

HIV infection

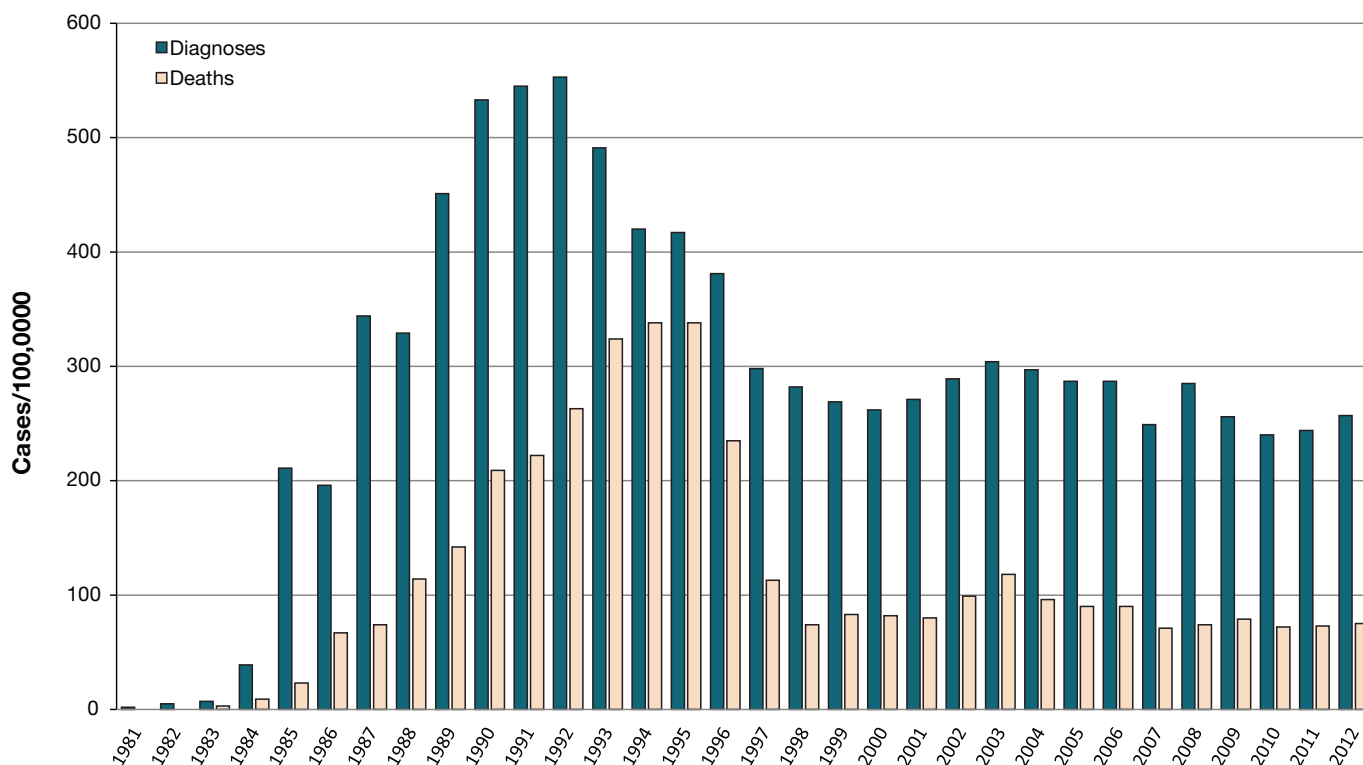
HIV infection and AIDS remains important public health problems in Oregon. From 1981 through 2012, 9,280 Oregonians were diagnosed and reported with HIV infection; approximately 40% of those have since died. Since 1997, an average of 270 new diagnoses were reported each year in Oregon. The number of Oregon cases* of people living with HIV has continued to increase each year,

nearly doubling from 2,748 in 1997 to 5,576 in 2012.

Recent diagnoses (2008–2012)

About half (50.6%) of those diagnosed with HIV during 2008–2012 were Multnomah County residents. Statewide, men were about seven times more likely than women to be diagnosed with HIV. The average age at diagnosis was 37.6 years.

Oregon cases* of HIV infection, diagnosis and deaths: 1981–2012



New diagnosis rates were 3.8 times higher among blacks and African Americans than among whites.** The rate of new diagnoses for Hispanics was 1.8 times higher than for white non-Hispanics; other races and ethnicities accounted for roughly 7% of all diagnoses.

Among males, men who have sex with men (MSM) accounted for 72% of cases diagnosed during 2008–2012 (797/1,102). Other transmission categories include men who use injection drugs (4%), MSM who also use injection drugs (8%), and men who likely or possibly† acquired their infection from heterosexual transmission (3%). About 10%

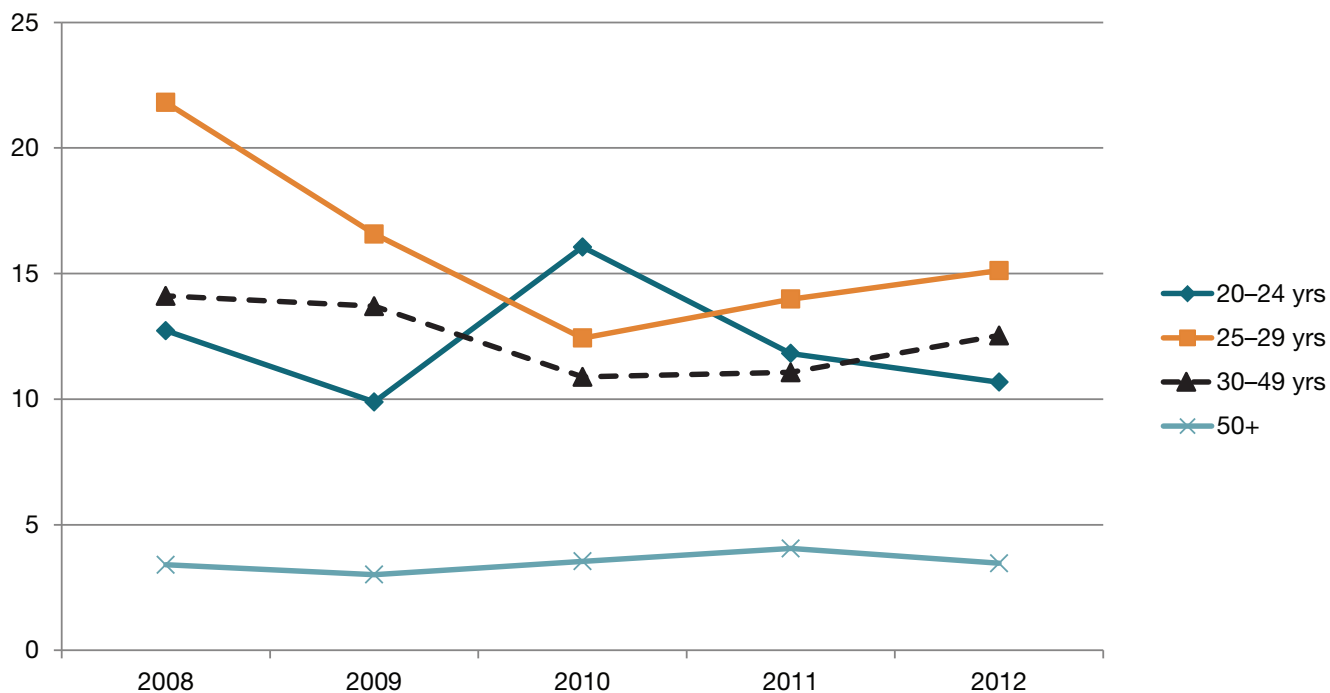
of recent male diagnoses lacked sufficient information to assign a transmission category.

Among female cases, injection drug users accounted for 18% of cases and women who likely or possibly‡ acquired their infection through heterosexual transmission accounted for two-thirds (70%) of cases. The remainder included cases of maternal-fetal transmission and cases that lacked sufficient information for classification.

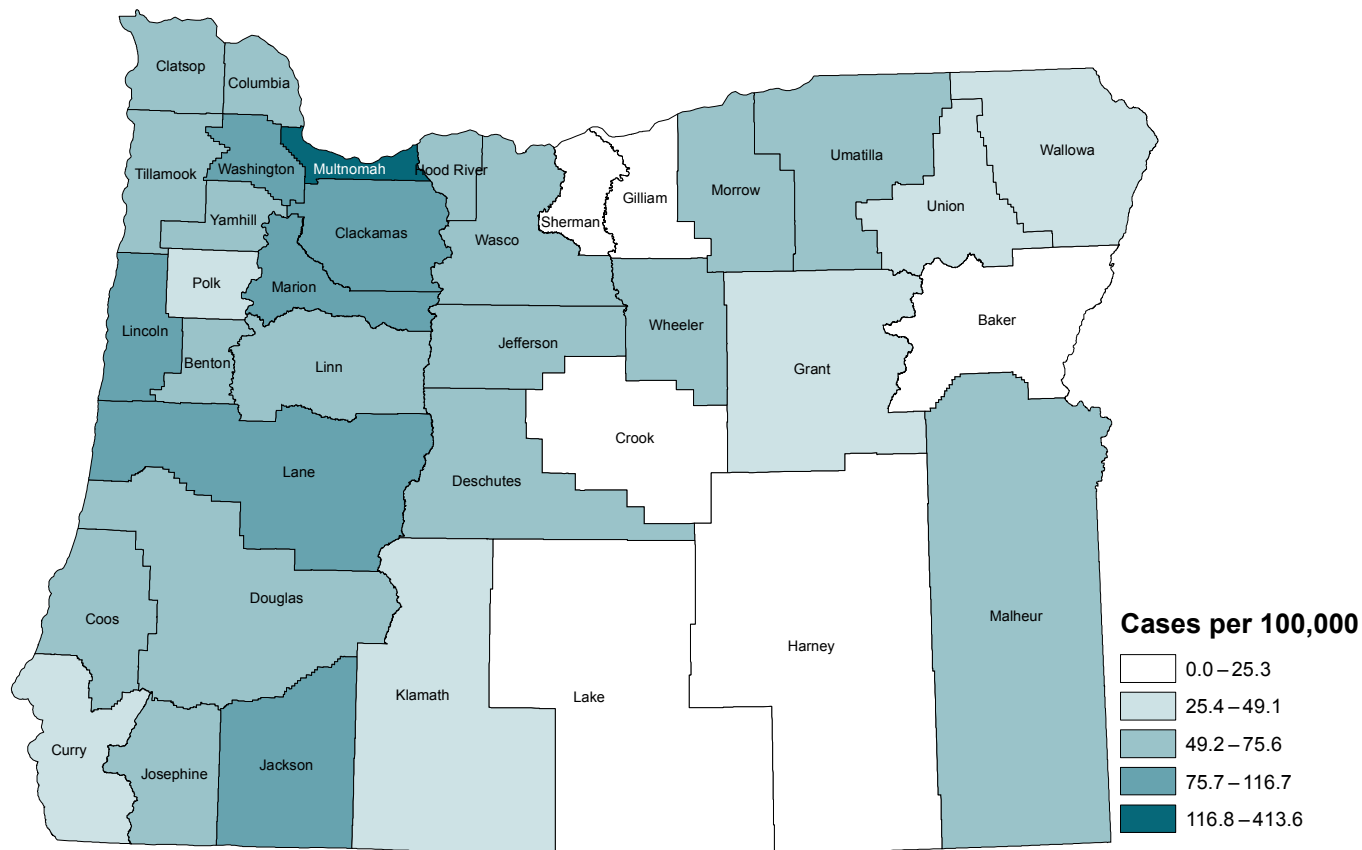
Oregonians living with HIV/AIDS

As of Dec. 31, 2012, 5,576 Oregonians diagnosed with HIV were believed to be living. More than half of those resided in Multnomah County.

Age at HIV diagnosis in Oregon: 2008–2012



People living with HIV or AIDS by county of residence at diagnosis: Oregon, 2012



Prevention

Primary prevention strategies aim to prevent a person from becoming infected in the first place by:

- Delaying age at onset of sexual activity;
- Decreasing the number of sex partners;
- Using condoms properly from start to finish when having sex;
- Refraining from injection drug use;
- Avoiding needle or “works” sharing with others, using only clean needles and works, and acquiring new sterile needles from pharmacies or needle exchanges if a person uses injection drugs;
- Providing assistance with drug and alcohol cessation;
- Providing post-exposure prophylaxis (PEP) to eligible persons a one-month supply of HIV medication that may prevent infection if started within 72 hours of the sexual or occupational bloodborne exposure;

Prevention (continued)

- Providing pre-exposure prophylaxis (PrEP) to some uninfected persons with very high ongoing risk of infection;
- Taking HIV medications during pregnancy if infected;
- Foregoing breastfeeding if infected;
- Rapid identification and treatment of new cases can also be considered primary prevention when it results in timely treatment of a newly infected person that averts transmission to a sex partner.

Secondary prevention strategies aim to eradicate existing infections by:

- Suppression of viral load by treatment of all HIV-infected persons, leading to decreased rates of secondary transmission;
- HIV screening: Unites States Preventive Health Service recommends screening everyone 15–65 years of age at least once and more often for people with ongoing risks such as multiple sex partners, sex with men (men), or injection drug use.

* For this report, a “case” is defined as an Oregon resident diagnosed with HIV/AIDS before being diagnosed in another state. Only those cases reported to the Oregon Health Authority HIV Program were included. People living with HIV in Oregon not counted in this report include those who resided in another state when they were diagnosed and approximately 1,082 who are infected but have yet to be tested (Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2010. HIV Surveillance Supplemental Report 2012;17 (No. 3, Part A). Available at www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published June 2012.

** Approximately 29% of black/African American cases are believed to have immigrated to the United States after becoming infected in another country.

† Includes men who affirmed having sex with women and denied injection drug use, transfusions or transplants during the time they were not being adequately screened for HIV.

‡ Includes women who affirmed sex with men and denied injection drug use, sex with men or transfusions or transplants during the time they were not being adequately screened for HIV.