Illinois’ Data-Driven Response to Reducing HIV among Latinos

Illinois is making dramatic progress against HIV. New HIV cases have dropped by 28% from 2006 to 2015, mother-to-child HIV transmission has been nearly eliminated, and there are fewer than 1,000 cases a year in Chicago for the first time in two decades.

However, not all groups are benefiting equally.
- HIV disproportionately impacts Blacks and Latinos
- Black and Latino gay men are experiencing an increase in HIV cases, particularly among youth.
- Black women account for more than three-quarters of women who are newly diagnosed and women who are living with HIV.
- New HIV cases among Latinos of all genders rose 16% outside Chicago between 2006 and 2015.

Illinois has what it takes to reverse this trend.
IL has expanded access to routine and targeted HIV testing, invested in high-impact prevention services, and continues to ensure all those at-risk for HIV have access to prevention services. If diagnosed with HIV, clients are immediately linked to comprehensive treatment and support services. Thanks to the Affordable Care Act, and IDPH serving as the safety net provider of quality HIV care, nearly everyone in Illinois vulnerable to or living with HIV has access to comprehensive, more affordable insurance. We have pre-exposure prophylaxis (PrEP), a prevention pill and program that is up to 99% effective at preventing HIV infection when utilized consistently and correctly. Finally, powerful antiretroviral medications mean that people living with HIV on successful antiretroviral treatment, with ‘undetectable’ viral loads for at least six months—cannot transmit HIV sexually to their HIV-negative partners.

With focused investment and attention, we can do even better. Illinois must focus on strategies that provide the greatest potential for reducing HIV transmission, especially among Black and Latino gay men. Illinois continues to invest in surveillance-driven resource allocation, effective high-impact prevention measures that include PrEP. Equally important is ensuring timely access to treatment, and enhanced case management support to ensure virologic suppression. Scientific modeling suggests that with increased investments in HIV prevention, treatment and PrEP, Illinois could see fewer than 100 new HIV cases each year by 2027.

The fiscal benefits for the state are substantial. Illinois Department of Public Health (IDPH) remains the safety net and payer of last resort for many clients living with HIV. Lifetime medical care costs for a person living with HIV is over $350,000. If Illinois takes no action, it will cost an estimated $5.2 billion to provide lifetime care for those 15,000 projected to be infected between 2018—2027.

How will Illinois reverse this trend and ultimately ‘Get to Zero’ new HIV infections among Latinos and other priority populations?
If Illinois increases current rates of PrEP and HIV treatment by 20%, we would expect fewer than 100 new HIV cases per year -- a point where the HIV epidemic can no longer sustain itself, or “functional zero.”

IL’s Response to Rising HIV Infections Among Latinos

1. Expand targeted HIV/HCV testing among Latinos; enhanced SOGI data collection; implement benchmarks specific to Latinos
2. Develop and release RFPs to build HCT/LTC capacity for Latinos (especially MSM and youth)
3. Prioritize Latinos and Latino/MSM within Integrated Planning resource allocation; ensure adequate Latino membership
4. Use IL’s GTZ & Health Equity frameworks to engage Communities, build capacity, & develop tailored models of excellence
5. Adopt Immigration Health’s ‘safe-space’ service delivery approach (RW enrollment into off-market health plans, etc.)
6. Use RW Retention Specialists for Care re-engagement services following tailored intake assessment to identify barriers

Contact: Eduardo Alvarado, MPH, MPAP, HIV Section Chief, Illinois Department of Public Health, eduardo.alvarado@illinois.gov