END HIV/STI OREGON

Annual Progress Report

December 2025




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.

In 2025, we experienced rapid change at the federal level, which impacts our work in Oregon. New federal policies jeopardize progress toward ending HIV and STI in many Oregon communities. Some public health grants and contracts have been canceled or are imperiled. Changes to Medicaid and other federal programs are expected to impact all Oregonians by threatening access to essential prevention and treatment services.

These are real challenges, which may result in setbacks, but we know what we need to do to end new HIV/STI infections in Oregon. The Oregon Health Authority (OHA) will continue to collaborate with tribal nations, local public health authorities, and community partners to eliminate health inequities and end new HIV and STI transmissions. We will work hard to ensure that all Oregonians have access to health care and social services and are treated with dignity and respect.

When it comes to health and well-being, we are all connected. Together, and using a syndemic* lens, we continue to focus on End HIV/STI Oregon's core pillars:

- Diagnosis
- Prevention
- Treatment
- Response

**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

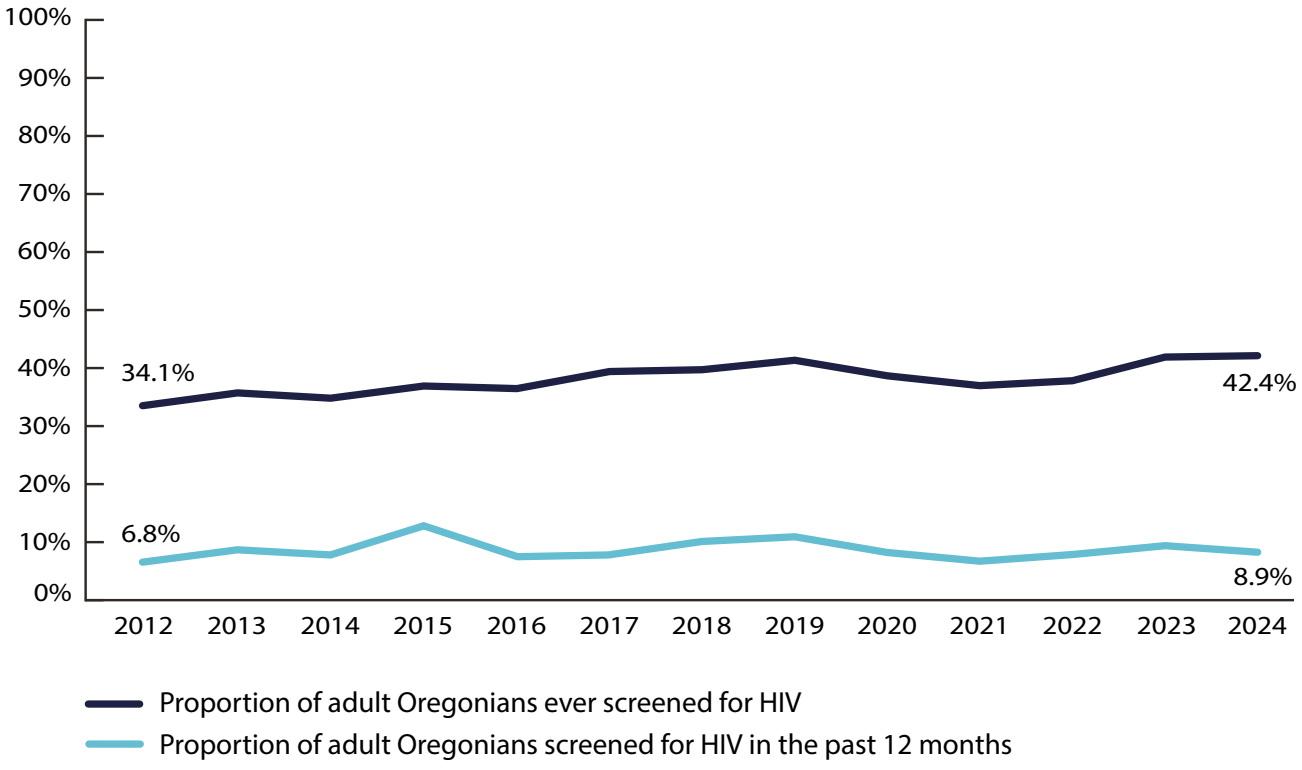
Testing is easy. Our goal is for everyone with HIV or an STI to be diagnosed as early as possible. People who know their HIV status can enjoy better health and longer lives – and can help protect their partners from acquiring the virus. People diagnosed early for an STI can be treated, cured, and avoid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

All adults should be screened for HIV at least once in their lifetime; more frequent testing is recommended for some. According to the 2024 Oregon Behavioral Risk Factor Surveillance System (BRFSS), 42.4% of Oregonians report ever being screened for HIV, and 8.9% report being screened in the past 12 months.

IN OREGON, WE AIM TO:

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

Oregonians screened for HIV, ever and in the past year: 2012-2024



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS rates are based on results from a population-based survey; because of the proliferation of cell phones and people's changing attitudes to survey participation, current BRFSS rates are based on the answers of about 25% of sampled individuals. The response rate for BRFSS is low and has been declining over the past decade. We present these data because they are the only population-based estimates of HIV screening among Oregon adults.

Late-Stage Diagnosis (AIDS within 90 Days of HIV Diagnosis), by Race/Ethnicity, Oregon, 2020-2024

Source: Orpheus/eHARS

The purple line shows the statewide average.

A late HIV diagnosis (defined as diagnosis of HIV within 90 days of an AIDS diagnosis) indicates missed opportunities for early testing, treatment, and secondary prevention. Trends in late diagnosis can help us identify populations that may have limited access to services because of individual factors, like lack of awareness and low risk perception; community factors, like a lack of service providers; or structural factors, like housing instability, stigma and discrimination.

Between 2020-2024, about 1 in 5 Oregonians diagnosed with HIV had a late diagnosis. Some groups in Oregon were more likely to be diagnosed with HIV late in their infection compared to others. People with a much higher proportion of late diagnosis included Asians (35.3%) and people who live in frontier (36.4%) or rural (29.3%) parts of Oregon.

New Program Model Fills Gaps in Statewide HIV/STI Services

HIV/STI services in Oregon are funded by a mix of federal and state funds, governed by different rules, restrictions, and reporting requirements. This can result in a fragmented service delivery system, with gaps in some communities. Local capacity has been further stretched by the changing HIV/STI epidemic, with more new diagnoses being seen in rural and frontier areas, which generally have fewer resources to mobilize in response.

In 2025, Oregon implemented the HIV/STI Statewide Services model (HSSS), which aims to optimize and streamline the approach and funding for HIV/STI service delivery across Oregon. Initial changes were focused on local public health authority (LPHA) services. Core HSSS activities align with foundational public health programs and capabilities. These activities are expected of all funded LPHA and include:

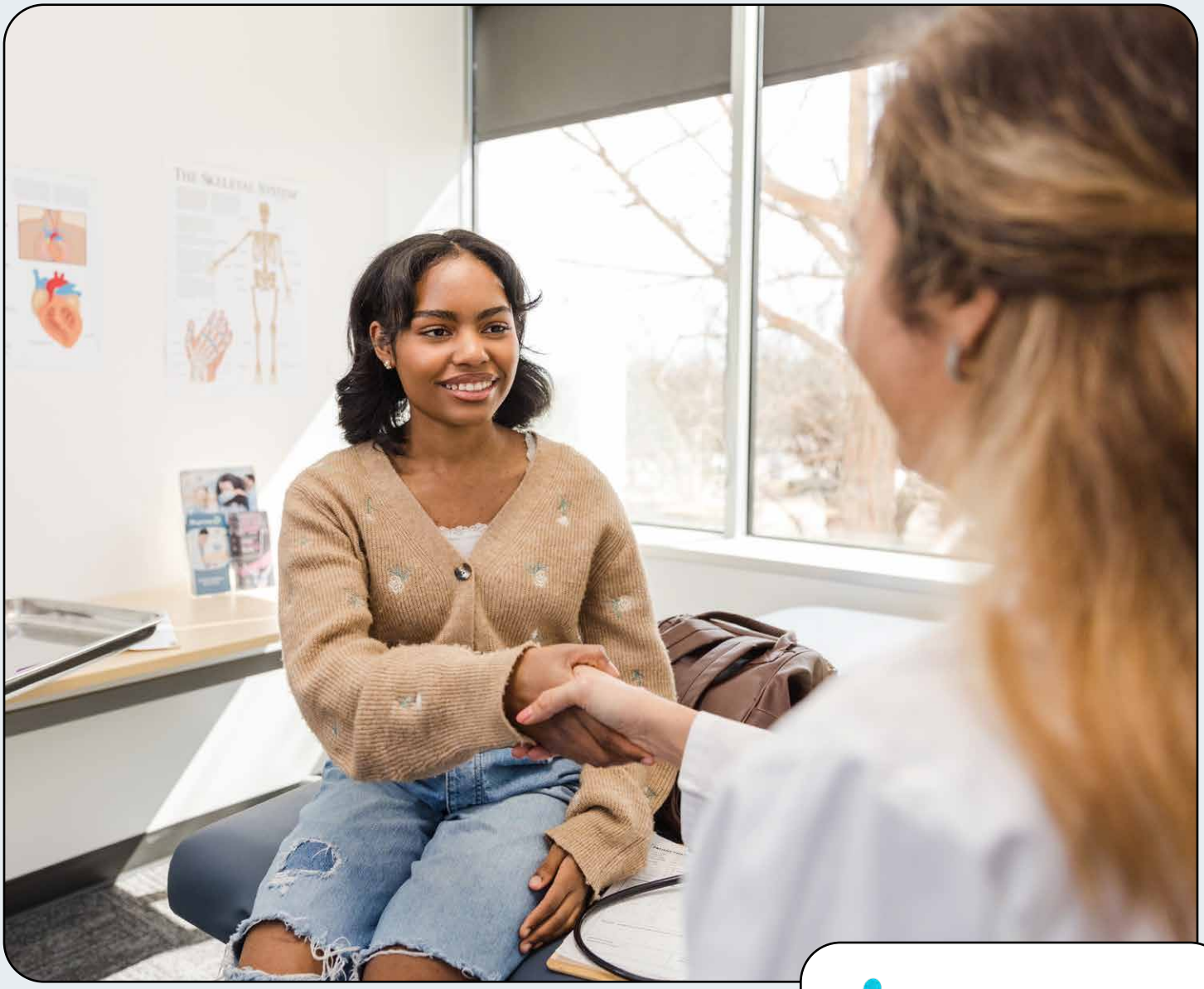
- Integrated HIV/STI testing
- Case investigation and partner services, which includes health education/ counseling, referrals for prevention and care services, and linkage to medical care and treatment
- HIV/STI outbreak response

Enhanced HSSS activities may be provided. These activities include:

- Targeted outreach to and capacity building with specific communities
- Prevention education or syringe exchange
- Condom and lubricant distribution

HSSS supports regional partnerships and subcontracting with community-based organizations. HSSS also supports access to statewide programs such as Oregon's mail-order testing program, Take Me Home, and One at Home, the state's condom delivery program.

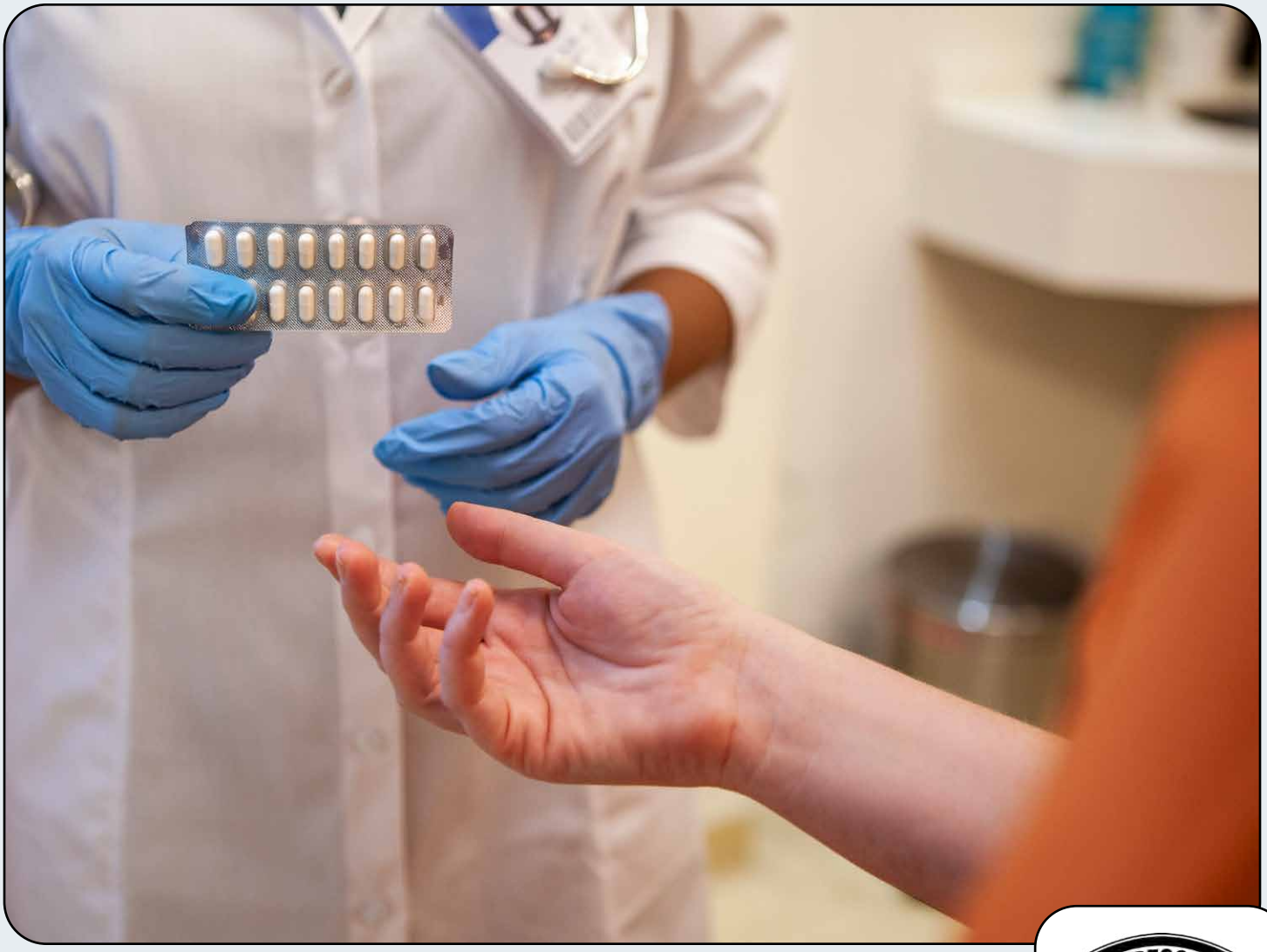
HSSS replaces and expands upon the previously funded HIV Early Intervention Services & Outreach (EISO) model and extends funding to all Oregon counties. EISO was found to be effective in identifying people with HIV who did not know their status, offer testing, and provide quick linkage to HIV medical care. Early identification and linkage to care improves individual health and quality of life and prevents new HIV infections in the community.



Partner Spotlight: Metropolitan Pediatrics

Increasing Testing and Education for Adolescents and Young Adults

Metropolitan Pediatrics, the oldest continuing group of providers delivering comprehensive pediatric services in the Portland metro region, conducted staff training and technical assistance to support the implementation of universal opt-out HIV screening at their clinics. An initial training at their Happy Valley Clinic resulted in an increase in HIV screening from 5% to 55% of patients. A second training on universal HIV screening and PrEP, conducted by the AIDS Education & Training Center (AETC), included all six clinics and over 40 pediatric providers. Seven providers committed to being added to the PrEP provider list immediately following the training. Following these trainings, universal opt-out HIV screening was implemented in all Metropolitan Pediatrics health centers in 2025.



Partner Spotlight: Oregon Department of Corrections

Increasing Testing for People who are Incarcerated

Through a partnership with OHA, ODOC can purchase drugs at a lower cost and realize direct cost savings towards expanding HIV, STI, and hepatitis C (HCV) services, including STI screening. These savings have allowed ODOC to increase the number of people screened, hire clinical pharmacists (including, but not limited to, HCV pharmacists) to provide direct patient care, and collaborate more closely with clinicians—efforts they believe have improved patient engagement and clinical outcomes. ODOC also distributes condoms and educational materials to people being released back into Oregon communities. From 2023 to 2024, the number of screening tests (HIV, syphilis, gonorrhea, and viral hepatitis) conducted by ODOC increased by 30% and the number of individuals screened increased by 14%; 4,200 people were tested at ODOC in 2024.

Prevention

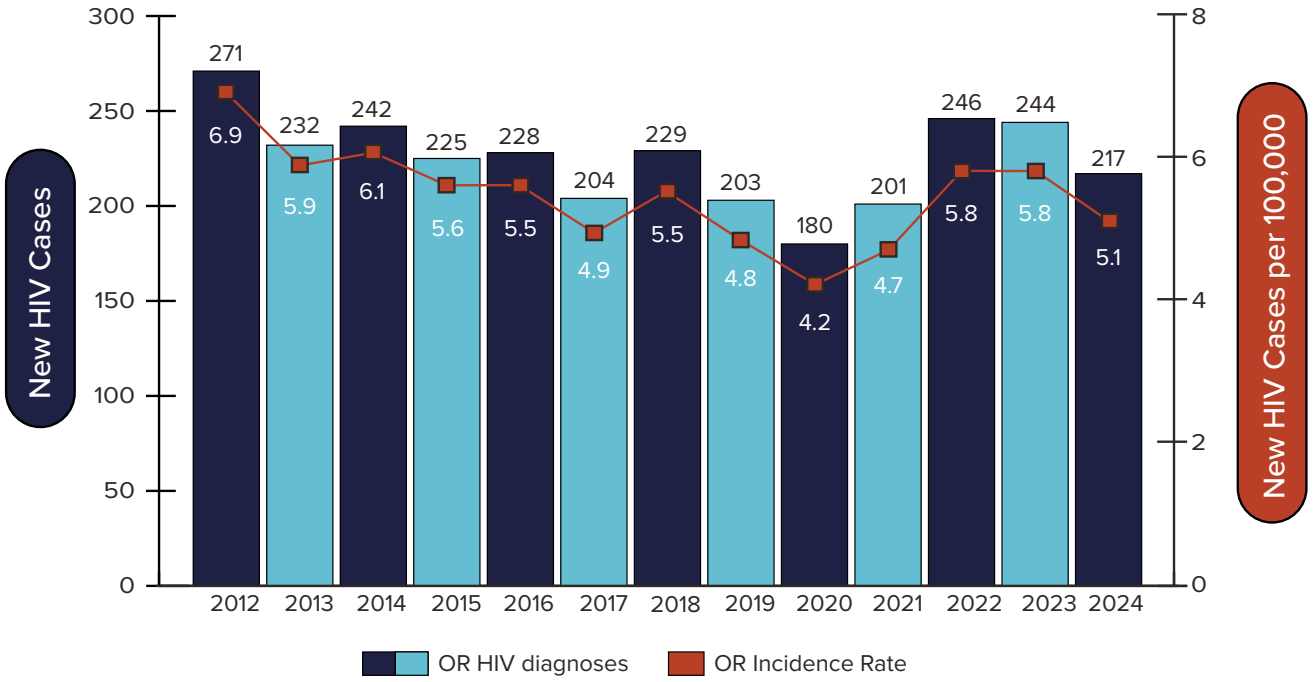
Prevention works. Oregon is considered a low incidence state for HIV and a high incidence state for syphilis. In 2024, 217 individuals were newly diagnosed with HIV, about 11% fewer than in 2023. The rate of syphilis, however, has increased 12-fold in the past decade, with 807 cases of early syphilis reported in 2024 (early syphilis includes the most infectious stages of the infection). Overall syphilis rates decreased in 2024 compared to 2023, but congenital syphilis, which is syphilis passed from a pregnant person to their fetus, has re-emerged in Oregon with a range of serious, preventable health consequences.

IN OREGON, WE AIM TO:

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

Oregon New HIV Diagnoses per 100,000 Residents

*Interpret 2020 and 2021 data with caution due to the impact of COVID-19 on HIV testing services



Source: BRFSS

Increasing Access to Old & New Tools for Prevention: PrEP, PEP and DoxyPEP

Pre-exposure prophylaxis (PrEP) is a medication taken to prevent infection with HIV before exposure. It can be taken as a daily pill, alternate pill regimen taken before sex, or periodic injection.

In June 2025, a new twice-yearly injectable PrEP, Yeztugo® (Lenacapavir), was approved by the Federal Drug Administration, and in September, the CDC published new clinical recommendations for it. Having an option for long-acting PrEP for HIV prevention may help more people with medication adherence.

A new study released in 2025 supports the importance of PrEP as a prevention tool. The study reported that states with the highest levels of PrEP coverage in the U.S. saw a 38% decrease in new HIV diagnoses over the last decade, whereas states with the lowest coverage saw a 27% increase in new HIV diagnoses.

More people in Oregon are starting to take PrEP each year. In 2024, 7,721 individuals were estimated to take PrEP in Oregon, almost 1,000 more than the year before. This is good news, but PrEP is still underused. Only about 40% 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 dramatically by race, ethnicity, and gender.

Access to PrEP continues to increase across Oregon. The Oregon AETC maintains a list of over 500 medical providers who provide PrEP across Oregon and SW Washington – a list that grows each year, despite retirements and other provider attrition.

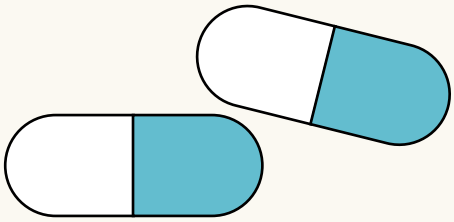
Payment support for PrEP has also expanded. A new law passed in 2025 (HB2292) adds PrEP to the list of STI screening and treatment services covered by insurance in Oregon. Services needed to maintain PrEP use – such as office visits, testing, vaccinations, and monitoring – are also covered.

Post-exposure prophylaxis (PEP) is a 28-day regimen of pills that must be started within 72 hours after possible HIV exposure to prevent seroconversion. PEP can be accessed at hospitals or pharmacies.

The Oregon AETC maintains a directory of pharmacies that stock at least one medication prescribed for PEP. The directory, which currently lists 74 pharmacies, helps patients,

doctors, and other service providers quickly identify pharmacies that stock medications prescribed for PEP. Historically, PEP has been difficult to locate in some rural communities. Because PEP must be started within 72 hours of a possible HIV exposure to be effective, there is no time to waste ordering and shipping medication. Since 2024, OHA has been providing rural Oregon hospitals financial support to stock PEP. In May 2025, the CDC released new non-healthcare related exposure PEP guidelines, recommending BIC/FTC/TAF (Biktarvy®) as the first-line option for PEP. Because Biktarvy® is also widely prescribed as a first-line treatment for HIV, the medication is easier to find in stock at pharmacies, and should further address access challenges.

DoxyPEP refers to the use of the antibiotic doxycycline within 72 hours of condomless sex, which can reduce the rate of developing syphilis, gonorrhea, and chlamydia. This year, OHA began recommending DoxyPEP, specifically for gay and bisexual men and transgender women who recently had an STI diagnosis and other people who may be at increased risk. Statewide data on DoxyPEP prescription and usage is not available, but declining STI rates in Oregon and in the U.S. may indicate wider usage of this prevention method.

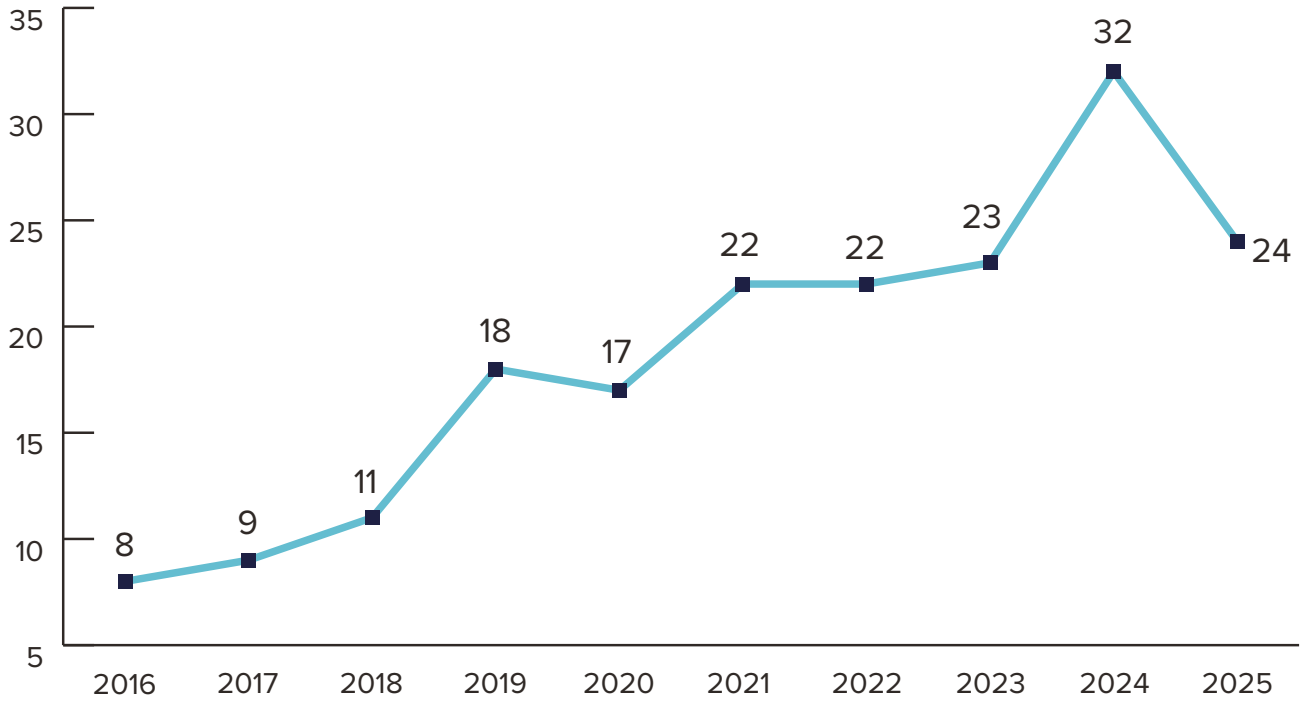


Partner Spotlight: Clackamas County Public Health Congenital Syphilis Prevention Campaign

From 2017-2022, syphilis cases increased by 154% in Clackamas County, with a corresponding increase in congenital syphilis (infections in fetuses and infants). Clackamas County Public Health (CCPH) identified a need to increase community awareness and education, increase syphilis screening, and reinforce key partnerships with organizations involved in the system of care. The LPHA received a public health modernization grant to address these goals.

CCPH partnered with strategic communications firm, Coates Kokes, to develop a media campaign with messages about testing and treating syphilis in pregnancy. The campaign included a website; digital assets in English, Spanish, and Ukrainian; partner trainings; and a toolkit. Partnerships with Cascade AIDS Project, Planned Parenthood, and community paramedics helped expand testing to more than 200 people in Clackamas County. A partnership with the Clackamas Free Clinic helped expand the reach of the media campaign, which ultimately resulted in more than one million impressions (e.g., the number of times people saw campaign messages) and more than 700 clicks on digital messages.

Number of Oregon Counties with Syringe Services Programs (SSPs) 2016-2025



Source: Overdose-Related Services & Projects and Administrative Data

HIV/STI Prevention for People who Use Drugs

Community programs for people who use drugs provide important resources for ending new HIV/STI infections

The overall number of syringe services programs (SSP) is about the same as last year – 69 in 2025; 68 in 2024 – but the number of Oregon counties with at least one SSP decreased from 32 in 2024 to 24 in 2025. It is difficult to know how much this number says about trends related to syringe exchange. On the one hand, resources are shrinking and some communities are withdrawing their support for harm reduction programming. On the other hand, we have seen a slow and steady increase in numbers of counties with SSPs since 2019, a trend that continues in 2025; the exception was the large increase we saw in 2024. It is possible that 2024 was an outlier. We will continue to monitor access to SSPs in Oregon communities.

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.

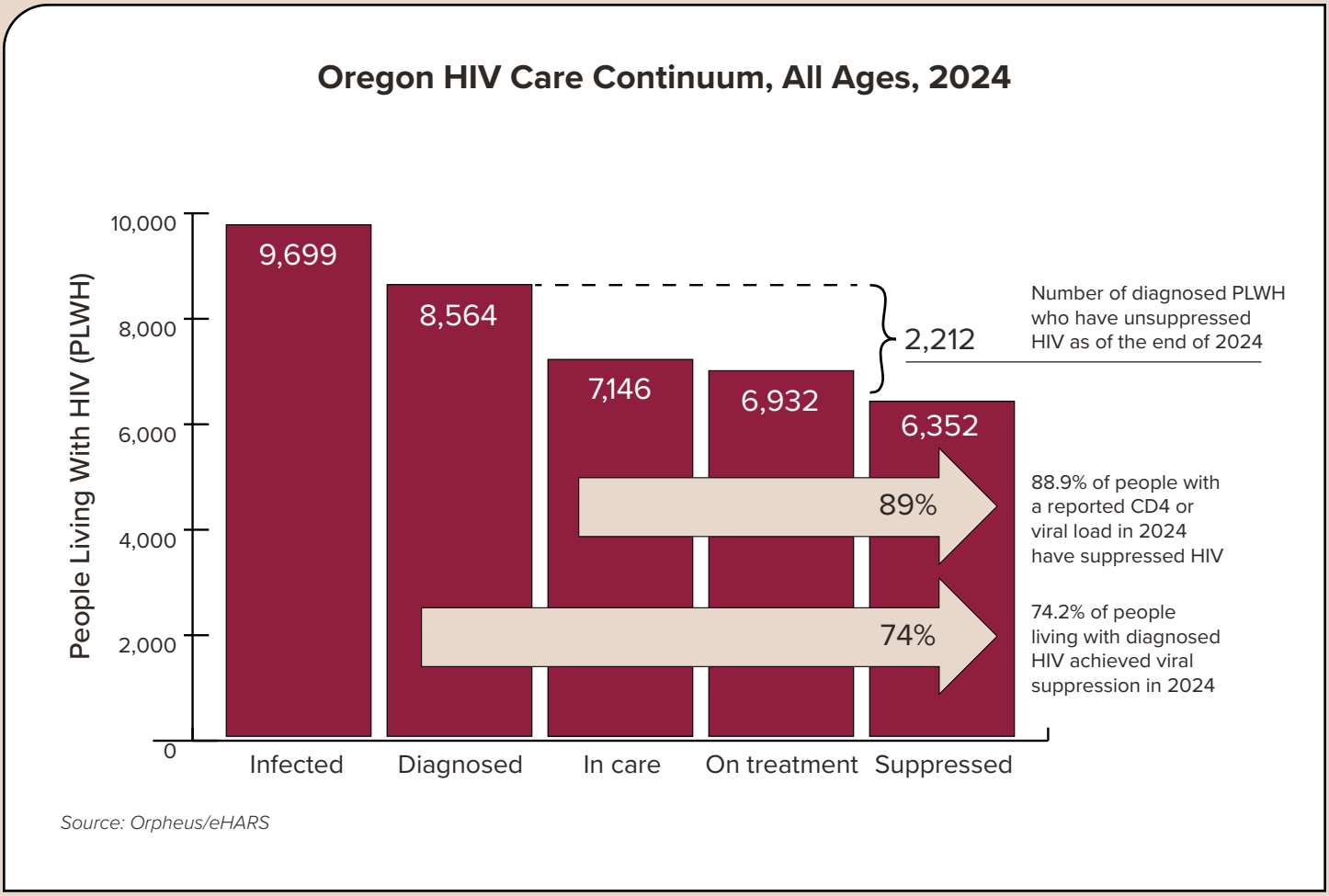
Early diagnosis and quick linkage to HIV medical care – along with services to address structural barriers to treatment – help people achieve viral suppression and maintain it across the lifespan. Services tailored for specific communities are an important part of helping all Oregonians with HIV access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

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
- Eliminate HIV/STI-related stigma



Increasing Access to Rapid Initiation of HIV Medications in Oregon

At the end of 2024, 74% 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 highest rate in the nation!

Linking newly diagnosed people to care quickly and providing access to rapid start of HIV treatment is fundamental to improving health outcomes and quality of life for PLWH, and for preventing community transmission of HIV.

Oregon HIV surveillance data show that 81% of people newly diagnosed with HIV between 2020-2024 were linked to care within 30 days, with 54% achieving viral suppression within 90 days. The median time to viral suppression was 73 days.

However, some groups had better health outcomes than others. People with stable housing and those enrolled in Ryan White services were more likely to achieve quick linkage to care and viral suppression, whereas those with housing instability, injection drug use, and rural residence were less likely to meet these HIV care benchmarks.

There were also differences by facility of diagnosis. People diagnosed in hospitals were more likely to experience timely linkage to care (e.g., because they were already engaged in care at time of diagnosis), whereas people

diagnosed in emergency rooms or correctional facilities were less likely to have positive health outcomes. Although there may be many contributing factors, emergency rooms and jails are not designed to provide follow up on diagnoses like HIV, which require specialized care and long-term management. Also, people who seek care in these settings often have higher social needs, such as lack of housing, insurance, or transportation, and may have limited engagement with preventive health care.

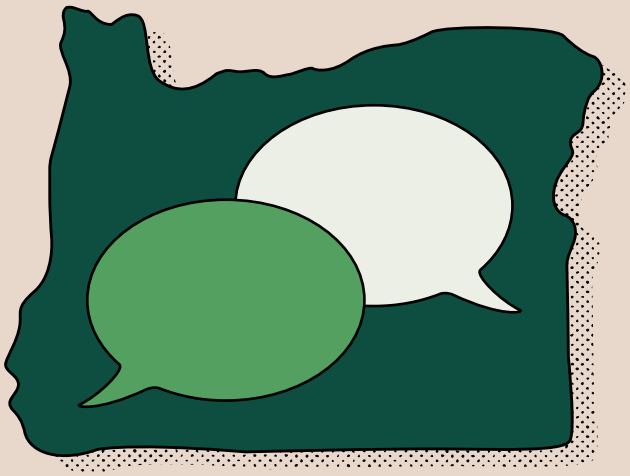
Ensuring that all people newly diagnosed with HIV have rapid access to health care requires a variety of approaches. Programs like CAREAssist and HIV case management can help address the range of social needs a person newly diagnosed with HIV may experience as barriers to medical care. Growing the number of medical providers who offer rapid initiation of HIV treatment is another important strategy.

As of June 30, 2025, 113 medical providers across Oregon and SW Washington were listed on the Oregon HIV provider list; about a quarter of these (n=27) are listed with an "Offers Rapid Starts" tag. This designation means the provider will provide access to ART for newly diagnosed people at the time of diagnosis and there is a system in place to get a patient into an appointment within 7 days. This is a three-fold increase over the previous year, when only nine providers were listed with a rapid start tag.

New OCEAN Program Helps People Living with HIV Find Stable Housing

Oregon HIV surveillance data show that people with unstable housing are less likely to receive HIV medical care and achieve viral suppression in a timely manner; this is also true for people diagnosed in correctional facilities.

In 2025, Oregon received a grant to help address these health inequities. The Oregon Carceral Engagement & Access Network (OCEAN) is a reentry initiative that supports people living with HIV as they transition from carceral settings by connecting them to housing, medical care, and other services. OCEAN funds ODOC staff and OCEAN Navigators at regional Community-Based Organizations (CBOs). The primary goals of OCEAN are viral suppression, housing stability, and overall health among low-income PLWH who are releasing from Oregon's carceral systems (prison, jail, and community corrections) into Oregon communities or who have carceral system involvement that acts as a barrier to obtaining housing.



HIV Continuum of Care Conference Provides Statewide Training

In October, providers from across Oregon, representing all parts of the HIV care continuum, gathered online for a two-day conference. The 2025 Oregon HIV Continuum of Care Conference was hosted by the Oregon Primary Care Association's HIV/STI Program. More than 300 people attended the conference to learn about HIV prevention and treatment, housing, syphilis, strategic communications, and more.

Partner Spotlight: Eastern Oregon Center for Independent Living Expands Services into Central Oregon and Opens New Housing for Eastern Oregonians

Long-time HIV service provider, Eastern Oregon Center for Independent Living (EOCIL), expanded their HIV case management services into Central Oregon this year. EOCIL will now provide case management services in Crook, Deschutes, and Jefferson counties, bringing their total service area to 15 Oregon counties. People living with HIV who receive case management services in Oregon generally have higher rates of viral suppression than those who do not participate – over 90% of people enrolled in Oregon's HIV case management programs are virally suppressed. Case managers can help clients coordinate their medical care; access supportive services like housing, transportation, and food assistance; and provide education about health and benefits.

EOCIL held their grand opening of the Victor Fox Cultivate housing project in Ontario, Oregon, on Monday, March 17. The Victor Fox Cultivate Housing Apartments and Harm Reduction Site is a seven-unit, short-term housing complex that helps address the shortage of safe, accessible housing for people facing substance use disorder in rural Eastern Oregon. The Ontario micro-homes provide temporary housing for 42 people, along with access to medical and behavioral health care. Most residents will stay for up to 180 days before moving on to permanent housing.

The complex is named after Victor Fox, longtime CAREAssist Program manager, who died in 2020 after battling cancer. Fox was known for his commitment to affordable housing for those in need. The inscription for the building's dedication reads, in part:

> "In honor of Victor J Fox, an advocate, an innovator, a dreamer, and a friend. Vic devoted his career to developing and implementing public health prevention and care programs that improved the lives of people living with HIV or AIDS… A native Oregonian, originally from Roseburg, Vic was passionate about ensuring all Oregonians, including those living rurally, had access to high-quality treatment services free from discrimination and stigma."

Response

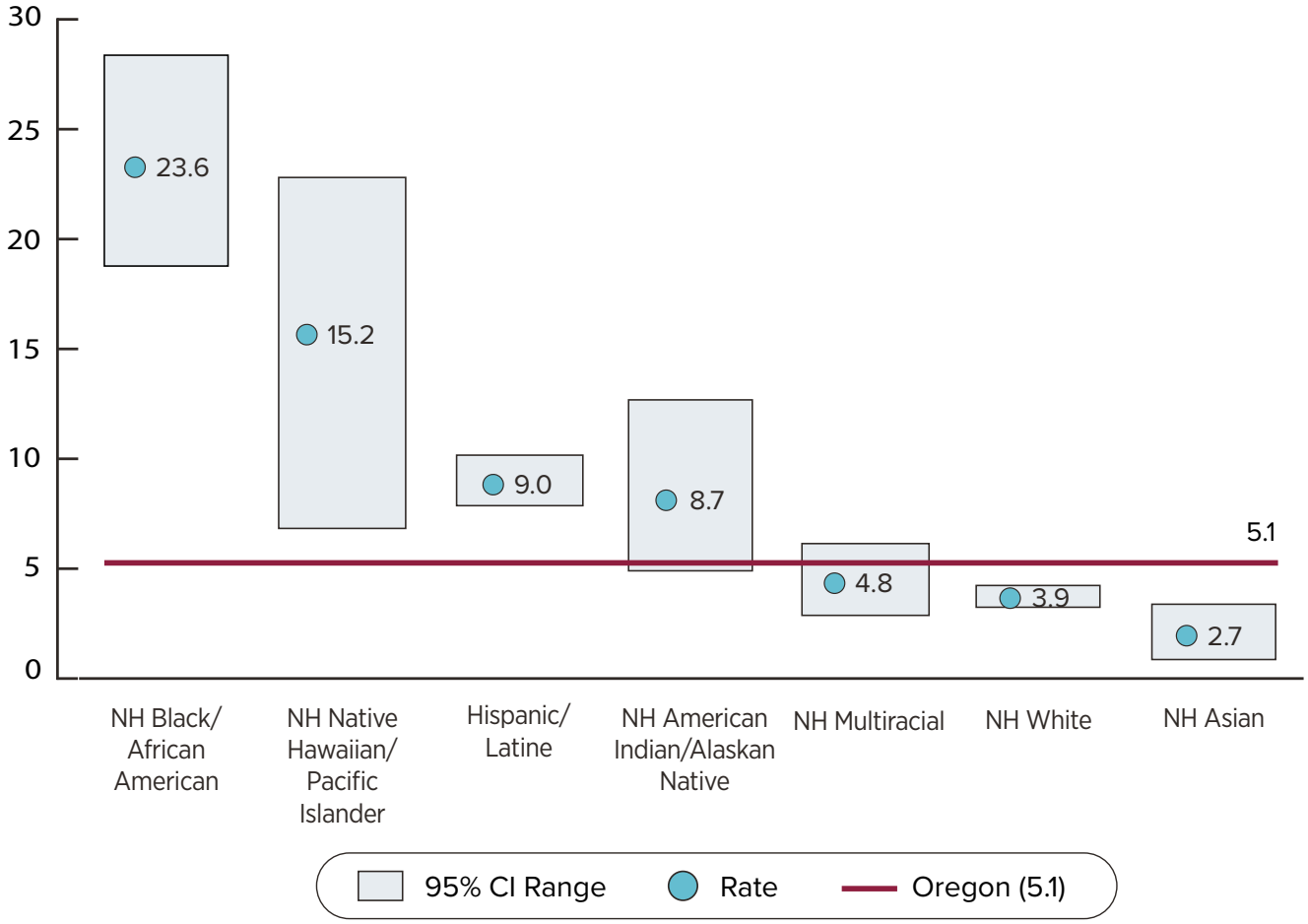
Testing is easy. Prevention works. Treatment saves lives. But all Oregonians must benefit from available resources – a vision we are working toward, but have not yet achieved.

Ending new HIV and STI 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 directing resources to communities where the need is greatest and eliminating barriers that fuel transmission.

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

New HIV Diagnoses per 100k by Race/Ethnicity, 2020-2024



NH = Non-Hispanic

Source: Orpheus/eHARS

*** The blue dots indicate the number of new HIV diagnoses per 100,000 residents, 2020-2024. The light blue rectangles are the 95% confidence intervals around the estimates: the wider the 95% confidence interval (e.g., how tall the light 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.*

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 differences, and the unequal access to basic needs like food, housing, and transportation that fuel them.

Responding to the Syndemic in a Rapidly Changing Environment

In 2025, we experienced rapid change at the federal level, and things are still in flux as this report goes to press. In the 2023-2025 biennium, the Oregon Legislature invested $50 million in public health modernization; more than half of these funds were allocated for local public health authorities and community-based organizations (CBOs). In 2025, OHA awarded grant funding to CBOs across Oregon to support public health modernization, including projects related to HIV and STI prevention. Projects are expected to start in early 2026. In a time of shrinking federal resources, Oregon public health modernization funds are an important resource for supporting End HIV/STI Oregon activities.

Responding to Increased HIV Diagnoses in Southwest Oregon

Oregon is experiencing an increase in new diagnoses of HIV infection in many parts of the state, and the largest increases per population have been in rural and frontier areas. SW Oregon has experienced a particularly alarming increase in HIV cases in recent years. Since the beginning of 2023, about 75 new HIV diagnoses were reported in SW Oregon, mainly in Jackson, Coos, and Douglas counties. Josephine and Klamath counties also saw increases.

Rural Oregonians experience barriers that may place them at increased vulnerability to HIV and STI infections. These include delayed HIV testing, late diagnosis, and lower utilization of essential prevention and treatment resources. However, people who live in rural Oregon also cite many advantages to living rurally, including a strong sense of local community.

Partner Spotlight: HIV Alliance

HIV Alliance led a media campaign in SW Oregon that delivered HIV prevention and testing messages in English and Spanish using billboards, digital and terrestrial radio, social media, digital advertising and posters. A new page on the End HIV Oregon website (www.endhivoregon.org/rural) provided specific resources for Oregonians seeking testing, prevention, treatment, and mail-order services like condoms, lube, and HIV self testing kits. Local, county-specific resources were also provided. Viewing from all campaign sources exceeded 12 million impressions (e.g., the amount of times a message was seen). Orders for sexual health supplies, like condoms and lubricant, and for mail-order test kits increased in participating counties during campaign messaging.

Social media messaging targeting Oregon's southern coast continued after the larger campaign ended, with ads that encouraged testing and offered access to safer sex supplies. The ads were designed using coastal imagery for a more local feel.

Partner Spotlight: AIDS Education & Training Center

In April 2025, the AETC team travelled to Lane, Douglas, Jackson, Josephine, and Coos counties (5 counties in 3 days) to conduct a series of trainings and mentorship visits. Training topics included HIV screening, HIV PrEP, doxyPEP, and syphilis. The team delivered over 150 educational packets and added 23 people to the PrEP provider list. Collaboration with key partners, such as Jackson Care Connect, AllCare Health, and Aviva Health, were critical to the trip's success.

The trip was an important part of the response to increased HIV diagnoses in the region because local providers could discuss actionable steps to prevent new infections with HIV specialists, and ensure they had the latest information and resources available to do so. Mentorship visits helped establish relationships between SW Oregon providers and AETC clinical faculty, expanding local clinical support for managing new or complex HIV and syphilis cases and addressing barriers to care in these resource-limited communities.

Clockwise from front: Dayna Morrison and Ashley Allison, Oregon AETC; Chris Evans MD, OHSU and AETC clinical faculty




END HIV