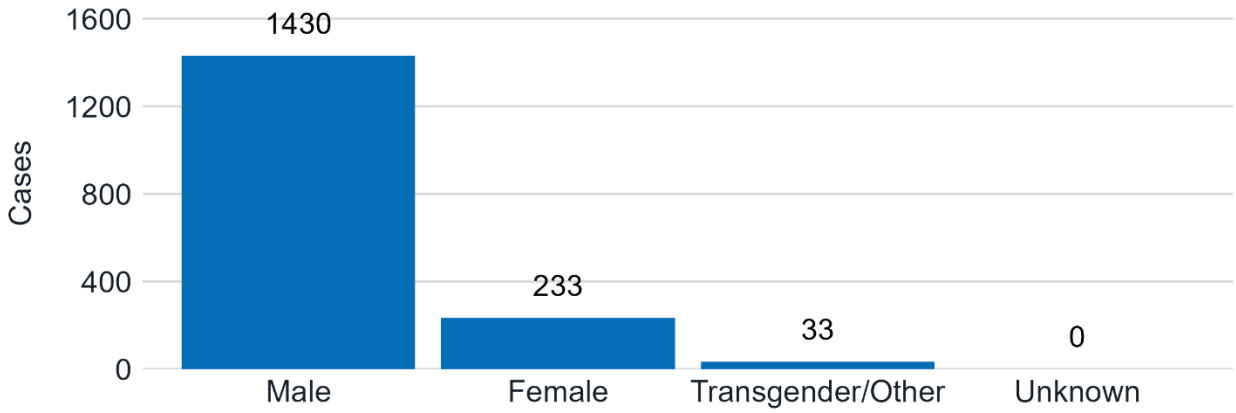
San Mateo County Health: 2025 HIV/AIDS

People Living with HIV

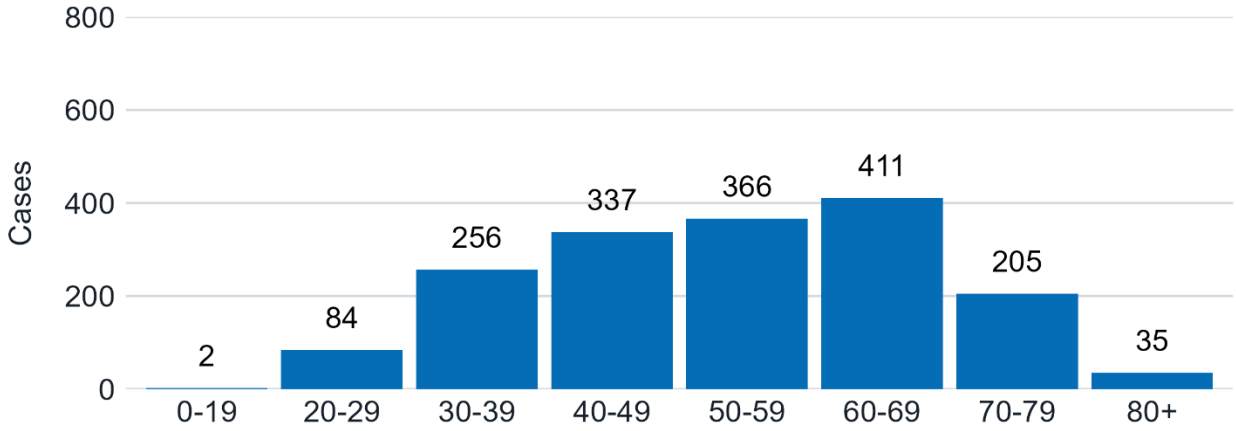
As of December 31, 2025, there were 1,696 people living with HIV (PLWH) in San Mateo County. 84.3% of PLWH are male.

Figure 1. PLWH in San Mateo County by gender, 2025



Over 20% of PLWH are ages 60-69 and 14% are over the age of 70.

Figure 2. PLWH in San Mateo County by age, 2025



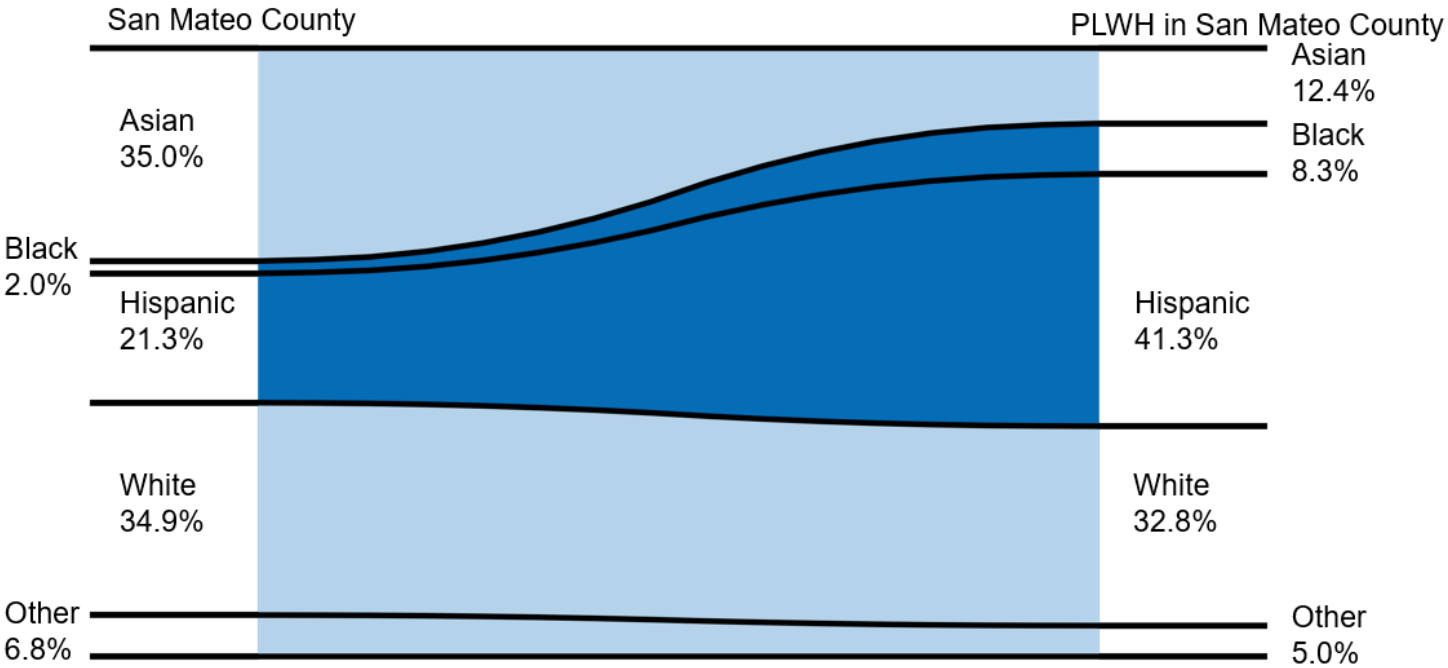
The highest proportion of PLWH are Hispanic or Latino and White.

Table 1. PLWH in San Mateo County by race/ethnicity, 2025

Race/Ethnicity	n	Percent
American Indian or Alaska Native	4	0.2
Asian	210	12.4
Black or African American	141	8.3
Hispanic or Latino	703	41.3
Native Hawaiian or Pacific Islander	19	1.1
Multiracial	49	2.9
White	556	32.8
Other	14	0.8

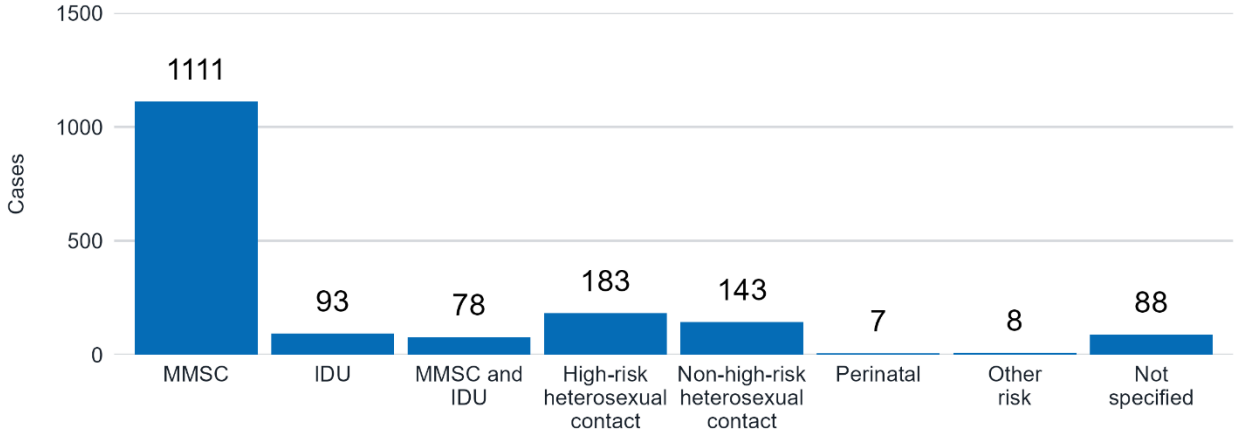
Black or African-American and Hispanic or Latino individuals are overrepresented among PLWH compared to the demographics of San Mateo County.

Figure 3. Comparing race/ethnicity among PLWH vs. the San Mateo County population, 2025



The majority of PLWH reported male-to-male sexual contact (MMSC) as a transmission category.

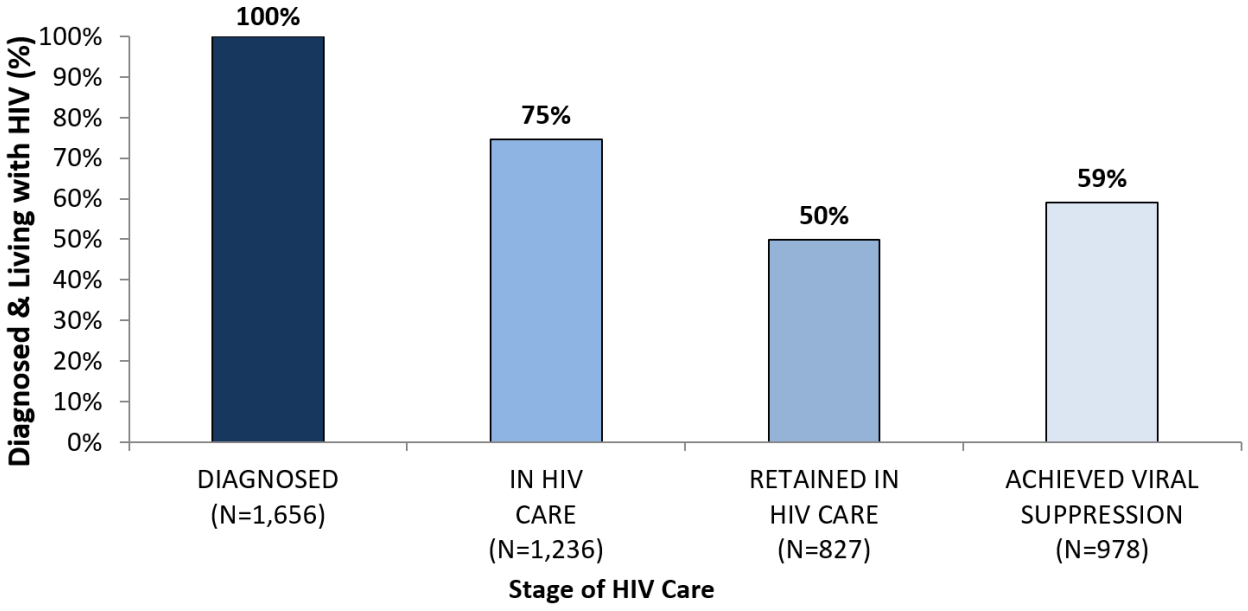
Figure 4. Transmission categories among PLWH in San Mateo County, 2025



MMSC: male-to-male sexual contact. IDU: injecting drug use. High-risk heterosexual contact: heterosexual contact with a person known to have HIV or engaged in an activity that put them at high risk for HIV (i.e. MMSC, IDU). Non-high-risk heterosexual contact: persons with no other identified risk who reported engaging in heterosexual intercourse.

Three out of four PLWH were in HIV care, half were retained in care, and more than half achieved viral suppression.

Figure 5. Continuum of HIV care among PLWH in San Mateo County, 2025

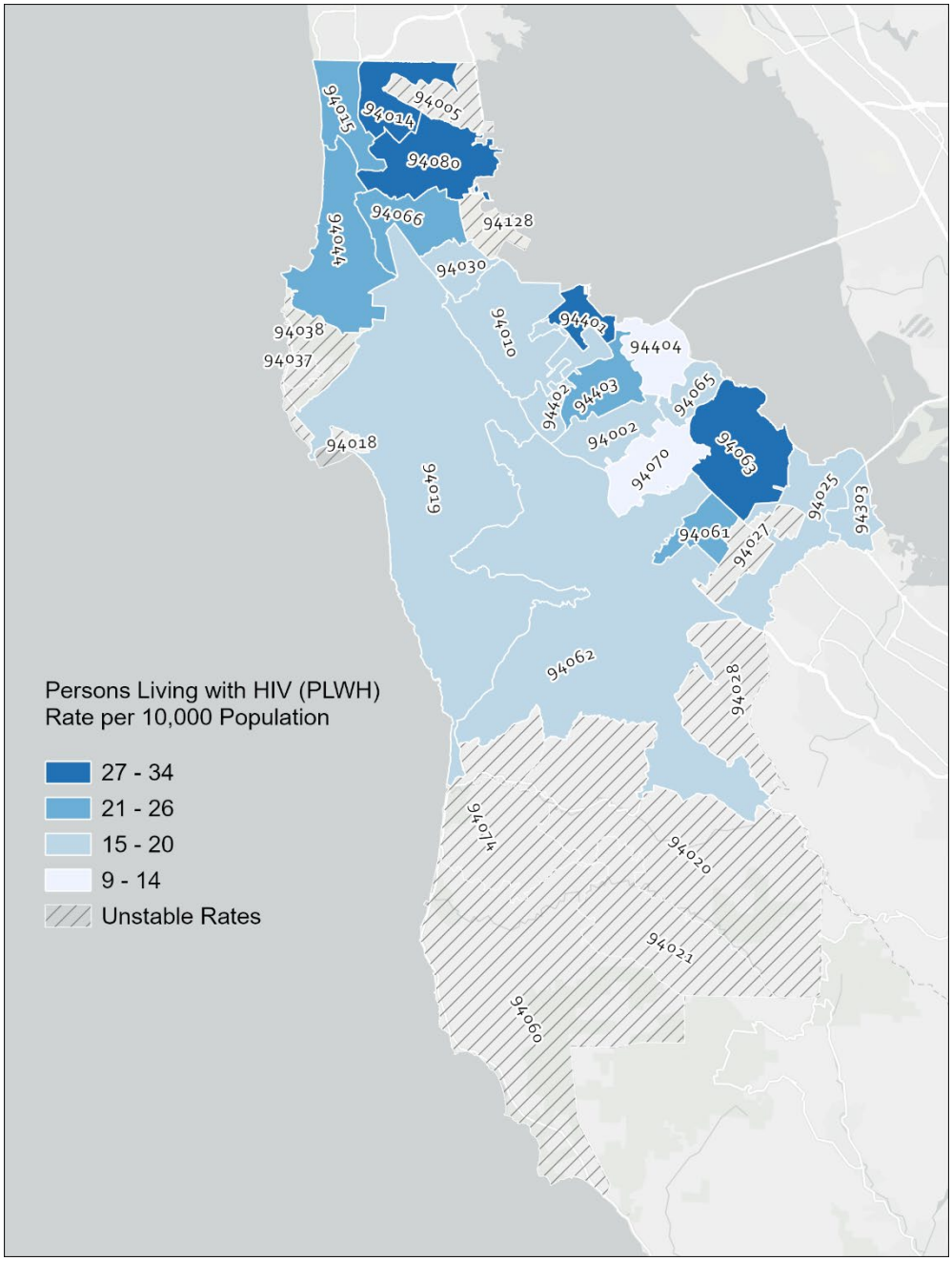


In HIV care: at least one CD4 or viral load or HIV-1 genotype test during the last calendar year
Retained in HIV care: two or more CD4 or viral load or HIV-1 genotype tests performed at least 3 months apart during the calendar year
Achieved viral suppression: most recent viral load test had less than 200 copies of HIV/mL

Geography of PLWH

The areas with the highest rates of PLWH are the zip codes of 94063 (Redwood City), 94014 (Colma/Daly City), 94401 (San Mateo), 94080 (South San Francisco).

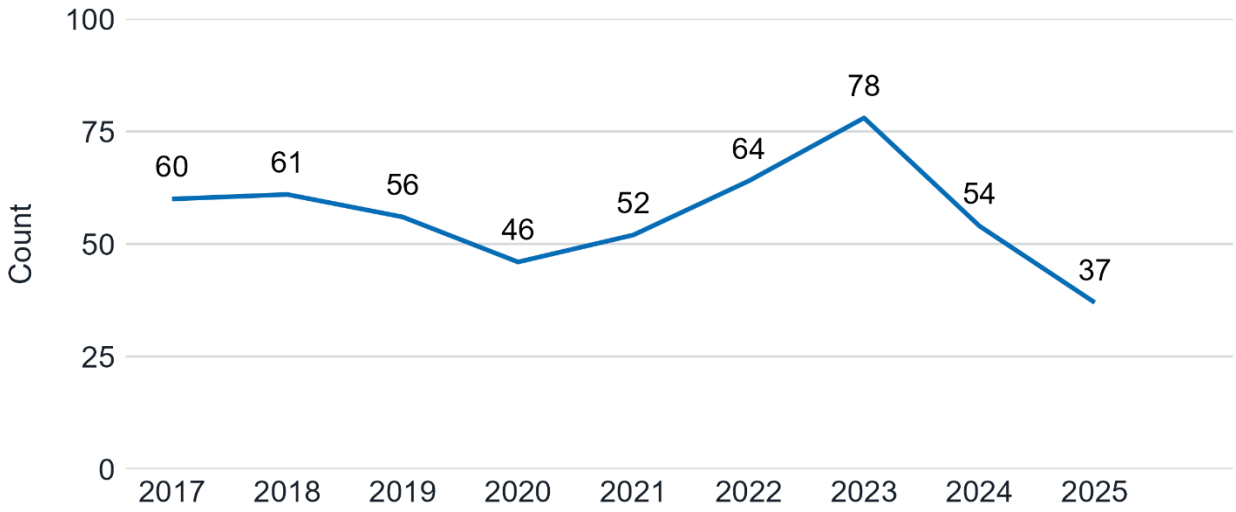
Figure 6. PLWH by residential zip code in San Mateo County, 2025



New Diagnoses of HIV

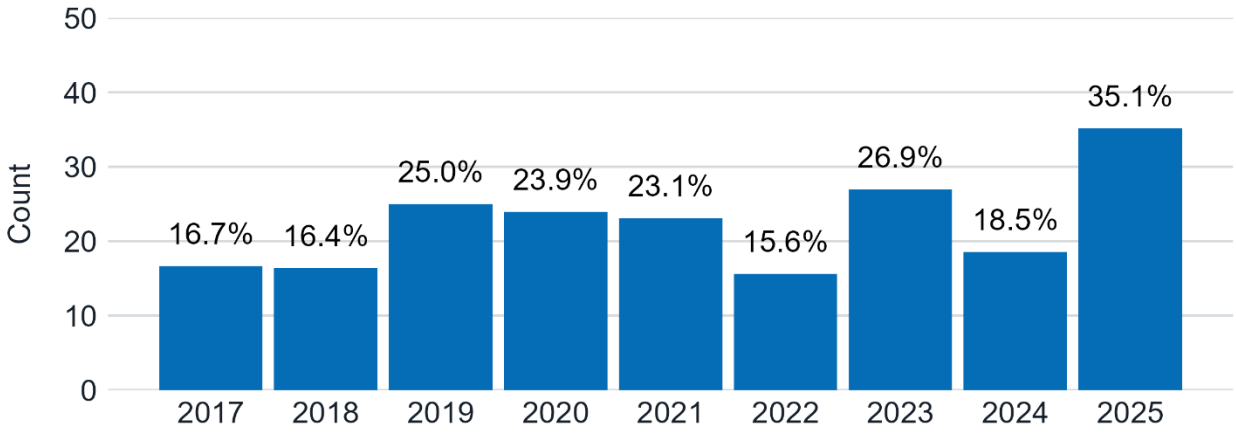
There were 37 new diagnoses of HIV in San Mateo County in 2025, a decrease from 54 new cases in 2024.

Figure 7. New HIV diagnoses by year in San Mateo County, 2017-2025



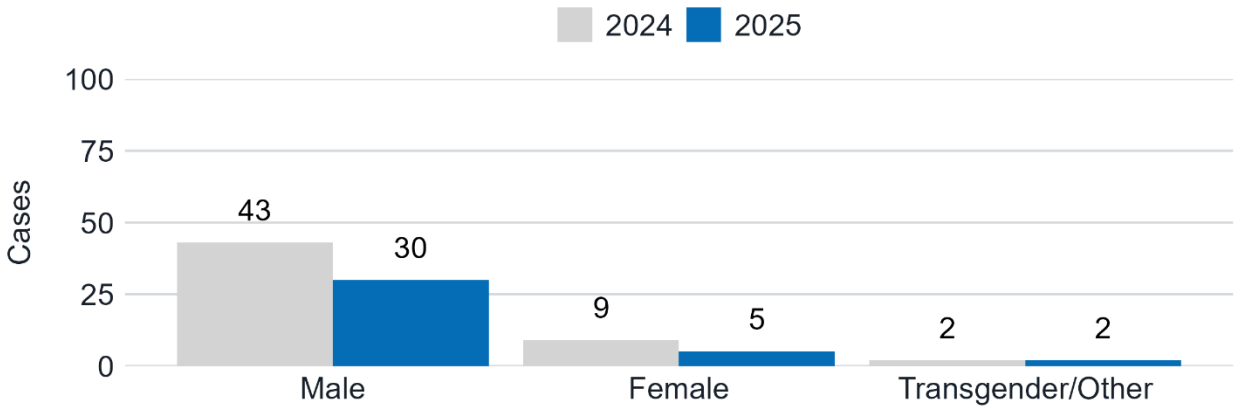
In 2025, 35% of new diagnoses were late testers, individuals who were diagnosed with AIDS within 12 months of their HIV diagnosis. Decreasing late testing is an important programmatic goal because early diagnosis results in better outcomes and decreases the risk of transmission.

Figure 8. Late testers by year in San Mateo County, 2017-2025



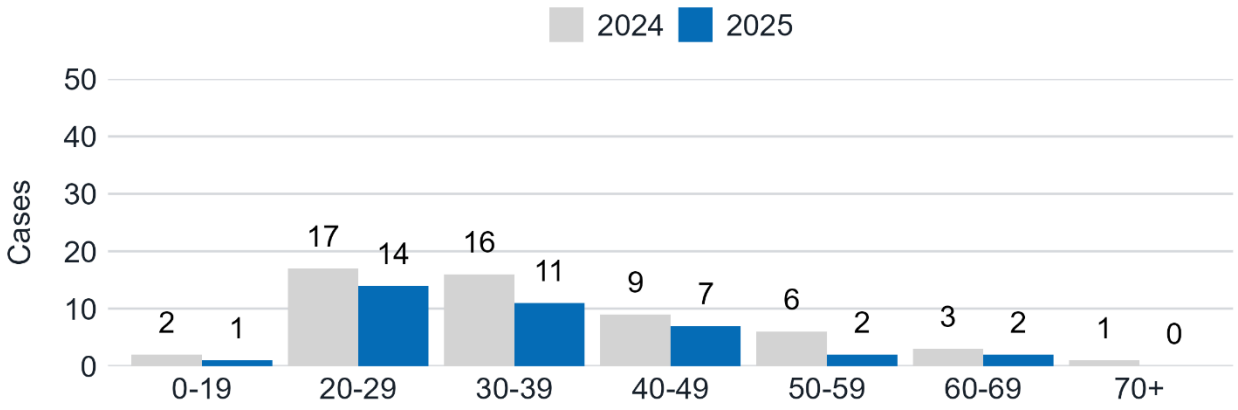
The majority of new diagnoses are among males.

Figure 9. New HIV diagnoses by gender in San Mateo County, 2024-2025



Among new HIV diagnoses, about two out of three cases were between the ages of 20 and 39.

Figure 10. New HIV diagnoses by age in San Mateo County, 2024-2025



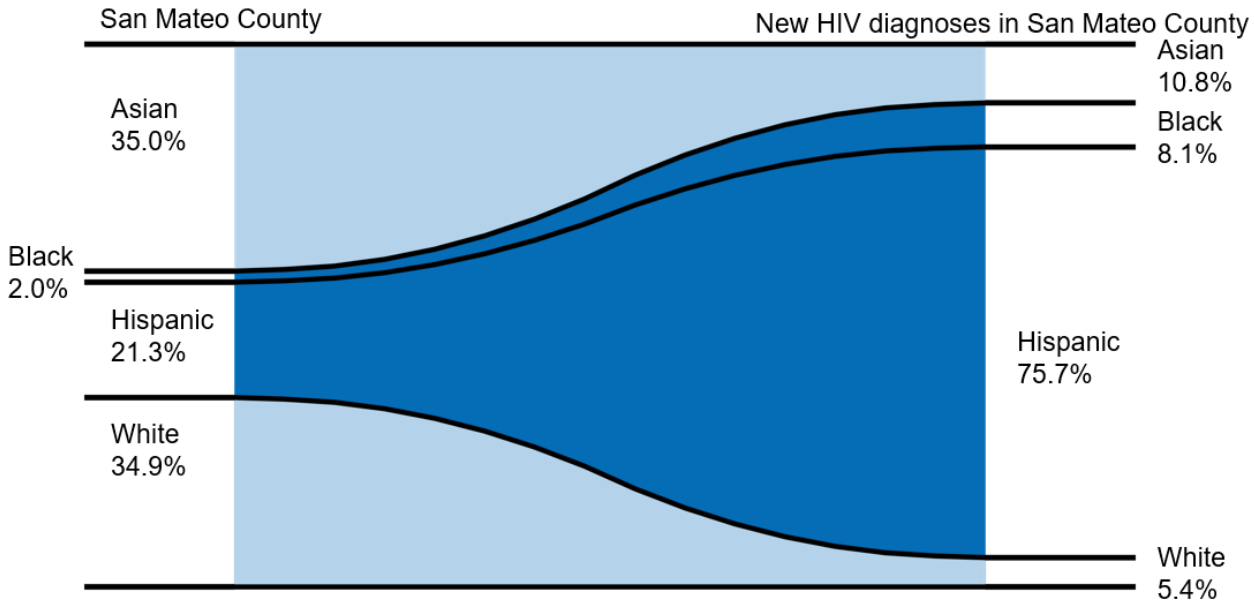
Three out of four HIV diagnoses in 2025 were Hispanic or Latino.

Table 2. New HIV diagnoses in San Mateo County by race/ethnicity, 2024-2025

	2025		2024	
Race/Ethnicity	n	Percent	n	Percent
American Indian or Alaska Native	0	0.0	0	0.0
Asian	4	10.8	7	13.0
Black or African American	3	8.1	5	9.3
Hispanic or Latino	28	75.7	29	53.7
Native Hawaiian or Pacific Islander	0	0.0	1	1.9
Multiracial	0	0	3	5.6
White	2	5.4	9	16.7
Other	0	0.0	0	0.0

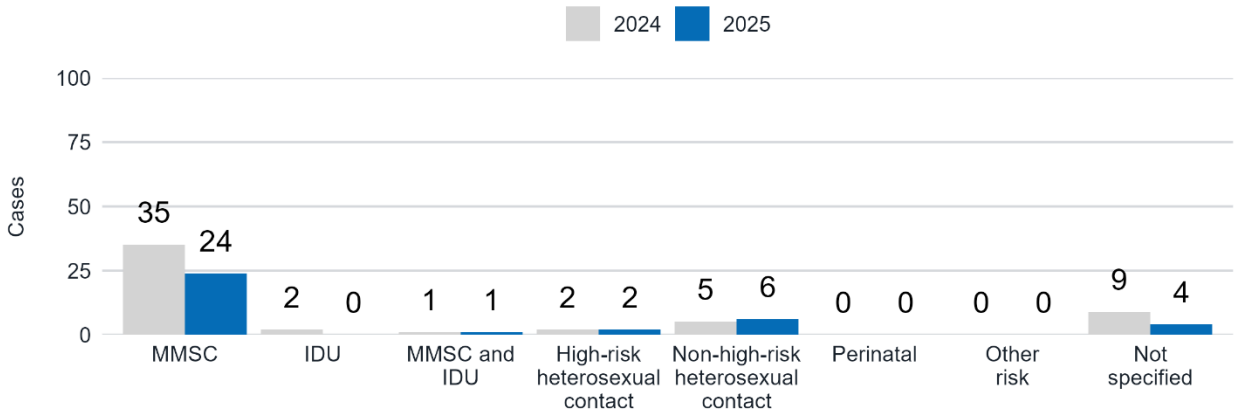
Black or African-American and Hispanic or Latino individuals are overrepresented among new HIV diagnoses compared to the demographics of San Mateo County.

Figure 11. Comparing race/ethnicity among new HIV diagnoses vs. the San Mateo County population, 2025



About 65% of new HIV cases reported MMSC as a transmission category in 2025.

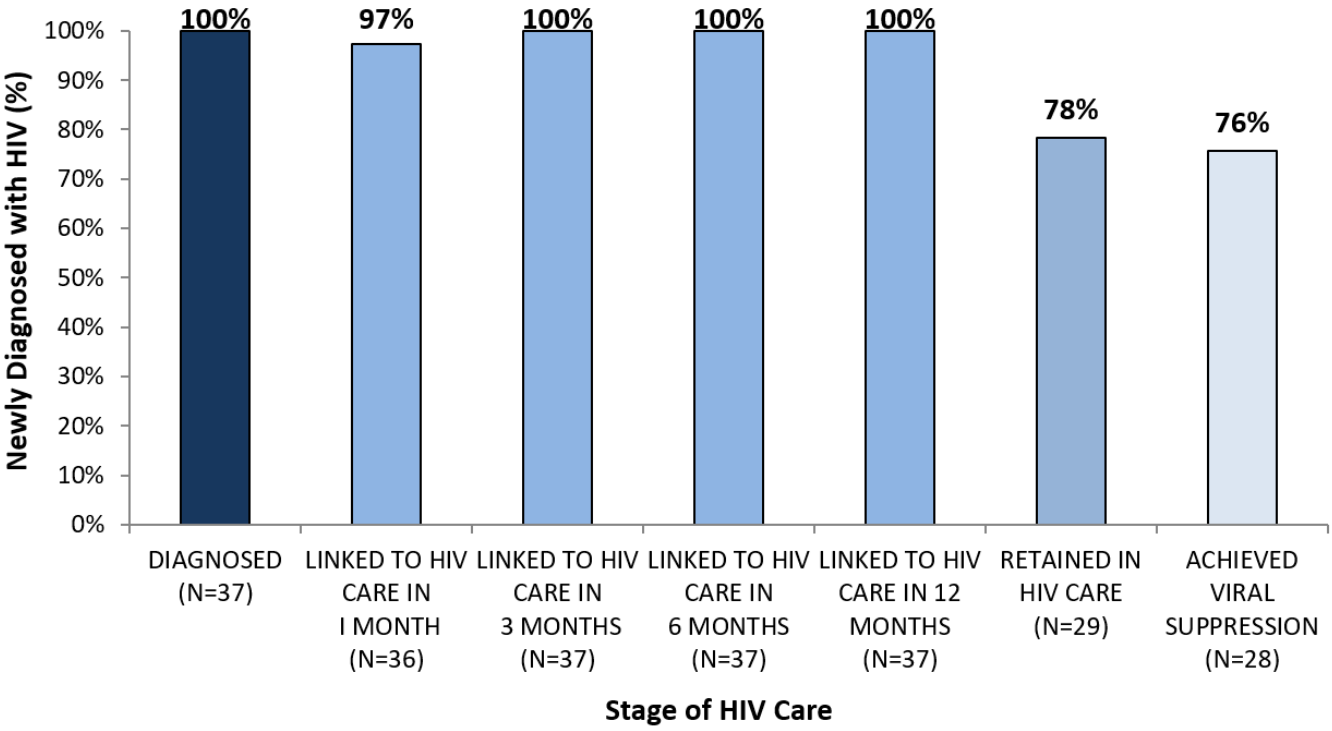
Figure 12. Transmission categories among new HIV diagnoses in San Mateo County, 2024-2025



MMSC: male-to-male sexual contact. IDU: injecting drug use. High-risk heterosexual contact: heterosexual contact with a person known to have HIV or engaged in an activity that put them at high risk for HIV (i.e. MMSC, IDU). Non-high-risk heterosexual contact: persons with no other identified risk who reported engaging in heterosexual intercourse.

Among new HIV diagnoses, all were linked to care within 3 months, and about three out of four were retained in HIV care and achieved viral suppression.

Figure 13. Linkage to care among new HIV diagnoses in San Mateo County, 2025



Linked to care: at least one CD4 or viral load or HIV-1 genotype test during time period after diagnosis

Funding Updates

The Ryan White A and B funding was flat for 2026-2027. HOPWA funding has increased about 4% for fiscal year 2026-2027.

With the expansion of DentiCal eligibility, more clients were covered for dental services by outside payors decreasing the amount of client served.

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Number of clients who received a Ryan White and/or HOPWA funded service:

- 2022 - 2023 (612)
- 2023 - 2024 (657)
- 2024 - 2025 (664)
- 2025 - 2026 (634)

New Data Systems

California Department of Public Health (CDPH) Office of AIDS (OA) implemented a new data system, HIV Care Connect (HCC), as of April 2025. San Mateo County Edison and all county clinics implemented a new medical records system, EPIC, in November 2024. In April 2026, Phase II of the EPIC implementation began. We were hoping that we will be able to export reports to upload in HCC but at this time, manual data entry is still required as of October 2026.

For 2025-2026 number of clients (634), (89) clients are new, (567) are continuing.

Prevention Funding

San Mateo continued to receive CDC HIV Prevention funding, PS24-0047, through the CDPH OA. We received $184,222 (Year 2). San Mateo uses county funds to cover the costs of most of our HIV prevention activities; targeted HIV testing, targeted outreach, PrEP linkage to and retention in care, syringe exchange services.

San Mateo County HIV Community Board

The San Mateo County HIV Program Community Board is made up of 6 full-time members. Members include HIV-positive consumers and HIV-negative community members. The Community Board generally meets (4) times a year.

SMC Health website in the process of being updated to a new system and to ensure it meets ADA for compliance (accessibility). Content is still being updated. All previous agendas, minutes and presentations are available via request via website. Agendas will be made available prior to any meeting via website.

Demographics of the San Mateo HIV Program Community Board

		n	Percent
Total	Total	6	100
Gender	Male	4	40
	Female	2	60
Race/Ethnicity	Asian	1	10
	Black or African American	1	10
	Hispanic or Latino	1	0
	White	3	60
Consumer status	Consumer of services	5	80
	Non-consumer of services	1	20

San Mateo County Prioritization Process

Our annual prioritization process took place July 14, 2026, with both virtual and in-person options. The STI/HIV Program Director provided the board with information on service utilization as well as clarification of the service categories. The board voted to maintain the prioritization for both the Core Service categories and Support categories for last year and made no changes. Note outpatient/ambulatory health services were moved to RWPB.

	Priority FY 24-25	Priority FY 25-26)	FY 26 -27	Amount
Core Services				
Outpatient/Ambulatory Health Services	1	1	RWPB	
Medical Case Management	2	2	1	$599,987
Mental Health Services	3	3	2	$128,000
Early Intervention Services	4	4	3	$195,000
Oral Health Care	5	5	4	$ 30,000
Subtotal				*$952,987*
Support Services				
Emergency Financial Assistance	1	1	1	$ 20000
Housing Services	2	2	2	$400000
Food Bank/Home Delivered Meals	3	3	3	$112500
				$
Subtotal			*36%*	*$532,500*
RWPA Grand Total			100%	$1,485,487

San Mateo County – Shifting of Resources

With the implementation of the Affordable Care Act, and the Adult Full-Scope Medi-Cal Expansion that began on January 1, 2024, many clients have been able to enroll in Medi-Cal or other payor sources. These other payor sources covered many of the services that were traditionally funded under Ryan White. Due to payor of last resort requirements, fewer clients needed Ryan White to cover these services, so San Mateo was able to re-allocate funding to service categories that that were not part of the California Essential Health Benefits. This included the addition of the Early Intervention Services category, which allowed the expansion of linkage to care/retention in care services, as well as the increase in allocation to services provided by CBOs in the county.

Core Services	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Outpatient/Ambulatory Health Services	$170,019	$102,764	$120,764	$120,636	$90,803	$24,132	$23,794	$23,794	
Oral Health Care	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000	$ 30000
Medical Case Management	$519,987	$634,876	$577,361	$500,257	$584,715	$575,631	$575,631	$575,631	$599,987
Mental Health Services	$127,568	$82,507	$120,739	$99,579	$125,708	$125,792	$125,792	$125,792	$128,000
Early Intervention Services	$31,461	$123,599	$128,099	$129,176	$152,770	$152,770	$152,770	$152,770	$195,000
Core Services	**2018-2019**	**2019-2020**	**2020-2021**	**2021-2022**	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**
Housing Services	$125,000	$140,000	$233,477	$348,000	$355,000	$364,000	$400,000	$400,000	$400,000
Food Bank/Home Delivered Meals	$ 77,495	$ 92,495	$ 100,000	$100,000	$105,000	$105,000	$112,500	$112,500	$112,500
Food Bank/Home Delivered Meals (Part A CARES)	NA	NA	$53,715	NA	NA	NA	NA	NA	
Medical Transportation (Part B)	$25,947	$25,947	$27,500	$27,500	$27,500	$27,500	$27,500	$27,500	$27,500
Emergency Financial Assistance	$16,688	$16,688	$ 20000	$20000	$20000	$20000	$20000	$20,000	$20,000

Edison Clinic Updates

In 2024, Edison Clinic hired a full-time pharmacist limited-term position who facilitates access to injectable ARVs and PrEP services. In 2026, Edison clinic was able to make this position "permanent". Pharmacist "driven by protocol' means they are authorized to perform specific are activities under a pre-approved, written plan.

The following are the highlighted initiatives of the pharmacist which have had great success in terms of improvement in measurable outcomes

- **Blood Pressure Monitoring and Care Coordination (hypertension)**: A pharmacist-led initiative working collaboratively with healthcare providers to monitor blood pressure, identify patients with uncontrolled hypertension, and support timely interventions to improve cardiovascular health outcomes.
- **Diabetes**
- **COPD Management**
- **Injectable ARVs**
- **PrEP:** Edison's PrEP clinic is entirely pharmacist "driven by protocol". Pharmacist currently provides PrEP care via oral medications to HIV-negative Health Plan of San Mateo (HPSM) patients and may be expanding the program over the next year to include injectable medications which is currently not offered at Edison for PrEP.

Interventions and Community/Provider Outreach and Engagement Activities

Late Testing Data

The STI/HIV Program plans to review a subset of cases of individuals diagnosed with AIDS within one year of their initial HIV diagnosis to identify missed opportunities for earlier HIV testing, prevention, and care. This will include medical record reviews and collaboration with healthcare providers to identify factors that may have delayed HIV testing, access to PrEP, or linkage to care. Findings will help inform targeted interventions, strengthen provider practices, and improve access to HIV prevention and early diagnosis.

Community/Provider Outreach and Engagement Activities

STI/HIV Program continues to conduct outreach in areas having barriers to care and disproportionally impacted by STI/HIV/HCV.

In 2025-2026, outreach activities including screening, presentations, and tabling (health education, harm reduction counseling and supplies offered) was conducted at over 30+ community events.

Provider Detailing was also conducted providing guidance and materials for PrEP, Doxy- PEP and screening and treatment recommendations.