



Executive Summary

HIV in Alameda County, 2015-2017

- **New Diagnoses**

- The average annual HIV diagnosis rate in Alameda County from 2015 to 2017 was 15.2 diagnoses per 100,000 residents.
 - There was an average of 245 new HIV diagnoses per year from 2015 to 2017; in 2017 there were 206 new HIV diagnoses.
- HIV diagnosis rates have declined steadily between 2006 and 2017 by an average of 2.9% annually.
- By birth sex
 - 88.4% of new diagnoses were male.
 - The diagnosis rate among men was five times that among women.
- By transmission group
 - 75.5% of new diagnoses among males were among men who have sex with men (MSM).
 - Injection drug use (IDU) accounted for 2.3% of cases among males and 12.7% of cases among females.
- By race/ethnicity
 - African Americans comprised 38.2% of new diagnoses, compared to whites who comprised 22%.
 - The diagnosis rate among African Americans was 54.5 per 100,000 compared to 10.3 per 100,000 among whites. Latinos had the second highest diagnosis rate—17.9 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 7.2% per year on average.

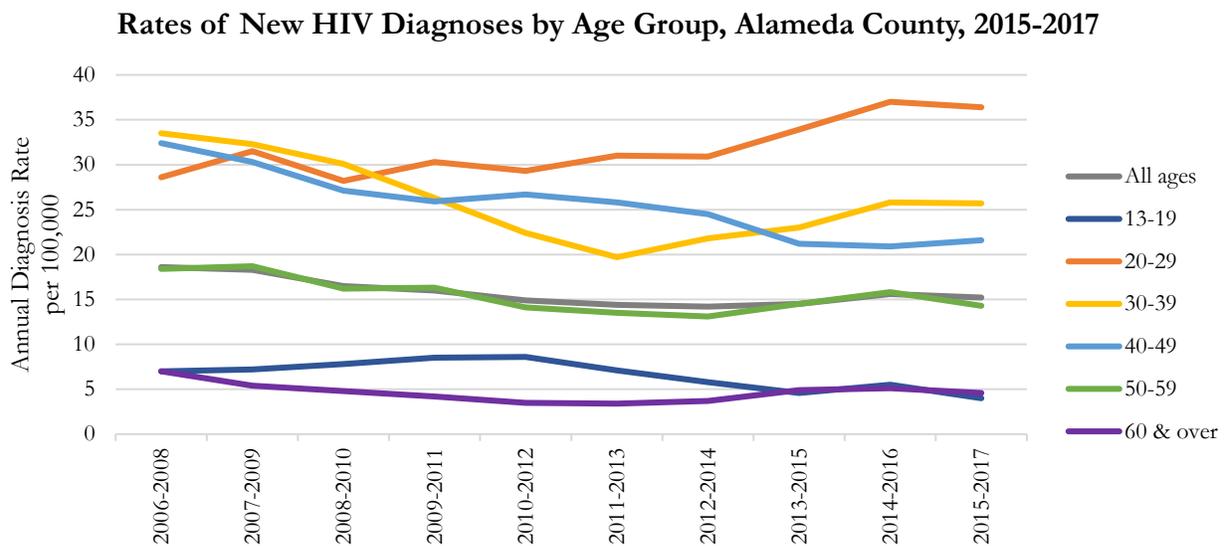


Figure 1: Extracted from *HIV in Alameda County, 2015-2017*, page 14.

- By age
 - The median age of people with new HIV diagnoses was 35 years old.
 - The highest diagnosis rate was among those age 20-29 years at 36.4 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.

- Late diagnosis
 - 20.9% of new diagnoses between 2014 and 2016 were considered late as defined by a progression to AIDS within one year of HIV diagnosis. This is a decline from previous years.
 - There was a statistically significant increase in proportion of late diagnoses with increasing age.
- **People living with HIV (PLHIV)**
 - At year-end 2017 in Alameda County, the prevalence of HIV was 393.3 per 100,000 residents, or 0.4% of residents.
 - The highest prevalence rates in the county were in the Oakland neighborhoods of West Oakland, Downtown, and San Antonio 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 1.73 per 100 in 2015.
 - By birth sex
 - 84% of PLHIV in Alameda County at year-end 2017 were male.
 - By race/ethnicity
 - African Americans made up 38.2% of PLHIV compared to whites who made up 32.2%.
 - There were nearly four times as many African American women living with HIV than white women, whereas the number among African American men and white men were nearly equal.
 - The prevalence rate among African Americans was 1,438.0 per 100,000 compared to 398.2 per 100,000 among whites, the group with the second highest prevalence.
 - By age
 - The median age of PLHIV was 50 years old.
 - The prevalence rate generally increased with age with the highest rate of 920.3 per 100,000 among those 50-59 years old.
- **Continuum of HIV Care**
 - In Alameda County, 77.6% of new diagnoses between 2014 and 2016 were linked to care within three months if HIV-related labs ordered on the date of diagnosis were excluded.
 - Differences in linkage to care by race/ethnicity, age, and birth sex were not statistically significant.
 - The median number of days between diagnosis and first CD4 viral load test—excluding tests collected on the same day of diagnosis—was 12 days.
 - In 2016 57.5% of PLHIV were retained in care, having two or more visits at least 90 days apart.
 - Retention in care generally increased with age.
 - In 2016 viral suppression was estimated to be 68.0% among PLHIV.
 - Rates of viral suppression increased with age.

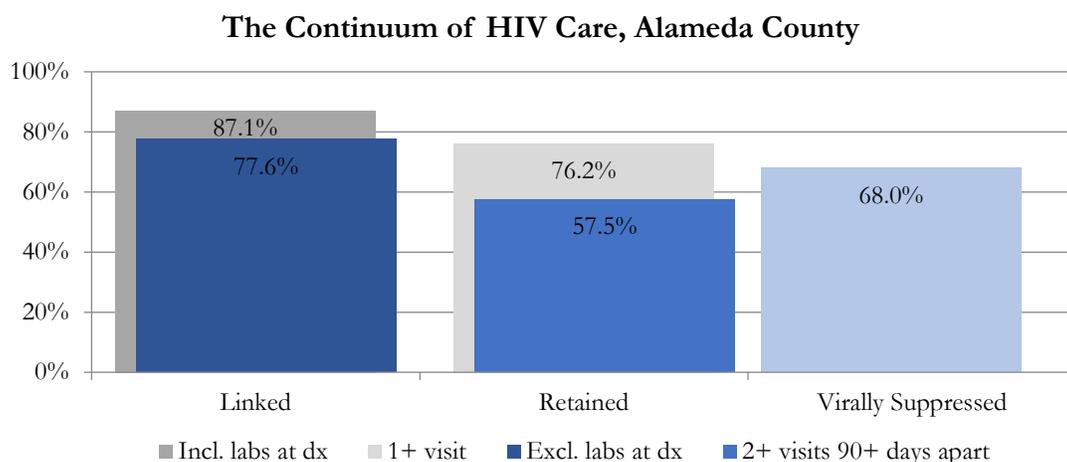


Figure 2: Extracted from *HIV in Alameda County, 2015-2017*, page 41.

Note: Linked to care among new diagnoses from 2014 to 2016. Retained and viral suppression among PLHIV at year-end 2016.

- **HIV among Foreign-born Persons**

- New diagnoses

- Over one-fourth (27.0%) of new HIV diagnoses in Alameda County were among foreign-born persons.
 - The highest proportion of new diagnoses among foreign-born (46.5%) were among immigrants from Central and South America.
 - Mexico (31.4%), Philippines (7.4%) and Ethiopia (5.7%) were the top three countries of origin among newly diagnosed foreign-born persons.
 - There was a higher proportion of females among newly diagnosed foreign-born (22.5%) than among US-born (16.7%).
 - MSM—the most common mode of transmission for new HIV diagnoses—made up 53.5% and 69% respectively of new diagnoses among foreign-born and US-born persons.
 - There was a higher proportion of heterosexual transmission among foreign-born persons (10.8%) compared to US-born (3.8%).
 - Latinos comprised the highest proportion (47.3%) of foreign-born and African American comprised the highest proportion of US-born (45.6%) new diagnoses.
 - The highest proportion of foreign-born new diagnoses were among those 30-39 years old (27.9%), while the highest proportion of US-born new diagnoses were among those 20-29 years old (38.3%).
 - New diagnosis rates were similar for foreign-born and US-born (25.2 and 26.0 per 100,000, respectively).

- Late Diagnosis

- Late diagnosis rates were significantly higher among foreign-born (27.1%) compared to US-born persons (16.4%).

Late Diagnosis by Foreign-Born Status, Alameda County, 2014-2016

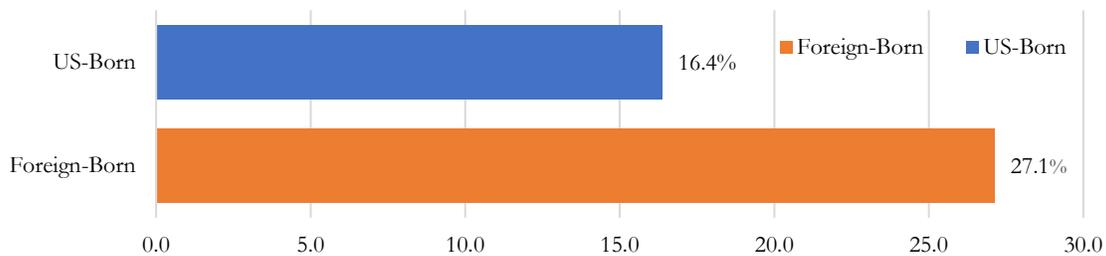


Figure 3: Extracted from *HIV in Alameda County, 2015-2017*, page 69.

- PLHIV

- 19% of the PLHIV were foreign-born.
 - The highest proportion of foreign-born PLHIV were between ages 30-39 (38.6%), while the highest proportion of US-born were between ages 20-29 (34.6%).
 - Findings by region of origin, mode of transmission, race, and sex were similar to that of newly diagnosed.
 - The prevalence of HIV was higher for foreign-born (416.7 per 100,000) compared to US-born (228.3 per 100,000).

- Continuum of HIV Care

- There were no major differences in care-continuum outcomes (linkage, retention, and viral suppression) among foreign-born and US-born PLHIV.

- **STD Co-Infected**

- Nearly one-third of recently HIV-diagnosed residents have experienced an STD co-infection.
 - Of Alameda County residents diagnosed with HIV since 2013, 31% have experienced one or more syphilis, gonorrhea, or chlamydia co-infections.
 - A high proportion (90.2%) of the STD co-infections occurred after HIV diagnosis. The remaining 9.8% of co-infections occurred shortly before (within one year of) HIV diagnosis.
- Males, young adults, and MSM were disproportionately impacted by STD co-infection.
- Among PLHIV diagnosed between 2013 and 2017:
 - Males comprised 85% of all PLHIV yet accounted for 95% of co-infected PLHIV.
 - Young adults aged 20-29 years comprised 34% of all PLHIV yet accounted for 50% of co-infected PLHIV.
 - MSM comprised 64% of all PLHIV yet accounted for 81% of co-infected PLHIV.
- Co-infection disproportionately affected African Americans and Latinos, who comprised 33% and 30% of co-infected cases, respectively.
- The most common STD co-infection was chlamydia, which comprised 42% of co-infected cases, followed by gonorrhea (41%) and early syphilis (17%).
- The annual incidence of co-infection among PLHIV in Alameda County more than tripled since 2010. The annual proportion of PLHIV who had an STD coinfection each year rose steadily from 3.3% in 2010 to 10.4% in 2017.

STD Co-Infection in PLHIV by Year, Alameda County, 2010-2017

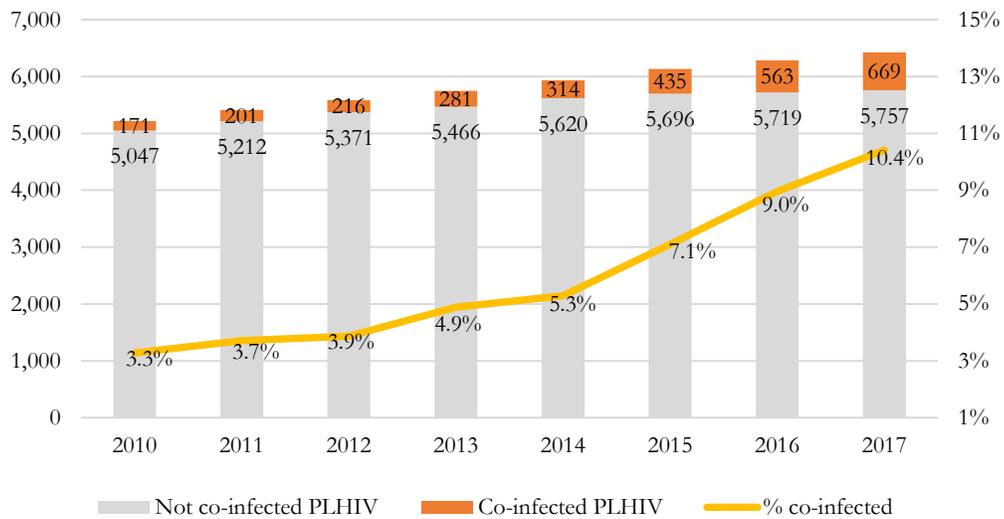


Figure 4: Extracted from *HIV in Alameda County, 2015-2017*, page 78.

The full report is available online at <http://www.acphd.org/data-reports/reports-by-topic/communicable-disease.aspx#HIV>.



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