

# The Continuum and National Strategy in Context: the Epidemiology of HIV in California

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# Overview

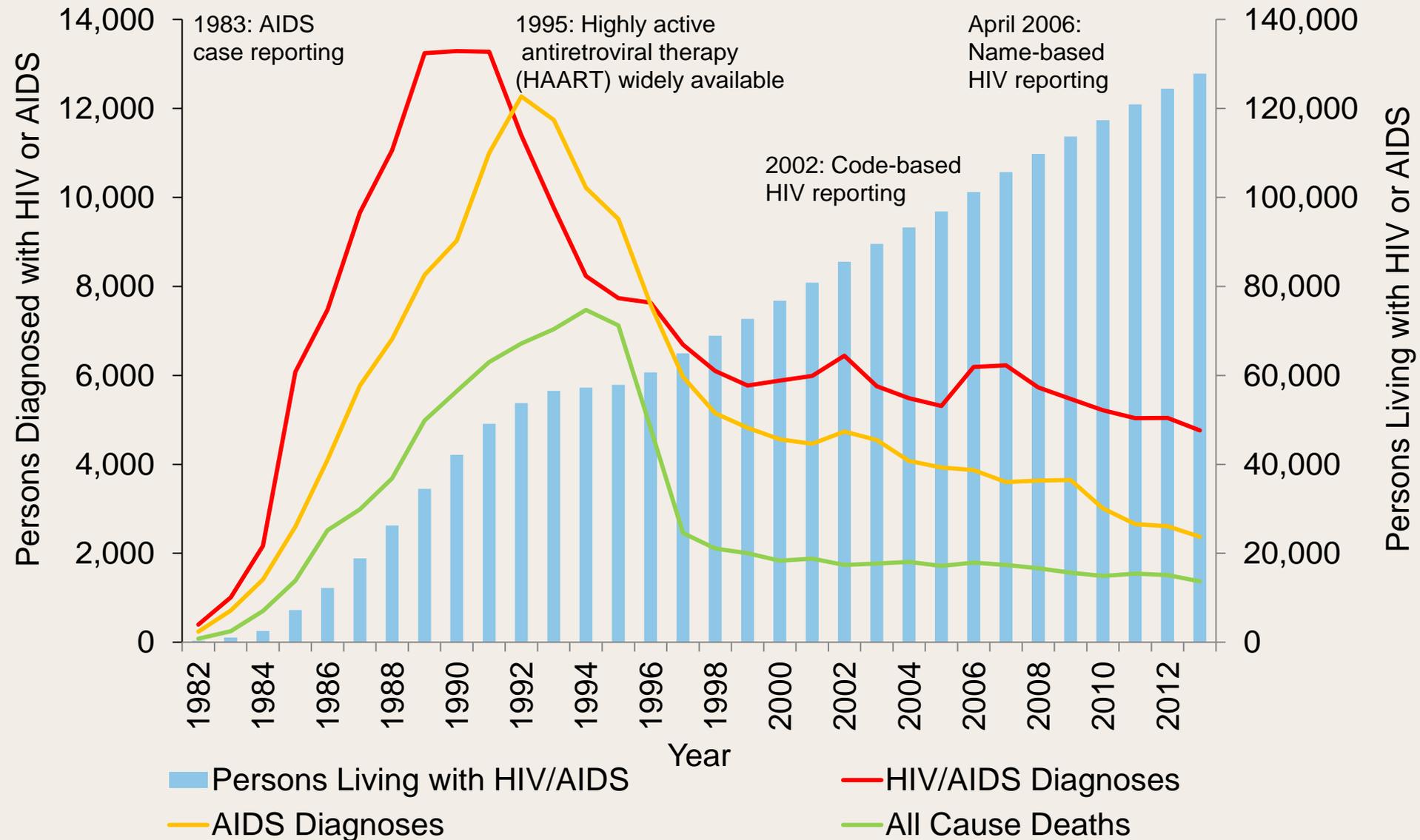
- Epidemiology of HIV/AIDS in California
- Continuum of HIV Care
- National HIV/AIDS Strategy
- Integrated Plan Goals 1-3



# EPIDEMIOLOGY OF HIV/AIDS IN CALIFORNIA



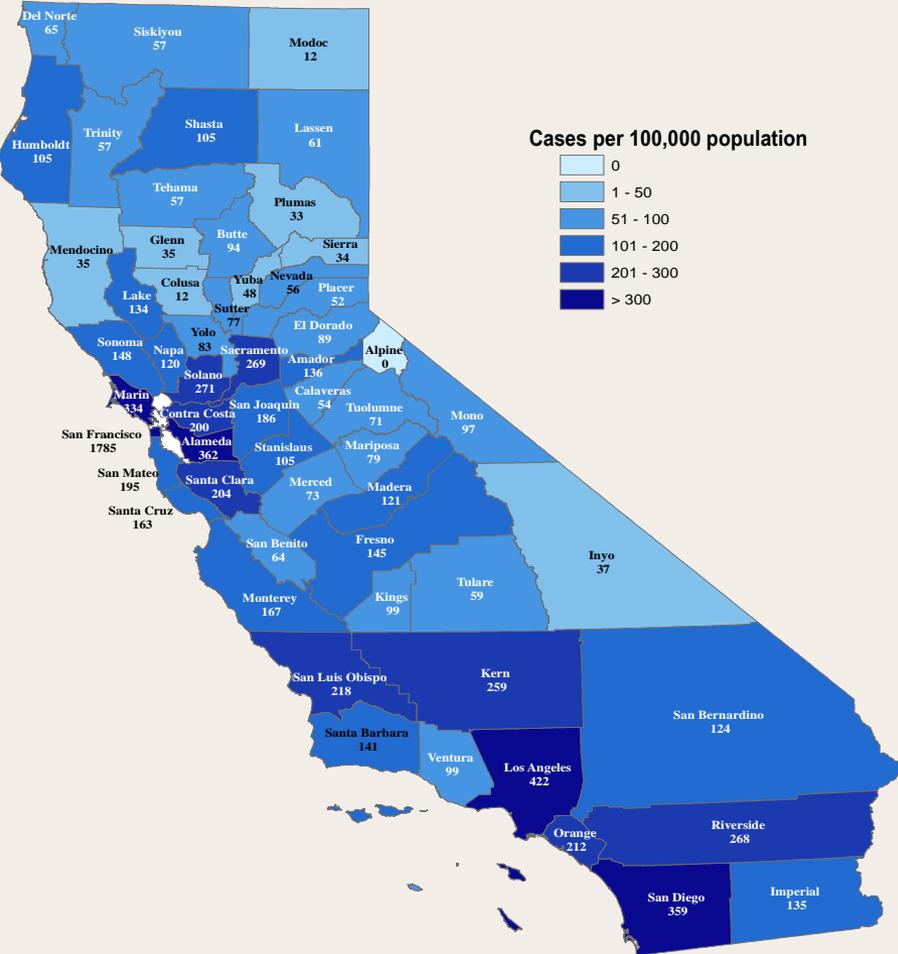
# HIV/AIDS Diagnoses, AIDS Diagnoses, Deaths, & Persons Living with HIV or AIDS in California, 1982-2013



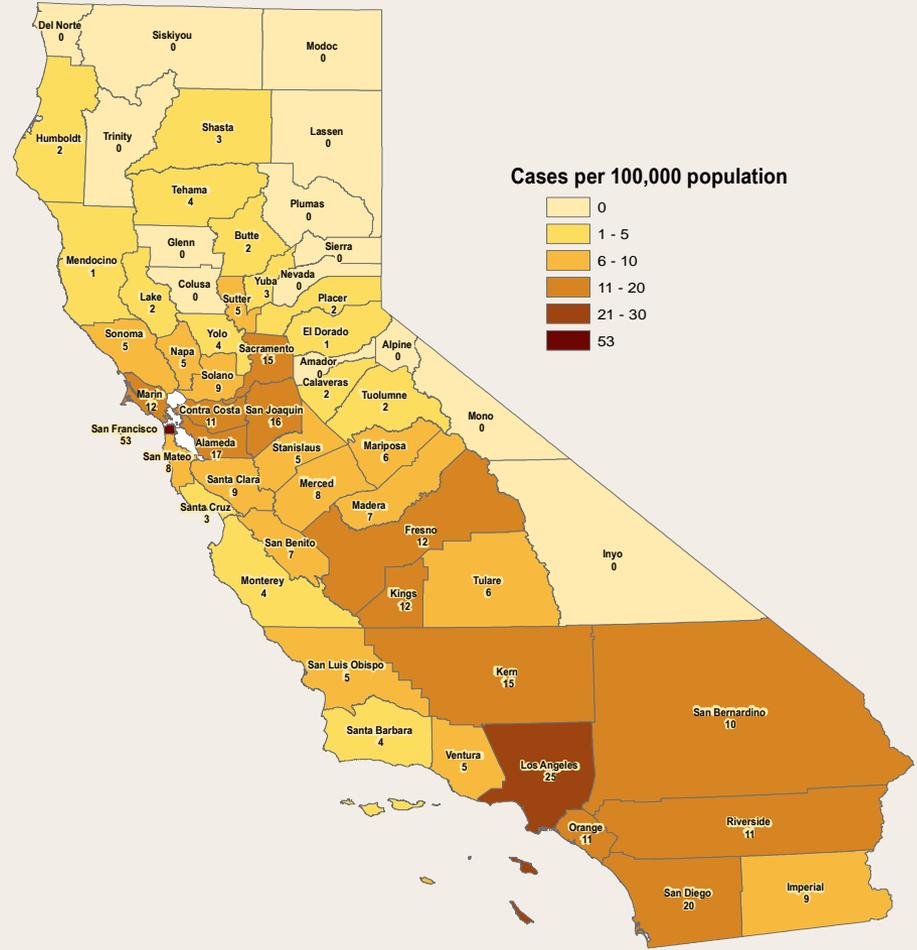
# Geographic Distribution

Living HIV/AIDS Cases and Newly Diagnosed HIV Infection, 2010

## HIV/AIDS Prevalence Rate



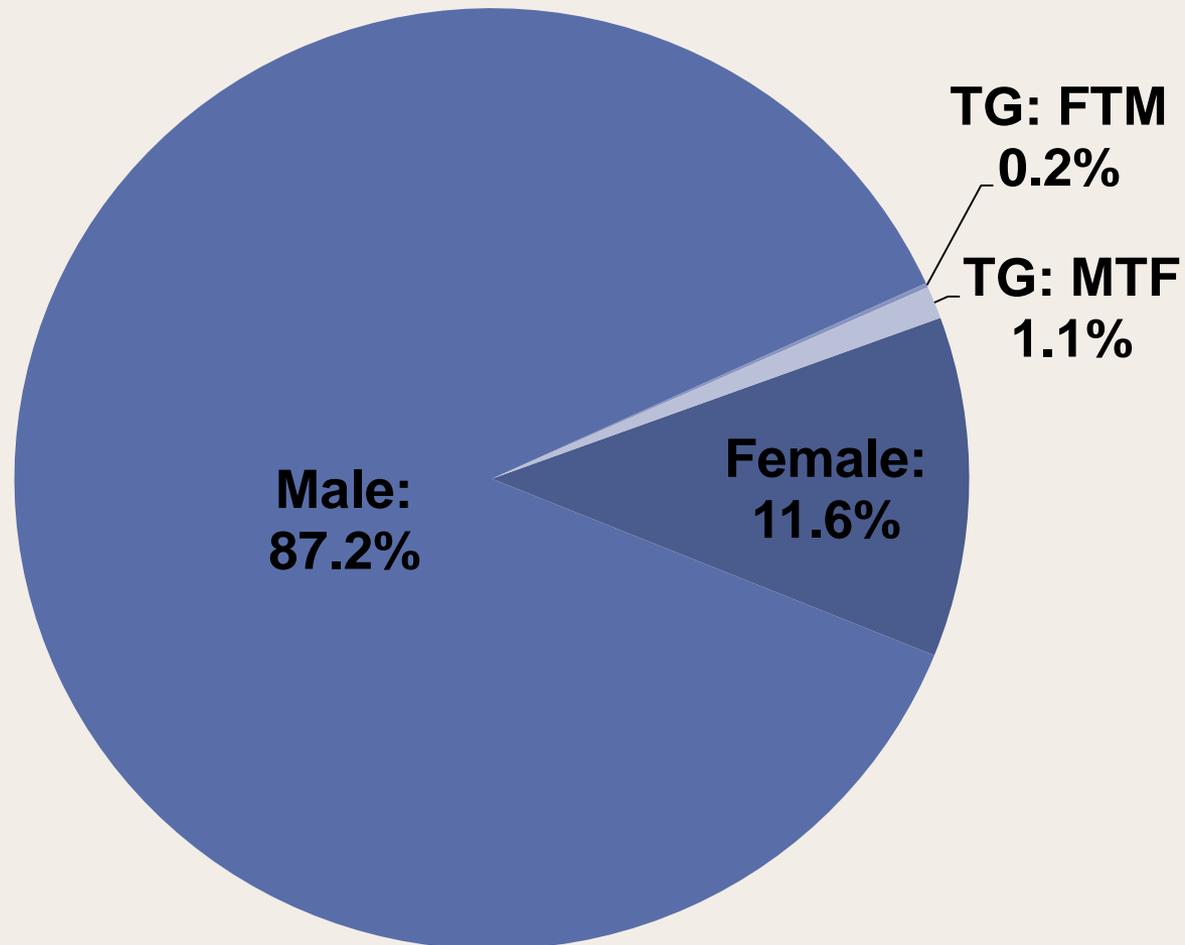
## HIV/AIDS Diagnosis Rate



0 100 Miles

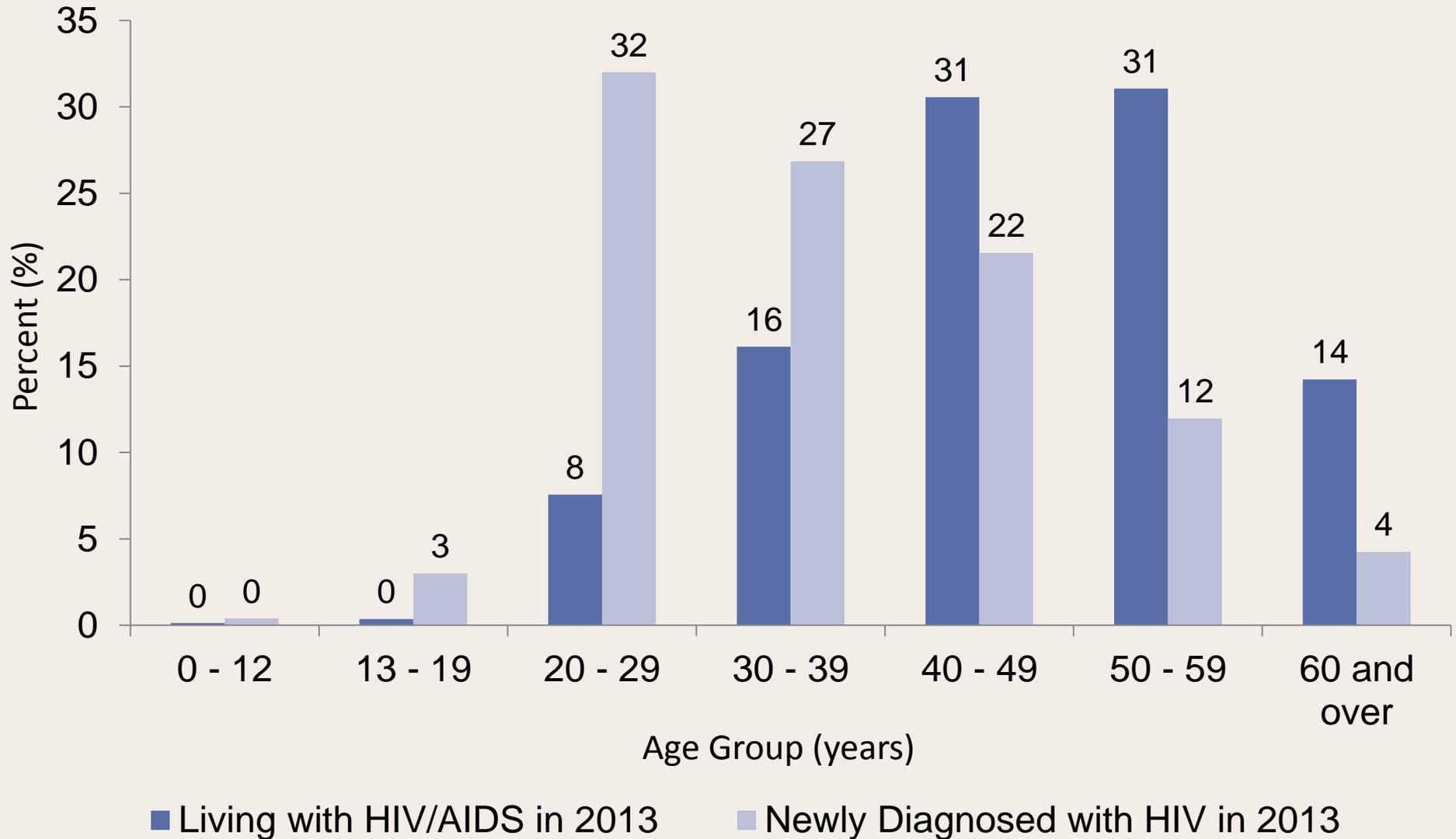
# Gender Distribution

Living with HIV/AIDS, 2013



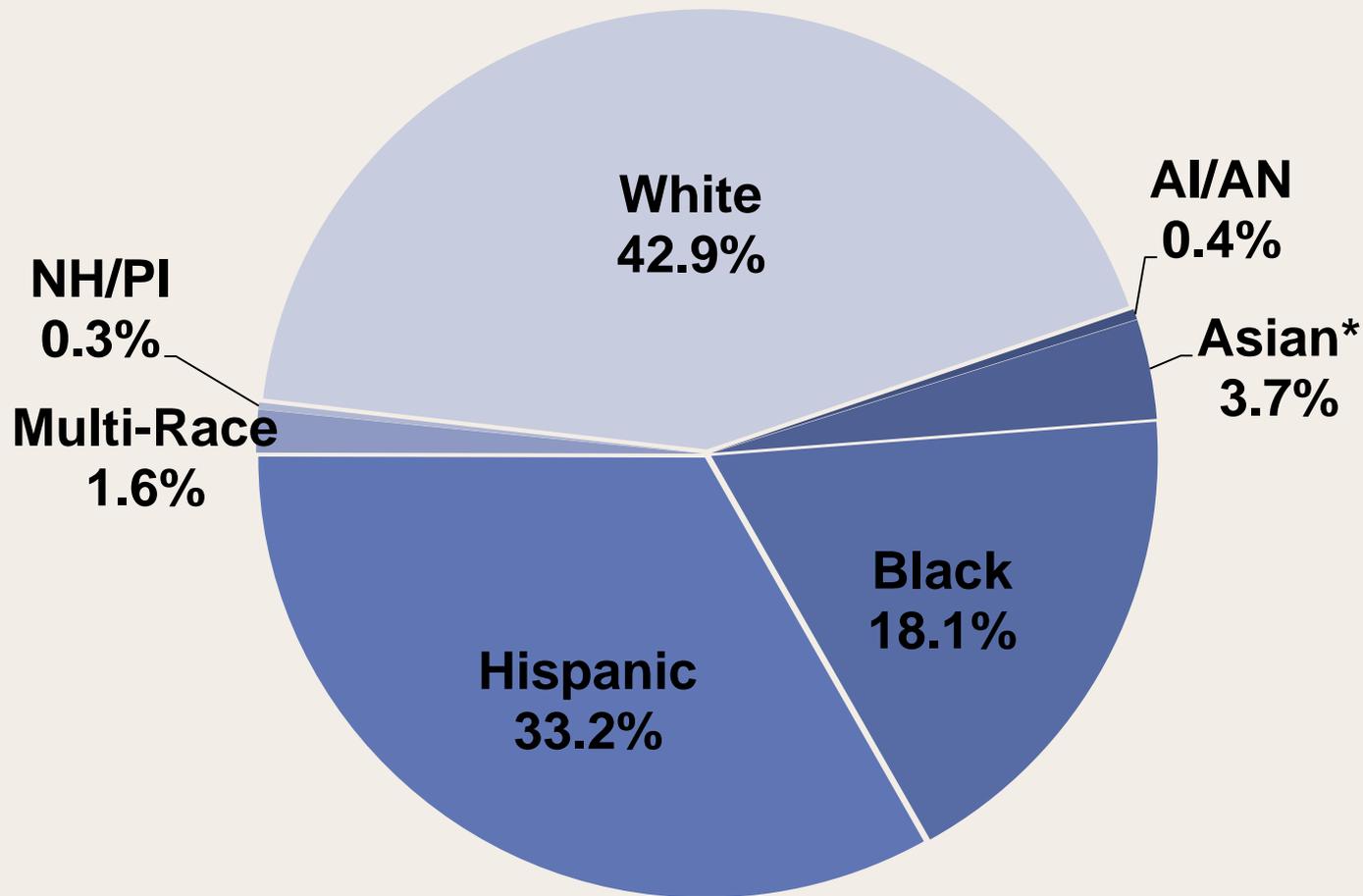
# Age Distribution

Living with HIV/AIDS & Newly Diagnosed HIV Infection, 2013



# Race/Ethnicity Distribution

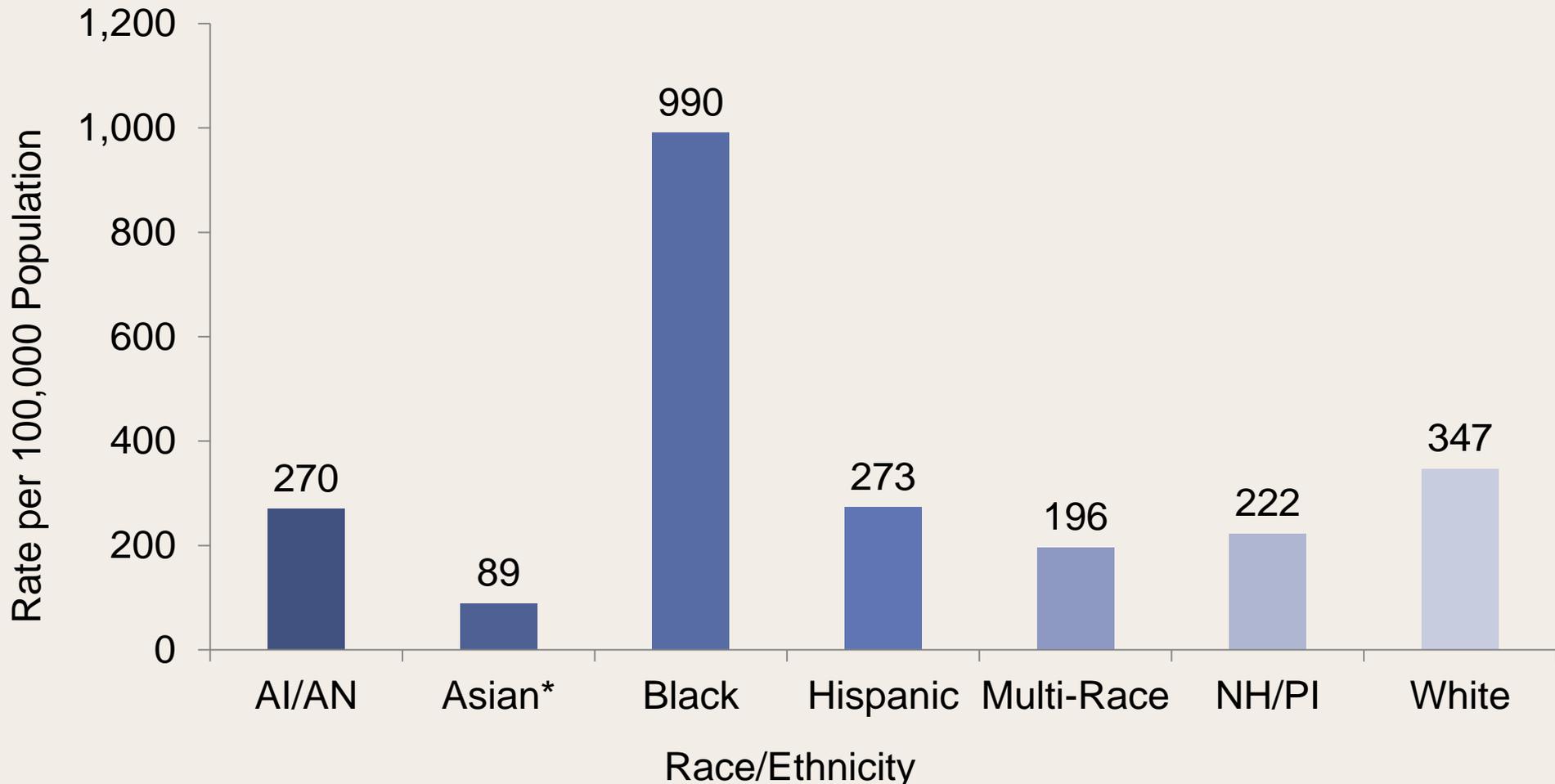
Living with HIV/AIDS, 2013



\*Race/ethnicity was collected using Asian/NH/PI as a single category until 2003, therefore cases reported prior to 2003 are classified as Asian above because they cannot be disaggregated.

# Race/Ethnicity Rate per 100,000

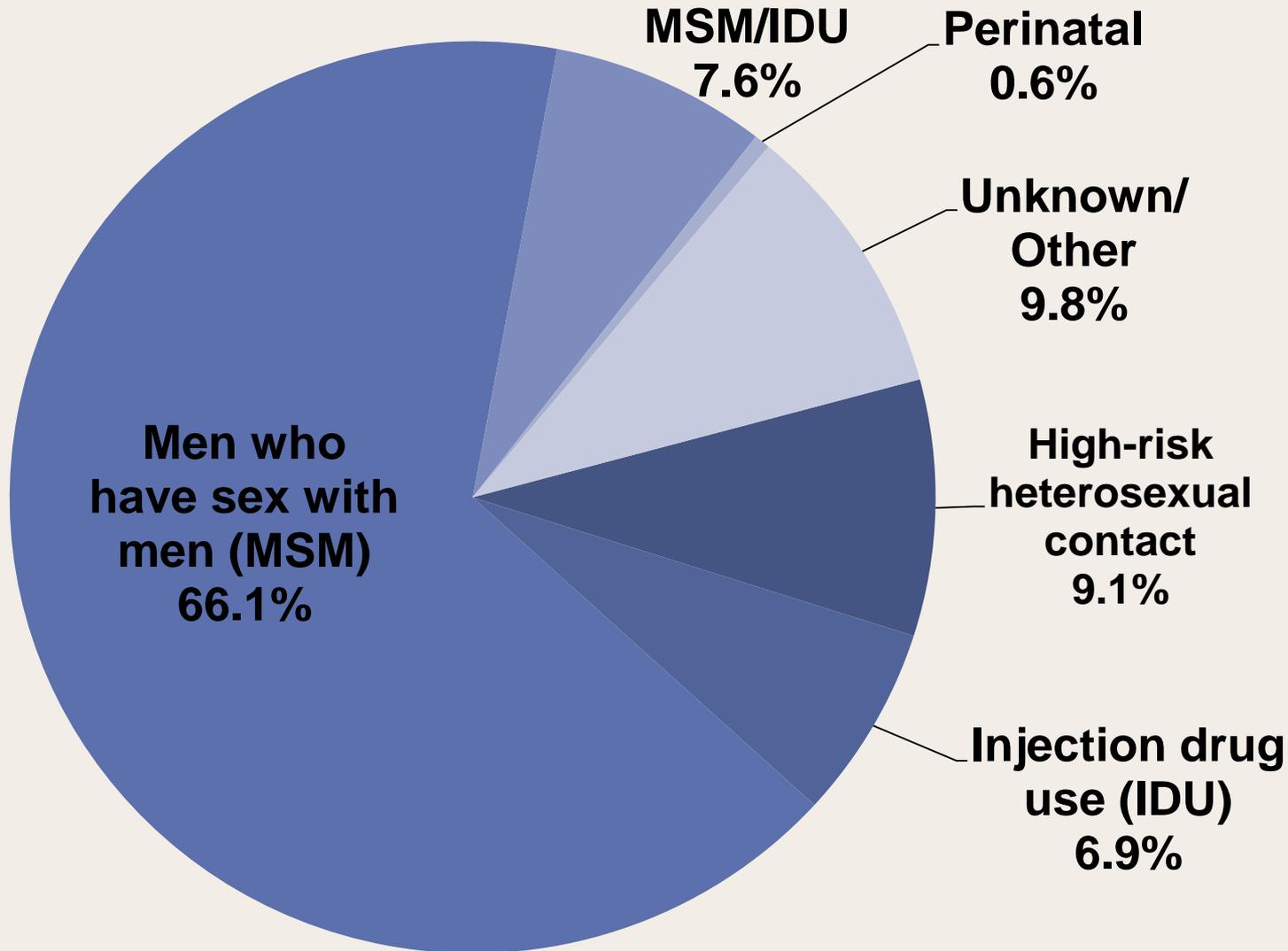
Living with HIV/AIDS, 2013



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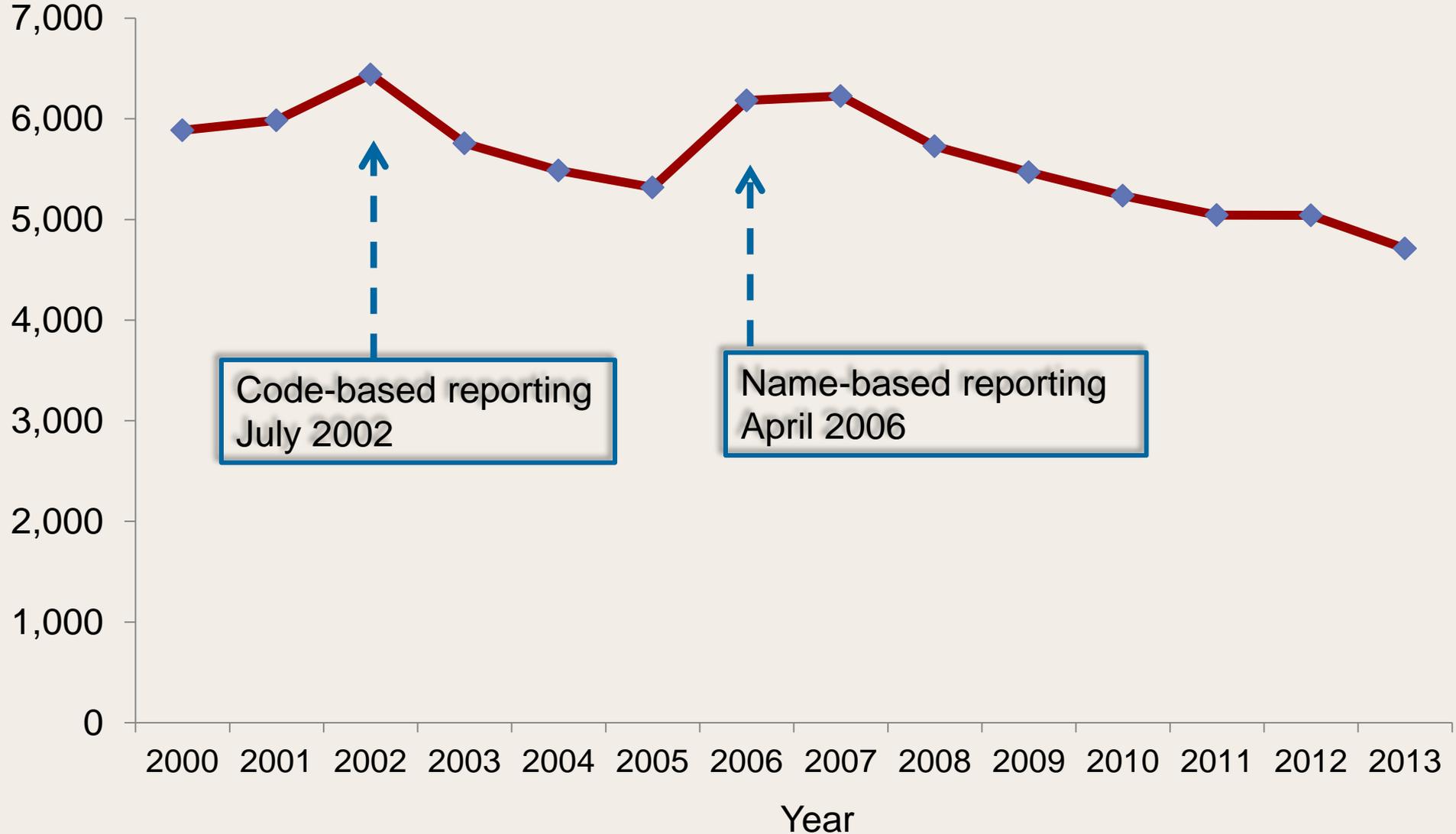
# Risk Group Distribution

Living with HIV/AIDS, 2013



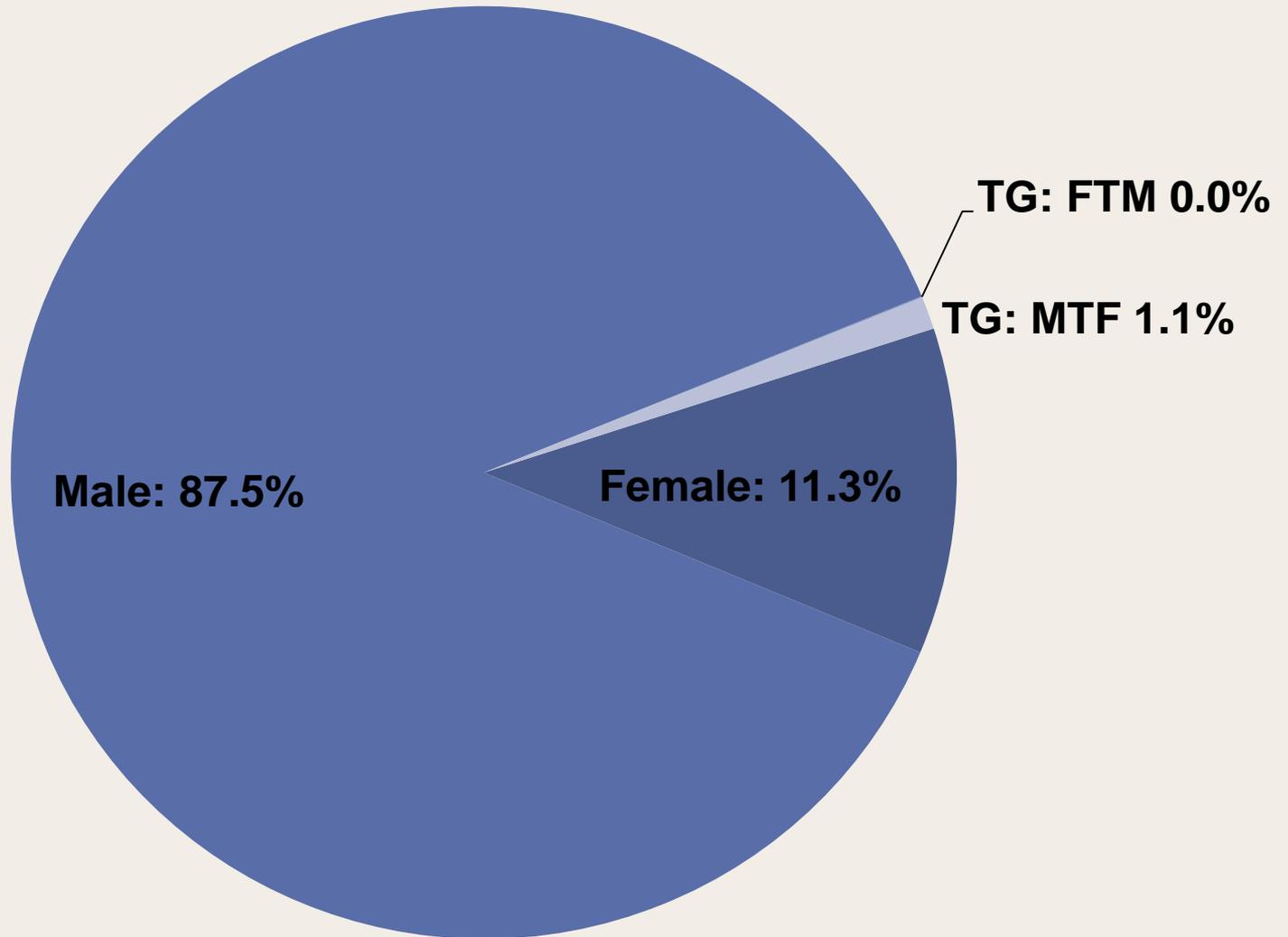
# Newly Diagnosed HIV Infection

2000 – 2013



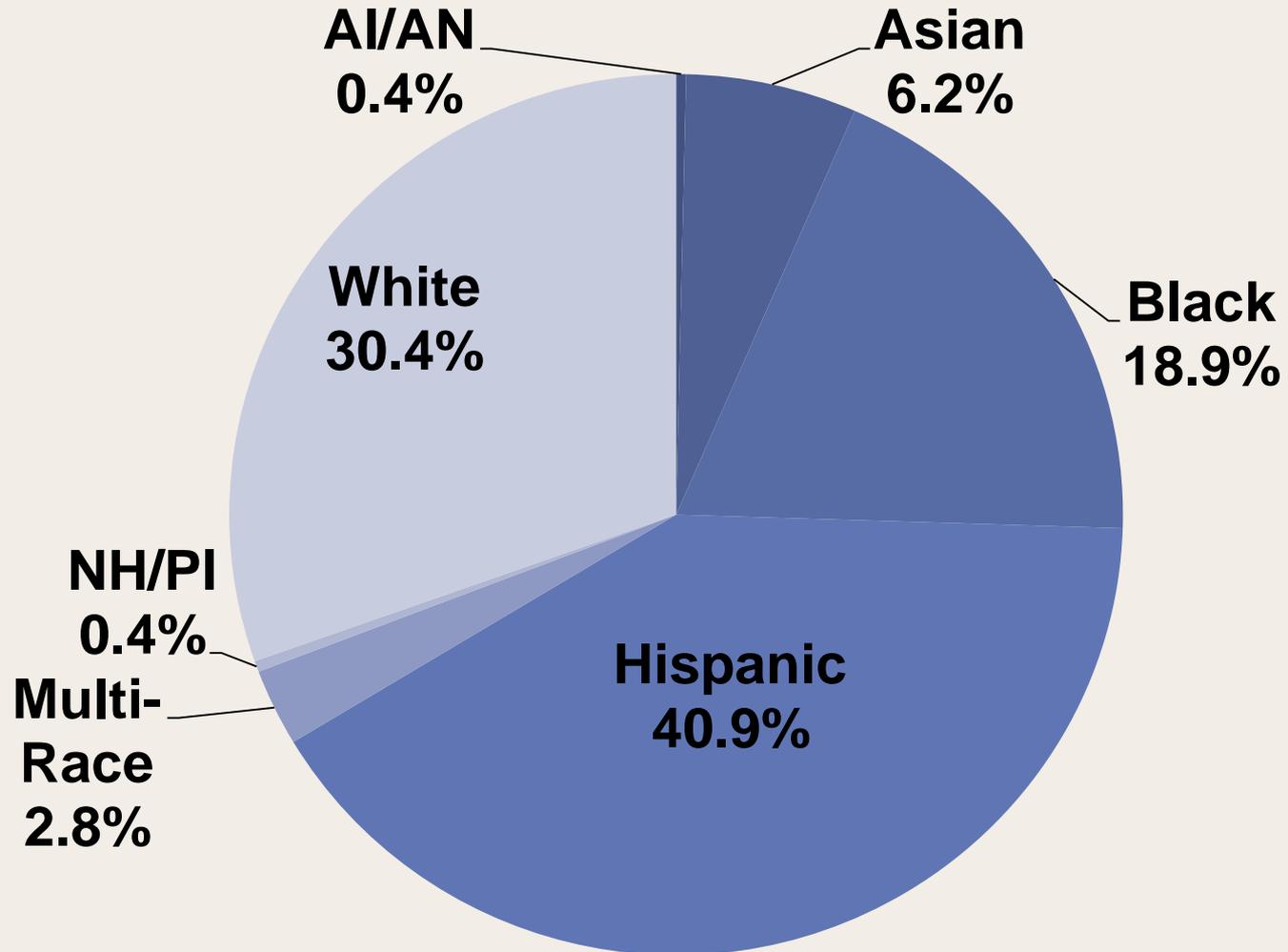
# Gender Distribution

Newly Diagnosed HIV Infection, 2013



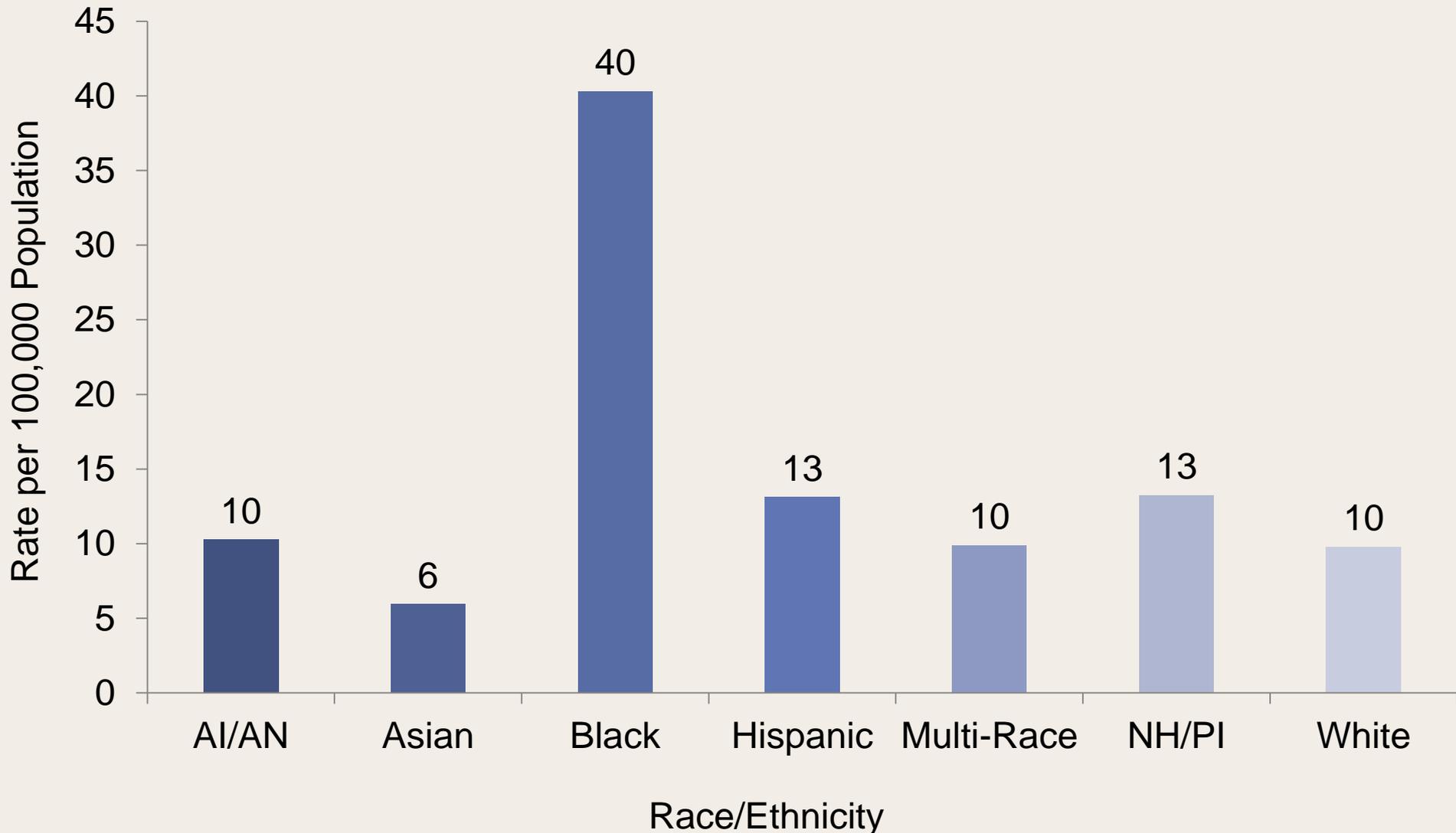
# Race/Ethnicity Distribution

Newly Diagnosed HIV Infection, 2013



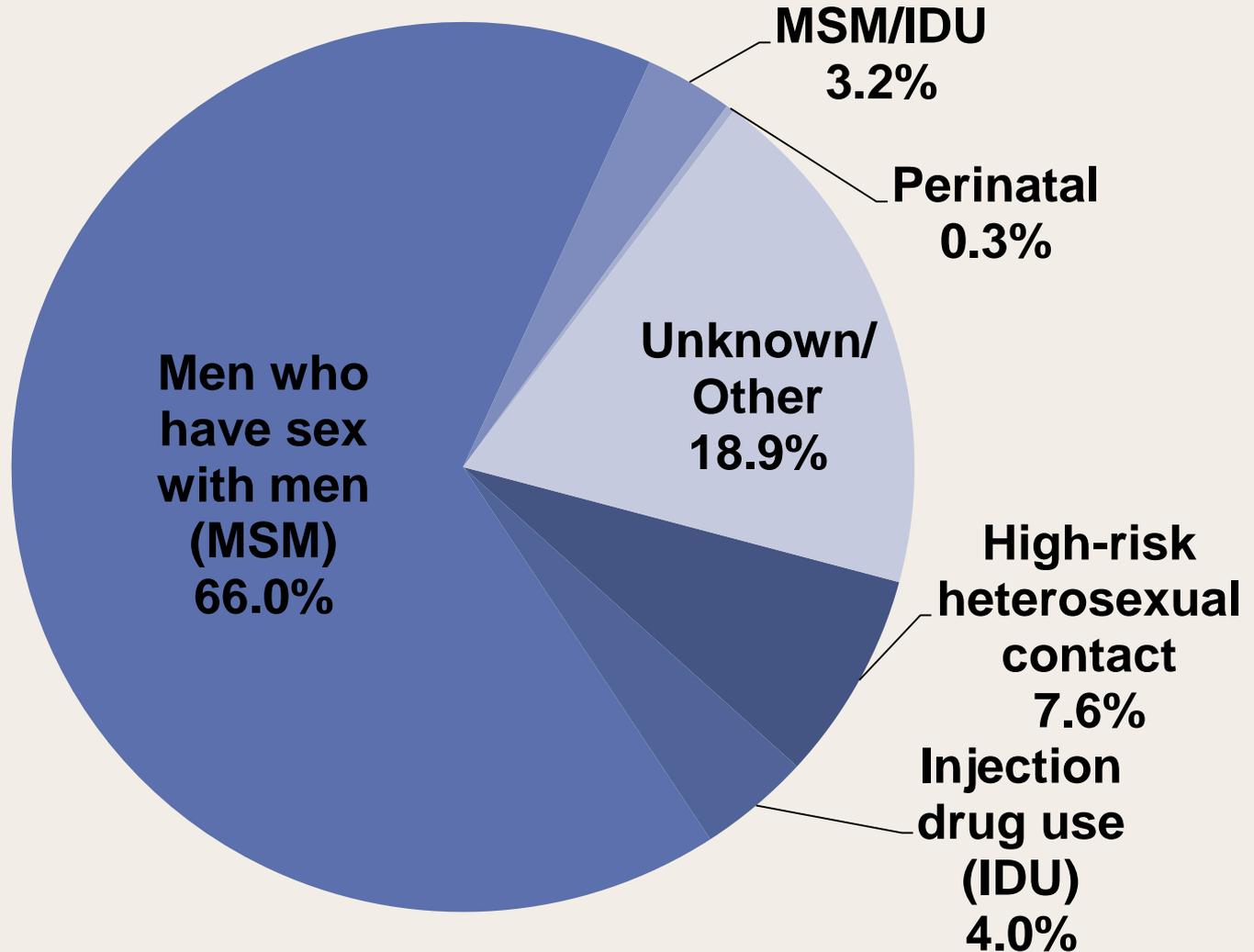
# Race/Ethnicity Rate per 100,000

Newly Diagnosed HIV Infection, 2013



# Risk Group Distribution

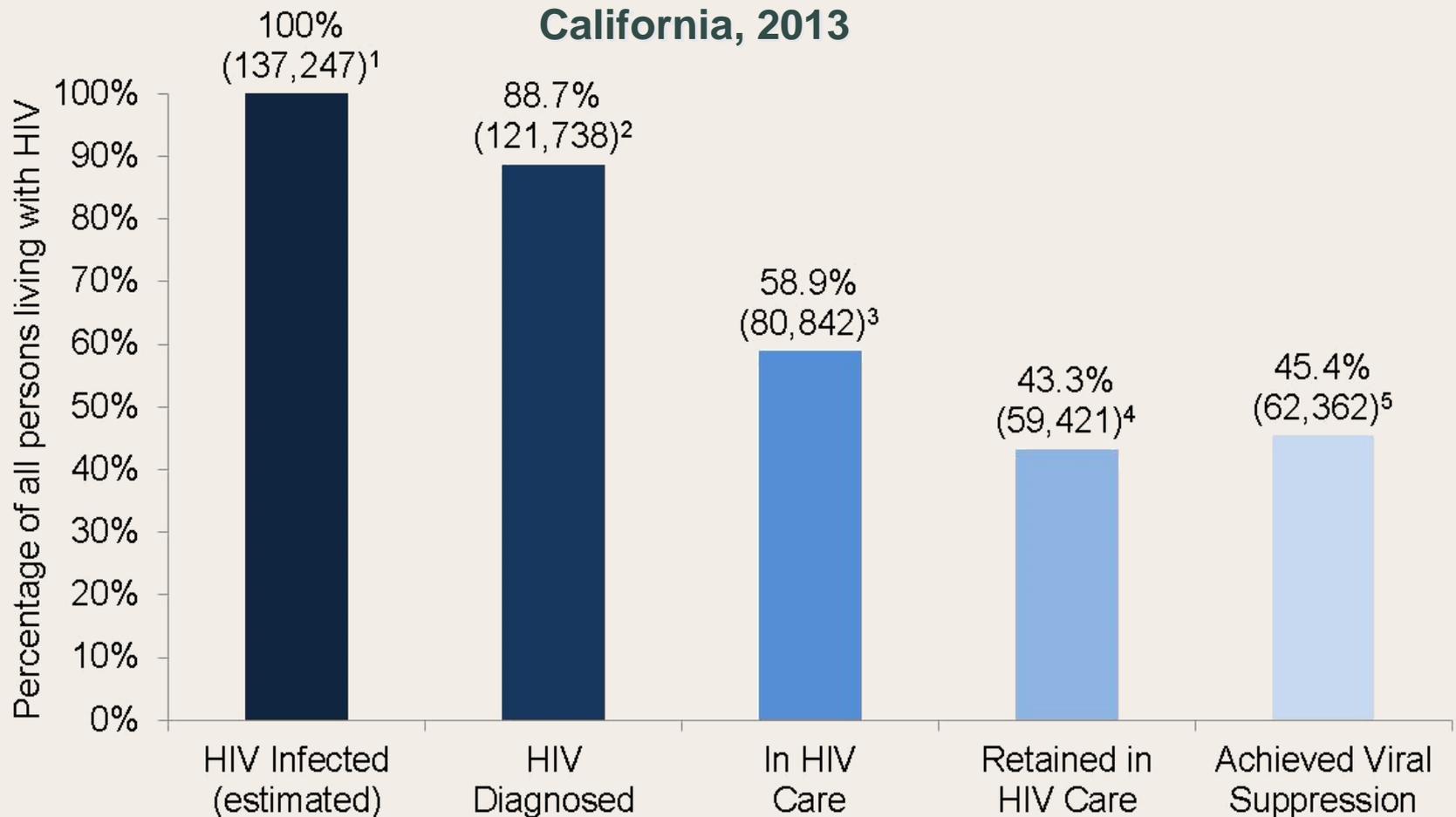
Newly Diagnosed HIV Infection, 2013



# THE CONTINUUM OF HIV CARE AND THE NATIONAL HIV/AIDS STRATEGY



# Continuum of HIV Care



<sup>1</sup> Estimated based on 121,738 living HIV diagnosed in eHARS during 2013 + 0.887 (11.3% undiagnosed infection in California).

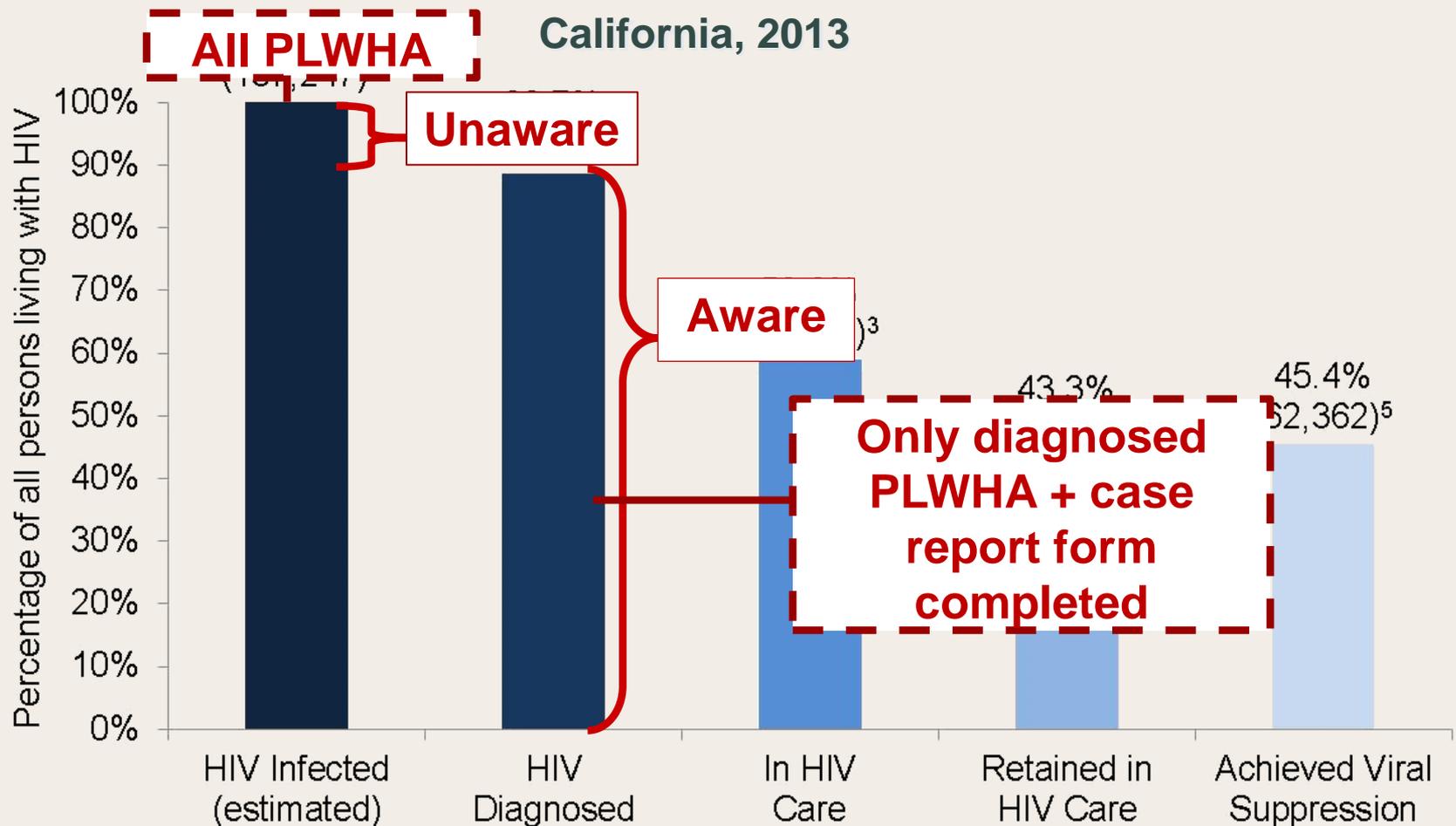
<sup>2</sup> eHARS data as of 12/31/2014 for people diagnosed with HIV and living as of 12/31/2013.

<sup>3</sup> Persons with at least one care visit during 2013 in eHARS as of 12/31/2014.

<sup>4</sup> Persons with at least 2 care visits more than 3 months apart during 2013 in eHARS as of 12/31/2014.

<sup>5</sup> Persons with most recent viral load test result of  $\leq 200$  copies/mL during 2013 in eHARS as of 12/31/2014.

# Continuum of HIV Care



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# National HIV/AIDS Strategy Goals

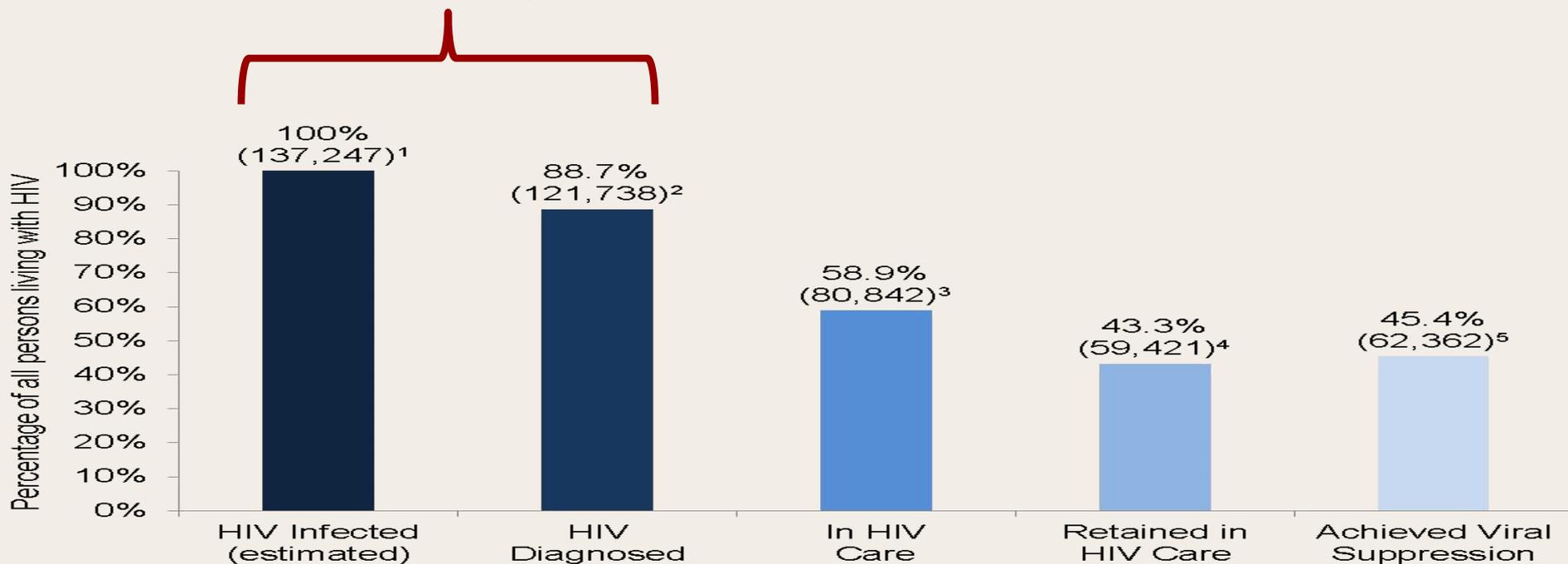
- 1. Reduce New HIV Infections (incidence)**
- 2. Increase Access to Care and Improve Health Outcomes**
- 3. Reduce HIV-Related Health Disparities**
- 4. Achieve More Coordinated National Response**



# National Strategy in the Context of the Continuum

## 1. Reduce New HIV Infections

- Reduce the number of new infections
- Reduce the transmission rate (increase viral suppression)
- Decrease the percent unaware



<sup>1</sup> Estimated based on 121,738 living HIV diagnosed in eHARS during 2013 + 0.887 (11.3% undiagnosed infection in California).

<sup>2</sup> eHARS data as of 12/31/2014 for people diagnosed with HIV and living as of 12/31/2013.

<sup>3</sup> Persons with at least one care visit during 2013 in eHARS as of 12/31/2014.

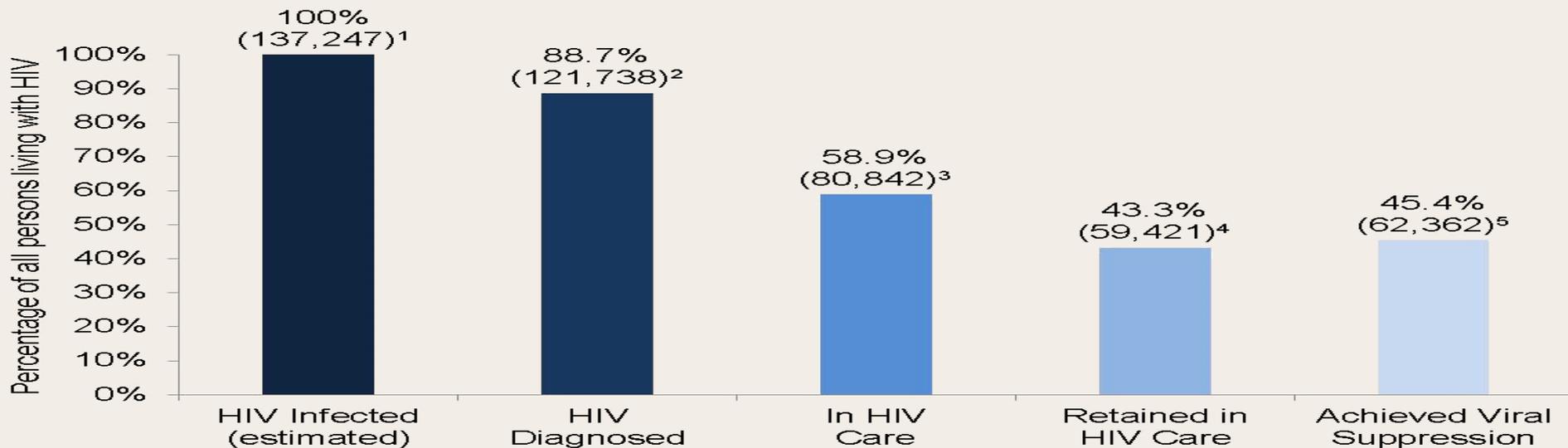
<sup>4</sup> Persons with at least 2 care visits more than 3 months apart during 2013 in eHARS as of 12/31/2014.

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# National Strategy in the Context of the Continuum

## 2. Increase Access to Care and Improve Health Outcomes

- Increase linkage and reengagement in care
- Increase retention in care
- Increase viral suppression (also decreases transmission)
- Increase those with permanent housing



<sup>1</sup> Estimated based on 121,738 living HIV diagnosed in eHARS during 2013 + 0.887 (11.3% undiagnosed infection in California).

<sup>2</sup> eHARS data as of 12/31/2014 for people diagnosed with HIV and living as of 12/31/2013.

<sup>3</sup> Persons with at least one care visit during 2013 in eHARS as of 12/31/2014.

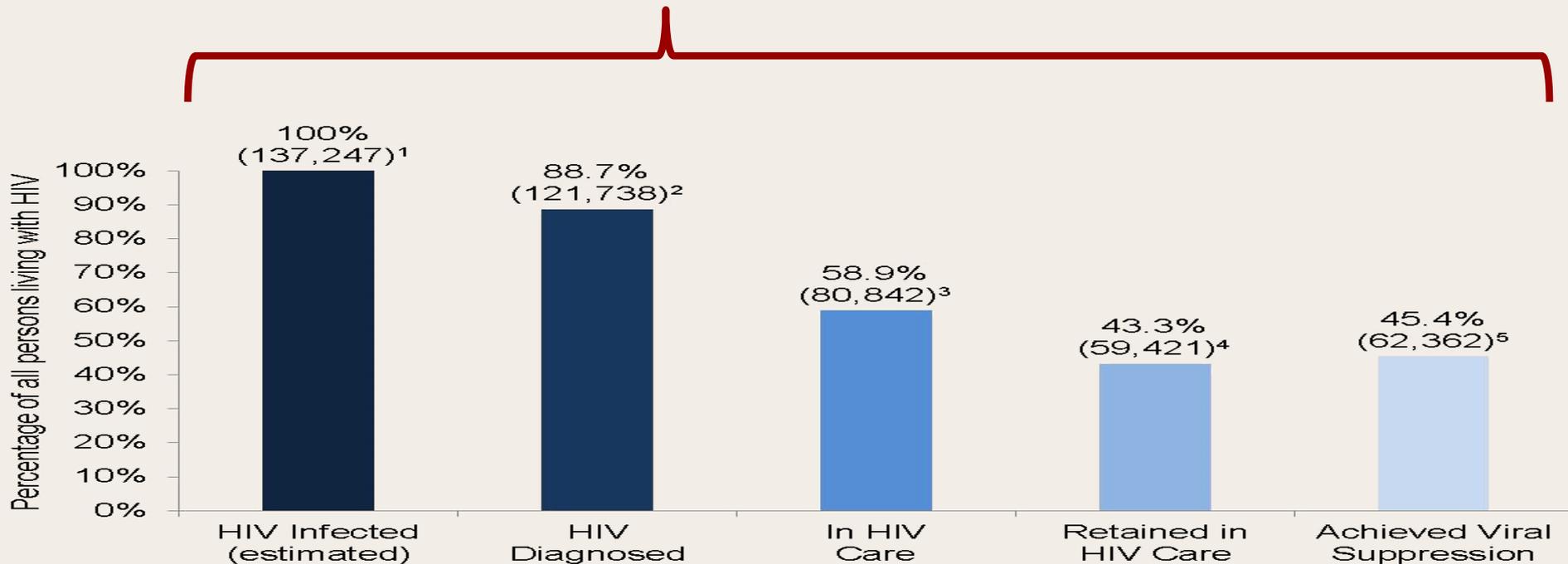
<sup>4</sup> Persons with at least 2 care visits more than 3 months apart during 2013 in eHARS as of 12/31/2014.

<sup>5</sup> Persons with most recent viral load test result of  $\leq 200$  copies/mL during 2013 in eHARS as of 12/31/2014.

# National Strategy in the Context of the Continuum

## 3. Reduce HIV-Related Health Disparities

- Increase MSM with undetectable viral loads
- Increase Blacks with undetectable viral loads
- Increase Latinos with undetectable viral loads



<sup>1</sup> Estimated based on 121,738 living HIV diagnosed in eHARS during 2013 + 0.887 (11.3% undiagnosed infection in California).

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# CALIFORNIA INTEGRATED PLAN



# Integrated Plan Goals & Objectives

## Goal 1: Prevent new infections

- **Objective 1:** Decrease the number of new HIV infections by 25% by 2015
- **Objective 2:** Increase the percentage of PLWHA who know their serostatus to 90% by 2015
- **Objective 3:** Increase the percentage of PLWHA in care with undetectable viral load by 20% by 2015

# Integrated Plan Goals & Objectives

## **Goal 2: Increase access to care and improve health outcomes for PLWHA**

- **Objective 1**: Increase the percentage of newly diagnosed patients linked to care within 3 months of diagnosis to 85% by 2015
- **Objective 2**: Increase the percentage of PLWHA in continuous care to 80% by 2015

# Integrated Plan Goals & Objectives

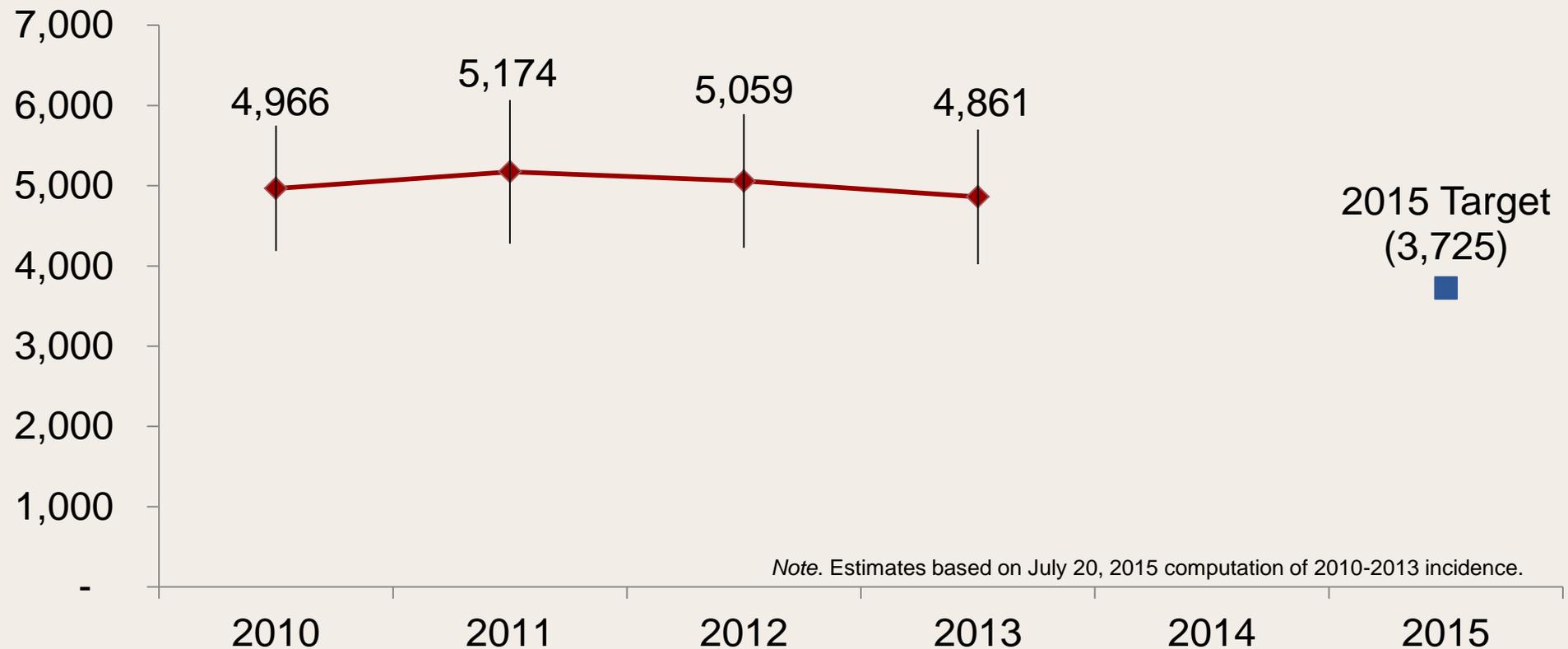
## **Goal 3: Reduce HIV-related health disparities**

- **Objective 1:** Increase the percentage of HIV-diagnosed MSM with undetectable viral load by 20% by 2015
- **Objective 2:** Increase the percentage of HIV-diagnosed Blacks with undetectable viral load by 20% by 2015
- **Objective 3:** Increase the percentage of HIV diagnosed Latinos with undetectable viral load by 20% by 2015

# Goal 1: Reduce New Infections

**Objective 1:** The # of new HIV infections will decrease 25% to 3,725 by 2015 from 4,966 in 2010

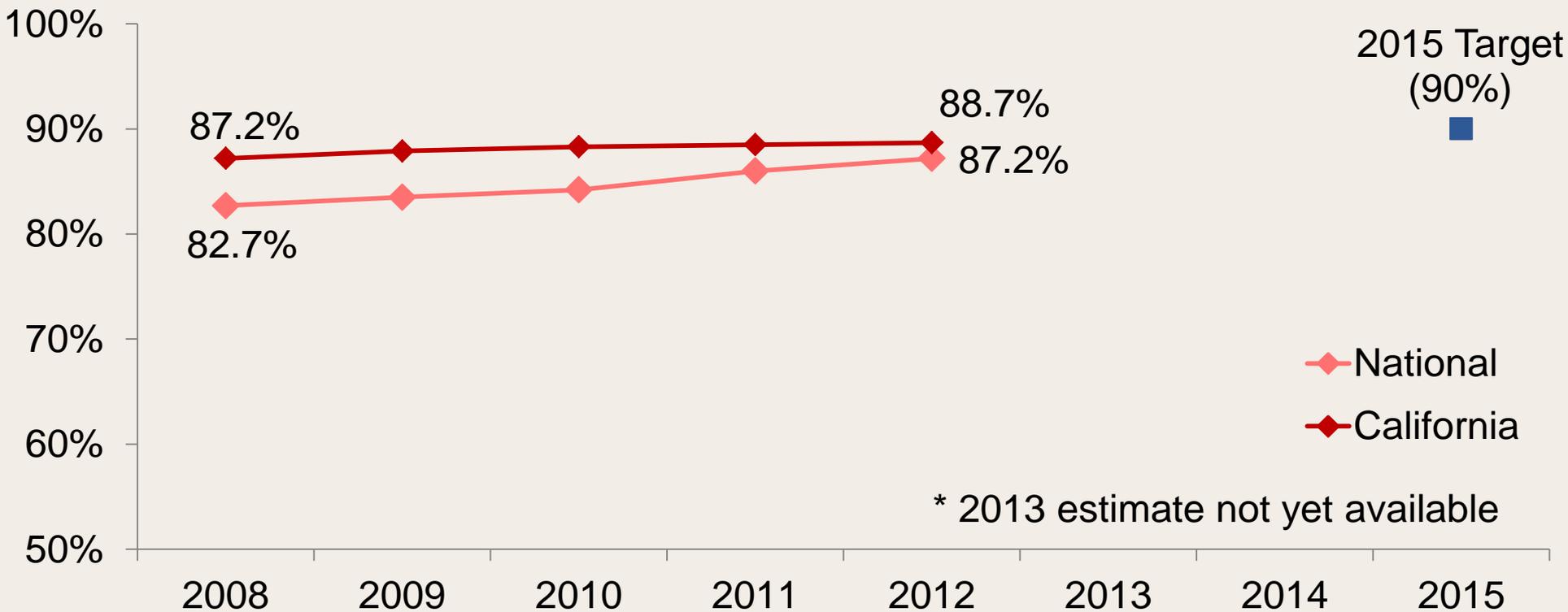
- 2010-2013: Estimated number new infections declined



# Goal 1: Reduce New Infections

**Objective 2:** The % of PLWHA who know their serostatus will increase to 90% by 2015, from 88.3% in 2010

- 2010-2012: Slowly increasing percentage of PLWHA who know their serostatus



# Goal 1: Reduce New Infections

**Objective 3:** The % of PLWHA in care with undetectable viral load will increase 20% to 96.5% by 2015, from 80.4% in 2010

- 2010-2013: Overall viral suppression is improving



# Goal 2: Increase Access to Care and Optimize Health Outcomes

**Objective 1:** The % of newly diagnosed persons linked to clinical care within 3 months will increase to 85% by 2015, from 79.0% in 2010

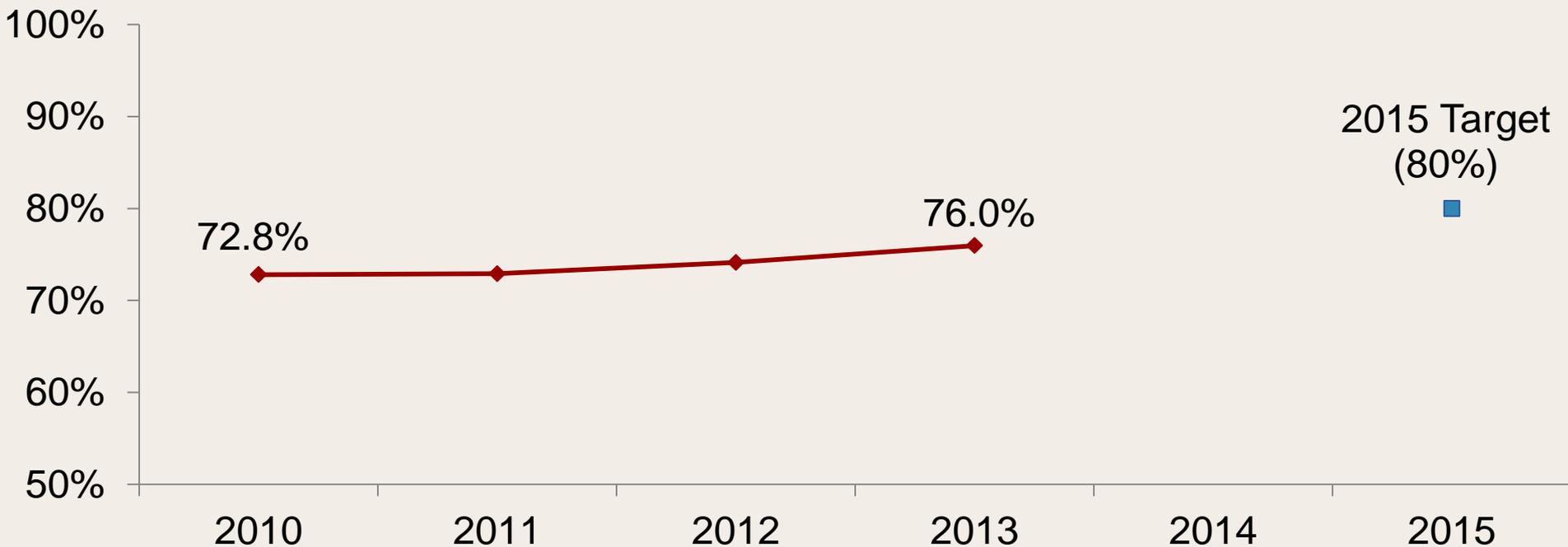
- 2010-2013: Proportion of PLWHA linked to care is improving slightly



# Goal 2: Increase Access to Care and Optimize Health Outcomes

**Objective 2:** The % of PLWHA who are in continuous care will increase to 80% by 2015, from 72.8% in 2010

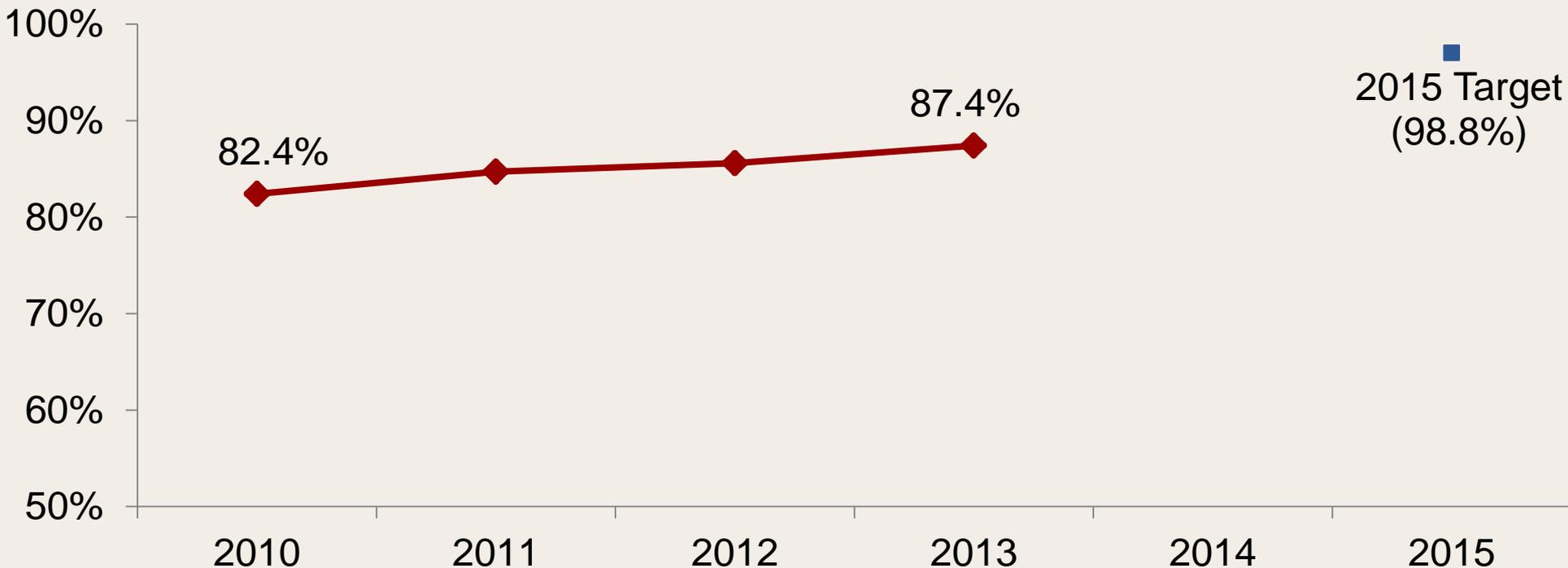
- 2010-2013: Proportion of PLWHA retained in care is increasing



# Goal 3: Reduce HIV-Related Health Disparities

**Objective 1:** The % of HIV+ MSM in care with undetectable viral load will increase by 20% to 98.8% by 2015, from 82.4% in 2010

- 2010-2013: Viral suppression is improving among MSM



# Goal 3: Reduce HIV-Related Health Disparities

**Objective 2:** The % of HIV+ Blacks in care with undetectable viral load will increase by 20% to 83.3% in 2015, from 69.4% in 2010

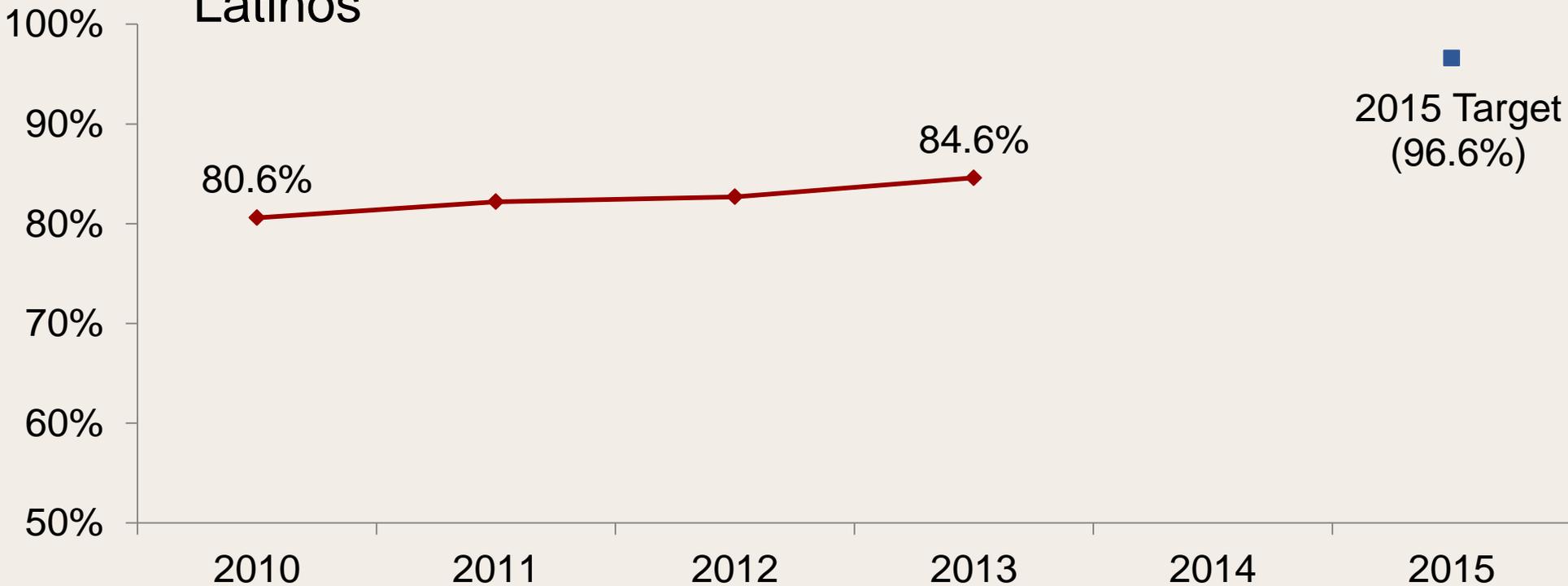
- 2010-2013: Viral suppression is improving among Blacks



# Goal 3: Reduce HIV-Related Health Disparities

**Objective 3:** The % of HIV+ Latinos in care with undetectable viral load will increase by 20% to 96.6% by 2015, from 80.6% in 2010

- 2010-2013: Viral suppression is improving among Latinos



# Integrated Plan Goals: Overview of California Progress

1. Estimated # of incident cases (new infections) declining, as is the # of new HIV infection diagnoses
2. Increasing % know their serostatus in California
3. Overall viral suppression is improving
  - Decreases transmission
4. % of PLWHA linked to care is improving slightly
5. % of PLWHA retained in care is improving
6. Viral suppression is improving among MSM, Black/African Americans, and Latinos
  - Largest increases among Blacks/African Americans

# Acknowledgments

**Thank you to the following for their assistance in creating these slides**

- Valorie Eckert
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- All OA Surveillance Section and local health jurisdiction surveillance staff for their efforts collecting, cleaning, and managing the surveillance data



# Questions?

