San Mateo County
SF HIV Planning Council
Annual Report Presentation

Oct 26 , 2026

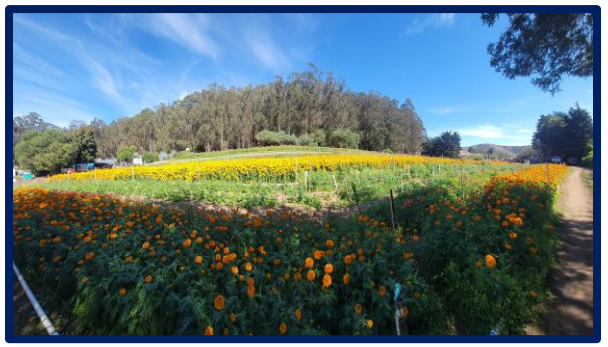




Anna Branzuela,
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Overview

- Geographic Location of San Mateo County and Impact on Access to Care
- Care systems serving the community
- 2025 HIV Data
- Review Community Advisory Board, Funding, Prioritization/Allocation
  - Request Motion to Approve Prioritization and Allocation
- Edison Clinic Updates
- Program and Community Interventions

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Geographic Location of San Mateo County (SMC)

- SMC has +20 cities
  - Population (746,509)
    - San Francisco (842,027)
    - Santa Clara (1,921,406)

- SMC is located between (2) high morbidity jurisdictions
    - San Francisco County
    - Santa Clara County

- SMC has both suburban/rural areas

- SMC residents frequent adjacent counties *(work, social, health care)*
  - *Estimate 30% of SMC men who have sexual contact with men population seek sexual health services in San Francisco (SF)*



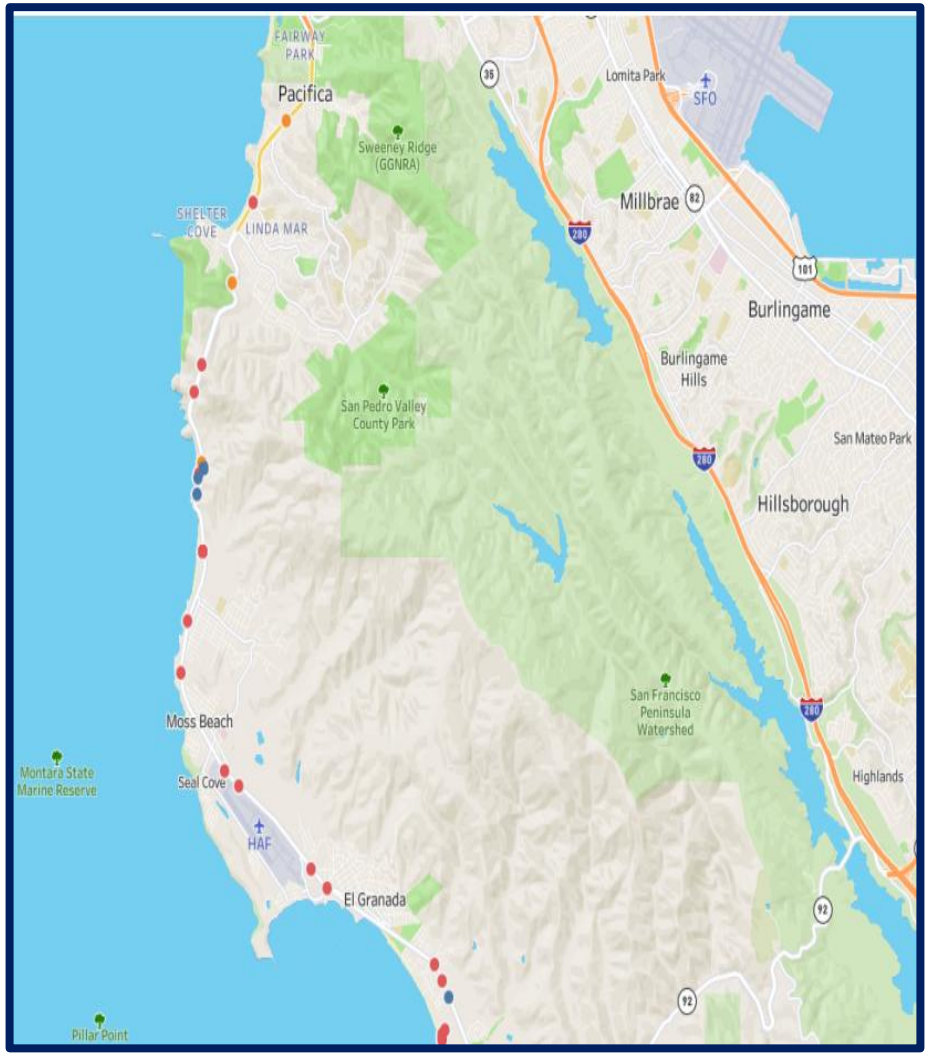
Limited or Unreliable Cell Phone Coverage Along the Coastside

Geographic distance is more than an inconvenience—it can be a significant barrier to accessing and staying engaged in HIV care.

In rural communities such as Pescadero, where many agricultural workers live and work, San Mateo Medical Center is approximately 30–35 miles away—a 45-minute to one-hour drive. For individuals who rely on public transportation, limited service and the need to coordinate multiple connections can make accessing HIV care even more challenging.

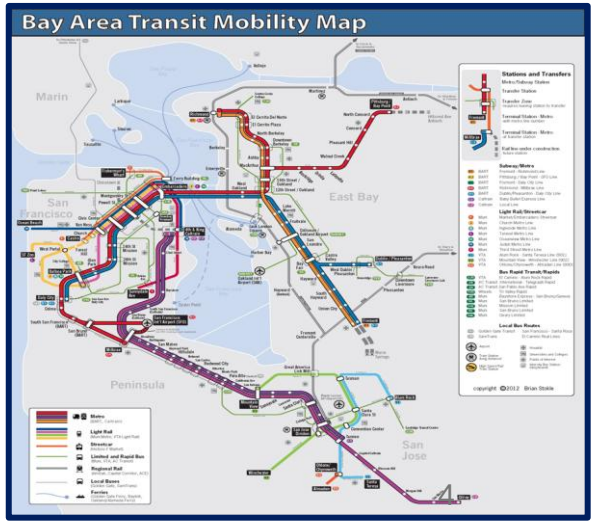
For individuals living with HIV, even something as simple as rescheduling an appointment can become a major obstacle. Limited cell phone reception during work hours and clinic closures by the time they return home create real, preventable barriers to care.

The STI/HIV Program Linkage/Retention to Care Communicable Disease Investigator plays a critical role in supporting retention by reaching out to clients after clinic hours—bridging the gap when traditional healthcare systems fall short. Note: RWPA –Early Intervention Services (Linkage/Retention to Care)



Limited or unreliable cell phone coverage along the coastside





Care Systems Serving the Community

- San Mateo Medical Center - (San Mateo)
  222-W 39th Avenue, San Mateo
  - **Edison Clinic – ID clinic (TB, STI, HIV)**
    - **Ryan White Part A and Part B**
  - Emergency Department (ED) – non-trauma



<u>Public Health Policy & Planning (PHPP)</u>

- Street Medicine
  To reach individuals unhoused where they are, the Street Medicine program offers comprehensive services to people experiencing homelessness, whether they are living on the streets or in tent encampments.
  Schedule: Monday, Tuesday, and Thursday at various locations in San Mateo County
- Field Medicine Team
  Aims to provide comprehensive healthcare services to farmworkers and their families at the places where they live, eat, and work.
  Schedule: Pescadero: Monday-Thursday Half Moon Bay: every Thursday
- SMC Mobile Clinic – (So SF, RWC, San Mateo)
  Serves San Mateo County residents who have Medi-Cal, Medicare, Access and Care Everyone *(ACE – local funded health care for low income who do no qualify for other health insurance)* coverage, or no insurance.
  The Mobile Clinic provides services to adults aged 18 and over.
  Urgent care, screenings (blood pressure, blood sugar checks, TB, Pregnancy, STIs), vaccinations, referral for mental health, needle exchange, bridge to primary care.



County Clinics – Daly City, Fair Oaks Health Center (RWC), Coastside (HMB)
Primary care for adult/children, Family Planning, Women's Health, OB/GYN, STI testing , Mental Health and Behavioral Health Rehabilitation Services

- Mills Peninsula Medical Center - Sutter Health *(Burlingame)*
- Kaiser *(South San Francisco, Redwood City, San Mateo)*
- AHMC Seton Medical Center *(Daly City*

All above sites have EDs. SMC does not have Level 1 Trauma ED (Stanford Health in Palo Alto or ZSFGH in SF provide these services)

- Ravenswood Health Center – *Federally Qualified Health Center (FQHC) – East Palo Alto*
- Planned Parenthood Mar Monte *(Redwood City)*

Closed South San Francisco/San Mateo PP Office in 2025. Over 6k clients a year were served at these sites; Redwood City and Oakland (12th St BART) sites will increase capacity.

HIV Data - 2025

- Data from the September 30, 2026 dataset from the electronic HIV/AIDS Reporting System of California (eHARS)
- Data are preliminary and subject to change
- eHARS is a public health surveillance system based on reported HIV information. **It is not a comprehensive registry of all individuals living with HIV or currently receiving HIV care in California.** The system captures information reported by healthcare providers, laboratories, and public health surveillance staff. However, the information is limited to what is reported, and there may be delays or gaps in the data.

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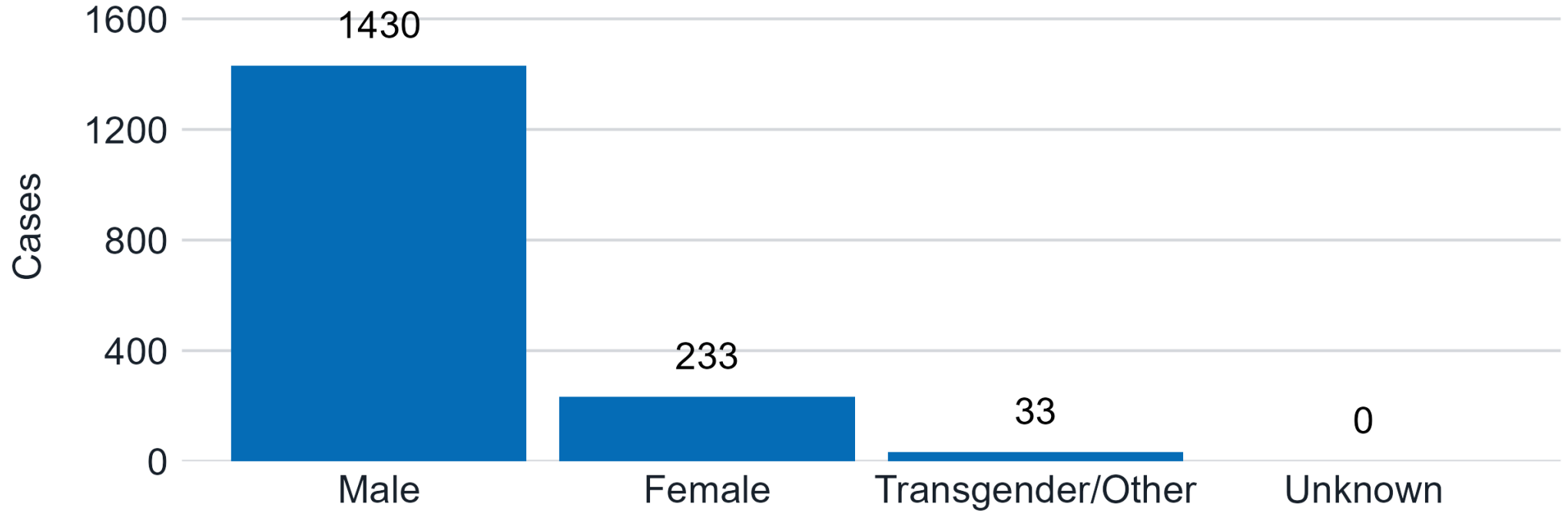
People living with HIV in San Mateo County

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

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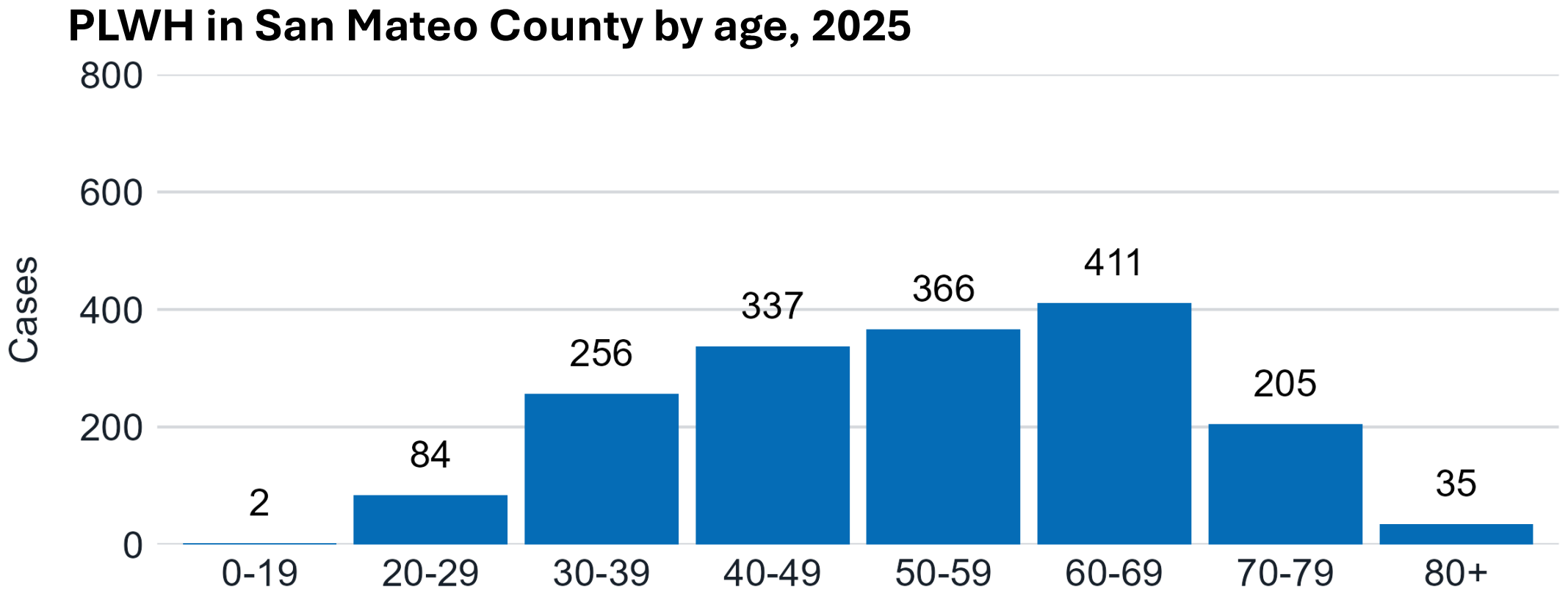
84.3% of PLWH in San Mateo County are male

PLWH in San Mateo County by gender, 2025



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Nearly 40% of PLWH are 60 or above, and 24% are between ages 60-69



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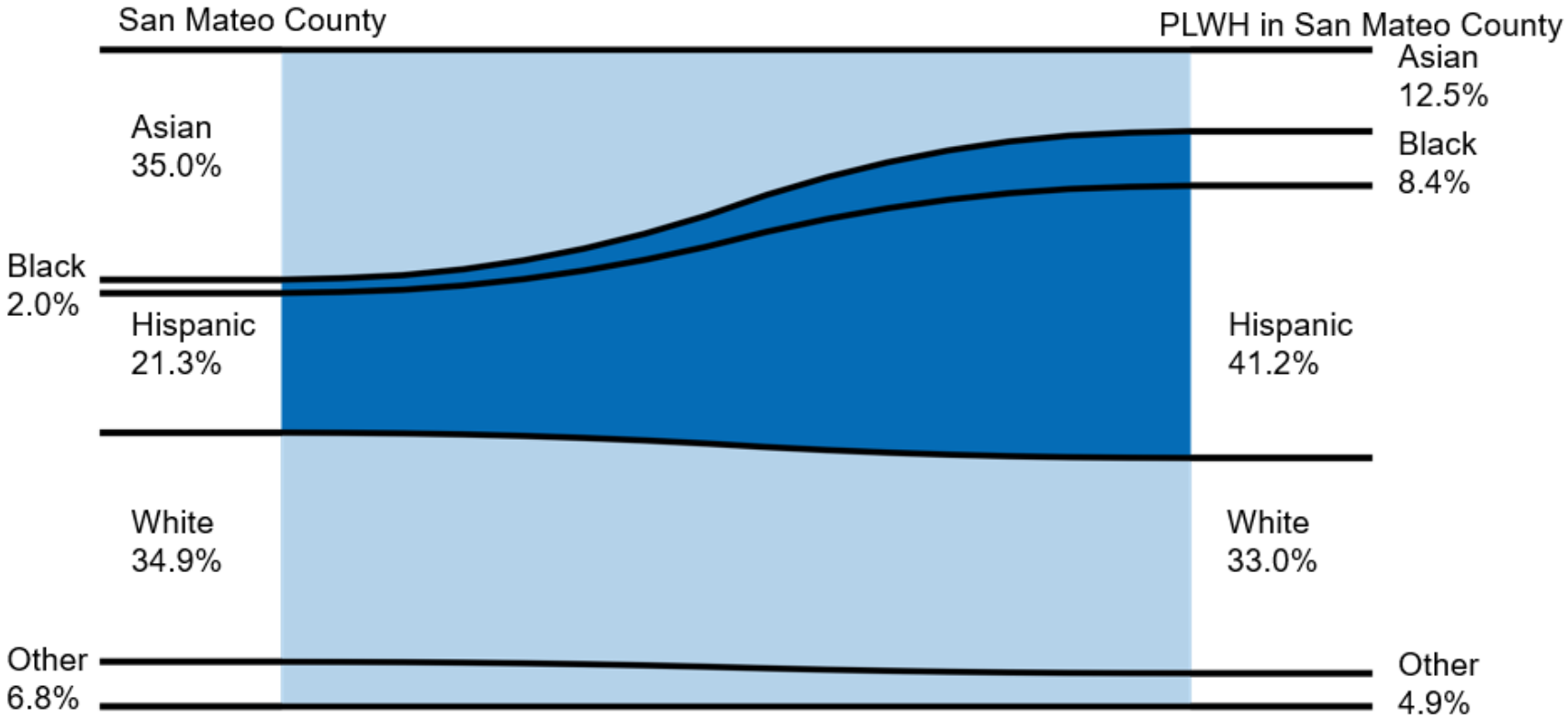
Hispanic or Latino individuals are 40% of all PLWH and people of color make up about 60% of PLWH

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

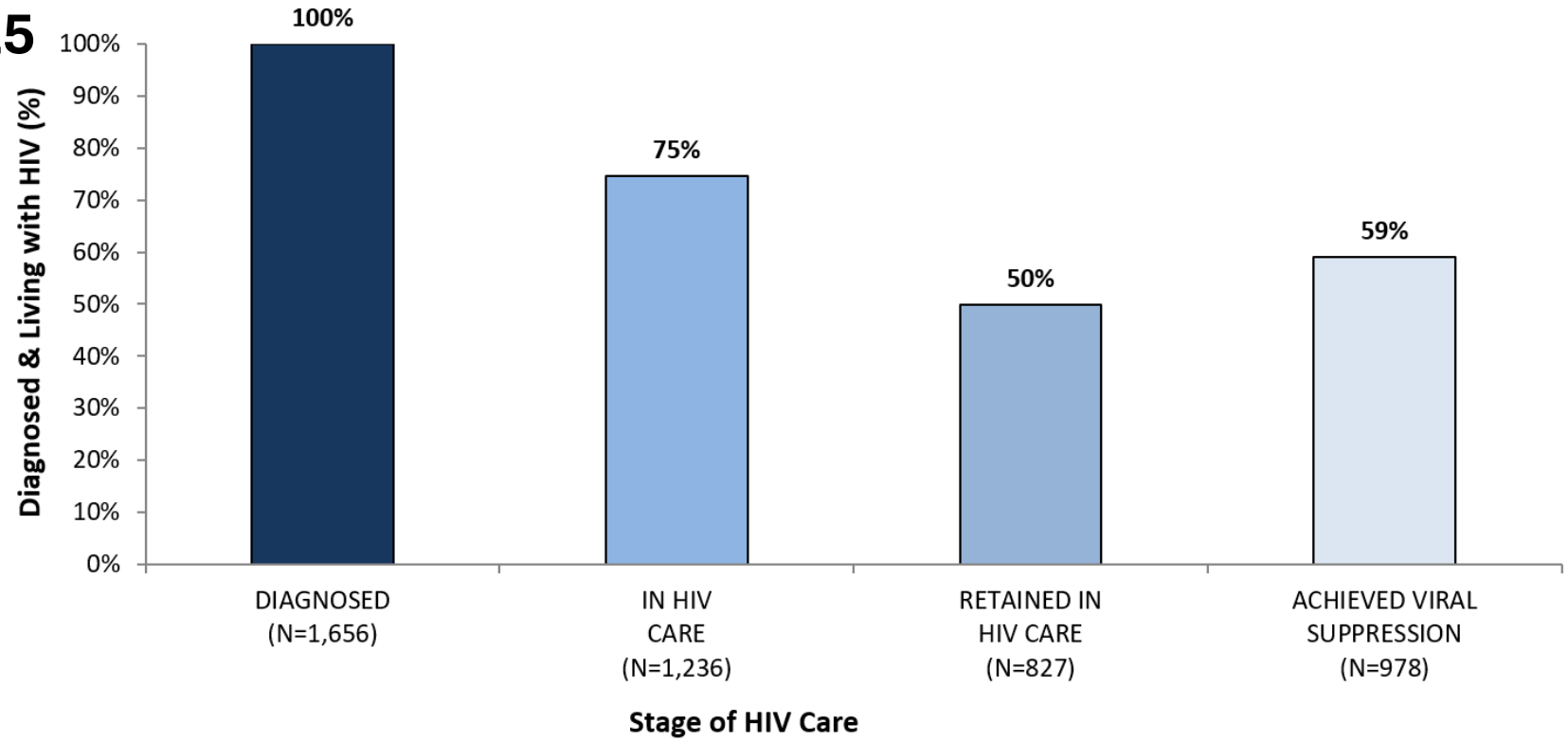
Compared to the demographics of San Mateo, Black/African American and Hispanic/Latino individuals are overrepresented among PLWH

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



Half of all PLWH in San Mateo were retained in HIV care in 2025

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

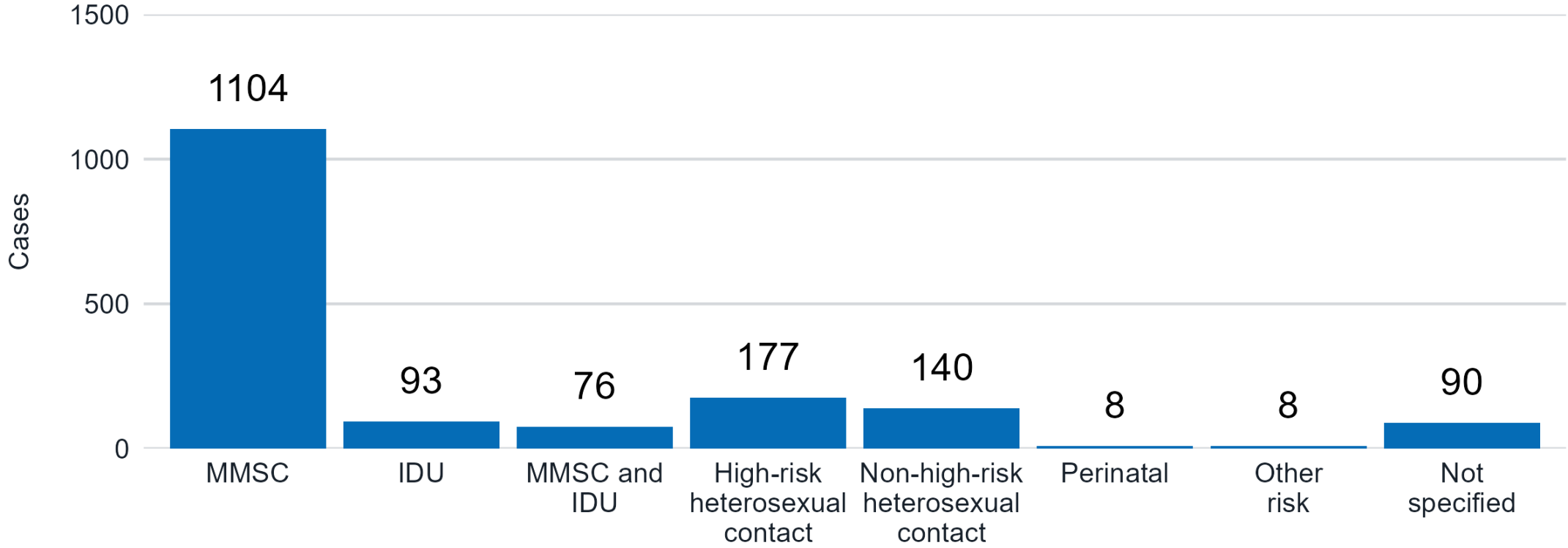


In HIV care: at least one CD4 or viral load or HIV-1 genotype test during the last calendar year
Retained in HIV care: two or more CD4 or viral load or HIV-1 genotype tests performed at least 3 months apart during the calendar year
Achieved viral suppression: most recent viral load test had less than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

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64.9% of PLWH reported MMSC as a transmission category

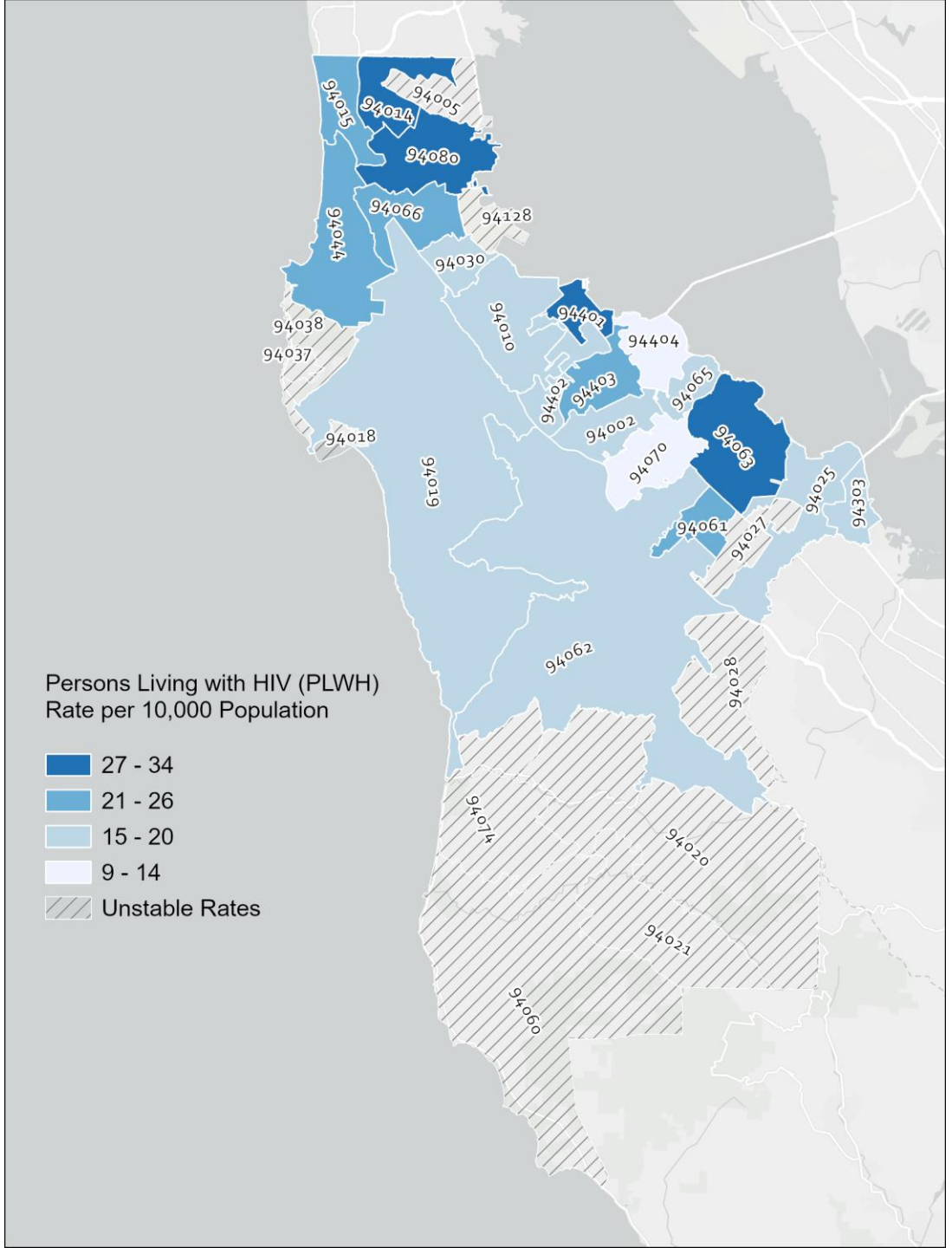
PLWH in San Mateo County by transmission category, 2025



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.

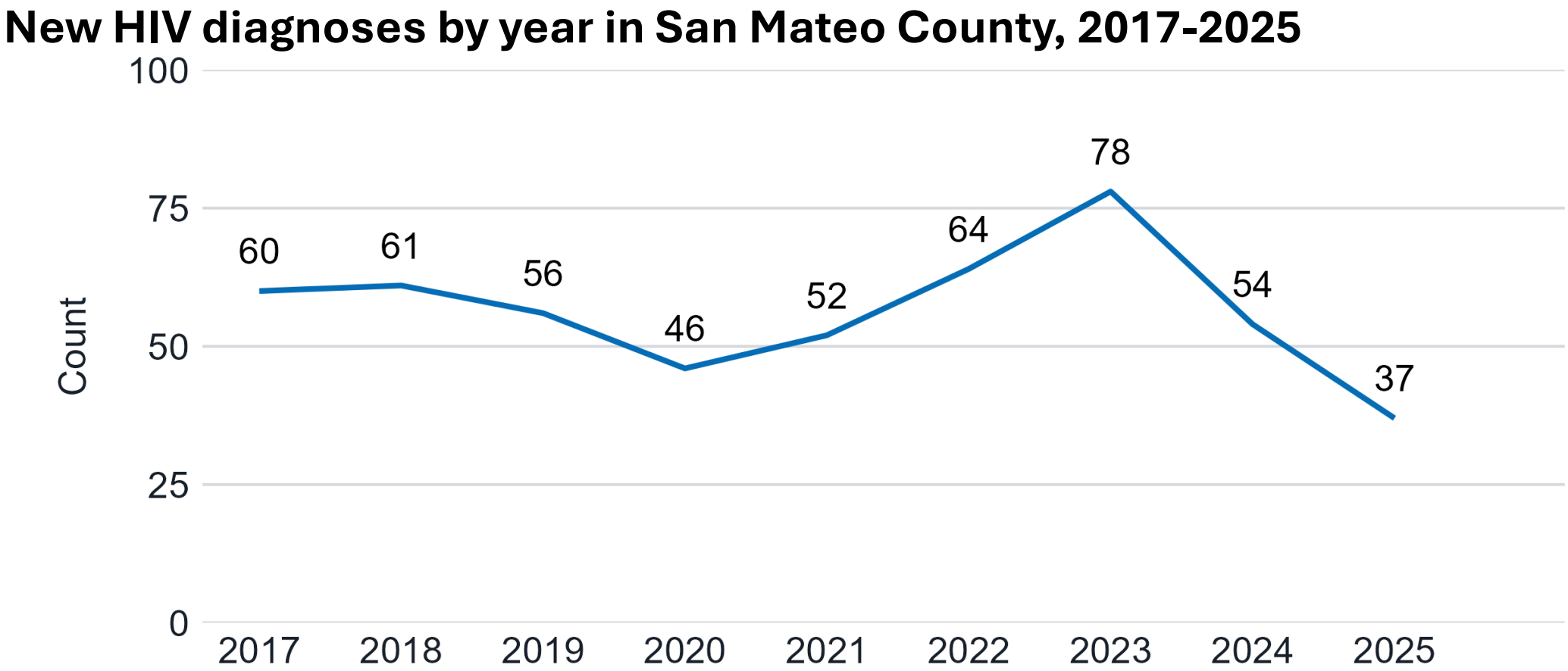
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Zip codes with the highest rates of PLWH in 2025 are in Redwood City, Colma/Daly City, San Mateo, and South San Francisco



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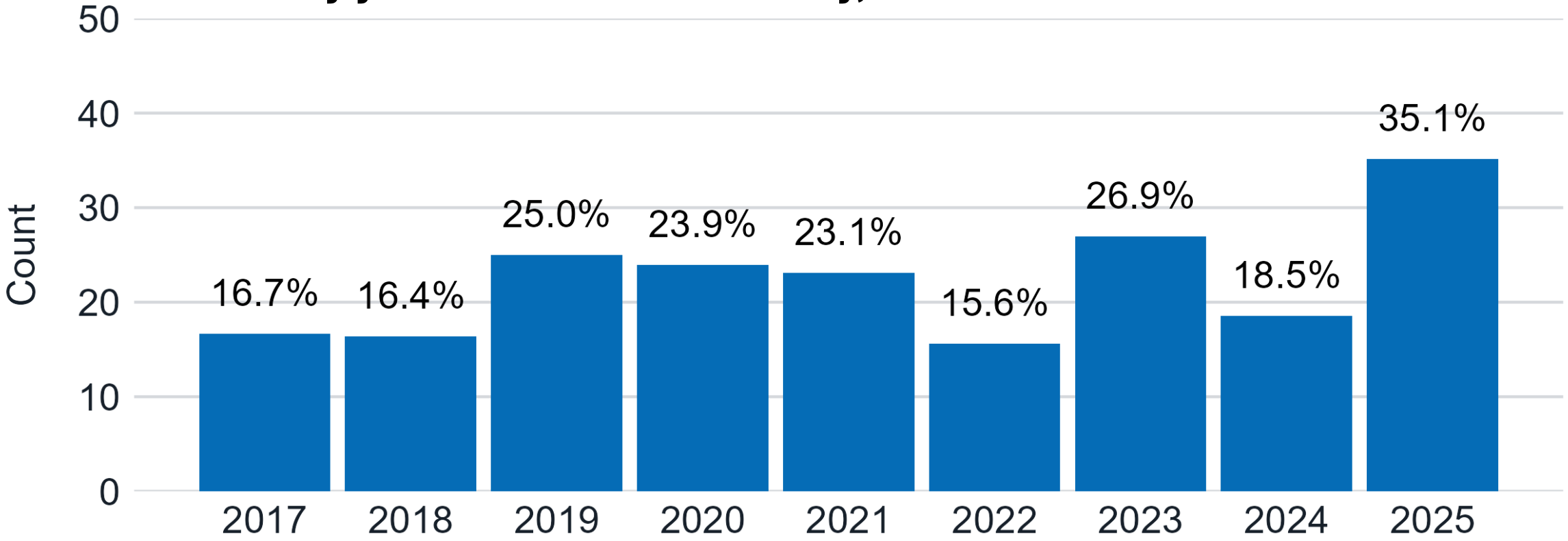
The number of new diagnoses decreased in 2025



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Late testing refers to those who are diagnosed with AIDS within 12 months of their HIV diagnosis

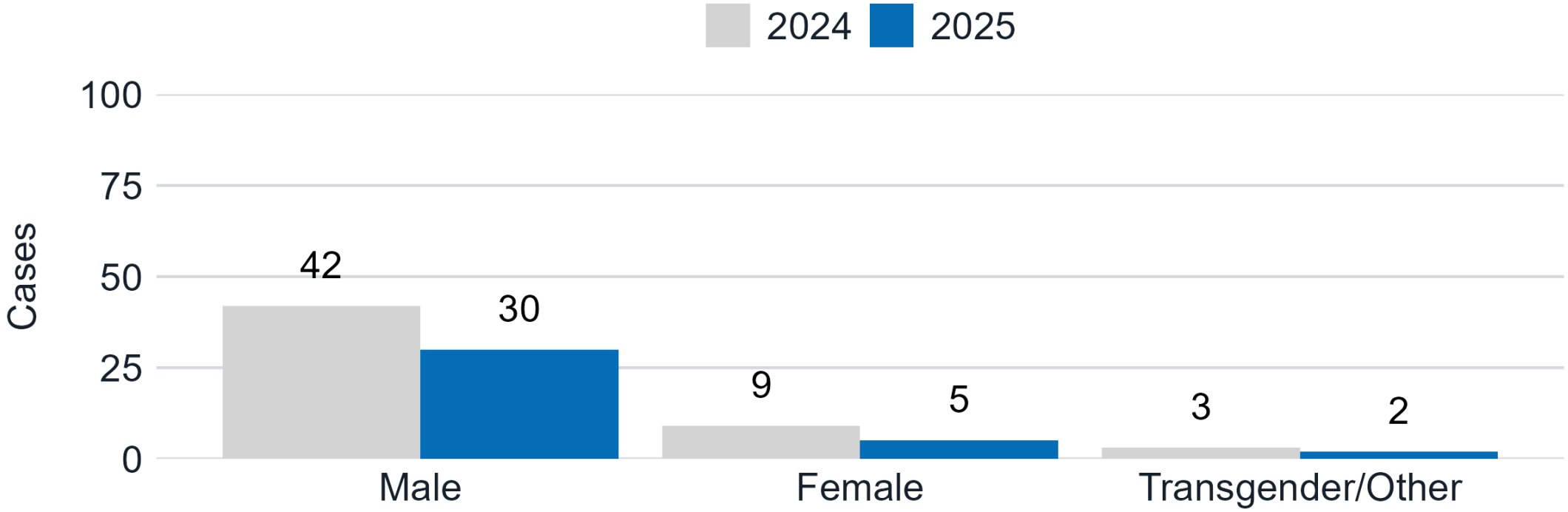
Late testers by year in San Mateo County, 2017-2025



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81.0% of all new HIV diagnoses in 2025 were among males

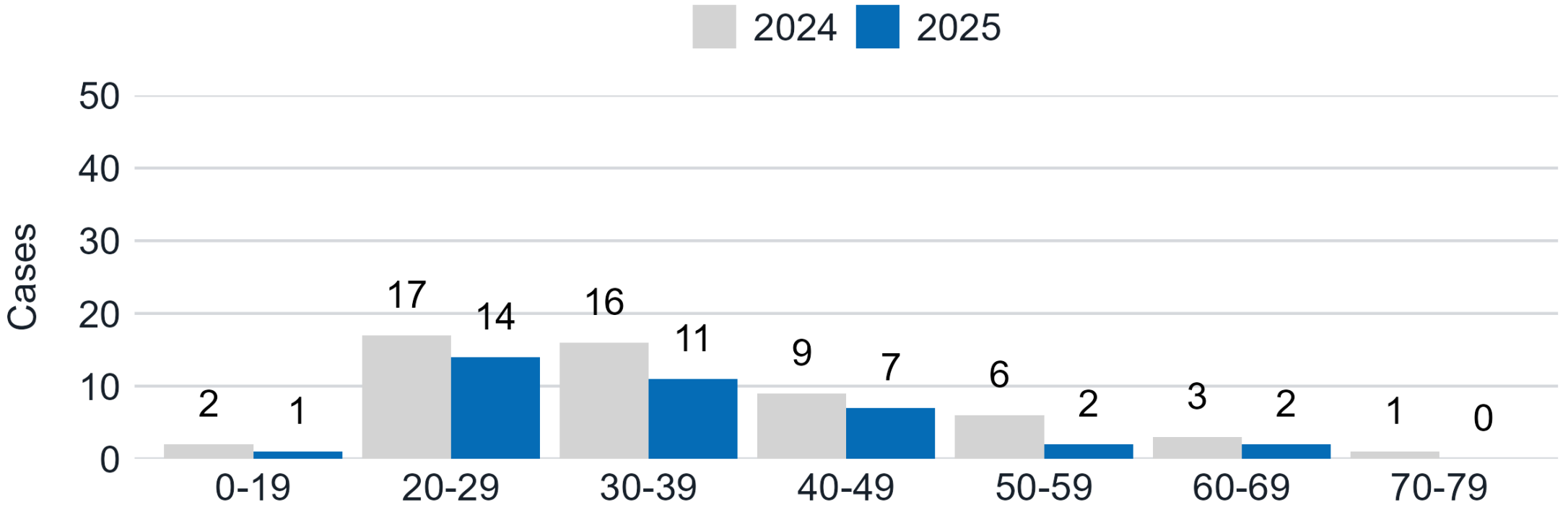
New HIV diagnoses by gender in San Mateo County, 2024-2025



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About two out of every three new diagnoses were 20-39 years of age in 2025

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



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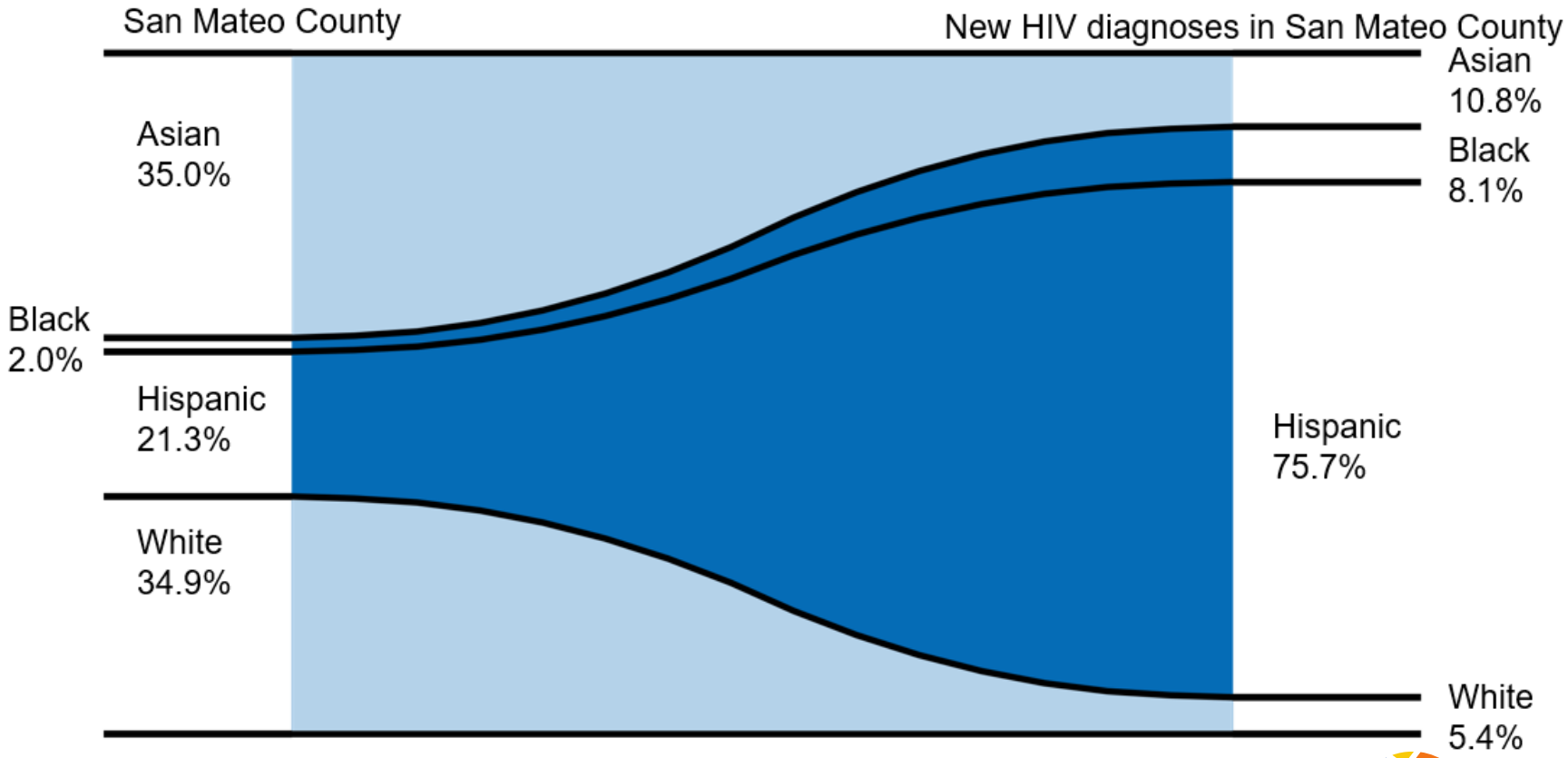
Three out of four new HIV diagnoses in San Mateo County in 2025 were Hispanic or Latino

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	0.0	3	5.6
White	2	5.4	9	16.7
Other	0	0.0	0	0.0

Compared to the demographics of San Mateo, Black/African American and Hispanic/Latino individuals are overrepresented among new HIV diagnoses

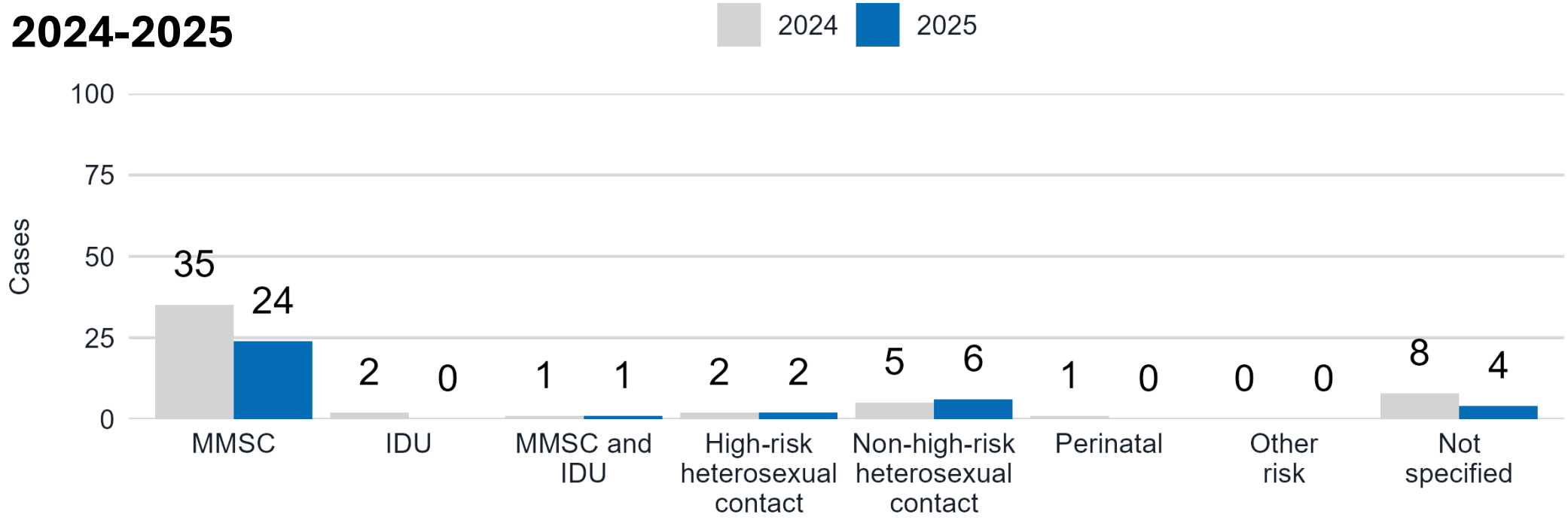
New HIV diagnoses in San Mateo County by race/ethnicity, 2025



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64.8% of new diagnoses reported MMSC as transmission category in 2025

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

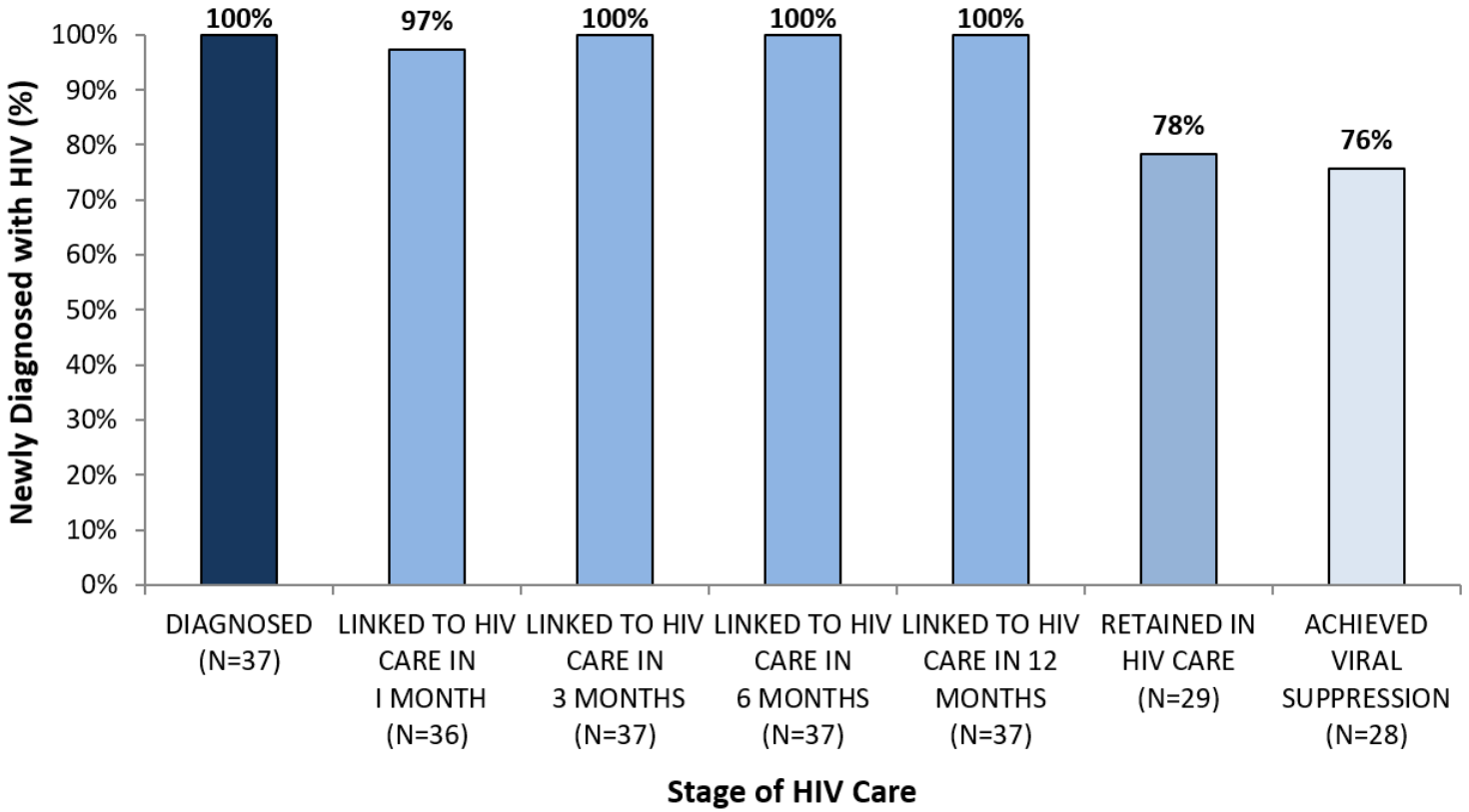


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Almost all new HIV diagnoses were linked to care within a month in 2025

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



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

San Mateo County HIV Program Community Advisory Board

The San Mateo County HIV Program Community Advisory 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 available via request via website. Agendas will be made available prior to any meeting via website.

		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

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.

Number of clients who received a Ryan White Part A/B 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 Medical Center (SMMC) and all ambulatory clinics (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 County STI/HIV Program 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 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 that outpatient/ambulatory health services were moved to RWPB.

	FY 24-25 Priority	FY 25-26 Priority	FY 26-27 Priority
Core Services			
Outpatient/Ambulatory Health Services*	1	1	
Medical Case Management	2	2	1
Mental Health Services	3	3	2
Early Intervention Services	4	4	3
Oral Health Care	5	5	4
Subtotal			
Support Services			
Emergency Financial Assistance	1	1	1
Housing Services	2	2	2
Food Bank/Home Delivered Meals	3	3	3
Subtotal			
Ryan White A Total			

* services moved under Ryan White B in FY 26-27

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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.

Total RWPA clients (542)

Ryan White A

	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27
Core Services										
Outpatient/Ambulatory Health Services*	203,104.00	170,019.00	90,586.00	120,363.00	90,803.00	24,132.00	24,132.00	23,794.00	23,794.00	-
Medical Case Management	532,486.00	519,986.00	701,573.00	577,361.00	500,257.00	584,715.00	575,631.00	575,631.00	575,631.00	599,987.00
Mental Health Services	120,069.00	127,569.00	113,393.00	120,739.00	99,579.00	125,708.00	125,792.00	125,792.00	125,792.00	128,000.00
Early Intervention Services	31,461.00	31,461.00	38,194.00	128,099.00	129,176.00	152,770.00	152,770.00	152,770.00	152,770.00	195,000.00
Oral Health Care	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00	75,000.00	30,000.00
Subtotal	962,120.00	924,035.00	1,018,746.00	1,021,562.00	894,815.00	962,325.00	953,325.00	952,987.00	952,987.00	952,987.00
Support Services										
Emergency Financial Assistance	16,688.00	16,688.00	16,688.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00
Housing Services	120,000.00	125,000.00	140,000.00	233,477.00	348,000.00	355,000.00	364,000.00	400,000.00	400,000.00	400,000.00
Food Bank/Home Delivered Meals	77,495.00	77,495.00	92,495.00	100,000.00	100,000.00	105,000.00	105,000.00	112,500.00	112,500.00	112,500.00
Subtotal	214,183.00	219,183.00	249,183.00	353,477.00	468,000.00	480,000.00	489,000.00	532,500.00	532,500.00	532,500.00
Total Ryan White A	1,176,303.00	1,143,218.00	1,267,929.00	1,375,039.00	1,362,815.00	1,442,325.00	1,442,325.00	1,485,487.00	1,485,487.00	1,485,487.00
COVID-19 Add'l - allocated to Food Bank/Home Delivered Meals				53,715.00						

* services moved under Ryan White B in FY 26-27

Request
Motion to Approve
Prioritization and Allocation
for
San Mateo County

Edison Clinic Updates

In 2024, Edison Clinic hired a full-time pharmacist limited-term basis 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. There has been 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.



Thank you!



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