Background

- In 2009, an estimated 2.6% of persons in the U.S. had ever used illicit injection drugs and 0.3%, or approximately one million persons, had used illicit injection drugs in the past year.
- The most commonly injected illicit drugs in the U.S. are cocaine, amphetamines, heroin and other opiates.
- New HIV diagnoses attributable to injection drug use (IDU) have declined nationwide. However, risk of HIV transmission among injection drug users (IDUs), as demonstrated by a recent HIV outbreak in rural Indiana, remains high.
- Illinois has implemented prevention programs to reduce HIV transmission among IDUs, including access to clean needles through needle exchange programs and reduced restrictions on purchasing syringes.
- Epidemiological trends were examined to understand how the epidemiology of HIV attributable to IDU is changing in Illinois using data from the Illinois Enhanced HIV/AIDS Reporting System.
- Mortality rates were age-adjusted using the 2000 U.S. Census single-year standard population.

Results

- In Illinois, new HIV disease diagnoses attributable to IDU peaked in 1992 with 864 cases and have since declined steadily with 32 new diagnoses reported in 2013 (Figure 1).
- More men than women (2,009 vs. 1,192) diagnosed with HIV in Illinois have implemented prevention programs to reduce HIV transmission among IDUs, including access to clean needles through needle exchange programs and reduced restrictions on purchasing syringes.
- The proportion of new HIV disease diagnoses attributable to IDU accounted for by non-Hispanic (NH) blacks declined from 76% in 2000 to 47% in 2013. During this time frame, the proportion increased among NH whites (12% to 28%) and among Hispanics (9% to 22%) (Figure 3).
- Average age at diagnosis among IDUs increased from 41.6 years in 2000 to 45.9 years in 2013 (Figure 4).
- In 2013, the average age of HIV disease diagnosis among IDUs in Illinois was higher than among heterosexuals (39.2 years), men who have sex with men (MSM) (32.8 years) and MSM+IDU (30.9 years) (Figure 4).
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Methods

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Conclusions

- The number of people living with HIV disease (PLWHA) attributable to IDU began to decline after 2004 (n=4,545) and by 2013, there were 4,086 persons living with HIV disease in this risk group in Illinois.
- Since 2004, all-cause mortality in this population has been higher than the number of new HIV disease diagnoses (Figure 1).
- From 2000 to 2013, the age-adjusted mortality rate among IDUs declined from 68.7 to 50.7 deaths per 1,000 IDUs living with HIV. However, IDUs in Illinois had a higher age-adjusted mortality rate in 2013 than either MSM (23.0 per 1,000 MSM living with HIV disease) or heterosexuals (20.3 per 1,000 heterosexuals living with HIV disease) (Figure 5).
- MSM+IDU are a distinct population with a higher age-adjusted mortality rate than IDUs.

Contact Information
Livia.navon@illinois.gov
312.814.3020
cheryl.ward@illinois.gov
312.814.3020