September 18th is National HIV Aging and Awareness Day

Number of older adults living with an HIV diagnosis in Florida in 2018

- 6–52
- 53–138
- 139–241
- 242–724
- >724
Message from the Executive Director

The Institute for Policy, Education & Advocacy
Resources for Aging Adults (IPEARAA)

Each year, our nation observes National HIV/AIDS and Aging Awareness Day on September 18th. To continually expand awareness about HIV/AIDS among the aging population, organizations, and community members across the country develop, implement, and participate in awareness activities. Events on or around NHAAD are recognized by the U.S. Department of Health and Human Services and HIV.gov. September 18th, 2020 marks the 13th anniversary of TAI's National HIV/AIDS and Aging Awareness Day.

In honor of National HIV/AIDS and Aging Awareness Day, The AIDS Institute will present on important health insurance and healthcare access issues that affect older adults at risk for HIV, and those living with HIV. Presenters will cover a myriad of topics including access to health insurance through the individual marketplace, a health insurance policy that impacts patient copay assistance and prescription drugs affordability, updates on copays for PrEP, and benefit protections in Medicare Part D.

This presentation will help patients, providers, and others who are involved in the support and care of older individuals at risk for, and living with HIV, stay up-to-date on healthcare access matters.

Register to Attend

National HIV/AIDS and Aging Awareness Day
Webinar - Health Insurance and Healthcare Access

Thursday, September 17, 2020
3:00-4:00PM (EDT)

Respectfully,

Michael Ruppal

Executive Director,
The AIDS Institute
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WEBSITES OF THE MONTH

RESOURCES ABOUT OLDER ADULTS AND HIV/AIDS

AIDS Community Research Initiative of America (ACRIA)
www.acria.org Center for HIV and Aging

AIDS Education and Training Centers, National Resource Center (AETC, HRSA) www.aidsetc.org

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/hiv/topics/over50/index.htm

HIV Wisdom for Older Women www.hivwisdom.org

National Association of HIV over 50 www.hivoverfifty.org

National Institute on Aging (NIH) www.nia.nih.gov ( En español )

National Library of Medicine (NIH)

National Prevention Information Network (NPIN)
www.cdcnpin.org/scripts/population/elderly.asp

New York Association for on HIV over 50 www.nyahof.org

The Body www.thebody.com/index/whatis/older.html

The AIDS Institute www.theaidsinstitute.org Events Section / National Awareness Days

ABOUT AGING HEALTHY
The AIDS Institute appreciates the support that Gilead Sciences has provided TAI for our important work for The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)
Older Adults (Aged 50+) Living with an HIV Diagnosis in Florida, 2018

63,916 out of 119,661 (53%) persons living with an HIV diagnosis in Florida in 2018 were older adults.

1,043 out of 4,906 (21%) persons who received an HIV diagnosis in Florida in 2018 were older adults.

643 out of 1,918 (34%) persons who received an AIDS diagnosis in Florida in 2018 were older adults.

Older adults (Aged 50+) represented 21% of Persons who received an HIV diagnosis in 2018.

Blacks represented the highest proportion of older adults who received an HIV diagnosis in 2018.

- **Black**: 36%
- **White**: 32%
- **Hispanic/Latino**: 30%
- **Other**: 1%

Older males were more likely to receive an HIV diagnosis than Older females in 2018.

Number of older adults living with an HIV diagnosis in Florida in 2018:

- 6–52: 32%
- 53–138: 26%
- 139–241: 17%
- 242–724: 21%
- >724: 3%

Men Who Have Sex with Men (MSM): 42%

Female Heterosexual Contact: 26%

Male Heterosexual Contact: 24%

Male Injection Drug Use (IDU): 4%

Female IDU: 2%

MSM/IDU: 2%

MSM, MSM/IDU and Heterosexual Data excludes Transgender Persons.

Ages under 13 (n=14) not shown as they represent <1% of diagnoses.

Unless otherwise noted, Whites and Blacks are non-Hispanic/Latino. “Other” includes Asian/Pacific Islanders, American Indians/Native Alaskans and mixed races.
HIV Care Continuum for older adults living with an HIV diagnosis in Florida in 2018

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 to transmit the virus to others.

- Florida (116,944 PLWH)
- Older Adults (63,916 PLWH)

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.

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

Data Sources:
For national data, go to: www.cdc.gov/hiv/library/factsheets/index.html or www.kff.org/hivaids/
For more Florida data, go to www.floridaaids.org/ or www.flhealthcharts.com/
September 18th is National HIV Aging and Awareness Day

Free Home testing kits from The Florida Department of Health:

ORDER YOUR KIT

English Qualification Survey 2020

Thank you for your interest in this new free HIV self-testing program!

The test you’ll receive in the mail is an OraQuick Oral Antibody test; it is performed by placing a swab on the lining of your mouth. Results take 20 minutes to process. Please complete the below details and click the submit button at the end of the form. If you have any questions, please contact the Florida Department of Health at testing@knowyourhivstatus.com. Please note the program is only available to Florida residents with a Florida address, while supplies last.

Other testing locations: https://locator.hiv.gov/map
On August 27, 2020 – The Florida Department of Health released its HIV epidemic in Florida. This updated information is available on the DOH website. In 2019, 4,584 persons were newly diagnosed with HIV, this is a 4% decrease from 2018 (4,752).

- 38% were Black
- 36% were Hispanic/Latinx
- 24% were White
- 2% were other races (including American Indian, Asian, and mixed race)

- 33% were between the ages of 13–29, 44% were aged 30–49 and 23% were over the age of 50

- For the first time in the history of the HIV epidemic, there were no perinatal acquired HIV diagnoses in Florida in 2019. There were eight in 2018.

- The majority (59%) of new HIV diagnoses were men who had sexual contact with men (MSM), one-third (33%) had heterosexual contact and 5% were persons who inject drugs (PWID).

- Only 17 out of the 67 counties saw an increase in new diagnoses of HIV from 2018 to 2019 (compared to 31 counties in the previous year). All but two of the seven Ending the HIV Epidemic counties in Florida saw a decrease in HIV diagnoses from 2018 to 2019. Orange County saw a 1% increase from 2018 (N=469) to 2019 (N=474) and Pinellas saw an 8% increase from 2018 (N=180) to 2019 (N=196).

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami-Dade</td>
<td>1,133</td>
<td>1,263</td>
<td>1,169</td>
<td>1,194</td>
<td>1,181</td>
<td>-1%</td>
<td>-1%</td>
</tr>
<tr>
<td>Broward</td>
<td>151</td>
<td>741</td>
<td>710</td>
<td>640</td>
<td>624</td>
<td>-3%</td>
<td>-4%</td>
</tr>
<tr>
<td>Orange</td>
<td>420</td>
<td>428</td>
<td>468</td>
<td>469</td>
<td>474</td>
<td>1%</td>
<td>13%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>326</td>
<td>301</td>
<td>307</td>
<td>313</td>
<td>285</td>
<td>-9%</td>
<td>-13%</td>
</tr>
<tr>
<td>Duval</td>
<td>272</td>
<td>280</td>
<td>305</td>
<td>293</td>
<td>284</td>
<td>-3%</td>
<td>-4%</td>
</tr>
<tr>
<td>Palm Beach</td>
<td>250</td>
<td>297</td>
<td>298</td>
<td>267</td>
<td>248</td>
<td>-14%</td>
<td>-11%</td>
</tr>
<tr>
<td>Pinellas</td>
<td>162</td>
<td>164</td>
<td>176</td>
<td>160</td>
<td>195</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Polk</td>
<td>103</td>
<td>113</td>
<td>97</td>
<td>110</td>
<td>129</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Brevard</td>
<td>59</td>
<td>59</td>
<td>58</td>
<td>65</td>
<td>87</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>Lee</td>
<td>85</td>
<td>105</td>
<td>76</td>
<td>76</td>
<td>83</td>
<td>5%</td>
<td>-2%</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>4,691</td>
<td>4,797</td>
<td>4,748</td>
<td>4,752</td>
<td>4,584</td>
<td>-4%</td>
<td>-2%</td>
</tr>
</tbody>
</table>

HIV diagnoses by year of diagnosis represent persons whose HIV was diagnosed in that year, regardless of AIDS status at time of diagnosis.
For HIV and Older Americans and per the CDC website: In 2016, nearly half of people in the United States (US) and dependent areas living with diagnosed HIV were aged 50 and older. Though new HIV diagnoses are declining among people aged 50 and older, around 1 in 6 HIV diagnoses in 2017 were in this group.

From 2012 to 2016, HIV diagnoses remained stable among people aged 50 and older in the US and dependent areas. But trends varied for different groups of older Americans.

HIV Diagnoses Among People Aged 50 and Older in the US and Dependent Areas by Age, 2012-2016

### All people aged 50 and older: stable

<table>
<thead>
<tr>
<th>Men by transmission category</th>
<th>Women by transmission category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male-to-male sexual contact: stable</td>
<td>Heterosexual contact: down 8%</td>
</tr>
<tr>
<td>Injection drug use: down 17%</td>
<td>Injection drug use: down 18%</td>
</tr>
<tr>
<td>Male-to-male sexual contact and injection drug use: down 12%</td>
<td>Heterosexual contact: down 9%</td>
</tr>
</tbody>
</table>


Living With HIV
People Aged 55 and Older With HIV in the 50 States and District of Columbia

For every 100 people aged 55 and older with HIV in 2016:

- 69 received some HIV care
- 56 were retained in care
- 60 were virally suppressed

A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of sexually transmitting HIV to HIV-negative partners.

* Based on most recent viral load test.


People With Diagnosed HIV in the US and Dependent Areas by Age, 2016

The Institute for Policy, Education & Advocacy
Resources for Aging Adults (IPEARAA)
Important Information

Deaths
In 2016, there were 10,944 deaths among people aged 50 and older with diagnosed HIV in the US and dependent areas. These deaths may be due to any cause.

Prevention Challenges
There are some behaviors that put everyone at risk for HIV. These behaviors include having anal or vaginal sex without protection (like using a condom or taking medicine to prevent or treat HIV), or sharing injection drug equipment with someone who has HIV. Factors that particularly affect older people include the following:

Older people in the United States are more likely than younger people to have late-stage HIV infection at the time of diagnosis, which means they start treatment late and possibly suffer more immune-system damage. Late diagnoses can occur because health care providers may not always test older people for HIV infection. Also, older people may not consider themselves to be at risk of HIV infection or may mistake HIV symptoms for those of normal aging and not consider HIV as a cause. Among people aged 55 and older who received an HIV diagnosis in 2015, 50% had been living with HIV for 4.5 years before they were diagnosed—the longest diagnosis delay for any age group.

Older people may have many of the same HIV risk factors as younger people, including a lack of knowledge about HIV prevention and sexual risk, such as having multiple sex partners. Older people also face some unique issues:

- Women who no longer worry about becoming pregnant may be less likely to use a condom and to practice safer sex. Age-related thinning and dryness of vaginal tissue may raise older women’s risk for HIV infection.
- Although they visit their doctors more frequently, older people are less likely than younger people to discuss their sexual or drug use behaviors with their doctors. And doctors are less likely to ask their older patients about these issues.

Stigma is a particular concern among older people because they may already face isolation due to illness or loss of family and friends. Stigma negatively affects people’s quality of life, self-image, and behaviors, and may prevent them from seeking HIV care and disclosing their HIV status.

Aging with HIV infection also presents special challenges for preventing other diseases because both age and HIV increase the risk for cardiovascular disease, lung disease (specifically chronic obstructive pulmonary disease), bone loss, and certain cancers. Older patients with HIV and their care providers need to maximize prevention efforts against these conditions and remain vigilant for early signs of illness. They also need to be careful about interactions between the medications used to treat HIV and those used to treat common age-related conditions such as hypertension, diabetes, elevated cholesterol, and obesity.

Source for the above information: https://www.cdc.gov/hiv/group/age/olderamericans/index.html
Check out a special edition of NIH News in Health on seniors. The newsletter highlights practical health news and tips based on the latest NIH research.

According to data from the Centers for Disease Control and Prevention's Preliminary 2018 HIV Surveillance Report, persons aged 50 and older accounted for approximately:

- 17% of new HIV diagnoses
- 47% of persons living with HIV
- 71% of all deaths of persons with diagnosed HIV infection

Click here to view the full report.

Archived Webinars

**Research on Aging with HIV**

Learn about a newly NIH-funded research project involving the aging community living with HIV.

This webinar focuses on Miami's innovative project of tracking noninfectious health conditions that patients living with HIV experience as they age such as cardiovascular and pulmonary diseases, metabolic and degenerative diseases, such as diabetes and osteoporosis, and mental health issues.

Presented by:
- Dr. Maria Luisa Alcaide
- Dr. Margaret A. Fischl
- Dr. Deborah Jones Weiss

**Women with HIV and Aging-Related Challenges**

Presented by Dawn Averitt
Founder, The Well Project/Women's Research Initiative on HIV/AIDS (WRI)

The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)
The AIDS Institute
OTHER AGING RESOURCES

- Association for Nurses in AIDS Care (ANAC) Aging Toolkit
- Centers for Disease Control and Prevention (CDC) Surveillance Report on HIV and Older Americans
- National Institutes of Health's AIDSOURCE
- National Resource Center for HIV and Aging
- The Body's Resource Center of HIV and Aging
Other Important Resource Links

Optimizing HIV Treatment to Improve Outcomes for Aging Adults with Comorbidities

By 2030, approximately 75% of people living with HIV will be aged 50 or older. These shifting demographics coincide with the development of simplified HIV treatment options, including 2-drug regimens (2-DRs) and novel long-acting formulations that hold potential for reducing antiretroviral therapy (ART)-related toxicities, avoiding drug-drug interactions (DDIs), and overcoming adherence challenges.
Other Important Resource Links

- acria
- Florida Health
- NYAHOF
- ACL
- GMHC
- wel
- ASA
- Grannmakers In Aging
- AETC
- HIV Wisdom for Older Women
- Sage
- U.S. Department of Veterans Affairs
- HHS.gov
- Area Agency on Aging for North Florida
- USF Health
- CDC
- HRSA
- JSI
- The Institute for Policy, Education & Advocacy Resources for Aging Adults (IPEARAA)
- The AIDS Institute