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Smallpox Vaccines Trouble AIDS Community

Plans to initially vaccinate a half million soldiers and a half million health care workers-and eventually at least 10 million Americans-against smallpox pose a greater risk to those with compromised immune systems than to healthy people. This disproportionately affects the gay community. Federal guidelines recommend against giving smallpox vaccination to individuals with compromised immune systems, whether from HIV, cancer chemotherapy, drugs that suppress rejection of transplanted organs, or for other reasons. People who have experienced eczema or atopic dermatitis, even as children, are excluded, as are those with such skin conditions as burns, chickenpox, shingles, impetigo, herpes, severe acne or psoriasis until they are completely healed.

The National Association of People with AIDS sent a letter to Health and Human Services Secretary Tommy Thompson on December 12, raising 10 specific concerns "that must be considered and addressed as part of any smallpox vaccination policy and program."

"A blanket refusal to vaccinate all HIV-positive individuals would be misguided," said Terje Anderson, NAPWA's executive director. Limited data suggest that a person with a relatively intact immune system may be vaccinated safely. Anderson does not want the government to foreclose that option to people who may choose it.

CDC estimates that at least 200,000 people are infected with HIV and do not know it. Those with advanced disease and a greatly compromised immune system may suffer deadly consequences. NAPWA is urging education and appropriate screening for all those considering taking the vaccine.

Furthermore, there are no data on whether people with a weakened immune system face an increased risk of acquiring disease through secondary exposure from the vaccinations of others.

Anderson asked Thompson to articulate "the government's view of the degree of risk this possible exposure presents" and the steps it is taking to protect patients from the vaccination of health care workers.

A new smallpox vaccine is in development. It should be safe for people with compromised immune systems, and it will not have the risk of secondary transmission. Dr. Ron D'Amico, an infectious disease specialist with Beth Israel Hospital in New York, hopes to begin safety trials of the vaccine in February through the AIDS Clinical Trials Group.

[The above news story was from the Bay Area Reporter (San Francisco), 12/19/02]

Smallpox Vaccination and HIV Information

[Excerpts below were taken from an article written by Dr. John G. Bartlett at the AETC website: <http://www.aidsetc.org/aidsetc?page=et-07-51>]

The CDC has provided a detailed operational plan for smallpox vaccination, which is available at: <http://www.bt.cdc.gov/agent/smallpox/vaccination/pdf/smallpox-vax-clinic-guide.pdf>.

With regard to the CDC plan, the following points are emphasized:

- Smallpox vaccination will be voluntary
- In the presence of an outbreak, everyone who has been in contact with a case of smallpox or determined to have been exposed to a biological weapon disseminating the smallpox virus is advised to get smallpox vaccine regardless of medical condition
- In the absence of contact or other type of exposure, smallpox vaccination is not recommended for persons with HIV infection regardless of CD4 cell count
- Persons with immune deficiencies, including AIDS, may develop severe complications from smallpox vaccination with generalized vaccinia or progressive vaccinia
- For vaccination, medical screening must be done including HIV serology if requested, and vaccination should generally not be recommended for persons with contraindications including HIV infection unless they are contacts of persons with smallpox infection. Screening should include voluntary rapid HIV testing if such tests are available and FDA approved
- Severe reactions to the vaccine may be treated with Vaccinia Immune Globulin (VIG) and/or cidofovir; both are considered investigational requiring informed consent
- If the HIV-infected person is not vaccinated and lives with someone who has been vaccinated, they should consider living apart to avoid contact vaccinia. The period of separation required should last until public health officials state there is no longer a risk, which is usually 14 days after vaccination or 18 days after contact with a smallpox case.

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 2002 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 2002 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 middle of March.

 Currently the surveillance office has received lab information on 66 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.

Inside this issue:	
Pinellas HIV & AIDS statistics	2
Pasco HIV & AIDS statistics	3
Hillsborough HIV & AIDS statistics	4
Florida HIV & AIDS statistics	5
U.S. HIV & AIDS statistics	5
World HIV & AIDS statistics	5
HIV/AIDS Health Department Contact	6

Special points of interest:

- National Black HIV/AIDS Awareness Day is on Feb 7, 2003. **Currently 1 in 46 Blacks in Florida are infected with HIV.**
- Call the HIV/AIDS surveillance office at 727-824-6903 if you have an HIV or AIDS case to report or if you need specific HIV/AIDS statistical information. **Erica Amato, Debbie Cale, De Wengrzyn, Raymond Sanderlin 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, 2002
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

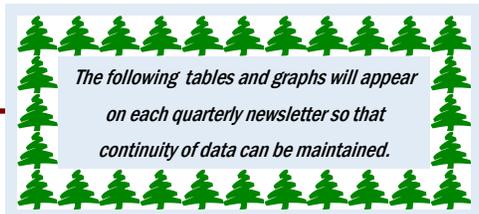


Table 1: **AIDS Cases — by RACE**

Race	Adults	Pediatric	Total
White	2514 (72%)	12 (50%)	2526 (72%)
Black	869 (24%)	11 (46%)	880 (24%)
Hispanic	151 (4%)	1 (4%)	152 (4%)
Asian/Pacific Is.	13 (0%)		13 (0%)
Am.Indian/AK. Native	8 (0%)		8 (0%)
Unknown	0 (0%)		0 (0%)
Total	3555 (100%)	24 (100%)	3579 (100%)

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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	2077 (69%)		2077 (58%)
Injecting Drug Users	381 (13%)	149 (28%)	530 (15%)
Gay/ Bi Male & IDU	215 (7%)		215 (6%)
Heterosexual Contact	177 (6%)	279 (53%)	456 (13%)
Transfusion Recipients	33 (1%)	25 (5%)	58 (2%)
Coagulation Disorder	14 (0%)		14 (0%)
Risk Not Reported	131 (4%)	74 (14%)	205 (6%)
Total	3028 (100%)	527 (100%)	3555 (100%)

Table 2: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-12	24 (1%)	14 (58%)
13-19	19 (1%)	
20-29	575 (16%)	
30-39	1583 (44%)	1961 (58%)
40-49	970 (27%)	
50+	408 (11%)	
Total	3579 (100%)	1975 (58%)

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

Risk Factors (peds)	Males	Females	Total
Mother with HIV	9 (75%)	11 (92%)	20 (84%)
Hemophilia	2 (17%)		2 (8%)
Transfusion	1 (8%)		1 (4%)
Risk Not Reported	0 (0%)	1 (8%)	1 (4%)
Total	12 (100%)	12 (100%)	24 (100%)

Pinellas County HIV Statistics

All Pinellas County HIV data is cumulative from 7/1/97 to December 31, 2002
 Source: Pinellas County Health Department, HIV/AIDS Surveillance



Table 5: **HIV Cases — by RACE**

Race	Adults	Pediatric	Total
White	472 (55%)	3 (50%)	475 (55%)
Black	318 (38%)	3 (50%)	321 (37%)
Hispanic	47 (5%)		47 (5%)
Asian/Pacific Is.	5 (1%)		5 (1%)
Am.Indian/AK. Native	4 (0%)		4 (0%)
Unknown	14 (1%)		14 (2%)
Total	860 (100%)	6 (100%)	866 (100%)

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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	348 (58%)		348 (41%)
Injecting Drug Users	60 (10%)	54 (21%)	114 (13%)
Gay/ Bi Male & IDU	34 (6%)		34 (4%)
Heterosexual Contact	51 (8%)	114 (45%)	165 (19%)
Transfusion Recipients	3 (0%)	1 (0%)	4 (0%)
Coagulation Disorder	0 (0%)		0 (0%)
Risk Not Reported	109 (18%)	86 (34%)	195 (23%)
Total	605 (100%)	255 (100%)	860 (100%)

Table 6: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-12	6 (0%)	0 (0%)
13-19	35 (4%)	
20-29	221 (26%)	
30-39	343 (40%)	22 (3%)
40-49	189 (22%)	
50+	72 (8%)	
Total	866 (100%)	22 (3%)

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

Risk Factors (peds)	Males	Females	Total
Mother with HIV	2 (100%)	2 (50%)	4 (67%)
Risk Not Reported		2 (50%)	2 (33%)
Total	2 (100%)	4 (100%)	6 (100%)

Pasco County AIDS Statistics



All Pasco County AIDS data is cumulative from 1981 to December 31, 2002
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

Table 9: AIDS Cases — by RACE

Race	Adults	Pediatric
White	486 (83%)	
Black	58 (10%)	3
Hispanic	38 (6%)	
Other/Unknown	3 (1%)	
Total	585 (100%)	3 (100%)

Table 11: AIDS Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	270 (56%)		270 (46%)
Injecting Drug Users	70 (14%)	32 (32%)	102 (17%)
Gay/ Bi Male & IDU	49 (10%)		49 (8%)
Heterosexual Contact	44 (8%)	54 (55%)	98 (17%)
Transfusion Recipients	13 (3%)	3 (3%)	16 (3%)
Coagulation Disorder	3 (1%)		3 (1%)
Risk Not Reported	37 (8%)	10 (10%)	47 (8%)
Total	486 (100%)	99 (100%)	585 (100%)

Table 10: AIDS Cases — by AGE

Age	Cases (%)	Deaths
0-12	3 (0%)	
13-19	4 (1%)	
20-29	86 (15%)	
30-39	262 (45%)	
40-49	154 (26%)	
50+	79 (13%)	
Total	588 (100%)	328 (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, 2002
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

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

Race	Adults
White	100 (71%)
Black	19 (13%)
Hispanic	14 (10%)
Other/Unknown	8 (6%)
Total	141 (100%)

Table 15: HIV Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	44 (45%)		44 (31%)
Injecting Drug Users	12 (12%)	7 (17%)	19 (13%)
Gay/ Bi Male & IDU	5 (5%)		5 (3%)
Heterosexual Contact	10 (10%)	25 (58%)	35 (25%)
Risk Not Reported/Other	27 (28%)	11 (25%)	38 (28%)
Total	98 (100%)	43 (100%)	141 (100%)

Table 14: HIV Cases — by AGE

Age	Cases (%)	Deaths
0-19	9 (6%)	
20-29	40 (28%)	
30-39	54 (38%)	
40-49	24 (17%)	
50+	14 (11%)	
Total	141 (100%)	0 (0%)

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, 2002
 Source: Florida Department of Health, Bureau of HIV/AIDS



Table 16: **AIDS Cases — by RACE**

Race	Adults	Pediatric	Total
White	2629 (52%)	17 (22%)	2646 (52%)
Black	1794 (35%)	44 (59%)	1838 (35%)
Hispanic	667 (13%)	14 (19%)	681 (13%)
Asian/Pacific Is.	10 (0%)	10 (0%)	10 (0%)
Am.Indian/AK. Native	5 (0%)	5 (0%)	5 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total	5105 (100%)	75 (100%)	5180 (100%)



Table 17: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-4	58 (1%)	31 (41%)
5-12	17 (0%)	
13-19	29 (1%)	
20-29	928 (18%)	
30-39	2272 (44%)	2883 (56%)
40-49	1294 (24%)	
50-59	417 (8%)	
60-64	85 (2%)	
65-69	42 (1%)	
70+	38 (1%)	
Total	5180 (100%)	2914 (56%)



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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	2510 (61%)		2510 (49%)
Injecting Drug Users	570 (14%)	300 (29%)	870 (17%)
Gay/ Bi Male & IDU	313 (8%)		313 (6%)
Heterosexual Contact	361 (9%)	541 (53%)	902 (18%)
Transfusion Recipients	29 (1%)	25 (2%)	54 (1%)
Coagulation Disorder	19 (0%)	1 (0%)	20 (0%)
Risk Not Reported	277 (7%)	159 (16%)	436 (9%)
Total	4079 (100%)	1026 (100%)	5105 (100%)

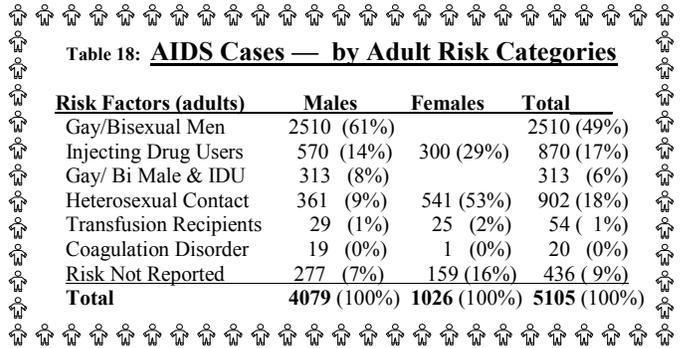
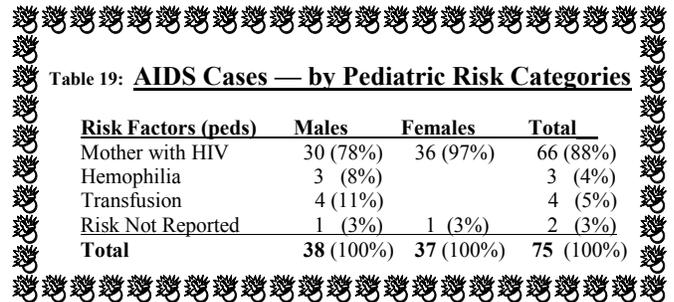


Table 19: **AIDS Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	30 (78%)	36 (97%)	66 (88%)
Hemophilia	3 (8%)		3 (4%)
Transfusion	4 (11%)		4 (5%)
Risk Not Reported	1 (3%)	1 (3%)	2 (3%)
Total	38 (100%)	37 (100%)	75 (100%)



Hillsborough HIV Statistics

All Hillsborough County HIV data is cumulative from 7/1/97 to December 31, 2002
 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	611 (35%)	2 (13%)	613 (35%)
Black	870 (51%)	13 (81%)	883 (51%)
Hispanic	233 (13%)	1 (6%)	234 (13%)
Asian/Pacific Is.	5 (0%)	5 (0%)	5 (0%)
Am.Indian/AK. Native	1 (0%)	1 (0%)	1 (0%)
Unknown	6 (1%)	6 (1%)	6 (1%)
Total	1726 (100%)	16 (100%)	1742 (100%)



Table 21: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-4	10 (1%)	0 (0%)
5-12	6 (0%)	
13-19	58 (3%)	
20-29	432 (25%)	
30-39	663 (38%)	58 (3%)
40-49	413 (24%)	
50-59	115 (6%)	
60-64	23 (1%)	
65-69	11 (1%)	
70+	11 (1%)	
Total	1742 (100%)	58 (3%)



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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	524 (49%)		524 (30%)
Injecting Drug Users	87 (8%)	94 (15%)	181 (10%)
Gay/ Bi Male & IDU	46 (4%)		46 (3%)
Heterosexual Contact	145 (13%)	280 (43%)	425 (25%)
Transfusion Recipients	1 (0%)	1 (0%)	2 (0%)
Coagulation Disorder	1 (0%)		1 (0%)
Risk Not Reported	275 (26%)	272 (42%)	547 (32%)
Total	1079 (100%)	647 (100%)	1726 (100%)

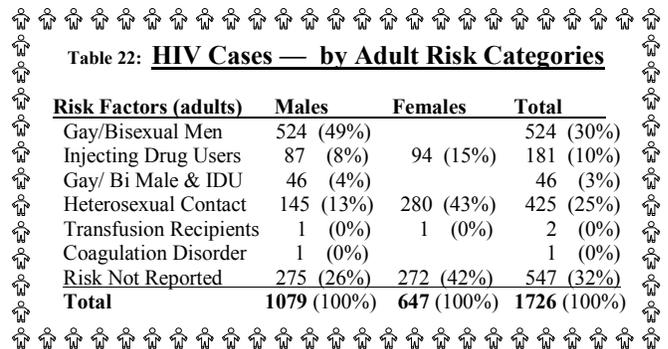
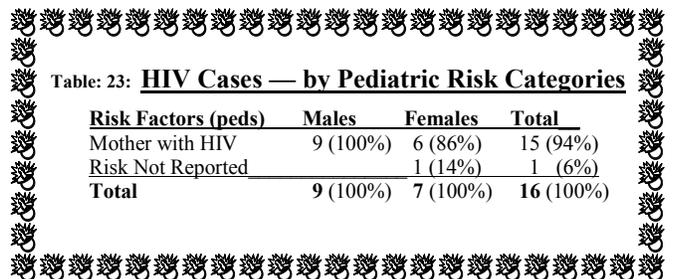


Table 23: **HIV Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	9 (100%)	6 (86%)	15 (94%)
Risk Not Reported	1 (14%)	1 (6%)	1 (6%)
Total	9 (100%)	7 (100%)	16 (100%)



Florida HIV/AIDS Statistics

Source: Florida Department of Health, Bureau of HIV/AIDS
HIV/AIDS, STD & TB Monthly Surveillance Report, #221



Table 24: **Cumulative HIV Case Counts for Florida**
(7/1/97-12/31/02)

	HIV	Deaths
Total	28299	617 (2%)
Adult	28029	613 (2%)
Pediatric	270	4 (1%)

Table 26: **Cumulative HIV/AIDS Case Counts in Surrounding Counties**
(as of 12/31/02)

County	HIV	AIDS
Hillsborough	1742	5170
Pinellas	884	3576
Polk	431	1408
Sarasota	175	872
Manatee	244	838
Pasco	137	567
Hernando	54	186
Highlands	75	150
Hardee	12	61

Table 27: **Cumulative HIV/AIDS Case Counts in the Top 7 Florida Counties**
(as of 12/31/02)

County	HIV	AIDS
Dade	8252	26042
Broward	4724	14245
Palm Beach	2170	8621
Orange	2068	5195
Hillsborough	1742	5170
Duval	1402	4525
Pinellas	884	3576

Table 25: **Cumulative AIDS Case Counts for Florida**
(through 12/31/02)

	AIDS	Deaths
Total	90438	49582 (55%)
Adult	88980	48770 (55%)
Pediatric	1458	812 (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 11/30/02)

	HIV	AIDS	% AIDS Deaths
Total	196763	854243	56%
Adult	192587	845018	56%
Pediatric	4176	9225	57%

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #221)



Table 31: **Cumulative AIDS Cases of 10 Leading U.S. States**
(as of 12/31/01)

1. New York	149341
2. California	123819
3. Florida	85324
4. Texas	56730
5. New Jersey	43824
6. Pennsylvania	26,369
7. Illinois	26319
8. Puerto Rico	26119
9. Georgia	24559
10. Maryland	23537

(Source: Centers for Disease Control, HIV/AIDS Surveillance Report, Vol. 13, No. 2)

Table 29: **Cumulative HIV* Cases of 5 Leading U.S. States**
(as of 11/30/02)

1. New York (12/00)	29719	(15%)
2. Florida (7/97)	27617	(14%)
3. New Jersey (1/92)	15751	(8%)
4. Texas (2/94)	14650	(7%)
5. North Carolina (2/90)	11443	(6%)

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #221)

* 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 12/31/01)

1. New York City	126237	11. San Juan, PR	16372
2. Los Angeles	43488	12. Baltimore	15792
3. San Francisco	28438	13. Boston	14945
4. Miami	25357	14. Ft Lauderdale	13594
5. Washington DC	24844	15. Dallas	13119
6. Chicago	22703	16. San Diego	11070
7. Philadelphia	20369	17. Tampa-St Pete	9006
8. Houston	19898	18. Oakland	8347
9. Newark	17796	19. Detroit	8196
10. Atlanta	17157	20. West Palm Beach	8118

(Source: Centers for Disease Control, HIV/AIDS Surveillance Report, Vol. 13, No. 2)

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

World HIV/AIDS Statistics

From W.H.O. (www.who.org) & UNAIDS (www.unaids.org):
Reported World AIDS Cases as of 5/00: 2,201,468
Estimated living World HIV/AIDS Cases as of 2002: 42 million
Estimated new HIV infections in World in 2002: 5 million
Estimated World deaths due to HIV/AIDS in 2002: 3.1 million
Estimated Cumulative number of deaths in World due to HIV/AIDS: 21.8 million



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



HIV/AIDS Surveillance Office
 Pinellas County Health Department
 205 Dr. M.L. King Street North
 Disease Control, Room 3-148
 St Petersburg, FL 33701



HIPPA Rules Regarding HIV/AIDS Case Reporting by Health Care Providers

In the last few months our Area 5 HIV/AIDS Surveillance office has received various questions by Pinellas and Pasco County health care providers about how the new HIPPA requirements for their offices/hospitals effect the day-to-day activities of HIV/AIDS reporting and surveillance. The Bureau of HIV/AIDS State Health Office was contacted to do further research on the topic and the response was that there will be no changes from what is already currently being done or what is expected to be done by health care providers. HIV/AIDS Surveillance staff are allowed by Florida law (and HIPPA requirements) to conduct studies and review charts for the purpose of investigating potential reportable HIV and AIDS cases. Please see the HIPPA rule below:

General rule and exceptions. §160.203 (c) PUBLIC HEALTH.—“The provision of State law, including State procedures established under such law, as applicable, provides for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health surveillance, investigation, or intervention.”

A more detailed brochure about HIPAA and communicable disease reporting will be printed and sent to HIV/AIDS surveillance staff and Area 5 health care providers in the near future.

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:

BETH GUSTAFSON, MPH
PINELLAS COUNTY HEALTH DEPARTMENT
 205 DR. M.L. KING STREET NORTH
 ST PETERSBURG, FL 33701
 (727) 824-6903 ; SUNCOM 517-4403
 FAX: (727) 820-4271
 EMAIL: BETH_GUSTAFSON@DOH.STATE.FL.US

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, Debbie Cale, Dolores (De) Wengrzyn or Raymond Sanderlin.

