**HIV/AIDS Epidemiology Report for the**

**Tampa - St. Petersburg**

**Eligible Metropolitan Area (EMA) and**

**Total Service Area (TSA)**

**2023-2024**



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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Produced on behalf of The West Central Florida Ryan White Care Council under contract with the Health Care Services Department within the Human Services of Hillsborough County, Ryan White Program, and the Florida Department of Health in Pinellas County.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10,779,094 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

**West Central Florida Ryan White Care Council**

**2022-2023 Epidemiology Summary**

In 2022, there were 15,155 people living with HIV in the Eligible Metropolitan Area (EMA), which includes Hillsborough, Pinellas, Pasco, and Hernando Counties. There were 19,827 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 2022:**

* **77%** are cisgender\* men, **22%** are cisgender women, **1%** are transgender women, and **less than 1%** are transgender men.
* **42%** are White, **36%** are Black, **20%** are Hispanic/Latinx, **2%** are multi-racial, **1%** are Asian, and **less than 1%** are classified as American Indian/Alaska Native or Native Hawaiian or Pacific Islander.
* **Less than 1%** are less than 13 years old, **2%** are 13-24 years old, **24%** are 25-39 years old, **46%** are 40-59 years old, and **29%** are 60+ years old.

There were **516** NEW cases of HIV in the EMA in 2022, a 2% increase since 2019.

There were **703** NEW cases of HIV in the TSA in 2022, a 3% increase since 2019.

**Of NEW cases of HIV in the EMA in 2022:**

* **82%** were cisgender men, **17%** were cisgender women, and **1%** were transgender people.
* **33%** were White people, **33%** were Black people, **30%** were Hispanic/Latinx people, **3%** were Asian people, **2%** were multi-racial people, and **less than 1%** were classified as American Indian/Alaska Native or Native Hawaiian or Pacific Islander.
* **Less than 1%** were less than 13 years old, **14%** were 13-24 years old, **51%** were 25-39 years old, **29%** were 40-59 years old, and **6%** were 60+ years old.

Black people in the EMA are disproportionately impacted by HIV, representing **12%** of the total population but **33%** of new HIV cases in 2022 and **36%** of all people living with HIV.

There has been a significant increase in new cases of HIV in Hispanic/Latinx people over the last four years with 94 cases in 2019 and 152 in 2022: a **62%** increase. This percent increase is higher than any other racial or ethnic group.

In 2022, **77%** 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 small increase from **76%** 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 60% are White (non-Hispanic/Latinx), 21% are Hispanic/Latinx, and 12% are Black (non-Hispanic/Latinx). Women represent 51% 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**. Socioeconomic status is reflective of the most recently available data, which is from 2021.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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, 2021.

Overview of the HIV Epidemic within the EMA

Changes in the incidence and prevalence for HIV and AIDS, from 2019 to 2022, are shown in **Figure 3**. Data from 2019 is included in this report to provide a comparison before the COVID-19 pandemic. According to the Florida Department of Health’s Epidemiological Profile, new HIV cases (incidence) in the EMA decreased 5.7% between 2019 and 2021 but increased 7.9% from 2021 to 2022, for an overall increase of 1.8% from 2019 to 2022. New cases of AIDS decreased 9.4% from 2019 to 2020 but decreased just 0.8% overall between 2019 and 2022. The decrease in new HIV and AIDS cases in 2020, and subsequent increases in 2021, should be interpreted with caution due to the impact of the pandemic on access to HIV testing.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CY 2019** | **CY 2020** | **CY 2021** | **CY 2022** |
| Incidence | Prevalence | Incidence | Prevalence | Incidence | Prevalence | Incidence | Prevalence |
| **HIV** | 507 | 7,177 | 429 | 7,296 | 478 | 7,417 | 516 | 7,535 |
| **AIDS** | 253 | 7,552 | 229 | 7,566 | 264 | 7,611 | 251 | 7,620 |
| **TOTAL** |  | 14,729 |  | 14,862 |  | 15,028 |  | 15,155 |

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.
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.

HIV and AIDS Incidence

**Figure 4** and **Figure 5** show incidence of HIV and AIDS by gender.The incidence of HIV among cisgender[[1]](#footnote-1) men in the EMA decreased from 2019 to 2021 and increased between 2021 and 2022, returning to a similar level with 422 cases in 2019 and 423 in 2022. During the same time frame, new HIV cases among cisgender women decreased overall from 89 cases in 2019 to 82 cases in 2022: a 7.9% decrease. Among transgender women, four cases were reported in 2019 and 2 cases in 2022. There was one case reported in transgender men in 2022 and none in 2021, 2020, or 2019. For the first time in 2023, the Florida Department of Health began reporting data on an additional gender option, labeled “additional gender identity,” to describe individuals who may identify under the non-binary[[2]](#footnote-2) umbrella. No new HIV or AIDS cases were reported under this category, however, there were cases reported in the prevalence data.

The incidence of cisgender male AIDS cases decreased between 2019 and 2020 but returned to a similar level in 2022 with 190 cases in 2019 and 191 cases in 2022. The incidence of cisgender female AIDS cases saw a small decrease of 6.3% with 63 cases in 2019 and 59 cases in 2022. Among transgender women, there were two cases of AIDS reported in 2020, one in 2021, and one in 2022. It is possible that HIV and AIDS incidence in the transgender population is underrepresented due to inaccurate classification or individuals not feeling safe disclosing their authentic gender identity.

**Figure 4: Tampa-St. Petersburg EMA 2022 HIV Incidence by Gender**

**Figure 5: Tampa-St. Petersburg EMA 2022 AIDS Incidence by Gender**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

HIV incidence is shown in **Figure 6**. Among White (non-Hispanic/Latinx) and Black (non-Hispanic/Latinx) individuals, HIV incidence between 2019 and 2022 decreased overall with 193 cases in White individuals in 2019 and 172 cases in 2022 and 203 cases in Black individuals in 2019 and 168 cases in 2022. Black individuals represent just 12.1% of the total population, but 32.6% of all new cases of HIV, showing a significant disparity. While this disparity persists, in 2022, for the first time since 2013, there were more new cases in White individuals than there were in Black individuals, perhaps indicating that the disparity is decreasing.

HIV incidence among Hispanic/Latinx individuals has seen a concerning increase over the last four years with 94 cases in 2019 and 152 in 2022: a 61.7% increase. Hispanic/Latinx people make up 21.4% of the overall population of the EMA but 29.5% of all new HIV cases in 2022, compared to 18.5% of new cases in 2019, showing that a new disparity has emerged in this population.

 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 has seen an increase from 17 cases in 2019 to 24 cases in 2022. Among these racial categories, the most significant changes were seen in Asian individuals with seven new cases of HIV in 2019 and 15 new cases in 2022.

AIDS incidence is shown in **Figure 7**. Between 2019 and 2022, AIDS incidence decreased in White and Black individuals with 111 cases in 2019 in Black individuals and 97 cases in 2022 (a 12.6% decrease) and 89 cases in White individuals in 2019 and 82 cases in 2022 (a 7.9% decrease). Over the same period, AIDS cases in Hispanic/Latinx individuals increased by 28.9% from 45 cases in 2019 to 58 cases in 2022.The “Other” race category experienced a 75.0% increase in new AIDS cases, from eight cases in 2019 to fourteen cases in 2022.

**Figure 6: Tampa-St. Petersburg EMA 2022 HIV Incidence by Race/Ethnicity**

**Figure 7: Tampa-St. Petersburg EMA 2022 AIDS Incidence by Race/Ethnicity**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

The most common mode of transmission for individuals diagnosed with HIV/AIDS over the four-year timespan was cisgender male-to-male sexual contact (MMSC), accounting for 1,222 new cases of HIV and 521 new cases of AIDS between 2019 and 2022. 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 464 new cases of HIV and 306 new cases of AIDS during the four-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 150 new HIV cases and 100 new AIDS cases in the four-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 8**.

**Figure 8: Tampa-St. Petersburg EMA HIV Incidence by mode of transmission, 2019-2022**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

HIV and AIDS Prevalence

The 2022 calendar year saw minor demographic changes in the overall numbers of people with HIV and AIDS (prevalence). White people in the EMA accounted for 60% of the total population and 42% of all people with HIV. Black people accounted for 36% of people with HIV and Non-Black Hispanic/Latinx people accounted for 20%. White people represented the largest prevalence of people with AIDS 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 2022, compared to the overall population.

**Figure 9: Tampa-St. Petersburg EMA 2022 HIV/AIDS Prevalence by Race/Ethnicity, Compared to Overall Population**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

In the EMA, men comprise approximately 49% of the population but represent a majority of HIV and AIDS cases. In 2022, cisgender men represented 77.1% of HIV prevalence and 76.4% of AIDS prevalence. Cisgender women represented 22.2% of HIV prevalence and 23.0% 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 0.7% of HIV prevalence and 0.5% of AIDS prevalence. Transgender men represent 0.0% of HIV prevalence (7 people) and 0.0% AIDS prevalence (one person). For the first time in 2023, the Florida Department of Health began reporting data on an additional gender option, labeled “additional gender identity,” to describe individuals who may identify under the non-binary umbrella. There was one case reported in this gender category. **Figure 10** shows HIV and AIDS prevalence by gender in 2022.

**Figure 10: Tampa-St. Petersburg EMA 2022 HIV/AIDS Prevalence by Gender**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

Over the past four years, there have been minimal increases and decreases in HIV/AIDS prevalence among most races. Notably, the number of Hispanic/Latinx people with HIV in the EMA increased by 10.3%, from 2,738 cases in 2019 to 3,019 cases in 2022. Over the same period, HIV prevalence increased by just 0.2% in White people and 1.7% in Black people. Among other races, the most significant change was in Asian people who saw an increase (15.0%) of cases from 153 in 2019 to 176 in 2022.

In 2022, there were 5,375 Black people with HIV/AIDS in the EMA (36% of the total population with HIV). Approximately 17.5% of people with HIV/AIDS in this racial group were aware of their status and not in care. There were 3,019 Hispanic/Latinx people with HIV/AIDS in the EMA in 2022 (20% of the total population with HIV) and approximately 17.7% were aware of their HIV/AIDS status and not in care. There were 6,329 White people with HIV/AIDS in the EMA in 2022 and approximately 14.6% were aware of their status and not in care. Additional care continuum data from this time period is available in the 2023-2024 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 2022 by county.

**Figure 11: Tampa-St. Petersburg EMA HIV/AIDS Cases per County in 2022**



Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

New and Emerging Populations

In previous years, new cases of HIV among youth (ages 13-24) were seeing concerning increases, however, over the last four years these cases have decreased. There were 93 new cases of HIV in youth in 2019 and 71 cases in 2022. Within the youth population, the largest number of new cases are in Black cisgender male youth with 28 new cases in 2022, a decrease from 45 cases in 2019. Hispanic/Latino cisgender male youth saw an increase between 2019 and 2022 with 12 cases in 2019 and 22 cases in 2022. Over the same time period, cases in White cisgender male youth decreased from 19 cases in 2019 to 12 cases in 2022. Cases of HIV in cisgender female youth have decreased from ten cases in 2019 to six cases in 2022. Of these six cases in 2022, three were in Black cisgender women youth, two in Hispanic/Latina cisgender women youth, and one in White cisgender women youth. In 2022, there were three cases reported in transgender youth, two black and one Hispanic/Latinx.

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 use, and partner age differences (and the potential for coercion in these relationships) are prevention challenges for this 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 2022 Epidemiological Profile reports 23.1% (n=3,505) 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, People Who Inject Drugs (PWID) of all races/ethnicities, and Black transgender people. Among these groups, the percentages of people who were not retained in medical care in 2022 are as follows: 58.8% (n=40) of unhoused people, 29.0% (n=327) of PWID, and 35.4% (n=17) of Black transgender people. Retention in care rates in the EMA also vary by country/territory of birth. Of people born in the United States, 22.4% (n=2,757) were not retained in care, compared to 36.8% (n=63) of people born in Mexico, 36.1% (n=53) of people born in Haiti, and 30.5% (n=25) of people born in Brazil. (Retention in care rates of people born in Cuba, Venezuela, Puerto Rico, Colombia, and Jamaica were similar to or higher than those born in the United States.)

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 2022, 25.6% (n=1,374) of Black People with HIV and 23.5% (n=708) of Hispanic/Latinx people with HIV in the EMA were not retained in medical care. In contrast, in 2019, 25.8% (n=1,361) of Black People with HIV and 28.0% (n=768) Hispanic/Latinx People with HIV in the EMA were not retained in medical care. **Figure 12** shows the percentages Black and Hispanic/Latinx populations not retained in care, compared to White people, from 2019-2022.

**Figure 12: Tampa-St. Petersburg EMA Percentages of PWH Not Retained in Care, 2019-2022**

Source: Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section Tampa-St. Petersburg EMA Epidemiological Profile CY 2022.

**THE EPIDEMIC IN THE TOTAL SERVICE AREA**

The State of Florida is comprised of numbered service 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 2022**

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

**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, 2019-2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2022**(#) | **2019-2022***% Change* |
| **Pasco** | 44 | 36 | 47 | 73 | 65.9% |
| **Pinellas** | 185 | 153 | 124 | 122 | -34.1% |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

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

**by County of Residence at Diagnosis, 2019-2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2022**(#) | **2019-2022***% Change* |
| **Pasco** | 21 | 20 | 20 | 27 | 28.6% |
| **Pinellas** | 86 | 80 | 71 | 68 | -20.9% |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

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

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

**by County of Residence at Diagnosis, 2019-2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2022**(#) | **2019-2022***% Change* |
| **Hernando** | 9 | 9 | 18 | 14 | 55.6% |
| **Hillsborough** | 269 | 231 | 289 | 307 | 14.1% |
| **Manatee** | 34 | 37 | 50 | 48 | 41.2% |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

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

**by County of Residence at Diagnosis, 2019-2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2022**(#) | **2019-2022***% Change* |
| **Hernando** | 5 | 6 | 8 | 9 | 80.0% |
| **Hillsborough** | 141 | 123 | 165 | 147 | 4.3% |
| **Manatee** | 17 | 30 | 25 | 23 | 35.3% |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

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

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

**by County of Residence at Diagnosis, 2019-2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County***HIV Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2022**(#) | **2019-2022***% Change* |
| **Hardee** | 0 | 0 | 3 | 2 | *NA* |
| **Highlands** | 13 | 10 | 4 | 8 | -38.5% |
| **Polk** | 127 | 76 | 120 | 129 | 1.6% |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

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

**by County of Residence at Diagnosis, 2019-2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County***AIDS Incidence* | **2019**(#) | **2020**(#) | **2021**(#) | **2022**(#) | **2019-2022***% Change* |
| **Hardee** | 1 | 1 | 0 | 1 | 0% |
| **Highlands** | 8 | 5 | 1 | 3 | -62.5% |
| **Polk** | 56 | 41 | 57 | 58 | 3.6% |

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FLHealthCHARTS.org, 2023.

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** | **2022 PREVALENCE** |
| --- | --- | --- | --- | --- |
| ***Race/Ethnicity*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| White, non-Hispanic/Latinx | 2,998 | 3,317 | 3,065 | 3,301 | 3,102 | 3,270 | 3,072 | 3,257 |
| Black, non-Hispanic/Latinx | 2,561 | 2,722 | 2,570 | 2,737 | 2,586 | 2,765 | 2,616 | 2,759 |
| Hispanic/Latinx | 1,415 | 1,323 | 1,459 | 1,328 | 1,524 | 1,367 | 1,632 | 1,387 |
| Other / Unknown | 203 | 190 | 202 | 200 | 205 | 209 | 215 | 217 |
| **Total** | 7,177 | 7,552 | 7,296 | 7,566 | 7,417 | 7,611 | 7,535 | 7,620 |
| ***Gender*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Men | 5,541 | 5,758 | 5,637 | 5,775 | 5,744 | 5,819 | 5,861 | 5,825 |
| Cisgender Women | 1,580 | 1,756 | 1,598 | 1,751 | 1,609 | 1,753 | 1,606 | 1,756 |
| Transgender Women | 50 | 37 | 55 | 39 | 58 | 38 | 61 | 38 |
| Transgender Men | 5 | 1 | 5 | 1 | 5 | 1 | 6 | 1 |
| Additional Gender Identity | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| **Total** | 7,177 | 7,552 | 7,296 | 7,566 | 7,417 | 7,611 | 7,535 | 7,620 |
| ***Current Age as of Reporting Year*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| <13 years | 9 | 3 | 10 | 2 | 9 | 3 | 10 | 3 |
| 13 - 24 years | 337 | 56 | 298 | 47 | 287 | 44 | 256 | 45 |
| 25 - 44 years | 3,213 | 1,695 | 3,263 | 1,644 | 3,298 | 1,639 | 3,355 | 1,592 |
| 45 - 59 years | 2,462 | 3,728 | 2,449 | 3,582 | 2,402 | 3,423 | 2,354 | 3,204 |
| 60+ years | 1,156 | 2,070 | 1,276 | 2,291 | 1,421 | 2,502 | 1,560 | 2,776 |
| **Total** | 7,177 | 7,552 | 7,296 | 7,566 | 7,417 | 7,611 | 7,535 | 7,620 |
| ***Exposure Category*** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** | **HIV** | **AIDS** |
| Cisgender Male-to-male sexual contact (MMSC) | 4,495 | 4,039 | 4,583 | 4,062 | 4,686 | 4,126 | 4,800 | 4,156 |
| Injection drug use (IDU)[[4]](#footnote-4) | 448 | 716 | 458 | 711 | 454 | 681 | 446 | 682 |
| MMSC/IDU | 308 | 455 | 303 | 437 | 299 | 441 | 283 | 432 |
| Cisgender Heterosexual Contact[[5]](#footnote-5) | 1,796 | 2,190 | 1,820 | 2,199 | 1,845 | 2,216 | 1,869 | 2,202 |
| Transgender Sexual Contact[[6]](#footnote-6) | 48 | 32 | 51 | 34 | 56 | 33 | 60 | 31 |
| Perinatal Exposure | 78 | 102 | 76 | 103 | 73 | 95 | 73 | 97 |
| Other/Unknown | 3 | 18 | 3 | 20 | 3 | 19 | 3 | 20 |
| **Total** | 7,176\*\* | 7,552 | 7,294\*\* | 7,566 | 7,416\*\* | 7,611 | 7,534\*\* | 7,620 |

*Source: Florida Department of Health EMA Epidemiological Profiles CY 2019; CY 2020; CY 2021; 2022.*

\*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)