ACCELERATING HIV IMPROVEMENTS IN PREVENTION, EDUCATION & CARE (FISCAL YEAR 2022)

Investment in these programs and services will reduce new HIV cases

Illinois must invest and spend $27.6 million (a $2M increase) in HIV services and $16.2 million (a $15M increase) in targeted HIV programs for communities of color, including the African-American HIV/AIDS Response Fund.

We can virtually eliminate HIV transmission with linkage to HIV medications and medical care. Research demonstrates that connecting people to HIV treatment is critical to preventing new HIV cases in the community. This is known as Undetectable = Untransmittable or U=U, meaning that an HIV-positive individual with linkage to HIV medications and care who achieves viral suppression cannot transmit HIV sexually to their HIV-negative partners. In Illinois, we are working to end the HIV epidemic and Get to Zero. To reach that goal, we must adequately fund HIV services and programs.

HIV remains a significant public health issue in Illinois.

- There are an estimated 42,500 (including undiagnosed) people living with HIV in Illinois.
- In 2018, an estimated 1,415 Illinoisans were diagnosed with HIV, 734 of whom lived in Chicago.
- Of new HIV cases, nearly 75% are within the Black and Latinx communities, 38% are among young people ages 20-29.
- 1 in 2 Black gay men will become HIV-positive by age 40, if current trends continue.

Unfortunately, 30% of people diagnosed with HIV were not engaged in health care during the previous 12 months and about 50% are not virally suppressed.

Getting to Zero Illinois – Ending the HIV Epidemic by 2030

Illinois has a plan to change the course of the epidemic called “Getting to Zero Illinois.” The framework is endorsed by the governor’s office, the Illinois Department of Public Health, providers, funders and other key stakeholders. It outlines a path toward a day when there are no new HIV transmissions in Illinois.

Getting to Zero has two major components:

- Increasing by 20% the use of PrEP, a daily HIV medication that is nearly 100% effective when taken consistently and correctly, and
- Increasing by 20% the number of people who are virally suppressed, meaning they cannot transmit HIV sexually to their partners.

Illinois must continue to invest in HIV treatment programs, which also prevent new HIV cases. Every new HIV case prevented saves the state nearly $466,000 per person in lifetime medical costs.

The state must increase investment in biomedical interventions like pre-exposure prophylaxis (PrEP), a daily prevention pill that is nearly 100% effective when taken consistently and correctly.

For more information about the Getting to Zero Illinois plan to end HIV by 2030, please visit https://gtzillinois.hiv/. With critical investments by the state, we can achieve an HIV-free generation.

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Illinois and Chicago are matching these national trends.
- In 2019, Chicago saw 32,150 chlamydia cases, the highest ever recorded in the city; 14,315 gonorrhea cases, the highest in nearly two decades; and 814 primary and secondary syphilis cases.
- According to the CDC, Chicago ranks #2 in the nation in total STI cases (HIV, chlamydia, gonorrhea and syphilis) and #40 in highest STI rates.

STIs can be particularly dangerous for women during their pregnancy. Mother to child transmission of STIs can result in serious adverse consequences including miscarriage, stillbirth and preterm labor and delivery. Despite current recommended STD testing during pregnancy, women remain under-screened for STDs during pregnancy, either because of a lack of or limited prenatal care, or infection outside of the testing window.

To combat these alarming STI rates, the U.S. Department of Health and Human Services announced in 2020 a national plan to address the alarming STI rates that include an “integrated approach that addresses health disparities and social determinants of health.”