

Heterosexual Contact

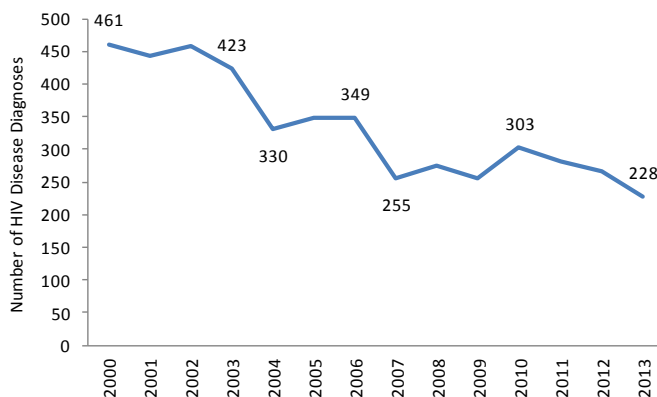
Persons with heterosexual contact (sexual contact between members of the opposite sex) as the risk factor for acquiring HIV accounted for an estimated 25% of new HIV infections in the United States in 2010 (CDC, 2013). Nationally, two-thirds of those infected through heterosexual contact were women (CDC, 2013). Although consistent condom use provides a high degree of protection from HIV infection, being unaware of a partner’s risk factors for HIV, such as a history of injection drug use or having a male partner who has sex with other men, may lead to inadequate condom usage (CDC, 2014).

HIV Disease Diagnoses

New HIV disease diagnoses among persons with heterosexual contact as the risk factor for HIV transmission peaked in Illinois in 2000 with 416 new diagnoses. Since 2000, the number of diagnoses in this population has decreased. In 2013, there were 228 new HIV diagnoses attributed to heterosexual contact.

From 2009–2013, 1,336 new HIV disease diagnoses were identified in Illinois where the risk category for transmission was heterosexual contact. These cases accounted for 15% of all new HIV disease diagnoses where a transmission risk category was identified during this time period.*

Figure 1. HIV Disease Diagnoses among Persons with Heterosexual Contact as the Risk Factor for Transmission by Year of Diagnosis, Illinois, 2000–2013



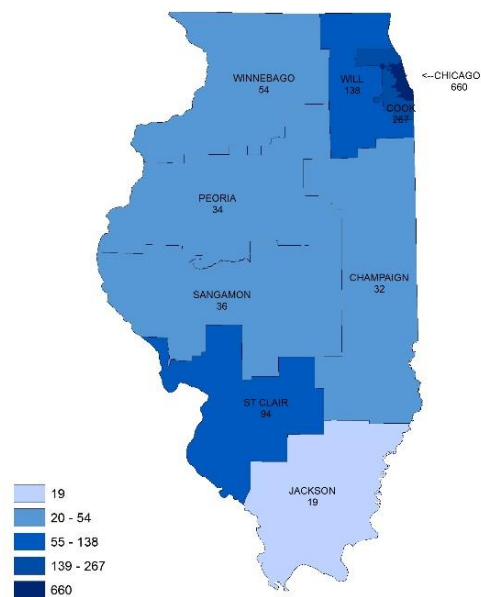
Source: Illinois Department of Public Health, June, 2014

*9,002 new HIV diagnoses were reported in Illinois from 2009–2013; 1,955 had no risk category reported

Geography

Regionally, the number of new HIV disease diagnoses attributed to heterosexual contact from 2009–2013 was highest in Chicago (n=660), followed by Cook County (n=267). Outside of Chicago and the collar county regions, fewer than 100 new HIV disease diagnoses per region were attributed to heterosexual contact during this five-year time period.

Figure 2. HIV Disease Diagnoses among Persons with Heterosexual Contact as the Risk Factor for Transmission by Region, Illinois, 2009–2013

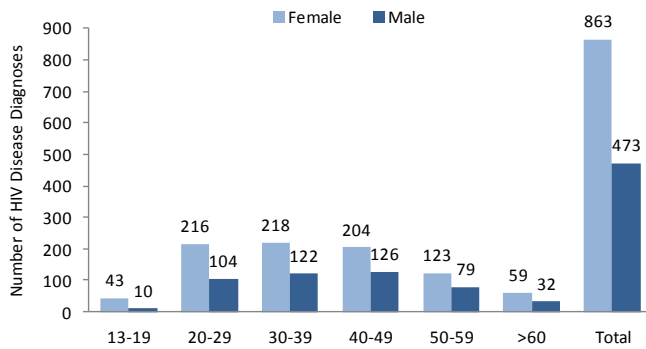


Source: Illinois Department of Public Health, June, 2014

Age at Diagnosis

The majority of new HIV disease diagnoses (74%) attributed to heterosexual contact from 2009–2013 were among persons aged 20–49 years with approximately the same number of new HIV disease diagnoses among adults aged 20–29, 30–39, and 40–49 years. Among adults aged ≥50 years, new HIV disease diagnoses due to heterosexual contact declined with increasing age.

Figure 3. HIV Disease Diagnoses among Persons with Heterosexual Contact as the Risk Factor for Transmission by Age at Diagnosis and Sex, Illinois, 2009–2013



Source: Illinois Department of Public Health, June, 2014

Sex Women

Due to physiological factors, women are at higher risk of acquiring HIV during unprotected vaginal sex than men (CDC, 2014). Additional factors that can increase risk of HIV for heterosexual women include being unaware of their male partner’s risk factors for HIV (such as injection drug use or having sex with other men) and not using condoms (CDC, 2014). Women may be reluctant to discuss condom use with their male partners (CDC, 2014).

In Illinois, women accounted for 65% of all HIV disease diagnoses identified as being due to heterosexual contact from 2009–2013. Heterosexual contact was the primary mode through which women in Illinois acquired HIV. From 2009–2013, 83% of women diagnosed with HIV disease with a known transmission risk category acquired HIV through heterosexual contact.

Men

Although men who reported having sex with men accounted for 87% of new HIV disease diagnoses among men with an identified risk category for transmission from 2009–2013, heterosexual transmission was the next most common risk factor accounting for 8% of new infections.

Sex and Age at Diagnosis

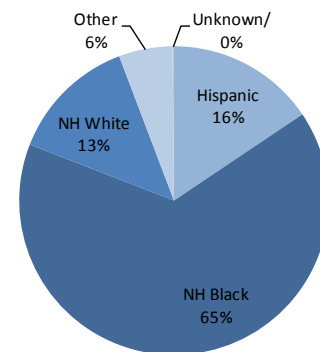
From 2009–2013, the largest difference in the number of diagnoses by age group was among youth aged 13–19 years where four times more girls than boys diagnosed with HIV disease identified heterosexual contact as the risk factor for transmission (Figure 3).

Twice as many women as men diagnosed with HIV disease aged 20–49 years identified heterosexual contact as the transmission risk factor. Among adults aged ≥50 years, this gap narrowed slightly. However, the pattern of higher number of diagnoses among women continued.

Race/Ethnicity

Although NH blacks accounted for 14.2% of the total population of Illinois in 2013, among individuals diagnosed with HIV disease in Illinois from 2009–2013 with heterosexual contact as the identified transmission risk category, 65% were non-Hispanic (NH) black (U. S. Census Bureau, 2014).

Figure 4. HIV Disease Diagnoses among Persons with Heterosexual Contact as the Risk Factor for Transmission by Race/Ethnicity, Illinois, 2009–2013



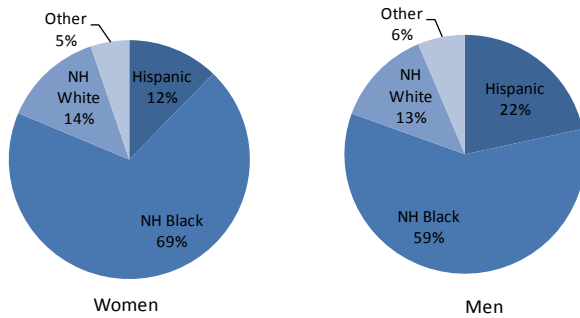
Source: Illinois Department of Public Health, June, 2014

Sex and Race/Ethnicity

Nationally, non-Hispanic (NH) black heterosexual women were the subpopulation with the fourth largest estimated number of new infections in 2010, after NH white MSM, NH black MSM, and Hispanic MSM (CDC, 2014). The higher proportion of persons living with HIV in the NH black community and the fact that people tend to have sex with partners of the same race/ethnicity means that NH black women face a greater risk of HIV infection with each new sexual encounter (CDC, 2014).

Among women diagnosed with HIV in Illinois from 2009–2013 with heterosexual contact as the risk for transmission, 69% were NH black and among heterosexual men diagnosed with HIV, 59% were NH black. Hispanic men accounted for 22% of men with heterosexual contact identified as the risk for HIV transmission.

Figure 5. HIV Disease Diagnoses among Persons with Heterosexual Contact as the Risk Factor for Transmission by Sex and Race/Ethnicity, Illinois, 2009–2013

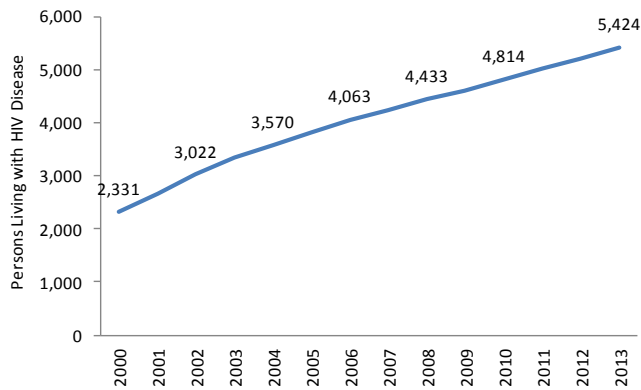


Source: Illinois Department of Public Health, June, 2014

Persons Living with HIV Disease

At the end of 2013, there were an estimated 5,424 persons in Illinois living with HIV disease acquired via heterosexual contact. This risk group accounted for an estimated 15% of all HIV diagnosed individuals and 18% of HIV diagnosed individuals with identified transmission risk living with HIV disease.

Figure 6. Persons Living with HIV Disease with Heterosexual Contact as the Risk Factor for Transmission by Year, Illinois, 2000–2013

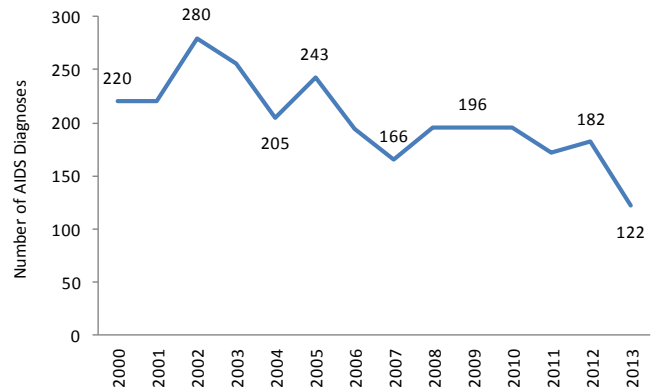


Source: Illinois Department of Public Health, June, 2014

AIDS Diagnoses

The number of new AIDS diagnoses among persons who identified heterosexual contact as a risk factor for transmission peaked in 2002 in Illinois when there were 280 new diagnoses. Since then, the number of AIDS diagnoses in this risk group declined to fewer than 200 cases annually.

Figure 7. AIDS Diagnoses among Persons with Heterosexual Contact as the Risk Factor for Transmission by Year of Diagnosis, Illinois, 2000–2013

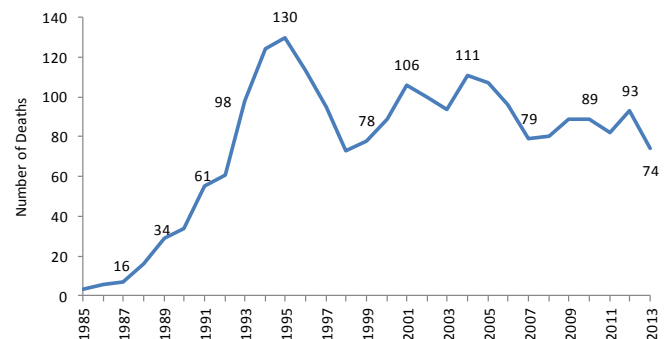


Source: Illinois Department of Public Health, April, 2015

Mortality

Deaths among persons living with HIV disease (PLWHA) with heterosexual contact as the identified risk factor for transmission vary from year to year. However, since 1995 when deaths for this risk group peaked at 130 deaths, the annual number of deaths has declined with 74 deaths identified in 2013, according to preliminary estimates. Deaths among this risk group accounted for 14% of deaths among PLWHA in 2013.

Figure 8. Deaths among Persons Living with HIV Disease with Heterosexual Contact as the Risk Factor for Transmission by Year of Death, Illinois, 1985–2013



Source: Illinois Department of Public Health, April, 2015

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