PCHAP

Partnership for Comprehensive HIV/AIDS Planning

Area 12
Priorities and Allocations Committee

Purpose

- **Priorities** - Rank eligible CARE Act service categories in order of priority, based on documented needs of persons within Area 12 that are living with HIV/AIDS

- **Allocations** - Develop a recommendation for how Ryan White Part B and Florida General Revenue funds should be divided between service categories (by percentage of total grant award) in order to best meet the needs of the local community through quality, cost-effective services.
Guidance for Decision Making

• Decisions must be based on documented needs
• Services must be responsive to the epidemiology of HIV/AIDS in Area 12
• Prioritized services must support the provision of basic health care, limiting duplication of services, and minimizing hospitalizations among clients
• Decisions must address the overall service needs in the area, and not focus on individuals
Guidance for Decision Making (cont.)

- Services should be culturally appropriate
- Services should focus on the needs of low-income, underserved, and severe needs populations
- Services must meet established standards of care and quality
- Services must be cost-effective
Criteria for Service Selection

• Documentation of need:
  ▪ Epidemiology of local epidemic
  ▪ Information from consumers and providers
  ▪ Other structured sources of information

• Quality and cost-effectiveness of services:
  ▪ Client surveys
  ▪ Other evaluation methods

• Service responsiveness to cultural norms of target populations, especially those with most severe need
Criteria for Service Selection (cont.)

• Consistent with existing continuum of care and overall goals to:
  ▪ Ensure access to basic healthcare
  ▪ Minimize the need for hospitalization
  ▪ Eliminate duplication of services

• Address ongoing and emerging needs

• Reflect changing local Epidemiology of HIV
The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.
Goal 1: Reducing New HIV Infections

• Intensify HIV prevention efforts in communities where HIV is most heavily concentrated
• Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches
• Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission
Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.

- Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.

- Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.
Goal 3: Reducing HIV Related Disparities and Health Inequities

• Reduce HIV-related disparities in communities at high risk for HIV infection
• Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities
• Reduce stigma and eliminate discrimination associated with HIV status
Goal 4: Achieving a More Coordinated National Response to the HIV Epidemic

• Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments

• Develop improved mechanisms to monitor and report on progress toward achieving national goals
Indicators

A work group was tasked to develop updated indicators with ambitious, yet feasible, targets that would inspire action and maintain progress toward meeting the Strategy’s HIV prevention, treatment, and care outcomes.
Indicators (cont.)

1. Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.

2. Reduce the number of new diagnoses by at least 25 percent.

3. Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.

4. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.
Indicators (cont.)

5. Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent

6. Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent

7. Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent

8. Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent
9. Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.

10. Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.
Needs Survey Data

Spring 2013

*A new survey will be conducted Oct 2016*
Acronyms

- **MSM** - Men who have sex with men (includes homosexual and bisexual)
- **IDU** - Injecting drug user (category assumes that needle-sharing has taken place)
- **Hetero** - Persons infected by a partner of the opposite sex
- **Blood** - Persons exposed through receipt of contaminated: blood/blood products, transplanted tissue/organs or artificial insemination (includes both confirmed and suspect cases pending investigation)
- **Other/Unknown** - Confirm other risks
Survey Demographics

What is your gender?
- Male: 68%
- Female: 31%
- Transgender (Male to Female): 1%

How do you identify yourself?
- Straight: 56%
- Gay: 36%
- Bisexual: 6%
- MSM (Men who have Sex with Men): 2%
Survey Demographics (cont.)

What is your ethnicity?
- Non-Hispanic/Latina/o: 84%
- Hispanic/Latina/o: 15%
- Haitian: 1%

What is your race?
- White/Caucasian: 62%
- Black or African American: 33%
- American Indian or Alaskan Native: 1%
- Mixed/more than one race: 4%
Survey Demographics (cont.)

What is your age?
- 45 to 64 years: 65%
- 25 to 44 years: 25%
- 13 to 24 years: 1%
- 65 years and older: 9%

Where do you live?
- Volusia: 89%
- Flagler: 11%
Survey Demographics (cont.)

What best describes your work situation in the past 12 months?

- Working full-time job: 62%
- Working part-time job: 19%
- Self employed: 12%
- Working off and on: 5%
- Not working: 2%

Why were you not working during the past 12 months?

- N/A (was working): 45%
- Student: 7%
- Looking for a job: 10%
- Retired: 27%
- For health reasons, on disability: 2%
- For health reasons, NOT on disability: 7%
- Other: 2%
Where were you living when you first tested positive for HIV?

- In the same county I live now: 50%
- In another county in Florida: 20%
- In another state: 30%
- Outside of the United States: 1%

Did you get HIV/AIDS related medical care OR a CD4-T-cell count OR a viral load lab test in the past 12 months?

- Yes: 164
- No: 8
Barriers to Service

- I could not pay for services
- I did not know where to get services
- I was depressed
- I could not get transportation
- I had a bad experience with the staff
- I did not want people to know that I have HIV
<table>
<thead>
<tr>
<th>Barriers to Service</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not qualify for services</td>
<td>10%</td>
</tr>
<tr>
<td>I could not get time off work</td>
<td>6%</td>
</tr>
<tr>
<td>I could not get an appointment</td>
<td>4%</td>
</tr>
<tr>
<td>I could not get childcare</td>
<td>2%</td>
</tr>
<tr>
<td>Services were not in my language</td>
<td>0%</td>
</tr>
</tbody>
</table>
Which five services do you think are most important for PLWHA to be able to access throughout the state?

- Outpatient Medical Care (doctor's office visits)
- Payment for Medications
- Dental/Oral Health Services
- Assistance receiving and accessing services
- Private Health Ins co-payment or premium assistance
- Food Bank/Food Voucher
- Mental Health Services
- Outreach to HIV patients who have fallen out of care
- Transportation to and from HIV related care services
- Linking newly diagnosed HIV patients to care
Which five services do you think are most important for PLWHA to be able to access throughout the state?

- Health education about risk reduction
- Substance Abuse Treatment
- Home Health Care
- Nutritional Counseling for healthy eating habits
- Legal services
- Other (please specify)
- Treatment adherence counseling
- Rehabilitation services
- Hospice Services
- Early Intervention Services
HIV Care information (cont.)

Were you in jail and/or prison during the past 12 months?
- Yes, I was in jail: 4%
- Yes, I was in prison: 1%
- No: 96%

What prevented you from getting the HIV/AIDS services you needed after you were released?
- N/A I was able to get HIV services after my release: 83%
- I was having trouble finding friends I could trust: 17%
- I did not have transportation to get services: 17%
- I did not have ID or documentation to qualify: 17%

When you were released from jail/prison, which of the following did you receive?
- Information about finding housing: 60%
- Referral to medical care: 20%
- Referral to case management: 20%
- A supply of HIV medication to take with you: 20%
- Other: 20%
HIV/AIDS Epidemiology

Area 12: Volusia and Flagler Counties
HIV/AIDS Case Data

- AIDS Cases became reportable in Florida in 1981
- HIV (not AIDS) became reportable in Florida on July 1, 1997
- HIV infection reporting represents new adult HIV infection cases, regardless of AIDS status at the time of report, that were previously reported
- AIDS cases and HIV infection cases by year of report are NOT mutually exclusive and CANNOT be added together
- Frozen databases of year-end data are generated at the end of each calendar year. This is the same data used for Florida CHARTS and all grant-related data where annual data are included
- HIV prevalence data are generated later in the year, usually in July, when most of the “expected” death data are complete
HIV/AIDS Case Data (cont.)

- Adult cases represent ages 13 and older, pediatric cases are those under the age of 13. For the data by year, the age is by age of diagnosis. For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.

- Unless otherwise noted, whites are non-Hispanics and blacks are non-Hispanic.

- Unless otherwise noted, area and county data will exclude Department of Corrections cases.
## Snapshot of Persons Reported with HIV, 2015

<table>
<thead>
<tr>
<th></th>
<th>Adults (Age 13+)</th>
<th>Pediatrics (Age &lt;13)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV Infection Cases</strong></td>
<td></td>
<td></td>
<td>77</td>
</tr>
<tr>
<td>HIV Infection Cases</td>
<td>77</td>
<td>-</td>
<td>77</td>
</tr>
<tr>
<td>AIDS Cases</td>
<td>40</td>
<td>-</td>
<td>40</td>
</tr>
</tbody>
</table>

*HIV infection cases and AIDS cases by year of report are NOT mutually exclusive and CANNOT be added together.

###Cumulative HIV/AIDS Cases Diagnosed 1981-2015

<table>
<thead>
<tr>
<th></th>
<th>Adults (Age 13+)</th>
<th>Pediatrics (Age &lt;13)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV (not AIDS) Cases</strong></td>
<td></td>
<td></td>
<td>759</td>
</tr>
<tr>
<td>HIV (not AIDS) Cases</td>
<td>742</td>
<td>17</td>
<td>759</td>
</tr>
<tr>
<td>AIDS Cases</td>
<td>2,026</td>
<td>18</td>
<td>2,044</td>
</tr>
<tr>
<td>Total</td>
<td>2,768</td>
<td>35</td>
<td>2,803</td>
</tr>
</tbody>
</table>

**HIV (not AIDS) cases were NOT reportable until 07/1997**

**Persons Living with HIV Disease through 2015, as of 06/30/2016:** 1,818

**Total Population, 2015**

- **611,482**
Note: Overall, there was 27% decrease in newly diagnosed HIV infection cases over the past ten years. Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak of newly diagnosed cases of HIV Infection in 2007. This was followed by a general decline in diagnosed cases through 2013. An increase in new HIV infection cases was observed in 2014 and to a lesser extent in 2015.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016. Rates are expressed as per 100,000 population.
AIDS Cases and Rates* by Year of Diagnosis.

2006-2015

Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly diagnosed cases of AIDS in 2008. This was followed by a general decline in diagnosed cases through 2011. Another surge in the expansion of ELR in 2012 was followed by another increase in newly diagnosed cases of AIDS in 2013. In 2015, AIDS cases fell by 20% from the previous year. This is more than the 3% decline in AIDS cases observed by the state during the same time period.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016. Rates are expressed as per 100,000 population.
Adult HIV Infection Cases by Sex and Year of Report
2006-2015

Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV infection cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.
Adult AIDS Cases by Sex and Year of Report
2006-2015

Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.
Adult HIV Infection and AIDS Cases by Sex Diagnosed in 2015

- HIV Infection: N=77
  - Males: 71%
  - Females: 29%

- AIDS: N=40
  - Males: 57%
  - Females: 43%
Adult HIV Infection Cases by Race/Ethnicity and Year of Diagnosis 2006-2015

Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2006 to 2015, the proportion of HIV infection cases among whites and Hispanics decreased by 21 and 2 percentage points, respectively. In contrast, the proportion of HIV infection cases among blacks increased by 21 percentage points over the same time period. Other races represent less than 3% of the cases and are not included.
From 2006 to 2015, the proportion of HIV infection cases among Hispanic and black males increased by 1 and 25 percentage points, respectively. In contrast, the proportion of HIV infection cases among white males decreased by 28 percentage points during the same time period. Other races represent less than 4% of the cases and are not included.
Adult Female HIV Infection Cases by Race/Ethnicity and Year of Diagnosis 2006-2015

Note: The proportion of black and white adult female HIV infection cases shifted up and down over the years, oftentimes, crossing paths. From 2006 to 2015, the proportion of adult female HIV infection cases among Hispanics and whites decreased by 10 and 3 percentage points, respectively. In contrast, the proportion of adult female HIV cases among blacks increased by 13 percentage points during the same time period. Other races represent less than 5% of the cases and are not included.
Adult AIDS Cases by Race/Ethnicity and Year of Diagnosis 2006-2015

Note: In 2015, blacks accounted for 50% of adult AIDS cases, but only 10% of the population. Over the past ten years, the proportion of AIDS cases among blacks and whites fluctuated over time, oftentimes, crossing paths. From 2006 to 2015, the proportion of adult AIDS cases among blacks increased by 10 percentage points. In contrast, the proportion of adult AIDS cases among whites decreased by 19 percentage points, whereas the proportion of AIDS cases among Hispanics remained relatively level during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 3% of the cases and are not included.

Factors Affecting Disparities
- Late diagnosis of HIV.
- Access to/ acceptance of care.
- Delayed prevention messages.
- Stigma.
- Non-HIV STD’s in the community.
- Prevalence of injection drug use.
- Complex matrix of factors related to socioeconomic status
Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Diagnosed in 2015

Note: Among black males, the HIV case rate is nearly 17-fold greater than the rate among white males. Likewise among black females, the HIV case rate is 9 times higher than the rate among white females. Among Hispanic males and females, the HIV case rate is higher than the rate among white their white counterparts.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016.
Adult AIDS Case Rates* by Sex and Race/Ethnicity, Diagnosed in 2015

- **Rate per 100,000 Population**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Black</td>
<td>55.6</td>
<td>21.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.7</td>
<td>3.4</td>
</tr>
</tbody>
</table>

**Rate Ratios:**

- **MALES**
  - Black:White, 36.2:1
  - Hispanic:White, 7.0:1

- **FEMALES**
  - Black:White, 4.9:1
  - Hispanic:White, 0.8:1

**Note:** Among black males, the AIDS case rate is 36-fold greater than the rate among white males. Among black females, the AIDS case rate is nearly 5 times higher than the rate among white females. Hispanic male rate is 7 times higher than the rate among their white counterpart, while the Hispanic female rate is slightly lower than the rate among their white counterpart.

*Source: Partnership 12 population estimates are provided by Florida CHARTS as of 6/20/2016.*
Adult HIV and AIDS Cases Diagnosed in 2015 and Population Data by Race/Ethnicity

**HIV Infection**
- N=77
- 13% White
- 4% Black
- 53% Hispanic
- 30% Other

**2015 Partnership 12 Population Estimates***
- N=531,463
- 11% White
- 10% Black
- 50% Hispanic
- 30% Other

**AIDS**
- N=40
- 10% White
- 10% Black
- 10% Hispanic
- 50% Other

*Population Estimates

**Other**

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Florida
Volusia County

Volusia County
Health

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White  Black  Hispanic  Other**
Adult HIV Infection Cases by Age Group at Diagnosis and Year of Report 2006-2015

Note: From 2006 to 2015, the proportion of adult HIV infection cases among those aged 13-19, 20-29 and 50 or older, increased by 6, 24 and 6 percentage points, respectively.
Adult HIV Infection Cases by Sex and Age Group at Diagnosis Reported in 2015

Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the highest percent of HIV infection cases, recent estimates show that among males, 49% of HIV infection cases occur among those aged 20-29, whereas among females, 41% of HIV infection cases occur among those in the 50 or older age group.
Definitions of Mode of Exposure Categories

- **MSM** – Men who have sex with men or male-to-male sexual contact with person with HIV/AIDS or known HIV risk
- **IDU** – Injection drug user
- **MSM/IDU** – Men who have sex with men or male-to-male sexual contact & injection drug user
- **Heterosexual** – Heterosexual contact with person with HIV/AIDS or known HIV risk
- **Other** – includes hemophilia, transfusion, perinatal, other pediatrics risks and other confirmed risks
- **NIR** – Cases reported with no identified risk
- **Redistribution of NIRs** – This illustrates the effect of statistically assigning (redistributed) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs
Note: From 2006 to 2015, the proportion of adult HIV infection cases among those aged 13-19, 20-29 and 50 or older, increased by 6, 24 and 6 percentage points, respectively.
Adult Male HIV Cases by Mode of Exposure and Year of Diagnosis, 2006-2015

Note: For most years, male-to-male sexual contact (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 12.
Adult Female HIV Infection Cases by Exposure Category and Year of Diagnosis, 2006-2015

Note: The heterosexual risk continues to be the dominant mode of exposure among females.
Adult Male HIV Infection and AIDS Cases by Mode of Exposure Diagnosed in 2015

HIV Infection
N=55

AIDS
N=23
Adult Female HIV Infection and AIDS Cases by Mode of Exposure Diagnosed in 2015

**HIV Infection**
- N=22
- 86% Heterosexual
- 14% IDU

**AIDS**
- N=17
- 41% Heterosexual
- 59% IDU
Cases Living with HIV Disease

Unless otherwise noted, data in the following slides represent persons living with HIV/AIDS (PLWHAs), who were living in Florida (regardless where diagnosed) through the most recent calendar year. Living data are also referred to as prevalence cases or living with HIV disease.
Adults Living with HIV Disease by Zip Code
Diagnosed through 2015

Total Adult Living HIV/AIDS Cases

- 0
- 1 - 30
- 31 - 60
- Over 60

N=1,797

Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016
Men who have Sex with Men (MSM)* Living with HIV Disease by Zip Code Diagnosed through 2015

Presumed Living MSM HIV/AIDS Cases

- **0**
- **1 - 20**
- **21 - 40**
- **Over 40**

N=1,008

Excludes DOC, homeless, and cases with unknown zips.

*Includes MSM/IDU cases. Data as of 04/15/2016
Injection Drug Users (IDUs)* Living with HIV Disease by Zip Code Diagnosed through 2015

Presumed Living IDU HIV/AIDS Cases

- 0
- 1 - 10
- 11 - 20
- Over 20

N=355

Excludes DOC, homeless, and cases with unknown zips.
*Includes MSM/IDU cases.
Data as of 04/15/2016
Adult Heterosexuals Living with HIV Disease by Zip Code Diagnosed through 2015

Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016
Adults Living with HIV Disease by Zip Code and Race/Ethnicity Diagnosed through 2015

1 Dot = 3 cases
Dots are randomly placed within zip codes.

- Hispanic
- Black, not-Hispanic
- White, not-Hispanic

N=1,748

Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016
Adults Living with HIV Disease by Zip Code and Sex Diagnosed through 2015

1 Dot = 3 cases
Dots are randomly placed within zip codes.

N=1,797

Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016
Adults Living with HIV Disease by Sex and Race/Ethnicity Diagnosed through 2015

Note: Among adult males living with HIV disease, whites represent the race most affected (52%). Among adult females living with HIV disease, blacks represent the race most affected (55%).

*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.
Case Rates* of Adults Living with HIV Disease by Sex and Race/Ethnicity Diagnosed through 2015

![Graph showing case rates by sex and race/ethnicity](image)

**RATE RATIOS:**

**MALES**
- Blacks:Whites, 4.5:1
- Hispanics:Whites, 2.0:1

**FEMALES**
- Black:Whites, 12.9:1
- Hispanics:Whites, 2.6:1

Note: Among black males living with HIV disease diagnosed through 2015, the case rate is nearly 5 times higher than the rate among white males. Among black females, the case rate is nearly 13-fold greater than the rate among white females. The case rate among Hispanic males and females is higher than the rate among their white counterparts. Data excludes Department of Corrections cases.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016.
**Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.
Adults Living with HIV Disease by Sex and Current Age Group Diagnosed through 2015

Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (78%), compared with females living with HIV disease (71%).
Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>MSM</th>
<th>IDU</th>
<th>MSM/IDU</th>
<th>Heterosexual</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>654</td>
<td>81%</td>
<td>6%</td>
<td>8%</td>
<td>5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>378</td>
<td>66%</td>
<td>14%</td>
<td>6%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>185</td>
<td>59%</td>
<td>21%</td>
<td>10%</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Note: Male-to-male sexual contact (MSM) represents the highest risk for all races. White males have the smallest proportion of heterosexual contact risk.

* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.
Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2015

Note: Heterosexual contact is the majority risk for all races. However, whites have the largest proportion of IDU risk.
* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.
As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons diagnosed with HIV/AIDS who are presumed to be alive have been increasing. Since 1995, the number of persons living with HIV/AIDS have increased over 480%. In 2015, the prevalence increased by 4% since the previous year.

Note: These data represent adults living with HIV disease diagnosed in Florida regardless of their current residence.
Top 9 Priority Populations in 2015 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

1. White Men who have sex with Men
2. Black Men who have sex with Men
3. Black Heterosexual men and women
4. White Heterosexual men and women
5. White Injection Drug User
6. Black Injection Drug User
7. Hispanic Men who have sex with Men
8. Hispanic Injection Drug User
9. Hispanic Heterosexual men and women

This final ranking is a result of ranking 9 race/risk groups among those newly reported in eHARS with HIV disease from the 3 most recent years, plus ranking these same 9 race/risk groups from all persons who were diagnosed and living with HIV disease in eHARS through the most recent calendar year. The two ranks were then weighted and combined resulting in the final rank.
Number and Percentage of HIV Infected Persons Engaged in Selected Stages of The Continuum of HIV Care 2015

- **HIV Diagnosed (PLWH) Through 2015:** 1,818
- **Ever in Care:** 1,677
- **In Care/Retained in Care Through 2015:** 1,363
- **Suppressed Viral Load (<200 copies/ml) in 2015:** 1,118

- **82.0% of PLWH in care had a suppressed viral load in 2015**

1. **HIV Diagnosed:** Persons diagnosed and living with HIV (PLWH) in Florida through the end of 2015.
2. **Ever in Care:** PLWH with at least 1 documented viral load (VL) or CD4 lab, medical visit or prescription since HIV diagnosis.
3. **In Care:** PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription in 2015.
   - **Retained in Care:** PLWH with 2 or more documented VL or CD4 labs, medical visits or prescriptions (at least 3 months apart) in 2015.
4. **Suppressed Viral Load:** PLWH with a suppressed VL (<200 copies/ml) on last VL in 2015.
Resident Deaths due to HIV Disease by Year of Death 1995-2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>No.</th>
<th>rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Male</td>
<td>10</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>White Female</td>
<td>4</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Black Male</td>
<td>7</td>
<td>22.6</td>
<td></td>
</tr>
<tr>
<td>Black Female</td>
<td>2</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td>Hispanic Male</td>
<td>2</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Hispanic Female</td>
<td>-</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Other*</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>25</td>
<td>4.1</td>
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</tr>
</tbody>
</table>

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 06/20/2016). Population data are provided by Florida CHARTS as of 06/20/2016.

*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.
Chlamydia, Gonorrhea, Syphilis* and HIV Rates
2006-2015

* Note: Syphilis data include both Primary and Secondary Syphilis.
Source: Data from 2006 to 2015 have been validated using Florida CHARTS as of 06/27/2016. FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.
Chlamydia and Gonorrhea Cases
2006-2015

Source: STD data validated through Florida CHARTS as of 06/27/2016. FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.
Syphilis* and HIV 2006-2015

* Note: Syphilis data include both Primary and Secondary Syphilis.
Source: STD data validated through Florida CHARTS as of 06/27/2016. FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.
AIDS Cases with TB by Type and Year of TB
Report 2006-2015

Number Co-infected Cases

*There were no TB cases for 2015 per data as of 06/30/2016.

*Pulmonary TB  **Extra-pulmonary TB

<table>
<thead>
<tr>
<th>Year of TB Report</th>
<th>Pulmonary TB</th>
<th>Extra-pulmonary TB</th>
</tr>
</thead>
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<tr>
<td>07</td>
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<tr>
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<td>11</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
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</table>
HIV/HCV Co-infected Adult Cases by Sex and Mode of Exposure, Living and Diagnosed through 2014

Note: Of the 1,781 living adult (age 13+) HIV/AIDS cases in Area 12 through 2014, 13% were reported to be co-infected with HIV/HCV. Among adults co-infected with HIV/HCV, 55% of males and 56% of females have a documented IDU-related risk. National estimates by the Centers for Disease Control and Prevention (CDC) are that about 25% of PLWH are co-infected with HCV, (80% in HIV/IDUs).

* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.
Area 12 Comprehensive Plan

- Strategy A: Educate consortia on current Case Management and Peer provider’s processes toward (increasing) Retention in care.

- Strategy B: Review data set in light of current processes and local directional focus to determine attainable metric/goal for increasing Retention in Care during the 2016-2017 Ryan White contract year.
Florida DOH Core Indicators
“The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection should not be allowed to consume resources if action does not follow.”

Useful Links

- MMWR (Special Articles on Diseases, Including HIV/AIDS): http://www.cdc.gov/mmwr/
- U.S. Census Data (Available by State and County): http://www.census.gov
Florida’s Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

Four Key Components

1. Test and treat
2. Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
3. Routine screening in healthcare settings/targeted testing in non-healthcare settings
4. Community outreach and messaging
Surveillance Contact

MaryAnne Anderson
Volusia County Health Department
Phone: 386-274-0664
Email: MaryAnne.Anderson@flhealth.gov

Vacant, HIV/AIDS Program Coordinator
Phone: 386-274-0585
For Florida HIV/AIDS Surveillance Data
Contact: (850) 245-4444

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