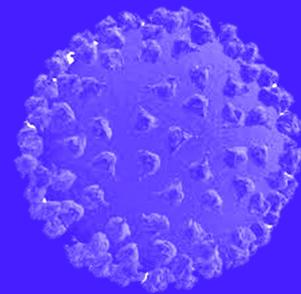
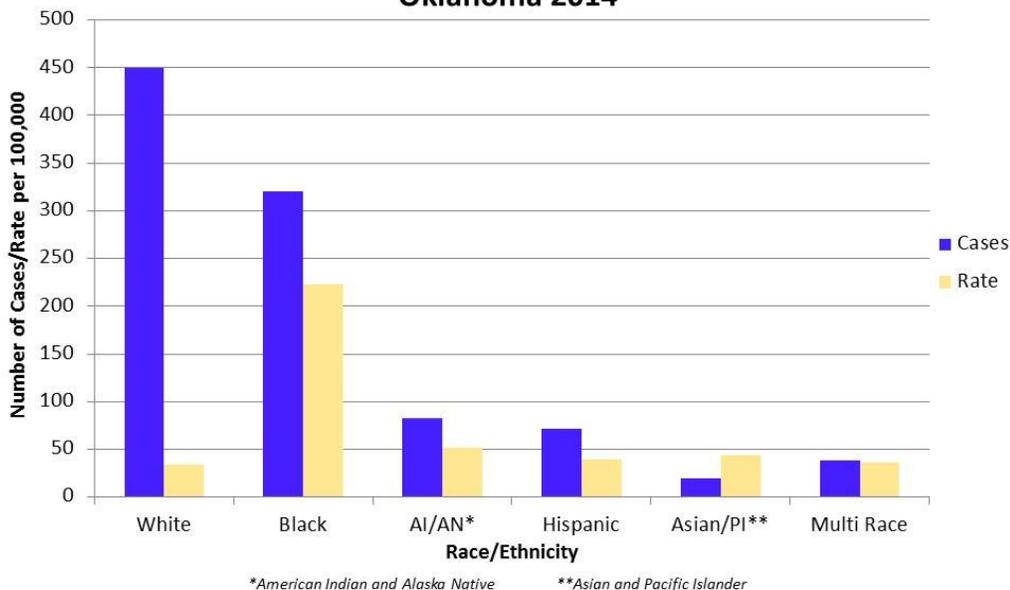


OKLAHOMA FEMALES AND HIV/AIDS



Living HIV/AIDS among Females by Race/Ethnicity, Oklahoma 2014



OVERVIEW

Females accounted for 15.1% (1,473) of the 9,783 cumulative HIV/AIDS cases diagnosed in Oklahoma by the end of 2014. Of the cumulative cases among females 54.8% (807) were classified as AIDS cases and 45.2% (666) were classified as HIV cases. One-third (492; 33.4%) of the cumulative cases among females were known to have died. The remaining 981 living cases among females accounted for 17.5% of the living HIV/AIDS cases in Oklahoma at the end of 2014.

Of the living cases among females, 41.7% (409) were diagnosed with AIDS and 58.3% (572) were diagnosed with HIV. The 2014 rate of females living with HIV/AIDS in Oklahoma was 50.1 cases per 100,000. In 2014, 58 HIV cases were newly diagnosed among females, which accounted for 18.6% of the 311 newly diagnosed HIV cases. The 2014 rate of HIV cases among females was 3.0 cases per 100,000.

BY AGE

Considering age at time of diagnosis, the 20-29 years age group (345; 35.2%) accounted for the largest number of living cases among females at the end of 2014, followed by 30-39 years (295; 30.1%), and 40-49 years (170; 17.3%). Teenagers (13-19 years) accounted for 6.9% (68) of the cases and children (12 years and under) accounted for 3.6% (35).

Considering current age group, the 40-49 years age group (287; 29.3%) had the largest burden of living HIV/AIDS cases among females. The second largest current age group was the 30-39 years (243; 24.8%), followed by 50-59 years (232; 23.6%), and 20-29 years (106; 10.8%). Among the females newly diagnosed with HIV in 2014, the 20-29 years age group and the 30-39 years age group each accounted for 27.6% (16) of the cases. The 40-49 years age group accounted for 17.2% (10) of the cases and the 50-59 years age group accounted for 12.1% (7). All other age groups combined to account for

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Department of Health

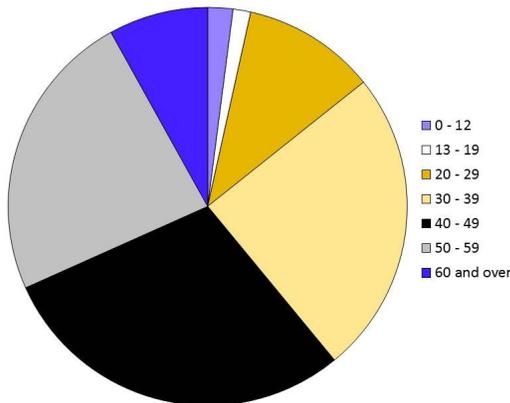
OKLAHOMA FEMALES AND HIV/AIDS

Females accounted for **18.6%** of the newly diagnosed HIV cases.

55.2% of the new cases among females were 20-39 years of age.

15.5% (9) of the newly diagnosed HIV cases among females. The 30-39 year age group also had the highest rate of newly diagnosed cases among females (6.4 per 100,000). The 20-29 years age group had the second highest rate (5.9 per 100,000), followed by the 40-49 years age group (4.3 per 100,000).

Living HIV/AIDS among Females by Current Age (years), Oklahoma 2014



BY RACE/ETHNICITY

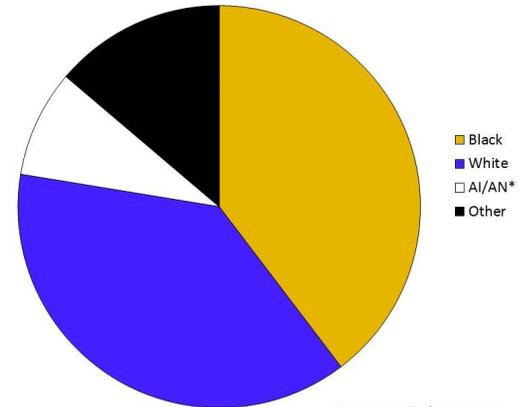
Of the 981 cases among females living with HIV/AIDS at the end of 2014:

- 45.9% (450) were White (34.1 per 100,000)
- 32.6% (320) were Black (223.2 per 100,000)
- 8.5% (83) were American Indian/Alaska Native (51.3 per 100,000)
- 7.2% (71) were Hispanic (39.1 per 100,000)
- 1.9% (19) were Asian/Pacific Islander (43.6 per 100,000)
- 3.9% (38) were Multi Race (35.6 per 100,000)

Black females had the highest rate of living with HIV/AIDS in 2014. The rate among Black females was 6.6 times higher than the

rate among White females and 4.5 times higher than the state rate among females. Black females had the highest number of newly diagnosed HIV cases (23; 39.7%), followed very closely by White females (22; 37.9%). However, Black females had the highest rate of newly diagnosed cases (16.0 per 100,000), which was 9.6 times higher than the rate among White females (1.7 per 100,000) and 5.4 times higher than the state rate among females. American Indian/Alaska Native females accounted for the third highest number of cases (5; 8.6%), at a rate of 3.1 per 100,000. Females of other races accounted for 13.8% of the cases (8).

Newly Diagnosed HIV among Females by Race/Ethnicity, Oklahoma 2014

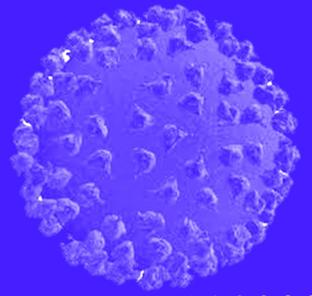


*American Indian/Alaska Native

BY MODE OF TRANSMISSION

Nearly half of the living HIV/AIDS cases among females were classified as heterosexual contact (448; 45.7%). Almost a quarter of the living cases among females were classified as injection drug use (217; 22.1%). Perinatal exposure accounted for 2.5% (25) of the living cases among females, while blood recipients (8; 0.8%) accounted for less than 1%. For 28.8% (283) of the living cases among females, either no risk was reported or no risk was identified.

OKLAHOMA FEMALES AND HIV/AIDS



Of the newly diagnosed HIV cases among women in 2014, heterosexual contact (21; 36.2%) accounted for the highest number of cases. IDU accounted for 8.6% (5) of the newly diagnosed cases. Other risk, no risk reported, and no identified risk combined to account for 55.2% (32) of the cases.

BY GEOGRAPHY

Four counties in Oklahoma accounted for over two-thirds of the living HIV/AIDS cases among females: Oklahoma (339; 34.6%), Tulsa (224; 22.8%), Cleveland (60; 6.1%), and Comanche (40; 4.1%). Of these four counties, Oklahoma County had the highest rate (86.7 per 100,000), followed by Tulsa County (69.3 per 100,000). Despite having fewer cases, Comanche County (66.6 per 100,000) had a higher rate of females living with HIV/AIDS than Cleveland County (44.3 cases per 100,000).

Two counties accounted for 65.5% of the newly diagnosed HIV cases among females in 2014: Oklahoma (20; 34.5%) and Tulsa (18; 31.0%). Although Oklahoma County (5.1 per 100,000) had more cases, Tulsa County (5.6 per 100,000) had a higher rate of newly diagnosed cases among females.

Oklahoma County and Tulsa County accounted for **65.5%** of the new HIV cases among females.



Black females had the **highest** rate of newly diagnosed cases.



Oklahoma State
Department of Health