HIV/AIDS among Haitian Born Blacks
Epidemiological Profile
Florida 2006

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Impact of HIV/AIDS among Haitians

The Republic of Haiti

According to the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), the average adult HIV prevalence in the Caribbean at the end of 2006 was 250,000. Nearly three-quarters of the 250,000 people living with HIV/AIDS in the Caribbean, reside between Haiti and the Dominican Republic. While HIV infections have remained stable in the Dominican Republic, they have declined in urban parts of Haiti, other trends suggest that both countries still need guard against any resurgence (UNAIDS).

At the end of 2006 there were 280,000 people in Haiti living with HIV. The average adult HIV prevalence exceeds 5.6% (est. pop size 100,000) in Haiti. HIV/AIDS prevalence has decreased among women living in Haiti’s rural capital, Port au-Prince, but this decline is not seen in other rural areas of Haiti or among young pregnant women (UNAIDS). AIDS has become the leading cause of death in the Caribbean among adults aged 15-44 years. In 2010, AIDS is projected to reduce the life expectancy at birth in Haiti by ten years, going from the low 60s to the low 50s (figure 1). Unfortunately for Haiti, the HIV epidemic is not an isolated event. Haiti has the lowest figures in all the basic health and development indicators. Tuberculosis and Malaria also pose significant public health threats to the island nation. Along with HIV/AIDS, Haitians represent the main driving forces behind the high maternal, infant and adult mortality, and the overall high morbidity rates observed in Haiti.

Figure 1: Life expectancy at birth with and without AIDS for Selected Caribbean Countries: 2010

Source:
AIDS epidemic update December 2004, UNAIDS/WHO

Florida Haitian Epidemiological Profile- 2006
The HIV/AIDS Epidemic Among Haitians in Florida

Each year, the Florida Department of Health, Bureau of HIV/AIDS does an epidemiological profile on HIV/AIDS in the black community. Due to the vast number of immigrants located in Florida, specifically South Florida, a more detailed profile of the Haitian population has been completed for the state.

Through 2006, there were 40,064 black people living with HIV/AIDS (PLWHAs) in Florida (figure 3). There is an estimated 18 million people residing in Florida, and Haitian born individuals make up 319,229 (1%) of Florida’s total population, according to the American Community Survey (figure 2). However, Haitian born individuals account for 6,209 (15%) of black PLWHAs.

Among the HIV/AIDS cases prevailing in Florida, the bulk of cases reside in the southern counties which include: Broward, Dade and Palm Beach. These counties have the largest
Haitian, Bahamian, and Jamaican populations. Among the counties, Palm Beach County ranks highest (28%) in HIV/AIDS cases among Haitians (figure 3).

**Figure 4: Black Foreign Born, HIV/AIDS cases: by Country of Birth and Year of report, Florida 1997-2006**

In 1997, an estimated 800 HIV/AIDS cases in foreign born individuals was ranked in the following order: Haitian, Bahamian, and Jamaican. Compared to the total number of foreign born cases; Haitians have the largest number of cases, which is in any year at least four times greater than black foreign born cases from other countries (figure 4).

**Figure 5: Black Foreign Born, HIV/AIDS cases by Country of Birth and Year of Death, Florida, 1997-2006**

The data demonstrates annual decreases in deaths, which may be a result of drug treatment, prevention methods, and patient care initiatives. Compared to the total number of deaths among black foreign born cases; Haitians hold the largest number of cases per death than other Caribbean countries of birth (figure 5).
In Florida, the male-to-female ratio of Haitian born persons diagnosed with AIDS varied over time (figure 6). The highest difference resulted in 1999 when the ratio increased to approximately 3:1. This means that for every three Haitian male AIDS cases, there was approximately one Haitian female AIDS case reported. The average male-to-female ratio of AIDS cases from 2000-2004 was approximately two males to one female (1.8:1). Case data for 2006 demonstrates that the ratio for male to female is almost equal, 1:1.

Although the male to female ratio is slightly lower in HIV cases, there is a significant shift among both genders between the years 2003-2004, where the incidence in female cases exceeded male cases (figure 7). Since HIV data represents more recent infections, this data indicates a significant increase of HIV infections among females than among males.
Among males, the 50+ age group had the highest percentage of HIV/AIDS cases at 43%. Among females, the age group 40 – 49 had the highest percentage of cases at 36% (Figure 8). In the United States, the most prevalent age group for HIV/AIDS is 15-25 (data not shown); however, in Florida it is more prevalent in age groups 40+ in both male and female Haitian born HIV cases (figure 8).

**Figure 9: Adult male black PLWHA’s by selected country of birth and mode of exposure alive and reported through 2006, Florida**

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Among the black males born in the United States, Haiti and Jamaica, figure 9 shows the relative mode of risk is heterosexual contact. This mode has been shown to be most common mode of transmission in the country of Haiti. MSM is another key mode of exposure in the United States and Jamaica.

**Figure 10: Adult female black PLWHA’s by selected country of birth and mode of exposure alive and reported through 2006, Florida**

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>IDU</th>
<th>Heterosexual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Born</td>
<td>1%</td>
<td>15%</td>
<td>84%</td>
</tr>
<tr>
<td>Haiti</td>
<td>1%</td>
<td>97%</td>
<td>2%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>1%</td>
<td>96%</td>
<td>3%</td>
</tr>
<tr>
<td>N=13,467</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=2,677</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>N=246</td>
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</tbody>
</table>

The most common mode of exposure when comparing the US, Haitian and Jamaican females is heterosexual contact. Haitian females (figure 10) compared to U.S born and Jamaican born females, were less likely to have injection drug users as a mode of exposure.

**Geographical Distribution of AIDS Cases among Haitians**

**Figure 11: Living Black PLWHAs by Country of Birth, Reported through 2006 Florida and South Florida counties**

- **Florida (N=40,064)**
  - US Born 80%
  - Haiti 15%
  - Jamaica 2%
  - Other/Unknown 3%
- **Miami-Dade (N=10,420)**
  - US Born 71%
  - Haiti 23%
  - Jamaica 2%
  - Other/Unknown 4%
- **Broward (N=6,401)**
  - US Born 71%
  - Haiti 21%
  - Jamaica 4%
  - Other/Unknown 4%
- **Palm Beach (N=4,387)**
  - US Born 69%
  - Haiti 28%
  - Jamaica 1%
  - Other/Unknown 2%
A total of 6,209 Haitian PLWHA HIV/AIDS cases have been reported in Florida through 2006 (figure 11); of which the majority of cases (81%) were located in Broward, Dade, and Palm Beach Counties.

**Figure 12: Adult Black Persons Living HIV/AIDS Cases (PLWHAs) by Selected Country of Birth, Reported through 2006, (excluding DOC).**

Of the total adolescent and adult cases of HIV/AIDS reported in Florida through 2006 (excluding Department of Correction), 15% (6,167 cases) are presumed to be Haitian born PLWHAs, while 2% (657 cases) are Jamaican born. Figure 12 shows that the majority of all cases reside in the southern most counties of Florida, which include: Broward, Dade, and Palm Beach. Although, prevalent cases among the Haitian and Jamaican population reside in the southern most part of the state, there are still many existing cases throughout the state of Florida.

**Figure 13: Percent of PLWHAs by Country of Birth among Non-U.S Born Blacks (N=7,929) Alive & reported through 2006 by Area, Florida.**
When comparing percentages of Haitian PLWHAs cases to other countries of birth in Florida, figure 13 illustrates that Haitian cases may be dominate in Area 11 (Dade county) by numbers, but not dominate when looking at percentages to Area 8 or 15 (St. Lucie). The figure also illustrates that Jamaican PLWHAs cases are also dominate in different regions such as Area 3 (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union), Area 12 (Flagler and Volusia) and Area 13 (Citrus, Lake, Marion, and Sumter).

**Conclusion**

Although, the rates in the Caribbean have made a significant decrease in HIV/AIDS cases, there is still much effort needed to keep these rates stable and declining even more. With the Haitian population standing at 1% of the total population in Florida and approximately .05% of the US population, but making up 19% of the HIV/AIDS cases; much effort still needs to be done in order to decrease prevalence in these communities. The most effective programs for reaching the Haitian population are comprehensive, interactive/ objective strategies for delivering prevention messages. Comprehensive programs should be: culturally competent, have clearly defined audiences, objectives, interventions, and be based in behavioral and social science theory and research. The Metro Boston Haitian REACH 2010 HIV Coalition listed several curricula that have been successful (www.ccher.org). Since the main mode of transmission for both men and women is heterosexual contact, focusing on altering HIV-risk behaviors would be the most beneficial.