HIV/STI SURVEILLANCE REPORT 2020

CDPH
Chicago Department of Public Health

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EXECUTIVE AND DATA SUMMARY

CDPH
Chicago Department of Public Health

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 and ethnicities, face real challenges and barriers to achieving equitable sexual health. 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.

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 sexually transmitted infections (STI).

The annual CDPH HIV/STI Surveillance Report presents cases of HIV, AIDS, chlamydia, gonorrhea, syphilis, and congenital syphilis. This year's report also highlights the HIV epidemic in the transgender population and provides some insight into how HIV is impacting transgender persons. This report provides data useful for service providers, community organizations, program planners, policymakers, and the general public.

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. In 2020, an updated version of NHAS was released. To better align with the national NHAS indicators, CDPH's HIV/STI Bureau adopted a new methodology of calculating new and prevalent HIV cases using NHAS indicators. This will allow Chicago to do a direct comparison to national, state, and county-level indicators. 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, we no longer use MI. Additionally, for HIV prevalent cases, calculations are now based on current place of residence. Previously, we used residence at the time of diagnosis. Due to the changes in outlined methodology, please use caution when comparing the numbers of new and prevalent HIV cases in this year's report to the numbers of cases reported in previous HIV/STI surveillance reports.

HIV CARE CONTINUUM

- In 2019, 81.5% of persons newly diagnosed with HIV in Chicago were linked to HIV medical care within one month of HIV diagnosis, and 92.3% of persons newly diagnosed were linked to medical care within 12 months. In comparison, in 2018, 81% 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.

- A total of 19,457 individuals had been diagnosed with HIV through 2018 and were living with HIV in 2019, yielding a rate of 720.9 per 100,000 population. (Note: All HIV prevalent case calculations in 2019 were based on the address of current residence instead of address of residence at diagnosis). Among all people in Chicago living with HIV in 2019, 66.2% accessed care and 41.9% were retained in medical care.

- In 2019, 49% of people living with HIV in Chicago achieved viral suppression – a slight decrease when compared to 2018 data (52%).

HIV

- In 2019, a total of 652 new HIV diagnoses were reported among Chicago residents – the lowest number since 1988. This represents a 14% decrease compared to 2018 (760 new diagnoses) and a 29% decrease since 2015 (913 new diagnoses). Declines in new diagnoses were recorded for all genders, all age groups, and all racial/ethnic 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 diagnoses in 2019.

- 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 2019, there were 5.3 times as many new HIV diagnoses in men than in women.

- Compared with other HIV transmission groups, there were 4.3 times more new HIV diagnoses among MSM than those reporting heterosexual contact transmission (HET) and 11.9 times more than those reporting injection drug use (IDU).

- Non-Hispanic (NH) Blacks represented 56% of new HIV diagnoses, 56.9% of AIDS diagnoses, and 56.6% of late HIV diagnoses.

- Individuals aged 20-29 years old represented the largest percentage of all new HIV diagnoses at 38.8%.

- In 2019, the highest rates of new HIV infection diagnoses were seen in individuals residing in Washington Park (76.8 per 100,000), Grand Boulevard (68.4 per 100,000), and Greater Grand Crossing (67.4 per 100,000). The highest rates of persons living with HIV were observed in Uptown (2,379.3 per 100,000), Edgewater (2,232.8 per 100,000), and Rogers Park (1,802.1 per 100,000).

CHLAMYDIA, GONORRHEA, PRIMARY AND SECONDARY (P&S) SYPHILIS, AND CONGENITAL SYPHILIS (CS)

- In 2019, a total of 32,150 chlamydia cases, 14,315 gonorrhea cases, and 814 P&S syphilis cases – a 7.7% decrease from 2018 at 877 cases – were reported to CDPH.

- There were 1.4 times as many reported chlamydia cases in women than men, 2.0 times as many reported gonorrhea cases in men than women, and 8.3 times as many reported P&S syphilis cases in men than women. MSM continued to account for the majority (53.8%) of P&S syphilis cases in 2019, but 25.8% of male cases have an unknown transmission risk category.

- In 2019, individuals aged 20-29 years old were the most frequently diagnosed group for chlamydia (53.8%), gonorrhea (50.6%), and P& S syphilis (38.9%).

- The number of reported STIs was highest among NH Blacks with 48.8% of reported chlamydia cases, 57.1% of reported gonorrhea cases, and 44% of reported P&S syphilis cases.

- In 2019, the three community areas with the highest average chlamydia case rates were Washington Park (2,688.4 per 100,000), North Lawndale (2,547.9 per 100,000), and West Garfield Park (2,538.8 per 100,000). The three community areas with the highest average case rates for gonorrhea are Washington Park (1,536 per 100,000), West Garfield Park (1,283 per 100,000), and North Lawndale (1,261 per 100,000).

- Similar to 2018, all 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 2019, the three community areas with the highest average P&S Syphilis case rates were Uptown (104.6 per 100,000 population), Edgewater (79.6 per 100,000 population), and South Shore (78.4 per 100,000 population).

- In Chicago, there were only nine reported cases of congenital syphilis in 2019 – an 18% decrease from the previous year.

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SECTION ONE
HIV AND STIS IN CHICAGO, 2019

CDPH
Chicago Department of Public Health

HIV CONTINUUM OF CARE, CHICAGO, 2019

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

In 2019, 82.1% of those diagnosed with HIV were linked to HIV medical care within one month of HIV diagnosis. By 12 months post-diagnosis, 92.3% of newly diagnosed persons had been linked to medical care. For individuals diagnosed with HIV through 2018 and living with HIV in 2019, 66.2% had accessed medical care (having at least one medical visit in 2019), 41.9% were considered to be retained in care (having at least two medical visits in 2019), and 58.4% 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 2018 and living with HIV in 2019, only 49.7% were considered to be virally suppressed (< 200 copies/mL). The data represented in the continuum highlight Chicago's continuing efforts to ensure that all newly diagnosed individuals are rapidly linked to medical care and a 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.

HIV IN CHICAGO

In 2019, a total of 652 individuals were newly diagnosed with HIV in the City of Chicago, with a corresponding rate of 24.2 per 100,000 population (Table 1.1). Caution should be taken when comparing 2019 data to previous years. Because of reporting delays, the number of HIV cases diagnosed in a given year may be lower than the numbers presented in later reports; however, fluctuations in the number of HIV diagnoses for a calendar year typically subside after two to three years of reporting (CDC, 2018). This report is based on diagnoses of HIV infection reported to the Chicago Department of Public Health as of September 28, 2020. The number of individuals newly diagnosed with AIDS (Stage 3 HIV infection) decreased by 22.6% from 363 in 2018 to 281 in 2019. The 2019 AIDS case rate for 2019 was 10.4 per 100,000 population (Table 1.1). Of those newly diagnosed in 2019, a total of 122 individuals were considered to have a late/concurrent diagnosis, indicating that those individuals were diagnosed with HIV and subsequently AIDS within the 12-month period (Table 1.2).

In 2019, a total of 19,456 individuals were diagnosed with HIV through 2018 and living with HIV in 2019 with a corresponding rate of 721.6 per 100,000 population (Table 1.1). Of those living with HIV in 2019, a total of 9,619 individuals were living with AIDS (Table 1.3).

HIV BY CHICAGO COMMUNITY AREA

In 2019, the three community areas with the highest average HIV infection diagnosis rates were Washington Park (76.8 per 100,000), Grand Boulevard (68.4 per 100,000), and Greater Grand Crossing (67.4 per 100,000) (Figure 1.2; Appendix Table A1). The three community areas with the highest number of new HIV infection diagnoses were Uptown (N=31), Austin (N=28), and South Shore (N=28) (Appendix Table A1).

Similar to previous years, in 2019, the three community areas with the highest HIV prevalence rates were Uptown (2,379.3 per 100,000), Edgewater (2,232.8 per 100,000), and Rogers Park (1,802.1 100,000) (Figure 1.3; Appendix Table A2).

HIV BY GENDER

In 2019, there were 5.3 times as many new HIV diagnoses in men than women, with 533 cases reported among males and 100 cases reported among females (Table 1.2). The largest number of late diagnoses occurred among males (N=104) when compared to females (N=16), with males accounting for 85.2% of late diagnoses (Table 1.2). In 2019, there were 4.5 times as many men living with HIV than women (15,631 males and 3,473 females) (Table 1.3).

HIV BY AGE

In 2019, the largest percentage (38.8%) of reported new HIV cases were among individuals aged 20-29 years old. The age group with the largest percentage of late diagnosed individuals were those aged 30-39 years old, accounting for 32.0% (39/122) of the late diagnosed cases (Table 1.2).

In 2019, individuals aged 40 years and older accounted for 67.6% of those individuals living with HIV in the City of Chicago (Table 1.3). Individuals aged 20-29 years old (who accounted for the largest number of new diagnoses) only represented 11.7% of those living with HIV (Table 1.3).

HIV BY RACE/HISPANIC ETHNICITY

In 2019, Non-Hispanic (NH) Blacks were the most frequently diagnosed population, representing 56.0% of new HIV diagnoses, 56.9% of AIDS diagnoses, and 56.6% of late diagnoses (Table 1.2). When compared to the next two populations there were 2.4 times as many new HIV diagnoses among NH Blacks than among Hispanics and 4.3 times as many new HIV diagnoses than among NH Whites (Table 1.2).

In 2019, NH Blacks accounted for half (50.1%) of those individuals living with HIV in the City of Chicago (Table 1.3). When compared with the next two populations with the largest number of people living with HIV, there were 2.3 times more NH Blacks living with HIV than NH Whites living with HIV and 2.3 times more than Hispanics living with HIV (Table 1.3).

HIV BY TRANSMISSION GROUP

In 2019, men who have sex with men (MSM) accounted for the majority (73.5%) of new HIV diagnoses in the City of Chicago (Table 1.2). Compared with other HIV transmission groups, there were 4.3 times more new HIV diagnoses among MSM than those reporting heterosexual contact transmission (HET) and 12.0 times more than those reporting injection drug use (IDU) (Table 1.2). In 2019, MSM represented 65.6% of individuals living with HIV in the City of Chicago (Table 1.3). In comparison to other HIV transmission groups, there were 3.8 times as many MSM living with HIV than HET and 6.3 times more than those reporting IDU (Table 1.3).

SEXUALLY TRANSMITTED INFECTIONS (STIs)

CHLAMYDIA

CHLAMYDIA IN CHICAGO

Chlamydia, a sexually transmitted bacterial infection caused by *Chlamydia trachomatis*, is the most common notifiable disease in the United States. According to the CDC 2018 STD Surveillance Report, chlamydia is one the most prevalent STIs and has comprised the largest proportion of all STIs reported to CDC since 1944. In 2019, a total of 32,150 chlamydia cases were reported in the City of Chicago (Table 1.4). This case count corresponds to a rate of 1,191.3 per 100,000 population (Table 1.1).

CHLAMYDIA BY CHICAGO COMMUNITY AREA

In 2019, the rates of reported cases of chlamydia ranged from 116.2 to 2,688.4 per 100,000 population throughout the City of Chicago (Figure 1.4). The three community areas with the highest average chlamydia case rates in 2019 were Washington Park (2,688.4 per 100,000), North Lawndale (2,547.9 per 100,000), and West Garfield Park (2,538.75 per 100,000). (Figure 1.4; Appendix Table A3).

CHLAMYDIA BY SEX

In 2019, there were 1.4 times as many reported chlamydia cases in women than men, with 18,598 cases reported among females and 13,503 cases reported among males (Table 1.4). This disparity between the sexes is consistent with previous years and likely reflects a larger number of females screened for this infection. It is also likely that many of the sex partners of women with chlamydia did not receive a diagnosis and were not reported as having chlamydia infections.

CHLAMYDIA BY AGE

In 2019, a majority (53.8%) of all reported chlamydia cases were among individuals aged 20-29 years old. If this group were expanded to include all individuals younger than 30 years, then all those individuals would represent 77.8% of all reported chlamydia cases in 2019 (Table 1.4).

CHLAMYDIA BY RACE/HISPANIC ETHNICITY

In 2019, NH Blacks were the most frequently diagnosed population, representing 48.8% 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 4.1 times as many compared to NH Whites (Table 1.4).

GONORRHEA

GONORRHEA IN CHICAGO

Gonorrhea is a sexually transmitted bacterial infection caused by *Neisseria gonorrhoeae* and, like chlamydia, is a major cause of pelvic inflammatory disease (PID) that can lead to serious outcomes in women, such as tubal infertility, ectopic pregnancy, and chronic pelvic pain. In addition, epidemiologic and biologic studies provide evidence that gonococcal infections facilitate the transmission of HIV infection. In 2019, a total of 14,315 gonorrhea cases were reported in the City of Chicago (Table 1.4). This case count corresponds to a rate of 530.42 per 100,000 population (Table 1.1).

GONORRHEA BY CHICAGO COMMUNITY AREA

In 2019, the rates of reported cases of gonorrhea ranged from 41.9 to 1,536.2 per 100,000 population throughout the City of Chicago (Figure 1.5). The three community areas with the highest average gonorrhea case rates in 2019 were Washington Park (1,536.2 per 100,000), West Garfield Park (1,283.3 per 100,000), and East Garfield Park (1,261.4 per 100,000) (Figure 1.5; Appendix Table A4).

GONORRHEA BY SEX

As in previous years, the number of reported gonorrhea cases among males was higher than among females, and in 2019, males had 2.0 times the number of cases than females. In total, 9,564 cases were reported among males and 4,724 cases reported among females (Table 1.4). The magnitude of the increase among males suggests either increased transmission or increased case ascertainment (e.g., through increased extra-genital screening), primarily among gay, bisexual, and other men who have sex with men (MSM). However, 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.

GONORRHEA BY AGE

Similar to reported cases of chlamydia, gonorrhea cases in Chicago continued to be highest among adolescents and young adults. In 2019, individuals aged 20-29 years old were the most frequently diagnosed age group, representing 50.6% of all reported gonorrhea cases (Table 1.4). If this group were combined with those aged 13-19 years old, then all those individuals (13-29 years old) would represent 67.9% of all reported gonorrhea cases in 2019 (Table 1.4).

GONORRHEA BY RACE/HISPANIC ETHNICITY

In 2019, the number of reported gonorrhea cases remained highest among NH Blacks, representing 57.1% of reported cases in Chicago (Table 1.4). When compared to the next two populations with the largest number of reported cases, there were 4.7 times as many gonorrhea cases in NH Blacks compared to Hispanics and 3.5 times as many compared to NH Whites (Table 1.4).

PRIMARY & SECONDARY (P&S) SYPHILIS

P&S SYPHILIS IN CHICAGO

P&S syphilis are the most infectious stages of the infection that reflect symptomatic disease and are used as indicators of new infection. In 2019, a total of 814 P&S syphilis cases were reported in the City of Chicago (Table 1.4). This case count corresponds to a rate of 30.2 per 100,000 population (Table 1.1).

P&S SYPHILIS BY CHICAGO COMMUNITY AREA

In 2019, the rates of reported cases of syphilis ranged from 8.3 to 104.6 per 100,000 population throughout the City of Chicago (Figure 1.6). The three community areas with the highest average P&S syphilis case rates in 2019 were Uptown (104.6 per 100,000 population), Edgewater (79.6 per 100,000 population), and South Shore (78.4 per 100,000 population) (Figure 1.6; Appendix Table A5). The three community areas with the highest number of new P&S syphilis cases were Uptown (N=59), Lakeview (N=50), and Austin (N=52) (Appendix Table A5).

P&S SYPHILIS BY SEX

As has been observed in previous years, the number of reported P&S syphilis cases among men was 8.3 times higher than females in 2019. In total, there were 726 cases reported among males and 88 cases reported among females (Table 1.4). MSM continued to account for the majority of P&S syphilis cases in 2019.

P&S SYPHILIS BY AGE

In 2019, as in previous years, individuals aged 20-29 years old were the most frequently diagnosed age group, representing 38.9% of all reported P&S syphilis cases (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 years and older representing 56.9% of all reported P&S syphilis cases in 2019 (Table 1.4).

P&S SYPHILIS BY RACE/HISPANIC ETHNICITY

In 2019, NH Blacks were the most frequently diagnosed population, representing 44.0% 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 2.3 times as many P&S syphilis cases in NH Blacks compared to Hispanics and 1.8 times as many compared to NH Whites (Table 1.4).

P&S SYPHILIS BY TRANSMISSION GROUP

According to the 2018 CDC STD Surveillance Report, MSM accounted for the majority of reported P&S syphilis cases in 2018 in the United States. Similarly, in Chicago, the largest proportions of P&S syphilis cases (53.8%) were among MSM, while men who have sex with women represented 9.6% of the cases (Table 1.4). Notably, 25.8% of male syphilis cases were reported among males whose sexual orientation was unknown, which, if known, could potentially increase the number of MSM cases.

CONGENITAL SYPHILIS (CS)

CS IN CHICAGO

In 2019, there were only 9 congenital syphilis cases reported in Chicago (Table 1.5). If syphilis infection is left untreated in a pregnant woman, it can lead to congenital syphilis which can cause infection of the fetus and increase the risk for stillbirth or death of the infant.

CS BY CHICAGO COMMUNITY AREA

From 2015 to 2019, the average annual rates of reported cases of congenital syphilis ranged from 0 to 714.3 per live births throughout the City of Chicago. The Chicago community area with the highest average congenital syphilis case rate from 2015 to 2019 was Fuller Park (Figure 1.7). Fuller Park had the highest congenital syphilis rate because of its low number of live births over a five-year period. The community area with the second highest congenital syphilis rate was West Englewood, which had the highest number of congenital syphilis cases for any community area over five years (N=7). Both Fuller Park and West Englewood are considered areas of high economic hardship (Figure 1.7).

CS BY MATERNAL AGE

In 2019, mothers aged 20-29 years old accounted for 89% of the congenital syphilis cases in the City of Chicago (Table 1.5). The median maternal age for congenital syphilis cases in 2019 was 25 years old, a decrease from the median age of 28 years in 2018 (Table 1.5)

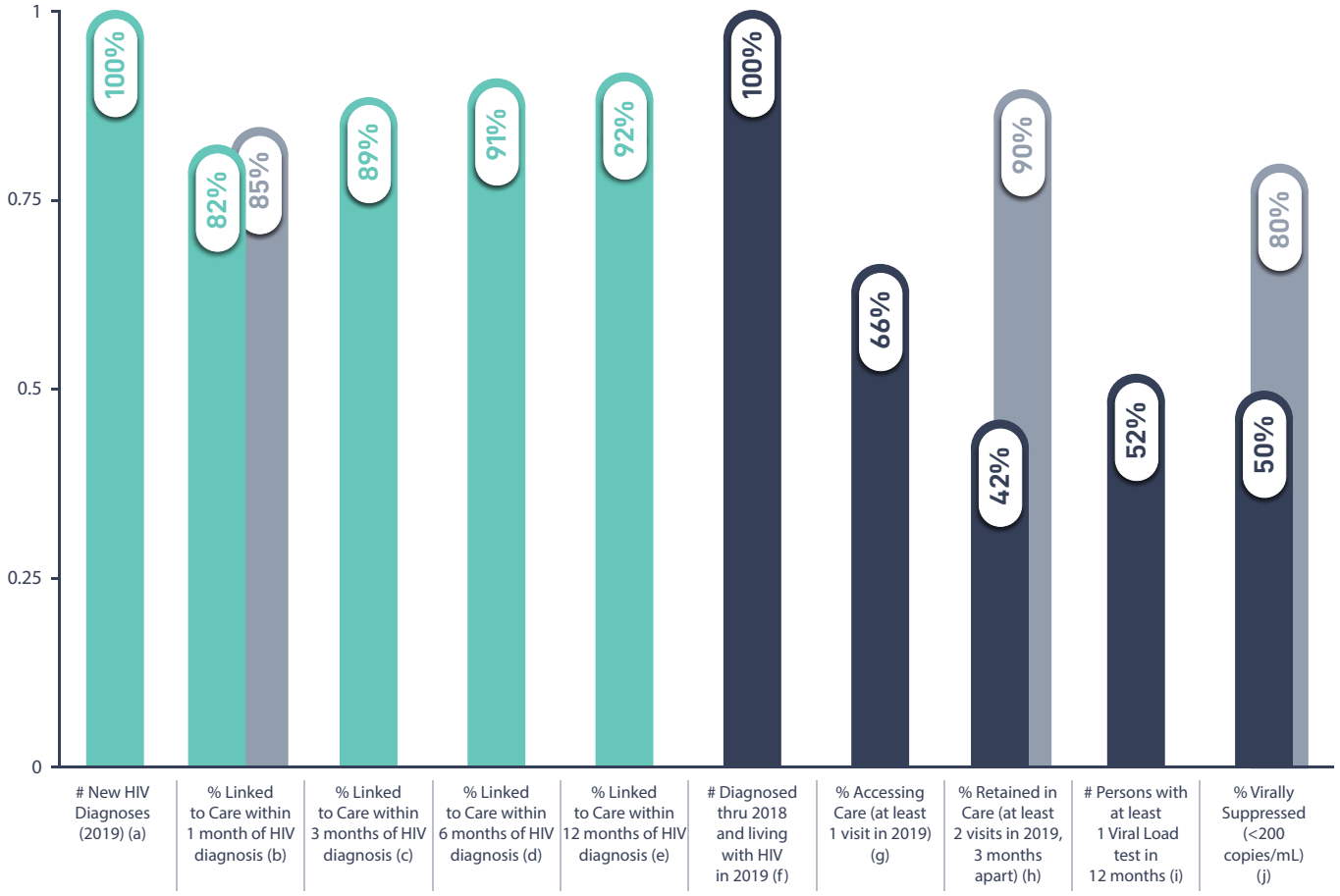
CS BY RACE/ETHNICITY

As in previous years, in 2019, the highest proportion of the congenital syphilis cases were among NH Blacks (67%) followed by NH Whites (22%) (Table 1.5).

References:

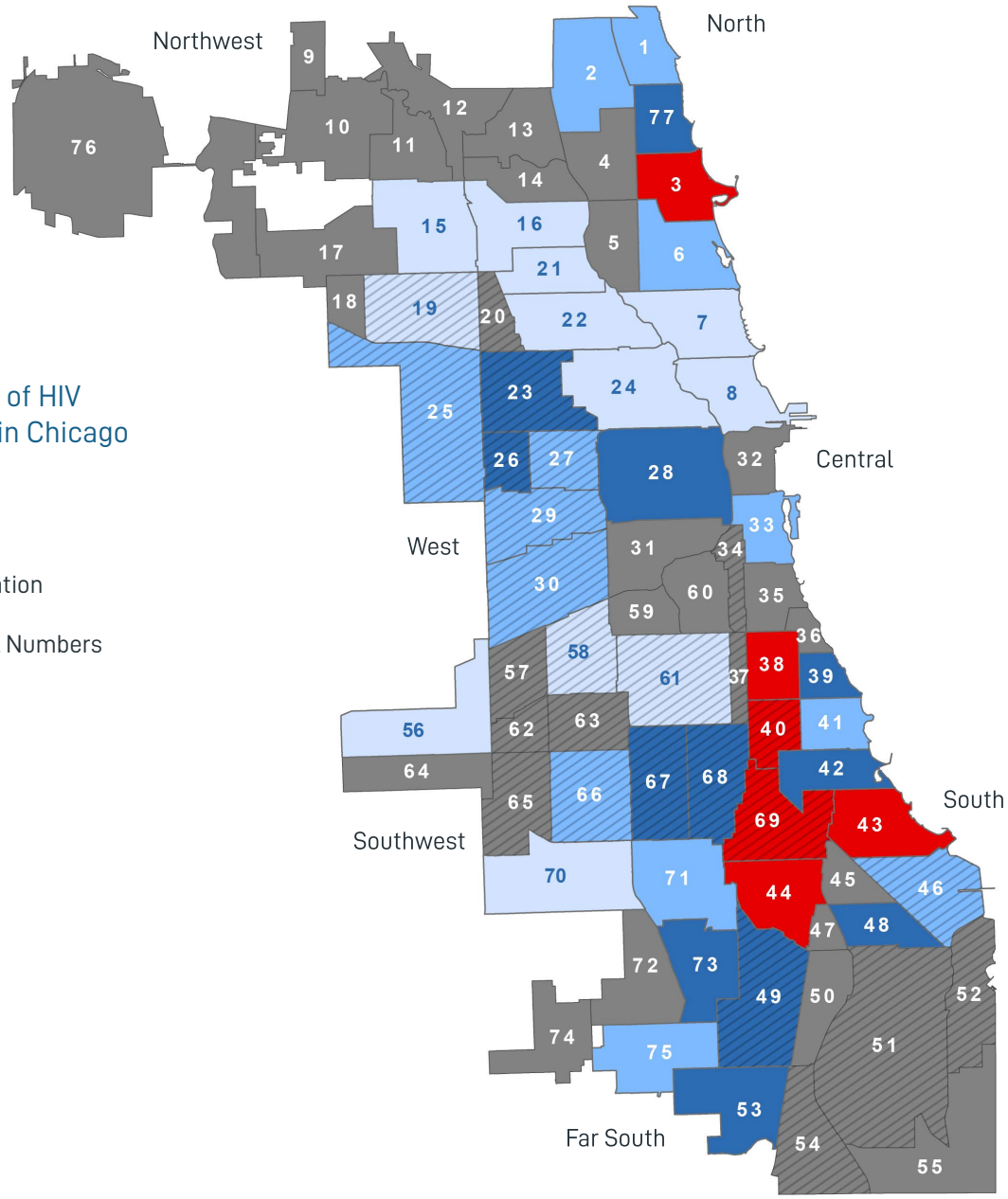
Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2020.

Figure 1.1: HIV Continuum of Care Among Persons Aged 13 Years and Older Chicago, 2019 (as of 9/28/2020)



(a) Number of persons ≥ 13 years of age at diagnosis and diagnosed with HIV infection between 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Link1 Table. **(f)** Number of persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Care1 and VL1 Tables. **(g)** Percent of persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 who received at least one medical care visit (at least one CD4 or VL) between January 2019 and December 2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Care1 Table. **(h)** Percent of persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2019 and December 2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Care1 Table. **(i)** Percent of persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, VL1 Table. **(j)** Percent of persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 whose most recent viral load test result was <200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, VL1 Table. Note: Grey bars represent the National HIV/AIDS Strategy (NHAS) indicators for 2020.

Figure 1.2 - 2019 Rate of HIV Infection Diagnoses in Chicago by Community Area



Cases per 100,000 Population

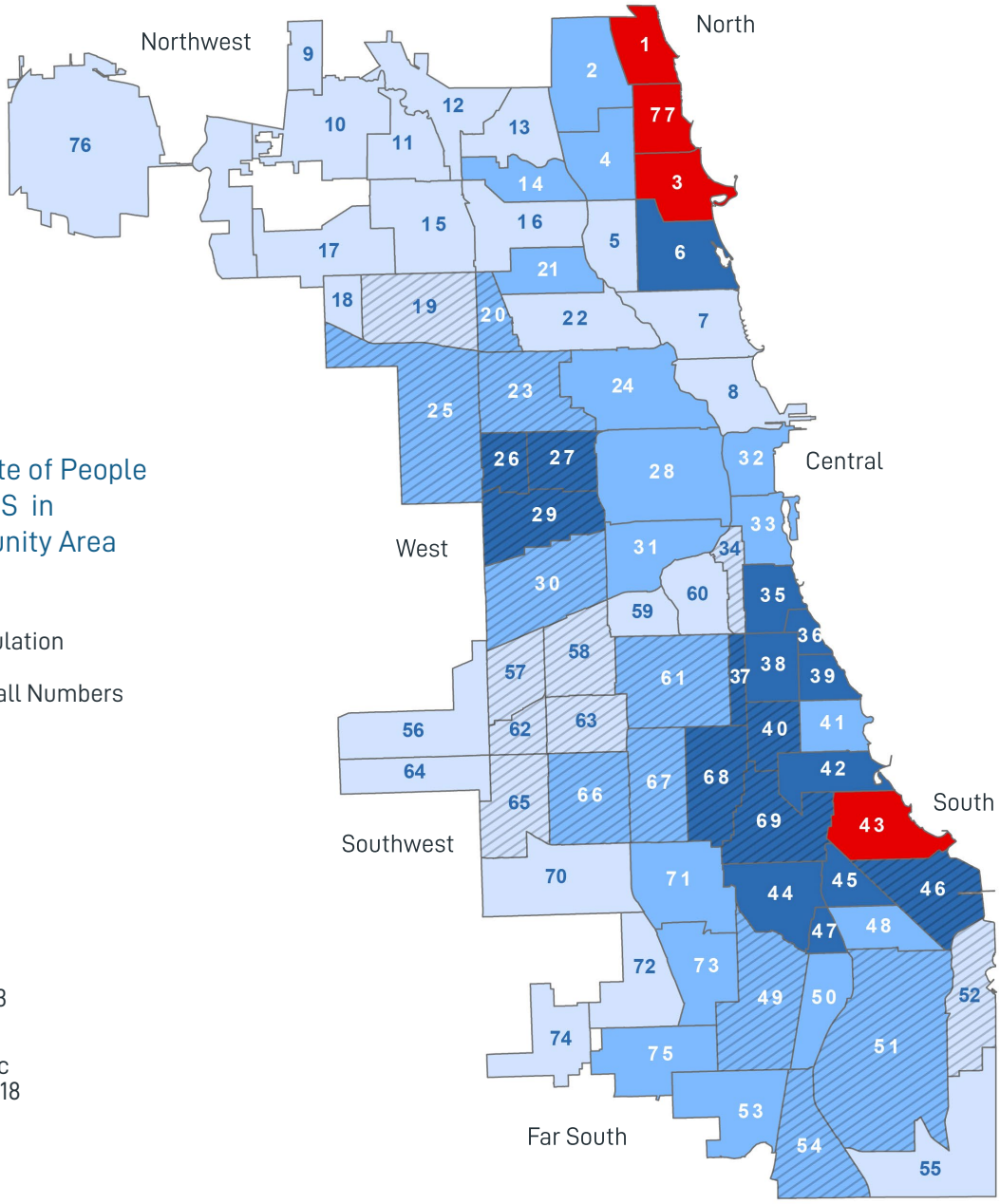
- No Cases/Small Numbers (suppressed)
- 9.4 - 17.8
- 17.9 - 28.4
- 28.5 - 49.1
- 49.2 - 76.8
- High Economic Hardship in 2018

Community Areas
Most Impacted (Red)

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl 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. Monteclare
19. Berlmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humbolt 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 Wst 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. Bringhton 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. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data Source: CDPH, Enhanced HIV/AIDS Reporting System (as of 09/28/2020), City of Chicago GIS Shapefiles and US Census. This map represents 83% (540/652) of total new HIV infection diagnoses. The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas. High hardship index scores indicate worse economic conditions.

Figure 1.3 - 2019 Rate of People Living with HIV/AIDS in Chicago by Community Area



Cases per 100,000 Population

- No Cases/Small Numbers (suppressed)
- 31.4 - 424.9
- 425.0 - 832.8
- 832.9 - 1,422.8
- 1,422.9 - 2,379.3
- High Economic Hardship in 2018

Community Areas
Most Impacted (Red)

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl 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. Monteclare
19. Berlmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humbolt Park
24. West Town
25. Austin
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27. East Garfield Park
28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower Wst 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
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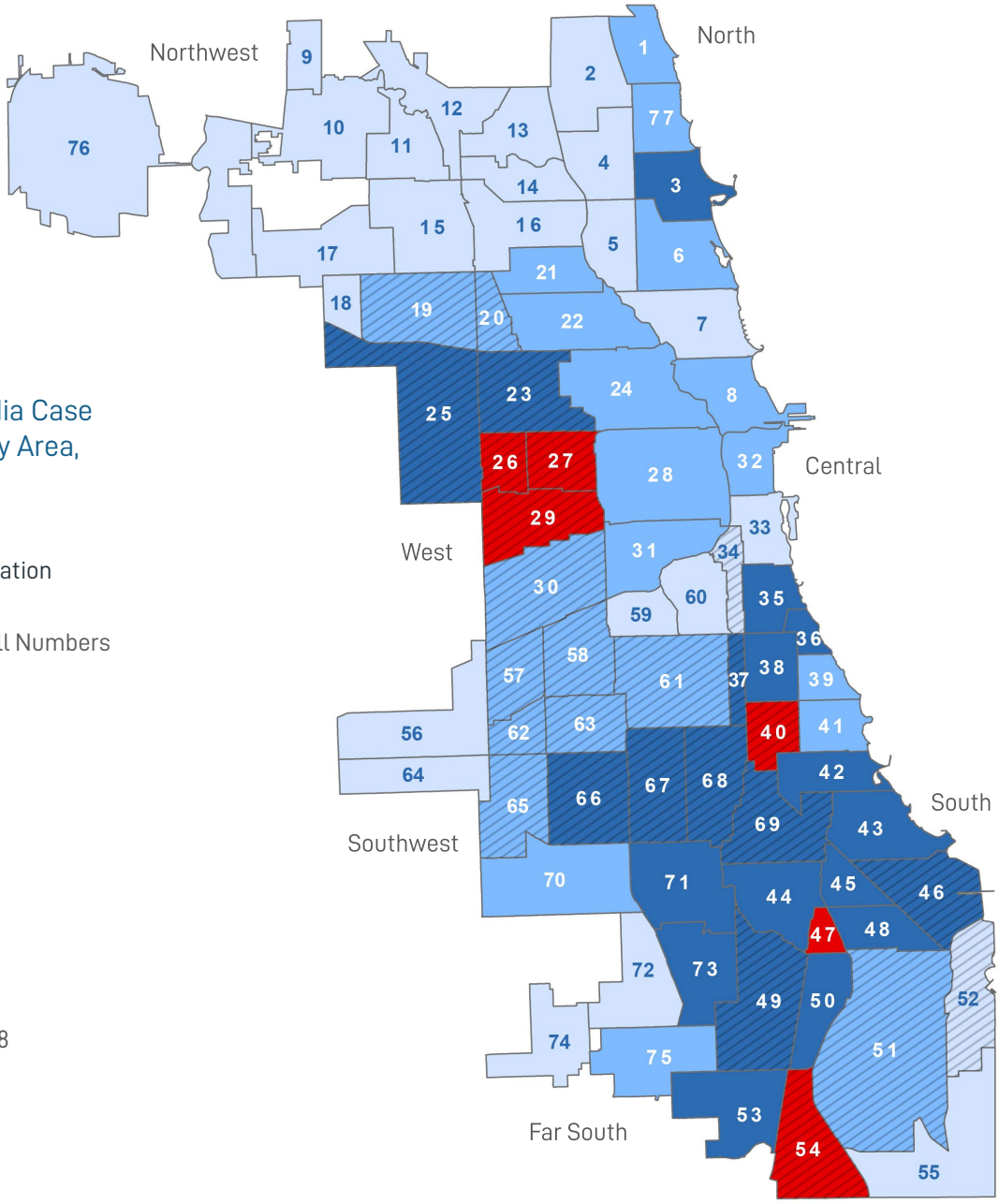
57. Archer Heights
58. Bringhton Park
59. Mckinley Park
60. Bridgeport
61. New City
62. West Elsdon
63. Gage Park
64. Clearing
65. West Lawn
66. Chicago Lawn
67. West Englewood
68. Englewood
69. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data Source: CDPH, Enhanced HIV/AIDS Reporting System (as of 09/28/20), City of Chicago GIS Shapefiles and US Census. This map represents 94% (18,290/19,456) 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 1.4 - Chlamydia Case Rates by Community Area, Chicago, 2019



Cases per 100,000 Population

- No Cases/Small Numbers (suppressed)
- 116.2 - 608.5
- 608.6 - 1,191.3
- 1,191.4 - 1,920.9
- 1.921.0 - 2,688.4
- High Economic Hardship in 2018

Community Areas Most Impacted (Red)

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl 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. Monteclare
19. Berlmont Cragin
20. Hermosa
21. Avondale
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23. Humbolt Park
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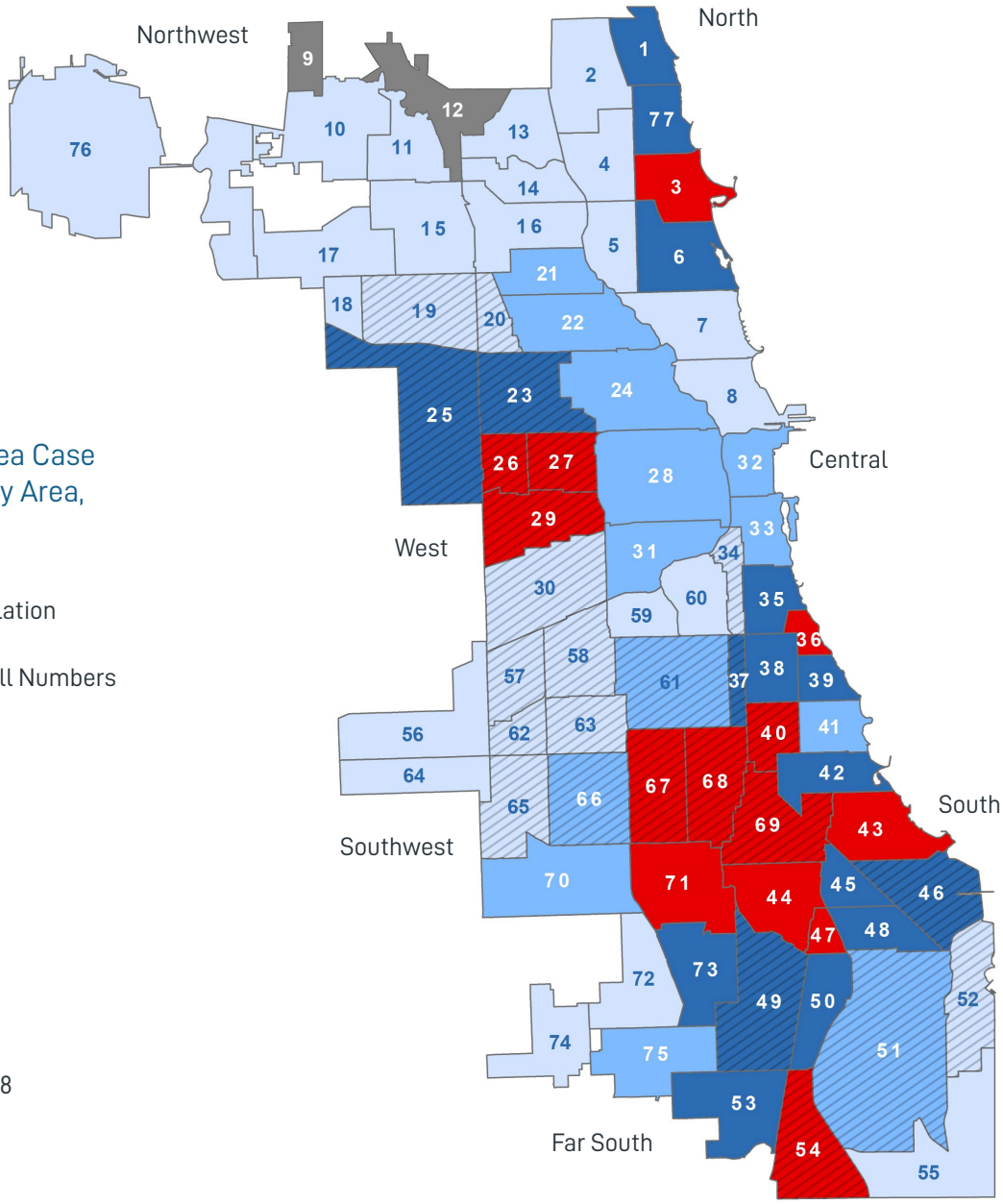
25. Austin
26. West Garfield Park
27. East Garfield Park
28. Near West Side
29. North Lawndale
30. South Lawndale
31. Lower Wst Side
32. Loop
33. Near South Side
34. Armour Square
35. Douglas
36. Oakland
37. Fuller Park
38. Grand Boulevard
39. Kenwood
40. Washington Park
41. Hyde Park
42. Woodlawn
43. 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. Bringhton 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. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/20), City of Chicago GIS Shapefiles and US Census. This map represents 84% (27,002/32,150) 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.

Figure 1.5 - Gonorrhea Case Rates by Community Area, Chicago, 2019

Cases per 100,000 Population

- No Cases/Small Numbers (suppressed)
- 41.9 - 261.4
- 261.5 - 571.7
- 517.8 - 973.6
- 973.7 - 1,536.2
- High Economic Hardship in 2018



Community Areas Most Impacted (Red)

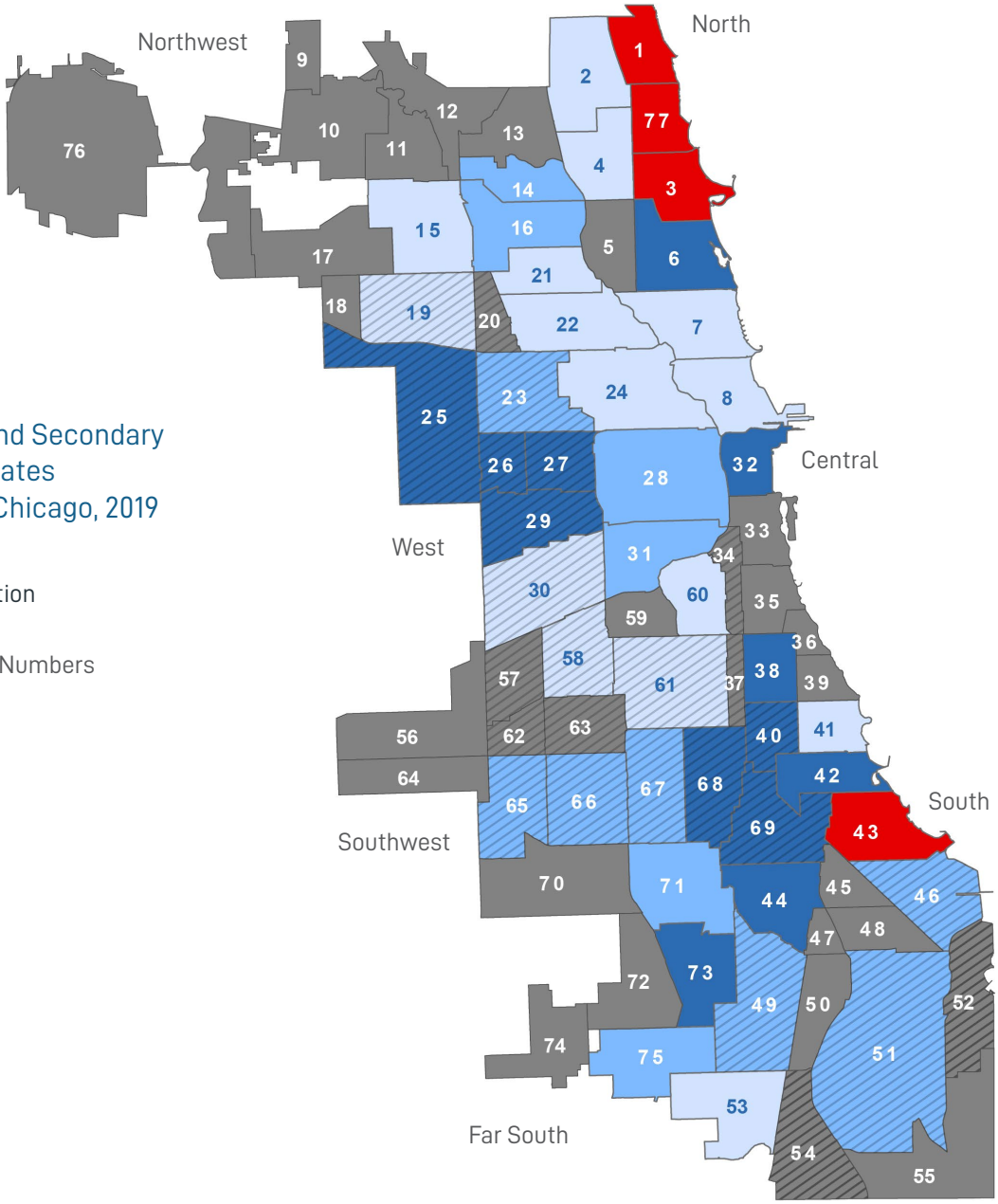
1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl Park
8. Near North Side
9. Edison Park
10. Norwood Park
11. Jefferson Park
12. Forest Glen
13. North Park
14. Albany Park
15. Portage Park
16. Irving Park
17. Dunning
18. Monteclare
19. Berlmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humbolt 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 Wst 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. Bringhton 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. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data Source: Illinois National Electronic Disease Surveillance System (as of 10/31/20), City of Chicago GIS Shapefiles and US Census. This map represents 93% (13,256/14,315) 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 1.6 - Primary and Secondary (P&S) Syphilis Case Rates by Community Area, Chicago, 2019

Cases per 100,000 Population

- No Cases/Small Numbers (suppressed)
- 8.3 - 20.3
- 20.4 - 36.9
- 37.0 - 62.5
- 62.6 - 104.7
- High Economic Hardship in 2018

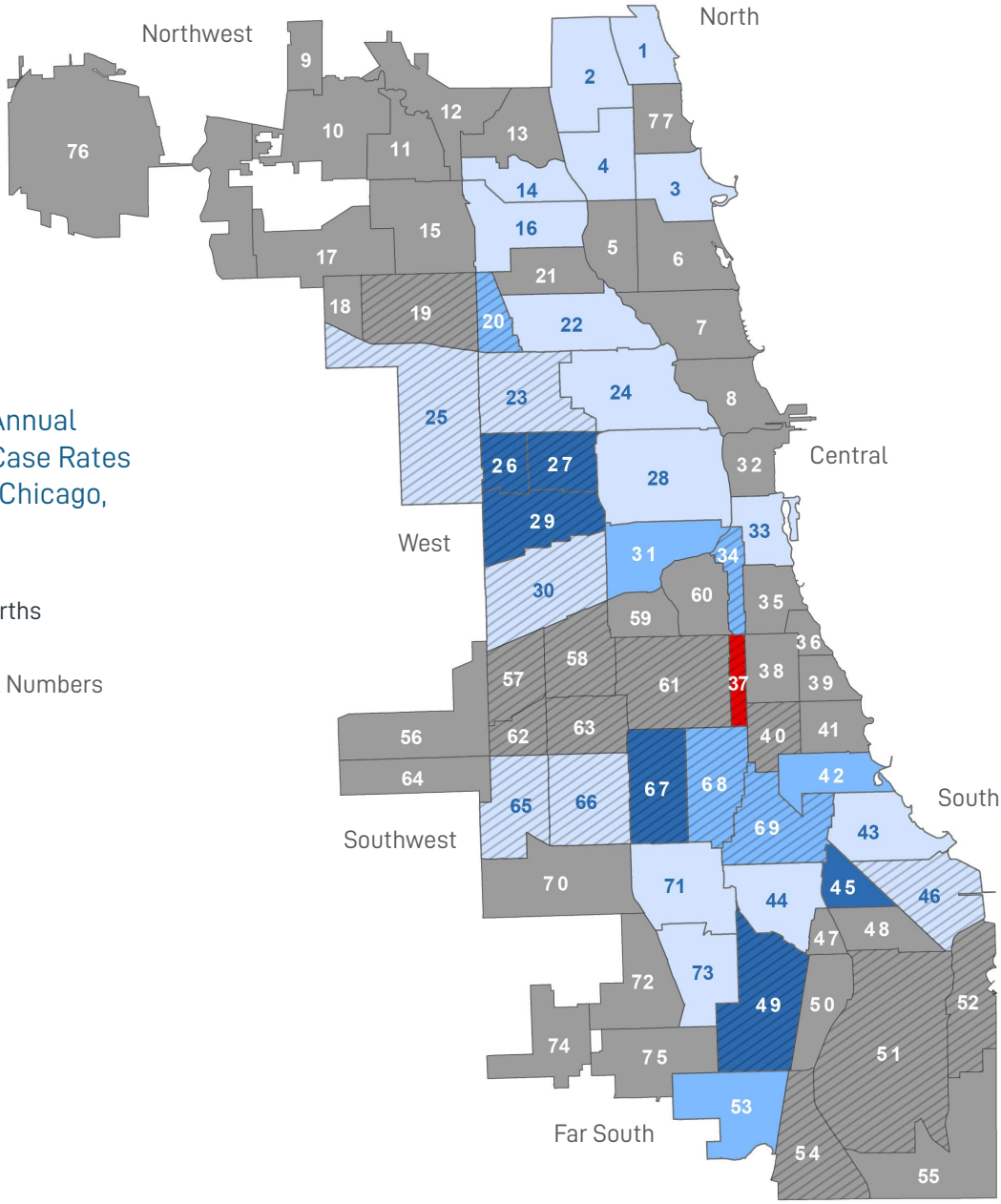


Community Areas Most Impacted (Red)

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl 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. Monteclare
19. Berlmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humbolt 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 Wst 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. Bringhton 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. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data Source: Chicago Health Information Management System (as of 10/31/20), City of Chicago GIS Shapefile, and U.S Census. This map represents 87% (708/814) 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 1.7 - Average Annual Congenital Syphilis Case Rates by Community Area, Chicago, 2015-2019



Cases per 100,000 Live Births

- No Cases/Small Numbers (suppressed)
- 14.4 - 71.4
- 71.5 - 131.6
- 131.7 - 273.4
- 273.5 - 714.3
- High Economic Hardship in 2018

Community Areas Most Impacted (Red)

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl 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. Monteclare
19. Berlmont Cragin
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21. Avondale
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23. Humbolt 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 Wst 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. Bringhton 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. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data Source: Chicago Health Information Management System (as of 10/31/20), City of Chicago GIS Shapefiles, and U.S Census. Note: Rates per 100,000 were calculated using 2017 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.

Table 1.1: HIV and STI Case Rates by Race/Ethnicity and Birth Sex, Chicago, 2019

Demographic Characteristics	Diagnosed/Reported Cases, 2019 ¥											
	HIV Infection§		AIDS		Gonorrhea		Chlamydia		Syphilis€		HIV Prevalence, 2019†	
Race/ Ethnicity	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
Black, non-Hispanic	365	40.8	160	17.9	8,169	912.4	15,683	1,751.7	358	40.0	9,751	1,089.1
White, non-Hispanic	85	10.0	41	4.8	2,334	273.3	3,854	451.3	203	23.8	4,162	487.4
Hispanic	151	19.8	58	7.6	1,721	225.3	5,655	740.2	155	20.3	4,227	553.2
Asian/PI, non-Hispanic	9	6.1	5	3.4	191	128.5	563	378.7	13	8.7	258	173.6
AI/AN, non-Hispanic	<5	-	<5	-	21	705.2	45	1,511.1	<5	-	17	570.9
Other, non-Hispanic	21	30.9	15	22.0	212	311.6	569	836.3	<5	-	976	1,434.5
Unknown	19		<5		1,667		5,781		80		65	
Sex^												
Male	550	42.1	232	17.8	9,564	732.3	13,503	1,033.9	726	55.6	15,931	1,219.8
Female	102	7.3	49	3.5	4,724	339.2	18,598	1,335.3	88	6.3	3,525	253.1
Unknown	-		-		27		49		-		-	
Chicago$^{\beta}$	652	24.2	281	10.4	14,315	530.4	32,150	1,191.3	814	30.2	19,456	720.9

¥ 2019 Diagnoses for HIV and AIDS; 2019 Reported Cases for STIs; 2019 HIV Prevalence. † Prevalence rate per 100,000 population. § HIV infection diagnosis and prevalence represents people with HIV at any stage of disease through 9/28/20. βTotals of newly diagnosed HIV and AIDS may be lower due to incomplete laboratory reporting. * Rate per 100,000 population using 2010 U.S. Census Bureau Population figures. € Primary and secondary syphilis (symptomatic and infectious stages) only. Unknown Race/Ethnicity not reported. ‡ Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. ^ Counts based on birth sex.

Table 1.2: HIV and Late Diagnosis by Selected Demographic Characteristics, Chicago, 2019 (as of 9/28/2020)

Demographic Characteristics	HIV*		AIDS*		Late Diagnosis‡	
	No.	%	No.	%	No.	%
Gender**						
Male	533	81.7%	228	81.1%	104	85.2%
Female	100	15.3%	48	17.1%	16	13.1%
Transgender: MtF	17	2.6%	<5	<1%	<5	<1%
Transgender: FtM	<5	<1%	<5	<1%	0	0.0%
Race/Ethnicity^						
Black, non-Hispanic	365	56.0%	160	56.9%	69	56.6%
White, non-Hispanic	85	13.0%	41	14.6%	12	9.8%
Hispanic	151	23.2%	58	20.6%	34	27.9%
Asian/PI, non-Hispanic	9	1.4%	5	1.8%	<5	<1%
AI/AN, non-Hispanic	<5	<1%	<5	<1%	0	0.0%
Multiple, non-Hispanic	21	3.2%	15	5.3%	5	4%
Unknown	19	2.9%	<5	<1%	<5	<1%
Transmission Group						
Male Sex w/Male	479	73.5%	184	65.5%	85	69.7%
Injection Drug Use	40	6.1%	36	12.8%	12	9.8%
MSM and IDU§	9	1.4%	13	4.6%	<5	<1%
Heterosexual	111	17.0%	47	16.7%	22	18.0%
Other¶	13	2.0%	<5	<1%	0	0.0%
Age Category†						
13-19	37	5.7%	<5	<1%	5	4.0%
20-29	253	38.8%	57	20.3%	28	23.0%
20-24	109	16.7%	18	6.4%	10	8.2%
25-29	144	22.1%	39	13.9%	18	14.8%
30-39	169	25.9%	93	33.1%	39	32.0%
40-49	100	15.3%	52	18.5%	31	25.4%
50-59	66	10.1%	46	16.4%	13	10.7%
60+	27	4.1%	29	10.3%	6	4.9%
Total€	**652**	**100.0%**	**281**	**100.0%**	**122**	**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. *HIV infection diagnoses represents people newly diagnosed with HIV, at any stage of disease through 9/28/2020. AIDS represents all newly diagnosed as AIDS, or stage 3 HIV, through 9/28/2020.** 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. ^ Multiple, non-Hispanic indicates more than one race identified. § Men who have sex with men and inject drugs. ¶ Includes perinatal transmission, blood transfusion, hemophilia, and no indicated risk (NIR). † Age at time of diagnosis. ‡ Late diagnosis represents those diagnosed with stage 3 HIV (AIDS) within 1 year of being diagnosed with HIV. €Total case count may be lower due to incomplete laboratory reporting.

Table 1.3: People Living with HIV/AIDS in 2019 by Selected Demographic Characteristics, Chicago (as of 9/28/20)

Demographic Characteristics	HIV* No.	HIV* %	AIDS¥ No.	AIDS¥ %
Gender**				
Male	15,631	80.3%	7,733	80.4%
Female	3,476	17.9%	1,746	18.2%
Transgender: MtF	303	1.6%	115	1.2%
Transgender: FtM	46	<1%	25	<1%
Race/Ethnicity^				
Black, non-Hispanic	9,751	50.1%	4,992	51.9%
White, non-Hispanic	4,162	21.4%	1,730	18.0%
Hispanic	4,227	21.7%	2,219	23.1%
Asian/PI, non-Hispanic	258	1.3%	107	1.1%
AI/AN, non-Hispanic	17	<1%	5	<1%
Multiple, non-Hispanic	976	5.0%	554	5.8%
Unknown	65	<1%	12	<1%
Transmission Group				
Male Sex w/Male	12,769	65.6%	5,759	59.9%
Injection Drug Use	2,036	10.5%	1,348	14.0%
MSM and IDU§	1,000	5.1%	659	6.9%
Heterosexual	3,393	17.4%	1,721	17.9%
Other¶	258	1.3%	132	1.4%
Age Category†				
13-19	105	<1%	13	<1%
20-29	2,283	11.7%	568	5.9%
20-24	631	3.2%	134	1.4%
25-29	1,652	8.5%	434	4.5%
30-39	3,908	20.1%	1,448	15.1%
40-49	4,152	21.3%	2,065	21.5%
50-59	5,489	28.2%	3,239	33.7%
60+	3,519	18.1%	2,286	23.8%
Total	**19,456**	**100.0%**	**9,619**	**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. * HIV prevalence represents people diagnosed with HIV through 2019 and living with HIV in 2019. ¥ AIDS represents people diagnosed with AIDS through 2019 and living with AIDS in 2019. ** 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. ^ Multiple, non-Hispanic indicates more than one race identified. § Men who have sex with men and inject drugs.¶ Includes perinatal transmission, blood transfusion, hemophilia, and NIR. † Current age as of 2019.

Table 1.4: Reported Cases of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis by Selected Demographic Characteristics, Chicago, 2019

Demographic Characteristics	Chlamydia		Gonorrhea		P&S Syphilis	
	No.	%	No.	%	No.	%
Birth Sex¥						
Male	13,503	42.0%	9,564	66.8%	726	89.2%
Female	18,598	57.8%	4,724	33.0%	88	10.8%
Unknown	49	<1%	27	<1%	0	0.0%
Race/Ethnicity						
Black, non-Hispanic	15,683	48.8%	8,169	57.1%	358	44.0%
White, non-Hispanic	3,854	12.0%	2,334	16.3%	203	24.9%
Hispanic	5,655	17.6%	1,721	12.0%	155	19.0%
Asian/PI, non-Hispanic	563	1.8%	191	1.3%	13	1.6%
AI/AN, non-Hispanic	45	<1%	21	<1%	<5	<1%
Other, non-Hispanic	569	1.8%	212	1.5%	<5	<1%
Unknown	5,781	18.0%	1,667	11.6%	80	9.8%
Transmission Group‡						
Male sex w/Male	-	-	-	-	438	53.8%
Heterosexual Males	-	-	-	-	78	9.6%
Females	-	-	-	-	88	10.8%
Male unknown	-	-	-	-	210	25.8%
Age Category†						
Less than 13	24	<1%	8	<1%	0	0.0%
13-19	7,719	24.0%	2,482	17.3%	34	4.2%
20-29	17,282	53.8%	7,243	50.6%	317	38.9%
20-24	10,375	32.3%	3,694	25.8%	111	13.6%
25-29	6,907	21.5%	3,549	24.8%	206	25.3%
30-39	5,059	15.7%	2,999	21.0%	264	32.4%
40-49	1,392	4.3%	1,005	7.0%	101	12.4%
50+	674	2.1%	578	4.0%	98	12.0%
Total**	**32,150**	**100.0%**	**14,315**	**100.0%**	**814**	**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. ¥ Does not include unknown. ‡ Transmission Group represents the sex of sexual partner of syphilis cases. Data are not collected for chlamydia and gonorrhea. † Age a time of diagnosis. ** Includes cases with unknown sex.

Table 1.5: Congenital Syphilis Cases by Selected Demographic Characteristics, Chicago, 2015-2019

Demographic Characteristics	2015		2016		2017		2018		2019	
	No.	%	No.	%	No.	%	No.	%	No.	%
Case Classification										
Presumptive Cases	24	100.0%	12	100.0%	10	91.0%	10	91%	9	100%
Stillborns	0		0		<5	9.0%	<5	9.0%	0	
Race/Ethnicity										
Black, non-Hispanic	18	75.0%	9	75.0%	10	91.0%	8	72.7%	6	67%
White, non-Hispanic	<5	4.2%	<5	8.3%	0	0.0%	<5	9.1%	<5	22%
Hispanic	5	20.8%	<5	8.3%	<5	9.0%	<5	18.2%	<5	11%
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%	0	0.0%	0	0.0%
Other/Unknown	0	0.0%	<5	8.3%	0	0.0%	0	0.0%	0	0.0%
Maternal Age Category †										
Less than 13	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
13-19	<5	8.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
20-29	19	79.2%	8	67.0%	8	73.0%	6	54.5%	5	55.0%
20-24	12	50.0%	<5	25.0%	<5	27.0%	<5	27.3%	<5	44.4%
25-29	7	29.2%	5	42.0%	5	45.0%	<5	27.3%	<5	11.1%
30-39	<5	8.3%	<5	33.0%	<5	27.0%	5	45.5%	<5	33.3%
40+	<5	4.2%	0	0.0%	0	0.0%	0	0.0%	<5	11.1%
Median Age	23		27		25		28		25	
Total	**24**		**12**		**11**		**11**		**9**	**100%**

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. † Age at time of diagnosis.
*Number of cases are based on the date of report to the Health Department

SECTION TWO
TRENDS IN HIV AND STIs IN CHICAGO, 2015-2019

CDPH
Chicago Department of Public Health

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

In 2019, a total of 652 new HIV diagnoses were reported among Chicago residents. The number of newly diagnosed HIV cases reported in 2019 represents a 14% decrease when compared to 2018 (760 new diagnoses) and 29% decrease since 2015 (913 new diagnoses). Declines in new diagnoses were recorded for all genders, all age groups, and all races/ethnicities (Table 2.1-2.3).

This is the first time CDPH is 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.

Between 2015 and 2019, the total number of new HIV cases decreased across almost all transmission groups. Specifically, among MSM, cases decreased by 31% (from 691 to 479 cases), among MSM/IDU by 72% (from 32 to 9 cases), and among heterosexuals by 26% (from 150 to 111 cases). A 29% increase was reported among IDU (from 31 to 40 cases).

From 1990-2014, there has been an annual increase in the number of people living with HIV in Chicago (Figure 2.1). Between 2015 and 2019, total number of people living with HIV resided in Chicago decreased from 20,349 to 19,456 and represents a 4.4 percent decrease (Table 2.5). Note that similar to new HIV diagnoses, we are reporting 2015-2019 trends data among people living with HIV by Year of Diagnosis and demographic groups using NHAS indicator methodology (Table 2.5). Decreases in the number of people living with HIV in Chicago could also be explained by overall decreases in population 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 decreased, during the same time period, the proportion of people living with HIV in the age group 50 years and older increased from 40.2% in 2015 to 46.3% in 2019.

Trends in the Number of Reported STIs in Chicago

Chlamydia: The number of chlamydia cases (32,150 cases) reported in 2019 is the highest since 1997 (Figure 2.2). Since 2015, chlamydia cases have increased by 11.1% (28,934 to 32,150) (Table 2.1). While there has been a steady increase in the proportion of reported chlamydia cases in males from 2015-2019, women continue to have the highest number of cases, with 1.38 times as many reported chlamydia cases in women than men in 2019 (Table 2.1).

Gonorrhea: Between 2015 and 2019, total number of gonorrhea cases increased by 63.5% (8,756 to 14,315) (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.

P&S Syphilis: Between 2018 and 2019, there was a modest 7% decrease in P&S syphilis (877 to 814). Similar to chlamydia and gonorrhea, between 2015 and 2019, the total number of reported P&S syphilis cases increased by 7.4% (from 758 to 814) (Table 2.1). In previous years, increases

of P&S syphilis was largely attributable to an increase of cases among men, and particularly among MSM; however, between 2015 and 2019, the total number of MSM diagnosed with P&S Syphilis decreased by 6.7% (from 470 to 438 cases) (Table 2.4). While the number of cases among MSM decreased, during the same time period, total number of P&S syphilis cases among females increased by approximately 52% (from 58 cases reported in 2015 to 88 cases reported in 2019) which is very concerning (Table 2.4).

Trends by Age:

Chlamydia: Since 2015, there has been an increase in chlamydia cases among all age groups 20 years and older. Among individuals aged 13-19 years old, there has been a slight 4% decrease in chlamydia cases since 2015. As has been observed in previous years, in 2019, individuals aged ≤ 29 years old made up a majority (77.8%) of reported chlamydia cases (Table 2.2).

Gonorrhea: Since 2015, there has been an increase in gonorrhea cases in all age groups 13 years and older. As has been observed in previous years, in 2019, individuals aged ≤ 29 years old made up a majority of cases (67.9%). Note that cases among individuals aged 30 years and older have seen the most dramatic increases, greater than 100%, since 2015 (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.

P&S Syphilis: Since 2015, there has been an increase in P&S syphilis cases overall (7.4%), with a modest decrease in total cases between 2018 and 2019 (7.2%). As has been observed in previous years, in 2019, individuals aged 20-29 years old made up a majority of cases (38.9%) followed by individuals aged 30-39 years old (32.4%) (Table 2.2).

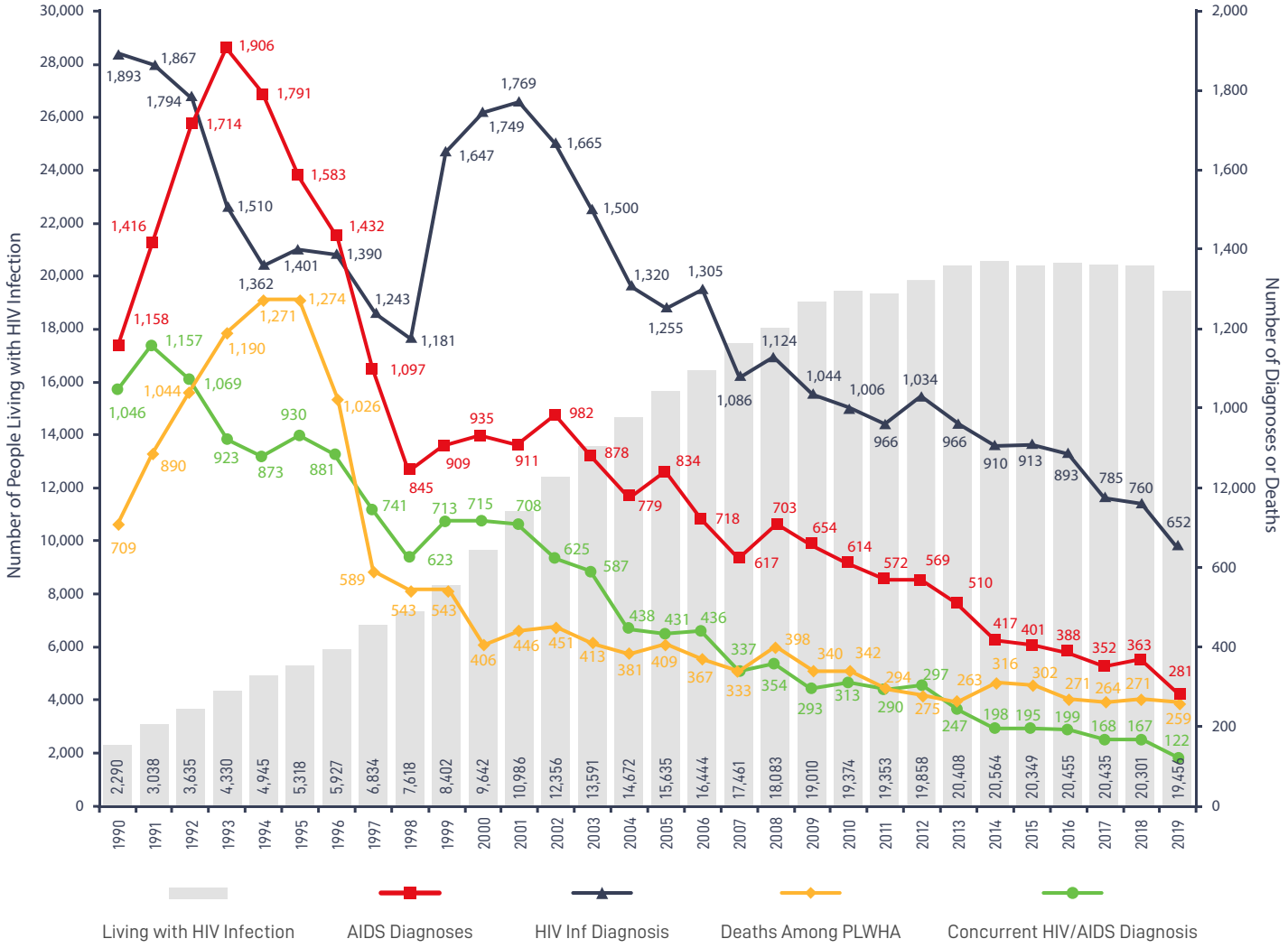
Trends by Race/Hispanic Ethnicity:

Chlamydia: During 2015-2019, the number of reported chlamydia cases increased among all racial/Hispanic ethnicity groups, with American Indians/Alaskan Natives (AI/AN) increasing 50%, Hispanics 49.4%, Blacks 13.8%, Whites 83%, NH-Others 124%, and Asian/Pacific Islanders (A/PI) 113.3% (Table 2.3).

Gonorrhea: During 2015-2019, the number of reported gonorrhea cases increased among all racial/Hispanic ethnicity groups, with AI/AN increasing 75%, Hispanics 169.3%, Blacks 69.8%, Whites 146.2%, NH-Others 190.4%, and A/PI 185.1% (Table 2.3).

P&S Syphilis: During 2015-2019, the number of reported P&S syphilis cases increased among Blacks by 8.5%, Hispanics by 5.4%, and A/PI by 18.2% and decreased among Whites by 19.1% and NH-Others by 73.3% (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, 1990-2019 (as of 9/28/2020)



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, 1997-2019

Table 2.1: HIV/STI Cases by Year of Diagnosis and Sex*, Chicago, 2015-2019

Year of Diagnosis	2015		2016		2017		2018		2019		% Change 2015 to 2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
HIV Infection Diagnosis											
Male	756	82.8%	717	80.3%	627	79.9%	609	80.1%	533	81.7%	-29.5%
Female	133	14.6%	156	17.5%	132	16.8%	126	16.6%	100	15.3%	-24.8%
Transgender: MtF	20	2.2%	19	2.1%	25	3.2%	24	3.2%	17	2.6%	-15.0%
Transgender: FtM	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	
Total	**913**		**893**		**785**		**760**		**652**		**-28.6%**
AIDS Cases											
Male	324	80.8%	315	81.2%	269	76.0%	278	77.0%	228	81.1%	-29.6%
Female	69	17.2%	68	17.5%	79	22.0%	76	21.0%	48	17.1%	-30.4%
Transgender: MtF	5	1.2%	5	1.3%	<5	<1%	9	2.0%	<5	<1%	
Transgender: FtM	<5	<1%	0	0.0%	<5	<1%	0	0.0%	<5	<1%	
Total	**401**		**388**		**352**		**363**		**281**		**-29.9%**
Chlamydia Cases¥											
Male	10,299	35.6%	11,279	37.9%	12,031	39.7%	12,672	41.4%	13,503	42.0%	31.1%
Female	18,635	64.4%	18,464	62.1%	18,199	60.1%	17,933	58.6%	18,598	57.8%	-0.2%
Total	**28,934**		**29,743**		**30,292**		**30,608**		**32,150**		**11.1%**
Gonorrhea Cases¥											
Male	5,173	59.1%	6,900	63.8%	7,707	65.7%	8,616	68.0%	9,564	66.8%	84.9%
Female	3,583	40.9%	3,920	36.2%	3,997	34.1%	4,063	32.0%	4,724	33.0%	31.8%
Total	**8,756**		**10,820**		**11,730**		**12,679**		**14,315**		**63.5%**
P&S Syphilis Cases¥											
Male	700	92.3%	764	94.0%	733	93.0%	800	91.2%	726	89.2%	3.7%
Female	58	7.7%	49	6.0%	55	7.0%	76	8.7%	88	10.8%	51.7%
Total	**758**		**813**		**788**		**877**		**814**		**7.4%**

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, 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 9/28/2020. For STI cases, reported sex at birth. ¥ Includes cases with unknown sex.

Table 2.2: HIV/STI Cases by Year of Diagnosis and Age Group*, Chicago, 2015-2019

Year of Diagnosis	2015		2016		2017		2018		2019		% Change 2015 to 2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
HIV Infection Diagnosis											
13-19	59	6.5%	64	7.2%	60	7.6%	43	5.7%	37	5.7%	-37.3%
20-29	388	42.5%	363	40.6%	293	37.3%	290	38.2%	253	38.8%	-34.8%
20-24	205	22.5%	153	17.1%	134	17.1%	123	16.2%	109	16.7%	-46.8%
25-29	183	20.0%	210	23.5%	159	20.3%	167	22.0%	144	22.1%	-21.3%
30-39	225	24.6%	216	24.2%	213	27.1%	199	26.2%	169	25.9%	-24.9%
40-49	117	12.8%	125	14.0%	111	14.1%	112	14.7%	100	15.3%	-14.5%
50+	124	13.6%	125	14.0%	108	13.8%	116	15.3%	93	14.3%	-25.0%
Total	**913**		**893**		**785**		**760**		**652**		**-28.6%**
AIDS Cases											
13-19	<5	<1%	7	1.8%	7	2.0%	8	2.2%	<5	<1%	
20-29	100	24.9%	110	28.4%	72	20.5%	71	19.6%	57	20.3%	-43.0%
20-24	34	8.5%	46	11.9%	27	7.7%	27	7.4%	18	6.4%	-47.1%
25-29	66	16.5%	64	16.5%	45	12.8%	44	12.1%	39	13.9%	-40.9%
30-39	92	22.9%	90	23.2%	96	27.3%	95	26.2%	93	33.1%	1.1%
40-49	91	22.7%	77	19.8%	77	21.9%	85	23.4%	52	18.5%	-42.9%
50+	117	29.2%	104	26.8%	100	28.4%	104	28.7%	75	26.7%	-35.9%
Total	**401**		**388**		**352**		**363**		**281**		**-29.9%**
Chlamydia Cases											
Less than 13	26	< 1%	37	< 1%	43	<1%	27	<1%	24	<1%	-7.7%
13-19	8,036	27.7%	7,867	26.4%	7,750	25.6%	7,524	24.6%	7,719	24.0%	-3.9%
20-29	15,833	54.6%	16,137	54.2%	16,410	54.2%	16,521	54.0%	17,282	53.8%	9.2%
20-24	10,229	35.3%	10,033	33.7%	10,206	33.7%	9,917	32.4%	10,375	32.3%	1.4%
25-29	5,604	19.3%	6,104	20.5%	6,204	20.5%	6,604	21.6%	6,907	21.5%	23.3%
30-39	3,689	12.7%	4,078	13.7%	4,435	14.6%	4,709	15.4%	5,059	15.7%	37.1%
40-49	1,013	3.5%	1,135	3.8%	1,263	4.2%	1,223	4.0%	1,392	4.3%	37.4%
50+	421	1.5%	522	1.8%	591	2.0%	604	2.0%	674	2.1%	60.1%
Total	**29,018**		**29,776**		**30,492**		**30,608**		**32,150**		**10.8%**
Gonorrhea Cases											
Less than 13	8	< 1%	16	< 1%	8	<1%	11	<1%	8	<1%	0.0%
13-19	2,165	24.6%	2,315	21.4%	2,331	19.9%	2,254	17.8%	2,482	17.3%	14.6%
20-29	4,529	51.5%	5,483	50.6%	5,927	50.5%	6,520	51.4%	7,243	50.6%	59.9%
20-24	2,740	31.2%	3,117	28.8%	3,250	27.7%	3,440	27.1%	3,694	25.8%	34.8%
25-29	1,789	20.4%	2,366	21.8%	2,677	22.8%	3,080	24.3%	3,549	24.8%	98.4%
30-39	1,413	16.1%	1,952	18.0%	2,228	19.0%	2,596	20.5%	2,999	21.0%	112.2%
40-49	438	5.0%	682	6.3%	779	6.6%	821	6.5%	1,005	7.0%	129.5%
50+	233	2.7%	388	3.6%	457	3.9%	477	3.8%	578	4.0%	148.1%
Total	**8,786**		**10,836**		**11,730**		**12,679**		**14,315**		**62.9%**
P&S Syphilis Cases											
Less than 13	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
13-19	23	3.0%	27	3.3%	22	2.8%	36	4.1%	34	4.2%	47.8%
20-29	305	40.2%	291	35.8%	300	38.1%	332	37.9%	317	38.9%	3.9%
20-24	137	18.1%	101	12.4%	114	14.5%	132	15.1%	111	13.6%	-19.0%
25-29	168	22.2%	190	23.4%	186	23.6%	200	22.8%	206	25.3%	22.6%
30-39	199	26.3%	263	32.3%	244	31.0%	269	30.7%	264	32.4%	32.7%
40-49	132	17.4%	141	17.3%	120	15.2%	140	16.0%	101	12.4%	-23.5%
50+	99	13.1%	91	11.2%	102	12.9%	100	11.4%	98	12.0%	-1.0%
Total	**758**		**813**		**788**		**877**		**814**		**7.4%**

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 9/28/2020. *Age at time of diagnosis. € Estimated Annual Percent Change (EAPC) is used to provide a general picture of disease trends across the 5 years of the report. EAPC assumes a constant rate of change and should not be over-interpreted. ^ 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.

Table 2.3: HIV/STI Cases by Year of Diagnosis and Race/Ethnicity, Chicago, 2015-2019

Year of Diagnosis	2015		2016		2017		2018		2019		% Change 2015 to 2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
HIV Infection Diagnosis											
Black, non-Hispanic	477	52.2%	501	56.1%	424	54.0%	414	54.5%	365	56.0%	-23.5%
White, non-Hispanic	169	18.5%	131	14.7%	140	17.8%	131	17.2%	85	13.0%	-49.7%
Hispanic	202	22.1%	203	22.7%	166	21.1%	174	22.9%	151	23.2%	-25.2%
Asian/PI, non-Hispanic	24	2.6%	23	2.6%	25	3.2%	13	1.7%	9	1.4%	-62.5%
AI/AN*, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	
Other, non-Hispanic	41	4.5%	35	3.9%	28	3.6%	27	3.6%	40	6.1%	-2.4%
Total	**913**		**893**		**785**		**760**		**652**		**-28.6%**
AIDS Cases											
Black, non-Hispanic	217	54.1%	212	54.6%	215	61.1%	212	58.4%	160	56.9%	-26.3%
White, non-Hispanic	62	15.5%	60	15.5%	42	11.9%	54	14.9%	41	14.6%	-33.9%
Hispanic	93	23.2%	84	21.6%	68	19.3%	72	19.8%	58	20.6%	-37.6%
Asian/PI, non-Hispanic	7	1.7%	7	1.8%	8	2.3%	5	1.4%	5	1.8%	-28.6%
AI/AN*, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	0	0.0%	<5	<1%	
Other, non-Hispanic	20	5.0%	21	5.4%	16	4.5%	20	5.5%	15	5.3%	-25.0%
Total	**401**		**388**		**352**		**363**		**281**		**-29.9%**
Chlamydia Cases											
Black, non-Hispanic	13,786	47.5%	12,003	40.3%	12,446	41.1%	13,335	43.6%	15,683	48.8%	13.8%
White, non-Hispanic	2,106	7.3%	2,346	7.9%	2,675	8.8%	2,827	9.2%	3,854	12.0%	83.0%
Hispanic	3,785	13.0%	3,970	13.3%	4,379	14.5%	4,847	15.8%	5,655	17.6%	49.4%
Asian/PI, non-Hispanic	264	< 1%	295	1.0%	349	1.2%	386	1.3%	563	1.8%	113.3%
AI/AN*, non-Hispanic	30	< 1%	34	< 1%	33	<1%	33	<1%	45	<1%	50.0%
Other, non-Hispanic	254	< 1%	268	< 1%	270	<1%	332	1.1%	569	1.8%	124.0%
Unknown	8,793	30.3%	10,860	36.5%	10,140	33.5%	8,848	28.9%	5,781	18.0%	-34.3%
Total	**29,018**		**29,776**		**30,292**		**30,608**		**32,150**		**10.8%**
Gonorrhea Cases											
Black, non-Hispanic	4,812	54.8%	4,798	44.3%	5,606	47.8%	6,215	49.0%	8,169	57.1%	69.8%
White, non-Hispanic	948	10.8%	1,283	11.8%	1,414	12.1%	1,754	13.8%	2,334	16.3%	146.2%
Hispanic	639	7.3%	921	8.5%	1,143	9.7%	1,537	12.1%	1,721	12.0%	169.3%
Asian/PI, non-Hispanic	67	<1%	85	<1%	114	1.0%	140	1.1%	191	1.3%	185.1%
AI/AN*, non-Hispanic	12	<1%	14	<1%	15	<1%	18	<1%	21	<1%	75.0%
Other, non-Hispanic	73	<1%	85	<1%	74	<1%	117	<1%	212	1.5%	190.4%
Unknown	2,235	25.4%	3,650	33.7%	3,364	28.7%	2,898	22.9%	1,667	11.6%	-25.4%
Total	**8,786**		**10,836**		**11,730**		**12,679**		**14,315**		**62.9%**
P&S Syphilis Cases											
Black, non-Hispanic	330	43.5%	294	36.2%	268	34.1%	336	38.3%	358	44.0%	8.5%
White, non-Hispanic	251	33.1%	253	31.1%	230	29.2%	244	27.8%	203	24.9%	-19.1%
Hispanic	147	19.4%	173	21.3%	132	16.8%	200	22.8%	155	19.0%	5.4%
Asian/PI, non-Hispanic	11	1.5%	29	3.6%	19	2.4%	18	2.1%	13	1.6%	18.2%
AI/AN*, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	<5	<1%	<5	<1%	
Other, non-Hispanic	15	2.0%	62	7.6%	63	8.0%	21	2.4%	<5	0.5%	
Unknown	0	0.0%	0	0.0%	75	9.5%	56	6.4%	80	9.8%	
Total	**758**		**813**		**787**		**877**		**814**		**7.4%**

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 9/28/2020. € Estimated Annual Percent Change (EAPC) is used to provide a general picture of disease trends across the 5 years of the report. EAPC assumes a constant rate of change and should not be over-interpreted.*AI/AN refers to American Indian/ Alaskan Native.

Table 2.4: HIV and Primary & Secondary (P&S) Syphilis Cases by Year and Transmission Risk, Chicago, 2015-2019

Year of Diagnosis	2015		2016		2017		2018		2019		% Change 2015 to 2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
HIV Diagnoses											
Male Sex w/Male	691	75.7%	632	70.8%	580	73.9%	542	71.3%	479	73.5%	**-30.7%**
Injection Drug Use	31	3.4%	45	5.0%	27	3.4%	40	5.3%	40	6.1%	**29.0%**
MSM and IDU§	32	3.5%	33	3.7%	14	1.8%	22	2.9%	9	1.4%	**-71.9%**
Heterosexual	150	16.4%	177	19.8%	155	19.7%	152	20.0%	111	17.0%	**-26.0%**
Other¶	9	1.0%	6	<1%	9	1.1%	<5	<1%	13	2.0%	**44.4%**
Total	**913**		**893**		**785**		**760**		**652**		**-28.6%**
P&S Syphilis											
Male sex w/Male	470	62.0%	609	74.9%	590	74.9%	709	80.9%	438	53.8%	-6.8%
Heterosexual Males	82	10.9%	71	8.7%	37	4.7%	12	1.4%	78	9.6%	-4.9%
Females	58	7.7%	49	6.0%	55	7.0%	76	8.7%	88	10.8%	51.7%
Male unknown	148	19.4%	84	10.3%	105	13.4%	80	9.0%	210	25.8%	41.9%
Total	**758**		**813**		**787**		**877**		**814**		**7.4%**

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 9/28/2020. € Estimated Annual Percent Change (EAPC) is used to provide a general picture of disease trends across the 5 years of the report. EAPC assumes a constant rate of change and should not be over-interpreted.*AI/AN refers to American Indian/ Alaskan Native. 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, 2015-2019

Year of Diagnosis	2015		2016		2017		2018		2019		% Change 2015 to 2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
Gender											
Male	16,296	80.1%	16,418	80.3%	16,455	80.5%	16,328	80.4%	15,631	80.3%	**-4.1%**
Female	3,745	18.4%	3,710	18.1%	3,661	17.9%	3,634	17.9%	3,476	17.9%	**-7.2%**
Transgender: MtF	258	1.3%	275	1.3%	271	1.3%	291	1.4%	303	1.6%	**17.4%**
Transgender: FtM	50	<1%	51	<1%	47	<1%	47	<1%	46	<1%	**-8.0%**
Age Category†											
13-19	143	<1%	137	<1%	125	<1%	121	<1%	105	<1%	**-26.6%**
20-29	2,577	12.7%	2,591	12.7%	2,533	12.4%	2,488	12.3%	2,283	11.7%	**-11.4%**
20-24	891	4.4%	851	4.2%	758	3.7%	720	3.5%	631	3.2%	**-29.2%**
25-29	1,686	8.3%	1,740	8.5%	1,775	8.7%	1,768	8.7%	1,652	8.5%	**-2.0%**
30-39	3,803	18.7%	3,860	18.9%	3,920	19.2%	3,959	19.5%	3,908	20.1%	**2.8%**
40-49	5,637	27.7%	5,250	25.7%	4,894	24.0%	4,579	22.6%	4,151	21.3%	**-26.4%**
50+	8,187	40.2%	8,614	42.1%	8,959	43.8%	9,150	45.1%	9,008	46.3%	**10.0%**
Race/Ethnicity^											
Black, non-Hispanic	9,927	48.8%	9,995	48.9%	10,008	49.0%	10,050	49.5%	9,751	50.1%	**-1.8%**
White, non-Hispanic	4,846	23.8%	4,829	23.6%	4,735	23.2%	4,569	22.5%	4,163	21.4%	**-14.1%**
Hispanic	4,141	20.4%	4,225	20.7%	4,288	21.0%	4,295	21.2%	4,227	21.7%	**2.1%**
Asian/PI, non-Hispanic	216	1.1%	233	1.1%	246	1.2%	260	1.3%	258	1.3%	**19.4%**
AI/AN*, non-Hispanic	16	<1%	16	<1%	18	<1%	18	<1%	17	<1%	**6.3%**
Other, non-Hispanic	1,203	5.9%	1,156	5.7%	1,139	5.6%	1,108	5.5%	1,041	5.4%	**-13.5%**
Transmission Group											
Male Sex w/Male	12,904	63.4%	13,138	64.2%	13,251	64.8%	13,250	65.3%	12,769	65.6%	**-1.0%**
Injection Drug Use	2,469	12.1%	2,371	11.6%	2,290	11.2%	2,192	10.8%	2,036	10.5%	**-17.5%**
MSM and IDU§	1,227	6.0%	1,202	5.9%	1,152	5.6%	1,096	5.4%	1,000	5.1%	**-18.5%**
Heterosexual	3,484	17.1%	3,489	17.1%	3,495	17.1%	3,495	17.2%	3,393	17.4%	**-2.6%**
Other¶	265	1.3%	254	1.2%	246	1.2%	267	1.3%	258	1.3%	**-2.6%**
Total	**20,349**		**20,454**		**20,434**		**20,300**		**19,456**		**-4.4%**

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 9/28/2020. € Estimated Annual Percent Change (EAPC) is used to provide a general picture of disease trends across the 5 years of the report. EAPC assumes a constant rate of change and should not be over-interpreted.*AI/AN refers to American Indian/ Alaskan Native. 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.

SECTION THREE
HIV AND TRANSGENDER INDIVIDUALS, CHICAGO

CDPH
Chicago Department of Public Health

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.

According to the CDC 2018 HIV Surveillance Report, between 2014 and 2018, transgender individuals accounted for 2% of new HIV diagnoses in the United States and six dependent areas (IM, 2011). Transgender women (people assigned male sex at birth who identify as female, transgender female, or another identity on the male-to-female (MtF) spectrum) appear to be particularly vulnerable to HIV, with prevalence estimates as high as 39.5% (CDC, 2020). Many transgender women experience socioeconomic and structural barriers, including social and medical transphobia, which contribute to the elevated risk for HIV and poorer disease outcomes among those who are living with HIV (Poteat, T; Reisner, S; Radix, A; 2014). Less is known about HIV risk among transgender men (people assigned female sex at birth who identify as male, transgender male, or another identity on the female-to-male (FtM) spectrum), suggesting more research is needed to better understand factors associated with HIV infection 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 (CDPH, 2018). 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 (Meyer, I.H.; et al.; 2017). The number of reported HIV diagnoses among transgender individuals in the HIV/STI surveillance report should be interpreted with caution since case-based HIV/STI 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 acknowledgement and remedies for structural-level barriers to collecting accurate and complete data for these populations.

HIV

- In 2019, 22 individuals identified as transgender through data submission were newly diagnosed with HIV in the City of Chicago, accounting for 3.4% of all new HIV infection diagnoses in the city (Table 3.1). The majority of cases were identified as transgender females (89.5%), NH Blacks (78.9%), and individuals in the age group 20-29 years old (52.6%).
- Between 2015 and 2019, the number of new HIV diagnoses in this population remained relatively stable with 24 cases diagnosed in 2015 and 22 cases diagnosed in 2019 (Table 3.1).
- From 2017-2019, the highest cumulative number of HIV diagnoses among individuals identified as transgender was observed in Edgewater, Austin, and Auburn Gresham (Appendix Table A.6).

Prevalent HIV diagnoses:

- In 2019, 349 individuals identified as transgender were living with HIV in Chicago, accounting for 1.8% of all individuals living with HIV in the City (Table 3.2).
- Most of these individuals were identified as transgender females (86.8%) and NH Black

(60.5%). The highest proportion of cases were among individuals who engaged in anal sex (74.8%) and who were aged 30-39 years old (33.5%) and 20-29 years old (32.7%) (Table 3.2).

- Between 2015 and 2019, the number of individuals identified as transgender known to be living with HIV increased by 12.9% from 309 in 2015 to 359 in 2019 (Table 3.2). The total number of cases among individuals identified as transgender females living with HIV increased by 17% (from 258 cases reported in 2015 to 303 cases reported in 2019), while, during the same time period, the number of individuals identified as transgender males living with HIV decreased by 8% (from 50 cases to 46 cases).
- In 2019, the highest number of individuals identified as transgender known to be living with HIV was observed in South Shore (28 cases), West Town (27 cases), and Uptown (24 Cases) (Figure 3.2; Appendix Table A.7).

HIV Continuum of Care:

- In 2019, 72% of individuals identified as transgender and diagnosed with HIV were linked to HIV medical care within one month of HIV diagnosis (Figure 3.1), lower than the percentage of newly diagnosed persons overall (82%). By 12 months after diagnosis, 89% had been linked to medical care (Figure 3.1). For individuals identified as transgender and diagnosed with HIV through 2018 and living with HIV in 2019, 77% had accessed medical care (having at least one medical visit in 2019), 53% were considered to be retained in care (having at least two medical visits, 3 months a part, in 2017), and 73% had a viral load test in the past 12 months (Figure 3.1). For this group, 58% were virally suppressed (< 200 copies/ mL), higher than the percentage of people living with HIV overall (50%).
- 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 HIV linkage, retention, and viral suppression (Figure 3.1).

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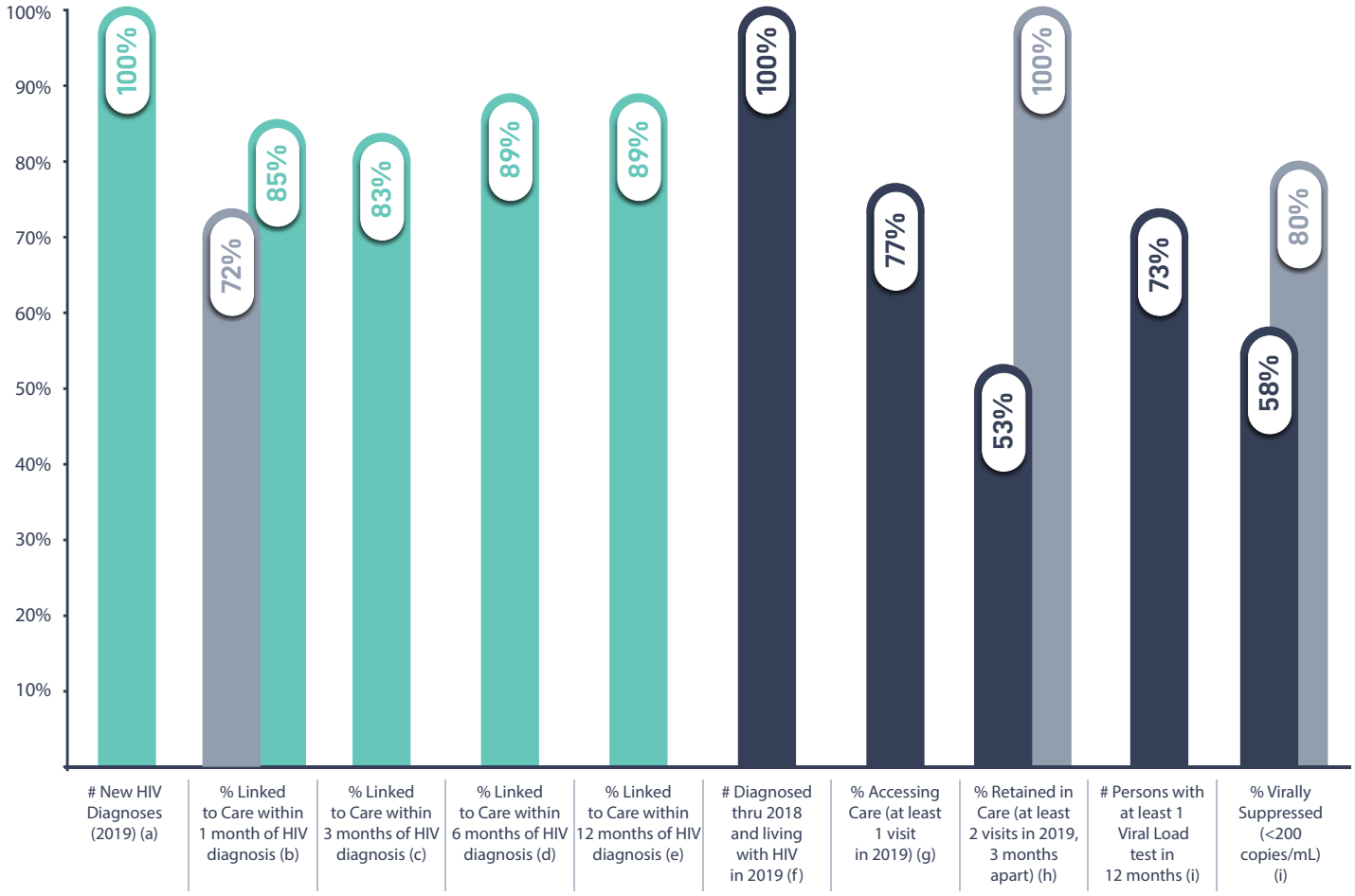
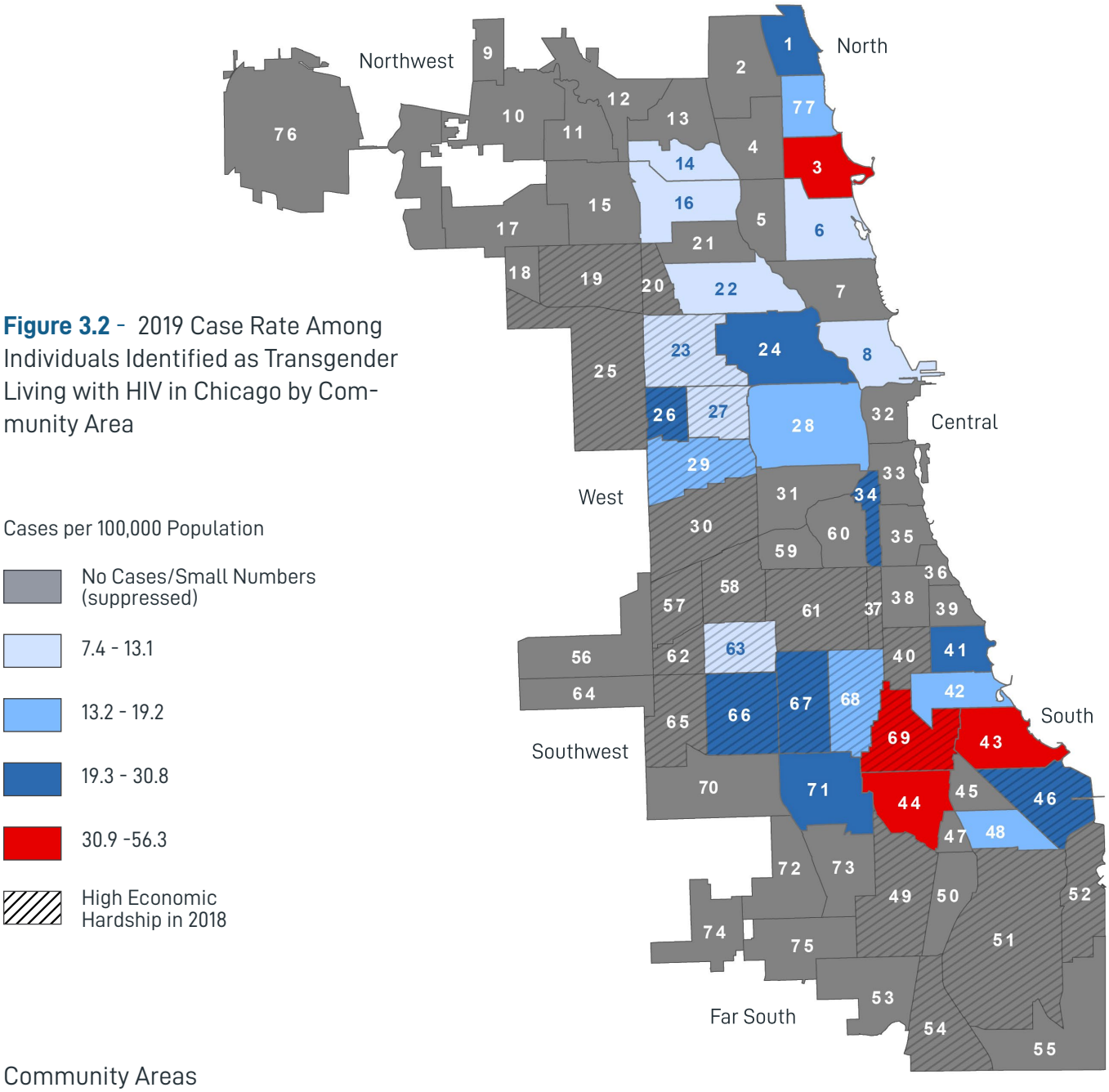
Figure 3.1: HIV Continuum of Care Among Transgender Persons 13 Years and Older, Chicago, 2019 (as of 9/28/2020)



(a) Number of transgender persons ≥ 13 years of age at diagnosis and diagnosed with HIV infection between 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/ AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Link1 Table. **(b)** Percent of transgender 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Link1 Table. **(c)** Percent of transgender 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Link1 Table. **(d)** Percent of transgender 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Link1 Table. **(e)** Percent of transgender 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 1/1/2019 and 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Link1 Table. **(f)** Number of transgender persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Care1 and VL1 Tables. **(g)** Percent of transgender persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 who received at least one medical care visit (at least one CD4 or VL) between January 2019 and December 2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Care1 Table. **(h)** Percent of transgender persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 who received at least two medical care visits (at least one CD4 or VL at each), 3 months apart, between January 2019 and December 2019. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, Care1 Table. **(i)** Percent of transgender persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 who received at least one VL test in the past 12 months. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, VL1 Table. **(j)** Percent of transgender persons ≥ 13 years of age on 12/31/2018 diagnosed with HIV through 12/31/2018 and living with HIV on 12/31/2019 whose most recent viral load test result was < 200 copies/mL. Source: Chicago enhanced HIV/AIDS reporting system (eHARS) (as of 09/28/2020). NHAS output, VL1 Table. Note: Grey bars represent the National HIV/AIDS Strategy (NHAS) indicators for 2020.

Figure 3.2 - 2019 Case Rate Among Individuals Identified as Transgender Living with HIV in Chicago by Community Area



Community Areas
Most Impacted (Red)

1. Rogers Park
2. West Ridge
3. Uptown
4. Lincoln Square
5. North Center
6. Lake View
7. Linconl 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. Monteclare
19. Berlmont Cragin
20. Hermosa
21. Avondale
22. Logan Square
23. Humbolt 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 Wst 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. Bringhton 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. Greater Grand Crossing
70. Ashburn
71. Ausburn Gresham
72. Beverly
73. Washington Heights
74. Mount Greenwood
75. Morgan Park
76. Ohare
77. Edgewater

Data source: CDPH, Enhanced HIV/AIDS Reporting System (as of 09/28/20), City of Chicago GIS Shapefiles,and U.S Census. This map represents 79% (282/359) 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 Individuals, Chicago, 2015-2019

Demographic Characteristics	2015		2016		2017		2018		2019		% Change 2015 to 2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
Sex*											
Transgender: MtF	20	83.3%	19	95.0%	25	96.2%	24	100.0%	17	89.5%	**-15.0%**
Transgender: FtM	<5	<1%	<5	<1%	<5	<1%	0	0.0%	<5	<1%	**-**
Race/Ethnicity											
Black, non-Hispanic	14	58.3%	14	70.0%	20	76.9%	15	62.5%	15	78.9%	**0.0%**
White, non-Hispanic	<5	<1%	<5	<1%	<5	<1%	<5	<1%	0	0.0%	**-**
Hispanic	<5	<1%	<5	<1%	<5	<1%	<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%	<5	<1%	0	0.0%	0	0.0%	0	0.0%	**-**
Multiple, non-Hispanic	<5	<1%	<5	<1%	0	0.0%	<5	<1%	0	0.0%	**-**
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**-**
Transmission											
Anal Sex	19	83.3%	17	90.0%	23	92.3%	22	100.0%	17	89.50%	**-10.5%**
IDU	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**-**
Anal Sex/IDU	<5	<1%	<5	<1%	<5	<1%	<5	<1%	0	0.0%	**-**
Heterosexual	<5	<1%	<5	<1%	<5	<1%	0	0.0%	<5	<1%	**-**
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**-**
Age											
13-19	<5	<1%	6	<1%	8	30.8%	<5	<1%	<5	<1%	**-**
20-29	13	54.2%	8	<1%	13	50.0%	17	70.8%	10	52.6%	**-23.1%**
20-24	8	33.3%	6	<1%	5	19.2%	7	29.2%	5	26.3%	**-37.5%**
25-29	5	20.8%	<5	<1%	8	30.8%	10	41.7%	5	26.3%	**0.0%**
30-39	7	29.2%	6	<1%	<5	<1%	<5	<1%	<5	<1%	**-**
40-49	<5	<1%	0	0.0%	<5	<1%	<5	<1%	<5	<1%	**-**
50+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**-**
Total	**24**		**20**		**26**		**24**		**19**		**-20.8%**

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, 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. HIV and AIDS cases as of 9/28/2020.

Table 3.2: Reported Cases of People Living with HIV Among Transgender Individuals, Chicago, 2015-2019

Demographic Characteristics	2015		2016		2017		2018		2019		% Change 2015-2019
	No.	%	No.	%	No.	%	No.	%	No.	%	%
Sex*											
Transgender: MtF	258	83.5%	275	84.1%	271	85.0%	291	85.8%	303	86.8%	**17.4%**
Transgender:FtM	50	16.2%	51	15.6%	47	14.7%	47	13.9%	46	13.2%	**-8.0%**
Race/Ethnicity											
Black, non-Hispanic	179	57.9%	188	57.5%	187	58.6%	203	59.9%	211	60.5%	**17.9%**
White, non-Hispanic	17	5.5%	19	5.8%	19	6.0%	20	5.9%	20	5.7%	**17.6%**
Hispanic	82	26.5%	84	25.7%	78	24.5%	82	24.2%	87	24.9%	**6.1%**
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%	
Multiple, non-Hispanic	28	9.1%	31	9.5%	30	9.4%	30	8.9%	28	8.0%	**0.0%**
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
Transmission Category											
Anal Sex	212	68.6%	232	70.9%	230	72.1%	249	73.5%	261	74.8%	**23.1%**
IDU	14	4.5%	14	4.3%	12	3.8%	12	3.5%	12	3.4%	**-14.3%**
Anal Sex/IDU	41	13.3%	39	11.9%	37	11.6%	36	10.6%	35	10.0%	**-14.6%**
Heterosexual	37	12.0%	37	11.3%	37	11.6%	39	11.5%	38	10.9%	**2.7%**
Other	5	1.0%	5	<1%	<5	<1%	<5	<1%	<5	<1%	
Age											
13-19	6	1.9%	6	1.8%	6	1.9%	8	2.4%	<5	<1%	
20-29	118	38.2%	125	38.2%	115	36.1%	115	33.9%	114	32.7%	**-3.4%**
20-24	50	16.2%	45	13.8%	39	12.2%	38	11.2%	35	10.0%	**-30.0%**
25-29	68	22.0%	80	24.5%	76	23.8%	77	22.7%	79	22.6%	**16.2%**
30-39	71	23.0%	82	25.1%	87	27.3%	105	31.0%	117	33.5%	**64.8%**
40-49	64	20.7%	65	19.9%	55	17.2%	47	13.9%	48	13.8%	**-25.0%**
50-59	33	10.7%	30	9.2%	36	11.3%	42	12.4%	41	11.7%	**24.2%**
60+	17	5.5%	19	5.8%	20	6.3%	22	6.5%	26	7.5%	**52.9%**
Total	**309**		**327**		**319**		**339**		**349**		**12.9%**

Note: Groups may not total 100% due to rounding. Use caution when interpreting data based on less than 20 events; rate/percent is unreliable.
*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. HIV and AIDS cases as of 9/28/2020.

APPENDICES

CDPH
Chicago Department of Public Health

Appendix A: 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 2019. While STI data are final, HIV and AIDS data for 2018 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 09/28/2020. 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 2019 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 HIV infection with a later diagnosis of AIDS, and (3) concurrent diagnoses of HIV infection and AIDS (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 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).

Prior to the 2019 report, the CDPH HIV/STI Bureau used multiple imputation (MI) methodology to calculate numbers of new and prevalent HIV infections. In this year's report, we use a

methodology that aligns with the National HIV/AIDS Strategy (NHAS), and MI is used only to fill in missing Transmission Risk category. This ensures Chicago data are comparable to data in other U.S. jurisdictions. After conducting a comparative analysis of data using MI and NHAS methodologies, we found no significant differences in data outputs, though actual case numbers and rates are slightly different. Please use caution when comparing this year's surveillance report to prior years.

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. Previous year's data (2015-2018) were reanalyzed using this methodology to present a consistent calculation across years. This resulted in a decrease in the estimated number of people living with HIV for each year presented in this report (Table 2.5).

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; or
- 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:

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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.

Table A.1: 2019 HIV Infection* Diagnosis Rates by Community Area, Chicago (as of 9/28/2020)

	Community Area	Average HIV Infections†	Average HIV Rate §
1	Rogers Park	15	27.3
2	West Ridge	18	25.0
3	Uptown	31	55.0
4	Lincoln Square	0	0.0
5	North Center	0	0.0
6	Lake View	21	22.3
7	Lincoln Park	7	10.9
8	Near North Side	9	11.2
9	Edison Park	0	0.0
10	Norwood Park	0	0.0
11	Jefferson Park	0	0.0
12	Forest Glen	0	0.0
13	North Park	0	0.0
14	Albany Park	0	0.0
15	Portage Park	9	14.0
16	Irving Park	5	9.4
17	Dunning	0	0.0
18	Montclare	0	0.0
19	Belmont Cragin	14	17.8
20	Hermosa	0	0.0
21	Avondale	5	12.7
22	Logan Square	8	10.9
23	Humboldt Park	19	33.7
24	West Town	11	13.5
25	Austin	28	28.4
26	West Garfield Park	7	38.9
27	East Garfield Park	5	24.3
28	Near West Side	21	38.3
29	North Lawndale	10	27.8
30	South Lawndale	16	20.2
31	Lower West Side	0	0.0
32	Loop	0	0.0
33	Near South Side	5	23.4
34	Armour Square	0	0.0
35	Douglas	0	0.0
36	Oakland	0	0.0
37	Fuller Park	0	0.0
38	Grand Boulevard	15	68.4
39	Kenwood	8	44.8
40	Washington Park	9	76.8
41	Hyde Park	7	27.3
42	Woodlawn	9	34.6
43	South Shore	28	56.3
44	Chatham	17	54.8
45	Avalon Park	0	0.0
46	South Chicago	7	22.4
47	Burnside	0	0.0
48	Calumet Heights	5	36.2
49	Roseland	19	42.6
50	Pullman	0	0.0
51	South Deering	0	0.0
52	East Side	0	0.0
53	West Pullman	12	40.5
54	Riverdale	0	0.0
55	Hegewisch	0	0.0
56	Garfield Ridge	5	14.5
57	Archer Heights	0	0.0
58	Brighton Park	8	17.6
59	McKinley Park	0	0.0
60	Bridgeport	0	0.0
61	New City	7	15.8
62	West Elsdon	0	0.0
63	Gage Park	0	0.0
64	Clearing	0	0.0
65	West Lawn	0	0.0
66	Chicago Lawn	15	27.0
67	West Englewood	13	36.6
68	Englewood	14	45.7
69	Gr. Grand Crossing	22	67.5
70	Ashburn	5	12.2
71	Auburn Gresham	12	24.6
72	Beverly	0	0.0
73	Washington Heights	13	49.1
74	Mount Greenwood	0	0.0
75	Morgan Park	5	22.2
76	O'Hare	0	0.0
77	Edgewater	21	37.2
	Unknown CA	112	
	Chicago Total¶	**652**	**24.2**

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. *HIV infection diagnoses represents newly diagnosed with HIV in a given year, at any stage of the disease through 9/28/19.

Table A.2: People Living with HIV Infection in 2019 by Community Area, Chicago (as of 9/28/20)

	Community Area	Prevalent Cases	Prevalent Rate
1	Rogers Park	991	1,802.1
2	West Ridge	384	533.8
3	Uptown	1,341	2,379.3
4	Lincoln Square	212	536.8
5	North Center	113	354.6
6	Lake View	979	1,037.4
7	Lincoln Park	169	263.6
8	Near North Side	342	424.9
9	Edison Park	8	71.5
10	Norwood Park	35	94.5
11	Jefferson Park	42	165.0
12	Forest Glen	21	113.5
13	North Park	39	217.5
14	Albany Park	258	500.6
15	Portage Park	174	271.4
16	Irving Park	220	412.3
17	Dunning	79	188.4
18	Montclare	43	320.3
19	Belmont Cragin	257	326.4
20	Hermosa	111	443.8
21	Avondale	174	443.2
22	Logan Square	304	413.1
23	Humboldt Park	406	720.8
24	West Town	410	503.5
25	Austin	795	807.0
26	West Garfield Park	201	1,116.6
27	East Garfield Park	237	1,152.3
28	Near West Side	409	745.3
29	North Lawndale	371	1,033.1
30	South Lawndale	483	609.2
31	Lower West Side	156	436.1
32	Loop	149	508.8
33	Near South Side	150	701.3
34	Armour Square	52	388.3
35	Douglas	191	1,047.3
36	Oakland	63	1,064.6
37	Fuller Park	25	869.3
38	Grand Boulevard	312	1,422.8
39	Kenwood	168	941.7
40	Washington Park	162	1,382.6
41	Hyde Park	156	607.5
42	Woodlawn	278	1,069.9
43	South Shore	871	1,750.2
44	Chatham	375	1,208.6
45	Avalon Park	93	913.1
46	South Chicago	296	948.8
47	Burnside	29	994.5
48	Calumet Heights	99	716.8
49	Roseland	338	757.5
50	Pullman	61	832.8
51	South Deering	107	708.2
52	East Side	48	208.3
53	West Pullman	197	664.4
54	Riverdale	35	540.0
55	Hegewisch	13	137.9
56	Garfield Ridge	59	171.0
57	Archer Heights	36	268.8
58	Brighton Park	128	282.1
59	McKinley Park	50	320.3
60	Bridgeport	82	256.4
61	New City	231	520.5
62	West Elsdon	31	171.2
63	Gage Park	93	233.1
64	Clearing	30	129.7
65	West Lawn	73	218.9
66	Chicago Lawn	310	557.3
67	West Englewood	273	768.9
68	Englewood	309	1,008.0
69	Gr. Grand Crossing	403	1,236.1
70	Ashburn	126	306.7
71	Auburn Gresham	401	822.7
72	Beverly	40	199.7
73	Washington Heights	175	660.6
74	Mount Greenwood	6	31.4
75	Morgan Park	116	514.6
76	O'Hare	24	188.2
77	Edgewater	1,262	2,232.8
	Unknown CA	1,166	– –
	Chicago Total¶	**19,456**	**720.9**

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. †All persons diagnosed with HIV, from the beginning of the epidemic through 12/31/16 and living through 12/31/17 as of 9/28/20. §Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area.

Table A.3: Chlamydia Case Rates by Community Area, Chicago, 2019

	Community Area	Chalmydia Cases	Rate
1	Rogers Park	506	920.2
2	West Ridge	304	422.6
3	Uptown	824	1,462.0
4	Lincoln Square	182	460.8
5	North Center	123	386.0
6	Lake View	1,016	1,076.6
7	Lincoln Park	362	564.6
8	Near North Side	580	720.6
9	Edison Park	13	116.2
10	Norwood Park	55	148.6
11	Jefferson Park	69	271.1
12	Forest Glen	25	135.1
13	North Park	69	384.8
14	Albany Park	303	587.9
15	Portage Park	312	486.6
16	Irving Park	283	530.4
17	Dunning	122	291.0
18	Montclare	71	528.8
19	Belmont Cragin	512	650.2
20	Hermosa	199	795.7
21	Avondale	254	646.9
22	Logan Square	497	675.3
23	Humboldt Park	745	1,322.7
24	West Town	634	778.6
25	Austin	1,740	1,766.3
26	West Garfield Park	457	2,538.8
27	East Garfield Park	496	2,411.6
28	Near West Side	602	1,096.9
29	North Lawndale	915	2,547.9
30	South Lawndale	649	818.5
31	Lower West Side	342	956.1
32	Loop	233	795.7
33	Near South Side	128	598.4
34	Armour Square	76	567.6
35	Douglas	268	1,469.5
36	Oakland	88	1,487.0
37	Fuller Park	48	1,669.0
38	Grand Boulevard	366	1,669.0
39	Kenwood	180	1,008.9
40	Washington Park	315	2,688.4
41	Hyde Park	165	642.5
42	Woodlawn	412	1,585.7
43	South Shore	879	1,766.2
44	Chatham	596	1,920.9
45	Avalon Park	142	1,394.2
46	South Chicago	448	1,436.0
47	Burnside	68	2,332.0
48	Calumet Heights	180	1,303.2
49	Roseland	695	1,557.6
50	Pullman	91	1,242.3
51	South Deering	180	1,191.3
52	East Side	125	542.5
53	West Pullman	457	1,541.3
54	Riverdale	149	2,298.7
55	Hegewisch	52	551.7
56	Garfield Ridge	176	510.0
57	Archer Heights	98	731.7
58	Brighton Park	355	782.5
59	McKinley Park	95	608.5
60	Bridgeport	146	456.6
61	New City	517	1,165.0
62	West Elsdon	119	657.1
63	Gage Park	293	734.5
64	Clearing	118	510.0
65	West Lawn	238	713.5
66	Chicago Lawn	746	1,341.1
67	West Englewood	644	1,813.8
68	Englewood	570	1,859.5
69	Gr. Grand Crossing	613	1,880.3
70	Ashburn	336	817.9
71	Auburn Gresham	907	1,860.8
72	Beverly	83	414.3
73	Washington Heights	413	1,558.9
74	Mount Greenwood	45	235.7
75	Morgan Park	224	993.6
76	O'Hare	46	360.6
77	Edgewater	618	1,093.4
	Unknown CA	5,148	
	Chicago Total¶	**32,150**	**1,192.7**

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.

Table A.4: Gonorrhea Case Rates by Community Area, Chicago, 2019

	Community Area	Gonorrhea Cases	Rate
1	Rogers Park	353	641.9
2	West Ridge	111	154.3
3	Uptown	648	1,149.7
4	Lincoln Square	95	240.6
5	North Center	67	210.3
6	Lake View	774	820.2
7	Lincoln Park	99	154.4
8	Near North Side	210	260.9
9	Edison Park	<5	<5
10	Norwood Park	22	59.4
11	Jefferson Park	13	51.1
12	Forest Glen	<5	<5
13	North Park	29	161.7
14	Albany Park	112	217.3
15	Portage Park	84	131.0
16	Irving Park	98	183.7
17	Dunning	22	52.5
18	Montclare	12	89.4
19	Belmont Cragin	137	174.0
20	Hermosa	57	227.9
21	Avondale	113	287.8
22	Logan Square	232	315.2
23	Humboldt Park	354	628.5
24	West Town	241	296.0
25	Austin	847	859.8
26	West Garfield Park	231	1,283.3
27	East Garfield Park	252	1,225.3
28	Near West Side	306	557.6
29	North Lawndale	453	1,261.4
30	South Lawndale	171	215.7
31	Lower West Side	131	366.2
32	Loop	98	334.7
33	Near South Side	62	289.9
34	Armour Square	35	261.4
35	Douglas	148	811.5
36	Oakland	59	997.0
37	Fuller Park	28	973.6
38	Grand Boulevard	194	884.7
39	Kenwood	118	661.4
40	Washington Park	180	1,536.2
41	Hyde Park	90	350.5
42	Woodlawn	233	896.7
43	South Shore	531	1,067.0
44	Chatham	333	1,073.2
45	Avalon Park	79	775.7
46	South Chicago	235	753.3
47	Burnside	35	1,200.3
48	Calumet Heights	93	673.3
49	Roseland	366	820.3
50	Pullman	60	819.1
51	South Deering	80	529.5
52	East Side	31	134.5
53	West Pullman	243	819.5
54	Riverdale	66	1,018.2
55	Hegewisch	11	116.7
56	Garfield Ridge	43	124.6
57	Archer Heights	22	164.3
58	Brighton Park	80	176.3
59	McKinley Park	30	192.2
60	Bridgeport	49	153.2
61	New City	190	428.2
62	West Elsdon	25	138.1
63	Gage Park	71	178.0
64	Clearing	32	138.3
65	West Lawn	56	167.9
66	Chicago Lawn	318	571.7
67	West Englewood	402	1,132.2
68	Englewood	339	1,105.9
69	Gr. Grand Crossing	395	1,211.6
70	Ashburn	119	289.7
71	Auburn Gresham	501	1,027.8
72	Beverly	30	149.8
73	Washington Heights	219	826.6
74	Mount Greenwood	8	41.9
75	Morgan Park	107	474.6
76	O'Hare	11	86.2
77	Edgewater	527	932.4
	Unknown CA	1,059	
	Chicago Total¶	**14,315**	**531.1**

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: Primary and Secondary Syphilis Case Rates by Community Area, Chicago, 2019

	Community Area	P&S Syphilis Cases	Rate
1	Rogers Park	41	74.6
2	West Ridge	6	8.3
3	Uptown	59	104.7
4	Lincoln Square	7	17.7
5	North Center	<5	<5
6	Lake View	59	62.5
7	Lincoln Park	12	18.7
8	Near North Side	15	18.6
9	Edison Park	<5	<5
10	Norwood Park	<5	<5
11	Jefferson Park	<5	<5
12	Forest Glen	<5	<5
13	North Park	<5	<5
14	Albany Park	13	25.2
15	Portage Park	7	10.9
16	Irving Park	13	24.4
17	Dunning	<5	<5
18	Montclare	<5	<5
19	Belmont Cragin	16	20.3
20	Hermosa	<5	<5
21	Avondale	6	15.3
22	Logan Square	14	19.0
23	Humboldt Park	15	26.6
24	West Town	12	14.7
25	Austin	52	52.8
26	West Garfield Park	10	55.6
27	East Garfield Park	9	43.8
28	Near West Side	17	31.0
29	North Lawndale	21	58.5
30	South Lawndale	12	15.1
31	Lower West Side	8	22.4
32	Loop	12	41.0
33	Near South Side	<5	<5
34	Armour Square	<5	<5
35	Douglas	<5	<5
36	Oakland	<5	<5
37	Fuller Park	<5	<5
38	Grand Boulevard	13	59.3
39	Kenwood	<5	<5
40	Washington Park	6	51.2
41	Hyde Park	5	19.5
42	Woodlawn	11	42.3
43	South Shore	39	78.4
44	Chatham	14	45.1
45	Avalon Park	<5	<5
46	South Chicago	7	22.4
47	Burnside	<5	<5
48	Calumet Heights	<5	<5
49	Roseland	11	24.7
50	Pullman	<5	<5
51	South Deering	5	33.1
52	East Side	<5	<5
53	West Pullman	5	16.9
54	Riverdale	<5	<5
55	Hegewisch	<5	<5
56	Garfield Ridge	<5	<5
57	Archer Heights	<5	<5
58	Brighton Park	5	11.0
59	McKinley Park	<5	<5
60	Bridgeport	5	15.6
61	New City	6	13.5
62	West Elsdon	<5	<5
63	Gage Park	<5	<5
64	Clearing	<5	<5
65	West Lawn	8	24.0
66	Chicago Lawn	14	25.2
67	West Englewood	10	28.2
68	Englewood	12	39.1
69	Gr. Grand Crossing	17	52.1
70	Ashburn	<5	<5
71	Auburn Gresham	18	36.9
72	Beverly	<5	<5
73	Washington Heights	11	41.5
74	Mount Greenwood	<5	<5
75	Morgan Park	5	22.2
76	O'Hare	<5	<5
77	Edgewater	45	79.6
	Unknown CA	106	
	Chicago Total¶	**814**	**30.2**

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.

Table A.6: 2017-2019 Cumulative Rate of HIV Infection Diagnoses Among Transgender Persons in Chicago by Community Area (as of 9/28/2020)

	Community Area	Average HIV Infections*	Average HIV Infection Rate§
1	Rogers Park	0	0.0
2	West Ridge	0	0.0
3	Uptown	0	0.0
4	Lincoln Square	0	0.0
5	North Center	0	0.0
6	Lake View	0	0.0
7	Lincoln Park	0	0.0
8	Near North Side	0	0.0
9	Edison Park	0	0.0
10	Norwood Park	0	0.0
11	Jefferson Park	0	0.0
12	Forest Glen	0	0.0
13	North Park	0	0.0
14	Albany Park	0	0.0
15	Portage Park	0	0.0
16	Irving Park	0	0.0
17	Dunning	0	0.0
18	Montclare	0	0.0
19	Belmont Cragin	0	0.0
20	Hermosa	0	0.0
21	Avondale	0	0.0
22	Logan Square	0	0.0
23	Humboldt Park	0	0.0
24	West Town	0	0.0
25	Austin	6	6.1
26	West Garfield Park	0	0.0
27	East Garfield Park	0	0.0
28	Near West Side	0	0.0
29	North Lawndale	0	0.0
30	South Lawndale	0	0.0
31	Lower West Side	0	0.0
32	Loop	0	0.0
33	Near South Side	0	0.0
34	Armour Square	0	0.0
35	Douglas	0	0.0
36	Oakland	0	0.0
37	Fuller Park	0	0.0
38	Grand Boulevard	0	0.0
39	Kenwood	0	0.0
40	Washington Park	0	0.0
41	Hyde Park	0	0.0
42	Woodlawn	0	0.0
43	South Shore	0	0.0
44	Chatham	0	0.0
45	Avalon Park	0	0.0
46	South Chicago	0	0.0
47	Burnside	0	0.0
48	Calumet Heights	0	0.0
49	Roseland	0	0.0
50	Pullman	0	0.0
51	South Deering	0	0.0
52	East Side	0	0.0
53	West Pullman	0	0.0
54	Riverdale	0	0.0
55	Hegewisch	0	0.0
56	Garfield Ridge	0	0.0
57	Archer Heights	0	0.0
58	Brighton Park	0	0.0
59	McKinley Park	0	0.0
60	Bridgeport	0	0.0
61	New City	0	0.0
62	West Elsdon	0	0.0
63	Gage Park	0	0.0
64	Clearing	0	0.0
65	West Lawn	0	0.0
66	Chicago Lawn	5	9.0
67	West Englewood	0	0.0
68	Englewood	0	0.0
69	Gr. Grand Crossing	0	0.0
70	Ashburn	0	0.0
71	Auburn Gresham	5	10.3
72	Beverly	0	0.0
73	Washington Heights	0	0.0
74	Mount Greenwood	0	0.0
75	Morgan Park	0	0.0
76	O'Hare	0	0.0
77	Edgewater	9	15.9
	Unknown CA	47	
	Chicago Total¶	**72**	**2.7**

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. *HIV infection diagnoses represents newly diagnosed with HIV in a given year, at any stage of the disease through 9/28/2020.

Table A.7: 2019 Rate of People Living with HIV/AIDS Among Transgender Persons in Chicago by Community Area (as of 9/28/2020)

	Community Area	Prevalent Cases†	Prevalence Rate§
1	Rogers Park	15	27.3
2	West Ridge	0	0.0
3	Uptown	24	42.6
4	Lincoln Square	0	0.0
5	North Center	0	0.0
6	Lake View	7	7.4
7	Lincoln Park	0	0.0
8	Near North Side	7	8.7
9	Edison Park	0	0.0
10	Norwood Park	0	0.0
11	Jefferson Park	0	0.0
12	Forest Glen	0	0.0
13	North Park	0	0.0
14	Albany Park	6	11.6
15	Portage Park	0	0.0
16	Irving Park	7	13.1
17	Dunning	0	0.0
18	Montclare	0	0.0
19	Belmont Cragin	0	0.0
20	Hermosa	0	0.0
21	Avondale	0	0.0
22	Logan Square	7	12.4
23	Humboldt Park	9	11.1
24	West Town	27	27.4
25	Austin	0	0.0
26	West Garfield Park	6	29.2
27	East Garfield Park	5	9.1
28	Near West Side	6	16.7
29	North Lawndale	11	13.9
30	South Lawndale	0	0.0
31	Lower West Side	0	0.0
32	Loop	0	0.0
33	Near South Side	0	0.0
34	Armour Square	5	22.8
35	Douglas	0	0.0
36	Oakland	0	0.0
37	Fuller Park	0	0.0
38	Grand Boulevard	0	0.0
39	Kenwood	0	0.0
40	Washington Park	0	0.0
41	Hyde Park	6	23.4
42	Woodlawn	5	19.2
43	South Shore	28	56.3
44	Chatham	12	38.7
45	Avalon Park	0	0.0
46	South Chicago	7	22.4
47	Burnside	0	0.0
48	Calumet Heights	7	15.7
49	Roseland	0	0.0
50	Pullman	0	0.0
51	South Deering	0	0.0
52	East Side	0	0.0
53	West Pullman	0	0.0
54	Riverdale	0	0.0
55	Hegewisch	0	0.0
56	Garfield Ridge	0	0.0
57	Archer Heights	0	0.0
58	Brighton Park	0	0.0
59	McKinley Park	0	0.0
60	Bridgeport	0	0.0
61	New City	0	0.0
62	West Elsdon	0	0.0
63	Gage Park	5	12.5
64	Clearing	0	0.0
65	West Lawn	0	0.0
66	Chicago Lawn	17	30.6
67	West Englewood	10	28.2
68	Englewood	5	16.3
69	Gr. Grand Crossing	14	42.9
70	Ashburn	0	0.0
71	Auburn Gresham	15	30.8
72	Beverly	0	0.0
73	Washington Heights	0	0.0
74	Mount Greenwood	0	0.0
75	Morgan Park	0	0.0
76	O'Hare	0	0.0
77	Edgewater	9	15.9
	Unknown CA	77	
	Chicago Total¶	**359**	

Note: Use caution when interpreting data based on less than 20 events; rate/percent is unreliable. †All persons diagnosed with HIV, from the beginning of the epidemic through 12/31/2018 and living through 12/31/2019 as of 9/28/2020. §Rate per 100,000 population using 2010 U.S. Census Bureau population figures. ¶Includes all persons with unknown/undetermined community area.

Appendix B: 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 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 PATTERS 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

EMSA = Eligible Metropolitan Statistical Area

FtM = Female to Male Transgender

HIV = Human Immunodeficiency Virus

HOPWA = Housing Opportunities for Persons with AIDS

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

STI = Sexually Transmitted Infection

Appendix D: 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%20association%20between%20community-level%20economic%20hardship%20and%20childhood%20obesity%20prevalence%20in%20Los%20Angeles.pdf.

CDPH

Chicago Department of Public Health

It's a matter of public health

chicago.gov/health

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