



# WASHINGTON STATE HIV SURVEILLANCE REPORT 2nd QUARTER 2009

Office of Infectious Disease and Reproductive Health Assessment Unit (360) 236-3455 www.doh.wa.gov/cfh/hiv.htm

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**Publication Schedule:** This report reflects events occurring through December 31, 2008 and reported by June 30, 2009, 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 2008, about 17,200 people were newly diagnosed with HIV disease in Washington.
- In recent years, HIV incidence has been stable. Between 2003 and 2007, new HIV diagnoses averaged 566 per year.
- Since highly active antiretroviral therapy (HAART) became widely available in 1996, both AIDS diagnoses and HIV/AIDS deaths have declined significantly. Between 2003 and 2007, HIV/AIDS deaths averaged 122 per year.
- The total number of people living with HIV disease in Washington increases at a rate of about 5% per year.

Figure 1. Average HIV rates by county, 2003-2007

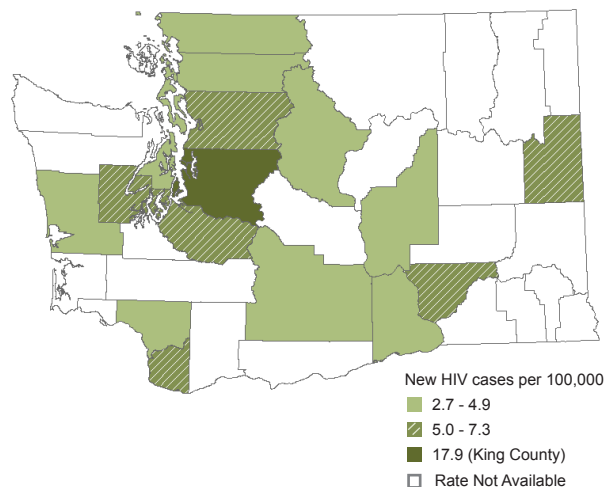


Figure 2. New HIV diagnoses, AIDS diagnoses, and deaths from HIV/AIDS in Washington state, 1998-2007

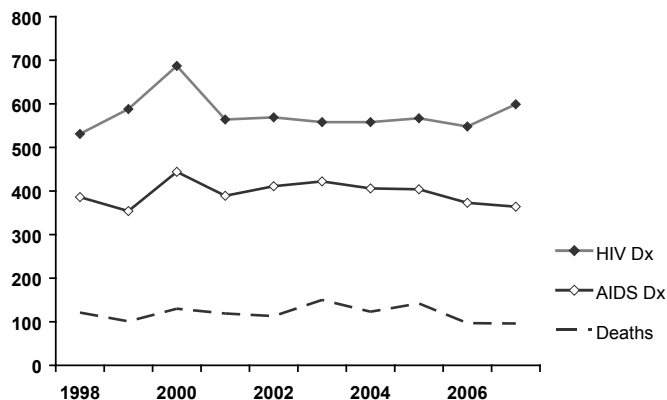
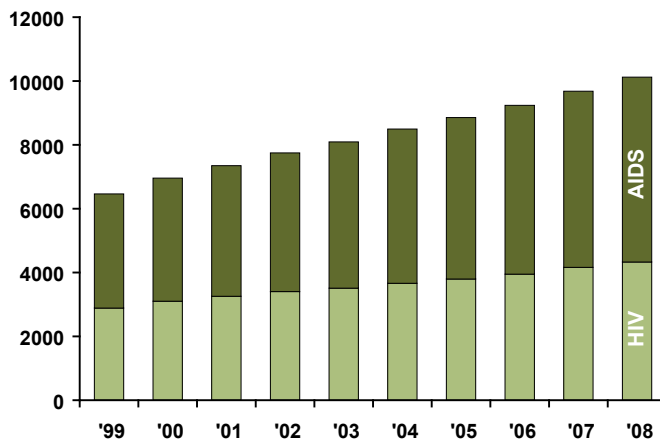


Figure 3. Prevalence of HIV disease in Washington state, 1999-2008



## DEVELOPMENTS

### New HIV/AIDS Reporting System on Its Way

The Washington State Department of Health (DOH) is in the midst of switching to a new HIV/AIDS reporting system. Since the mid-1980s, the Department has used the HIV/AIDS Reporting System (HARS) to monitor trends in the HIV epidemic. HARS was developed by the U.S. Centers for Disease Control and Prevention as part of a successful national effort to ensure that HIV/AIDS surveillance data are collected, stored, and reported to CDC in a standardized manner. For more than two decades, CDC required that all federally-funded state and territorial surveillance programs use HARS. Indeed, for many years, HARS was considered by many to be one of the most advanced and comprehensive disease monitoring systems in existence. Yet, HARS has become increasingly limited over time.

Like an Excel spreadsheet, HARS is a flat database with a set number of variables and cells in which to store information. Hence, it has a limited capacity to store new or expanding information. For example, HARS contains only one place to store information about a patient's current physician. Thus, if a patient switches to a new doctor, the information about the old one must either be preserved (causing it to become out-of-date) or overwritten. Yet, monitoring the health care received by people living with HIV disease is an important function of our surveillance system. There is value in knowing where cases receive care throughout the course of their HIV illness, and what factors predict moving from one provider to another. As HIV disease has transitioned from being an acute, mostly fatal condition to one that is generally considered chronic and treatable, the need to monitor reported cases for longer periods of time has grown. Similarly, our HIV surveillance needs have changed.

The new reporting system, called eHARS, is a relational database. Because eHARS is a document-based system, new information can be added anytime without endangering existing data. Thus, if a patient changes providers, we will be able to enter information about a the patient's new doctor while at

the same time retaining information about the old one. eHARS will allow us to report on a wider variety of surveillance-related events, and to describe those events in more detail.

The switch to the new system should be largely invisible to those outside of the Department. Local health jurisdiction staff who conduct HIV case investigations will be required to collect and report new data elements on an ongoing basis. Some local health districts might also be asked to assist DOH in collecting missing pieces of data as we clean up the data prior to the transition in August 2009. DOH will provide training to local health staff on how their case surveillance methods will change as a result of the new reporting system.

One of the biggest differences (and benefits) of eHARS is its ability to store additional information describing data sources in more detail. These additional data will allow for eHARS to resolve potential conflicts between data elements. The information about the data sources will also improve the ability of state and local surveillance programs to identify areas where people are either most at-risk for HIV and/or most in need of HIV-related services. eHARS also features a series of administrative, operational and surveillance reports that are designed to help maximize efficiency and improve data quality.

Washington State is the last among all U.S states and territories to transition from HARS to eHARS. The process itself will no doubt be complex and accompanied by the occasional "hiccup". Yet, being last has its advantages. We will certainly benefit from the knowledge and experiences of other states who have already completed the transition. Furthermore, we remain encouraged by favorable remarks others have had regarding the usefulness of eHARS and its ability to provide meaningful data.

***For more information, contact Tom Jaenicke at (360) 236-3409 or [tom.jaenicke@doh.wa.gov](mailto:tom.jaenicke@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. For the purposes of HIV surveillance, "HIV incidence" refers to the number of newly diagnosed cases of HIV.

**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.

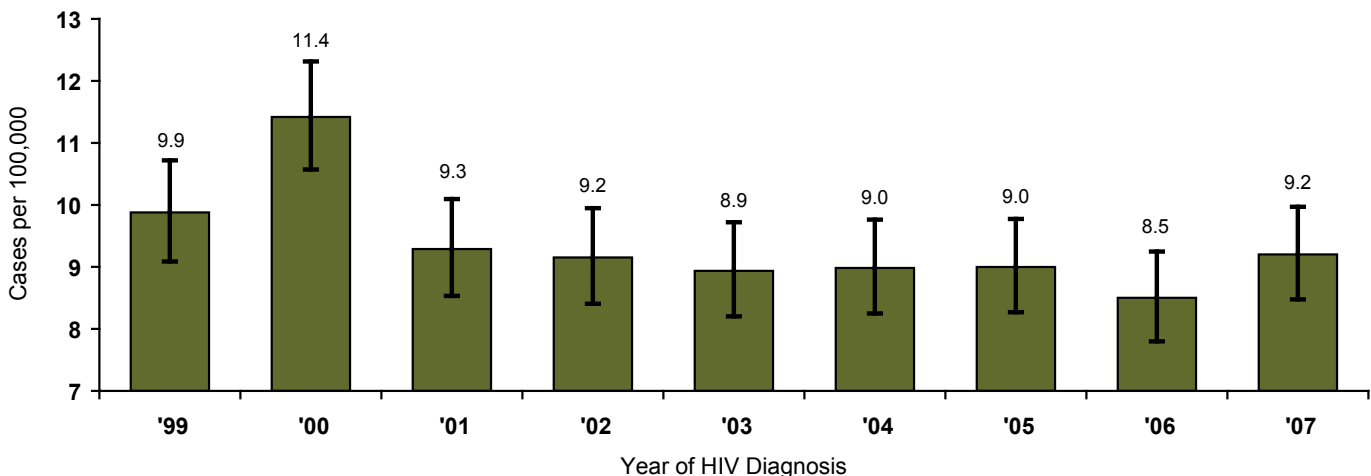
**New HIV diagnosis:** Refers to anyone who is diagnosed with HIV in a given time period, regardless of disease status.

**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, 1999-2007

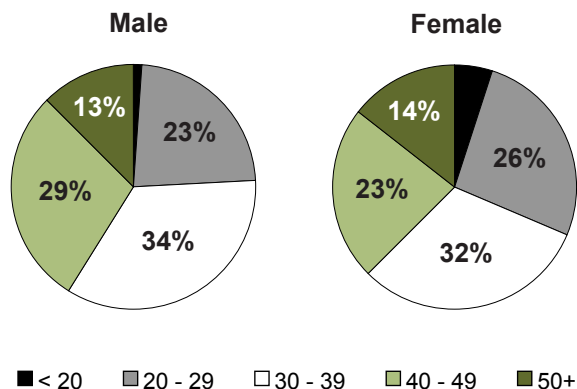


**Table 1. New HIV Diagnoses**

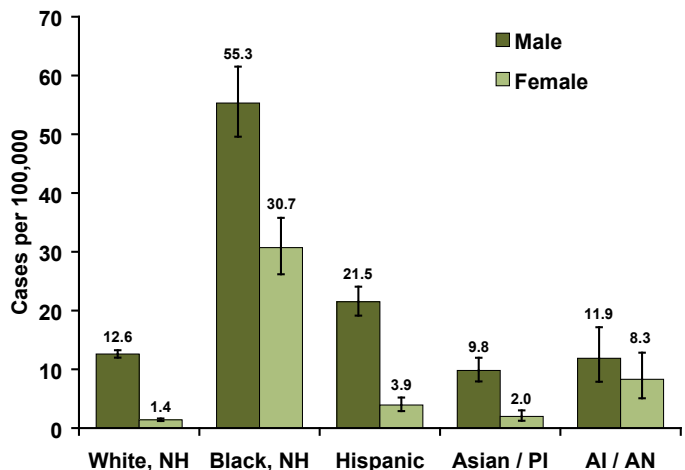
Year of HIV diagnosis:	Newly Diagnosed Cases of HIV Disease						Late HIV Diagnoses			
	2003 No.	2004 No.	2005 No.	2006 No.	2007 No.	2008 No.	2003-2007 No.	%	Rate	2003-2007 %
<b>Total</b>	558	558	567	548	599	541	2,830	100%	8.9	31%
<b>Gender</b>										
Male	471	467	486	464	500	446	2,388	84%	15.1	31%
Female	87	91	81	84	99	95	442	16%	2.8	30%
<b>Age at HIV Diagnosis</b>										
< 20	7	4	7	10	23	16	51	2%	0.6	12%
20 - 29	111	132	122	141	157	143	663	23%	15.1	17%
30 - 39	229	187	202	175	174	167	967	34%	21.7	31%
40 - 49	150	173	165	147	150	127	785	28%	15.9	37%
50 - 59	46	55	56	60	70	57	287	10%	6.8	43%
60+	15	7	15	15	25	31	77	3%	1.6	47%
<b>Race and Hispanic Origin</b>										
White, non-Hispanic	353	347	348	354	357	297	1,759	62%	7.0	28%
Black, non-Hispanic	102	101	107	83	114	98	507	18%	43.9	35%
Hispanic (All Races)	65	61	73	66	89	95	354	13%	13.3	36%
Asian	15	19	20	26	24	28	104	4%	5.7 *	42%
Hawaiian/ Pacific Islander	4	1	3	5	3	0	16	1%	---	---
Amer. Indian / Alaska Native	14	15	9	6	6	11	50	2%	10.1	---
Multi-race / Unknown	5	14	7	8	6	12	40	1%	---	---
<b>Exposure category</b>										
Male/Male Sex (MSM)	329	310	297	311	336	282	1,583	56%	---	26%
Injecting Drug Use (IDU)	44	52	43	40	32	25	211	7%	---	33%
MSM and IDU	37	39	53	39	42	30	210	7%	---	19%
HR Heterosexual Contact	81	69	69	57	45	41	321	11%	---	37%
Pediatric	1	1	0	2	2	2	6	0%	---	---
Transfusion / Hemophiliac	1	5	5	0	1	3	12	0%	---	---
No Identified Risk/ Other	65	82	100	99	141	158	487	17%	---	45%

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of June 30, 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, 2003-2007**



**Figure 6. New HIV Diagnosis Rates by Race/Ethnicity and Gender, Washington State, 2003-2007**

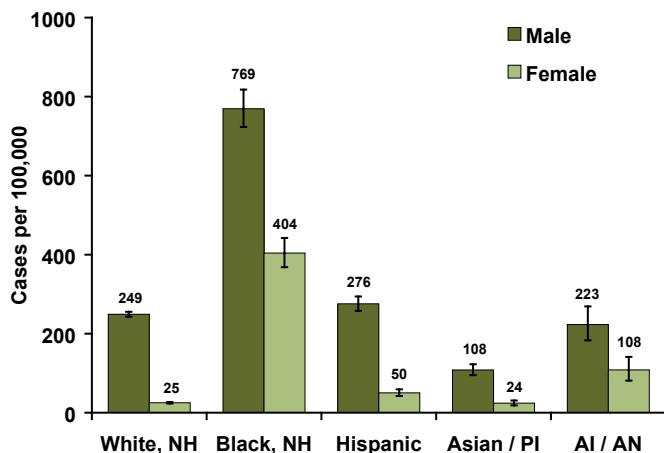


**Table 2. People Living with HIV Disease as of December 31, 2008**

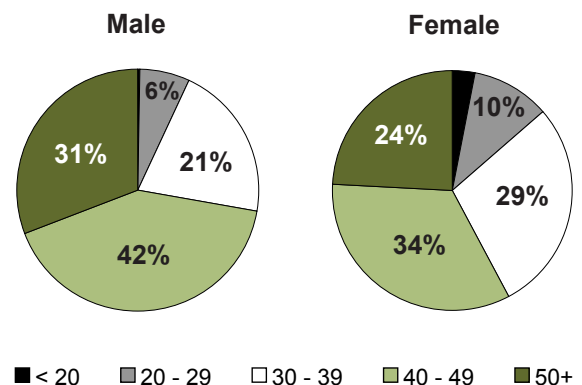
	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
<b>Total</b>	4,329	100%	65.7	5,792	100%	88.0	10,121	100%	153.7
<b>Gender</b>									
Male	3,663	85%	111.5	5,067	87%	154.4	8,730	86%	265.8
Female	666	15%	20.1	725	13%	22.0	1,391	14%	42.1
<b>Current age</b>									
< 20	54	1%	3.0	20	0%	1.1	74	1%	4.1
20 - 29	518	12%	54.9	192	3%	20.5	710	7%	75.3
30 - 39	1,159	27%	130.9	1,063	18%	120.5	2,222	22%	251.3
40 - 49	1,612	37%	166.6	2,467	43%	255.1	4,079	40%	421.7
50 - 59	755	17%	82.5	1,529	26%	167.1	2,284	23%	249.6
60+	231	5%	20.8	521	9%	46.9	752	7%	67.7
<b>Race and Hispanic Origin</b>									
White, non-Hispanic	3,041	70%	59.1	3,953	68%	76.9	6,994	69%	136.1
Black, non-Hispanic	645	15%	257.0	860	15%	342.7	1,505	15%	599.7
Hispanic (All Races)	414	10%	67.6	629	11%	102.9	1,043	10%	170.5
Asian / Pacific Islander	126	3%	25.8	184	3%	37.8	310	3%	63.6
Amer. Indian /Alaska Native	53	1%	52.7	110	2%	112.4	163	2%	165.1
Multi-race / Unknown	50	1%	---	56	1%	---	106	1%	---
<b>Exposure category</b>									
Male/Male Sex (MSM)	2,757	64%	---	3,472	60%	---	6,229	62%	---
Injecting Drug Use (IDU)	294	7%	---	516	9%	---	810	8%	---
MSM and IDU	314	7%	---	526	9%	---	840	8%	---
HR Heterosexual Contact	425	10%	---	630	11%	---	1,055	10%	---
Pediatric	34	1%	---	17	0%	---	51	1%	---
Transfusion / Hemophiliac	23	1%	---	58	1%	---	81	1%	---
No Identified Risk/ Other	482	11%	---	573	10%	---	1,055	10%	---

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of June 30, 2009.

**Figure 7. HIV Prevalence Rates by Race/Ethnicity and Gender, Washington State, End of 2008**



**Figure 8. People Living with HIV Disease by Gender and Current Age, Washington State, End of 2008**

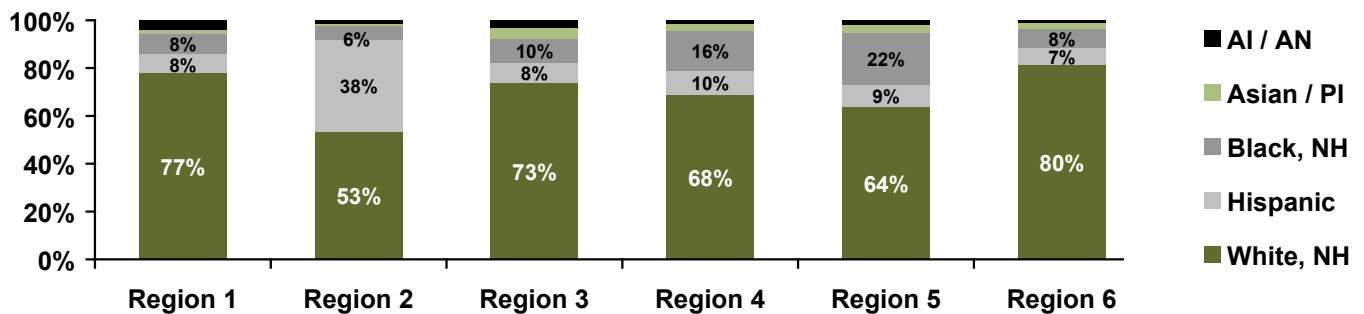


**Table 3. People Living with HIV Disease as of December 31, 2008:  
Exposure Category by Gender and Race/Ethnicity**

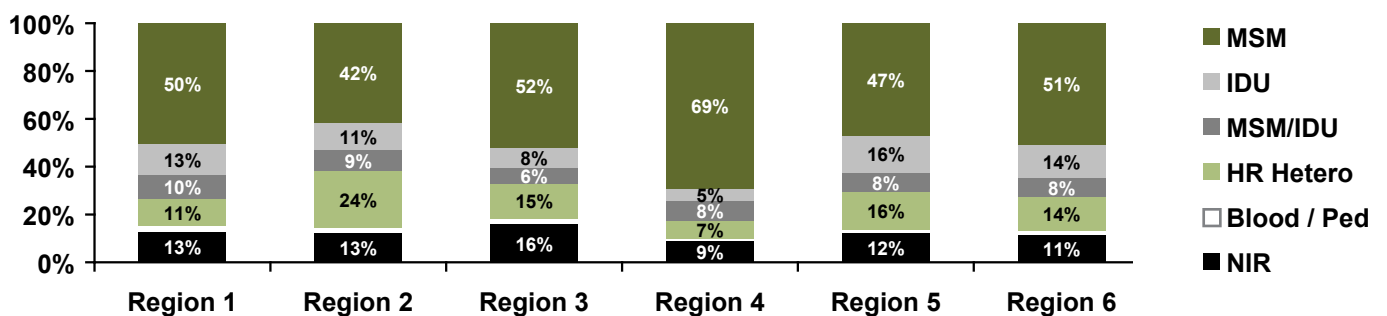
Exposure category	NH White		NH Black		Hispanic		Asian / Pacific Islander		American Indian/Alaska Native	
	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Males:</b>										
Male/Male Sex (MSM)	4,856	77%	494	48%	581	65%	178	72%	56	51%
Injecting Drug Use (IDU)	340	5%	103	10%	63	7%	8	3%	15	14%
MSM and IDU	670	11%	61	6%	59	7%	6	2%	26	24%
HR Heterosexual Contact	130	2%	158	15%	59	7%	14	6%	6	5%
Pediatric	8	0%	9	1%	2	0%	2	1%	1	1%
Transfusion / hemophiliac	42	1%	3	0%	7	1%	1	0%	1	1%
No Identified Risk/ Other	298	5%	205	20%	129	14%	38	15%	5	5%
<b>Total Males*</b>	<b>6,344</b>	<b>100%</b>	<b>1,033</b>	<b>100%</b>	<b>900</b>	<b>100%</b>	<b>247</b>	<b>100%</b>	<b>110</b>	<b>100%</b>
<b>Females:</b>										
Injecting Drug Use (IDU)	169	26%	62	13%	16	11%	4	6%	24	45%
HR Heterosexual Contact	333	51%	210	44%	88	62%	31	49%	20	38%
Pediatric	10	2%	12	3%	5	3%	2	3%	0	0%
Transfusion / hemophiliac	7	1%	14	3%	3	2%	3	5%	0	0%
No Identified Risk/ Other	131	20%	174	37%	31	22%	23	37%	9	17%
<b>Total Females*</b>	<b>650</b>	<b>100%</b>	<b>472</b>	<b>100%</b>	<b>143</b>	<b>100%</b>	<b>63</b>	<b>100%</b>	<b>53</b>	<b>100%</b>

\* 76 cases (67 male) were reported as belonging to more than one racial/ethnic group; race/ethnicity remains unknown for 30 cases (29 male)  
All HIV/AIDS surveillance data reported to the Washington State Department of Health as of June 30, 2009.

**Figure 9. People Living with HIV Disease by AIDSNet Region and Race/Ethnicity Washington State, End of 2008**



**Figure 10. People Living with HIV Disease by AIDSNet Region and Exposure Category Washington State, End of 2008**



**Table 4. HIV Diagnoses by AIDSNet Region and County**

Year of HIV diagnosis:	Newly Diagnosed Cases of HIV Disease							Cumulative HIV Diagnoses (through 2008)			
	2003 No.	2004 No.	2005 No.	2006 No.	2007 No.	2008 No.	2003-2007 No. %	Rate	No.	%	
<b>AIDSNet Region 1</b>	<b>27</b>	<b>37</b>	<b>27</b>	<b>30</b>	<b>41</b>	<b>34</b>	<b>162</b>	<b>6%</b>	<b>4.7</b>	<b>921</b>	<b>5%</b>
Adams Co.	0	0	0	0	0	0	0	0%	---	6	0%
Asotin Co.	0	2	1	1	0	1	4	0%	---	21	0%
Columbia Co.	1	0	0	0	2	0	3	0%	---	7	0%
Ferry Co.	0	0	0	0	1	0	1	0%	---	8	0%
Garfield Co.	0	0	0	0	0	0	0	0%	---	1	0%
Lincoln Co.	0	1	0	0	0	0	1	0%	---	4	0%
Okanogan Co.	1	5	0	0	1	3	7	0%	---	37	0%
Pend Oreille Co.	0	0	0	1	0	0	1	0%	---	9	0%
Spokane Co.	22	28	22	25	37	25	134	5%	6.1	717	4%
Stevens Co.	2	1	1	1	0	1	5	0%	---	27	0%
Walla Walla Co.	1	0	1	1	0	2	3	0%	---	64	0%
Whitman Co.	0	0	2	1	0	2	3	0%	---	20	0%
<b>AIDSNet Region 2</b>	<b>22</b>	<b>21</b>	<b>27</b>	<b>30</b>	<b>30</b>	<b>21</b>	<b>130</b>	<b>5%</b>	<b>3.7</b>	<b>602</b>	<b>4%</b>
Benton Co.	2	0	2	8	5	2	17	1%	2.7	117	1%
Chelan Co.	2	3	5	4	3	1	17	1%	4.9	66	0%
Douglas Co.	0	0	0	0	2	0	2	0%	---	6	0%
Franklin Co.	5	5	6	2	3	5	21	1%	6.9	76	0%
Grant Co.	2	4	1	3	3	3	13	0%	3.3	49	0%
Kittitas Co.	1	1	3	3	0	0	8	0%	---	25	0%
Klickitat Co.	2	0	0	2	1	0	5	0%	---	16	0%
Yakima Co.	8	8	10	8	13	10	47	2%	4.0	247	1%
<b>AIDSNet Region 3</b>	<b>49</b>	<b>54</b>	<b>66</b>	<b>59</b>	<b>60</b>	<b>52</b>	<b>288</b>	<b>10%</b>	<b>5.3</b>	<b>1,422</b>	<b>8%</b>
Island Co.	6	2	0	2	2	3	12	0%	3.9	80	0%
San Juan Co.	0	1	0	1	1	0	3	0%	---	26	0%
Skagit Co.	4	6	6	5	3	5	24	1%	4.1	99	1%
Snohomish Co.	33	38	53	43	44	34	211	7%	6.3	989	6%
Whatcom Co.	6	7	7	8	10	10	38	1%	4.1	228	1%
<b>AIDSNet Region 4 (King Co.)</b>	<b>354</b>	<b>340</b>	<b>321</b>	<b>308</b>	<b>319</b>	<b>314</b>	<b>1,642</b>	<b>58%</b>	<b>17.7</b>	<b>10,922</b>	<b>64%</b>
<b>AIDSNet Region 5</b>	<b>59</b>	<b>51</b>	<b>70</b>	<b>72</b>	<b>73</b>	<b>70</b>	<b>325</b>	<b>11%</b>	<b>6.5</b>	<b>1,860</b>	<b>11%</b>
Kitsap Co.	10	10	9	13	9	6	51	2%	4.2	308	2%
Pierce Co.	49	41	61	59	64	64	274	10%	7.2	1,552	9%
<b>AIDSNet Region 6</b>	<b>47</b>	<b>55</b>	<b>56</b>	<b>49</b>	<b>76</b>	<b>50</b>	<b>283</b>	<b>10%</b>	<b>5.2</b>	<b>1,472</b>	<b>9%</b>
Clallam Co.	2	2	4	1	1	2	10	0%	---	76	0%
Clark Co.	25	25	27	20	42	17	139	5%	6.9	652	4%
Cowlitz Co.	3	4	2	6	5	5	20	1%	4.2	142	1%
Grays Harbor Co.	2	4	6	2	2	6	16	1%	4.6	87	1%
Jefferson Co.	0	1	0	3	1	0	5	0%	---	37	0%
Lewis Co.	1	1	0	4	1	2	7	0%	---	57	0%
Mason Co.	5	2	4	1	7	8	19	1%	7.3	109	1%
Pacific Co.	3	0	3	3	2	1	11	0%	---	32	0%
Skamania Co.	0	0	0	0	0	0	0	0%	---	7	0%
Thurston Co.	6	16	10	9	15	9	56	2%	5.0	270	2%
Wahkiakum Co.	0	0	0	0	0	0	0	0%	---	3	0%
<b>STATEWIDE TOTAL</b>	<b>558</b>	<b>558</b>	<b>567</b>	<b>548</b>	<b>599</b>	<b>541</b>	<b>2,830</b>	<b>100%</b>	<b>8.9</b>	<b>17,199</b>	<b>100%</b>

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of June 30, 2009.

**Table 5. People Living with HIV Disease by AIDSNet Region and County as of December 31, 2008**

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
<b>AIDSNet Region 1</b>	<b>192</b>	<b>4%</b>	<b>26.6</b>	<b>323</b>	<b>6%</b>	<b>44.8</b>	<b>515</b>	<b>5%</b>	<b>71.4</b>
Adams Co.	1	0%	---	4	0%	---	5	0%	---
Asotin Co.	2	0%	---	11	0%	---	13	0%	60.7
Columbia Co.	2	0%	---	2	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%	---	18	0%	44.9	27	0%	67.3
Pend Oreille Co.	0	0%	---	3	0%	---	3	0%	---
Spokane Co.	161	4%	34.9	239	4%	52.1	400	4%	86.9
Stevens Co.	6	0%	---	5	0%	---	11	0%	---
Walla Walla Co.	6	0%	---	26	0%	44.4	32	0%	56.3
Whitman Co.	4	0%	---	12	0%	27.9	16	0%	37.2
<b>AIDSNet Region 2</b>	<b>149</b>	<b>3%</b>	<b>20.4</b>	<b>242</b>	<b>4%</b>	<b>34.1</b>	<b>391</b>	<b>4%</b>	<b>54.5</b>
Benton Co.	32	1%	19.3	53	1%	32.0	85	1%	51.4
Chelan Co.	17	0%	23.6	21	0%	29.1	38	0%	52.7
Douglas Co.	1	0%	---	2	0%	---	3	0%	---
Franklin Co.	23	1%	34.2	34	1%	48.5	57	1%	82.7
Grant Co.	10	0%	---	19	0%	22.5	29	0%	34.3
Kittitas Co.	4	0%	---	10	0%	---	14	0%	33.0
Klickitat Co.	7	0%	---	3	0%	---	10	0%	---
Yakima Co.	55	1%	22.9	100	2%	44.5	155	2%	67.4
<b>AIDSNet Region 3</b>	<b>348</b>	<b>8%</b>	<b>31.4</b>	<b>530</b>	<b>9%</b>	<b>48.2</b>	<b>878</b>	<b>9%</b>	<b>79.7</b>
Island Co.	15	0%	18.9	28	0%	35.3	43	0%	54.2
San Juan Co.	6	0%	---	7	0%	---	13	0%	80.7
Skagit Co.	23	1%	18.7	34	1%	28.9	57	1%	47.7
Snohomish Co.	248	6%	35.5	380	7%	54.7	628	6%	90.1
Whatcom Co.	56	1%	29.3	81	1%	42.4	137	1%	71.7
<b>AIDSNet Region 4 (King Co.)</b>	<b>2769</b>	<b>64%</b>	<b>147.1</b>	<b>3572</b>	<b>62%</b>	<b>189.5</b>	<b>6,341</b>	<b>63%</b>	<b>336.5</b>
<b>AIDSNet Region 5</b>	<b>497</b>	<b>11%</b>	<b>47.2</b>	<b>592</b>	<b>10%</b>	<b>56.3</b>	<b>1,089</b>	<b>11%</b>	<b>103.5</b>
Kitsap Co.	76	2%	30.8	106	2%	42.9	182	2%	73.7
Pierce Co.	421	10%	52.3	486	8%	60.3	907	9%	112.6
<b>AIDSNet Region 6</b>	<b>374</b>	<b>9%</b>	<b>33.7</b>	<b>533</b>	<b>9%</b>	<b>48.2</b>	<b>907</b>	<b>9%</b>	<b>81.9</b>
Clallam Co.	17	0%	24.6	24	0%	34.7	41	0%	59.2
Clark Co.	184	4%	42.9	225	4%	53.0	409	4%	95.9
Cowlitz Co.	40	1%	40.4	45	1%	45.5	85	1%	85.9
Grays Harbor Co.	19	0%	26.8	31	1%	43.7	50	0%	70.5
Jefferson Co.	9	0%	---	11	0%	---	20	0%	69.4
Lewis Co.	7	0%	---	18	0%	24.1	25	0%	33.5
Mason Co.	26	1%	46.2	57	1%	101.2	83	1%	147.4
Pacific Co.	11	0%	---	9	0%	---	20	0%	91.7
Skamania Co.	0	0%	---	1	0%	---	1	0%	---
Thurston Co.	60	1%	24.5	110	2%	44.8	170	2%	69.3
Wahkiakum Co.	1	0%	---	2	0%	---	3	0%	---
<b>STATEWIDE TOTAL</b>	<b>4,329</b>	<b>100%</b>	<b>65.7</b>	<b>5,792</b>	<b>100%</b>	<b>88.0</b>	<b>10,121</b>	<b>100%</b>	<b>153.7</b>

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of June 30, 2009.

**Table 6. AIDS Diagnoses and Deaths Attributed to HIV Disease**

Year of HIV diagnosis:	Recent AIDS Diagnoses 2003-2007			Cumulative AIDS Diagnoses 1982-2008		Cumulative HIV/AIDS Deaths 1982-2008	
	No.	%	Rate	No.	%	No.	%
<b>Total</b>	1,969	100%	6.3	12,459	100%	5,514	100%
<b>Gender</b>							
Male	1,671	85%	10.7	11,281	91%	5,147	93%
Female	298	15%	1.9	1,178	9%	367	7%
<b>Age at AIDS diagnosis</b>						<b>Age at death</b>	
< 20	14	1%	0.2	91	1%	57	1%
20 - 29	241	12%	5.6	2,050	16%	484	9%
30 - 39	691	35%	15.7	5,509	44%	2,228	40%
40 - 49	707	36%	14.4	3,400	27%	1,814	33%
50 - 59	253	13%	6.0	1,073	9%	693	13%
60+	63	3%	1.3	336	3%	238	4%
<b>Race and Hispanic Origin</b>							
White, non-Hispanic	1,235	63%	4.9	9,379	75%	4,531	82%
Black, non-Hispanic	355	18%	30.8	1,492	12%	493	9%
Hispanic (All Races)	215	11%	8.2	980	8%	276	5%
Asian / Pacific Islander	89	5%	4.2	288	2%	85	2%
Amer. Indian /Alaska Native	44	2%	9.2	237	2%	103	2%
Multi-race / Unknown	31	2%	---	83	1%	26	0%
<b>Exposure category</b>							
Male/Male Sex (MSM)	1,035	53%	---	8,047	65%	3,842	70%
Injecting Drug Use (IDU)	203	10%	---	1,130	9%	480	9%
MSM and IDU	187	9%	---	1,244	10%	584	11%
HR Heterosexual Contact	237	12%	---	923	7%	234	4%
Pediatric	3	0%	---	33	0%	14	0%
Transfusion / hemophiliac	14	1%	---	220	2%	129	2%
No Identified Risk/ Other	290	15%	---	862	7%	231	4%

All HIV/AIDS surveillance data reported to the Washington State Department of Health as of June 30, 2009.

## 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.

For more information, please contact:

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