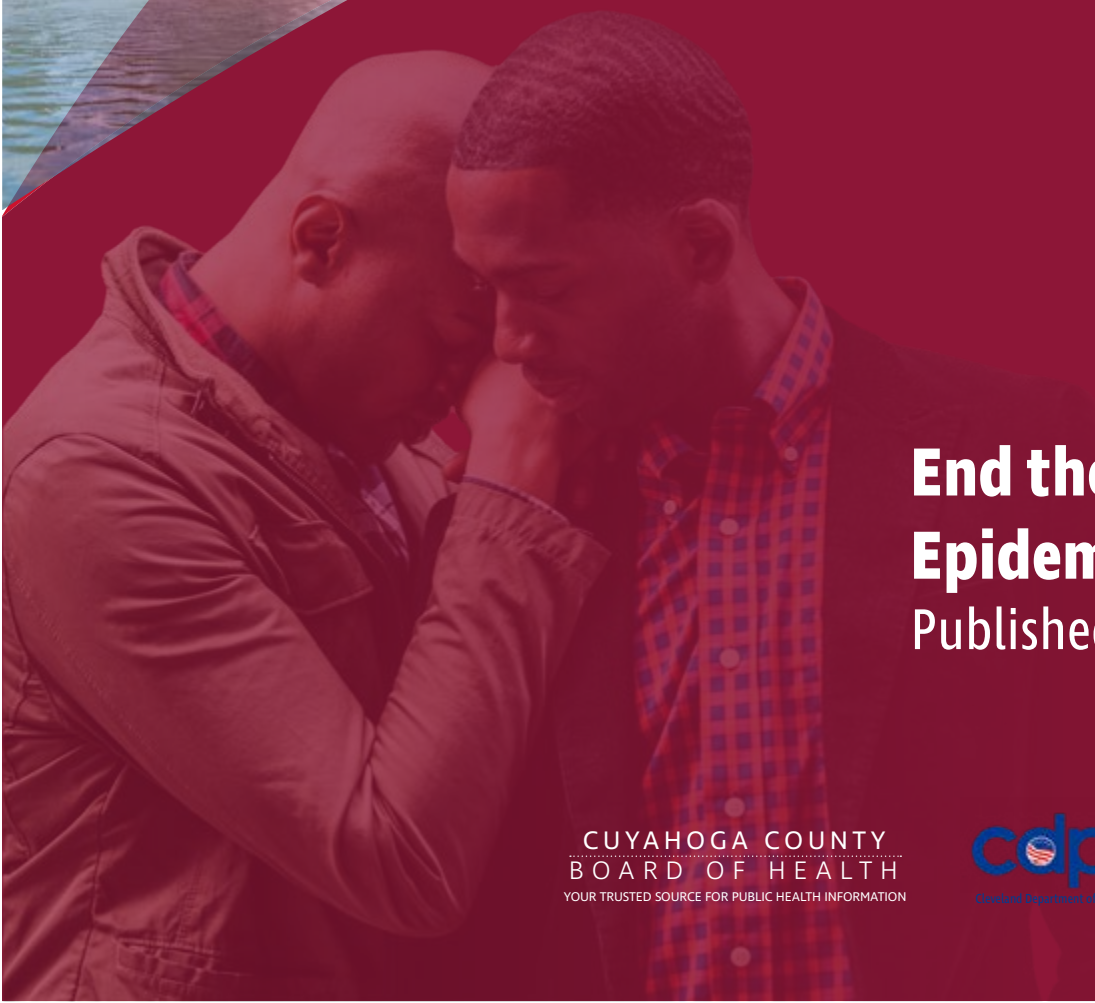
HIV in Cuyahoga County



End the HIV Epidemic Epidemiologic Profile

Published August 27, 2020

CUYAHOGA COUNTY BOARD OF HEALTH
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cdph Cleveland Department of Public Health

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Acknowledgments

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Executive Summary

Ending the HIV Epidemic: The Ohio Department of Health (ODH) will use funds awarded from CDC-RFA-PS19-1906 to strategically partner with local public health departments, community service agencies, and HIV healthcare providers in the three Ohio counties identified by the Centers for Disease Control and Prevention (CDC) — Cuyahoga, Franklin, and Hamilton — to plan and implement localized activities to support an End the HIV Epidemic (EtHE) Plan. The ODH Surveillance Program led the development of Epidemiologic Profiles for these counties by convening a workgroup of internal and external stakeholders. These Epidemiologic Profiles will serve as a key focal point to guide state and local HIV planning, implementation, and evaluation of the EtHE Plan. Epidemiologic Profiles will be shared with local prevention and care planning bodies and community partners to increase their understanding of data in the three counties and to guide local planning activities. The goal of the EtHE plan is to reduce new HIV infections by 90% in the next 10 years by implementing strategies related to the four pillars of the EtHE initiative: Diagnose, Treat, Prevent, and Respond.

Table 1: Baseline and projected new reported diagnoses of HIV infection, Cuyahoga County

Cuyahoga County Baseline (2018)	75% Reduction (by 2025)	90% Reduction (by 2030)
151 new reported diagnoses	38 projected new reported diagnoses	15 projected new reported diagnoses

Diagnose all people with HIV as early as possible

Population: In 2018, according to the U.S. Census Bureau, Cuyahoga County had a population of 1,243,857, 52% of which was female, and 48% of which was male.

Reported new diagnoses of HIV infection: In 2018, there were 151 new reported diagnoses of HIV infection in Cuyahoga County. Eighty-nine percent of the new reported diagnoses of HIV in Cuyahoga County in 2018 were among males, and more than half were among persons aged 20 to 34 years. Sixty-four percent were among Blacks/African Americans, while 23% were among whites. Among males, the leading mode of transmission was male-to-male sexual contact; among females, the leading mode of transmission was heterosexual contact.

Coinfection: Eight percent (n=12) of the 151 persons residing in Cuyahoga County who were diagnosed with HIV in 2018 were also diagnosed with chlamydia, 8% (n=12) were diagnosed with gonorrhea, and 12% (n=18) with syphilis. Only one person residing in Cuyahoga County was found to be diagnosed with both HIV and hepatitis A from 2014 to 2018. From 2015 to 2018, 13 persons residing in Cuyahoga County were diagnosed with both HIV and hepatitis B. From 2014 to 2018, 35 persons residing in Cuyahoga County were diagnosed with both HIV and hepatitis C.

HIV testing: The ODH HIV Prevention program utilizes a risk assessment that prioritizes testing among men who have sex with men (MSM), young Black/African American men who have sex with men (YBMSM), people who inject drugs (PWID), transgender/non-binary persons, individuals who were diagnosed with syphilis in the past 12 months, persons who have recently moved from the South, and partners of MSM, PWID, or persons living with diagnosed HIV or AIDS (PLWHA). From January to September 2019, there were 2,193 HIV tests conducted by HIV Prevention-funded sites in Cuyahoga County, finding 17 new diagnoses.

Social determinants of health: Almost 11% of Cuyahoga County's population aged 25 years and older does not have a high school diploma, compared with 10.2% for all of Ohio. Seven and a half percent of Cuyahoga County's population in the labor force with no disability is unemployed, compared with 5.4% for all of Ohio. Slightly more than 18% of Cuyahoga County's population with income in the past 12 months was below federal poverty level (FPL), compared with 14.9% for all of Ohio. Seven percent of Cuyahoga County's civilian non-institutionalized population has no health insurance, compared with 7.4% for all of Ohio. Slightly more than 24% of Cuyahoga County's population has Medicaid coverage (alone or in combination), compared with 19.7% for all of Ohio. Almost 19% of Cuyahoga County's population has Medicare coverage (alone or in combination), compared with 17.8% for all of Ohio.

Treat people with HIV rapidly and effectively to reach sustained viral suppression

Prevalence: Persons living with diagnosed HIV infection: As of the end of 2018, there were 5,057 persons living with diagnosed HIV infection in Cuyahoga County. Similar to new diagnoses, 79% of persons living with diagnosed HIV infection are males. Those who are in the 50-to-54 and 55-to-64 age brackets have the highest number of persons living with diagnosed HIV in Cuyahoga County, compared with other age groups. Blacks/African Americans make up about 57% and whites make up 27% of persons living with diagnosed HIV infection. The rate for Blacks/African Americans was more than four times as high as that for whites.

Ryan White Program: The Ryan White Part A Program funds medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are counties/cities that are the most severely affected by the HIV/AIDS epidemic. The boundaries of EMAs and TGAs are based on the U.S. Census designation of Metropolitan Statistical Areas and may span more than one state. Cleveland, Ohio, and Columbus, Ohio, qualify for TGA status and are recipients of Ryan White Part A funds. The Ryan White Part B Program administers funds for states and territories to improve the quality, availability, and organization of HIV healthcare and support services. Recipients include all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions. ODH is the recipient of Ryan White Part B funds. In addition, Part B includes grants for the AIDS Drug Assistance Program (ADAP), which enrolled 1,113 people in Cuyahoga County in 2018. The Community Linkage Coordination program (CLC) referred 28 clients to a Ryan White Part B-funded agency in Cuyahoga County prior to their release from incarceration in a state prison.

Linkage to care and continuum of care: Eighty-five percent of adults/adolescents diagnosed with HIV infection in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis, compared with 67% in 2016. Of the persons living with diagnosed HIV in Cuyahoga County at the end of 2017, 66% were in receipt of care, 37% were retained in care, and 57% were virally suppressed. This shows an improvement when compared with 2016, when 52% received care, 34% were retained in care, and 42% were virally suppressed.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Pre-Exposure Prophylaxis: In 2018, the PrEP utilization rate in Ohio was 50 per 100,000 population, while the PrEP utilization rate in Cuyahoga County in 2016 was 42 per 100,000 population. Nationally, the PrEP utilization rate was 47.9 per 100,000 population in 2018.

Syringe Services Programs and other substance use-related data: There is only one syringe services program (SSP) in Cuyahoga County (Circle Health Services), which is a one-for-one exchange of syringes. In 2018, Circle Health Services distributed 295,556 syringes. ZIP codes with the highest number of emergency room visits related to opioids and naloxone distribution often overlap with ZIP codes with the greatest number of HIV diagnoses.

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Time-space reports: Time-space analyses are conducted to monitor potential outbreaks of HIV. The number of new diagnoses is closely monitored to detect any potential increases in Cuyahoga County and in special populations within Cuyahoga County.

Questions or comments: Questions and/or comments about this report should be directed to the ODH HIV Surveillance Program. Additional HIV surveillance data and reports are available on the ODH website: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hiv-aids-surveillance-program.

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Explanation of Terms

New diagnoses of HIV infection: The term *diagnosis of human immunodeficiency virus (HIV) infection* is defined as a diagnosis of HIV infection, regardless of the stage of disease (stage 0, 1, 2, 3 [acquired immunodeficiency syndrome (AIDS)], or unknown) at the time of initial diagnosis, and refers to all persons diagnosed with HIV infection in Cuyahoga County, in a given year. New diagnoses of HIV infection do not necessarily represent all new infections (i.e., incidence or stage 0) as some individuals were infected recently, while others were infected at some time in the past but were unaware of their HIV status.

Coinfection: A match was performed with HIV and Sexually Transmitted Infections (STI) data to determine the number of persons residing in Cuyahoga County who were diagnosed with HIV and STIs in 2018, where coinfection was defined as having a STI diagnosis +/- 30 days from the HIV diagnosis. A match was performed with HIV and hepatitis data to determine the number of persons residing in Cuyahoga County who were diagnosed with both diseases from 2014 to 2018, where coinfection was defined as having a hepatitis diagnosis and HIV diagnosis between 2014 and 2018.

Persons living with diagnosed HIV infection: The term *persons living with diagnosed HIV infection* (i.e., prevalence) represents all persons ever reported with an HIV infection in Ohio, regardless of stage of infection, who are not known to have died by the end of a calendar year. Some persons currently living with diagnosed HIV infection in Ohio received their HIV infection diagnosis while living outside of or prior to moving to Ohio.

Rates: Throughout this report, rates are presented to provide different measures of HIV disease burden. Disease rates account for differences in population size across demographic groups and geographic areas. All rates are presented per 100,000 population and are calculated using U.S. Census estimates. Rates are not calculated for case counts fewer than five due to unstable rates.

Sex at birth and gender: Sex refers to the biological sex the person was assigned at birth (male or female). Transgender is a term used to describe persons whose current gender identity is different than their sex (male or female) assigned at birth. Gender identity is used to describe a person's internal experience of their own gender.

Age: Age in years at time of diagnosis is used when displaying new reported diagnoses of HIV infection by age group. Age in years at the end of the calendar year (current age) is used when displaying persons living with diagnosed HIV infection by age group.

Race/ethnicity: Except where noted, race/ethnicity is presented using the following categories: American Indian/Alaska native; Asian/Pacific Islander; Black/African American; Hispanic/Latinx; white; and multi-race. Hispanic/Latinx is a gender-neutral term and Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

Transmission category: Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. Transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth, and risk factor history indicates sex with males. *Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.*

Introduction

Organization of this Report

The EtHE Epidemiologic Profile is organized into four sections:

1) Diagnose all people with HIV as early as possible.

- **Description of Cuyahoga County's population:** includes tables, figures, and narrative about the general population of Cuyahoga County.
- **Reported new diagnoses:** includes tables, figures, and narrative about diagnoses of HIV infection in Cuyahoga County.
- **Sexually Transmitted Infections (STI) and HIV coinfection:** includes tables, figures, and narrative about coinfections of HIV and chlamydia, gonorrhea, and syphilis in Cuyahoga County.
- **Hepatitis and HIV coinfection:** includes tables and narrative about coinfections of HIV and hepatitis in Cuyahoga County.
- **HIV testing:** includes tables, figures, and narrative about persons tested for HIV at HIV Prevention-funded testing sites.
- **Social determinants of health:** includes tables, figures, and narrative about the social determinants of health among the general population and persons diagnosed with HIV infection in Cuyahoga County.

2) Treat people with HIV rapidly and effectively to reach sustained viral suppression.

- **Prevalence:** includes tables, figures, and narrative about persons living with diagnosed HIV infection in Cuyahoga County.
- **Ohio AIDS Drug Assistance Program (ADAP) utilization:** includes tables, figures, and narrative about persons receiving assistance for HIV treatment through the Ryan White Part B program in Cuyahoga County.
- **Community Linkage Coordination:** includes narrative about persons released from state correctional facilities and referrals to the Ryan White Part B program in Cuyahoga County.
- **Linkage to care and continuum of care:** includes tables, figures, and narrative describing the continuum of HIV care in Cuyahoga County.

3) Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

- **PrEP:** includes tables and narrative about PrEP utilization in Cuyahoga County.
- **SSPs and other substance use-related data:** includes figures and narrative about SSPs and other substance use-related data in Cuyahoga County.

4) Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

- **Time-space analysis:** includes tables, figures, and narrative about time-space analyses conducted to detect and monitor potential outbreaks of HIV.

DIAGNOSE: Diagnose all people with HIV as early as possible

Description of Cuyahoga County's Population

In 2018, Cuyahoga County had a population of 1,243,857. The proportion of females (52%) is slightly higher than the proportion of males (48%). The age distribution for males and females in Cuyahoga County are similar. Twenty-nine percent of Cuyahoga County's population is younger than 25 years of age, while 38% is between the ages of 25 and 54 years. Fifty-nine percent of Cuyahoga County's residents are white, 30% are Black/African American, 6% are Hispanic/Latinx, 3% are Asian/Pacific Islanders, and 2% are multi-racial. American Indian/Alaska natives comprise less than one percent of Cuyahoga County's population. It is estimated that 7% of Cuyahoga County's adult male population are men who have sex with men.[1]

Table 2: Distribution of Cuyahoga County's population, by sex and age

	Males		Females		Total	
Age	No.	%	No.	%	No.	%
<15	108,731	18%	104,089	16%	212,820	17%
15-19	37,995	6%	36,777	6%	74,772	6%
20-24	39,147	7%	39,837	6%	78,984	6%
25-29	45,728	8%	47,758	7%	93,486	8%
30-34	40,252	7%	42,330	7%	82,582	7%
35-39	34,719	6%	38,120	6%	72,839	6%
40-44	34,204	6%	35,900	6%	70,104	6%
45-49	35,498	6%	39,122	6%	74,620	6%
50-54	37,839	6%	41,915	6%	79,754	6%
55-64	83,996	14%	93,763	14%	177,759	14%
65 or older	95,041	16%	131,096	20%	226,137	18%
Total	**593,150**		**650,707**		**1,243,857**	

Note: Because of different program methodologies, survey sample, etc., estimates are different between American Community Survey and Population Division estimates.

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates.

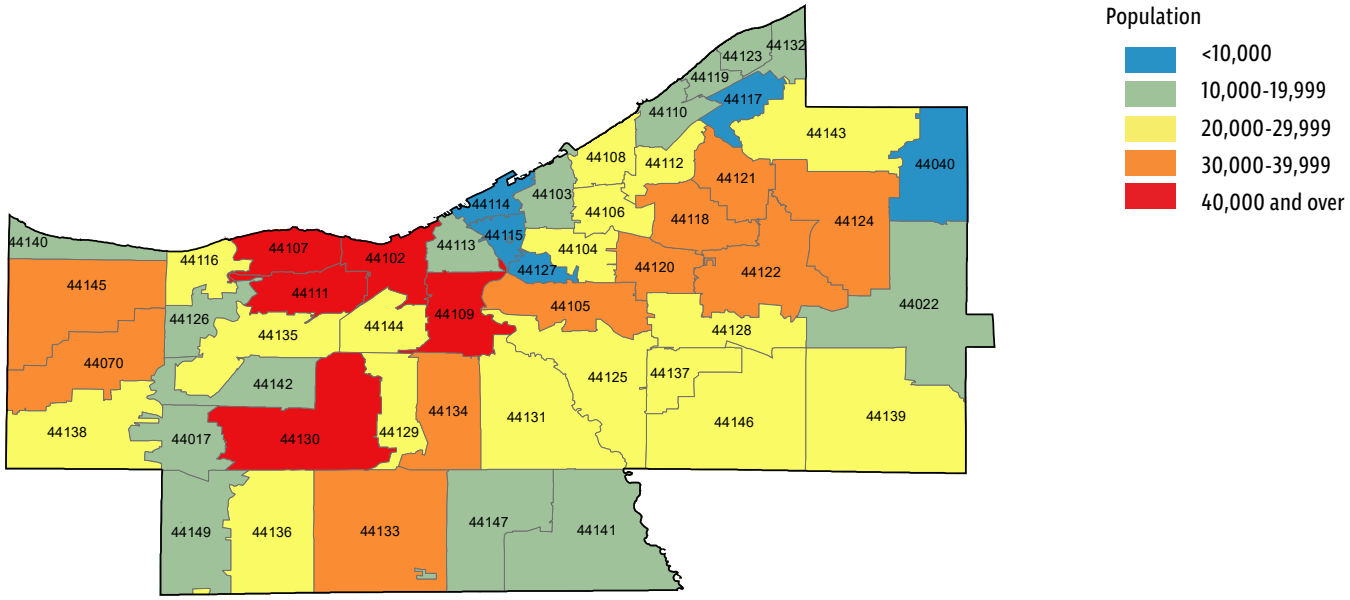
Table 3: Distribution of Cuyahoga County's population, by sex and race

	Males		Females		Total	
Race/Ethnicity	**No.**	**%**	**No.**	**%**	**No.**	**%**
American Indian/Alaska native	915	<1%	1,013	<1%	1,928	<1%
Asian/Pacific Islander	20,033	3%	21,327	3%	41,360	3%
Black/African American	167,488	28%	200,791	31%	368,279	30%
Hispanic/Latinx	38,183	6%	38,549	6%	76,732	6%
White	354,900	60%	376,238	58%	731,138	59%
Multi-race	11,925	2%	12,495	2%	24,420	2%
Total	**593,444**		**650,413**		**1,243,857**	

Note: Because of different program methodologies, survey sample, etc., estimates are different between ACS and Population Division estimates.

Source: U.S. Census Bureau, Population Division, June 1, 2018, county characteristics resident population estimates.

Figure 1: Population by ZIP code, Cuyahoga County, 2017



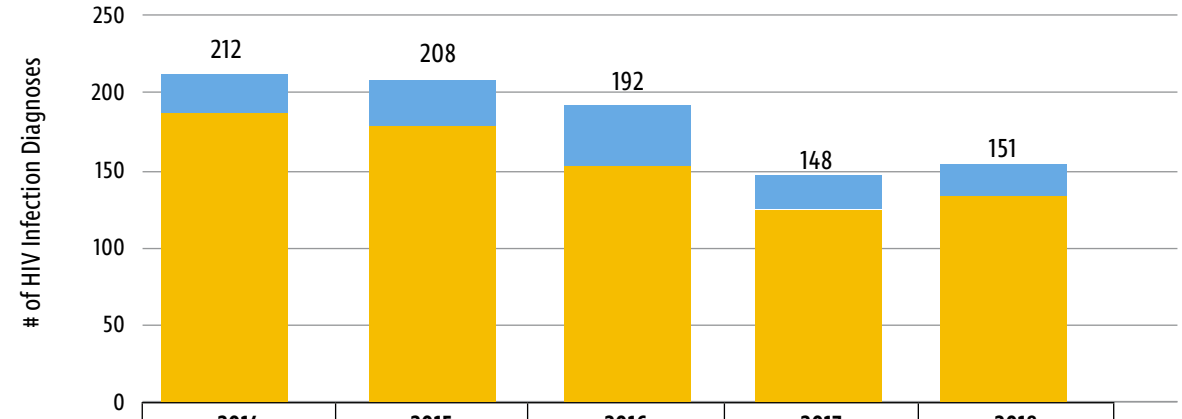
Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Reported New Diagnoses of HIV Infection

There were 151 reported new diagnoses of HIV infection in Cuyahoga County in 2018, which equates to a rate of 12.1. This is a marked decrease since 2014, when there were 212 new reported diagnoses of HIV infection in Cuyahoga County. From 2014 to 2018, there were no cases diagnosed in a state or federal correctional facility in Cuyahoga County and five of the new reported diagnoses of HIV were diagnosed in a jail setting.

Sex at birth: The majority of diagnoses of HIV infection were and continue to be among males. In each of the past five years, males accounted for 79% to 89% of diagnoses. In 2018, the rate for males (22.6) was nearly nine times as high as that for females (2.6).

Figure 2: Reported new diagnoses of HIV infection by sex at birth, Cuyahoga County, 2014-2018

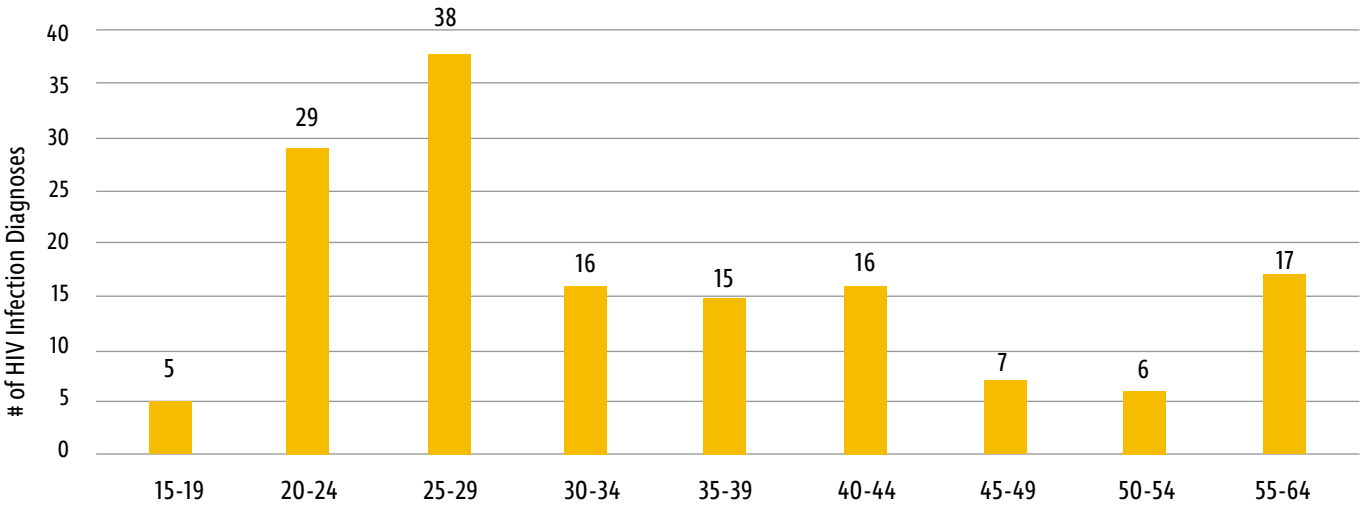


	2014	2015	2016	2017	2018
Females	25	25	40	22	17
Males	187	183	152	126	134

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Age at diagnosis: More than half (55%) of all diagnosed HIV infections reported in Cuyahoga County in 2018 occurred among persons 20 to 34 years of age (n=83). The rate of diagnosed HIV infections was highest among persons 25 to 29 years of age (40.7), followed closely by those 20 to 24 years of age (36.6).

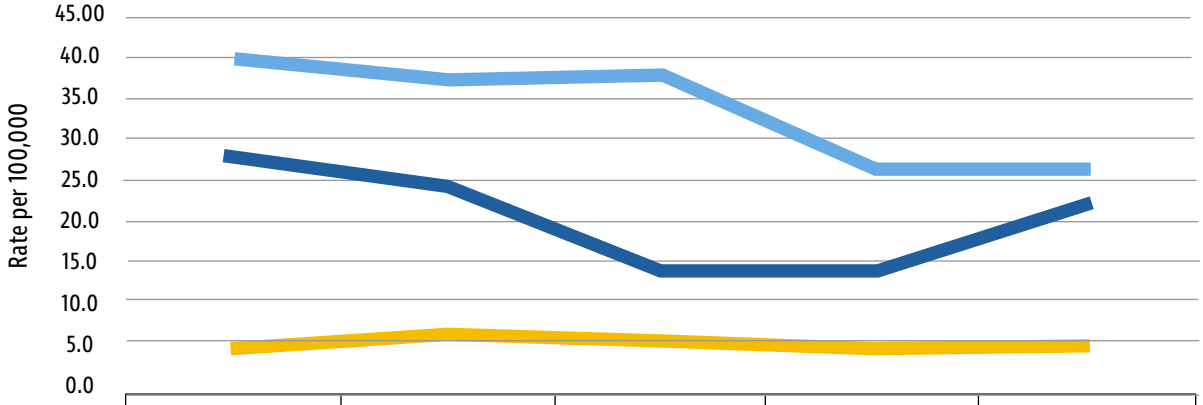
Figure 3: Reported new diagnoses of HIV infection by age at diagnosis, Cuyahoga County, 2018



Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Race/ethnicity: In 2018, Blacks/African Americans accounted for 64% of all reported new diagnoses of HIV infections in Cuyahoga County. This was followed by whites (23%), Hispanics/Latinx (11%), and persons of multiple races (2%). Cuyahoga County's Black/African American and Hispanic/Latinx populations continue to be disproportionately impacted by HIV compared with other race/ethnicity groups. The rate of diagnoses among Blacks/African Americans was more than five times higher than that for whites, and the rate in Hispanics/Latinx was more than four times as high as that for whites.

Figure 4: Rates of reported new diagnoses of HIV infection by selected race/ethnicity, Cuyahoga County, 2014-2018

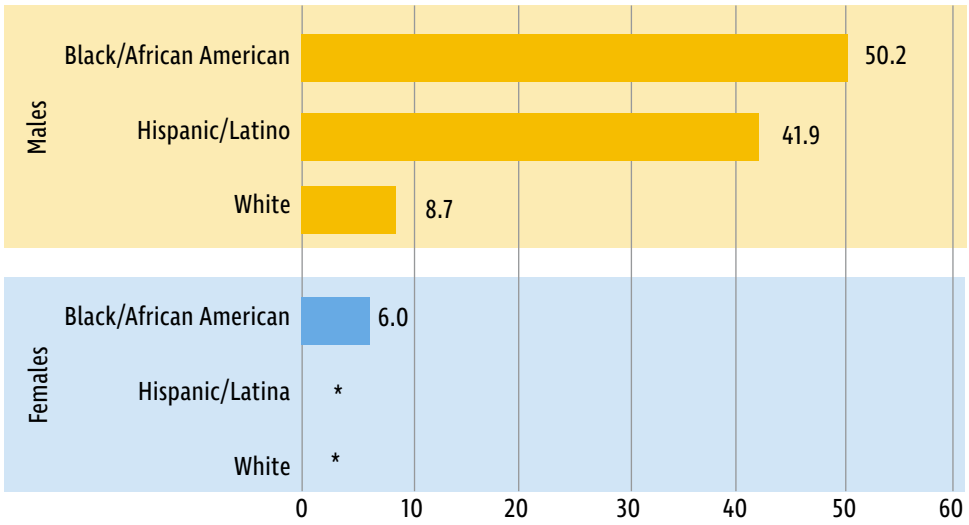


	2014	2015	2016	2017	2018
Black/African American	39.8	37.2	38.0	26.5	26.1
Hispanic/Latinx	28.1	24.4	14.0	13.5	22.2
White	4.2	6.0	4.8	4.2	4.8

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Race/ethnicity by sex at birth: Black/African American males had the highest number (n=84), percentage (56%), and rate (50.2) of HIV diagnoses reported in Cuyahoga County in 2018 compared with all other race/ethnicity groups by sex at birth.

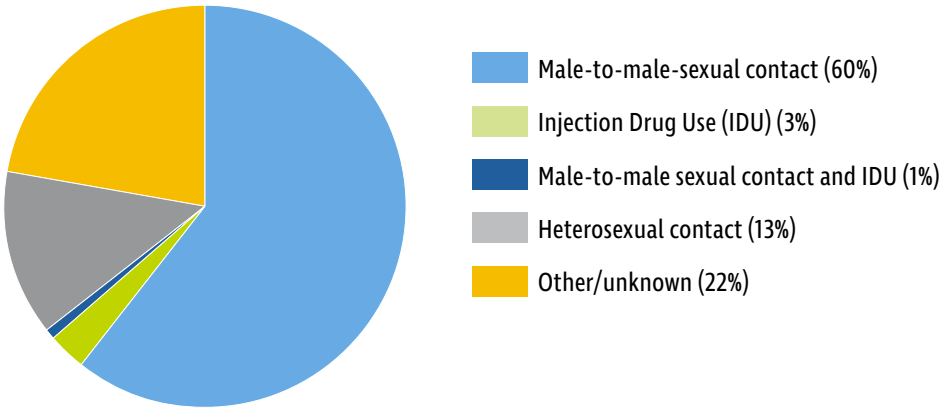
Figure 5: Rates of reported new diagnoses of HIV infection by selected race/ethnicity and sex at birth, Cuyahoga County, 2018



Note: Asterisk (*) indicates rate not calculated for case count <5 due to unstable rates.
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Transmission and exposure categories: A transmission category is assigned to a hierarchy based on risks, with the highest category being the most likely route of HIV transmission. Male-to-male sexual contact (60%) was the leading mode of transmission reported among all persons diagnosed with an HIV infection in Cuyahoga County in 2018. Injection drug use (IDU) accounted for 3%, male-to-male sexual contact/IDU accounted for 1%, heterosexual contact accounted for 13%, and the transmission category was unknown for 22% of persons diagnosed with HIV infection in 2018.

Figure 6: Percentage of reported new diagnoses of HIV infection by transmission category, Cuyahoga County, 2018



Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Special populations: In Cuyahoga County, Black/African American men who have sex with men (MSM) accounted for 38% to 45% of the total new reported diagnoses of HIV from 2014 to 2018. Here, the term MSM is defined as persons who were assigned male at birth, and who have a transmission category of 'male-to-male sexual contact' or 'male-to-male sexual contact/IDU.'

Table 4: Trends in reported new diagnoses of HIV infection by age among Black/African American MSM, Cuyahoga County, 2014-2018

	2014		2015		2016		2017		2018	
Age at diagnosis (yr.)	No.	%	No.	%	No.	%	No.	%	No.	%
15-19	11	11%	13	14%	8	10%	8	13%	3	5%
20-24	45	47%	40	43%	37	45%	18	28%	19	33%
25-29	18	19%	24	26%	23	28%	23	36%	18	31%
30-34	8	8%	7	8%	6	7%	6	9%	7	12%
35-39	6	6%	6	7%	3	4%	4	6%	3	5%
40-44	3	3%	1	1%	1	1%	2	3%	4	7%
45-49	3	3%	1	1%	1	1%	1	2%	1	2%
50-54	1	1%	-	-	1	1%	2	3%	1	2%
55-64	-	-	-	-	1	1%	-	-	2	3%
65 or older	1	1%	-	-	1	1%	-	-	-	-
Total	**96**		**92**		**82**		**64**		**58**	

Dash (-) indicates no cases were reported for the given category.
Note: Includes HIV transmission categories male-to-male sexual contact and male-to-male sexual contact/injection drug use.
Source: Ohio Department of Health, HIV Surveillance Program. Date reported as of June 30, 2019.

In Cuyahoga County, the percentage of reported new diagnoses among persons aged 13-24 years at time of diagnosis decreased from 35% in 2014 to 23% in 2018.

Table 5: Trends in reported new diagnoses of HIV infection among persons aged 13-24 years at time of diagnosis, Cuyahoga County, 2014-2018

	2014		2015		2016		2017		2018	
Characteristic	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Sex at Birth										
Males	74	99%	74	97%	65	88%	39	95%	32	94%
Females	1	1%	2	3%	9	12%	2	5%	2	6%
Race/Ethnicity[a]										
American Indian/Alaska native	-	-	-	-	-	-	1	2%	-	-
Asian/Pacific Islander	7	9%	13	17%	1	1%	3	7%	3	9%
Black/African American	64	85%	66	87%	60	81%	31	76%	29	85%
Hispanic/Latinx	7	9%	3	4%	5	7%	2	5%	3	9%
White	2	3%	5	7%	6	8%	4	10%	1	3%
Multi-race	2	3%	2	3%	3	4%	1	2%	1	3%
Transmission Category[b]										
Male adult or adolescent										
Male-to-male sexual contact	62	84%	62	84%	53	82%	35	90%	27	84%
Injection drug use (IDU)	-	-	1	1%	-	-	-	-	-	-
Male-to-male sexual contact and IDU	-	-	-	-	5	8%	-	-	-	-
Heterosexual contact	1	1%	1	1%	-	-	-	-	1	3%
Other/unknown	11	15%	10	14%	7	11%	4	10%	4	13%
Subtotal	74	100%	74	100%	65	100%	39	100%	32	100%
Female adult or adolescent										
Injection drug use	-	-	1	50%	-	-	-	-	-	-
Heterosexual contact	1	100%	1	50%	9	100%	2	100%	2	100%
Other/unknown	-	-	-	-	-	-	-	-	-	-
Subtotal	1	100%	2	100%	9	100%	2	100%	2	100%
Total	**75**		**76**		**74**		**41**		**34**	

Notes:

Dash (-) indicates no cases were reported for the given category.

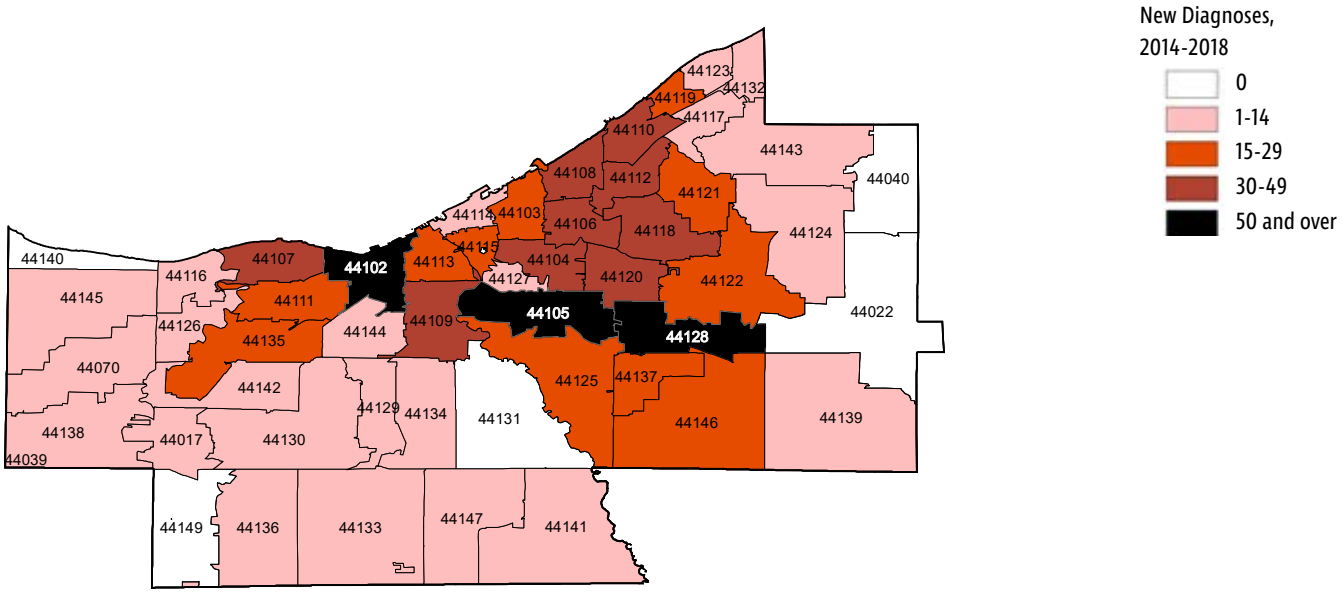
[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

ZIP code: More than half of all new reported diagnoses of HIV in Cuyahoga County from 2014 to 2018 were among persons residing in the following ZIP codes: 44102, 44105, 44128, 44106, 44112, 44104, 44118, 44120, 44108, 44109, 44107, or 44110.

Figure 7: Reported new diagnoses of HIV infection by ZIP code, Cuyahoga County, 2014-2018



Notes:

ZIP code reflects ZIP code of residence at time of initial diagnosis. Cases diagnosed while in a state or federal correctional facility or whose residence at time of diagnosis is unknown are not included.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through Dec. 26, 2019.

Table 6: Reported new diagnoses of HIV infection by disease status and selected characteristics, Cuyahoga County, 2018

	2018 diagnosis of HIV infection			Disease Status					
				HIV (not AIDS)		HIV and later AIDS		AIDS	
Characteristic	Rate[a]	No.	%	No.	%	No.	%	No.	%
Sex at birth									
Males	22.6	134	89%	94	89%	31	89%	9	90%
Females	2.6	17	11%	12	11%	4	11%	1	10%
Age at diagnosis (yr.)									
<13	*	-	-	-	-	-	-	-	-
13-14	*	-	-	-	-	-	-	-	-
15-19	6.7	5	3%	5	5%	-	-	-	-
20-24	36.6	29	19%	24	23%	1	3%	4	40%
25-29	40.7	38	25%	27	25%	8	23%	3	30%
30-34	19.3	16	11%	12	11%	4	11%	-	-
35-39	19.8	15	10%	9	8%	5	14%	1	10%
40-44	23.8	16	11%	13	12%	3	9%	-	-
45-49	9.4	7	5%	3	3%	4	11%	-	-
50-54	7.6	6	4%	1	1%	4	11%	1	10%
55-64	9.6	17	11%	11	10%	5	14%	1	10%
65 or older	*	2	1%	1	1%	1	3%	-	-
Race/Ethnicity[b]									
American Indian/Alaska native	*	-	-	-	-	-	-	-	-
Asian/Pacific Islander	*	-	-	-	-	-	-	-	-
Black/African American	26.1	96	64%	63	59%	25	71%	8	80%
Hispanic/Latinx	22.2	17	11%	13	12%	3	9%	1	10%
White	4.8	35	23%	28	26%	6	17%	1	10%
Multi-race	*	3	2%	2	2%	1	3%	-	-
Race/Ethnicity[b] and sex at birth									
American Indian/Alaska native males	*	-	-	-	-	-	-	-	-
American Indian/Alaska native females	*	-	-	-	-	-	-	-	-
Asian/Pacific Islander males	*	-	-	-	-	-	-	-	-
Asian/Pacific Islander females	*	-	-	-	-	-	-	-	-
Black/African American males	50.2	84	56%	56	53%	21	60%	7	70%
Black/African American females	6.0	12	8%	7	7%	4	11%	1	10%
Hispanic/Latino males	41.9	16	11%	12	11%	3	9%	1	10%
Hispanic/Latina females	*	1	1%	1	1%	-	-	-	-
White males	8.7	31	21%	24	23%	6	17%	1	10%
White females	*	4	3%	4	4%	-	-	-	-
Multi-race males	*	3	2%	2	2%	1	3%	-	-
Multi-race females	*	-	-	-	-	-	-	-	-
Total	**12.1**	**151**		**106**		**35**		**10**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Asterisk (*) indicates rate not calculated for case count <5 due to unstable rates. Dash (-) indicates no cases were reported for the given category.

[a] The rate is the number of persons with a reported diagnosis of HIV infection per 100,000 population calculated using 2018 U.S. Census estimates.

[b] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 7: Reported new diagnoses of HIV infection by disease status and transmission category, Cuyahoga County, 2018

	2018 Diagnosis of HIV Infection		Disease Status					
			HIV (Not AIDS)		HIV and later AIDS		AIDS	
Transmission Category[a]	No.	%	No.	%	No.	%	No.	%
Male adult or adolescent								
Male-to-male sexual contact	91	68%	69	73%	15	48%	7	78%
Injection drug use (IDU)	3	2%	2	2%	1	3%	-	-
Male-to-male sexual contact and IDU	2	1%	2	2%	-	-	-	-
Heterosexual contact	5	4%	2	2%	3	10%	-	-
Other/unknown	33	25%	19	20%	12	39%	2	22%
Subtotal	134	100%	94	100%	31	100%	9	100%
Female adult or adolescent								
Injection drug use	2	12%	2	17%	-	-	-	-
Heterosexual contact	15	88%	10	83%	4	100%	1	100%
Other/unknown	-	-	-	-	-	-	-	-
Subtotal	17	100%	12	100%	4	100%	1	100%
Children (<13 yrs. at diagnosis)								
Perinatal	-	-	-	-	-	-	-	-
Other/unknown	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-
Total	**151**		**106**		**35**		**10**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Dash (-) indicates no cases were reported for the given category.

[a] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 8: Reported new diagnoses of HIV infection by disease status and exposure category, Cuyahoga County, 2018

	2018 Diagnosis of HIV Infection		Disease Status					
			HIV (Not AIDS)		HIV and later AIDS		AIDS	
Exposure Category [a]	No.	%	No.	%	No.	%	No.	%
Male-to-male sexual contact only	90	60%	68	64%	15	43%	7	70%
Injection drug use (IDU) only	4	3%	3	3%	1	3%	-	-
Heterosexual contact only	20	13%	12	11%	7	20%	1	10%
Male-to-male sexual contact and IDU	2	1%	2	2%	-	-	-	-
IDU and heterosexual contact	1	1%	1	1%	-	-	-	-
Male-to-male sexual contact and heterosexual contact	1	1%	1	1%	-	-	-	-
Male-to-male sexual contact and IDU and heterosexual contact	-	-	-	-	-	-	-	-
Perinatal exposure	-	-	-	-	-	-	-	-
Other/unknown	33	22%	19	18%	12	34%	2	20%
Total	**151**		**106**		**35**		**10**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Dash (-) indicates no cases were reported for the given category.

[a] Exposure categories are mutually exclusive risk categories. All possible combinations of risks are represented among exposure categories. A person with multiple risks is represented in the exposure category identifying all the reported ways in which that person may have been exposed to HIV.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 9: Reported new diagnoses of HIV infection by race/ethnicity and transmission category, Cuyahoga County, 2018

	American Indian/Alaska native		Asian/Pacific Islander		Black/African American		Hispanic/ Latinx[a]		White		Multi-race	
Transmission Category[b]	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male adult or adolescent												
Male-to-male sexual contact	-	-	-	-	57	68%	12	75%	19	61%	3	100%
Injection drug use (IDU)	-	-	-	-	1	1%	-	-	2	6%	-	-
Male-to-male sexual contact and IDU	-	-	-	-	1	1%	-	-	1	3%	-	-
Heterosexual contact	-	-	-	-	5	6%	-	-	-	-	-	-
Other/unknown	-	-	-	-	20	24%	4	25%	9	29%	-	-
Subtotal	-	-	-	-	84	100%	16	100%	31	100%	3	100%
Female adult or adolescent												
Injection drug use	-	-	-	-	-	-	-	-	2	50%	-	-
Heterosexual contact	-	-	-	-	12	100%	1	100%	2	50%	-	-
Other/unknown	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	12	100%	1	100%	4	100%	-	-
Total	**-**		**-**		**96**		**17**		**35**		**3**	

Notes:

Dash (-) indicates no cases were reported for the given category.

[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Sexually Transmitted Infections (STI) and HIV Coinfection

A match was performed with HIV and STI data to determine the number of persons residing in Cuyahoga County who were diagnosed with HIV and STIs in 2018.

Chlamydia: Eight percent (n=12) of the 151 persons residing in Cuyahoga County who were diagnosed with HIV in 2018 were also diagnosed with chlamydia. Most of these cases were among Blacks/African Americans and all were between the ages of 15 and 39 years.

Gonorrhea: Eight percent (n=12) of the 151 persons residing in Cuyahoga County who were diagnosed with HIV in 2018 were also diagnosed with gonorrhea. Most of these cases were among Blacks/African Americans and between the ages of 15 and 39 years.

Syphilis: Twelve percent (n=18) of the 151 persons residing in Cuyahoga County who were diagnosed with HIV in 2018 were also diagnosed with syphilis. Most of these cases were among Blacks/African Americans, all were between the ages of 20 and 49 years, and 89% of the cases had male-to-male sexual contact as the category of HIV transmission.

Table 10: Reported new diagnoses of HIV infection coinfected with STIs by selected characteristics, Cuyahoga County, 2018

	Chlamydia Coinfection		Gonorrhea Coinfection		Syphilis Coinfection	
Characteristic	**No.**	**%**	**No.**	**%**	**No.**	**%**
Age at diagnosis (yr.)						
<13	-	-	-	-	-	-
13-14	-	-	-	-	-	-
15-19	1	8%	1	8%	-	-
20-24	5	42%	4	33%	4	22%
25-29	3	25%	4	33%	6	33%
30-34	1	8%	1	8%	3	17%
35-39	2	17%	1	8%	2	11%
40-44	-	-	-	-	1	6%
45-49	-	-	-	-	2	11%
50-54	-	-	-	-	-	-
55-64	-	-	1	8%	-	-
65 or older	-	-	-	-	-	-
Race/Ethnicity [a]						
American Indian/Alaska native	-	-	-	-	-	-
Asian/Pacific Islander	-	-	-	-	-	-
Black/African American	9	75%	9	75%	12	67%
Hispanic/Latinx	2	17%	1	8%	2	11%
White	1	8%	2	17%	3	17%
Multi-race	-	-	-	-	1	6%
Transmission Category [b]						
Male adult or adolescent						
Male-to-male sexual contact	7	70%	10	83%	16	89%
Injection drug use (IDU)	-	-	-	-	-	-
Male-to-male sexual contact and IDU	1	10%	-	-	-	-
Heterosexual contact	1	10%	-	-	1	6%
Other/unknown	1	10%	2	17%	1	6%
Subtotal	10	100%	12	100%	18	100%
Female adult or adolescent						
Injection drug use	1	50%	-	-	-	-
Heterosexual contact	1	50%	-	-	-	-
Other/unknown	-	-	-	-	-	-
Subtotal	2	100%	-	-	-	-
Total	**12**		**12**		**18**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Coinfection is defined as having a STD diagnosis +/- 30 days from the HIV diagnosis.

Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.

Dash (-) indicates no cases were reported for the given category.

[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Source: Ohio Department of Health, STD Surveillance Program. Data reported through Nov. 24, 2019.

Table 11: Reported new diagnoses of HIV infection coinfected with chlamydia by race/ethnicity and transmission category, Cuyahoga County, 2018

	American Indian/Alaska native		Asian/Pacific Islander		Black/ African American		Hispanic/ Latinx[a]		White		Multi-race	
Transmission Category[b]	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male adult or adolescent												
Male-to-male sexual contact	-	-	-	-	5	63%	2	100%	-	-	-	-
Injection drug use (IDU)	-	-	-	-	-	-	-	-	-	-	-	-
Male-to-male sexual contact and IDU	-	-	-	-	1	13%	-	-	-	-	-	-
Heterosexual contact	-	-	-	-	1	13%	-	-	-	-	-	-
Other/unknown	-	-	-	-	1	13%	-	-	-	-	-	-
Subtotal	-	-	-	-	8	100%	2	100%	-	-	-	-
Female adult or adolescent												
Injection drug use	-	-	-	-	-	-	-	-	1	100%	-	-
Heterosexual contact	-	-	-	-	1	100%	-	-	-	-	-	-
Other/unknown	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	1	100%	-	-	1	100%	-	-
Total	**-**		**-**		**9**		**2**		**1**		**-**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Coinfection is defined as having a STD diagnosis +/- 30 days from the HIV diagnosis.

Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.

Dash (-) indicates no cases were reported for the given category.

[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Source: Ohio Department of Health, STI Surveillance Program. Data reported through Oct. 31, 2019.

Table 12: Reported new diagnoses of HIV infection coinfected with gonorrhea by race/ethnicity and transmission category, Cuyahoga County, 2018

	American Indian/Alaska native		Asian/Pacific Islander		Black/African American		Hispanic/ Latinx[a]		White		Multi-race	
Transmission Category[b]	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male adult or adolescent												
Male-to-male sexual contact	-	-	-	-	7	78%	1	100%	2	100%	-	-
Injection drug use (IDU)	-	-	-	-	-	-	-	-	-	-	-	-
Male-to-male sexual contact and IDU	-	-	-	-	-	-	-	-	-	-	-	-
Heterosexual contact	-	-	-	-	-	-	-	-	-	-	-	-
Other/unknown	-	-	-	-	2	22%	-	-	-	-	-	-
Subtotal	-	-	-	-	9	100%	1	100%	2	100%	-	-
Female adult or adolescent												
Injection drug use	-	-	-	-	-	-	-	-	-	-	-	-
Heterosexual contact	-	-	-	-	-	-	-	-	-	-	-	-
Other/unknown	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**		**-**		**9**		**1**		**2**		**-**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Coinfection is defined as having a STI diagnosis +/- 30 days from the HIV diagnosis.

Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.

Dash (-) indicates no cases were reported for the given category.

[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Source: Ohio Department of Health, STI Surveillance Program. Data reported through Oct. 31, 2019.

Table 13: Reported new diagnoses of HIV infection coinfected with syphilis by race/ethnicity and transmission category, Cuyahoga County, 2018

	American Indian/Alaska native		Asian/Pacific Islander		Black/African American		Hispanic/ Latinx [a]		White		Multi-race	
Transmission Category [b]	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male adult or adolescent												
Male-to-male sexual contact	-	-	-	-	10	83%	2	100%	3	100%	1	100%
Injection drug use (IDU)	-	-	-	-	-	-	-	-	-	-	-	-
Male-to-male sexual contact and IDU	-	-	-	-	-	-	-	-	-	-	-	-
Heterosexual contact	-	-	-	-	1	8%	-	-	-	-	-	-
Other/unknown	-	-	-	-	1	8%	-	-	-	-	-	-
Subtotal	-	-	-	-	12	100%	2	100%	3	100%	1	100%
Female adult or adolescent												
Injection drug use	-	-	-	-	-	-	-	-	-	-	-	-
Heterosexual contact	-	-	-	-	-	-	-	-	-	-	-	-
Other/unknown	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**		**-**		**12**		**2**		**3**		**1**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Coinfection is defined as having a STI diagnosis +/- 30 days from the HIV diagnosis.

Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.

Dash (-) indicates no cases were reported for the given category.

[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Source: Ohio Department of Health, STI Surveillance Program. Data reported through Oct. 31, 2019.

Special Populations: In Cuyahoga County, Black/African American MSM accounted for half of the total number of persons diagnosed with both HIV and chlamydia in 2018, 58% of those diagnosed with both HIV and gonorrhea in 2018, and 56% of those diagnosed with both HIV and syphilis in 2018. Here, the term MSM is defined as persons who were assigned male at birth, and who have a transmission category of 'male-to-male sexual contact' or 'male-to-male sexual contact/IDU.'

Table 14: Reported new diagnoses of HIV infection among Black/African American MSM coinfected with STIs by selected characteristics, Cuyahoga County, 2018

	Chlamydia Coinfection		Gonorrhea Coinfection		Syphilis Coinfection	
Age at diagnosis (yr.)	No.	%	No.	%	No.	%
<13	-	-	-	-	-	-
13-14	-	-	-	-	-	-
15-19	-	-	1	14%	-	-
20-24	2	33%	4	57%	3	30%
25-29	2	33%	1	14%	4	40%
30-34	1	17%	-	-	2	20%
35-39	1	17%	1	14%	-	-
40-44	-	-	-	-	1	10%
45-49	-	-	-	-	-	-
50-54	-	-	-	-	-	-
55-64	-	-	-	-	-	-
65 or older	-	-	-	-	-	-
Total	**6**		**7**		**10**	

Notes:
Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.
Coinfection is defined as having a STI diagnosis +/- 30 days from the HIV diagnosis.
Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.
Dash (-) indicates no cases were reported for the given category.
Includes HIV transmission categories male-to-male sexual contact and male-to-male sexual contact/injection drug use.
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.
Source: Ohio Department of Health, STI Surveillance Program. Data reported through Oct. 31, 2019.

Hepatitis and HIV Coinfection

A match was performed with HIV and hepatitis data to determine the number of persons residing in Cuyahoga County who were diagnosed with both diseases from 2014 to 2018. (Due to gaps in 2014 reporting, 2015 to 2018 was used for hepatitis B). There were no instances of a person being diagnosed with HIV and an acute hepatitis case, and thus, only chronic cases of hepatitis B and C are displayed below. There was a total of 911 new reported diagnoses of HIV infection in Cuyahoga County from 2014 to 2018.

Hepatitis A: Only one person residing in Cuyahoga County was found to be diagnosed with both HIV and hepatitis A from 2014 to 2018.

Hepatitis B: Thirteen persons residing in Cuyahoga County were diagnosed with both HIV and hepatitis B from 2015 to 2018. Most of these cases were among Blacks/African Americans. The cases were mostly evenly spread out across age groups, and most were among males with male-to-male sexual contact as the category of HIV transmission.

Hepatitis C: Thirty-five persons residing in Cuyahoga County were diagnosed with both HIV and hepatitis C from 2014 to 2018. Over half of the cases were between the ages of 20-29 years, over half were among Blacks/African Americans, and 62% of the cases among males had male-to-male sexual contact as the category of HIV transmission.

Table 15: Reported new diagnoses of HIV infection coinfected with hepatitis by selected characteristics, Cuyahoga County, 2014-2018

	Diagnosis of HIV/ hepatitis A iInfection		Diagnosis of HIV/hepatitis B chronic infection		Diagnosis of HIV/hepatitis C chronic infection	
Characteristic	**No.**	**%**	**No.**	**%**	**No.**	**%**
Age at diagnosis (yr.)						
<13	-	-	-	-	-	-
13-14	-	-	-	-	-	-
15-19	-	-	-	-	1	3%
20-24	-	-	2	15%	7	20%
25-29	-	-	-	-	11	31%
30-34	-	-	1	8%	3	9%
35-39	-	-	3	23%	3	9%
40-44	-	-	1	8%	4	11%
45-49	-	-	1	8%	1	3%
50-54	-	-	-	-	2	6%
55-64	1	100%	4	31%	3	9%
65 or older	-	-	1	8%	-	-
Race/Ethnicity[a]						
American Indian/Alaska native	-	-	-	-	-	-
Asian/Pacific Islander	-	-	-	-	-	-
Black/African American	1	100%	12	92%	18	51%
Hispanic/Latinx	-	-	-	-	5	14%
White	-	-	1	8%	9	26%
Multi-race	-	-	-	-	3	9%
Transmission Category[b]						
Male adult or adolescent						
Male-to-male sexual contact	1	100%	8	62%	16	62%
Injection drug use (IDU)	-	-	-	-	2	8%
Male-to-male sexual contact and IDU	-	-	-	-	-	-
Heterosexual contact	-	-	2	15%	3	12%
Other/unknown	-	-	3	23%	5	19%
Subtotal	1	100%	13	100%	26	100%
Female adult or adolescent						
Injection drug use	-	-	-	-	4	44%
Heterosexual contact	-	-	-	-	5	56%
Other/unknown	-	-	-	-	-	-
Subtotal	1	-	-	-	9	100%
Total	**1**		**13**		**35**	

Notes:
Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.
Coinfection is defined as having a hepatitis diagnosis and HIV diagnosis between 2014 and 2018.
Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.
Dash (-) indicates no cases were reported for the given category.
[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.
[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.
Source: Ohio Department of Health, Hepatitis Surveillance Program. Data reported through Oct. 31, 2019.

Table 16: Reported new diagnoses of HIV infection coinfected with hepatitis C by race/ethnicity and transmission category, Cuyahoga County, 2014-2018

	American Indian/Alaska native		Asian/Pacific Islander		Black/African American		Hispanic/ Latinx[a]		White		Multi-race	
Transmission Category[b]	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male adult or adolescent												
Male-to-male sexual contact	-	-	-	-	12	80%	1	20%	-	-	3	100%
Injection drug use (IDU)	-	-	-	-	1	7%	-	-	1	33%	-	-
Male-to-male sexual contact and IDU	-	-	-	-	-	-	-	-	-	-	-	-
Heterosexual contact	-	-	-	-	-	-	3	60%	-	-	-	-
Other/unknown	-	-	-	-	2	13%	1	20%	2	67%	-	-
Subtotal	-	-	-	-	15	100%	5	100%	3	100%	3	100%
Female adult or adolescent												
Injection drug use	-	-	-	-	-	-	-	-	4	67%	-	-
Heterosexual contact	-	-	-	-	3	100%	-	-	2	33%	-	-
Other/unknown	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal	-	-	-	-	3	100%	-	-	6	100%	-	-
Total	**-**		**-**		**18**		**5**		**9**		**3**	

Notes:

Reported new diagnoses of HIV infection include persons with a diagnosis of HIV (not AIDS), a diagnosis of HIV and an AIDS diagnosis within 12 months (HIV and later AIDS), and concurrent diagnoses of HIV and AIDS (AIDS) who were residents of Ohio at time of initial diagnosis.

Coinfection is defined as having a hepatitis diagnosis and HIV diagnosis between 2014 and 2018.

Small numbers are unstable and should be interpreted with caution. Provisional data. Numbers subject to change when additional information is gained.

Dash (-) indicates no cases were reported for the given category.

[a] *Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.*

[b] *Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.*

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Source: Ohio Department of Health, Hepatitis Surveillance Program. Data reported through Oct. 31, 2019.

HIV Testing

HIV Testing: Data from January through September of 2019 indicates that the HIV Prevention program in Cuyahoga County has conducted far fewer HIV tests this year (n=2,193) than in 2018 (n=10,179). If testing in 2019 remained steady, then Cuyahoga County will have conducted approximately one-third (n=2,924) of the number of tests conducted in 2018. This difference is largely due to the implementation of a risk assessment tool designed to increase priority-based testing among populations at highest risk for HIV. The risk assessment prioritizes HIV testing among men who have sex with men (MSM), young Black/African American men who have sex with men (YBMSM), people who inject drugs (PWID), transgender/non-binary persons, individuals who have had a syphilis diagnosis in the last 12 months, persons who have recently moved from the South and have not been tested, and partners of PWID, MSM, or a person living with HIV/AIDS (PLWHA).

So far in 2019, the proportions of testing among key priority populations in Cuyahoga County have increased compared with testing done in 2018. Testing increased in 2019 from 14% to 21% among MSM, from 3% to 6% among YBMSM, and from 4% to 9% among PWID. The effect of the implementation of the risk assessment has been a decrease in the number of tests conducted among populations at low risk for HIV. However, the overall number of HIV positive persons identified within populations at high risk has not increased in 2019 and additional outreach to those at highest risk for HIV is needed. If the identification of HIV positive individuals remained proportionate in the last quarter of 2019, then the total number of HIV positive cases found in 2019 (n=22) was 73% of the number of cases identified in 2018 (n=30).

During the first three quarters of 2019, the proportions of males (60%) and females (40%) tested were nearly the same as the proportions tested in 2018 (57% and 43% respectively). The proportions of HIV positive males (88%) and females (12%) identified in 2019 also remained similar to the proportions identified in 2018 (90% and 10% respectively), with small numbers accounting for differences. The proportion of tests among Blacks/African Americans decreased slightly from 2018 to 2019 from 67% to 65%, with a corresponding increase among whites from 25% to 27%. The great majority of new HIV positive cases were identified in Blacks/African Americans in both 2018 (83%) and 2019 (77%), with YBMSM accounting for more than half of all new diagnoses among Blacks/African Americans in 2018 (64%) and 2019 (54%). The proportion of testing among Latinx individuals increased slightly from 5% to 8% between 2018 and 2019; however, the proportion of HIV positive cases among the Latinx population remained relatively unchanged from 2018 (10%) to 2019 (12%), with differences due to very small numbers. Testing among the various age groups shifted slightly from 2018 to 2019. The 20 to 29 year age group accounted for 35% of testing in 2018 and 37% in 2019, while testing among the 30 to 44 age group increased from 31% in 2018 to 36% in 2019. The proportion of newly identified HIV positive individuals in the 20 to 29 age group decreased from 57% in 2018 to 47% in 2019, still accounting for nearly half of all new diagnoses. The proportion of HIV positive cases identified in the 30 to 44 age group remained unchanged and accounted for approximately one third of all new diagnoses in 2018 (30%) and 2019 (30%). Please note data for 2019 is provisional through September. Data cleaning and reconciliation are ongoing and data may be incomplete.

Table 17: Total and positive HIV tests administered at HIV Prevention-funded testing sites, Cuyahoga County, 2018, and January-September 2019

All Tests

Risk Category*	2018		Jan.-Sept. 2019	
	Count	%	Count	%
MSM	1,327	14.5%	448	21.1%
YBMSM (age 13-29)	316	3.4%	125	5.9%
MSM/PWID	26	0.3%	26	1.2%
People who inject drugs	356	3.9%	193	9.1%
Trans/Nonbinary persons	48	0.5%	10	0.5%
Heterosexual male	3,745	40.8%	715	33.7%
Heterosexual female	3,704	40.3%	755	35.6%
Total	**9,180**	**100.0%**	**2,121**	**100.0%**

**Risk categories are mutually exclusive except for the MSM category, which includes YBMSM and MSM/PWID. Percentages are based on the denominator of all tests for which a risk category could be calculated.*

Newly Diagnosed Positives

Risk Category*	2018		Jan.-Sept. 2019	
	Count	%	Count	%
MSM	23	82.1%	11	68.8%
YBMSM (age 13-29)	16	57.1%	7	43.8%
MSM/PWID	-	-	1	6.3%
People who inject drugs	-	-	3	18.8%
Trans/Nonbinary persons	-	-	-	-
Heterosexual male	3	10.7%	1	6.3%
Heterosexual female	2	7.1%	1	6.3%
Total	**28**	**100.0%**	**16**	**100.0%**

**Risk categories are mutually exclusive except for the MSM category, which includes YBMSM and MSM/PWID. Percentages are based on the denominator of all newly diagnosed positive tests for which a risk category could be calculated.*

All Tests

Sex at Birth	2018		Jan.-Sept. 2019	
	Count	%	Count	%
Male	5,766	56.7%	1,315	60.0%
Female	4,371	42.9%	872	39.8%
Declined to answer	37	0.4%	6	0.3%
Not asked	5	0.1%	-	-
Total	**10,179**	**100.0%**	**2,193**	**100.0%**

Newly Diagnosed Positives

Sex at Birth	2018		Jan.-Sept. 2019	
	Count	%	Count	%
Male	27	90.0%	15	88.2%
Female	3	10.0%	2	11.8%
Declined to answer	-	-	-	-
Not asked	-	-	-	-
Total	**30**	**100.0%**	**17**	**100.0%**

All Tests

Age Group	2018		Jan.-Sept. 2019	
	Count	%	Count	%
12 years and younger	1	0.0%	2	0.1%
13 to 19	670	6.6%	134	6.1%
20 to 24	1,656	16.3%	361	16.5%
25 to 29	1,878	18.5%	442	20.2%
30 to 34	1,295	12.7%	345	15.7%
35 to 44	1,809	17.8%	452	20.6%
45 to 54	1,333	13.1%	221	10.1%
55 to 64	1,008	9.9%	157	7.2%
65 or older	253	2.5%	54	2.5%
Missing	276	2.7%	25	1.1%
Total	**10,179**	**100.0%**	**2,193**	**100.0%**

Newly Diagnosed Positives

Age Group	2018		Jan.-Sept. 2019	
	Count	%	Count	%
12 years and younger	-	-	-	-
13 to 19	2	6.7%	1	5.9%
20 to 24	4	13.3%	4	23.5%
25 to 29	13	43.3%	4	23.5%
30 to 34	2	6.7%	3	17.7%
35 to 44	7	23.3%	2	11.8%
45 to 54	2	6.7%	2	11.8%
55 to 64	-	-	1	5.9%
65 or older	-	-	-	-
Missing	-	-	-	-
Total	**30**	**100.0%**	**17**	**100.0%**

Table 17: Total and positive HIV tests administered at HIV Prevention-funded testing sites, Cuyahoga County, 2018, and January-September 2019, cont'd

All Tests

	2018		Jan.-Sept. 2019	
Race	Count	%	Count	%
American Indian or Alaska Native	45	0.4%	9	0.4%
Asian	127	1.3%	31	1.4%
Black/African American	6,790	66.7%	1,415	64.5%
Native Hawaiian or other Pacific islander	56	0.6%	6	0.3%
White	2,524	24.8%	599	27.3%
More than one race	159	1.6%	32	1.5%
Not specified	-	-	59	2.7%
Declined to answer	332	3.3%	33	1.5%
Don't know	76	0.8%	9	0.4%
Not asked	70	0.7%	-	-
Total	**10,179**	**100.0%**	**2,193**	**100.0%**

Newly Diagnosed Positives

	2018		Jan.-Sept. 2019	
Race	Count	%	Count	%
American Indian or Alaska Native	-	-	-	-
Asian	-	-	-	-
Black/African American	25	83.3%	13	76.5%
Native Hawaiian or other Pacific islander	-	-	-	-
White	5	16.7%	4	23.5%
More than one race	-	-	-	-
Not specified	-	-	-	-
Declined to answer	-	-	-	-
Don't know	-	-	-	-
Not asked	-	-	-	-
Total	**30**	**100.0%**	**17**	**100.0%**

All Tests

	2018		Jan.-Sept. 2019	
Ethnicity	Count	%	Count	%
Not Hispanic or Latinx	9,411	92.5%	1,952	89.0%
Hispanic or Latinx	480	4.7%	165	7.5%
Declined to answer	146	1.4%	46	2.1%
Don't know	74	0.7%	30	1.4%
Not asked	68	0.7%	-	-
Total	**10,179**	**100.0%**	**2,193**	**100.0%**

Newly Diagnosed Positives

	2018		Jan.-Sept. 2019	
Ethnicity	Count	%	Count	%
Not Hispanic or Latinx	27	90.0%	14	82.4%
Hispanic or Latinx	3	10.0%	21	11.8%
Declined to answer	-	-	-	-
Don't know	-	-	1	5.9%
Not asked	-	-	-	-
Total	**30**	**100.0%**	**17**	**100.0%**

Source: Ohio Department of Health, HIV Monitoring and Evaluation Program. Data reported through Nov. 30, 2019.

Table 18: HIV tests administered at HIV Prevention-funded testing sites by testing site, Cuyahoga County, 2018

Site Name	All Tests	Newly Diagnosed		Previously Diagnosed	Unable to Determine Prior Status	Positivity Rate
		Preliminary	Confirmed			
AIDS Taskforce of Greater Cleveland	807	-	3	-	-	0.4%
Arbor Park	43	-	-	-	-	0.0%
Bishop Cosgrove	221	-	-	1	-	0.0%
Buckeye Plaza	25	-	-	-	-	0.0%
Care Alliance - FQHC	259	-	1	1	-	0.4%
Care Alliance - Woodland	313	-	1	-	-	0.3%
Care Alliance - 25th	131	-	-	-	-	0.0%
Circle Health Services	1,500	1	5	2	2	0.4%
Cleveland Clinic Emergency Department	293	-	-	1	-	0.0%
Cleveland Department of Public Health - Special Event Testing	40	-	-	-	-	0.0%
Cleveland State University	26	-	-	-	-	0.0%
Cleveland Treatment Center/Project SAFE	194	1	-	1	-	0.5%
Community Assessment Treatment Center	1	-	-	-	-	0.0%
Cudell Rapid Station	5	-	-	-	-	0.0%
Cuyahoga County Board of Health	184	-	-	-	-	0.0%
Cuyahoga County Board of Health - Special Event	130	-	-	-	-	0.0%
Cuyahoga County Juvenile Court	19	-	-	-	-	0.0%
Flex Hotel and Spa	50	-	1	-	-	2.0%
Garden Valley	14	-	-	-	-	0.0%
Health Mobile Testing	205	-	-	-	-	0.0%
J. Glen Smith Health Center - HIV/CTS	761	-	3	-	-	0.4%
Lakeview Towers	152	-	-	-	-	0.0%
Lifeskills - Carnegie	7	-	-	-	-	0.0%
Mobile Van	644	1	2	-	-	0.5%
Morris Black	54	-	-	-	-	0.0%
New Vision	35	-	-	-	-	0.0%
Planned Parenthood Bedford	399	-	-	-	-	0.0%
Planned Parenthood East Cleveland	330	-	-	1	-	0.0%
Planned Parenthood NE OH - Special Event Testing	207	-	-	-	-	0.0%
Planned Parenthood Old Brooklyn	335	-	-	-	-	0.0%
Salvation Army	65	-	-	-	-	0.0%
Special Event Testing	1,655	-	3	2	-	0.2%
Stella Maris	191	-	-	-	-	0.0%
Thomas McCafferty Health Center - STD	719	-	7	1	-	1.0%
University Hospitals Case Medical Center (ACTU)	78	-	-	-	-	0.0%
Warrensville Heights	87	1	-	-	-	1.1%
Total	**10,179**	**4**	**26**	**10**	**2**	**0.3%**

Source: Ohio Department of Health, HIV Monitoring and Evaluation Program. Data reported through Nov. 30, 2019.

Table 19: HIV tests administered at HIV Prevention-funded testing sites by testing site, Cuyahoga County, January-September 2019

Site Name	All Tests	Newly Diagnosed		Previously Diagnosed	Unable to Determine Prior Status	Positivity Rate
		Preliminary	Confirmed			
AIDS Taskforce of Greater Cleveland	103	-	5	1	-	4.9%
Boys & Girls Club of Cleveland	1	-	-	-	-	0.0%
Circle Health Services	304	1	3	3	-	1.3%
Cleveland Clinic Emergency Department	217	2	-	1	-	0.9%
Cleveland Treatment Center/Project SAFE	105	-	-	-	-	0.0%
Community Assessment Treatment Center	6	-	-	-	-	0.0%
Cuyahoga County Board of Health	79	-	-	-	-	0.0%
Cuyahoga County Board of Health - Special Event	48	-	-	-	-	0.0%
Health Mobile Testing	18	-	-	-	-	0.0%
Hitchcock Center for Women	12	-	-	-	-	0.0%
J. Glen Smith Health Center - HIV/CTS	739	1	-	2	-	0.1%
Planned Parenthood Bedford	15	-	-	1	-	0.0%
Planned Parenthood East Cleveland	18	-	-	-	-	0.0%
Planned Parenthood NE OH - Special Event Testing	28	-	-	-	-	0.0%
Planned Parenthood Old Brooklyn	4	-	-	-	-	0.0%
Salvation Army	10	-	-	-	-	0.0%
Signature Health - Beachwood	11	-	-	-	-	0.0%
Signature Health - Lakewood	4	-	-	-	-	0.0%
Signature Health - Maple Heights	4	-	-	-	-	0.0%
Special Event Testing	13	1	-	-	-	7.7%
Thomas McCafferty Health Center - STD	371	-	2	1	-	0.5%
University Hospitals Case Medical Center (ACTU)	35	-	1	-	-	2.9%
Warrensville Heights	48	-	1	-	-	2.1%
Total	**2,193**	**5**	**12**	**9**	**-**	**0.8%**

Source: Ohio Department of Health, HIV Monitoring and Evaluation Program. Data reported through Nov. 30, 2019.

Social Determinants of Health

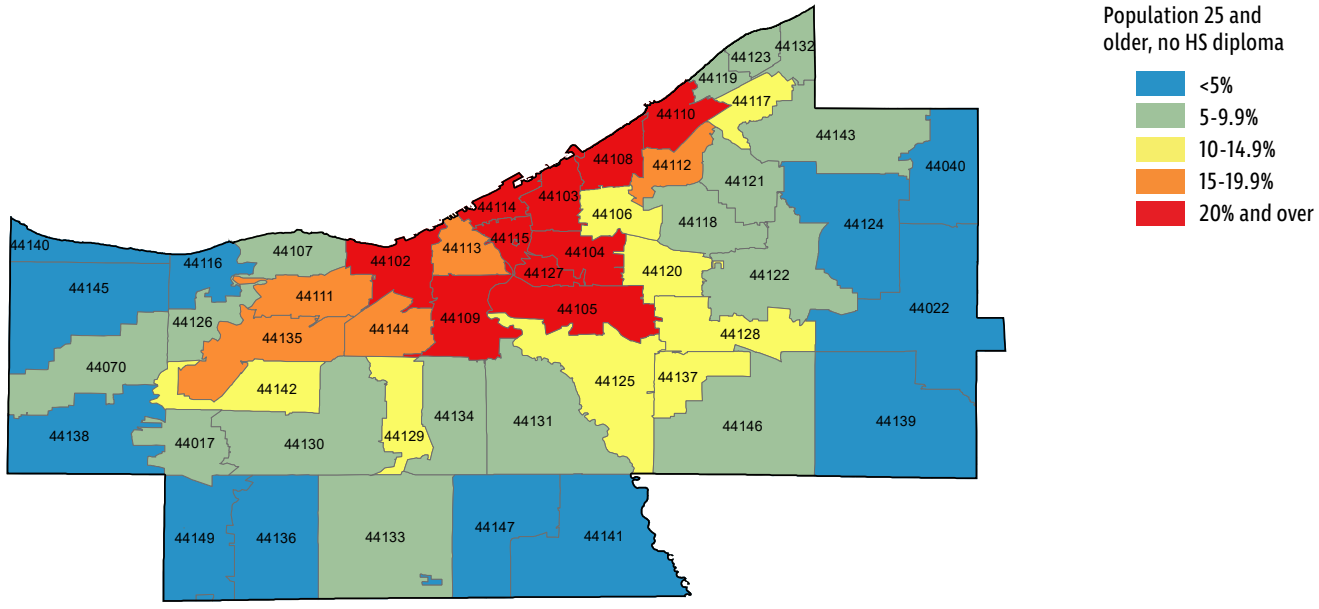
There are many factors, including place and type of residence, income, educational level, employment status, and access to healthcare, that contribute to a person's health status. It is critical to understand how social determinants may affect the health of individuals and populations. Several key indicators regarding social determinants of health (SDH), including educational attainment, unemployment, poverty level, and health insurance coverage, are displayed to help facilitate an understanding of the intersection of these factors and HIV infection. Each indicator includes a map displaying ZIP codes for the general population of Cuyahoga County, and the corresponding 'level' of the indicator based on the ZIP code. Analysis revealed that two particular ZIP codes had the poorest outcomes across every SDH indicator: 44103 and 44110.

Additionally, each indicator includes area-based information for the population diagnosed with HIV infection in Cuyahoga County in 2018. That is, data among persons diagnosed with HIV are joined to the corresponding 'level' of the indicator based on the ZIP code of residence.

Information regarding transportation is also provided, as well as information regarding housing status for Ryan White clients.

Educational attainment: Almost 11% of Cuyahoga County's population aged 25 years and older does not have a high school diploma, compared with 10.2% for all of Ohio. The map below depicts each ZIP code in Cuyahoga County and what percentage of the population over age 25 has no high school diploma.

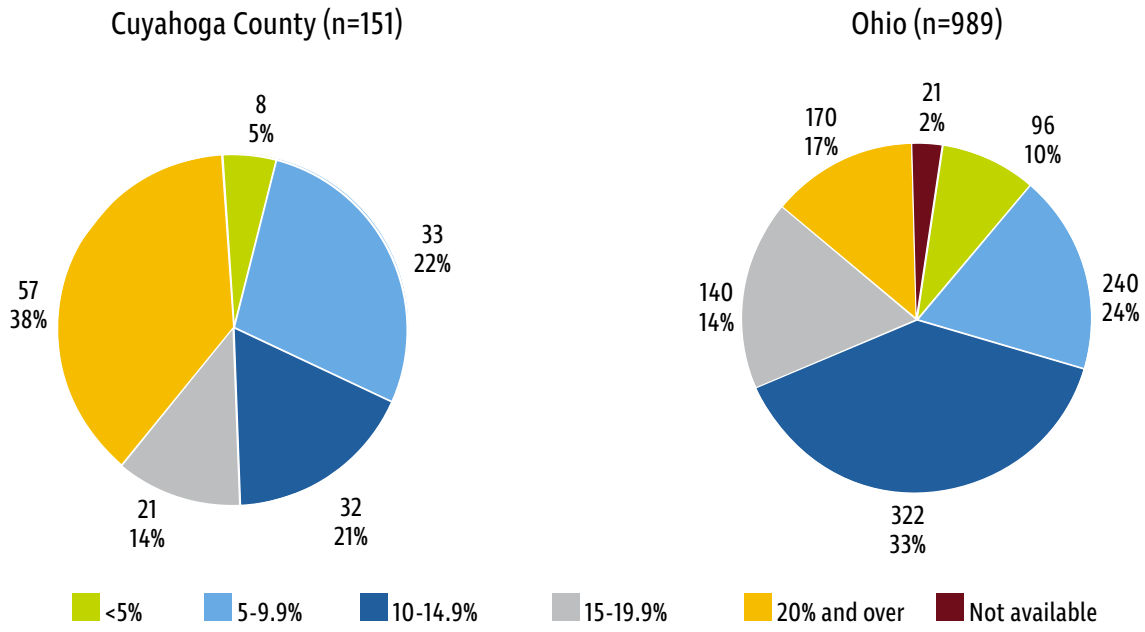
Figure 8: Percentage of population aged 25 years and older with no high school diploma by ZIP code, Cuyahoga County, 2013-2017



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Figure 9 depicts the number of new diagnoses of HIV infection in Cuyahoga County and, in Ohio in 2018, by area-based educational attainment. Eight of the 151 new diagnoses of HIV in Cuyahoga County in 2018 were among persons who resided in ZIP codes where less than 5% of the population over age 25 years did not have a high school diploma. There were 33 new diagnoses of HIV in Cuyahoga County in 2018 among persons who resided in ZIP codes where 5% to 9.9% of the population over age 25 years did not have a high school diploma, 32 among persons residing in ZIP codes where 10% to 14.9% did not have a high school diploma, 21 among persons residing in ZIP codes where 15% to 19.9% did not have a high school diploma, and 57 among persons residing in ZIP codes where more than 20% did not have a high school diploma.

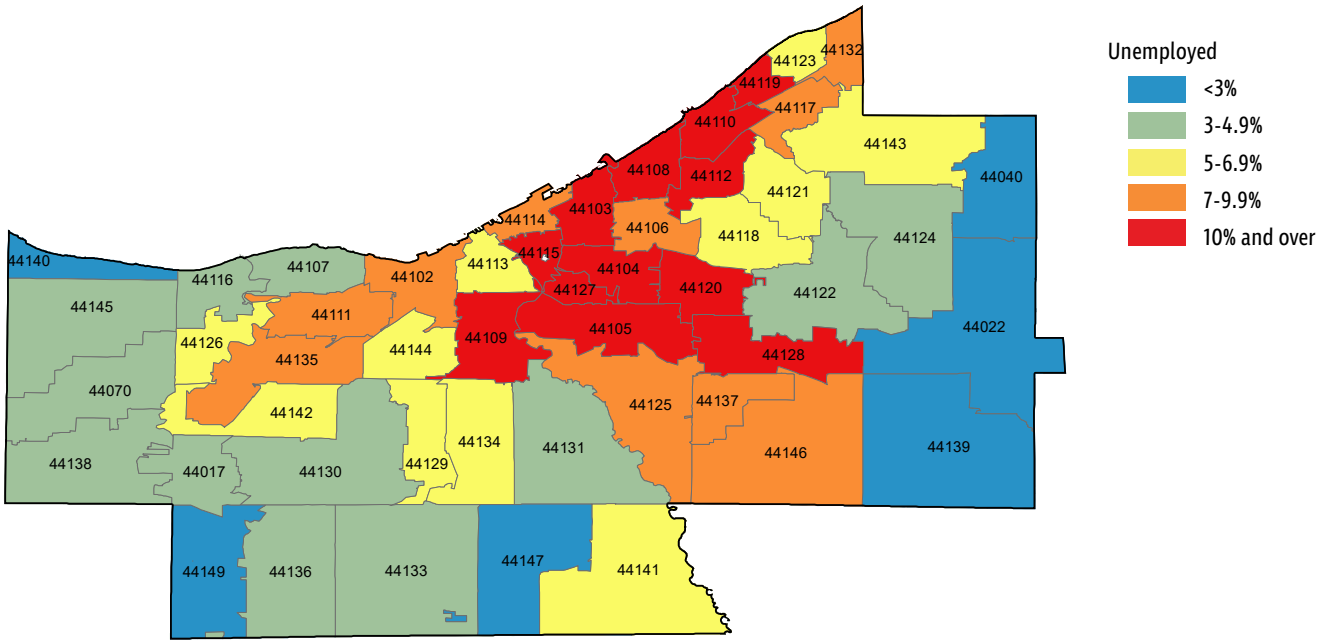
Figure 9: Number of new diagnoses of HIV infection in 2018 by area-based percentage of population aged 25 years and older with no high school diploma



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Unemployment: Seven and a half percent of Cuyahoga County's population in the labor force with no disability is unemployed, compared with 5.4% for all of Ohio. The map below depicts each ZIP code in Cuyahoga County and what percentage of the population is unemployed.

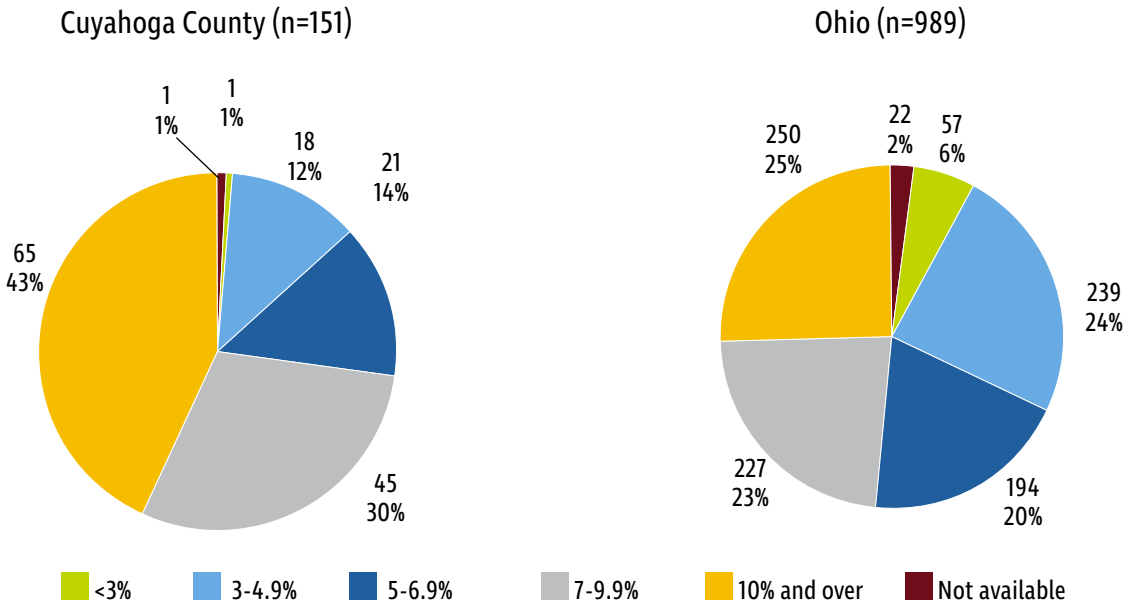
Figure 10: Percentage of population unemployed (in labor force with no disability) by ZIP code, Cuyahoga County, 2013-2017



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Figure 11 depicts the number of new diagnoses of HIV infection in Cuyahoga County, and in Ohio in 2018, by area-based unemployment. One of the 151 new diagnoses of HIV in Cuyahoga County in 2018 was among persons who resided in ZIP codes where less than 3% of the population in the labor force with no disability was unemployed. There were 18 new diagnoses of HIV in Cuyahoga County in 2018 among persons who resided in ZIP codes where 3% to 4.9% of the population in the labor force with no disability was unemployed, 21 among persons residing in ZIP codes where 5% to 6.9% was unemployed, 45 among persons residing in ZIP codes where 7% to 9.9% was unemployed, and 65 among persons residing in ZIP codes where more than 10% was unemployed.

Figure 11: Number of new diagnoses of HIV infection in 2018 by area-based percentage of the population unemployed (in labor force with no disability)

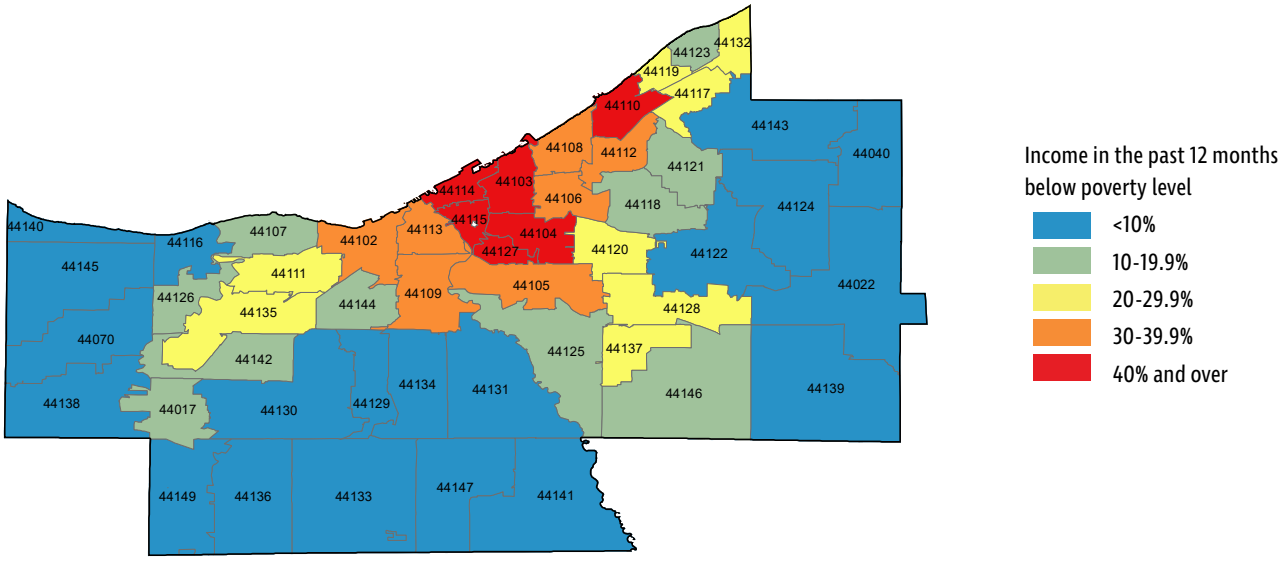


Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Sixty-four percent of Ryan White Part B clients in Cuyahoga County were employed in 2018, while 36% were unemployed.

Poverty level: A little over 18% of Cuyahoga County's population had income in the past 12 months below federal poverty level (FPL), compared with 14.9% for all of Ohio. Nineteen percent of females were below poverty level, compared with 17% for males. Thirty-three percent of Blacks/African Americans in Cuyahoga County were below the poverty level, the highest percentage among all race/ethnicities. Twenty-nine percent of Hispanics/Latinx were below poverty level. The map below depicts each ZIP code in Cuyahoga County and percentage of population below FPL.

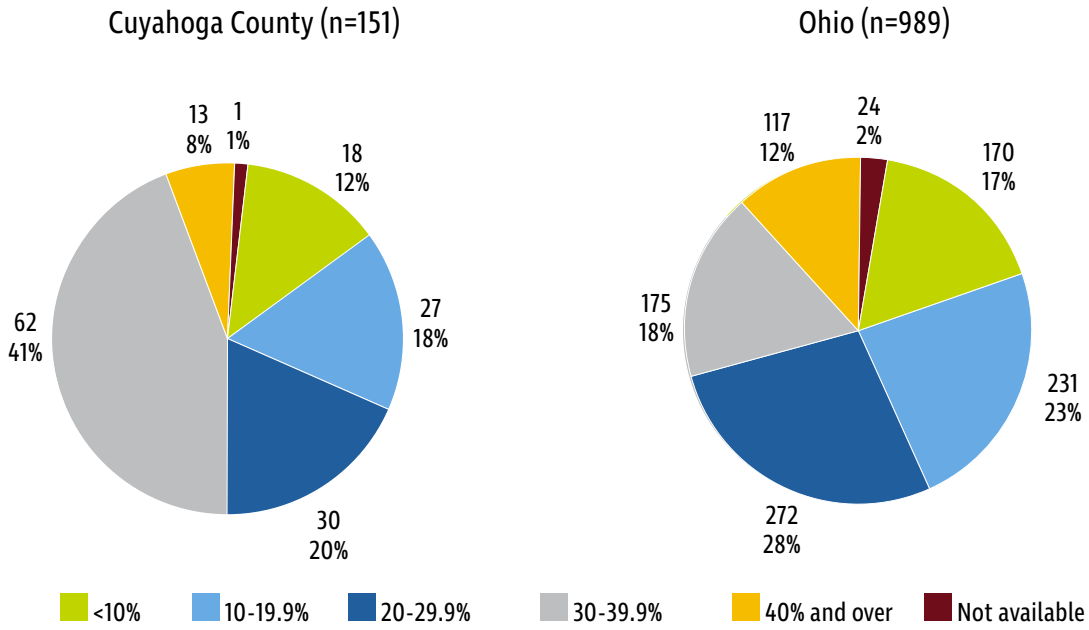
Figure 12: Percentage of population with income in the past 12 months below poverty level by ZIP Code, Cuyahoga County, 2013-2017



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Figure 13 depicts the number of new diagnoses of HIV infection in Cuyahoga County and in Ohio in 2018, by area-based poverty level. Eighteen of the 151 new diagnoses of HIV in Cuyahoga County in 2018 were among persons who resided in ZIP codes where less than 10% of the population had income in the past 12 months below FPL. There were 27 new diagnoses of HIV in Cuyahoga County in 2018 among persons who resided in ZIP codes where 10% to 19.9% of the population had income in the past 12 months below FPL, 30 among persons residing in ZIP codes where 20% to 29.9% were below FPL, 62 among persons residing in ZIP codes where 30% to 39.9% were below FPL, and 13 among persons residing in ZIP codes where 40% or more were below FPL.

Figure 13: Number of new diagnoses of HIV infection in 2018 by area-based percentage of population with income in the past 12 months below federal poverty level



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

In 2018, the federal poverty level for a single person was $12,140 and increased by $4,320 for each additional member of the household. Income data is collected to determine eligibility for all clients enrolled in the Ryan White Part B program.

Table 20: Number and percentage of Ryan White Part B clients by percentage of FPL, Cuyahoga County, 2018

	Percentage of Federal Poverty Level					
	<100%	100-138%	139-200%	201-250%	251-300%	Total
Cuyahoga County Part B	591 (45%)	138 (11%)	268 (20%)	165 (13%)	150 (11%)	**1,312**

Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

In order to be eligible for Ryan White Part A services, individuals must be below 500% of the federal poverty level.

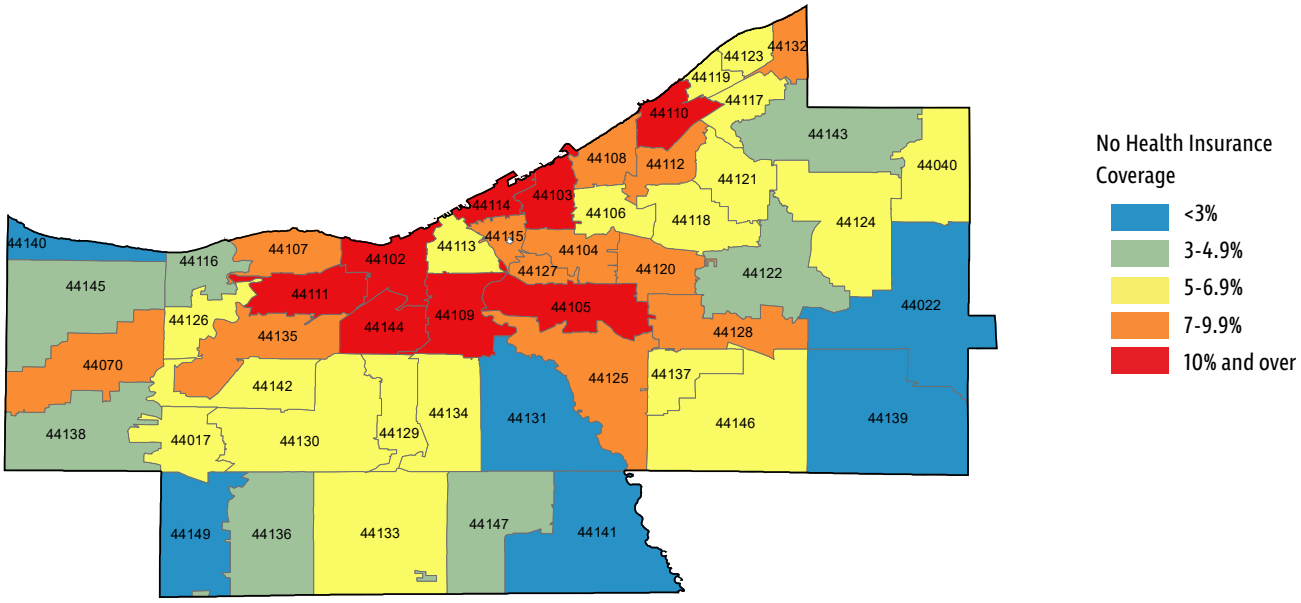
Table 21: Number of Part A clients by percentage of FPL, Cuyahoga County, FY2018

	Percent of Federal Poverty Level						
	<100%	100-138%	139-200%	201-250%	251-400%	401-500%	Total
Cuyahoga County Part A	1,542 (63%)	241 (10%)	257 (11%)	139 (6%)	206 (8%)	49 (2%)	**2,434**

Source: Ryan White Part A-Cleveland. Data reported through November 30, 2019.

Uninsured: Seven percent of Cuyahoga County's civilian non-institutionalized population has no health insurance, compared with 7.4% for all of Ohio. The map below depicts each ZIP code in Cuyahoga County and what percentage of the population is uninsured.

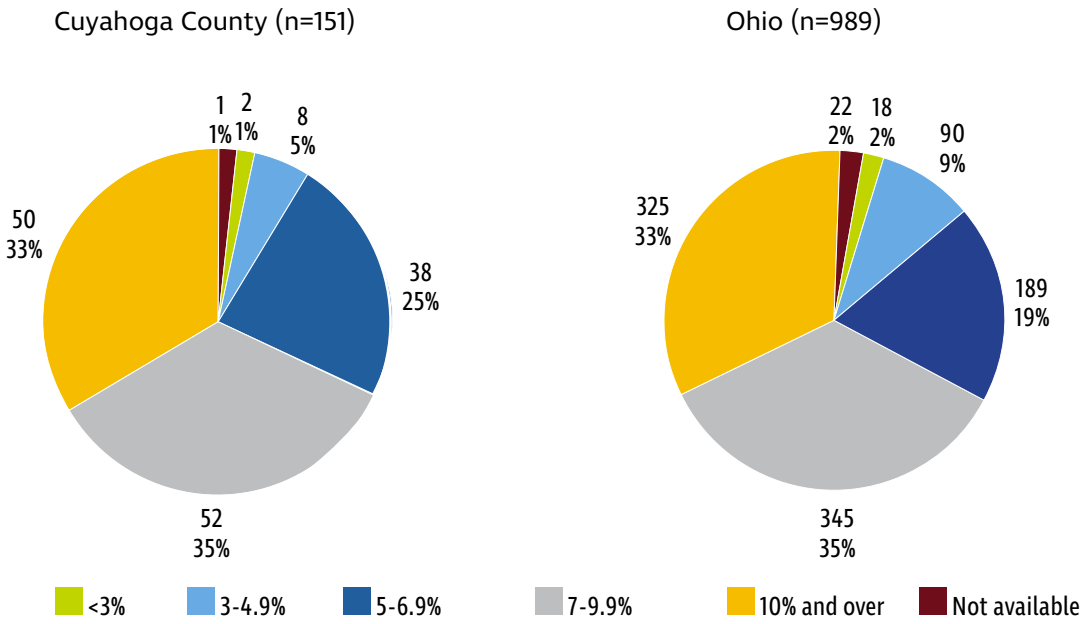
Figure 14: Percentage of the civilian non-institutionalized population with no health insurance coverage by ZIP code, Cuyahoga County, 2013-2017



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Figure 15 depicts the number of new diagnoses of HIV infection in Cuyahoga County and in Ohio in 2018, by area-based percentage uninsured. Two of the 151 new diagnoses of HIV in Cuyahoga County in 2018 were among persons who resided in ZIP codes where less than 3% of the civilian non-institutionalized population had no health insurance. There were eight new diagnoses of HIV in Cuyahoga County in 2018 among persons who resided in ZIP codes where 3% to 4.9% of the civilian non-institutionalized population had no health insurance, 38 among persons residing in ZIP codes where 5% to 6.9% had no health insurance, 52 among persons residing in ZIP codes where 7% to 9.9% had no health insurance, and 50 among persons residing in ZIP codes where 10% or more had no health insurance.

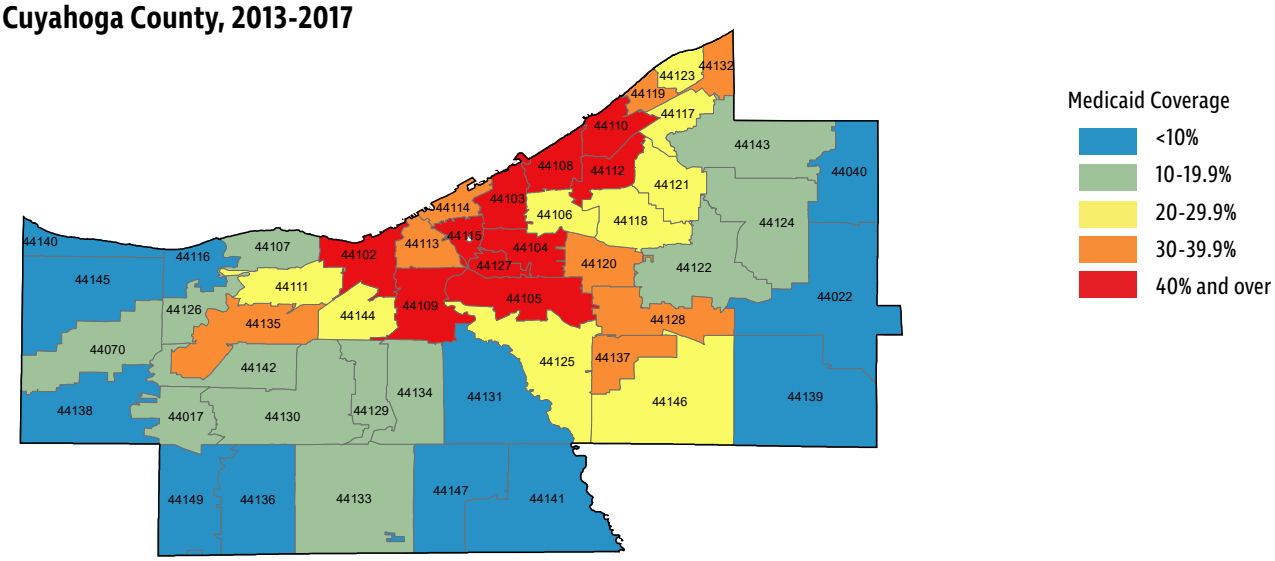
Figure 15: Number of new diagnoses of HIV infection in 2018 by area-based percentage of the civilian non-institutionalized population with no health insurance



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimate.

Medicaid coverage: A little more than 24% of Cuyahoga County's population has Medicaid coverage (alone or in combination), compared with 19.7% for all of Ohio. The map below depicts each ZIP code in Cuyahoga County and what percentage of the population has Medicaid coverage.

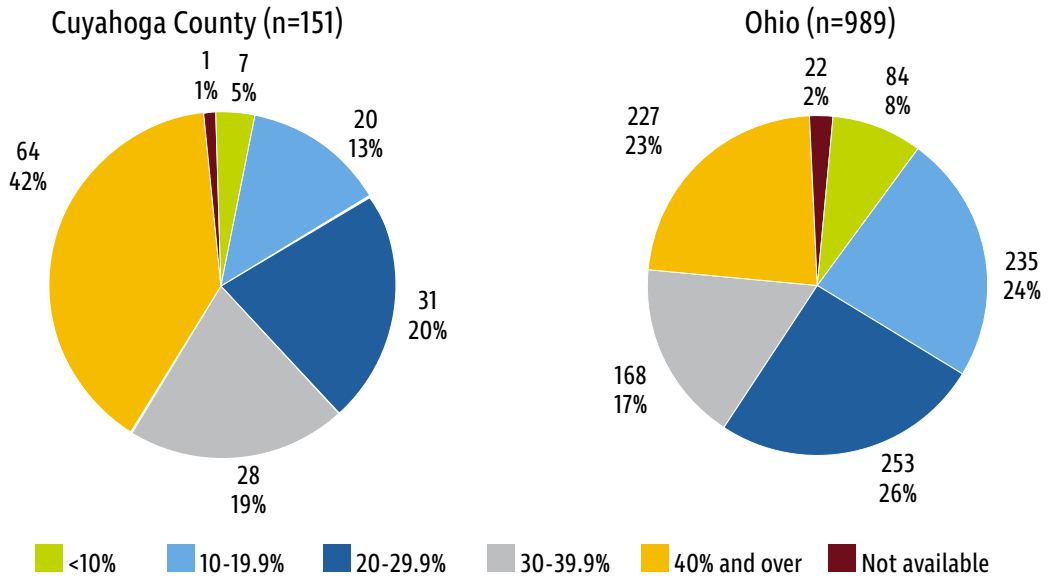
Figure 16: Percentage of population with Medicaid coverage (alone or in combination) by ZIP code, Cuyahoga County, 2013-2017



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Figure 17 depicts the number of new diagnoses of HIV infection in Cuyahoga County, and in Ohio in 2018 by area-based percentage of Medicaid coverage. Seven of the 151 new diagnoses of HIV in Cuyahoga County in 2018 were among persons who resided in ZIP codes where less than 10% of the population had Medicaid coverage. There were 20 new diagnoses of HIV in Cuyahoga County in 2018 among persons who resided in ZIP codes where 10% to 19.9% of the population had Medicaid coverage, 31 among persons residing in ZIP codes where 20% to 29.9% had Medicaid coverage, 28 among persons residing in ZIP codes where 30% to 39.9% had Medicaid coverage, and 64 among persons residing in ZIP codes where 40% or more had Medicaid coverage

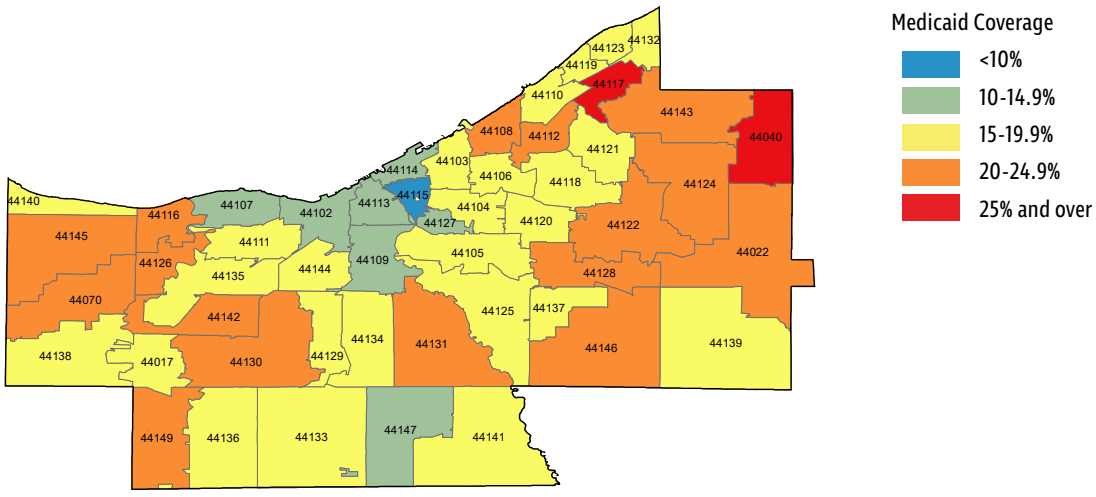
Figure 17: Number of new diagnoses of HIV infection in 2018 by area-based percentage of population with Medicaid coverage



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Medicare coverage: Almost 19% of Cuyahoga County's population has Medicare coverage (alone or in combination), compared with 17.8% for all of Ohio. The map below depicts each ZIP code in Cuyahoga County and what percentage of the population has Medicare coverage.

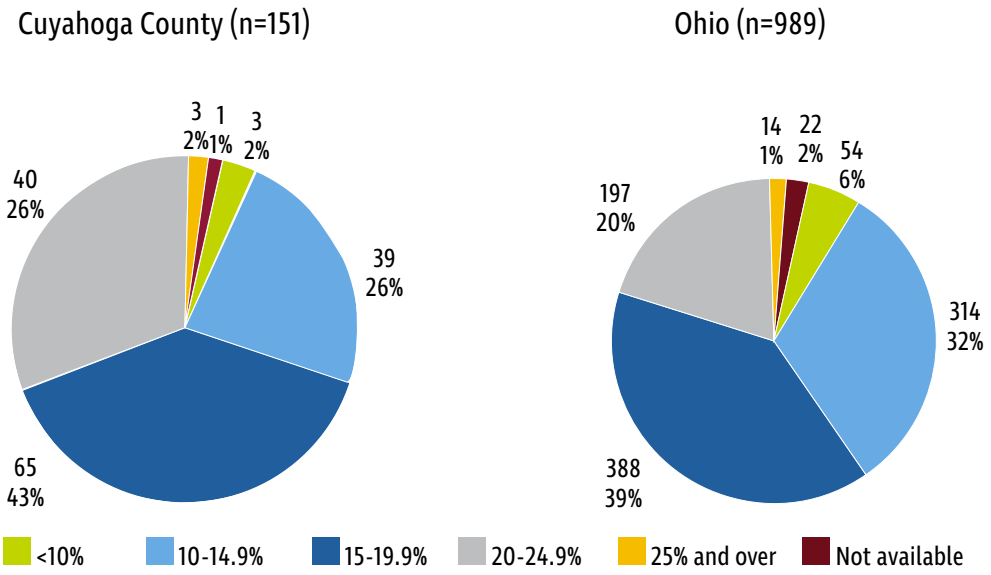
Figure 18: Percentage of population with Medicare coverage (alone or in combination) by ZIP code, Cuyahoga County, 2013-2017



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

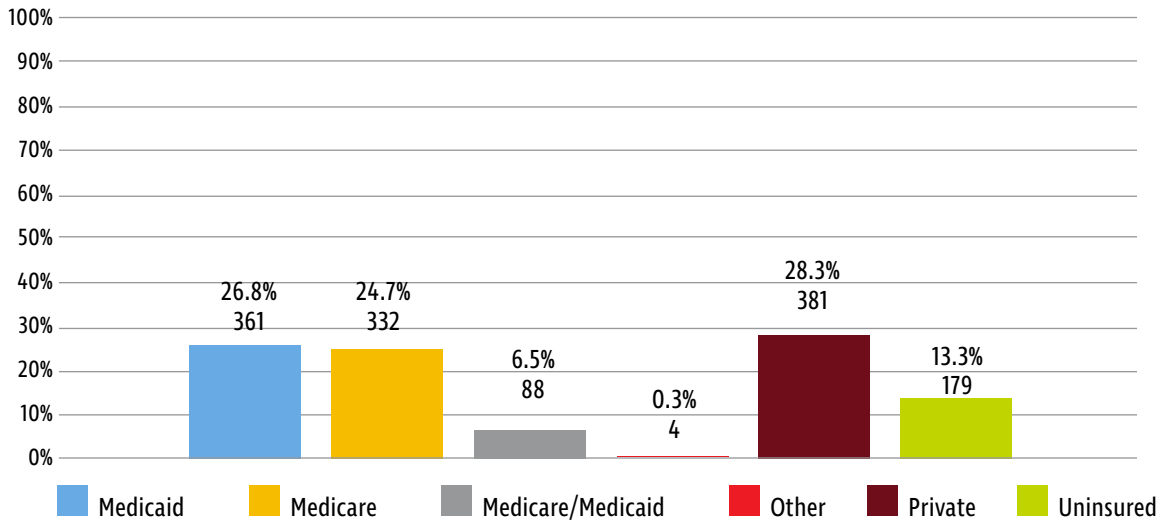
Figure 19 depicts the number of new diagnoses of HIV infection in Cuyahoga County and in Ohio in 2018, by area-based percentage of Medicare coverage. Three of the 151 new diagnoses of HIV in Cuyahoga County in 2018 were among persons who resided in ZIP codes where less than 10% of the population had Medicare coverage. There were 39 new diagnoses of HIV in Cuyahoga County in 2018 among persons who resided in ZIP codes where 15% to 19.9% of the population had Medicare coverage, 40 among persons residing in ZIP codes where 20 to 24.9% had Medicare coverage, and three among persons residing in ZIP codes where more than 25% had Medicare coverage.

Figure 19: Number of new diagnoses of HIV infection in 2018 by area-based percentage of population with Medicare coverage



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Figure 20: Percentage of Part B clients by health insurance coverage, Cuyahoga County, 2018



Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).

Source: Ryan White Application Database. Data reported through Nov. 14, 2019

Table 22: Number of Part A clients by health insurance coverage, Cuyahoga County, FY2018

Type of Health Insurance	Number and Percentage of Clients
Medicaid	1,219 (50.1%)
Medicare (unspecified)	254 (10.4%)
Medicare Part A/B	269 (11.1%)
Medicare Part D	1 (<1%)
Private (employer)	274 (11.3%)
Private (individual)	146 (6.0%)
VA, Tricare, and other military health care	11 (<1%)
No Insurance	259 (10.6%)
Total	**2,433**

Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).

Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Transportation: In Cuyahoga County,there were 537,621 occupied housing units. Of these, 13% had no vehicle available. There were 29,026 workers 16 years of age and older with no vehicle available for transportation to work. Of these workers, 39.5% used public transportation (excluding taxicabs) to commute to work.

Housing status: In 2018, 81% of Ryan White Part B clients in Cuyahoga County had stable housing. Twelve percent had temporary housing, and 7% were homeless.

Table 23: Percentage of Ryan White Part B clients by selected characteristics and housing status, Cuyahoga County, 2018

Client Demographics, N=502	Percentage and Number of Total Clients, 2018		
	Stable Housing	Temporary Housing	Homeless
Gender			
Male	75% (305)	78% (47)	88% (29)
Female	24% (97)	17% (10)	9% (3)
Transgender	1% (6)	5% (3)	3% (1)
Unknown	<1% (1)	-	-
Race/Ethnicity			
Black/African American	53% (218)	62% (37)	57% (19)
More than one race	1% (3)	2% (1)	3% (1)
Other	1% (2)	-	-
White	25% (105)	23% (14)	30% (10)
Hispanic/Latinx	20% (81)	13% (8)	9% (3)
Federal Poverty Level			
<100	59% (243)	88% (53)	85% (28)
100-138	8% (34)	2% (1)	6% (2)
139-200	15% (62)	5% (3)	3% (1)
201-250	9% (37)	3% (2)	6% (2)
251-300	8% (33)	2% (1)	-
>300	-	-	-
Age			
0-12	-	-	-
13-24	3% (11)	7% (5)	6% (2)
25-44	36% (161)	54% (32)	53% (18)
45-64	53% (210)	37% (22)	41% (13)
65 and older	8% (27)	2% (1)	-
Viral Suppression			
Yes	80% (328)	82% (49)	85% (28)
No	12% (49)	12% (7)	6% (2)
Missing	8% (32)	6% (4)	9% (3)
Total % of Clients	**81% (409)**	**12% (60)**	**7% (33)**

Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

In fiscal year (FY) 2018 (Mar. 1, 2018 to Feb. 28, 2019), 91% of Part A clients in Cuyahoga County had stable/ permanent housing. Six percent had temporary housing, and 3% had unstable housing.

TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression

Prevalence: Persons Living With Diagnosed HIV Infection

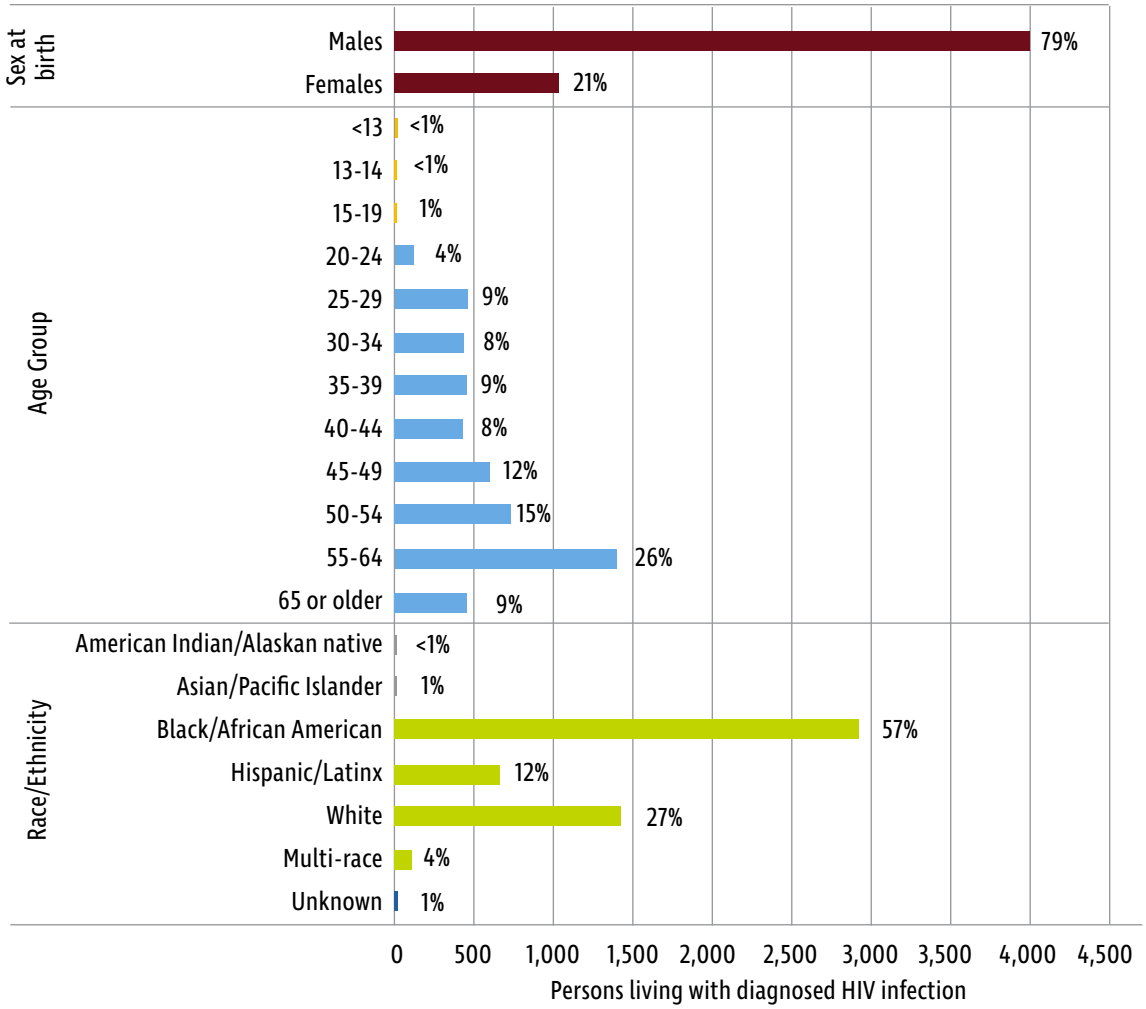
As of Dec. 31, 2018, there were 5,057 persons living with diagnosed HIV infection in Cuyahoga County. Of these, 51% were living with an HIV (not AIDS) diagnosis, and 49% were living with a stage three (AIDS) diagnosis. The rate of persons living with diagnosed HIV infection in Cuyahoga County in 2018 was 406.6. Eleven persons living with diagnosed HIV infection were currently incarcerated in a state or federal correctional facility in Cuyahoga County as of Dec. 31, 2018. However, these 11 cases are not reflected in the total number of persons living with diagnosed HIV infection in Cuyahoga County. Rather, these 11 cases are assigned 'No County,' and included in the total number for Ohio. There are six persons living with diagnosed HIV incarcerated in a jail in Cuyahoga County as of Dec. 31, 2018.

Sex at birth: Males accounted for 79% of persons living with diagnosed HIV infection in Cuyahoga County at the end of 2018, while females accounted for 21%. The rate of males living with diagnosed HIV infection was more than four times higher in 2018 than that of females.

Current age: At the end of 2018, 62% of all persons living with diagnosed HIV infection in Cuyahoga County were 45 years of age and older. Rates of persons living with diagnosed HIV infection were highest in age groups 50 to 54, 55 to 64, and 45 to 49, (969.1, 783.8, and 740.3, respectively). These age group-specific rates will continue to rise as persons age and live longer as a result of treatment adherence and related retention in care intervention successes.

Race/ethnicity: Blacks/African Americans make up 57% of persons living with diagnosed HIV infection in Cuyahoga County, while whites make up 27%. The rate for Blacks/African Americans (776.9) was more than four times as high as that for whites (184.2).

Figure 21: Persons living with diagnosed HIV infection, Cuyahoga County, 2018



Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Special Populations: In Cuyahoga County, Black/African American MSM accounted for 30% of the total number of persons living with diagnosed HIV in Cuyahoga County in 2018. Here, the term MSM is defined as persons who were assigned male at birth, and who have a transmission category of 'male-to-male sexual contact' or 'male-to-male sexual contact/IDU.'

Table 24: Black/African American MSM living with diagnosed HIV infection, Cuyahoga County, 2018

	Living with diagnosed HIV infection in 2018	
Age at end of year	**No.**	**%**
15-19	6	<1%
20-24	99	6%
25-29	263	17%
30-34	207	14%
35-39	170	11%
40-44	85	6%
45-49	133	9%
50-54	193	13%
55-64	282	18%
65 or older	87	6%
Total	**1,525**	

Note: Includes HIV transmission categories male-to-male sexual contact and male-to-male sexual contact/injection drug use.
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

In Cuyahoga County, persons aged 13 to 24 years made up 4% of the total number of persons living with diagnosed HIV infection in 2018.

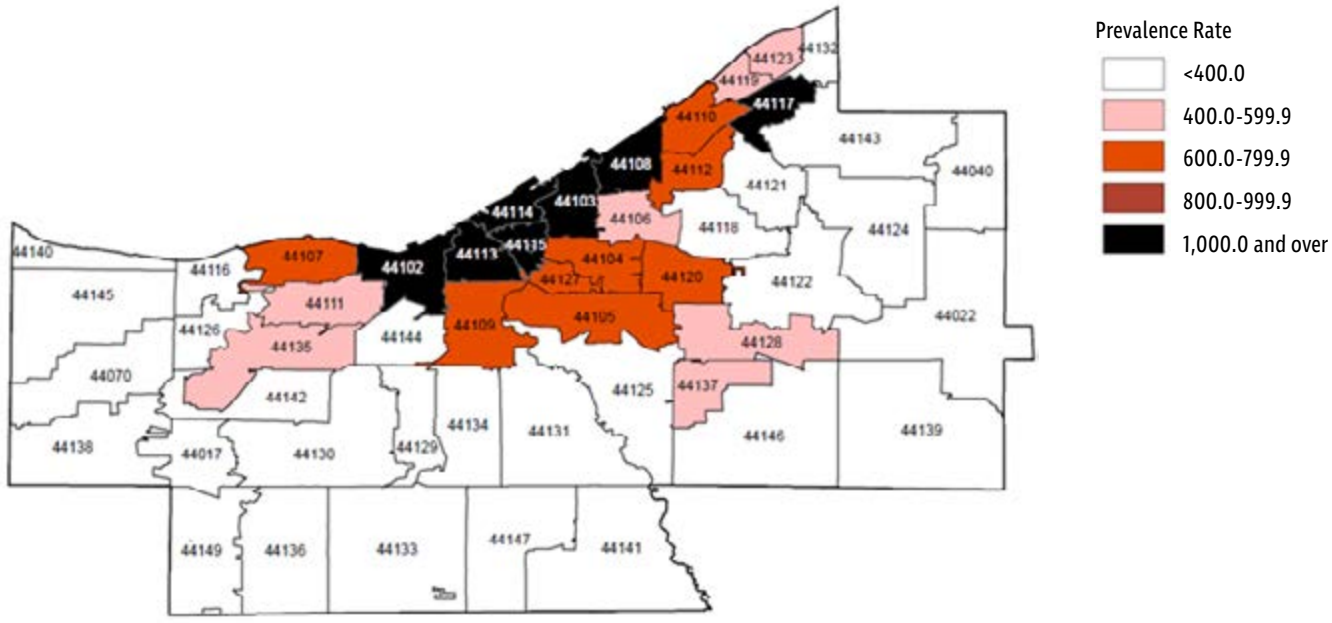
Table 25: Persons aged 13-24 living with HIV infection, Cuyahoga County, 2018

	Living with diagnosed HIV infection in 2018	
Characteristic	**No.**	**%**
Sex at Birth		
Males	172	85%
Females	31	15%
Race/Ethnicity[a]		
American Indian/Alaska native	-	-
Asian/Pacific Islander	5	2%
Black/African American	155	76%
Hispanic/Latinx	22	11%
White	12	6%
Multi-race	9	4%
Transmission Category[b]		
Male adult or adolescent		
Male-to-male sexual contact	137	85%
Injection drug use (IDU)	1	1%
Male-to-male sexual contact and IDU	3	2%
Heterosexual contact	3	2%
Other/unknown	18	11%
Subtotal	162	100%
Female adult or adolescent		
Injection drug use	-	-
Heterosexual contact	14	93%
Other/unknown	1	7%
Subtotal	15	100%
Child (<13 yrs. at diagnosis)		
Perinatal	25	96%
Other/unknown	1	4%
Subtotal	26	100%
Total	**203**	

Notes:
Dash (-) indicates no cases were reported for the given category.
[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.
[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

ZIP Code: The ZIP codes with the highest rates of persons living with diagnosed HIV infection in Cuyahoga County at the end of 2018 are: 44102, 44103, 44108, 44114, 44117, 44115, and 44116.

Figure 22: Reported persons living with diagnosed HIV infection by ZIP code, Cuyahoga County, 2018



Notes:

Living with diagnosed HIV infection represents all persons ever diagnosed and reported with HIV and/or AIDS who have not been reported as having died as of Dec. 31, 2018. Persons living with diagnosed HIV infection represent persons living in Ohio as of Dec. 31, 2018, regardless of whether the person was a resident of Ohio at time of initial HIV and/or AIDS diagnosis.

ZIP code reflects current ZIP code of residence. Cases currently residing in a state of federal correctional facility or whose current ZIP code of residence is unknown are not included.

The rate is the number of persons living with diagnosed HIV infection per 100,000 population calculated using 2017 U.S. Census estimates.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 26: Reported persons living with diagnosed HIV infection by current disease status and selected characteristics, Cuyahoga County, 2018

	Living with diagnosed HIV infection in 2018			Current Disease Status			
				HIV (not AIDS)		AIDS	
Characteristic	**Rate[a]**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Sex at birth							
Males	676.2	4,013	79%	2,073	80%	1,940	79%
Females	160.5	1,044	21%	523	20%	521	21%
Age at end of year							
<13	3.8	7	<1%	6	<1%	1	<1%
13-14	*	1	<1%	1	<1%	-	-
15-19	26.9	20	<1%	16	1%	4	<1%
20-24	229.9	182	4%	146	6%	36	1%
25-29	487.1	445	9%	335	13%	120	5%
30-34	507.9	420	8%	280	11%	140	6%
35-39	587.9	446	9%	258	10%	188	8%
40-44	614.3	413	8%	238	9%	175	7%
45-49	783.8	586	12%	279	11%	307	12%
50-54	969.1	770	15%	332	13%	438	18%
55-64	740.3	1,317	26%	535	21%	782	32%
65 or older	194.7	440	9%	170	7%	270	11%
Race/Ethnicity[b]							
American Indian/Alaska native	*	3	<1%	2	<1%	1	<1%
Asian/Pacific Islander	53.2	22	<1%	18	1%	4	<1%
Black/African American	776.9	2,861	57%	1,467	57%	1,394	57%
Hispanic/Latinx	762.4	585	12%	289	11%	296	12%
White	184.2	1,347	27%	677	26%	670	27%
Multi-race	872.2	213	4%	117	5%	96	4%
Known	*	26	1%	26	1%	-	-
Race/Ethnicity[b] and sex at birth							
American Indian/Alaska native males	*	2	<1%	2	<1%	-	-
American Indian/Alaska native females	*	1	<1%	-	-	1	<1%
Asian/Pacific Islander males	84.9	17	<1%	15	1%	2	<1%
Asian/Pacific Islander females	23.4	5	<1%	3	<1%	2	1%
Black/African American males	1,303.4	2,183	43%	1,125	43%	1,058	43%
Black/African American females	337.7	678	13%	342	13%	336	14%
Hispanic/Latino males	1,097.3	419	8%	222	9%	197	8%
Hispanic/Latina females	430.6	166	3%	67	3%	99	4%
White males	339.0	1,203	24%	597	23%	606	25%
White females	38.3	144	3%	80	3%	64	3%
Multi-race males	1,434.0	171	3%	94	4%	77	3%
Multi-race females	336.1	42	1%	23	1%	19	1%
Unknown	*	26	1%	26	1%	-	-
Total	**406.6**	**5,057**		**2,596**		**2,461**	

Notes:

Living with diagnosed HIV infection represents all persons ever diagnosed and reported with HIV and/or AIDS who have not been reported as having died as of Dec. 31, 2018. Persons living with diagnosed HIV infection represent persons living in Ohio as of Dec. 31, 2018, regardless of whether the person was a resident of Ohio at time of initial HIV and/or AIDS diagnosis.

Asterisk (*) indicates rate not calculated for case count <5 due to unstable rates. Dash (-) indicates no cases were reported for the given category.

[a] The rate is the number of persons living with diagnosed HIV infection per 100,000 population calculated using U.S. Census estimates for that year.

[b] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 27: Reported persons living with diagnosed HIV infection by current disease status and transmission category, Cuyahoga County, 2018

	Living with diagnosed HIV infection in 2018		Current Disease Status			
			HIV (not AIDS)		AIDS	
Transmission Category[b]	No.	%	No.	%	No.	%
Male adult or adolescent						
Male-to-male sexual contact	2,763	69%	1,423	69%	1,340	69%
Injection drug use (IDU)	170	4%	64	3%	106	5%
Male-to-male sexual contact and IDU	207	5%	76	4%	131	7%
Heterosexual contact	261	7%	125	6%	136	7%
Other/unknown	590	15%	371	18%	219	11%
Subtotal	3,991	100%	2,059	100%	1,932	100%
Female adult or adolescent						
Injection drug use	140	14%	43	8%	97	19%
Heterosexual contact	792	78%	399	78%	393	78%
Other/unknown	80	8%	67	13%	13	3%
Subtotal	1,012	100%	509	100%	503	100%
Child (<13 yrs. at diagnosis)						
Perinatal	48	89%	23	82%	25	96%
Other/Unknown	6	11%	5	18%	1	4%
Subtotal	54	100%	28	100%	26	100%
Total	**5,057**		**2,596**		**2,461**	

Notes:

Living with diagnosed HIV infection represents all persons ever diagnosed and reported with HIV and/or AIDS who have not been reported as having died as of Dec. 31, 2018. Persons living with diagnosed HIV infection represent persons living in Ohio as of Dec. 31, 2018, regardless of whether the person was a resident of Ohio at time of initial HIV and/or AIDS diagnosis.

Dash (-) indicates no cases were reported for the given category.

[a] *Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.*

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 28: Reported persons living with diagnosed HIV infection by current disease status and exposure category, Cuyahoga County, 2018

	Living with diagnosed HIV infection in 2018		Current Disease Status			
			HIV (not AIDS)		AIDS	
Exposure Category[a]	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male-to-male sexual contact	2,619	52%	1,372	53%	1,247	51%
Injection drug use (IDU)	135	3%	57	2%	78	3%
Heterosexual contact	1,055	21%	525	20%	530	22%
Male-to-male sexual contact and IDU	157	3%	64	2%	93	4%
IDU and heterosexual contact	175	3%	50	2%	125	5%
Male-to-male sexual contact and heterosexual contact	144	3%	51	2%	93	4%
Male-to-male sexual contact and IDU and heterosexual contact	50	1%	12	<1%	38	2%
Perinatal exposure	51	1%	26	1%	25	1%
Other/unknown	671	13%	439	17%	232	9%
Total	**5,057**		**2,596**		**2,461**	

Notes:

Living with diagnosed HIV infection represents all persons ever diagnosed and reported with HIV and/or AIDS who have not been reported as having died as of Dec. 31, 2018. Persons living with diagnosed HIV infection represent persons living in Ohio as of Dec. 31, 2018, regardless of whether the person was a resident of Ohio at time of initial HIV and/or AIDS diagnosis.

Dash (-) indicates no cases were reported for the given category.

[a] Exposure categories are mutually exclusive risk categories. All possible combinations of risks are represented among exposure categories. A person with multiple risks is represented in the exposure category identifying all the reported ways in which that person may have been exposed to HIV.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 29: Reported persons living with diagnosed HIV infection by race/ethnicity and transmission category, Cuyahoga County, 2018

	American Indian/ Alaska Native		Asian/ Pacific Islander		Black/ African American		Hispanic/ Latinx[a]		White		Multi-race		Unknown	
Transmission Category[b]	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Male adult or adolescent														
Male-to-male sexual contact	2	100%	11	65%	1,431	66%	248	60%	945	79%	126	74%	-	-
Injection drug use (IDU)	-	-	-	-	76	4%	56	14%	35	3%	3	2%	-	-
Male-to-male sexual contact and IDU	-	-	-	-	94	4%	29	7%	73	6%	11	6%	-	-
Heterosexual contact	-	-	-	-	190	9%	27	7%	32	3%	11	6%	1	6%
Other/unknown	-	-	6	35%	378	17%	53	13%	116	10%	20	12%	17	94%
Subtotal	2	100%	17	100%	2,169	100%	413	100%	1,201	100%	171	100%	18	100%
Female adult or adolescent														
Injection drug use	-	-	-	-	69	11%	33	21%	30	21%	8	19%	-	-
Heterosexual contact	1	100%	5	100%	535	82%	120	75%	100	70%	31	74%	-	-
Other/unknown	-	-	-	-	50	8%	7	4%	12	8%	3	75%	8	100%
Subtotal	1	100%	5	100%	654	100%	160	100%	142	100%	42	100%	8	100%
Child (<13 yrs. at diagnosis)														
Perinatal	-	-	-	-	34	89%	12	100%	2	50%	-	-	-	-
Other/unknown	-	-	-	-	4	11%	-	-	2	50%	-	-	-	-
Subtotal	-	-	-	-	38	100%	12	100%	4	100%	-	-	-	-
Total	**3**		**22**		**2,861**		**585**		**1,347**		**213**		**26**	

Notes:

Dash (-) indicates no cases were reported for the given category.

[a] Hispanics/Latinx may be of any race. Persons with a race of American Indian/Alaska native, Asian/Pacific Islander, Black/African American, white, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiians.

[b] Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Part A clients: During FY2018 (March 1, 2018 to Feb. 28, 2019), 74% of the Part A clients in Cuyahoga County were male and 64% were Black/African American. Fifty-six percent had male-to-male sexual contact as a risk factor, and 42% had heterosexual contact as a risk factor. During the same time period, 49% (n=1,834) of clients utilized outpatient/ambulatory medical care, 40% (n=1,524) utilized non-medical case management, 36% (n=1,346) utilized medical transportation, and 23% (n=863) utilized medical case management.

Ohio AIDS Drug Assistance Program (ADAP) utilization

The Ohio AIDS Drug Assistance Program helps people living with HIV and AIDS have access to medications needed to stay healthy. In 2018, the Ohio ADAP program enrolled 1,113 people living with HIV in Cuyahoga County. Of those clients, 62% were virally suppressed at their most recent lab test date (i.e., viral load <200 copies/mL). The Ryan White Part B program uses the following definitions to calculate viral suppression.

Numerator: Viral load ≤200 copies/mL.

Denominator: Number of clients who had at least one HIV medical visit during the measurement period. HIV medical visit is defined as having a CVS medication dispense, a payment by ADAP for a medical appointment (indicated by various service codes), or having a case management funded medical care service (indicated by various service codes).

Table 30: Ohio AIDS Drug Assistance Program utilization by race/ethnicity, Cuyahoga County, 2018

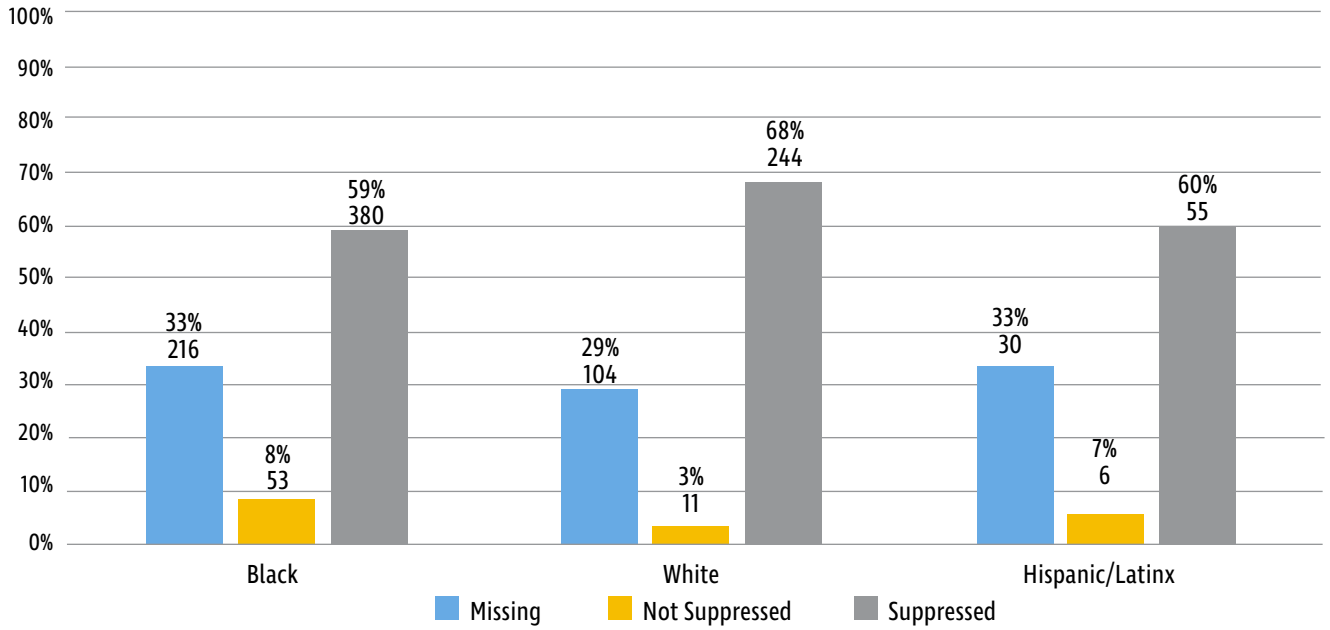
Ohio ADAP Clients Enrolled from Jan. 1, 2018 to Dec. 31, 2018

Race/ethnicity	% (N)	Virally Suppressed, %
Black	58% (649)	59% (380)
White	32% (359)	68% (244)
Hispanic	8% (91)	60% (55)
Other	1% (14)	71% (10)
Total	**1,113**	**62% (689)**

Notes:
Viral suppression includes missing/incomplete data. Of those with a viral load reported (n=759), 91% were virally suppressed.
Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Among Black/African American clients enrolled in the Ohio ADAP program in 2018, 59% were virally suppressed. Among white clients enrolled in the Ohio ADAP program in 2018, 68% were virally suppressed. Among Hispanic/Latinx clients enrolled in the Ohio ADAP program in 2018, 60% were virally suppressed.

Figure 23: Viral suppression among clients enrolled in Ohio AIDS Drug Assistance Program by race/ethnicity, Cuyahoga County, 2018



Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Community Linkage Coordination

In 2018, there were 28 clients enrolled in the Ryan White Community Linkage Coordination (CLC) program in Cuyahoga County prior to their release from incarceration in a state prison. Clients are referred to a Ryan White-funded case management agency, have an appointment scheduled with a medical provider, and are given a 30-day supply of HIV medications upon release. There were 22 clients referred to MetroHealth Medical Center and six clients referred to Proyecto Luz. Of the clients referred to MetroHealth Medical Center, 76% were virally suppressed, and of the clients referred to Proyecto Luz, 50% were virally suppressed. Additionally, the Ohio Department of Medicaid Pre-Release Enrollment Program allows low-income justice-involved individuals to receive Medicaid services immediately upon release from state prison. It is possible that some or all of the people who declined enrollment in the CLC program are eligible for and enrolled in Medicaid.

Linkage to Care and Continuum of Care

To calculate a care continuum and other related measurements for persons in Cuyahoga County diagnosed with HIV infection, HIV Surveillance data are used, including information on CD4s and Viral Load (VL) lab results. CDC uses reported CD4s and VL lab results as a proxy measure to assess whether or not a person with HIV was in care. The following data presented on the Cuyahoga County HIV Continuum of Care are based on calculations made using CDC definitions, are population-based, and are based on the information reported to HIV Surveillance, which includes data from the Ohio Disease Reporting System and the Ryan White Application Database.

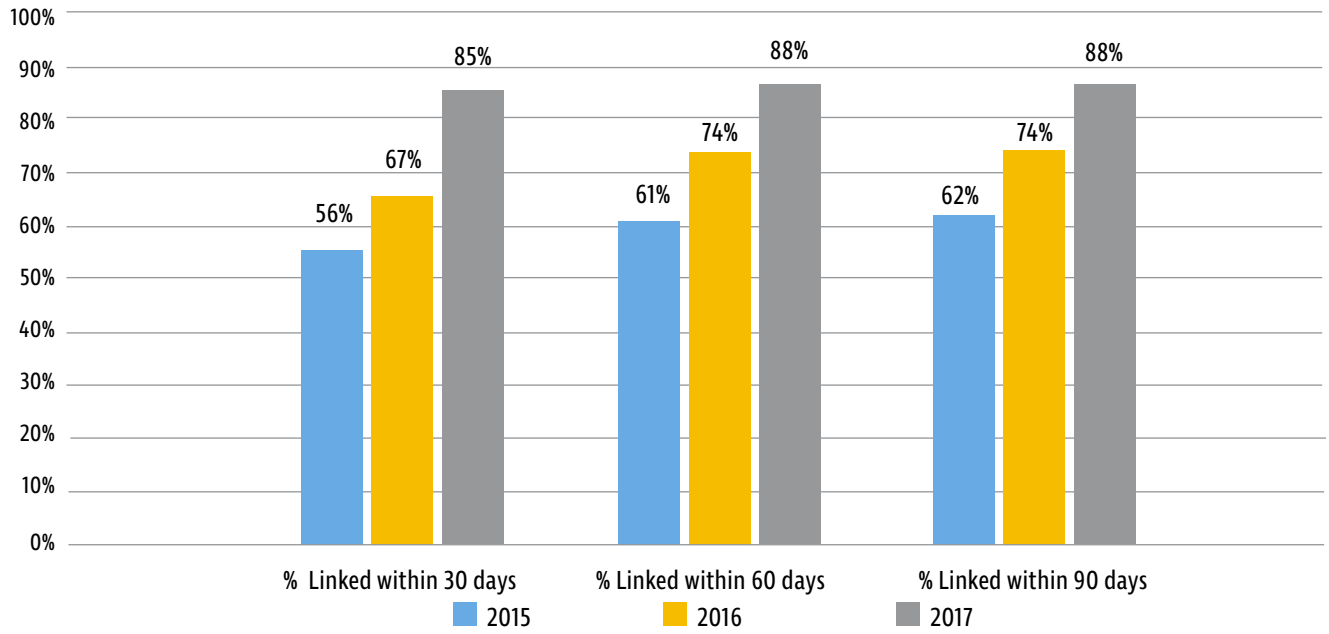
Linkage to Care

Numerator: The number of people in the denominator who had at least one CD4 and/or VL lab test within 30, 60, and 90 days of the date of HIV diagnosis.

Denominator: The number of new diagnoses of HIV infection in Cuyahoga County among persons aged 13 and older in each year. For example, the denominator for 2017 is the number of new diagnoses of HIV infection in Cuyahoga County in 2017 among persons aged 13 and older (i.e., adults/adolescents).

The objective is for 85% of new diagnoses of HIV to be linked to care within 30 days of HIV diagnosis. Eighty-five percent of adults/adolescents diagnosed with HIV infection in Cuyahoga County in 2017 were linked to care within 30 days. The percentage of persons diagnosed with HIV who were linked to care within 30 days has increased from 56% in 2015 to 85% in 2017.

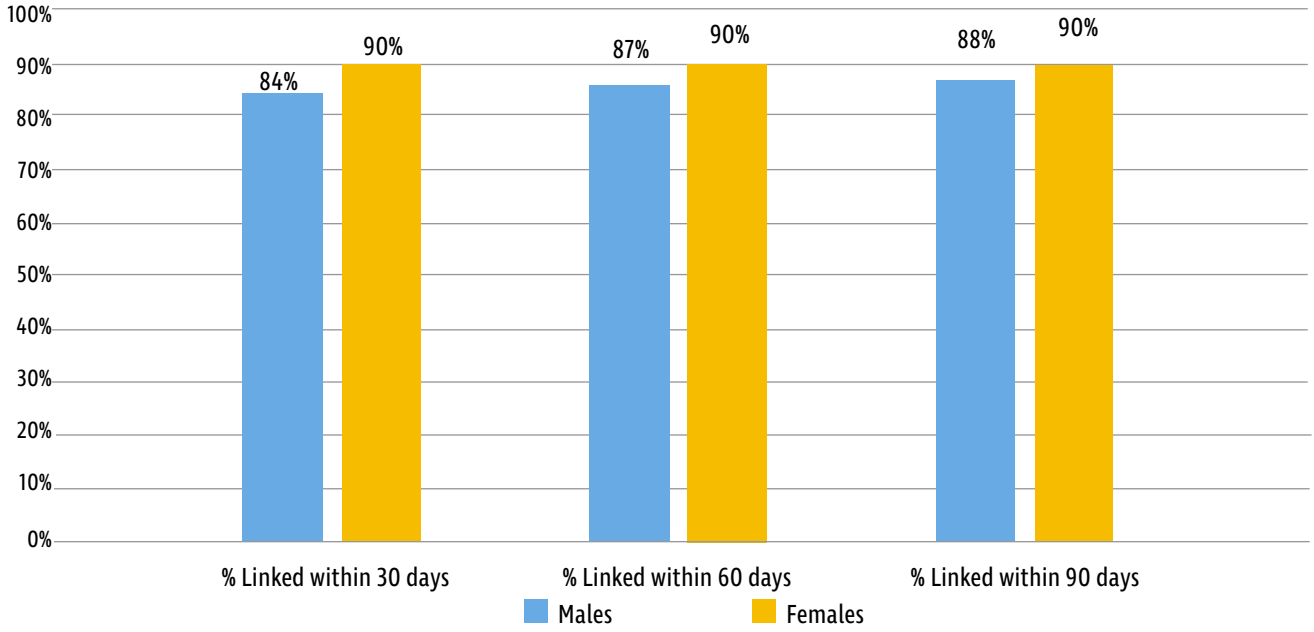
Figure 24: Linkage to care, Cuyahoga County, 2015-2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Sex at birth: Eighty-four percent of adult/adolescent males and 90% of adult/adolescent females diagnosed with HIV in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis.

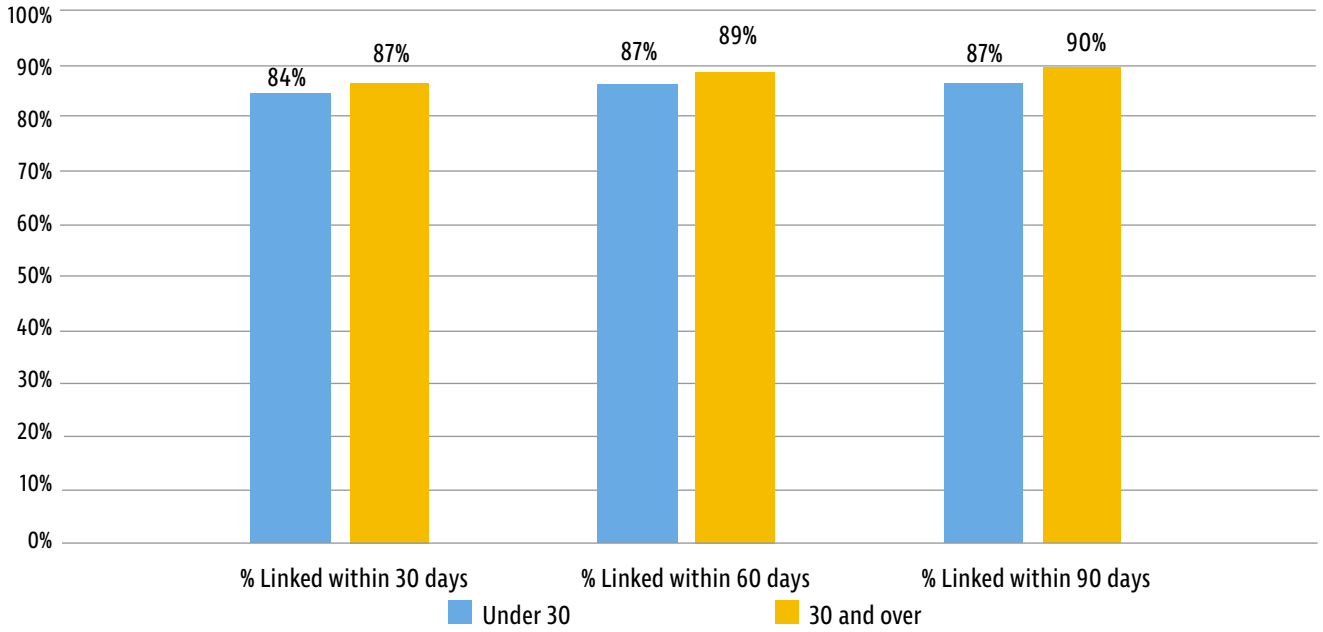
Figure 25: Linkage to care by sex at birth, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Age at diagnosis: Eighty-four percent of persons aged 13 to 29 years and 87% of persons aged 30 and older were linked to care within 30 days of being diagnosed with HIV in Cuyahoga County in 2017.

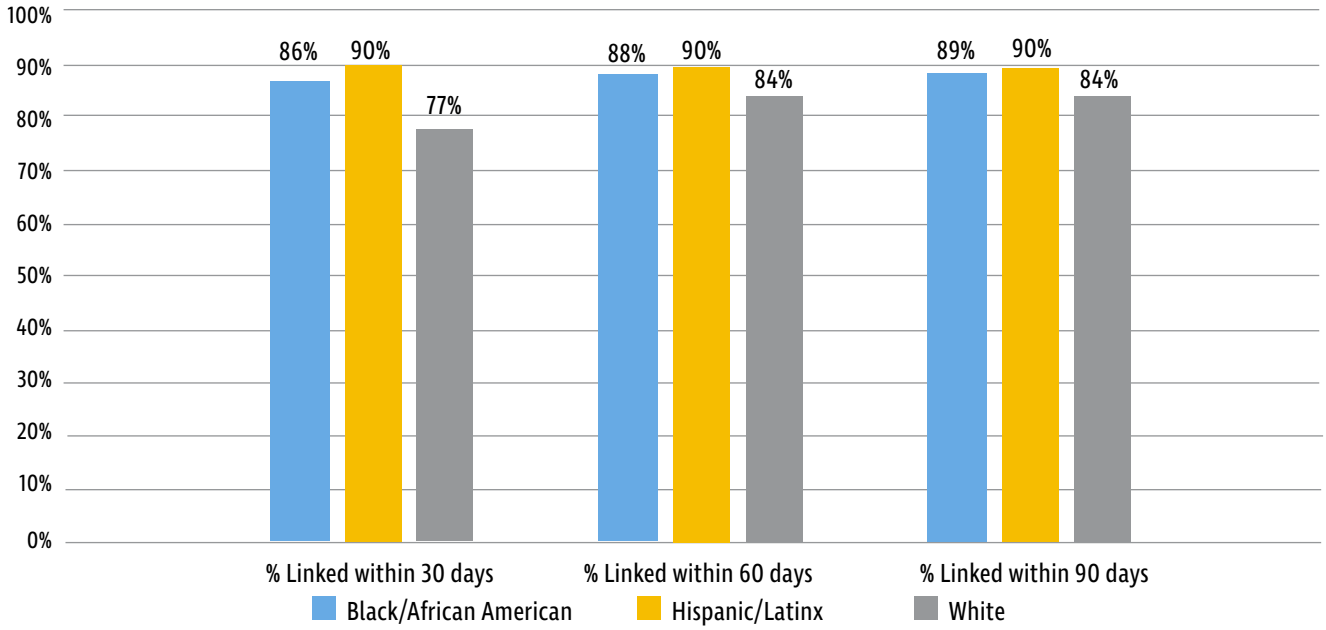
Figure 26: Linkage to care by age at diagnosis, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Race/ethnicity: Eighty-six percent of Blacks/African Americans, 90% of Hispanics/Latinx, and 77% of whites diagnosed with HIV in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis.

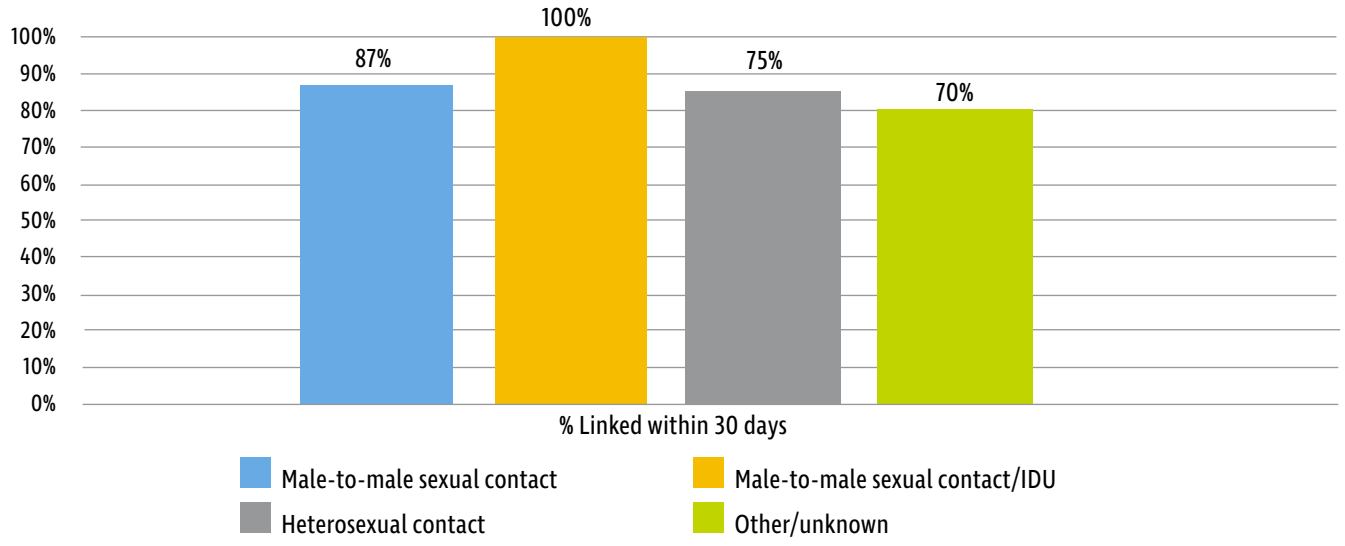
Figure 27: Linkage to care by selected race/ethnicity, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Transmission category: Eighty-seven percent of males with a transmission category of male-to-male sexual contact and 100% of males with a transmission category of male-to-male sexual contact/IDU were linked to care within 30 days of diagnosis. Seventy-five percent of heterosexual males diagnosed with HIV in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis. No cases were reported among males with a transmission category of IDU in 2017.

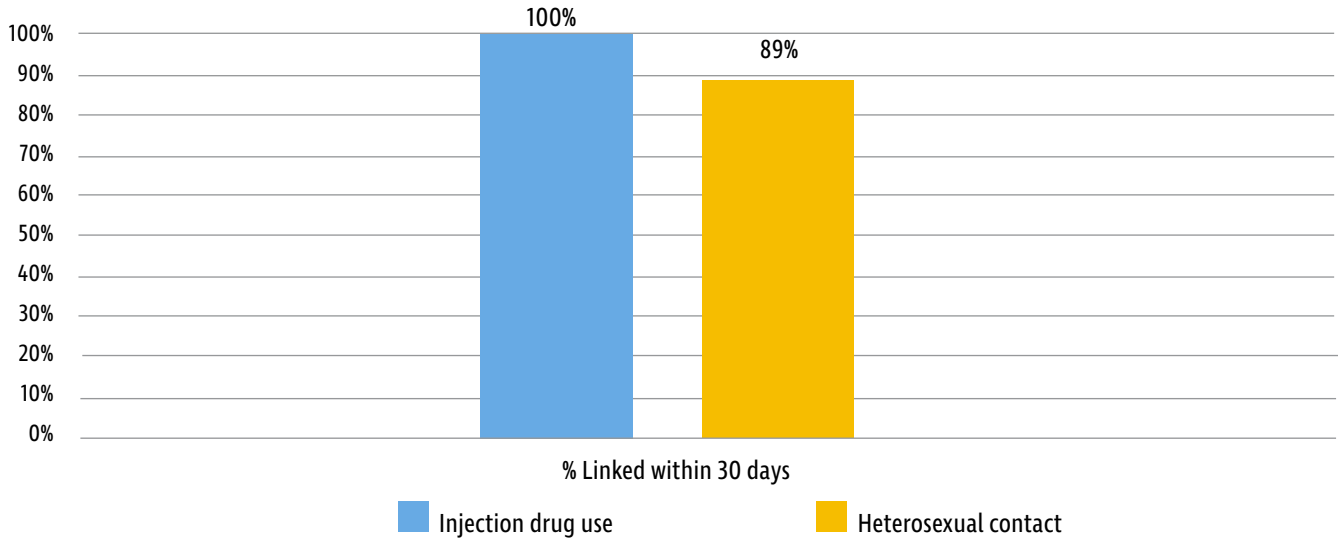
Figure 28: Linkage to care by transmission category, males, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

One hundred percent of females with a transmission category of IDU and 89% of heterosexual females diagnosed with HIV in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis.

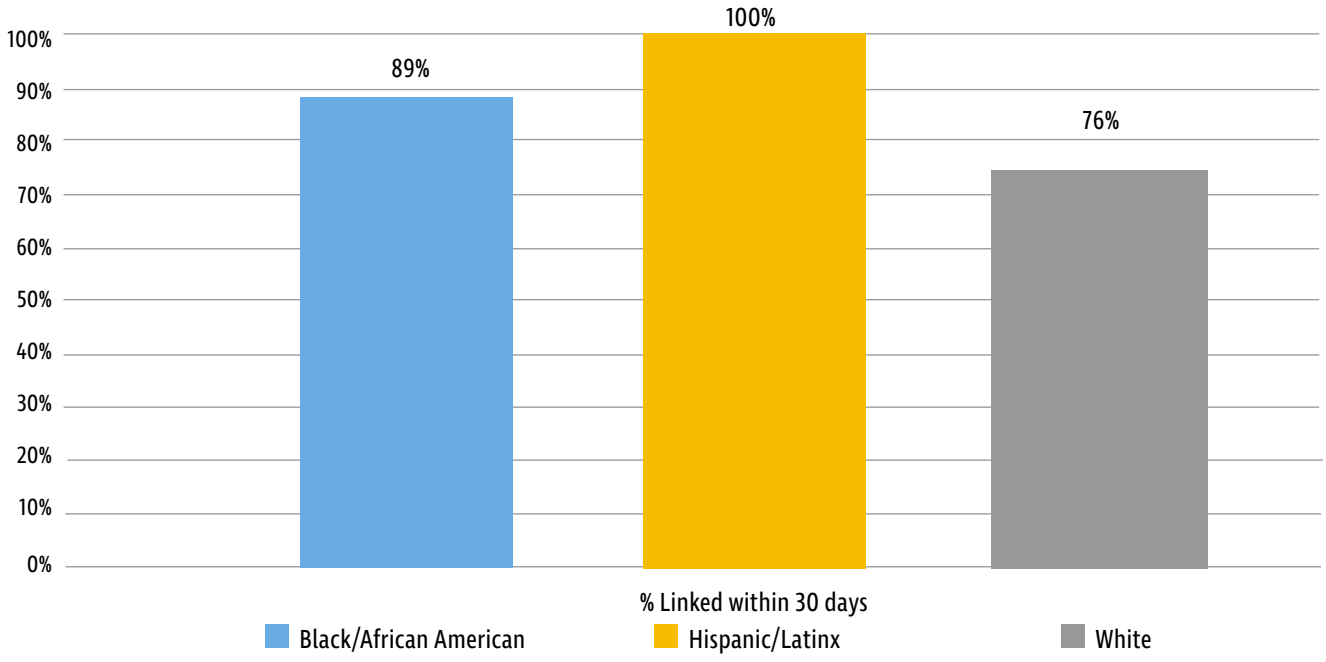
Figure 29: Linkage to care by transmission category, females, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Special populations: Eighty-nine percent of Black/African American MSM, 100% of Hispanic/Latinx MSM, and 76% of white MSM diagnosed with HIV in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis. Here, the term MSM is defined as persons who were assigned male at birth, and who have a transmission category of 'male-to-male sexual contact' or 'male-to-male sexual contact/IDU.'

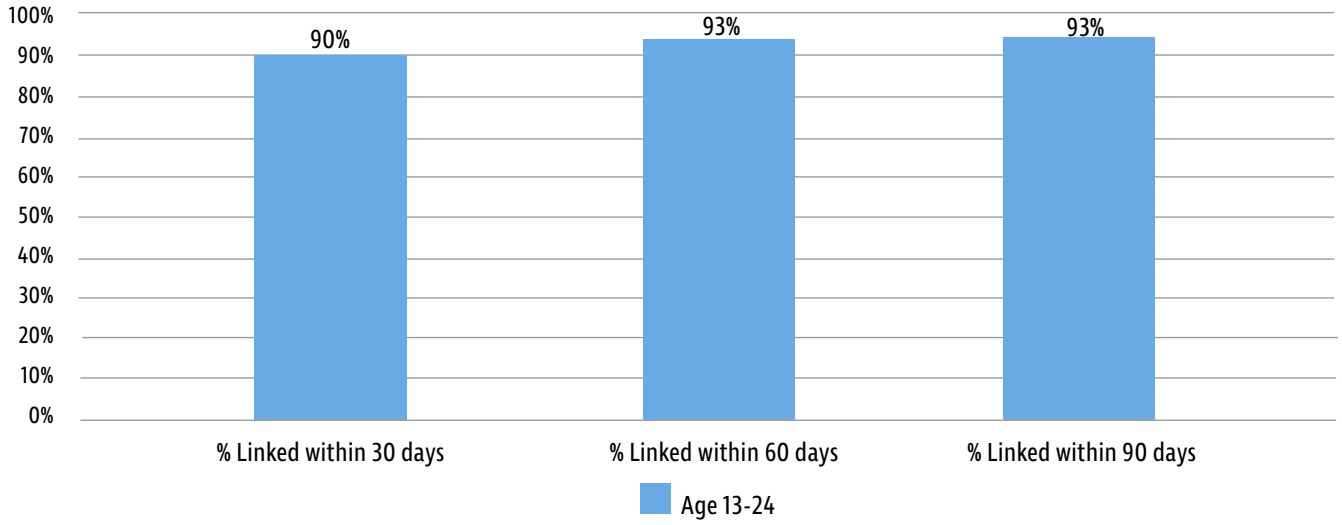
Figure 30: Linkage to care among MSM by race/ethnicity, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Ninety percent of youth (aged 13 to 24 years) diagnosed with HIV in Cuyahoga County in 2017 were linked to care within 30 days of diagnosis.

Figure 31: Linkage to care among youth, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Continuum of Care

The measures for Receipt of Care, Retained in Care, and Virally Suppressed are calculated using the same denominator, but each measure uses a different numerator.

Receipt of Care Numerator: The number of persons in the denominator who had at least one CD4 and/or VL lab test through the end of the following year (e.g., living with HIV as of Dec. 31, 2017, and having a CD4 and/or VL lab test in 2018).

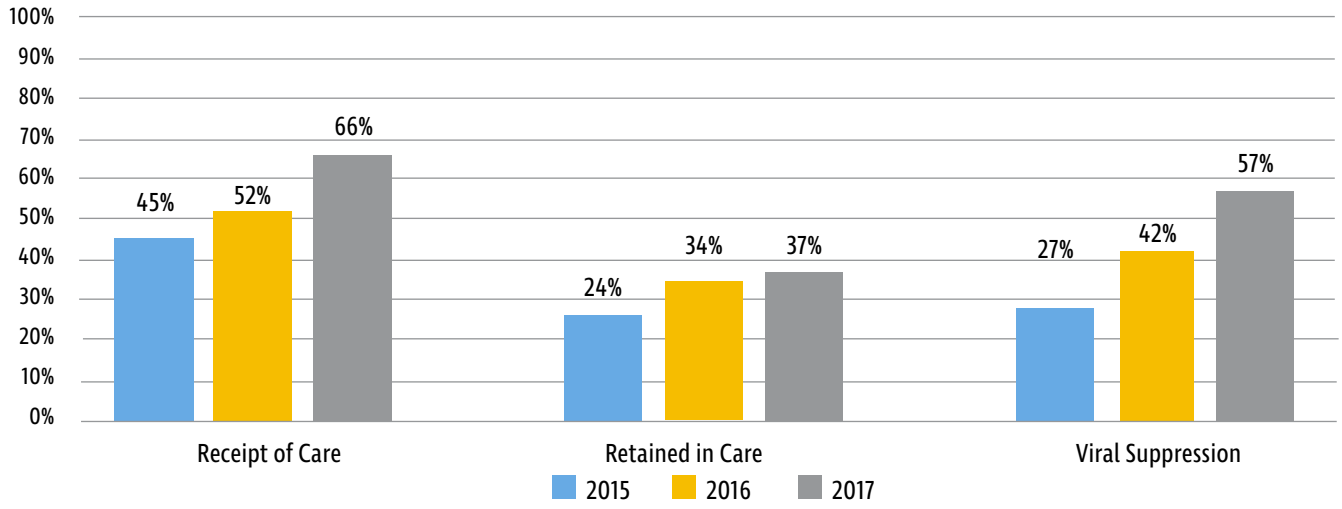
Retained in Care Numerator: The number of persons in the denominator who had at least two CD4 and/or VL lab tests at least three months apart through the end of the following year (e.g., living with HIV as of Dec. 31, 2017, and having at least two CD4/VL tests three months apart in 2018).

Virally Suppressed Numerator: The number of persons in the denominator whose most recent VL lab test in the following year was ≤200 copies/mL (e.g., living with HIV as of Dec. 31, 2017, and the most recent VL lab test in 2018 was ≤200 copies/mL).

Denominator: The number of adults/adolescents living with HIV infection through the end of each year, and still living in Cuyahoga County at the end of the next year (e.g., living with HIV as of Dec. 31, 2017, and still living in Cuyahoga County as of Dec. 31, 2018). Each of these measures uses the same denominator and thus the percentage for viral suppression may be higher than the percentage for retained in care (i.e., a person may be counted in the numerator for viral suppression because their most recent VL test was ≤200, but not counted in the numerator for retained in care because they did not have at least two tests three months apart).

Of the persons living with diagnosed HIV in Cuyahoga County at the end of 2017, 66% were in receipt of care, 37% were retained in care, and 57% were virally suppressed. However, of persons who were in receipt of care, 86% were virally suppressed. Thirty-four percent of the persons living with HIV infection in Cuyahoga County at the end of 2017, and still living in Cuyahoga County at the end of 2018, did not have a CD4 or VL in 2017. These persons are considered to be 'out of care,' or to have an 'unmet need.' The percentage of persons living with diagnosed HIV who received care, were retained in care, and were virally suppressed increased from 2015 to 2017.

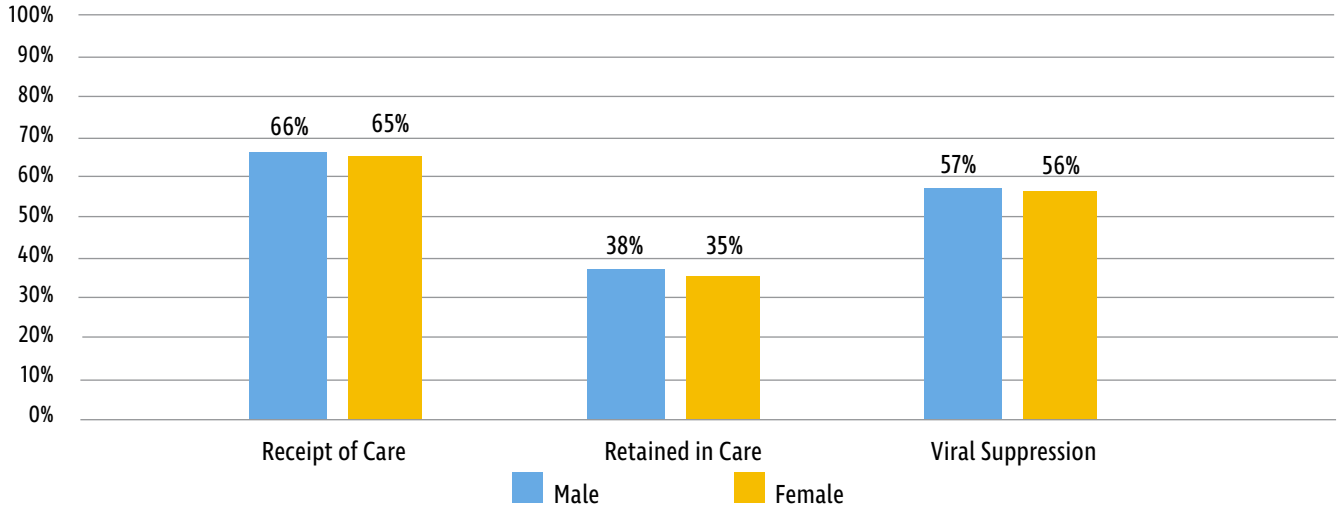
Figure 32: Continuum of care among persons living with diagnosed HIV infection, Cuyahoga County, 2015-2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Sex at birth: Of males living with diagnosed HIV in Cuyahoga County at the end of 2017, 66% were in receipt of care, 38% were retained in care, and 57% were virally suppressed. Of females living with diagnosed HIV in Cuyahoga County at the end of 2017, 65% were in receipt of care, 35% were retained in care, and 56% were virally suppressed.

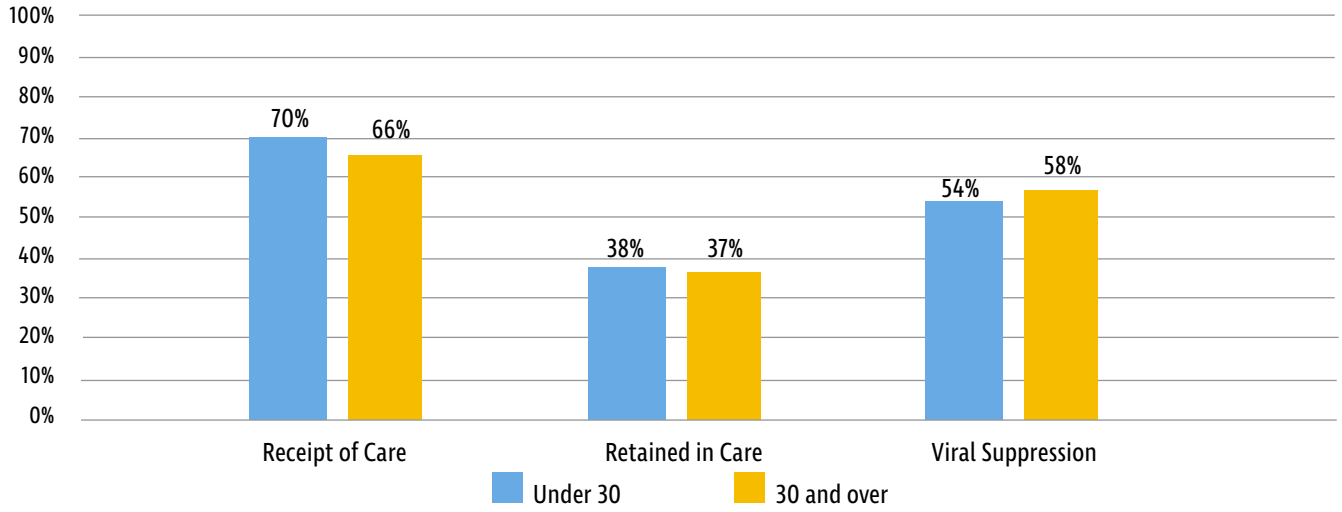
Figure 33: Continuum of care among persons living with diagnosed HIV infection by sex at birth, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Current age: Of persons aged 13 to 29 years living with diagnosed HIV in Cuyahoga County at the end of 2017, 70% were in receipt of care, 38% were retained in care, and 54% were virally suppressed. Of persons aged 30 years and older living with diagnosed HIV in Cuyahoga County at the end of 2017, 66% were in receipt of care, 37% were retained in care, and 58% were virally suppressed.

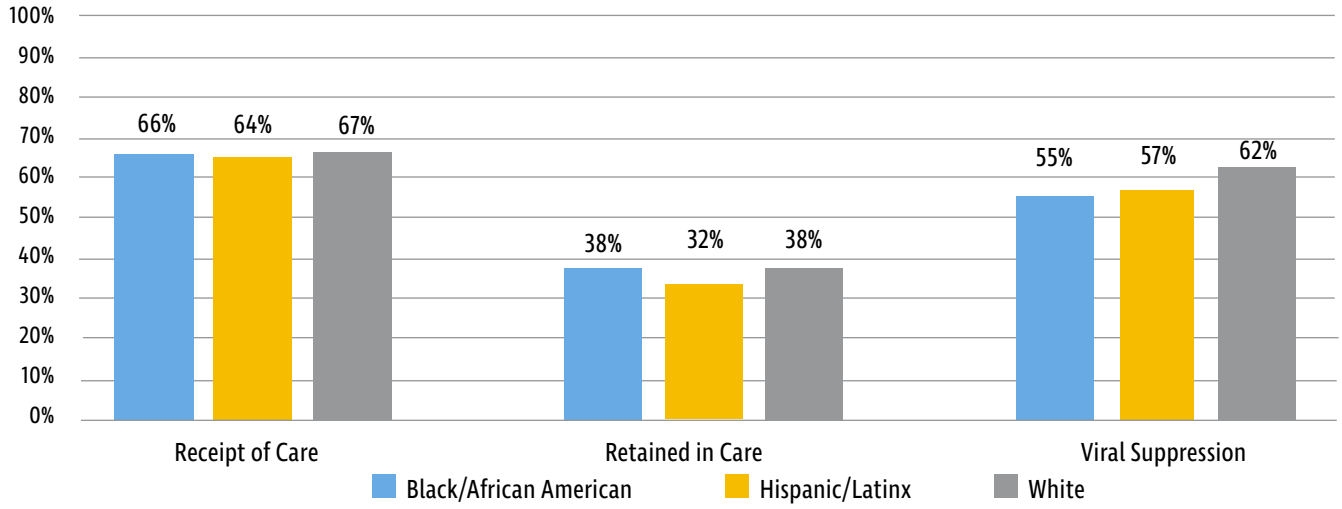
Figure 34: Continuum of care among persons living with diagnosed HIV infection by current age, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Race/ethnicity: Of Blacks/African Americans living with diagnosed HIV in Cuyahoga County at the end of 2017, 66% were in receipt of care, 38% were retained in care, and 55% were virally suppressed. Of Hispanics/Latinx living with diagnosed HIV in Cuyahoga County at the end of 2017, 64% were in receipt of care, 32% were retained in care, and 57% were virally suppressed. Of whites living with diagnosed HIV in Cuyahoga County at the end of 2017, 67% were in receipt of care, 38% were retained in care, and 62% were virally suppressed.

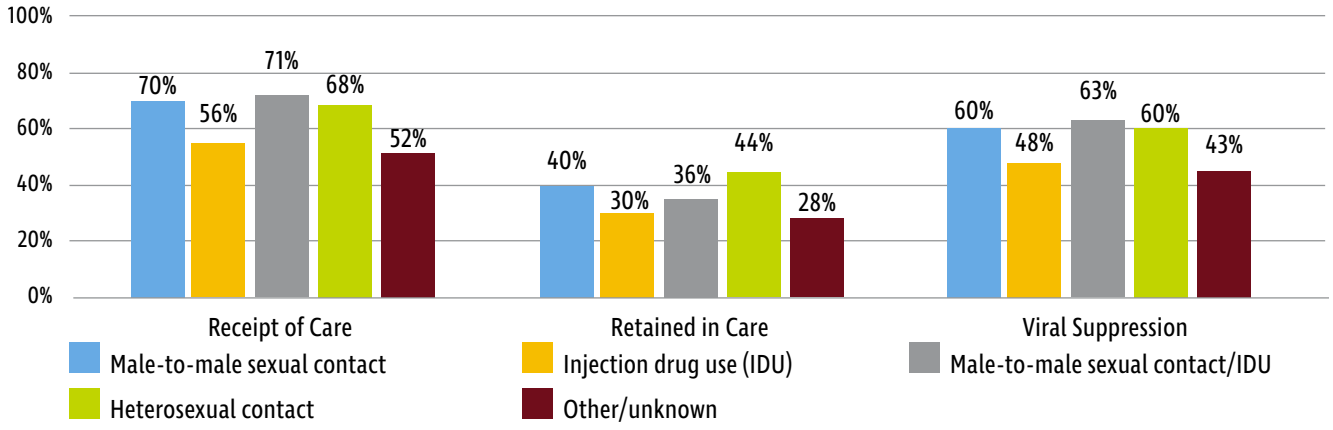
Figure 35: Continuum of care among persons living with diagnosed HIV infection by selected race/ethnicity, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Transmission category: Of males living with diagnosed HIV in Cuyahoga County at the end of 2017 with a transmission category of male-to-male sexual contact, 70% were in receipt of care, 40% were retained in care, and 60% were virally suppressed. Of males with a transmission category of IDU, 56% were in receipt of care, 30% were retained in care, and 48% were virally suppressed. Of males with a transmission category of male-to-male sexual contact/IDU, 71% were in receipt of care, 36% were retained in care, and 63% were virally suppressed. Of males with a transmission category of heterosexual contact, 68% were in receipt of care, 44% were retained in care, and 60% were virally suppressed.

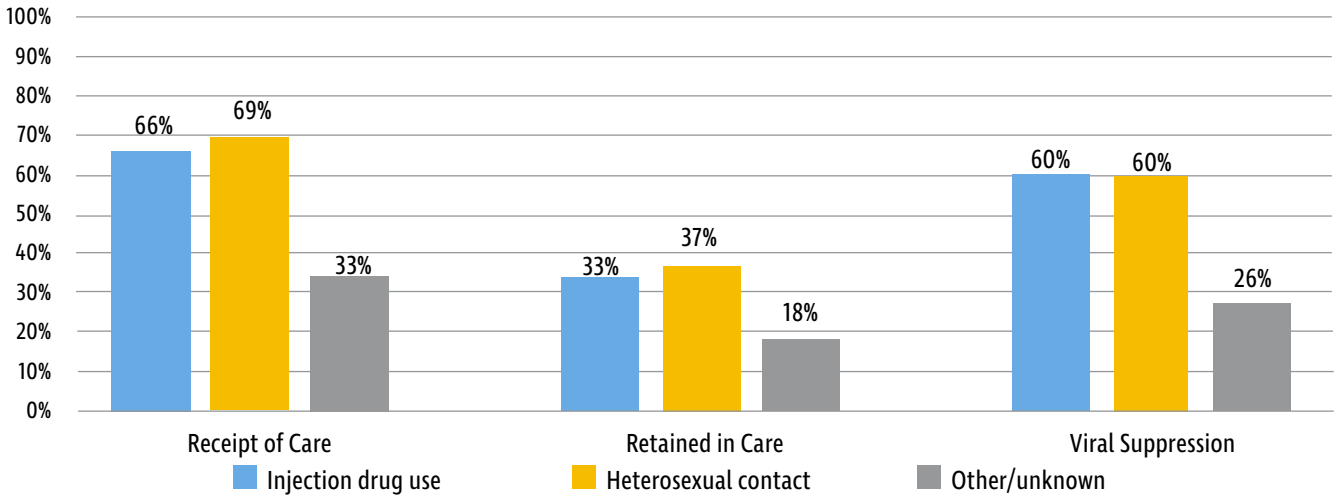
Figure 36: Continuum of care among males living with diagnosed HIV infection by transmission category, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Of females living with diagnosed HIV in Cuyahoga County at the end of 2017 with a transmission category of IDU, 66% were in receipt of care, 33% were retained in care, and 60% were virally suppressed. Of females with a transmission category of heterosexual contact, 69% were in receipt of care, 37% were retained in care, and 60% were virally suppressed.

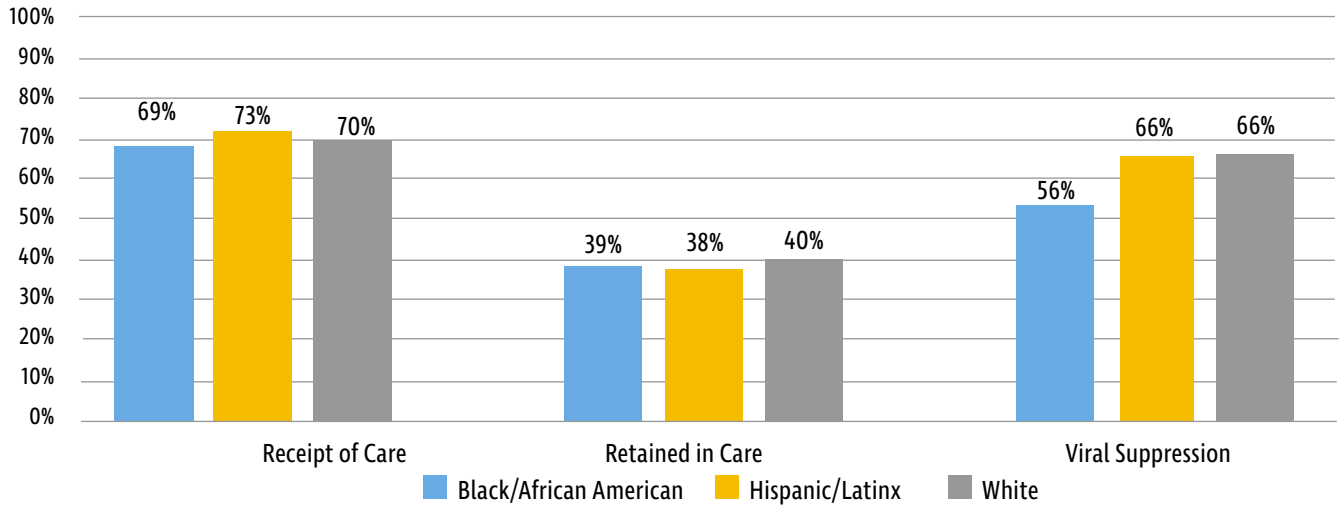
Figure 37: Continuum of care among females living with diagnosed HIV infection by transmission category, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Special Populations: Of Black/African American MSM living with diagnosed HIV in Cuyahoga County at the end of 2017, 69% were in receipt of care, 39% were retained in care, and 56% were virally suppressed. Of Hispanic/Latinx MSM, 73% were in receipt of care, 38% were retained in care, and 66% were virally suppressed. Of white MSM, 70% were in receipt of care, 40% were retained in care, and 66% were virally suppressed. Here, the term MSM is defined as persons who were assigned male at birth, and who have a transmission category of 'male-to-male sexual contact' or 'male-to-male sexual contact/IDU.'

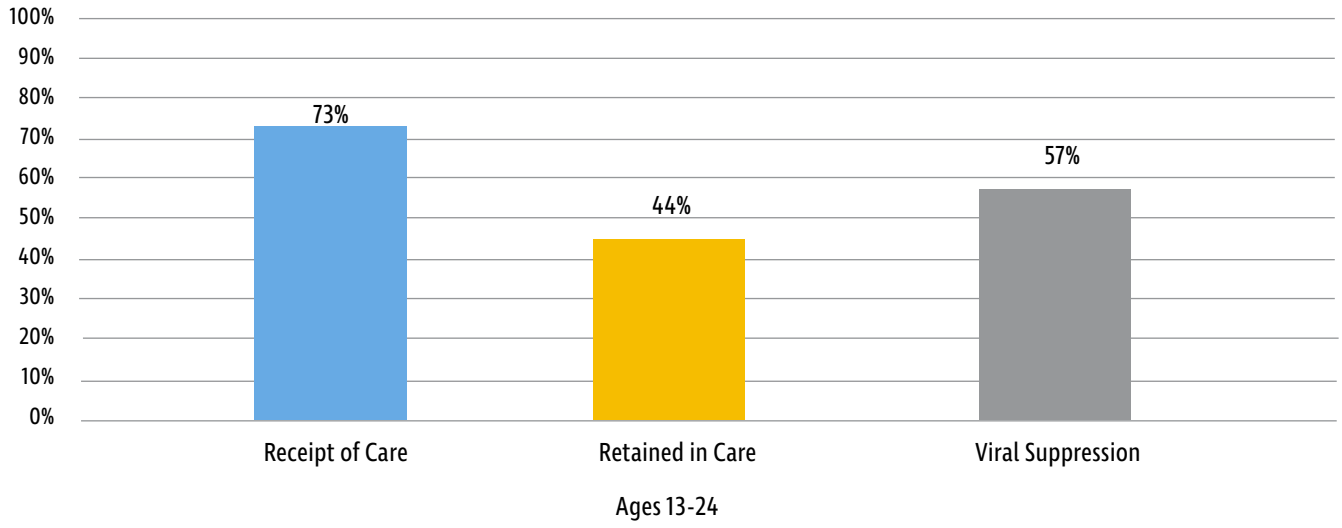
Figure 38: Continuum of care among MSM living with diagnosed HIV infection by selected race/ethnicity, Cuyahoga County, 2017



Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Of youth aged 13 to 24 years living with diagnosed HIV in Cuyahoga County at the end of 2017, 73% were in receipt of care, 44% were retained in care, and 57% were virally suppressed.

Figure 39: Continuum of care among youth living with diagnosed HIV infection, Cuyahoga County, 2017



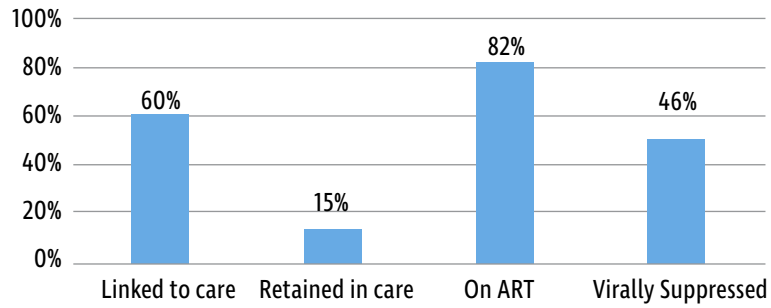
Source: Ohio Department of Health, HIV Surveillance Program. Data reported as of April 25, 2019.

Ryan White All-Parts: These data include clients who had a service provided by one of the Ohio Ryan White Parts A, B, C, or D in 2018. Excluded are clients who received only medication services through the Ohio AIDS Drug Assistance Program and no other Ryan White service.

Table 31: Continuum of care measures as defined by Health Resources and Services Administration (HRSA)

Denominator	Denominator	Denominator
Linked to Care	Clients with first service date within 90 days of their HIV diagnosis date.	Clients diagnosed with HIV in 2018 and who received a service paid for by an Ohio Ryan White Part grantee in 2018.
Retained in Care	Clients who received at least two services in 2018, at least 90 days apart.	Clients with a service in 2018 paid for by an Ohio Ryan White Part Grantee.
On ART (antiretroviral therapy)	Clients prescribed ART (as indicated by a current ART medication identified in CAREWare).	Clients with a service in 2018 paid for by an Ohio Ryan White Part Grantee.
Virally Suppressed	Clients whose most recent viral load test is ≤200 copies per ml in the service year.	Clients with a service in 2018 paid for by an Ohio Ryan White Part Grantee.

Figure 40: Continuum of care among Ryan White clients, All-Parts, Cuyahoga County, 2018

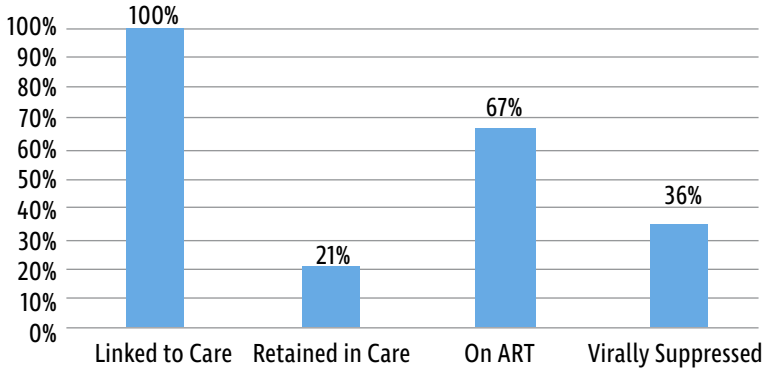


	# of Clients
Total new diagnosed in 2018	52
Linked to care	31
Retained in care	212
On ART	1,154
Virally suppressed*	650
Total who received a service in 2018	1,400

**Of clients with a viral load reported in 2018 (n=783), 83% were virally suppressed.*

Source: CAREWare, All-Parts. Data reported through Nov. 14, 2019.

Figure 41: Continuum of care among Ryan White clients aged 13-24 years, All-Parts, Cuyahoga County, 2018

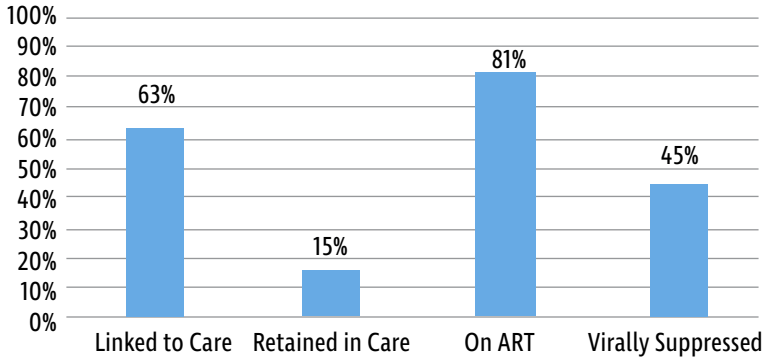


	# of Clients
Total new diagnosed in 2018	5
Linked to care	5
Retained in care	12
On ART	39
Virally suppressed*	31
Total who received a service in 2018	58

**Of clients with a viral load reported in 2018 (n=31), 73% were virally suppressed.*

Source: CAREWare, All-Parts. Data reported through Nov. 14, 2019.

Figure 42: Continuum of care among Ryan White MSM, All-Parts, Cuyahoga County, 2018



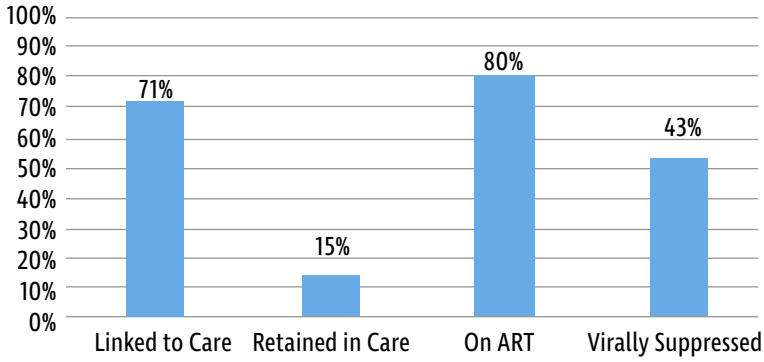
	# of Clients
Total new diagnosed in 2018	32
Linked to care	20
Retained in care	115
On ART	615
Virally suppressed*	344
Total who received a service in 2018	759

**Of clients with a viral load reported in 2018 (n=419), 89% were virally suppressed.*

Source: CAREWare, All-Parts. Data reported through Nov. 14, 2019.

Here, the term MSM is defined as persons who were assigned male at birth and who have a risk factor of 'male-to-male sexual contact.'

Figure 43: Continuum of care among Ryan White minority MSM, All-Parts, Cuyahoga County, 2018



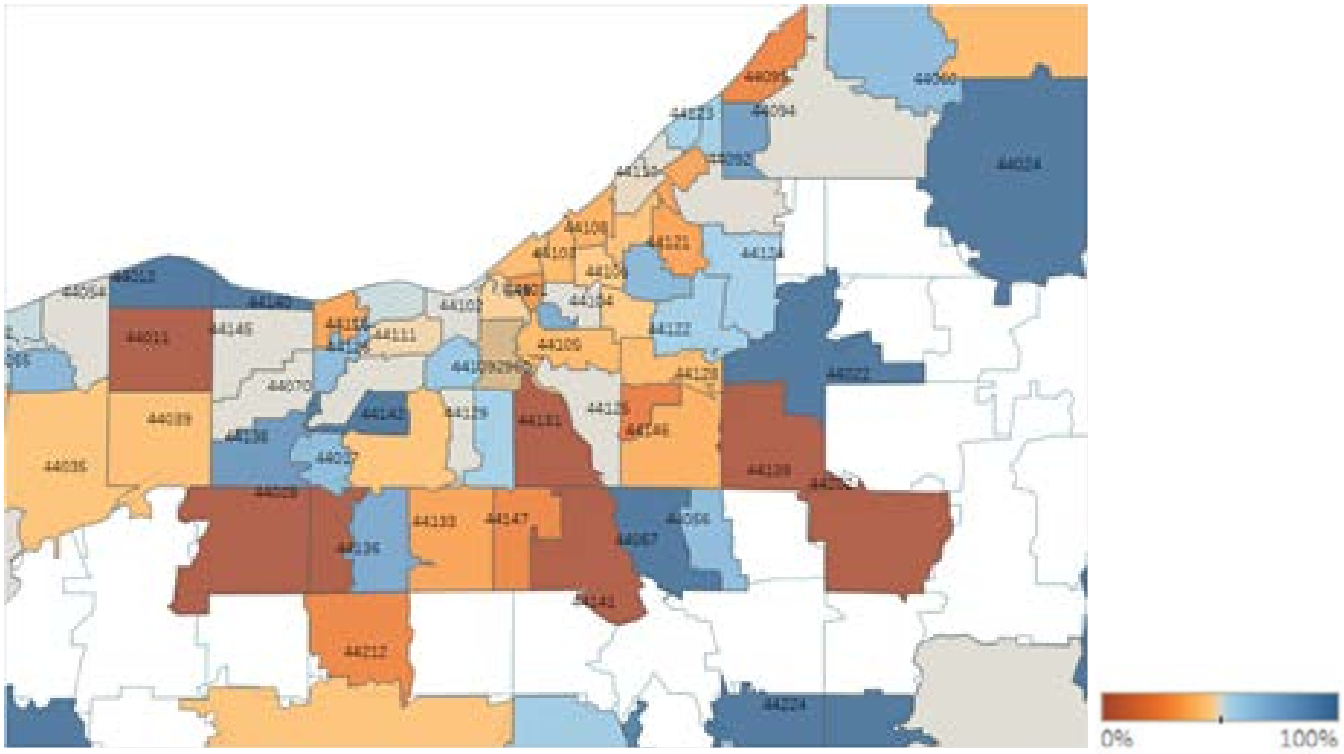
	# of Clients
Total new diagnosed in 2018	21
Linked to care	15
Retained in care	84
On ART	449
Virally suppressed*	240
Total who received a service in 2018	561

*'*Of Clients with a viral load in 2018 (n=304), 79% were virally suppressed.*

Source: CAREWare, All-Parts. Data reported through Nov. 14, 2019.

Here, the term MSM is defined as persons who were assigned male at birth and who have a risk factor of 'male-to-male sexual contact,' and minority is defined as Black/African American or Hispanic/Latinx.

Figure 44: Viral suppression among Ryan White clients (All-Parts) by ZIP code, Cuyahoga County, 2018



Note: Clients who had a Ryan White-funded service in 2018 are included, but not clients who only received ADAP services.
Source: CAREWare, All-Parts. Data reported through Nov. 14, 2019.

Among Part A clients aged 13 to 24 years in Cuyahoga County, 68.2% were virally suppressed in 2018, while 78.8% of Part A clients aged 25 to 29 were virally suppressed. Among MSM Part A clients, 84.9% were virally suppressed, and among MSM of color Part A clients, 82.4% were virally suppressed. Among Part A clients who are women of color, 86.5% were virally suppressed; and 84.4% of transgender Part A clients were virally suppressed. Nearly 93% of Part A clients with IDU as a risk factor were virally suppressed, while 73.4% of Part A clients with unstable housing were virally suppressed. Viral suppression was at 83.8% for Part A clients with household incomes of less than 138% FPL, while 88.2% of Part A clients between 139% and 500% FPL were virally suppressed.

Table 32: Viral suppression among Part A clients linked to care, by special populations, Cuyahoga County, 2018

Population	Numerator	Denominator	Percentage
Youth 13-24	60	88	68.2%
Age 25-29	156	198	78.8%
MSM	997	1,175	84.9%
MSM of Color	638	774	82.4%
Women of Color	385	445	86.5%
Transgender	38	45	84.4%
IDU Risk Factor	79	85	92.9%
Unstable Housing	116	158	73.4%
FPL <=138%	1,270	1,516	83.8%
FPL 139-500%	522	592	88.2%

Note: The priority population viral suppression rates displayed depicts the linked-to-care population. As Ryan White Part A is a payer of last resort, the program doesn't receive medical data for all clients as some clients have other insurance options to pay for medical visits. Therefore, the percentage of clients who are virally suppressed is calculated by dividing the number of virally suppressed clients who had a Ryan White Part A-funded medical visit, viral load test, or CD4 test within the measurement year by the total number of clients who had a Ryan White Part A-funded medical visit, viral load test, or CD4 test within the measurement year.
Source: Ryan White Part A-Cleveland. Data reported through Nov. 30, 2019.

Ryan White Part B: There were a total of 1,342 clients enrolled in the Ryan White Part B program in Cuyahoga County in 2018. There were a total of 48 clients aged 13 to 24 years enrolled in 2018, a total of 761 MSM clients enrolled in 2018, and a total of 476 minority MSM clients enrolled in 2018.

Table 33: Continuum of care measures as defined by the Ryan White Part B Program

Measure	Denominator
Receipt of Care	Number of Ryan White Part B clients (including clients enrolled in ADAP) who had a least one medical visit (i.e., medical care appointment, prescription co-payment, or medication dispense).
Measure	**Numerator**
Retained in Care	Number of clients who had at least two medical visits.
Received Anti-Retroviral Therapy (ART)	Number of clients who received ART, as evidenced by a CVS medication dispense.
Virally Suppressed	Number of clients whose most recent documented viral load ≤200 copies/mL.

Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Table 34: Continuum of care among Ryan White Part B clients, Cuyahoga County, 2018

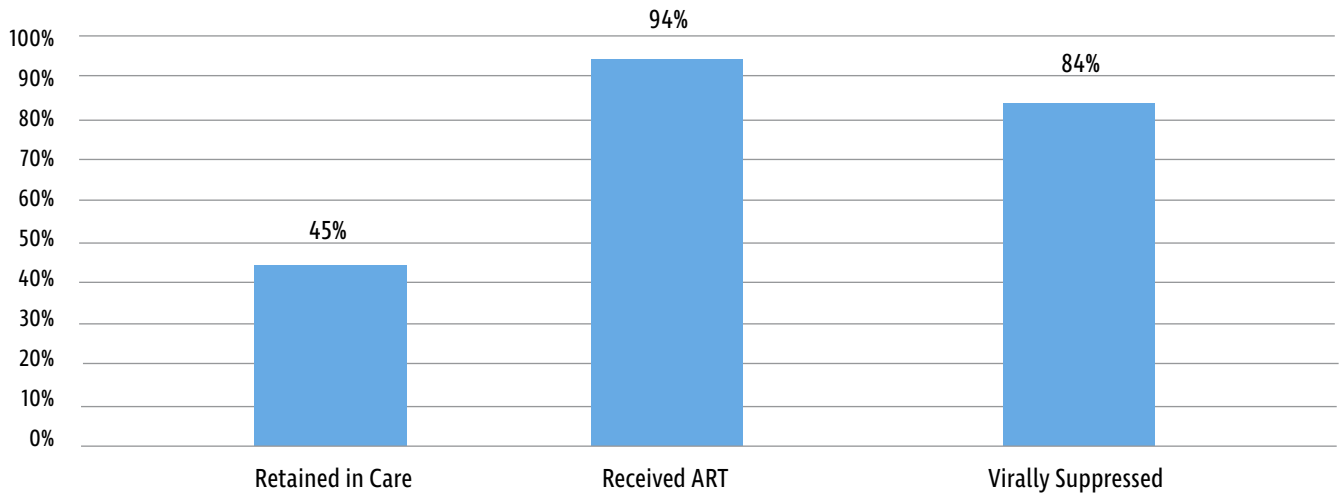
	Total	Youth (aged 13-24 years)	MSM	Minority MSM
Enrolled in Ryan White Part B	1,342	48	761	476
Receipt of Care	837	26	503	303
Retained in Care	373	9	222	116
Received Antiretroviral Therapy (ART)	785	25	475	292
Virally Suppressed	702	19	407	235

Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Here, the term MSM is defined as persons who were assigned male at birth and who have a risk factor of 'male-to-male sexual contact,' and minority is defined as Black/African American or Hispanic/Latinx.

Of Ryan White Part B clients in 2018, 45% were retained in care, 94% received ART, and 84% were virally suppressed.

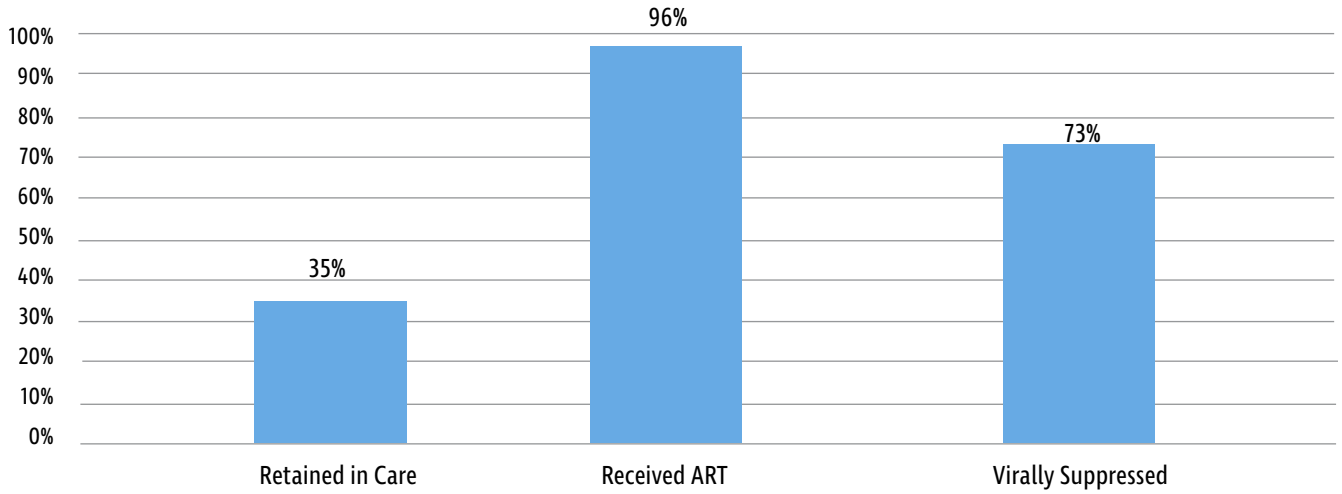
Figure 45: Continuum of care among Ryan White Part B clients, Cuyahoga County, 2018



Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Of Ryan White Part B youth clients in 2018, 35% were retained in care, 96% received ART, and 73% were virally suppressed.

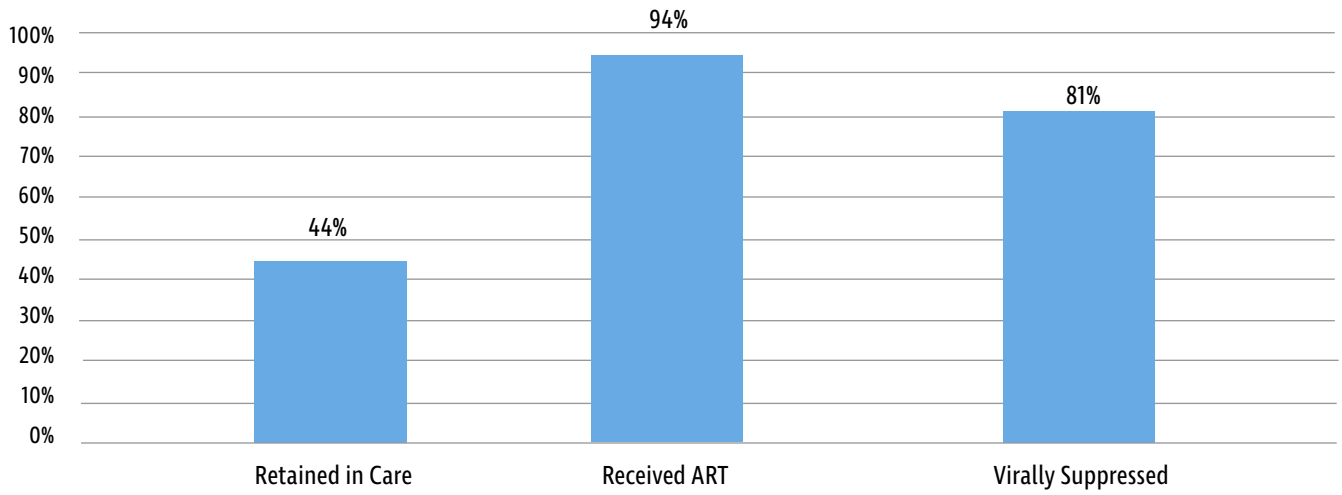
Figure 46: Continuum of care among Ryan White Part B youth clients, Cuyahoga County, 2018



Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Of Ryan White Part B MSM clients in 2018, 44% were retained in care, 94% received ART, and 81% were virally suppressed.

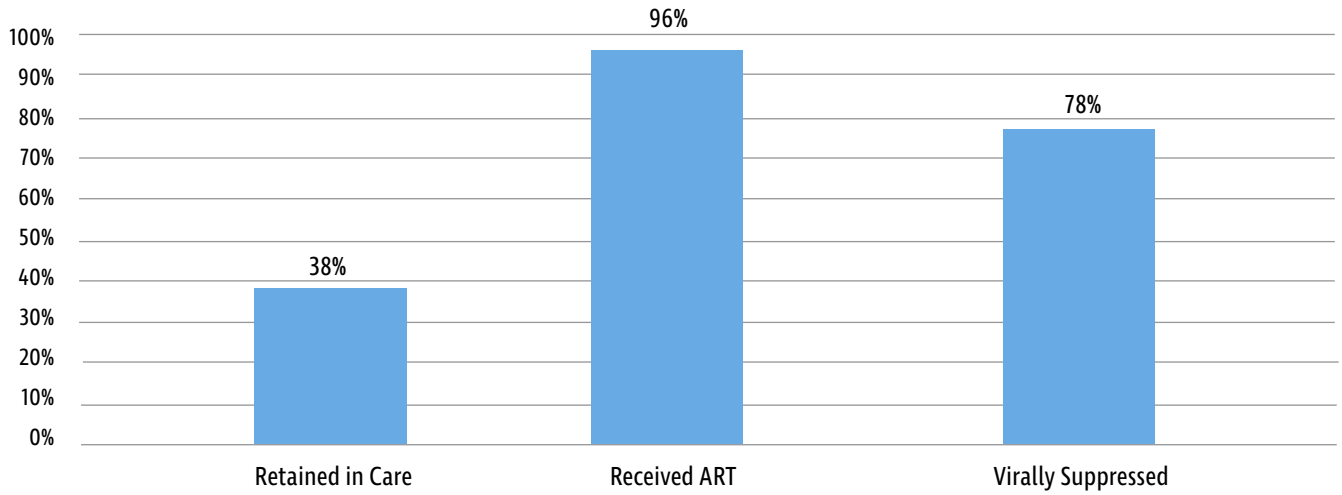
Figure 47: Continuum of care among MSM Ryan White Part B clients, Cuyahoga County, 2018



Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Of Ryan White Part B Minority MSM clients in 2018, 38% were retained in care, 96% received ART, and 78% were virally suppressed.

Figure 48: Continuum of care among Minority MSM Ryan White Part B clients, Cuyahoga County, 2018



Note: Clients enrolled in the Ryan White Part B Program may also receive services from other pay sources (e.g., other Ryan White Parts, Medicaid).
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

Table 35: Viral suppression among Ryan White Part B clients, Cuyahoga County, 2018

Agency	Suppressed	Not Suppressed	Missing Viral Load Data
Metro Health Medical Center	76.3%	11.1%	12.6%
Proyecto Luz	80.6%	11.8%	7.5%

Note: These numbers include only case management clients and do not include those clients who receive ADAP services only.
Source: Ryan White Application Database. Data reported through Nov. 14, 2019.

PREVENT: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs

Pre-Exposure Prophylaxis (PrEP)

PrEP is a drug taken by individuals who are at high risk of acquiring HIV to prevent disease transmission. In 2018, the PrEP utilization rate in Ohio was 50, while the PrEP utilization rate in Cuyahoga County in 2016 was 42. Nationally, the PrEP utilization rate was 47.9 in 2018.

Table 36: PrEP utilization, Ohio, 2018 and Cuyahoga County, 2016

PrEP Utilization	Ohio, 2018		Cuyahoga County, 2016	
	Users	Rate/100,000	Users	Rate/100,000
Total	4,878	50	423	42
Males	4,559	96	365	77
Females	319	6	58	11
<24	715	39	65	35
25-34	2,105	138	175	112
35-44	1,116	81	97	69
45-54	667	44	60	35
55 and older	333	9	29	8

Note: There is currently no single data source that includes data on all unique users of PrEP across the U.S. Source Healthcare Analytics (SHA) collects data from over 54,000 pharmacies, 1,500 hospitals, 800 outpatient facilities, and 80,000 physician practices across the U.S. SHA's dataset is an open sample of commercially available data, which excludes entities that do not make their data available, such as closed healthcare systems and entities that choose not to share their data with SHA.

Source: AIDSVu. Emory University, Rollins School of Public Health. Atlanta, Georgia.

PAPI (Prevention Assistance Program Interventions) is a program for HIV-negative Ohioans who have or are seeking a PrEP prescription. PAPI pays for PrEP-related medical costs, including office and medical copays, copays associated with required laboratory work, prescription copays that are not covered by a patient assistance program, and medical services for people who are not eligible for insurance. There are three facilities in the Cuyahoga County region that offer these services (AIDS Task Force of Greater Cleveland, MetroHealth, and University Hospitals). However, it is important to note that PAPI only captures information on clients who are accessing payment assistance, but the PrEP help navigators at these facilities provide navigation services to anyone seeking or referred to PrEP services.

Table 37: PAPI clients, Cuyahoga County Region

PAPI Clients	Ohio		Cuyahoga County Region	
	No.	%	No.	%
Concerns regarding privacy	12	3%	1	8%
Chlamydia diagnosis within one year	40	11%	2	15%
Gonorrhea diagnosis within one year	37	10%	-	-
Syphilis diagnosis within one year	28	8%	2	15%
Sex without a condom within one year	200	56%	7	54%
Been prescribed PEP* within one year	25	7%	2	15%
Total	**358**		**13**	

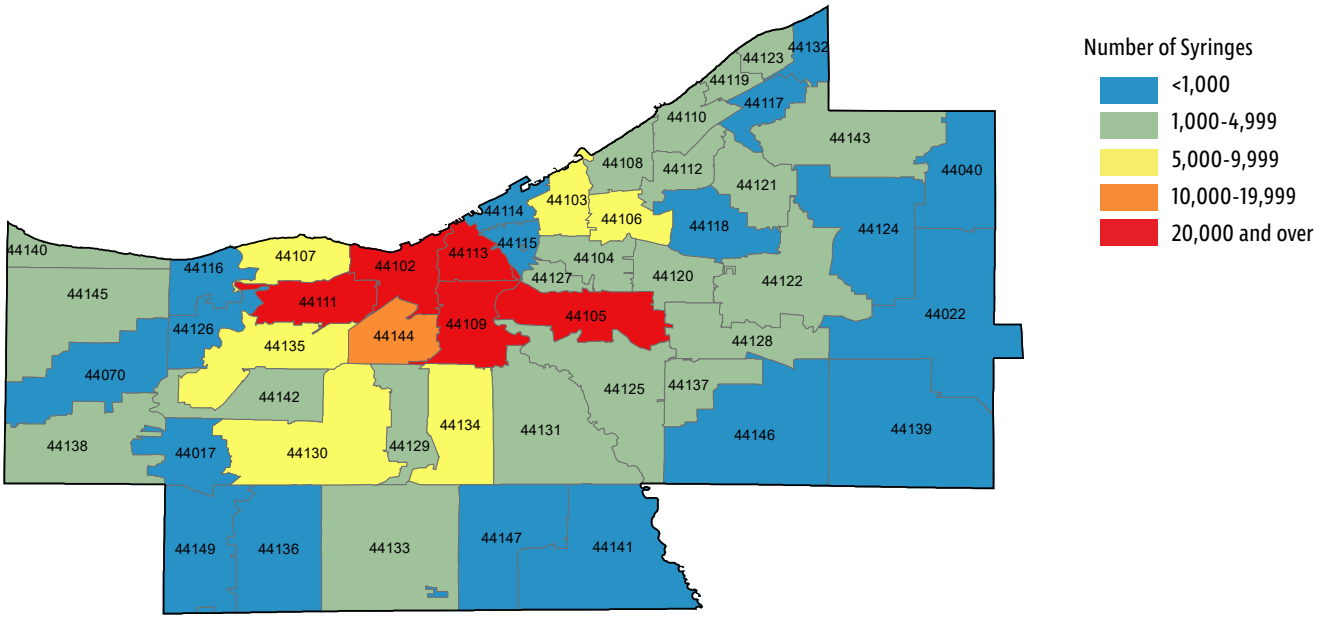
Source: Ohio Department of Health, HIV Prevention Program. Data reported as of Jan. 9, 2020.

**Post-exposure prophylaxis.*

Syringe Services Programs and Other Substance Use-related Data

Circle Health Services houses the only syringe exchange program in Cuyahoga County. The program runs a one-for-one exchange of syringes for individuals. The impact of the syringe exchange program has been integral in keeping transmission of HIV among PWID very low in Cuyahoga County. In 2018, only 4% of new HIV cases in Cuyahoga County had injection drug use as a risk factor. In 2018, Circle Health Services distributed 295,556 syringes. Ninety percent of these were for clients residing in Cuyahoga County. The ZIP codes in Cuyahoga County having the highest number of syringes distributed in 2018 (based on client residence) were 44109 (n=50,955), 44102 (n=35,968), 44113 (n=28,005), and 44111 (n=22,201).

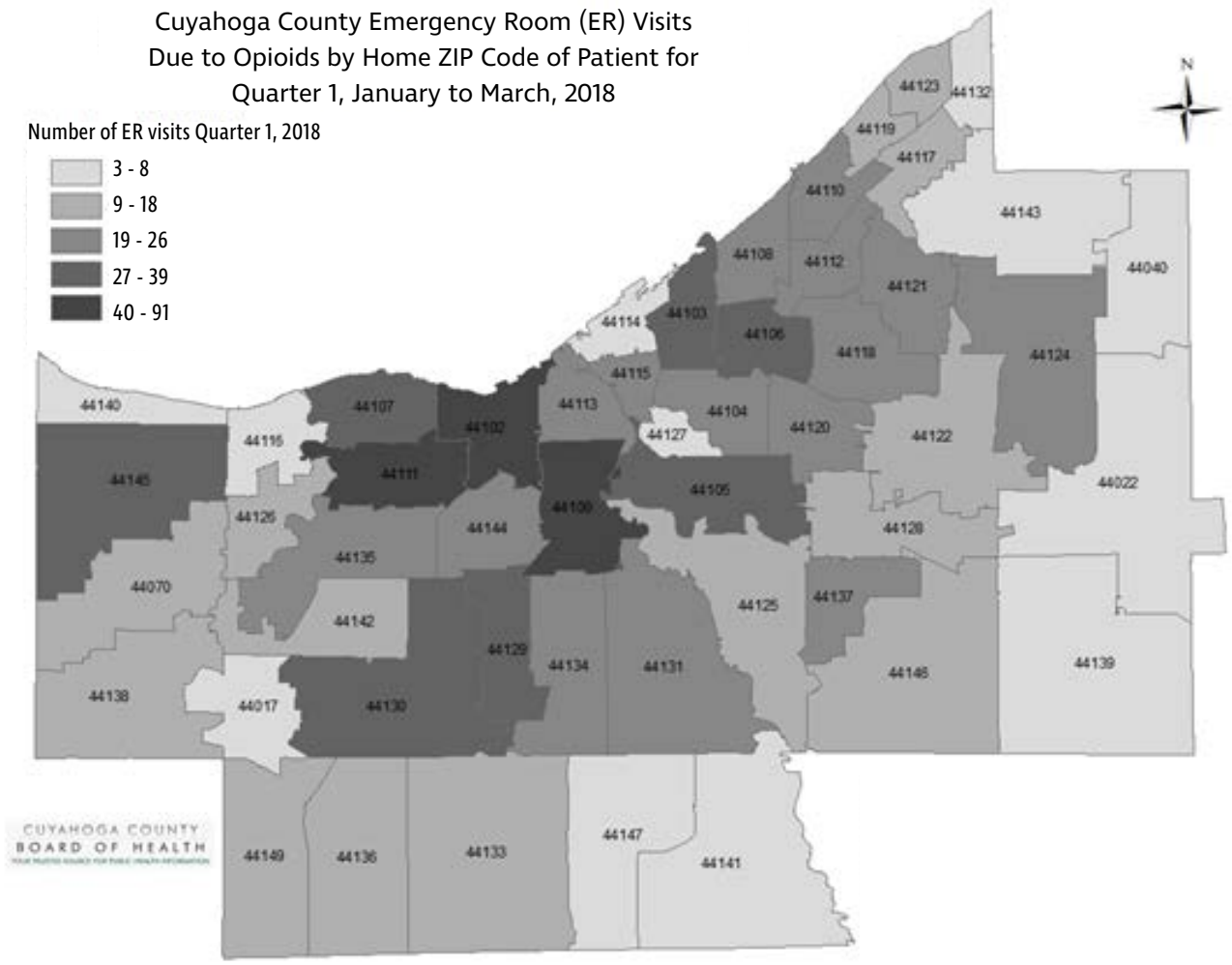
Figure 49: Number of syringes distributed by ZIP code, Cuyahoga County, 2018



Source: Circle Health Services, 2018

The ZIP codes in Cuyahoga County having the highest number of emergency room visits due to opioids from January through March 2018 (based on patient residence) were, 44102, 44109, and 44111.

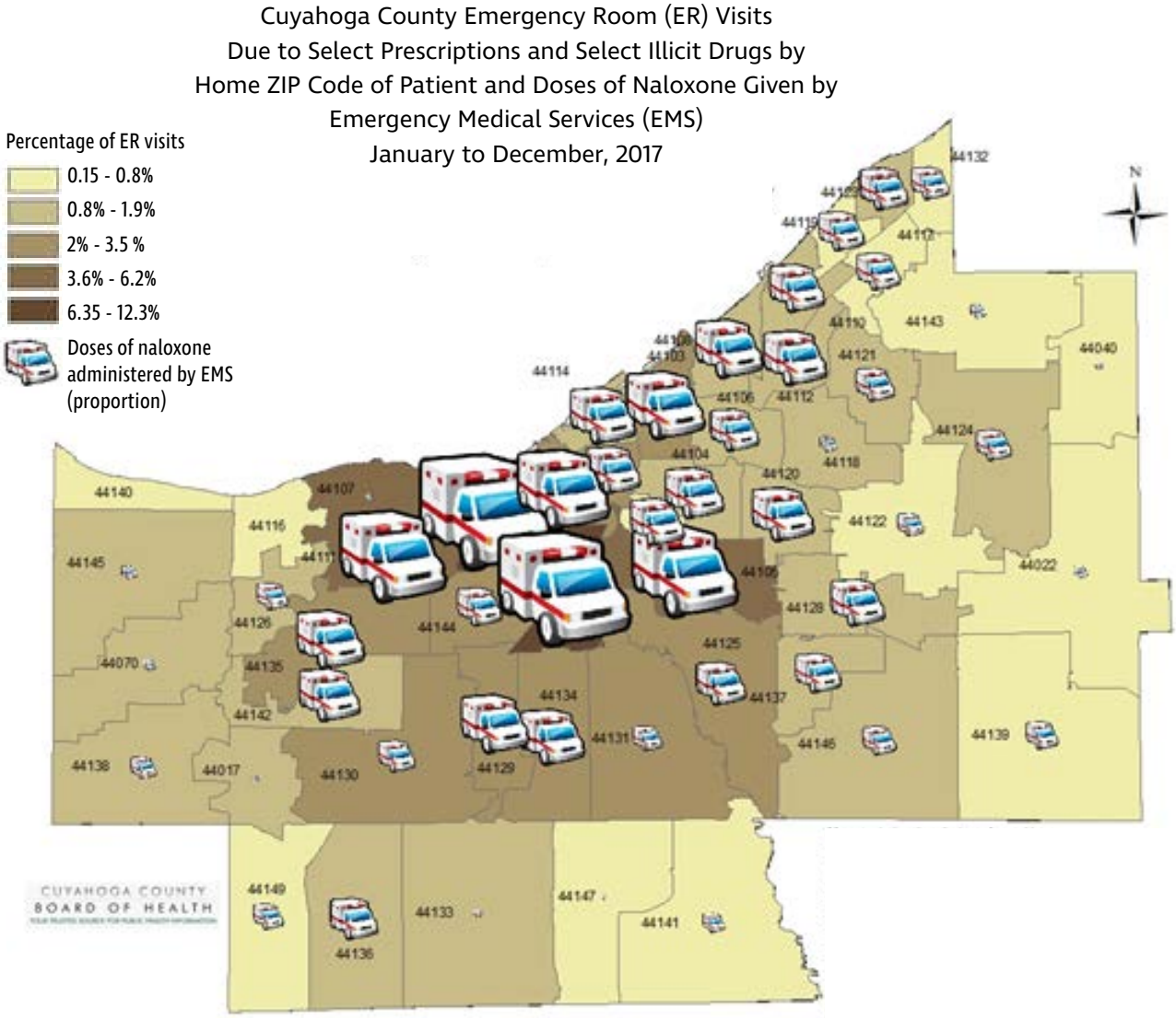
Figure 50: Emergency room visits related to opioids by ZIP code, Cuyahoga County, January-March 2018



Map created and analysis performed by Epidemiology, Surveillance, and Informatics Services at the Cuyahoga County Board of Health, June 2018. B. Gray. Source: Data were taken from EpiCenter, a web-based surveillance tool administered through the Ohio Department of Health. EPICenter categorizes/ classifies information from the chief complaint recorded in emergency room (ER) visits. Records of patients initially considered for inclusion in this report had visits that were grouped under the "Drugs" classifier. This included records that had "overdose" indicated.

The map below shows the ZIP codes in Cuyahoga County with the percentage of emergency room visits related to select prescriptions and illicit drugs as well as the proportion of naloxone doses given by emergency medical services (EMS) by ZIP code of patient residence.

Figure 51: Emergency room visits related to select prescriptions and illicit drugs by ZIP code and doses of naloxone given by EMS, Cuyahoga County, 2017



Map created and analysis performed by Epidemiology, Surveillance, and Informatics Services at the Cuyahoga County Board of Health, June 2018. B. Gray.
Source: Data were taken from EpiCenter, a web-based surveillance tool administered through the Ohio Department of Health. EPICenter categorizes/ classifies information from the chief complaint recorded in emergency room (ER) visits. Records of patients initially considered for inclusion in this report had visits that were grouped under the "Drugs" classifier. This included records that had "overdose" indicated.
Source: Naloxone distribution by Cuyahoga County Emergency Medical Services (EMS) Jan. 2017 to Dec. 2017. Ohio Department of Public Safety Division of EMS, the Ohio EMS Incidence Reporting System, (EMSIRS).

RESPOND: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Time-Space analysis: ODH performs monthly time-space cluster analyses. The following criteria are considered when determining if time-space clusters require further investigation: size of the transmission cluster, evidence of ongoing risk behavior (e.g., injection drug use), late diagnoses, pregnant women, local epidemiology, and resource availability. Time-space reports are routinely and consistently monitored for potential outbreaks. No potential outbreaks were detected in Cuyahoga County in 2018.

Table 38: Time-space alerts, Ohio and Cuyahoga County, 2018

Residence at HIV diagnosis	Overall Alert	Overall # diagnoses 2018	IDU/MSM-IDU Alert	IDU/MSM-IDU # diagnoses 2018	IDU Alert	IDU # diagnoses 2018	MSM-IDU Alert	MSM-IDU # diagnoses 2018
Cuyahoga County	N	150	N	6	N	4	N	2
Ohio	N	986	N	150	N	115	Y	35

Report produced using CDC SAS program and does NOT account for cases diagnosed in correctional facilities (i.e., cases diagnosed in correctional facilities are included in the counts for the county where prison is located).
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through June 30, 2019.

Table 39: New reported diagnoses of HIV infection identifying IDU as the mode of transmission and new reported diagnoses of HIV infection, Cuyahoga County, 2017-2019

	2017		2018		2019	
	IDU	Total HIV	IDU	Total HIV	IDU	Total HIV
Cuyahoga County	8	149	6	149	10	163
Ohio	128	979	150	983	134	906

Notes: Includes HIV transmission categories injection drug use (IDU) and male-to-male sexual contact/IDU. IDU and male-to-male sexual contact/IDU are mutually exclusive mode of transmission categories.
County reflects county of residence at time of earliest diagnosis. Cases diagnosed while in a state or federal correctional facility or whose county is unknown are included in No County.
Source: Ohio Department of Health, HIV Surveillance Program. Data reported through Feb. 3, 2020.

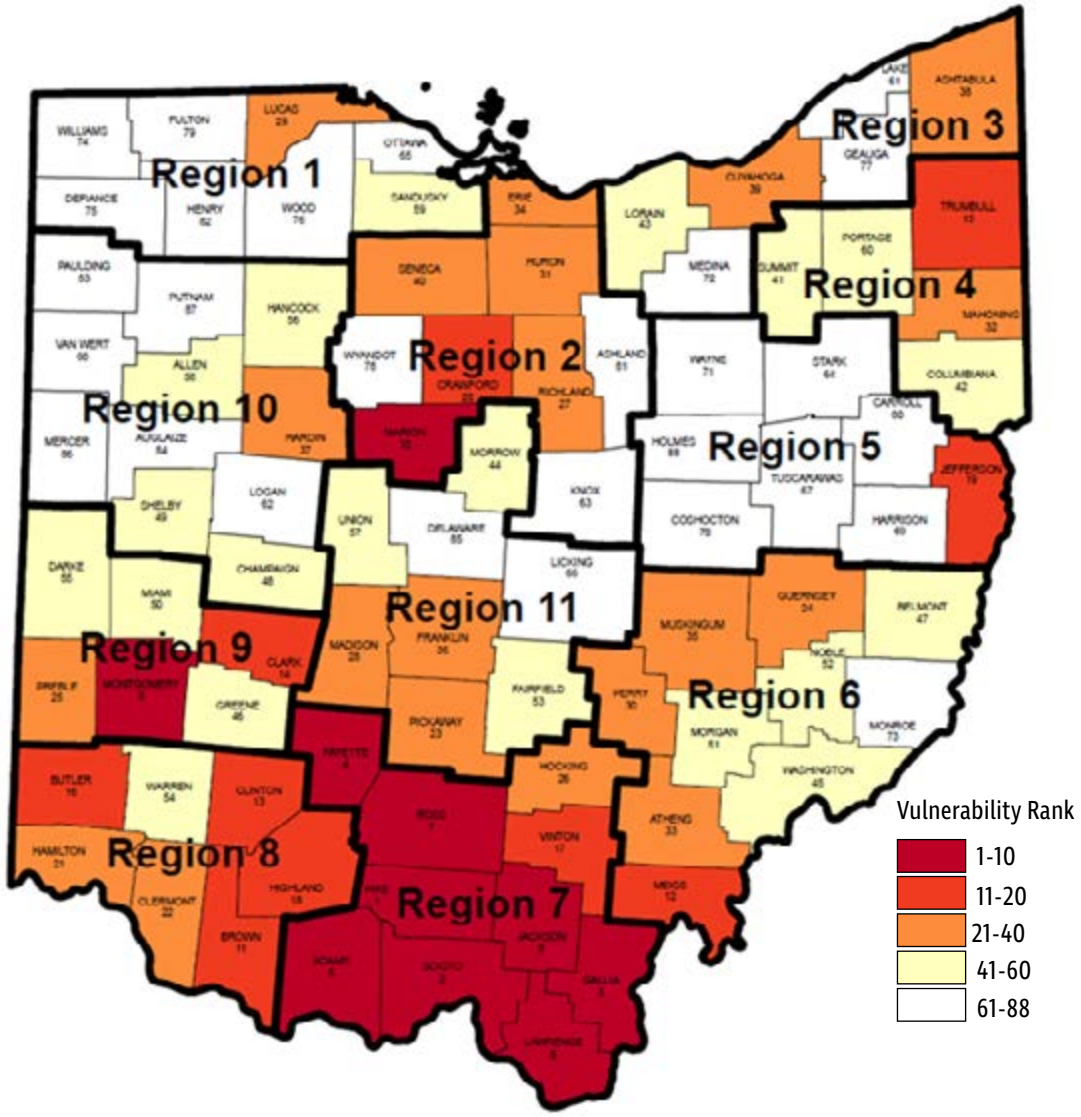
Table 40: Newly diagnosed cases of HIV in the Ohio Disease Reporting System (ODRS), Cuyahoga County, 2018-2019

	Female		Female		Total	
	2018	2019	2018	2019	2018	2019
Cuyahoga County	141	134	18	22	159	156
Ohio	819	782	180	190	999	972

Notes:
Newly diagnosed HIV is derived from partner services data in the Ohio Disease Reporting System.
Small numbers are unstable and should be interpreted with caution.
Provisional data. Numbers subject to change when additional information is gained.
Source: Ohio Department of Health, STD Surveillance Program. Data reported as of Feb. 2, 2020.

Vulnerable county assessment: ODH conducted a vulnerable county assessment to determine areas at high risk for 1) opioid overdoses, and 2) bloodborne infections (i.e., HIV, hepatitis C, hepatitis B associated with non-sterile drug injection). This vulnerable county assessment was used to develop plans that strategically allocate prevention and intervention services and distribute findings to key stakeholders. Data was obtained from multiple sources to reflect indicators plausibly associated with opioid overdoses or injection-related HIV and/or hepatitis C infections. Indicators were selected based on stakeholder input regarding the recent burden of the opioid-related epidemic in Ohio and in consultation with internal and external partners. An overall rate average was calculated for each county using six indicators, and counties were then ranked by severity. In the vulnerable county assessment, it was determined that Pike, Scioto, Gallia, Fayette, Adams, Lawrence, Ross, Jackson, Montgomery, and Marion counties were ranked as the most vulnerable to an injection-related HIV and/or hepatitis C outbreak.

Figure 52: Ohio counties potentially at increased risk of an HIV cluster/hepatitis C outbreak associated with non-sterile injection of opioids, 2019



Notes:
An overall rate average was calculated for each county using six indicators. Counties were then ranked by severity, with 1 indicating highest risk and 88 lowest risk.
Sources:
Opioid doses dispensed per capita (2017). Ohio Automated RX Reporting System 2017 Annual Report.
Overdoses Per Capita by County (per 10,000 Population) (2017). Ohio Hospital Association Opioid Data Dashboard.
Age-adjusted unintentional drug overdose death rates per 100,000 population, by county, 2017. 2017 Ohio Drug Overdose Data: General Findings.
Total (acute and chronic) hepatitis C virus (HCV) 3-year average rates (2015-2017). Ohio Department of Health, Hepatitis Surveillance Program. Data reported through Nov. 26, 2018.
Reported new diagnoses of HIV infection 3-year average rates (2015-2017). Ohio Department of Health, HIV Surveillance Program. Data reported through
June 30, 2018.
5-year Average Percent of Population Below 100% Federal Poverty Level (FPL) (2012-2016). American Community Survey (ACS) 5-year Estimates.

Additional Sources

1) Grey JA, Bernstein KT, Sullivan PS, Purcell DW, Chesson HW, Gift TL, Rosenberg ES. Estimating the Population Sizes of Men Who Have Sex With Men in US States and Counties Using Data From the American Community Survey. JMIR Public Health Surveill 2016;2(1):e14. Updated 2019.

End the HIV Epidemic Epidemiologic Profile

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