

Area 4 AIDS Surveillance Report

Duval, St. Johns, Clay, Nassau, & Baker Counties



FEBRUARY, 2008

Volume:	XXI
Number:	II

Sex	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
Male	81,774	75%	4,105	72%	241	72%	169	77%	64	67%	30	71%
Female	27,590	25%	1,596	28%	93	28%	51	23%	31	33%	12	29%
Race	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
White	37,056	34%	1,929	34%	166	50%	141	64%	47	49%	18	43%
Black	53,526	49%	3,544	62%	153	46%	53	24%	43	45%	23	55%
Hispanic	17,585	16%	157	3%	11	3%	19	9%	*		*	
Other	1,197	1%	71	1%	4	1%	7	3%	3	3%	*	
Unknown	0	0%	0	0%	*		0	0%	0	0%		0%
Age	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
0-12	1,523	1%	69	1%	3	1%	*		*		*	
13-19	865	1%	63	1%	4	1%	*		*		*	
20-29	16,697	15%	1,093	19%	54	16%	38	17%	13	14%	4	10%
30-39	42,973	39%	2,220	39%	116	35%	104	47%	52	55%	20	48%
40-49	30,513	28%	1,527	27%	104	31%	53	24%	18	19%	9	21%
50-59	11,692	11%	535	9%	38	11%	17	8%	8	8%	4	10%
60+	5,101	5%	194	3%	15	4%	5	2%	3	3%	*	
Adult Exposure	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
Sex (MSM)	43,110	39%	2,316	41%	107	32%	103	47%	32	34%	14	33%
IV Drug (IDU)	16,932	15%	1,039	18%	66	20%	21	10%	13	14%	7	17%
IV Drug/MSM	5,389	5%	399	7%	20	6%	19	9%	7	7%	3	7%
Hemo./Transf.	1,181	1%	63	1%	4	1%	*		*		*	
Heterosexual	27,520	25%	1,599	28%	106	32%	56	25%	38	40%	15	36%
No Identified Risk	13,709	13%	216	4%	28	8%	18	8%	4	4%	0	0%
Ped. Exposure												
Hemo./Transf.	44	3%	5	7%	0	0%	*				*	
Parent @ Risk	1,466	96%	64	93%	3	100%	*				*	
No Identified Risk	13	1%	0	0%	0	0%	*				*	
Totals	Florida	Duval	St. Johns	Clay	Nassau	Baker						
Cases	109,364	5,701	334	220	95	42						
Deaths	60,288	3,022	164	116	55	18						

"*" Denotes less than 3.
 Area 4 county Stats are current thru: 3/3/2008
 For National Figures go to: www.cdc.gov/hiv/stats.htm
 Area 4 Department of Corrections cases have been excluded.
 Florida Stats are current thru: 12/31/2007

Florida Law (s.384.25, F.S.) requires cases of AIDS to be reported by anyone who diagnoses or treats a person with AIDS. A person who tests positive for Human Immunodeficiency Virus (HIV) on or after July 1, 1997 is also reportable.
Note: There is a \$500 fine per case for failure to report.

Confidentiality is strictly enforced & guaranteed. Please comply with all information security and mailing protocols. Submit your HIV/AIDS case reports(s) in an envelope marked "CONFIDENTIAL" to any of the following personnel:

Name	Title	Phone #
David Carmon	Sr. Surveillance Manager	253-2988
Willie Carson	Health Consultant	253-2990
Patricia Jenkins	Data Processing Control Specialist	253-2992

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

HIV/AIDS Surveillance Office
5917 105th Street, Jacksonville, FL 32244

Area 4 HIV Surveillance Report

Duval, St. Johns, Clay, Nassau, & Baker Counties



FEBRUARY, 2008

Volume:	XI											
Number:	II											
Sex	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
Male	26,927	66%	1,218	58%	56	57%	66	78%	26	60%	12	60%
Female	13,715	34%	874	42%	43	43%	19	22%	17	40%	8	40%
Race	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
White	11,796	29%	496	24%	52	53%	51	60%	30	70%	9	45%
Black	20,545	51%	1,485	71%	40	40%	28	33%	12	28%	10	50%
Hispanic	7,720	19%	72	3%	7	7%	4	5%	*		*	
Other	581	1%	39	2%	*		0	0%	*		*	
Unknown	0	0%	0	0%	*		*		*		*	
Age	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
0-12	546	1%	30	1%	4	4%	3	4%	*		*	
13-19	1,642	4%	116	6%	5	5%	8	9%	4	9%	*	
20-29	9,633	24%	625	30%	21	21%	19	22%	8	19%	8	40%
30-39	13,679	34%	650	31%	24	24%	31	36%	14	33%	6	30%
40-49	10,067	25%	477	23%	32	32%	17	20%	8	19%	4	20%
50-59	3,691	9%	152	7%	11	11%	5	6%	6	14%	*	
60+	1,384	3%	42	2%	*		*		3	7%	*	
Adult Exposure	Florida	%	Duval	%	St. Johns	%	Clay	%	Nassau	%	Baker	%
Sex (MSM)	14,307	35%	690	33%	33	33%	40	47%	20	47%	8	40%
IV Drug (IDU)	3,177	8%	221	11%	15	15%	8	9%	*		*	
IV Drug/MSM	1,003	2%	56	3%	*		*		*		*	
Hemo./Transf.	34	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Heterosexual	12,751	31%	991	47%	37	37%	25	29%	18	42%	9	45%
No Identified Risk	8,824	22%	103	5%	8	8%	7	8%	1	2%	0	0%
Ped. Exposure												
Hemo./Transf.	3	1%	0	0%	0			0%				
Parent @ Risk	532	97%	30	100%	4	100%	3	100%				
No Identified Risk	11	2%	0	0%	0			0%				
Totals	Florida		Duval		St. Johns		Clay		Nassau		Baker	
Cases	40,642		2,092		99		85		43		20	
Deaths	2,112		86		6		2		3		0	

"*" Denotes less than 3. Area 4 Department of Corrections cases have been excluded.
 Area 4 county Stats are current thru: 3/3/2008 Florida Stats are current thru: 12/31/2007
 For National Figures go to: www.cdc.gov/hiv/stats.htm

Florida Law (s.384.25, F.S.) requires cases of AIDS to be reported by anyone who diagnoses or treats a person with AIDS. A person who tests positive for Human Immunodeficiency Virus (HIV) on or after July 1, 1997 is also reportable.
Note: There is a \$500 fine per case for failure to report.

Confidentiality is strictly enforced & guaranteed. Please comply with all information security and mailing protocols. Submit your HIV/AIDS case reports(s) in an envelope marked "CONFIDENTIAL" to any of the following personnel:

Name	Title	Phone #
David Carmon	Sr. Surveillance Manager	253-2988
Willie Carson	Health Consultant	253-2990
Patricia Jenkins	Data Processing Control Specialist	253-2992

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

HIV/AIDS Surveillance Office
5917 105th Street, Jacksonville, FL 32244

HIV/AIDS among Persons Aged 50 and Older

CDC HIV/AIDS FACTS

FEBRUARY 2008

The number of persons aged 50 years and older living with HIV/AIDS has been increasing in recent years. This increase is partly due to highly active antiretroviral therapy (HAART), which has made it possible for many HIV-infected persons to live longer, and partly due to newly diagnosed infections in persons over the age of 50. As the US population continues to age, it is important to be aware of specific challenges faced by older Americans and to ensure that they get information and services to help protect them from infection.

THE NUMBERS

In 2005, persons aged 50 and over accounted for

- 15% of new HIV/AIDS diagnoses [1]*
- 24% of persons living with HIV/AIDS (increased from 17% in 2001)[1]*
- 19% of all AIDS diagnoses [1]
- 29% of persons living with AIDS [1]
- 35% of all deaths of persons with AIDS [1].

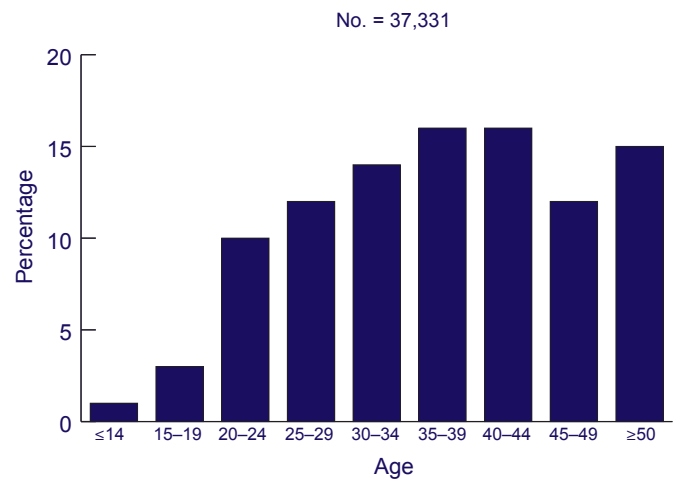
The rates of HIV/AIDS among persons 50 and older were 12 times as high among blacks (51.7/100,000) and 5 times as high among Hispanics (21.4/100,000) compared with whites (4.2/100,000) [2].

PREVENTION CHALLENGES

Persons over the age of 50 may have many of the same risk factors for HIV infection that younger persons have.

* Based on data from 33 states with long-term, confidential name-based HIV reporting.

Estimated Numbers of Cases of HIV/AIDS, by Age—2005



Based on data from 33 states with long-term, confidential name-based HIV reporting.

- Many older persons are sexually active but may not be practicing safer sex to reduce their risk for HIV infection [3]. Older women may be especially at risk because age-related vaginal thinning and dryness can cause tears in the vaginal area [4].
- Some older persons inject drugs or smoke crack cocaine, which can put them at risk for HIV infection. HIV transmission through injection drug use accounts for more than 16% of AIDS cases among persons aged 50 and older [5].
- Some older persons, compared with those who are younger, may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves. Many do not perceive themselves as at risk for HIV, do not use condoms, and do not get tested for HIV [6, 7].
- Older persons of minority races/ethnicities may face discrimination and stigma that can lead to later testing, diagnosis, and reluctance to seek services [8].



1-800-CDC-INFO (232-4636)
In English, en Español
24 Hours/Day
cdcinfo@cdc.gov
<http://www.cdc.gov/hiv>



REFERENCES

1. CDC. HIV/AIDS Surveillance Report, 2005. Vol. 17. Rev ed. Atlanta: US DHHS, CDC; 2007:1–54.
2. Linley L et al. HIV/AIDS diagnoses among persons fifty years and older in 33 states, 2001–2005. National HIV Prevention Conference; December 2007; Atlanta. Abstract B08-1.
3. Lindau ST et al. A study of sexuality and health among older adults in the United States. *N Engl J Med* 2007;357:762–74.
4. Center for AIDS Prevention Studies. What are HIV prevention needs of adults over 50 [fact sheet 29E]? September 1997.
5. Linsk NL. HIV among older adults. *AIDS Reader* 2000;10(7):430–40.
6. Lindau ST et al. Older women's attitudes, behavior, and communication about sex and HIV: a community-based study. *J Womens Health* 2006;6:747–53.
7. Henderson SJ et al. Older women and HIV: how much do they know and where are they getting their information? *J Am Geriatr Soc* 2004;52:1549–53.
8. Zingmond DS et al. Circumstances at HIV diagnosis and progression of disease in older HIV-infected Americans. *Am J Public Health* 2001;91:1117–20.
9. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR* 2006;55(RR-14):1–17.



HIV/AIDS RESOURCES

CDC HIV/AIDS

<http://www.cdc.gov/hiv>
CDC HIV/AIDS resources

CDC-INFO

1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources

<http://www.hivtest.org>
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)

1-800-458-5231
<http://www.cdcpin.org>
CDC resources, technical assistance, and publications

AIDSinfo

1-800-448-0440
<http://www.aidsinfo.nih.gov>
Resources on HIV/AIDS treatment and clinical trials

- Health care professionals may underestimate their older patients' risk for HIV/AIDS and thus may miss opportunities to deliver prevention messages, offer HIV testing, or make an early diagnosis that could help their patients get early care [3].
- Physicians may miss a diagnosis of AIDS because some symptoms can mimic those of normal aging, for example, fatigue, weight loss, and mental confusion. Early diagnosis, which typically leads to the prescription of HAART and to other medical and social services, can improve a person's chances of living a longer and healthier life.
- The stigma of HIV/AIDS may be more severe among older persons, leading them to hide their diagnosis from family and friends. Failure to disclose HIV infection may limit or preclude potential emotional and practical support.

WHAT CDC IS DOING

CDC recommends routine HIV screening for adults and adolescents, including pregnant women, in health care settings in the United States and recommends reducing barriers to HIV testing [9]. The recommendations specify routine testing for persons up to age 64. (Persons aged 64 and over should be counseled to receive HIV testing if they have risk factors for HIV infection.) Routine testing is intended not only to identify persons who are unaware that they are HIV infected but also to remove the stigma of being tested. Making testing routine for older persons can help open a discussion about risk behavior between a physician and an older person.

Prevention strategies should be developed for older persons who are potentially at risk for HIV infection: education to increase awareness and knowledge, skills training to help them negotiate risk-reduction behaviors, and messages that are age-appropriate and culturally sensitive. Intervention strategies to help older women negotiate safer sexual behavior are especially important.

A recent review of HIV/AIDS behavioral interventions for persons 50 and older recommended simultaneous multilevel approaches, including building on our current understanding of behavior change and HIV prevention successes with younger populations while considering important intervention principles gathered from work with older populations in other health areas.

For more information on HIV/AIDS among persons aged 50 and older, including additional references and links, visit <http://www.cdc.gov/hiv/topics/older>.