



The Continuum of HIV Care in California



In July 2012, the Centers for Disease Control and Prevention (CDC) released an analysis¹ showing that only one-quarter of the 1.1 million Americans living with HIV have their infection under control, and African-Americans and young people are least likely to receive ongoing care and effective treatment. CDC's analysis provided national data on the number and proportion of people engaged in each of the five main stages of HIV care:

- Diagnosed with HIV;
- In HIV care;
- Retained in HIV care over time;
- Receiving antiretroviral therapy; and
- Achieving viral suppression.

The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) has performed similar analyses for California, which are presented in this fact sheet. These analyses do not currently include the provision of antiretroviral therapy. Data sources and methods are described on page 5.

Key Points

- Overall, Californians living with HIV have lower linkage to care, but higher viral suppression, than national figures; nationally, 66 percent of people living with HIV are in care and 25 percent have achieved viral suppression.
- Of the approximately 130,000 Californians living with HIV, 36 percent had achieved viral suppression in 2010 (Figure 1).
- Compared to other racial/ethnic groups, African-Americans living with HIV in California are least likely to be retained in care or to have achieved viral suppression (Figure 2).
- Younger Californians living with HIV are least likely to be retained in care or have achieved viral suppression; retention in care and viral suppression improve with age (Figure 3).
- Male and female Californians who are living with HIV are equally likely to be retained in care, but women are less likely to be virally suppressed (Figure 4).
- In California, male injection drug users and heterosexual males who are infected with HIV have the lowest linkage to care, retention in care, and viral suppression among all risk groups (Figure 5).

¹ CDC. HIV in the United States: Stages of Care. <http://www.cdc.gov/nchhstp/newsroom/docs/2012/Stages-of-CareFactSheet-508.pdf> Released July 2012. Accessed November 6, 2013.

Figure 1: Continuum of HIV Care — California, 2010

Of the approximately 130,000 Californians living with HIV, 36 percent had achieved viral suppression in 2010.

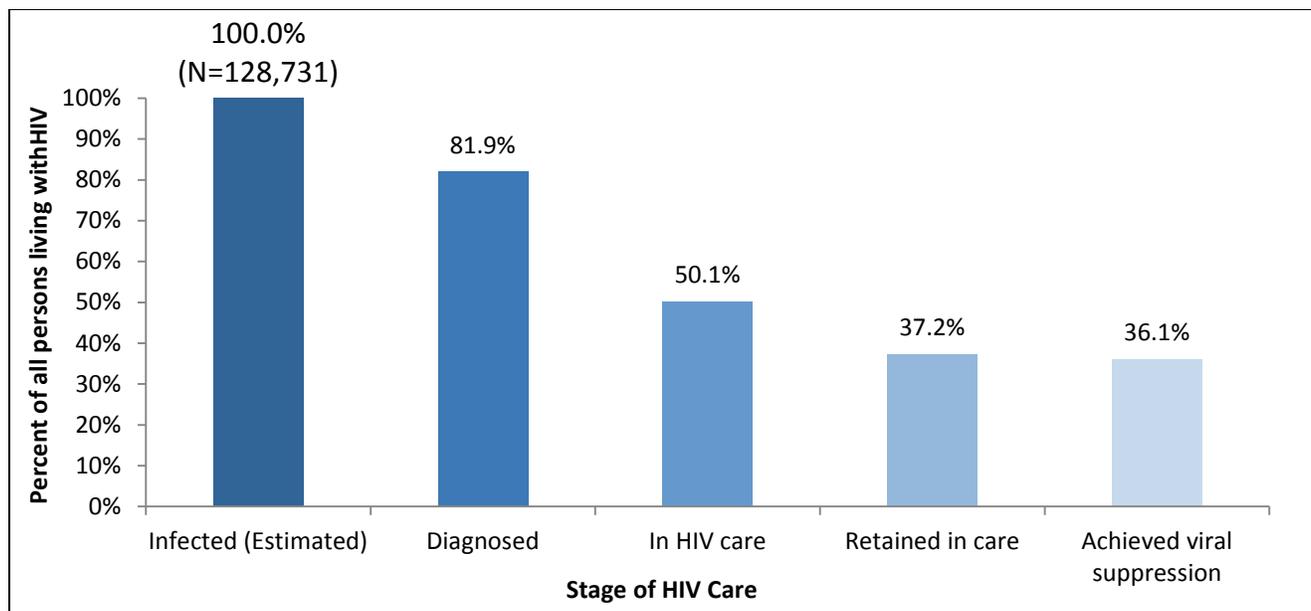


Figure 2: Continuum of HIV Care by Race/Ethnicity — California, 2010

Compared to other racial/ethnic groups, African-Americans living with HIV in California are least likely to be retained in care or to have achieved viral suppression.

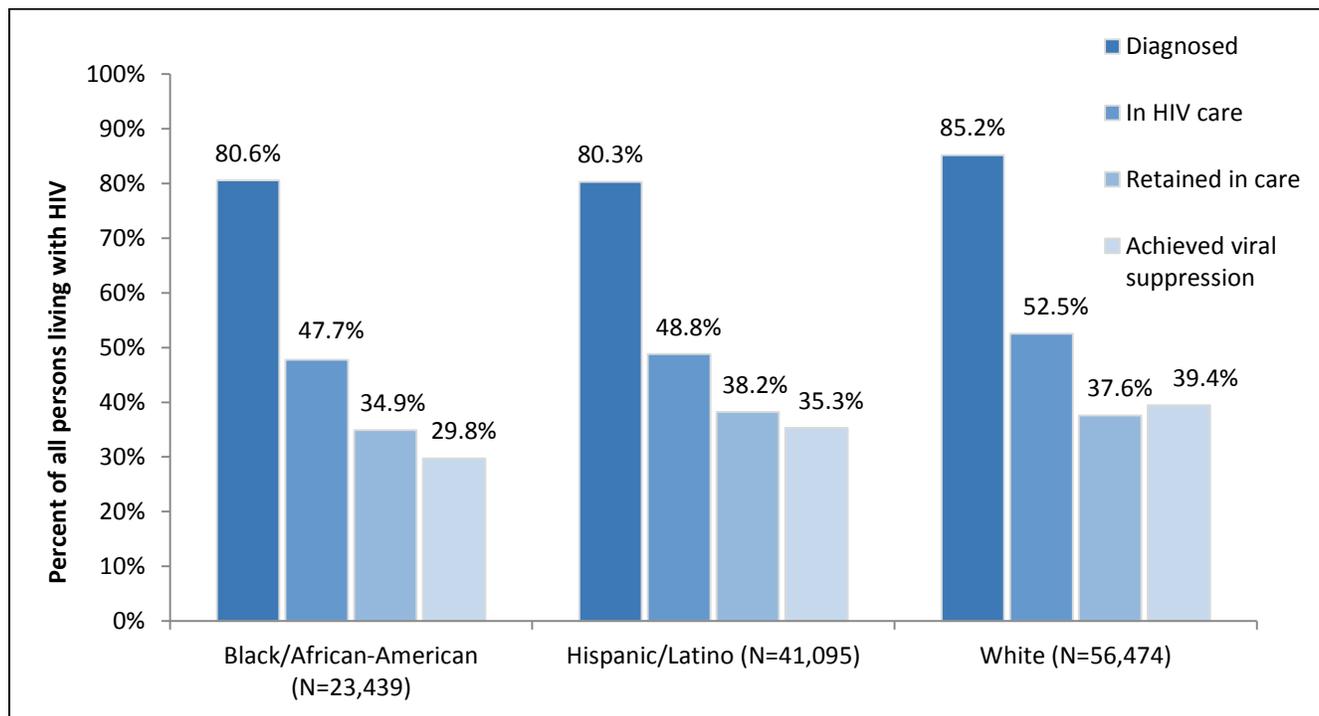


Figure 3. Continuum of HIV Care by Age Group — California, 2010

Younger Californians living with HIV are least likely to be retained in care or have achieved viral suppression; retention in care, and viral suppression improve with age.

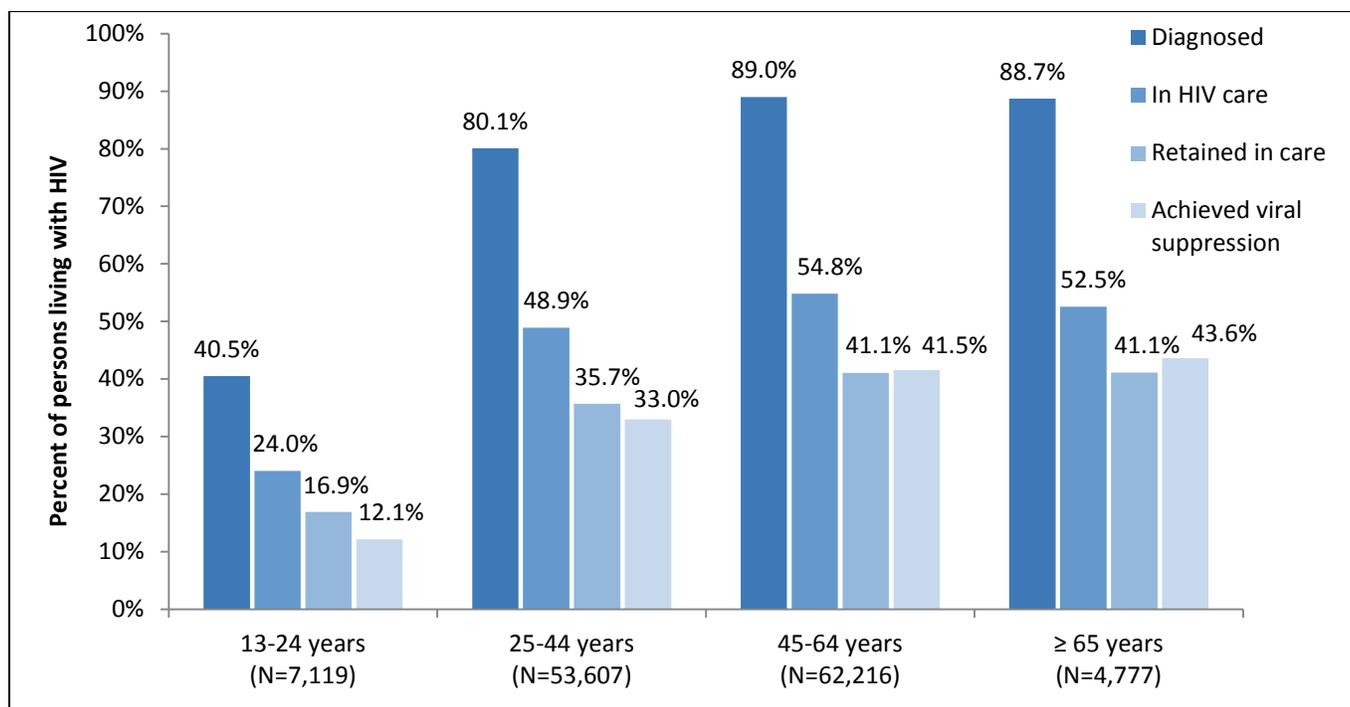


Figure 4. Continuum of HIV Care by Sex — California, 2010

Male and female Californians who are living with HIV are equally likely to be retained in care, but women are less likely to be virally suppressed.

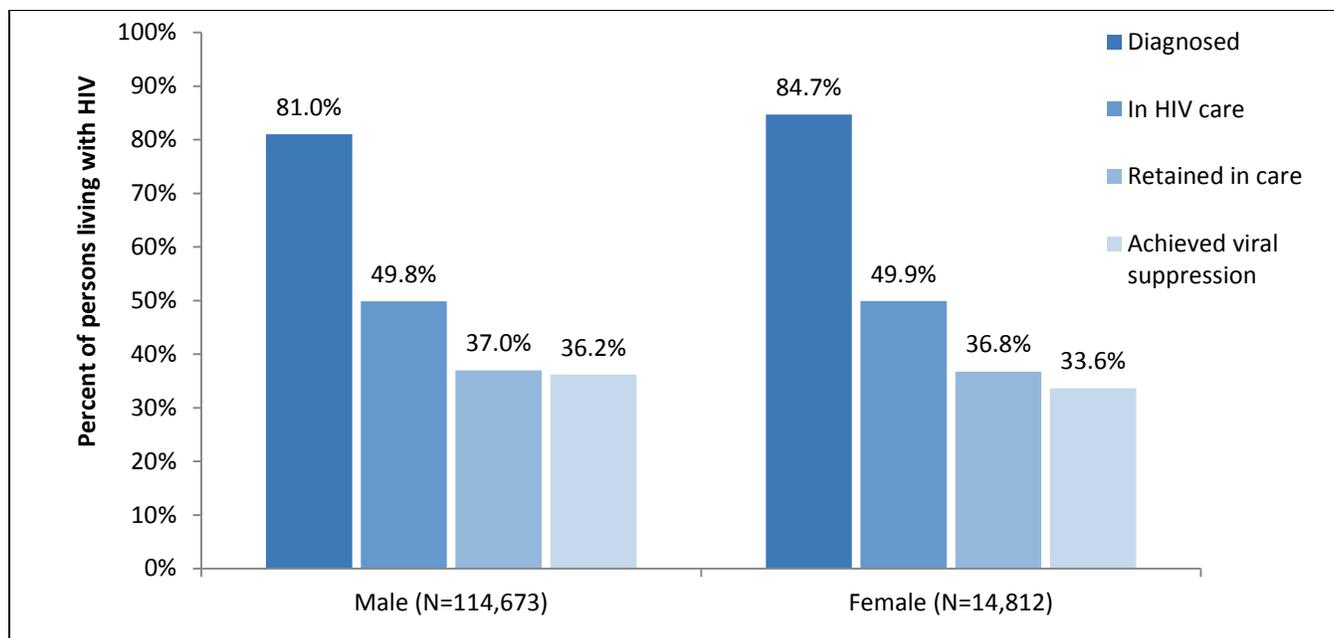
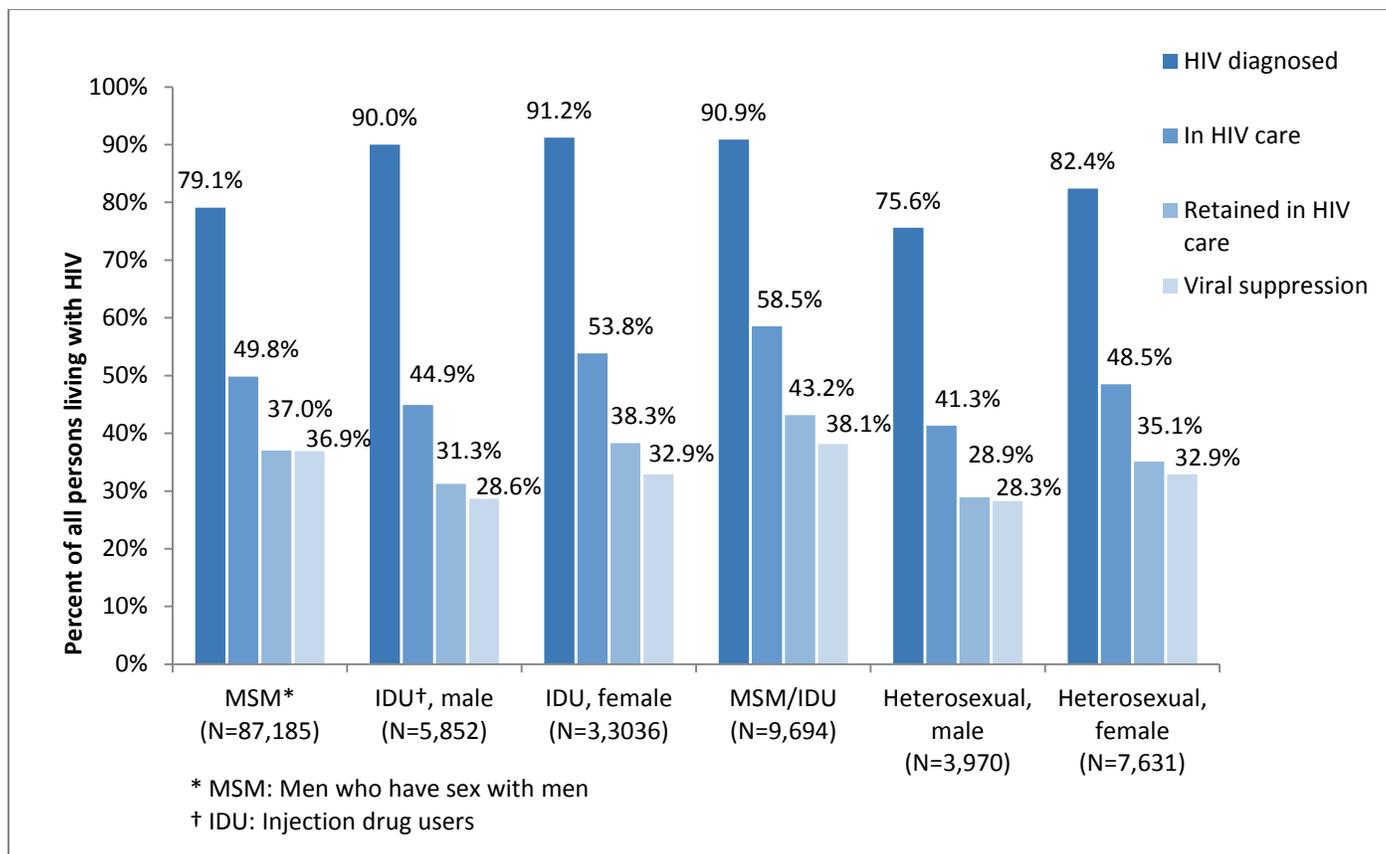


Figure 5. Continuum of HIV Care by Risk Group — California, 2010

In California, male injection drug users and heterosexual males who are infected with HIV have the lowest linkage to care, retention in care, and viral suppression among all risk groups.



Closing the Gaps

HIV testing is a first critical step in HIV prevention, and is the only way to identify the approximately 18 percent of Californians with HIV who do not know they are infected. In addition, ensuring that people have access to care, stay in care, and remain on treatment will increase the proportion of HIV-infected individuals who achieve and maintain viral suppression, which is important to improve the health of HIV-infected individuals and to prevent HIV transmission.

To reduce the impact of HIV in California, improvements are needed at each stage in the HIV care continuum with particular efforts to reduce disparities by race and age.

Data Sources, Methods, and Additional Resources

1) Data sources:

- Data presented are from the California HIV case surveillance system, including all 61 local health jurisdictions (LHJ) in California, as reported to CDPH through December 27, 2012.
- Cases in these analyses were restricted to persons aged 13 years and older that were diagnosed by December 31, 2009; analyses of accessing HIV care and achieving viral suppression were based on data during January 1, 2010 – December 31, 2010.
- The percentages of persons with HIV that are diagnosed were obtained from: monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and six U.S. dependent areas—2010. HIV Surveillance Supplemental Report 2012;17 (No. 3, part A). http://www.cdc.gov/hiv/library/reports/surveillance/2010/surveillance_Report_vol_17_no_3.html. Published June 2012. [Accessed November 18, 2013.]

2) Definitions:

- Diagnosed with HIV was defined as a California resident diagnosed with HIV infection by December 31, 2009 date and a case report was received by CDPH by December 27, 2012.
- In HIV care was defined as California residents diagnosed with HIV infection who received HIV care during January 1, 2010 – December 31, 2010 and were alive on December 31, 2010.
- Laboratory data were used as a proxy for care visits; a care visit was defined as a CD4 and/or viral load laboratory result reported to CDPH.
- Retained in care over time was defined as among patients in HIV care, those who had more than two care visits, as represented by a CD4 and/or viral load laboratory result, during January 1, 2010 –December 31, 2010, where the visits were at least three months apart.
- Achieved viral suppression was defined as the most recent viral load test result was less than 200 copies/ml during January 1, 2010 – December 31, 2010.
- Sex was defined as sex at birth.

3) Additional resources:

- National HIV/AIDS Strategy: <http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>.
- OA's Integrated HIV Surveillance, Prevention, and Care Plan: <http://www.cdph.ca.gov/programs/aids/Documents/IntegratedPlan.pdf>.

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