

HIV among Hispanics

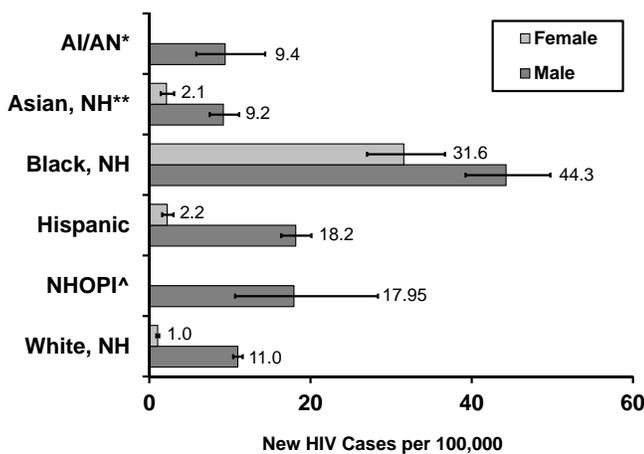


DOH 150-023 September 2014

HIV disease has had a substantial and disproportionate impact on Washington’s Hispanic* community. Compared to non-Hispanic whites, Hispanic residents of Washington State are nearly twice as likely to be diagnosed with HIV.

Many Hispanic people face barriers that can prevent them from getting HIV services. These barriers often include geographic isolation, poverty, lack of health insurance, and difficulty speaking English. Compared to other racial/ethnic groups, Hispanic HIV cases in Washington are more likely to be diagnosed late in the course of their HIV illness. Over 75 percent of Hispanic HIV cases are gay or bisexual men. Although most Hispanics with HIV were probably infected while living in the United States, more than two-thirds were born in another country.

New HIV Diagnosis Rates by Race/Ethnicity and Gender, Washington State, 2009-2013



* AI / AN = American Indian / Alaska Native
 ** NH = Non-Hispanic
 ^ NHOPI = Native Hawaiian and Other Pacific Islanders
 Note: For some groups, case counts are too low to calculate a rate.

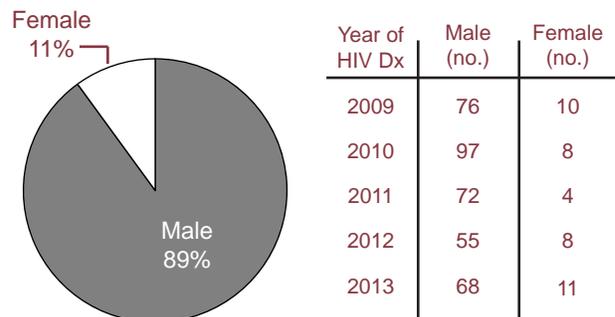
NEW HIV CASES

Year to year, Hispanic case counts remain about the same. Between 2009 and 2013, 74 new HIV cases were diagnosed among Hispanic residents each year, on average.**

By Gender

About 90% of new HIV cases among Hispanics are male. The ratio of male to female HIV cases has not changed significantly in recent years.

Hispanic New HIV Cases, Washington State, 2009-2013 (No. = 409)



By Age

Most Hispanics living with HIV are diagnosed as middle and older aged adults. Between 2009 and 2013, 73 percent of Hispanics diagnosed with HIV in Washington were at least 30 years old at diagnosis; more than a quarter were over forty. Regardless of age, Hispanic adults who are having unprotected sex should get tested for HIV at least once a year.

* The term “Hispanic” refers to people who describe themselves as either Hispanic or Latino.

** The term “new HIV cases” refers to all new diagnoses of HIV infection, with or without AIDS.

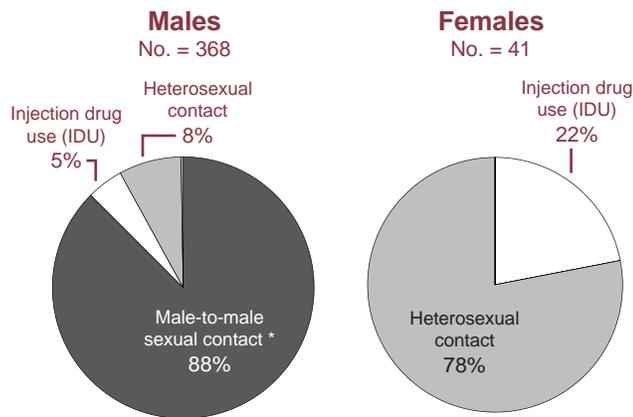
HIV AMONG HISPANICS

NEW HIV CASES (continued)

By Exposure

Male-to-male sexual contact is the most commonly reported HIV risk factor among Hispanics diagnosed with HIV in Washington. During 2009-2013, more than three-quarters of all new HIV cases among Hispanic people were gay or bisexual men.

New HIV Cases by HIV Exposure Category, Washington State, 2009-2013



* includes gay/bisexual men who use injection drugs

Late HIV Diagnosis

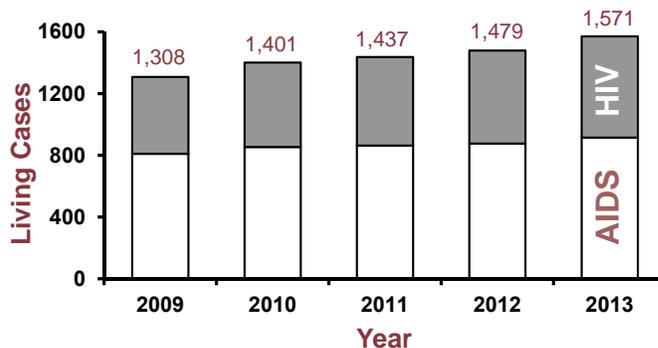
In Washington, more than one-third (36%) of Hispanic HIV cases are diagnosed late, receiving an AIDS diagnosis within twelve months of initial HIV diagnosis. Frequent HIV testing can lead to better health outcomes, and helps prevent new infections.

LIVING HIV CASES*

As of December 31, 2013, nearly 1,600 Hispanic people had been diagnosed and were living with HIV disease in Washington. Fifty-eight percent of these individuals had AIDS. HIV prevalence among Hispanics rises about 5 percent each year.

*Based on new methodology to include all persons presumed living with HIV in Washington as of December 31, 2013 regardless of where the case was diagnosed.

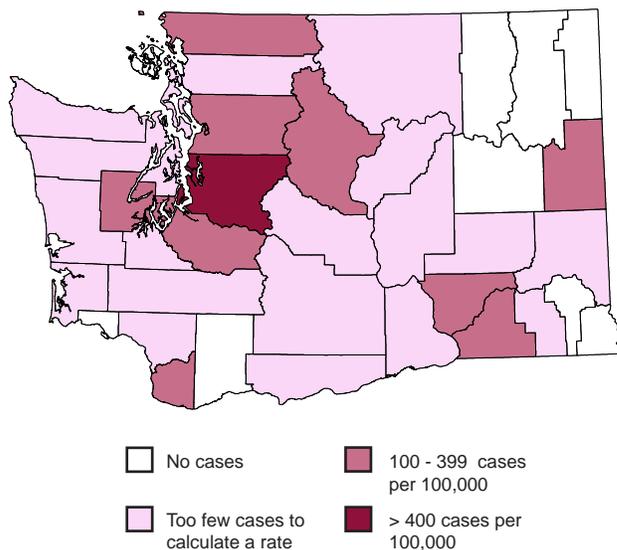
Hispanics Living with HIV Disease, Washington State, 2009-2013



By Geography

In Washington, most Hispanics living with HIV reside in one of five counties: King (53 percent), Pierce (11 percent), Yakima (6 percent), Snohomish (6 percent), and Franklin (3 percent).

Hispanic HIV Prevalence Rates* by County, Washington State, 2013



* rates are calculated by dividing the number of Hispanic people living with HIV disease by the number of Hispanic residents in each county

HIV PREVENTION

There are many proven strategies for preventing HIV infection. Examples include the correct and consistent use of condoms, never sharing needles or other injection works, limiting the number sexual partners, and not having more than one sexual relationship at the same time. In addition,

HIV PREVENTION (continued)

young people should strongly consider delaying the decision to begin having sex.

Pre-exposure prophylaxis, or PrEP (pronounced “prep”), involves taking a pill every day to prevent HIV infection. PrEP is for people who do not have HIV but are at substantial risk of getting it. This might include:

- anyone who is in an ongoing relationship with an HIV-positive partner,
- a gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months, or
- someone who has injected drugs within the past 6 months.

Financial assistance is available for people who can't afford to pay for PrEP. However, to be effective, PrEP requires taking HIV medication daily, and going to the doctor every three months. Some people could experience side effects such as upset stomach or loss of appetite.

People living with HIV can protect themselves and their partners by going to the doctor and getting anti-retroviral treatment (ART). Taking ART reduces the amount of virus (viral load) in a person's blood and bodily fluids. ART both improves individual health and prevents HIV transmission.

For more information...

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<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/HIVAIDSData>

