**HIV/AIDS Epidemiology Report for the**

**Tampa - St. Petersburg**

**Eligible Metropolitan Area (EMA) and**

**Total Service Area (TSA)**

**2021-2022**



Rob Marlowe, Board Chair

Elizabeth Rugg, Executive Director

Katie Scussel, 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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**To Learn More About the Health Council**

Visit our website - www.SuncoastHealthCouncil.org

Or Contact Us:

Suncoast Health Council, Inc.

9500 Koger Blvd., Suite 102

St. Petersburg, FL 33702

727-217-7070

727-570-3033 (Fax)



**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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**West Central Florida Ryan White Care Council**

**2021-2022 Epidemiology**

**EXECUTIVE SUMMARY**

In 2020, there were 14,230 people living with HIV in the Eligible Metropolitan Area (EMA), which includes Hillsborough, Pinellas, Pasco, and Hernando Counties. There were 18,477 people living with HIV in the Total Service Area (TSA), which includes the four EMA counties, plus Polk, Hardee, Highlands, and Manatee Counties.

**Of all people living with HIV in the EMA in 2020:**

* **76.5%** are cisgender\* men, **22.9%** are cisgender women, and **0.5%** are transgender women
* **42.8%** are White people, **36.4%** are Black people, **18.2%** are Latinx people, **1.4%** are multi-racial people, **1%** are Asian people, and **0.1%** are classified as American Indian/Alaska Native or Native Hawaiian or Pacific Islander.
* **0.1%** are less than 13 years old, **2.3%** are 13-24 years old, **23.4%** are 25-39 years old, **49.9%** are 40-59 years old, and **24.3%** are 60+ years old.

There were **462** NEW cases of HIV in the EMA in 2020, a 21.9% decrease since 2018.

There were **590** NEW cases of HIV in the TSA in 2020, a 22.5% decrease since 2018.

**Of NEW cases of HIV in the EMA in 2020:**

* **79%** are cisgender men, **19.9%** are cisgender women, and **1.1%** are transgender women
* **37.7%** are Black people, **35.7%** are White people, **23.8%** are Latinx people, **1.5%** are Asian people, **0.9%** are multi-racial people, and **0.4%** are classified as American Indian/Alaska Native or Native Hawaiian or Pacific Islander.
* **0.2%** are less than 13 years old, **14.9%** are 13-24 years old, **44.4%** are 25-39 years old, **32.3%** are 40-59 years old, and **8.2%** are 60+ years old.

Black people in the EMA are disproportionately impacted by HIV, representing **12%** of the total population but **38.8%** of new HIV cases in 2020 and **36%** of all people living with HIV.

Across all modes of transmission in 2020, the highest numbers of new HIV cases were in Black men who have sex with men (107 new cases).

In 2020, **78.8%** of all people with HIV living in the EMA were retained in care (which means two or more medical visits in one year). This number is an increase from **78.2%** in 2019 and **76%** in 2018.

\* Cisgender is the gender descriptor used for all men and women whose current gender aligns with their sex assigned at birth

**INTRODUCTION**

The Tampa**-**St. Petersburg Eligible Metropolitan Area (EMA) is located on the west central coast of Florida. The EMA is made up of four counties: Hernando, Hillsborough, Pasco, and Pinellas. The EMA uses 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 West Central Florida Ryan White Care Council is the HIV/AIDS services planning body for the TSA.

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**

Eligible Metropolitan Area Overview:

The Tampa-St. Petersburg Eligible Metropolitan Area (EMA)’s total population is approximately 3.2 million, of which 62% are White (non-Latinx), 21% are Latinx, and 12% are Black (non-Latinx). Women represent 51% of the total population. The geographic layout of the EMA is shown in the image below:

Text Box

Map

Description automatically generated with low confidence

The socioeconomic status of individuals living in the EMA varies throughout the four-county area. In 2019, according to United States Census Bureau, the median household income of residents living in the EMA ranged from $48,812 (Hernando) to $58,884 (Hillsborough), while the median household income in Pinellas was $54,090 and in Pasco was $52,828. The percentage of individuals living below the federal poverty level ranged from 12.2% in Pinellas County to 14.6% in Hillsborough County, with 12.7% in Pasco and 14.1% in Hernando. The percentage of EMA residents over the age of 25 with a high school diploma, and no other degrees, ranged from 35.2% 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 ranged from 18.4% in Hernando County to 33.5% in Hillsborough County. According to Florida’s Health Equity Profile in 2019, the percentage of adults in each county who had any type of health insurance ranged from 86.8% in Pinellas to 84.6% in Hillsborough.

Overview of the HIV Epidemic within the EMA:

According to the Florida Department of Health’s Epidemiological Profile, new HIV cases (incidence) in the EMA decreased 4.4% from 2018 to 2019 and 14.1% from 2019 to 2020, for an overall decrease of 17.9% from 2018 to 2020. New cases of AIDS decreased 12.5% from 2018 to 2020. The decrease in new HIV cases in 2020 should be interpreted with caution, due to the impact of the COVID-19 pandemic on access to HIV testing. Changes in the incidence and prevalence for HIV and AIDS, from 2018 to 2020, are shown in **Figure 1**.

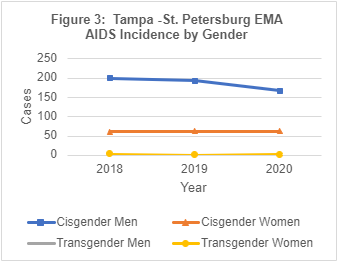
**Figure 1: Tampa-St. Petersburg EMA Epidemiological Profile**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **CY 2018** | | **CY 2019** | | **CY 2020** | |
| **Incidence** | **Prevalence** | **Incidence** | **Prevalence** | **Incidence** | **Prevalence** |
| **HIV** | 563 | 6,603 | 538 | 6,707 | 462 | 6,816 |
| **AIDS** | 264 | 7,410 | 255 | 7,395 | 231 | 7,414 |
| **TOTAL** |  | 14,013 |  | 14,102 |  | 14,230 |

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018, 2019, 2020. Note: HIV diagnoses cannot be added with AIDS diagnoses to get combined totals, since these categories are not mutually exclusive

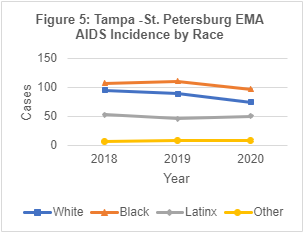
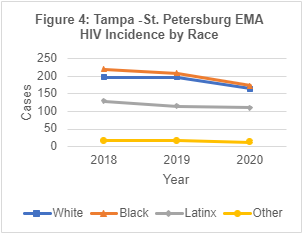
**Attachment 1** describes the demographic data of People with HIV/AIDS in the EMA, which includes race, age, sex, transmission category, and socioeconomic data.

The most common mode of transmission for individuals diagnosed with HIV/AIDS over the three-year timespan was cisgender[[1]](#footnote-1) male-to-male sexual contact (MMSC), accounting for 988 new cases of HIV and 376 new cases of AIDS between 2018 and 2020. Of these, MMSC among Black cisgender men has resulted in the greatest number of newly diagnosed cases of HIV, followed by MMSC among White and Latinx cisgender men, respectively. Transmission among cisgender heterosexual individuals accounted for 386 new cases of HIV and 249 new cases of AIDS. Black cisgender heterosexual individuals were the most affected among all other races. Persons who inject drugs (PWID) was the third highest mode of transmission with 123 HIV cases and 75 AIDS cases. White persons who inject drugs represented the greatest number of diagnoses among PWIDs of all other races.



Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018, 2019, 2020.

**Figure 2** and **Figure 3** show incidence of HIV and AIDS by gender.The incidence of HIV among cisgender men in the EMA decreased from 465 cases in 2018 to 365 cases in 2020: a 21.5% decrease. During the same time frame, new HIV cases among cisgender women remained relatively constant with 93 cases in 2018 and 91 cases in 2020, a 2.2% decrease. The incidence of cisgender male AIDS cases decreased 16.5%, from 200 to 167 cases. The incidence of cisgender female AIDS cases increased 3.3%, from 61 cases to 63 cases.

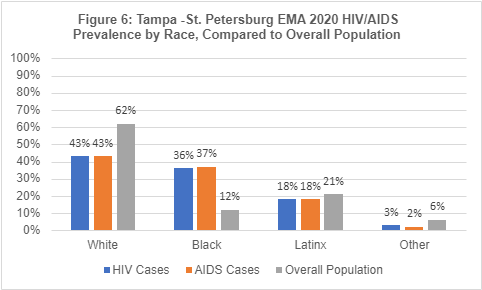


Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018, 2019, 2020.

HIV incidence is shown in **Figure 4**. Over the past three years, there has been a decrease in HIV incidence in Black, White, and Latinx populations. From 2018-2020, HIV incidence decreased 20.9% among Black persons, 16.2% among White persons, and 14.7% among Latinx persons. The decrease in HIV incidence between 2019 and 2020 should be interpreted with caution, due to the impact of the COVID-19 pandemic on access to HIV testing. 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 23.5% decrease in new HIV cases, from 17 cases in 2018 to 13 cases in 2020.

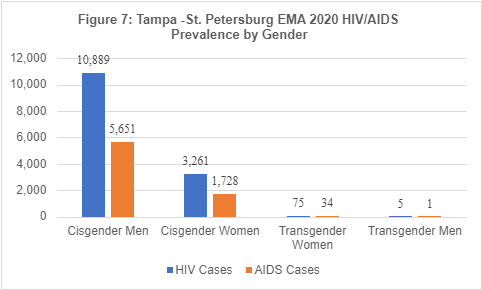
AIDS incidence is shown in **Figure 5**. Over the past three years, there has been a decrease in AIDS incidence in White, Black, and Latinx populations, with the most significant decrease in White persons. From 2018-2020, the incidence of AIDS decreased by 21.9% for White persons, 10.2% for Black persons, and 3.8% for Latinx persons. The “Other” race category experienced a 14.3% increase in new AIDS cases; however, contextually this was an increase from seven to eight cases over the three-year period.

The 2020 calendar year saw minor demographic changes in the overall numbers of people with HIV and AIDS (prevalence). White persons in the EMA represented 62% of the population and 43% of all HIV cases. Black persons accounted for 36% and Latinx persons represented 18% of all HIV cases. White persons represented the largest prevalence of AIDS cases in the EMA with 43%, followed by Black persons with 37%, and Latinx persons with 18%. Black persons were disproportionately impacted by HIV/AIDS representing 36% of HIV cases and 37% of AIDS cases, although only 12% of the EMA’s total population was Black. **Figure 6** shows HIV and AIDS prevalence by race/ethnicity in 2020, compared to the overall population.



Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018, 2019, 2020.

In the EMA, cisgender men comprise approximately 49% of the population but represent a majority of HIV and AIDS cases. In 2020, cisgender men represented 76.5% of HIV prevalence and 76.2% of AIDS prevalence; cisgender women represented 22.9% of HIV prevalence and 23.3% of AIDS prevalence. Starting in 2020, the Florida Department of Health began providing 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 may be incorrectly attributed as men and many transgender men may be categorized as women. Transgender women represent 0.5% of both HIV and AIDS prevalence, and transgender men represent 0.0% of HIV and AIDS prevalence. As the acceptance and affirmation of transgender populations strengthen, 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, but rather as a gender that is included within the non-binary umbrella[[2]](#footnote-2). **Figure 7** shows HIV and AIDS prevalence by gender in 2020.



Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2018, 2019, 2020.

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 (4.1%) in HIV/AIDS prevalence from 2,485 cases in 2018 to 2,587 cases in 2020, followed by Black persons (1.8%) HIV/AIDS prevalence from 5,091 to 5,182 cases over the same three-year period. White persons in the EMA experienced a marginal increase in HIV/AIDS prevalence (0.05%) from 6,087 cases in 2018 to 6,090 cases in 2020. Prevalence of HIV/AIDS among “Other” races, combined, increased (6%) from 350 cases to 371 cases. Within the “Other” racial category, the most significant change was in Asian persons who saw an increase (11.7%) of cases from 128 in 2018 to 143 in 2020. When stratified, changes in HIV/AIDS prevalence among the other individual races within this category were negligible.

In 2020, there were 5,182 Black people with HIV/AIDS in the EMA. Approximately 16% of people with HIV/AIDS in this racial group were aware of their status and not in care. There were 2,587 Latinx people with HIV/AIDS in the EMA in 2020 and approximately 18% were aware of their HIV/AIDS status and not in care. There were 6,090 White people with HIV/AIDS in the EMA in 2020. Approximately 12% of people with HIV/AIDS in this racial group were aware of their status and not in care. When compared to the continuum of care in 2018, there has been an increase in linking and engaging People with HIV to care, among all races in the EMA. Additional care continuum data from this time period is available in the 2021 HIV/AIDS Care Continuum Report for the Tampa-St. Petersburg Eligible Metropolitan Area.

**Figure 8** shows the total number of People with HIV/AIDS in the EMA in 2020 by county.

**Figure 8: Tampa-St. Petersburg EMA HIV/AIDS Cases per County in 2020**

Diagram

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New and Emerging Populations:

The Florida Department of Health’s 2020 Epidemiological Profile reports that while new HIV cases in cisgender male youth (13-24) decreased overall from 2018-2020 across all races, White and Black cisgender male youth saw an increase from 2018-2019. Cases in White cisgender male youth increased 11.8% from 2018-2019 and decreased 57.9% from 2019-2020 while cases in Black cisgender male youth increased 19.5% from 2018-2019 and decreased 36.7% from 2019-2020. It is likely that the numbers of new HIV diagnoses in these populations in 2020 are artificially low due to the impacts of the COVID-19 pandemic on HIV testing activities. From 2018-2020, cases decreased 39.1% in Latinx cisgender male youth and 25% in Black cisgender female youth. While White and Latinx cisgender female youth have low numbers of cases overall, there were very slight increases in both populations. White cisgender female youth increased from three cases in 2018 to five cases in 2020 and Latinx cisgender female youth increased from one case in 2018 to two cases in 2020.

Unique challenges for youth include social, economic, and cultural barriers that limit access to prevention and care. Stigma and misinformation about HIV contribute heavily to the disproportionality high rates of HIV among youth. Low rates of condom use, substance misuse, and partner age differences (and the potential for coercion in these relationships) are prevention challenges for this emerging population. Youth are more likely to forego needed health care due to lack of access to transportation, lack of time off from work and school, fear, lack of insurance, disapproval from family and peers, and not feeling sick. 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 2020 Epidemiological Profile reports 21% (n=3,016) of People with HIV in the EMA who were aware of their status were not retained in medical care.Populations in the EMA that are Ryan White eligible and under-represented in care include: Black cisgender female youth (13-24), Latinx cisgender male persons who inject drugs (PWID), White cisgender Women of Childbearing Age (WCBA), White cisgender male PWID, and Black cisgender male PWID. Respectively, 29.7% (n=11) of Black cisgender female youth, 29.3% (n=55) of Latinx cisgender male PWID, 29% (n=69) of White cisgender WCBA, 28.9% (n=57) of White cisgender male PWID, and 28% (n=67) of Black cisgender male PWID were not retained in medical care in 2020.

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 2020, 23.4% (n=1,211) of Black People with HIV and 23% (n=595) of Latinx People with HIV in the EMA were not retained in medical care. In contrast, in 2018, 26.4% (n=1,346) of Black People with HIV and 24.9% (n=619) Latinx People with HIV in the EMA were not retained in medical care. This significant increase in retention in medical care, for both populations, indicates that the EMA has improved linkage to care in the span of two years, despite ongoing barriers to access to care caused by the COVID-19 pandemic.

**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. To provide information regarding all the areas covered by the Care Council and not just the EMA, **Figures 9 – 15** represent the three geographic areas that make up the Total Service Area (TSA).

**Figure 9** shows the number of People with HIV (PWH) per 100,000 population for all eight TSA counties.

**Figures 10-15** show new cases (incidence) of HIV and AIDS in each area, broken down by county of residence at diagnosis.

**AREA 5: PASCO & PINELLAS COUNTIES**

**Figure 10: HIV by Year of Diagnosis in Area 5**

**by County of Residence at Diagnosis, 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County**  *HIV Incidence* | **2018** | **2019** | **2020** | **2018-2020**  *% Change* |
| **Pasco** | 52 | 49 | 40 | -23.1% |
| **Pinellas** | 179 | 193 | 159 | -11.2% |

Source: Florida Department of Health, HIV/AIDS Section, 2020

**Figure 11: AIDS by Year of Diagnosis in Area 5**

**by County of Residence at Diagnosis, 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County**  *AIDS Incidence* | **2018** | **2019** | **2020** | **2018-2020**  *% Change* |
| **Pasco** | 22 | 21 | 20 | -9.1% |
| **Pinellas** | 85 | 89 | 80 | -5.9% |

Source: Florida Department of Health, HIV/AIDS Section, 2020

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

**Figure 12: HIV by Year of Diagnosis in Area 6**

**by County of Residence at Diagnosis, 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County**  *HIV Incidence* | **2018** | **2019** | **2020** | **2018-2020**  *% Change* |
| **Hernando** | 17 | 10 | 11 | -35.3% |
| **Hillsborough** | 315 | 286 | 252 | -20.0% |
| **Manatee** | 44 | 35 | 40 | -9.1% |

Source: Florida Department of Health, HIV/AIDS Section, 2020

**Figure 13: AIDS by Year of Diagnosis in Area 6**

**by County of Residence at Diagnosis, 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County**  *AIDS Incidence* | **2018** | **2019** | **2020** | **2018-2020**  *% Change* |
| **Hernando** | 13 | 5 | 6 | -53.8% |
| **Hillsborough** | 144 | 140 | 125 | -13.2% |
| **Manatee** | 21 | 17 | 29 | 38.1 |

Source: Florida Department of Health, HIV/AIDS Section, 2020

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

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

**by County of Residence at Diagnosis, 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County**  *HIV Incidence* | **2018** | **2019** | **2020** | **2018-2020**  *% Change* |
| **Hardee** | 2 | 0 | 0 | -100% |
| **Highlands** | 6 | 13 | 10 | 66.7% |
| **Polk** | 108 | 130 | 78 | -27.8% |

Source: Florida Department of Health, HIV/AIDS Section, 2020

**Figure 15: AIDS by Year of Diagnosis in Area 14**

**by County of Residence at Diagnosis, 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County**  *AIDS Incidence* | **2018** | **2019** | **2020** | **2018-2020**  *% Change* |
| **Hardee** | 2 | 1 | 1 | -50.0% |
| **Highlands** | 4 | 8 | 5 | 25.0% |
| **Polk** | 45 | 56 | 40 | -11.1% |

Source: Florida Department of Health, HIV/AIDS Section, 2020

Attachment 1

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

Attachment 1

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Demographic Group/**  **Exposure Category** | **2018-PREVALENCE** | | **2019-PREVALENCE** | | **2020-PREVALENCE** | |
| ***Race/Ethnicity*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| White, not Latinx | 2,791 | 3,296 | 2,813 | 3,239 | 2,869 | 3,221 |
| Black, not Latinx | 2,424 | 2,667 | 2,461 | 2,688 | 2,476 | 2,706 |
| Latinx | 1,219 | 1,266 | 1,251 | 1,285 | 1,291 | 1,296 |
| Other / Unknown | 169 | 181 | 182 | 183 | 180 | 191 |
| **Total** | 6,603 | 7,410 | 6,707 | 7,395 | 6,816 | 7,414 |
| ***Gender*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Men | 5,042 | 5,634 | 5,155 | 5,630 | 5,238 | 5,651 |
| Cisgender Women | 1,517 | 1,736 | 1,511 | 1,730 | 1,533 | 1,728 |
| Transgender Women | 39 | 38 | 37 | 34 | 41 | 34 |
| Transgender Men | 5 | 2 | 4 | 1 | 4 | 1 |
| **Total** | 6,603 | 7,410 | 6,707 | 7,395 | 6,816 | 7,414 |
| ***Current Age as of Reporting Year*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| <13 years | 12 | 3 | 8 | 3 | 9 | 2 |
| 13 - 24 years | 338 | 78 | 309 | 56 | 275 | 47 |
| 25 - 44 years | 2,873 | 1,672 | 2,944 | 1,656 | 2,977 | 1,609 |
| 45 - 59 years | 2,373 | 3,819 | 2,336 | 3,661 | 2,327 | 3,522 |
| 60+ years | 1,007 | 1,838 | 1,110 | 2,019 | 1,228 | 2,234 |
| **Total** | 6,603 | 7,410 | 6,707 | 7,395 | 6,816 | 7,414 |
| ***Exposure Category*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Male-to-male sexual contact (MMSC) | 4,064 | 3,919 | 4,156 | 3,944 | 4,230 | 3,969 |
| Injection drug users (IDU)[[3]](#footnote-3) | 423 | 735 | 429 | 703 | 439 | 697 |
| MMSC/IDU | 290 | 439 | 286 | 442 | 280 | 421 |
| Cisgender Heterosexual Contact[[4]](#footnote-4) | 1,708 | 2,159 | 1,726 | 2,158 | 1,756 | 2,176 |
| Transgender Sexual Contact[[5]](#footnote-5) | 39 | 32 | 35 | 30 | 38 | 30 |
| Perinatal Exposure | 12 | 3 | 8 | 3 | 9 | 2 |
| Other/Unknown | 65 | 123 | 66 | 116 | 63 | 119 |
| **Total** | 6,601\*\* | 7,410\*\* | 6,706\*\* | 7,396\*\* | 6,815\*\* | 7,414\*\* |

*Source: Florida Department of Health EMA Epidemiological Profiles CY 2018; CY 2019; CY 2020 as of August 11, 2021*

\*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. Cisgender is the gender descriptor used for all men and women whose current gender aligns with their sex assigned at birth [↑](#footnote-ref-1)
2. Non-binary is an umbrella term for all gender identities and expressions outside the gender binary; often referred to as *enby* [↑](#footnote-ref-2)
3. Includes IDU of ALL genders, excluding MMSC/IDU [↑](#footnote-ref-3)
4. 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-4)
5. “Transgender 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-5)