



Bureau of HIV/AIDS

Florida Annual Report 2009

Acquired Immune Deficiency Syndrome/ Human Immunodeficiency Virus

FLORIDA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
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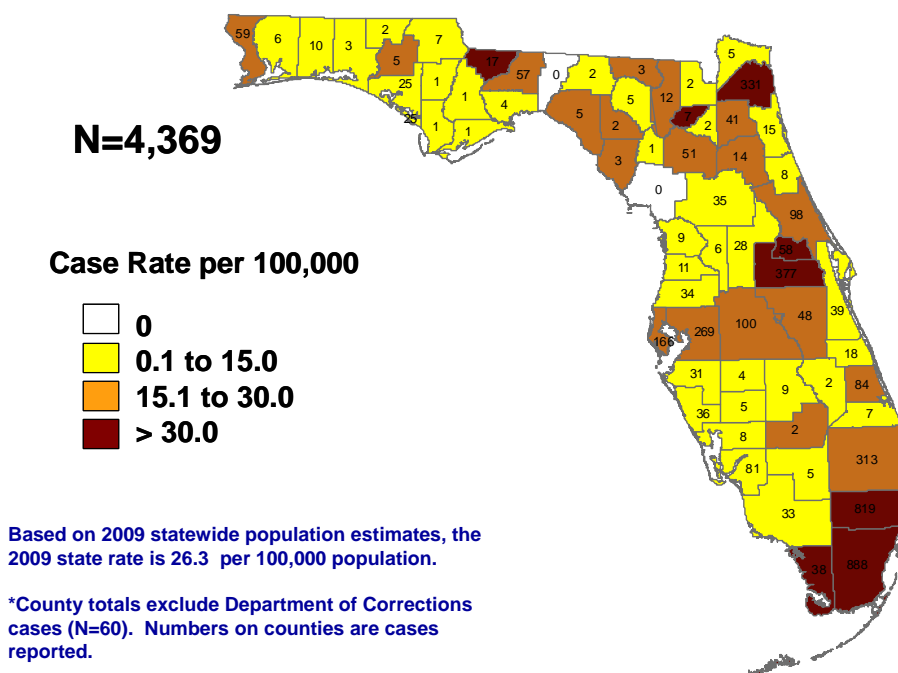


Florida, Annual Report, 2009
Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus

In 2007, Florida ranked third among states in the number of reported acquired immune deficiency syndrome (AIDS) cases (Note: US data not available for 2008). California reported 4,952 (13%), followed by New York with 4,810 cases (13%), then Florida with 3,960 cases (10%), and Texas with 2,964 cases (8%). Florida ranked third among the 38 states that reported human immunodeficiency virus (HIV) cases in 2007. California reported 17,588 cases (28%), followed by New York with 5,197 cases (8%), then Florida with 5,165 cases (8%) and Pennsylvania with 3,694 cases (6%).

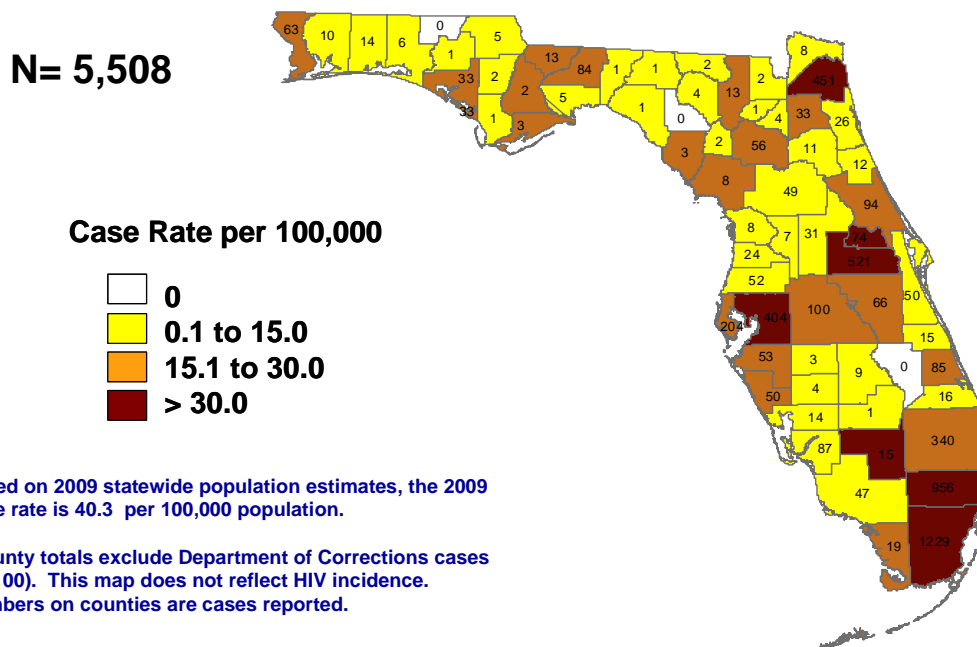
In 2009, at least one AIDS case was reported in all but two counties (Figure 1). Although the AIDS epidemic is widespread throughout Florida, the majority of cases were reported from nine counties: Broward, Duval, Hillsborough, Lee, Miami-Dade, Orange, Palm Beach, Pinellas and Polk. These seven counties reported a combined total of 3,344 cases, or 76% of Florida's total reported cases in 2009 (N=4,426). The greatest numbers of AIDS cases were reported from two counties located in the southeastern part of the state, Broward & Miami-Dade. These two counties reported a combined total of 1,707 cases in 2009, or 39% of the statewide total.

Figure 1. AIDS cases and rates per 100,000 population, by county of residence, Florida, 2009, (excluding Department of Corrections).



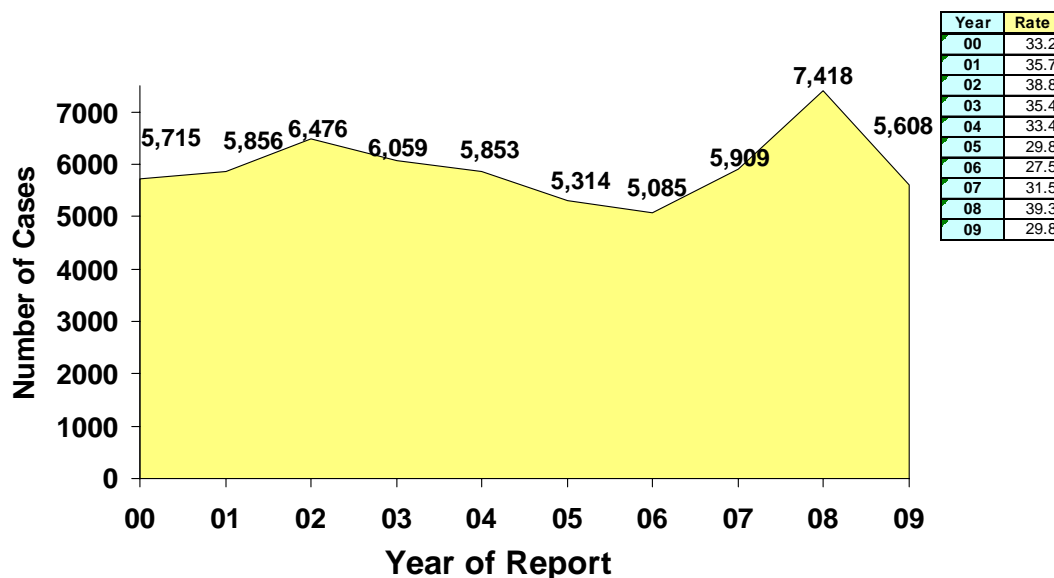
In 2009, at least one HIV case was reported in all but three counties and seven counties reported 100 or more cases (Figure 2). These seven counties include Miami-Dade, Broward, Orange, Duval, Hillsborough & Palm Beach. They reported a combined total of 4,071 cases, or 73% of Florida's total reported cases in 2009 (N=5,571). The greatest numbers of HIV cases were reported from Miami-Dade, Broward, and Orange Counties. These three counties reported a combined total of 2,681 cases in 2009, or 49% of the statewide total.

Figure 2. HIV cases, by county of residence, Florida, 2009 (excluding Department of Corrections).



Generally, HIV cases remained fairly stable with an increase in 2002 due to increased HIV testing statewide as part of the “Get to Know Your Status” campaign. Since that time, newly reported HIV cases have decreased each year until 2007. Enhanced reporting laws were implemented in Nov. 2006, leading to an artificial peak in HIV cases in 2007 and 2008, followed by an artificial decrease in 2009 (Figure 3).

Figure 3. HIV case rates per 100,000 population*, by year of report, Florida, 2000-2009.

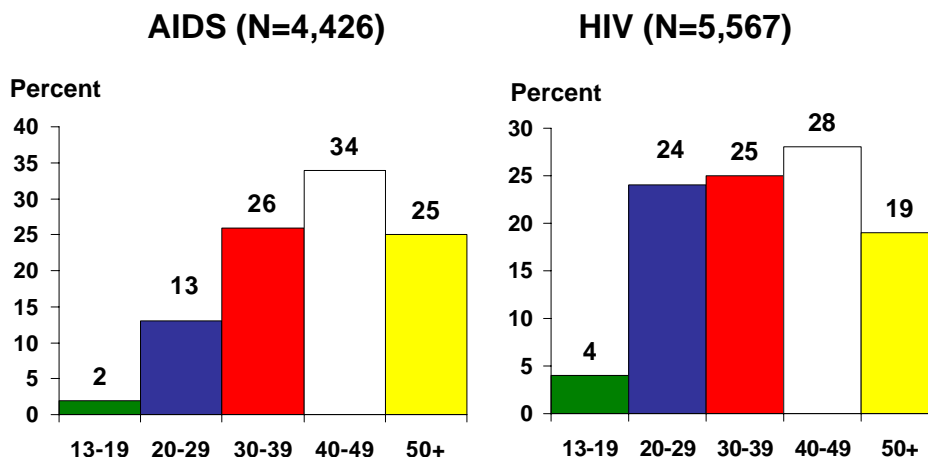


HIV/AIDS CASES BY AGE, SEX AND RACE

As in previous years, the greatest proportion of AIDS cases reported in 2009 was among persons 40-49 years old (34%) (Figure 4). The 30-39 age group was second, with 26% of the reported AIDS cases, followed by the 50-and-older age group with 25%.

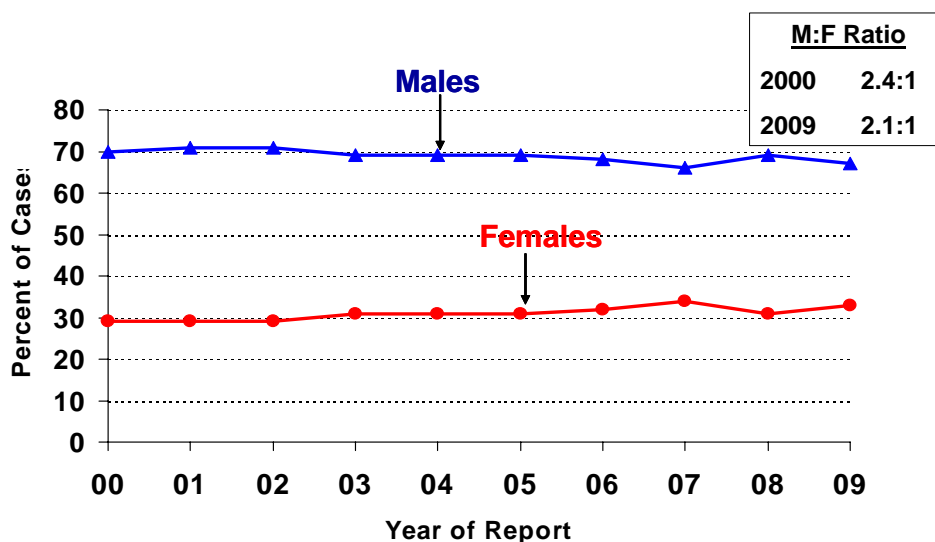
Compared with AIDS cases, a greater proportion of HIV cases in 2009 were also reported among those aged 40-49 (28%) followed by those aged 30-39 (25%) and aged 20-29 (24%).

Figure 4. Age distribution of Florida's adult AIDS cases compared with the age distribution of Florida's adult HIV cases, 2008.



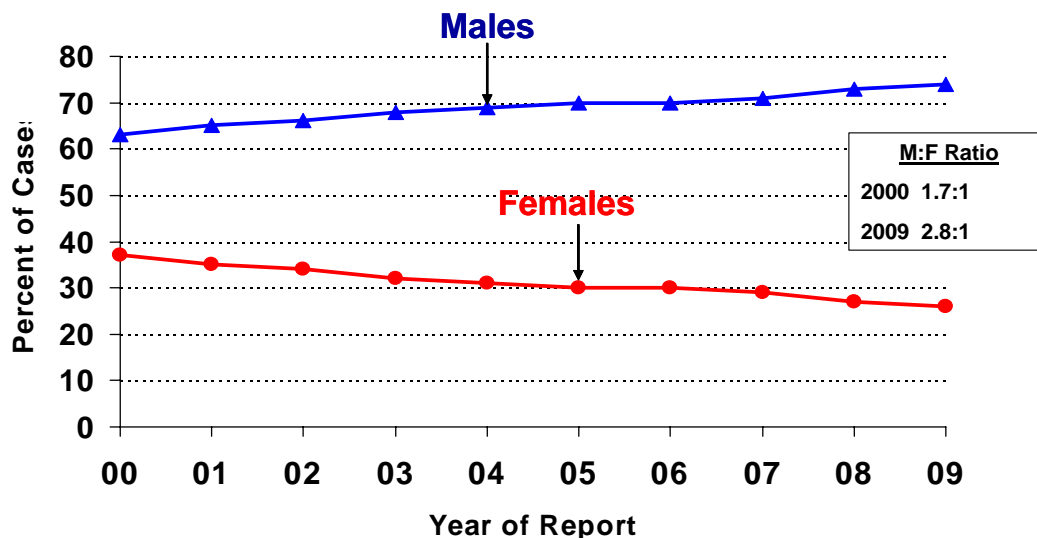
In 2000, 30% of the AIDS cases reported in Florida were female (Figure 5). Over the past ten years, the proportion of AIDS cases among men and women has remained fairly level. The male-to-female ratio declined slightly from 2.4:1 in 2000 to 2.1:1 in 2009. In 2009, the case rate per 100,000 population was 38.6 among adult males and 17.8 among adult females, indicating that AIDS cases in this period were still more likely to be reported among males than females in Florida.

Figure 5. Percent of adult AIDS cases by sex and year of report, Florida, 2000-2009.



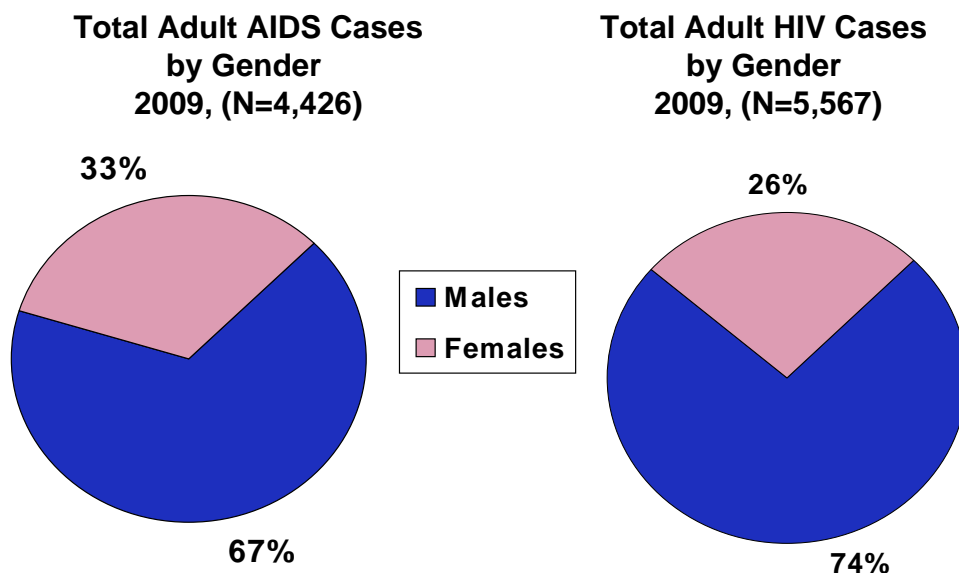
In 2000, 37% of the HIV cases reported in Florida were female (Figure 6). Over the past ten years, the proportion of HIV cases among men has increased while the proportion among women has decreased. The result is an increase in the male-to-female ratio, from 1.7:1 in 2000 to 2.8:1 in 2009. This pattern differs from that seen for AIDS cases during the same time period.

Figure 6. Percent of adult HIV cases by sex and year of report, Florida, 2000-2009.



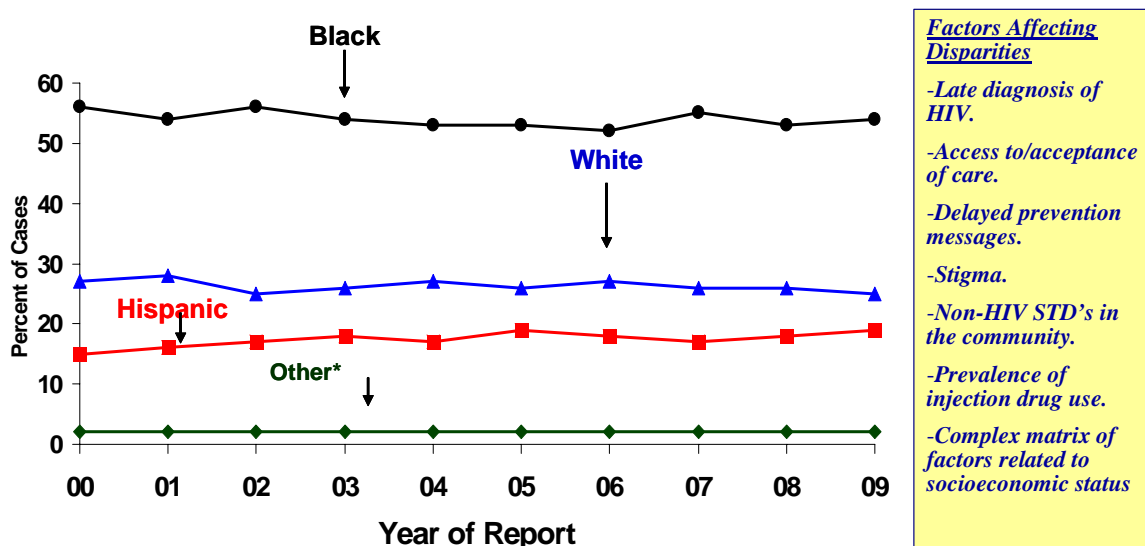
In 2009 a total of 2,978 adult males and 1,448 adult females were reported with AIDS, representing 67% and 33% of cases, respectively (Figure 7). Also in 2009, a total of 4,116 adult males and 1,451 adult females were reported with HIV infection, representing 74% and 26% of cases, respectively.

Figure 7. Percentage of adult AIDS and HIV cases by sex, Florida, Florida, 2009.



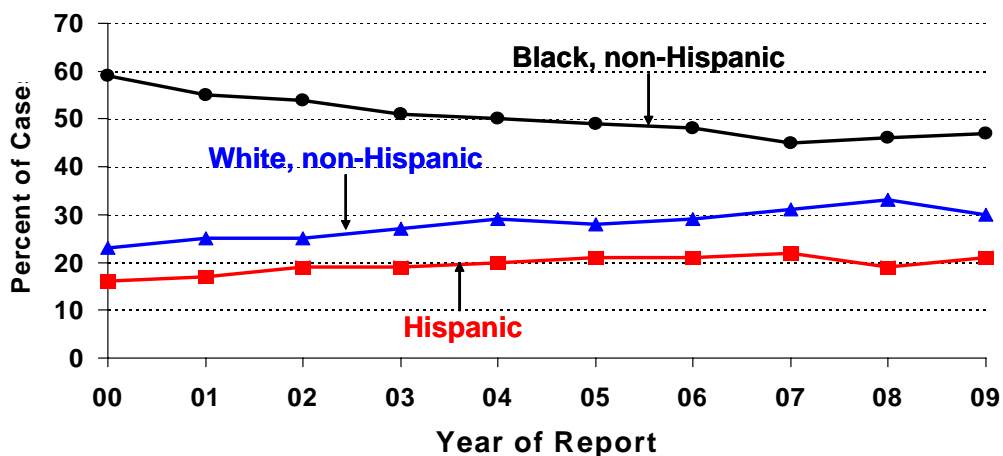
HIV case reporting, implemented in July 1997, tends to indicate newer infections than are reflected by AIDS case data, although we do not know the proportion of diagnosed HIV cases that were recently acquired. HIV case reports augment AIDS case data and provide good information by age, sex and race/ethnicity on persons who have been tested confidentially. Twenty-seven percent of the adult AIDS cases reported in Florida in 2000 were white, compared with 56% black and 15% Hispanic (Figure 8). Over the past ten years the proportion of AIDS cases among whites, blacks and Hispanics has remained fairly stable.

Figure 8. Percent of adult AIDS cases by race/ethnicity and year of report, Florida, 2000-2009.



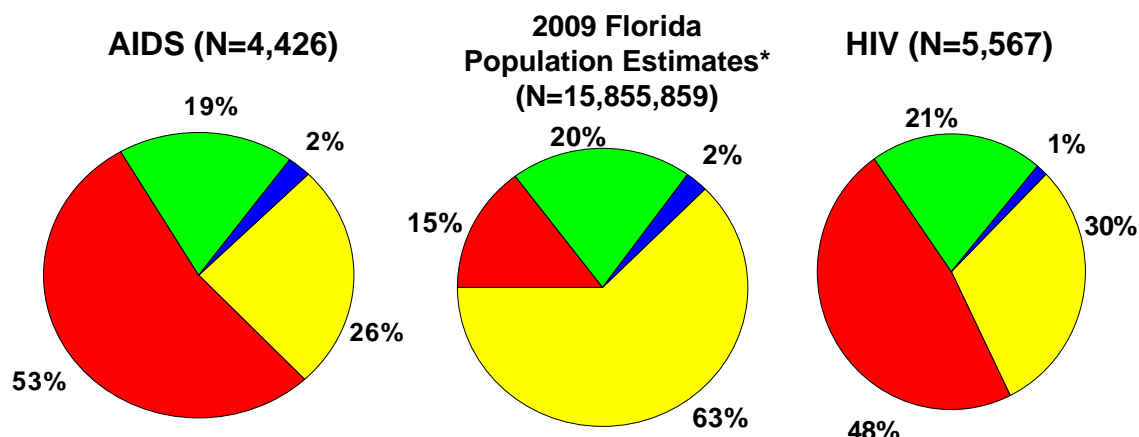
Twenty-three percent of the adult HIV cases reported in Florida in 2000 were white, compared with 59% black and 16% Hispanic (Figure 9). The percent of black HIV cases has decreased by 20% from 2000 to 2009. In contrast, increases were observed among both white (30%) and Hispanic (31%) HIV cases over this same time period.

Figure 9. Percent of adult HIV cases by race/ethnicity and year of report, Florida, 2000-2009.



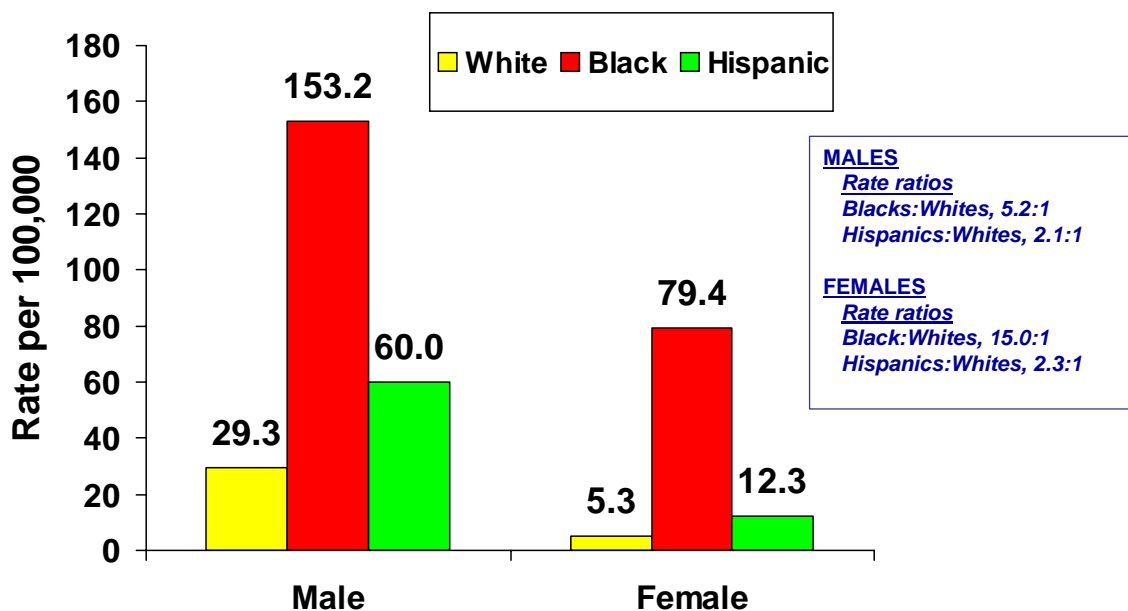
Blacks comprise only 15% of the adult population, but represent 53% of the AIDS cases and 48% of the HIV cases reported in 2009 (Figure 10). Hispanics comprise 20% of Florida's adult population, and account for 19% of the AIDS cases and 21% of the HIV cases.

Figure 10. Percentage of adult AIDS cases and HIV cases by race/ethnicity, Florida, 2009.



Black men and, to an even greater extent, black women are over-represented in the HIV epidemic (Figure 11). The HIV case rate for 2009 is 5 times higher among black men than among white men. Among black women, the HIV case rate is 15 times higher than among white women. Hispanic male and Hispanic female rates are 2 times higher than the rates among their white counterparts.

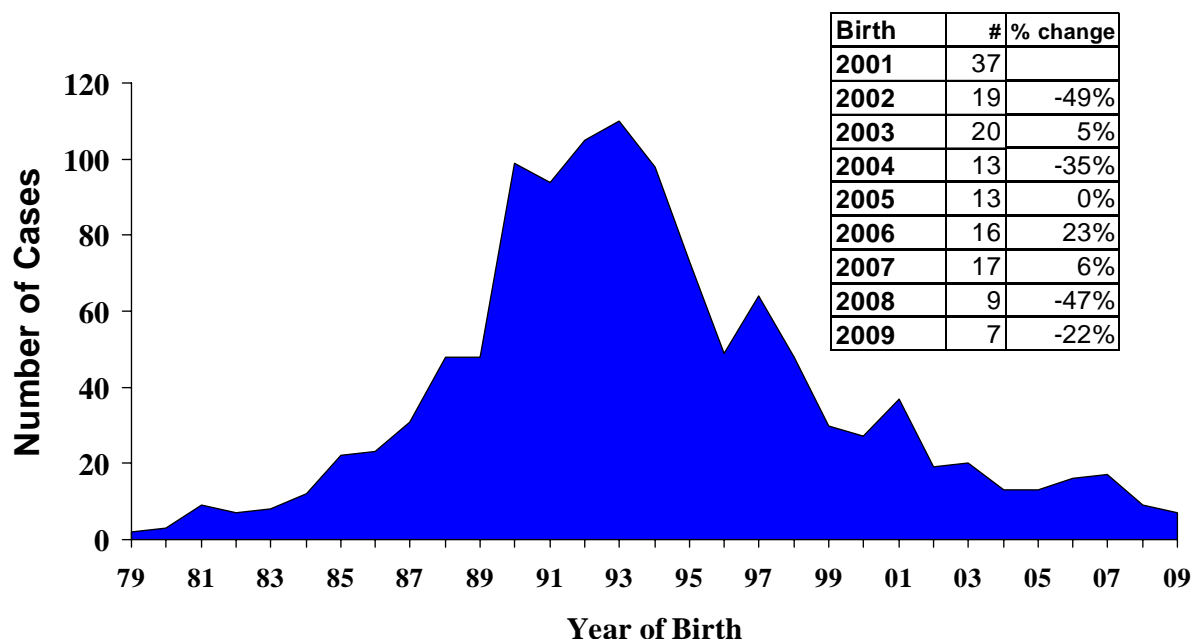
Figure 11. Adult HIV cases and case rates per 100,000 population by sex and race/ethnicity, Florida, 2009.



PERINATAL HIV/AIDS CASES

Of the 1,161 perinatally infected babies born in Florida through 2009, 2 were born as early as 1979 (Figure 12). Since that time, the birth of HIV-infected babies continued to rise through 1993. In April 1994, the Public Health Service released guidelines for ZDV use to reduce perinatal HIV transmission, and in 1995 recommendations for HIV counseling and voluntary testing for pregnant women were published. The mandatory offering of HIV testing to pregnant women became law in Florida in October 1996. Since then, the percent of perinatally infected children who received ZDV or whose mothers received ZDV has increased markedly. Through enhanced perinatal surveillance systems, it has been documented that ZDV use among exposed infants and mothers of HIV-infected children has increased at the prenatal, intrapartum, delivery and neonatal stages. In the past few years, the use of other medical therapies, including protease inhibitors has supplemented the use of ZDV for both infected mothers and their babies. The use of these medical therapies has been accompanied by a decrease in the number of perinatally HIV-infected children and is responsible for the dramatic decline in perinatally acquired HIV/AIDS since 1994. Furthermore, numerous initiatives have contributed to the reduction in these cases: provider education, social marketing etc. These initiatives have helped to further educate local providers in the importance of testing pregnant women for HIV and then offering effective treatment during the pregnancy and at delivery to further decrease the chances of vertical transmission. As a result, significant decreases in annual perinatal HIV-infected births have been observed in Florida since 1997, with a leveling trend from 2002 through 2007 followed by another sharp decrease. In summary, these successful initiatives have resulted in a 94% decline in HIV-perinatally infected births in Florida from 1993 (N=110) to 2009.

Figure 12. Perinatal HIV/AIDS Cases by Year of Birth, born in Florida, 1979-2009 (N=1,161)

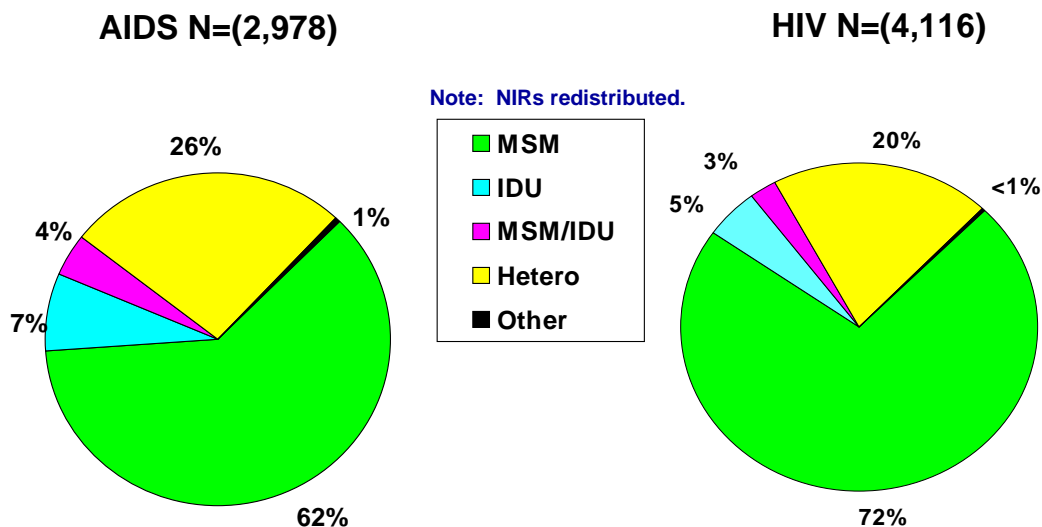


ADULT (age 13+) HIV/AIDS CASES BY TRANSMISSION CATEGORY

Males

Among the male AIDS and HIV cases reported for 2009, men who have sex with men (MSM) was the most common risk factor (62% and 72% respectively) followed by cases with a heterosexual risk (26% for AIDS and 20% for HIV) (Figure 13).

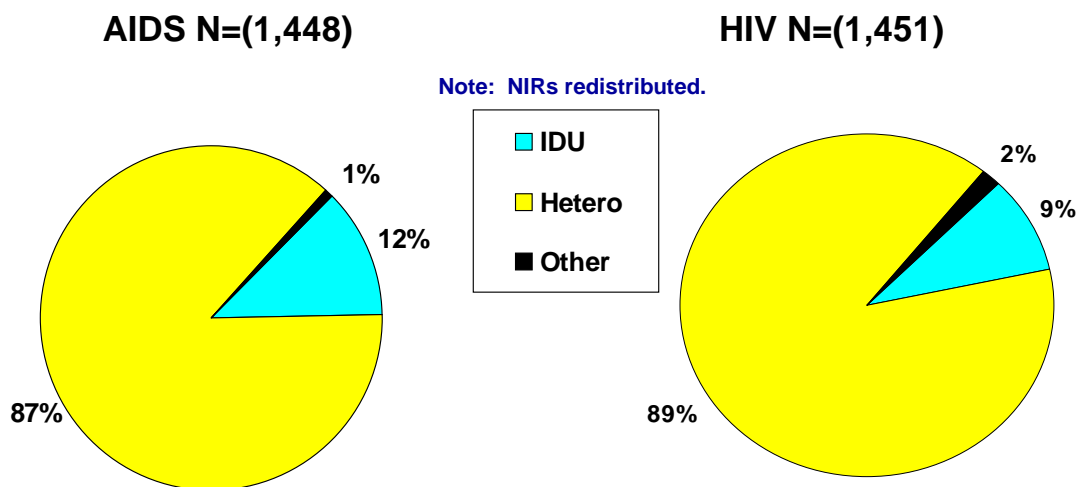
Figure 13. Adult male AIDS and HIV cases by mode of exposure. Florida, 2009.



Females

Among the female AIDS and HIV cases reported for 2009, heterosexual contact was the highest risk (87% and 89% respectively) (Figure 14).

Figure 14. Adult female AIDS and HIV cases by mode of exposure, Florida, 2009.



PREVALENCE ESTIMATE OF HIV/AIDS CASES

Assessment of the extent of the HIV epidemic is an important step in community planning for HIV prevention and HIV/AIDS patient care. The HIV prevalence estimate—the estimated number of persons living with HIV infection—includes those living with a diagnosis of HIV or AIDS and those who may be infected but are unaware of their serostatus. Approximately 1,039,000–1,185,000 persons are currently living with HIV infection in the US. Florida has consistently reported 10–12% of the national AIDS morbidity and currently accounts for 11% of all persons living with AIDS in the U.S. The Department of Health now estimates that approximately 125,000 persons, or roughly 11.7% of the national total, are currently living with HIV infection in Florida as of the end of 2009.

There are some small differences and a few substantive differences between the proportional distributions of populations living with AIDS in the Florida and that in the entire US as noted in the table below (Figure 15). Florida has a slightly higher proportion of women with AIDS (29%) compared to the US (23%). By race/ethnicity, Florida has a slightly higher proportion of AIDS cases among blacks (48%) compared to the US (44%) and a lower proportion among MSM (43% vs. 47%). However, Florida has a far higher proportion of AIDS cases among heterosexuals (38% vs. 24%) and a much lower proportion among IDUs (12% vs. 22%) compared to the US.

Figure 15. Persons Living with AIDS in the U.S. (2007) and Florida (2008)

Subgroup	U.S. N=455,636	Florida N=48,179
Male	77%	71%
Female	23%	29%
White	35%	31%
Black	44%	48%
Hispanic	19%	19%
Other	1%	1%
MSM	47%	43%
IDU	22%	12%
MSM/IDU	6%	4%
Heterosexual	24%	38%
Other	1%	3%

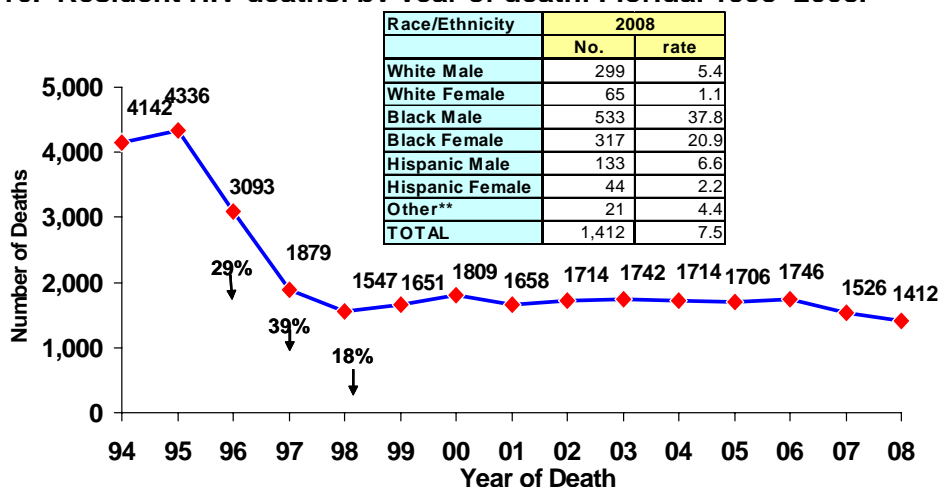
Source: U.S. Data: CDC, HIV/AIDS Surv. Suppl. Report, 2007, Vol. 19; Florida Data: HARS, alive and reported through 2008, as of 04/27/09.

Note: NIRs redistributed. M:F ratio: U.S., 3.3:1. Fla., 2.4:1.

IMPACT OF HIV-RELATED DEATHS

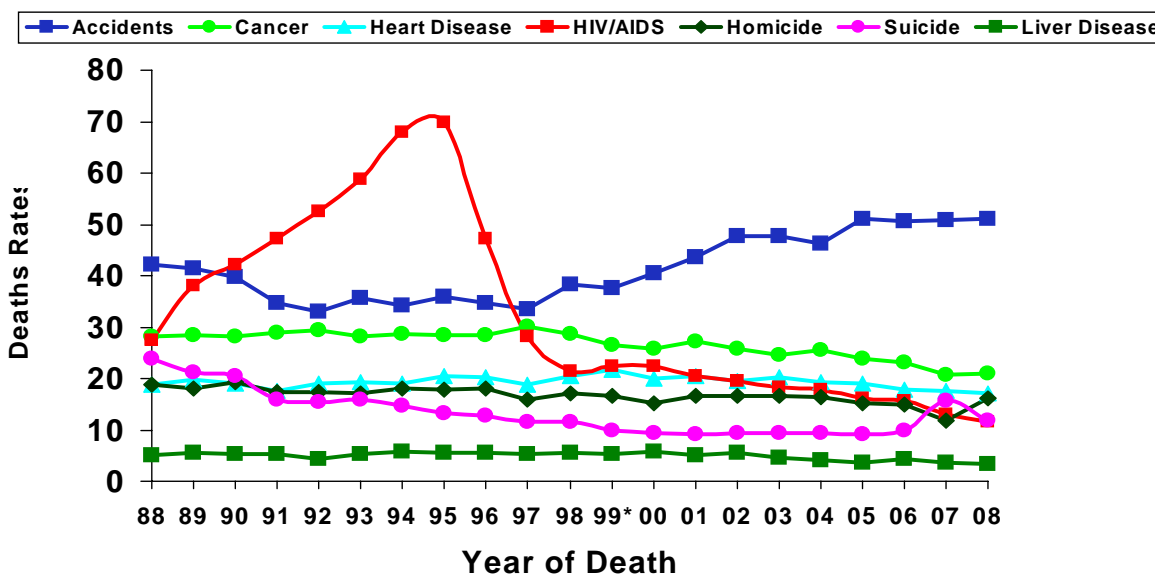
As of December 31, 2008 a total of 114,057 AIDS cases were reported in Florida. Of these cumulative cases, 62,565 (55%) were known to have died. HIV related deaths decreased markedly from 1996-1998, associated with the advent of HAART in 1996. A leveling of the trend since 1998 may reflect factors such as viral resistance, late diagnosis of HIV, adherence problems, and lack of access to or acceptance of care (Figure 16). In 2007, for the first time in 10 years, the number of HIV related deaths decreased, by 13% from the previous year, and 65% since the peak year in 1995. Deaths decreased an additional 7%, down to 1,412 in 2008. Decreases among males and females were observed in all racial/ethnic groups, except white females (where there was no change at all). Racial/ethnic disparities are evident in the death rate data.

Figure 16. Resident HIV deaths, by year of death, Florida, 1995–2008.



The peak year for resident HIV deaths was 1995 (Figure 17). In 2008, HIV was the 6th leading cause of death among persons aged 25-44 as recorded by Florida’s Office of Vital Statistics.

Figure 17. Death Rates from Leading Causes of Death Among Persons 25-44 Years of age, by year of death, Florida, 1988-2008.



Email Addresses

Below are contact email addresses should you need HIV, AIDS, STD or TB data.

HIV/AIDS Case Reporting

Lorene Maddox Lorene_Maddox@doh.state.fl.us
 Tracina Bush Tracina_Bush@doh.state.fl.us
 Julia Fitz Julia_Fitz@doh.state.fl.us

HIV/AIDS Epidemiology/HIV Prevalence

Spencer Lieb Spencer_Lieb@doh.state.fl.us

Hepatitis Epidemiology

Phil Reichert Phil_Reichert@doh.state.fl.us

HIV Counseling and Testing Data

Melinda Waters Melinda_Waters@doh.state.fl.us

Sexually Transmitted Disease Case Reporting

Stacy Shiver Stacy_Shiver@doh.state.fl.us

Tuberculosis Case Reporting

Sherri Austin Sherri_Austin@doh.state.fl.us

Website Links

Below are some links that you may find useful.

http://www.cdc.gov	Centers for Disease Control and Prevention
http://www.cdc.gov/nchstp/stateprofiles/usmap.htm	Centers for Disease Control and Prevention
http://www.who.int	World Health Organization
http://hivinsite.ucsf.edu/	HIV Insite
http://www.thebody.com/index.shtml	The Body
http://www.medscape.com/	Medscape
http://www.caps.ucsf.edu/index.html	Center for AIDS Prevention Studies
http://www.hopkins-aids.edu/Diseases	John Hopkins AIDS Service – Infectious Diseases
http://www.ama-assn.org/special/hiv/hivhome.htm	JAMA HIV/AIDS Information Center
http://www.paho.org/selection.asp?SEL=TP&LNG=ENG&CD=OAIDSNSTD	PAHO: AIDS/Sexually Transmitted Diseases
http://www.ashastd.org/	The American Social Health Organization
http://www.unaids.org/	UNAIDS
http://www.nastad.org/Directors	National Alliance of State and Territorial AIDS Directors
http://www.iapac.org/AIDS Care	International Association of Physicians in AIDS Care
http://www.nap.edu/books/0309071372/html/(2000)	Nat'l Academy Press, No Time To Lose
http://www.wemakethechange.com	We Make the Change
http://www.lungfla.org/aspcode/index.asp	American Lung Association of Florida
http://www.floridaaidsaction.org/site/index.html	AIDS Institute
http://www.census.gov/ipc/www/hivaidsn.html	US Census Bureau
http://www.sis.nlm.nih.gov/HIV/HIVMain.html	National Library of Medicine
http://www.knowhivaids.org/	Know HIV/AIDS

DISEASE CONTROL DIRECTORY

AIDS

AIDS Case Reporting/Data Requests/ Surveillance	850-245-4430
AIDS Drug Assistance Program/ Patient Care Resources	850-245-4335
AIDS Education & Prevention	850-245-4336
HIV Counseling and Testing/ Seroprevalence & Special Studies	850-245-4424
HIV/AIDS Epidemiology/HIV Prevalence	850-245-4448
Legal Issues	850-245-4422

Hepatitis

Hepatitis Data Analysis/Vaccine and Testing/ Educational Materials	850-245-4334
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STD

ICCR Clerk	850-245-4325
STD Case Reporting/Data Requests/ STD Prevention and Control Main Number	850-245-4303

TB

TB Surveillance and Epidemiology/ Data Requests/TB Control & Prevention Main Number	850-245-4350
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Other Important Numbers

Epidemiology	850-245-4401
Florida AIDS Hotline	800-FLA-AIDS
National AIDS Hotline	800-342-AIDS
National Data Requests (CDC fax)	404-332-4565
TB Information Hotline	800-4TB-
INFO	

"The Florida Division of Disease Control Surveillance Report" is on the Internet.

The homepage address is: <http://www.FloridaAids.org>

Click on **Trends & Statistics** and then **Monthly Surveillance Report**. You will need Adobe Acrobat Reader to view the Surveillance Report. You can download this software from the Bureau's homepage. If you need any assistance, please call Tracina Bush with the Bureau of HIV/AIDS at (850) 245-4430 or SunCom 205-4430.