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EPIDEMIOLOGY of HIV in California

2017–2021

California Department of Public Health
Office of AIDS
Surveillance & Prevention Evaluation & Reporting Branch
Released December 2023

OFFICE OF AIDS
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Abbreviations

AA	African-American
ACS	American Community Survey
ADAP	AIDS Drug Assistance Program
AI/AN	American Indian / Alaska Native
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
BCS	Behavioral and clinical surveillance
BHOC	Building Healthy Online Communities
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community-based organizations
CD4	Clusters of differentiation 4
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CGSS	California Gonococcal Surveillance System
CI	Confidence interval
COVID-19	Coronavirus disease 2019
CPA	California project area
eHARS	Enhanced HIV/AIDS Reporting System
EHE	Ending the HIV Epidemic
FY	Fiscal year
HAART	Highly active antiretroviral therapy
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HRH	High-risk heterosexual contact
HRSA	Health Resources and Services Administration
HSC	Health and Safety Code
IDU	Injection drug use

LEO	Local Evaluation Online Data System
LHJ	Local health jurisdiction
LTC	Linkage to care
MMP	Medical Monitoring Project
MMSC	Male-to-male sexual contact
MMSCIDU	Male-to-male sexual contact and injection drug use
mpox	Monkeypox
MSM	Men who have sex with men
NH/PI	Native Hawaiian / Pacific Islander
NHSS	National HIV Surveillance System
Non-HRH	Non-high-risk heterosexual contact
NPSS	Non-prescription syringe sales
OA	Office of AIDS
OAHS	Outpatient ambulatory health services
PrEP	Pre-exposure prophylaxis
PLWDH	People living with diagnosed HIV
PLWH	People living with HIV
PS	Partner services
PWID	People who inject drugs
RFA	Request for applications
ROOT	Routine opt-out testing
RRC	Risk reduction counseling
RSE	Relative standard errors
RSR	Ryan White HIV/AIDS Program Services Report
RWHAP	Ryan White HIV/AIDS Program
SDH	Social determinants of health
SSP	Syringe services programs(s)
STD	Sexually transmitted disease(s)

TGSC	Transgender sexual contact
US	United States
VS	Viral suppression

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Executive Summary

California is the most populated and one of the most ethnically diverse states in the United States (US). No single race/ethnicity group makes up a 50% or greater share of individuals; Latinx make up the largest group at 39.5% of the state in 2021. More than 50% of the population in California is comprised of individuals aged 35 years or older. Between 2017 and 2021, the most population growth was seen among individuals 55 years and older and the least among individuals 24 years and younger. About 12.3% of the California population lived below the federal poverty level in 2021, though California had the fifth highest median household income in the US for the same year. California ranked 47th among the 50 US states for Gini Index income inequality, with more income inequality than most other states. Within California, there are substantial disparities among various demographic groups: for example, Latinx individuals had a poverty rate more than two thirds higher than that of White, non-Hispanic individuals in 2021.

Of the 39,953,269 individuals living in California in 2021, there were 141,001 individuals living with human immunodeficiency virus (HIV) and 4,444 new HIV diagnoses by year end. From 2017 through 2021, the rate of new HIV diagnoses decreased by 9.4%. The highest proportions of cases in select demographic groups were among cisgender men, persons aged 45-64 years, Latinx, and male-to-male sexual contact (MMSC) transmission. Black/African American individuals had a substantially higher rate of new HIV diagnoses when compared to White individuals for both males and females in 2021. Among people newly diagnosed with HIV in 2021, 83% were linked to care within one month of diagnosis (a 10% increase since 2017), while 76% were retained in HIV care. Similarly, 67% of people newly diagnosed with HIV infection achieved viral suppression (VS) within six months in 2021, increasing by 11% since 2017. Across the same five-year period, the rate of people living with diagnosed HIV (PLWDH) increased by 2.9%, with the highest percentages of living cases from select demographic groups among cisgender men, persons aged 25-44 years, Latinx, and MMSC transmission. Similar to new diagnoses, Black/African American individuals had a significantly higher rate of HIV compared to White individuals for both males and females in 2021. Since 2017, PLWDH who were in HIV care increased by 1% (73% in 2021) and the percent of cases virally suppressed increased by 2% (64% in 2021). The rate of all-cause deaths among PLWDH increased from 2017-2021 by 19.1%.

The US Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) is the third largest source of funding for HIV medical care, after Medicare and Medicaid. RWHAP Part A, which funds medical and support services for areas most affected by HIV, provides the most funding for Californians living with HIV, followed by Part B, which provides funding for the purposes of improving quality of and access to care and services along with funding medications through the acquired immunodeficiency syndrome (AIDS) Drug Assistance Program (ADAP). RWHAP recipients, subrecipients, and medical program provider sites are largely concentrated around larger cities, like the San Francisco Bay area in Northern California and Los Angeles metropolitan area in Southern California. VS slightly increased and retention in care slightly decreased from 2017-2021 among RWHAP clients identified as priority populations.

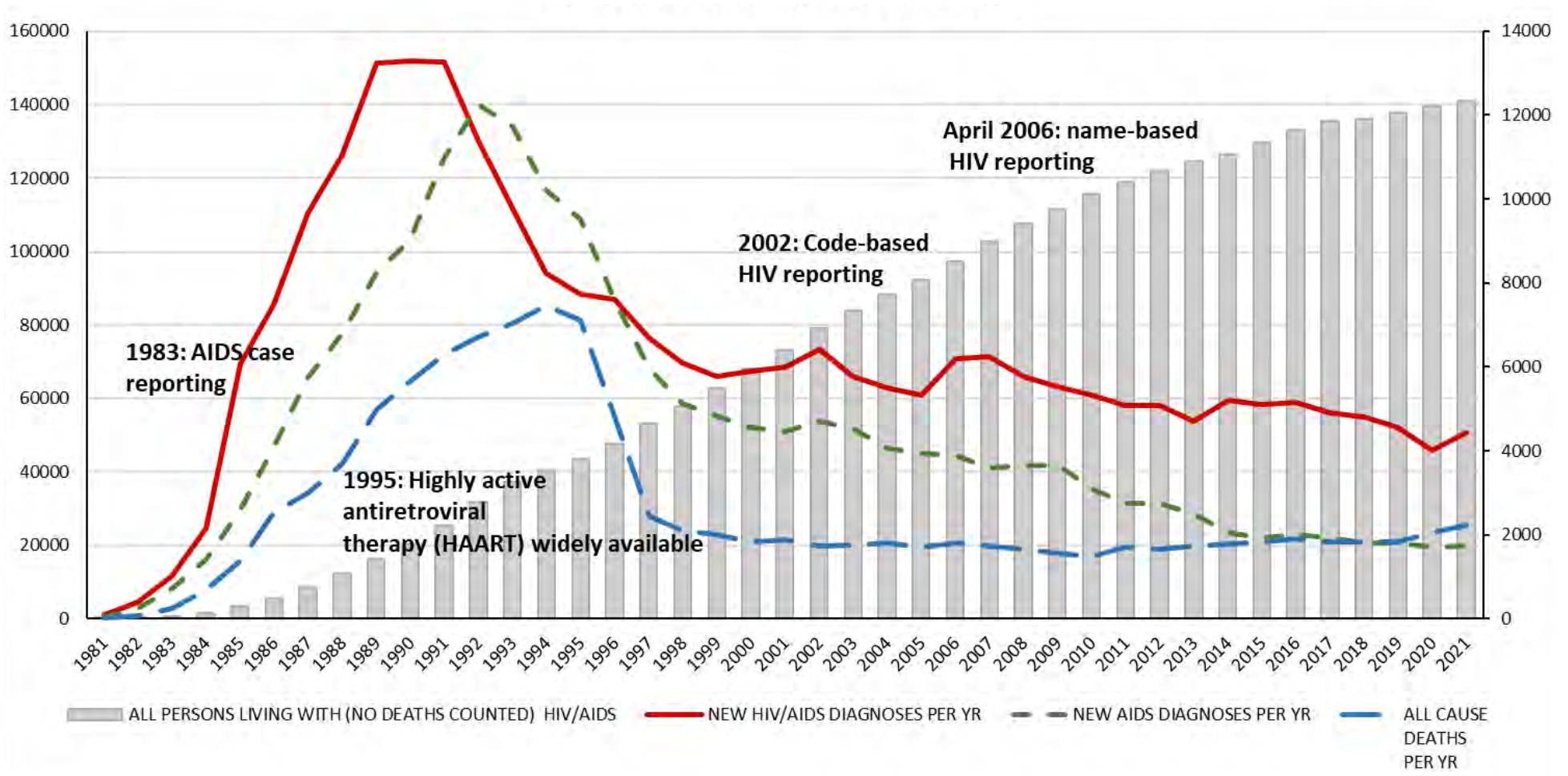
HIV prevention efforts in California administered by California Department of Public Health (CDPH) Office of AIDS (OA) between 2019 and 2022 included HIV testing through routine opt-out testing (ROOT) and focused testing, and access to pre-exposure prophylaxis (PrEP) for people at risk of being infected with HIV. Prevention efforts also included linkage to care (LTC) and partner services (PS) for all people diagnosed with HIV infection. Implementation of prevention efforts is driven by four core strategies: improve PrEP utilization; increase and improve HIV testing; improve LTC; and increase and improve HIV prevention and support services for people who use drugs. Prevention efforts are both federally and state funded, with most funding coming from the Centers for Disease Control and Prevention (CDC). From 2019-2022, 56,753 individuals were screened for PrEP eligibility, 41,984 were considered eligible for referral to a PrEP prescriber, and 5,168 people initiated PrEP of those that were screened and deemed eligible for referral. Most clients that initiated PrEP did so on the same day of screening across all four years examined. A total of 120,512 HIV tests were administered in California between 2019 and 2022 through OA-administered funding, with 49% coming from focused testing efforts and 51% coming from ROOT. Testing efforts were affected by the COVID-19 pandemic and stay-at-home orders but have since rebounded. TakeMeHome testing is another HIV testing strategy available for individuals in California, with 4,453 tests ordered between September 2020 and December 2022 allowing for rapid tests and lab-based mail-in tests for HIV, hepatitis C virus (HCV), syphilis, gonorrhea and chlamydia testing, and a PrEP panel. Similar to HIV testing, LTC efforts in California have improved from 2019-2022 with 65% of people diagnosed with HIV being linked to care within 7 days in 2022 compared to 53% in 2019. Access to clean syringes has become an essential strategy for preventing HIV, HCV, and other blood-borne infectious disease transmission in California, as well. Syringe services programs (SSP) are being used in the state to provide clean needles, along with other drug preparation equipment and disposal services, and providing access to HIV and HCV testing, LTC and treatment, education about overdose prevention and provision of naloxone to reverse overdoses, and tools to prevent infectious diseases, such as condoms, counseling, and vaccinations. The increase in prevention services provided in the state has proven successful and reveals more opportunities for HIV prevention in the future.

Introduction

California has been at the forefront of the HIV/AIDS epidemic in the US since the first cases of AIDS were detected in 1981. AIDS case reporting officially began in California in 1983 and highly active antiretroviral therapy (HAART) became widely available in the state in 1995. Code-based HIV reporting began in California in 2002, which was replaced by name-based HIV reporting in April 2006 (Figure 1).

In 2021, there were 141,001 PLWDH in California and 4,444 new diagnoses. While the number of PLWDH has steadily increased over time, the number of new HIV/AIDS diagnoses has decreased since the peak of the epidemic. The increased availability of HAART coincides with an increase in the number of PLWDH and the steady decrease in new diagnoses of HIV/AIDS and in all-cause deaths among PLWDH (Figure 1).

Figure 1. HIV/AIDS Diagnoses, AIDS Diagnoses, Deaths, and Persons Living with HIV or AIDS in California: 1981-2021



The CDPH OA has lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS, as designated by California Health and Safety Code (HSC) Section 131019. OA works collaboratively with state and federal agencies, local health jurisdictions (LHJs), universities, and community-based organizations to ensure that efforts to combat the HIV/AIDS epidemic in California are targeted and effective. OA is made up of six branches and a division office that maintains the state's HIV surveillance, care programs, prevention programs, and ADAP.

This epidemiologic profile provides detailed information on the HIV/AIDS epidemic in California, with single year estimates for the most current year of data and trends for the previous five years, from 2017-2021. Programmatic data may include other years, as specified

in the text. Information included in this profile comes from the California HIV case registry and from care and prevention program data, along with additional resources noted in the Data Sources section at the end of the profile. This profile is intended to assist OA, stakeholders, and community partners in identifying needs, gaps, resources available, and identify the status of the epidemic in the state to form strategies to continue to address the HIV/AIDS epidemic moving forward.

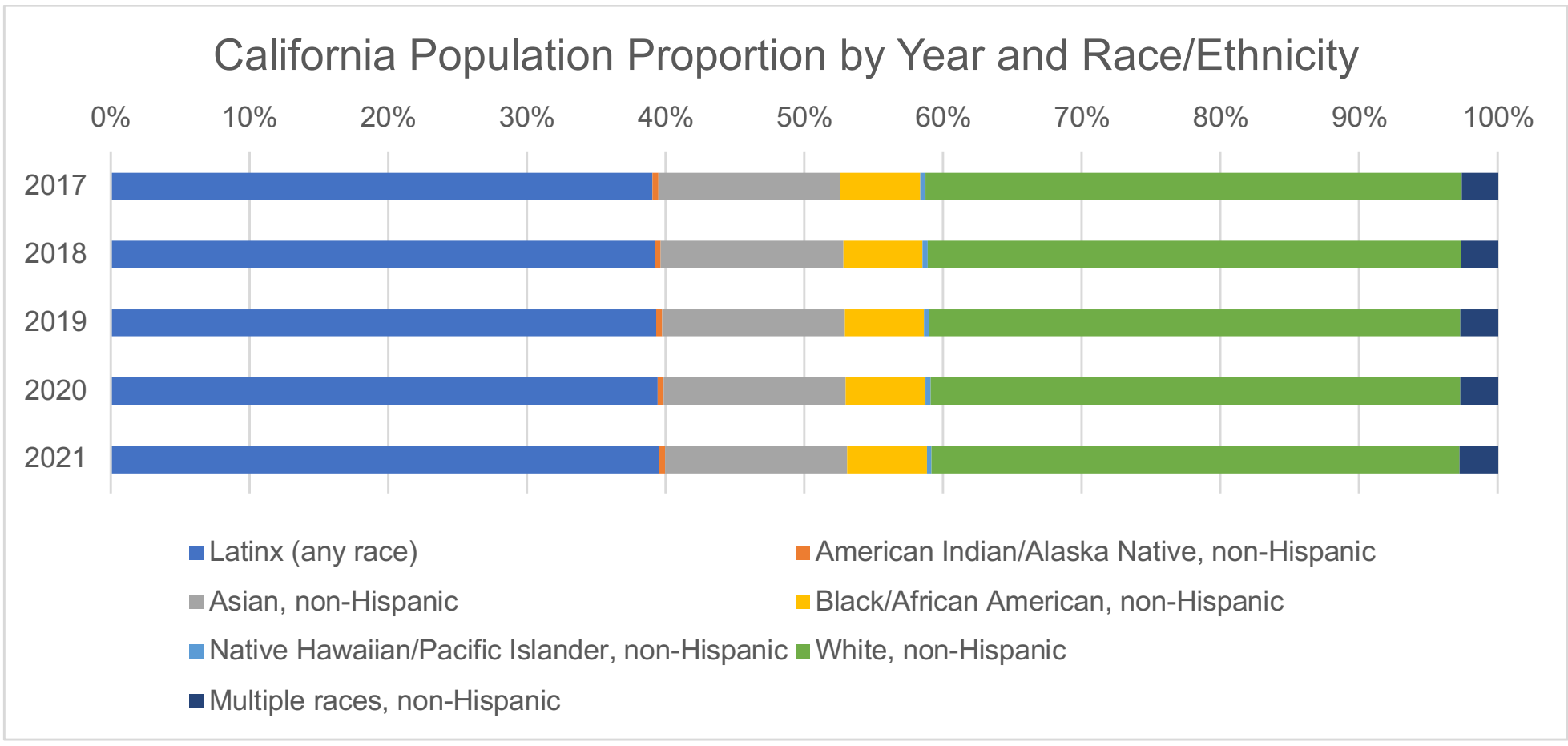
Section 1: Sociodemographic Characteristics of the General California Population

Population

Race/Ethnicity

With a 2021 population of 39,953,269 individuals, California remains the largest and one of the most racially and ethnically diverse states in the nation. In California, no single race/ethnicity group makes up a 50% or greater share of individuals. Latinx individuals represent the largest population in the state at 15,796,762 (39%) in 2021, and Native Hawaiian/Other Pacific Islanders (non-Hispanic) the smallest at 143,836 (0.4%). The fastest growing population group is multiracial individuals, with a 6.0% population growth over the five-year period of 2017-2021. Latinx individuals also continue to grow in population, with a 2.5% population growth between 2017-2021. Although comprising the second largest population group, the White non-Hispanic population is the only group that decreased in size over time, falling by 0.3% between 2017 and 2021 (Figure 2; Table 1a).

Figure 2. Percent Distribution of California's Population by Race/Ethnicity, 2017-2021



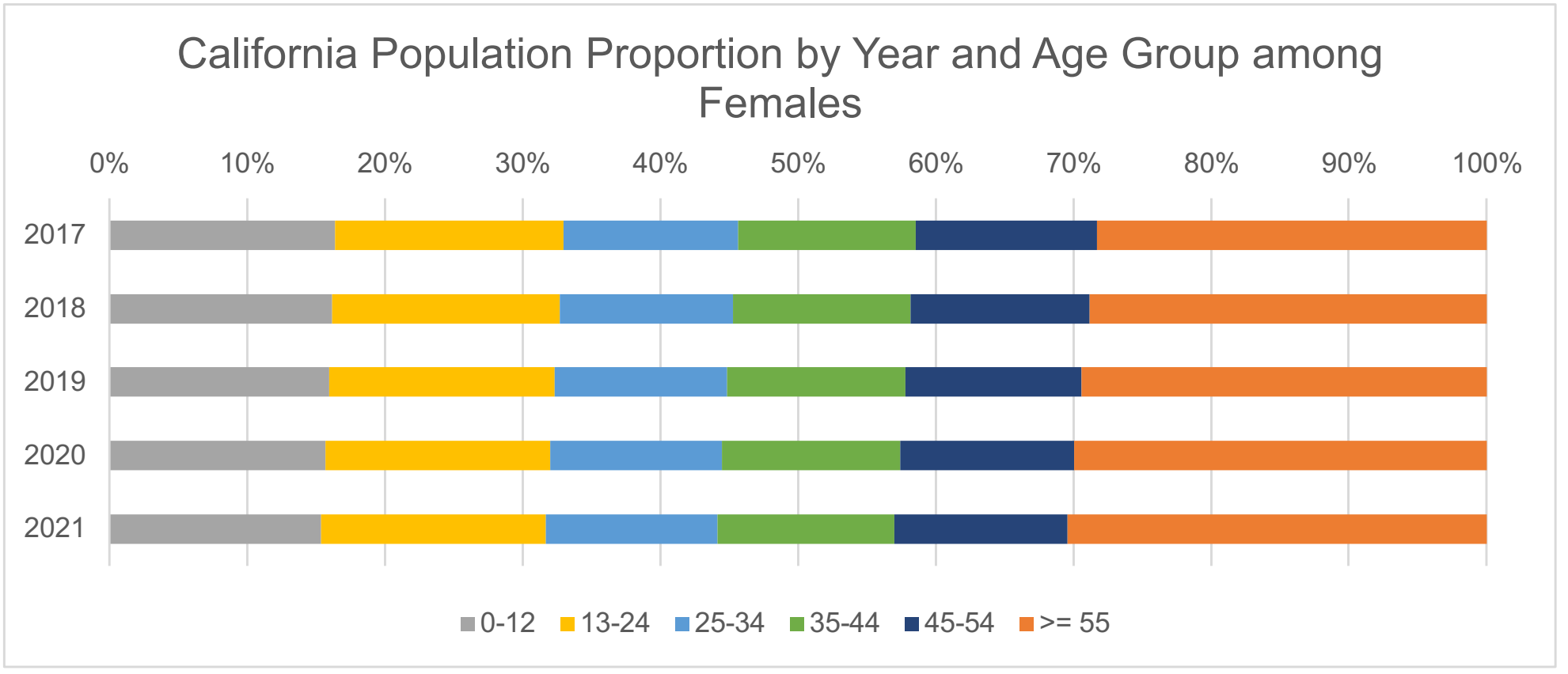
Source: California Department of Finance Population Projections, July 2021

Age and Sex at Birth

While much of the rest of this report presents data among HIV cases according to gender identity, there is currently no reliable population data source for gender identity in California. Therefore, sex at birth is presented here. California's population is similar to the nationwide population in having slightly more females than males; there were consistently approximately 0.4% more females than males living in California between 2017 and 2021. Both males and females increased in population by 1.2% during the five-year time period. Californians are slightly younger than nationwide; the median age of Californians was 37.6 years in 2021

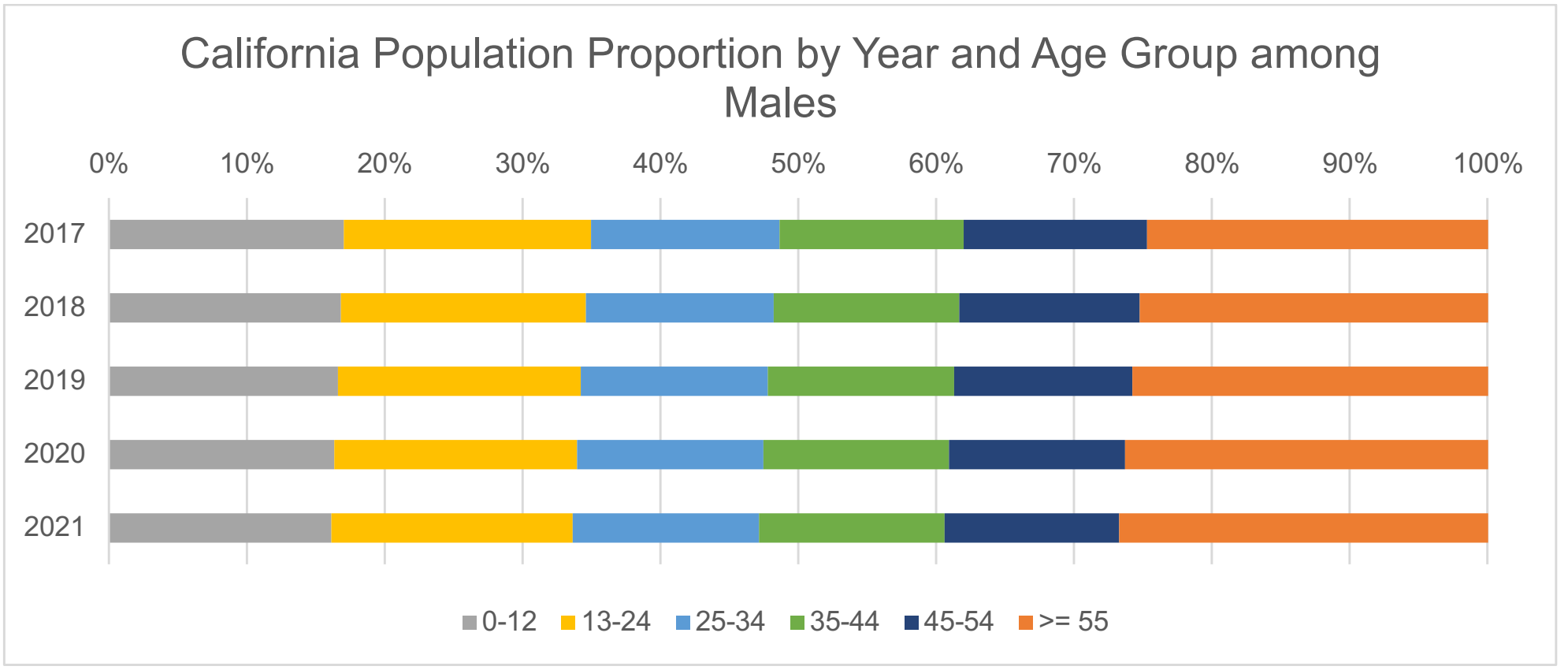
compared to 38.8 years nationwide. However, the population of younger Californians decreased between 2017 and 2021 for both males and females, with the 0-12 age group falling by 4.9% among females and 4.5% among males; decreasing in the 13-24 age group by 0.7% among females and 1.0% among males; and decreasing in the 25-34 age group by 0.3% among females and staying relatively similar among males. The population of 45-54-year-olds decreased markedly between 2017 and 2021 as well, by 3.7% among females and 3.6% among males. The two age groups to show population growth during the five-year time period are 35-44-year-olds, with females increasing by 0.5% and males increasing by 2.1%; and individuals aged 55 years and older, with females increasing by 9.0% and males increasing 9.5% (Figure 3; Figure 4; Table 1b).

Figure 3. Percent Distribution of California's Population by Age Group Among Females, 2017-2021



Source: California Department of Finance Population Projections, July 2021

Figure 4. Percent Distribution of California's Population by Age Group Among Males, 2017-2021



Source: California Department of Finance Population Projections, July 2021

Health Indicators

Federal Poverty Level

In 2021, over 4.7 million Californians (12.3%) lived below the federal poverty level ($13,788 for one person or $27,740 for a family of four in 2021). Similar to national trends, White, non-Hispanic populations had the lowest estimated poverty rate at 9.0%, unchanged from 2017. Latinx individuals of any race had a poverty rate more than two-thirds higher compared to White non-Hispanics at 15.1% in 2021, although Latinx individuals had a decreasing poverty rate since 2017, improving from 17.4%. Black/African Americans and Native Hawaiian/Other Pacific Islanders had the highest estimated poverty rates in 2021 at 19.9% and 19.1%, respectively, with Black/African American rates decreasing slightly since 2017 and Native Hawaiian/Pacific Islanders increasing (20.9% and 12.5% in 2017, respectively, for comparison) (Table 2a).

Between 2017 and 2021, the rate of males in poverty decreased over time from 12.2% to 11.3%. Males were consistently about two percentage points lower in poverty compared to females during the time period, with the rate of females in poverty varying from 14.4% in 2017 to 13.3% in 2021. By age group, poverty rates were relatively flat between 2017 and 2021 for adults aged 35 and older, while the percentage in poverty showed a relative decreasing trend for individuals aged 34 and younger. Adults 35-64 and 65 years and older generally had the lowest poverty rates, while the youngest children typically had the highest between 2017 and 2021 (Table 2a). In 2021, the adults most disproportionately impacted by poverty were Black/African Americans (in the 18-64 age group: 19.3% in females and 17.7% in males; and in those aged 65 and older: 16.0% in females and 15.3% in males) and Native Hawaiian/Pacific Islanders (in the 18-64 age group: 17.0% in females and 15.6% in males; and in those aged 65 and older: 20.6% in females and 12.0% in males). The lowest poverty rate in 2021 could be found among White, non-Hispanic males aged 65 years and older, at 7.6% (Table 2b).

Median Household Income

In 2021, California had the fifth highest median household income in the US at $84,907. By comparison, the national median household income was $69,717, with Maryland having the highest at $90,203. Without adjusting for inflation between 2017 and 2021, California's median income grew faster than the national median at 18.2% compared to 15.5%. Asian households had the highest median income in California in 2021 at $109,675, increasing 19.7% over the five years, while Black/African American households had the lowest median income at $58,936 in 2021, an increase of 21.4% from 2017. American Indian/Alaska Native households had the fastest unadjusted growth in income at 31.6% over the five years but had lower median household incomes than other groups. By age group, working aged adults had the highest median income in 2021, with $92,837 for householders aged 25-44 and $99,571 for householders aged 45-64 (Table 3).

Education Level

In 2021, 15.6% of California adults aged 25 years and older had completed less education than a high school diploma, an improvement of 6.5% since 2017 but worse than the 2021 nationwide rate of 11.1%. Conversely, in 2021 36.2% of Californians aged 25 years and older had attained at least a bachelor's degree, better than the national rate of 35.0%. Individuals of "some other race", Latinx individuals, and American Indian/Alaska Natives were most at risk of having less than a high school education, while White, non-Hispanics were least at risk. Overall, females had slightly better rates than males of attaining a high school education, although among Asians, male rates were slightly higher in 2021 (Table 4a; Table 4b; Table 4c).

Health Care Coverage

The proportion of Californians who are uninsured has improved dramatically since the passage of the Affordable Care Act in 2010. That same year, 18.5% of Californians were uninsured, with more than a quarter (25.4%) of those aged 18-64, nearly a third of Latinx (29.2%), and more than one in five American Indian/Alaska Natives (22.4%) uninsured. While uninsurance rates were relatively flat between 2017 and 2021, by 2021 those same rates had improved since 2010 to 7.0% for all Californians, 9.9% for 19-64-year-olds, 11.7% for Latinx, and 12.9% for American Indian/Alaska Natives (Table 5).

Gini Index of Income Inequality

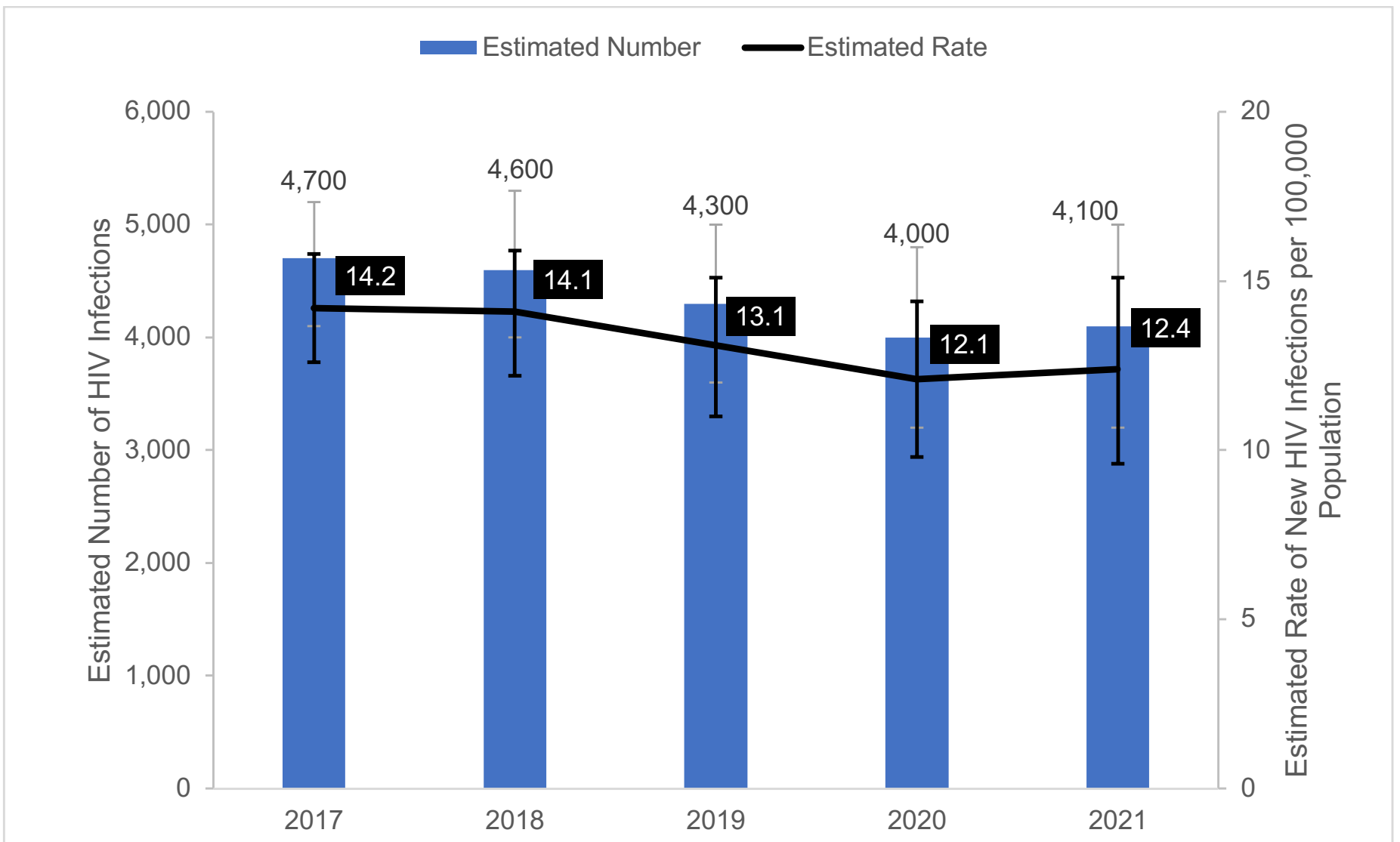
The Gini index of income inequality is a measure of the distribution of income in each geographic area on a scale from 0 to 1, with 0 representing perfect equality, where all households receive the same income, and 1 representing perfect inequality, with one household receiving all the income and all others receiving no income. According to the 2017-2021 American Community five-year estimates, California ranked 47th of 50 states for income equality, with a Gini index of 0.4874, slightly more unequal than the national estimate at 0.4818. By comparison, Utah ranked best (most equal) at 0.4284. Within California, Marin County ranked with the most inequality at 0.5095, and Mono County had the least inequality at 0.3915.

Section 2: California's HIV/AIDS Epidemic

HIV Incidence Estimates in California, 2017-2021

From 2017 through 2021 the estimated number and rate of new HIV infections declined in California. In 2021, the estimated number of new HIV infections was 4,100 and the estimated incidence rate per 100,000 population was 12.4. The estimated number of new HIV infections is slightly lower than the number of new HIV diagnoses in California for 2021 (N=4,444). However, the estimated incidence rate of 12.4 is higher than the rate of new HIV diagnoses for 2021 (N=11.1) (Figure 5).

Figure 5. Estimated Number and Rate of New HIV Infections in California, 2017-2021



The annual estimated number of HIV infections in 2021, compared with 2017, decreased among males but increased among females. In 2021, the estimated rate of HIV infections for males (21.2 per 100,000 population) was six times the rate for females (3.5 per 100,000 population). By age group, the estimated number of HIV infections decreased among persons aged 13-24 and 45-54 but remained stable among all other age groups. In 2021, the estimated rate of HIV infections was highest for persons aged 25-34 (27.2 per 100,000 population), followed by the rate for persons aged 35-44 (19.3 per 100,000 population). The estimated number of HIV infections decreased across racial/ethnic groups between 2017-2021. In 2021, the highest estimated HIV incidence rates between Black/African Americans, Latinx, and White people were among Black/African Americans at 31.3 per 100,000 population. Please note the estimated numbers for some racial/ethnic groups are not presented because the relative

standard errors (RSE) are greater than 50%, indicating statistical unreliability. The estimated number of HIV infections decreased across transmission categories except for heterosexual contact (Figure 6; Table 6).

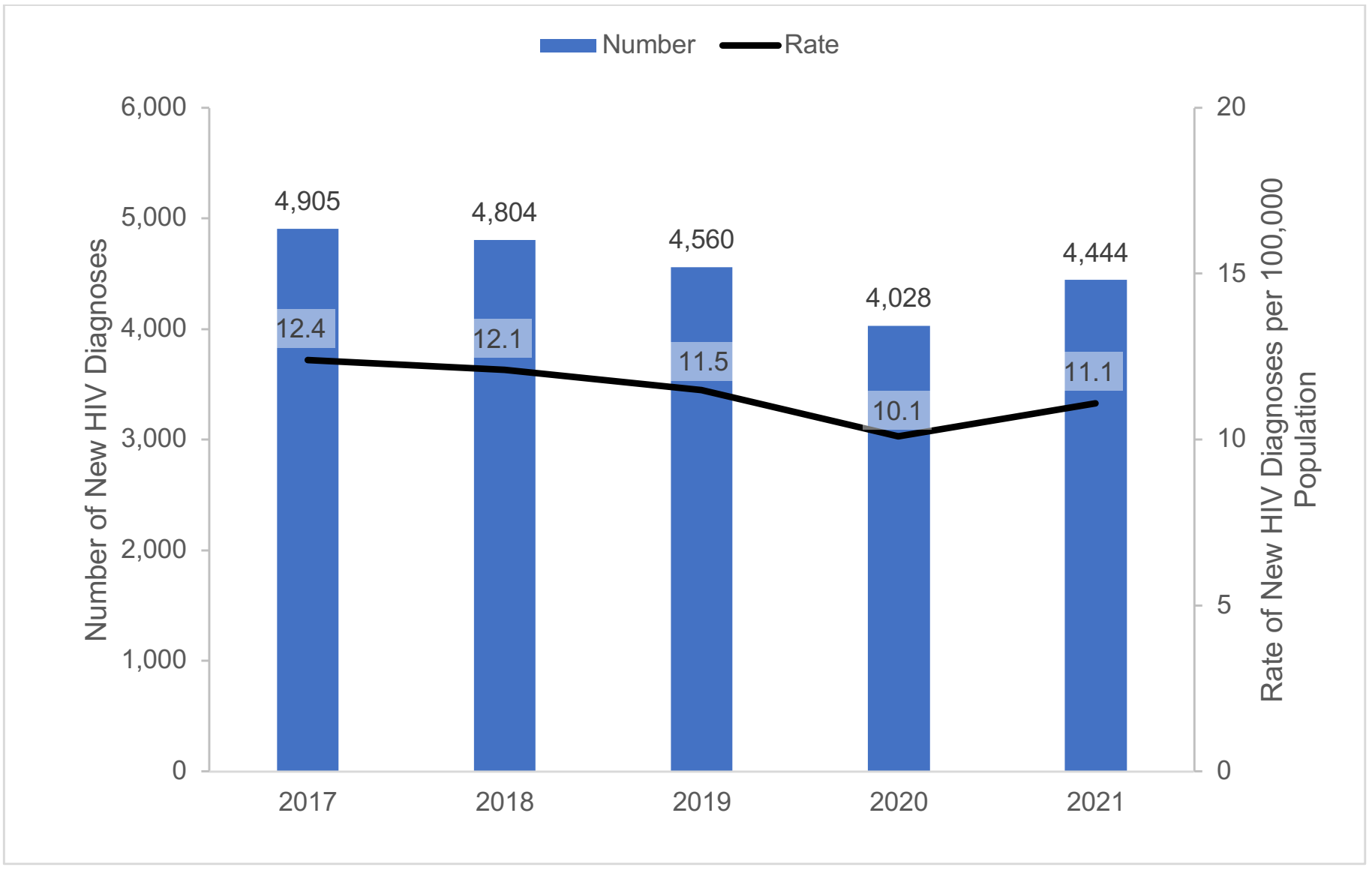
Figure 6. Estimated Number and Rate of New HIV Infections, by year of diagnosis and selected demographic characteristics, 2017–2021 — California

	2017		2018		2019		2020		2021		# Trend	% Change	Rate Trend	% Change
Sex at Birth	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**				
Male	4,100	25.5	4,100	25.0	3,800	23.0	3,500	20.9	3,500	21.2		-15%		-17%
Female	530	3.2	560	3.4	560	3.3	550	3.3	590	3.5		11%		9%
Age at infection (yr)														
13-24	1,100	17.1	960	15.4	850	13.7	660	10.6	630	10.3		-43%		-40%
25-34	1,700	28.7	1,900	31.3	1,700	28.0	1,700	28.6	1,600	27.2		-6%		-5%
35-44	950	18.4	900	17.2	910	17.2	860	16.0	1,000	19.3		5%		5%
45-54	580	11.4	520	10.3	540	11.0	450	9.1	470	9.5		-19%		-17%
>=55	330	3.2	370	3.6	330	3.1	340	3.2	350	3.3		6%		3%
Race/ethnicity														
Black/African American	760	40.3	740	38.9	690	36.3	600	31.5	590	31.3		-22%		-22%
Latinx	2,400	20	2,400	19.8	2,200	17.8	2,000	16.3	2,200	17.3		-8%		-14%
White	1,000	7.7	1,000	7.7	940	7.4	890	7.1	790	6.4		-21%		-17%
Transmission category														
MMSC	3,600	-	3,400	-	3,200	-	2,900	-	2,900	-		-19%	-	-
IDU	360	-	370	-	340	-	380	-	340	-		-6%	-	-
MMSC-IDU	220	-	210	-	210	-	160	-	170	-		-23%	-	-
Heterosexual contact	450	-	570	-	460	-	440	-	510	-		13%	-	-

Newly Diagnosed HIV Infection in California, 2017-2021

In 2021, there were 4,444 new HIV diagnoses in California. From 2017 through 2021, both the annual number and rate of new HIV diagnoses declined in California. The number of new diagnoses declined by 9.4%, from 4,905 in 2017 to 4,444 in 2021, while the rate of new diagnoses per 100,000 population declined by 10.5%, from 12.4 to 11.1 during the same time period (Figure 7).

Figure 7. Number and Rate of New HIV Diagnoses in California, 2017-2021



Although new HIV diagnoses have declined overall, disparities persist among racial/ethnic, gender, age, and transmission category groups. The annual number of HIV diagnoses in 2021, compared with 2017, decreased among males, remained stable among females, and increased among transgender people. In 2021, the rate of new HIV diagnoses for cisgender men (18.8 per 100,000 population) was seven times the rate for cisgender women (2.8 per 100,000 population). The number of new HIV diagnoses decreased or remained stable across racial/ethnic groups except among American Indian/Alaska Natives and Native Hawaiian/Pacific Islanders. In 2021, Black/African Americans had the highest rate of new HIV diagnoses at 33.8 per 100,000 population. By transmission category, the greatest changes in the number of new diagnoses were a 28% decrease among male-to-male sexual contact and injection drug use (MMSC-IDU) and a 56% increase among transgender sexual contact (TGSC) (Figure 8; Table 7a).

Figure 8. Number and Rate of New HIV Diagnoses, by year of diagnosis and selected demographic characteristics, California, 2017-2021

	2017		2018		2019		2020		2021		# Trend	% Change	Rate Trend	% Change
Gender	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**	**N**	**Rate**				
Cisgender men	4,269	21.7	4,140	20.9	3,886	19.6	3,405	17.2	3,753	18.8		-12%		-13%
Cisgender women	549	2.8	567	2.9	544	2.7	503	2.5	552	2.8		1%		0%
Trans women	82	-	85	-	120	-	114	-	125	-		52%	-	-
Tans men	4	-	12	-	1	-	4	-	8	-		100%	-	-
Race/ethnicity														
American Indian/Alaska Native	16	9.3	13	7.6	17	9.9	9	5.2	21	12.1		31%		30%
Asian	356	6.9	276	5.3	253	4.8	213	4.1	227	4.3		-36%		-38%
Black/African American	811	35.8	820	36.2	774	34.0	679	29.7	777	33.8		-4%		-6%
Native Hawaiian/Pacific Islander	12	8.4	17	11.9	12	8.4	12	8.4	16	11.1		33%		32%
Latinx	2,299	14.9	2,342	15.1	2,287	14.6	2,042	13.0	2,307	14.6		0%		-2%
White	1,226	8.0	1,175	7.7	1,088	7.1	963	6.3	1,009	6.6		-18%		-18%
Multiple races	185	17.6	161	15.1	129	11.9	110	10.0	87	7.8		-53%		-56%
Transmission category														
TGSC	78	-	90	-	123	-	113	-	122	-		56%	-	-
MMSC	3,147	-	3,051	-	2,784	-	2,328	-	2,530	-		-20%	-	-
IDU	238	-	239	-	223	-	200	-	243	-		2%	-	-
MMSC-IDU	197	-	193	-	180	-	128	-	142	-		-28%	-	-
Heterosexual contact	812	-	891	-	817	-	742	-	872	-		7%	-	-

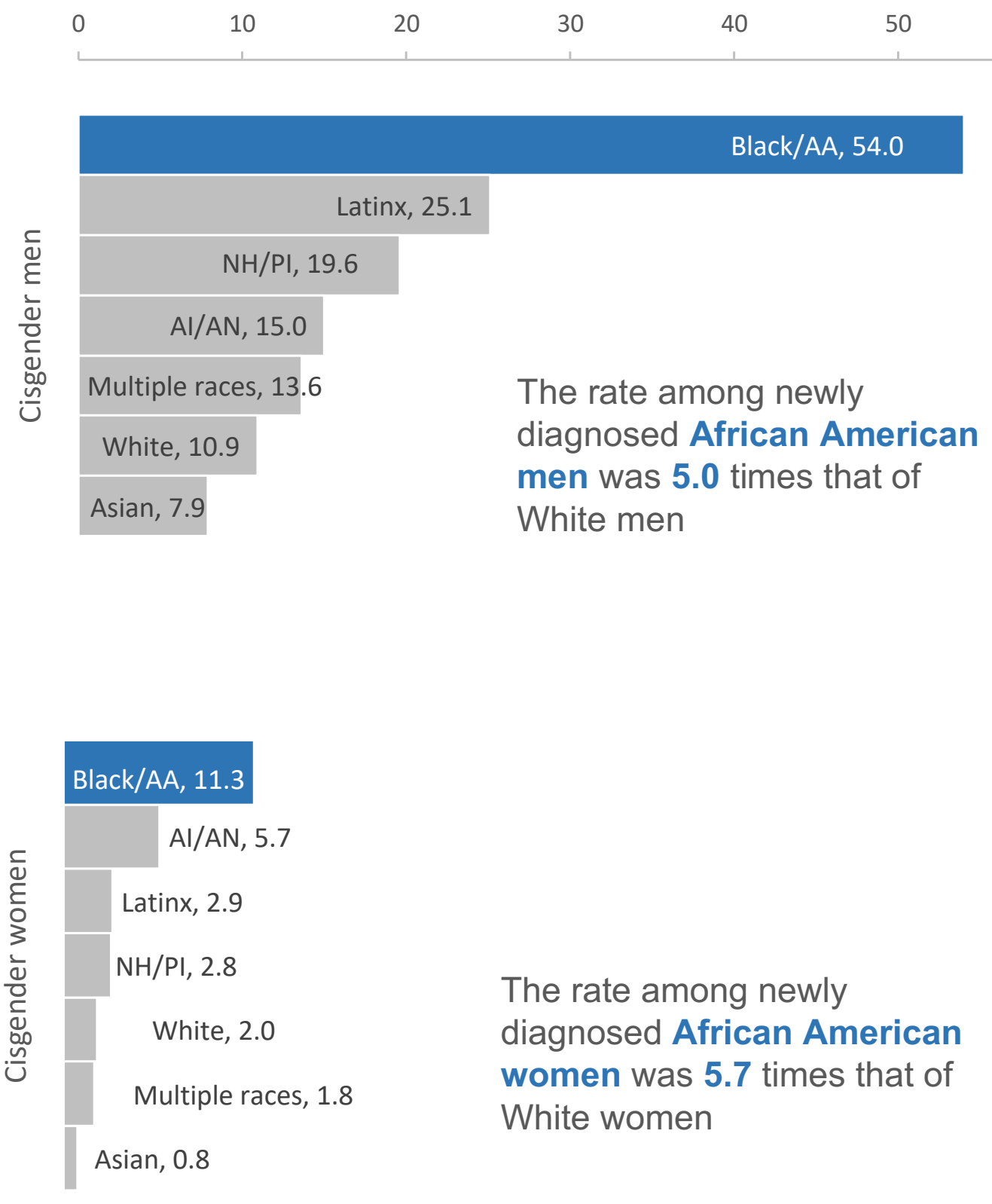
Men continue to be the most affected by HIV, accounting for 84% of new HIV diagnoses in 2021. MMSC, including MMSC-IDU, accounted for 60% of new HIV diagnoses in 2021. Heterosexual contact accounted for 20% of new HIV diagnoses in 2021, 5% of new HIV diagnoses were attributed to injection drug use (IDU) alone, 3% attributed to TGSC, and 12% were attributed to an unknown risk (Figure 9). Among cisgender men, MMSC made up the majority transmission category from 2017-2021 (67.4% in 2021), while among cisgender women, high-risk heterosexual contact (HRH) (22.6% in 2021) and non-high-risk heterosexual contact (non-HRH; 50.8% in 2021) had the largest percentages among the transmission categories for the five-year period. Sexual contact made up the majority transmission category among transgender women, with 92.0% in 2021 (Table 7b).

Figure 9. New HIV Diagnoses by selected demographic characteristics, California, 2021

Characteristic	New Diagnoses #	% of Total
Cisgender men	3,753	84%
Cisgender women	552	12%
Trans women	125	3%
Trans men	8	0%
Alternative gender identity	6	0%
0 to 12	6	0%
13 to 24	726	16%
25 to 44	2,674	60%
45 to 64	942	21%
≥65	96	2%
American Indian/Alaska Native	21	0%
Asian	227	5%
Black/African American	777	17%
Latinx	2,307	52%
Native Hawaiian/Pacific Islander	16	0%
White	1,009	23%
Multiple Races	87	2%
Transgender sexual contact (TGSC)	122	3%
Male-to-male sexual contact (MMSC)	2,530	57%
MMSC-IDU	142	3%
Injection drug use (IDU)	243	5%
Heterosexual contact	872	20%
Perinatal	7	0%
Unknown risk/other risk	528	12%
TOTAL	4,444	

Among all racial/ethnic groups, Black/African Americans are the most disproportionately affected by HIV. The rate of new HIV diagnoses among Black/African Americans is 5 times higher than Whites among men and 5.7 times higher among women. Latinx are also disproportionately affected by HIV with rates of new HIV diagnoses 2.3 times higher than Whites among men and 1.5 times higher among women (Figure 10).

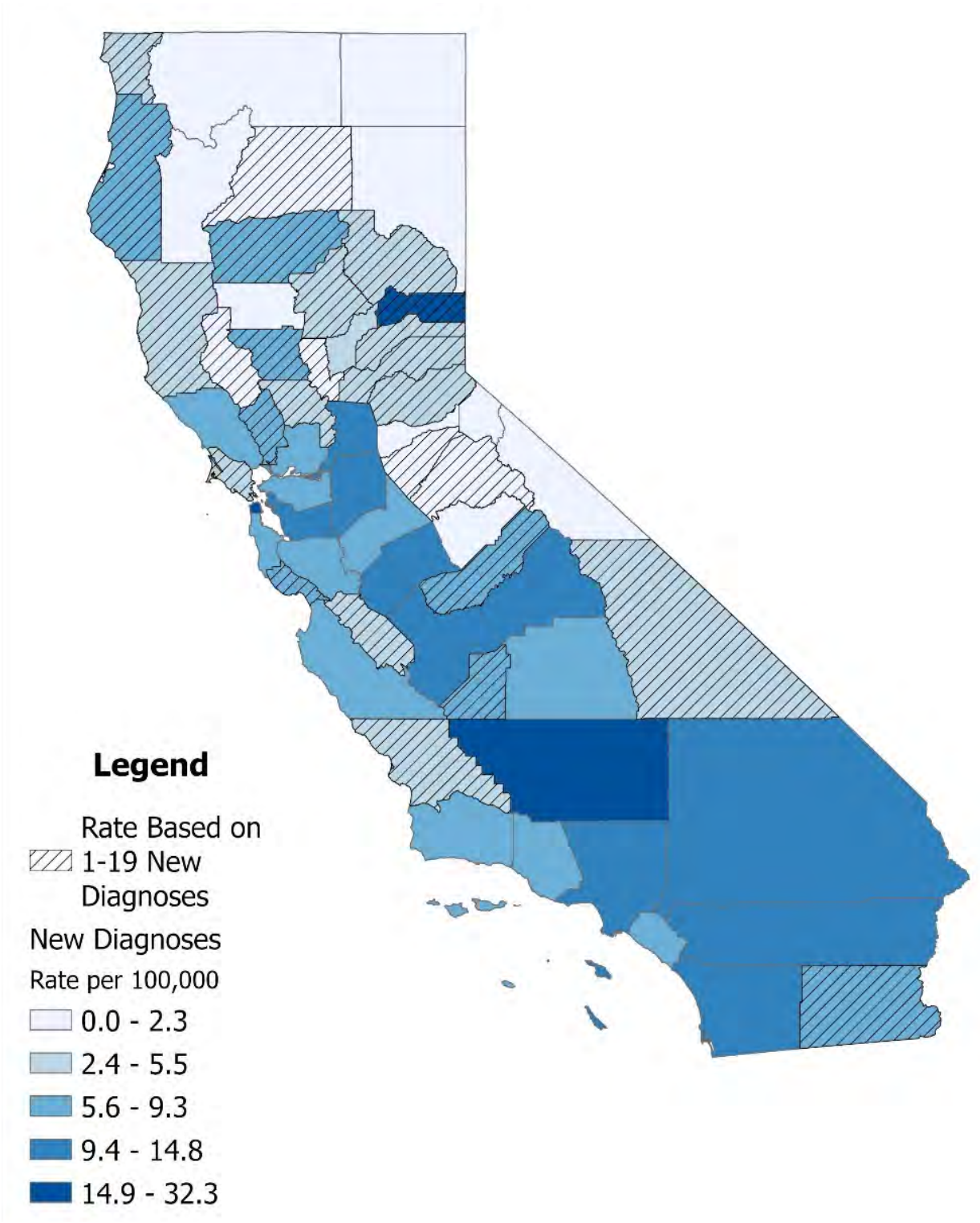
Figure 10. Rate of New HIV Diagnoses by Race/Ethnicity and Gender, California 2021



NOTE: Please use caution when interpreting data for American Indian/Alaska Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI) persons due to small numbers.

Overall, most of the counties with higher rates of new HIV diagnoses in 2021 appeared in Southern California, while the counties with lower rates generally appeared in Northern California, with the notable exception of San Francisco, which at 20.7 has the highest rate of new diagnoses among counties with 20 or more HIV diagnoses. Additional counties with the highest rates of new HIV diagnoses per 100,000 people in 2021 include Kern and Sierra counties. Those with the lowest rates of new HIV diagnoses include Siskiyou, Modoc, Lassen, Trinity, Mono and Alpine. Multiple counties had between 1 and 19 new diagnoses in 2021, indicated by the lined pattern in the map below, and should be interpreted with caution (Figure 11).

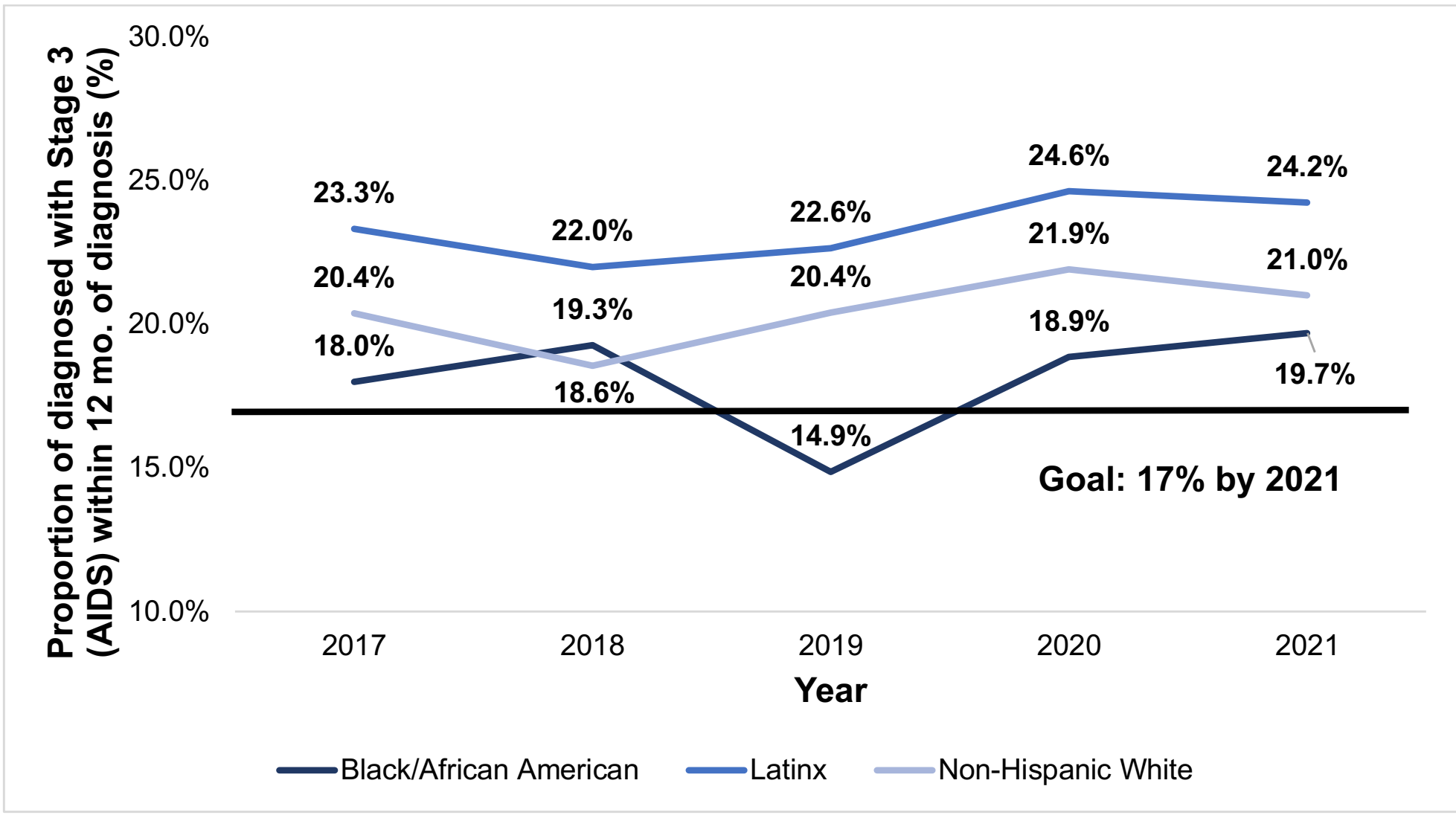
Figure 11. Persons Newly Diagnosed with HIV Infection by County, California, 2021



Late HIV Diagnoses

In 2021, 23% of new HIV diagnoses were late HIV diagnoses defined as having Stage 3 (AIDS) at the time of initial HIV diagnosis or within 12 months of the HIV diagnosis date. Latinx (24.2%) have a higher proportion of late HIV diagnoses compared to Black/African American (19.7%) and White individuals (21.0%) (Figure 12). Although late diagnoses for Black/African Americans have reached the goal of 17% for one of the most recent five years, other groups have not, and recent progress in this area is not evident.

Figure 12. Proportion of Individuals Diagnosed with Stage 3 (AIDS) within 12 Months of HIV Diagnosis by Race/Ethnicity, California, 2010-2021



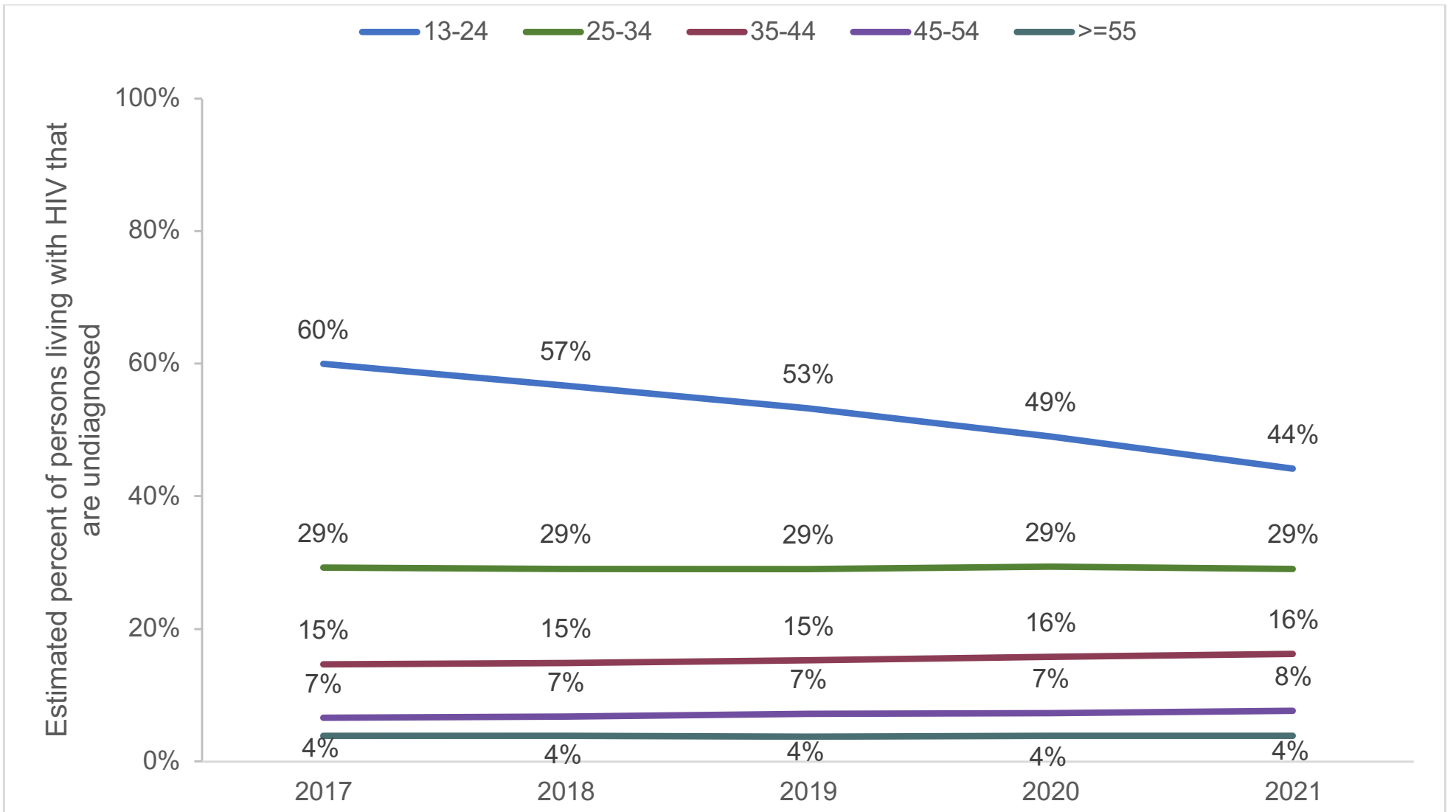
HIV Prevalence Estimates in California, 2017-2021

In 2021, an estimated 160,400 Californians aged 13 years or older were living with HIV, including an estimated 20,000 (12%) persons whose infection had not been diagnosed; the prevalence rate was 484.8 per 100,000 population (Table 8).

Undiagnosed HIV

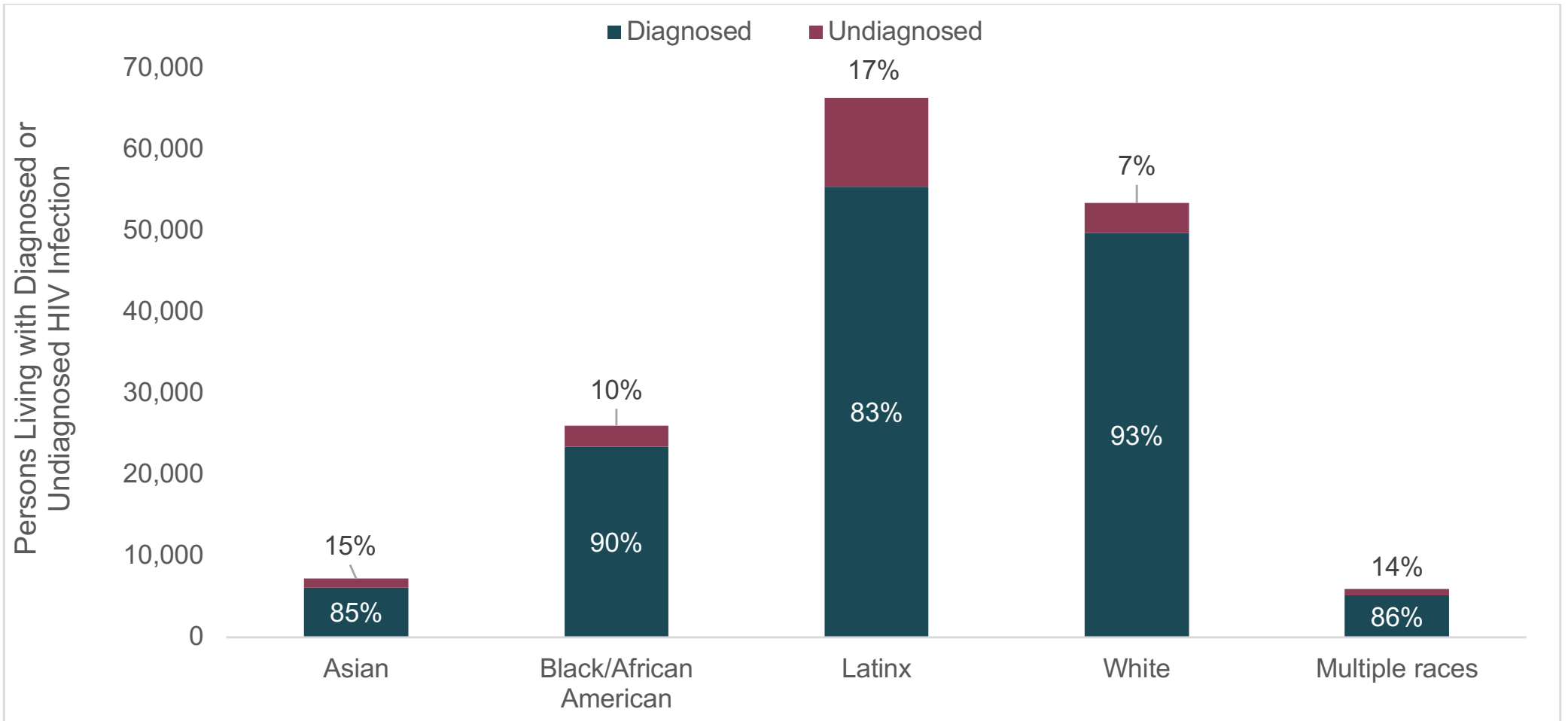
Statewide, an estimated 12% of people living with HIV in 2021 were undiagnosed. Adolescents and young adults (aged 13-24) had the highest estimated percentage of individuals living with undiagnosed HIV. The estimated percentage of individuals living with undiagnosed HIV in 2021, compared with 2017, significantly decreased among people aged 13-24 but continues to be the highest of any age group. Among people aged 13-24 with HIV, an estimated 44% were undiagnosed in 2021 (Figure 13; Table 8).

Figure 13. Estimated Percent of Persons Living with HIV That Are Undiagnosed by Age Group in California, 2021



By race/ethnicity, Latinx, Asian, and multiracial people had a higher estimated percentage of individuals living with undiagnosed HIV compared with White and Black/African American individuals. An estimated 17% of Latinx, 15% of Asians, and 14% of multiracial people living with HIV were undiagnosed in 2021 (Figure 14). One of the goals of the Ending the HIV Epidemic (EHE) initiative is to increase the percentage of people who have knowledge of their status to at least 95% by 2025.

Figure 14. Newly Diagnosed vs. Estimated Persons Living with HIV that are Undiagnosed by Race/Ethnicity, California, 2021



People Living with Diagnosed HIV in California, 2017-2021

From 2017 through 2021, the number of PLWDH in California increased from 35,468 to 141,001. In 2021, the prevalence rate of diagnosed HIV infection was 352.9 per 100,000 population, compared to 343.1 in 2017— an increase of 2.9% (Table 9a).

In 2021, MMSC, including MMSC-IDU, accounted for 73% of all living HIV cases. Heterosexual contact accounted for 15% of living HIV cases, IDU alone accounted for 5%, TGSC accounted for 2%, and 5% were unknown/other risk (Figure 15).

Of the 141,001 PLWDH in California in 2021, about 39% are Latinx, 35% are White, 17% are Black/African American, 4% are Asian, 4% are multiracial, 0.2% are American Indian/Alaskan Native, and 0.2% are Native Hawaiian/Pacific Islander (Figure 15). While Latinx and White individuals make up the largest percentage of PLWDH in California, the rate of HIV among Black/African Americans is substantially higher (1,031.6 per 100,000 population, versus 327.1 per 100,000 among Whites and 352.2 per 100,000 among Latinx) (Table 9a).

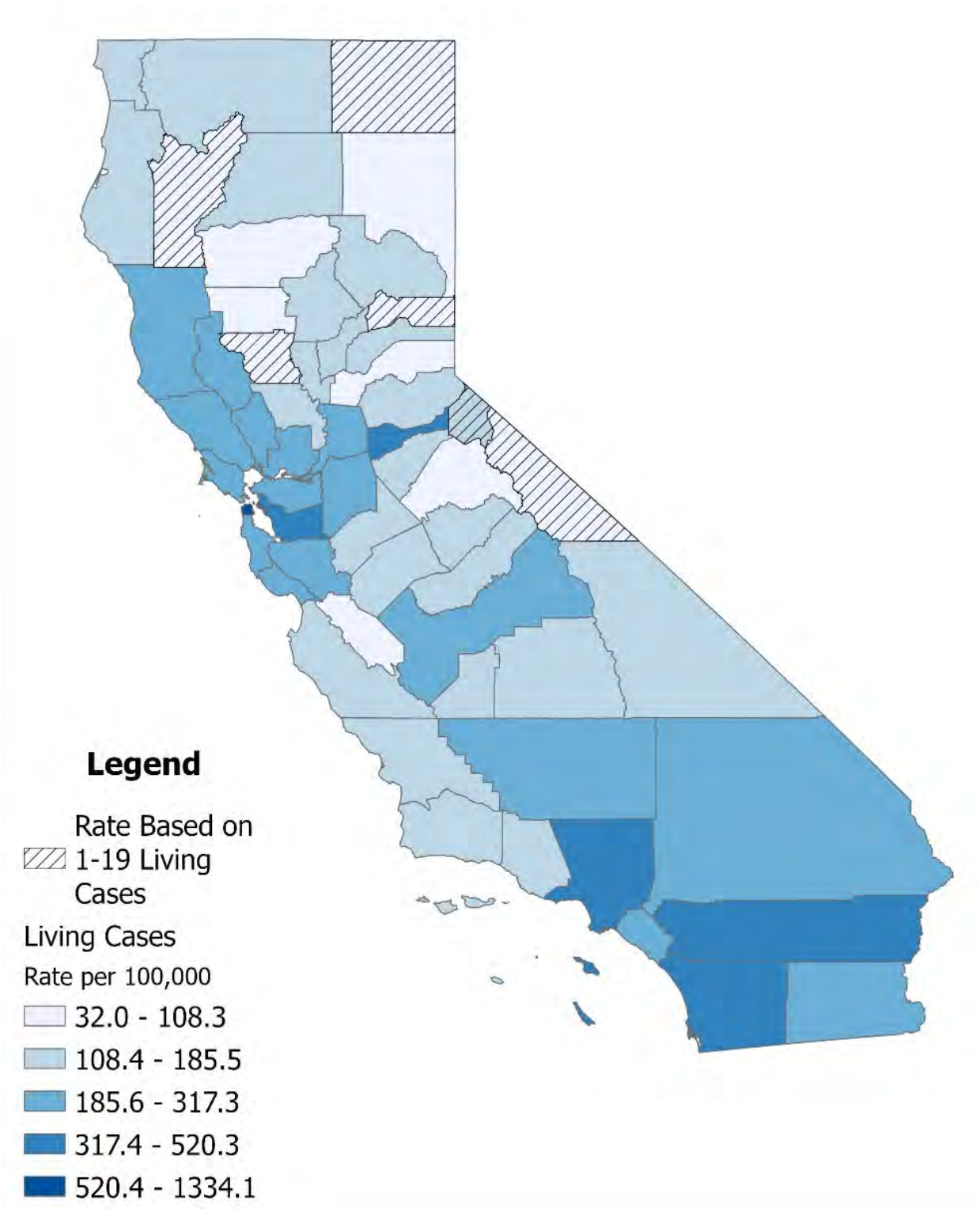
Figure 15. Living HIV Cases by selected demographic characteristics, 2021 — California

Characteristic	Living Cases #	% of Total
Cisgender men	122,021	87%
Cisgender women	16,580	12%
Trans women	2,302	2%
Trans men	80	0%
Alternative gender identity	18	0%
0 to 12	84	0%
13 to 24	2,689	2%
25 to 44	46,137	33%
45 to 64	71,970	51%
≥65	20,121	14%
American Indian/Alaska Native	326	0%
Asian	6,152	4%
Black/African American	23,683	17%
Latinx	55,629	39%
Native Hawaiian/Pacific Islander	268	0%
White	49,740	35%
Multiple Races	5,199	4%
Transgender sexual contact (TGSC)	2,304	2%
Male-to-male sexual contact	94,016	67%
MMSC-IDU	8,672	6%
Injection drug use (IDU)	7,615	5%
Heterosexual contact	20,940	15%
Perinatal	747	1%
Unknown risk/other risk	6,707	5%
TOTAL	141,001	

Among cisgender men living with diagnosed HIV, MMSC made up a majority of living HIV cases when compared with other transmission categories from 2017-2021 (77.1% in 2021). Among cisgender women living with diagnosed HIV, HRH made up the largest percentage among transmission categories (48.8% in 2021), while sexual contact was the majority category among transgender women for the five-year period (97.7% in 2021) (Table 9b).

The counties with higher rates of PLWDH as of 2021 lie in Southern California and around the San Francisco Bay Area, while the counties with lower rates lie in Northern and Central California. The counties with the highest rates of PLWDH per 100,000 people include San Francisco, Amador, Alameda, Los Angeles, San Diego and Riverside counties. The counties with the lowest rates of PLWDH per 100,000 people include Lassen, Tehama, Glenn, Placer, Tuolumne and San Benito counties. Multiple counties had between 1-19 living HIV cases in 2021, indicated by the lined pattern in the map below, and should be interpreted with caution (Figure 16).

Figure 16. Persons Living with Diagnosed HIV Infection by County, California, 2021

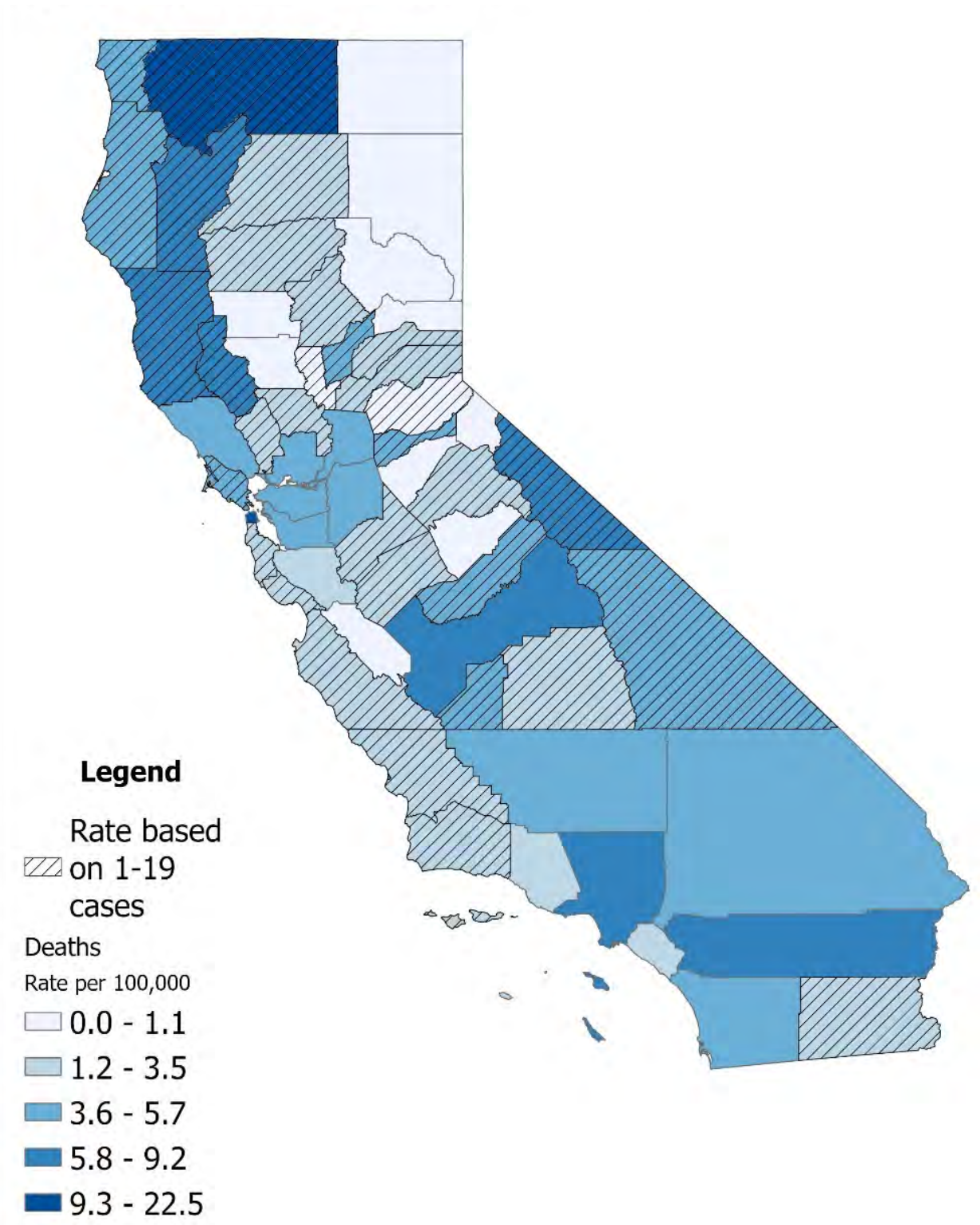


Deaths Among People with Diagnosed HIV in California, 2017-2021

Data on deaths of persons with diagnosed HIV infection represent all causes of death and may or may not be related to HIV infection. From 2017 through 2021, the annual number of deaths of persons with diagnosed HIV infection in California increased from 1,840 to 2,224. In 2021, the crude death rate of persons with diagnosed HIV infection was 5.6 per 100,000 population — a 19.1% increase since 2017 (Table 10a; Table 10b).

The counties with the highest rates of all-cause deaths among persons with diagnosed HIV infection per 100,000 people in 2021 include San Francisco and Siskiyou counties. The counties with the lowest rates of all-cause deaths among persons with diagnosed HIV infection per 100,000 people in 2021 include Modoc, Lassen, Plumas, Tehama, Glenn, Sierra, Calaveras, Alpine, San Benito and Mariposa counties. Multiple counties had between 1-19 deaths among persons with diagnosed HIV infection in 2021, indicated by the lined pattern in the map below, and should be interpreted with caution (Figure 17).

Figure 17. Deaths Among Persons with Diagnosed HIV Infection by County, California, 2021

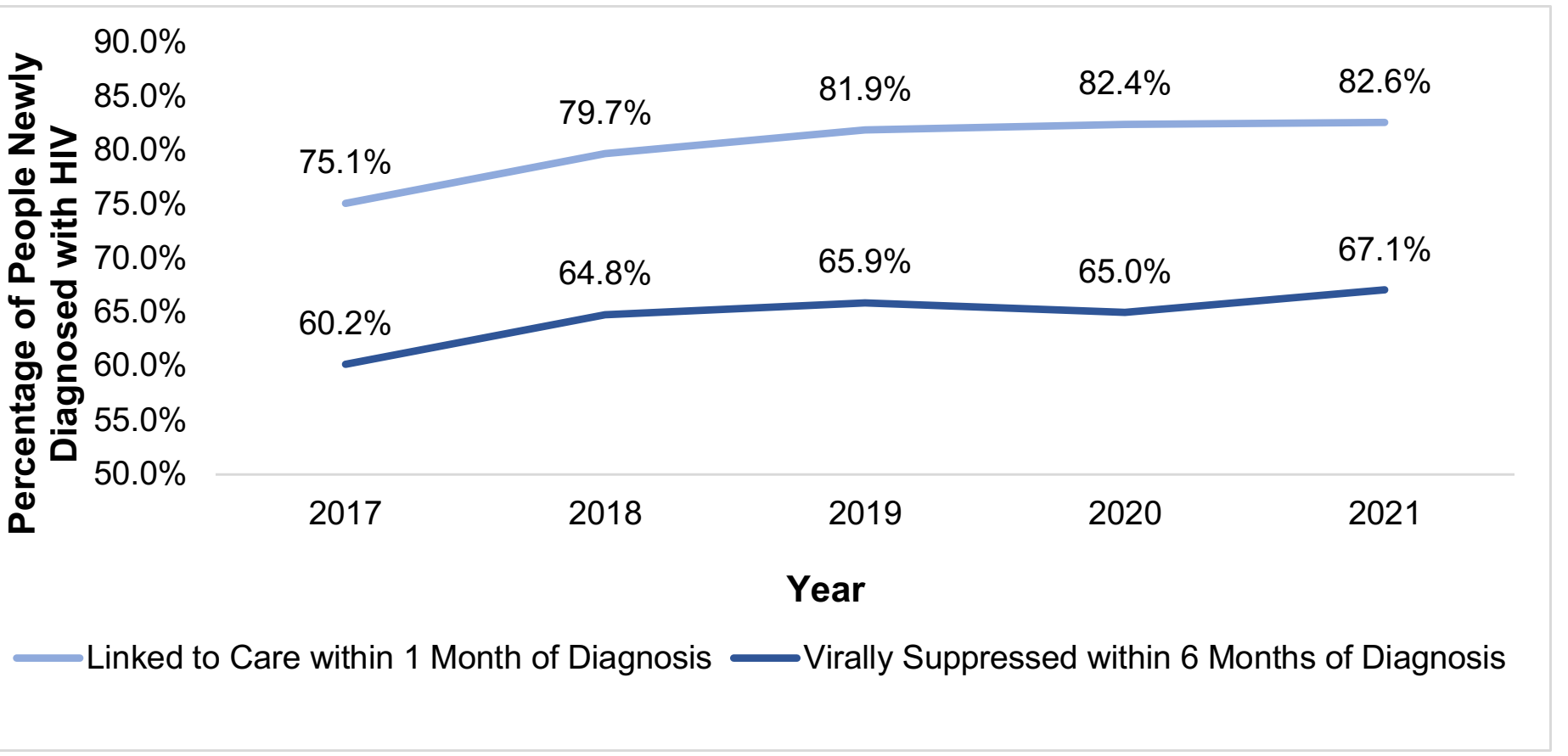


HIV Continuum of Care

Linkage to HIV Medical Care

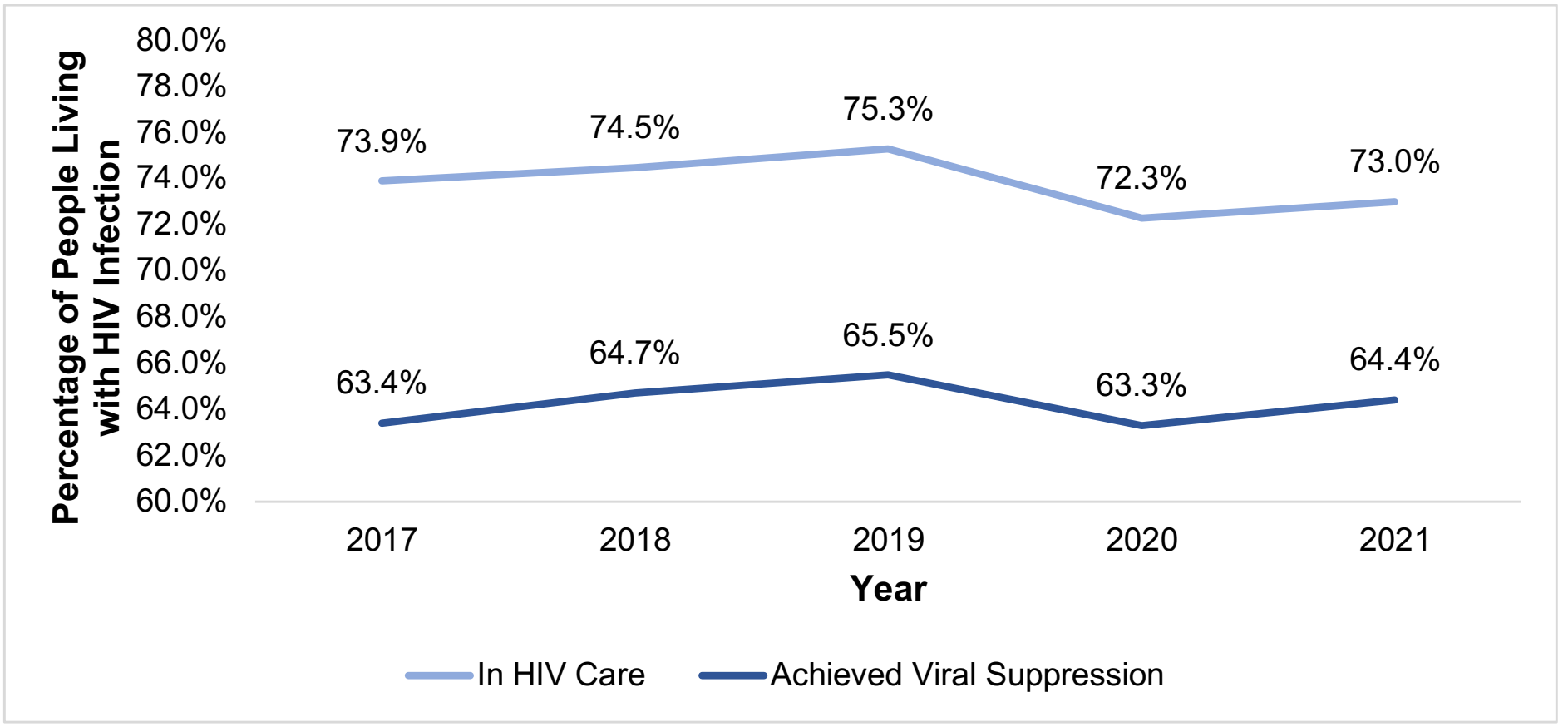
A key pillar of the EHE initiative is to facilitate early linkage to HIV treatment to enable rapid viral suppression. The 2021 national target for individuals newly diagnosed with HIV was to increase LTC within one month of diagnosis to 85%. Among individuals newly diagnosed statewide in 2021, 83% were linked to care within one month of diagnosis – a 10% increase since 2017 (Figure 18). LTC within one month of diagnosis was similar across age groups (ranging from 81%-84%) (Table 11a). Black/African Americans (78%, 81%, and 69% for cisgender men, cisgender women, and trans women respectively), American Indian/Alaska Native and Latinx cisgender women (both 80%), multiracial trans women (50%) and individuals with non-HRH (78%) as their primary exposure risk had lower rates of LTC in one month compared to other groups (Table 11b).

Figure 18. Percent of People Newly Diagnosed with HIV Infection Linked to HIV Medical Care within 1 Month of Diagnosis and Virally Suppressed within 6 Months of Diagnosis – California, 2017-2021



Among living cases, "in HIV care" status (defined as having at least one CD4, viral load, or HIV-1 genotype test during the calendar year) was 73% statewide in 2021, a 1% decrease since 2017 (Figure 19). Rates were low in American Indian/Alaska Natives, with 68% of cisgender men, 67% of cisgender women, and 40% of trans women in care in 2021. Black/African American cisgender men (68%), Native Hawaiian/Pacific Islanders cisgender women (68%), individuals aged 25-44 (72%) and people who inject drugs (PWID; 64%) also had low rates of care (Table 11c; Table 11d).

Figure 19. Percent of People Living with HIV Infection in HIV Care and Virally Suppressed within the Year Presented – California, 2017-2021



Retention in Care

Retention in HIV medical care is defined for newly diagnosed cases as having two or more CD4, viral load, or HIV-1 genotype tests taken at least three months apart within the first twelve months after diagnosis. Among newly diagnosed individuals statewide in 2021, 76% were retained in HIV care. American Indian/Alaska Native cisgender men (62%) and trans women (67%), Asian cisgender women (61%), people aged 65 and older (68%), and PWID (64%) had the lowest rates of retention in care in 2021 among their respective groups (Table 11a; Table 11b).

The Medical Monitoring Project (MMP), which collects in-depth data for a subset of HIV cases, offers confirmation of the accuracy of the proportion of individuals retained in HIV care. (See Appendix A for details about MMP sample selection and data collection and analyses methodologies.) Among MMP interviewees, roughly 78% were retained in HIV care for 12 months. This percentage was consistent across different characteristics, except age groups, where PLWDH between 18-29 years old had a lower percentage of retention in care compared to those 50 years or older (Table 12).

Viral Suppression

VS, defined as having fewer than 200 copies of HIV per milliliter of blood, is an important factor in enabling PLWDH to live long, healthy lives and preventing new HIV infections. Individuals who are virally suppressed cannot transmit HIV to an uninfected partner through sex. The 2021 national target for VS within six months of diagnosis was 75%. Among individuals newly diagnosed statewide in 2021, 67% achieved VS within six months of diagnosis, an 11% increase compared to 2017 (Figure 18). American Indian/Alaska Native cisgender men (54%), multiracial cisgender women (40%), multiracial trans women (50%), individuals aged 65 and older (62%), and PWID (47%) had the lowest rates of VS within six months of diagnosis (Table 11a; Table 11b).

Among living cases statewide, 64% achieved VS during 2021, a 2% increase since 2017 but lower than the 2021 national target of 80% (Figure 19). VS rates in living cases in 2021 were low in American Indian/Alaska Natives (59%, 55%, and 30% for cisgender men, cisgender women, and trans women respectively), Black/African American cisgender men and trans women (57% and 56%, respectively), Native Hawaiian/Pacific Islander trans women (50%), people aged 25-44 (61%), and PWID (51%) (Table 11c; Table 11d).

MMP data concur with this estimate of viral suppression, with 62% of MMP respondents showing sustained VS for the 12 months prior to their interview, meaning all HIV viral load test results were ≤ 200 copies/ml within this time period. There were statistically significant differences in the percentage of PLWDH with sustained VS adherence between race/ethnicity categories, age groups, and housing status (Table 12).

Note: Please use caution when interpreting outcomes for newly diagnosed individuals in the following risk groups due to small numbers: American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, individuals aged 0-12 years, and individuals with perinatal exposure.

Key Populations at Higher Risk for HIV Infection in California

HIV and Black/African Americans

California, 2021

IN 2021, BLACK/AFRICAN AMERICANS MADE UP APPROXIMATELY 6% OF CALIFORNIA'S POPULATION, YET THEY ACCOUNTED FOR **17% OF LIVING HIV CASES** AND **17% OF NEW HIV DIAGNOSES**.

Demographics of New Diagnoses (N=777)

GENDER

79%	Cisgender men
17%	Cisgender women
4%	Trans women
0%	Trans men

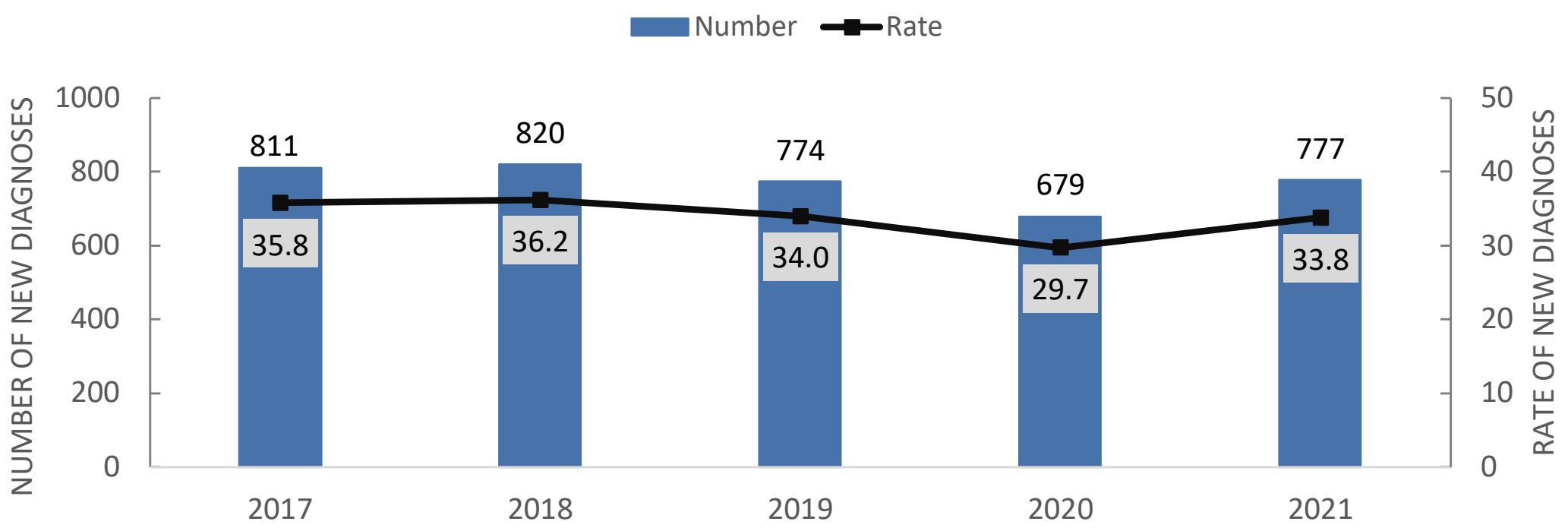
TRANSMISSION CATEGORY

50%	Male-to-male sexual contact (MMSC)
29%	Heterosexual contact
12%	Unknown risk/other risk
4%	Transgender sexual contact (TGSC)
3%	Injection drug use (IDU)
2%	MMSC & IDU

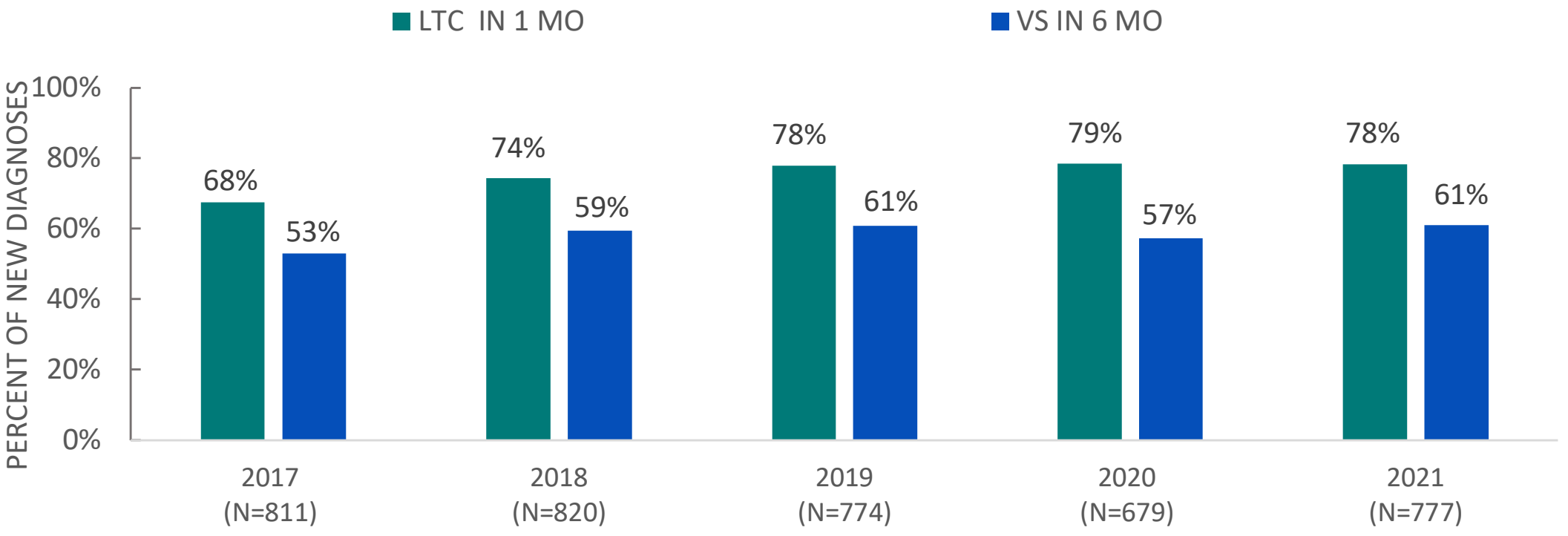
AGE

0.5%	0 to 12
21.8%	13 to 24
38.9%	25 to 34
18.2%	35 to 44
10.9%	45 to 54
9.8%	≥55

NUMBER AND RATE OF NEW DIAGNOSES AMONG BLACK/AFRICAN AMERICANS



HEALTH OUTCOMES AMONG BLACK/AFRICAN AMERICANS



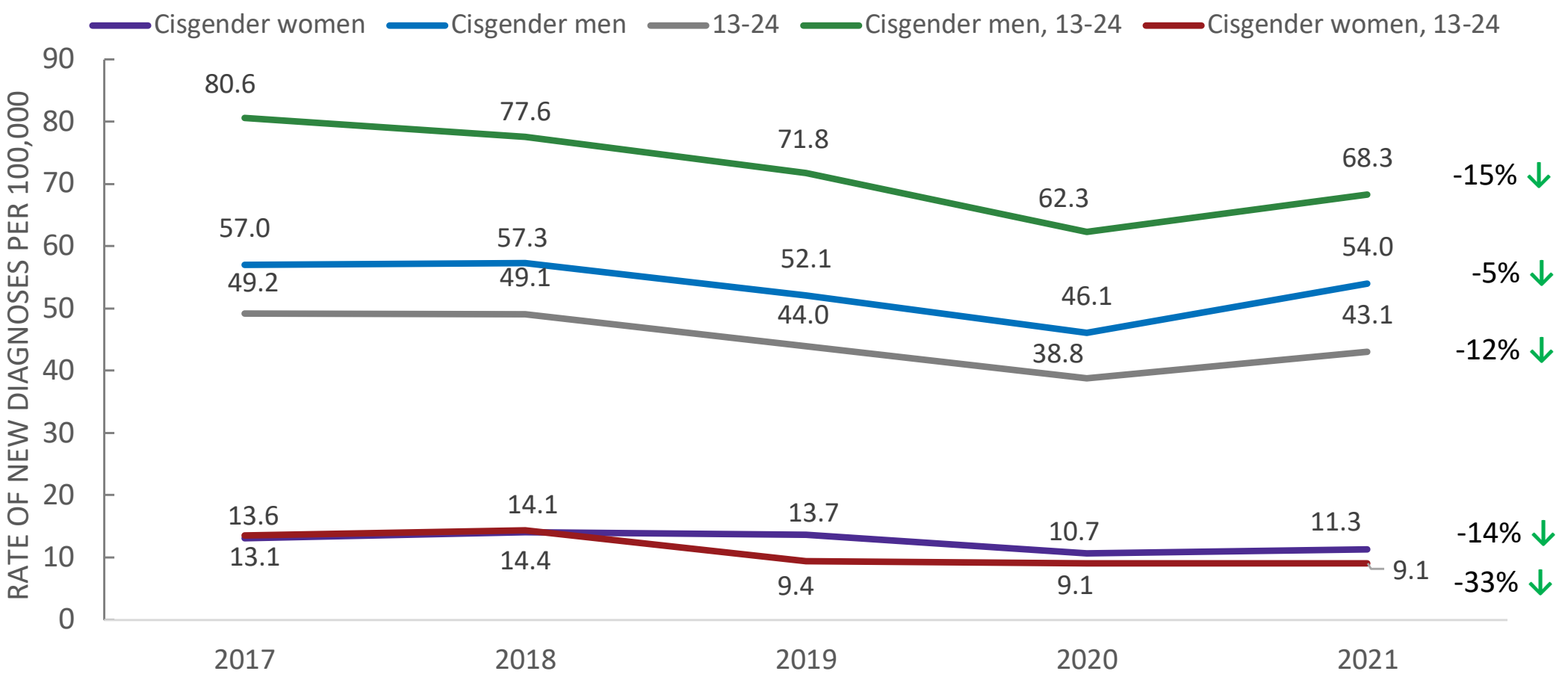
From 2017 to 2021 the overall rate of new HIV diagnoses decreased by 6% among Black/African Americans

12% ↓ in the rate of new HIV diagnoses among Black 13–24-year-olds

15% ↓ in the rate of new HIV diagnoses among Black men aged 13-24 years

33% ↓ in the rate of new HIV diagnoses among Black women aged 13-24 years

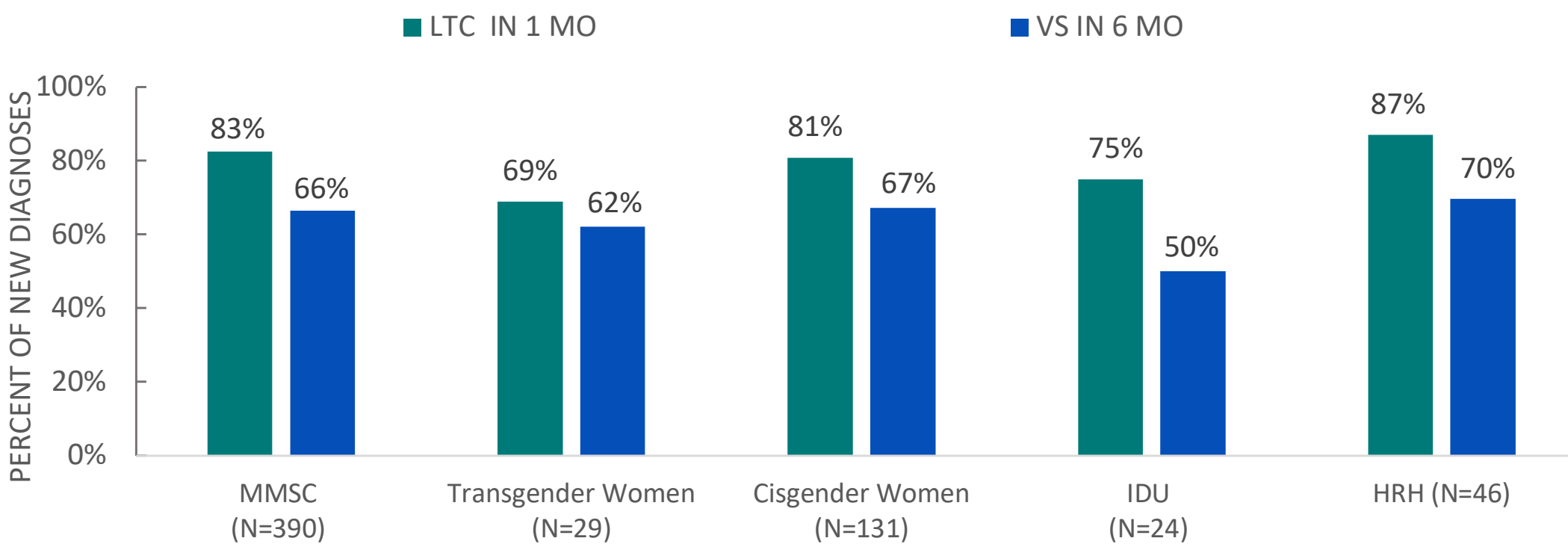
RATE OF NEW DIAGNOSES AMONG BLACK/AFRICAN AMERICANS (select subgroups)



DECREASES ↓

- Rate of new diagnoses among men (-5%↓)
- Rate of new diagnoses among 13–24-year-olds (-12%↓)
- Rate of new diagnoses among women (-14%↓)
- Rate of new diagnoses among 13–24-year-old women (-33%↓)
- Rate of new diagnoses among 13-24-year-old men (-15%↓)

HEALTH OUTCOMES AMONG BLACK/AFRICAN AMERICANS (select subgroups)



HIV and Latinx

California, 2021

LATINX ARE THE LARGEST RACIAL/ETHNIC GROUP IN CALIFORNIA (ABOUT 40% OF THE POPULATION). IN 2021, THEY ACCOUNTED FOR **39% OF LIVING HIV CASES** AND **52% OF NEW HIV DIAGNOSES**.

Demographics of New Diagnoses (N=2,307)

GENDER

87%	Cisgender men
10%	Cisgender women
3%	Trans women
0%	Trans men

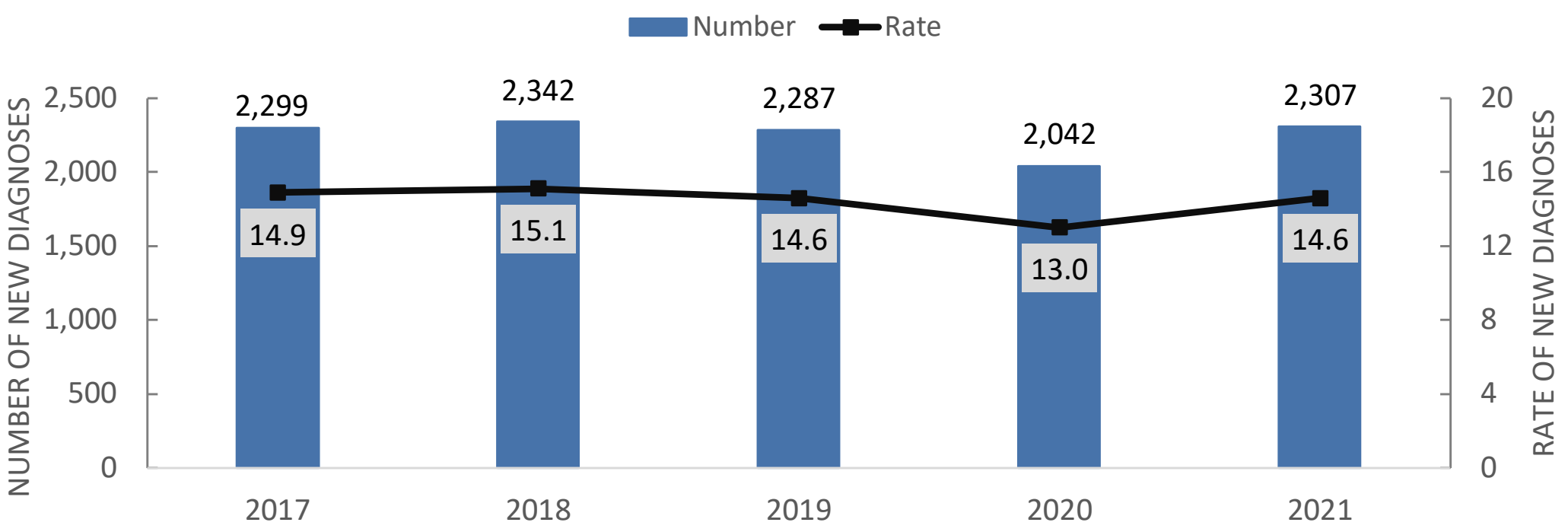
TRANSMISSION CATEGORY

60%	Male-to-male sexual contact (MMSC)
18%	Heterosexual contact
11%	Unknown risk/other risk
5%	Injection drug use (IDU)
3%	MMSC & IDU
3%	Transgender sexual contact (TGSC)

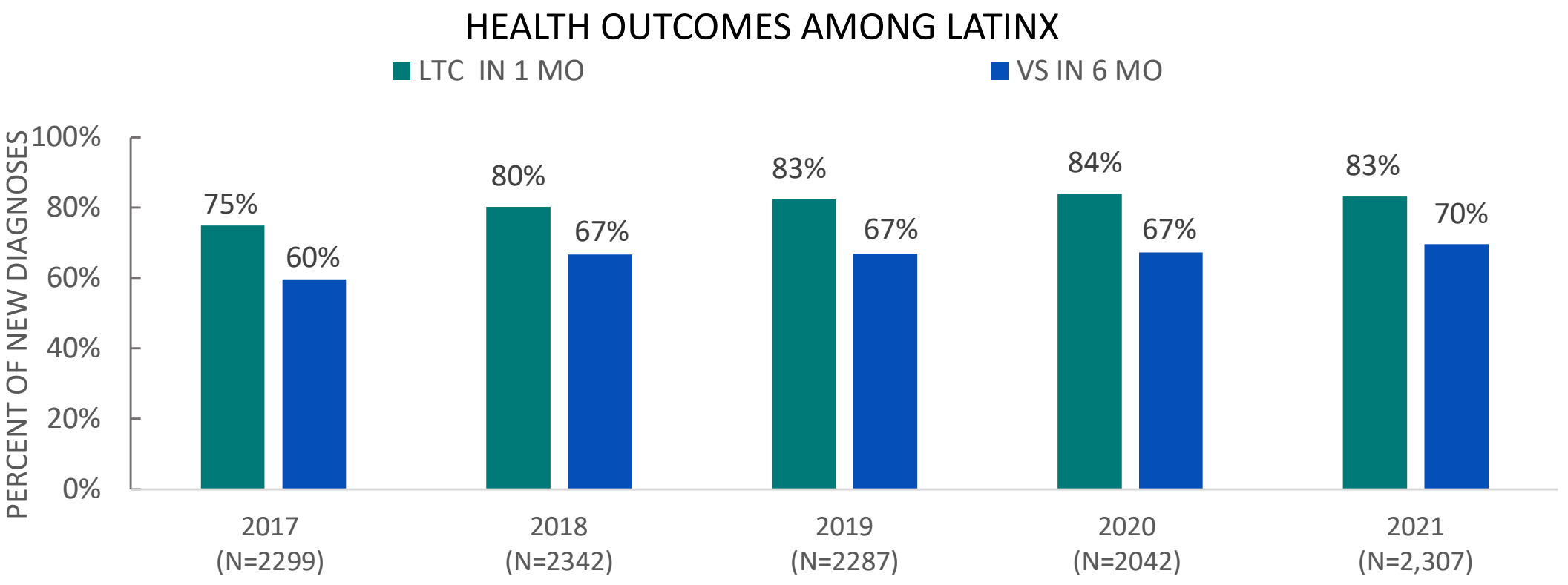
AGE

0.1%	0 to 12
17.9%	13 to 24
39.4%	25 to 34
24.2%	35 to 44
11.1%	45 to 54
7.4%	≥55

NUMBER AND RATE OF NEW DIAGNOSES AMONG LATINX



HEALTH OUTCOMES AMONG LATINX



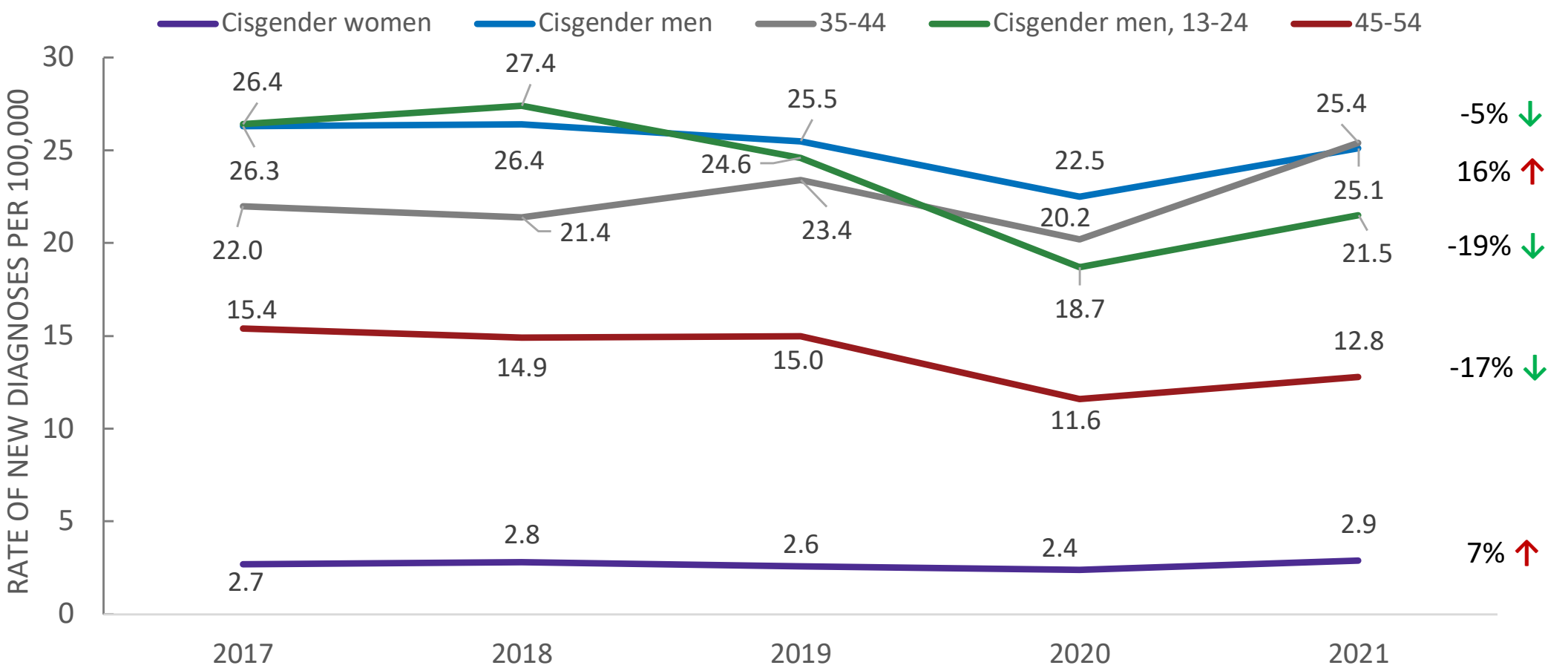
From 2017 to 2021 the overall rate of new HIV diagnoses decreased by 2% among Latinx

17% ↓ in the rate of new HIV diagnoses among Latinx 45-54-year-olds

16% ↑ in the rate of new HIV diagnoses among Latinx 35-44-year-olds

19% ↓ in the rate of new HIV diagnoses among Latinx men aged 13-24 years

RATE OF NEW DIAGNOSES AMONG LATINX (select subgroups)



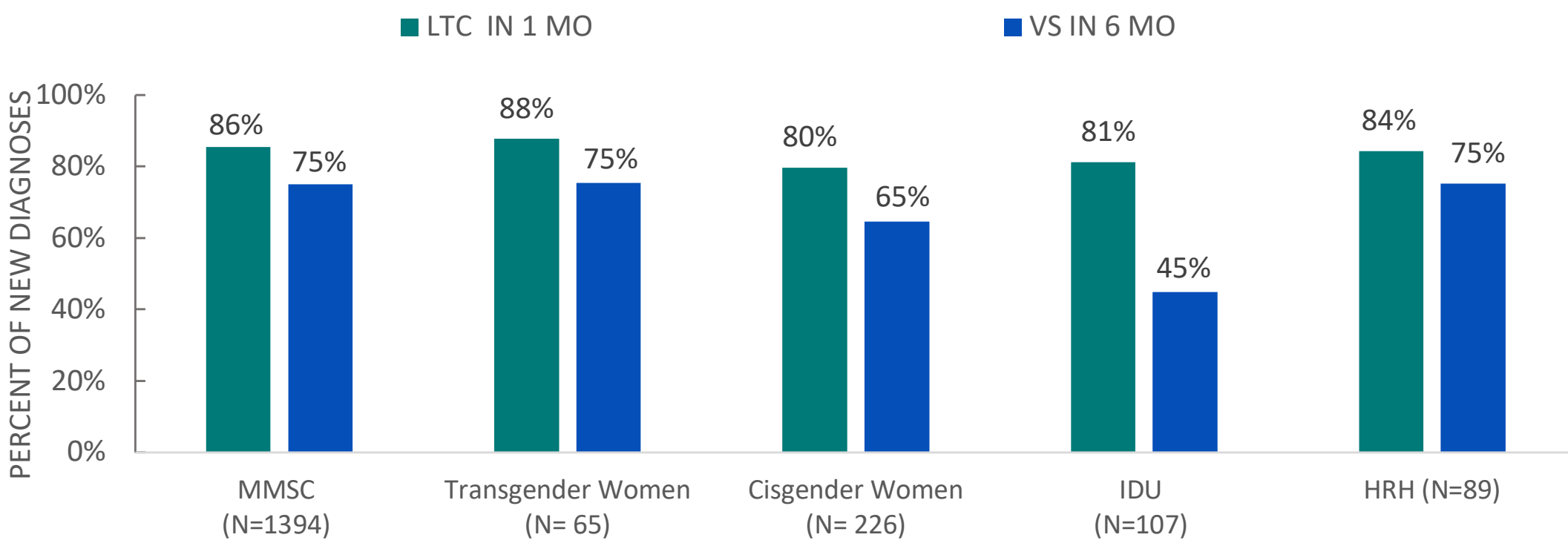
DECREASES ↓

- Rate of new diagnoses among men (-5%↓)
- Rate of new diagnoses among 13-24-year-old men (-19%↓)
- Rate of new diagnoses among 45-54-year-olds (-17%↓)

INCREASES ↑

- Rate of new diagnoses among women (7%↑)
- Rate of new diagnoses among 35-44-year-olds (16%↑)

HEALTH OUTCOMES AMONG LATINX (select subgroups)



HIV and MMSC

California, 2021

IN 2021, MMSC ACCOUNTED FOR **67% OF LIVING HIV CASES** AND **57% OF NEW HIV DIAGNOSES**.

Demographics of New Diagnoses (N=2,530)

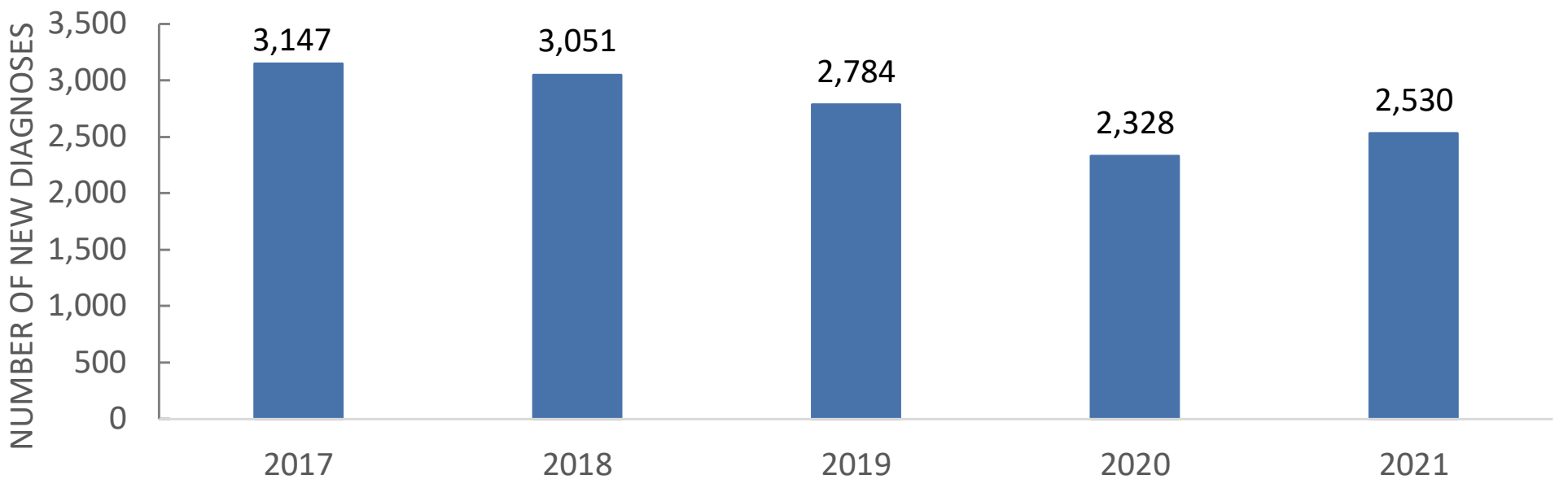
RACE/ETHNICITY

55.1%	Latinx
20.5%	White
15.4%	Black/African American
6.0%	Asian
2.3%	Multiple Races
0.4%	American Indian/Alaska Native
0.4%	Native Hawaiian/Pacific Islander

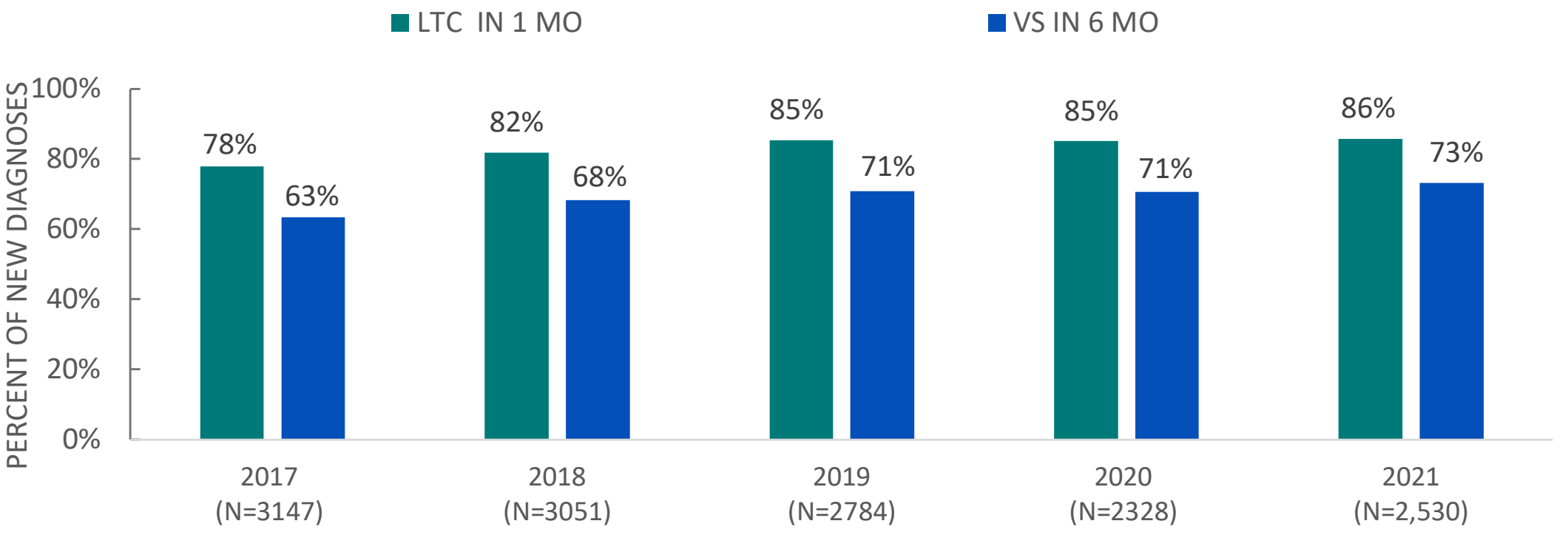
AGE

20%	13 to 24
62%	25 to 44
10%	45 to 54
8%	≥55

NUMBER OF NEW DIAGNOSES FOR MMSC



HEALTH OUTCOMES FOR MMSC



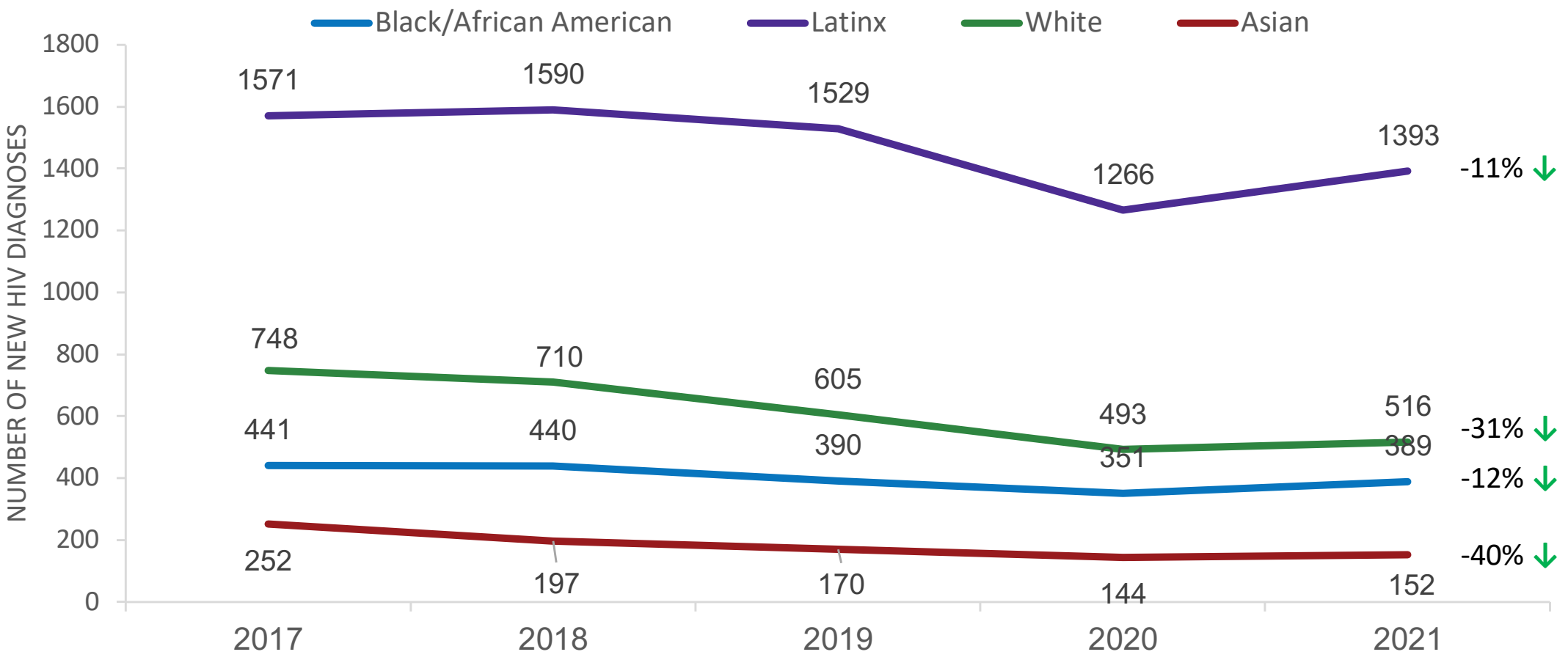
From 2017 to 2021 the overall number of new HIV diagnoses decreased by 20% for MMSC

31% ↓ in the number of new HIV diagnoses among White MMSC

12% ↓ in the number of new HIV diagnoses among Black/African American MMSC

40% ↓ in the number of new HIV diagnoses among Asian MMSC

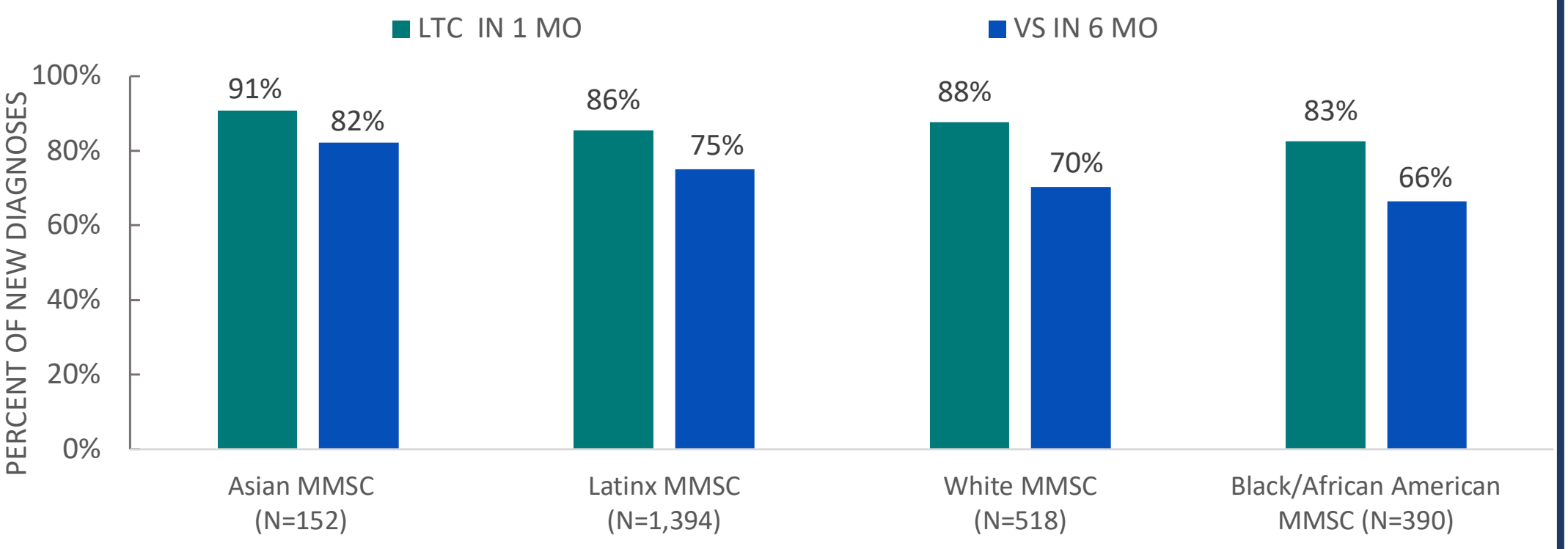
NUMBER OF NEW HIV DIAGNOSES IN MMSC BY RACE/ETHNICITY



DECREASES ↓

- Number of new diagnoses among Black/African American individuals (-12%↓)
- Number of new diagnoses among Latinx individuals (-11%↓)
- Number of new diagnoses among White individuals (-31%↓)
- Number of new diagnoses among Asian individuals (-40%↓)

HEALTH OUTCOMES FOR MMSC (select subgroups)



HIV and IDU

California, 2021

IN 2021, IDU ACCOUNTED FOR **5% OF LIVING HIV CASES** AND **5% OF NEW HIV DIAGNOSES**.

Demographics of New Diagnoses (N=243)

GENDER

66%	Cisgender men
33%	Cisgender women
1%	Trans women
0%	Trans men

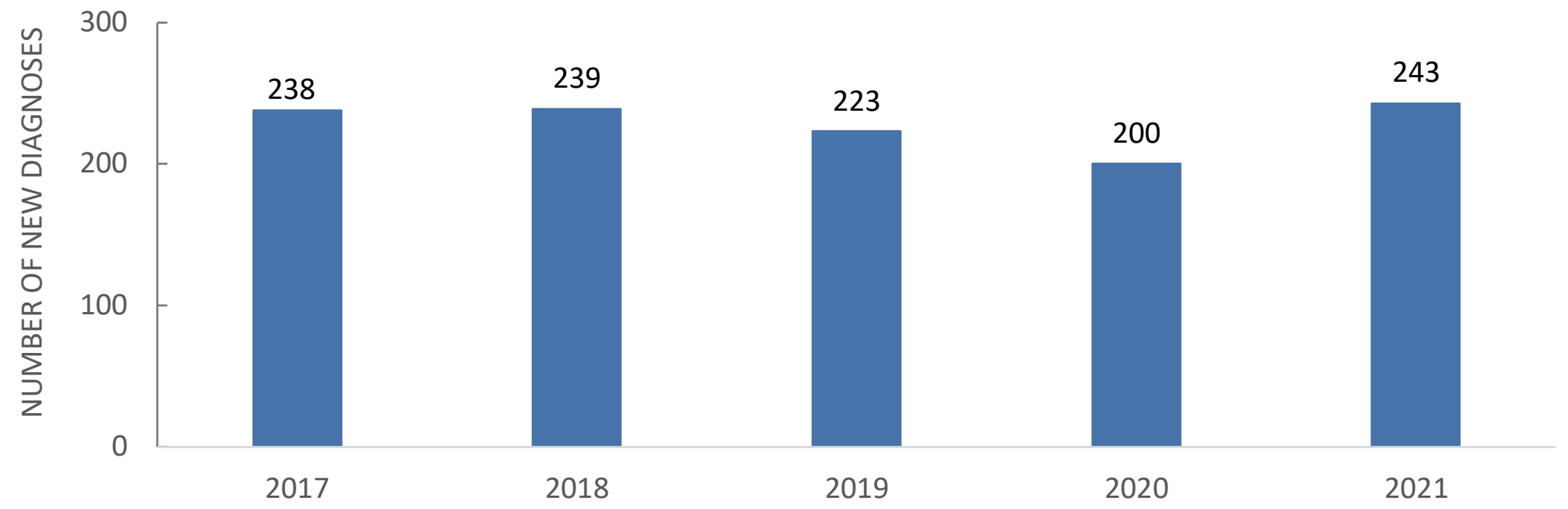
RACE/ETHNICITY

44%	Latinx
43%	White
10%	Black/African American
1%	Asian
1%	American Indian/Alaska Native

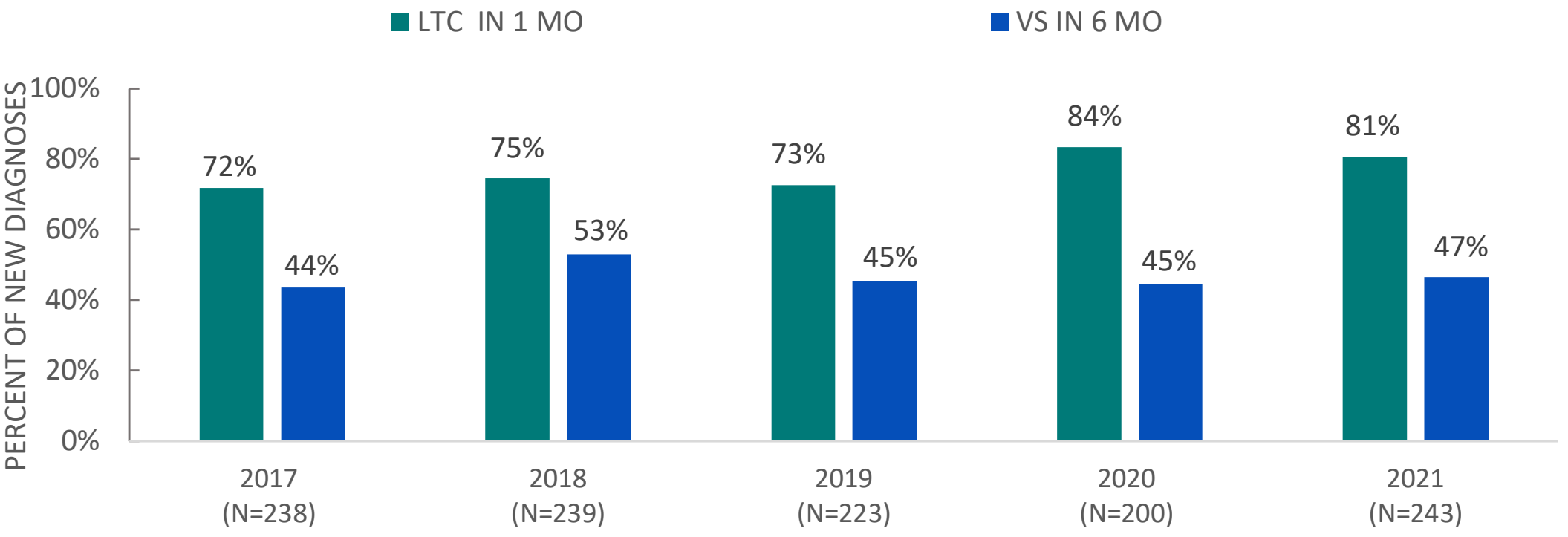
AGE

6.6%	13 to 24
62.6%	25 to 44
18.5%	45 to 54
12.4%	≥55

NUMBER OF NEW DIAGNOSES FOR IDU



HEALTH OUTCOMES FOR IDU



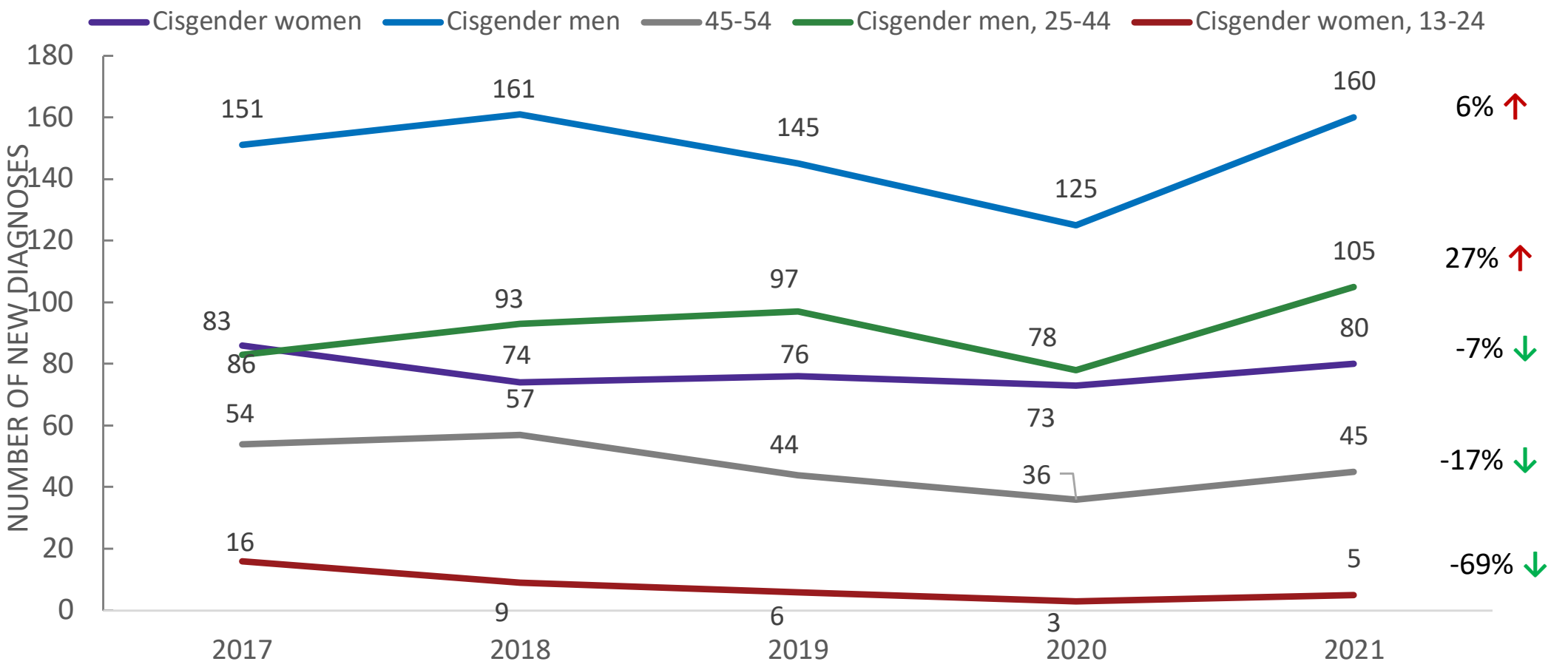
From 2017 to 2021 the number of new HIV diagnoses increased by 2% for IDU

69% ↓ in the number of new HIV diagnoses for IDU women 13-24 years old

27% ↑ in the number of new HIV diagnoses for IDU men 25-44 years old

17% ↓ in the number of new HIV diagnoses for IDU individuals 45-54 years old

NUMBER OF NEW DIAGNOSES FOR IDU (select subgroups)



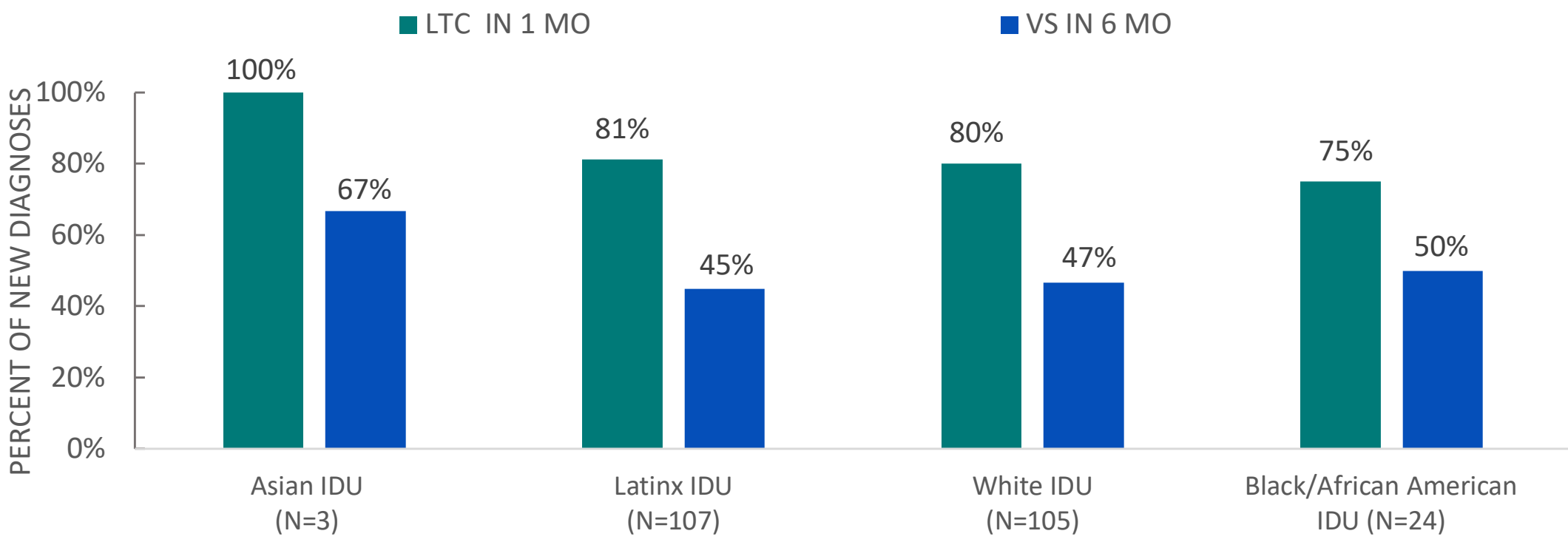
DECREASES ↓

- Number of new diagnoses among women (-7%↓)
- Number of new diagnoses among ages 45-54 (-17%↓)
- Number of new diagnoses among women 13-24 years old (-69%↓)

INCREASES ↑

- Number of new diagnoses among men (6%↑)
- Number of new diagnoses among men 25-44 years old (27%↑)

HEALTH OUTCOMES FOR IDU (select subgroups)



HIV and Transgender People

California, 2021

ALTHOUGH RATES AMONG TRANSGENDER PEOPLE ARE NOT AVAILABLE, HIV PREVALENCE AMONG TRANSGENDER PEOPLE IN THE US IS ESTIMATED TO BE 9.2% OVERALL (14.1% AMONG TRANS WOMEN AND 3.2% AMONG TRANS MEN). BY COMPARISON, HIV PREVALENCE IN CALIFORNIA IS ABOUT 0.4%, WHICH MEANS HIV RATES AMONG TRANSGENDER PEOPLE ARE ABOUT **23 TIMES HIGHER**. IN 2021, **94%** OF TRANSGENDER PEOPLE WHO RECEIVED AN HIV DIAGNOSIS IN CALIFORNIA WERE **TRANS WOMEN**.

Demographics of New Diagnoses (N=133)

TRANSMISSION CATEGORY

92%	Sexual contact
6%	Unknown risk/other risk
2%	Injection drug use (IDU)

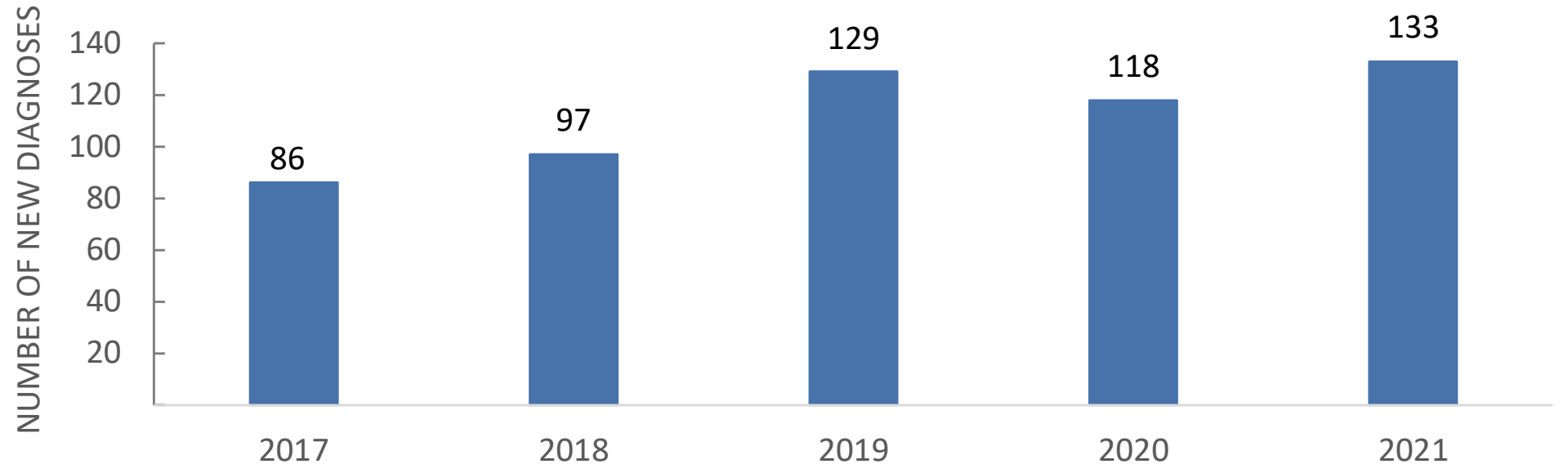
RACE/ETHNICITY

51%	Latinx
23%	Black/African American
17%	White
6%	Asian
2%	Multiple Races
2%	American Indian/Alaska Native

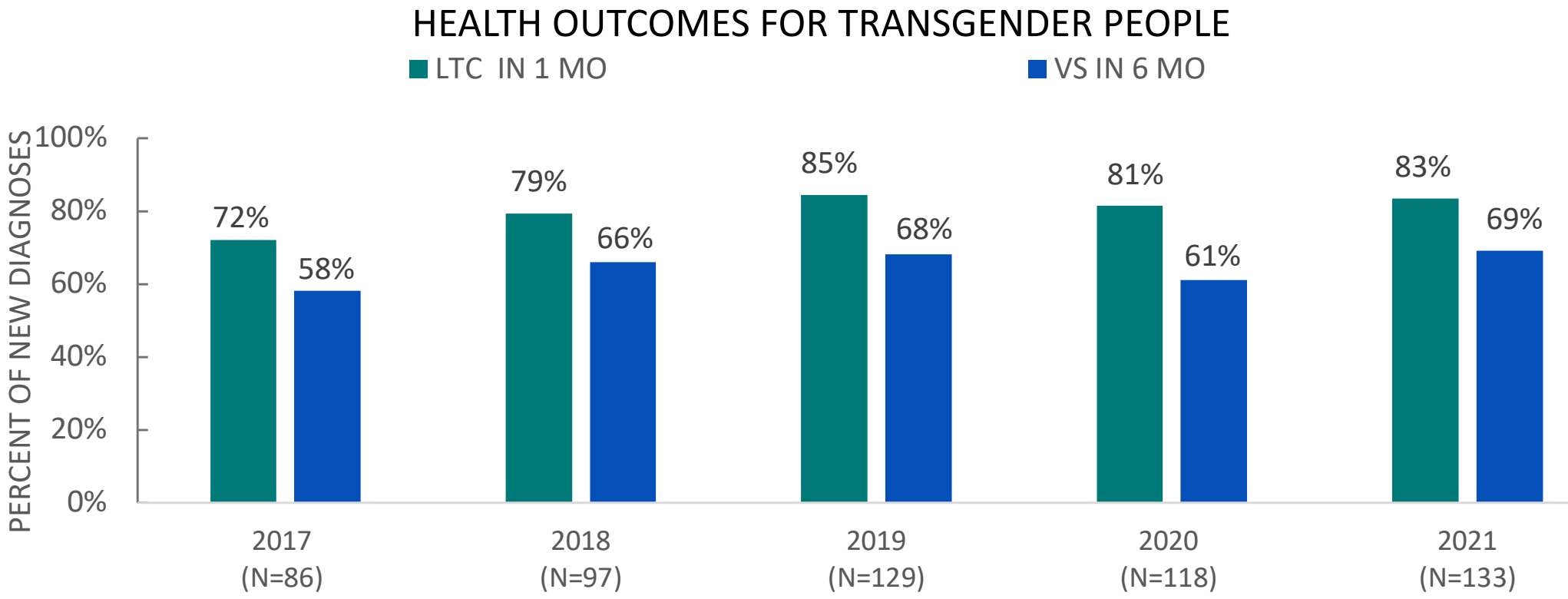
AGE

28.6%	13 to 24
38.4%	25 to 34
22.6%	35 to 44
6%	45 to 54
4.5%	≥55

NUMBER OF NEW DIAGNOSES AMONG TRANSGENDER PEOPLE



HEALTH OUTCOMES FOR TRANSGENDER PEOPLE



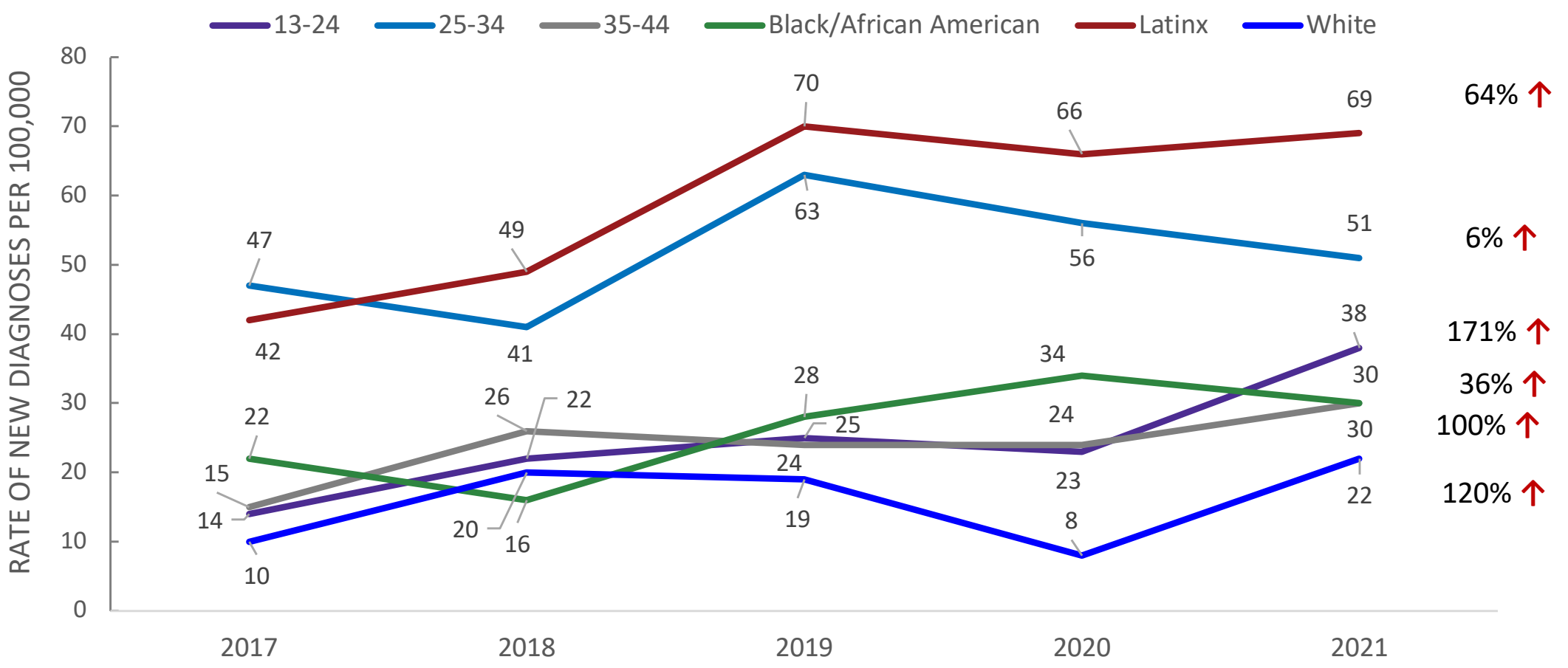
From 2017 to 2021 the overall number of new HIV diagnoses increased by 55% among transgender people

171% ↑
in the number of new HIV diagnoses among transgender 13-24-year-olds

64% ↑
in the number of new HIV diagnoses among transgender Latinx people

120% ↑
in the number of new HIV diagnoses among transgender White people

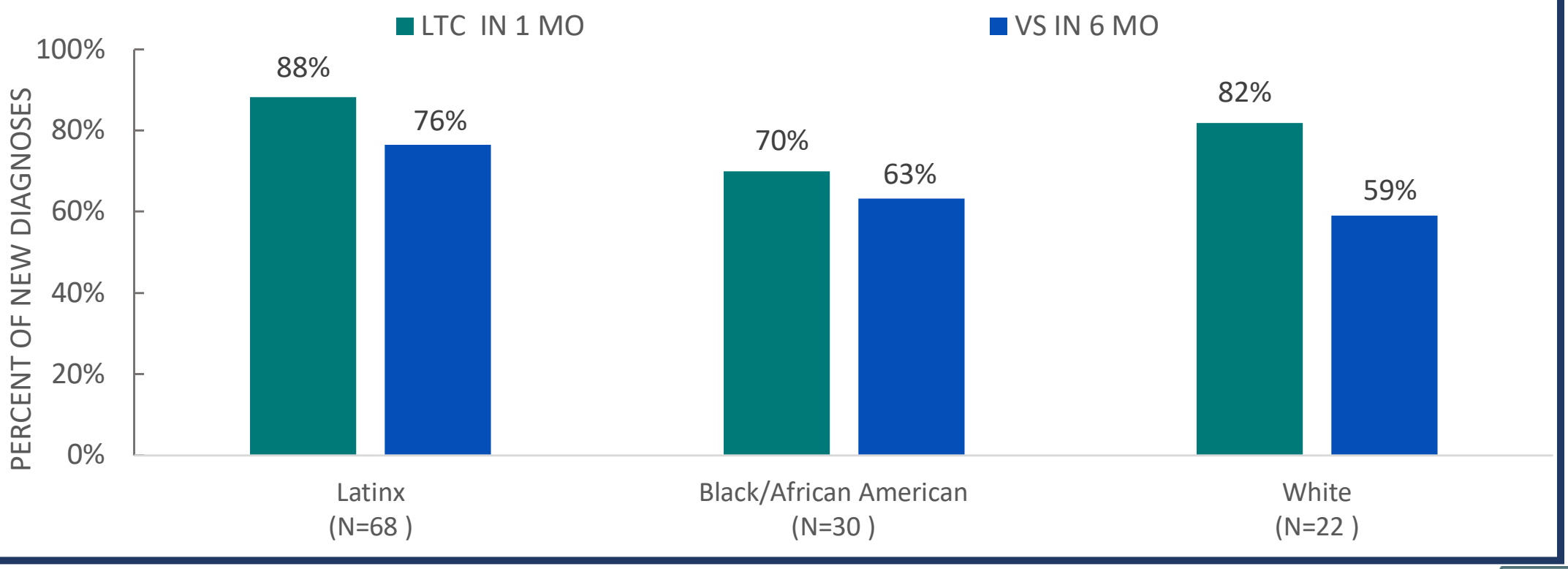
NUMBER OF NEW DIAGNOSES AMONG TRANSGENDER PEOPLE (select subgroups)



INCREASES ↑

- Number of new diagnoses among ages 13-24 years (171%↑)
- Number of new diagnoses among ages 25-34 years (6%↑)
- Number of new diagnoses among ages 35-44 years (100%↑)
- Number of new diagnoses among Black persons (36%↑)
- Number of new diagnoses among Latinx persons (64%↑)
- Number of new diagnoses among White persons (120%↑)

HEALTH OUTCOMES FOR TRANSGENDER PEOPLE (select subgroups)



HIV and Youth

California, 2021

IN 2021, YOUTH AGED 13-24 ACCOUNTED FOR **2% OF LIVING HIV CASES** AND **16% OF NEW HIV DIAGNOSES**.

Demographics of New Diagnoses (N=726)

GENDER

87%	Cisgender men
7%	Cisgender women
5%	Trans women
1%	Trans men

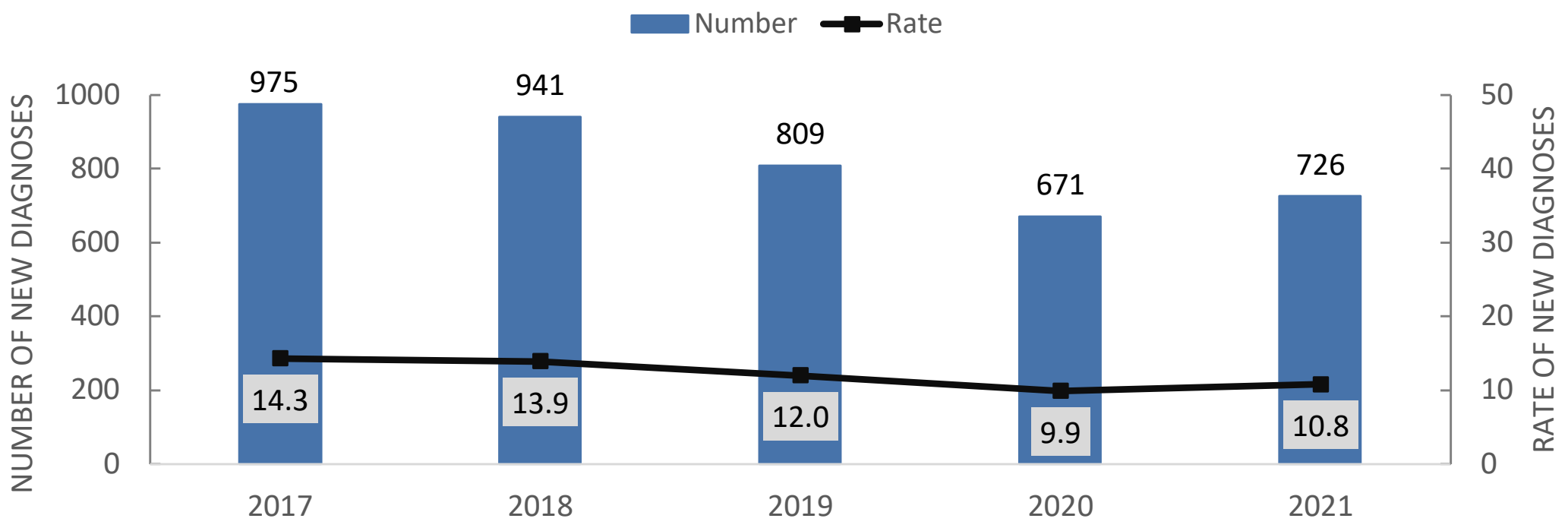
TRANSMISSION CATEGORY

69%	Male-to-male sexual contact (MMSC)
13%	Heterosexual contact
10%	Unknown risk/other risk
5%	Transgender sexual contact (TGSC)
2%	Injection drug use (IDU)
1%	MMSCIDU

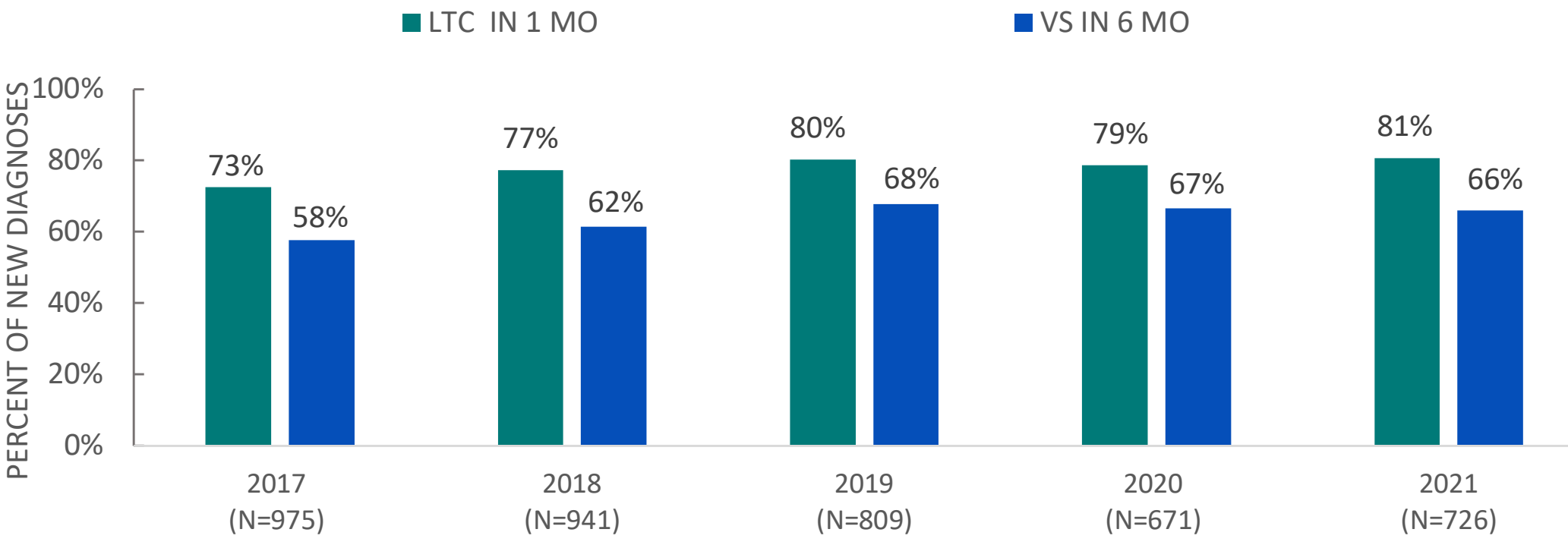
RACE/ETHNICITY

57%	Latinx
23%	Black/African American
13%	White
5%	Asian
2%	Multiple Races

NUMBER AND RATE OF NEW DIAGNOSES AMONG YOUTH



HEALTH OUTCOMES FOR YOUTH



From 2017 to 2021 the overall rate of new HIV diagnoses decreased by 25% among youth

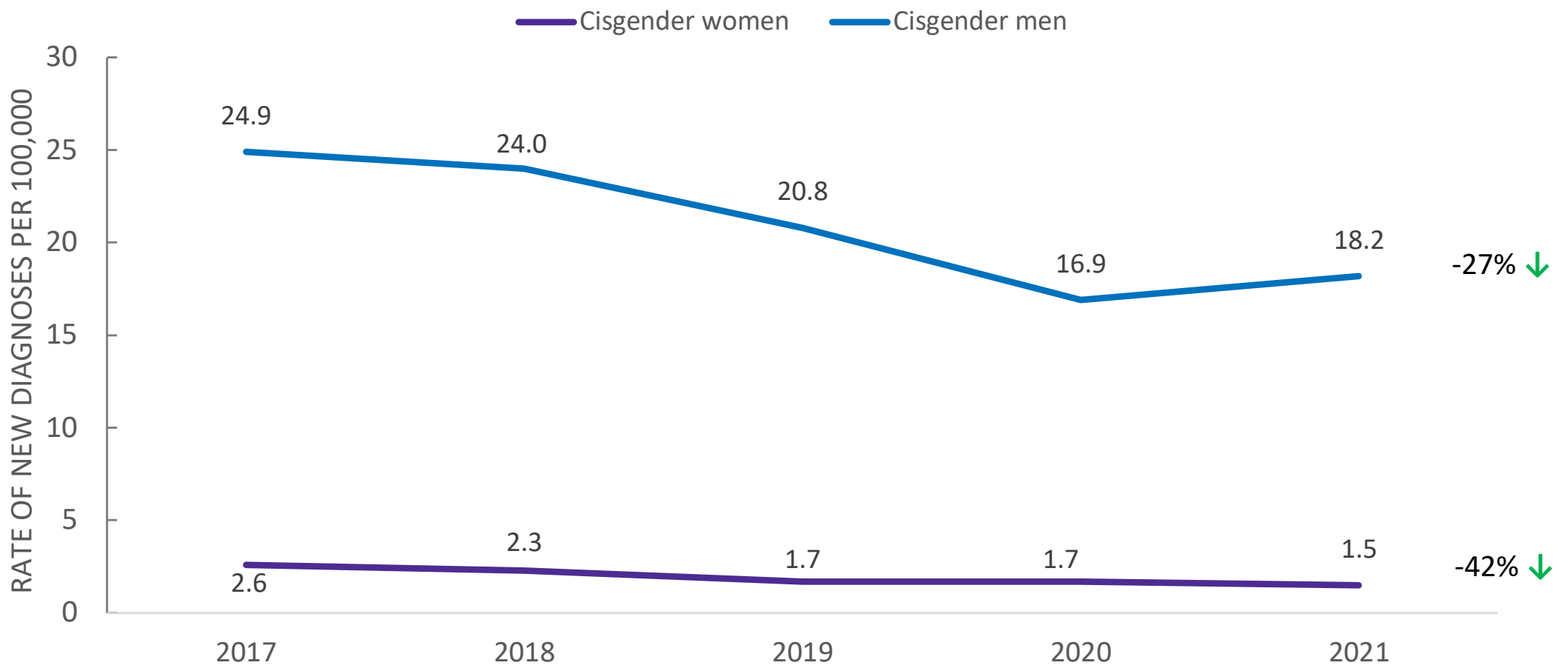
27% ↓

in the rate of new HIV diagnoses among cisgender male youth aged 13-24 years

42% ↓

in the rate of new HIV diagnoses among cisgender female youth aged 13-24 years

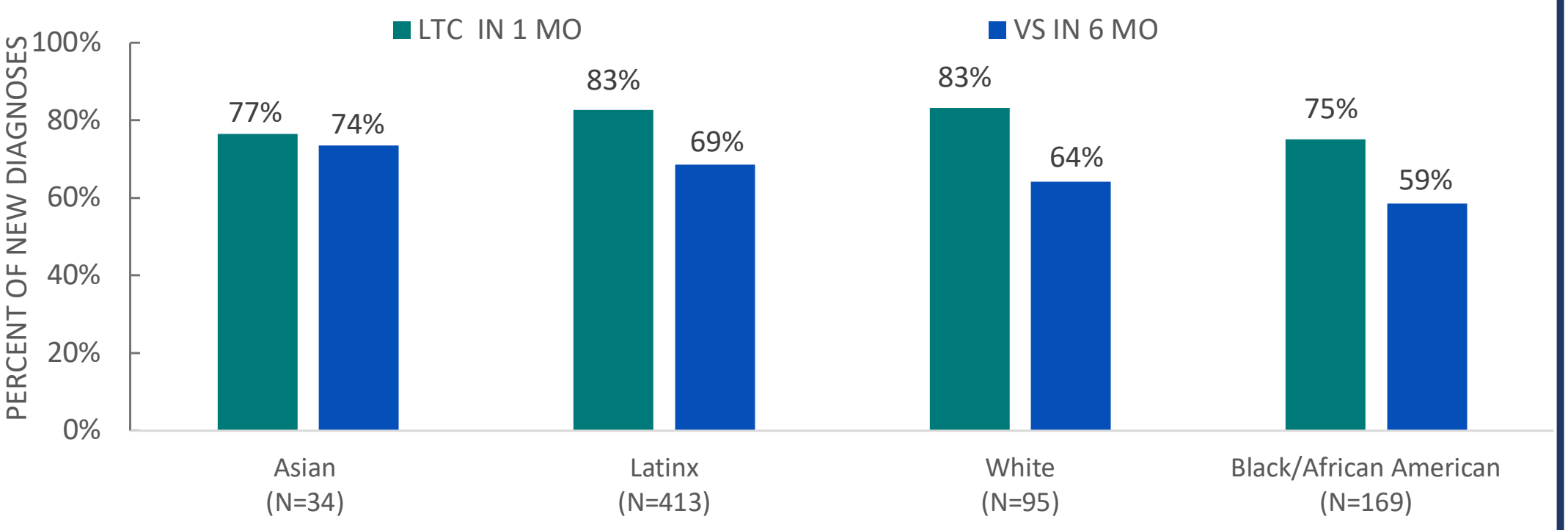
RATE OF NEW DIAGNOSES AMONG YOUTH (selected subgroups)



DECREASES ↓

- Rate of new diagnoses among cisgender female (-42%↓)
- Rate of new diagnoses among cisgender male (-27%↓)

HEALTH OUTCOMES FOR YOUTH



Social Determinants of Health Among People Living with HIV in California

California HIV surveillance data continues to show that HIV disproportionately impacts specific subpopulations. To eliminate health inequities, the California OA has developed a five-year strategic plan – EHE – incorporating social determinants of health (SDH) in its elimination strategy (Note: please see Appendix A: Social Determinants of Health References for information sources in this section). SDH are non-medical factors, such as communal, economic, and environmental conditions that can impact a person's health. Examples of SDH include a region's access to education, income, housing, and transportation. At the national level, the Office of Disease Prevention and Health Promotion recognizes that promoting good healthcare and lifestyle choices alone will not eliminate health inequities; therefore, they have incorporated SDH across their five overarching goals for promoting health and well-being for all ages in the Healthy People's 2030 initiative. A growing body of evidence has shown that SDH contribute to health inequities, and can factor more heavily in health outcomes than personal health care, lifestyle choices, or even genetic risk factors.[3,4] Given the significance of SDH as contributing factors to health inequities, it is important to understand their relationship with the health outcomes of HIV infection, LTC, and VS.

Figure 20 below, depicts HIV-related outcomes (i.e., the rate of new HIV diagnoses, percent linked to care within one month of diagnosis, and percent virally suppressed within six months of diagnosis) by SDH (i.e., poverty level, education level, health care coverage, income inequality, and median household income). Each SDH is divided into quartiles that delineate the percentage of households/residents that meet the definition of the given SDH. For example, the first row under the heading "Less than a high school diploma" is labeled "<5" and depicts HIV cases living in census tracts in which less than 5% of adult residents do not have a high school diploma (i.e., more than 95% of adult residents DO have a high school diploma).

Federal Poverty Level

The federal poverty level of a household consisting of one individual in 2021 is $12,880/year, while for a household of four persons it is $26,500. Adults living in census tracts with the highest rates of poverty (≥15% of residents) were diagnosed at a higher rate than those of all others: 2.8 times greater (280% higher) than the lowest poverty rates (<6%) and 1.6 times greater (160% higher) than the statewide average. Rates of new diagnoses were greatly influenced by poverty rates, but health outcomes (linkage to care and viral suppression) were less so: A net 3.2% fewer new cases linked to care and 4.3% fewer virally suppressed in a timely manner for areas with the greatest rates of poverty versus the lowest (Figure 20).

Figure 20. Continuum of Care Status for Persons Newly Diagnosed with HIV Infection by Census Tract and Selected Social Determinants of Health, 2021 – California

Table 1f. Persons newly diagnosed with HIV infection by census tract, characterized by continuum of care, by selected social determinants of health, 2021 – California

	Total diagnoses		In Care		Virally Suppressed	
	N	Rate	N	%	N	%
Below federal poverty level (%)						
<6	658	7.7	456	69.3	566	86.0
6.00-9.99	844	10.5	603	71.4	707	83.8
10.00-14.99	1,026	15.6	702	68.4	839	81.8
≥ 15	1,570	21.7	1,037	66.1	1,282	81.7
CA Overall	**4,098**	**13.5**	**2,798**	**68.3**	**3,394**	**82.8**
Less than high school diploma (%)						
<5	540	7.6	388	71.9	464	85.9
5.00-10.99	768	9.8	558	72.7	662	86.2
11.00-23.00	1,231	14.9	819	66.5	1,002	81.4
≥ 23	1,565	21.4	1,038	66.3	1,272	81.3
CA Overall	**4,104**	**13.5**	**2,803**	**68.3**	**3,400**	**82.8**
Without health insurance (%)						
<4	657	7.4	477	72.6	573	87.2
4.00-6.99	833	11.7	569	68.3	700	84.0
7.00-11.99	1,091	15.0	765	70.1	891	81.7
≥ 12	1,517	21.3	987	65.1	1,230	81.1
CA Overall	**4,098**	**13.5**	**2,798**	**68.3**	**3,394**	**82.8**
Gini index (%)						
<38	1,077	12.5	730	67.8	870	80.8
38.00-41.99	1,025	13.0	690	67.3	850	82.9
42.00-45.99	917	13.6	638	69.6	760	82.9
≥ 46	1,077	15.2	739	68.6	912	84.7
CA Overall	**4,096**	**13.5**	**2,797**	**68.3**	**3,392**	**82.8**
Median household income (U.S. $)						
≥ 112,000	530	6.6	389	73.4	476	89.8
83,000-111,999	842	11.0	589	70.0	717	85.2
60,000-82,999	1,174	15.2	811	69.1	948	80.7
<60,000	1,535	22.5	999	65.1	1,241	80.8
CA Overall	**4,081**	**13.5**	**2,788**	**68.3**	**3,382**	**82.9**

Education Level

Education level is defined as the percentage of adult residents in a region having received less than a high school diploma. For 2021, adults who lived in census tracts with the lowest levels of education (≥ 23% of residents having less than a high school diploma) were diagnosed at higher rates than all others: 2.8 times greater (280% higher) than those living in tracts with the highest levels of education (<5% without a high school diploma) and 1.6 times greater (160% higher) than the statewide average. Health outcomes (timely linkage to care and viral suppression) were also influenced by education level, although less strongly than rates of new diagnoses: A net 5.6% fewer new cases linked to care and 4.6% fewer cases virally suppressed in a timely manner for tracts with the lowest education rates when compared against the highest (Figure 20).

Health Care Coverage

Health care coverage is defined as the percentage of residents within a region who possess some form of health insurance coverage for a given year. For 2021, adults who lived in census tracts with the lowest levels of health care coverage (≥ 12% of residents without health insurance coverage) were diagnosed at the highest rates: 2.9 times greater (290% higher) than those living in tracts with the highest levels of health care coverage (<4% without

coverage) and 1.6 times greater (160% higher) than the statewide average. Health outcomes (timely linkage to care and viral suppression) were also influenced by health care coverage levels, although less strongly than rates of new diagnoses: A net 7.5% fewer new cases linked to care and 6.1% fewer cases virally suppressed in a timely manner for tracts with the lowest health care coverage levels when compared against the highest (Figure 20).

Income Inequality (Gini Index)

To measure a region's income inequality, the Gini index is used. In California in 2021, adults who lived in census tracts with the highest levels of income inequality (Gini index ≥ 46%) were diagnosed at the highest rates: 1.2 times greater (120% higher) than those in tracts with the lowest levels of income inequality (<38%) and 1.1 times greater (110% higher) than the statewide new diagnosis rate (Figure 20).

Median Household Income

Median annual income is the household income level at which half of the region's incomes lie above and half below. In 2021, adults who lived in census tracts with the lowest median household incomes (< $60,000 per year) were diagnosed at rates higher than all others: 3.5 times greater (350% higher) than those in tracts with the highest median household incomes, and 1.7 times greater (170% higher) than the statewide new diagnosis rate. Health outcomes (timely linkage to care and viral suppression) were also influenced by median household income levels, but less strongly than rates of new diagnoses: A net 8.3% fewer new cases linked to care and 9.0% fewer cases virally suppressed in a timely manner for tracts with the lowest median income levels when compared against the highest (Figure 20).

Altogether, when comparing SDH levels via census tracts we see a clear and consistent association between a region's degree of marginalization and new diagnosis rate: SDH levels indicative of increased marginalization are universally tied to higher new diagnosis rates. While the influence of SDH is not as pronounced in either of the two measured health outcomes, these trends largely continue for them as well. For example, among each of the five SDHs the most marginalized tract groupings are associated with worse health outcome levels (lower % LTC and VS) than the least marginalized.

Among education level, health insurance, income inequality, poverty, and median household income in California, there is a slight positive trend between a county's overall marginalization as indicated by the SDH and its rate of HIV diagnoses (Figure 21), something more explicitly observed at the census tract level (Figure 20). Overall trends between SDH and LTC and VS are not as clear, in part due to how greatly these outcomes can fluctuate in counties with low numbers of annual total new HIV cases.

Figure 21. Persons newly diagnosed with HIV infection by county, characterized by continuum of care, by selected social determinants of health, 2021 – California

All County Residents						New HIV/AIDS Diagnoses, 2021					
						Total Diagnoses		In Care		Virally Suppressed	
Education	Insurance	Gini	Poverty	Income	County	N	Rate	N	%	N	%
Bay Area											
					San Francisco	185	24.7	175	94.6	145	78.4
					Alameda	187	14.1	166	88.8	140	74.9
					Contra Costa	108	12.0	83	76.9	50	46.3
					Solano	37	10.5	29	78.4	29	78.4
					Napa	11	10.0	8	72.7	7	63.6
					Monterey	31	9.6	25	80.6	23	74.2
					Santa Cruz	18	8.2	15	83.3	14	77.8
					Santa Clara	120	7.9	112	93.3	102	85.0
					San Mateo	47	7.7	43	91.5	26	55.3
					Sonoma	29	7.3	24	82.8	24	82.8
					Marin	12	5.7	12	100.0	10	83.3
					San Benito	2	4.3	2	100.0	2	100.0
Central											
					Kern	183	28.5	152	83.1	109	59.6
					Fresno	145	20.2	118	81.4	95	65.5
					Merced	39	19.8	28	71.8	25	64.1
					San Joaquin	97	17.3	81	83.5	59	60.8
					Madera	13	11.5	12	92.3	11	84.6
					Stanislaus	46	11.5	35	76.1	34	73.9
					Tulare	35	10.7	29	82.9	20	57.1
					Kings	10	9.0	9	90.0	7	70.0
					Calaveras	1	2.7	1	100.0	0	0.0
					Tuolumne	1	2.2	0	0.0	1	100.0
					Mariposa	0	0.0	0		0	
Rural North											
					Tehama	4	8.1	3	75.0	3	75.0
					Humboldt	8	7.2	8	100.0	7	87.5
					Mendocino	4	5.6	4	100.0	3	75.0
					Del Norte	1	4.6	1	100.0	1	100.0
					Lake	1	1.9	1	100.0	1	100.0
					Shasta	1	0.7	1	100.0	1	100.0
					Trinity	0	0.0	0		0	
					Siskiyou	0	0.0	0		0	
					Glenn	0	0.0	0		0	
					Modoc	0	0.0	0		0	
					Lassen	0	0.0	0		0	
Sierra-Sacramento											
					Sierra	1	38.4	1	100.0	1	100.0
					Sacramento	177	14.8	153	86.4	123	69.5
					Colusa	2	12.6	1	50.0	0	0.0
					Yolo	12	7.0	12	100.0	10	83.3
					Plumas	1	6.2	1	100.0	0	0.0
					Butte	10	5.8	10	100.0	1	10.0
					El Dorado	8	5.2	7	87.5	6	75.0
					Nevada	4	4.7	4	100.0	4	100.0
					Placer	14	4.5	10	71.4	7	50.0
					Yuba	2	3.4	2	100.0	0	0.0
					Sutter	2	2.7	2	100.0	2	100.0
					Amador	0	0.0	0		0	
					Alpine	0	0.0	0		0	
Southern											
					Los Angeles	1,483	18.9	1,192	80.4	977	65.9
					San Bernardino	298	18.7	231	77.5	191	64.1
					San Diego	375	14.5	310	82.7	237	63.2
					Riverside	257	14.3	198	77.0	170	66.1
					Imperial	17	13.3	14	82.4	12	70.6
					Orange	269	10.8	231	85.9	203	75.5
					Santa Barbara	27	7.8	22	81.5	19	70.4
					Ventura	50	7.7	46	92.0	33	66.0
					Inyo	1	6.8	0	0.0	0	0.0

Legend

Marginalization

Education (%)	0.00-8.99	9.00-11.99	12.00-18.99	≥ 19
Insurance (%)	0.00-5.99	6.00-7.99	8.00-9.99	≥ 10
Gini (%)	0.00-43.99	44.00-45.99	46.00-46.99	≥ 47
Poverty (%)	0.00-8.99	9.00-11.99	12.00-14.99	≥ 15
Income (US $)	≥ 89,000	70,000-88,999	59,000-69,999	0-58,999

Regions: Bay Area and Rural North

The Bay Area region include San Francisco, Alameda, Contra Costa, Solano, and Napa Counties. The Rural North is less populated in comparison, including Tehama, Humboldt, Shasta, and Mendocino Counties. The Bay Area counties consistently rank in the upper quartile of the five SDH included, while the Rural North counties rank consistently in the lower two quartiles. For example, an estimated 15.8% of adult residents overall live below the federal poverty level in the Rural North, compared with 8.0% in the Bay Area region. A clear relationship between SDH and outcomes of infection and care was not apparent in these two regions (Figure 21).

Note: many counties in this region had a small number of HIV cases diagnoses in 2021. Please exercise caution when interpreting relationships with the selected SDH.

Region: Sierra-Sacramento

The Sierra-Sacramento region is characterized by a combination of sparsely populated counties, such as Sierra, Alpine, and Nevada Counties, and comparatively more populous counties, including Sacramento, Yolo, and El Dorado Counties. Approximately 10.4% of adult residents do not possess a high school diploma overall, and 11.8% live below the federal poverty level. This region exhibits a slight trend towards higher rates of new diagnoses compared to increased marginalization as characterized by selected SDH. Counties in the highest quartiles (cream color) for level of education (< 9.0% without high school diploma) and rate of insurance coverage (< 6.0% uninsured) tend to have the lowest rates of new diagnoses within the region. The relationships between any of the three outcome variables and income level, rate of poverty, and level of income inequality are less clear (Figure 21).

Note: many counties in this region had a small number of HIV cases diagnosed in 2021. Please exercise caution when interpreting relationships with the selected SDH.

Regions: Central and Southern

The Central and Southern California regions comprise much of the southern half of California. The Central region contains many moderately populated agriculture-focused communities, while the Southern region includes both coastal counties (Los Angeles, San Luis Obispo, etc.) and counties on the Eastern border of the state (Inyo, San Bernardino, etc.). This region houses both the populous Los Angeles and San Diego metropolitan areas. The relationships between outcomes and SDH are the strongest among Central California counties. Specifically for Central California, each of the five selected SDH exhibit a relationship with rate of new diagnoses, and to a lesser extent VS rate: the more a social determinant trends toward marginalization (darker color), the greater the rate of new diagnoses and the lower the VS rate. For example, counties in the top two quartiles for income inequality (dark blue and green blue for Gini Index) comprise the three highest rates of new diagnoses in the region, while all other counties fall within the lower two quartiles. Overall, Southern California county quantiles for all five SDH appear to be prohibitively homogeneous throughout the region (Figure 21).

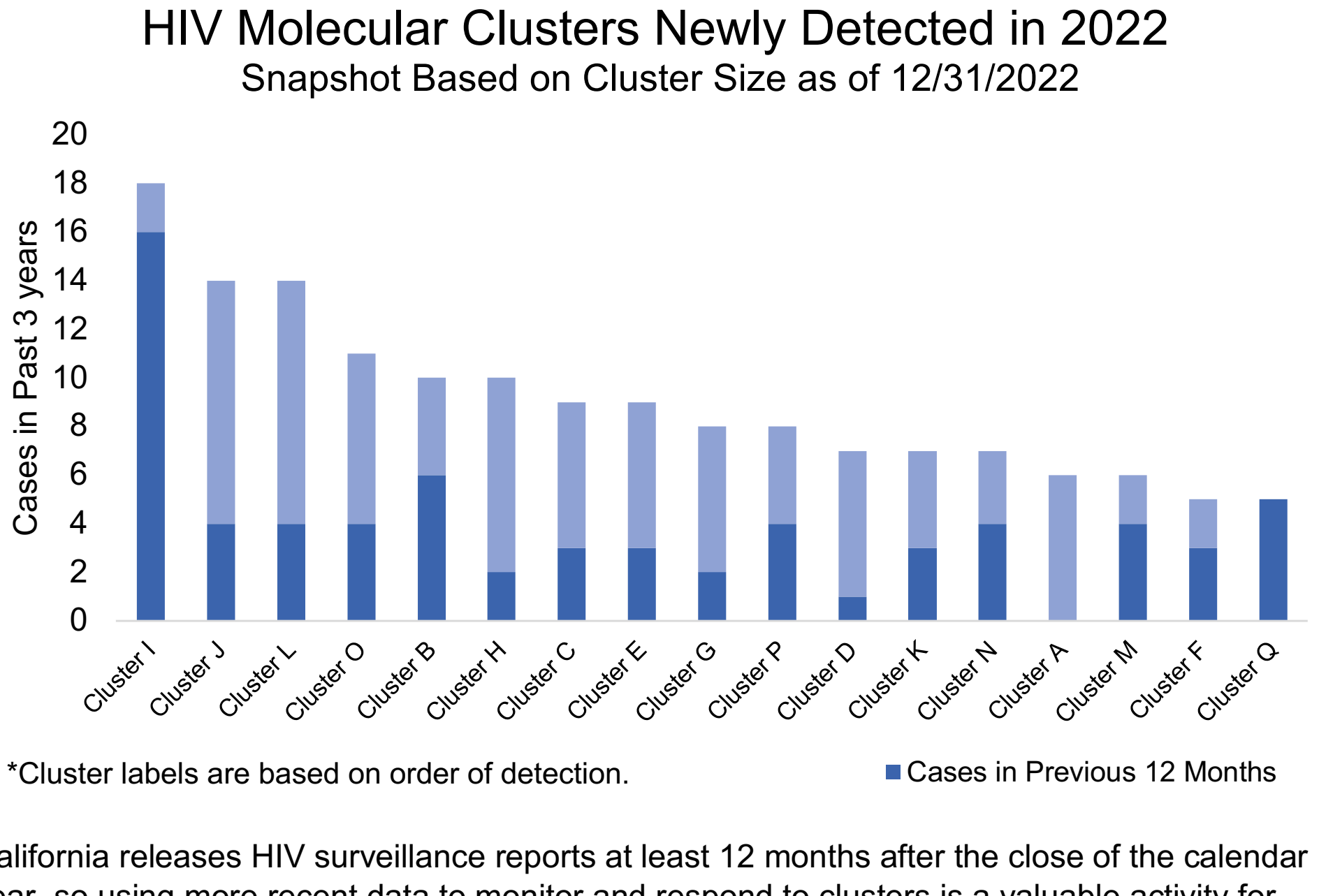
HIV Cluster Detection and Response

A critical step toward ending the HIV epidemic is identifying and providing services to people who have a potential connection to HIV transmission. As HIV transmission is relatively inefficient (i.e., a single sexual exposure to HIV is unlikely to result in HIV transmission) and symptoms of new infection are often unrecognized, it is difficult to identify and respond to HIV transmission. Utilizing public health data (including data on new HIV diagnoses, data from partner services, and data from HIV sequence analyses) is a method to identify possible transmission clusters that would otherwise go unrecognized. These methods can be particularly helpful at early detection of HIV transmission in situations where HIV can be transmitted rapidly, e.g., among a network of people who inject drugs who are not able to access syringe services. A transmission cluster is a group of people with HIV infection who are connected by HIV transmission.

CDPH reviews cluster data monthly to monitor for potential outbreaks. Two types of clusters are examined: time-space clusters and molecular clusters. Time-space clusters are defined as a larger than expected group of people who have been diagnosed with HIV within the same county in the prior 12 months who share similar risks for HIV transmission. Molecular clusters are defined as at least five people who have been diagnosed with HIV in the prior 12 months with a closely related viral strain of HIV. These two types of clusters are reviewed to determine if there is a need for HIV testing, linkage or relinkage to HIV care, and PrEP navigation services. Clusters are also reviewed to determine if there is concern for an HIV outbreak. Identifying a transmission cluster and understanding characteristics of the cluster that result in a high number of HIV transmissions can help to focus HIV prevention interventions to communities and networks of people who need increased access.

An outbreak of HIV has not yet been identified in California. OA identified 17 new molecular clusters in 2022 and monitored another 24 previously identified molecular clusters that met national priority criteria during at least one month during the calendar year. Clusters ranged in size from 5-18 cases. Three of the 17 new clusters remained priority at the end of 2022. None of the molecular clusters monitored during 2022 were primarily driven by IDU as a transmission risk factor which was reassuring given the potential for rapid HIV transmission in networks of PWID. This finding validates California's investment in SSPs and other harm reduction services throughout the state. Additionally, 37 potential time-space clusters were identified during 2022. Of these, 12 time-space clusters were among individuals of childbearing age and eight were among PWID (Figure 22).

Figure 22. HIV Molecular Clusters Newly Detected in 2022 by Cluster Size



California releases HIV surveillance reports at least 12 months after the close of the calendar year, so using more recent data to monitor and respond to clusters is a valuable activity for early detection and capacity building with local health departments. Technical assistance meetings with counties frequently identify gaps in the continuum of care and as well as networks that need additional resources and outreach.

Cluster response activities are very similar to typical sexually transmitted diseases (STD)/HIV disease intervention activities including LTC, partner services, and partner testing along with referrals to PrEP or HIV care. Occasionally, when clusters are related to specific locations, local health departments can provide HIV testing and educational materials at that location.

HIV Comorbidities in California

Comorbidities are important to identify and understand among people living with HIV (PLWH) due to the chance that comorbid conditions could further complicate disease and lead to worse health outcomes or affect the treatment and management of HIV. Comorbidities can also be markers for HIV risk behaviors, potentially providing opportunities for early detection and treatment for PLWH.

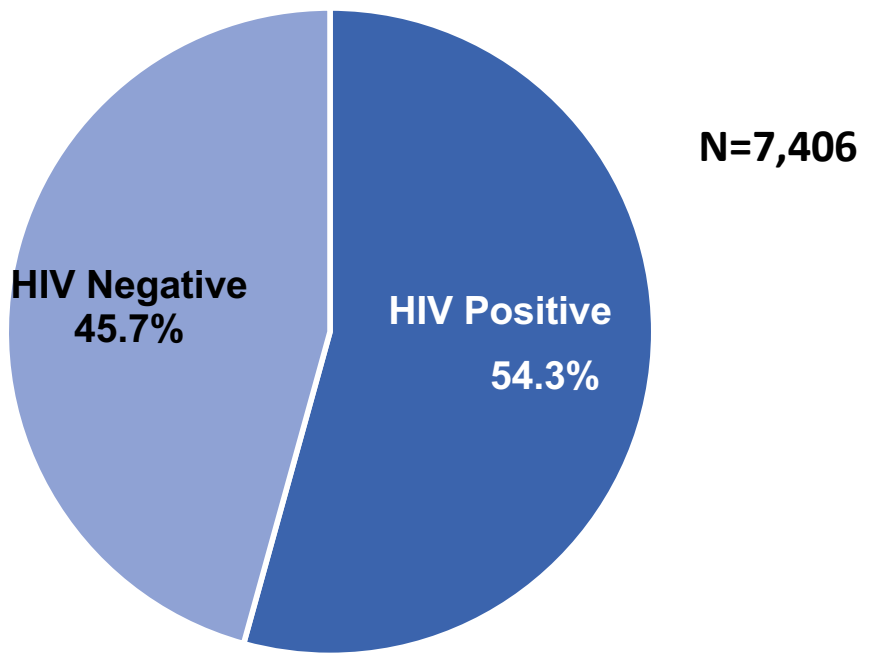
Sexually Transmitted Infections

Syphilis

In 2020, HIV status was determined for 7,406 early syphilis cases, defined as primary, secondary, and early non-primary non-secondary syphilis, among men who have sex with men

(MSM). Among those cases, a majority were HIV-positive (54.3%). The cases reported did not include those with HIV status unknown or refused to state (N=920) (Figure 23).

Figure 23. HIV Status Among Early Syphilis* MSM† Cases, California, 2020

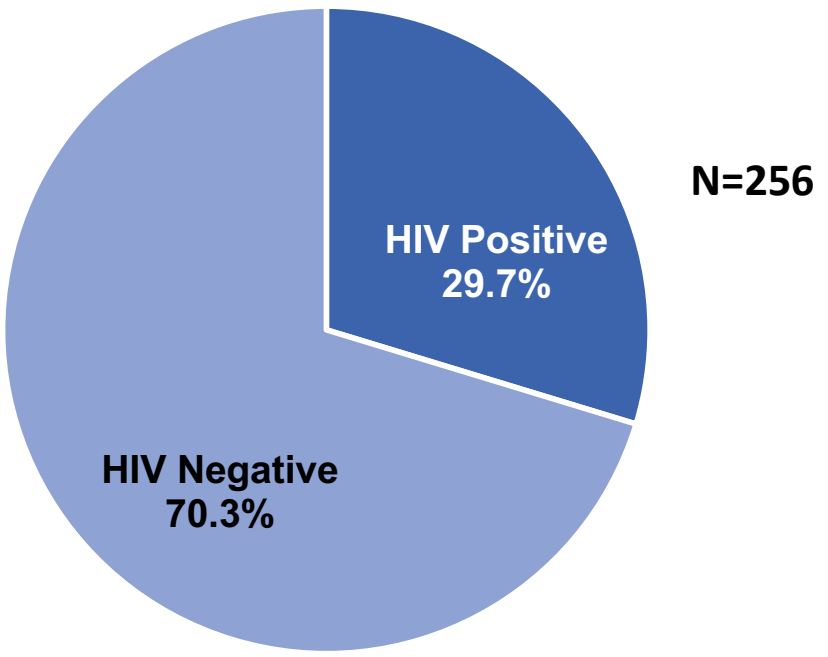


* Early syphilis includes primary, secondary, and early non-primary non-secondary syphilis.
† Includes men who have sex with men only and men who have sex with men and women.
Note: N does not include HIV status unknown or refused to state: 920 cases in 2020.

Gonorrhea

Among 256 sampled and interviewed gonorrhea cases among MSM in 2019, as recorded by the California Gonococcal Surveillance System (CGSS), 70.3% were HIV-positive. Please note: CGSS activities were halted in 2020 due to the COVID-19 pandemic, therefore 2019 data is presented here (Figure 24).

Figure 24. California Gonococcal Surveillance System, HIV Status Among Sampled and Interviewed MSM Cases*, California, 2019

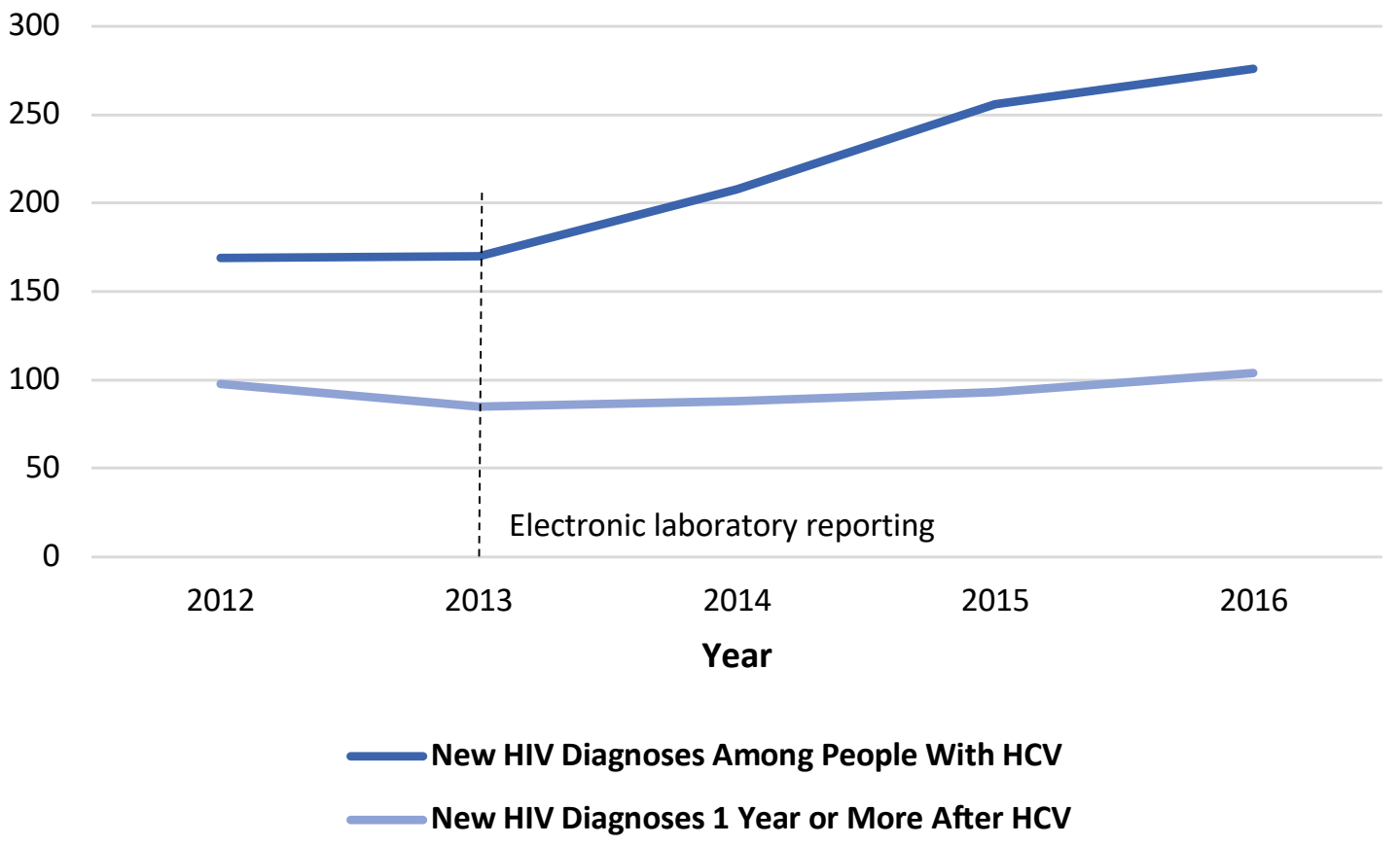


* Includes men who have sex with men only and men who have sex with men and women.
Note: N does not include HIV status unknown or refused to state: 16 cases in 2019.
Note: CGSS activities in 2020 were halted by the COVID-19 pandemic; therefore 2019 data are presented.

Hepatitis C Virus

Between 2012 and 2016, both new HIV diagnoses among people with HCV and new HIV diagnoses one year or more after HCV infection increased. New HIV diagnoses among people with HCV had a steeper increase, however, (63%) compared with new HIV diagnoses one year or more after HCV (6%). Please note: HCV data is not complete beyond 2016, therefore 2012-2016 data is presented (Figure 25).

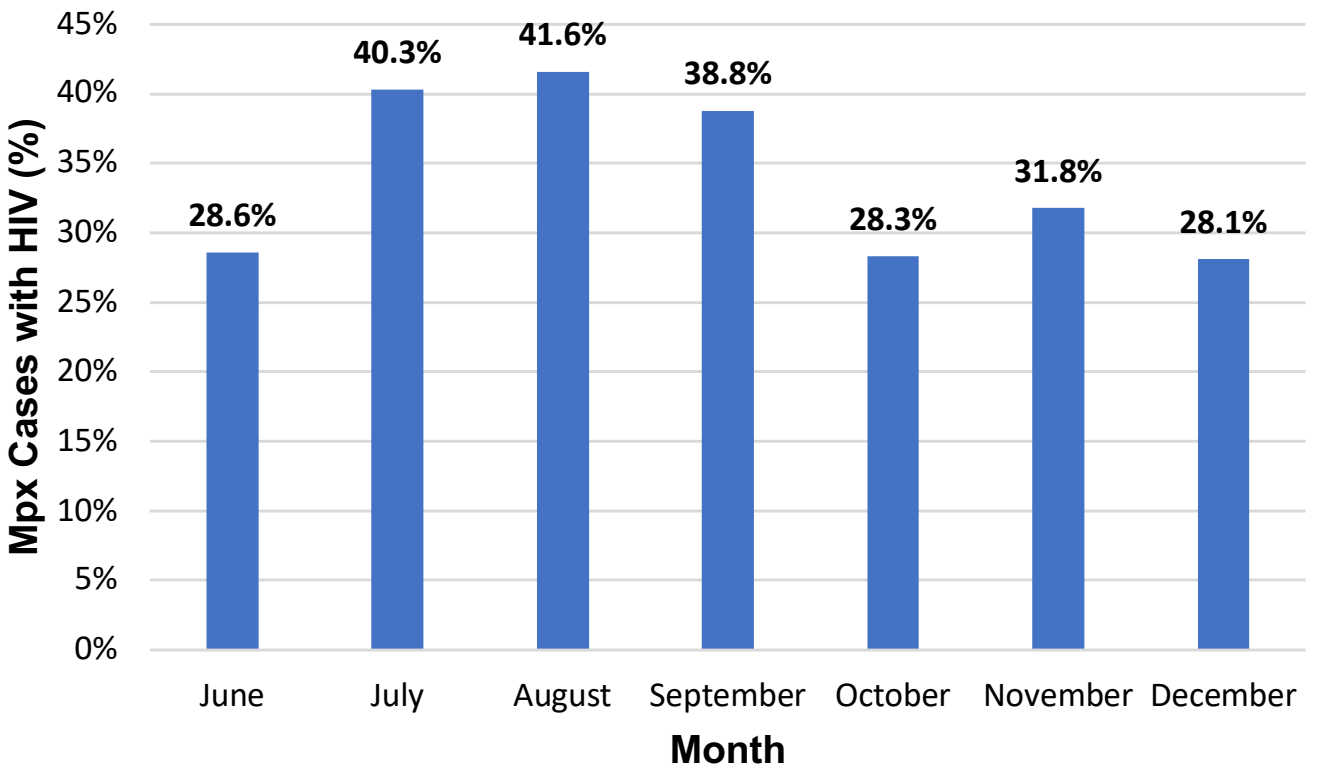
Figure 25. New HIV Diagnoses Among People with HCV Infection, California, 2012-2016



Monkeypox

Due to the increased cases of Monkeypox (mpox) in 2022 and the increased vulnerability of PLWH to mpox infection, mpox cases during part of the 2022 calendar year are presented. Overall, the proportion of mpox cases among PLWDH was highest during the summer of 2022, based on the presented data, with proportions as high as 40.3% in July and 41.6% in August (Figure 26).

Figure 26. Percent of Monkeypox Cases Reported to California Department of Public Health Living with HIV by Month, 2022



Section 3: Care of HIV in California

Health Resources and Services Administration's Ryan White HIV/AIDS Program Care and Treatment Resources

RWHAP Providers by Ryan White Part

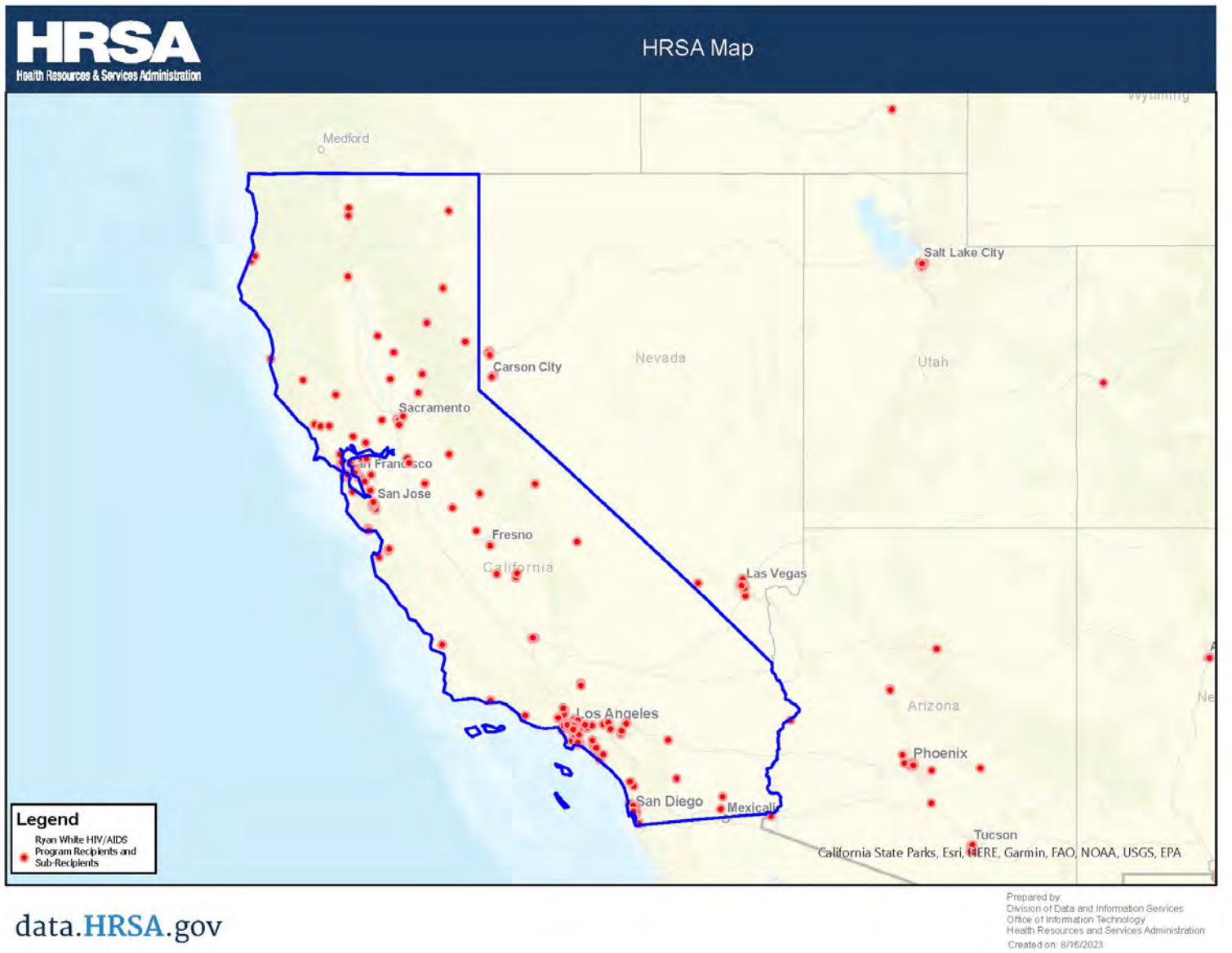
HRSA RWHAP is the third largest source of federal funding for HIV care in the US, after Medicare and Medicaid. RWHAP is the "payer of last resort" of core medical and support services for low income and uninsured PLWDH. More than half of PLWH in the US – over half of a million people – receive services through RWHAP each year. RWHAP provides grants to states, counties, cities, and community-based clinics and organizations, referred to as recipients. Recipients can then contract service providers, referred to as subrecipients.

RWHAP Parts A through D provide funding for specific purposes. Part A funds medical and support services for cities and counties most affected by HIV. Part B provides funding to states for the purpose of improving quality of and access to HIV health care and support services as well as provide medication through ADAP. Part C supports Early Intervention Services by funding local community-based clinics or organizations to provide outpatient ambulatory health and support services. Part D provides funding to local community-based organizations to provide medical and support services to women, infants, children, and youth and their families. RWHAP funding Part A is responsible for providing funding to the greatest number of individual programs, followed by Part B funding in California in 2021 (Table 13).

Geographic Distribution of RWHAP-Funded Recipients and Subrecipients and Medical Provider Sites in California

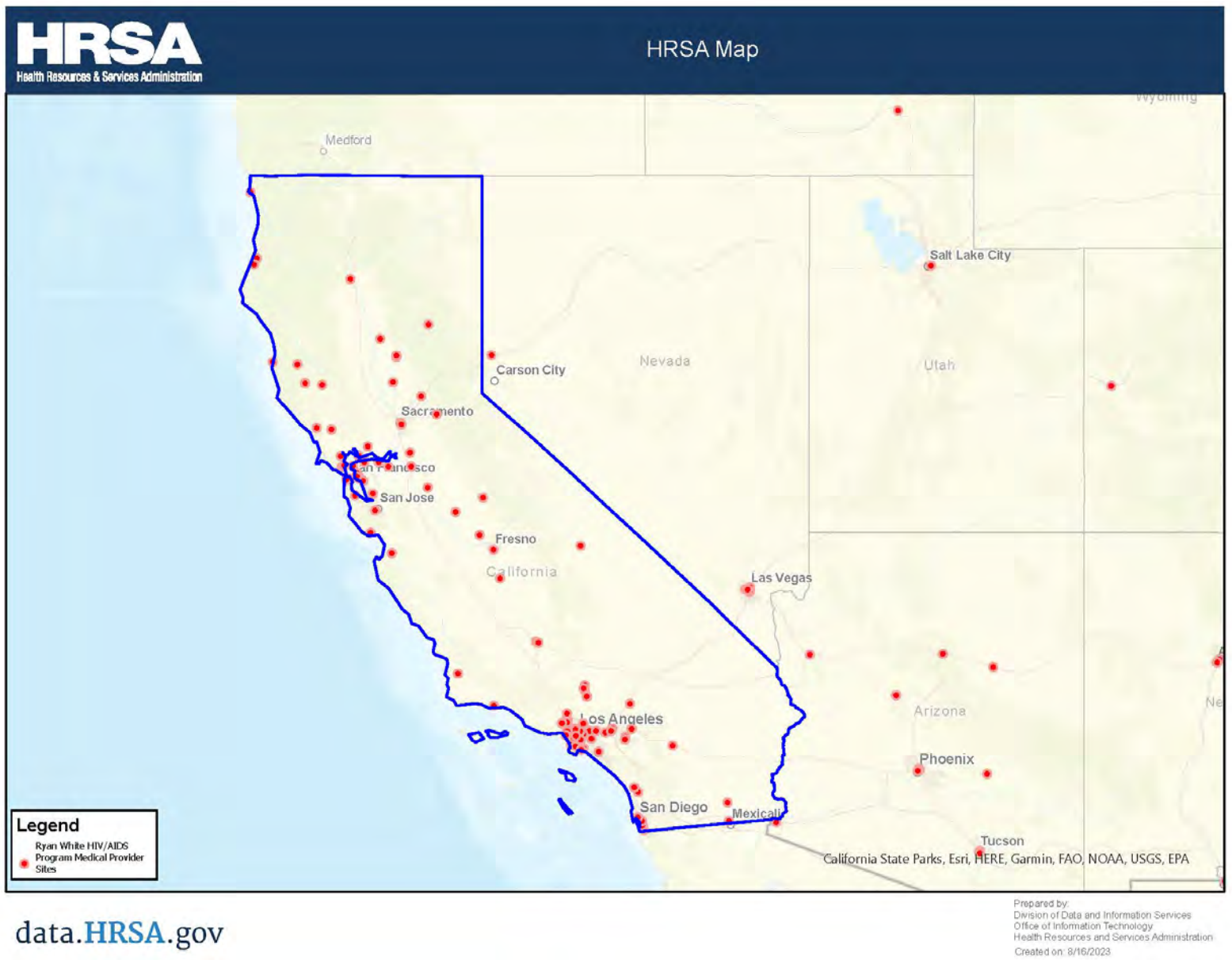
RWHAP recipients and subrecipients are distributed across California with a higher concentration in more densely populated areas around Los Angeles and San Francisco (Figure 27). This distribution is also seen for RWHAP medical provider sites (Figure 28).

Figure 27. Geographic distribution of RWHAP recipients and subrecipients, CA, 2021



Note: The above map displays RWHAP recipients and subrecipients but does not include subrecipients' contracted agencies. Subrecipients may have one or more contracted agencies.

Figure 28. Geographic distribution of RWHAP Program medical provider sites, CA, 2021



Note: The above map displays RWHAP medical provider sites but does not include medical sites' contracted providers.

RWHAP Providers by Service Categories

Services funded by RWHAP are categorized as either core medical services or support services. The services provided by the most providers in California in 2021 include medical case management, outpatient ambulatory health services, non-medical case management services, and medical transportation (Table 14).

Ryan White Service Utilization

Five-Year Overview of RWHAP Funded Service Use

RWHAP clients may receive services from one or more categories delivered by one or more providers. The percentage of RWHAP clients receiving specific services did not vary greatly year-by-year from 2017 to 2021. The service categories that were used by the greatest percentage of RWHAP clients from the core medical service category included medical case management and outpatient ambulatory health services. The service categories that were used by the greatest percentage of RWHAP clients from the support service category included non-medical case management services and food bank/home delivered meals (Table 15).

Viral Suppression and Retention in Care for RWHAP Priority Populations Receiving Outpatient Ambulatory Health Services from RWHAP Providers, 2017-2021

From 2017 to 2021, RWHAP clients identified as priority populations (MSM, Black/African American Women, PWID, People with Unstable Housing, Trans Women, and youth aged 13-24) receiving outpatient ambulatory health services (OAHS) from RWHAP providers slightly increased in the percentage of clients who obtained viral suppression and slightly decreased in the percentage of clients who were retained in HIV care (Table 16).

ART Dose Adherence, MMP, 2017-2021

According to MMP data, 57% of PLWDH overall had 100% antiretroviral therapy (ART) dose adherence for 30 consecutive days. There were statistically significant differences in the percentage of PLWDH with 100% ART dose adherence between race/ethnicity, age, and combined household income groups (Table 12).

Section 4: Prevention of HIV in California

Core HIV prevention efforts administered by CDPH/OA from 2019 through 2022 include HIV testing and access to PrEP for individuals at risk for acquiring HIV, LTC, and PS for all persons diagnosed with HIV. Employing HIV and STD surveillance data alongside PS to engage those in need of care or PrEP is key to implementing these activities. Implementation focuses primarily on client-level services provided through the following HIV prevention strategies:

Strategy 1: Improve PrEP Utilization

Strategy 2: Increase and Improve HIV Testing

Strategy 3: Improve Linkage to Care

Strategy 4: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

HIV prevention activities in California are funded by both federal and state agencies, with the majority of funding coming from the CDC. Additional funds designated in the state budget for HIV prevention activities are administered by CDPH/OA. These funds aim to address gaps in services or reach underserved communities (additional information on funding can be found in Appendix A: Prevention of HIV in California Methodology and Funding). Federally-funded prevention programs described in this section are delivered in the California project area (CPA) which includes all of California except the counties of Los Angeles and San Francisco, which are funded separately by the CDC.

Improve PrEP Utilization

PrEP is a biomedical intervention for HIV-negative individuals demonstrated to be effective at reducing the transmission of HIV infection by over 99% when taken as prescribed. The CDC recommends PrEP as an evidence-based intervention to prevent HIV transmission. PrEP usage types include a daily oral medication and an injectable medication given every other month after reaching a therapeutic range.

Between 2019 and 2022, OA funded four programs that included PrEP services. PrEP services include educating clients about the medication, referring clients to PrEP prescribers, ordering labs, or prescribing PrEP. All the activities that are part of connecting a person to PrEP medication fall under the umbrella term of “PrEP navigation.” PrEP navigation can vary dramatically based on an individual’s need, from helping set up auto-prescription reminders to providing intensive HIV prevention case-management.

PrEP Continuum

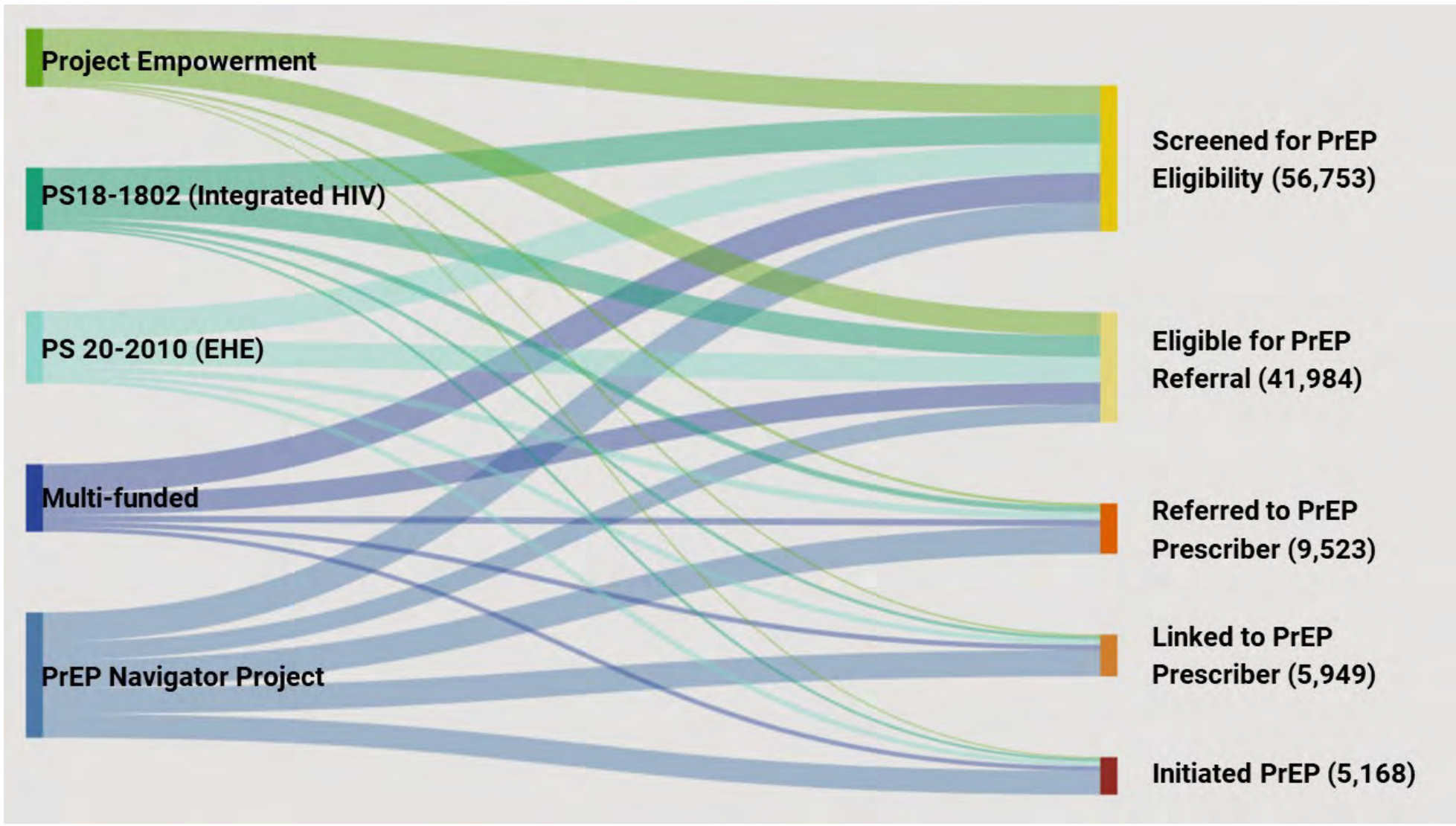
Exploring PrEP navigation services through a continuum framework can be an effective tool for identifying barriers and facilitators to PrEP uptake. One such continuum framework includes five steps: 1) the number of people initially screened to determine if they are eligible for a referral to a PrEP prescriber (Screened for Eligibility; see OA definition of PrEP eligibility in Appendix A: Prevention of HIV in California Methodology and Funding); 2) the number of people who were screened and are determined to be eligible for a PrEP referral to a prescriber (Eligible for Referral); 3) the number of people who are eligible for a referral that are referred to

a PrEP prescriber (Referred to a Prescriber); 4) the number of people who are referred to a prescriber that are linked to a PrEP prescriber (linkage is defined as attending an appointment with the referred-to prescriber); and 5) the number of people linked to a PrEP prescriber who initiate PrEP (initiation is defined as taking one pill from the prescribed PrEP medication).

The multiple iterations of this continuum are person-level, meaning that if a person was ever eligible for PrEP, referred to a prescriber, linked to a prescriber, or initiated PrEP at any point between 2019-2022 they would appear in the continuum as a single record. That is, even if a person went through the PrEP continuum multiple times between 2019-2022, they would only be represented once in charts and figures. This is a limitation of the framework because it does not show the effort needed to get a person to initiate PrEP (e.g., how many times an individual was screened or referred before they initiated PrEP and completed the continuum). Another potential limitation is that the continuum stops at PrEP initiation and does not analyze PrEP adherence indicators.

PrEP activities were conducted in four funding streams from 2019-2022: Project Empowerment, PS18-1802, EHE, and the PrEP Navigator project. Out of the four programs funding PrEP services, the PrEP Navigator Project was the only program specifically dedicated to navigating people who had a higher chance of HIV seroconversion to PrEP medication and was also the program with the highest success rate of people completing the continuum (Figure 29).

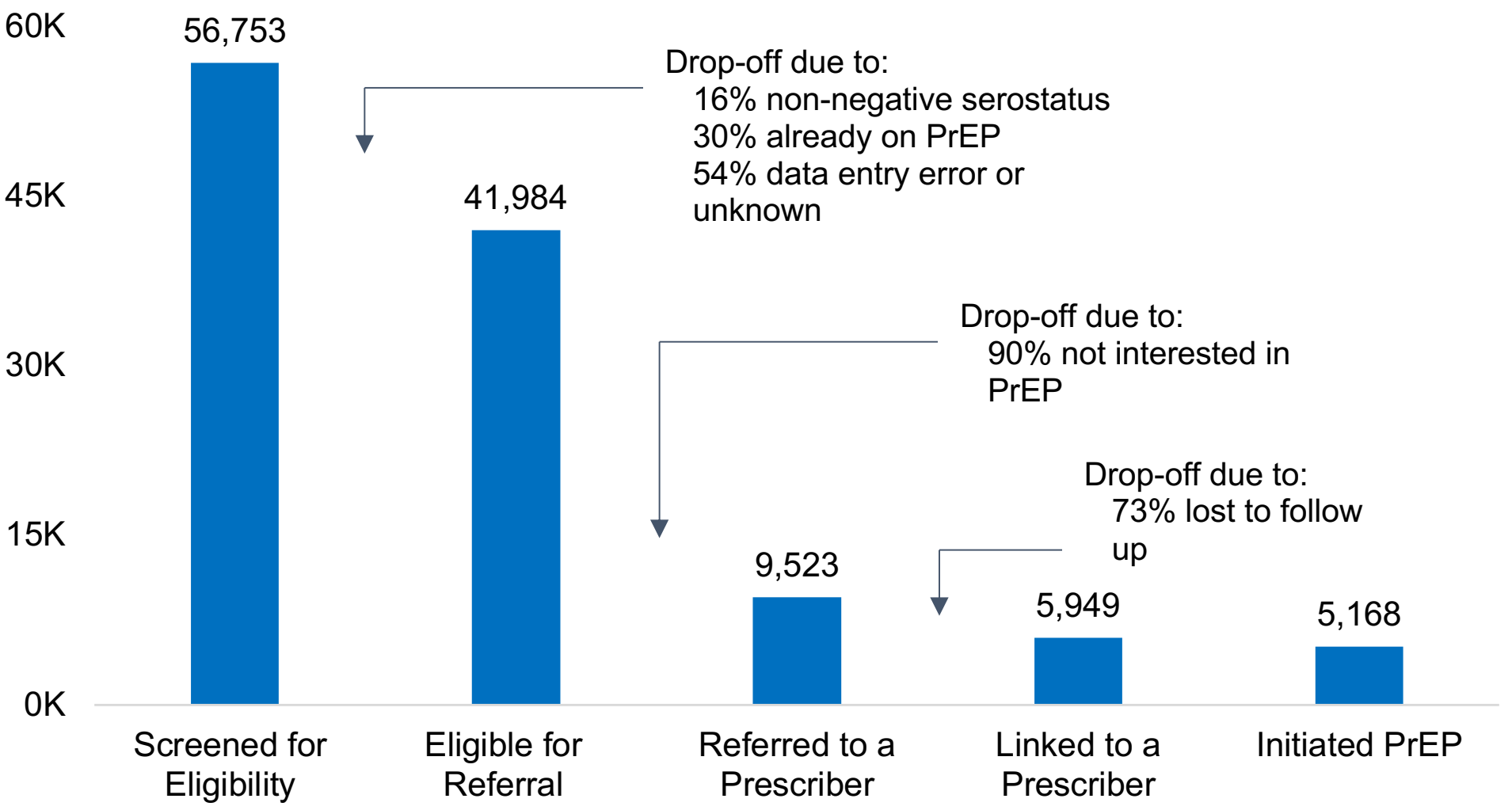
Figure 29. Proportion of Completion of PrEP Continuum by Funding Source, 2019-2022



Both CDC-funded programs had PrEP component requirements but are not specifically PrEP focused, and PrEP components in Project Empowerment were optional. Of the total proportion of people screened for PrEP and who went on to initiate, 82% were served through the PrEP Navigator Project. This is due to the case-management level care that was implemented during the project, the narrow priority population parameters of the project meant to engage people who had a high need of PrEP, and also due in part to two agencies funded through PrEP Navigator being structured in a way that meant only people who were interested in PrEP were included in the program and therefore reported in the data.

Across all OA-funded programs that included PrEP activities during the four-year timeframe, 56,753 unique individuals were screened for PrEP eligibility and 41,984 were determined eligible for PrEP during one or more encounters. Of the 14,769 who were indicated to be not eligible for PrEP referral, only about 46% were truly ineligible. The remaining 54% were erroneously marked not eligible because they indicated they were not interested. Note: this data entry error occurred mainly in year one (2019) and was corrected in subsequent years' data collection. About 23% of those eligible were referred to PrEP. Of those eligible but not referred, 90% expressed a lack of interest in a PrEP referral (Figure 30).

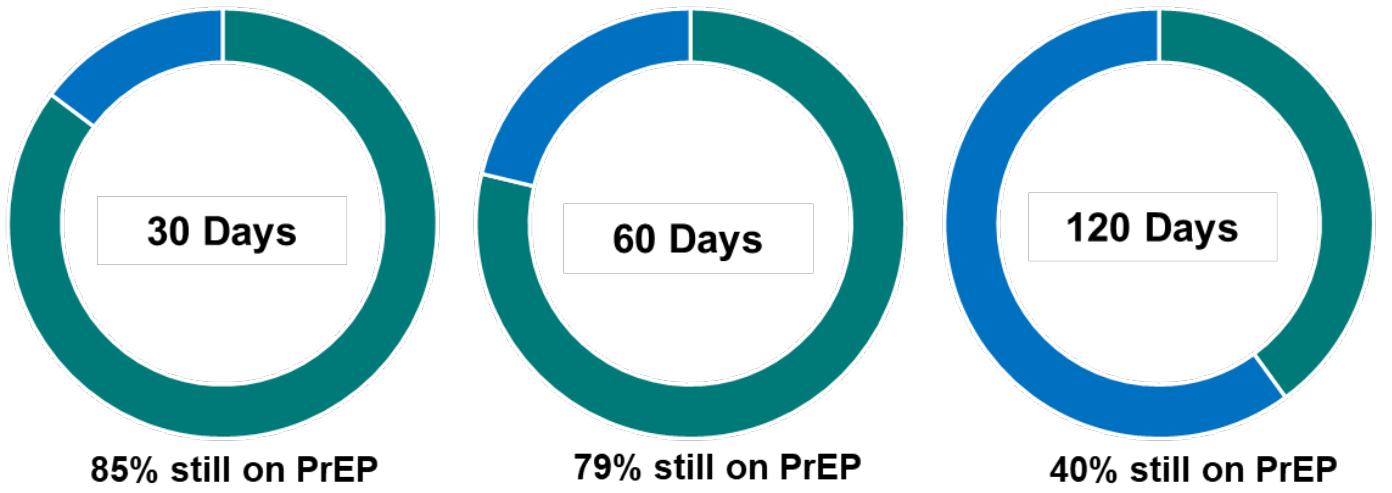
Figure 30. Number of Clients Served in the PrEP Continuum, 2019-2022



Of those who were referred to a PrEP prescriber, 63% were confirmed to have attended their appointment and 87% of those attending their appointment were confirmed to have initiated PrEP. Of the 13% that were not confirmed, the majority (64%) were lost to follow-up, so some may have still initiated PrEP but the data to confirm initiation was not available (Table 17).

Of the 5,168 people who initiated PrEP, more than half (51%) initiated PrEP on the same day they were screened for eligibility and 77% did so within seven days of their first session date, with 51% of those initiating on the same day they were screened for eligibility. 32% of people initiating PrEP had multiple encounters after PrEP initiation, therefore follow up information was available regarding PrEP duration: 85% were still on PrEP 30 days after initiation; 79% were still on PrEP 60 days after initiation; and 40% were still on PrEP 120 days after initiation (Figure 31).

Figure 31. Percent of People Who Initiated PrEP and Are Still on PrEP



PrEP Access by Priority Populations

In addition to looking at the overall PrEP continuum, it is important to assess the extent to which priority populations have been able to access PrEP. Populations that have been disproportionately impacted by HIV have been prioritized for service delivery. The following section compares PrEP continuum completion in those populations from 2019-2022 to their representation among new HIV diagnoses during the most recent four years for which HIV surveillance data are available. Serving priority populations in a proportion that equals or exceeds their representation in HIV surveillance diagnoses is necessary to begin to reduce disparities.

Between 2019-2022, 63% of new HIV transmissions are attributed to MMSC (Table 18). In the PrEP continuum, although MSM (n=23,014) are underrepresented in screening and referrals (41% and 40% respectively), they were referred to, linked to, and initiated PrEP all at higher percentages of representation, largely because they were less likely than other groups to indicate they were not interested in PrEP. MSM made up the majority of all PrEP prescriber linkages and total PrEP initiations. Overall, 24% of MSM who were eligible for PrEP initiated PrEP (Figure 32).

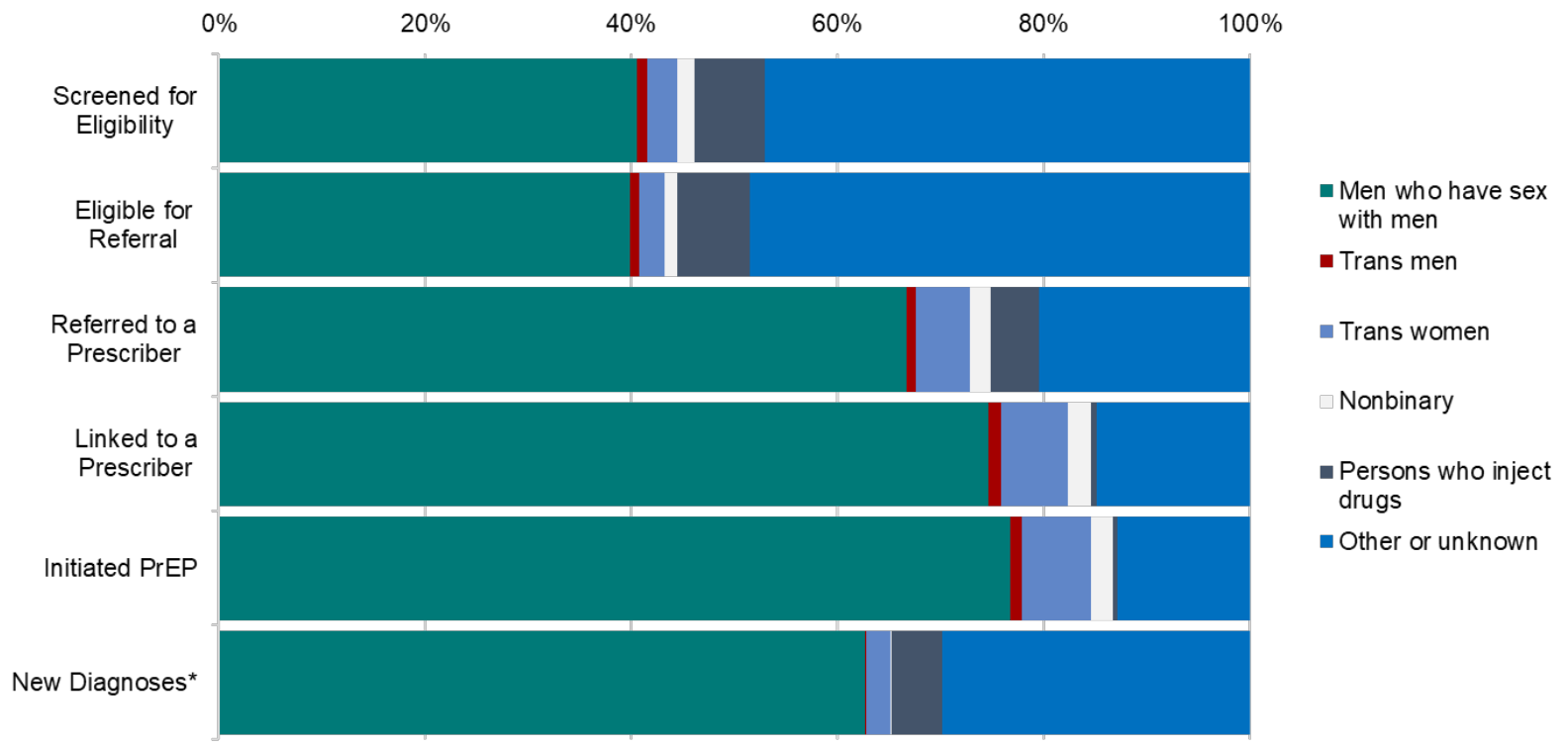
Trans men (555 people) and trans women (1,626 people) were represented at each stage of the continuum in higher proportions than their respective representation among new HIV diagnoses (Table 18). Trans women were least likely to refuse a PrEP referral due to disinterest (41% of all eligible trans women vs. 61% on across all populations). Among those who were eligible, 17% of trans men and 34% of trans women initiated PrEP (Figure 32).

Alternative genders screened for PrEP (989 people) included any reported gender category that was beyond the binary, such as people who identify as nonbinary, genderqueer, or who did not have their gender identity listed. This group was also represented at each stage of the continuum in higher proportions than their respective representation among new HIV diagnoses (Table 18). Overall, 20% of people with alternative genders who were eligible for PrEP initiated PrEP (Figure 32).

PWID were screened (3,872 people) and determined to be eligible for PrEP (7%) at a slightly higher proportion than they were being newly diagnosed with HIV (5%) (Table 18). PWID made up the same proportion of referrals to PrEP prescribers as they do new HIV diagnoses, but only 1% of PrEP linkages to a prescriber and less than 1% of PrEP initiations were among PWID. PWID are one of the only two categories where the total percent of representation decreases across the continuum. Overall, 1% of all PWID who were screened for PrEP and 1% of PWID eligible for PrEP, initiated PrEP (Figure 32).

The largest group of people screened for PrEP (26,697 people) had no known factors that would include them in one of the priority populations. Although this group made up almost half of all clients screened for PrEP (47%), 85% of those screened were not interested in a PrEP referral (Table 18). Ultimately, only 3% of PrEP-eligible people with no known or unknown priority went on to initiate PrEP (Figure 32).

Figure 32. Proportion of PrEP Continuum Steps Completed by People from Priority Populations, 2019-2022



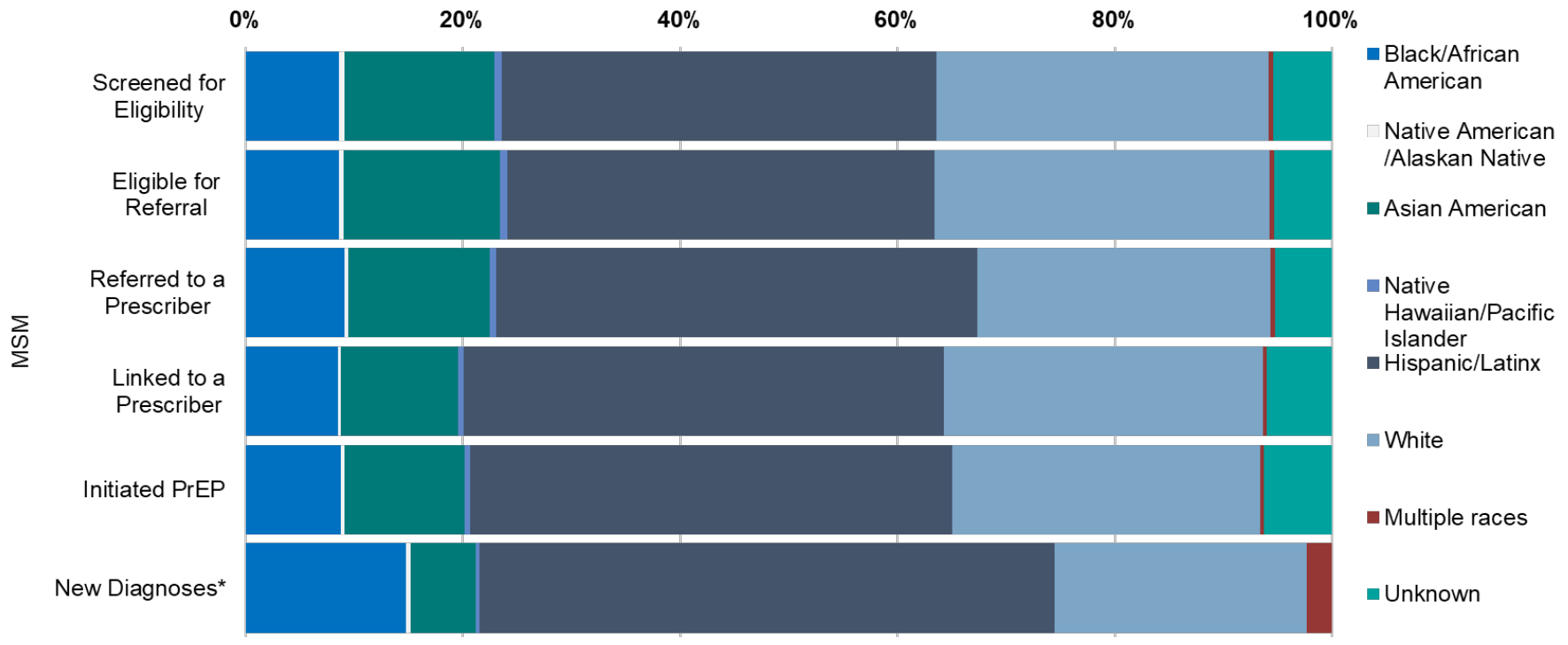
** % of New Diagnoses is comprised of four most recent available years, which are 2018 to 2021.*

MSM by Race/Ethnicity

Among MSM, racial health disparities along the PrEP continuum are notable. People identifying as Black/African American made up 8% of the total MSM linked to a prescriber, compared to 15% of all new HIV diagnoses among MSM. Although Hispanic/Latinx MSM made up the majority of MSM screened for (40%) and initiating PrEP (44%), those figures are

still below the 53% representation of Hispanic/Latinx MSM among MSM newly diagnosed with HIV. Conversely, white MSM were overrepresented. White MSM made up the second largest racial/ethnic demographic of MSM along the PrEP continuum, with 31% of all MSM being screened for PrEP and 28% of MSM initiating PrEP identifying as white. This percentage is higher than the 23% of total new MSM diagnoses among people identifying as white (Figure 33).

Figure 33. Proportion of PrEP Continuum Steps Completed by MSM by Race/Ethnicity, 2017-2022

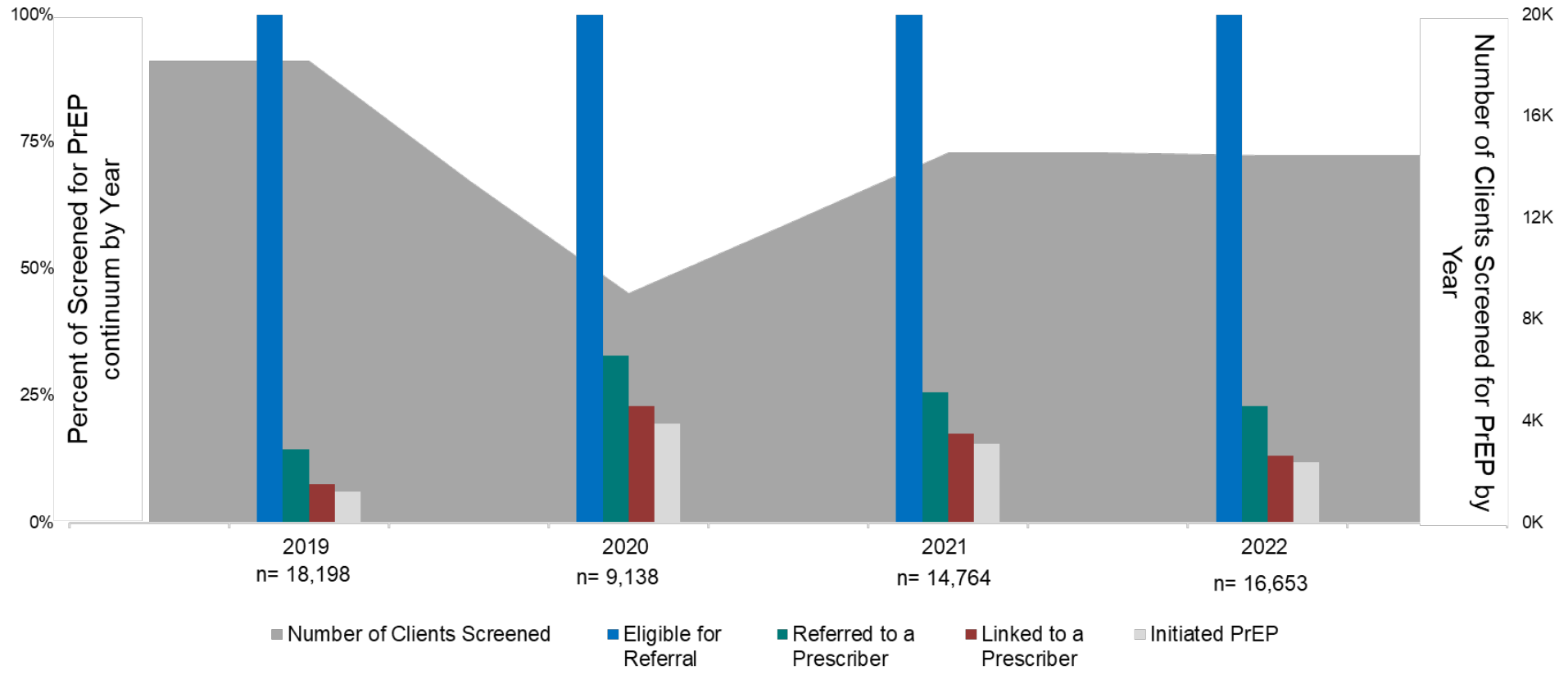


Within San Diego's NHBS MSM-2021 cycle, 42% of MSM participants reporting using PrEP during the previous 12 months. Approximately 41% of Latinx MSM reported PrEP use, which is lower than the 47% of White MSM who reported PrEP use.

PrEP Trends

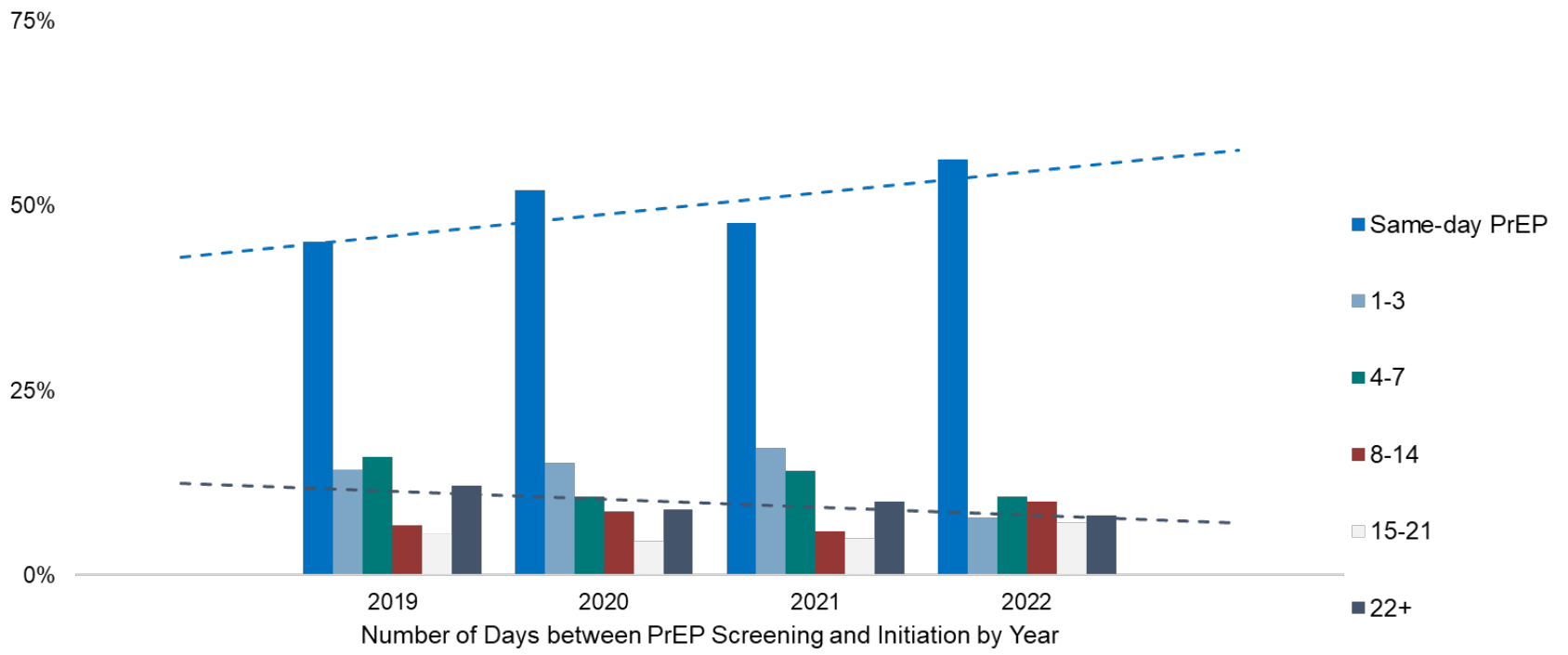
From 2019 to 2022, the number of clients screened for PrEP eligibility declined from 18,198 to 16,653. Notably, in 2020 during the height of the COVID-19 pandemic, screenings declined by nearly half because of stay-at-home orders and the prioritization of COVID-19 response mobilization. However, during 2020, the proportion of screened clients who were referred, linked, and who initiated PrEP were higher than both previous and subsequent years. Overall, the proportion of screened clients completing the PrEP continuum has also increased over the past four years. (Figure 34).

Figure 34. Number of Clients Screened for PrEP and Percent of Completion Along the Continuum by Year, 2019-2022



In 2019, approximately 4% of clients screened for PrEP went on to initiate PrEP. By 2022, that amount more than doubled to 9%. From 2019-2022, same day PrEP initiation also increased and delays of 22 days or longer for PrEP initiation decreased (Figure 35).

Figure 35. Percentage of Clients by Days to PrEP Initiation, 2019-2022



HIV Testing in California

California's HIV prevention efforts are focused on improving access to HIV testing to increase the percentage of PLWH who are aware of their status and receiving treatment and other support services, which improves their health outcomes and reduces further HIV transmissions in California. The two primary HIV testing strategies used are routine opt-out HIV testing (ROOT) and focused testing.

ROOT of all patients in health care settings regardless of age, gender identity, race/ethnicity, risk profile and presence/absence of symptoms is a strategy for testing people who may be unaware of their risk for HIV, as well as destigmatizing HIV testing. Prevention programs promote implementation of ROOT by educating and encouraging its implementation among health care providers and other staff in hospital emergency departments, urgent-care clinics, community clinics, STD clinics, tuberculosis (TB) clinics, substance abuse treatment clinics, correctional health care facilities, and other primary care settings.

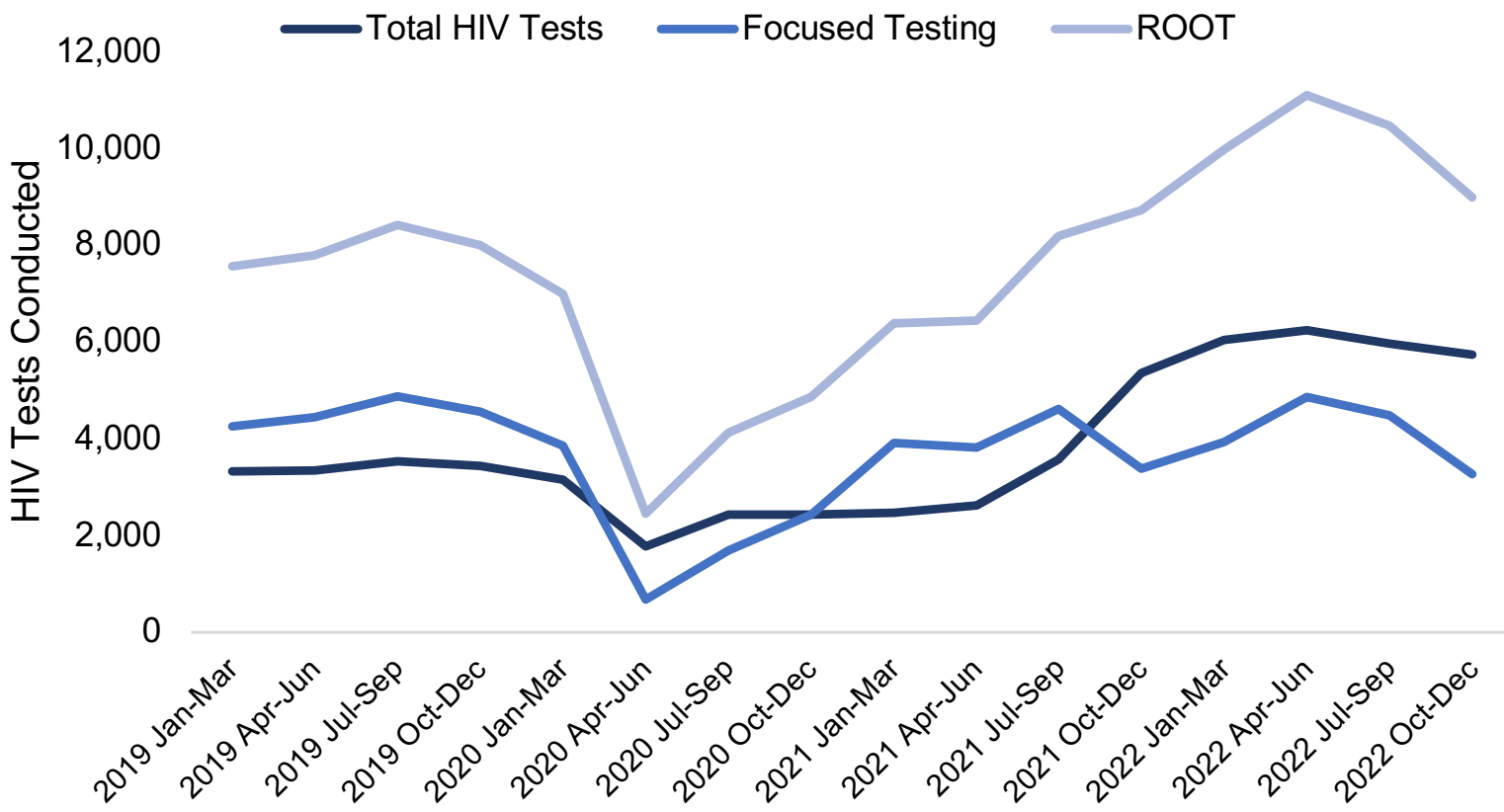
Providing HIV testing services in community-based, non-health care settings, often referred to as focused HIV testing, facilitates access to HIV testing for individuals who are most vulnerable to HIV acquisition and who may not have access to HIV testing services through health care providers. Focused HIV testing programs provide services in locations where communities are most underserved or have higher risk of exposure.

The following section presents information on HIV testing provided by OA-funded programs from 2019-2022, including rapid point of care testing and laboratory-based testing. For positive test results, both preliminary positive results from rapid tests and confirmatory positive results from laboratory tests were combined. All tests are included regardless of whether the same individual received more than one test. Three LHJs conducted ROOT during the period: Alameda, Orange, and San Diego. Focused testing data includes all LHJs in the CPA and directly funded community-based organizations (CBO) that received federal or state funds for testing. Tests provided by Rapid ART programs which provide tests to clients with known HIV positive status were excluded.

HIV Tests and Positivity Rates

A total of 120,512 HIV tests were administered from 2019-2022 (49% from focused testing and 51% from ROOT). When comparing total tests provided in 2019 to those provided in 2022, focused testing total decreased slightly by 8% (from 18,143 to 16,542 tests), while ROOT total increased by 75% during the same period (13,645 to 23,995 tests). Total HIV tests were impacted by changes in funding as well as closure of testing facilities due to the COVID-19 pandemic from 2020-2021. Overall, testing efforts have rebounded from the impact of COVID-19, with ROOT reaching more individuals compared to 2019 (Figure 36).

Figure 36. Total Number of HIV Tests, Routine Opt-Out Tests, and Focused Testing by Fiscal Quarter, 2019-2022



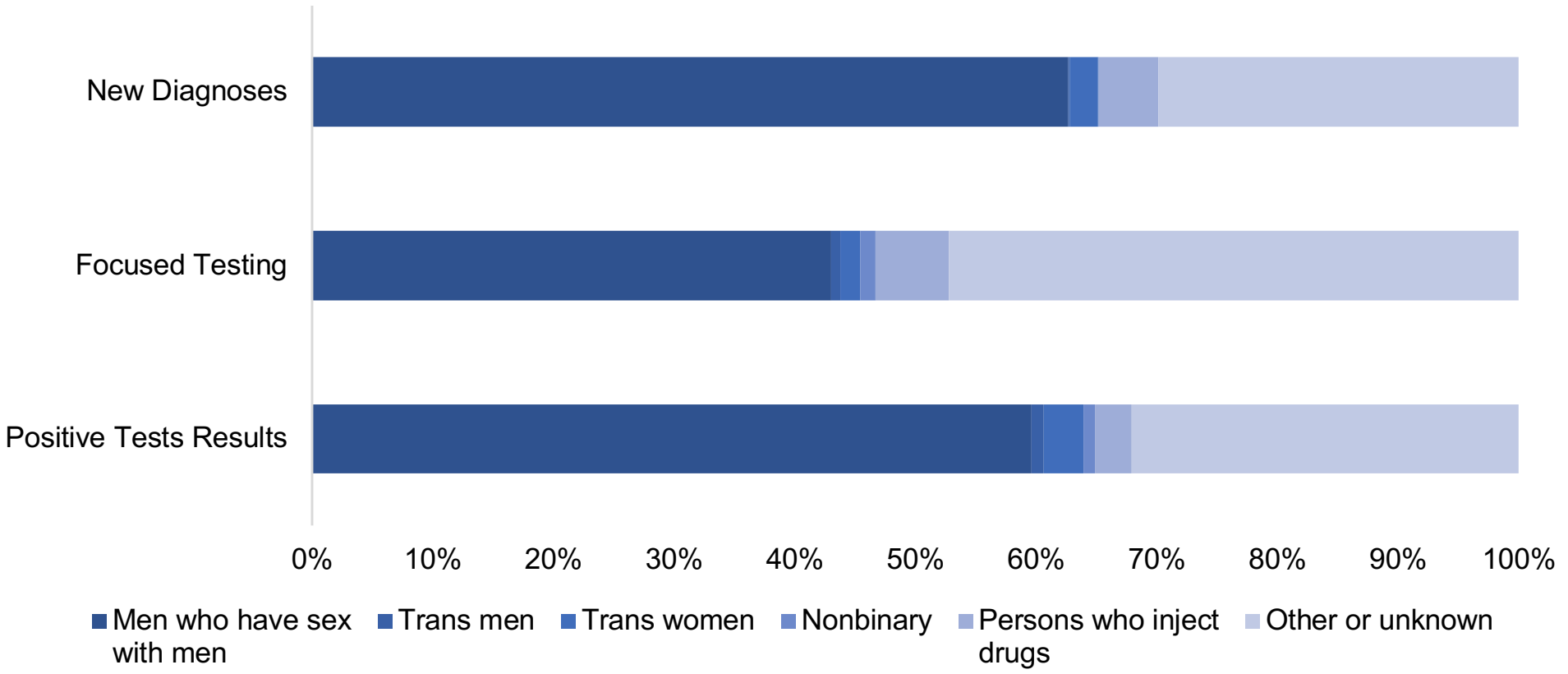
ROOT is a lower effort, higher volume approach which tests all patients who are served in the given healthcare setting while focused testing directs efforts to test in priority populations identified as being most vulnerable. A total of 1,251 positive test results were recorded between 2019 and 2022, with focused HIV testing locations accounting for 66% of all positive test results and ROOT testing accounting for the remaining 34%. Overall, positivity rates were lower for ROOT compared to focused testing each year examined. However, over the four-year period the ROOT approach detected one third of all positive tests results while conducted in only three LHJs in the CPA (Table 19).

HIV Testing by Client Characteristics

The examination of ROOT and focused testing data can reveal how different approaches in HIV testing impact prevention programs' reach to different communities. While ROOT programs (conducted in Alameda, Orange, and San Diego) test all clients within those health systems, focused testing programs (conducted across the CPA and by CBOs in Los Angeles and San Francisco) are intended to focus on populations and communities with elevated HIV risk. Comparing the proportion of tests and positive test results by priority population and race/ethnicity to the proportion of newly diagnosed individuals in California among those groups can help in understanding how effective focused testing efforts are in reaching populations with the highest HIV burden.

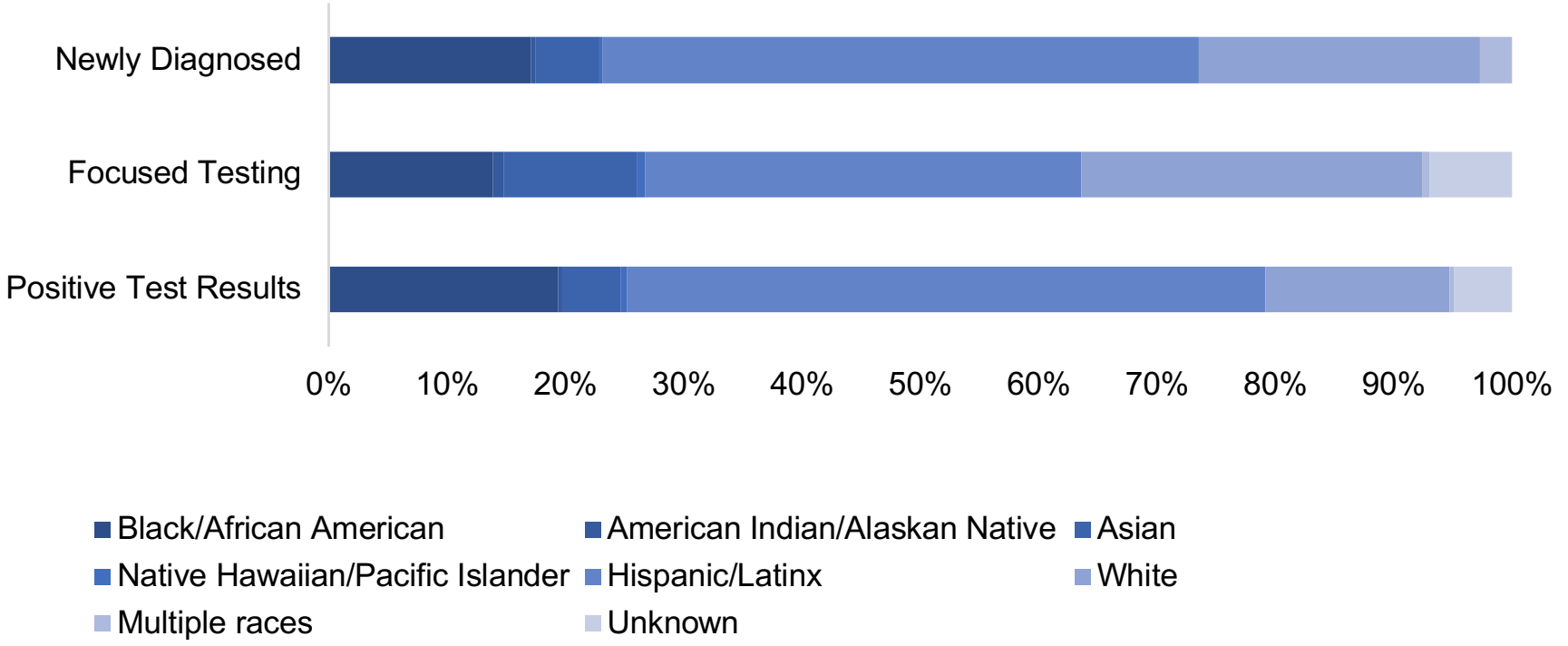
From 2019-2022, among clients accessing focused testing, the largest group was clients of other or unknown priority at 47%. MSM, who make up approximately 63% of new HIV diagnoses in California, were underrepresented in focused testing, making up 43% of testing clients and 60% of positive results. Trans men, trans women, and nonbinary individuals made up 2.6% of new diagnoses, while accounting for 3.6% of tests provided and representing 5.2% of the positive test results. Approximately 4.9% of California new HIV diagnosis are among PWID. The proportion of focused testing for PWID was 6.1%, with 3.0% of positive tests among this group (Figure 37).

Figure 37. Percent of Newly Diagnosed, Focused Testing, and Positive Test Results by Population Group, 2019-2022



By race/ethnicity, the proportions of testing among Black/African American and Hispanic/Latinx clients were lower than the proportions of newly diagnosed individuals. Black/African American individuals made up 17.1% of new diagnoses but only 13.9% of those tested and 19.4% of all positive tests. The Hispanic/Latinx population were also underrepresented in focused testing. This group makes up 50.3% of newly diagnosed individuals, but only 36.9% of focused testing and 53.9% of positive tests. White and Asian individuals were tested at higher proportions compared to newly diagnosed people but accounted for a lower percentage of the positive test results (Figure 38).

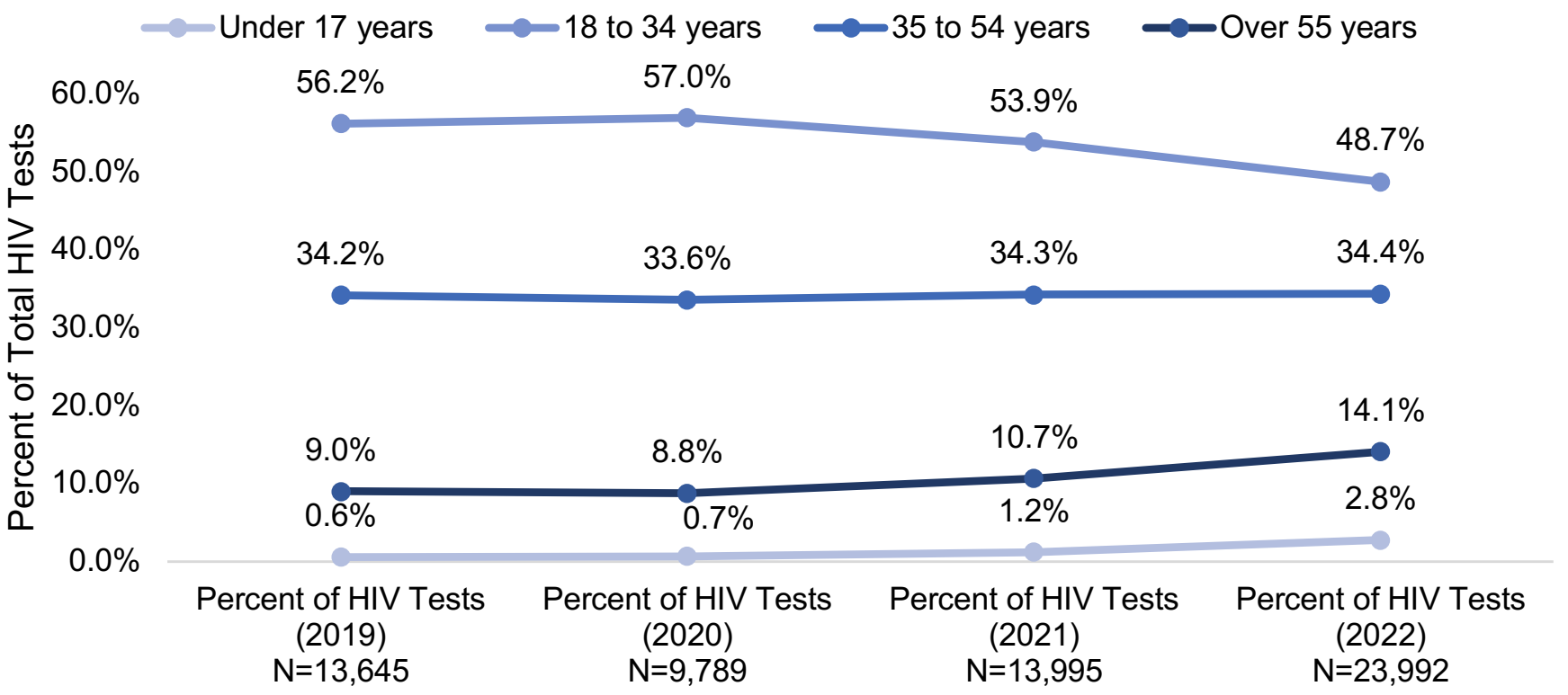
Figure 38. Percent of Newly Diagnosed, Focused Testing, and Positive Test Results by Race/Ethnicity, 2019-2022



HIV Testing by Age

Through the provision of ROOT in healthcare settings, HIV tests can be provided both to younger individuals who may have barriers to accessing testing services elsewhere (e.g., due to transportation, consent, insurance, stigma, etc.) as well as older individuals who may already be receiving other services at the healthcare facility. From 2019-2022, most ROOT was provided to individuals aged 25-34 (37.0%) with 16.6% provided to people aged 18-24, 21.2% to those aged 35-44, and 13.0% to those aged 45-54. Notably, from 2019-2022, ROOT increased for individuals aged 17 years and younger and for those aged 55 years and older (Figure 39). Consistently over the four-year period, most positive test results were among individuals between the ages of 18 and 54 years, with the highest rates among those aged 25-44 years (Table 20).

Figure 39. Percent of Routine Opt-Out Testing by Age Group, 2019-2022



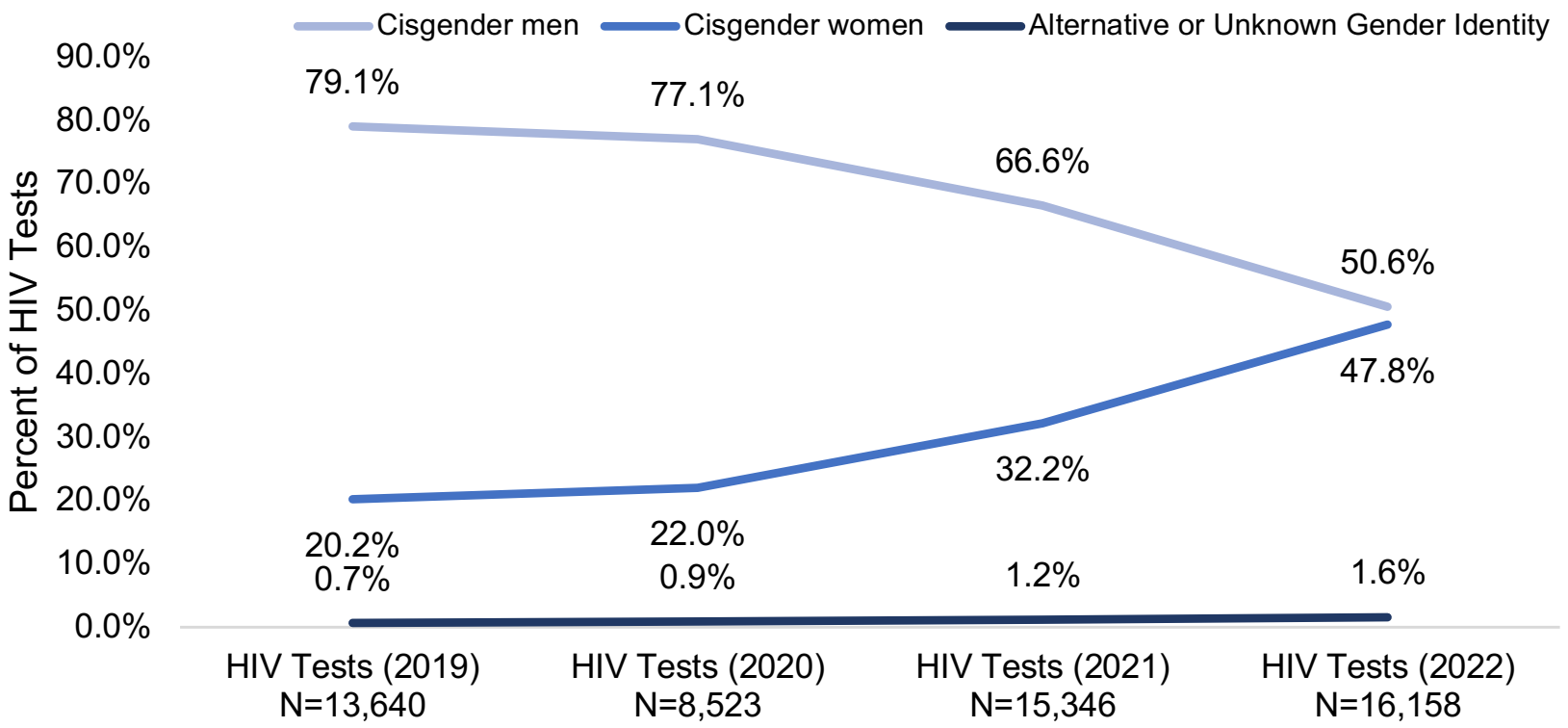
In non-clinical, community-based settings, focused testing for different organizations and programs may focus their outreach efforts on individuals in particular age groups. Ages of individuals reached through focused testing efforts from 2019-2022 remained consistent, with individuals between ages 25-34 and ages 35-44 receiving the most tests on average (35.1% and 21.1% respectively). Among the aging population, focused testing resulted in detecting HIV-positive clients over age 65 each year. Positivity increased year to year for age groups 45-54 and 55-64, indicating that more services could be provided to address the sexual health and HIV care needs for the aging population (Table 21).

HIV Testing by Gender Identity

Between 2019 and 2022, a shift occurred in the proportion of HIV tests provided to cisgender men and cisgender women through ROOT. In 2019, 79.1% of tests were provided to cisgender men and 20.2% to cisgender women, while the proportion of tests for cisgender men and cisgender women in 2022 was almost even (50.6% and 47.8% respectively) (Figure 40).

Cisgender men, transgender, and other gender-diverse individuals had the highest positivity rates through ROOT (Table 22).

Figure 40. Percent of Routine Opt-Out Testing by Gender Identity, 2019-2022



Note: Trans men, trans women, nonbinary, genderqueer, identity not listed, or declined were combined.

From 2019-2022, the proportions of focused testing by gender identity have remained constant, with an average of 75.4% of tests provided to cisgender men and 21.3% of tests provided to cisgender women. Tests among non-binary individuals and individuals with identities not listed increased in 2022, potentially due to expansion of gender identities on HIV testing forms as well as individuals receiving gender affirming education and services that could reduce stigma when reporting gender identity.

In 2019 and 2020, no trans men tested positive through focused testing. However, the positivity rates for trans men were 50.0 and 19.8 per 1,000 HIV tests, respectively, in 2021 and 2022. Trans women tested through focused testing had high positivity rates every year, with an increase to 57.0 positive tests per 1,000 in 2021. However, it should be noted that positivity rate fluctuations may not reflect true changes in rates of HIV infection in groups with small numbers (Table 23).

HIV Testing by Race/Ethnicity

ROOT increased significantly in 2022, regardless of race/ethnicity. Even as the number of tests increased and the number of positive results decreased, there was no significant increase in positive test results. This resulted in lower positivity rates overall. In spite of a significant increase in the number of tests for Hispanic/Latinx clients, there were only 28 positive tests in 2022 compared to between 56 and 72 positive tests from 2019 to 2021 (Table 24).

Programs such as Project Empowerment specifically fund efforts to provide focused testing services to Black/African American and Latinx communities in a culturally responsive way.

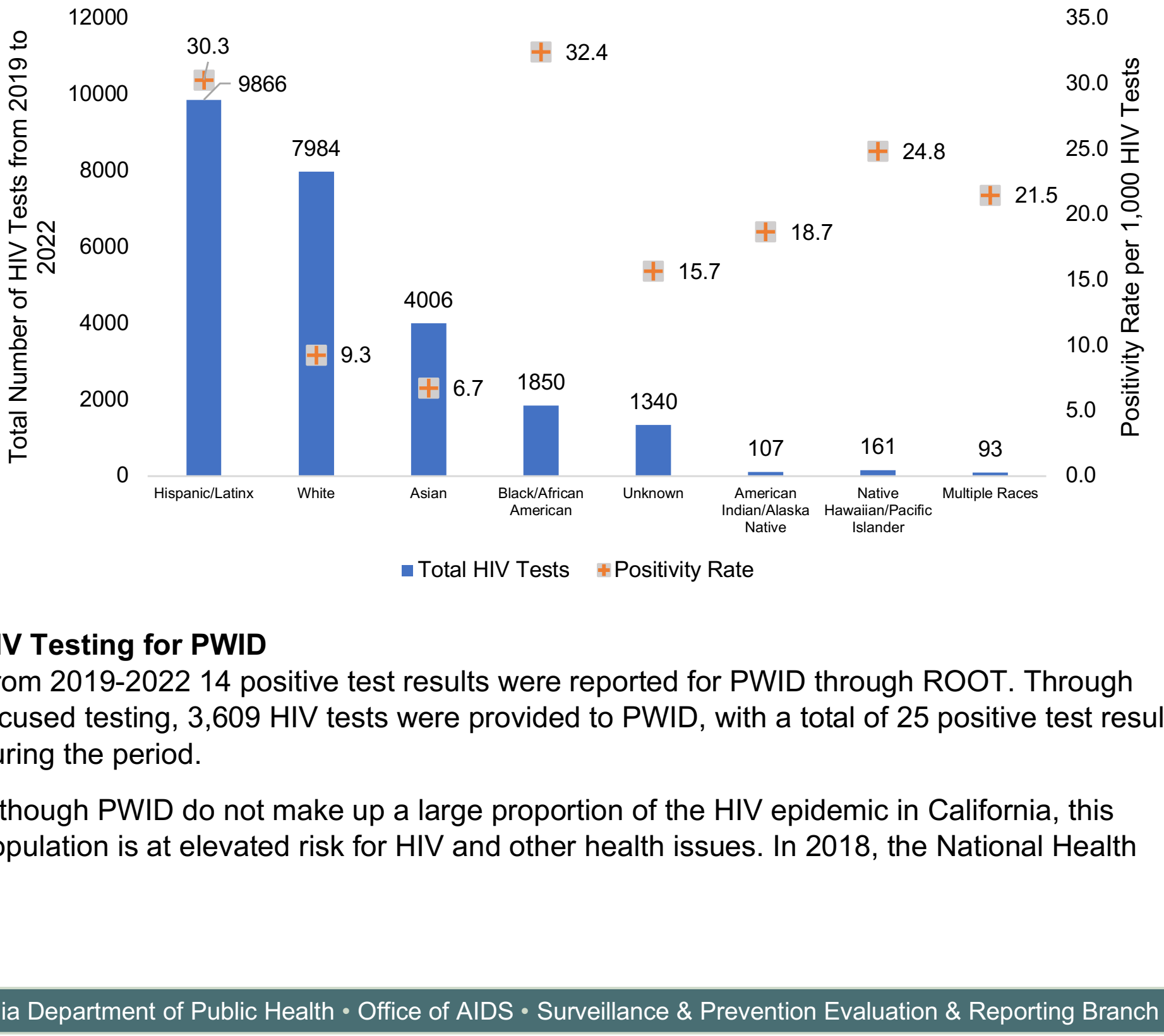
Between 2019-2022 on average, 36.8% of tests were provided to Hispanic/Latinx individuals, 29.1% were provided to White individuals, 13.7% went to Black/African American individuals, and 11.3% went to Asian individuals. The highest positivity rates were among the tests provided to Hispanic/Latinx and Black/African American individuals. Another specific priority population at focused testing sites are American Indian/Alaska Native individuals, and focused testing efforts were successfully able to identify PLWH from this community in 2019, 2020, and 2021 (Table 25).

HIV Testing for MSM

There were 25,407 tests provided to MSM through focused testing with 489 positive test results (19.2 positive results per 1,000 HIV tests). Positivity rates did not vary significantly by year. Black/African American and Hispanic/Latinx MSM had positivity rates significantly higher than the overall MSM positivity rate (Figure 41).

ROOT protocols capture risk information only for clients with positive results, so it is unknown how many tests were provided to MSM using this testing strategy. However, there were 131 positive ROOT results among MSM during the four-year period, including 47 during 2022.

Figure 41. Focused Testing Total HIV Tests and Positivity Rates per 1,000 Tests by Race/Ethnicity for MSM, 2019-2022



HIV Testing for PWID

From 2019-2022 14 positive test results were reported for PWID through ROOT. Through focused testing, 3,609 HIV tests were provided to PWID, with a total of 25 positive test results during the period.

Although PWID do not make up a large proportion of the HIV epidemic in California, this population is at elevated risk for HIV and other health issues. In 2018, the National Health

Behavioral Survey (NHBS) recruited PWID (IDU-5 cycle) to assess their behavioral risk factors for HIV (e.g., sexual behaviors, drug use), HIV testing behaviors, receipt of prevention services, and use of prevention strategies (e.g., condoms, PrEP). In total, 249 PWID in San Diego participated in the survey and 2% were confirmed HIV-positive. Nearly half of participants (47%) had an HIV test and 47% of participants had an HCV test within the past year. Of all participants, 36% self-reported being told they were HCV-positive at some point by a health care provider. Regarding syringe sharing, 49% indicated they had used a syringe at least once within the past year after someone else used it. Despite the frequent use of contaminated syringes, 65% of PWID participants reported obtaining sterile syringes from an SSP (Table 26).

The PWID 2018 NHBS data highlight the elevated risk of transmitting both HIV and HCV through widespread syringe sharing. The high proportion of PWID that shared syringes combined with the high rates of HCV and HIV confirm PWID must remain a priority population for HIV prevention. Additionally, the high proportion of PWID who received sterile syringes from an SSP confirms that SSPs are a valuable, well-utilized resource in San Diego (Table 27).

TakeMeHome Self-Testing

PS20-2010 EHE funding was released in August 2020, coinciding with the challenge of providing in-person HIV services to priority populations during the COVID-19 pandemic. In response to this challenge, and to better reach individuals who are not testing for HIV through traditional methods, California utilized EHE funding to implement the Building Healthy Online Community's (BHOC) TakeMeHome HIV self-testing program pilot in September 2020 in counties funded for EHE activities (Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego Counties). BHOC is a partnership between dating apps, website owners and developers, and public health departments and community members. The apps and websites directly advertise and promote TakeMeHome to their users.

The pilot program evolved during implementation between September 2020 and December 2022. Initially the program included only rapid HIV OraQuick tests, but eventually expanded to allow for mail-in lab-based testing: dried blood spot testing for HIV, syphilis, and HCV; three-site gonorrhea and chlamydia testing; and a PrEP panel which included creatinine testing.

Between September 2020 and December 2022, a total of 4,453 self-test kits were ordered through this program. Of the individuals ordering test kits, 31 were newly diagnosed with HIV within a year of their order date. Most orders (3,147,71%) were for rapid HIV tests, although once multiple-condition lab-based test kits were available in 2022, they were ordered more frequently than rapid HIV tests. Proportionally, more cisgender men than cisgender women accessed the testing (82.1% versus 11.3% respectively) which is consistent with the distribution of HIV in the population, although the proportion of cisgender women accessing TakeMeHome testing did increase over time. More than 70% of the tests were provided to individuals between 18-34 years old, and a similar proportion of the new diagnoses were among this group. Given that younger people are more likely to remain undiagnosed when

compared with older people, this suggests that this program is providing necessary access to HIV testing to this demographic (Table 28).

While testing numbers increased over the three years studied for all races, testing proportions declined for almost all races, including both Black/African American and Hispanic/Latinx priority populations, likely due to the increased proportion of individuals declining to provide race/ethnicity data. This decline makes it difficult to assess changes in the extent to which these priority populations were accessing the service over time. However, it appears that both Black/African American and Hispanic/Latinx populations are slightly underrepresented in comparison to the distribution of HIV in the population, while White individuals are slightly overrepresented (Table 28).

Linkage to Care for Persons Living with HIV

LTC assists newly HIV-diagnosed individuals and previously diagnosed persons who have fallen out of care or were diagnosed but never engaged in care to enter into HIV medical care. LTC is accomplished when persons diagnosed with HIV attend an appointment with a health care provider (e.g., physician, physician assistant, nurse practitioner) to receive medical care and ART for their HIV infection.

Although HIV care linkage within 30 days has long been the standard goal, actual linkage has extended well beyond 30 days for many clients. In recent years, with expanding evidence for the benefits (e.g., reduced time to viral suppression, long term ART adherence, reduced HIV stigma) and low risk for most patients of starting HIV treatment as soon as possible following diagnosis, there has been an increased focus on reducing the time to HIV care provider linkage and ART start. Agencies are interested in tracking their progress in this regard. Therefore, linkage timeframes are broken into shorter increments for this purpose. To further this objective, OA has funded Rapid Start ART demonstration projects, which are described in the sub-section below.

For clients served by OA-funded programs including Rapid Start ART projects, 1877 of 3232 records contained a linkage to care date. For those records, the speed at which linkage to HIV medical care occurred improved over the period from 2019-2022, with those linked within seven days of their positive test result (or intake session in cases where no HIV test is conducted, such as previously diagnosed persons who are known HIV positive but are not receiving HIV care) increasing from 53% in 2019, to 65% in 2022. Those linked to care in 30 days or less increased from 85% to 92%, and the linkage rate greater than 30 days was nearly halved, from 15% to 8% between 2019 and 2022 (Figure 42; Figure 43).

Figure 42. Percent Linked to HIV Medical Care by Number of Days from Date of Diagnosis HIV Test or Intake Session to HIV Medical Care Appointment Date Among Clients Newly and Previously Diagnosed with HIV and Linked to Care, 2019-2022

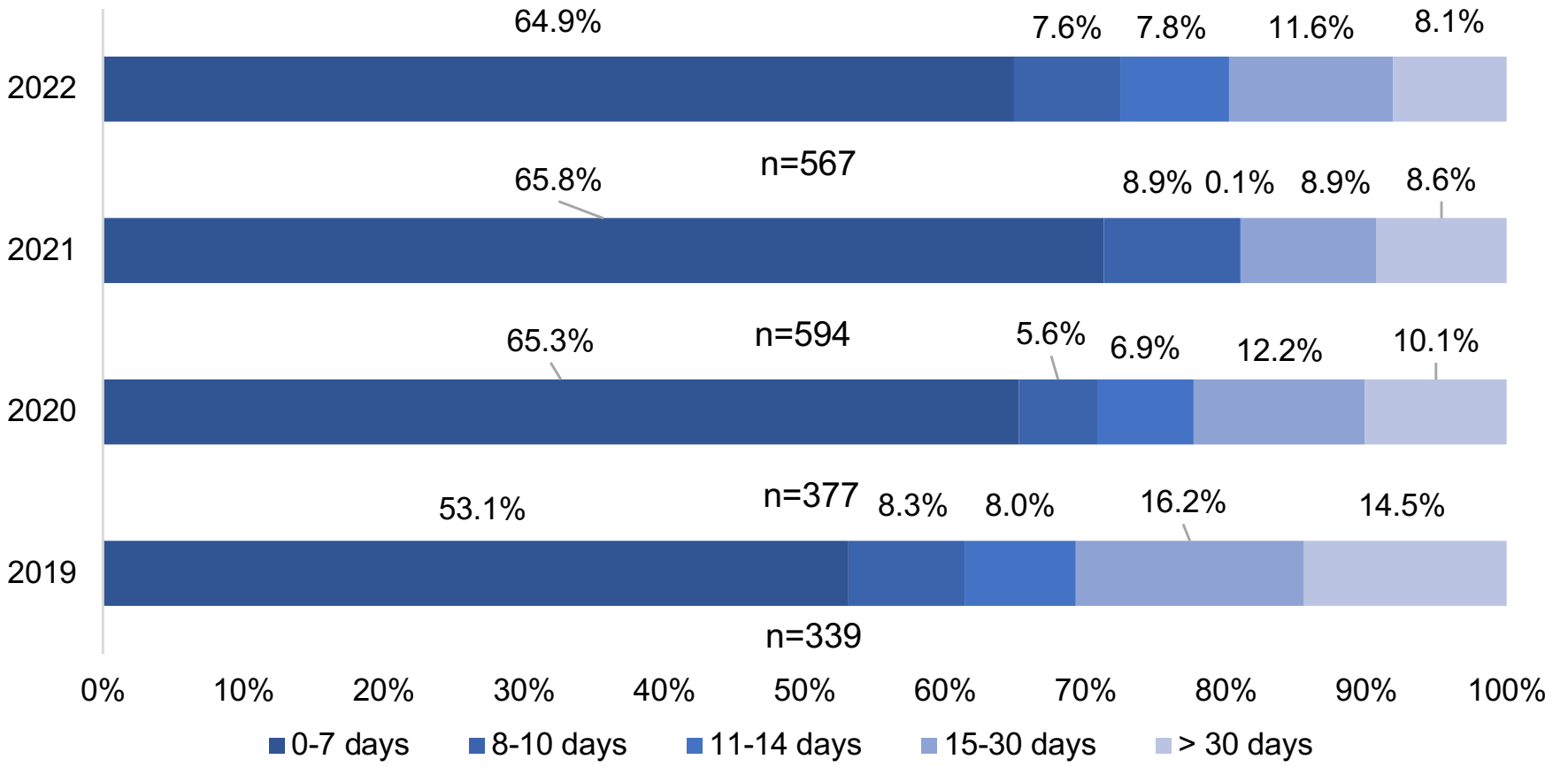
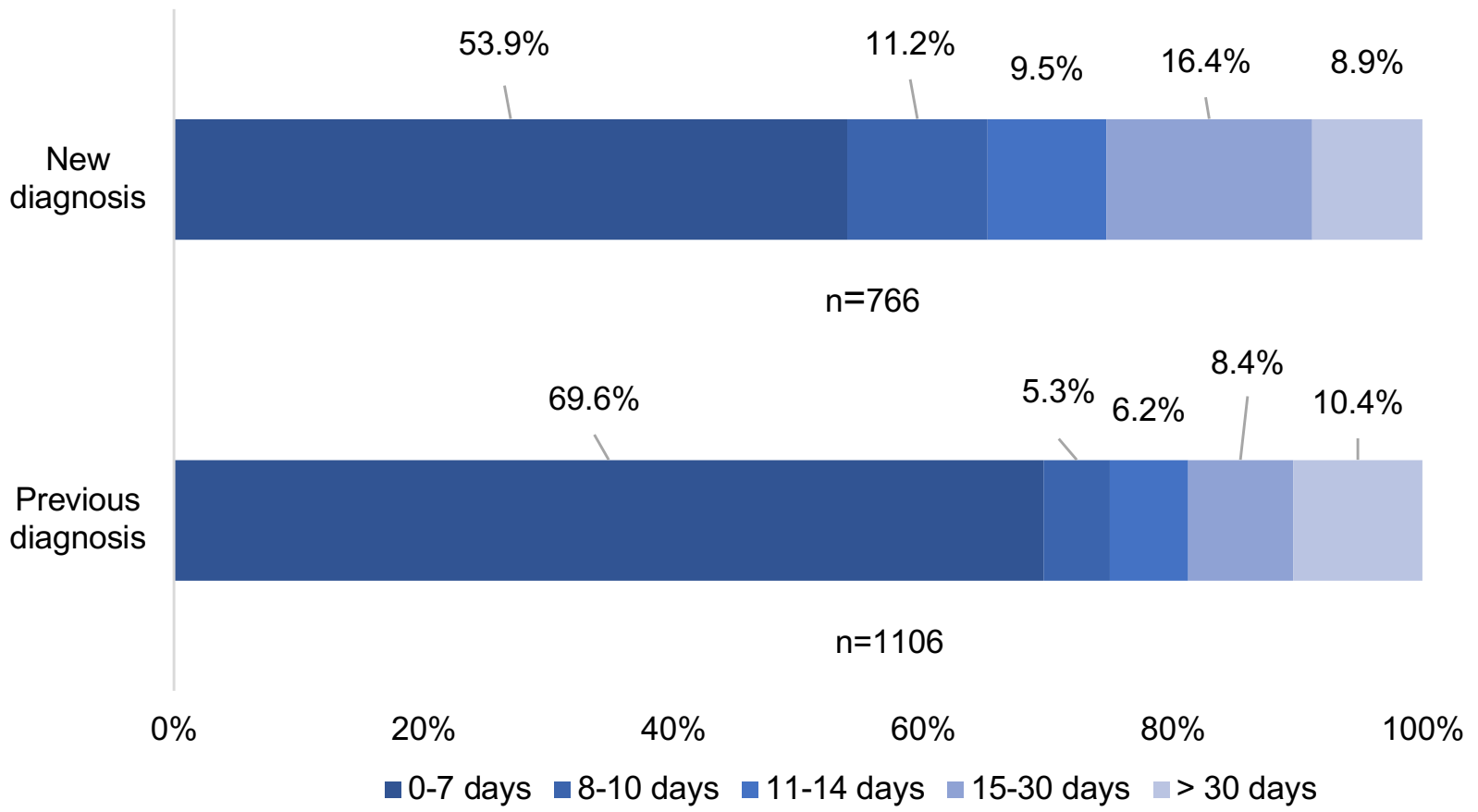


Figure 43. Percent Linked to HIV Medical Care by Number of Days from Date of HIV Test or Intake Session to HIV Medical Care Appointment Date Among Clients Newly and Previously Diagnosed with HIV and Linked to Care, 2019-2022



Note: N=1872; includes only clients where an HIV medical care appointment date was provided. Three clients were excluded because it was unknown if they were newly diagnosed with HIV or if the diagnosis occurred previously.

Linkage for previously diagnosed PLWH who were reengaging in care was somewhat more rapid than those newly diagnosed with HIV (70% v. 54% in zero to seven days, for example). American Indian/Alaskan Natives had the highest percentage of persons for whom linkage

took more than 30 days (30% v. 7-13% for other racial/ethnic groups and for unknown race/ethnicity), although the number of clients in this category is small compared to other groups (n=10). Those who identify as non-binary also had longer linkage times than other priority populations, although there were also a small number of these clients compared to other categories (n=14). However, most non-binary persons (86%) were linked in 30 days or less. By age, although most clients in every age group were linked within zero to seven days, those 65 years or older were more likely than other groups for linkage to extend to the eight to ten-day timeframe (19% versus 6-9%) (Table 29).

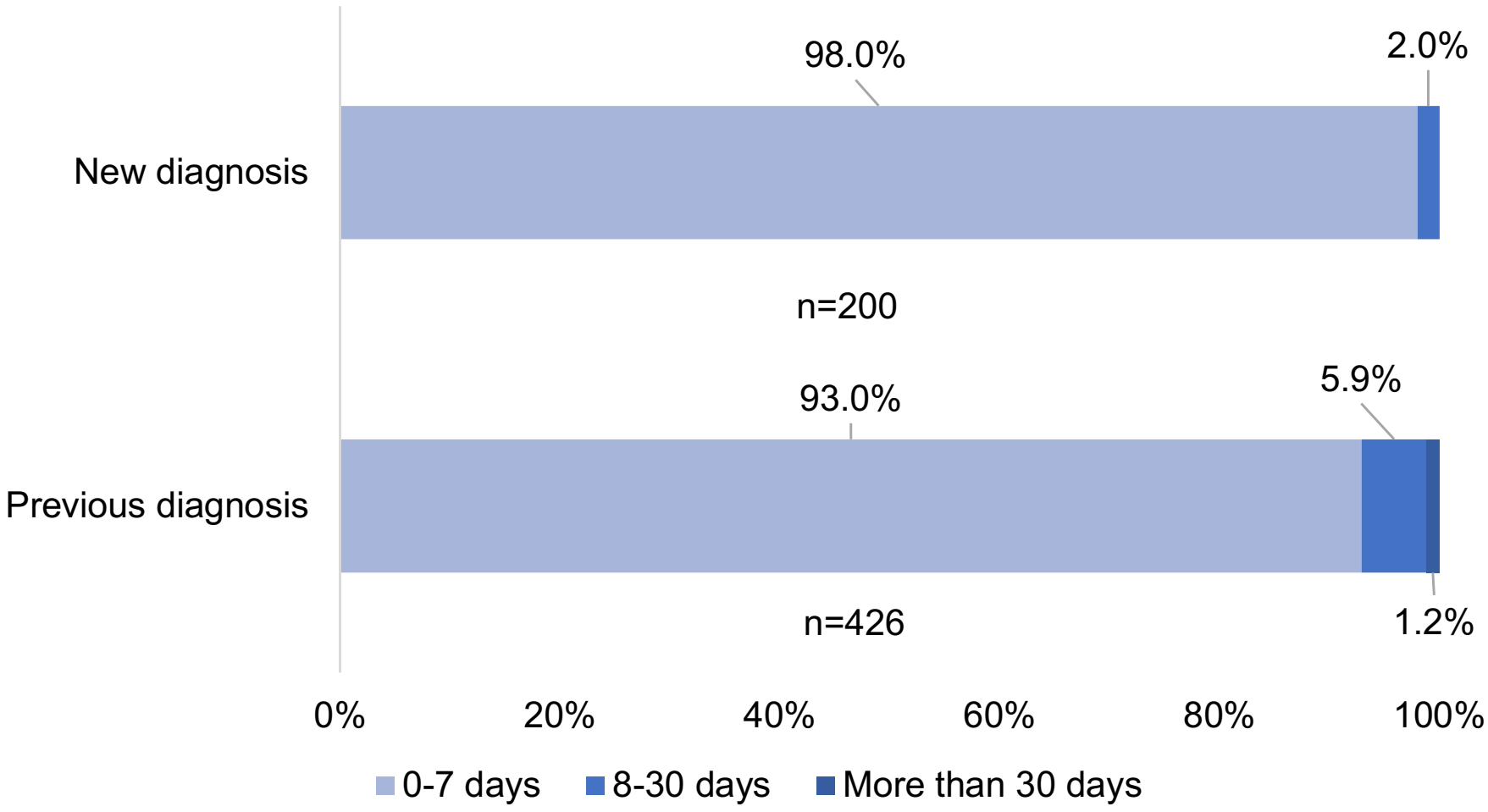
Rapid Start ART Programs

It is now well-established that it is safe for most persons to begin ART immediately after diagnosis rather than waiting for full lab results, after which time medication adjustment can be made as needed by the HIV care provider. Beginning ART soon after diagnosis has been shown to increase long-term engagement in care and medication adherence, and to reduce time to undetectable viral load.

During 2019-2022, OA funded two, two-year Rapid Start ART demonstration programs through a competitive request for applications (RFA). The project aim was to provide Rapid Start ART (i.e., within 0-5 days of engaging the client) to newly identified PLWH and to those previously diagnosed who had fallen out of care. The first project ran fiscal year (FY) 2019-2021 and the second ran FY 2021-2023. Therefore, these data represent three and a half of the four project years. Four agencies were funded for each project cycle. The agencies were in Orange, Alameda, and San Francisco Counties for both funding cycles, and additionally Kern County in the first cycle. The funded agencies were CBOs serving PLWH, a local health department, and a hospital emergency department.

During this timeframe, a total of 626 clients were linked to care via the Rapid Start ART programs. Overall, 95% of these clients started ART in zero to seven days, and most of the remainder started in under 30 days. 98% of newly diagnosed clients (196 of 200), and 93% of previously diagnosed out-of-care clients (396 of 426) started ART within zero to seven days of engagement, most on the same day as their intake (Figure 44).

Figure 44. Percent who Obtained ART by Number of Days Among Clients Served by the Rapid Start ART Demonstration Project, 2019-2022

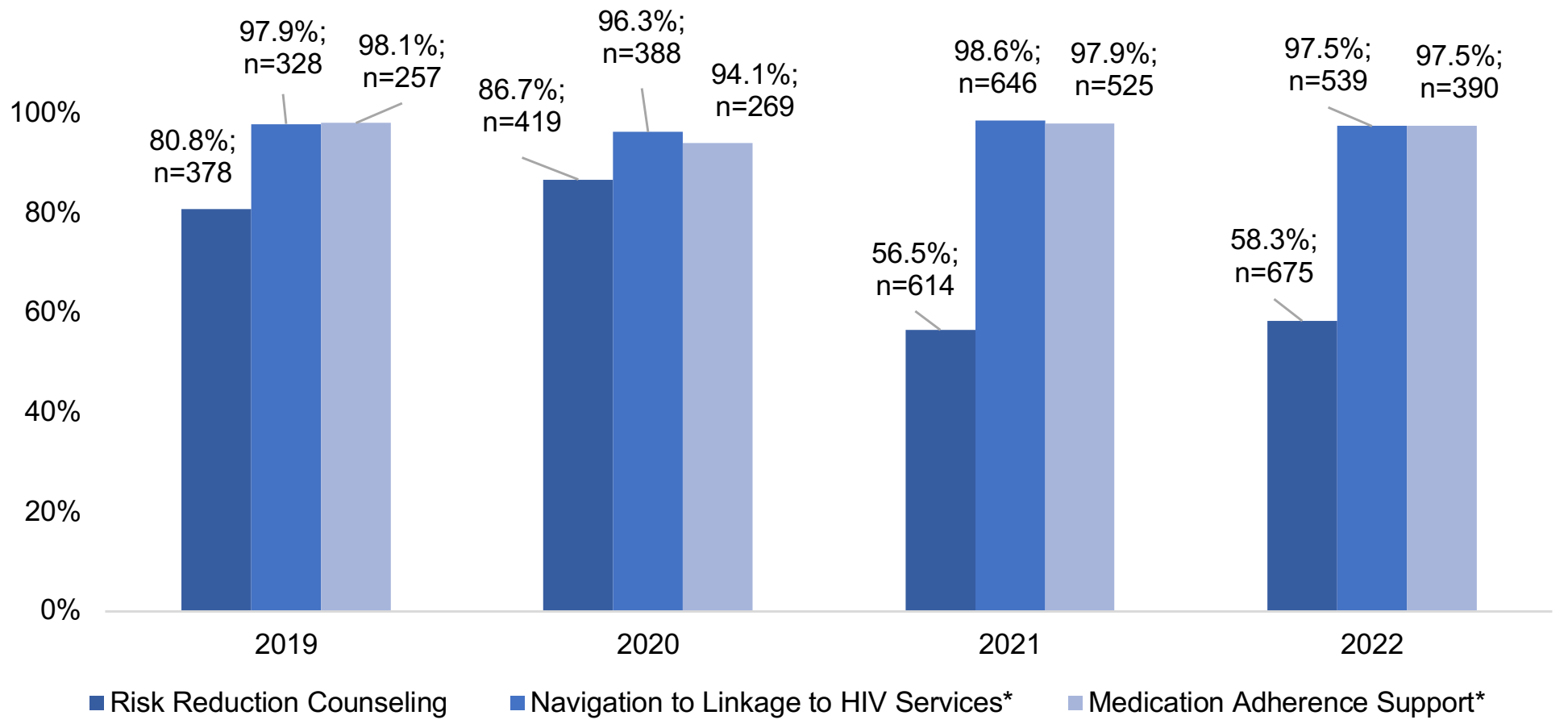


Essential HIV Support Services Provided to Persons with HIV

Agencies implement various strategies to provide support and empower their HIV-positive clients' capacity for self-management of their HIV care. Services include risk-reduction counseling (RRC), which is offered to all clients with HIV, and navigation services to HIV care providers and/or HIV care payment benefits, and medication adherence support for clients identified as particularly in need of those services. Over the four-year period (2019-2022), about 97% of clients who needed medication adherence and linkage navigation services received them.

RRC service provision for all HIV clients was in the 80% range in 2019-2020 but dropped in 2021 and 2022 to about 58%. A higher percentage of newly diagnosed persons (90%) than previously diagnosed clients (53%) were provided RRC. Black/African Americans were also less likely to receive RRC than other or unknown racial/ethnic groups (39% versus 72-92%). Cisgender women and trans women (35% and 47% respectively) were also less likely to receive RRC compared to clients with other or unknown gender identities, which ranged from 77-90%. Provision of RRC also decreased steadily with client age (100% of 12–17-year-olds, 77% 25-34-year-olds, 55% 45-54 years, and 29% of those 65 years or older). There were no large differences among any demographic group in meeting identified needs for medication adherence or care linkage services (Table 30; Figure 45).

Figure 45. Percent of Clients Provided Essential HIV Support Services Among Clients with HIV Where a Need was Identified, 2019-2022

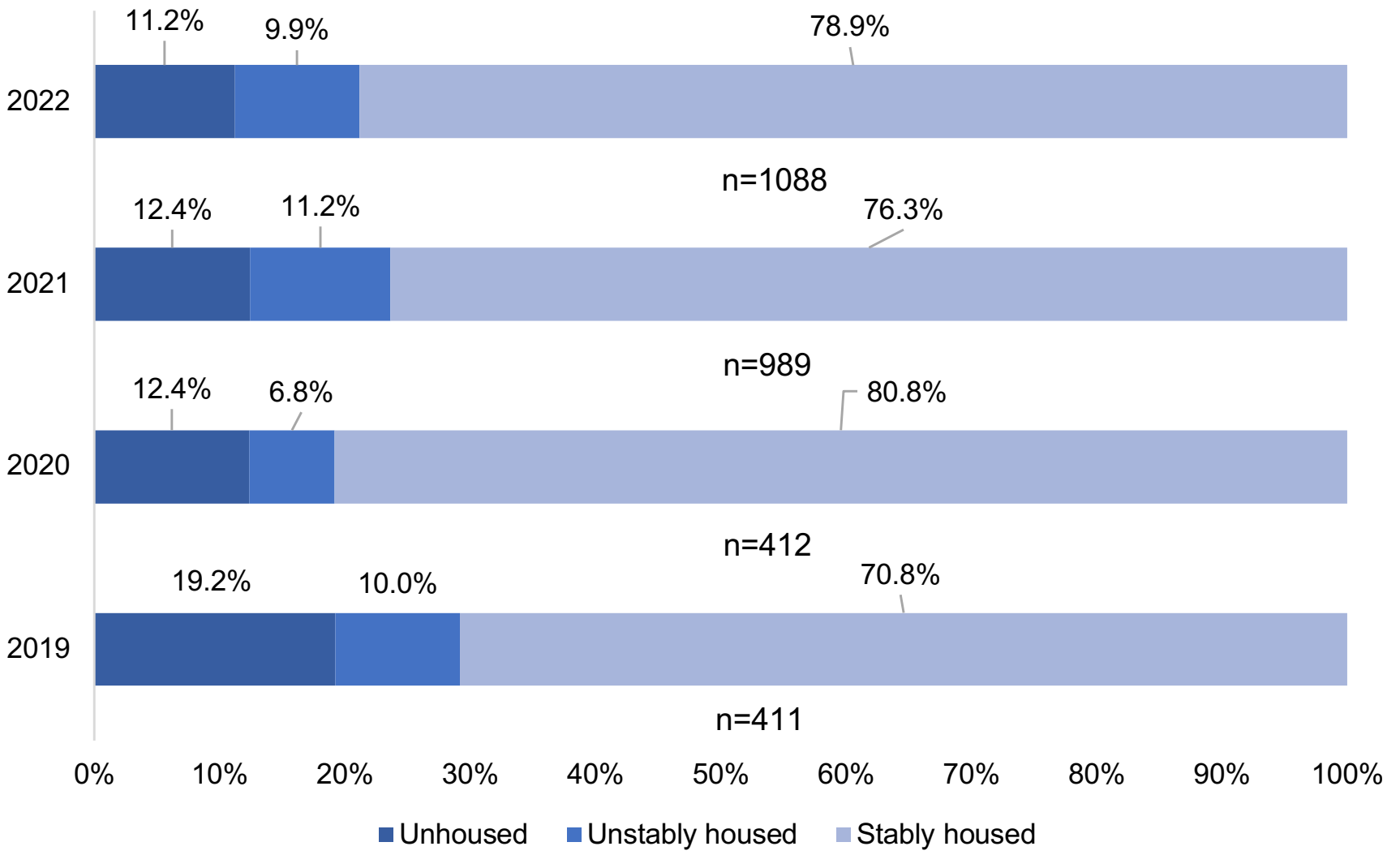


Note: Data for Navigation to Linkage to HIV Services and Medication Adherence Support only includes clients for whom a need was identified. Data for RRC services includes all clients with HIV.

Housing Status of Persons Living with HIV

Housing stability directly impacts the capacity for PLWH to manage their care and to remain adherent with ART. The proportion of clients living with HIV who were stably housed increased overall from 68% in 2019 to 78% in 2020 and held steady around 75% through 2022. Those who were unstably housed or unhoused dropped overall from 10% and 19% respectively in 2019, to 7% and 12% in 2020, and held steady around 11% for both groups through 2022. Housing status did not vary by diagnosis type. However, there were other group differences. About 47% of persons identifying as American Indian/Alaskan Natives, 36% of multiple races, 31% of white, and 39% with unknown race/ethnicity reported being unhoused or unstably housed, compared to other racial/ethnic identities which ranged from 7% (Asian) to 22% (Black/African American). About 36% of persons identifying as trans women, 27% of non-binary, and 45% with unknown gender identity reported being unhoused or unstably housed, while 11% of trans men and 14% of cis women reported this status. PWID fared the worst at 66% (11% unstably housed; 55% unhoused). By age, those who reported being unhoused or unstably housed increased from 18% (12–17-year-olds) to 28% (35–44-year-olds), then decreased as clients aged; 22%, 15%, and 8% for age groupings 45-54, 55-64, and 65 years or older respectively. (Table 31; Figure 46).

Figure 46. Housing Status Among Clients with HIV, 2019-2022



Harm Reduction

Access to clean syringes is an essential strategy for preventing the transmission of HIV, HCV, and other blood-borne infectious diseases. In California, syringe access is provided through non-prescription syringe sales in pharmacies (NPSS) and by SSPs. SSPs provide sterile needles, syringes, other drug preparation equipment, and disposal services. Comprehensive SSPs may include many additional services, including HIV and HCV testing and linkage to treatment, education about overdose prevention and safer injection practices, provision of naloxone (also known as Narcan, a medicine than can reverse an opioid overdose), and tools to prevent HIV, STDs, and viral hepatitis, including condoms, counseling, and vaccinations (Figure 47).

Figure 47. California Counties with at least one Syringe Service Program, as of August 2023

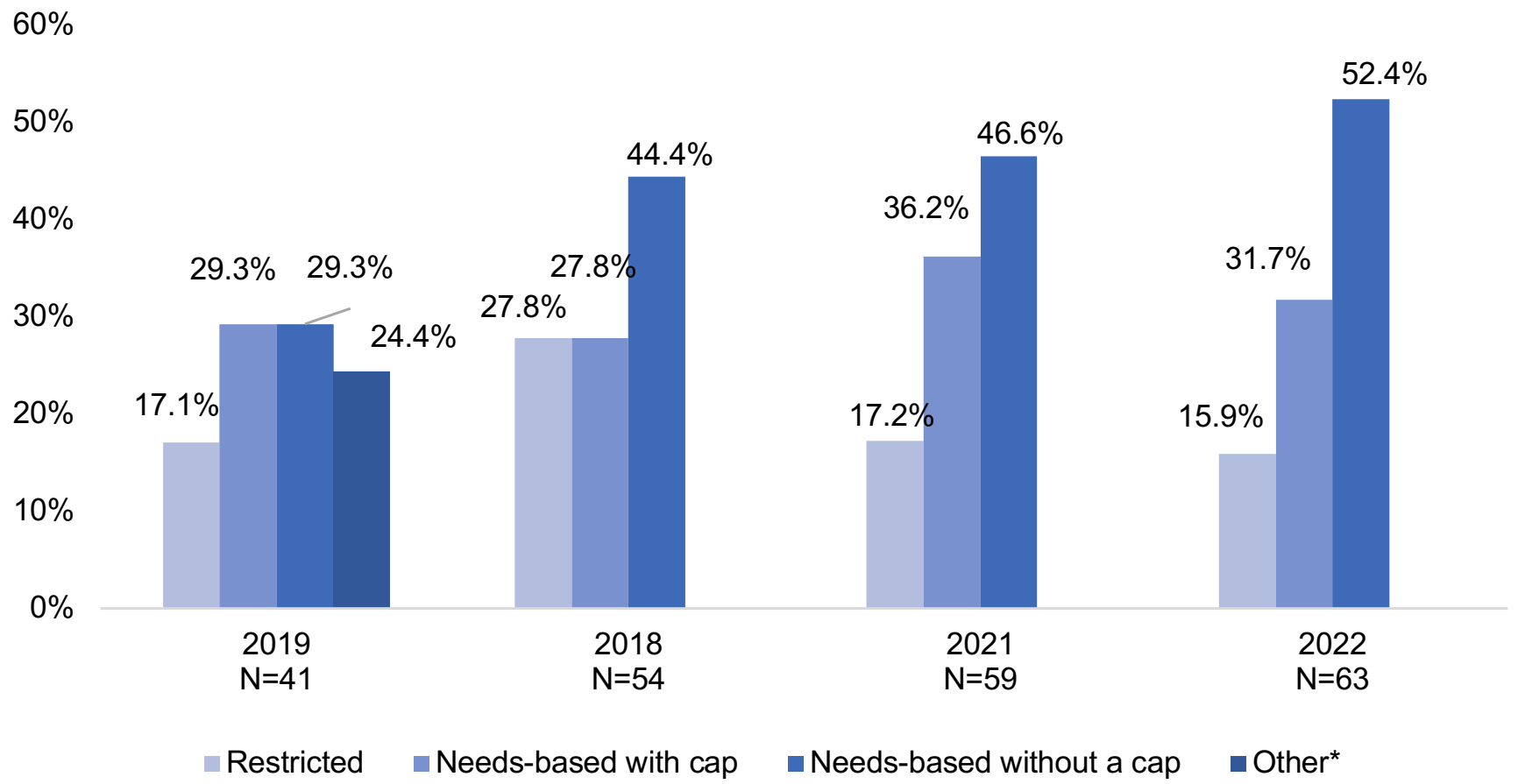
Distribution Policies

California SSPs have implemented distribution models that can be characterized as either "restricted" or "needs-based." A restricted distribution model provides program participants one syringe for each syringe they return for disposal. A needs-based distribution model provides program participants with the number of syringes they need to ensure a new, sterile syringe is available for each injection. Some programs will put a cap on this amount (needs-based with a cap), and some do not (needs-based without a cap). Public health research has consistently found that a restricted model increases syringe re-use and sharing with others which put clients at higher risk for viral and bacterial infections (e.g., HIV and HCV), whereas SSPs that use a needs-based approach reduce their clients' risk of transmitting HCV, HIV, and other infectious diseases. OA wrote and disseminated an issue brief on the value of needs-based policy and has worked closely with SSPs and local policy makers to shift programs to needs-based policies.

The number of California SSPs that use the needs-based model has been steadily increasing in recent years, with 84% of SSPs practicing a needs-based model in 2022. However, supply considerations have meant that there is still often a limit of some kind. While the proportion of restricted (one-for-one) programs has decreased, these still make up approximately 20% of the

SSPs in California, largely due to local political pressure (e.g., the only way they can offer syringe services at all is on a restricted basis) (Figure 48).

Figure 48. Syringe Service Program Distribution Policies Among California SSPs, 2019-2022



Note: The "other" category from 2018 and 2019 was an open-ended survey question that most SSPs used to provide more context for their distribution policies.

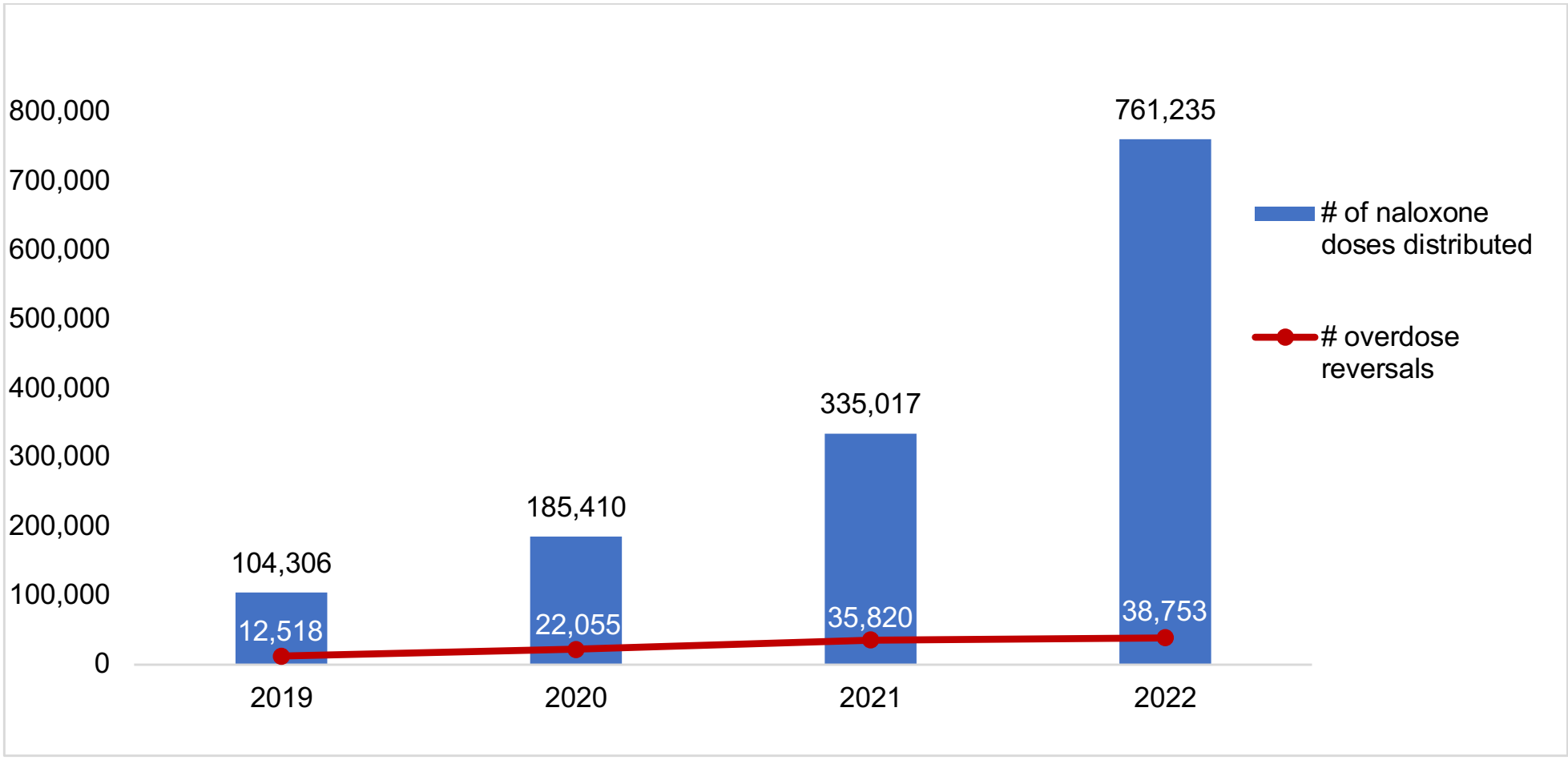
Naloxone Distributed and Overdose Reversals

The COVID-19 pandemic and accompanying restrictions (e.g., shelter-in-place orders) appears to have exacerbated the overdose crisis in California: while the restrictions were intended to reduce the spread of COVID-19, they put PWID at a much greater risk of fatally overdosing, as they were less likely to use drugs in the presence of others and thus less likely to have naloxone administered. In San Francisco, the number of overdose deaths increased by 50% in the eight and a half months before and after the shelter-in-place order in 2020.

This pattern is also reflected in the California state data, as the number and rate (both crude and adjusted) of opioid-specific overdoses have increased rapidly from 2019 through 2021 (though preliminary 2022 data shows a slight decrease, possibly due to lingering COVID-19-related reporting delays). California's SSPs saw demand for naloxone to be distributed to people who are most likely to be present for and able to intervene in an overdose event jump more than sevenfold in that timespan, with 104,306 doses distributed in 2019 and 761,235 distributed in 2022. During the same time period, the number of reported overdoses rose more than threefold, from just over 12,500 to 38,753. However, it should be noted that this is likely a severe undercount since many, if not most, overdose reversals are not reported back to the distributing organization. Because these reversals occur in homes, encampments, and other

places where people use drugs, an accurate tally is not possible, though SSPs do ask participants about reversals when they request more naloxone (Figure 49).

Figure 49. Number of Naloxone Doses Distributed and Overdose Reversals Reported by California SSPs, 2019-2022



Appendix A: Technical Notes

Social Determinants of Health Methodology

SDH selection was made based on CDC recommendations, extensive literature review, and the availability of 2021 SDH-related data. The selected SDH include a given region's median annual household income, poverty, education, access to health insurance, and income inequality (via the Gini index). The SDH variables were obtained from the American Community Survey's (ACS) 2017-2021 five-year average data, due to its timeliness and use of 2020 census tracts for estimating SDH and geographic linkage to HIV incidence. The information utilized in the "SDH among PLWH" section displays the relationship between SDH and persons newly diagnosed with HIV in 2021, specifically adults whose residential address information at time of diagnosis was sufficient for linkage to a specific geographic region (e.g., county or census tract) in California. Incidence is determined from known adults (≥ 18 years old) diagnosed with HIV in California during 2021, whose residence information at time of diagnosis is sufficient to geographically link to a particular 2020 census tract (Table 6) or county (Figure 5). The second variable explored is linkage to HIV medical care within one month of diagnosis based on data for adults with HIV infection diagnosed during 2021 in California that reported complete CD4 and viral load test results to OA. VS within 6 months of HIV diagnosis measured for adults whose infection was diagnosed during 2021 and who resided in California at time of diagnosis is the last outcome variable analyzed in the section.

Census tracts are grouped approximately into quartiles based on the values of each SDH variable, wherein 2021 HIV diagnoses linked to each are totaled, along with associated linkage to care and viral suppression outcomes. Total persons residing within each group of tracts (Table 6), or county (Figure 5) are based on ACS 2017-2021 estimates, from which incidence rates (per 100k) are calculated. Counties are grouped based on geographic subregions of California as defined by the CDPH Regional Public Health Offices, who have identified subregions with unique public health needs, in part through feedback from local health partners.[5] Counties in each subregion are then sorted based on their respective incidence rates. Caution should be taken when comparing both incidence counts and rates of these tables to other tables included in this profile, as they may not be similarly restricted to adults. Further, care should be taken when comparing county and census tract tables, as these represent two different groups of individuals: For instance, persons who were homeless or who specified P.O. boxes for their residential address at time of diagnosis could not be included in census tract-related tables but may be included at the county level if county at time of diagnosis is available. It should also be noted that SDH data may not be available for certain census tracts, and this availability varies between SDH measures present in the ACS. Consequently, totals in Table 6 differ between the five SDH variables, and totals are provided for each.

When examined with outcomes of HIV incidence, LTC, and VS across all California counties, SDH characterize all residents within a given region, while outcomes are among residents who are specifically PLWH. The five SDH included in the analyses are: level of education (% of adult residents without possession of a high school diploma), median annual household

income, level of insurance coverage (% of adult residents without health insurance), level of poverty (% of adult residents with annual incomes below the federal poverty level), and level of income inequality (Gini index, %) – note these labels are abbreviated within the table. Sorting was done by incidence rate for the purpose of illustrating the relationship between SDH and this outcome of interest.

HIV Surveillance Methodology

The information presented in this report is based on HIV surveillance data reported to the OA through December 31, 2022, allowing for a minimum of 12 months' reporting delay. Persons are presumed to reside in California if the most recent available address is in the state.

The term “HIV infection” is defined as any diagnosis of HIV infection that met the CDC surveillance case definition, regardless of the stage of disease (stage 0, 1, 2, 3 [AIDS], or unknown) at time of initial diagnosis. This profile includes estimates of the number of persons who are infected with HIV, but not yet diagnosed. Because persons test at differing times after becoming infected, the number of persons with newly diagnosed HIV infection is not necessarily representative of persons newly infected with HIV (HIV incidence).

Please use caution when interpreting data on trends for groups with fewer than 20 cases. Small fluctuations from year to year can lead to dramatic changes in rates, which may not be indicative of changes in the epidemiology of HIV in these populations.

Age: “Youth” refers to persons aged 13-24 years. For newly diagnosed persons, the age group is based on the date of diagnosis. For PLWH, the age group is based on the age at the end of the specified calendar year. For deaths, the age group is based on the age at death.

Gender: Persons were classified as being transgender if a case report form affirming their transgender status was present in HIV surveillance data by December 31, 2022. Otherwise, individuals were classified according to their sex-at-birth.

Race and ethnicity: Latinx persons can be of any race. Race/ethnicity data were collected using Asian/Native Hawaiian/Pacific Islander as a single category until 2003; therefore, persons who were classified as Asian/Native Hawaiian/Pacific Islander prior to 2003 and for whom no subsequent race/ethnicity information is available are classified as Asian, because they cannot be disaggregated. Although California Government Code Section 8310.5 requires CDPH to tabulate information by expanded ethnicities for each major Asian and Pacific Islander group, the data shown here are not disaggregated into those groups to maintain the confidentiality of these persons.

Geography: Jurisdiction of residence was determined at the time of diagnosis for newly diagnosed persons. For all living and deceased cases, jurisdiction of residence was based on the most recent available address.

Transmission category: Transmission category is the term for classifying cases based on a person’s reported HIV risk factors. The classification is based on a CDC algorithm and results from selecting the single risk factor most likely to have been responsible for transmission, even if multiple risk factors were reported. The CDC hierarchy of risk factors, from most likely to lead to HIV transmission, to least likely, is as follows: MMSC and IDU, MMSC alone, IDU alone,

receipt of clotting factor blood product for treatment of hemophilia or other chronic coagulation disorder, and HRH contact. Non-HRH contact was added by OA and is last in the hierarchy.

Gay, bisexual, and other MSM are in the transmission category of MMSC. Transgender persons who report sexual contact are placed in the transmission category of sexual contact, regardless of IDU. PWID with no MMSC are in the transmission category IDU. Persons whose transmission category is classified as HRH contact are persons who reported engaging in heterosexual intercourse with a person of the opposite sex-at-birth, and that partner was known to be HIV positive or engaged in an activity that put them at high risk for HIV (i.e., MMSC, IDU). The transmission category heterosexual contact non-HRH includes persons with no other identified risk, who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth. The heterosexual categories exclude men who report ever having had sexual contact with both men and women— these persons are classified as MMSC. Perinatal includes persons who were exposed immediately before or during birth, or by breastfeeding. Cases of HIV infection reported without a risk factor listed in the hierarchy of transmission categories are classified as “unknown risk.” “Other” includes exposure to blood transfusion or blood products, receiving a transplant, and other unspecified risks.

Deaths: Persons living with diagnosed HIV infection are presumed to be alive, unless a date of death is available in the California HIV surveillance data system. Tables 8a and 8b contain data on newly diagnosed persons, including persons who died during the year they were diagnosed. Tables 10a and 10b include all persons living with HIV who were alive at the end of the specified calendar year, regardless of when they were diagnosed. Tables 11a and 11b include all persons who died during the calendar year if they resided in California as of the last known address. Deaths from any cause were included.

Rates: Rates per 100,000 persons are based on population estimates from the State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060 (Sacramento, California, Jul 2021). For rates at the city level, we used the U.S. Census Bureau, QuickFacts, Annual Estimates of the Resident Population: July 2021. Dashes (—) indicate where rates could not be calculated due to unknown population denominators.

Rates for Transmission Categories: Traditionally, disease rates take the form of “X number of cases per 100,000” of the population group specified. However, for some populations, such as MMSC, it can be difficult to accurately estimate population denominators. For that reason, rates are not given for some groups and only the number of cases is included.

In Care: Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be in care.

Viral Suppression: Persons whose most recent HIV viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed.

Medical Monitoring Project Methodology

MMP is a cross-sectional survey that, since 2015, has used stratified, 2-stage sampling to achieve a nationally representative sample of PLWDH in the United States and Puerto Rico. In the first sampling stage, 23 project areas from 16 states and Puerto Rico were selected, including Los Angeles, San Francisco, and the California Project Area. The second sampling

stage is carried out annually to select adults ages 18+ with diagnosed HIV infection from the National HIV Surveillance System (NHSS). The sample for each annual cycle is drawn on December 31 of the prior year, data collection begins on June 1, and all cycle activities are completed by May 31 of the following year. For example, the sample for the 2021 cycle was drawn on December 31, 2020, data collection began on June 1, 2021 and the cycle ended on May 31, 2022. People living in California who, as of December 31 of the prior year, had received an HIV diagnosis and were at least 18 years old were eligible to be sampled for the California, Los Angeles, or San Francisco project area MMP, depending on their location of residence.

Staff contacted people by phone and mailed letters. At both the national and local levels, MMP operated as a surveillance activity under a non-research determination. All MMP participants provided informed consent prior to the interview and signed a release of information granting access to their medical records.

Trained behavioral and clinical surveillance (BCS) staff conducted computer-assisted, structured interviews with participants either in-person or by phone. Interviews lasted approximately 1 hour and gathered information on participant demographics, clinical characteristics, health care and auxiliary service use, sexual behaviors, mental health, and substance use. In-person interviews took place at participants' homes, private areas of clinics and doctor's offices, and private spaces within community-based settings such as public library conference rooms. Participants who completed interviews received tokens of appreciation in the form of $50 chain store gift cards.

Staff obtained interview participants' medical records for the two years prior to the interview. Trained BCS staff abstracted information on participant demographics, HIV diagnosis and clinical care, AIDS-related diagnoses, antiretroviral and other medication prescriptions, comorbidities, health care use, and HIV-related laboratory test results.

From 2017 to 2021, MMP interviewed and performed medical record abstractions for 2,765 adults living with HIV in California. Their responses reflect their experiences during the 12 months before their interview, unless otherwise noted, and medical records reflect medical care two years prior to the interview date. Data was collected by the California MMP, Los Angeles MMP, and San Francisco MMP project areas.

Note: Please use caution when interpreting data with fewer than 30 observations.

Weighted Percentages: Non-response weights and post-stratification weights for sex at birth, age at interview, and race/ethnicity were applied to data.

95% Confidence Intervals: 95% confidence interval means the likelihood of the true prevalence falling within the interval is 95%

Retained In HIV Care: Retention in HIV care means two elements of outpatient HIV care at least 90 days apart in the 12-month period.

ART Dose Adherence: Person reported they had 100% dose adherence for their ART regimen.

Sustained Viral Suppression: Persons whose HIV viral load test results for the 12 months prior to interview were all ≤ 200 copies/ml were considered to have sustained viral suppression.

Ancillary Care Services: Person reported a need for any ancillary care service including dental care, Cal Fresh, or Special Supplemental Nutrition Program for Women, Infants, and Children, transportation assistance, mental health services, shelter or housing services, HIV peer group support, meal or food services, HIV case management services, patient navigation services, medicine through ADAP, drug or alcohol counseling or treatment, professional HIV medication adherence support services, or domestic violence services.

Race and ethnicity: Latinx people might be of any race. Persons are classified in only one race/ethnicity category.

Gender: People were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose “transgender” in response to the question about self-identified gender.

Age: Age group is based on age at date of MMP interview.

Sexual Behavior: Sexual behavior was only calculated for persons who had anal or oral sex in the 12 months prior to MMP interview.

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HIV Prevention Methodology and Funding

CDC Funding

Federal funds for HIV prevention typically come from the CDC. Of note, San Francisco and Los Angeles (including the cities of Long Beach and Pasadena) are funded directly by the CDC, so the CPA for CDC funding consists of the remaining 57 California counties.

- **PS-18-1802, Integrated HIV Surveillance and Prevention –** This is the primary funding source for HIV prevention in California to prevent new HIV infections and achieve viral suppression among persons living with HIV. This funding is intended to promote and support improving health outcomes for persons living with HIV through achieving and sustaining viral suppression, and reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts.
- **PS20-2010, Ending the HIV Epidemic** – This initiative is focused on areas where HIV transmission occurs most frequently, providing eight geographic focus areas in California with an infusion of additional resources, expertise, and technology to develop and implement locally tailored EHE plans. San Francisco and Los Angeles received this funding directly from the CDC, and six counties within the CPA received EHE funds via CDPH/OA: Alameda, Orange, Riverside, Sacramento, San Bernadino, and San Diego.

State Funding

These funds are designated in the State budget and are implemented and managed by OA. These funds are issued through a competitive RFA process.

- **PrEP Navigator –** The goal of PrEP navigator is to provide holistic navigational services to connect clients to PrEP, a biomedical intervention that dramatically reduces the likelihood of acquiring HIV. This project focuses on serving people within identified groups that may have a higher likelihood of seroconverting when compared to the general population, and who have traditionally been excluded from public health and preventative care, including Black/African American MSM, Hispanic/Latinx MSM, transgender women, people who test positive for syphilis, and people who test positive for gonorrhea.
- **Project Empowerment –** The goals of Project Empowerment are to improve viral suppression among Black/African American and Latinx people living with HIV (PLWH), and prevent HIV acquisition among Black/African American and Latinx people who are particularly vulnerable to HIV. The intended outcomes include increasing viral suppression, increasing linkage to and retention in HIV care, increasing knowledge of HIV status, and increasing linkage to and uptake of PrEP.
- **Strategic Rapid ART –** The goal of Strategic Rapid ART is to provide Rapid Start ART (i.e., within 0-5 days of engaging the client) to newly identified PLWH, and to those previously diagnosed who have fallen out of care. This activity prioritizes Black/African American and Latinx, MSM, transgender women, and PWID in an effort to reduce disparities in this area.

Funding Distribution in the California Project Area

Funding across the CPA is distributed either based on burden of disease, represented by a formula derived from surveillance data, or via a competitive application process, depending upon the funding source. Of the 57 counties comprising the CPA, CDPH funded 20 for PS18-1802 prevention funded activities and six through EHE. Together, these counties represented 93 percent of the people living with HIV in the CPA in 2018. State funded prevention programs are not limited to the CPA and can directly fund CBOs as well as LHJs.

Health Disparities and Priority Populations

Groups of people who share traits that have been linked to HIV health inequities, such as race/ethnicity, gender, and sexual behavior have been prioritized for various HIV prevention services. Inequities among these groups have been observed in the burden of new infections as well as in rates of PrEP uptake, access to care, and other services. Prioritizing services for populations with inequitable access or outcomes is required to begin to reduce or eliminate health disparities. While each funding source may prioritize specific populations depending upon the services offered and the goals of the program, overarching priority populations include MSM, trans men, trans women, people with alternative genders (sometimes referred to solely as ‘non-binary’), and PWID. Looking at these priority populations individually allows for health inequities to be highlighted.

Prevention and Testing Terminology

Eligible for Referral: the number of people who are screened and determined to be eligible for a PrEP referral to a prescriber

Initiation: taking one pill from prescribed PrEP medication

Linkage: attending an appointment with a prescriber one was referred to

Referred to a Prescriber: the number of people who are eligible for a referral that are referred to a PrEP prescriber

Screened for Eligibility: the number of people initially screened to determine if they are eligible for a referral to a PrEP prescriber

U=U: Undetectable=Untransmittable, or if someone has an undetectable HIV viral load then they cannot sexually transmit the virus to another person

Linkage to HIV Medical Care

The goal of LTC is for a patient newly diagnosed with HIV or previously diagnosed and needing to be re-engaged in HIV care to see an HIV care provider within 30 days of their diagnosis, and to begin ART as soon a medically appropriate. It has now been well established that most clients can be safely started on ART on the day of diagnosis, or re-engagement.

Effective LTC is foundational to reducing new HIV infections in California because people living with HIV on effective treatment who are virally suppressed do not sexually transmit HIV (U=U). Early initiation of HIV treatment and long-term adherence reduces transmission, and individuals on treatment experience better health outcomes overall.

When provided with the opportunity to start ART, most patients accept. Community awareness of universal ART means that many newly diagnosed HIV patients come in expecting and wanting to start medications. Many patients report that deciding to start ART and rapidly achieving viral suppression provides them with the first experience of feeling empowered to successfully live with HIV.

Harm Reduction

SSPs have been operating in California, providing sterile syringes, collecting used syringes, and acting as points of access to health care and social services for people who inject drugs since the late 1980s. SSPs are guided by a harm reduction approach that seeks to reduce the negative consequences that may be associated with drug use for individuals, their families, their social networks, and their communities.

Legality: Under the State of California's HSC Sections 121349-121349.3*, California law permits syringes to be dispensed without a prescription by physicians, pharmacists, and staff or volunteers of an authorized SSP and allows the distribution and possession of materials the CDPH and local health departments deem necessary for preventing communicable disease, injury, or overdoses. These materials include (but are not limited to) cotton, cookers, alcohol swabs, tourniquets, sharps disposal containers, pipes, straws, foil, and naloxone. This provision exempts authorized entities, such as SSPs, from the CA law that prohibits the sale,

distribution, or possession of “drug paraphernalia” in order to allow the distribution of such materials specifically to reduce the spread of bloodborne pathogens including HIV and viral hepatitis.

Supported by ongoing funding via state general funds established through passage of Senate Bill 75 in 2015, the California Syringe Exchange Supply Clearinghouse provides supplies to all authorized California SSPs. In 2016 OA launched the California Syringe Supply Clearinghouse to support syringe services programs in California. Participating SSPs receive an annual allocation based on a formula that takes into account the volume of syringes distributed by each program annually as well as data on local HIV, HCV, and opiate overdose burden. Based on this annual allocation, the Clearinghouse provides harm reduction supplies, including needles and syringes, naloxone, cookers, and other injection equipment, as well as wound care and hygiene supplies, to authorized California SSPs to enhance health and wellness of people who use drugs and increase the stability and quality of harm reduction services in the state.

Data Sources

Data Source	Description
HIV Surveillance Registry	Health care providers and clinical laboratories provide HIV case surveillance data to local health jurisdictions and the Office of AIDS as a routine public health activity required by state law (California HSC 121022 and HSC 120130). Demographic and clinical information is collected on all people living and diagnosed with HIV in California. The Enhanced HIV/AIDS Reporting System (eHARS) is used to record cases and report to the CDC. For additional information on HIV Surveillance in California, please see the Office of AIDS website. For additional information on eHARS and HIV Surveillance, please see CDC’s website.
Medical Monitoring Project (MMP)	Medical Monitoring Project (MMP) is a surveillance activity funded by the CDC and implemented by state and local health departments. It collects behavioral and medical data from interviews and chart abstractions for PLWDH in the United States. For additional information, please see the CDC MMP webpage.

Ryan White HIV/AIDS Program (RWHAP)	All data on HIV care and treatment was obtained from the Health Resources and Services Administration (HRSA). RWHAP providers collected and validated the data used in this report and submitted the data to HRSA through their annual RWHAP Services Reports (RSR). For additional information, please see the HRSA RWHAP website.
American Community Survey	The American Community Survey (ACS) is an ongoing survey collected by the US Census Bureau on social, economic, housing, and demographic characteristics of the population. ACS was used to report data on the general California population and the Social Determinants of Health. For additional information, please see the Census Bureau's ACS website.
California Department of Finance, Population Projections	The population projections used in this report are postcensal calculations compiled by the Demographic Research Unit of the California Department of Finance. Using a 2019 baseline, the population is projected with age, race, and sex detail for each California county and statewide based on the previous year's population, annual births, deaths, and net migration. For additional information, please see the Department of Finance Population Projections website.
STD Control Branch, CDPH	The CDPH STD Control Branch, in collaboration with local health jurisdictions and other community partners in public and private sectors, supports equitable STI, mpox and viral hepatitis prevention and control efforts by providing statewide leadership, policy, guidelines, training, technical assistance, surge capacity and outbreak response; and by supporting safety-net service delivery in priority settings and populations.

	For more information on STI prevention and control in California, please see the CDPH STD Control Branch website.
Local Evaluation Online (LEO) Data System	LEO is a web-based application that captures client-level information relevant to CDPH-OA-funded HIV prevention service delivery activities (e.g., HIV testing, PrEP navigation and follow-up, and support services). 1. For additional information on LEO, please see the CDPH OA webpage.
California Harm Reduction Supply Clearinghouse Renewal Application and Progress Report	This report is completed annually by participating SSPs to capture program data including clients served, hours of operation, budget, distribution policies, and services provided.
National HIV Behavioral Surveillance (NHBS)	NHBS is a CDC-funded comprehensive system for bio-behavioral surveillance among populations at elevated risk for HIV. NHBS collects survey data on behavioral risk factors for HIV (e.g., sexual behaviors, drug use), HIV testing behaviors, receipt of prevention services, and use of prevention strategies (e.g., condoms, PrEP). Each year, one of three rotating participant populations of persons who reside in San Diego, California are recruited: persons who inject drugs, heterosexually active persons at increased risk for HIV infection, and MSM. For additional information on NHBS, please see the CDPH OA webpage or the CDC webpage.
Building Healthy Online Communities (BHOC) TakeMeHome HIV Self Testing	BHOC is a partnership between dating apps, website owners and developers, and public health departments and community members. The apps and websites directly advertise and promote TakeMeHome to their users. More information about BHOC and the programs it runs, including TakeMeHome, please see https://bhocpartners.org/.

Appendix B: Tables

Table 1a. California Population by Race/Ethnicity, 2017-2021

	2017	2018	2019	2020	2021	Trend
Latinx	15,413,557	15,546,009	15,629,350	15,681,521	15,796,762	+2.5%
American Indian/Alaska Native, non-Hispanic	171,696	172,127	172,568	173,029	174,142	+1.4%
Asian, non-Hispanic	5,189,638	5,223,057	5,224,204	5,216,606	5,223,477	+0.7%
Black/African American, non-Hispanic	2,263,241	2,267,832	2,278,099	2,283,480	2,295,724	+1.4%
Native Hawaiian/Pacific Islander, non-Hispanic	142,443	143,162	143,472	143,420	143,836	+1.0%
White, non-Hispanic	15,257,220	15,249,862	15,230,028	15,187,246	15,205,370	-0.3%
Multiple races, non-Hispanic	1,050,635	1,068,300	1,083,474	1,097,117	1,113,958	+6.0%
Total	**39,488,430**	**39,670,349**	**39,761,195**	**39,782,419**	**39,953,269**	**+1.2%**

Source: California Department of Finance Population Projections, July 2021

Table 1b. California Population by Age and Sex at Birth, 2017-2021

		2017	2018	2019	2020	2021	Trend
Female	**0-12**	3,237,150	3,216,912	3,173,631	3,120,951	3,077,583	-4.9%
	13-24	3,284,502	3,273,988	3,264,998	3,259,796	3,261,298	-0.7%
	25-34	2,505,290	2,497,969	2,489,021	2,479,431	2,498,432	-0.3%
	35-44	2,557,637	2,571,001	2,580,124	2,575,581	2,571,120	+0.5%
	45-54	2,603,412	2,577,313	2,544,322	2,517,783	2,507,112	-3.7%
	>= 55	5,597,895	5,733,714	5,862,675	5,977,321	6,099,501	+9.0%
	Total	**19,785,886**	**19,870,897**	**19,914,771**	**19,930,863**	**20,015,046**	**+1.2%**
Male	**0-12**	3,361,126	3,330,872	3,294,049	3,245,614	3,211,021	-4.5%
	13-24	3,522,702	3,513,889	3,499,099	3,489,769	3,488,651	-1.0%
	25-34	2,701,224	2,700,229	2,693,896	2,682,301	2,700,028	0.0%
	35-44	2,629,639	2,658,637	2,677,191	2,677,766	2,685,480	+2.1%
	45-54	2,615,591	2,592,929	2,561,455	2,532,250	2,520,331	- 3.6%
	>= 55	4,872,262	5,002,896	5,120,734	5,223,856	5,332,712	+9.5%
	Total	**19,702,544**	**19,799,452**	**19,846,424**	**19,851,556**	**19,938,223**	**+1.2%**

Source: California Department of Finance Population Projections, July 2021

Table 2a. Percentage of Californians Living Below the Federal Poverty Level, 2017-2021

	2017	2018	2019	2020	2021
Population for whom poverty status is determined	13.3%	12.8%	11.8%	12.6%	12.3%
Race/Ethnicity					
American Indian and Alaska Native alone	19.5%	15.0%	17.8%	18.4%	14.6%
Asian alone	10.3%	10.1%	9.0%	10.0%	10.1%
Black or African American alone	20.9%	19.4%	19.0%	19.6%	19.9%
Native Hawaiian and Other Pacific Islander alone	12.5%	14.5%	10.6%	12.2%	19.1%
White alone	12.1%	11.9%	10.8%	11.4%	9.7%
Some other race alone	18.0%	17.3%	15.8%	17.3%	16.5%
Two or more races	12.5%	11.8%	10.9%	11.7%	12.8%
Latinx (any race)	17.4%	16.5%	15.0%	16.2%	15.1%
White alone, not Hispanic or Latino	9.0%	9.0%	8.3%	8.8%	9.0%
Sex					
Female	14.4%	14.0%	12.7%	13.6%	13.3%
Male	12.2%	11.6%	10.8%	11.5%	11.3%
Age					
Under 5 years	18.8%	17.4%	15.6%	17.0%	15.6%
5 to 17 years	17.9%	17.4%	15.6%	16.7%	15.9%
18 to 34 years	14.8%	13.9%	12.8%	13.8%	13.1%
35 to 64 years	10.6%	10.3%	9.4%	10.1%	10.2%
65 years and over	10.2%	10.5%	10.5%	10.3%	11.1%

Source: American Community Survey 1-year estimates, Table S1701. Note: 5-year estimates were used for 2020 because 1-year estimates were not available. Note: with the exception of White, non-Hispanic or Latino, races listed in the above table could be of any ethnicity.

Table 2b. Percent of Californians Living Below the Federal Poverty Level, 2021

	White Alone	Black/ African American Alone	American Indian/ Alaska Native Alone	Asian Alone	NHPI Alone	Some Other Race Alone	Two or More Races Alone	White Alone, non-Hispanic	Latinx
Overall	9.7%	19.9%	14.6%	9.8%	19.1%	16.5%	12.8%	9.0%	15.1%
Female	8.9%	19.5%	13.2%	9.5%	19.1%	14.7%	11.4%	8.3%	13.5%
Under 18 years	11.4%	26.8%	18.2%	9.5%	26.4%	23.0%	15.2%	9.0%	20.1%
18 to 64 years	8.6%	17.7%	11.1%	8.9%	15.6%	11.3%	9.3%	8.4%	10.4%
65 years and over	7.7%	15.3%	14.8%	11.9%	22.0%	14.8%	11.5%	7.6%	13.5%
Male	10.5%	20.3%	16.1%	10.2%	19.2%	18.3%	14.1%	9.6%	16.7%
Under 18 years	10.7%	26.9%	20.5%	9.2%	25.2%	23.5%	15.5%	8.0%	20.5%
18 to 64 years	10.6%	19.3%	15.0%	9.1%	17.0%	16.4%	13.6%	10.0%	15.1%
65 years and over	9.9%	16.0%	14.4%	14.9%	20.6%	17.1%	13.2%	9.7%	15.2%

NHPI = Native Hawaiian/Pacific Islander

Source: American Community Survey 1-year estimates, 2021, Tables C17001A – C17001I

Table 3. Median Household Income, 2017-2021

	2017	2018	2019	2020	2021
All Households	$71,805	$75,277	$80,440	$78,672	$84,907
Race/Ethnicity of Householder					
American Indian and Alaska Native alone	$52,436	$61,861	$57,620	$60,182	$68,988
Asian alone	$91,622	$97,352	$104,138	$101,380	$109,675
Black or African American alone	$48,559	$53,565	$55,140	$54,976	$58,936
Native Hawaiian and Other Pacific Islander alone	$72,101	$75,798	$83,875	$81,682	$78,988
White alone	$75,460	$77,904	$82,706	$82,157	$93,981
Some other race alone	$53,793	$56,332	$61,687	$59,287	$66,120
Two or more races	$73,189	$78,235	$81,145	$76,733	$77,353
Latinx (any race)	$56,151	$59,440	$63,633	$62,330	$70,081
White alone, not Hispanic or Latino	$83,682	$87,078	$92,154	$90,496	$96,566
Age of Householder					
15 to 24 years	$37,429	$40,116	$44,229	$41,045	$45,964
25 to 44 years	$76,371	$80,528	$86,189	$84,076	$92,837
45 to 64 years	$85,128	$88,822	$94,338	$92,828	$99,571
65 years and over	$51,665	$54,272	$58,371	$57,034	$62,083

Note: The term householder refers to the person (or one of the people) in whose name the housing unit is owned or rented, or if there is no such person, any adult member, excluding roomers, boarders, or paid employees.

Source: American Community Survey 1-year estimates, Table S1903. Note: 5-year estimates were used for 2020 because 1-year estimates were not available. Note: with the exception of White, non-Hispanic or Latino, races listed in the above table could be of any ethnicity.

Table 4a. Educational attainment among Californians Aged 25 and older

	2017	2018	2019	2020	2021
Population 25 years and older					
Less than High School Diploma	16.7%	16.2%	16.0%	16.1%	15.6%
High School Graduate (includes GED)	20.8%	20.7%	20.6%	20.4%	20.7%
Some College (including Associate's)	28.9%	28.8%	28.4%	28.8%	27.5%
Bachelor's Degree or Higher	33.6%	34.2%	35.0%	34.7%	36.2%

Source: American Community Survey 1-year estimates, Table B15002. Note: 5-year estimates were used for 2020 because 1-year estimates were not available.

Table 4b: Percent of Californians aged 25 and older with less than a High School Diploma

	2017	2018	2019	2020	2021
Overall	16.7%	16.2%	16.0%	16.1%	15.6%
Race/Ethnicity					
American Indian and Alaska Native alone	22.8%	21.5%	21.6%	24.0%	29.5%
Asian alone	12.5%	11.6%	11.5%	12.0%	11.4%
Black or African American alone	10.4%	9.4%	9.5%	9.8%	9.3%
Native Hawaiian and Other Pacific Islander alone	12.5%	11.6%	13.5%	13.0%	14.4%
White alone	13.8%	14.0%	13.6%	12.7%	6.2%
Some other race alone	39.2%	38.1%	38.1%	38.7%	36.0%
Two or more races	10.7%	11.2%	10.9%	17.0%	23.9%
Latinx (any race)	35.2%	34.3%	33.6%	33.8%	31.9%
White alone, not Hispanic or Latino	5.0%	4.9%	4.7%	4.9%	4.4%
Sex					
Female	16.5%	16.0%	15.7%	15.8%	15.1%
Male	16.8%	16.4%	16.2%	16.3%	16.1%

Source: American Community Survey 1-year estimates, Table B15002. Note: 5-year estimates were used for 2020 because 1-year estimates were not available.

Table 4c: Percent of Californians aged 25 and older with less than a High School Diploma, 2021

	Female	Male
Overall	15.1%	16.1%
American Indian or Alaska Native alone	27.2%	31.8%
Asian alone	12.5%	10.1%
Black or African American alone	7.9%	10.7%
Native Hawaiian and Other Pacific Islander alone	14.1%	14.7%
White alone	5.8%	6.6%
Some other race alone	35.1%	36.8%
Two or more races	23.0%	24.9%
Latinx (any race)	30.6%	33.1%
White alone, not Hispanic or Latino	4.1%	4.7%

Source: American Community Survey 1-year estimates, Table B15002A – B15002I

Table 5. Percent of Californians without Health Insurance, 2017-2021

	2017	2018	2019	2020	2021
Civilian noninstitutionalized population	7.2%	7.2%	7.7%	7.2%	7.0%
Race/Ethnicity					
American Indian and Alaska Native alone	11.1%	11.0%	11.7%	11.0%	12.9%
Asian alone	4.7%	4.3%	4.8%	4.5%	3.9%
Black or African American alone	5.7%	6.0%	5.7%	5.9%	5.7%
Native Hawaiian and Other Pacific Islander alone	5.9%	7.9%	8.6%	7.5%	6.9%
White alone	6.5%	6.8%	7.2%	6.3%	4.0%
Some other race alone	13.4%	13.3%	14.7%	13.8%	14.0%
Two or more races	4.7%	5.5%	5.0%	7.2%	8.6%
Latinx (any race)	11.6%	11.7%	12.7%	11.8%	11.7%
White alone, not Hispanic or Latino	3.9%	4.0%	4.1%	3.9%	3.4%
Sex					
Female	6.1%	6.1%	6.7%	6.2%	6.0%
Male	8.3%	8.4%	8.7%	8.2%	8.0%
Age					
Under 19 years	3.1%	3.1%	3.6%	3.3%	3.5%
19 to 64 years	10.1%	10.3%	10.9%	10.2%	9.9%
65 years and over	1.1%	1.1%	1.0%	1.1%	1.1%

Source: American Community Survey 1-year estimates, Table S2701. Note: 5-year estimates were used for 2020 because 1-year estimates were not available. Note: with the exception of White, non-Hispanic or Latino, races listed in the above table could be of any ethnicity.

Table 6. Estimated HIV incidence among persons aged ≥13 years, by year of diagnosis and selected demographic characteristics, 2017–2021 — California

		2017		
		Estimate (95% CI)	**% (95% CI)**	**Rate (95% CI)**
Sex at Birth	Male	4,100 (3,600-4,600)	88.6 (87.7-89.5)	25.5 (22.4-28.5)
	Female	530 (380-690)	11.4 (10.5-12.3)	3.2 (2.3-4.1)
Age	13-24	1,100 (840-1,300)	23.6 (22.4-24.8)	17.1 (13.3-21.0)
	25-34	1,700 (1,400-2,000)	36.5 (35.1-37.9)	28.7 (23.5-33.9)
	35-44	950 (710-1,200)	20.4 (19.2-21.6)	18.4 (13.7-23.0)
	45-54	580 (390-770)	12.4 (11.5-13.6)	11.4 (7.6-15.1)
	>=55	330 (190-470)	7.1 (6.4-7.8)	3.2 (1.8-4.6)
Race/Ethnicity	Asian	260 (110-400)	5.6 (4.9-6.3)	5.2 (2.3-8.1)
	Black/African American	760 (590-940)	16.4 (15.3-17.5)	40.3 (31.1-49.5)
	Latinx	2,400 (2,000-2,800)	51.8 (50.4-53.2)	20.0 (16.7-23.2)
	White	1,000 (790-1,200)	21.6 (20.4-22.8)	7.7 (6.1-9.4)
	Multiple Races	180 (80-280)	3.9 (3.3-4.5)	23.8 (10.3-37.4)
Transmission Category	Male-to-male sexual contact (MMSC)	3,600 (3,200-4,000)	77.8 (76.6-79.0)	-
	Injection drug use (IDU)	360 (210-510)	7.8 (7.0-8.6)	-
	MMSC and IDU	220 (110-330)	4.8 (4.1-5.4)	-
	Heterosexual contact	450 (270-630)	9.7 (8.9-10.6)	-
Total		4,700 (4,100-5,200)	100	14.2 (12.6-15.8)

		2018		
		Estimate (95% CI)	**% (95% CI)**	**Rate (95% CI)**
Sex at Birth	Male	4,100 (3,500-4,700)	88.0 (87.1-88.9)	25.0 (21.5-28.6)
	Female	560 (390-740)	12.0 (11.1-12.9)	3.4 (2.3-4.4)
Age	13-24	960 (690-1,200)	20.6 (19.4-21.8)	15.4 (11.1-19.7)
	25-34	1,900 (1,500-2,300)	40.9 (39.5-42.3)	31.3 (24.9-37.7)
	35-44	900 (640-1,200)	19.4 (18.3-20.5)	17.2 (12.2-22.2)
	45-54	520 (300-740)	11.2 (10.3-12.1)	10.3 (6.0-14.6)
	>=55	370 (190-550)	8.0 (7.2-8.8)	3.6 (1.8-5.3)
Race/Ethnicity	Asian	260 (60-460)	5.7 (5.0-6.4)	5.1 (1.1-9.1)
	Black/African American	740 (550-930)	16.2 (15.1-17.3)	38.9 (28.8-49.0)
	Latinx	2,400 (2,000-2,800)	52.5 (51.1-54.0)	19.8 (16.3-23.4)
	White	1,000 (760-1,200)	21.9 (20.7-23.1)	7.7 (5.9-9.6)
	Multiple Races	140 (20-270)	3.1 (2.6-3.6)	18.5 (2.6-34.4)
Transmission Category	Male-to-male sexual contact (MMSC)	3,400 (2,900-3,900)	74.7 (73.4-76.0)	-
	Injection drug use (IDU)	370 (210-530)	8.1 (7.3-8.9)	-
	MMSC and IDU	210 (90-340)	4.6 (4.0-5.2)	-
	Heterosexual contact	570 (310-820)	12.5 (11.5-13.5)	-

Total		4,600 (4,000-5,300)	100	14.1 (12.2-15.9)

		2019		
		Estimate (95% CI)	**% (95% CI)**	**Rate (95% CI)**
Sex at Birth	Male	3,800 (3,100-4,400)	87.2 (86.2-88.2)	23.0 (19.0-27.0)
	Female	560 (360-750)	12.8 (11.8-13.8)	3.3 (2.2-4.5)
Age	13-24	850 (540-1,200)	19.6 (18.4-20.8)	13.7 (8.7-18.7)
	25-34	1,700 (1,300-2,100)	39.3 (37.9-40.8)	28.0 (21.0-35.0)
	35-44	910 (600-1,200)	21.0 (19.8-22.2)	17.2 (11.4-22.9)
	45-54	540 (270-820)	12.5 (11.5-13.5)	11.0 (5.4-16.5)
	>=55	330 (160-500)	7.6 (6.8-8.4)	3.1 (1.5-4.7)
Race/Ethnicity	Asian	200 (50-350)	4.8 (4.2-5.5)	3.8 (0.9-6.8)
	Black/African American	690 (480-900)	16.5 (15.4-17.6)	36.3 (25.3-47.3)
	Latinx	2,200 (1,700-2,600)	52.5 (51.0-54.0)	17.8 (13.9-21.7)
	White	940 (690-1,200)	22.4 (21.1-23.7)	7.4 (5.4-9.3)
	Multiple Races	150 (20-270)	3.6 (3.0-4.2)	18.8 (3.0-34.6)
Transmission Category	Male-to-male sexual contact (MMSC)	3,200 (2,600-3,700)	76.0 (74.7-77.3)	-
	Injection drug use (IDU)	340 (160-520)	8.1 (7.3-8.9)	-
	MMSC and IDU	210 (80-340)	5.0 (4.3-5.7)	-
	Heterosexual contact	460 (250-670)	10.9 (10.0-11.8)	-
Total		4,300 (3,600-5,000)	100	13.1 (11.0-15.1)

		2020		
		Estimate (95% CI)	**% (95% CI)**	**Rate (95% CI)**
Sex at Birth	Male	3,500 (2,700-4,200)	86.4 (85.3-87.5)	20.9 (16.5-25.4)
	Female	550 (330-780)	13.6 (12.5-14.7)	3.3 (2.0-4.7)
Age	13-24	660 (360-960)	16.5 (15.4-17.7)	10.6 (5.8-15.4)
	25-34	1,700 (1,200-2,200)	42.4 (40.9-44.0)	28.6 (20.1-37.1)
	35-44	860 (510-1,200)	21.4 (20.1-22.7)	16.0 (9.5-22.5)
	45-54	450 (220-690)	11.2 (10.2-12.2)	9.1 (4.3-13.8)
	>=55	340 (70-600)	8.5 (7.6-9.4)	3.2 (0.6-5.7)
Race/Ethnicity	Black/African American	600 (380-820)	16.0 (14.8-17.2)	31.5 (19.9-43.0)
	Latinx	2,000 (1,500-2,600)	53.2 (51.6-54.8)	16.3 (12.1-20.6)
	White	890 (620-1,200)	23.7 (22.3-25.1)	7.1 (4.9-9.2)
Transmission Category	Male-to-male sexual contact (MMSC)	2,900 (2,300-3,400)	74.7 (73.3-76.1)	-
	Injection drug use (IDU)	380 (160-590)	9.8 (8.9-10.7)	-
	MMSC and IDU	160 (30-300)	4.1 (3.5-4.7)	-
	Heterosexual contact	440 (210-670)	11.3 (10.3-12.3)	-
Total		4,000 (3,200-4,800)	100	12.1 (9.8-14.4)

		2021		
		Estimate (95% CI)	% (95% CI)	Rate (95% CI)
Sex at Birth	Male	3,500 (2,600-4,400)	85.6 (84.5-86.7)	21.2 (16-26.5)
	Female	590 (330-840)	14.4 (13.3-15.5)	3.5 (2-5.1)
Age	13-24	630 (300-970)	15.6 (14.5-16.7)	10.3 (4.8-15.7)
	25-34	1,600 (1,000-2,200)	39.5 (38.0-41.0)	27.2 (17.3-37.2)
	35-44	1,000 (600-1,500)	24.7 (23.4-26.0)	19.3 (11-27.5)
	45-54	470 (170-770)	11.6 (10.6-12.6)	9.5 (3.4-15.6)
	>=55	350 (80-620)	8.6 (7.7-9.5)	3.3 (0.7-5.8)
Race/Ethnicity	Black/African American	590 (340-840)	15.2 (14.1-16.3)	31.3 (18.2-44.4)
	Latinx	2,200 (1,500-2,800)	56.6 (55.0-58.2)	17.3 (12.3-22.2)
	White	790 (490-1,100)	20.3 (19.0-21.6)	6.4 (4-8.8)
Transmission Category	Male-to-male sexual contact (MMSC)	2,900 (2,200-3,600)	74.0 (72.6-75.4)	-
	Injection drug use (IDU)	340 (90-600)	8.7 (7.8-9.6)	-
	MMSC and IDU	170 (20-330)	4.3 (3.7-4.9)	-
	Heterosexual contact	510 (210-820)	13.0 (12.0-14.1)	-
Total		4,100 (3,200-5,000)	100	12.4 (9.6-15.1)

Table 7a. Persons newly diagnosed with HIV infection, by year of diagnosis and selected demographic characteristics, 2017–2021 — California

		2017			2018			2019			2020			2021		
Characteristic		**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**
Age at diagnosis (in years)	0 to11	8	0.2%	0.1	6	0.1%	0.1	6	0.1%	0.1	6	0.1%	0.1	6	0.1%	0.1
	12 to 14	4	0.1%	0.3	2	0.0%	0.1	2	0.0%	0.1	1	0.0%	0.1	3	0.1%	0.2
	15 to 17	34	0.7%	2.1	33	0.7%	2.1	29	0.6%	1.8	29	0.7%	1.8	35	0.8%	2.2
	18 to 19	131	2.7%	11.2	140	2.9%	11.9	112	2.5%	9.5	80	2.0%	6.9	120	2.7%	10.3
	20 to 24	807	16.5%	26.6	766	15.9%	25.5	666	14.6%	22.4	561	13.9%	19.0	568	12.8%	19.4
	25 to 29	994	20.3%	39.1	990	20.6%	38.0	905	19.8%	34.1	859	21.3%	32.0	835	18.8%	30.7
	30 to 34	765	15.6%	28.7	797	16.6%	30.7	767	16.8%	30.3	725	18.0%	29.3	811	18.2%	32.7
	35 to 39	582	11.9%	21.8	567	11.8%	20.9	603	13.2%	22.0	481	11.9%	17.7	624	14.0%	23.3
	40 to 44	431	8.8%	17.2	392	8.2%	15.6	397	8.7%	15.8	363	9.0%	14.3	404	9.1%	15.6
	45 to 49	383	7.8%	14.5	383	8.0%	14.6	333	7.3%	12.9	295	7.3%	11.7	295	6.6%	11.9
	50 to 54	331	6.7%	12.8	267	5.6%	10.5	297	6.5%	11.8	249	6.2%	9.8	281	6.3%	11.0
	55 to 59	218	4.4%	8.5	217	4.5%	8.5	227	5.0%	8.9	178	4.4%	7.0	231	5.2%	9.3
	60 to 64	125	2.5%	5.5	122	2.5%	5.2	125	2.7%	5.3	117	2.9%	4.9	135	3.0%	5.6
	65 to 74	78	1.6%	2.4	105	2.2%	3.1	77	1.7%	2.2	72	1.8%	2.0	86	1.9%	2.3
	≥ 75	14	0.3%	0.6	17	0.4%	0.7	14	0.3%	0.6	12	0.3%	0.5	10	0.2%	0.4
Race/ethnicity	Latinx	2,299	46.9%	14.9	2,342	48.8%	15.1	2,287	50.2%	14.6	2,042	50.7%	13.0	2,307	51.9%	14.6
	American Indian/Alaska Native	16	0.3%	9.3	13	0.3%	7.6	17	0.4%	9.9	9	0.2%	5.2	21	0.5%	12.1
	Asian	356	7.3%	6.9	276	5.7%	5.3	253	5.5%	4.8	213	5.3%	4.1	227	5.1%	4.3
	Black/African American	811	16.5%	35.8	820	17.1%	36.2	774	17.0%	34.0	679	16.9%	29.7	777	17.5%	33.8
	Native Hawaiian/Other Pacific Islander	12	0.2%	8.4	17	0.4%	11.9	12	0.3%	8.4	12	0.3%	8.4	16	0.4%	11.1
	White	1,226	25.0%	8.0	1,175	24.5%	7.7	1,088	23.9%	7.1	963	23.9%	6.3	1,009	22.7%	6.6
	Multiple races	185	3.8%	17.6	161	3.4%	15.1	129	2.8%	11.9	110	2.7%	10.0	87	2.0%	7.8
Gender	Cisgender men	4,269	87.0%	21.7	4,140	86.2%	20.9	3,886	85.2%	19.6	3,405	84.5%	17.2	3,753	84.5%	18.8
	Cisgender women	549	11.2%	2.8	567	11.8%	2.9	544	11.9%	2.7	503	12.5%	2.5	552	12.4%	2.8
	Trans women	82	1.7%	-	85	1.8%	-	120	2.6%	-	114	2.8%	-	125	2.8%	-
	Trans men	4	0.1%	-	12	0.2%	-	9	0.2%	-	4	0.1%	-	8	0.2%	-
	Alternative gender identity	1	0.0%	-	0	0.0%	-	1	0.0%	-	2	0.0%	-	6	0.1%	-
	Total	**4,905**		**12.4**	**4,804**		**12.1**	**4,560**		**11.5**	**4,028**		**10.1**	**4,444**		**11.1**

Note: Rates are per 100,000 population. Dash (—) indicates rates not calculated due to unknown population denominators. Until 2003, Asian/Native Hawaiian/Pacific Islander was classified as a single category; therefore persons with race/ethnicity data only available prior to 2003 are classified as Asian because they cannot be disaggregated.

Table 7b. Persons newly diagnosed with HIV infection, by year of diagnosis and transmission category, 2017–2021 — California

Demographic group	Transmission category	2017	%	2018	%	2019	%	2020	%	2021	%
Cisgender men (age ≥12 at diagnosis)	Male-to-male sexual contact (MMSC)	3,146	73.7%	3,051	73.7%	2,783	71.7%	2,327	68.4%	2,526	67.4%
	Injection drug use (IDU)	151	3.5%	161	3.9%	145	3.7%	125	3.7%	160	4.3%
	MMSC and IDU	197	4.6%	193	4.7%	180	4.6%	128	3.8%	141	3.8%
	High-risk heterosexual contact	111	2.6%	115	2.8%	75	1.9%	66	1.9%	83	2.2%
	Heterosexual contact (non-high-risk)	302	7.1%	339	8.2%	336	8.7%	322	9.5%	386	10.3%
	Perinatal/Unknown risk/Other	359	8.4%	278	6.7%	363	9.4%	433	12.7%	454	12.1%
	Subtotal	**4,266**	**87.0%**	**4,137**	**86.1%**	**3,882**	**85.1%**	**3,401**	**84.4%**	**3,750**	**84.4%**
Cisgender women (age ≥12 at diagnosis)	Injection drug use (IDU)	86	15.8%	74	13.1%	76	14.0%	73	14.6%	80	14.6%
	High-risk heterosexual contact	180	33.1%	182	32.3%	153	28.2%	122	24.4%	124	22.6%
	Heterosexual contact (non-high-risk)	219	40.3%	255	45.2%	253	46.7%	232	46.3%	279	50.8%
	Perinatal/Unknown risk/Other	59	10.8%	53	9.4%	60	11.1%	74	14.8%	66	12.0%
	Subtotal	**544**	**11.1%**	**564**	**11.7%**	**542**	**11.9%**	**501**	**12.4%**	**549**	**12.4%**
Trans women (age ≥12 at diagnosis)	Sexual contact	76	92.7%	82	96.5%	116	96.7%	111	97.4%	115	92.0%
	Injection drug use (IDU)	0	0.0%	2	2.4%	1	0.8%	0	0.0%	3	2.4%
	Perinatal/Unknown risk/Other	6	7.3%	1	1.2%	3	2.5%	3	2.6%	7	5.6%
	Subtotal	**82**	**1.7%**	**85**	**1.8%**	**120**	**2.6%**	**114**	**2.8%**	**125**	**2.8%**
Trans men (age ≥12 at diagnosis)	Sexual contact	2	50.0%	8	66.7%	7	77.8%	2	50.0%	7	87.5%
	Injection drug use (IDU)	1	25.0%	2	16.7%	1	11.1%	2	50.0%	0	0.0%
	Perinatal/Unknown risk/Other	1	25.0%	2	16.7%	1	11.1%	0	0.0%	1	12.5%
	Subtotal	**4**	**0.1%**	**12**	**0.2%**	**9**	**0.2%**	**4**	**0.1%**	**8**	**0.2%**
Alternative gender (age ≥12 at diagnosis)	Sexual contact	1	100.0%	0	0.0%	1	100.0%	1	50.0%	5	83.3%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	16.7%
	Subtotal	**1**	**0.0%**	**0**	**0.0%**	**1**	**0.0%**	**2**	**0.0%**	**6**	**0.1%**
Child (age <12 at diagnosis)	Perinatal	6	75.0%	5	83.3%	6	100.0%	6	100.0%	6	100.0%
	Unknown risk	2	25.0%	1	16.7%	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Subtotal	**8**	**0.2%**	**6**	**0.1%**	**6**	**0.1%**	**6**	**0.1%**	**6**	**0.1%**
	Total	**4,905**		**4,804**		**4,560**		**4,028**		**4,444**	

Note: High-risk heterosexual contact: heterosexual intercourse with a person of the opposite sex-at-birth who has a high risk for HIV (e.g., MMSC, IDU).Heterosexual contact (non-high-risk): heterosexual intercourse with a person of the opposite sex-at-birth who does not have a high risk for HIV. Transgender persons who report sexual contact are placed in the transmission category of sexual contact, regardless of IDU. Other includes hemophilia, blood transfusion, and risk factor not reported or not identified. The number of perinatal diagnoses in a given year do not reflect the number of transmissions during that year since some cases are not diagnosed at birth.

Table 8. Estimated HIV prevalence among persons aged ≥ 13 years, by year and selected characteristics, 2017–2021 — California

	Persons living with diagnosed or undiagnosed HIV infection					Persons living with diagnosed HIV infection			
	No.	RSE(%)	95% CI	Rate	95% CI	No.	%	RSE(%)	95% CI
	2017								
Sex at Birth									
Male	137,700	0.9	135,300-140,000	848.5	834.0-863.1	118,847	86.3	0.9	84.9-87.8
Female	17,600	2.3	16,800-18,400	106.0	101.3-110.8	15,422	87.6	2.3	83.9-91.7
Age at infection (yr)									
13-24	7,500	3.2	7,000-7,900	118.3	110.8-125.8	3,017	40.4	3.2	38.0-43.1
25-34	26,000	1.5	25,200-26,800	432.7	420.0-445.5	18,423	70.9	1.5	68.9-73.1
35-44	29,300	1.2	28,600-29,900	563.6	550.2-577.1	25,001	85.5	1.2	83.5-87.5
45-54	43,800	0.9	43,000-44,600	856.2	840.7-871.7	40,929	93.5	0.9	91.8-95.2
>=55	48,800	1.1	47,700-49,800	477.9	467.3-488.5	46,899	96.2	1.1	94.1-98.4
Race/ethnicity			-						
AI/AN	370	18.9	300-500	259.8	215.4-356.3	303	82.9	12.2	60.5-100.0
Asian	6,600	3.9	6,000-7,100	132.2	122.1-142.4	5,291	80.8	3.9	75.0-87.5
Black/African American	25,400	2.0	24,400-26,400	1344.0	1292.0-1397.0	22,361	87.9	2.0	84.6-91.5
Latinx	60,400	1.2	59,000-61,900	506.9	494.6-519.3	49,243	81.5	1.3	79.5-83.5
NH/PI	290	18.3	220-400	239.5	181.8-325.4	221	75.9	14.8	55.9-100.0
White	55,900	1.4	54,400-57,500	429.1	417.0-441.1	51,654	92.3	1.4	89.8-95.0
Multiple races	6,100	3.7	5,600-6,500	804.5	746.5-862.4	5,193	85.7	3.7	80.0-92.4
Transmission category									
MMSC	114,600	0.9	112,500-116,700	-	-	98,538	86.0	0.9	84.4-87.6
IDU	11,100	3.4	10,300-11,800	-	-	9,606	86.7	3.4	81.2-92.9
Male	6,600	4.7	6,000-7,200	-	-	5,704	86.1	4.7	78.9-94.8
Female	4,500	4.9	4,000-4,900	-	-	3,902	87.5	5.0	79.8-96.8
MMSC & IDU	11,300	3.2	10,600-12,000	-	-	10,323	91.6	3.2	86.3-97.7
Heterosexual contact	17,800	2.3	17,000-18,600	-	-	15,471	86.7	2.3	83.0-90.8
Male	4,800	4.9	4,400-5,300	-	-	4,081	84.3	5.0	76.8-93.3
Female	13,000	2.6	12,300-13,700	-	-	11,390	87.6	2.6	83.4-92.2
Total	**155,300**	**0.8**	**152,800-157,700**	**473.0**	**465.4-480.6**	**134,269**	**86.5**	**0.8**	**85.1-87.9**

	Persons living with diagnosed or undiagnosed HIV infection					Persons living with diagnosed HIV infection			
	No.	RSE(%)	95% CI	Rate	95% CI	No.	%	RSE(%)	95% CI
	2018								
Sex at Birth									

Male	138,500	0.9	136,100-140,900	849.4	834.4-864.3	119,861	86.5	0.9	85.0-88.1
Female	17,700	2.3	169,00-18,500	106.3	101.5-111.2	15,574	87.8	2.3	84.0-92.0
Age at infection (yr)									
13-24	6,700	3.8	6,200-7,200	107.8	99.8-115.8	2,964	44.0	3.8	40.9-47.5
25-34	26,800	1.6	26,000-27,700	444.4	430.2-458.6	18,991	70.8	1.6	68.6-73.1
35-44	29,500	1.3	28,700-30,300	563.0	548.7-577.4	25,106	85.1	1.3	83-87.3
45-54	41,200	1.0	40,400-42,000	816.9	801-832.7	38,397	93.1	1.0	91.3-95.0
>=55	51,900	1.1	50,800-53,100	499.1	488.2-510.0	49,977	96.2	1.1	94.2-98.4
Race/ethnicity									
AI/AN	370	19.8	300-520	265.0	212.4-368.0	298	80.2	13.5	57.7-100.0
Asian	6,700	4.1	6,200-7,300	133.7	122.9-144.5	5,500	81.6	4.1	75.5-88.7
Black/African American	25,600	2.0	24,600-26,600	1348.0	1294.0-1402.0	22,579	88.3	2.1	84.9-92.0
Latinx	62,000	1.3	60,500-63,600	513.6	500.8-526.3	50,765	81.9	1.2	79.9-83.9
NH/PI	290	18.8	230-400	239.7	188.5-328.1	231	78.6	13.8	57.5-100.0
White	54,900	1.5	53,400-56,500	424.8	412.5-437.1	50,825	92.5	1.5	89.9-95.3
Multiple races	6,100	3.8	5,600-6,500	788.1	729.1-847.1	5,234	86.1	3.8	80.1-93.0
Transmission category									-
MMSC	115,600	1.0	113,400-117,800	-	-	99,784	86.3	1.0	84.7-88.0
IDU	11,000	3.5	10,300-11,800	-	-	9,526	86.4	3.6	80.8-92.9
Male	6,600	4.8	5,900-7,200	-	-	5,637	85.9	4.9	78.5-95.0
Female	4,500	5.0	4,000-4,900	-	-	3,889	87.2	5.1	79.4-96.7
MMSC & IDU	11,000	3.3	10,300-11,800	-	-	10,120	91.6	3.3	86.1-98.0
Heterosexual contact	18,100	2.4	17,200-18,900	-	-	15,688	86.8	2.4	83.0-91.1
Male	4,900	5.3	4,400-5,400	-	-	4,128	83.8	5.4	75.9-93.5
Female	13,100	2.6	12,500-13,800	-	-	11,560	88.0	2.6	83.7-92.7
Total	**156,200**	**0.8**	**153,700-158,800**	**473.7**	**465.9-481.5**	**135,435**	**86.7**	**0.8**	**85.3-88.1**

	Persons living with diagnosed or undiagnosed HIV infection					Persons living with diagnosed HIV infection			
	No.	RSE(%)	95% CI	Rate	95% CI	No.	%	RSE(%)	95% CI
	2019								
Sex at Birth									
Male	140,000	0.9	137,500-142,500	856.2	840.7-871.7	121,638	86.9	0.9	85.3-88.5
Female	18,000	2.4	17,200-18,800	107.6	102.6-112.6	15,829	88.0	2.3	84.1-92.2
Age at infection (yr)									
13-24	6,000	4.6	5,400-6,500	96.6	87.8-105.3	2,815	47.1	4.7	43.2-51.8

25-34	27,200	1.8	26,200-28,200	449.8	434.0-465.6	19,302	71.0	1.8	68.6-73.5
35-44	30,100	1.4	29,200-30,900	570.2	554.5-585.8	25,478	84.7	1.4	82.5-87.1
45-54	39,000	1.1	38,200-39,900	785.4	768.7-802.2	36,208	92.8	1.1	90.8-94.8
>=55	55,700	1.1	54,600-56,900	526.0	514.9-537.2	53,664	96.3	1.1	94.3-98.4
Race/ethnicity									
AI/AN	380	20.0	310-530	271.4	222.3-377.7	310	81.9	12.8	58.9-100.0
Asian	6,900	4.2	6,400-7,500	135.4	124.3-146.4	5,735	82.8	4.2	76.6-90.2
Black/African American	25,900	2.1	24,800-26,900	1362.0	1,307.0-1,417.0	22,965	88.8	2.1	85.3-92.5
Latinx	63,600	1.3	62,000-65,200	520.8	507.6-534.0	52,465	82.5	1.3	80.4-84.6
NH/PI	290	19.2	240-400	236.8	193.7-325.8	239	81.8	12.7	59.4-100.0
White	54,500	1.5	52,900-56,100	425.7	413.1-438.3	50,493	92.7	1.5	90.0-95.5
Multiple races	6,100	3.9	5,700-6,600	777.0	717.0-837.0	5,257	85.8	4.0	79.7-93.0
Transmission category									
MMSC	117,100	1.0	114,900-119,400	-	-	101,611	86.8	1.0	85.1-88.5
IDU	11,000	3.6	10,300-11,800	-	-	9,553	86.5	3.7	80.7-93.1
Male	6,500	5.0	5,900-7,200	-	-	5,626	86.1	5.1	78.4-95.5
Female	4,500	5.1	4,100-5,000	-	-	3,927	87.0	5.2	79.1-96.7
MMSC & IDU	11,000	3.4	10,200-11,700	-	-	10,061	91.8	3.4	86.1-98.3
Heterosexual contact	18,300	2.4	17,400-19,200	-	-	15,931	87.1	2.4	83.2-91.5
Male	5,000	5.5	4,400-5,500	-	-	4,152	83.9	5.5	75.8-93.9
Female	13,300	2.6	12,600-14,000	-	-	11,779	88.4	2.7	84.0-93.2
Total	**158,000**	**0.9**	**155,300-160,700**	**477.8**	**469.7-485.8**	**137,467**	**87.0**	**0.9**	**85.6-88.5**

	Persons living with diagnosed or undiagnosed HIV infection					Persons living with diagnosed HIV infection			
	No.	RSE(%)	95% CI	Rate	95% CI	No.	%	RSE(%)	95% CI
	2020								
Sex at Birth									
Male	141,200	1.0	138,500-143,800	854.9	838.9-870.9	122,927	87.1	0.9	85.5-88.7
Female	18,200	2.4	17,400-19,100	109.4	104.2-114.6	16,024	87.9	2.4	83.9-92.3
Age at infection (yr)									
13-24	5,100	5.6	4,500-5,600	81.8	72.8-90.7	2,548	50.2	5.6	45.2-56.3
25-34	27,200	2.0	26,100-28,200	456.5	438.5-474.5	19,190	70.7	2.0	68.0-73.6
35-44	31,000	1.5	30,100-31,900	575.3	558.1-592.5	26,060	84.1	1.5	81.6-86.7
45-54	36,900	1.2	36,000-37,700	739.9	723.0-756.8	34,152	92.6	1.2	90.5-94.8
>=55	59,300	1.1	58,000-60,500	557.2	545.4-568.9	57,001	96.2	1.1	94.2-98.2

Race/ethnicity									
AI/AN	400	21.2	310-570	286.2	224.7-405.3	314	78.5	14.5	55.4-100.0
Asian	7,100	4.2	6,500-7,600	136.7	125.3-148.1	5,924	84.0	4.3	77.5-91.6
Black/African American	26,000	2.1	24,900-27,100	1368.0	1,311.0-1424.0	23,182	89.1	2.1	85.6-92.9
Latinx	65,000	1.3	63,300-66,700	521.8	508.0-535.5	53,844	82.9	1.4	80.7-85.1
NH/PI	300	19.3	250-420	244.4	202.5-336.8	251	82.8	12.3	60.1-100.0
White	54,100	1.5	52,500-55,700	429.8	416.8-442.8	50,205	92.8	1.5	90.1-95.7
Multiple races	6,100	4.1	5,600-6,500	752.0	692.0-812.0	5,228	86.3	4.1	79.9-93.8
Transmission category									
MMSC	118,300	1.0	116,000-120,700	-	-	103,087	87.1	1.0	85.4-88.9
IDU	11,100	3.7	10,300-11,900	-	-	9,581	86.1	3.8	80.2-92.9
Male	6,600	5.1	5,900-7,200	-	-	5,616	85.6	5.2	77.8-95.2
Female	4,600	5.2	4,100-5,000	-	-	3,964	86.8	5.3	78.7-96.7
MMSC & IDU	10,800	3.5	10,000-11,500	-	-	9,903	91.8	3.5	85.9-98.5
Heterosexual contact	18,400	2.5	17,500-19,300	-	-	16,077	87.2	2.5	83.2-91.8
Male	4,900	5.7	4,400-5,500	-	-	4,138	84.1	5.8	75.6-94.7
Female	13,500	2.7	12,800-14,200	-	-	11,940	88.4	2.7	84.0-93.4
Total	**159,400**	**0.9**	**156,600-162,200**	**480.5**	**472.1-488.9**	**138,951**	**87.2**	**0.9**	**85.7-88.7**

	Persons living with diagnosed or undiagnosed HIV infection					Persons living with diagnosed HIV infection			
	No.	RSE(%)	95% CI	Rate	95% CI	No.	%	RSE(%)	95% CI
	2021								
Sex at Birth									
Male	141,900	1.0	139,100-144,700	862.0	845.0-878.9	124,167	87.5	1.0	85.8-89.2
Female	18,500	2.5	17,500-19,400	111.0	105.6-116.5	16,236	88.0	2.5	83.9-92.5
Age at infection (yr)									
13-24	4,300	7.0	3,700-4,900	69.3	59.8-78.9	2,408	56.2	7.2	49.4-65.2
25-34	26,800	2.3	25,600-28,100	459.7	439.0-480.4	19,040	70.9	2.3	67.9-74.3
35-44	32,000	1.7	30,900-33,000	591.0	571.7-610.3	26,719	83.6	1.6	81-86.4
45-54	35,200	1.3	34,300-36,100	715.1	697.1-733.2	32,551	92.4	1.3	90.1-94.8
>=55	62,100	1.1	60,800-63,400	578.2	566.0-590.4	59,685	96.2	1.1	94.2-98.2
Race/ethnicity									
AI/AN	420	23.8	330-610	299.5	234.5-439.3	325	78.3	15.2	53.4-100.0
Asian	7,200	4.4	6,600-7,800	138.5	126.4-150.6	6,105	84.9	4.5	78.1-93.0
Black/African American	26,100	2.1	25,000-27,200	1378.0	1,320.0-1,436.0	23,458	89.9	2.2	86.2-93.8
Latinx	66,400	1.4	64,600-68,200	527.0	512.5-541.5	55,379	83.4	1.4	81.2-85.8

NH/PI	330	20.4	270-470	267.6	214.9-374.6	267	80.3	13.5	57.4-100.0
White	53,400	1.6	51,700-55,100	433.4	419.9-447.0	49,729	93.1	1.6	90.3-96.1
Multiple races	6,000	4.2	5,500-6,400	727.7	667.0-788.4	5,137	86.3	4.3	79.6-94.1
Transmission category									
MMSC	119,200	1.0	116,800-121,700	-	-	104,505	87.6	1.0	85.9-89.5
IDU	11,100	3.9	10,300-12,000	-	-	9,597	86.4	4.0	80.2-93.6
Male	6,500	5.5	5,800-7,200	-	-	5,586	86.0	5.5	77.7-96.3
Female	4,600	5.5	4,100-5,100	-	-	4,011	86.9	5.5	78.5-97.3
MMSC & IDU	10,600	3.6	9,900-11,400	-	-	9,758	92.0	3.7	85.8-99.0
Heterosexual contact	18,600	2.6	17,700-19,600	-	-	16,247	87.3	2.6	83.0-92.0
Male	4,900	6.2	4,300-5,500	-	-	4,141	84.2	6.3	75.1-95.9
Female	13,700	2.8	12,900-14,400	-	-	12,106	88.4	2.8	83.9-93.5
Total	**160,400**	**0.9**	**157,400-163,300**	**484.8**	**475.9-493.7**	**140,403**	**87.5**	**0.9**	**86-89.2**

Table 9a. Persons living with diagnosed HIV infection, by year and selected demographic characteristics, 2017–2021 — California

		2017			2018			2019			2020			2021		
Characteristic		**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**
Age at year end (years)	0 to11	117	0.1%	1.9	106	0.1%	1.8	91	0.1%	1.5	79	0.1%	1.4	75	0.1%	1.3
	12 to 14	77	0.1%	5.0	63	0.0%	4.1	57	0.0%	3.6	55	0.0%	3.5	49	0.0%	3.1
	15 to 17	100	0.1%	6.3	103	0.1%	6.5	113	0.1%	7.1	108	0.1%	6.8	106	0.1%	6.6
	18 to 19	252	0.2%	21.6	243	0.2%	20.7	223	0.2%	19.0	186	0.1%	16.0	211	0.1%	18.2
	20 to 24	3,060	2.3%	101.0	2,955	2.2%	98.5	2,764	2.0%	93.1	2,515	1.8%	85.3	2,332	1.7%	79.6
	25 to 29	8,023	5.9%	315.8	8,049	5.9%	309.2	7,918	5.7%	298.2	7,742	5.5%	288.4	7,385	5.2%	271.7
	30 to 34	10,900	8.0%	408.9	11,244	8.3%	433.3	11,677	8.5%	462.0	11,767	8.4%	475.0	11,992	8.5%	483.5
	35 to 39	12,255	9.0%	458.1	12,447	9.1%	457.8	12,582	9.1%	459.0	12,912	9.3%	475.8	13,249	9.4%	495.5
	40 to 44	12,861	9.5%	511.9	12,677	9.3%	505.0	12,880	9.3%	511.9	13,158	9.4%	518.1	13,511	9.6%	523.1
	45 to 49	17,963	13.3%	680.4	16,561	12.2%	631.4	15,506	11.2%	600.7	14,368	10.3%	570.0	13,718	9.7%	553.5
	50 to 54	22,978	17.0%	890.9	21,772	16.0%	854.6	20,619	14.9%	816.7	19,712	14.1%	779.4	18,790	13.3%	737.1
	55 to 59	20,447	15.1%	799.8	21,261	15.6%	828.4	22,147	16.1%	863.6	22,491	16.1%	888.4	22,075	15.7%	885.0
	60 to 64	13,290	9.8%	584.2	14,084	10.3%	605.8	15,080	10.9%	640.4	16,246	11.6%	681.9	17,387	12.3%	721.8
	65 to 74	11,042	8.2%	335.4	12,189	9.0%	356.8	13,563	9.8%	383.4	15,002	10.8%	409.6	16,516	11.7%	435.7
	≥ 75	2,103	1.6%	89.6	2,389	1.8%	98.3	2,742	2.0%	108.5	3,165	2.3%	120.6	3,605	2.6%	131.7
Race/ethnicity	Latinx	49,617	36.6%	321.9	50,995	37.5%	328.0	52,660	38.2%	336.9	54,076	38.8%	344.8	55,629	39.5%	352.2
	American Indian/Alaska Native	307	0.2%	178.8	300	0.2%	174.3	312	0.2%	180.8	315	0.2%	182.1	326	0.2%	187.2
	Asian	5,340	3.9%	102.9	5,536	4.1%	106.0	5,773	4.2%	110.5	5,970	4.3%	114.4	6,152	4.4%	117.8
	Black/African American	22,792	16.8%	1,007.1	22,890	16.8%	1,009.3	23,190	16.8%	1,018.0	23,403	16.8%	1,024.9	23,683	16.8%	1,031.6
	Native Hawaiian/Other Pacific Islander	223	0.2%	156.6	232	0.2%	162.1	240	0.2%	167.3	252	0.2%	175.7	268	0.2%	186.3
	White	51,894	38.3%	340.1	50,887	37.4%	333.7	50,471	36.6%	331.4	50,203	36.0%	330.6	49,740	35.3%	327.1
	Multiple races	5,291	3.9%	503.6	5,299	3.9%	496.0	5,312	3.9%	490.3	5,283	3.8%	481.5	5,199	3.7%	466.7
	Unknown race	4	0.0%	-	4	0.0%	-	4	0.0%	-	4	0.0%	-	4	0.0%	-
Gender	Cisgender men	117,621	86.8%	597.0	118,136	86.8%	596.7	119,602	86.7%	602.6	120,854	86.6%	608.8	122,021	86.5%	612.0
	Cisgender women	15,821	11.7%	80.0	15,921	11.7%	80.1	16,155	11.7%	81.1	16,364	11.7%	82.1	16,580	11.8%	82.8
	Trans women	1,964	1.4%	-	2,013	1.5%	-	2,125	1.5%	-	2,204	1.6%	-	2,302	1.6%	-
	Trans men	53	0.0%	-	65	0.0%	-	72	0.1%	-	74	0.1%	-	80	0.1%	-
	Alternative gender identity	9	0.0%	-	8	0.0%	-	8	0.0%	-	10	0.0%	-	18	0.0%	-
	Total	**135,468**		**343.1**	**136,143**		**343.2**	**137,962**		**347.0**	**139,506**		**350.7**	**141,001**		**352.9**

Note: Rates are per 100,000 population. Dash (—) indicates rates not calculated due to unknown population denominators. Until 2003, Asian/Native Hawaiian/Pacific Islander was classified as a single category; therefore persons with race/ethnicity data only available prior to 2003 are classified as Asian because they cannot be disaggregated.

Table 9b. Persons living with diagnosed HIV infection, by year and transmission category, 2017–2021 — California

Demographic group	Transmission category	2017	%	2018	%	2019	%	2020	%	2021	%
Cisgender men (age ≥12 at year end)	Male-to-male sexual contact (MMSC)	90,791	77.2%	91,273	77.3%	92,327	77.2%	93,222	77.2%	94,001	77.1%
	Injection drug use (IDU)	5,150	4.4%	5,050	4.3%	5,011	4.2%	4,987	4.1%	4,923	4.0%
	MMSC and IDU	9,384	8.0%	9,136	7.7%	9,020	7.5%	8,839	7.3%	8,671	7.1%
	High-risk heterosexual contact	3,615	3.1%	3,624	3.1%	3,632	3.0%	3,611	3.0%	3,603	3.0%
	Heterosexual contact (non-high-risk)	4,063	3.5%	4,287	3.6%	4,575	3.8%	4,804	4.0%	5,097	4.2%
	Perinatal/Unknown risk/Other	4,563	3.9%	4,719	4.0%	4,993	4.2%	5,351	4.4%	5,690	4.7%
	Subtotal	**117,566**	**86.8%**	**118,089**	**86.7%**	**119,558**	**86.7%**	**120,814**	**86.6%**	**121,985**	**86.5%**
Cisgender women (age ≥12 at year end)	Injection drug use (IDU)	2,807	17.8%	2,734	17.2%	2,695	16.7%	2,671	16.4%	2,664	16.1%
	High-risk heterosexual contact	8,155	51.7%	8,112	51.1%	8,120	50.4%	8,120	49.7%	8,080	48.8%
	Heterosexual contact (non-high-risk)	3,353	21.3%	3,545	22.3%	3,769	23.4%	3,940	24.1%	4,160	25.1%
	Perinatal/Unknown risk/Other	1,444	9.2%	1,471	9.3%	1,524	9.5%	1,594	9.8%	1,637	9.9%
	Subtotal	**15,759**	**11.6%**	**15,862**	**11.7%**	**16,108**	**11.7%**	**16,325**	**11.7%**	**16,541**	**11.7%**
Trans women (age ≥12 at year end)	Sexual contact	1930	98.3%	1976	98.2%	2083	98.0%	2162	98.1%	2248	97.7%
	Injection drug use (IDU)	11	0.6%	13	0.6%	13	0.6%	11	0.5%	14	0.6%
	Perinatal/Unknown risk/Other	23	1.2%	24	1.2%	29	1.4%	31	1.4%	40	1.7%
	Subtotal	**1,964**	**1.4%**	**2,013**	**1.5%**	**2,125**	**1.5%**	**2,204**	**1.6%**	**2,302**	**1.6%**
Trans men (age ≥12 at year end)	Sexual contact	35	66.0%	44	67.7%	49	68.1%	51	68.9%	56	70.0%
	Injection drug use (IDU)	12	22.6%	12	18.5%	13	18.1%	14	18.9%	14	17.5%
	Perinatal/Unknown risk/Other	6	11.3%	9	13.8%	10	13.9%	9	12.2%	10	12.5%
	Subtotal	**53**	**0.0%**	**65**	**0.0%**	**72**	**0.1%**	**74**	**0.1%**	**80**	**0.1%**
Alternative gender (age ≥12 at year end)	Sexual contact	8	88.9%	8	100.0%	8	100.0%	9	90.0%	16	88.9%
	Injection drug use (IDU)	1	11.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	1	10.0%	2	11.1%
	Subtotal	**9**	**0.0%**	**8**	**0.0%**	**8**	**0.0%**	**10**	**0.0%**	**18**	**0.0%**
Child (age <12 at year end)	Perinatal	96	82.1%	88	83.0%	76	83.5%	66	83.5%	63	84.0%
	Unknown risk	19	16.2%	16	15.1%	13	14.3%	11	13.9%	10	13.3%
	Other	2	1.7%	2	1.9%	2	2.2%	2	2.5%	2	2.7%
	Subtotal	**117**	**0.1%**	**106**	**0.1%**	**91**	**0.1%**	**79**	**0.1%**	**75**	**0.1%**
	Total	**135,468**		**136,143**		**137,962**		**139,506**		**141,001**	

Note: High-risk heterosexual contact: heterosexual intercourse with a person of the opposite sex-at-birth who has a high risk for HIV (e.g., MMSC, IDU). Heterosexual contact (non-high-risk): heterosexual intercourse with a person of the opposite sex-at-birth who does not have a high risk for HIV. Transgender persons who report sexual contact are placed in the transmission category of sexual contact, regardless of IDU. Other includes hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 10a. Deaths among persons with diagnosed HIV infection, by year and selected demographic characteristics, 2017–2021 — California

		2017			2018			2019			2020			2021		
Characteristic		**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**	**N**	**%**	**Rate**
Age at death (in years)	0 to11	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
	12 to 14	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	1	0.0%	0.1	0	0.0%	0.0
	15 to 17	1	0.1%	0.1	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
	18 to 19	1	0.1%	0.1	1	0.1%	0.1	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
	20 to 24	10	0.5%	0.3	8	0.4%	0.3	12	0.7%	0.4	11	0.5%	0.4	6	0.3%	0.2
	25 to 29	47	2.6%	1.8	29	1.6%	1.1	44	2.4%	1.7	34	1.6%	1.3	52	2.3%	1.9
	30 to 34	64	3.5%	2.4	73	4.0%	2.8	61	3.3%	2.4	74	3.6%	3.0	108	4.9%	4.4
	35 to 39	95	5.2%	3.6	81	4.4%	3.0	101	5.5%	3.7	89	4.3%	3.3	128	5.8%	4.8
	40 to 44	91	4.9%	3.6	98	5.3%	3.9	107	5.8%	4.3	106	5.1%	4.2	133	6.0%	5.1
	45 to 49	181	9.8%	6.9	152	8.3%	5.8	123	6.7%	4.8	157	7.6%	6.2	147	6.6%	5.9
	50 to 54	289	15.7%	11.2	266	14.5%	10.4	236	12.9%	9.3	248	12.0%	9.8	229	10.3%	9.0
	55 to 59	349	19.0%	13.7	293	15.9%	11.4	328	17.9%	12.8	367	17.8%	14.5	394	17.7%	15.8
	60 to 64	274	14.9%	12.0	306	16.6%	13.2	313	17.1%	13.3	347	16.8%	14.6	350	15.7%	14.5
	65 to 74	297	16.1%	9.0	372	20.2%	10.9	342	18.6%	9.7	430	20.8%	11.7	471	21.2%	12.4
	≥ 75	141	7.7%	6.0	159	8.7%	6.5	167	9.1%	6.6	199	9.6%	7.6	206	9.3%	7.5
Race/ethnicity	Latinx	514	27.9%	3.3	514	28.0%	3.3	508	27.7%	3.3	610	29.6%	3.9	685	30.8%	4.3
	American Indian/Alaska Native	4	0.2%	2.3	3	0.2%	1.7	2	0.1%	1.2	1	0.0%	0.6	7	0.3%	4.0
	Asian	28	1.5%	0.5	36	2.0%	0.7	32	1.7%	0.6	39	1.9%	0.7	42	1.9%	0.8
	Black/African American	364	19.8%	16.1	378	20.6%	16.7	360	19.6%	15.8	419	20.3%	18.3	445	20.0%	19.4
	Native Hawaiian/Other Pacific Islander	0	0.0%	0.0	4	0.2%	2.8	2	0.1%	1.4	2	0.1%	1.4	2	0.1%	1.4
	White	811	44.1%	5.3	784	42.7%	5.1	827	45.1%	5.4	861	41.7%	5.7	882	39.7%	5.8
	Multiple races	119	6.5%	11.3	119	6.5%	11.1	103	5.6%	9.5	131	6.3%	11.9	161	7.2%	14.5
Gender	Cisgender men	1,606	87.3%	8.2	1,581	86.0%	8.0	1,578	86.0%	8.0	1,785	86.5%	9.0	1,890	85.0%	9.5
	Cisgender women	211	11.5%	1.1	235	12.8%	1.2	236	12.9%	1.2	248	12.0%	1.2	290	13.0%	1.4
	Trans women	22	1.2%	-	20	1.1%	-	20	1.1%	-	28	1.4%	-	44	2.0%	-
	Trans men	1	0.1%	-	1	0.1%	-	0	0.0%	-	2	0.1%	-	0	0.0%	-
	Alternative gender identity	0	0.0%	-	1	0.1%	-	0	0.0%	-	0	0.0%	-	0	0.0%	-
	Total	**1,840**		**4.7**	**1,838**		**4.6**	**1,834**		**4.6**	**2,063**		**5.2**	**2,224**		**5.6**

Note: Rates are per 100,000 population. Dash (—) indicates rates not calculated due to unknown population denominators. Until 2003, Asian/Native Hawaiian/Pacific Islander was classified as a single category; therefore persons with race/ethnicity data only available prior to 2003 are classified as Asian because they cannot be disaggregated.

Table 10b. Deaths among persons with diagnosed HIV infection, by year and transmission category, 2017–2021 — California

Demographic group	Transmission category	2017	%	2018	%	2019	%	2020	%	2021	%
Cisgender men (age ≥12 at death)	Male-to-male sexual contact (MMSC)	1,015	63.2%	1,008	63.8%	1,039	65.8%	1,127	63.1%	1,190	63.0%
	Injection drug use (IDU)	148	9.2%	149	9.4%	131	8.3%	143	8.0%	183	9.7%
	MMSC and IDU	232	14.4%	226	14.3%	204	12.9%	258	14.5%	252	13.3%
	High-risk heterosexual contact	62	3.9%	46	2.9%	57	3.6%	73	4.1%	73	3.9%
	Heterosexual contact (non-high-risk)	59	3.7%	68	4.3%	56	3.5%	84	4.7%	78	4.1%
	Perinatal/Unknown risk/Other	90	5.6%	84	5.3%	91	5.8%	100	5.6%	114	6.0%
	Subtotal	**1,606**	**87.3%**	**1,581**	**86.0%**	**1,578**	**86.0%**	**1,785**	**86.5%**	**1,890**	**85.0%**
Cisgender women (age ≥12 at death)	Injection drug use (IDU)	80	37.9%	88	37.4%	90	38.1%	81	32.7%	89	30.7%
	High-risk heterosexual contact	70	33.2%	88	37.4%	94	39.8%	92	37.1%	118	40.7%
	Heterosexual contact (non-high-risk)	43	20.4%	43	18.3%	36	15.3%	51	20.6%	58	20.0%
	Perinatal/Unknown risk/Other	18	8.5%	16	6.8%	16	6.8%	24	9.7%	25	8.6%
	Subtotal	**211**	**11.5%**	**235**	**12.8%**	**236**	**12.9%**	**248**	**12.0%**	**290**	**13.0%**
Trans women (age ≥12 at death)	Sexual contact	22	100.0%	20	100.0%	19	95.0%	27	96.4%	43	97.7%
	Injection drug use (IDU)	0	0.0%	0	0.0%	1	5.0%	1	3.6%	0	0.0%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.3%
	Subtotal	**22**	**1.2%**	**20**	**1.1%**	**20**	**1.1%**	**28**	**1.4%**	**44**	**2.0%**
Trans men (age ≥12 at death)	Sexual contact	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%
	Injection drug use (IDU)	1	100.0%	1	100.0%	0	0.0%	1	50.0%	0	0.0%
	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Subtotal	**1**	**0.1%**	**1**	**0.1%**	**0**	**0.0%**	**2**	**0.1%**	**0**	**0.0%**
Alternative gender (age ≥12 at death)	Sexual contact	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Injection drug use (IDU)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
	Subtotal	**0**	**0.0%**	**1**	**0.1%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
Child (age <12 at death)	Perinatal/Unknown risk/Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Subtotal	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**
	Total	**1,840**		**1,838**		**1,834**		**2,063**		**2,224**	

Note: High-risk heterosexual contact: heterosexual intercourse with a person of the opposite sex-at-birth who has a high risk for HIV (e.g., MMSC, IDU). Heterosexual contact (non-high-risk): heterosexual intercourse with a person of the opposite sex-at-birth who does not have a high risk for HIV. Transgender persons who report sexual contact are placed in the transmission category of sexual contact, regardless of IDU. Other includes hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 11a. Linkage to HIV within 1 Month of Diagnosis by Gender, Race/Ethnicity, Age Group, and Risk/Exposure Group, 2021

New HIV Diagnoses, 2021								
		Diagnosed	Linked to Care in 1 Month		Retained in Care		Achieved Viral Suppression in 6 Months	
Characteristic		N	N	%	N	%	N	%
Gender	Cisgender Men	3,753	3,103	83%	2,875	77%	2,542	68%
	Cisgender Women	552	452	82%	387	70%	347	63%
	Trans Women	125	103	82%	98	78%	84	67%
	Trans Men	8	8	100%	8	100%	8	100%
Race/Ethnicity	American Indian / Alaska Native	21	18	86%	15	71%	12	57%
	Asian	227	198	87%	183	81%	176	78%
	Black/African American	777	609	78%	551	71%	474	61%
	Latinx	2,307	1,922	83%	1,793	78%	1,607	70%
	Native Hawaiian / Other Pacific Islander	16	14	88%	13	81%	13	81%
	White	1,009	839	83%	751	74%	643	64%
	Multiple Races	87	71	82%	66	76%	59	68%
Age	0 to 12	6	5	83%	6	100%	5	83%
	13 to 24	726	586	81%	563	78%	479	66%
	25 to 44	2,674	2,206	83%	2,040	76%	1,824	68%
	45 to 64	942	794	84%	698	74%	617	66%
	≥65	96	80	83%	65	68%	59	62%
Risk/Expoure Group	TGSC	122	103	84%	99	81%	85	70%
	MMSC	2,530	2,172	86%	2,044	81%	1,852	73%
	IDU	243	196	81%	155	64%	113	47%
	MMSC & IDU	142	120	85%	106	75%	91	64%
	High-Risk Heterosexual Contact (HRH)	207	177	86%	164	79%	150	73%
	Perinatal	7	6	86%	7	100%	5	71%
	Heterosexual Contact (Non-HRH)	665	516	78%	475	71%	411	62%

Table 11b. Linkage to HIV Care within 1 Month of HIV Diagnosis by Gender and Race/Ethnicity, 2021

New HIV Diagnoses, 2021				
Gender	**Race/Ethnicity**	**Linked to Care in 1 Month**	**Retained in Care**	**Achieved Viral Suppression in 6 Months**
Cisgender Men	American Indian / Alaska Native	85%	62%	54%
	Asian	87%	83%	78%
	Black / African American	78%	71%	60%
	Latinx	84%	78%	70%
	Native Hawaiian / Other Pacific Islander	86%	79%	79%
	White	83%	76%	65%
	Multiple Races	81%	76%	72%
Cisgender Women	American Indian / Alaska Native	80%	100%	60%
	Asian	87%	61%	78%
	Black / African American	81%	73%	67%
	Latinx	80%	70%	65%
	Native Hawaiian / Other Pacific Islander	100%	100%	100%
	White	85%	68%	56%
	Multiple Races	90%	70%	40%
Transgender Individuals	American Indian / Alaska Native	100%	67%	67%
	Asian	100%	88%	63%
	Black / African American	70%	70%	63%
	Latinx	88%	85%	77%
	Native Hawaiian / Other Pacific Islander	0%	0%	0%
	White	82%	73%	59%
	Multiple Races	50%	100%	50%

Table 11c. Receipt of Medical Care and Viral Suppression Status Among Persons Living with Diagnosed HIV by Gender, Race/Ethnicity, Age Group, and Risk/Exposure Group, 2021

Persons Living with Diagnosed HIV, 2021						
		Diagnosed	In HIV Care (01/01/2021-12/31/2021)		Achieved Viral Suppression (01/01/2021-12/31/2021)	
Characteristic		**N**	**N**	**%**	**N**	**%**
Gender	Cisgender Men	122,021	89,220	73%	79,032	65%
	Cisgender Women	16,580	11,932	72%	10,323	62%
	Trans Women	2,302	1,717	75%	1,395	61%
	Trans Men	80	64	80%	54	68%
Race/Ethnicity	American Indian / Alaska Native	326	218	67%	187	57%
	Asian	6,152	4,678	76%	4,316	70%
	Black/African American	23,683	16,347	69%	13,719	58%
	Latinx	55,629	39,340	71%	34,762	63%
	Native Hawaiian / Other Pacific Islander	268	194	72%	166	62%
	White	49,740	37,860	76%	33,887	68%
	Multiple Races	5,199	4,312	83%	3,776	73%
Age	0 to 12	84	71	85%	66	79%
	13 to 24	2,689	2,155	80%	1,721	64%
	25 to 44	46,137	33,348	72%	28,321	61%
	45 to 64	71,970	52,424	73%	46,931	65%
	≥65	20,121	14,951	74%	13,774	69%
Risk/Expoure Group	TGSC	2,304	1,736	75%	1,418	62%
	MMSC	94,016	71,122	76%	63,808	68%
	IDU	7,615	4,834	64%	3,895	51%
	MMSC & IDU	8,672	6,428	74%	5,346	62%
	HRH	11,683	8,521	73%	7,484	64%
	Perinatal	747	576	77%	471	63%
	Non-HRH	9,257	6,302	68%	5,490	59%

Table 11d. Receipt of Medical Care and Viral Suppression Status Among Persons Living with Diagnosed HIV Infection by Gender and Race/Ethnicity, 2021

Persons Living with Diagnosed HIV, 2021			
Gender	**Race/Ethnicity**	**In HIV Care**	**Achieved Viral Suppression**
Cisgender Men	American Indian / Alaska Native	68%	59%
	Asian	77%	71%
	Black / African American	68%	57%
	Latinx	71%	63%
	Native Hawaiian / Other Pacific Islander	73%	63%
	White	77%	69%
	Multiple Races	83%	73%
Cisgender Women	American Indian / Alaska Native	67%	55%
	Asian	72%	65%
	Black / African American	72%	61%
	Latinx	72%	63%
	Native Hawaiian / Other Pacific Islander	68%	60%
	White	71%	61%
	Multiple Races	84%	71%
Transgender Individuals	American Indian / Alaska Native	40%	30%
	Asian	83%	75%
	Black / African American	73%	57%
	Latinx	74%	60%
	Native Hawaiian / Other Pacific Islander	75%	50%
	White	76%	64%
	Multiple Races	84%	68%

Table 12. Retention in HIV Care, ART Dose Adherence, and Sustained Viral Suppression Status Among Persons Living with Diagnosed HIV Infection by Race/Ethnicity, Gender, Age, and Health Insurance Type for California, Medical Monitoring Project 2017-2021

	Retained in HIV care, past 12 months				ART dose adherent, past 30 days				Has sustained viral suppression, past 12 months			
	Yes		No		Yes		No		Yes		No	
	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)	N	% (95% CI)
Overall	2163	77.6 (75.5-79.7)	455	22.4 (20.3-24.5)	1530	57.6 (55.3-59.9)	1128	42.4 (40.1-44.7)	1933	62.1 (59.8-64.4)	832	37.9 (35.6-40.2)
Race/ethnicity†												
American Indian/Alaska Native	15	77.6 (55.9-99.4)	<5	22.4 (0.6-44.1)	8	53.6 (22.7-84.5)	9	46.4 (15.5-77.3)	11	63.4 (38.0-88.7)	9	36.6 (11.3-62.0)
Asian	58	67.6 (53.9-81.3)	20	32.4 (18.7-46.1)	59	78.7 (68.6-88.7)	22	21.3 (11.3-31.4)	57	46.9 (33.8-60.1)	30	53.1 (39.9-66.2)
Black/African American	336	76 (70.7-81.3)	74	24 (18.7-29.3)	206	48.9 (43.3-54.5)	211	51.1 (45.5-56.7)	279	55.3 (49.7-60.9)	159	44.7 (39.1-50.3)
Latinx	792	78.2 (75.0-81.5)	167	21.8 (18.5-25.0)	538	54.8 (51.1-58.4)	433	45.2 (41.6-48.9)	692	62 (58.3-65.6)	321	38 (34.4-41.7)
Native Hawaiian/Other Pacific Islander	11	81.9 (54.1-100.0)	<5	18.1 (0.0-45.9)	10	80.2 (57.0-100.0)	<5	19.8 (0.0-43.0)	12	85.2 (63.0-100.0)	<5	14.8 (0.0-37.0)
White	841	78 (74.3-81.6)	170	22 (18.4-25.7)	635	63.2 (59.4-67.0)	396	36.8 (33.0-40.6)	784	66.1 (62.2-70.0)	278	33.9 (30.0-37.8)
Multiple Races	110	80.8 (69.8-91.8)	18	19.2 (8.2-30.2)	74	56.3 (45.2-67.4)	53	43.7 (32.6-54.8)	98	67 (55.5-78.6)	33	33 (21.4-44.5)
Current Gender												
Cisgender Male	1848	77.7 (75.4-80.0)	390	22.3 (20.0-24.6)	1318	57.9 (55.4-60.4)	961	42.1 (39.6-44.6)	1661	62.3 (59.8-64.8)	697	37.7 (35.2-40.2)
Cisgender Female	259	76.4 (70.1-82.6)	54	23.6 (17.4-29.9)	174	56.7 (50.2-63.1)	132	43.3 (36.9-49.8)	223	61.9 (55.5-68.3)	108	38.1 (31.7-44.5)
Trans Male/Trans Female	55	79.7 (68.1-91.4)	11	20.3 (8.6-31.9)	38	52.5 (38.4-66.5)	34	47.5 (33.5-61.6)	48	53.7 (39.8-67.6)	27	46.3 (32.4-60.2)
Age at time of interview, in years												
18-30	112	63.3 (53.8-72.8)	43	36.7 (27.2-46.2)	70	41.2 (32.3-50.1)	87	58.8 (49.9-67.7)	97	47.5 (38.6-56.5)	70	52.5 (43.5-61.4)
30-40	282	70.5 (64.7-76.3)	98	29.5 (23.7-35.3)	179	45.6 (39.6-51.6)	195	54.4 (48.4-60.4)	257	56 (49.9-62.0)	141	44 (38.0-50.1)
40-50	427	79.1 (74.7-83.5)	89	20.9 (16.5-25.3)	286	57.2 (52.1-62.3)	234	42.8 (37.7-47.9)	366	59.5 (54.5-64.5)	182	40.5 (35.5-45.5)
≥51	1342	81 (78.3-83.6)	225	19 (16.4-21.7)	995	63.1 (60.2-66.0)	612	36.9 (34.0-39.8)	1213	66.8 (63.8-69.7)	439	33.2 (30.3-36.2)
Type of health insurance or coverage for care or medications, past 12 months**												
RWHAP or ADAP												
Yes	1088	81.1 (78.2-84.0)	188	18.9 (16.0-21.8)	716	55.6 (52.4-58.8)	597	44.4 (41.2-47.6)	967	66.7 (63.5-69.9)	366	33.3 (30.1-36.5)
No	999	74.7 (71.5-77.9)	248	25.3 (22.1-28.5)	772	59.7 (56.4-63.1)	496	40.3 (36.9-43.6)	895	57.5 (54.1-60.9)	438	42.5 (39.1-45.9)
Medicaid												
Yes	1082	77 (73.9-80.2)	209	23 (19.8-26.1)	704	53.7 (50.5-57.0)	593	46.3 (43.0-49.5)	909	58.8 (55.5-62.1)	449	41.2 (37.9-44.5)
No	1042	78.7 (75.8-81.6)	230	21.3 (18.4-24.2)	810	61.9 (58.6-65.1)	513	38.1 (34.9-41.4)	986	65.7 (62.4-69.0)	360	34.3 (31.0-37.6)
Medicare												
Yes	724	84.3 (80.8-87.7)	96	15.7 (12.3-19.2)	528	64.2 (60.3-68.1)	323	35.8 (31.9-39.7)	647	68.5 (64.4-72.7)	218	31.5 (27.3-35.6)
No	1357	75.5 (72.9-78.2)	336	24.5 (72.9-78.2)	965	55.6 (52.7-58.4)	756	44.4 (41.6-47.3)	1211	59.7 (56.8-62.5)	578	40.3 (37.5-43.2)
Private health insurance												
Yes	844	76.8 (73.4-80.1)	206	23.2 (19.9-26.6)	655	60.7 (57.1-64.3)	443	39.3 (35.7-42.9)	802	63.9 (60.3-67.5)	311	36.1 (32.5-39.7)
No	1243	78.3 (75.5-81.1)	234	21.7 (18.9-24.5)	839	55.8 (52.8-58.9)	649	44.2 (41.1-47.2)	1062	60.6 (57.5-63.7)	495	39.4 (36.3-42.5)
Other publicly funded insurance												
Yes	150	82.9 (76.3-89.4)	34	17.1 (10.6-23.7)	97	52.5 (43.1-61.9)	94	47.5 (38.1-56.9)	136	59.1 (49.9-68.3)	66	40.9 (31.7-50.1)
No	1923	77.4 (75.2-79.7)	402	22.6 (20.3-24.8)	1386	58.2 (55.8-60.6)	990	41.8 (39.4-44.2)	1715	62.3 (59.8-64.7)	733	37.7 (35.3-40.2)

Note. All numbers are unweighted and all percentages are weighted percentages; CIs incorporate weighted percentages; Non-response weights and post-stratification weights for sex at birth, age at interview, and race/ethnicity were applied. Retention in HIV care means two elements of outpatient HIV care at least 90 days apart in the 12-month period. Viral suppression means all viral loads <200 copies/mL. MSM=men who had sex with men; MSW=men who had sex with only women; WSM=women who had sex with men; RWHAP=Ryan White HIV/AIDS Program; ADAP=AIDS Drug Assistance Program.

Excluded are estimates with a coefficient of variation ≥0.30, estimates based on a denominator sample size <30, "don't know" responses, and skipped (missing) responses. Estimates with an absolute CI width ≥0.30, estimates with an absolute CI width between 5 and 30 and a relative CI width >130%, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.

† Hispanic or Latino persons might be of any race. Persons are classified in only 1 race/ethnicity category.

** Persons could select more than 1 response for health insurance or coverage for antiretroviral medications or care. Other publicly funded insurance included coverage through Tricare/CHAMPUS, the VA, or other publicly funded insurance. Unknown insurance type means that the person had insurance or coverage for antiretroviral medications or care, but the type of insurance or coverage could not be determined.

Table 13. Number of RWHAP funded providers by Ryan White Part, CA, 2021

Ryan White Funding	N
Part A	157
Part B	104
Part C	54
Part D	20
Multiple Parts	82
TOTAL RWHAP PROVIDERS	**230**

Note: Funding parts are not mutually exclusive, RWHAP programs may be funded by one or multiple RWHAP parts.

Table 14. Number of RWHAP funded facilities providing specific service, CA, 2021

Service Categories	N
CORE MEDICAL SERVICES	
Medical Case Management	124
Outpatient Ambulatory Health Services	119
Mental Health Services	82
Oral Health Care	70
Early Intervention Services	51
Medical Nutrition Therapy	34
Substance Abuse Outpatient Care	28
Home and Community-Based Health Services	20
Health Insurance Premium and Cost Sharing Assistance	17
Community/Local AIDS Pharmaceutical Assistance	9
Home Health Care	5
Hospice	3
SUPPORT SERVICES	
Non-Medical Case Management Services	91
Medical Transportation	90
Food Bank/Home Delivered Meals	79
Emergency Financial Assistance	58
Housing	53
Outreach Services	52
Psychosocial Support Services	33
Referral for Health Care and Support Services	26
Health Education/Risk Reduction	27
Other Professional Services (e.g., Legal Services)	19
Linguistic Services	11
Child Care Services	10
Substance Abuse Services (Residential)	8
Rehabilitation Services	0
Respite Care	0
TOTAL RWHAP PROGRAMS	**230**

Note: Program services are not mutually exclusive, RWHAP providers may be funded for one or multiple services categories.

Table 15. Number and percentage of RWHAP clients receiving specific core medical services and support services, CA, 2017-2021

	2017		2018		2019		2020		2021	
	N	%	N	%	N	%	N	%	N	%
CORE MEDICAL SERVICES										
Outpatient Ambulatory Health Services	35,197	63.20%	35,752	62.80%	33,697	58.00%	36,951	64.80%	37,810	65.30%
Medical Case Management	26,395	47.40%	27,008	47.40%	29,379	50.60%	31,079	54.50%	30,301	52.30%
Oral Health Care	9,631	17.30%	10,095	17.70%	10,201	17.60%	7,775	13.60%	8,298	14.30%
Community/Local AIDS Pharmaceutical Assistance	4,873	8.70%	4,664	8.20%	4,524	7.80%	4,788	8.40%	5,240	9.00%
Mental Health Services	6,718	12.10%	6,004	10.50%	5,436	9.40%	4,877	8.50%	4,580	7.90%
Early Intervention Services	2,979	5.30%	2,503	4.40%	3,380	5.80%	3,576	6.30%	3,284	5.70%
Medical Nutrition Therapy	2,997	5.40%	1,956	3.40%	1,885	3.20%	1,656	2.90%	1,968	3.40%
Substance Abuse Outpatient Care	1,364	2.40%	1,418	2.50%	1,668	2.90%	1,170	2.10%	1,857	3.20%
Health Insurance Premium and Cost Sharing Assistance	1,708	3.10%	1,608	2.80%	1,570	2.70%	1,305	2.30%	1,322	2.30%
Home and Community-Based Health Services	603	1.10%	572	1.00%	438	0.80%	427	0.70%	530	0.90%
Home Health Care	32	0.10%	36	0.10%	63	0.10%	56	0.10%	44	0.10%
Hospice	36	0.10%	37	0.10%	40	0.10%	25	0.00%	27	0.00%
SUPPORT SERVICES										
Non-Medical Case Management Services	18,881	33.90%	16,682	29.30%	16,426	28.30%	17,404	30.50%	16,830	29.00%
Food Bank/Home Delivered Meals	8,347	15.00%	8,589	15.10%	8,923	15.40%	10,102	17.70%	9,015	15.60%
Health Education/Risk Reduction	4,262	7.70%	3,870	6.80%	4,451	7.70%	5,339	9.40%	6,025	10.40%
Medical Transportation	5,998	10.80%	5,975	10.50%	6,271	10.80%	5,379	9.40%	4,384	7.60%
Outreach Services	2,520	4.50%	2,739	4.80%	3,715	6.40%	3,065	5.40%	4,049	7.00%
Emergency Financial Assistance	3,356	6.00%	2,623	4.60%	3,101	5.30%	3,158	5.50%	3,749	6.50%
Referral for Health Care and Support Services	2,728	4.90%	1,711	3.00%	4,605	7.90%	3,236	5.70%	3,596	6.20%
Psychosocial Support Services	2,828	5.10%	1,928	3.40%	2,142	3.70%	1,420	2.50%	2,351	4.10%
Housing	3,237	5.80%	2,811	4.90%	2,334	4.00%	2,180	3.80%	2,265	3.90%
Other Professional Services (e.g., Legal Services)	1,034	1.90%	1,026	1.80%	1,101	1.90%	874	1.50%	872	1.50%
Linguistic Services	150	0.30%	106	0.20%	316	0.50%	456	0.80%	484	0.80%
Child Care Services	384	0.70%	339	0.60%	142	0.20%	150	0.30%	209	0.40%
Substance Abuse Services (Residential)	772	1.40%	259	0.50%	229	0.40%	175	0.30%	150	0.30%
Rehabilitation Services	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Respite Care	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
TOTAL RWHAP CLIENTS	**55,700**		**56,972**		**58,108**		**57,049**		**57,938**	

Table 16. Viral suppression and retention in care in priority populations receiving OAHS from RWHAP providers, CA, 2017-2021

Priority Populations	2017		2018		2019		2020		2021	
	% viral suppression	% retention in care	% viral suppression	% retention in care	% viral suppression	% retention in care	% viral suppression	% retention in care	% viral suppression	% retention in care
Men Who Have Sex with Men	88.50%	82.10%	89.40%	81.70%	90.00%	80.10%	91.50%	80.80%	91.60%	79.30%
Black/African American Women	84.70%	83.00%	85.50%	81.20%	85.60%	77.90%	88.30%	81.10%	89.30%	79.30%
People Who Inject Drugs	84.00%	80.40%	85.00%	79.60%	86.80%	75.50%	88.10%	78.70%	86.30%	74.40%
People with Unstable Housing	71.60%	73.80%	72.00%	73.80%	76.20%	72.40%	77.60%	72.70%	78.20%	71.80%
Transgender Women	84.10%	80.20%	83.90%	82.30%	86.40%	76.90%	87.70%	79.30%	86.20%	79.20%
Youth (13-24)	77.50%	75.80%	76.20%	75.80%	81.90%	66.70%	81.40%	76.00%	84.00%	70.10%
ALL RWHAP CLIENTS RECEIVING OAHS SERVICES	**87.30%**	**82.30%**	**88.10%**	**81.60%**	**89.20%**	**79.90%**	**90.40%**	**80.70%**	**90.70%**	**79.10%**

Note: HRSA calculates retention in care among RWHAP clients with HIV who had at least one OAHS visit by September 1 of the measurement calendar year; clients are considered retained in care if they had a second OAHS visit at least 90 days after; Viral suppression was calculated among clients with HIV who had at least one OAHS visit and at least one viral load test during the measurement calendar year. Viral suppression was defined as a most recent viral load test result of <200 copies/mL. (Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021 (hrsa.gov))

Table 17. Total number and percent completion of PrEP continuum steps, 2019-2022

	Persons Screened for PrEP Eligibility		Persons Eligible for PrEP Referral (of Screened)		Persons Referred to a PrEP Prescriber (of Eligible)		Persons Linked to a PrEP Prescriber (of Referred)		Persons who Initiated PrEP (of Linked)	
	N	%	N	%	N	%	N	%	N	%
Total	56,753	100	41,984	74.0	9,523	22.7	5,949	62.5	5,168	86.9

Table 18. Composition of PrEP continuum steps by priority population, 2019-2022

Priority Population Groups	Screened for Eligibility	Eligible for Referral	Referred to a Prescriber	Linked to a Prescriber	Initiated PrEP	New Diagnoses*
Men who have sex with men	41%	40%	67%	75%	77%	63%
Trans men	1%	1%	1%	1%	1%	0%
Trans women	3%	2%	5%	7%	7%	2%
Alternative Genders	2%	1%	2%	2%	2%	0%
Persons who inject drugs	7%	7%	5%	1%	0%	5%
Other or unknown	47%	49%	21%	15%	13%	30%

*Note: new diagnoses data comes from surveillance data from 2018-2021.

Table 19. HIV testing positivity rate per 1,000 HIV tests by year, 2019-2022

Testing Type		2019	2020	2021	2022
Routine Opt-out Testing	Total HIV Tests	13,645	9,792	14,017	23,995
	Positivity Rate (Total Positive Tests)	8.8 (120)	11.7 (117)	8.3 (121)	3 (73)
Focused Testing	Total HIV Tests	18,143	8,648	15,719	16,542
	Positivity Rate (Total Positive Tests)	10.7 (194)	18.3 (158)	14.6 (229)	14.4 (239)

Note: 11 missing test results are excluded.

Table 20. Routine Opt-out Testing positivity rate per 1,000 HIV tests by age group, 2019-2022

Age Group	2019	2020	2021	2022
	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)
0 to 11	0 (-)	1 (0.0)	0 (-)	162 (0.0)
12 to 17	79 (0.0)	65 (15.4)	171 (0.0)	506 (0.0)
18 to 24	2,385 (6.7)	1,664 (12.6)	2,227 (8.5)	3,803 (2.9)
25 to 34	5,284 (9.3)	3,911 (11.0)	5,310 (9.6)	7,892 (5.1)
35 to 44	2,912 (12.0)	2,086 (17.3)	3,000 (10.7)	4,938 (2.4)
45 to 54	1,755 (8.5)	1,203 (9.1)	1,794 (7.8)	3,310 (2.4)
55 to 64	931 (4.3)	649 (6.2)	1,130 (4.4)	2,549 (0.8)
65+	299 (3.3)	210 (0.0)	363 (0.0)	832 (0.0)

Table 21. Focused testing positivity rate per 1,000 HIV tests by age group, 2019-2022

Age Group	2019	2020	2021	2022
	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)
0 to 11	4 (0.0)	1 (0.0)	1 (0.0)	1 (0.0)
12 to 17	170 (5.9)	78 (0.0)	137 (0.0)	91 (22.0)
18 to 24	3,396 (8.2)	1,455 (12.4)	2,216 (11.7)	2,341 (11.5)
25 to 34	5,681 (10.6)	3,223 (18.9)	5,432 (15.3)	5,858 (17.9)
35 to 44	3,610 (15.0)	1,745 (24.1)	3,361 (20.5)	3,553 (11.0)
45 to 54	2,490 (12.9)	1,024 (16.6)	2,107 (16.1)	2,165 (17.6)
55 to 64	1,791 (7.3)	704 (19.9)	1,581 (8.9)	1,630 (12.9)
65+	762 (6.6)	309 (12.9)	609 (3.3)	671 (8.9)

Table 22. Routine Opt-out Testing positivity rate per 1,000 HIV tests by gender identity, 2019-2022

Gender Identity	2019	2020	2021	2022
	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)
Cisgender men	10,792 (9.8)	7,543 (13.9)	9,317 (11.7)	12,082 (5.1)
Cisgender women	2,756 (4.4)	2,155 (2.3)	4,508 (1.1)	11,413 (0.7)
Alternative or Unknown Gender Identity	92 (21.7)	90 (55.6)	165 (18.2)	375 (8.0)

Note: Trans men, trans women, nonbinary, genderqueer, identity not listed, or declined were combined.

Table 23. Focused testing positivity rate per 1,000 HIV tests by gender identity, 2019-2022

Gender Identity	2019	2020	2021	2022
	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)
Cisgender men	12,958 (12.7)	6,750 (18.2)	11,894 (15.7)	11,832 (16.1)
Cisgender women	4,655 (4.5)	1,555 (18.0)	2,975 (8.4)	3,523 (10.2)
Trans men	102 (0.0)	24 (0.0)	60 (50.0)	101 (19.8)
Trans women	198 (30.3)	106 (18.9)	158 (57.0)	218 (13.8)
Nonbinary	132 (0.0)	64 (15.6)	183 (5.5)	329 (15.2)
Genderqueer	2 (0.0)	1 (0.0)	5 (0.0)	9 (0.0)
Identity not listed	25 (0.0)	3 (0.0)	17 (0.0)	56 (0.0)
Declined	24 (41.7)	20 (50.0)	53 (37.7)	90 (0.0)

Table 24. Routine Opt-out Testing positivity rate per 1,000 HIV tests by race/ethnicity, 2019-2022

Race/Ethnicity	2019	2020	2021	2022
	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)
American Indian/Alaska Native	39 (51.3)	33 (0.0)	26 (0.0)	79 (0.0)
Asian	1,262 (9.5)	843 (11.9)	1,211 (10.7)	2,600 (4.6)
Black/African American	1,193 (10.9)	974 (14.4)	971 (10.3)	1,964 (3.6)
Hispanic/Latinx	5,393 (10.4)	4,002 (15.5)	5,549 (13.0)	11,030 (2.5)
Native Hawaiian/Pacific Islander	50 (40.0)	29 (0.0)	54 (18.5)	142 (0.0)
White	3,656 (8.5)	2,499 (9.2)	3,948 (4.8)	5,858 (3.8)
Multiple Races	1 (1000.0)	3 (333.3)	3 (333.3)	3 (0.0)
Unknown	2,051 (1.5)	1,409 (3.5)	2,255 (2.2)	2,319 (1.7)

Table 25. Focused testing positivity rate per 1,000 HIV tests by race/ethnicity, 2019-2022

Race/Ethnicity	2019	2020	2021	2022
	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)	Number of HIV Tests (Positivity Rate)
American Indian/Alaska Native	223 (4.5)	63 (15.9)	101 (9.9)	165 (0.0)
Asian	2,221 (5.4)	1,021 (6.9)	1,536 (8.5)	1,884 (4.2)
Black/African American	2,195 (15.9)	1,011 (40.6)	2,508 (14.4)	2,474 (19.0)
Hispanic/Latinx	6,553 (14.8)	3,141 (24.2)	5,965 (22.5)	6,121 (22.1)
Native Hawaiian/Pacific Islander	162 (12.3)	49 (20.4)	66 (0.0)	96 (20.8)
White	5,704 (6.8)	2,684 (10.4)	4,272 (7.0)	4,392 (7.1)
Multiple Races	115 (17.4)	37 (0.0)	63 (0.0)	109 (9.2)
Unknown	970 (6.2)	642 (6.2)	1,208 (12.4)	1,301 (11.5)

Table 26. Demographic characteristics of NHBS participants by cycle, 2018-2021

Characteristic	IDU-5 (2018)		HET-5 (2019)		MSM-2021	
	N	%	N	%	N	%
HIV + *	6	2.4	5	0.7	63	36.6
Age group (years)						
18 – 24	11	4.4	119	17.3	21	12.2
25 – 29	31	12.4	100	14.6	34	19.8
30 – 39	53	21.3	172	25.0	62	36.0
40 – 49	51	20.5	138	20.1	20	11.6
50 – 59	70	28.1	144	21.0	21	12.2
60 +	33	13.3	14	2.0	14	8.1
Gender						
Men	185	74.3	276	40.2	172	100.0
Women	63	25.3	411	59.8	0	0.0
Transgender	1	0.4	0	0.0	0	0.0
Race/Ethnicity		0.0				0.0
American Indian/Alaska Native	3	1.2	5	0.7	0	0.0
Asian	0	0.0	10	1.5	6	3.5
Black/African American	17	6.8	292	42.5	19	11.0
Latinx (any race)	85	34.1	250	36.4	79	45.9
Multiple races (2+)	11	4.4	41	6.0	4	2.3
Native Hawaiian/Pacific Islander	0	0.0	16	2.3	3	1.7
White	133	53.4	69	10.0	61	35.5
Country of birth		0.0				
United States	237	95.2	589	85.7	143	83.1
Mexico	3	1.2	74	10.8	16	9.3
Other	9	3.6	24	3.5	13	7.6
San Diego Region		0.0				
Central	168	67.5	376	54.7	107	62.2
East	30	12.0	181	26.3	12	7.0
North Central	19	7.6	26	3.8	21	12.2
North Coastal	1	0.4	1	0.1	13	7.6
North Inland	0	0.0	4	0.6	5	2.9
South	22	8.8	93	13.5	13	7.6
Highest level of education completed		0.0				
< High school	57	22.9	83	12.1	3	1.7
High school diploma or GED	103	41.4	326	47.5	38	22.1
Some college, Associate's Degree, or Technical Degree	78	31.3	244	35.5	76	44.2
Bachelor's Degree or Any post graduate studies	11	4.4	34	4.9	55	32.0
Annual household income		0.0				
$0 – $19,999	192	77.1	443	64.5	51	29.7
$20,000 – $39,999	32	12.9	170	24.7	43	25.0
$40,000 – $74,999	20	8.0	57	8.3	49	28.5
>= $75,000	4	1.6	11	1.6	13	7.6
Currently have health insurance		0.0				
No	25	10.0	136	19.8	15	8.7
Yes	222	89.2	549	79.9	157	91.3
Homeless during past 12 months **		0.0				
No	46	18.5	473	68.9	143	83.1
Yes	203	81.5	214	31.1	29	16.9
TOTAL	**249**		**687**		**172**	

* HIV positivity includes self-reported positives and HIV test results.

** Homeless defined as living on the street, in a shelter, in a Single Room Occupancy hotel (SRO), or in a car.

Table 27. Number and percent of NHBS participants who were offered an HIV test by healthcare provider in the past 12 months by priority population, 2018-2021

Priority Population	Number of participants who were offered an HIV test	Number of participants in priority subpopulation	Percent
Black/African American MSM[1]	9	18	50.0%
Black/African American cis women[2]	52	143	36.4%
Hispanic/Latinx[2]	51	176	29.0%
Latinx MSM[1]	22	54	40.7%
MSM[1]	80	155	51.6%
People experiencing homelessness[3]	50	124	40.3%
PWID[3]	73	192	38.0%

1: MSM 2021 cycle

2: HET 5 2019 cycle

3: IDU 5 2018 cycle

Table 28. HIV testing demographics for TakeMeHome self-testing, 2020-2022

	Orders								New Diagnoses	
	2020 N=837		2021 N=1542		2022 N=2074		Total 2020-2022 N=4453		Total 2020-2022 N=31	
Characteristic	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Gender Identity										
Cisgender men	730	87.20%	1,258	81.60%	1,609	77.60%	3,597	82.10%	27	87.10%
Cisgender women	55	6.60%	168	10.90%	341	16.40%	564	11.30%	1	3.20%
Trans men	6	0.70%	26	1.70%	25	1.20%	57	1.20%	-	0.00%
Trans women	14	1.70%	22	1.40%	23	1.10%	59	1.40%	-	0.00%
Nonbinary	4	0.50%	12	0.80%	13	0.60%	29	0.60%	1	3.20%
Genderqueer	14	1.70%	33	2.10%	40	1.90%	87	1.90%	2	6.50%
Another gender	14	1.70%	23	1.50%	23	1.10%	60	1.40%	-	0.00%
Age Group										
18-24	311	37.20%	539	35.00%	614	29.60%	1,464	33.90%	7	22.60%
25-34	314	37.50%	585	37.90%	823	39.70%	1,722	38.40%	15	48.40%
35-44	135	16.10%	266	17.30%	429	20.70%	830	18.00%	7	22.60%
45-54	50	6.00%	97	6.30%	134	6.50%	281	6.20%	1	3.20%
55-64	20	2.40%	43	2.80%	59	2.80%	122	2.70%	1	3.20%
>64	5	0.60%	12	0.80%	15	0.70%	32	0.70%	-	0.00%
Unknown	2	0.20%	-	0.00%	-	0.00%	2	0.10%	-	0.00%
Race/Ethnicity										
American Indian/Alaska Native	3	0.40%	6	0.40%	7	0.30%	16	0.40%	-	0.00%
Asian	76	9.10%	185	12.00%	243	11.70%	504	10.90%	1	3.20%
Black	79	9.40%	131	8.50%	139	6.70%	349	8.20%	3	9.70%
Hispanic/Latinx	297	35.50%	537	34.80%	649	31.30%	1,483	33.90%	12	38.70%
Native Hawaiian/Pacific Islander	9	1.10%	10	0.60%	29	1.40%	48	1.00%	1	3.20%
White	215	25.70%	380	24.60%	482	23.20%	1,077	24.50%	9	29.00%
Multiple Races	32	3.80%	52	3.40%	67	3.20%	151	3.50%	1	3.20%
Unknown	126	15.10%	241	15.60%	458	22.10%	825	17.60%	4	12.90%
Test Type										
HIV Oral Swab	837	100.00%	1,528	99.10%	782	37.70%	3,147	78.90%	20	64.50%
Mail-in Lab		0.00%	14	0.90%	1,292	62.30%	1,306	21.10%	11	35.50%

Table 29. Percent Linked to HIV Medical Care by Number of Days from Date of HIV Test or Intake Session to HIV Medical Care Appointment Date Among Clients Newly and Previously Diagnosed with HIV, 2019-2022

		Percentage of Persons by Demographic Group				
Characteristic	**N**	**0-7 Days**	**8-10 Days**	**11-14 Days**	**15-30 Days**	**> 30 Days**
Diagnosis type						
New diagnosis	766	53.92%	11.23%	9.53%	16.45%	8.88%
Previous diagnosis	1106	69.62%	5.33%	6.24%	8.41%	10.40%
Unable to determine	3	33.33%	0.00%	33.33%	33.33%	0.00%
Total	1875	63.15%	7.73%	7.63%	11.73%	9.76%
Missing	1357					
Race/Ethnicity						
Black/African American	457	68.27%	7.00%	7.44%	10.28%	7.00%
American Indian/Alaskan Native	10	50.00%	0.00%	10.00%	10.00%	30.00%
Asian	114	62.28%	3.51%	15.79%	10.53%	7.89%
Native Hawaiian/Pacific Islander	13	76.92%	0.00%	15.38%	7.69%	0.00%
Hispanic/Latinx	925	60.00%	8.54%	7.46%	13.08%	10.92%
White	268	64.55%	8.96%	5.60%	10.82%	10.07%
Multiple races	9	44.44%	22.22%	22.22%	0.00%	11.11%
Unknown	81	67.90%	4.94%	2.47%	11.11%	13.58%
Total	1877	63.13%	7.73%	7.62%	11.72%	9.80%
Missing	1355					
Priority Population						
Men who have sex with men	1135	62.29%	8.02%	7.40%	11.54%	10.75%
Trans men	11	63.64%	0.00%	18.18%	18.18%	0.00%
Trans women	58	63.79%	6.90%	6.90%	18.97%	3.45%
Nonbinary	14	28.57%	0.00%	0.00%	57.14%	14.29%
Persons who inject drugs	66	68.18%	10.61%	3.03%	10.61%	7.58%
Other or unknown	593	64.92%	7.25%	8.60%	10.29%	8.94%
Total	1877	63.13%	7.73%	7.62%	11.72%	9.80%
Missing	1355					
Gender Identity						
Cis men	1555	62.64%	7.52%	7.91%	11.00%	10.93%
Cis women	230	69.13%	10.43%	6.09%	10.43%	3.91%
Trans men	11	63.64%	0.00%	18.18%	18.18%	0.00%
Trans women	58	63.79%	6.90%	6.90%	18.97%	3.45%
Nonbinary	14	28.57%	0.00%	0.00%	57.14%	14.29%
Identity not listed	1	100.00%	0.00%	0.00%	0.00%	0.00%
Unknown	8	37.50%	0.00%	0.00%	50.00%	12.50%
Total	1877	63.13%	7.73%	7.62%	11.72%	9.80%
Missing	1355					
Age Group						
12 to 17 years	9	66.67%	0.00%	11.11%	22.22%	0.00%
18 to 24 years	250	60.00%	8.80%	5.60%	14.80%	10.80%
25 to 34 years	692	60.40%	7.66%	8.67%	12.28%	10.98%
35 to 44 years	477	63.73%	8.18%	5.87%	13.21%	9.01%
45 to 54 years	276	66.30%	6.16%	8.33%	9.42%	9.78%
55 to 64 years	145	73.79%	6.21%	10.34%	2.76%	6.90%
65 years or more	26	57.69%	19.23%	7.69%	11.54%	3.85%
Total	1875	63.09%	7.73%	7.63%	11.73%	9.81%
Missing	1357					

Notes: Session/intake date is used in cases where no HIV test is conducted, e.g., previously diagnosed persons who are known HIV positive but are not receiving HIV care.

Missing refers to those clients for whom the appointment attendance date is unknown. Those lost to follow-up, referred to another agency for linkage, or other reasons for missing date are not included.

Table 30. Essential HIV Support Services Provided to Clients with HIV, 2019-2022

Characteristic	N	Percentage of Persons by Demographic Group: Received Risk Reduction Counseling	N	Need for HIV Medical Care Navigation Met	N	Need for Medication Adherence Support Met
Diagnosis type						
New diagnosis	1034	89.94%	865	97.11%	615	96.59%
Previous diagnosis	2127	53.27%	1059	98.96%	852	98.47%
Unable to determine	30	66.67%	20	60.00%	14	42.86%
Total	3191	65.28%	1944	97.74%	1481	97.16%
Missing	41		1288		1751	
Race/Ethnicity						
Black/African American	1208	39.24%	545	96.88%	509	96.66%
American Indian/Alaskan Native	16	93.75%	11	100.00%	9	100.00%
Asian	143	79.72%	107	99.07%	70	98.57%
Native Hawaiian/Pacific Islander	14	78.57%	8	100.00%	5	100.00%
Hispanic/Latinx	1307	80.95%	922	98.37%	654	98.01%
White	382	84.29%	273	96.34%	183	93.44%
Multiple races	12	91.67%	7	100.00%	5	100.00%
Unknown	112	72.32%	74	97.30%	49	100.00%
Total	3194	65.31%	1947	97.69%	1484	97.10%
Missing	38		1285		1748	
Priority Population						
Men who have sex with men	1513	82.22%	1139	98.60%	804	98.38%
Trans men	19	89.47%	15	86.67%	11	90.91%
Trans women	173	46.82%	66	95.45%	47	97.87%
Nonbinary	26	76.92%	18	94.44%	13	100.00%
Persons who inject drugs	102	87.25%	80	95.00%	63	92.06%
Other or unknown	1361	46.66%	629	96.98%	546	95.79%
Total	3194	65.31%	1947	97.69%	1484	97.10%
Missing	38		1285		1748	
Gender Identity						
Cis men	2212	76.72%	1592	97.93%	1190	97.23%
Cis women	749	34.45%	243	97.53%	213	96.24%
Trans men	19	89.47%	15	86.67%	11	90.91%
Trans women	173	46.82%	66	95.45%	47	97.87%
Nonbinary	26	76.92%	18	94.44%	13	100.00%
Identity not listed	1	100.00%	1	100.00%	1	100.00%
Unknown	14	85.71%	12	100.00%	9	100.00%
Total	3194	65.31%	1947	97.69%	1484	97.10%
Missing	38		1285		1748	
Age Group						
12 to 17 years	11	100.00%	11	100.00%	9	100.00%
18 to 24 years	334	80.54%	258	99.22%	183	98.91%
25 to 34 years	1018	76.62%	732	97.54%	537	97.21%
35 to 44 years	755	71.52%	508	97.44%	386	96.89%
45 to 54 years	519	55.11%	267	97.00%	220	95.45%
55 to 64 years	433	37.64%	145	97.24%	127	96.85%
65 years or more	107	28.97%	22	100.00%	18	100.00%
Total	3177	65.47%	1943	97.68%	1480	97.09%
Missing	55		1289		1752	

Notes: Data for Navigation to Linkage to HIV Services and Medication Adherence Support only includes clients for whom a need was identified; missing are those individuals for whom there was no identified need. Data for RRC services includes all clients with HIV.

Unknown includes responses “Client doesn’t know” and “Declined to answer”; missing are those clients for whom the data was not collected.

Table 31. Housing Status Demographics for Clients with HIV, 2019-2022

		Percentage of Persons by Demographic Group			
Characteristic	**N**	**Stably Housed**	**Unstably Housed**	**Unhoused**	**Don't Know/Declined to Answer**
Diagnosis type					
New diagnosis	957	72.31%	9.61%	13.48%	4.60%
Previous diagnosis	2020	75.89%	9.65%	11.78%	2.67%
Unable to determine	25	48.00%	4.00%	28.00%	20.00%
Total	3002	74.52%	9.59%	12.46%	3.43%
Missing	230				
Race/Ethnicity					
Black/African American	1176	76.53%	10.54%	10.63%	2.30%
American Indian/Alaskan Native	15	53.33%	6.67%	40.00%	0.00%
Asian	133	89.47%	3.76%	3.01%	3.76%
Native Hawaiian/Pacific Islander	12	83.33%	0.00%	16.67%	0.00%
Hispanic/Latinx	1219	76.46%	8.78%	11.65%	3.12%
White	351	63.82%	9.97%	21.08%	5.13%
Multiple races	11	63.64%	27.27%	9.09%	0.00%
Unknown	87	43.68%	14.94%	24.14%	17.24%
Total	3004	74.50%	9.59%	12.48%	3.43%
Missing	228				
Priority Population					
Men who have sex with men	1424	77.88%	10.04%	9.62%	2.46%
Trans men	19	78.95%	0.00%	10.53%	10.53%
Trans women	166	57.83%	19.88%	16.27%	6.02%
Nonbinary	19	63.16%	10.53%	15.79%	10.53%
Persons who inject drugs	99	31.31%	11.11%	54.55%	3.03%
Other or unknown	1277	76.35%	7.75%	11.90%	3.99%
Total	3004	74.50%	9.59%	12.48%	3.43%
Missing	228				
Gender Identity					
Cis men	2054	72.83%	10.32%	13.15%	0.78%
Cis women	734	83.65%	5.31%	9.40%	0.14%
Trans men	19	78.95%	0.00%	10.53%	0.00%
Trans women	166	57.83%	19.88%	16.27%	1.20%
Nonbinary	19	63.16%	10.53%	15.79%	0.00%
Identity not listed	1	0.00%	0.00%	100.00%	0.00%
Unknown	11	45.45%	18.18%	27.27%	0.00%
Total	3004	74.50%	9.59%	12.48%	0.63%
Missing	228				
Age Group					
12 to 17 years	11	72.73%	0.00%	18.18%	9.09%
18 to 24 years	311	78.14%	6.75%	11.25%	3.86%
25 to 34 years	941	71.63%	11.80%	12.33%	4.25%
35 to 44 years	710	69.15%	12.25%	15.35%	3.24%
45 to 54 years	491	74.34%	8.96%	12.83%	3.87%
55 to 64 years	421	83.14%	5.23%	10.21%	1.43%
65 years or more	104	90.38%	0.96%	6.73%	1.92%
Total	2989	74.44%	9.57%	12.55%	3.45%
Missing	243				