# Blacks Living with an HIV Diagnosis in Florida, 2017

**53,333**

out of 116,944 (46%) persons living with an HIV diagnosis in Florida in 2017 were Black

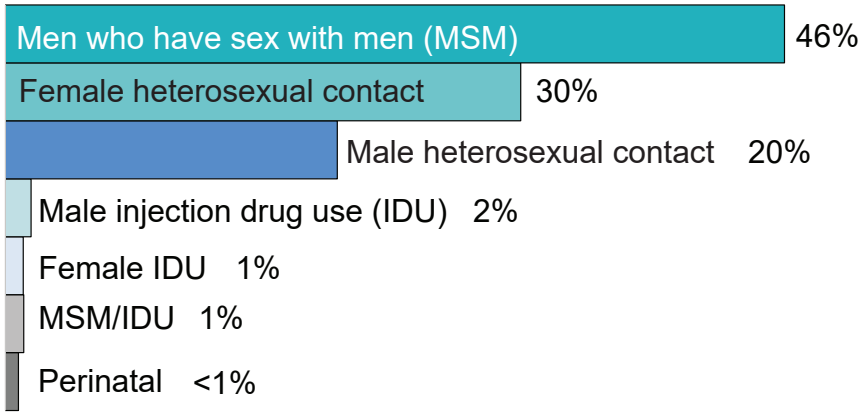
**2,055**

out of 4,949 (42%) persons who received an **HIV** diagnosis in Florida in 2017 were Black

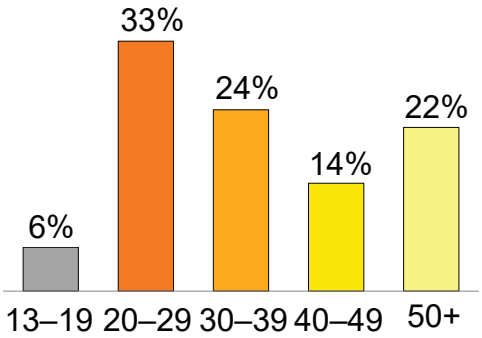
**1,015**

out of 2,044 (50%) persons who received an **AIDS** diagnosis in Florida in 2017 were Black

## Blacks who received an HIV diagnosis in 2017 by mode of HIV exposure

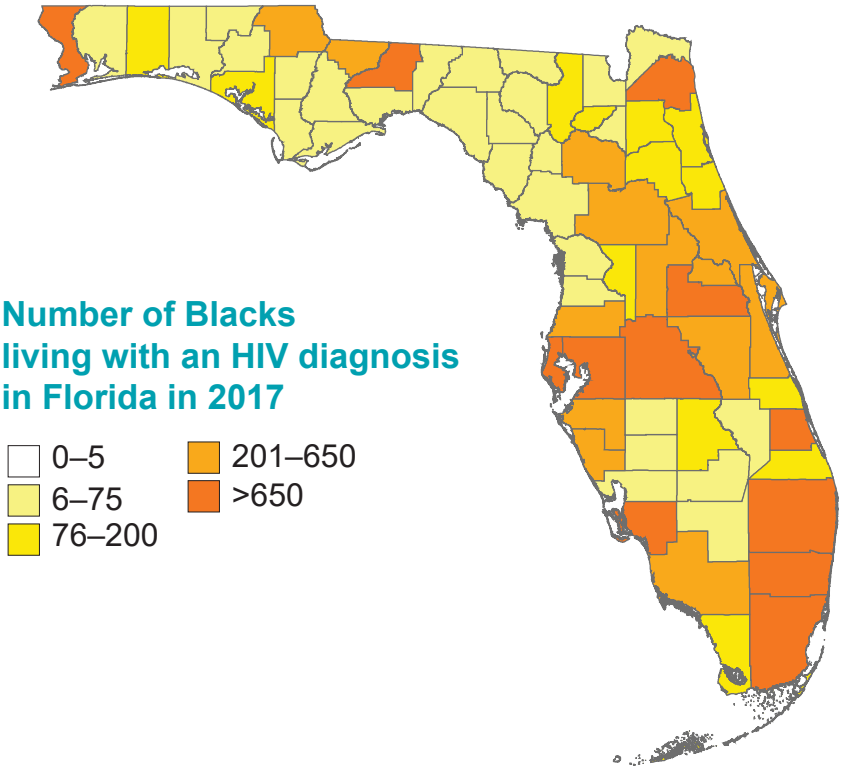



## The highest proportion of Blacks who received an HIV diagnosis in 2017 were age 20–29

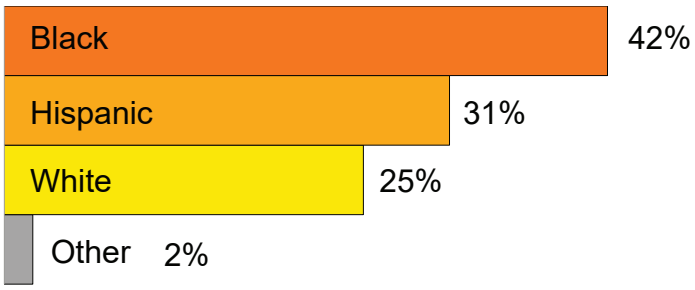



Ages under 13 (n=12) not shown as they represent <1% of diagnoses

## Number of Blacks living with an HIV diagnosis in Florida in 2017

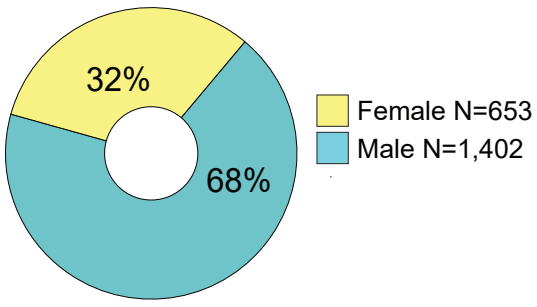



## Blacks represented the highest proportion of persons who received an HIV diagnosis in 2017



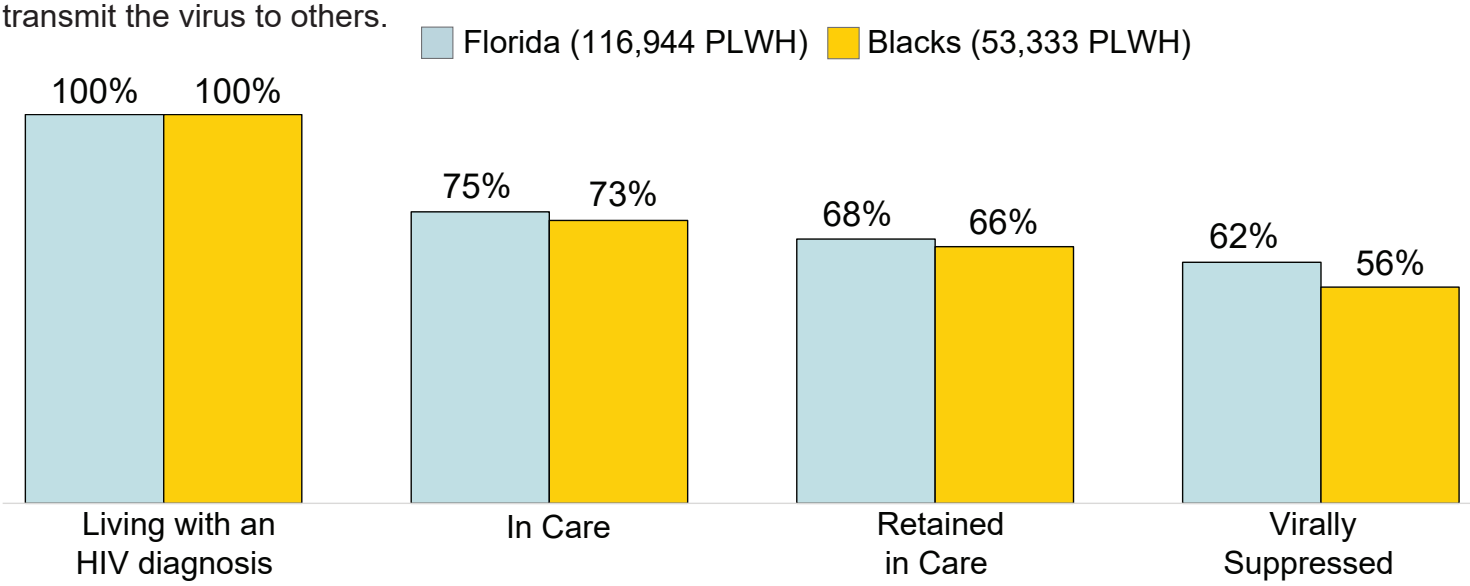

Unless otherwise noted, Whites and Blacks are non-Hispanic. "Other" includes Asian/Pacific Islanders, American Indians/Native Alaskans and mixed races

## Black males were more likely to receive an HIV diagnosis than Black females in 2017



## HIV Care Continuum for Blacks living with an HIV diagnosis in Florida in 2017

The HIV Care Continuum reflects the series of steps a person living with an HIV diagnosis (PLWH) takes from initial diagnosis to being retained in care and achieving a very low level of HIV in the body (viral suppression). A PLWH with a suppressed viral load (<200 copies/mL) is highly unlikely[1] to transmit the virus to others.




**In Care:** Documented care ≥1 time in 2017. **Retained in Care:** Documented care ≥2 times, ≥3 months apart in 2017.

[1]Centers for Disease Control and Prevention (CDC). (2018). https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf

### 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 at least **annually**. Per Florida law, all pregnant women are to be tested for HIV and other sexually transmitted infections (STIs) at their initial prenatal care visit, again at 28–32 weeks and at labor and delivery if HIV status is unknown.

**www.knowyourhivstatus.com**

### Pre-Exposure Prophylaxis (PrEP)

For persons at increased risk for HIV, a pill (Truvada®) once daily, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk.

To find a PrEP provider visit:

**www.preplocator.org**

### Antiretroviral Therapy (ART)

For persons living with HIV, starting ART with a provider as soon as possible improves health outcomes by reducing the risk of disease progression and reducing HIV viral load. Persons living with HIV who take ART as prescribed and achieve and sustain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners. ART is recommended for all persons living with HIV, regardless of how long they've had the virus or how healthy they are. To find a care provider or to learn more about the resources available to persons living with HIV visit: **www.floridaaids.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**

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**Data Sources:**
For national data, go to: www.cdc.gov/hiv/library/factsheets/index.html or www.kff.org/hivaids/
Florida data from: FL Department of Health, Bureau of Communicable Diseases, HIV/AIDS Section
For more Florida data, go to www.floridaaids.org/ or www.flhealthcharts.com/