

2014 HIV/AIDS Epidemiology Profile for Cuyahoga County and the City of Cleveland

Cleveland Department of Public Health

Office of Communicable Disease Surveillance and Epidemiology

Office of HIV/AIDS



Executive Summary

- In 2014, there were 209 HIV/AIDS cases in Cuyahoga County; 58% of the cases were Cleveland residents.
- Over the past three years, the number of cases has been steadily increasing in the 'Under 30' age group. Also, the number of cases among teenagers (18yo or younger) are steadily on the rise.
- 31% of cases in 2014 were African-American men who have sex with men MSM ages 13-29yo. This is the most at-risk population for new HIV infections.
- 21% of cases reported having met a sexual partner on the Internet in the 12 months prior to diagnosis. Public health officials need to engage social media in their education and prevention efforts.
- 63% of cases reported having an anonymous sex partner in the 12 months prior to diagnosis. 8% of cases reported that they had sex with someone that they knew had HIV. This high-risk sexual activity demonstrates the need to educate the community about the use of pre-exposure prophylaxis PrEP to protect against HIV.
- Municipalities immediately surrounding Cleveland, such as Cleveland Heights, Lakewood, and East Cleveland, are seeing an upward trend in the number of new cases.
- Within the jurisdiction of Cleveland, neighborhoods such as Glenville, Broadway-Slavic Village, Old Brooklyn, and Union-Miles are seeing the highest levels of new infections.
- Targeted testing amongst high risk populations is an integral component of HIV prevention efforts, along with encouraging use of PrEP.

Methodology

Epidemiologic data was obtained from the Ohio Disease Reporting System (ODRS) at the Ohio Department of Health. All cases were diagnosed in Cuyahoga County. Incidence data only pertains to individuals who were diagnosed for the first time in Cuyahoga County. All data is self-reported by the individual. Additional guidelines for cleaning and defining cases were outlined by the HIV/AIDS Surveillance Team at the Ohio Department of Health. Residence was based on where the case lived at the time of diagnosis.

For questions or comments, please contact the CDPH Office of Communicable Disease Surveillance and Epidemiology at 216-664-3747.

Acknowledgements

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Prevalence

Prevalence reflects the number of persons living with the human immunodeficiency virus (HIV) as of December 31, 2014. According to the HIV/AIDS surveillance records, **there are 5040 cases in Cuyahoga County. Of those cases, 3378 cases were in Cleveland.** In 2013, there were 4831 cases in Cuyahoga County, and 3256 cases in Cleveland. Changes in prevalence include new cases of HIV/AIDS and immigration of existing cases from outside Cuyahoga County into the area. Prevalence excludes deaths and those who are known to have relocated from the area. Any year-to-year difference in prevalence should not be interpreted as incidence. The prevalence rate of persons living with HIV/AIDS in Cuyahoga County is 393.7 per 100,000 residents in 2014. This is a 4.3% increase from the 2013 rate.

Race/Ethnicity: The prevalence rate for Black/African-American non-Hispanic persons was 230.4 per 100,000, the highest of all ethnicities and races.

Gender: The prevalence rate for males was 304.9 per 100,000; the rate for females was 88.7 per 100,000. The rate for males was 3.4 times greater than females.

The prevalence rate of persons living with HIV/AIDS in the City of Cleveland is 851.2 per 100,000 residents in 2014. This is a 1.6% increase from 2013. The rate in Cleveland is 2.2 times greater than the rate of Cuyahoga County.

Incidence

In 2014, 209 county residents were newly diagnosed with HIV-only or HIV-with-AIDS, for an incidence rate of 16.3 per 100,000. This is a 3% increase in the incidence rate from 2013. 122 of these new cases (58.4%) in the county were Cleveland residents at the time of diagnosis. In 2013, 64% of new diagnoses were Cleveland residents. In 2014, Cleveland had an incidence rate of 30.7 per 100,000; this is a 6.2% decrease in the incidence rate from 2013.

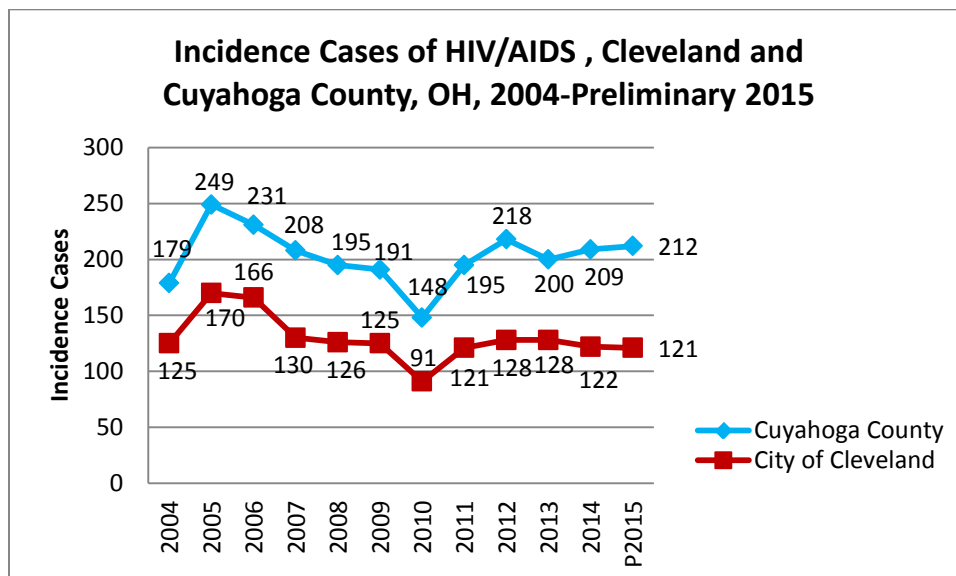
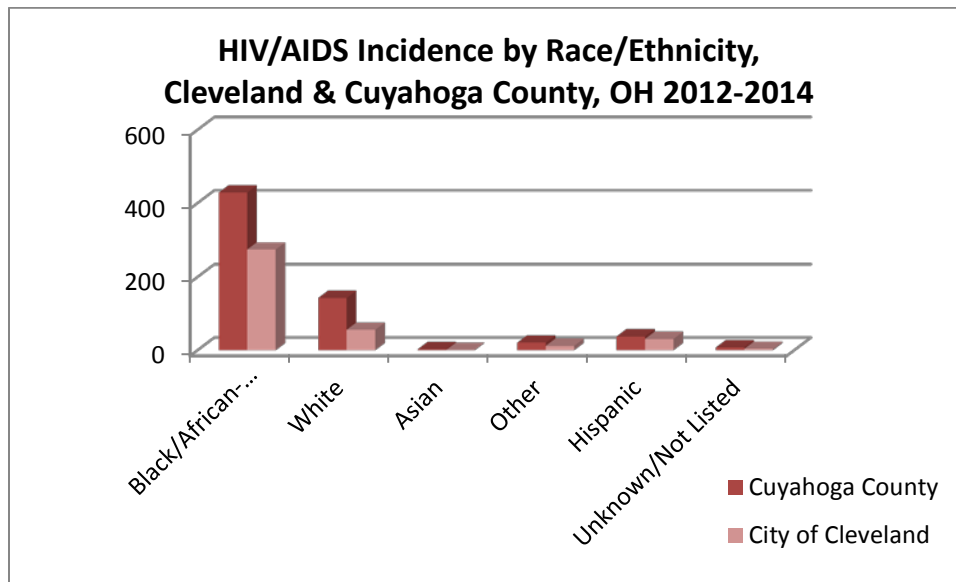
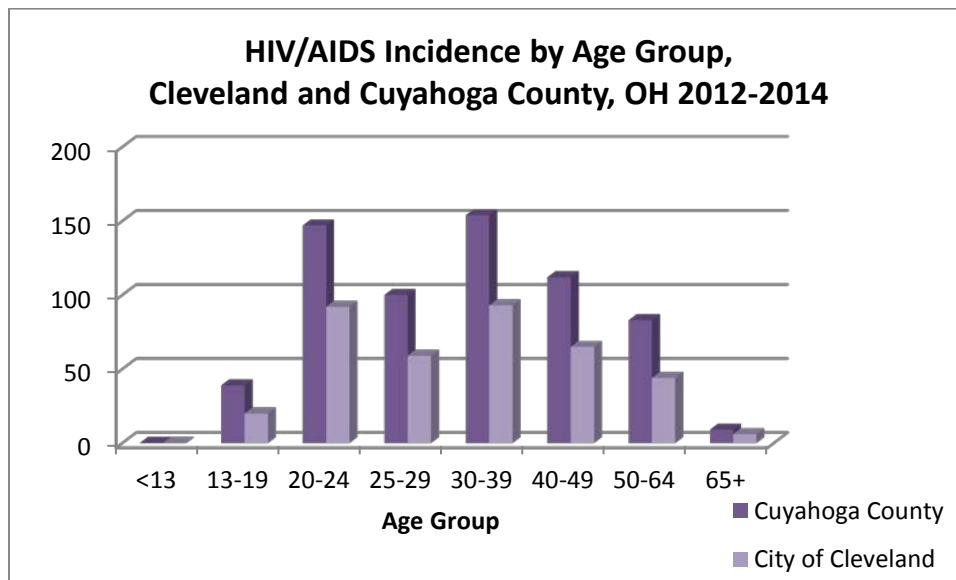


Table 1 - Demographics of Incident HIV/AIDS Cases for Cuyahoga County and Cleveland, 2012-2014, Reported by Number

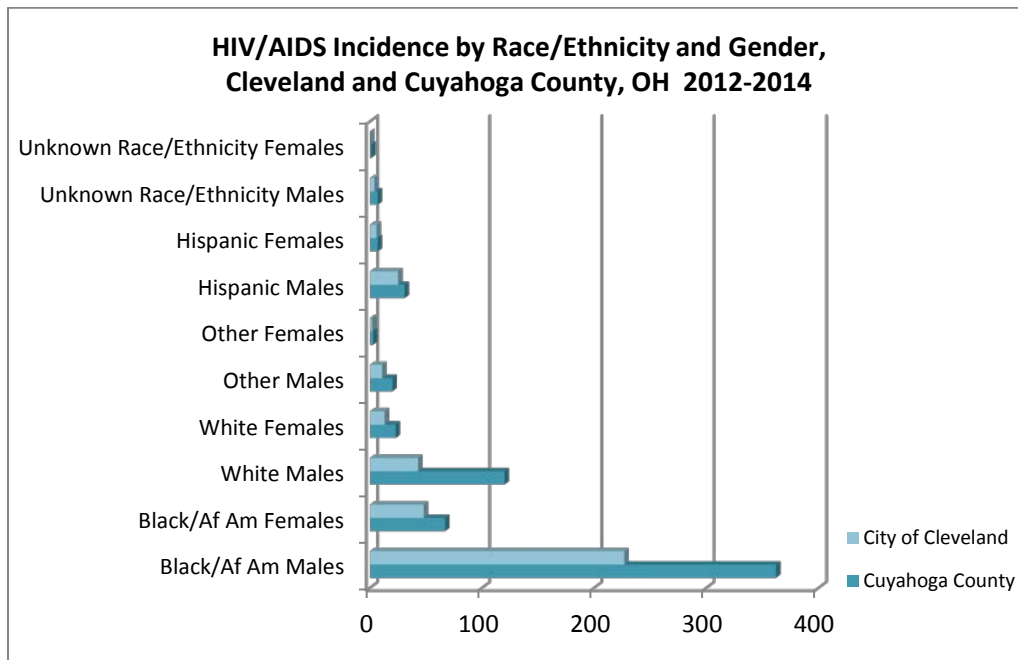
	Cuyahoga County Incident Cases				City of Cleveland Incident Cases		
	2012	2013	2014		2012	2013	2014
Total Incident Cases	208	227	209		117	140	122
Male	169	189	184		88	115	107
Female	39	37	25		29	25	15
Transgender	0	1	0		0	0	0
Black/African American*	133	143	153		84	97	94
White*	50	64	29		20	25	11
Asian	1	0	2		0	0	1
Other**	5	6	10		2	6	4
Hispanic	16	10	12		11	9	11
Unknown/Not Listed	1	4	3		0	3	1
Black/Af Am males*	106	119	137		63	80	84
Black/Af Am females*	27	24	16		21	17	10
White males*	41	57	22		15	21	7
White females*	9	7	7		5	4	4
Other males*	5	4	11		2	4	5
Other females*	0	2	1		0	2	0
Hispanic males	13	7	11		8	7	10
Hispanic females	3	3	1		3	2	1
Unknown race/ethnicity males	1	3	3		0	3	1
Unknown race/ethnicity females	0	1	0		0	0	0
Age at Diagnosis							
<13	0	0	0		0	0	0
13-19	10	14	15		7	5	8
20-24	42	49	56		25	33	34
25-29	25	38	37		12	25	22
30-39	52	52	50		26	35	32
40-49	45	37	30		30	22	13
50-64	31	34	18		15	18	11
65+	3	3	3		2	2	2
*non-Hispanic							
**non-Hispanic, Native American/American Indian, Bi-Multi Racial and others not listed							



From 2012-2014, the trend shows that African-Americans have the highest incidence of HIV/AIDS across Cuyahoga County and Cleveland.



The age group 30-39yo had the highest number of new HIV/AIDS cases in the past three years, with the 20-24yo age group closely behind. Across the county and Cleveland, individuals below the age of 30 are most impacted by HIV.



Black/African American males are seeing the highest incidence of cases in Cuyahoga County and the City of Cleveland.

In 2014, Cuyahoga County had the third highest incidence rate in the state at 16.3 (1st was Hamilton County at 18.3, 2nd was Franklin County at 17.5). The rate for the state of Ohio was 8.2 per 100,000.

Data at a more granular level is important in planning prevention and education strategies. Tables 2-5 provides incidence tables by zip code, municipality, statistical planning area (SPA, also known as neighborhood), and political ward.

Table 2 - Incidence Cases for Cuyahoga County, by Zip Code

Zip Code	Cases 2012-2014
44102	52
44107	35
44105	33
44120	32
44112	30
44109	30
44108	28
44104	27
44128	27
44111	25
44118	25
44106	23
44113	22
44137	22
44110	21
44103	20
44121	19
44135	17
44146	15
44122	14
44114	13
44115	9
44144	9
44070	7
44119	6
44127	6
44130	6
44138	5
44129	5
44142	5
44117	5
44116	<5
44123	<5
44125	<5
44132	<5
44133	<5
44126	<5
44136	<5
44143	<5
44145	<5
44017	<5
44120	<5
44134	<5
44139, 44147	<5
44141	<5

Table 3 - Incidence Cases for Cuyahoga County, by Municipality	
Municipality	Cases 2012-2014
Cleveland	371
Cleveland Heights	37
Lakewood	33
East Cleveland	27
Maple Heights	23
Euclid	18
Warrensville Heights	15
Bedford	9
Shaker Heights	9
South Euclid	8
North Olmsted	8
Parma	7
Garfield Heights	7
Brook Park	5
Olmsted	<5
Bedford Heights	<5
Middleburg Heights	<5
North Royalton	<5
Brooklyn	<5
Fairview Park	<5
Oakwood	<5
Parma Heights	<5
Rocky River	<5
Strongsville	<5
Beachwood	<5
Broadview Heights	<5
Highland Heights	<5
North Randall	<5
Richmond Heights	<5
Solon	<5
Westlake	<5
Brecksville	<5
Highland Hills	<5
University Heights	<5

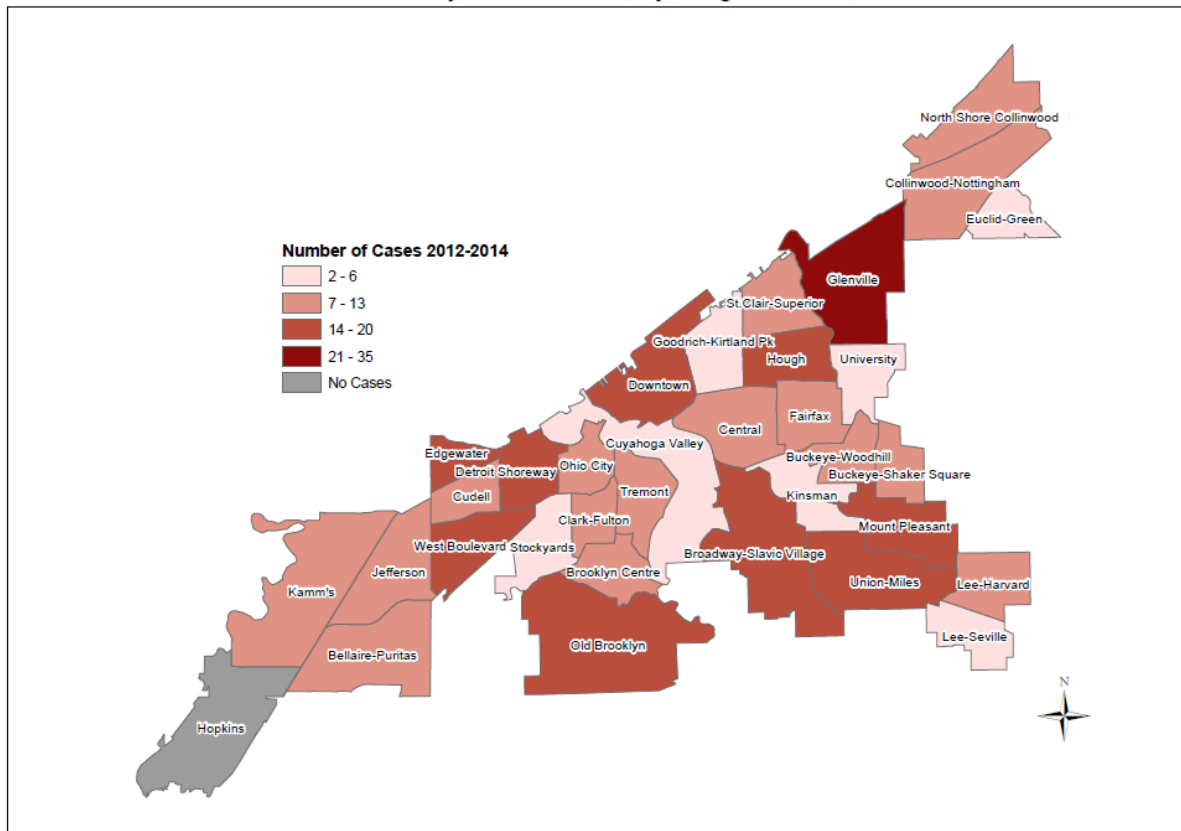
Table 4 - Incidence Cases for City of Cleveland, by Neighborhood (Statistical Planning Area)

Neighborhood	Cases 2012-2014
Glenville	35
Broadway-Slavic Village	20
Union-Miles	19
Old Brooklyn	19
Downtown	18
Edgewater	16
Mount Pleasant	16
Detroit Shoreway	15
West Boulevard	14
Hough	14
Buckeye-Woodhill	13
Kamm's	12
Collinwood-Nottingham	12
Ohio City	11
Buckeye-Shaker Square	11
Central	11
Bellaire-Puritas	11
Lee-Harvard	10
Brooklyn Centre	10
North Shore Collinwood	10
Jefferson	9
Cudell	9
St. Clair-Superior	8
Fairfax	8
Tremont	8
Clark-Fulton	7
Kinsman	6
Stockyards	5
Euclid-Green	<5
Goodrich-Kirtland Pk	<5
Lee-Seville	<5
University	<5
Cuyahoga Valley	<5

Table 5 - Incidence Cases for City of Cleveland, by Political Ward

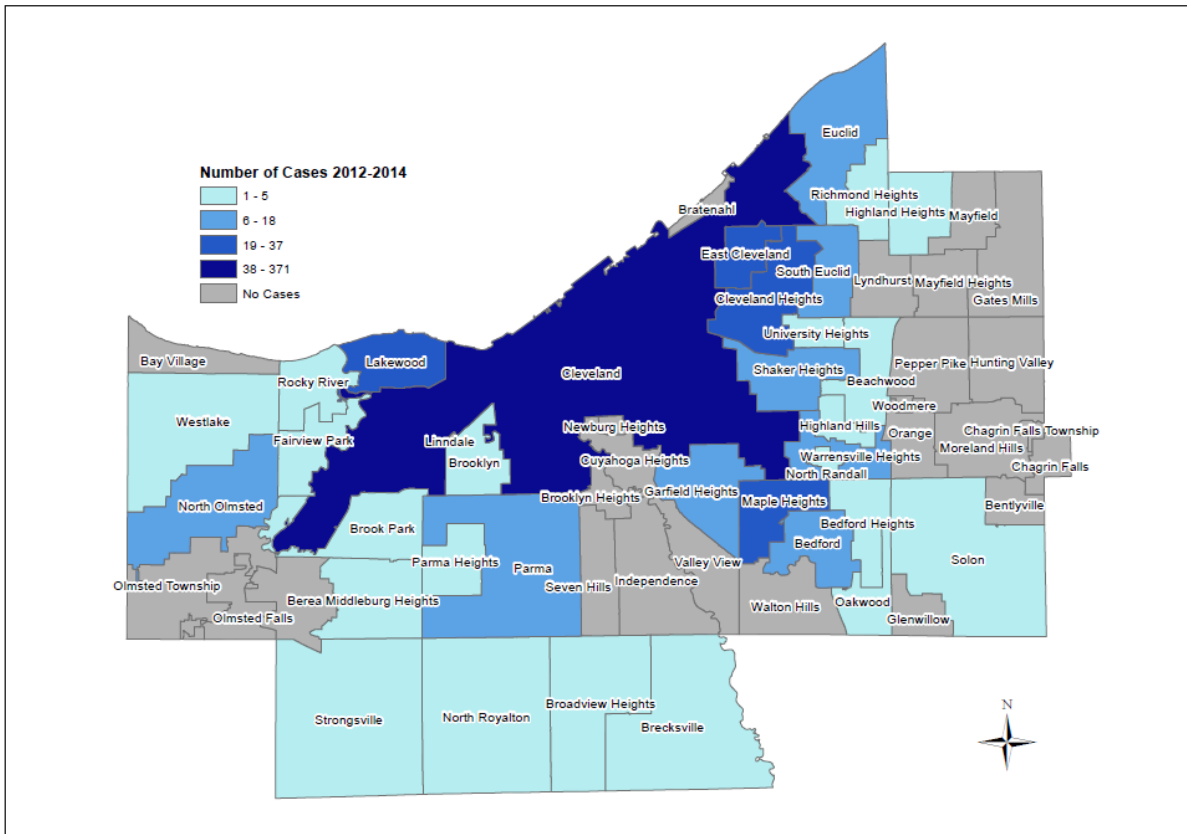
Wards	Cases 2012-2014
1	15
2	21
3	27
4	27
5	19
6	27
7	28
8	19
9	26
10	20
11	26
12	22
13	11
14	24
15	37
16	9
17	12

HIV Incidence in City of Cleveland, by Neighborhood, 2012-2014.



The map above provides a perspective on HIV incidence from 2012-2014 for the City of Cleveland, by neighborhood. The darker red areas show pockets of the city that are experiencing a higher number of cases. During this time period, Glenville has had the highest incidence of cases in Cleveland.

HIV Incidence in Cuyahoga County, by Municipality, 2012-2014.



The above map provides a visual for HIV incidence in Cuyahoga County, by Municipality, for 2012-2014. As expected, Cleveland is the municipality with the highest number of cases. Trends have started showing an increase of cases in municipalities just outside the City of Cleveland, such as Maple Heights, Cleveland Heights, East Cleveland, and Lakewood.

Injection Drug Use (IDU) Associated HIV Cases

Since 2008, the incidence of IDU-associated HIV cases has remained under 5%. From 2013 to 2014, incidence has increased slightly, from 1% to 2%, but overall remains very low. It is important that public health continues to monitor injection drug use among HIV cases, especially in light of the heroin crisis facing Cuyahoga County. According to the Cuyahoga County Medical Examiner, in 2014, there were 198 heroin-related deaths, the highest in recent years. Public health officials must be aware and ready for a potential spike in IDU-associated HIV cases.

Of the 2% of cases in 2014 (n=4), two resided in Cleveland, two were in municipalities outside of Cleveland.

Women and HIV

In 2012 and 2013 combined, 17.7% of all new cases (n=74) diagnosed with HIV were female; and over 70% of those cases were Black/African-American. In 2014, 12% of cases (n=25) were female. 16 of the 25 cases (64%) were Black/African-American. The highest number of female cases was in the 30-39 age group, with seven cases.

Of the 25 cases, 15 were Cleveland residents; 10 cases were outside the municipality of Cleveland.

African-American MSM Youth/Young Adults

Black/African-American men who have sex with men (MSM) ages 13-29 are at the highest risk for HIV in the United States. Locally, the numbers reflect the same trend. In 2014, there were 64 cases (31%) that were Black/African-American MSM 13-29yo; 37 of these cases (58%) were Cleveland residents.

It is expected that many incident cases diagnosed between ages 20-24 acquired HIV during their teenage years.

The local data supports the need for more targeted HIV testing and awareness in this particular demographic.

HIV Incidence Among Teenagers

Cuyahoga County had two cases below the age of 18 and had nine cases that were age 18. Six of the nine county cases that were age 18 resided in Cleveland. It is expected that incident cases diagnosed at age 18 likely acquired HIV during their teenage years. Public health officials must be aware of this trend in adolescent cases and continue to bring awareness to this age demographic.

Local Data Trends

*All data is self-reported by cases upon being interviewed.

MSM

In Cuyahoga County, 47.8% of cases were men who reported having sex with another male (MSM) in the 12 months prior to diagnosis. Within Cleveland cases, the percentage went up slightly to 50.8%. Men who have sex with men are at the highest risk within Cuyahoga County, which falls in line with trends at the state and national level.

Internet/Social Media

In Cuyahoga County, 21% of cases reported having met a sex partner through the Internet in the 12 months prior to diagnosis. Within Cleveland cases, the percentage was about the same, at 22%. Through data obtained from the case interviews, some of the applications mentioned were Jack'd, Grindr, and Adam 4 Adam. The use of websites and phone apps has made finding sexual partners much easier.

High-Risk Sexual Behavior

In Cuyahoga County, 63% of cases reported having an anonymous sex partner in the 12 months prior to diagnosis. Anonymous sex partner refers to not knowing the identity of the partner; at most, possibly knowing a first name. However, the percentage of Cleveland cases is much lower, at 32%.

Data showed that in Cuyahoga County, about 8% of cases reported having sex with a partner that they knew had HIV. This shows the need for ensuring high-risk individuals are aware of condom use and pre-exposure prophylaxis (PrEP).

History of STD

In Cuyahoga County, 10% of cases had a history of sexually transmitted disease (STD) diagnosis. Among the cases in Cleveland, 14% of cases had history of STD. Often, those at highest risk for HIV engage in activities that also put them at the highest risk for STD's, such as syphilis, chlamydia, and gonorrhea.

Condom Use

Anal sex is the riskiest type of sex for HIV transmission. In Cuyahoga County, 11% of cases reported never having used a condom during anal sex. 50% of cases reported only sometimes having used a condom during anal sex. Promotion and awareness efforts must continue to encourage condom use.

Public Health Strategies

Prevention/Education

The Cleveland Department of Public Health is committed to providing the community with surveillance data that can be helpful in identifying at-risk populations and risky behaviors for HIV transmission. Surveillance data is also helpful in developing evidence-based and innovative interventions that educate at-risk populations. These can support risk reduction and promote better health in the prevention of sexually transmitted diseases.

Local health departments and area agencies must continue to educate at-risk populations on HIV transmission, condom use, and frequent HIV testing. It is also important that at-risk populations are educated about their prevention options.

Pre-Exposure Prophylaxis (PrEP)

PrEP is a pill taken once daily to prevent an HIV negative individual from getting HIV. It has been FDA approved and has been shown to prevent an HIV infection through sex as well as among people who inject drugs. PrEP is highly recommended for anyone who engages in high risk sexual behaviors with persons whose status is unknown, has an HIV+ partner, or uses injection drugs. PrEP is a pill taken once daily. When taken consistently and correctly, PrEP has shown to reduce the risk of HIV infection by more than 90%. PrEP contains the same medicines that people with HIV use to stay healthy. If exposed to HIV, these medicines can stop the virus from multiplying and spreading throughout the body. It is important to note that PrEP is NOT a cure for HIV. It does not protect against other sexually transmitted diseases (STD) or pregnancy, and it is not a replacement for condoms.

In Cleveland, the following locations prescribe PrEP:

J. Glen Smith Health Center (Cleveland Department of Public Health)
11100 St. Clair Ave, Cleveland
Call 216-664-7095

T.F. McCafferty Health Center (Cleveland Department of Public Health)
4242 Lorain Ave, Cleveland
Call 216-664-6603

Care Alliance Health Center
1530 St. Clair Ave, Cleveland
Call 216-781-6724 x261

Cleveland Clinic Foundation
9500 Euclid Ave, Cleveland
Call 216-444-2273

Cuyahoga County Board of Health Title X Family Planning Clinic
5550 Venture Dr, Parma
Contact Elle Heeg, MN, RN at 216-201-2077

Circle Health Services (formerly the Free Medical Clinic of Greater Cleveland)
12201 Euclid Ave, Cleveland
Call Brenda Glass at 216-707-3452 or Marie Torres at 216-707-3430

MetroHealth Medical Center & The LGBT Pride Clinic
2500 MetroHealth Dr. or 4242 Lorain Avenue, Cleveland
Call 216-778-8305 or go to www.metrohealth.org/prep

University Hospitals Biomedical HIV Prevention Clinic
2061 Cornell Rd, Cleveland
Call Carolyn Williams at 216-844-2649

Veterans Administration Hospital (Qualified Veterans)
Louis Stokes VA Medical Center, 10701 East Blvd, Cleveland
Call Jan Briggs, NP-C at 216-791-3800 x4773 or Dr. Marion Skalweit at x4682

Post-Exposure Prophylaxis (PEP)

For those individuals who look to prevent HIV after a single high-risk incident involving possible HIV exposure (i.e. sex without a condom, sexual assault, needle-sharing injection drug use), PEP is an option. The prophylaxis consists of antiretroviral medicines (ART) that must be taken within 72 hours of the potential exposure; the sooner that PEP is started, the better. Once prescribed PEP, the medicine will need to be taken once or twice daily for 28 days. It is important to note that PEP is effective in preventing HIV when administered correctly, but it is not 100%. It is also important to understand that PEP is not indicated for those who frequently engage in high-risk behaviors; PEP is meant to be used only in emergency situations. PEP can be obtained through a healthcare provider or an emergency room physician.

Contact Information

For more information regarding HIV efforts in the community, please contact any of the following at the Cleveland Department of Public Health:

Disease Intervention Specialists at J. Glen Smith Health Center (216) 664-7099
Office of HIV/AIDS Services (216) 420-8641
Office of Communicable Disease Surveillance and Epidemiology (216) 664-3747

Media Inquiries should be forwarded to the CDPH Public Information Officer, Belinda Saldaña (216) 664-7499.