



WASHINGTON STATE DEPARTMENT OF HEALTH

Provider Alert

Provider Alert: Rise in HIV among cisgender women and perinatal HIV diagnoses

Date: July 30, 2025

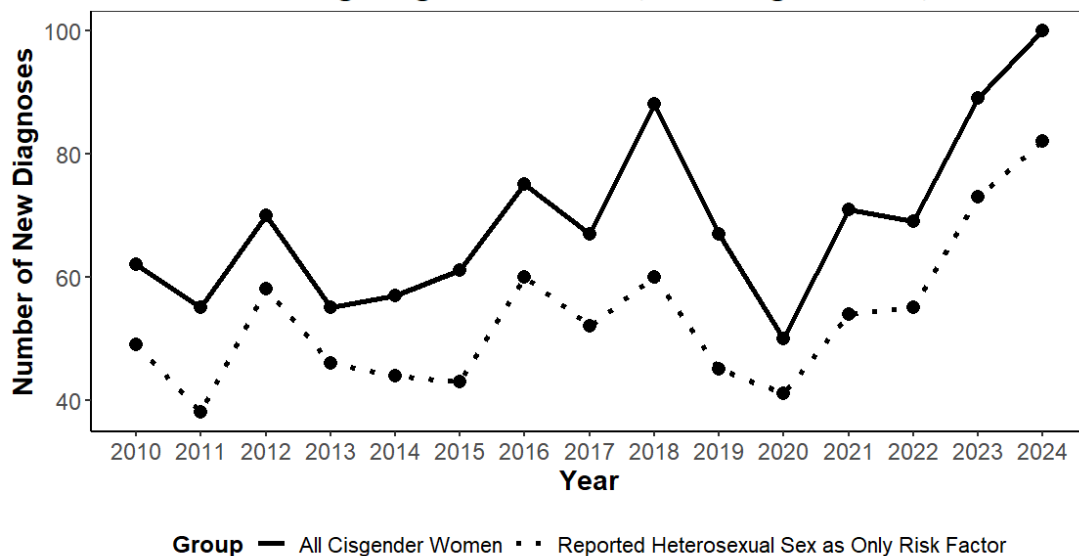
This is a Provider Alert from the Washington State Department of Health (WA DOH) Office of Infectious Disease regarding an increase in HIV diagnoses in cisgender women as well as an increase in diagnosis of perinatal HIV cases.

Washington State is experiencing a concerning increase in HIV diagnoses among cisgender women, particularly among women who report only heterosexual sexual activity and no history of injection drug use or other recognized HIV risk behaviors. In addition, cases of perinatal HIV diagnoses rose in 2024, with three cases of perinatal HIV reported among Washington-born residents – the most cases reported in over a decade.

Current Situation:

- New HIV diagnoses among cisgender women increased 46% from 2022 to 2024, reaching 100 new diagnoses in 2024 – the highest number on record in Washington State. (See graph below, courtesy WA DOH)

HIV Cases Among Cisgender Women, Washington State, 2010-2024



- **The increase is *not* driven by HIV diagnoses among cisgender women born outside the U.S.**, who have historically represented a significant proportion of HIV diagnoses among women; the current rise appears to reflect broader shifts in domestic transmission dynamics.
- **The rise in cases is disseminated across the Pacific Northwest and is not isolated to a single state or county.**
- **In two of the three Washington-born perinatal HIV cases diagnosed in 2024, the birthing parent had a negative HIV test in their first trimester**, emphasizing the need for repeat testing during pregnancy and/or at birth, especially among those at elevated risk for HIV.
- **This rise parallels record-high – and still-climbing – congenital syphilis cases, reflecting broader trends in sexually transmitted infection (STI) transmission dynamics.**

Actions Requested:

To help mitigate this growing public health concern, WA DOH urges healthcare providers and public health partners to take the following actions:

1. **Expand Routine HIV and Syphilis Screening** – Integrate HIV and syphilis testing into routine care, including for sexually active cisgender women, transgender men, and cisgender heterosexual men, **regardless of perceived risk factors**. In alignment with CDC guidelines, sexually active patients should be screened for HIV **at least once annually**, with more frequent testing (e.g., every 3-6 months) for those with elevated risk. Please note that routine HIV and syphilis testing and treatment are covered by Medicaid in Washington State.
2. **Promote Pre-Exposure Prophylaxis (PrEP)** – Educate at-risk individuals, including cisgender women who report only heterosexual sex, about PrEP as an effective HIV prevention tool. When taken as prescribed, PrEP reduces the risk of acquiring HIV through sex by approximately 99%. While research is ongoing on risk factors for cisgender women, the following may indicate the need for PrEP:
 - a. Recent syphilis, gonorrhea, or chlamydia diagnoses,
 - b. A male partner who has sex with men or injects drugs,
 - c. Methamphetamine or other drug use (including non-injection drug use),
 - d. Exchange of sex for money, drugs, or anything else of value, such as shelter.
 - e. Currently experiencing or have a recent history of homelessness.

Providers should consider discussing PrEP even in the absence of traditionally recognized risk behaviors, as risk may not always be disclosed or apparent.

3. **Ensure Rapid Linkage to Care** – **Cisgender women in Washington are less likely than men to be connected to HIV treatment within 30 days of diagnosis.** Providers should prioritize prompt referral to HIV treatment and support services to improve health outcomes and reduce onward transmission. Public health disease intervention specialists help link newly diagnosed people with HIV to care as well as help them identify and notify people who may be exposed to HIV. Please report new diagnoses to your local health jurisdiction as quickly as possible (within 3 days of

diagnosis).

4. **Conduct HIV screening during the third trimester (preferably before 36 weeks), and again during labor, delivery, or the postpartum period** for birthing people who:
 - a. Have not been tested for HIV during their current pregnancy,
 - b. Have an elevated risk of HIV (see #2), and/or
 - c. Have received little or no prenatal care.

Background:

Historically in Washington, new HIV diagnoses have been predominantly concentrated among men who have sex with men. However, the recent rise in heterosexual transmission is especially concerning, mirroring trends seen in syphilis infections across the State. Once predominantly affecting men who have sex with men, syphilis began spreading more widely into heterosexual networks around 2020, contributing to a sharp increase in cases among women and rising rates of congenital syphilis. These parallel shifts highlight the urgent need for expanded routine, stigma-free HIV and STI screening across populations, timely diagnosis, and strong linkage to care systems.

Resources:

- [HIV Community Services](#) (WA DOH)
- [HIV Medical Case Management](#) (WA DOH)
- [HIV Early Intervention Program and AIDS Drug Assistance Program Client Services](#) (WA DOH)
- [Pre-Exposure Prophylaxis Drug Assistance Program \(PrEP DAP\)](#) (WA DOH)
- [Housing Opportunities for Persons with AIDS \(HOPWA\)](#) (WA DOH)
- [CDC HIV Screening Guidelines](#) (CDC HIV Nexus)

Contact:

To report suspected cases, or for any other questions, please contact your [Local Health Jurisdiction](#).