



Bureau of HIV/AIDS

# **Florida Annual Report 2010**

## Acquired Immune Deficiency Syndrome/ Human Immunodeficiency Virus

FLORIDA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
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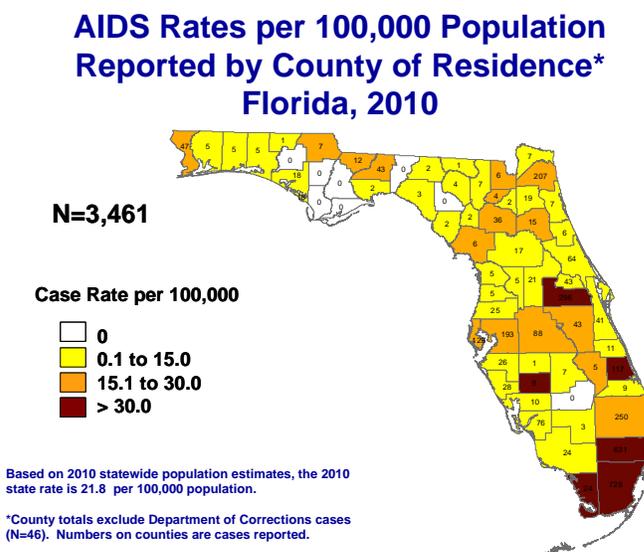


**Florida, Annual Report, 2010**  
**Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus**

Florida ranked second among states in the *estimated* number of acquired immune deficiency syndrome (AIDS) cases *diagnosed* in 2009 (most recent year available for US data). That year, a total of 4,799 (14% of total US) AIDS cases were *diagnosed* in New York, followed by 4,392 (13%) in Florida and 3,760 (11%) in California. Cumulatively, Florida ranks third behind New York and California.

In 2010, at least one AIDS case was reported in all but eight counties (Figure 1). Although the AIDS epidemic is widespread throughout Florida, the majority of cases were reported from eight counties: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas and St. Lucie, all reporting 100+ cases in 2010. These eight counties reported a combined total of 2,551 cases, or 74% of Florida's total reported cases in 2010 (N=3,461). The greatest numbers of AIDS cases were reported from two counties located in the southeastern part of the state, Broward (N=631) & Miami-Dade (728). These two counties reported a combined total of 1,359 cases in 2010, or 39% of the statewide total.

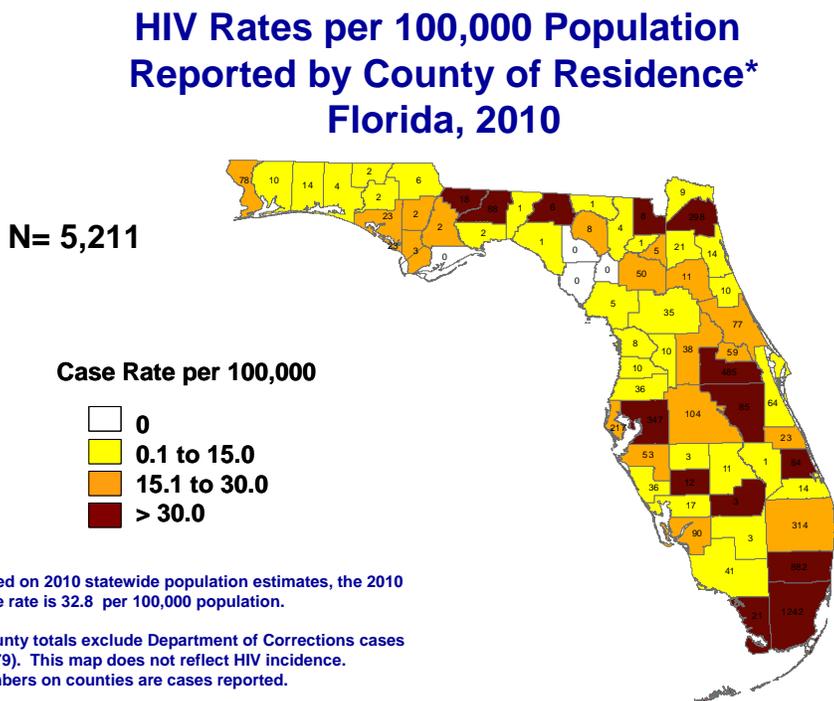
**Figure 1. AIDS cases and rates per 100,000 population, by county of residence, Florida, 2009, (excluding Department of Corrections).**



Florida ranked first among states in the number of Human Immunodeficiency Virus (HIV) cases *reported* in 2009 (most recent year available for US data). That year, a total of 5,755 (13% of total US) HIV cases were *reported* in Florida, followed by 4,886 (11%) in California and 4,291 (10%) in New York.

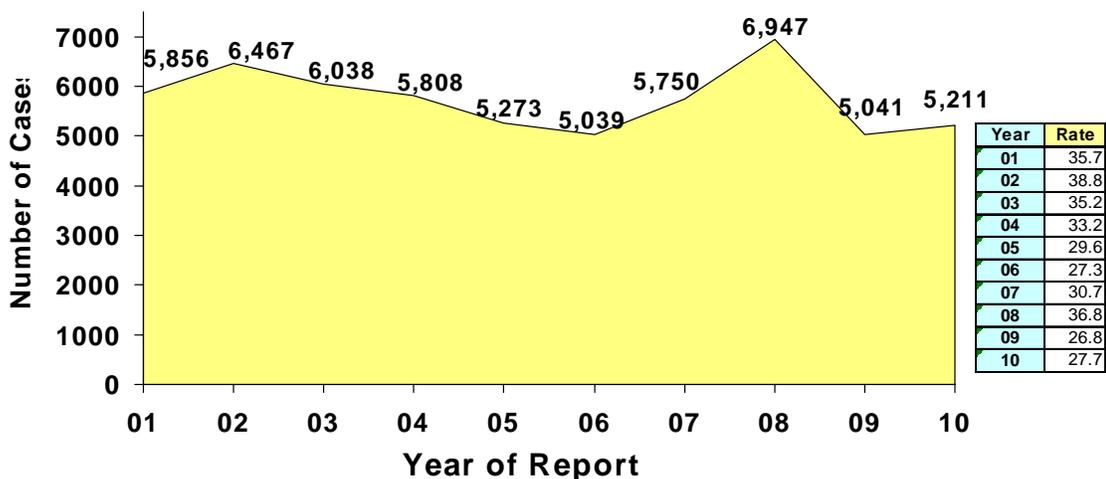
In 2010, at least one HIV case was reported in all but four counties and eight counties reported 100 or more cases (Figure 2). These eight counties included Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas and Polk. They reported a combined total of 3,889 cases, or 75% of Florida's total reported cases in 2010 (N=5,211). The greatest numbers of HIV cases were reported from Miami-Dade (N=1,242), Broward (N=882), and Orange (N=485). These three counties reported a combined total of 2,609 cases in 2010, or 50% of the statewide total.

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



Generally, HIV cases had 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 with an expected approach to leveling in 2010 (Figure 3).

Figure 3. HIV case rates per 100,000 population\*, by year of report, Florida, 2001-2010.

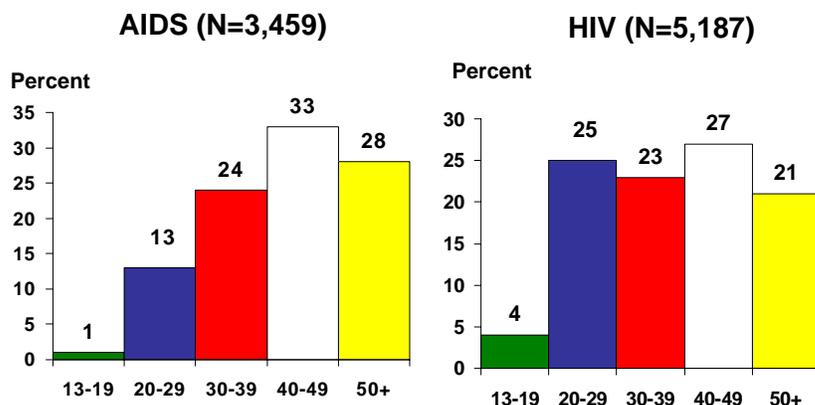


## HIV/AIDS CASES BY AGE, SEX AND RACE

As in previous years, the greatest proportion of AIDS cases reported in 2010 was among persons 40-49 years old (33%) (Figure 4). This year, the 50+ age group was second, with 28% of the reported AIDS cases, followed by the 30-39 age group with 24%.

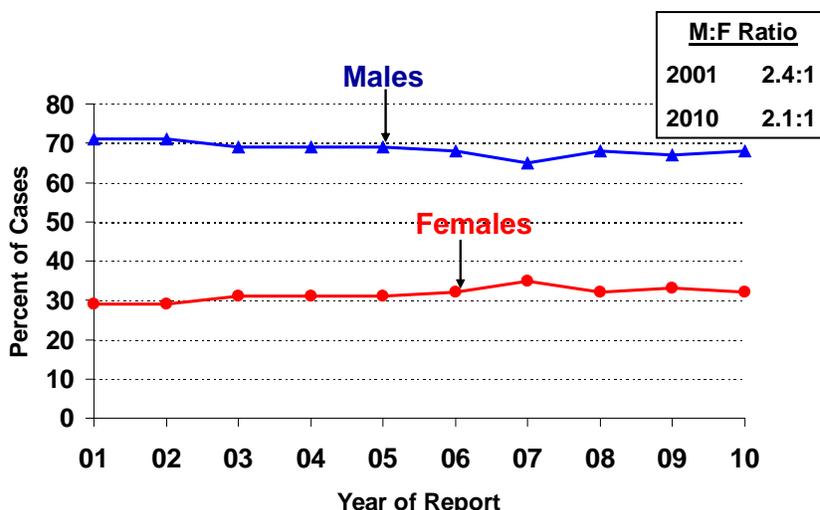
Compared with AIDS cases, a greater proportion of HIV cases in 2010 were also reported among those aged 40-49 (27%) followed by those aged 20-29 (25%) and aged 30-39 (23%).

**Figure 4. Age distribution of Florida's adult AIDS cases compared with the age distribution of Florida's adult HIV cases, 2010.**



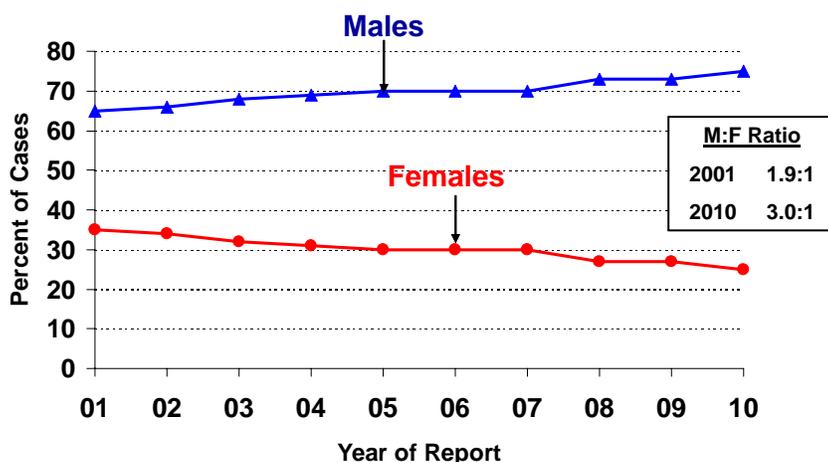
AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increase in female cases reflects the changing face of the AIDS epidemic over time. In 2001, 29% of the AIDS cases reported in Florida were female (Figure 5). Over the past ten years, the proportion of AIDS cases among men and women has remained fairly level. The male-to-female ratio declined slightly from 2.4:1 in 2001 to 2.1:1 in 2010. In 2010, the AIDS case rate per 100,000 population was 30.6 among adult males and 13.5 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, 2001-2010.**



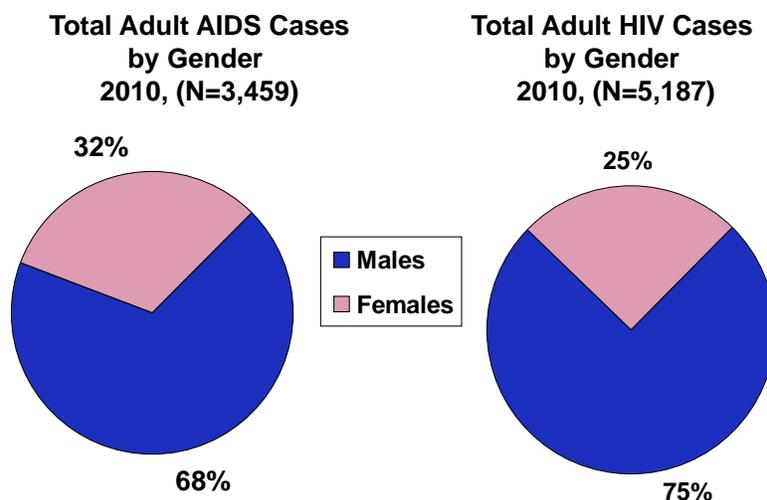
The trend for HIV cases by sex is the opposite of that for AIDS cases. Recent trends in HIV transmission are best described by the HIV case data. The relative increase in male HIV cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. In 2001, 35% 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 1.9:1 in 2001 to 3.0:1 in 2010. This pattern differs from that seen for AIDS cases during the same time period. In 2010, the HIV case rate per 100,000 population was 50.2 among adult males and 16.2 among adult females, higher than the rates seen among AIDS cases.

**Figure 6. Percent of adult HIV cases by sex and year of report, Florida, 2001-2010.**



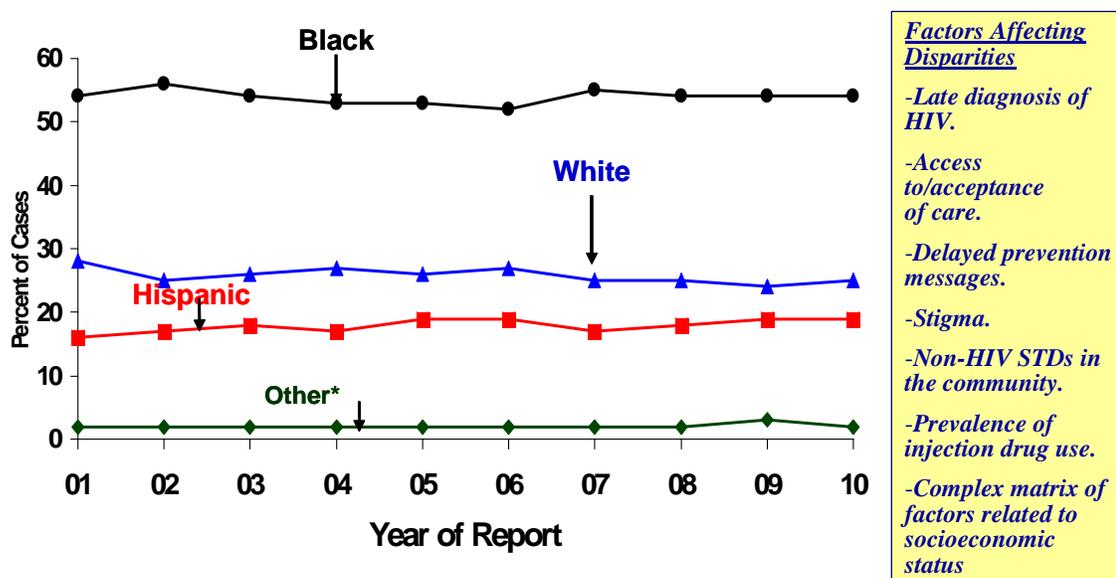
In 2010 a total of 2,362 adult males and 1,097 adult females were reported with AIDS, representing 68% and 32% of cases, respectively (Figure 7). Also in 2010, a total of 3,873 adult males and 1,314 adult females were reported with HIV infection, representing 75% and 25% of cases, respectively. Florida’s adult population is 49% male and 51% female; therefore male cases are disproportionately impacted.

**Figure 7. Percentage of adult AIDS and HIV cases by sex, Florida, Florida, 2010.**



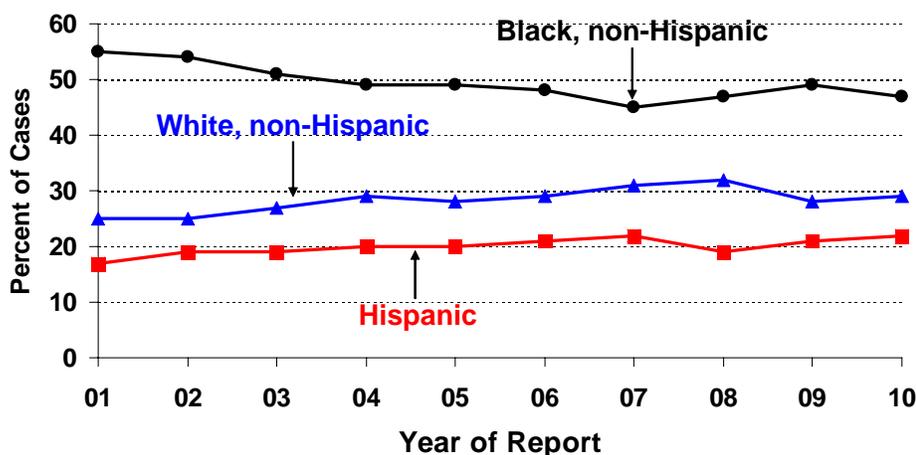
Historically, blacks account for over 50% of the reported AIDS cases; however, they represent only 15% of the adult population. Numerous disparities can affect the increases of HIV in a given population. Over the past 10 years, the proportion of AIDS cases has decreased among whites by 12% while increasing by 20% among Hispanics (Figure 10). The proportion of AIDS cases among blacks has remained fairly constant. Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial.

**Figure 8. Percent of adult AIDS cases by race/ethnicity and year of report, Florida, 2001-2010.**



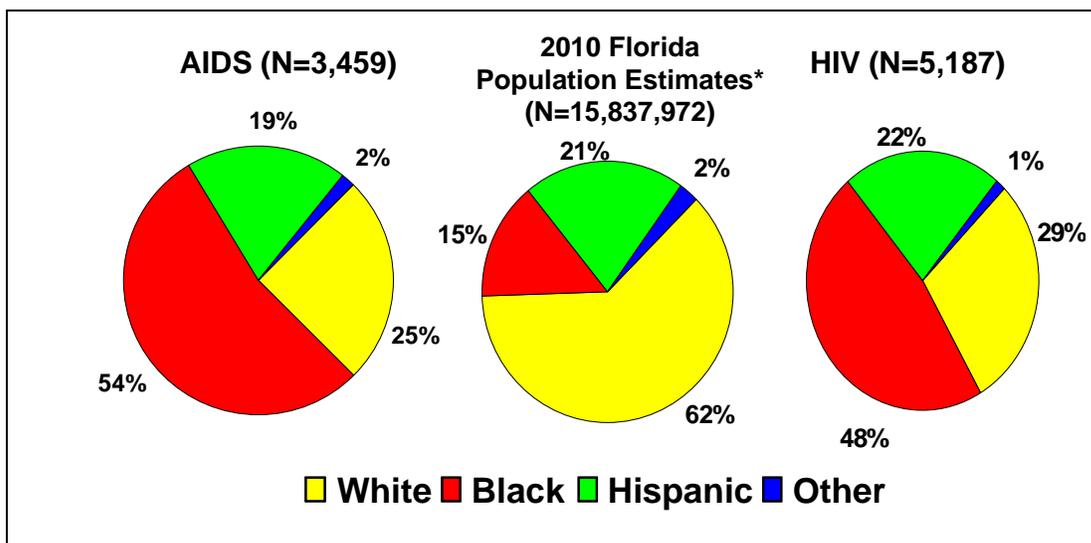
Comment: HIV case reporting, implemented in mid-1997, reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. The proportion of black HIV cases has decreased by 15% from 2001 to 2010. In contrast, increases were observed among both white (16%) and Hispanic (29%) HIV cases over this same time period (Figure 9).

**Figure 9. Percent of adult HIV cases by race/ethnicity and year of report, Florida, 2001-2010.**



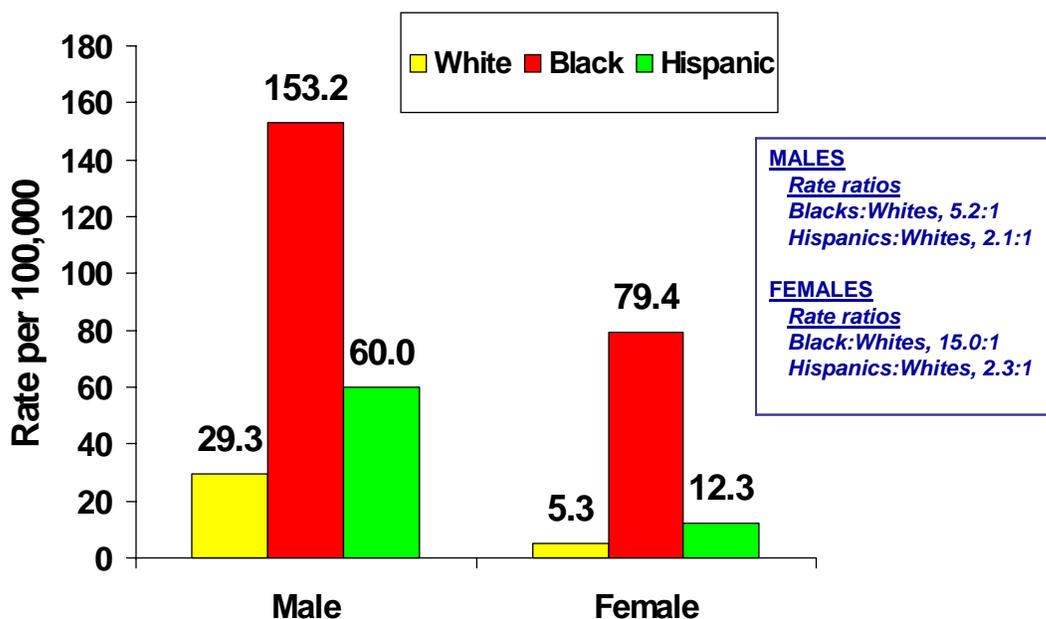
In 2010, blacks were over-represented among the AIDS and HIV cases, accounting for 54% of adult AIDS cases and 48% of adult HIV cases, but only 15% of the adult population (Figure 10). Hispanics represent 21% of the adult population and account for 19% of the adult AIDS cases and 22% of the adult HIV cases.

**Figure 10. Percentage of adult AIDS cases and HIV cases by race/ethnicity, Florida, 2010.**



Black men and, to an even greater extent, black women are over-represented in the HIV epidemic (Figure 11). The HIV case rate for 2010 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.

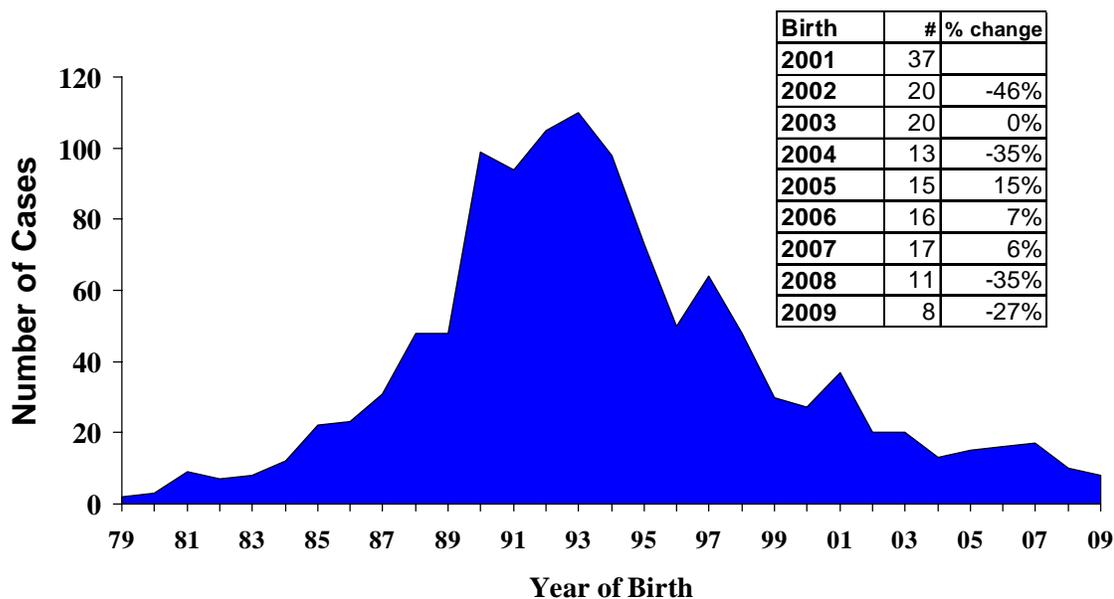
**Figure 11. Adult HIV cases and case rates per 100,000 population by sex and race/ethnicity, Florida, 2010.**



## PERINATAL HIV/AIDS CASES

Of the 1,167 perinatally infected babies born in Florida through 2009 (most complete year), 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 (N=8).

**Figure 12. Perinatal HIV/AIDS Cases by Year of Birth, born in Florida, 1979-2009 (N=1,167)**

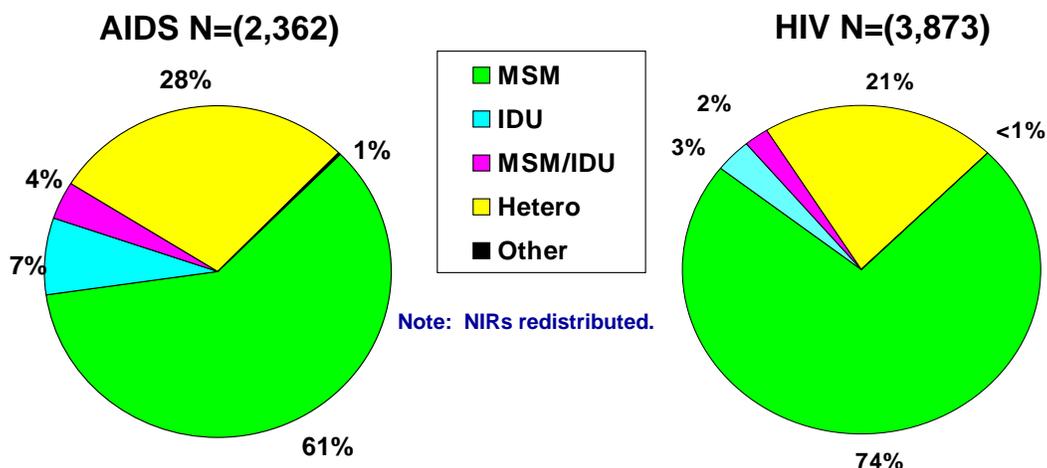


## ADULT (age 13+) HIV/AIDS CASES BY TRANSMISSION CATEGORY

### Males

Among the male AIDS and HIV cases reported for 2010, men who have sex with men (MSM) was the most common risk factor (61% and 74% respectively) followed by cases with a heterosexual risk (28% for AIDS and 21% for HIV) (Figure 13). The recent increase among MSM is indicated by the higher percent of MSM among HIV cases compared to AIDS cases, as HIV cases tend to represent a more recent picture of the epidemic.

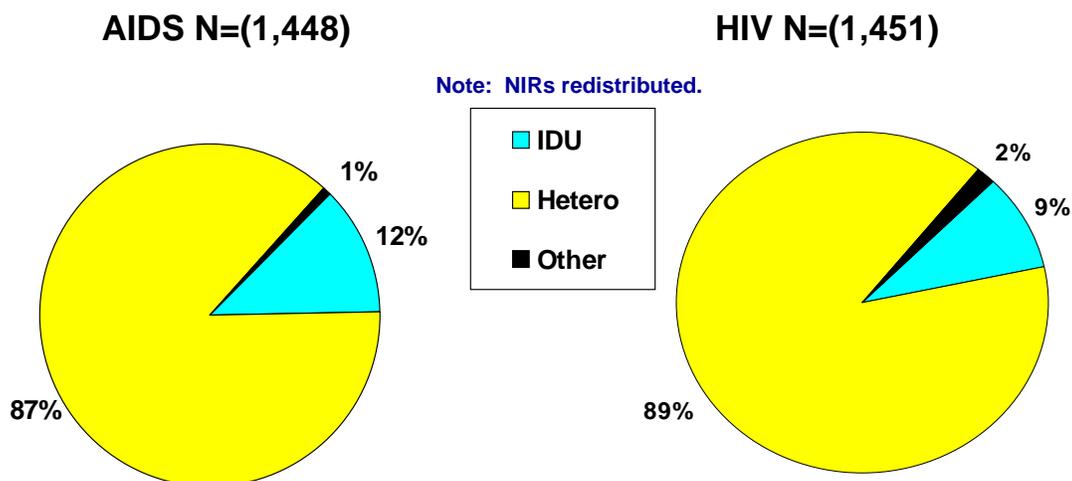
**Figure 13. Adult male AIDS and HIV cases by mode of exposure, Florida, 2010.**



### Females

Among the female AIDS and HIV cases reported for 2010, 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 INFECTION IN THE U.S. AND FLORIDA

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 135,000 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 HIV Infection in Florida and that in the 40 states in the U.S. as noted in the table below (Figure 15). Florida has a slightly higher proportion of women infected with HIV (30%) compared to the US (27%). By race/ethnicity, Florida has similar patterns of HIV infected cases among blacks (49%) compared to the US (48%) and among MSM (44% vs. 46%). However, Florida has a far higher proportion of HIV infected cases among heterosexuals (39% vs. 28%) and a much lower proportion among IDUs (11% vs. 19%) compared to the US.

**Figure 15. Persons Living with HIV Infection in the U.S. (2008)\* and Florida (2009)**

<b>Subgroup N=</b>	<b>U.S. 663,084</b>	<b>Florida 93,053</b>
<b>Male</b>	<b>73%</b>	<b>70%</b>
<b>Female</b>	<b>27%</b>	<b>30%</b>
<b>White</b>	<b>33%</b>	<b>30%</b>
<b>Black</b>	<b>48%</b>	<b>49%</b>
<b>Hispanic</b>	<b>17%</b>	<b>19%</b>
<b>Other</b>	<b>3%</b>	<b>2%</b>
<b>MSM</b>	<b>46%</b>	<b>44%</b>
<b>IDU</b>	<b>19%</b>	<b>11%</b>
<b>MSM/IDU</b>	<b>5%</b>	<b>4%</b>
<b>Heterosexual</b>	<b>28%</b>	<b>39%</b>
<b>Other</b>	<b>2%</b>	<b>2%</b>

Source: U.S. Data: CDC, HIV Surveillance Report, 2009, Vol. 21, Table 15a,

\*Estimated for 40 states with confidential name-based HIV infection reporting,

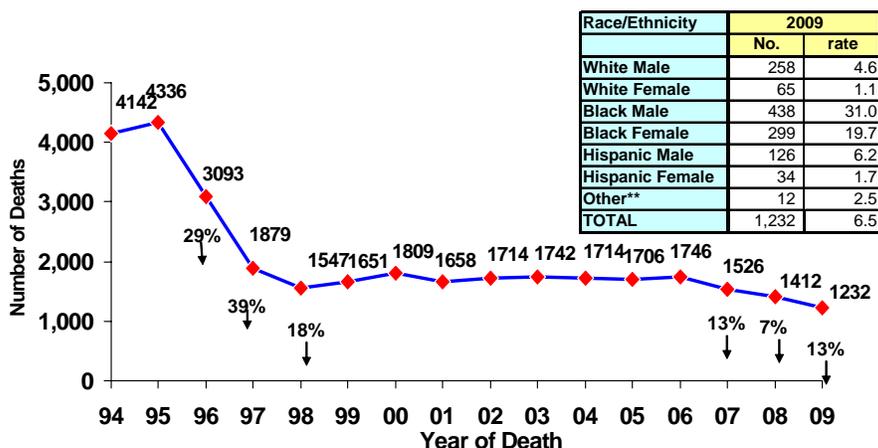
Florida Data: eHARS, alive and reported through 2009, as of 06/03/10.

Note: M:F ratio: U.S., 2.7:1. Fla., 2.3:1, NIRs redistributed for Florida.

## IMPACT OF HIV-RELATED DEATHS

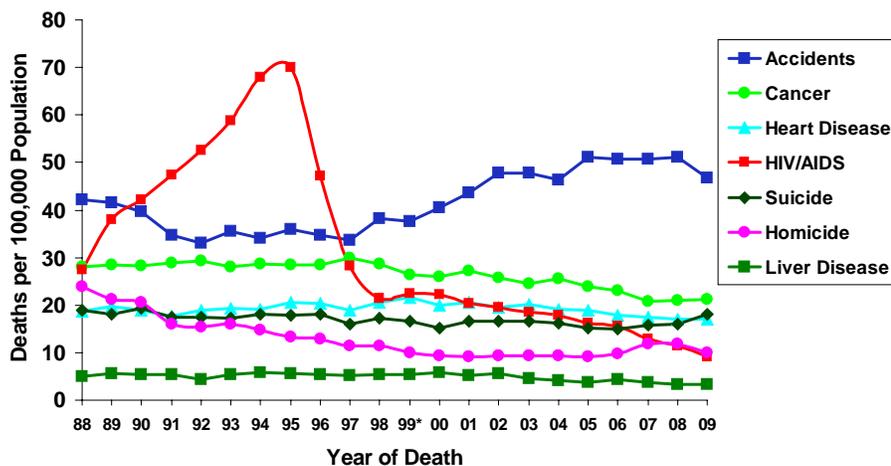
As of December 31, 2010 a total of 121,161 AIDS cases were reported in Florida. Of these cumulative cases, 66,848 (55%) were known to have died. HIV/AIDS deaths decreased markedly from 1996-1998, associated with the advent of HAART in 1996. A leveling of the trend during 2000-2006 may reflect factors such as viral resistance, late diagnosis of HIV, adherence problems, and lack of access to or acceptance of care. Yearly declines of 13% in 2007, 7% in 2008 and another 13% in 2009 appear to be promising. Racial/ethnic disparities are evident in the death rate data. 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, 1994–2009.**



The peak year for resident HIV deaths was 1995 (Figure 17). In 2008 & 2009, HIV was the 6<sup>th</sup> 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, 1988-2009.**



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

## 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.*

<a href="http://www.cdc.gov">http://www.cdc.gov</a>	Centers for Disease Control and Prevention
<a href="http://www.cdc.gov/nchstp/stateprofiles/usmap.htm">http://www.cdc.gov/nchstp/stateprofiles/usmap.htm</a>	Centers for Disease Control and Prevention
<a href="http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/webaddress.htm">http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/webaddress.htm</a>	<b>Other State Web Sites</b>
<a href="http://www.who.int">http://www.who.int</a>	World Health Organization
<a href="http://hivinsite.ucsf.edu/">http://hivinsite.ucsf.edu/</a>	HIV Insite
<a href="http://www.thebody.com/index.shtml">http://www.thebody.com/index.shtml</a>	The Body
<a href="http://www.medscape.com/">http://www.medscape.com/</a>	Medscape
<a href="http://www.caps.ucsf.edu/index.html">http://www.caps.ucsf.edu/index.html</a>	Center for AIDS Prevention Studies
<a href="http://www.hopkins-aids.edu/">http://www.hopkins-aids.edu/</a>	John Hopkins AIDS Service – Infectious Diseases
<a href="http://www.ama-assn.org/special/hiv/hivhome.htm">http://www.ama-assn.org/special/hiv/hivhome.htm</a>	JAMA HIV/AIDS Information Center
<a href="http://www.paho.org/selection.asp?SEL=TP&amp;LNG=ENG&amp;CD=OAIDSNSTD">http://www.paho.org/selection.asp?SEL=TP&amp;LNG=ENG&amp;CD=OAIDSNSTD</a>	PAHO: AIDS/Sexually Transmitted Diseases
<a href="http://www.ashastd.org/">http://www.ashastd.org/</a>	The American Social Health Organization
<a href="http://www.unaids.org/">http://www.unaids.org/</a>	UNAIDS
<a href="http://www.nastad.org/">http://www.nastad.org/</a>	National Alliance of State and Territorial AIDS Directors
<a href="http://www.iapac.org/">http://www.iapac.org/</a>	International Association of Physicians in AIDS Care
<a href="http://www.nap.edu/books/0309071372/html/(2000)">http://www.nap.edu/books/0309071372/html/(2000)</a>	Nat'l Academy Press, No Time To Lose
<a href="http://www.wemakethechange.com">http://www.wemakethechange.com</a>	We Make the Change
<a href="http://www.lungfla.org/aspcode/index.asp">http://www.lungfla.org/aspcode/index.asp</a>	American Lung Association of Florida
<a href="http://www.floridaaidsaction.org/site/index.html">http://www.floridaaidsaction.org/site/index.html</a>	AIDS Institute
<a href="http://www.census.gov/ipc/www/hivaidn.html">http://www.census.gov/ipc/www/hivaidn.html</a>	US Census Bureau
<a href="http://www.sis.nlm.nih.gov/HIV/HIVMain.html">http://www.sis.nlm.nih.gov/HIV/HIVMain.html</a>	National Library of Medicine
<a href="http://www.knowhiv aids.org/">http://www.knowhiv aids.org/</a>	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.*