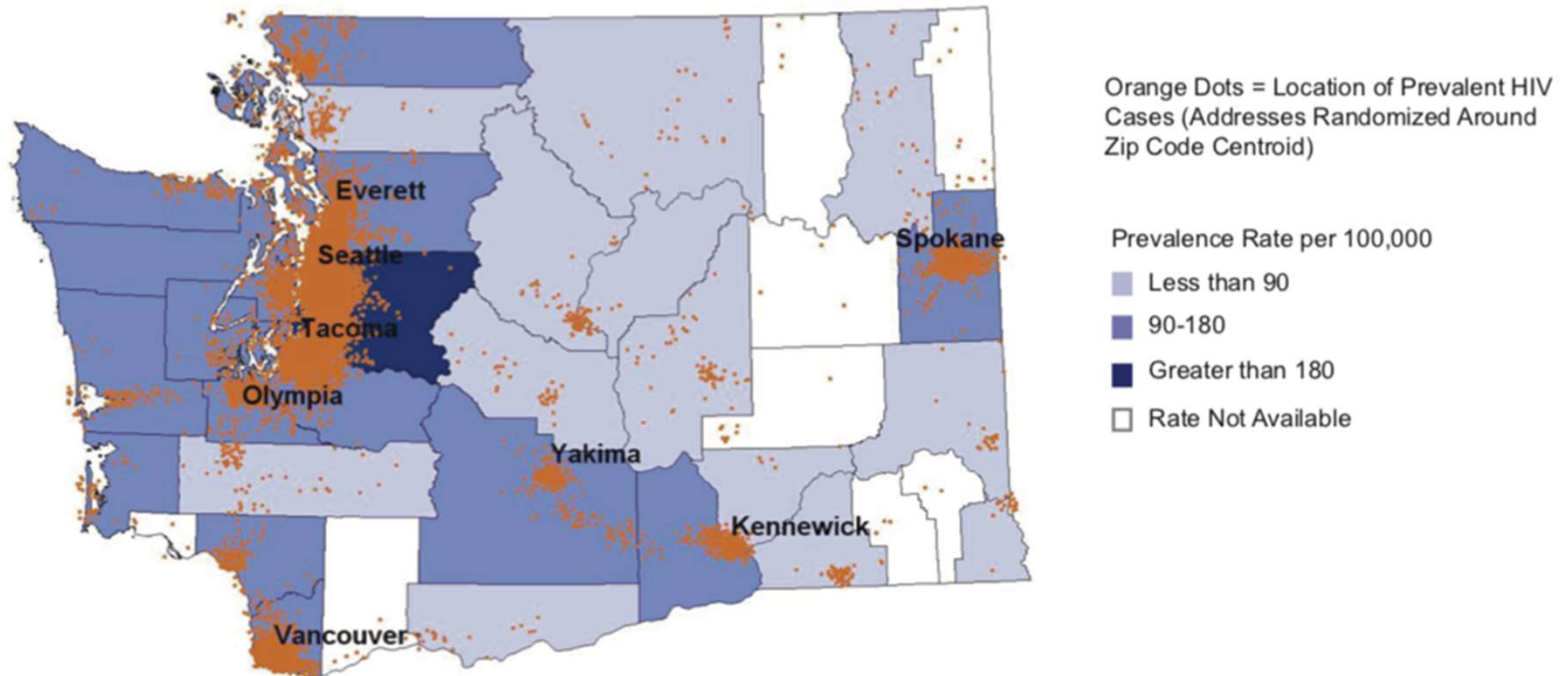# Human Immunodeficiency Virus (HIV) in Washington

By Dacotah Poole, Wayden Beaty, and Connor Wakefield

Impactful Findings and Information:

- The department of health estimates that about 14,000 people in Washington are living with HIV
- There was a large decrease in HIV tests and care labs during the first COVID lockdown in 2020. The number of new cases increased slowly from 2015 to 2019 but dropped in 2020. People can live with HIV and not know for awhile so the drop in 2020 can be due to many reasons.

Figure 1. Living HIV Cases and Prevalence Rates by County, 2020

Orange Dots = Location of Prevalent HIV Cases (Addresses Randomized Around Zip Code Centroid)

Prevalence Rate per 100,000

- Less than 90
- 90-180
- Greater than 180
- Rate Not Available

This shows us where HIV was more prominent around Washington in 2020. The orange represents what areas had the most HIV cases. No surprise the larger cities such as Olympia, Tacoma, Seattle, Everett, Spokane, and Vancouver had a larger population of those who are HIV positive. This concludes that the more people you have in an area, the more likely you'll have a higher amount of people contract HIV.

Characteristics of HIV-Positive Adults in Care in Washington, 2009-2014

- 86% were male and 13% were female

- 74% were men who have sex with men[*]

- 14% were black/African-American, 11% were Hispanic or Latino, and 66% were white

- 18% had been diagnosed with HIV less than 5 years at the time of their interview

- 48% had private insurance, 43% had public insurance only, and 5% had Ryan White coverage only

- 32% had a household income at or below the poverty line

- 11% experienced homelessness

[*]Estimate is for 2009-2013 only

Here is a display of some different demographics with HIV from 2009-2014. The findings:

- A majority of those with HIV were male
- 74% of those men had intercourse with other men
- A majority of them were white
- 18% of them were diagnosed within 5 years of their interview
- About ½ had private insurance
- ⅓ of them had poverty≥ income amount
- 1/10 of them were/are homeless

People Living with HIV in Washington Report These Feelings of Internalized Stigma:

I have been hurt by how people reacted to learning I have HIV. **48%**

I worry that people who know I have HIV will tell others. **55%**

I am very careful about with whom I discuss having HIV. **79%**

I have lost friends by telling them I have HIV. **30%**

Most people think that a person with HIV is disgusting. **42%**

How might these feelings reflect the attitudes of the people around them?

How Can I Help Stop HIV Stigma?

Use Empowering Language:
-Refer to HIV rather than AIDS.
-Use person-first terms to show that people are more than a diagnosis! "People living with HIV" rather than "HIV-infected people."
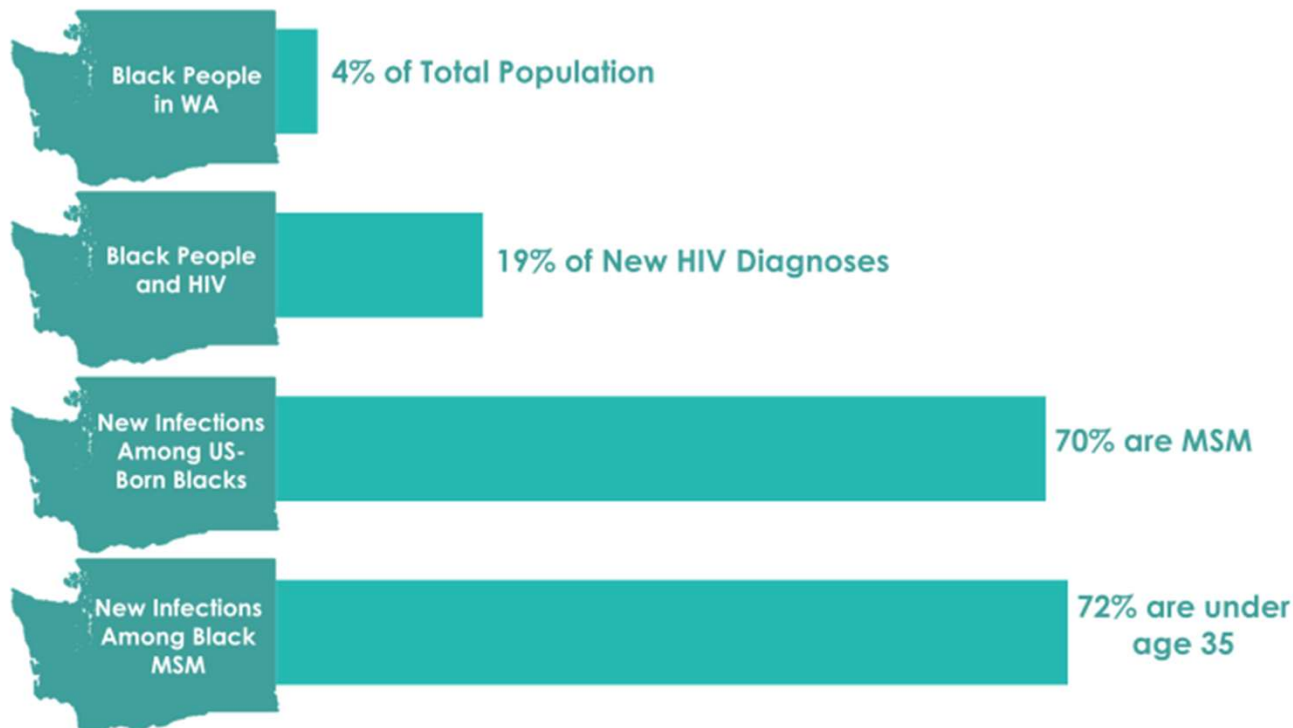
Model Positive Behavior:
-HIV cannot be transmitted through casual contact or food. Demonstrate this to others by treating people living with HIV just as you would any one else!

Talk about HIV:
-Stigma and discrimination feed on fear and secrecy. If you feel safe, talk about your own experiences with HIV testing, prevention, and treatment.

- About half of people have been hurt by how people reacted to learning they have HIV
- ⅓ of people have lost friends when telling them they have HIV
- Over half of people worry people will spread they have HIV to others.
- 79% of people are careful about who they discuss having HIV with.
- Three ways to help stop HIV stigma are to use empowering language, model positive behavior, and talk about HIV.
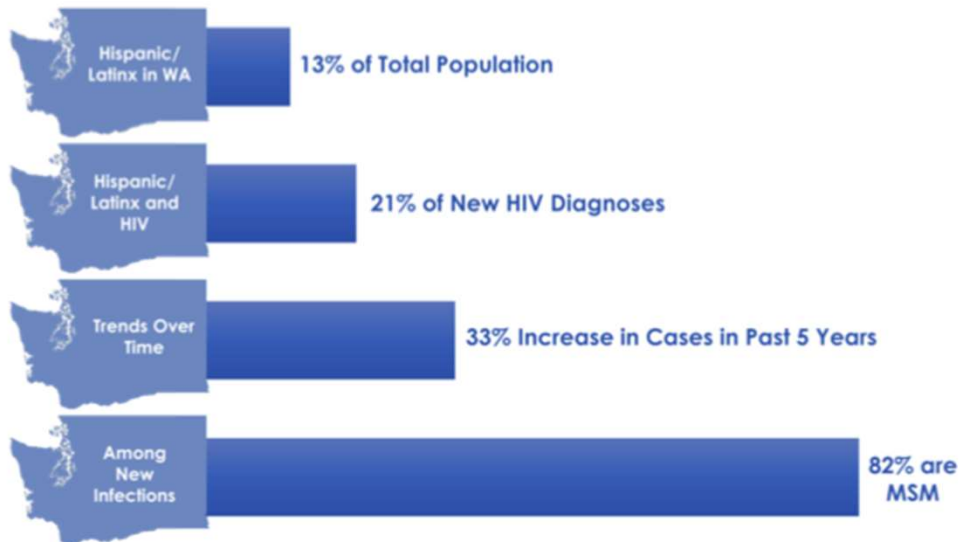
Washington State's Black Community is disproportionately impacted by the HIV epidemic—every 4 days a person identifying as Black is diagnosed with HIV.

Black People in WA — 4% of Total Population

Black People and HIV — 19% of New HIV Diagnoses

New Infections Among US-Born Blacks — 70% are MSM

New Infections Among Black MSM — 72% are under age 35

Black people in Washington are about 4% of the total population. Are 19% of new HIV diagnoses. Out of the black people with HIV 70% are MSM.

HIV Among Washington State's Hispanic/Latinx Community

Washington State's Hispanic/Latinx Community is disproportionately impacted by the HIV epidemic— every 4 days a person identifying as Hispanic is diagnosed with HIV.

Hispanic/Latinx in WA — 13% of Total Population

Hispanic/Latinx and HIV — 21% of New HIV Diagnoses

Trends Over Time — 33% Increase in Cases in Past 5 Years

Among New Infections — 82% are MSM

Not all Hispanic/Latinx are getting the HIV medical care and other support services they need. To learn about HIV care and treatment options for yourself, your clients, or your loved ones visit:

- Hispanic/ latinx in WA take up 13% of the population
- Out of the new infections 82% are from MSM.
- 33% increase of cases in the past 5 years.

STATISTICS: NEW HIV CASES

Table 1. New HIV and AIDS Cases, Late HIV Diagnoses and Linkage to Care, by Demographic and Risk Characteristics, WA State, 2020

	New AIDS Cases			New HIV Cases			Late HIV Diagnoses[a]		Initial Linkage to HIV Care[b]	
	no.	column %	rate	no.	column %	rate	no.	row %	no.	row %
Total	154	100%	2.0	359	100%	4.7	85	24%	290	81%
Gender										
Cisgender men	115	75%	3.0	306	85%	8.0	63	21%	249	81%
Cisgender women	35	23%	0.9	48	13%	1.3	21	44%	39	81%
Transgender men	1	1%	n/a	0	0%	n/a	0	0%	0	0%
Transgender women	3	2%	n/a	5	1%	n/a	--	--	--	--
Age at HIV Diagnosis										
< 13	0	0%	0.0	0	0%	0.0	0	0%	0	0%
13-24	5	3%	0.4^{NR}	54	15%	4.7	4	7%	43	80%
25-34	34	22%	3.2	127	35%	11.8	18	14%	104	82%
35-44	46	30%	4.6	84	23%	8.3	25	30%	64	76%
45-54	36	23%	3.9	46	13%	4.9	17	37%	39	85%
55-64	21	14%	2.2	37	10%	3.8	13	35%	29	78%
65+	12	8%	0.9^{NR}	11	3%	0.9^{NR}	8	73%	11	100%
Race/ethnicity										
AI/AN	1	0%	1.1^{NR}	6	2%	6.3^{NR}	--	--	--	--
Asian	14	4%	1.9^{NR}	30	8%	4.2	13	43%	25	83%
Black	32	28%	10.6	58	16%	19.2	17	29%	47	81%
Foreign-born[c,d]	23	16%	29.7	21	6%	27.2	13	62%	18	86%
U.S.-born[c,d]	6	12%	2.6^{NR}	26	7%	11.2	3	12%	22	85%
LAT/HISP	25	18%	2.4	56	16%	5.5	12	21%	46	82%
Foreign-born[c,d]	10	10%	3.2^{NR}	19	5%	6.1	4	21%	16	84%
U.S.-born[c,d]	9	4%	1.3^{NR}	18	5%	2.6	2	11%	16	89%
NHOPI	1	2%	1.8^{NR}	4	1%	7.2^{NR}	--	--	--	--
White	75	42%	1.5	190	53%	3.7	42	22%	154	81%
Multiple	6	6%	1.8^{NR}	15	4%	4.4^{NR}	0	0%	12	80%

This table shows the statistics for new HIV cases. It categorizes the statistics by different genders, ages, and races/ethnicities.

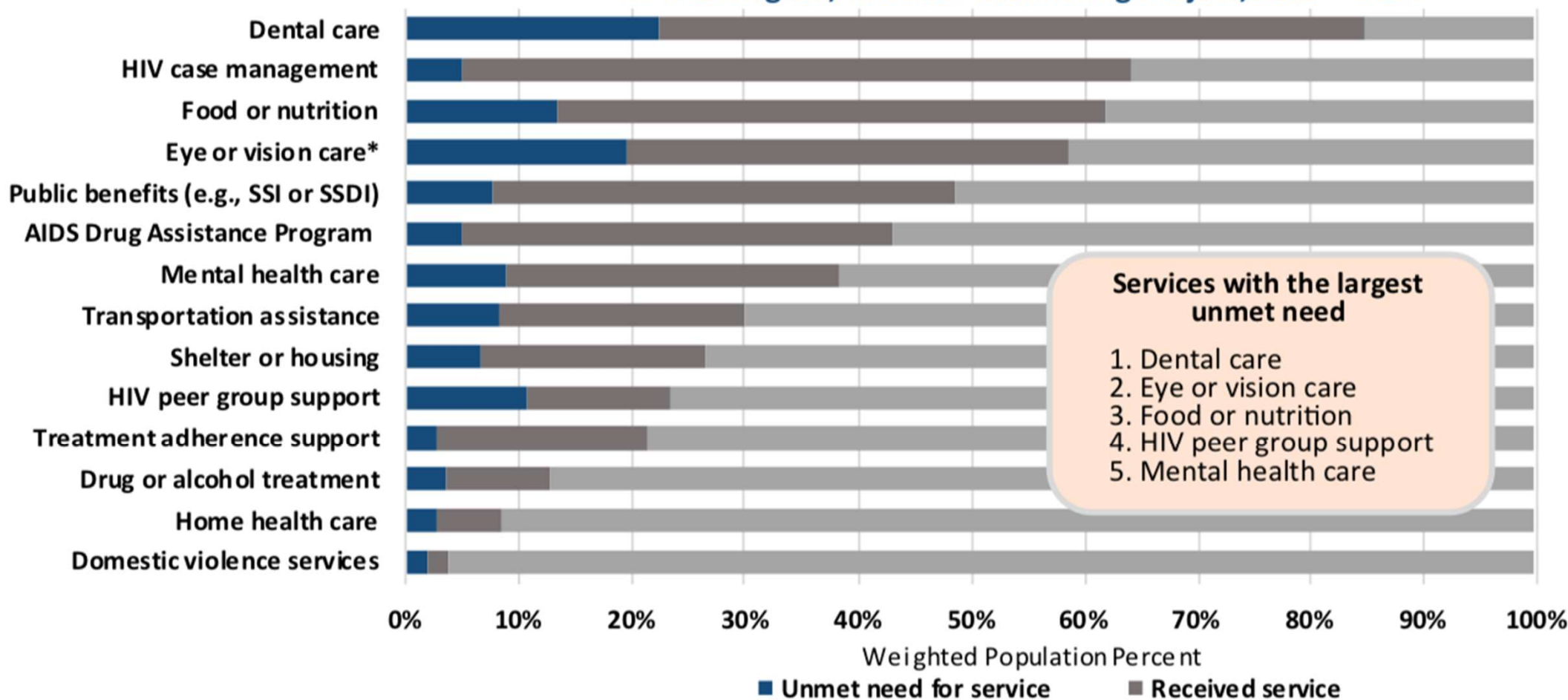# Scientific Significance of New Ideas/Approaches to HIV (Pt: 1)

- The Medical Monitoring Project (MMP) is a surveillance system designed to learn more about the experiences and needs of people living with HIV in Washington State and nation-wide.
- It provides information on numbers of individuals who are receiving medical care for HIV, health related behaviors, access to medical care and support services, met and unmet needs of people living with HIV, and how treatment is affecting people living with HIV.
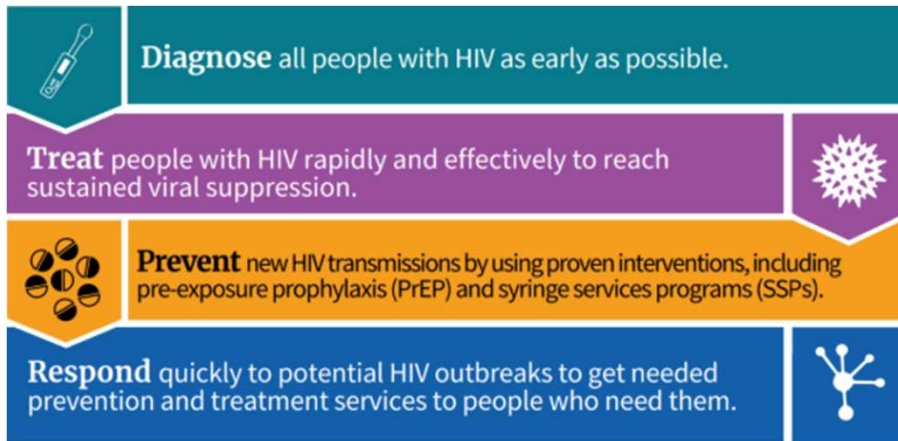
Example Data Uses
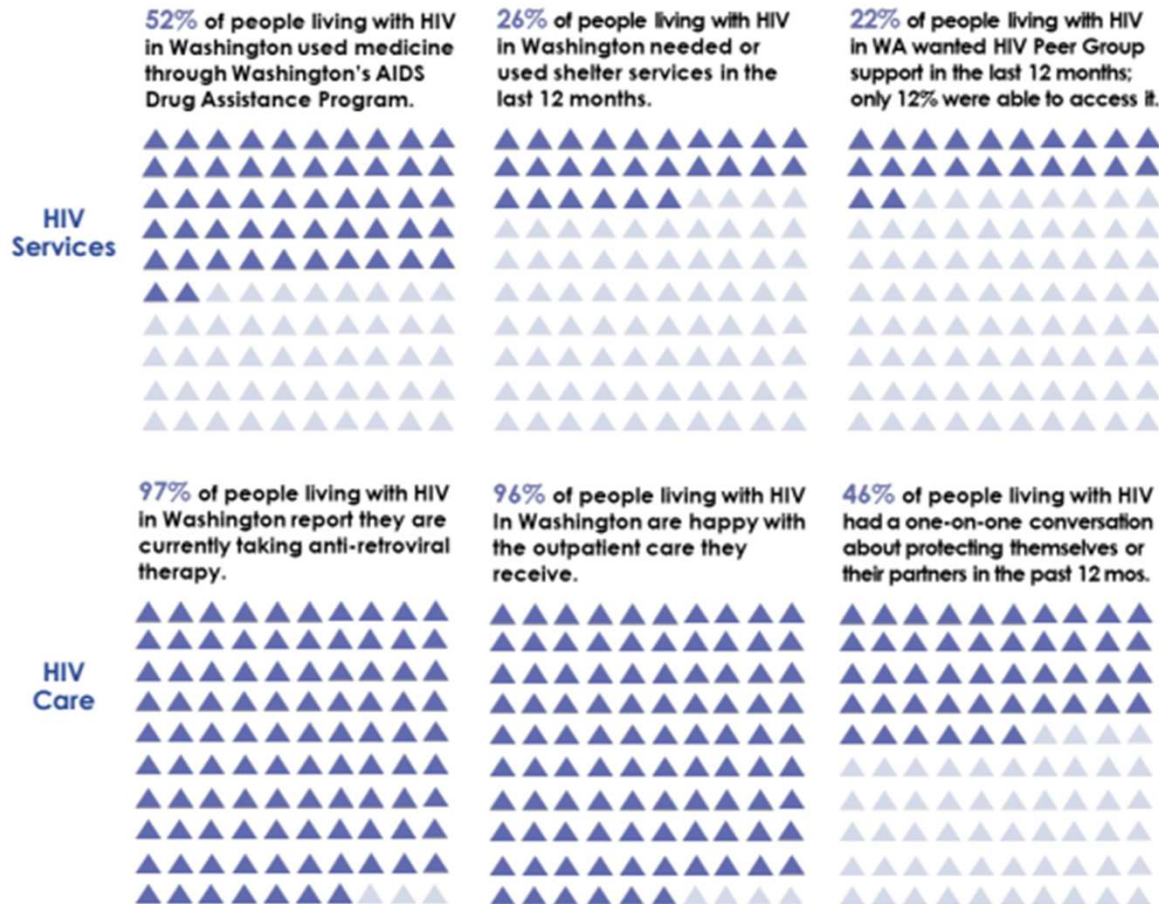
This picture shows the data found from people that were apart of the Medical Monitoring Project. Out of everyone thats gets treatment for HIV in Washington 96% of them are happy with the outpatient care they get. This should show that HIV treatment is good and should be normalized.

Met and Unmet Needs for Services among HIV-Positive Adults in Care in Washington, Medical Monitoring Project, 2009 – 2014

Categories (top to bottom):
- Dental care
- HIV case management
- Food or nutrition
- Eye or vision care*
- Public benefits (e.g., SSI or SSDI)
- AIDS Drug Assistance Program
- Mental health care
- Transportation assistance
- Shelter or housing
- HIV peer group support
- Treatment adherence support
- Drug or alcohol treatment
- Home health care
- Domestic violence services

X-axis: Weighted Population Percent (0% to 100%)

Legend: ■ Unmet need for service   ■ Received service

Services with the largest unmet need

1. Dental care
2. Eye or vision care
3. Food or nutrition
4. HIV peer group support
5. Mental health care

Potential to Create Positive Change:

King County's plan to
ending the HIV epidemic

Additionally, the recording of the MMP's information can lead to a positive change. It takes feedback from those who have HIV, and uses it to improve various support services and treatments.

Scientific significance of new ideas/approaches to HIV (Pt:2)

HIV Case Surveillance is the primary HIV surveillance activity in Washington State. This activity involves collecting information from and about people living with diagnosed HIV infection (PLWDH)

The Washington State Department of Health works closely with local health jurisdictions to obtain demographic, behavioral, laboratory, and clinical information. This information is used to characterize PLWDH, including health and well-being, identify risk factors, calculate HIV diagnosis rates, monitor state and local HIV trends, and develop HIV-related estimates. HIV case surveillance has the potential to create positive change by identifying which populations are most at risk, where HIV prevention and care resources are most needed, and which strategies are most effective.

HIV Treatment and Prevention Measures among HIV-Positive Adults in Care in Washington, Medical Monitoring Project, 2009-2014[*]

Characteristic	Prescription of ART[1,2] (%)	ART Dose Adherence[3,4] (%)	Sustained Viral Suppression[2,5] (%)	Receipt of Condoms[3,6] (%)	HIV Prevention Counseling[3,7] (%)
Total	**93**	**88**	**75**	**52**	**34**
Age					
18-29 years	88	83	52	51	51
30-39 years	89	85	67	67	43
40-49 years	93	89	73	53	35
≥50 years	95	89	83	46	27
Gender					
Male	93	89	75	55	34
Female	93	88	73	33	34
Race/Ethnicity					
Black/African-American	89	83	66	50	47
Hispanic/Latino	93	85	68	70	48
White	94	91	78	49	28
Insurance					
Any Private Insurance	94	92	81	46	31
Public Insurance Only	95	84	71	57	36
Ryan White Coverage Only	86	90	60	55	42
Sexual Behavior[8]					
MSM[9]	92	89	74	56	32
MSW[10]	93	92	72	50	37
WSM[11]	92	91	71	31	29

Scientific Significance of New Ideas/Approaches to HIV (Pt: 2)

Molecular HIV Surveillance (MHS) is an expanded surveillance activity funded by the Center for Disease Control and Prevention (CDC). MHS monitors the amount of HIV in the population that is resistant to HIV medications and the types of virus in the population.

MHS uses genetic sequence data to describe the drug resistance patterns and types of HIV virus. Genetic sequence data are produced when providers order drug resistance testing at the time of HIV diagnosis or HIV treatment failure. HIV assessment staff can use the sequence data to estimate what percentage of the population has resistant HIV as well as HIV of different strains/types. The sequence data is also vital for the prescription of certain HIV medications. Molecular HIV surveillance has the potential to create positive change because the genetic sequence data can be used not only to detect the percentage of resistant HIV cases and different strains of HIV, but also to describe the transmission patterns.

HIV prevalence in different races (2018)

HIV prevalence = crude rate of diagnosed, prevalent cases per 100,000 persons

https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/hiv/dashboard

Asian rate: 72.90

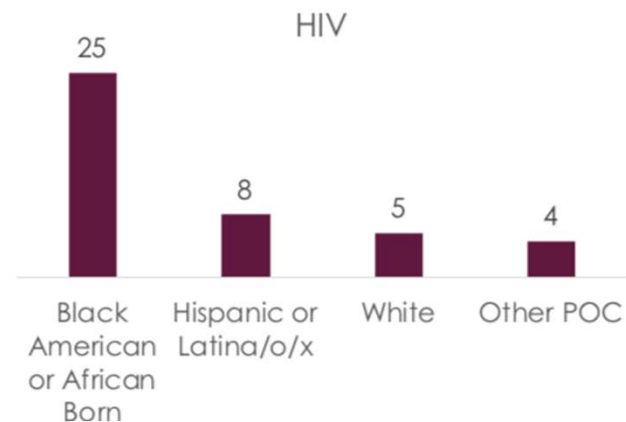Black rate: 819.6

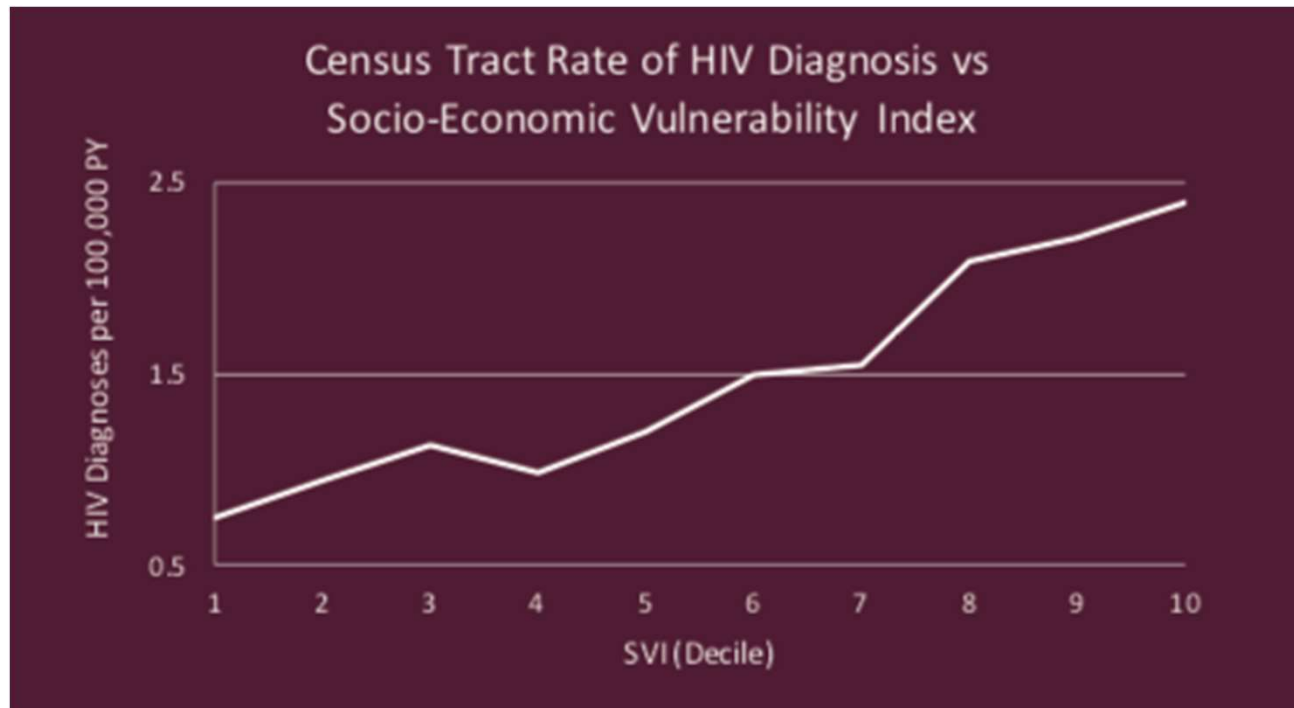Hispanic rate: 196.3

White rate: 153.2

Equity Impact:

This information highlights how people of color are more likely to be diagnosed with HIV and other sexually transmitted diseases. It is apparent that the root of this problem is racism.

Racism creates sharp divides in health outcomes that fuel disparities in the conditions our office oversees. Taken together and compared to people who identify as white, people of color are:
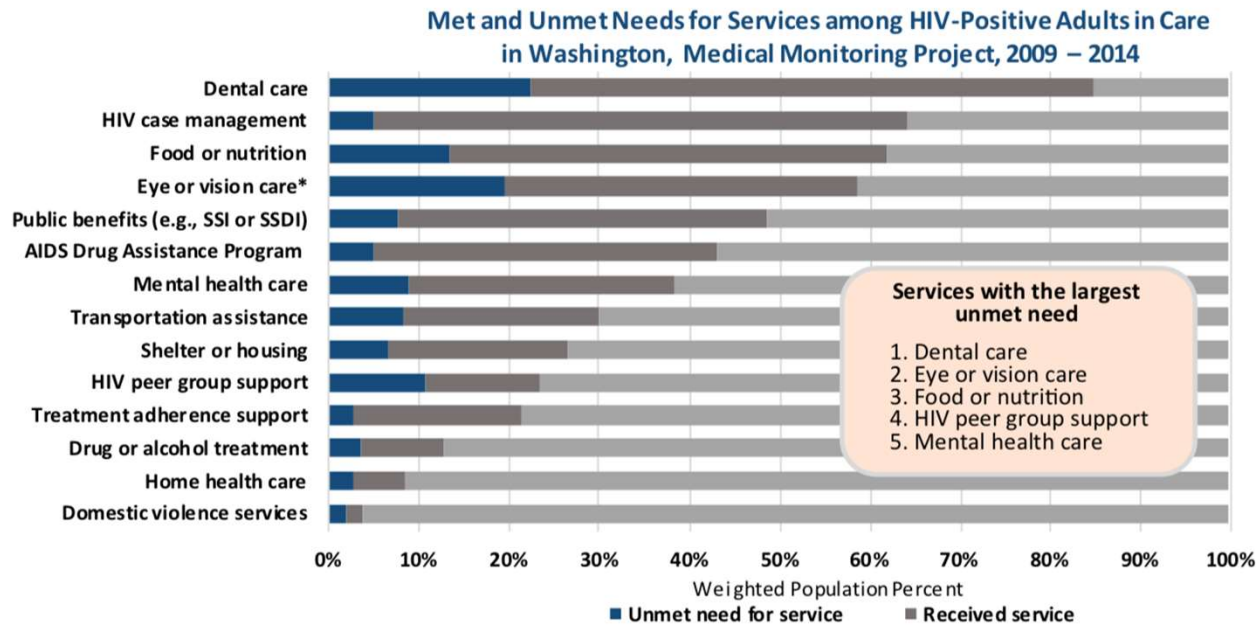
- 1.6 times more likely to be diagnosed with HIV;
- 1.7 times more likely to be diagnosed with syphilis; and
- 1.4 times more likely to be diagnosed with gonorrhea than the average person in Washington state.

Number of New Cases Per Year Per 100,000 Washingtonians

HIV

25	8	5	4
Black American or African Born	Hispanic or Latina/o/x	White	Other POC

Census Tract Rate of HIV Diagnosis vs Socio-Economic Vulnerability Index

This graph shows the HIV diagnoses per 100,000 for every 1/10 of the social vulnerability index (SVI). It is clear that the communities that are higher in poverty and poses less resources are the ones who have are more likely to become infected with HIV.

Met and Unmet Needs for Services among HIV-Positive Adults in Care in Washington, Medical Monitoring Project, 2009 – 2014

Services with the largest unmet need

1. Dental care
2. Eye or vision care
3. Food or nutrition
4. HIV peer group support
5. Mental health care

The blue bars in this graph represent the percent of HIV positive adults who did not receive service for their needs from 2009-2014. Over 20% had unmet needs for dental care. Almost 20% had unmet needs for eye or vision care. As shown, too many of those with HIV don't have services every human should receive.

Reflection:

HIV is a virus that attacks the body's immune system. Once you have HIV, you have it for life. As the number of people living with HIV grows, it will be more important than ever to increase HIV prevention and health care programs. We chose this topic because we thought that it was important to spread awareness about the scientific and social significance of the disease.

Due to the stigmas surrounding HIV, we knew we had to include a vast amount of information, so that the people who viewed our presentation would be as educated as possible. Most of the group being visual learners, we all agreed that showing visual representation of data would be very engaging and would keep our audience captivated. Besides keeping people engaged, we also wanted to hit as many points as we could. We started off by listing important facts and findings and followed it with generalized stigmas and the reactions towards those beliefs. After that, we wanted to get into how different demographics were affected by HIV and the scientific significance behind different surveillance programs.

At first, we had trouble finding information for the different points throughout our slides, but when we started to communicate better about where we found different links within our source, it became easier. We didn't receive any help from outside sources. We mainly relied on each other for any questions that we had.