HIV + STI

DATA REPORT

A detailed picture of HIV and STIs in Chicago

SEPTEMBER 2022

CDPH
Chicago Department
of Public Health

**SYNDEMIC INFECTIOUS
DISEASE BUREAU**

Table of Contents

SECTION TWO

Trends in HIV + STIs in Chicago.......................45

SECTION THREE

HIV & Transgender Individuals 59

Appendix

EXECUTIVE SUMMARY

The Chicago Department of Public Health (CDPH) believes that all Chicagoans should have every opportunity to lead healthy lives and recognizes that specific population groups, such as residents of certain community areas and individuals of specific races, ethnicities and gender identities, face real challenges and barriers to achieving equitable sexual health.

> Since the beginning of the pandemic, COVID-19 infected almost a quarter of the Chicago population and is estimated to have factored in the deaths of almost 7,765 Chicagoans.[1] But more importantly, the COVID-19 pandemic added new challenges to providing care for people living with HIV (PLWH).

5%

Decrease in new HIV diagnoses in 2020 compared to 2019

In 2020, CDPH launched Healthy Chicago 2025 (HC 2025), a plan that reflects the work of hundreds of community members and organizations in the city. Under HC 2025, CDPH is committed to developing new approaches that will address the racial life expectancy gap and health disparities in priority populations—Black, Latinx, and low-income Chicagoans—including HIV and other infectious diseases and overall improve the systems of care for populations most affected by inequities. The HC 2025 aim is to increase comprehensive and culturally appropriate healthcare including HIV prevention, care, and treatment among populations overburdened by HIV/STIs.

The annual CDPH HIV/STI Data Report presents data for new and prevalent cases of HIV, new diagnoses of chlamydia, gonorrhea, syphilis, and congenital syphilis and highlights how HIV is impacting transgender persons. In addition, this year's report provides a summary of the Medical Monitoring Project (MMP) and programmatic data obtained from Population Centered Health Homes (PCHH) in our HIV Services Portfolio. Working together with public and private organizations, communities, and researchers, CDPH remains committed to advancing policies and practices that support full attainment of sexual health and wellness for our residents.

This symbol indicates data or trends potentially affected by COVID-19

This symbol indicates geographic related data points

Data Summary

The National HIV/AIDS Strategy (NHAS) is a plan that details priorities and actions to guide the national response to the HIV epidemic. To better align with the national NHAS indicators, in 2020, CDPH's Syndemic Infectious Disease (SID) Bureau adopted a new methodology of calculating new and prevalent HIV cases using NHAS indicators. This also allows for a direct comparison of Chicago level indicators to national, state and county-level indicators. In this report, new methodology was applied to the risk behavior categories as well. 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 2020 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. Considering this and the aforementioned analysis methods changes, please use caution when comparing the numbers of new and prevalent HIV and STI cases in this year's report to the numbers of cases reported in previous HIV/STI surveillance reports. Previous year's data in this year's report have been updated to reflect the new method changes.

**To better align with the national NHAS indicators, in 2020, CDPH's Syndemic Infectious Disease (SID) Bureau adopted a new methodology of calculating new and prevalent HIV cases using NHAS indicators.
This also allows for a direct comparison of Chicago level indicators to national, state and county-level indicators.**

HIV Care Continuum

🦠 Despite challenges due to the COVID-19 pandemic, COVID-19 presented some opportunities with the implementation of telehealth which may improve care for HIV and co-occurring behavioral health issues, such as substance use disorders.

In response to the 'lockdown orders,' the Health Resources Services Administration (HRSA) Ryan White Program encouraged the use of telehealth to allow people living with HIV to stay at home and not travel to clinics for HIV care visits.[2]

Based on anecdotal data, large healthcare providers in Chicago employed telehealth and were seeing close to 70-80% of patient population via telehealth. As a result some of the HIV Care Continuum indicators, such as 'retained in medical care' might be lower than data reported in previous years because patients did not make in-person visits.
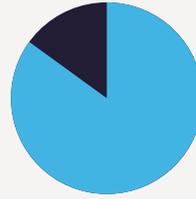
85%
of persons newly diagnosed with HIV in Chicago were linked to HIV medical care within one month of HIV diagnosis in 2020.

- In 2020, 85% of persons newly diagnosed with HIV in Chicago were linked to HIV medical care within one month of HIV diagnosis, and 95% of persons newly diagnosed were linked to medical care within 12 months. In comparison, in 2019, 82% of persons newly diagnosed with HIV in Chicago were linked to HIV medical care within one month of HIV diagnosis and 92% of persons newly diagnosed were linked to medical care within 12 months.

🦠 The COVID-19 pandemic may have exacerbated existing barriers to care and may have contributed to the decrease in the total number of people living with HIV retained in care in 2020.

- A total of 19,340 individuals had been diagnosed with HIV through 2019 and were living with

61%
of people living with HIV in Chicago achieved viral suppression in 2020, an increase from 50% in 2019

HIV in 2020, yielding a rate of 717.9 per 100,000 population. Among all people in Chicago living with HIV in 2020, 71% accessed care (at least 1 medical care visit in 2020), and 41% were retained in medical care (at least 2 medical care visits in 2020, 91 days or more apart).

- Sixty one percent of people living with HIV in Chicago achieved viral suppression in 2020, an increase from 50% in 2019.

HIV

⚙ The COVID-19 pandemic may have significantly affected trends in HIV during 2020—likely resulting in underreporting of new HIV diagnoses.

- In 2020, a total of 627 new HIV diagnoses were reported among Chicago residents—the lowest number since 1987. This represents a 29% decrease compared to 2016 (886 new diagnoses). There were declines in new diagnoses across all genders, all age groups, and most race/ethnicity groups. (Note: The decrease in new HIV diagnoses is not attributable to the new methodology used for calculation. Similar decreases are seen across all methodologies used to estimate total new HIV diagnosis in 2020).

6.5X
times as many new HIV diagnoses in men than women

12.9X
times more new HIV diagnoses among MSM than those reporting heterosexual contact transmission

- HIV continues to disproportionately impact certain groups more than others, including males; gay, bisexual, and other men who have sex with men (MSM); and Black communities. In 2020, there were 6.5 times as many new HIV diagnoses in men than in women. Compared with other HIV transmission groups, there were 12.9 times more new HIV diagnoses among

MSM than those reporting heterosexual contact transmission (HET) and 37.4 times more than those reporting injection drug use (IDU). Non-Hispanic (NH) Blacks represented 55% of new HIV diagnoses, 57% of AIDS diagnoses, and 48% of late HIV diagnoses in 2020.

- **In 2020, individuals aged 20-29 years old represented the largest percentage of all new HIV diagnoses at 44%.**

⊛ The highest rates of new HIV infection diagnoses in 2020 were seen in individuals residing in Pullman (102.7 per 100,000). The community area with the highest number of newly diagnosed HIV cases was Uptown (n=38).

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

- In 2020, a total of 25,219 chlamydia cases, 13,322 gonorrhea cases, and 919 P&S syphilis cases -were reported to the CDPH.

9

1.4X
as many Chlamydia cases in women than men

1.9X
as many Gonorrhea cases in men than women

5.7X
as many P&S Syphilis cases in men than women

- There were 1.4 times as many reported chlamydia cases in women than men, 1.9 times as many reported gonorrhea cases in men than women, and 5.7 times as many reported P&S syphilis cases in men than women.

- MSM continued to account for the majority of P&S syphilis cases in 2020 (59.2%).

- In 2020, individuals aged 20-29 years old were the most frequently diagnosed group for chlamydia (54.2%), gonorrhea (50.5%), and P&S syphilis (35.8%).

- **Since 2016, the highest proportion of reported STIs has been among NH Blacks with 50.6% of reported chlamydia cases, 60.7% of reported gonorrhea cases, and 49.9% of reported P&S syphilis cases in 2020.**

> In 2020, the top three community areas with the highest average chlamydia case rates were Washington Park (2,398.2 per 100,000), North Lawndale (2,378.0 per 100,000), and West Garfield Park (2,255.4 per 100,000). The community areas with the highest 3 average case rates for gonorrhea were Washington Park (1,425.3 per 100,000), Gr. Grand Crossing (1,414.0 per 100,00), and West Garfield Park (1,394.4 per 100,000).

- Similar to 2019, many of the community areas with the highest rates of chlamydia and gonorrhea are in areas with a high economic hardship. See Appendix D for more information about the Chicago Community Area Economic Hardship Index.

> In 2020, the top three community areas with the highest average P&S Syphilis case rates were West Garfield Park (122.2 per 100,000 population), Uptown (94.0 per 100,000), and Washington Heights (88.5 per 100,000 population). The community area with the highest number of P&S cases was Uptown (n=53).

- In Chicago, there were 19 reported cases of congenital syphilis in 2020—a 138% increase from the previous year.

References

1. The Chicago Department of Public Health (CDPH) COVID-19 Dashboard. https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html. Updated July 26,2022. Accessed July 27, 2022.

2. Health Resources and Services Administration. Ryan White & Global HIV/AIDS Programs. *Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions.* https://hab.hrsa.gov/coronavirus/frequently-asked-questions#utilizing/ Updated April 22, 2020. Accessed May 23, 2022.

List of 2019-2020 Contributors

Irina Tabidze
Director of Program Operations, Syndemic Infectious Disease (SID) Bureau

Syndemic Epidemiology, Research and Evaluation Team

Taylor Guidry

Taylor Holly

Jeff Lauritsen

Darlene Nolasco Magana

Laxmi Modali

Donna Peace

Divina Vargas

HIV/STI/Viral Hepatitis Surveillance Team

Tammy Rutledge
Director of Disease Investigations

Ibilola Adeka

Billy Atwell

Alandra Butts-McCoy

Anissa Delgado

Carolyn Durham

Regina Green

Gabrielle Henley

Carol O'Leary

Darletta Smith

Fanny Terry

Maria Vega

Cheryl Woods

Public Health Interventions Team

Michael Castro
Director of Disease Investigations

Angela Calhoun

Rick Edwards

David Montalvo

Juan Ortega

Maritza Vazquez-Perez

Additional Contributors

Ashley Becht
Director of Disease Investigations

Jorge Cestou
Director of Program Operations

Sarah Bond

Dawn Broussard

Christina Hayford

Dina Khalil

Ed Morris

Kara Nitti

Lisa Varella

Eric Warren

Elexis Wright

Priscilla Nkemdi

CDPH Executive Team

Allison Arwady
Commissioner,
Chicago Department of Public Health

David Kern
Deputy Commissioner,
Syndemic Infectious Disease (SID) Bureau

Jennifer Vidis
Deputy Commissioner,
Chicago Department of Public Health

Recognizing the benefits of a syndemic approach, in October 2021, the CDPH HIV/STI Bureau was rebranded as the Syndemic Infectious Disease (SID) Bureau. In addition to HIV and STIs, SID has transitioned to support hepatitis B (HBV), hepatitis C (HCV) and tuberculosis (TB).

Why Syndemic?

What does syndemic mean?

The term syndemic was first developed by Merrill Singer in the 1990's and is a combination of synergy and epidemic; where synergy is the interaction of two or more agents that produces a combined effect greater than the sum of their separate efforts. Thus, a syndemic is a combination of two or more overlapping epidemics connected through behavior, biology, and social conditions, resulting in an enhanced health burden across a population.

Why the syndemic approach?

The disease burden in communities with co-occurring disease conditions may be exacerbated due to interactions:

- a disease can assist in the physical transmission of the agent causing another disease

- the presence of a disease can increase the virulence of another condition, leading to faster disease progression

- having an underlying condition can increase susceptibility to another pathogen

Additionally, a syndemic may be due to a cluster of socioeconomic, demographic or behavioral factors and these syndemic drivers may present opportunities for interventions with broad applications.

The overarching objectives of the SID Bureau are:

- To prioritize and promote client-level service integration across health conditions

- To create an integrated plan for HIV, STIs, viral hepatitis and tuberculosis

- To integrate funding within the bureau across different sources to create comprehensive responses

13
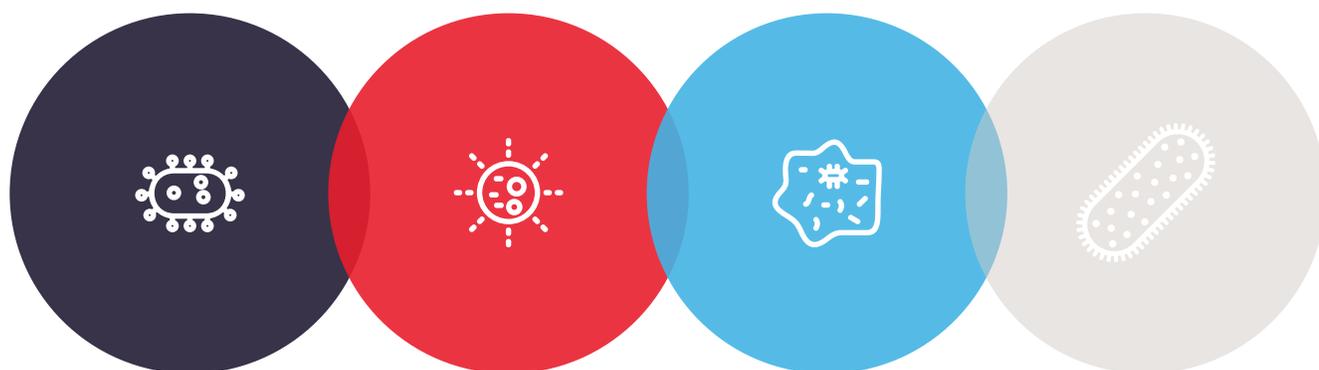
SECTION ONE

HIV + STIs in Chicago
2020

HIV + STIs IN CHICAGO, 2020

The HIV continuum of care is an essential tool for monitoring progress and identifying opportunities for HIV prevention and treatment interventions.

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

2030

HIV Continuum of Care, Chicago 2020

Since ensuring people living with HIV are engaged in care is critical to both individual and population-level health, the continuum was developed to depict two paths: (a) the percentages of newly diagnosed individuals linked to HIV medical care over the course of one year; and (b) the percentages of people living with HIV at specific levels of care engagement and viral suppression.

By 12 months post-diagnosis, 95% of newly diagnosed persons were linked to medical care. **For individuals diagnosed with HIV through 2019 and living with HIV in 2020, 71% had accessed medical care (having at least one medical visit in 2020), 41% were considered to be retained in care (having at least two medical visits in 2020), and 68% had a viral load test in the past 12 months**. Reaching viral suppression among persons living with HIV is essential to living a high-quality and healthy life and to reducing the likelihood HIV will be transmitted to others. **For individuals diagnosed with HIV through 2019 and living with HIV in 2020, 61% were considered to be virally suppressed (< 200 copies/mL), representing a 22% increase in viral suppression from the previous year.** The data represented in the continuum highlight Chicago's continuing efforts to ensure that all newly diagnosed persons are rapidly linked to medical care and illustrate an ongoing need for increased attention on services that assist individuals living with HIV to stay in care and achieve viral suppression (Figure 1.1). Linkage to care and viral suppression are key goals in the State of Illinois's Getting To Zero plan, which aims to end the HIV epidemic by 2030.

Comparing the overall Care Continuum (Figure 1.1) to Care Continua for non-Hispanic Black persons (Figure 1.2), Hispanic persons (Figure 1.3), and non-Hispanic White persons (Figure 1.4) surfaces some differences in care engagement and viral suppression. Fewer NH black individuals were virally suppressed (55%) when compared to all people living with HIV in Chicago in 2020 (61%). NH White persons living with HIV were more likely to have accessed care in 2020 (76%), when compared to NH Black persons living with HIV (69%) and Hispanic persons living with HIV (69%). Similarly, the percentage of NH White persons who are virally suppressed (71%) is higher than the percent of NH Black (55%) and Hispanic (62%) persons living with HIV who are virally suppressed.

HIV in Chicago

In 2020, 627 individuals were newly diagnosed with HIV in the city of Chicago, the fewest new diagnoses since 1988, with a corresponding rate of 23.3 per 100,000 population (Table 1.1).

In 2020, 85% of those diagnosed with HIV were linked to HIV medical care within one month of HIV diagnosis.
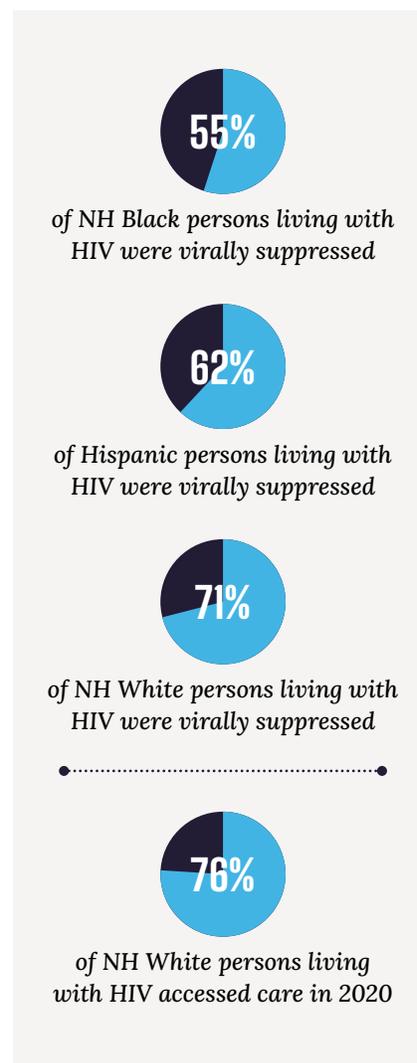
55%

of NH Black persons living with HIV were virally suppressed

62%

of Hispanic persons living with HIV were virally suppressed

71%

of NH White persons living with HIV were virally suppressed

76%

of NH White persons living with HIV accessed care in 2020

Caution should be taken when comparing 2020 data to previous years. The COVID-19 pandemic may have affected HIV trends in 2020—potentially resulting in underreporting of new HIV diagnoses. In general, the number of HIV cases initially reported for a given year may be lower than numbers reported in subsequent reports, due to lags in case reporting.

In 2020, 269 individuals were diagnosed with AIDS, the fewest since 1985, with an AIDS case rate of 8.4 per 100,000 population (Table 1.1). Of those newly diagnosed in 2020, a total of 128 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).

In 2020, 19,340 individuals were diagnosed with HIV through 2019 and living with HIV in 2020, with a corresponding rate of 717.9 per 100,000 population (Table 1.1).

HIV by Chicago Community Area

In 2020, the top three community areas with the highest average HIV infection diagnosis rates were Pullman (102.7 per 100,000), Washington Park (96.9 per 100,000), and Uptown (65.0 per 100,000) (Figure 1.5, Appendix Table A1). The top three community areas with the highest number of new HIV infection diagnoses were Uptown (n=38), Austin (n=30) and South Shore (n=26) (Appendix Table A1).

Similar, to previous years, in 2020, the top three community areas with the highest HIV prevalence rates were Edgewater (2,150.1 per 100,000), Uptown (2,095.0 per 100,000), and Rogers Park (1,649.3 100,000) (Figure 1.6; Appendix Table A2).

6.6X as many new HIV diagnoses in men than women

4.5X as many men living with HIV than women
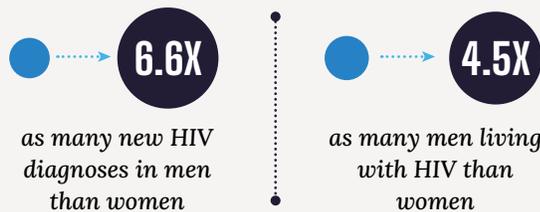
HIV by Gender

In 2020, there were 6.6 times as many new HIV diagnoses in men than women (Table 1.2), and 4.5 times as many men living with HIV than women (Table 1.3).

44% newly reported HIV cases were among individuals 20-29 years old

67% of people living with HIV were aged 40 years and older
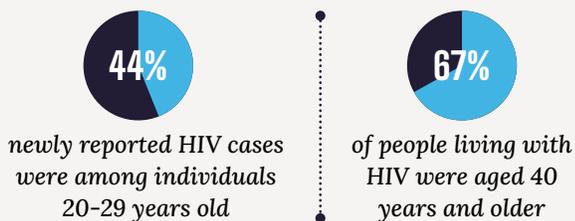
HIV by Age

In 2020, the largest percentage (44%) of newly reported HIV cases were among individuals 20 to 29 years old (Table 1.2). And, individuals aged 40 years and older accounted for 67% of people living with HIV in 2020 (Table 1.3).

55% of new HIV diagnoses were among Non-Hispanic Blacks

49% of persons living with HIV in Chicago were Non-Hispanic Blacks
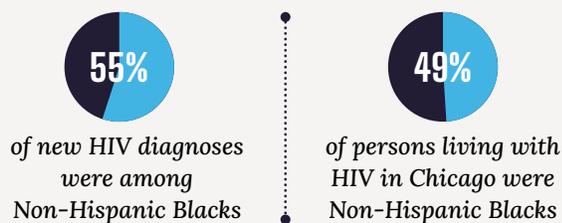
HIV by Race/Ethnicity

In 2020, Non-Hispanic (NH) Blacks were the most frequently diagnosed population, representing 55% of new HIV diagnoses, 57% of AIDS diagnoses, and 48% of late diagnoses (Table 1.2). There were 2.4 times as many new HIV diagnoses among NH Blacks than among Hispanics and 5.0 times as many new HIV diagnoses among NH Blacks than among NH Whites (Table 1.2).

In 2020, NH Blacks accounted for approximately half (49%) of persons living with HIV in Chicago (Table 1.3). There were more than twice as many NH Blacks living with HIV when compared to Hispanics and NH Whites living with HIV. (Table 1.3).

54% of new HIV diagnoses were men who have sex with men

60% of people living with HIV were men who have sex with men
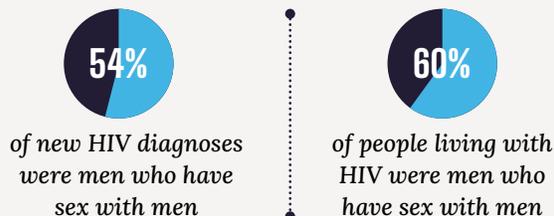
HIV by Transmission Group

In 2020, CDPH changed the methodology for reporting of transmission risk category. Multiple imputation is a statistical method used to account for missing values. The new method does not use the multiple imputation method, and instead details numbers exactly as they are reported to the CDPH. This change in methodology resulted in an increase in the number of cases without known transmission risk. Among cases with a known transmission risk, gay, bisexual, and other men who have sex with men (MSM) accounted for the majority (54%) of new HIV diagnoses in the city of Chicago (Table 1.2) and represented 60% of individuals living with HIV in the city of Chicago (Table 1.3).

Sexually Transmitted Infections (STIs)

Chlamydia in Chicago

In 2020, a total of 25,219 cases of Chlamydia trachomatis were reported in the city of Chicago (Table 1.4), making it the most common notifiable sexually transmitted infection in Chicago for that year. This case count corresponds to a rate of 936 per 100,000 population (Table 1.1). Between 2019 and 2020, the overall number of reported chlamydia cases decreased by 21.5% (from 32,150 to 25,219).

Decreases in the number of reported Chlamydia cases in 2020 are unlikely due to a reduction in a new infections. During the COVID-19 pandemic, many health care institutions, including CDPH STI Specialty Clinics, limited in-person visits to patients with symptoms or closed entirely.

During the COVID-19 pandemic, it is likely that health care visits where STI screening usually happens, such as annual reproductive health visits for young women, decreased, resulting in an overall decrease in the number of diagnosed Chlamydia cases.

Chlamydia by Chicago Community Area

In 2020, the rates of reported cases of chlamydia ranged from 115.2 to 2,398.2 per 100,000 population throughout the city of Chicago (Figure 1.7). The top three community areas with the highest average chlamydia case rates in 2020 were Washington Park (2,398.2 per 100,000) North Lawndale (2,378.0 per 100,000), and West Garfield Park (2,255.4 per 100,000) (Figure 1.7; Appendix Table A3).

54.2%
of all reported chlamydia cases were 20-29 years old

77.3%
if this group expanded to include 30 years and younger
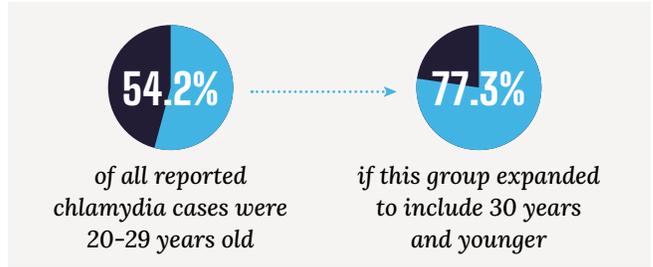
Chlamydia by Age

In 2020, a majority (54.2%) of all reported chlamydia cases were among individuals 20 – 29 years old. If this group were expanded to include all individuals 30 years and younger, the group would represent 77.3% of all reported chlamydia cases (Table 1.4).

1.4X
14,658
cases reported among females vs.
10,523
in males
as many reported chlamydia cases in women than men
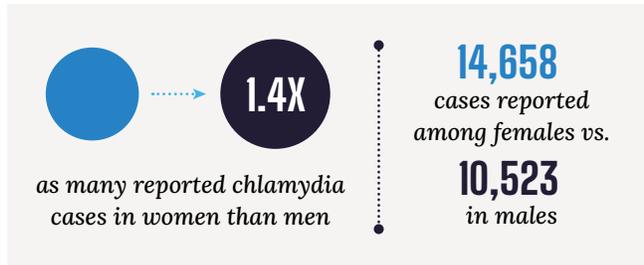
Chlamydia by Sex

In 2020, there were 1.4 times as many reported chlamydia cases in women than men, with 14,658 cases reported among females and 10,523 cases reported among males (Table 1.4). This disparity between females and males is consistent with previous years and likely reflects a larger number of females screened for this infection. Between 2019 and 2020, the number of reported cases among males decreased by 22% (from 13,503 to 10,523) and among females by 21% (from 18,598 cases reported in 2019 to 14,658).

2.8X
as many chlamydia cases in NH Blacks compared to Hispanics

5.1X
as many chlamydia cases in NH Blacks compared to NH Whites
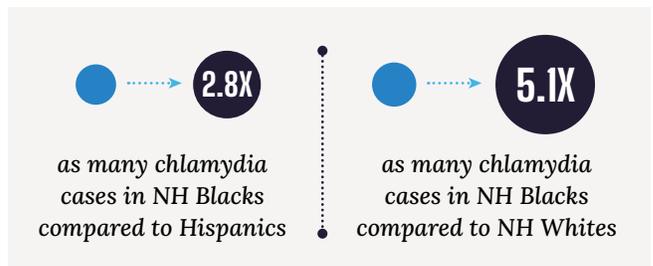
Chlamydia by Race/Ethnicity

In 2020, NH Blacks were the most frequently diagnosed population, representing 50.6% of reported chlamydia cases in Chicago (Table 1.4). When compared to the next two populations with the largest number of reported cases, there were 2.8 times as many chlamydia cases in NH Blacks compared to Hispanics and 5.1 times as many compared to NH Whites (Table 1.4).

Chlamydia + HIV Co-Infection

In 2020, a total of 1,254 reported chlamydia cases were co-infected with HIV which represents 5% of the total Chlamydia cases (Table 1.6). The majority of co-infected individuals were male (94.5%), NH Black (50.4%), aged 30-39 years (38.7%) and MSM (72.6%) (Table 1.6).

Gonorrhea

Gonorrhea in Chicago

In 2020, a total 13,322 cases of gonorrhea were reported to the CDPH (Table 1.4), making it the second most common notifiable sexually transmitted infection in Chicago for that year. This case count corresponds to a rate of 494 per 100,000 population (Table 1.1).

During 2019 and 2020, the number of gonorrhea cases decreased by 7% (from 14,315 to 13,322 cases). Like chlamydia, decreases in the number of reported gonorrhea cases in 2020 are likely due to a decrease in screening during the COVID-19 pandemic and unlikely due to a reduction in new infections.

Gonorrhea by Chicago Community Area

In 2020, the rates of reported cases of gonorrhea ranged from 37.8 to 1,425.3 per 100,000 population throughout the city of Chicago (Figure 1.8). The top three community areas with the highest average gonorrhea case rates in 2020 were Washington Park (1,425.3 per 100,000), Gr. Grand Crossing (1,414.0 per 100,000), and West Garfield Park (1,394.4 per 100,000) (Figure 1.8; Appendix Table A4).

1.9X

as many reported gonorrhea cases in males than females

8,771
cases reported among males vs.
4,536
in females

Gonorrhea by Sex

As in previous years, the number of reported gonorrhea cases among males (8,771) was higher than among females (4,536), representing almost twice as many cases among males as compared to females (Table 1.4). Enhanced surveillance data on sexual behaviors of persons reported with gonorrhea is needed. Most providers do

not routinely report sex of sex partners or site of infection for gonorrhea cases, so trends in gonorrhea cases among MSM cannot be assessed over time.

50.5%

of all reported ghonorrhea cases were 20-29 years old

67.5%

if this group expanded to include those aged 13-19
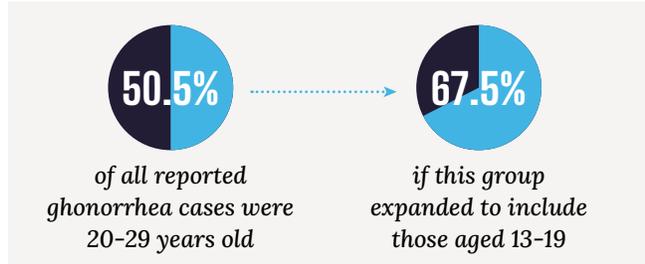
Gonorrhea by Age

Similar to reported cases of chlamydia, gonorrhea cases in Chicago continued to be the highest among adolescents and young adults. In 2020, individuals aged 20-29 years old were the most frequently diagnosed age group, representing over half of all reported gonorrhea cases (Table 1.4). If this group were expanded to include those aged 13 to 19 years old, the expanded group (13 to 29 years) would represent 67.5% of all reported gonorrhea cases in 2020 (Table 1.4).

5.5X

as many gonorrhea cases in NH Blacks compared to Hispanics

5.0X

as many gonorrhea cases in NH Blacks compared to NH Whites
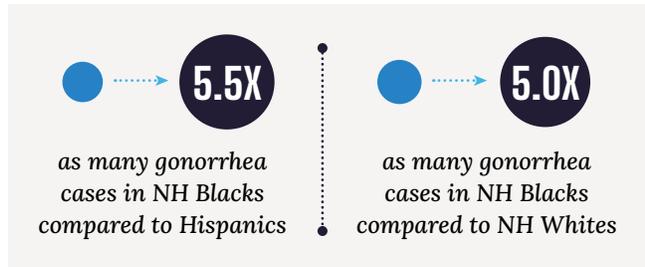
Gonorrhea by Race/Ethnicity

In 2020, the number of reported gonorrhea cases remained highest among NH Blacks, with 60.7% of reported cases in Chicago (Table 1.4). When compared to the next two populations with the largest number of reported cases, there were 5.5 times as many gonorrhea cases in NH Blacks compared to Hispanics and 5.0 times as many compared to NH Whites (Table 1.4).

Gonorrhea + HIV Co-Infection

In 2020, a total of 1,500 reported gonorrhea cases were co-infected with HIV which represents 11.2% of all gonorrhea cases in the city (Table 1.6). The majority of co-infected individuals were male (96.7%), NH Black (53.1%), aged 30-39 years (41.0%) and MSM (72.1%) (Table 1.6).

Primary & Secondary (P&S) Syphilis

P&S Syphilis in Chicago

In 2020, a total of 919 P&S syphilis cases were reported in the city of Chicago (Table 1.4). This case count corresponds to a rate of 34 per 100,000 population (Table 1.1). During 2019 and 2020, the number of reported P&S syphilis cases increased by 13% (from 814 to 919 cases).

P&S Syphilis by Chicago Community Area

In 2020, the rates of reported cases of syphilis ranged from 10.9 to 122.2 per 100,000 population throughout the city of Chicago (Figure 1.9). The top three community areas with the highest average P&S syphilis case rates in 2020 were West Garfield Park (122.2 per 100,000 population), Uptown (94.0 per 100,000) and Edgewater (88.5 per 100,000 population) (Figure 1.9; Appendix Table A5). The top three community areas with the highest number of new P&S syphilis cases were Uptown (n=53), Austin (n=50), and Edgewater (n=50) (Appendix Table A5).

5.7X

as many reported P&S Syphilis cases among males than females

59.2%

of P&S Syphilis cases are in MSM
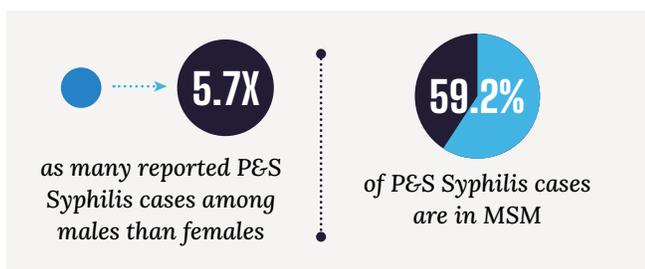
P&S Syphilis by Sex

As has been observed in previous years, the number of reported P&S syphilis cases among men (n=782) was 5.7 times higher than those reported among females (n=137) in 2020 (Table 1.4). MSM (59.2%) continued to account for the majority of P&S syphilis cases in 2020 (Table 1.4).

35.8%

of all reported P&S Syphilis cases were aged 20-29 years old

60.9%

of all reported P&S Syphilis cases were aged 30 and above
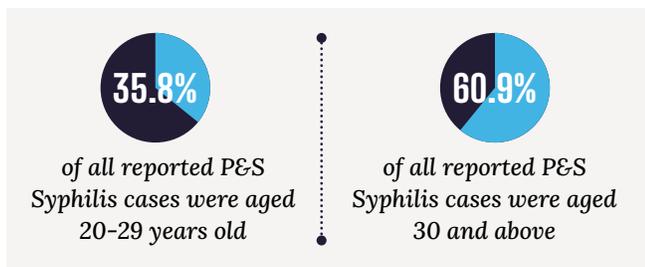
P&S Syphilis by Age

In 2020, as in previous years, individuals aged 20-29 years old were the most frequently diagnosed age group, representing 35.8% of all reported P&S syphilis cases followed by age group 30-39 years (Table 1.4). However, unlike cases reported for chlamydia and gonorrhea, older age groups made up the majority of reported P&S syphilis cases, with individuals aged 30 and above representing 60.9% of all reported P&S syphilis cases in 2020 (Table 1.4).

2.7X

as many P&S Syphilis cases in NH Blacks compared to Hispanics

2.3X

as many P&S Syphilis cases in NH Blacks compared to NH Whites
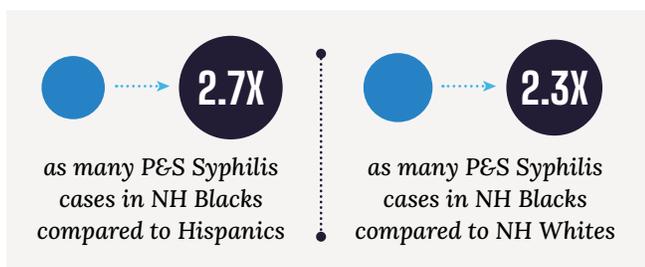
P&S Syphilis by Race/Ethnicity

In 2020, NH Blacks were the most frequently diagnosed population, representing 50.0% of reported P&S syphilis cases in Chicago (Table 1.4).

When compared to the next two populations with the largest number of reported cases, there were 2.7 times as many P&S syphilis cases in NH Blacks compared to Hispanics and 2.3 times as many compared to NH Whites (Table 1.4).

P&S Syphilis by Transmission Group

As in previous years, MSM are disproportionately impacted by syphilis, accounting for a majority of the cases (59.2%), while men who have sex with women represented 11.1% of the cases (Table 1.4). Notably, 14.8% of male syphilis cases were reported among males whose sexual orientation was unknown, which, if known, could potentially increase the number of MSM cases.

P&S Syphilis + HIV Co-Infection

In 2020, a total of 304 reported P&S syphilis cases were co-infected with HIV (Table 1.6) and represent 33% of total P&S Syphilis cases. The majority of co-infected individuals were male (98.4%), NH Black (55.3%), aged 30-39 years (37.8%) and MSM (86.8%) (Table 1.6).

Congenital Syphilis (CS)

CS in Chicago

In 2020, number of reported CS cases marked the first increase since 2015. From 2019 to 2020, the total number of reported CS cases increased by 137% (from 8 to 19 cases) reported in Chicago (Table 1.5). These increases mirror increases in syphilis among women of reproductive age. During 2019-2020, the number of reported of P&S syphilis cases increased by 56% (from 88 to 137) among women. **If syphilis infection is left untreated in a pregnant woman, it can lead to congenital syphilis which can subsequently lead to infection of the fetus and increase the risk for stillbirth or death of the infant.**

CS by Chicago Community Area

From 2016 to 2020, the average annual rates of reported cases of congenital syphilis ranged from 14.1 to 300 per 100,000 live births throughout the city of Chicago. The Chicago community area with the highest average congenital syphilis case rate from 2016 to 2020 was West Englewood (Figure 1.10), due to its low number of live births over a five-year period. The community area with the second highest congenital syphilis rate is West Garfield Park. Both West Englewood and West Garfield Park are considered areas of high economic hardship (Figure 1.10).

CS by Maternal Age

In 2020, mothers aged 20-29 accounted for 52.6% of the congenital syphilis cases in the city of Chicago (Table 1.5). The median maternal age for congenital syphilis cases in 2020 was 27 years old, an increase from the median age of 24 years in 2019 (Table 1.5).

CS by Maternal Race/Ethnicity

As in previous years, in 2020, the highest proportion of the congenital syphilis cases were among NH Blacks (79%) followed by NH Whites (21%) (Table 1.5).

FIGURE 1.1

HIV Continuum of Care Among Persons 13 Years and Older

Chicago, 2020 (*as of 12/28/2021*)

A: # New HIV Diagnoses (2020); **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 2019 and living with HIV in 2020; **G:** % Accessing Care (*at least 1 visit in 2020*); **H:** % Retained in Care (*at least 2 visits in 2020, 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/ AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (f) Number of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 and VL1 Tables. (g) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one medical care visit (at least one CD4 or VL) between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (h) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (i) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. (j) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 whose most recent viral load test result was less than 200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. Note: Red bars represent the National HIV/AIDS Strategy (NHAS) indicator goals for 2020

25

HIV Continuum of Care Among
NH Black Persons Aged 13 Years and Older

Chicago, 2020 (*as of 12/28/2021*)

A: # New HIV Diagnoses (2020); **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 2019 and living with HIV in 2020; **G:** % Accessing Care (*at least 1 visit in 2020*); **H:** % Retained in Care (*at least 2 visits in 2020, 3 months apart*); **I:** # Persons with at least 1 Viral Load test in 12 months; **J:** % Virally Suppressed (*< 200 copies/mL*)

(a) Number of Non-Hispanic Black persons ≥ 13 years of age at diagnosis and diagnosed with HIV infection between 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/ AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (b) Percent of Non-Hispanic Black 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (c) Percent of Non-Hispanic Black 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (d) Percent of Non-Hispanic Black 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (e) Percent of Non-Hispanic Black 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (f) Number of Non-Hispanic Black persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 and VL1 Tables. (g) Percent of Non-Hispanic Black persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one medical care visit (at least one CD4 or VL) between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (h) Percent of Non-Hispanic Black persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (i) Percent of Non-Hispanic Black persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. (j) Percent of Non-Hispanic Black persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 whose most recent viral load test result was less than 200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. Note: Red bars represent the National HIV/AIDS Strategy (NHAS) indicator goals for 2020.

FIGURE 1.3

HIV Continuum of Care Among
Hispanic Persons Aged 13 Years and Older

Chicago, 2020 (*as of 12/28/2021*)

A: # New HIV Diagnoses (2020); **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 2019 and living with HIV in 2020; **G:** % Accessing Care (*at least 1 visit in 2020*); **H:** % Retained in Care (*at least 2 visits in 2020, 3 months apart*); **I:** # Persons with at least 1 Viral Load test in 12 months; **J:** % Virally Suppressed (*< 200 copies/mL*)

(a) Number of Hispanic persons ≥ 13 years of age at diagnosis and diagnosed with HIV infection between 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/ AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (b) Percent of Hispanic 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (c) Percent of Hispanic 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (d) Percent of Hispanic 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (e) Percent of Hispanic 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (f) Number of Hispanic persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 and VL1 Tables. (g) Percent of Hispanic persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one medical care visit (at least one CD4 or VL) between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (h) Percent of Hispanic persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (i) Percent of Hispanic persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. (j) Percent of Hispanic persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 whose most recent viral load test result was less than 200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. Note: Red bars represent the National HIV/AIDS Strategy (NHAS) indicator goals for 2020.

27

HIV Continuum of Care Among
NH White Persons Aged 13 Years and Older

Chicago, 2020 (*as of 12/28/2021*)

A: # New HIV Diagnoses (2020); **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 2019 and living with HIV in 2020; **G:** % Accessing Care (*at least 1 visit in 2020*); **H:** % Retained in Care (*at least 2 visits in 2020, 3 months apart*); **I:** # Persons with at least 1 Viral Load test in 12 months; **J:** % Virally Suppressed (*< 200 copies/mL*)

(a) Number of Non-Hispanic White persons ≥ 13 years of age at diagnosis and diagnosed with HIV infection between 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/ AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (b) Percent of Non-Hispanic White 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (c) Percent of Non-Hispanic White 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (d) Percent of Non-Hispanic White 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 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (e) Percent of Non-Hispanic White persons ≥ 13 years of age linked to care (at least one CD4, VL, or HIV-1 genot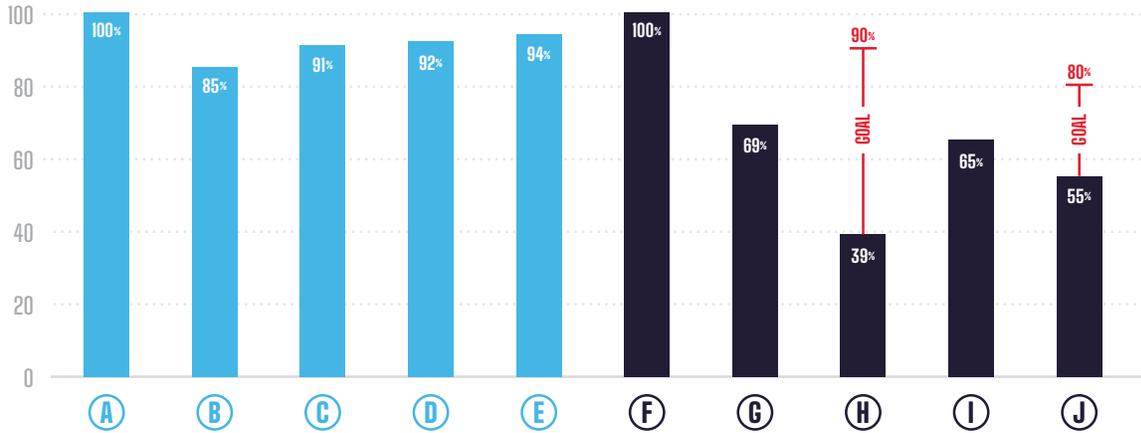ype test) within 12 months of HIV diagnosis among those diagnosed with HIV infection between 1/1/2020 and 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (f) Number of Non-Hispanic White persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 and VL1 Tables. (g) Percent of Non-Hispanic White persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one medical care visit (at least one CD4 or VL) between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (h) Percent of Non-Hispanic White persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2020 and December 2020. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (i) Percent of Non-Hispanic White persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. (j) Percent of Non-Hispanic White persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 whose most recent viral load test result was less than 200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. Note: Red bars represent the National HIV/AIDS Strategy (NHAS) indicator goals for 2020

FIGURE 1.5

Rate of HIV Infection Diagnoses by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers *(suppressed)*
- 8.9 – 25.2
- 25.3 – 42.0
- 42.1 – 65.0
- 65.1 – 102.7
- High Economic Hardship in 2019

1. Rogers Park	28. Near West Side
2. West Ridge	29. North Lawndale
3. Uptown	30. South Lawndale
4. Lincoln Square	31. Lower West Side
5. North Center	32. Loop
6. Lake View	33. Near South Side
7. Lincoln Park	34. Armour Square
8. Near North Side	35. Douglas
9. Edison Park	36. Oakland
10. Norwood Park	37. Fuller Park
11. Jefferson Park	38. Grand Boulevard
12. Forest Glen	39. Kenwood
13. North Park	40. Washington Park
14. Albany Park	41. Hyde Park
15. Portage Park	42. Woodlawn
16. Irving Park	43. South Shore
17. Dunning	44. Chatham
18. Montclare	45. Avalon Park
19. Belmont Cragin	46. South Chicago
20. Hermosa	47. Burnside
21. Avondale	48. Calumet Heights
22. Logan Square	49. Roseland
23. Humboldt Park	50. Pullman
24. West Town	51. South Deering
25. Austin	52. East Side
26. West Garfield Park	53. West Pullman
27. East Garfield Park	54. Riverdale

55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: CDPH, Enhanced HIV/AIDS Reporting System (as of 12/28/21), City of Chicago GIS Shapefiles, and U.S Census.

This map represents 88% (552/627) 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.

30

FIGURE 1.6

Rate of People Living with HIV/AIDS by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers (*suppressed*)
- 31.0 - 285.0
- 285.1 - 718.9
- 719.0 - 1,329.8
- 1,329.9 - 2,150.1
- High Economic Hardship in 2019

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Lincoln Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Montclare
19. Belmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humboldt Park
24. West Town
25. Austin
26. West Garfield Park
27. East Garfield Park

28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower West Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. South Shore
44. Chatham
45. Avalon Park
46. South Chicago
47. Burnside
48. Calumet Heights
49. Roseland
50. Pullman
51. South Deering
52. East Side
53. West Pullman
54. Riverdale

55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: CDPH, Enhanced HIV/AIDS Reporting System (as of 12/28/21), City of Chicago GIS Shapefiles, and U.S Census.

This map represents 86% (16671/19340) of people living with HIV/AIDS. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.7

Chlamydia Case Rates by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers (*suppressed*)
- 115.2 – 498.7
- 498.8 – 865.6
- 865.7 – 1,498.5
- 1,498.6 – 2,398.2
- High Economic Hardship in 2019

1. Rogers Park	28. Near West Side
2. West Ridge	29. North Lawndale
3. Uptown	30. South Lawndale
4. Lincoln Square	31. Lower West Side
5. North Center	32. Loop
6. Lake View	33. Near South Side
7. Lincoln Park	34. Armour Square
8. Near North Side	35. Douglas
9. Edison Park	36. Oakland
10. Norwood Park	37. Fuller Park
11. Jefferson Park	38. Grand Boulevard
12. Forest Glen	39. Kenwood
13. North Park	40. Washington Park
14. Albany Park	41. Hyde Park
15. Portage Park	42. Woodlawn
16. Irving Park	43. South Shore
17. Dunning	44. Chatham
18. Montclare	45. Avalon Park
19. Belmont Cragin	46. South Chicago
20. Hermosa	47. Burnside
21. Avondale	48. Calumet Heights
22. Logan Square	49. Roseland
23. Humboldt Park	50. Pullman
24. West Town	51. South Deering
25. Austin	52. East Side
26. West Garfield Park	53. West Pullman
27. East Garfield Park	54. Riverdale

55. Hegewisch	
56. Garfield Ridge	
57. Archer Heights	
58. Brighton Park	
59. McKinley Park	
60. Bridgeport	
61. New City	
62. West Elsdon	
63. Gage Park	
64. Clearing	
65. West Lawn	
66. Chicago Lawn	
67. West Englewood	
68. Englewood	
69. Gr. Grand Crossing	
70. Ashburn	
71. Auburn Gresham	
72. Beverly	
73. Washington Heights	
74. Mount Greenwood	
75. Morgan Park	
76. O'Hare	
77. Edgewater	

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/21), City of Chicago GIS Shapefiles and US Census.

This map represents 94% (23,610/25,219) of total Chlamydia cases. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

32

FIGURE 1.8

Gonorrhea Case Rates by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

	No Cases/Small Numbers (*suppressed*)
	37.8 – 183.9
	184.0 – 412.4
	412.5 – 939.1
	939.2 – 1,425.3
	High Economic Hardship in 2019

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Lincoln Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Montclare
19. Belmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humboldt Park
24. West Town
25. Austin
26. West Garfield Park
27. East Garfield Park

28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower West Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. South Shore
44. Chatham
45. Avalon Park
46. South Chicago
47. Burnside
48. Calumet Heights
49. Roseland
50. Pullman
51. South Deering
52. East Side
53. West Pullman
54. Riverdale

55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/21), City of Chicago GIS Shapefiles and US Census.

This map represents 94% (12,467/13,322) of total Gonorrhea cases. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.9

Primary and Secondary (P&S) Syphilis Case Rates by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers *(suppressed)*
- 10.9 – 27.3
- 27.4 – 46.2
- 46.3 – 68.1
- 68.2 – 122.2
- High Economic Hardship in 2019

1. Rogers Park	28. Near West Side	
2. West Ridge	29. North Lawndale	
3. Uptown	30. South Lawndale	
4. Lincoln Square	31. Lower West Side	
5. North Center	32. Loop	
6. Lake View	33. Near South Side	55. Hegewisch
7. Lincoln Park	34. Armour Square	56. Garfield Ridge
8. Near North Side	35. Douglas	57. Archer Heights
9. Edison Park	36. Oakland	58. Brighton Park
10. Norwood Park	37. Fuller Park	59. McKinley Park
11. Jefferson Park	38. Grand Boulevard	60. Bridgeport
12. Forest Glen	39. Kenwood	61. New City
13. North Park	40. Washington Park	62. West Elsdon
14. Albany Park	41. Hyde Park	63. Gage Park
15. Portage Park	42. Woodlawn	64. Clearing
16. Irving Park	43. South Shore	65. West Lawn
17. Dunning	44. Chatham	66. Chicago Lawn
18. Montclare	45. Avalon Park	67. West Englewood
19. Belmont Cragin	46. South Chicago	68. Englewood
20. Hermosa	47. Burnside	69. Gr. Grand Crossing
21. Avondale	48. Calumet Heights	70. Ashburn
22. Logan Square	49. Roseland	71. Auburn Gresham
23. Humboldt Park	50. Pullman	72. Beverly
24. West Town	51. South Deering	73. Washington Heights
25. Austin	52. East Side	74. Mount Greenwood
26. West Garfield Park	53. West Pullman	75. Morgan Park
27. East Garfield Park	54. Riverdale	76. O'Hare
		77. Edgewater

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/21), City of Chicago GIS Shapefiles and US Census.

This map represents 87% (799/919) of total Primary and Secondary Syphilis cases. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.10

Average Annual Congenital Syphilis Case Rates by Community Area, Chicago, 2016-2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers *(suppressed)*
- 14.1 - 53.0
- 53.1 - 75.8
- 75.9 - 139.5
- 139.6 - 300.0
- High Economic Hardship in 2019

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Lincoln Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Montclare
19. Belmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humboldt Park
24. West Town
25. Austin
26. West Garfield Park
27. East Garfield Park
28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower West Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. South Shore
44. Chatham
45. Avalon Park
46. South Chicago
47. Burnside
48. Calumet Heights
49. Roseland
50. Pullman
51. South Deering
52. East Side
53. West Pullman
54. Riverdale
55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: Chicago Health Information Management System (as of 10/31/21), City of Chicago GIS Shapefiles, and U.S Census.

Note: Rates per 100,000 were calculated using 2020 live births as the denominator. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.11

Chlamydia and HIV Co-Infection Case Rates by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers *(suppressed)*
- 14.0 - 33.7
- 33.8 - 60.4
- 60.5 - 112.7
- 112.8 - 204.0
- High Economic Hardship in 2019

1. Rogers Park	28. Near West Side	55. Hegewisch
2. West Ridge	29. North Lawndale	56. Garfield Ridge
3. Uptown	30. South Lawndale	57. Archer Heights
4. Lincoln Square	31. Lower West Side	58. Brighton Park
5. North Center	32. Loop	59. McKinley Park
6. Lake View	33. Near South Side	60. Bridgeport
7. Lincoln Park	34. Armour Square	61. New City
8. Near North Side	35. Douglas	62. West Elsdon
9. Edison Park	36. Oakland	63. Gage Park
10. Norwood Park	37. Fuller Park	64. Clearing
11. Jefferson Park	38. Grand Boulevard	65. West Lawn
12. Forest Glen	39. Kenwood	66. Chicago Lawn
13. North Park	40. Washington Park	67. West Englewood
14. Albany Park	41. Hyde Park	68. Englewood
15. Portage Park	42. Woodlawn	69. Gr. Grand Crossing
16. Irving Park	43. South Shore	70. Ashburn
17. Dunning	44. Chatham	71. Auburn Gresham
18. Montclare	45. Avalon Park	72. Beverly
19. Belmont Cragin	46. South Chicago	73. Washington Heights
20. Hermosa	47. Burnside	74. Mount Greenwood
21. Avondale	48. Calumet Heights	75. Morgan Park
22. Logan Square	49. Roseland	76. O'Hare
23. Humboldt Park	50. Pullman	77. Edgewater
24. West Town	51. South Deering	
25. Austin	52. East Side	
26. West Garfield Park	53. West Pullman	
27. East Garfield Park	54. Riverdale	

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/21), City of Chicago GIS Shapefiles and US Census.

This map represents 92% (5643/6139) of total Chlamydia and HIV co-infection cases. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.12

Gonorrhea and HIV Co-Infection Case Rates by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers (*suppressed*)
- 12.5 - 44.9
- 45.0 - 82.6
- 82.7 - 135.1
- 135.2 - 205.8
- High Economic Hardship in 2019

36

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Lincoln Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Montclare
19. Belmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humboldt Park
24. West Town
25. Austin
26. West Garfield Park
27. East Garfield Park
28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower West Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. South Shore
44. Chatham
45. Avalon Park
46. South Chicago
47. Burnside
48. Calumet Heights
49. Roseland
50. Pullman
51. South Deering
52. East Side
53. West Pullman
54. Riverdale
55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/21), City of Chicago GIS Shapefiles and US Census.

This map represents 92% (6472/7025) of total Gonorrhea and HIV co-infection cases. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

FIGURE 1.13

Primary and Secondary (P&S) Syphilis and HIV Co-Infection Case Rates by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers (*suppressed*)
- 6.2 - 9.1
- 9.2 - 20.1
- 20.2 - 30.9
- 31.0 - 40.2
- High Economic Hardship in 2019

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Lincoln Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Montclare
19. Belmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humboldt Park
24. West Town
25. Austin
26. West Garfield Park
27. East Garfield Park
28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower West Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. South Shore
44. Chatham
45. Avalon Park
46. South Chicago
47. Burnside
48. Calumet Heights
49. Roseland
50. Pullman
51. South Deering
52. East Side
53. West Pullman
54. Riverdale
55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/21), City of Chicago GIS Shapefiles and US Census.

This map represents 91% (1247/1363) of total Primary and Secondary Syphilis and HIV co-infection cases. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.
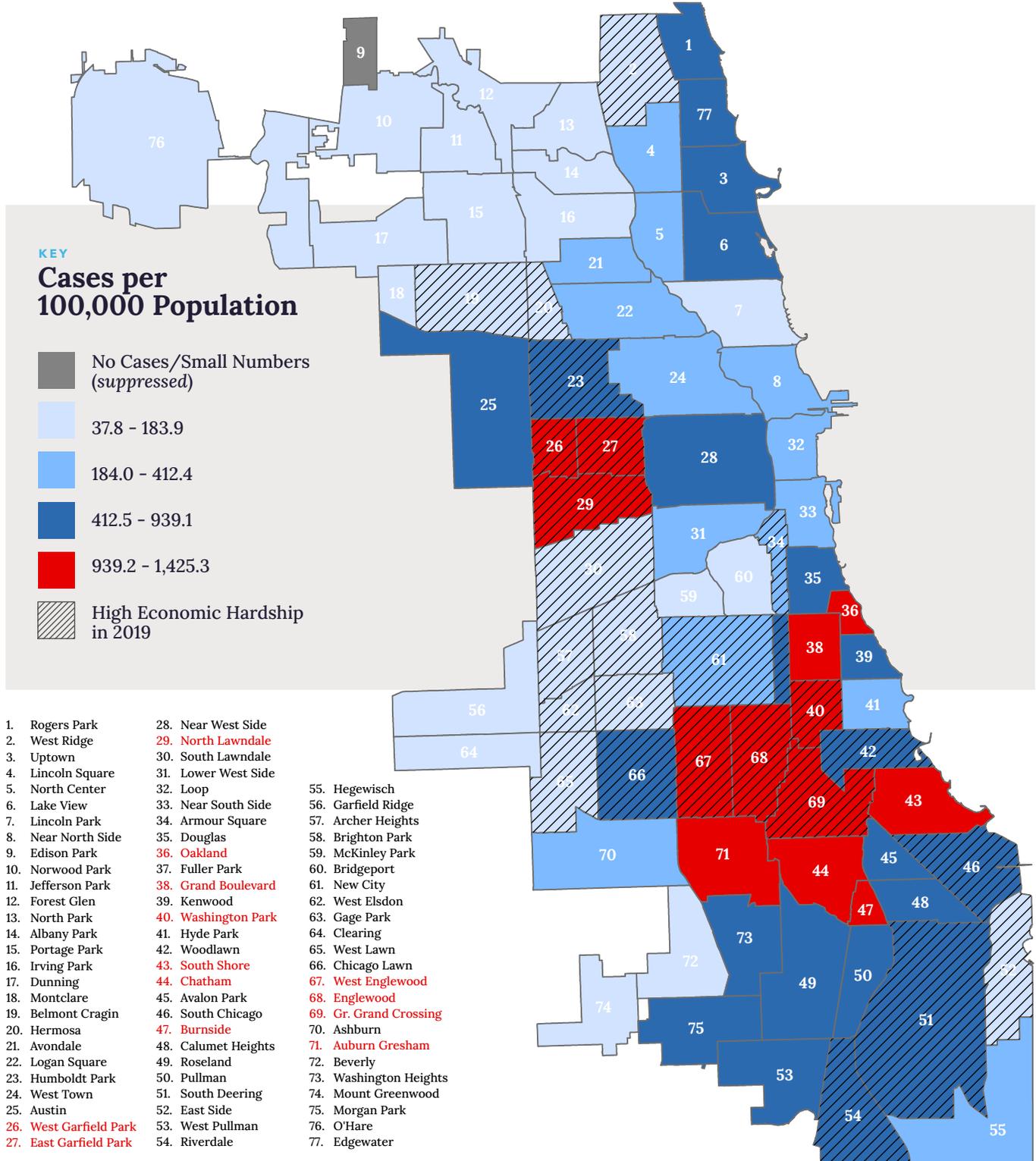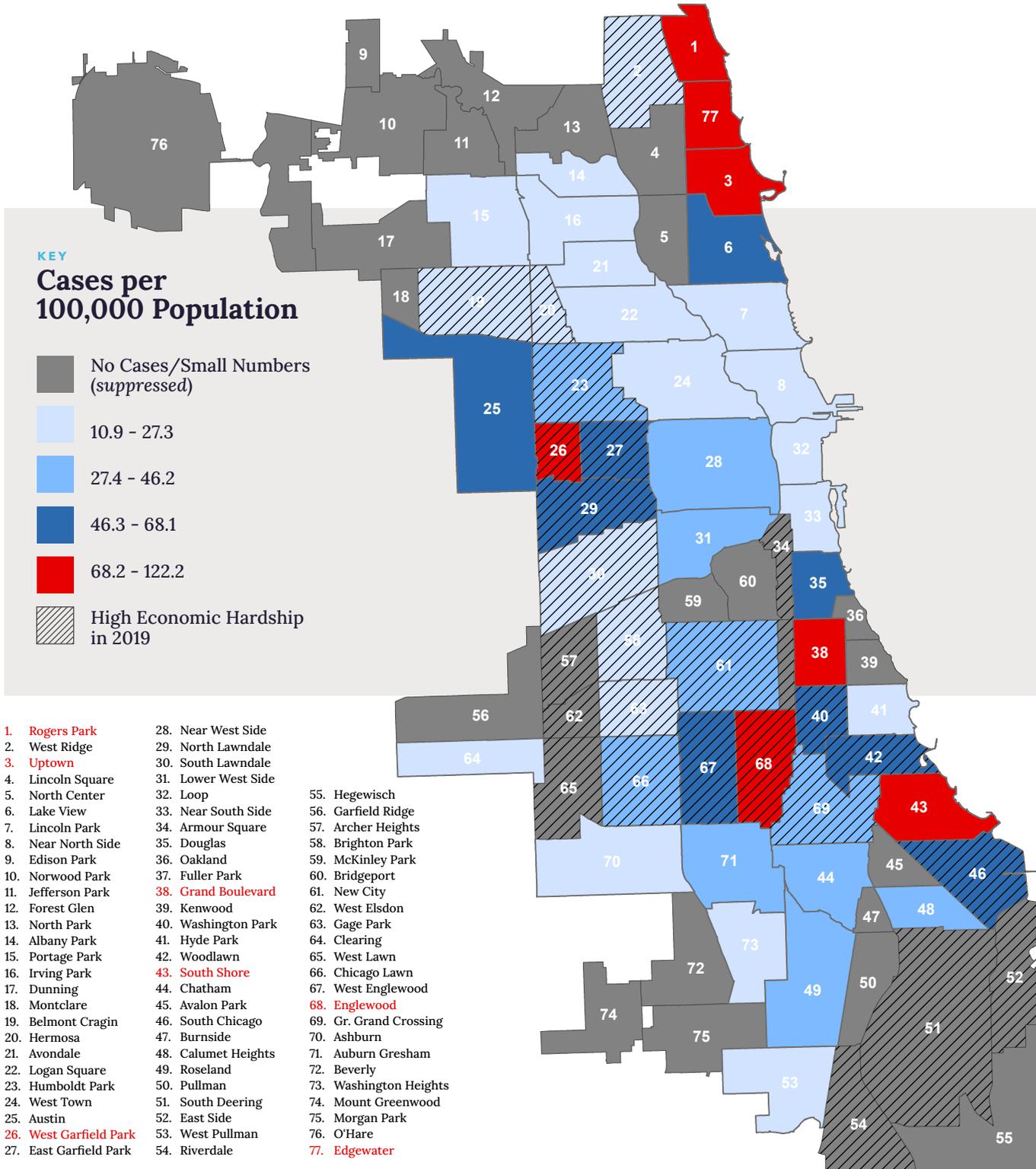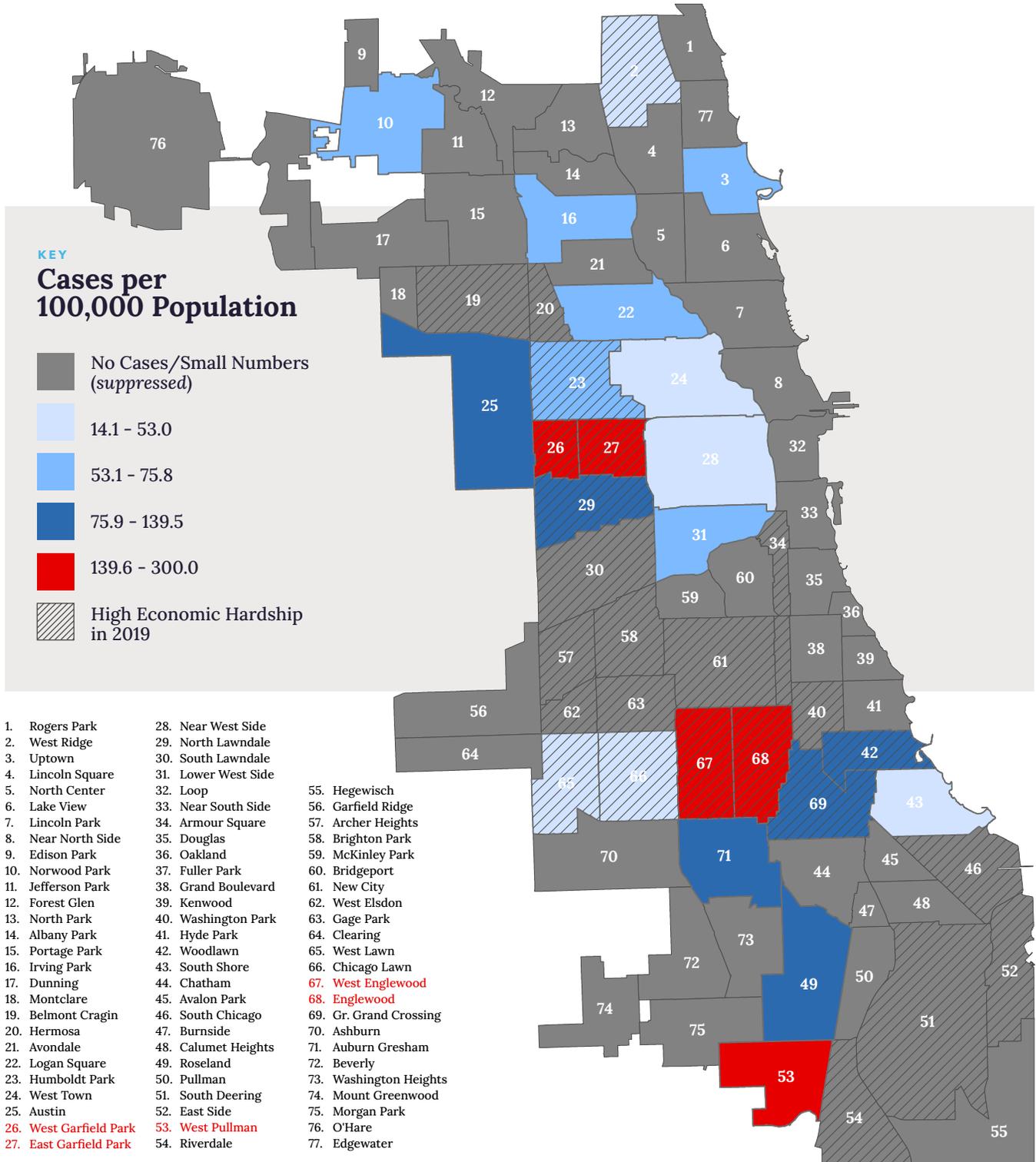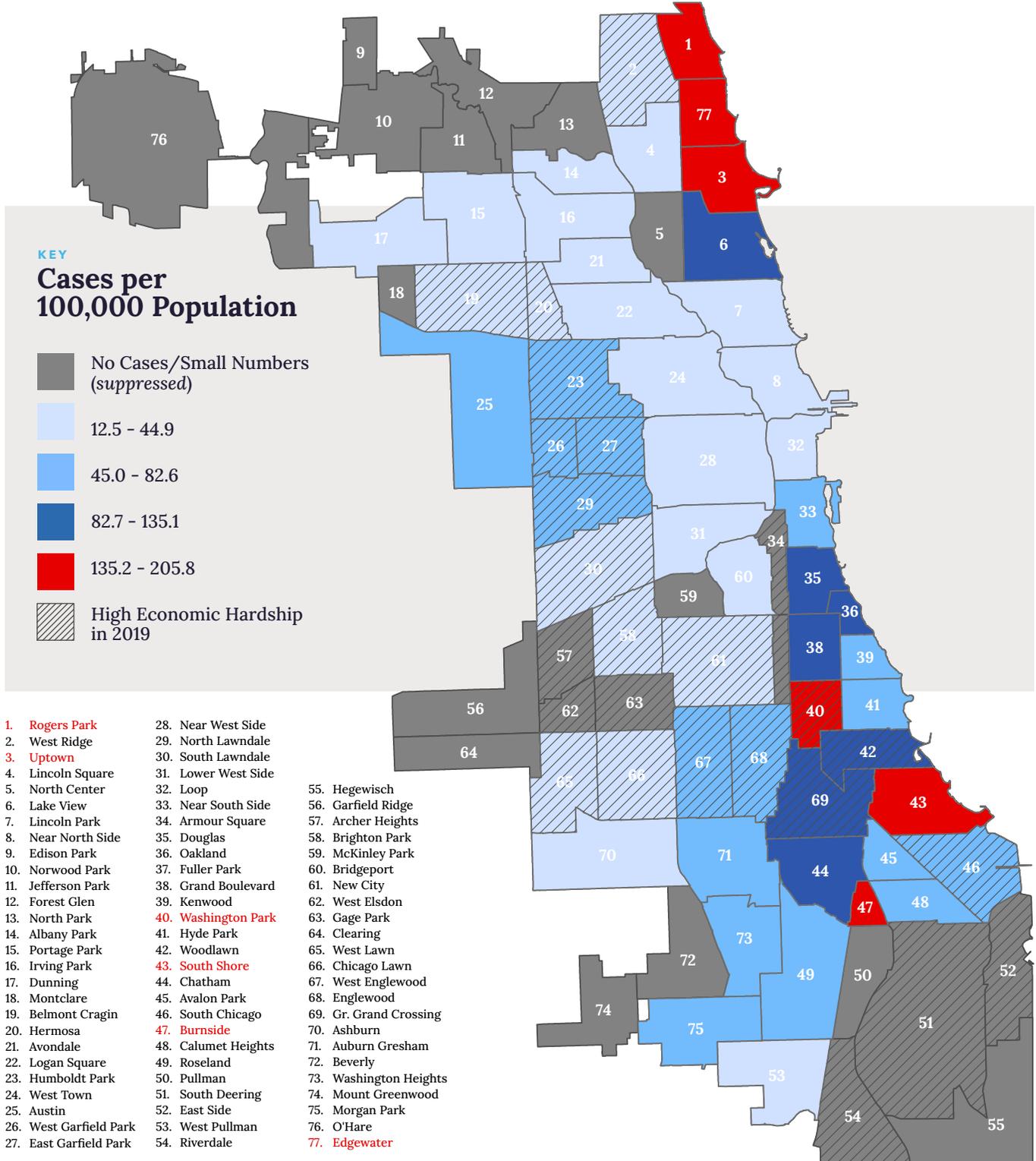
TABLE 1.1

HIV and STI Case Rates by Race/Ethnicity and Birth Sex, Chicago and United States, 2020

Demographic Characteristics	Diagnosed/Reported Cases, 2020¥									
	HIV Infection§		AIDS		Gonorrhea		Chlamydia		Syphilis€	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Race/Ethnicity^										
Black, non-Hispanic	344	39.4	152	14.1	8,089	927.3	12,766	1,463.5	459	52.6
White, non-Hispanic	68	8.0	27	2.6	1,624	190.0	2,491	291.4	196	22.9
Hispanic	145	18.6	61	7.3	1,468	188.5	4,501	577.9	170	21.8
Asian/PI, non-Hispanic	12	8.2	5	3.4	143	98.3	364	250.2	13	8.9
AI/AN, non-Hispanic	<5	-	0	-	12	292.9	25	610.2	0	-
Other, non-Hispanic	22	54.8	20	37.3	220	547.6	421	1,047.9	7	8.9
Unknown	34	-	<5	-	1,766	-	4,651	-	74	-
Sex¶										
Female	83	6.0	57	3.5	4,536	326.9	14,658	1,056.4	137	9.9
Male	544	41.5	212	13.6	8,771	670.5	10,523	804.5	782	59.8
Unknown					15	-	38	-	-	-
Chicagoβ	627	23.3	269	8.4	13,322	494.2	25,219	935.6	919	34.1
United States‡ **					677,769	206.5	1,579,885	481.3	41,655	12.7

Demographic Characteristics	HIV Prevalence, 2020¥			
	Chicago, 2020		United States, 2019**	
	No.	Rate*	No.	Rate*
Race/Ethnicity^				
Black, non-Hispanic	9,397	1,077.3	422,781	1,027.3
White, non-Hispanic	4,002	468.2	303,701	673.1
Hispanic	4,315	554.0	249,114	411.3
Asian/PI, non-Hispanic	246	169.1	16,470	81.4
AI/AN, non-Hispanic	17	204.2	3,215	132.0
Other, non-Hispanic	1,291	3,213.4	-	-
Unknown	72	-	-	-
Sex¶				
Female	3,465	249.7	243,651	146.2
Male	15,875	1,213.6	789,662	488.7
Unknown			-	-
Chicagoβ	19,340	717.9		
United States‡ **			1,044,977	318.4

¥2020 Diagnoses for HIV and AIDS; 2020 Reported Cases for STIs; 2020 HIV Prevalence; All rates per 100,000 population. §HIV infection diagnosis and prevalence represents people with HIV at any stage of disease through 12/28/21. €Primary and secondary syphilis (symptomatic and infectious stages) only. Rates for unknown Race/Ethnicity not displayed. **Centers for Disease Control and Prevention. HIV Surveillance Report, 2019; vol. 32. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2021, pp. 98. *Rate per 100,000 population using 2010 U.S. Census Bureau Population figures. ^AI/AN refers to American Indian/ Alaskan Native. ¶ Counts based on current gender. βTotals of newly diagnosed HIV and AIDS may be lower due to incomplete laboratory reporting. ‡Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2020. Atlanta: U.S. Department of Health and Human Services; 2021.

TABLE 1.2

HIV and AIDS Infections and Late Diagnosis by Selected Demographic Characteristics, Chicago, 2020 (as of 12/28/2021)

Demographic Characteristics	HIV*		AIDS*		Late Diagnosis[†]	
	No.	%	No.	%	No.	%
RACE/ETHNICITY^						
Black, non-Hispanic	344	54.9%	152	56.5%	61	47.7%
White, non-Hispanic	68	10.9%	27	10.0%	9	7.0%
Hispanic	145	23.1%	61	22.7%	41	32.0%
Asian/PI, non-Hispanic	12	1.9%	5	1.9%	5	3.9%
AI/AN, non-Hispanic	<5	<1%	0	0.0%	0	0.0%
Multiple, non-Hispanic	22	3.5%	20	7.4%	7	5.5%
Unknown	34	5.4%	<5	<1%	5	3.9%
GENDER**						
Female	81	12.9%	58	21.6%	19	14.8%
Male	530	84.5%	209	77.7%	107	83.6%
Transgender: FtM	<5	<1%	0	0.0%	0	0.0%
Transgender: MtF	15	2.4%	<5	<1%	<5	<1%
TRANSMISSION GROUP						
Male Sex w/Male	337	53.7%	130	48.3%	52	40.6%
Injection Drug Use	9	1.4%	8	3.0%	<5	<1%
MSM and IDU§	5	<1%	7	2.6%	<5	<1%
Heterosexual	26	4.1%	35	13.0%	8	6.3%
Other¶	0	0.0%	<5	<1%	0	0.0%
NIRα	250	39.9%	88	32.7%	64	50.0%
AGE GROUP†						
13-19	22	3.5%	<5	<1%	<5	<1%
20-29	276	44.0%	62	23.0%	36	28.1%
20-24	132	21.1%	19	7.1%	16	12.5%
25-29	144	23.0%	43	16.0%	20	15.6%
30-39	160	25.5%	79	29.4%	30	23.4%
40-49	80	12.8%	60	22.3%	24	18.8%
50-59	64	10.2%	42	15.6%	28	21.9%
60+	25	4.0%	22	8.2%	8	6.3%
TOTAL€	**627**		**269**		**128**	

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 12/28/2021. AIDS represents all newly diagnosed as AIDS, or stage 3 HIV, through 12/28/2021. ‡Late diagnosis represents those diagnosed with stage 3 HIV (AIDS) within 1 year of being diagnosed with HIV. ^Multiple, non-Hispanic indicates more than one race identified. AI/AN refers to American Indian/ Alaskan Native.**Current gender identity or gender with which a person identifies. 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. αNo 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 Infection (PLWH) and AIDS (PLWA) in 2020 by Selected Demographic Characteristics, Chicago (as of 12/28/21)

Demographic Characteristics	HIV*		AIDS¥	
	No.	%	No.	%
RACE/ETHNICITY^				
Black, non-Hispanic	9,397	48.6%	4,617	49.8%
White, non-Hispanic	4,002	20.7%	1,617	17.4%
Hispanic	4,315	22.3%	2,200	23.7%
Asian/PI, non-Hispanic	246	1.3%	95	1.0%
AI/AN, non-Hispanic	17	<1%	5	<1%
Multiple, non-Hispanic	1,291	6.7%	727	7.8%
Unknown	72	<1%	11	0.1%
GENDER**				
Female	3,427	17.7%	1,665	18.0%
Male	15,527	80.3%	7,451	80.4%
Transgender: FtM	42	<1%	21	<1%
Transgender: MtF	344	1.8%	135	1.5%
TRANSMISSION GROUP				
Male Sex w/Male	11,597	60.0%	5,139	55.4%
Injection Drug Use	1,490	7.7%	1,017	11.0%
MSM and IDU§	900	4.7%	587	6.3%
Heterosexual	2,439	12.6%	1,321	14.2%
Other¶	198	1.0%	68	<1%
NIRα	2,716	14.0%	1,140	12.3%
AGE GROUP†				
13-19	88	<1%	10	<1%
20-29	2,187	11.3%	456	4.9%
20-24	563	2.9%	86	<1%
25-29	1,624	8.4%	370	4.0%
30-39	4,015	20.8%	1,421	15.3%
40-49	3,984	20.6%	1,953	21.1%
50-59	5,373	27.8%	3,090	33.3%
60+	3,693	19.1%	2,342	25.3%
Total	**19,340**		**9,272**	

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 prevalence represents people diagnosed with HIV through 2019 and living with HIV in 2020. ¥AIDS represents people diagnosed with AIDS through 2019 and living with AIDS in 2020. ^Multiple, non-Hispanic indicates more than one race identified. AI/AN refers to American Indian/ Alaskan Native. **Current gender identity or gender with which a person identifies. 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. αNo Indicated Risk (NIR). †Current age as of 2020.

TABLE 1.4

Reported Cases of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis by Selected Demographic Characteristics, Chicago, 2020

Demographic Characteristics	Chlamydia		Gonorrhea		P&S Syphilis	
	No.	%	No.	%	No.	%
RACE/ETHNICITY^						
Black, non-Hispanic	12,766	50.6%	8,089	60.7%	459	49.9%
White, non-Hispanic	2,491	9.9%	1,624	12.2%	196	21.3%
Hispanic	4,501	17.8%	1,468	11.0%	170	18.5%
Asian/PI, non-Hispanic	364	1.4%	143	1.1%	13	1.4%
AI/AN, non-Hispanic	25	<1%	12	<1%	.	.
Other, non-Hispanic	421	1.7%	220	1.7%	7	<1%
Unknown	4,651	18.4%	1,766	13.3%	74	8.1%
BIRTH SEX						
Female	14,658	58.1%	4,536	34.0%	137	14.9%
Male	10,523	41.7%	8,771	65.8%	782	85.1%
Unknown	38	<1%	15	<1%	.	.
TRANSMISSION GROUP‡						
Male sex w/Male					544	59.2%
Heterosexual Males					102	11.1%
Females					137	14.9%
Male unknown					136	14.8%
AGE GROUP†						
Less than 13	15	<1%	9	<1%	.	.
13-19	5,812	23.0%	2,273	17.1%	30	3.3%
20-29	13,676	54.2%	6,724	50.5%	329	35.8%
20-24	7,982	31.7%	3,403	25.5%	127	13.8%
25-29	5,694	22.6%	3,321	24.9%	202	22.0%
30-39	4,104	16.3%	3,026	22.7%	309	33.6%
40-49	1,076	4.3%	816	6.1%	139	15.1%
50+	536	2.1%	474	3.6%	112	12.2%
TOTAL**	**25,219**		**13,322**		**919**	

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. ‡Transmission Group represents the sex of sexual partner of syphilis cases. Data on sex of sexual partners are not collected for chlamydia and gonorrhea. †Age a time of diagnosis. **Includes cases with unknown sex.

Congenital Syphilis Cases by Selected Demographic Characteristics, Chicago, 2016-2020

Demographic Characteristics	Year of Report									
	2016		2017		2018		2019		2020	
	No.	%	No.	%	No.	%	No.	%	No.	%
CASE CLASSIFICATION										
Presumptive Cases	12	100.0%	10	91.0%	13	100%	8	100%	17	89.5%
Stillborns	0	0.0%	<5	<1%	0	0.0%	0	0.0%	<5	<1%
RACE/ETHNICITY^										
Black, non-Hispanic	9	75.0%	10	91.0%	10	76.9%	5	62.5%	15	78.9%
White, non-Hispanic	<5	<1%	0	0.0%	<5	<1%	<5	<1%	<5	<1%
Hispanic	<5	<1%	<5	<1%	<5	<1%	0	0.0%	0	0.0%
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%	0	0.0%	<5	<1%	0	0.0%
Other/Unknown	<5	<1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
MATERNAL AGE GROUP†										
Less than 13	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
13-19	0	0.0%	0	0.0%	<5	<1%	0	0.0%	<5	<1%
20-29	8	67.0%	8	73.0%	8	61.5%	5	62.5%	10	52.6%
20-24	<5	<1%	<5	<1%	<5	<1%	5	62.5%	<5	<1%
25-29	5	42.0%	5	45.0%	5	38.5%	0	0.0%	7	36.8%
30-39	<5	<1%	<5	<1%	<5	<1%	<5	<1%	8	42.1%
40+	0	0.0%	0	0.0%	0	0.0%	<5	<1%	0	0.0%
MEDIAN AGE	27		25		25		24		27	
TOTAL	12		11		13		8		19	

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.

TABLE 1.6

Co-Infection between HIV Infection Diagnoses & Reported Cases of Chlamydia, Gonorrhea, Primary & Secondary (P&S) Syphilis by Selected Demographic Characteristics, Chicago, 2020€

Demographic Characteristics	HIV + Chlamydia		HIV + Gonorrhea		HIV + P&S Syphilis	
	No.	%	No.	%	No.	%
RACE/ETHNICITY^						
Black, non-Hispanic	632	50.4%	797	53.1%	168	55.3%
White, non-Hispanic	219	17.5%	288	19.2%	64	21.1%
Hispanic	253	20.2%	267	17.8%	54	17.8%
Asian/PI, non-Hispanic	29	2.3%	21	1.4%	<5	<1%
AI/AN, non-Hispanic	<5	<1%	<5	<1%	0	0.0%
Other/Multiple, non-Hispanic	21	1.7%	34	2.3%	<5	<1%
Unknown	99	7.9%	91	6.1%	11	3.6%
GENDER**						
Female	68	5.4%	50	3.3%	5	1.6%
Male	1,185	94.5%	1,450	96.7%	299	98.4%
Unknown	<5	<1%	0	0.0%	0	0.0%
TRANSMISSION GROUP¥						
Male Sex w/Male	910	72.6%	1,081	72.1%	264	86.8%
Injection Drug Use	<5	<1%	9	0.6%	<5	<1%
MSM and IDU§	34	2.7%	52	3.5%	10	3.3%
Heterosexual	29	2.3%	28	1.9%	<5	<1%
Other¶	10	0.8%	6	0.4%	0	0.0%
NIRα	79	6.3%	102	6.8%	25	8.2%
Missing	190	15.2%	222	14.8%	0	0.0%
AGE GROUP†						
13-19	15	1.2%	17	1.1%	8	2.6%
20-29	450	35.9%	561	37.4%	96	31.6%
20-24	150	12.0%	188	12.5%	37	12.2%
25-29	300	23.9%	373	24.9%	59	19.4%
30-39	485	38.7%	615	41.0%	115	37.8%
40-49	162	12.9%	186	12.4%	49	16.1%
50-59	115	9.2%	102	6.8%	31	10.2%
60+	27	2.2%	19	1.3%	5	1.6%
TOTAL	**1,254**		**1,500**		**304**	

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+Chlamydia, HIV+Gonorrhea and HIV+Syphilis diagnoses represents people living with HIV and also diagnosed with the respective STI during 2020. €Data Source: Illinois Department of Public Health (IDPH) as of 10/1/2021. ^Multiple, non-Hispanic indicates more than one race identified. AI/AN refers to American Indian/ Alaskan Native **Current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses may differ slightly across tables.. ¥Transmission Group data based on HIV surveillance data as of 10/1/2021.§Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion and hemophilia. αNo Indicated Risk (NIR). †Age at time of STI diagnosis.

SECTION TWO

44

Trends in HIV + STIs in Chicago

2016-2020

TRENDS IN HIV + STIs IN CHICAGO, 2016–2020

In 2020, a total of 627 new HIV diagnoses were reported among Chicago residents. The number of newly diagnosed HIV cases reported in 2020 represents a 29% decrease when compared to 2016 (886 new diagnoses).

76%
Drop in new HIV cases amongst heterosexuals

Trends in Individuals Newly Diagnosed with HIV Infection and People Living with HIV in Chicago

Declines in new diagnoses were recorded across all gender identities, all age groups, and all races/ethnicities, except for the NH Other group which accounted for less than 9% of all HIV diagnoses in 2020. (Tables 2.1-2.3).

Starting in 2019, CDPH began reporting trends in HIV transmission risk category using National HIV/AIDS Strategy (NHAS) indicator methodology by year of diagnosis (Table 2.4). For surveillance purposes, a diagnosis of HIV infection is counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV infection are classified in the transmission category listed first in the hierarchy. The exception is MSM who use injection drugs (MSM/IDU)—this group makes up a separate transmission category. Caution should be taken when interpreting the drop in cases over the last three years as this could be related to the reporting delays. Additionally, starting with this current 2021 surveillance report, CDPH is no longer applying multiple imputation methods for transmission risk categories—therefore comparison to prior years is not advised.

Between 2016 and 2020, the total number of new HIV cases decreased across almost all transmission groups. The biggest percent decrease is seen in the heterosexual category with a decrease of 76% and the biggest drop in absolute numbers, between 2016 and 2020, is among the MSM category (Table 2.4).

> ⚙ Caution should be taken when comparing 2020 data to previous years. The COVID-19 pandemic may have significantly affected trends in HIV reporting during 2020—potentially resulting in underreporting of new HIV diagnoses.

From 1990-2014, there has been an annual increase in the number of people living with HIV in Chicago (Figure 2.1). Between 2016 and 2020, the total number of people living with HIV and residing in Chicago decreased 5 percent from 20,413 to 19,340 (Table 2.5). Similar to new HIV diagnoses, 2016-2020 data trends among people living with HIV use the NHAS indicator methodology, which may, in part, account for the decrease (Table 2.5). Decreases in the number of people living with HIV in Chicago may also be explained by overall population decreases in the city of Chicago (U.S. Census Bureau, Population Division). It is worth noting that, although the overall number of people living with HIV has decreased during the same time period, the proportion of people living with HIV in the age group 50+ increased from 42% in 2016 to 47% in 2020.

Between 2016 and 2020, the total number of new HIV cases decreased across almost all transmission groups.

Trends in the Number of Reported STIs in Chicago

CHLAMYDIA

There was a steady increase in the number of reported chlamydia cases between 1997 and 2019, with the highest number of cases reported in 2019 (n=32,150) (Figure 2.2). The total number of reported chlamydia cases decreased to 25,219 in 2020 (Tables 2.1-2.3).

> This decrease in reported cases may be due, in part, to reduced healthcare seeking behaviors, reduced access to healthcare services, and underdiagnosing of STIs due to the COVID-19 pandemic.

1.4X *as many cases of chlamydia in females vs males in 2020*
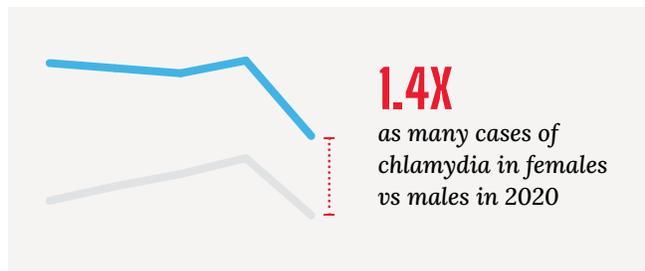
While there has been a steady increase in the proportion of reported chlamydia cases in males from 2016-2019, there continue to be more cases reported among women, with 1.4 times as many cases in women than men in 2020 (Table 2.1).

1.9X *as many reported gonorrhea cases in men than women*

gonorrhea cases increased from 2016 to 2020
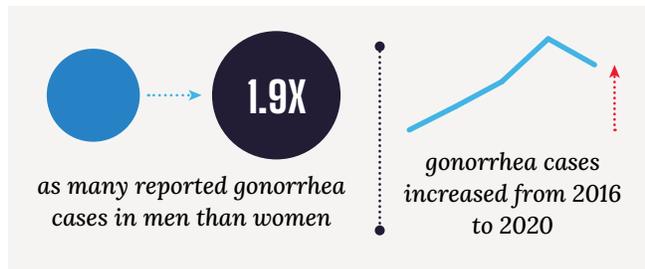
GONORRHEA

Between 2016 and 2020, the total number of gonorrhea cases increased by 23% (n=10,836 to n=13,322) (Table 2.1). Targeted and extra-genital STI screening among MSM may have contributed, in part, to the overall increase in the number of reported gonorrhea cases in recent years. From 2016-2020, there continue to be more cases

reported among men, with 1.9 times as many cases in men than women in 2020 (Table 2.1).

P&S SYPHILIS

Between 2016 and 2020, the total number of reported P&S syphilis cases increased by 13% (from n=813 to n=919) (Table 2.1). **In previous years, increases of P&S syphilis were largely attributable to an increase of cases among men, particularly MSM. However, between 2016 and 2020, the total number of MSM diagnosed with P&S syphilis decreased by 10.7% (from n=609 to n=544 cases) (Table 2.4). During this same time period, the proportion of cases among men with unknown transmission risk increased by 62%.** It is possible that some of these men may be MSM. Of concern, the total number of P&S syphilis cases among females increased by approximately 180% (from n=49 cases reported in 2016 to n=137 cases reported in 2020) during this same time period. (Table 2.4).

Trends by Age:

decrease in reported chlamydia cases in 2020

77.3% *of all reported chlamydia cases in individuals aged ≤ 29 years of age*
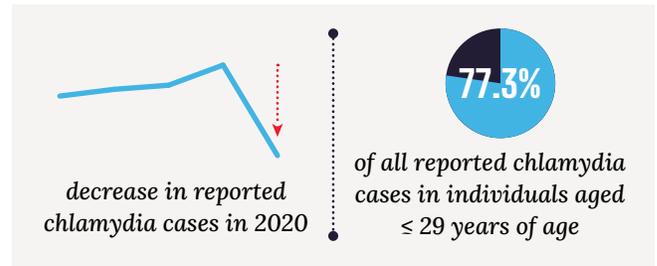
CHLAMYDIA

From 2016-2019, there has been an increase in chlamydia cases among all age groups 20 years and older. However, the overall drop in reported cases in 2020 is also reflected in the percent decrease in reported cases across a majority of the age groups. As has been observed in previous years, individuals aged ≤ 29 years of age made up a majority (77.3%) of reported chlamydia cases in 2020 (Table 2.2).
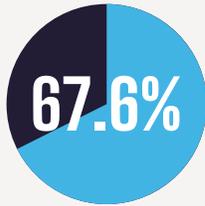
67.6% of gonorrhea cases occured among those aged ≤ 29 years

GONORRHEA

There has been an increase in gonorrhea cases in all age groups 20 years and older from 2016 onwards. And similar to previous years, the majority of cases in 2020 (67.6%) occurred among individuals aged ≤ 29 years of age (Table 2.2). **Overall, increases in reported gonorrhea cases may be a result of increased testing efforts by providers and increased STI awareness in specific populations groups, such as MSM.**

13% increase in P&S Syphilis cases since 2016

P&S SYPHILIS

Since 2016, there has been an increase in P&S syphilis cases overall (13%), with an increase in total cases between 2018 and 2020 (4.8%). As has been observed in previous years, in 2020, individuals aged 20-29 years of age made up a majority of cases (35.8%) followed by individuals 30-39 years of age (33.6%) (Table 2.2).

Trends by Race/Ethnicity:

Number of chlamydia cases increased by:

6.4% among NH Blacks

6.2% among NH Whites

13.4% among Hispanics

23% among NH Asian/PI

CHLAMYDIA

During 2016–2020, the number of reported chlamydia cases increased by 6.4% among non-Hispanic Blacks, 6.2% among non-Hispanic Whites, 13.4% among Hispanics, and 23% among non-Hispanic Asian/Pacific islanders (Table 2.3).

Number of gonorrhea cases increased by:

69% among NH Blacks

27% among NH Whites

59% among Hispanics

68% among NH Asian/PI

GONORRHEA

Compared to Chlamydia, the percent increase in reported Gonorrhea cases is higher across the race/ethnicity groups. During 2016–2020, the number of reported gonorrhea cases increased by 69% among non-Hispanic Blacks, 27% among non-Hispanic Whites, 59% among Hispanics, and 68% among Asian/Pacific islanders (Table 2.3).

Change in number of P&S Syphilis cases:

56% increase among NH Blacks

22% decrease among NH Whites

2% decrease among Hispanics
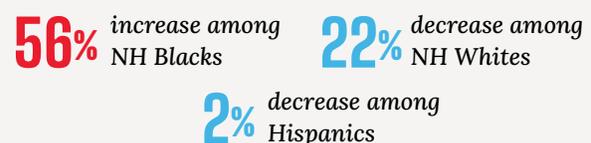
P&S SYPHILIS

During 2016–2020, the number of reported P&S syphilis cases increased among non-Hispanic Blacks by 56% and decreased among non-Hispanic Whites by 22%, and among Hispanics by approximately 2% (Table 2.3).

FIGURE 2.1

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

Chicago, 1990-2020 (*as of 12/28/2021*)
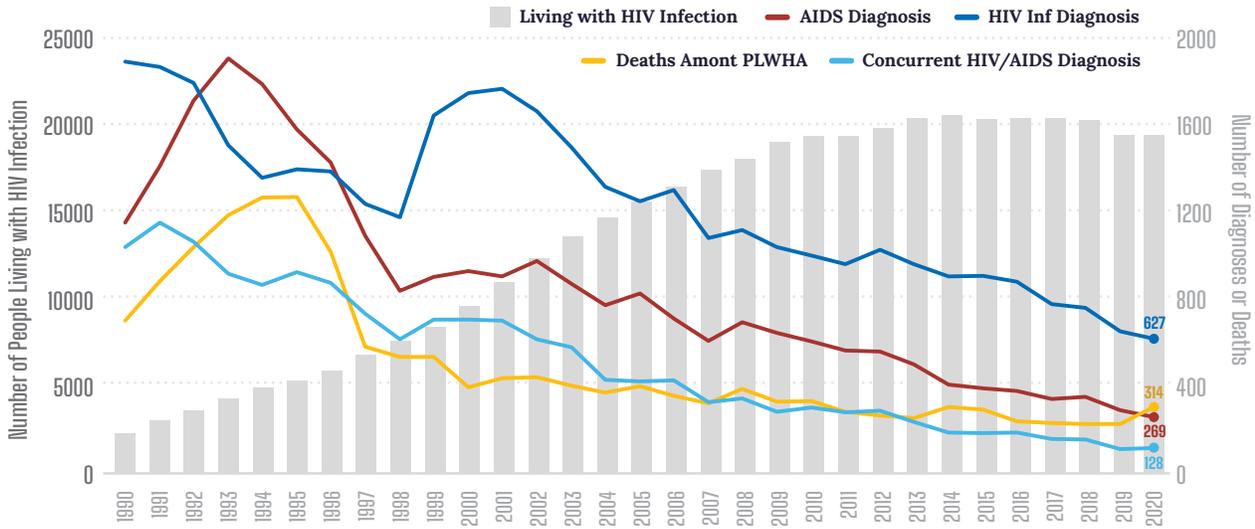
Notes on Surveillance Reporting: *1983 AIDS case reporting begins; 1995 Effective drug therapy against HIV becomes available; 1999 Code-based HIV reporting begins; 2006 Name-based HIV reporting begins; 2012 All CD4 and viral load labs become reportable*

FIGURE 2.2

Number of Reported Sexually Transmitted Infections

Chicago, 1997-2020
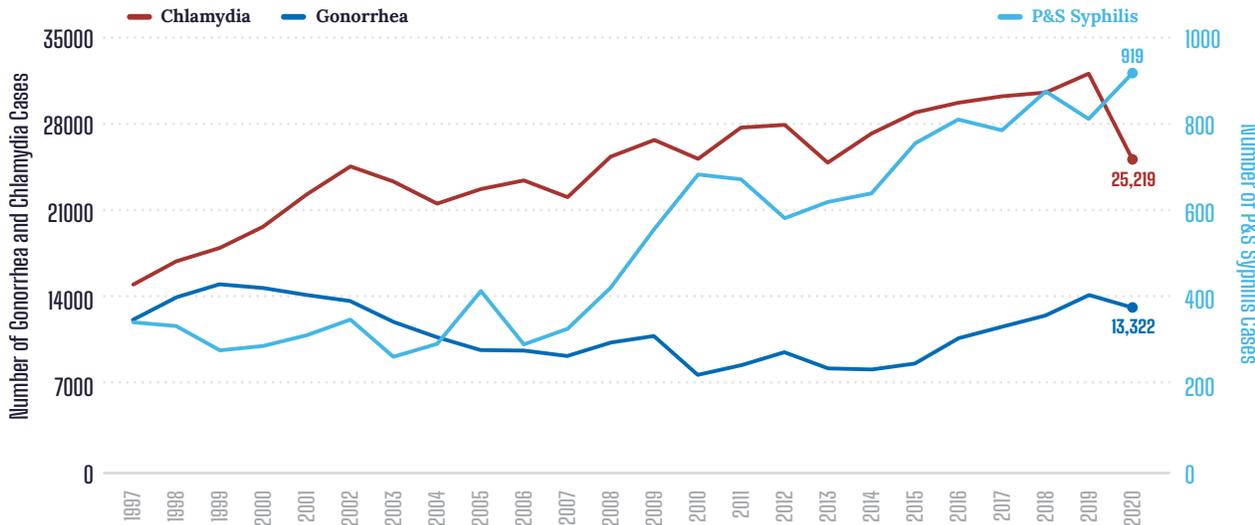
TABLE 2.1

HIV/STI Cases by Year of Diagnosis and Sex*, Chicago, 2016–2020

Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 to 2020[€]
	No.	%	No.	%	No.	%	No.	%	No.	%	
HIV INFECTION DIAGNOSIS											
Female	155	17.5%	131	16.7%	133	17.3%	105	15.9%	81	12.9%	−47.7%
Male	709	80.0%	630	80.3%	612	79.8%	537	81.4%	530	84.5%	−25.2%
Transgender: FtM	<5	<1%	<5	<1%	0	0.0%	<5	<1%	<5	<1%	
Transgender: MtF	21	2.4%	23	2.9%	22	2.9%	16	2.4%	15	2.4%	−28.6%
TOTAL	**886**		**785**		**767**		**660**		**627**		**−29.2%**
AIDS CASES											
Female	66	17.1%	80	22.7%	76	21.1%	53	17.7%	58	21.6%	−12.1%
Male	315	81.4%	268	76.1%	277	76.7%	238	79.6%	209	77.7%	−33.7%
Transgender: FtM	<5	<1%	0	0.0%	0	0.0%	<5	<1%	0	0.0%	
Transgender: MtF	5	1.3%	<5	<1%	8	2.2%	6	2.0%	<5	<1%	
TOTAL	**387**		**352**		**361**		**299**		**269**		**−30.5%**
CHLAMYDIA CASES[¥]											
Female	18,464	62.0%	18,199	60.1%	17,933	58.6%	18,598	57.8%	14,658	58.2%	−20.6%
Male	11,279	37.9%	12,031	39.7%	12,672	41.4%	13,503	42.0%	10,523	41.8%	−6.7%
TOTAL	**29,776**		**30,292**		**30,608**		**32,150**		**25,219**		**−15.3%**
GONORRHEA CASES[¥]											
Female	3,920	36.2%	3,997	34.1%	4,063	32.0%	4,724	33.0%	4,536	34.1%	15.7%
Male	6,900	63.7%	7,707	65.7%	8,616	68.0%	9,564	66.8%	8,771	65.9%	27.1%
TOTAL	**10,836**		**11,730**		**12,679**		**14,315**		**13,322**		**22.9%**
P&S SYPHILIS CASES[¥]											
Female	49	6.0%	55	7.0%	76	8.7%	88	10.8%	137	14.9%	179.6%
Male	764	94.0%	733	93.0%	800	91.2%	726	89.2%	782	85.1%	2.4%
TOTAL	**813**		**788**		**877**		**814**		**919**		**13.0%**

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *For HIV and AIDS cases, used current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses may differ slightly across tables. HIV and AIDS cases as of 12/28/2021. For STI cases, used reported sex at birth. ¥Total cases includes cases with unknown sex. €Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report.

TABLE 2.2

HIV/STI Cases by Year of Diagnosis and Age* Group, Chicago, 2016-2020

Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 to 2020ᴱ
	No.	%	No.	%	No.	%	No.	%	No.	%	
HIV INFECTION DIAGNOSIS											
13-19	61	6.9%	60	7.6%	43	5.6%	39	5.9%	22	3.5%	-63.9%
20-29	364	41.1%	292	37.2%	293	38.2%	260	39.4%	276	44.0%	-24.2%
20-24	155	17.5%	133	16.9%	126	16.4%	109	16.5%	132	21.1%	-14.8%
25-29	209	23.6%	159	20.3%	167	21.8%	151	22.9%	144	23.0%	-31.1%
30-39	213	24.0%	214	27.3%	203	26.5%	177	26.8%	160	25.5%	-24.9%
40-49	123	13.9%	112	14.3%	112	14.6%	97	14.7%	80	12.8%	-35.0%
50+	125	14.1%	107	13.6%	116	15.1%	87	13.2%	89	14.2%	-28.8%
TOTAL	886		785		767		660		627		-29.2%
AIDS CASES											
13-19	7	1.8%	7	2.0%	8	2.2%	<5	<1%	<5	<1%	
20-29	110	28.4%	73	20.7%	70	19.4%	59	19.7%	62	23.0%	-43.6%
20-24	47	12.1%	28	8.0%	27	7.5%	19	6.4%	19	7.1%	-59.6%
25-29	63	16.3%	45	12.8%	43	11.9%	40	13.4%	43	16.0%	-31.7%
30-39	89	23.0%	97	27.6%	96	26.6%	97	32.4%	79	29.4%	-11.2%
40-49	77	19.9%	77	21.9%	84	23.3%	60	20.1%	60	22.3%	-22.1%
50+	104	26.9%	98	27.8%	103	28.5%	79	26.4%	64	23.8%	-38.5%
TOTAL	387		352		361		299		269		-30.5%
CHLAMYDIA CASES											
Less than 13	37	< 1%	43	<1%	27	<1%	24	<1%	15	<1%	-59.5%
13-19	7,867	26.4%	7,550	24.9%	7,524	24.6%	7,719	24.0%	5,812	23.0%	-26.1%
20-29	16,137	54.2%	16,410	54.2%	16,521	54.0%	17,282	53.8%	13,676	54.2%	-15.3%
20-24	10,033	33.7%	10,206	33.7%	9,917	32.4%	10,375	32.3%	7,982	31.7%	-20.4%
25-29	6,104	20.5%	6,204	20.5%	6,604	21.6%	6,907	21.5%	5,694	22.6%	-6.7%
30-39	4,078	13.7%	4,435	14.6%	4,709	15.4%	5,059	15.7%	4,104	16.3%	0.6%
40-49	1,135	3.8%	1,263	4.2%	1,223	4.0%	1,392	4.3%	1,076	4.3%	-5.2%
50+	522	1.8%	591	2.0%	604	2.0%	674	2.1%	536	2.1%	2.7%
TOTAL	29,776		30,292		30,608		32,150		25,219		-15.3%

Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 to 2020[€]
	No.	%	No.	%	No.	%	No.	%	No.	%	
GONORRHEA CASES											
Less than 13	16	< 1%	8	<1%	11	<1%	8	<1%	9	<1%	-43.8%
13–19	2,315	21.4%	2,331	19.9%	2,254	17.8%	2,482	17.3%	2,273	17.1%	-1.8%
20–29	5,483	50.6%	5,927	50.5%	6,520	51.4%	7,243	50.6%	6,724	50.5%	22.6%
20–24	3,117	28.8%	3,250	27.7%	3,440	27.1%	3,694	25.8%	3,403	25.5%	9.2%
25–29	2,366	21.8%	2,677	22.8%	3,080	24.3%	3,549	24.8%	3,321	24.9%	40.4%
30–39	1,952	18.0%	2,228	19.0%	2,596	20.5%	2,999	21.0%	3,026	22.7%	55.0%
40–49	682	6.3%	779	6.6%	821	6.5%	1,005	7.1%	816	6.1%	19.6%
50+	388	3.6%	457	3.9%	477	3.8%	578	4.0%	474	3.6%	22.2%
TOTAL	**10,836**		**11,730**		**12,679**		**14,315**		**13,322**		**22.9%**
P&S SYPHILIS CASES											
Less than 13	–	–	–	–	–	–	–	–	–	–	
13–19	27	3.3%	22	2.8%	36	4.1%	34	4.2%	30	3.3%	11.1%
20–29	291	35.8%	300	38.1%	332	37.9%	317	38.9%	329	35.8%	13.1%
20–24	101	12.4%	114	14.5%	132	15.1%	111	13.6%	127	13.8%	25.7%
25–29	190	23.4%	186	23.6%	200	22.8%	206	25.3%	202	22.0%	6.3%
30–39	263	32.3%	244	31.0%	269	30.7%	264	32.4%	309	33.6%	17.5%
40–49	141	17.3%	120	15.2%	140	16.0%	101	12.4%	139	15.1%	-1.4%
50+	91	11.2%	102	12.9%	100	11.4%	98	12.0%	112	12.2%	23.1%
TOTAL	**813**		**788**		**877**		**814**		**919**		**13.0%**

5 3

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 12/28/2021.*Age at time of diagnosis. 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. €Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report.

TABLE 2.3

HIV/STI Cases by Year of Diagnosis and Race/Ethnicity*, Chicago, 2016–2020

Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 to 2020€
	No.	%	No.	%	No.	%	No.	%	No.	%	
HIV INFECTION DIAGNOSIS											
Black, non-Hispanic	491	55.4%	413	52.6%	410	53.5%	367	55.6%	344	54.9%	-29.9%
White, non-Hispanic	129	14.6%	138	17.6%	133	17.3%	82	12.4%	68	10.8%	-47.3%
Hispanic	207	23.4%	168	21.4%	175	22.8%	155	23.5%	145	23.1%	-30.0%
Asian/PI, non-Hispanic	19	2.1%	24	3.1%	13	1.7%	10	1.5%	12	1.9%	-36.8%
AI/AN, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	
Other, non-Hispanic	38	4.3%	41	5.2%	35	4.6%	44	6.7%	56	8.9%	47.4%
TOTAL	**886**		**785**		**767**		**660**		**627**		**-29.2%**
AIDS CASES											
Black, non-Hispanic	209	54.0%	206	58.5%	204	56.5%	165	55.2%	152	56.5%	-27.3%
White, non-Hispanic	59	15.2%	41	11.6%	53	14.7%	43	14.4%	27	10.0%	-54.2%
Hispanic	85	22.0%	67	19.0%	72	19.9%	62	20.7%	61	22.7%	-28.2%
Asian/PI, non-Hispanic	5	1.3%	8	2.3%	5	1.4%	5	1.7%	5	1.9%	0.0%
AI/AN, non-Hispanic	<5	<1%	<5	<1%	0	0.0%	<5	<1%	0	0.0%	
Other, non-Hispanic	28	7.2%	29	8.2%	27	7.5%	23	7.7%	24	8.9%	-14.3%
TOTAL	**387**		**352**		**361**		**299**		**269**		**-30.5%**
CHLAMYDIA CASES											
Black, non-Hispanic	12,003	40.3%	12,446	41.1%	13,335	43.6%	15,683	48.8%	12,766	50.6%	6.4%
White, non-Hispanic	2,346	7.9%	2,675	8.8%	2,827	9.2%	3,854	12.0%	2,491	9.9%	6.2%
Hispanic	3,970	13.3%	4,379	14.5%	4,847	15.8%	5,655	17.6%	4,501	17.8%	13.4%
Asian/PI, non-Hispanic	295	1.0%	349	1.2%	386	1.3%	563	1.8%	364	1.4%	23.4%
AI/AN, non-Hispanic	34	< 1%	33	<1%	33	<1%	45	<1%	25	<1%	-26.5%
Other, non-Hispanic	268	< 1%	270	<1%	332	1.1%	569	1.8%	421	1.7%	57.1%
Unknown	10,860	36.5%	10,140	33.5%	8,848	28.9%	5,781	18.0%	4,651	18.4%	-57.2%
TOTAL	**29,776**		**30,292**		**30,608**		**32,150**		**25,219**		**-15.3%**
GONORRHEA CASES											
Black, non-Hispanic	4,798	44.3%	5,606	47.8%	6,215	49.0%	8,169	57.1%	8,089	60.7%	68.6%
White, non-Hispanic	1,283	11.8%	1,414	12.1%	1,754	13.8%	2,334	16.3%	1,624	12.2%	26.6%
Hispanic	921	8.5%	1,143	9.7%	1,537	12.1%	1,721	12.0%	1,468	11.0%	59.4%
Asian/PI, non-Hispanic	85	< 1%	114	1.0%	140	1.1%	191	1.3%	143	1.1%	68.2%
AI/AN, non-Hispanic	14	< 1%	15	<1%	18	<1%	21	<1%	12	<1%	-14.3%
Other, non-Hispanic	85	< 1%	74	<1%	117	<1%	212	1.5%	220	1.7%	158.8%
Unknown	3,650	33.7%	3,364	28.7%	2,898	22.9%	1,667	11.6%	1,766	13.3%	-51.6%
TOTAL	**10,836**		**11,730**		**12,679**		**14,315**		**13,322**		**22.9%**

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 12/28/2021. *AI/AN refers to American Indian/ Alaskan Native. €Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report.

54

Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 to 2020[€]
	No.	%	No.	%	No.	%	No.	%	No.	%	
P&S SYPHILIS CASES											
Black, non-Hispanic	294	36.2%	268	34.1%	336	38.3%	358	44.0%	459	49.9%	56.1%
White, non-Hispanic	253	31.1%	230	29.2%	244	27.8%	203	24.9%	196	21.3%	−22.5%
Hispanic	173	21.3%	132	16.8%	200	22.8%	155	19.0%	170	18.5%	−1.7%
Asian/PI, non-Hispanic	29	3.6%	19	2.4%	18	2.1%	13	1.6%	13	1.4%	−55.2%
AI/AN, non-Hispanic	< 5	< 1%	<5	<1%	<5	<1%	<5	<1%	0	0.0%	
Other, non-Hispanic	62	7.6%	63	8.0%	21	2.4%	<5	<1%	7	<1%	−88.7%
Unknown	0	0.0%	75	9.5%	56	6.4%	80	9.8%	74	8.1%	
TOTAL	**813**		**788**		**877**		**814**		**919**		**13.0%**

TABLE 2.4

HIV and Primary & Secondary (P&S) Syphilis Cases by Year and Transmission Risk, Chicago, 2016–2020

Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 – 2020€
	No.	%	No.	%	No.	%	No.	%	No.	%	
HIV DIAGNOSES											
Male Sex w/Male	550	62.1%	489	62.3%	444	57.9%	385	58.3%	337	53.7%	-38.7%
Injection Drug Use	22	2.5%	8	1.0%	18	2.3%	11	1.7%	9	1.4%	-59.1%
MSM and IDU§	30	3.4%	9	1.1%	16	2.1%	<5	<1%	5	<1%	
Heterosexual	109	12.3%	80	10.2%	97	12.6%	42	6.4%	26	4.1%	-76.1%
Other¶	<5	<1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
NIRα	174	19.6%	196	25.0%	187	24.4%	216	32.7%	250	39.8%	43.7%
TOTAL	**886**		**785**		**767**		**660**		**627**		**-29.2%**
P&S SYPHILIS											
Male sex w/Male	609	74.9%	590	74.9%	709	80.9%	438	53.8%	544	59.2%	-10.7%
Heterosexual Males	71	8.7%	37	4.7%	12	1.4%	78	9.6%	102	11.1%	43.7%
Females	49	6.0%	55	7.0%	76	8.7%	88	10.8%	137	14.9%	179.6%
Male unknown	84	10.3%	105	13.4%	80	9.0%	210	25.8%	136	14.8%	61.9%
TOTAL	**813**		**788**		**877**		**814**		**919**		**13.0%**

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 12/28/2021. §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, and hemophilia. αNo Indicated Risk (NIR). €Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report. CDPH has adopted a methodology that aligns with the National HIV/AIDS Strategy and as a result caution should be used when comparing this year's report to previous years.

TABLE 2.5

People Living with HIV/AIDS by Selected Demographic Groups Using NHAS Indicator Methodology, Chicago, 2016-2020

| Year of Diagnosis	2016		2017		2018		2019		2020		% Change 2016 - 2020€
	No.	%	No.	%	No.	%	No.	%	No.	%	
RACE/ETHNICITY^											
Black, non-Hispanic	9,653	47.3%	9,655	47.4%	9,696	47.8%	9,372	48.3%	9,397	48.6%	-2.7%
White, non-Hispanic	4,772	23.4%	4,686	23.0%	4,526	22.3%	4,113	21.2%	4,002	20.7%	-16.1%
Hispanic	4,273	20.9%	4,340	21.3%	4,355	21.5%	4,282	22.1%	4,315	22.3%	1.0%
Asian/PI, non-Hispanic	220	1.1%	228	1.1%	242	1.2%	240	1.2%	246	1.3%	11.8%
AI/AN, non-Hispanic	14	<1.0%	16	<1.0%	15	<1.0%	15	<1.0%	17	<1.0%	21.4%
Other, non-Hispanic	1,481	7.3%	1,465	7.2%	1,445	7.1%	1,384	7.1%	1,363	7.0%	-8.0%
GENDER											
Female	3,698	18.1%	3,648	17.9%	3,620	17.9%	3,454	17.8%	3,427	17.7%	-7.3%
Male	16,368	80.2%	16,401	80.4%	16,301	80.4%	15,583	80.3%	15,527	80.3%	-5.1%
Transgender: FtM	47	<1.0%	45	<1.0%	44	<1.0%	43	<1.0%	42	<1.0%	-10.6%
Transgender: MtF	300	1.5%	296	1.5%	314	1.5%	326	1.7%	344	1.8%	14.7%
TRANSMISSION GROUP											
Male Sex w/Male	12,084	59.2%	12,144	59.6%	12,112	59.7%	11,591	59.7%	11,597	60.0%	-4.0%
Injection Drug Use	1,904	9.3%	1,826	9.0%	1,737	8.6%	1,589	8.2%	1,490	7.7%	-21.7%
MSM and IDU§	1,129	5.5%	1,080	5.3%	1,024	5.0%	922	4.8%	900	4.7%	-20.3%
Heterosexual	2,643	12.9%	2,625	12.9%	2,588	12.8%	2,476	12.8%	2,439	12.6%	-7.7%
Other¶	208	<1%	193	<1%	203	1.0%	194	<1%	198	<1%	-4.8%
NIRα	2,445	12.0%	2,522	12.4%	2,615	12.9%	2,634	13.6%	2,716	14.0%	11.1%
AGE GROUP†											
13-19	139	<1.0%	124	<1.0%	121	<1.0%	104	<1.0%	88	<1.0%	-36.7%
20-29	2,606	12.8%	2,545	12.5%	2,506	12.4%	2,307	11.9%	2,187	11.3%	-16.1%
20-24	859	4.2%	768	3.8%	723	3.6%	636	3.3%	563	2.9%	-34.5%
25-29	1,747	8.6%	1,777	8.7%	1,783	8.8%	1,671	8.6%	1,624	8.4%	-7.0%
30-39	3,876	19.0%	3,937	19.3%	3,986	19.7%	3,933	20.3%	4,015	20.8%	3.6%
40-49	5,237	25.7%	4,882	23.9%	4,572	22.5%	4,146	21.4%	3,984	20.6%	-23.9%
50+	8,555	41.9%	8,902	43.7%	9,094	44.8%	8,916	45.9%	9,066	46.9%	6.0%
TOTAL	20,413		20,390		20,279		19,406		19,340		-5.3%

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 12/28/2021. ^AI/AN refers to American Indian/ Alaskan Native. †Current Age.¶Includes perinatal transmission, blood transfusion and hemophilia. αNo Indicated Risk (NIR). €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.
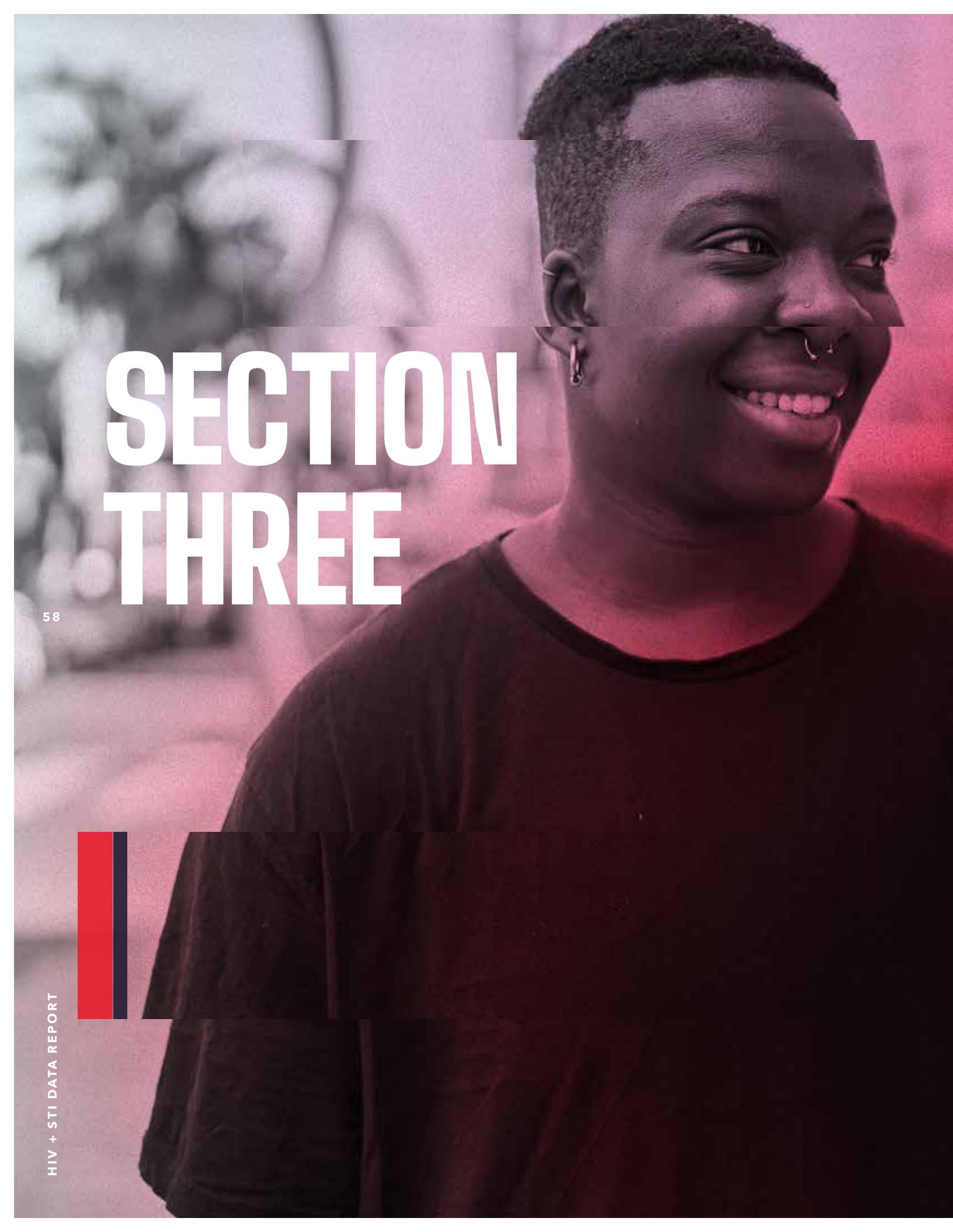
SECTION THREE

58

HIV & Transgender Individuals in Chicago

2020

HIV AND TRANSGENDER INDIVIDUALS, CHICAGO, 2020

We offer sincere thanks and gratitude to community members, providers, advocates, and others who have advocated for release of transgender-specific HIV data over the years.

Transgender is a term for persons whose gender identity or expression (masculine, feminine, other) is different from their sex (male, female) at birth. Gender identity refers to one's internal understanding of one's own gender, or the gender with which a person identifies. Gender expression is a term used to describe people's outward presentation of their gender.

According to the CDC 2019 HIV Surveillance Report, of the 36,801 total new HIV diagnoses in the US, 2% (n=671) were among transgender people[1]. Most new HIV diagnoses among transgender people were among Black/African American persons: 46% among transgender women, and 41% among transgender men. Nationally, transgender women have about the same rate of viral suppression and transgender men have higher rates of viral suppression when compared to all people diagnosed with HIV in 2019.[1] There are several challenges that place transgender people at higher risk for HIV such as transphobia, racism, HIV stigma, lack of knowledge about transgender issues among health care providers, and lack of multilevel interventions that address social, structural, biomedical and behavioral risks for HIV among transgender women and men.[2] This suggests that more research is needed to better understand factors associated with HIV infection and address HIV disparities in this population.

The 2017 Healthy Chicago Databook: Lesbian, Gay, Bisexual, and Transgender Health estimates 10,500 adult Chicagoans identify as transgender or gender non-conforming.[3] To date, most population-based surveys have been unable to produce representative transgender data because of the lack of transgender census data, the foundation of many population-level data analyses, and the small size of the transgender population, estimated to be 0.5% of all U.S. adults.[4] The number of reported HIV diagnoses among transgender individuals in the HIV/STI data report should be interpreted with caution since case-based surveillance data, specifically gender identity data, are often incomplete and limiting, in that they do not account for the evolving continuum of personal gender identities. **These limitations likely undercount new HIV diagnoses and prevalent HIV cases in the transgender population. Improvements to data collection and analysis can be hastened with increased visibility of known data, like those presented here, and ongoing acknowledgment and remedies for structural-level barriers to collecting accurate and complete data for these populations.**

HIV:

- In 2020, 16 individuals identified as transgender through data submission were newly diagnosed with HIV in the City of Chicago, accounting for 2.6% of all new HIV infection diagnoses in the city (Table 3.1). The majority of cases were identified as transgender females (94%), NH Blacks (44%), and individuals in the age group 20-29 (56%).

In Chicago, when looking at new HIV diagnoses among transgender individuals in 2020, 44% of cases occurred among NH Black persons and 56% among individuals in the 20-29 age group.

61

Between 2016 and 2020, the number of new HIV diagnoses in this population decreased by 27% (Table 3.1). Caution should be taken when comparing 2020 data to previous years. The COVID-19 pandemic may have affected trends in HIV testing and reporting during 2020—potentially resulting in underreporting of new HIV diagnoses.

From 2016-2020, the highest cumulative number of HIV diagnoses among individuals identified as transgender was observed in South Shore, Austin, and Auburn Gresham (Appendix Table A.6).

Prevalent HIV diagnoses:

- In 2020, 386 individuals identified as transgender people living with HIV in Chicago, accounting for 2% of all individuals living with HIV in the city (Table 3.2).

- Similar to new HIV diagnoses, most of these individuals were identified as transgender females (89%) and NH Black (60%) (Table 3.2). The highest proportion of the prevalent cases among transgender people living with HIV were among the age group 30-39 (34%), followed by age group 20-29 (28%).

- Between 2016 and 2020, the number of individuals identified as transgender people living with HIV increased by 11% from 347 in 2016 to 386 in 2020 (Table 3.2).

In 2020, the highest number of individuals identified as transgender known to be living with HIV was observed in Austin (25 cases). (Figure 3.2; Appendix Table A.7).

HIV Continuum of Care:

- In 2020, 94% of individuals identified as transgender and diagnosed with HIV were linked to HIV medical care within one month of HIV diagnosis and by 12 months after diagnosis, 100% had been linked to medical care (Figure 3.1). For individuals identified as transgender and diagnosed with HIV through 2019 and living with HIV in 2020, 76% had accessed medical care (having at least one medical visit in 2020), 40% were considered to be retained in care (having at least two medical visits, 3 months apart, in 2020), and 74% had a viral load test in the past 12 months (Figure 3.1). For this group, 67% were virally suppressed (< 200 copies/mL) (Figure 3.1), higher than the percentage of people living with HIV overall (61%) (Figure 1.1).

- **Like the overall population of people living with HIV, HIV Continuum of Care data for the transgender population indicates an opportunity to strengthen programs and services that support successful retention, and viral suppression (Figure 3.1).**

References:

1. Centers for Disease Control and Prevention. *HIV Surveillance Report, 2019; vol.* 32. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2021. Pg. 50 Accessed February 2, 2022.

2. Poteat T, Reisner S, Radix A. *HIV epidemics among transgender women.* Curr Opin HIV AIDS; 2014; 9(2): 168-73.

3. Chicago Department of Public Health. *Healthy Chicago Databook: Lesbian, Gay, Bisexual, and Transgender Health, 2018.* https://www.chicago.gov/content/dam/city/depts/cdph/LGBTQHealth/CDPH_2017LGBT_Report_r6a.pdf. Published March 2018. Accessed July 27, 2022.

4. Meyer IH, Brown TN, Herman JL, et al. *Demographic characteristics and health status of transgender adults in select US regions: Behavioral Risk Factor Surveillance System, 2014.* Am J Public Health 2017;107(4):582-9.

HIV & Transgender People

TRANSGENDER PERSON
A person whose gender identity or expression is different from their sex assigned at birth.

TRANSGENDER MAN
A person assigned female at birth who identifies as male.

TRANSGENDER WOMAN
A person assigned male at birth who identifies as female.

CISGENDER PERSON
A person whose sex assigned at birth is the same as their gender identity or expression.

GENDER EXPRESSION
A person's outward presentation of their gender (For example, how they act or dress).

GENDER IDENTITY
A person's internal understanding of their own gender.

Most new HIV diagnoses among transgender people were among Black/African American people†

Transgender Women (N=625)
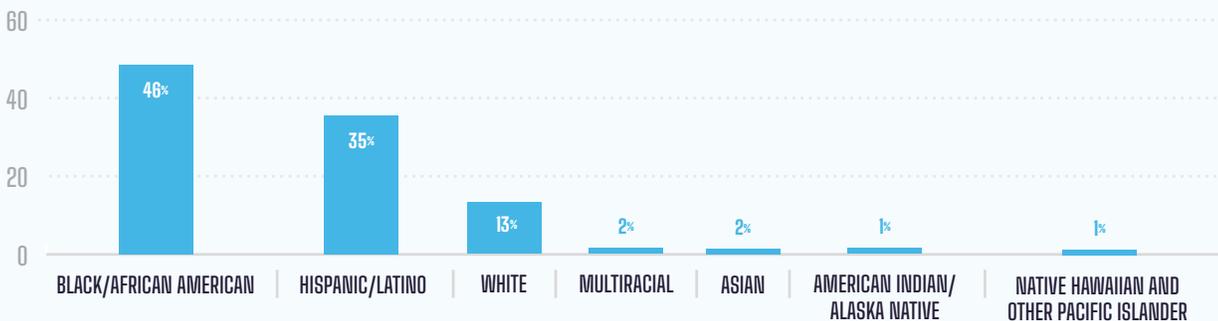
Transgender Men (N=46)
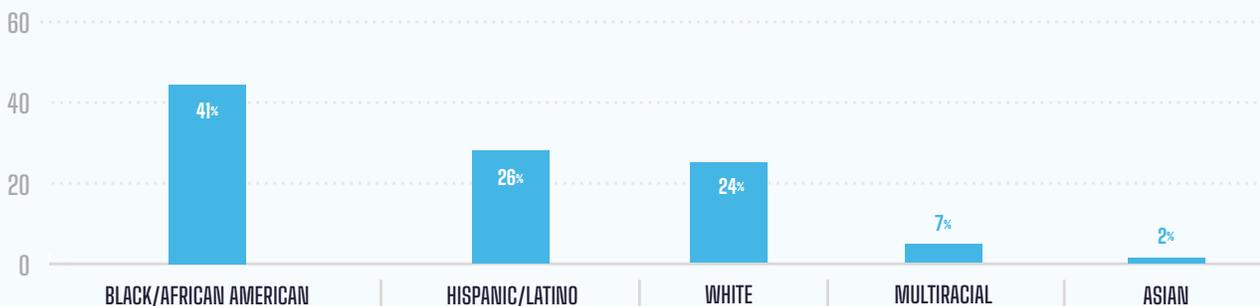
Transgender people who don't know they have HIV can't get the care and treatment they need to stay healthy

It's important for transgender people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and will not transmit HIV to their sex partners.

For every 100 transgender person with diagnosed HIV in 2019**

Percentages, U.S. 2019

For comparison, for every 100 people overall with diagnosed HIV— 76 received some Care, 58 were retained in Care, and 66 were virally suppressed.
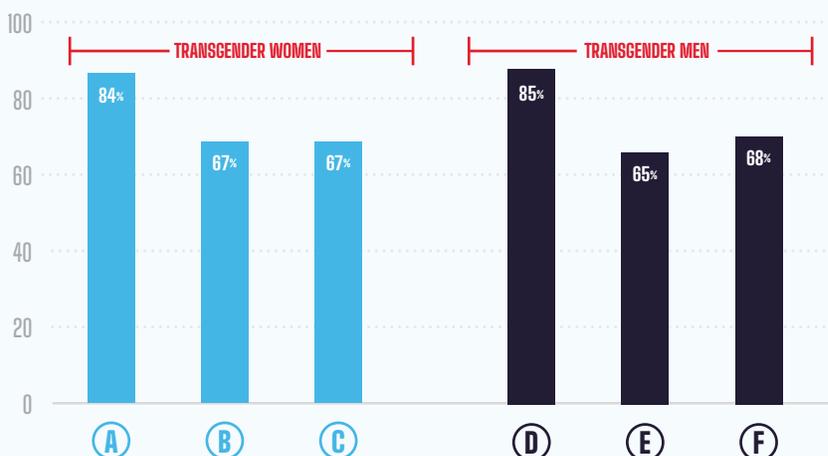
A: % Received some HIV Care; B: % Were retained in Care; C: % Were virally supressed;
D: % Received some HIV Care; E: % Were retained in Care; F: % Were virally supressed;

Compared to all people with diagnosed HIV in 2019, transgender women have about the same viral suppression rates, and transgender men have higher viral suppression rates. More work is needed to increase these rates.

There are several challenges that place transgender people at higher risk for HIV

TRANSPHOBIA, RACISM, AND HIV STIGMA
It's important for transgender people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and will not transmit HIV to their sex partners.

LACK OF KNOWLEDGE
When healthcare providers are not knowledgeable about transgender issues, this can be a barrier for transgender people with HIV who are looking for treatment and care.

FEW MULTILEVEL INTERVENTIONS

Interventions that address the structural, biomedical, and behavioral risks for HIV among transgender women and men are needed to address HIV disparities.

UNMET NEED FOR GENDER AFFIRMATION

When transgender people do not feel supported through medical gender affirmation, they are less likely to engage in HIV prevention and care services.

How is the CDC making a difference for transgender people?

- Collecting and analyzing data and monitoring HIV trends

- Conducting prevention research and providing guidance to those working in HIV prevention

- Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance

- Supporting community organizations that increase access to HIV testing and care

- Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign

- Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the* HIV *Epidemic in the* U.S. initiative
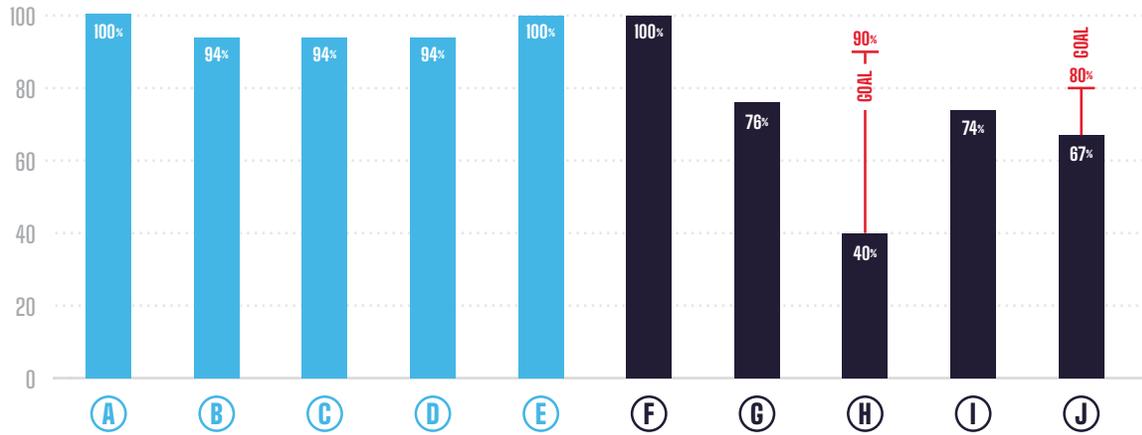
For more information about HIV surveillance data and how it is used, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

All content is based on the most recent data available in April 2022.

For data on HIV risk behaviors and barriers to HIV care, visit cdc.gov/hiv/group/gender/ transgender/index.html

FIGURE 3.1

HIV Continuum of Care Among
Transgender Persons Aged 13 and Older
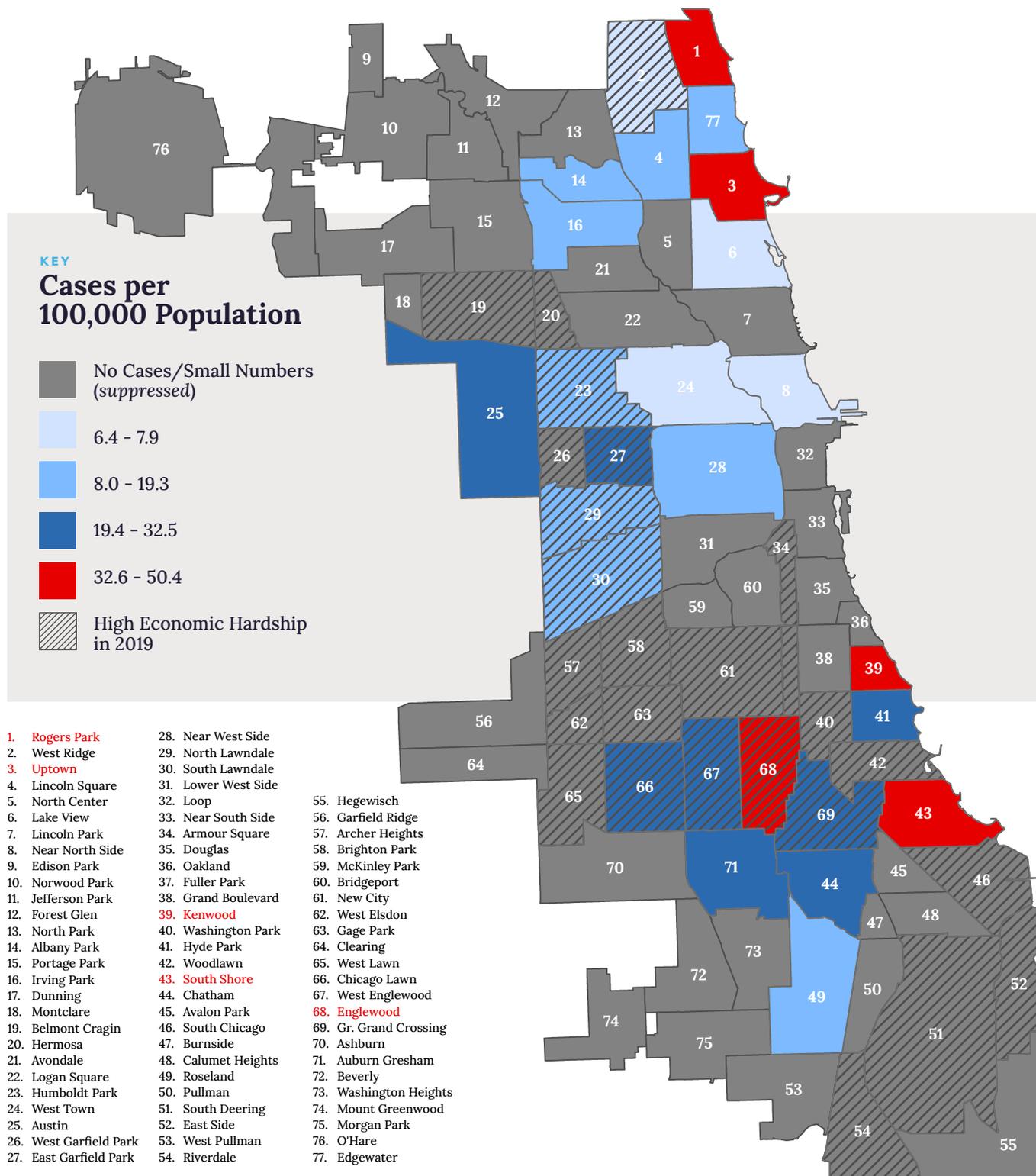
Chicago, 2020 (*as of 12/28/2021*)

A: # New HIV Diagnoses (2020); **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 2019 and living with HIV in 2020; **G:** % Accessing Care (*at least 1 visit in 2020*); **H:** % Retained in Care (*at least 2 visits in 2020, 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 1/1/2020 and 12/31/2020 and who identify as transgender i. Source: Chicago enhanced HIV/ AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). 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 1/1/2020 and 12/31/2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Link1 Table. (f) Number of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 and VL1 Tables. (g) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least one medical care visit (at least one CD4 or VL) between January 2020 and December 2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (h) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2020 and December 2020 and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, Care1 Table. (i) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 and who identify as transgender, who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. (j) Percent of persons ≥ 13 years of age on 12/31/2019 diagnosed with HIV through 12/31/2019 and living with HIV on 12/31/2020 whose most recent viral load test result was less than 200 copies/mL and who identify as transgender. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 12/28/2021). NHAS output, VL1 Table. Note: Red bars represent the National HIV/AIDS Strategy (NHAS) indicator goals for 2020

FIGURE 3.2

Rate of Transgender People Living with HIV/AIDS by Community Area, Chicago, 2020

KEY

Cases per 100,000 Population

- No Cases/Small Numbers (*suppressed*)
- 6.4 - 7.9
- 8.0 - 19.3
- 19.4 - 32.5
- 32.6 - 50.4
- High Economic Hardship in 2019

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Lincoln Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Montclare
19. Belmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humboldt Park
24. West Town
25. Austin
26. West Garfield Park
27. East Garfield Park
28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower West Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. South Shore
44. Chatham
45. Avalon Park
46. South Chicago
47. Burnside
48. Calumet Heights
49. Roseland
50. Pullman
51. South Deering
52. East Side
53. West Pullman
54. Riverdale
55. Hegewisch
56. Garfield Ridge
57. Archer Heights
58. Brighton Park
59. McKinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Gr. Grand Crossing
70. Ashburn
71. Auburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. O'Hare
77. Edgewater

Data Source: CDPH, Enhanced HIV/AIDS Reporting System (as of 12/28/21), City of Chicago GIS Shapefiles, and U.S Census.

This map represents 83% (321/386) of transgender people living with HIV/AIDS. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

TABLE 3.1

Reported Cases of HIV Infection Diagnoses Among Transgender Persons by Selected Demographic Characteristics*, Chicago, 2016-2020

Demographic Characteristics	2016 No.	2016 %	2017 No.	2017 %	2018 No.	2018 %	2019 No.	2019 %	2020 No.	2020 %	% Change 2016-2020€
RACE/ETHNICITY^											
Black, non-Hispanic	14	63.6%	18	75.0%	12	54.5%	13	72.2%	7	43.8%	-50.0%
White, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	0	0.0%	5	31.3%	-
Hispanic	<5	<1%	<5	<1%	6	27.3%	<5	<1%	<5	<1%	-
Asian/PI, non-Hispanic	<5	<1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
AI/AN, non-Hispanic	<5	<1%	0	0.0%	<5	<1%	<5	<1%	0	0.0%	
Other, non-Hispanic	<5	<1%	0	0.0%	<5	<1%	<5	<1%	0	0.0%	-
SEX											
Transgender: FtM	<5	<1%	<5	<1%	0	0.0%	<5	<1%	<5	<1%	-
Transgender: MtF	21	95.5%	23	95.8%	22	100.0%	16	88.9%	15	93.8%	-28.6%
TRANSMISSION CATEGORY											
Anal Sex	17	77.3%	20	83.3%	19	86.4%	16	88.9%	11	68.8%	-35.3%
IDU	<5	<1%	<5	<1%	<5	<1%	0	0.0%	0	<1%	-
Anal Sex/IDU	<5	<1%	0	0.0%	0	0.0%	0	0.0%	<5	0.0%	-
Heterosexual	<5	<1%	<5	<1%	<5	<1%	<5	<1%	0	<1%	-
Other¶	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-
NIRᵅ	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	-
AGE GROUP											
13-19	6	27.3%	8	33.3%	<5	<1%	<5	<1%	0	0.0%	-
20-29	9	40.9%	11	45.8%	14	63.6%	10	55.6%	9	56.3%	0.0%
20-24	7	31.8%	<5	<1%	7	31.8%	5	27.8%	<5	<1%	-
25-29	<5	<1%	7	29.2%	7	31.8%	5	27.8%	5	31.3%	-
30-39	7	31.8%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	-
40-49	0	0.0%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	-
50+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	<5	<1%	-
TOTAL	22		24		22		18		16		-27.3%

68

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 and AIDS cases as of 12/28/2021. *For HIV and AIDS cases, transgender is based on current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses may differ slightly across tables. ^AI/AN refers to American Indian/ Alaskan Native. ¶ Includes perinatal transmission, blood transfusion and hemophilia. ᵅNo Indicated Risk (NIR). € Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report.

TABLE 3.2

Reported Cases of People Living with HIV Among Transgender Individuals, Chicago*, 2016-2020

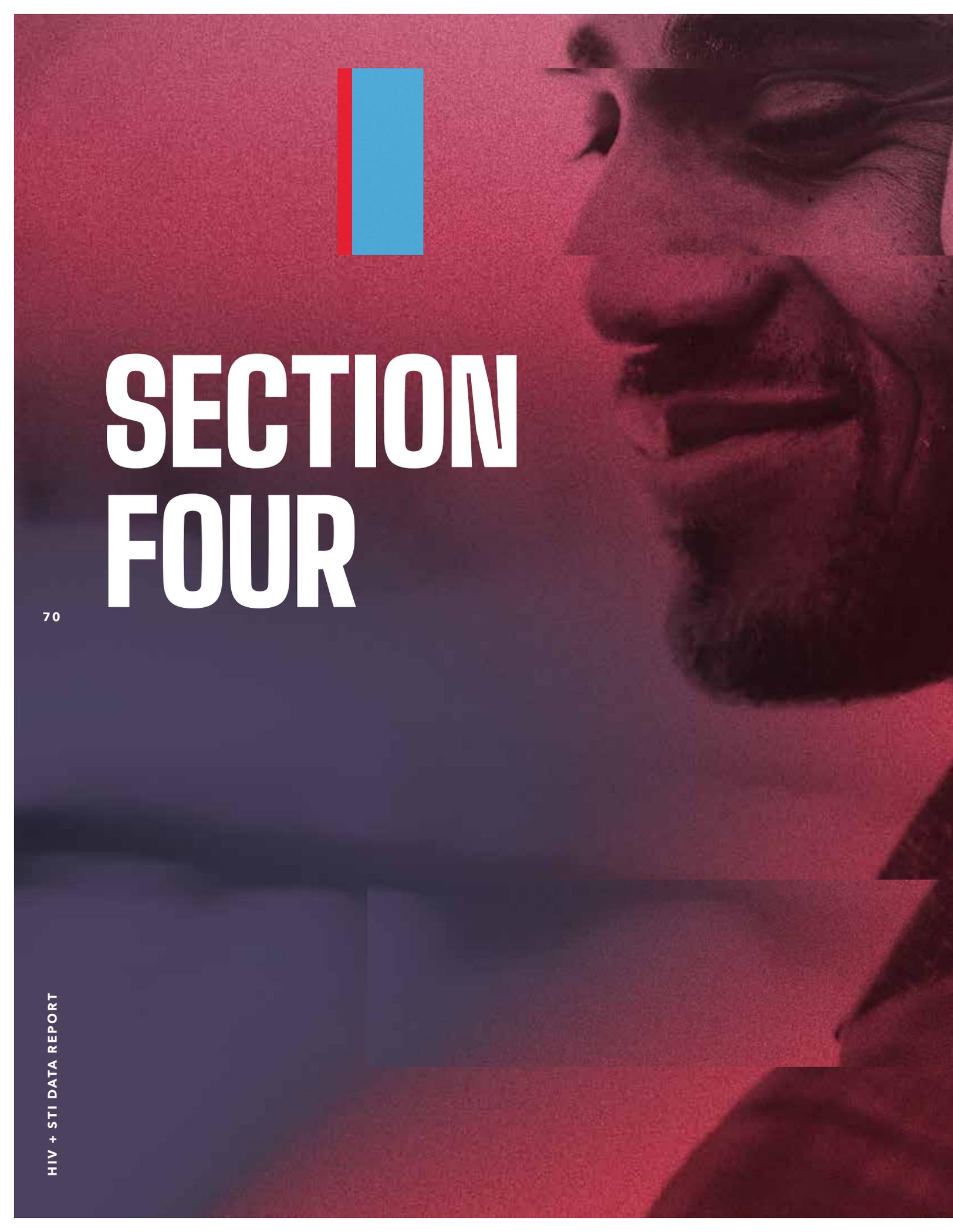| Demographic Characteristics	2016		2017		2018		2019		2020		% Change 2016-2020€
	No.	%	No.	%	No.	%	No.	%	No.	%	
RACE/ETHNICITY^											
Black, non-Hispanic	194	55.9%	197	57.8%	210	58.7%	214	58.0%	231	59.8%	19.1%
White, non-Hispanic	24	6.9%	24	7.0%	25	7.0%	25	6.8%	24	6.2%	0.0%
Hispanic	84	24.2%	77	22.6%	82	22.9%	90	24.4%	90	23.3%	7.1%
Asian/PI, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	-
AI/AN, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	-
Other, non-Hispanic	41	11.8%	39	11.4%	38	10.6%	36	9.8%	37	9.6%	-9.8%
SEX											
Transgender: FtM	47	13.5%	45	13.2%	44	12.3%	43	11.7%	42	10.9%	-10.6%
Transgender: MtF	300	86.5%	296	86.8%	314	87.7%	326	88.3%	344	89.1%	14.7%
TRANSMISSION CATEGORY											
Anal Sex	247	71.2%	243	71.3%	261	72.9%	274	74.3%	289	74.9%	17.0%
IDU	10	2.9%	8	2.3%	7	2.0%	7	1.9%	7	1.8%	-30.0%
Anal Sex/IDU	45	13.0%	43	12.6%	43	12.0%	40	10.8%	43	11.1%	-4.4%
Heterosexual	18	5.2%	21	6.2%	22	6.1%	22	6.0%	21	5.4%	16.7%
Other¶	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	-
NIRα	24	6.9%	24	7.0%	23	6.4%	24	6.5%	25	6.4%	4.2%
AGE GROUP											
13-19	7	2.0%	7	2.1%	9	2.5%	<5	<1%	5	1.3%	-
20-29	128	36.9%	117	34.3%	115	32.1%	111	30.1%	109	28.2%	-14.8%
20-24	48	13.8%	44	12.9%	38	10.6%	36	9.8%	34	8.8%	-29.2%
25-29	80	23.1%	73	21.4%	77	21.5%	75	20.3%	75	19.4%	-6.3%
30-39	87	25.1%	92	27.0%	110	30.7%	125	33.9%	131	33.9%	50.6%
40-49	67	19.3%	58	17.0%	47	13.1%	48	13.0%	54	14.0%	-19.4%
50-59	38	11.0%	45	13.2%	53	14.8%	51	13.8%	55	14.2%	44.7%
60+	20	5.8%	22	6.5%	24	6.7%	30	8.1%	32	8.3%	60.0%
TOTAL	347		341		358		369		386		11.2%

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 and AIDS cases as of 12/28/2021. *For HIV and AIDS cases, transgender is based on current gender identity or gender with which a person identifies. Because total diagnoses were calculated using current gender, independently of values using birth sex, total diagnoses may differ slightly across tables . ^AI/AN refers to American Indian/ Alaskan Native. ¶ Includes perinatal transmission, blood transfusion and hemophilia. αNo Indicated Risk (NIR). € Annual Percent Change (APC) is used to provide a general picture of disease trends across the 5 years of the report.

SECTION FOUR

Medical Monitoring Project

CHICAGO 2015-2019

MEDICAL MONITORING PROJECT, CHICAGO 2015–2019

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 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 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.

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.

- Between the 2015-2019 cycles, a total of 796 MMP participants were interviewed.

Among virally suppressed participants:

32%
were current smokers

35%
reported injection drug use

25%
reported anxiety or depression

69.5%
of individuals were virally suppressed

81.9%
of individuals were in care
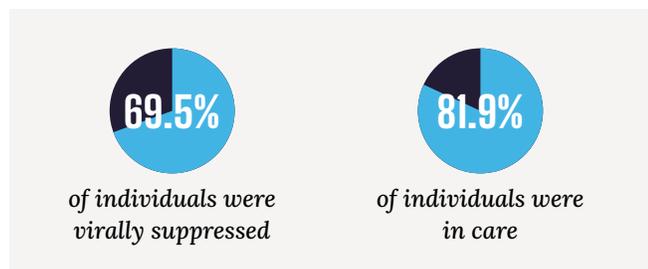
- Approximately 69.5% (n=553) were virally suppressed and 81.9% (n=652) were in care.

- Over half of the Chicago MMP participants were non-Hispanic Black (53.7%) and ≥50 years old (50.9%) (Fig. 4.1 & 4.2).

45%
of virally suppressed individuals

reported living at or below the poverty line
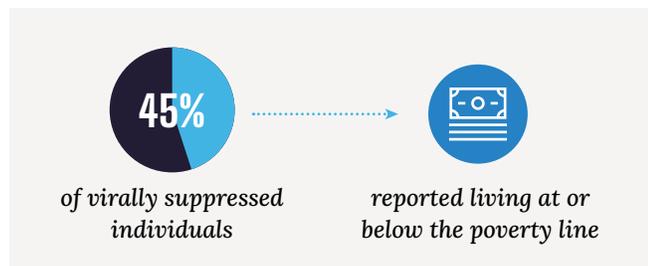
- Among the virally suppressed participants - 45% reported living at or below the poverty line.
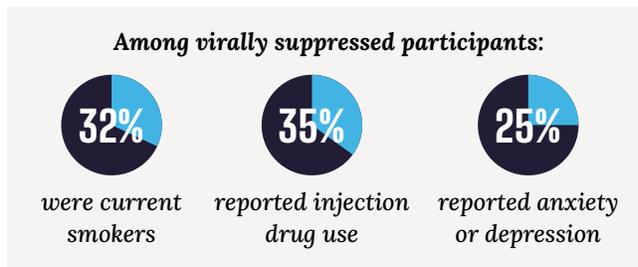
- Approximately one third of virally suppressed participants were current smokers (32%), 35% reported partaking in injection drug use and a quarter reported having feelings of anxiety/depression (25%) (Fig. 4.3).

- 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, 4.3 & 4.4).

- Virally suppressed MMP participants aged 30-39 years had the lowest proportions of living at or below the poverty level, compared to the other age groups (Fig. 4.4).

- Younger MMP participants (18-29 years and 30-39 years), transgender persons and individuals with private insurance had higher proportions of individuals not being in care, compared to those in care (Fig. 4.5, 4.7 & 4.8).

- The proportions of individuals in and out of care were roughly equivalent when looking across the various race/ethnicity groups (Fig 4.6).

MEDICAL MONITORING PROJECT

The Medical Monitoring Project (MMP) is a cross-sectional, locally and nationally representative sample survey that assesses the behavioral and clinical characteristics of adults with diagnosed HIV in the United States and Puerto Rico.

To learn more about the project, visit cdc.gov/hiv/statistics/systems/mmp.

Sustained viral suppression leads to better health outcomes and low HIV transmission risk.

62%

had sustained viral suppression

Data collected from Chicago MMP data, June 2015–May 2018

Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection

Retention in medical care and antiretroviral therapy (ART) are critical for sustained viral suppression.

- **87%** were prescribed ART
- **76%** were retained in HIV care
- **58%** took all of their ART doses in the past 30 days

Many people with HIV faced challenges maintaining viral suppression:

- **48%** lived in households at or below the poverty threshold
- **9%** experienced homelessness
- **38%** of people experienced HIV stigma[†]
- **24%** reported symptoms of depression or anxiety
- **36%** reported using drugs for non-medical purposes
- **9%** engaged in high-risk sex*

Risk of HIV transmission can be lowered through use of multiple HIV prevention strategies.

For more information on how to protect others, go to cdc.gov/hiv/basics/livingwithhiv/protecting-others.html

---

[†]Median score calculated from a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures four dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people living with HIV.

* High-risk sex is defined as not having sustained viral suppression and having condomless sex with an HIV-negative or unknown status partner who was not taking PrEP.

Chicago MMP data, 2015-2019

FIGURE 4.1

MMP Participants by Race and Ethnicity

Chicago, 2015-2019 (N=796)

Legend:
- White, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Asian/PI, non-Hispanic
- AI/AN, non-Hispanic
- Multiple, non-Hispanic

Values: 1.2%, 0.3%, 2.8%, 25.6%, 17.4%, 53.7%
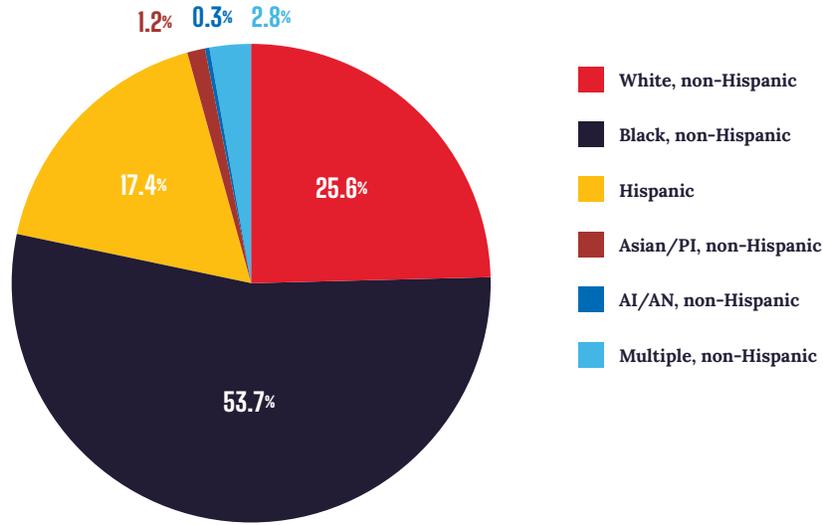
FIGURE 4.2

MMP Participants by Age Group

Chicago, 2015-2019 (N=796)

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

Values: 10.4%, 19.0%, 19.6%, 50.9%
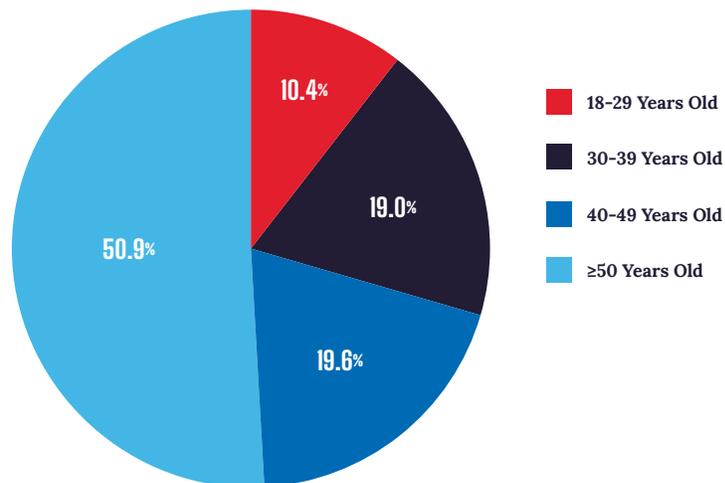
FIGURE 4.3

Vulnerabilities Among Virally Suppressed MMP Participants by Race/Ethnicity

Chicago, 2015-2019

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

OVERALL (N=553)
- Poverty: 45%
- Smoker: 32%
- Non-injection drug use: 35%
- Injection drug use: 2%
- Anxiety/Depression: 25%
- Binge Drinking: 20%
- Homeless: 9%
- Private Insurance: 42%
- Public Insurance: 50%
- RW/ADAP: 7%

WHITE, NH (N=140)
- Poverty: 18%
- Smoker: 30%
- Non-injection drug use: 48%
- Injection drug use: 3%
- Anxiety/Depression: 26%
- Binge Drinking: 26%
- Homeless: 7%
- Private Insurance: 70%
- Public Insurance: 27%
- RW/ADAP: 3%

BLACK, NH (N=279)
- Poverty: 57%
- Smoker: 38%
- Non-injection drug use: 30%
- Injection drug use: 1%
- Anxiety/Depression: 24%
- Binge Drinking: 16%
- Homeless: 11%
- Private Insurance: 29%
- Public Insurance: 67%
- RW/ADAP: 4%

HISPANIC (N=111)
- Poverty: 53%
- Smoker: 21%
- Non-injection drug use: 28%
- Injection drug use: 2%
- Anxiety/Depression: 24%
- Binge Drinking: 22%
- Homeless: 6%
- Private Insurance: 35%
- Public Insurance: 42%
- RW/ADAP: 24%

API, NH (N=9)
- Poverty: 17%
- Smoker: 25%
- Non-injection drug use: 17%
- Injection drug use: 0%
- Anxiety/Depression: 50%
- Binge Drinking: 23%
- Homeless: 9%
- Private Insurance: 53%
- Public Insurance: 24%
- RW/ADAP: 23%

OTHER, NH (N=14)
- Poverty: 76%
- Smoker: 30%
- Non-injection drug use: 29%
- Injection drug use: 3%
- Anxiety/Depression: 44%
- Binge Drinking: 14%
- Homeless: 23%
- Private Insurance: 30%
- Public Insurance: 70%
- RW/ADAP: 0%

MMP data for Chicago as of 05/26/2021; 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 4.4

Vulnerabilities Among Virally Suppressed MMP Participants by Age Group

Chicago, 2015-2019

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

18–29 (N=41)
- Poverty: 50%
- Smoker: 21%
- Non-injection drug use: 50%
- Injection drug use: 2%
- Anxiety/Depression: 28%
- Binge Drinking: 30%
- Homeless: 19%
- Private Insurance: 35%
- Public Insurance: 56%
- RW/ADAP: 10%

30–39 (N=102)
- Poverty: 26%
- Smoker: 34%
- Non-injection drug use: 53%
- Injection drug use: 2%
- Anxiety/Depression: 26%
- Binge Drinking: 26%
- Homeless: 4%
- Private Insurance: 56%
- Public Insurance: 36%
- RW/ADAP: 8%

40–49 (N=112)
- Poverty: 42%
- Smoker: 36%
- Non-injection drug use: 33%
- Injection drug use: 1%
- Anxiety/Depression: 22%
- Binge Drinking: 28%
- Homeless: 7%
- Private Insurance: 44%
- Public Insurance: 43%
- RW/ADAP: 13%

≥50 (N=298)
- Poverty: 51%
- Smoker: 32%
- Non-injection drug use: 28%
- Injection drug use: 2%
- Anxiety/Depression: 26%
- Binge Drinking: 14%
- Homeless: 10%
- Private Insurance: 38%
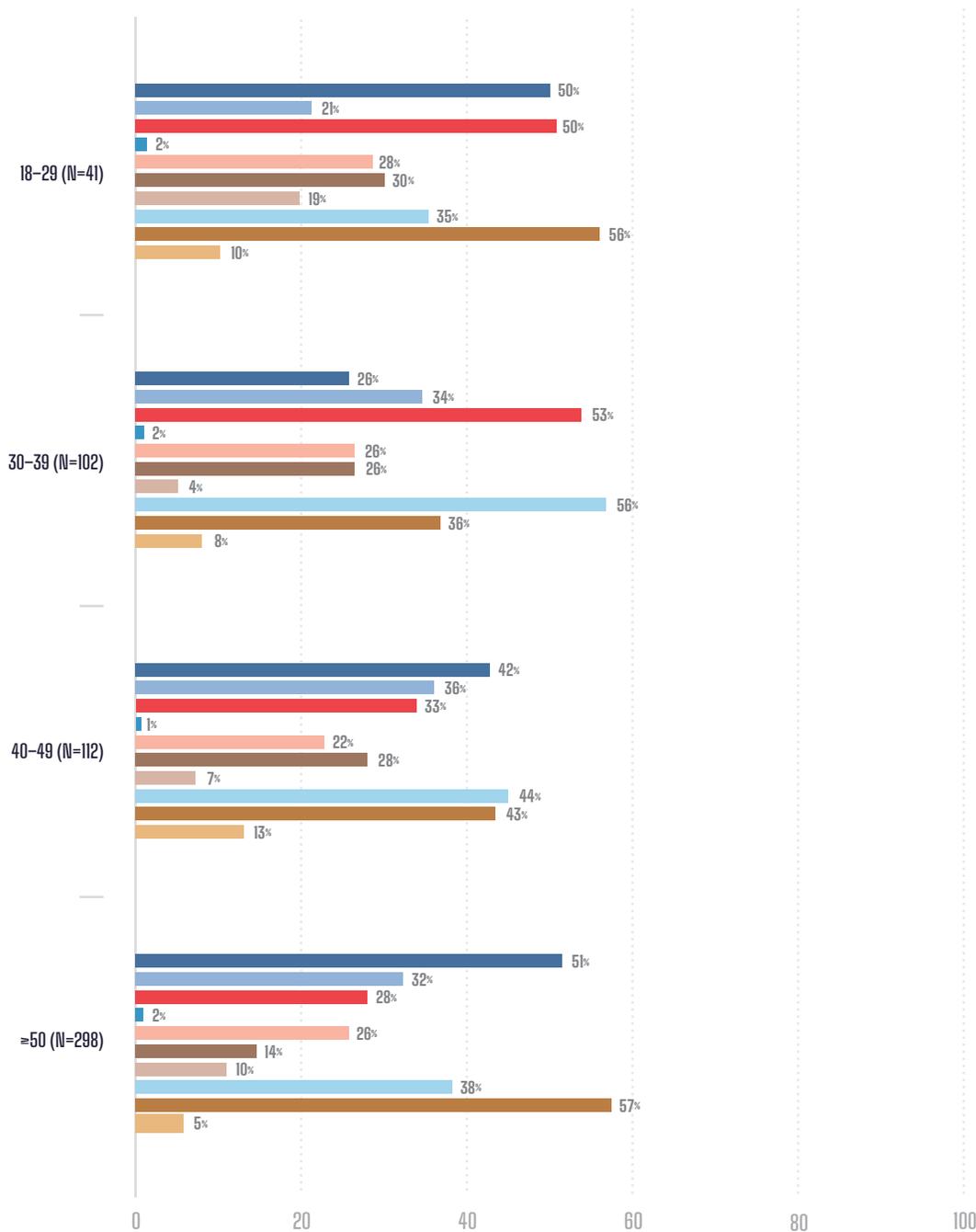- Public Insurance: 57%
- RW/ADAP: 5%

MMP data for Chicago as of 05/26/2021; 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 4.5

MMP Participants by Age Group and Care Status

Chicago, 2015–2019

Age Group	In Care	Out of Care
18–29	8.7%	15.5%
30–39	16.7%	26.1%
40–49	20.5%	17.2%
≥50	54.2%	41.2%

Care Status: In Care (*n*=652) Out of Care (*n*=144)

78
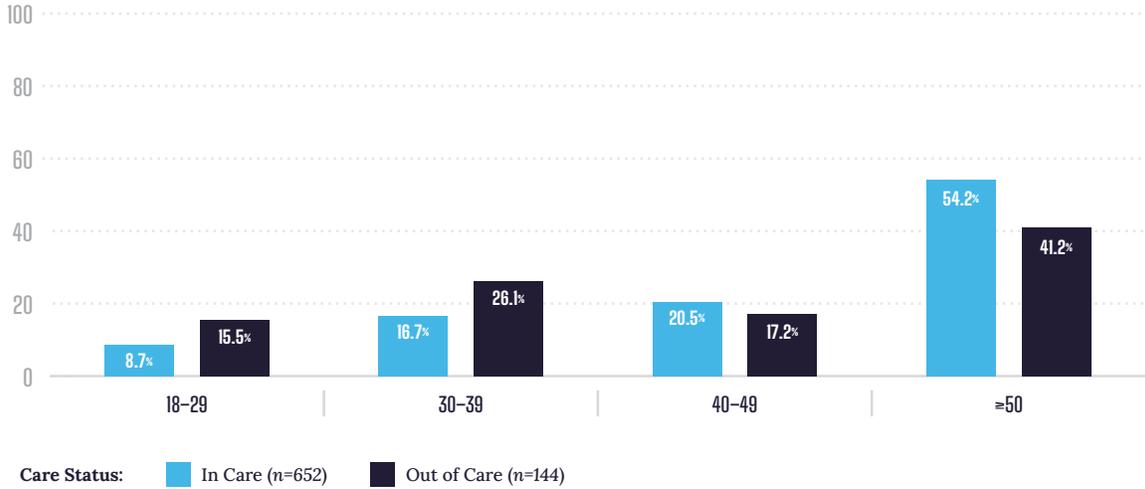
FIGURE 4.6

MMP Participants by Race/Ethnicity and Care Status

Chicago, 2015–2019

Race/Ethnicity	In Care	Out of Care
ASIAN/PI, NON-HISPANIC	1.2%	1.2%
BLACK NON-HISPANIC	54.8%	50.3%
HISPANIC	16.9%	19.2%
OTHER NON-HISPANIC	2.9%	3.6%
WHITE NON-HISPANIC	24.2%	25.8%

Care Status: In Care (*n*=652) Out of Care (*n*=144)
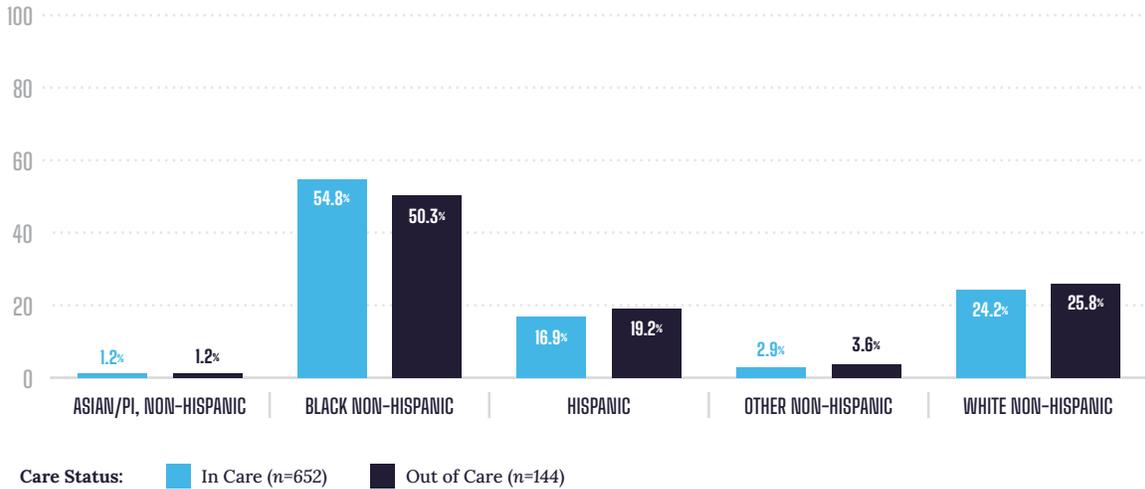
FIGURE 4.7

MMP Participants by Current Gender and Care Status

Chicago, 2015-2019

Care Status: ■ In Care (*n*=652) ■ Out of Care (*n*=144)

Data points:
- FEMALE: 17.6%, 18.4%
- MALE: 81.0%, 76.6%
- TRANSGENDER: 1.4%, 5.0%
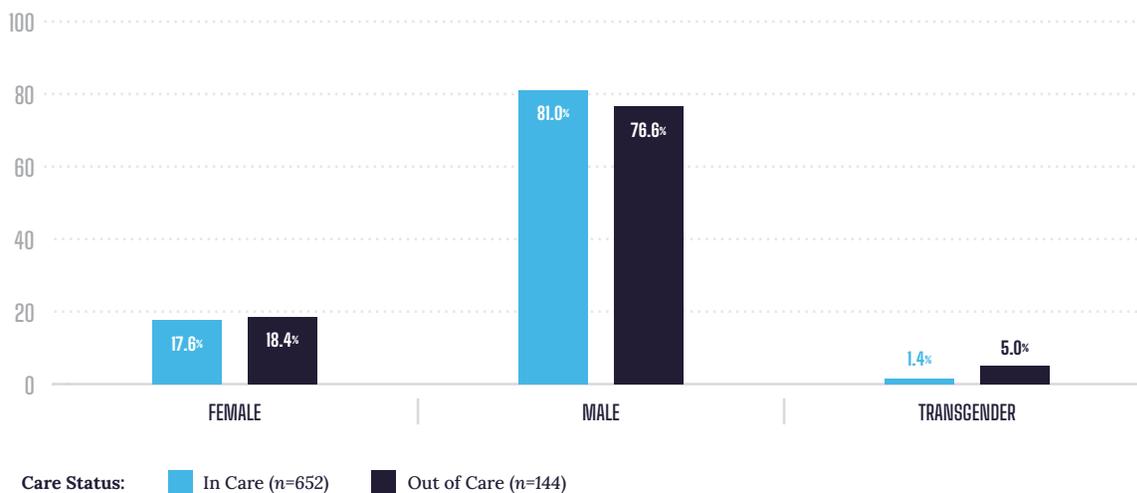
FIGURE 4.8

MMP Participants by Insurance Type and Care Status

Chicago, 2015-2019
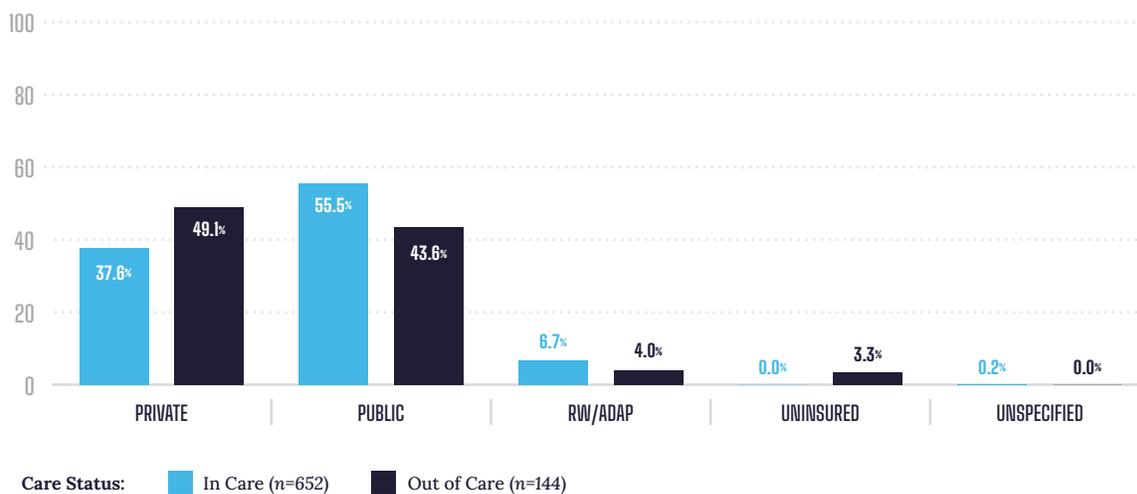
Care Status: ■ In Care (*n*=652) ■ Out of Care (*n*=144)

Data points:
- PRIVATE: 37.6%, 49.1%
- PUBLIC: 55.5%, 43.6%
- RW/ADAP: 6.7%, 4.0%
- UNINSURED: 0.0%, 3.3%
- UNSPECIFIED: 0.2%, 0.0%

SECTION FIVE

Population Centered Health Homes

2020

POPULATION CENTERED HEALTH HOMES, 2020

Population Centered Health Homes (PCHH) provide cohesive, comprehensive, and integrated clinical and essential supportive services for both persons living with and vulnerable to HIV.

>90%

of PLWH served by PCHH were prescribed ARV

HIV Services Portfolio

Since 2019, the Chicago Department of Public Health (CDPH), through its status-neutral HIV Services Portfolio, awarded more than $41 million annually in strategic investments aligned with the Getting to Zero (GTZ) Illinois plan. The GTZ plan lays out an ambitious roadmap to end the HIV epidemic in Illinois. Population Centered Health Homes (PCHH) are a critical component of the Portfolio. PCHH provide cohesive, comprehensive, and integrated clinical and essential supportive services for both persons living with and vulner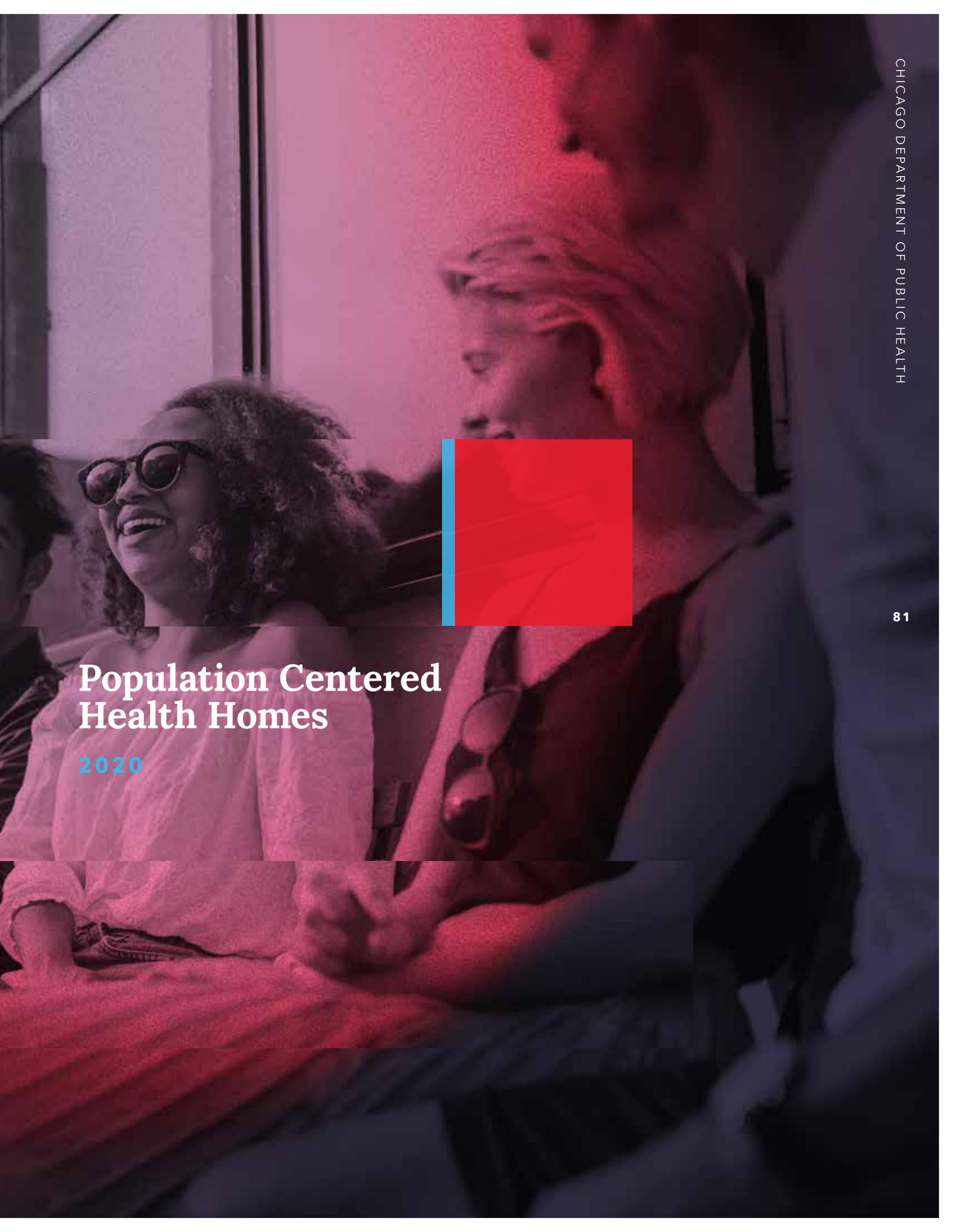able to HIV. Services include HIV screening, access to anti-retroviral medication for pre-exposure prophylaxis (PrEP) and treatment, medical care, and supportive services.[1] **PCHH are intended to provide the right services to the right people in the right way.**[2]

PCHH is specifically defined as:

Population refers to those living with HIV and those vulnerable to HIV infection, including cisgender, gay, bisexual, and other men who have sex with men (MSM) of all races/ethnicities; cisgender, non-Hispanic Black heterosexual women; and transgender individuals in areas where they live, work, learn and socialize.

Centered refers to organizing medical care and essential supportive services around individuals receiving care and the community(ies) they identify with. PCHH focuses on individual whole-person needs (person-centered care) and the population's health.

Health refers to both the physical and behavioral health of individuals and their communities. In addition to medical care, PCHH focuses on social well-being—helping individuals feel connected to their communities and health equity and helping them attain the highest level of health possible.

Home refers to organizing the care of individuals and communities in a comprehensive and highly coordinated manner so that people are served by a diverse and skilled team that works together to meet the needs of the individuals and his/her/their communities.

Organizations funded to implement PCHH

Twelve agencies are funded to implement PCHH in the Chicago Eligible Metropolitan Area (Figure 5.1). Note: the alias in parentheses will be used throughout tables and figures in this section.

- Access Community Health Network (ACCESS)

- Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie)

12 Agencies are funded to implement PCHH

Organizations funded to implement PCHH (continued)

- Cook County Health (CCH)
- Erie Family Health (Erie)
- Howard Brown Health (HBH)
- Heartland Alliance Health (Heartland)
- Lake County Health Department (LCHD)
- Michael Reese Research & Education Foundation (Michael Reese)
- Open Door Health Center of Illinois (Open Door)
- Sinai Chicago Health System (Sinai)
- University of Illinois Chicago (UIC)
- The University of Chicago (UC)

PCHH Services

The PCHH services highlighted in this section are for people living with HIV (PLWH). PLWH includes those who are HIV-positive, those who have CDC defined AIDS[A], and those who are HIV-indeterminant[B]. **Specifically, the services intend to increase the number of PLWH who successfully use antiretroviral (ARV) medications for HIV treatment and achieve viral suppression.**

The PCHH have measures and annual system targets (Table 5.1) to evaluate their collective impact across funded agencies. 2020 was the first full year of PCHH implementation and the first data collection cycle.

Incidentally, 2020 was also the first year of the COVID-19 pandemic, when many resources, including staff, were limited.

TABLE 5.1

System Targets for Services for Persons Living with HIV (PLWH), Chicago, 2020

Measure	Target (Across all participating PCHH agencies)	
	Metric	Number (minimum)
Total PLWH served by PCHH (unduplicated)	–	22,000
Total PLWH prescribed ARV medication	≥90% of total served	19,800
Total PLWH who are virally suppressed	≥80% of total served	17,600

A. CDC Defined AIDS: Client has HIV and meets the CDC AIDS case definition for an adult or child. Note: once a client has AIDS, they are always counted in the CDC-defined AIDS Category regardless of changes in CD4 counts.

B. HIV Indeterminate: a child born to an HIV+ individual but has not tested positive for HIV themselves.

PCHH System Targets for Chicago EMA

14,611

PLWH served by PCHH

66.4%

of anual target of PLWH served by PCHH
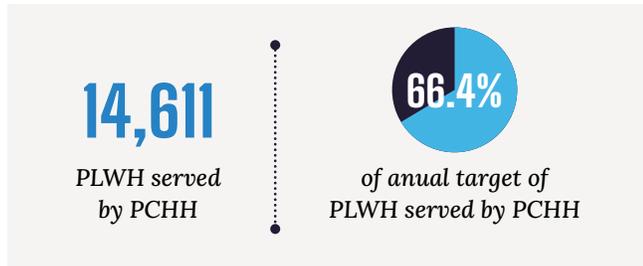
Total PLWH served by PCHH

In 2020, PCHH served a total of **14,611 PLWH**. This was 66.4% of the annual target of 22,000 PLWH across the Chicago EMA (Figure 5.2). In 2020, 70% of clients served through PCHH were between the ages of 30 to 59 years; 55.6% were non-Hispanic Black individuals; 74.9% were males; 47.5% were gay, bisexual, and other men who have sex with men (MSM) (Table 5.2, Figures 5.2-5.6). When the total number of PLWH served through the PCHH is stratified by the participating agencies, Cook County Health (CCH) served the highest number of PLWH clients at 5,795 followed by Howard Brown Health (HBH) with 4,676 PLWH clients served (Figure 5.7).

When stratified by HIV status, more than three-quarters (76.9%) of PCHH clients were HIV-positive. Of these individuals, a majority were non-Hispanic Black individuals (54.0%), males (75.0%), and MSM (50.2%). The age distribution of HIV-positive clients was relatively evenly distributed among age categories. Among PCHH clients with CDC defined AIDS, most were between the ages of 50-59 years (31.6%), non-Hispanic Black (60.7%), males (75.0%), and MSM (39.2%) and heterosexual individuals (38.9%). HIV-indeterminate clients were comprised of children ages 13 years and younger, 78.1% of which were non-Hispanic Black (Table 5.3).

Total PLWH prescribed ARV medication

One of the targets of the PCHH is to prescribe antiretroviral (ARV) medication to 90% or more

of the PLWH served. **Collectively, of the 14,611 served in 2020, 13,483 PLWH, or 92.3%, had ever been prescribed ARV medication. (Figure 5.8).** Among PLWH served by the PCHH who had ever been prescribed ARV, the plurality were between the ages of 50 and 59 years (26%) (Figure 5.9), non-Hispanic Black (56%) (Figure 5.10), male (75%) (Figure 5.11), and MSM (48%) (Figure 5.12).

75%

of PCHH agencies reached their goal of:

90%

of PLWH clients having been prescribed ARV
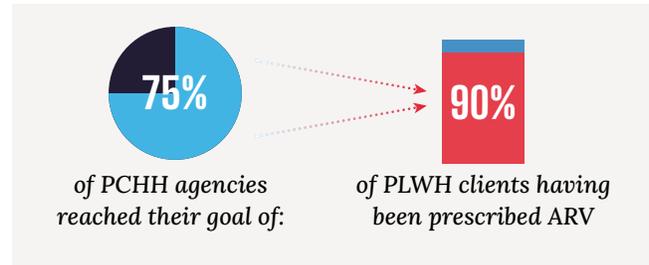
Three-quarters (75%) of PCHH agencies reached the goal of at least 90% of their PLWH clients having been prescribed ARV (Figure 5.13).

Total PLWH who are virally suppressed

The third main target of the PCHH is to ensure that at least 80% of the PLWH served were virally suppressed. Being virally suppressed, or viral suppression, is defined as having less than 200 copies of HIV per milliliter of blood. HIV medicine can make the viral load so low that a test cannot detect it. This is called an undetectable viral load.[3] **Collectively, 90.1% (13,165) of PLWH served through the PCHH were virally suppressed in 2020, surpassing the annual goal by 10-percentage points (Figure 5.14).** Among virally suppressed PCHH clients, the majority were between the ages of 50 and 59 years (26%) (Figure 5.15), non-Hispanic Black (54%) (Figure 5.16), male (75%) (Figure 5.17), and MSM (49%) (Figure 5.18).

All PCHH agencies achieved viral suppression rates among PLWH at, or above the target goal of 80%. As seen in Figure 5.19, more than half of the agencies had a viral suppression rate among PLWH clients at 90% or higher. Erie Family Health and Open Door had the highest rates at 96.2% and 95.1% respectively.

Additional Service Categories of the Population Centered Health Homes

Seven additional service categories are provided through PCHH.

EARLY INTERVENTION SERVICES

Ensures that individuals are identified at entry points and receive the necessary services and support as early as possible. Services include HIV screening of persons living with or vulnerable to HIV, linkage to care for persons newly diagnosed with HIV, linkage to HIV PrEP for persons vulnerable to HIV, HIV partner services, HIV education, counseling, and literacy training that enable customers to navigate the HIV system of care, and referral to other appropriate services based on HIV status.

MENTAL HEALTH

Provides psychological and psychiatric treatment and counseling services to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the state to offer such services.

NON-MEDICAL CASE MANAGEMENT

Provides advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Services include benefits/entitlement counseling and referral activities that assist eligible clients in obtaining access to public and private programs for which they may be eligible.

ORAL HEALTH

Provides diagnostic, preventive, and therapeutic dental care, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

PSYCHOSOCIAL SUPPORT SERVICES

Provides support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care/counseling, caregiver support, bereavement counseling, and nutrition counseling.

SUBSTANCE USE DISORDER TREATMENT (RESIDENTIAL)

Provides treatment services to address substance use disorders in a short-term residential health service setting.

SUBSTANCE USE DISORDER TREATMENT (OUTPATIENT)

Is provided by or under the supervision of a physician or other qualified/licensed personnel and services include:

- Pre-treatment/recovery readiness programs

- Harm reduction

- Mental health counseling to reduce depression, anxiety, and other disorders associated with substance abuse

- Outpatient drug-free treatment and counseling

- Opiate Assisted Therapy

- Neuro-psychiatric pharmaceuticals

- Relapse prevention

- Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever state certification or licensure exists

PCHH were given discretion for implementing these service categories. Not all participating agencies provided all services, and, if provided, not all participating agencies provided each

service to all clients. Additionally, data presented here represent services funded by CPDH only and do not represent complete data for all PLWH served by each PCHH. In some cases, services may have been funded through non-CDPH funding. **Therefore, numbers and percentages of clients served vary and should not be used to make comparisons across PCHH.**

Early Intervention Services (EIS) Usage by PCHH Agency

Table 5.4 shows the proportion of PLWH clients who received EIS, as well as the proportion of PLWH clients for each service within EIS. Erie (100.0%) and UC (83.6%) had the largest proportion of clients who received EIS.

Outpatient Ambulatory Medical Care Usage by PCHH Agency

Table 5.5 shows the breakdown of outpatient ambulatory health services by PCHH agency.

Social determinants of health and behavior varied by agency:

- Having stable housing was most prevalent (99.4%) among Lake County Health Department (LCHD) PLWH clients.

- The University of Chicago had the highest proportion of PLWH with medical insurance (98.5%).

- Rates of tobacco use (96.0%) and corresponding tobacco cessation counseling (62.8%) among PLWH were the highest at Heartland Alliance Health.

- Vaccination rates were highest at Lurie Children's Hospital, with two-thirds (67.9%) receiving a flu vaccine, 86.8% receiving the pneumococcal vaccine, and 91.2% receiving the hepatitis B vaccine.

- Hepatitis B immunity among PLWH clients was highest at Sinai Chicago Health System (Sinai) (58.3%).

- LCHD and Sinai screened 100.0% of clients for mental health.

- Consistent rates for substance use screening were seen at LCHD (100.0%) and Sinai (99.7%).

- Open Door had the highest proportion of those screened for hepatitis B (99.5%), hepatitis C (99.7%), and chlamydia, gonorrhea, and syphilis (99.5%, respectively). Tuberculosis screening was highest at LCHD (100.0%).

HIV Care Continuum Metrics vary by agency as well:

- LCHD, Open Door, and Sinai screened the highest proportion (100.0%) of PLWH clients for HIV risk-reduction. LCHD and Sinai had the highest proportion of PLWH prescribed antiretroviral therapy (99.7%). Erie had the highest proportion of those with a CD4 count of 1000+ cell/ul (21.2%) and UIC had the highest proportion of PLWH clients with a CD4 count of less than 200 cell/ul (55.4%). Cook County Health and the University of Chicago had the highest rate (20.5% and 20.3%, respectively) of clients prescribed prophylaxis.

Additional Service Category Usage by PCHH Agency

Table 5.6 presents summary data of the proportion of PLWH that were provided additional service categories, excluding Early Intervention Services and Outpatient Ambulatory Services.

- Among the agencies that were funded to provide mental health services to PLWH served, Michael Reese Research & Education Foundation had the highest proportion (40.3%) of mental health services provided.

- Lurie (50.9%), Erie (41.0%) and UC (37.3%) had the highest proportions of non-medical case management services provided to PLWH.

- Heartland provided the majority (91.4%) of their PLWH clients with oral health services.

- Lurie provided psychosocial support services for two-thirds (67.9%) of their PLWH clients, followed by Howard Brown Health (16.6%), and Cook County Hospital System (14.4%).

- Nearly one quarter (23.8%) of Michael Reese PLWH clients were provided with substance use outpatient services. Heartland provided substance use residential services to 16.3% of their clients living with HIV.

References

1. Chicago Department of Public Health. *Healthy Chicago 2025: closing our life expectancy gap 2020–2025.* Chicago: Chicago Department of Public Health, 2020.

2. Chicago Department of Public Health, HIV/STI Bureau – Community Health Services. (2019). *Request for Proposal Program Details: Population Centered Health Homes.* RFP# 6751.

3. Centers for Disease Control and Prevention. *HIV Treatment as Prevention.* https://www.cdc.gov/hiv/risk/art/ index.html#:~:text=This%20is%20called%20viral%20 suppression,called%20an%20undetectable%20viral%20load. Accessed May 12, 2022.

FIGURE 5.1

CDPH Funded Healthcare Agencies Implementing the Population Centered Health Homes (PCHH)

Chicago EMA, 2020

FIGURE 5.2

PROGRAMMATIC

Total Number of People Living with HIV Served by Population Centered Health Homes

Chicago EMA, 2020

TARGET
PLWH Served by PCHH
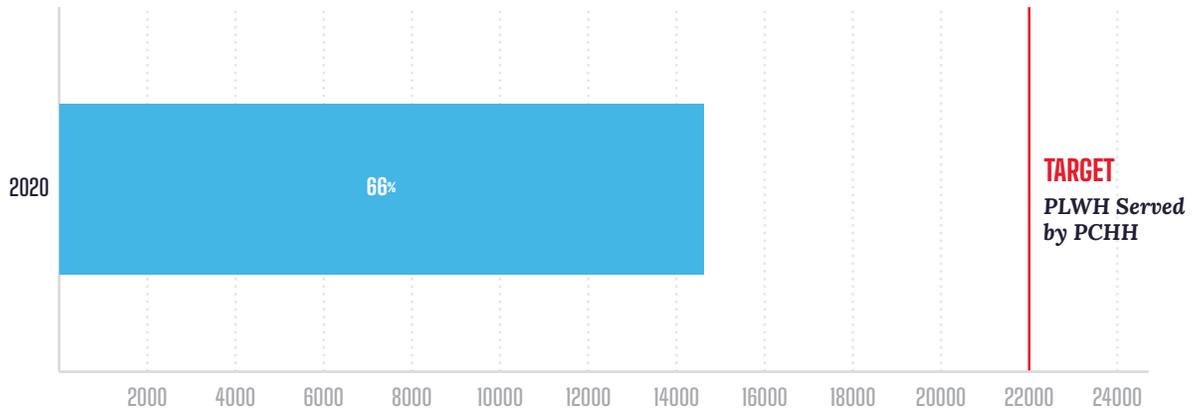
FIGURE 5.3

Total Number of People Living with HIV Served by Population Centered Health Homes by Age Group

Chicago EMA, 2020
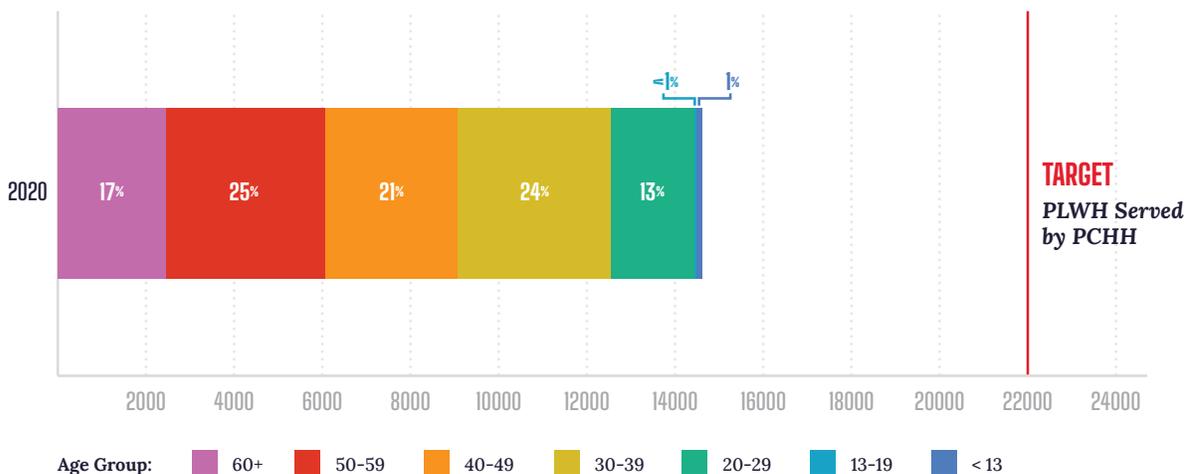
TARGET
PLWH Served by PCHH

Age Group: 60+ | 50-59 | 40-49 | 30-39 | 20-29 | 13-19 | < 13

FIGURE 5.4

Total Number of People Living with HIV Served by Population Centered Health Homes by Race/Ethnicity

Chicago EMA, 2020

TARGET
PLWH Served by PCHH

Race/Ethnicity: Black, non-Hispanic | Hispanic | White, non-Hispanic | Asian/PI, non-Hispanic | Unknown | Multiple, non-Hispanic | AI/AN, non-Hispanic
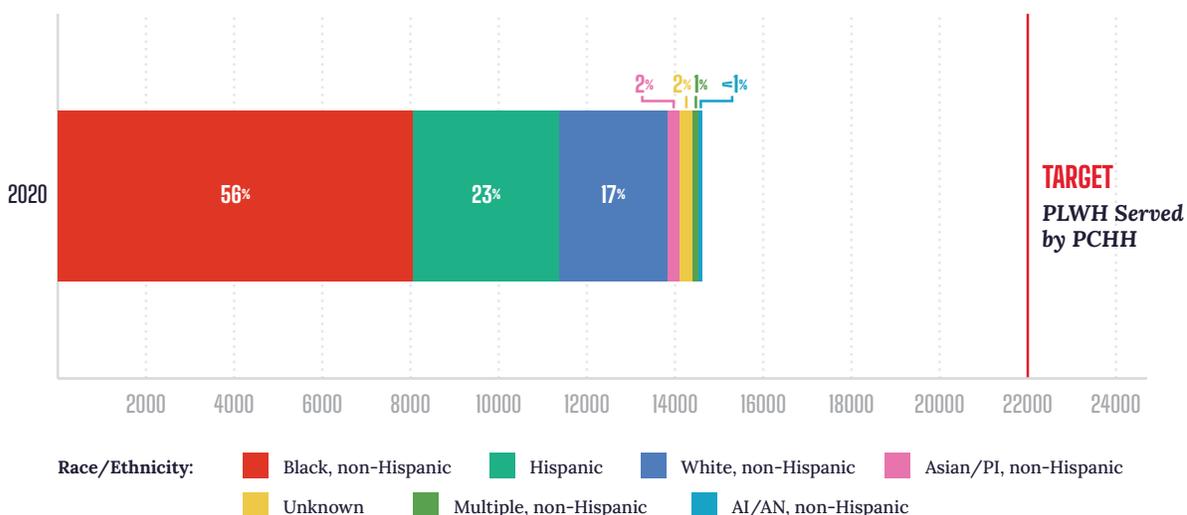
FIGURE 5.5

PROGRAMMATIC

Total People Living with HIV served by Population Centered Health Homes by Gender

Chicago EMA, 2020

TARGET
PLWH *Served by PCHH*

Gender: Male · Female · Unknown · Transgender: MtF · Individuals Identifying as Other Gender · Transgender: FtM

FIGURE 5.6

PROGRAMMATIC

Total People Living with HIV served by Population Centered Health Homes by Transmission Group

Chicago EMA, 2020

TARGET
PLWH *Served by PCHH*

Transmission Group: Male Sex w/Male (MSM) · Heterosexual · Other · Injection Drug Use (IDU) · MSM and IDU
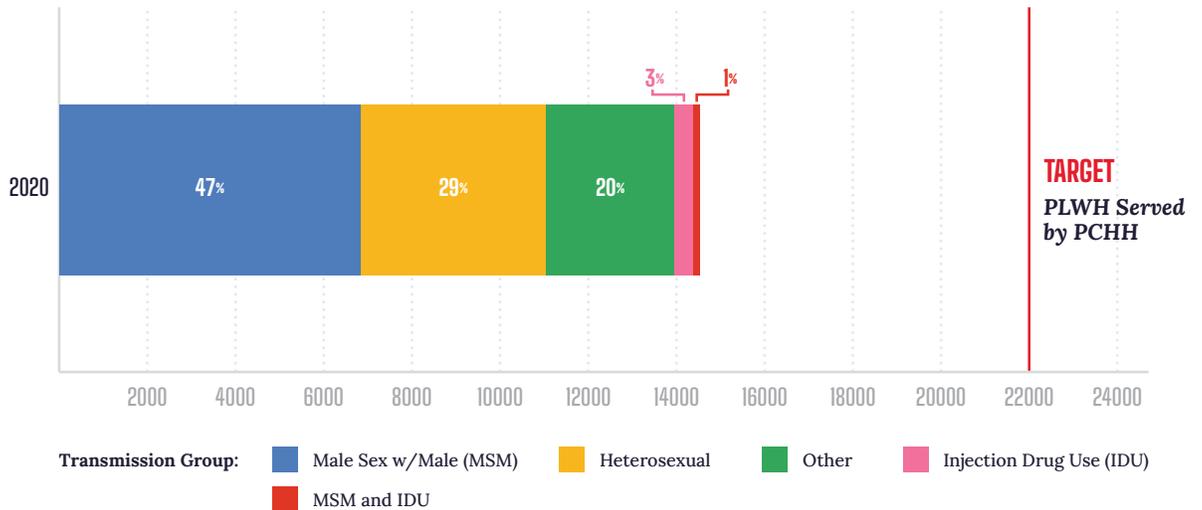
Note: Other category includes NIR (No Indicated Risk)

FIGURE 5.7

Total People Living with HIV served by Population Centered Health Homes by Agency

Chicago EMA, 2020

Agency	Value
CCH	5,795
HBH	4,676
UIC	1,012
UC	592
Open Door	577
Michael Reese	390
Heartland	349
Lake County HD	346
Sinai	326
Access	233
Lurie	159
Erie	156

FIGURE 5.8

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Prescribed Antiretroviral Medication*

Chicago EMA, 2020

TARGET
90% PLWH Prescribed ARV

2020 — 92.3%

TOTAL PLWH SERVED
14,611

FIGURE 5.9

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Prescribed Antiretroviral Medication,* by Age Group

Chicago EMA, 2020

TARGET
90% PLWH
Prescribed ARV

2020

17% 26% 21% 24% 12%

TOTAL PLWH SERVED
14,611

2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000 24000

Age Group: ■ 60+ ■ 50-59 ■ 40-49 ■ 30-39 ■ 20-29 ■ 13-19 ■ < 13

94

FIGURE 5.10

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Prescribed Antiretroviral Medication,* by Race/Ethnicity

Chicago EMA, 2020

TARGET
90% PLWH
Prescribed ARV

2% 1% <1% 2%

2020

22% 17% 56%

TOTAL PLWH SERVED
14,611

2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000 24000

Race/Ethnicity: ■ Unknown ■ Multiple, non-Hispanic ■ AI/AN, non-Hispanic ■ Asian/PI, non-Hispanic

■ Hispanic ■ White, non-Hispanic ■ Black, non-Hispanic

FIGURE 5.11

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Prescribed Antiretroviral Medication,* by Gender

Chicago EMA, 2020
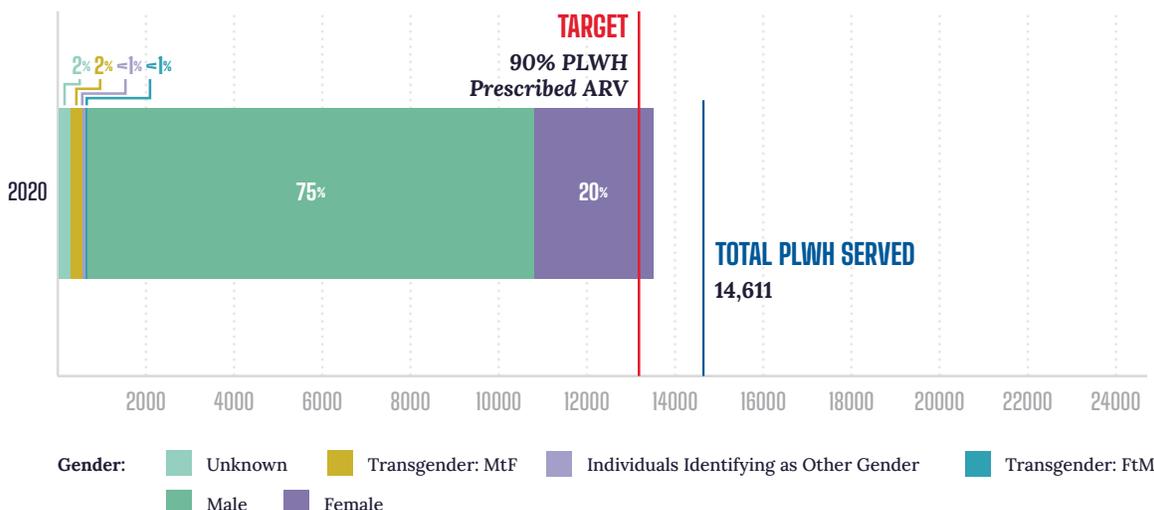
TARGET
90% PLWH
Prescribed ARV

2% 2% <1% <1%

2020 75% 20%

TOTAL PLWH SERVED
14,611

2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000 24000

Gender: Unknown | Transgender: MtF | Individuals Identifying as Other Gender | Transgender: FtM
Male | Female

FIGURE 5.12

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Prescribed Antiretroviral Medication,* by Transmission Group
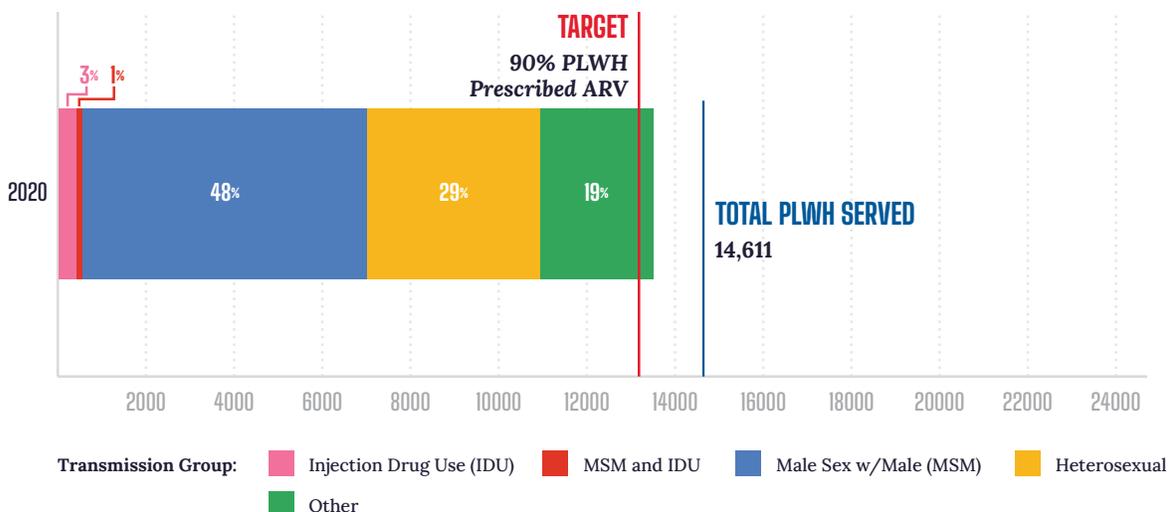
Chicago EMA, 2020

TARGET
90% PLWH
Prescribed ARV

3% 1%

2020 48% 29% 19%

TOTAL PLWH SERVED
14,611

2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000 24000

Transmission Group: Injection Drug Use (IDU) | MSM and IDU | Male Sex w/Male (MSM) | Heterosexual
Other

Note: Other category includes NIR (No Indicated Risk)

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Prescribed Antiretroviral Medication,* by Agency

Chicago EMA, 2020
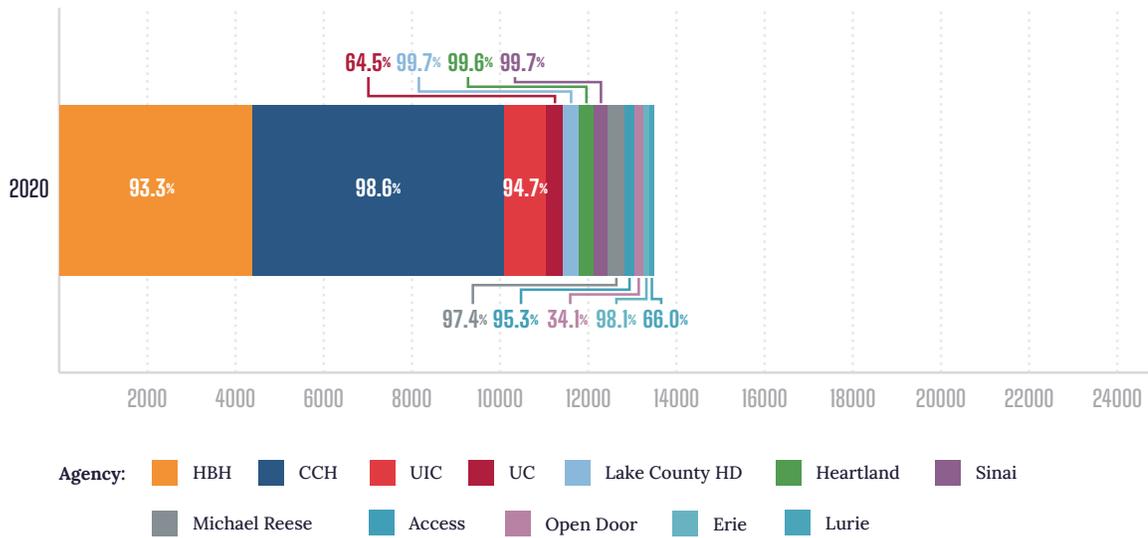
Agency: ■ HBH ■ CCH ■ UIC ■ UC ■ Lake County HD ■ Heartland ■ Sinai ■ Michael Reese ■ Access ■ Open Door ■ Erie ■ Lurie

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes who were *Virally Suppressed*

Chicago EMA, 2020
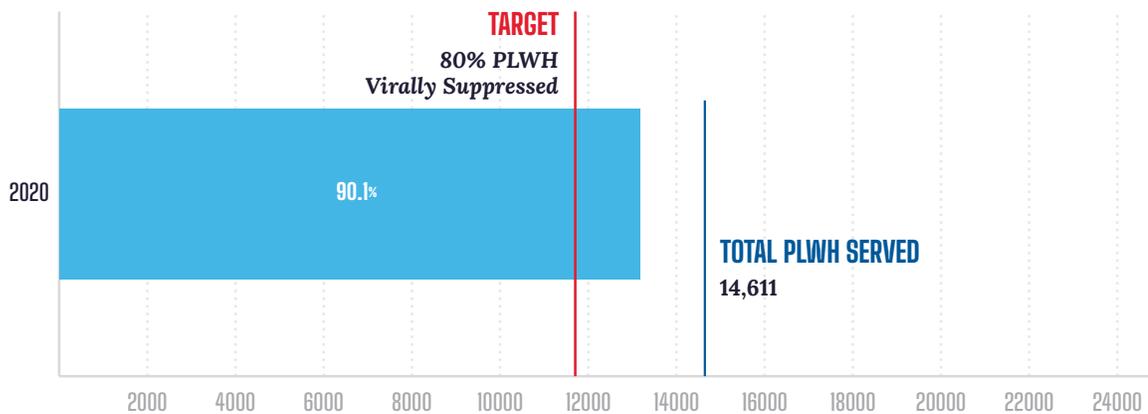
TARGET
80% PLWH
Virally Suppressed

TOTAL PLWH SERVED
14,611

FIGURE 5.15

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Virally Suppressed,* by Age Group

Chicago EMA, 2020
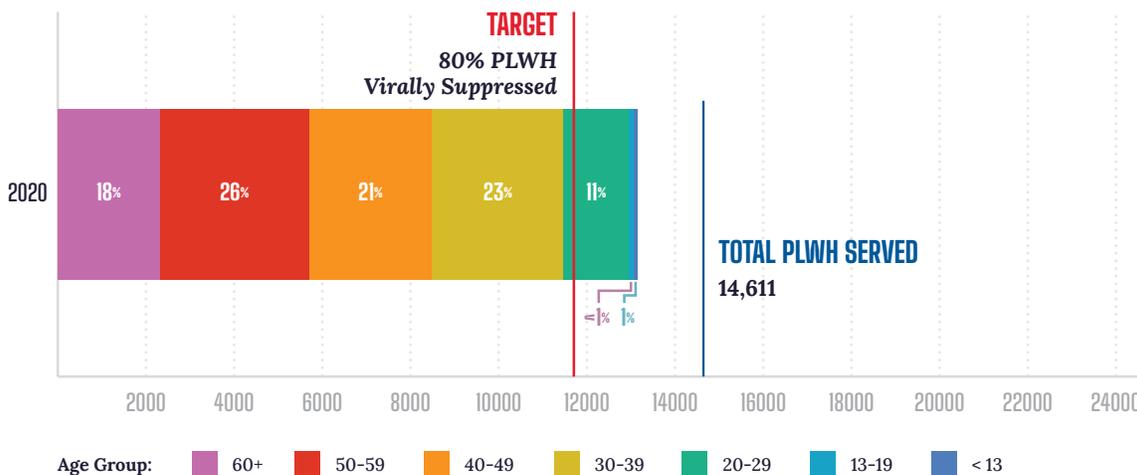
TARGET
*80% PLWH
Virally Suppressed*

2020

18% 26% 21% 23% 11%

≤1% 1%

TOTAL PLWH SERVED
14,611

| 2000 | 4000 | 6000 | 8000 | 10000 | 12000 | 14000 | 16000 | 18000 | 20000 | 22000 | 24000 |

Age Group: 60+ | 50-59 | 40-49 | 30-39 | 20-29 | 13-19 | < 13

FIGURE 5.16

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Virally Suppressed,* by Race/Ethnicity Group

Chicago EMA, 2020

TARGET
*80% PLWH
Virally Suppressed*

≤1% 1% 2% 2%

2020

18% 23% 54%

TOTAL PLWH SERVED
14,611

| 2000 | 4000 | 6000 | 8000 | 10000 | 12000 | 14000 | 16000 | 18000 | 20000 | 22000 | 24000 |

Race/Ethnicity: AI/AN, non-Hispanic | Multiple, non-Hispanic | Unknown | Asian/PI, non-Hispanic
White, non-Hispanic | Hispanic | Black, non-Hispanic
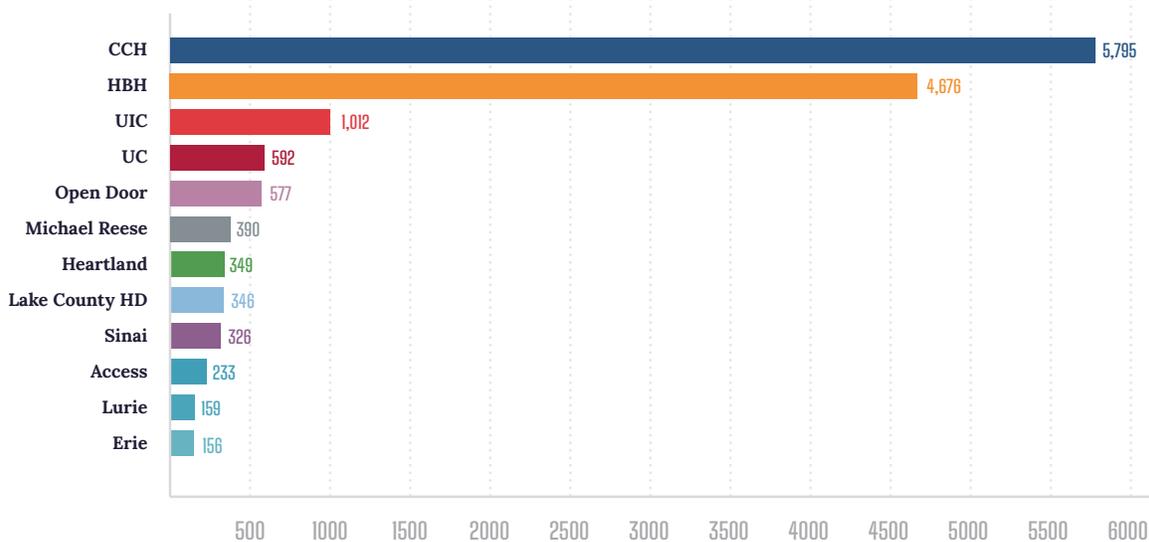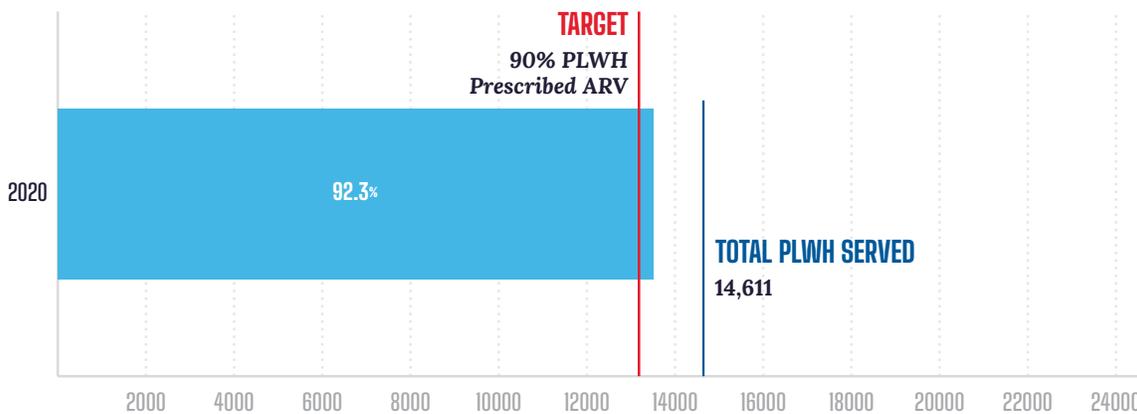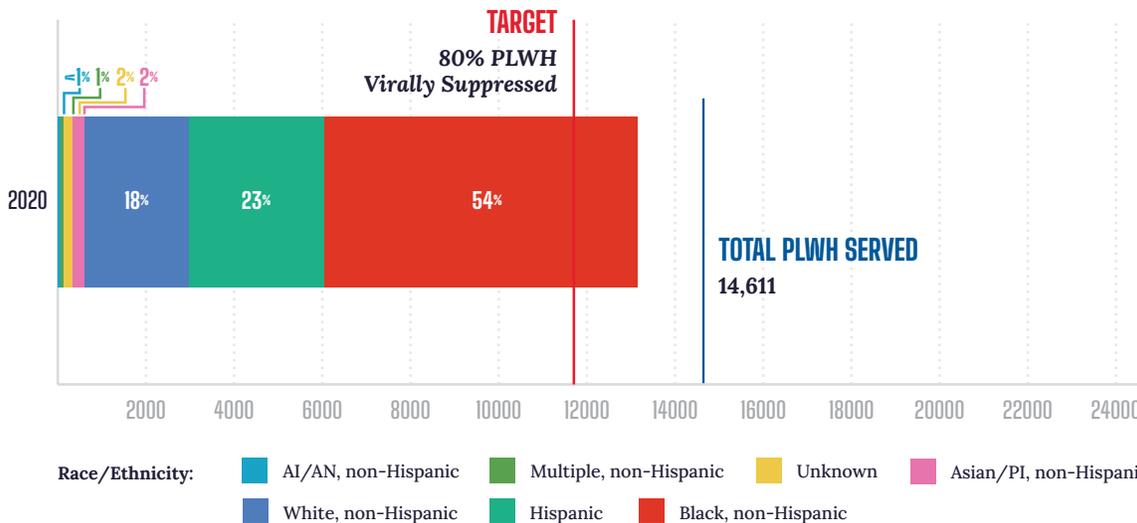
FIGURE 5.17

PROGRAMMATIC

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Virally Suppressed,* by Gender

Chicago EMA, 2020

TARGET
80% PLWH
Virally Suppressed

<1% <1% 2% 2%

2020   20%   75%

TOTAL PLWH SERVED
14,611

2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000 24000

Gender: ■ Transgender: FtM ■ Individuals Identifying as Other Gender ■ Transgender: MtF ■ Unknown
■ Female ■ Male

98
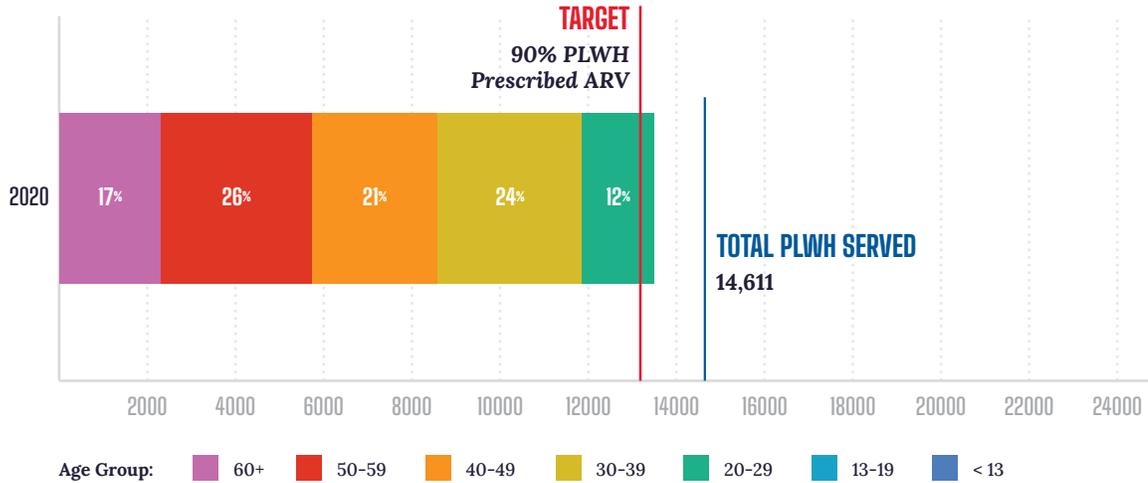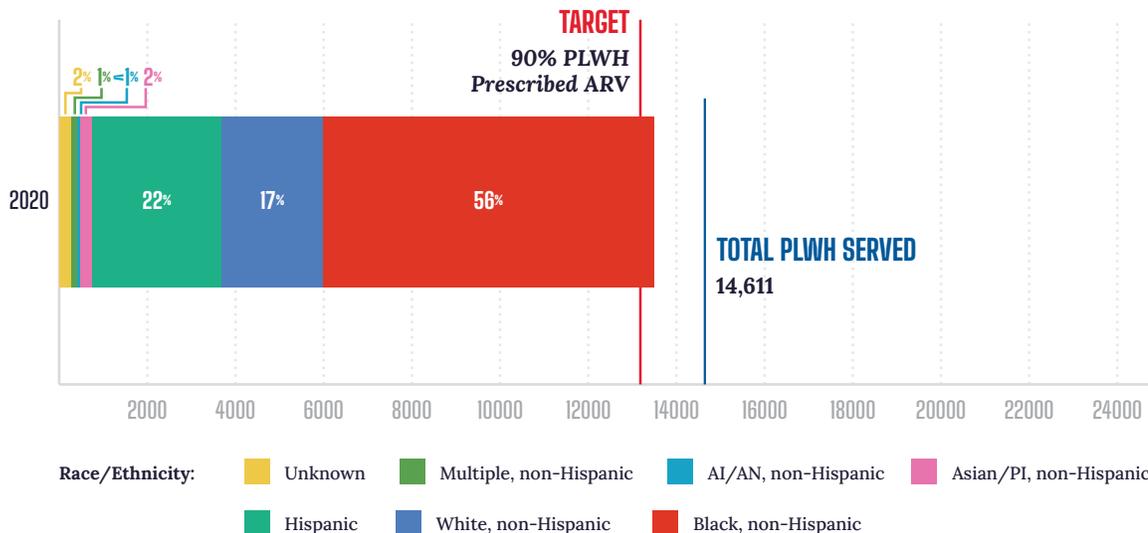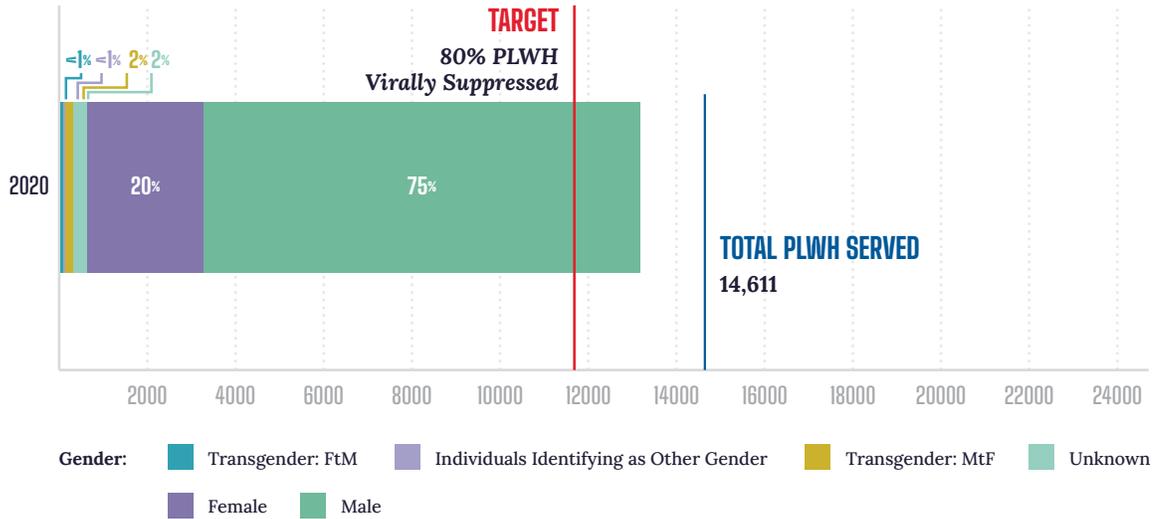
FIGURE 5.18

PROGRAMMATIC

Total Number and Percentage of People Living with HIV Served by Population Centered Health Homes *Virally Suppressed,* by Transmission Group

Chicago EMA, 2020

TARGET
80% PLWH
Virally Suppressed

3% 1%

2020   48%   29%   20%

TOTAL PLWH SERVED
14,611

2000 4000 6000 8000 10000 12000 14000 16000 18000 20000 22000 24000

Transmission Group: ■ Injection Drug Use (IDU) ■ MSM and IDU ■ Male Sex w/Male (MSM)
■ Heterosexual ■ Other

Note: Other category includes NIR (No Indicated Risk)
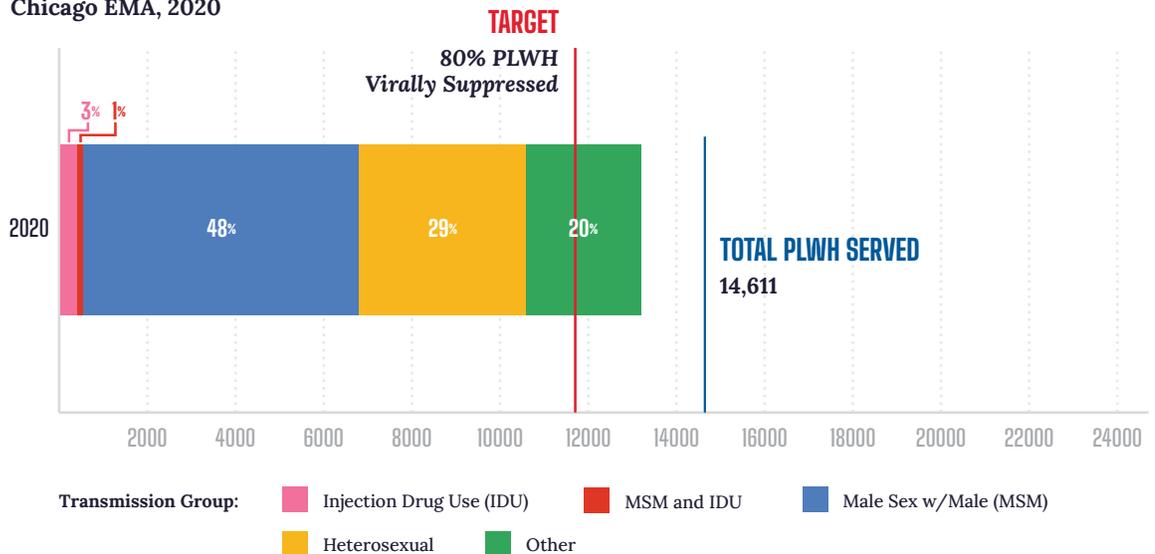
FIGURE 5.19

PROGRAMMATIC

Percentage of People Living with HIV Served by Population Centered Health Homes *Virally Suppressed,* by Agency

Chicago EMA, 2020

TARGET

80% PLWH
Virally Suppressed

Agency	Percent
Erie	96.2%
Open Door	95.1%
Lurie	93.1%
HBH	92.1%
Michael Reese	92.1%
UIC	90.5%
Sinai	90.5%
Lake County HD	90.2%
CCH	89.1%
Heartland	87.4%
Access	82.8%
UC	79.7%

PERCENT VIRALLY SUPPRESSED
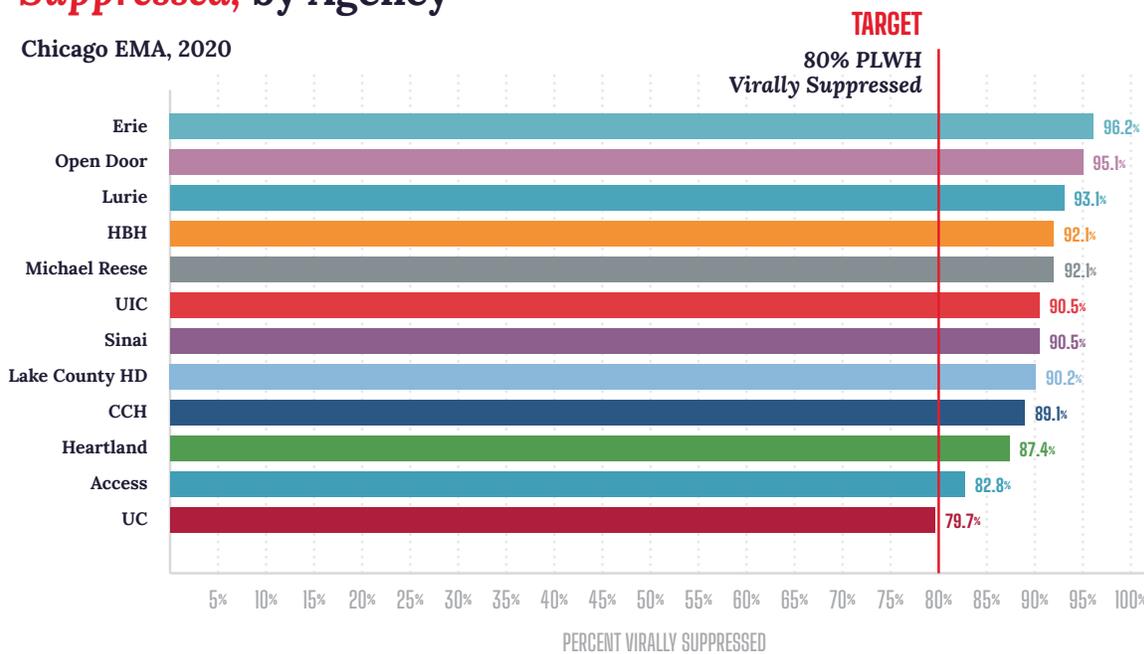
TABLE 5.2

People living with HIV served by Population Centered Health Homes, Chicago EMA, 2020

Demographic Characteristics	PLWH*	
	No.	%
RACE/ETHNICITY^		
Black, non-Hispanic	8,127	55.6%
White, non-Hispanic	2,501	17.1%
Hispanic	3,290	22.5%
Asian/PI, non-Hispanic	271	1.9%
AI/AN, non-Hispanic	33	<1%
Multiple, non-Hispanic	140	1.0%
Unknown	249	1.7%
GENDER**		
Female	2,976	20.4%
Male	10,941	74.9%
Transgender: FtM	13	<1%
Transgender: MtF	277	1.9%
Individuals Identifying as Other Gender	49	<1%
Unknown	355	2.4%
TRANSMISSION GROUP		
Male Sex w/Male	6,936	47.5%
Injection Drug Use	387	2.6%
MSM and IDU§	113	<1.0
Heterosexual	4,242	29.0%
Other¶	771	5.3%
NIRα	2,162	15.0%
AGE GROUP		
<13	102	<1.0
13-19	69	<1.0
20-29	1,836	12.6%
20-24	481	3.3%
25-29	1,355	9.3%
30-39	3,469	23.7%
40-49	3,064	21.0%
50-59	3,648	25.0%
60+	2,423	16.6%
TOTAL	**14,611**	**100.0%**

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *Includes individuals diagnosed with HIV and AIDS and with HIV indeterminate status. CDC Defined AIDS: Client has HIV and meets the CDC AIDS case definition for an adult or child. HIV Indeterminate: a child born to an HIV+ individual but has not tested positive for HIV themselves. ^Multiple, non-Hispanic indicates more than one race identified. AI/AN refers to American Indian/ Alaskan Native. **Current gender identity or gender with which a person identifies §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, and hemophilia. αNo Indicated Risk (NIR).

TABLE 5.3

People Living with HIV served by Population Centered Health Homes by HIV/AIDS status, Chicago EMA, 2020

Demographic Characteristics	HIV		AIDS*		HIV Indeterminate[†]	
	No.	%	No.	%	No.	%
RACE/ETHNICITY^						
Black, non-Hispanic	6,071	54.0%	1,999	60.7%	57	78.1%
White, non-Hispanic	2,154	19.2%	346	10.5%	<5	<1%
Hispanic	2,447	21.8%	833	25.3%	10	13.7%
Asian/PI, non-Hispanic	213	1.9%	57	1.7%	<5	<1%
AI/AN, non-Hispanic	25	<1%	8	<1%	0	0.0%
Multiple, non-Hispanic	111	1.0%	28	<1%	<5	<1%
Unknown	226	2.0%	20	<1%	<5	<1%
GENDER**						
Female	2,177	19.4%	766	23.3%	33	45.2%
Male	8,434	75.0%	2,467	75.0%	40	54.8%
Transgender: FtM	13	<1.0%	0	0.0%	0	0.0%
Transgender: MtF	242	2.2%	35	1.1%	0	0.0%
Individuals identifying as other gender	43	<1.0%	6	<1.0%	0	0.0%
Unknown	338	3.0%	17	<1.0%	0	0.0%
TRANSMISSION GROUP						
Male Sex w/Male	5,647	50.2%	1,289	39.2%	0	0.0%
Injection Drug Use	256	2.3%	131	4.0%	0	0.0%
MSM and IDU[§]	87	<1.0%	26	<1.0%	0	0.0%
Heterosexual	2,963	26.3%	1,279	38.9%	0	0.0%
Other[¶]	521	4.6%	177	5.4%	73	100.0%
NIR[α]	1,773	16.0%	389	12.0%	0	0.0%
AGE GROUP						
< 13	29	<1.0%	0	0.0%	73	100.0%
13–19	64	<1.0%	5	<1.0%	0	0.0%
20–29	1,704	15.2%	132	4.0%	0	0.0%
20–24	463	4.1%	18	<1.0%	0	0.0%
25–29	1,241	11.0%	114	3.5%	0	0.0%
30–39	2,901	25.8%	568	17.3%	0	0.0%
40–49	2,256	20.1%	808	24.6%	0	0.0%
50–59	2,608	23.2%	1,040	31.6%	0	0.0%
60+	1,685	15.0%	738	22.4%	0	0.0%
TOTAL	11,247	100.0%	3,291	100.0%	73	100.0%

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. *CDC Defined AIDS: Client has HIV and meets the CDC AIDS case definition for an adult or child. Note: once a client has AIDS, he or she is always counted in the CDC-defined AIDS Category regardless of changes in CD4 counts. ‡ HIV Indeterminate: a child born to an HIV+ individual but has not tested positive for HIV themselves ^Multiple, non-Hispanic indicates more than one race identified. AI/AN refers to American Indian/ Alaskan Native. **Current gender identity or gender with which a person identifies. §Men who have sex with men and inject drugs. ¶Includes perinatal transmission, blood transfusion, and hemophilia. αNo Indicated Risk (NIR).

TABLE 5.4

Population Centered Health Homes Metrics by Agency

January - December 2020, **Early Intervention Services**, People Living with HIV/AIDS

Agency	Total Clients (n)	Clients who received early intervention services EIS Clients (n)	%	Patient received health education and literacy training %	Patient received HIV counseling and testing %	Patient received linkage to essential support services %	Linkage appointment within 30 Days of EIS initial appointment %	Re-engagement visit %
Access Community Health Network (Access)	233	189	81.1%	100.0%	0.0%	0.0%	0.0%	0.0%
Cook County Health (CCH)	5,795	928	16.0%	97.1%	2.5%	30.8%	0.0%	24.6%
Erie Family Health (Erie)	156	156	100.0%	89.1%	0.0%	29.5%	0.0%	0.0%
Howard Brown Health (HBH)	4,676	608	13.0%	83.6%	32.7%	64.8%	56.3%	17.9%
Heartland Alliance Health (Heartland)	349	98	28.1%	8.2%	<1%	0.0%	0.0%	0.0%
Lurie Children's Hospital of Chicago (Lurie)	159	31	19.5%	77.4%	45.2%	64.5%	0.0%	0.0%
Michael Reese (MR)	390	196	50.3%	80.6%	18.4%	17.9%	0.0%	34.2%
Open Door Health Center of Illinois (Open Door)	577	141	24.4%	100.0%	0.0%	100.0%	0.0%	0.0%
Sinai Chicago Health System (Sinai)	326	45	13.8%	82.2%	0.0%	<1%	0.0%	0.0%
University of Chicago (UC)	592	495	83.6%	29.7%	<1%	25.9%	0.0%	0.0%
University of Illinois Chicago (UIC)	1,012	116	11.5%	100.0%	0.0%	8.6%	0.0%	0.0%
TOTAL	14,265	3,003	21.1%	16.6%	1.9%	7.4%	2.4%	2.8%

TABLE 5.5

Population Centered Health Homes Metrics by Agency

January – December 2020, Outpatient Ambulatory Health Services, People Living with HIV/AIDS,
Social Determinants of Health and Behavior

Agency	Total Clients (n)	Has stable housing %	Has medical insurance %	Uses tobacco %	Received tobacco cessation counseling %	Received flu vaccination %	Received pneumococcal vaccination %	Received hepatitis B vaccination %	Has hepatitis B immunity %
Access Community Health Network (Access)	233	64.4%	83.7%	<1%	0.0%	6.9%	2.6%	5.6%	3.0%
Cook County Health (CCH)	5,795	86.7%	65.6%	1.8%	0.0%	38.0%	9.5%	2.5%	5.3%
Erie Family Health (Erie)	156	94.2%	62.8%	28.8%	28.8%	0.0%	0.0%	0.0%	0.0%
Howard Brown Health (HBH)	4,676	85.7%	83.7%	84.7%	15.6%	23.1%	7.5%	25.7%	7.7%
Heartland Alliance Health (Heartland)	349	18.1%	87.1%	96.0%	62.8%	39.8%	0.0%	0.0%	31.5%
Lake County Health Department (LCHD)	346	99.4%	0.0%	0.0%	0.0%	0.0%	0.0%	47.7%	54.9%
Lurie Children's Hospital of Chicago (Lurie)	159	98.7%	96.2%	5.7%	3.8%	67.9%	86.8%	91.2%	6.9%
Michael Reese (MR)	390	82.8%	77.4%	31.5%	0.0%	40.5%	3.8%	3.8%	0.0%
Open Door Health Center of Illinois (Open Door)	577	99.1%	91.5%	12.1%	0.0%	27.0%	25.6%	13.7%	12.0%
Sinai Chicago Health System (Sinai)	326	89.9%	77.3%	0.0%	15.6%	5.5%	0.0%	0.0%	58.3%
University of Chicago (UC)	592	90.0%	98.5%	31.8%	15.2%	41.7%	45.9%	21.5%	3.0%
University of Illinois Chicago (UIC)	1,012	85.4%	0.0%	43.7%	19.8%	5.5%	3.3%	71.6%	54.2%
TOTAL	**14,611**	**85.4%**	**69.3%**	**36.1%**	**9.2%**	**28.6%**	**10.4%**	**17.9%**	**12.4%**

Population Centered Health Homes Metrics by Agency

January - December 2020, Outpatient Ambulatory Health Services, People Living with HIV/AIDS,
Screening for Syndemic Infectious Diseases

Agency	Total Clients (n)	Screened for Mental Health %	Screened for Substance Abuse %
Access Community Health Network (Access)	233	82.8%	76.4%
Cook County Health and Hospital System (CCH)	5,795	9.0%	4.9%
Erie Family Health (Erie)	156	99.4%	55.1%
Howard Brown Health (HBH)	4,676	44.4%	51.7%
Heartland Alliance Health (Heartland)	349	92.0%	57.6%
Lake County Health Department (LCHD)	346	100.0%	100.0%
Lurie Children's Hospital of Chicago (Lurie)	159	74.8%	45.3%
Michael Reese (MR)	390	59.5%	40.5%
Open Door Health Center of Illinois (Open Door)	577	3.6%	3.8%
Sinai Chicago Health System (Sinai)	326	100.0%	99.7%
University of Illinois Chicago (UIC)	592	38.9%	49.3%
University of Chicago (UC)	1,012	33.1%	20.8%
TOTAL	**14,611**	**33.4%**	**31.4%**

TABLE 5.5

Population Centered Health Homes Metrics by Agency

January – December 2020, Outpatient Ambulatory Health Services, People Living with HIV/AIDS, **Screening for Syndemic Infectious Diseases**

Agency	Total Clients (n)	Screened for hepatitis B %	Screened for hepatitis C %	Screened for tuberculosis %	Screened for chlamydia %	Screened for gonorrhea %	Screened for syphilis %
Access Community Health Network (Access)	233	9.0%	21.0%	0.0%	36.1%	36.1%	72.1%
Cook County Health and Hospital System (CCH)	5,795	36.3%	39.9%	0.0%	46.3%	46.3%	72.0%
Erie Family Health (Erie)	156	98.7%	95.5%	99.4%	53.8%	53.8%	76.3%
Howard Brown Health (HBH)	4,676	85.2%	92.0%	75.2%	50.5%	50.5%	85.5%
Heartland Alliance Health (Heartland)	349	47.9%	85.7%	3.7%	65.3%	65.0%	71.6%
Lake County Health Department (LCHD)	346	96.8%	99.1%	100.0%	81.5%	81.5%	75.7%
Lurie Children's Hospital of Chicago (Lurie)	159	47.2%	43.4%	60.4%	36.5%	34.0%	34.6%
Michael Reese (MR)	390	7.4%	24.9%	0.0%	48.7%	48.7%	61.5%
Open Door Health Center of Illinois (Open Door)	577	99.5%	99.7%	99.5%	99.5%	99.5%	99.5%
Sinai Chicago Health System (Sinai)	326	93.9%	98.5%	67.2%	4.6%	4.6%	5.8%
University of Illinois Chicago (UIC)	592	44.3%	43.9%	77.9%	77.4%	77.4%	78.4%
University of Chicago (UC)	1,012	93.6%	84.5%	94.8%	32.1%	32.0%	18.1%
TOTAL	**14,611**	**61.3%**	**65.9%**	**43.4%**	**50.3%**	**50.2%**	**71.9%**

TABLE 5.5

Population Centered Health Homes Metrics by Agency

January - December 2020, Outpatient Ambulatory Health Services, People Living with HIV/AIDS,
HIV Care Continuum Metrics

Agency	Total Clients (n)	Client screened for HIV risk-reduction and/or counseling %	CD4 count % less than 200 cell/ul	CD4 count % 200-999 cell/ul	CD4 count % 1000+ cell/ul	Prescribed PCP prophylaxis %	Prescribed antiretroviral medication %
Access Community Health Network (Access)	233	65.7%	17.6%	69.5%	12.9%	8.2%	95.3%
Cook County Health and Hospital System (CCH)	5,795	24.0%	24.7%	67.9%	7.3%	20.5%	98.6%
Erie Family Health (Erie)	156	68.6%	14.7%	64.1%	21.2%	0.0%	98.1%
Howard Brown Health (HBH)	4,676	13.2%	17.0%	66.2%	16.8%	4.2%	93.3%
Heartland Alliance Health (Heartland)	349	30.1%	28.7%	57.0%	14.3%	13.2%	96.6%
Lake County Health Department (LCHD)	346	100.0%	6.4%	77.2%	16.5%	13.9%	99.7%
Lurie Children's Hospital of Chicago (Lurie)	159	78.6%	38.4%	44.0%	17.6%	<1%	66.0%
Michael Reese (MR)	390	95.6%	29.5%	53.8%	16.7%	7.9%	97.4%
Open Door Health Center of Illinois (Open Door)	577	100.0%	13.2%	74.7%	12.1%	2.9%	34.1%
Sinai Chicago Health System (Sinai)	326	100.0%	16.9%	67.2%	16.0%	0.0%	99.7%
University of Illinois Chicago (UIC)	592	97.8%	25.2%	64.5%	10.3%	20.3%	64.5%
University of Chicago (UC)	1,012	56.9%	55.4%	40.4%	4.2%	7.5%	94.7%
TOTAL	**14,611**	**36.1%**	**23.5%**	**64.9%**	**11.6%**	**11.9%**	**92.3%**

TABLE 5.6

Population Centered Health Homes Metrics by Agency

January - December 2020, **Additional Services**, People Living with HIV/AIDS

Agency	Total Clients (n)	Mental health services %	Non-medical case management services %	Oral health services %	Psychosocial support services %	Substance use outpatient services %	Substance use residential services %
Access Community Health Network (Access)	233	NA	21.0%	NA	4.7%	NA	NA
Cook County Health (CCH)	5,795	19.5%	4.2%	12.9%	14.4%	7.3%	NA
Erie Family Health (Erie)	156	NA	41.0%	NA	NA	NA	0.0%
Howard Brown Health (HBH)	4,676	8.9%	16.3%	5.8%	16.6%	1.9%	0.1%
Heartland Alliance Health (Heartland)	349	14.3%	<1%	91.4%	0.0%	<1%	16.3%
Lake County Health Department (LCHD)	346	NA	NA	NA	4.0%	2.0%	0.0%
Lurie Children's Hospital of Chicago (Lurie)	159	NA	50.9%	NA	67.9%	0.0%	NA
Michael Reese (MR)	390	40.3%	20.3%	<1%	3.1%	23.8%	NA
Open Door Health Center of Illinois (Open Door)	577	7.5%	14.0%	NA	3.6%	NA	NA
Sinai Chicago Health System (Sinai)	326	4.3%	17.8%	0.0%	12.9%	0.0%	0.0%
University of Chicago (UC)	592	17.1%	37.3%	0.0%	1.7%	1.9%	NA
University of Illinois Chicago (UIC)	1,012	10.1%	NA	NA	3.1%	NA	NA
TOTAL	14,611	14.8%	11.4%	9.8%	13.4%	4.6%	0.4%

NA= Agency was not funded to provide service.

APPENDIX
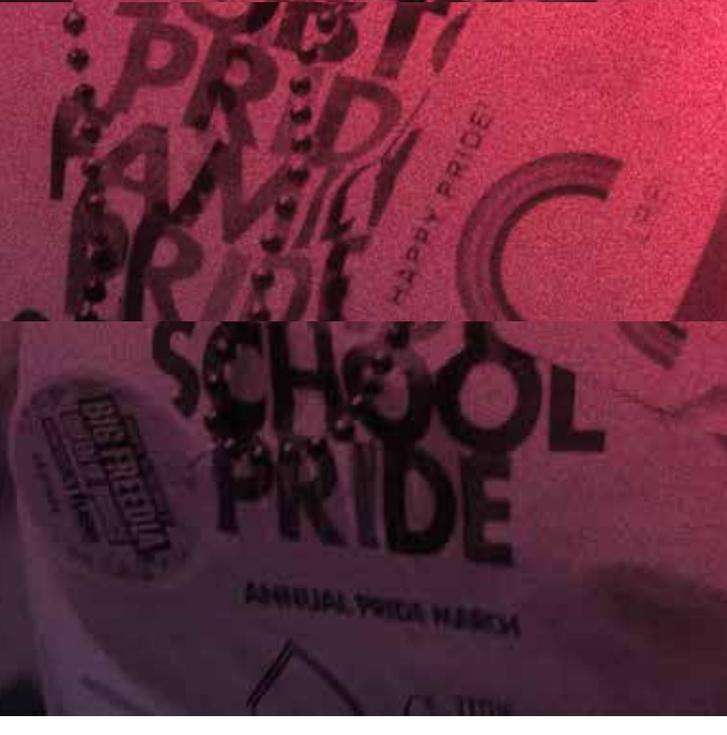
Technical Notes—General

As the HIV epidemic and HIV reporting systems change, new opportunities arise to better describe the epidemic. In keeping with these changes, we have a made a number of modifications to our data analyses in this report. A description of the changes and other technical notes follow.

Diagnoses data are presented through 2020. While STI data are final, HIV and AIDS data for 2020 are still provisional.

HIV/AIDS

When interpreting data in this report, keep in mind that the eHARS database is updated continuously to reflect the most current and complete information on people newly diagnosed and living with HIV or AIDS; data in this report were up to date as of 12/28/2021. Reporting delays are important when interpreting trends in case numbers and rates over time, especially the most recent year of diagnosis. Reporting delay is defined as the interval between the date an HIV or AIDS case is diagnosed and the date the case is reported to the health department. Within three years, the total number of HIV diagnoses reported are relatively stable (fluctuating < 10 cases) and the data are no longer considered provisional. In order to provide the most complete data possible, we present trend data through 2020 in this report. Additional cases continue to be reported in subsequent years and new cases are identified through laboratory reporting and registry matches. Thus, the numbers of cases diagnosed for each year are subject to change as new information is received from any of the reporting sources.

The "HIV Infection Diagnosis" data presented in this issue include three categories of diagnoses: (1) a diagnosis of HIV infection, (2) a diagnosis of stage 3 HIV infection or AIDS, and (3) a late diagnosis (defined as receiving an AIDS diagnosis within 12 months of an HIV diagnosis). Data from the HIV reporting system should be interpreted with caution. HIV surveillance/data reports may not be representative of all persons infected with HIV because not all infected persons have been tested. The guidelines for cell suppression used in this report try to balance data accessibility with confidentiality and confidence in the stability of the estimates published. Rates and percentages based on twenty or fewer cases can vary widely just by random chance even when there is no meaningful statistical difference between measurements. Thus, the number and rate for categories with less than five cases are suppressed.

For surveillance purposes, HIV and AIDS cases are counted only once in a hierarchy of modes of transmission. Persons with more than one reported mode of transmission are classified in the transmission mode first in the hierarchy. The exception is men who have sex with men and have a history of using injection drugs, which has its own category. Persons whose transmission mode is classified as male-to-male sexual contact (MSM) include men who report sexual contact with other men and men who report sexual contact with both men and women. Persons whose mode of transmission is classified as heterosexual contact are persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., heterosexual contact with a person who uses injection drugs).

Starting with the 2020 HIV/STI report, the CDPH Syndemic Infectious Disease (SID) Bureau stopped using multiple imputation (MI) methodology to calculate numbers of new and prevalent HIV infections. Similar to last year's report, we use a methodology that aligns with the National HIV/AIDS Strategy (NHAS). This ensures Chicago data are comparable to data in other U.S. jurisdictions. In addition, we used address of current residence instead of address of residence at diagnosis to calculate HIV prevalent cases for this report. This methodology more accurately enumerates the estimated number of people living with HIV in Chicago. Please use caution when comparing this year's surveillance report to prior years.

Gonorrhea

Gonorrhea is one of three STIs that local providers are required to report to CDPH per 77 Illinois

Administrative Code 693 (Control of Sexually Transmissible Infections Code). Gonorrhea is a bacterial STI caused by Neisseria gonorrhoeae; infection varies in course, severity, and symptoms among males and females (Heymann, 2004). Co-infection with chlamydia can occur. Left untreated, disease sequelae can include pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. Neisseria gonorrhoeae has progressively developed resistance to each of the antibiotics used for treatment of gonorrhea. Most recently, declining susceptibility to cefixime resulted in a change in the CDC treatment guidelines, so that dual therapy with ceftriaxone and either azithromycin or doxycycline is now a CDC-recommended treatment regimen for gonorrhea.

Chlamydia

Chlamydia trachomatis infection is the most commonly reported notifiable disease in Chicago and the U.S. and is one of three STIs that local providers are required to report to CDPH per 77 Illinois Administrative Code 693. Chlamydial infections in women are usually asymptomatic. However, these can result in pelvic inflammatory disease (PID), which is a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery, potentially resulting in neonatal ophthalmia and pneumonia. Because of the large burden of disease and risks associated with infection, CDC recommends that all sexually active women younger than age 26 years receive annual chlamydia screening.

Syphilis

Syphilis is one of three STIs that local providers are required to report to CDPH per 77 Illinois Administrative Code 693. Syphilis is caused by a bacterial STI called Treponema pallidum. Syphilis, a genital ulcerative disease, causes significant complications if untreated and facilitates the transmission of HIV infection. Syphilis is characterized by stages: primary (can have a lesion known as a chancre, usually occurring three weeks post exposure), secondary (symptoms include rash and fatigue), early latent (less than one-year post exposure), and late latent (greater than one year post exposure). Primary and secondary syphilis are the most infectious and symptomatic stages. Periods of latency vary and may lead to increased morbidity and, potentially, mortality.

A probable case of congenital syphilis is defined as "a condition affecting an infant whose mother had untreated or inadequately treated syphilis at delivery, regardless of signs in the infant, or an infant or child who has a reactive treponemal test for syphilis and any one of the following:

- Any evidence of congenital syphilis on physical examination;
- Any evidence of congenital syphilis on radiographs of long bones;
- A reactive cerebrospinal fluid (CSF) venereal disease research laboratory (VDRL);
- An elevated CSF cell count or protein (without other cause);
- A reactive fluorescent treponemal antibody absorbed-19S-IgM antibody test;
- IgM enzyme-linked immunosorbent assay" (CDC 1997).

A syphilitic stillbirth is defined as "a fetal death that occurs after a 20-week gestation or in which the fetus weighs >500g and the mother had untreated or inadequately treated syphilis at delivery" (CDC 1997).

References:

1. Centers for Disease Control and Prevention (2013). *Sexually Transmitted Disease Surveillance.* Retrieved from http://www.cdc.gov/std/default.html.

2. Centers for Disease Control and Prevention (1997). *Case Definition for Infectious Conditions Under Public Health Surveillance.* MMWR; 46(No. RR-10).

3. Heymann, D (Ed) (2004). *Control of Communicable Diseases Manual (18th Ed).* American Public Health Association: Washington, DC.

4. Illinois Department of Public Health (2013). *Control of Sexually Transmissible Infections Code.* Retrieved from http://www.idph.state.il.us/2013_Rules/Adopted/77_IAC_693_6-13.pdf.

5. Zenilman, J. (2007). *Sexually Transmitted Diseases.* In K. Nelson & C Masters Williams (Eds.), Infectious Disease Epidemiology: Theory and Practice, 2nd edition. Sudbury, MA: Jones and Bartlett Publishers.

Geocoding Methodology and Limitations

INEDSS—Address Validation

On March 24, 2012, INEDSS Release 10.2 was deployed. This release included address validation within INEDSS and geocoded data. Before case information is submitted to the Illinois Department of Public Health (IDPH) for counting, addresses are verified to ensure the accuracy and standardization of the data. Addresses that are verified in INEDSS will be assigned latitude and longitude coordinates. For addresses not validated, INEDSS geocodes the data using the ZIP Code centroid, followed by the city and then the country.

Twice a month, IDPH submits an updated morbidity file to the Chicago Department of Public Health (CDPH) via MOVEit File Transfer, a secured application for exchanging confidential files and data between servers and organizations. This file does not include the geocoded address field. Once CDPH receives the electronic file, it is prepared for submission to the City of Chicago GIS FTP server for validation and geocoding.

Geocoding INEDSS Morbidity File

Before the INEDSS data file is submitted to the City of Chicago GIS FTP site, the street address is rounded (e.g. 8634 to 8600) in order to preserve confidentiality. A new data file is created containing only the rounded street address and a record identifier (state case number). This file is converted from Microsoft Excel to a common delimited (.csv) file and submitted to the City of Chicago GIS FTP server for processing.

The files submitted are assigned a name that does not associate it with a person, case, health condition, or CDPH. Once the geographic identifiers (e.g., community area number, ZIP Code, ward, and 2010 census tract) are selected, the file is submitted. After the geocoder has received the request, an email is sent notifying the user that the geocoding process has commenced. When the geocoding job is completed, the results (output) file is downloaded to a secure server that meets HIPAA security requirements. Lastly, the original (input) file that was submitted and the results (output) file are both deleted from the FTP folders.

Addresses that are not geocoded in the output file are cleaned using the Geocoder website by identifying the correct street components. All apartment components (e.g., FL, BSMT, Apt #1) are also removed from the address field. The file is resubmitted to the GIS FTP server for validation and geocoding. To increase the number of geocoded addresses, the match standard code can be changed from medium (default) to low to obtain nearest matches.

Reasons Why Addresses Fail to Match

- Addresses may be missing street segments or are in the wrong format (AVE, ST., King Dr. instead of Dr. Martin Luther King Drive).

- Addresses may incorporate typographical errors that result in erroneous street names or local street names that are different than those officially recorded by the government.

- Addresses may end at jurisdictional boundaries.

Limitations in Determining Geographic Patterns in Rates of Health-Related Events

- Unable to determine if the geographical variation in the incidence rates across years is due to a true change in the progression of the disease or an artifact of the address validation process in INEDSS.

- Inflation of the rates due to increase in the proportion of exact or nearest matched addresses.

APPENDIX C

List of Acronyms

AI/AN
American Indian/Alaskan Native

AIDS
Acquired Immunodeficiency Syndrome

ART
Anti-retroviral therapy

CDC
Centers for Disease Control and Prevention

CDPH
Chicago Department of Public Health

EHARS
Enhanced HIV/AIDS Reporting System

EHI
Economic Hardship Index

EMA
Eligible Metropolitan Area

FTM
Female to Male Transgender

HIV
Human Immunodeficiency Virus

IDPH
Illinois Department of Public Health

IDU
Injection Drug Use/Injection Drug User

INEDSS
Illinois National Electronic Disease
Surveillance System

GIS
Geographic Information Systems

MTF
Male to Female Transgender

MSM
Men who have sex with men

MSM/IDU
Men with a history of injection drug use
who have sex with men

NHAS
National HIV/AIDS Strategy

NIR
No identified risk

NH
Non-Hispanic

PI
Pacific Islander

PID
Pelvic Inflammatory Disease

PLWH
People Living with HIV/AIDS

P&S SYPHILIS
Primary and Secondary Syphilis

SID
Syndemic Infectious Disease

STI
Sexually Transmitted Infection

Technical Notes—Hardship Index

Chicago Community Area Economic Hardship Index

- The economic hardship index (EHI), developed by Richard P. Nathan and Charles F. Adams Jr in 1975, is used to provide a complete, multidimensional measure of neighborhood socioeconomic conditions of inequality across the City of Chicago.

- The EHI is a composite of six indicators:

  * Crowded housing (percentage occupied by housing units with more than one person per room)

  * Poverty (percentage of persons living below the federal poverty level)

  * Unemployment (percentage of persons over the age of 16 years who are unemployed)

  * Education (percentage of persons over the age of 25 years without a high school education)

  * Dependency (percentage of the population under 18 or over 64 years of age)

  * Per capita income level

- The EHI score is a median of the six indicators that are standardized on a scale of 0 to 100, with a higher score representing a greater level of economic hardship or burden.

- The U.S. Census Bureau's American Community Survey estimates are used to calculate index values at the census tract levels. To calculate index values at the Chicago Community Area boundaries, the census tract data are aggregated using the Geographic Information Systems (GIS) software.

References:

1. UIC Great Cities Institute (2016). Fact Sheet #2: Chicago Community Area Economic Hardship Index. Retrieved from: https://greatcities.uic.edu/wp-content/ uploads/2016/07/GCI-Hardship-Index-Fact-SheetV2.pdf.

2. Shih, M., Dumke, K.A., Goran, M.I., and Simon, P.A. (2012). *The association between community-level economic hardship and childhood obesity prevalence in Los Angeles*. Pediatric Obesity, Volume 8(6): 411-417. Retrieved from: http://corc.usc.edu/pdf/The%20 association%20between%20community-level%20economic%20hardship%20and%20 childhood%20obesity%20prevalence%20in%20Los%20Angeles.pdf.

TABLE A.1

New Diagnosis HIV Case Rates by Community Area, Chicago, 2020

	Community Area	HIV Cases	Rate		Community Area	HIV Cases	Rate
1	Rogers Park	25	45.6	41	Hyde Park	<5	<5
2	West Ridge	11	14.2	42	Woodlawn	<5	<5
3	Uptown	38	65.0	43	South Shore	26	52.6
4	Lincoln Square	<5	<5	44	Chatham	17	55.5
5	North Center	0	0.0	45	Avalon Park	<5	<5
6	Lake View	20	19.8	46	South Chicago	11	37.9
7	Lincoln Park	<5	<5	47	Burnside	<5	<5
8	Near North Side	9	10.0	48	Calumet Heights	<5	<5
9	Edison Park	0	0.0	49	Roseland	10	24.3
10	Norwood Park	<5	<5	50	Pullman	7	102.7
11	Jefferson Park	<5	<5	51	South Deering	<5	<5
12	Forest Glen	0	0.0	52	East Side	<5	<5
13	North Park	0	0.0	53	West Pullman	9	29.5
14	Albany Park	6	11.9	54	Riverdale	0	0.0
15	Portage Park	6	9.2	55	Hegewisch	0	0.0
16	Irving Park	<5	<5	56	Garfield Ridge	6	16.5
17	Dunning	<5	<5	57	Archer Heights	<5	<5
18	Montclare	<5	<5	58	Brighton Park	<5	<5
19	Belmont Cragin	8	9.9	59	McKinley Park	<5	<5
20	Hermosa	<5	<5	60	Bridgeport	<5	<5
21	Avondale	5	13.2	61	New City	9	22.8
22	Logan Square	9	12.2	62	West Elsdon	<5	<5
23	Humboldt Park	5	8.9	63	Gage Park	6	15.3
24	West Town	10	12.0	64	Clearing	<5	<5
25	Austin	30	31.7	65	West Lawn	<5	<5
26	West Garfield Park	7	41.3	66	Chicago Lawn	20	38.5
27	East Garfield Park	<5	<5	67	West Englewood	15	53.1
28	Near West Side	15	23.9	68	Englewood	10	42.0
29	North Lawndale	21	62.0	69	Gr. Grand Crossing	14	45.4
30	South Lawndale	14	18.7	70	Ashburn	0	0.0
31	Lower West Side	7	21.3	71	Auburn Gresham	16	35.3
32	Loop	<5	<5	72	Beverly	0	0.0
33	Near South Side	<5	<5	73	Washington Heights	9	32.9
34	Armour Square	<5	<5	74	Mount Greenwood	0	0.0
35	Douglas	<5	<5	75	Morgan Park	7	25.2
36	Oakland	<5	<5	76	O'Hare	0	0.0
37	Fuller Park	<5	<5	77	Edgewater	11	19.3
38	Grand Boulevard	13	56.0		Unknown CA	75	
39	Kenwood	<5	<5	**CHICAGO TOTAL¶**		**627**	**23.3**
40	Washington Park	11	96.9				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

People Living with HIV Case Rates by Community Area, Chicago, 2020

	Community Area	HIV Cases	Rate		Community Area	HIV Cases	Rate
1	Rogers Park	905	1,649.3	41	Hyde Park	147	534.2
2	West Ridge	372	481.8	42	Woodlawn	239	953.8
3	Uptown	1,224	2,095.0	43	South Shore	814	1,647.4
4	Lincoln Square	190	455.5	44	Chatham	338	1,102.7
5	North Center	94	263.3	45	Avalon Park	82	838.0
6	Lake View	892	883.2	46	South Chicago	281	968.3
7	Lincoln Park	154	224.2	47	Burnside	26	1,113.0
8	Near North Side	310	344.5	48	Calumet Heights	95	733.3
9	Edison Park	5	42.7	49	Roseland	301	732.3
10	Norwood Park	33	77.6	50	Pullman	49	718.9
11	Jefferson Park	47	167.9	51	South Deering	91	619.2
12	Forest Glen	19	99.5	52	East Side	50	206.4
13	North Park	37	200.5	53	West Pullman	170	558.0
14	Albany Park	231	458.9	54	Riverdale	29	399.3
15	Portage Park	170	261.7	55	Hegewisch	14	152.1
16	Irving Park	224	417.4	56	Garfield Ridge	48	131.6
17	Dunning	73	165.8	57	Archer Heights	35	267.5
18	Montclare	32	231.7	58	Brighton Park	125	277.6
19	Belmont Cragin	230	285.0	59	McKinley Park	40	251.3
20	Hermosa	99	421.5	60	Bridgeport	65	191.8
21	Avondale	157	414.2	61	New City	199	503.3
22	Logan Square	289	392.2	62	West Elsdon	31	160.3
23	Humboldt Park	386	687.3	63	Gage Park	90	229.0
24	West Town	356	427.4	64	Clearing	29	112.7
25	Austin	725	765.1	65	West Lawn	59	183.4
26	West Garfield Park	182	1,074.2	66	Chicago Lawn	278	534.6
27	East Garfield Park	207	1,048.7	67	West Englewood	240	850.0
28	Near West Side	352	561.1	68	Englewood	290	1,218.9
29	North Lawndale	320	945.2	69	Gr. Grand Crossing	359	1,165.4
30	South Lawndale	401	535.1	70	Ashburn	125	284.2
31	Lower West Side	143	436.1	71	Auburn Gresham	381	841.6
32	Loop	135	358.6	72	Beverly	36	176.2
33	Near South Side	120	493.0	73	Washington Heights	169	617.8
34	Armour Square	35	255.1	74	Mount Greenwood	6	31.0
35	Douglas	175	822.8	75	Morgan Park	109	391.9
36	Oakland	62	905.1	76	O'Hare	21	98.9
37	Fuller Park	17	732.8	77	Edgewater	1,226	2,150.1
38	Grand Boulevard	280	1,206.9		Unknown CA	2,669	
39	Kenwood	150	860.1	**CHICAGO TOTAL¶**		**19,340**	**717.9**
40	Washington Park	151	1,329.8				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

Chlamydia Case Rates by Community Area, Chicago, 2020

	Community Area	Chlamydia Cases	Rate		Community Area	Chlamydia Cases	Rate
1	Rogers Park	476	865.6	41	Hyde Park	123	479.0
2	West Ridge	255	354.5	42	Woodlawn	344	1,323.9
3	Uptown	611	1,084.1	43	South Shore	836	1,679.8
4	Lincoln Square	130	329.2	44	Chatham	511	1,646.9
5	North Center	88	276.1	45	Avalon Park	134	1,315.7
6	Lake View	727	770.4	46	South Chicago	392	1,256.5
7	Lincoln Park	232	361.8	47	Burnside	51	1,749.0
8	Near North Side	459	570.3	48	Calumet Heights	158	1,143.9
9	Edison Park	22	196.7	49	Roseland	662	1,483.7
10	Norwood Park	52	140.5	50	Pullman	87	1,187.7
11	Jefferson Park	60	235.8	51	South Deering	159	1,052.4
12	Forest Glen	37	199.9	52	East Side	128	555.5
13	North Park	49	273.3	53	West Pullman	386	1,301.8
14	Albany Park	224	434.6	54	Riverdale	121	1,866.7
15	Portage Park	265	413.3	55	Hegewisch	40	424.4
16	Irving Park	242	453.5	56	Garfield Ridge	147	425.9
17	Dunning	114	271.9	57	Archer Heights	78	582.4
18	Montclare	45	335.2	58	Brighton Park	342	753.8
19	Belmont Cragin	451	572.7	59	McKinley Park	94	602.1
20	Hermosa	180	719.7	60	Bridgeport	121	378.4
21	Avondale	190	483.9	61	New City	491	1,106.4
22	Logan Square	367	498.7	62	West Elsdon	130	717.9
23	Humboldt Park	665	1,180.7	63	Gage Park	300	752.0
24	West Town	478	587.0	64	Clearing	105	453.8
25	Austin	1,567	1,590.6	65	West Lawn	226	677.6
26	West Garfield Park	406	2,255.4	66	Chicago Lawn	732	1,315.9
27	East Garfield Park	426	2,071.3	67	West Englewood	608	1,712.4
28	Near West Side	587	1,069.6	68	Englewood	508	1,657.2
29	North Lawndale	854	2,378.0	69	Gr. Grand Crossing	644	1,975.3
30	South Lawndale	494	623.0	70	Ashburn	328	798.4
31	Lower West Side	275	768.8	71	Auburn Gresham	802	1,645.4
32	Loop	164	560.1	72	Beverly	69	344.4
33	Near South Side	136	635.8	73	Washington Heights	397	1,498.5
34	Armour Square	52	388.3	74	Mount Greenwood	22	115.2
35	Douglas	241	1,321.4	75	Morgan Park	227	1,006.9
36	Oakland	112	1,892.5	76	O'Hare	37	290.1
37	Fuller Park	36	1,251.7	77	Edgewater	458	810.3
38	Grand Boulevard	381	1,737.4		Unknown CA	1,609	
39	Kenwood	181	1,014.5	**CHICAGO TOTAL¶**		**25,219**	**936.13**
40	Washington Park	281	2,398.2				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

Gonorrhea Case Rates by Community Area, Chicago, 2020

	Community Area	Gonorrhea Cases	Rate		Community Area	Gonorrhea Cases	Rate
1	Rogers Park	324	589.2	41	Hyde Park	89	346.6
2	West Ridge	93	129.3	42	Woodlawn	244	939.1
3	Uptown	520	922.6	43	South Shore	550	1,105.1
4	Lincoln Square	86	217.8	44	Chatham	301	970.1
5	North Center	61	191.4	45	Avalon Park	78	765.8
6	Lake View	587	622.0	46	South Chicago	230	737.2
7	Lincoln Park	108	168.4	47	Burnside	30	1,028.8
8	Near North Side	174	216.2	48	Calumet Heights	94	680.6
9	Edison Park	.<5	<5	49	Roseland	354	793.4
10	Norwood Park	18	48.6	50	Pullman	38	518.8
11	Jefferson Park	16	62.9	51	South Deering	88	582.4
12	Forest Glen	7	37.8	52	East Side	37	160.6
13	North Park	16	89.2	53	West Pullman	236	795.9
14	Albany Park	75	145.5	54	Riverdale	54	833.1
15	Portage Park	58	90.4	55	Hegewisch	20	212.2
16	Irving Park	96	179.9	56	Garfield Ridge	39	113.0
17	Dunning	32	76.3	57	Archer Heights	9	67.2
18	Montclare	9	67.0	58	Brighton Park	70	154.3
19	Belmont Cragin	108	137.2	59	McKinley Park	21	134.5
20	Hermosa	46	183.9	60	Bridgeport	46	143.9
21	Avondale	81	206.3	61	New City	183	412.4
22	Logan Square	152	206.5	62	West Elsdon	17	93.9
23	Humboldt Park	353	626.7	63	Gage Park	69	173.0
24	West Town	223	273.8	64	Clearing	28	121.0
25	Austin	856	868.9	65	West Lawn	43	128.9
26	West Garfield Park	251	1,394.4	66	Chicago Lawn	352	632.8
27	East Garfield Park	272	1,322.5	67	West Englewood	422	1,188.6
28	Near West Side	294	535.7	68	Englewood	330	1,076.5
29	North Lawndale	482	1,342.2	69	Gr. Grand Crossing	461	1,414.0
30	South Lawndale	139	175.3	70	Ashburn	144	350.5
31	Lower West Side	85	237.6	71	Auburn Gresham	471	966.3
32	Loop	86	293.7	72	Beverly	20	99.8
33	Near South Side	72	336.6	73	Washington Heights	227	856.8
34	Armour Square	27	201.6	74	Mount Greenwood	10	52.4
35	Douglas	154	844.4	75	Morgan Park	118	523.4
36	Oakland	61	1,030.8	76	O'Hare	5	39.2
37	Fuller Park	23	799.7	77	Edgewater	399	705.9
38	Grand Boulevard	224	1,021.5		Unknown CA	854	
39	Kenwood	104	582.9	**CHICAGO TOTAL¶**		**13,322**	**494.51**
40	Washington Park	167	1,425.3				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

TABLE A.5

P&S Syphilis Case Rates by Community Area, Chicago, 2020

	Community Area	P&S Syphilis Cases	Rate		Community Area	P&S Syphilis Cases	Rate
1	Rogers Park	42	76.4	41	Hyde Park	6	23.4
2	West Ridge	14	19.5	42	Woodlawn	14	53.9
3	Uptown	53	94.0	43	South Shore	37	74.3
4	Lincoln Square	<5	<5	44	Chatham	10	32.2
5	North Center	<5	<5	45	Avalon Park	<5	<5
6	Lake View	48	50.9	46	South Chicago	15	48.1
7	Lincoln Park	7	10.9	47	Burnside	<5	<5
8	Near North Side	16	19.9	48	Calumet Heights	6	43.4
9	Edison Park	0	0.0	49	Roseland	18	40.3
10	Norwood Park	<5	<5	50	Pullman	<5	<5
11	Jefferson Park	<5	<5	51	South Deering	<5	<5
12	Forest Glen	<5	<5	52	East Side	<5	<5
13	North Park	<5	<5	53	West Pullman	6	20.2
14	Albany Park	6	11.6	54	Riverdale	<5	<5
15	Portage Park	9	14.0	55	Hegewisch	0	0.0
16	Irving Park	10	18.7	56	Garfield Ridge	<5	<5
17	Dunning	<5	<5	57	Archer Heights	<5	<5
18	Montclare	<5	<5	58	Brighton Park	5	11.0
19	Belmont Cragin	9	11.4	59	McKinley Park	<5	<5
20	Hermosa	5	20.0	60	Bridgeport	<5	<5
21	Avondale	9	22.9	61	New City	13	29.3
22	Logan Square	16	21.7	62	West Elsdon	<5	<5
23	Humboldt Park	26	46.2	63	Gage Park	8	20.1
24	West Town	14	17.2	64	Clearing	6	25.9
25	Austin	50	50.8	65	West Lawn	<5	<5
26	West Garfield Park	22	122.2	66	Chicago Lawn	20	36.0
27	East Garfield Park	14	68.1	67	West Englewood	23	64.8
28	Near West Side	19	34.6	68	Englewood	24	78.3
29	North Lawndale	20	55.7	69	Gr. Grand Crossing	14	42.9
30	South Lawndale	16	20.2	70	Ashburn	11	26.8
31	Lower West Side	14	39.1	71	Auburn Gresham	20	41.0
32	Loop	8	27.3	72	Beverly	0	0.0
33	Near South Side	5	23.4	73	Washington Heights	7	26.4
34	Armour Square	0	0.0	74	Mount Greenwood	0	0.0
35	Douglas	11	60.3	75	Morgan Park	<5	<5
36	Oakland	<5	<5	76	O'Hare	0	0.0
37	Fuller Park	0	0.0	77	Edgewater	50	88.5
38	Grand Boulevard	16	73.0		Unknown CA	67	
39	Kenwood	<5	<5	**CHICAGO TOTAL¶**		**919**	**34.11**
40	Washington Park	7	59.7				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

Cumulative Rate of HIV Infection Diagnoses Among Transgender Persons by Community Area, Chicago, 2016 to 2020

	Community Area	HIV Cases	Rate		Community Area	HIV Cases	Rate
1	Rogers Park	<5	<5	41	Hyde Park	<5	<5
2	West Ridge	0	0.0	42	Woodlawn	0	0.0
3	Uptown	<5	<5	43	South Shore	6	12.1
4	Lincoln Square	<5	<5	44	Chatham	<5	<5
5	North Center	0	0.0	45	Avalon Park	0	0.0
6	Lake View	<5	<5	46	South Chicago	<5	<5
7	Lincoln Park	0	0.0	47	Burnside	0	0.0
8	Near North Side	<5	<5	48	Calumet Heights	0	0.0
9	Edison Park	0	0.0	49	Roseland	0	0.0
10	Norwood Park	0	0.0	50	Pullman	0	0.0
11	Jefferson Park	0	0.0	51	South Deering	0	0.0
12	Forest Glen	0	0.0	52	East Side	0	0.0
13	North Park	<5	<5	53	West Pullman	<5	<5
14	Albany Park	<5	<5	54	Riverdale	<5	<5
15	Portage Park	<5	<5	55	Hegewisch	0	0.0
16	Irving Park	0	0.0	56	Garfield Ridge	<5	<5
17	Dunning	0	0.0	57	Archer Heights	0	0.0
18	Montclare	0	0.0	58	Brighton Park	0	0.0
19	Belmont Cragin	0	0.0	59	McKinley Park	<5	<5
20	Hermosa	<5	<5	60	Bridgeport	0	0.0
21	Avondale	<5	<5	61	New City	0	0.0
22	Logan Square	0	0.0	62	West Elsdon	0	0.0
23	Humboldt Park	0	0.0	63	Gage Park	<5	<5
24	West Town	<5	<5	64	Clearing	0	0.0
25	Austin	6	6.3	65	West Lawn	0	0.0
26	West Garfield Park	<5	<5	66	Chicago Lawn	<5	<5
27	East Garfield Park	<5	<5	67	West Englewood	<5	<5
28	Near West Side	<5	<5	68	Englewood	<5	<5
29	North Lawndale	<5	<5	69	Gr. Grand Crossing	0	0.0
30	South Lawndale	<5	<5	70	Ashburn	0	0.0
31	Lower West Side	<5	<5	71	Auburn Gresham	5	11.0
32	Loop	0	0.0	72	Beverly	0	0.0
33	Near South Side	0	0.0	73	Washington Heights	<5	<5
34	Armour Square	0	0.0	74	Mount Greenwood	0	0.0
35	Douglas	0	0.0	75	Morgan Park	0	0.0
36	Oakland	0	0.0	76	O'Hare	0	0.0
37	Fuller Park	0	0.0	77	Edgewater	<5	<5
38	Grand Boulevard	<5	<5		Unknown CA	22	
39	Kenwood	<5	<5	**CHICAGO TOTAL¶**		**98**	**3.6**
40	Washington Park	<5	<5				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

Rate of People Living with HIV/AIDS Among Transgender Persons by Community Area, Chicago, 2020

	Community Area	HIV Cases	Rate		Community Area	HIV Cases	Rate
1	Rogers Park	20	36.4	41	Hyde Park	7	25.4
2	West Ridge	5	6.5	42	Woodlawn	<5	<5
3	Uptown	23	39.4	43	South Shore	21	42.5
4	Lincoln Square	5	12.0	44	Chatham	9	29.4
5	North Center	0	0.0	45	Avalon Park	<5	<5
6	Lake View	8	7.9	46	South Chicago	<5	<5
7	Lincoln Park	<5	<5	47	Burnside	0	0.0
8	Near North Side	6	6.7	48	Calumet Heights	<5	<5
9	Edison Park	0	0.0	49	Roseland	5	12.2
10	Norwood Park	0	0.0	50	Pullman	<5	<5
11	Jefferson Park	0	0.0	51	South Deering	0	0.0
12	Forest Glen	0	0.0	52	East Side	0	0.0
13	North Park	<5	<5	53	West Pullman	<5	<5
14	Albany Park	6	11.9	54	Riverdale	<5	<5
15	Portage Park	<5	<5	55	Hegewisch	0	0.0
16	Irving Park	6	11.2	56	Garfield Ridge	<5	<5
17	Dunning	0	0.0	57	Archer Heights	<5	<5
18	Montclare	<5	<5	58	Brighton Park	<5	<5
19	Belmont Cragin	<5	<5	59	McKinley Park	<5	<5
20	Hermosa	<5	<5	60	Bridgeport	0	0.0
21	Avondale	<5	<5	61	New City	<5	<5
22	Logan Square	0	0.0	62	West Elsdon	0	0.0
23	Humboldt Park	7	12.5	63	Gage Park	<5	<5
24	West Town	6	7.2	64	Clearing	0	0.0
25	Austin	25	26.4	65	West Lawn	<5	<5
26	West Garfield Park	<5	<5	66	Chicago Lawn	13	25.0
27	East Garfield Park	6	30.4	67	West Englewood	9	31.9
28	Near West Side	7	11.2	68	Englewood	12	50.4
29	North Lawndale	6	17.7	69	Gr. Grand Crossing	10	32.5
30	South Lawndale	8	10.7	70	Ashburn	<5	<5
31	Lower West Side	<5	<5	71	Auburn Gresham	14	30.9
32	Loop	0	0.0	72	Beverly	<5	<5
33	Near South Side	<5	<5	73	Washington Heights	<5	<5
34	Armour Square	<5	<5	74	Mount Greenwood	0	0.0
35	Douglas	<5	<5	75	Morgan Park	<5	<5
36	Oakland	0	0.0	76	O'Hare	0	0.0
37	Fuller Park	0	0.0	77	Edgewater	11	19.3
38	Grand Boulevard	<5	<5		Unknown CA	54	
39	Kenwood	7	40.1	**CHICAGO TOTAL¶**		**386**	**14.3**
40	Washington Park	<5	<5				

Note: 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. ¶Includes all persons with unknown/undetermined community area.

HIV + STI RESOURCES

Chicago.gov/sti-hiv

SUGGESTED CITATION

CDPH
Chicago Department
of Public Health