



PINELLAS COUNTY HEALTH DEPARTMENT
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HIV/AIDS Surveillance Biannual Statistics Pinellas and Pasco Counties (Area 5) January 2006

Jeb Bush * Governor
M. Rony Francois, MD, MSPH, PhD * Secretary of Health
John P. Heilman, MD, MPH * Pinellas County Health Department Director
Lisa Cohen * Pinellas & Pasco Counties HIV/AIDS Program Coordinator
Beth Sudduth, MPH * Editor of Pinellas County HIV/AIDS Surveillance Newsletter



HIV Testing Advised for all Sexually Active People

SOURCE: Clinical Infectious Diseases, April 1, 2005.

NEW YORK (Reuters Health) - Now is the time to implement routine, not risk-based, HIV testing, according to an editorial published in the medical journal Clinical Infectious Diseases.

"Establishment of routine testing for HIV infection is essential to reduce the number of persons...in the United States who are infected with HIV but are unaware of their HIV (status)," state Dr. Curt G. Beckwith from Brown Medical School in Providence, Rhode Island, and colleagues from Emory University School of Medicine in Atlanta, and Johns Hopkins School of Medicine in Baltimore.

The authors explain that significant numbers of persons with newly diagnosed HIV infection are diagnosed late in the course of the disease, not only worsening their prognosis but also increasing the likelihood of that they have transmitted HIV to others.

Moreover, the researchers write, current recommendations for testing are impractical, because few physicians working in the community can really know if they are working in a high-prevalence area or not.

Also, assessing patients' risk for infection is often hampered by inaccurate information supplied by patients, the physicians suggest.

Even without these factors, health-care providers may not offer HIV testing for a variety of reasons, ranging from failure to obtain informed consent from the patient to time constraints. The authors propose instituting a new policy in which health-care providers routinely offer HIV testing, regardless of the patient's perceived risk. To make this workable, the authors say, counseling needs to be streamlined and rapid HIV testing implemented.

"Early diagnosis provides an opportunity for linkage to care, with the goal of preventing (AIDS-related) infections and the development of severe" immune deficiency, the researchers point out. "Early diagnosis also allows for risk-reduction counseling, which can reduce transmission of the...virus."

HIV testing "should be performed routinely for all sexually active persons, to diagnose HIV infection and to prevent AIDS," they conclude.

Last Updated: 2005-04-01 9:30:09 -0400
(Reuters Health)

We Are Back With a Whole New Staff!

We are so sorry that this newsletter has been delayed by so many months ... an entire year! But a lot has happened in that time period! Beth Sudduth, the HIV/AIDS surveillance program manager, had a son in June and was on maternity leave for up to 6 months (working part time the last 3 months). During that time the surveillance office had a complete change-over in staff due to staff members moving on to bigger and better things. New staff have been hired and are in the process of being trained. Many of you may have already spoken with some of them.

Currently these are the staff members that are new to the HIV/AIDS surveillance office:

- Dante Ross**—NIR coordinator
- LeRhonda DuBose**— Data entry (Sr Word Processing Systems Operator)
- Part time administrative assistants:
- John Maldonado** - USF grad student
- Dr. Beale Morgan** - jail linkage project
- Ronee Wilson** - USF grad student
- Nicole Rondon** - USF grad student

Please join me in welcoming them to our program!!



Year-End HIV/AIDS Review is Here

As of January 27, 2006 the HIV/AIDS Surveillance office is currently conducting a year-end chart review of HIV/AIDS cases that were diagnosed/treated in the year 2005 in Pinellas and Pasco Counties. We have contacted all 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 diag-

nosed in 2005, 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 programs and patient care services for our state and local areas. The surveillance office is requesting your continued cooperation and assistance in helping us complete these periodic reviews at your offices/hospitals when requested.

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Special points of interest:

- *Many thanks to all of you for your patience and understanding while **Beth Sudduth** was on maternity leave this past year! In the next few months we will be setting up routine monthly/quarterly chart reviews at some of your facilities so don't be surprised to see us more often at your facilities this year!*
- *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. **Dante Ross, LeRhonda DuBose, John Maldonado, Dr. Beale Morgan, Ronee Wilson, Nicole Rondon** or myself are here to assist you with reporting and/or any statistics you might need! If you're a health care provider in Pasco County and need to report an HIV or AIDS case please call our office or you can call **Pamela Simmons** at the Pasco CHD at 727-862-0782 (x173).*



Pinellas County AIDS Statistics

All Pinellas County AIDS data is cumulative from 1981 to December 31, 2005
Source: Pinellas County Health Department, HIV/AIDS Surveillance

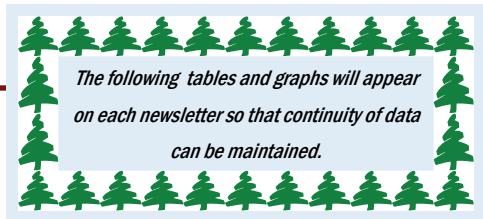


Table 1: AIDS Cases — by RACE

Race	Adults	Pediatric	Total
White	2670 (69%)	13 (48%)	2683 (69%)
Black	1017 (26%)	12 (44%)	1029 (26%)
Hispanic	163 (4%)	2 (8%)	165 (4%)
Legacy Asian/Pacific Is.	11 (0%)		11 (0%)
Am.Indian/AK. Native	7 (0%)		7 (0%)
Asian	1 (0%)		1 (0%)
Multi-race	17 (0%)		17 (0%)
Unknown/Other	1 (0%)		1 (0%)
Total	3887 (100%)	27 (100%)	3914 (100%)

Table 2: AIDS Cases — by AGE

Age	Cases (%)	Deaths
0-4	20 (1%)	15 (56%)
5-12	7 (0%)	
13-19	24 (1%)	
20-29	584 (15%)	
30-39	1654 (42%)	2180 (56%)
40-49	1107 (28%)	
50-59	375 (10%)	
60-64	80 (2%)	
65-69	41 (1%)	
70+	22 (1%)	
Total	3914 (100%)	2195 (56%)

Table 3: AIDS Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	2267 (69%)		2267 (59%)
Injecting Drug Users	380 (12%)	180 (29%)	560 (15%)
Gay/ Bi Male & IDU	240 (7%)		240 (6%)
Heterosexual Contact	200 (6%)	359 (58%)	559 (14%)
Transfusion Recipients	28 (1%)	25 (4%)	53 (1%)
Coagulation Disorder	12 (0%)		12 (0%)
Risk Not Reported	140 (5%)	56 (9%)	196 (5%)
Total	3267 (100%)	620 (100%)	3887 (100%)

Table 4: AIDS Cases — by Pediatric Risk Categories

Risk Factors (peds)	Males	Females	Total
Mother with HIV	10 (77%)	13 (93%)	23 (85%)
Hemophilia	2 (15%)		2 (8%)
Transfusion	1 (8%)		1 (4%)
Risk Not Reported	0 (0%)	1 (7%)	1 (4%)
Total	13 (100%)	14 (100%)	27 (100%)

Pinellas County HIV (only) Statistics

All Pinellas County HIV data is cumulative from 7/1/97 to December 31, 2005
Source: Pinellas County Health Department, HIV/AIDS Surveillance



Table 5: HIV Cases — by RACE

Race	Adults	Pediatric	Total
White	687 (55%)	2 (29%)	689 (55%)
Black	445 (36%)	4 (57%)	449 (36%)
Hispanic	80 (6%)	1 (14%)	81 (7%)
Legacy Asian/Pacific Is.	2 (0%)		2 (0%)
Am.Indian/AK. Native	3 (0%)		3 (0%)
Asian	5 (0%)		5 (0%)
Multi-race	14 (1%)		14 (1%)
Unknown	3 (0%)		3 (0%)
Total	1239 (100%)	7 (100%)	1246 (100%)

Table 6: HIV Cases — by AGE

Age	Cases (%)	Deaths
0-4	3 (0%)	0 (0%)
5-12	4 (0%)	
13-19	55 (4%)	
20-29	303 (24%)	
30-39	447 (36%)	36 (3%)
40-49	311 (25%)	
50-59	100 (8%)	
60-64	13 (1%)	
65-69	4 (0%)	
70+	6 (1%)	
Total	1246 (100%)	36 (3%)

Table 7: HIV Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	557 (63%)		557 (45%)
Injecting Drug Users	61 (7%)	76 (21%)	137 (11%)
Gay/ Bi Male & IDU	52 (6%)		52 (4%)
Heterosexual Contact	77 (9%)	193 (54%)	270 (22%)
Transfusion Recipients	2 (0%)	1 (0%)	3 (0%)
Coagulation Disorder	0 (0%)		0 (0%)
Risk Not Reported	132 (15%)	88 (25%)	220 (18%)
Total	881 (100%)	358 (100%)	1239 (100%)

Table 8: HIV Cases — by Pediatric Risk Categories

Risk Factors (peds)	Males	Females	Total
Mother with HIV	3 (100%)	3 (75%)	6 (86%)
Risk Not Reported/other		1 (25%)	1 (14%)
Total	3 (100%)	4 (100%)	7 (100%)

Pasco County AIDS Statistics



All Pasco County AIDS data is cumulative from 1981 to December 31, 2005
Source: Pinellas County Health Department, HIV/AIDS Surveillance

Table 9: AIDS Cases — by RACE

Race	Adults	Pediatric
White	552 (81%)	3
Black	77 (11%)	
Hispanic	51 (8%)	
Legacy Asian/Pacific Is.	3 (0%)	
Multi Race	3 (0%)	
Total	686 (100%)	3 (100%)

Table 11: AIDS Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	306 (55%)		306 (45%)
Injecting Drug Users	73 (13%)	35 (27%)	108 (16%)
Gay/ Bi Male & IDU	65 (12%)		65 (9%)
Heterosexual Contact	52 (9%)	78 (60%)	130 (19%)
Transfusion Recipients	13 (2%)	3 (2%)	16 (2%)
Coagulation Disorder	3 (1%)		3 (0%)
Risk Not Reported	44 (8%)	14 (11%)	58 (8%)
Total	556 (100%)	130 (100%)	686 (100%)

Table 10: AIDS Cases — by AGE

Age	Cases (%)	Deaths
0-12	3 (0%)	
13-19	6 (1%)	
20-29	90 (13%)	
30-39	302 (44%)	
40-49	188 (27%)	
50-59	72 (11%)	
60-64	8 (1%)	
65-69	10 (1.5%)	
70+	10 (1.5%)	
Total	689 (100%)	357 (52%)

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 (only) 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, 2005
Source: Pinellas County Health Department, HIV/AIDS Surveillance

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

Race	Adults
White	173 (73%)
Black	36 (15%)
Hispanic	24 (10%)
Other/Unknown	5 (2%)
Total	238 (100%)

Table 15: HIV Cases — by Adult Risk Categories

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	88 (53%)		88 (37%)
Injecting Drug Users	12 (7%)	9 (12%)	21 (9%)
Gay/ Bi Male & IDU	10 (6%)		10 (4%)
Heterosexual Contact	18 (11%)	49 (67%)	67 (28%)
Risk Not Reported/Other	37 (23%)	15 (20%)	52 (22%)
Total	165 (100%)	73 (100%)	238 (100%)

Table 14: HIV Cases — by AGE

Age	Cases (%)	Deaths
0-19	18 (7%)	
20-29	64 (29%)	
30-39	86 (36%)	
40-49	47 (20%)	
50-59	18 (8%)	
60+	6 (2%)	
Total	239 (100%)	2 (1%)

There have been <3 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, 2005
 Source: Florida Department of Health, Bureau of HIV/AIDS



Table 16: **AIDS Cases — by RACE**

Race	Adults	Pediatric	Total
White	2808 (48%)	18 (23%)	2826 (48%)
Black	2170 (37%)	45 (58%)	2215 (37%)
Hispanic	829 (14%)	14 (18%)	843 (14%)
Legacy Asian/Pacific Is.	8 (0%)	8 (0%)	
Am.Indian/AK. Native	4 (0%)	4 (0%)	
Asian	2 (0%)	2 (0%)	
Multi-race	33 (0%)	33 (0%)	
Total	5854 (100%)	77 (100%)	5931 (100%)



Table 17: **AIDS Cases — by AGE**

Age	Cases (%)	Deaths
0-4	60 (1%)	32 (42%)
5-12	17 (0%)	
13-19	42 (1%)	
20-29	1012 (17%)	
30-39	2461 (41%)	3156 (54%)
40-49	1581 (27%)	
50-59	550 (9%)	
60-64	108 (2%)	
65-69	54 (1%)	
70+	46 (1%)	
Total	5931 (100%)	3188 (54%)



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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	2778 (61%)		2778 (47%)
Injecting Drug Users	587 (13%)	345 (27%)	932 (16%)
Gay/ Bi Male & IDU	374 (8%)		374 (6%)
Heterosexual Contact	459 (10%)	732 (57%)	1191 (20%)
Transfusion Recipients	28 (1%)	24 (2%)	52 (1%)
Coagulation Disorder	19 (0%)	1 (0%)	20 (0%)
Risk Not Reported	324 (7%)	183 (14%)	507 (9%)
Total	4569 (100%)	1285 (100%)	5854 (100%)

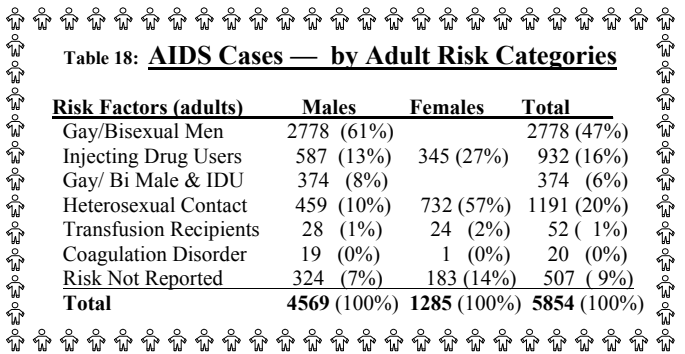
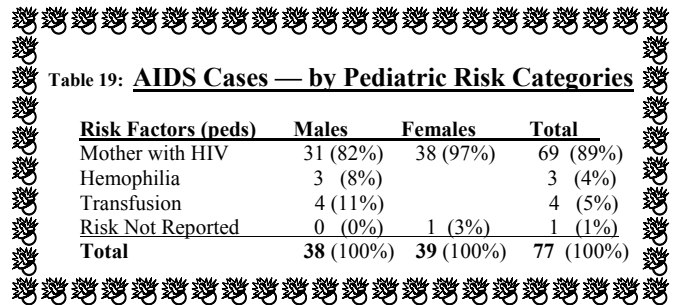


Table 19: **AIDS Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	31 (82%)	38 (97%)	69 (89%)
Hemophilia	3 (8%)		3 (4%)
Transfusion	4 (11%)		4 (5%)
Risk Not Reported	0 (0%)	1 (3%)	1 (1%)
Total	38 (100%)	39 (100%)	77 (100%)



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")

Hillsborough HIV (only) Statistics

All Hillsborough County HIV data is cumulative from 7/1/97 to December 31, 2005
 Source: Florida Department of Health, Bureau of HIV/AIDS

Table 20: **HIV Cases — by RACE**

Race	Adults	Pediatric	Total
White	722 (35%)	5 (18%)	726 (35%)
Black	1001 (49%)	19 (68%)	1020 (49%)
Hispanic	308 (15%)	4 (14%)	313 (15%)
Legacy Asian/Pacific Is.	2 (0%)	2 (0%)	
Am.Indian/AK. Native	3 (0%)	3 (0%)	
Native Hawaiian/Pacific Is.	2 (0%)	2 (0%)	
Asian	1 (0%)	1 (0%)	
Multi-race	15 (1%)	15 (1%)	
Total	2054 (100%)	28 (100%)	2082 (100%)



Table 21: **HIV Cases — by AGE**

Age	Cases (%)	Deaths
0-4	20 (1%)	0 (0%)
5-12	8 (0%)	
13-19	86 (4%)	
20-29	566 (27%)	
30-39	703 (34%)	71 (3%)
40-49	484 (23%)	
50-59	155 (7%)	
60-64	40 (2%)	
65-69	11 (1%)	
70+	9 (0%)	
Total	2082 (100%)	71 (3%)



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

Risk Factors (adults)	Males	Females	Total
Gay/Bisexual Men	692 (52%)		692 (34%)
Injecting Drug Users	96 (7%)	90 (12%)	186 (9%)
Gay/ Bi Male & IDU	64 (5%)		64 (3%)
Heterosexual Contact	207 (16%)	386 (53%)	593 (29%)
Transfusion Recipients	0 (0%)		0 (0%)
Coagulation Disorder	2 (0%)		2 (0%)
Risk Not Reported	269 (20%)	248 (34%)	517 (25%)
Total	1330 (100%)	724 (100%)	2054 (100%)

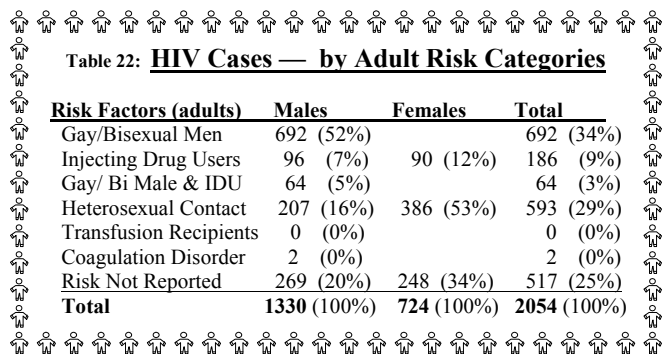
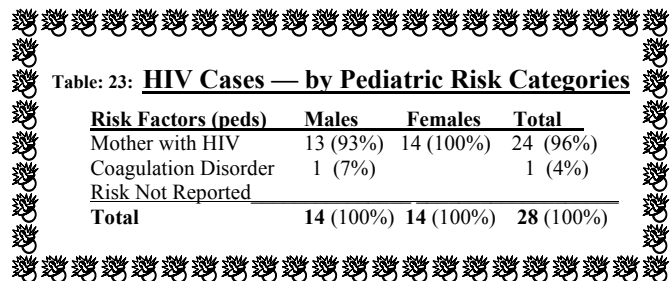


Table 23: **HIV Cases — by Pediatric Risk Categories**

Risk Factors (peds)	Males	Females	Total
Mother with HIV	13 (93%)	14 (100%)	24 (96%)
Coagulation Disorder	1 (7%)		1 (4%)
Risk Not Reported			
Total	14 (100%)	14 (100%)	28 (100%)



Florida HIV/AIDS Statistics

Source: Florida Department of Health, Bureau of HIV/AIDS
HIV/AIDS, STD & TB Monthly Surveillance Report, #255



Table 24: **Cumulative HIV Case Counts for Florida**
(7/1/97-11/30/05)

	HIV	Deaths
Total	35668	1001 (3%)
Adult	35298	996 (3%)
Pediatric	370	5 (1%)

Table 26: **Cumulative HIV/AIDS Case Counts in Surrounding Counties**
(as of 11/30/05)

County	HIV	AIDS
Hillsborough	3133	5920
Pinellas	1859	3897
Polk	776	1679
Sarasota	312	971
Manatee	500	942
Pasco	332	665
Hernando	85	197
Highlands	115	180
Hardee	34	77

Table 27: **Cumulative HIV/AIDS Case Counts in the Top 7 Florida Counties**
(as of 11/30/05)

County	HIV	AIDS
Miami-Dade	14592	28571
Broward	8482	15879
Palm Beach	4336	9528
Orange	3745	5997
Hillsborough	3133	5920
Duval	2740	5159
Pinellas	1859	3897

Table 25: **Cumulative AIDS Case Counts for Florida**
(1981 through 11/30/05)

	AIDS	Deaths
Total	101068	53913 (53%)
Adult	99567	53076 (53%)
Pediatric	1501	837 (56%)

United States HIV/AIDS Statistics

Table 28: **Cumulative HIV/AIDS Case Counts for U.S.**
(as of 9/30/05)

	HIV	AIDS	% AIDS Deaths
Total	246951	949728	53%
Adult	241923	940282	53%
Pediatric	5028	9446	56%

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #255)

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



Table 31: **Cumulative AIDS Cases of 10 Leading U.S. States**
(as of 9/30/05)

1. New York	171276
2. California	138141
3. Florida	100516
4. Texas	67030
5. New Jersey	48178
6. Illinois	32334
7. Pennsylvania	31712
8. Georgia	29895
9. Maryland	28924
10. Massachusetts	18776

(Source: Florida HIV/AIDS, STD, & TB Monthly Surveillance Report, #255)

Table 29: **Cumulative HIV* Cases of 5 Leading U.S. States**
(as of 9/30/05)

1. New York (12/00)	40853	(16%)
2. Florida (7/97)	35138	(14%)
3. Texas (2/94)	22738	(9%)
4. New Jersey (1/92)	17314	(7%)
5. North Carolina (2/90)	13036	(5%)

(Source: Florida HIV/AIDS, STD & TB Monthly Surveillance Report, #255)

* 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/MSAs**
(as of 12/31/04)

1. New York City	153784	11. Newark, NJ	19363
2. Los Angeles area	55106	12. Dallas	18701
3. San Francisco	29789	13. Baltimore	18568
4. Washington DC	28758	14. Ft Lauderdale	15280
5. Miami	27964	15. Boston	12902
6. Chicago	27872	16. San Diego	12131
7. Philadelphia	25997	17. Tampa-St Pete	10242
8. Houston	23999	18. Detroit	9474
9. San Juan, PR	20474	19. West Palm Beach	9282
10. Atlanta	19578	20. Oakland, CA	9047

(Source: Centers for Disease Control, HIV/AIDS Surveillance Report, Vol. 16)

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 2004: 39.4 million
Estimated new HIV infections in World in 2004: 4.9 million
Estimated World deaths due to HIV/AIDS in 2004: 3.1 million
Estimated Cumulative number of deaths in World due to HIV/AIDS: 25 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/aidline.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



International HIV/AIDS Trial Finds Continuous ARV Therapy Superior To Episodic Therapy

Excerpts from news release on 1/18/06 by NIAID. For further info contact: Laurie K. Doepel (301) 402-1663 niaidnews@niaid.nih.gov

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), today announced that enrollment into a large international HIV/AIDS trial comparing continuous antiretroviral therapy with episodic drug treatment guided by levels of CD4+ cells has been stopped. Enrollment was stopped because those patients receiving episodic therapy had twice the risk of disease progression (the development of clinical AIDS or death), the major outcome of the study.

The trial, known as **Strategies for Management of Anti-Retroviral Therapy**, or **SMART**, was designed to determine which of two different HIV treatment strategies would result in greater overall clinical benefit. (For more details see <http://www.smart-trial.org>).

The analysis revealed that participants on CD4+ cell-guided episodic treatment faced more than twice the risk of disease progression relative to participants on continuous ART. Furthermore, there was an increase in major complications such as cardiovascular, kidney and liver diseases in the participants on the drug conservation arm. These complications have been associated with ART, and it was hoped that they would be seen less frequently in those patients receiving less drug.

This NIH News Release is available online at: <http://www.nih.gov/news/pr/jan2006/niaid-18.htm>. An earlier NIAID news release describing the initiation of the SMART trial can be viewed at <http://www3.niaid.nih.gov/news/newsreleases/2002/smart.htm>.

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 call us or send (DO NOT FAX!) your completed HIV/AIDS case report in an envelope marked "CONFIDENTIAL" to:

BETH SUDDUTH, MPH
PINELLAS COUNTY HEALTH DEPARTMENT
205 DR. M.L. KING STREET NORTH
ST PETERSBURG, FL 33701
(727) 824-8903 ; SUNCOM 517-4403
FAX: (727) 820-4271
EMAIL: BETH_SUDDUTH@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 Sudduth, LeRhonda DuBose, Dante Ross, John Maldonado, Dr. Beale Morgan, Ronee Wilson or Nicole Rondon.

