



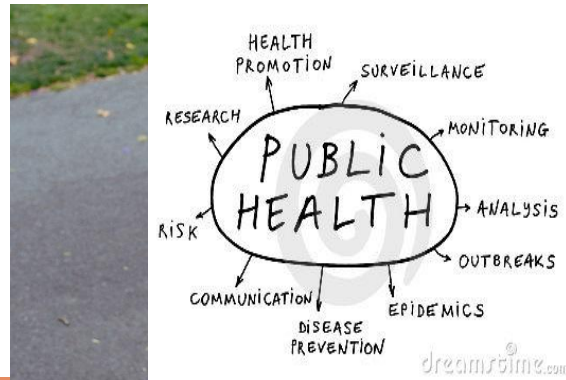
Epidemiology of HIV in San Francisco, 2025

HCPC Full Council Meeting

September 28, 2026

SFDPH Division of Population Health

Arpi Terzian (she/her), PhD MPH
Director of HIV Epidemiology & Surveillance, ARCHES



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

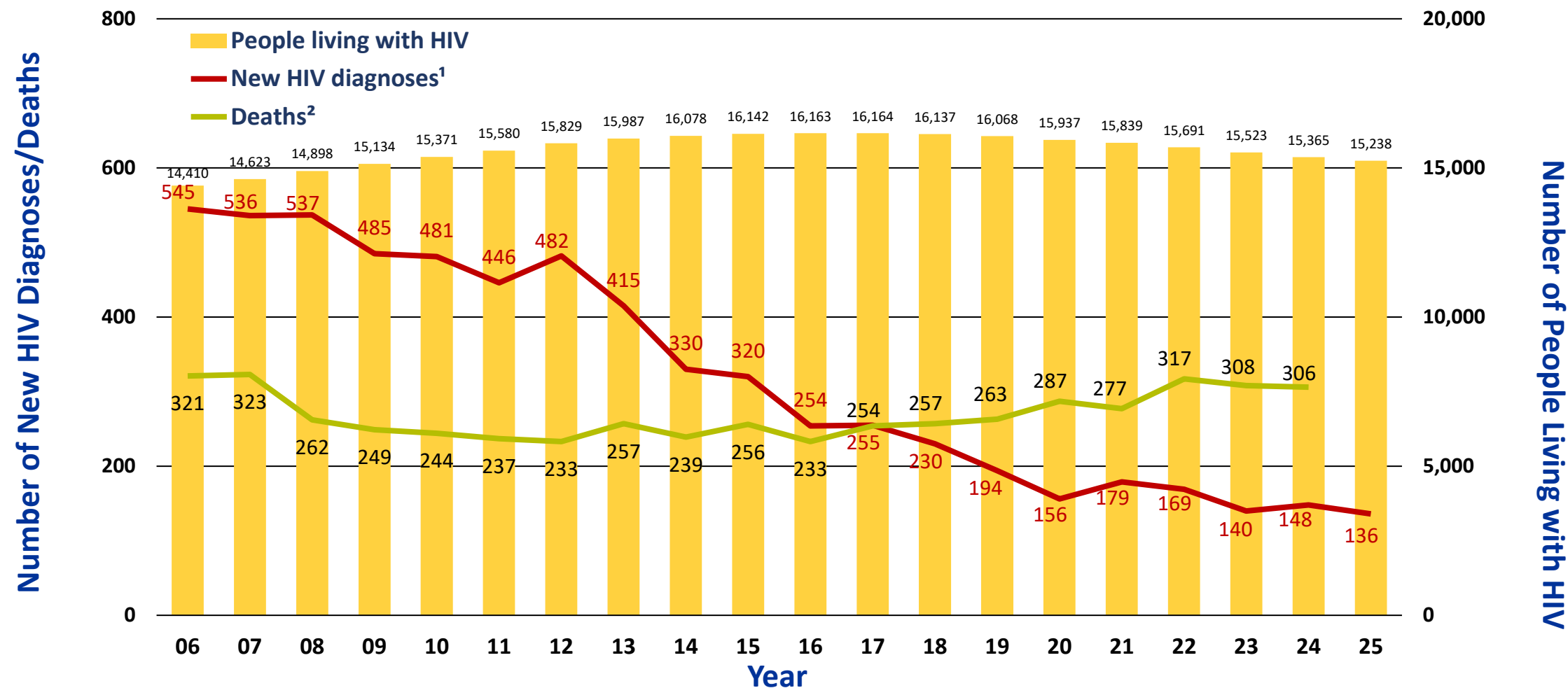
Overview

- Basic statistics as of 2025
- Trends in new diagnoses
- Trends by HIV stage of disease
- HIV continuum of care
- San Francisco's (SF) progress towards Ending the HIV Epidemic (EHE)
- Trends in mortality



Number of people newly diagnosed, living with HIV, & deaths

By year of diagnosis— SF, 2006-2025



Note. See Annual HIV Report 2025, Technical Notes “Date of Initial HIV Diagnosis.”

²Death reporting for 2025 is not complete. **Source.** San Francisco HIV surveillance registry, people diagnosed as of 12/31/2025, reported as of 3/19/2026.

New HIV diagnoses declined but progress has stalled in recent years.

Basic statistics of HIV in SF, 2025

- 136 SF residents newly diagnosed with HIV via confirmed lab test or self-report in 2025¹
- 306 deaths by the end of 2024²
- 15,238 people living with HIV (PLWH) who were SF residents at the time of HIV diagnosis (regardless of their current residence)
- 11,452 PLWH in SF as of December 2025
 - 8,286 were SF residents at HIV diagnosis
 - 3,166 were not SF residents at HIV diagnosis (outside of jurisdiction; OOI)

¹Date of initial HIV diagnosis for assessing trends in new HIV diagnoses account for self-report of a positive HIV test as noted in the medical record that was prior to the confirmed HIV diagnosis made by laboratory or clinical evidence. Self-reported tends to occur before lab-confirmed diagnosis date, resulting in a decrease in number of new diagnoses for a given year. ²Includes deaths among persons diagnosed with HIV. Diagnosis and death data for 2025 are provisional due to reporting delays. Data reported to the SFDPH as of March 19, 2026.



Trends in new diagnoses by demographics



Gender



Age



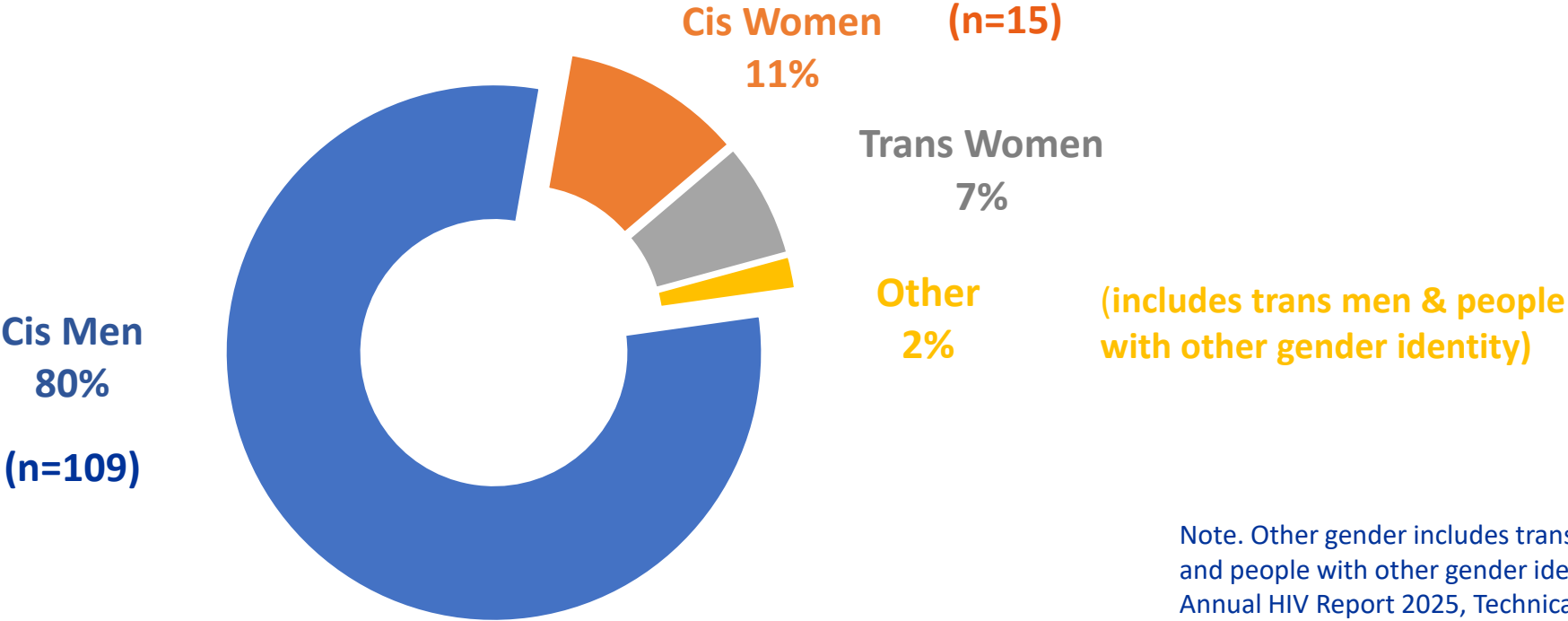
Transmission



Race/ethnicity

Percent of people newly diagnosed with HIV (N=136)

By gender– SF, 2025

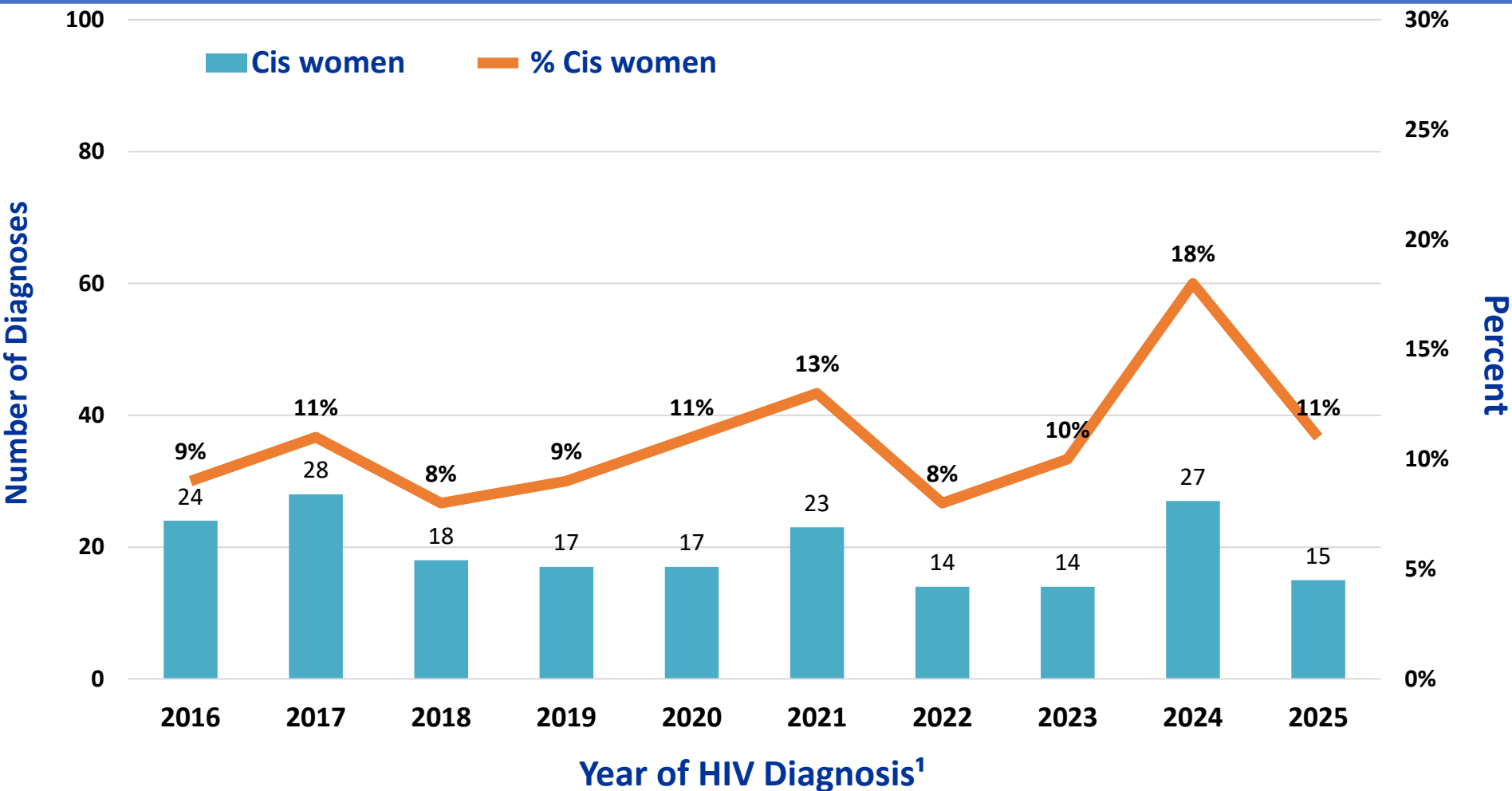


Note. Other gender includes trans men and people with other gender identity. See Annual HIV Report 2025, Technical Notes on “Gender Status.” **Source:** HIV Annual report 2025, Table 1.5, Figures 2.4, 2.5

Cis men made up 80% of new HIV diagnoses in SF, 2025.

Number and percent of new diagnoses in cis women

By year of diagnosis— SF, 2016 to 2025

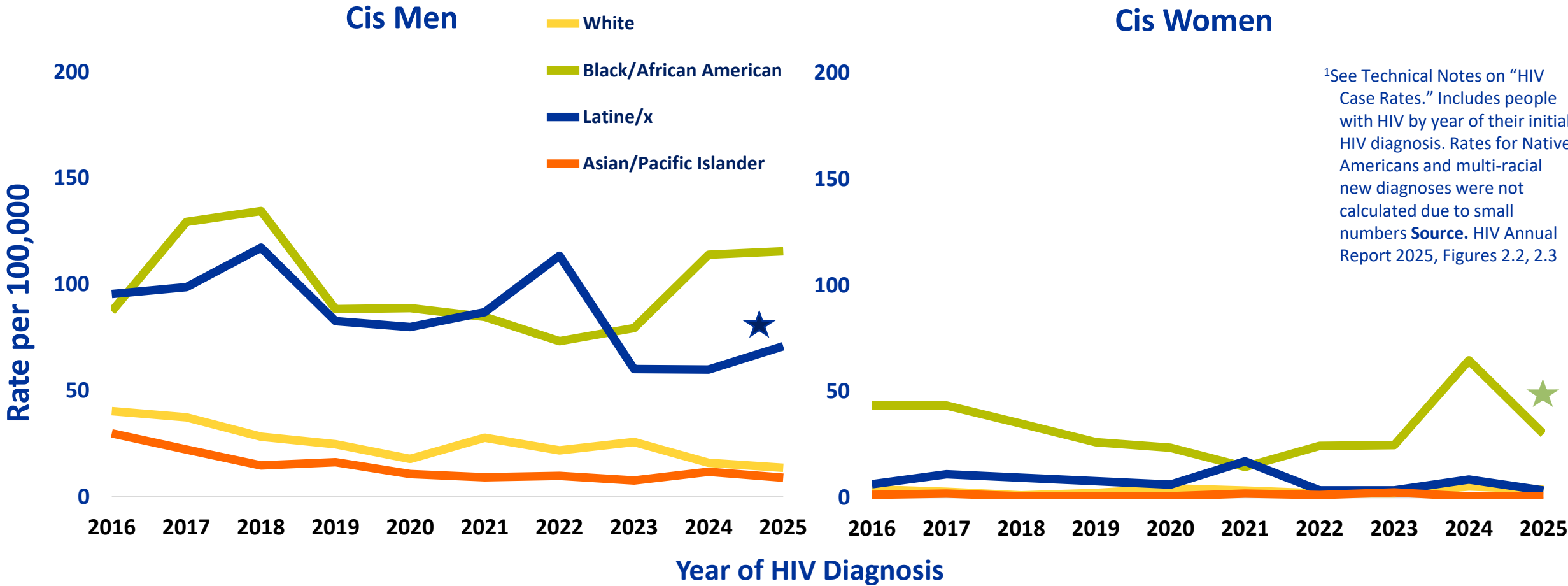


¹ Includes people with HIV by year of their initial HIV diagnosis. Note. One-year increases or decreases are not indicative of a trend and should be interpreted with caution. **Source.** HIV Annual Report 2025, Table 1.5

Cis women made up 11% of new HIV diagnoses in 2025.
Uptick in 2024 did not occur in 2025.

Annual rate¹ of new HIV diagnoses per 100,000 people

By gender and race/ethnicity – SF, 2016 to 2025



¹See Technical Notes on “HIV Case Rates.” Includes people with HIV by year of their initial HIV diagnosis. Rates for Native Americans and multi-racial new diagnoses were not calculated due to small numbers **Source.** HIV Annual Report 2025, Figures 2.2, 2.3

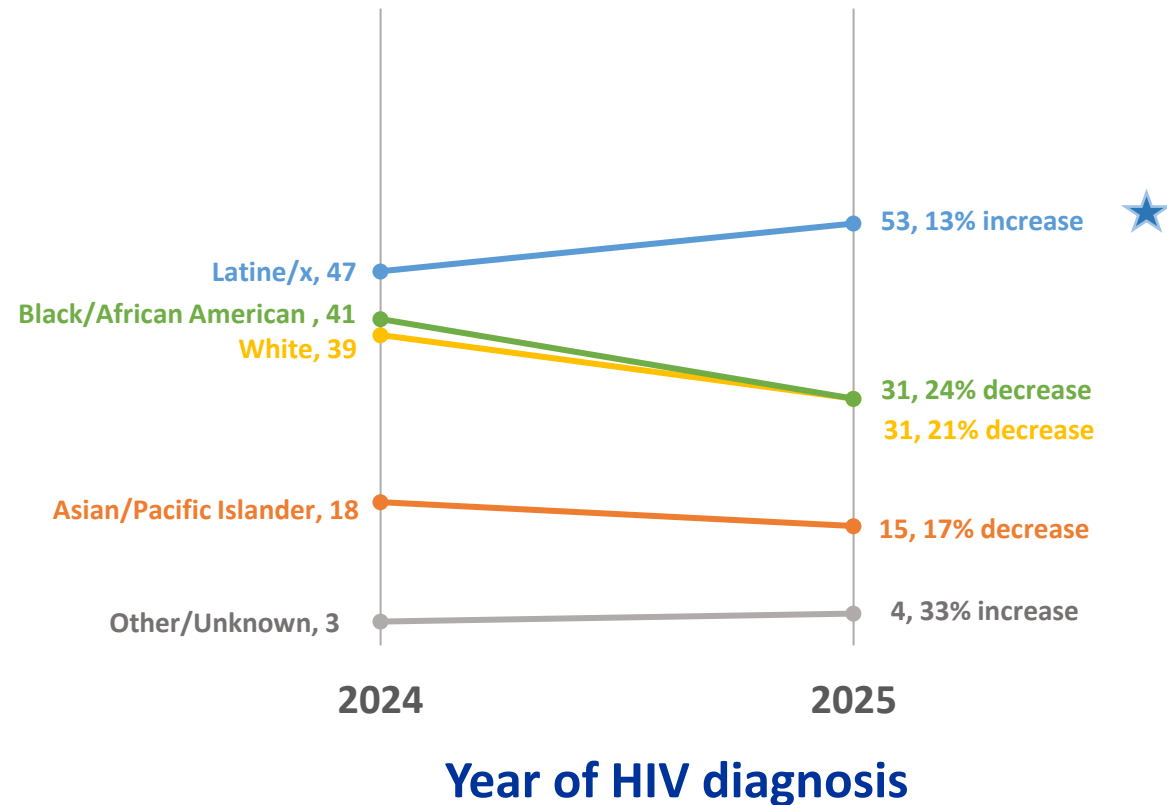
Black/African Americans continue to experience the highest rates of new HIV diagnoses. From 2024 to 2025, the rate increased for Latine/x in cis men from 60 to 71 persons per 100,000; the rate decreased for Black/African American cis women from 65 to 30 persons per 100, 000.

Number of people newly diagnosed with HIV

By race/ethnicity – SF, 2024 to 2025



2024 and 2025 Comparison

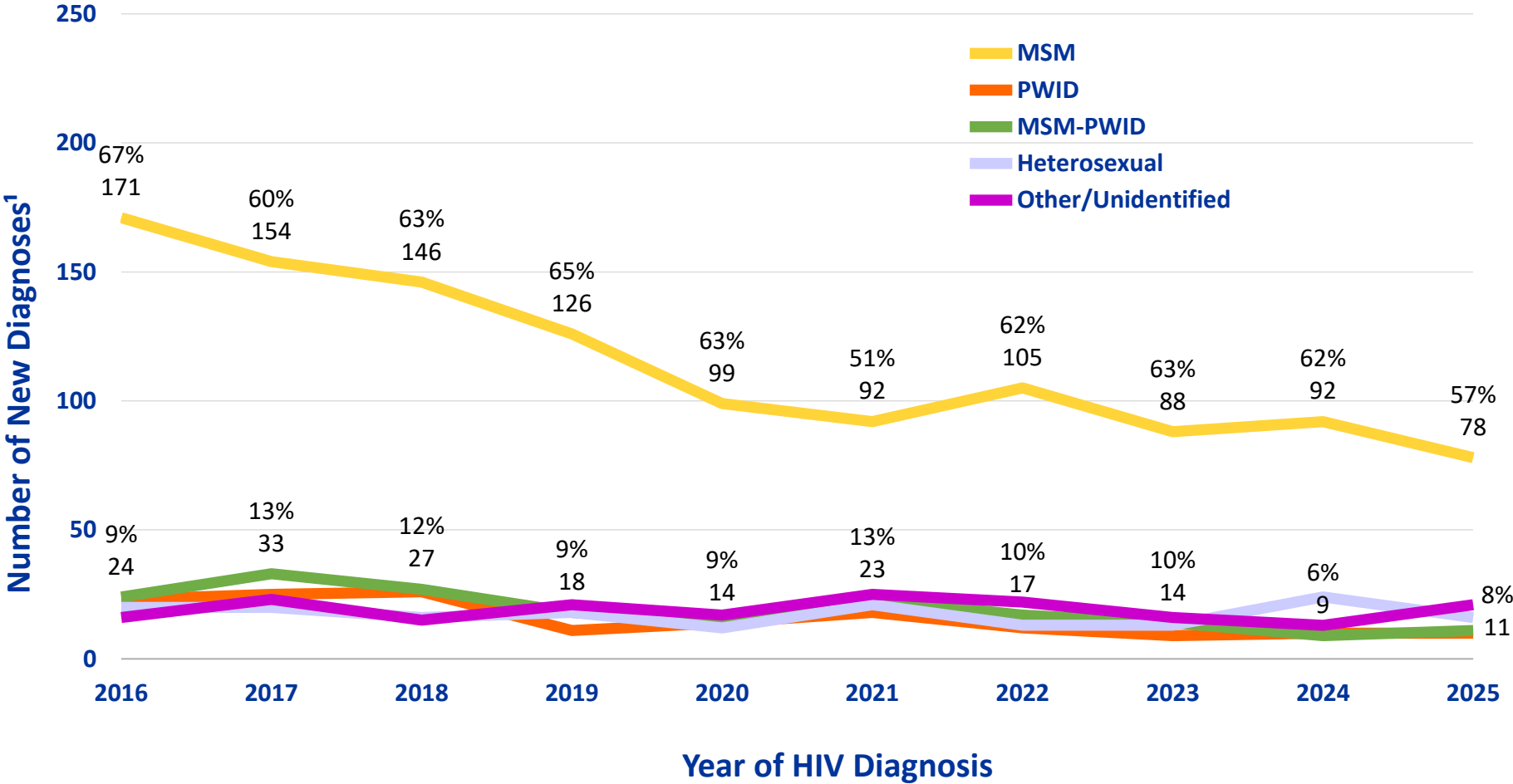


Note. One-year increases or decreases are not indicative of a trend and should be interpreted with caution. **Source.** HIV Annual Report 2025, Tables 1.1, 1.5

The number of new HIV diagnoses was highest in Latine/x in 2025.

Number and percent of people newly diagnosed¹ with HIV

By transmission risk²— SF, 2016 to 2025



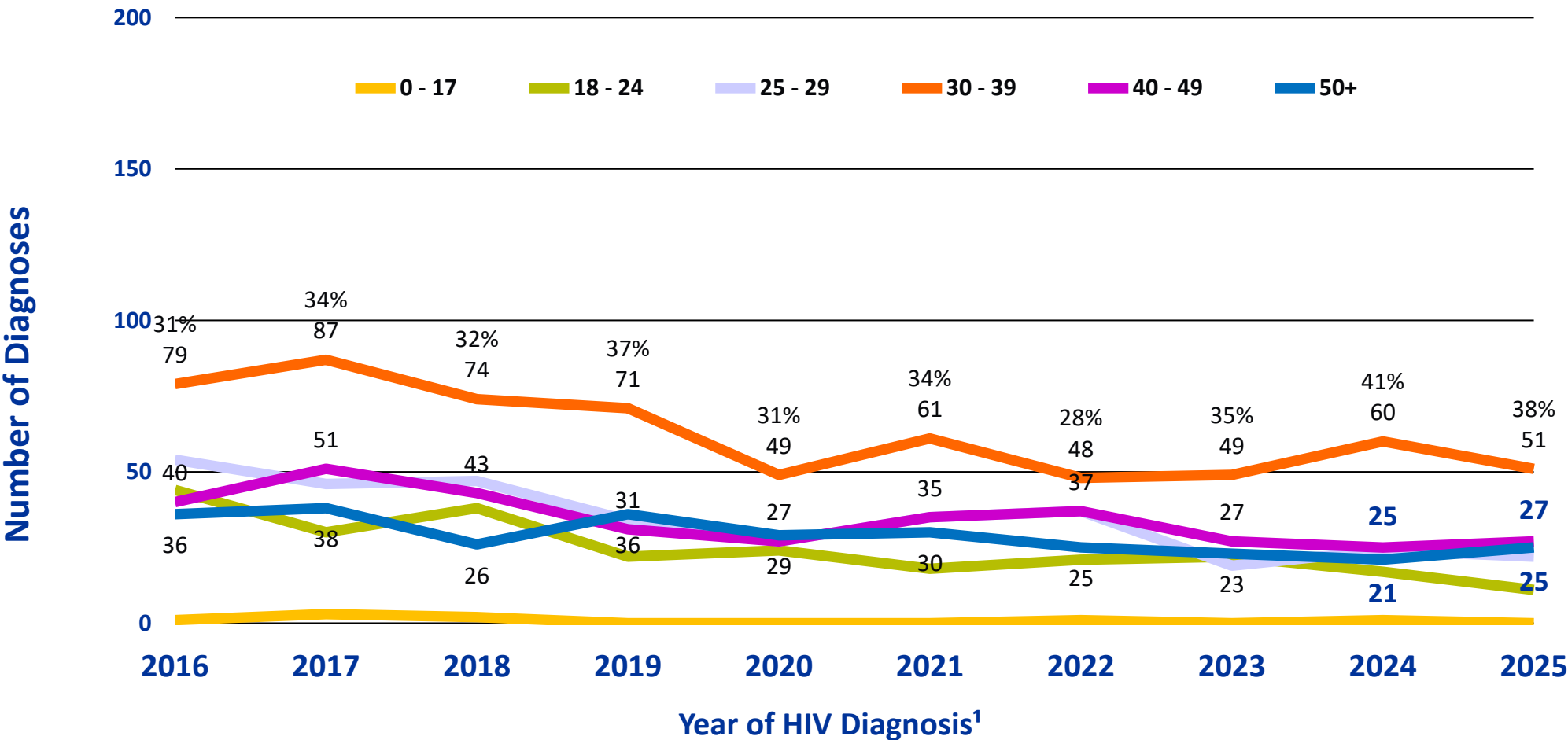
¹Includes people with HIV by year of their initial HIV diagnosis in any stage and reported as of March 19, 2026. ²Other/Unidentified includes TWSM, TWSM-PWID and people with no identified risk factor. Abbreviations: MSM= men who have sex with men; PWID= people who inject drugs. **Source.** Annual HIV Report 2025, Table 1.5

MSM – 57%
MSM-PWID – 8%

MSM and MSM-PWID accounted for 65% of new diagnoses, the largest proportion in 2025 and consistent with trend by risk. Other groups decreased or remained stable.

Number and percent of people newly diagnosed with HIV

By age group– SF, 2016 to 2025

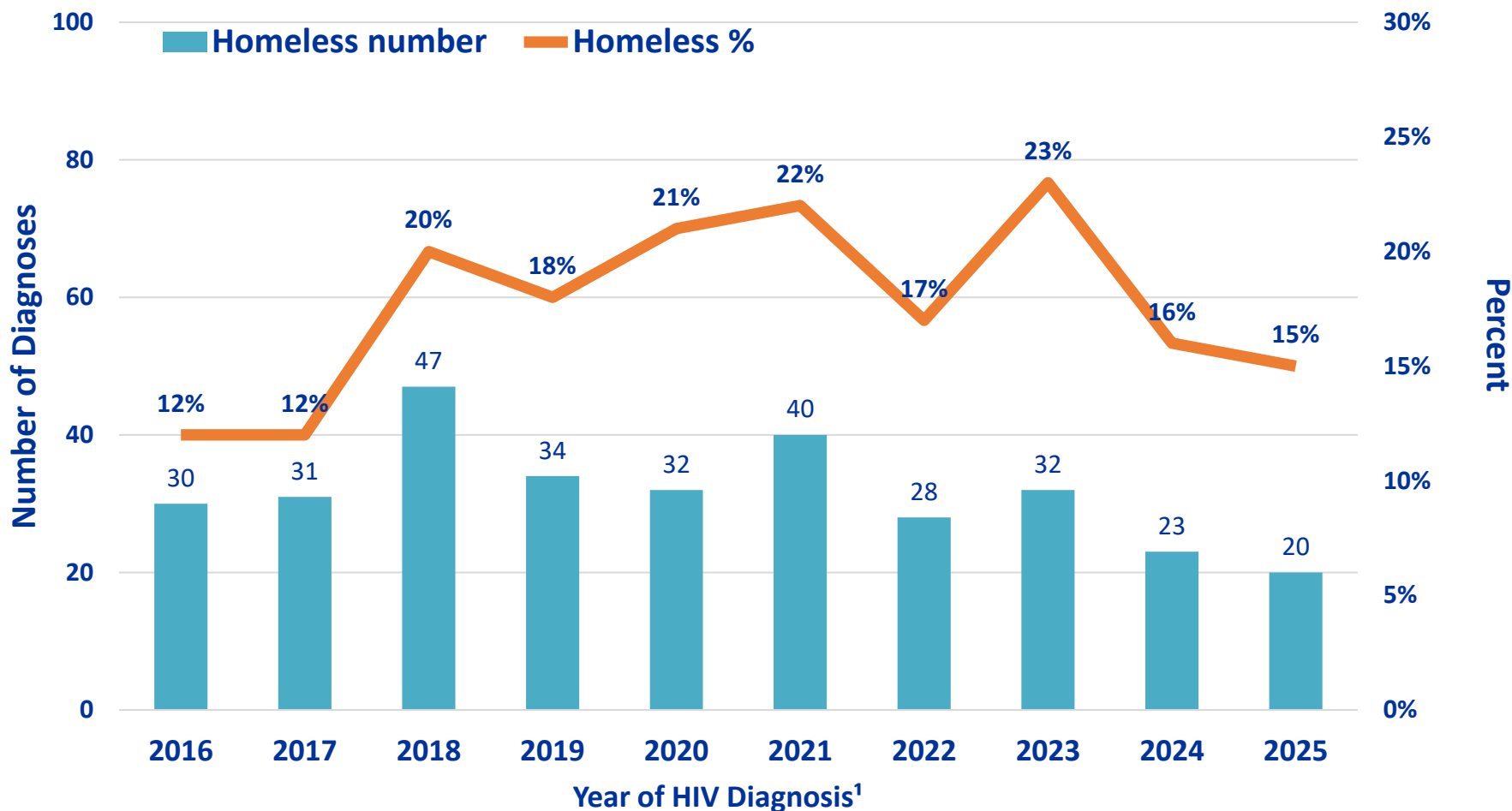


¹Includes people with HIV by year of their initial HIV diagnosis. See HIV Annual Report 2025, Technical Notes “Date of Initial HIV Diagnosis.”
Source. HIV Annual Report 2025, Table 1.5

People aged 30 to 39 years accounted for 38% of new diagnoses, the largest proportion by age in 2025.

Number and percent of people newly diagnosed with HIV experiencing homelessness

By year of diagnosis— SF, 2016 to 2025

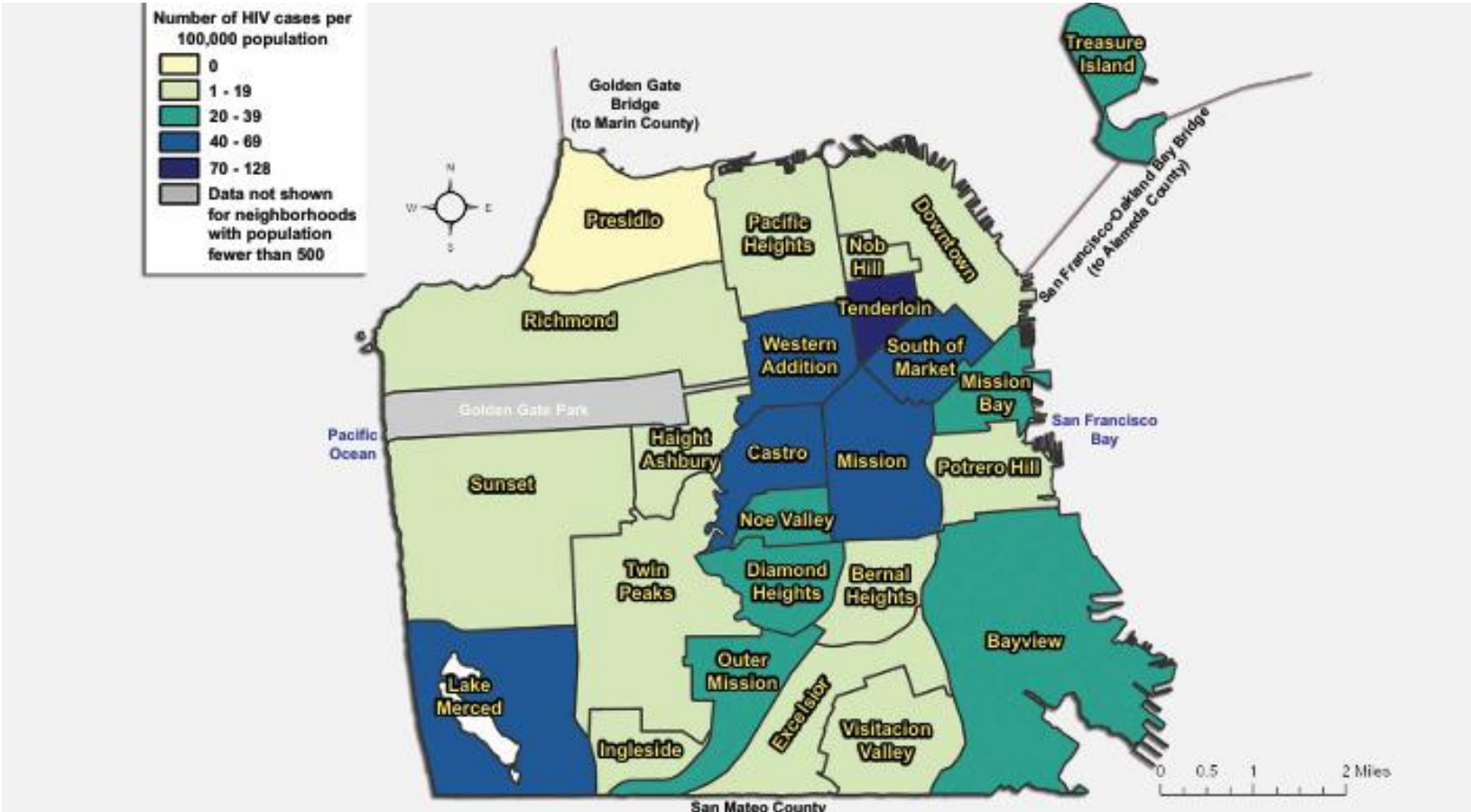


¹Includes PWH by year of initial HIV diagnosis. See Annual Report 2025, Technical Notes “Date of Initial HIV Diagnosis.” **Source:** HIV Annual Report 2025, Figure 14.1

New HIV diagnoses among people experiencing homelessness (PEH) are approximately level.

Rate of HIV diagnosis per 100,000 (new diagnoses over 2 years)

By residence of diagnosis— SF, 2024 - 2025



Neighborhood	Rate N/100k
Tenderloin	128
South of Market	67
The Castro	64
Lake Merced	50
The Mission	50
Western Addition	42

New diagnoses are geographically clustered in SF, 2024-2025.

Key takeaways

- Number of new diagnoses decreased but the rate of decline has slowed
- Demographic disparities persist:
- Number of new diagnoses highest in Latine/x
- Rate of diagnoses highest in Black/African Americans
- 2024 uptick in newly diagnosed cis women did not occur in 2025
- New HIV diagnoses geographically clustered



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Stage of disease by demographics



Gender



Age



Transmission



Race/ethnicity

Tracking stage of HIV disease at diagnosis in SF

By disease stage (0-3) in SF, 2025

HIV disease stage	Acute HIV Status	Staging criteria
Stage 0	Acute HIV	Based on the difference in days between the first HIV-positive test result and last documented HIV-negative test result. If the difference falls within 60 days, HIV is classified as stage 0 disease with acute HIV.
	Not Acute HIV or Unknown	Based on the difference in days between the first HIV-positive test result and last documented HIV-negative test result. ¹ If the difference falls between 61 and 180 days, HIV is classified stage 0 disease with “not acute HIV” or “unknown if acute HIV”.
Stage 1	N/A	Based on first CD4 test result within 90 days of HIV diagnosis. If CD4 ≥ 500 cells/μL, HIV is classified as Stage 1 disease.
Stage 2	N/A	Based on first CD4 test result within 90 days of HIV diagnosis. If CD4 is between 200-499 cells/μL, HIV is classified as Stage 2 disease.
Stage 3	N/A	Based on either first CD4 test result or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis. If CD4<200 cells/μL, HIV is classified as Stage 3 disease.
Unknown	N/A	Based on first CD4 test result within 90 days of HIV diagnosis. If there is no CD4 test result within this timeframe, HIV is classified as unknown stage.

Disease stage: Number (%)

Stage 0: 28 (17)

Stages 1 & 2: 99 (59)

Stage 3: 27 (16) ★

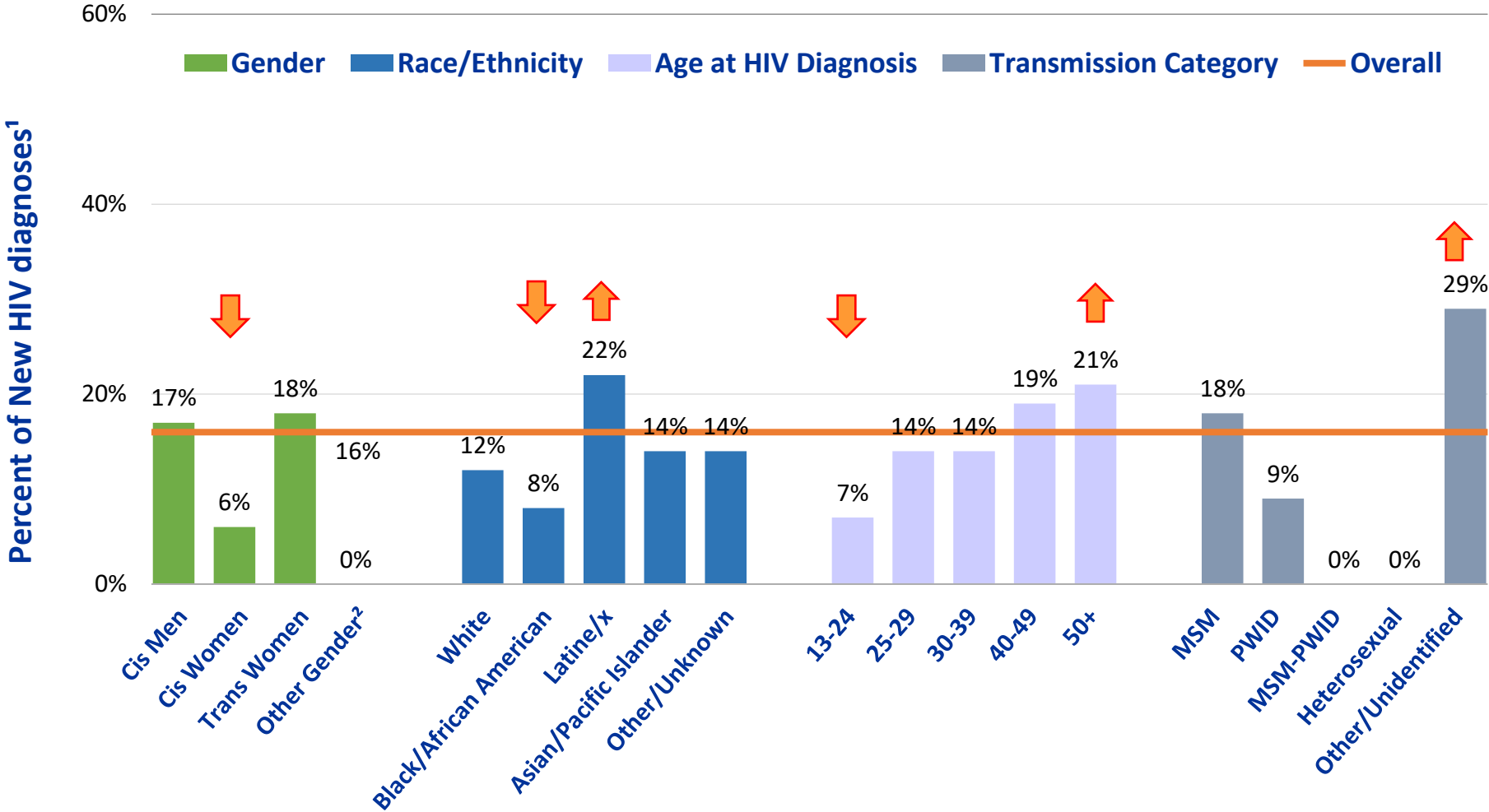
Unknown: 13 (8)

¹The date of the last HIV-negative test is based on a laboratory result, or client’s self-report of last HIV-negative test date when laboratory information is not available.

16% classified at stage 3 in 2025; Distribution tracks with previous years.

Proportion of late diagnoses among lab-confirmed diagnoses (16%)

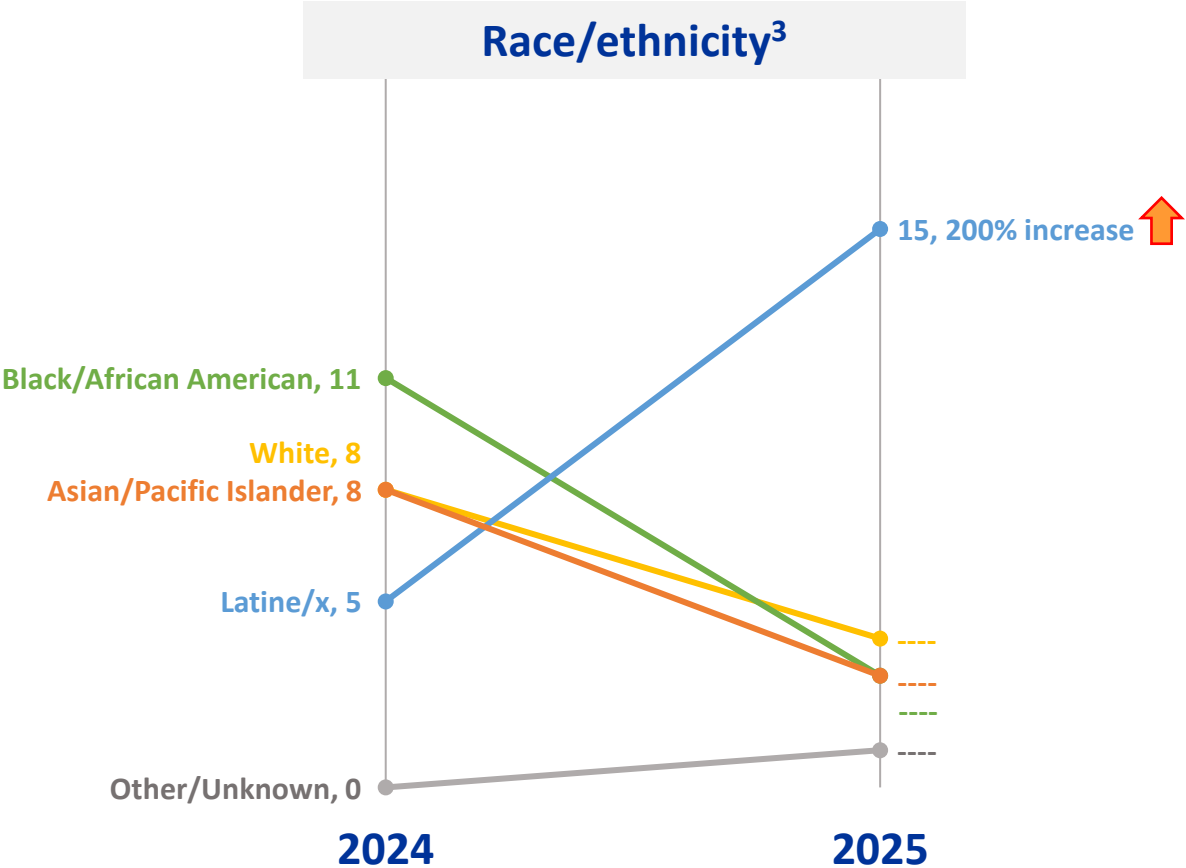
By gender², race/ethnicity³, age, and transmission risk⁴ in SF, 2025



¹Percent of new diagnoses in the year who developed HIV disease stage 3 (AIDS) within 3 months of HIV diagnosis. Includes people diagnosed in the time period based on a confirmed laboratory HIV test regardless of whether they had an earlier self-report of HIV positive date. ²Other gender includes trans men and people with other gender identity. See Annual HIV Report 2025, Technical Notes on “Gender Status.” ³People categorized as “Latine/x” may be of any racial identity. “Other” race/ethnicity represents API, Native American, and people of multiple race/ethnicities. ⁴Heterosexual includes heterosexual and female presumed heterosexual. Other/Unidentified includes TWSM, TWSM-PWID and people with no identified risk factor. Abbreviations: MSM= men who have sex with men; TWSM= trans women who have sex with men; PWID= people who inject drugs. **Source.** HIV Annual Report 2025, Table 2.3

People aged ≥50 yr, Latine/x, & had other/unidentified risk more likely to be classified at stage 3.
Cis women, Black/African Americans, persons aged 13-24 yr, and PWID less likely to be diagnosed at stage 3.

Number of late diagnoses^{1,2} (Stage 3) By race/ethnicity³ in SF, 2024-2025



¹ HIV diagnosis is based on a confirmed laboratory HIV test and excludes self-reported HIV infection.
² Late diagnoses are new HIV diagnoses in the year who developed HIV disease stage 3 (AIDS) within 3 months of HIV diagnosis.
³ People categorized as “Latine/x” may be of any racial identity. “Other” race/ethnicity represents API, Native American, and people of multiple race/ethnicities
Source. HIV Annual Report 2025. Table 2.3

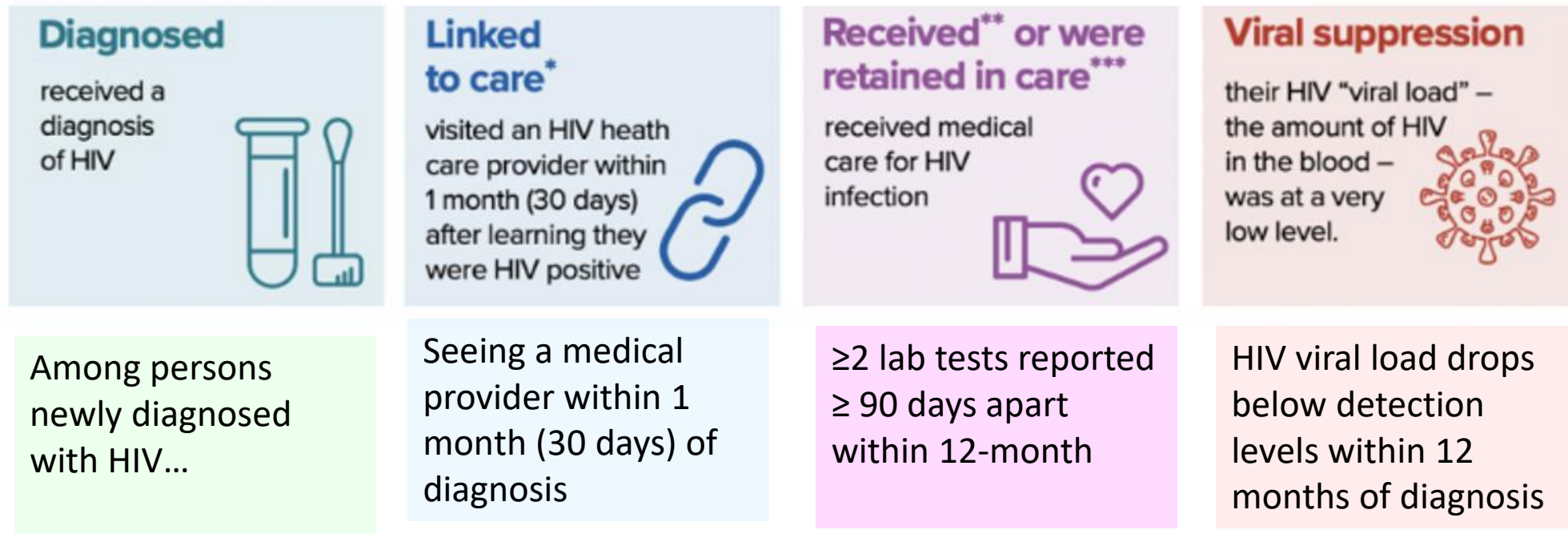
Percent change in late diagnoses from 2024 to 2025 increased in Latine/x.
Percent change decreased for all other race/ethnic groups.

Key takeaways (2)

- Demographic disparities in late-stage diagnoses persist
- Uptick in late-stage diagnoses in 2025 among
 - Latine/x
 - People with other/unknown race/ethnicity
 - People aged 50 years and older

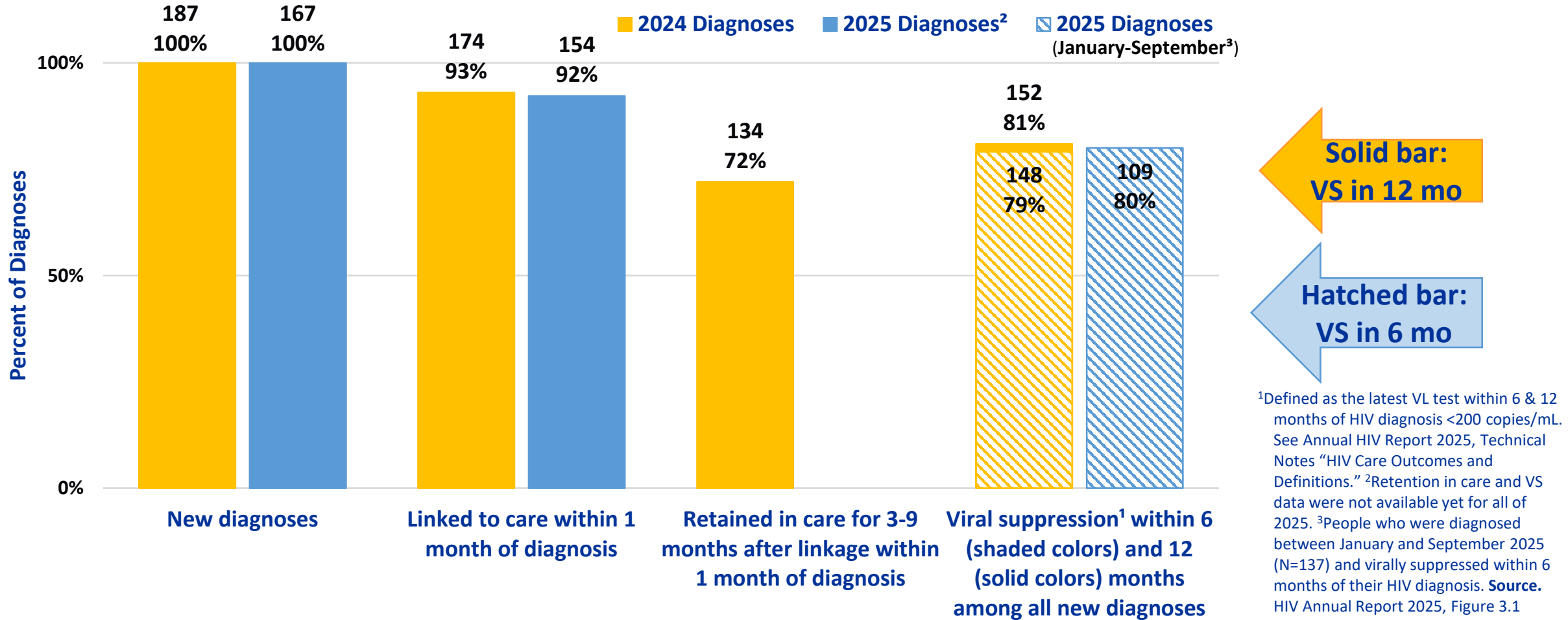


Trends along the HIV care continuum



Source. International Association of Providers of AIDS Care. HIV Care continuum. Accessed at <https://www.iapac.org/fact-sheet/hiv-care-continuum/> on August 31, 2026.

Percent of new diagnoses, linked, retained, & virally suppressed (VS)¹ HIV care continuum by year of diagnosis in SF, 2024-2025



92% of people newly diagnosed linked to care in 1 month in 2025.
72% retained in care 3 to 9 months after linkage & 81% virally suppressed in 2024.

Milestones and disparities along the HIV Care Continuum

By year of diagnosis in SF

Milestones



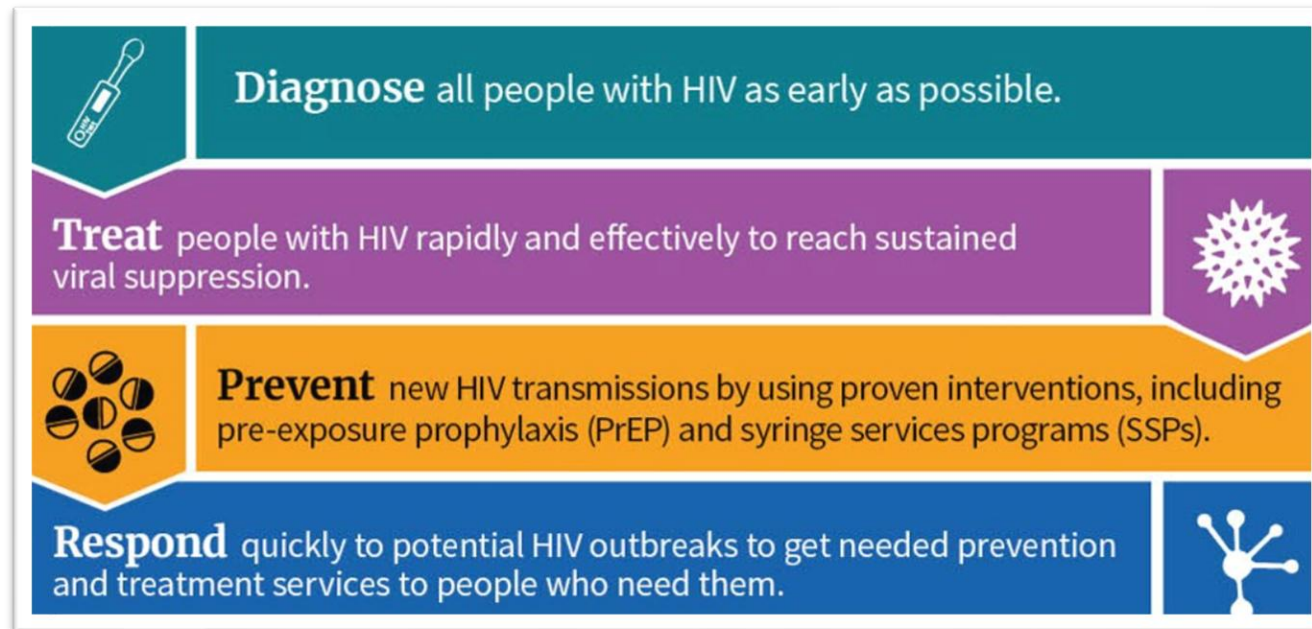
- Linkage to care is typically fast; Median time between diagnosis & 1st care visit was 1 day
- 94% of newly diagnosed Latine/x achieved VS in 12 months in 2024
- Median time to VS (days) improved from 43 in 2020 to 33 in 2024

Disparities



- Black/African Americans, cis women, persons aged 25 -29 yr & persons with heterosexual risk less likely to achieve VS
- VS also looks worse for different groups (e.g., PWID, PEH)

SF progress towards Ending the HIV Epidemic (EHE)



Comparison of HIV prevention and care indicators

San Francisco, California, and the United States, 2024

		San Francisco 2024	California ¹ 2024	United States ¹ 2024
Indicators	Awareness of HIV status			
	Estimated % people with HIV who know their serostatus	97% ²	87% ³	87% ³
	Late HIV diagnosis			
	% people diagnosed with AIDS within 3 months of HIV diagnosis	17%	22%	22%
	HIV care access and outcome			
	% newly diagnosed people linked to care within 1 month of HIV diagnosis	93%	84%	83%
	% newly diagnosed people virally suppressed within 6 months of HIV diagnosis	79%	70%	71%
	% PWH who are in care (≥1 laboratory tests)	79%	76%	77%
	% PWH who are virally suppressed	74%	69%	69%
	HIV mortality			
	Death rate per 1,000 people with HIV (all stages) diagnosis	19.2	14.9	15.5
	Death rate per 1,000 people with HIV stage 3 (AIDS) diagnosis	27.5	23.1	24.3

San Francisco exceeds state & national HIV care continuum outcomes.

¹Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 7 territories and freely associated states, 2024. Published May 18, 2026. Accessed May 28, 2026. <https://stacks.cdc.gov/view/cdc/256155> ²The estimated percent of people who are aware of their HIV diagnosis among people with diagnosed and undiagnosed HIV infection in San Francisco was derived from the CDC CD4-based model SAS Program using San Francisco data reported as of March 11, 2026. See Technical Notes on “CD4-based Model.” ³The estimated percent of people who are aware of their HIV diagnosis among people with diagnosed and undiagnosed HIV infection in California & US are available for 2022. CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. HIV Surveillance Supplemental Report 2024;29 (No. 1). <https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html>. Published May 2024. Accessed June 2, 2026. Abbreviation: PWH= people with HIV, CDC= Centers for Disease Control and Prevention; CD4= CD4 T-lymphocyte.

Persons living with HIV by demographics



Gender



Age



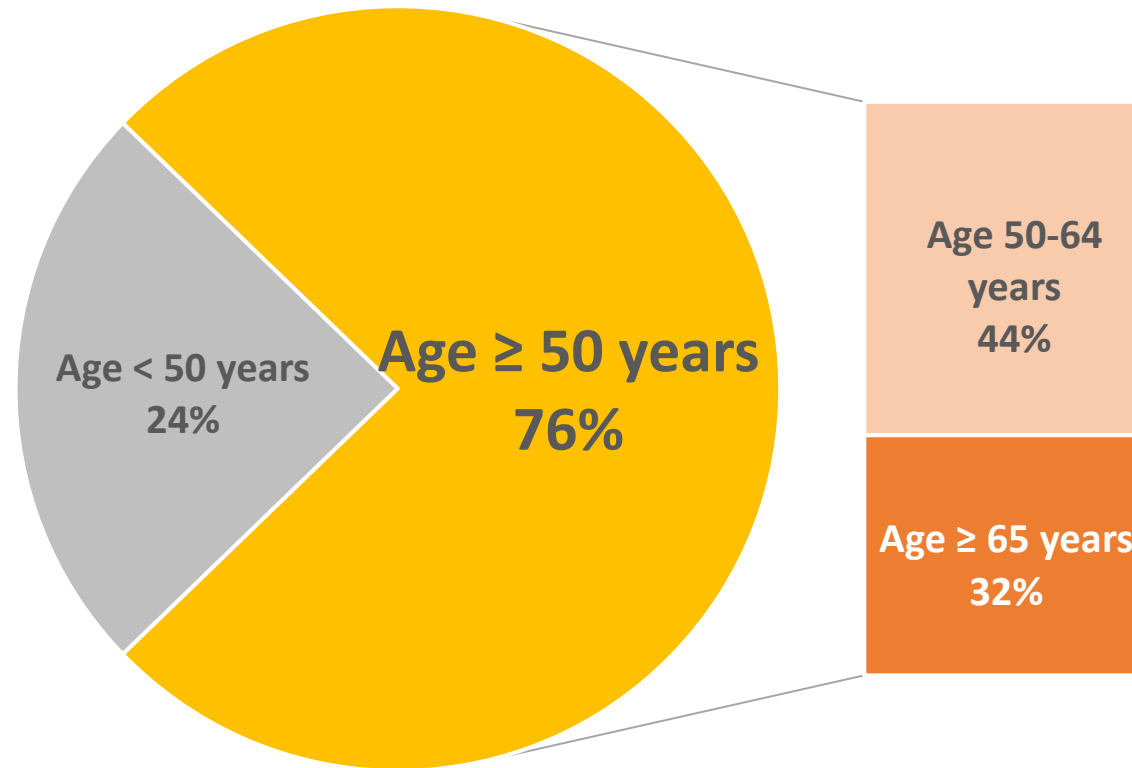
Transmission



Race/ethnicity

Persons living with HIV in SF, 2025

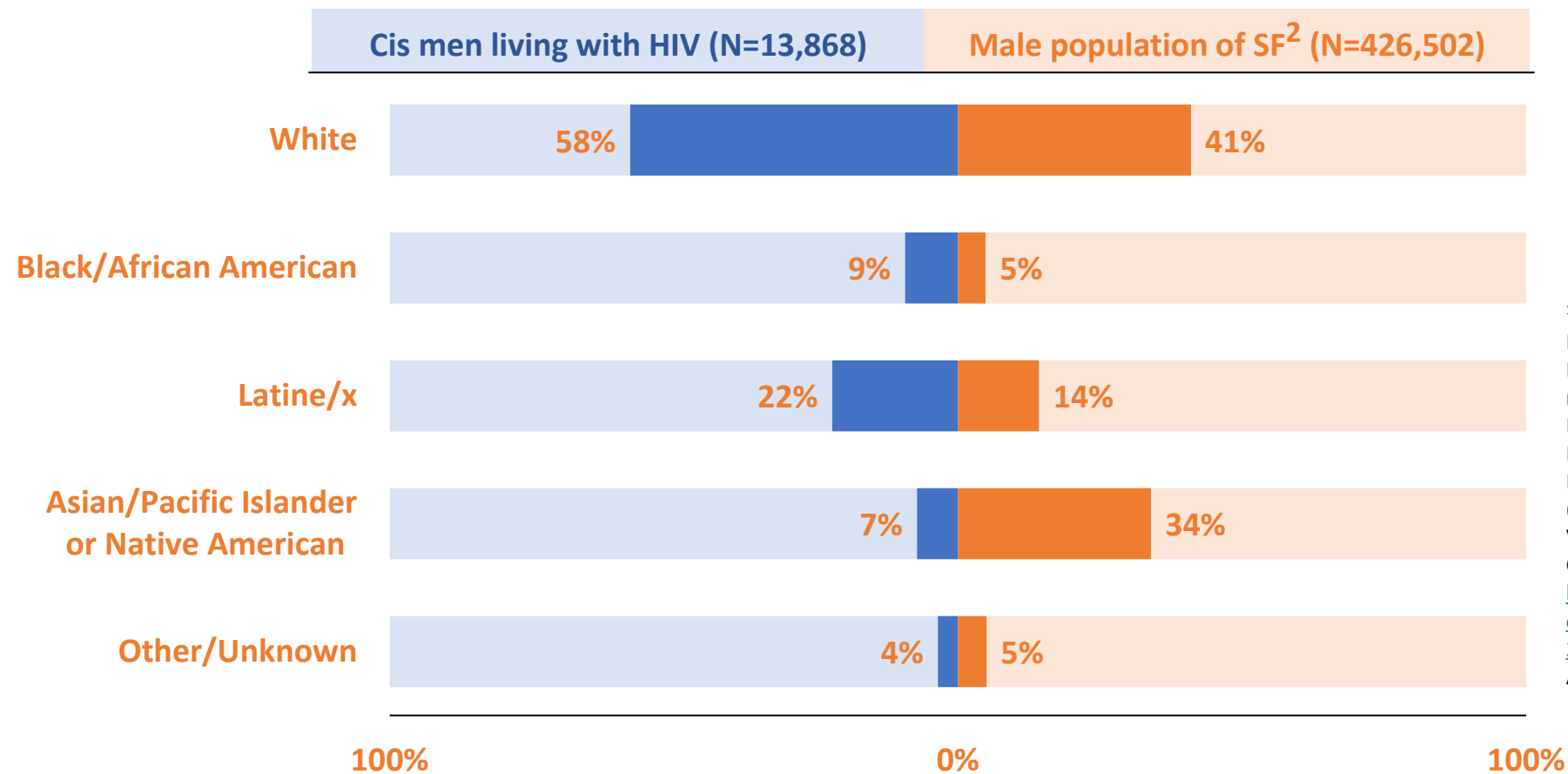
By age group



76% of persons living with HIV in SF are aged 50 years or older.

Comparing cis men living with HIV¹ to the male population in SF

By race/ethnicity, 2025

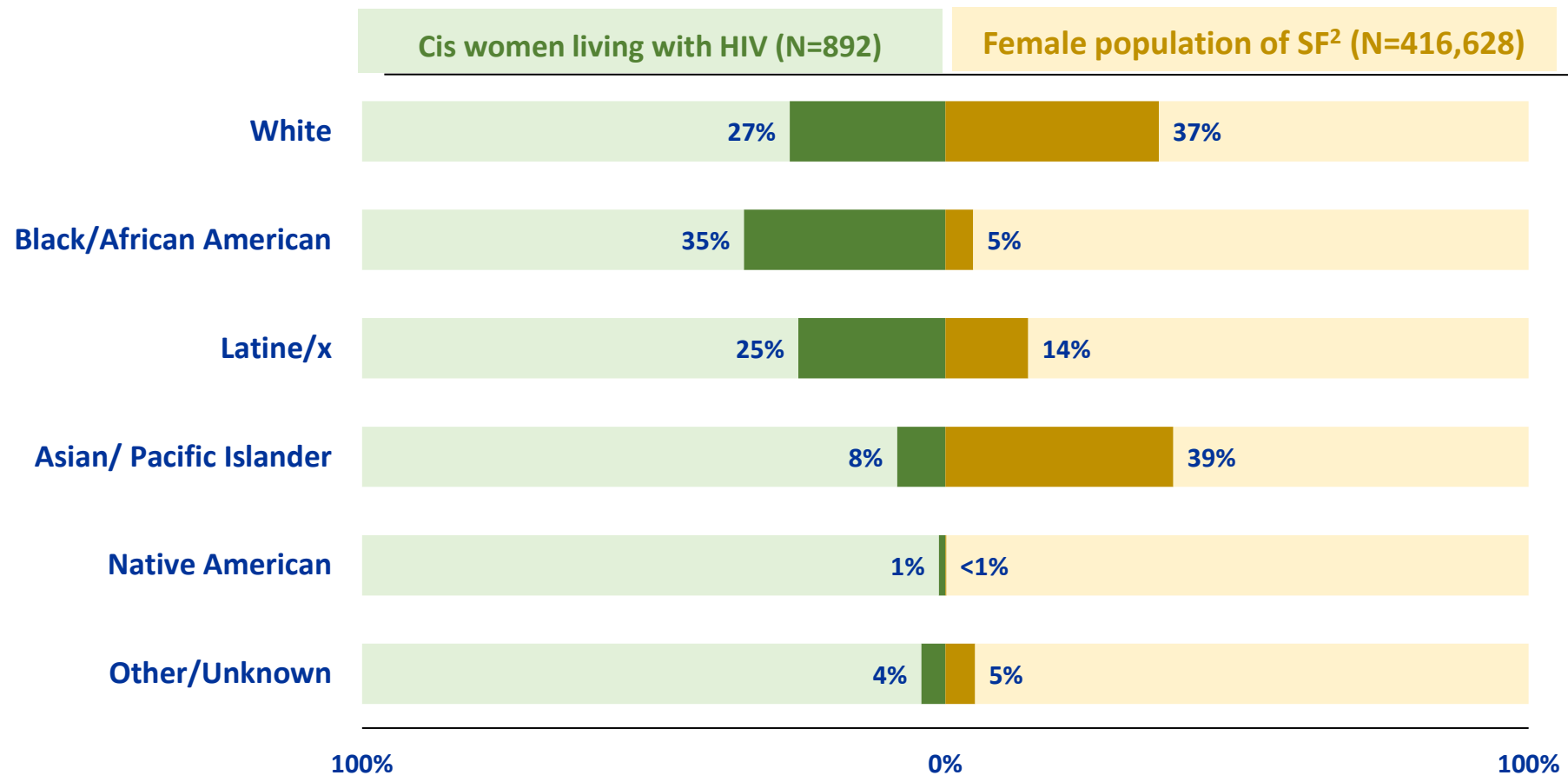


¹Includes SF residents at the time of HIV diagnosis ²California Department of Finance estimates of San Francisco male population 2024. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release). Sacramento: California. April 2025. https://dof.ca.gov/wp-content/uploads/sites/352/2023/08/P3_California-and-Counties.xlsx Source. Annual HIV Report 2025, Table 1.3

Latine/x and white cis men disproportionately affected by HIV/AIDS relative to the male population in SF.

Comparing cis women living with HIV¹ to the female pop in SF

By race/ethnicity, 2025



¹Includes SF residents at the time of HIV diagnosis

²California Department of Finance estimates of San Francisco male population 2024. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release). Sacramento: California. April 2025. https://dof.ca.gov/wp-content/uploads/sites/352/2023/08/P3_California-and-Counties.xlsx

Source. Annual HIV Report 2025, Table 1.3

Black/African American and Latine/x cis women disproportionately affected by HIV/AIDS relative to the female population in SF.

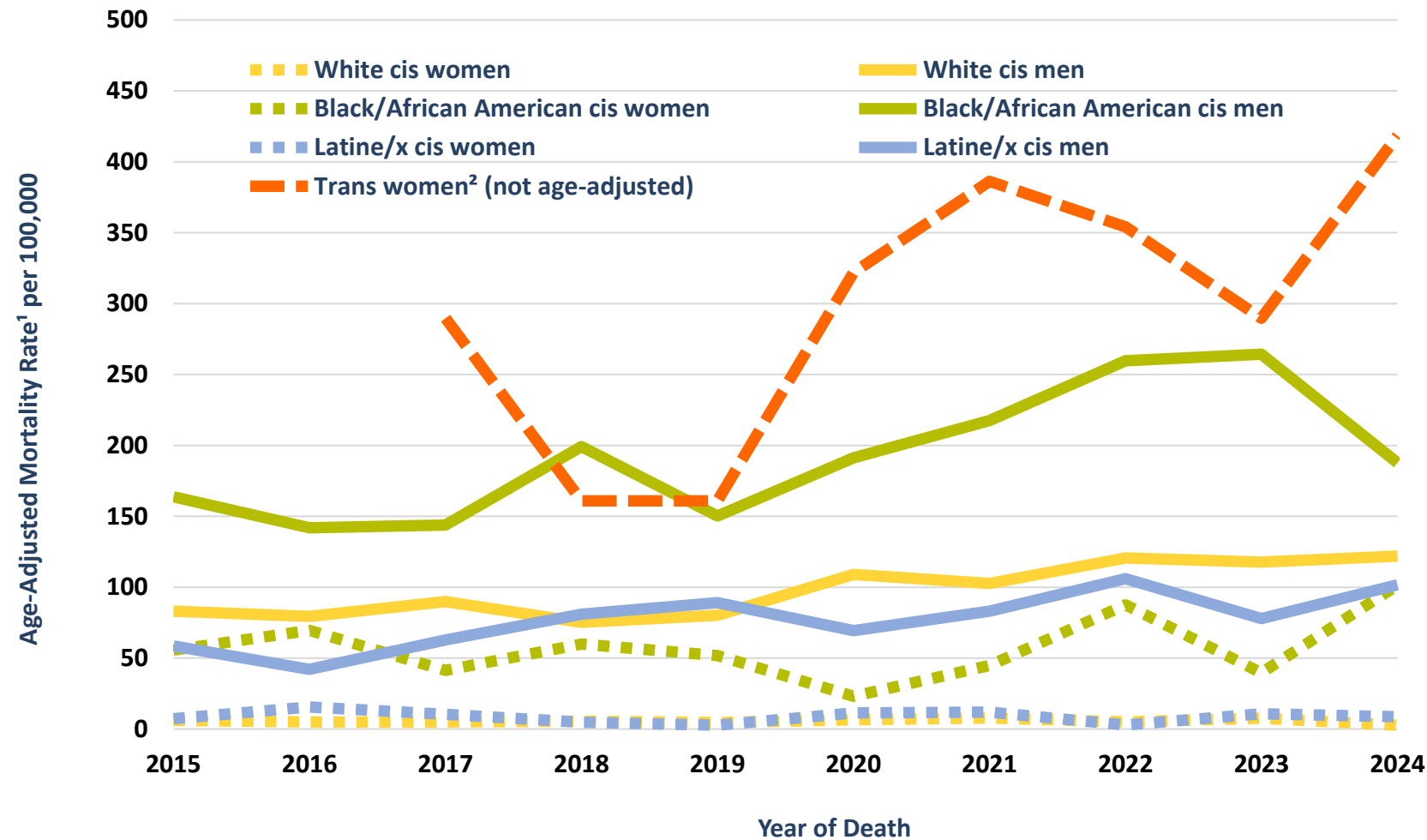
Trends in Mortality



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Age-adjusted mortality rates¹ per 100,000

By gender², race/ethnicity, and year of death in SF, 2015-2024



¹Age-adjusted mortality rates were calculated for people 18≥ years. For each race/ethnicity and gender, the number of people with HIV who died each year was divided by projected SF population estimates across fourteen age groups (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+) to generate crude rates applied to the standard population, defined using the California population estimates from the Dept of Finance. See Technical Notes on for “HIV Case Rates and HIV Mortality Rates.”

²Mortality rates for trans women were not age-adjusted. Due to small numbers, trans women were not stratified by race/ethnicity and mortality rates for trans men were not calculated. SF trans women population estimate used was from Raymond HF, Wilson EC, McFarland W. Transwoman Population Size. Am J Public Health. 2017 Sep;107(9):e12. doi: 10.2105/AJPH.2017.303964. PMID: 28787216; PMCID: PMC5551612.

Black/African American cis men have the highest age-adjusted mortality rates.

Top underlying causes of death, SF

By year of death grouped in 3 periods - 2013-2026, 2017-2020, 2021-2024

		Year of Death		
		2013-2016	2017-2020	2021-2024
		N=965	N=1,026	N=1,185
		Number (%)		
Underlying Cause of Death ¹	Accidents	116(12.0)	173(16.9)	282(23.8)
	Drug overdose	96(9.9)	154(15.0)	244(20.6)
	HIV	381(39.5)	298(29.0)	261(22.0)
	Heart disease	88(9.1)	150(14.6)	171(14.4)
	Coronary heart disease	43(4.5)	92(9.0)	103(8.7)
	Non-AIDS cancer	141(14.6)	169(16.5)	162(13.7)
	Lung cancer	31(3.2)	28(2.7)	25(2.1)
	Anal/rectal cancer	14(1.5)	12(1.2)	18(1.5)
	Liver cancer	20(2.1)	17(1.7)	12(1.0)
	Chronic obstructive pulmonary disease	21(2.2)	30(2.9)	41(3.5)
	Diabetes/metabolic disorder	10(1.0)	--	29(2.4)
	Liver disease	27(2.8)	16(1.6)	23(1.9)
	Alcoholic liver disease	11(1.1)	14(1.4)	11(0.9)
	COVID-19 ²	0(0.0)	--	21(1.8)
	Cerebrovascular disease	10(1.0)	22(2.1)	20(1.7)
	Mental, behavioral, neurodevelopmental disorder	10(1.0)	12(1.2)	20(1.7)
	Suicide	33(3.4)	29(2.8)	19(1.6)

¹ See Technical Notes on "Death Ascertainment." Deaths among people with HIV that lack cause of death information were not presented in this table.

² The National Death Index began coding deaths due to COVID-19 in 2020.

-- Data were not displayed due to small number of deaths & population size. Abbreviation: COVID= coronavirus disease.

Source. HIV Annual Report 2025, Table 5.3

Top three underlying causes of death: Drug overdose, HIV, & heart disease.

HIV cause of death declined; deaths from unintentional drug overdose increased over time.

Key takeaways (3)

- Age-adjusted mortality rates highest in Black/African American cis men
- Top 3 causes of death: Accidents (drug overdose), HIV, & heart disease
- HIV-related deaths make up smaller proportions of all deaths



Summary of HIV Epidemiology

- Overall decline in new HIV diagnoses & improvements in HIV care are encouraging, but progress has slowed
- Continued success requires strengthening EHE pillars & addressing disparities
- Surveillance tracks metrics to provide localized, actionable data for guiding HIV care and prevention strategies

Thank you!

- HIV Epidemiology & Surveillance Team
- ARCHES Leadership and Program Liaisons
- CHEP, HIV/STI Branch, & Bridge HIV Leadership and Program Liaisons
- People with HIV
- HIV care providers
- Community Members



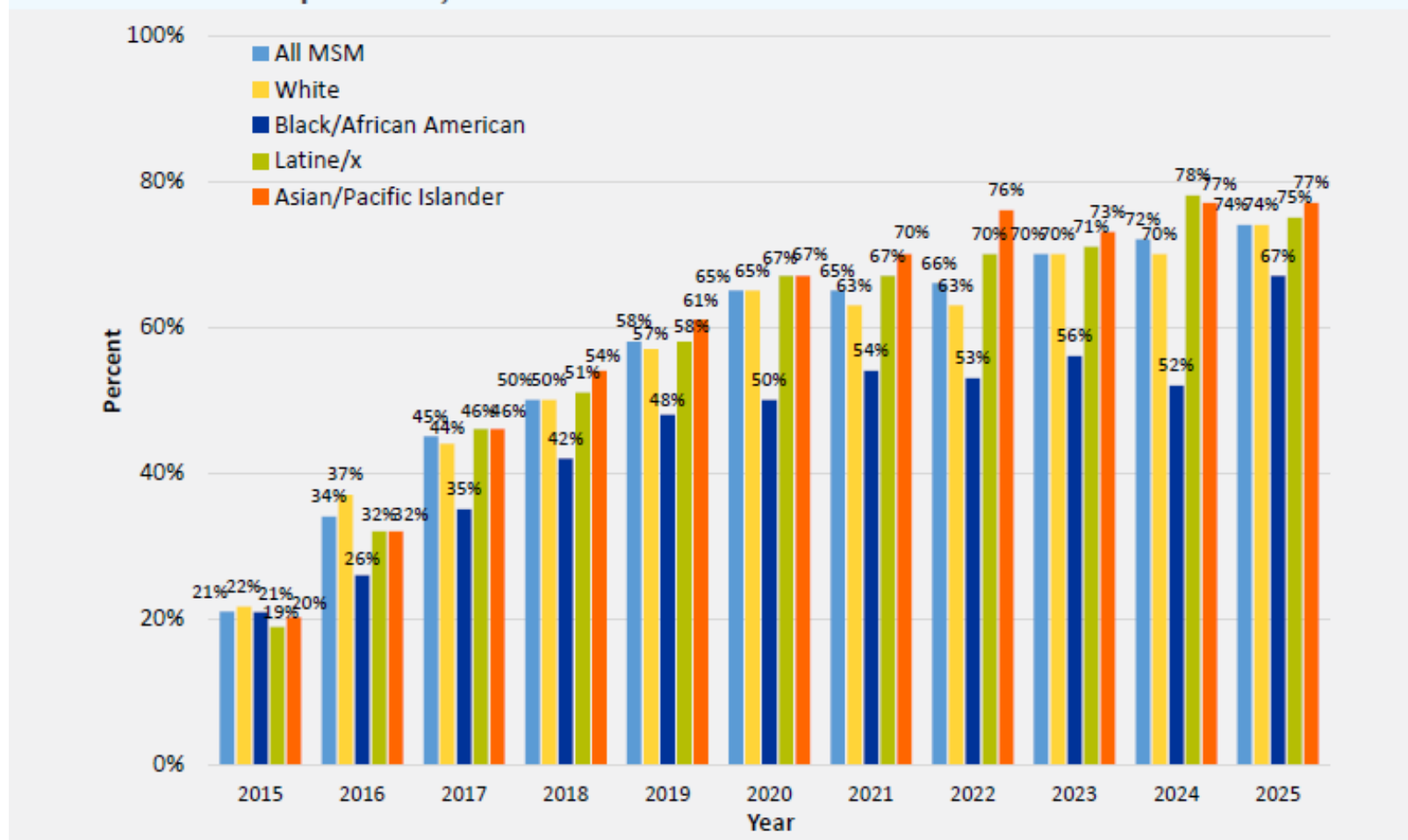
2025 HIV Epidemiology **Annual Report** available at:

<https://www.sf.gov/resource/2025/hiv-epidemiology-unit-reports>



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Figure 16.1 Proportion of MSM¹ currently on PrEP² by race/ethnicity³, San Francisco City Clinic patients⁴, 2015-2025



- 1 MSM included in the report denominator defined as: cis men not known to be HIV positive who reported sex with a cis man in the past year.
 - 2 On PrEP at visit defined as: (1) Answered 'yes' to are you currently on PrEP or (2) Enrolled in PrEP as of visit. Due to continuous quality improvement of data cleaning and management processes, data are subject to change and might be different in previous reports. Additionally, the SFCC PrEP Program applied a revised "enrollment" definition to all reported years, resulting in a higher number of enrollments per year than previously reported. Data reported as of May 13, 2026.
 - 3 Patient-level race/ethnicity data were updated in the STI surveillance system in 2024. Race/ethnicity stratifications may not match data in prior reports. Patients considered as Latine/x if "Hispanic" or "Latine/x" ethnicity was reported, even if other race/ethnicities also reported for the patient. "Pacific Islander," previously not shown, is now grouped with "Asian." Patients reporting "other" or "Native American" race or considered "multi-racial" or "unknown" race are not displayed due to small numbers.
 - 4 Includes San Francisco residents 18 years of age and older only.
- Abbreviations: MSM= men who have sex with men; PrEP= HIV pre-exposure prophylaxis; STI= sexually transmitted infection.