



PINELLAS COUNTY HEALTH DEPARTMENT
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HIV/AIDS Surveillance Quarterly Statistics Pinellas and Pasco Counties (Area 5) January 2004

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Nationwide H.I.V. Reporting to Bring Trends Into Focus

Published Tuesday, February 17, 2004
By LAWRENCE K. ALTMAN, M.D.
New York Times

SAN FRANCISCO, Feb. 13 Now that all states are reporting newly identified H.I.V. infections in addition to AIDS cases, the picture of this country's AIDS epidemic could change significantly. **On Jan. 1, Georgia became the last state to start reporting H.I.V. infections.**

H.I.V. reporting is expected to provide a clearer and more accurate view of the most recent trends in the transmission of the virus. **The information will help direct taxpayer dollars to the most effective programs in controlling the epidemic and may also affect allocations for the care of patients, health officials say.**

For many years, the national reporting system focused principally on the AIDS cases that states reported to the Centers for Disease Control and Prevention, the federal agency that tracks the epidemic. AIDS cases represent the end stage, or trailing edge, of the epidemic because it takes about 10 years on average for H.I.V. to progress to AIDS in people who go untreated.

Compared with AIDS reporting, an initial but incomplete picture from H.I.V. reports puts a younger face on the epidemic, as expected, said Dr. Harold W. Jaffe, the director of the AIDS program at the agency. **There are higher proportions of women and racial minorities in the H.I.V. group,** he said, "and that gives us an indication of where infections are occurring."

Because AIDS case reporting reflected what happened years earlier, it produced a picture that told epidemiologists little about where, how many and how rapidly, new infections were occurring.

Dr. Matthew T. McKenna, an AIDS epidemiologist at the disease centers, said **H.I.V. reporting would help the authorities identify groups that were being infected and find effective actions to stem the spread of the virus.** The focus on H.I.V. will also help health officials learn how well the measures are working.

Because H.I.V. reporting is based on standard tests, health workers cannot determine when someone became infected. Some health departments, however, use an extra test that can determine if infection occurred in the previous six months.

Many health workers had long complained that their efforts to control AIDS lacked the same type of information that they received in a timely manner to battle every other infectious disease.

The disease centers estimate that one million Americans are infected with H.I.V., but that 25 percent are unaware they have the disease because they have not been tested for it. The agency also estimates that **40,000 Americans have become infected each year** over the last decade.

The AIDS epidemic has changed in many ways since 1981, when it was first identified. It has shifted from one that primarily affected white gay men in New York City, San Francisco and Los Angeles to one that affects growing numbers of women and minority populations in many other areas. In developing nations, H.I.V. is causing one of history's worst epidemics.

The biggest factor in the decision of the states to report H.I.V. cases was the success in treating the infection. Powerful combinations of antiretroviral drugs have lowered the number of deaths and are allowing many people to live in better health and longer.

That development has lengthened the average time of progression from infection to the signs and symptoms of AIDS among treated patients. But the progress has made it difficult for statisticians to calculate backward to estimate time of infection.

"AIDS case reporting now has become much more of an indicator of who is getting treated, who is not getting tested early, and how effective therapy is," Dr. McKenna said.

Another factor in the greater reliance on H.I.V. reporting is that **many patients have moved from the state where their infection was diagnosed.** That development underscores the need for the disease centers to check identifying characteristics from reported cases to avoid duplications, Dr. McKenna said.

The C.D.C. long pushed for national reporting of H.I.V. cases that included patients' names. It took years to happen because groups representing gay men opposed the efforts out of fears that breaches in confidentiality could lead to discrimination.

In part for that reason, some states use codes, which, the agency says, are not as accurate as reporting by name.

The names of H.I.V. patients, which are known only to a small number of trained workers in local and state health departments, are not sent to the disease control centers, in keeping with the practice for all other reportable diseases.

State reporting of H.I.V. cases began with Colorado, Minnesota and Wisconsin in 1986. By 1995, 30 states were providing the reports...

Editor note:
 Please feel free to read the entire article in the New York Times.



Year-End HIV/AIDS Review in Progress

The HIV/AIDS Surveillance office is currently conducting a year-end chart review of HIV/AIDS cases that were diagnosed in the year 2003 in Pinellas and Pasco Counties. We contacted most major area health care providers and hospitals/clinics in the last few months and requested ICD-9 or billing information be sent to us to determine if all cases diagnosed in 2003, or earlier, 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 pro-*

grams and patient care services for our state and local areas. The surveillance office is requesting your continued cooperation and assistance in helping us complete this review by the middle of March.

Just as reminder, throughout the year please remember to pick up the phone as soon as you get a positive diagnosis on any HIV test and call us at 727-824-6903. Thanks!

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 was on Feb 7, 2004. 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. Warren Oliver, Jessica Cowley, De Wengrzn, Danielle Kahl 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, 2003
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

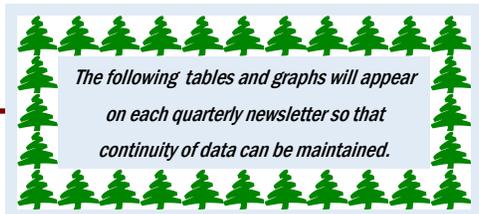


Table 1: **AIDS Cases — by RACE**

Race	Adults	Pediatric	Total
White	2610 (70%)	12 (50%)	2622 (70%)
Black	933 (25%)	11 (46%)	944 (25%)
Hispanic	165 (4%)	1 (4%)	166 (4%)
Legacy Asian/Pacific Is.	13 (0%)		13 (0%)
Am.Indian/AK. Native	8 (0%)		8 (0%)
Multi-race	9 (0%)		9 (0%)
Unknown/Other	1 (0%)		1 (0%)
Total	3739 (100%)	24 (100%)	3763 (100%)

Table 2: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-4	18 (0%)	15 (63%)
5-12	6 (0%)	
13-19	23 (1%)	
20-29	590 (16%)	
30-39	1645 (44%)	2156 (58%)
40-49	1026 (27%)	
50+	455 (12%)	
Total	3763 (100%)	2171 (58%)

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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	2161 (68%)		2161 (58%)
Injecting Drug Users	397 (12%)	165 (29%)	562 (15%)
Gay/ Bi Male & IDU	247 (8%)		247 (7%)
Heterosexual Contact	181 (6%)	301 (54%)	482 (13%)
Transfusion Recipients	31 (1%)	25 (4%)	56 (1%)
Coagulation Disorder	14 (0%)		14 (0%)
Risk Not Reported	146 (4%)	71 (13%)	217 (6%)
Total	3177 (100%)	562(100%)	3739 (100%)

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, 2003
 Source: Pinellas County Health Department, HIV/AIDS Surveillance



Table 5: **HIV Cases — by RACE**

Race	Adults	Pediatric	Total
White	553 (54%)	3 (43%)	556 (54%)
Black	386 (38%)	3 (43%)	389 (38%)
Hispanic	61 (6%)	1 (14%)	62 (6%)
Legacy Asian/Pacific Is.	7 (0%)		7 (0%)
Am.Indian/AK. Native	4 (0%)		4 (0%)
Multi-race	10 (1%)		10 (1%)
Unknown	0 (0%)		0 (0%)
Total	1021 (100%)	7 (100%)	1028 (100%)

Table 6: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-4	4 (0%)	0 (0%)
5-12	3 (0%)	
13-19	42 (4%)	
20-29	270 (26%)	
30-39	394 (38%)	26 (3%)
40-49	232 (23%)	
50+	83 (8%)	
Total	1028 (100%)	26 (3%)

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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	430 (60%)		430 (42%)
Injecting Drug Users	64 (9%)	66 (21%)	130 (13%)
Gay/ Bi Male & IDU	40 (6%)		40 (4%)
Heterosexual Contact	60 (8%)	147 (47%)	207 (20%)
Transfusion Recipients	3 (0%)	1 (0%)	4 (0%)
Coagulation Disorder	0 (0%)		0 (0%)
Risk Not Reported	114 (16%)	96 (31%)	210 (21%)
Total	711 (100%)	310 (100%)	1021 (100%)

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

Risk Factors (peds)	Males	Females	Total
Mother with HIV	2 (100%)	3 (60%)	5 (71%)
Risk Not Reported/other		2 (40%)	2 (29%)
Total	2 (100%)	5 (100%)	7 (100%)

Pasco County AIDS Statistics



All Pasco County AIDS data is cumulative from 1981 to December 31, 2003
 Source: Pinellas County Health Department, HIV/AIDS Surveillance

Table 9: **AIDS Cases — by RACE**

Race	Adults	Pediatric
White	520 (82%)	3
Black	66 (10%)	
Hispanic	42 (7%)	
Legacy Asian/Pacific Is.	3 (0%)	
Multi Race	2 (0%)	
Total	633 (100%)	3 (100%)

Table 11: **AIDS Cases — by Adult Risk Categories**

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	282 (53%)		282 (44%)
Injecting Drug Users	70 (13%)	32 (28%)	102 (16%)
Gay/ Bi Male & IDU	55 (11%)		55 (9%)
Heterosexual Contact	47 (9%)	64 (57%)	111 (18%)
Transfusion Recipients	13 (3%)	3 (3%)	16 (3%)
Coagulation Disorder	3 (1%)		3 (0%)
Risk Not Reported	50 (10%)	14 (12%)	64 (10%)
Total	520 (100%)	113 (100%)	633 (100%)

Table 10: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-12	3 (0%)	
13-19	4 (1%)	
20-29	93 (15%)	
30-39	279 (43%)	
40-49	171 (27%)	
50+	86 (14%)	
Total	636 (100%)	343 (54%)

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

All Pasco County HIV data is cumulative from 7/1/97 to December 31, 2003
 Source: Pinellas County Health Department, HIV/AIDS Surveillance



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

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

Race	Adults
White	117 (73%)
Black	23 (14%)
Hispanic	19 (12%)
Other/Unknown	2 (1%)
Total	161 (100%)

Table 15: **HIV Cases — by Adult Risk Categories**

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	48 (43%)		48 (30%)
Injecting Drug Users	12 (11%)	8 (16%)	20 (12%)
Gay/ Bi Male & IDU	8 (7%)		8 (5%)
Heterosexual Contact	11 (10%)	29 (59%)	40 (25%)
Risk Not Reported/Other	33 (29%)	12 (25%)	45 (28%)
Total	112 (100%)	49 (100%)	161 (100%)

Table 14: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-19	11 (7%)	
20-29	43 (27%)	
30-39	62 (38%)	
40-49	30 (19%)	
50+	16 (10%)	
Total	162 (100%)	0 (0%)

There have been <3 HIV pediatric cases reported for Pasco County as of July 1997.

Florida HIV/AIDS Statistics

Source: Florida Department of Health, Bureau of HIV/AIDS
HIV/AIDS, STD & TB Monthly Surveillance Report, #231



Table 24: **Cumulative HIV Case Counts for Florida**
(7/1/97-11/30/03)

	HIV	Deaths
Total	31966	771 (2%)
Adult	31665	767 (2%)
Pediatric	301	4 (1%)

Table 26: **Cumulative HIV/AIDS Case Counts in Surrounding Counties**
(as of 11/30/03)

County	HIV	AIDS
Hillsborough	2563	5472
Pinellas	1474	3745
Polk	617	1495
Manatee	400	900
Sarasota	252	926
Pasco	241	609
Highlands	102	165
Hernando	75	198
Hardee	25	69

Table 27: **Cumulative HIV/AIDS Case Counts in the Top 7 Florida Counties**
(as of 11/30/03)

County	HIV	AIDS
Dade	12083	26696
Broward	6766	14857
Palm Beach	3644	9070
Orange	3124	5517
Hillsborough	2563	5170
Duval	2190	4767
Pinellas	1474	3745

Table 25: **Cumulative AIDS Case Counts for Florida**
(through 11/30/03)

	AIDS	Deaths
Total	94721	51671 (55%)
Adult	93247	50849 (55%)
Pediatric	1474	822 (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 11/30/03)

	HIV	AIDS	% AIDS Deaths
Total	219803	898054	58%
Adult	215190	888715	58%
Pediatric	4613	9339	55%

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #231)



Table 31: **Cumulative AIDS Cases of 10 Leading U.S. States**
(as of 11/30/03)

- New York 161501
- California 133244
- Florida 94414
- Texas 62709
- New Jersey 46529
- Illinois 30052
- Pennsylvania 29845
- Georgia 27694
- Maryland 26778
- Massachusetts 18153

(Source: Florida HIV/AIDS, STD, & TB Monthly Surveillance Report, #231)

Table 29: **Cumulative HIV* Cases of 5 Leading U.S. States**
(as of 11/30/03)

- New York (12/00) 35013 (15%)
- Florida (7/97) 31697 (14%)
- Texas (2/94) 18274 (8%)
- New Jersey (1/92) 16821 (8%)
- North Carolina (2/90) 12521 (6%)

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #231)

* 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)

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



- Here are some useful Web links/sites for HIV/AIDS information:
- <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/aidslne.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



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, Warren Oliver, Jessica Cowley, Dolores (De) Wengrzyn or Danielle Kahl.

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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:

In the last few months our Area 5 HIV/AIDS Surveillance office has seen a change in personnel....

In early January we were very happy to welcome the newest staff member to our HIV/AIDS Surveillance office, **Ms. Danielle Kahl**. She is our new NIR (non-identified risk) Coordinator. She came to us from Hillsborough County Health Department, working in their SHAS (Supplement to HIV/AIDS Surveillance Project) program, with a wide range of experience and a vast wealth of HIV/AIDS knowledge. In the next few months, if she has not already done so, she will be introducing herself to physicians and nurses in the Pinellas/Pasco area to try to assess how patients are acquiring the HIV virus. She will also be involved in setting up interviews with patients, if allowed to do so by the health care provider. We hope you will welcome her and assist her in the coming months.

Next, in early February, we unfortunately had to say goodbye and good luck to our very sweet and efficient surveillance assistant, **Ms. Alicia Bahadur**. Most of you who called into our office last year got to know her and appreciate her kindness and professionalism. She decided that it was time to move on to a job closer to her home and also the new freedom gives her a chance to spend more time studying for her master degree classes at USF. We are going to miss her!!

Thankfully, at that same time, we were able to find two very qualified and energetic individuals who are ready to take on the tasks and responsibilities involved with HIV and AIDS reporting. Please help us welcome **Mr. Warren Oliver** and **Ms. Jessica Cowley** to our Area 5 HIV/AIDS Surveillance office!! They are both USF students studying for their masters degrees in epidemiology. Warren will be working part-time for us on Mondays, Tuesdays and Thursdays and Jessica will be helping us out on Wednesdays and Fridays. Please feel free to call either of them if I am not available to help you. I look forward to introducing them to you as we continue to do our year-end chart reviews and other epidemiological studies at your



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