS data are current as of December 31, 2012.

- ➤ 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 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 Use
- ➤ MSM/IDU = Men who have sex with men and injection drug use
- Other = Includes hemophilia, transfusion, perinatal and 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.

Worldwide HIV/AIDS Epidemic

There is a global HIV/AIDS epidemic. Globally, in 2011 there were 34.0 million people living with HIV.¹ Sub-Saharan Africa accounts for 69% of the population living with HIV worldwide. One in every twenty adults in Sub-Saharan Africa is infected with HIV.¹ There has been evidence of declines in new infections in 2011. In 2011, there was a 20% lower rate of infections than 2001 (2.5 million [2.2 million-2.8 million]) (Figure 1).

In 2011, 330,000 children acquired HIV infection. Since 2003, children infections declined by 43% and 24% since 2009. More than 90% of the children who acquired HIV infection in 2011 live in sub-Saharan Africa. Regions such as, Caribbean (32%) and Oceania (36%) have significantly declined. In six countries (Burundi, Kenya, Namibia, South Africa, Togo and Zambia) the number of children declined by 40-59% from 2009 to 2011.

In 2011, 1.7 million people died from AIDS- related causes worldwide. Compared to 2005, this is a 24% decline (when 2.3 million [2.1 million – 2.6 million] deaths occurred). Sub-Saharan Africa accounts for 70% of all the people that die from AIDS in 2011.

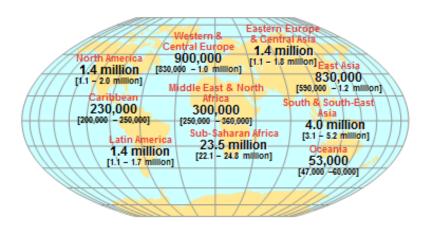


Figure 1. HIV Worldwide

Total: 34.0 (31.4 – 35.9) million

Source: Joint United Nations Programme on HIV/AIDS [UNAIDS]. (2012). Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva, Switzerland.

AIDS PANDEMIC

"We all have AIDS. ... The earth has AIDS"

Donald Berwick, CEO, Institute for Healthcare Improvement

The epidemic began in the late 1970's, peaking in 1997, now fewer people are becoming infected with HIV and fewer are dying from AIDS.

34.0 million were living with HIV in 2011 (69% in sub-Saharan Africa)

An estimated 3.3 million children (under age 15) worldwide were living with HIV in 2011.

New Infections: 2.5 million in 2011

1.7 Million Deaths in 2011
Worldwide: Leading cause of
death for adults 15-59

Women and girls account for more than half of all people living with HIV worldwide.

Young people aged 15-24 account for an estimated 45% of all new HIV infections worldwide.

75% are heterosexual transmissions

UNAIDS Report on the Global AIDS Epidemic - 2012

HIV Infection at a Glance in the United States by Race/Ethnicity and Gender, 2011

Overall, HIV/AIDS has had a devastating impact on minorities in the United States. Racial and ethnic minorities accounted for 70% of newly diagnosed cases of HIV infection in 2011.² The rate for blacks (112.8) was more than 7 times as high as the rate for whites (14.5) and more than twice as high as the rate for Hispanics/Latinos (43.4). Relatively few cases were diagnosed among Asian, American Indian/Alaska Native, and Native Hawaiian/other Pacific Islander males, although the rates for American Indian/Alaska Native males (18.0) and Native Hawaiian/other Pacific Islander males (34.2) were higher than that for white males (Table 1). Female adults and adolescent rates are significantly disproportioned also; the rate (HIV infection cases per 100,000 population) for blacks (40.0) was nearly 20 times as high as the rate for whites (2.0) and nearly 4 times as high as the rate for Hispanics/Latinos (7.9). Relatively few cases were diagnosed among Asian (2.3), American Indian/Alaska Native (5.5), and Native Hawaiian/other Pacific Islander females (3.9), although the rates for these groups were higher than the rate for white females (Table 1).

Table 1. Estimated Numbers of Cases and Rates (per 100,000 population) of HIV Infection, by Race/Ethnicity, Age Category, and Gender, in 2011 – United States*

Adults and Adolescents										
	Males		Females		Total					
Race/Ethnicity	No.	Rate	No.	Rate	No.	Rate				
White, not Hispanic	12,041	14.5	1,776	2.0	13,846	7.0				
Black, not Hispanic	16,447	112.8	6,595	40.0	23,168	60.4				
Hispanic	8,605	43.4	1,530	7.9	10,159	19.5				
Asian	821	13.8	153	2.3	982	6.5				
American Indian/Alaska Native	161	18.0	51	5.5	212	9.3				
Native Hawaiian/ Pacific Islander	70	34.2	8	3.9	78	15.3				
Total	38,825	30.8	10,257	7.7	49,273	15.8				

^{*} Source: Centers for Disease Control and Prevention. (2013). HIV Surveillance Report, 2011. Vol. 23, Table 1a

AIDS at a Glance in the United States by Race/Ethnicity and Gender, 2011

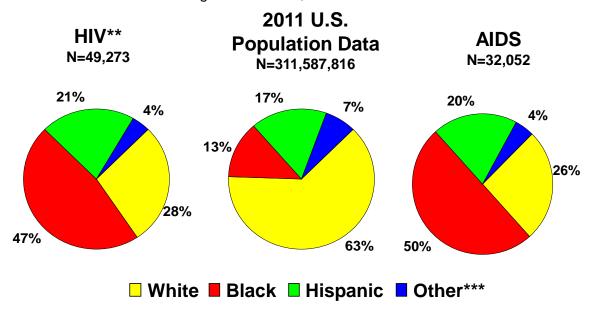
As was seen with HIV infection, there is also a significantly disproportion rate (AIDS cases per 100,000 population) of AIDS among male adults and adolescents by race/ethnicity. The rate for blacks/African Americans (72.9) was more than 8 times as high as the rate for whites (8.6) and more than twice as high as the rate for Hispanics/Latinos (26.3). Relatively few cases were diagnosed among Asian, American Indian/Alaska Native, and Native Hawaiian/other Pacific Islander males, although the rates for American Indian/Alaska Native males (12.1) and Native Hawaiian/other Pacific Islander males (19.7) were higher than that for white males (Table 2). Female adults and adolescent rates are significantly disproportioned also; the rate (AIDS cases per 100,000 population) for blacks/African Americans (32.2) was nearly 23 times as high as the rate for whites (1.4) and nearly 5 times as high as the rate for Hispanics/Latinos (5.9). Relatively few cases were diagnosed among Asian (1.3), American Indian/Alaska Native (4.0), and Native Hawaiian/other Pacific Islander females (3.4), although the rates for American Indian/Alaska Native and Native Hawaiian/other Pacific Islander females were higher than the rate for white females (Table 2).

Table 2. Estimated Numbers of Cases and Rates (per 100,000 population) of AIDS, by Race/Ethnicity, Age Category, and Gender, in 2011 – United States*

Adults and Adolescents										
	Males		Females		Total					
Race/Ethnicity	No.	Rate	No.	Rate	No.	Rate				
White, not Hispanic	7,101	8.6	1,202	1.4	8,304	4.2				
Black, not Hispanic	10,635	72.9	5,311	32.2	15,958	41.6				
Hispanic	5,223	26.3	1,130	5.9	6,355	12.2				
Asian	405	6.8	86	1.3	492	3.3				
American Indian/ Alaska Native	108	12.1	38	4.0	146	6.4				
Native Hawaiian/Pacific Islander	40	19.7	7	3.4	47	9.3				
Total	24,088	19.1	7,949	6.0	32,052	10.3				

^{*} Source: Centers for Disease Control and Prevention. (2013). HIV Surveillance Report, 2011. Vol. 23, Table 2a

Figure 3. Population and Estimated Numbers of Adult HIV and AIDS Cases by Race/Ethnicity Diagnosed in 2011, United States*



^{*} Source: U.S. data, CDC HIV surveillance report, vol. 23, Tables 1a & 2a, 2012 data not available

*** Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

HIV/AIDS among Blacks in the United States, 2011

Blacks are shown to be over-represented among HIV/AIDS cases in the United States. In 2011, blacks accounted for 47% of reported HIV cases and 50% of reported AIDS cases, but only represent 13% of the population (Figure 3). Black adults and adolescents had the highest rate of diagnosis among all racial and ethnic groups. The rates for blacks are at 60.4 cases per 100,000 population (Table 1), and 41.6 per 100,000 (Table 2). The rate of AIDS diagnoses for black adults and adolescents was 10 times the rate for whites and nearly 3 times the rate for Hispanics. The rate of AIDS diagnoses for black women was nearly 23 times the rate for white women. The rate of AIDS diagnoses for black men was nearly 9 times the rate for white men.¹

According to recent estimates, in the United States, blacks accounted for 44% (approximately 383,353 cases) of the estimated 872,990 people living with HIV/AIDS.^{2,3} Among black adolescent and adult males with AIDS, men who have sex with men (MSM) represented 31% of reported cases of exposure. Another common exposure for black men was injection drug users (IDU) at 49%. Among black adolescent and adult females, heterosexual contact has accounted for 65% of all HIV/AIDS cases and IDU for 24% of reported cases.³

^{**} HIV infection data are estimated reports from all 50 states with confidential name-based HIV infection reporting.

HIV/AIDS among Hispanics in the United States, 2011

In 2011, Hispanics accounted for 20% of reported HIV cases in men and 16% of those reported in women (Table 1). Similarly among AIDS cases reported in 2011, Hispanics accounted for 20% in men and 16% in women. Although Hispanics made up about 16% of the population in the United States, they accounted for 19% (approximately 165,159 cases) of the estimated 872,990 cases diagnosed since the beginning of the epidemic.³

Overall, Hispanics accounted for 17% (approximately 198,218) of people living with HIV/AIDS in 50 states in the U.S. in 2011. Among Hispanic adolescents and adult males with AIDS, male-to-male sexual contact (MSM) represented the most common mode of exposure for reported cases at 66%. The second most common mode of exposure for Hispanics was IDU at 17%. In females, the most prevalent mode of exposure for reported cases was high risk heterosexual contact (71%) and IDU (25%).³

HIV/AIDS among Asians/Pacific Islanders and American Indians/Alaska Natives in the United States, 2011

Asians account for one percent (approximately 8,789 cases) of the United States population living with HIV/AIDS in 2011. The most common mode of exposure for Asian adolescent and adult males with AIDS was MSM at 74% of reported cases. The second most common exposure mode for Asians was heterosexual contact (19%). In females, the most prevalent mode of exposure for reported cases was high risk heterosexual contact (92%) and IDU (6%).³

Native Hawaiian/Pacific Islanders accounted for <1% (883) of people living with HIV/AIDS in the United States. The most common mode of exposure for Native Hawaiian/Pacific Islander adolescent and adult males with AIDS was MSM at 77% of reported cases. The second most common mode of exposure for Native Hawaiian/Pacific Islanders was IDU (7%). Women reported high risk heterosexual contact accounts of 57% and other (includes hemophilia, blood transfusion, and risk factor not reported or not identified) of 43% as reported cases of mode of exposure.³

American Indians/Alaska Natives accounted for <1% (3,741) of people living with HIV/AIDS in the United States. Among American Indians/Alaska Natives adolescent and adult males with AIDS, MSM represents the most common mode of exposure for reported cases at 60%. The second most common mode of exposure for American Indians/Alaska Natives was IDU (9%). In addition, high risk heterosexual contact accounts for (28%), IDU for (30%), and other (Includes hemophilia, blood transfusion, and risk factor not reported or not identified) for (41%) of reported cases in women.³

Quick Points about the HIV/AIDS Epidemic among Racial/Ethnic Groups in Florida

Non-Hispanic White

- Through 2012, the rate for white men living with HIV/AIDS was 520.3 and was 91.5 per 100,000 population for white women (Figure 5).
- In 2012, whites accounted for 35% of HIV cases and 28% of AIDS cases among men. Among women, whites accounted for 18% of HIV cases and 15% of AIDS cases (Figures 9 and 10).
- Male-to-male sexual contact (MSM) risk among white men was the dominant mode of transmission of HIV infection, representing 84% of PLWHA through 2012 (Figures 13).
- Per 2011 U.S Census data, 6.4% of whites living in Florida were unemployed, 9.7% of whites in Florida lived below poverty level, and 19.2% lacked health insurance; all important indicators that socioeconomic status (SES) is associated with the occurrence of disease.⁴
- There were 923 resident deaths for HIV/AIDS in 2012, of which 218 (24%) were white.

Non-Hispanic Black

- Through 2012, the rate for black men living with HIV/AIDS was 2478.6 and was 1633.7 per 100,000 population for black women (Figure 5).
- In 2012, blacks accounted for 38% of HIV cases and 46% of AIDS cases among men. Among women, blacks accounted for 66% of HIV cases and 71% of AIDS cases (Figures 9 and 10).
- Male to male sexual contact (MSM) risk among black men was the dominant mode of transmission of HIV infection, representing 44% of PLWHA through 2012 (Figures 13).
- Per 2011 U.S Census data, 11.9 % of blacks living in Florida were unemployed, 29.6% of blacks in Florida lived below poverty level, and 25% lacked health insurance; all important indicators that socioeconomic status (SES) is associated with the occurrence of disease.⁴
- There were 923 resident deaths for HIV/AIDS in 2012, of which 576 (62%) were black.

Hispanic

- Through 2012, the rate for Hispanic men living with HIV/AIDS was 911.5 and was 214.6 per 100,000 population for Hispanic women (Figure 5).
- In 2012, Hispanics accounted for 25% of HIV and 24% of AIDS cases among men. Among women, Hispanics accounted for 15% in HIV and 12% in AIDS cases (Figures 9 and 10).
- Male to male sexual contact (MSM) risk among Hispanic men was the dominant mode of transmission of HIV infection, representing 74% of PLWHA through 2012 (Figures 13).
- Per 2011 U.S. Census data, 8.6% of Hispanics in Florida were unemployed, 22.7% lived below poverty level, and 33.0% lacked health insurance; all important indicators that socioeconomic status (SES) is associated with the occurrence of disease.⁴
- There were 923 resident deaths for HIV/AIDS in 2012, of which 113 (12%) were Hispanic.

American Indian

- The HIV case rate ratio for American Indian men to women was 2.8:1 through 2012.
- Per 2011 U.S. Census data, 25.6% of American Indians living in Florida lived below poverty level, which is an important indicator of socioeconomic status (SES) is associated with the occurrence of disease.⁴
- There were 923 resident deaths for HIV/AIDS through 2012, of which <1% were American Indian.

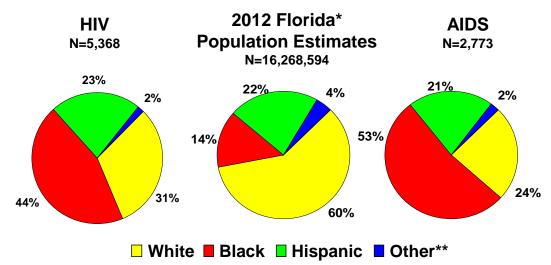
Asian/Native Hawaiian/Pacific Islander

- HIV case rate ratio for Asian women to men was 4.2:1 through 2012.
- Per 2011 U.S. Census data, 12.4% of Asians living in Florida were below poverty level, an important indicator of socioeconomic status (SES) is associated with the occurrence of disease.⁴
- There were 923 resident deaths for HIV/AIDS in 2012, of which <1% were Asian.

Florida Population Estimates and Adult HIV and AIDS Cases, 2012

In 2012, Florida's estimated population was over 16 million people and minorities only represented 40% of the population, but account for 76% of AIDS cases and 69% of HIV cases. Figure 4 illustrates the great disparity in the population and provides a general detail of the disproportions.

Figure 4. Florida Population Estimates and Adult HIV and AIDS Cases by Race/Ethnicity, Reported in 2012, Florida



^{*} Source: Population estimates are provided by Florida CHARTS as of 01/04/2013.

^{**} Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

Persons Living with HIV/AIDS in Florida, 2012

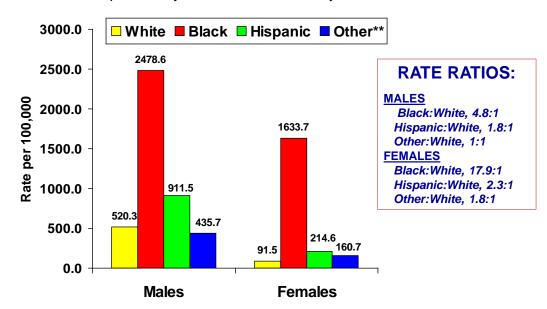


Figure 5. Reported Persons Living with HIV/AIDS (PLWHA) Case Rates* per 100,000 Population by Sex and Race/Ethnicity, Florida, 2012

HIV/AIDS among Minority Groups by Race/Ethnicity and Gender in Florida, 2003 – 2012

Throughout the 1980s, adult AIDS cases in Florida were predominately white. In 1993, black HIV/AIDS cases began to surpass those of whites. Since the early 1990s the percentage of AIDS among blacks has remained close to 50%. Since 2003, the percentage of AIDS cases among Hispanics has steadily increased towards 20% (Figure 6).

In 2012, 2,773 adult AIDS and 5,368 adult HIV cases were reported in Florida. Florida ranked second in the nation, in HIV/AIDS cases (Figure 4). The distribution of cases among some racial/ethnic groups is disproportionate to the distribution of the general population. Within Florida's population; 53% of AIDS cases are among blacks, 24% are among whites, 21% among Hispanics. In absolute numbers, from 2003 to 2012, the proportion of adult HIV cases decreased by 10% among blacks. In contrast, increases were observed among both white (11%) and Hispanic (21%) HIV infection cases over this same time period (Figure 6). The decline among blacks may correspond to recent targeted prevention, while the increases among whites may be associated with recent increases in HIV transmission among the white MSM population (Figure 6).

^{*} Source: Population estimates are provided by Florida CHARTS as of 01/04/2013.

^{**} Other includes Asian/Pacific Islanders and Native Alaskans/American Indians and mixed races.

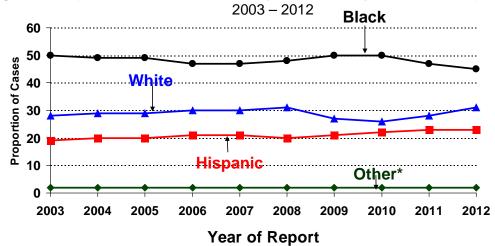
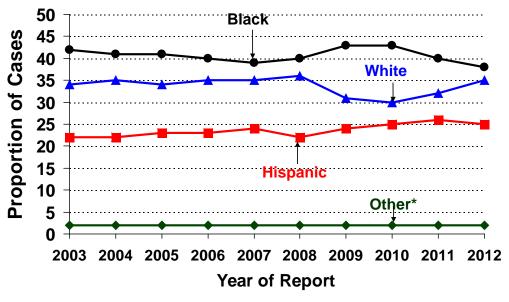


Figure 6. Proportion of Adult HIV Cases, by Race/Ethnicity and Year of Report, Florida,

Over the past ten years, black men represented the majority (> 38%) of male HIV infection cases. From 2003 to 2012, the percentage of male HIV cases increased by 3% among whites and by 14% among Hispanics. In contrast, the percentage of black male HIV cases decreased by 10% over the same time period (Figure 7).

Figure 7. Proportion of Adult Male HIV Cases, by Race/Ethnicity and Year of Report, Florida, 2003 – 2012



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

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

As with AIDS cases (data not shown), HIV case disparities are more evident among women than men. For the past ten years, black women represented over 64% of the cases each year. From 2003 to 2012, the proportion of black female HIV cases has decreased by 4% (Figure 8). In contrast, increases were observed among white female HIV cases (20%) and Hispanic female HIV cases (15%) over this same time period (Figure 8).

·····Black······ **Proportion of Cases** Other **Year of Report**

Figure 8. Proportion of Adult Female HIV Cases, by Race/Ethnicity and Year of Report, Florida, 2003 – 2012

HIV/AIDS among Minority Groups by Gender and Race/Ethnicity in Florida, 2012

In 2012, minorities accounted for 65% of the 4,168 males reported HIV cases in Florida. Black males accounted for (38%) of cases, Hispanic males accounted for (25%) of cases and other males accounted for (2%) of cases. Among females, 82% of HIV cases were reported among minorities. Of the adult female HIV cases, black females accounted for (66%) of cases, while Hispanic females accounted for (15%) of cases and other females accounted for (1%) of cases (Figure 9).

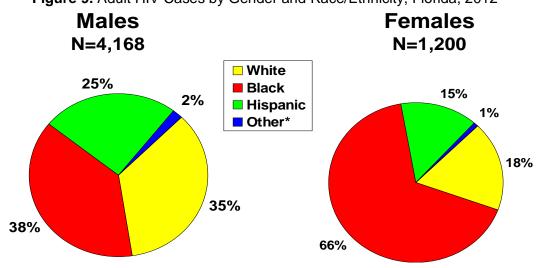


Figure 9. Adult HIV Cases by Gender and Race/Ethnicity, Florida, 2012

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

^{*} Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

Minorities account for 72% of the 1,978 males reported AIDS cases in Florida. Black males accounted for (46%) of cases, Hispanic males accounted for (24%) of cases and other males accounted for (2%) of cases. Among females, 85% of AIDS cases were reported among minorities in 2012. Of the adult female AIDS cases, black females accounted for (71%) of AIDS cases, while Hispanic females accounted for (12%) of cases and other females accounted for (2%) of cases (Figure 10). Although minorities represent less than 40% of the total Florida population, blacks represent more than half of the adult AIDS cases (Figure 4).

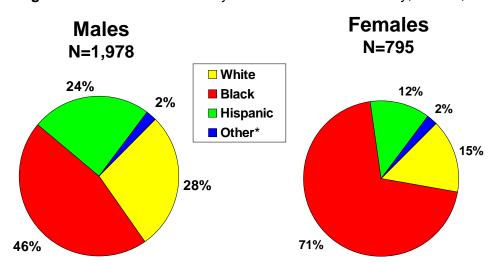


Figure 10. Adult AIDS Cases by Gender and Race/Ethnicity, Florida, 2012

HIV/AIDS among Minority Groups by Age and Race/Ethnicity in Florida, 2012

A total of 98,530 adults living with HIV/AIDS have been reported in Florida through 2012. Seventy percent (69,202) of the cases have been among males. The distribution of these cases by age group shows that across all race/ethnicity groups, the 40–49 age group has been most heavily affected by HIV/AIDS (Figure 11). In the 40-49 age group, white males accounted for more HIV/AIDS cases than black and Hispanic males, which reflect the fact that until the early 1990s white males represented more cases of AIDS among men than any other racial/ethnic group in Florida.

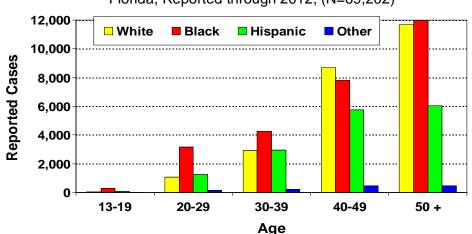
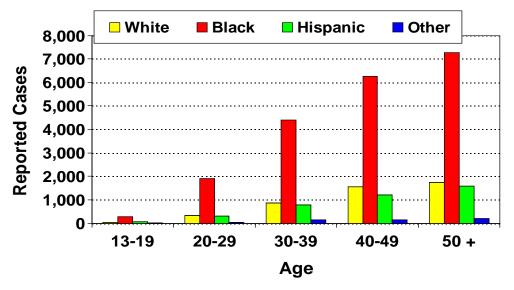


Figure 11. Adult Males Living with HIV/AIDS by Current Age Group and Race/Ethnicity, Florida, Reported through 2012, (N=69,202)

^{*} Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

For females, HIV/AIDS disproportionately affects blacks across all age groups. The disproportion is most alarming in the 30–39, 40-49, and 50+ age groups.

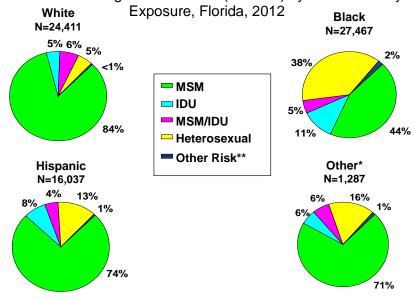
Figure 12. Adult Females Living with HIV/AIDS by Current Age Group and Race/Ethnicity, Florida, Reported through 2012, (N=29,089)



HIV/AIDS among Minority Groups by Race/Ethnicity and Mode of Exposure in Florida, 2012

MSM have consistently accounted for the greatest number of males living with HIV/AIDS (PLWHA) (Figure 13). Of the 27,467 black males PLWHA, 44% were MSM, 38% were exposed via heterosexual contact, and 11% were IDU. Of the 16,037 Hispanic males PLWHA, 74% were reported as MSM and only 13% were classified via heterosexual risk; a very different picture when compared to black males. White males PLWHA have the smallest proportion of heterosexual risk.

Figure 13. Adult Males Living with HIV/AIDS (PLWHA) by Race/Ethnicity and Mode of



^{*} Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

^{**} Other Risk includes hemophilia, transfusion, perinatal and other pediatric risks as well as other confirmed risks.

Among females living with HIV/AIDS (PLWHA), the distribution of risk among whites differs from that among blacks and Hispanics. Heterosexual contact is the primary risk among all races but among white females, IDU shows a higher role with transmission (29%) (Figure 14). Among black females PLWHA, 87% reported heterosexual contact and 10% reported IDU. Among Hispanic females PLWHA, 85% reported heterosexual contact and 12% reported IDU. White females PLWHA have the largest proportion of IDU risk.

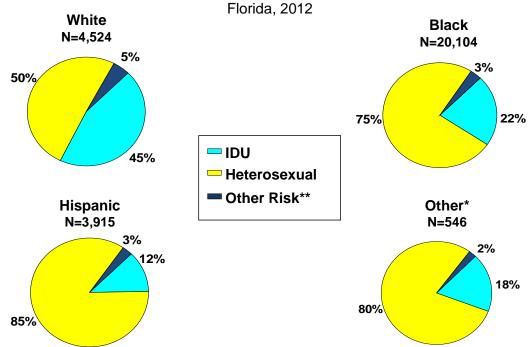


Figure 14. Adult Females Living with HIV/AIDS by Race/Ethnicity and Mode of Exposure,

Conclusion

In summary, HIV/AIDS has had a devastating impact on minorities in the United States. Racial and ethnic minorities account for 70% of newly diagnosed cases of HIV infection in 2011. As of 2012, Florida's estimated adult and adolescent population was over 16 million people and minorities only represented 40% of the population, yet account for 69% of newly reported HIV infection cases and 76% of newly reported AIDS cases. Statewide HIV/AIDS data suggest that special attention is still warranted in the continued effort to curtail the spread of HIV/AIDS among minorities.

Additional information and resources regarding HIV/AIDS in Florida among black/African Americans, Hispanic Americans, American Indians, Alaska Natives, Asian Americans, Native Hawaiians and Pacific Islanders can be found by accessing this website: http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-slide-sets.html

 $^{^{\}star}$ Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and mixed races.

^{**} Other Risk includes hemophilia, transfusion, perinatal and other pediatric risks as well as other confirmed risks.

References

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