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PINELLAS COUNTY HEALTH DEPARTMENT
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HIV/AIDS Surveillance Quarterly Statistics
 Pinellas and Pasco Counties (Area 5)
 January 2001

Important HIV/AIDS Drug Advisories

(The following is an excerpt from a letter written on 1/10/01 by Dr. Paul Arons, Florida's Bureau of HIV/AIDS Medical Director)

An article entitled "**Serious Adverse Events Attributed to Nevirapine Regimens for Post-Exposure Prophylaxis After HIV Exposures - Worldwide 1997-2000**" has been published in the January 5, 2001 issue of the U.S. Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report. Based on this report, the Florida Department of Health recommends that clinicians not prescribe Nevirapine (Viramune™) for HIV post-exposure prophylaxis.

Nevirapine (NVP - Viramune™), manufactured by Roxane Laboratories, is a non-nucleoside reverse transcriptase inhibitor used in combination with other anti-retroviral medications to treat established HIV infection. In recent years, clinicians have also used it as part of a short-course regimen to prevent infection in individuals who have sustained possible HIV exposure, both occupationally and non-occupationally.

Nevirapine is not one of the recommended medications for such prophylaxis, though it has the advantage of rapid bioavailability because it does not require phosphorylation to become active. Recommended post-exposure prophylaxis (PEP) regimens are published in MMWR Recommendations and Reports (RR-7) May 15, 1998, available at the website <http://www.cdc.gov/hiv/>

treatment.htm along with other HIV treatment guidelines. (A copy of the recommended PEP guidelines can also be obtained by calling the Florida Department of Health.)

Altogether, the Food and Drug Administration's voluntary MedWatch system received reports of 22 cases, 12 in the U.S., of **serious adverse events related to Nevirapine taken for Post-Exposure Prophylaxis (PEP) since March 1997, including one with fulminant hepatitis and end stage liver failure requiring liver transplant.** Twelve included hepatotoxicity, 14 skin reactions, and one rhabdomyolysis. The package labeling recommends a lead-in dose for adults of 200 mg per day for 14 days. Six of 12 persons taking a maximum dose of 200 mg twice daily were first given the lead-in dose for 3 -14 days.

In its editorial comments, CDC states, "Because most occupational HIV exposures do not result in transmission of HIV...(i)n many circumstances, the risks associated with NVP as part of a PEP regimen outweigh the anticipated benefits. When PEP is prescribed, the manufacturer's package insert should be consulted for dosing instructions, possible side effects and potential drug interactions."

CDC goes on to say **that the reported findings do not apply to other situations such as single-dose NVP for prevention of perinatal**

HIV transmission. "No serious toxicity has been reported among mother-infant pairs using this regimen. Combination antiretroviral regimens containing NVP may be used in HIV-infected persons after weighing the risks and benefits and monitoring adverse reactions."

Questions, comments or reports may be directed to FDA MedWatch at (800) 332-1088 or to Paul Arons, M.D., Florida Department of Health Bureau of HIV/AIDS at (850) 245-4488.

*Another notice on January 5, 2001, from Bristol Myers Squibb about its products **didanosine (Videx™) and stavudine (Zerit™), states "Fatal lactic acidosis has recently been reported in pregnant women treated throughout gestation with the combination of stavudine and didanosine. Based on these cases th(is) combination should be used with caution during pregnancy and is recommended only if the potential benefit clearly outweighs the potential risk, such as when there are few remaining treatment options." If you have any further questions, please contact the Medical Information Department at Bristol-Myers Squibb Company at 1-800-426-7644.***



Year-End HIV/AIDS Review in Progress

The HIV/AIDS Surveillance office is currently conducting a year-end review of HIV/AIDS cases that were diagnosed in the year 2000 in Pinellas and Pasco Counties. We are contacting area health care providers and hospitals/clinics and requesting information to determine if all cases diagnosed in 2000 were reported to the health department. The main purpose for conducting this evaluation study is to ensure that every patient diagnosed with HIV/AIDS in

Area 5 is reported and has access to HIV/AIDS treatments and services, including partner notification and follow-up services offered by the health department. The information is also used to compile local, state and national HIV/AIDS statistics, which are used to justify the need for continued funding of HIV/AIDS prevention programs and patient care services for our state and local areas. The

surveillance office is requesting your cooperation and assistance in helping us complete this review by the end of February.

Currently the surveillance office has received lab information on 125 HIV cases that have not been completely reported by the health care provider. Please remember to pick up the phone as soon as you get a positive diagnosis on an HIV test.

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Special points of interest:

- *World AIDS Day on December 1, 2000 was a great success*
 - * 146 people were tested for HIV at Williams Park in St Petersburg
 - * Approximately 145 people attended the Prayer Breakfast in Pasco County
- *Call the HIV/AIDS surveillance office at 727-824-6903 if you have an HIV or AIDS case to report. Erica Amato, Jill Silver, De Wengrzn or myself are here to assist you with reporting and/or statistics you might need! If you're a health care provider in Pasco County and need to report an HIV/AIDS case please call Michael Wydotis at 727-869-3900 (x173).*



Pinellas County AIDS Statistics

All Pinellas County AIDS data is cumulative from 1981 to December 31, 2000
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

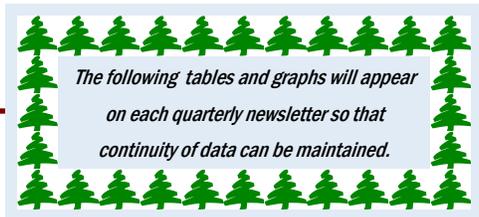


Table 1: **AIDS Cases — by RACE**

Race	Adults	Pediatric	Total
White	2291 (73%)	10 (53%)	2301 (73%)
Black	730 (23%)	8 (42%)	738 (23%)
Hispanic	127 (4%)	1 (5%)	128 (4%)
Asian/Pacific Is.	11 (0%)		11 (0%)
Am.Indian/AK. Native	7 (0%)		7 (0%)
Unknown	0 (0%)		0 (0%)
Total	3166 (100%)	19 (100%)	3185 (100%)

Table 3: **AIDS Cases — by Adult Risk Categories**

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	1882 (69%)		1882 (59%)
Injecting Drug Users	338 (12%)	120 (28%)	458 (15%)
Gay/ Bi Male & IDU	192 (7%)		192 (6%)
Heterosexual Contact	139 (5%)	215 (50%)	354 (11%)
Transfusion Recipients	32 (1%)	23 (6%)	55 (2%)
Coagulation Disorder	14 (1%)		14 (0%)
Risk Not Reported	141 (5%)	70 (16%)	211 (7%)
Total	2738 (100%)	428(100%)	3166 (100%)

Table 2: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-12	19 (1%)	13 (68%)
13-19	16 (0%)	
20-29	542 (17%)	
30-39	1438 (45%)	1857 (59%)
40-49	825 (26%)	
50+	345 (11%)	
Total	3185 (100%)	1870 (59%)

Table 4: **AIDS Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	6 (67%)	9 (90%)	15 (79%)
Hemophilia	2 (22%)		2 (11%)
Transfusion	1 (11%)		1 (5%)
Risk Not Reported	0 (0%)	1 (10%)	1 (5%)
Total	9 (100%)	10 (100%)	19 (100%)

Pinellas County HIV Statistics

All Pinellas County HIV data is cumulative from 7/1/97 to December 31, 2000
 Source: Pinellas County Health Department, HIV/AIDS Surveillance



Table 5: **HIV Cases — by RACE**

Race	Adults	Pediatric	Total
White	328 (54%)	3 (60%)	331 (54%)
Black	235 (39%)	2 (40%)	237 (39%)
Hispanic	27 (4%)		27 (4%)
Asian/Pacific Is.	3 (1%)		3 (1%)
Am.Indian/AK. Native	2 (0%)		2 (0%)
Unknown	10 (2%)		10 (2%)
Total	605 (100%)	5 (100%)	610 (100%)

Table 7: **HIV Cases — by Adult Risk Categories**

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	210 (50%)		210 (35%)
Injecting Drug Users	52 (13%)	43 (23%)	95 (16%)
Gay/ Bi Male & IDU	21 (5%)		21 (3%)
Heterosexual Contact	31 (8%)	52 (28%)	83 (14%)
Transfusion Recipients	2 (0%)	5 (2%)	7 (1%)
Coagulation Disorder	0 (0%)		0 (0%)
Risk Not Reported	101 (24%)	88 (47%)	189 (31%)
Total	417 (100%)	188 (100%)	605 (100%)

Table 6: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-12	5 (1%)	1 (20%)
13-19	20 (3%)	
20-29	148 (24%)	
30-39	251 (41%)	13 (2%)
40-49	139 (23%)	
50+	47 (8%)	
Total	610 (100%)	14 (2%)

Table 8: **HIV Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	2 (100%)	3 (100%)	5 (100%)
Risk Not Reported			
Total	2 (100%)	3 (100%)	5 (100%)

Pasco County AIDS Statistics



All Pasco County AIDS data is cumulative from 1981 to December 31, 2000
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

Table 9: AIDS Cases — by RACE

Race	Adults	Pediatric
White	434 (84%)	
Black	49 (10%)	3
Hispanic	28 (5%)	
Other/Unknown	3 (1%)	
Total	514 (100%)	3 (100%)

Table 11: AIDS Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	240 (56%)		240 (47%)
Injecting Drug Users	60 (14%)	25 (29%)	85 (167%)
Gay/ Bi Male & IDU	43 (10%)		43 (8%)
Heterosexual Contact	35 (8%)	43 (51%)	78 (15%)
Transfusion Recipients	13 (3%)	3 (4%)	16 (3%)
Coagulation Disorder	3 (1%)		3 (1%)
Risk Not Reported	35 (8%)	14 (16%)	49 (10%)
Total	429 (100%)	85 (100%)	514 (100%)

Table 10: AIDS Cases — by AGE

Age	Cases (%)	Deaths
0-12	3 (0%)	
13-19	4 (1%)	
20-29	86 (17%)	
30-39	231 (44%)	
40-49	128 (25%)	
50+	65 (13%)	
Total	517 (100%)	291 (56%)

Table 12: AIDS Cases — by Pediatric Risk Categories

Risk Factors (peds)	Total
Mother with HIV	3 (100%)
Risk Not Reported	
Total	3 (100%)

Pasco County HIV Statistics



Due to the fact that some of the cell sizes for Pasco County were <3, some of the data has not been completely stratified.

All Pasco County HIV data is cumulative from 7/1/97 to December 31, 2000
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

Table 13: HIV Cases — by RACE (adults only)

Race	Adults
White	75 (74%)
Black	14 (14%)
Hispanic	9 (8%)
Other/Unknown	4 (4%)
Total	102 (100%)

Table 15: HIV Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	31 (40%)		31 (30%)
Injecting Drug Users	9 (12%)	5 (20%)	14 (14%)
Gay/ Bi Male & IDU	4 (5%)		4 (4%)
Heterosexual Contact	3 (5%)	16 (64%)	19 (19%)
Risk Not Reported/Other	30 (38%)	4 (16%)	34 (33%)
Total	77 (100%)	25 (100%)	102 (100%)

Table 14: HIV Cases — by AGE

Age	Cases (%)	Deaths
0-19	5 (5%)	
20-29	30 (29%)	
30-39	36 (35%)	
40-49	17 (17%)	
50+	14 (14%)	
Total	102 (100%)	2 (2%)

There have been no HIV pediatric cases reported for Pasco County as of July 1997.

Hillsborough AIDS Statistics

All Hillsborough County AIDS data is cumulative from 1981 to December 31, 2000
 Source: Florida Department of Health, Bureau of HIV/AIDS



Table 16: **AIDS Cases — by RACE**

Race	Adults	Pediatric	Total
White	2416 (54%)	17 (23%)	2433 (53%)
Black	1490 (33%)	43 (58%)	1533 (34%)
Hispanic	577 (13%)	14 (19%)	591 (13%)
Asian/Pacific Is.	7 (0%)		7 (0%)
Am.Indian/AK. Native	2 (0%)		2 (0%)
Unknown	0 (0%)		0 (0%)
Total	4492 (100%)	74 (100%)	4566 (100%)

Table 18: **AIDS Cases — by Adult Risk Categories**

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	2292 (63%)		2292 (51%)
Injecting Drug Users	523 (14%)	266 (32%)	789 (18%)
Gay/ Bi Male & IDU	291 (8%)		291 (7%)
Heterosexual Contact	306 (9%)	447 (53%)	753 (17%)
Transfusion Recipients	29 (1%)	26 (3%)	55 (1%)
Coagulation Disorder	16 (0%)	1 (0%)	17 (0%)
Risk Not Reported	194 (5%)	101 (12%)	295 (6%)
Total	3651 (100%)	841 (100%)	4492 (100%)

Table 17: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-12	74 (1%)	30 (41%)
13-19	27 (1%)	
20-29	859 (19%)	
30-39	2042 (45%)	2558 (57%)
40-49	1097 (24%)	
50-59	332 (10%)	
60+	135	
Total	4566 (100%)	2588 (57%)

Table 19: **AIDS Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	29 (78%)	36 (97%)	65 (88%)
Hemophilia	3 (8%)		3 (4%)
Transfusion	4 (11%)		4 (5%)
Risk Not Reported	1 (3%)	1 (3%)	2 (3%)
Total	37 (100%)	37 (100%)	74 (100%)

Hillsborough HIV Statistics

All Hillsborough County HIV data is cumulative from 7/1/97 to December 31, 2000
 Source: Florida Department of Health, Bureau of HIV/AIDS

You can get Hillsborough and other Florida county data
 on the Florida Department of Health website:



www.doh.state.fl.us

(once at the site click on "AIDS/HIV")

Table 20: **HIV Cases — by RACE**

Race	Adults	Pediatric	Total
White	437 (35%)	2 (17%)	439 (36%)
Black	613 (52%)	9 (75%)	622 (51%)
Hispanic	138 (12%)	1 (8%)	139 (12%)
Asian/Pacific Is.	1 (0%)		1 (0%)
Am.Indian/AK. Native	1 (0%)		1 (0%)
Unknown	7 (1%)		7 (1%)
Total	1197 (100%)	12 (100%)	1209 (100%)

Table 22: **HIV Cases — by Adult Risk Categories**

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	326 (44%)		326 (27%)
Injecting Drug Users	62 (8%)	73 (16%)	135 (11%)
Gay/ Bi Male & IDU	36 (5%)		36 (3%)
Heterosexual Contact	76 (11%)	180 (39%)	256 (21%)
Transfusion Recipients	2 (0%)	4 (1%)	6 (1%)
Coagulation Disorder	2 (0%)		2 (0%)
Risk Not Reported	230 (32%)	206 (44%)	436 (37%)
Total	734 (100%)	463 (100%)	1197 (100%)

Table 21: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-12	12 (1%)	0 (0%)
13-19	43 (3%)	
20-29	279 (23%)	
30-39	464 (38%)	40 (3%)
40-49	300 (25%)	
50-59	72 (6%)	
60+	39 (4%)	
Total	1209 (100%)	40 (3%)

Table 23: **HIV Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	6 (100%)	5 (83%)	11 (92%)
Risk Not Reported		1 (17%)	1 (8%)
Total	6 (100%)	6 (100%)	12 (100%)

Florida HIV/AIDS Statistics

Source: Florida Department of Health, Bureau of HIV/AIDS
HIV/AIDS, STD & TB Monthly Surveillance Report, #196



Table 24: **Cumulative HIV Case Counts for Florida**
(7/1/97-11/30/00)

	HIV	Deaths
Total	19155	356 (2%)
Adult	18972	353 (2%)
Pediatric	183	3 (2%)

Table 26: **Cumulative HIV/AIDS Case Counts in Surrounding Counties**
(as of 11/30/00)

County	HIV	AIDS
Hillsborough	1197	4545
Pinellas	603	3179
Polk	303	1269
Sarasota	111	749
Manatee	165	722
Pasco	102	515
Hernando	39	175
Highlands	67	148
Hardee	22	64

Table 27: **Cumulative HIV/AIDS Case Counts in the Top 7 Florida Counties**
(as of 11/30/00)

County	HIV	AIDS
Dade	5958	24130
Broward	3139	12910
Palm Beach	1528	7695
Orange	1527	4633
Hillsborough	1197	4545
Duval	843	4006
Pinellas	603	3179

Table 25: **Cumulative AIDS Case Counts for Florida**
(through 11/30/00)

	AIDS	Deaths
Total	80271	44541 (55%)
Adult	78881	43763 (55%)
Pediatric	1390	778 (56%)

United States HIV/AIDS Statistics

Beth Gustafson is responsible for compiling and editing the HIV/AIDS Surveillance Statistics for the Pinellas and Pasco County Health Departments on a quarterly basis. For further information regarding statistics, or questions regarding HIV or AIDS reporting, please contact Beth at (727) 824-6903

Table 28: **Cumulative HIV/AIDS Case Counts for U.S.**
(as of 11/30/00)

	HIV	AIDS	% AIDS Deaths
Total	136881	769853	58%
Adult	134754	760958	58%
Pediatric	2127	8895	58%

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #196)



Table 31: **Cumulative AIDS Cases of 10 Leading U.S. States**
(as of 6/30/00)

1. New York 139248
2. California 117521
3. Florida 78043
4. Texas 52667
5. New Jersey 41245
6. Puerto Rico 24061
7. Illinois 24425
8. Pennsylvania 23678
9. Georgia 22197
10. Maryland 20833

(Source: Centers for Disease Control, HIV/AIDS Surveillance Report, Vol. 12, No. 1)

Here are some useful Web links/sites for HIV/AIDS information:

Table 29: **Cumulative HIV* Cases of 5 Leading U.S. States**
(as of 11/30/00)

1. Florida (7/97)	18958	(13%)
2. New Jersey (1/92)	14143	(10%)
3. North Carolina (2/90)	10080	(7%)
4. Virginia (7/89)	8196	(6%)
5. Louisiana (2/93)	7427	(5%)

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #196)

* Data only from those states where HIV is reportable & includes only persons reported with HIV infection who have not developed AIDS

Table 30: **Cumulative AIDS Cases of 20 Leading U.S. Cities**
(as of 6/30/00)

1. New York City	117792	11. San Juan, PR	15109
2. Los Angeles	41394	12. Baltimore	13904
3. San Francisco	27567	13. Boston	14003
4. Miami	23521	14. Dallas	12109
5. Washington DC	22321	15. Ft Lauderdale	12563
6. Chicago	21173	16. San Diego	10417
7. Houston	18735	17. Tampa-St Pete	8225
8. Philadelphia	18348	18. Oakland	7932
9. Newark	16739	19. Detroit	7439
10. Atlanta	15524	20. West Palm Beach	7415

(Source: Centers for Disease Control, HIV/AIDS Surveillance Report, Vol. 12, No. 1)

World HIV/AIDS Statistics

From W.H.O. (www.who.int):
Reported World AIDS Cases as of 11/99: **2,201,461**
Estimated World HIV/AIDS Cases as of 11/99: **33.6 million**



- <http://www.doh.state.fl.us> Florida HIV/AIDS statistics
- <http://www.cdc.gov> Centers for Disease Control
- <http://www.who.int> World Health Organization
- <http://www.paho.org/english/aid/aidstd.htm> PAHO: AIDS site
- <http://www.iapac.org> Int'l Assoc of Physicians in AIDS care
- <http://www.flairs.org/tcrs/aidline.htm> Florida AIDS Hotline site
- <http://hivinsite.ucsf.edu> HIV/AIDS InSite Information
- <http://www.hivatis.org/trtgdlns.html> HIV/AIDS treatment site



If you need reporting forms, would like to have a brief HIV/AIDS Surveillance In-Service for your staff in your office, or would like to have your HIV/AIDS cases reviewed in your office, please call the above number and speak to Beth Gustafson, Erica Amato, Jill Silver, or Delores (De) Wengrzyn.

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Florida law requires cases of AIDS to be reported by anyone who diagnoses or treats a person with AIDS, with a \$500 fine per case for failure to report. **NOTE:** A person who tests positive for Human Immunodeficiency Virus (HIV) on or after July 1, 1997 is reportable. Confidentiality is guaranteed. Please send your completed HIV/AIDS case report in an envelope marked "CONFIDENTIAL" to:

New National Institutes of Health guidelines on AIDS treatment slated to be issued next month will advocate "caution and delay" in administering highly active antiretroviral therapy, or HAART, to HIV-positive individuals, a "significant" change from current standards, Newsday reports. Since 1996, NIH has adopted a "hit early, hit hard" approach to tackling HIV infection in patients by encouraging the use of HAART in patients in the early stages of infection. Now, however, NIH is recommending that physicians only use HAART on patients with a CD4 T cell count below 350 cells per milliliter of blood, as opposed to the current level of 500 cells per milliliter. The new guidelines also urge physicians to wait to administer HAART until a patient has 30,000 viral particles per milliliter of blood, as measured by branch DNA analysis, an increase from the previous viral load cutoff of 10,000 per milliliter. The decision to revise the guidelines stems from scientists' concerns with toxicity and resistance problems associated with HAART. The longer patients take the HAART combinations, the greater the chance that the drugs' efficacy will decrease and the greater the chance that the patient will experience side effects from the drugs. Potential side effects include death of hip bone tissue, increase in blood cholesterol levels, loss of nerve sensations, kidney failure, pancreas failure, liver dysfunction and severe anemia.

New NIH Guidelines Mark 'Significant' Change in Timing of Treatment Initiation

(From January 18, 2001 KAISER DAILY HIV/AIDS REPORT, located at http://www.kaisernetwork.org/daily_reports/rep_hiv.cfm)



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