

Additional Information for Florida Nurses:

Part I: HIV/AIDS in Florida: Epidemiology and Trends

According to the Florida Department of Health¹

- As of 2015, Florida is the number one state in the nation for newly diagnosed AIDS cases.
- In the past 10 years, newly diagnosed HIV cases in Florida decreased by 14%.
- In both 2014 and 2015, there was an increase in new HIV infection cases.
- This increase was seen largely among white and Hispanic men who have sex with men (MSM)

Other Trends in Florida since 2006: ¹

- HIV infection among men has increased since 2006.
- HIV infection among women has decreased.
- Current male to female ratio of HIV infection is 3.7 to 1.
- HIV infection cases decreased among blacks by 24% and among whites by 25%.
- HIV infection cases among Hispanics increased by 24%

PART II. Florida Minority Outreach²

A statewide media campaign (Protect Yourself) focused on minority groups was launched in Florida on May 1, 2017. This campaign reaches out to Florida residents with social media, a new website (<http://www.KnowYourHIVStatus.com>), digital/mobile advertising and the more traditional types of outreach including billboards and TV/radio.

PART III: Special Populations

A. Pregnant Women

Florida statute, 381.0045 contains information about the “*Targeted Outreach for Pregnant Women Act of 1998*”.³

The purpose of this statute was to establish a targeted outreach program for pregnant women at high-risk for HIV/AIDS.

Components of this program include:

- encouraging women with an unknown HIV status to seek testing

- identifying pregnant women who
 - may not seek proper prenatal care
 - suffer from substance abuse problems
 - are infected with HIV

Women who access this program are provided with information and linked to appropriate services.

For the infants of these mothers, the program provides “continued oversight to HIV-exposed newborns.”

The statute also specifies that this outreach must be “...peer-based, culturally sensitive, and performed in a nonjudgmental manner.”

B. Correctional Populations

Florida DOH Corrections Programs

“The Florida Department of Health, HIV/AIDS section under legislation passed in 2002 requires that all inmates are to be tested for HIV/AIDS prior to release. Latest research shows that the rates of HIV/AIDS in correctional facilities are three to five times higher than in the general population. More than 95% of incarcerated men and women will eventually return to their communities and most within Florida. It is therefore essential to test and provide opportunities for treatment for these recently release individuals back into Florida's communities.”⁴

Before an inmate who is HIV/AIDS positive is released from prison, he/she must be provided with “special assistance” that includes:

- education on transmission
- information about the essential need for follow-up care
- a written, individualized discharge plan that includes referrals to appropriate services local to where the person will live
- a 30-day supply of all HIV/AIDS-related medications that the inmate is taking prior to release

PART IV: Testing, Reporting, and Confidentiality

A. Testing⁵

Regarding testing for HIV/AIDS, the Florida Department of Health provides this update: “In 2012, Florida’s state laboratories and other private labs changed HIV testing procedures for blood and plasma specimens by upgrading to a 4th generation screening test and replaced Western blot with a newer confirmatory

test. Also, a cutting edge test that looks for HIV itself, not the antibodies, was added to the procedure for samples that are positive for the 4th generation but not positive on the new confirmatory test. This new system allows us to find those who have very early HIV infection and gives us the incredible chance to get them into care sooner rather than later and ultimately stop dozens of new HIV infections from happening.”

B. Reporting and Confidentiality⁶

The Florida statute on confidentiality for HIV testing (381.004) provides for two different scenarios: healthcare and non-healthcare settings.

In healthcare settings, the person to be tested must be advised:

1. orally or in writing that the test is planned.
2. that he or she has the right to decline the test.

If the person to be tested declines the test, that decision is documented in the medical record.

However, an important caveat is that “a person who has signed a general consent form for medical care is not required to sign or otherwise provide a separate consent for an HIV test during the period in which the general consent form is in effect.”⁷

In non-health care settings, the provider

- explains the right to confidentiality of the personal, identifying information of the person to be tested, as well as the results of the test.
- obtains informed consent of the person to be tested.
- advises the person to be tested that the results of a positive HIV test will be reported to the county health department.

In both settings, if the person to be tested is not competent, is incapacitated or is otherwise unable to make an informed decision, or has not reached the age of majority, then consent must be obtained from a legal guardian or other person so authorized.

Responsibilities of providers and laboratories for reporting HIV/AIDS: ⁶

To maintain patient confidentiality, this statute specifies the following:

“To ensure the confidentiality of persons infected with the human immunodeficiency virus (HIV), reporting of HIV infection and AIDS must be conducted using a system developed by the Centers for Disease Control and Prevention of the United States Public Health Service or an equivalent system.”

C. Partners of Infected Persons:⁷

Regarding partner notification, the Florida Board of Health statutes state that

“Each county health department shall provide a program of counseling and testing for human immunodeficiency virus infection, on both an anonymous and confidential basis. Counseling provided to a patient tested on both an anonymous and confidential basis shall include informing the patient of the availability of partner-notification services, the benefits of such services, and the confidentiality protections available as part of such services.”

Florida Specific Resources for More Information:

<http://www.floridahealth.gov/diseases-and-conditions/aids/index.html>

HOTLINE: 1-800-FLA-AIDS

Individualized Fact Sheets (2015) for:

1. American Indians
2. Blacks
3. Female adolescents
4. Hispanics
5. Women

Additional Resources:

U.S. data: HIV Surveillance Report, 2014 (most recent available) Vol. 26 (HIV data for all 50 states) Available at:

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>

REFERENCES

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2. Florida Department of Health, HIV/AIDS Section. *Testing and counseling*. 2015. <http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/testing-counseling.html>.
3. Florida Department of Health, HIV/AIDS Section. *HIV/AIDS*. 2017. <http://www.floridahealth.gov/diseases-and-conditions/aids/index.html>.
4. Florida Department of Health, HIV/AIDS Section. *Florida DOH corrections program* n.d. <http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/corrections1.html>.
5. State of Florida Legislature. Title XXIX: public health. Chapter 381, public health: general provisions. Section 381.0045: targeted outreach for pregnant women. Tallahassee, FL 2017.
6. State of Florida Legislature. Title XXIX: public health. Chapter 384: sexually transmissible diseases. Section 384.25(3): reporting required Tallahassee, FL 2017.
7. State of Florida Legislature. Title XXIX: public health. Chapter 381: public health: general provisions. Section 381.004(3): HIV testing: county health department network of voluntary human immunodeficiency virus testing programs. 2017.