

2010 HIV/AIDS Surveillance Summary Report for Cleveland and Cuyahoga County: Prevalence levels and Incidence trends among those recently diagnosed

Prepared by the Office of Biostatistics, Cleveland Department of Public Health. The data brief summarizes confidential 2010 surveillance data reported to CDPH Confidential HIV/AIDS Surveillance Registry as of May 1, 2011. Released May 19, 2011.

Prevalence

Prevalence reflects the number of persons living with the human immunodeficiency virus (HIV) as of December 31, 2010. According to HIV/AIDS surveillance records at CDPH, **there are 3,028 and 4,268 persons living with HIV/AIDS in Cleveland and Cuyahoga County, respectively.** Last year at this time, there were 2,939 and 4,137 persons, respectively. Changes in prevalence include new (i.e. incident) cases and immigration of existing cases (i.e. persons already diagnosed with HIV/AIDS elsewhere than Cuyahoga County but have moved into the area). Prevalence excludes deaths and those known to have leaving the area (migration). Therefore, any year-to-year difference should not be interpreted as reflecting only incident cases.

The current prevalence per 100,000 population, are

- **333.4 per 100,000 residents in Cuyahoga County**
- **763.1 per 100,000 residents in Cleveland**, twice the level of Cuyahoga County, 5.3 times greater than Ohio prevalence (144.2 per 100,000 at 2009 levels). See the Appendix for detailed Prevalence and Exposure reports. More detailed discussions of transmission risk among incident cases will be discussed in the Incidence Trends section.
- In Cleveland, the prevalence levels for Hispanic and Black/African American non-Hispanic residents are 967.3 and 824.8.1 per 100,000 population, respectively, about twice that for White non-Hispanics with HIV/AIDS at 438.3 per 100,000 population. Another interpretation is that almost 1% (0.967%) of the Hispanic and 0.825% of the Black/African American populations in Cleveland were reported to be living with HIV/AIDS as of December 31, 2010.
- For Cleveland, 1,641 (55%) have been diagnosed with AIDS. For the full county, 2,300 (54%) have AIDS.
- Cleveland cases represent 70% of all HIV/AIDS cases in Cuyahoga County.

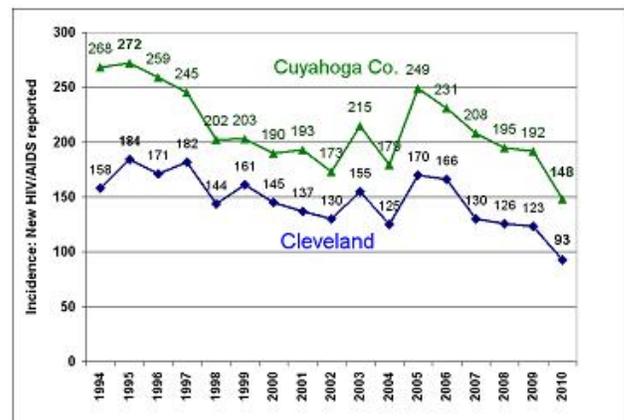
Incidence Trends

Incidence reflects new diagnoses of HIV-only and HIV-with-AIDS. HIV-with-AIDS is defined as a person diagnosed with AIDS within 12 calendar months after their initial HIV-only diagnosis. Annual incidence equals HIV-only cases plus HIV-with-AIDS cases for the year.

The number of incident HIV/AIDS cases for Cuyahoga County and Cleveland are at their lowest levels in over two decades. Case counts have decreased for five consecutive years from the most recent peak in 2005. See Figure 1.

One hundred forty eight (**148**) county residents were diagnosed with HIV or HIV-with-AIDS in 2010. Ninety-three (**93**, or 63%) of these new cases for 2010 were Cleveland residents.

Figure 1. Incidence of HIV/AIDS for Cuyahoga County and Cleveland, 1994-2010.



Other incidence highlights are:

1. The lowest level of HIV/AIDS incidence in over twenty years of local surveillance.
2. More incident cases (37.2%) report residence in county municipalities other than Cleveland.
3. Fewer females: only 14.9% of among incidence cases in 2010
4. The lowest level of cases ever reported (3.3%) for Cleveland that were associated with injection drug use by self-report.
5. No cases of vertical (mother to infant) transmission of HIV reported in 2010.
6. More cases reporting MSM transmission (men who have sex with other men) reported as a risk factor by 70% of males.
7. A doubling of teens (age 13 to 19 years) newly diagnosed with HIV/AIDS from 2009: for Cuyahoga County, there were seventeen cases in 2010 and nine cases reported in 2009. Most were African American males reporting MSM risk activity. This will be the initial focus of the report.

Items (1) through (5) reflect the success of increased prevention and screening efforts supported by federal, state and local government funding. Item 7 is discussed in the Incidence Focus section. General demographics are summarized in Tables 3 and 4, found at the end of the report.

1. Incidence Focus: Youth and Young Adults (13-24y)

Overall, 44 of 148 (29.7%) of all new HIV/AIDS diagnoses in Cuyahoga County in 2010 were to youth and young adults age 13 to 24. For diagnoses in Cleveland, 27 of 93 (29.0%) of all new HIV/AIDS reported in 2010 were to youth and young adults.

Teens: The number of county teens diagnosed with HIV/AIDS in 2010 nearly doubled from 9 to 17 cases, 12 of whom were Cleveland residents (**Figure 2**). These 17 teens with HIV/AIDS represent 11.5% of incident HIV/AIDS cases for Cuyahoga County and 12.9% for Cleveland in 2010 (**Table 1**).

Figure 2. Annual incident HIV cases reported among teens age 13 to 19 when diagnosed, for Cuyahoga County and Cleveland, 2000-2010

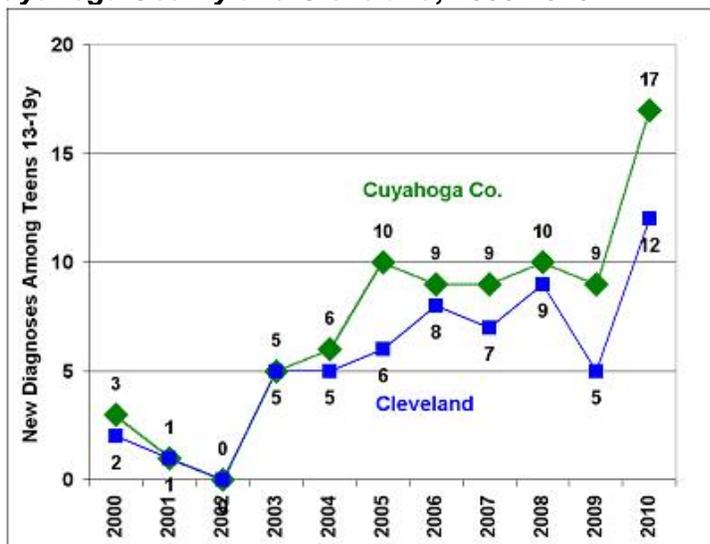


Table 1. Proportion of teens age 13 to 19 among all cases diagnosed with HIV/AIDS per period for Cuyahoga County and Cleveland

Age 13-19 when diagnosed	2004-05	2006-07	2008-09	2010*
Cuyahoga County	3.9%	4.2%	4.9%	11.5%
Cleveland	3.9%	5.1%	5.6%	12.9%

Demographics: In 2010 for Cuyahoga County, 76% percent of teens diagnosed with HIV-only or HIV-with-AIDS were male, 82% African American non-Hispanic, 12% white non-Hispanic, with 6% (n=1) not reporting race and ethnicity. Transmission among males was predominately (85%) due to sex with males (MSM risk activity), with none of them reporting bisexual activity as a risk for HIV transmission. All four of the teen females diagnosed with HIV/AIDS were African American, reporting either heterosexual or bisexual risk of HIV transmission.

While 71% of the new HIV/AIDS diagnoses among teens resided in Cleveland, only 56% of young adults age 20 to 24 diagnosed with HIV/AIDS reported residing in Cleveland. The number of teens diagnosed with HIV/AIDS could be underestimated. It is possible that some young adults may have acquired the HIV virus while in their teens but were diagnosed in their early twenties.

While most diagnosed teens resided across a large area of Northeast Cleveland, spanning from Central, St-Clair Superior, Glenville, Forest Hills, Collinwood and East Cleveland, three additional Cleveland neighborhoods and four other Cuyahoga County municipalities reported teens newly diagnosed with HIV/AIDS.

Young Adults: From 2004 to 2009 for Cuyahoga County and Cleveland, about one in every eight new HIV/AIDS diagnoses (12.4% and 12.8%, respectively) were to young adults age 20 to 24 years. In 2010, this jumped to 18.2% and 16.1%, respectively, which translates to **about one in every six new diagnoses** were to young adults in our community. See **Table 2**.

Table 2. Proportion of young adults age 20 to 24 among all cases diagnosed with HIV/AIDS per period for Cuyahoga County and Cleveland

Age 20-24 when diagnosed	2004-05	2006-07	2008-09	2010*
Cuyahoga County	8.2%	15.7%	13.0%	18.2%
Cleveland	7.7%	16.0%	14.5%	16.1%

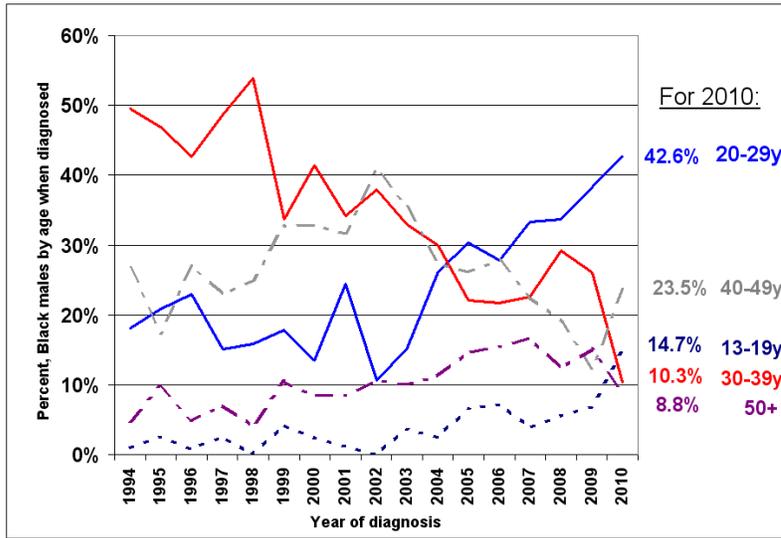
Demographics: Ninety-three percent of young adults diagnosed with HIV/AIDS in 2010 were male, with 81% (n=22) African American non-Hispanic, 11% (n=3) Hispanic and 8% (n=2) white non-Hispanic. This is the highest number of Hispanic young adults reported in this age group in the past eleven years of surveillance. All (n=2) females age 20-24 diagnosed were African American and reported heterosexual risk activity. Nearly all males (84%) self-reported MSM risk behavior most likely leading to transmission of HIV. Twelve percent self-reported bisexual risk and 4% heterosexual risk behavior.

This overall trend of younger cases is so dramatic that the mean age at HIV-only and AIDS diagnoses has dropped two years from 2004 to 2010. For example, for 2004-2005, the mean ages of persons diagnosed with either HIV-only or AIDS were 35 years and 40 years of age, respectively. In 2010, these mean ages dropped to 33 years and 38 years, respectively. Our data reveal that, on average, persons in our area that are diagnosed with HIV-only are later diagnosed with AIDS within four to six years.

The largest increases in HIV/AIDS incidence among Black/African American males are among those 20 to 29 year old (Figure 3). In 2010, there were 68 Black/African American males diagnosed with HIV/AIDS, of which 29 (42.6%) were 20-29 years of age. As seen in Figure 3, this group shows the largest year-to-year increases, surpassing all other age groups since 2007. Also note the large decline in percent annual incidence in those 30-39 years with an increase among those 13-19 years since 2007.

Figure 3.

Age of Black/African American males when diagnosed, shown as the percentage of annual incident cases among Black/African American males. The percentages of age groups for 2010 incident cases are shown in the margin.

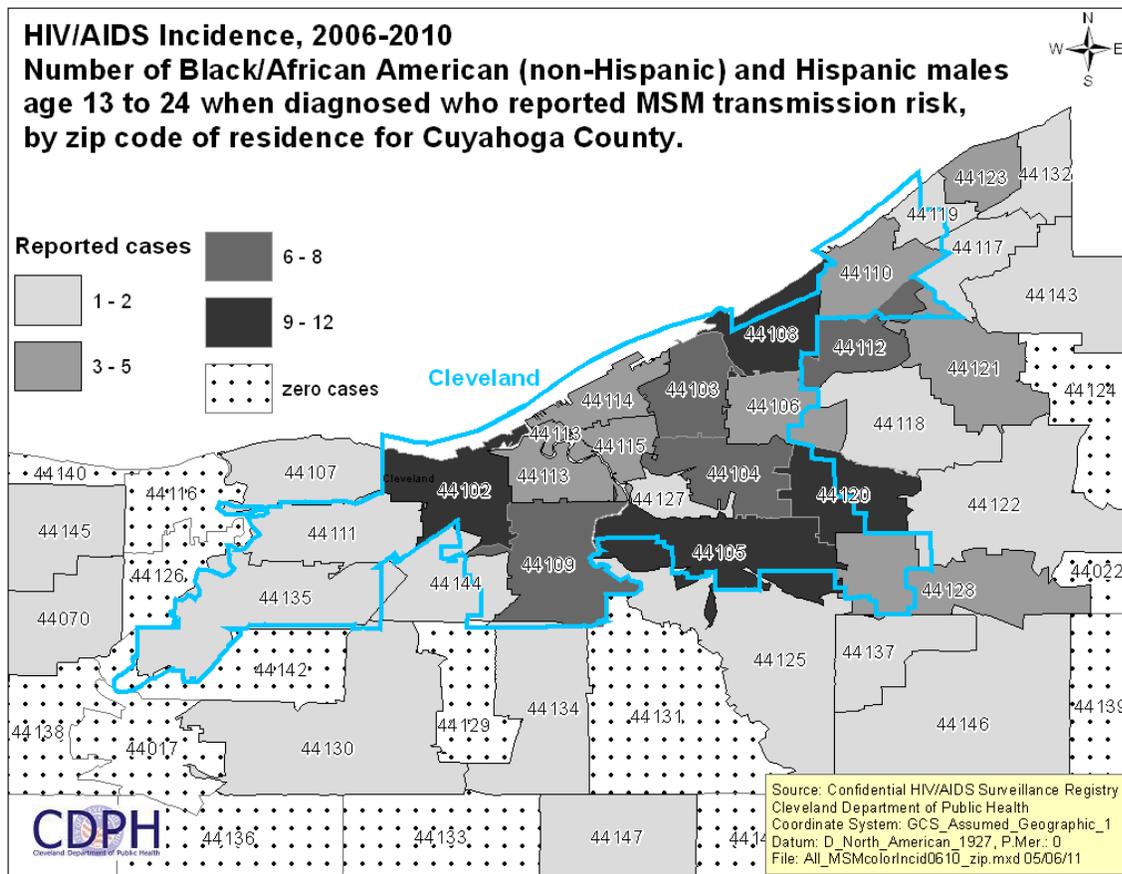


If we focus solely on **young males reporting MSM risk behavior**, we see specific residential areas where young African American and Hispanic males resided when diagnosed with HIV/AIDS. **Zip codes with the greatest incidence** were in 44102 (Edgewater, Cudell, Detroit-Shoreway, West Boulevard, Stockyards), 44108 (Glenville, Forest Hills), 44120 (Woodland Hills, Buckeye-Shaker, Mt. Pleasant, Shaker Heights) and 44105 (Newburgh Heights, South Broadway, Union-Miles, Corlett, Mt. Pleasant, and parts of Garfield Heights).

Figure 4 (map) illustrates the geographic distribution of young Black/African American and Hispanic males ages 13 to 24 when diagnosed with HIV/AIDS from 2006 through 2010 that reported MSM risk activity. Darker shades reflect more cases reported. This map was prepared by request of a local agency involved in HIV/AIDS prevention and is included in this report. This map may provide other agencies with useful information where prevention efforts could be concentrated.

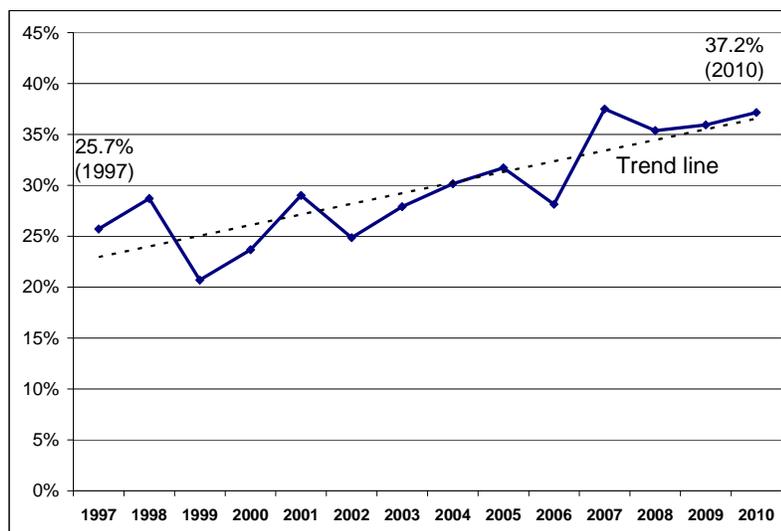
From 2006-2010, over 77% of White young adult males reported MSM risk. Residence extends over nineteen zip codes, with two-thirds living outside of Cleveland, mostly in western and southern parts of the county. Nearly 70% resided in 44107, 44070, 44109, 44111, 44135, 44017 and 44133.

Figure 4.



2. Figure 5 shows that more cases (by proportion) are coming from municipalities outside of Cleveland. For 2010, 37.2% of incident cases resided in the surrounding municipalities. A dotted line in the figure shows the increasing trend since 1997.

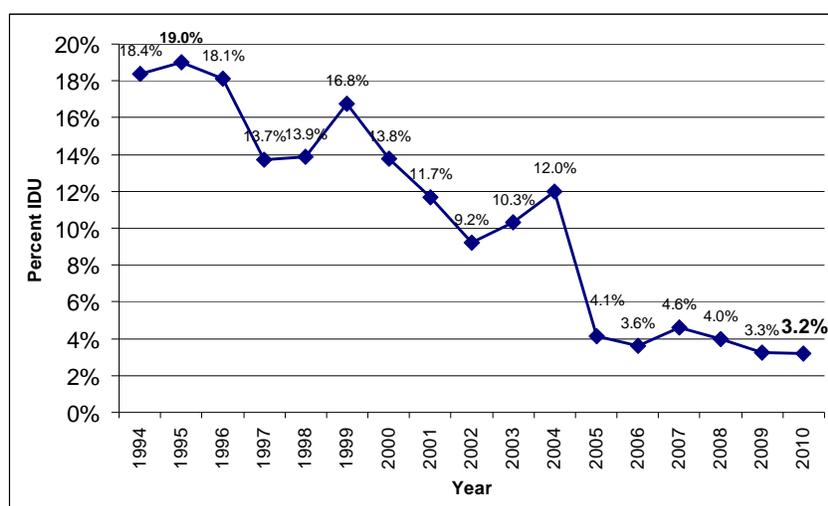
Figure 5.
Annual percent of cases from municipalities in Cuyahoga County (not Cleveland.)
By self-reported residence, from 1997 to 2010



3. Continued success in reducing IDU incidence

The incidence of new HIV-only and AIDS-with-HIV associated with injection drug use (IDU) is at an all-time low for Cleveland. Historically, most IDU-associated cases of HIV have been reported in those reporting a Cleveland residence. Figure 6 illustrates the annual proportion (percent) of cases involving IDU for Cleveland. Since 2005, the incidence has been lower than 5% of all cases, with 3.2% of incidence for 2010. Such consistently low incidence may reflect more aggressive street outreach by agencies supported by funding coordinated through the Cleveland Department of Public Health and/or Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board of Cuyahoga County. These agencies include the Free Clinic of Greater Cleveland (Syringe Exchange Program), Project Safe/Cleveland Testing Centers (Safety Counts Intervention), Hispanic UMADAOP (Project Entra), Salvation Army, Community Action Against Addiction, Transitional Housing, Inc (Positive Living Program), and AIDS Task Force. (Rush, 2009 & 2010. Catchings-EI, 2011)

Figure 6. Annual percent of cases involving injection drug use (IDU) for incident HIV/AIDS cases reported as Cleveland residence, from 1994 to 2010



3. Fewer females, more males by percentage

Only 14.9% of incident HIV/AIDS diagnoses were female. This is the lowest proportion in the past twenty years of local surveillance. Much of this decrease was due to a large drop in the number (and percent) of African American females in the incidence counts (17.3% in 2008-2009 combined incidence versus 10.8% of incidence in 2010) **See Table 3.**

This may be an indication of success from many years of coordinated community-based prevention efforts targeted at African American females. Some of these agencies include the Agape Program of Antioch Development Corporation/Antioch Baptist Church, Northeast Ohio Neighborhood Health Services-NEON (SISTA program), Planned Parenthood, Recovery Resources (SISTA), Free Clinic of Greater Cleveland (High Risk HIV Education and Training), May Dugan Center (Living Free Program), and Transitional Housing, Inc. (Positive Living), Cleveland Treatment Center (Real AIDS Prevention Project). (Rush, 2009 & 2010)

4. Mother to child transmission of HIV

HIV risk counseling and voluntary testing of pregnant women prior to delivery has been a routine practice in medicine since recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics in 1995. Because infants were still being born exposed to HIV, the CDC twice altered its recommendations, in 2003, to make HIV testing a routine part of all pregnancy

testing, and in 2004 to include testing at the time of delivery to pregnant women of unknown HIV status. (CDC, 2004. AMCHP, 2006) In addition, mothers with HIV can be treated with medications just prior and at the time of delivery to prevent transmission to the infant. Taken together, these actions have reduced mother to infant transmission to a rare occurrence.

Locally, there still are rare cases of this “vertical” transmission. In 2009, a very young child was diagnosed with HIV, believed to have been born with HIV but diagnosed months later when the mother was retested. **No cases of vertical transmission were reported in 2008 and 2010.**

5. More MSM males reported

Seven in every ten (69.8%, 88 of 126) males diagnosed in 2010 with HIV/AIDS reported MSM activity as their primary risk of HIV transmission. For 2008-2009, only 57.9% of males with incident HIV/AIDS reported MSM behavior. See **Table 4**.

Another 7.1% (9 of 126 males) reported bisexual risk behavior. Taken together, **nearly eight in every ten males (77.0%) diagnosed with HIV/AIDS in 2010 reported MSM or bisexual risk behavior leading to HIV transmission.** The remainder reported heterosexual (18.3%), IDU risk (1.6%) or did not provide risk information (3.2%).

Nearly all of the white MSM males (83%) reported MSM behavior compared to 62% of African American and 73% of Hispanic males (Cuyahoga Co, 2010, incidence.) About 9% of the African American MSM males and 7.3% of the white MSM males reported bisexual risk.

Overall Demographics

Tables 3 and 4 present the demographics of incident cases for Cuyahoga County reported in 2008-2009 compared to 2010, and similar demographics for Cleveland. Using a two-year period provides a more stable baseline to compare against 2010 incidence.

Comments on Youth, Young Adults and Prevention

Prevention messages to youth and young adults, beginning in Cleveland Metropolitan School District (CMSD), charter and private schools, should focus on schools in the geographic areas listed above and in the map provided in Figure 4. Other countywide school systems can contact the Office of Biostatistics and Office of HIV Services directly for more specific information on HIV/AIDS and other sexually transmitted diseases in youth.

African American males continue to dominate the number of new diagnoses among youth, reporting MSM, heterosexual and bisexual risk of HIV transmission. Most of the HIV/AIDS incidence among White young male adults predominately report MSM risk. IDU is rare among incident HIV/AIDS in young adults.

The **response by public health** has been evolving since 2005, soon after CDPH surveillance reported an increase in HIV/AIDS among teens. The Cleveland Department of Public Health (CDPH) and the Cuyahoga County Board of Health (CCBH) have been providing prevention information through the CDPH Health Mobile, often parking adjacent to CMSD school property. In addition, the K-12 Responsible Sexual Behavior Education Initiative for Cleveland Metropolitan Schools extends age-appropriate messages for improved health, self-esteem and responsible behavior. This initiative is supported by CDPH, CCBH, and the Ohio Department of Health, in addition to many local foundations. Recent evaluation of this initiative has shown remarkable progress and strong acceptance among students (Philiber, 2011). For schools in the first ring of neighborhoods beyond Cleveland, the Teen Wellness Initiative program provides focused prevention programming to students in grades 5-8.

Public health representatives also provide trainings for sexual health educators and community stakeholders. These trainings include discussions on local surveillance, incidence trends, and cultural competency related to HIV/AIDS and other sexually transmitted disease prevention messaging. Other initiatives include the use of social messaging, electronic outreach and face-to-face prevention efforts at local health fairs, Cleveland recreation centers and local events.

While these messages are available to those youth attending school and those that seek out prevention and screening, **our most vulnerable youth in foster care, re-entry programs and groups settings are at highest risk.** Many of these marginalized youth have not completed a high school education, do not have health care coverage and lack social supports. Many become homeless. We are aware through discussions with area social service agencies that substance abuse is very common among these youth. Some turn to commercial sex work. Some rely on intergenerational relationships (same or opposite sex) in exchange for room and board, setting up an imbalanced power dynamic where the youth is entirely dependent on the older person. Safe sex practices, including barrier protection (condoms) are never or rarely used. Taken together, vulnerable youth must hear prevention messages early and often, reached through an approach integrating placement and social service, substance abuse prevention, mental health and responsible sexual health education. Innovative strategies for this integration are needed.

The medical community and AIDS service agencies must be vigilant in maintaining these young adults with HIV/AIDS in comprehensive and culturally sensitive care management to reduce community viral load. (Speigel and Futterman, 2009.)

Comments on Prevention and Injection Drug Use

Syringe exchange programs appear to be associated to the stark decrease in the annual percentage of incident HIV cases associated with injection drug use. Since 2005, IDU-associated annual HIV/AIDS incidence in Cleveland has been less than 5%, and lower in Cuyahoga County. For 2005-2009 for Ohio, the average annual incidence has been 5.5% (ODH, 2011, pp. 18). Most recently for 2009 for Ohio, incidence of IDU-associated HIV/AIDS was 4.7% compared to 3.3% for Cleveland (ODH, 2011, pp. 13). **Because Cleveland and Cuyahoga County has had consistently lower incidence associated with IDU than all of Ohio, it is plausible that the needle exchange program may be a determining factor for this difference.** This assumes that prevention programs and the prevalence of injection drug use are similar between Cleveland and the state. We are unaware of adequate and valid sources of data to inform this latter assumption.

Contact Information

The Cleveland Department of Public Health is committed to provide the community with surveillance data helpful in targeting at-risk populations for evidence-based and innovative interventions that educate, support risk reduction and promote better health in the prevention of sexually transmitted diseases. Please contact the Office of Biostatistics (216) 664-4353 and the Office of HIV Services for more information. The CDPH Office of Biostatistics is solely responsible for the content of this report. Media requests should be forwarded to the Mayor's Office of Communication at 216-664-2220, Maureen R. Harper, Chief.



References

Association of Maternal and Child Health Programs (AMCHP). HIV Testing In Pregnant Women. Washington, DC: AMCHP. July 08, 2006. Issue Brief. Available at <http://www.amchp.org/publications/HIVPrevention/Documents/HIV%20Forum%20Issue%20Brief.pdf>

Catchings-EI, Vivian. ADAHMS Board of Cuyahoga County. 2011.

Centers for Disease Control and Prevention (CDC). Enhanced perinatal surveillance United States, 1999—2001. Atlanta: US Department of Health and Human Services; 2004: 1-21. Special Surveillance Report 4.

Ohio Department of Health (ODH), 2009 HIV Infection Annual Surveillance Report. 2011. Available at <http://www.odh.ohio.gov/healthStats/disease/hivdata/hcty1.aspx>

Philiber Research Associates. Evaluation of the K-12 Responsible Sexual Behavior Education Initiative in the Cleveland Metropolitan School District. February 2011. Philiber Research Assoc., Accord, NY.

Rush, DP. 2009 Consolidated Plan, Budget for Year 35 CDBG-AIDS Prevention and 2009 Housing Opportunities for Persons With AIDS (HOPWA) Programs. City of Cleveland Department of Community Development. Presented at the City Council Budget Hearings, March 2009.

Rush, DP. 2010 Consolidated Plan, Budget for Year 35 CDBG-AIDS Prevention and 2009 Housing Opportunities for Persons With AIDS (HOPWA) Programs. City of Cleveland Department of Community Development. Presented at the City Council Budget Hearings, March 2010.

Speigel HM, Futterman DC. Adolescents and HIV: prevention and clinical care. Current HIV/AIDS Reports; May 2009;6(2):100-7.

Acknowledgements

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Table 3.

Demographics of incident HIV/AIDS cases for Cuyahoga County and Cleveland, 2008-2009 and 2010, reported by number and percent

	Cuyahoga County				Cleveland			
	2008-2009		2010		2008-2009		2010	
	N	%	N	%	N	%	N	%
Total incident HIV-only and AIDS cases	387	100	148	100	249	100	93	100
Percent as Cleveland residents (row percent)					249/387 = 64%		93/148 = 63%	
Male	292	75.4	126	85.1	183	73.5	79	85.0
Female	95	24.6	22	14.9	66	26.5	14	15.0
HIV-only	297	76.7	105	71.0	196	78.7	66	71.0
HIV-with-AIDS	90	23.3	43	29.0	53	21.3	27	29.0
Black/African American*	230	59.4	84	56.8	164	65.9	53	57.0
White*	116	30.0	45	30.4	57	22.9	25	26.9
Others *	4	1.1	1	0.7	1	0.4	0	0
Hispanic	26	6.7	13	8.8	20	8.0	10	10.8
Unknown	11	2.8	5	3.3	7	2.8	5	5.4
Black/Af Am males*	163	42.1	68	45.9	116	46.6	43	46.2
Black/Af Am females*	67	17.3	16	10.8	48	19.3	10	10.8
White males*	101	26.1	41	27.7	47	18.9	23	24.7
White females*	15	3.9	4	2.7	10	4.0	2	2.2
Others – males*	2	0.5	1	0.7	1	0.4	0	0.0
Others – females*	2	0.5	0	0.0	0	0.0	0	0.0
Hispanic males	19	4.9	11	7.4	15	6.0	8	8.6
Hispanic females	7	1.8	2	1.4	5	2.0	2	2.2
Unknown race/ethnicity – males	7	1.8	5	3.4	4	1.6	5	5.4
Unknown race/ethnicity – females	4	1.0	0	0.0	3	1.2	0	0.0
Totals	387	100.0	148	100.0	249	100.0	93	100.0
Age at diagnosis								
Perinatal	0	0	0	0	0	0	0	0
1-12	1	0.3	0	0	0	0	0	0
13-19	19	4.9	17	11.5	17	11.5	12	12.9
20-24	51	13.2	27	18.2	27	18.2	15	16.1
25-29	63	16.3	20	13.5	20	13.5	13	14.0
30-39	111	28.7	30	20.3	30	20.3	19	20.4
40-49	89	23.1	34	23.0	34	23.0	20	21.5
50-64	49	12.7	19	12.8	19	12.8	13	14.0
65+	3	0.8	1	0.7	1	0.7	1	1.1

*non-Hispanic

Table 4.

Self-reported risk of HIV transmission of incident HIV/AIDS cases for Cuyahoga County and Cleveland, 2008-2009 and 2010, reported by number and percent

	Cuyahoga County					Cleveland			
	2008-2009		2010			2008-2009		2010	
	N	%	N	%		N	%	N	%
Total incident HIV-only and AIDS cases	387	100	148	100		249	100	93	100
Transmission Risk among Males									
- MSM	169	57.9	88	69.8		103	56.3	57	72.2
- Any IVDU	3	1.0	2	1.6		4	2.2	2	2.5
- Bisexual	26	8.9	9	7.1		18	9.8	3	3.8
- Heterosexual	66	22.6	23	18.3		41	22.4	14	17.7
- Unknown	24	8.2	4	3.2		16	8.7	3	3.8
- Vertical Transmission	1	0.4	0	0		0	0	0	0
Total	292	100	126	100		183	100	79	100
Transmission Risk among Females									
- Heterosexual	80	84.2	20	90.9		56	84.9	13	92.9
- Any IVDU	5	5.3	1	4.55		4	6.05	1	7.1
- Bisexual	2	2.1	0	0		2	3.0	0	0
- Unknown	8	8.4	0	0		4	6.05	0	0
- Vertical Transmission	0	0	1	4.55		0	0	0	0
Total	95	100	22	100		66	100	14	100



Cleveland Department of Public Health CUYAHOGA COUNTY HIV/AIDS PREVALENCE REPORT

**Final Report
2010**

Reported persons living with HIV/AIDS as of Dec. 31, 2010
by selected characteristics, Cuyahoga County cases and prevalence per 100,000
(Provisional data received as of May 1, 2011)

Characteristic	Reported Persons Living with HIV/AIDS			Living with HIV or AIDS by Current Disease Status				All Ohio - Persons Living with HIV/AIDS as of Dec. 31, 2009		
	Rate**	No.	%	HIV	%	AIDS	%	Rate	Cases	Percent
Gender										
- Male	535.9	3,252	76%	1,453	74%	1,799	78%	233.9	13,076	79%
- Female	150.9	1,016	24%	515	26%	501	22%	58.9	3,460	21%
Age as of report										
<13	6.5	13	0%	9	0%	4	<1%	3.2	61	<1%
13-14	46.5	16	<1%	15	1%	1	<1%	8.5	27	<1%
15-24	99.1	167	4%	120	6%	47	2%	47.7	751	5%
25-34	309.0	491	12%	359	18%	132	6%	162.2	2,370	14%
35-44	561.3	991	23%	508	26%	483	21%	308.1	4,904	30%
45-54	783.9	1,572	37%	573	29%	999	43%	331.6	5,787	35%
55-64	558.0	816	19%	300	15%	516	22%	168.1	2,181	13%
65+	96.7	190	4%	74	4%	116	5%	29.5	456	3%
Race/Ethnicity										
White, non-Hispanic	168.1	1,321	31%	558	28%	763	33%	85.1	8,126	49%
Black, non-Hispanic	633.1	2,374	56%	1,101	56%	1,273	55%	518.2	7,309	44%
Hispanic	665.9	408	10%	175	9%	233	10%	266.8	757	5%
Other, non-Hispanic	*	20	<1%	12	1%	8	<1%	*	100	<1%
Unknown	*	145	3%	122	6%	23	1%	*	245	1%
Race/Gender										
White, non-Hispanic Male	308.6	1,150	27%	472	24%	678	29%	150.2	7,002	42%
White, non-Hispanic Female	41.4	171	4%	86	4%	85	4%	23.0	1,124	7%
Black, non-Hispanic Male	965.4	1,716	40%	780	40%	936	41%	784.3	5,260	32%
Black, non-Hispanic Female	333.7	658	15%	321	16%	337	15%	277.0	2,049	12%
Hispanic Male	912.4	265	6%	101	5%	164	7%	371.3	548	3%
Hispanic Female	443.8	143	3%	74	4%	69	3%	153.5	209	1%
Other Race, Male	*	17	<1%	10	<1%	7	<1%	*	80	<1%
Other Race, Female	*	3	<1%	2	<1%	1	<1%	*	20	<1%
Unknown	*	145	3%	122	6%	23	1%	*	245	1%
TOTAL	333.4	4,268	100%	1,968	46%	2,300	54%	144.2	16,537	100%

* CUYAHOGA COUNTY CASE is defined as an individual who is classified as infected with HIV or diagnosed with AIDS as a resident of Cuyahoga County at the time of diagnosis, is believed to have been infected while a resident of Cuyahoga County and resided in the county at last report.

The Cuyahoga County cumulative data are from 1981 through the month of this report. Source: CDPH Confidential HIV/AIDS Surveillance Registry.

Ohio cumulative data as of December 31, 2009 were obtained from the ODH HIV/AIDS Surveillance Unit available at www.odh.ohio.gov

**Rate: Living with HIV/AIDS rate is the number of persons living with HIV/AIDS per 100,000 population calculated using 2010 US Census for Cuyahoga County (1,280,122) from the Population Estimate Program (US Census Bureau). Census levels for ages are proportional to those reported in the 2008 Census. Dash or hyphen indicates no cases were reported for the given category, and asterisks note that no rates are available.

Some rates are not available because appropriate census denominators are not possible for the category.



CITY OF CLEVELAND
Mayor Frank G. Jackson on

Cleveland Department of Public Health
CUYAHOGA COUNTY HIV/AIDS EXPOSURE REPORT

Reported persons living with HIV/AIDS as of Dec. 31, 2010
by exposure characteristics, Cleveland Area* Cases
(Provisional data received as of May 1, 2011)

Final Report
2010

Race/Ethnicity Exposure Category	Total Persons Living with HIV/AIDS			Males Living with HIV/AIDS			Females Living with HIV/AIDS		
	Cases	%	% excludg RNR (e)	Cases	%	% excludg RNR (e)	Cases	%	% excludg RNR (e)
White/ Non-Hispanic									
Male/Male Sex	715	54%	62%	715	62%	70%	-	-	-
Injection Drug Use (IDU)	79	6%	7%	53	5%	5%	26	15%	19%
Male/Male Sex & IDU	29	2%	3%	29	3%	3%	-	-	-
Bisexual Contact	96	7%	8%	96	8%	9%	0	0%	0%
Bisexual & IDU	11	1%	1%	11	1%	1%	0	0%	0%
Heterosexual Contact	206	16%	18%	96	8%	9%	110	64%	80%
Blood Product Receipt	9	1%	1%	9	1%	1%	0	0%	0%
Perinatal Transmission	10	1%	1%	9	1%	1%	1	1%	1%
Risk Not Reported (RNR)	166	13%		132	11%		34	20%	
Black-Afr Amer (Non-Hisp.)									
Male/Male Sex	683	29%	34%	683	40%	46%	-	-	-
Injection Drug Use (IDU)	176	7%	9%	103	6%	7%	73	11%	13%
Male/Male Sex & IDU	32	1%	2%	32	2%	2%	-	-	-
Bisexual Contact	223	9%	11%	214	12%	15%	9	1%	2%
Bisexual & IDU	16	1%	1%	15	1%	1%	1	<1%	<1%
Heterosexual Contact	831	35%	41%	398	23%	27%	433	66%	79%
Blood Product Receipt	16	1%	1%	8	0%	1%	8	1%	1%
Perinatal Transmission	41	2%	2%	16	1%	1%	25	4%	5%
Risk Not Reported (RNR)	356	15%		247	14%		109	17%	
Hispanic									
Male/Male Sex	60	15%	17%	60	23%	26%	-	-	-
Injection Drug Use (IDU)	99	24%	29%	78	29%	34%	21	15%	18%
Male/Male Sex & IDU	1	<1%	<1%	1	<1%	<1%	-	-	-
Bisexual Contact	14	3%	4%	13	5%	6%	1	1%	1%
Bisexual & IDU	1	<1%	<1%	1	<1%	<1%	0	0%	0%
Heterosexual Contact	145	36%	42%	65	25%	28%	80	56%	70%
Blood Product Receipt	3	<1%	<1%	1	<1%	<1%	2	1%	2%
Perinatal Transmission	23	6%	7%	12	5%	5%	11	8%	10%
Risk Not Reported (RNR)	62	15%		34	13%		28	20%	
	No.	%	%, 2009(a)	No.	%	%, 2009(b)	No.	%	%, 2009(c)
All Races and Ethnicities									
Male/Male Sex	1484	35%	46%	1484	46%	58%	-	-	-
Injection Drug Use (IDU)	358	8%	7%	237	7%	6%	121	12%	11%
Male/Male Sex & IDU	62	1%	3%	62	2%	4%	-	-	-
Bisexual Contact	339	8%	-	329	10%	-	10	1%	(other)
Bisexual & IDU	28	1%	-	27	1%	-	1	<1%	(other)
Heterosexual Contact	1198	28%	14%	566	17%	5%	632	62%	46%
Blood Product Receipt	28	1%	30%	18	1%	27%	10	1%	43%
Perinatal Transmission	76	2%	(other +	37	1%	(other +	39	4%	(other +
Risk Not Reported	695	16%	unknown)	492	15%	unknown)	203	20%	unknown)
Total	4,268	100%	100%	3,252	100%	100%	1,016	100%	100%

* CUYAHOGA COUNTY CASE is defined as an individual who is classified as infected with HIV or diagnosed with AIDS as a resident of Cuyahoga County at the time of diagnosis, is believed to have been infected while a resident of Cuyahoga County and resided in the county at last report.

(a,b,c) The Ohio cumulative data as of Dec. 31, 2009 were obtained from the ODH HIV/AIDS Surveillance Unit.

(a) % of 16,537 Ohio total living cases. (b) % of 13,077 Ohio living male cases. (c) % of 3,460 Ohio living female cases. Source: ODH

(d) Total numbers of cases include cases whose gender were not reported. (e) Percentage, excluding those not reporting risk (RNR)

Dash or hyphen indicates no cases were reported (or % e calculated) for the given category.



CITY OF CLEVELAND
Mayor Frank G. Jackson

Cleveland Department of Public Health CLEVELAND (ONLY) HIV/AIDS PREVALENCE REPORT

Final Report
2010

Reported persons living with HIV/AIDS as of Dec. 31, 2010
by selected characteristics, Cleveland Resident Cases* and prevalence** per 100,000
(Provisional data reported to CDPH as of May 1, 2011)

Characteristic	Reported Persons Living with HIV/AIDS			Living with HIV or AIDS by Current Disease Status				All Ohio - Persons Living with HIV/AIDS as of Dec. 31, 2009		
	Rate**	Cases	%	HIV	%	AIDS	%	Rate	Cases	Percent
Gender										
- Male	1095.0	2,253	74%	1,010	73%	1,243	76%	233.9	13,076	79%
- Female	343.5	775	26%	377	27%	398	24%	58.9	3,460	21%
Age as of report										
<13	11.4	9	<1%	6	0%	3	<1%	3.2	61	<1%
13-14	118.5	14	<1%	13	1%	1	<1%	8.5	27	<1%
15-24	202.6	129	4%	90	7%	39	2%	47.7	751	5%
25-34	576.3	340	11%	242	18%	98	6%	162.2	2,370	14%
35-44	1159.6	715	24%	352	26%	363	22%	308.1	4,904	30%
45-54	1735.5	1,120	37%	404	29%	716	44%	331.6	5,787	35%
55-64	1288.7	568	19%	222	16%	346	21%	168.1	2,181	13%
65+	226.3	125	4%	51	4%	74	5%	29.5	456	3%
Race/Ethnicity										
White, non-Hispanic	438.3	734	24%	306	22%	428	26%	85.1	8,126	49%
Black, non-Hispanic	824.8	1,804	60%	825	59%	979	60%	518.2	7,309	44%
Hispanic	967.3	370	12%	157	11%	213	13%	266.8	757	5%
Other, non-Hispanic	*	9	<1%	5	<1%	4	<1%	*	100	<1%
Unknown	*	111	4%	94	7%	17	1%	*	245	1%
Race/Gender										
White, non-Hispanic Male	788.4	626	21%	257	19%	369	22%	150.2	7,002	42%
White, non-Hispanic Female	122.7	108	4%	49	4%	59	4%	23.0	1,124	7%
Black, non-Hispanic Male	1258.3	1,305	43%	590	43%	715	44%	784.3	5,260	32%
Black, non-Hispanic Female	433.9	499	16%	235	17%	264	16%	277.0	2,049	12%
Hispanic Male	1290.1	234	8%	88	6%	146	9%	371.3	548	3%
Hispanic Female	676.2	136	4%	69	5%	67	4%	153.5	209	1%
Other Race, Male	*	8	<1%	5	<1%	3	<1%	*	80	<1%
Other Race, Female	*	1	<1%	0	0%	1	<1%	*	20	<1%
Unknown	*	111	4%	94	7%	17	1%	*	245	1%
TOTAL	763.1	3,028	100%	1,387	46%	1,641	54%	144.2	16,537	100%

* CLEVELAND RESIDENT CASE is defined as an individual who is classified as HIV or AIDS and was diagnosed while residing in Cleveland and is believed to have been infected in the Greater Cleveland area and is currently residing in Cleveland at last report. The Cleveland Area cumulative data are from 1980 through the month of this report. Source: CDPH Confidential HIV/AIDS Surveillance Registry.

Ohio cumulative data as of December 31, 2009 were obtained from the ODH HIV/AIDS Surveillance Unit available at www.odh.ohio.gov

**Rate: Living with HIV/AIDS rate is the number of persons living with HIV/AIDS per 100,000 population calculated using 2010 US Census for Cleveland (396,815) from the Population Estimate Program of the US Census bureau. Census levels for subgroups are proportional to those reported in the 2000 Census or 2005-2009 American Community Survey. Dash or hyphen indicates no cases were reported for the given category, and asterisks note that no rates are available.



CITY OF CLEVELAND
Mayor Frank G. Jackson

Cleveland Department of Public Health
CLEVELAND (ONLY) HIV/AIDS EXPOSURE REPORT
 Reported persons living with HIV/AIDS as of Dec. 31, 2010
 by selected characteristics, Cleveland Resident Cases*
 (Provisional data reported to CDPH as of May 1, 2011)

Final Report
2010

Race/Ethnicity Exposure Category	Total Persons Living with HIV/AIDS			Males Living with HIV/AIDS			Females Living with HIV/AIDS		
	Cases	%	% excludg RNR (e)	Cases	%	% excludg RNR (e)	Cases	%	% excludg RNR (e)
White/ Non-Hispanic									
Male/Male Sex	375	51%	59%	375	60%	68%	0	0%	0%
Injection Drug Use (IDU)	51	7%	8%	31	5%	6%	20	19%	22%
Male/Male Sex & IDU	18	2%	3%	18	3%	3%	0	0%	0%
Bisexual Contact	48	7%	7%	48	8%	9%	0	0%	0%
Bisexual & IDU	9	1%	1%	9	1%	2%	0	0%	0%
Heterosexual Contact	131	18%	20%	59	9%	11%	72	67%	78%
Blood Product Receipt	4	1%	1%	4	1%	1%	0	0%	0%
Perinatal Transmission	5	1%	1%	5	1%	1%	0	0%	0%
Risk Not Reported (RNR)	93	13%	-	77	12%	-	16	15%	-
Black-Afr Amer (Non-Hisp.)									
Male/Male Sex	519	29%	34%	519	40%	46%	0	0%	0%
Injection Drug Use (IDU)	145	8%	9%	84	6%	8%	61	12%	15%
Male/Male Sex & IDU	25	1%	2%	25	2%	2%	0	0%	0%
Bisexual Contact	171	9%	11%	163	12%	15%	8	2%	2%
Bisexual & IDU	14	1%	1%	14	1%	1%	0	0%	0%
Heterosexual Contact	614	34%	40%	293	22%	26%	321	64%	77%
Blood Product Receipt	13	1%	1%	8	1%	1%	5	1%	1%
Perinatal Transmission	33	2%	2%	11	1%	1%	22	4%	5%
Risk Not Reported (RNR)	270	15%	-	188	14%	-	82	16%	-
Hispanic									
Male/Male Sex	43	12%	14%	43	18%	21%	0	0%	0%
Injection Drug Use (IDU)	95	26%	31%	74	32%	37%	21	15%	19%
Male/Male Sex & IDU	1	<1%	<1%	1	<1%	<1%	0	0%	0%
Bisexual Contact	13	4%	4%	12	5%	6%	1	1%	1%
Bisexual & IDU	1	<1%	<1%	1	<1%	<1%	0	0%	0%
Heterosexual Contact	132	36%	43%	58	25%	29%	74	54%	69%
Blood Product Receipt	2	<1%	<1%	1	<1%	<1%	1	1%	1%
Perinatal Transmission	23	6%	7%	12	5%	6%	11	8%	10%
Risk Not Reported (RNR)	60	16%	-	32	14%	-	28	21%	-
	No.	%	Ohio, % 2009(a)	No.	%	Ohio, % 2009(b)	No.	%	Ohio, % 2009(c)
All Races and Ethnicities									
Male/Male Sex	953	31%	46%	953	42%	63%	0	0%	-
Injection Drug Use (IDU)	294	10%	6%	192	9%	5%	102	13%	11%
Male/Male Sex & IDU	44	1%	3%	44	2%	4%	0	0%	-
Bisexual Contact	234	8%	-	225	10%	-	9	1%	(other)
Bisexual & IDU	24	1%	-	24	1%	-	0	0%	(other)
Heterosexual Contact	891	29%	17%	415	18%	7%	476	61%	55%
Blood Product Receipt	19	1%	24%	13	1%	22%	6	1%	34%
Perinatal Transmission	62	2%	(other + unknown)	28	1%	(other + unknown)	34	4%	(other + unknown)
Risk Not Reported	507	17%		359	16%		148	19%	
Total	3,028	100%	100%	2,253	100%	100%	775	100%	100%

* CLEVELAND RESIDENT CASE is defined as an individual who is classified as HIV or AIDS and was diagnosed while residing in Cleveland and is believed to have been infected in the Greater Cleveland area and is currently residing in Cleveland at last report.

The Cleveland Area cumulative data are from 1980 through the month of this report. Source: CDPH Confidential HIV/AIDS Surveillance Registry.

(a,b,c) The Ohio cumulative data as of Dec. 31, 2009 were obtained from the ODH HIV/AIDS Surveillance Unit.

(a) % of 16,537 Ohioans living with HIV/AIDS. (b) % of 13,077 Ohio males living with HIV/AIDS (c) % of 3,460 Ohio females living with HIV/AIDS

(d) Total numbers of cases include cases whose gender were not reported.

(e) Percentage, excluding those not reporting risk (RNR)

Dash or hyphen indicates no cases were reported (or % calculated) for the given category.