



WASHINGTON STATE HIV SURVEILLANCE REPORT 1st QUARTER 2010

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Publication Schedule: This report reflects events occurring through December 31, 2009 and reported by March 31, 2010, unless otherwise stated. Quarterly reports are published four times a year.

To receive a copy of this report, send an email request to: HIV_surv@doh.wa.gov

HIV IN WASHINGTON STATE: AN OVERVIEW

- In Washington state, the first case of Acquired Immune Deficiency Syndrome (AIDS) was diagnosed in 1982.
- Between 1982 and 2009, over 17,700 people have been diagnosed with HIV disease in Washington.
- In recent years, the course of the HIV epidemic in Washington appears to have remained stable. Between 2004 and 2008, new HIV diagnoses averaged 563 per year.
- Since highly active antiretroviral therapy (HAART) became widely available in 1996, both AIDS diagnoses and HIV/AIDS deaths have declined significantly. Between 2004 and 2008, HIV/AIDS deaths averaged 93 per year.
- The total number of people living with HIV disease in Washington increases at a rate of about 5% each year.

Figure 1. Average HIV rates by county, 2004-2008

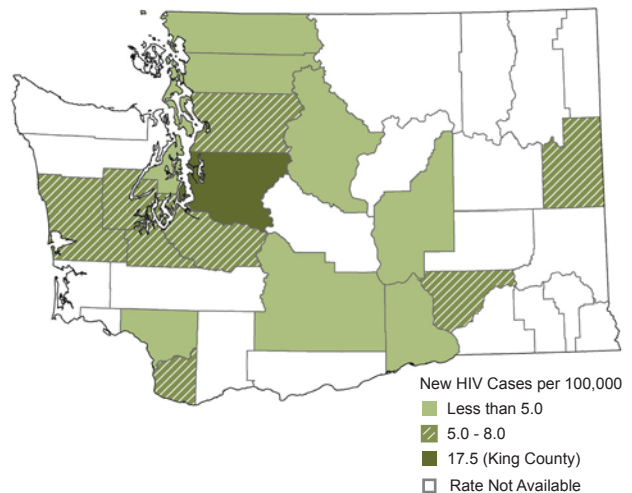


Figure 2. New HIV diagnoses, AIDS diagnoses, and deaths from HIV/AIDS in Washington state, 1999-2009

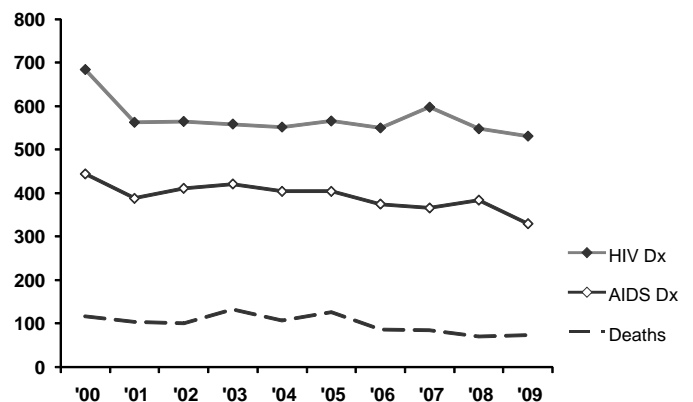
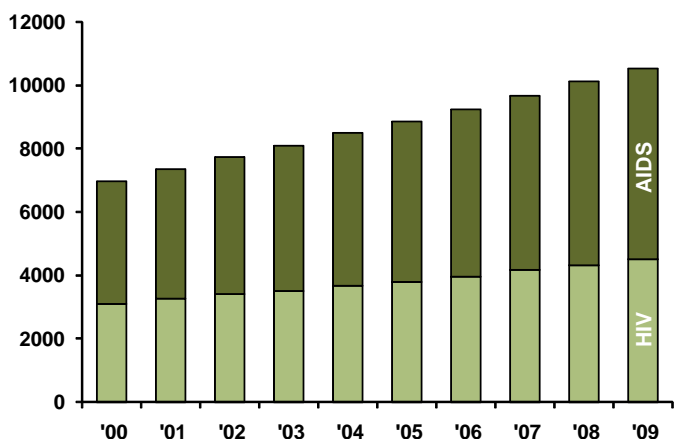


Figure 3. Prevalence of HIV disease in Washington state, 1999-2009



DEVELOPMENTS

HIV Incidence Surveillance: Why We Collect Data about HIV Testing History and Use of Antiretroviral Medications

As anyone familiar with HIV surveillance knows, it can be challenging to gather complete case information. This is especially true when the value of the data being collected isn't clearly understood. In Washington state, we ask providers to collect and report what we call HIV Testing and Treatment History (TTH) data; these include both a patient's history of previous HIV tests and use of antiretroviral medications. TTH data help us to estimate HIV incidence, or the number of new HIV infections that occur each year. Accurate incidence estimates allow us to monitor the HIV epidemic more closely, and develop more effective HIV prevention programs. Unfortunately, in Washington, about one in four of new case reports are submitted without any TTH data. Although reasons for this vary, we suspect that many HIV providers don't understand why TTH data are important. Thus, gathering these data isn't always a high priority.

Washington is currently one of 22 states that receive federal funding to conduct HIV Incidence Surveillance. This supplemental surveillance program gathers the information we need in order to estimate HIV incidence for our state and for the nation. HIV Incidence Surveillance relies on a unique laboratory process, called STARHS for short, which is able to distinguish between blood taken from recently-infected individuals vs. those who have been infected longer. Cases are categorized as "recent" if they appear to have been infected within the past six months (the STARHS window period).

Even among patients diagnosed with HIV, a blood specimen, which is necessary for STARHS, is not always available. Also, results for some patients might cause them to appear to be recently-infected when they actually are not; this can happen when they are taking antiretroviral medication. Hence, we consider cases labeled "recent" to be a sample of all new HIV infections within a calendar year. To estimate HIV incidence, we must first calculate the probability of a new infection being detected, or included within our sample. This is where TTH data become important.

The probability of a new case being detected during the window period is directly related both to that person's HIV testing history and whether he or she is taking HIV

medication. We use TTH data to calculate a statistical weight for each observed, recent case. The weights represent the inverse probability of detection. For example, an individual who gets tested once a year, on average, would have a detection probability of about one in two, since the likelihood of being both tested and observed as "recent" is about 50% each time he or she gets tested. Likewise, someone who gets tested once every two years would have a detection probability of about one in four, or 25% per test. We also use TTH data to derive weights for cases that have incomplete testing information. Cases taking HIV medication are assigned a weight of zero, as are cases that are concurrently diagnosed with both HIV and AIDS. The sum of all assigned weights is equal to the estimated number of new HIV infections within a given year.

CDC uses data quality and completeness to evaluate our performance as an HIV Incidence Surveillance site. Individual TTH data elements are considered complete when they are not left blank. The TTH portion of the case report form is considered complete when it contains a value for at least one of the six TTH data elements. These elements are: (1) TTH date of first positive; (2) ever tested HIV negative; (3) number of negative tests in the 2 years before first positive; (4) TTH date of last negative HIV test; (5) ever taken ARVs; (6) ARV use dates. In 2009, completeness of TTH data among newly diagnosed HIV cases in Washington was 73%. That falls short of the 85% performance standard established by CDC. Of special concern is TTH reporting outside King County, where TTH completeness is often below 60% (vs. over 90% in King County). We are therefore doing what we can to improve TTH data completeness throughout Washington, especially in suburban and rural areas of the state.

TTH data should be collected when a patient presents for an HIV test, returns for the results, or at any point during care for HIV. Ideally, the information should be recorded and reported within 3 months of the HIV diagnosis; this takes advantage of the patient's ability to remember information clearly. As the quality and completeness of TTH data improve, so does the accuracy of our HIV incidence estimates. We are encouraging everyone to collect and report TTH data whenever possible.

For more information, contact Jason Carr at (360) 236-3462 or jason.carr@doh.wa.gov

HOW HIV/AIDS SURVEILLANCE WORKS IN WASHINGTON STATE

Health care providers and facilities, laboratories and local health departments are required by law to report HIV- and AIDS-related information to local health departments or the State Department of Health according to the requirements listed below. Identifying and reporting on new cases of HIV infection allows for the reduction of the spread of the virus; it assures that newly infected persons receive care as early as possible, and that partners who have been exposed to HIV receive partner counseling and referral services. State and federal funding for HIV/AIDS disease control and care of infected persons is based on case numbers, which means that our state receives resources to slow the spread of the virus and to pay for needed HIV/AIDS care services when HIV/AIDS surveillance is complete, accurate and timely. Copies of the case report form can be found at the Department of Health website: <http://www.doh.wa.gov/notify/forms/>.

For federal funding purposes, all states and territories count HIV/AIDS cases in the same manner: an individual gets counted as an HIV case in the county in which he/she is residing at the time of his/her initial HIV diagnosis (not including a diagnosis made from an anonymous test). Once that person progresses to

AIDS, he/she will then get counted as an AIDS case in the county in which he/she is residing at the time of his/her AIDS diagnosis and will no longer be counted as an HIV case. This means that a county's HIV case count can actually go down over time if their HIV cases progress to AIDS in other counties. Additionally, states are continually working with each other to ensure that individuals are counted in only one state, so the case count for any individual county in Washington State could go down if we learn from another state that an individual from the county had an earlier diagnosis in the other state.

For epidemiologic and community planning purposes, it is often helpful to evaluate all cases of HIV and AIDS as being a part of one combined group: people who have been diagnosed with HIV disease. Hence, for most of this report, the assignment of newly diagnosed (or incident) HIV cases (including concurrent diagnoses of HIV and AIDS) to a specific geographic region is based on residence of the patient at the time of his/her initial HIV diagnosis. The assignment of prevalent cases to a specific geographic region is based on residence of the patient at the time of his/her most recent HIV or AIDS diagnosis.

HIV/AIDS Reporting Requirements:

REPORTING	ITEM TO REPORT	TIMELINE	TO WHOM
Health care providers	HIV or AIDS diagnosis	3 working days	Local health department
Health care facilities	HIV or AIDS diagnosis	3 working days	HIV to local health department AIDS to state health department
Laboratories	Positive Western blot	2 working days	State health department (PHSKC inside King County)
Laboratories	All CD4 count results (absolute and %); All HIV viral load results	Monthly	State health department (PHSKC inside King County)
Local health departments	HIV and AIDS	Within 7 days of completion or 21 days of notification	State health department

DEFINITIONS

Case: A reported instance of HIV infection or AIDS in which the individual who received a confidential HIV or AIDS diagnosis resided in Washington state at the time of diagnosis. HIV cases do not include individuals with a current HIV diagnosis who were originally reported with HIV in another U.S. state or territory. AIDS cases include all individuals who resided in Washington state at the time of AIDS diagnosis, regardless of where an earlier HIV diagnosis might have taken place. For surveillance purposes, HIV+ individuals who have not been tested or whose only test for HIV infection was performed anonymously are not considered 'cases'.

Confidence interval (CI): A range of values for a measure that is believed to contain the true value at a specified level of statistical certainty (e.g., 95%). On the bar charts in this report, vertical lines with short horizontal lines at either end represent the 95% confidence interval for the point estimate represented by the bar.

Cumulative HIV/AIDS diagnoses: The number of cases of a disease reported or diagnosed in a specified time, regardless of current vital status. Cumulative cases include those who have already died.

HIV/AIDS deaths: To select deaths caused by HIV disease, we use death certificate information to select only cases in which HIV or AIDS was determined by a physician to have been a contributing factor in the patient's death.

Disease rate: A standardized proportion often used to represent risk for disease within a given population. A rate is usually calculated by dividing the number of cases (disease frequency) by the number of persons at risk for the disease (population estimate). Usually, the general population, rather than the population potentially exposed to HIV infection by various high-risk behaviors, is used as the denominator since the latter is unknown. In this report, all rates are reported as cases per 100,000 residents.

Exposure category: Cases of HIV disease are counted only once in a hierarchy of modes of transmission. Persons with

more than one reported mode of transmission are classified in the transmission mode first in the hierarchy. The exception is men who have sex with men and inject drugs, which has its own category. Persons whose mode of transmission is classified as high-risk heterosexual contact are persons who report heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injection drug user). Undetermined risk (No Identified Risk, or NIR) represents persons for whom transmission history is incomplete.

HIV diagnosis date: The earliest date (month and year) associated with a verifiable report of HIV infection. Verifiable reports include positive antibody tests, detectable viral loads, positive antigens or cultures, or physician diagnoses, but not self-reported diagnosis dates, positive lab results from anonymous testing, or diagnosis dates from other states that remain unverified.

Incidence: The number of new cases of a disease that occur in a population during a certain time period, usually a year.

Late HIV diagnosis: Refers to anyone who is diagnosed with AIDS within 12 months of their initial HIV diagnosis. In this report, at least 50 cases must exist in order for a late HIV diagnosis statistic to be reported.

New HIV diagnosis: Refers to anyone who is diagnosed with HIV in a given time period, regardless of disease status.

Prevalence: The total number of persons living with a specific disease or condition at a given time. HIV prevalence data are generally presented as "persons living with HIV disease."

Reporting delay: The time interval between the date a case is diagnosed and the date the case is reported to the health department. Reporting delays can result in recent surveillance data being less complete. However, in Washington, most new HIV cases (>95%) are reported within six months of diagnosis.

DISEASE STATISTICS

Figure 4. HIV Rates by Year of HIV Diagnosis, Washington State, 2001-2009

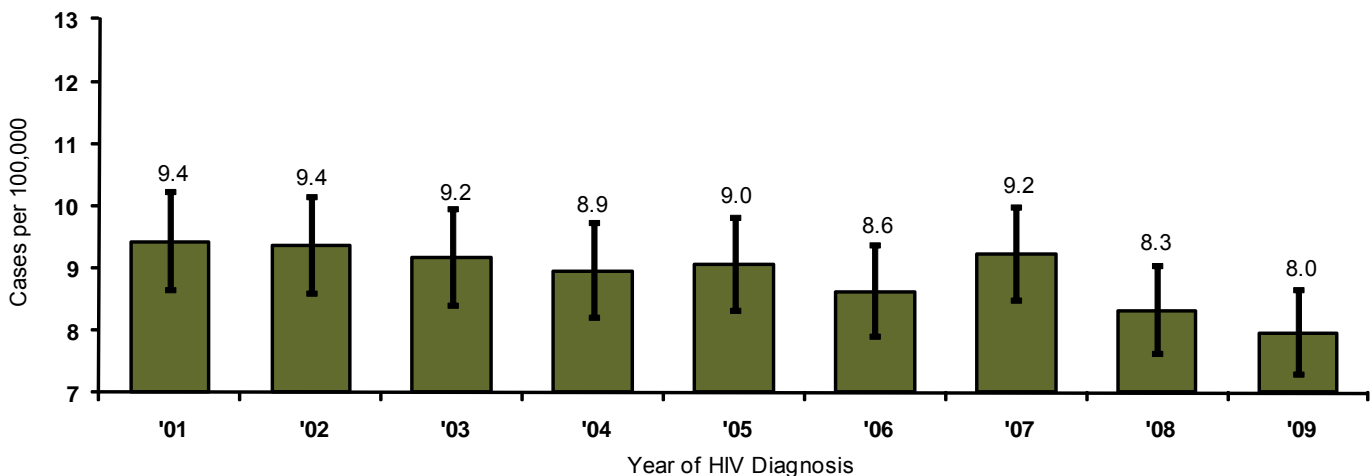


Table 1. New HIV Diagnoses

Year of HIV diagnosis:	Newly Diagnosed Cases of HIV Disease							Late HIV Diagnoses		
	2004 No.	2005 No.	2006 No.	2007 No.	2008 No.	2009 No.	2004-2008 No. %	Rate	2004-2008 %	
Total	552	566	550	598	548	531	2,814 100%	8.8	35%	
Gender										
Male	462	485	466	499	450	444	2,362 84%	14.9	36%	
Female	90	81	84	99	98	87	452 16%	2.8	31%	
Age at HIV Diagnosis										
< 20	4	7	10	22	17	24	60 2%	0.7	15%	
20 - 29	128	120	141	158	141	141	688 24%	15.4	19%	
30 - 39	187	201	177	171	171	150	907 32%	20.6	37%	
40 - 49	171	167	147	154	130	135	769 27%	15.7	41%	
50 - 59	55	56	60	68	59	64	298 11%	6.9	50%	
60+	7	15	15	25	30	17	92 3%	1.8	54%	
Race and Hispanic Origin										
White, non-Hispanic	345	343	356	354	298	306	1,696 60%	6.7	31%	
Black, non-Hispanic	102	107	84	112	101	96	506 18%	42.7	40%	
Hispanic (All Races)	60	74	65	90	98	81	387 14%	13.9	40%	
Asian	18	21	24	24	28	25	115 4%	5.7*	50%	
Hawaiian/ Pacific Islander	1	3	5	3	0	3	12 0%	---	---	
Amer. Indian / Alaska Native	14	9	6	6	12	7	47 2%	9.8	---	
Multi-race / Unknown	12	9	10	9	11	13	51 2%	---	27%	
Exposure category										
Male/Male Sex (MSM)	310	302	317	335	294	299	1,558 55%	---	30%	
Injecting Drug Use (IDU)	53	43	40	34	25	21	195 7%	---	40%	
MSM and IDU	39	53	40	45	30	38	207 7%	---	26%	
HR Heterosexual Contact	71	68	57	55	57	42	308 11%	---	41%	
Pediatric	1	0	2	2	2	11	7 0%	---	---	
Transfusion / Hemophiliac	2	2	0	1	1	0	6 0%	---	---	
No Identified Risk/ Other	76	98	94	126	139	120	533 19%	---	48%	

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of March 31, 2009. * Note: Because available population estimates combine Asians and Hawaiian / Pacific Islanders into one group, we must do the same when calculating disease rates.

Figure 5. New HIV Diagnoses by Gender and Age at Diagnosis, Washington State, 2004-2008

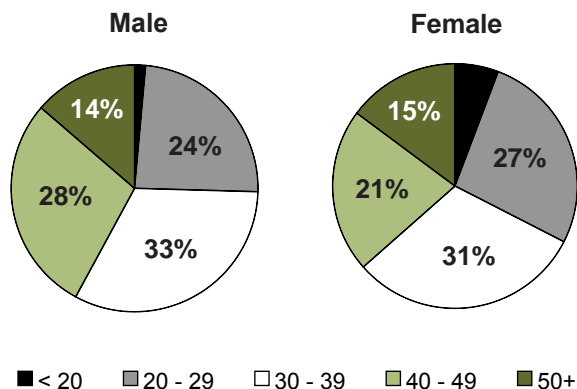


Figure 6. New HIV Diagnosis Rates by Race/Ethnicity and Gender, Washington State, 2004-2008

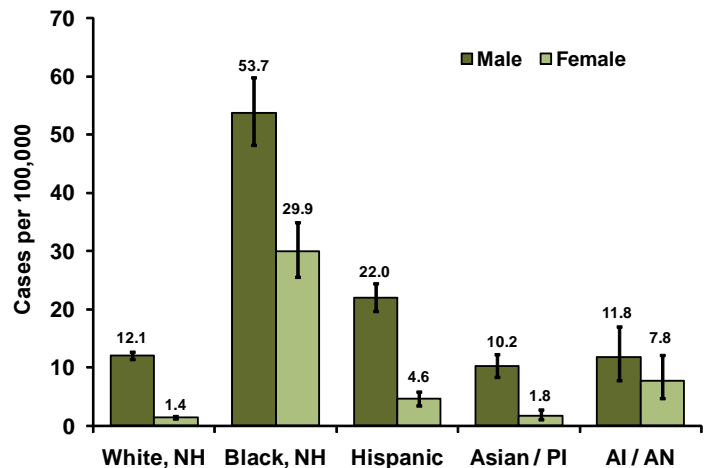


Table 2. People Living with HIV Disease as of December 31, 2009

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Total	4,507	100%	67.6	6,032	100%	90.5	10,539	100%	158.0
Gender									
Male	3,805	84%	114.4	5,267	87%	158.4	9,072	86%	272.8
Female	702	16%	21.0	765	13%	22.9	1,467	14%	43.9
Current age									
< 20	63	1%	3.5	16	0%	0.9	79	1%	4.4
20 - 29	546	12%	57.0	200	3%	20.9	746	7%	77.9
30 - 39	1,104	24%	124.5	1,019	17%	114.9	2,123	20%	239.5
40 - 49	1,665	37%	173.0	2,479	41%	257.5	4,144	39%	430.5
50 - 59	863	19%	92.6	1,711	28%	183.7	2,574	24%	276.3
60+	266	6%	23.0	607	10%	52.6	873	8%	75.6
Race and Hispanic Origin									
White, non-Hispanic	3,136	70%	60.2	4,072	68%	78.2	7,208	68%	138.4
Black, non-Hispanic	681	15%	269.6	916	15%	362.6	1,597	15%	632.1
Hispanic (All Races)	444	10%	71.7	677	11%	109.3	1,121	11%	181.0
Asian / Pacific Islander	137	3%	28.0	192	3%	39.2	329	3%	67.2
Amer. Indian /Alaska Native	57	1%	57.3	107	2%	107.5	164	2%	164.8
Multi-race / Unknown	52	1%	---	68	1%	---	120	1%	---
Exposure category									
Male/Male Sex (MSM)	2,886	64%	---	3,606	60%	---	6,492	62%	---
Injecting Drug Use (IDU)	285	6%	---	529	9%	---	814	8%	---
MSM and IDU	329	7%	---	558	9%	---	887	8%	---
HR Heterosexual Contact	455	10%	---	665	11%	---	1,120	11%	---
Pediatric	43	1%	---	20	0%	---	63	1%	---
Transfusion / Hemophiliac	14	0%	---	51	1%	---	65	1%	---
No Identified Risk/ Other	495	11%	---	603	10%	---	1,098	10%	---

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of March 31, 2009.

Figure 7. HIV Prevalence Rates by Race/Ethnicity and Gender, Washington State, End of 2009

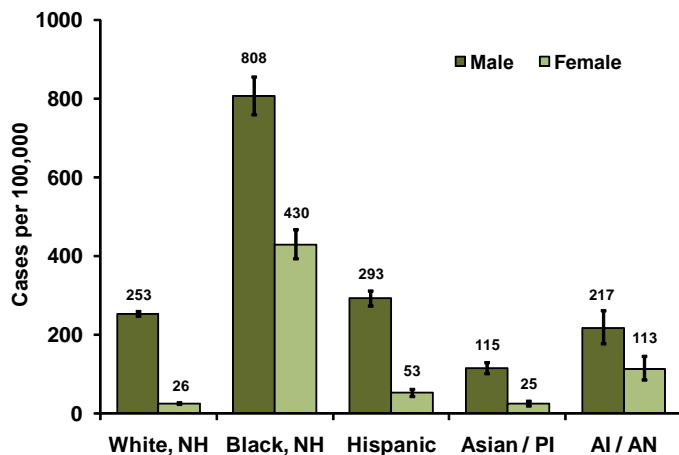
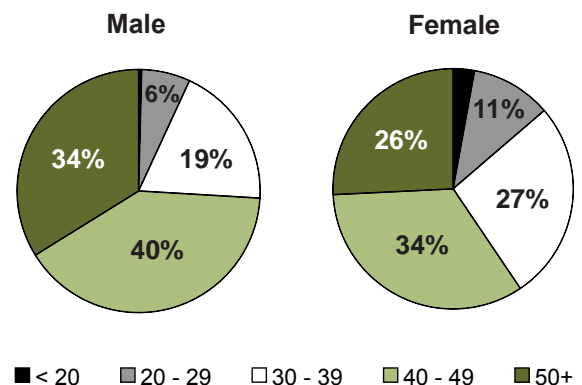


Figure 8. People Living with HIV Disease by Gender and Current Age, Washington State, End of 2009



**Table 3. People Living with HIV Disease as of December 31, 2009:
Exposure Category by Gender and Race/Ethnicity**

Exposure category	NH White		NH Black		Hispanic		Asian / Pacific Islander		American Indian/Alaska Native	
	No.	%	No.	%	No.	%	No.	%	No.	%
Males:										
Male/Male Sex (MSM)	5,034	77%	523	48%	622	64%	189	72%	57	53%
Injecting Drug Use (IDU)	336	5%	104	10%	64	7%	6	2%	14	13%
MSM and IDU	703	11%	65	6%	67	7%	7	3%	23	21%
HR Heterosexual Contact	136	2%	162	15%	65	7%	14	5%	6	6%
Pediatric	7	0%	12	1%	3	0%	2	1%	1	1%
Transfusion / hemophiliac	40	1%	3	0%	2	0%	0	0%	0	0%
No Identified Risk/ Other	280	4%	224	20%	146	15%	46	17%	6	6%
Total Males*	6,536	100%	1,093	100%	969	100%	264	100%	107	100%
Females:										
Injecting Drug Use (IDU)	180	27%	62	12%	14	9%	3	5%	24	42%
HR Heterosexual Contact	352	52%	225	45%	93	61%	33	51%	21	37%
Pediatric	10	1%	19	4%	5	3%	3	5%	0	0%
Transfusion / hemophiliac	6	1%	10	2%	1	1%	3	5%	0	0%
No Identified Risk/ Other	124	18%	188	37%	39	26%	23	35%	12	21%
Total Females*	672	100%	504	100%	152	100%	65	100%	57	100%

* 103 cases (87 male) were reported as belonging to more than one racial/ethnic group; race/ethnicity remains unknown for 17 cases (16 male)
All HIV/AIDS surveillance data reported to the Washington State Department of Health as of March 31, 2009.

Figure 9. People Living with HIV Disease by AIDSNet Region and Race/Ethnicity Washington State, End of 2009

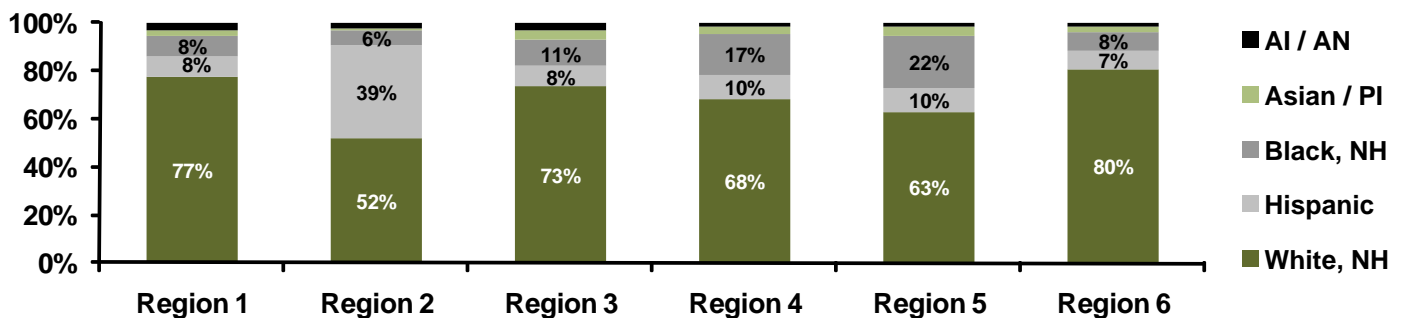


Figure 10. People Living with HIV Disease by AIDSNet Region and Exposure Category Washington State, End of 2009

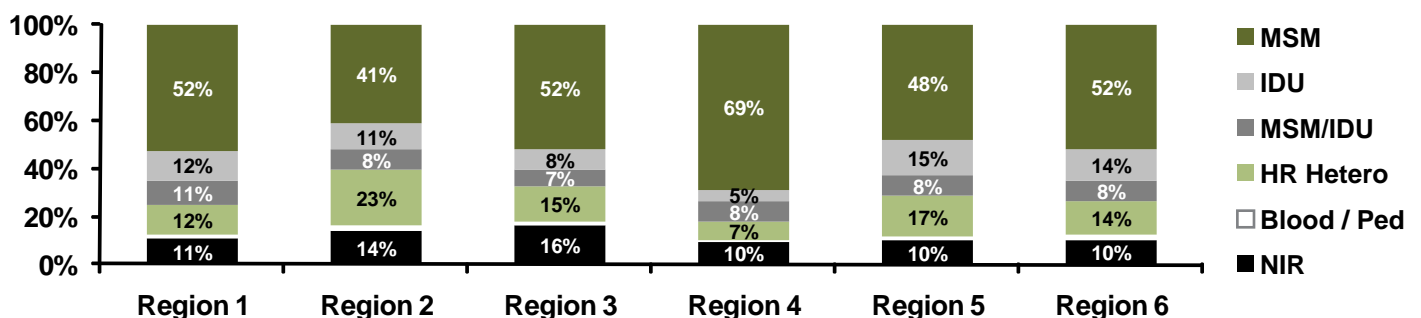


Table 4. HIV Diagnoses by AIDSNet Region and County

Year of HIV diagnosis:	Newly Diagnosed Cases of HIV Disease									Cumulative HIV Diagnoses	
	2004 No.	2005 No.	2006 No.	2007 No.	2008 No.	2009 No.	2004-2008 No. %		Rate	1982-2009 No.	%
AIDSNet Region 1	36	27	30	40	36	26	169	6%	4.8	948	5%
Adams Co.	0	0	0	0	0	1	0	0%	---	7	0%
Asotin Co.	2	1	1	0	1	2	5	0%	---	23	0%
Columbia Co.	0	0	0	2	0	0	2	0%	---	7	0%
Ferry Co.	0	0	0	1	0	0	1	0%	---	8	0%
Garfield Co.	0	0	0	0	0	0	0	0%	---	1	0%
Lincoln Co.	1	0	0	0	0	0	1	0%	---	4	0%
Okanogan Co.	5	0	0	1	3	3	9	0%	---	40	0%
Pend Oreille Co.	0	0	1	0	0	0	1	0%	---	9	0%
Spokane Co.	27	22	25	36	26	17	136	5%	6.1	734	4%
Stevens Co.	1	1	1	0	1	1	4	0%	---	28	0%
Walla Walla Co.	0	1	1	0	3	1	5	0%	---	66	0%
Whitman Co.	0	2	1	0	2	1	5	0%	---	21	0%
AIDSNet Region 2	21	27	30	30	23	28	131	5%	3.7	632	4%
Benton Co.	0	2	8	5	2	5	17	1%	2.6	122	1%
Chelan Co.	3	5	4	3	1	3	16	1%	4.6	69	0%
Douglas Co.	0	0	0	2	0	1	2	0%	---	7	0%
Franklin Co.	5	6	2	3	5	4	21	1%	6.6	80	0%
Grant Co.	4	1	3	3	3	1	14	0%	3.5	50	0%
Kittitas Co.	1	3	3	0	0	0	7	0%	---	25	0%
Klickitat Co.	0	0	2	1	0	0	3	0%	---	16	0%
Yakima Co.	8	10	8	13	12	14	51	2%	4.4	263	1%
AIDSNet Region 3	54	66	60	60	52	53	292	10%	5.5	1,472	8%
Island Co.	2	0	2	2	3	7	9	0%	---	87	0%
San Juan Co.	1	0	1	1	0	1	3	0%	---	27	0%
Skagit Co.	6	6	5	3	5	1	25	1%	4.4	99	1%
Snohomish Co.	38	53	44	44	34	36	213	8%	6.3	1,023	6%
Whatcom Co.	7	7	8	10	10	8	42	1%	4.6	236	1%
AIDSNet Region 4 (King Co.)	335	321	309	320	318	304	1,603	57%	17.5	11,216	63%
AIDSNet Region 5	51	70	72	72	70	70	335	12%	6.6	1,924	11%
Kitsap Co.	10	9	13	8	6	10	46	2%	3.8	316	2%
Pierce Co.	41	61	59	64	64	60	289	10%	7.5	1,608	9%
AIDSNet Region 6	55	55	49	76	49	50	284	10%	5.4	1,520	9%
Clallam Co.	2	4	1	1	2	3	10	0%	---	79	0%
Clark Co.	25	26	20	42	17	19	130	5%	6.4	670	4%
Cowlitz Co.	4	2	6	5	5	5	22	1%	4.5	147	1%
Grays Harbor Co.	4	6	2	2	6	1	20	1%	5.7	88	0%
Jefferson Co.	1	0	3	1	0	0	5	0%	---	37	0%
Lewis Co.	1	0	4	1	2	4	8	0%	---	61	0%
Mason Co.	2	4	1	7	7	3	21	1%	7.9	111	1%
Pacific Co.	0	3	3	2	1	1	9	0%	---	33	0%
Skamania Co.	0	0	0	0	0	1	0	0%	---	8	0%
Thurston Co.	16	10	9	15	9	13	59	2%	5.1	283	2%
Wahkiakum Co.	0	0	0	0	0	0	0	0%	---	3	0%
STATEWIDE TOTAL	552	566	550	598	548	531	2,814	100%	8.8	17,712	100%

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of March 31, 2009.

Table 5. People Living with HIV Disease by AIDSNet Region and County, as of December 31, 2009

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
AIDSNet Region 1	199	4%	27.3	338	6%	46.4	537	5%	73.7
Adams Co.	1	0%	---	5	0%	---	6	0%	---
Asotin Co.	4	0%	---	11	0%	---	15	0%	69.8
Columbia Co.	0	0%	---	4	0%	---	4	0%	---
Ferry Co.	0	0%	---	1	0%	---	1	0%	---
Garfield Co.	1	0%	---	0	0%	---	1	0%	---
Lincoln Co.	0	0%	---	2	0%	---	2	0%	---
Okanogan Co.	9	0%	---	20	0%	49.4	29	0%	71.6
Pend Oreille Co.	0	0%	---	3	0%	---	3	0%	---
Spokane Co.	166	4%	35.7	249	4%	53.5	415	4%	89.2
Stevens Co.	6	0%	---	5	0%	---	11	0%	---
Walla Walla Co.	8	0%	---	25	0%	42.2	33	0%	55.7
Whitman Co.	4	0%	---	13	0%	30.0	17	0%	39.3
AIDSNet Region 2	157	3%	21.3	256	4%	34.7	413	4%	56.1
Benton Co.	32	1%	18.9	57	1%	33.7	89	1%	52.6
Chelan Co.	18	0%	24.8	22	0%	30.3	40	0%	55.1
Douglas Co.	1	0%	---	3	0%	---	4	0%	---
Franklin Co.	24	1%	33.0	36	1%	49.5	60	1%	82.5
Grant Co.	11	0%	---	19	0%	22.1	30	0%	34.8
Kittitas Co.	3	0%	---	10	0%	---	13	0%	32.6
Klickitat Co.	7	0%	---	3	0%	---	10	0%	---
Yakima Co.	61	1%	25.6	106	2%	44.5	167	2%	70.1
AIDSNet Region 3	367	8%	33.0	550	9%	49.4	917	9%	82.4
Island Co.	20	0%	24.9	28	0%	34.9	48	0%	59.8
San Juan Co.	6	0%	---	8	0%	---	14	0%	85.9
Skagit Co.	21	0%	17.7	35	1%	29.4	56	1%	47.1
Snohomish Co.	258	6%	36.6	397	7%	56.4	655	6%	93.0
Whatcom Co.	62	1%	32.1	82	1%	42.5	144	1%	74.6
AIDSNet Region 4 (King Co.)	2865	64%	150.1	3712	62%	194.4	6,577	62%	344.5
AIDSNet Region 5	526	12%	49.6	621	10%	58.5	1,147	11%	108.1
Kitsap Co.	79	2%	31.9	113	2%	45.6	192	2%	77.5
Pierce Co.	447	10%	54.9	508	8%	62.4	955	9%	117.4
AIDSNet Region 6	393	9%	35.1	555	9%	49.6	948	9%	84.7
Clallam Co.	20	0%	28.8	24	0%	34.5	44	0%	63.3
Clark Co.	186	4%	43.1	237	4%	55.0	423	4%	98.1
Cowlitz Co.	43	1%	43.2	46	1%	46.2	89	1%	89.4
Grays Harbor Co.	19	0%	26.7	33	1%	46.3	52	0%	73.0
Jefferson Co.	9	0%	---	13	0%	44.8	22	0%	75.9
Lewis Co.	10	0%	---	18	0%	23.9	28	0%	37.2
Mason Co.	26	1%	45.8	58	1%	102.1	84	1%	147.9
Pacific Co.	12	0%	55.0	9	0%	---	21	0%	96.3
Skamania Co.	1	0%	---	1	0%	---	2	0%	---
Thurston Co.	66	1%	26.4	114	2%	45.6	180	2%	72.1
Wahkiakum Co.	1	0%	---	2	0%	---	3	0%	---
STATEWIDE TOTAL	4,507	100%	67.6	6,032	100%	90.5	10,539	100%	158.0

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of March 31, 2009.

Table 6. AIDS Diagnoses and Deaths Attributed to HIV Disease

Year of HIV diagnosis:	Recent AIDS Diagnoses 2004-2008			Cumulative AIDS Diagnoses 1982-2009		Cumulative HIV/AIDS Deaths 1982-2009	
	No.	%	Rate	No.	%	No.	%
Total	1,933	100%	6.1	12,811	100%	5,142	100%
Gender							
Male	1,645	85%	10.3	11,579	90%	4,841	94%
Female	288	15%	1.8	1,232	10%	301	6%
Age at AIDS diagnosis						Age at death	
< 20	18	1%	0.2	95	1%	17	0%
20 - 29	250	13%	5.6	2,092	16%	449	9%
30 - 39	663	34%	15.1	5,621	44%	2,071	40%
40 - 49	670	35%	13.7	3,512	27%	1,671	32%
50 - 59	259	13%	6.0	1,139	9%	667	13%
60+	73	4%	1.4	352	3%	267	5%
Race and Hispanic Origin							
White, non-Hispanic	1,165	60%	4.6	9,498	74%	4,217	82%
Black, non-Hispanic	357	18%	30.0	1,531	12%	423	8%
Hispanic (All Races)	228	12%	8.2	1,096	9%	268	5%
Asian / Pacific Islander	97	5%	4.4	284	2%	73	1%
Amer. Indian /Alaska Native	46	2%	9.6	207	2%	66	1%
Multi-race / Unknown	40	2%	---	195	2%	95	2%
Exposure category							
Male/Male Sex (MSM)	995	51%	---	8,243	64%	3,616	70%
Injecting Drug Use (IDU)	188	10%	---	1,162	9%	434	8%
MSM and IDU	186	10%	---	1,288	10%	535	10%
HR Heterosexual Contact	241	12%	---	966	8%	197	4%
Pediatric	6	0%	---	36	0%	9	0%
Transfusion / hemophiliac	10	1%	---	203	2%	114	2%
No Identified Risk/ Other	307	16%	---	913	7%	237	5%

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ACKNOWLEDGEMENTS AND CONTACT INFORMATION

Our thanks to the medical providers who care for people with HIV/AIDS, to our local health jurisdiction partners, and to state and regional public health laboratories - all of whom work diligently to ensure the timely and complete reporting of cases. These data are used to support the allocation of HIV prevention and care resources, to conduct program planning and evaluation, and to educate a broad range of individuals about the HIV epidemic in Washington.

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