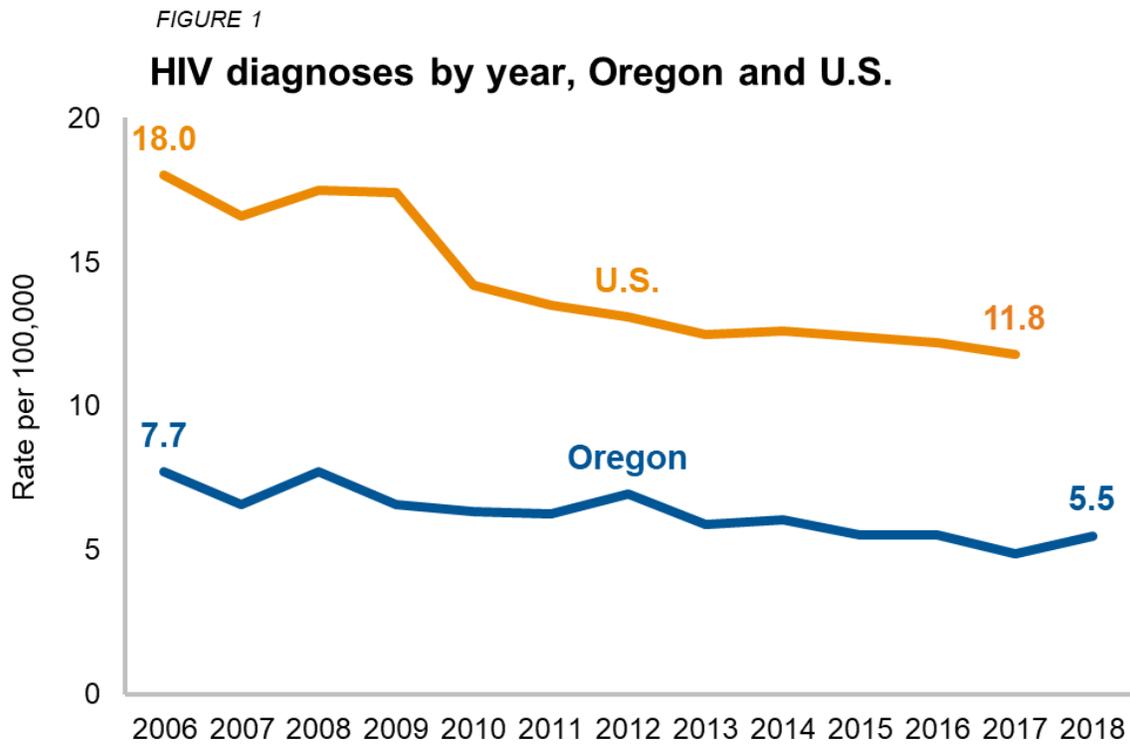


Communicable Disease Control

HIV infection

The Human Immunodeficiency Virus (HIV) is the sexually transmitted infection that causes AIDS. HIV disproportionately affects sexual, racial and ethnic minority groups.

Oregon rates are approximately one third U.S. rates and have declined gradually since 2006 (Figure 1), likely due to increases in screening and early detection and improvements in treatment effectiveness that led to reduced HIV transmission.

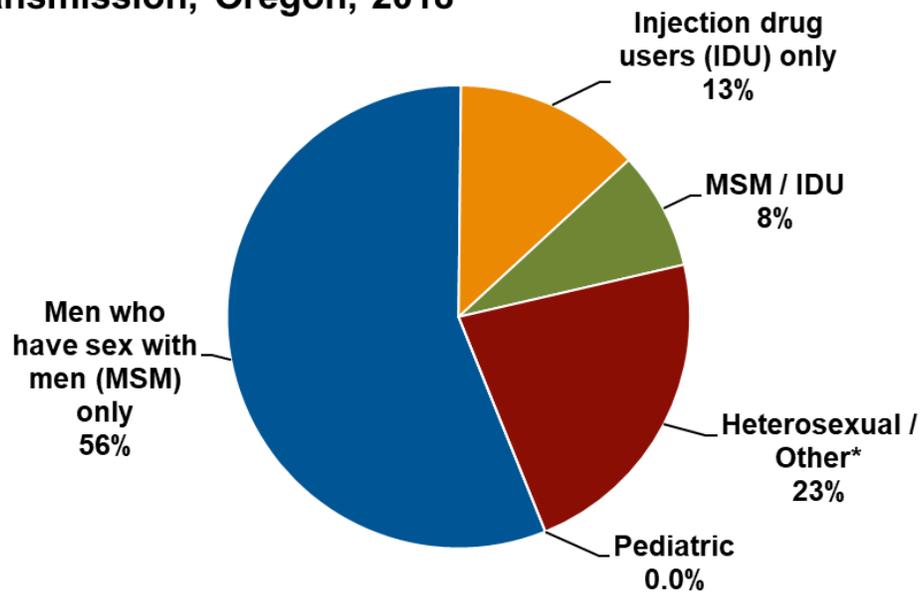


Source: Oregon Reportable Diseases Database and CDC (U.S. data)

The majority (60%) of new infections occur in men who have sex with men. Injection drug use remains an important risk factor for new infection. Among women, infection by an HIV-positive male sex partner is the most likely route of transmission (Figure 2).

FIGURE 2

Newly diagnosed HIV infection by likely mode of transmission, Oregon, 2018



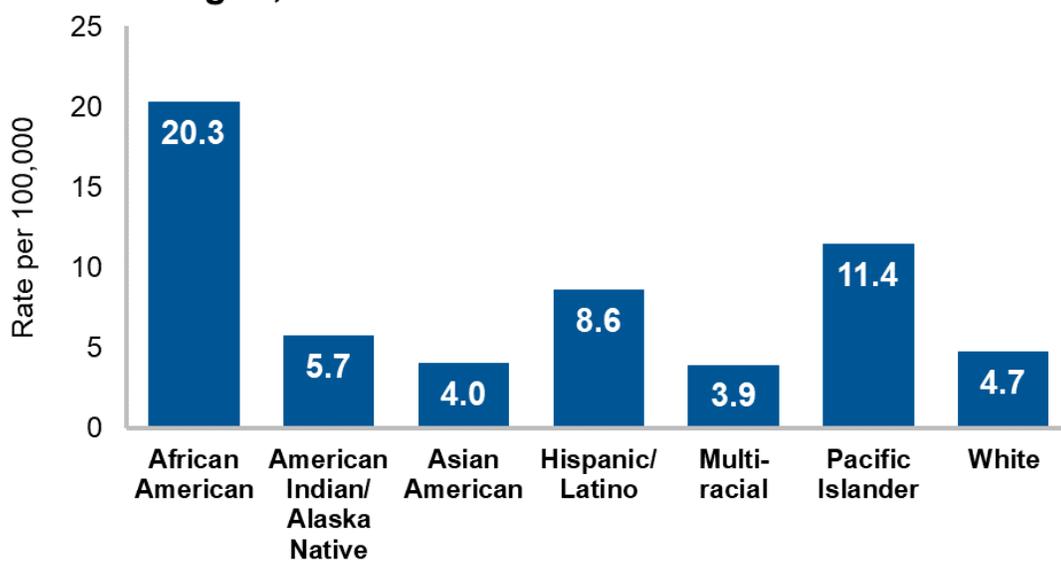
*Includes cases for which no other known risk factor was collected

Source: Oregon Reportable Diseases Database

Risk of new HIV infection is higher among African-Americans and Hispanics than among non-Hispanic whites (Figure 3).

FIGURE 3

HIV diagnoses by race/ethnicity, Oregon, 2014–2018



Notes: All other groups exclude Hispanic ethnicity

Source: Oregon Reportable Diseases Database

While new HIV infections have declined in Oregon, people with HIV live longer and longer, meaning that the number people living with HIV in Oregon continues to increase each year. Currently, more than 7,617 Oregonians live with HIV. Oregon's END HIV initiative, announced on World AIDS Day 2016, aims to reduce the number of new HIV infections by focusing on three goals.

1. HIV testing for all Oregonians. The US Preventive Services Task Force recommends that everyone be tested for HIV; however, survey data indicate that fewer than 40% of Oregon adults have ever been tested for HIV. All adults aged 13 to 64 years should be tested for HIV at least once in their lifetimes. Those at higher risk may benefit from more frequent HIV testing. Universal HIV testing might prevent over 160 new infections in 5 years.
2. Pre-exposure prophylaxis (PrEP). People who have increased risk of acquiring HIV infection can take a single tablet daily that greatly reduces the chance of HIV infection if one is exposed. Though the cumulative effect of widespread use of PrEP will likely be smaller than increasing complete viral suppression or implementing universal testing for HIV, PrEP has an important role to play and might help prevent up to 10 new HIV infections in Oregon per year.
3. Effective treatment for everyone living with HIV. Effective HIV treatment decreases the amount of HIV in the blood to levels so low that they cannot be detected on routine viral load testing. This decrease is known as viral suppression. Those who are virally suppressed cannot transmit HIV to others. In 2018, over 70% of people with HIV had continuous viral suppression. Increasing this proportion to 90% could prevent up to 100 new infections each year in Oregon.

Additional Resources: [Oregon HIV Surveillance data](#); [CDC HIV Surveillance Report](#)

About the Data: Data sources are the Oregon Reportable Diseases Database and CDC (U.S. data). Data are derived from mandatory case reporting by licensed health care providers and clinical laboratories. Data include all cases of laboratory confirmed human immunodeficiency virus infections in Oregon residents. Population estimates used in calculating rates are from the National Center for Health Statistics (NCHS).

For More Information Contact: Timothy Menza, Timothy.W.Menza@state.or.us

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[Oregon State Health Profile](#)

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