

HIV

In 2016, the rate of new HIV diagnoses in Washington State was 6.1 per 100,000 residents. This is much lower than the national HIV diagnosis rate. Both state and national rates have declined substantially since the early 1990s due to improved screening and broad availability of effective treatment.

Gay and bisexual men account for roughly three-quarters of people diagnosed with HIV infection in Washington. HIV rates are highest among males, adults ages 25-44, transgender women, as well as black residents and other persons of color. Black rates are roughly six times higher compared to whites. However, more than half of newly diagnosed blacks were born and likely infected outside the U.S. HIV cases tend to be concentrated in urban areas.

DOH estimates that there are nearly 14,000 people living with HIV infection (PLWH) in Washington, of whom 91% have been diagnosed. Almost half of all PLWH in Washington (48%) are over the age of 50.

In an effort to end the HIV epidemic, DOH is implementing an HIV prevention campaign called End AIDS Washington. This campaign focuses on building partnerships between systems and organizations, fostering community engagement, and empowering people and communities disproportionately affected by HIV-related disparities and stigma.

Effective strategies for preventing HIV include the consistent use of condoms during sex, ensuring access to clean needles for injection drug users, routine HIV screening, pre-exposure prophylaxis (PrEP), and the early initiation of HIV treatment for people living with HIV.



8 out of 10

new HIV diagnoses occur in King, Pierce, Spokane, Snohomish, and Clark counties



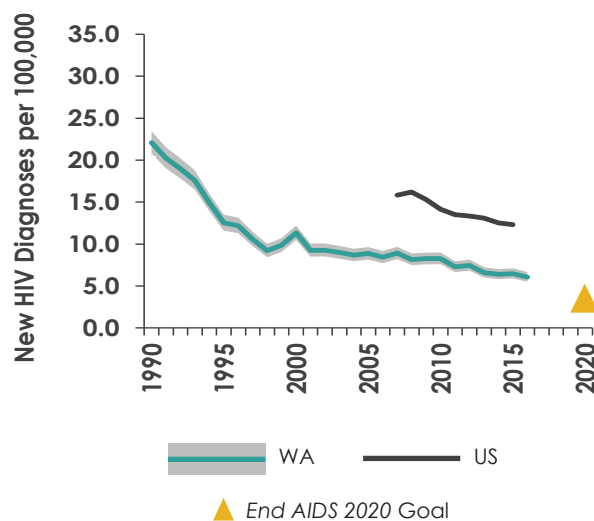
Optimal HIV medical care not only improves the health of people living with HIV, it also prevents HIV transmission



Time Trends

- In 2016, there were 436 newly diagnosed cases of HIV, resulting in a rate of 6.1 per 100,000 Washington residents.
- Similar to the U.S., the rate of new HIV diagnoses has been slowly declining over the past decade. HIV diagnosis rates in Washington are well below both the national rate and the *Healthy People 2020* target of 9.8 cases per 100,000.
- The greatest decreases in new diagnoses of HIV have taken place among white gay and bisexual men. The numbers of new diagnoses among persons of color remain relatively stable.
- We have not yet achieved the *End AIDS Washington 2020* objective of 3.2 new diagnoses per 100,000.

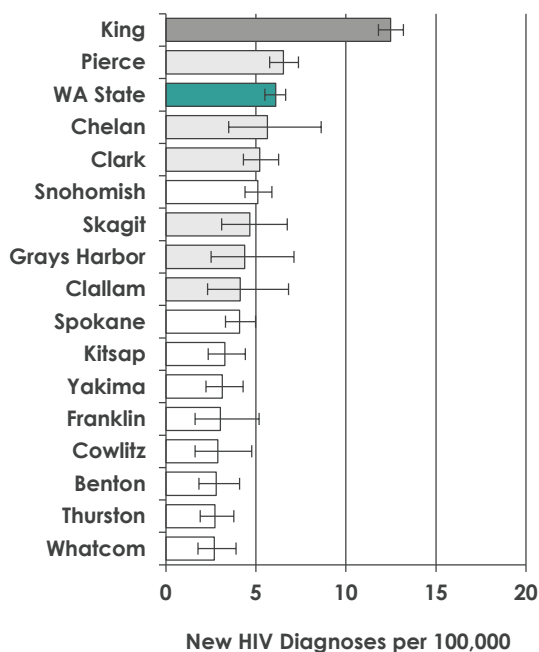
**Rates of New HIV Diagnoses
Washington State & US
HIV/AIDS Reporting System (eHARS)**



Geographic Variation

- Between 2012 and 2016, King County had the highest HIV diagnosis rate: 12.5 cases per 100,000 residents.
- HIV cases are disproportionately concentrated within urban areas. As a result, the five most urban counties in Washington (King, Pierce, Snohomish, Spokane and Clark), which collectively account for 63% of the state's population, contained 84% of all new HIV diagnoses from 2012-2016.

**Rates of New HIV Diagnoses
Washington Counties*
eHARS, 2012-2016**

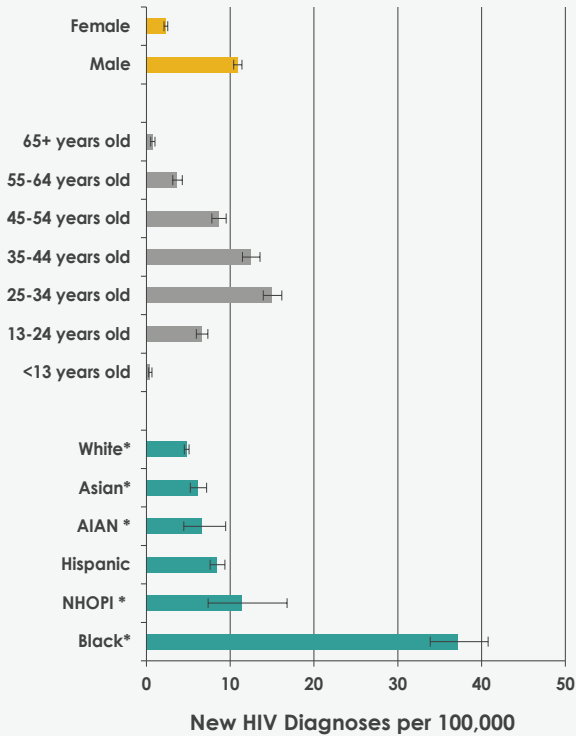


*Rates reported here include counties with 10 or more diagnoses, which excludes 26 counties

Disparities

- DOH estimates that 8%-10% of gay and bisexual men in Washington are HIV-positive. The estimated rate of infection among gay/bisexual men is more than 100 times higher than among heterosexual men.
- In 2012-2016, males had a higher rate of new HIV diagnoses compared to females.
- New HIV diagnoses were highest among those 25-44 years old. However, nearly half (48%) of all PLWH are age 50 and older.
- Blacks had the highest rate of new HIV diagnoses; approximately six times higher than the rate among white residents. Although foreign-born blacks account for only 14% of Washington's black population, they made up more than half of new diagnoses among blacks in Washington from 2012-2016.
- Compared to those born in the U.S., foreign-born cases are much more likely to be diagnosed late in the course of their HIV illness. This delays potential treatment and could put sexual partners at risk for infection.
- U.S.-born blacks are less likely to be successfully linked to HIV medical care within one month of HIV diagnosis.
- Viral load refers to the concentration of virus circulating in a person's bloodstream. Effective HIV treatment suppresses viral load, reduces risk of transmission, and improves health. In Washington, viral load suppression is lowest among HIV-positive young adults, foreign-born Hispanics, transgender women, and persons who inject drugs.

HIV
Washington State
eHARS, 2012-2016

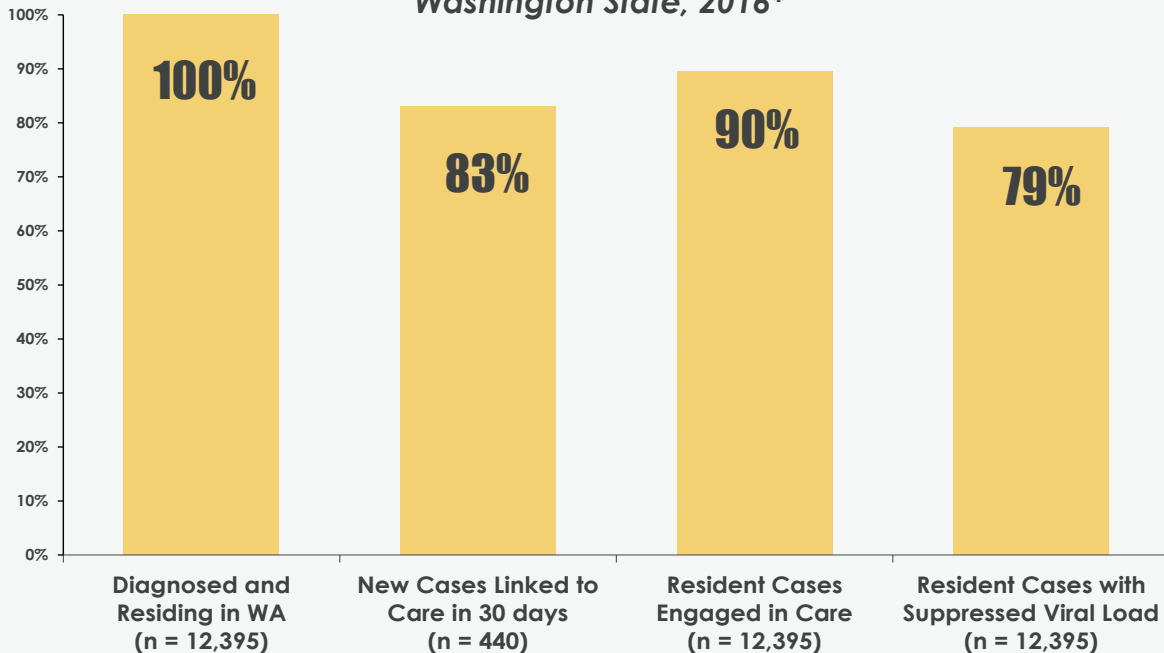


*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

Continuum of Care

- Optimal HIV medical care, including treatment with antiretroviral (ARV) medication, not only improves the health of people living with HIV, it also represents one of the most effective ways to prevent HIV transmission. This strategy is sometimes referred to as Treatment as Prevention (TasP).
- The HIV Continuum of Care is a model that describes the steps needed to achieve optimal HIV medical care, from HIV diagnosis to viral load suppression, the result of effective treatment. Recommended by the National HIV/AIDS Strategy, the Continuum of Care serves as a monitoring tool to describe gaps in care delivery within a population. Care continua can also be modified to compare HIV care outcomes between different subpopulations.

HIV Care Continuum Among People
Living with or Diagnosed with HIV Infection
Washington State, 2016*



*Based on HIV surveillance data reported through June 2017

How is Washington addressing HIV?

Evidence-based HIV prevention strategies include routine HIV screening, TasP, the consistent use of condoms during sex, and ensuring access to clean needles for injection drug users. Each of these strategies have been incorporated into DOH's HIV prevention framework. In addition, DOH promotes and supports the use of pre-exposure prophylaxis (PrEP), which involves prescribing HIV medication to HIV-negative people with high-risk behaviors. Washington was the first state in the nation to offer a drug assistance program for people who meet clinical indications but can't afford PrEP (PrEP DAP).

In 2016, DOH worked closely with community partners to develop and implement the End AIDS Washington Campaign. This campaign emphasizes the importance of building partnerships between systems and organizations, fostering community engagement, and empowering people and communities disproportionately affected by HIV-related disparities and stigma. It includes five goals and 11 recommendations intended to both reduce HIV incidence and improve the health and well-being of PLWH.

End AIDS Washington has five goals to reach by 2020:

1. Reduce rate of new HIV diagnoses by 50%.
2. Increase to at least 80% the proportion of PLWH who have a suppressed viral load.
3. Reduce age-adjusted mortality rates among PLWH by 25%.
4. Reduce HIV-related health disparities among PLWH.
5. Improve the quality of life among PLWH.

The 11 *End AIDS Washington* recommendations include:

1. Identify and reduce HIV stigma, including internal and external stigmas related to race/ethnicity, gender, HIV status, and/or sexual orientation. DOH's new Stigma Reduction Coordinator is working with community members and stakeholders to develop a statewide stigma reduction work plan.
2. Reduce HIV-related health disparities – DOH is using data to identify and better serve populations who are disproportionately affected by HIV-related health disparities. DOH also supports trainings on reducing HIV-related health disparities for staff members and contracted providers.
3. Implement routine HIV testing – DOH is providing training and resources to local health providers to build HIV testing capacity. DOH is also working to clarify testing policies and remove barriers to routine testing.
4. Increase access to pre-exposure prophylaxis (PrEP) – In addition to PrEP DAP, DOH supports the development and training of PrEP navigators to assist people in need of PrEP. DOH is also working with local disease investigation specialists to increase PrEP awareness and provide local referrals.
5. Create healthcare that meets the needs of sexual minorities—DOH is working with national experts to improve cultural competency and improve both access to and quality of healthcare for sexual minorities.

6. Improve HIV prevention and care for substance users—DOH supports syringe exchange programs, and is developing patient navigation programs to support the HIV care and treatment needs of substance users.
7. Remove barriers to insurance and increase healthcare affordability—DOH manages an AIDS drug assistance program which pays the health insurance premiums for PLWH who can't afford HIV treatment. DOH is also working with the Office of the Insurance Commissioner to improve healthcare quality and reduce HIV-related discrimination for both PLWH and people at high risk for infection.
8. Increase access to safe, stable and affordable housing for PLWH—DOH is increasing the support available for HIV-related housing services. DOH's new HIV Housing Coordinator provides technical assistance to local providers and case management agencies.
9. Deliver whole-person healthcare to PLWH—DOH has developed new acuity models which will help case managers better assess and serve the healthcare needs of PLWH.
10. Launch Healthier Washington for Youth—DOH is working with state partners to improve education related to HIV and comprehensive sexual health.
11. Include meaningful community engagement and empowerment for people who are disproportionately affected by HIV stigma and disparities—DOH has expanded the size of its workforce dedicated to community engagement. DOH is experimenting with different ways to communicate with local stakeholders, solicit feedback, and strengthen community engagement.

Evidence-based strategies for reducing new cases of HIV and improving the quality of life of people living with HIV infection are described in the End AIDS Washington Report¹, as well as the National HIV/AIDS Strategy.²

Technical Notes

Confidence Intervals: Definition and examples are described in [Appendix C](#)

eHARS: The Enhanced HIV/AIDS Reporting System (eHARS) is a Centers for Disease Control and Prevention (CDC)-developed database application that contains Washington State's HIV surveillance registry. eHARS supports and standardizes HIV surveillance activities such as disease reporting, data management, analysis, and the transfer of data to CDC. Each CDC-funded surveillance jurisdiction maintains a separate eHARS installation and submits de-identified data monthly to CDC through a secure data network.

Race and Ethnicity: Classification described in [Appendix C](#)

Relative Standard Error: Definition and how it was used is described in [Appendix C](#)

Endnotes

¹Washington State Department of Health. *End AIDS Washington 2020*. www.doh.wa.gov/Portals/1/Documents/pubs/410-069-EndAIDSWashington2016Recommendations.pdf. Published August, 2016. Accessed on September 12, 2017.

²White House Office on HIV/AIDS Policy. *National HIV/AIDS Strategy: Updated to 2020*. www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update. Published on July 30, 2015. Accessed on September 12, 2017.