**HIV/AIDS Epidemiology Report for the**

**Tampa - St. Petersburg**

**Eligible Metropolitan Area (EMA) and**

**Total Service Area (TSA)**

**2022-2023**



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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**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**

**2022-2023 Epidemiology Summary**

In 2021, there were 14,667 people living with HIV in the Eligible Metropolitan Area (EMA), which includes Hillsborough, Pinellas, Pasco, and Hernando Counties. There were 19,132 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 2021:**

* **76.8%** are cisgender\* men, **22.6%** are cisgender women, and **0.6%** are transgender women
* **42.4%** are White people, **36.1%** are Black people, **18.9%** are Hispanic/Latinx people, **1.5%** are multi-racial people, **1.1%** 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, **2.2%** are 13-24 years old, **23.3%** are 25-39 years old, **48.1%** are 40-59 years old, and **26.3%** are 60+ years old.

There were **521** NEW cases of HIV in the EMA in 2021, a 2.98% decrease since 2019.

There were **713** NEW cases of HIV in the TSA in 2021, a 0.42% decrease since 2019.

**Of NEW cases of HIV in the EMA in 2021:**

* **79.8%** were cisgender men, **20.2%** were cisgender women, and **0%** were transgender.
* **35.9%** were Black people, **32.6%** were White people, **29.4%** were Hispanic/Latinx people, **1.2%** were Asian people, **0.8%** were multi-racial people, and **0.2%** were classified as American Indian/Alaska Native or Native Hawaiian or Pacific Islander.
* **0.2%** were less than 13 years old, **15.2%** were 13-24 years old, **45.9%** were 25-39 years old, **30.5%** were 40-59 years old, and **8.3%** were 60+ years old.

Black people in the EMA are disproportionately impacted by HIV, representing **12%** of the total population but **35.9%** of new HIV cases in 2021 and **36.1%** of all people living with HIV. Across all modes of transmission in 2021, the highest numbers of new HIV cases were in Black men who have sex with men (111 new cases).

In 2021, **77.9%** of all people with HIV living in the EMA were retained in care (which means two or more medical visits, at least three months apart, in one year). This number is a decrease from **78.4%** in 2020 and an increase from **77.3%** in 2019.

\* 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 3.3 million, of which 61% are White (non-Hispanic/Latinx), 21% are Hispanic/Latinx, and 12% are Black (non-Hispanic/Latinx). Women represent 52% of the total population. The geographic layout of the EMA is shown in the image below:

**Figure 1: Geographics Layout of the Tampa-St. Petersburg EMA**

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The socioeconomic status of individuals living in the EMA varies throughout the four-county area. Selected characteristics are displayed in **Figure 2**.

**Figure 2: Tampa-St. Petersburg EMA Socioeconomic Profile, 2021**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **County** | **Total Population (n)** | **Median Household Income ($)** | **Individuals Below the Poverty Level (%)** | **Residents over 25 w/a high school diploma (%)** | **Residents over 25 w/a bachelor’s degree or higher (%)** | **Population w/Health Insurance (%)** | **Civilian labor force unemployed (%)** |
| Hillsborough | 1,515,107 | 64,164 | 14.0 | 89.2 | 35.5 | 87.9 | 4.3 |
| Hernando | 196,419 | 53,301 | 13.2 | 89.0 | 19.4 | 87.1 | 5.1 |
| Pasco | 558,627 | 58,084 | 12.2 | 90.4 | 26.1 | 88.6 | 4.4 |
| Pinellas | 990,077 | 60,451 | 11.5 | 92.1 | 34.1 | 89.0 | 4.0 |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org

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 16.0% from 2019 to 2020 and increased 15.5% from 2020 to 2021, for an overall decrease of 3.0% from 2018 to 2020. New cases of AIDS decreased 9.1% from 2019 to 2020 and increased by 14.7% from 2020 to 2021, for an overall increase of 4.3%. The decrease in new HIV and AIDS cases in 2020, and subsequent increase in 2021, 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 2019 to 2021, are shown in **Figure 3**.

**Figure 3: Tampa-St. Petersburg EMA Epidemiological Profile**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CY 2019** | **CY 2020** | **CY 2021** |
| **Incidence** | **Prevalence** | **Incidence** | **Prevalence** | **Incidence** | **Prevalence** |
| **HIV** | 537 | 6,874 | 451 | 6,981 | 521 | 7,129 |
| **AIDS** | 254 | 7,485 | 231 | 7,499 | 265 | 7,538 |
| **TOTAL** |  | 14,359 |  | 14,480 |  | 14,667 |

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019, 2020, 2021. Note: HIV diagnoses cannot be added with AIDS diagnoses to get combined totals, as 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, and transmission category.

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 958 new cases of HIV and 386 new cases of AIDS between 2019 and 2021. 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 Hispanic/Latinx cisgender men, respectively. Transmission among cisgender heterosexual individuals accounted for 371 new cases of HIV and 242 new cases of AIDS during the three-year period. Black cisgender heterosexual individuals were the most affected among all other races. Injection Drug Use (IDU) was the third highest mode of transmission with 113 new HIV cases and 68 new AIDS cases in the three-year period. White people who inject drugs (PWID) represented the greatest number of diagnoses among PWIDs of all other races. HIV Incidence by mode of transmission is shown in **Figure 4**.

**Figure 4: Tampa-St. Petersburg EMA HIV Incidence by mode of transmission, 2019-2021**

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019, 2020, 2021.

**Figure 5** and **Figure 6** show incidence of HIV and AIDS by gender.The incidence of HIV among cisgender men in the EMA decreased from 444 cases in 2019 to 416 cases in 2021: a 6.3% decrease. During the same time frame, new HIV cases among cisgender women increased from 91 cases in 2019 to 105 cases in 2021: a 15.4% increase. The incidence of cisgender male AIDS cases increased 2.6%, from 191 in 2019 to 195 cases in 2021. The incidence of cisgender female AIDS cases increased 9.5%, from 63 cases to 69 cases. Among transgender women, there were 2 cases of HIV and 0 cases of AIDS reported in 2019, 5 cases of HIV and 2 cases of AIDS in 2020, and 0 cases of HIV and 1 case of AIDS in 2021. There were no cases reported in transgender men. The Florida Department of Health does not give a third transgender identification option to capture individuals who may identify under the non-binary[[2]](#footnote-2) umbrella. It is possible that HIV incidence in the transgender population is underrepresented due inaccurate classification or individuals not feeling safe disclosing their authentic gender identity.

**Figure 5: Tampa-St. Petersburg EMA 2021 HIV Incidence by Gender**

**Figure 6: Tampa-St. Petersburg EMA 2021 AIDS Incidence by Gender**

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019, 2020, 2021.

HIV incidence is shown in **Figure 7**. HIV incidence increased among all races between 2020 and 2021, however, this increase was likely due in part to the decrease in testing in 2020 during the beginning of the COVID-19 pandemic. From 2019-2021, HIV incidence decreased 10.5% among Black people and 13.7% among White people but increased 34.2% among Hispanic/Latinx people. 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 35.3% decrease in new HIV cases, from 17 cases in 2019 to 11 cases in 2021.

AIDS incidence is shown in **Figure 8**. AIDS incidence increased among all races between 2020 and 2021, likely due to a decrease in testing in 2020. Overall between 2019-2021, there were only slight changes in the incidence of AIDS in Black and White people with 89 cases in White people in 2019 and 90 cases in 2021 and 111 cases in Black people in 2019 and 110 cases in 2021. Over the same period, AIDS cases in Hispanic/Latinx individuals increased by 30.4% from 46 cases in 2019 to 60 cases in 2021.The “Other” race category experienced a 37.5% decrease in new AIDS cases, from 8 cases in 2019 to five cases in 2021.

**Figure 7: Tampa-St. Petersburg EMA HIV Incidence by Race/Ethnicity**

**Figure 8: Tampa-St. Petersburg EMA AIDS Incidence by Race/Ethnicity**

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019, 2020, 2021.

The 2021 calendar year saw minor demographic changes in the overall numbers of people with HIV and AIDS (prevalence). White people in the EMA represented 61% of the population and 42% of all HIV cases. Black people accounted for 36% of HIV cases and Non-Black Hispanic/Latinx people accounted for 19%. White people represented the largest prevalence of AIDS cases in the EMA with 43%, followed by Black people with 36%, and Hispanic/Latinx people with 18%. Black people were disproportionately impacted by HIV/AIDS representing 36% of both HIV cases and AIDS cases, although only 12% of the EMA’s total population was Black. **Figure 9** shows HIV and AIDS prevalence by race/ethnicity in 2021, compared to the overall population.

**Figure 9: Tampa-St. Petersburg EMA 2021 HIV/AIDS Prevalence by Race/Ethnicity, Compared to Overall Population**

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019, 2020, 2021.

In the EMA, cisgender men comprise approximately 49% of the population but represent a majority of HIV and AIDS cases. In 2021, cisgender men represented 76.8% of HIV prevalence and 76.4% of AIDS prevalence; cisgender women represented 22.9% of HIV prevalence and 22.6% of AIDS prevalence. Starting in 2019, 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 0.6% of HIV prevalence and 0.5% of 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. **Figure 10** shows HIV and AIDS prevalence by gender in 2021.

**Figure 10: Tampa-St. Petersburg EMA 2021 HIV/AIDS Prevalence by Gender**

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2019, 2020, 2021.

Over the past three years, there have been minimal increases and decreases in HIV/AIDS prevalence among all races. Notably, the number of Hispanic/Latinx people with HIV in the EMA increased by 6.9%, from 2,587 cases in 2019 to 2,765 cases in 2021. Over the same period, HIV prevalence increased by just 0.6% in White people and 1.4% in Black people. Among other races, the most significant change was in Asian people who saw an increase (7.6%) of cases from 144 in 2019 to 155 in 2021.

In 2021, there were 5,288 Black people with HIV/AIDS in the EMA (36% of the total population with HIV). Approximately 17% of people with HIV/AIDS in this racial group were aware of their status and not in care. There were 2,765 Hispanic/Latinx people with HIV/AIDS in the EMA in 2021 (18% of the total population) and approximately 18.4% were aware of their HIV/AIDS status and not in care. There were 6,215 White people with HIV/AIDS in the EMA in 2021 and approximately 13.6% were aware of their status and not in care. Additional care continuum data from this time period is available in the 2022-2023 HIV/AIDS Care Continuum Report for the Tampa-St. Petersburg Eligible Metropolitan Area.

**Figure 11** shows the total number of People with HIV/AIDS in the EMA in 2021 by county.

**Figure 11: Tampa-St. Petersburg EMA HIV/AIDS Cases per County in 2021**



Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2021.

New and Emerging Populations:

The Florida Department of Health’s 2021 Epidemiological Profile reports that while new HIV cases in cisgender male youth (13-24) decreased overall from 2019 to 2021, there was a 16.1% increase in cases in this population between 2020 and 2021. Cases in White cisgender male youth decreased 47.4% from 2019-2021, while cases in Black cisgender male youth decreased just 4.3% in the same period. Among Hispanic/Latino cisgender male youth, new cases remained the same with 12 cases in 2019 and 12 cases in 2021. While there are low numbers of HIV cases in cisgender female youth overall, the number of cases in Black cisgender female youth doubled between 2019 and 2021, from three cases in 2019 to six cases in 2021. Over the same period, cases in Hispanic/Latina cisgender female youth increased slightly from three cases in 2019 to four cases in 2021 and cases in White cisgender female youth dropped from four cases in 2019 to zero cases in 2021.

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 new cases 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 2021 Epidemiological Profile reports 22.1% (n=3,236) 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 under-represented in care include: unhoused people[[3]](#footnote-3) of all races/ethnicities, PWID of all races/ethnicities, and Black transgender people. Among these groups, the percentages of people not retained in medical care in 2021 are as follows: 80% (n=8) of Hispanic/Latino unhoused cisgender men, 75% (n=15) of Black unhoused cisgender men, 63.6% (n=7) of White unhoused cisgender women, 61.9% (n=13) of White unhoused cisgender men, 50% (n=3) of Black unhoused cisgender women, 50% (n=2) of Hispanic/Latina unhoused cisgender women, 35.2% (n=81) Black cisgender male PWID, 34.4% (n=67) White cisgender male PWID, and 32.6% (n=14) Black transgender people.

Black and Hispanic/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 2021, 24.1% (n=1,277) of Black People with HIV and 23.3% (n=645) of Hispanic/Latinx people with HIV in the EMA were not retained in medical care. In contrast, in 2017, 29.2% (n=1,494) of Black People with HIV and 28.3% (n=690) Hispanic/Latinx People with HIV in the EMA were not retained in medical care. While rates of retention in care in these populations have improved significantly over the past five years, this progress has stalled within recent years, with only marginal changes in retention in care between 2019 and 2021. **Figure 12** shows the percentages Black and Hispanic/Latinx populations not retained in care, compared to White people, from 2017-2021.

**Figure 12: Tampa-St. Petersburg EMA Percentages of PWH Not Retained in Care, 2017-2021**

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2017, 2018, 2019, 2020, 2021.

**THE EPIDEMIC IN THE 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 13 – 19** represent the three geographic areas that make up the Total Service Area (TSA).

**Figure 13** shows the number of People with HIV (PWH) per 100,000 population for all eight TSA counties.

**Figure 13: People with HIV (PWH) per 100,000 Population in 2021**

**Figures 14-19** 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 14: HIV by Year of Diagnosis in Area 5**

**by County of Residence at Diagnosis, 2019-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2019-2021***% Change* |
| **Pasco** | 48 | 38 | 48 | 0% |
| **Pinellas** | 192 | 155 | 130 | -32.3% |

Source: Florida Department of Health, HIV/AIDS Section, 2021

**Figure 15: AIDS by Year of Diagnosis in Area 5**

**by County of Residence at Diagnosis, 2019-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2019-2021***% Change* |
| **Pasco** | 21 | 21 | 20 | -4.8% |
| **Pinellas** | 87 | 80 | 72 | -17.2% |

Source: Florida Department of Health, HIV/AIDS Section, 2021

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

**Figure 16: HIV by Year of Diagnosis in Area 6**

**by County of Residence at Diagnosis, 2019-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2019-2021***% Change* |
| **Hernando** | 9 | 9 | 20 | 122.2% |
| **Hillsborough** | 288 | 249 | 323 | 12.2% |
| **Manatee** | 35 | 41 | 56 | 60% |

Source: Florida Department of Health, HIV/AIDS Section, 2021

**Figure 17: AIDS by Year of Diagnosis in Area 6**

**by County of Residence at Diagnosis, 2019-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2019-2021***% Change* |
| **Hernando** | 5 | 6 | 8 | 60% |
| **Hillsborough** | 141 | 124 | 165 | 17% |
| **Manatee** | 17 | 30 | 25 | 47.1% |

Source: Florida Department of Health, HIV/AIDS Section, 2021

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

**Figure 18: HIV by Year of Diagnosis in Area 14**

**by County of Residence at Diagnosis, 2019-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2019-2021***% Change* |
| **Hardee** | 0 | 0 | 3 | 100% |
| **Highlands** | 13 | 10 | 4 | -69.2% |
| **Polk** | 131 | 77 | 129 | -1.5% |

Source: Florida Department of Health, HIV/AIDS Section, 2021

**Figure 19: AIDS by Year of Diagnosis in Area 14**

**by County of Residence at Diagnosis, 2019-2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2019-2021***% Change* |
| **Hardee** | 1 | 1 | 0 | -100% |
| **Highlands** | 8 | 5 | 1 | -87.5% |
| **Polk** | 56 | 41 | 57 | 1.8% |

Source: Florida Department of Health, HIV/AIDS Section, 2021

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** | **2019-PREVALENCE** | **2020-PREVALENCE** | **2021-PREVALENCE** |
| --- | --- | --- | --- |
| ***Race/Ethnicity*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| White, non-Hispanic/Latinx | 2,896 | 3,283 | 2,949 | 3,266 | 2,983 | 3,232 |
| Black, non-Hispanic/Latinx | 2,507 | 2,706 | 2,519 | 2,722 | 2,541 | 2,747 |
| Hispanic/Latinx | 1,278 | 1,309 | 1,322 | 1,315 | 1,411 | 1,354 |
| Other / Unknown | 193 | 187 | 191 | 196 | 194 | 205 |
| **Total** | 6,874 | 7,485 | 6,981 | 7,499 | 7,129 | 7,538 |
| ***Gender*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Men | 5,294 | 5,704 | 5,376 | 5,720 | 5,504 | 5,760 |
| Cisgender Women | 1,533 | 1,745 | 1,554 | 1,741 | 1,573 | 1,741 |
| Transgender Women | 43 | 35 | 47 | 37 | 48 | 36 |
| Transgender Men | 4 | 1 | 4 | 1 | 4 | 1 |
| **Total** | 6,874 | 7,485 | 6,981 | 7,499 | 7,129 | 7,538 |
| ***Current Age as of Reporting Year*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| <13 years | 8 | 3 | 9 | 2 | 8 | 3 |
| 13 - 24 years | 318 | 56 | 282 | 47 | 277 | 44 |
| 25 - 44 years | 3,038 | 1,680 | 3,071 | 1,630 | 3,127 | 1,625 |
| 45 - 59 years | 2,381 | 3,698 | 2,372 | 3,553 | 2,329 | 3,392 |
| 60+ years | 1,129 | 2,048 | 1,247 | 2,267 | 1,388 | 2,474 |
| **Total** | 6,874 | 7,485 | 6,981 | 7,499 | 7,129 | 7,538 |
| ***Exposure Category*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Male-to-male sexual contact (MMSC) | 4,276 | 3,999 | 4,353 | 4,020 | 4,475 | 4,082 |
| Injection drug users (IDU)[[4]](#footnote-4) | 440 | 710 | 447 | 705 | 445 | 675 |
| MMSC/IDU | 298 | 448 | 294 | 429 | 287 | 433 |
| Cisgender Heterosexual Contact[[5]](#footnote-5) | 1,743 | 2,178 | 1,771 | 2,190 | 1,807 | 2,203 |
| Transgender Sexual Contact[[6]](#footnote-6) | 41 | 31 | 43 | 33 | 45 | 32 |
| Perinatal Exposure | 8 | 3 | 9 | 2 | 8 | 3 |
| Other/Unknown | 66 | 117 | 63 | 120 | 61 | 110 |
| **Total** | 6,872\*\* | 7,486\*\* | 6,980\*\* | 7,499 | 7,128\*\* | 7,538 |

*Source: Florida Department of Health EMA Epidemiological Profiles CY 2019; CY 2020; CY 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. [↑](#footnote-ref-2)
3. According to the Florida Department of Health’s Epidemiology Profile, the designation of unhoused, or homeless, is based on the current address at the end of the calendar year and includes addresses labeled as Homeless, Shelter, Temporary, or with a zip code of 99999. [↑](#footnote-ref-3)
4. Includes IDU of ALL genders, excluding MMSC/IDU [↑](#footnote-ref-4)
5. 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-5)
6. “Transgender Sexual Contact” is specific to all people 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-6)