HIV Disease Surveillance Report 2025

County of San Diego
Health And Human Services Agency
Public Health Services
Epidemiology And Immunization Services Branch
HIV/Hepatitis C Epidemiology & Surveillance Program

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Table of Contents

2025 EXECUTIVE SUMMARY

HIV Disease in San Diego County

- As of December 31, 2024, there were 14,512 persons living with HIV disease (PLWH) in San Diego County regardless of residence at time of diagnosis. There are a total of 25,458 cumulative cases diagnosed in County residents since 1981, and 2,120 diagnosed in 2020-2024.

By Sex and Gender

- Of PLWH in the County, 89% were assigned male sex at birth and 11% female at birth.
- In more recent years, about 85% were assigned male sex at birth.
- Cases among Trans Women account for about 1% of PLWH, and about 0.6% of more recent cases. Due to a multitude of factors, these counts are thought to be underreported.

By Age

- Of those diagnosed in 2020-2024, the most common age group at diagnosis was 30-39 years, followed by 20-29 years.
- Of PLWH, almost 58% were 50-years of age or older at the end of 2024.

By Race/Ethnicity

- In both 2024 and 2020-2024 analyses, Latine/Hispanic had the highest percentage of new cases who resided in the county at time of diagnosis, 49% and 53%, respectively. Whites were the next highest percentage for the 2020-2024 time period with 23% of the cases. In PLWH, 44% are Latine/Hispanic and 36% are White.

By Geography

- Central region had the highest number of both newly reported cases followed by South region in 2024. The pattern remains consistent when looking at 2020-2024 and PLWH cases.

Late Testing

- Cases with a short time difference between HIV disease diagnosis and AIDS generally increases with age and is more common in female cases and Latine/Hispanic cases. Although the percent of late testers is higher in American Indian/Alaskan Natives, the population numbers are small and must be interpreted with caution. Those with late testing are less likely to live in the Central HHSA Region.

Viral Suppression

- Female cases and Black/African American cases are less likely to be virally suppressed than males and other race/ethnicities.
- Viral suppression is less likely in Persons Who Inject Drugs (PWID).
- Those aged 13-19 and 60+ were more likely to be virally suppressed.

Unmet Need/In Care

- There is very little difference between Males and Females for in care, 81.2% and 78.3%, respectively. There is a general trend to being less likely to be in care with increasing age.
- Cases reported as Black/African American, and cases reported as PWID are less likely to be in care.
- Those living in the Central and South regions are less likely to be in care.

Methods

Methodology

Data Sources

Data for this report comes from the enhanced HIV/AIDS Reporting System (eHARS), provided to California Department of Public Health (CDPH) Office of AIDS (OA) by the Centers for Disease Control and Prevention (CDC), which in turn provides it to the County. HIV and Hepatitis C Epidemiology Surveillance Program (HHESP) staff gather information about cases and submit to eHARS through the California Reportable Disease Information Exchange (Cal-REDIE) portal provided by CDPH. eHARS contains information from Case Report Forms and lab results for cases, at the state level, and is provided on a quarterly basis to Local Health Jurisdictions (LHJs) including the County of San Diego. Data used to produce this report comes from quarter 1, 2025.

Additional data is provided by CDPH OA for HIV Care Continuum (HCC), 2023.

Case definitions

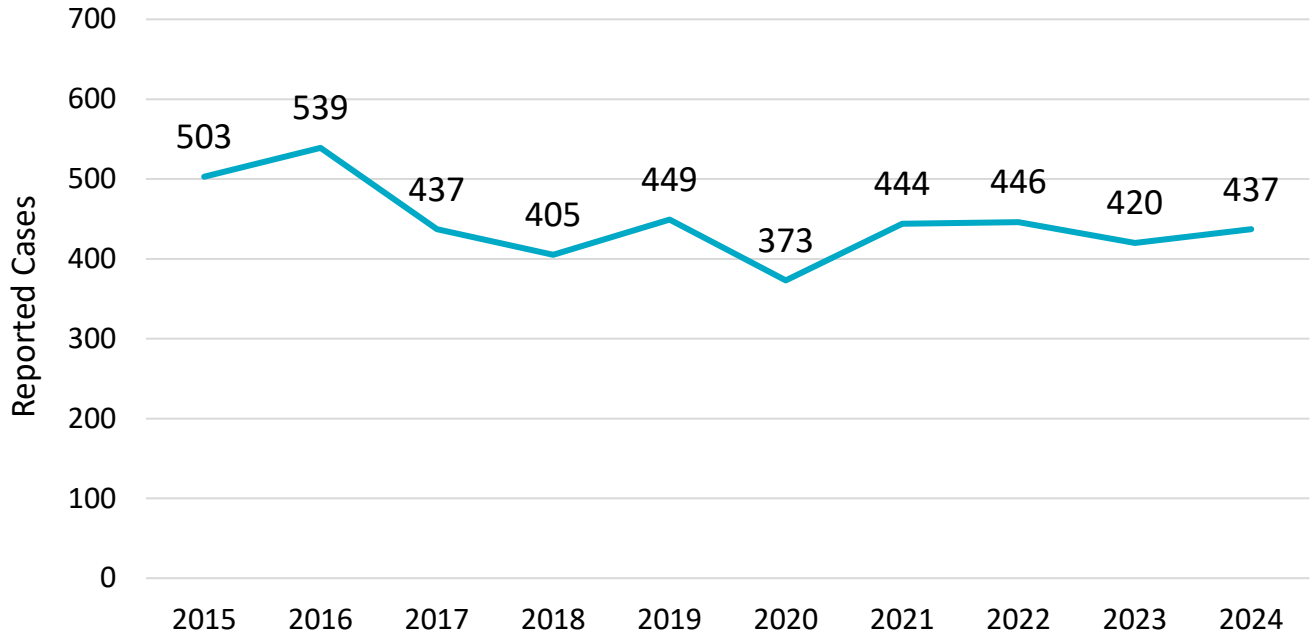
In this report, cases are presented as being diagnosed and reported in 2024, being diagnosed and reported in 2020 - 2024, and as all Persons Living with HIV disease (PLWH). Diagnoses in 2024 and 2020 - 2024 are in San Diego County residents only and those diagnosed in 2020 - 2024 are referred to as recent cases.

PLWH may have been diagnosed in San Diego County or any other jurisdiction, including foreign countries, but now reside in the County. To be included in PLWH a case must have been alive at the end of 2024.

In this report, cases are not differentiated as HIV or AIDS cases. The designation of AIDS (having CD4 cell count less than 200 cells/mm^3 or having any of the defining opportunistic infections, see Appendix B) indicates a severity of disease at the time of diagnosis, but after a patient is started on treatment, they most often return to the same CD4 level as HIV-only cases. Therefore, the term AIDS has little epidemiological meaning. AIDS designation is used only for calculating late-testing to determine the percent of cases going from HIV to AIDS designation within a specified period. Late-testing is used as an indicator of delay in diagnosis. For cases diagnosed late in their infection, disease is more advanced and therefore more likely to present with AIDS-defining conditions, including CD4 levels below 200 cells/mm^3 . Analyzing late-testing data to determine group or groups most likely to have further disease progression before testing.

DISEASE REPORTS AND INVESTIGATIONS

Figure 1. HIV Cases Reported in San Diego County Residents (2015 – 2024)

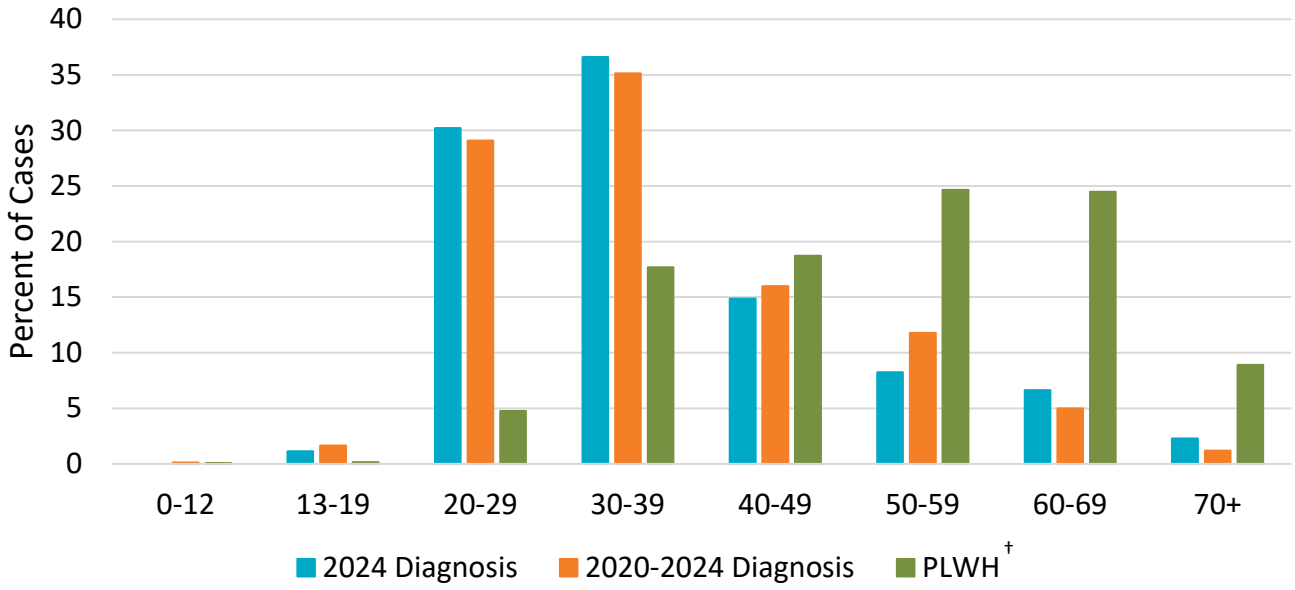


Data as of 12/31/2024

- In 2024, there were 437 newly reported cases of HIV disease diagnosed among San Diego County residents.
- An additional 327 cases of Persons Living with HIV (PLWH) were investigated and reported after being diagnosed in other jurisdictions or countries and relocating to San Diego County. These are not considered new infections of those residing in the county at time of infection and thus are not included in the graph above.
- In the recent years, 2020 - 2024, diagnosed cases of HIV disease ranged from 373 in 2020 to 437 in 2024.
- The decrease in reported cases in 2020 is likely due to the COVID-19 pandemic.

AGE

Figure 2. Age* Group of HIV cases, San Diego County

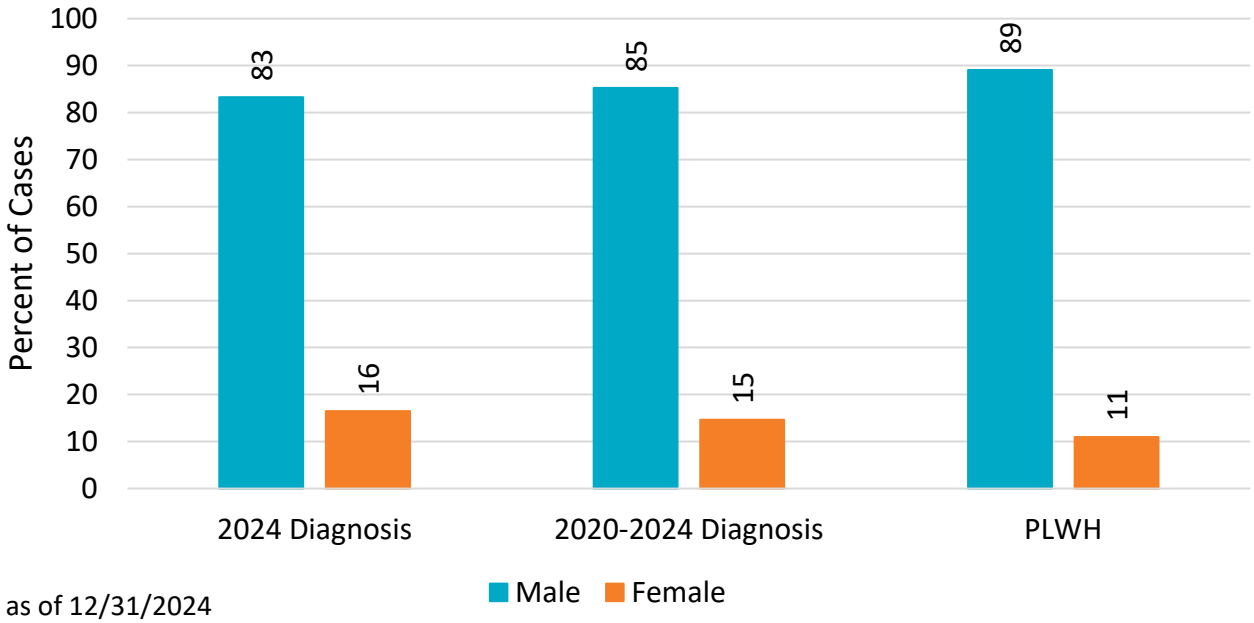


Data as of 12/31/2024
*Age at diagnosis is used for 2024 and 2020 – 2024 cases. Current Age in 2024 is used for PLWH
†People Living with HIV

- The majority of newly diagnosed cases were aged 20-39. The same trend was observed for the 5-year period of 2020-2024.
- Over 50% of PLWH (People Living With HIV) were 50 years-of-age or older.
- Nearly 9% of PLWH cases are aged 70 years and older. Because of advances in anti-retroviral therapy (ART), more cases are living longer and expected to be impacted by diseases of aging such as heart disease, stroke, and cancer.

SEX ASSIGNED AT BIRTH

Figure 3. Sex Assigned At Birth In HIV Cases, San Diego County

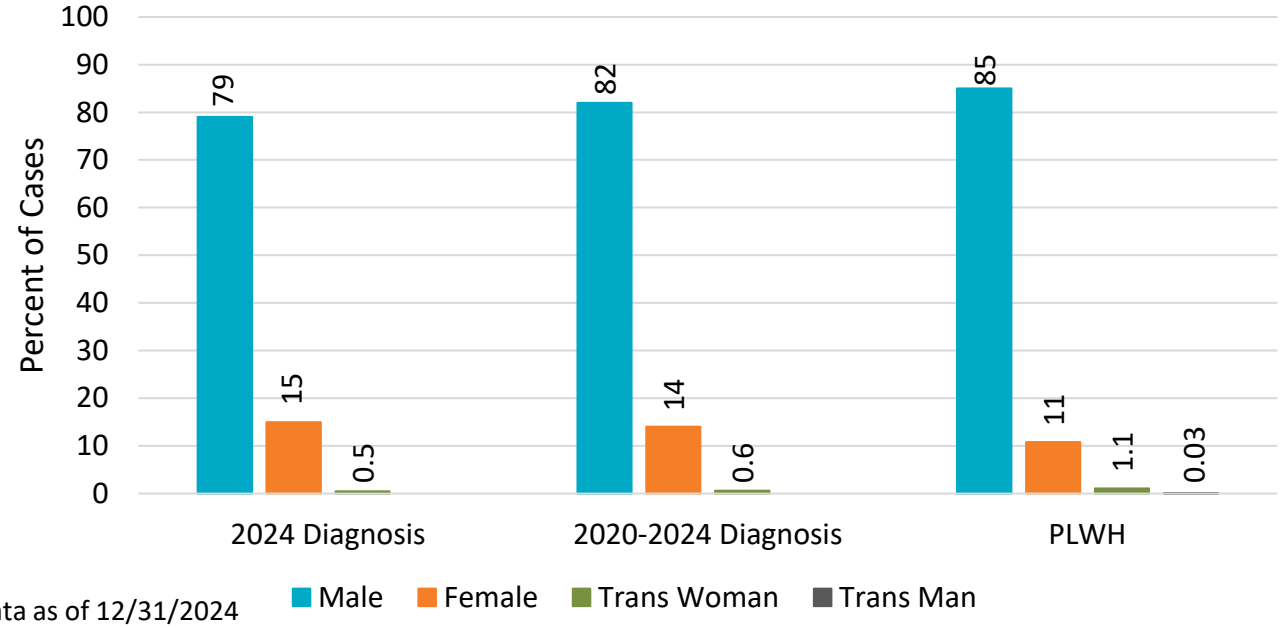


Data as of 12/31/2024

- In 2024, 83% of cases are male, compared to 16% that are female.
- 89% of PLWH cases are male, compared to just 11% for female. PLWH represent all cases living in the County, not just recent cases. As such, this resulted an even greater percent of cases that were assigned male at birth, an artifact from the earlier stages of the epidemic.

CURRENT GENDER IDENTITY

Figure 4. Current Gender of HIV cases, San Diego County

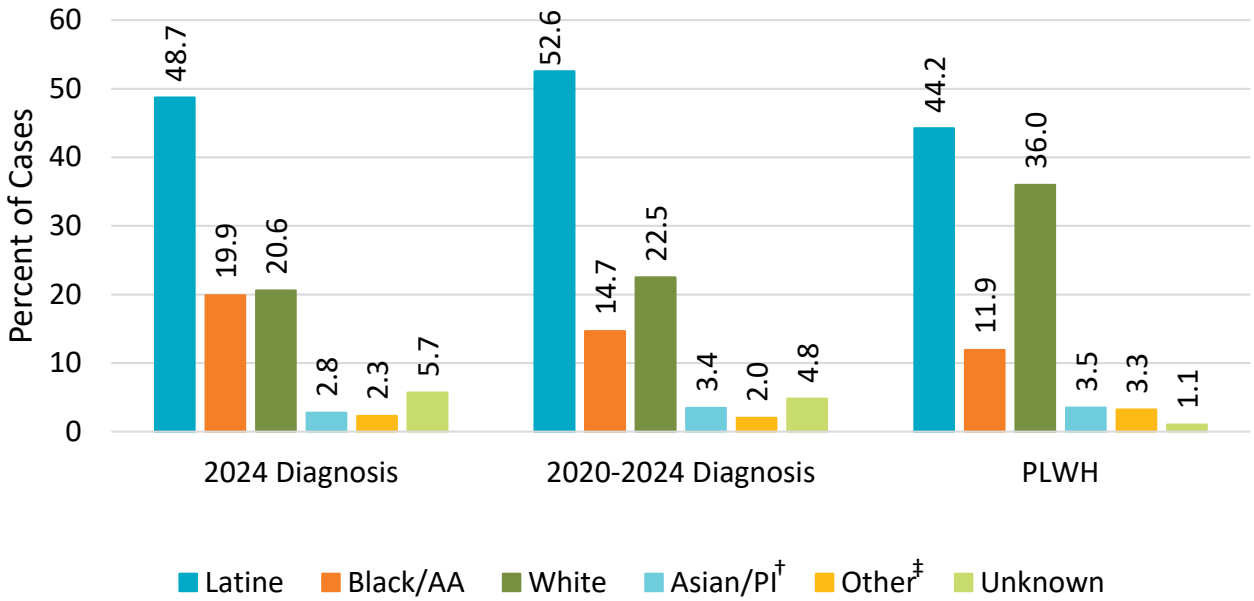


Data as of 12/31/2024

- Gender identity is likely to be under-reported. To gather and report on this data, the individual must disclose this to their provider, which is rare - this information is often not included in medical records.
- An individual may withhold their gender identity for many reasons; fear of discrimination and stigma, fear of negative reactions, lack of perceived relevance to care, discomfort in broaching the topic, etc. Several newer gender identities such as non-binary, gender-queer, and others are not yet included in the data available.
- About 0.5% of case in 2024 were reported among Trans Women, there were no reported cases among Trans Men.
- 1% of PLWH are reported among Trans Women, representing 147 women.

RACE AND ETHNICITY

Figure 5. Race and Ethnicity* of HIV Cases, San Diego County



Data as of 12/31/2024

*Persons of Latine/Hispanic ethnicity may belong to any race group. All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Includes Asian and Native Hawaiian and Pacific Islander

‡Includes American Indian/ Alaskan Native and Other Races

- In recent years there has been an increase in the percent of cases who are Latine/Hispanic, with a corresponding decrease in Whites.
- The percent of cases identified as Black or African American has been consistent over the epidemic in San Diego County at 11-15% although Black or African Americans make up only about 5% of the County population. In 2024, 20% of new HIV cases were among Black or African American individuals.
- Latine/Hispanic cases are also overrepresented in HIV disease, while Asian and Pacific Islander cases are fewer than expected for the population size.

RACE AND ETHNICITY

Table 1. Race and Ethnicity* of HIV Cases, San Diego County

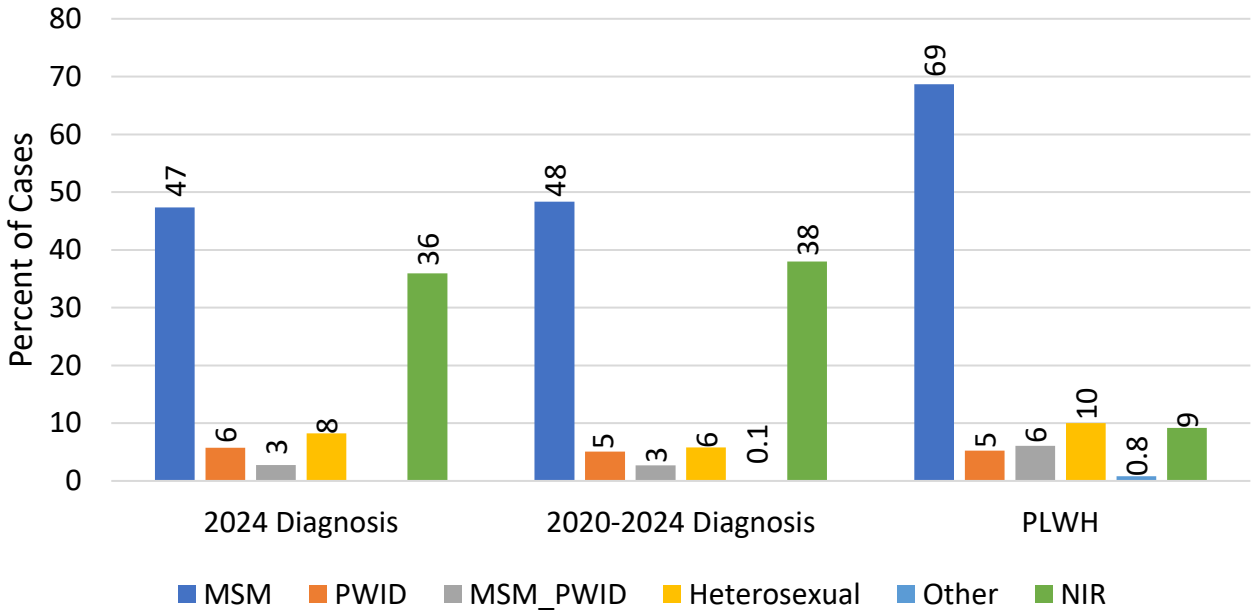
	2024 Diagnosis			Recent Diagnosis (2020 - 2024)			PLWH	
Race/Ethnicity	n	%	Rate	n	%	Rate	n	%
Latine/Hispanic‡	213	49%	18.98	1,114	53%	19.85	6,419	44%
Black	87	20%	60.70	311	15%	43.40	1,731	12%
White	90	21%	6.44	477	23%	6.83	5,226	36%
Asian & PI§	12	3%	2.80	73	3%	3.40	512	4%
AIAN & Other¶	10	2%		43	2%		471	3%
Unknown	25	6%		102	5%		153	1%
Total	437			2,120			14,512	

Data as of 12/31/2024
*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Per 100,000 population, SANDAG 2022 Population Estimates
‡Persons of Latine/Hispanic ethnicity may belong to any race group
§Includes Asian and Native Hawaiian and Pacific Islander
¶Includes American Indian/ Alaskan Native and Other Races

- Case rates vary by race/ethnicity. The rate of HIV disease in Black/African American cases is about 43.4 per 100,000 in 'Recent Cases' analysis. This rate has been consistently about twice that seen in Latine/Hispanic cases and 5 to 6 times that seen in Whites (see Table 1) since 2000.
- There has been an increase in the percent of cases in which race/ethnicity is unknown. The cause of this is unknown, however, this trend is being seen in most jurisdictions. An investigation as to the cause is underway.

RISK FACTORS

Figure 6. Transmission Risk of HIV Cases, San Diego County



Data as of 12/31/2024

- Historically, 75-80% of cases have been in Men who have Sex with Men (MSM) or males who have male sex partners (see Figure 6). This can be seen in PLWH.
- In Recent Cases (2020-2024), the percent of cases who are MSM has decreased but the percent with No Identified Risk (NIR) has increased substantially, up to 40%. This is being seen across many jurisdictions in California. The information on risk for transmission of HIV is being seen less often in the medical records used for investigations, thus can not be reported. Subsequent follow-up on cases with missing risk is likely to decrease the percent with no identified risk.
- In 2024, 6% of cases are seen in Persons Who Inject Drugs (PWID), and this has been consistent over the last 10 years. In recent years, an additional 3-5% of cases have been MSM who are also PWID, a reduction from the 8% seen previously.
- Heterosexual transmission is seen in 8-10% of both Recent Cases and PLWH and is largely made up of female cases.

HHSA REGION

Table 2. HIV Cases by HHSA Region

	2024 Diagnosis		Recent Diagnosis (2020 - 2024)		PLWH	
HHSA Region	n	%	n	%	n	%
Central	169	38.7%	836	39.4%	5,296	36.5%
East	45	10.3%	220	10.4%	892	6.1%
South	94	21.5%	428	20.2%	2,188	15.1%
North Coastal	31	7.1%	191	9.0%	804	5.5%
North Inland	45	10.3%	178	8.4%	598	4.1%
North Central	53	12.1%	265	12.5%	1,327	9.1%
Unknown			2	0.1%	3,407	23.5%
Total	437		2,120		14,512	

Data as of 12/31/2024

- The Central Region has consistently had the highest percent of HIV diagnoses in the County followed by the South Region. This trend is observed in 2024, 2020-2024 and PLWH (see table 2).
- There has been a decline in the recent proportion of cases living in the Central Region with small shifts to the South and North Coastal Regions. Other regions have shown little change population percentages.
- Cases residing in the Central and South Regions are more likely to be older, 30-39 years of age at diagnosis than those in the other regions, while those in the East, North Coastal, and North Inland Regions are more likely to be in the 20-29 years of age at diagnosis. This has been consistent over the last 10 years (see table 3).
- About half, 52.8% of recent diagnoses have been in Latine/Hispanic persons, but almost 79% of cases in the South Region are in Latine/Hispanic, a much larger percentage than in other regions. (see table 3).
- A greater percentage of Black/African-American cases were living in the Central, North Central, and East Regions at diagnosis than other regions. In the North Inland and North Coastal Regions, the percentage of Black/African-American cases, 4-6%, is similar to the population within the County as a whole (see table 3).

HHSA REGION & DEMOGRAPHICS

Table 3. HIV Cases by HHSA Region and Demographics (2020 – 2024)

	HHSA Region							
Age at Diagnosis	Central	East	South	North Coastal	North Inland	North Central	Unknown	All Cases
13-19	1.3%	1%	1%	4%	1%	3%	0%	2%
20-29	25.4%	34%	27%	32%	38%	32%	0%	29%
30-39	38.5%	30%	37%	31%	25%	34%	50%	35%
40-49	17.1%	17%	15%	15%	14%	14%	50%	16%
50-59	10.9%	13%	12%	13%	15%	11%	0%	12%
60+	6.5%	4%	6%	5%	8%	6%	0%	6%
Race/Ethnicity*								
Latine/Hispanic†	45.2%	42%	77%	54%	58%	40%	0%	53%
Black/AA	22%	20%	7%	6%	3%	14%	0%	15%
White	23%	28%	8%	29%	29%	29%	100%	23%
Asian/PI‡	3%	2%	3%	4%	3%	7%	0%	3%
Other§	2%	3%	0%	2%	2%	3%	0%	2%
Unknown	4%	5%	4%	4%	5%	6%	0%	5%
Risk								
MSM	49%	42%	47%	49%	46%	53%	100%	48%
PWID	5%	5%	5%	6%	3%	6%	0%	5%
MSM+PWID	3%	2%	2%	4%	2%	4%	0%	3%
Heterosexual	6%	6%	6%	5%	4%	4%	0%	6%
Other	0%	0%	0%	0%	0%	0%	0%	0%
Unknown/NIR	36%	41%	41%	36%	45%	34%	0%	38%
Total	836	220	428	191	178	265	2	2,120

Data as of 12/31/2024.
*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Latine/Hispanic ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

- While Whites make up about 23% of all cases in the 5-year period of 2020-2024, they make up only 8% of cases in the South region.
- MSM make up the largest risk group across all regions. This has been consistent over the last 20 years.
- PWID is consistently about 4-5% of cases across regions but should be continually monitored due to the current opioid epidemic.
- People who inject drugs were 5% of cases in the Central, East and South HHSA Region. The North Inland region had the fewest % PWID at 3%.
- The percent of cases with No Identifiable Risk has increased over time, particularly since 2020 with COVID-19 and the increasing popularity of telemedicine.

LATE TESTING

- Late Testing looks at the cases in the 5-year period between 2020 and 2024 (see table 4).
- The percent of cases designated as late testing is used as a marker for success in testing. The shorter the period between HIV and AIDS diagnoses, the further in disease process. These cases represent those who should have been tested earlier, but for some reason were not.
    - Reasons for late testing include:
        1. Healthcare providers seeing the patient as low risk
        2. Avoidance of medical care overall
        3. HIV Stigma
        4. Patient feeling they are not at risk

- There are three time-markers used for time between HIV and AIDS diagnoses:
    - Less than 1 year (<12 months) is the original time limit used for defining late testing.
    - Within 3 months (<4 months) is being used more often than less than a year.
    - Simultaneous (<30 days; 0 months) in which AIDS diagnosis occurs within 30 days of HIV diagnosis. Because CD4 counts may be delayed after HIV diagnosis, 30 days is used to allow time for AIDS-defining CD4 counts to arrive at HHESP.

- About 17% of all recent HIV cases diagnosed were late testers by both the <12 months and <4 months measure (see Table 4). The 13.3% with simultaneous diagnoses is a reduction from previous five-year period of 2019-2023 when about 16% of cases had simultaneous diagnoses.

- The percent of simultaneous diagnosis increased with each age group. In cases among individuals 70+ , 33% were identified as simultaneous diagnoses (see Table 4). This age group is likely a high-user of medical coverage. The 33% among this age group indicates a large gap in routine, opt-out testing.

- The HHSA South Region had highest percentage, 18.6%, of the region's cases being simultaneous diagnosis followed by HHSA North Inland region at 15.9%. The HHSA Central Region had the least simultaneous diagnosis, while also having the most reported cases (see Table 4).

- It should be noted that these time periods are not mutually exclusive; that is, all of those in the <4 months are included in the <12 months, and those in the 0 months are included in both the <12 and <4 months calculations.

LATE TESTING

Table 4. Late Testing Demographics (2020 – 2024), Adult

		0 Month	< 4 month	< 12 Month	HIV Only	Total
Sex	Male	13.4%	15.9%	17.7%	82.3%	1,624
	Female	14.4%	17.2%	19.3%	80.7%	285
	Unknown	0.0%	14.3%	28.6%	71.4%	7
Age Group	20-29	7.0%	9.0%	10.1%	89.9%	587
	30-39	11.0%	13.3%	15.2%	84.8%	691
	40-49	21.5%	24.5%	25.8%	74.2%	298
	50-59	20.7%	24.3%	28.8%	71.2%	222
	60-69	25.8%	28.9%	30.9%	69.1%	97
	70+	33.3%	42.9%	42.9%	57.1%	21
Race/Ethnicity	Latine/Hispanic†	15.4%	18.7%	20.5%	79.5%	984
	Black	10.0%	12.8%	14.5%	85.5%	289
	White	13.0%	14.4%	16.9%	83.1%	438
	Asian/PI‡	11.9%	14.9%	14.9%	85.1%	67
	AIAN§	19.0%	21.4%	21.4%	78.6%	42
	Unknown	5.2%	6.3%	7.3%	92.7%	96
Risk Category	MSM	10.1%	12.0%	13.6%	86.4%	935
	PWID	17.4%	18.5%	19.6%	80.4%	92
	MSM_PWID	2.0%	4.0%	4.0%	96.0%	50
	Heterosexual	10.7%	18.8%	21.4%	78.6%	112
	NIR	18.7%	21.6%	23.8%	76.2%	727
HHSA Region	Central	10.0%	12.8%	14.8%	85.2%	763
	East	13.8%	15.8%	17.2%	82.8%	203
	South	18.9%	20.9%	23.3%	76.7%	387
	North Coastal	13.7%	16.7%	19.0%	81.0%	168
	North Inland	16.0%	19.9%	20.5%	79.5%	156
	North Central	14.3%	16.4%	17.6%	82.4%	238
All Cases, n		259	309	344	1572	1916
All Cases, %		13.5%	29.6%	47.6%	82.0%	100%

Data as of 12/31/2024

*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown

†Persons of Latine/Hispanic ethnicity may belong to any race group.

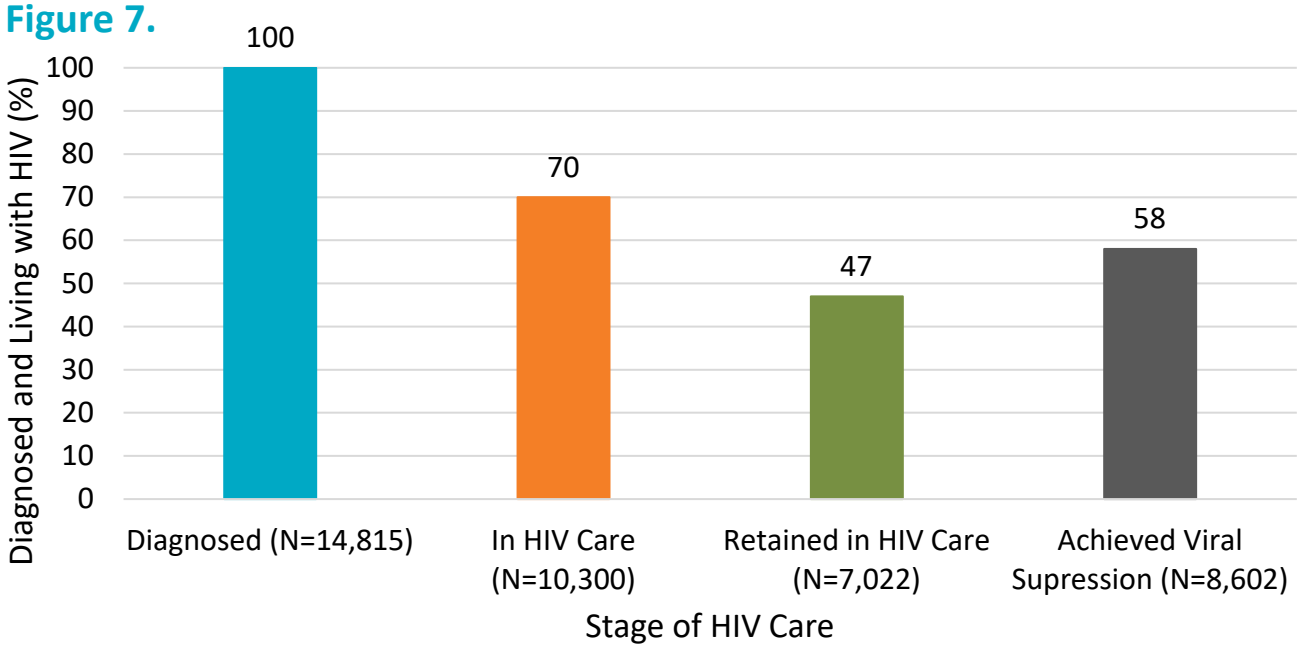
‡Includes Asian and Native Hawaiian and Pacific Islander

§American Indian/ Alaskan Native and Other Races

CARE CONTINUUM

- **CDPH Office of AIDS (OA)** provides HIV Care Continuum (HCC) aggregate data to local health jurisdictions in California, including San Diego County. **The data presented below, and the following three pages** is complete from 2023, the most recent data available from OA (see Figure. 7)
- Care continuum data include all cases living in San Diego County at the end of 2023, regardless of where cases were diagnosed or when. This dataset includes recent cases diagnosed through 2023 provided they were living at the end of 2023. These are the prevalent cases for 2023.
- To be in HIV care, a case must have at least one CD4 or viral load lab in the given year. To be retained in care, the case must have two labs in the given year, at least 3 months apart.
- Although these data indicate that only 70% of San Diego County prevalent cases were In Care for HIV, this is likely an underestimate. Prior to 2023, it is known that lab results from several care systems were not being included in the full dataset. These included federal providers and a large Federally Qualified Health Center. As labs from these providers are included in the data, this percent is likely to increase.

Figure 7.

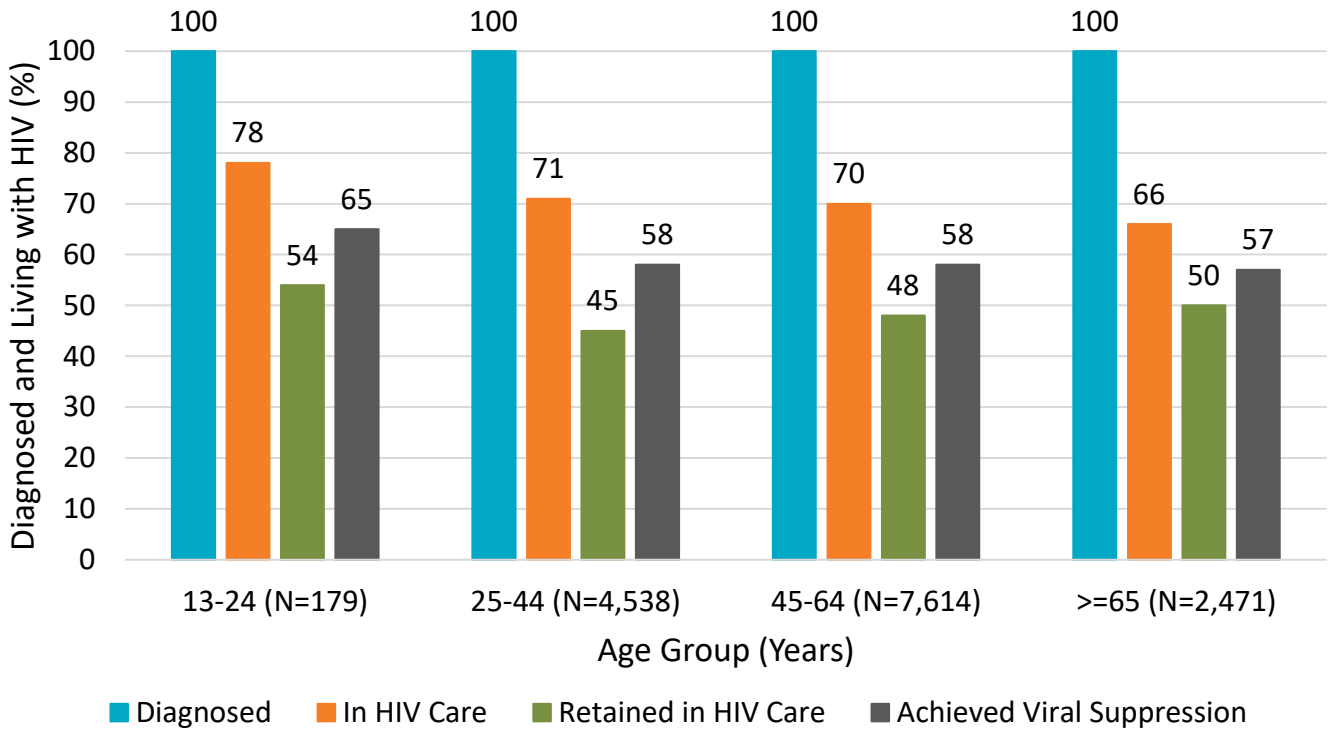


CARE CONTINUUM

Current Age Group

- Cases aged 13-24 years had the highest percentage of In Care at 78%, while those aged 65 years or older had the lowest percentage, 66%. Historically, this trend has been observed before.
- Cases age 13-24 years also had the highest percentage of viral suppression at 65%. Interestingly, the remaining older age categories all had similar and stable viral suppression percentages of 57% to 58%, with the oldest age group of 65 years and older at 57%.

Figure 8.

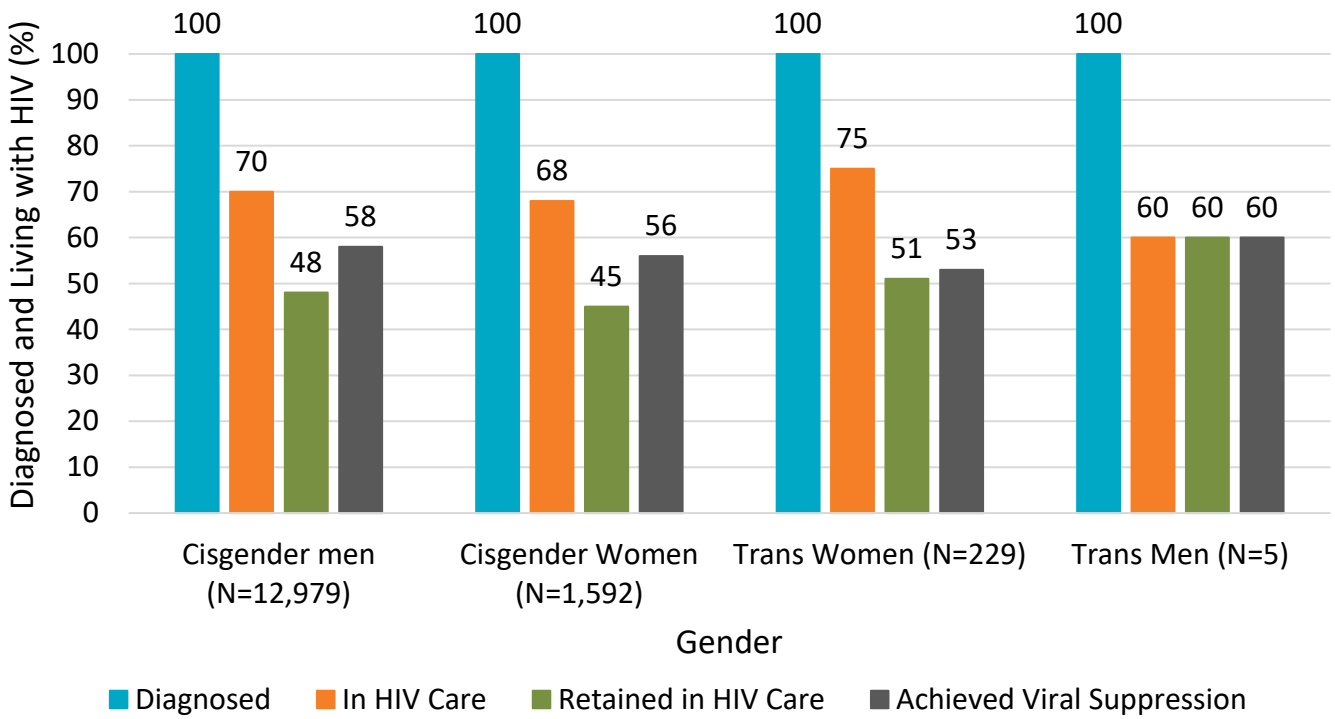


CARE CONTINUUM

Gender

- In 2024, Cisgender men and Cisgender women had similar percentages for In Care, Retained in Care, and Achieved Viral Suppression. (see Figure 9).
- 70% of Cisgender men were In Care, compared to the 68% In Care for Cisgender women. There is no statistical significance between these two groups (p=0.8)
- Trans women had a much higher percentage of In Care at 75%, compared to just 60% for Trans Men. It should be noted that the number of Trans Woman (n=229) and Trans Men (n=5) are extremely small thus can influence percentages easily.
- Conversely, Trans men had a higher percentage of viral suppression at 60%, compared to a much lower 53% viral suppression for Trans women.

Figure 9.

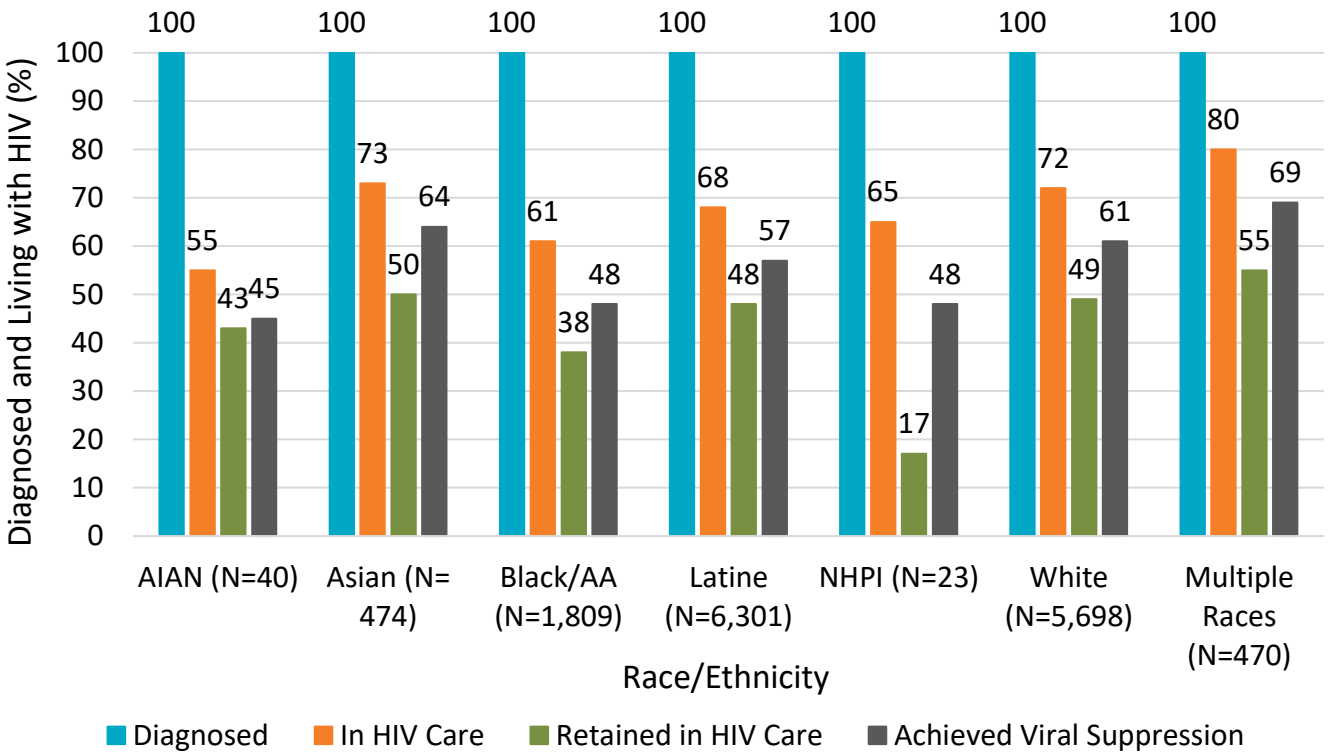


CARE CONTINUUM

Race/Ethnicity

- White individuals (72%) are statistically significantly ($p<0.01$) more likely to be In Care than Black/African American persons (61%).
- 68% of Latine /Hispanic were identified as In Care compared to 61% of Black/African American – these two groups are significantly different ($p<0.01$).
- White individuals are statistically significantly ($p<0.01$) more likely to be virally suppressed (61%) than both Latines (57%) and Black (48%).

Figure 10.



VIRAL SUPPRESSION

- Viral suppression presented below is calculated from San Diego County data as of March 31, 2025, and represents all prevalent cases living at the end of 2024.

- Viral suppression is defined as having <200 viral particles per milliliter of blood.

- Tables in this section present percent of virally suppressed cases calculated using both the total number of cases and the number of cases with a viral load in 2024 as the denominator. This is done to allow comparisons to other data sources which may use either denominator.
    - The choice of denominator makes a substantial difference in the percent of cases virally suppressed. The percent of all cases that are virally suppressed is 71.1%, while the percent of cases with a viral load in 2024 is 93.4%.
    - There is a Federally Qualified Health Center (FQHC) that has not, for various reasons, provided viral load results in a usable format. When this happens, there is no viral load for their patients in the data file. This has likely inflated the number seen as not virally suppressed when the total number of cases is used as the denominator.
    - Work is ongoing to bring viral load results from these facilities into the dataset for future analyses.

- Table 5, shows the demographics of HIV cases by viral suppression.
    - Individuals 20 – 29 years of age had the lowest viral suppression, 88.4%, among those with a recent viral load.
    - People who inject drugs had the lowest viral suppression, 85.3%, among those with a recent viral load.

VIRAL SUPPRESSION

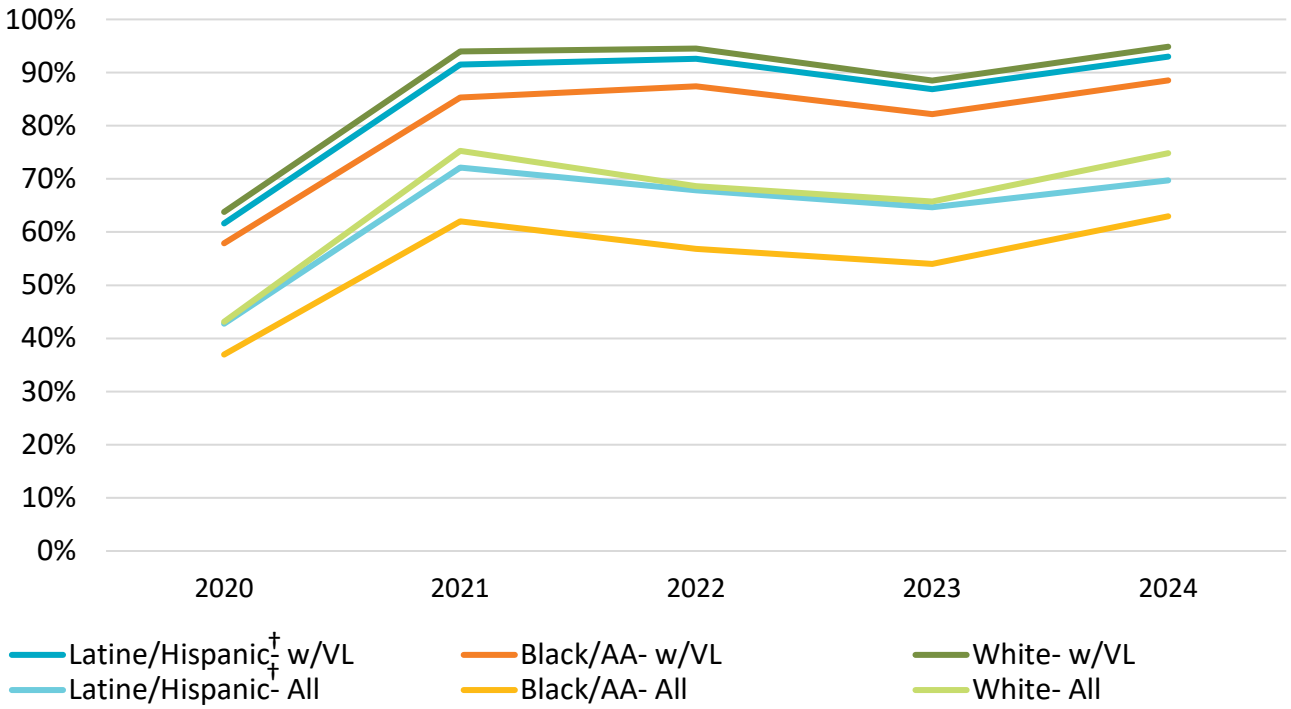
Table 5. Demographics of HIV Cases by Viral Suppression, Adult

		All Cases				All With Viral Load		
		Virally Supressed				Virally Supressed		
Variable	Category	Yes	No	No Viral Load Test	Total	Yes	No	Total
Sex	Male	71.6%	4.8%	23.7%	11,359	93.7%	6.3%	8,671
	Female	66.9%	7.0%	26.2%	1,406	90.6%	9.4%	1,038
	Unknown	76.1%	7.0%	16.9%	71	91.5%	8.5%	59
Race/Ethnicity*	Latine/Hispanic†	70.0%	5.4%	24.6%	5,507	92.8%	7.2%	4,153
	Black/African-American	63.2%	7.8%	29.1%	1,504	89.0%	11.0%	1,067
	White	75.0%	3.9%	21.1%	4,746	95.1%	4.9%	3,743
	Asian/PI‡	75.2%	1.7%	23.1%	471	97.8%	2.2%	362
	Other§	74.9%	6.2%	18.9%	455	92.4%	7.6%	369
	Unknown	41.8%	6.5%	51.6%	153	86.5%	13.5%	74
Current Age	13-19	76.2%	9.5%	14.3%	21	88.9%	11.1%	18
	20-29	69.1%	9.1%	21.8%	682	88.4%	11.6%	533
	30-39	66.0%	6.4%	27.5%	2,503	91.1%	8.9%	1,814
	40-49	65.5%	6.6%	27.8%	2,444	90.8%	9.2%	1,764
	50-59	71.9%	4.3%	23.8%	3,071	94.4%	5.6%	2,340
	60+	77.2%	3.0%	19.8%	4,039	96.2%	3.8%	3,240
	Unknown	71.1%	6.6%	22.4%	76	91.5%	8.5%	59
Risk	MSM	73.6%	4.0%	22.4%	8,796	94.8%	5.2%	6,823
	PWID	60.3%	10.4%	29.3%	607	85.3%	14.7%	429
	MSM_PWID	70.5%	8.5%	21.1%	779	89.3%	10.7%	615
	Heterosexual	69.6%	5.6%	24.8%	1,273	92.6%	7.4%	957
	Other	78.5%	7.5%	14.0%	93	91.3%	8.8%	80
	NIR	60.4%	6.7%	32.9%	1,288	90.0%	10.0%	864
Total		71.1%	5.0%	23.9%	12,836	93.4%	6.6%	9,768

Data as of 12/31/2024
Only includes individuals with an updated address in the past 10 years.
Viral suppression is defined as a viral load count less than 200 (<200)
*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
† Persons of Latine/Hispanic ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

VIRAL SUPPRESSION

Figure 11. HIV Cases by Viral Suppression and Race/Ethnicity*
San Diego County (2020 – 2024)



Data as of 12/31/2024
*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Latine/Hispanic ethnicity may belong to any race group.
VL = Viral Load

- This figure shows the viral suppression by race and ethnicity between 2020 through 2024, **with two types of denominators; cases who have a viral load test in that year, and all cases** (see Table 5).
- The lower levels of viral suppression in 2020 is likely due to increased telehealth and reduction in routine testing because of the COVID-19 pandemic.
- Black and African-American individuals had the lowest viral suppression across time.
- There appears to be an increase in trend among all groups from 2023 to 2024.

UNMET NEED/IN-CARE 2023 - 2024

- Data presented are for cases who were in care in 2023-2024 or were out of care and therefore have unmet need.
- In-care is defined as an individual case who had a viral load or CD4 lab reported to San Diego County in 2023 or 2024.

1. By Sex at Birth
    1. In San Diego County for 2023 thru 2024, 81.0% of individuals were In Care, while 19% have unmet need.
    2. A difference of 2.9% separates males and females for in care between 2023 thru 2024. There is a statistically significant difference between males and females for In Care (p=.004)
    3. Sex at Birth 'Unknown' included 90 individuals for In Care, and 9 individuals for Not In Care. These numbers are relatively small, and the percentage (91%,9% respectively) should be interpreted with caution.

Table 6.

Sex at Birth	In Care 2023-2024		
	Yes	No	Total N
Male	81.2%	18.8%	12,861
Female	78.3%	21.7%	1,579
Unknown	100%	0%	72
All	81.0%	19.0%	100%
N	11,740	2,772	14,512

UNMET NEED/IN-CARE 2023 - 2024

2. By Current Age
    1. Historically, individuals under the age of 13 have very high percentages of In Care. For 2023 thru 2024, this group has 100% of cases In Care.
    2. The age group of 70+ has the most individuals with unmet need, at 23.2%. As treatment efficacy increases and PLWH get older, this group could be selected for treatment interventions to increase In Care percentages and therefore viral suppression.

Table 7.

Current Age (years)	In Care 2023-2024 for Adult/Adolescent		
	Yes	No	Total N
13-19	86.4%	13.6%	22
20-29	87.4%	12.6%	692
30-39	85.0%	15.0%	2,567
40-49	78.9%	21.1%	2,720
50-59	79.1%	20.9%	3,579
60-69	81.3%	18.7%	3,552
70+	76.7%	23.3%	1,293
All	81.0%	19.0%	100%
N	11,729	2,772	14,501

UNMET NEED/IN-CARE 2023 - 2024

3. By Race/Ethnicity
    1. Black/African American and Latine/Hispanic individuals have the highest percentage of unmet need at 21.2% and 23.4%, respectively.
    2. American Indian/Alaska Native have the highest percent In Care at 92.4%.
    3. Whites are significantly more likely to be in care than Latine ($p<0.001$) or Black cases ($p<0.001$) cases, but there is no significant difference between Latine and Black cases.

Table 8.

Race/Ethnicity*	In Care 2023-2024		
	Yes	No	Total N
Latine/Hispanic†	76.5%	23.5%	6,419
Black/African-American	78.7%	21.3%	1,731
White	86.2%	13.8%	5,226
Asian/PI‡	84.6%	15.4%	512
AIAN§	92.4%	7.6%	471
Unknown	62.1%	37.9%	153
All	81.0%	19.0%	100%
N	11,740	2,772	14,512

*All categories except Latine/Hispanic include persons for whom race is known but ethnicity is non-Hispanic or unknown
†Persons of Latine/Hispanic ethnicity may belong to any race group.
‡Includes Asian and Native Hawaiian and Pacific Islander
§Includes American Indian/ Alaskan Native and Other Races

UNMET NEED/IN-CARE 2023 - 2024

4. By Transmission Risk

1. Individuals reporting as MSM + PWID had the highest percentage of In Care at 84%, while those reporting only PWID had the lowest percentage at 72%.
2. MSM indicated a higher percentage of In Care (82.3%, 8,218) compared to Heterosexual (77.7%, 1,135). There is statistical significance in difference ($p<.01$) between the two groups. ($p=0.0000$).

Table 9.

Transmission Risk	In Care 2023-2024		
	Yes	No	Total N
MSM	82.3%	17.7%	9,964
PWID	72.0%	28.0%	760
MSM + PWID	84.0%	16.0%	884
Heterosexual	77.7%	22.3%	1,456
Other	79.0%	21.0%	119
No Identified Risk	78.0%	22.0%	1,329
All	81.0%	19.0%	100%
N	11,740	2,772	14,512

UNMET NEED/IN-CARE 2023 - 2024

5. By Region
    1. North Inland and East had the highest percentage of individuals In Care, 81% and 80.9%, respectively.
    2. The South region had the lowest percentage of In Care individuals at 72.4%, while having the second highest number of new cases in 2024 (94), and 2020-2024 (428). See Table 2.
    3. Central cases are statistically significantly more likely to be in care compared to South ($p < 0.001$)

Table 10

Region	In Care 2023-2024		
	Yes	No	Total
Central	79.3%	20.7%	5,296
East	80.9%	19.1%	892
South	72.2%	27.8%	2,188
North Coastal	80.5%	19.5%	804
North Inland	81.0%	19.0%	598
North Central	80.3%	19.7%	1,327
Unknown	89.3%	10.7%	3,407
All	81.0%	19.0%	100%
N	11,740	2,772	14,512

A1. Abbreviations	
ACRF	Adult Case Report Form, CDPH 8641A
AIDS	Acquired immunodeficiency syndrome
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CSTE	Council of State and Territorial Epidemiologists
ELR	Electronic laboratory report
FQHC	Federally qualified healthcare center
HCC	HIV care continuum
HHESP	HIV/HCV Epidemiology and Surveillance Program
HHSA	Health and Human Services Agency
HIV	Human immunodeficiency virus
MSM	Men who have sex with men
NIR	No identifiable risk
OA	Office of AIDS
PEH	Persons experiencing homelessness
PLWH	Persons living with HIV disease
PWID	People who inject drugs
SAB	Sex assigned at birth
SANDAG	San Diego Association of Governments

A2. AIDS-defining Conditions

- Candidiasis of the esophagus, bronchi, trachea, or lungs [(but NOT the mouth (thrush)]
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (greater than one month's duration)
- Cytomegalovirus disease or CMV (other than liver, spleen, or nodes)
- Cytomegalovirus retinitis (with loss of vision)
- Encephalopathy, HIV related
- Herpes simplex: chronic ulcer(s) (more than 1 month in duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (more than 1 month in duration)
- Kaposi sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, primary, of brain
- *Mycobacterium avium* complex or *M kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, any site (pulmonary or extrapulmonary)
- *Mycobacterium*, other species or unidentified species, disseminated or extrapulmonary
- Pneumocystis pneumonia (PCP)
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV

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