

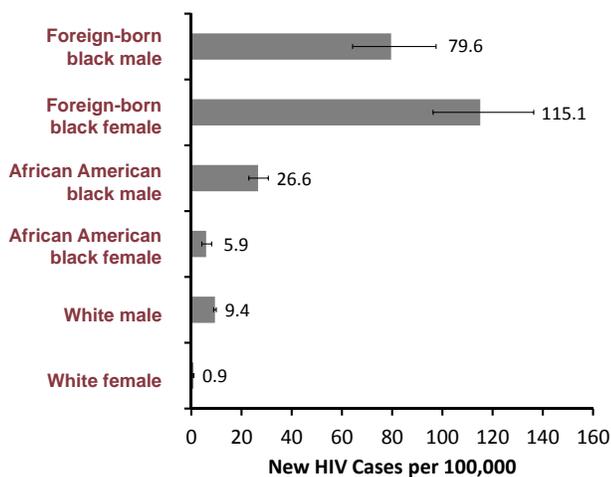
HIV among African Americans



Black residents of Washington have been more severely affected by HIV than any other racial or ethnic group. While black people make up only 3 percent of the state’s general population, they account for about 1 in 6 new HIV cases each year.* Nationally, the black HIV burden is even greater. Yet, while many black people are at risk for HIV, the amount of risk varies greatly from person to person.

The labels **black** and **African American** can mean different things to different people. In this fact sheet, the term African American describes non-Hispanic black people who were born in the United States. The Department of Health also produces a separate HIV fact sheet dedicated to foreign-born black people, who make up about half of all black cases of HIV diagnosed in Washington each year.

HIV Rates by Race, Gender and Foreign-Born Status, Washington State, 2009-2013 **



Note: White HIV rates are based on both native- (88%) and foreign-born cases (12%) combined.

Why create two fact sheets?

Although they comprise less than 15% of Washington’s entire black population, foreign-born black people have become an increasingly larger part of Washington’s HIV epidemic in recent years. During 2009–2013, black residents born outside the United States made up half (50%) of all new HIV cases among blacks diagnosed in Washington.

Compared to African Americans, foreign-born black residents represent a more diverse mixture of languages, cultures and social norms. In Washington, most U.S.-born black residents with HIV are gay or bisexual men. Nearly all foreign-born HIV-infected black residents are heterosexual, and most were probably infected outside the United States. These factors must be taken into account when developing culturally appropriate and relevant HIV prevention services for each population.

Black People Living with HIV Disease, by Country of Birth and Primary Language Washington State, 2013

Country of Birth	Case Count (%)	Primary Spoken Language (in birth country)
United States	1,180 (61%)	English
Ethiopia	254 (13%)	Amharic
Kenya	97 (5%)	Swahili
Zambia	27 (1%)	Bemba
Somalia	26 (1%)	Somali
Eritrea	24 (1%)	Amharic
Zimbabwe	24 (1%)	Shona
Liberia	20 (1%)	English
Other (53+)	326 (14%)	-----

* The term “new HIV cases” refers to all newly diagnosed cases of HIV disease, with or without AIDS.

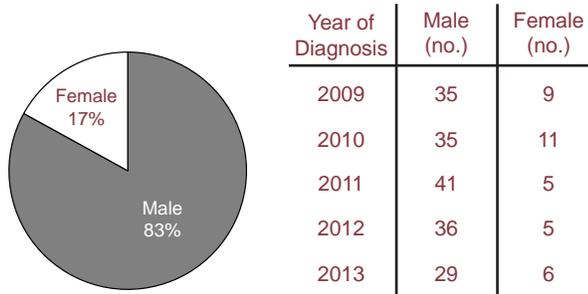
** These are annualized, crude disease rates based on new HIV cases diagnosed between 2009 and 2013. All case information reported as of August 31, 2014.

HIV AMONG AFRICAN AMERICANS

NEW HIV CASES

Statewide, the numbers of African American men and women diagnosed with HIV each year remain about the same. Between 2009 and 2013, there were 42 new cases each year, on average, most of whom were male (83%).

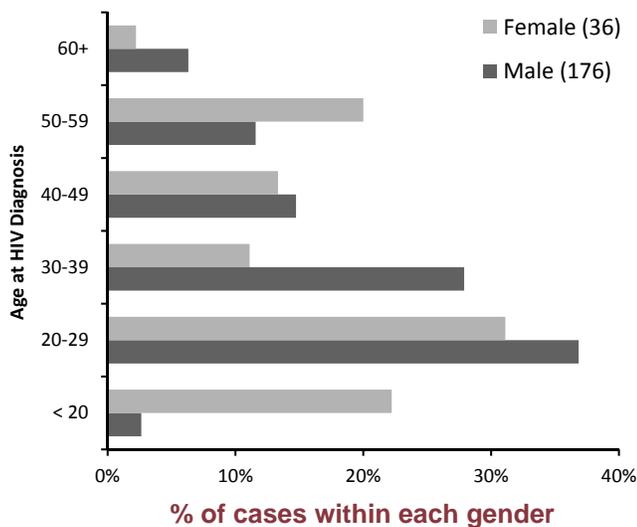
New HIV Cases among African Americans, by Gender, Washington State, 2009-2013 (No. = 212)



By Age

In Washington, HIV risk among African Americans is not strongly associated with age. Most new cases occur among young and middle-aged adults, yet nearly one-third are diagnosed after age 40.

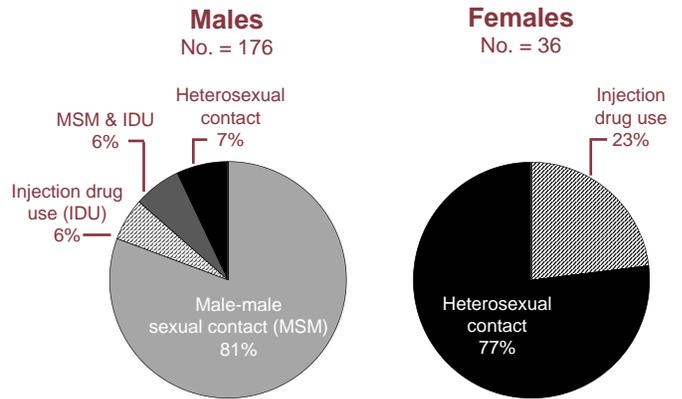
New HIV Cases among African Americans, by Age at Diagnosis, Washington State, 2009-2013



By Exposure

Male-to-male sexual contact continues to be the most common risk factor reported among African Americans with HIV in Washington. Most new cases among females are probably the result of unprotected sex with an HIV-positive partner.

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



Routine Testing and Late HIV Diagnosis

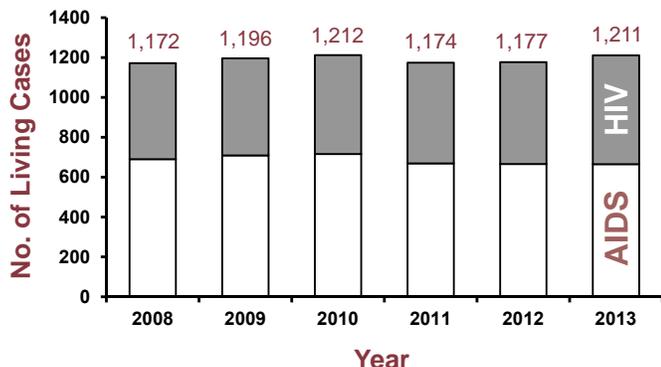
The longer a person with HIV remains unaware of his or her disease status, the more likely he or she is to infect someone else. Delayed testing can also make it more likely that an individual will develop AIDS, and pay higher HIV-related medical costs. Late HIV diagnosis occurs when someone is diagnosed with both HIV and AIDS within a twelve month period. In Washington, about 40 percent of African American HIV cases are diagnosed late. Compared with whites, African Americans are 25 percent more likely to be a late HIV diagnosis. This further demonstrates the need for more African Americans to get tested for HIV on a regular basis.

HIV AMONG AFRICAN AMERICANS

LIVING HIV CASES*

In 2013, there were more than 1,200 African Americans living with HIV disease in Washington, 55 percent of whom had been diagnosed with AIDS. Since 2008, the number of African Americans with HIV has grown each year by about 1 percent.

African Americans Living with HIV Disease in Washington State, 2008-2013

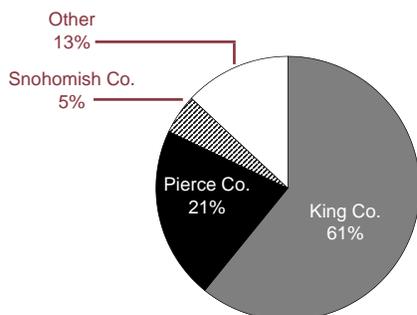


*Based on new methodology which includes all persons presumed living with HIV in Washington as of December 31, 2013 regardless of where the case was diagnosed.

By Geography

In Washington, most HIV-positive African Americans (82 percent) live in either King or Pierce County. Located on the west side of the state, these counties contain the cities of Seattle and Tacoma, which are home to the state's largest African American communities. However, while other counties contain fewer cases, HIV rates are often higher among African Americans who live in rural or less populated areas.

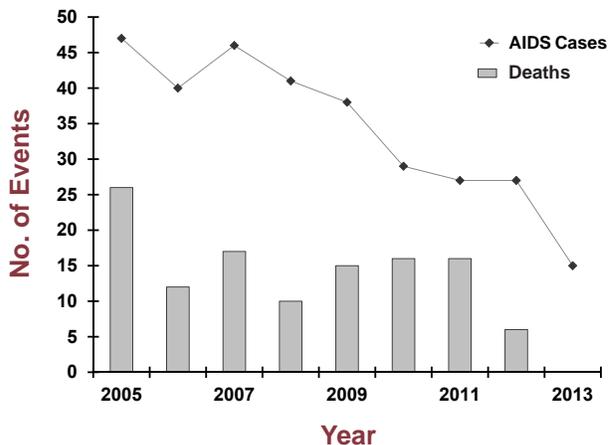
African Americans Living with HIV Disease by County of Residence, Washington State, 2013 (n = 1,211)



AIDS CASES & DEATHS

As of December 2013, over 1,200 African Americans had been diagnosed with AIDS in Washington. HIV has caused the deaths of more than 550 African American residents since the epidemic began.†

African American AIDS Cases and Deaths Caused by HIV Disease, 2005-2013



† We use death certificate data to identify cases in which HIV disease was determined by a physician to have been a contributing factor in a patient's death.

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, 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,

HIV PREVENTION (cont'd)

- 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>

