



Los Angeles County HIV/STD Surveillance Overview

Thursday, November 14, 2024

Commission on HIV Annual Meeting

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County of Los Angeles Department of Public Health
Division of HIV and STD Programs





HIV Surveillance





Tracking achievements in national targets for the EHE initiative, 2022-2023

	EHE 2025 targets	EHE 2030 targets	LAC results
Estimated number of new infections (including diagnosed and undiagnosed infections) ¹	380	150	1,400 [900-1,900] (2022)
Number of new HIV diagnoses ²	450	180	1,641 (2022)
Estimated percentage of people with knowledge of their HIV-positive status ¹	95%	95%	89% [86% - 91%] (2022)
Percentage of newly diagnosed persons linked to HIV care within 1 month of diagnosis ²	95%	95%	76% (2022)
Percentage of PLWDH with viral suppression ²	95%	95%	64% (2023)
Estimated percentage of HIV-negative persons with indications for PrEP who have been prescribed PrEP ³	35%	50%	35% (2022)

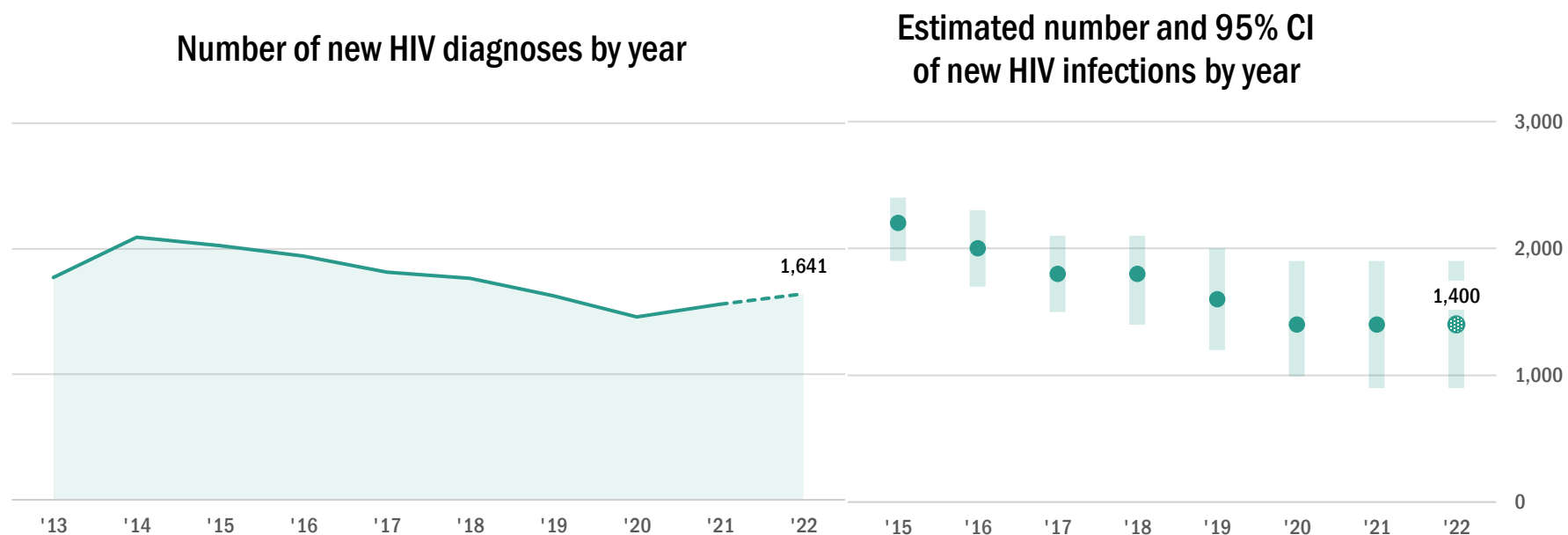
¹ Using the CD4-based depletion model developed by the CDC modified for use by LAC. See technical notes. Knowledge of status is the estimated percentage of people with HIV who have received an HIV diagnosis EHE targets are calculated from the baseline of 1,400 estimated HIV infections in the year 2022 among persons aged ≥13 years, as reported to CDC’s National HIV Surveillance System through December 2023. 2022 estimates are provisional using 2021 results from the CD4-based model.

² Using LAC HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS). New HIV diagnoses: 2022 HIV infections confirmed by laboratory or clinical evidence and entered into eHARS; Percentage linked to HIV care: percent of persons newly diagnosed in 2022 with ≥1 reported CD4, VL or Genotype test performed within 1 month of HIV diagnosis; Viral suppression: Numerator is PLWDH, diagnosed through 2022 and living in LAC at year-end 2023 (based on most recent residence) whose most recent reported VL in 2023 was suppressed (HIV-1 RNA < 200 copies/mL). Denominator is PLWDH, diagnosed through 2022 and living in LAC at year-end 2023 (based on most recent residence). Note, PLWDH with no reported VL in 2023 are assumed to be virally unsuppressed. PLWDH with no reported VL in 2023 represent 31% of the denominator; EHE targets are calculated from a baseline of 1,799 HIV infections in the year 2017 among persons aged ≥13 years, as reported to CDC’s National HIV Surveillance System through December 2019.

³ Using CDC’s most recent report - Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (Preliminary Data): Table 3c. Number of persons prescribed PrEP, number of persons with PrEP indications, and PrEP coverage during January 2019 through June 2023, among persons aged ≥ 16 years, by area of residence—Ending the HIV Epidemic Phase I jurisdictions (preliminary). <https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/>. Published December 2023. Accessed 9/25/24.



Number of persons newly diagnosed with HIV compared with the estimated number of persons with new HIV infection among PLWH aged ≥ 13 years, LAC 2013-2022^{1,2}



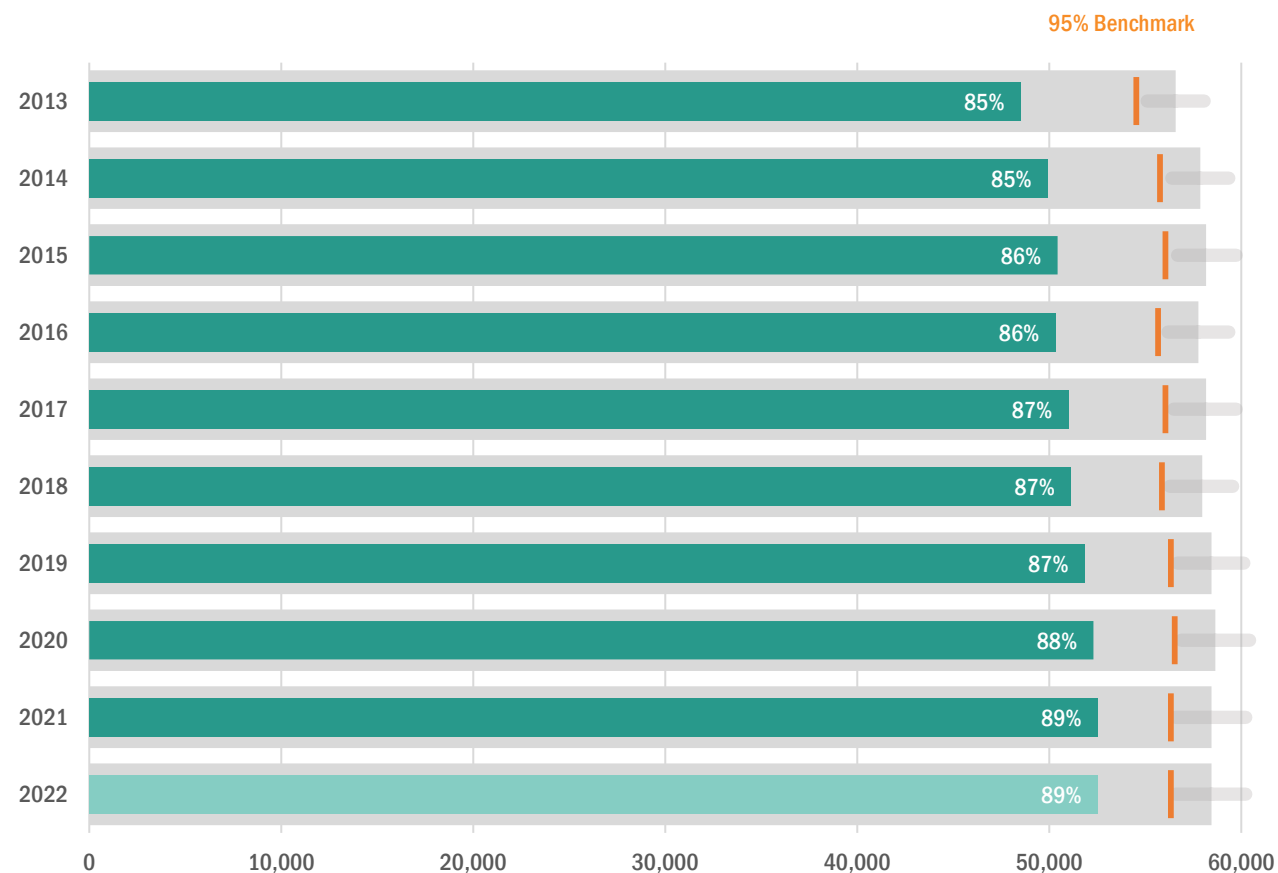
Abbreviation: PLWH = persons living with HIV

¹ Estimates based on the CD4-Based Model v4.1 developed by CDC, which derived by using HIV surveillance and CD4 data for persons aged ≥ 13 years at diagnosis. Estimates rounded to the nearest 100 for estimates of $>1,000$ and to the nearest 10 for estimates of $\leq 1,000$ to reflect model uncertainty.

² 2022 estimates are provisional using 2021 results from the CD4-based model v4.1



Awareness of HIV-positive status among PLWH aged ≥ 13 years, LAC 2013-2022^{1,2}



Abbreviation: PLWH = persons living with HIV

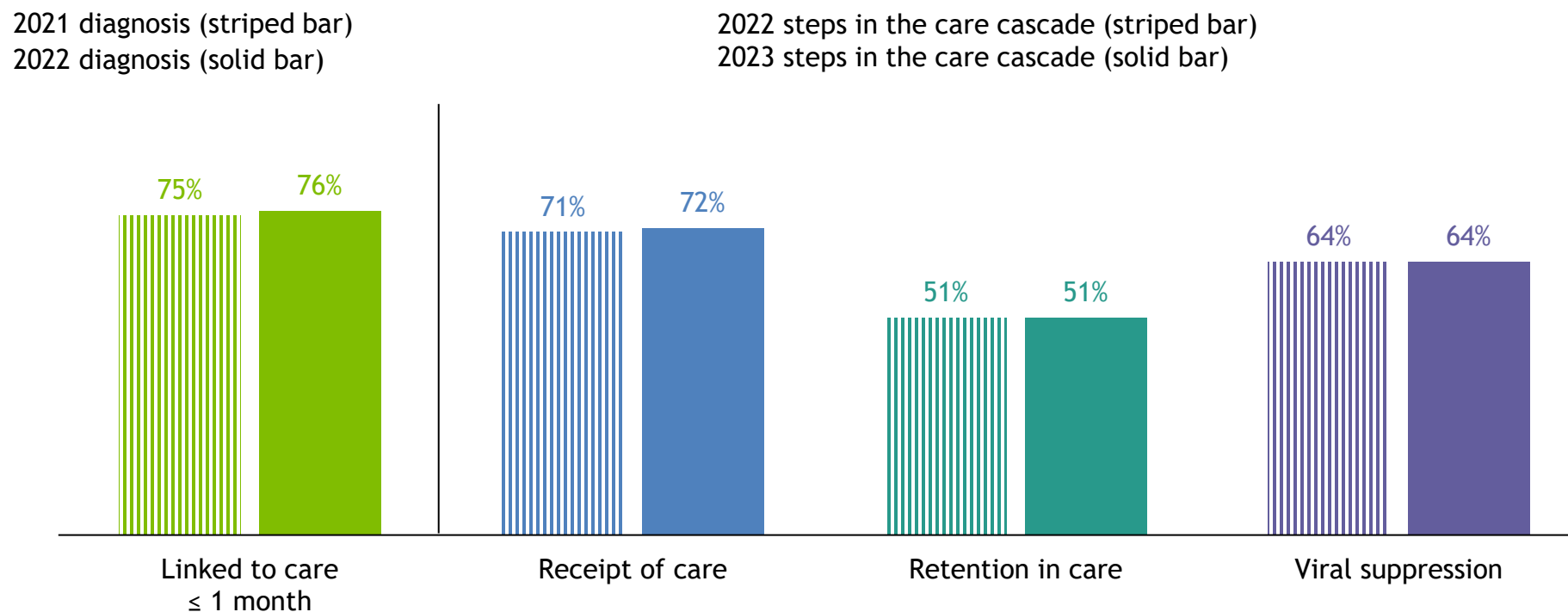
¹Estimates based on the CD4-Based Model v4.1 developed by CDC, which derived by using HIV surveillance and CD4 data for persons aged ≥ 13 years at diagnosis. Estimates rounded to the nearest 100 for estimates of $>1,000$ and to the nearest 10 for estimates of $\leq 1,000$ to reflect model uncertainty.

²2022 estimates are provisional using 2021 results from the CD4-based model v4.1.

Source: HIV Surveillance data as of December 2023



HIV care continuum¹ among persons aged ≥ 13 years, LAC 2021-2022² and 2022-2023³



¹The HIV care continuum includes the following steps in the care cascade: 1) the percentage of persons receiving a diagnosis of HIV in a given calendar year who were linked to HIV care within 1 month of diagnosis (defined as ≥ 1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis) ; and 2) the percentage of all persons living with diagnosed HIV who (1) received HIV care (defined as ≥ 1 CD4/VL/Genotype test per year), (2) were retained in HIV care (defined as ≥ 2 CD4/VL/Genotype tests at least three months apart, per year), and (3) were virally suppressed (defined using most recent viral load, per year). PLWDH without a VL test in the measurement year were categorized as having unsuppressed viral load.

²The 2021-2022 HIV care continuum denominator includes persons diagnosed in 2021 to calculate linkage to care ≤ 1 month of diagnosis, and all PLWDH diagnosed through 2021 and living in LAC at year-end 2022 to calculate receipt of care, retention in care, and viral suppression.

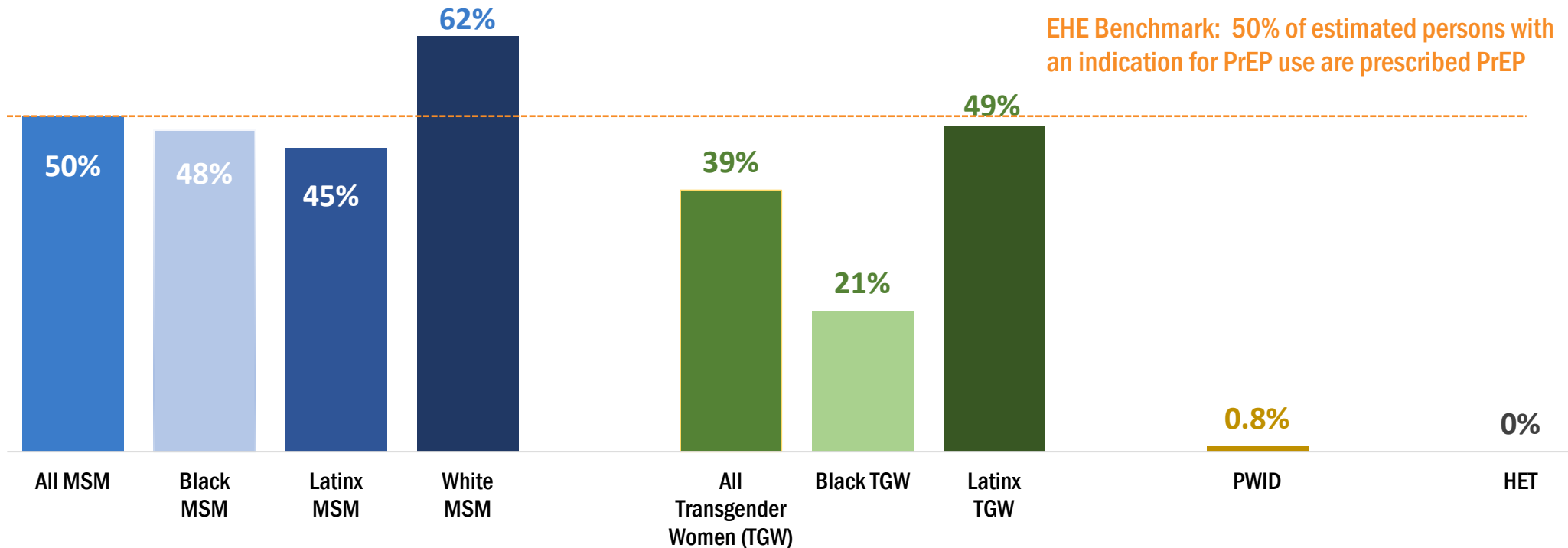
³The 2022-2023 HIV care continuum denominator includes persons diagnosed in 2022 to calculate linkage to care ≤ 1 month of diagnosis, and all PLWDH diagnosed through 2022 and living in LAC at year-end 2023 to calculate receipt of care, retention in care, and viral suppression.

PrEP Use among NHBS Populations



White MSM surpassed the EHE PrEP use benchmark.

Figure 1. PrEP Use during the past 12 months among NHBS Populations with a negative HIV test result, Los Angeles County 2019-2023



Data Source: LA County NHBS MSM 2023, TRANS 2023 , PWID 2022, HET 2019

MSM in 2023: Gay, bisexual and other men who have sex with men in the past 12 months. The NHBS-MSM cycle collects information on persons who report sex with a male partner in the 12 months before interview. A total of 605 HIV-negative MSM were included in the PrEP analysis, consisting of 247 Black MSM, 214 Latinx MSM, and 115 White MSM.

Transgender women (TGW) in 2023: Adults who (1) reported a gender identity of woman or transgender woman, and (2) were assigned male or intersex at birth. A total of 381 HIV negative transgender women were included into the PrEP analysis, consisting of 111 black TGW and 240 Latinx TGW.

PWID in 2022: Persons who inject drugs; A total of 500 HIV negative PWID included in this analysis in 2022;

HET in 2019: Heterosexually active persons at increased risk for HIV infection; A total of 509 HET participated in NHBS-HET in 2019;



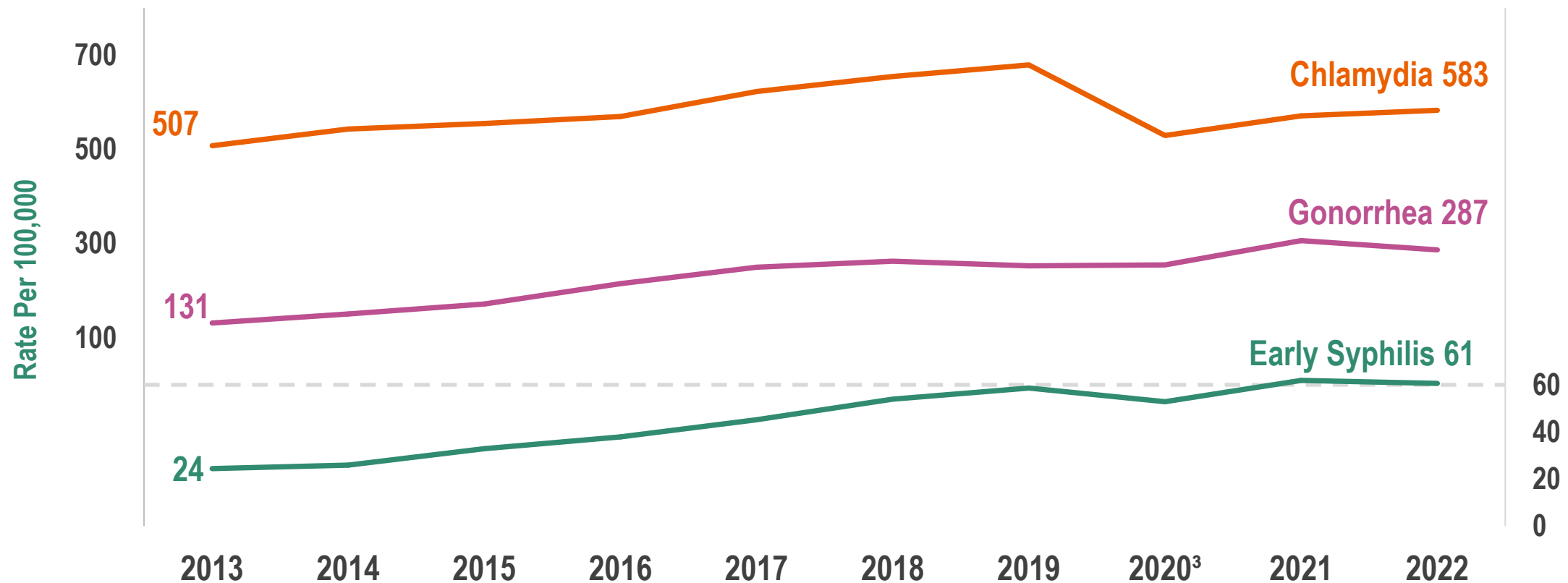
STD Surveillance





Though chlamydia consistently had the highest rates over the past 10 years, early syphilis had the steepest increase in rates compared with other STIs.

Rates of Early Syphilis¹, Gonorrhea, and Chlamydia, Los Angeles County, 2013-2022²



1. Early syphilis includes all cases staged as primary, secondary or early non-primary, non-secondary (early latent).

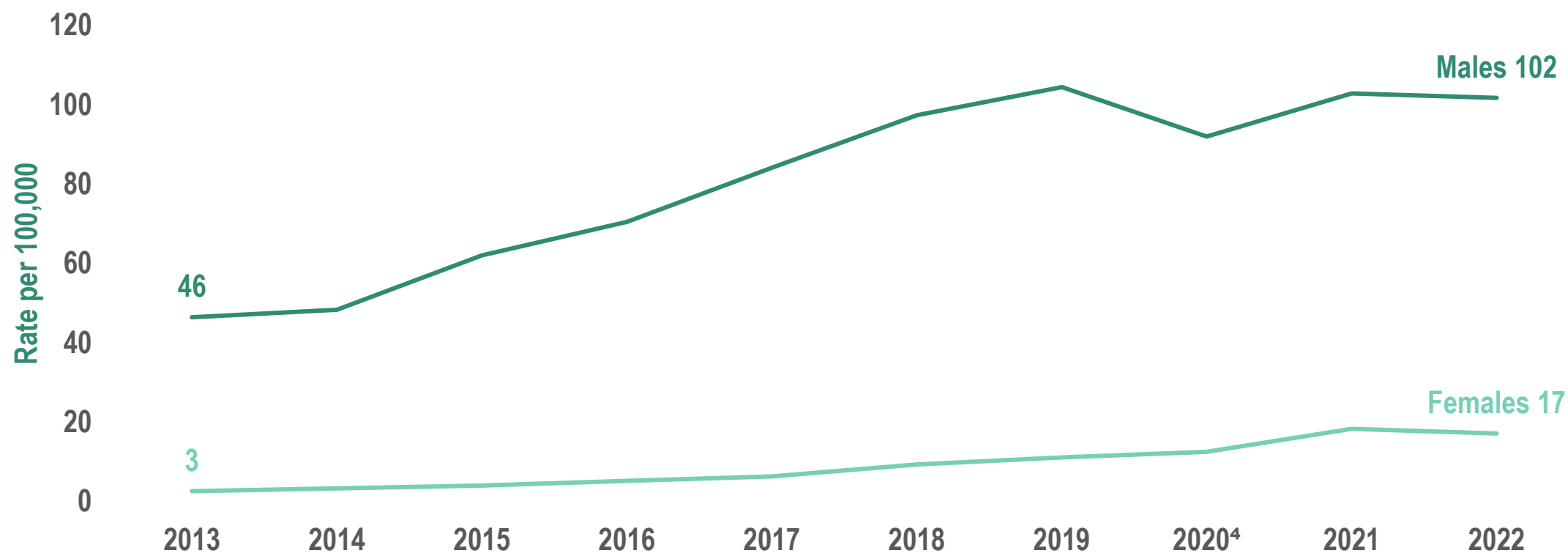
2. Data as of March 11, 2024 and excludes cities of Long Beach and Pasadena.

3. Note that the number of reported STIs for 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.



Although early syphilis rates in males were consistently higher from 2013-2022, female rates rose at a faster pace when compared with males.

Early Syphilis¹ Rates by Gender², Los Angeles County, 2013-2022³



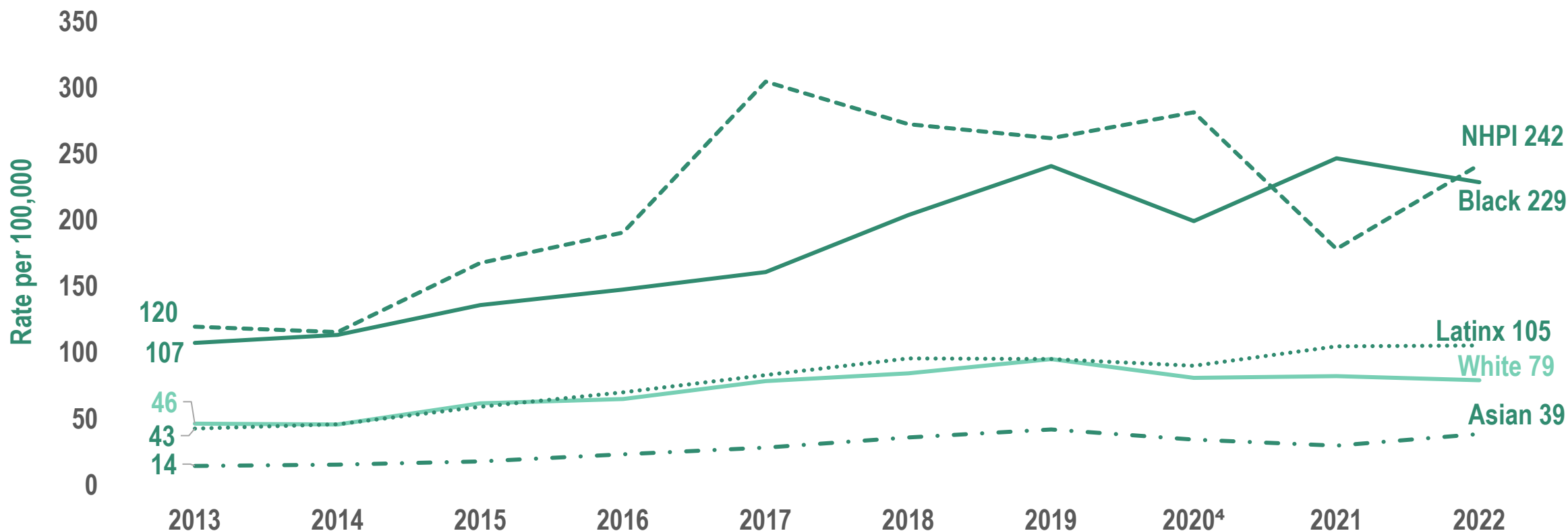
1. Early syphilis includes all cases staged as primary, secondary or early non-primary non-secondary (early latent).
2. Transgender rates cannot be calculated due to a lack of reliable denominator data. In 2022, 188 early syphilis cases were reported in transgender individuals.
3. Data as of March 11, 2024 and excludes cities of Long Beach and Pasadena.
4. Note that the number of reported STIs for 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.

Sources: LAC DPH Division of HIV and STD Programs;



Early syphilis rates among males increased across all racial/ethnic groups but were highest among Blacks and Native Hawaiians/Pacific Islanders.

Early Syphilis¹ Rates among Males by Race/Ethnicity², Los Angeles County, 2013-2022³



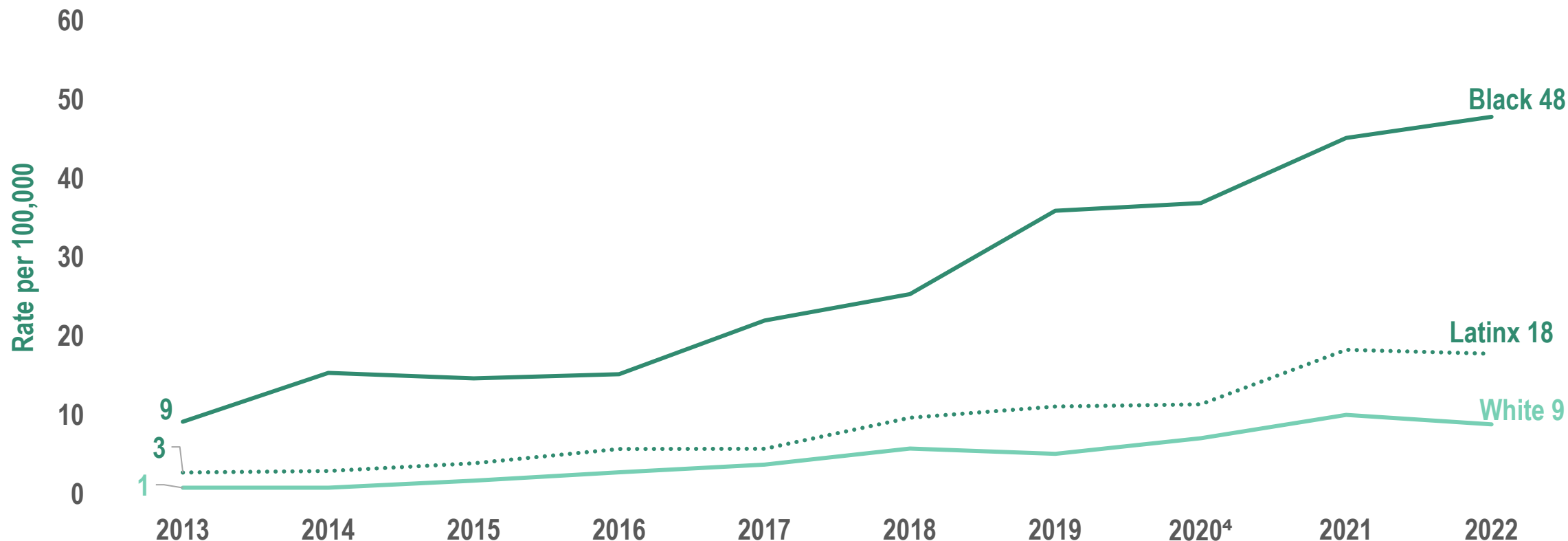
1. Early syphilis includes all cases staged as primary, secondary or early non-primary non-secondary (early latent).
2. Note that 2013 and 2014 rate for Native Hawaiian/Pacific Islander males are unstable due to small numbers and should be interpreted with caution. AIAN rates were not included in this figure due to small numbers.
3. Data as of March 11, 2024 and excludes cities of Long Beach and Pasadena.
4. Note that the number of reported STIs in 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.

Sources: LAC DPH Division of HIV and STD Programs;



Early syphilis rates among females increased across all racial/ethnic groups but were consistently highest among Blacks.

Early Syphilis¹ Rates among Females by Race/Ethnicity², Los Angeles County, 2013-2022³



1. Early syphilis includes all cases staged as primary, secondary or early non-primary non-secondary (early latent).
2. Note that 2013 and 2014 rate for Whites are unstable due to small numbers and should be interpreted with caution. Rates for Asian, AIAN and NHPI females were not included in this figure due to small numbers.
3. Data as of March 11, 2024 and excludes cities of Long Beach and Pasadena.
4. Note that the number of reported STDs in 2020 decreased as a result of decreased STD screening and increased use of telemedicine during the COVID-19 Stay at Home Health Officer Order.

Sources: LAC DPH Division of HIV and STD Programs;

During 2022, rates of early syphilis were highest in Hollywood-Wilshire, Central, South, Southeast and Southwest.

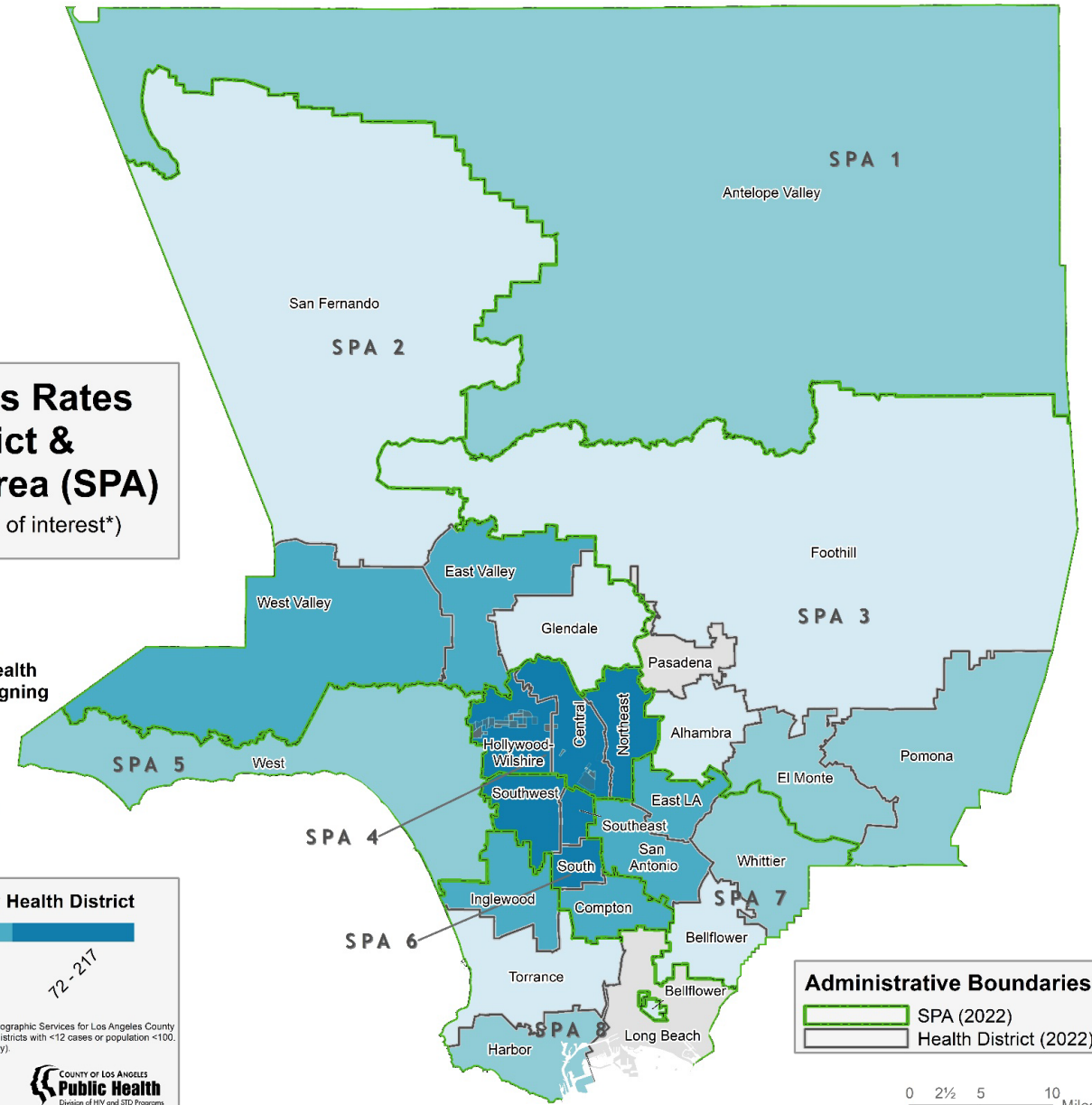
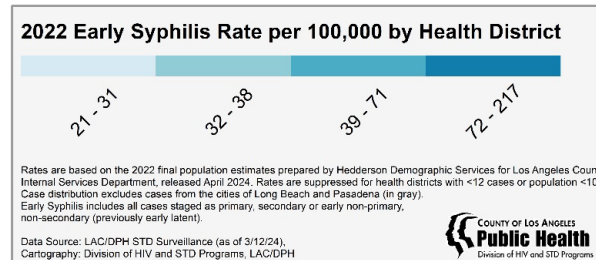
Early Syphilis Rates by Health District and SPA
Los Angeles County, 2022

Revised: 9/17/2024

2022 Early Syphilis Rates by Health District & Service Planning Area (SPA)
(includes 2020 Census Tracts of interest*)

* Census tracts with ≥ 12 cases and a population > 100 are symbolized by gray, with intensity of the transparency paralleling increased rates. These areas in the Hollywood-Wilshire and Central health districts should be prioritized when designing geographic-based interventions.

Census tract with stable rates
(Range: 312 - 1,516 per 100,000 persons)



ENDING THE HIV EPIDEMIC IN LOS ANGELES COUNTY

Julie Tolentino, MPH
Senior Program Manager
Ending the HIV/STI Epidemics
Division of HIV and STD Programs
Los Angeles County Department of Public Health

Since 2020, EHE has launched over 35 new programs and strategies.

Pillars	Number of Programs/Strategies
Diagnose	4
Prevent	5
Treat	8
Respond	3
Community Outreach and Education	7
Cross Cutting	4
Workforce Development	7



Ending
the
HIV
Epidemic

To launch 35+ EHE programs, DHSP...



Focused on innovation



Conducted needs assessments



Released 8 Request for Proposals (RFPs)



Established over 160 contracts with agencies



Partnered with a third-party administrator to expedite grant funding opportunities for community-based organizations



Integrated existing staff + new Ending the HIV Epidemic team

Ending the HIV Epidemic (EHE) Initiative in Los Angeles County

EHE is a national initiative that focuses on four key pillars - Diagnose, Treat, Prevent, Respond - designed to help reduce new HIV transmissions in the United States by 95% by 2030.

As of 2022 in Los Angeles County

59,400 people are living with HIV.

By 2030, the EHE Initiative



Increase knowledge of HIV status among people with HIV (PWH) to 95%

Increase treatment monitoring for

Based on data, EHE Priority Populations for LAC are groups that have been affected by HIV more than others:

- ★ Black and Latinx MSM
- ★ Women of color
- ★ Persons of trans experience
- ★ Persons under 30 years
- ★ Persons with substance use disorders



The EHE Initiative has implemented programs across the four pillars:

35+

programs implemented

31,052

clients reached by programs

541,229

people reached via community engagement

145

partner agencies

Ending the HIV Epidemic (EHE) Initiative

DIAGNOSE
TREAT



TREAT PWH rapidly and effectively to reach sustained viral suppression through:



Mental Health Programming

521

clients receiving mental health services, including 33 through the **Spanish Language Mental Health Program**



Rapid Linkage to Care Programs

184

clients linked to **same day or next day** appointments

97

clients served through the **Perinatal Linkage and Re-engagement Program**



Financial Incentives for Viral Suppression

212

clients enrolled in the **Incentives for Care, Adherence, Retention and Engagement (iCARE) Program**



HIV Street Medicine

785

clients reached including 68 people with HIV

harm reduction services



RESPOND quickly to potential HIV outbreaks.



Community Health Ambassador Program (CHAP)

10

Community Health Ambassadors distributed HIVST kits to over 100 clients within their networks



DARE2Care

857

clients identified who are not in care, at risk of falling out of care, or new referrals to care identified through clinic electronic medical records (EMR)



Cluster Detection and Response (CDR)

10

Community Advisory Board (CAB) members advising LAC and other jurisdictions on CDR efforts



IMPLEMENT CROSS-CUTTING STRATEGIES for wraparound services.



2,750

clients reached through 13 grantees



NEW PROGRAM SPOTLIGHT:

THE FLEXCARD
Feel well. Live well. Expand options.

1,505

People with HIV receiving monthly \$400 gift cards to reduce financial burden for basic needs and free up existing income for other essential needs



Engagement Program

1,200

Center and the AMAAD Institute



Workforce Development

1,172

attendees across 5 internal trainings and the 2024 HIV Workforce Summit

GetProtectedLA Media Campaigns on YouTube

www.youtube.com/@GetProtectedLA



We are in the last year for the first EHE cycle (2020-2025) and threats to EHE funding at the federal level persist.

- **Planning for sustainability**
- **Monitoring program outcomes**
- **For 2025 - 2030:**
 - **Received Year 1 CDC EHE funding allocation**
 - **Waiting for HRSA EHE funding allocation**

Sign up for the EHE Newsletter
EHEInitiative@ph.lacounty.gov

EHE website
www.LACounty.HIV

For sexual health info, resources,
and more:
www.GetProtectedLA.com



Ending
the
HIV
Epidemic

The FLEX Card Program

Feel well, Live well, Expand options

Lauren Simao, M.S.
EHE Supervisor
FLEX Card Program Manager



Ending
the
HIV
Epidemic

The Feel well, Live well, Expand options (FLEX) Card Program is a modified guaranteed income (GI) program for people with HIV (PWH) offering monthly \$400 gift cards for 6 months.

Who?

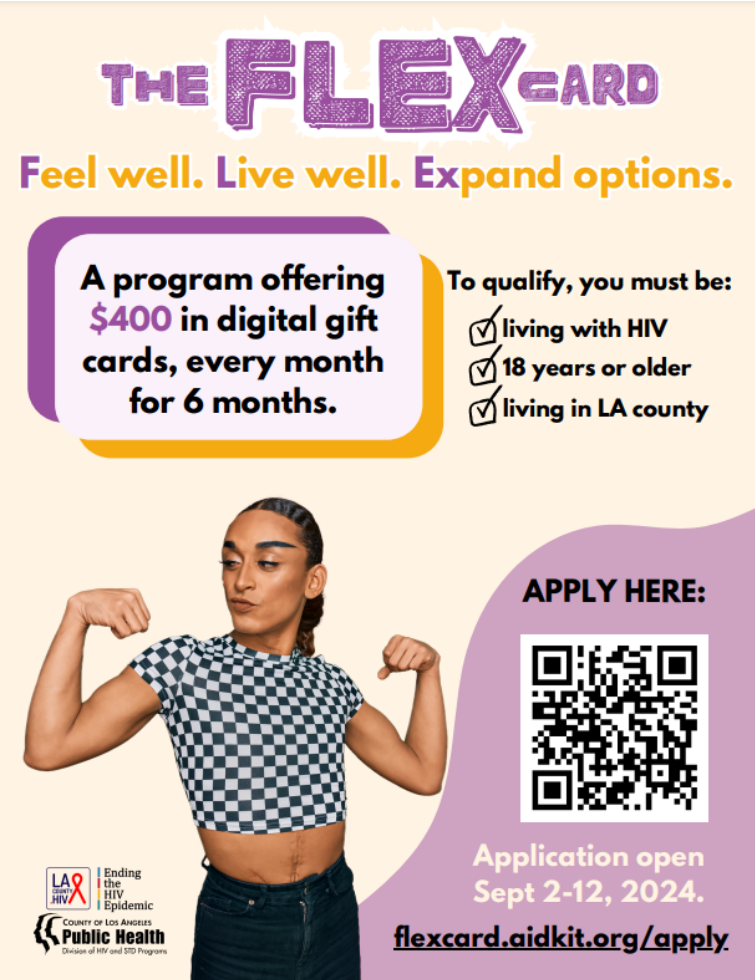
- Living with HIV
- At least 18 years old
- Living in Los Angeles County (LAC)
- Not enrolled in any other GI program

Why?

- Reduce financial burden for basic needs
- Increase healthcare seeking behaviors
- Improve health outcomes

How?

- Health Resources and Services Administration (HRSA) Ending the HIV Epidemic (EHE) funded
- Card functions at participating stores




THE FLEX-CARD
Feel well. Live well. Expand options.

A program offering \$400 in digital gift cards, every month for 6 months.


To qualify, you must be:

- ✓ living with HIV
- ✓ 18 years or older
- ✓ living in LA county

APPLY HERE:



Application open
Sept 2-12, 2024.
flexcard.aidkit.org/apply



LA HIV | Ending the HIV Epidemic
County of Los Angeles
Public Health
Division of HIV and STD Programs

Program evaluation includes baseline and six-month surveys, qualitative interviews, and key health indicator monitoring.

Pre & Post Surveys



- 10 item questionnaire measuring food security, financial hardship, and quality of life
- 682 participants responded to baseline survey

Semi-Structured Interviews



- Sample of ~30 people to be interviewed at end point
- Focused on program implementation and quality of life

HIV Outcomes



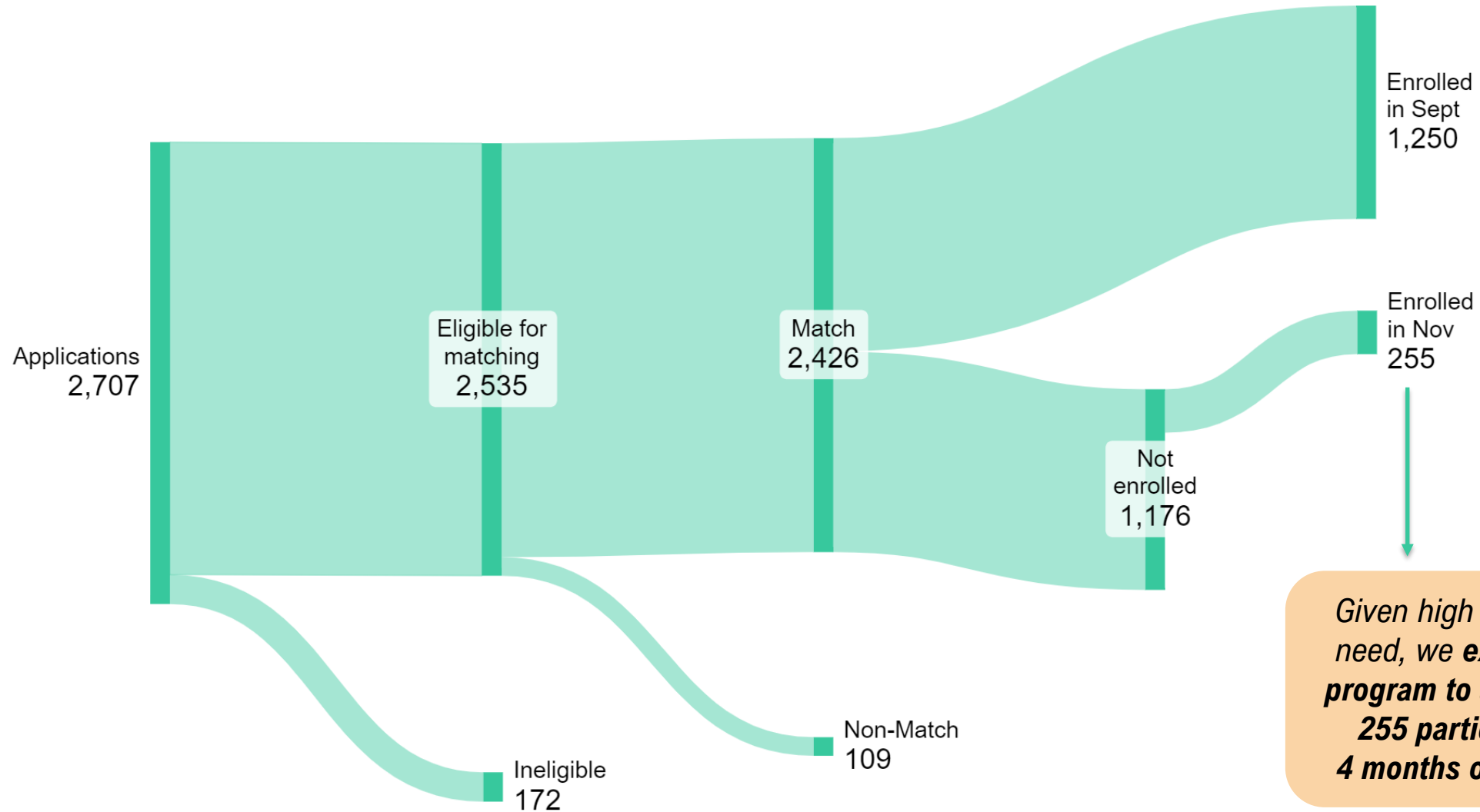
- # HIV medical appointments attended
- # viral load tests (VLT) conducted
- Viral load suppression (VLS) status

The application launched on September 2, 2024 and first payments were sent to 1,250 enrolled participants on September 30, 2024.

August 2024	Contracted with Aidkit
September 2 - 12	Application open
September 18	Selected applicants invited to enroll
September 23	Deadline to accept spot in the program
September 23	Second round of selected applicants invited to enroll
September 26	Deadline for the second round to accept spot in the program
September 30	First payments sent to enrolled participants
November 2, 2024	Additional applicants invited to enroll
November 13, 2024	Enrollment deadline for expansion program
February 28, 2025	Final payment to enrolled participants

Launching this program has been a true team effort – DHSP staff have resolved **1,894** applicant support cases since application launch, including **1,016 calls**, averaging approximately **254 hours** of staff time on calls alone.

The program received 2,707 applications, of which 1,505 applicants were enrolled.

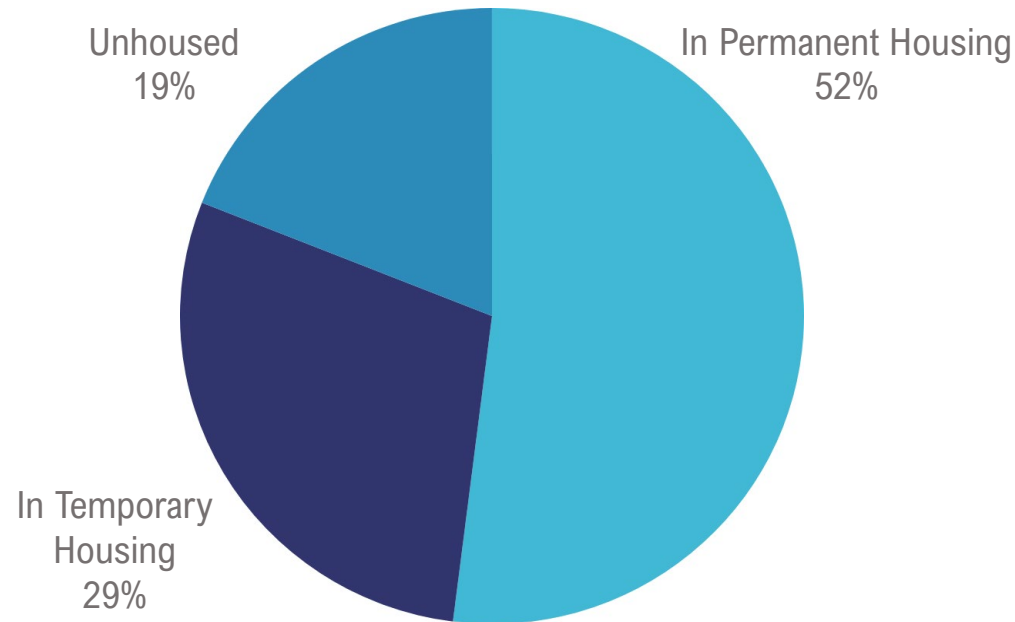


Housing status, income level, and household size were reviewed in applications and helped inform the selection process.

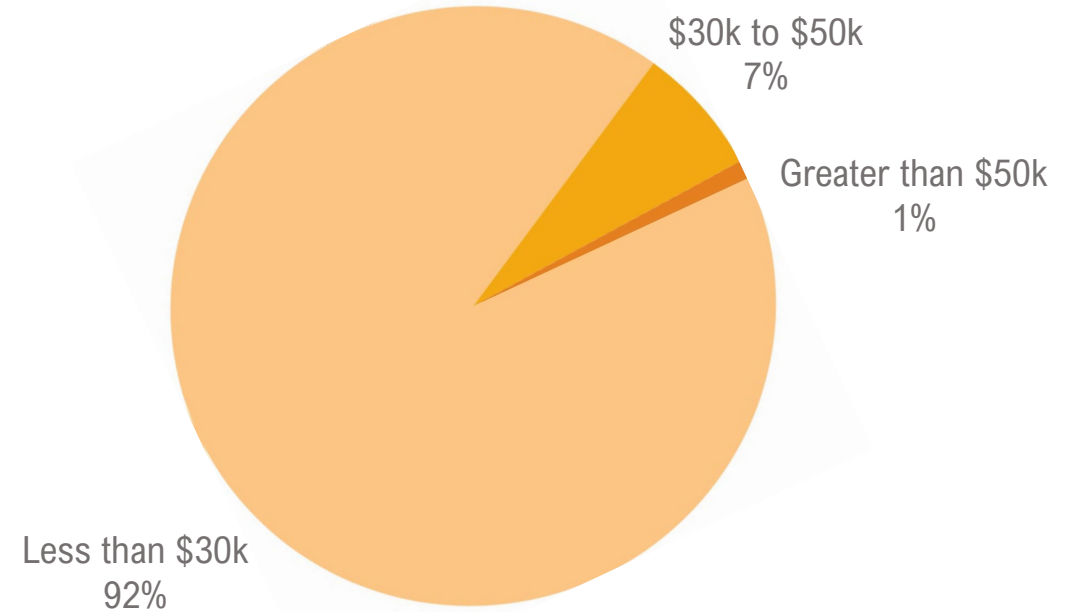
EHE Priority Populations Enrolled

- 516 Latinx MSM, 41%
- 218 Black MSM, 17%
- 156 Trans people, 11%
- 34 Cisgender Black women, 3%

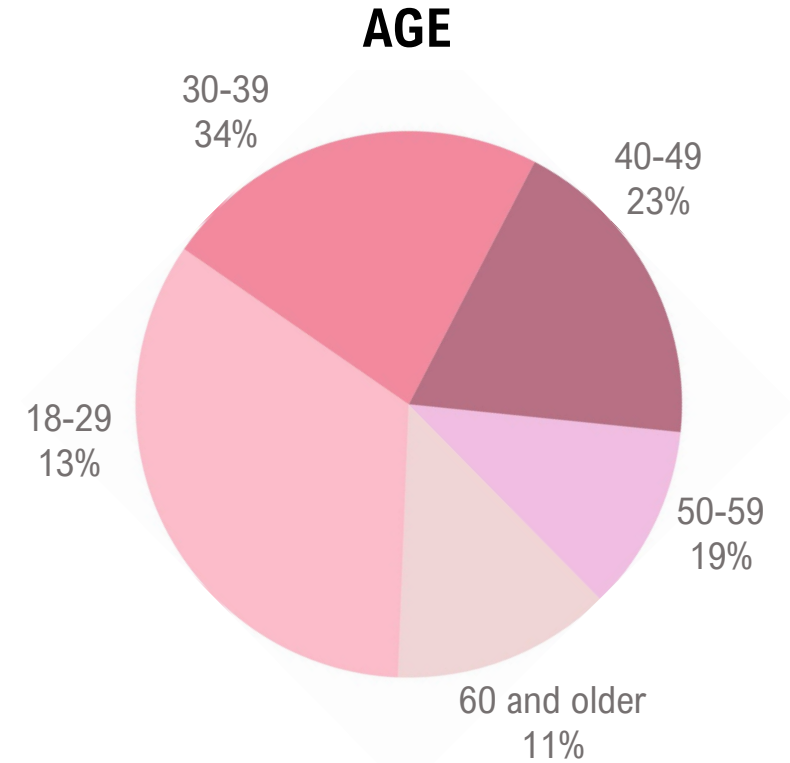
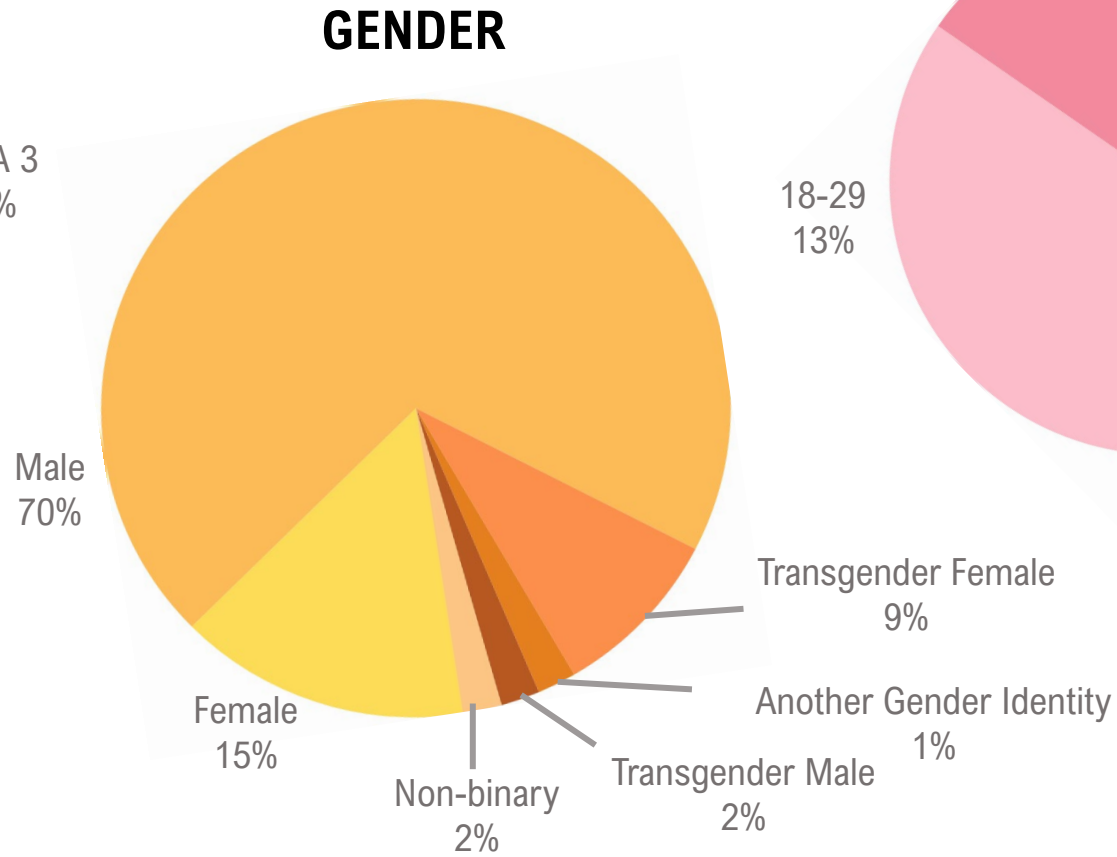
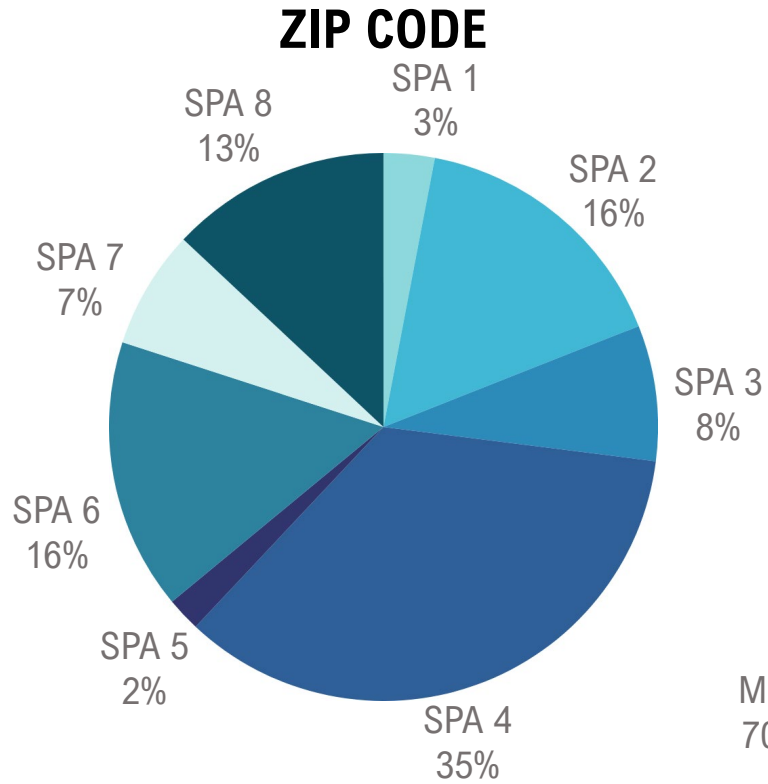
HOUSING STATUS



INCOME RANGE



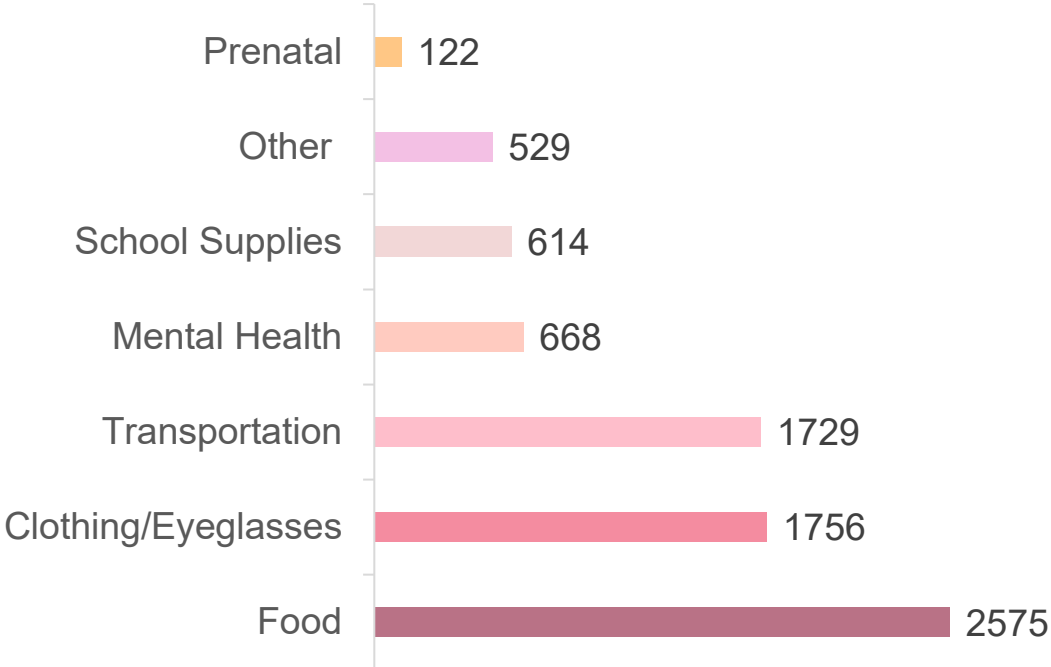
A majority of clients identify as male, most fall between the ages of 30-59, and all SPAs are represented.



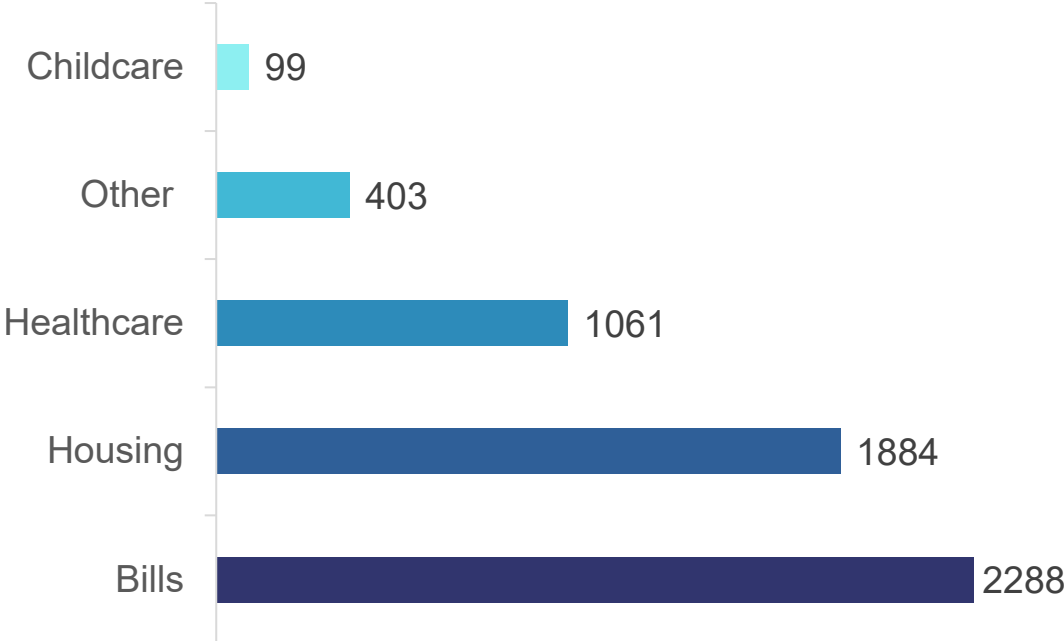
Note: 13 observations reported Not sure or Declined for Gender

Applicants most often said they would use FLEX for food, transportation, and clothing/eyeglasses, freeing up other income for housing and bills.

Number of Applicants Intending to Use FLEX Card Funds for Basic Needs



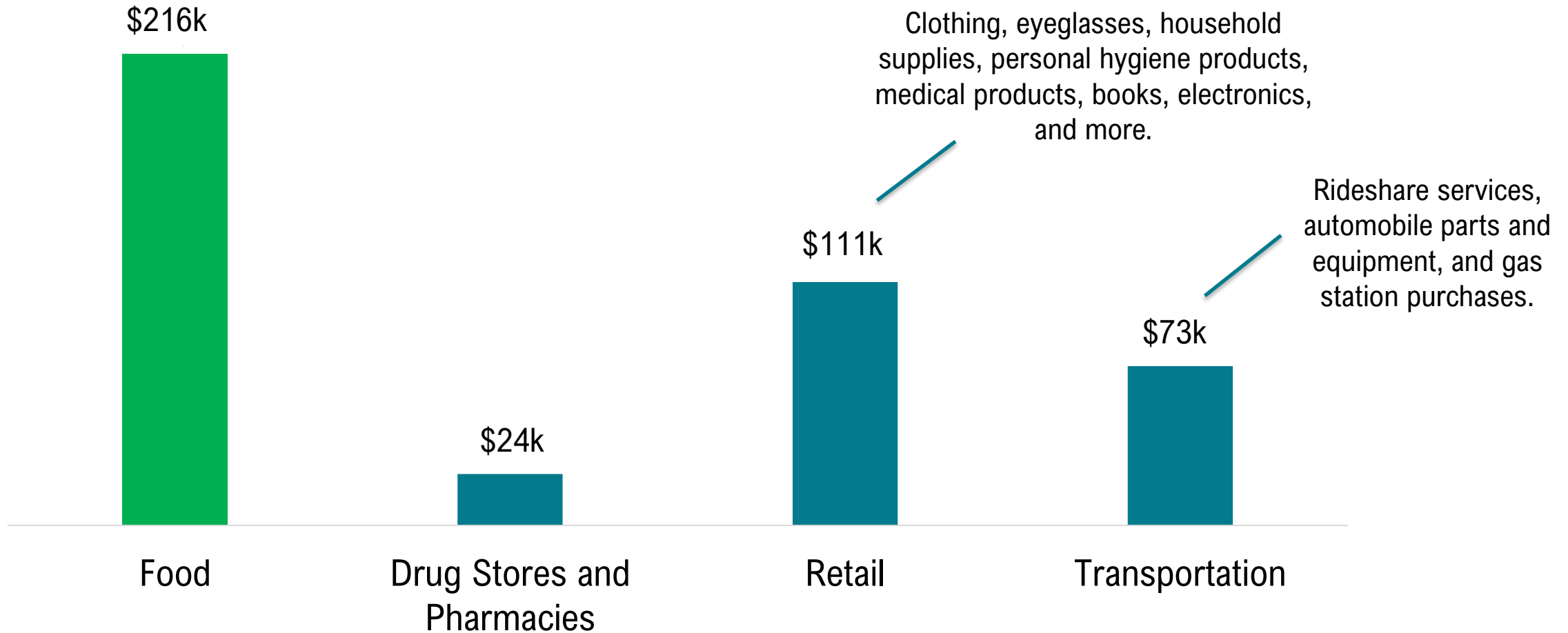
Number of Applicants Expecting FLEX to Free Up Income for Essential Needs



Note: Applicants could choose more than one answer.

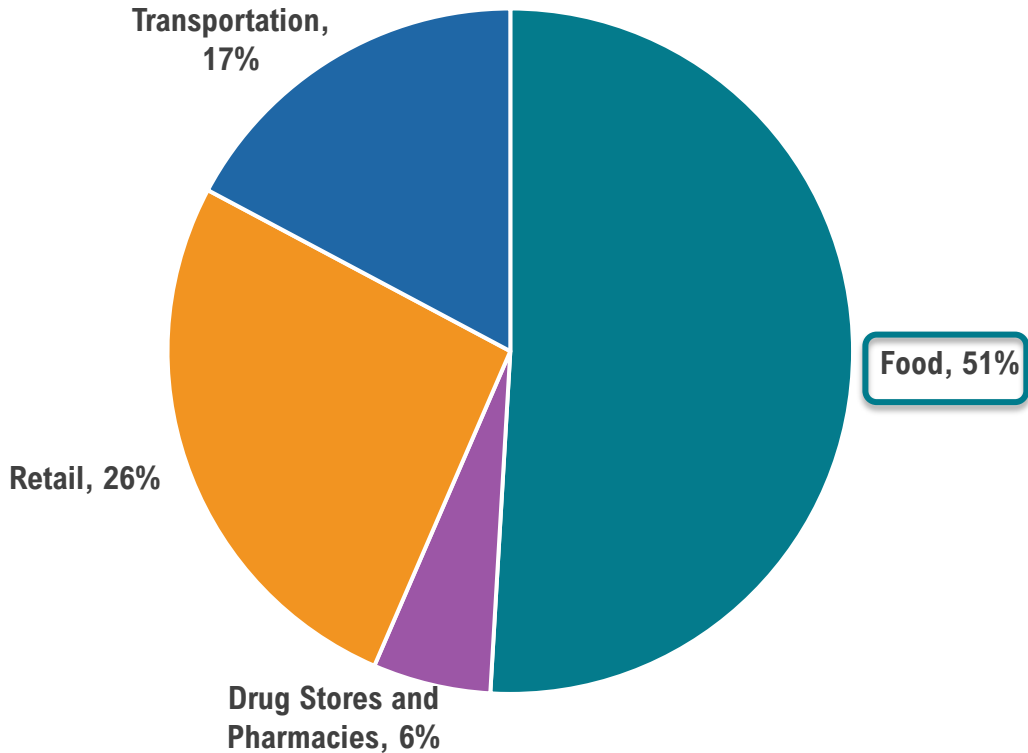
Within the first month, over 50% of funds were spent on food.

Total Dollars Spent by Spending Category, Sep 30, 2024 – Oct 30, 2024

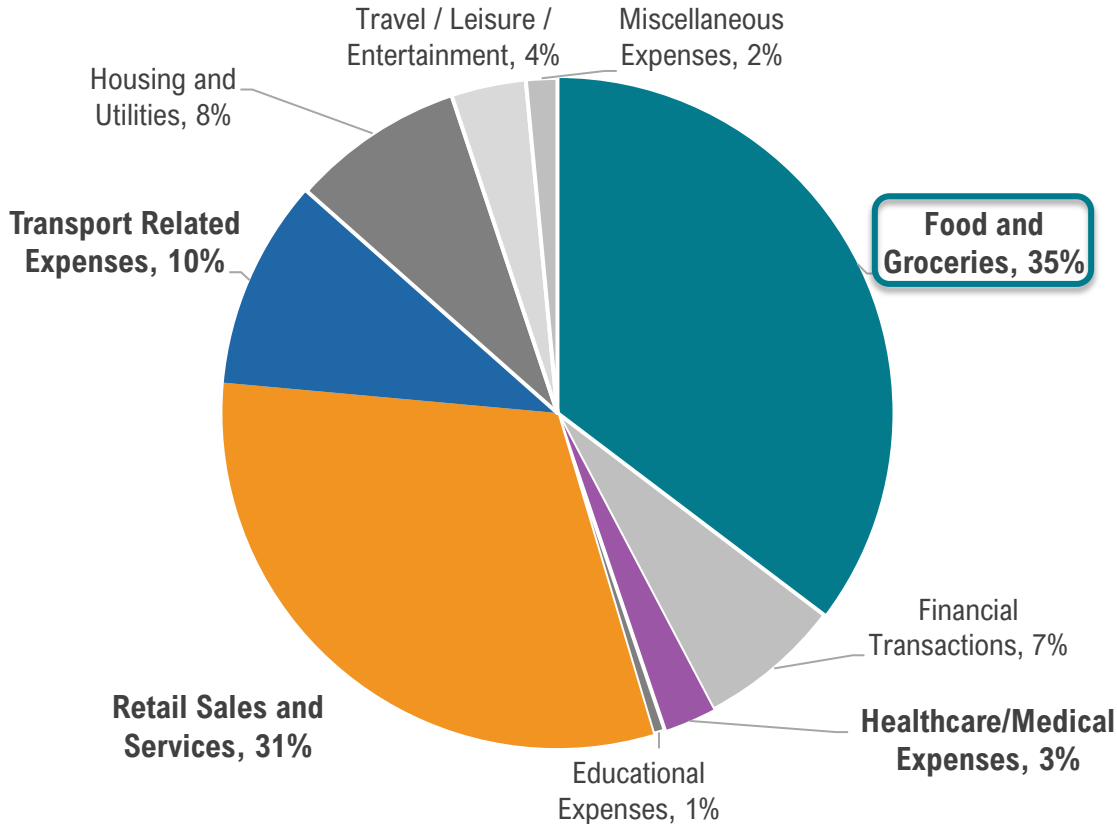


Within the first month, **FLEX Card** participant spending mirrored multi-year spending data from a large **LA County guaranteed income program**.

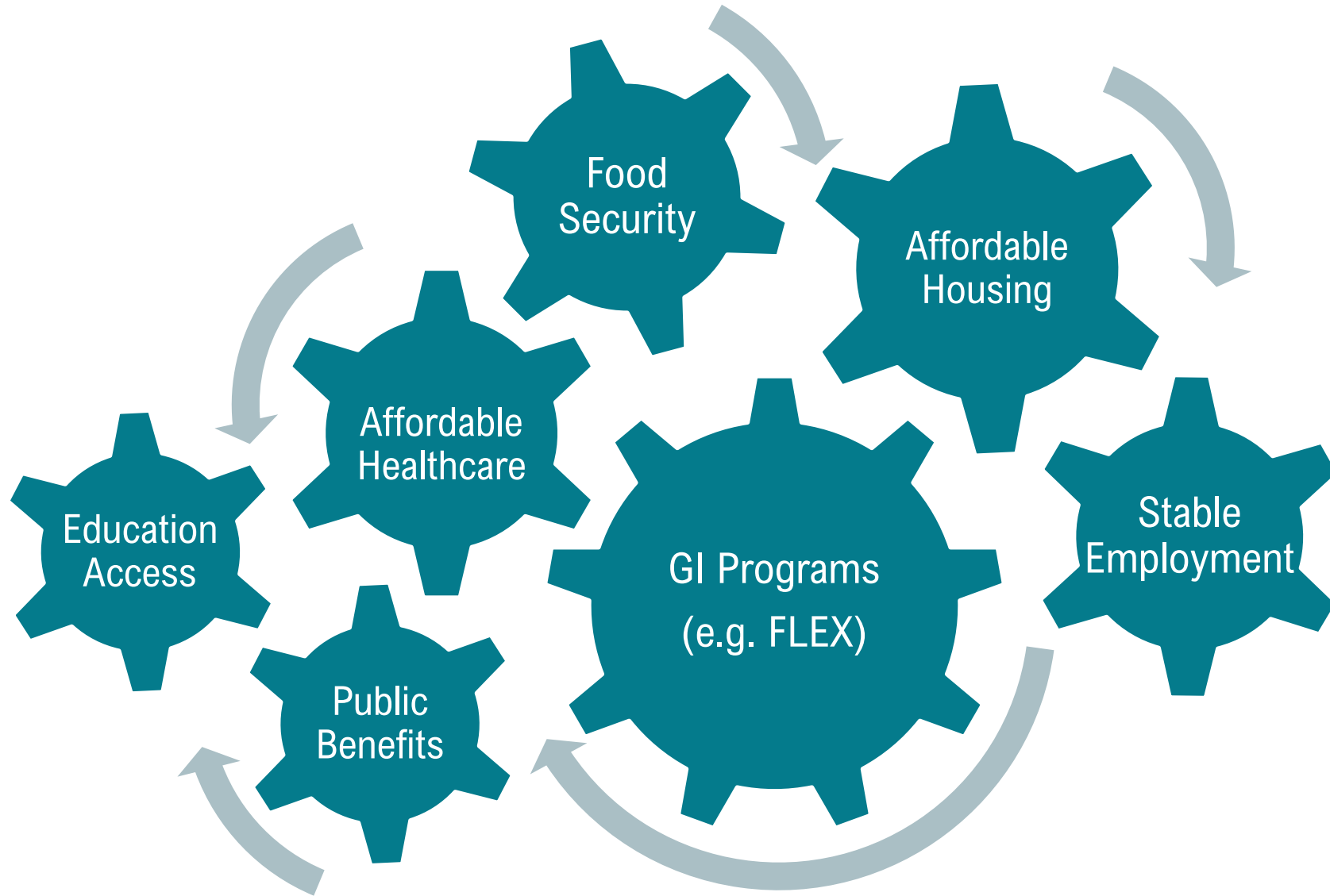
FLEX Card Preliminary Spending Data
Sep 30, 2024 – Oct 30, 2024



Breathe Program Spending Data
June 2022 – Oct 1, 2024



The FLEX Card Program is one innovative tool in a broad scope of necessary strategies that together can help to reduce poverty and improve health for people with HIV.



Thank you!

Program website:

[www.ph.lacounty.gov/DHSP/
FLEX Card Program](http://www.ph.lacounty.gov/DHSP/FLEX_Card_Program)

Visit the FAQs

[FLEX Card Program FAQs](#)

FLEX Card Program Email

FLEXcard@ph.lacounty.gov

THE FLEX CARD


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