

# 2021 HIV+STI DATA BRIEF

## KEY FINDINGS

- The annual Chicago Department of Public Health (CDPH) HIV/STI Data Report presents HIV care continuum data as well as data for new and prevalent cases of HIV and new diagnoses of chlamydia, gonorrhea, syphilis, and congenital syphilis
- In 2021, a total of 639 new HIV diagnoses were reported to the Chicago Department of Public Health (CDPH). This represents a 1.9% increase compared to 2020 (627 new HIV diagnoses).
- A total of 18,755 individuals had been diagnosed with HIV through 2020 and living with HIV in 2021. This represents a 3% decrease compared to 2020 (19,340 prevalent HIV cases).
- In 2021, a total of 27,404 chlamydia cases, 13,451 gonorrhea cases, and 794 primary and secondary (P&S) syphilis cases - were reported to CDPH.
- From 2020-2021, the number of chlamydia cases increased by approximately 9%, the number of gonorrhea cases increased by approximately 1%, and the number of primary and secondary (P&S) syphilis cases decreased by approximately 14%.
- The number of P&S syphilis cases among women increased by almost 20% between 2020 and 2021 (from 137 cases in 2020 to 164 in 2021).



The COVID-19 pandemic, in particular, added new challenges to providing care for people living with HIV (PLWH) and may have led to underreporting of new HIV and STI diagnoses both in 2020 and in 2021. Therefore, please use caution when comparing the numbers of new and prevalent HIV and STI cases in this year's report to pre-pandemic data.



**Data Notes:** Please note, in previous years, multiple imputation methodology (MI) was used to calculate the total number of new HIV diagnoses and number of prevalent HIV cases. In this year's report, similar to the 2021 HIV/STI surveillance report, we no longer use MI. As is in the previous report, for HIV prevalent cases, calculations are based on current place of residence. Previously, we used residence at the time of diagnosis. In addition, all data presented in this report are provisional data.

## HIV Care Continuum

The HIV care continuum is a public health model that outlines the steps or stages that people with HIV go through from diagnosis to achieving and maintaining viral suppression (a very low or undetectable amount of HIV in the blood) through care and treatment with antiretroviral therapy (ART).

- In 2021, 84% of persons newly diagnosed with HIV in Chicago were linked to HIV medical care within one month of HIV diagnosis, and 94% of persons newly diagnosed were linked to medical care within 12 months (Fig. 1.1). These data are similar to 2020 continuum data.
- A total of 18,755 individuals had been diagnosed with HIV through 2020 and were living with HIV in 2021, yielding a rate of 694.8 per 100,000 population (Table 1.1). Among all people in Chicago living with HIV in 2021, 74% accessed care (at least 1 medical care visit in 2021), and 43% were retained in medical care (at least 2 medical care visits in 2021, 91 days or more apart) (Fig. 1.1). In comparison, in 2020, 71% accessed care and 41% were retained in medical care.
- Sixty percent of people living with HIV in Chicago achieved viral suppression in 2021, a slight decrease from the reported 61% in 2020 (Fig. 1.1).

## HIV

In 2021, a total of 639 new HIV diagnoses were reported among Chicago residents with a corresponding rate of 23.7 per 100,000 population (Table 1.1). This represents a less than 2% increase compared to 2020 (627 new HIV diagnoses). In addition, 246 individuals were diagnosed with AIDS, the fewest since 1985, with an AIDS case rate of 9.9 per 100,000 population (Table 1.1, Fig. 1.3). Of those newly diagnosed in 2021, a total of 110 individuals were considered to have a late/concurrent diagnosis, the fewest since 1988, indicating that individuals were diagnosed with HIV and subsequently AIDS within 12 months (Table 1.2, Fig. 1.3).

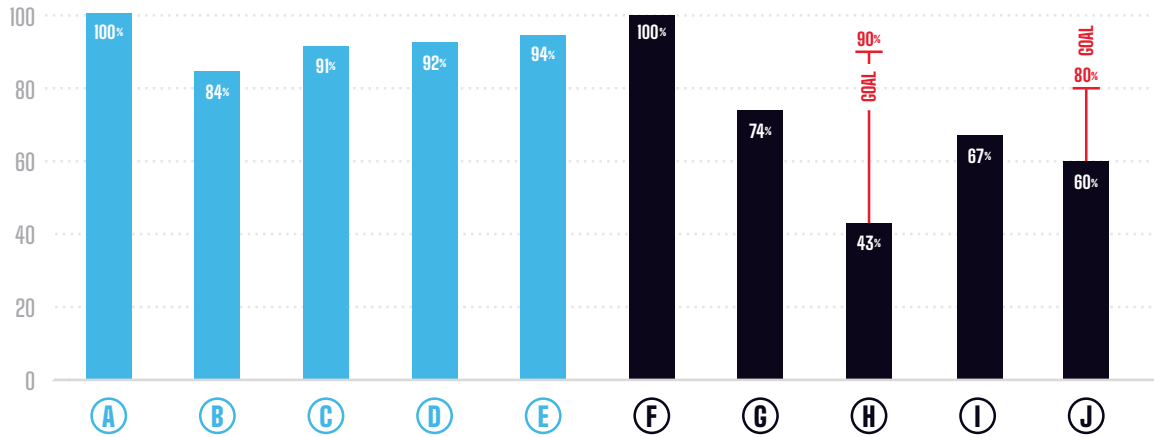
- Between 2017-2021, there were declines in people living with HIV across all age groups  $\leq 49$  years, all known transmission groups, all genders with the exception of an increase among Transgender: MtF persons and all race/ethnicity groups with the exception of non-Hispanic Asian/PI persons (Table 1.3).
- HIV continues to disproportionately impact certain groups more than others. There 5 times as many new HIV infections diagnosed among males as compared to females and 4.5 times as many men living with HIV as women. And, the proportion of new HIV diagnoses is highest among individuals aged 20-29 years and among non-Hispanic Black persons (Table 1.2).
- In 2021, the top three community areas with the highest average HIV infection diagnosis rates were South Shore (89.8 per 100,000), North Lawndale (82.9 per 100,000), and Gr. Grand Crossing (77.9 per 100,000) (Fig. 1.2). The top three community areas with the highest number of new HIV infection diagnoses were South Shore (n=39), Lakeview (n=31) and Austin (n=29).



**2%**  
increase in new  
HIV diagnoses

FIGURE 1.1

## HIV Continuum of Care Among Persons Aged 13 Years and Older Chicago, 2021 (as of 09/26/2022)



**A:** # New HIV Diagnoses (2021); **B:** % Linked to Care within 1 month of HIV diagnosis; **C:** % Linked to Care within 3 months of HIV diagnosis; **D:** % Linked to Care within 6 months of HIV diagnosis; **E:** % Linked to Care within 12 months of HIV diagnosis; **F:** # Diagnosed thru 2020 and living with HIV in 2021; **G:** % Accessing Care (at least 1 visit in 2021); **H:** % Retained in Care (at least 2 visits in 2021, 3 months apart); **I:** # Persons with at least 1 Viral Load test in 12 months; **J:** % Virally Suppressed (< 200 copies/mL)

(a) Number of persons ≥ 13 years of age at diagnosis and diagnosed with HIV infection between 1/1/2021 and 12/31/2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Link1 Table. (b) Percent of persons ≥ 13 years of age linked to care (at least one CD4, VL, or HIV-1 genotype test) within 1 month of HIV diagnosis among those diagnosed with HIV infection between 1/1/2021 and 12/31/2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Link1 Table. (c) Percent of persons ≥ 13 years of age linked to care (at least one CD4, VL, or HIV-1 genotype test) within 3 months of HIV diagnosis among those diagnosed with HIV infection between 1/1/2021 and 12/31/2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Link1 Table. (d) Percent of persons ≥ 13 years of age linked to care (at least one CD4, VL, or HIV-1 genotype test) within 6 months of HIV diagnosis among those diagnosed with HIV infection between 1/1/2021 and 12/31/2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Link1 Table. (e) Percent of persons ≥ 13 years of age linked to care (at least one CD4, VL, or HIV-1 genotype test) within 12 months of HIV diagnosis among those diagnosed with HIV infection between 1/1/2021 and 12/31/2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Link1 Table. (f) Number of persons ≥ 13 years of age on 12/31/2020 diagnosed with HIV through 12/31/2020 and living with HIV on 12/31/2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Care1 and VL1 Tables. (g) Percent of persons ≥ 13 years of age on 12/31/2020 diagnosed with HIV through 12/31/2020 and living with HIV on 12/31/2021 who received at least one medical care visit (at least one CD4 or VL) between January 2021 and December 2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Care1 Table. (h) Percent of persons ≥ 13 years of age on 12/31/2020 diagnosed with HIV through 12/31/2020 and living with HIV on 12/31/2021 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2021 and December 2021. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, Care1 Table. (i) Percent of persons ≥ 13 years of age on 12/31/2020 diagnosed with HIV through 12/31/2020 and living with HIV on 12/31/2021 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, VL1 Table. (j) Percent of persons ≥ 13 years of age on 12/31/2020 diagnosed with HIV through 12/31/2020 and living with HIV on 12/31/2021 whose most recent viral load test result was less than 200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/26/2022). NHAS output, VL1 Table. Note: Grey bars represent the National HIV/AIDS Strategy (NHAS) indicators for 2021



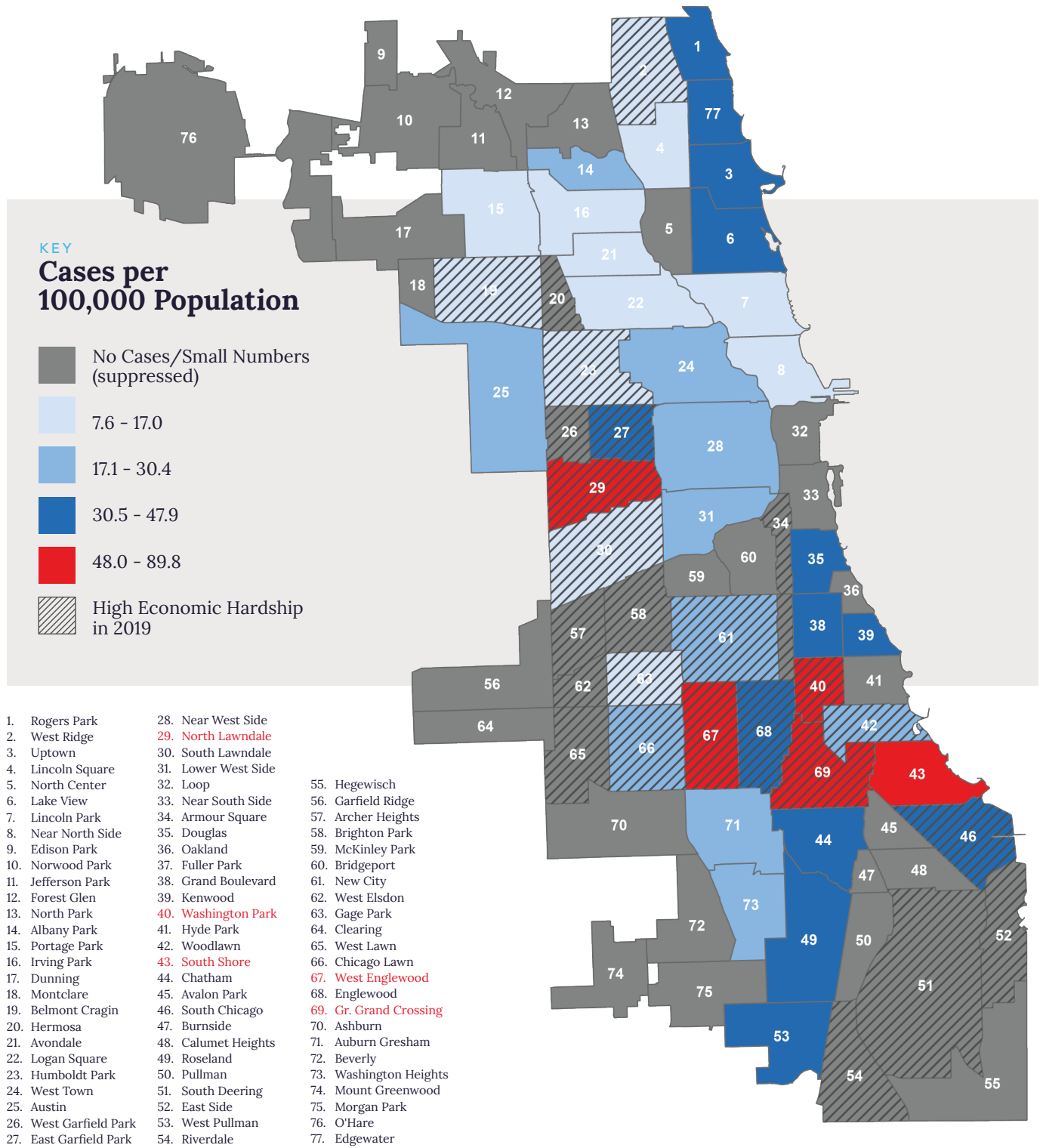
The state of Illinois' Getting to Zero plan aims to end the HIV epidemic by

# 2030

FIGURE 1.2

# Rate of HIV Infection Diagnoses by Community Area

## Chicago, 2021



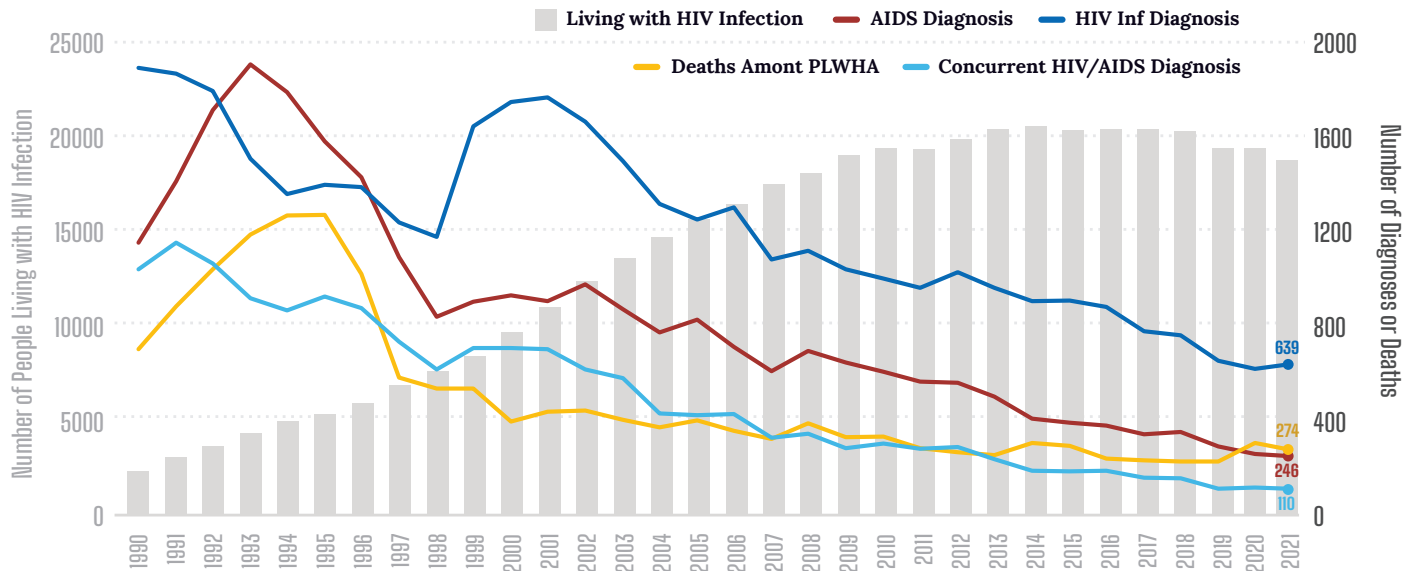
Data Source: CDPH, Enhanced HIV/AIDS Reporting System (as of 09/26/2022), City of Chicago GIS Shapefiles, and U.S. Census.

This map represents 90% (575/639) of total new HIV infection diagnoses. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.3

# People Living with HIV Infection (PLWH), People Diagnosed with HIV Infection, People Diagnosed with AIDS, Concurrent HIV/AIDS Diagnoses, and Deaths Among PLWH

Chicago, 1990-2021 (as of 09/26/2022)



Notes on Surveillance Reporting: 1983 AIDS case reporting begins; 1995 Effective drug therapy against HIV becomes available; 1999 Code-based HIV reporting begins; 2006 Name-based HIV reporting begins; 2012 All CD4 and viral load labs become reportable

TABLE 1.1

## HIV & AIDS Case Rates by Race/Ethnicity and Birth Sex

Chicago, 2021<sup>Y</sup>

Demographic Characteristics	HIV Infection <sup>§</sup>		AIDS		HIV Prevalence, 2021 <sup>§</sup>	
	No.	Rate	No.	Rate	No.	Rate
<b>RACE/ETHNICITY <sup>^</sup></b>						
Black, non-Hispanic	298	37.8	140	17.8	8,902	1,130.3
White, non-Hispanic	85	9.8	32	3.7	3,770	436.5
Hispanic	134	16.4	38	4.6	4,284	522.7
Asian/PI, non-Hispanic	14	7.4	7	3.7	234	122.9
AI/AN, non-Hispanic	<5	-	0	-	15	450.2
Other, non-Hispanic	22	31.2	18	25.6	1,455	2,065.5
Unknown	84		11		95	
<b>SEX <sup>a</sup></b>						
Female	98	7.1	60	4.3	3,322	239.3
Male	541	41.3	186	14.2	15,433	1,177.3
<b>TOTAL <sup>β</sup></b>	<b>639</b>	<b>23.7</b>	<b>246</b>	<b>9.9</b>	<b>18,755</b>	<b>694.8</b>

<sup>Y</sup> 2021 Diagnoses for HIV and AIDS; 2021 HIV Prevalence; All rates per 100,000 population using U.S. Census Bureau Population Figures from 2020. <sup>§</sup> HIV infection diagnosis and prevalence represents people with HIV at any stage of disease through 12/31/21. <sup>^</sup> AI/AN refers to American Indian/ Alaskan Native. <sup>a</sup> Counts based on birth sex. <sup>β</sup> Totals of newly diagnosed HIV and AIDS may be lower due to incomplete laboratory reporting.

TABLE 1.2

## HIV and AIDS Infections, HIV Late Diagnoses and HIV Prevalence by Selected Demographic Characteristics

Chicago, 2021 (as of 09/26/2022)

Demographic Characteristics	HIV*		AIDS*		Late Diagnosis <sup>†</sup>		Prevalence	
	No.	%	No.	%	No.	%	No.	%
<b>RACE/ETHNICITY<sup>^</sup></b>								
Black, non-Hispanic	298	46.6%	140	56.9%	54	49.1%	8,902	47.5%
White, non-Hispanic	85	13.3%	32	13.0%	17	15.5%	3,770	20.1%
Hispanic	134	21.0%	38	15.4%	18	16.4%	4,284	22.8%
Asian/PI, non-Hispanic	14	2.2%	7	2.8%	<5	<1%	234	1.2%
AI/AN, non-Hispanic	<5	<1%	0	0.0%	0	0.0%	15	<1%
Multiple, non-Hispanic	22	3.4%	18	7.3%	8	7.3%	1,550	8.3%
Unknown	84	13.1%	11	4.5%	9	8.2%	0	0.0%
<b>GENDER**</b>								
Female	103	16.1%	61	24.8%	21	19.1%	3,288	17.5%
Male	517	80.9%	183	74.4%	89	80.9%	15,070	80.4%
Transgender: FtM	<5	<1%	0	0.0%	0	0.0%	41	<1%
Transgender: MtF	17	2.7%	<5	<1%	0	0.0%	356	1.9%
<b>TRANSMISSION GROUP</b>								
Male Sex w/Male	285	44.6%	102	41.5%	41	37.3%	11,275	60.1%
Injection Drug Use	13	2.0%	15	6.1%	5	4.5%	1,350	7.2%
MSM and IDU <sup>§</sup>	<5	<1%	<5	<1%	0	0.0%	871	4.6%
Heterosexual	28	4.4%	35	14.2%	5	4.5%	2,324	12.4%
Other <sup>¶</sup>	0	0.0%	<5	<1%	0	0.0%	212	1.1%
NIR <sup>α</sup>	310	48.5%	86	35.0%	59	53.6%	2,723	14.5%
<b>AGE GROUP<sup>†</sup></b>								
13-19	29	4.5%	<5	<1%	0	0.0%	75	<1%
20-29	238	37.2%	54	22.0%	35	31.8%	2,025	10.8%
20-24	102	16.0%	13	5.3%	8	7.3%	525	2.8%
25-29	136	21.3%	41	16.7%	27	24.5%	1,500	8.0%
30-39	175	27.4%	62	25.2%	29	26.4%	3,938	21.0%
40-49	90	14.1%	44	17.9%	20	18.2%	3,750	20.0%
50-59	70	11.0%	43	17.5%	18	16.4%	5,098	27.2%
60+	37	5.8%	42	17.1%	8	7.3%	3,869	20.6%
<b>TOTAL<sup>€</sup></b>	<b>639</b>	<b>100.0%</b>	<b>246</b>	<b>100.0%</b>	<b>110</b>	<b>100.0%</b>	<b>18,755</b>	<b>100.0%</b>

**Note:** Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. Due to methodology of reporting HIV and AIDS numbers in line with National HIV/AIDS Strategy, this table will not contain HIV and AIDS cases less than 13 years of age \*HIV infection diagnoses represents people newly diagnosed with HIV, at any stage of disease through 12/31/2021. AIDS represents all newly diagnosed as AIDS, or stage 3 HIV, through 12/31/2021. † Late diagnosis represents those diagnosed with stage 3 HIV (AIDS) within 1 year of being diagnosed with HIV. \*\* Current gender identity or gender with which a person identifies. ^ Multiple, non-Hispanic indicates more than one race identified. AI/AN refers to American Indian/ Alaskan Native. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses may differ slightly across tables. § Men who have sex with men and inject drugs. ¶ Includes perinatal transmission, blood transfusion and hemophilia. α No Indicated Risk (NIR) † Age at time of diagnosis. € Total case count may be lower due to incomplete laboratory reporting.

TABLE 1.3

## People Living with HIV/AIDS by Selected Demographic Groups Using NHAS Indicator Methodology

Chicago, 2017-2021

Year of Diagnosis	2017		2018		2019		2020		2021		% Change 2017 - 2021 <sup>€</sup>
	No.	%	No.	%	No.	%	No.	%	No.	%	
<b>RACE/ETHNICITY<sup>^</sup></b>											
Black, non-Hispanic	9,522	46.6%	9,565	47.0%	9,249	47.4%	9,283	47.7%	8,902	47.5%	-6.5%
White, non-Hispanic	4,685	22.9%	4,527	22.2%	4,118	21.1%	4,010	20.6%	3,770	20.1%	-19.5%
Hispanic	4,366	21.3%	4,376	21.5%	4,309	22.1%	4,352	22.4%	4,284	22.8%	-1.9%
Asian/PI, non-Hispanic	223	1.1%	236	1.2%	236	1.2%	243	1.2%	234	1.2%	4.9%
AI/AN, non-Hispanic	15	<1.0%	14	<1.0%	15	<1.0%	16	<1.0%	15	<1.0%	0.0%
Other, non-Hispanic	1,643	8.0%	1,632	8.0%	1,572	8.1%	1,558	8.0%	1,550	8.3%	-5.7%
<b>GENDER</b>											
Female	3,657	17.9%	3,633	17.9%	3,463	17.8%	3,438	17.7%	3,288	17.5%	-10.1%
Male	16,455	80.4%	16,358	80.4%	15,663	80.3%	15,630	80.3%	15,070	80.4%	-8.4%
Transgender: FtM	42	<1.0%	41	<1.0%	40	<1.0%	39	<1.0%	41	<1.0%	-2.4%
Transgender: MtF	300	1.5%	318	1.6%	333	1.7%	355	1.8%	356	1.9%	18.7%
<b>TRANSMISSION GROUP</b>											
Male Sex w/Male	12,196	59.6%	12,169	59.8%	11,666	59.8%	11,677	60.0%	11,275	60.1%	-7.6%
Injection Drug Use	1,821	8.9%	1,734	8.5%	1,587	8.1%	1,489	7.7%	1,350	7.2%	-25.9%
MSM and IDU <sup>§</sup>	1,103	5.4%	1,045	5.1%	943	4.8%	921	4.7%	871	4.6%	-21.0%
Heterosexual	2,629	12.9%	2,596	12.8%	2,481	12.7%	2,445	12.6%	2,324	12.4%	-11.6%
Other <sup>  </sup>	212	1.0%	222	1.1%	212	1.1%	216	1.1%	212	1.1%	0.0%
NIR <sup>α</sup>	2,493	12.2%	2,583	12.7%	2,610	13.4%	2,714	13.9%	2,723	14.5%	9.2%
<b>AGE GROUP<sup>†</sup></b>											
13-19	125	<1.0%	124	<1.0%	108	<1.0%	89	<1.0%	75	<1.0%	-40.0%
20-29	2,567	12.6%	2,531	12.4%	2,346	12.0%	2,232	11.5%	2,025	10.8%	-21.1%
20-24	779	3.8%	730	3.6%	646	3.3%	579	3.0%	525	2.8%	-32.6%
25-29	1,788	8.7%	1,801	8.9%	1,700	8.7%	1,653	8.5%	1,500	8.0%	-16.1%
30-39	3,969	19.4%	4,013	19.7%	3,968	20.3%	4,061	20.9%	3,938	21.0%	-0.8%
40-49	4,887	23.9%	4,583	22.5%	4,147	21.3%	3,999	20.5%	3,750	20.0%	-23.3%
50+	8,906	43.5%	9,099	44.7%	8,930	45.8%	9,081	46.7%	8,967	47.8%	0.7%
<b>TOTAL</b>	<b>20,454</b>		<b>20,350</b>		<b>19,499</b>		<b>19,462</b>		<b>18,755</b>		<b>-8.3%</b>

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. HIV and AIDS cases as of 09/26/2022. <sup>^</sup>AI/AN refers to American Indian/ Alaskan Native, Asian/PI refers to Asian/ Pacific Islander. <sup>||</sup>Includes perinatal transmission, blood transfusion, and hemophilia. <sup>α</sup>No indicated risk (NIR). <sup>†</sup>Current Age. <sup>€</sup>Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report. Due to methodology of reporting HIV and AIDS numbers in line with National HIV/AIDS Strategy, this table will not contain HIV and AIDS cases less than 13 years of age & as a result, caution should be used when comparing this year's report to previous years.

# Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis



As the COVID-19 pandemic expanded into 2021, we continued to see its effects on STI diagnoses, in part due to reduced care seeking behavior and routine medical visits where STI screening usually occurs. Therefore, care should be taken when comparing data presented in this report to surveillance report data published prior to the start of the COVID-19 pandemic.

- In 2021, a total of 27,404 chlamydia cases, 13,451 gonorrhea cases, and 794 primary and secondary (P&S) syphilis cases - were reported to the CDPH (Fig. 2.1).
- There were 1.3 times as many reported chlamydia cases in women than men, 2.1 times as many reported gonorrhea cases in men than women, and 3.8 times as many reported P&S syphilis cases in men than women (Table 2.1).
- A third of reported P&S syphilis cases (33.5%) occurred among men who have sex with men (MSM) in 2021 (Table 2.1).
- In 2021, individuals aged 20-29 years old were the most frequently diagnosed group for chlamydia (53.9%), gonorrhea (48.9%), and P&S syphilis (34.3%) and the highest proportion of new chlamydia, gonorrhea, and P&S syphilis diagnoses occurred among non-Hispanic Black persons (Table 2.1).
- From 2020-2021, the number of chlamydia cases increased by approximately 9%, the number of gonorrhea cases increased by approximately 1% and the number of P&S syphilis cases decreased by approximately 14% (Fig. 2.1).



FIGURE 2.1

## Number of Reported Sexually Transmitted Infections

Chicago, 1997-2021

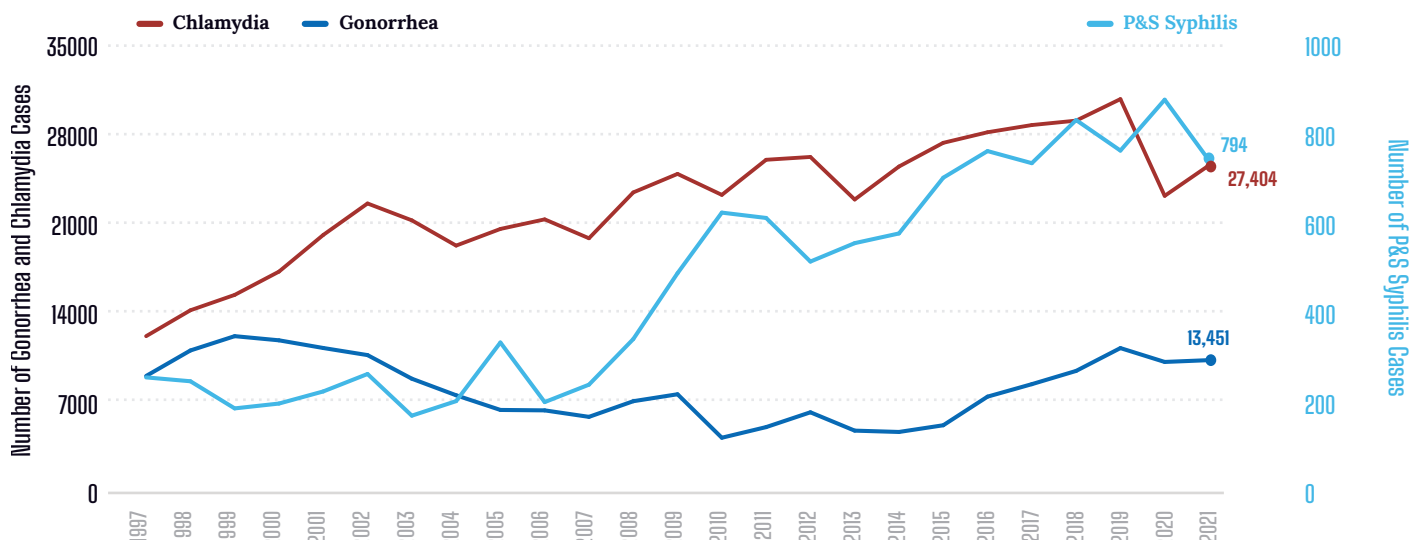




TABLE 2.1

## Reported Cases of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis by Selected Demographic Characteristics

Chicago, 2021

Demographic Characteristics	Chlamydia			Gonorrhea			P&S Syphilis		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
<b>RACE/ETHNICITY<sup>^</sup></b>									
Black, non-Hispanic	13,094	47.8%	1501.1	7,686	57.1%	881.1	418	52.6%	47.9
White, non-Hispanic	3,157	11.5%	369.4	2,080	15.5%	243.4	133	16.8%	15.6
Hispanic	5,564	20.3%	714.4	1,720	12.8%	220.8	134	16.9%	17.2
Asian/PI, non-Hispanic	474	1.7%	325.9	223	1.7%	153.3	12	1.5%	8.2
AI/AN, non-Hispanic	37	<1%	903.1	17	<1%	414.9	<5	<1%	24.4
Other, non-Hispanic	645	2.4%	1605.4	295	2.2%	734.3	14	1.8%	34.8
Unknown	4,433	16.2%		1,430	10.6%		82	10.3%	
<b>BIRTH SEX</b>									
Female	15,431	56.3%	1112.1	4,328	32.2%	311.9	164	20.7%	11.8
Male	11,960	43.6%	914.3	9,119	67.8%	697.1	630	79.3%	48.2
Unknown	13	<1%		<5	<1%		0		
<b>TRANSMISSION GROUP<sup>‡</sup></b>									
Male sex w/Male	-	-		-	-		266	33.5%	
Heterosexual Males	-	-		-	-		83	10.5%	
Females	-	-		-	-		164	20.7%	
Male unknown	-	-		-	-		281	35.4%	
<b>AGE CATEGORY<sup>†</sup></b>									
Less than 13	16	<1%		12	<1%		<5	<1%	
13-19	5,334	19.5%		1,856	13.8%		33	4.2%	
20-29	14,779	53.9%		6,574	48.9%		272	34.3%	
20-24	8,642	31.5%		3,291	24.5%		112	14.1%	
25-29	6,137	22.4%		3,283	24.4%		160	20.2%	
30-39	5,245	19.1%		3,550	26.4%		264	33.2%	
40-49	1,363	5.0%		977	7.3%		124	15.6%	
50+	667	2.4%		482	3.6%		100	12.6%	
<b>TOTAL**</b>	<b>27,404</b>		<b>1016.6</b>	<b>13,451</b>		<b>499.0</b>	<b>794</b>		<b>29.5</b>

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. Rate per 100,000 population using 2010 U.S. Census Bureau population figures. <sup>^</sup>AI/AN refers to American Indian/Alaskan Native. <sup>‡</sup>Transmission Group represents the sex of sexual partner of syphilis cases. Data on sex of sexual partners are not collected for chlamydia and gonorrhea. <sup>†</sup>Age at time of diagnosis. \*\*Includes cases with unknown sex.



**20-29**  
 year olds were the  
 most frequently  
 diagnosed group  
 for STIs

## Congenital Syphilis (CS)

- The number of P&S syphilis cases among women increased by almost 20% between 2020 (from 137 P&S syphilis cases in 2020 to 164 P&S syphilis cases in 2021) (Table 2.1). In 2021, a total of 25 congenital syphilis (CS) cases were reported to the CDPH, a 31% increase from 2020 (19 CS cases) (Table 2.2).
- In 2021, mothers aged 20–29 accounted for 60.0% of the congenital syphilis cases. The median maternal age for congenital syphilis cases in 2021 was 27 years old, similar to the median age in 2020 (Table 2.2).
- The highest proportion of the congenital syphilis cases were among NH Blacks (76%) followed by Hispanics (16%) (Table 2.2).



TABLE 2.2

### Congenital Syphilis Cases by Selected Demographic Characteristics

Chicago, 2016–2021

Demographic Characteristics	2017		2018*		2019*		2020		2021	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>CASE CLASSIFICATION</b>										
Presumptive Cases	10	91.0%	13	100%	8	100%	17	89.5%	24	96.0%
Stillborns	<5	<1%	0	0.0%	0	0.0%	<5	<1%	<5	<1%
<b>RACE/ETHNICITY ^</b>										
Black, non-Hispanic	10	91.0%	10	76.9%	5	62.5%	15	78.9%	19	76.0%
White, non-Hispanic	0	0.0%	<5	<1%	<5	<1%	<5	<1%	<5	<1%
Hispanic	<5	<1%	<5	<1%	0	0.0%	0	0.0%	<5	<1%
Asian/PI, non-Hispanic	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
AI/AN, non-Hispanic	0	0.0%	0	0.0%	<5	<1%	0	0.0%	0	0.0%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>MATERNAL AGE CATEGORY†</b>										
Less than 13	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
13–19	0	0.0%	<5	<1%	0	0.0%	<5	<1%	<5	<1%
20–29	8	73.0%	8	61.5%	5	62.5%	10	52.6%	15	60.0%
20–24	<5	<1%	<5	<1%	5	62.5%	<5	<1%	5	20.0%
25–29	5	45.0%	5	38.5%	0	0.0%	7	36.8%	10	40.0%
30–39	<5	<1%	<5	<1%	<5	<1%	8	42.1%	8	32.0%
40+	0	0.0%	0	0.0%	<5	<1%	0	0.0%	<5	<1%
<b>MEDIAN AGE</b>	<b>25</b>		<b>25</b>		<b>24</b>		<b>27</b>		<b>27</b>	
<b>TOTAL</b>	<b>11</b>		<b>13</b>		<b>8</b>		<b>19</b>		<b>25</b>	

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. ^AI/AN refers to American Indian/ Alaskan Native. †Age at time of diagnosis. \*Number of cases are based on the date of report to the Health Department. 2018 and 2019 case counts differ from previously reported count due to reclassification of cases.

The Medical Monitoring Project (MMP) is a surveillance system that collects information about the experiences and needs of people living with HIV. The MMP is supported by 23 state and local health departments. The Chicago Department of Public Health (CDPH) has been collecting data as a part of MMP since 2009. MMP sampling methods are designed such that results are representative of everyone diagnosed with HIV in the United States. In 2015, enhanced surveillance was expanded to include individuals with HIV not receiving medical care/out of care. MMP data can be used to inform policy and identify gaps and disparities in care and services as well as track medical care engagement among people living with HIV.



- Between 2015-2020, a total of 937 participants were interviewed. Over half of the Chicago MMP participants were non-Hispanic Black (57.0%), identify as male (79%) and 50% were ≥50 years old (Fig. 3.1-3.3).
- Approximately 67.5% (n=633) were virally suppressed and 59.3% (n=556) were in care.
- Among virally suppressed participants, non-Hispanic whites along with those aged 18-29 and 30-39 years of age reported higher proportions of non-injection drug use compared to all other race/ethnicity and age groups (Fig. 3.4 & 3.5).
- Among the virally suppressed participants - 43% reported living at or below the poverty line (Fig. 3.4).
- Approximately one third of virally suppressed participants were current smokers (31.3%), 36.1% reported partaking in non-injection drug use and approximately quarter reported having feelings of anxiety/ depression (24.7%) (Fig. 3.4).
- Younger MMP participants (18-29 years and 30-39 years), females and transgender persons and individuals with private insurance had higher proportions of individuals not being in care, compared to those in care (Fig. 3.7, 3.8 & 3.9).
- The proportions of individuals in and out of care were roughly equivalent when looking across the various race/ethnicity groups (Fig 3.6).

MMP collects information on the behaviors, medical care, and health status of people living with HIV. This information helps to inform the following:



How many people living with HIV are receiving medical care for HIV?



How easy is it to access medical care, prevention, and support services?



What are the met and unmet needs of people living with HIV?

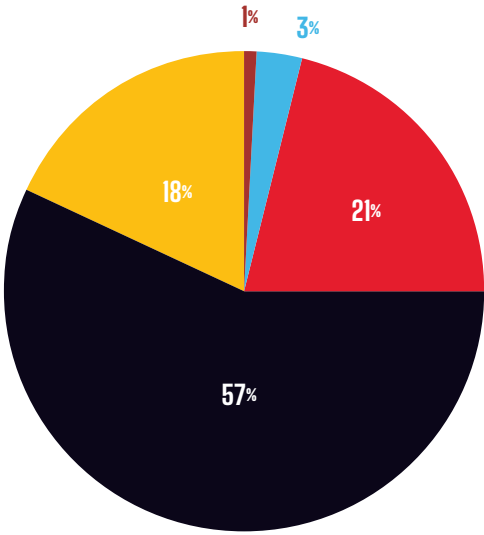


How is treatment affecting people living with HIV?

# MMP Participants

Chicago, 2015-2020 (N=937)

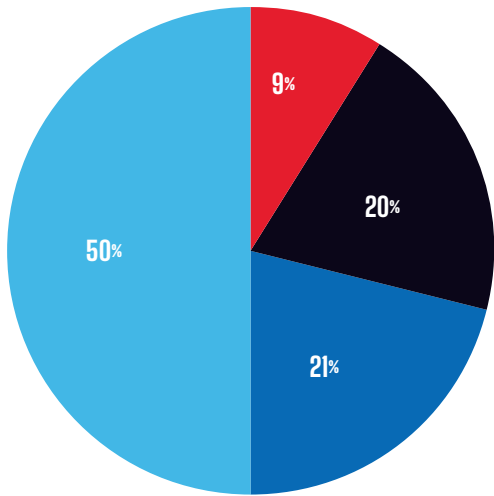
FIGURE 3.1



## By Race/Ethnicity

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Asian/PI, non-Hispanic
- Multiple, non-Hispanic

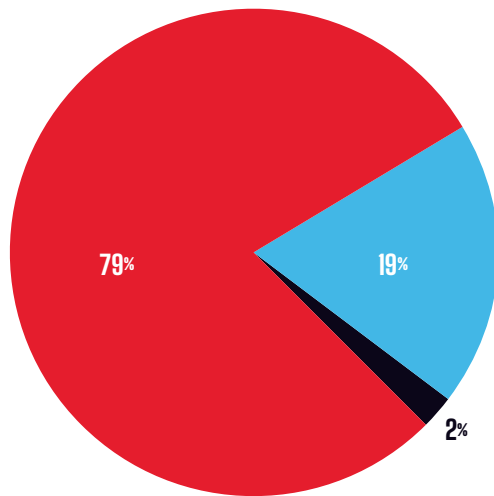
FIGURE 3.2



## By Age Group

- 18-29 Years Old
- 30-39 Years Old
- 40-49 Years Old
- ≥50 Years Old

FIGURE 3.3



## By Current Gender Identity

- Male
- Female
- Transgender



CDPH has been collecting data as a part of MMP since

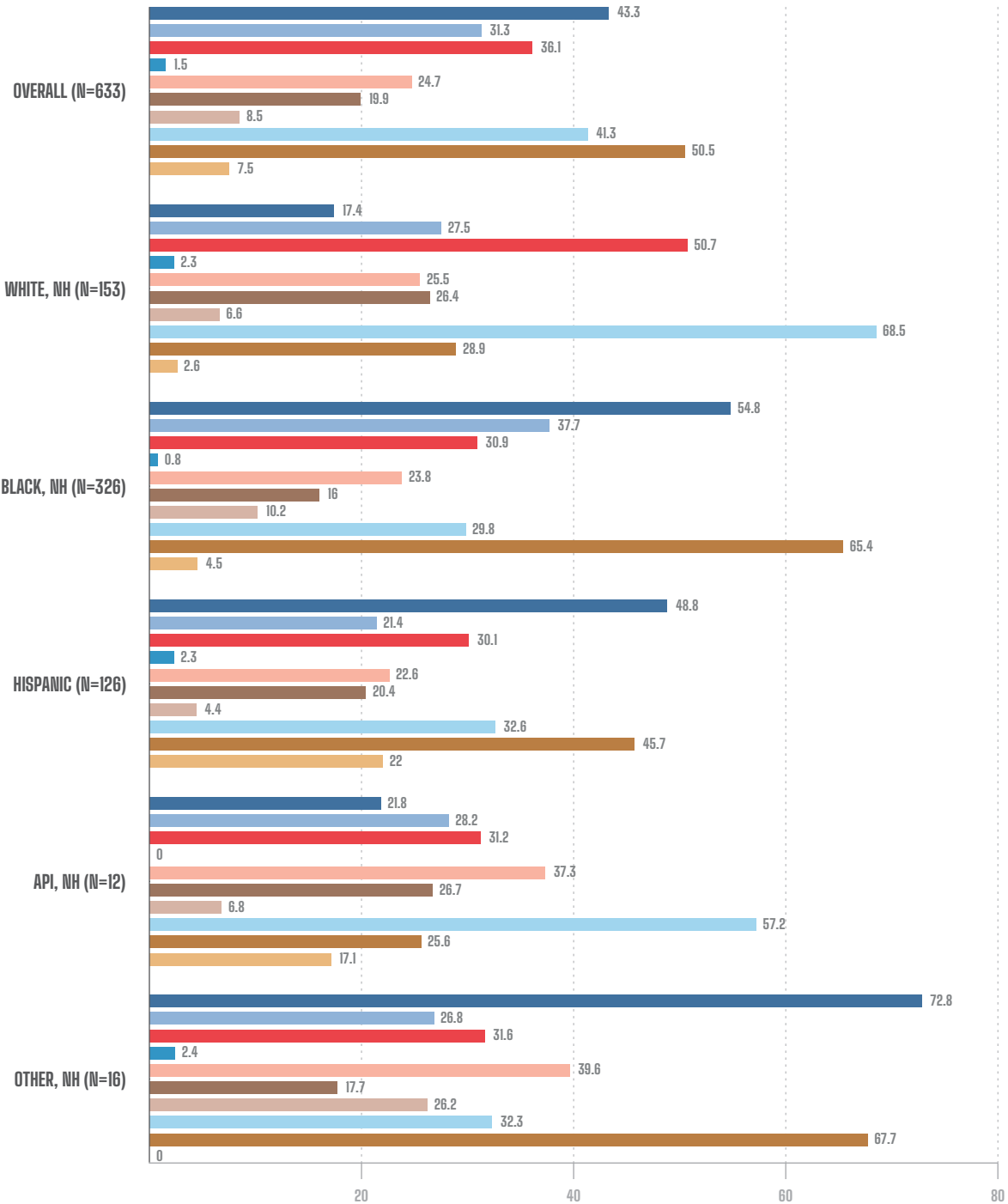
**2009**

FIGURE 3.4

# Vulnerabilities Among Virally Suppressed MMP Participants by Race/Ethnicity

Chicago, 2015-2021

■ Poverty 
 ■ Smoker 
 ■ Non-injection drug use 
 ■ Injection drug use 
 ■ Anxiety/Depression 
 ■ Binge Drinking 
 ■ Homeless 
 ■ Private Insurance 
 ■ Public Insurance 
 ■ RW/ADAP



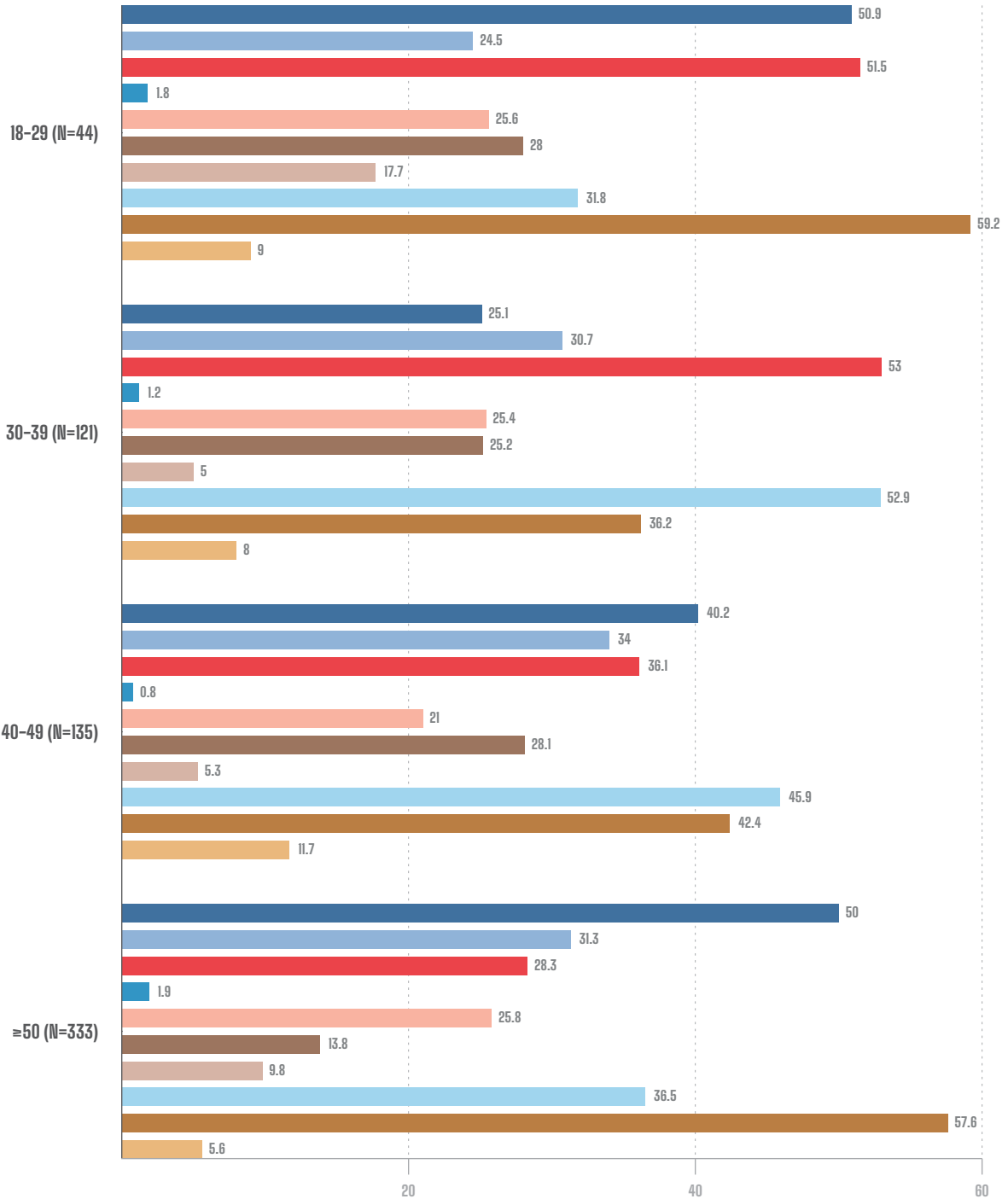
MMP data for Chicago as of 04/07/2022; Virally suppressed are those who sustained viral suppression among all results in past 12 months; API=Asian/Pacific Islanders, Other=American Indian/Alaska Native/Multiracial; Poverty is based on DHHS poverty guidelines; Smoker indicated current smoker; Non-injection drug use includes: marijuana, crack, cocaine, methamphetamine, other amphetamines, club drugs, painkillers, poppers, and tranquilizers; Anxiety/depression created using the sum score of the GAD-7 scale; Binge drinking is defined as  $\geq 5$  drinks for men and  $\geq 4$  drinks for women in one sitting in the past 30 days; Homeless is defined as being homeless at any point in the past 12 months; RW/ADAP=Ryan White HIV/AIDS or AIDS Drug Assistance coverage.

FIGURE 3.5

# Vulnerabilities Among Virally Suppressed MMP Participants by Age

Chicago, 2015-2021

■ Poverty 
 ■ Smoker 
 ■ Non-injection drug use 
 ■ Injection drug use 
 ■ Anxiety/Depression 
 ■ Binge Drinking 
 ■ Homeless 
 ■ Private Insurance 
 ■ Public Insurance 
 ■ RW/ADAP



MMP data for Chicago as of 04/07/2022; Virally suppressed are those who sustained viral suppression among all results in past 12 months; API=Asian/Pacific Islanders, Other=American Indian/Alaska Native/Multiracial; Poverty is based on DHHS poverty guidelines; Smoker indicated current smoker; Non-injection drug use includes: marijuana, crack, cocaine, methamphetamine, other amphetamines, club drugs, painkillers, poppers, and tranquilizers; Anxiety/depression created using the sum score of the GAD-7 scale; Binge drinking is defined as ≥5 drinks for men and ≥4 drinks for women in one sitting in the past 30 days; Homeless is defined as being homeless at any point in the past 12 months; RW/ADAP=Ryan White HIV/AIDS or AIDS Drug Assistance coverage.

FIGURE 3.6

### MMP Participants by Race/Ethnicity and Care Status

Chicago, 2015-2020

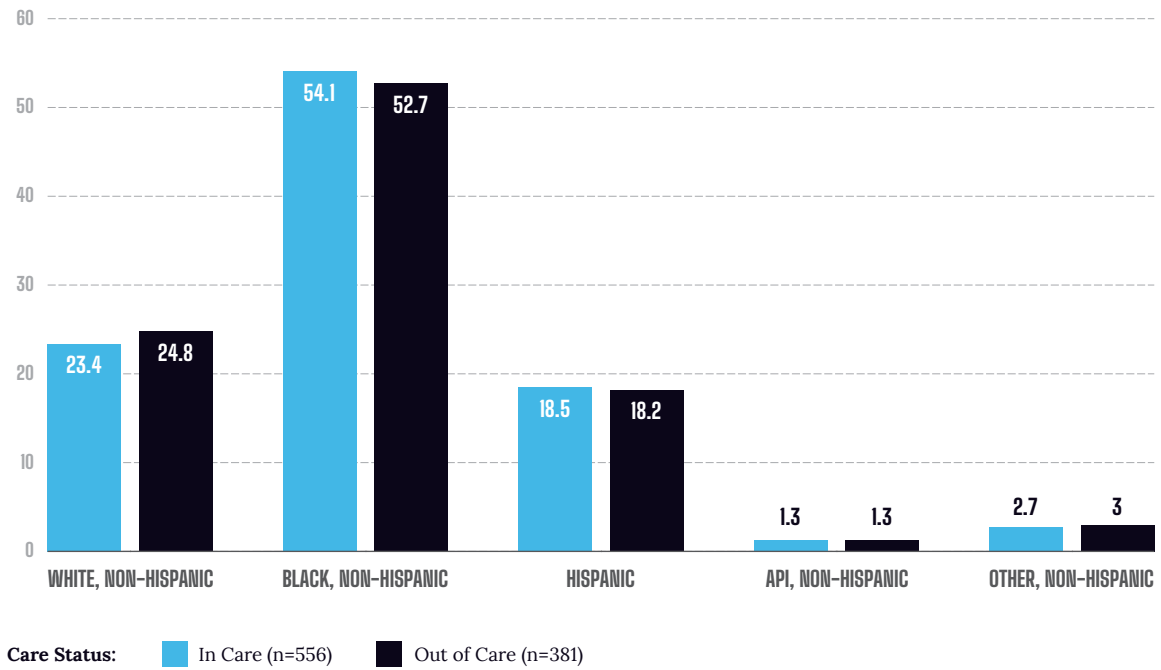


FIGURE 3.7

### MMP Participants by Age Group and Care Status

Chicago, 2015-2020

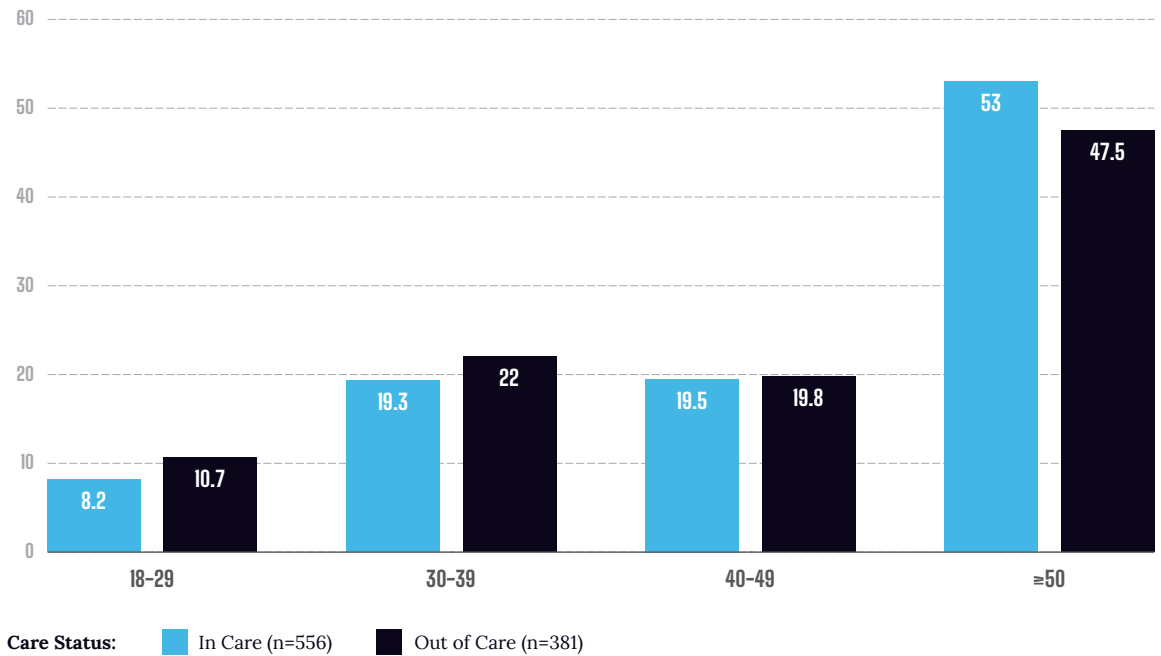


FIGURE 3.8

## MMP Participants by Current Gender Identity and Care Status

Chicago, 2015-2020

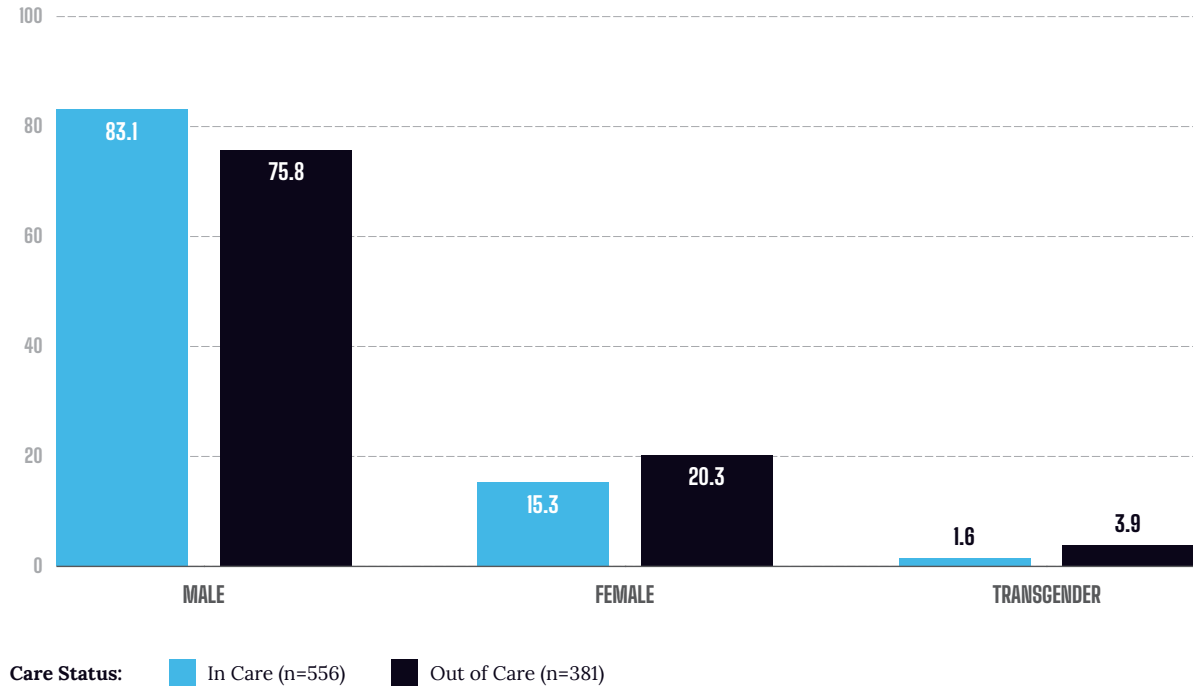
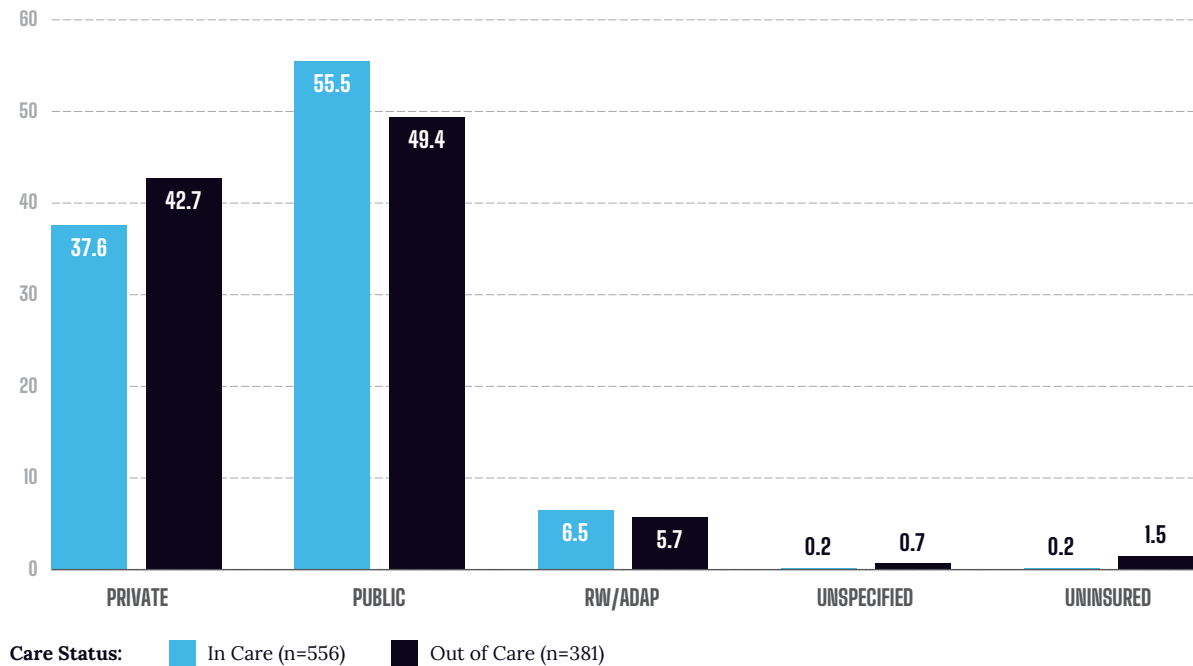


FIGURE 3.9

## MMP Participants by Insurance Type and Care Status

Chicago, 2015-2020





## **HIV + STI RESOURCES**

[chicago.gov/sti-hiv](https://chicago.gov/sti-hiv)

### **SUGGESTED CITATION**

Chicago Department of Public Health. HIV+STI Data Brief, 2021. Chicago, IL: City of Chicago; December 2022.