**HIV/AIDS Epidemiology Report for the**

**Tampa - St. Petersburg**

**Eligible Metropolitan Area (EMA) and**

**Total Service Area (TSA)**

**2020-2021**



Rob Marlowe, Board Chair

Elizabeth Rugg, Executive Director

Naomi Ardjomand-Kermani, Ryan White Planning Manager **Who We Are**

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Suncoast Health Council, Inc. (SHC) serves Pasco and Pinellas counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to develop and sustain efficient and cost-effective *service delivery* systems.

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**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

Mission Statement

The mission of the West Central Florida Ryan White Care Council is to manage a high quality, cost-effective, easily accessible, culturally responsive, and comprehensive continuum of care that improves the lives of all individuals living with and impacted by HIV.

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**INTRODUCTION**

The Tampa**-**St. Petersburg Eligible Metropolitan Area (EMA), located on the west central coast of Florida, is comprised of Hernando, Hillsborough, Pasco, and Pinellas Counties. The EMA utilizes Ryan White HIV/AIDS Program (RWHAP) Part A grant funds in support of a comprehensive continuum of high-quality care and treatment for People with HIV in the total service area (TSA), which includes the additional Hardee, Highlands, Manatee, and Polk Counties.

The purpose of this project is to achieve the goals as defined in the National HIV/AIDS Strategy (NHAS) and to facilitate, support, and execute the mission of the West Central Florida Ryan White Care Council:  *The mission of the West Central Florida Ryan White Care Council is to manage a high quality, cost-effective, easily accessible, culturally responsive, and comprehensive continuum of care that improves the lives of all individuals living with and impacted by HIV.*

**Epidemiologic Overview**

The Tampa-St. Petersburg Eligible Metropolitan Area (EMA)’s total population is approximately 3.1 million, of which 62% are White (non-Latinx), 20% are Latinx, and 12% are Black (non-Latinx). Women[[1]](#footnote-1) represent 51% of the total population. The image below illustrates the geographic layout of the EMA.

Tampa-St. Petersburg EMA

Geographic Layout



The following data provides a description of the sociodemographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, persons living with, and persons vulnerable to acquiring HIV. This information is used by the local area to set priorities, identify interventions and services, and to allocate resources for HIV prevention and care. This epidemiologic overview focuses on the most recent year for which data is available along with three-year trend data as appropriate.

The socioeconomic status of individuals living in the EMA varies throughout the four-county area. In 2018, according to United States Census Bureau, the median household income of residents living in the EMA ranged from $46,030 (Hernando) to $56,137 (Hillsborough), while the median household income of Pinellas is $51,454 and Pasco is $50,417. The percentage of individuals living below the federal poverty level ranges from 13% in Pinellas County to 15.3% in Hillsborough County. The percentage of EMA residents over the age of 25 with a high school diploma ranges from 36.4% of residents in Hernando County to 27.1% in Hillsborough County. The percentage of persons over the age of 25 who possess a bachelor’s degree or higher ranges from 17.5% in Hernando County to 32.7% in Hillsborough County. According to Florida’s Health Equity Profile in 2018, the percentage of adults in each county who have any type of health insurance ranges from 88.5% in Pinellas to 87% in Hillsborough.

According to the Florida Department of Health’s Epidemiological Profile, new HIV cases (incidence[[2]](#footnote-2)) in the EMA rose 3.5% from 2017 to 2018 but decreased overall by 1.1% from 2017 to 2019. New cases of AIDS decreased 11.2% from 2017 to 2019. The most common mode of transmission for HIV in the EMA was cisgender[[3]](#footnote-3) male-to-male sexual contact (MMSC), followed by cisgender male-to-female heterosexual contact, and persons who inject drugs (PWID) among all genders. Changes in the incidence and prevalence[[4]](#footnote-4) for HIV and AIDS, from 2017 to 2019, are shown in **Figure 1**.

**Figure 1: Tampa/St. Petersburg EMA Epidemiological Profile**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CY 2017** | **CY 2018** | **CY 2019** |
| **Incidence** | **Prevalence** | **Incidence** | **Prevalence** | **Incidence** | **Prevalence** |
| **HIV** | 543 | 6,361 | 562 | 6,467 | 537 | 6,591 |
| **AIDS** | 285 | 7,409 | 263 | 7,354 | 253 | 7,360 |
| **TOTAL** | 828 | 13,770 | 825 | 13,821 | 790 | 13,951 |

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2017, 2018, 2019

**Attachment 1** describes the demographic data of People with HIV/AIDS in the EMA, which includes race, age, sex, and transmission category.

The most common mode of transmission for individuals diagnosed with HIV/AIDS over the three-year timespan was by way of cisgender male-to-male sexual contact (MMSC), accounting for 415 new cases of AIDS and 1,039 new cases of HIV. Of these, MMSC among white cisgender men has resulted in the greatest number of newly diagnosed cases of HIV, followed by MMSC among Black and Latinx cisgender men, respectively. Transmission among cisgender heterosexuals accounted for 406 new cases of HIV and 239 new cases of AIDS. Black cisgender heterosexuals were the most affected among all other races. Persons who inject drugs (PWID) were the third highest method of transmission with 122 HIV cases and 81 AIDS cases. White injection drug users represented the greatest number of diagnoses among PWID of all other races.

The incidence of HIV among cisgender men in the EMA increased from 431 cases in 2017 to 445 cases in 2019: a 3.2% increase. During the same time frame, new HIV cases among cisgender women decreased by 16.5% from 109 to 91. The incidence of cisgender male AIDS cases decreased 14%, from 222 to 191 cases. The incidence of cisgender female AIDS cases increased 1.6% from 61 to 62 cases.

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2017, 2018, 2019.

HIV incidence is shown in **Figure 2**. Over the past three years there has been a slight increase in the incidence of HIV in the EMA among White and Latinx populations. From 2017-2019, HIV incidence increased 4.5% for Latinx persons and 6.5% for White persons, while new cases of HIV decreased 10.3% among Black persons.

AIDS incidence is shown in **Figure 3**. There has been a decrease in the incidence of AIDS among Black, White, and Latinx populations, with the most significant decrease among Latinx persons. From 2017-2019, the incidence of AIDS decreased by 6.3% for White persons, 11% for Black persons, and 25% for Latinx persons. The “other” race category is the combined number of cases among Asian, American Indian/Alaska Native (Indigenous), Native Hawaiian/Pacific Islander, and those who identify as multi-race. This racial category experienced a 33% increase in new AIDS cases; however, contextually this was an increase from 6 to 8 cases over the three-year period.

The 2019 calendar year saw minor demographic changes in HIV and AIDS prevalence. White persons in the EMA represented two-thirds of the population and 42% of all HIV cases. Black persons accounted for 37% and Latinx persons represented 19% of all HIV cases. White persons represented the largest prevalence of AIDS cases in the EMA with 44%, followed by Black persons with 36%, and Latinx persons with 17%. Black persons were disproportionately impacted by HIV/AIDS representing 37% of HIV cases and 36% of the AIDS cases, although only 12% of the EMA’s total population was Black.

In the EMA, cisgender men comprise approximately 48% of the population but represent a majority of HIV and AIDS cases. In 2019, cisgender men represented 77% and 76% of HIV and AIDS prevalence, cisgender women represented 23% and 23% of HIV and AIDS cases, respectively. For the first time, the Florida Department of Health has provided the EMA with data for transgender women and transgender men; however, it is important to note that due to stigma, many people of transgender experience will not disclose their authentic gender to providers for fear of mistreatment and discrimination. As a result, many transgender women are incorrectly attributed as men and many transgender men are categorized as women. Now that these genders are beginning to be recorded correctly, it would do a disservice to omit HIV and AIDS prevalence data for those who have self-identified themselves to be of transgender experience. Transgender women represent 0.5% and 0.4% of HIV and AIDS prevalence, and transgender men represent 0.05% and 0.01% respectively. As the acceptance and affirmation of transgender populations strengthens, it can be expected that these numbers will increase as individuals feel safer disclosing their authentic selves to their providers. Consideration should also be made for the absence of a third transgender identification option. There are many transgender individuals who do not identify as a binary gender[[5]](#footnote-5), but rather as a gender that is included within the non-binary umbrella[[6]](#footnote-6).

Over the past three years, there have been minimal increases and decreases in HIV/AIDS prevalence among all races. Latinx persons in the EMA saw the greatest increase (6.5%) in HIV/AIDS prevalence from 2,350 cases in 2017 to 2,503 cases in 2019, followed by Black persons (2%) HIV/AIDS prevalence from 5,021 to 5,120 cases over the same three-year period. However, White persons in the EMA experienced a decrease (1.5%) in HIV/AIDS prevalence from 6,065 cases in 2017 to 5,974 cases in 2019. Prevalence of HIV/AIDS among “other” races, combined, increased (6%) from 334 cases to 354 cases. When stratified, changes in HIV/AIDS prevalence among each individual race is negligible.

In 2019, there were 5,120 Black people with HIV/AIDS in the EMA. Approximately 17% of people with HIV/AIDS in this racial group are aware of their status and not in care (unmet need). There were 2,503 Latinx people with HIV/AIDS in the EMA in 2019 and approximately 17% are aware of their HIV/AIDS status and not in care (unmet need). There were 5,974 White people with HIV/AIDS in the EMA in 2019. Approximately 12% of people with HIV/AIDS in this racial group are aware of their status and not in care (unmet need). When compared to the continuum of care in 2017[[7]](#footnote-7), there has been an increase in linking and engaging People with HIV, among all races in the EMA, to care.

The Centers for Disease Control (CDC) estimates that 15.6% of Florida’s population is unaware of their HIV status. **Figure 4** shows the total number of diagnosed People with HIV/AIDS in the EMA, by county.

**Figure 4: Tampa-St. Petersburg EMA**

**HIV/AIDS Cases per County**



Sociodemographic indicators of People with HIV in the EMA were assessed through data reporting and client needs assessment surveys. In 2019, the state conducted the HIV Care Needs Survey and the EMA collected a total of 1,014 surveys from People with HIV. The state determined that a minimum 10% response rate, from 25% of People with HIV in each county, would be sufficient for generalizable results. The number of survey responses from People with HIV in the Tampa–St. Petersburg EMA exceeded the required minimum for each county.

The preliminary analysis of the data was provided by the state in August 2019 and a final analysis of the data was provided by the state in February 2020. Due to the delay in receiving finalized data, the preliminary data was reviewed and utilized by the Planning and Evaluation Committee to re-prioritize services for the 2020-2021 funding year. According to the final analysis of the 2019 HIV Care Needs Survey, 48% People with HIV in the EMA are unemployed and 15% of People with HIV have no form of insurance. Furthermore, 79% of survey respondents in the EMA reported incomes below the Federal Poverty Level (FPL).

The Planning Council identifies, and monitors populations highly impacted by HIV/AIDS on a continual basis through its committees. From 2017-2019, the EMA observed the most significant increase of new cases of HIV among White cisgender male youth (13-24) and Latinx cisgender male youth, approximately 12% and 36% respectively. However, the EMA has experienced decreases in new cases of HIV among youth of color. The Florida Department of Health’s 2019 Epidemiological Profile reports the diagnosis of new cases of HIV among Black cisgender female youth decreased 40%. New cases of HIV among Black cisgender male youth decreased 11% and remained unchanged among Latinx cisgender female youth (0%).

Unique challenges for youth include social, economic, and cultural barriers that limit access to prevention and care. Stigma and misinformation about HIV and AIDS contribute heavily to the disproportionality high rates of HIV among youth. Low rates of condom use, substance misuse, and engaging in sexual contact with older partners are prevention challenges for this emerging population. Youth are more likely to forego needed health care due to lack of access to transportation, fear, lack of insurance, and/or disapproval from family and peers. Service delivery for this emerging population is coordinated through partnerships among EMA community providers, Recipient-funded services, Part B and D funds, as well as Medicaid.

The Florida Department of Health’s 2019 Epidemiological Profile reports 22% (n=2,104) of People with HIV in the EMA who were aware of their status were not retained in medical care[[8]](#footnote-8). Populations in the EMA that are Ryan White eligible and under-represented in care include: White cisgender Women of Childbearing Age (WCBA), Black cisgender WCBA, Latinx cisgender WCBA, and Black cisgender male youth (13-24). Respectively, 34% (n=83) of White cisgender WCBA, 17% (n=108) of Black cisgender WCBA, (n=32), 18% of Latinx cisgender WCBA, and 11% (n=18) of Black cisgender male Youth were not retained in medical care in 2019.

Additionally, Black and Latinx populations were chosen as the Minority AIDS Initiative (MAI) populations of focus due to their under-representation in the Ryan White system of care and their lower-than-expected number of People with HIV retained in medical care. In 2019, 860 (17%) of Black People with HIV and 432 (17%) of Latinx People with HIV in the EMA were not retained in medical care. In contrast, 1,451 (28%) of Black People with HIV and 658 (27%) Latinx People with HIV in the EMA were not retained in medical care, in 2018. This significant increase in retention in medical care, for both populations, indicates that the EMA has improved linkage to care in the span of a single year.

It is difficult to determine if the number of People with HIV retained in medical care will continue to increase, over the next year, as the COVID-19 pandemic has forced a substantial shift in the provision of medical care, from face-to-face in-person visits to the delivery of services via telehealth technology. To the EMA’s surprise, many clients who had previously fallen out of care have been linked back into care, as reported by providers during the Care Council’s Health Services Advisory Committee (HSAC) meetings. Although far too early to tell, the EMA hopes that telehealth technology will continue to be an option indefinitely. In doing so, the EMA may ultimately increase retention in medical care, and ultimately viral load suppression, among consumers with little to no access to reliable transportation.

**THE EPIDEMIC BY TOTAL SERVICE AREA**

The State of Florida is comprised of numbered areas. The West Central Florida Ryan White Care Council covers three areas: Area 5, Area 6, and Area 14. The data is not available by county, only by area or EMA. To provide information regarding all the areas covered by the Care Council and not just the EMA, **Figures 5 – 10** represent the three geographic areas that make up the Total Service Area (TSA).

**AREA 5: PASCO & PINELLAS COUNTIES**

**Figure 5: HIV by Year of Diagnosis in Area 5**

**by County of Residence at Diagnosis, 2017-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Pasco** | 40 | 52 | 46 | -12% |
| **Pinellas** | 178 | 180 | 196 | 9% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.

**Figure 6: AIDS by Year of Diagnosis in Area 5**

**by County of Residence at Diagnosis, 2017-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Pasco** | 28 | 22 | 21 | -5% |
| **Pinellas** | 93 | 85 | 88 | 4% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.

**AREA 6: HERNANDO, HILLSBOROUGH, & MANATEE COUNTIES**

**Figure 7: HIV by Year of Diagnosis in Area 6**

**by County of Residence at Diagnosis, 2017-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2017** | **2018** | **2019** | **2018-2019***% Change* |
| **Hernando** | 18 | 17 | 10 | -41% |
| **Hillsborough** | 307 | 313 | 285 | -9% |
| **Manatee** | 46 | 44 | 37 | -16% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.

**Figure 8: AIDS by Year of Diagnosis in Area 6**

**by County of Residence at Diagnosis, 2017-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Hernando** | 11 | 13 | 5 | -62% |
| **Hillsborough** | 153 | 143 | 139 | -3% |
| **Manatee** | 26 | 21 | 17 | -19% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.

**AREA 14: HARDEE, HIGHLANDS, & POLK COUNTIES**

**Figure 9: HIV by Year of Diagnosis in Area 14**

**by County of Residence at Diagnosis, 2017-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2017** | **2018** | **2019** | **2018-2019***% Change* |
| **Hardee** | 1 | 2 | 0 | -100% |
| **Highlands** | 5 | 6 | 13 | 117% |
| **Polk** | 97 | 110 | 129 | 17% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.

**Figure 10: AIDS by Year of Diagnosis in Area 14**

**by County of Residence at Diagnosis, 2017-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2017** | **2018** | **2019** | **2018-2019** *% Change* |
| **Hardee** | 0 | 2 | 1 | -50% |
| **Highlands** | 6 | 4 | 8 | 100% |
| **Polk** | 45 | 45 | 56 | 24% |

Source: Florida Department of Health, HIV/AIDS Section, 2019.

**ACKNOWLEDGMENTS**

The West Central Florida Ryan White Care Council wishes to recognize the contributions of the following:

**Planning and Evaluation Committee Members**

Kirsty Gutierrez, Chair

Sheryl Hoolsema, Co-Chair

Nolan Finn

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**Other Contributors**

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Attachment 1

**EMA AIDS Prevalence and HIV\* Prevalence Data by Demographic Group and Exposure Category**

Attachment 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographic Group/****Exposure Category** | **2017-PREVALENCE**  | **2018-PREVALENCE**  | **2019-PREVALENCE**  |
| ***Race/Ethnicity*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| White, not Latinx | 2,736 | 3,329 | 2,725 | 3,264 | 2,756 | 3,218 |
| Black, not Latinx | 2,351 | 2,670 | 2,391 | 2,659 | 2,434 | 2,686 |
| Latinx | 1,118 | 1,232 | 1,186 | 1,254 | 1,226 | 1,277 |
| Other / Unknown | 156 | 178 | 165 | 177 | 175 | 179 |
| **Total** | **6,361** | **7,409** | **6,467** | **7,354** | **6,591** | **7,360** |
| ***Gender*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Male | 4,787 | 5,608 | 4,918 | 5,585 | 5,043 | 5,598 |
| Female | 1,535 | 1,760 | 1,510 | 1,731 | 1,512 | 1,729 |
| Transgender Women | 34 | 40 | 35 | 36 | 33 | 32 |
| Transgender Men | 5 | 1 | 4 | 2 | 3 | 1 |
| **Total** | **6,361** | **7,409** | **6,467** | **7,354** | **6,591** | **7,360** |
| ***Current Age as of Reporting Year*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| <13 years | 15 | 3 | 12 | 3 | 8 | 3 |
| 13 - 24 years | 371 | 91 | 330 | 78 | 299 | 55 |
| 25 - 44 years | 2,729 | 1,749 | 2,794 | 1,670 | 2,873 | 1,659 |
| 45 - 59 years | 2,363 | 3,897 | 2,338 | 3,788 | 2,310 | 3,644 |
| 60+ years | 883 | 1,669 | 993 | 1,815 | 1,101 | 1,999 |
| **Total** | **6,361** | **7,409** | **6,467** | **7,354** | **6,591** | **7,360** |
| ***Exposure Category*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Male-to-male sexual contact (MMSC) | 3,815 | 3,905 | 3,948 | 3,889 | 4,055 | 3,920 |
| Persons Who Inject Drugs (PWID)[[9]](#footnote-9) | 427 | 757 | 425 | 730 | 428 | 701 |
| MMSC/PWID | 296 | 444 | 282 | 430 | 278 | 437 |
| Cisgender Heterosexual Contact[[10]](#footnote-10) | 1,707 | 2,139 | 1,706 | 2,148 | 1,728 | 2,154 |
| Sexual Contact[[11]](#footnote-11) | 33 | 33 | 34 | 33 | 30 | 28 |
| Other/Unknown | 66 | 129 | 64 | 123 | 65 | 117 |
| **Total** | **6,344\*\*** | **7,407\*\*** | **6,459\*\*** | **7,353\*\*** | **6,584\*\*** | **7,357\*\*** |

*Source: Florida Department of Health EMA Epidemiological Profiles CY 2017; CY 2018; CY 2019 as of June 30, 2020*

\*People without an AIDS diagnosis; solely HIV prevalence

\*\*Risk data are calculated values from a weighted database to redistribute the NIRs into known vulnerabilities. Therefore, some vulnerability data was off from the total due to rounding issues, according to the Florida Department of Health

1. This percentage does not include transgender women [↑](#footnote-ref-1)
2. Incidence is the total number of new diagnoses [↑](#footnote-ref-2)
3. Cisgender is the gender descriptor used for all men and women whose current gender aligns with their sex assigned at birth [↑](#footnote-ref-3)
4. Prevalence is the total number of all cases, inclusive of new and existing diagnoses [↑](#footnote-ref-4)
5. Binary gender is the classification of gender into two distinct, opposite forms of male and female [↑](#footnote-ref-5)
6. Non-binary is an umbrella term for all gender identities and expressions outside the gender binary; often referred to as *enby* [↑](#footnote-ref-6)
7. In 2017: 15% of White persons and 20% of both Black and Latinx persons were not in care [↑](#footnote-ref-7)
8. The state of Florida defines retention of People with HIV (PWH) in care by at least one documented Viral Load (VL) or Cluster of Differentiation 4 (CD4) lab, medical visit, or prescription from 1/1/2019 through 3/31/2020, data as of 6/30/2020 [↑](#footnote-ref-8)
9. Includes IDU of ALL genders, excluding MMSC/PWID [↑](#footnote-ref-9)
10. Includes specifically cisgender male and cisgender female heterosexual contact. Cisgender is defined as men and women who identify with the gender they were assigned at birth (not of transgender experience) [↑](#footnote-ref-10)
11. “Sexual Contact” is specific to all persons of transgender experience and is an aggregate of all sexual contact among all transgender populations, as categorized and reported by the Florida Department of Health [↑](#footnote-ref-11)