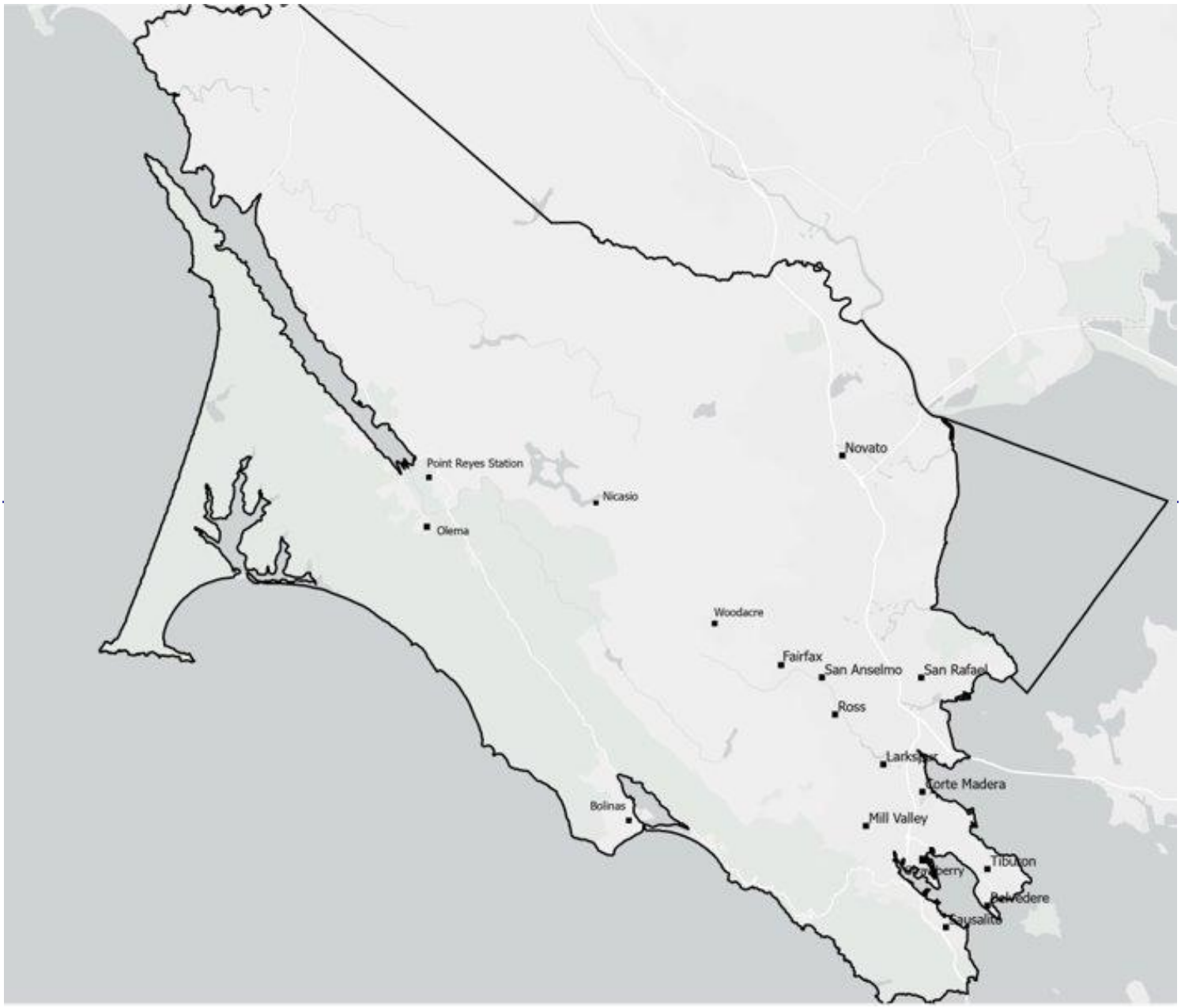
2026 County of Marin Fact Sheet:
HIV/AIDS in Marin County

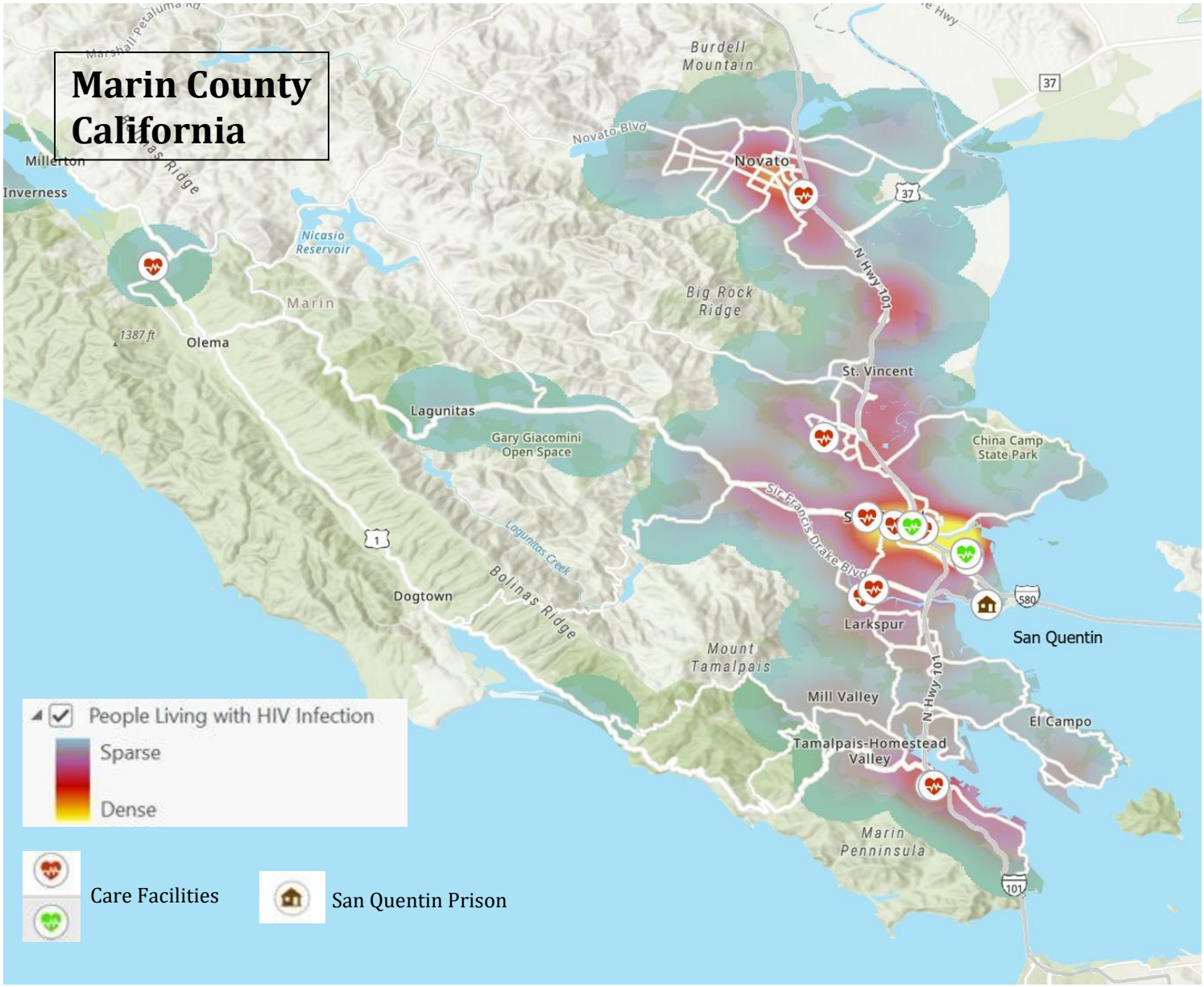
MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety



Marin County is home to approximately 254,000 residents and includes a combination of incorporated cities and towns and unincorporated communities. Most of the county's population is concentrated along the more urban and suburban Highway 101 corridor, while West Marin is characterized by rural communities, agricultural areas, and extensive protected open space. Marin is bordered by Sonoma County to the north, the San Francisco Bay and Contra Costa County to the east, and San Francisco to the south across the Golden Gate Bridge. Marin residents are highly connected to neighboring Bay Area counties for employment, social activities, health care, and other services. These geographic and regional connections are important considerations when interpreting local health outcomes and patterns of service utilization.

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Pictured is a heat map of HIV prevalence in Marin County as of December 31, 2025. The map excludes cases who were unable to be located because they were unhoused or listed a PO box number in their address field. The care facilities are represented by a red or green heart – red represents medical clinics and the green represents the Ryan White service providers. The areas with higher density of cases are reflected in yellow and include areas near San Rafael and Novato.

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Since the first Marin County AIDS case was reported in 1982, 1,540 people have been diagnosed with HIV infection in the Marin community—633 of whom are still living (Table 1). At San Quentin State Prison (SQSP), 660 cases of HIV infection have been identified. The vast majority of people diagnosed with HIV at SQSP are no longer incarcerated there. For this reason, the demographic data presented after Table 1 do not include cases diagnosed at SQSP.

Please note: HIV/AIDS epidemiology data are from the enhanced HIV/AIDS Reporting System (eHARS) maintained by the Office of AIDS. The data presented here are cumulative through December 31, 2025, and were generated from the 2026 1st quarter Marin County dataset. Tables 1 & 3 and Figure 4 only include people who were residents of Marin County at the time of HIV diagnosis. Table 2 and Figures 1-3 describe people who have Marin County as their current residence.

Table 1. All Reported Cases of HIV infection (including AIDS), diagnosed 1981-2025

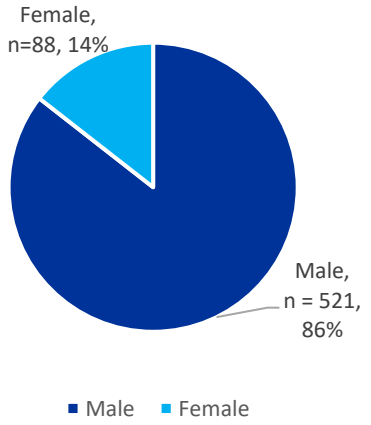
	Total Reported*	Deaths#	Living Cases†
San Quentin	660	441	219
Community	1540	907	633
Combined	2200	1348	852

* Does not include cases that were later found to be duplicates
\# Deaths from all causes
† Includes cases of unknown vital status

Demographics of People Living with HIV Infection as of December 31, 2025, with a Current Residence in Marin County (Community only), n=609

Six hundred and nine people living with HIV infection have a current residence in Marin County as of the end of 2025. Of these people, 86% are male (Figure 1) and over half are currently age 55 or older (Figure 2). Table 2 provides a look at race/ethnicity and a breakdown by transmission category.

Figure 1. Sex at Birth of People Living with HIV



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Figure 2. Current Age in Years of People Living with HIV Infection

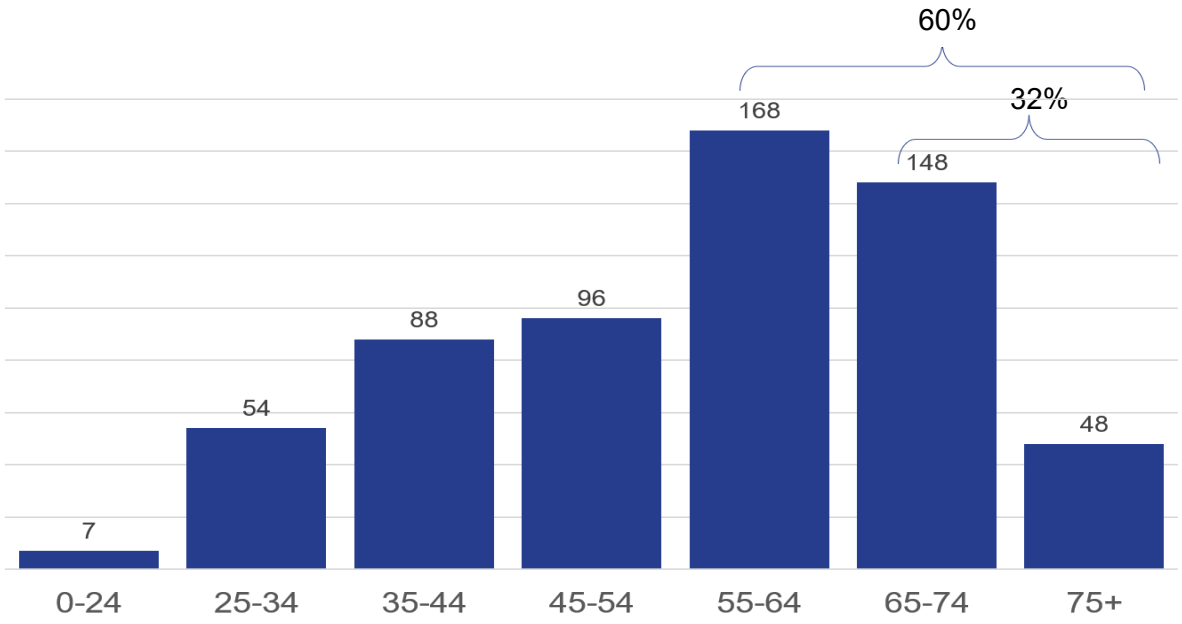


Table 2. Race/Ethnicity and Transmission Category of People Living with HIV Infection

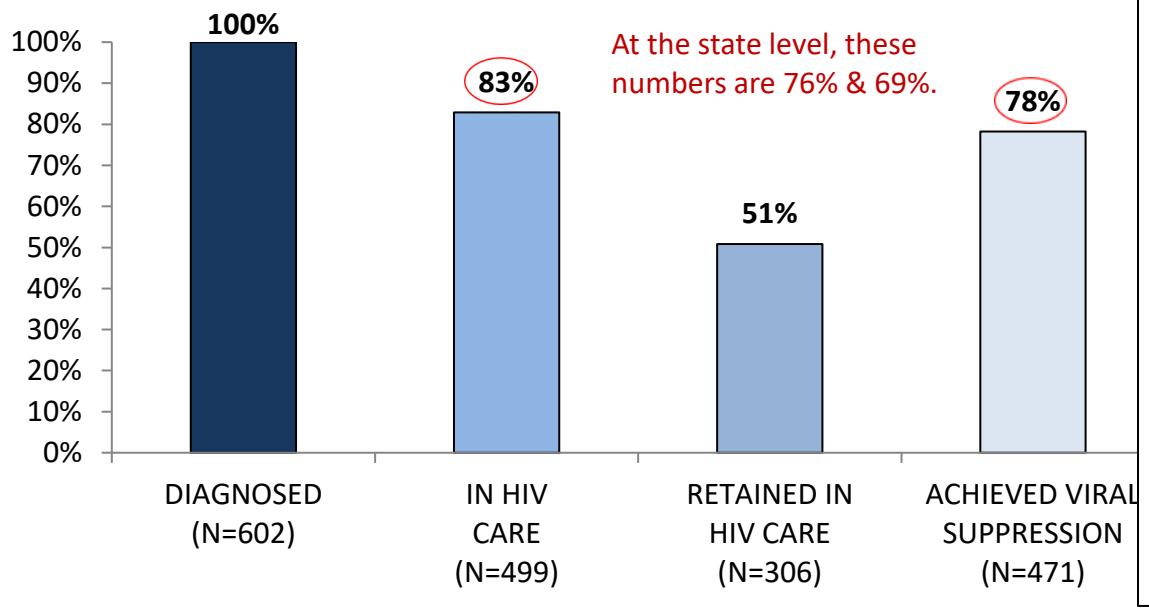
Race/Ethnicity	#	%	Rate per 100,000
Non-Hispanic White	337	55%	201
Hispanic/Latino/a/e	183	30%	438
Black/African American	51	8%	746
Multiple Races	20	3%	138
Asian/Nat. Hawaiian/Pac. Islander	18	3%	100
Transmission Category	#	%	
Male-Male Sexual Contact (MSM)	400	66%	
MSM & IDU	30	5%	
Injection Drug Use (IDU)	36	6%	
High-Risk Heterosexual Contact*	68	11%	
Heterosexual Contact	56	9%	
Medical** or Perinatal	5	1%	
Unknown	14	2%	
Total	609	100%	

* Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

** Receipt of clotting factor, transfusion of blood or blood products, tissue or organ transplant, or artificial insemination.

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Figure 3. Continuum of HIV Care*, Marin County Residents#, Diagnosed & Living with HIV, 2025



Definitions

In HIV Care – at least one lab during 2025

Retained in HIV Care – two or more labs at least 3 months apart during 2025

Achieved Viral Suppression – most recent viral load during 2025 was ≤ 200 copies/ml

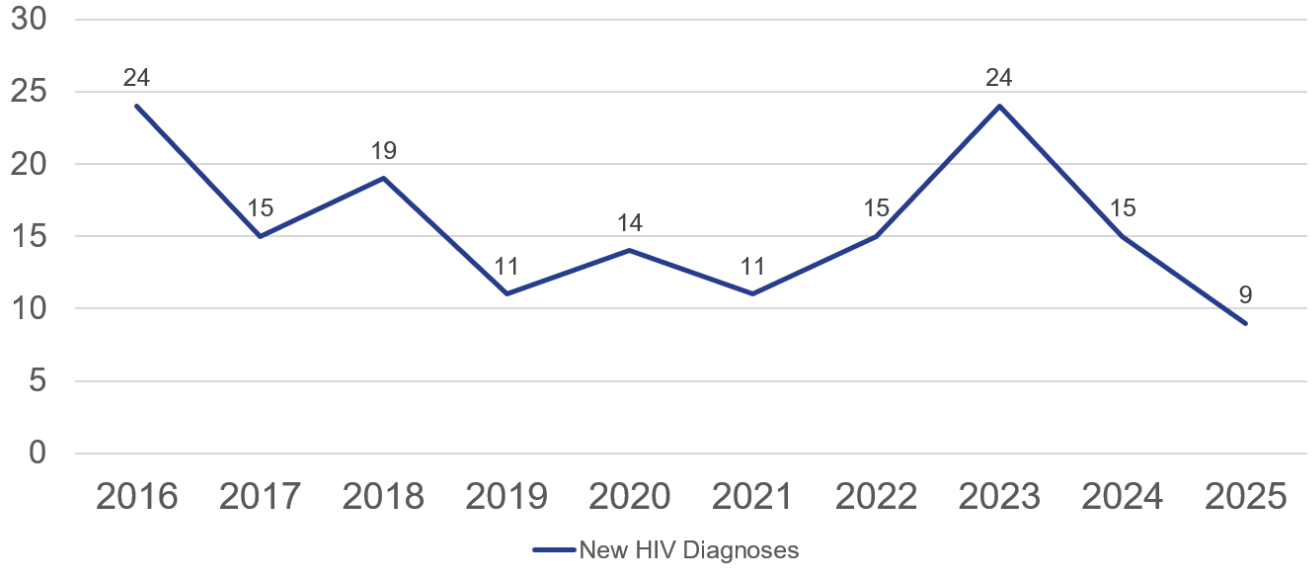
* Data from eHARS, provided by CDPH/Office of AIDS

Residency based on 2025 year-end address; addresses in San Quentin, CA excluded as a proxy for SQSP

New Cases of HIV Infection in Marin County

Over the past ten years, Marin County averaged 16 new community HIV infection diagnoses per year.

Figure 4. New HIV Diagnoses, Marin County, 2016-2025



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Table 3. Marin County Residents Newly Diagnosed with HIV Infection in the Community
*Heterosexual sex with an injection drug user, a male who has had sex with a male, a hemophiliac, a transfusion

Characteristics	Year of HIV Diagnosis	2016-20 #	2016-20 %	2021-25 #	2021-25 %	2021-25 Rate per 100,000
Sex at Birth	Male	67	81%	64	86%	
	Female	16	19%	10	14%	
Age at Diagnosis	0-19	4	5%	2	3%	0.7
	20-29	24	29%	20	27%	16.9
	30-39	23	28%	28	38%	24.9
	40-49	10	12%	14	19%	9.5
	50-59	14	17%	7	9%	3.7
	60+	8	10%	3	4%	0.7
Race / Ethnicity	Hispanic/Latino/a/e	34	41%	43	58%	20.5
	Non-Hispanic White	32	39%	24	32%	2.8
	African American/Black	9	11%	3	4%	9.3
	Asian	3	4%	3	4%	3.5
	Multi-racial	5	6%	1	1%	1.4
Transmission Category	Male-Male Sexual Contact (MSM)	50	60%	44	59%	
	MSM & IDU	3	4%	5	7%	
	Injection Drug Use (IDU)	5	6%	3	4%	
	High-Risk Heterosexual Contact*	8	10%	6	8%	
	Heterosexual Contact	15	18%	14	19%	
	Unknown/Not Reported	2	2%	2	3%	
	Total	83	100%	74	100%	

or transplant recipient with documented HIV infection, or a person with AIDS or documented HIV infection with unspecified risk.

Observations

- 83 diagnoses during 2016-20 vs. 74 during 2021-25 – overall decrease of 11% and the fewest number of new diagnoses ever reported in 2025.
- Approximately 1 in 5 are diagnosed with AIDS within a month of their HIV diagnosis
- Sex at birth distribution consistent
- Two thirds of new cases are in 20-39 year olds
- Increases in 30s and 40s age groups, all others are decreasing
- Only increase in counts and proportions of cases is for Latinos/a/e who now make up nearly 60% of new cases
- Incidence rate for Latinos/a/e is 7 times higher than Whites

Community Input

Community input was gained through comments on the annual countywide client satisfaction survey. This survey is sent to all Ryan White clients who receive mail (n=168), and clients are provided with the option of completing the survey either by paper or online. The response rate was 45%. Food Vouchers, Medical Case Management, and Non-medical Case Management received the highest satisfaction scores. Emergency Financial Assistance received the lowest satisfaction score. The respondents ranked Food Vouchers, Health Insurance Premiums and Cost Sharing Assistance, and Oral Health Care as the top three priorities. Regarding their self-reported health: 68% reported their overall health today as good or excellent, 28% fair, and 4% poor. 53% reported their overall health improved in the last year by a little bit or very much, 33% stayed the same, and 13% had gotten worse. When asked for their top health concerns, respondents shared that fatigue, lack of money for daily living, depression or anxiety, chronic pain, and lack of food were the problems that most affected their health.

The Care Council sponsored a community forum in October 2026. The forum included a presentation on aging well with HIV, Ryan White services updates, and collecting community feedback on program services. The forum was well attended with 23 clients, some of whom were monolingual Spanish speakers who participated in the activities with the support of interpreter.

The Marin HIV/AIDS Care Council has been a functioning entity since 2004 and meets six times a year. H&HS continues to support the Council by working closely with the Council to prioritize and allocate Ryan White resources. The Council has been working to increase community and HIV service provider membership. The Care Council meetings are open to the public. Meeting minutes and agendas are posted and downloadable from the County website:

https://www.marinhhs.org/boards/marin-hivaids-care-council

Table 4. Demographic Composition of Marin HIV/AIDS Care Council through October 2026

		Number	%
Race/Ethnicity	Non-Hispanic White	7	70%
	Hispanic/Latino/a/e	2	20%
	African American/Black	1	10%
	Asian	0	0%
	Native Hawaiian/Pacific Islander	0	0%
	American Indian/Alaska Native	0	8%
Gender	Male	6	60%
	Female	4	40%
	Transgender	0	0%
Age	13-24	0	0%
	25-49	1	10%
	50+	8	80%
	Decline	1	10%
HIV Status	Positive	6	60%
	Negative	4	40%
	Undisclosed	0	0%
	Total Council Membership	**10**	**100%**

HIV Care Connect (HCC) FY 2025-2026 Data Overview

Marin County had 183 unduplicated clients receiving Ryan White Part A and B services from March 1, 2025 to February 28, 2026. This represents about 30% of people living with HIV in Marin County. Among the Ryan White clients, 33% are 65 years or older, 30% are 50-64, and 36% are 25-49. 76% are male and 23% are female. 42% are Hispanic/Latino/a/e, 39% are White, 10% are Black/African American, and 5% Asian. 75% have stable or permanent housing, 16% have temporary housing, and 10% have unstable housing.

Marin County's 2027-2028 Prioritization and Allocation Process

The Marin HIV/AIDS Care Council held a meeting on August 12, 2026, to conduct prioritization and allocation for 2027-2028.

Preparation

The Council received data from the following sources for review:

- 2025/26 Ryan White Annual Client Satisfaction Survey results
- 2025/26 Service Category Summary Sheets
- 2025/26 HIV Care Connect (HCC) Data
- 2025 HIV/AIDS surveillance and epidemiology data in Marin County provided by Deborah Gallagher, HIV/AIDS Surveillance Epidemiologist for Marin County

Key Decisions

Nine members were present for the prioritization and allocation meeting.

- The Council made some small changes in its prioritization rankings. The top three service categories continue to be Non-Medical Case Management, Medical Case Management, and Food Bank/Home Delivered Meals. All service categories were ranked the same with the exception of Non-Medical Case Management ranking first over Medical Case Management.
- There were slight changes to the allocations this year. Food received a decrease due to lower utilization than anticipated and increases were made to all other categories.
- The 2027/28 budget was approved unanimously.

Marin Ryan White Part A 2027/28 Allocation

Service Category	Previous Priority	New Priority Rank	27/28 Part A Allocation	% of Total Award	27/28 Part B Award
CORE SERVICES					
Mental Health	7	n/a			
Medical Case Management	1	2	$102,750	19%	$131,784
Health Insurance Premium and Cost-Sharing Assistance	8	7	$35,000	6%	
Oral Health Care	5	5			$26,508
SUPPORT SERVICES					
Non-Medical Case Management	2	1	$102,750	19%	
Food Bank/Home-Delivered Meals	3	3	$203,677	37%	
Emergency Financial Assistance	4	4	$64,500	12%	
Medical Transportation	6	6	$18,000	3%	
Psychosocial Support Services	9	8	$25,000	5%	
Core Services			**$137,750**		
Support Services			**$413,927**		
TOTALS[1]			**$552,677**[1]	**100%**	**$158,292**[2]

[1]Table excludes a small portion of the total award for Council support
[2] Does not include a portion for administrative expenses

Ryan White Part A Funding Allocation, 2020/21 through 2025/26

Service Category	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
CORE SERVICES					
Outpatient/Ambulatory Health Services*	$0	$0	$0	$0	$0
Mental Health	$25,532	$35,532	$45,000	$0	$0
Medical Case Management**	$99,635	$99,635	$100,000	$98,000	$100,000
Oral Health Care*	$0	$0	$0	$0	$0
Health Insurance Premium and Cost-Sharing Assistance	$35,203	$35,203	$35,000	$27,389	$29,000
SUPPORT SERVICES					
Non-Medical Case Management	$113,969	$113,969	$114,000	$98,000	$100,000
Emergency Financial Assistance	$36,879	$44,994	$56,000	$60,000	$58,000
Food Vouchers**	$97,242	$121,242	$113,242	$243,288	$228,677
Food Bank/Home-Delivered Meals	$59,226	$59,226	$58,000	$0	$0
Psychosocial Support Services	$25,915	$15,915	$16,000	$15,000	$16,000
Medical Transportation	$13,410	$21,526	$10,000	$10,000	$20,000
Housing	$40,231	$0	$0	$0	$0
TOTAL* **	**$548,242**	**$548,242**	**$548,242**	**$552,677**	**$552,677**

*Service categories funded entirely through Part B from FY21/22 to FY23/24
**Additional funding through Part B, except Food starting FY 25/26
***Table excludes a small portion of the total award for Council support