

## Oregon Status: National HIV/AIDS Strategy Benchmarks, July 2013

In July 2010, the White House developed the National HIV/AIDS Strategy (NHAS),<sup>1</sup> a comprehensive HIV/AIDS plan with measurable targets to be met nationally by 2015. The aim is to greatly reduce the number of new HIV infections, increase access to treatment and optimize health outcomes for people living with HIV/AIDS, and reduce HIV-related health disparities. This fact sheet summarizes Oregon's progress towards meeting NHAS 2015 targets.



### Goal 1: Preventing new HIV infections Benchmarks

- **By 2015, lower the annual number of new infections by 25%.**

Oregon status: 260 new HIV diagnoses during 2012 (10.2% increase from 2010).

*(Currently, Oregon, like most states, does not have a method to accurately estimate the number of newly acquired infections each year. This is because there is no convenient way to estimate precisely the date when someone was infected. Consequently, we report here the number of new diagnoses during 2012. NHAS does not specify the reference year for comparison with diagnoses during 2015 to determine whether the goal has been reached. NHAS was issued during 2010, so we report the reduction relative to reported cases diagnosed during 2010.)*

- **Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected per 100 people with HIV to 3.5 persons infected per 100 people with HIV).**

Oregon status: 4.7 percent estimated transmission rate (2.1% increase from 2010).

*(Number of new diagnoses was used in lieu of an estimate of the number of new infections acquired. Total number of living reported cases was used to estimate the number of people living with HIV.)*

- **By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000 people).**

*(Currently, Oregon does not have a method for estimating this percentage statewide.)*

---

<sup>1</sup> [www.whitehouse.gov/administration/eop/onap/nhas](http://www.whitehouse.gov/administration/eop/onap/nhas)

## Goal 2: Increasing access to care and improving health outcomes for people living with HIV

### Benchmarks

- **Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%.**

Oregon status: 85 percent (220/260) of Oregon residents newly diagnosed with HIV during 2012 had a medical visit within three months of diagnosis.

*(A medical visit is considered to have occurred if a CD4 or viral load test result was collected and reported to the Oregon Public Health Division within 90 days after diagnosis.)*

- **Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least two visits for routine medical care in 12 months at least three months apart) from 73% to 80%.**

Oregon status: Eighty-four percent of Ryan White HIV/AIDS Program clients had at least one interval of 90 days between two separate laboratory tests (CD4 count or viral load) reported to the Oregon Public Health Division during 2012.

*(Oregon status: Oregon has no direct way to measure medical visits for all people living with HIV/AIDS (PLWH/A). The proportion reported represents 2,015 of 2,407 continuously enrolled AIDS Drug Assistance Program clients who had two separate viral load or CD4 test results collected at least 90 days apart during 2012 and reported to the Oregon HIV/STD/TB Program. It is unclear what population of Ryan White clients was used to calculate the national estimate, so these proportions may not be directly comparable to the stated benchmark of 73%.)*

- **Increase the proportion of Ryan White HIV/AIDS Program clients with permanent housing from 82% to 86%.**

Oregon status: 84 percent of Ryan White HIV/AIDS Program clients report stable housing during 2012.

*(The proportion reported represents 3,314 of 3,942 Ryan White Program clients statewide who reported living in stable housing during 2012.)*

## Goal 3: Reducing HIV-related disparities and health inequities

### Benchmarks

- **Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%.**

Oregon status: 60% (2,440/4,059) of men with HIV whose presumed route of transmission was sex with other men (MSM) had an undetectable viral load at the time of their last viral load.

*(MSM presumed route of transmission was used in lieu of gay and bisexual men. The last viral load reported in 2012 among living Oregon resident cases that reported as MSM was used to calculate the proportion of MSM with undetectable viral load.)*

- **Increase the proportion of HIV-diagnosed blacks with undetectable viral load by 20%.**

Oregon status: 49% (219/443) of blacks or African Americans with reported cases of HIV infection had an undetectable viral load at the time of their last viral load.

*The last viral load reported in 2012 among living Oregon resident cases was used to calculate the proportion of blacks or African Americans with undetectable viral load.*

- **Increase the proportion of HIV-diagnosed Latinos with undetectable viral load by 20%.**

Oregon status: 55% (362/655) of Hispanics had an undetectable viral load at the time of their last viral load.

*The last viral load reported in 2012 among living Oregon resident cases was used to calculate the proportion of Hispanics with undetectable viral load.*

## Goal 4: Achieving a more coordinated response to the national epidemic

*(NHAS does not specify state-level benchmarks for this goal.)*



PUBLIC HEALTH DIVISION  
971-673-1222 Local  
971-673-1299 Fax

<http://public.health.oregon.gov>

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Public Health Division at 971-673-1222, 971-673-0372 for TTY.