

Executive Summary

In 2001, 271,380 HIV tests were conducted at Florida's registered testing sites, representing a 10.7% increase (about 26,000 tests) over the previous year and a new record high in the history of Florida's counseling and testing program. This large increase was comprised entirely of confidential tests, as anonymous testing actually decreased. Declines in testing were also recorded in three major risk groups: MSM, IDU and Sex Partner At Risk. By far, persons identifying heterosexual sex as their highest risk accounted for the majority of the increase in testing, with a much smaller increase recorded in the STD Diagnosis risk group. Looking at the demographic data, 2001 was characterized by large increases in testing among both Hispanics and blacks. Substantial increases were also recorded in every age group, with the exception of children under 13. Testing with OraSure increased by nearly 44% (about 19,000 tests), and accounted for 23% of all HIV tests conducted in 2001.

The number of positive HIV tests recorded increased by 24.4% in 2001, bumping the overall positivity rate up to 2.4% from 2.1% in 2000. Despite declines in testing, MSM accounted for 25.7% of all positive tests reported in 2001, yielding a positivity rate of 10.2% (9.6% when combined with IDU). While heterosexuals accounted for 21.7% of positive tests, the resulting positivity rate for this risk group was only 1.1%. Positivity rates continued to rise among adults over age 30, while remaining relatively low among younger age groups. Positivity rates were also significantly higher among blacks and Hispanics as compared to whites. These racial-ethnic discrepancies were generally exacerbated by older age (>30) and female sex. Minority MSM and IDU also continued to experience higher positivity rates than their white counterparts. The overall positivity rate with OraSure was 3.1%, and analysis indicated that an increasing number of counties were able to achieve higher positivity rates with OraSure than with traditional blood testing.

Since 1985, when the Florida Department of Health began collecting data on HIV testing at registered testing sites across the state, over 3.1 million anonymous and confidential tests have been conducted. Today, over 1,400 public and private sites are registered with the Department of Health to provide HIV counseling and testing services. Social and demographic data, including risk behaviors, are collected at these sites, and are compiled along with test results by the Early Intervention Section of the Bureau of HIV/AIDS in Tallahassee. While this database is currently not unduplicated, and as such cannot be used to provide data on the number of individuals tested, it does constitute a record of the number of tests conducted. It is a crucial source of information about the nature and direction of the epidemic, and is used to inform and evaluate HIV prevention activities and policy making at the state and local level.

Trends in HIV Testing

Figures 1a and 1b show testing trends in Florida between 1985 and 2001. Testing levels increased rapidly through the early 1990s. After 1992, the number of tests performed increased slowly, peaking at just over 255,000 in 1996. Then, in both 1997 and 1998, testing volume dropped by over 13,000 (approximately 5% per year). A small increase in 1999 was followed by much larger increases in 2000 and 2001, and testing levels are now at their highest in five years. In contrast, positivity rates dropped sharply in the 1980s, as more and more people at relatively lower risk began to be tested, and have remained generally stable throughout the 1990s. In 2001, the overall positivity rate was 2.4% --14% higher than that reported in 2000 (2.1%). The actual number of positive tests identified each year has also declined at a relatively steady rate since peaking in 1991, although small increases have been recorded since 1999.

Figure 1a. HIV Tests Conducted in Florida and Seropositivity Rates, 1985-2001

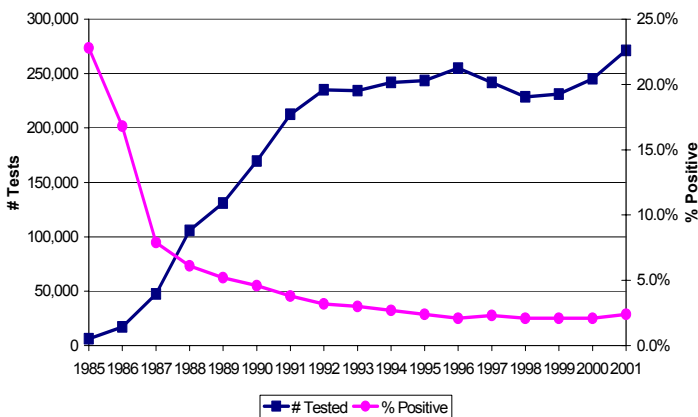


Figure 1b. HIV Positive Tests in Florida and Seropositivity Rates, 1985-2001

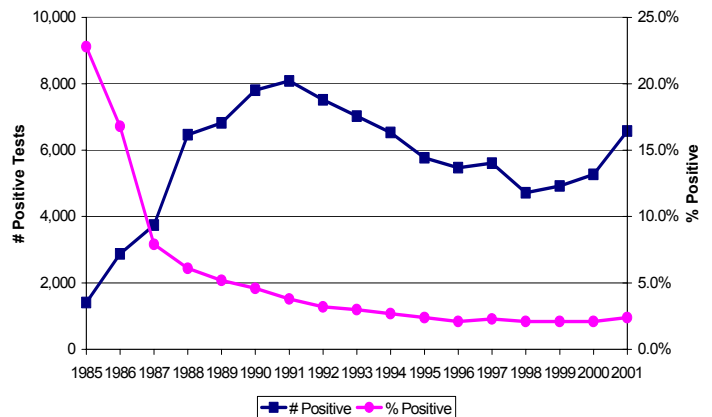
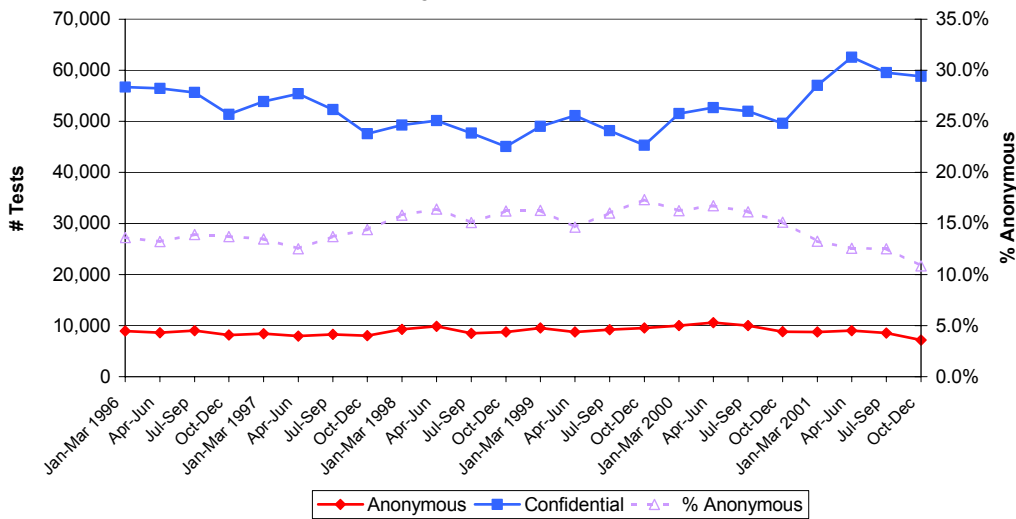


Figure 2 compares testing levels at anonymous and confidential sites by quarter, from January 1996 through December 2001. Some observable patterns may be seasonal or related to specific events; National HIV Testing Day occurs annually on June 27, and sharp increases in testing numbers have been recorded in the weeks around this event. Increasing levels of confidential testing are most apparent in the first two quarters of 1997 and 1998, followed by stronger declines in the third and fourth quarters. The same upward and downward trend occurred in 1999, but with little overall effect on annual testing totals. In 2000, the late year downward trend was not as strong as first and second quarter gains, resulting in an overall increase in testing that year. The same thing happened in 2001, where large increases in the

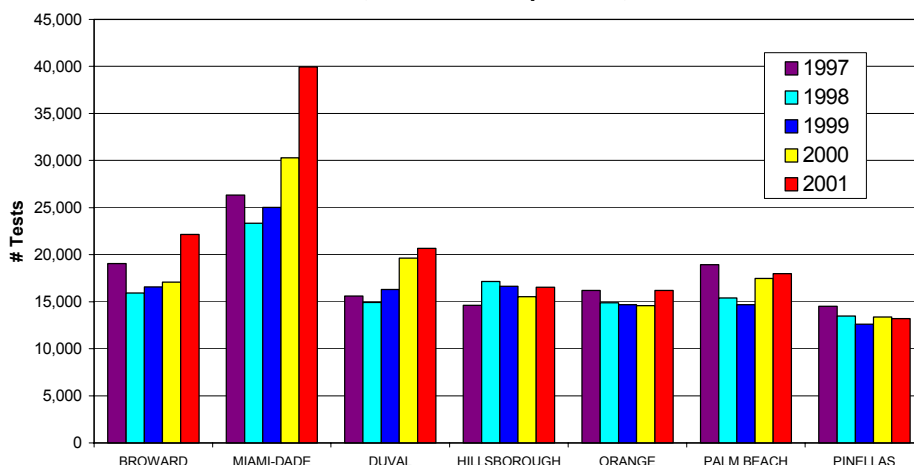
Figure 2. Number of HIV Tests Completed at Anonymous and Confidential Sites in Florida, January 1996-December 2001



first and second quarters were followed by relatively moderate declines in the third and fourth quarters. In contrast, quarterly levels of anonymous testing have remained fairly stable over most of this period (average=8,900 tests/quarter), however, a sizeable decline did occur in the last quarter of 2001. Due to declines in confidential testing, the proportion of testing which was anonymous increased throughout 1997, and again in the latter half of 1999. 2000 and 2001 show a return to much lower levels, caused in large part by strong increases in confidential testing. Anonymous testing accounted for 10.9% of all tests conducted in the last quarter of 2001, down from 15.1% in the last quarter of 2000.

Figure 3 shows trends in testing among some of the larger counties in Florida. Taken together, Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, and Pinellas counties account for 52% of all HIV tests conducted between 1997 and 2001. Between 1997 and 1998, the level of testing in these seven counties fell by 5.5% (over 10,000 tests); Broward, Palm Beach and Miami-Dade counties all experienced declines of over 10%. By 2000, statewide testing levels

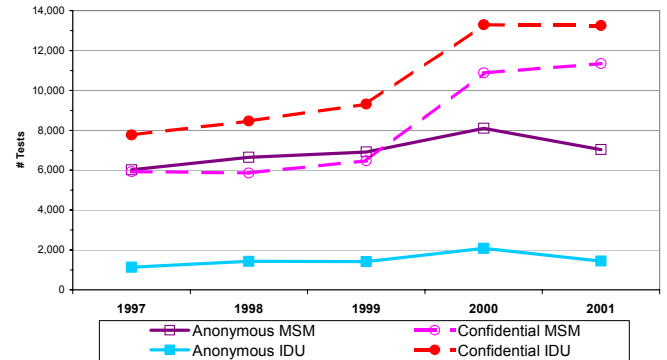
Figure 3. HIV Testing Levels Among Florida Counties that Perform More than 10,000 HIV Tests per Year, 1997-2001



were again on the rise, with substantial contributions made by Miami-Dade, Duval, and Palm Beach counties. 2001 saw even greater increases, particularly in Miami-Dade and Broward counties (up 32% and 30%, respectively).

Figure 4a displays trends in anonymous and confidential testing within two high-risk groups: men who have sex with men (MSM)¹ and injecting drug users (IDU). Between 1997 and 1998, roughly equal numbers of anonymous and confidential tests were administered to MSM. However, confidential testing in this risk group increased dramatically in 2000, while anonymous testing showed a much smaller increase. In 2001, confidential testing among MSM continued to increase, while anonymous testing actually declined.

Figure 4a. Number of HIV Tests Completed at Anonymous and Confidential Sites, MSM and IDU Risk Groups, 1997-2001



Among injecting drug users (IDU), levels of anonymous testing have consistently been much lower than levels of confidential testing. Anonymous testing among IDU was steady over this time period, with a slight increase in 2000 followed by an equivalent decrease in 2001. Confidential testing among IDU followed a pattern very similar to that of MSM: a steady rise from 1997 to 1999, followed by an impressive increase in 2000. Confidential testing remained at this higher level in 2001.

Figure 4b. Number of HIV Tests Completed at Anonymous and Confidential Sites, Heterosexual Risk Group, 1997-2001

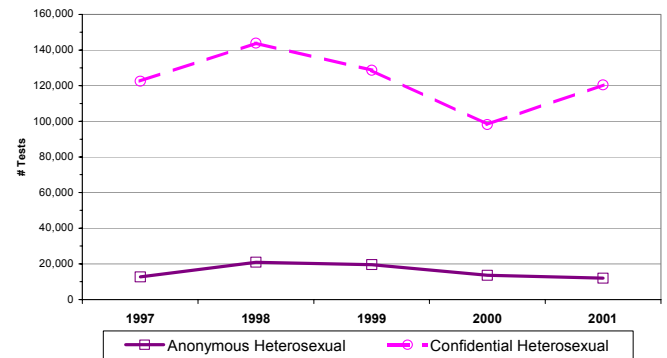


Figure 4b shows anonymous and confidential testing trends among those who identified heterosexual sex as their highest risk. The number of confidential tests administered in this risk group rose steadily throughout the mid-1990s and peaked in 1998. Surprisingly, testing levels dropped considerably in 1999 and 2000, but resumed an upward track in 2001. The trend for heterosexuals testing anonymously has been less variable; testing levels peaked at just over 20,000 in 1998, then declined gradually over the next three years to just under 12,000 in 2001. This high-volume, typically low-risk group annually accounts for a very large proportion of all HIV tests. Between 1997 and 1998, the proportion of confidential tests where heterosexual sex was identified as the highest risk increased from 59% to 75% (data not shown). However, by the end of 1999 that percentage had fallen to 68%, and by the end of 2001, to 51% of tests. In the mid 1990s, the proportion of anonymous tests where heterosexual sex was identified as the highest risk varied between 25-32%, but following a pattern similar to confidential testing among heterosexuals, that share had risen to 57% by the end of 1998, and remained above 50% in 1999. However, in 2000 and 2001 the proportion of anonymous tests accruing to this risk group had returned to lower levels (34% and 36%, respectively).

The overall decline in testing observed in the latter half of the 1990s might be explained by the historical progression of the epidemic. A natural decline in testing levels may be expected as

¹ The MSM category here includes MSM who are intravenous drug users (MSM/IDU).

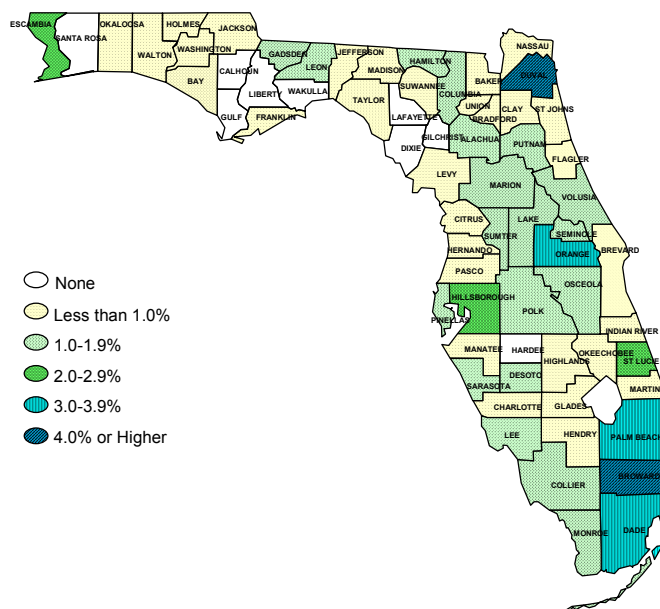
the proportion of the population who know their HIV status increases over time relative to the proportion of the population who do not. The accessibility and acceptance of HIV testing has also changed considerably since the beginning of the epidemic. In the early years, a high proportion of HIV testing occurred in the health department. Over time, HIV testing became a routine procedure in more and more situations outside of the health department--blood donation, routine doctor visits, prenatal care, application for insurance, application for military service or employment, etc. The increased presence of private laboratories and home testing methods has also diminished the untested population base from which the health department can draw.

Approximately 70% of persons with HIV in Florida know they are infected (based on estimates from the Centers for Disease Control and Prevention). Since 1999, the Department of Health has focused on increasing that proportion. A variety of strategies have been pursued, including: increased use of OraSure in outreach settings; broader use of incentives; improved risk assessment and targeted testing; increased testing in correctional settings; increased emphasis on partner counseling and referral services; expansion of non-traditional, community-based testing programs; collaboration with STD on HIV testing in relation to syphilis elimination strategies; implementation and expansion of Targeted Outreach to Pregnant Women Act (TOPWA) and IDU prevention programs; and a social marketing campaign encouraging persons at risk for HIV to be tested. These strategies may have led to the 18.8% increase in testing between 1998 and 2001. In early 2001, the Bureau of HIV/AIDS adopted several goals that will continue to guide our prevention, early intervention, and care efforts. One of those goals is to increase the proportion of HIV-infected persons who know their status from 70% to 95% by 2005. It is hoped that these strategies and initiatives will help us achieve that goal.

HIV Counseling and Testing in 2000

In 2001, a total of 271,380 HIV tests were performed at registered HIV testing sites in Florida. Of these, 6,571 were positive, resulting in an overall positivity rate of 2.4%. Positivity rates for individual counties are shown in Figure 5. Broward County had the highest proportion of positive tests in 2001 (4.7%), followed by Duval County (4.0%), Palm Beach County (3.9%), Miami-Dade County (3.8%), and Orange County (3.5%). A total of seven counties reported positivity rates higher than the state average for 2001. Nine counties reported no positive HIV tests in 2001.

Figure 5. HIV Seropositivity Rates by County, 2001



As always, these data should be viewed critically; while low positivity rates may be an accurate representation of HIV prevalence in a given area, they may also indicate that high-risk populations are not being reached. Conversely, high positivity rates could indicate access by high-risk populations, or they might be a result of operational factors, e.g., a standard recommendation that all clients receiving a positive result retest. More detailed counseling and testing data for individual counties or areas are available from the Early Intervention Section.

Race/Ethnicity

The distribution of HIV testing across racial/ethnic groups changed somewhat between 2000 and 2001, with minority groups claiming slightly higher proportions of all tests in 2001. Just over 40% of all tests (110,562) were performed on persons who identified themselves as non-Hispanic white, as compared to 101,492 (37.4%) for non-Hispanic blacks and 46,023 (17.0%) for Hispanics (Figure 6a). However, with a positivity rate of 1.3%, whites accounted for only 22.5% (1,481) of all positive tests (Figure 6b). In contrast, blacks accounted for 58.2% (3,882) of positive tests, resulting in a positivity rate of 3.8%. Among the Hispanic population, the proportion of positive tests (13.3% or 876) was more consistent with their testing level, and the positivity rate for this group was 1.9%. Testing of Asians, Native Americans, and other

Figure 6a. Total HIV Tests by Race/Ethnicity, Florida, 2001 (N=271,380)

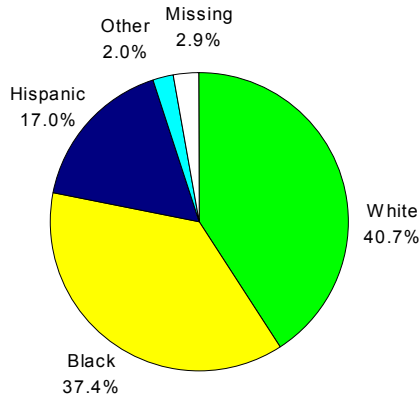


Figure 6b. HIV Positive Tests by Race/Ethnicity, Florida, 2001 (N=6,571)

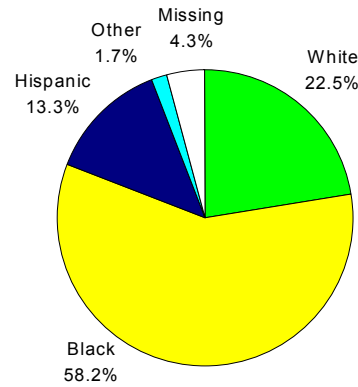
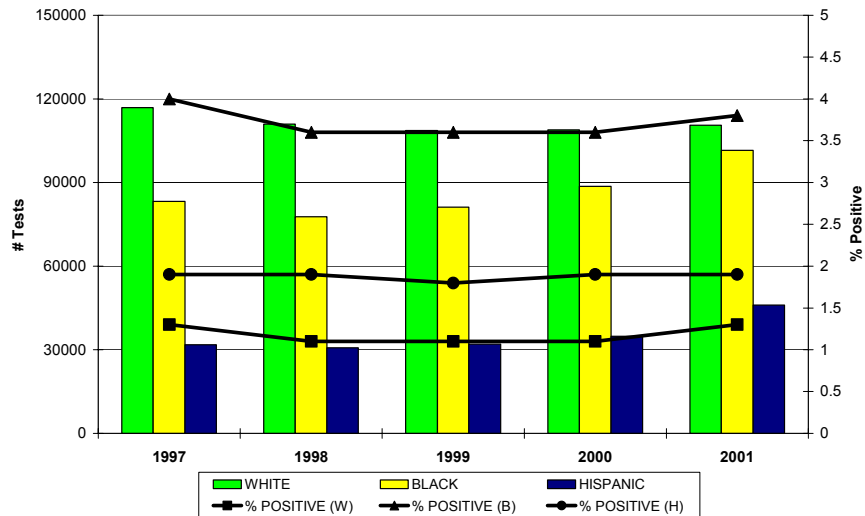


Figure 6c. Number of HIV Tests & Positivity Rates by Race/Ethnicity, Florida, 1997-2001



racial/ethnic groups was limited; the combined category of “other” accounted for just 2.0% of all tests, and 1.7% of positive tests. As Figure 6c clearly shows, testing levels among blacks and Hispanics increased in 2001. Between 2000 and 2001, testing increased by 14.5% (13,000 tests) among blacks, and 31.8% (11,113 tests) among Hispanics. Even so, positivity rates in these three major racial/ethnic groups have remained fairly stable for the past five years.

Sex/Gender

In 2001, 159,189 HIV tests were performed on women (58.7%); 106,561 (39.3%) were performed on men (Figure 7a). However, males accounted for 63.8% of all positive tests, yielding a positivity rate of 3.9%, while females accounted for 33.4%, with a 1.4% positivity rate (Figure 7b). As with race/ethnicity, these patterns have remained very stable for several years.

Figure 7a. Total HIV Tests by Sex, Florida, 2001 (N=271,380)

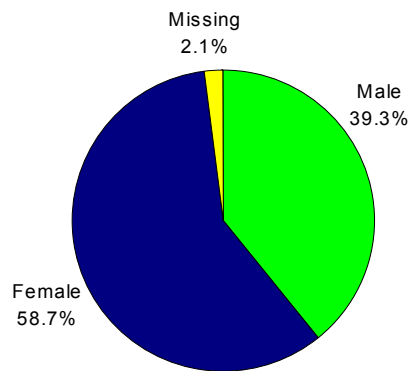


Figure 7b. HIV Positive Tests by Sex, Florida, 2001 (N=6,571)

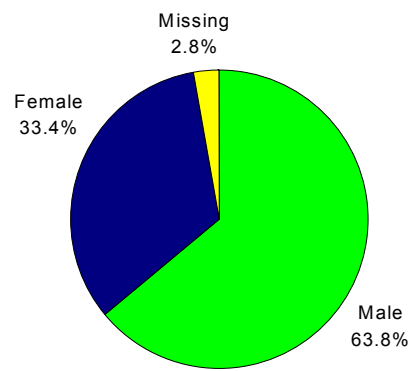
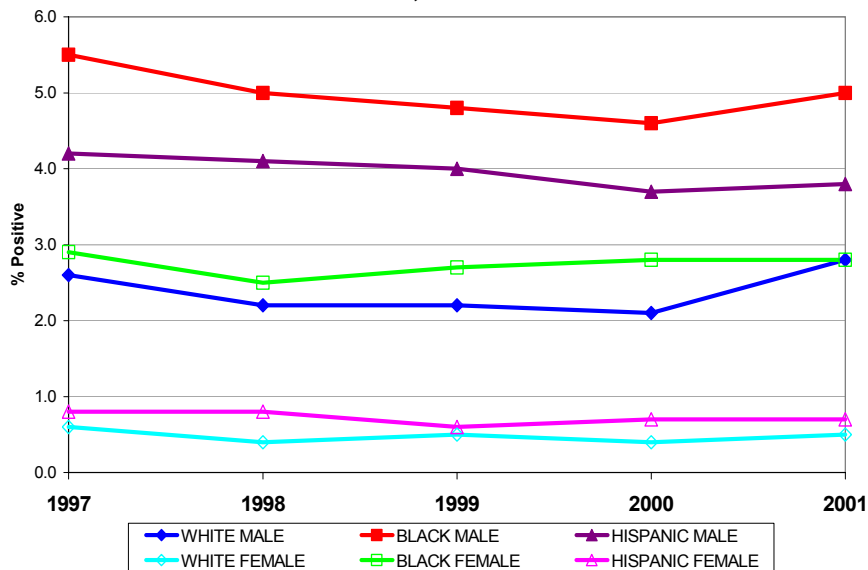


Figure 8 shows positivity rates for males and females by race/ethnicity from 1997-2001. Over the past five years, the “ranking” of these subgroups has not changed; black males continue to have the highest positivity rates, followed by Hispanic males, black females, and white males. White females exhibit the lowest positivity rates over time, despite accounting for the highest volume of tests (approximately 75,000 tests annually, data not shown).

Figure 8. HIV Seropositivity by Sex and Race/Ethnicity, Florida, 1997-2001



Age

Children under the age of 13 were not tested in any great number in 2001, and as such they account for less than 1% of positive tests (Figures 9a and 9b). However, the positivity rate for this age group has been fairly high in the recent past, and currently stands at 1.6% (Figure 9c). Teenagers represented 20.0% (54,289) of all tests, but only 2.8% (183) of positive tests, resulting in a very low positivity rate of 0.3%. Persons between the ages of 20-29 continued to represent the highest proportion of tests (97,813 or 36.0%), yet proportionally fewer positive tests were reported (1,202 or 18.3%), resulting in a very low positivity rate of 0.3%. Conversely, while representing only 21.8% of tests conducted, the 30-39 age group accounted for the highest proportion of positive tests in 2001 (2,506 or 38.1%). The 40-49 age group accounted for only 13.2% of all tests in 2001, but 27.5% of positive tests. Positivity rates were highest among these two age groups, at 4.2% and 5.1%, respectively. Finally, the 50+ age group was not tested in very high numbers (17,182 or 6.3%), and yet they accounted for 10.2% of positive tests, giving that group the third highest positivity rate of 3.9%.

Figure 9a. Total HIV Tests by Age Group, Florida, 2001 (N=271,380)

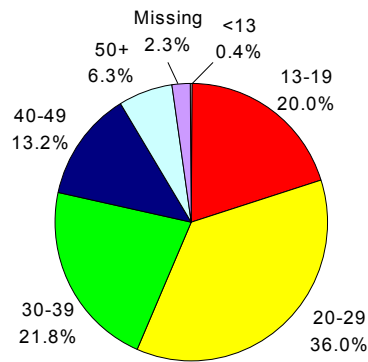


Figure 9b. HIV Positive Tests by Age Group, Florida, 2001 (N=6,571)

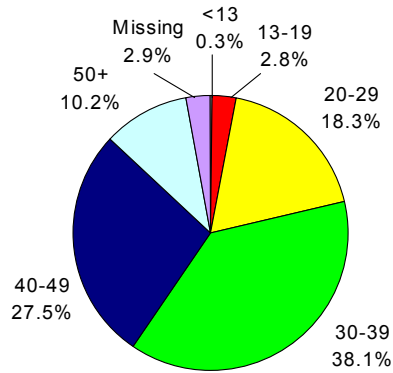


Figure 9c. Number of HIV Tests & Positivity Rates by Age Group, Florida, 1997-2001

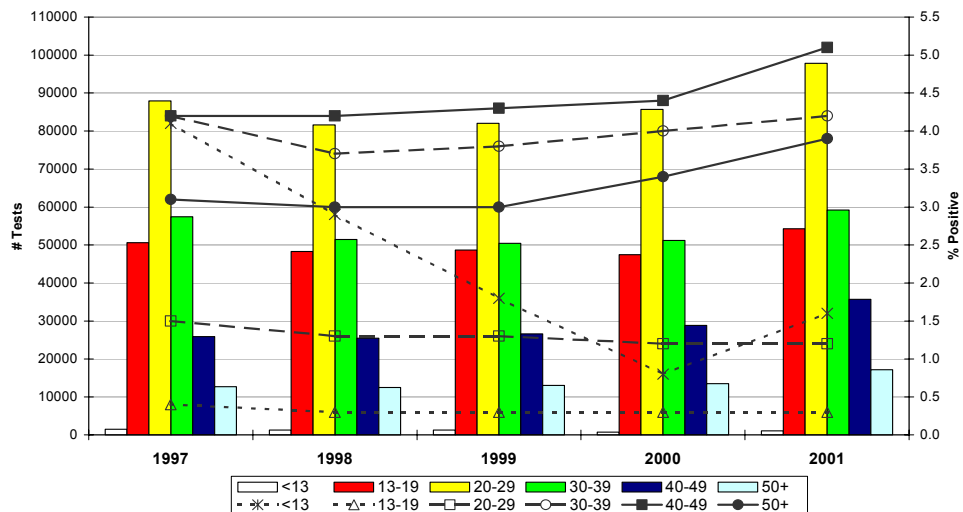


Figure 9c shows testing patterns and positivity rates from 1997-2001. The distribution of testing across age groups has not varied much over time. Slight declines in testing volume characterized all age groups between 13 and 39 in the latter 1990s. 2001 saw marked increases in testing in all age groups, particularly among persons over age 30. Positivity rates for most age groups fluctuated very little in the early part of this period. After 1999, positivity rates increased significantly for all age groups over 30. Positivity rates for children (<13) plummeted during this period, then increased in 2001. However, it should be noted that these rates are somewhat volatile due to the relatively low numbers of tests in this age group.

Risk Exposure

Because individuals may engage in more than one risk behavior, each HIV test record is categorized according to the highest level of risk reported by the client. As Figure 10 shows, persons who identify heterosexual sex as their highest risk behavior comprise the majority of HIV tests conducted from 1997-2001. This risk group's share of total tests conducted increased steadily throughout the mid-1990s; by 1998 just over 70% of HIV tests were performed on persons who identified heterosexual sex as their highest risk. The proportion of tests administered to heterosexuals dropped to a new low in 2000—just 45.6% of all tests. In 2001 testing volume increased substantially, but this risk group still accounted for less than 50% of all tests. By comparison, no other risk group comprised more than 19% of the total volume of tests in 2001 (data not shown for all risk groups). Two other relatively large volume risk groups have experienced significant fluctuations over the past five years: testing levels among those identifying a current or past STD diagnosis have risen steadily since 1998, while those claiming a sex partner risk have varied from year to year. For those identifying injection drug use (IDU), testing levels rose steadily through 2000, then declined slightly in 2001. Among men who have sex with men (MSM and MSM/IDU)², testing levels jumped significantly in 2000, then declined slightly in 2001.

The positivity rates for all risk exposure groups are displayed hierarchically in Figure 11. In 2001, positivity rates rose in several high-risk groups. Men who have sex with

Figure 10. Number of HIV Tests Among Selected Risk Exposure Groups, Florida, 1997-2001

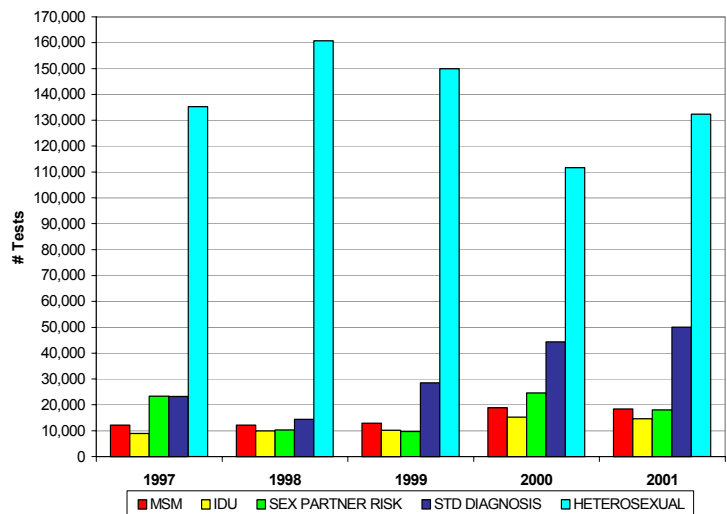
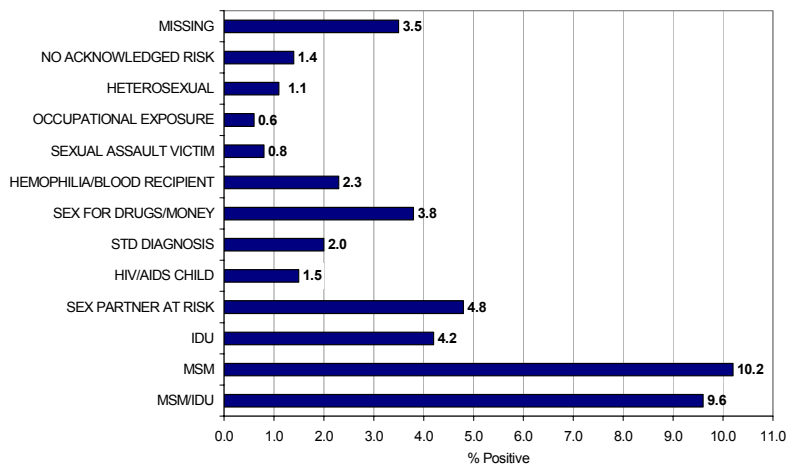


Figure 11. Positivity Rates by Self-Reported Risk Exposure, Florida, 2001

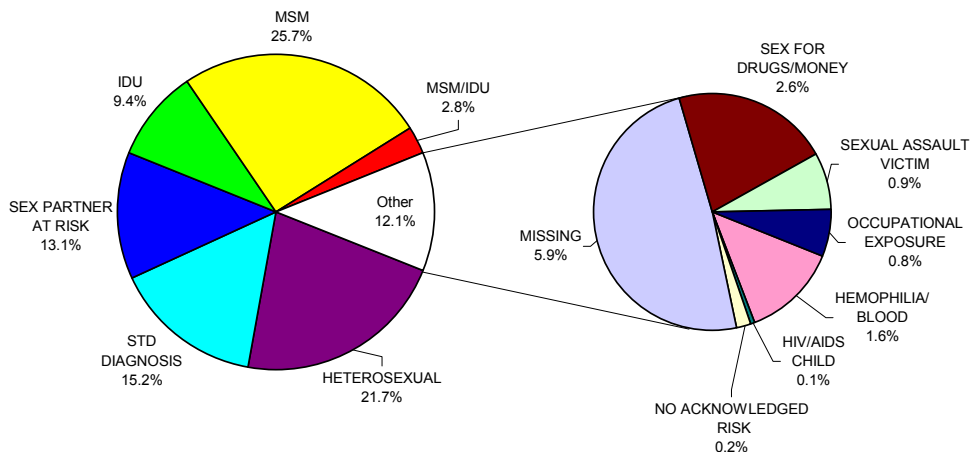


² The MSM category here includes MSM who are intravenous drug users (MSM/IDU).

men continued to be a risk group with very high positivity rates (10.2%; 9.6% when combined with intravenous drug use). Positivity rates were also relatively high among intravenous drug users (4.2%), persons whose sex partner(s) were at risk (4.8%), and persons who exchanged sex for drugs or money (3.8%). Alternatively, the positivity rate for the heterosexual risk group remained much lower (1.1%), even though they accounted for the majority of tests (and the second highest number of positive tests) conducted. Over 12,271 HIV tests were recorded in 2001 with missing risk data or no acknowledged risk. The volume as well as the positivity rates within these categories (3.5% and 1.4%, respectively) suggest that some improvement in the evaluation of risk at the time of testing is warranted.

Figure 12 shows the distribution of HIV positive test results by self-reported risk exposure for 2001. Men who identified themselves as having sex with men (MSM) accounted for the greatest number of positive tests (1,688 or 25.7%; 28.5% when combined with MSM/IDU). Those who reported intravenous drug use as their highest risk (IDU) accounted for 9.4% (616) of all positive tests. Persons who reported that they had sexual relations with someone else at risk for HIV accounted for 13.1% (863), while those who reported ever having an STD diagnosis accounted for 15.2% (999) of all positive tests. Taken together, these five high risk groups accounted for 37% of all HIV tests conducted in 2001 and 66% of all positive tests. With the

Figure 12. Total Positive HIV Tests by Self-Reported Risk Exposure Since 1978, Florida, 2001 (N=6,571)



exception of STD Diagnosis, testing levels in these risk groups did not increase between 2000 and 2001. However, the actual number of positive tests accruing to each of these groups rose, and as a result, positivity rates for most of these risk groups increased significantly in 2001 (data not shown). Persons who identified heterosexual relations as their highest risk accounted for 21.7% (1,426) of all positive tests in 2001. No other risk group accounted for more than 3% of positive tests in Florida in 2001. However, 6.1% of positive tests (406) were reported with no acknowledged risk or missing risk data.

Focus on Minorities

According to the 2000 Census, almost 16 million people reside in the state of Florida. The racial composition of this population is as follows: 65% white, 14% black, 17% Hispanic, and 4% "other". However, blacks comprised 54% of HIV cases and 53% of AIDS cases reported in

Florida in 2001. Analysis of HIV Counseling and Testing data has also revealed disproportionately higher positivity rates among blacks. Further specification of the distribution of HIV testing and positivity rates across racial/ethnic populations can provide useful insights into the nature and course of the epidemic in Florida's minority communities.

The Intersection of Race/Ethnicity, Sex, and Age

One way to obtain a more specific description of HIV testing patterns and positivity rates in a population is to look at the intersection of race/ethnicity, sex, and age. Figure 8 showed that over time, black males have experienced the highest positivity rates, followed by Hispanic males, black females, and white males. White and Hispanic females rounded out the bottom of the positivity hierarchy with rates consistently below 1.0%. This pattern has been further specified for 2001 by the incorporation of age.

The overall positivity rate for black males in 2001 was 5.0%. However, as Figure 13a shows, this rate varied considerably by age. The highest positivity rate was found among black males age 40-49 (8.9%), followed by those age 30-39 (7.9%) and 50+ (6.9%). This is particularly informative because 20-29 year olds accounted for the largest proportion of HIV tests conducted among black males (31.8%, data not shown), and yet their positivity rate was relatively low (2.4%). Significant variation in positivity rates by age also exists among Hispanic males, whose overall positivity rate in 2001 was 3.8%. The highest positivity rate was found in the 30-39 age group (6.1%); the lowest in the 13-19 age group (0.2%).

Figure 13a. Seropositivity Among Males, by Age and Race/Ethnicity, Florida, 2001

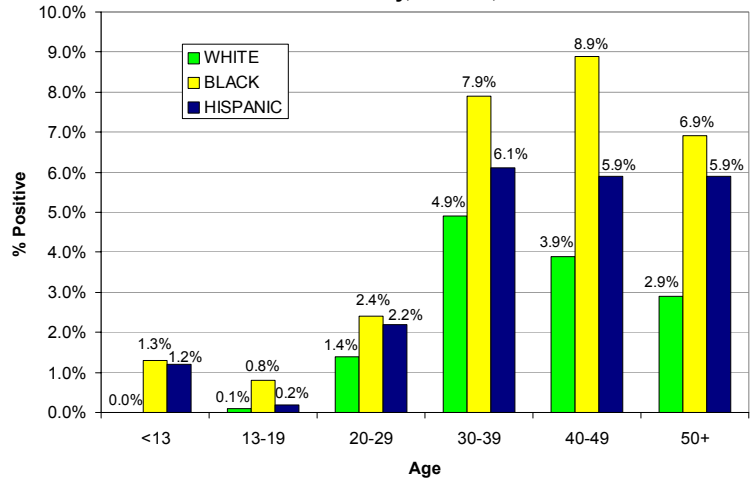
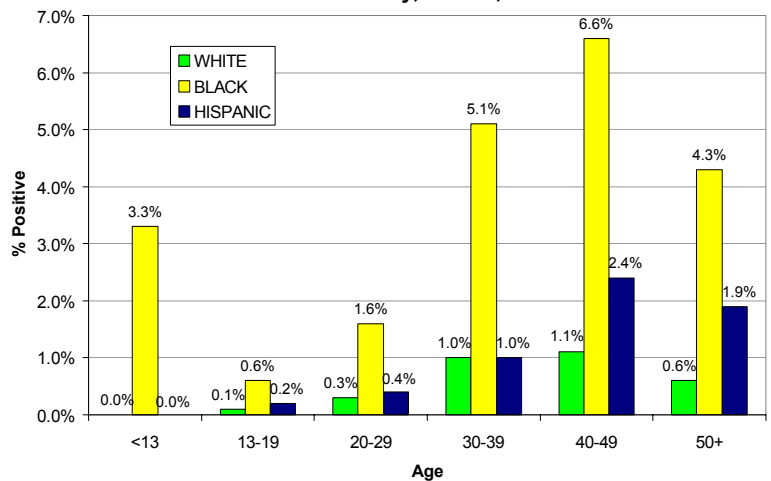


Figure 13b. Seropositivity Among Females, by Age and Race/Ethnicity, Florida, 2001



The overall positivity rate for black females in 2001 was 2.8%. However, Figure 13b shows that black females over the age of 30 are experiencing much higher positivity rates. While 62.1% black females tested were between the ages of 13 and 30 (data not shown), the corresponding positivity rates were only 0.6% for 13-19 year olds and 1.6% for 20-29 year olds. Fewer tests were administered to black females over 30, yet positivity rates were quite high: 5.1% for those in the 30-39 age group, 6.6% for those aged 40-49, and 4.3% for those age 50 and over. Among Hispanic females, positivity rates were at or below the average state positivity rate of 2.4% for all age groups. However, the positivity rates for Hispanic females in the 40-49 and 50+ age groups were 2.4% and 1.9%, respectively--a fair bit higher than the 0.7% reported for all Hispanic females.

These figures suggest that increased HIV testing of older minority men and women is needed. As shown in Figure 6c, testing among blacks and Hispanics has increased at a faster rate than whites over time. Over the past five years, testing levels among blacks have increased by 29.1% (about 10,000 tests) for males and 16.6% (about 8,000 tests) for females. While actual numbers are much smaller, testing levels among Hispanics have increased by an even larger margin—62.7% (about 7,000 tests) for males and 33.8% (about 7,000 tests) for females. [Data not shown.] In stark contrast, testing among white males increased by just 1.5% (about 600 tests) between 1997 and 2001, and decreased among white females by 9.0% (about 7,000 tests). These trends signal a growing awareness of HIV prevention among minority populations and increased accessibility of testing through outreach. The data presented here indicates that prevention efforts must continue to be directed towards these marginalized groups, particularly older persons of color, in order to limit new infections and to ensure that access to education and care is maintained or improved.

The Intersection of Race/Ethnicity and Risk

Male-male sex and intravenous drug use (separately or in combination) are behavioral practices that place individuals at high risk for HIV infection. In 2001, over 33,000 HIV tests (12.0%) were performed on persons who identified themselves as men who have sex with men (MSM), intravenous drug users (IDU), or both (MSM/IDU). As shown in Figure 11, the positivity rate among MSM/IDU in 2001 was 9.6%; it was 10.2% among MSM and 4.2% among IDU. However, sharp differences in testing patterns and positivity rates are evident across racial/ethnic categories within these risk groups.

Figures 14-16 illustrate the distribution of HIV tests and HIV positive tests by race/ethnicity for MSM/IDU, MSM, and IDU. Individuals identifying themselves as non-Hispanic white accounted for the majority of HIV tests in all three of these risk groups: 58.6% of MSM/IDU, 52.2% of MSM, and 62.9% of IDU. Whites also accounted for the majority of positive HIV tests among MSM (44.1%) and MSM/IDU (54.1%), suggesting that racial/ethnic disparities might not be particularly high in these risk groups. However, the proportion of positive tests was still greater than the proportion of tests conducted for black and Hispanic men in both of these risk groups. The proportional difference was greater for blacks, who accounted for 32.1% and 27.9% of positive HIV tests among MSM and MSM/IDU, respectively.

Racial/ethnic disparities appear to be significantly stronger among intravenous drug users. Black females, who accounted for only 10.7% of tests among IDU in 2001, comprised 25.6% of positive tests in this risk group. Similarly, black males accounted for just 12.5% of tests, but

Figure 14a. HIV Tests Among MSM/IDU by Race/Ethnicity, Florida, 2001 (N=1,899)

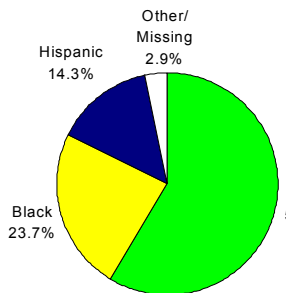


Figure 14b. HIV Positive Tests Among MSM/IDU by Race/Ethnicity, Florida, 2001 (N=183)

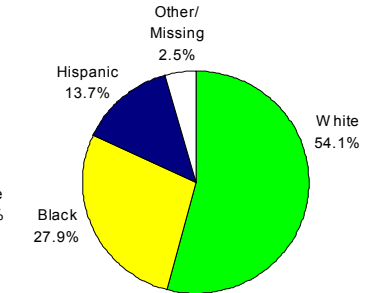


Figure 15a. HIV Tests Among MSM by Race/Ethnicity, Florida, 2001 (N=16,474)

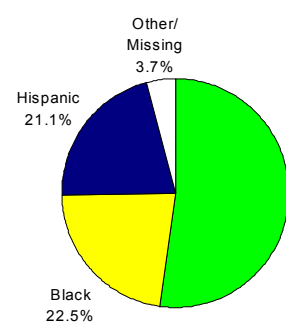
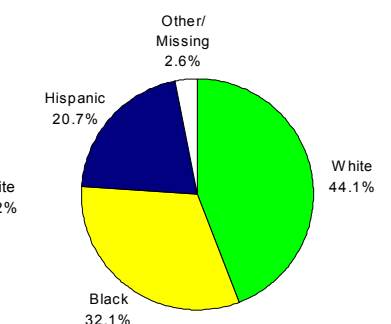


Figure 15b. HIV Positive Tests Among MSM by Race/Ethnicity, Florida, 2001 (N=1,688)



27.3% of the resulting positives. In contrast, white males and females together accounted for nearly two-thirds of tests among IDU (33.4% for females and 29.5% for males), yet their combined share of positive tests was significantly lower (29.6%). However, compared to the proportion of positive tests observed among all white females (5.0%), the proportion of positive tests among white female IDU in 2001 was fairly high (16.1%). Proportional differences between share of all tests and share of positive tests were much smaller among Hispanic males and females.

Figure 16a. HIV Tests Among IDU by Sex & Race/Ethnicity, Florida, 2001 (N=14,699)

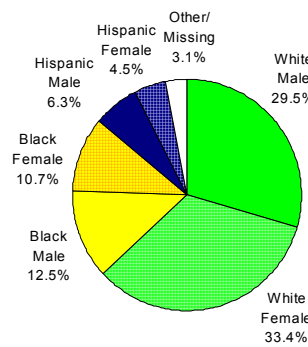


Figure 16b. HIV Positive Tests Among IDU by Sex & Race/Ethnicity, Florida, 2001 (N=616)

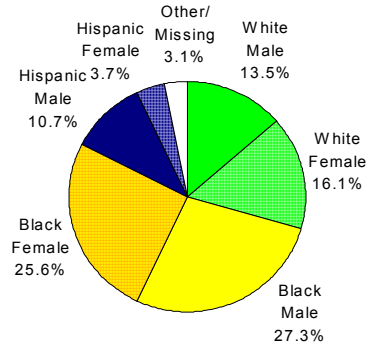
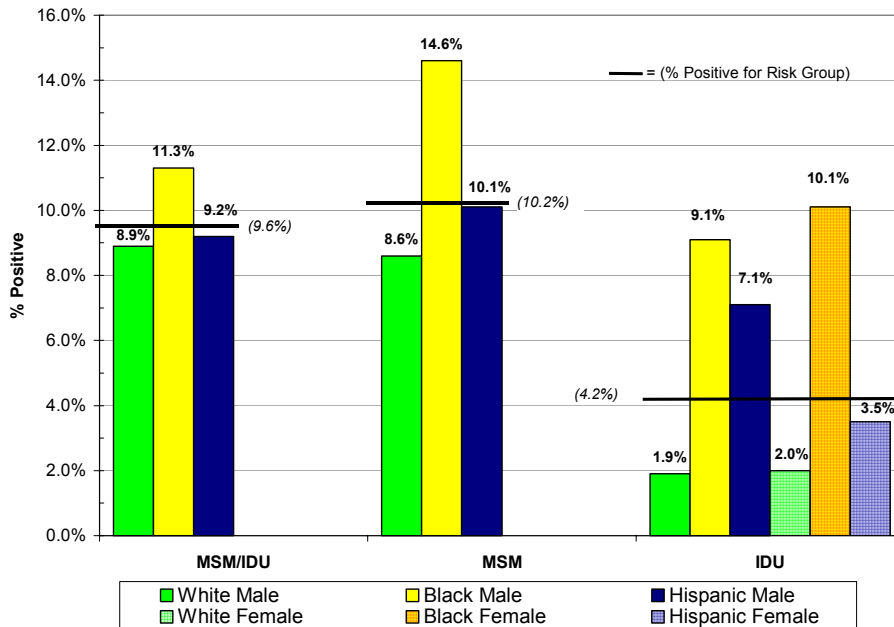


Figure 17 shows that aggregate positivity rates for MSM/IDU, MSM, and IDU mask important and occasionally dramatic differences between racial/ethnic groups. The high relative volume of testing by whites combines with their generally lower levels of positivity to pull down the average positivity rate for the whole population in each of these risk groups. For example, in 2001, the positivity rate for black MSM was 14.6%, over 4 percentage points higher than that for all MSM (10.2%). The difference is also large for black female IDU, whose positivity rate in 2001 (10.1%) was almost 6 percentage points higher than the 4.2% reported for all IDU. Indeed, this chart shows that blacks experienced positivity rates significantly greater than the norm for all three of these risk exposure groups.

Figure 17. Seropositivity Among Selected Risk Exposure Groups by Sex and Race/Ethnicity, Florida, 2001



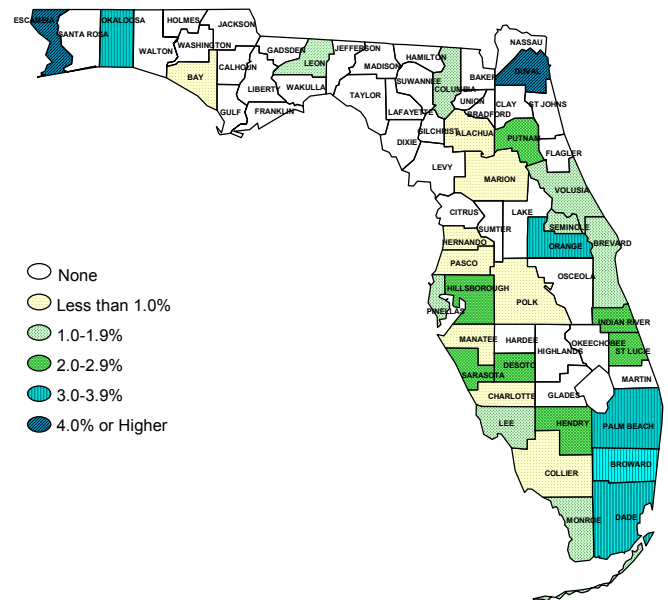
Taken together, MSM, IDU, and MSM/IDU accounted for approximately 33,000 HIV tests in 2001, about 12% of all HIV tests conducted. Of those, blacks accounted for 23%, Hispanics about 16%. Yet, of the 2,487 positive tests reported for these three risk groups, 37% were black and 19% were Hispanic. The data presented here indicate that there is a continuing need to increase testing and prevention education among minorities that engage in very high-risk behaviors.

Focus on OraSure

The Bureau of HIV/AIDS has been providing Florida counseling and testing programs with OraSure Oral HIV-1 Antibody Testing Systems since February 1998. To receive OraSure, providers must complete a request form documenting their need, proposed usage, and target populations. This testing method, which tests for antibodies in oral mucosal transudate, is as accurate as a blood test for diagnosis in public health and clinical settings. In Florida, OraSure is primarily for use in outreach settings, to reach high-risk persons who are less likely to access health care systems and less accepting of conventional testing methods (e.g., persons who are homeless, drug abusers, younger, or live in rural areas).

In 2001, 62,834 HIV tests were administered with OraSure, up from 43,672 in 2000, 30,686 in 1999, and 19,251 in 1998. The statewide positivity rate using OraSure also increased from 2.0% in 1998 to 3.1% in 2001. Positivity rates for individual counties are illustrated in Figure 18. Compared to the overall positivity rates shown in Figure 5, some counties were able to achieve higher positivity rates using OraSure. These differences may be evidence for the success of OraSure as an outreach tool. Among counties that used more than 100 OraSure tests in 2001, Escambia County had the highest positivity rate (6.3%), followed by Duval County (4.6%), Palm Beach County (3.8%), Okaloosa County (3.6%), Miami-Dade, Broward, and Orange counties (3.5%). Every Florida county conducted at least one OraSure test in 2001; twenty-two counties performed fewer than 100 tests.

Figure 18. HIV Seropositivity Rates Using OraSure by County, 2001



Of the 62,834 OraSure tests conducted in 2001, non-Hispanic blacks accounted for the majority (29,217, or 46.5%), as compared to non-Hispanic whites (19,122, or 30.4%) and Hispanics (10,306, or 16.4%). Males accounted for a slightly higher proportion than females (52.5% vs. 44.9%). Compared to blood testing, black males accounted for a significantly higher proportion of OraSure tests (23.9% vs. 13.8%). [Data not shown.]

Figures 19a-b compare testing levels and positivity rates by race/ethnicity and sex for OraSure and blood testing in 2001. While white females dominate blood testing, the highest levels of OraSure testing were among blacks of both sexes. White and Hispanic males were also tested in higher numbers than their female counterparts. Compared to blood testing, much higher

positivity rates were recorded among black females using OraSure (3.4% vs. 2.6%). Substantial increases were also recorded for Hispanic females (1.1% vs. 0.6%) and white females (1.0% vs. 0.4%). Conversely, the positivity rate for black men using OraSure was lower than the rate obtained from blood tests (4.6% vs. 5.2%).

Figure 19a. HIV Blood Tests by Race and Sex, Florida, 2001

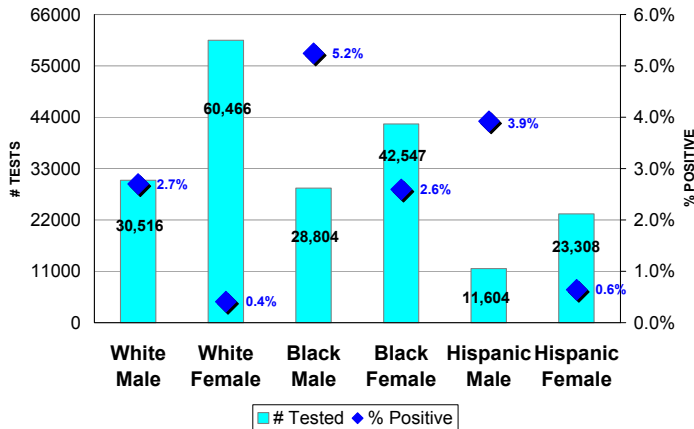
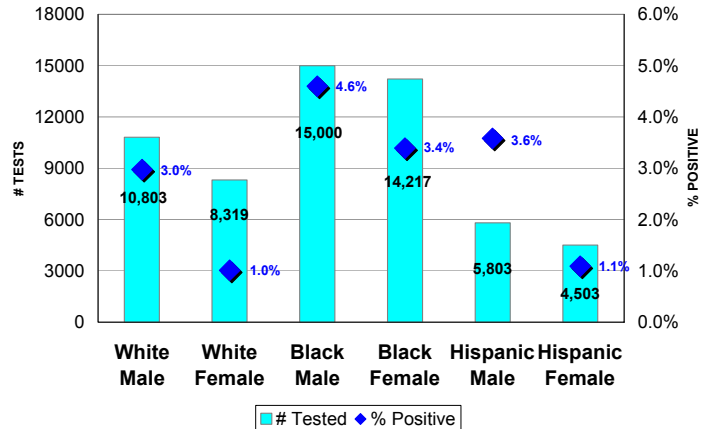


Figure 19b. HIV OraSure Tests by Race and Sex, Florida 2001



Figures 20a-b compare testing levels and positivity rates by risk for blood and OraSure testing in 2001³. Regardless of test type, the majority of tests were administered to persons who identified heterosexual sex as their highest risk. However, Figure 20b clearly shows that a higher proportion of OraSure tests were given to persons in other high risk categories, particularly MSM, IDU, and Sex Partner at Risk. Compared to blood testing, the positivity rate for MSM using OraSure was significantly lower (8.6% vs. 11.2%). This unexpected difference may be due in part to a preference for blood testing at STD clinics, where additional tests (e.g., for syphilis) require a blood sample. Higher positivity rates were recorded for heterosexuals (1.6% vs. 1.0%), those whose sex partner(s) were at risk (5.1% vs. 4.7%) and those who had ever been diagnosed with an STD (3.0% vs. 1.8%).

Figure 20a. HIV Blood Tests by Risk, Florida 2001

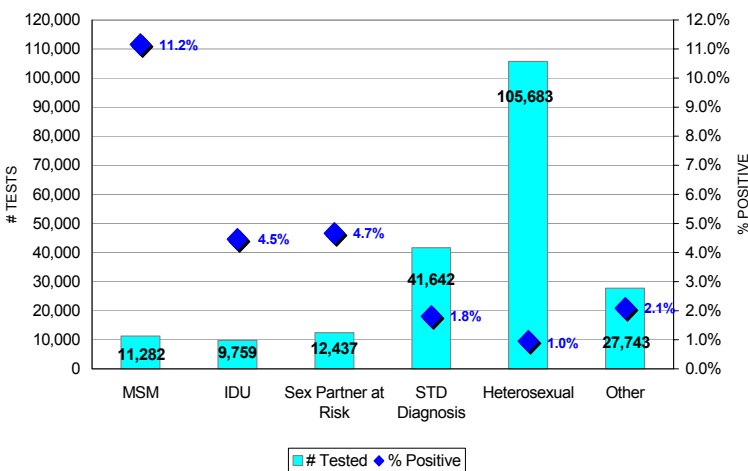
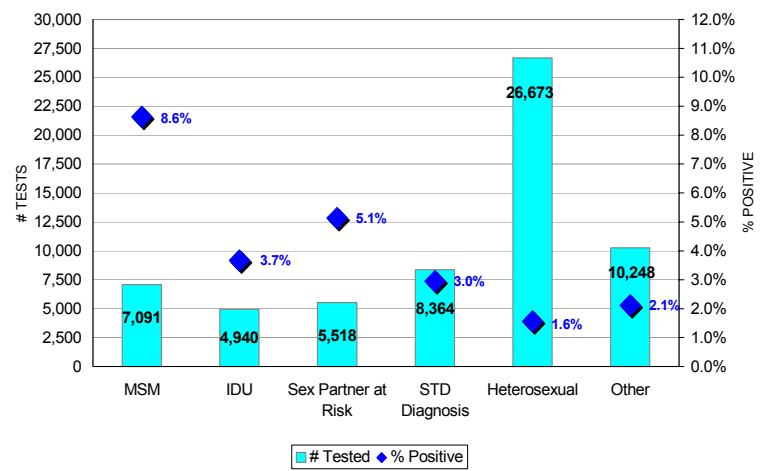


Figure 20b. HIV OraSure Tests by Risk, Florida 2001



³ The MSM category here includes MSM who are intravenous drug users (MSM/IDU).

These data indicate that OraSure has become a valuable asset to HIV prevention programs throughout Florida. Mounting evidence from the field suggests that the availability of OraSure has increased test acceptance in a variety of outreach settings, including housing projects, homeless shelters, rural communities, and high-risk youth programs. In 2001, OraSure testing accounted for over 23% of all HIV tests conducted at registered HIV counseling and testing sites, up from 18% in 2000 and 13% in 1999. Its effectiveness as an outreach tool has been demonstrated in larger counties, where the growth of street outreach and community-based testing sites demand faster, easier, and less threatening means of testing for HIV. Similarly, OraSure has been very successful in uncovering HIV-positive cases in several rural counties with historically low positivity rates. OraSure is an important part of ongoing efforts to increase access and availability of HIV testing and counseling services among high-risk populations, and will continue to increase the proportion of HIV-infected persons in Florida who know their status.

Acknowledgement

The Bureau of HIV/AIDS would like to acknowledge the dedication and commitment of the many individuals who have worked so hard over the past year to make Florida's public HIV counseling, testing and referral system the best in the nation. Although too numerous to list, these individuals include: our CHD administrators, HIV/AIDS Program Coordinators, nursing directors and the many health department staff who perform HIV counseling, testing and referral services and oversee those programs; STD staff who have the difficult job of notifying the newly infected and conducting partner counseling and referral services; our 501 trainers who ensure that future counselors are prepared; our health educators and outreach workers who educate and inform; our colleagues in the state laboratories, without whom we wouldn't have a testing program; our partners in community and faith-based organizations who reach out to those we can't reach; staff within the bureau who work tirelessly on this program; and finally, our Early Intervention Consultants, those front line staff who have worked so diligently to ensure the success of CTR in Florida. We look forward to our continued collaboration as we strive to ensure that all Floridians have the opportunity to learn their HIV status and take steps to protect themselves and those they love.