END HIV/STI OREGON

Annual Progress Report

December 2024




End HIV/STI Oregon is Oregon's statewide initiative to promote sexual health and eliminate new transmissions of HIV and sexually transmitted infections (STI), such as syphilis and gonorrhea.

Since 2016, End HIV/STI Oregon has been bringing together public and private partners from communities across Oregon to raise awareness, increase testing, prevent new infections, provide treatment, and address the inequities that fuel HIV and STI transmission.

We release this report each year on World AIDS Day to share our collective progress toward these goals. Appropriately, the Office of National AIDS Policy has chosen "Collective Action to Sustain and Accelerate HIV Progress" as this year's theme for World AIDS Day. In Oregon, we know that we will only end new HIV/STI transmissions by working together to ensure all communities benefit from advances in prevention and treatment resources. Together, and using a syndemic* lens, we continue to focus on End HIV/STI Oregon's core pillars:

- Diagnosis
- Prevention
- Treatment
- Responding to End Inequities

World AIDS Day, along with the annual release of this report, reminds us to remain steadfast in our collective commitment to preventing new HIV/STI infections in Oregon and providing essential services for people living with HIV and STI.

**A syndemic is a set of linked health problems involving two or more conditions. These conditions interact to create an excess burden of disease in a population. Conditions contributing to a syndemic may be biological, social, and/or structural.*

Diagnosis

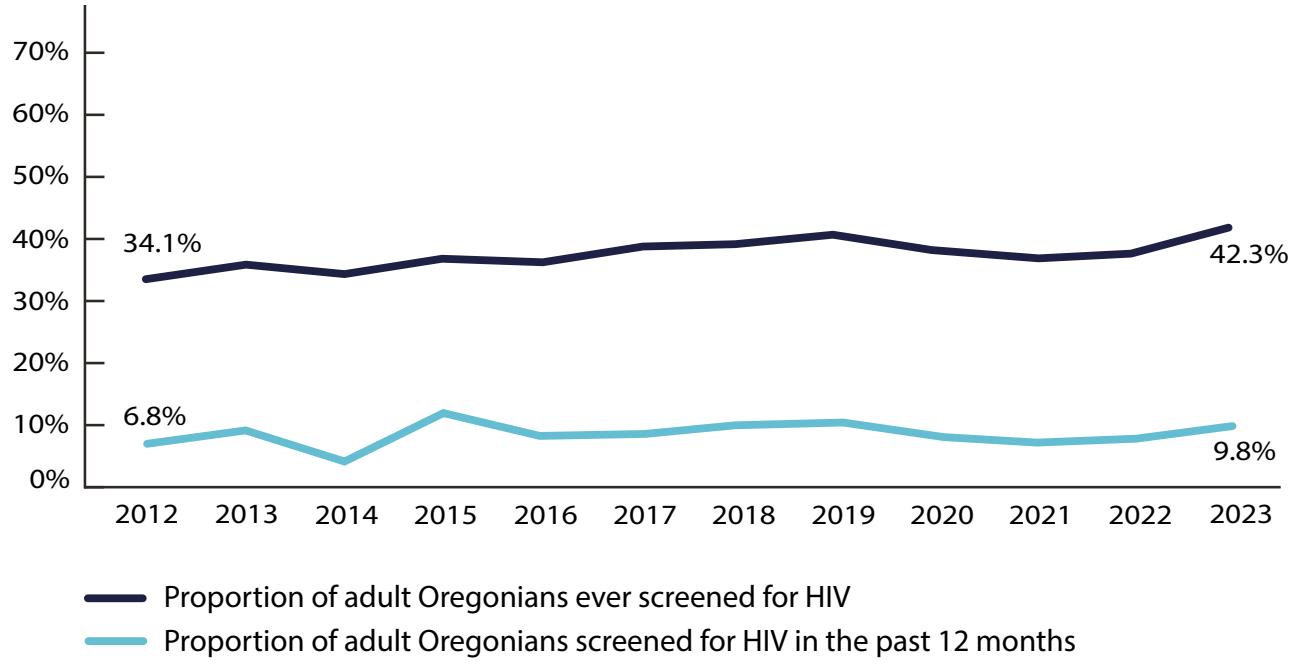
Testing is easy. Our goal is for everyone with HIV or an STI to be diagnosed as early as possible. People who know their HIV status can enjoy better health and longer lives – and can help protect their partners from acquiring the virus. People diagnosed early for an STI can be treated, cured, and avoid preventable complications.

According to the 2023 Oregon Behavioral Risk Factor Surveillance System (BRFSS), 42.3% of Oregonians report ever being screened for HIV, and 9.8% report being screened in the past 12 months. These rates have increased notably. All adults should be screened for HIV at least once in their lifetimes; more frequent testing is recommended for some.

IN OREGON, WE AIM TO:

- Increase awareness of HIV and STI, especially among communities facing inequities
- Increase HIV and STI testing, and
- Quickly link people who test positive to health care and supportive services

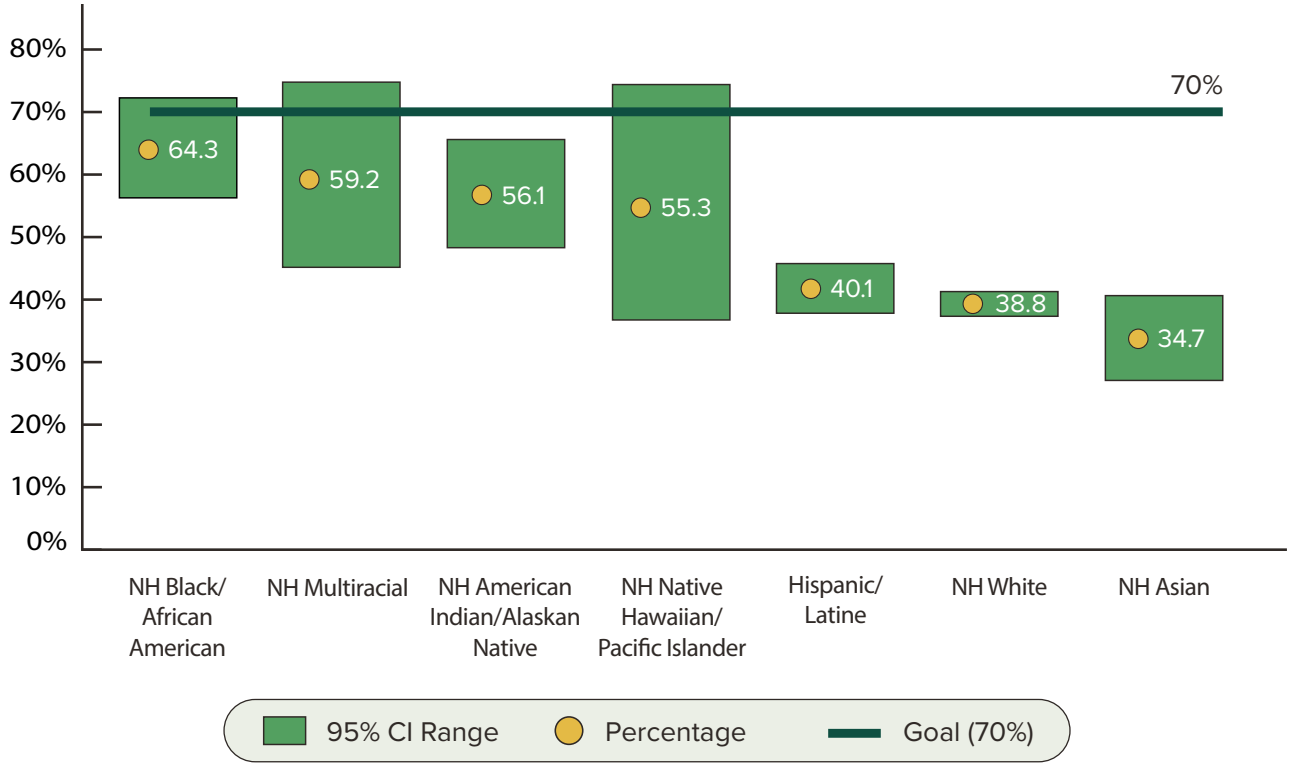
Oregonians screened for HIV ever and in the past year: 2012-2023



Source: Orpheus/eHARS

No group has achieved Oregon's current goal of 70% screened for HIV, but over half of Oregonians who identify as Black/African American (64.3%), Multiracial (59.2%), American Indian/Alaska Native (56.1%), or Native Hawaiian/Pacific Islander (55.3%) reported ever being screened. About 12% of Oregonians with HIV are unaware of their HIV infection.

Proportion of adult Oregonians ever screened for HIV by race/ethnicity, 2019-2023



NH = Non-Hispanic

Source: Orpheus/eHARS

***The yellow dots indicate the percentage of the population who have been screened for HIV in their lifetime. The green rectangles are the 95% confidence intervals around the estimates: the wider the 95% confidence interval (green rectangle), the less precise the estimate. If the green boxes overlap between groups that is an indication that the estimates are more similar than different. In Oregon, the populations of each race and ethnicity group are very different in size. Using case rates helps us better compare populations of different sizes and identify health inequities. We use this type of visualization to showcase the variation within racial and ethnic groups.*

Testing Options Increase Access to HIV/STI Testing for Oregonians

Publicly funded HIV/STI testing is available at clinics, through community outreach and events, and via mail-order programs. Free, confidential, and at-home, mail-order testing options have increased access to HIV/STI testing for all Oregonians, particularly those who might not seek testing at a medical office or other traditional venues, or who lack access to other options, such as people living in rural and frontier areas of the state.

Through a mail-order program called Take Me Home, the Oregon Health Authority, in partnership with Building Healthy Communities Online, provides rapid HIV self-tests and HIV/STI mail-in self-collect testing. In contrast to rapid HIV self-testing, where clients perform the test and receive results in 20 minutes, mail-in self-collect testing requires clients to collect their own specimens for HIV, STI, and hepatitis C, which they then send to a lab for processing and interpretation. Web-based results are available within 3-5 days. Take Me Home also provides national, state, and local resources for follow-up testing, as well as HIV and STI prevention and treatment services.

Take Me Home appears to be reaching those who need it. In 2023, 514 rapid HIV self-test kits were distributed to people in 29 of 36 Oregon counties. Two-thirds of Take Me Home users were aged 25-44, the group with the highest rate of new HIV infections; another 18% were aged 13-24. About half reported three or more sex partners, and 21% had a previous STI. Twenty percent of users reported they had never tested for HIV before, and 0.2% tested positive for HIV, a rate comparable to public clinic-based testing.

Fewer Oregonians ordered rapid HIV self-tests from Take Me Home in 2023 compared to the previous year, likely because the Centers for Disease Control & Prevention launched its free mail-order rapid HIV self-testing program called Together Take Me Home and promotion has increased through Grindr and other social media in many Oregon ZIP codes. In 2023, just over 1,800 Oregonians, across thirty-two counties, ordered rapid HIV self-tests through CDC's Together Take Me Home program.

Take Me Home also distributed 1,121 HIV/STI mail-in self-collect test kits in 2023, a 52% increase over 2022. About half of the ordered test kits (46.4%) were sent to the lab. Of those, 4.3% were positive for chlamydia, 2.3% for gonorrhea, 0.6% for syphilis, 0.4% for HIV, and 0.9% for hepatitis C. More than 10% of people who tested identified as nonbinary (7.8%), transgender men (1.5%), or transgender women (1.4%).

Supporting Testing for Adults in Correctional Settings

Incarceration presents an opportunity to provide HIV, STI, and viral hepatitis (VH) testing and treatment to individuals who need it. The Oregon Health Authority formalized its partnership with the Oregon Department of Corrections (ODOC) to expand HIV/STI/VH testing and treatment services in state prisons.

Partner Spotlight: Oregon Department of Corrections Provides HIV/STI Services to Adults in Custody

In January 2024, Coffee Creek Correctional Facility Intake Center initiated an updated process for initial health assessment that better aligns with CDC's recommendations for universal STI screening. Individuals entering prison in Oregon now receive a full health assessment conducted by a physician, physician's assistant, or nurse practitioner, which includes laboratory and diagnostic tests to detect communicable diseases; a physical examination; opt-out screenings for HIV, syphilis, gonorrhea, chlamydia, and other STI; TB screening; opt-out screening for hepatitis A, B, and C; and vaccination for hepatitis A and B. In February, the intake center began distributing HIV/STI/VH education materials to individuals entering custody and has distributed materials to approximately 1,000 individuals so far. In addition, over 3,000 adults in custody across the ODOC system have participated in sexual health education events, and almost 5,000 received "release bags" upon exiting corrections; the bags include condoms, lubricant, naloxone, fentanyl test strips, face masks, and other resources.

Awareness Campaigns Fight Stigma, Encourage Testing

People won't get tested if they are unaware of HIV/STI or don't believe it affects them. End HIV/STI Oregon maintains an active social media presence, boosting posts with health education content to specific priority populations throughout the calendar year.

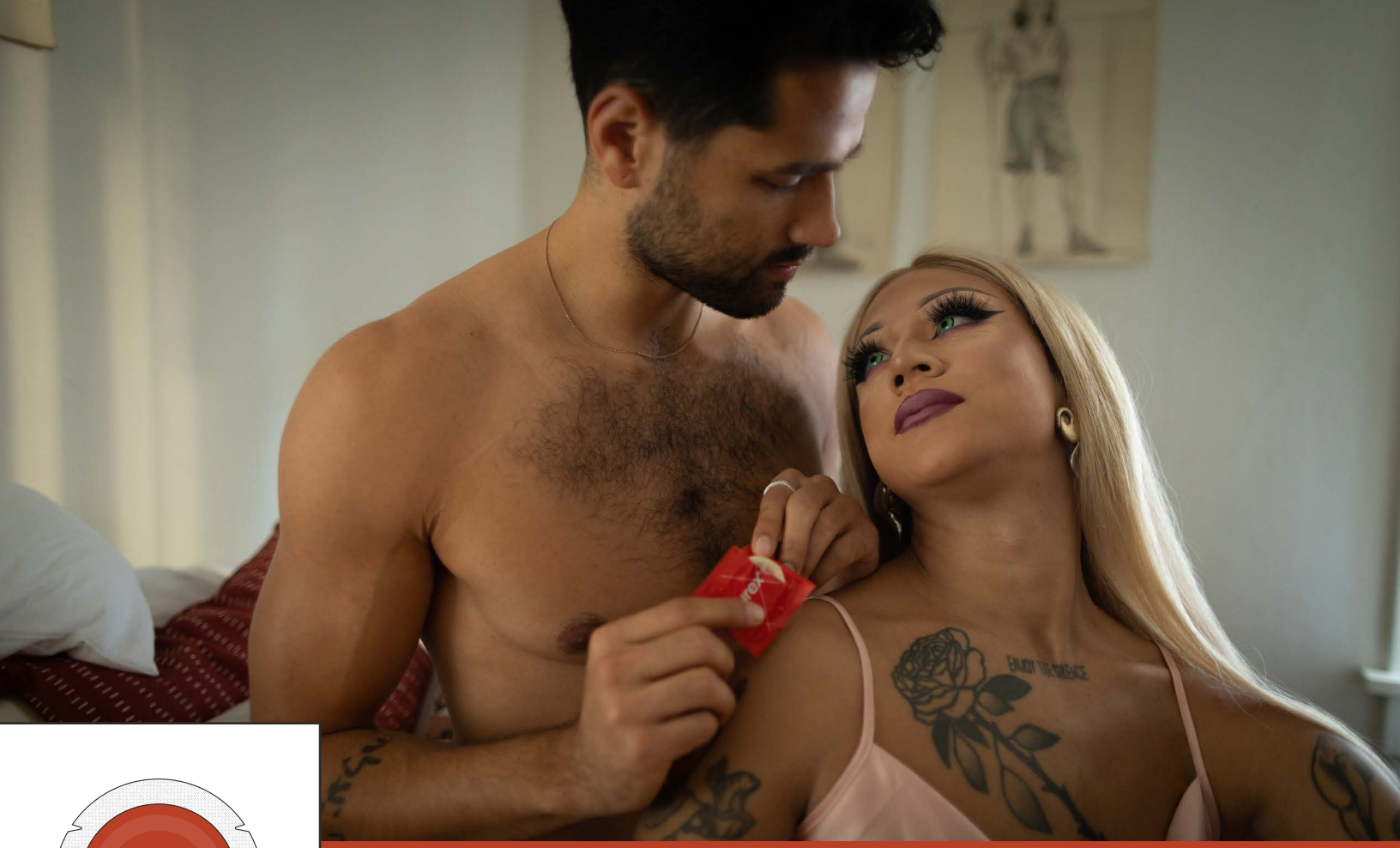
In addition, End HIV/STI Oregon community partners supported sexual health awareness campaigns in multiple parts of the state this year.

In February, the African American AIDS Awareness Action Alliance (A6) wrapped up an awareness campaign focused on African American adults in Portland, designed to increase HIV/STI testing and decrease stigma. The campaign was highly visible in Portland, with messages seen or heard almost 40 million times. Billboards, posters, digital advertising, and social media directed community members to a campaign-specific page of EndHIVOregon.org, where they could find more information and access testing, prevention, and treatment resources. Almost 24,000 users visited www.endhivoregon/A6 during the campaign, five to six times higher than the average daily traffic to the website. Community engagement was a strong component of the A6 campaign, including training and education sessions at a variety of community based organizations and churches. An HIV testing event for National Black HIV/AIDS Awareness Day, held in partnership with Cascade AIDS Project, provided easy access to testing for local community members, and orders for Take Me Home mail-order HIV and STI test kits increased in campaign ZIP codes during the campaign.

In September, HIV Alliance launched a campaign in Linn County – which has the 7th highest rate of new HIV infections in Oregon – and in Southwest Oregon, which has experienced a notable increase in new HIV infections across the region (see Responding to End Inequities Section).

INDIGI iwtk™ I WANT THE KIT

An ongoing campaign supported in Oregon by the Northwest Portland Area Indian Health Board (in collaboration with the Center for Indigenous Health, Johns Hopkins School of Medicine, Indian Health Service, and Southern Plains Tribal Health Board) educates American Indian/Alaska Native people about sexual health and encourages testing for HIV, syphilis, and other STI. The Indigenous I Want the Kit Program became fully operational in Oregon in 2024. Indigi-IWTK provides culturally specific outreach materials and mail-order testing for American Indian/Alaska Native people.



Prevention

Prevention works. Oregon is considered a low incidence state for HIV and a high incidence state for syphilis. In 2023, 244 individuals were newly diagnosed with HIV, about the same number as 2022. The rate of syphilis, however, has increased 12-fold in the past decade, with over 2,000 new infections reported in 2023. Congenital syphilis – that is, syphilis passed from a pregnant person to their fetus – has re-emerged in Oregon with devastating preventable health consequences, including fetal and infant deaths.

IN OREGON, WE AIM TO:

- Decrease new cases of HIV, syphilis, and gonorrhea
- Eliminate cases of congenital syphilis, and
- Eliminate racial and ethnic inequities in new HIV and STI diagnoses

Addressing Oregon's Syphilis Epidemic

In 2024, Oregon implemented new public health accountability metrics, which include goals for reducing syphilis and congenital syphilis. This involved education and training of statewide partners, and planning for strategic investments in reproductive and prenatal health projects to address rising syphilis rates across Oregon.

Oregon currently ranks 17th highest in the U.S. for rate of infectious syphilis. In adults, syphilis complications may include expensive and serious cardiovascular and neurological problems that could have been prevented with early screening and treatment. Rural Oregon has had the largest increases in syphilis cases per population.

In the last decade, incidence of early syphilis in women increased more than 2,000%. This increase in syphilis among people with pregnancy capacity has led to an alarming increase in syphilis in newborns. Oregon saw a significant increase in CS cases from 2014-2022 — from zero cases in 2013 to 37 in 2022.

Congenital syphilis is preventable with screening and treatment. Each case of CS should be considered a sentinel event that signals deeper systemic problems and larger impacts to come. Untreated, syphilis in pregnancy causes birth defects and fetal and infant deaths.

Providing Prevention Tools to Those Who Need Them Most

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are highly effective tools for preventing new HIV infections. PrEP is a medication (e.g., daily pill, alternate pill regimen taken before sex, or periodic injection) taken to prevent infection with HIV before exposure. PEP is a 28-day regimen of pills started within 72 hours after possible HIV exposure to prevent seroconversion.

More people in Oregon are starting to take PrEP each year. In 2023, 6,804 individuals were estimated to start PrEP in Oregon, about 1,000 more than the year before. This is good news. However, only about a third of people who could benefit from PrEP in Oregon are estimated to be using it, and many people who start PrEP don't stay on it. Rates also vary by race, ethnicity, and gender.

Outreach workers are available statewide to help people consider whether PrEP is right for them and to address any barriers to accessing and staying on PrEP. Due to ongoing training and recruitment efforts by the AIDS Education & Training Center (AETC) and other End HIV/STI Oregon partners, Oregon now has 461 medical providers listed on the PrEP provider directory; about 10% were added this year. To support non-native English speakers, the AETC added a tag to indicate when providers listed offer care in languages other than English; sixteen listed providers offer services in Spanish.

Despite this progress, some areas of the state remain underserved, so training and education efforts are ongoing. Monthly STI/PrEP Forum trainings provided education to 460 attendees, mostly physicians and nurses, with 80% of them coming from outside the Portland tri-county area. In October 2024, OHA released the HIV PrEP Guide for Providers and Navigators, a comprehensive guidance document that outlines clinical basics for providers who are new to prescribing PrEP as well as updated information about insurance coverage and financial assistance options for PrEP.

Increasing PEP Access in Emergency Rooms

New legislation went into effect in 2024 requiring all Oregon hospitals to provide, at minimum, a 5-day starter pack of PEP medications to patients in need. This legislation also requires OHA to provide one 30-day supply of PEP medications to small rural hospitals annually. To support timely PEP access across the state, OHA released a technical package including an implementation guide for hospitals, online PEP reimbursement and ordering portals for eligible rural hospitals, and factsheets for patients and prevention partners statewide.

Building Capacity Among Oregon Pharmacists to Provide PrEP and PEP

Oregon pharmacists are stepping up to lead HIV prevention efforts in Oregon. Pharmacists play a critical role in ensuring access to health services like PrEP and PEP, especially in rural areas which may have a limited number of medical providers who prescribe PrEP/PEP. Oregon pharmacists may prescribe PrEP and PEP after completing continuing education on HIV prevention medications, including related trauma-informed care.

OHA and the Oregon AETC provided technical guidance and expertise to the Oregon State University College of Pharmacy as they developed and released an online training course for pharmacists interested in prescribing PEP/PrEP. The HIV Prevention Program covered the cost of this training for Oregon pharmacists and pharmacy technicians for 9 months, resulting in 143 pharmacists and 97 pharmacy technicians trained to provide PrEP/PEP services. OSU College of Pharmacy recently received an End HIV/STI Oregon Mini Grant to continue supporting this work.

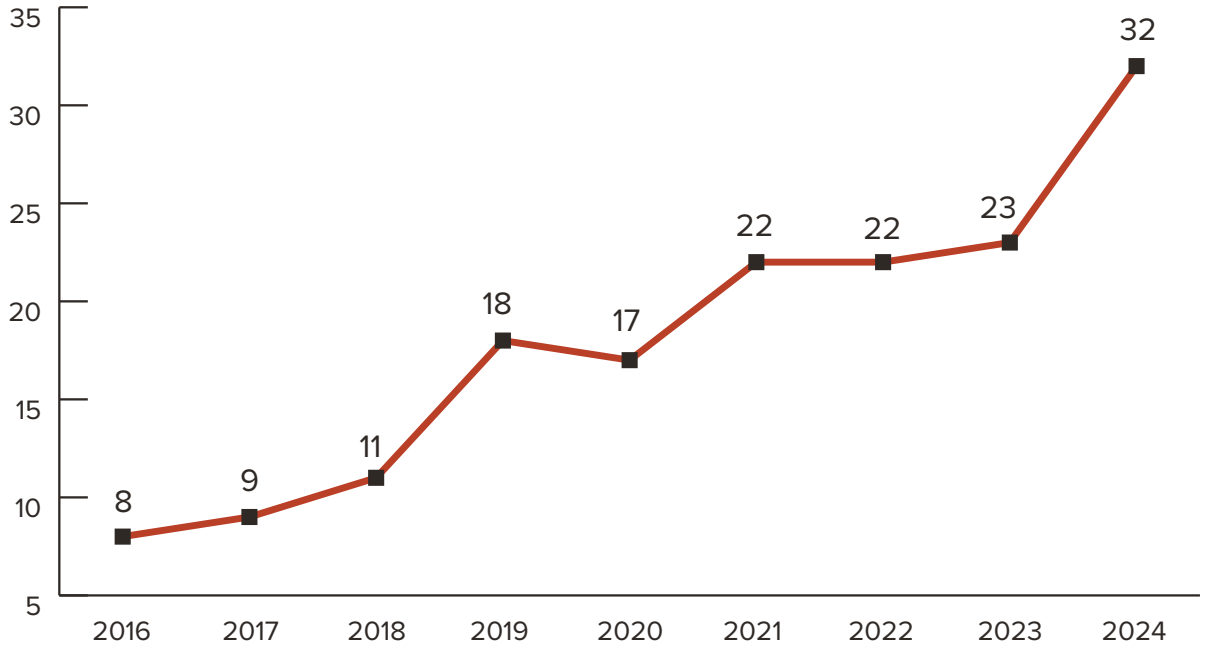
Due to ongoing pharmacy engagement efforts by the AIDS Education & Training Center and other End HIV/STI Oregon partners, 9 pharmacies are now included on the PrEP provider directory. In 2024, the Oregon AETC and members of the PrEP/PEP Statewide Workgroup built another important resource for patients and providers: an interactive map of Oregon pharmacies that stock medications prescribed for PEP to facilitate streamlined access to these time-sensitive medications. The directory currently contains 76 listings of pharmacies that stock at least one medication prescribed for HIV PEP.

Reducing Harm Among People Who Use Drugs

Community programs that deliver sterile syringes, overdose education, naloxone, and information about sexual health care and drug treatment for those ready to reduce harm or quit are important tools for ending new HIV/STI infections. The number of counties offering these programs, traditionally referred to as Syringe Services Programs (SSPs), has grown from 8 (22%) in 2016 to 32 (89%) in 2024.

There are currently 68 SSPs providing life-saving services to people who use drugs in Oregon.

Syringe Services Programs (SSPs) have expanded across Oregon.
Number of Counties with SSPs (2016–2024)



Source: Orpheus/eHARS

These services are critical. Additionally, people can access no-cost naloxone through Project Red, and harm reduction, treatment, peer or recovery services through the Oregon Hopeline (833-975-0505; online chat available). Organizational partners can access resources through Save Lives Oregon and the Harm Reduction Clearinghouse.

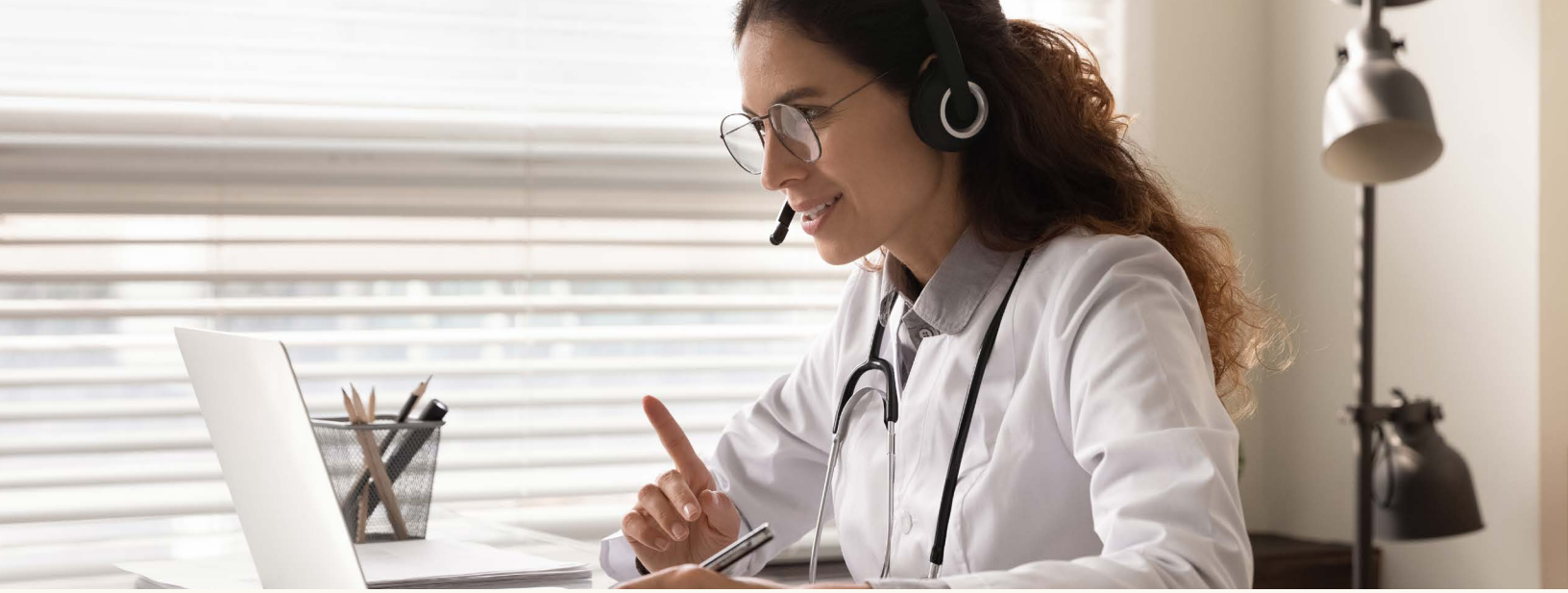
Partner Spotlight: Quest Center for Integrative Health

Quest Center for Integrative Health was founded in 1989 to support people living and dying with HIV. Today, its three primary service communities are low-income, people living with HIV, and LGBTQIA2S+. Quest Center uses an integrative care model to treat the whole person, with peers embedded in all its programs.

Ryan White-funded behavioral health services for people living with HIV include peer support, nutrition, and group therapy tailored to specific communities, including PLWH who are men, women, Spanish-speaking, and people who could benefit from harm reduction.

Services specific to pain management, harm reduction, and substance use treatment and recovery include a non-opioid based pain management group (WISH); a 6-9 month abstinence program that includes a transitional recovery house and housing case managers (FSR), and an 18-week, peer-based harm reduction program that works on developing healthy behaviors and treatment goals (LINK). The Resilience Initiative (TRI) offers outpatient treatment, recovery support, and resources specifically for Black and African American people. It is designed to support healing in an environment that is free from stereotyping, bias, discrimination, racism, and micro-aggressions. TRI also offers walk-in (self-referral) hours at The Miracles Club.

Nutrition services are integrated into all programs at Quest Center. Services include an HIV service dinner, a mental health/WISH nutrition education group, Finding and Sustaining Recovery nutrition education group, weekly community dinners, and client lunches.



Partner Spotlight: Oregon Health & Science University PATHS Program

OHSU's Peer Assisted Telemedicine for HCV and Syphilis (PATHS) program plays an important role in serving rural Oregonians who use drugs. PATHS is an intervention developed by OHSU in collaboration with community partners. Peers recruit, engage, and provide ongoing support for people who use drugs to access telemedicine treatment for hepatitis C virus (HCV) and syphilis. OHSU clinicians provide streamlined, low-barrier access to care.

Unique elements of the PATHS program include:

- Reduced delays in treatment
- Reduced barriers for people who are unhoused or lack resources
- Proactive peer support in the community – for example, peers can provide adherence support, help clients pick up medications, and support harm reduction efforts.

The PATHS Program helps address the increased prevalence of HCV and syphilis in Oregon communities. Both conditions are treatable, but people who use drugs, particularly those living in rural areas, face barriers to treatment that can lead to severe, preventable health issues. Engagement with PATHS can prevent serious health consequences and can provide a path to recovery from substance use disorder.

Treatment

Treatment saves lives. People living with HIV who take HIV medicines and maintain an undetectable viral load live longer, healthier lives, and have no risk of sexually transmitting the virus to an HIV-negative partner.

Early diagnosis and quick linkage to HIV medical care – along with services to address structural barriers to treatment – help people achieve viral suppression and maintain it across the lifespan. Services tailored for specific communities are an important part of helping all Oregonians with HIV access medical care and achieve positive health outcomes.

HIV treatment is HIV prevention. HIV treatment saves lives.

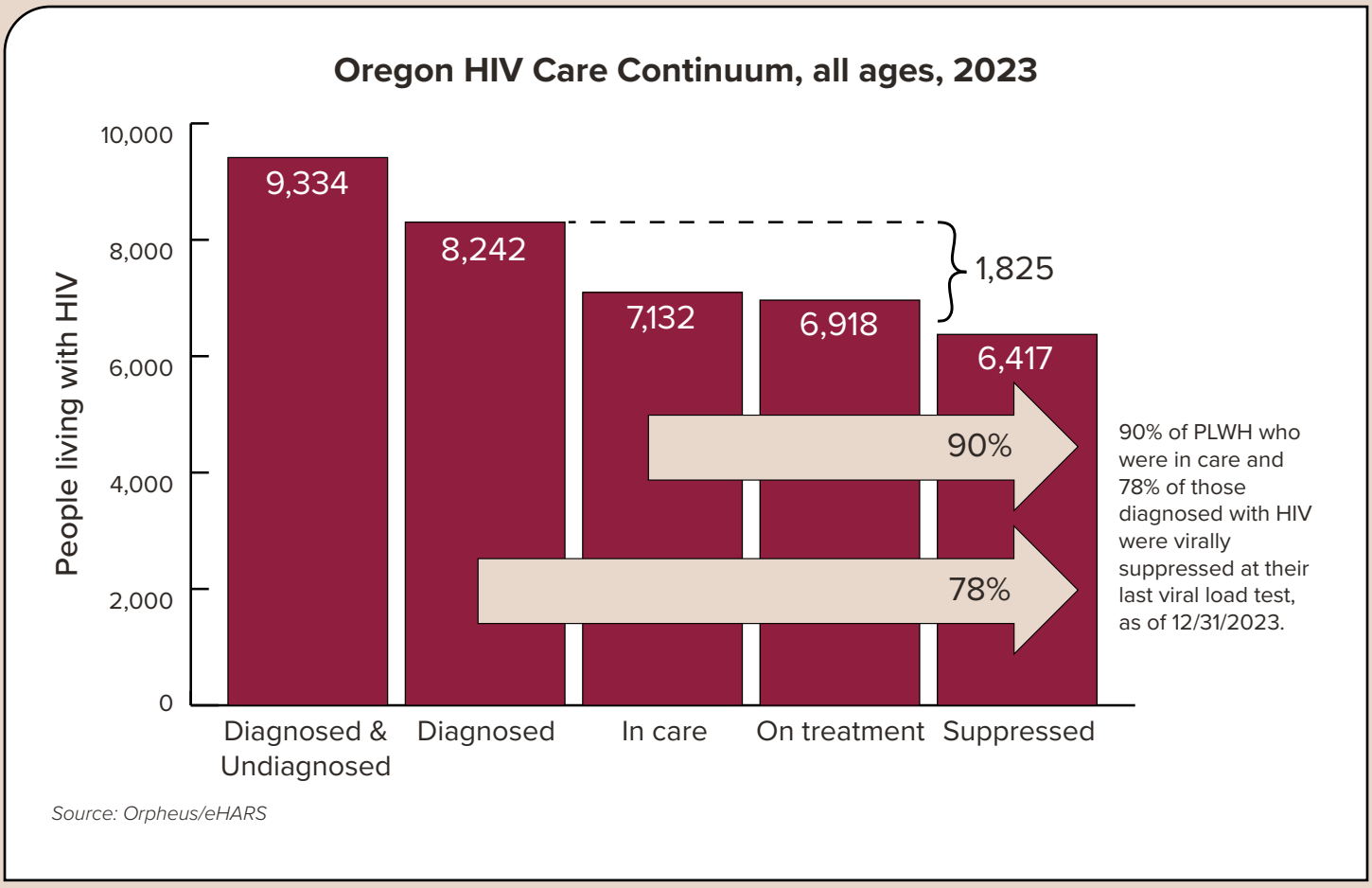
Syphilis and gonorrhea are both treatable and curable. Testing and quick linkage to treatment improves the health of community members, prevents unnecessary complications, and reduces transmission.

IN OREGON, WE AIM TO:

- Increase the proportion of people living with HIV who are virally suppressed
- Eliminate racial and ethnic inequities in viral suppression rates, and
- Eliminate HIV/STI-related stigma

Supporting Rapid Access to HIV Medicines Across the State

Rapid start of antiretrovirals (ART) – defined as beginning ART as soon as possible after diagnosis – is a key strategy in ending the HIV epidemic. Rapid start has been shown to improve linkage to and retention in care; reduce time to viral suppression; decrease viral transmission; and decrease sickness and death for people with HIV. The goal is for all people living with HIV to be virally suppressed as a path to longer, healthier lives.



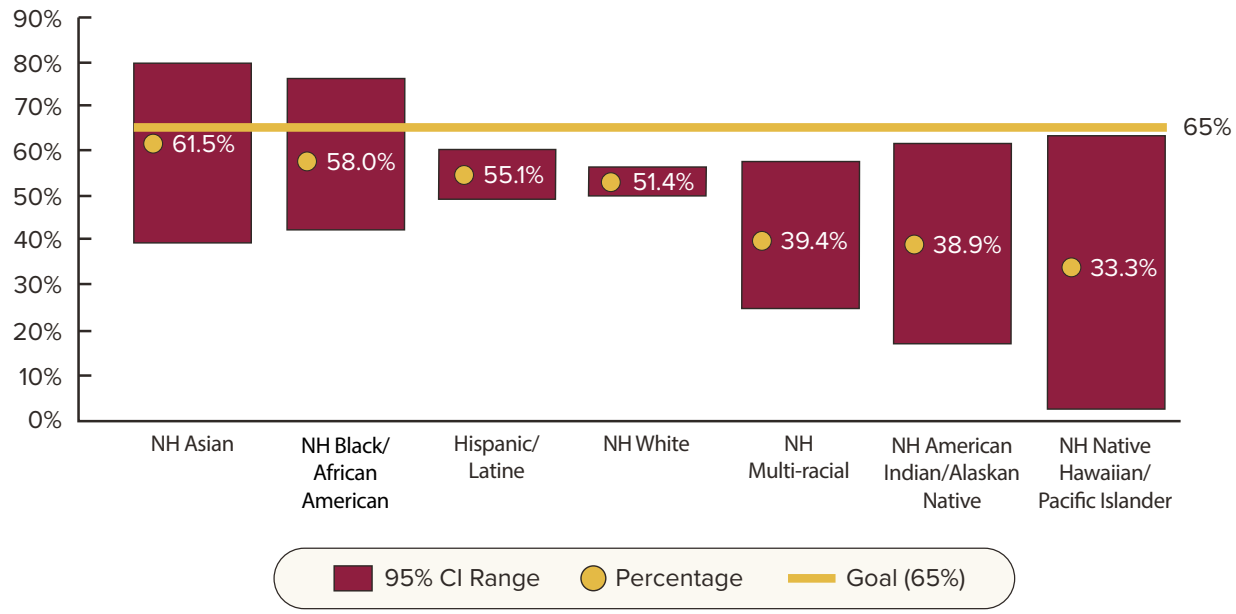
At the end of 2023, 78% of people living with a diagnosis of HIV in Oregon were virally suppressed. Although this falls short of our goal of 90%, Oregon's viral suppression rates are much higher than the national average (which is about 65%). Oregon's excellent system of care contributes to these higher rates. A full 96% of clients enrolled in CAREAssist, Oregon's AIDS Drug Assistance Program, are virally suppressed, the 2nd highest rate in the nation. Likewise, 92% of people with HIV enrolled in Ryan White Part B HIV case management (outside the Portland metro area) and 91% of people enrolled in Ryan White Part A HIV case management (in the Portland metropolitan area) are virally suppressed.

Multnomah County's HIV Health Services Center, Oregon's only Ryan White Part C Clinic, has been providing rapid start to people newly diagnosed with HIV since 2019, with excellent outcomes. Organizations like OHSU and HIV Alliance continue to adapt their systems to make provision of and linkage to rapid start more feasible, and the AIDS Education & Training Center continues to work with Federally Qualified Health Centers (FQHCs) – health clinics that provide a full complement of care to underserved geographic areas or populations – to build their capacity to provide rapid start to their communities.

Primary care providers, assisted by HIV specialists, play an important role in ensuring all patients newly diagnosed with HIV achieve viral suppression as soon as possible, ideally within three months. As of June, the HIV provider list maintained by AETC included 95 listings across Oregon and SW Washington, with 10 new listings added in the last year. To support rapid start initiation, the Oregon AETC added an "Offers Rapid Starts" tag this year to the listings of providers who have confirmed with the AETC that they offer this service. Eight listings have a rapid starts tag. To support non-native English speakers, the AETC added a tag to indicate when providers listed offer care in languages other than English; eight listed providers offer services in Spanish.

Currently, there are inequities in viral suppression rates by race/ethnicity. No groups are currently achieving the End HIV/STI Oregon goal of 65% viral suppression within 90 days, but some groups are closer to the goal than others. Over half of people with HIV who identify as Asian (61.5%), Black/African American (58%), Hispanic/Latine (55.1%), or White (51.4%) were virally suppressed within 90 days of diagnosis.

Proportion of new HIV cases virally suppressed within 3 months (90 days) of diagnosis by race/ethnicity among Oregon HIV diagnoses (2019-2023)



NH = Non-Hispanic

Source: Orpheus/ eHARS

The yellow dots indicate the percentage of the population who have been screened for HIV in their lifetime. The red rectangles are the 95% confidence intervals around the estimates: the wider the 95% confidence interval (green rectangle), the less precise the estimate. If the red boxes overlap between groups, it indicates that the estimates are more similar than different. In Oregon, the population sizes of each race and ethnicity group vary greatly. Using case rates allows for better comparison across populations of different sizes and helps identify health inequities.

Winding Waters
Your Health Care Home

Partner Spotlight: Winding Waters Provides Rapid Start in Eastern Oregon

People seeking medical care in Eastern Oregon must drive long distances to access care, and some kinds of specialty care are simply not available in the region. Winding Waters Medical Clinic is a Federally Qualified Health Center in Wallowa County, committed to providing high-quality, comprehensive healthcare services, education, and resources to all patients, regardless of their income level or financial situation.

Winding Waters has developed a robust telehealth system for primary care and has implemented HIV Rapid Start in response to an increase in new HIV diagnoses in Eastern Oregon. They also support screening, diagnosis, and ongoing treatment of HIV in the region.

Improving Care Systems Through Anti-Racism Training

ARTIC is an organization that aims to decentralize whiteness as the focal point of healing. Staff at Oregon Health Authority's HIV/STD/TB Program worked with ARTIC in 2024 to review and rectify policies to ensure they are equitable and mitigate unintended negative impacts on clients. Organizations across Oregon are creating strategic plans to support the systems change necessary to ensure HIV/STI prevention and care services are accessible and responsive to all communities, especially priority populations.

Listening to People Living with HIV in Oregon: Your Voice Matters

The HIV Medical Monitoring Program (MMP), known in Oregon as Your Voice Matters, is a national surveillance project that collects data from a representative sample of people living with HIV; Oregon has participated in MMP since 2007. Your Voice Matters data – which include interviews and information from medical records – are used to better understand the needs and opinions of people living with HIV, as well as their progress related to viral suppression and other medical outcomes. This information helps guide policy, funding, and programmatic decisions, with the goal of eliminating inequities so all people living with HIV have quality care.

Each year, Your Voice Matters' Community Advisory Group recommends local questions, too. A set of locally chosen questions on resilience and social support revealed inequities for one specific group of people living with HIV in Oregon: people with disabilities.

About 1 in 4 adults in the U.S. have some type of disability (27%), including difficulties with hearing, vision, cognition, walking, self-care, or independent living. In Oregon, 29% of adults report having a disability, but the proportion is much higher among Oregonians living with HIV (PLWH) at 38%. Your Voice Matters data show that PLWH in Oregon who have a disability experience greater social need (such as lack of transportation, food insecurity, and homelessness) and worse clinical outcomes, including lower viral suppression rates than PLWH without a disability. PLWH living with a disability also reported less emotional and practical support (e.g., help with transportation and housekeeping), and lower resilience than PLWH without a disability.

In response, long-time End HIV/STI Oregon partner, the Eastern Oregon Center for Independent Living (EOCIL) and OHA are working to ensure better connections between disability services and Ryan White HIV case management programs, as well as developing connections to ensure people with disabilities can access needed benefits.

Responding to End Inequities

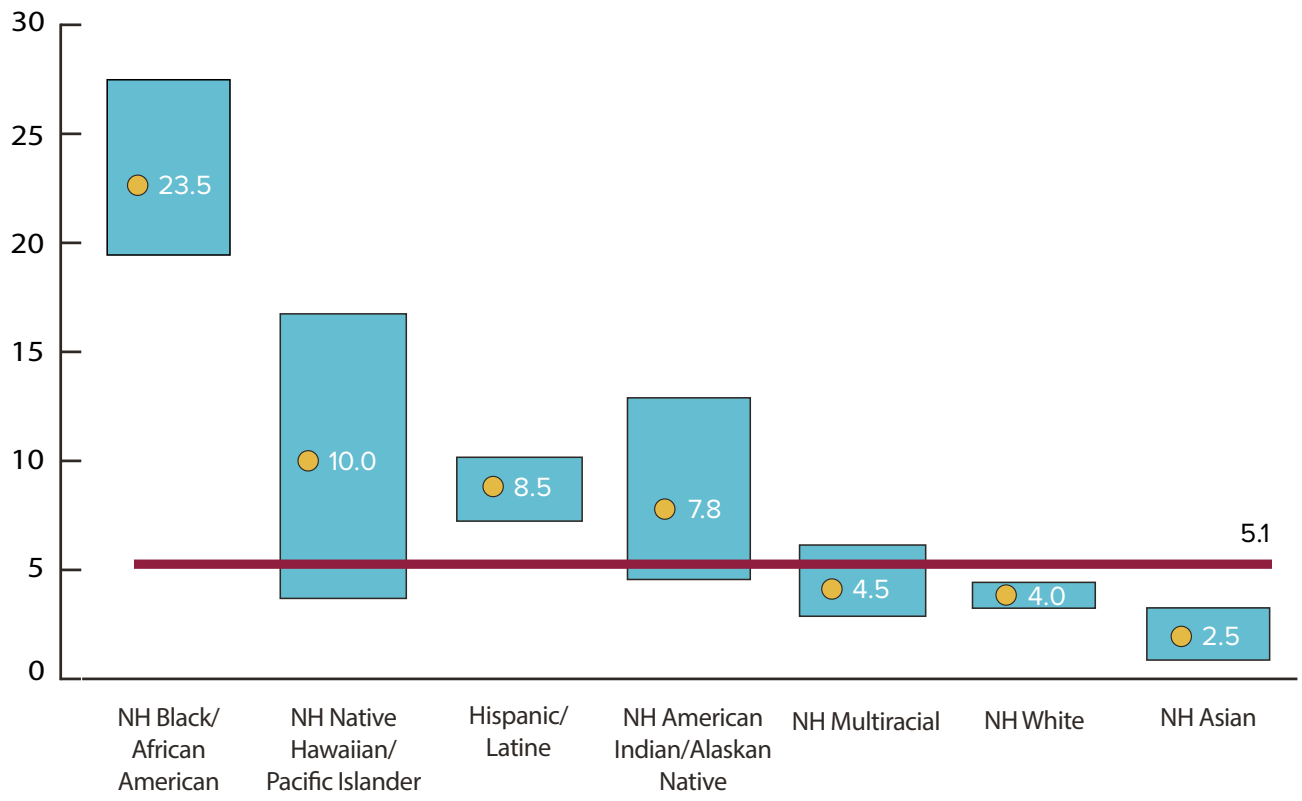
Testing is easy. Prevention works. Treatment saves lives. But all Oregonians must benefit from available resources – a vision we are working towards, but have not yet achieved.

Ending new HIV transmissions in Oregon requires partnerships across multiple systems and communities. It requires regularly analyzing our data to identify inequities and detect outbreaks and clusters of new infections. It requires a refocusing of resources to communities where the need is greatest, leading with race/ethnicity. It requires eliminating HIV and related stigmas that fuel transmission.

We have work to do. People who are Black/African American, Native Hawaiian/Pacific Islander, Hispanic/Latine, or American Indian/Alaska Native have higher rates of new HIV diagnosis, while people who are multiracial, white, or Asian have lower rates. Our goal is to eliminate these inequities, which largely reflect social and structural inequities.

IN OREGON, WE AIM TO:

- Eliminate racial and ethnic inequities along the HIV care continuum (diagnose, prevent, treat)
- Use data and mobilize partners to reduce community HIV/STI transmission



NH = Non-Hispanic

Source: Orpheus/eHARS

*** The yellow dots indicate the number of new HIV diagnoses per 100,000 residents, 2019-2023. The blue rectangles are the 95% confidence intervals around the estimates: the wider the 95% confidence interval (e.g., how tall the blue rectangle is), the less precise the estimate. In Oregon, the populations of each race and ethnicity group are very different in size. Using case rates helps us better compare populations of different sizes and identify health inequities. The purple line shows the average case rate.*

Partnering Across Agencies and Jurisdictions to End HIV/STI

The HIV/STI Surveillance Team analyzes data and provides information to communities, including ongoing updates to public-facing data dashboards. This information, along with training and tools like at-home rapid HIV testing and HIV/STI self-collection testing options support local community response effectively to disease outbreaks and clusters. Often, jurisdictions must partner across county, state, or tribal nation lines to conduct disease investigations or to maximize education and outreach resources.

Partner Spotlight: HIV Alliance Responds to Increase in Southwest Oregon Cases

In 2024, a notable increase in HIV/STI cases in Southwest Oregon prompted a multi-agency, multi-jurisdiction response.

People living in rural parts of Oregon often experience social and structural barriers that may increase their vulnerability to HIV and STI. Many do not know they are at risk and, therefore, do not seek out testing and treatment until late in their infections. HIV Alliance, in partnership with OHA and local public health authorities in Coos, Douglas, Jackson, Josephine and Klamath counties, led an awareness campaign that included billboards, social media and digital advertising, and promotion of local, in-person and mail-order testing. The campaign is also running in Linn County.

Early indicators look positive (full data not available at the time of this report). In the first seven weeks of the campaign, more than eight million HIV/STI messages had been seen or heard, there were more than 15,000 clicks on digital ads to receive more information, and a higher-than-expected number of individuals took action – for example, ordered a free, mail-order HIV test kit, ordered free condoms, or sought other resources.

Partner Spotlight: Meaningful Care Conference

The Oregon AETC partnered with Black and Beyond the Binary Collective to host the 2024 2SLGBTQ+ Meaningful Care Conference, which aimed to center the lived experiences of those accessing care and uplift marginalized voices. The day-long conference in Portland took an intersectional approach to addressing multi-level health disparities and inequities; shared promising and evidence-based applications of culturally responsive health care for 2SLGBTQ+ people; and provided a space for health and social service providers to develop and diversify their personal and professional networks. Keynote speakers included Three Brown Jotos and the United Territories of Pacific Islanders Alliance (UTOPIA) Washington.

The conference engaged diverse communities. Of 293 attendees who self-reported race and ethnicity, 44% identified as Hispanic/Latine, 11% identified as Black or African American, and 6.5% identified as American Indian/Alaskan Native. Of 289 who shared information on their sexual orientation (all genders included), 44.6% identified as queer, 16.6% as pansexual, 15.6% as gay, and 9% as bisexual.




END HIV