



Continuum of HIV Care in Newly Diagnosed Persons — California, 2017



The California Department of Public Health, Center for Infectious Diseases, Office of AIDS has developed continuums of HIV care for persons newly diagnosed with HIV in California. These continuums differ from a traditional HIV care continuum in that they only include persons who have been diagnosed with HIV during the specified year, and report on stages of care in terms of length of time from diagnosis.

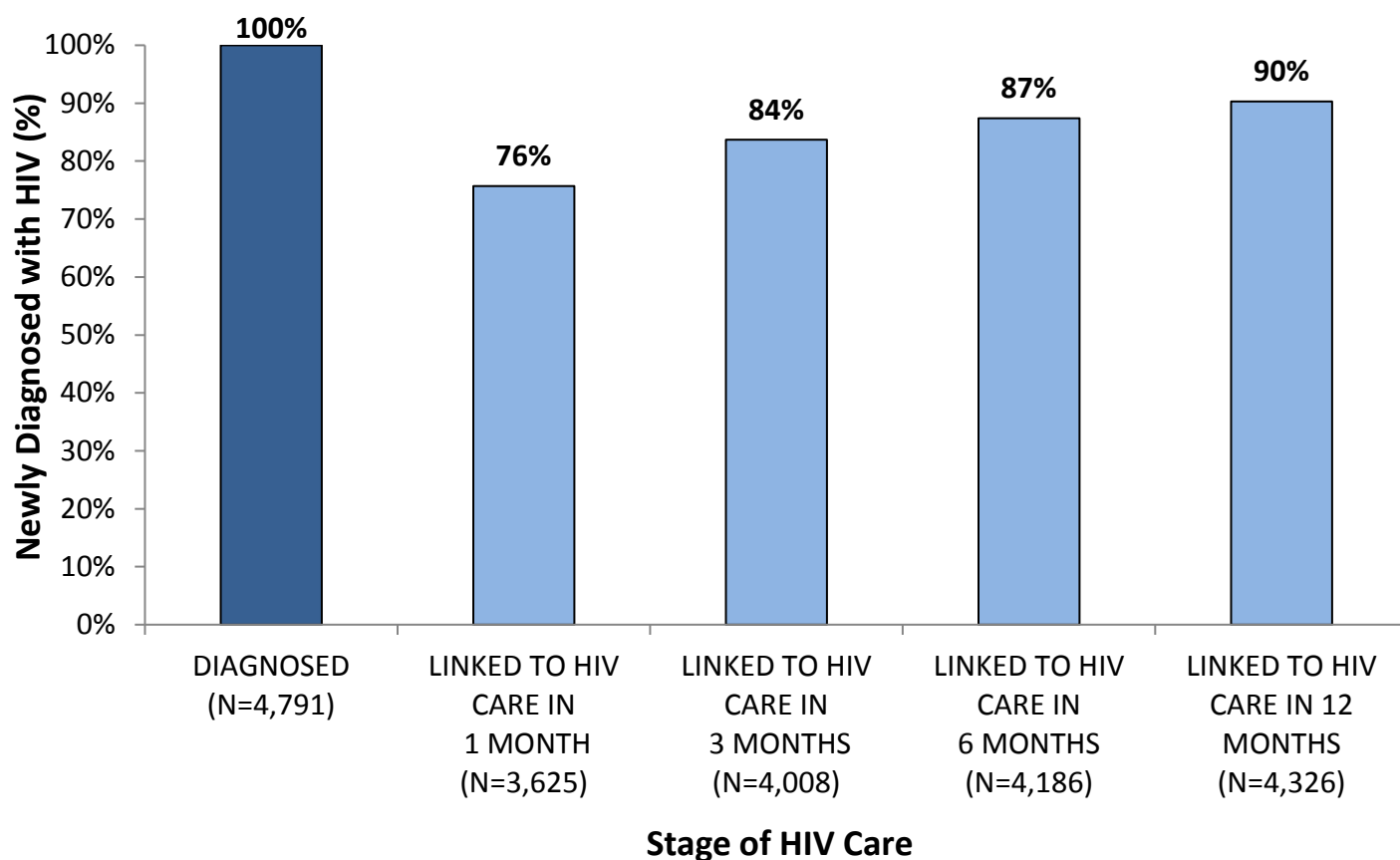
This report includes all persons diagnosed with HIV infection during 2017 who were residing in California at the time of diagnosis. Persons who are newly diagnosed may or may not have been recently infected with HIV. The data were extracted from the California HIV Surveillance System at least 12 months after the end of the calendar year to allow for delays in case and laboratory reporting.

Highlights from the Newly Diagnosed Persons Continuum of HIV Care — California, 2017

- Of the 4,791 Californians newly diagnosed with HIV during 2017, 76 percent were linked to care within 1 month of diagnosis; 87 percent were linked within 6 months; and 90 percent were linked within 12 months. A primary objective of California's integrated plan for getting to zero (GTZ) is to increase the percentage of newly diagnosed persons linked to care within one month or their HIV diagnosis to at least 85 percent by 2021.
- Sixty one percent were virally suppressed within 6 months of diagnosis while 72 percent were virally suppressed within 12 months of diagnosis. The related GTZ objective is to increase the percentage of newly diagnosed persons who achieve viral suppression within six months of diagnosis to at least 75 percent by 2021.
- Persons aged 12 and under achieved 83 percent viral suppression, the highest among all age groups. For the remaining age groups, viral suppression within 6 months of diagnosis ranged from 58 percent to 70 percent.
- Cisgender men were more likely to be virally suppressed than cisgender women (61 percent versus 57 percent) within 6 months of diagnosis. Transgender women had the lowest viral suppression (54 percent) while transgender men achieved a higher viral suppression (100 percent).
- American Indian/Alaska Natives were most likely to be virally suppressed within 6 months (72 percent) followed by Asians (68 percent), Whites (63 percent), and Hispanic/Latinxs (60 percent). Native Hawaiian/Pacific Islanders and Black/African Americans had lower viral suppression (50 percent and 55 percent, respectively) compared to all other groups.
- Transmission by male-to-male sexual contact (MMSC) and high-risk heterosexual contact (HRH) had the highest levels of viral suppression within 6 months of diagnosis (65 percent and 64 percent, respectively). Transmission by injection drug use (IDU) had the lowest level of viral suppression (46 percent) followed by MMSCIDU (55 percent).

Persons Newly Diagnosed with HIV — California, 2017

Figure 1. Linkage to HIV Care: Persons Newly Diagnosed with HIV Infection — California 2017

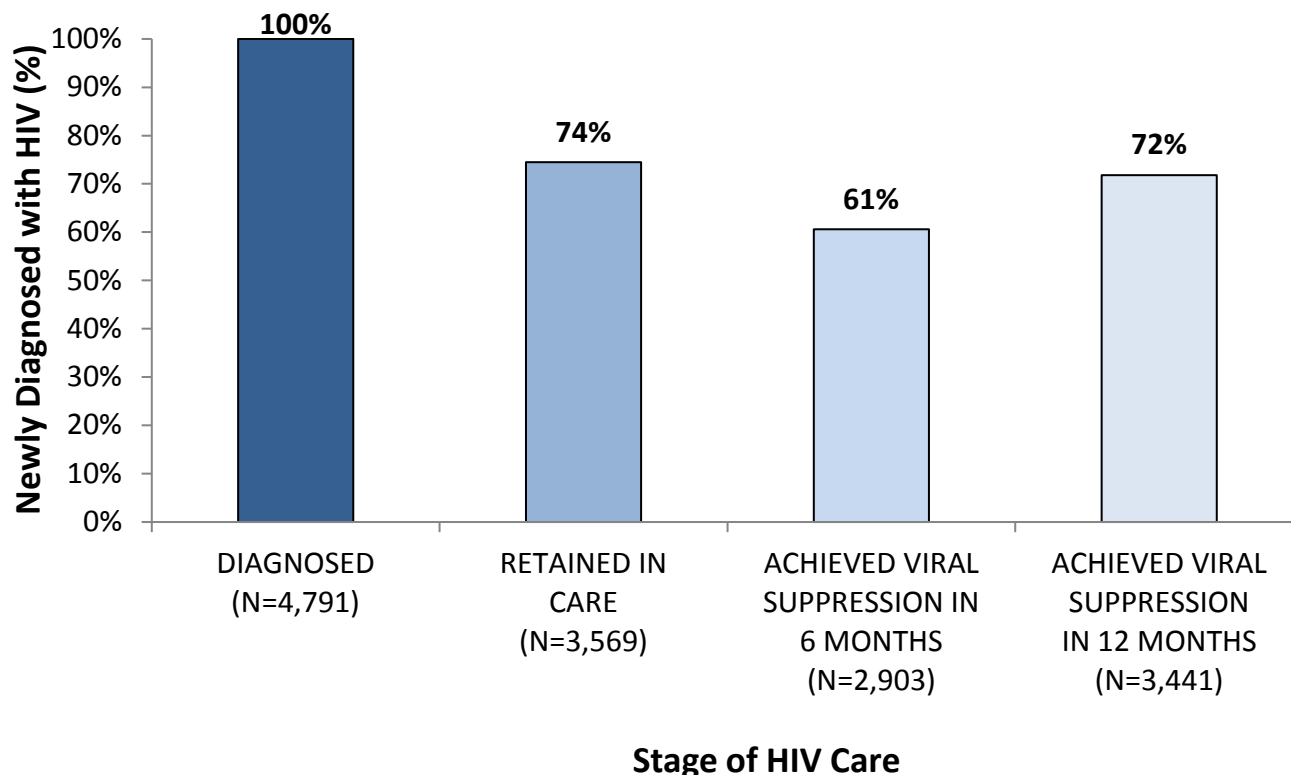


Newly diagnosed persons met the Centers for Disease Control and Prevention (CDC) surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within the specified time period after diagnosis were considered to be linked to care during that time period. Time from diagnosis to linkage to care was calculated based on the month and year of the earliest diagnostic HIV test and the month and year of the next CD4, viral load, or HIV-1 genotype test.

The data were extracted from the California HIV Surveillance System at least 12 months after the end of the calendar year to allow for delays in case and laboratory reporting. Nonetheless, these data may still slightly underestimate the number of persons linked to care within 12 months since persons diagnosed late in the calendar year had less time for lab test results to be reported.

Persons Newly Diagnosed with HIV — California, 2017

Figure 2. The Continuum of HIV Care: Persons Newly Diagnosed with HIV Infection — California 2017

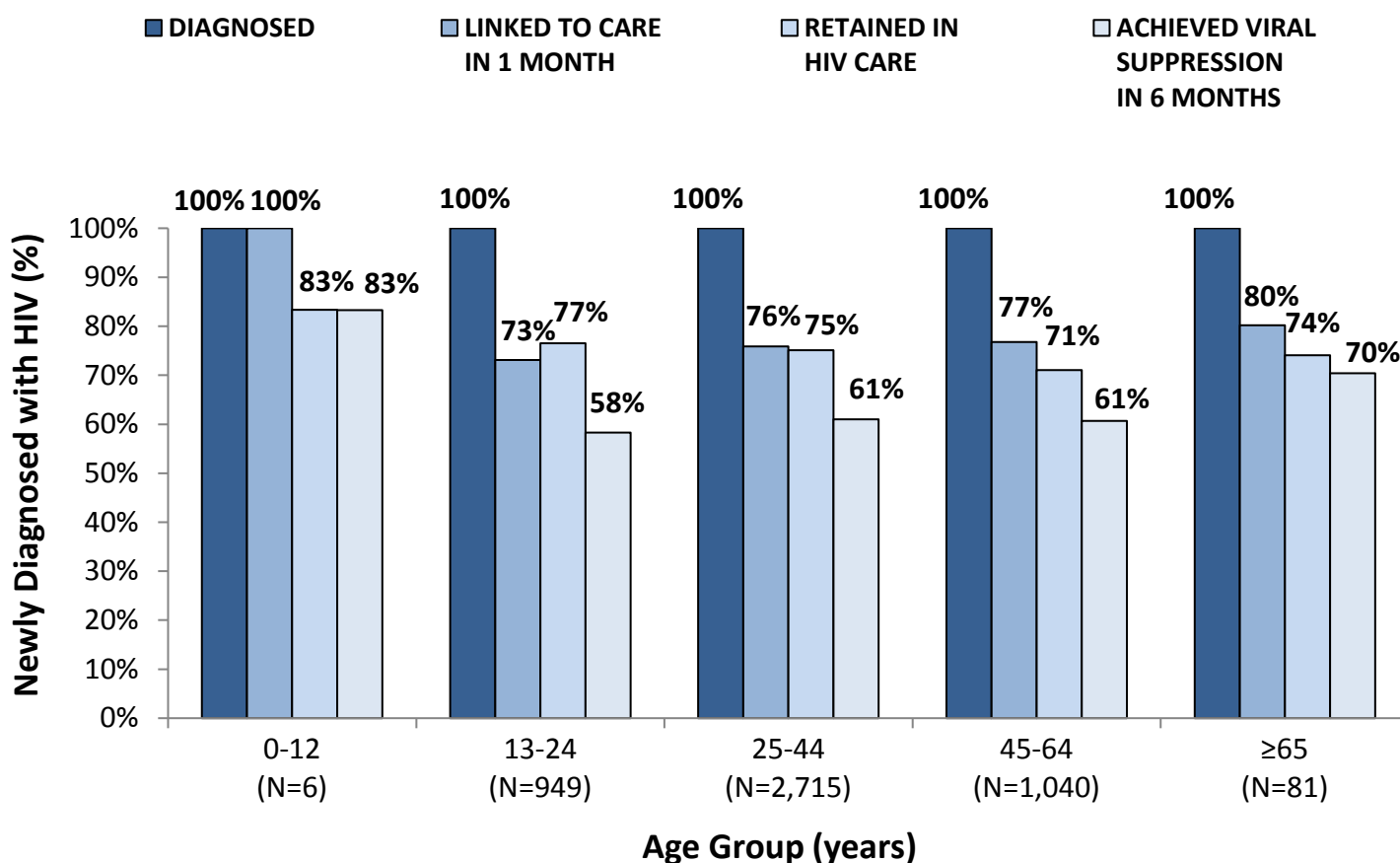


Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Newly diagnosed persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart, within 12 months of diagnosis were considered retained in care. Newly diagnosed persons whose most recent viral load test result within the reported time period following diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

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Persons Newly Diagnosed with HIV — California, 2017

Figure 3. The Continuum of HIV Care by Age Group: Persons Newly Diagnosed with HIV Infection — California 2017

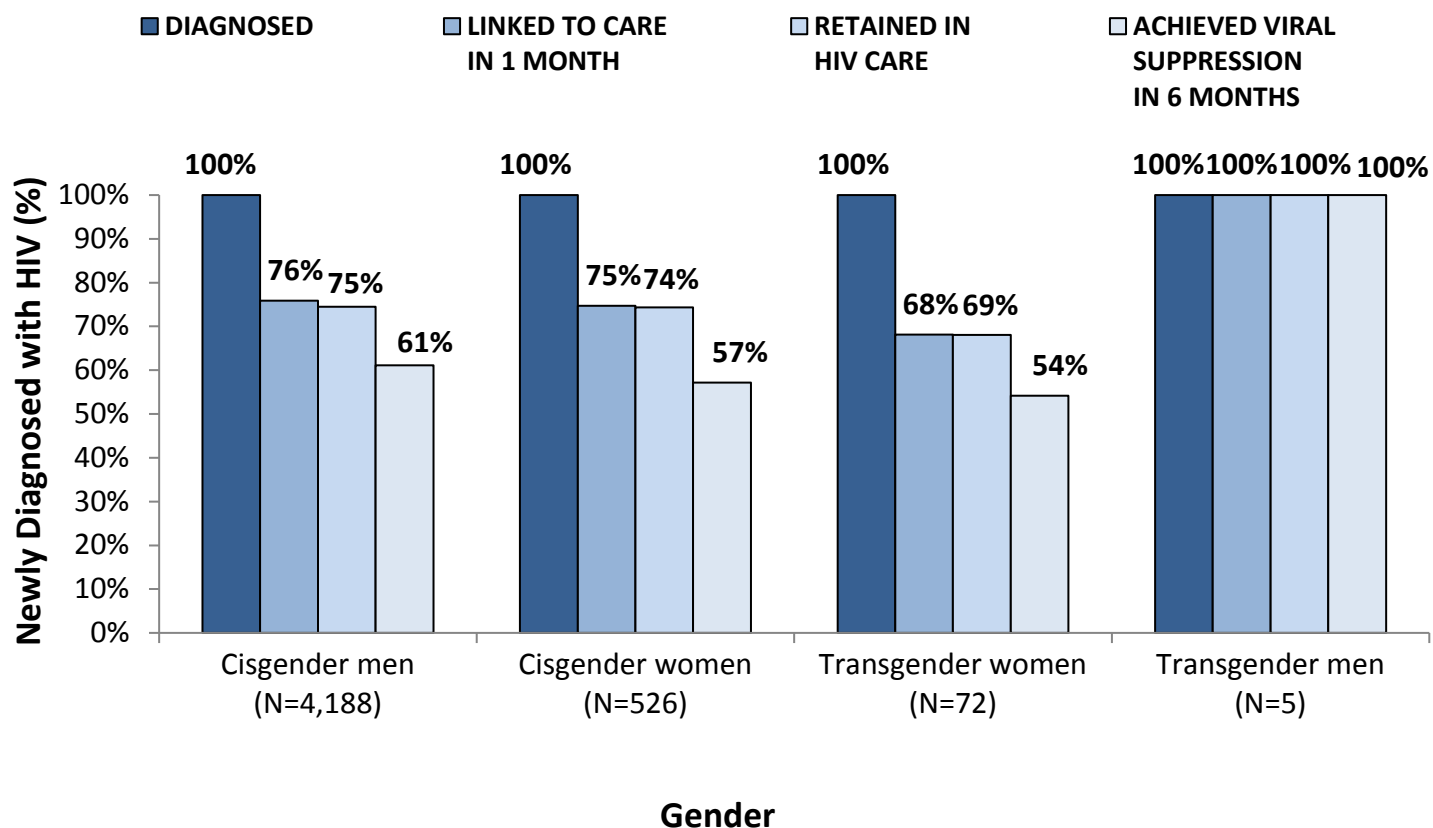


Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were considered to be linked to HIV care in one month. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart within 12 months of diagnosis were considered retained in care. Persons whose most recent HIV viral load test result within 6 months of diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

Age was calculated as of the date of diagnosis.

Persons Newly Diagnosed with HIV — California, 2017

Figure 4. The Continuum of HIV Care by Gender: Persons Newly Diagnosed with HIV Infection — California 2017

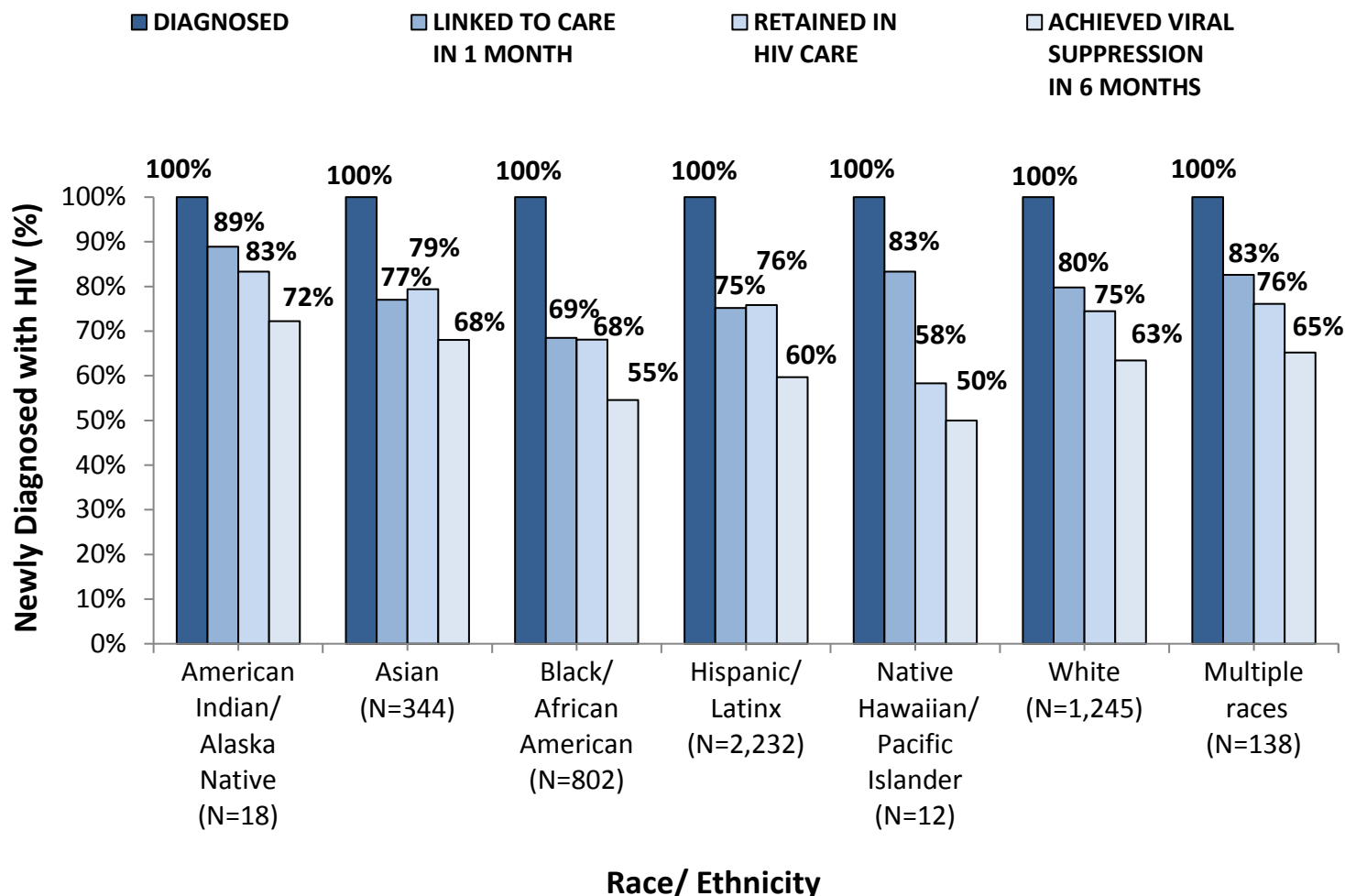


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Current gender was determined as of the last day of the calendar year. Persons were classified as transgender if a case report form affirming their transgender status was present in HIV surveillance data.

Persons Newly Diagnosed with HIV — California, 2017

Figure 5. The Continuum of HIV Care by Race/Ethnicity: Persons Newly Diagnosed with HIV Infection — California 2017

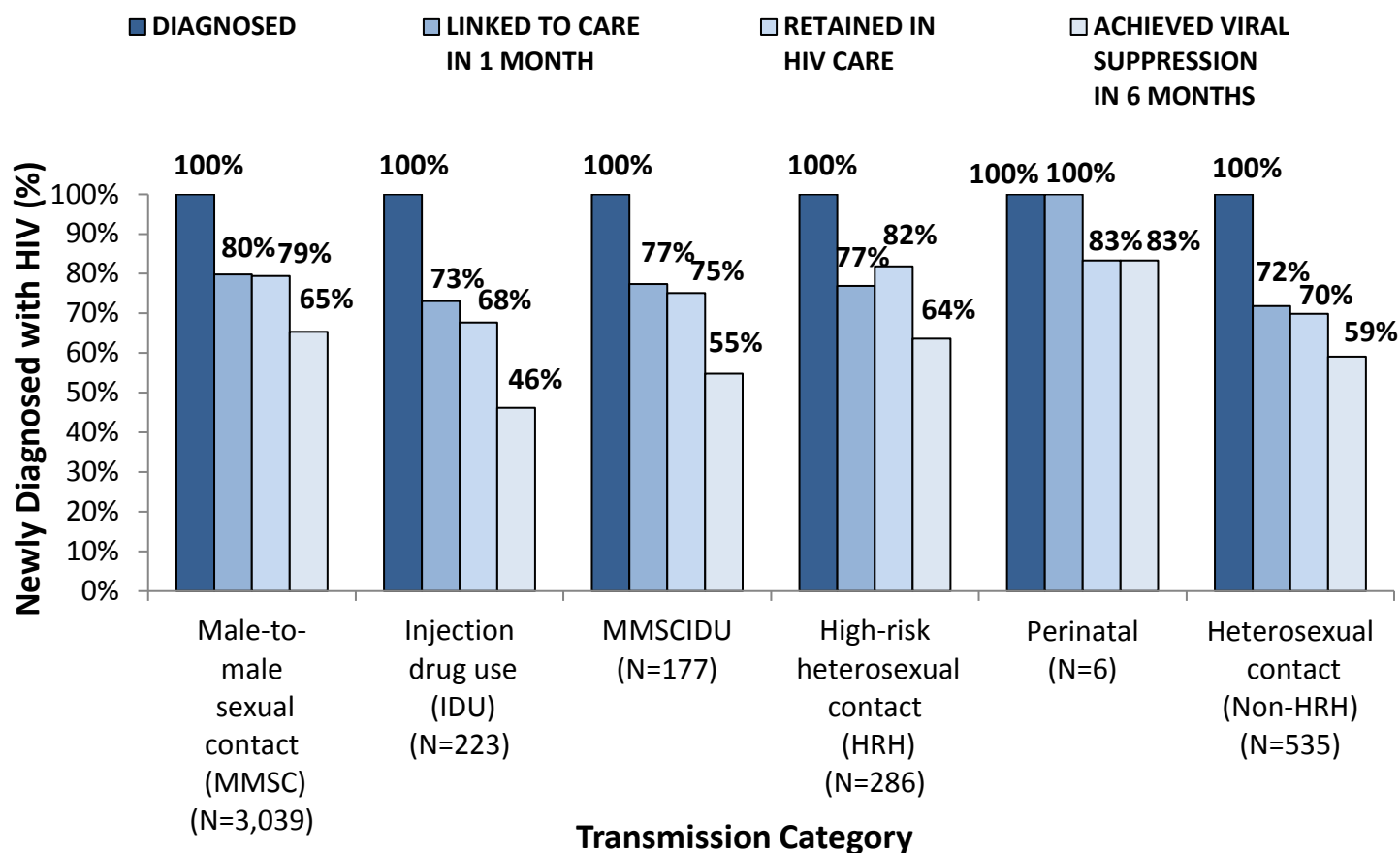


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Hispanic/Latinx persons can be of any race. Although California Government Code Section 8310.5 requires the Department to tabulate information by expanded ethnicities for each major Asian and Pacific Islander group, the data shown here are not disaggregated into those groups in order to maintain the confidentiality of these persons.

Persons Newly Diagnosed with HIV — California, 2017

Figure 6. The Continuum of HIV Care by Transmission Category: Persons Newly Diagnosed with HIV Infection — California 2017



Newly diagnosed persons met the CDC surveillance case definition for HIV infection and were reported to be living in California at the time of diagnosis. Persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were considered to be linked to HIV care in one month. Persons who had two or more CD4, viral load or HIV-1 genotype tests that were performed at least 3 months apart within 12 months of diagnosis were considered retained in care. Persons whose most recent HIV viral load test result within 6 months of diagnosis was ≤ 200 copies/ml were considered to be virally suppressed.

HRH includes persons who reported engaging in heterosexual intercourse with a person of the opposite sex of their sex-at-birth, and that partner was known to be HIV positive or engage in an activity that put them at high risk for HIV (e.g., MMSC, IDU). 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. Perinatal includes persons who were exposed immediately before or during birth, or after birth due to breastfeeding. Among the persons living with HIV in California in calendar year 2017, there was one person diagnosed who was categorized as having “other” risks such as having hemophilia, receiving a blood transfusion, or experiencing an occupational exposure. An additional 524 persons had no known risks reported and were categorized as “unknown risk.” Persons categorized as having “other” or an “unknown risk” are not shown in the figure above.