

# Executive Summary:

## HIV in Alameda County 2018-2020

Alameda County Public Health Department  
HIV Epidemiology & Surveillance Unit

### New Diagnoses

- The average annual HIV diagnosis rate in Alameda County from 2018 to 2020 was 11.8 diagnoses per 100,000 residents.
  - There was an average of 195.7 new HIV diagnoses per year from 2018 to 2020; in 2020 there were 160 new HIV diagnoses.
    - The substantially lower number of new cases in 2020 was likely due to the impact of conditions during the COVID-19 pandemic.
- HIV diagnosis rates have declined steadily between 2006 and 2020 by an average of 3.2% annually.
- By birth sex:
  - 85.8% of new diagnoses were male.
  - The diagnosis rate among men was six times that among women.
- By transmission group:
  - 74.4% of new male diagnoses were among men who have sex with men (MSM).
  - Injection drug use (IDU) accounted for 5.0% of cases among males and 14.5% of cases among females.
- By race/ethnicity:
  - African Americans and Latinx comprised 33.9% of new diagnoses each, compared to whites who comprised 18.9%.
  - The diagnosis rate among African Americans was 40.2 per 100,000 compared to 7.1 per 100,000 among whites. Latinx had the second highest diagnosis rate – 18.0 per 100,000.
    - Diagnosis rates have declined among African Americans since 2006 by an average of 3.7% per year.
    - Among African American women the decline was more pronounced at 7.2% per year on average.
- By age:
  - The median age of people with new HIV diagnoses was 33 years old.
  - The highest diagnosis rate was among those aged 20 to 29 years at 26.6 per 100,000.

- Diagnosis rates were generally lower with increasing age.
- Diagnosis rates have declined among age groups 40 years and older. Trends among younger age groups were not statistically significant.

**Selected Characteristics of New Diagnoses, Alameda County, 2018-2020**

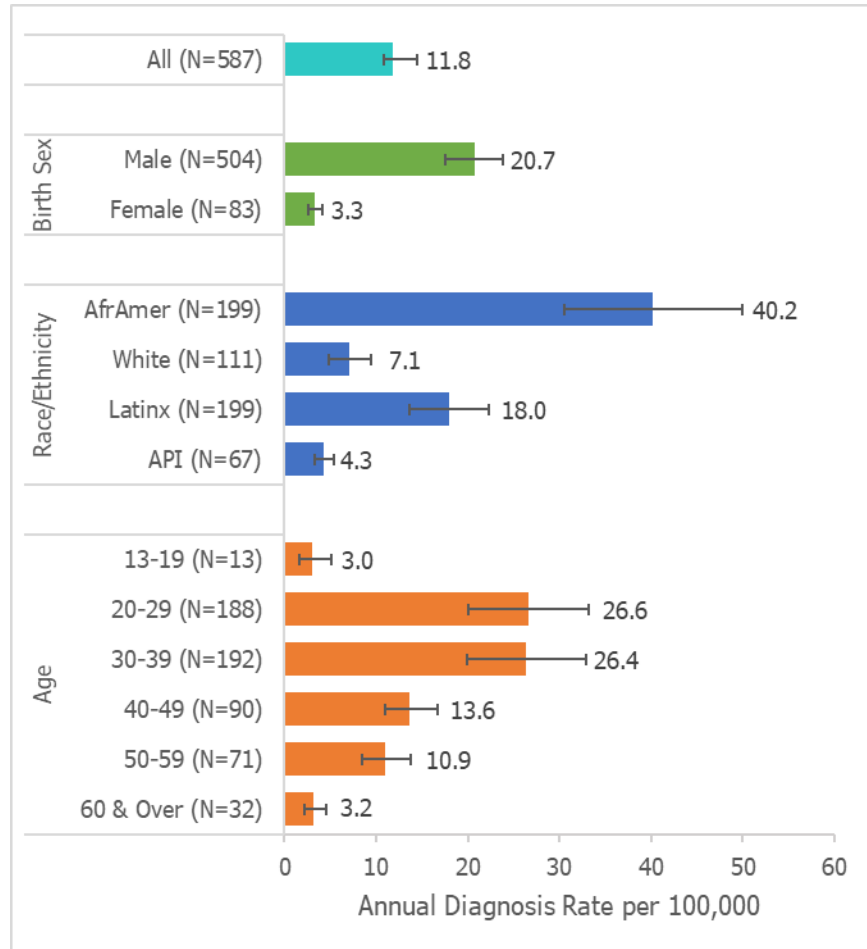


Figure 1: Extracted from *HIV in Alameda County, 2018-2020*, page 9.

- Late diagnosis:
  - 21.9% of new diagnoses between 2017 and 2019 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 2020 in Alameda County, the prevalence of HIV was 375.9 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 1.4 per 100 in 2020.
- By birth sex:
  - 83.8% of PLHIV in Alameda County at year-end 2020 were male.
- By race/ethnicity:
  - African Americans made up 38.1% of PLHIV compared to whites who made up 28.9%.
  - There were nearly 3.6 times as many African American women living with HIV than white women, whereas the number of African American men and white men were more similar.
  - The prevalence rate among African Americans was 1,469.6 per 100,000 compared to 351.4 per 100,000 among whites, the group with the second highest prevalence. API had the lowest prevalence with 87.3 per 100,000.

**PLHIV by Race/Ethnicity, Alameda County, Year-End 2020**

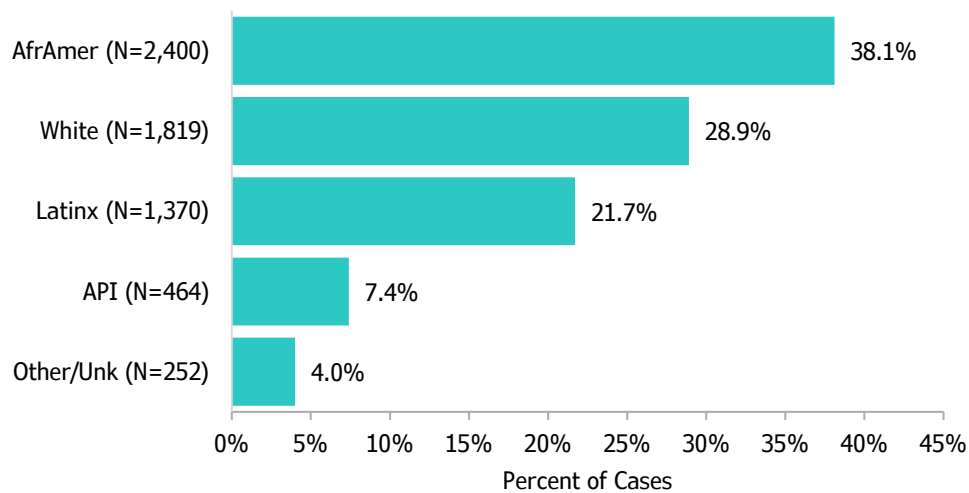


Figure 2: Extracted from *HIV in Alameda County, 2018-2020*, page 21.

- By age:
  - The median age of PLHIV was 52 years old.
  - The prevalence rate generally increased with age with the highest rate of 841.3 per 100,000 among those 50 to 59 years old.

- **Continuum of HIV Care**

In Alameda County, 84.4% of new diagnoses between 2017 and 2019 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 were statistically significant.

### The Continuum of HIV Care in Alameda County, 2017-2019

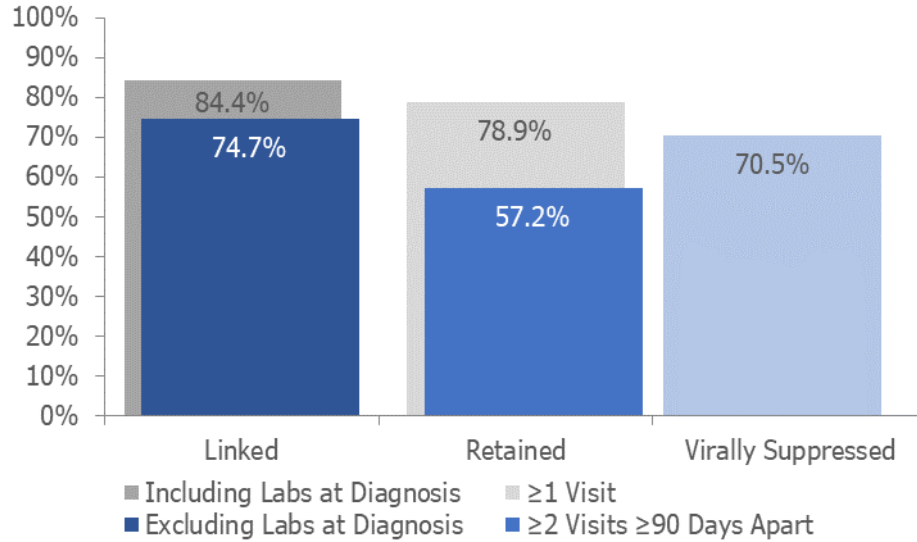


Figure 3: Extracted from *HIV in Alameda County, 2018-2020*, page 32.

- 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 2019 57.2% of PLHIV were retained in care (i.e., had two or more visits at least 90 days apart).
  - Retention was highest among API (64.3%) followed by Latinx (58.3%) PLHIV and lowest for African American (55.2%) PLHIV.
  - Differences by birth sex were not statistically significant.
- Retention in care generally increased with age.
- In 2019 viral suppression was estimated to be 70.5% among PLHIV.
- Rates of viral suppression increased with age.
- Viral suppression within 6 months and 12 months of diagnosis was highest among Latinx and women.
- **Key Populations**
  - Transgender:
    - There were 125 transgender PLHIV at year-end 2020 in Alameda County.
      - African Americans comprised 58.4%, Latinx 22.4%, white 12.0%, and API 4.0%.
      - Those who identified as male-to-female made up 92.0%; 8% identified as female-to-male.
    - Among newly diagnosed transgender persons from 2017 to 2019, 100% were linked to HIV care within 30 days of diagnosis and 91.7% were virally suppressed within 12 months.
    - At year-end 2019, 81.4% of transgender PLHIV were in HIV care, 58.4% were retained in care, and 72.6% were virally suppressed.
      - These care metrics were higher, i.e., more favorable than those for PLHIV in the county overall.

- People Who Inject Drugs (PWID)

### Selected Characteristics of PWID Living with HIV, Year-End 2020

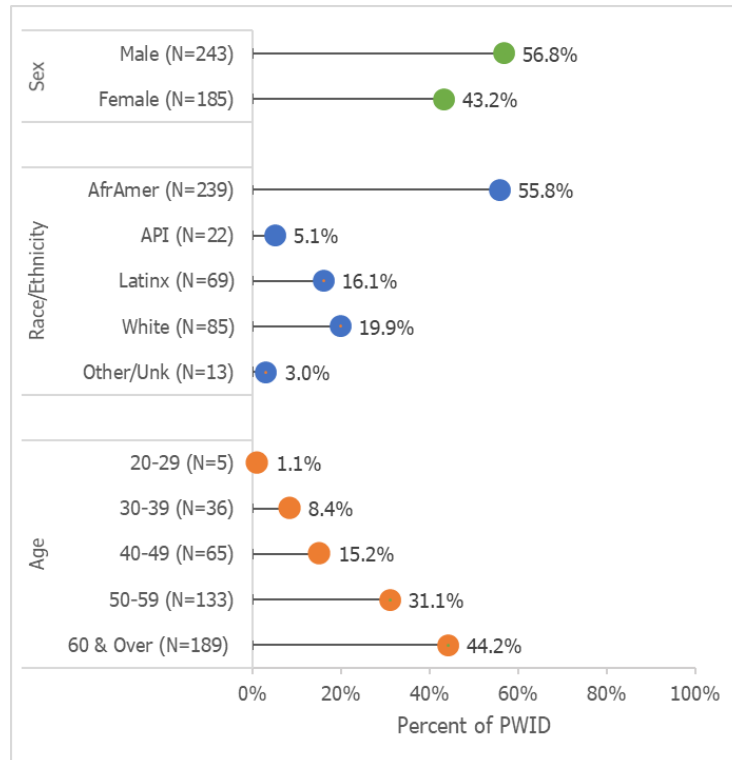


Figure 4: Extracted from *HIV in Alameda County, 2018-2020*, page 53.

- Among all PLHIV who inject drugs at year-end 2020, 55.8% were African American, 19.9% were white, 16.1% were Latinx, and 5.1% were API. The majority (56.8%) were male and 43.2% were female.
- Among newly diagnosed PWID from 2017 to 2019, 86.5% were linked to HIV care within 30 days of diagnosis. Those that were considered late diagnoses made up 37.8% of new diagnoses, much higher than the county rate.
- At year-end 2019, 70.3% of PLHIV who inject drugs had evidence of HIV care, 47.0% were retained in HIV care, and 56.6% were virally suppressed.
  - These care metrics were lower, i.e., less favorable than those for PLHIV in the county overall.
- Non-US-Born
  - Of 587 new diagnoses between 2018 to 2020 in Alameda County, 22.5% were among non-US-born persons. Of 6,305 PLHIV in Alameda County at year-end 2020, 1,292 (20.5%) were non-US-born persons. Among newly diagnosed non-US-born the most common regions of origin were Central or South America (58.3%), followed by Asia (23.5%) and Africa (15.9%).
  - Among newly diagnosed non-US-born persons, the largest proportion were Latinx (59.1%), followed by API (23.5%), and Blacks originating from Africa and other regions (15.2%).

- Among non-US-born PLHIV, the largest proportion were age 30 to 39 (38.7%), followed by those aged 20 to 29 (28.4%), and 40 to 49 (19.3%).
- Among newly diagnosed, non-US-born, 85.4% were linked to care within 30 days of diagnosis compared to 84.4% among all new diagnoses in the county. Among non-US-born PLHIV, 60.8% were retained in care and 71.2% were virally suppressed compared to county-wide rates of 57.2% 70.5%, respectively.

### Continuum of Care Among Non-US-Born, Alameda County, 2017-2019

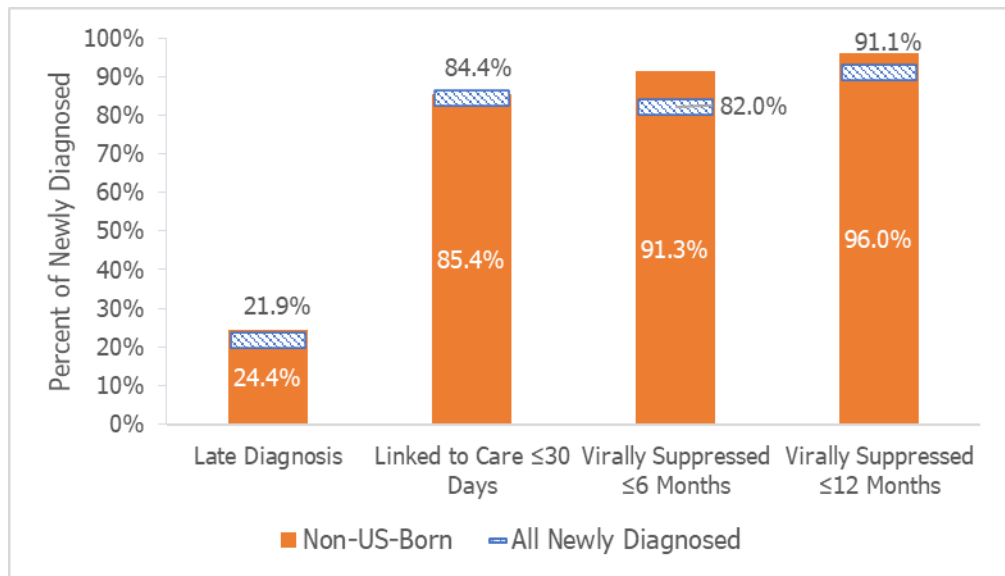


Figure 5: Extracted from *HIV in Alameda County, 2018-2020*, page 57.

- Gay and Bisexual Men Who Have Sex with Men
  - Among 587 newly diagnosed from 2018 to 2020, 365 reported a risk category of MSM and a current gender identity of male, excluding trans men.
  - Latinx comprised 40.3% and African Americans 27.7%, which contrasts with other transmission risk categories for which Latinx comprised 24.8% and African Americans 42.6%.
  - Of newly diagnosed MSM 76.7% were under the age of 40. Among other risk categories, 48.1% 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 among API and whites, but not among African Americans and Latinx.
  - Evidence of care, retention in care, and viral suppression rates were higher among MSM than non-MSM males at year-end 2019.
- 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.

- Late diagnoses were more common among YPOC (13.7%) than among young white people (10.7%).
- Linkage rates were higher for YPOC, with 89.4% linked to care within 30 days. Among young white people, 73.7% were linked within 30 days.
- At year-end 2019, 79.5% of YPOC were in care and 57.7% were retained in care; 63.6% of young white people were in care and 42.4% were retained in care.

### Viral Suppression Among Young POC and Whites, PLHIV, Alameda County, Year-End 2019

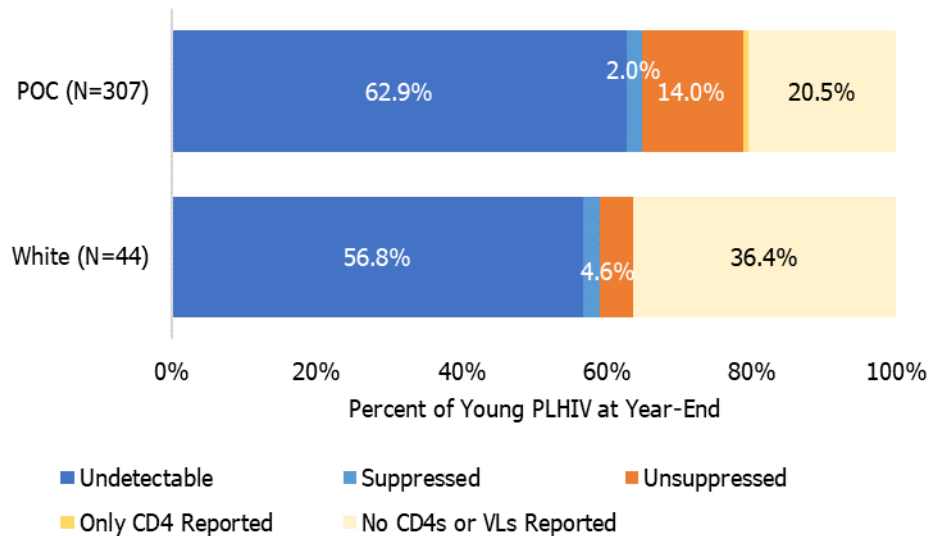


Figure 6: Extracted from *HIV in Alameda County, 2018-2020*, page 62.

- Viral suppression differed between YPOC (64.9%) and young white PLHIV (59.1%).
- Viral suppression within 6 months of new diagnoses between 2017 to 2019 was 82.4% among YPOC and 78.3% among young white people. The gap between groups narrowed to only 0.4% for viral suppression within 12 months.
- Latinx
  - There has been a recent increase in the number of Latinx new diagnoses in Alameda County.
  - Among new diagnoses between 2018 to 2020, 37.2% were aged 20 to 29 and 40.3% were 30 to 39.
  - MSM accounted for 83.9% of new diagnoses among Latinx.
  - Linkage to care and viral suppression within 6 and 12 months of diagnosis were all higher among Latinx than the county overall.
  - Retention in care and viral suppression was similar in Latinx and the county overall.
- **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.

- The California Healthy Places Index (HPI) is a composite score of California census tracts that account for social, economic, and environmental conditions that underly health behaviors and outcomes and predicts life expectancy.
- Alameda County contains 348 census tracts with HPI values assigned to them. For this analysis, census tracts were grouped into quintiles based on HPI percentiles. The “lowest” quintile had HPI percentiles of 20<sup>th</sup> or less while the “highest” quintile contains census tracts of the 80<sup>th</sup> percentile or higher.

**Mean Prevalence of HIV by HPI Quintile Group, Year-End 2020**

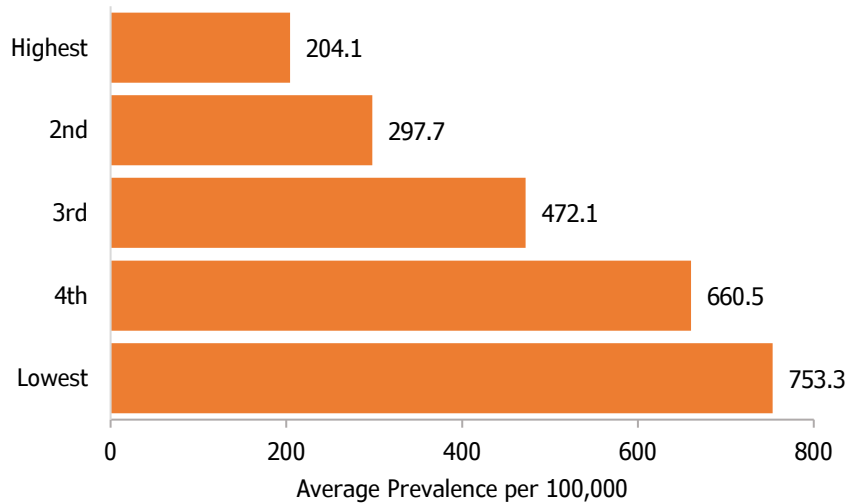


Figure 7: Extracted from *HIV in Alameda County, 2018-2020*, page 66.

- As HPI score percentiles increased, HIV prevalence decreased.
- There was a moderate and statistically significant correlation between HPI quintile and HIV prevalence.
- Viral suppression correlated with HPI quintile with the highest quintile experiencing the highest levels of viral suppression. Retention in care was not so well correlated with HPI.



Alameda County Public Health Department  
 HIV Epidemiology and Surveillance Unit  
 1100 San Leandro Blvd, 3<sup>rd</sup> Floor, San Leandro, CA 94577  
 Phone: (510) 268-2372