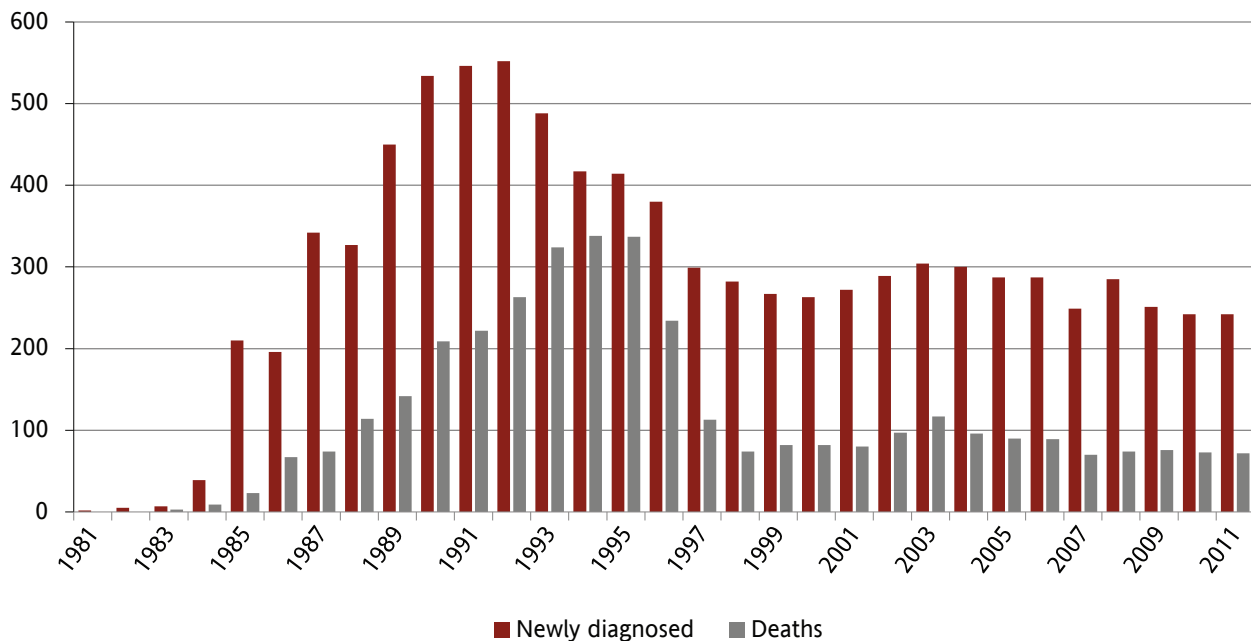


HIV infection

Introduction

HIV/AIDS remains an important public health problem in Oregon. From 1981 through 2011, 8,957 Oregonians were diagnosed and reported with HIV infection; approximately 40% have since died (Figure 1). Since 1997, approximately 280 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 2,736 in 1997 to 5,384 in 2011.

Figure 1. Oregon cases of HIV infection, diagnosis and deaths, 1981–2011

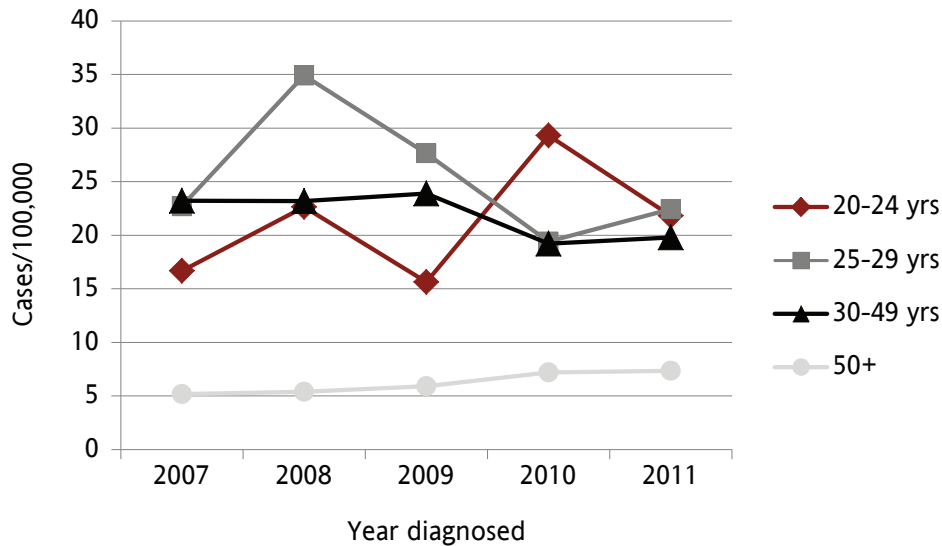


*For this report, a “case” is defined as an Oregon resident diagnosed with HIV/AIDS before being diagnosed in another state. Only those cases reported to the Oregon Health Authority HIV Program were included. People living with HIV in Oregon not counted in this report include those who resided in another state when they were diagnosed and approximately 1,082 who are infected but have yet to be tested (American Indian/Alaskan Native Vol.60, No.21:689-693, Office of Disease Prevention and Epidemiology).

Recent diagnoses (2007–2011)

Nearly half (48.5%) of those diagnosed with HIV during 2007–2011 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 37.4 years (Figure 2), but diagnosis rates increased among males aged 20–24 years during this period.

Figure 2. Age at HIV diagnosis in Oregon, 2007–2011



New diagnosis rates were 3.5 times higher among blacks and African Americans than whites.** The rate of new diagnoses for Hispanics was 1.9 times higher than for white non-Hispanics; other races/ethnicities accounted for roughly 7% of all diagnoses.

Among males, men who have sex with men (MSM) accounted for 70% (873/1,252). Other transmission categories include men who use injection drugs (5%), MSM who also use injection drugs (8%), and men who likely or possibly[†] acquired their infection from heterosexual transmission (2%). About 9% of recent male diagnoses lacked sufficient information to assign a transmission category.

Among female cases, injection drug users accounted for 21% of cases and women who likely or possibly[‡] acquired their infection by heterosexual transmission accounted for two-thirds (68%) of cases. The remainder included cases of maternal-fetal transmission and cases that lacked sufficient information for classification.

*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 (American Indian/Alaskan Native Vol.60, No.21:689-693, Office of Disease Prevention and Epidemiology).

**Approximately 40% of black/African American cases are believed to have immigrated to the United States after becoming infected in another country.

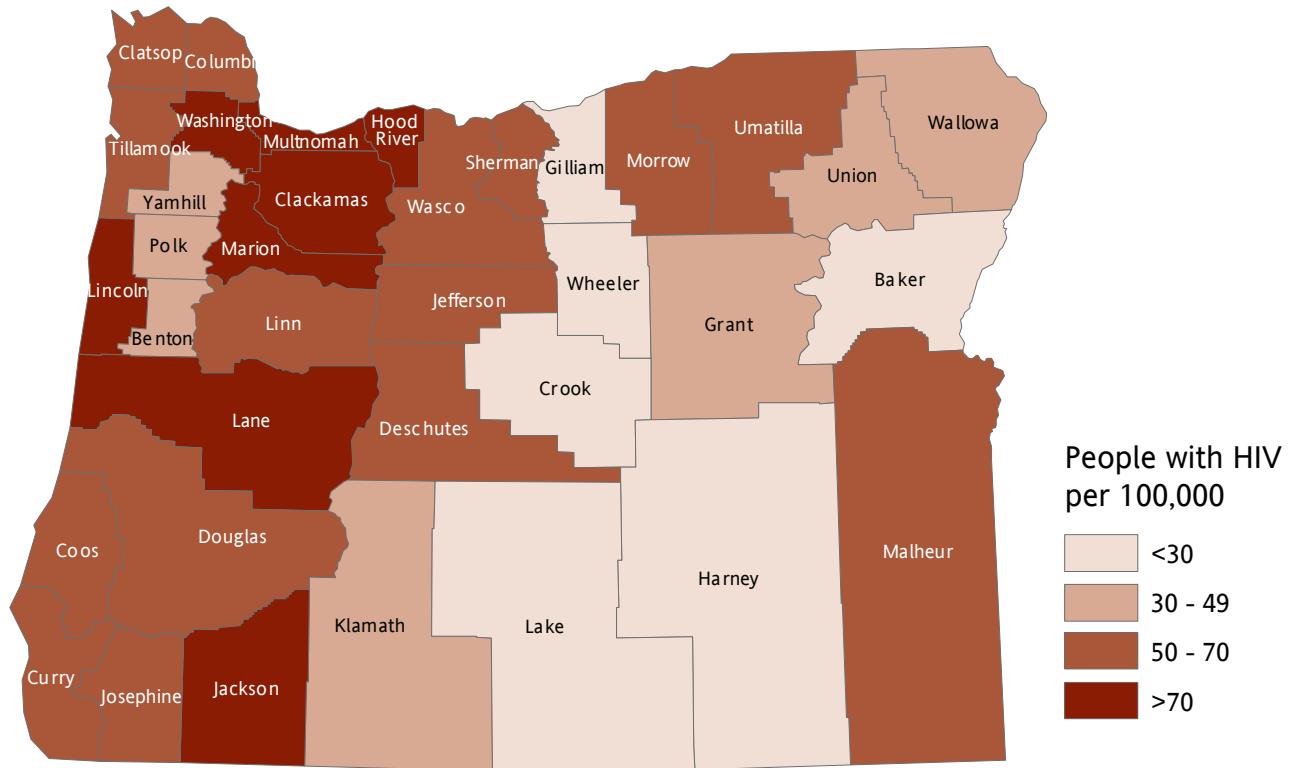
[†]Includes men who affirmed having sex with women and denied injection drug use, transfusions or transplants during the time they were not being adequately screened for HIV.

[‡]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.

Oregonians living with HIV/AIDS

As of Dec. 31, 2011, 5,384 Oregonians diagnosed with HIV were believed to be living. Fifty-five percent (2,979/5,384) of those people lived in Multnomah County (Figure 3).

Figure 3. People living with HIV or AIDS by county of residence at diagnosis: Oregon, 2011



Note: 73% of living cases resided in Clackamas, Columbia, Multnomah, Washington and Yamhill counties at first report.