Blacks

In the United States, HIV disproportionately affects the black community. Several factors increase risk for this population. The higher proportion of persons living with HIV in the black community, coupled with the tendency to choose sexual partners of the same race, results in greater risk of HIV infection with each new sexual encounter. Additionally, the prevalence of sexually transmitted infections (STIs) is higher among African Americans than in any other racial/ethnic group. Because STIs place individuals at higher risk for HIV infection, higher STI prevalence may contribute to higher HIV incidence among African Americans (CDC, 2015).

The social and economic realities that exist in some African American communities may also lead to increased HIV risk. These include poverty, racial discrimination, inadequate access to healthcare, and high incarceration rates, which can disrupt social networks and decrease the number of available partners for women (see section, "Incarceration") (CDC, 2015).

In 2013, Cook County, St. Clair County and Alexander County were the Illinois counties that had the highest proportion of the population that were African American.

Figure 1. Percent of Population that is African American by County, Illinois, 2013

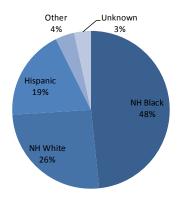


Source: U. S. Census Bureau, 2014

HIV Disease Diagnoses

In 2013, non-Hispanic (NH) blacks accounted for 14.2% of the Illinois population but comprised 48% of new HIV disease diagnoses (U. S. Census Bureau, 2014).

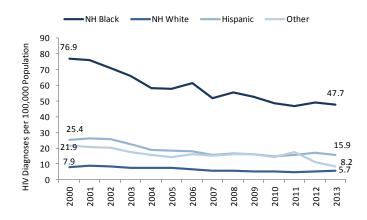
Figure 2. HIV Disease Diagnoses by Race/Ethnicity, Illinois, 2013



Source: Illinois Department of Public Health, June, 2014

Although HIV disease diagnosis rates declined among NH blacks in Illinois from 2000–2013, large disparities compared to other racial/ethnic populations persisted. The rate of new HIV disease diagnoses among NH blacks in 2013 (47.7 per 100,000 population) was more than eight times higher than among NH whites (5.7 per 100,000 population).

Figure 3. Rate of HIV Disease Diagnoses by Race/Ethnicity and Year of Diagnosis, Illinois, 2000–2013

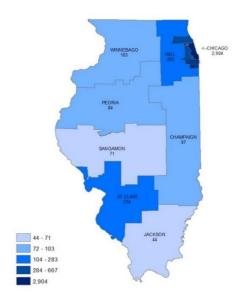


Source: Illinois Department of Public Health, June, 2014

Geography

Most NH blacks diagnosed with HIV in Illinois from 2009–2013, resided in Chicago and the neighboring counties. The St. Clair region also had a high number of cases.

Figure 4. HIV Disease Diagnoses among NH Blacks by Region, Illinois, 2009–2013

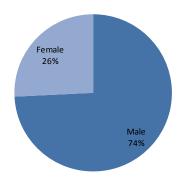


Source: Illinois Enhanced HIV/AIDS Reporting System

Sex

Among NH blacks, males accounted for 74% of new HIV disease diagnoses from 2009–2013. Among Illinois women, NH black women had the highest rate of new HIV infections from 2000–2013 (see section, "Women").

Figure 5. HIV Disease Diagnoses among NH Blacks by Sex, Illinois, 2009–2013

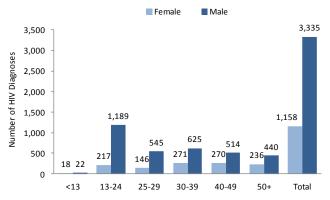


Source: Illinois Department of Public Health, June, 2014

Age at Diagnosis

Almost one-third of NH blacks diagnosed with HIV disease from 2009–2013 were diagnosed at ≤24 years (see section, "Youth"). The majority of diagnoses among NH black males occurred in this age range. NH black women were generally diagnosed when older. From 2009–2013, the highest number of new HIV disease diagnoses among NH black women was among those aged 30–49 years.

Figure 6. HIV Disease Diagnoses among NH Blacks by Sex and Age of Diagnosis, Illinois, 2009–2013

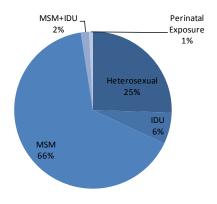


Source: Illinois Department of Public Health, June, 2014

Transmission Risk Category

The majority (66%) of NH blacks diagnosed with HIV disease from 2009–2013 in Illinois were men who had sexual contact with men. Heterosexual contact accounted for 25% of new HIV disease diagnoses among NH blacks.

Figure 7. HIV Disease Diagnoses among NH Blacks by Transmission Risk Category, Illinois, 2009–2013

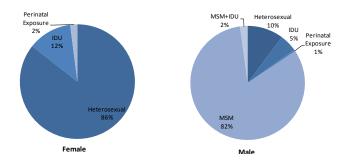


Note: 1,052 NH blacks with no transmission risk category reported were excluded from the chart.

Source: Illinois Department of Public Health, June, 2014

Among NH black women, heterosexual contact was the most common mode of transmission, followed by intravenous drug use. Among NH black men, having sexual contact with men was the most common mode of transmission followed by heterosexual contact.

Figure 8. HIV Disease Diagnoses by Sex and
Transmission Risk Category among NH
Blacks, Illinois, 2009–2013



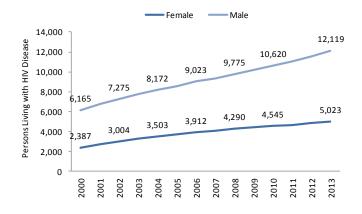
Note: 452 NH black women and 600 NH black men with no transmission risk category reported were excluded from the chart

Source: Illinois Department of Public Health, June, 2014

Persons Living with HIV Disease

In 2013, NH black males accounted for 30% of all persons living with HIV disease in Illinois. The number of NH black males living with HIV disease has been increasing more steeply than the number of NH black females living with the disease. At the end of 2013, 1.4% of NH black males and 0.5% of NH black females in Illinois were living with diagnosed HIV disease.

Figure 9. NH Blacks Living with HIV Disease by Sex, Illinois, 2000–2013

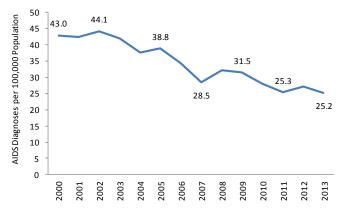


Source: Illinois Department of Public Health, June, 2014

AIDS Diagnoses

The rate of AIDS diagnoses among NH blacks declined by 41% from 2000–2013. However, the rate in 2013 of 25.2 new AIDS diagnoses per 100,000 population was almost four times higher than the overall state rate of 6.7 new AIDS diagnoses per 100,000 population (see section, "Overview of HIV Disease in Illinois").

Figure 10. Rate of AIDS Diagnoses among NH Blacks
Living with HIV Disease, Illinois, 2000–
2013



Source: Illinois Department of Public Health, June, 2014

Did You Know?

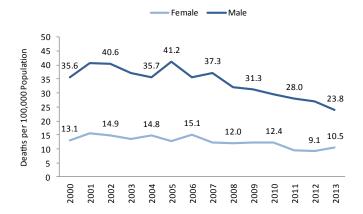
1 in 193 NH black women in Illinois was living with HIV disease in 2013

1 in 71 NH black men in Illinois was living with HIV disease in 2013

Mortality

The mortality rate among NH blacks in Illinois living with HIV disease declined from 2000–2013. Among NH black men, the decline was steeper than among NH black women (33% vs. 20%). Given the increase in the number of NH blacks living with HIV disease in Illinois, this decline in mortality is an indication of improved access to care and improved treatment interventions.

Figure 11. Deaths among NH Blacks Living with HIV Disease, Illinois, 2000–2013



Source: Illinois Department of Public Health, April, 2015

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