

2016 FLORIDA HIV SURVEILLANCE SUMMARY

20 Million

Florida's approximate population
in 2016

135,986

Estimated number of people living
with HIV in Florida

114,772

Number of people who were
diagnosed, aware and living with HIV
in Florida

21,214

Number of people who were
unaware of their HIV status in Florida

1.2 million

Number of people living with HIV in
the U.S. (CDC, 2015)



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FLORIDA

2016 Diagnosed HIV Cases

Adults Ages 13+



Non-Hispanic Blacks

1 in 38 males & 1 in 61 females



Non-Hispanic Whites

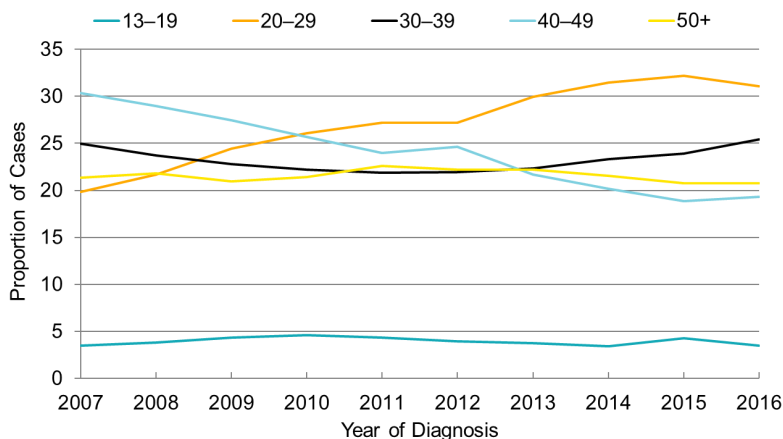
1 in 162 males & 1 in 1,007 females



Hispanics

1 in 111 males & 1 in 490 females

15% of Florida's population yet:
42% of HIV cases
51% of AIDS cases



HIV Cases by Age

Over the past 10 years, HIV cases have increased the most among those aged 20–29 and those 50 and older.

In 2016:

20% of cases among 20–29 year olds

33% of cases among those 50+

Perinatal HIV transmission prevention remains a high priority in Florida

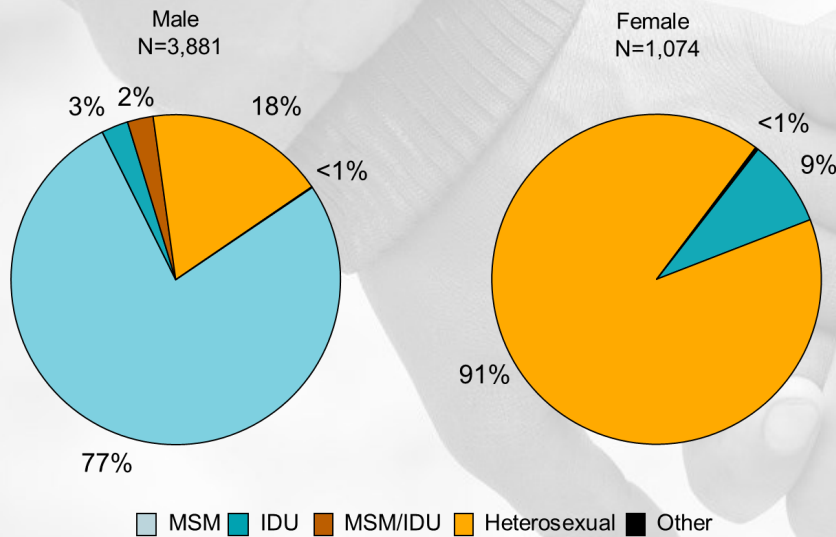
109 babies born with HIV in 1993

8 babies born with HIV in 2016

93%
decline
in perinatal
cases since
1993



HIV Cases by Mode of Exposure

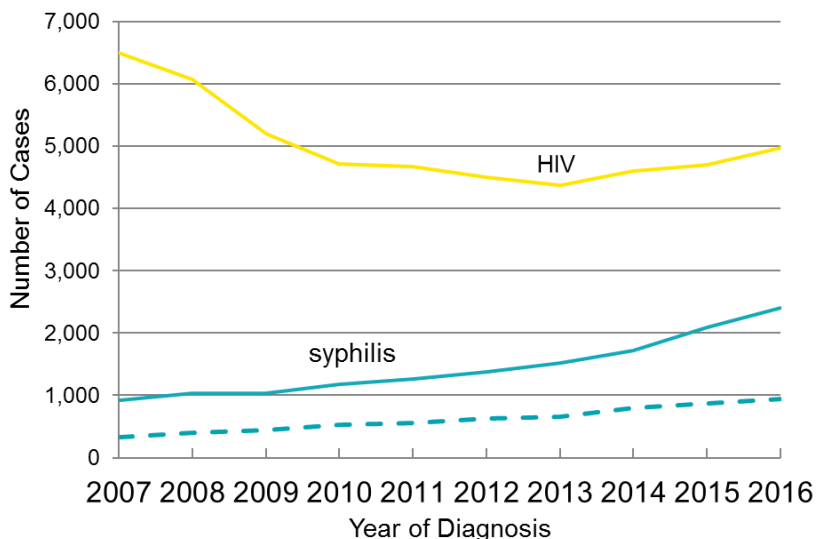


Among males, the highest risk was in **men who have sex with men (MSM)** at 77% of cases, followed by heterosexual contact and injection drug use (IDU).

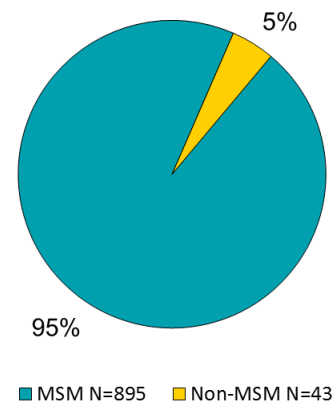
For females, **heterosexual contact** was the primary mode of exposure at 91%, over IDU and other risks.

Over the past decade, syphilis has been on a steady rise, increasing 163% since 2007.

Increases in syphilis cases are typically followed by HIV case increases.



936 cases co-infected with HIV and syphilis in 2016: 95% were MSM



HIV and STD co-infected cases are on the rise.
1,828 HIV/chlamydia cases
2,013 HIV/gonorrhea cases

HIV/AIDS Surveillance Program

Guides Public Health Services

The HIV surveillance program plays a vital role in how Florida determines HIV resource needs, program planning and evaluation. The goal is to collect complete and accurate data, and analyze trends in HIV. HIV staff and county partners use these data to plan, carry out and evaluate HIV programs and interventions.

Throughout the year, HIV Surveillance staff conduct data validation checks to ensure that cases are not reported twice within Florida or within the CDC's national database. Duplicate cases identified within the state are merged together as one case. This is important because HIV is a chronic disease and infected people may be tested frequently as a way of monitoring treatment success.

Summary health data are available in FL Health Charts, the Florida Department of Health's database used to track the health status of the state.



Florida HIV/AIDS Hotline



1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-800-503-7118 TDD/TTY (Hearing/Speech Impaired)
www.211bigbend.org/flhivaidshotline
Text 'FLHIV' or 'flhiv' to 898211

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Data Sources:

-  U.S. Data: HIV Surveillance Report, 2015 (most recent available) Vol. 27 (HIV data for all 50 states) <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>
-  Florida Data: FL Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section. For more Florida data: <http://floridaaids.org/>



The HIV Care Continuum reflects stages of HIV medical care that begin with an initial diagnosis and aim to achieve viral suppression—a very low level of HIV virus in the body—so a person living with HIV (PLWH) is healthy and the spread of HIV is reduced.

2016 Continuum: Diagnosed PLWH in Florida

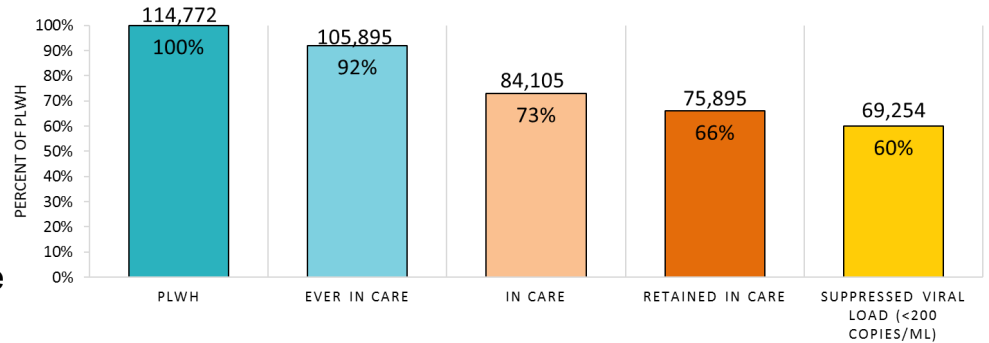
114,772 PLWH

92% Ever in care

73% In care

66% Retained in care

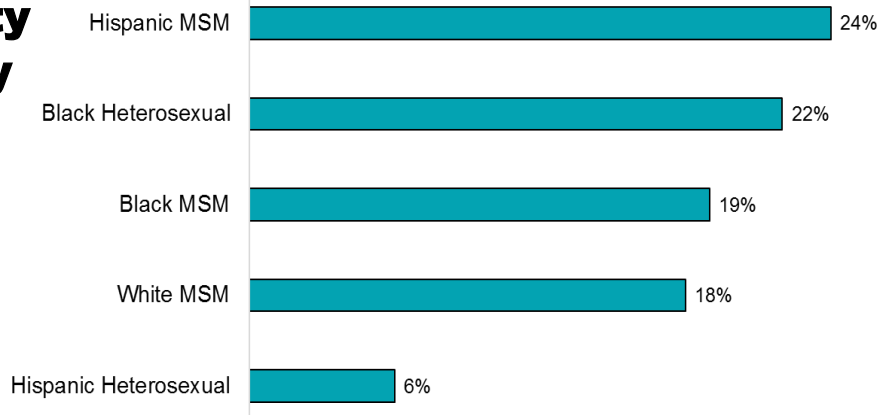
60% Achieved viral suppression



In Care were in care at least 1 time in 2016, **Retained in Care** were in care 2 or more times more than 3 months apart in 2016

Florida's Top-Five Priority Populations For Primary HIV Prevention

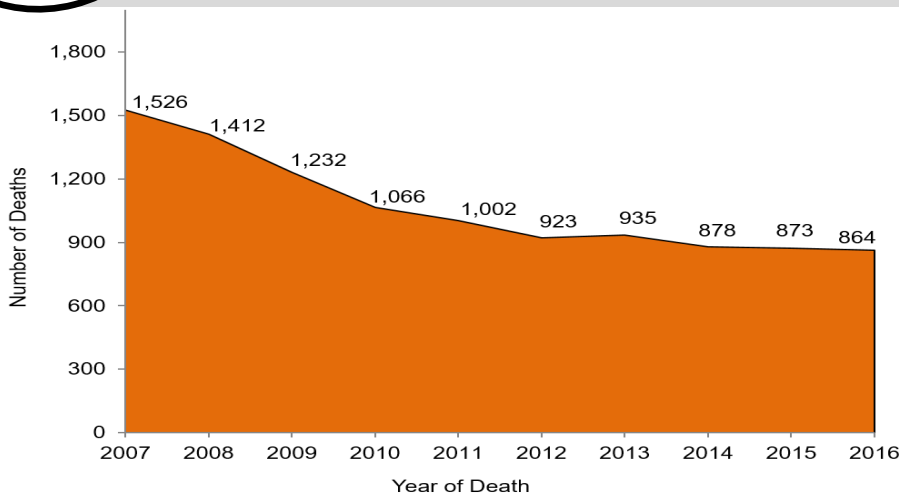
Priorities are based on the average of HIV cases diagnosed in 2014–2016. These priorities are used to target those not infected with HIV to reduce transmission among those at risk for HIV.



43%
Decrease
in 10 years

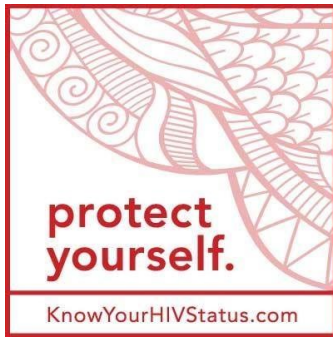
HIV-Related Deaths

HIV was the 7th leading cause of death for people aged 25–44 in Florida in 2016.



HAART in Florida
Following the advent of highly active antiretroviral therapy (HAART), there has been an 80% decline in HIV deaths from 1995 to 2015.

HIV Prevention



HIV Screening - It is recommended that all persons aged 13–64 be tested for HIV at least once during their lifetime; and persons at increased risk should be tested on an annual basis.

Pre-Exposure Prophylaxis (PrEP) - For HIV-negative persons at high risk, the daily use of PrEP can significantly reduce the risk of acquiring HIV.

Post-Exposure Prophylaxis (PEP) - PEP involves taking antiretroviral medications as soon as possible after a potential exposure to HIV to reduce the likelihood of infection.

Correct and consistent condom use - Male and female condoms are highly effective at preventing transmission of HIV and other STDs.

Injection drug equipment - Sharing drug injection equipment can spread HIV. Not sharing or reusing needles can help prevent transmission.

Risk reduction programs - Programs exist to help people learn how to make healthier decisions to prevent acquiring HIV or other STDs, such as negotiating condom use, discussing HIV/STD status, PrEP, and if currently living with HIV, maintaining antiretroviral drug adherence to achieve viral suppression.

Pregnancy and HIV - There are treatments available to reduce the chance of HIV transmission from mother to infant. In Florida, all pregnant women are tested for HIV and STDs at their first prenatal care visit and again at 28–32 weeks gestation.

Antiretroviral therapy (ART) - For persons newly diagnosed with HIV, starting ART as early as possible after diagnosis improves health outcomes by reducing viral loads, which greatly reduces the risk of transmission.

Sexual and Needle-Sharing Partners - The fewer sex and/or needle-sharing partners a person has, the less likely they are to encounter someone who is infected with HIV or other STDs.

FLORIDA HEALTH GOALS FOR HIV

1. Implement routine HIV and STD screening in health care settings and priority testing in non-health care settings;
2. Rapid access to treatment and ensure retention in care (Test and Treat);
3. Improve access to antiretroviral PrEP and non-occupational post-exposure prophylaxis (nPEP); and
4. Increase HIV awareness and community response through outreach, engagement and messaging.