

Getting to Zero: A Framework to Eliminate HIV in Illinois

Illinois is making dramatic progress against HIV. New HIV cases have dropped by 28% from 2006 to 2015, mother-to-child HIV transmission has been nearly eliminated, and there are fewer than 1,000 cases a year in Chicago for the first time in two decades.

However, not all groups are benefiting equally. HIV disproportionately impacts Black and Latino individuals. Black gay men are experiencing an increase in HIV cases, particularly among youth. Black women account for more than three-quarters of women who are newly diagnosed and women who are living with HIV. New HIV cases among Latinos of all genders rose 16% outside Chicago between 2006 and 2015.

Illinois has what it takes to Get to Zero. Thanks to the Affordable Care Act, nearly everyone in Illinois vulnerable to or living with HIV has access to comprehensive, more affordable insurance. We have pre-exposure prophylaxis (PrEP), a prevention pill and program that is up to 99% effective at preventing HIV infection when utilized consistently and correctly. Finally, powerful antiretroviral medications mean that people living with HIV on successful antiretroviral treatment — meaning their viral load is undetectable for at least six months — cannot transmit HIV sexually to their HIV-negative partners.

With focused investment and attention, we can do even better. Illinois must focus on strategies that provide the greatest potential for reducing HIV transmission. Scientific modeling suggests that with increased investments in HIV treatment and PrEP, Illinois could see fewer than 100 new HIV cases each year by 2027.

The fiscal benefits for the state are substantial. Lifetime medical care costs for a person living with HIV is over \$350,000. If Illinois takes no action, it will cost an estimated \$5.2 billion to provide lifetime care for the 15,000 people projected to be infected between 2018 and 2027.

How will Illinois get to zero? If Illinois increases current rates of PrEP and HIV treatment by 20%, we would expect fewer than 100 new HIV cases per year -- a point where the HIV epidemic can no longer sustain itself, or “functional zero.”

What’s next? Since the summer of 2016, a workgroup of 12 organizations has been developing a Getting to Zero framework. The group will be convening a taskforce comprised of key agency officials and stakeholders. The taskforce will develop the plan, which will be implemented over a five-year period beginning in 2019.

What does “Getting to Zero” mean?

It is critical to define what “Getting to Zero” means. In this context, it refers to both HIV prevention and care goals:

- Zero new HIV infections.
- Zero people living with HIV who are not receiving treatment.

INCREASE PREP
UPTAKE FROM 20%
TO 40%



INCREASE VIRAL
SUPPRESSION
UPTAKE FROM 50%
TO 70%



FUNCTIONAL
ZERO

Contact:

Eduardo Alvarado, MPH, MPAP, HIV Section Chief, Illinois Department of Public Health, eduardo.alvarado@illinois.gov