HIV: GET TESTED, GET TREATED

Preventing and treating HIV in American Indian and Alaska Native communities



It is estimated that 3,000 American Indians and/or Alaska Natives are living with Human Immunodeficiency Virus (HIV).¹ The Indian Health Service reported that only 21% of urban Native patients had been tested for HIV at urban Indian health programs at some point in their lives.²

In 2017, Urban Indian Health Institute conducted a survey in Seattle* to learn about the knowledge, attitudes, and beliefs regarding HIV and AIDS prevention in urban Native communities. Among those surveyed, 48% thought HIV was a problem in their community, 41% knew about pre-exposure prophylaxis (PrEP)—a pill taken once a day to prevent HIV infection, 39% felt they could not talk openly about HIV in their community, and only 12% had been tested in the past 12 months.

Learn about the importance of knowing your status, where you can get tested, and what you can do to prevent the spread of HIV in Native communities.



WHERE TO GET TESTED

For additional testing resource information contact our HIV Coordinator at (206) 812-3030

- Seattle Indian Health Board: (206) 324-9360
- King County Health Department
 HIV/STD Program: (206) 263-2000
- Gay City: (206) 860-6969
- Lifelong: (206) 957-1600
- Planned Parenthood: (800) 769-0045
- Harborview Madison Clinic: (206)-744-5100



WAYS TO PROTECT YOURSELF FROM HIV

There are many ways to protect yourself from HIV, but here are some simple things you can do to stay safe.

- Have fewer anonymous partners
- Use condoms and lubricant during sex
- Never share needles or equipment used to inject drugs
- Take PrEP if you are at higher risk or have a partner who is HIV positive
- HIV positive individuals should take their medications daily to achieve viral suppression and help prevent the spread of HIV



In 2015, the rate of HIV was nearly two times higher among American Indians and Alaska Natives than non-Hispanic whites.¹

HIV in Indian Country

In 2015, American Indian and Alaska Native males had a 2.8 times higher risk than females of being diagnosed with HIV, younger males and females—ages 25-34—had the highest rate of HIV diagnoses, and males who had sexual contact with other males had the highest transmission rate at 59%.³ These groups are at higher risk of being diagnosed with HIV than others and should get tested at least once a year.

Eighteen percent of American Indians and Alaska Natives who are HIV positive contracted the virus from heterosexual contact.¹ So, while heterosexual partners are not in the highest risk category, it is still vital to get tested and stay protected.

An often-overlooked way to contract HIV is through injection drug use—14% of American Indians and Alaska Natives who are HIV positive became so by sharing needles and/or equipment used for injection drug use.¹



Benefits of Getting Tested

Among the general U.S. population, about 1 in 7 individuals with HIV do not know they are positive.⁴ It is important to know your status and if treatment is necessary. Evidence has shown that starting treatment early has a positive impact on health outcomes for those diagnosed with HIV.⁵ Adhering to an Antiretroviral Therapy (ART) regimen can allow HIV positive individuals to reach low or undetected viral levels (viral suppression), which keeps the body's immune system functioning and helps prevent the transmission of HIV.⁶ In 2015, 59% of American Indians and Alaska Natives living with HIV reported viral suppression.⁵



The CDC recommends that everyone between the ages of 13 and 64 should be tested at least once,

and if you are at a higher risk of contracting HIV, they recommend that you get tested at least once a year.⁴

*This data cannot be generalized to all American Indian and Alaska Native communities

Citations

- Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018. Accessed [2/22/2019].
- Indian Health Service. FY 2016 Government Performance and Results Act (GPRA), 2017; https://www.ihs. gov/crs/includes/themes/responsive2017/display_objects/documents/gpra/2016_GPRAResults_CRS.pdf. Accessed [2/22/2019].
- Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017. https://www.cdc.gov/nchh-stp/atlas/index.htm. Accessed on [2/22/2019].
- Centers for Disease Control and Prevention. HIV/AIDS, 2018. https://www.cdc.gov/hiv/basics/testing.html. Accessed [3/6/2019].
- Insight Start Study Group. "Initiation of antiretroviral therapy in early asymptomatic HIV infection." New England Journal of Medicine 373.9 (2015): 795-807.
- Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. HIV Surveillance Supplemental Report 2018;23(No. 4). http://www.cdc.gov/hiv/library/reports/ hiv-surveillance.html. Published June 2018. Accessed [2/22/2019].