


HIV/AIDS HEALTH DISPARITIES

CALIFORNIA'S HIV/AIDS EPIDEMIC

In 2019, an estimated **159,000** Californians were living with HIV

Almost **9 in 10** knew they had HIV

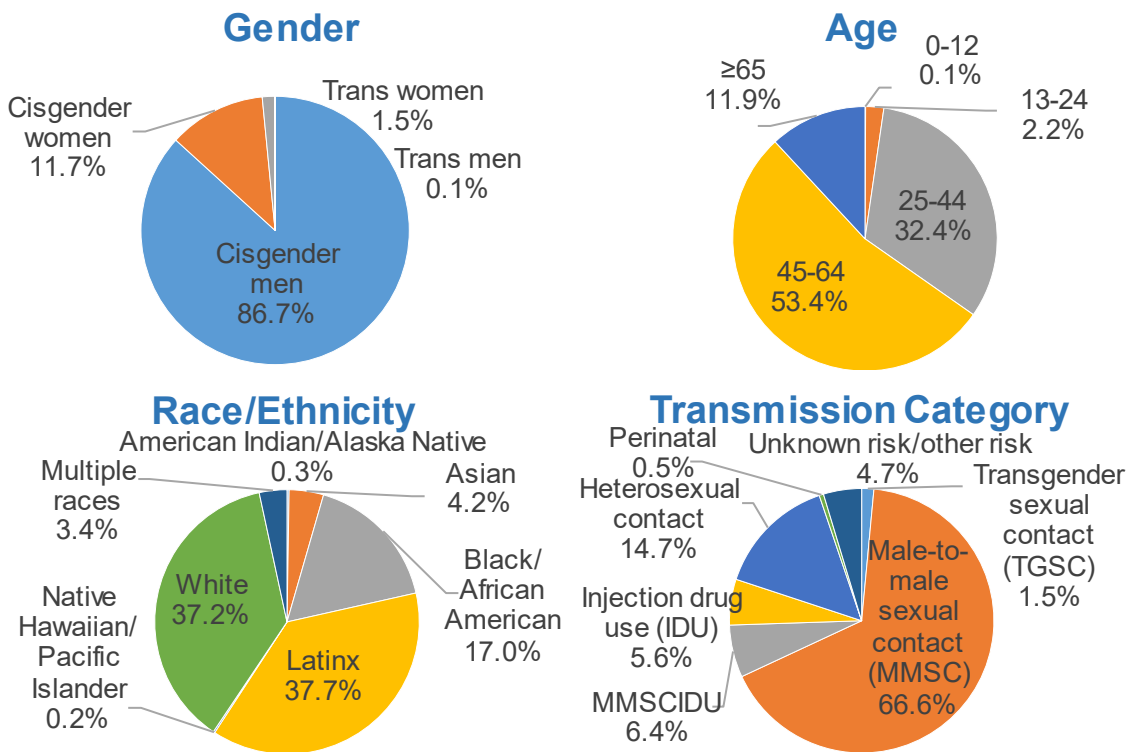


137,785 Californians were living with diagnosed HIV in 2019

MMSC, including MMSCIDU, accounted for 73% of all living HIV cases in 2019

Living Cases, 2019

N=137,785



Of the **4,396** HIV diagnoses in California in 2019:

Gender

- **85%** were among cisgender men

Age

- **59%** were among people **25-44 years old**

Race/Ethnicity

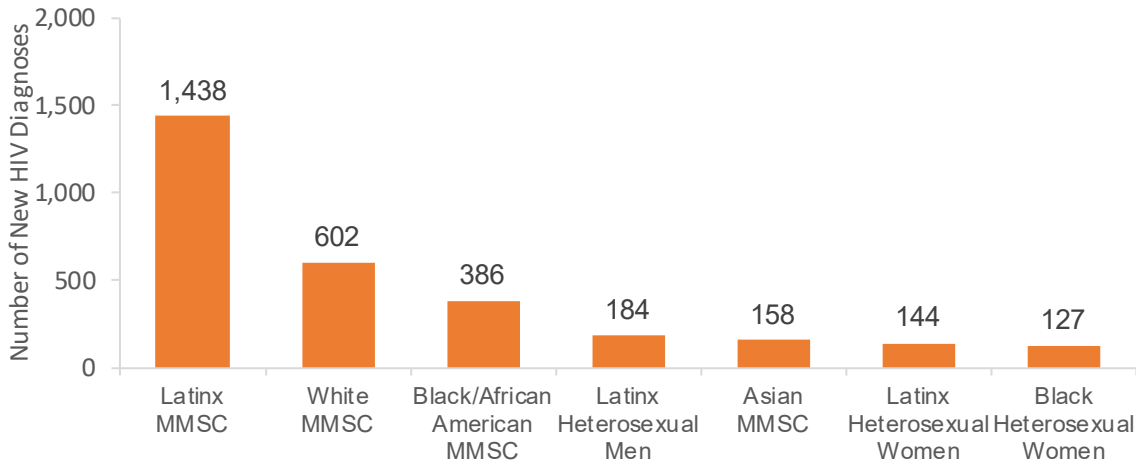
- **50%** were among **Latinx**

Transmission Category

- **64%** were attributed to **MMSC**, including MMSCIDU

New HIV Diagnoses, 2019

California Subpopulations with the Largest Numbers of New HIV Diagnoses by Race, Transmission Category, and Gender

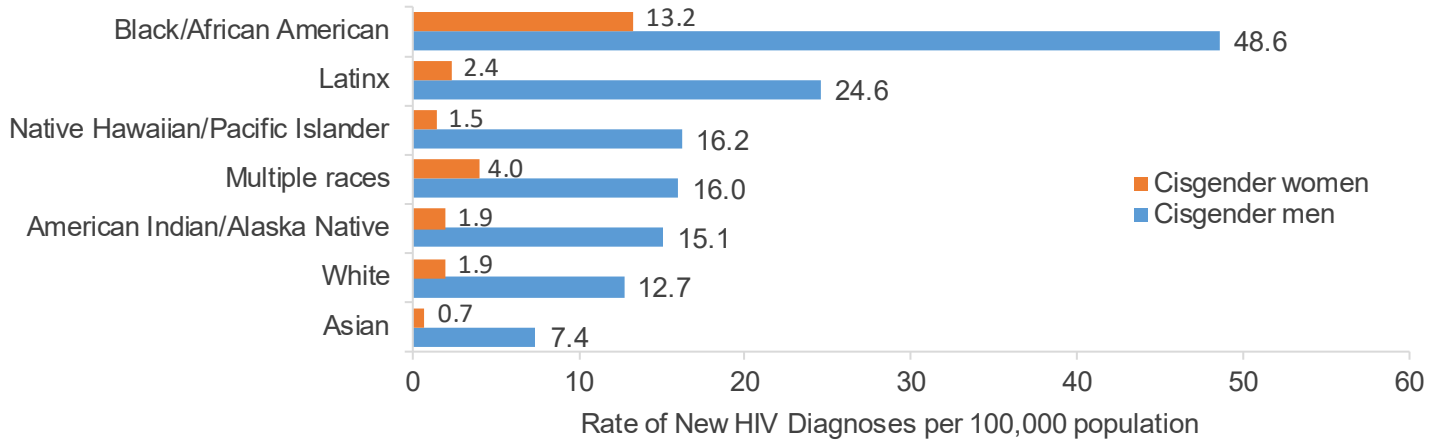


Latinx made up half of all new HIV diagnoses in California in 2019. The subpopulations with the largest number of new diagnoses were Latinx MMSC (33 percent), followed by White MMSC (14 percent), and Black/African American MMSC (9 percent).

Rates of New HIV Diagnoses

Black African Americans are the most disproportionately affected by HIV with rates 3.8 times higher than Whites among men and 6.9 times higher among women. Latinx are also disproportionately affected by HIV with rates of new HIV diagnoses 1.9 times higher than Whites among men and 1.3 times higher among women. Compared to women, men are disproportionately affected by HIV. Although rates for transgender people are not available due to unavailability of population denominators, evidence suggests that transgender people are disproportionately affected by HIV.

Rate of New HIV Diagnoses by Race and Gender, California 2019

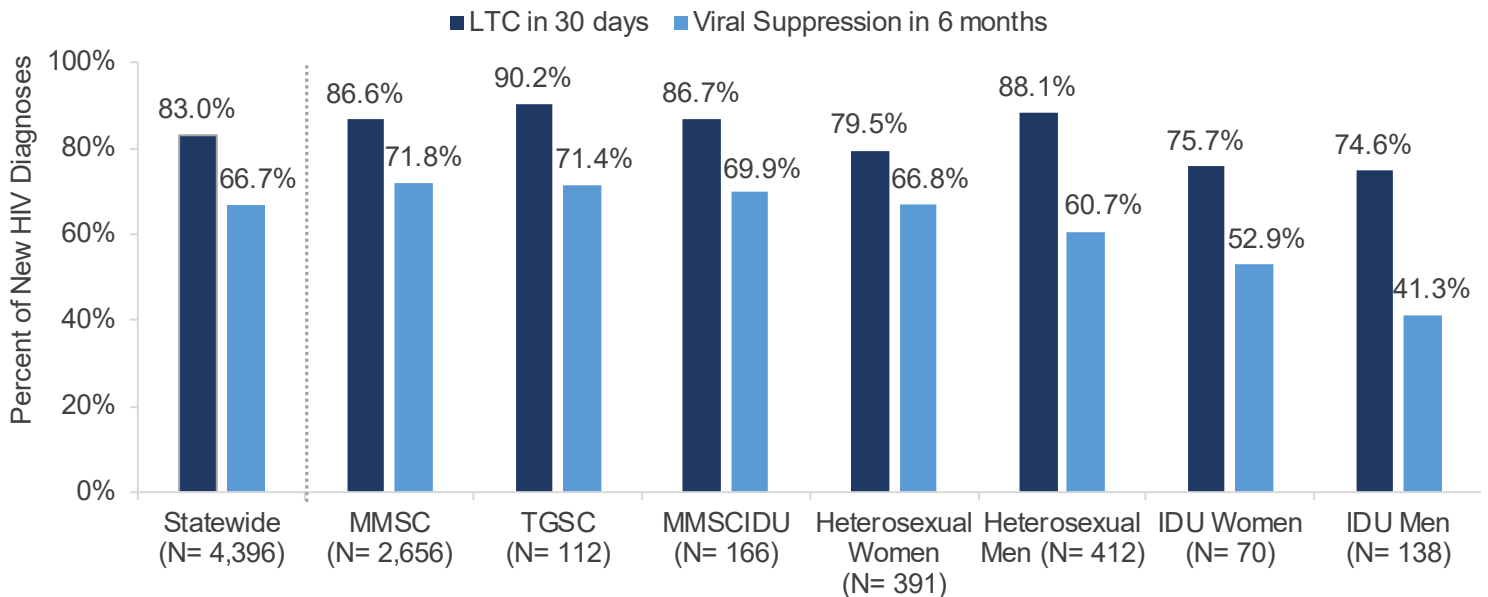


Transmission Categories

Health Outcomes by Transmission Category

In 2019, linkage to care within one month of diagnosis was similar across transmission categories, but viral suppression varied widely. The highest viral suppression was among MMSC and the lowest was among people with transmission via IDU, especially men IDU.

Linkage to Care and Viral Suppression by Transmission Category, California 2019

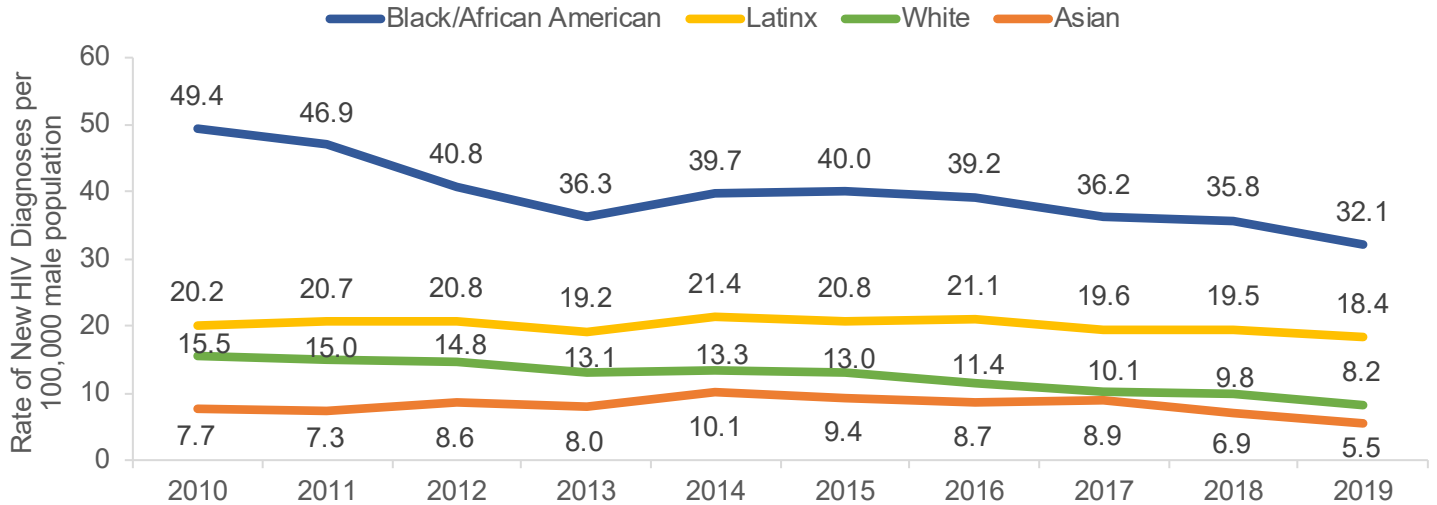


Male-to-Male Sexual Contact

Rate Trends of New HIV Diagnoses by Race/Ethnicity for MMSC

From 2010 to 2019, the rates of new HIV diagnoses for MMSC of all race/ethnicities declined. Black/African American MMSC had the highest rates of new HIV diagnoses among all race/ethnicity groups. Whites had the highest percent decrease of 47% from 15.5 new HIV diagnoses per 100,000 in 2010 to 8.2 in 2019.

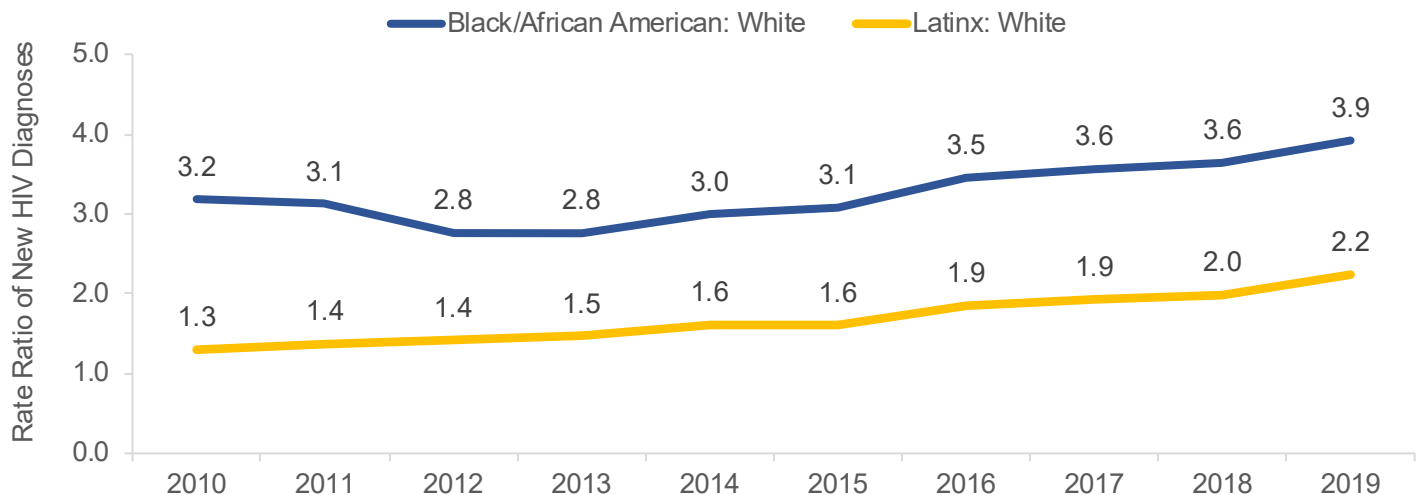
Rate of New HIV Diagnoses by MMSC by Race, California 2010-2019



Rate Ratios of New HIV Diagnoses by Race/Ethnicity for MMSC

In 2019, the rate of new HIV diagnoses among Black/African American MMSC was 3.9 times higher than White MMSC; Latinx MMSC was 2.2 times higher than White MMSC. From 2010 to 2019, racial/ethnic disparities for MMSC have increased for Black/African Americans and Latinx compared to Whites. While new HIV diagnoses rates for both African American and Latinx MMSC have decreased, the rates for White MMSC had greater declines, which contributed to the increasing disparities.

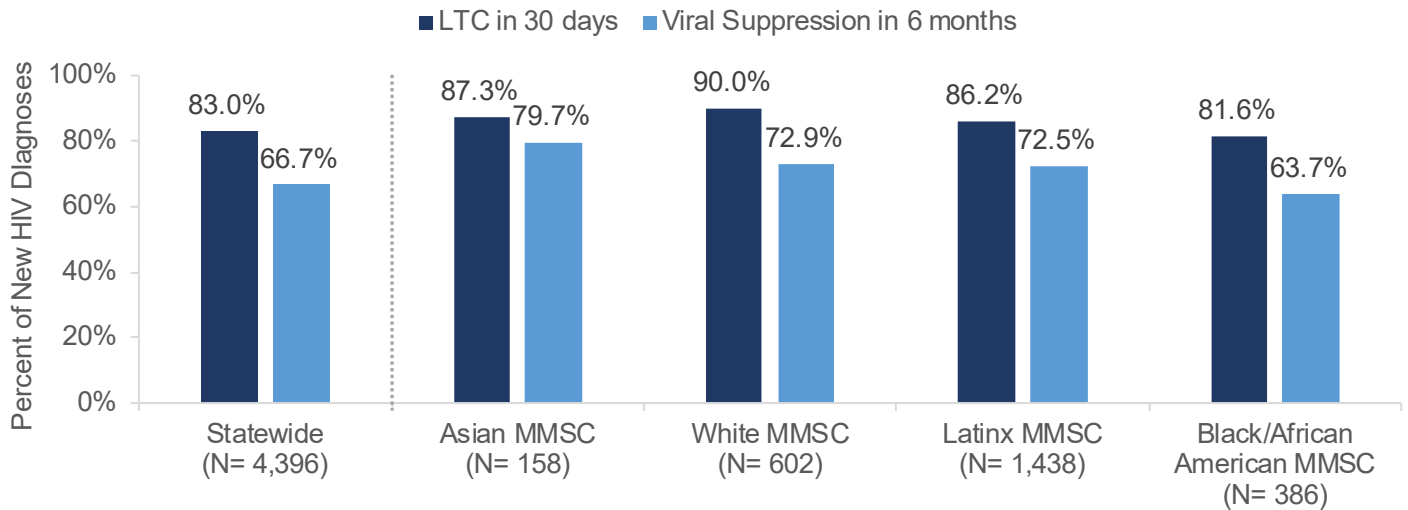
Rate Ratios of New HIV Diagnoses in MMSC by Race, California 2010-2019



Health Outcomes for MMSC

Overall, health outcomes for MMSC are better than the statewide average, with all race/ethnicities above the statewide average except Black/African Americans. Asian MMSC had the highest viral suppression within six months of diagnosis at 79.7 percent. White and Latinx MMSC had similar viral suppression rates at 72.9 and 72.5, respectively.

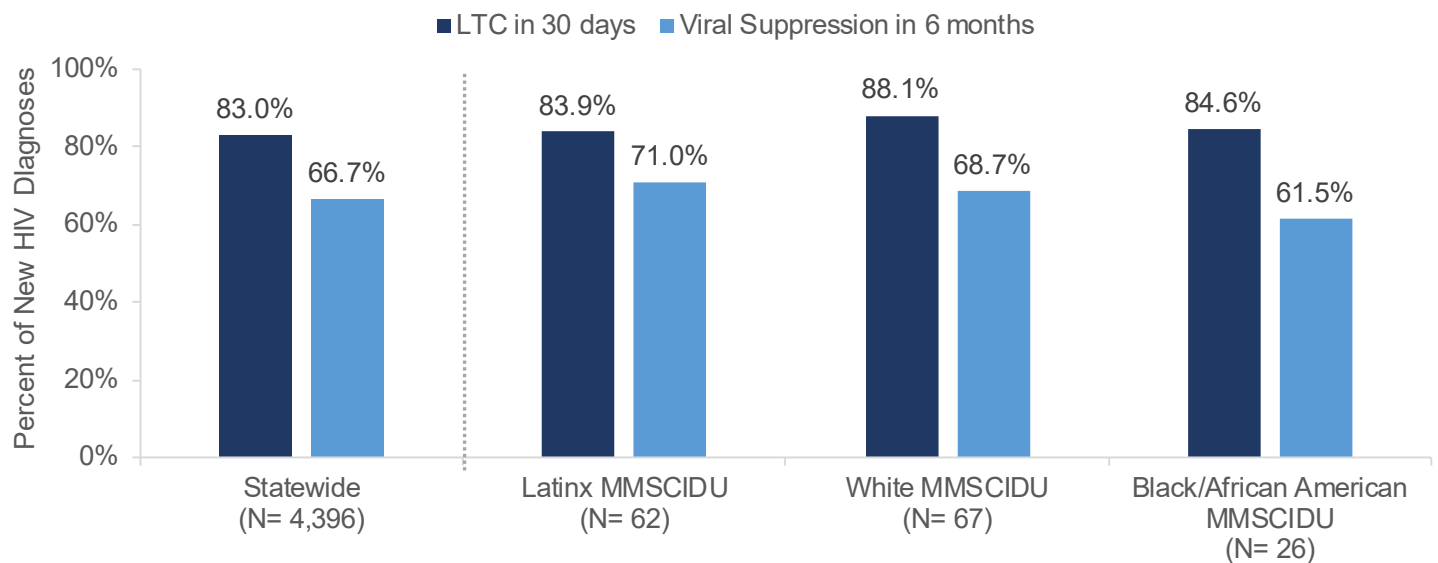
Linkage to Care and Viral Suppression for MMSC, California 2019



Health Outcomes for MMSCIDU

Viral suppression is lower for MMSCIDU compared to MMSC. Black/African American MMSCIDU had the lowest viral suppression within six months of diagnosis at 61.5 percent, which is lower than the statewide average.

Linkage to Care and Viral Suppression for MMSCIDU, California 2019

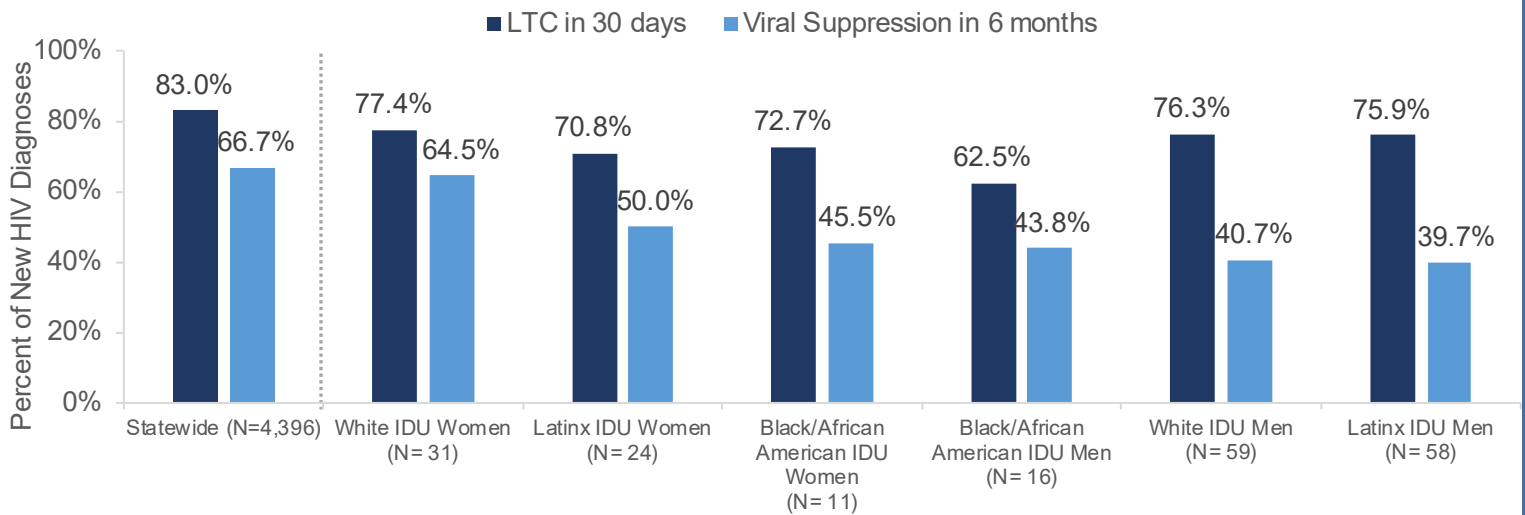


Injection Drug Use

Health Outcomes for IDU

Health outcomes for people with IDU transmission risk are lower for all race/ethnicities compared to statewide. Viral suppression was especially low among White and Latinx men and linkage to care within one month of diagnosis was low among Black/African American men.

Linkage to Care and Viral Suppression for Injection Drug Use, California 2019



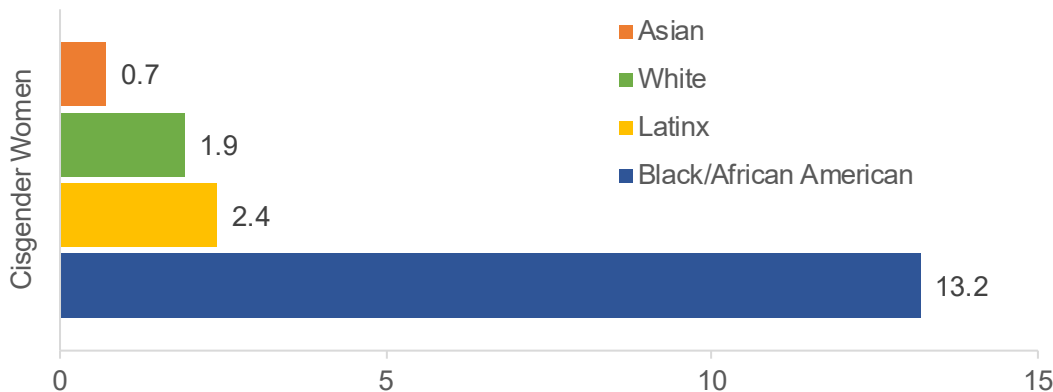
Gender

Women

Rates of New HIV Diagnoses among Women by Race/Ethnicity

The pattern of disparity in new HIV diagnoses by race/ethnicity is similar in women, with Black/African Americans highly impacted and Latinx also disproportionately affected compared to White women. Although rates of new HIV diagnoses for transgender women are not available, national estimates indicate 14.1 percent of transgender women are living with HIV with Black/African American and Latinx transgender women being particularly vulnerable.¹

Rate of New Diagnoses in Women, California 2019



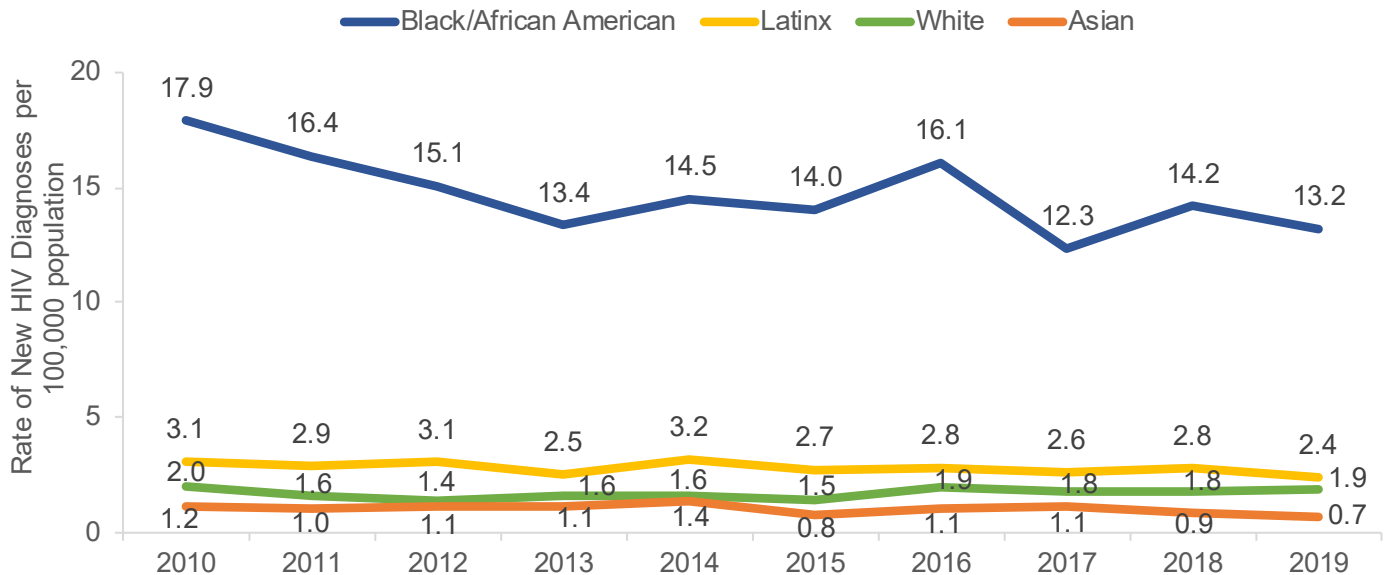
The rate among newly diagnosed **African American women** was **6.9 times** that of **White women**

The rate among newly diagnosed **Latinx women** was **1.3 times** that of **White women**

Rate Trends of New HIV Diagnoses by Race/Ethnicity among Women

Among cisgender women, the rate of new HIV diagnoses declined since 2010 across all race/ethnicity groups. Black/African American women decreased 26 percent from 17.9 new HIV diagnoses per 100,000 in 2010 to 13.2 in 2019. Yet, the disparity gap between Black/African Americans and Whites remains large and is higher for women than it is for men.

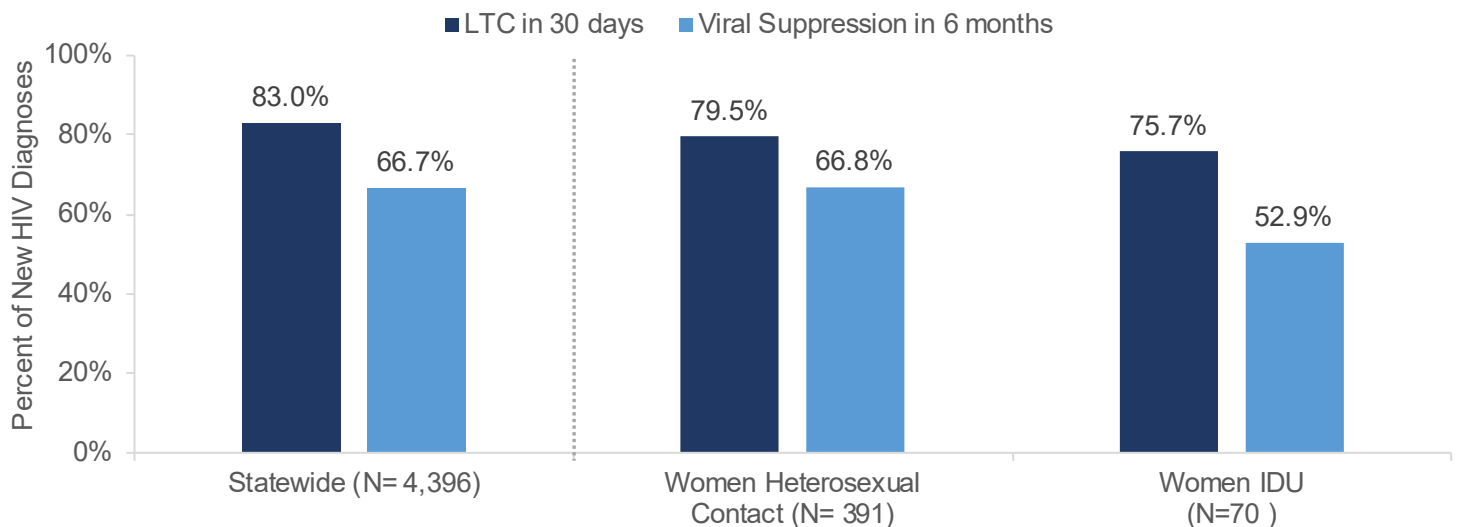
Rate of New HIV Diagnoses in Cisgender Women by Race/Ethnicity, California 2010-2019



Health Outcomes for Women by Transmission Category

Women whose transmission was attributed to heterosexual contact had significantly better viral suppression than those whose transmission was via IDU in spite of similar rates of linkage to care. Overall, viral suppression for heterosexual women is above the statewide average and higher than that of their male heterosexual counterparts.

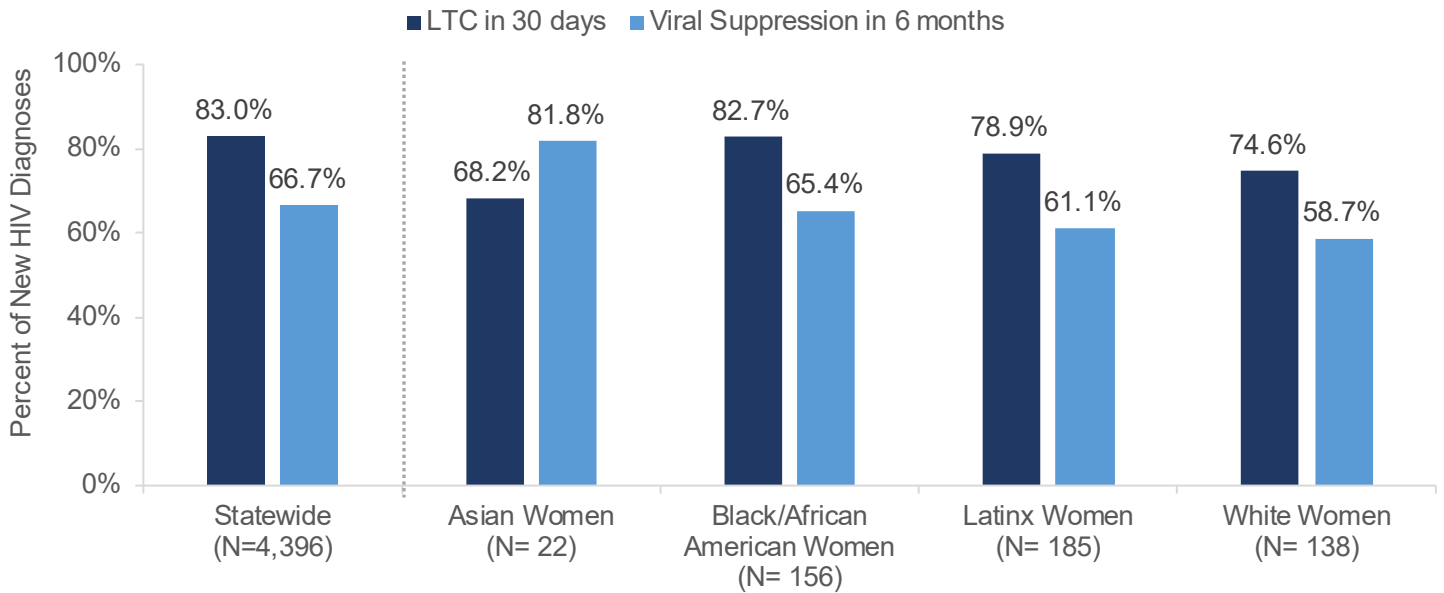
Linkage to Care and Viral Suppression for Women by Transmission Category, California 2019



Health Outcomes for Women by Race/Ethnicity

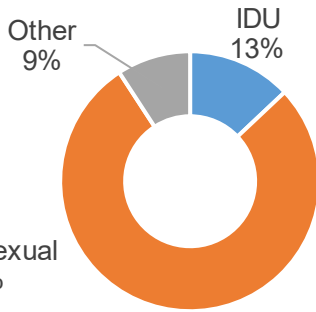
Among women, linkage to care within one month of diagnosis was lower than the statewide average. Latinx and White women had the lowest viral suppression within six months of diagnosis at 61.1 and 58.7 percent respectively. In spite of having low linkage to care within one month of diagnosis, Asian women achieved the highest viral suppression within six months of diagnosis at 81.8 percent.

Linkage to Care and Viral Suppression for Women by Race/Ethnicity, California 2019



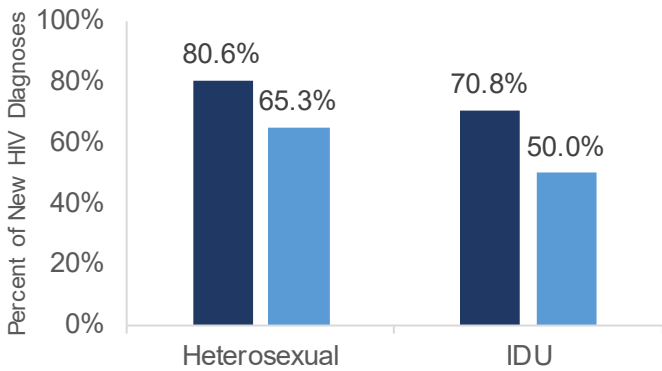
In 2019, 22 percent of new HIV diagnoses among White women were attributed to IDU while only 7 percent were attributed to IDU among Black/African American women. Among women with newly diagnosed HIV transmitted by IDU, Black/African American women had the lowest viral suppression with 72.7 percent linked to care within one month but only 45.5 percent virally suppressed within six months. Asian women achieved the highest viral suppression within six months of diagnosis and had zero transmissions attributed to IDU among new diagnoses. Among heterosexual women, Latinx and White women had the lowest viral suppression within six months of diagnosis at 65.3 percent and 64.3 percent, respectively.

Latinx Women N= 185

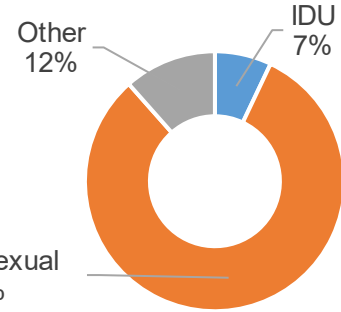


Heterosexual
78%

■ LTC in 30 days ■ Viral Suppression in 6 months

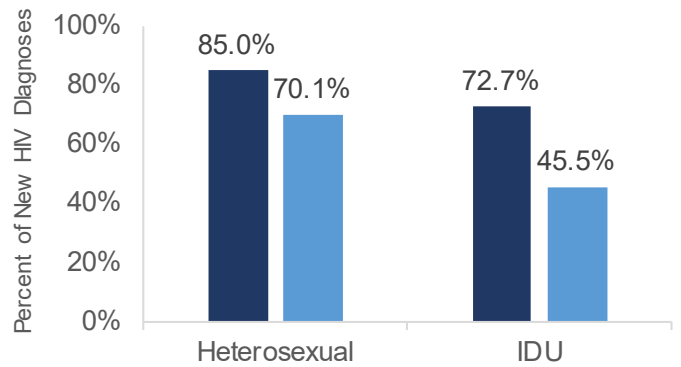


Black/African American Women N= 156

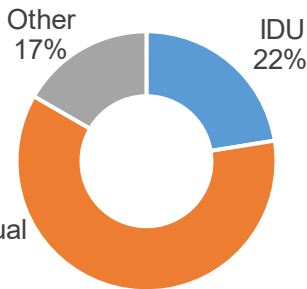


Heterosexual
81%

■ LTC in 30 days ■ Viral Suppression in 6 months

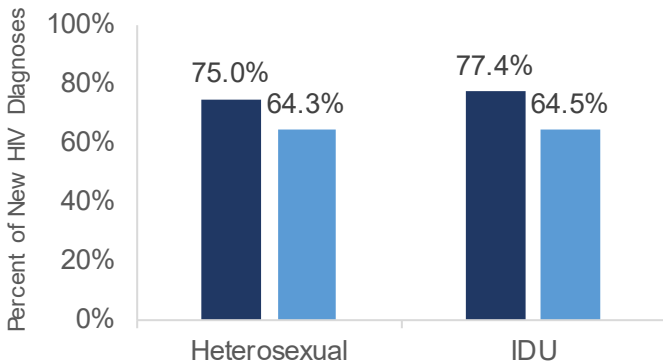


White Women N= 138

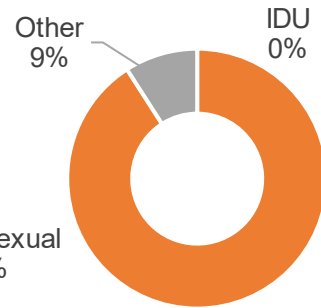


Heterosexual
61%

■ LTC in 30 days ■ Viral Suppression in 6 months

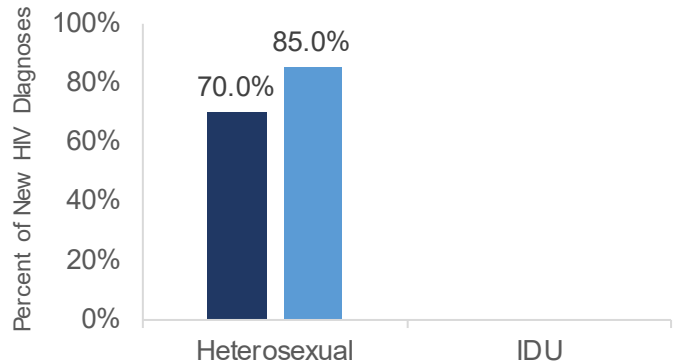


Asian Women N= 22



Heterosexual
91%

■ LTC in 30 days ■ Viral Suppression in 6 months

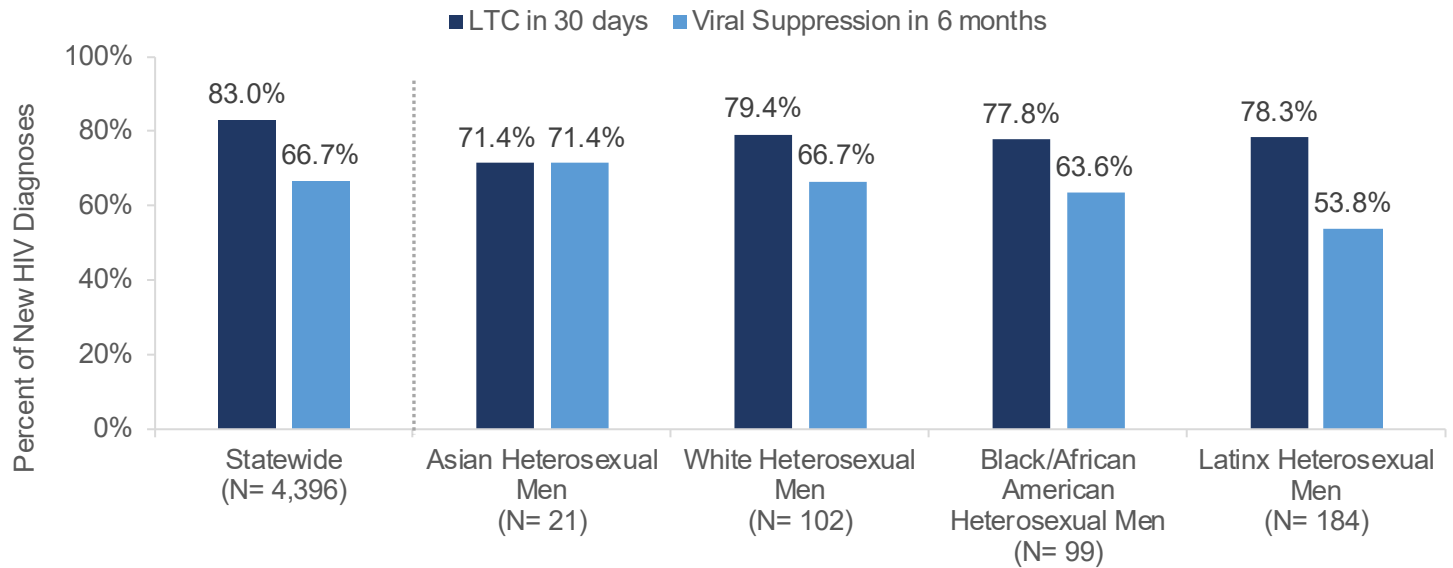


Men

Health Outcomes for Heterosexual Men

Black/African American and Latinx heterosexual men have low viral suppression within six months of diagnosis, while Asian heterosexual men have low linkage to care within one month but the highest viral suppression within six months of diagnosis. Health outcomes among White heterosexual men were similar to the statewide average.

Linkage to Care and Viral Suppression among Heterosexual Men, California 2019

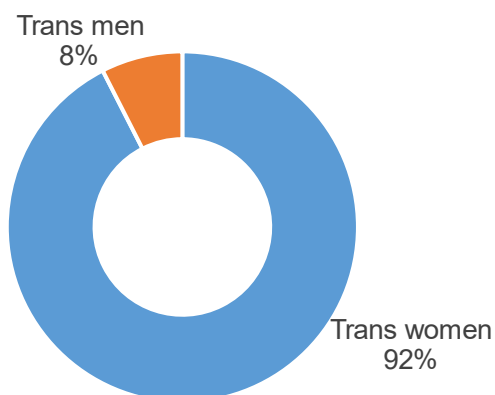


Transgender people

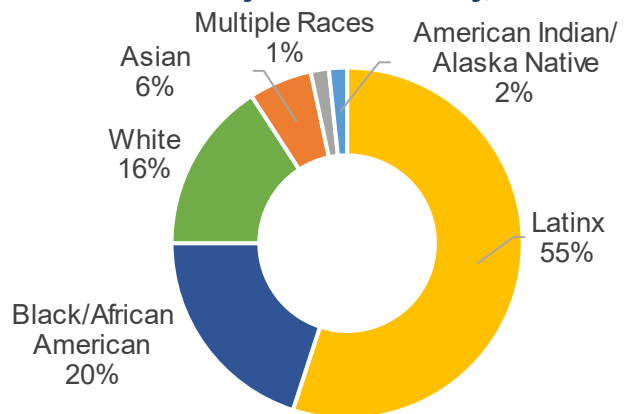
New HIV Diagnoses among Transgender People

In 2019, 92 percent of transgender people who received an HIV diagnosis were trans women. Although rates among transgender people are not available, it is estimated that both trans women and men are disproportionately affected by HIV. According to an analysis conducted by CDC scientists, HIV prevalence among transgender people in the US is estimated to be 9.2 percent overall, and higher among trans women (14.1 percent) than trans men (3.2 percent).¹

Percent of New HIV Diagnoses among Transgender in California, 2019 (N= 120)



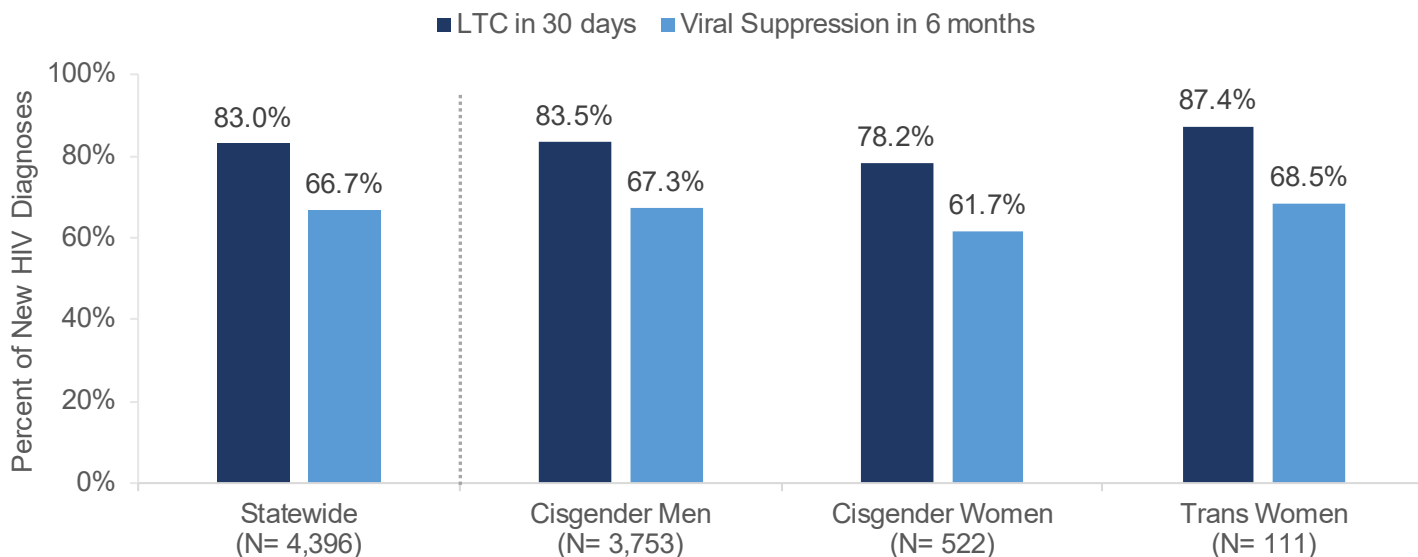
New HIV Diagnoses among Transgender in California by Race/Ethnicity, 2019



Health Outcomes for Transgender People

Compared to cisgender men and women, transgender women had the highest linkage to care within one month of HIV diagnosis and achieved the highest viral suppression within six months of HIV diagnosis. Data for transgender men not displayed to preserve confidentiality.

Linkage to Care and Viral Suppression by Gender, California 2019

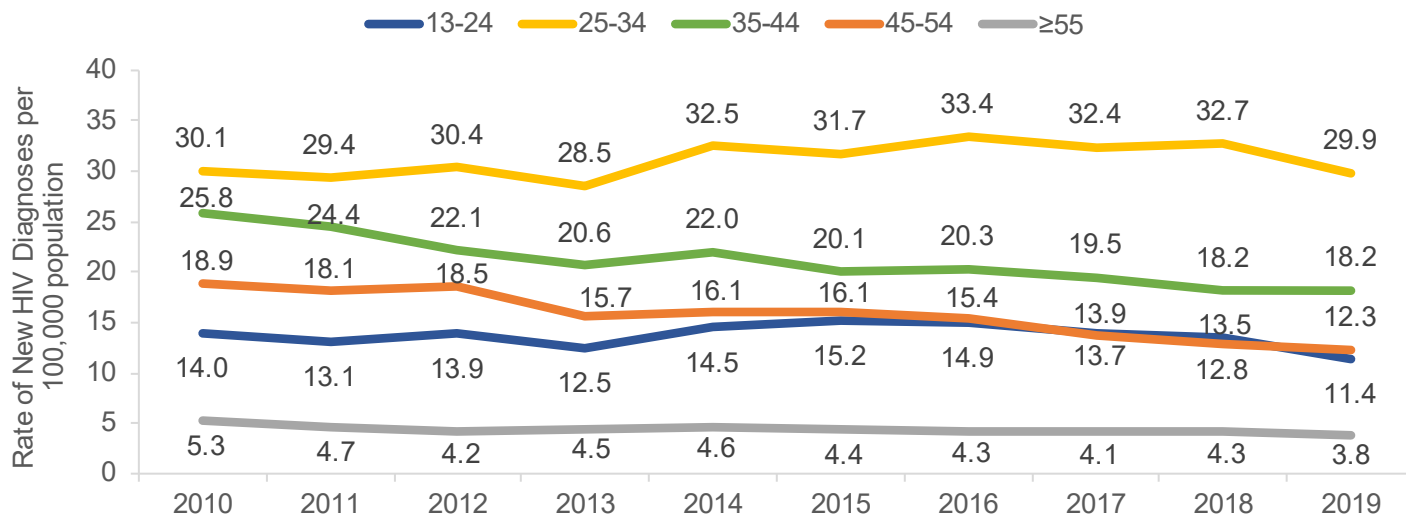


Age Group

Rate Trends of New HIV Diagnoses by Age Group

From 2010 to 2019, the rates of new HIV diagnoses among all age groups have declined. The 25-34 age group had the highest rates of new HIV diagnoses and decreased by only one percent since 2010. The 45-54 age group had the largest rate decrease of 35 percent since 2010.

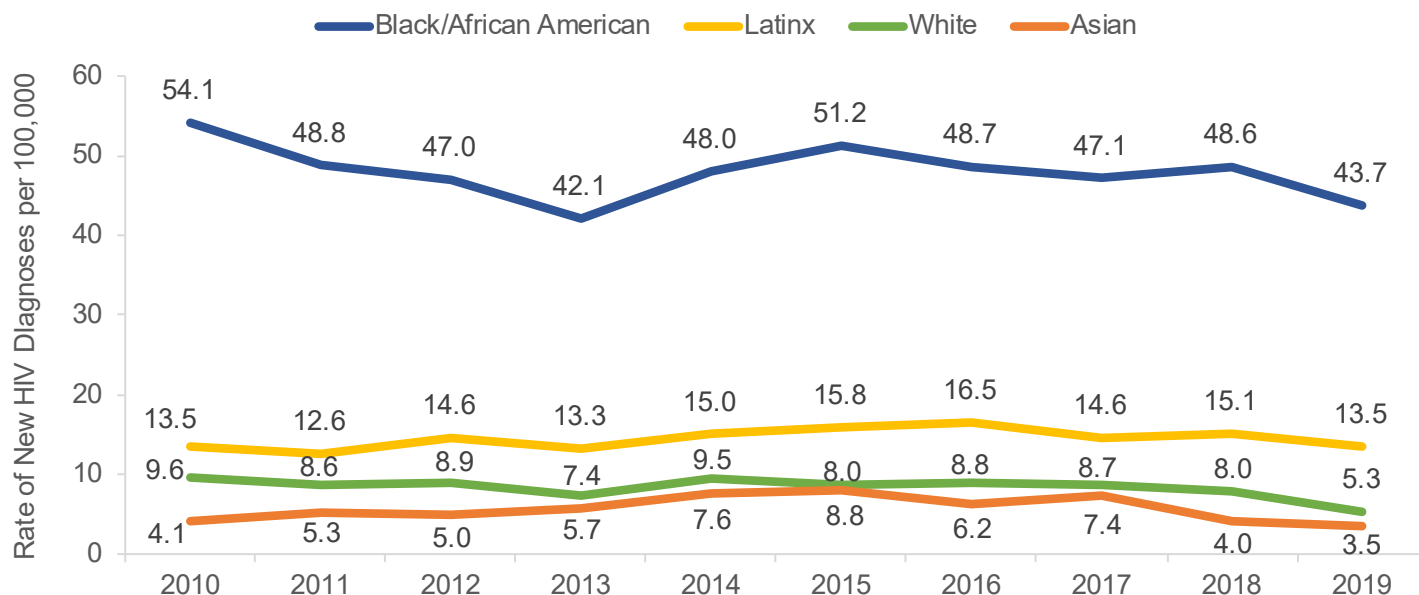
Rate of New HIV Diagnoses by Age, California 2010-2019



Rate Trends of New HIV Diagnoses by Race/Ethnicity among 13-24 Age Group

Among the 13-24 age group, Black/African Americans have significantly higher rates of new HIV diagnoses than any other racial/ethnic group. Although the rate among newly diagnosed 13-24 year old Black/African Americans has declined by 19 percent since 2010, the rate in 2019 was 8.2 times higher than 13-24 year old Whites. The rate among 13-24 year old Whites had the highest decrease (45 percent) since 2010, while the rate for 13-24 year old Latinx was the same in 2019 as it was in 2010.

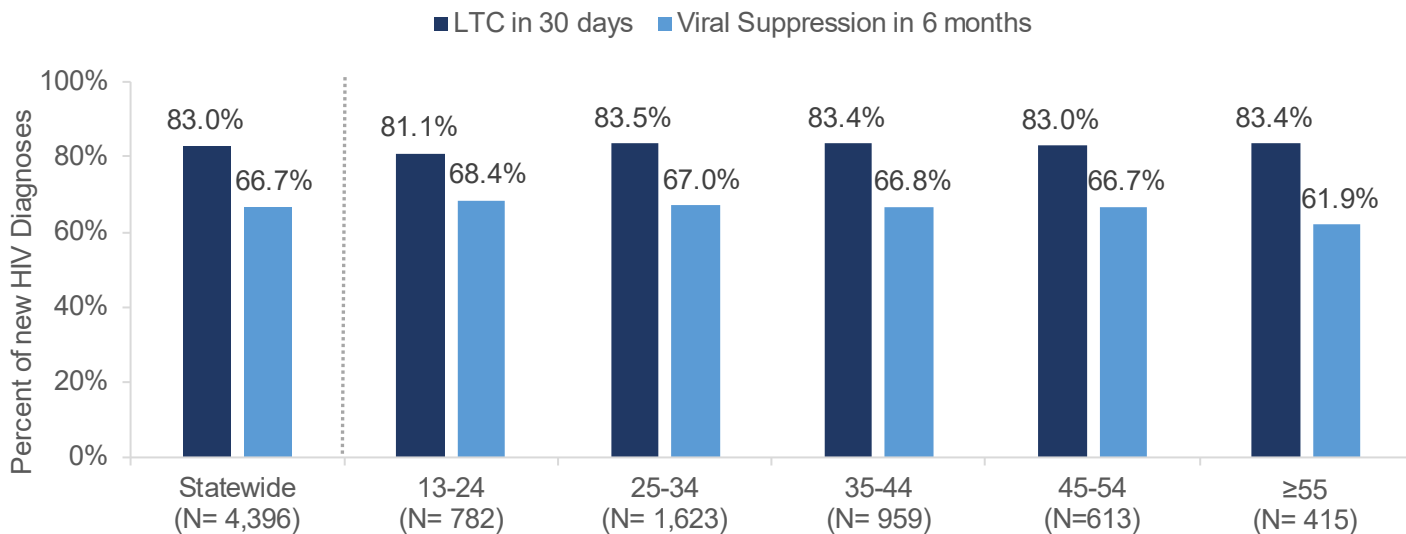
Rate of New HIV Diagnoses in 13-24 Age Group by Race/Ethnicity, California 2010-2019



Health Outcomes by Age Group

Health outcomes were similar across age groups, with the 55 and older age group having slightly lower viral suppression than other groups.

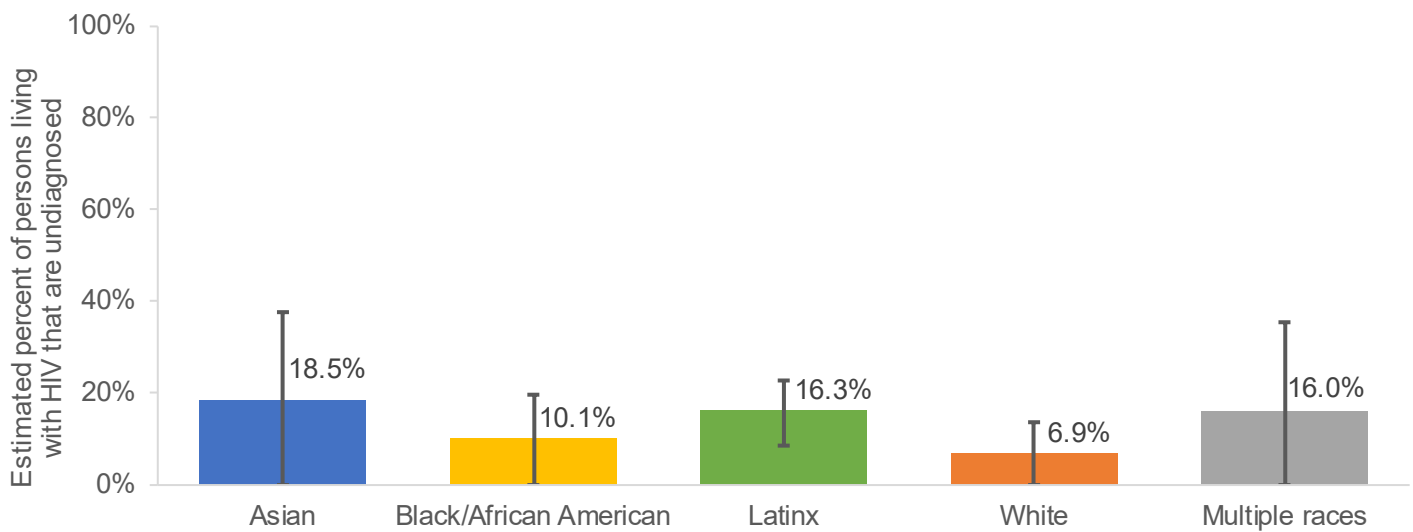
Linkage to Care and Viral Suppression by Age Group, California 2019



Undiagnosed HIV

Statewide, an estimated 13 percent of people living with HIV in 2019 were unaware of their infection. By race/ethnicity, Asians, Latinx, and multiracial people had the highest estimated percentage of individuals living with undiagnosed HIV. An estimated 18.5 percent of Asians, 16.3 percent of Latinx, and 16.0 percent of multiracial people living with HIV were unaware of their infection. One of the goals of *Ending the HIV Epidemic: A Plan for America (EHE)* initiative is to increase the percentage of people who have knowledge of their status to at least 95% by 2025. The main goal of the EHE initiative is to reduce the number of HIV infections by 75% by 2025 and by 90% by 2030.

Estimated Percent of Persons Living With HIV That Are Undiagnosed by Race/Ethnicity in California, 2019



Implications

From 2010 through 2019, both the annual number and rate of new HIV diagnoses has declined in California. The number of new diagnoses declined by 17 percent from 5,327 in 2010 to 4,396 in 2019, while the rate of new diagnoses per 100,000 population declined by 23 percent, from 14.3 to 11.0 during the same time period. Although HIV has declined overall, 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 2019, Black/African Americans made up approximately 6 percent of California's population, yet they accounted for 17 percent of California's HIV epidemic. Among women newly diagnosed with HIV, Black/African Americans accounted for 30 percent, and among transgender people they accounted for 20 percent. Rates among newly diagnosed Black/African American men are 3.8 times higher than White men, and among Black/African American women, 6.9 times higher than White women. Viral suppression among Black/African Americans is typically lower than other race/ethnicities regardless of gender, age, or transmission category.

Latinx make up the largest racial/ethnic group among new HIV diagnoses, accounting for 50 percent of all new HIV diagnoses in 2019; however, they also make up the largest racial/ethnic group in California at almost 40 percent. Disparities among Latinx include higher rates of HIV diagnoses and lower viral suppression, especially among heterosexual men, and IDU men and women. Rates among newly diagnosed Latinx men are 1.9 times higher than White men, and among Latinx women 1.3 times higher than White women. In addition, among MMSC, disparities between Latinx and Whites have increased from 2010 to 2019. In 2010, the rate of new diagnoses among Latinx MMSC was 1.3 times that of White MMSC; in 2019 it was 2.2 times that of Whites.

Transmission by MMSC, including MMSCIDU, makes up the majority of the HIV epidemic in California, accounting for 64 percent of new HIV diagnoses and 73 percent of all living HIV cases in 2019. Overall, health outcomes for MMSC are better than the statewide average and rates of new diagnoses among this group have declined by 29 percent since 2010. However, progress for MMSC has been uneven across race/ethnicities. While the rate of new diagnoses among White MMSC has declined by 47 percent since 2010, rates among other groups have declined at a slower pace resulting in increasing disparities.

The lowest rates of viral suppression by transmission category are for IDU followed by heterosexual contact. Regardless of gender or race/ethnicity, people who inject drugs typically have lower viral suppression than other transmission groups. With the exception of Black/African American men, linkage to care for people who inject drugs is similar to the statewide average, which suggests that retention in care may be an issue. Continued support of medication for opiate use disorder, syringe services and other harm reduction programs are important in order to improve retention in care. Efforts to root out medical stigma and bias, particularly in working to improve outcomes for

Black/African American men, are critical to this effort. Recommendations to start patients on HIV medications as soon as possible after diagnosis should be followed for all patients, including those who use illicit substances.

Cisgender women made up about 12 percent of new HIV diagnoses in 2019. Although the rate of new HIV diagnoses among women has declined since 2010, disparities across race/ethnicity and transmission categories remain. From 2010 to 2019, Black/African American women have had the largest rate decrease, yet their rate is 6.9 times that of White women. Viral suppression among women varies depending on their transmission category. Women whose transmission was attributed to heterosexual contact on average have better viral suppression than those whose transmission was via IDU, suggesting post-linkage support services may benefit this group.

Among transgender people diagnosed with HIV in 2019, 92 percent were transgender women and 8 percent were transgender men. Health outcomes among newly diagnosed transgender women were the highest among all gender groups, with 68.5 percent achieving viral suppression within six months of diagnosis. Although rates for transgender people are unknown, national HIV prevalence among transgender people is estimated at 9.2 percent with transgender women among the groups most affected by HIV.¹

In 2019, an estimated 13 percent of people living with HIV in California were unaware of their infection. By race/ethnicity, the highest percentage of undiagnosed HIV is estimated to be among Asians (18.5 percent), Latinx (16.3 percent), and multiracial people (16 percent). Understanding disparities among the estimated undiagnosed population is important, to focus HIV testing and prevention initiatives.

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 should focus on closing disparities among the populations most impacted by HIV, especially Black/African Americans. Since Latinx 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.

¹ Jeffrey S. Becasen, Christa L. Denard, Mary M. Mullins, Darrel H. Higa, and Theresa Ann Sipe, 2019: Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017 American Journal of Public Health 109, e1_e8, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301428/> Accessed 4/6/21

Technical Notes

The information presented in this fact sheet is based on HIV surveillance data reported to the OA through December 31, 2020, allowing for a minimum of 12 months' reporting delay. For living HIV cases, persons are presumed to reside in California if the most recent available address is located in the state. For new diagnoses, persons are included if they were living in California at the time of diagnosis.

The term HIV infection is defined as any diagnosis of HIV infection that met the Centers for Disease Control and Prevention (CDC) surveillance case definition, regardless of the stage of disease (stage 0, 1, 2, 3 [AIDS], or unknown). 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.

Undiagnosed: The estimated percent of undiagnosed persons living with HIV infection in California was calculated using the CD4-based model generated by the 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.](#)

Age: For newly diagnosed persons, the age group is based on the date of diagnosis. For persons living with HIV, the age group is based on the age at the end of the specified calendar year.

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, 2020. 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 in order 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 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 heterosexual contact.

Gay, bisexual, and other men who have sex with men are in the transmission category of MMSC. Transgender people who have sex with men are placed in the transmission category of transgender sexual contact, regardless of injection drug use. Persons who inject drugs are in the transmission category IDU. Persons whose transmission category is classified as heterosexual contact are cisgender persons who reported engaging in heterosexual intercourse with a person of the opposite 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.

Rates: Rates take into account population sizes and help describe disease in a particular group. 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 2020).

<http://dof.ca.gov/Forecasting/Demographics/Projections/>

Rates for MMSC: 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, the rates reported on this fact sheet represent the number of MMSC cases per 100,000 males within the specified race/ethnicity and/or age group.

In Care: Persons who had at least one CD4, viral load, or HIV-1 genotype test within 30 days after diagnosis were considered to be in care.

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