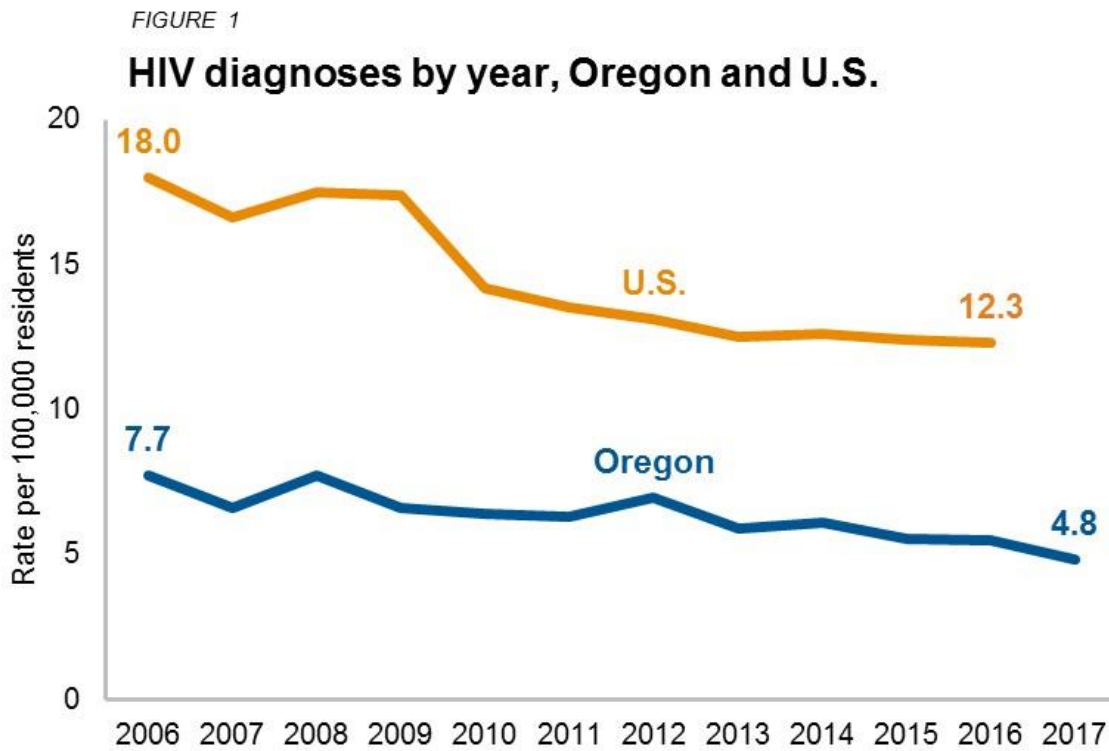


Communicable Disease Control

HIV infection

The Human Immunodeficiency Virus (HIV) causes AIDS, a potentially fatal, blood-borne and sexually transmitted disease. It 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.

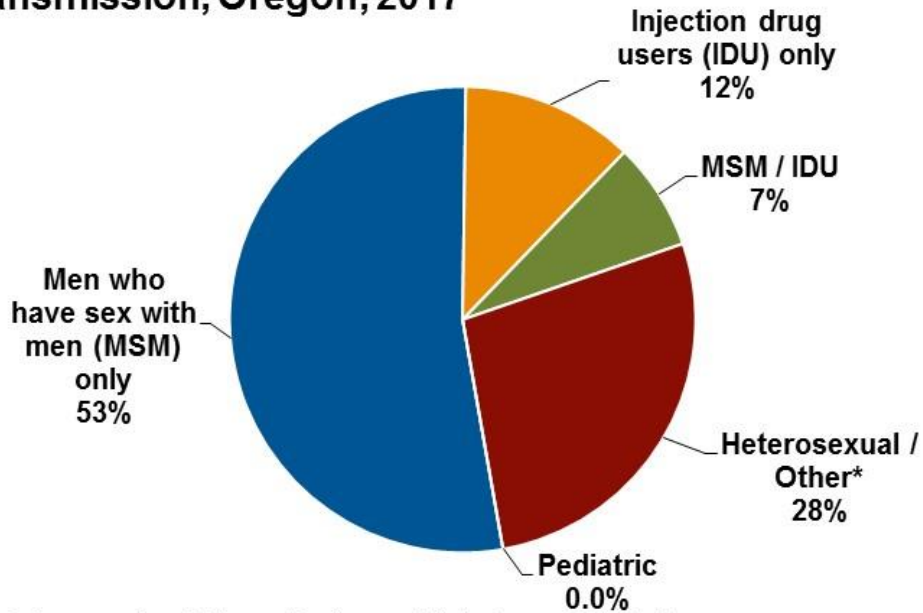


Source: Oregon Reportable Diseases Database and CDC (U.S. data)

A majority (53%) of new infections occur in men, often men who report sex with other 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, 2017



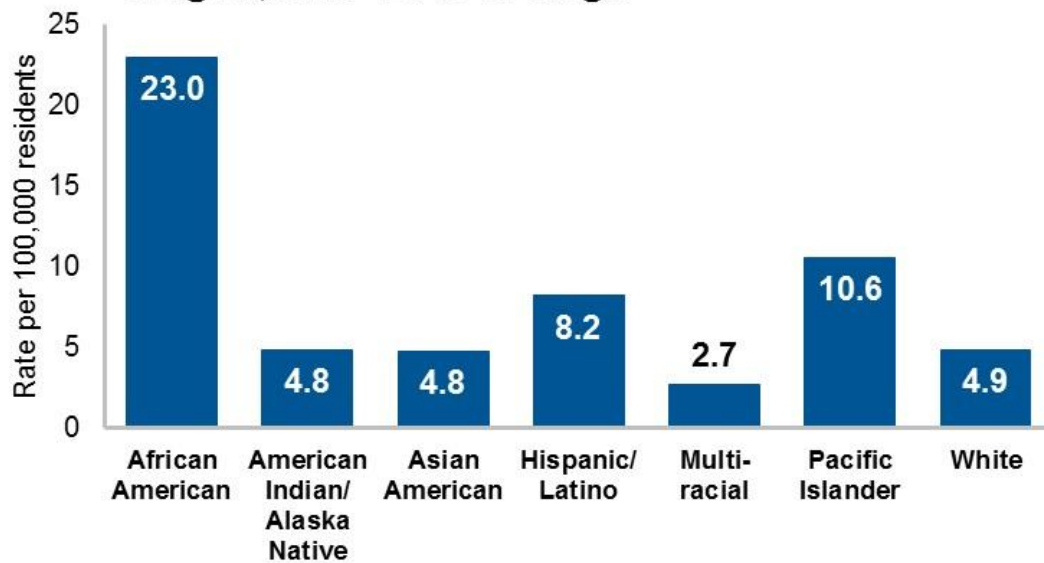
*Includes cases for which no other known risk factor was collected

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, 2013–2017 average



Notes: All other groups exclude Hispanic ethnicity

Source: Oregon Reportable Diseases Database

Though 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 7,557 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. Increasing the number of people with HIV who get sufficient treatment limits the amount of HIV circulating in blood and body fluids - a disease state known as "viral suppression" - and lowers the risk of infecting others. In 2017, over 75% of people with HIV have continuous viral suppression. Increasing this proportion to 90% will likely prevent up to 100 new infections each year in Oregon.
2. HIV testing for all Oregonians. Though the US Preventive Services Task Force recommends that everyone be tested for HIV, survey data indicate that fewer than 40% of Oregon adults have ever been tested for HIV. Universal HIV testing might prevent over 160 new infections in 5 years.
3. 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.

All people with HIV infection should be receiving medical treatment that completely suppresses circulating levels of HIV virus. All adults aged 15 to 65 years should be tested at least once for HIV, and up to 4 times a year for people at highest risk. People with a higher than usual likelihood of acquiring HIV infection, including some men who have sex with men and have already had one or other sexually transmitted infections, can reduce their chances of acquiring HIV by taking PrEP under the supervision of a health care provider.

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).

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[Oregon State Health Profile](#)

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