

HIV/AIDS EPIDEMIOLOGY HIGHLIGHT

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HIV/AIDS PREVALENCE IN OHIO

Introduction

As new drug treatments and therapies make it possible to remain asymptomatic with HIV infection, the number of new AIDS diagnoses and AIDS related deaths have been declining since 1996. As a result, AIDS incidence (i.e., the number of new AIDS diagnoses) is no longer a good measure of the HIV/AIDS epidemic. However, it is important to continue monitoring AIDS incidence and mortality to measure the effectiveness of improved treatments and to help identify groups who might not be receiving care or for whom treatment has not been successful. AIDS diagnoses represent a small proportion of total HIV disease, and to capture a more complete picture of HIV disease, HIV diagnoses also need to be monitored. While AIDS is a reportable condition throughout the United States, HIV infection is reportable in only 32 states. In Ohio, HIV infection has been reportable since 1990. HIV surveillance data in Ohio include persons who have tested positive for HIV and have been confidentially reported to the Ohio Department of Health. Surveillance data do not include persons who are HIV positive and unaware of their status, and they do not include persons who were tested anonymously and have not yet sought medical care. HIV diagnosis dates are not necessarily indicative of when infections occurred since people are tested at variable intervals following HIV infection.

Since the number of people dying from AIDS each year is less than the number of people diagnosed with AIDS, the number of people living with AIDS is increasing. And given that new HIV infections are stable in the US at about 40,000 per year and fewer deaths are resulting from AIDS, the number of persons living with HIV and AIDS is increasing.

In order to effectively plan and allocate resources for HIV prevention and care efforts, it is important to know the impact of HIV infection on Ohio's populations. As people live longer with HIV/AIDS, we need to examine data pertaining to persons living with HIV/AIDS in addition to data pertaining to new HIV and AIDS diagnoses. HIV/AIDS prevalence data (i.e., data pertaining to persons living with HIV/AIDS) represent all persons who have ever been diagnosed and reported with HIV infection or AIDS and who are still living.

Demographic Characteristics of Persons Living with HIV/AIDS in Ohio

As of November 30, 1999, there were 9,593 persons in Ohio who had been reported with HIV/AIDS and were believed to still be living. Of these cases, 4,203 have been diagnosed with AIDS. Another 7,042 Ohioans have died from HIV/AIDS related causes. These statistics only include persons who tested positive for HIV infection and were confidentially reported. It is estimated that there are between 10,200 and 18,000 persons living with HIV/AIDS, including persons who are not aware of their HIV status. These estimates are calculated from methodologies provided by the Centers for Disease Control and Prevention.

While 48% of Ohio's population reside in Ohio's eight largest urban counties, 72% of Ohioans living with HIV/AIDS reside in these eight counties. The counties are Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit. Although the majority of persons living with HIV/AIDS reside in urban areas, there are persons living with HIV/AIDS throughout the state.

County of residence for persons living with HIV/AIDS is based on the most current known address, as opposed to residence for incidence data that is based on the person's county of residence at the time of diagnosis. Persons who are currently

Number of Reported Persons Living with HIV/AIDS in Ohio by County



residing in a correctional facility and persons for whom an address has never been reported are excluded from county numbers but are included in state data.

Demographic Characteristics of Persons Living with HIV/AIDS in Ohio
Characteristics of Persons Living with HIV/AIDS in Ohio, by Gender
Data Reported through November 30, 1999

CHARACTERISTIC	MALE		FEMALE		TOTAL*	
	#	%	#	%	#	%
AGE						
<13	42	0.5%	53	2.9%	95	1.0%
13-19	21	0.3%	28	1.5%	49	0.5%
20-29	763	9.8%	376	20.7%	1139	11.9%
30-39	3325	42.8%	774	42.6%	4100	42.7%
40-49	2643	34.0%	442	24.4%	3085	32.2%
50+	983	12.6%	142	7.8%	1125	11.7%
RACE						
White	4090	52.6%	635	35.0%	4725	49.3%
African American	3098	39.8%	973	53.6%	4072	42.4%
Hispanic	306	3.9%	125	6.9%	431	4.5%
Asian/P.I.	21	0.3%	2	0.1%	23	0.2%
Native American	7	0.1%	5	0.3%	12	0.1%
Unknown	255	3.3%	75	4.1%	330	3.4%
RISK EXPOSURE						
Risk not Determined/Other	2295	29.5%	764	42.1%	3060	31.9%
Male/Male Sex (MSM)	3924	50.5%	NA		3924	40.9%
Injection Drug Use (IDU)	714	9.2%	279	15.4%	993	10.4%
MSM & IDU	391	5.0%	NA		391	4.1%
Blood Product Receipt	125	1.6%	16	0.9%	141	1.5%
High Risk Heterosexual Contact	286	3.7%	700	38.6%	986	10.3%
Mother with HIV Risk	42	0.5%	56	3.1%	98	1.0%
TOTAL	7777		1815		9593	

*Includes one case whose gender was not reported.

The majority of persons living with HIV/AIDS in Ohio are over age 30. Females living with HIV/AIDS tend to be younger than males living with HIV/AIDS. Nearly 19% of persons living with HIV/AIDS are among females. African Americans account for over half (53.6%) of female cases, while whites account for over half (52.6%) of male cases. Nearly four percent of male cases and seven percent of female cases are among Hispanics. Because of the large percentage of cases that are lacking risk information (29.5% of males and 42.1% of females), it is difficult to draw conclusions about risk exposure for HIV infection. Among the male cases that do have risk information, the leading risk exposure is male/male sex. Among female cases with known risk information, high-risk heterosexual contact is the leading exposure category.

Conclusion

While HIV/AIDS prevalence data does not account for all persons living with HIV/AIDS in Ohio, they do provide useful information for targeting prevention and care resources. As a result of successful treatment, people with HIV are living longer and healthier lives, thus the prevalence of HIV/AIDS continues to increase. As more people are living with HIV infection, there is a greater potential for transmission. It is especially important to continue with prevention efforts to reduce the occurrence of new HIV infections.

Bob Taft
Governor

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