



# The Continuum of HIV Care — California, 2017



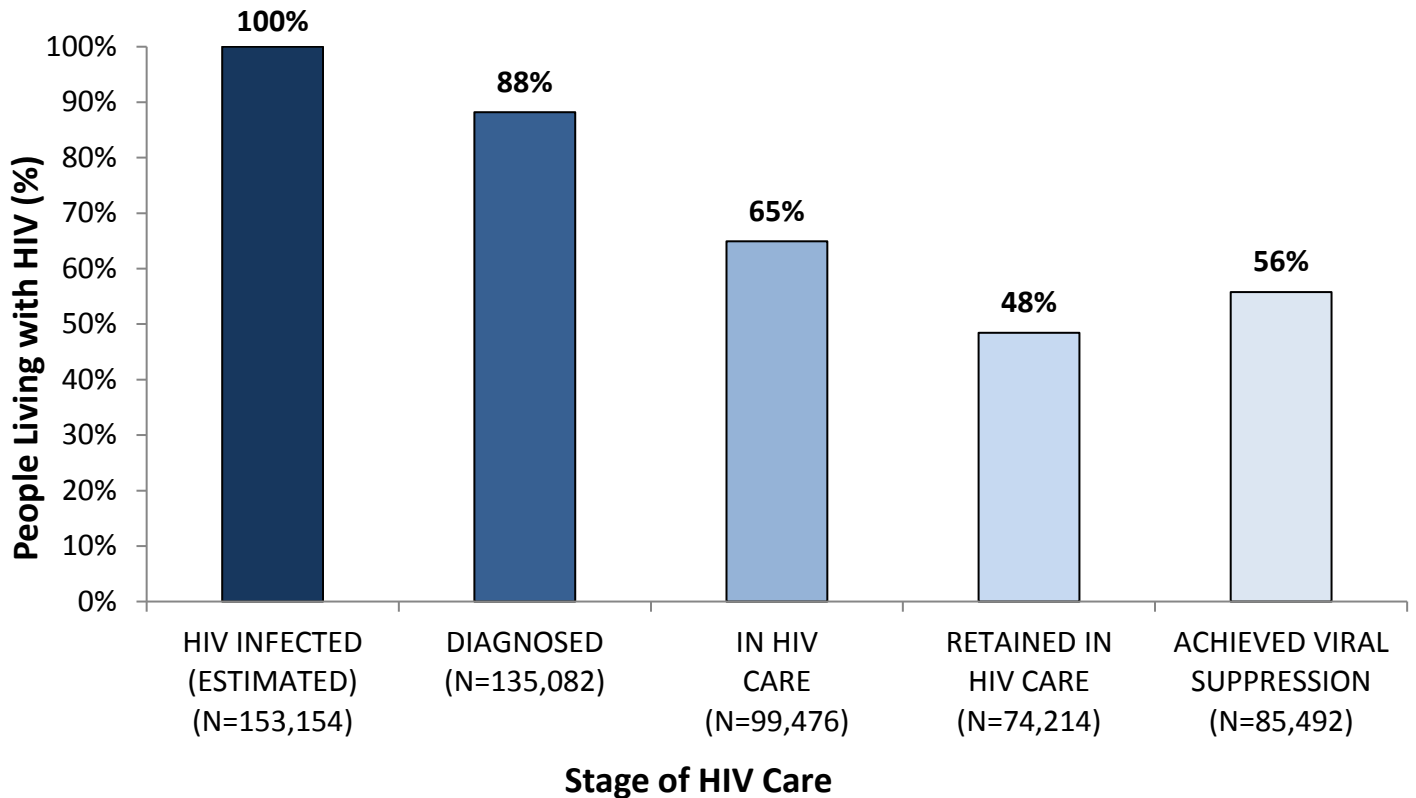
The California Department of Public Health, Center for Infectious Diseases, Office of AIDS has developed continuums of HIV care for persons living with HIV in California. The Continuum of HIV Care is a model that outlines the stages of HIV medical care for people living with HIV, from initial diagnosis to viral suppression. The continuum shows the proportion of people living with HIV who are engaged in each stage of care.

This report includes all persons diagnosed and living with HIV infection who were alive as of December 31, 2017 and living in California, and an estimate of the number of persons who are living, but not yet diagnosed with HIV. The data were extracted from the California HIV Surveillance System 12 months after the end of the calendar year to allow for delays in case and laboratory reporting.

## Highlights from the Continuum of HIV Care — California, 2017

- Of the estimated 153,154 persons living with HIV in California during 2017, about 88 percent (135,082 persons) had been diagnosed, and 56 percent (85,492 persons) achieved viral suppression. A primary objective of California's integrated plan for getting to zero (GTZ) is to increase the percentage of Californians living with HIV who know their serostatus to at least 95 percent by 2021.
- Among the 135,082 persons living with diagnosed HIV in California during 2017, 74 percent (99,476 persons) were in HIV care and 63 percent (85,492 persons) achieved viral suppression. The related GTZ objectives are to increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care to at least 90 percent and increase viral suppression to at least 80 percent by 2021.
- For persons over 12, viral suppression increased with age. Persons 13–24 years old had the lowest viral suppression (58 percent) with viral suppression increasing to 69 percent for persons 65 and older. The highest viral suppression (79 percent) was achieved by persons 0-12 years old.
- Cisgender men were more likely to be virally suppressed than cisgender women (64 percent versus 61 percent), and transgender men were more likely to be virally suppressed than transgender women (66 percent versus 59 percent, respectively).
- Hispanic/Latinxs and Native Hawaiian/Pacific Islanders were less likely to be virally suppressed (61 percent and 63 percent, respectively) compared to Whites, Asians, and multiracial persons (68 percent, 70 percent, and 71 percent, respectively). American Indian/Alaska Natives and Black/African Americans had lower viral suppression (55 percent and 56 percent, respectively) compared to all other groups.
- Infection attributed to male-to-male sexual contact (MMSC) had the highest levels of viral suppression (67 percent) and made up the largest transmission category among HIV infected persons (91,436). Transmission by injection drug use (IDU) had the lowest level of viral suppression (52 percent) followed by non-high-risk heterosexual contact (non-HRH) (56 percent), MMSC and injection drug use (MMSCIDU) (61 percent), perinatal (62 percent), and high-risk heterosexual contact (HRH) (63 percent).

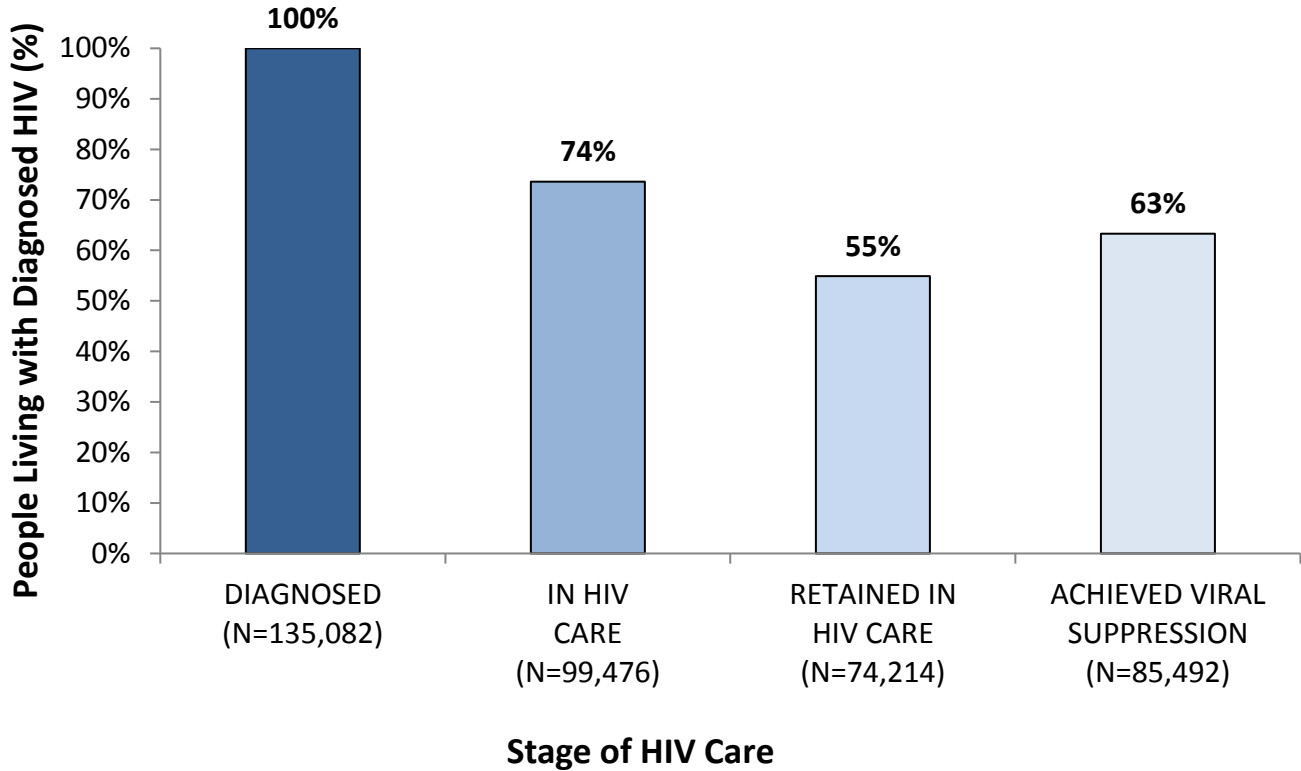
**Figure 1. The Overall Continuum of HIV Care: All Persons Living with HIV Infection — California, 2017**



The estimated percent of undiagnosed persons living with HIV infection in California was calculated using the CD4-based model generated by the Centers for Disease Control and Prevention (CDC). For more information about the CD4-based methodology, please see [Hall HI, Song R, Tang T, An Q, Prejean J, Dietz P, Hernandez AL, Green T, Harris N, McCray E, Mermin J HIV Trends in the United States: Diagnoses and Estimated Incidence, JMIR Public Health Surveill 2017;3\(1\):e8 \(http://publichealth.jmir.org/2017/1/e8/\)](http://publichealth.jmir.org/2017/1/e8/).

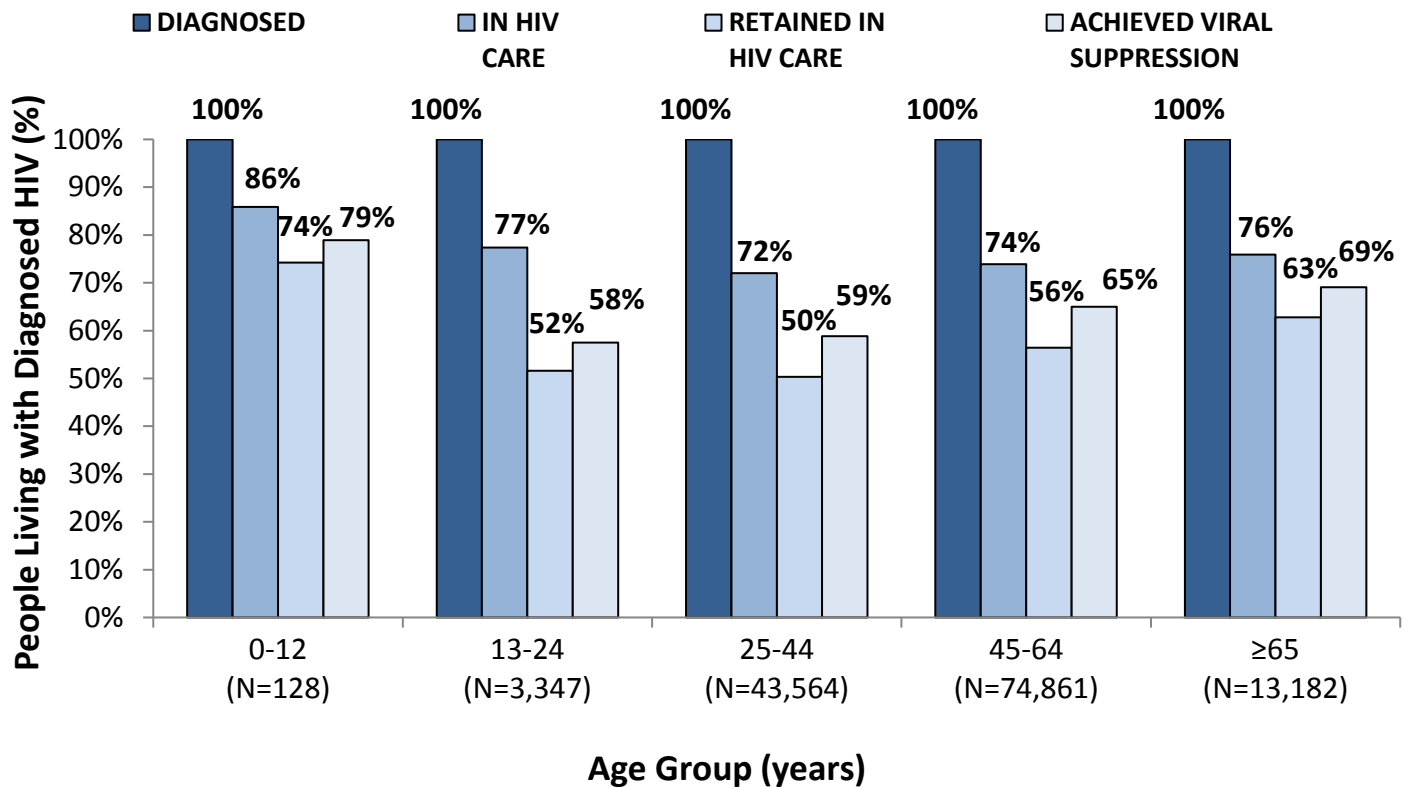
Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was  $\leq 200$  copies/ml were considered to be virally suppressed.

**Figure 2. The Continuum of HIV Care: All Persons Living with Diagnosed HIV Infection — California, 2017**



Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was  $\leq 200$  copies/ml were considered to be virally suppressed.

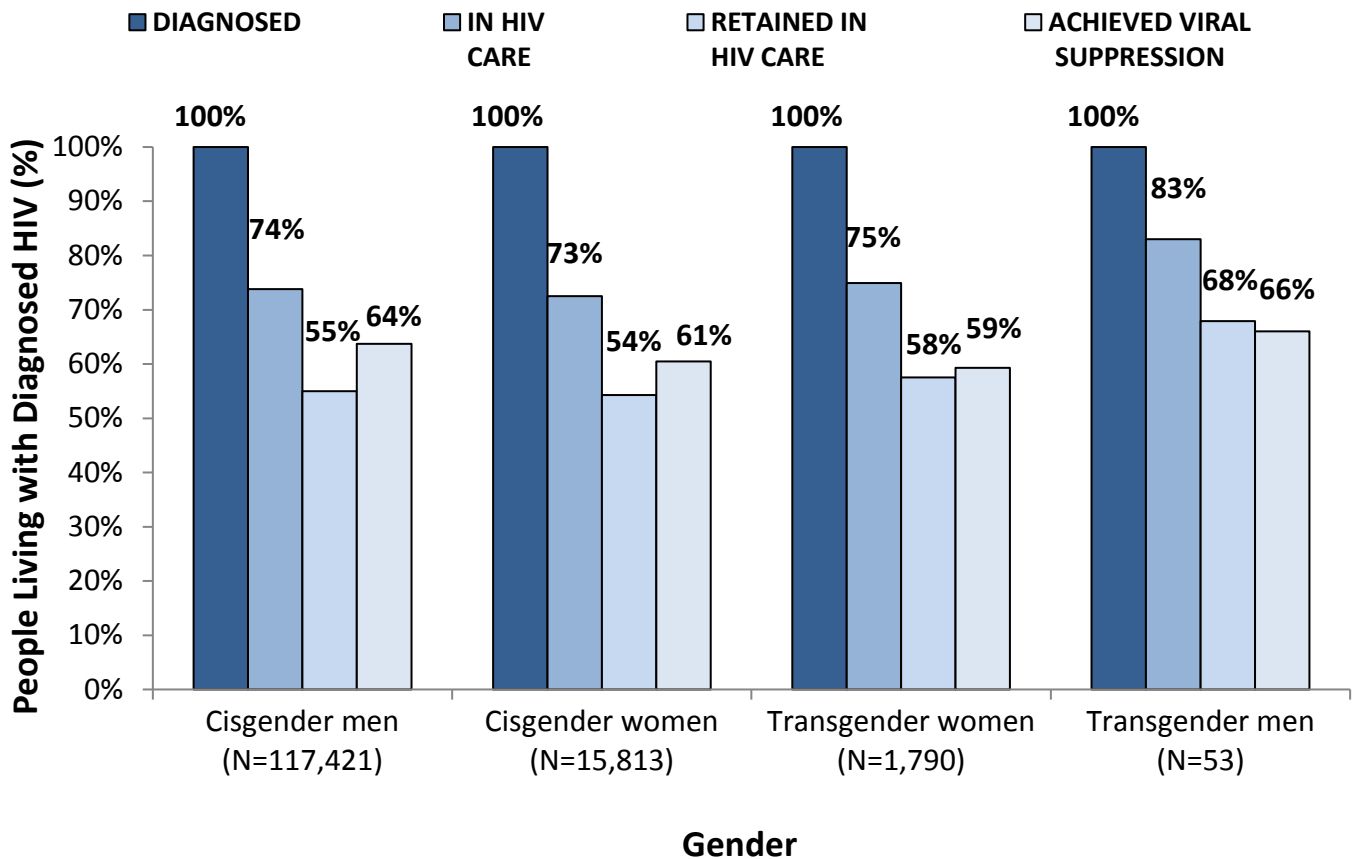
**Figure 3. The Continuum of HIV Care by Age Group: All Persons Living with Diagnosed HIV Infection — California, 2017**



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Age was calculated as of the last day of the calendar year.

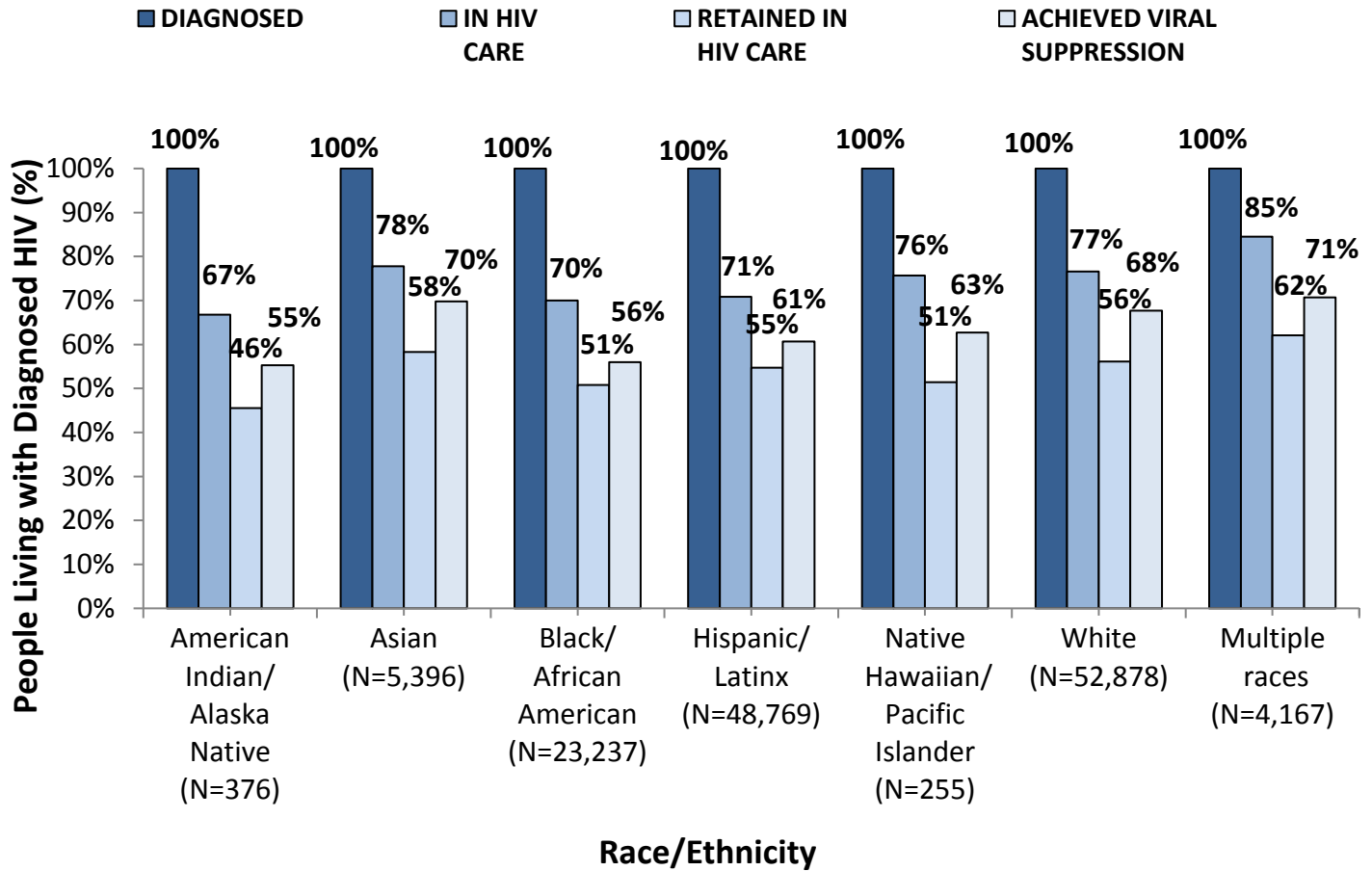
**Figure 4. The Continuum of HIV Care by Gender: All Persons Living with Diagnosed HIV Infection — California, 2017**



Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was  $\leq 200$  copies/ml were considered to be virally suppressed.

Persons were classified as transgender if a case report form affirming their transgender status was present in HIV surveillance data. Among the persons living with diagnosed HIV in California in calendar year 2017, there were five persons categorized as alternative gender identity who are not shown in the figure above.

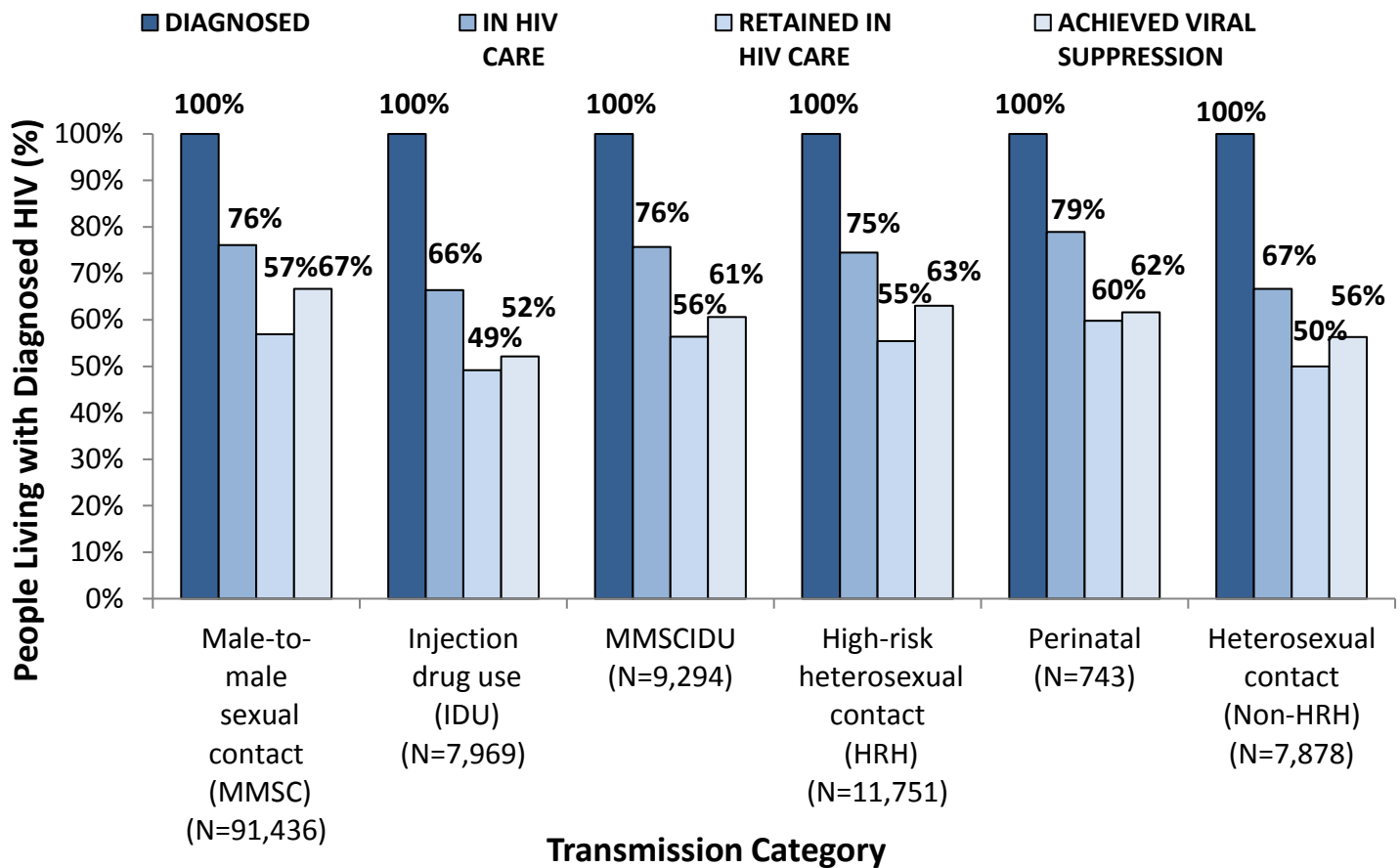
**Figure 5. The Continuum of HIV Care by Race/Ethnicity: All Persons Living with Diagnosed HIV Infection — California, 2017**



Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was  $\leq 200$  copies/ml were considered to be virally suppressed.

Hispanic/Latinx persons can be of any race. Race/ethnicity was collected using Asian/Native Hawaiian/Pacific Islander as a single category until 2003; therefore cases reported prior to 2003 are classified as Asian above because they cannot be disaggregated. 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 in those groups in order to maintain the confidentiality of these persons. There were four persons living with diagnosed HIV in California in 2017 with an unknown race/ethnicity who are not shown in the figure above.

**Figure 6. The Continuum of HIV Care by Transmission Category: All Persons Living with Diagnosed HIV Infection — California, 2017**



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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 were 378 who were categorized as having “other” risks such as having hemophilia, receiving a blood transfusion, or experiencing an occupational exposure. An additional 5,633 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.