HIV/AIDS EPIDEMIOLOGY AND HEALTH DISPARITIES IN CALIFORNIA 2023

California Department of Public Health, Office of AIDS
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Table of Contents

Table of Figures and Tables

EXECUTIVE SUMMARY

New HIV Diagnoses

From 2019 through 2023, both the number and rate of new HIV diagnoses in California increased slightly; the number of new diagnoses increased by 6 percent, from 4,669 in 2019 to 4,948 in 2023, and the rate of new diagnoses per 100,000 population increased by 5 percent, from 11.7 to 12.3, during the same time period. Although the number of new HIV diagnoses have declined since the epidemic's peak, disparities persist among racial/ethnic groups, gender, age, and transmission categories.

Among all racial/ethnic groups, Black/African Americans are the most disproportionately affected by HIV. In 2023, Black/African Americans made up less than 6 percent of California's population, yet they accounted for 16 percent of California's living HIV cases. Rates of new diagnoses in Black/African American cisgender men were 4.4 times higher than White men, and 5 times higher in Black/African American cisgender women than White women in 2023. Viral suppression among Black/African Americans is typically lower than other race/ethnicities regardless of gender, age, or transmission category.

The majority of new diagnoses (57 percent) in 2023 were in Latines; they are also the largest racial/ethnic group in California at almost 40 percent of the population. Disparities among Latine include higher rates of HIV diagnoses and lower viral suppression compared to other races/ethnicities. Rates in newly diagnosed Latine men are 2.7 times higher than in White men, and 1.7 times higher in Latine women than White women. In addition, among those who contracted HIV through male-to-male sexual contact (MMSC), disparities between Latines and Whites have increased from 2019 to 2023. In 2019, the rate of new diagnoses among Latine MMSC was 2.5 times that of White MMSC; in 2023 it was 3.2 times that of Whites. In addition, Latines had a higher proportion of late HIV diagnoses compared to Black/African American and White individuals.

Transmission by MMSC, including male-to-male sexual contact and injection drug use (MMSCIDU), accounts for the majority of the HIV epidemic in California, making up 54 percent of new HIV diagnoses and 72 percent of all living HIV cases in 2023. Overall, the number of new HIV diagnoses among MMSC has declined by 12.5 percent since 2019. However, progress for MMSC has been uneven across race/ethnicities: while the number of new diagnoses among White MMSC has declined by 25 percent since 2019, numbers among other groups have declined at a slower pace resulting in increasing disparities.

The transmission category with the lowest percentage of viral suppression is injection drug use (IDU); percentages were especially low among Black/African American and White IDU even though their percentages of linkage to care are similar to the statewide average, which suggests that retention in care may be an issue. Continued support of medication for opioid use disorder, syringe exchange services, and other harm

reduction programs are vital to improve retention in care. Efforts to root out stigma and bias within the healthcare system are critical to this effort.

Trans women of color are disproportionately affected by HIV. Of the new HIV diagnoses in 2023 among transgender people, 72 percent were among Latine and Black/African Americans and 92 percent were among trans women. Overall, the number of new HIV diagnoses among transgender people has increased by 28 percent since 2019.

People Living with Diagnosed HIV (PLWDH)

From 2019 through 2023, the number of PLWDH in California increased from 137,777 to over 143,200. In 2023, the prevalence rate of diagnosed HIV infection was 355.0 per 100,000 population, compared to 346.5 in 2019— an increase of 2.4%, with the highest percentages of living cases from select demographic groups among cisgender men, persons aged 45 to 64 years, Latine, and MMSC transmission. Black/African American individuals had a significantly higher prevalence rate of HIV compared to White individuals for both males and females in 2023, similar to the pattern seen in new diagnoses.

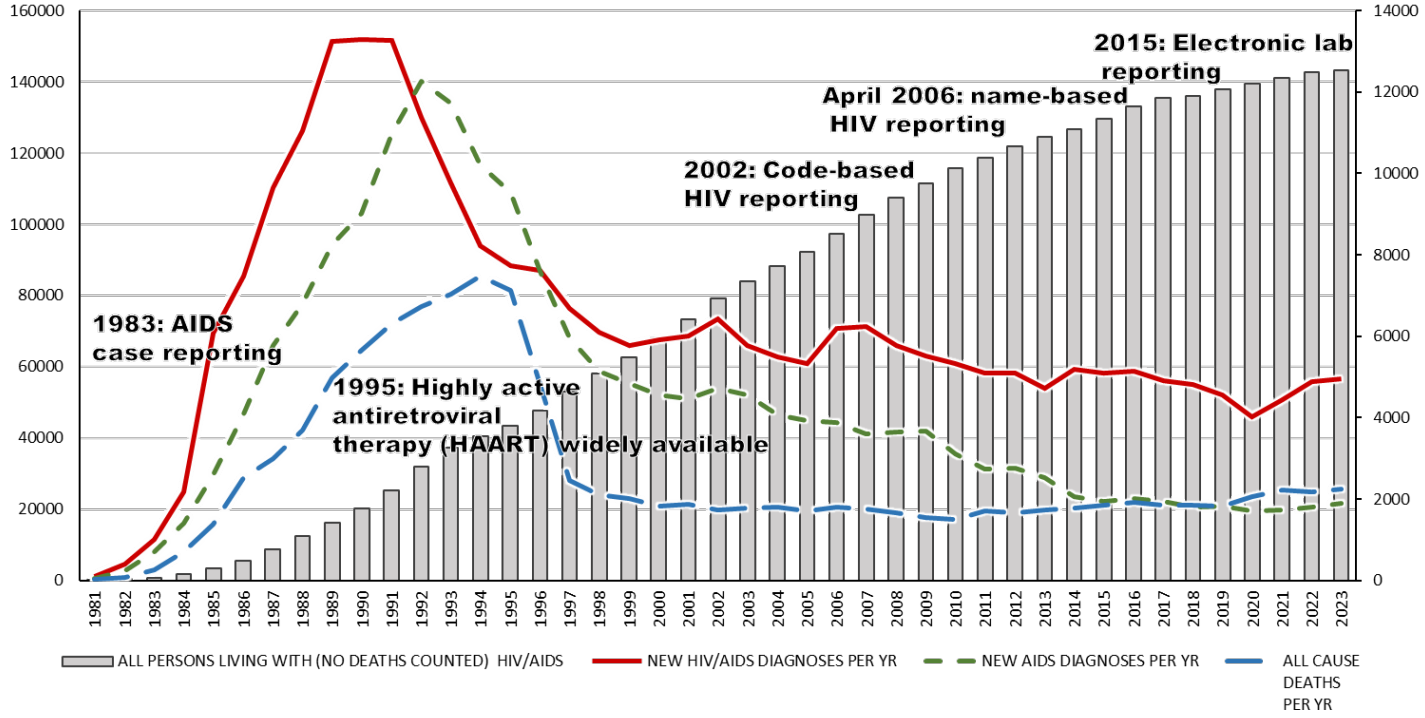
All-Cause Deaths Among PLWDH

From 2019 through 2023, the number of deaths of PLWDH in California increased from 1,854 to 2,252. In 2023, the crude death rate of persons with diagnosed HIV infection was 5.6 per 100,000 population — a 19.1% increase since 2019. Data on deaths of persons with diagnosed HIV infection represent all causes of death and may or may not be related to HIV infection. MMSC, including MMSCIDU, accounted for 64% of all-cause deaths among persons with diagnosed HIV in 2023.

INTRODUCTION

In 2023, there were 143,254 people living with diagnosed HIV (PLWDH) in California and 4,948 new diagnoses. While the number of PLWDH has steadily increased over time, the number of new HIV diagnoses has decreased since the peak of the epidemic. Since the HIV epidemic began in 1981, approximately 112,000 Californians diagnosed with HIV have died, with over 2,200 dying in 2023 alone (Figure 1).

Figure 1. HIV/AIDS Diagnoses, AIDS Diagnoses, Deaths, and Persons Living with HIV or AIDS in California: 1981-2023

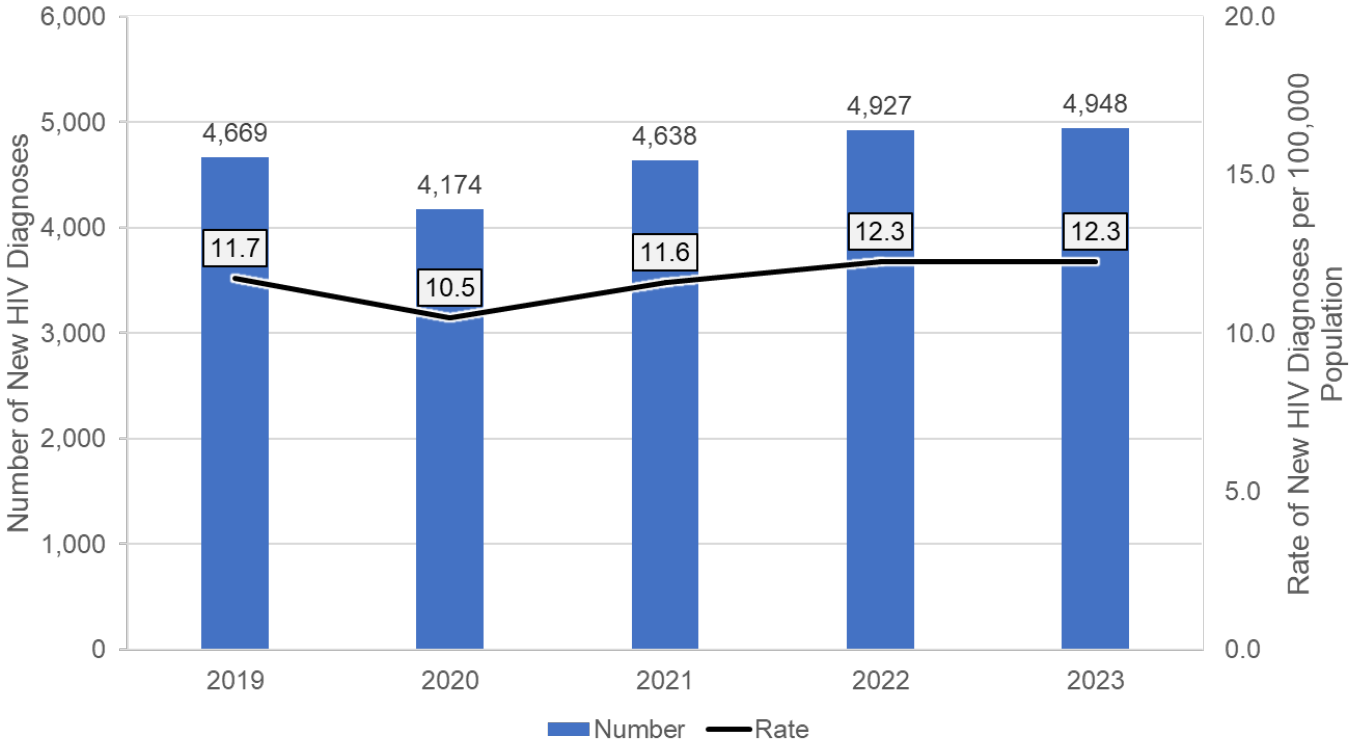


Although there has been progress in addressing California's HIV/AIDS epidemic, HIV continues to disproportionately affect many populations. The HIV/AIDS Epidemiology and Health Disparities Report, published by the Office of AIDS (OA), provides detailed information on the HIV/AIDS epidemic in California and examines health disparities across various groups. This report highlights differences in HIV burden and health outcomes by gender, race/ethnicity, and transmission category. Data in this report are intended to be used by OA, stakeholders, and community partners to identify needs, gaps, and the status of the HIV/AIDS epidemic in the state to form strategies to continue to address the epidemic and reduce or eliminate HIV health disparities.

NEWLY DIAGNOSED HIV INFECTIONS IN CALIFORNIA

From 2019 to 2021, the number and rates of cases declined slightly. Note that both transmission and case reporting were most likely depressed in 2020 as a result of the COVID-19 pandemic and resulting stay-at-home order. Case counts and rates have since rebounded, resulting in case counts and rates similar to 2019 in 2021, and slight increases in counts year over year. Rates rose from 2021 to 2022 as well, but have remained steady at 12.3 per 100,000 population from 2022 to 2023. Overall, the number of new diagnoses increased 6% from 2019 to 2023, and the rate of new diagnoses has increased by 5%, from 11.7 to 12.3, during the same time period (Figure 2).

Figure 2. Number and Rate of New HIV Diagnoses in California, 2019-2023



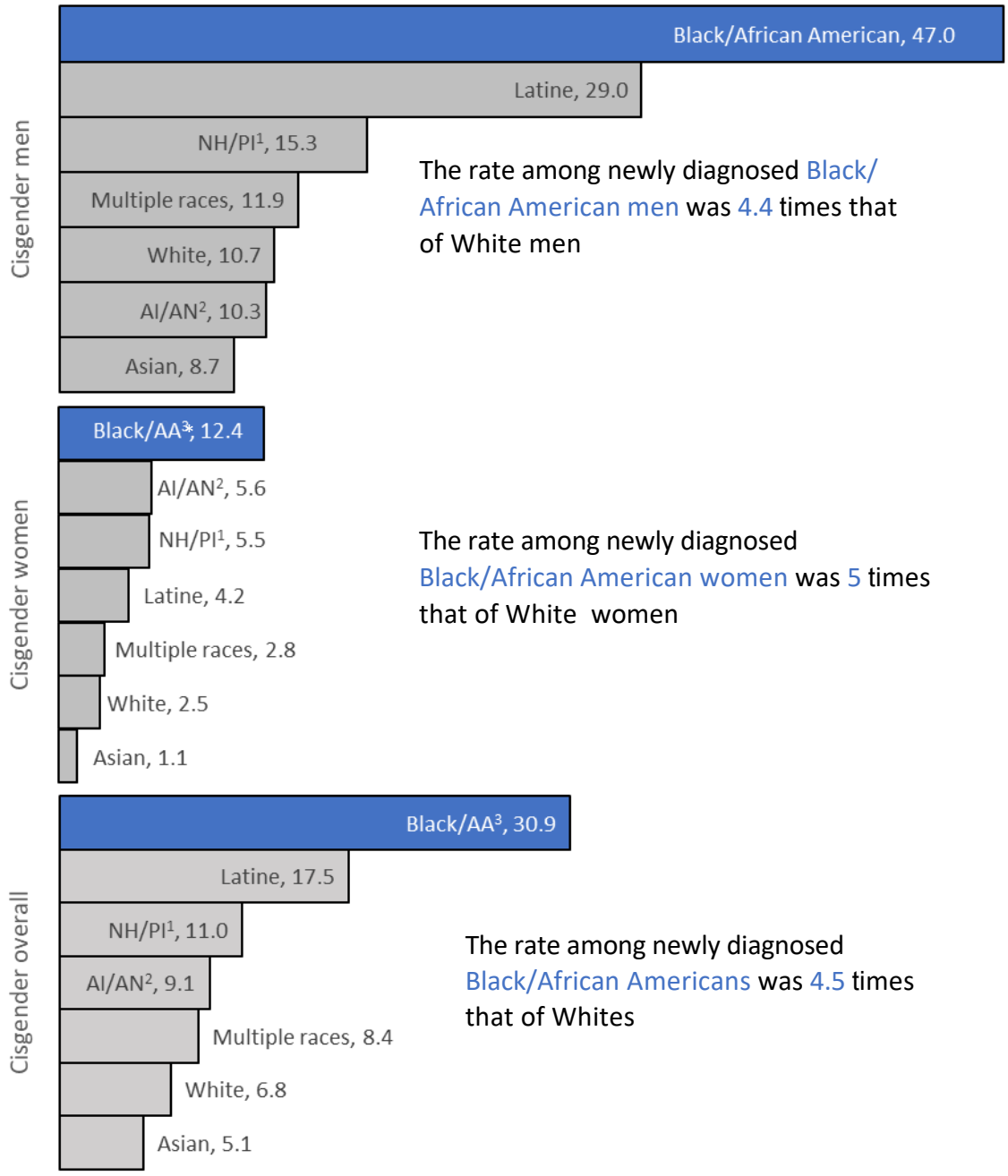
Cisgender men continue to be the demographic most disproportionally affected by HIV, accounting for 81% of new HIV diagnoses in 2023 (Figure 3). Male-to-male sexual contact (MMSC), including MMSC-IDU, accounted for 54% of new HIV diagnoses in 2023. Heterosexual contact accounted for 22% of new HIV diagnoses in 2023, 5% of new HIV diagnoses were attributed to injection drug use (IDU) alone, 3% attributed to transgender sexual contact (TGSC), and 16% were attributed to unknown/other risk (Figure 3). Latines made up the largest racial/ethnic group among new HIV diagnoses, accounting for 57% of all new HIV diagnoses in 2023 (Figure 3).

Figure 3. New HIV Diagnoses by Selected Demographic Characteristics, California, 2023

Characteristic	New Diagnoses #	New Diagnoses % of Total
Cisgender men	4,023	81%
Cisgender women	720	15%
Trans women	170	3%
Trans men	15	0%
Alternative gender identity	20	0%
0 to 12	3	0%
13 to 24	740	15%
25 to 44	3,065	62%
45 to 64	1,018	21%
≥65	122	2%
American Indian/Alaska Native	16	0%
Asian	268	5%
Black/African American	718	15%
Latine	2,801	57%
Native Hawaiian/Pacific Islander	16	0%
White	1,032	21%
Multiple Races	97	2%
Unknown	0	0%
Transgender sexual contact (TGSC)	168	3%
Male-to-male sexual contact (MMSC)	2,521	51%
MMSCIDU	137	3%
Injection drug use (IDU)	233	5%
Heterosexual contact	1,111	22%
Perinatal	5	0%
Unknown risk/other risk	773	16%
TOTAL	4,948	

Among all racial/ethnic groups, Black/African Americans are the most affected by HIV. The rate of new HIV diagnoses among Black/African Americans is 4.5 times higher than Whites among cisgender men, and 4.9 times higher among cisgender women. Latines are also disproportionately affected by HIV, with rates of new HIV diagnoses 2.8 times higher than Whites among men and 1.6 times higher among women (Figure 4). While Latines and Whites make up the largest percentage of persons newly diagnosed with HIV (Figure 3, above), the rate of HIV among Blacks/African Americans is substantially higher (30.9 per 100,000 population, compared to 6.8 per 100,000 among Whites and 17.5 per 100,000 among Latines).

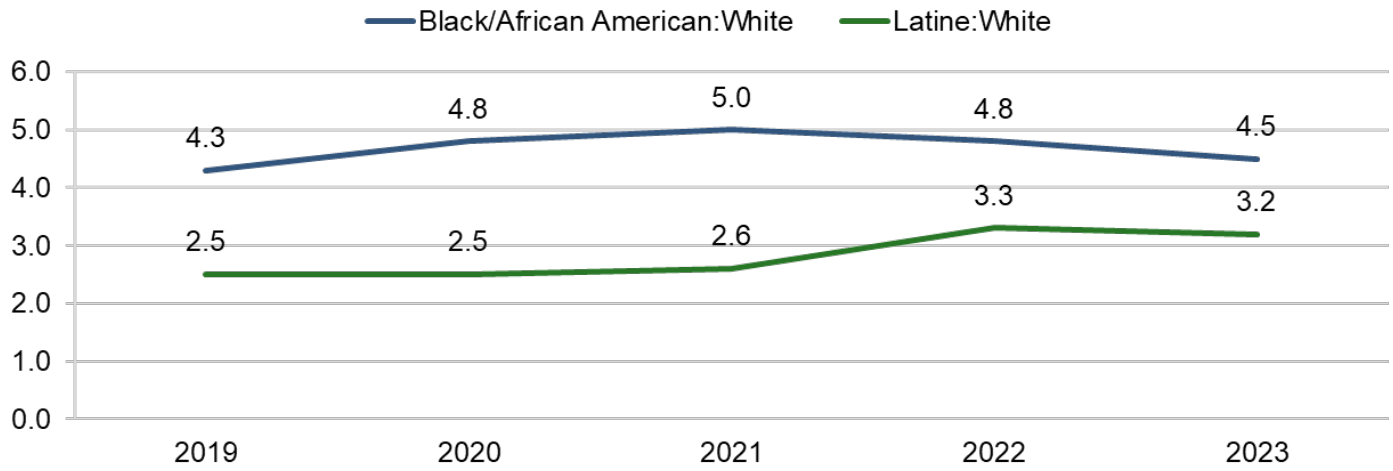
Figure 4. Rate of New HIV Diagnoses by Race/Ethnicity and Gender, California 2023



1. NH/PI = Native Hawaiian/Pacific Islander
2. AI/AN = American Indian/Alaska Native
3. Black/AA = Black/African American

In 2023, the rate of new HIV diagnoses among Black/African American MMSC was 4.5 times higher than White MMSC, and the rate of Latine MMSC was 3.2 times higher than White MMSC (Figure 5). From 2019-2023, racial/ethnic disparities among MMSC have increased for both Black/African Americans and Latine MMSC compared to White MMSC, despite rates decreasing for all three races/ethnicities since 2019. However, the rates among White MMSC have decreased more sharply over the time period, contributing to the disparity.

Figure 5. Rate Ratios of New Diagnoses in MMSC by Race/Ethnicity, California, 2019-2023

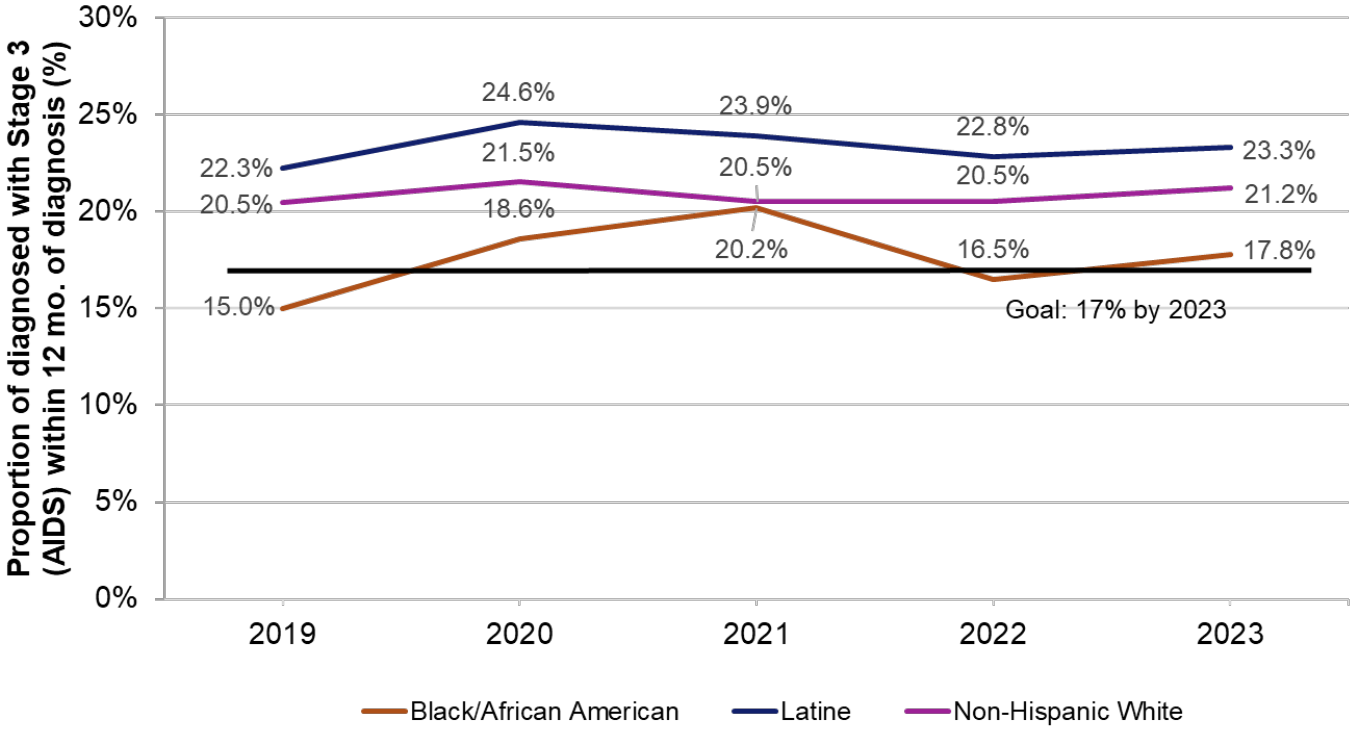


Race/Ethnicity	2019	2020	2021	2022	2023	% Change
Black/African American	34.3	31.1	34.5	29.6	26.8	-45.4%
Latine	19.8	16.5	18.1	20.4	19.1	-7.7%
White	7.9	6.5	6.9	6.2	5.9	-55.6%

Late HIV Diagnoses

In 2023, over 22% 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. Latines (23.3%) have a higher proportion of late HIV diagnoses compared to Black/African American (17.8%) and White individuals (21.2%) (Figure 6). Although late diagnoses for Black/African Americans reached the goal of 17% (or below) in 2022, it has since risen, and the percentage of late diagnoses for all three races/ethnicities is on an upward trajectory.

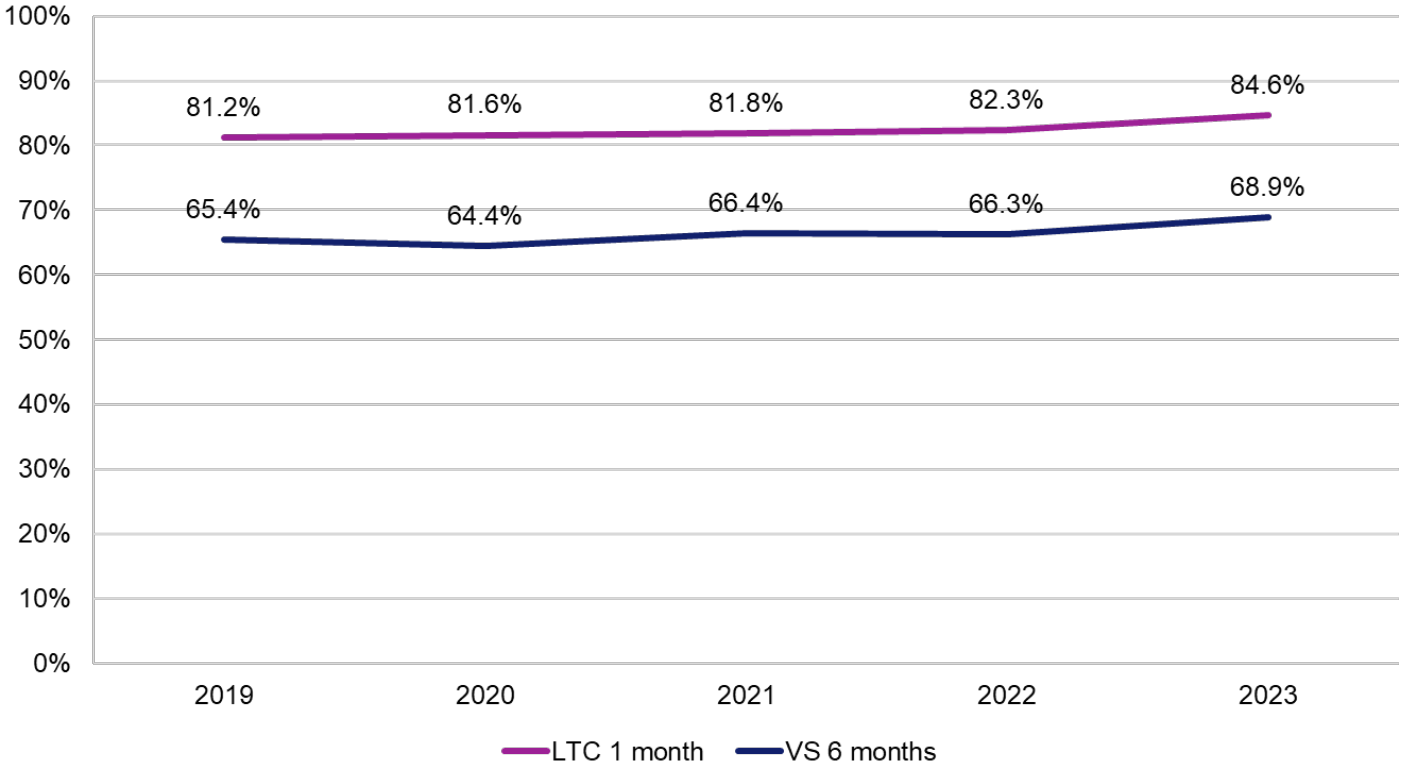
Figure 6. Proportion of Individuals Diagnosed with Stage 3 (AIDS) within 12 Months of HIV Diagnosis by Race/Ethnicity, California, 2019-2023



The Continuum of HIV Care: Persons Newly Diagnosed with HIV

A key pillar of the Ending the HIV Epidemic initiative is to facilitate early linkage to HIV treatment to enable rapid viral suppression. Among the 4,948 individuals newly diagnosed with HIV in 2023, 85% were linked to care (LTC) within one month of diagnosis – a 4% increase since 2019 (Figure 7). Viral suppression (VS) is an important factor in enabling persons living with diagnosed HIV to live long, healthy lives and preventing new HIV infections. Among individuals newly diagnosed in 2023, approximately 69% achieved VS within six months of diagnosis, a 5% increase compared to 2019 (Figure 7).

Figure 7. 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, 2019-2023



The groups with the lowest percentage of LTC within one month of diagnosis were Black/African Americans (80% overall, and 79%, 83%, and 81% for cisgender men, cisgender women, and trans individuals, respectively), American Indian/Alaska Native cisgender men and cisgender women (89% and 60%, respectively), and multiracial trans individuals (83%) (Tables 1, 2).

The groups with the lowest rates of VS within six months of diagnosis were American Indian/Alaska Native cisgender men (33%), White cisgender men (67%), White cisgender women (56%), multiracial cisgender women (63%), Black/African American transgender individuals (70%), and persons who inject drugs (IDU) (49%), including MMSC & IDU (59%) (Tables 1, 2).

Table 1. Linkage to HIV Care within 1 Month of Diagnosis by Gender, Race/Ethnicity, Age Group, and Risk/Exposure Group, 2023

New HIV Diagnoses, 2023						
		Diagnosed	Linked to Care in 1 Month		Achieved Viral Suppression in 6 Months	
Characteristic		**N**	**N**	**%**	**N**	**%**
Gender	Cisgender Men	4,023	3,406	85%	2,783	69%
	Cisgender Women	720	596	83%	476	66%
	Trans Women	170	149	88%	119	70%
	Trans Men	15	14	93%	14	93%
	Alternative gender	20	19	95%	17	85%
Race/Ethnicity	American Indian/Alaska Native	16	13	81%	7	44%
	Asian	268	235	88%	203	76%
	Black/African American	718	576	80%	446	62%
	Latine	2,801	2,410	86%	2,009	72%
	Native Hawaiian/Other Pacific Islander	16	13	81%	10	63%
	White	1,032	852	83%	670	65%
	Multiple Races	97	85	88%	64	66%
Age	0 to 12	3	-		-	
	13 to 24	740	706	95%	525	71%
	25 to 44	3,065	2,880	94%	2,132	70%
	45 to 64	1,018	956	94%	669	66%
	≥65	122	109	89%	80	66%
Risk/Exposure Group	TGSC	168	164	98%	120	71%
	MMSC	2,521	2,420	96%	1,881	75%
	IDU	233	211	91%	115	49%
	MMSC & IDU	137	132	96%	81	59%
	High-Risk Heterosexual Contact (HRH)	305	297	97%	220	72%
	Perinatal	5	-		-	
	Heterosexual Contact (Non-HRH)	806	744	92%	551	68%
	Unknown risk	773	681	88%	436	56%

Table 2. Linkage to HIV Care within 1 Month of HIV Diagnosis by Gender and Race/Ethnicity, 2023

New HIV Diagnoses, 2023			
Gender	**Race/Ethnicity**	**Linked to Care in 1 Month**	**Achieved Viral Suppression in 6 Months**
Cisgender Men	American Indian/Alaska Native	89%	33%
	Asian	89%	76%
	Black/African American	79%	60%
	Latine	86%	72%
	Native Hawaiian/Other Pacific Islander	82%	73%
	White	83%	67%
	Multiple Races	88%	71%
Cisgender Women	American Indian/Alaska Native	60%	
	Asian	80%	70%
	Black/African American	83%	70%
	Latine	85%	71%
	Native Hawaiian/Other Pacific Islander		
	White	80%	56%
	Multiple Races	88%	63%
Transgender Individuals	American Indian/Alaska Native		
	Asian	89%	78%
	Black/African American	81%	70%
	Latine	90%	74%
	Native Hawaiian/Other Pacific Islander		
	White	89%	79%
	Multiple Races	83%	42%

Note: Some numbers were suppressed to ensure the confidentiality of personally identifiable information.

Social Determinants of Health

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 – Ending the HIV Epidemic – incorporating social determinants of health (SDH) in its elimination strategy. 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. 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.

Table 3 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 "<5.28" and depicts HIV cases living in census tracts in which less than 5.28% of adult residents do not have a high school diploma (i.e., more than 94.72% of adult residents DO have a high school diploma).

Table 3. Persons Newly Diagnosed with HIV Infection by Census Tract, Characterized by Continuum of Care, by Selected Social Determinants of Health, 2023 – California

	Total diagnoses		Linked to Care in 1 Month		Virally Suppressed in 6 Months	
	N	Rate	N	%	N	%
Below federal poverty level (%)[1]						
<5.95	608	7.8	444	73.0	526	86.5
5.95-9.57	926	11.6	658	71.1	788	85.1
9.58-15.11	1,255	16.4	893	71.2	1,073	85.5
≥ 15.12	1,742	25.0	1,178	67.6	1,452	83.4
CA Overall	**4,531**	**14.9**	**3,173**	**70.0**	**3,839**	**84.7**
Less than high school diploma (%)[2]						
<5.28	555	7.4	423	76.2	475	85.6
5.28-11.22	865	11.0	617	71.3	745	86.1
11.23-22.44	1,255	16.0	849	67.6	1,048	83.5
≥ 22.45	1,877	25.7	1,303	69.4	1,592	84.8
CA Overall	**4,552**	**14.9**	**3,192**	**70.1**	**3,860**	**84.8**
Without health insurance (%)[3]						
<3.21	611	8.2	439	71.8	522	85.4
3.22-6.45	929	11.7	669	72.0	779	83.9
6.46-11.42	1,200	15.4	824	68.7	1,008	84.0
≥ 11.43	1,791	24.7	1,241	69.3	1,530	85.4
CA Overall	**4,531**	**14.9**	**3,173**	**70.0**	**3,839**	**84.7**
Gini index (%)[4]						
<37.85	1,084	13.7	743	68.5	911	84.0
37.86-41.95	1,138	14.5	808	71.0	976	85.8
41.96-46.42	1,164	15.3	802	68.9	999	85.8
≥ 46.43	1,126	16.1	801	71.1	934	82.9
CA Overall	**4,512**	**14.8**	**3,154**	**69.9**	**3,820**	**84.7**
Median household income (U.S. $)						
≥ 127,431	552	6.9	435	78.8	489	88.6
94,917-127,430	947	12.1	658	69.5	805	85.0
70,336-94,916	1,273	16.6	882	69.3	1,086	85.3
<70,336	1,721	25.3	1,169	67.9	1,424	82.7
CA Overall	**4,493**	**14.8**	**3,144**	**70.0**	**3,804**	**84.7**
Cost-burdened households (%)[5]						
<32.43	653	8.6	471	72.1	556	85.1
32.44-39.47	971	12.3	689	71.0	827	85.2
39.48-47.57	1,206	15.5	842	69.8	1,018	84.4
≥ 47.58	1,701	23.6	1,171	68.8	1,438	84.5
CA Overall	**4,531**	**14.9**	**3,173**	**70.0**	**3,839**	**84.7**
Geographic Mobility (%)[6]						
<6.06	1,110	15.0	738	66.5	926	83.4
6.07-9.58	1,112	14.3	776	69.8	935	84.1
9.59-14.28	1,034	13.4	734	71.0	881	85.2
≥ 14.29	1,296	17.1	944	72.8	1,118	86.3
CA Overall	**4,552**	**14.9**	**3,192**	**70.1**	**3,860**	**84.8**

[1]The federal poverty level of a household consisting of one individual in 2023 is $14,580/year, while for a household of four persons it is $30,000.

[2]Percentage of adult residents in a region having received less than a high school diploma.

[3]Percentage of residents within a region who possess some form of health insurance coverage for a given year.

[4]Measure of a region's income inequality. 0% corresponds to perfect equality; 100% corresponds to perfect inequality.

[5]Percentage of households that spend 30% or more of their income on rent, mortgage, or other housing needs.

[6]Percentage of residents who have moved to the region within the previous year.

A markedly consistent pattern emerged among each of the depicted SDH factors such that, for geographic areas of residence at time of HIV diagnosis, increased levels of disadvantage (e.g., lower income, education, health insurance coverage, etc.) were associated with increased rates of infection, and oftentimes worse health outcomes. This suggests that effective approaches to reducing disparities in HIV infection rates and outcomes continue to require consideration of these social determinants of health.

Federal Poverty Level

Adults living in census tracts with the highest poverty rates (≥15.12% of residents) were newly diagnosed at a rate 3.2 times (321%) higher than those in areas with the lowest poverty rates (<5.95% of residents). Additionally, this group consisted of 5.4% fewer individuals linked to care and 3.1% fewer achieving viral suppression compared to those in lowest poverty areas.

Education Level

Adults living in census tracts with the lowest levels of education (≥ 22.45% of residents without a high school diploma) were newly diagnosed at a rate 3.5 times (347%) higher than those in areas with the highest education levels (<5.28% without a high school diploma). This group consisted of 6.8% fewer individuals linked to care and 0.8% fewer achieving viral suppression compared to those in highest education areas.

Health Care Coverage

Adults who lived in census tracts with the lowest levels of health care coverage (≥ 11.43% of residents without health insurance coverage) were newly diagnosed at a rate 3.0 times (301%) higher than those in areas with the highest coverage levels (<3.21% without coverage). Additionally, this group consisted of 2.5% fewer individuals linked to care and 0.0% fewer achieving viral suppression compared to those in highest health care coverage areas.

Income Inequality (Gini Index)

Adults who lived in census tracts with the highest levels of income inequality (Gini index ≥ 46.43%) were newly diagnosed at a rate 1.2 times (118%) higher than those in areas with the lowest inequality levels (Gini index <37.85%). Additionally, this group consisted of 2.6% greater individuals linked to care and 1.1% fewer achieving viral suppression compared to those in lowest inequality areas.

Median Household Income

Adults who lived in census tracts with the lowest median household incomes (< $70,336 per year) were newly diagnosed at a rate 3.7 times (367%) higher than those in areas with highest median household incomes (≥ $127,431 per year). Additionally, this group consisted of 10.9% fewer individuals linked to care and 5.9% fewer achieving viral suppression compared to those in highest median household income areas.

Cost-Burdened Households

Adults who lived in census tracts with the highest percentages of cost-burdened households (≥47.58%) were newly diagnosed at a rate 2.7 times (274%) higher than those in areas with the lowest percentages of cost-burdened households (< 32.43%). Additionally, this group consisted of 3.3% fewer individuals linked to care and 0.6% fewer achieving viral suppression compared to those in areas with the lowest rates of cost-burdened households.

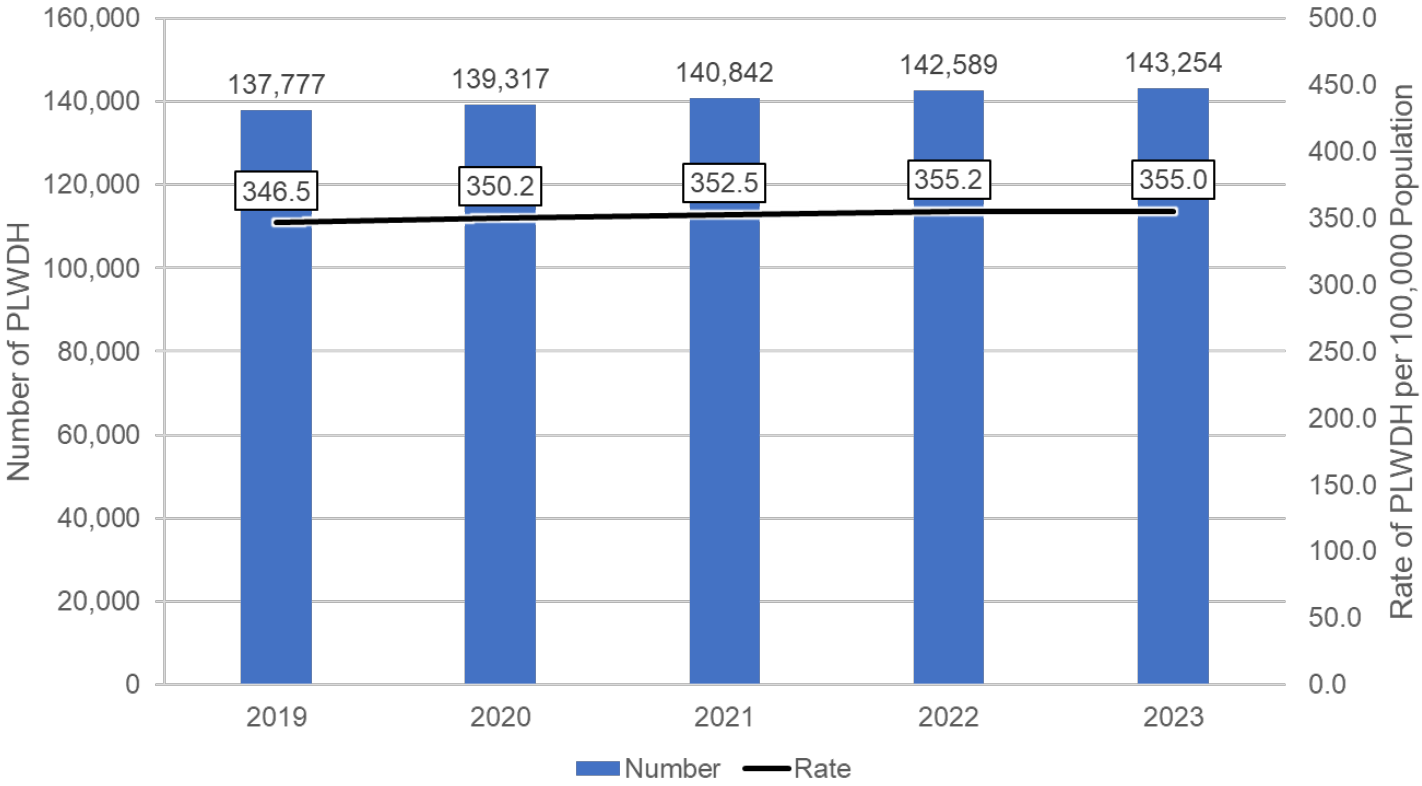
Geographic Mobility

Adults who lived in census tracts with the highest rates of geographic mobility (≥ 14.29%) were newly diagnosed at a rate 1.1 times (114%) higher than those in areas with the lowest geographic mobility (< 6.06%). Additionally, this group consisted of 6.3% greater individuals linked to care and 2.9% greater achieving viral suppression compared to those in the lowest geographic mobility areas.

PEOPLE LIVING WITH DIAGNOSED HIV IN CALIFORNIA

From 2019 through 2023, the number of PLWDH in California increased from 137,777 to 143,254. In 2023, the prevalence rate of diagnosed HIV infection was 355.0 per 100,000 population, compared to 346.5 in 2019— an increase of 2.4% (Figure 8). This gradual increase in the number of living cases is an expected result of new diagnoses, along with effective treatments for those living with diagnosed HIV.

Figure 8. Number and Rate of People Living with Diagnosed HIV, California, 2019-2023



In 2023, MMSC, including MMSCIDU, accounted for 72% of all living HIV cases. Heterosexual contact accounted for 15% of living HIV cases, IDU alone accounted for 5%, TGSC accounted for 2%, perinatal exposure accounted for <1%, and 5% were attributed to unknown/other risks (Figure 9).

Figure 9. Living HIV Cases by Selected Demographic Characteristics, California, 2023

Characteristic	Living Cases #	% of Total
Cisgender men	123,037	86%
Cisgender women	17,095	12%
Trans women	2,952	2%
Trans men	112	0%
Alternative gender identity	58	0%
0 to 12	74	0%
13 to 24	2,601	2%
25 to 44	47,299	33%
45 to 64	69,213	48%
≥65	24,067	17%
American Indian/Alaska Native	291	0%
Asian	6,481	5%
Black/African American	22,731	16%
Latine	60,274	42%
Native Hawaiian/Pacific Islander	268	0%
White	47,194	33%
Multiple Races	6,011	4%
Unknown	4	0%
Transgender sexual contact (TGSC)	2,960	2%
Male-to-male sexual contact (MMSC)	94,275	66%
MMSCIDU	8,243	6%
Injection drug use (IDU)	7,380	5%
Heterosexual contact	22,000	15%
Perinatal	714	0%
Unknown risk/other risk	7,682	5%
TOTAL	143,254	

The Continuum of HIV Care: All Persons Living with Diagnosed HIV

Of the 143,254 people living with diagnosed HIV infection in 2023, 75% were in care for HIV, and 66% achieved viral suppression (Figure 10). Among living cases, the percentage of those in care was low in American Indian/Alaska Native (67%) and Black or African American (70%) cisgender men, Native Hawaiian/Other Pacific Islander (65%) and White cisgender women (71%), as well as White (76%) and Black or African American (77%) transgender individuals (Tables 4 and 5). Native Hawaiian/Pacific Islander transgender individuals had the lowest percentage of viral suppression among all demographics (44%), which is notable as 100% were engaged in care. IDU (53%), American Indian/Alaska Natives of all genders (56%), but particularly American Indian/Alaska Native cisgender men (55%), as well as Native Hawaiian/Pacific Islander cisgender women and Black or African American cisgender men (both 60%) also had low viral suppression (Tables 4 and 5).

Figure 10. The Continuum of HIV Care: All Persons Living with Diagnosed HIV Infection — California, 2023

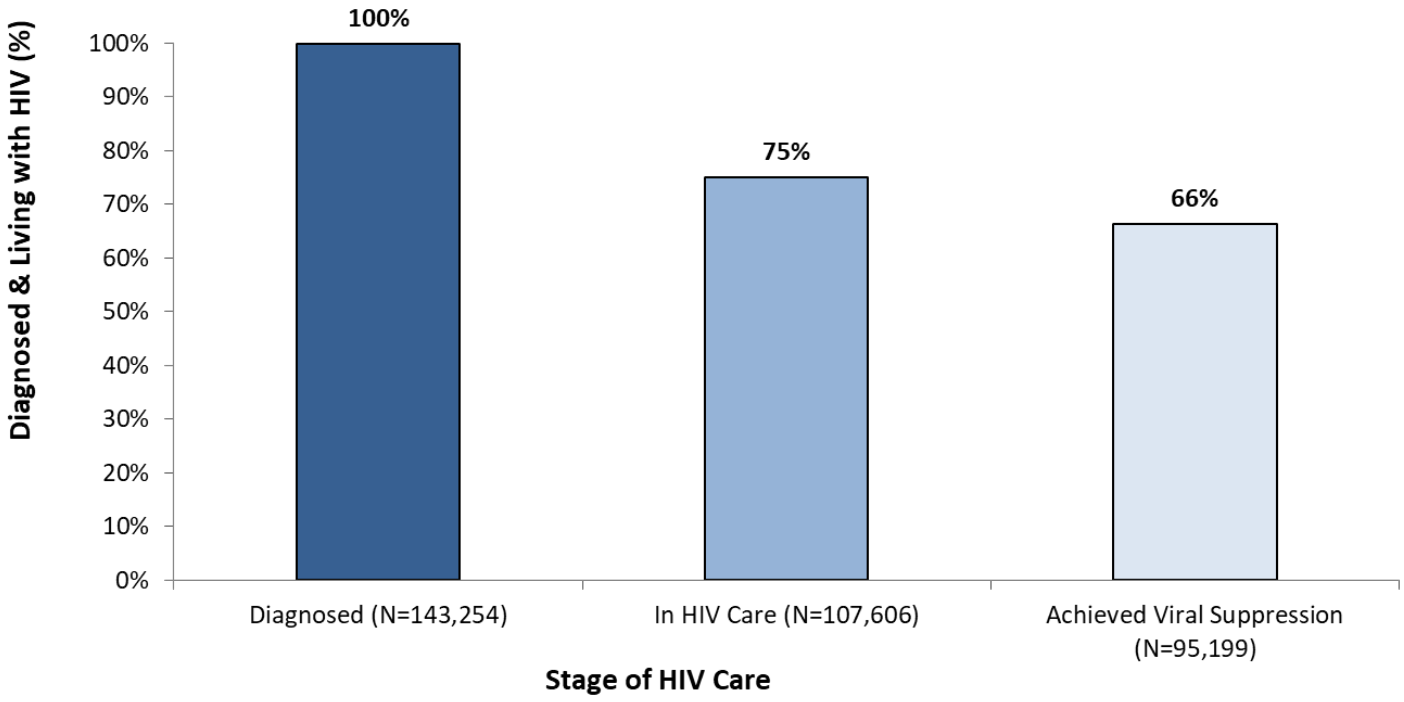


Table 4. Receipt of Medical Care and Viral Suppression Status Among Persons Living with Diagnosed HIV by Gender, Race/Ethnicity, Age Group, and Risk/Exposure Group, 2023

Persons Living with Diagnosed HIV, 2023						
		Diagnosed	In HIV Care (01/01/2023-12/31/2023)		Achieved Viral Suppression (01/01/2023-12/31/2023)	
Characteristic		**N**	**N**	**%**	**N**	**%**
Gender	Cisgender Men	123,037	92,480	75%	82,122	67%
	Cisgender Women	17,095	12,673	74%	11,058	65%
	Trans Women	2,952	2,311	78%	1,893	64%
	Trans Men	112	89	79%	81	72%
	Alternative gender	58	53	91%	45	78%
Race/Ethnicity	American Indian / Alaska Native	291	200	69%	163	56%
	Asian	6,481	4,986	77%	4,595	71%
	Black/African American	22,731	16,216	71%	13,909	61%
	Latine	60,274	44,107	73%	38,907	65%
	Native Hawaiian / Other Pacific Islander	268	201	75%	165	62%
	White	47,194	36,787	78%	33,003	70%
	Multiple Races	6,011	5,108	83%	4,456	73%
Age	0 to 12	74	64	86%	61	82%
	13 to 24	2,601	2,161	83%	1,743	67%
	25 to 44	47,299	35,767	76%	30,426	64%
	45 to 64	69,213	51,556	74%	46,323	67%
	≥65	24,067	18,058	75%	16,646	69%
Risk/Exposure Group	TGSC	2,960	2,331	79%	1,922	65%
	MMSC	94,275	73,292	78%	65,871	70%
	IDU	7,380	4,775	65%	3,936	53%
	MMSC & IDU	8,243	6,244	76%	5,309	64%
	HRH	11,610	8,697	75%	7,694	66%
	Perinatal	714	576	81%	497	70%
	Non-HRH	10,390	7,388	71%	6,402	62%

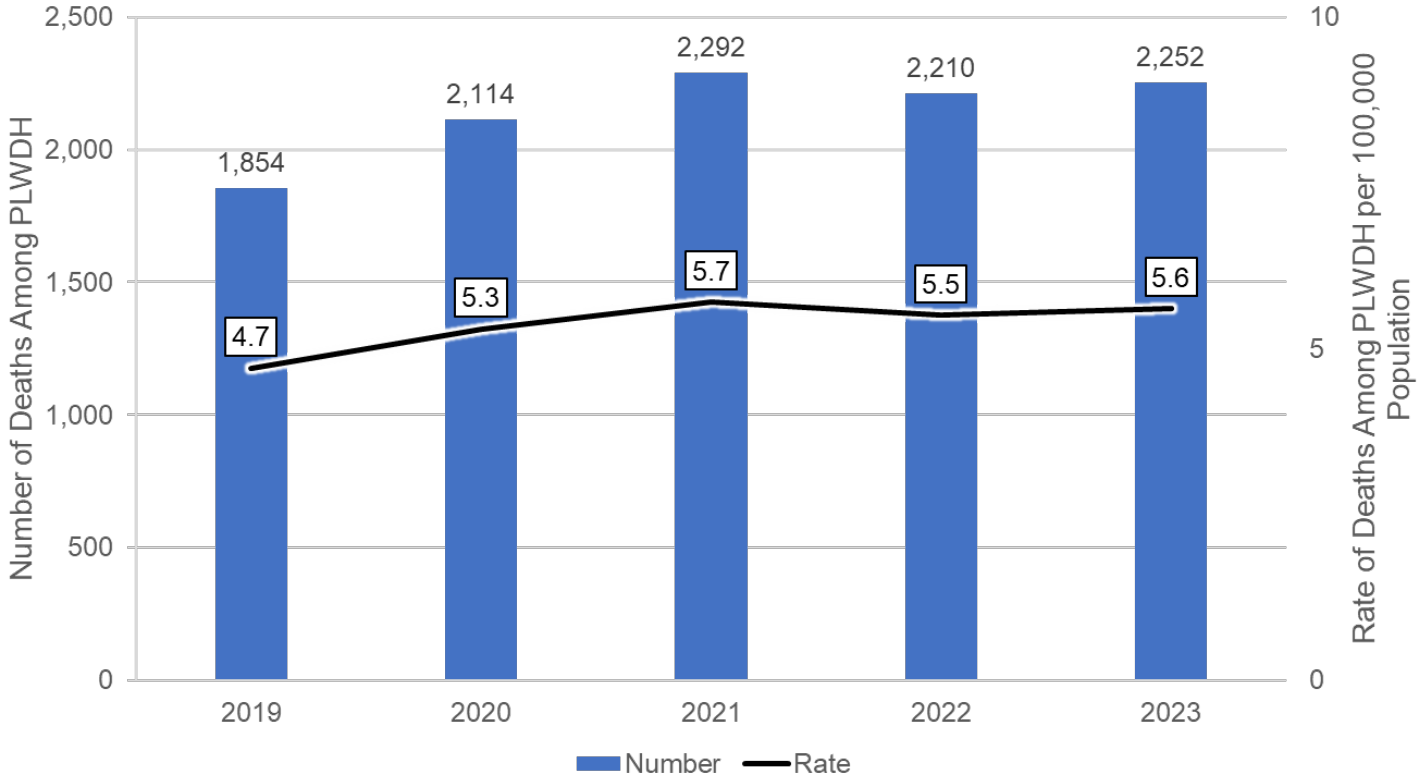
Table 5. Receipt of Medical Care and Viral Suppression Status Among Persons Living with Diagnosed HIV Infection by Gender and Race/Ethnicity, 2023

Persons Living with Diagnosed HIV, 2023			
Gender	**Race/Ethnicity**	**In HIV Care**	**Achieved Viral Suppression**
Cisgender Men	American Indian/Alaska Native	67%	55%
	Asian	77%	71%
	Black/African American	70%	60%
	Latine	73%	65%
	Native Hawaiian/Other Pacific Islander	74%	63%
	White	78%	71%
	Multiple Races	85%	75%
	Unknown race/ethnicity	33%	33%
Cisgender Women	American Indian/Alaska Native	72%	62%
	Asian	72%	67%
	Black/African American	72%	65%
	Latine	72%	65%
	Native Hawaiian/Other Pacific Islander	65%	60%
	White	71%	62%
	Multiple Races	82%	72%
Transgender Individuals	American Indian/Alaska Native	86%	71%
	Asian	84%	73%
	Black/African American	77%	63%
	Latine	78%	64%
	Native Hawaiian/Other Pacific Islander	100%	44%
	White	76%	68%
	Multiple Races	84%	64%

DEATHS AMONG PEOPLE LIVING WITH DIAGNOSED HIV

Data on deaths of persons with diagnosed HIV infection represent all causes of death and may or may not be related to HIV infection. Between 2019 and 2023, the annual number of deaths of persons with diagnosed HIV infection in California increased from 1,854 to 2,252 (Figure 11). In 2023, the crude death rate of persons with diagnosed HIV infection was 5.6 per 100,000 population — a 19.1% increase since 2019 (Figure 11). Death rates among people with HIV were largely stable in the 3-4 years prior to COVID-19, so the increase during 2020 and subsequent years may be due to one or more factors associated with the COVID-19 pandemic, including COVID-19 itself, reduced access to medical care and treatment, or other factors.

Figure 11. Number and Rate of Deaths Among People Living with Diagnosed HIV in California, 2019-2023



In 2023, 2,252 persons living with HIV died, a 2% increase from 2022. 84% of all-cause deaths among persons with diagnosed HIV in 2023 were cisgender males, and 64% of deaths were in MMSC, including MMSC-IDU. Heterosexual contact accounted for 15% of deaths, 10% were attributed to injection drug use (IDU) alone, 2% to transgender sexual contact (TGSC), and 7% to unknown/other risks (Figure 12).

Figure 12. Deaths among people diagnosed with HIV by selected demographic characteristics, California, 2023

Characteristic	Deaths Among PLWDH #	% of Total
Cisgender men	1,900	84%
Cisgender women	298	13%
Trans women	54	2%
Trans men	0	0%
Alternative gender identity	0	0%
0 to 12	-	
13 to 24	11	0%
25 to 44	479	21%
45 to 64	983	44%
≥65	779	35%
American Indian/Alaska Native	5	0%
Asian	31	1%
Black/African American	426	19%
Latine	737	33%
Native Hawaiian/Pacific Islander	1	0%
White	882	39%
Multiple Races	170	8%
Unknown	0	0%
Transgender sexual contact (TGSC)	51	2%
Male-to-male sexual contact (MMSC)	1,218	54%
MMSCIDU	234	10%
Injection drug use (IDU)	232	10%
Heterosexual contact	345	15%
Perinatal	9	0%
Unknown risk/other risk	163	7%

HIV and Black/African Americans

California, 2023

In 2023, Black/African Americans made up approximately 6% of California's population, yet they accounted for **16% of living HIV cases** and **15% of new HIV diagnoses**.

Demographics of New Diagnoses (N=718)

GENDER

76%	Cisgender men
20%	Cisgender women
3%	Trans women
1%	Trans men

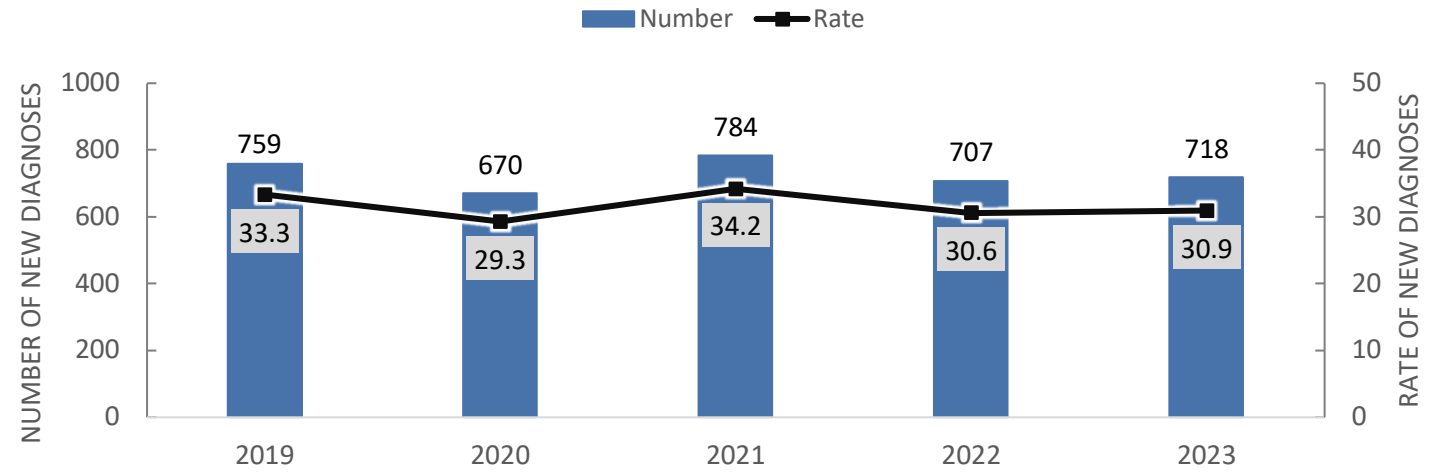
TRANSMISSION CATEGORY

43%	Male-to-male sexual contact (MMSC)
30%	Heterosexual contact
18%	Unknown risk/other risk
4%	Injection drug use (IDU)
3%	Transgender sexual contact (TGSC)
2%	MMSC & IDU

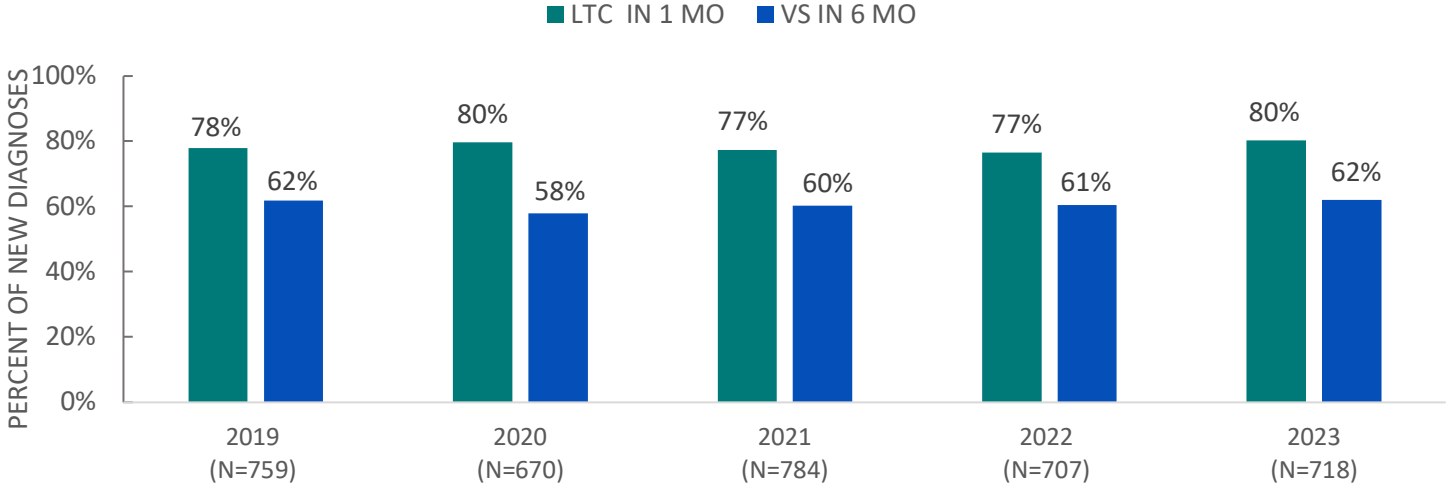
AGE

0%	0 to 12
17%	13 to 24
36%	25 to 34
25%	35 to 44
10%	45 to 54
12%	≥55

NUMBER AND RATE OF NEW DIAGNOSES AMONG BLACK/AFRICAN AMERICANS



HEALTH OUTCOMES AMONG BLACK/AFRICAN AMERICANS



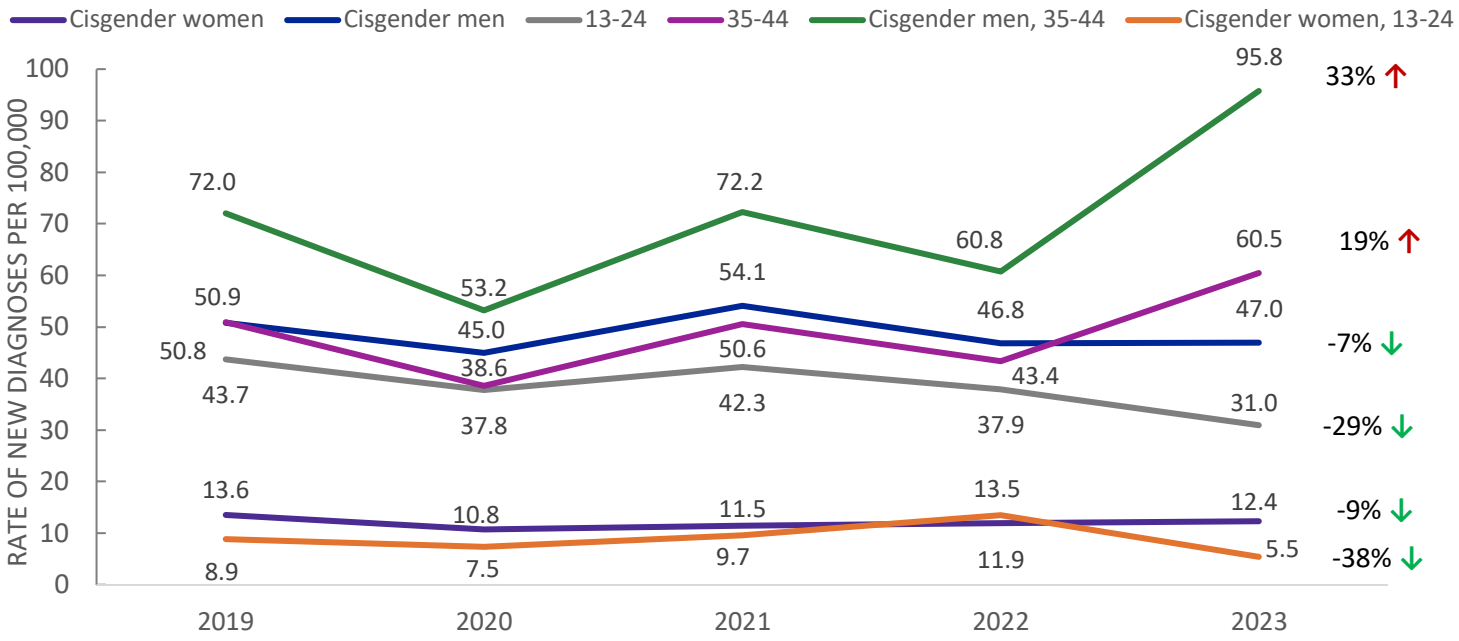
From 2019 to 2023 the overall rate of new HIV diagnoses decreased by 7% among Black/African Americans

29% ↓ in the rate of new HIV diagnoses among Black 13–24-year-olds

33% ↑ in the rate of new HIV diagnoses among Black men aged 35-44 years

38% ↓ in the rate of new HIV diagnoses among Black women aged 13-24 years

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



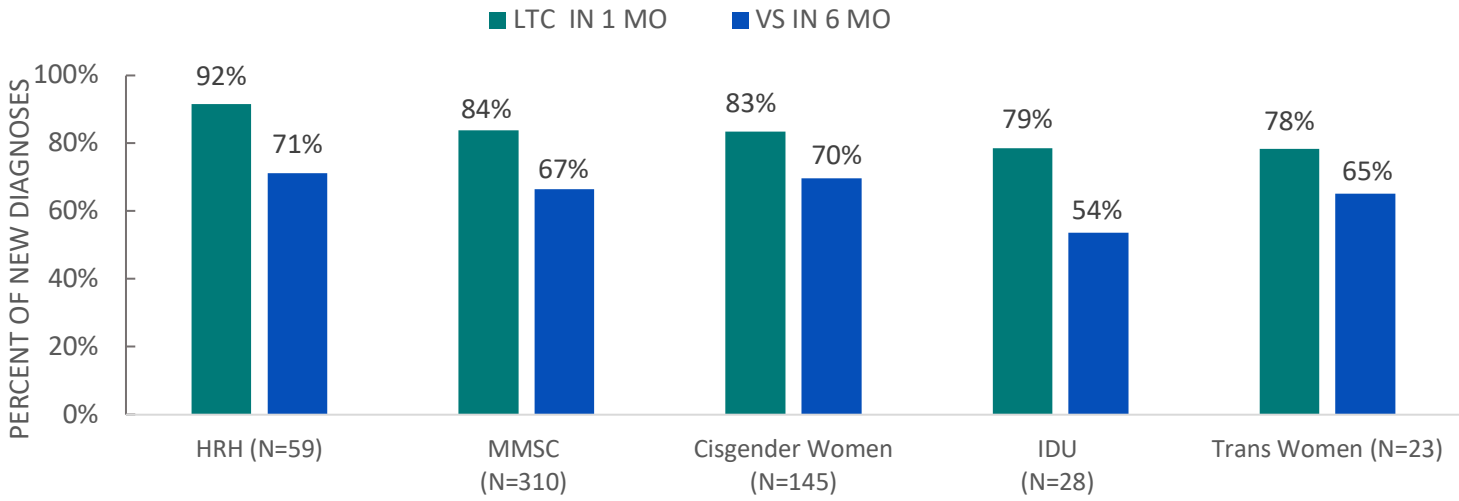
DECREASES ↓

- Rate of new diagnoses among men (-7%↓)
- Rate of new diagnoses among women (-9%↓)
- Rate of new diagnoses among 13–24-year-olds (-29%↓)
- Rate of new diagnoses among 13–24-year-old women (-38%↓)

INCREASES ↑

- Rate of new diagnoses among 35–44-year-olds (19%↑)
- Rate of new diagnoses among 35-44-year-old men (33%↑)

HEALTH OUTCOMES AMONG BLACK/AFRICAN AMERICANS (select subgroups)



HIV and Latine

California, 2023

LATINE ARE THE LARGEST RACIAL/ETHNIC GROUP IN CALIFORNIA (ABOUT 40% OF THE POPULATION). IN 2023, THEY ACCOUNTED FOR **42% OF LIVING HIV CASES** AND **57% OF NEW HIV DIAGNOSES**.

Demographics of New Diagnoses (N=2,801)

GENDER

84%	Cisgender men
12%	Cisgender women
4%	Trans women
0%	Trans men

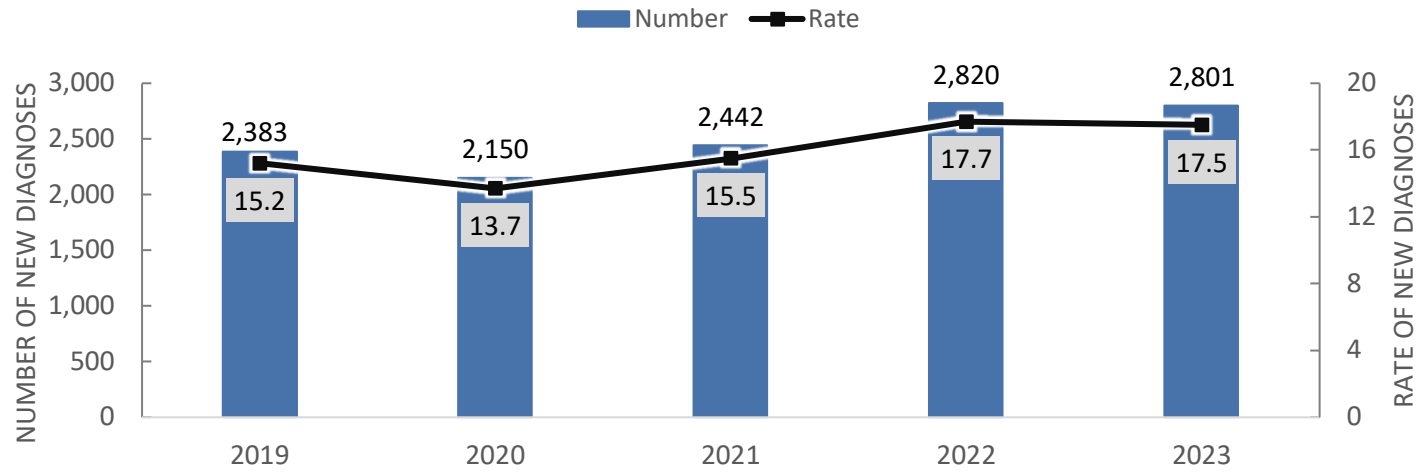
TRANSMISSION CATEGORY

55%	Male-to-male sexual contact (MMSC)
21%	Heterosexual contact
15%	Unknown risk/other risk
4%	Transgender sexual contact (TGSC)
3%	Injection drug use (IDU)
2%	MMSC & IDU

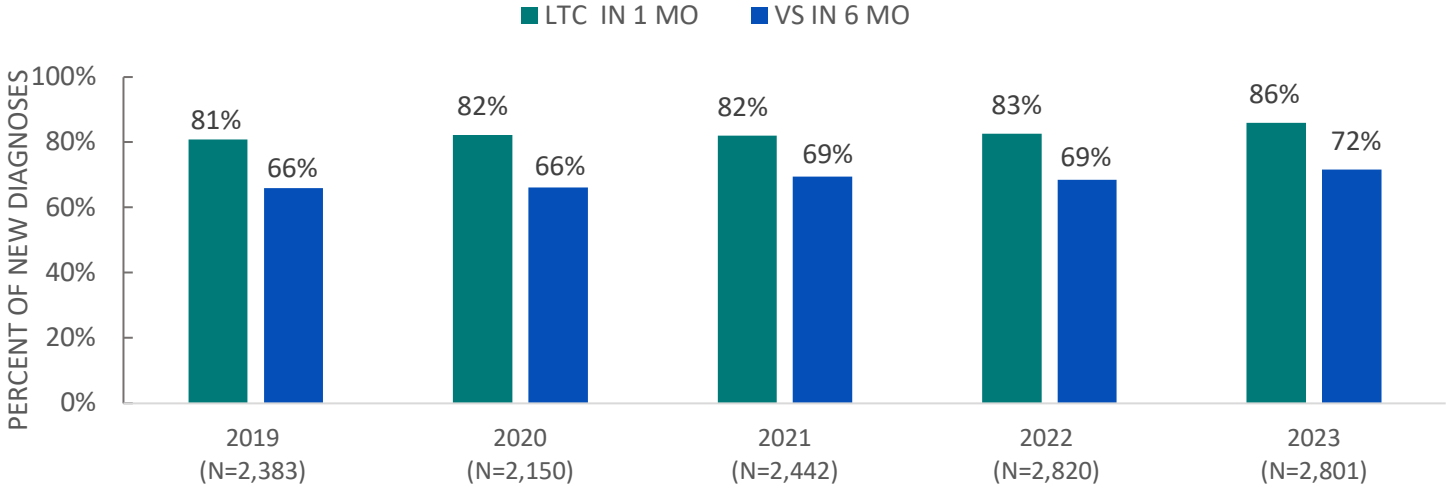
AGE

0.1%	0 to 12
16.5%	13 to 24
39.7%	25 to 34
24.3%	35 to 44
12.6%	45 to 54
6.7%	≥55

NUMBER AND RATE OF NEW DIAGNOSES AMONG LATINE



HEALTH OUTCOMES AMONG LATINE



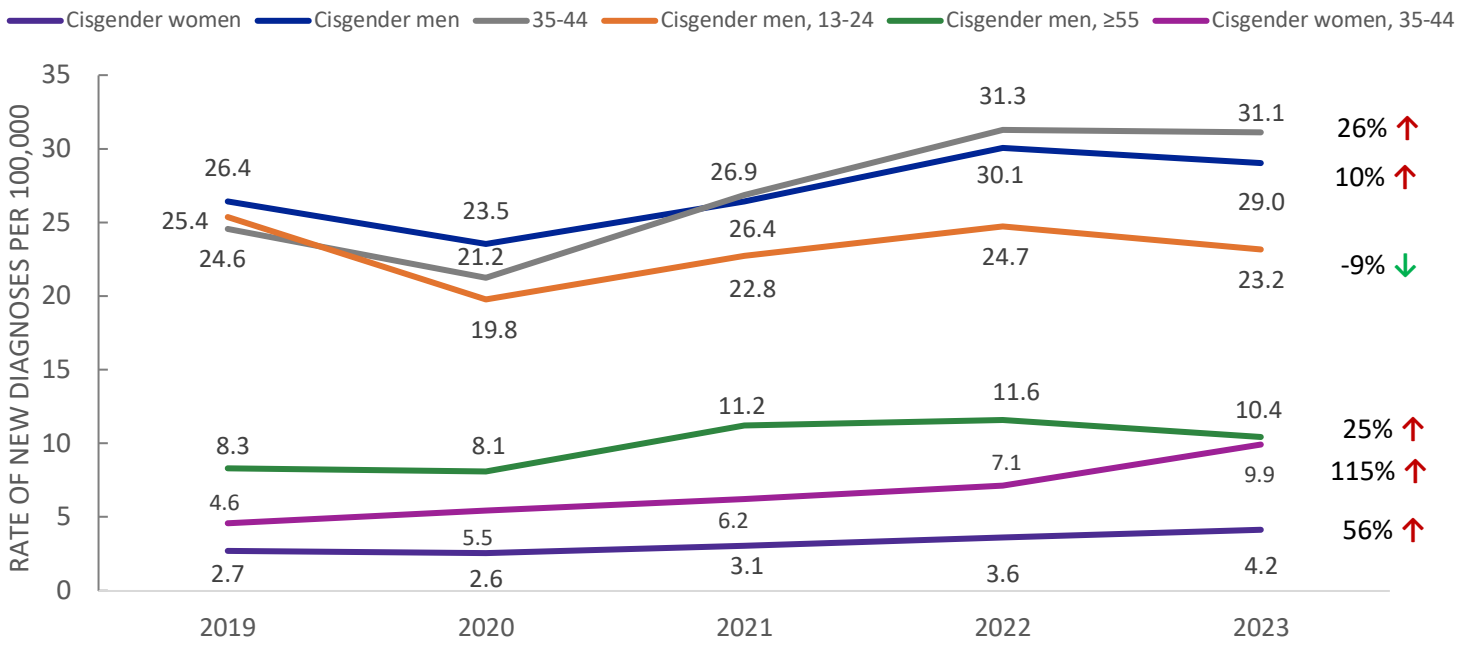
From 2019 to 2023 the overall rate of new HIV diagnoses increased by 15% among Latine

9% ↓
in the rate of new HIV diagnoses among Latine men aged 13-24-years

115% ↑
in the rate of new HIV diagnoses among Latine women aged 35-44-years

25% ↑
in the rate of new HIV diagnoses among Latine men aged ≥55 years

RATE OF NEW DIAGNOSES AMONG LATINE (select subgroups)



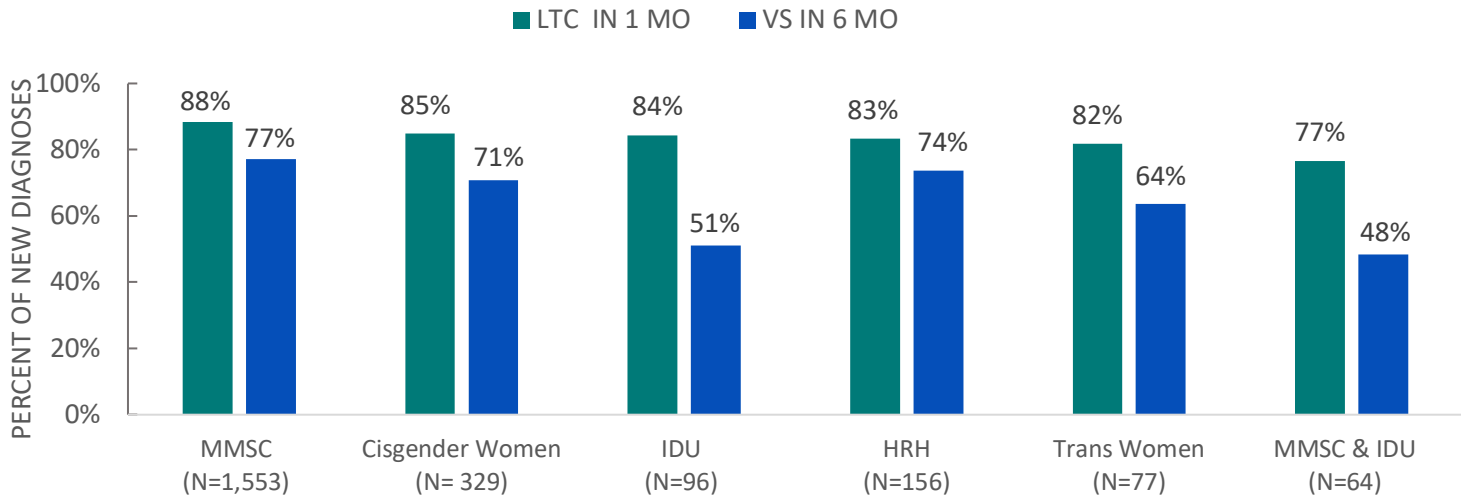
DECREASES ↓

- Rate of new diagnoses among 13-24-year-old men (-9%↓)

INCREASES ↑

- Rate of new diagnoses among men (10%↑)
- Rate of new diagnoses among men aged ≥55 years (25%↑)
- Rate of new diagnoses among 35-44-year-olds (26%↑)
- Rate of new diagnoses among women (56%↑)
- Rate of new diagnoses among 35-44-year-old women (115%↑)

HEALTH OUTCOMES AMONG LATINE (select subgroups)



HIV and MMSC

California, 2023

In 2023, MMSC accounted for **66%** of living **HIV** cases and **51%** of new **HIV** diagnoses.

Demographics of New Diagnoses (N=2,521)

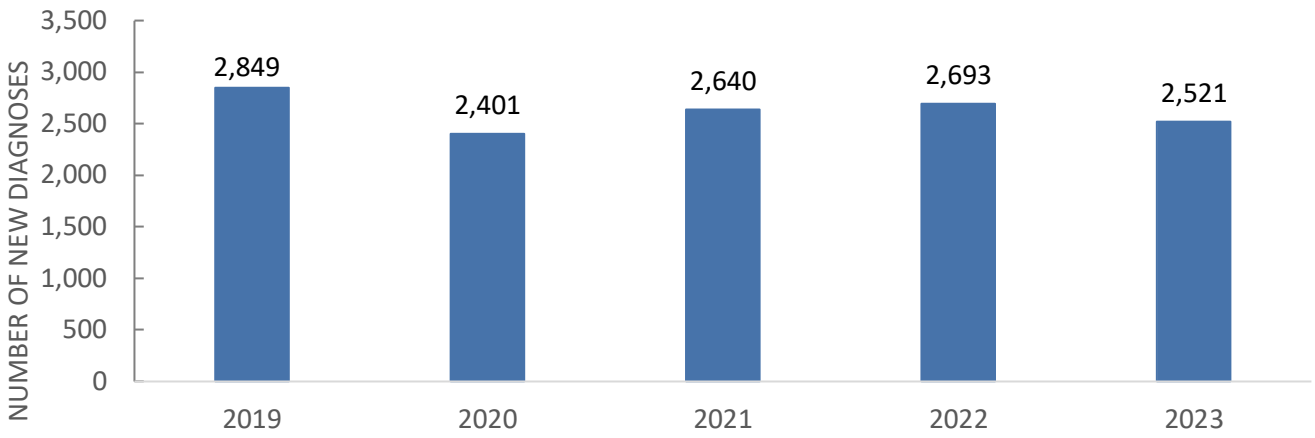
RACE/ETHNICITY

61.6%	Latine
17.9%	White
12.3%	Black/African American
6.1%	Asian
1.7%	Multiple Races
0.2%	American Indian/Alaska Native
0.2%	Native Hawaiian/Pacific Islander

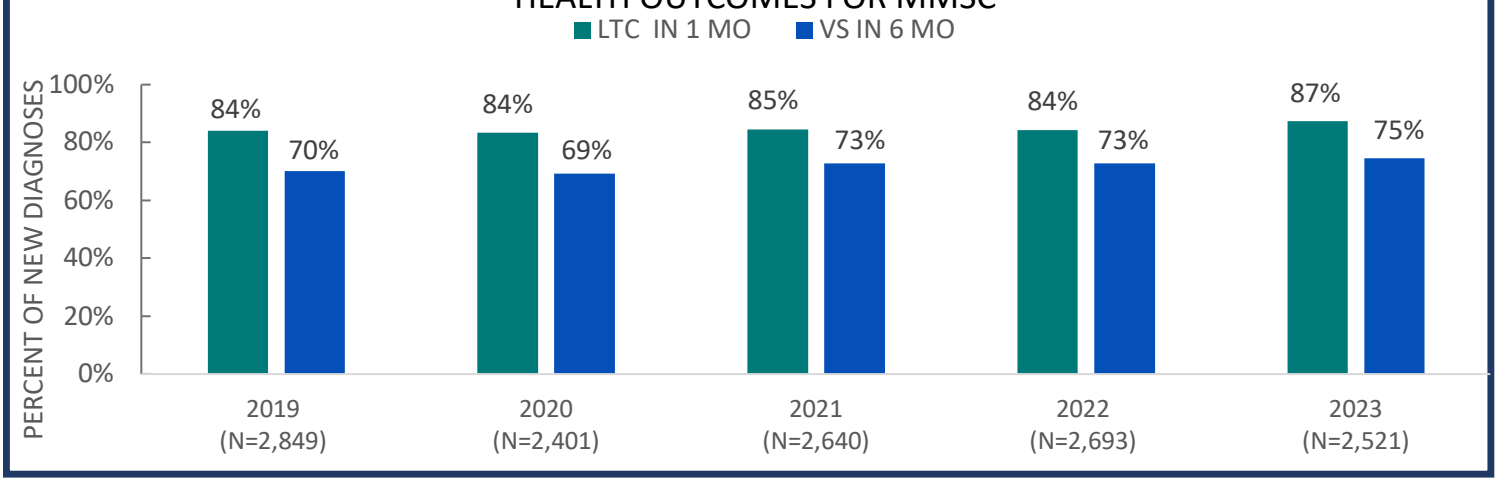
AGE

20%	13 to 24
42%	25 to 34
23%	35 to 44
10%	45 to 54
6%	≥55

NUMBER OF NEW DIAGNOSES FOR MMSC



HEALTH OUTCOMES FOR MMSC



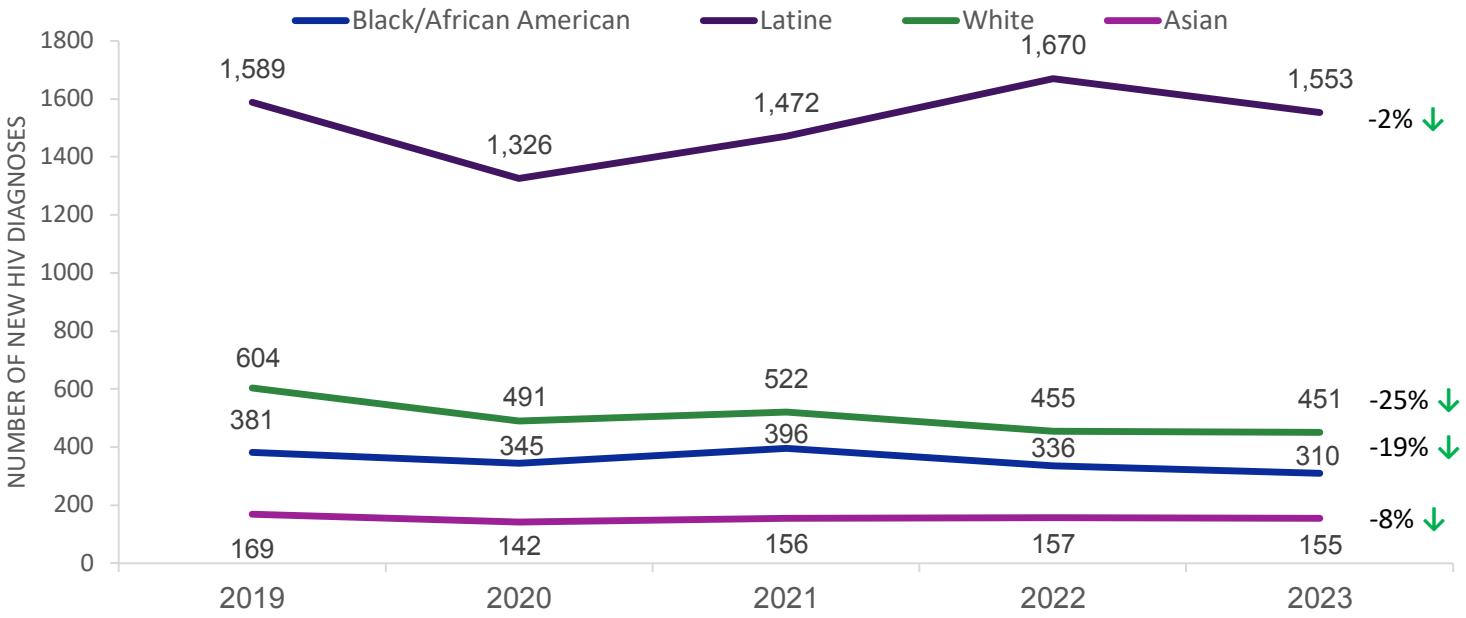
From 2019 to 2023 the overall number of new HIV diagnoses decreased by 11.5% for MMSC

25% ↓ in the number of new HIV diagnoses among White MMSC

19% ↓ in the number of new HIV diagnoses among Black/African American MMSC

8% ↓ in the number of new HIV diagnoses among Asian MMSC

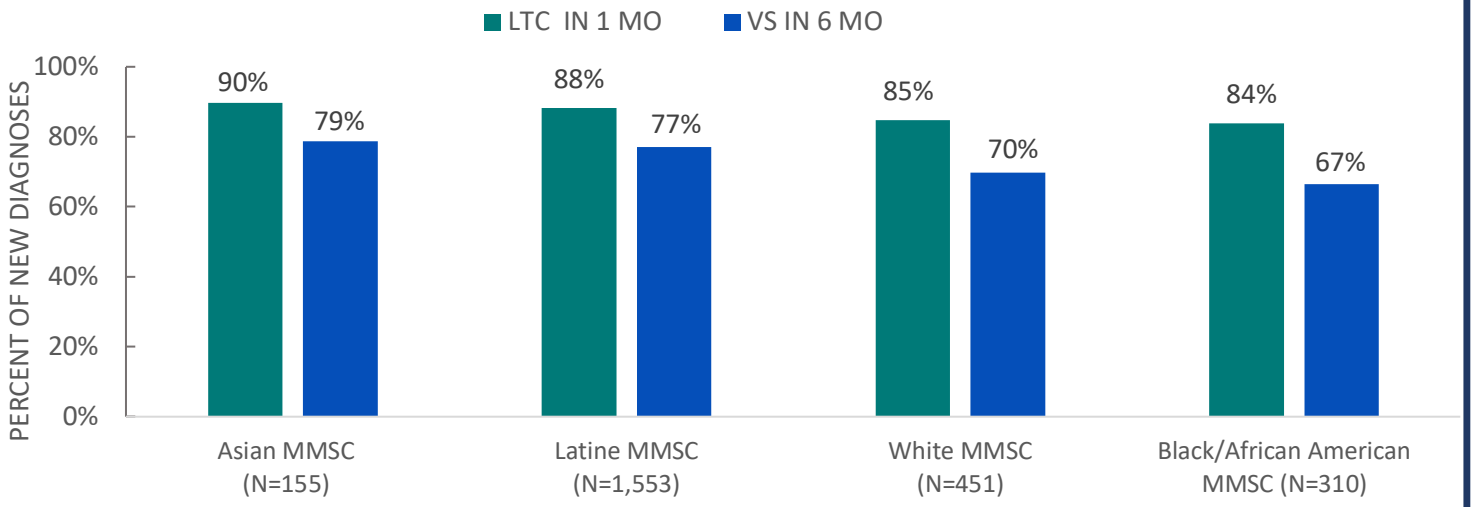
NUMBER OF NEW HIV DIAGNOSES IN MMSC BY RACE/ETHNICITY



DECREASES ↓

- Number of new diagnoses among Black/African American individuals (-19%↓)
- Number of new diagnoses among White individuals (-25%↓)
- Number of new diagnoses among Asian individuals (-8%↓)
- Rate of new diagnoses among Latine individuals (-2%↓)

HEALTH OUTCOMES FOR MMSC (select subgroups)



HIV and IDU

California, 2023

In 2023, IDU accounted for **5% of living HIV cases** and **5% of new HIV diagnoses.**

Demographics of New Diagnoses (N=233)

GENDER

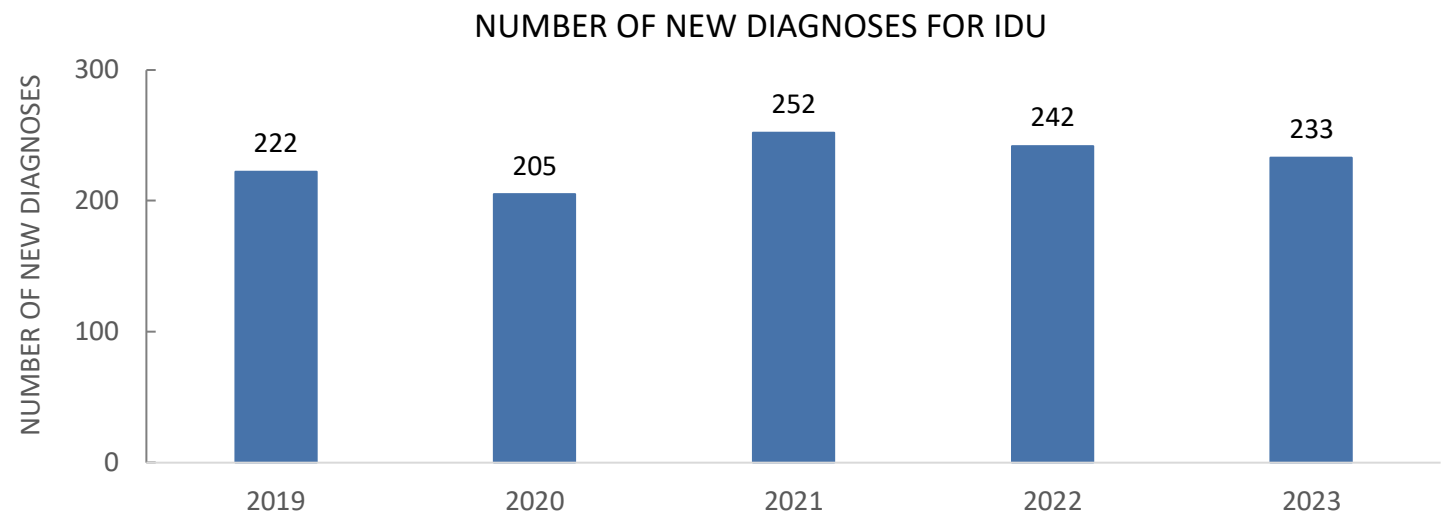
- **63.1%** Cisgender men
- **35.2%** Cisgender women
- **1.3%** Trans women
- **0.4%** Trans men

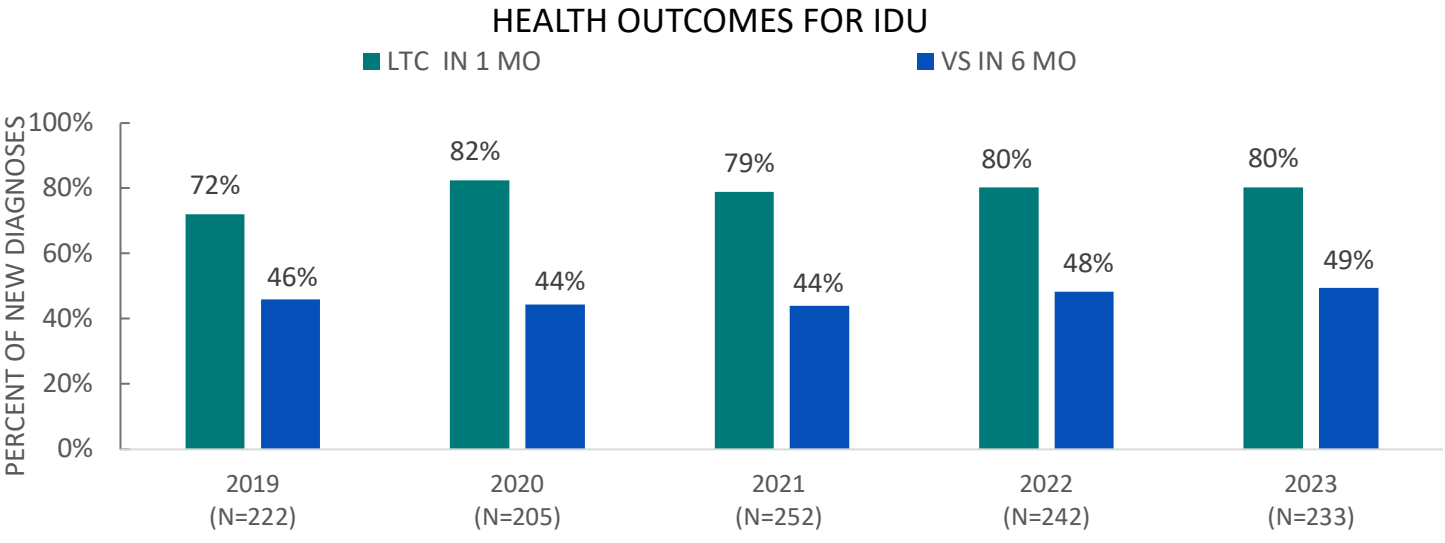
RACE/ETHNICITY

- **41%** Latine
- **40%** White
- **12%** Black/African American
- **3%** Asian
- **1%** American Indian/Alaska Native

AGE

- **4%** 13 to 24
- **29%** 25 to 34
- **34%** 35 to 44
- **20%** 45 to 54
- **12%** ≥55





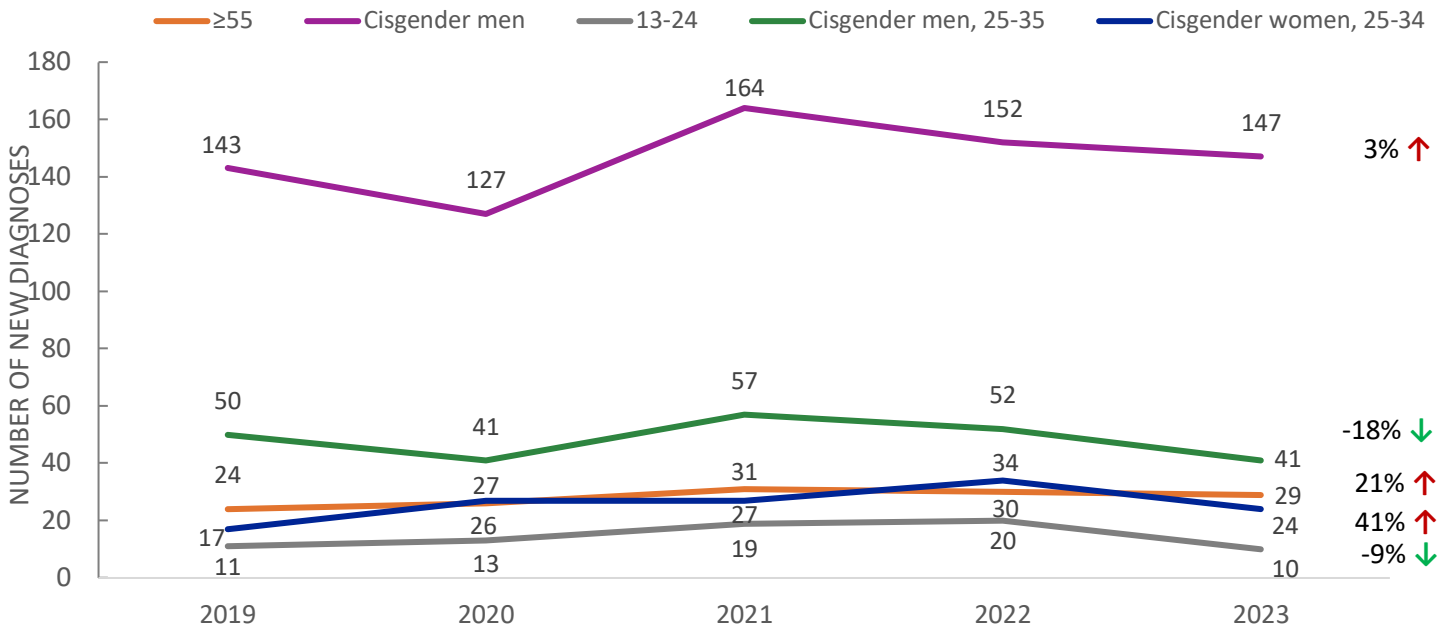
From 2019 to 2023 the number of new HIV diagnoses increased by 5% for IDU

21% ↑ in the number of new HIV diagnoses for IDU ≥55 years old

41% ↑ in the number of new HIV diagnoses for IDU women 25-34 years old

18% ↓ in the number of new HIV diagnoses for IDU Men 25-34 years old

NUMBER OF NEW DIAGNOSES FOR IDU (select subgroups)



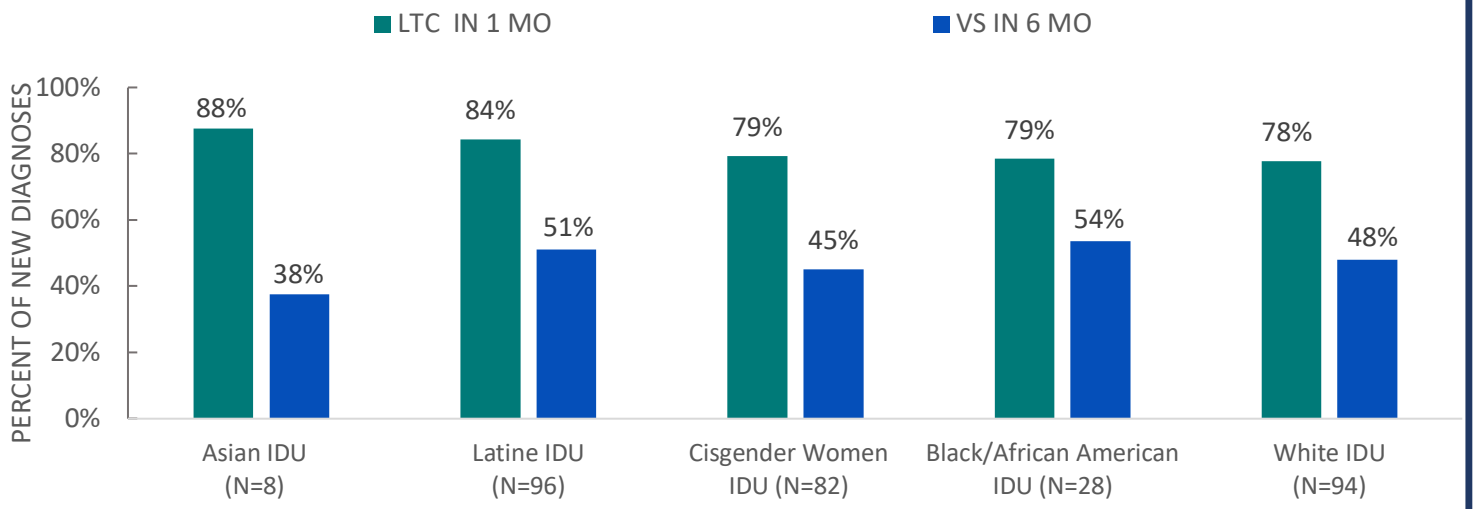
DECREASES ↓

- Number of new diagnoses among ages 13-24 (-9%↓)

INCREASES ↑

- Number of new diagnoses among men (3% ↑)
- Number of new diagnoses among women (6%↑)
- Number of new diagnoses among ages 45-54 (5% ↑)
- Number of new diagnoses among women 25-34 years old (41%↑)

HEALTH OUTCOMES FOR IDU (select subgroups)



HIV and Transgender People

California, 2023

Although national rates are not available, HIV prevalence among transgender people in the US was estimated to be 9.2% overall (14.1% among trans women and 3.2% among trans men) in 2019[1]. The prevalence of HIV among transgender people in California is 7.6%, with a rate of about 0.5%. In 2023, **92%** of transgender people who received an HIV diagnosis in California were **trans women**, and while **People of Color** (POC) make up 62% of the California population, **79%** of all new and **67%** of all existing HIV diagnoses in transgender people were among POC.

Demographics of New Diagnoses (N=185)

TRANSMISSION CATEGORY

91%	Sexual contact
7%	Unknown risk/other risk
2%	Injection drug use (IDU)

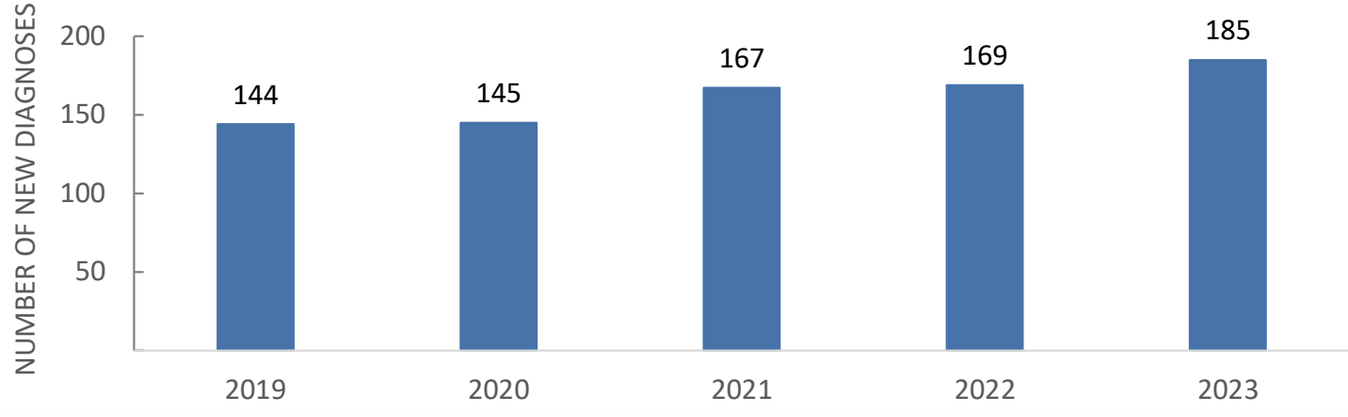
RACE/ETHNICITY

58%	Latine
15%	Black/African American
10%	White
10%	Asian
6%	Multiple Races

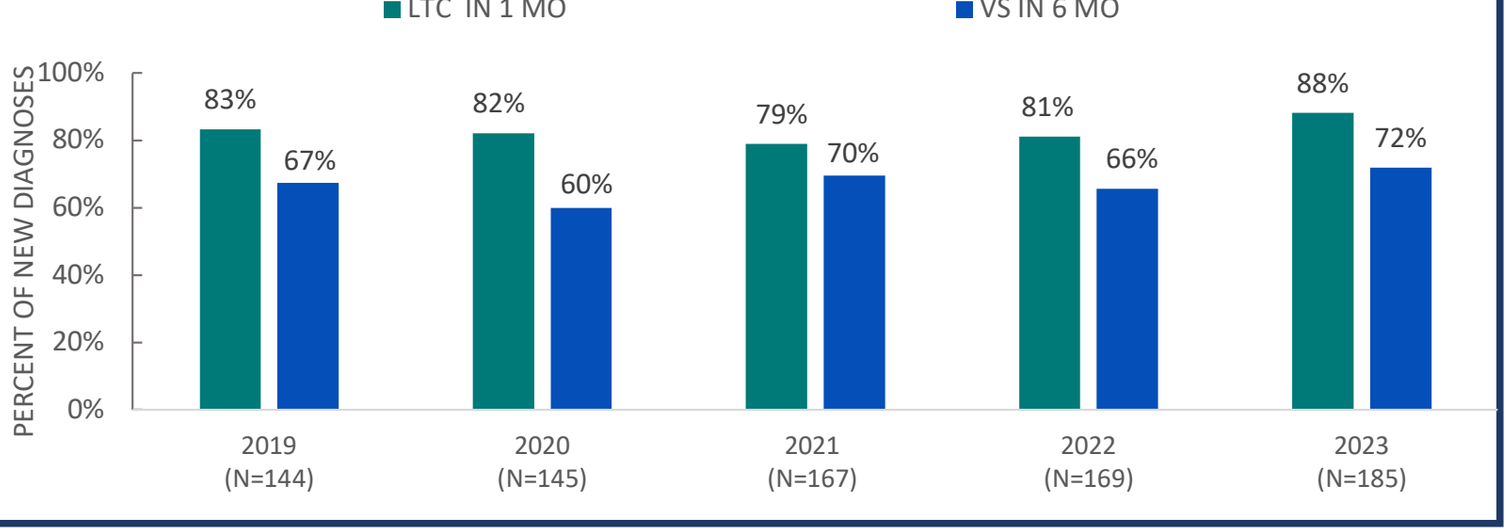
AGE

18%	13 to 24
44%	25 to 34
21%	35 to 44
12%	45 to 54
5%	≥55

NUMBER OF NEW DIAGNOSES AMONG TRANSGENDER PEOPLE



HEALTH OUTCOMES FOR TRANSGENDER PEOPLE



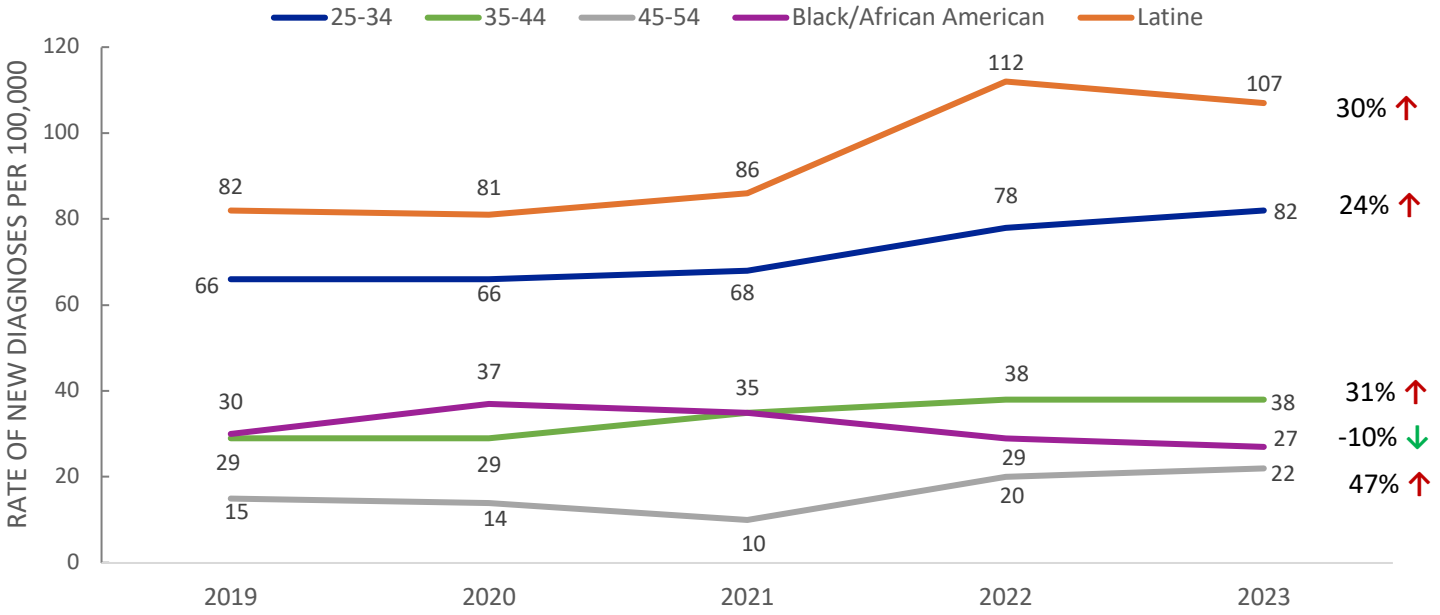
From 2019 to 2023 the overall number of new HIV diagnoses increased by 28% among transgender people

47% ↑ in the number of new HIV diagnoses among transgender 45-54-year-olds

30% ↑ in the number of new HIV diagnoses among transgender Latine people

24% ↑ in the number of new HIV diagnoses among transgender 25-34-year-olds

NUMBER OF NEW DIAGNOSES AMONG TRANSGENDER PEOPLE (select subgroups)



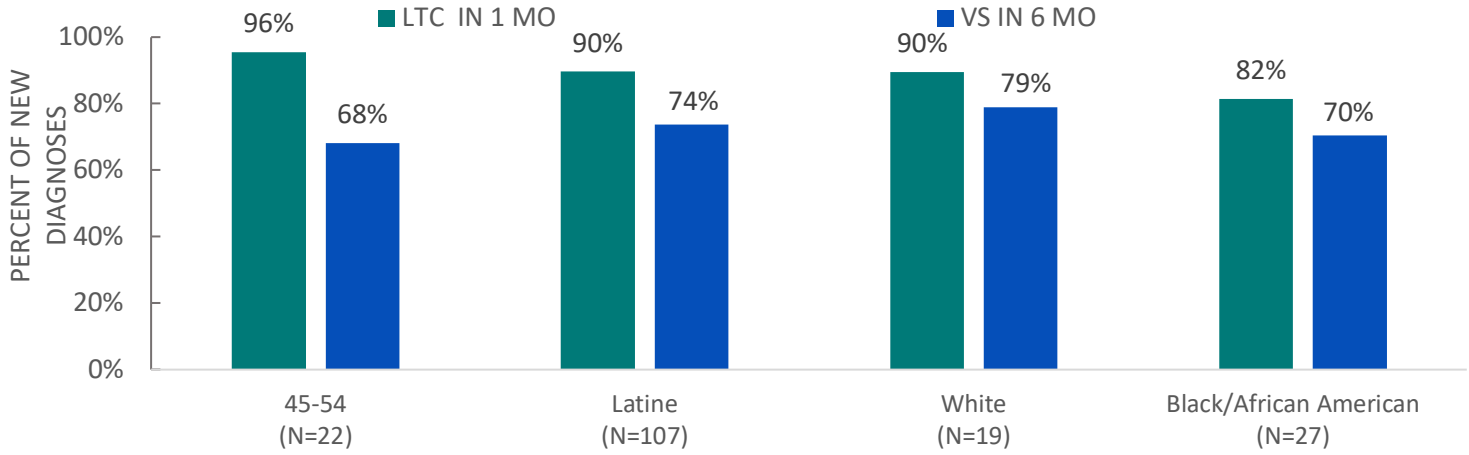
DECREASES ↓

- Number of new diagnoses among Black persons (10%↓)

INCREASES ↑

- Number of new diagnoses among ages 35-44 years (31%↑)
- Number of new diagnoses among ages 45-54 years (47%↑)
- Number of new diagnoses among ages ≥55 years (100%↑)
- Number of new diagnoses among Latine persons (30%↑)

HEALTH OUTCOMES FOR TRANSGENDER PEOPLE (select subgroups)



1. *HIV and Transgender Communities (CDC Issue Brief)*, U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2020, stacks.cdc.gov/view/cdc/49526/cdc_49526_DS1.pdf.

HIV and Youth

California, 2023

In 2023, youth aged 13-24 accounted for **2% of living HIV cases** and **15% of new HIV diagnoses.**

Demographics of New Diagnoses (N=740)

GENDER

86%	Cisgender men
8%	Cisgender women
4%	Trans women
0%	Trans men
1%	Alternative gender

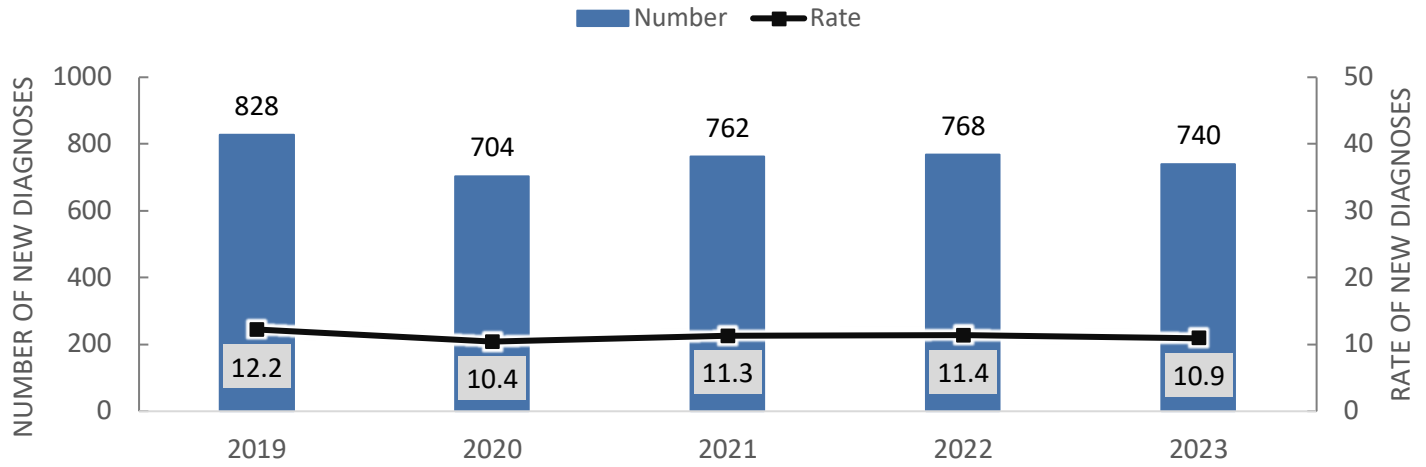
TRANSMISSION CATEGORY

67%	Male-to-male sexual contact (MMSC)
15%	Unknown risk/other risk
12%	Heterosexual contact
4%	Transgender sexual contact (TGSC)
1%	Injection drug use (IDU)
1%	MMSCIDU

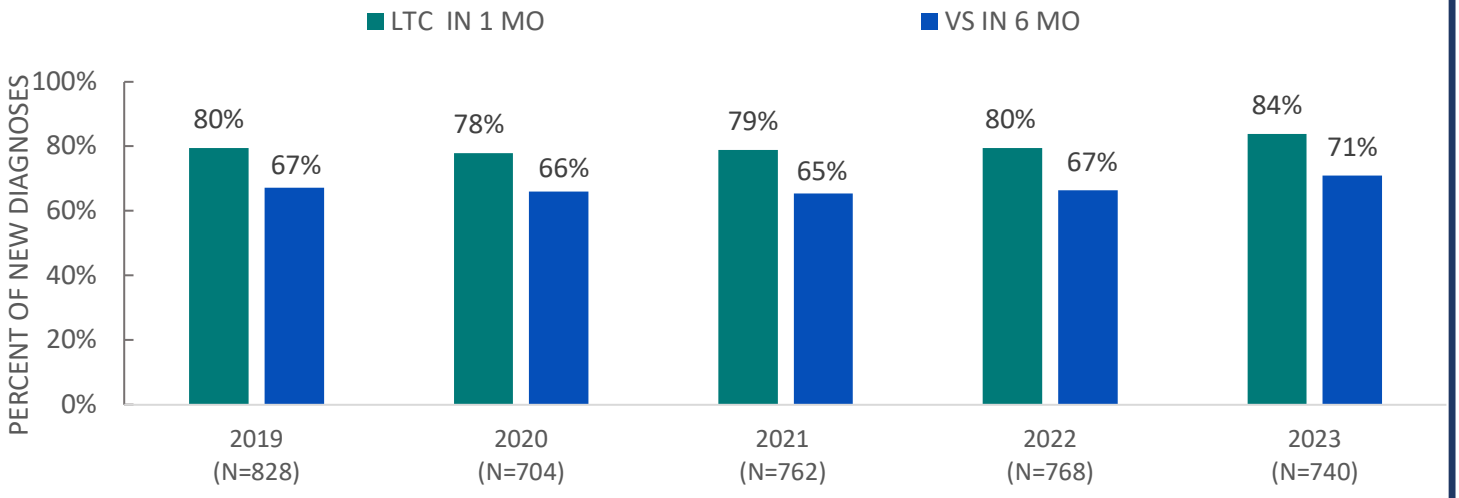
RACE/ETHNICITY

63%	Latine
16%	Black/African American
13%	White
5%	Asian
3%	Multiple Races

NUMBER AND RATE OF NEW DIAGNOSES AMONG YOUTH



HEALTH OUTCOMES FOR YOUTH

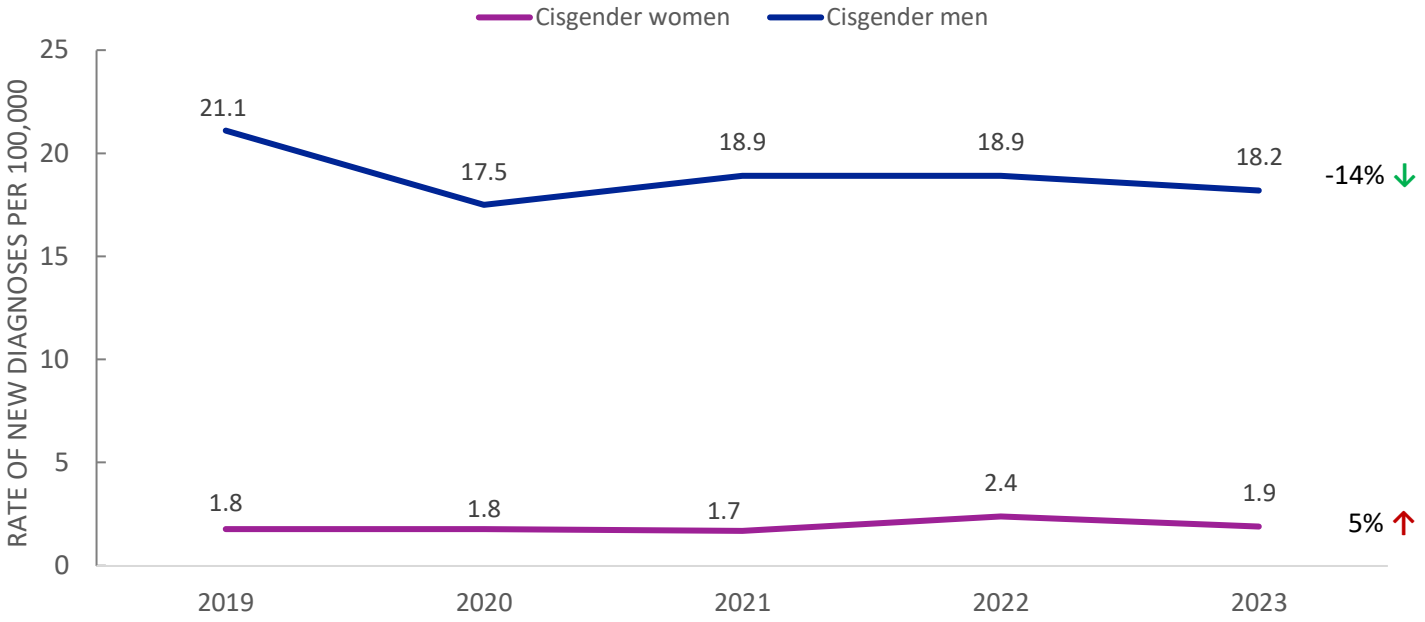


From 2019 to 2023 the overall rate of new HIV diagnoses decreased by 11% among youth

14% ↓
in the rate of new HIV diagnoses among cisgender male youth aged 13-24 years

5% ↑
in the rate of new HIV diagnoses among cisgender female youth aged 13-24 years

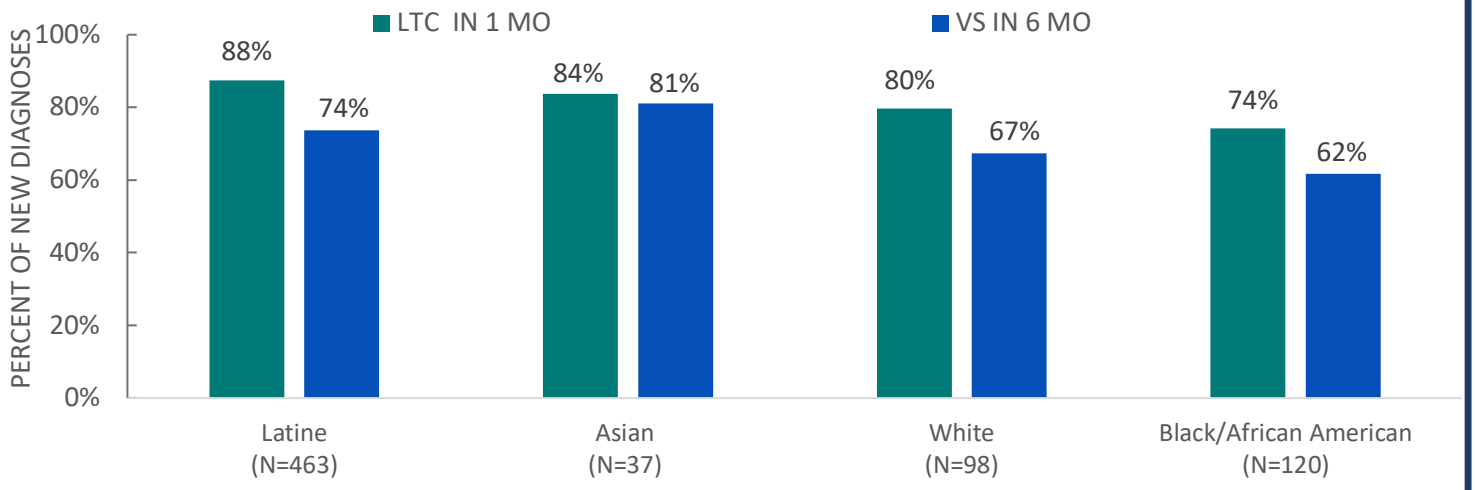
RATE OF NEW DIAGNOSES AMONG YOUTH (selected subgroups)



DECREASES ↓
- Rate of new diagnoses among cisgender male (-14%↓)

INCREASES ↑
- Rate of new diagnoses among cisgender female (5%↑)

HEALTH OUTCOMES FOR YOUTH



CONCLUSION

The only way to end the HIV epidemic is by ensuring effective HIV prevention and treatment reaches all communities, especially those disproportionately affected by HIV. It is also important to consider all factors that contribute to health disparities, including structural and social factors such as racism, poverty, stigma, access to care, and education. Efforts must focus on closing disparities among the populations most impacted by HIV, especially Black/African Americans. Since Latines are quickly becoming the largest proportion of people living with HIV, it is important to offer services that are culturally and linguistically appropriate. Both individual-level and structural interventions are necessary to reduce HIV transmission and eliminate health inequities.

ABBREVIATIONS

AA	African American
ACS	American Community Survey
AIDS	Acquired immunodeficiency syndrome
AI/AN	American Indian/Alaska Native
CD4	Clusters of differentiation 4
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
HIV	Human immunodeficiency virus
HRH	High-risk heterosexual contact
IDU	Injection drug use
LTC	Linkage to care
MMSC	Male-to-male sexual contact
MMSC-IDU	Male-to-male sexual contact and injection drug use
NH/PI	Native Hawaiian/Pacific Islander
Non-HRH	Non-high-risk heterosexual contact
OA	Office of AIDS
PLWDH	People living with diagnosed HIV
PLWH	People living with HIV
POC	People of Color
PWID	People who inject drugs
SDH	Social determinants of health
TGSC	Transgender sexual contact
VS	Viral suppression

TECHNICAL NOTES

HIV Surveillance Methodology

The information presented in this report is based on HIV surveillance data reported to the Office of AIDS (OA) through December 31, 2024, allowing for a minimum of 12 months' reporting delay. Persons are presumed to reside in California if their 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 report does not include 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: For newly diagnosed persons, age group is based on the age at date of diagnosis. For persons living with HIV, 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, 2024. Otherwise, individuals were classified according to their sex-at-birth.

Race and ethnicity: Latine 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.

Transmission category: “Transmission category” is the term for classifying cases based on a person’s reported HIV risk factors. The classification is based on the 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: male-to-male sexual contact (MMSC) and injection drug use (IDU), MMSC alone, IDU alone, receipt of clotting factor blood product for treatment of hemophilia or other chronic coagulation disorder, and high-risk-heterosexual (HRH) contact. Non-HRH contact was added by OA, and is last in the hierarchy.

Gay, bisexual, and other men who have sex with men 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. Persons who inject drugs 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. 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, Jan 2021).

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: Newly diagnosed persons who had at least one CD4, viral load, or HIV-1 genotype test within one month of diagnosis were linked to HIV care in one month. For living cases, 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: Newly diagnosed persons whose most recent HIV viral load test result within 6 months of diagnosis was < 200 copies/ml were virally suppressed. For persons living with HIV, persons whose most recent HIV viral load test result during the calendar year was < 200 copies/ml were considered to be virally suppressed.

Social Determinants of Health Methodology

Social Determinants of Health (SDH) selection was made based on CDC recommendations, extensive literature review, and the availability of 2023 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) 2019-2023 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 this report displays the relationship between SDH and persons newly diagnosed with HIV in 2023, specifically adults whose residential address information at time of diagnosis was sufficient for linkage to a specific census tract in California. Incidence is determined from known adults (≥ 18 years old) diagnosed with HIV in California during 2023, whose residence information at time of diagnosis is sufficient to geographically link to a particular 2020 census tract. 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 2023 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 2023 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 2023 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 are based on ACS 2019-2023 estimates, from which incidence rates (per 100k) are calculated. 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. 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 3 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, %).