

Executive Summary:

HIV in Alameda County 2017-2019

Alameda County Public Health Department
HIV Epidemiology & Surveillance Unit

- **New Diagnoses**

- The average annual HIV diagnosis rate in Alameda County from 2017 to 2019 was 12.7 diagnoses per 100,000 residents.
 - There was an average of 211 new HIV diagnoses per year from 2017 to 2019; in 2019 there were 227 new HIV diagnoses.
- HIV diagnosis rates have declined steadily between 2006 and 2019 by an average of 2.8% annually.
- By birth sex:
 - 84.6% of new diagnoses were male.
 - The diagnosis rate among men was six times that among women.
- By transmission group:
 - 73.3% of new male diagnoses were among men who have sex with men (MSM).
 - Injection drug use (IDU) accounted for 3.7% of cases among males and 17.2% of cases among females.
- By race/ethnicity:
 - African Americans comprised 36.3% of new diagnoses, compared to whites who comprised 19.7%.
 - The diagnosis rate among African Americans was 45.4 per 100,000 compared to 7.9 per 100,000 among whites. Latinos had the second highest diagnosis rate – 17.5 per 100,000.
 - Diagnosis rates have declined among African Americans since 2006 by an average of 3.4% per year.
 - Among African American women the decline was more pronounced at 6.8% per year on average.
- By age:
 - The median age of people with new HIV diagnoses was 34 years old.
 - The highest diagnosis rate was among those aged 20 to 29 years at 30.2 per 100,000.
 - Diagnosis rates were generally lower with increasing age.
 - Diagnosis rates have declined among age groups 30 years and older. Trends among younger age groups were not statistically significant.

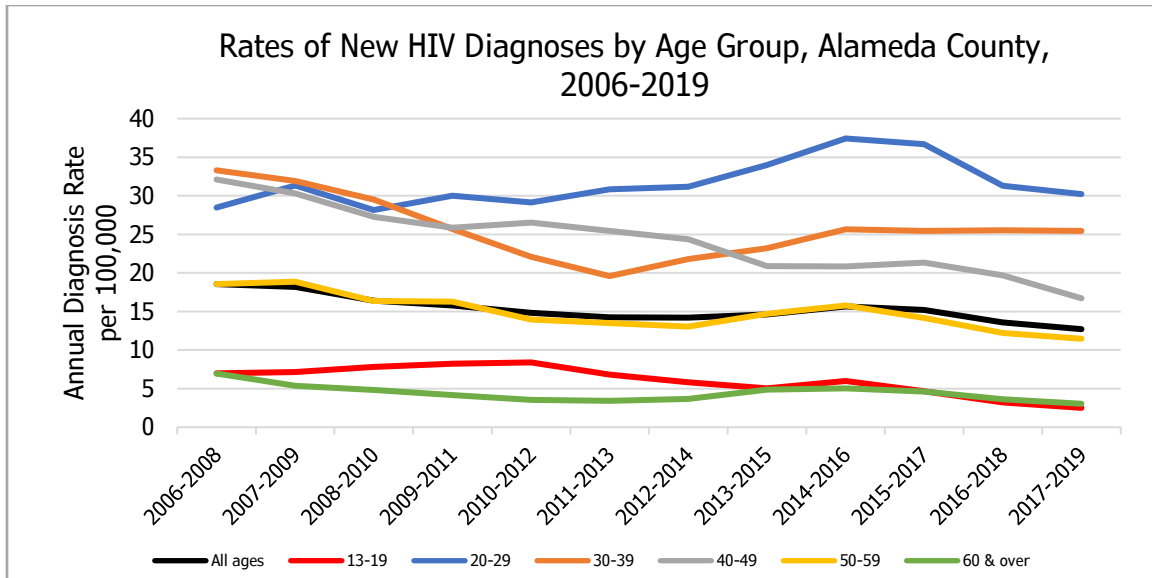


Figure 1: Extracted from *HIV in Alameda County, 2017-2019*, page 11.

- Late diagnosis:
 - 20.5% of new diagnoses between 2016 and 2018 were considered late as defined by a progression to AIDS within one year of HIV diagnosis.
 - There was a statistically significant increase in proportion of late diagnoses with increasing age.

- **People Living with HIV (PLHIV)**
 - At year-end 2019 in Alameda County, the prevalence of HIV was 380.6 per 100,000 residents, or 0.4% of residents.
 - The highest prevalence rates in the county were in Emeryville and Oakland neighborhoods of West Oakland, Downtown, and Chinatown, with some areas having up to 2% of residents living with HIV.
 - Death rates among those diagnosed with AIDS have dropped from 38.7 per 100 in 1985 to 1.5 per 100 in 2015.
 - By birth sex:
 - 83.8% of PLHIV in Alameda County at year-end 2019 were male.
 - By race/ethnicity:
 - African Americans made up 38.4% of PLHIV compared to whites who made up 29.5%.
 - There were nearly four times as many African American women living with HIV than white women, whereas the number of African American men and white men were nearly equal.
 - The prevalence rate among African Americans was 1,467.0 per 100,000 compared to 359.8 per 100,000 among whites, the group with the second highest prevalence.

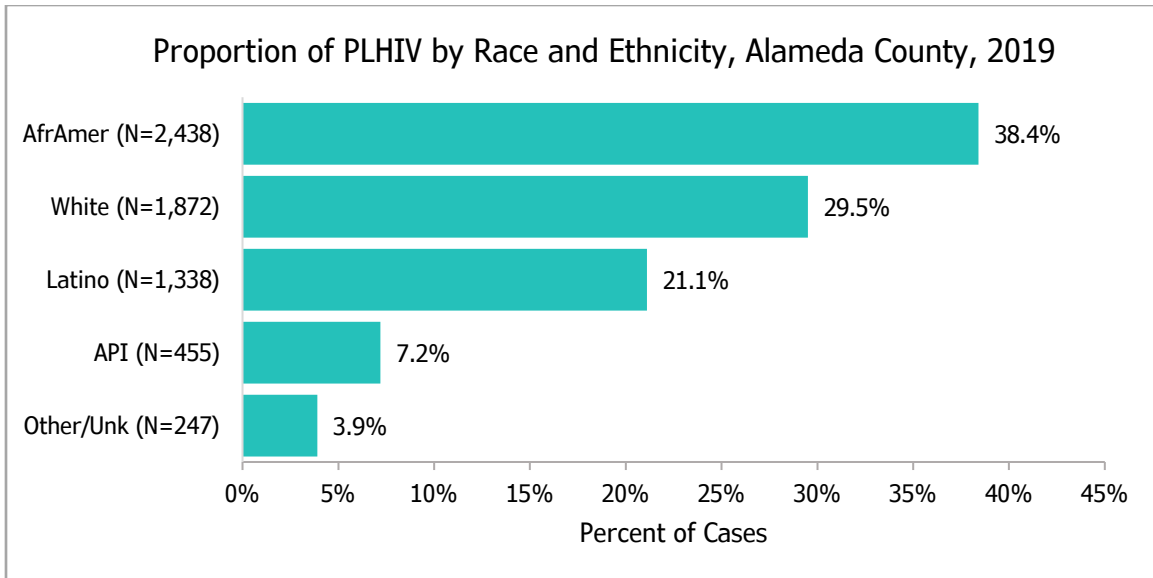


Figure 2: Extracted from *HIV in Alameda County, 2017-2019*, page 22.

- By age:
 - The median age of PLHIV was 51 years old.
 - The prevalence rate generally increased with age with the highest rate of 855.1 per 100,000 among those 50 to 59 years old.

- **Continuum of HIV Care**

In Alameda County, 86.4% of new diagnoses between 2016 and 2018 were linked to care within 30 days if HIV-related labs done on the date of diagnosis were included.

- Differences in linkage by race/ethnicity and birth sex were not statistically significant.

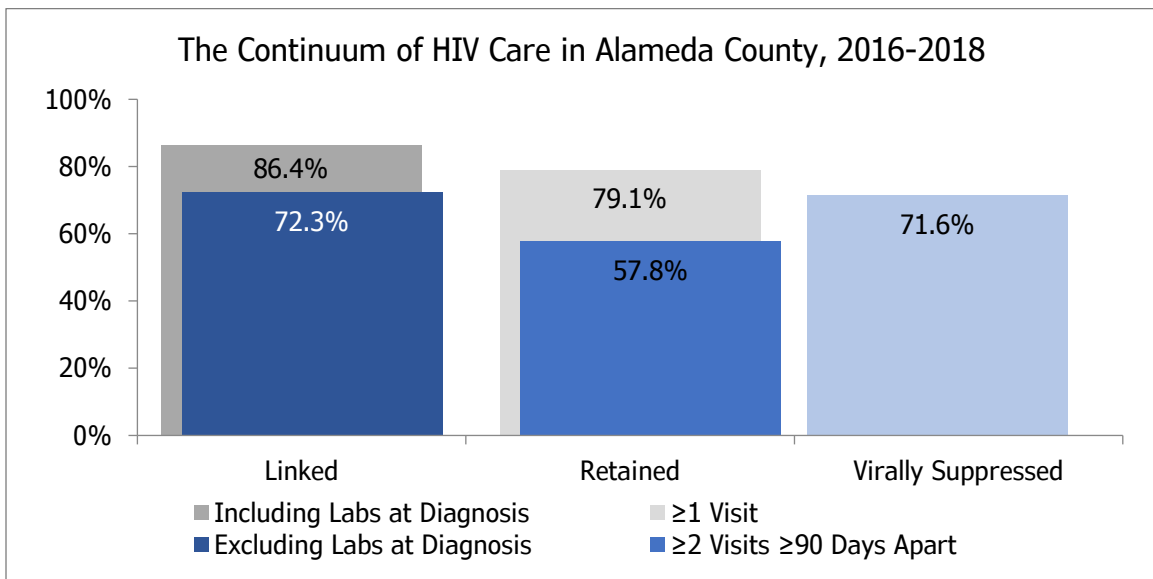


Figure 3: Extracted from *HIV in Alameda County, 2017-2019*, page 32.

- The median number of days between diagnosis and first CD4 viral load test—including tests collected on the same day of diagnosis—was 4 days.
- In 2018 57.9% of PLHIV were retained in care (i.e., had two or more visits at least 90 days apart).
 - Retention was highest among API (63.1%) followed by white (60.4%) PLHIV and lowest for Latino (56.0%) and African American (55.9%) PLHIV.
 - Differences by birth sex were not statistically significant.
- Retention in care generally increased with age.
- In 2018 viral suppression was estimated to be 71.6% among PLHIV.
- Rates of viral suppression increased with age.
- Using HIV surveillance data, the Alameda County Data-to-Care (D2C) program supported services to improve outcomes along the continuum of care; including linkage and partner services for newly diagnosed; and re-engagement of those who were out of care. Selected program metrics are included in the report.

- **Key Populations**

- Transgender:
 - There were 131 transgender PLHIV at year-end 2019 in Alameda County.
 - African Americans comprised 56.5%, Latinos 22.1%, white 13.0%, and API 3.8%.
 - Those who identified as male-to-female made up 92.0%; 8% identified as female-to-male.
 - Among newly diagnosed transgender persons from 2016 to 2018, 83.3% were linked to HIV care within 30 days of diagnosis.
 - At year-end 2018, 71.0% of transgender PLHIV were in HIV care, 51.0% were retained in care, and 60.0% were virally suppressed.
 - These care metrics were lower than those for PLHIV in the county overall.
- People Who Inject Drugs (PWID)

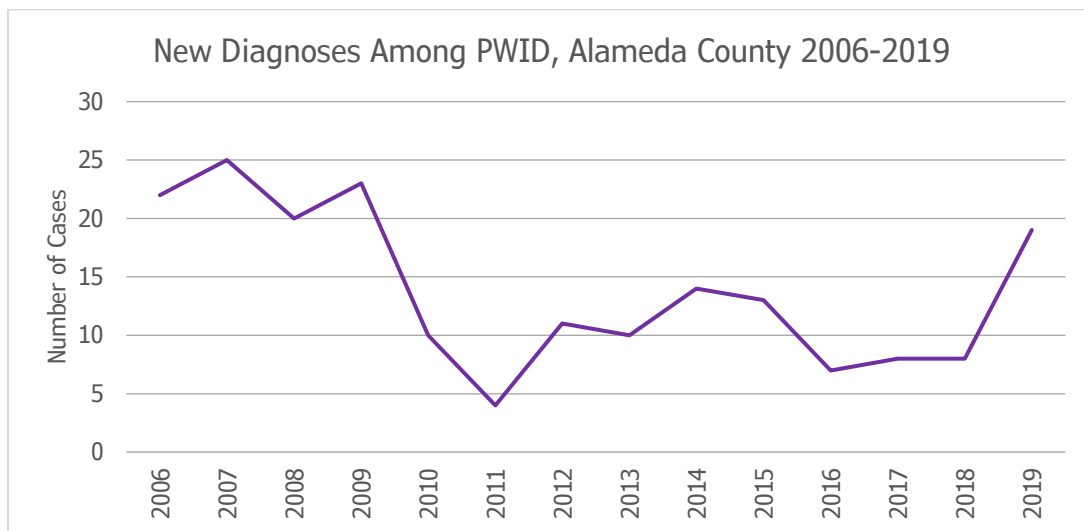


Figure 4: Extracted from *HIV in Alameda County, 2017-2019*, page 54.

- In 2019, there was a spike in new HIV diagnoses among PWID, with 19 cases reported.
- Among all PLHIV who inject drugs at year-end 2019, 56.9% were African American, 20.7% were white, 14.6% were Latino, and 4.9% were API. Fifty-eight percent were male and 42% were female.
- Among newly diagnosed PWID from 2016 to 2018, 65.2% were linked to HIV care within 30 days of diagnosis.
- At year-end 2018, 71.3% of PLHIV who inject drugs had evidence of HIV care, 51.0% were retained in HIV care, and 60.0% were virally suppressed.
 - These care metrics were lower than those for PLHIV in the county overall.
- Non-US-Born
 - Of 633 new diagnoses between 2017 to 2019 in Alameda County, 161 (25.4%) were among non-US-born persons. Of 6,350 PLHIV in Alameda County at year-end 2019, 1,292 (20.3%) were non-US-born persons. Among newly diagnosed non-US-born the most common regions of origin were Central or South America (57.1%), followed by Asia (24.2%) and Africa (17.3%). Among non-US-born PLHIV, 52.6% came from Central or South America, 24.1% from Asia, 17.5% from Africa, 4.7% from Europe, and 0.8% from Oceania.
 - Among newly diagnosed non-US-born persons, the largest proportion were Latino (57.1%), followed by API (24.2%), Blacks originating from Africa and other regions (16.7%), white (1.2%) and Other/Unknown (0.6%). Among non-US-born PLHIV, 51.3% were Latino, 20.6% were API, 18.8% were Blacks originating from Africa and other regions, and 7.6% were white, followed by 1.5% Other/Unknown.
 - Among newly diagnosed non-US-born, 39.7% were aged 30 to 39, 23.6% were 40 to 49, and 21.7% were 20 to 29. Among non-US-born PLHIV, the largest proportion were age 30 to 39 (38.6%), followed by those aged 20 to 29 (28.2%), 40 to 49 (19.3%) and 50 to 59 (7.1%).
 - Among newly diagnosed non-US-born males, the mode of transmission was 78.7% MSM, 2.9% heterosexual, 1.4% IDU, and 0.7% MSM and IDU; 16.1% had an unknown mode of transmission. Among newly diagnosed non-US-born females the mode of transmission was 48% presumed heterosexual contact, 36% heterosexual contact, 4% unknown, and 4% IDU.
 - Among newly diagnosed, non-US-born, 85.1% were linked to care within 30 days of diagnosis compared to 87.5% among US-born and 85.2% among those with unknown nativity. Among non-US-born PLHIV, 54.8% were retained in care, compared to 58.4% of US-born PLHIV. Among non-US-born PLHIV, 68.2% were virally suppressed, compared to 72.5% of US-born PLHIV.

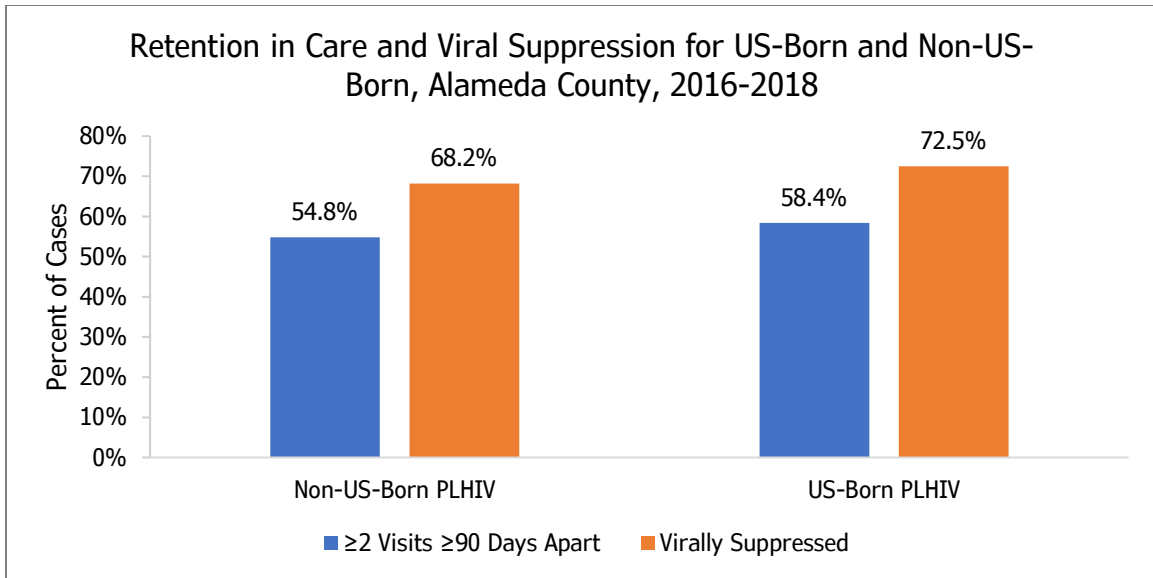


Figure 5: Extracted from *HIV in Alameda County, 2017-2019*, page 58.

- Men Who Have Sex with Men
 - Among 633 newly diagnosed from 2017 to 2019, 391 reported a risk category of MSM.
 - Latinos comprised 37.9% and African Americans 28.1%, which contrasts with other transmission risk categories for which Latinos comprised 19.2% and African Americans 48.6%.
 - Of newly diagnosed MSM 76% were under the age of 40. Among other risk categories, 45.9% of newly diagnosed males were under the age of 40.
 - MSM in Alameda County were linked to care within 30 days at rates higher than non-MSM males. This was consistent across racial/ethnic groups except for African Americans, where linkage rates for MSM (83.9%) was lower than non-MSM males (84.9%).
 - Evidence of care, retention in care, and viral suppression rates were higher among MSM than non-MSM males at year-end 2018.
- Young People of Color
 - In this analysis, YPOC was defined as those aged 13 to 19 not identified as white or of unknown race/ethnicity.
 - Diagnosis rates were more than twice as high for YPOC (22.9 per 100,000) than young white people (10.2 per 100,000) in Alameda County.

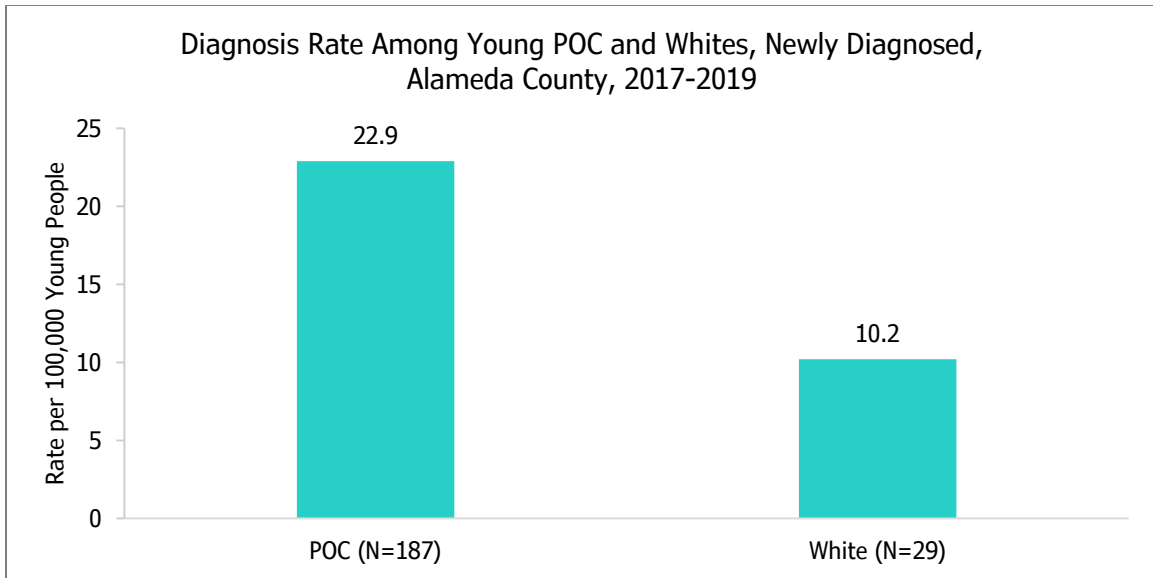


Figure 6: Extracted from *HIV in Alameda County, 2017-2019*, page 62.

- Late diagnoses were more common among YPOC (11.0%) than among young white people (7.7%).
 - Linkage rates were higher for YPOC, with 85.9% linked to care within 30 days and 94.1% linked within 90 days. Among young white people, 78.3% were linked within 30 days and 90 days.
 - At year-end 2018, 81.6% of YPOC were in care and 57.0% were retained in care; 75.6% of young white people were in care and 48.9% were retained in care.
 - Viral suppression was similar between YPOC (67.0%) and young white PLHIV (66.7%).
- **Social Determinants of Health and HIV**
 - SDOH is defined as: complex and overlapping economic and social structures that contribute to continuing health inequities and disparities. HIV prevalence was examined in relation to select SDOH measures at the neighborhood level which included: educational attainment, nativity, poverty, unemployment, and lack of health insurance.

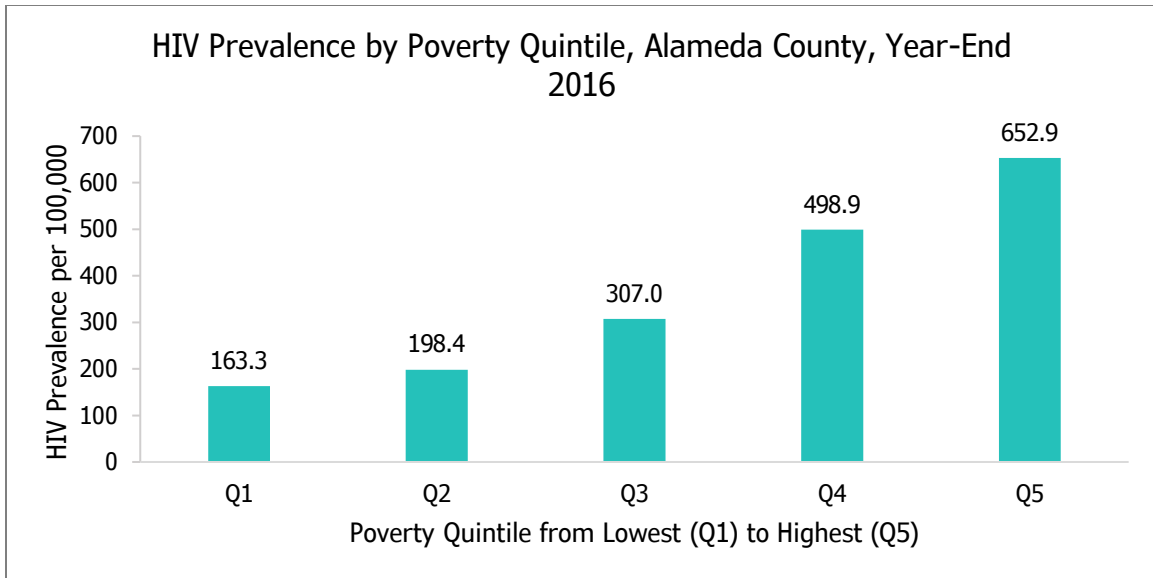


Figure 7: Extracted from *HIV in Alameda County, 2017-2019*, page 65.

- As neighborhood educational attainment increased, HIV prevalence decreased.
- As the percentage of non-US-born in a neighborhood increased, HIV prevalence decreased.
- The higher the neighborhood poverty, the higher the HIV prevalence.
- As neighborhood unemployment increased, HIV prevalence increased.
- As the percentage of uninsured persons in a neighborhood increased, HIV prevalence increased.
- These findings show that in Alameda County, social conditions such as lower education, higher poverty, higher unemployment, and higher rates of uninsured in communities are associated with greater burden of HIV.

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