

Prioritized Populations Definitions for Risk-Targeted HIV Prevention Services

Preface

CDC supports several strategies to reduce new HIV infections including *risk-targeted*, *geographically-targeted* and *universal* strategies. IDPH-monitored and supported HIV testing is roughly 10% risk-based outreach testing supported solely by grant funding, 15% geographically-targeted clinic testing supported mostly by insurance funding, and 75% mandated universal perinatal testing supported entirely by insurance or indigent medical care funding sources.

To achieve the National HIV/AIDS Strategy Goal, “Reduce New HIV Infections,” and to align with CDC’s High Impact Prevention priorities, IDPH focuses its limited *risk-targeted HIV prevention services* funding on Illinois’ hardest hit areas and populations. Risk-targeted prevention services are restricted to narrowly-defined prioritized populations most likely to transmit or acquire HIV. Prioritized risk definitions are developed through an evidence-based process to assess which combinations of serostatus, exposure risk behaviors, gender, partner characteristics and personal circumstances result in the highest rates of HIV-infection. The Epidemiology/Needs Assessment Committee works with IDPH to periodically analyze HIV testing risk assessment data to determine which risk disclosures are associated with high rates of newly diagnosed HIV acquisition (1.0% or greater seropositivity). Research and epidemiologic findings and the costs and benefits of updating the prioritized risk definitions are also evaluated. IHIPC reviews and approves its recommendations for the “Risk Group Definitions for the Prioritized Populations.” IDPH approves the final document and releases it as guidance to its funded providers of risk-targeted HIV prevention services. IDPH risk-targeted HIV Prevention grants also include some “supplemental services” funding to reimburse providers for services delivered to clients who disclose no prioritized risks.

Geographically-targeted services focus on communities with 1.0% HIV prevalence.

Populations that do not meet the definitions for risk-targeted HIV testing and prevention services may be referred for routine testing either at an IDPH-funded site (www.dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/counseling-and-testing-sites), a local health department STD clinic, a Federally Qualified Health Center (<https://findahealthcenter.hrsa.gov/>), or a person’s own healthcare provider. Most health insurance plans must cover a set of routine preventive services, including vaccinations and screening tests, at no cost to the clients. Medicaid and Health Insurance Marketplace plans must cover these services

Universally focused activities include social marketing HIV awareness campaigns and events and HIV testing for all pregnant women (perinatal HIV testing project).

2021-2023 Prioritized Populations Definitions and Points of Consideration

Approved by the Illinois HIV Integrated Planning Council on 8/20/2020

The following definitions describe the prioritized populations eligible for risk-targeted HIV prevention services funded by the IDPH HIV Prevention Program. Focusing on the risk factors determined to be most associated with transmitting or acquiring new HIV infection, these definitions enable IDPH and its funded providers to reach those at highest risk for HIV infection in the jurisdiction and to achieve the benchmarks for targeted prevention services established by the Centers for Disease Control and Prevention (CDC). Populations prioritized for HIV prevention services outside the city of Chicago must reflect the priorities in the State’s PS18-1802 Prevention Grant Workplan that has been approved by the

Centers for Disease Control and Prevention and the State's Integrated Plan for HIV Prevention and Care. These priorities align closely with the Getting to Zero Illinois (GTZ-IL) Plan.

1. HIV positive and HIV negative Men Who Have Sex with Men (MSM):

A prioritized MSM is defined as:

- Any man (transgender or cisgender) aged 12 years or older who has ever had anal sex with a man.

The following subgroup is also prioritized solely for Risk Reduction Activities:

- A same gender loving adolescent man is defined as any adolescent man (transgender or cisgender), age 13-19 years, who reports ever having had oral sex with an adolescent man (transgender or cisgender) or who states he is sexually attracted to adolescent men (transgender or cisgender). This group is prioritized for Risk Reduction Activities prior to development establishing higher risk behaviors.

2. HIV positive and HIV negative High Risk Heterosexuals (HRH):

A prioritized HRH is defined as a person lacking IDU or MSM risk who meet at least one of the criteria below:

- A transwoman who has ever had vaginal or anal sex with a man (transgender or cisgender)
- A man (transgender or cisgender) who has ever had vaginal or anal sex with an HIV-positive woman (transgender or cisgender)
- A woman (transgender or cisgender) who has ever had vaginal or anal sex with an HIV-positive man (transgender or cisgender)

3. HIV positive and HIV negative People who Inject Drugs (PWID):

A prioritized PWID is defined as a person of any gender who:

- does not meet the MSM definition, and
- discloses ever injecting drugs not prescribed or not as prescribed

PWID are no longer prioritized for HIV testing due to very low new HIV diagnosis rates, but remain prioritized for other types of testing and for HIV risk and harm reduction services.

4. HIV positive and HIV negative MSM/WID:

A prioritized MSM/WID is defined as any man (transgender or cisgender) who meets the definitions of both MSM and PWID who discloses:

- ever having anal sex with a man (transgender or cisgender), and
- ever injecting non-prescribed drugs or drugs not as prescribed

5. HIV positive persons with “Other Risk” are prioritized for biomedical interventions intended to link or reengage them into HIV medical treatment and to strengthen their treatment adherence:

Population Definition: HIV positive person with “Other Risk” is defined as a person of any gender who is not known to meet the MSM, HRH, PWID, or MSM/WID definitions, and who:

- Never had anal sex with a male (transgender or cisgender) in their lifetime
- Never had vaginal or anal sex with a female (transgender or cisgender) in their lifetime
- Never injected drugs not prescribed or not as prescribed in their lifetime

HIV positive persons disclosing no sexual or injection risk are not prioritized for Behavioral Interventions to reduce sexual or injection risk until such a relevant risk disclosure is made. They are prioritized for biomedical interventions until that time.

HIV positive persons of any gender and any risk are prioritized for **Surveillance-Based Services** if the person has been reported as confirmed HIV+ to IDPH Surveillance and meeting one of the

following criteria:

- HIV-diagnosed within the past 12 months OR
- No CD4 or VL reported within the past 12 months OR
- An STI Co-infection reported within the past 12 months OR
- Unsuppressed Viral Load above 10,000 copies per milliliter OR
- Member of a fast-growing cluster identified through molecular surveillance

Points of Consideration:

❖ To ensure that clients served by risk-targeted HIV Prevention mirror as closely as possible Illinois residents who acquire HIV, scopes of services for risk-targeted HIV Prevention grants are proportioned to match recent HIV incidence by risk, race and ethnicity. This ensures, for example, that funded scopes of service for **Black and Latino/x gay, bisexual, and other men who have sex with men (MSM) in Illinois equitably reflect** the disproportionate burden of HIV suffered in these communities.

❖ **HIV positive individuals** falling within any of the prioritized categories should be a top priority. People living with HIV between the ages of 20-39 years old must be especially prioritized for prevention services due to their disproportionately high share of recent Illinois HIV incidence.

❖ **Gender** is specified in a prioritized risk definition only when data demonstrates an elevated rate of HIV seroconversion for a specific gender within a specific context. Definitions referencing “people of all genders” include people of *any* gender identity, binary or non-binary, who meet the other criteria specified in the definition. The most comprehensive study identified to date, *The US Transgender Survey*, indicates that people with non-binary gender identities as a group are at about the same average risk as the U.S. general population (0.4% HIV prevalence). Illinois HIV Surveillance data which since 2009 has collected Current Gender Identity values of *cisgender men and women, transgender women and men, another gender, and declined to respond* found that 0.2% of 2109 Illinois HIV diagnoses reported either *another gender* or *declined* to report gender. While the evidence identified to date does not support prioritization of persons of non-binary gender identities on the basis of their gender identity alone, two currently prioritized groups above *include* persons of non-binary identity when other defined criteria are met. Furthermore, Illinois is actively collecting data (i.e., specific gender identities, serostatus and risk histories) from persons of *all* genders through its HIV testing program to assess whether persons with *specific* non-binary gender identities or whether non-binary gender in *combination* with specific circumstances may result in elevated HIV seroconversion rates. While transgender women, particularly those of color, comprised a disproportionately high percentage (1.9%) of 2019 Illinois HIV incidence, transgender identity of itself does not mean an individual engages in risk behaviors. Gender reassignment surgery should not be assumed, and unless a transgender client opts to disclose an operative status, risk assessment should assess sexual risks inclusive of the possibilities for male and female anatomy.

❖ Young adults should be prioritized within each subpopulation prioritized category due to the disproportionately high share that 20-39 year olds comprise of recent HIV incidence.