HIV FAQ 4.29.16

Q: Why did the Department of Health manipulate HIV/AIDS numbers to make the problem not seem as bad? Why are you falsifying numbers?

A: The department did not manipulate or falsify any numbers. There are several data sets associated with HIV/AIDS nationally. We are constantly compiling data regarding HIV/AIDS from different sources – mainly Electronic Lab Reports.

In looking at data regarding new cases of HIV, there are two important data sets—one that reflects individuals in Florida who have received care and treatment for HIV and one that reflects new HIV diagnosis. To ensure an accurate count of new diagnosis for each state, each month the department reports data to the CDC. Twice a year, the CDC sends Routine Interstate Duplicate Review (RIDR) reports to all states identifying potential duplicate cases. Each state works together to determine where the individual was first diagnosed with HIV. That number becomes the state's diagnosis number. Each state also has another – larger number – that represents the number of new people who received care for HIV/AIDS in Florida in the year – but who was not originally diagnosed in Florida.

Q: Why did the Florida Department of Health have a drop of over 2,000 HIV cases?

A: Florida did not drop 2,000 cases. Following national CDC protocols, the data must be de-duplicated between states. At the end of 2014, there were 6,147 new HIV cases ***reported*** in Florida. All states are required to undergo this process to ensure the national data set does not contain cases reported in more than one state.

This process is known as the CDC's Routine Interstate Duplicate Review (RIDR) and is overseen by CDC assigned staff. CDC recently changed their processes nationwide, expanding the criteria for identifying potential duplicate cases. This resulted in much larger lists being sent to states for 2014. Following CDC's newly expanded deduplication process, the total number of new HIV Infection cases *reported* to Florida as of 12/30/2015 was 4,613, (a decrease of 1,534 cases (24 percent) of the number of cases originally *reported.* It is important to note that this is a living dataset and the numbers of cases will change as new information becomes available. Also, these numbers are not finalized until June 30, 2016.

RIDR Lists 2013-2014

Date Sent	Case Dates	Number Sent
Jan-13	through 6/30/12	1328
Jul-13	through 12/31/12	1477
Jan-14	SKIPPED*	SKIPPED*
Aug-14	through 6/30/13	1944
Jan-15	through 12/31/14	7374
Aug-15	through 6/30/15	3067

HIV Infections Reported in Florida from 2012 to 2014, Table 9 Monthly Surveillance Reports Year of HIV Report as of January Monthly Surveillance Report (MSR)								
2012			2013			2014		
as of 2013 MSR	as of 2014 MSR		as of 2014 MSR	as of 2015 MSR		as of 2015 MSR	as of 2016 MSR	
#		%	#		%	#		%
5,388	4,532	-15.9%	5,939	5,467	-7.9%	6,147	4,613	-24.9%

Q: Has Florida ever had a 20 percent drop in HIV/AIDS cases? Is this common? If so, why is the original data so wrong?
A: Florida cases dropped 8 percent in 2013 and 16 percent in 2012. As described above, the expanded review process mandated by CDC resulted in more duplicate cases identified in 2014.

The original data were not wrong. Instead, because of more technology in 2014, most laboratories were using electric laboratory reporting as required by law in Florida. All HIV/AIDS tests are reportable to DOH, regardless of the results. The volume of lab results to analyze in any given week is as high as 20,000.

Many of these results are from visitors to our state or new residents that did not contract HIV in Florida. Because the data comes in electronically it is considered a reported case in the database. It is only later during the de-duplication process required by the CDC that these visitor cases are reassigned to the state of original diagnosis.

Q: What happened to the 2,000 cases that were dropped? Are these people just not counted anymore?
A: Reported cases of HIV never disappear. **HIV cases are never dropped.**

Like all states, Florida reports our data to the CDC monthly. CDC maintains the national dataset and routinely audits all data submissions. This is a highly scrutinized process with multiple layers of review.

Cases are moved among states frequently. CDC scours the national dataset to look for cases reported in more than one state. It is not uncommon for a case to be reported by one, two or three different states. The states communicate and the state that recorded the diagnosis first keeps the case.

Within the 2014 data set, there were 1,461 cases identified as first being diagnosed in other states. Even though the other state 'owns' the case, we still keep track of those people if they are living in Florida. It is important to count those patients as we provide care to them even if they did not contract the disease in our state.

Q: What states are counting these 2,000 cases now?
A: The state that has that the first HIV diagnosis date counts the case as part of its year of diagnosis number. The case is still counted as part of Florida's number relating to people with HIV/AIDS living or receiving care in Florida.

Over the past 3 years, 3 percent went to Georgia, 3 percent to California, 2 percent to Texas, 2 percent to Pennsylvania, and the remaining came from other states, including Puerto Rico.

Q: Have other states had such a large drop in cases?
A: The process is the same for all states, and some lose more than others depending on the level of immigration of persons with HIV disease to other states.

Q: How can someone be counted as having HIV/AIDS twice?
A: The intent of RIDR and other HIV/AIDS active surveillance activities is to ensure that all HIV infection cases are only counted once. The state that has the first documented HIV diagnosis date keeps the case in their case count of newly reported cases. Every HIV test, CD4 and viral load is reportable by law. All tests are put into the database. People often test more than once or have clinical monitoring tests done annually. People test in more than one state and must have a confirmed positive test prior to receiving treatment in the state.

Q: So, if someone infected with HIV/AIDS moves to Florida, they are no longer counted in the state where they contracted the disease?
A: No. If they were first diagnosed in that state, that state keeps the case as part of their year of diagnosis count. Florida also tracks that case as someone who is living or visited the state and we will need to ensure they have access to care. They will no longer be listed as being diagnosed in Florida, but they will be part of our larger data set of the number of people living or receiving care for HIV/AIDS in Florida.

Q: How does this number get reported to CDC? Do they "sign off" on the updated number of HIV/AIDS cases in Florida?
A: The CDC's eHARS database is a living dataset and is constantly updated. HIV is unique from other reportable diseases, such as Tuberculosis, in that a person is tracked throughout their life. We send data electronically to CDC every month. CDC uses these data to ensure that any given case is only counted once; and that it is counted in the state with the first HIV diagnosis date. CDC checks and validates the data as it comes in.

The CDC also conducts routine monitoring of Florida's HIV surveillance program through site visits and issues reports and recommendations following each visit. Florida's last CDC site visit was in January 2016 (link to report).

Q: How can the public access this information?
A: DOH publically displays all data associated with HIV/AIDS on our website.

Q: Why shouldn't Floridians compare month to month surveillance numbers to each other? Aren't these data sets apples-to-apples?
A: The monthly surveillance reports are a snapshot in time and because we know they include duplicates – but not necessarily how many – they should not be relied upon for trend analysis of new HIV infections. They do provide us important information on how many people in Florida will need HIV care and treatment. This data is constantly being updated.

Q: Florida seems to have a serious problem with HIV/AIDS, what's being done to treat patients and prevent new cases?
A: Florida has developed one of the nation's most comprehensive programs for HIV/AIDS surveillance, education, prevention, counseling, testing, care and treatment. DOH staff and community partners monitor the disease, prevent HIV transmission, and provide diagnostic, patient care and linkage services for HIV-infected persons. Program collaboration and integration of HIV/AIDS, viral hepatitis, sexually transmitted disease and tuberculosis services at the client level have led to better health outcomes.

Florida's high-impact prevention (HIP) program is multi-faceted and includes HIV testing and linkage; comprehensive prevention with positives; partner services; condom distribution; outreach (traditional and Internet-based) corrections initiatives within jails and prisons; perinatal prevention efforts; community planning; prevention for high-risk negatives; social marketing, media and mobilization; faith and business partnerships/initiatives; and pre-exposure prophylaxis (PrEP)/non-occupational post-exposure prophylaxis (nPEP).

Strong linkage programs are in place to ensure that HIV-infected persons are linked to care and other support services. HIV-infected persons are offered partner services by highly trained, certified disease intervention specialists. The Pre-Release Planning Program, administered by the Department of Corrections, links HIV-infected inmates to community medical providers upon their release.

Highly trained staff in local health departments and community-based organizations throughout the state implement evidence-based interventions for high-risk negative and HIV-infected persons. The Business Responds to AIDS (BRTA) and Faith Responds to AIDS (FRTA) initiatives train faith leaders and business owners to provide information and education to congregants and patrons with the goal of raising awareness and reducing stigma.