

Youth

HIV in the United States disproportionately affects youth aged 13–24 years. In 2010, youth made up 17% of the U.S. population but accounted for an estimated 26% of all new HIV infections (CDC, 2014e). The majority of youth (72%) diagnosed with HIV in 2010 were men who have sex with men (MSM) (Centers for Disease Control and Prevention, 2014e). In 2010, black youth accounted for an estimated 57% of all new HIV infections among U.S. youth, followed by Hispanic (20%) and white (20%) youth (CDC, 2014e).

A number of risk factors increase the risk of HIV infection among youth including: perception of being at low risk of HIV infection, low rates of HIV testing, low rates of condom use, substance use, and inadequate HIV prevention education (CDC, 2014e).

Risk Behaviors among High School Students

National

The Youth Risk Behavioral Survey, administered across the country every two years, collects data on high school student risk behaviors. From 2009–2011, MSM high school students reported a higher rate of HIV risk behaviors compared with boys who had sexual contact only with girls including, being more likely to have had ≥ 4 sexual partners (39% vs. 27%) and to have ever injected illegal drugs (20% vs. 3%) (CDC, 2012). MSM students were significantly less likely to report having ever been taught in school about HIV/AIDS (75% vs. 86%) or having used a condom during last sexual intercourse (44% vs. 70%) (CDC, 2012).

Illinois

In 2013, 44% of Illinois high school students reported having ever had sexual intercourse—47% of boys and 42% of girls. Thirteen percent of students reported having had ≥ 4 sexual partners, with boys more likely to report this behavior than girls (15% vs. 11%) (CDC, 2014a).

Non-Hispanic (NH) black high school students (59%) were more likely than Hispanic students (47%) or NH white students (41%) to report ever having had sexual intercourse; having had ≥ 4 sexual partners (25% vs. 12% and 10%) and being sexually active currently (45% vs. 33% and 31%). NH black students

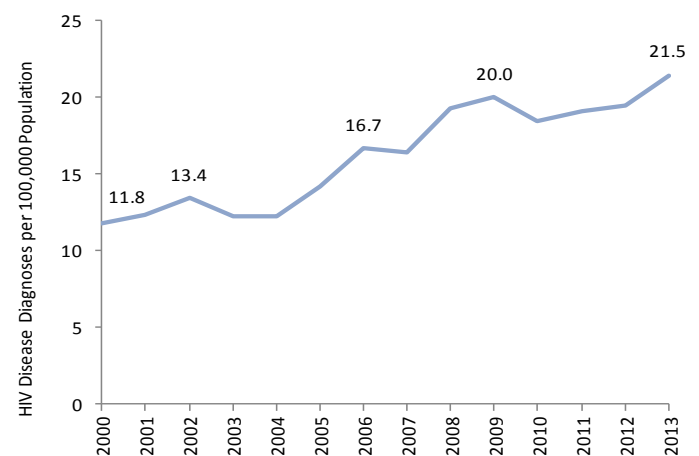
were also more likely to report having first sexual intercourse before age 13 years (11%) compared to Hispanic (8%) and NH white students (3%). (CDC, 2014a).

In 2013, 23% of Illinois high school students reported not having ever being taught about HIV/AIDS in school (CDC, 2014a). Among sexually active students, 42% reported not using a condom during last sexual intercourse. No significant differences by sex or race were reported for condom use (CDC, 2014a). In 2011, Illinois students who reported being gay, lesbian, bisexual, or unsure had higher rates of sexual risk behaviors compared to students who identified as heterosexual (Steinhausen, Cartland, and Smith, 2012).

HIV Disease Diagnoses

From 2009–2013, 2,111 Illinois youth were newly diagnosed with HIV disease and this age group accounted for 23.5% of all HIV disease diagnoses during this time period. Since 2000, the rate of HIV disease diagnoses among 13–24 year olds has increased by 82% from 11.8 to 21.5 diagnoses per 100,000 population. In 2013, youth were one of the groups at highest risk of acquiring HIV in Illinois.

Figure 1. HIV Disease Diagnoses among Youth Aged 13–24 Years by Year of Diagnosis, Illinois, 2000–2013

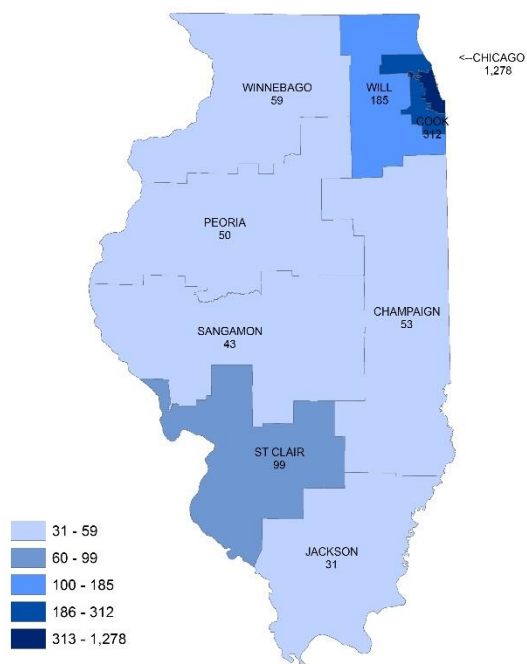


Source: Illinois Department of Public Health, June, 2014

Geography

The highest number of new HIV disease diagnoses among youth were reported in Chicago and the surrounding counties. Outside of the Chicago area, the St. Clair region had the highest number of new HIV disease diagnoses from 2009–2013.

Figure 2. HIV Disease Diagnoses among Youth Aged 13–24 Years by Region, Illinois, 2009–2013

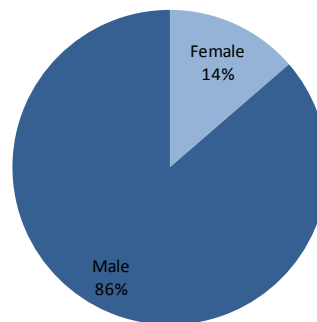


Source: Illinois Department of Public Health, June, 2014

Sex

Among Illinois youth 13–24 years, 86% of individuals newly diagnosed with HIV from 2009–2013 were male. In the overall population, the proportion of males newly diagnosed with HIV disease in Illinois from 2009–2013 was 81%. This disproportionate diagnosis rate is being driven by new diagnoses among young MSM (Figure 5).

Figure 3. HIV Disease Diagnoses among Youth Aged 13–24 Years by Sex, Illinois, 2009–2013

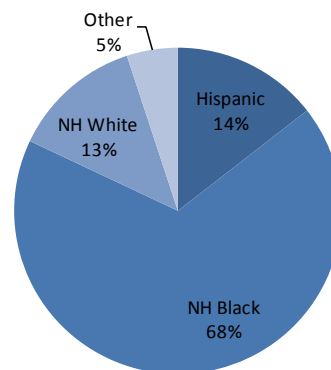


Source: Illinois Department of Public Health, June, 2014

Race/Ethnicity

The majority of youth (68%) diagnosed with HIV disease in Illinois from 2009–2013 were non-Hispanic (NH) black. Hispanics accounted for next largest racial/ethnic group accounting for 14% of new HIV disease diagnoses among youth.

Figure 4. HIV Disease Diagnoses among Youth Aged 13–24 Years by Race/Ethnicity, Illinois, 2009–2013

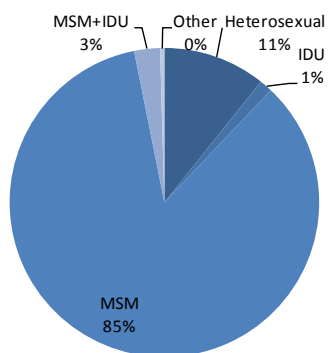


Source: Illinois Department of Public Health, June, 2014

Transmission Risk Category

MSM youth accounted for the vast majority (85%) of new diagnoses from 2009–2013 among youth with an identified transmission risk category. Heterosexual sex accounted for the next largest number of new diagnoses (11%). Higher prevalence of risk behaviors among MSM youth and the higher prevalence of HIV disease among MSM overall puts this population at increased risk of HIV infection.

Figure 5. HIV Disease Diagnoses among Youth Aged 13–24 Years by Transmission Risk Category, Illinois, 2009–2013



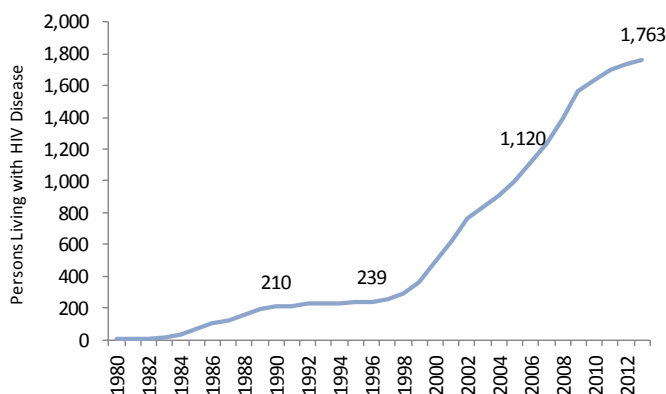
Note: 329 youth aged 13–24 years with no transmission risk category identified were excluded from the chart.

Source: Illinois Department of Public Health, June, 2014

Persons Living with HIV Disease

Reflecting the large increase in the number of HIV disease diagnoses in this age group, the number of persons living with HIV disease 13–24 years has increased sharply since 2000. At the end of 2013, there were 1,763 youth living with HIV disease in Illinois, or 83 per 100,000 population.

Figure 6. Youth Aged 13–24 Years Living with HIV Disease by Year, Illinois, 1980–2013

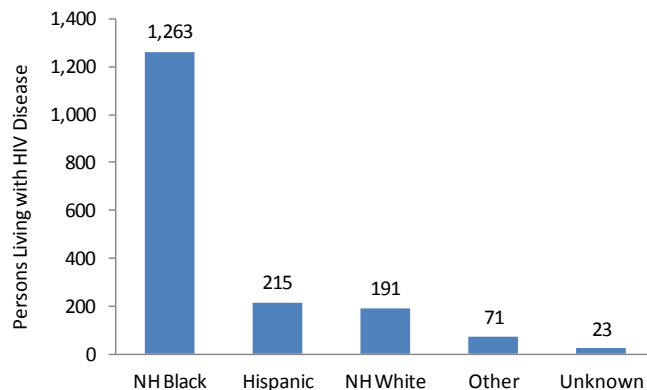


Source: Illinois Department of Public Health, June, 2014

Race/Ethnicity and Transmission Risk Category

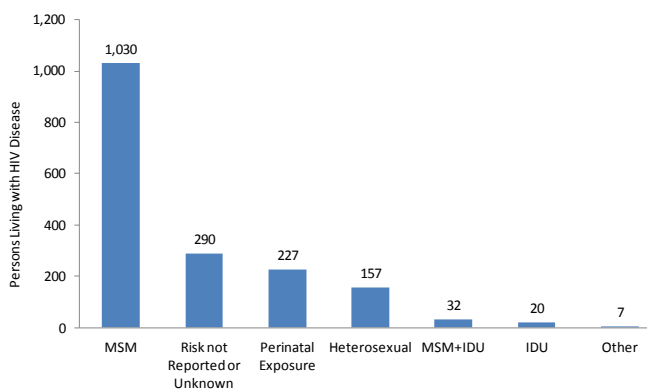
The majority of youth living with HIV disease in Illinois were NH black (72%) and MSM was the most common transmission risk factor reported. The overlap between infected NH black youth and infected MSM was high – NH black MSM represented the largest proportion of youth living with HIV disease at the end of 2013 (42%).

Figure 7. Youth Aged 13–24 Years Living with HIV Disease by Race/Ethnicity, Illinois, 2013



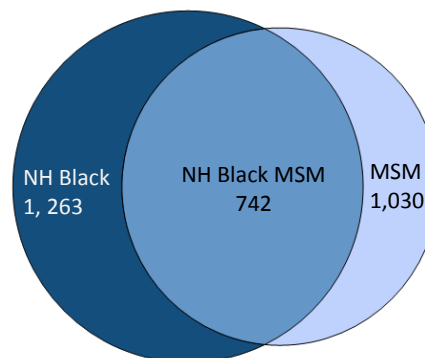
Source: Illinois Department of Public Health, June, 2014

Figure 8. Youth Aged 13–24 Years Living with HIV Disease by Transmission Risk Category, Illinois, 2013



Source: Illinois Department of Public Health, June, 2014

Figure 9. Overlap among Black and MSM Youth Aged 13–24 Years Living with HIV Disease, Illinois, 2013

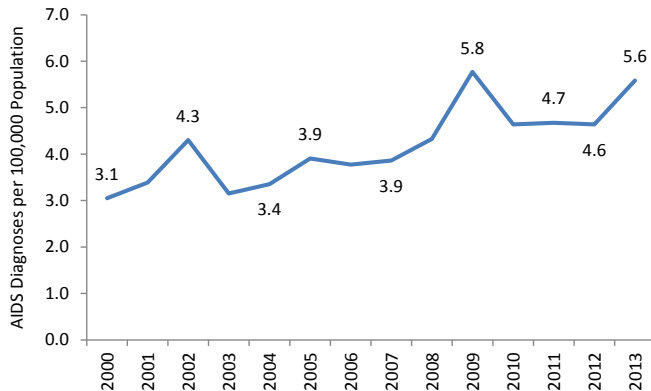


Source: Illinois Department of Public Health, June, 2014

AIDS Diagnoses

Among youth 13–24 years, despite annual variation, there has been a trend of increased rates of AIDS diagnoses from 2000–2013. This increase reflects the increased incidence seen in this age group (Figure 1). From 2000–2013, 1,257 youth aged 13–24 years were diagnosed with AIDS with an average of 90 AIDS diagnoses annually.

Figure 10. Rate of AIDS Diagnoses among Youth Aged 13–24 Years by Year of Diagnosis, Illinois, 2000–2013

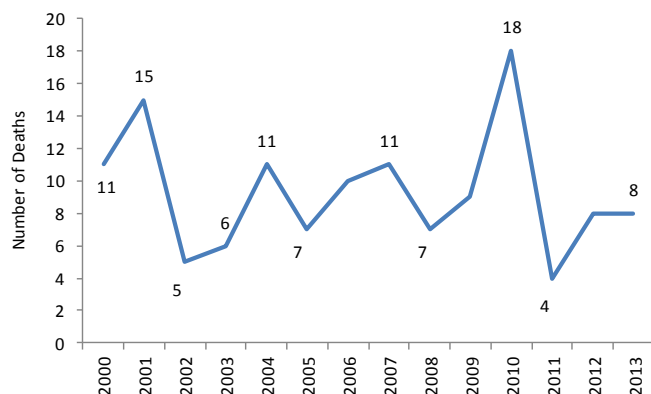


Source: Illinois Department of Public Health, June, 2014

Mortality

From 2000–2013, there were 130 deaths among Illinois youth aged 13–24 years living with HIV disease with an average of 9 deaths annually.

Figure 11. Deaths among Youth Aged 13–24 Years with HIV Disease by Year of Death, Illinois, 2000–2013



Source: Illinois Department of Public Health, April, 2015

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