Women

Women accounted for 20% of the estimated 47,500 new HIV infections in the United States in 2010 (CDC, 2014a). Eighty-four percent of these infections were attributed to heterosexual contact, i.e., with a person know to be infected with HIV or at high risk of HIV infection (CDC, 2014a). In 2010, the majority of women newly diagnosed with HIV disease in the U.S. were African American (64%), followed by white (18%), and Hispanic/Latino women (15%) (CDC, 2014a).

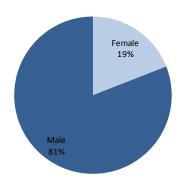
Risk factors for women include: being unaware of their male partner's HIV risk factors; higher HIV infection transmissibility for women during vaginal sex without a condom due to biological factors; and reluctance to discuss condom use with sexual partners due to fear of physical violence (CDC, 2014a). Intimate partner violence has been identified as a risk factor for acquiring HIV (CDC, 2014f).

In 2012, 3.1% of Illinois women aged ≥18 years reported any of the following HIV-related high risk behaviors in the preceding year: having used intravenous drugs; having been treated for a sexually transmitted infection; having given or received money or drugs in exchange for sex; or having had anal sex without a condom (Illinois Department of Public Health, 2014).

HIV Disease Diagnoses

Since the beginning of the HIV epidemic, 11,807 women in Illinois have been diagnosed with HIV disease. From 2009–2013, women represented 19.1% (n=1,715) of new HIV disease diagnoses in Illinois. From 2000–2013, the rate of new HIV disease diagnoses among women declined from 10.3 to 4.7 diagnoses per 100,000 women (see section, "Overview of HIV Disease in Illinois").

Figure 1. HIV Disease Diagnoses by Sex, Illinois, 2009–2013

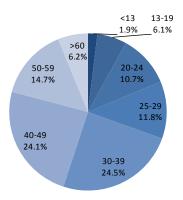


Source: Illinois Department of Public Health, June, 2014

Age at Diagnosis

Among Illinois women diagnosed with HIV disease from 2009–2013, those aged 30–49 years accounted for the largest proportion (48.6%) of new diagnoses by age. Many women diagnosed with HIV disease are of childbearing age, which has implications for reproductive decisions and provision of screening and treatment to reduce perinatal transmission (see section, "Perinatal Transmission").

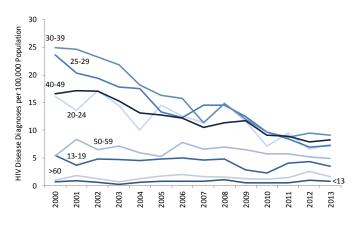
Figure 2. HIV Disease Diagnoses among Women by Age at Diagnosis, Illinois, 2009–2013



Source: Illinois Department of Public Health, June, 2014

Among Illinois women aged 20–49 years, the rate of new HIV disease diagnoses declined by over 50% from 2000–2013. Among girls 13–19 years and women 50–59 years, a smaller decline occurred from 2000–2013. Among children ≤13 years and women ≥60 years, rates remained low and stable at between 0.8–1.6 diagnoses per 100,000 population.

Figure 3. Rate of HIV Disease Diagnoses among Women by Age at Diagnosis and Year of Diagnosis, Illinois, 2000–2013

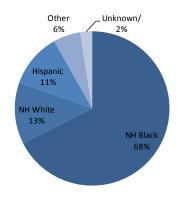


Source: Illinois Department of Public Health, June, 2014

Race/Ethnicity

The majority of women (68%) diagnosed with HIV disease from 2009–2013 in Illinois were non-Hispanic (NH) black. Although the rate of new HIV disease diagnoses decreased by more than 50% among NH black women from 2000–2013, the rate in 2013 was over twenty-one times higher than among NH white women. Higher HIV rates in the African American community, coupled with the tendency to choose sexual partners of the same race/ethnicity, result in greater risk of infection for African American women (Centers for Disease Control and Prevention, 2014a).

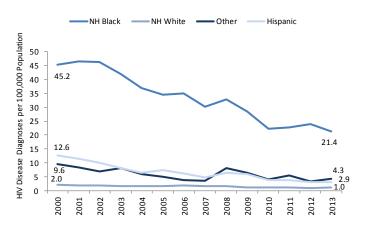
Figure 4. HIV Disease Diagnoses among Women by Race/Ethnicity, Illinois, 2009–2013



Source: Illinois Department of Public Health, June, 2014

Hispanic women experienced the sharpest decline in HIV diagnosis rates from 2000–2013 (12.6 to 2.9 diagnoses per 100,000 population). The "Other" race category includes Asians, Native Hawaiian or Pacific Islanders, those reporting more than two races, and American Indian or Alaska Natives. This group had the second highest rate of HIV disease diagnoses among women in 2013 at 4.3 diagnoses per 100,000 population.

Figure 5. Rate of HIV Disease Diagnoses among Women by Race/Ethnicity and Year of Diagnosis, Illinois, 2000–2013



Source: Illinois Department of Public Health, June, 2014

DID YOU KNOW?

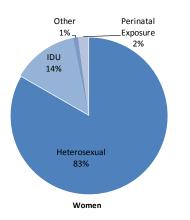
1 in 4,672 NH black women in Illinois was newly diagnosed with HIV disease in 2013

- 1 in 34,233 Hispanic women in Illinois was newly diagnosed with HIV disease in 2013
- 1 in 98,046 NH white women in Illinois was newly diagnosed with HIV disease in 2013

Transmission Risk Category

Among Illinois women newly diagnosed with HIV disease from 2009–2013 with a reported transmission risk category, the main mode of disease transmission was heterosexual contact (83%). Intravenous drug use was the next most commonly reported risk factor (14%). The remaining 3% of HIV disease diagnoses among women were attributable to perinatal exposure and other risk factors.

Figure 6. HIV Disease Diagnoses among Women by Transmission Risk Category, Illinois, 2009–2013



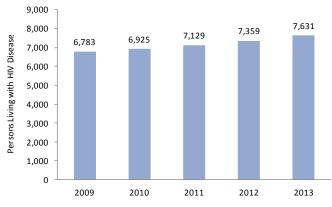
Note: 679 women with no transmission risk category identified were excluded from the chart.

Source: Illinois Department of Public Health, June, 2014

Persons Living with HIV Disease

At the end of 2013, there were 7,631 women in Illinois living with diagnosed HIV disease. Among these women, the highest prevalence rate was among NH black women with 517 women with HIV disease per 100,000 women or 0.5% of the NH black female population. This rate was five times higher than the rate among Hispanic women and 18 times higher than that of NH white women.

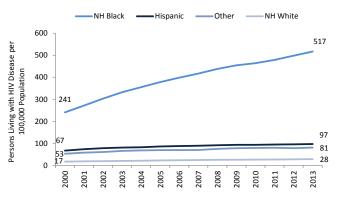
Figure 7. Women Living with HIV Disease by Year, Illinois, 2009–2013



Source: Illinois Department of Public Health, June, 2014

Although the rate of women living with HIV disease increased for women of all racial/ethnic groups from 2000–2013, the rate increased most steeply for NH black women. From 2000–2013, the prevalence among NH black women more than doubled.

Figure 8. Rate of Women Living with HIV Disease by Race/Ethnicity and Year, Illinois, 2000– 2013

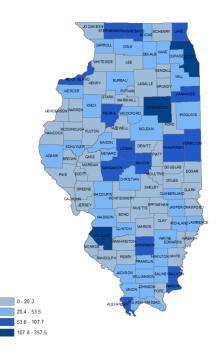


Source: Illinois Department of Public Health, June, 2014

Geography

Cook County had the highest number of women living with HIV disease in 2013 (n=5,375) however, Livingston County had the highest prevalence rate (see Appendix A). A maximum-security prison for adult females, which closed in 2013, contributed to this high prevalence rate. St. Clair County had the third highest rate of women living with HIV disease in 2013 (188 diagnoses per 100,000 population).

Figure 9. Rate of Women Living with HIV Disease per 100,000 Female Population by County*, Illinois, 2013



*Rates mapped to county of most recent known address **Source:** Illinois Department of Public Health, June, 2014

AIDS Diagnoses

The annual rate of new AIDS diagnoses among women in Illinois varied from 2000–2013. However, there was an overall decline in AIDS diagnoses with the rate in 2013 (4.9 AIDS diagnoses per 100,000 women) more than half the rate in 2000 (2.3 AIDS diagnoses per 100,000 women). Given the increased number of women living with HIV disease over this time period, the decline in the rate of new AIDS diagnoses is an indicator of improved access to HIV care and improved treatment regimens.

Figure 10. Rate of AIDS Diagnoses among Women by Year of Diagnosis, Illinois, 2000–2013



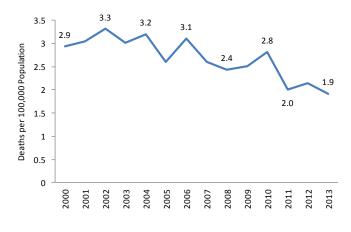
Source: Illinois Department of Public Health, June, 2014

Mortality

Mortality rates among women living with HIV disease have declined since 2000. In 2013, there were 1.9 deaths per 100,000 women in Illinois or 126 deaths among women living with HIV disease.

Figure 11. Deaths among Women Living with HIV

Disease by Year of Death, Illinois, 2000– 2013



Source: Illinois Department of Public Health, April, 2015

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