

Department of Health

HIV 501 Update
FDOH-Area 4



Area 4 AIDS Program Office

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Area 4 AIDS Program Office



Agenda

1. Ending the HIV Epidemic
2. Surveillance Summary in Florida & Area 4
3. Perinatal Cases in Florida
4. HIV Care Continuum in Florida & Area 4
6. HIV Trend in Florida & Area 4
7. Routine & Priority Testing
8. Current News in HIV



Ending the Epidemic: A Plan for America

GOAL:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the right *people* to:



Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.

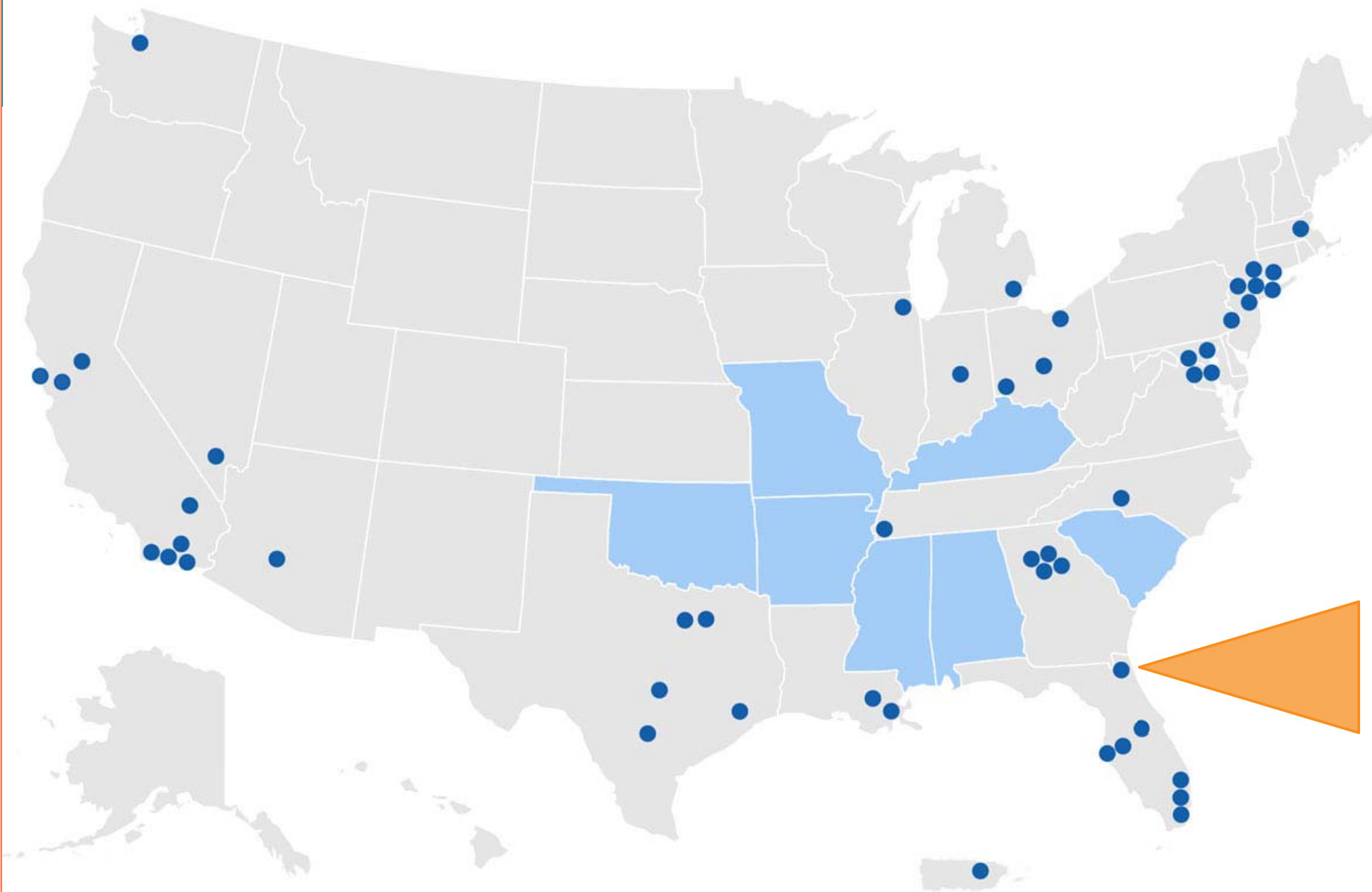


Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV HealthForce will establish local teams committed to the success of the Initiative in each jurisdiction.



Ending the HIV Epidemic

- Miami-Dade County
- Broward County
- Orange County
- Hillsborough County
- Palm Beach County
- Duval County

2017 Florida Surveillance Summary

▶ **20 Million**

Florida's approximate population in 2017

▶ **116,944**

Estimated number of people living with HIV in Florida
year end 2017



2017 Florida Surveillance Summary

▶ **4,949**

Number of people who received an HIV diagnosis in Florida
2017

▶ **2,044**

Number of people who received an AIDS diagnosis in Florida
in 2017

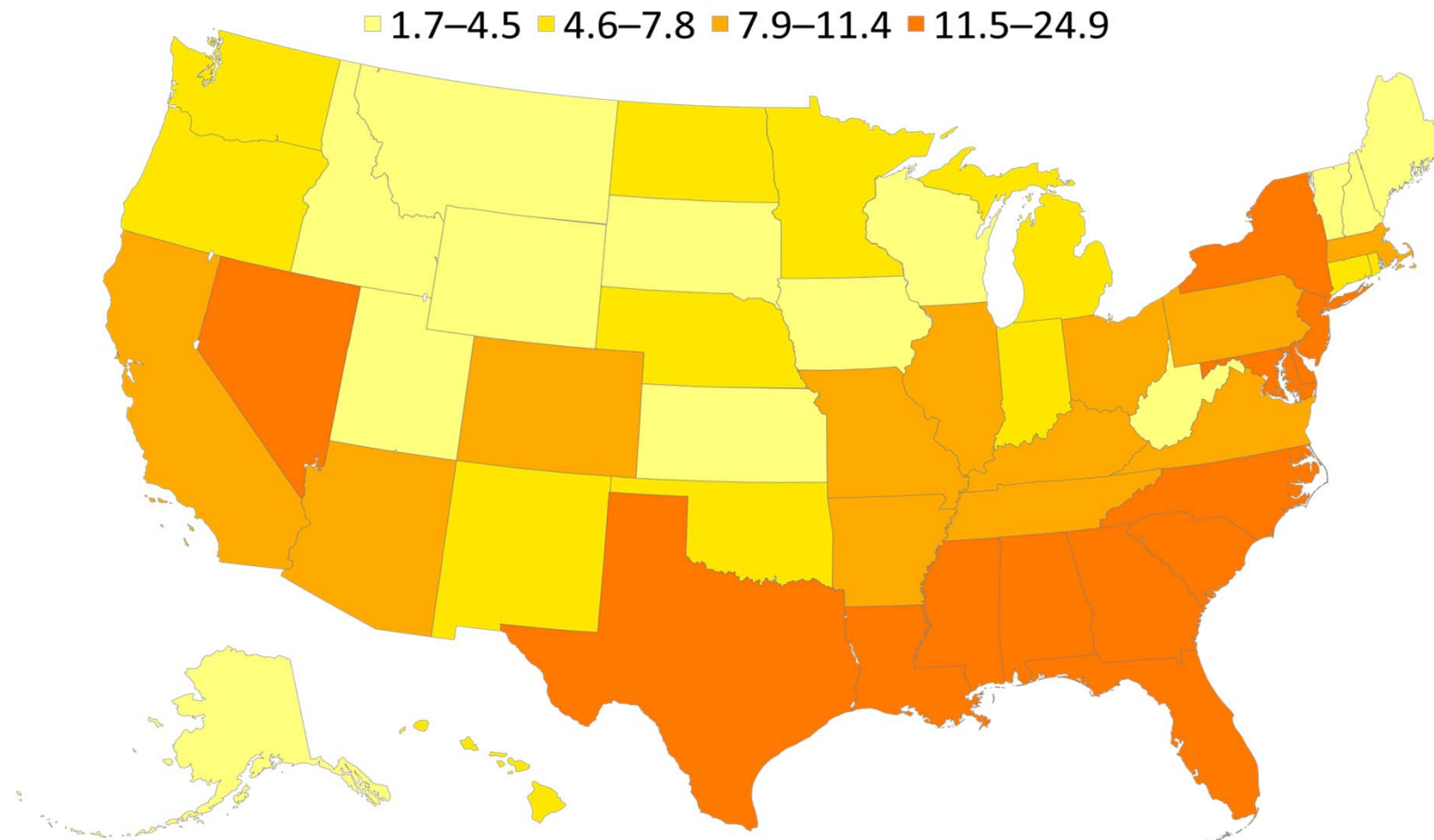


Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

- 🦏 Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings
- 🦏 Provide rapid access to treatment and ensure retention in care (Test and Treat)
- 🦏 Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- 🦏 Increase HIV awareness and community response through outreach, engagement, and messaging



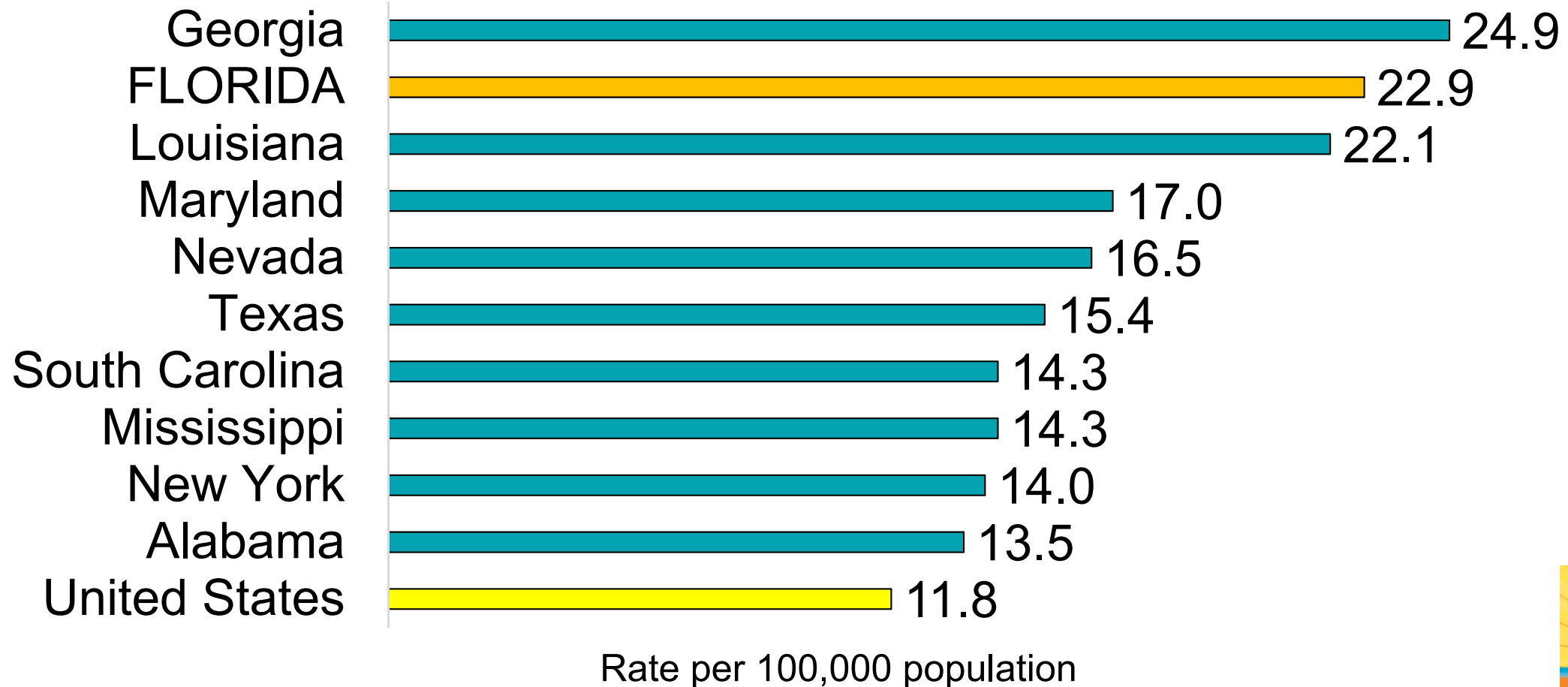
HIV Diagnosis Rate by Area of Residence, 2017, United States (U.S.)¹ U.S. Rate=11.8 N=38,281



¹US data: HIV Surveillance Report, 2017 (most recent available) Vol. 29, Table 26
<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>



Rankings of HIV Case Rates (all ages) by State¹ Diagnosed in 2017, United States

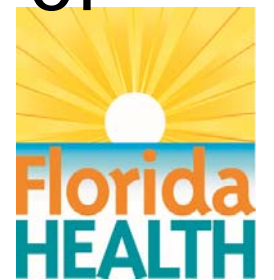


¹ Source: US data: HIV Surveillance Report, 2017 (most recent available) Vol. 29, Table 26 (Diagnoses of HIV infection, by area of residence) <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>

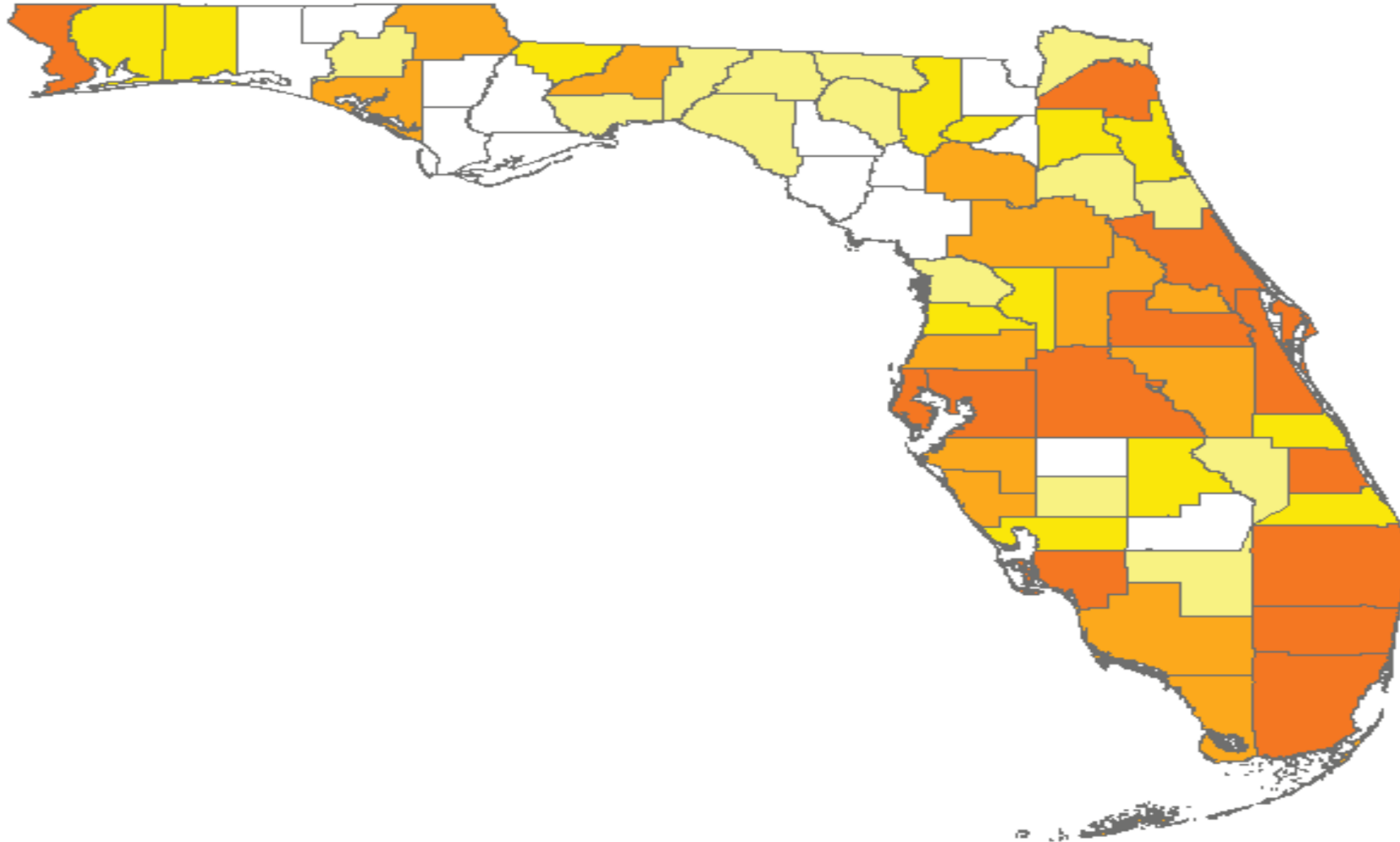


Florida

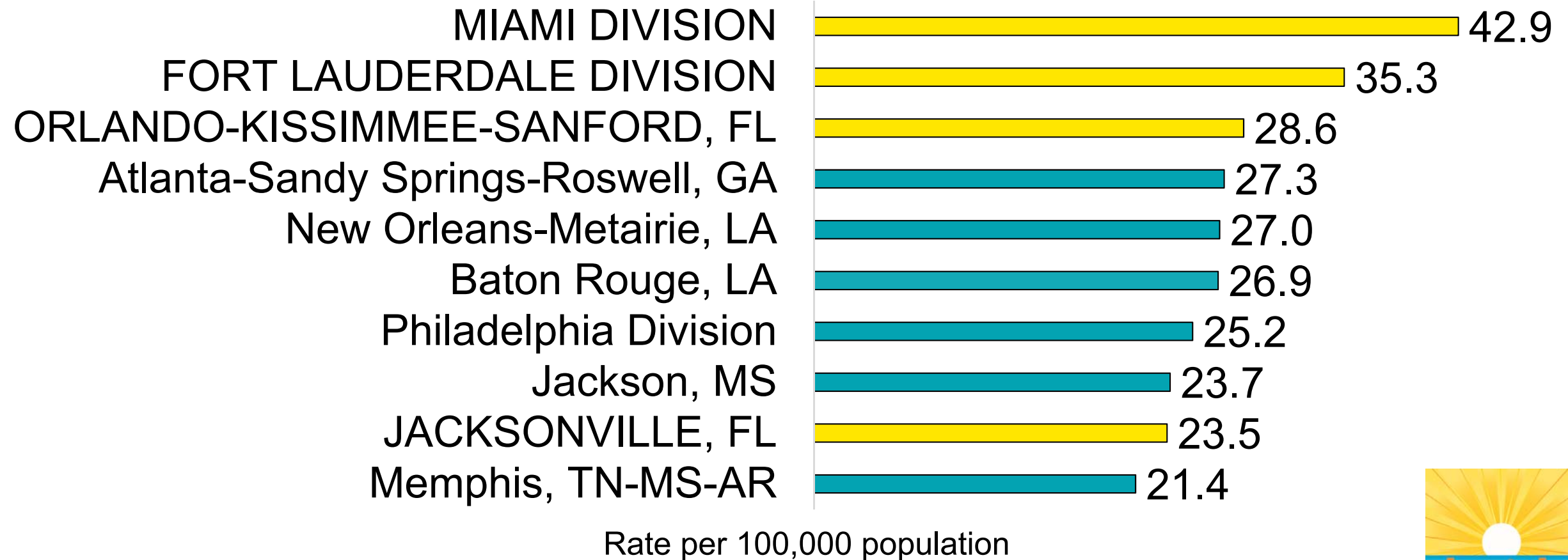
- ▶ In 2017, Florida had an HIV case rate of 22.9 per 100,000 people which places the state at the second highest among states with the top 10 highest rates.
- ▶ Florida's case rate was higher than the US average case rate of 11.8 per 100,000 people.
- ▶ Miami, FL and Ft. Lauderdale, FL took the top two rankings for metropolitan statistical areas with case rates of 42.9 and 35.3 respectively.



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Rank of HIV Diagnosis Rates (All Ages) by Metropolitan Statistical Area (MSA)¹ Diagnosed in 2017, United States



¹ Source: US data: HIV Surveillance Report, 2016 (most recent available) Vol. 28, Table 24 (HIV data for all 50 states)
<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>



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	2017	2018	Trend
Total Population and PLWH¹ Cases in Florida			
Population	20,555,733	20,957,705	2.0% increase
Persons Living with an HIV diagnosis (PLWH)	118,177	119,661	1.3% increase
Strategic Long Term Goals²			
Reduce the annual HIV diagnosis rate per 100,000	24.1	23.4	2.9% decrease
Increase the percent of persons diagnosed with HIV linked to care in 30 days	75.4%	81.1%	7.6% increase
Increase the percent of PLWH Retained in Care	68.3%	68.9%	0.9% increase
Increase the percent of PLWH with a Suppressed Viral Load	61.5%	63.7%	3.6% increase
Reduce the annual number of babies born in Florida with perinatally acquired HIV to less than 5	9	8	11.1% decrease
Additional Indicators²			
Reduce annual AIDS diagnosis rate per 100,000	9.9	9.2	7.1% decrease
Reduced the annual number of HIV-related deaths	749	692	7.6% decrease



¹Persons Living with HIV (PLWH), Total Population and PLWH are based on data as of 6/30/2019.

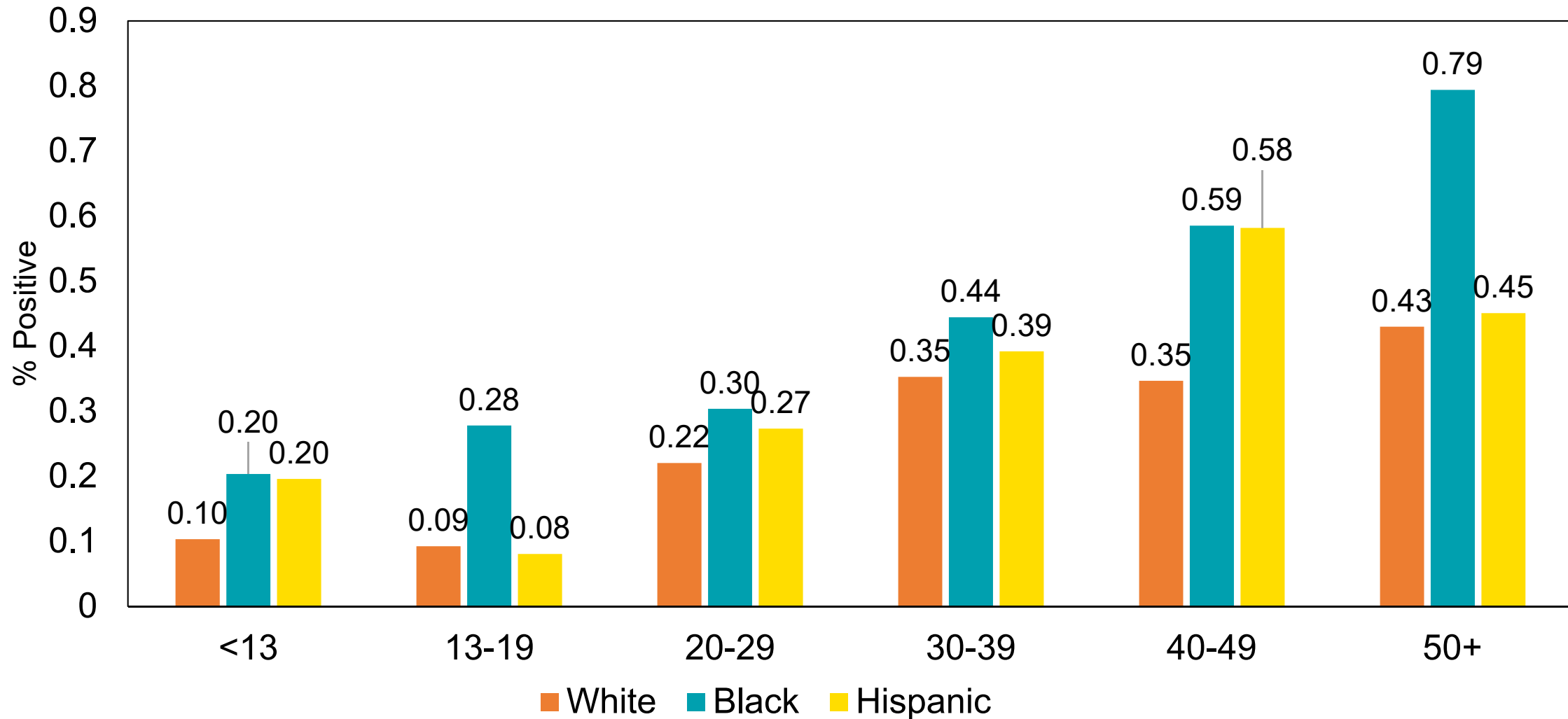
²Strategic Long Term Goals and Additional Indicators are based on frozen numbers as of June 30th for each consecutive year.

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- Overall, HIV diagnoses have **decreased 18%** from 2008 to 2017.
- However, there was a **3% increase** in HIV diagnoses from 2016 to 2017.
(Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak of HIV **diagnoses** in 2007. This was followed by a general decline in diagnoses through 2013.)
- An **increase** in new HIV Diagnoses, primarily among White and Hispanic MSM, was observed since 2014.

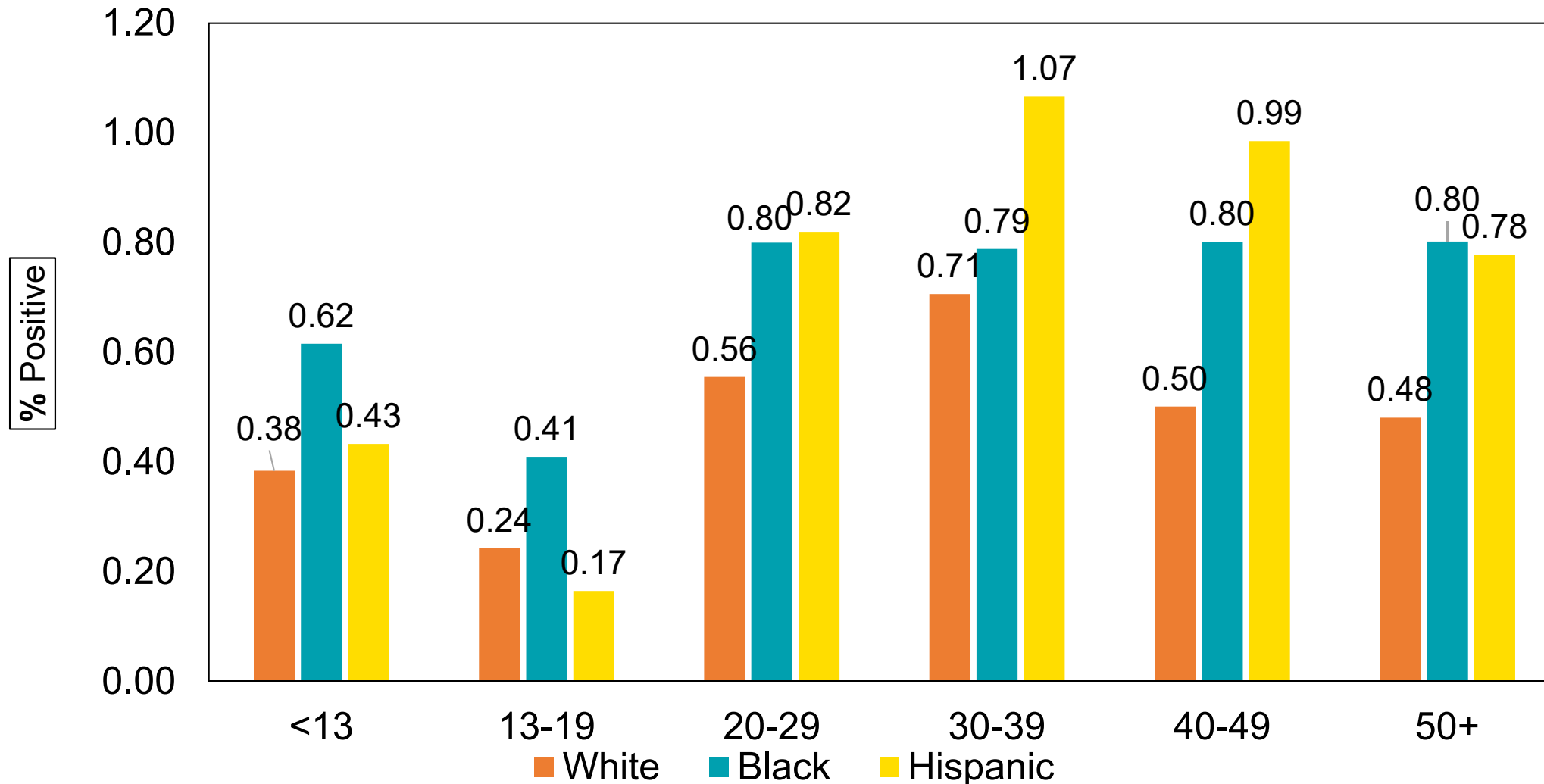


Seropositivity¹ among Females by Age Group and Race/Ethnicity from HIV Tests Conducted in Florida, 2018 (data as of 04/19/19)



¹Seropositivity is defined as the percent of positive over the number of tests conducted each year. HIV Counseling and Testing data as of 4/19/2019

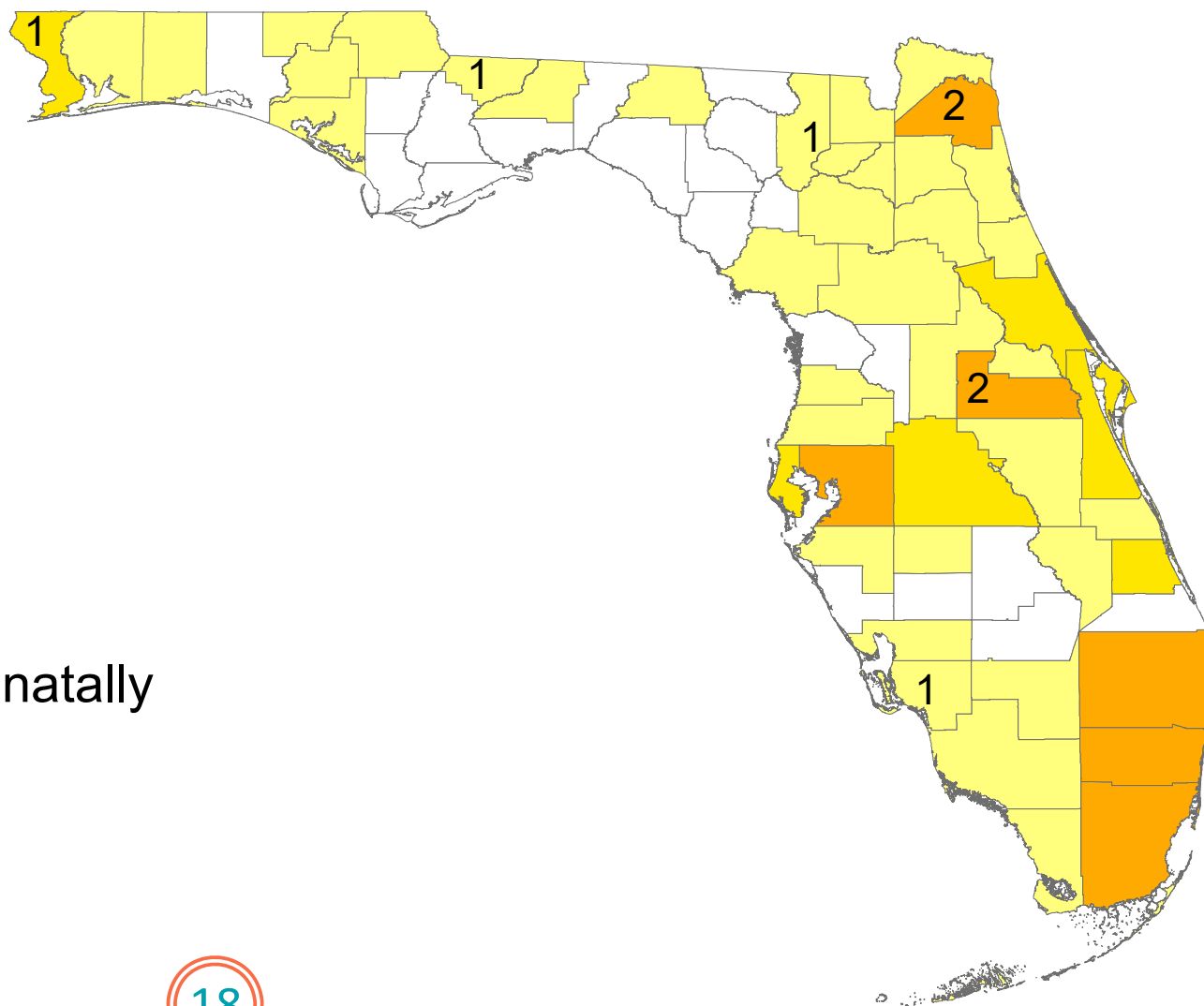
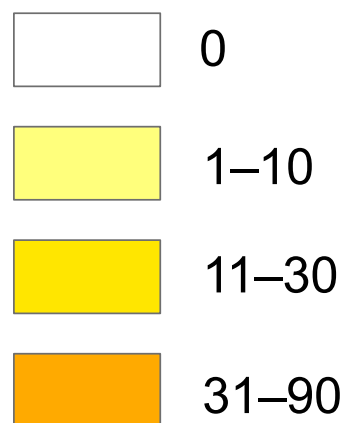
Seropositivity¹ among Males by Age Group and Race/Ethnicity from HIV Tests Conducted in Florida, 2018 (data as of 04/19/19)



¹Seropositivity is defined as the percent of positive over the number of tests conducted each year. HIV Counseling and Testing data as of 4/19/2019

Perinatal HIV Exposures, Born in Florida, 2018

Perinatal HIV Exposures
State Total N=497

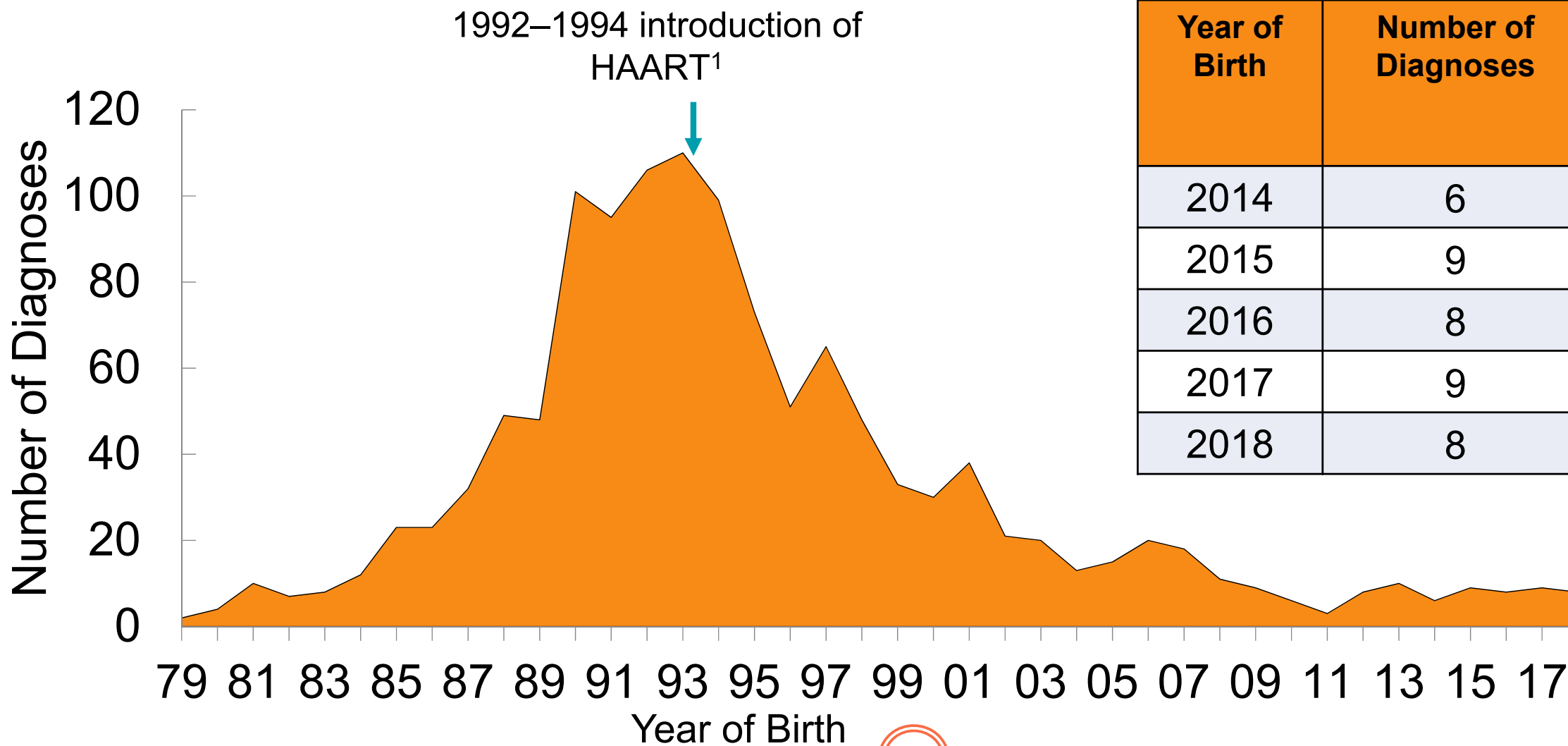


Numbers on map are the number of perinatally acquired HIV diagnoses, N=8

- Pediatric HIV (not AIDS) (N=6)
- Pediatric AIDS (N=2)



Perinatally Acquired HIV Diagnoses, Born in Florida, by Year of Birth, 1979–2018



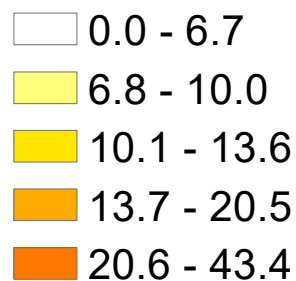
Year of Birth	Number of Diagnoses	Percent change from previous year
2014	6	
2015	9	50%
2016	8	-11%
2017	9	13%
2018	8	-11%



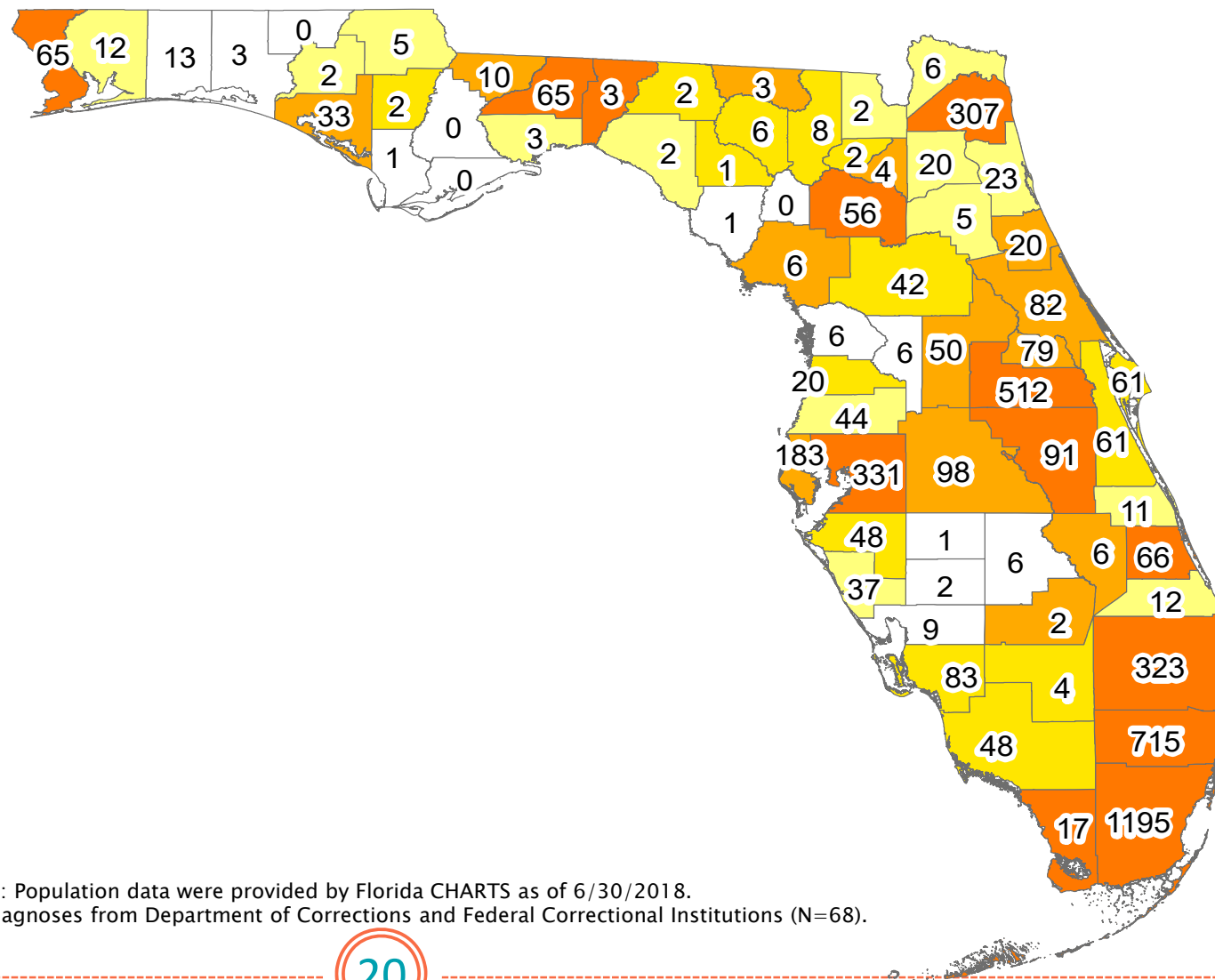
¹Highly active antiretroviral therapy (HAART) is an HIV treatment that suppresses viral load and reduces HIV transmission

HIV Diagnosis Rates¹ by County of Residence² Diagnosed in 2017, Florida

HIV Diagnosis Rate
per 100,000 population
State Rate=24.1



Numbers on map are number
of HIV diagnoses
State Total N=4,949

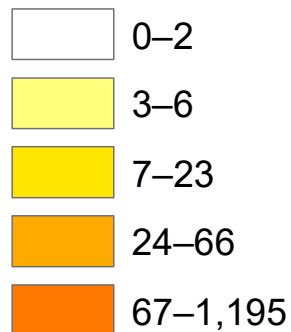


¹Source: Population data were provided by Florida CHARTS as of 6/30/2018.
²County totals exclude diagnoses from Department of Corrections and Federal Correctional Institutions (N=68).

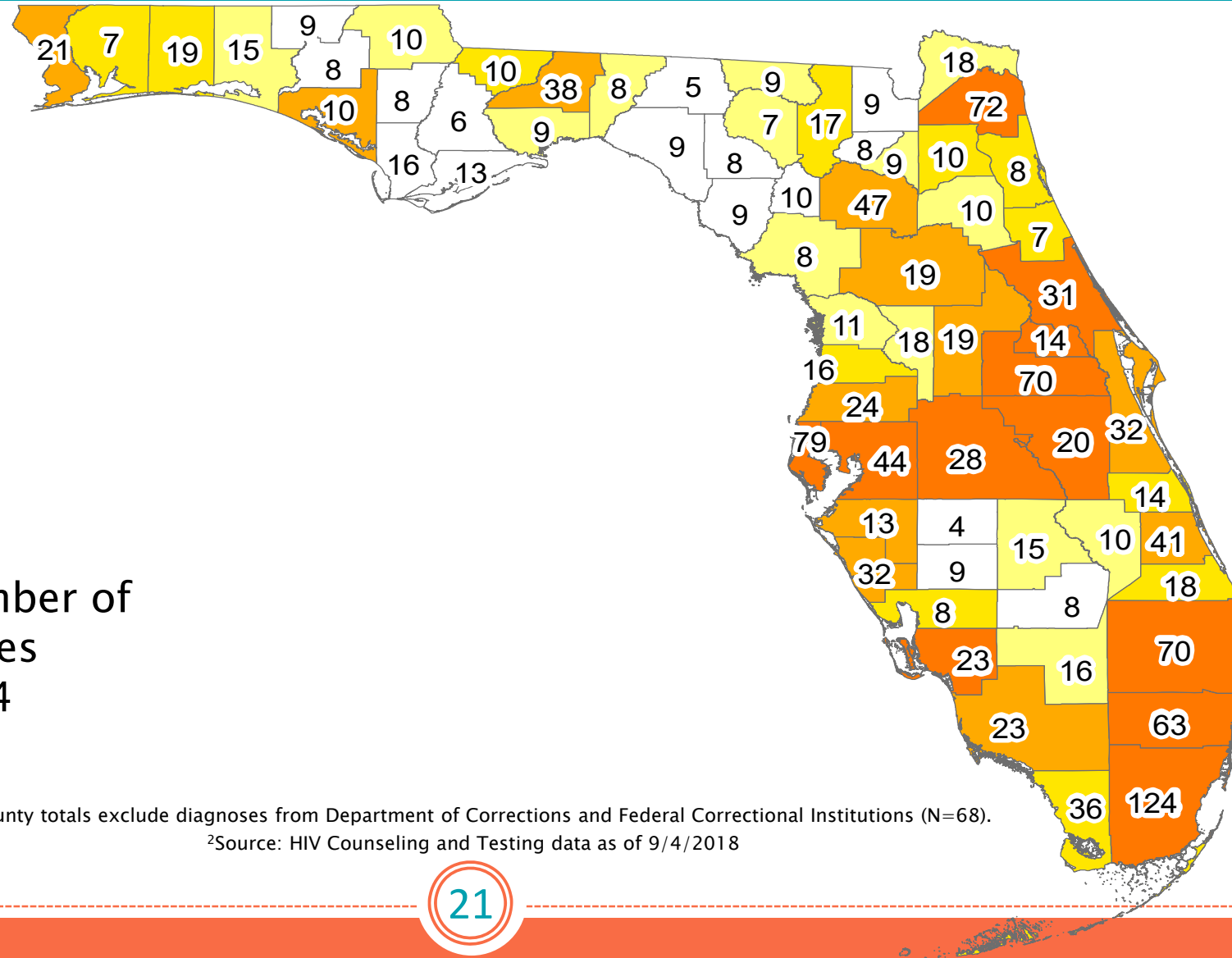


HIV Diagnoses by County of Residence¹, Diagnosed in 2017, and Registered Testing Sites², Florida

HIV Diagnoses
State Total N=4,949



Numbers on map are number of
registered testing sites
State Total N=1,444



¹County totals exclude diagnoses from Department of Corrections and Federal Correctional Institutions (N=68).

²Source: HIV Counseling and Testing data as of 9/4/2018



One-In-Statements for Adults (Age 13+) Living with HIV in Florida, Year-end 2017

- 🎗️ One in 151 adults in Florida were known to be living with HIV
- 🎗️ One in 295 Whites were living with HIV
- 🎗️ One in 49 Blacks were living with HIV
- 🎗️ One in 155 Hispanics were living with HIV



Adults (Age 13+) Living with HIV Year-end 2017, Florida, N=116,782

Race/Ethnicity	Males		Females	
	No.	Percent	No.	Percent
White	29,050	34%	4,898	15%
Black	31,719	37%	21,488	67%
Hispanic	22,245	26%	4,990	16%
Other	1,740	2%	652	2%
Age Group				
13-19	331	0%	225	1%
20-29	7,783	9%	2,120	7%
30-39	13,235	16%	5,568	17%
40-49	18,264	22%	8,368	26%
50+	45,141	53%	15,747	49%
Mode of Exposure				
MSM	58,756	69%	---	---
IDU	5,169	6%	3,875	12%
MSM/IDU	4,344	5%	---	---
Heterosexual	15,713	19%	27,277	85%
Other Risk	773	1%	876	3%
TOTAL	84,754	100%	32,028	100%



Transgender¹ Adults (Age 13+) Living with HIV, Year-end 2017, Florida

Race/Ethnicity	Transgender Men		Transgender Women	
	No.	Percent	No.	Percent
White	4	40%	54	18%
Black	4	40%	150	50%
Hispanic	2	20%	86	29%
Other	0	0%	10	3%
Age Group				
13–19	0	0%	2	1%
20–29	6	60%	73	24%
30–39	1	10%	111	37%
40–49	1	10%	54	18%
50+	2	20%	60	20%
Mode of Exposure				
Sexual Transmission	9	90%	267	89%
IDU	0	0%	0	0%
	---	---	33	11%
Other Risk	1	10%	0	0%
TOTAL	10	100%	300	100%

¹Limitations: Transgender data were not aggressively collected or recorded until 2013 therefore numbers may be underrepresented.



Adult (Age 13+) HIV Diagnoses with STD¹ by Type and Year of STD Report,² 2013–2017, Florida

Year of STD Report	HIV/Early Syphilis	HIV/Chlamydia	HIV/Gonorrhea
2013	1,499	1,225	1,194
2014	1,830	1,401	1,325
2015	2,198	1,554	1,734
2016	2,402	1,828	2,013
2017	2,425	2,201	2,387

¹Sexually transmitted disease (STD) ²Source: PRISM, STD Section as of 6/30/2018



Adult (Age 13+) AIDS Diagnoses with TB by Year of TB Report¹, Florida, 2013–2017

Year of TB Report	HIV/TB
2013	84
2014	63
2015	61
2016	66
2017	58

¹Source: TB Section. Data as of 7/24/2018



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HIV Care in Florida

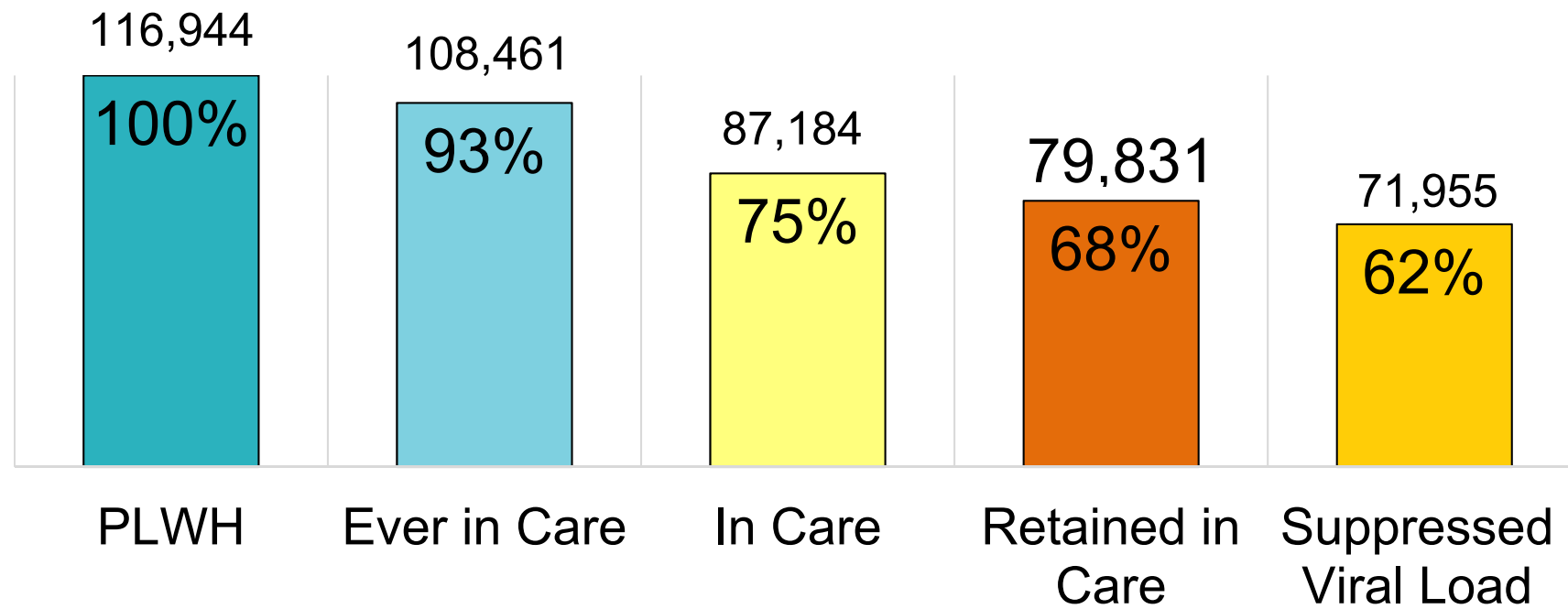


HIV Care Continuum Definitions

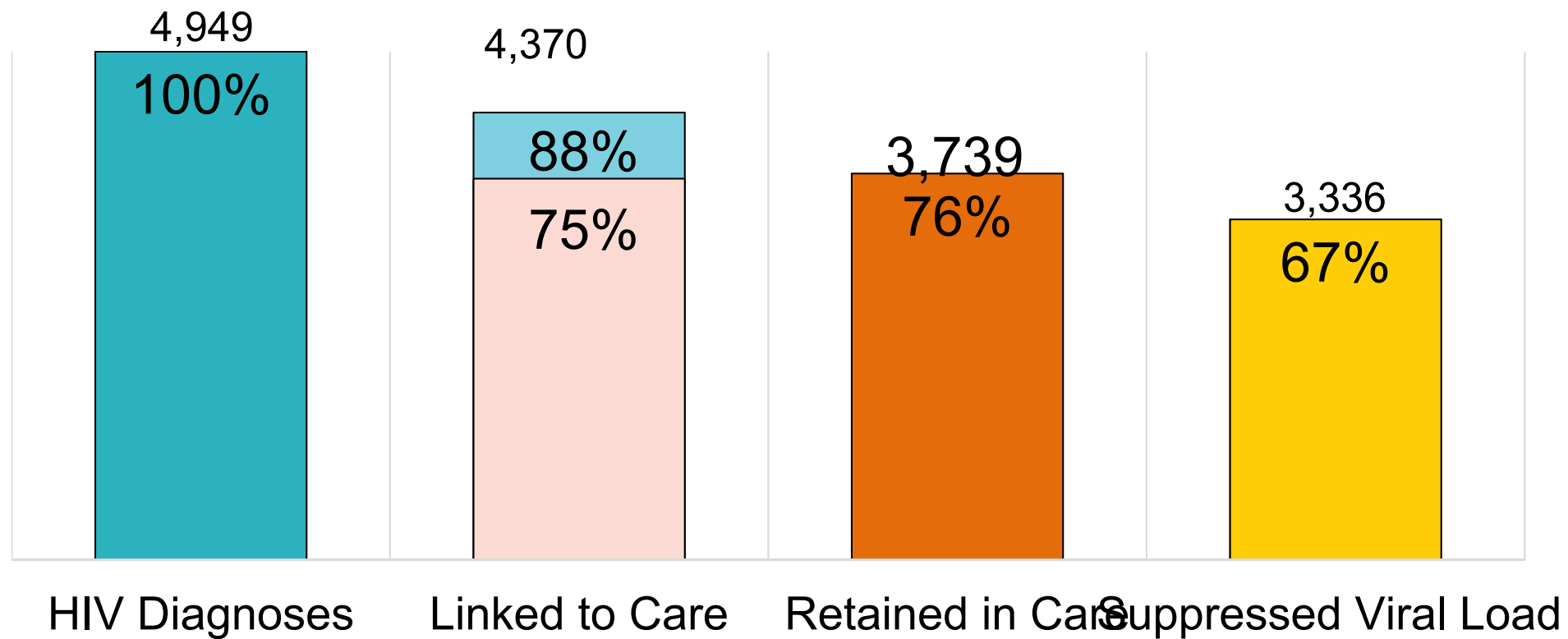
- Persons Living with HIV:** The number of persons known to be living with an HIV diagnosis (PLWH) at the end of 2017, from data as of 6/30/2018
- Ever in Care:** PLWH with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from HIV diagnosis through 3/31/2018
- In Care:** PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2017 through 3/31/2018
- Retained in Care:** PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2017 through 6/30/2018
- Suppressed Viral Load:** PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2017 through 3/31/2018



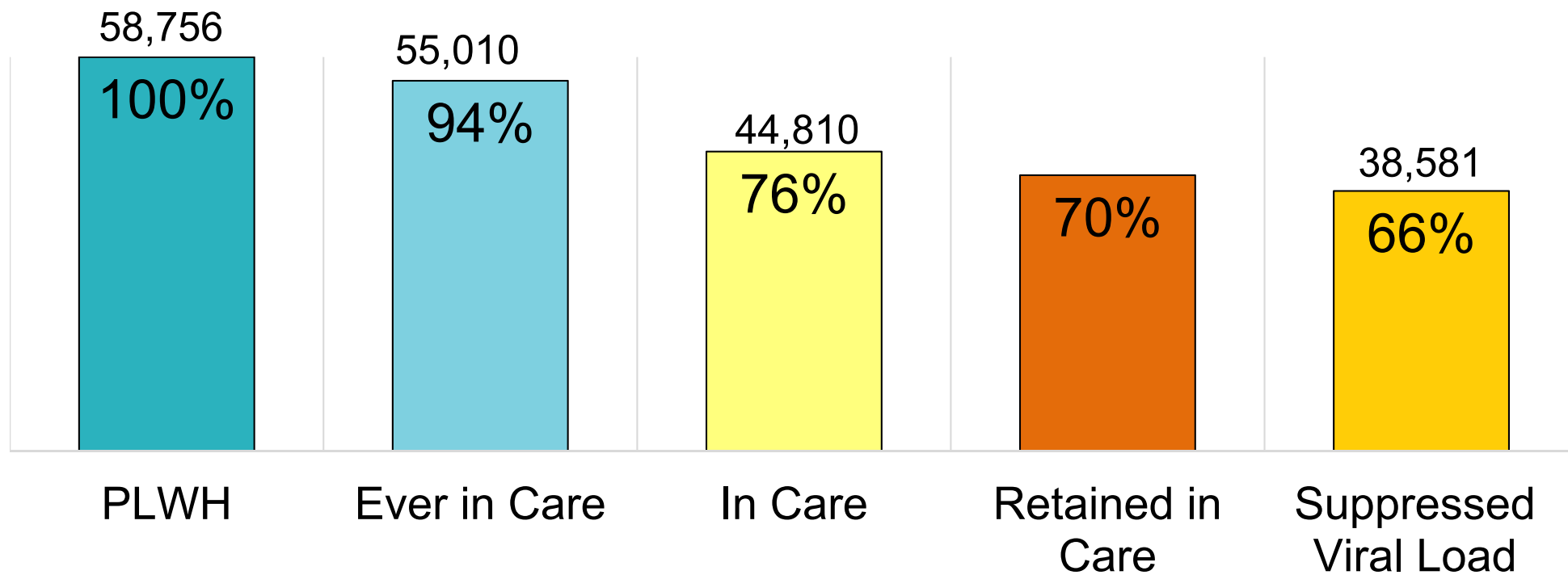
Persons Living with HIV (PLWH) in Florida along the HIV Care Continuum in 2017



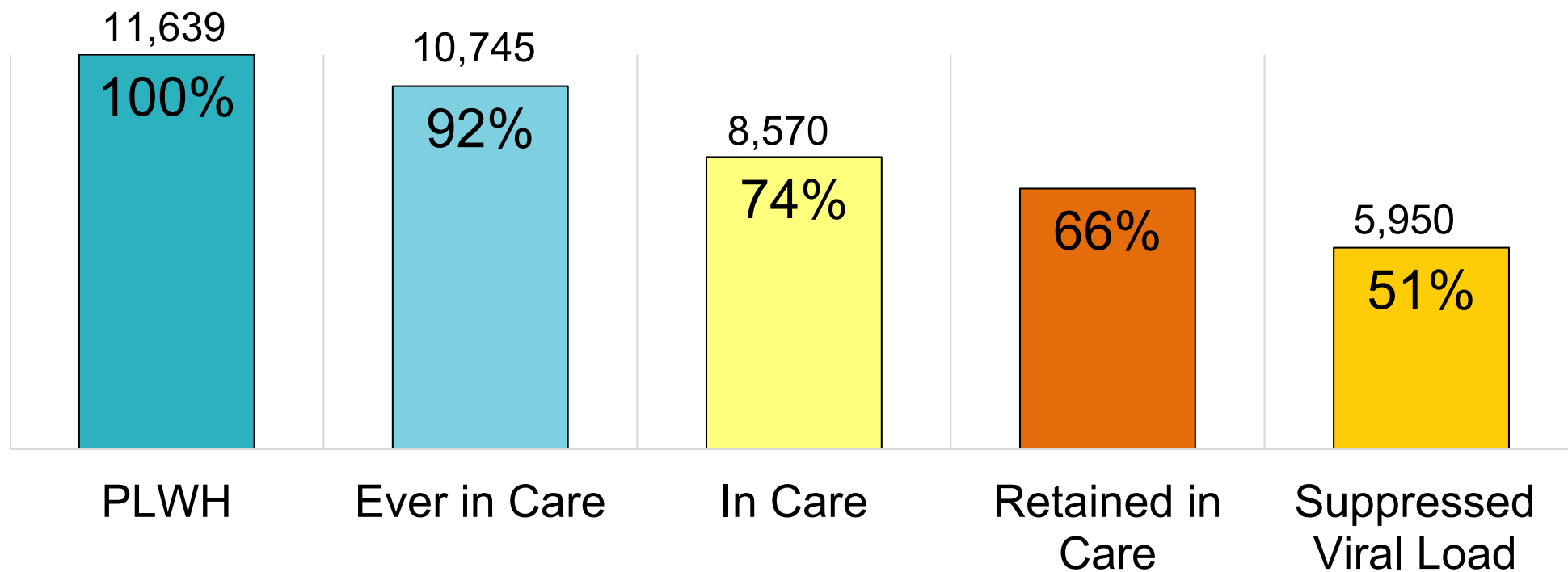
Persons who Received an HIV Diagnosis in 2017 in Florida along the HIV Care Continuum



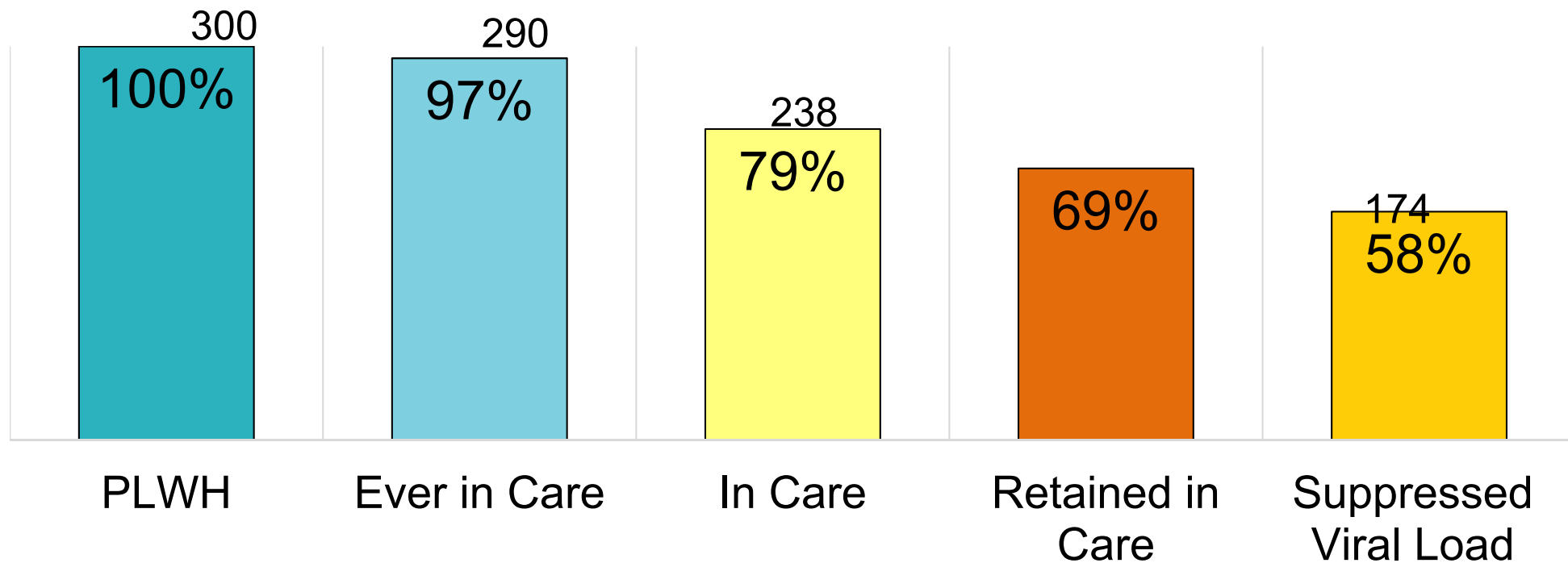
Persons Living with HIV (PLWH) with an MSM Mode of Exposure in Florida, along the HIV Care Continuum in 2017



Women of Childbearing Age (WCBA) Living with HIV in Florida, along the HIV Care Continuum in 2017



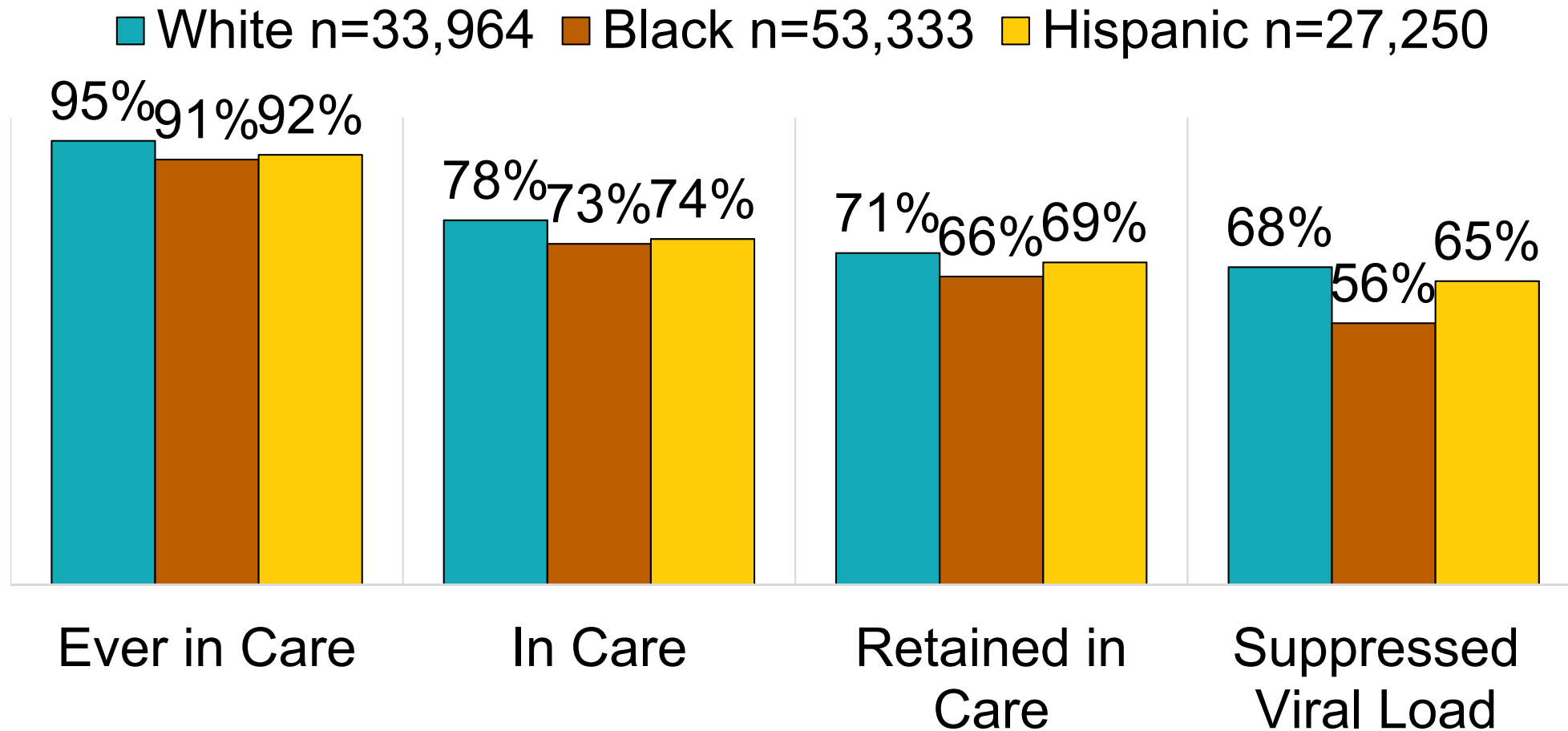
Adult (Age 13+) Transgender Women¹ Living with HIV in Florida, along the HIV Care Continuum in 2017



¹Transgender women are defined as those whose sex assigned at birth is male but who identify and live as female.

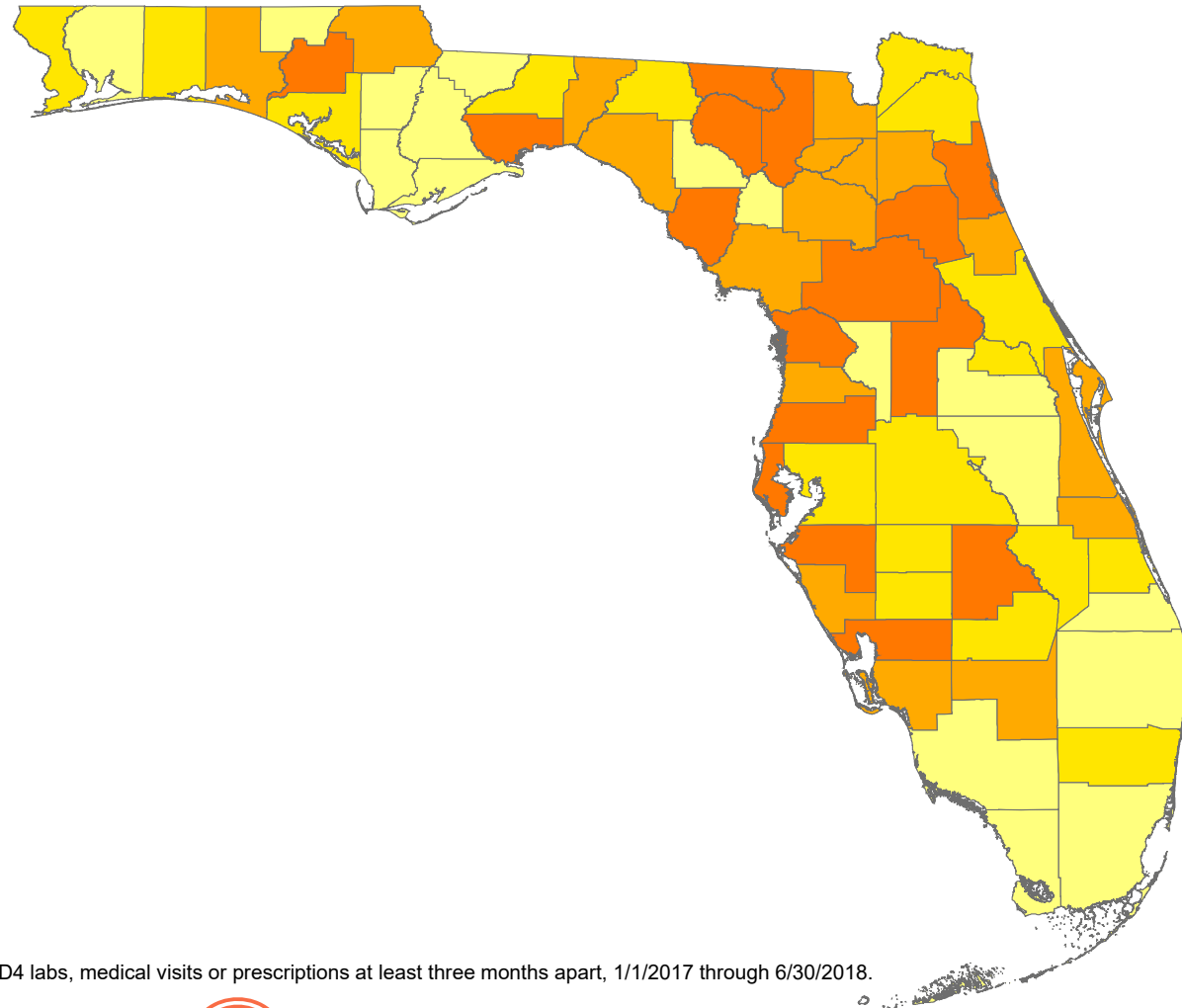
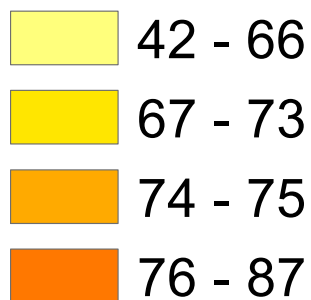


Persons Living with HIV (PLWH) in Florida by Race along the HIV Care Continuum in 2017



Percentage of Persons Living with HIV (PLWH) in Florida, who were Retained in Care¹ in 2017

Statewide Data:
N=116,944
68% Retained in Care

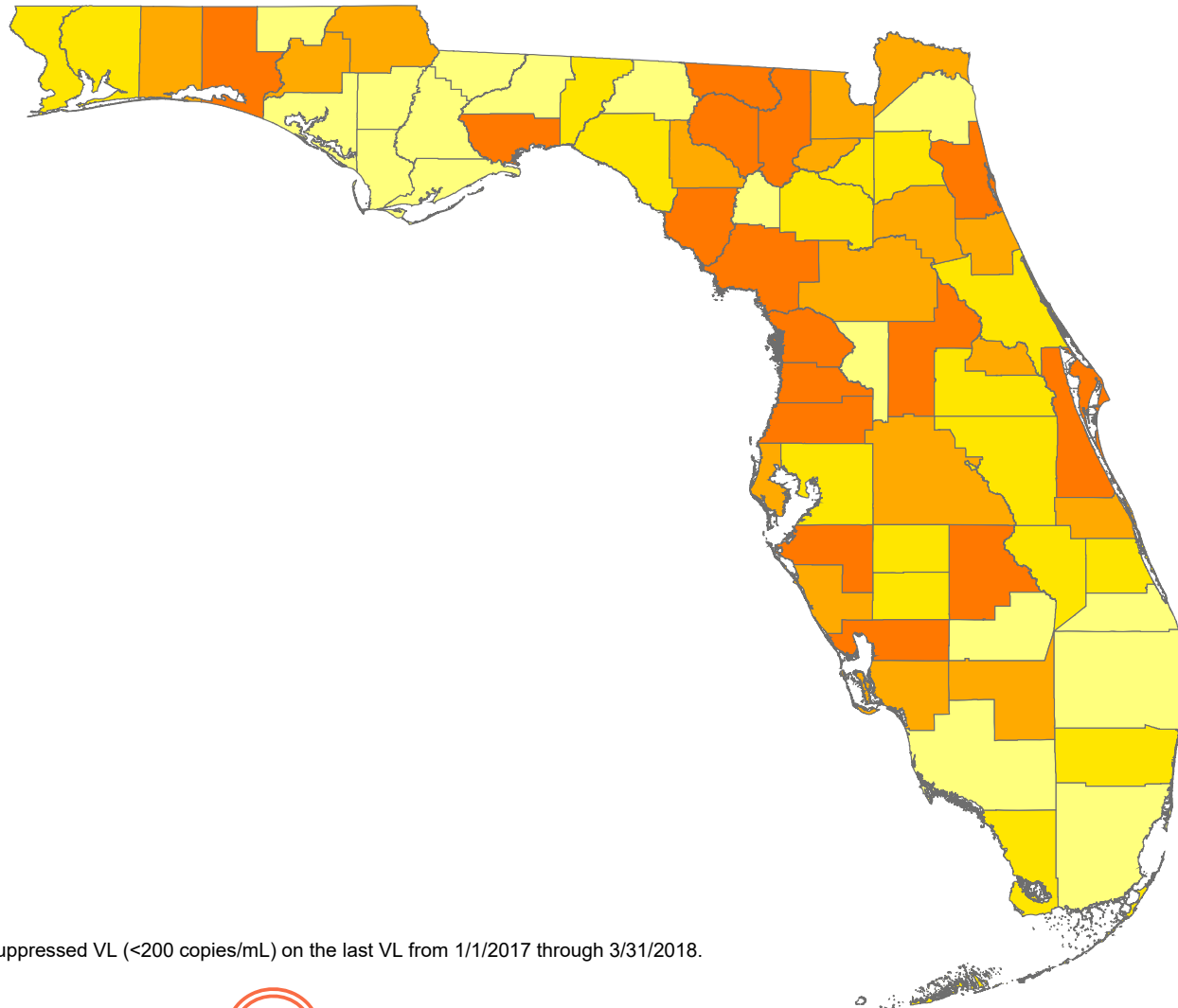
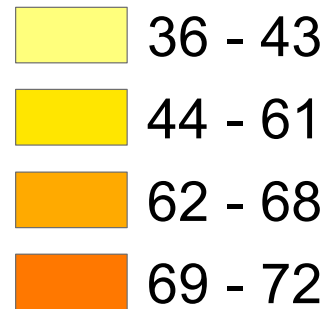


¹Retained in Care: PLWH with two or more documented viral load (VL) or CD4 labs, medical visits or prescriptions at least three months apart, 1/1/2017 through 6/30/2018.



Percentage of Persons Living with HIV (PLWH) in Florida who had a Suppressed Viral Load (VL)¹ in 2017

Statewide Data:
N=116,944
62% Suppressed VL
(<200 copies/mL)

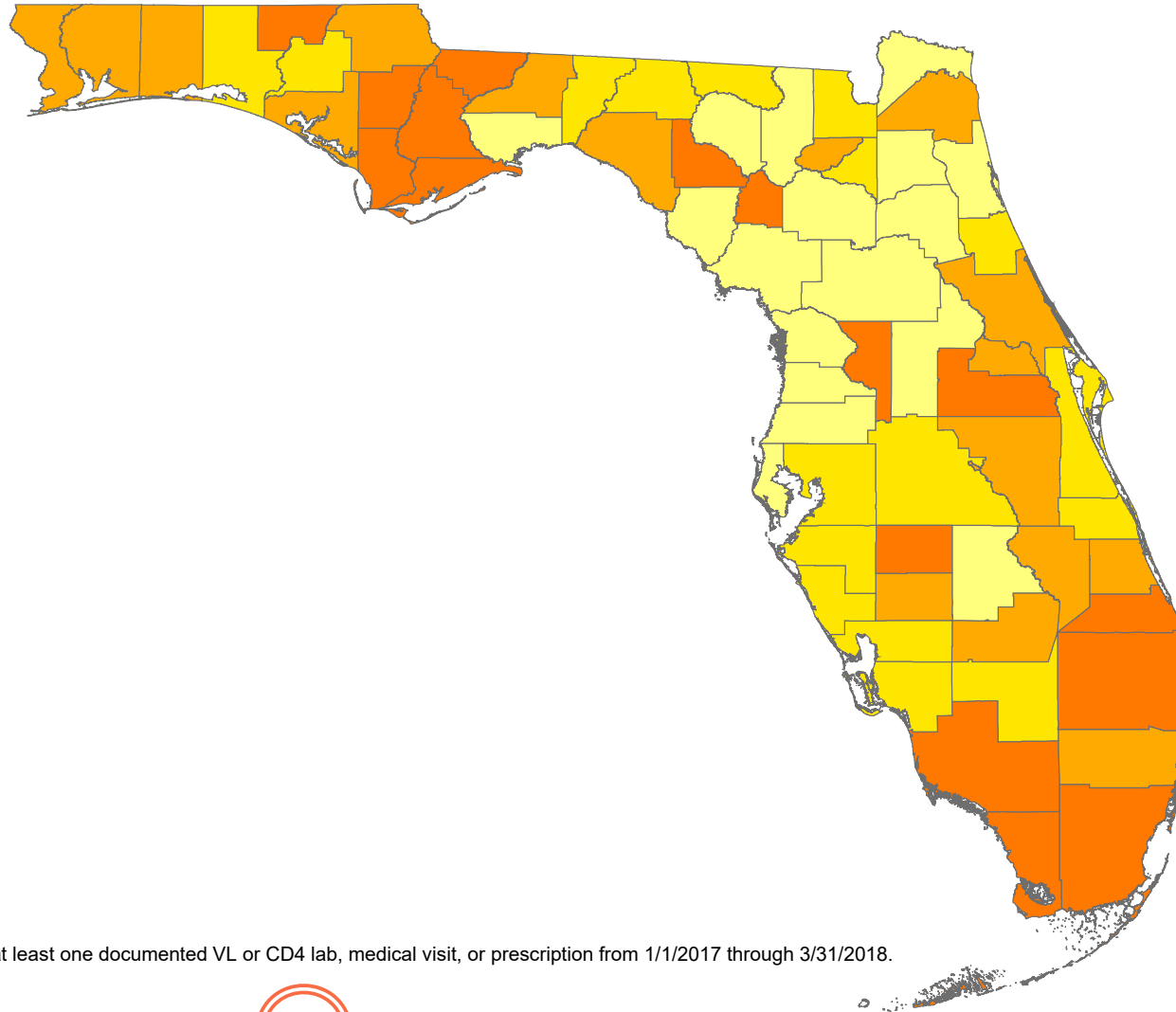
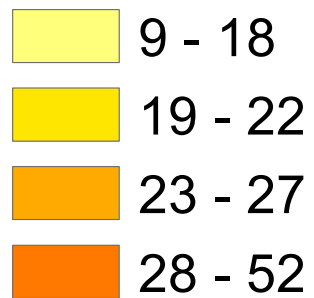


¹PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2017 through 3/31/2018.



Percentage of Persons Living with HIV (PLWH) in Florida who were Not In Care¹ in 2017

Statewide Data:
N=116,944
25% Not In Care



¹PLWH who did **not** receive at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2017 through 3/31/2018.



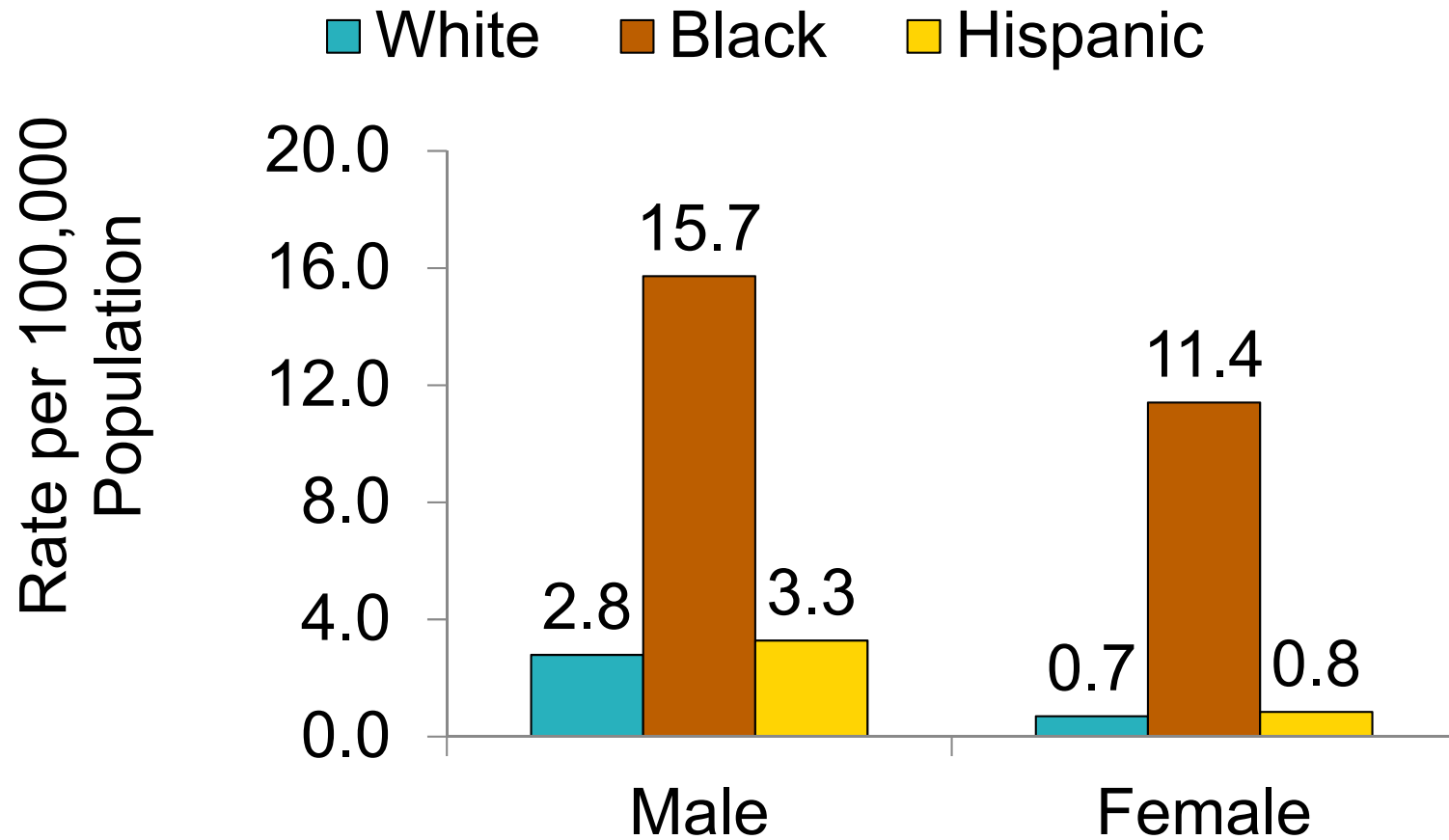
HIV-1 Antiretroviral Drug Resistance¹ in HIV Diagnoses with a Genotype Sequence, Florida, 2017

Any resistance	10.5%
PI ² resistance	0.7%
NRTI ³ resistance	1.4%
NNRTI ⁴ resistance	9.2%
IN ⁵ resistance	0.1%
Multi-drug resistance	0.9%

¹ Source: eHARS and Stanford HIV Drug Resistance Database ² PI=protease inhibitors ³NRTI=nucleoside reverse transcriptase inhibitors
⁴NNRTI=non-nucleoside reverse transcriptase inhibitors ⁵IN=integrase inhibitors



Rate¹ of Resident Deaths² due to HIV, by Sex and Race/Ethnicity, 2017, Florida



Ratios:

Males

Blacks to Whites, 5.6 to 1
 Hispanics to Whites, 1.2 to 1

Females

Blacks to Whites, 16.3 to 1
 Hispanics to Whites, 1.1 to 1

¹Source: Population data were provided by Florida CHARTS.
²Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates.



Deaths Due to HIV Among Persons Age 25 to 44, 2017, Florida

- 🎗️ HIV is the 8th leading cause of death overall
 - HIV is the 8th leading cause among males
 - HIV is the 7th leading cause among females
- 🎗️ HIV is the 13th leading cause among Whites
- 🎗️ HIV is the 5th leading cause among Blacks
- 🎗️ HIV is the 9th leading cause of death among Hispanics

¹Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Vital Statistics, Death Certificates (as of 6/30/2018).



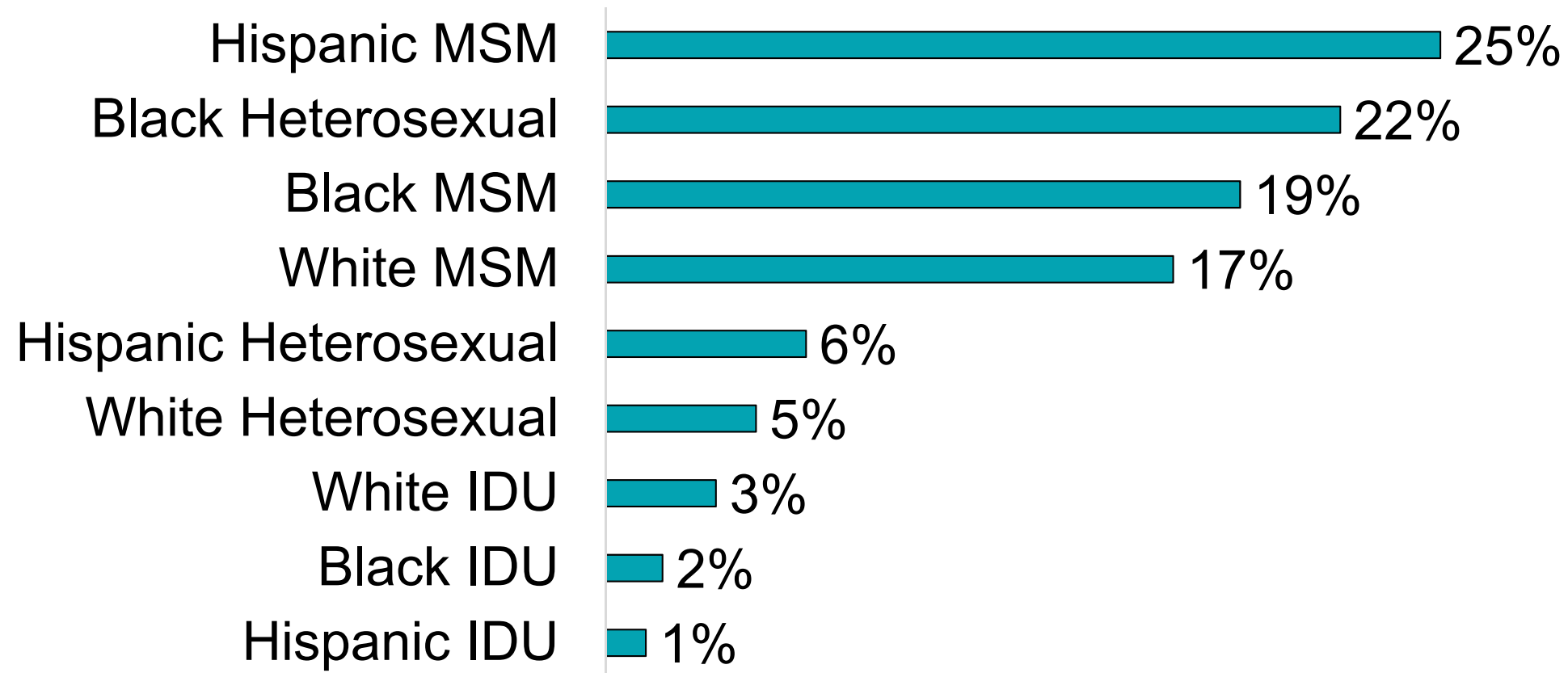
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HIV Prevention



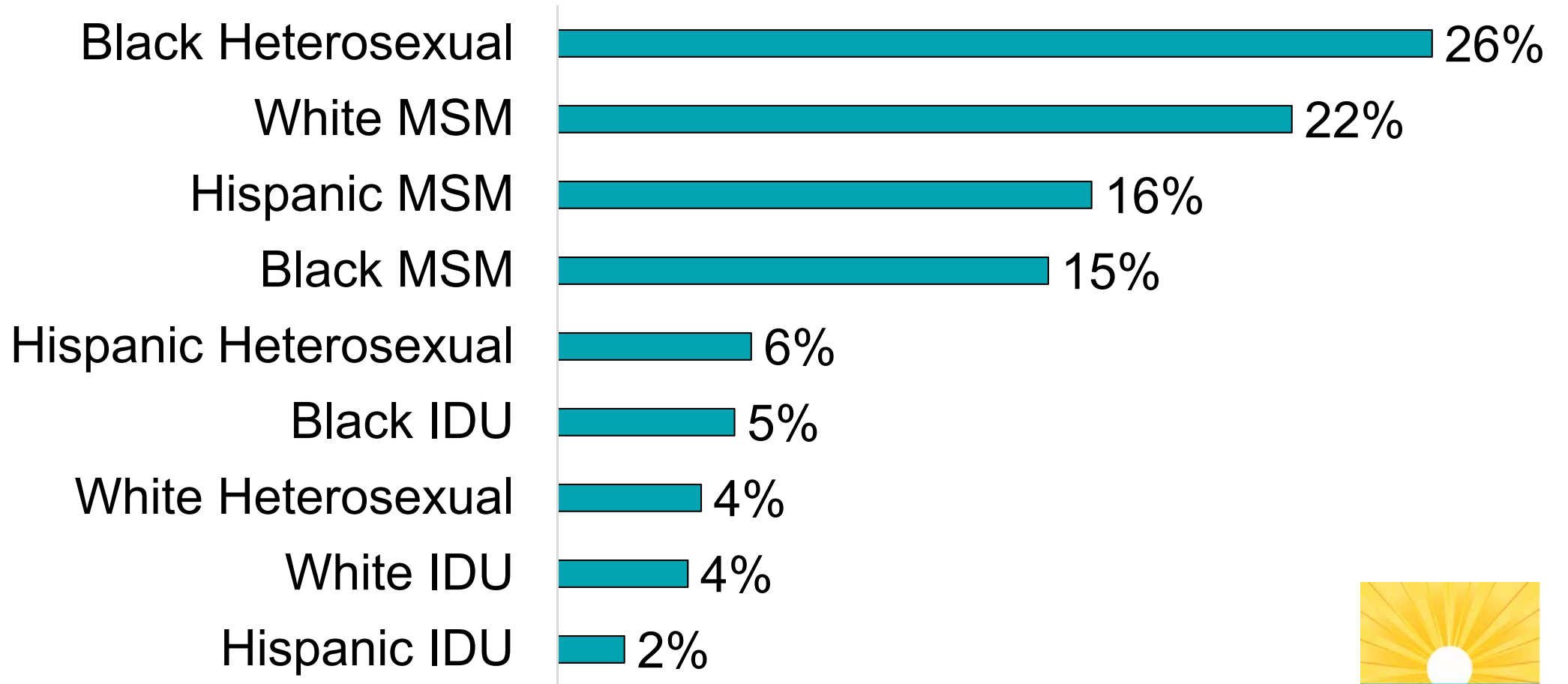
Florida's Top-Nine Priority Populations¹ for Primary HIV Prevention in 2017



¹MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.



Florida's Top-Nine Priority Populations¹ Prevention for PLWH in 2017



¹MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.



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HIV Testing

All adolescents and adults (ages 13–64) should be tested for HIV at least once during their lifetime. Persons at increased risk for HIV should be tested annually. Per Florida law, all pregnant women are to be tested for HIV and other sexually transmitted infections (STI) at their initial prenatal care visit, again at 28–32 weeks and at labor and delivery if HIV status is unknown.

www.knowyourhivstatus.com

Antiretroviral Therapy (ART)

For persons newly diagnosed with HIV, starting ART with a provider immediately after diagnosis improves health outcomes by preventing disease progression and reducing viral load, making transmission highly unlikely.

To find a care provider or to learn more about the resources available to persons living with HIV visit:

www.floridaaids.org

Pre-Exposure Prophylaxis (PrEP)

For persons at increased risk for HIV, a pill (Truvada) once daily, can reduce the risk of acquiring HIV by over 90%. Condoms are still recommended during sex to prevent other STDs, which are increasing in Florida, and which can increase HIV risk.

www.prelocator.org

Florida HIV/AIDS Hotline

1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-800-503-7118 Hearing/Speech Impaired

www.211bigbend.org/flhivaidshotline

Text 'FLHIV' or 'flhiv' to 898211

For more information contact:

DiseaseControl@flhealth.gov



One-In-Statements for Adults (Age 13+) Living with HIV in Area 4, Year-end 2017

- 🎗️ One in 168 adults in Area 4 were known to be living with HIV
- 🎗️ One in 407 Whites were living with HIV
- 🎗️ One in 53 Blacks were living with HIV
- 🎗️ One in 233 Hispanics were living with HIV

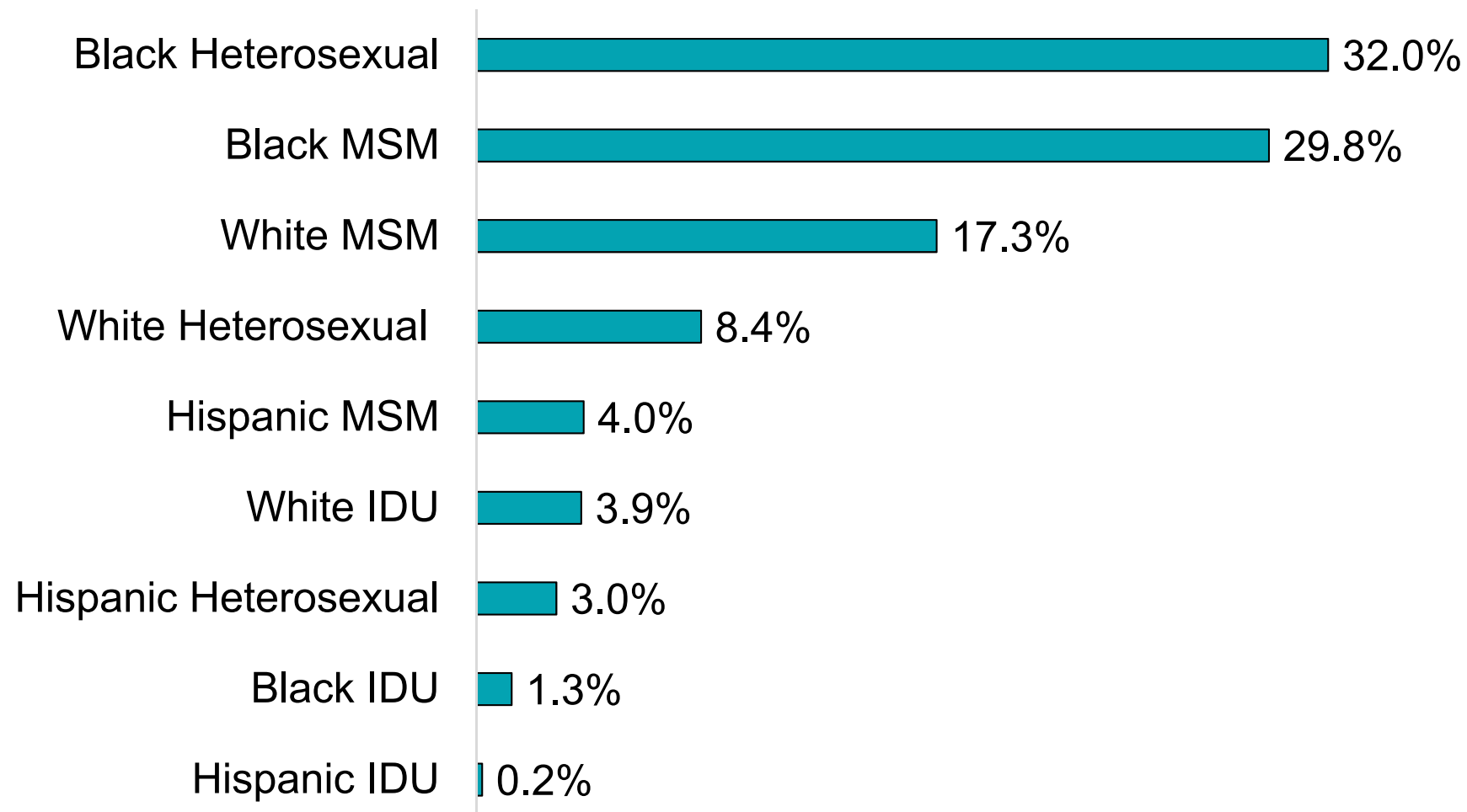


	Male(#)	(%)	Female(#) ¹	(%)
Race/Ethnicity				
White	1,590	32.2%	418	16.7%
Black	2,871	58.2%	1,902	76.1%
Hispanic	311	6.3%	113	4.5%
Other	161	3.3%	67	2.7%
Age Group				
13-19	32	0.6%	14	0.6%
20-29	677	13.7%	173	6.9%
30-39	966	19.6%	552	22.1%
40-49	1,054	21.4%	715	28.6%
50+	2,204	44.7%	1,046	41.8%
Mode of Exposure				
MSM	3,194	64.7%	0	0.0%
IDU	316	6.4%	310	12.4%
MSM/IDU	277	5.6%	0	0.0%
Heterosexual	1,096	22.2%	2,137	85.5%
Other risk	50	1.0%	53	2.1%
Total				
Total	4,933	100.0%	2,500	100.0%

**Adults
(Age
13+)
Living
with
HIV,
Year-
end
2017,
Area 4**



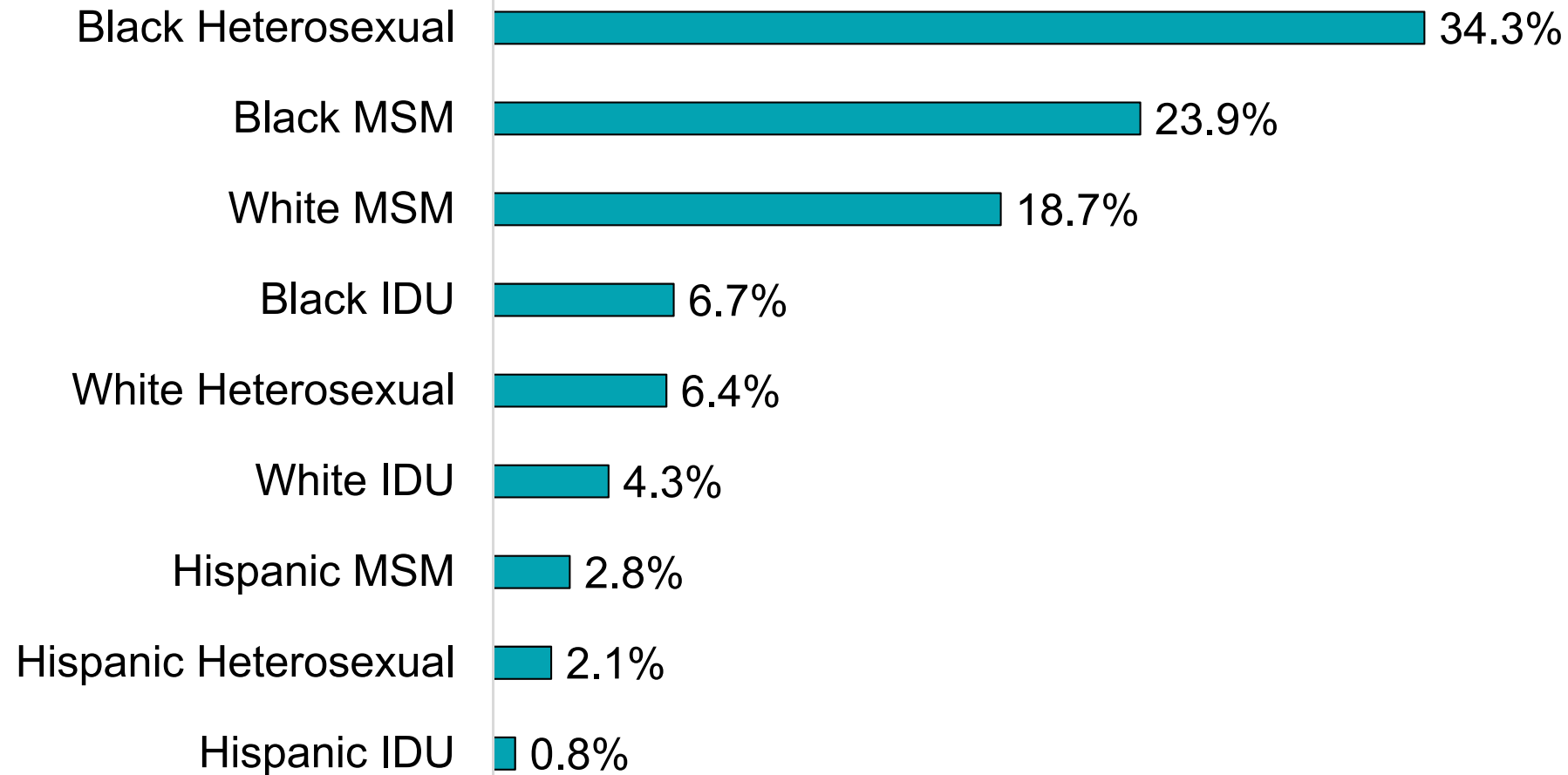
Area 4 Top-Nine Priority Populations¹ for Primary² HIV Prevention, 2017



¹MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.



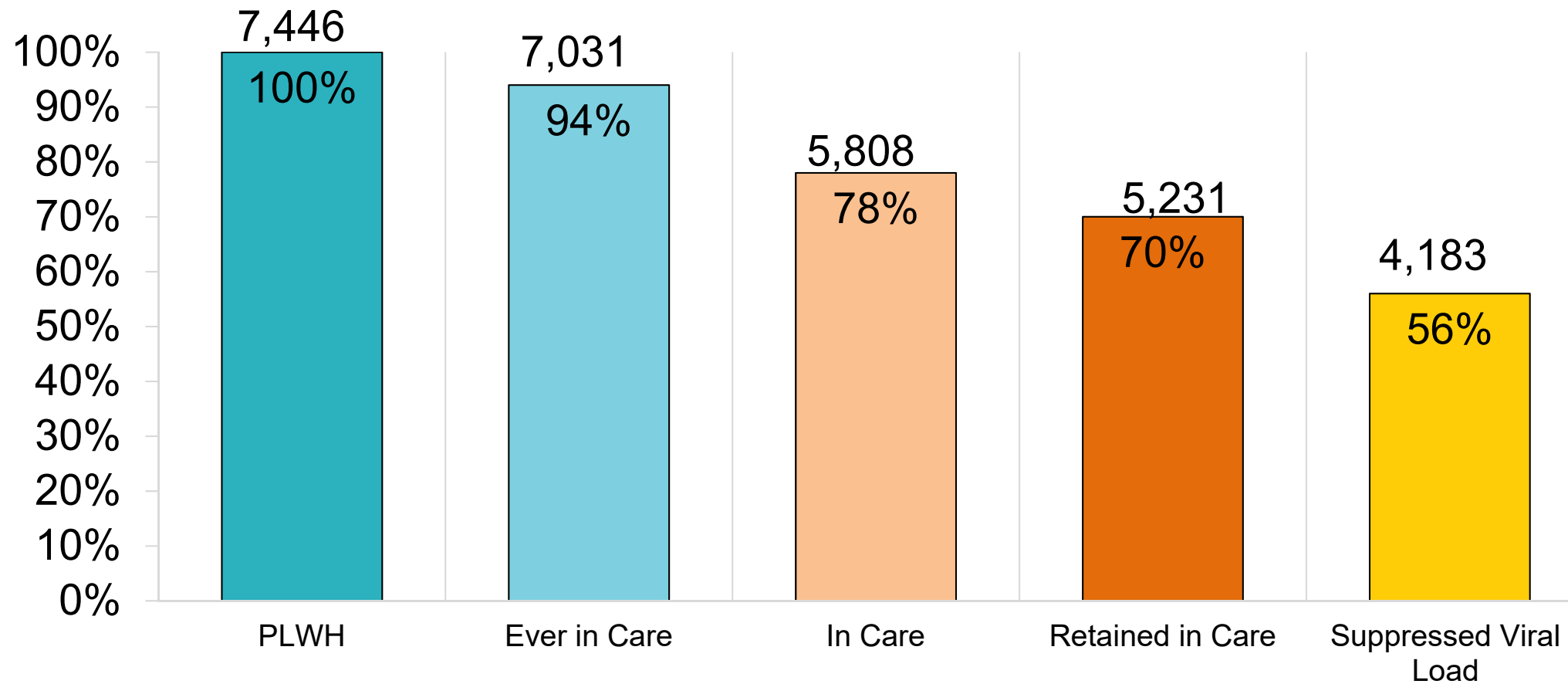
Area 4 Top-Nine Priority Populations¹ Prevention for Positives, 2017



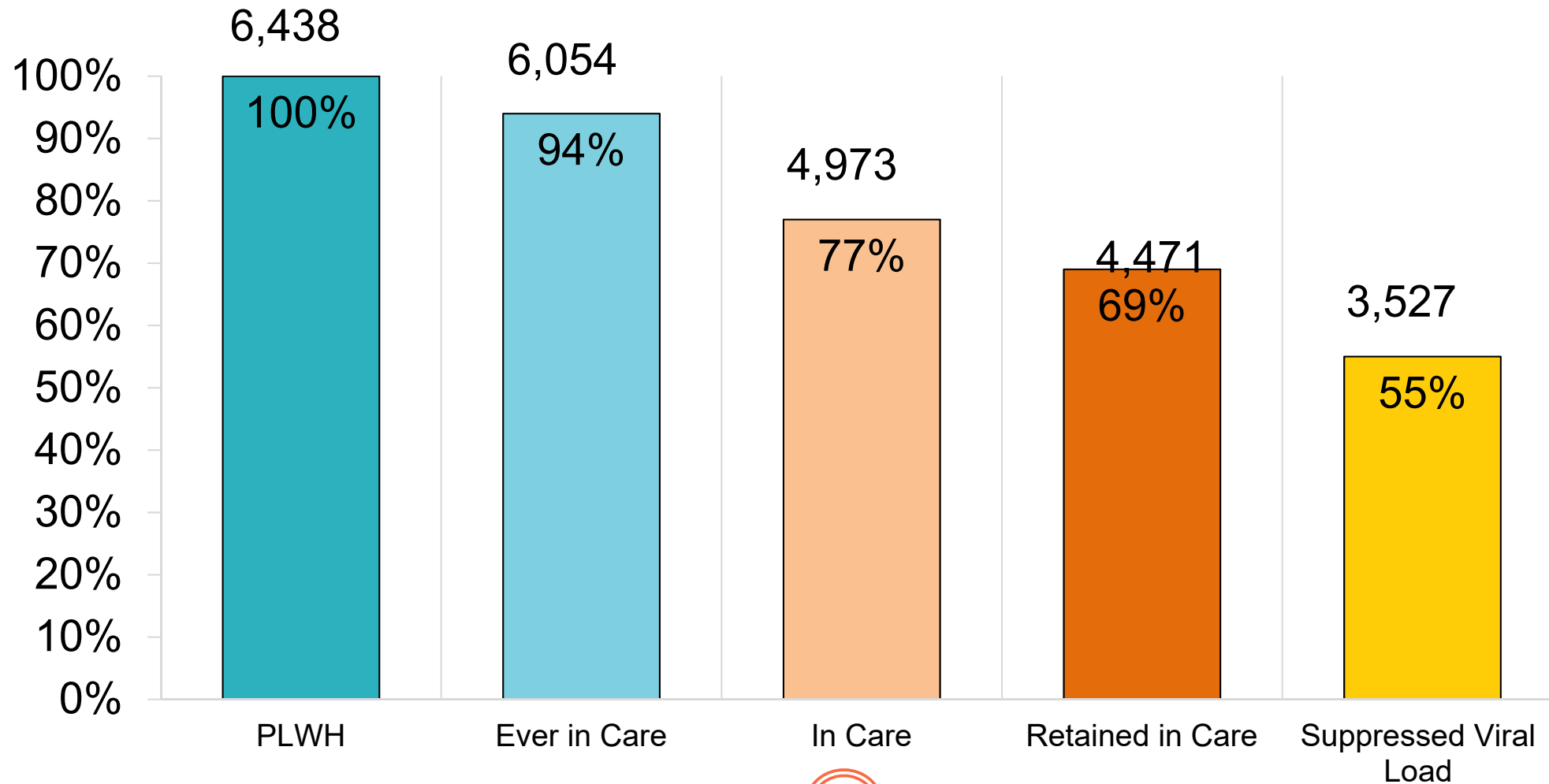
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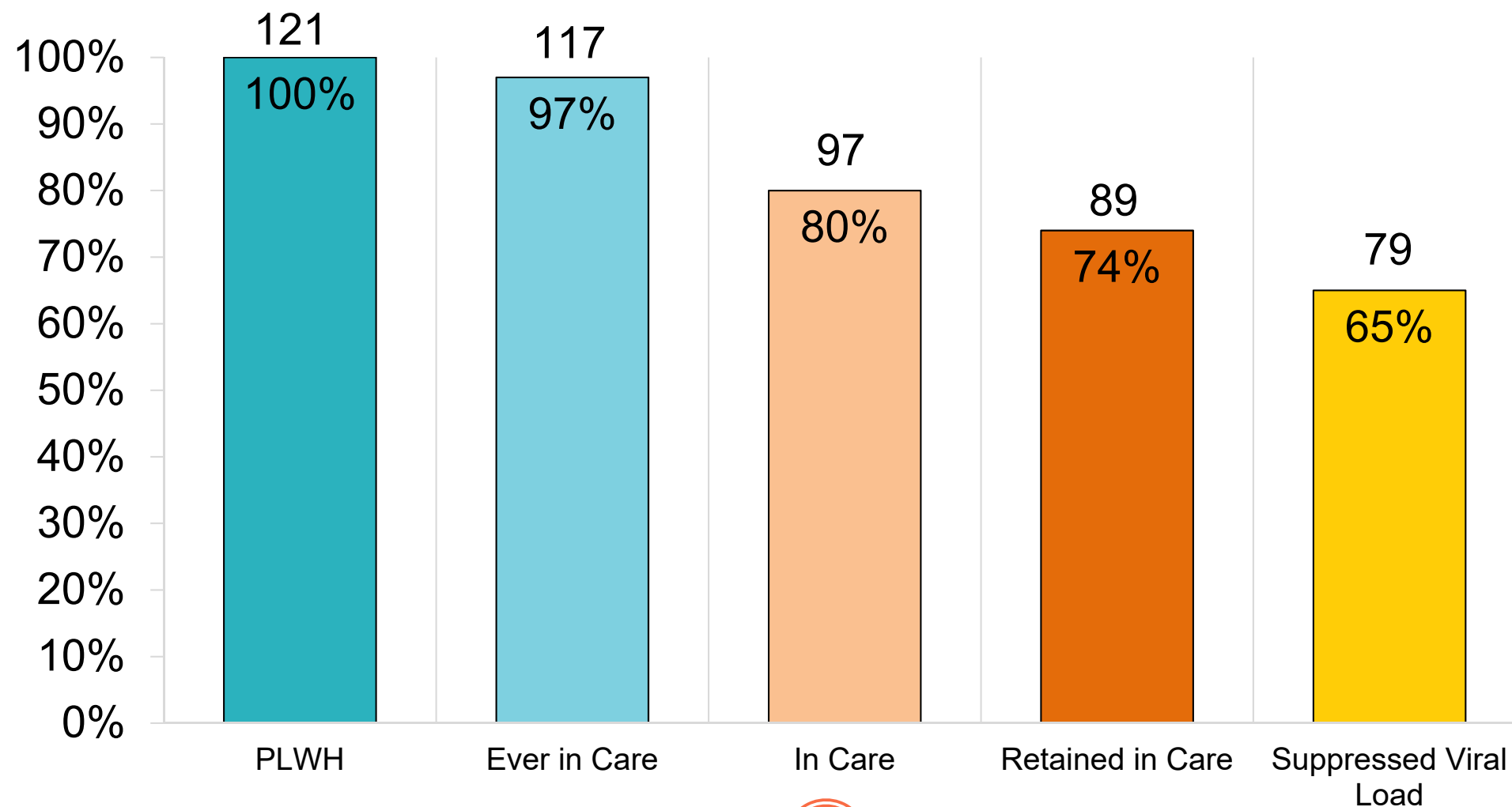
Persons Living with HIV (PLWH) in Area 4 along the HIV Care Continuum in 2017



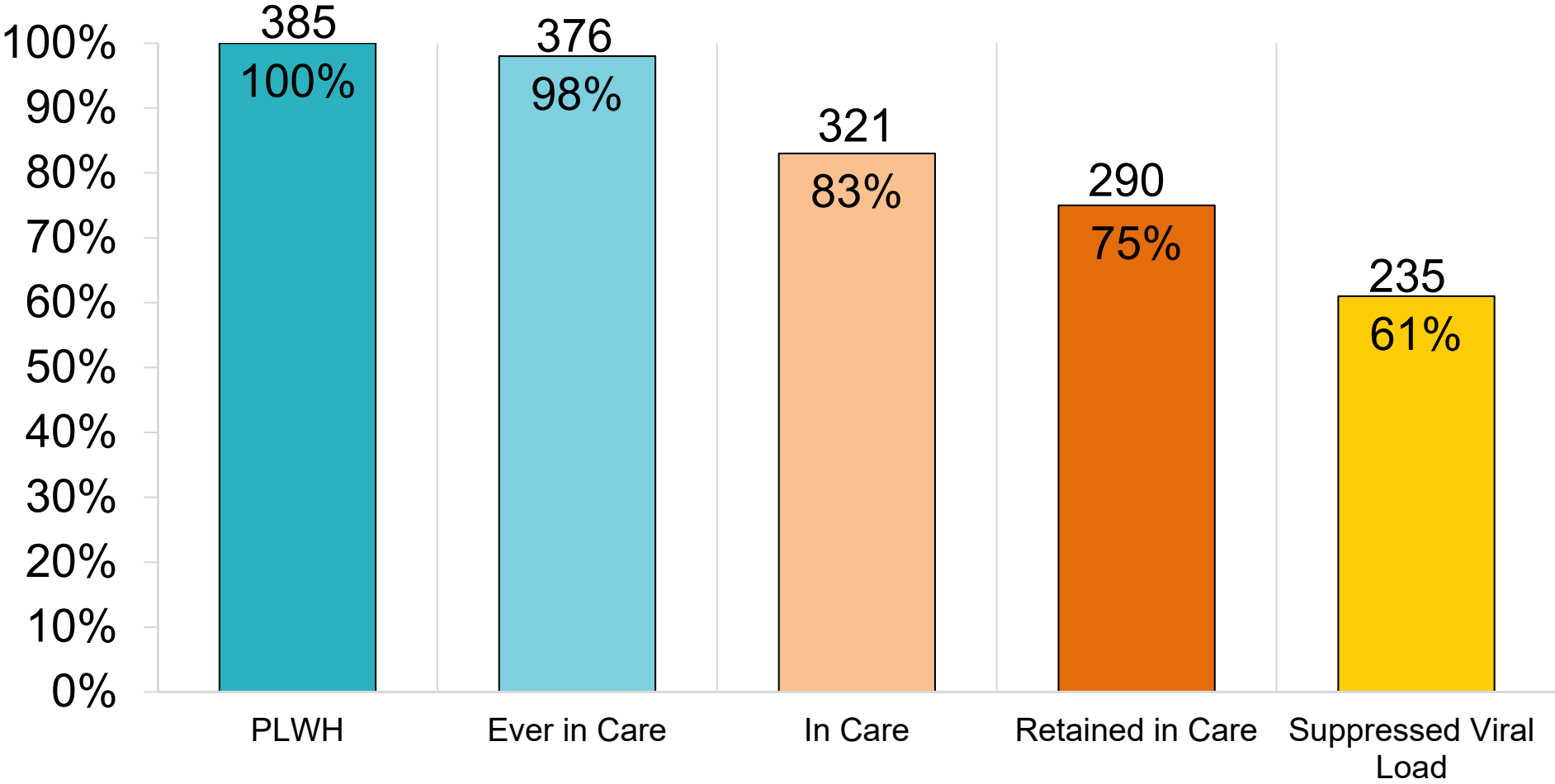
Persons Living with HIV (PLWH) in Duval County along the HIV Care Continuum in 2017



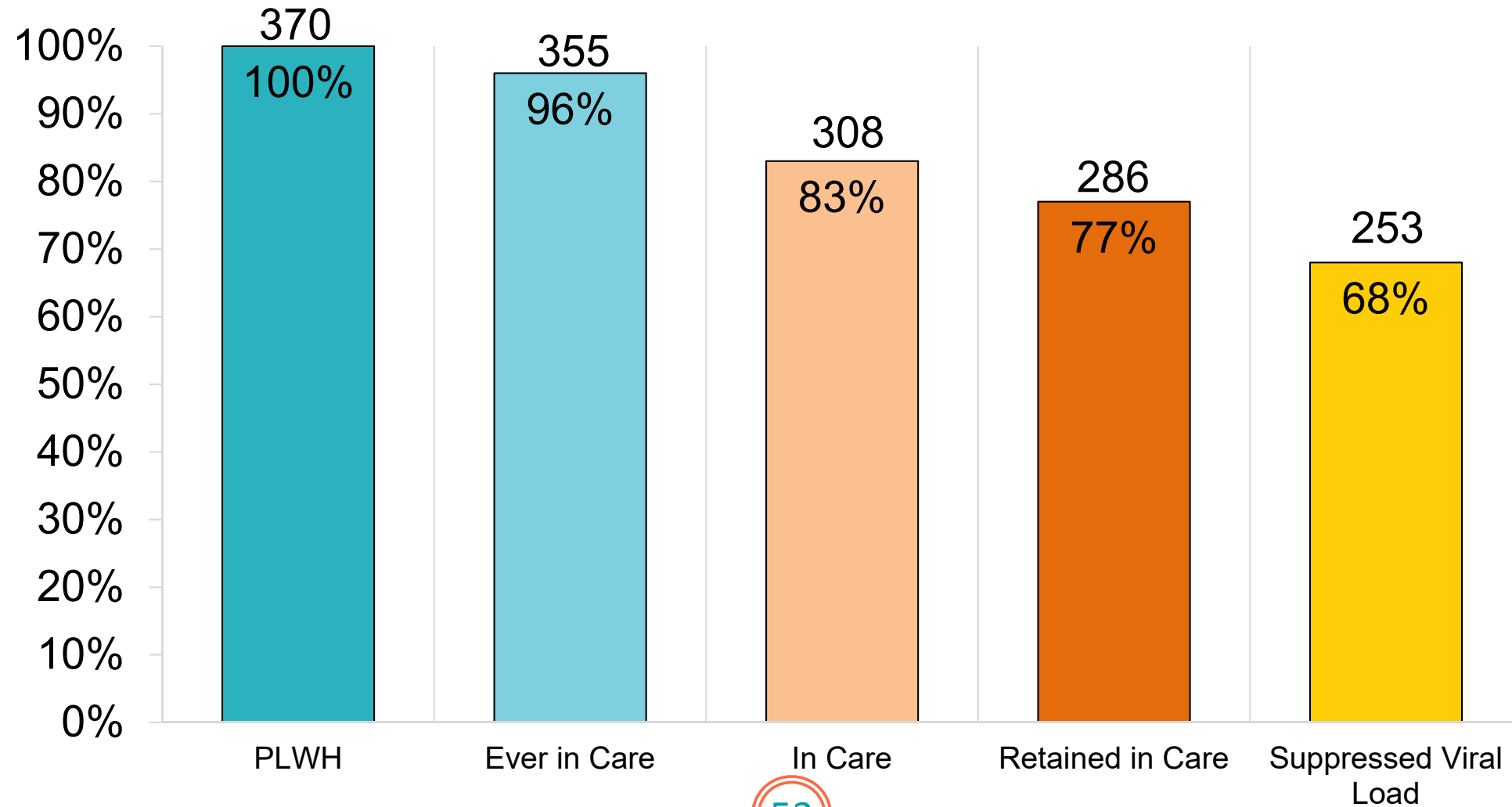
Persons Living with HIV (PLWH) in Baker County along the HIV Care Continuum in 2017



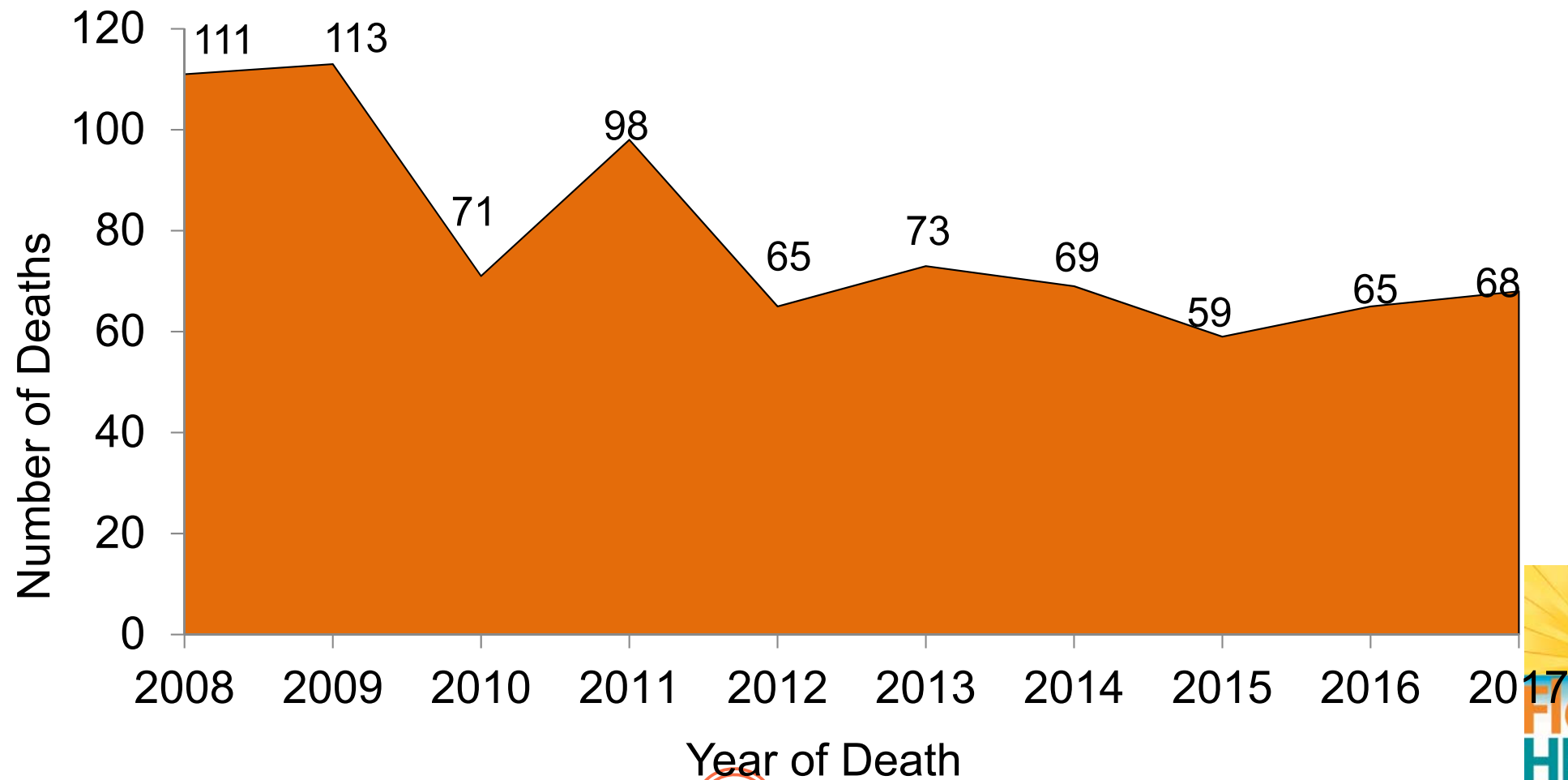
Persons Living with HIV (PLWH) in Clay County along the HIV Care Continuum in 2017



Persons Living with HIV (PLWH) in Nassau County along the HIV Care Continuum in 2017



Resident Deaths Due to HIV by Year of Death, 2008–2017, Area 4



Area 4 AIDS Program Office



Routine

-VS-

Priority



Routine HIV Testing

- Is the usual and customary medical care processes and practices that are followed as a part of an established protocol and policy.
- HIV Routine testing is a CDC recommendation for individuals aged 13 to 64.
- Individuals are screened as a normal part of care.
- An option to decline should be included on a consent form.



Priority HIV Testing

- Priority testing is any screening process that is geared to meet a particular population.
- Individuals identified for priority testing are considered high risk for potential exposure to HIV.
- Priority testing can be done in two primary approaches:
 - Provider initiated testing
 - Patient/Client initiated testing



Questions...

Which test is more important?

A) Routine Testing is more important

B) Priority testing is more important

C) They're both important





Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 10D0645095

Service ID: 1710DD7723_201808071518_1

Patient: [REDACTED]

LIMS Report #: 8544072

[REDACTED]

Special Project: Program Component: 23

[REDACTED]

Submitter: ESCAMBIA CHD
 1205 W FAIRFIELD DR
 Pensacola, FL 32501

Local Patient Id:

Date of Birth: [REDACTED]

Social Security #: [REDACTED]

Gender: Female

Race: White

Sample #: JRH18046948 (7832303)

Date Collected: 08/07/2018

*SAMPLE
 Result #1*

Source: Blood, Venous

Date Received: 08/10/2018

Additional Info:

Date Reported: 08/13/2018

Order ID: 1710007723

State ID: 1778928784

Ordered Testcode: 0500

Onset Date:

Practitioner: PATRICIA HAMMONDS

Fasting:

Pregnant:

Note:

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay	Non-reactive		08/13/2018
HIV 1/2 Antigen/Antibody Combo Interpretation	NEGATIVE		

Note: HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. No laboratory evidence of HIV infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen.





Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 10D0645095

Service ID: 0110128372_201808021605_1
 LIMS Report #: 8040378
 Special Project: Program Component: 02

Patient: [REDACTED]
 [REDACTED]
 [REDACTED]

Submitter: ACHD-BTD (MAIN)
 224 SE 24TH STREET
 Gainesville, FL 32641

Local Patient Id: [REDACTED]
 Date of Birth: [REDACTED]
 Social Security #: [REDACTED] Gender: Female
 Race: Unknown/Unreported

Sample #: JRM18046404 (7822778)
 Source: Blood, Venous
 Additional Info:
 Order ID: 0110128372
 Ordered Testcode: 0500
 Practitioner: KRISTIN NOBLES
 Note:

Date Collected: 08/02/2018
 Date Received: 08/08/2018
 Date Reported: 08/10/2018
 State ID: 0110184385
 Onset Date:
 Fasting: Pregnant:

SAMPLE
 Result # 3

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay HIV 1/2 Antigen/Antibody Combo Interpretation	Non-reactive Negative		08/10/2018
Note: HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. No laboratory evidence of HIV infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen.			
0510 HIV 1/2 Supplemental Assay HIV-1 Result Hiv 1/2 Supplemental Assay HIV-2 Result HIV 1/2 Differentiation Interpretation	Non-Reactive Non-Reactive HIV 1,2 Negative-NAAT Testing Required		08/10/2018
0530 HIV-1 Qualitative NAAT HIV-1 Qualitative NAAT Interpretation	Cancelled Cancelled		

Note: Cancel Reason for Test: NAAT TESTING IS NOT REQUIRED AS BOTH SCREEN TEST ARE NEGATIVE





Department of Health
Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 16D0645095

Service ID: _____ Patient: _____
 LIMS Report #: 8048810 _____
 Special Project: _____ Program Component: _____
 Submitter: 12-405_Community AIDS Network SNS Local Patient Id: _____
 1231 North Tuttle Avenue Date of Birth: _____
 Sarasota, FL 34237 Social Security #: _____ Gender: Male
 Race: _____

Sample #: JRH18047044 (7838775) Date Collected: 08/08/2018
 Source: Blood, Venous Date Received: 08/10/2018
 Additional info: Date Reported: 08/14/2018
 Order ID: 0502488557 State ID: _____
 Ordered Testcode: 0500 Onset Date: _____
 Practitioner: DR Tanya S Schreiman, MD Fasting: _____ Pregnant: _____
 Note: _____

SAMPLE
 Result # 3

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay	Reactive		08/14/2018
HIV 1/2 Antigen/Antibody Combo Interpretation	REACTIVE		
0510 HIV 1/2 Supplemental Assay HIV-1 Result	Reactive		08/14/2018
HIV 1/2 Supplemental Assay HIV-2 Result	Non-Reactive		
HIV 1/2 Differentiation Interpretation	HIV-1 Positive, HIV-2 Negative		

Note: This reactive supplemental IA test indicates that the person is positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present.
 If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen. Report all positive results to the county health department.





Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 10D0845093

Service ID: 2810008709_201805101853_2

Patient: [REDACTED]

LMS Report #: 7882911

Special Project: Program Component: 02

Submitter: SEBRING/HIGHLANDS
 7205 S GEORGE BLVD
 Sebring, FL 33875

Local Patient Id: [REDACTED]
 Date of Birth: [REDACTED]
 Social Security #: [REDACTED] Gender: Male
 Race: Black/African American

Sample #: JRM18026321 (7880875)
 Source: Blood, Venous
 Additional Info:
 Order ID: 2810008709
 Ordered Testcode: 0600
 Practitioner: JAMES FOLKNER, ARNP
 Note:

Date Collected: 05/10/2018
 Date Received: 05/14/2018
 Date Reported: 05/17/2018
 State ID: 2833498224
 Onset Date:
 Fasting: Pregnant:

SAMPLE
 RESULT #4

Test	Result	Reference Range	Date Approved
0600 HIV 1/2 Antigen/Antibody Combo Immunoassay	Reactive	HIV-1 Acute Infection	05/17/2018
0510 HIV 1/2 Supplemental Assay HIV-1 Result	Non-Reactive		05/17/2018
HIV 1/2 Supplemental Assay HIV-2 Result	Non-Reactive		
HIV 1/2 Differentiation Interpretation	HIV 1,2 Negative-NAAT Testing Required		
0530 HIV-1 Qualitative NAAT	Reactive		05/17/2018
HIV-1 Qualitative NAAT Interpretation	Positive		

Note: A reactive NAAT indicates detection of HIV-1 RNA. Laboratory evidence of HIV-1 infection is consistent with an acute or early HIV-1 infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen. Report all positive results to the county health department.





Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 10D0646086

Service ID: 0602932883_20180713104941

Patient: [REDACTED]

LIMS Report #: 8002432

[REDACTED]

Special Project: Program Component:

[REDACTED]

Submitter: 12-112_The Center / GLBTCC
 946 North Mills Avenue
 Orlando, FL 32803

Local Patient ID: [REDACTED]

Date of Birth: [REDACTED]

Social Security #: [REDACTED]

Gender: Male

Race: Other

Sample #: JRH18040707 (7789985)

Date Collected:

SAMPLE

Source: Blood

Date Received: 07/13/2018

Result # 5

Additional Info:

Date Reported: 07/20/2018

Order ID: 0602932883

State ID:

Practitioner: DR Edwin DeJesus, MD

Fasting:

Pregnant:

Note:

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay	Reactive	HIV-1 Acute Infection	07/20/2018
0510 HIV 1/2 Supplemental Assay HIV-1 Result	Indeterminate		07/20/2018
HIV 1/2 Supplemental Assay HIV-2 Result	Non-Reactive		
HIV 1/2 Differentiation Interpretation	HIV-1 Indeterminate, HIV Negative-NAAT Testing Required		
0530 HIV-1 Qualitative NAAT	Reactive		07/20/2018
HIV-1 Qualitative NAAT Interpretation	Positive		

Note: A reactive NAAT indicates detection of HIV-1 RNA. Laboratory evidence of HIV-1 infection is consistent with an acute or early HIV-1 infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen. Report all positive results to the county health department.



Area 4 AIDS Program Office

1 in 7
people with
HIV
don't know
THEY
have it.



Get the facts. Get tested. Get involved.

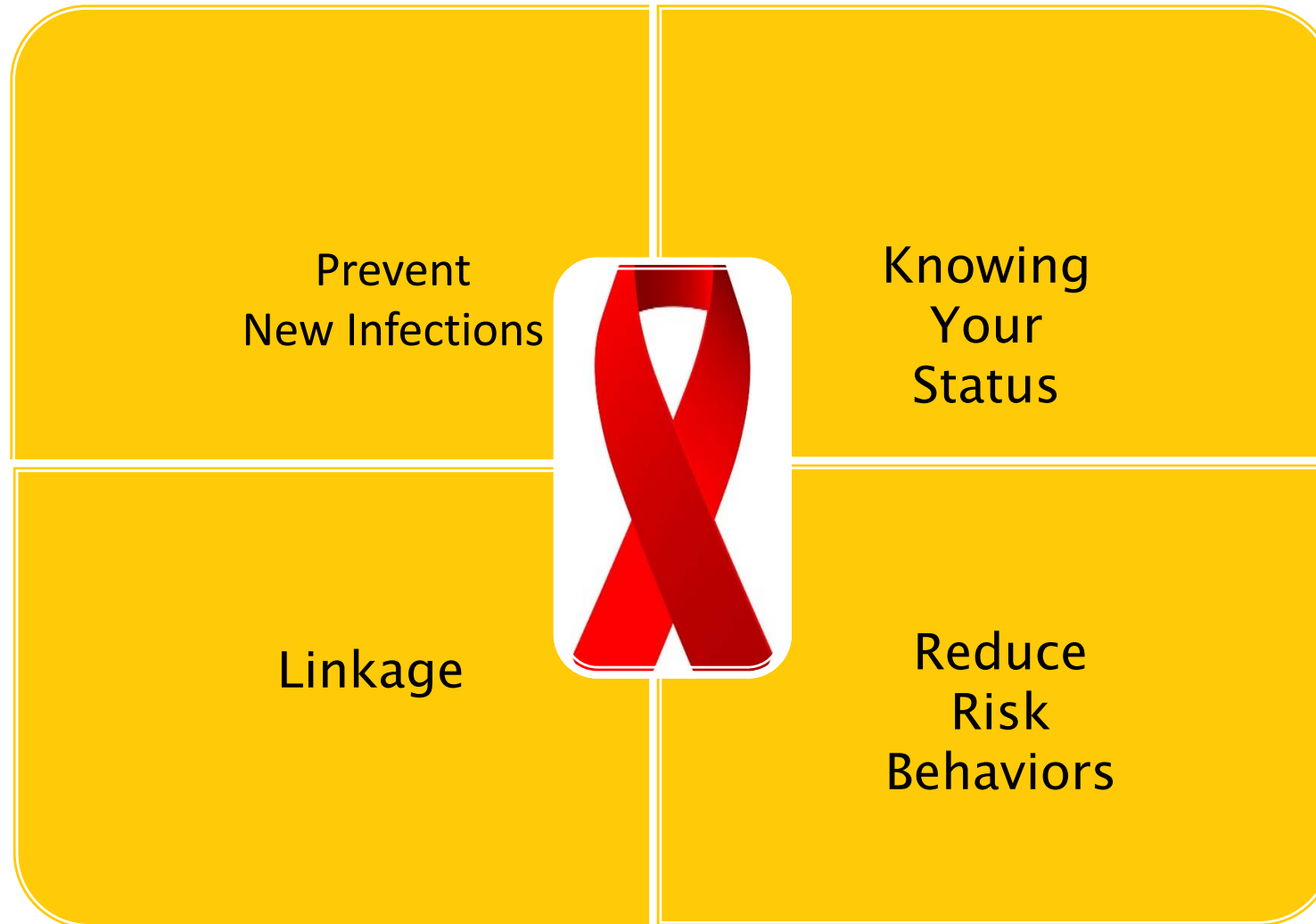
Find out more about HIV, including where to get tested, at gettested.cdc.gov



**ALL
TESTING
IS
IMPORTANT!!!**



Florida's Goals



Florida's Goals

- To Reduce the number of new HIV infections.
- To Increase the proportion of HIV-infected persons who know their status.
- To Link HIV-infected persons to care and support services.
- To Reduce Risk Behaviors that may lead to HIV/STD infection.



High Impact Prevention (HIP)

Florida's high-impact prevention (HIP) program is multi-faceted and includes:

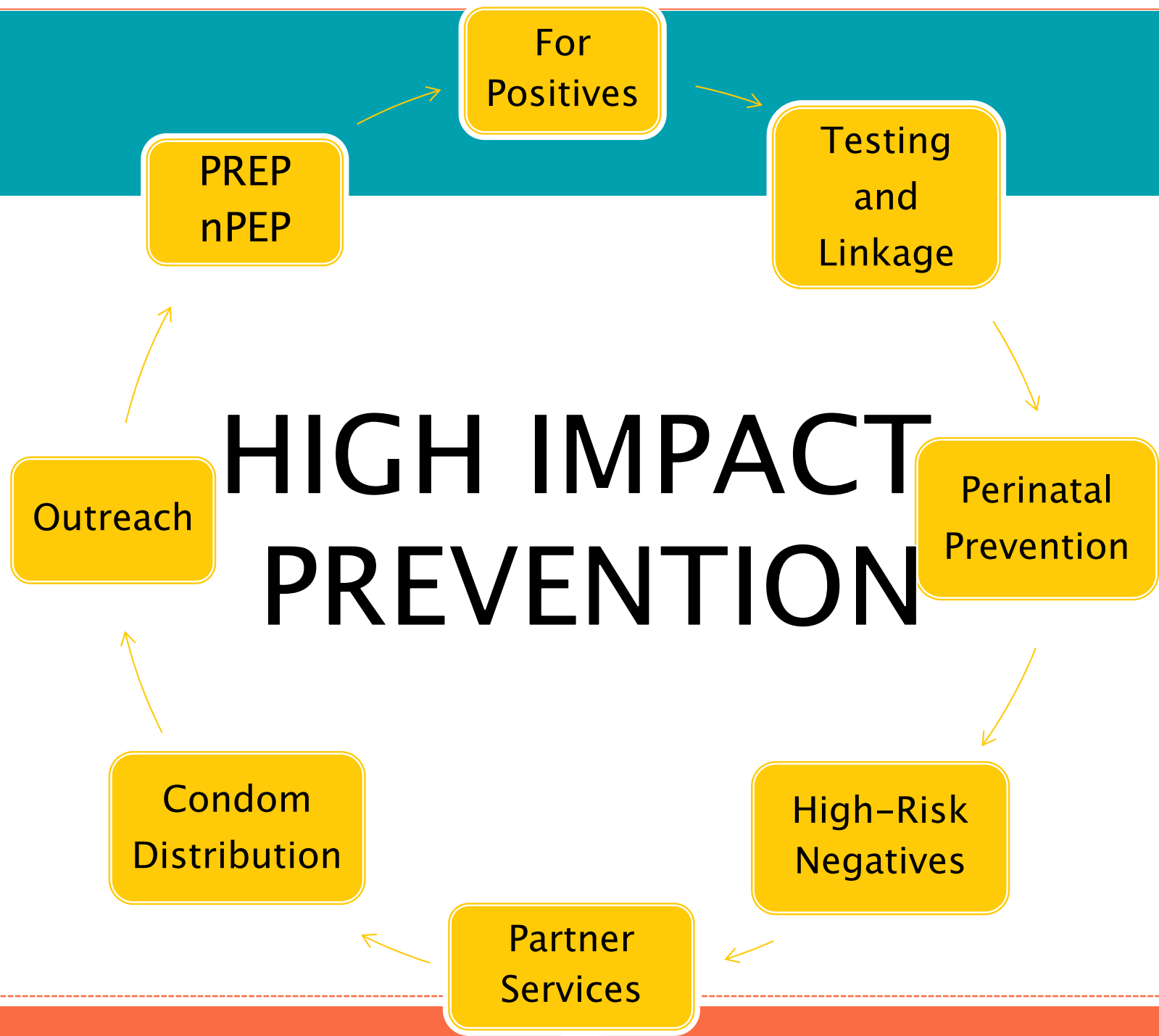
- HIV testing and linkage
- Comprehensive Prevention with Positives
- Retention and Re-engagement in care
- Partner Services
- Condom Distribution
- Outreach (traditional and Internet-based)
- Policy Initiatives
- Corrections initiatives within jails and prisons



High Impact Prevention (HIP)

- Perinatal Prevention Efforts
- Integrated HIV planning
- Prevention for High-Risk Negatives
- Social Marketing
- Media and Mobilization
- Faith and Business Partnerships/Initiatives
- Pre-Exposure Prophylaxis (PrEP)
- Non-occupational Post-Exposure Prophylaxis (nPEP).





Did you know...?

According to the CDC, it is estimated that 12.8% or roughly **one in Seven** people living in the United States, is unaware of their status.



Florida, Getting to Zero

There are many things Floridians and visitors can do to help in this effort.

- Educate yourself.
- Talk about HIV where you live, work, play and worship.
- Get tested.
- Encourage others to do the same.

It is vitally important that we all join together to end the spread of this preventable disease.



Why we do what we do?

- ❑ At this current rate, the CDC projects that **one in 64 men** and **one in 227 women** in the United States will be diagnosed with HIV.
- ❑ The risk of HIV will **dramatically increase** for Black and Hispanic population.
- ❑ Regardless of sexual orientation, **one in 20 black men** and **one in 48 black women** will be diagnosed with HIV in their lifetime according to the CDC.
- ❑ For Hispanic men and women the risks are **one in 48** and **one in 227** respectively.



South Florida

In South Florida, an already high prevalence of HIV has combined with low awareness of the virus and social stigma - thus producing the HIGHEST RATE of new infections in the United States.

This is driven largely by new infections among young Hispanic men.



Questions?

Rod L. Brown, MA
Early Intervention Consultant
Florida Department Health in Duval county
Area 4 AIDS Program Office
Comprehensive Care Center
904-253-2899

