

2018 EPIDEMIOLOGY REPORT

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A report on sexually transmitted infection and human immunodeficiency virus screening, positivity, and behavioral trends in 2017

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EXECUTIVE SUMMARY

Howard Brown Health's fifth Epidemiology Report highlights the significant public health role that Howard Brown plays in Chicago and the greater Midwest as the region's largest LGBTQ organization. The report details sexually transmitted infection (STI) and human immunodeficiency virus (HIV) screening, positivity, and behavioral trends among clients accessing care at Howard Brown's clinical and outreach locations in calendar year 2017. Patients represented in the data reside primarily in the City of Chicago, but also include patients from other parts of Illinois, all 49 other states, and 6 other countries.

Data are stratified by the type of service accessed and client demographics of gender identity, race/ethnicity, sexual orientation, age, and area of residence. Also highlighted are HIV prevention methods and efforts to address racial disparities in HIV/STI care.

In 2017, Howard Brown provided 26,681 screens for HIV, 18,497 screens for syphilis, 29,700 screens for gonorrhea, and 29,696 screens for chlamydia. Overall this was a 19% increase in screenings from 2016. Absolute numbers of diagnoses of primary and secondary (P&S) syphilis, gonorrhea, and chlamydia also increased. Howard Brown identified 381 cases of P&S syphilis, 2,514 cases of gonorrhea, and 2,488 cases of chlamydia in 2017. Newly identified HIV infections at Howard Brown increased to 142 in 2017, in contrast to the decrease in diagnoses observed in the City of Chicago overall.

Howard Brown continues to observe that HIV and STI incidence and prevalence disproportionately impact men who have sex with men (MSM), transgender women, youth, and persons of color. This mirrors trends in Chicago overall. In response to these disparities, Howard Brown will continue to pursue community and governmental partnerships designed for disproportionately impacted communities.

In order to better address community need, Howard Brown strengthened program offerings. Particularly important successes achieved in 2017:

- The increase in patients with south side Chicago zip codes served after opening clinics in Englewood and Hyde Park.
- Howard Brown's HIV care continuum, which exceeds both the standards set by the National HIV/AIDS Strategy and the numbers for the City of Chicago for access to care, retention in care, viral load screening, and viral load suppression.
- Special projects that initiated preexposure prophylaxis (PrEP) at Howard Brown among black women and men. Overall 2,214 individuals newly initiated PrEP at Howard Brown.

This report illustrates both the healthcare successes and challenges faced by our community. It is designed to educate our community about the impact of our work in public health. We thank our patients and everyone who relies on Howard Brown for their sexual health and STI/HIV screening needs.

BACKGROUND & DATA SOURCES

The largest LGBTQ organization in the Midwest, Howard Brown Health provides comprehensive medical, social, and behavioral health services to more than 34,000 patients annually. Howard Brown has sites located throughout the city in the following community areas: Back of the Yards, Edgewater, Englewood, Hyde Park, Lakeview, Rogers Park, and Uptown. The organization's patient population is inclusive of diverse racial/ethnic backgrounds, socioeconomic statuses, gender identities, and sexual orientations.

This annual report describes the epidemiology of HIV and sexually transmitted infections (STI) among patients seen at Howard Brown in 2017. These data represent patients that reside primarily in the City of Chicago, but also include patients from other parts of Illinois, all 49 other states, and 6 other countries. The report also highlights how HIV prevention innovations such as pre-exposure prophylaxis (PrEP) and treatment as prevention (TASP) impact infection rates among the patient population.

Howard Brown conducts a high volume of HIV/STI clinical services including screenings in a variety of settings, from outreach venues (e.g. bathhouses, public libraries, balls, street fairs), to sexual health walk-in clinics, to primary care visits. Screening data are entered into and reported from Howard Brown's electronic medical record system.

CONTEXT/LANDSCAPE

The National HIV/AIDS Strategy (NHAS) is a five-year plan that guides a coordinated, nationwide response to the HIV epidemic. Compiled by the Office of National AIDS Policy, the plan was updated in 2015 to incorporate new innovations in treatment and prevention. The NHAS issued through 2020 considers expanding access to HIV screening and linkage to care, improving retention in care and adherence to antiretroviral therapy (ART), promoting universal viral suppression among people living with HIV (PLWH), and increasing access to PrEP.¹

While there is much work yet to do as a nation, the City of Chicago has experienced significant progress toward the goals of the NHAS. For example, one of the key indicators for the NHAS is to increase the percentage of newly diagnosed individuals that are linked to medical care within one month of diagnosis to 85%.¹ In its annual HIV/STI Surveillance Report, the Chicago Department of Public Health (CDPH) reports that the city had achieved a rate of 80% for those diagnosed in 2016.² Beyond NHAS, service providers, including Howard Brown, advocates, PLWH, and government officials in Illinois developed a coordinated, statewide effort in 2016 to eliminate the spread of HIV, titled "Getting to Zero." The goal for this campaign is to achieve zero new HIV infections and zero people living with HIV who are not on treatment.³

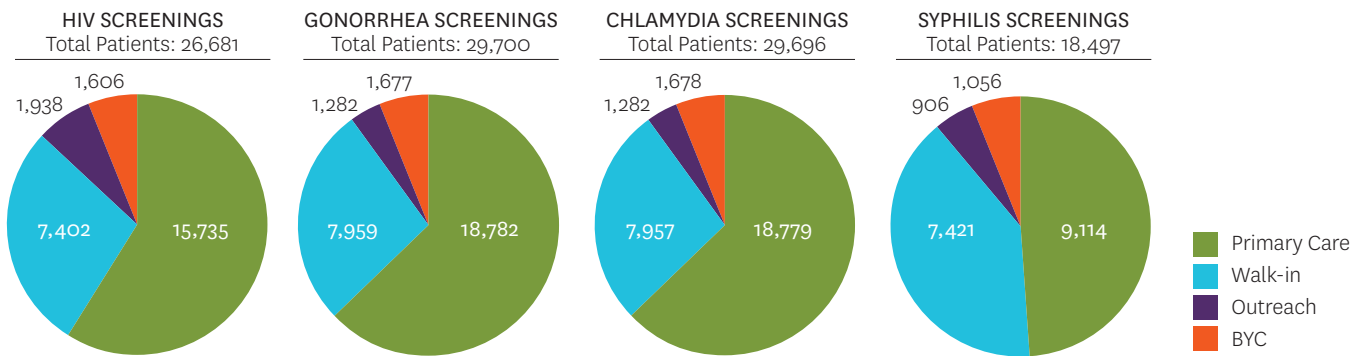
Linkage and retention to HIV medical care and PrEP play a crucial role in HIV prevention. In 2017, the Centers for Disease Control and Prevention (CDC) recognized that viral suppression (less than 200 copies of the virus/mL) prevents sexual HIV transmission. This sparked a nationwide campaign called U=U, which means undetectable = untransmittable⁴, highlighting that people living with HIV with an undetectable viral load cannot transmit the virus to their partners. Linkage to and retention on PrEP is also a major driver in reduced rates of HIV infection. In 2016, there were an estimated 77,120 PrEP users in the United States, a 73% increase year-over-year since it was approved by the Food and Drug Administration in 2012.⁵ In this era of U=U and PrEP, it is important to consider a continuum of care – how people are engaged, retained, or disengaged – for both HIV prevention methods in order to develop and improve upon effective interventions and to meet the goals of "Getting to Zero."

As for other STIs, the CDC reported the highest number of new infections yet at more than two million cases in 2016.⁶ Chicago’s STI rates similarly reflect the national landscape – the number of new primary and secondary (P&S) syphilis and chlamydia cases is the highest recorded since 1997.²

As we continue our efforts to effectively prevent and treat HIV/STIs, it is important to recognize that progress is threatened in this current political climate. The year 2017 saw major federal budget cuts proposed for HIV prevention and Ryan White programs that fund HIV/AIDS care, treatment, and essential support services. Threats to roll back the Affordable Care Act continue, and the presidential administration’s immigration enforcement and widespread deportation efforts create a climate of fear that prevents many undocumented immigrants from accessing public benefits and safety net healthcare services. Legislation in 2017 that diminishes nondiscrimination regulations and promotes religious refusal discrimination has resulted in decreased visibility of LGBTQ individuals and their needs. It is more crucial than ever to prioritize advocacy to maintain vital resources and prevent the erasure of communities that are disproportionately impacted by HIV/STIs.

DATA HIGHLIGHTS

In 2017, in total, 34,247 patients were seen at Howard Brown Health. Across all clinical and outreach sites: 26,930 screens for HIV (31% increase from 20,492 in 2016), 18,557 screens for syphilis (11% decrease from 20,805 in 2016), 29,867 screens for gonorrhea (26% increase from 23,623 in 2016), and 29,863 screens for chlamydia (26% increase from 23,623 in 2016) were conducted. Overall, the volume of HIV/STI screenings increased by 19% from the previous year. The bulk of HIV/STI screening occurs in the primary care setting, followed by the sexual health walk-in clinics, Broadway Youth Center, and outreach, respectively.



STI rates are on the rise over the last few years both nationally and locally. In 2017, Howard Brown reported 381 new primary and secondary syphilis cases, which represents an increase of 26% (from 303 cases) in comparison to 2016. Reported cases for gonorrhea (GC) and chlamydia (CT) increased by 30% (from 2,514 and 2,488, respectively) since 2016. HIV and STIs continue to disproportionately impact MSM, transgender women, youth, and persons of color in Chicago. Howard Brown is addressing this need by further increasing access to screening services and prevention in communities of need.

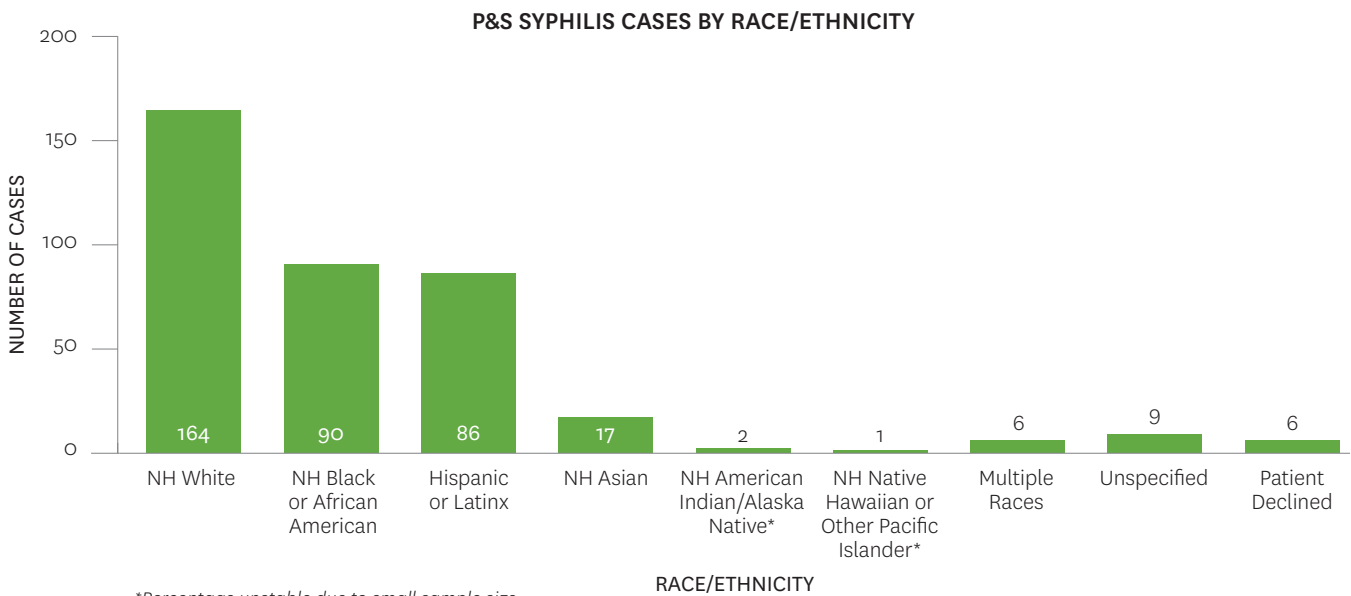
	HIV		GONORRHEA		CHLAMYDIA		P&S SYPHILIS	
	New Positive	Positivity	Positive	Positivity	Positive	Positivity	Positive	Positivity
OVERALL	145	0.92%	2,712	9.13%	3,016	10.16%	381	2.06%
GENDER IDENTITY								
Cisgender men	122	1.12%	2,460	10.86%	2,512	11.09%	367	2.40%
Cisgender women	1	0.04%	53	1.42%	289	7.77%	2	0.10%
Transgender women	15	1.60%	107	6.23%	126	7.33%	8	1.14%
Transgender men	0	0.00%	28	2.91%	41	4.26%	0	0.00%
Genderqueer/Gender Nonconforming	1	0.53%	25	8.12%	23	7.47%	0	0.00%
Something Else	0	0.00%	7	11.48%	2	3.28%	0	0.00%
Patient Declined	6	3.66%	32	11.47%	23	8.24%	4	2.47%
RACE/ETHNICITY								
Non-Hispanic White	51	0.68%	1,219	8.82%	1,284	9.29%	164	2.00%
Non-Hispanic Black or African American	49	1.52%	654	10.23%	692	10.83%	90	2.13%
Hispanic or Latinx	35	1.13%	583	8.97%	737	11.33%	86	2.05%
Non-Hispanic Asian	5	0.64%	102	7.52%	139	10.25%	17	2.06%
Non-Hispanic American Indian/ Alaska Native	0	0.00%	8	8.60%	7	7.53%	2	2.94%
Non-Hispanic Native Hawaiian or Other Pacific Islander	0	0.00%	5	10.20%	6	12.24%	1	3.45%
Multiple Races	2	0.68%	50	9.80%	51	10.00%	6	2.03%
Unspecified	2	0.37%	51	8.63%	59	9.98%	9	2.08%
Patient Declined	1	0.47%	40	10.18%	41	10.43%	6	2.61%
ORIENTATION								
Gay	111	1.49%	2,130	11.88%	2,055	11.46%	309	2.61%
Bisexual	8	0.53%	227	8.53%	245	9.22%	31	1.86%
Lesbian	0	0.00%	3	0.93%	7	2.17%	1	0.98%
Queer	1	0.11%	76	5.24%	99	6.82%	5	0.78%
Questioning	0	0.00%	15	6.41%	21	8.97%	2	1.92%
Straight	9	0.22%	139	2.66%	450	8.60%	9	0.29%
Something Else	2	1.05%	18	6.00%	19	6.33%	0	0.00%
Unspecified	0	0.00%	33	7.27%	38	8.37%	11	4.68%
Patient Declined	13	1.76%	71	6.36%	82	7.34%	13	2.08%
AGE CATEGORIES								
≤18	2	0.57%	44	9.17%	74	15.42%	2	0.84%
19–25	33	0.71%	813	10.12%	975	12.14%	67	1.48%
26–30	35	0.91%	780	10.28%	788	10.39%	97	2.24%
31–40	46	1.23%	707	9.24%	753	9.84%	114	2.40%
41–50	19	1.24%	224	7.01%	266	8.33%	50	2.17%
≥50	10	0.62%	144	5.22%	160	5.80%	51	2.17%
AREA OF RESIDENCE IN CHICAGO								
North	74	0.83%	1,612	9.10%	1,856	10.47%	225	2.05%
South	23	0.97%	469	10.59%	443	10.00%	55	1.99%
West	13	1.29%	184	9.42%	219	11.21%	23	1.76%
Misc.	3	1.24%	48	8.32%	46	7.97%	8	2.71%
Suburb	25	1.01%	333	8.05%	380	9.19%	54	2.06%
Out of state	7	0.97%	66	7.49%	72	8.17%	16	3.15%
LINE OF SERVICE								
Primary Care	53	0.70%	1,628	8.67%	1,708	9.10%	239	2.62%
Walk-In	82	1.41%	878	11.03%	973	12.23%	133	1.79%
Outreach	7	0.45%	49	3.82%	95	7.41%	3	0.33%
BYC	3	0.36%	157	9.36%	240	14.30%	6	0.57%

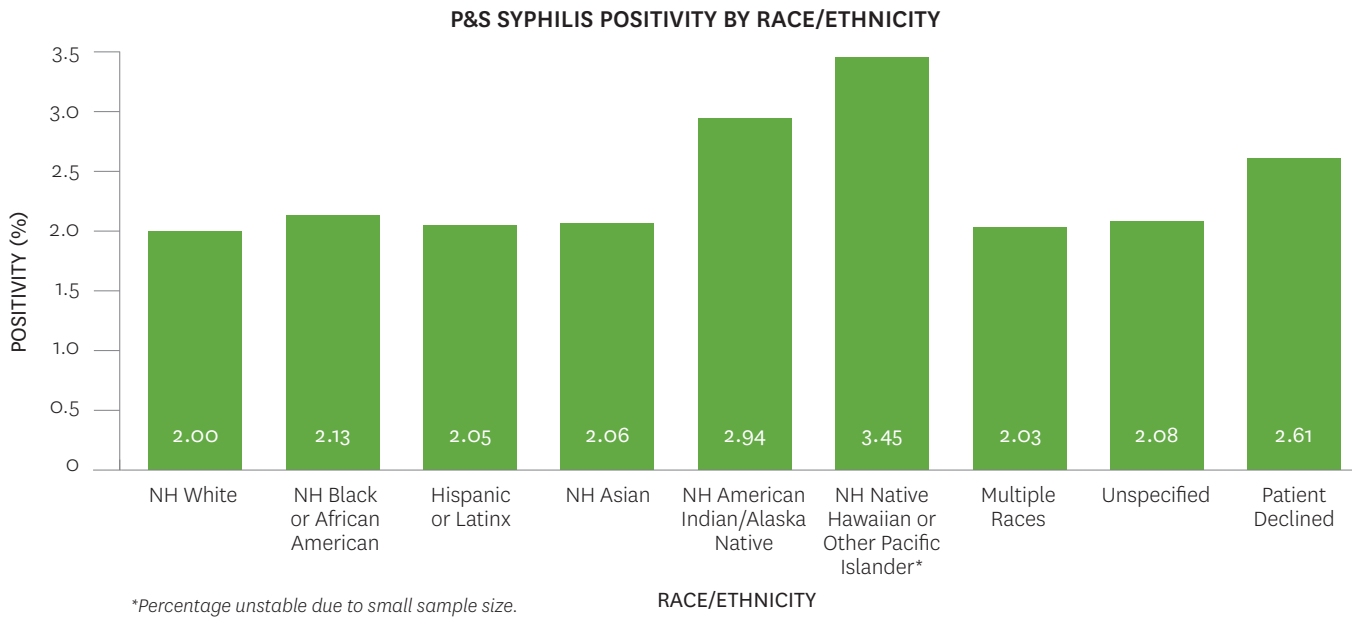
SYPHILIS

According to the National STD Surveillance Report, in the Chicago metropolitan statistical area the number of P&S syphilis cases increased by nearly 15% from 1,047 to 1,202 between 2015 and 2016.⁷ MSM continue to have disproportionate rates of P&S syphilis: 74.9% of diagnosed infections in 2016 were among MSM. P&S syphilis rates are the highest among non-Hispanic (NH) blacks; however, P&S syphilis cases decreased by 12% for NH blacks from 2015 to 2016.^{8,2}

Howard Brown continues to report a large number of the reported P&S syphilis cases in Chicago and state of Illinois. In 2017, in total 381 new P&S syphilis cases were diagnosed among residents of Chicago and suburban Cook County which represents a 26% increase from the previous year. P&S syphilis positivity, or the proportion of syphilis cases detected among all individuals who were screened for syphilis, increased from 1.5% in 2016 to 2.05% in 2017.

The majority of new syphilis infections at Howard Brown are found among NH whites (44%) followed by NH blacks (24%) and Hispanics (23%). NH black and Hispanic individuals are still disproportionately impacted, however, experiencing slightly higher positivity (2.10% and 2.04% respectively, versus 1.99% in NH whites).





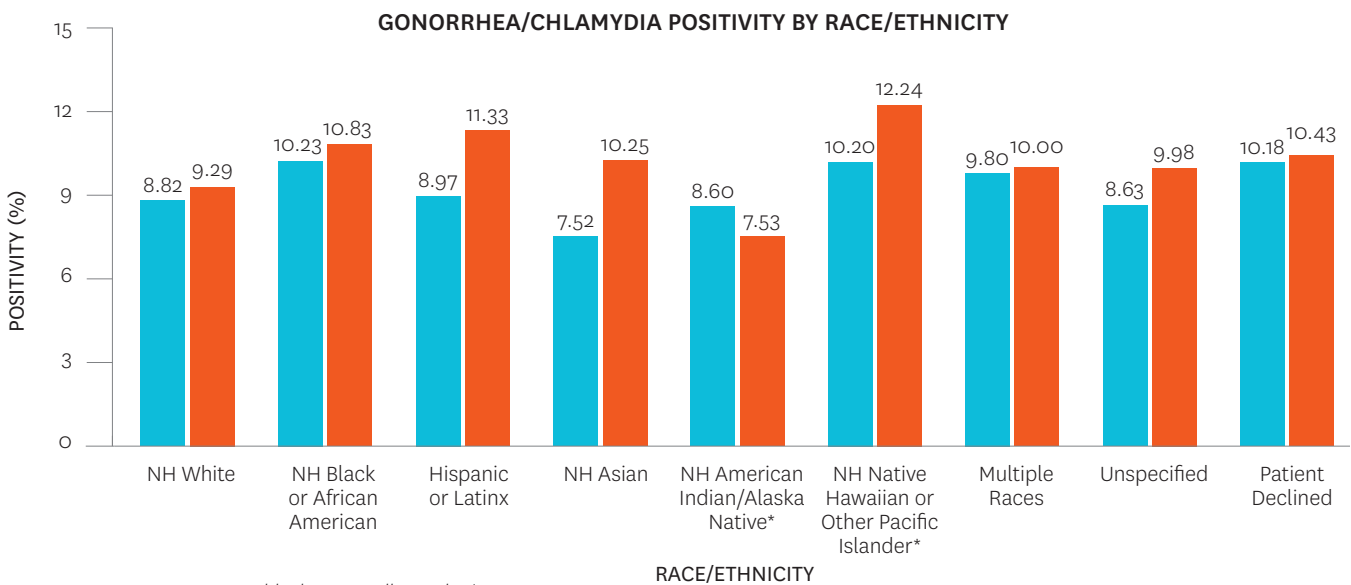
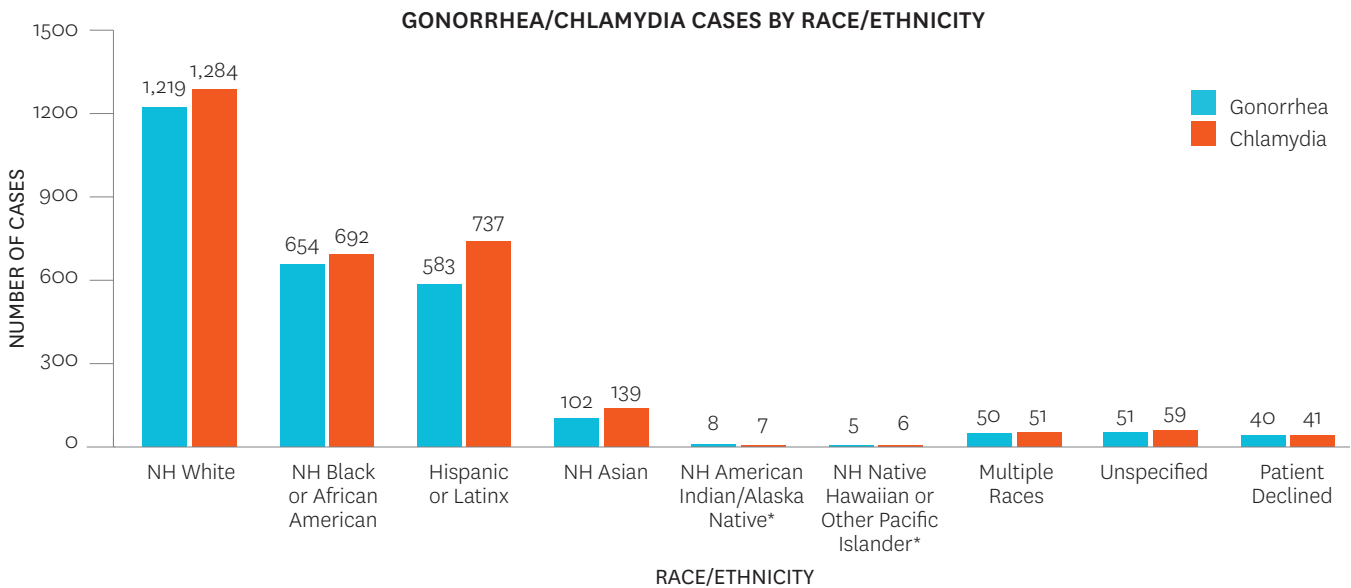
Among patients who reported risk factors, the most common reported risk factors among those diagnosed with P&S syphilis are multiple sexual partners (80.53%) and anonymous partners (68.73%).

Risk factor	% of P&S cases Reporting Risk in 12 Months before Infection
Anonymous Partners	68.56%
Club Drugs	2.69%
Cocaine	4.79%
Condomless Anal Sex	16.17%
Condomless Vaginal Sex	2.10%
Ecstasy	3.89%
Erectile Dysfunction Medications	1.80%
Exchanged Sex for Drugs or Money	2.99%
Had Sex with an Injection Drug User	5.99%
Heroin	0.30%
Inhalants	23.95%
Injection Drug Use	3.89%
Marijuana	23.65%
Meth	6.89%
Multiple Partners	80.24%

GONORRHEA AND CHLAMYDIA

According to the 2017 CDPH HIV/STI Surveillance Report, the total number of reported CT infections increased by nearly 3% from 29,018 cases in 2015 to 29,776 cases in 2016. During the same time period the number of reported GC infections increased by 23% (from 8,786 cases in 2015 to 10,836 cases in 2016).^{8,2} Racial/ethnic minorities, specifically NH blacks, are disproportionately impacted by CT and GC, representing 40.3% and 44.3% of the respective infections in 2016. Adolescents and young adults are more commonly diagnosed with GC/CT than other age groups.²

In 2017, 2,726 gonorrhea infections and 3,028 chlamydia infections were diagnosed at Howard Brown across all sites, showing an increase by 8% and 28% in comparison to 2016. Patients who are NH black and Hispanic are disproportionately impacted by GC/CT at Howard Brown. Although the majority of positive GC/CT screenings are seen in NH whites at Howard Brown, NH black and Hispanic patients show higher positivity for GC/CT.



Because GC/CT infections may occur in the throat or rectum, urogenital screening alone is not sufficient for detection of GC/CT. In a multisite study conducted by the STD Surveillance Network across 10 states, more than half of GC/CT infections among MSM were not diagnosed in the urethra.⁹ Combined urogenital and extragenital screening is necessary, and Howard Brown increased combined screening from 63% in 2016 to 80% in 2017, out of all GC/CT screenings conducted. In 2017, 75% (3,048/4,054) of the extragenital GC/CT infections would have been missed if only urogenital screening was conducted.

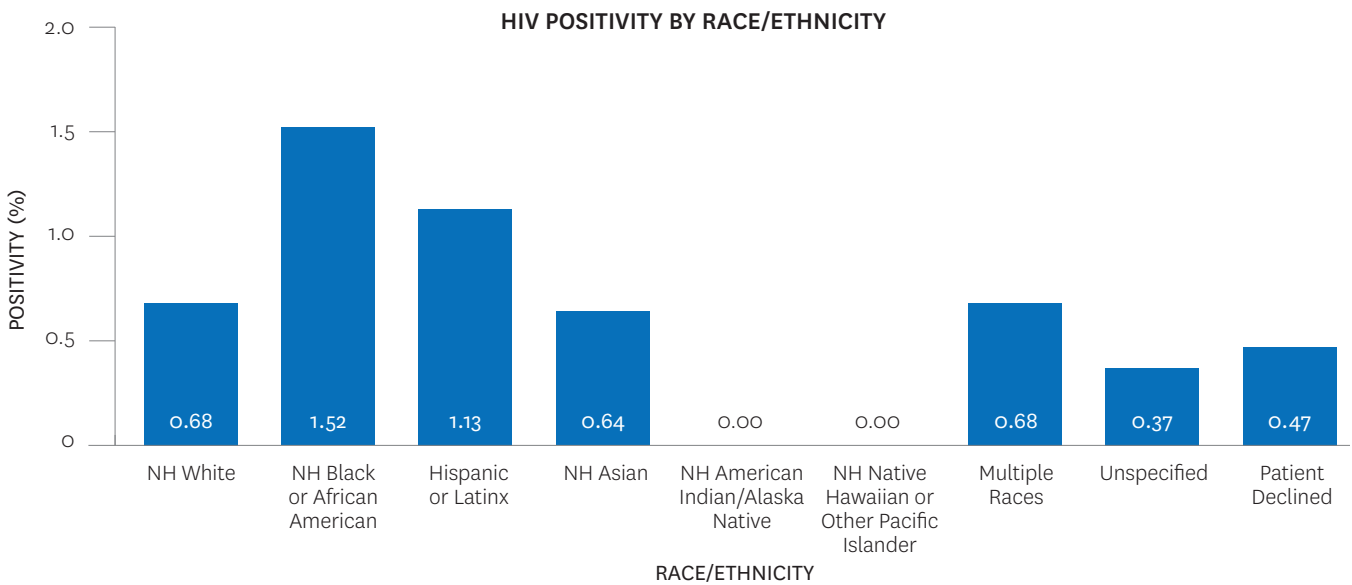
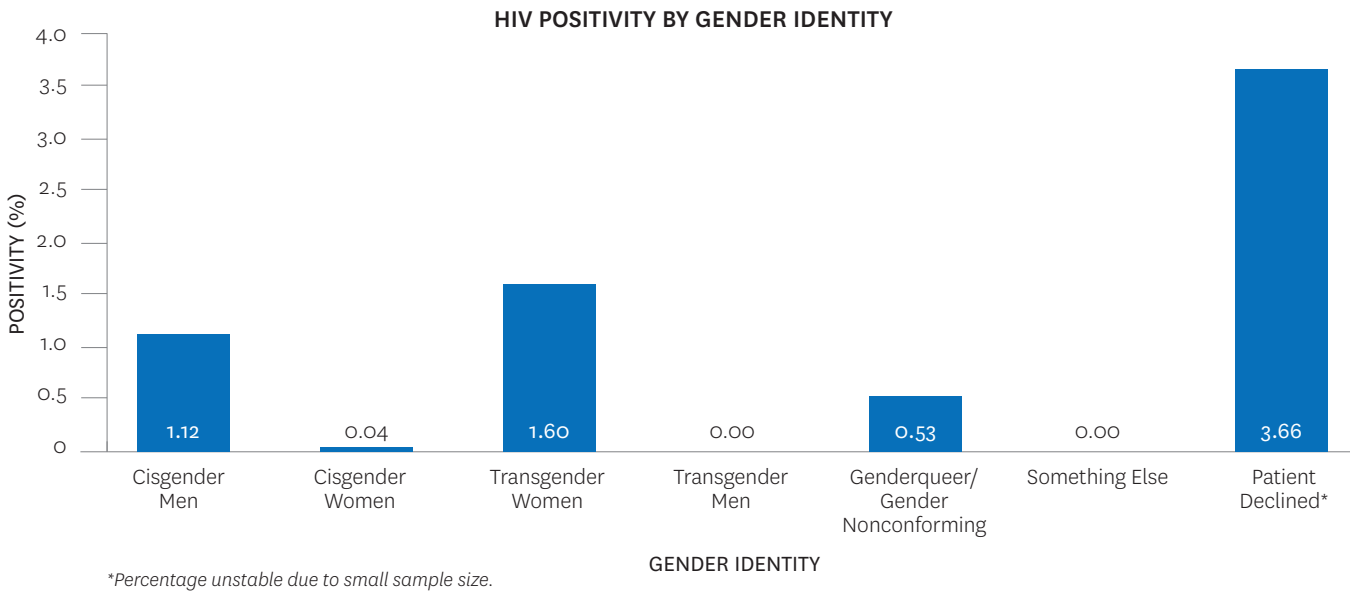
Patients that screened positive for GC/CT most commonly reported condomless anal sex (45.67%), anonymous sex partners (39.27%), and multiple sex partners (62.90%).

Risk factor	% of GC/CT Cases Reporting Risk in 12 Months Before Infection
Anonymous Partners	39.20%
Club Drugs	4.06%
Cocaine	6.93%
Condomless Anal Sex	45.71%
Condomless Vaginal Sex	16.84%
Ecstasy	4.43%
Erectile Dysfunction Medications	3.16%
Exchanged Sex for Drugs or Money	1.84%
Had Sex with an Injection Drug User	2.64%
Heroin	0.14%
Inhalants	19.86%
Injection Drug Use	1.75%
Marijuana	29.95%
Meth	2.41%
Multiple Partners	62.92%

HIV

Overall HIV infection rates in the Chicago metropolitan area continue to decline – 839 new infections were recorded in 2016, a 10% decrease from 921 in 2015.^{8,2} However similar to the previous five years, infection rates among MSM continue to rise. In 2016, MSM represented 71.8% of individuals living with HIV in Chicago, up from 62.4% in 2015. NH blacks continue to have the highest rate of HIV infections compared to other races/ethnicities.²

Screening for HIV at Howard Brown increased by 31% from 20,492 screenings in 2016 to 26,930 screenings in 2017. The number of newly identified HIV infections increased from 139 infections in 2016 to 142 infections in 2017. Cisgender men and transgender women continue to experience the highest levels of infection (1.10% and 1.11% positivity, respectively). NH blacks also remain disproportionately impacted by HIV, representing a positivity that is more than twice that of NH whites (1.44% versus .67%).



Patients screening positive for HIV most commonly report condomless anal sex (60.36%), anonymous sexual partners (46.85%), and multiple sexual partners (65.77%).

Risk factor	% of HIV Cases Reporting Risk in 12 Months Before Infection
Anonymous Partners	46.36%
Club Drugs	7.27%
Cocaine	7.27%
Condomless Anal Sex	60.91%
Condomless Vaginal Sex	2.73%
Ecstasy	1.82%
Erectile Dysfunction Medications	6.36%
Exchanged Sex for Drugs or Money	3.64%
Had Sex with an Injection Drug User	9.09%
Heroin	0.91%
Inhalants	23.64%
Injection Drug Use	4.55%
Marijuana	29.09%
Meth	6.36%
Multiple Partners	66.36%

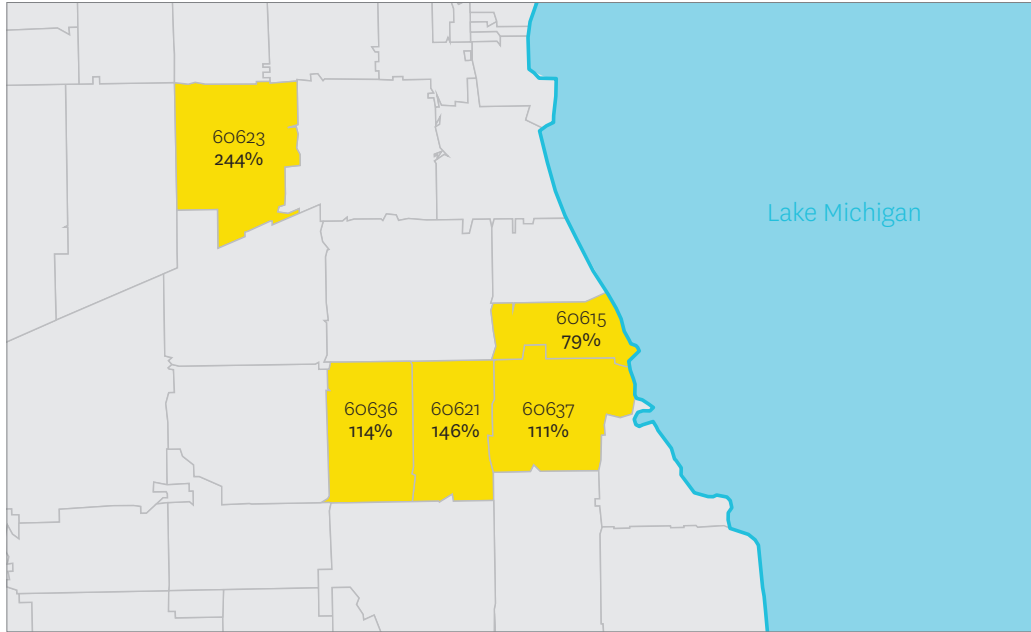
SPECIAL CONSIDERATIONS

Disparities

Racial and ethnic minorities experience disproportionate rates of HIV/STI infection in Chicago. Social segregation is a primary social determinant of disparities in sexually transmitted infections, as well as poverty, unemployment, housing instability, and high rates of incarceration.¹⁰ In Chicago, community areas that experience high economic hardship tend to have higher concentrations of new HIV/STI infections.² Additionally, black individuals have historically experienced discrimination and STI-related stigma in the healthcare setting, which results in delays or prevents seeking screening and/or treatment.^{11,12}

Addressing HIV/STI disparities requires consideration of not only individual behavior, but structural vulnerability as well.¹³ In practice, this means increasing access to comprehensive healthcare, employment and affordable housing, among other vital resources. It also means providing culturally competent services, promoting sex-positive health communication, and integrating HIV/STI screening as a part of holistic health. Howard Brown has contributed to these efforts significantly over the past few years, expanding service locations into areas with high economic hardship and forging partnerships with community-based organizations to promote seamless, integrated, and holistic healthcare. Since opening the Howard Brown Health 63rd St. clinic in 2016, Howard Brown has seen a significant increase in patients who live in communities of high economic hardship. The team at the 63rd Street clinic prioritizes ongoing community-based wellness events in the Englewood area to promote HIV/STI screening and PrEP as a part of holistic healthcare. Howard Brown and Thresholds, a community-based organization that specializes in mental health and housing, partnered to open a healthcare facility in November 2017 that integrates psychiatry and primary care in Chicago's Back of the Yards area.

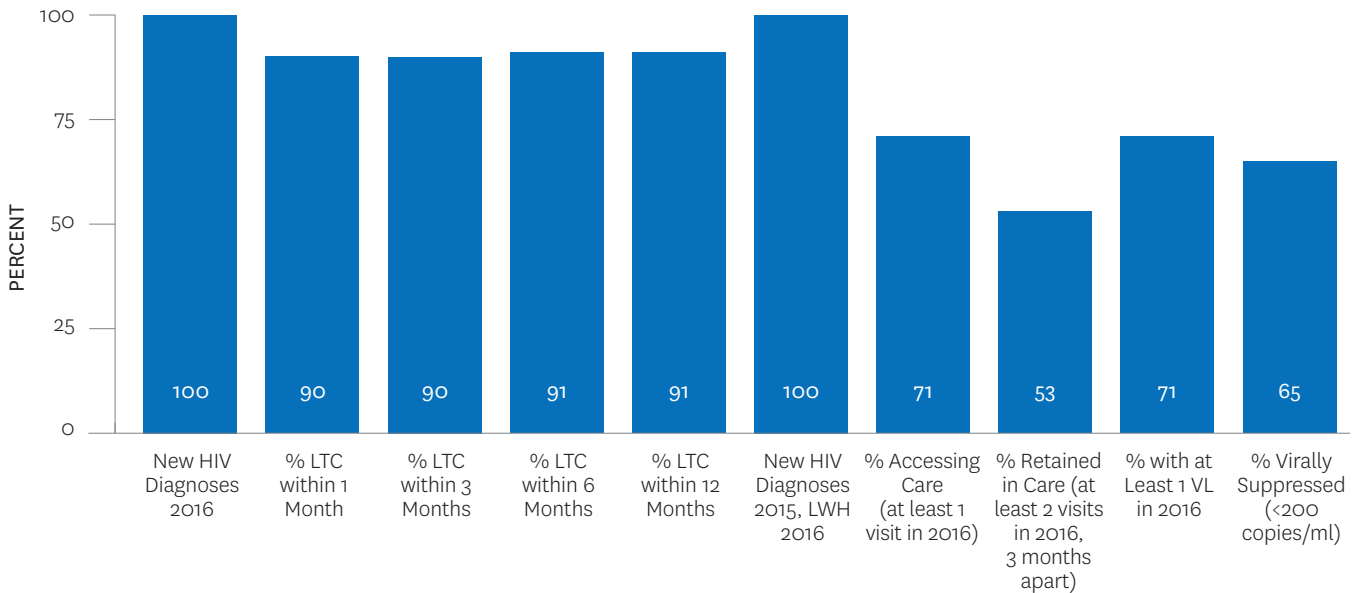
INCREASE IN PATIENTS WITH SOUTH SIDE ZIP CODES AFTER OPENING HOWARD BROWN HEALTH 63RD ST.



HIV Care Continuum

Howard Brown makes significant contributions to improvements in Chicago’s HIV care continuum. For example, 90% of patients newly diagnosed with HIV at Howard Brown are linked to care (LTC) within one month of diagnosis. This exceeds Chicago’s citywide linkage to care rate of 80% that was reported in 2016², as well as the key indicator of progress for linkage to care for the NHAS, which is 85%.¹ In addition, 71% of patients newly diagnosed with HIV at Howard Brown in 2015 attended at least one medical visit in 2016, compared to 58% citywide (in 2015).² This data emphasizes the importance of having accessible HIV screening services coupled with wraparound primary care services to promote seamless, integrated healthcare.

HIV CARE CONTINUUM



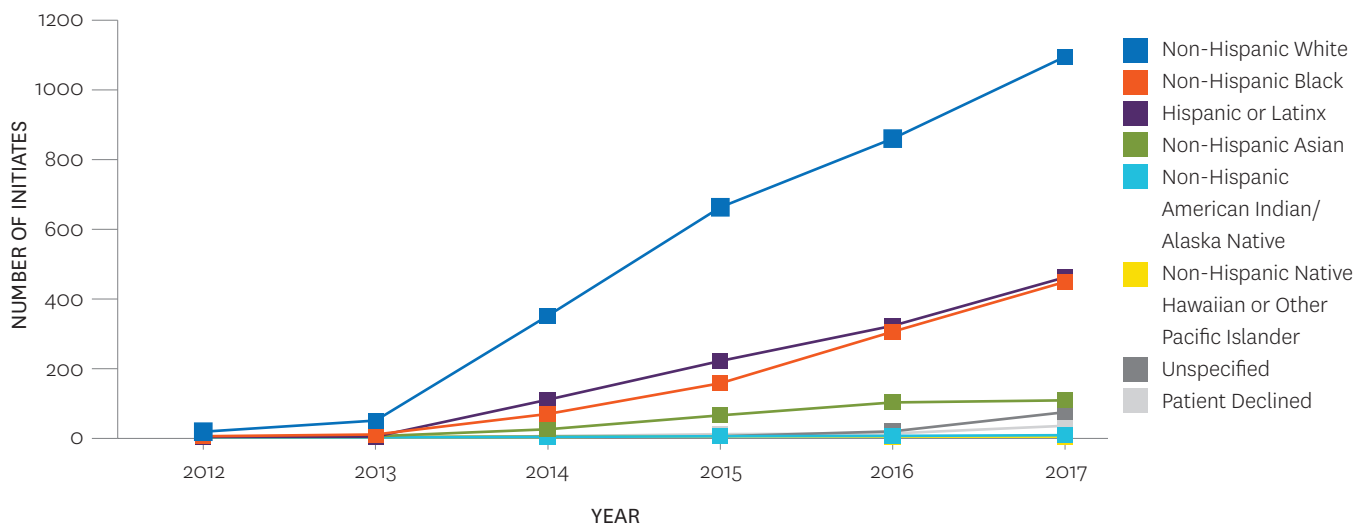
HIV Viral Suppression

Since 2012, viral suppression at Howard Brown has steadily increased, reaching 83.46% suppression in 2017 among all patients living with HIV, which exceeds the NHAS key progress indicator of 80%.¹ Viral suppression plays a major role in reducing new HIV infections, as discussed earlier with the finding that PLWH who have undetectable viral loads cannot transmit the virus. CDC researchers predicted that if the United States can achieve a nationwide viral suppression rate of 80%, an estimated 168,000 new infections would be prevented over the next five years.¹⁴

PrEP

In calendar year 2017, 2,214 individuals newly initiated PrEP at Howard Brown across all sites – a 37% increase from 2016. The majority of PrEP patients were NH white and/or cisgender men; however, PrEP uptake is diversifying due to special projects at Howard Brown that promote PrEP awareness and education, specifically among black women and men. Given the disparities among people of color as it relates to HIV, culturally mindful and community-focused efforts are necessary to increase access to PrEP. Howard Brown Health 63rd Street has excelled in this work with the help of community partners like Chicago Women’s AIDS Project and Chicago Black Gay Men’s Caucus. In 2017, 71.59% (189/264) of eligible patients at this site had initiated PrEP.

PREP INITIATES - 2012-2017



Researchers and medical providers have raised concerns about how PrEP uptake has impacted the spread of STIs, given the potential for reduced condom use. While some studies have shown increased rates of STIs among PrEP users versus non-PrEP users,¹⁵ it is not conclusive that this is directly related to changes in sexual behavior due to initiating PrEP.¹⁶ On the other hand, one study shows that PrEP has the potential to reduce overall STI infections over time – due to increased frequency of STI screening leading to expanded and more timely treatment of STIs.¹⁷

2018 EPIDEMIOLOGY REPORT

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For more information and hours for our Sexual Health Walk-in Clinics, Broadway Youth Center, and primary care, please visit howardbrown.org or call 773.388.1600.

Howard Brown serves all people, regardless of ability to pay. Patients may qualify for our sliding scale fee.

OUR CLINICS:

- Howard Brown Health 63rd St. | 641 W. 63rd Street, Chicago, IL 60621
- Howard Brown Health 55th St. | 1525 E. 55th Street, Chicago, IL 60615
- Howard Brown Health at Thresholds South | 734 W. 47th Street, Chicago, IL 60609
- Howard Brown Health Sheridan | 4025 N. Sheridan Road, Chicago, IL 60613
- Broadway Youth Center | 4009 N. Broadway, Chicago, IL 60613
- Howard Brown Health Halsted | 3245 N. Halsted Street, Chicago, IL 60657
- Howard Brown Health Diversey | 2800 N. Sheridan Road, Chicago, IL 60657
- Howard Brown Health Clark | 6500 N. Clark Street, Chicago IL 60626
- Howard Brown Health at TPAN | 5537 N. Broadway, Chicago, IL 60640
- Howard Brown Health Counseling Center | 3948 N. Sheridan Road, Chicago, IL 60613

OUR RESALE STORES:

- Brown Elephant Lakeview | 3020 N. Lincoln Avenue, Chicago, IL 60657
- Brown Elephant Andersonville | 5404 N. Clark Street, Chicago, IL 60640
- Brown Elephant Oak Park | 217 Harrison Street, Oak Park, IL 60304

OUR MANAGEMENT:

- Administrative Office | 1025 W. Sunnyside Avenue, Chicago, IL 60640

