

2015 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



CUYAHOGA COUNTY BOARD OF HEALTH SHAKER HEIGHTS



Executive Summary

- In 2015, there were 209 HIV/AIDS cases in Cuyahoga County; 57% of the cases were Cleveland residents.
- In 2014-2015, the number of cases in the under 30 age group has increased by 25% compared the number of cases from 2012-2013.
- 30% of cases in 2015 were African-American men who have sex with men MSM under the age of 30. This is the most at-risk population for new HIV infections.
- In 2014-2015 combined, women made up 12% of the new Cuyahoga County cases (n=52), which is a 30% decrease from combined female cases in 2012-2013.
- 20% of cases reported having met a sexual partner on the Internet in the 12 months prior to diagnosis. Public health officials need to further develop social media strategies in their education and prevention efforts.
- 42% of cases reported having an anonymous sex partner in the 12 months prior to diagnosis. 6% 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, Euclid, and East Cleveland are seeing an upward trend in the number of new cases.
- Within the city of Cleveland, neighborhoods such as Glenville, North Shore Collinwood, Union-Miles, and Mount Pleasant are seeing the highest levels of new infections.
- Targeted testing among 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 data are self-reported by the individual case. 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, 2015. According to the HIV/AIDS surveillance records, **there are 5249 cases in Cuyahoga County. Of those cases, 3496 cases were in Cleveland.** In 2014, there were 5040 cases in Cuyahoga County, and 3378 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 415.5 per 100,000 residents in 2015. This is a 5.5% increase from the 2014 rate.

Incidence

In 2015, 209 county residents were newly diagnosed with HIV-only or HIV-with-AIDS, for an incidence rate of 16.5 per 100,000. 118 of these new cases (56.5%) in the county were Cleveland residents at the time of diagnosis.

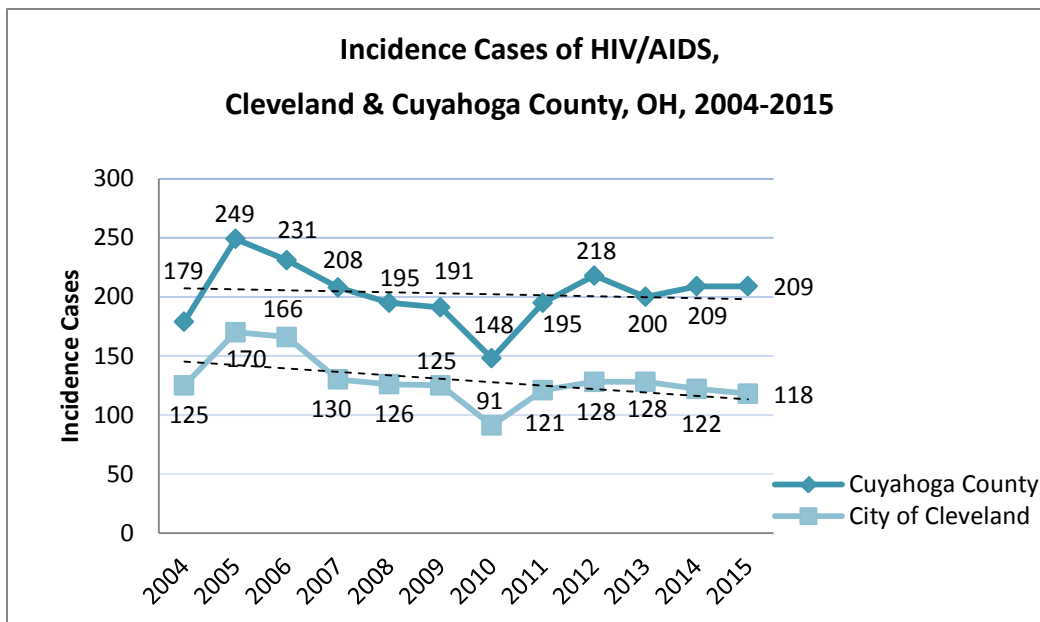
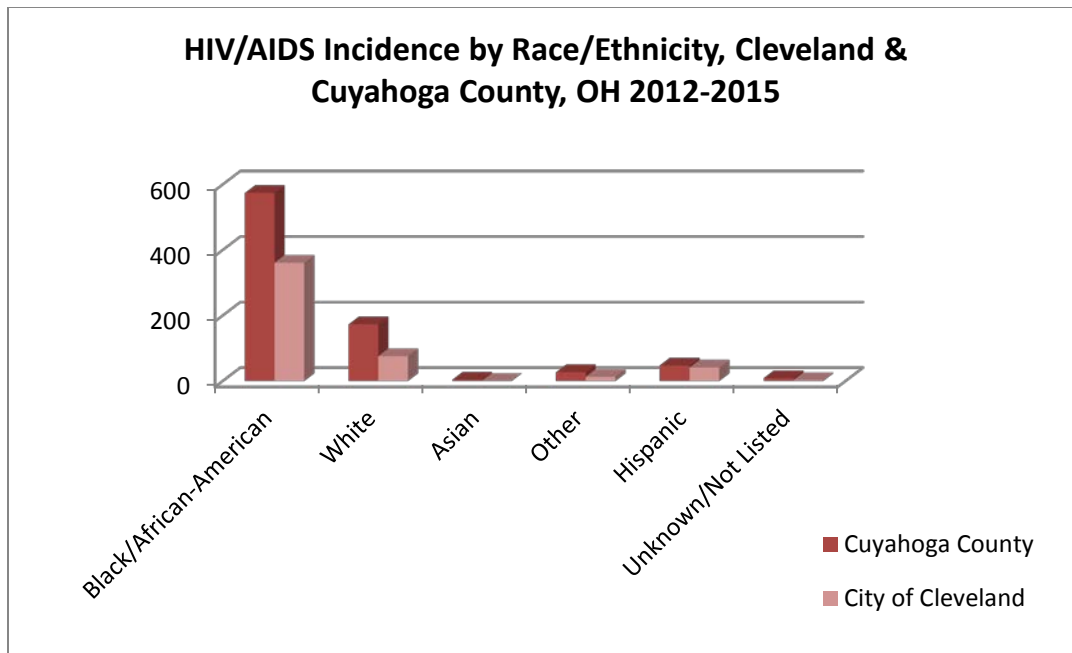
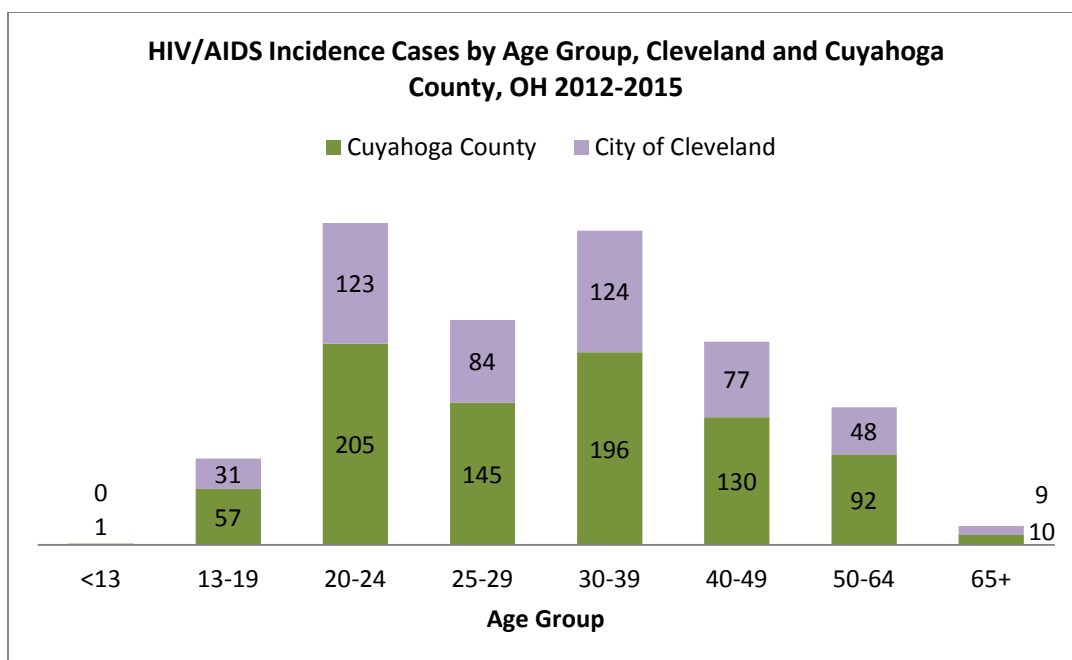


Table 1 - Demographics of Incident HIV/AIDS cases for Cuyahoga County and Cleveland 2012-2013, and 2014-2015, Reported by Number

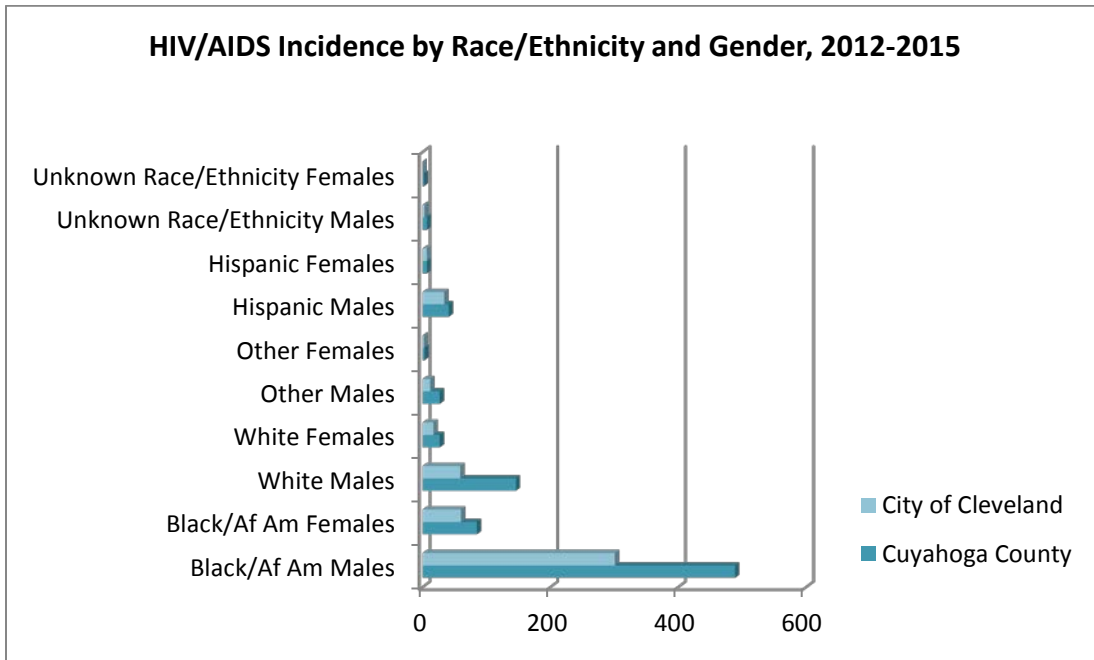
	Cuyahoga County Incident Cases			City of Cleveland Incident Cases	
	2012-2013	2014-2015		2012-2013	2014-2015
Total Incident Cases	418	418		256	240
Male	344	366		201	208
Female	74	52		55	32
Black/African American*	277	297		185	176
White*	99	74		43	33
Asian	1	3		0	1
Other**	11	16		6	7
Hispanic	25	23		20	21
Unknown/Not Listed	5	4		2	1
Black/Af Am males*	225	264		146	155
Black/Af Am females*	52	33		39	21
White males*	85	61		34	25
White females*	14	13		9	8
Other males**	10	17		4	8
Other females**	2	1		2	0
Hispanic males	20	21		15	19
Hispanic females	5	2		5	2
Unknown race/ethnicity males	4	3		2	1
Unknown race/ethnicity females	1	1		0	0
Age at Diagnosis					
<13	0	1		0	0
13-19	24	33		13	18
20-24	92	113		59	64
25-29	65	80		38	46
30-39	101	95		62	62
40-49	77	53		51	26
50-64	55	37		29	19
65+	4	6		4	5
*non-Hispanic **non-Hispanic, Native American/American Indian, Bi-Multi Racial and others not listed					



From 2012-2015, the findings have consistently shown that African-Americans have the highest incidence of HIV/AIDS across Cuyahoga County and Cleveland. 68.7% of the county's new cases over the four year period were African-American.



The age group 20-24yo had the highest number of new HIV/AIDS cases in the past four years, with the 30-39yo age group closely behind. Across the county and Cleveland, individuals below the age of 30 are most impacted by HIV. Over the four year period, 48.8% of the county's new cases were below the age of 30.



African-American males are seeing the highest incidence of cases in Cuyahoga County and the City of Cleveland. Over the four year period, 58.6% of the county’s new cases were African-American males.

According to the Ohio Department of Health, the estimated rate of new diagnoses in Ohio in 2015 was 7.8 per 100,000. Cleveland Department of Public Health surveillance records show that for Cuyahoga County, the estimated incidence rate was 16.5; the rate for City of Cleveland was 30.2.

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 2012-2013	Cases 2014-2015
44017	1	2
44070	6	1
44102	40	32
44103	15	11
44104	18	15
44105	25	20
44106	11	21
44107	27	18
44108	18	23
44109	16	22
44110	7	18
44111	17	17
44112	21	15
44113	19	7
44114	10	5
44115	7	6
44116	3	0
44117	3	5
44118	15	17
44119	4	7
44120	25	19
44121	9	12
44122	6	10
44123	3	7
44124	0	5
44125	3	3
44126	2	1
44127	4	2
44128	10	27
44129	4	1
44130	4	2
44132	3	5
44133	3	0
44134	1	2
44135	10	11
44136	2	4
44137	13	16
44138	5	0
44141	0	1
44142	4	3
44143	2	8
44144	6	5
44145	2	4
44146	12	6
44139, 44147	1	2

Table 3 - Incidence Cases for Cuyahoga County, by Municipality

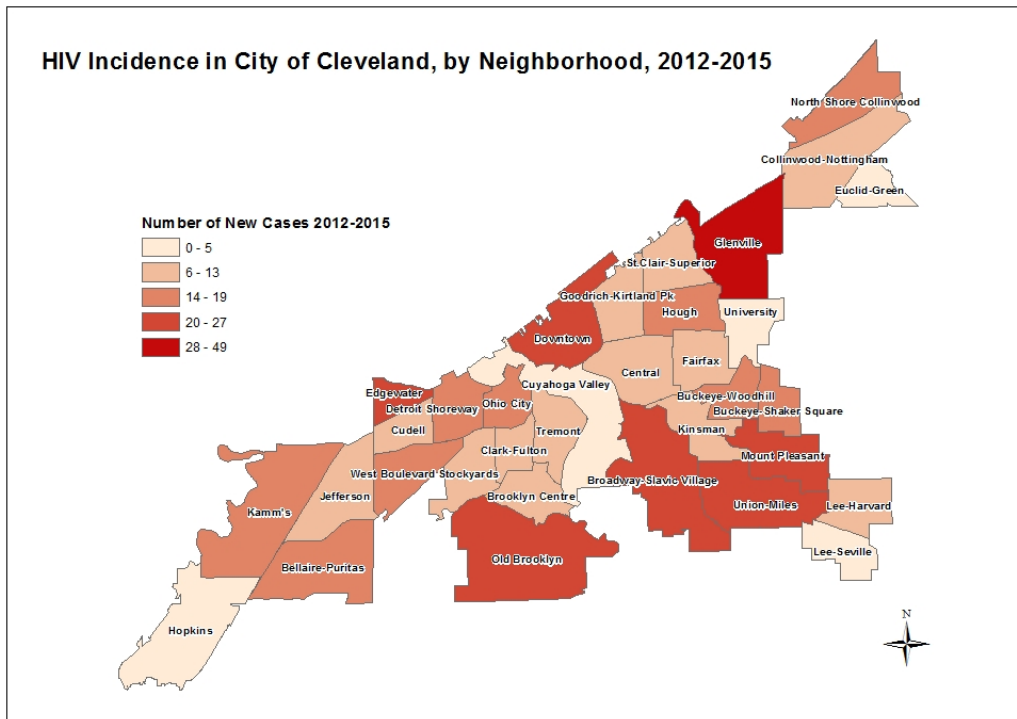
Municipality	Cases 2012-2013	Cases 2014-2015
Beachwood	1	0
Bedford	6	4
Bedford Heights	3	2
Berea	0	2
Bratenahl	0	2
Brecksville	0	1
Broadview Heights	1	0
Brook Park	4	3
Brooklyn	2	1
Cleveland	249	240
Cleveland Heights	20	23
East Cleveland	18	13
Euclid	13	24
Fairview Park	2	1
Garfield Heights	7	4
Highland Heights	1	0
Highland Hills	0	2
Lakewood	25	18
Lyndhurst	0	2
Maple Heights	14	16
Mayfield Heights	0	2
Middleburg Heights	3	1
North Olmsted	7	1
North Randall	1	1
North Royalton	3	0
Oakwood	2	0
Olmsted Falls	4	0
Parma	6	3
Parma Heights	2	1
Pepper Pike	0	1
Richmond Heights	1	5
Rocky River	2	0
Shaker Heights	2	11
Solon	1	2
South Euclid	6	5
Strongsville	2	4
University Heights	0	2
Warrensville Heights	4	16
Westlake	1	4

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

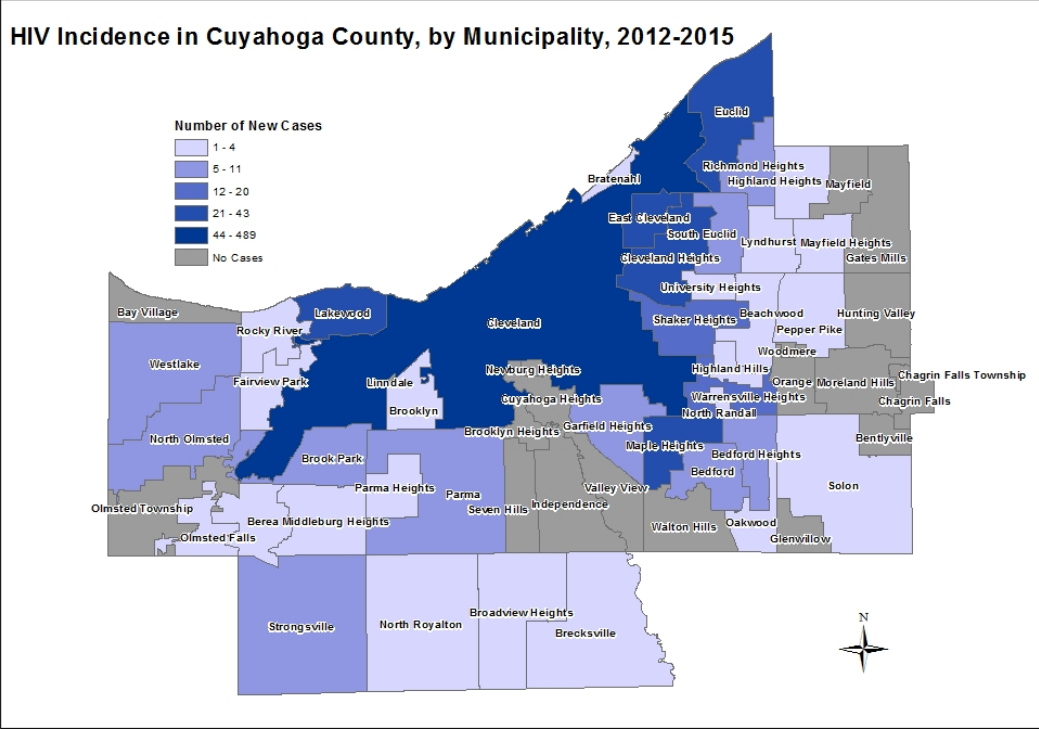
Neighborhood	Cases 2012-2013	Cases 2014-2015
Bellaire-Puritas	7	7
Broadway-Slavic Village	17	7
Brooklyn Centre	7	4
Buckeye-Shaker Square	9	7
Buckeye-Woodhill	9	7
Central	8	4
Clark-Fulton	5	4
Collinwood-Nottingham	5	8
Cudell	5	8
Cuyahoga Valley	0	0
Detroit Shoreway	13	5
Downtown	15	7
Edgewater	13	9
Euclid-Green	3	2
Fairfax	5	7
Glenville	22	27
Goodrich-Kirtland Pk	2	6
Hough	6	11
Hopkins	0	0
Jefferson	6	6
Kamm's	7	9
Kinsman	2	5
Lee-Harvard	7	4
Lee-Seville	2	1
Mount Pleasant	11	12
North Shore Collinwood	4	12
Ohio City	9	5
Old Brooklyn	12	10
St.Clair-Superior	6	3
Stockyards	4	5
Tremont	4	7
Union-Miles	11	16
University	2	2
West Boulevard	9	10

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

Wards	Cases 2012-2013	Cases 2014-2015
1	11	9
2	13	17
3	23	11
4	18	14
5	15	6
6	18	21
7	16	24
8	9	17
9	13	24
10	16	9
11	16	19
12	19	9
13	6	7
14	14	18
15	30	16
16	5	10
17	7	7



The map above provides a perspective on HIV incidence from 2012-2015 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.



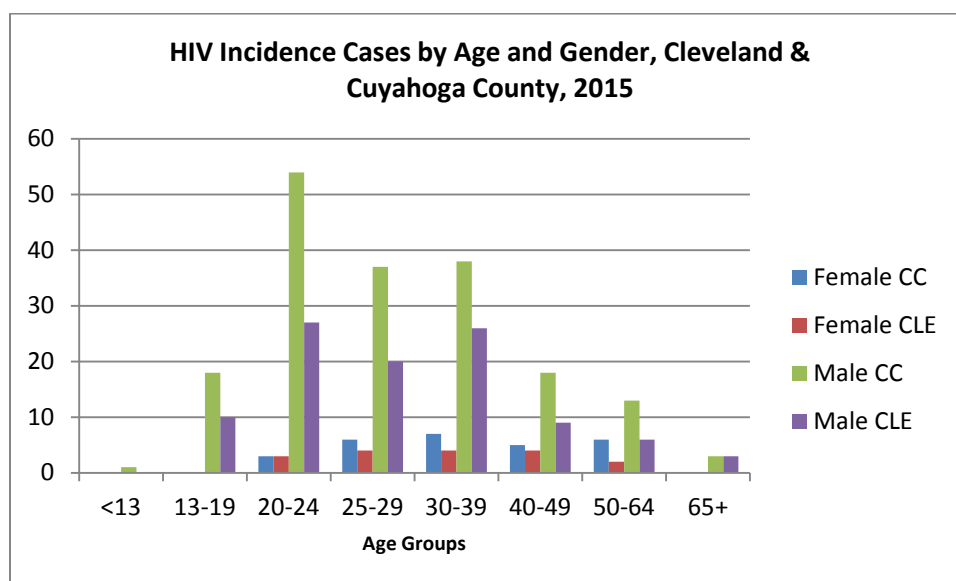
The above map provides a visual for HIV incidence in Cuyahoga County, by Municipality, for 2012-2015. As expected, Cleveland is the municipality with the highest number of cases. Trends have started showing an increase of cases in municipalities just outside the City of Cleveland, such as Maple Heights, Cleveland Heights, East Cleveland, and Lakewood.

Trends and Risk Factor Data

Women and HIV

In 2014-2015 combined, women made up 12.4% of the new Cuyahoga County cases (n=52), which is a 29.7% decrease from combined female cases in 2012-2013. 63.4% of the 2014-2015 female cases were African-American.

In 2015, the largest number of female cases were in the 30-39yo age group (n=7). Of the 27 Cuyahoga County female cases in 2015, 17 cases (63%) were residents of Cleveland at the time of diagnosis.



African-American MSM Youth/Young Adults

Black/African-American men who have sex with men (MSM) below the age of 30 are at the highest risk for HIV in the United States. Locally, the numbers reflect a very similar trend. Of the new county cases in 2015, 57% (n=119) were below the age of 30. Of the 119 cases, 99 cases (83%) were African-American. Of the 99 cases that were African-American and below the age of 30, 63% were MSM (n=63). In summary, of the county's 209 new cases in 2015, about 30% were African-American MSM under the age of 30.

The numbers are equally alarming among individuals age 24 and younger. In 2015, the highest number of cases in Cuyahoga County was in the 20-24yo age group (n=76). Of the 76 cases, 60.5% were African-American MSM.

Targeted HIV testing and increased awareness are especially important in this particular demographic.

HIV Incidence Among Teenagers

Cuyahoga County had thirteen cases that were age 18 or younger at the time of diagnosis. Six of the thirteen county cases were residents of Cleveland. Public health officials must be aware of this trend in adolescent cases and continue to bring awareness to this age demographic for testing as well as prevention efforts. It is important to collaborate with schools and youth programs in prevention efforts.

Co-infection with Syphilis

Co-infection with syphilis is common; 13% of county's cases had a diagnosis of syphilis at the time of their HIV diagnosis. Additionally, 59% of new syphilis cases in 2015, were among persons known to have HIV infection. Syphilis infection greatly increases the likelihood of HIV transmission and acquisition. It is essential that at-risk populations are aware of the signs and symptoms of syphilis and are tested for both regularly.

MSM

Of the total number of cases in Cuyahoga County, 182 cases were male. 102 (56%) of these male cases reported having sexual contact with another male (MSM) in the 12 months prior to diagnosis. Of these 102 cases, 57 cases (56%) were residents of Cleveland. 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, 20% of cases reported having met a sex partner through the Internet in the 12 months prior to diagnosis. Within Cleveland cases, the percentage was similar, at 19%. The use of websites and phone apps has made finding sexual partners much easier, and is a behavior/activity that needs to be considered when doing sexual health education.

High-Risk Sexual Behavior

In Cuyahoga County, 42% 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. Among Cleveland cases, the percentage is similar, at 41.5%.

Data showed that in Cuyahoga County, about 6% of cases reported having sex with a partner that they knew had HIV. This shows the need for ensuring high-risk individuals is aware of condom use and pre-exposure prophylaxis (PrEP).

History of STD

In Cuyahoga County, 19% of total cases had a history of sexually transmitted disease (STD) diagnosis. However, among cases living outside Cleveland, 15% had history of STD. Among the cases in Cleveland, 20.6% 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, 10.4% of cases reported never having used a condom during anal sex. 47.4% 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 who 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.