

Cook County Department of Public Health

Cook County Health and Hospitals System



HIV/AIDS Surveillance Report 2006 - 2008

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

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PROLOGUE

The HIV/AIDS epidemic is approaching its 30th year and remains a major public health threat around the world. In the United States and other developed nations, this previously deadly acute disease may now be classified among other things as a chronic disease. Newer drug regimens have allowed tens of thousands of people to live healthy productive lives while being infected with the HIV virus. However, attitudes and perceptions particularly towards life expectancy, prevention funding, transmission, and testing status are changing in a manner that is seriously concerning as the disease continues to move through the global population. Nevertheless, we must remain vigilant in our fight to halt its spread and in the need to properly take care of those who are HIV positive.

HIV/AIDS infections continue to occur at an alarming rate and an American becomes infected with HIV every 9 ½ minutes (56,000 new infections a year). New cases appear disproportionately in our youth; with young people between the ages of 13 – 29 accounting for 34% of all new cases. About one fourth of Americans living with HIV/AIDS are women and Black and Latina women are disproportionately impacted. Furthermore, it is vital that testing for the HIV virus be increased. It is estimated that twenty five per cent of people infected with HIV do NOT know that they are infected. Today, the recommendation is that everyone who is sexually active should be considered for routine testing. Once people know their status, they can make sure to take precautions by preventing the spread to others and take measures that promote optimal health for themselves. While we do not have a cure for HIV/AIDS, patients testing positive can remain healthy by receiving appropriate medical care.

As each generation comes of age and in order for them to remain productive and valuable members of society, it is essential that prevention, treatment, and research programs (e.g. surveillance and testing initiatives, Illinois' AIDS Drug Assistance Program, etc.) continue to be properly funded so that we can halt the spread of HIV and make available to everyone these life saving drugs. The Cook County Department of Public Health supports the goals outlined by President Obama's National Office of AIDS Policy:

1. Prevent new HIV infections;
2. Increase access to care and optimize health outcomes; and
3. Reduce HIV-related health inequities.

We hope this report will contribute to all of our efforts to stop this epidemic in suburban Cook County.

Dr. Stephen A. Martin, Jr.
Chief Operating Officer

April 2010

ACRONYMS, ABBREVIATIONS & DEFINITIONS

AIDS: Acquired Immunodeficiency Syndrome. The surveillance definition for AIDS includes HIV infection plus a diagnosis of any one of 25 different opportunistic diseases that are indicative of severe immune deficiency, or a laboratory test demonstrating severe immune deficiency (i.e., CD4 count of < 200 or <14% of total lymphocytes).

HIV: Human Immunodeficiency Virus.

HIV (any Stage): A person with HIV infection who may have progressed to AIDS; equivalent to “HIV or AIDS.”

HIV (not AIDS): A person infected with HIV who has not yet progressed to AIDS.

IDU: Injection drug use.

MSM: Male-to-male sexual contact.

PLWHA: Person(s) living with HIV or AIDS.

STI: Sexually Transmitted Infection. Generally, this refers to chlamydia (*Chlamydia trachomatis*), gonorrhea (*Neisseria gonorrhea*) or syphilis (*Treponema pallidum*) infection.

INTRODUCTION

HIV Disease Progression

HIV infection has progressed to the stage of AIDS, as defined by the Centers for Disease Control and Prevention (CDC), when an HIV-infected person: (a) develops specific infections uncommon in people with fully functioning immune systems (e.g., thrush of the esophagus or cytomegalovirus eye infections) or (b) develops certain cancers that rarely occur in immune-healthy people (e.g. Kaposi's sarcoma caused by Human herpesvirus 8) or (c) experiences substantial loss of cellular immune function as evidenced by their CD4 cells dropping below 200 per microliter of blood or by the percentage of CD4 cells in his or her white blood cells dropping below 14%. An HIV-infected person who meets any of these conditions is classified as having AIDS. Once diagnosed with AIDS, by definition, a person retains that diagnosis for life, even when medication is able to reduce viral load to undetectable levels and increase CD4 immune cells to the normal range found in healthy, uninfected persons. Prior to the availability of effective anti-HIV medications, people lived with untreated HIV infection for an average of ten years prior to developing AIDS. Numerous effective antiretroviral medications are now available, greatly increasing the quantity and quality of life for persons living with HIV. However, none can yet completely eradicate the virus from the body. So once HIV-infected, a person remains infectious for life.

How is HIV Transmitted?

HIV can be transmitted when a sufficient quantity of virus carried in bodily fluids (i.e., blood, semen, vaginal fluid or breast milk) enters an uninfected person's body. HIV is most commonly spread between sex partners through unprotected anal or vaginal intercourse. Injection partners may transmit HIV through sharing syringes, drug solutions, cookers, cotton or rinse water used to inject street drugs. An HIV-infected mother may infect her infant during childbirth or later through breastfeeding. Screening of blood products for HIV has largely eliminated transmission through blood transfusions or infected blood products in the United States.

HIV is not spread through other bodily fluids such as tears, saliva or sweat. HIV is not transmitted through casual contact, such as shaking hands with a person with HIV, hugging, or by touching objects that an HIV-infected person has touched. HIV is inactivated relatively quickly when exposed to air. Typically, by the time an infectious fluid spill such as blood dries, any HIV in the spill is no longer infectious.

The Role of Sexually-Transmitted Infections in HIV Transmission

Sexually transmitted infections (STIs) enhance both the transmission and the acquisition of HIV. First, the same unsafe sexual practices that lead to STIs can also lead to HIV infection. Second, STIs that cause ulcers, such as syphilis, herpes or chancroid, create breaks in the skin or lining of the genital tract, thereby creating a point of entry for HIV. If syphilis is present, the risk of acquiring HIV (if exposed) is up to 5 times greater (1). For persons with other, non-ulcerative STIs, like gonorrhea and chlamydia, the concentration of CD4 cells increases in genital secretions. For example, in men infected with both HIV and gonorrhea, the concentration of HIV in semen can be up to 10 times greater than in men infected with HIV alone (2). Fortunately, treatment for gonorrhea in coinfecting men can reduce HIV viral load in semen to the same levels as those men infected with HIV alone (2).

Preventing HIV Transmission

HIV transmission can be prevented in a number of ways. Injection-related HIV infections can be eliminated by avoiding injecting drugs entirely. Also, the risk of transmission via injection drug use can be reduced by avoiding the sharing of syringes, drug solutions, cookers, cotton strainers, rinse water and using only new, sterile syringes and other works. Sexual transmission of HIV can be eliminated by sexual abstinence for as long as that is strictly maintained, and markedly reduced through consistent, correct condom use particularly for anal or vaginal sex, or by otherwise avoiding the exchange of infectious bodily fluids. Sexually active persons can lower their own and their partner's risk through regular screenings for HIV and other STIs and through treatment as appropriate. Reducing the number of sex partners, knowing your HIV and STI status and the HIV and STI status of sex partners, together with proper use of condoms will also help to prevent the transmission of HIV.

National HIV/AIDS Statistics

The CDC reports that the number of new HIV infections declined to a low of 50,000 in the early 1990s after reaching a peak in the mid-1980s, when approximately 130,000 new HIV infections occurred. Between 2000-2005, about 55,000 persons per year were infected with HIV. In 2006, the most recent year of nationally available data, the CDC estimates 56,300 persons acquired HIV (3). The CDC estimates there are approximately 1.1 million people living with HIV or AIDS in the U.S., and that up to 21% of HIV-infected persons do not know they are infected with HIV (4). Not knowing your HIV status puts you and others at risk.

HIV Prevention & Care Funding

In the absence of a cure or an effective vaccine, ending the growth of the HIV epidemic will require four components:

1. Screening — sufficient screening resources to ensure that infected persons are rapidly identified and linked to antiretroviral treatment and behavioral risk reduction interventions.
2. Treatment — sufficient care resources to ensure that each newly identified HIV-infected person has access to antiretroviral treatment to lower their viral loads and reduce their infectiousness to others.
3. Outreach — sufficient prevention resources to counsel all HIV-infected persons and high risk populations to adopt and maintain low risk behaviors.
4. Education — universal access to research-proven, effective, age-appropriate, sexually transmitted infection (STI) risk reduction education, particularly for youth prior to the onset of sexual activity.

In suburban Cook County to date, the status of HIV prevention and funding for care can be summarized as follows:

- Uninsured or underinsured HIV-infected persons can access free, high quality HIV treatment through Ryan White Primary Care and the AIDS Drug Assistance Program. However, many HIV-infected persons are unaware of these free programs. Federal, state and local investments support these efforts

1. CDC. STD Facts—Syphilis and MSM (2008). Available at: <http://www.cdc.gov/std/syphilis/STDFact-MSM&Syphilis.htm#link> (last accessed 1/14/2010).

2. CDC. HIV Prevention Through Early Detection and Treatment of Other Sexually Transmitted Diseases—United States Recommendations of the Advisory Committee for HIV and STD Prevention. MMWR. 47(RR12);1998.

3. CDC. HIV Incidence 2006. Available at: <http://cdc.gov/hiv/topics/surveillance/incidence.htm> (last accessed 4/15/2010).

4. CDC. HIV Prevalence Estimates -- United States, 2006. MMWR. 57(39); 2008.

- Limited Public Health HIV screening resources (e.g. Family Planning Clinics, STD Clinics, and Regional HIV Prevention Grants) restrict HIV testing to about 1% of suburban Cook residents each year. This level of testing is insufficient even to provide an annual test to all the members of very high risk populations. Few hospital emergency departments or correctional facilities have adopted the recommendations of the US Centers for Disease Control and Prevention (CDC) to pilot routine, opt-out HIV testing for all patients and to maintain this practice wherever at least 1% of patients are newly diagnosed positives. Federal, state and local investments support these efforts.
- Prevention resources targeting HIV-positive and behaviorally high risk populations provide only enough resources to reach roughly 20% of these individuals who, without intervention, are statistically most likely to transmit or acquire HIV. State and federal resources support these efforts. However, in suburban Cook County, local investments in risk-targeted efforts have been very limited.
- Education—While Illinois educational standards mandate HIV education, few schools use curricula with the types of skill-focused instructional activities shown by research to actually help students abstain from or reduce their own risk behavior. Wider use of effective curricula such as the CDC-credentialed Diffused Effective Behavioral Interventions (DEBIs) posted on www.effectiveinterventions.org could have long term impact in reducing students' rates of STIs and unintended pregnancy.

IMPORTANT TRENDS

- There were 3,474 reported suburban Cook County residents living with HIV (any stage) at the end of 2008. The number of persons living with HIV (any stage) doubled between 2000 and 2008.
- More than 97% of suburban Cook County municipalities had residents diagnosed with HIV or AIDS by the end of 2008. Two in three persons living with HIV or AIDS (PLWHA) lived in the South District (i.e., 251 PLWHA per 100,000 population) or the West District (i.e., 195.8 PLWHA per 100,000 population) at the end of 2008.
- Between 2000 and 2008, a mean of 298 new HIV and AIDS diagnoses were made each year. Between 2005 and 2008, new AIDS diagnoses declined by 50% and new HIV (not AIDS) diagnoses increased 32%. This is likely an indication that more persons with HIV are being diagnosed earlier in the course of their infections, and not just the result of an overall increase in new HIV infections.
- HIV-related deaths declined 37% from 2000 to 2006 (the most recent year of available data).
- Males are disproportionately affected by HIV. Since June, 1981, the beginning of the HIV/AIDS epidemic, 77% of all cases diagnosed in suburban Cook County were males. There has been little change in the distribution of cases by sex between 2000 and 2008.
- Except for 2001, more than half of all new HIV (not AIDS) diagnoses annually between 2000 and 2008 were in non-Hispanic Blacks. In suburban Cook County, non-Hispanic Blacks represent only 14% of the general population.
- Two in three females diagnosed with HIV (not AIDS) between 2006 and 2008 were non-Hispanic Black; three in four were either Hispanic or non-Hispanic Black.
- Among males, 85% of new HIV (not AIDS) cases diagnosed between 2006-2008 were among men who have sex with men (MSM).
- Among females, nearly 80% of new HIV cases diagnosed between 2006 and 2008 were a result of heterosexual contact. About 20% of new HIV diagnoses in females were a result of injection drug use (IDU).
- Approximately 13% of MSM interviewed as part of an ongoing behavioral surveillance study reported having anal or vaginal sex with a female partner in the 12 months prior to being interviewed (1). Of the 13% who reported having had sex with a female partner, **45%** self-reported that sexual intercourse with female partners was unprotected (1). Non-Hispanic Black MSM were more likely than non-Hispanic White and Hispanic MSM (53% vs. 43% and 31%, respectively) to self-report having unprotected sexual intercourse with female partners (1). Although this was not a study of HIV-infected MSM per se, these data do highlight the need for all sexually active persons to practice safer sex to avoid the possibility of transmitting or acquiring sexually transmitted infections, including HIV.

1. Chicago Department of Public Health. HIV Risk, Prevention and Testing Behaviors Among Men Who Have Sex with Men (MSM): Chicago HIV Behavioral Surveillance System, December, 2003 - October, 2004. Chicago, IL.

Figure 1. HIV and AIDS Cases, HIV-related Deaths and Persons Living with HIV or AIDS, Suburban Cook County, 2000 - 2008

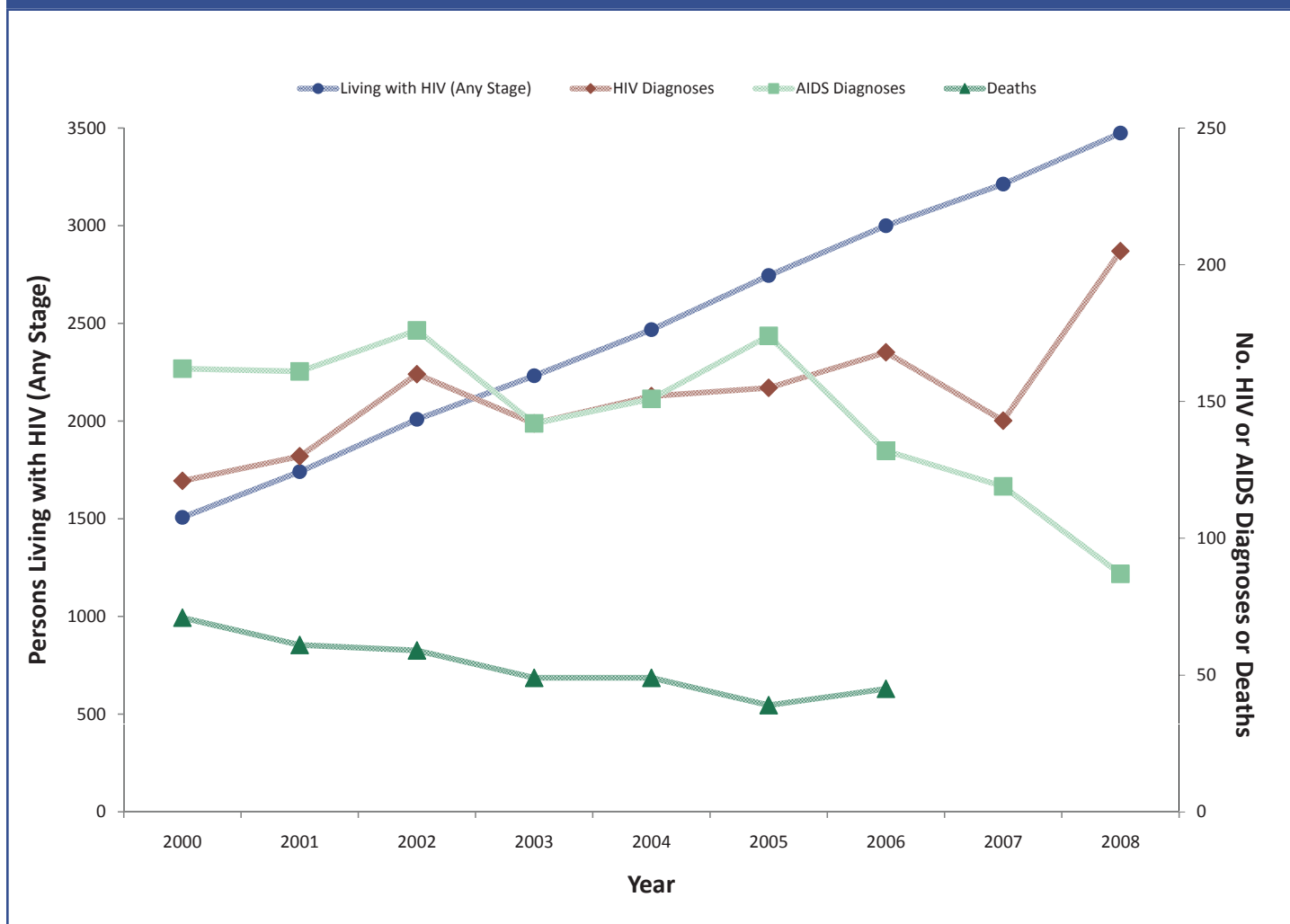


Figure 1 - New HIV and AIDS Diagnoses: A mean of 298 HIV and AIDS cases were diagnosed each year between 2000 and 2008. More recently, between 2005 and 2008, new AIDS diagnoses decreased 50% and new HIV diagnoses increased by 32%. In 2008, 70% of new diagnoses were in persons with HIV but without AIDS. Because of the downward trend in new AIDS diagnoses and the upward trend in new HIV diagnoses, it is likely that many individuals are being diagnosed earlier in the course of their infections than may have been the case in the past - a positive trend in public health.

HIV-related Deaths: HIV-related deaths declined 37% between 2000 (n=71) and 2006 (n=45). Data from 2006 are the most recent vital statistics data available.

People Living with HIV or AIDS (PLWHA): Between 2000 and 2008, the number of reported PLWHA has more than doubled, from 1,507 in 2000 to 3,474 in 2008. During this period, the number of PLWHA grew at a mean rate of 225 cases per year.

Table 1. HIV Diagnoses (Any Stage) by Selected Characteristics, Suburban Cook County, 2000 - 2008

Characteristic	Year																			
	2000		2001		2002		2003		2004		2005		2006		2007†		2008†		Cumulative¶	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Sex																				
Male	204	(72)	213	(73)	254	(76)	197	(69)	223	(74)	239	(72)	228	(76)	200	(76)	224	(77)	3,998	(77)
Female	79	(28)	78	(27)	81	(24)	87	(31)	80	(26)	92	(28)	72	(24)	62	(24)	68	(23)	1,181	(23)
Age Group (Years)																				
<20	12	(4)	14	(5)	11	(4)	12	(4)	10	(3)	16	(5)	14	(5)	15	(5)	15	(5)	177	(3)
20-29	52	(18)	54	(19)	62	(19)	58	(20)	61	(20)	83	(25)	72	(24)	79	(30)	92	(32)	1,041	(20)
30-39	103	(36)	96	(33)	123	(37)	89	(31)	87	(29)	109	(33)	101	(34)	67	(26)	86	(29)	1,915	(37)
40-49	79	(28)	87	(30)	97	(29)	84	(30)	88	(29)	85	(26)	71	(24)	57	(22)	55	(19)	1,342	(26)
50+	37	(13)	40	(14)	42	(13)	41	(14)	57	(19)	38	(11)	42	(14)	44	(17)	44	(15)	704	(14)
Race/Ethnicity																				
White, not Hispanic	89	(31)	103	(35)	108	(32)	77	(27)	74	(24)	82	(25)	62	(21)	59	(23)	67	(23)	2,003	(39)
Black, not Hispanic	143	(51)	139	(48)	176	(53)	156	(55)	161	(53)	177	(53)	162	(54)	135	(52)	156	(53)	2,326	(45)
Hispanic	43	(15)	41	(14)	39	(12)	40	(14)	52	(17)	53	(16)	48	(16)	33	(13)	43	(15)	665	(13)
Other & Unknown	8	(2)	8	(3)	12	(3)	11	(3)	16	(6)	19	(6)	28	(10)	35	(13)	26	(9)	185	(3)
Transmission Group§																				
Male Sex w/Male (MSM)	123	(43)	145	(50)	180	(54)	138	(49)	169	(56)	172	(52)	181	(60)	164	(63)	179	(61)	2,730	(53)
Injection Drug Use (IDU)	56	(20)	54	(19)	44	(13)	44	(15)	49	(16)	24	(7)	33	(11)	34	(13)	37	(13)	888	(17)
MSM & IDU	12	(4)	10	(3)	14	(4)	*	(*)	*	(*)	14	(4)	*	(*)	*	(*)	*	(*)	212	(4)
Heterosexual	80	(28)	71	(24)	92	(27)	89	(31)	75	(25)	116	(35)	80	(27)	58	(22)	68	(23)	1,162	(22)
Other**	12	(4)	11	(4)	5	(1)	*	(*)	*	(*)	5	(2)	*	(*)	*	(*)	*	(*)	187	(4)
Total	283	(100)	291	(100)	335	(100)	284	(100)	303	(100)	331	(100)	300	(100)	262	(100)	292	(100)	5,179	(100)

* Cells with small sample sizes have been suppressed. See Technical Notes Section.

† Preliminary data. Counts may change as new cases are reported.

¶ Since the beginning of the epidemic (June, 1981) through the end of 2008.

§ Persons with unknown modes of transmission were imputed using a hot-deck algorithm.

** Includes perinatal transmission and transmission resulting from HIV-infected blood products (including persons with hemophilia).

Table 1 - Sex: Since June, 1981, the beginning of the HIV/AIDS epidemic, through the end of 2008, approximately 77% of all HIV cases diagnosed were males and 23% were females. Though there has been some variation in these proportions over the past 9 years, most new HIV diagnoses were in males.

Age Groups: Overall, more than three quarters of people diagnosed with HIV were 30 years or older. Of these, more than 80% were between 30-49 years of age. Between 2000 and 2008, however, a greater proportion of cases were diagnosed at younger ages. Specifically, the proportion of cases aged 20-29 years has nearly doubled, from 18% in 2000 to 32% in 2008. It is not clear whether these individuals are testing earlier and more often, or whether this indicates increased risk in persons aged 20-29 years.

Race/Ethnicity: Non-Hispanic Blacks, Whites and Hispanics represent 97% of all HIV cases diagnosed since the beginning of the epidemic. Over the past 9 years, a majority of new HIV diagnoses were non-Hispanic Black. Approximately a quarter of new diagnoses in recent years were non-Hispanic White and between 13-16% were Hispanic.

Mode of Transmission: The predominant mode of transmission overall has been male-to-male sexual contact. The proportion of cases attributed to MSM increased between 2000 and 2008, from 43% to 61%. At the same time, the proportion of HIV cases resulting from heterosexual contact declined slightly, from 28% in 2000 to 23% in 2008. Similarly, the proportion of HIV cases resulting from injection drug use declined from 20% in 2000 to 13% in 2008.

Table 2. Recent HIV (not AIDS) Diagnoses by Sex, Race/Ethnicity, and Transmission Group, Suburban Cook County, 2006 - 2008†

Sex/Transmission Group¶	Race/Ethnicity									
	White, not Hispanic		Black, not Hispanic		Hispanic		Other/Unknown		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Males										
Male Sex w/Male (MSM)	85	(89)	147	(82)	49	(91)	47	(89)	328	(85)
Injection Drug Use (IDU)	5	(5)	13	(7)	*	(*)	*	(*)	19	(5)
MSM & IDU	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Heterosexual	5	(5)	14	(8)	4	(7)	6	(11)	29	(8)
Other§	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Total Males	96	(100)	179	(100)	54	(100)	53	100	384	(100)
Females										
Heterosexual	15	(88)	64	(73)	11	(85)	13	(93)	103	(78)
Injection Drug Use (IDU)	*	(*)	22	(25)	*	(*)	*	(*)	27	(20)
Other§	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Total Females	17	(100)	88	(100)	13	(100)	14	(100)	132	(100)
All Cases										
Male Sex w/Male (MSM)	85	(75)	147	(55)	49	(73)	47	(68)	328	(64)
Injection Drug Use (IDU)	7	(6)	35	(13)	*	(*)	*	(*)	46	(9)
MSM & IDU	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Heterosexual	20	(18)	78	(29)	15	(22)	19	(28)	132	(26)
Other§	*	(*)	*	(*)	*	(*)	*	(*)	*	(*)
Total	113	(100)	267	(100)	67	(100)	69	(100)	516	(100)

* Cells with small sample sizes have been suppressed. See Technical Notes section.

† Preliminary data. Counts may change as new reports are filed.

¶ Persons with unknown modes of transmission were imputed using a hot-deck algorithm.

§ Includes perinatal transmission and transmission resulting from HIV-infected blood products (including persons with hemophilia).

Table 2: Between 2006 and 2008, more than half of all recently diagnosed HIV (not AIDS) cases in suburban Cook County were in non-Hispanic Blacks. Of those, two-thirds were males and a third were females. Among all females newly diagnosed with HIV between 2006 and 2008, two in three were non-Hispanic Black and three in four were either non-Hispanic Black or Hispanic.

The leading mode of transmission for males diagnosed with HIV (not AIDS) between 2006-2008 was male-to-male sexual contact (MSM). Among all males except non-Hispanic Blacks, 9 in 10 new HIV (not AIDS) diagnoses were a result of MSM. In non-Hispanic Black males, 8 in 10 new HIV (not AIDS) diagnoses were a result of MSM. The leading mode of HIV (not AIDS) transmission among all females was heterosexual contact, although the proportions were higher in non-Hispanic Whites and Hispanic women (88% and 85%, respectively) compared with non-Hispanic Black females (64%). Twenty-five percent (25%) of non-Hispanic Black females diagnosed with HIV (not AIDS) between 2006 and 2008 acquired HIV (not AIDS) as a result of IDU, a mode of transmission that was negligible in the other race/ethnicity groups.

Non-Hispanic Blacks are disproportionately affected by HIV. More than half of all HIV (not AIDS) diagnoses made between 2006-2008 were in non Hispanic Blacks, despite the fact they represent only 14% of the general population of suburban Cook County. Nearly 30% of all new HIV (not AIDS) diagnoses were in non-Hispanic Black males who acquired HIV as a result of MSM. **Ninety percent (90%)** of all new HIV (not AIDS) diagnoses in suburban Cook County between 2006-2008 were sexually transmitted/acquired.

Figure 2. HIV (not AIDS) Diagnoses by Sex, Suburban Cook County, 2000 - 2008

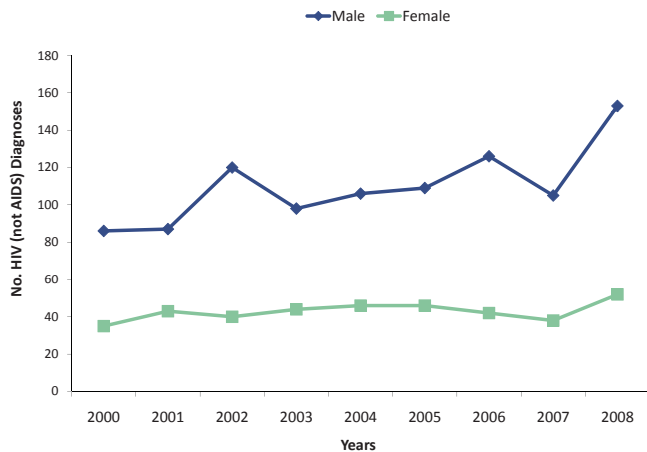


Figure 3. HIV (not AIDS) Diagnoses by Race/Ethnicity, Suburban Cook County, 2000 - 2008

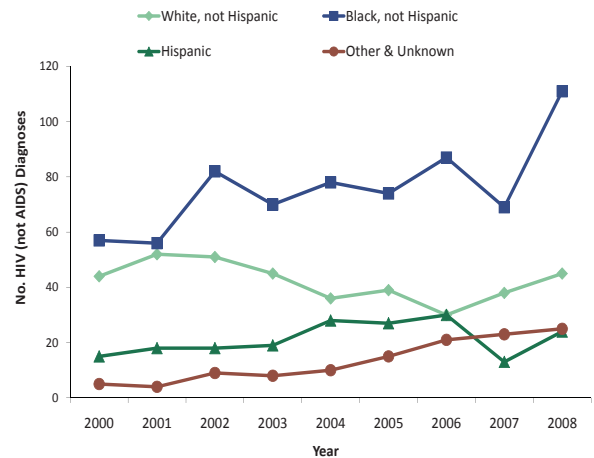


Figure 4. HIV (not AIDS) Diagnoses by Selected Age Groups, Suburban Cook County, 2000 - 2008

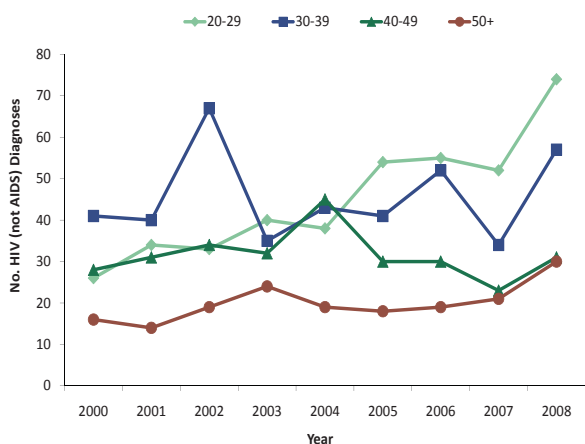


Figure 5. HIV (not AIDS) Diagnoses by Selected Modes of Transmission, Suburban Cook County, 2000 - 2008

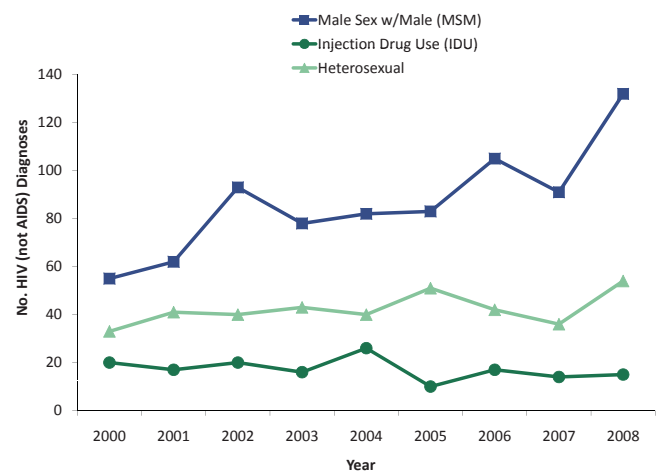


Figure 6. Prevalence (per 100,000) of Persons Living with HIV (Any Stage) by Municipality, Suburban Cook County, 1990, 1995, 2000 and 2005.

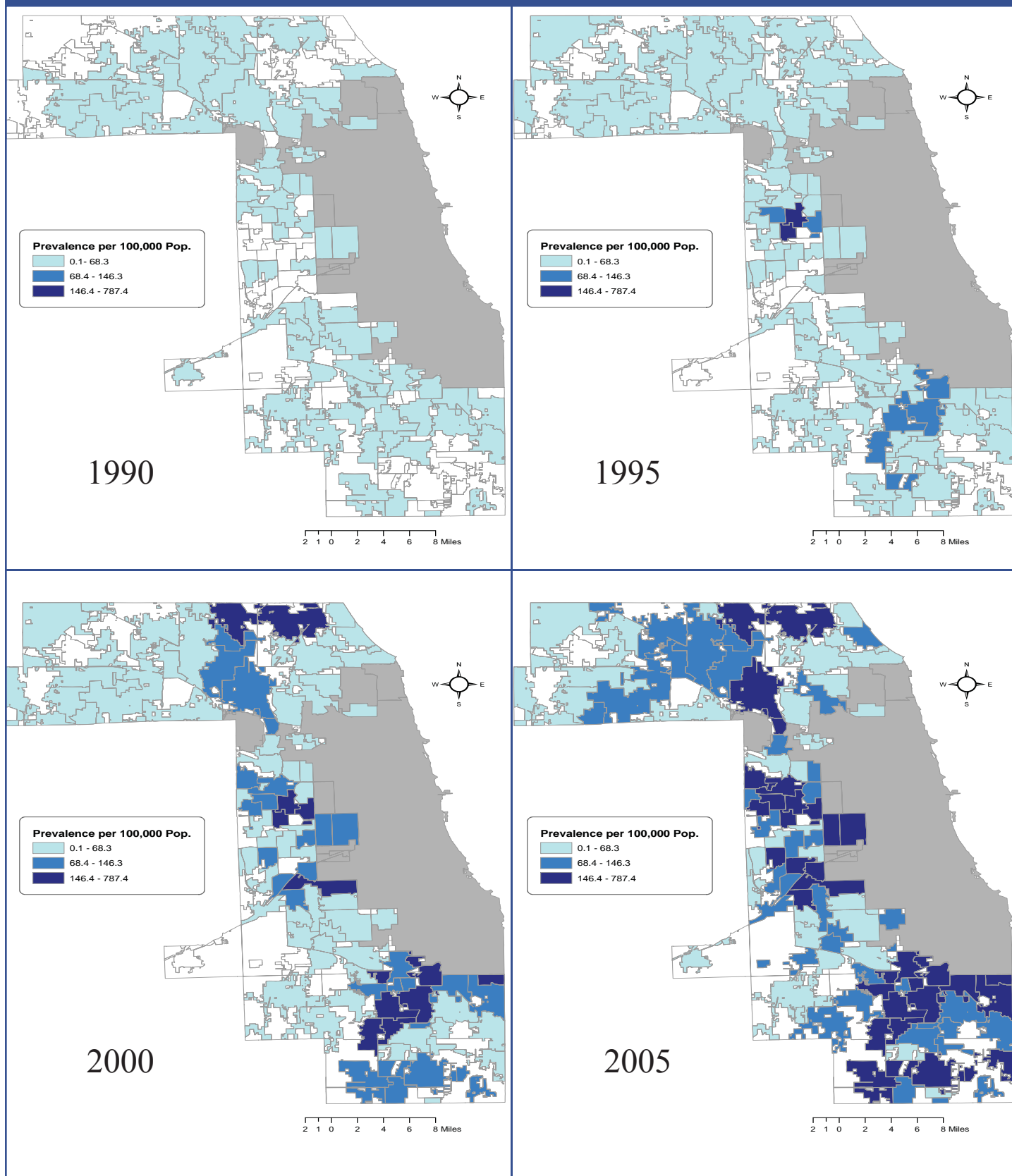


Figure 7. Prevalence (per 100,000) of Persons Living with HIV (Any Stage) by City, Town or Community Area, Cook County, 2008

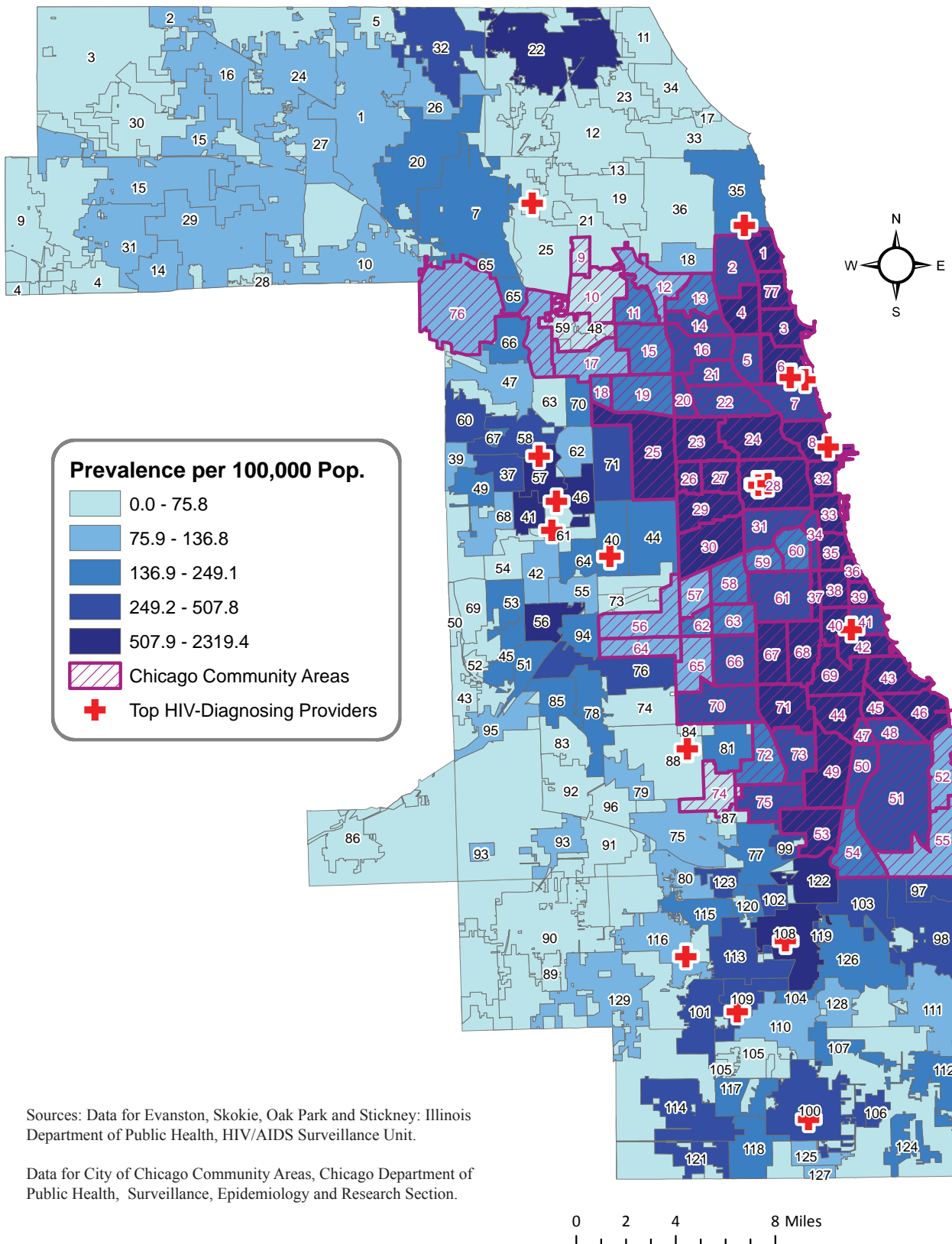


Table 3. Towns and Cities in Suburban Cook County and Community Areas in the City of Chicago

City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #	City/Town/Com. Area	Ref #
Arlington Heights	1	North Riverside	61	Richton Park	121	East side	52
Barrington	2	River Forest	62	Riverdale	122	West Pullman	53
Barrington Hills	3	River Grove	63	Robbins	123	Riverdale	54
Bartlett	4	Riverside	64	Sauk Village	124	Hegewisch	55
Buffalo Grove	5	Rosemont	65	South Chicago Heights	125	Garfield Ridge	56
Deerfield	6	Schiller Park	66	South Holland	126	Archer Heights	57
Des Plaines	7	Stone Park	67	Steger	127	Brighton Park	58
East Dundee	8	Westchester	68	Thornton	128	Mckinley Park	59
Elgin	9	Western Springs	69	Tinley Park	129	Bridgeport	60
Elk Grove Village	10	Elmwood Park	70	Rogers Park	1	New City	61
Glencoe	11	Oak Park	71	West Ridge	2	West Elsdon	62
Glenview	12	Stickney	72	Uptown	3	Gage Park	63
Golf	13	Forest View	73	Lincoln Square	4	Clearing	64
Hanover Park	14	Burbank	74	North Center	5	West Lawn	65
Hoffman Estates	15	Alsip	75	Lake View	6	Chicago Lawn	66
Inverness	16	Bedford Park	76	Lincoln Park	7	West Englewood	67
Kenilworth	17	Blue Island	77	Near North Side	8	Englewood	68
Lincolnwood	18	Bridgeview	78	Edison Park	9	Greater Grand Crossing	69
Morton Grove	19	Chicago Ridge	79	Norwood Park	10	Ashburn	70
Mount Prospect	20	Crestwood	80	Jefferson Park	11	Auburn Gresham	71
Niles	21	Evergreen Park	81	Forest glen	12	Beverly	72
Northbrook	22	Frankfort	82	North Park	13	Washington Heights	73
Northfield	23	Hickory Hills	83	Albany Park	14	Mount Greenwood	74
Palatine	24	Hometown	84	Portage Park	15	Morgan Park	75
Park Ridge	25	Justice	85	Irving Park	16	O'hare	76
Prospect Heights	26	Lemont	86	Dunning	17	Edgewater	77
Rolling Meadows	27	Merrionette Park	87	Montclare	18		
Roselle	28	Oak Lawn	88	Belmont Cragin	19		
Schaumburg	29	Orland Hills	89	Hermosa	20		
South Barrington	30	Orland Park	90	Avondale	21		
Streamwood	31	Palos Heights	91	Logan Square	22		
Wheeling	32	Palos Hills	92	Humboldt Park	23		
Wilmette	33	Palos Park	93	West Town	24		
Winnetka	34	Summit	94	Austin	25		
Evanston	35	Willow Springs	95	West Garfield Park	26		
Skokie	36	Worth	96	East Garfield Park	27		
Bellwood	37	Burnham	97	Near West Side	28		
Bensenville	38	Calumet City	98	North Lawndale	29		
Berkeley	39	Calumet Park	99	South Lawndale	30		
Berwyn	40	Chicago Heights	100	Lower West Side	31		
Broadview	41	Country Club Hills	101	Loop	32		
Brookfield	42	Dixmoor	102	Near South Side	33		
Burr Ridge	43	Dolton	103	Armour Square	34		
Cicero	44	East Hazel Crest	104	Douglas	35		
Countryside	45	Flossmoor	105	Oakland	36		
Forest Park	46	Ford Heights	106	Fuller Park	37		
Franklin Park	47	Glenwood	107	Grand Boulevard	38		
Harwood Heights	48	Harvey	108	Kenwood	39		
Hillside	49	Hazel Crest	109	Washington Park	40		
Hinsdale	50	Homewood	110	Hyde Park	41		
Hodgkins	51	Lansing	111	Woodlawn	42		
Indian Head Park	52	Lynwood	112	South Shore	43		
La Grange	53	Markham	113	Chatham	44		
La Grange Park	54	Matteson	114	Avalon Park	45		
Lyons	55	Midlothian	115	South Chicago	46		
McCook	56	Oak Forest	116	Burnside	47		
Maywood	57	Olympia Fields	117	Calumet Heights	48		
Melrose Park	58	Park Forest	118	Roseland	49		
Norridge	59	Phoenix	119	Pullman	50		
Northlake	60	Posen	120	South Deering	51		

Table 4. Persons Living with HIV (Any Stage) and Prevalence (per 100,000 population), North and West Districts, Suburban Cook County, 2008†

NORTH DISTRICT			WEST DISTRICT		
City or Town	Cases	Prevalence†	City or Town	Cases	Prevalence†
Arlington Heights	80	107.9	Bellwood	77	398.4
Barrington	8	77.9	Berkeley	5	100.9
Barrington Hills	*	*	Berwyn	106	208.6
Bartlett	10	24.8	Broadview	63	811.5
Buffalo Grove	9	20.8	Brookfield	16	87.6
Des Plaines	109	191.1	Burr Ridge	*	*
Elgin	7	6.9	Cicero	197	240.8
Elk Grove Village	28	83.2	Countryside	11	188.5
Glencoe	6	66.6	Elmwood Park	35	144.1
Glenview	32	69.1	Forest Park	81	528.4
Golf	0	0	Franklin Park	15	82.1
Hanover Park	39	104.9	Harwood Heights	6	73.8
Hoffman Estates	39	74.3	Hillside	18	234.3
Inverness	6	80.7	Hinsdale	*	*
Kenilworth	*	*	Hodgkins	*	*
Lincolnwood	11	92.1	Indian Head Park	*	*
Morton Grove	11	49	La Grange	34	220.8
Mount Prospect	78	144.1	La Grange Park	*	*
Niles	22	75.7	Lyons	12	115.6
Norridge	7	49.8	Maywood	167	654.7
Northbrook	31	564.9	McCook	*	*
Northfield	5	44.4	Melrose Park	63	283.1
Palatine	72	106.8	North Riverside	6	17.6
Park Ridge	19	51.5	Northlake	19	300.6
Prospect Heights	15	92.3	River Forest	13	90.2
Rolling Meadows	33	139.3	River Grove	6	53.6
Roselle	8	34.5	Riverside	15	178.7
Schaumburg	86	118.3	Rosemont	8	200.4
South Barrington	0	0	Schiller Park	17	148.1
Streamwood	33	87.9	Stone Park	11	226.2
Wheeling	42	334	Westchester	16	100.1
Wilmette	12	44.9	Western Springs	7	19.2
Winnetka	9	72.4			
North District Subtotal	869	86.7	West District Subtotal	1,040	195.8

* Cells with small sample sizes have been suppressed.

† Prevalence per 100,000 population.

Table 3. North District: The prevalence of HIV/AIDS in the North District was 86.7 per 100,000 population (or 1 in 1,142 North District residents) at the end of 2008. Northbrook, Des Plaines and Mount Prospect had the highest proportions of persons living with HIV/AIDS (PLWHA) in the North District.

West District: The prevalence of HIV/AIDS in the West District was 195.8 per 100,000 population (or 1 in 511 West District residents) at the end of 2008, more than twice as high that the proportion of PLWHA in the North District. Broadview, Maywood and Forest Park had the highest proportions of PLWHA in the West District.

Table 5. Persons Living with HIV (Any Stage) and Prevalence (per 100,000 population), South and Southwest Districts, Suburban Cook County, 2008†

SOUTH DISTRICT			SOUTHWEST DISTRICT		
City or Town	Cases	Prevalence†	City or Town	Cases	Prevalence†
Burnham	21	520.2	Alsip	17	89.8
Calumet City	112	299.5	Bedford Park	*	*
Chicago Heights	95	305.9	Blue Island	56	248.4
Country Club Hills	55	328.6	Bridgeview	21	140.3
Dixmoor	11	289.2	Burbank	18	65.1
Dolton	90	371.3	Calumet Park	34	423.4
East Hazel Crest	*	*	Chicago Ridge	13	96
Flossmoor	7	74.5	Crestwood	11	98.5
Ford Heights	9	276.3	Evergreen Park	32	162.7
Glenwood	15	174.4	Forest View	0	0
Harvey	168	589.5	Hickory Hills	6	44.6
Hazel Crest	59	413.3	Hometown	*	*
Homewood	23	122.8	Justice	19	150.7
Lansing	35	129.2	Lemont	7	45.2
Lynwood	18	228.9	Merrionette Park	*	*
Markham	50	408.2	Oak Lawn	41	76.2
Matteson	42	255.4	Orland Hills	*	*
Midlothian	25	180.9	Orland Park	22	39.6
Oak Forest	26	93	Palos Heights	5	39.8
Olympia Fields	10	212.6	Palos Hills	13	75.8
Park Forest	40	175	Palos Park	6	126.3
Phoenix	8	390.8	Summit	19	184.1
Posen	7	141.4	Willow Springs	5	83.9
Richton Park	35	270.5	Worth	8	75.8
Riverdale	87	856.6			
Robbins	28	434.4			
Sauk Village	16	153.7			
South Chicago Heights	*	*			
South Holland	43	201.3			
Steger	12	113.4			
Thornton	*	*			
Tinley Park	45	76.8			
South District Subtotal	1,203	251.5	Southwest District Subtotal	362	99.6

* Cells with small sample sizes have been suppressed.

† Prevalence per 100,000 population.

Table 4. South District: The prevalence of HIV/AIDS in the South District was 251.5 per 100,000 population (or 1 in 398 South District Residents) at the end of 2008, nearly three times higher than the proportion of PLWHA in the North District. Riverdale, Harvey and Burnham had the highest proportions of PLWHA in the South District.

Southwest District: The prevalence of HIV/AIDS in the Southwest District was 99.6 per 100,000 population (or 1 in 1,004 Southwest District residents) at the end of 2008. Calumet Park, Blue Island and Summit had the highest proportions of PLWHA in the Southwest District.

TECHNICAL NOTES

Surveillance Methodology

Healthcare providers and laboratories within suburban Cook County are required to report positive cases of HIV to the Cook County Department of Public Health within 7 days of diagnosis. These case reports are then entered into a secured database as new cases or as updates to existing cases. This secured database provides the basis for the information presented in this report.

This report includes all reported cases of HIV or AIDS through August 24, 2009. These data do not represent the entire population of persons infected with HIV nor PLWHA as not all persons with HIV have been tested or reported. The Centers for Disease Control and Prevention estimates that approximately 21% of persons infected with HIV are unaware of their status (1). In addition, there is often a lag (sometimes considerable) between the time a person is diagnosed with HIV infection and the time the local health department receives the report, despite the requirement that providers and laboratories report within 7 days. Also, case counts change year to year as new reports are submitted and as databases at the local, state, and national levels are deduplicated. These are all important caveats to consider when interpreting HIV and AIDS data.

Data Presentation and Confidentiality

Small cells (representing 1-4 cases) have been suppressed in order to protect the confidentiality of persons diagnosed with HIV or AIDS or PLWHA, except for data presented in Figures 6 and 7.

1. CDC. HIV Prevalence Estimates -- United States, 2006. MMWR. 57(39); 2008.