



HIV/AIDS QUARTERLY STATISTICS

Pinellas and Pasco Counties (Area 5)

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To report cases of HIV/AIDS
by phone, please call:

TELEPHONE: (727) 824-6903

To report *all other* infectious
diseases:

TELEPHONE: (727) 824-6932
FAX: (727) 820-4270

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Advancing HIV Prevention (AHP): New Strategies for a Changing Epidemic

The Centers for Disease Control and Prevention (CDC) unveiled a new initiative in April 2003 to strengthen HIV prevention in the United States. This initiative, Advancing HIV Prevention: New Strategies for a Changing Epidemic, includes four key strategies:

- Making Voluntary HIV Testing a Routine Part of Medical Care
- Implementing New Models for Diagnosing HIV Infections Outside Medical Settings
- Preventing New Infections by Working with Persons Diagnosed with HIV and their Partners
- Further Decreasing Perinatal HIV Transmission

The Bureau of HIV/AIDS is in the process of developing a strategic response to the new CDC initiative by convening the following four teams to address each of the four strategy areas:

Team 1 Making Voluntary HIV Testing a Routine Part of Medical Care □ Bureau Team Leader: Jennett Baker, RN, Medical Services □ Phone (850) 245-4444, ext. 2536

Team 2 Implementing New Models for Diagnosing HIV Infections Outside Medical Settings □ Bureau Team Leader: Guttenberg Pierre, Early Intervention □ Phone (850) 245-4444, ext. 2578

Team 3 Preventing New Infections by Working with Persons Diagnosed with HIV and their Partners □ Bureau Team Leader: Debbie Norberto, Prevention □ Phone (850) 245-4444, ext. 2597

Team 4 Further Decreasing Perinatal HIV Transmission □ Bureau Team Leader: Frances Walker, M.S., Early Intervention □ Phone (850) 245-4444, ext. 2567

Source: Florida Department of Health, Bureau of HIV/AIDS, Division of HIV/AIDS Prevention

Special Points of Interest

- Please call the HIV/AIDS surveillance office at **727-824-6903** if you need HIV/AIDS reporting forms, specific HIV/AIDS statistical information, would like to have a brief HIV/AIDS Surveillance In-Service for your staff or have your HIV/AIDS cases reviewed in your office. **Beth Sudduth, MPH** and **Nicole Rondon, MPH** are here to assist you with reporting and/or any statistics you might need!
- If you are a health care provider in Pasco County and need to report an HIV or AIDS case please call our office or contact **Pamela Simmons at the New Port Richey Pasco CHD at 727-862-0782 (x173)**.

Pinellas County HIV/AIDS Statistics

AIDS data is cumulative from 1981 to March 31, 2007

HIV data is cumulative from 7/1/97 to March 31, 2007

Risk Exposure	AIDS Cases—ADULT			HIV Cases—ADULT		
	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)	Total (%)
Gay/Bisexual Men	2398 (69%)	0 (0%)	2398 (58%)	635 (66%)	0 (0%)	635 (48%)
Injecting Drug Users (IDU)	400 (12%)	204 (30%)	604 (15%)	72 (8%)	80 (21%)	152 (11%)
Gay/Bi Male & IDU	260 (8%)	0 (0%)	260 (6%)	60 (6%)	0 (0%)	60 (5%)
Heterosexual Contact	220 (6%)	392 (58%)	612 (15%)	98 (10%)	224 (60%)	322 (24%)
Transfusion Recipients	28 (1%)	25 (4%)	53 (1%)	2 (0%)	1 (0%)	3 (0%)
Coagulation Disorder	12 (0%)	0 (0%)	12 (0%)	0 (0%)	0 (0%)	0 (0%)
Risk Not Reported	138 (4%)	50 (8%)	188 (5%)	93 (10%)	70 (19%)	163 (12%)
Total (%)	3456 (100 %)	671 (100%)	4127 (100%)	960 (100 %)	375 (100%)	1335 (100%)

Risk Exposure	AIDS Cases—PEDIATRIC			HIV Cases—PEDIATRIC		
	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)	Total (%)
Mother with HIV	10 (77%)	13 (93%)	23 (85%)	5 (100%)	3 (75%)	8 (89%)
Hemophilia	2 (15%)	0 (0%)	2 (7%)	0 (0%)	0 (0%)	0 (0%)
Transfusion Recipients	1 (8%)	0 (0%)	1 (4%)	0 (0%)	0 (0%)	0 (0%)
Risk Not Reported	0 (0%)	1 (7%)	1 (4%)	0 (0%)	1 (25%)	1 (11%)
Total (%)	13 (100 %)	14 (100%)	27 (100%)	5 (100 %)	4 (100%)	9 (100%)

Race	AIDS Cases			HIV Cases		
	Adults (%)	Pediatric (%)	Total (%)	Adults (%)	Pediatric (%)	Total (%)
White	2802 (68%)	13 (48%)	2815 (68%)	759 (57%)	3 (33%)	762 (57%)
Black	1092 (26%)	12 (45%)	1104 (27%)	458 (34%)	5 (56%)	463 (35%)
Hispanic	186 (5%)	2 (7%)	188 (4%)	85 (7%)	1 (11%)	86 (6%)
Legacy Asian/Pacific Is.	10 (0%)	0 (0%)	10 (0%)	2 (0%)	0 (0%)	2 (0%)
Am. Indian/AK. Native	8 (0%)	0 (0%)	8 (0%)	4 (0%)	0 (0%)	4 (0%)
Asian	5 (0%)	0 (0%)	5 (0%)	5 (0%)	0 (0%)	5 (0%)
Multi-Race/Other	24 (1%)	0 (0%)	24 (1%)	22 (2%)	0 (0%)	22 (2%)
Total (%)	4127 (100 %)	27 (100%)	4154 (100%)	1335 (100 %)	9 (100%)	1344 (100%)

Age	AIDS Cases		HIV Cases	
	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)
0-12	27 (1%)	15 (56%)	9 (1%)	0 (0%)
13-19	25 (0%)	(ages 13—70+)	59 (4%)	55 (4%) (ages 13—70+)
20-29	609 (15%)		324 (24%)	
30-39	1717 (41%)		471 (35%)	
40-49	1199 (29%)		338 (25%)	
50-59	423 (10%)		116 (9%)	
60-64	90 (2%)		14 (1%)	
65-69	41 (1%)		6 (0%)	
70 +	23 (1%)		7 (1%)	
Total (%)	4154 (100%)	2373 (57%)	1344 (100%)	55 (4%)

Source: Pinellas County Health Department, HIV/AIDS Surveillance

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Please visit our website for previous newsletters and local HIV/AIDS information at: www.pinellashealth.com

Pasco County HIV/AIDS Statistics*

AIDS data is cumulative from 1981 to March 31, 2007

HIV data is cumulative from 7/1/97 to March 31, 2007

Table 1.	AIDS Cases—ADULT			HIV Cases—ADULT		
	Risk Exposure	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)
Gay/Bisexual Men	331 (56%)	0 (0%)	331 (45%)	99 (60%)	0 (0%)	99 (41%)
Injecting Drug Users (IDU)	79 (13%)	40 (28%)	119 (16%)	11 (7%)	11 (14%)	22 (9%)
Gay/Bi Male & IDU	68 (11%)	0 (0%)	68 (9%)	10 (6%)	0 (0%)	10 (4%)
Heterosexual Contact	62 (10%)	90 (62%)	152 (21%)	19 (11%)	50 (62%)	69 (28%)
Transfusion Recipients	13 (2%)	3 (2%)	16 (2%)			
Coagulation Disorder	3 (1%)	0 (0%)	3 (0%)			
Risk Not Reported	40 (7%)	12 (8%)	52 (7%)	24 (15%)	19 (23%)	43 (18%)
Total (%)	596 (100%)	145 (100%)	741 (100%)	164 (100%)	81 (100%)	245 (100%)

Table 2.	AIDS Cases—PEDIATRIC			HIV Cases—PEDIATRIC		
	Risk Exposure	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)
Mother with HIV			3 (100%)			
Hemophilia	0 (0%)	0 (0%)	0 (0%)			
Transfusion Recipients	0 (0%)	0 (0%)	0 (0%)			
Risk Not Reported	0 (0%)	0 (0%)	0 (0%)			
Total (%)	N/A	N/A	3 (100%)	N/A	N/A	<3

Table 3.	AIDS Cases			HIV Cases		
	Race	Adults (%)	Pediatric (%)	Total (%)	Adults (%)	Pediatric (%)
White	587 (79%)			179 (73%)		
Black	82 (11%)			37 (15%)		
Hispanic	61 (8%)			24 (10%)		
Legacy Asian/Pacific Is.						
Am. Indian/AK. Native						
Asian						
Multi-Race/Other	6 (1%)					
Total (%)	741 (100%)	3 (100%)	744 (100%)	245 (100%)	<3	N/A

Table 4.	AIDS Cases		HIV Cases		
	Age	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)
0-12	3 (0%)				0 (0%)
13-19	6 (1%)			18 (8%)	
20-29	95 (13%)			60 (25%)	
30-39	316 (43%)			86 (35%)	
40-49	208 (28%)			51 (21%)	10 (4%)
50-59	85 (11%)			25 (10%)	(ages 13—70+)
60-64	8 (1%)			3 (1%)	
65-69	13 (2%)				
70 +	10 (1%)				
Total (%)	744 (100%)	390 (52%)	246 (100%)	10 (4%)	

Source: Pinellas County Health Department, HIV/AIDS Surveillance

*Due to the fact that some of the cell sizes for Pasco County were <3, some of the data has not been completely stratified

Please visit our website for previous newsletters and local HIV/AIDS information at: www.pinellashealth.com

Hillsborough County HIV/AIDS Statistics[^]

AIDS data is cumulative from 1981 to March 31, 2007

HIV data is cumulative from 7/1/97 to March 31, 2007

Table 1.	AIDS Cases—ADULT			HIV Cases—ADULT		
	Risk Exposure	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)
Gay/Bisexual Men	2936 (61%)	0 (0%)	2936 (47%)	804 (56%)	0 (0%)	804 (37%)
Injecting Drug Users (IDU)	607 (12%)	365 (26%)	972 (16%)	95 (7%)	97 (13%)	192 (9%)
Gay/Bi Male & IDU	389 (8%)	0 (0%)	389 (6%)	66 (4%)	0 (0%)	66 (3%)
Heterosexual Contact	515 (11%)	820 (58%)	1335 (21%)	199 (14%)	424 (56%)	623 (28%)
Transfusion Recipients	28 (1%)	24 (2%)	52 (1%)	0 (0%)	0 (0%)	0 (0%)
Coagulation Disorder	19 (0%)	1 (0%)	20 (0%)	2 (0%)	0 (0%)	2 (0%)
Risk Not Reported	339 (7%)	194 (14%)	533 (9%)	279 (19%)	230 (31%)	509 (23%)
Total (%)	4833 (100 %)	1404 (100%)	6237 (100%)	1445 (100 %)	751 (100%)	2196 (100%)

Table 2.	AIDS Cases—PEDIATRIC			HIV Cases—PEDIATRIC		
	Risk Exposure	Males (%)	Females (%)	Total (%)	Males (%)	Females (%)
Mother with HIV	31 (81%)	38 (97%)	69 (90%)	15 (100%)	16 (100%)	31 (100%)
Hemophilia	3 (8%)	0 (0%)	3 (4%)	0 (0%)	0 (0%)	0 (0%)
Transfusion Recipients	4 (11%)	0 (0%)	4 (5%)	0 (0%)	0 (0%)	0 (0%)
Risk Not Reported	0 (0%)	1 (3%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Total (%)	38 (100 %)	39 (100%)	77 (100%)	15 (100 %)	16 (100%)	31 (100%)

Table 3.	AIDS Cases			HIV Cases		
	Race	Adults (%)	Pediatric (%)	Total (%)	Adults (%)	Pediatric (%)
White	2907 (46%)	18 (23%)	2925 (46%)	797 (36%)	5 (16%)	802 (36%)
Black	2356 (38%)	45 (59%)	2401 (38%)	1016 (46%)	21 (68%)	1037 (47%)
Hispanic	915 (15%)	14 (18%)	929 (15%)	352 (16%)	5 (16%)	357 (16%)
Legacy Asian/Pacific Is.	8 (0%)	0 (0%)	8 (0%)	1 (0%)	0 (0%)	1 (0%)
Am. Indian/AK. Native	4 (0%)	0 (0%)	4 (0%)	9 (1%)	0 (0%)	9 (0%)
Asian	3 (0%)	0 (0%)	3 (0%)	2 (0%)	0 (0%)	2 (0%)
Multi-Race/Other	44 (1%)	0 (0%)	44 (1%)	19 (1%)	0 (0%)	19 (1%)
Total (%)	6237 (100 %)	77 (100%)	6314 (100%)	2196 (100 %)	31 (100%)	2227 (100%)

Table 4.	AIDS Cases		HIV Cases	
	Age	Cases (%)	Deaths (%)	Cases (%)
0-12	77 (1%)	33 (43%)	31 (2%)	0 (0%)
13-19	46 (1%)	3408 (55%) (ages 13—70+)	96 (4%)	118 (5%) (ages 13—70+)
20-29	1064 (17%)		593 (27%)	
30-39	2570 (41%)		750 (34%)	
40-49	1733 (27%)		522 (23%)	
50-59	603 (10%)		167 (7%)	
60-64	116 (2%)		44 (2%)	
65-69	56 (1%)		14 (1%)	
70 +	49 (1%)		10 (0%)	
Total (%)	6314 (100%)	3441 (54%)	2227 (100%)	118 (5%)

Source: Florida Department of Health, Bureau of HIV/AIDS

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[^]For Hillsborough and other Florida county data, please visit the Florida Department of Health website at: www.doh.state.fl.us

Please visit our website for previous newsletters and local HIV/AIDS information at: www.pinellashealth.com

Florida HIV/AIDS Statistics

Table 24. Cumulative HIV Case Counts for Florida (7/1/97—3/31/07)			Table 25. Cumulative AIDS Case Counts for Florida (1981—3/31/07)		
	HIV (%)	Deaths (%)		AIDS (%)	Deaths (%)
ADULT	37,620	2,007 (5%)	ADULT	105,133	58,199 (55%)
PEDIATRIC	411	6 (1%)	PEDIATRIC	1,517	858 (57%)
TOTAL	38,031	1,601 (4%)	TOTAL	106,650	59,057 (55%)

Table 26. Cumulative HIV/AIDS Case Counts in Surrounding Counties (as of 3/31/07)			Table 27. Cumulative HIV/AIDS Case Counts in the Top 7 Florida Counties (as of 3/31/07)		
County	HIV	AIDS	County	HIV	AIDS
Hillsborough	3,540	6,295	Miami-Dade	15,954	29,884
Pinellas	2,101	4,156	Broward	9,398	16,735
Polk	895	1,809	Palm Beach	4,701	9,931
Sarasota	922	1,784	Orange	4,225	6,405
Manatee	549	995	Hillsborough	3,540	6,295
Pasco	378	710	Duval	3,066	5,459
Highlands	127	191	Pinellas	2,101	4,156
Hernando	97	205			
Hardee	39	82			

Source for Tables 24—27: Florida Department of Health, Bureau of HIV/AIDS; HIV/AIDS, STD, & TB Monthly Surveillance Report, #271

United States HIV/AIDS Statistics

Table 28. Cumulative HIV/AIDS Case Counts for U.S. (as of 12/31/05)				Table 29. Cumulative HIV* Cases of 5 Leading U.S. States (as of 12/31/05)		
	HIV	AIDS	% AIDS Deaths			
ADULT	244,868	945,128	56%	1. New York (06/00)	41,278	17%
PEDIATRIC	5,082	9,416	54%	2. Florida (07/97)	34,970	14%
TOTAL	249,950	954,544	55%	3. Texas (02/94)	22,901	9%
*Data only from those states where HIV is reportable & includes only persons reported with HIV infection who have not developed AIDS.				4. New Jersey (01/92)	17,233	7%
				5. North Carolina (02/90)	13,062	5%

Table 30. Cumulative AIDS Cases of 20 Leading U.S. Cities/MSAs (as of 12/31/05)							
1. New York City	158,052	6. Chicago	29,293	11. Newark, N.J.	19,825	16. San Diego	12,612
2. Los Angeles	56,550	7. Philadelphia	26,969	12. Dallas	19,421	17. Tampa-St.Pete	10,688
3. San Francisco	30,277	8. Houston	24,915	13. Baltimore	19,624	18. Detroit	10,000
4. Washington D.C.	30,125	9. San Juan, PR	21,115	14. Ft. Lauderdale	15,920	19. W. Palm Beach	9,576
5. Miami	29,092	10. Atlanta	21,059	15. Boston	13,283	20. Oakland, Ca.	9,349

Table 31. Cumulative AIDS Cases of 10 Leading U.S. States (as of 12/31/05)				World HIV/AIDS Statistics			
1. New York	172,377	6. Illinois	32,595	Estimated new HIV infections in World in 2006: 4.3 million			
2. California	139,019	7. Pennsylvania	31,977	Estimated living World HIV Cases as of 2006: 39.5 million			
3. Florida	100,809	8. Georgia	30,405	Estimated children (<15 years of age) in world living with HIV/AIDS as of 2006: 2.3 million			
4. Texas	67,227	9. Maryland	29,116	Estimated World deaths due to AIDS in 2006: 2.9 million			
5. New Jersey	48,431	10. Massachusetts	18,896				
Source for Tables 28—31: Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Vol. 17				Source: World Health Organization (www.who.org) & Joint United Nations Programme on HIV/AIDS (www.unaids.org)			

Useful Web Links/Sites for Additional HIV/AIDS Information

Florida HIV/AIDS Statistics:	http://www.doh.state.fl.us/	Int'l Assoc. of Physicians in AIDS care:	http://www.iapac.org/
Centers for Disease Control and Prevention:	http://www.cdc.gov/	Florida AIDS Hotline site:	http://www.211bigbend.org/hotlines/hiv/
World Health Organization:	http://www.who.int/en/	HIV/AIDS InSite Information:	http://hivinsite.ucsf.edu/
PAHO: AIDS site:	http://www.paho.org/english/ad/fch/ai/aiids.htm	HIV/AIDS Info/Treatment Site:	http://www.aidsinfo.nih.gov/

Guide to Reporting HIV & AIDS

PRACTITIONERS

- These rules apply to the practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in Rule 64D-3.029, F.A.C. They are responsible for obtaining and providing the information required by subparagraph 64D-3.031 (3)(a)(1-10), F.A.C., at the time the specimen is sent to or received by the laboratory.
- The above practitioner who makes a diagnosis of or treats an HIV positive or AIDS patient is responsible for completing a CDC adult or pediatric HIV/AIDS case report form available through their local county health department: Please call 727-824-6903 or visit www.pinellashealth.com/HIVAIDS.asp
- Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives (Rule 64D-3.030 (7), F.A.C.)

HIV

Reportable within 2 weeks if:

- ✓ Patient has repeatedly reactive HIV enzyme immunoassay (EIA), followed by a positive confirmatory test (e.g. Western Blot, IFA, IB) done on or after 7/01/97.
- ✓ Pediatric or Adult patient has HIV detectable viral load test result on or after 11/20/06.
- ✓ Pediatric patient \leq 18 months has either detectable or undetectable viral load test result on or after 11/20/06.
- ✓ Patient has positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT), or viral culture) on or after 11/20/06.
- ✓ Patient is reportable ***within next business day*** on any HIV exposed newborn – i.e. infant \leq 18 months of age born to an HIV infected woman.

AIDS

Reportable within 2 weeks if:

- ✓ Patient has any one of the 26 documented AIDS defining ***Opportunistic Infections at any time***
- ✓ Patient has a documented ***CD4 <200 or <14% at any time***

Information Required on Forms:

- ✓ Patient's first and last name & middle initial
- ✓ Patient's full address
- ✓ Patient's phone number
- ✓ Patient's date of birth
- ✓ Patient's sex at birth
- ✓ Patient's race
- ✓ Patient's ethnicity (Hispanic or non-Hispanic)
- ✓ Patient's pregnancy status (if applicable)
- ✓ Patient's social security number
- ✓ Patient's diagnosis: type of diagnostic test/s (e.g. WB), type of specimen (e.g. blood), date of collection, site of test, test results, date of report, treatment given
- ✓ Patient's type & date of AIDS diagnosis (if applicable)

LABORATORIES

- These rules apply to any laboratory that receives the initial order or collects the specimen to be tested

HIV

All laboratories are responsible for reporting

within 3 days the following:

- ✓ Repeatedly reactive HIV enzyme immunoassay (EIA), followed by a positive confirmatory test (e.g. Western Blot, IFA, IB) done on or after 7/01/97.
- ✓ HIV viral load (detectable and undetectable) test results on or after 11/20/06.
- ✓ Positive result on any HIV virologic test (e.g. p24 AG, Nucleic Acid Test (NAT/NAAT), or viral culture) on or after 11/20/06.
- ✓ Each laboratory that reports a confirmed positive HIV test in persons \geq 13 years of age must also report a serologic testing algorithm for recent HIV seroconversion (STARHS) test result. See F.A.C. 64D-3.029 (3, *11) for further details.

POSSIBLE AIDS

All laboratories are responsible for reporting

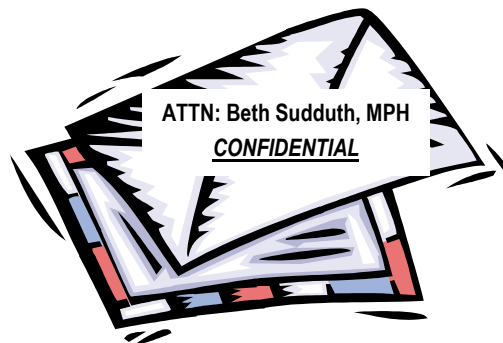
within 3 days the following:

- ✓ All CD-4 absolute counts and percentages of total lymphocytes, with or without confirmation of HIV infection

Information Required on Forms:

- ✓ Patient's first and last name & middle initial
- ✓ Patient's full address
- ✓ Patient's phone number
- ✓ Patient's date of birth
- ✓ Patient's sex at birth
- ✓ Patient's race
- ✓ Patient's ethnicity (Hispanic or non-Hispanic)
- ✓ Patient's pregnancy status (if applicable)
- ✓ Patient's social security number
- ✓ Submitting provider's name, full address & phone number
- ✓ Laboratory's name, full address and phone number
- ✓ Type of specimen (e.g. stool, urine, blood)
- ✓ Date specimen was collected
- ✓ Site of specimen (e.g. cervix, eye, if applicable)
- ✓ Date of report
- ✓ Type of tests performed and results, including reference range, titer (when quantitative), and including all available results on speciating, grouping, or typing of organisms (if applicable).

How To Mail Reports with HIV/AIDS Information



Following these steps will ensure that HIV/AIDS information is kept confidential!

1. Place all confidential information in a *sealed* envelope marked:
 - a. **CONFIDENTIAL** and
 - b. addressed to:

ATTN: Beth Sudduth, MPH
Pinellas County Health Department
Surveillance- 3rd Floor, Room 148
205 Dr. M.L. King Street North
St. Petersburg, FL 33701

2. Place this envelope in a second envelope addressed the same as above.

FOR CERTIFIED MAIL:

- ✓ You must also mark the recipient & address directly on ALL envelopes.
- ✓ Addressing only the certified mail card is not sufficient. It will be torn off by the USPS, leaving the envelope with no addressee.

It is only through the assistance of health care providers and laboratory directors, like you, who report these cases in a timely manner, that we are better able to understand the demographic trends of HIV.

In addition, we use this information to justify the need for continued funding of HIV/AIDS prevention programs and patient care services for our local areas.