

**HIV/AIDS EPIDEMIOLOGY HIGHLIGHT**  
**APRIL 2000**  
**ESTIMATED RISK EXPOSURE FOR HIV/AIDS IN OHIO**

**Introduction**

In order to plan effective prevention programs that target those who are at-risk for exposure to HIV infection, it is necessary to identify at-risk populations. One way to identify at-risk populations is to examine the risk factors among persons already infected with HIV. HIV and AIDS are reportable conditions in Ohio and risk exposure information is a variable on the reporting form; however, the number of reports received lacking risk information can be greater than fifty percent for some population groups. With limited data on risk exposure, it is difficult to draw conclusions about how people become infected with HIV. To provide more useable data, the Centers for Disease Control and Prevention (CDC) developed methods to calculate estimated risk exposure that adjusts for unreported risk. These methods redistribute cases reported without risk information based on historical patterns of reclassification in a geographic region. For Ohio, the redistribution is based on patterns of reclassification in the Midwest. The data are also adjusted for delays in reporting. Estimated redistributed risk exposure information is calculated at the state level, but is not available by county.

**Estimated Risk Exposure for HIV/AIDS**

The table below presents the estimated redistributed risk exposure information for reported persons known to be living with HIV/AIDS in June 1999, and for reported persons diagnosed with HIV (non-AIDS) from July 1997 to June 1999. Persons living with HIV/AIDS represent persons who have been reported with HIV or AIDS and who are not known to have died. It does not represent all persons with HIV infection. Persons who are unaware that they are HIV positive, and persons who have tested anonymously and are not receiving care are not included in this category. Reported persons diagnosed with HIV infection (non-AIDS) from July 1997 to June 1999 represent cases whose earliest reported date of HIV diagnosis was during this time period. This diagnosis date might not be indicative of when the HIV infection occurred, and it is possible that infection could have occurred many years prior to this diagnosis.

**Estimated Risk Exposure for Adult/Adolescents Living with HIV/AIDS in June 1999 and for Persons Diagnosed with HIV from July 1997 to June 1999, by Gender**

Data are Adjusted for Reporting Delays and Redistribution of Cases Reported without Risk Exposure Information

ADULT/ADOLSCENT	MALE				FEMALE				TOTAL			
	Living with HIV/AIDS in 06/99		HIV Diagnoses 7/97-6/99		Living with HIV/AIDS in 06/99		HIV Diagnoses 7/97-6/99		Living with HIV/AIDS in 06/99		HIV Diagnoses 7/97-6/99	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>TOTAL</b>												
Male/male sex	5426	70%	994	69%	N/A		N/A		5426	57%	994	53%
Injection Drug Use (IDU)	1102	14%	200	14%	456	26%	84	20%	1558	16%	284	15%
Male/male sex & IDU	542	7%	92	6%	N/A		N/A		542	6%	92	5%
Hemophilia	97	1%	8	1%	1	<1%	0		98	1%	8	<1%
Hi-risk heterosexual contact:	542	7%	143	10%	1294	72%	325	78%	1836	19%	468	25%
Transfusion/Transplant	40	1%	4	<1%	35	2%	10	2%	75	1%	14	1%
<b>WHITE</b>												
Male/male sex	3349	80%	569	79%	N/A		N/A		3349	69%	569	66%
Injection Drug Use (IDU)	312	7%	54	7%	133	20%	21	15%	445	9%	75	9%
Male/male sex & IDU	253	6%	40	6%	N/A		N/A		253	5%	40	5%
Hemophilia	80	2%	6	1%	1	<1%	0		81	2%	6	1%
Hi-risk heterosexual contact:	184	4%	51	7%	503	77%	118	83%	687	14%	169	20%
Transfusion/Transplant	27	1%	3	<1%	19	3%	4	3%	46	1%	7	1%
<b>AFRICAN AMERICAN</b>												
Male/male sex	1929	60%	392	59%	N/A		N/A		1929	46%	392	43%
Injection Drug Use (IDU)	652	20%	130	20%	279	28%	59	23%	931	22%	189	21%
Male/male sex & IDU	268	8%	47	7%	N/A		N/A		268	6%	47	5%
Hemophilia	16	<1%	2	<1%	0		0		16	<1%	2	<1%
Hi-risk heterosexual contact:	327	10%	87	13%	707	71%	190	75%	1034	25%	277	30%
Transfusion/Transplant	13	<1%	1	<1%	16	2%	6	2%	29	1%	7	1%

Data pertaining to persons living with HIV/AIDS do not reflect current transmission patterns, but reflect the risk distribution among existing cases of HIV and AIDS. Existing cases of HIV/AIDS represent the pool of people who might transmit the virus. Data pertaining to HIV diagnoses from July 1997 to June 1999 are the best data available to represent current transmission patterns for new HIV infections. While HIV diagnosis data does not capture when the infection might have occurred, it is the earliest reported date of HIV infection.

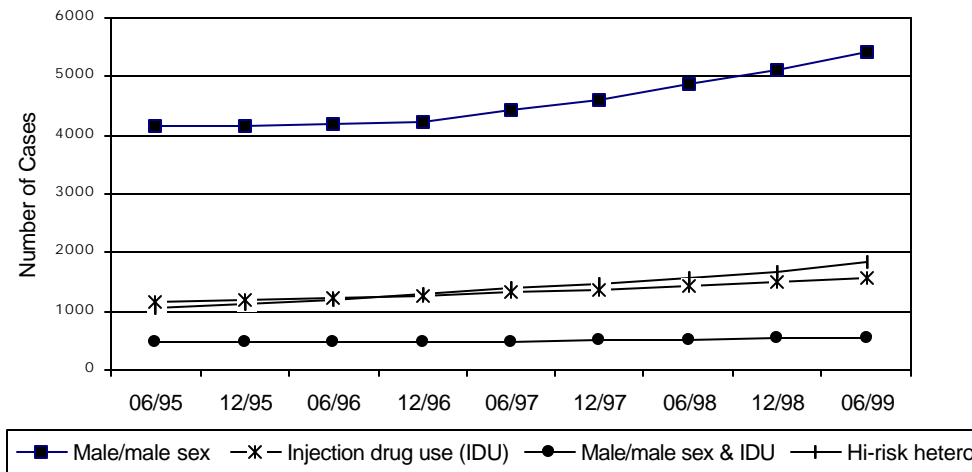
Among reported persons living with HIV/AIDS, the estimated leading exposure category for total cases, and for whites and African Americans, is male/male sex. However, the proportion of cases attributed to male/male sex is higher among whites than among African Americans. For total cases, and for females, the next leading exposure category is high-risk heterosexual contact, followed by injection drug use. Among males, the second leading exposure category is injection drug use, followed by high-risk heterosexual contact.

Estimated risk exposure for new HIV diagnoses (non-AIDS) from July 1997 to June 1999 follow similar distribution patterns as those for persons living with HIV/AIDS. Compared to persons living with HIV/AIDS, new HIV diagnoses from July 1997 to June 1999 show a higher proportion of cases attributed to high-risk heterosexual contact, a slightly lower proportion of cases attributed to male/male sex, and a similar proportion of cases attributed to injection drug use.

**Recent Trends for HIV Risk Exposure in Ohio**

The number of persons living with HIV/AIDS in Ohio has increased between June 1995 and June 1999 across all behavioral risk exposures. Among high-risk heterosexual contact cases, there was an increase of nearly 75% between June 1995 and June 1999. The next largest proportional increase was injection drug use followed by male/male sex.

**Reported Persons Living with HIV/AIDS in Ohio, June 1995 - June 1999, by Risk Exposure**



**Conclusion**

The estimated redistributed risk information presented in this report show that male/male sex continues to be the leading risk exposure for HIV infection, but injection drug use and high-risk heterosexual contact represent a substantial proportion of existing cases of HIV and AIDS, as well as newly diagnosed HIV infections. These data are estimates and do not represent actual case counts for each risk category. A high percentage of cases have been redistributed as a result of missing risk information, so results should be interpreted with caution.

For further information on this report please contact the Ohio Department of Health HIV/AIDS Surveillance program at (614) 466-1388.