

## Progress preventing HIV

The Centers for Disease Control and Prevention (CDC) now estimates that approximately 200,000, or one in seven (14%) people living with HIV in the U.S. are undiagnosed and unaware of their infection. This is an improvement from higher estimates in previous years. People with HIV who are aware of their infection can begin medical treatment that extends their lives and makes them much less likely to transmit the infection to others. People who are unaware of their infection are believed to be the source of approximately half of all new infections.

Recent data show progress in Oregon, as well. The annual number of new HIV diagnoses in our state declined from almost 300 cases in 2003 to fewer than 250 in recent years. In 2014, 200 Oregonians were newly diagnosed with HIV.

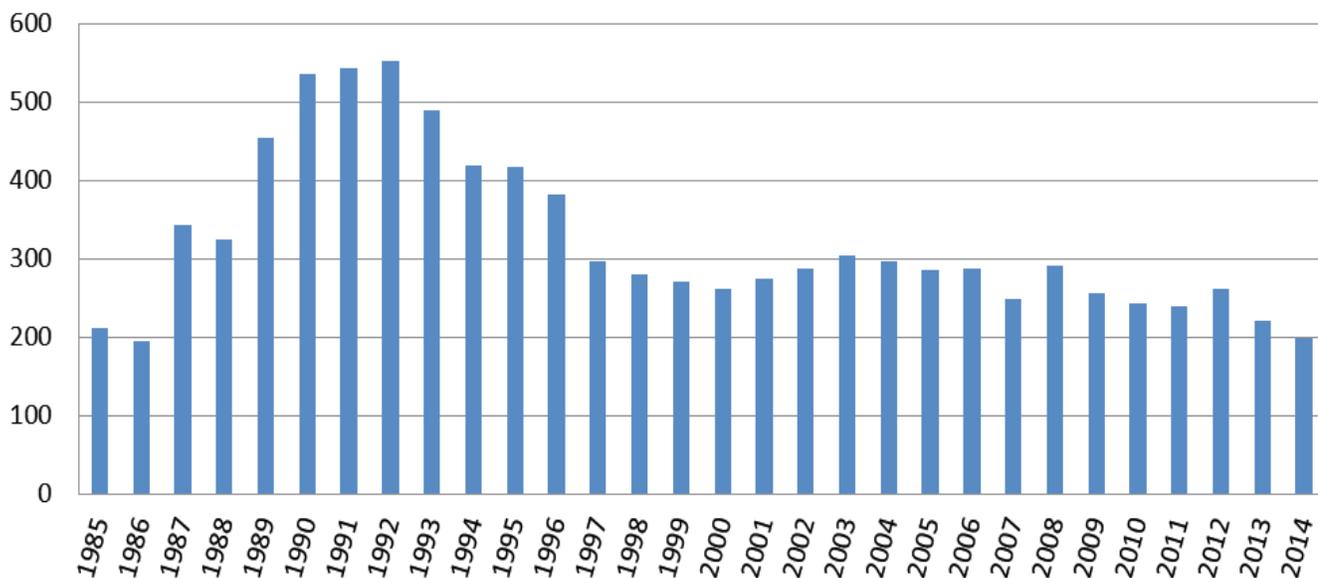
We believe that the recent decline in cases in Oregon results from effective medical treatment of a very large proportion of people diagnosed with HIV

in Oregon. This means that further reductions in the number of new infections in Oregon likely depend on more effectively and rapidly finding and treating people with HIV who have yet to be diagnosed.

Efforts to identify people with undiagnosed infection become increasingly challenging as knowledge of HIV status improves and new infections decline. Local health departments and community-based organizations are meeting this challenge by increasing their focus on populations most impacted by HIV. The rate of new diagnoses among clients at Oregon Health Authority (OHA)-funded HIV test sites has increased from 0.5% (Jan.–Jun. 2013) to 0.8% (Jan.–Jun. 2014).

Many thanks to all of our public and private partners that support HIV testing, linkage, care and treatment. Your efforts have improved the health and lives of Oregonians. We hope new infections in our state continue to decline. Keep up the good work!

### HIV diagnoses among Oregon residents, 1985-2014



## Syphilis results in 12 minutes

In December, the U.S. Food and Drug Administration (FDA) granted a CLIA (Clinical Laboratory Improvement Amendments) waiver for Syphilis Health Check™. With this waiver, Syphilis Health Check™ is now the first rapid syphilis test approved for use in nonclinical settings. The test may be used by community-based organizations, in bars and in other high-risk settings, as well as during partner notification interviews with named partners of people recently diagnosed with syphilis.

Syphilis Health Check™ may help diagnose and treat syphilis earlier, which is key to preventing onward transmission to sex partners. Organizations

can perform the test in the presence of a client and interpret results just 12 minutes.

Syphilis cases in Oregon have been increasing since 2008, with more than 300 reported cases of infectious syphilis in 2012. Nearly all of Oregon's syphilis cases during the past decade have occurred among gay, bisexual and other men who have sex with men, and approximately half of the men also have had established HIV infection.

Organizations interested in Syphilis Health Check™ should contact Heidi Maxwell at 1-800-325-3424 x7212.

## Detecting HIV earlier with a rapid test

In December, the FDA granted a CLIA waiver for the Alere Determine™ HIV-1/2 Ag/Ab Combo test. It is the only rapid HIV test approved for use in nonclinical settings that, in most cases, can detect HIV within three weeks of infection (referred to as the "window period").

Results may be interpreted 20 minutes after the test is run. Public health agencies can purchase the test for \$10 each. How does Alere Determine™ HIV-1/2 Ag/Ab Combo compare to other HIV tests? The

Oregon State Public Health Laboratory also uses testing technology that can detect HIV within three weeks of infection. Testing at the state lab is less costly, and results are ready in about a week. Other rapid tests on the market generally have a window period of up to several months.

An updated table comparing the characteristics of rapid tests suitable for use in non-clinical settings is available on the Oregon Health Authority (OHA) website (<https://bitly.com/RapidHT>).

## Viral suppression

Improving HIV medication adherence and viral suppression are public health priorities. Having a suppressed viral load lengthens life and improves health outcomes for people with HIV. Additionally, research suggests that antiretroviral therapy (ART) use may reduce the risk of transmission up to 96%. The estimated risk is reduced by more than 99% when ART is used in combination with condoms.

Like many states, Oregon requires clinical laboratories to report results of all HIV-related tests, such as viral loads (the amount of HIV in the blood)

and CD4 counts (the count of T-lymphocytes most affected by HIV infection) to OHA. Based on these laboratory reports, we estimate that at least 71% and perhaps as many as 86% of people living with HIV in Oregon had a viral load less than 200 at the time of their most recent test. Compared to the rest of the country, Oregon appears to have a high proportion of people with HIV that have a suppressed viral load.

Continued efforts are needed to help meet the service needs of the 14 to 29% of people with HIV without a suppressed viral load.

## Online HIV prevention training coming soon!

OHA is in the process of finalizing a free, online training titled, HIV Prevention Essentials. The training will be available later this month on the OHA website (<http://bit.ly/trainHIV>). HIV Prevention Essentials helps prepare staff to determine whether counseling is necessary, to discuss risk reduction with clients in a culturally sensitive manner and to

offer accurate information about a variety of topics, including HIV testing, serosorting, PrEP, PEP and safer injection. HIV Prevention Essentials meets the training requirements described in Program Element #07 for staff conducting HIV testing funded by the OHA, HIV Prevention Program. The training will be available soon. Stay tuned!