

HIV infection among women in Oregon

Women living with HIV in Oregon, 2017

Women made up 12% (906/7,557) of Oregon residents living with HIV (regardless of the year of diagnosis or the state or country of residence at diagnosis) at the end of 2017. The average age among women living with HIV in Oregon was 48 years (for men, 49 years). The average age of diagnosis for women was 38.2 years old compared to 37.5 years of age among men. Oregon residents living with HIV had been diagnosed for an average of 14 years regardless of sex. Successful HIV treatment reduces the number of HIV virus copies in the blood. People have “viral suppression” if the measured number of copies is <200 copies/mL. Among women receiving HIV medical care in Oregon during 2017, 88% were virally suppressed at their last blood test (for men, 92%). Suppressed viral load corresponds to low levels of virus detected in the blood; this causes HIV to be less easily transmitted.

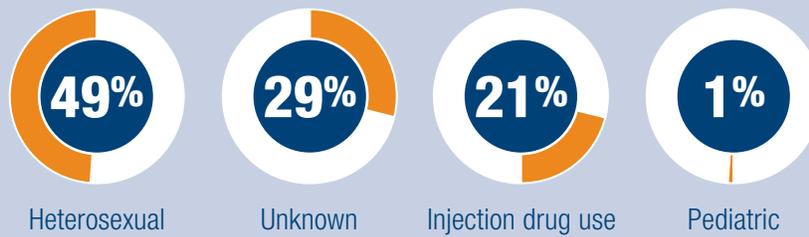
Among female cases living in Oregon at the end of 2017, injection drug use (IDU) was determined to be the most likely route of infection for 23% (206/906) and heterosexual contact for 59% (537/906). “Heterosexual contact” as a category requires the person deny injection drug use. As of 2017, 5% of females reported sex with bisexual men (5%; 49/906), sex with a man who used injection drugs (13%; 118/906), and sex with someone who received a transfusion/transplant (1%; 6/906). The remaining 40% (364/906) of females reporting heterosexual contact did not know their partner’s risk of HIV infection. Many women find out after exposure or diagnosis that their partner was HIV-positive and what their partner’s likely transmission mode might have been.

Another 15% (136/906) of women living with HIV fell into an “undetermined transmission” category. This category means they were unsure either who exposed them to HIV or the risk category was not documented. Vertical transmission from mother to child accounted for 3% (25/906) of diagnoses among females and another two cases reported being infected via transfusion or other blood product. Approximately one-quarter of Oregon female cases were infected by injecting drugs. Male partners whose risk the women did not know infected almost all other women.

HIV and women facts at a glance

- From 2008 to 2017, the average annual rate of HIV diagnosis among non-Hispanic Black or African American women in Oregon was 14 times the rate among non-Hispanic White women (16.2 vs. 1.2 per 100,000).
- From 2008 to 2017, 21% (63/300) of female cases diagnosed among Oregon residents reported past injection drug use.
- Women represented 12% (906/7,557) of the estimated total of people living with HIV/AIDS in Oregon (regardless of year of diagnosis or state or country of residence at diagnosis) at the end of 2017.
- The last child born with HIV to an Oregon resident was in 2017.

Figure 1 Presumed mode of transmission among Oregon women diagnosed with HIV, 2008–2017 (n=300)



Recent trends (2008–2017)

From 2008 to 2017, an average of 30 Oregon resident women (1.5 cases per 100,000 female population) were newly diagnosed with HIV each year. During the same period, the rate of diagnosis was highest among non-Hispanic Black or African American women at 16.2 cases per 100,000, a rate 14 times higher than the rate among non-Hispanic White women (1.2 per 100,000). The average rate of diagnosis among American Indian or Alaska Native women during 2008–2017 was 3.6 cases per 100,000. The rate of diagnosis was 1.8 cases per 100,000 among Hispanic women. Fifty-three percent (21/40) of Hispanic women diagnosed from 2008 to 2017 were foreign-born, compared to 69% (35/51) of Black/African American women and 2% (3/178) of White women.

The presumed modes of transmission for women between 2008 and 2017 were:

- Injection drug use (IDU) for 21% (63/300) of women
- Heterosexual contact for 49% (145/300)

- Unknown for 29% (88/300), and
- Pediatric for 1% (4/300) (Figure 1).

Seventy-nine percent (50/63) of female IDU cases were White.

Reproductive health

Fortunately, mother-to-child transmission of HIV during pregnancy or at birth is rare in Oregon. As a result, Oregon does not mandate reporting to the Oregon Health Authority of births of HIV-infected women. At the end of 2017, 18 children aged <13 years with known HIV infection lived in Oregon. All but two were born outside the United States and one — the last known infant born with HIV to an Oregon mother — was born in 2017. During 2017, 96% of birth certificates for Oregon births showed the mother had been tested for HIV while she was pregnant.

Epidemiologic resources:

Oregon Health Authority, HIV/AIDS epidemiology: <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Pages/index.aspx>

Centers for Disease Control and Prevention: www.cdc.gov/hiv.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Public Health Division at 971-673-0153 or 971-673-0372 for TTY. We accept all relay calls or you can dial 711.