

2018 Risk Group Definitions Preface: Prioritized Populations for Risk-Targeted Testing and Prevention Services

CDC supports several strategies to reduce new HIV infections including risk-targeted, geographically-targeted and general population strategies. IDPH-monitored HIV Risk-targeted testing is roughly 5% risk-based outreach testing supported solely by grant funding, 17% geographically-targeted clinic testing supported mostly by insurance funding, and 78% mandated perinatal testing supported entirely by insurance or indigent medical care funding sources.

Risk-targeted testing is grant funded and is restricted to narrowly-defined populations most likely to transmit or acquire new HIV infection. In order to achieve the National HIV/AIDS Strategy Goal “Reduce New HIV Infections” and align with CDC’s High Impact Prevention priorities, IDPH directs its limited funding for risk-targeted HIV testing and prevention services to the hardest hit areas and populations. This strategy concentrates services to the highest risk populations and is defined by the factors that place each of the populations (MSM, PWID, MSM/WID, and HRH) at highest risk of HIV infection. Examples of such factors include but are not limited to:

- Persons who have sex with an HIV positive partner
- Persons injecting non-prescribed drugs or drugs not as prescribed
- Any male who has ever had anal sex with a male
- A transgender female who has ever had vaginal or anal sex with a male

Since 2013, the ILHPG Epidemiology/Needs Assessment Committee works annually with IDPH to analyze HIV testing risk assessment data to determine the risk disclosures that are associated with high rates (1.0% or greater) of newly diagnosed HIV acquisition (seropositivity). Findings from state and national research and evaluation of the cost/benefit of adding new factors to the risk definitions for the prioritized populations are also taken into consideration. After review and consideration of the analyses’ results and other factors, the ILHPG approves a set of 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 HIV risk-targeted testing services. (Please note: risk-targeted grant providers may use up to 20% of their program funding to fund non-targeted/non-prioritized and non-targeted/prioritized testing and prevention services.)

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 should 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. This includes Medicaid as well as plans through the Health Insurance Marketplace.

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

2018 Prioritized Risk Group Definitions and Points of Consideration Approved by ILHPG 5-12-17/Finalized 8-7-17

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

A high-risk MSM is defined as:

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

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

- A same sex attracted adolescent male (SSAAM) is a potentially high-risk MSM adolescent defined as any male (cis- or transgender), age 13-19 years, who reports ever having had oral sex with a male (cis- or transgender) or who states he is sexually attracted to males (cis- or transgender).

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

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

- Transgender Females who have ever had vaginal or anal sex with a male (cis- or transgender)
- Males (cis- or transgender) who have ever had vaginal or anal sex with an HIV-positive female (cis- or transgender)
- Females (cis- or transgender) who have ever had vaginal or anal sex with an HIV-positive male (cis- or transgender)

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

A high-risk PWID is defined as a person of any gender who:

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

4. HIV positive and HIV negative MSM/WID:

A high risk HIV positive and HIV negative MSM/WID is defined as any male (cis- or transgender) who meets the definitions of both MSM and PWID who discloses:

- ever having anal sex with a male (cis- or transgender), 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 (cis- or transgender) in their lifetime
- Never had vaginal sex with a female (cis- or transgender) in their lifetime
- Never injected non-prescribed drugs or drugs 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 with MSM, HRH, PWID, MSM/WID or Other 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

Other important points of consideration:

- HIV positive individuals** falling within any of the risks identified above should be a top priority within each risk category.
- Transgender individuals** may be included within any priority population based on personal risk history and current gender identification. Transgender identity 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. Transgender females are a high priority for HIV prevention services. The positivity rate among transgender women tested by all IDPH and DASA funded project throughout Illinois between 2008 and 2013 was 1.9%, falling between the HIV seropositivity rates for African American MSM (2.8%) and Latino MSM (1.8%).
- Persons made vulnerable** by circumstances such as incarceration or domestic violence may be prioritized in any risk group when their individual risk and biomedical histories include prioritized risks defined above.
- Young adults** with any of the risks identified above should be prioritized within each subpopulation category.