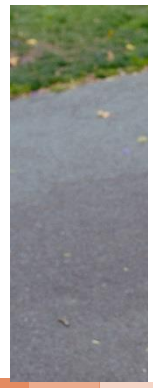

Using Surveillance to Identify Disparities in Care and Strengthen the HIV Response

HIV Community Planning Council Meeting

September 22, 2025

Arpi Terzian (she/her), PhD MPH
HIV Epidemiology Unit
PHD/ARCHES Branch
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POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Outline

- Section 1: Purpose & Scope of Work
- Section 2: Citywide Trends in HIV
- Section 3: Summary

Section 1:
Purpose & Scope of Work

Purpose of HIV Surveillance

- Ongoing, systematic collection, analysis, interpretation, & dissemination of data on new and existing diagnoses of HIV
- Monitor citywide trends, care and treatment outcomes, detect outbreaks
- Provide a comprehensive picture of the SF HIV epidemic:
  - Inform resource allocation
  - Support delivery of prevention and health service activities

Purpose (2): Part of CDC's Essential Public Health Services Framework

ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

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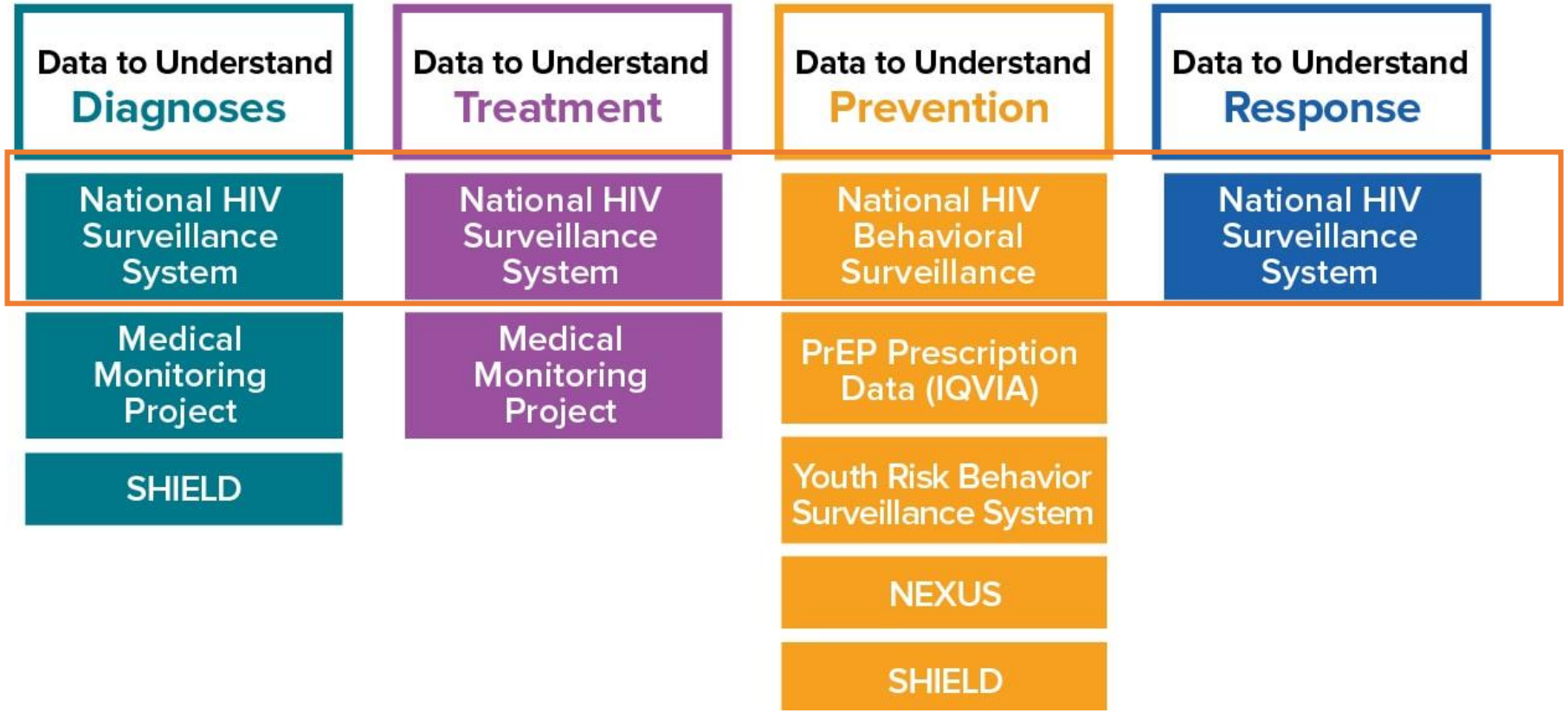
Source: CDC, 2024. The 10 Essential Public Health Services. Accessed at 10-EPHS-One-Pager.pdf on September 4, 2025.

Scope of work: Monitor & report using an integrated, data-driven approach



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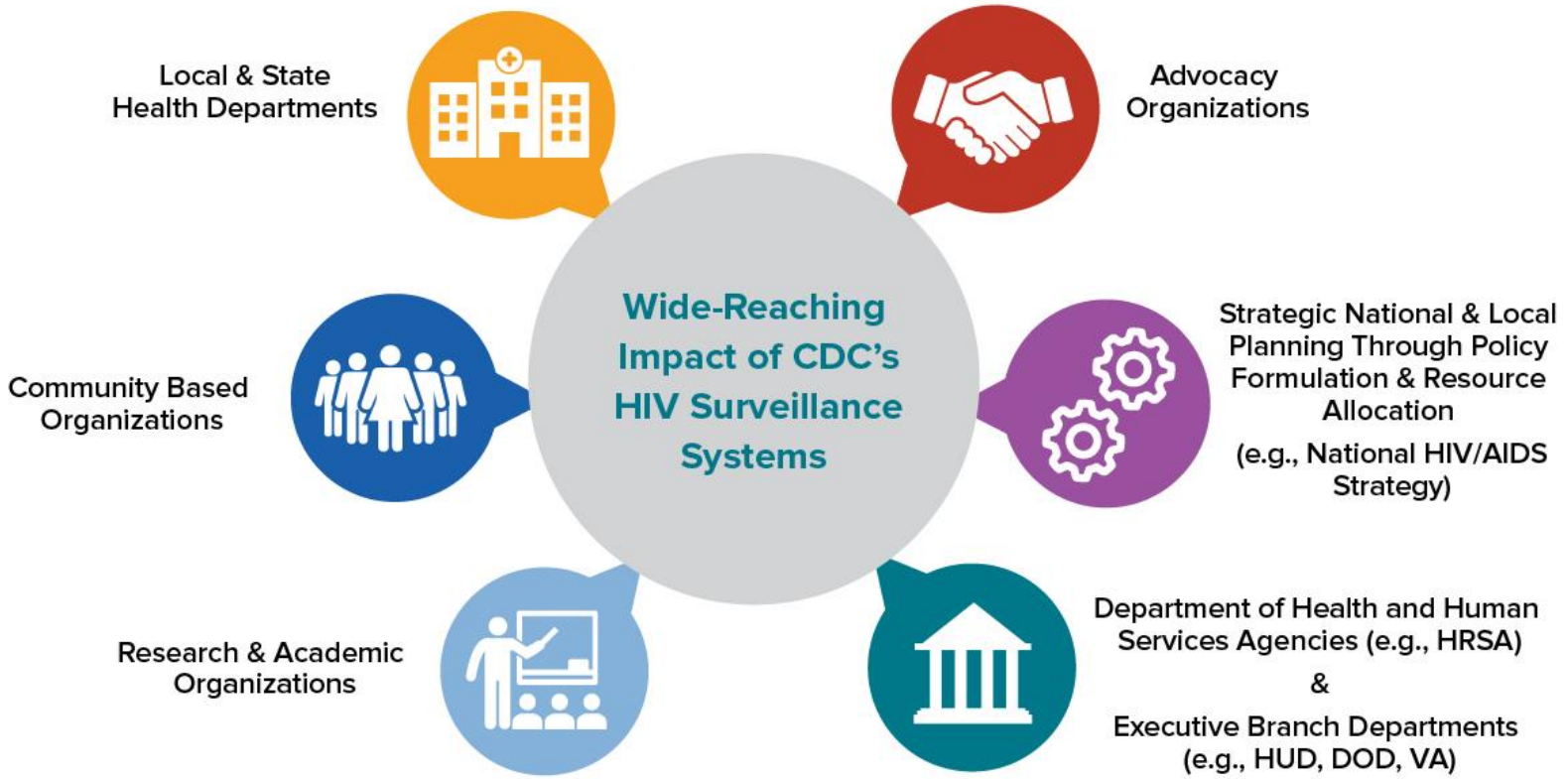
Source: CDC, February 7, 2025. About HIV Surveillance and Monitoring. Accessed at https://www.cdc.gov/hiv-data/about/index.html#cdc_survey_profile_how_the_information_is_used-surveillance-systemsprojects-and-how-they-impact-the-hiv-care-continuum on September 2, 2025.

Scope of work (2): HIV data impact

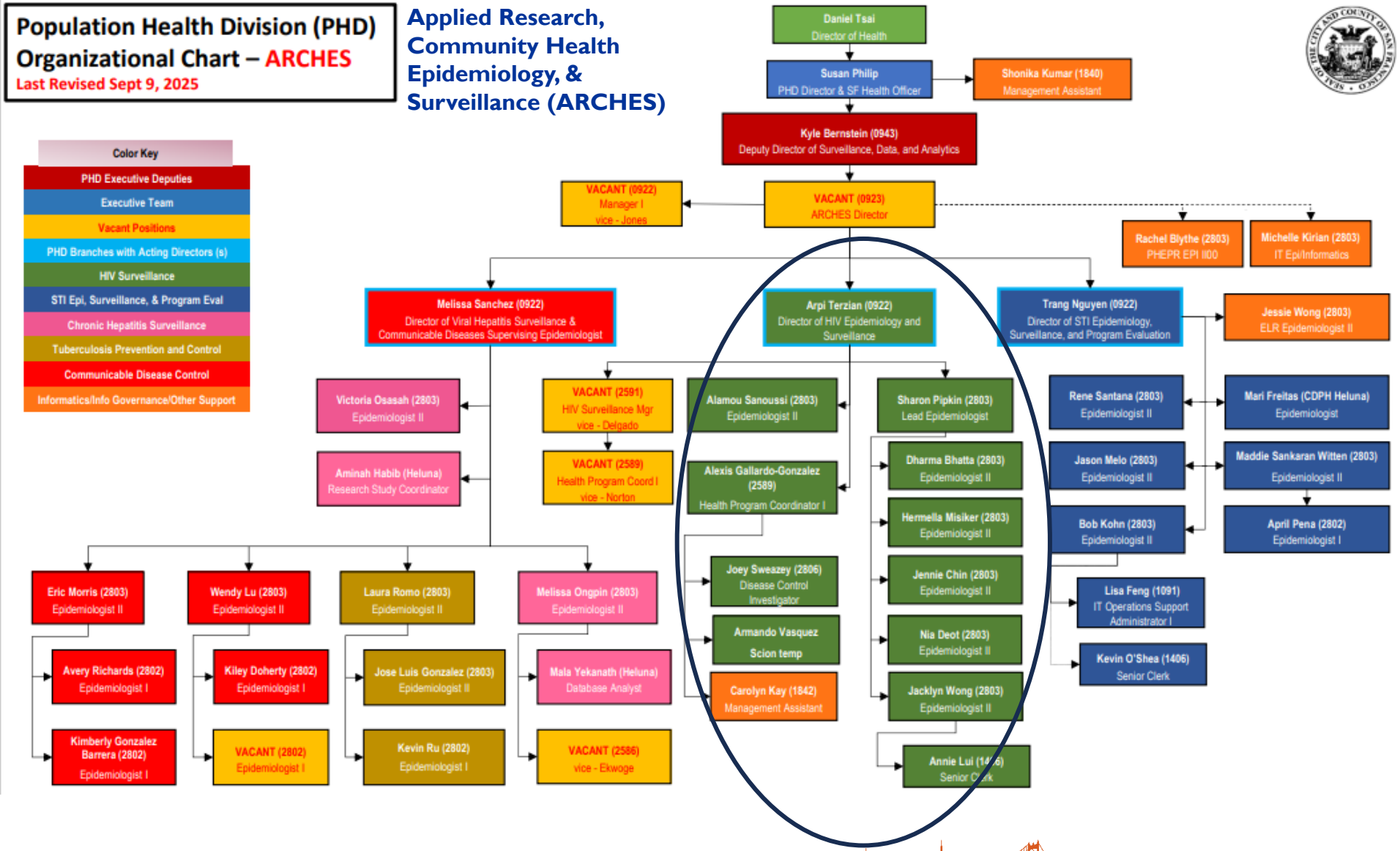


Source: CDC, About HIV Surveillance and Monitoring, 2025. Accessed at About HIV Surveillance and Monitoring | HIV Data | CDC on September 8, 2025.

Population Health Division (PHD) Organizational Chart – ARCHES

Last Revised Sept 9, 2025

Applied Research, Community Health Epidemiology, & Surveillance (ARCHES)



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Section 2: Citywide Trends in HIV

Section 2: Table of Contents

- **New diagnoses by year of diagnosis**
  - By transmission risk
  - By race/ethnicity
  - By age group
- **New diagnoses by housing status**
- **New diagnoses among cis women**
  - By race/ethnicity
  - By transmission risk
- **Care outcomes among newly diagnosed & persons living with HIV (PLWH)**
  - Median time from diagnosis to viral suppression (VS)
  - VS within 12 months by demographics
- **Mortality trends**
- **Trends in PLWH as of December 2024**
  - Cis women, cis men, and trans men
  - By age
  - By race/ethnicity
  - By transmission risk

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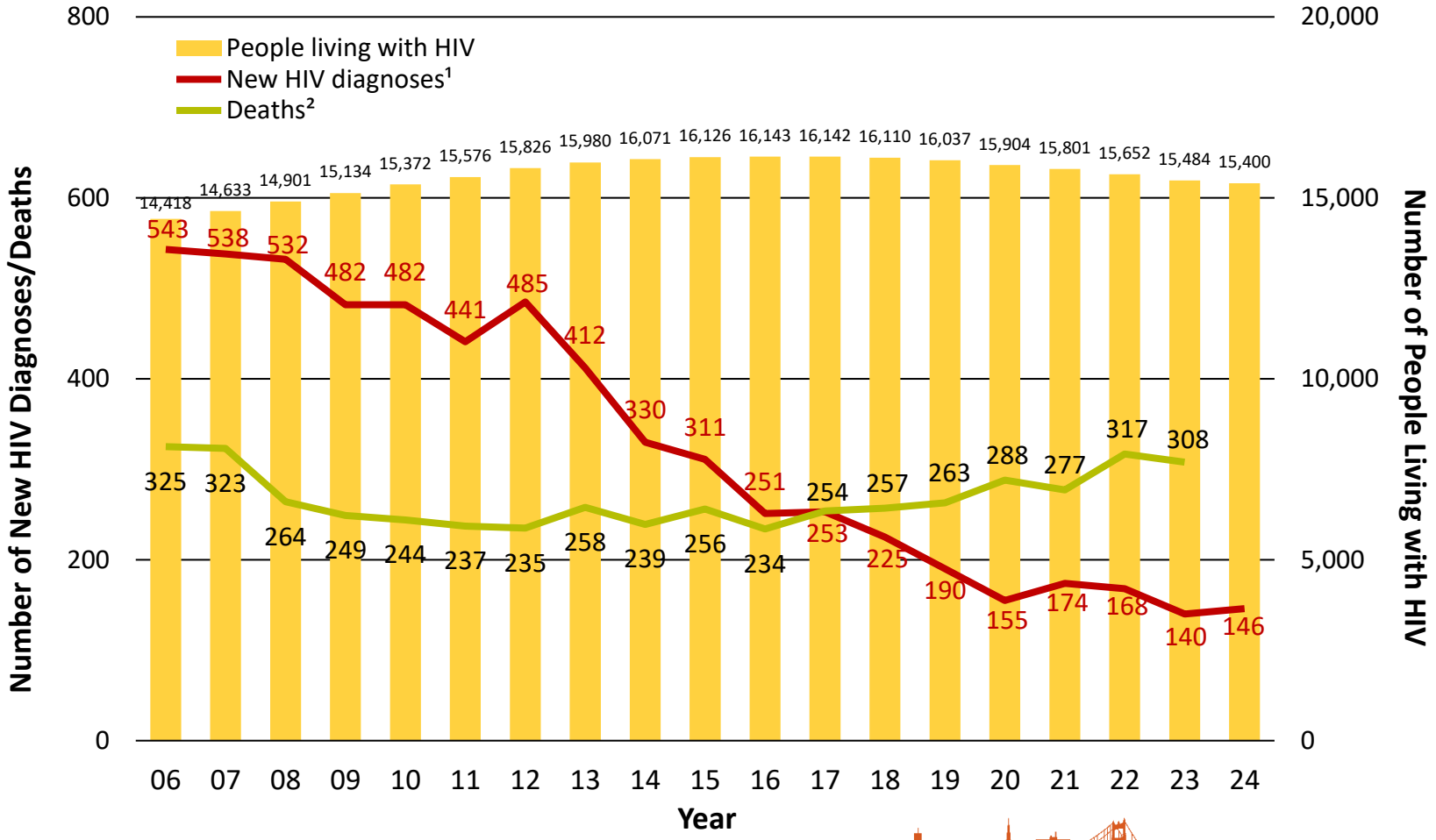
New diagnoses increased from 140 diagnoses in 2023 to 146 in 2024, a 4.3% increase, San Francisco



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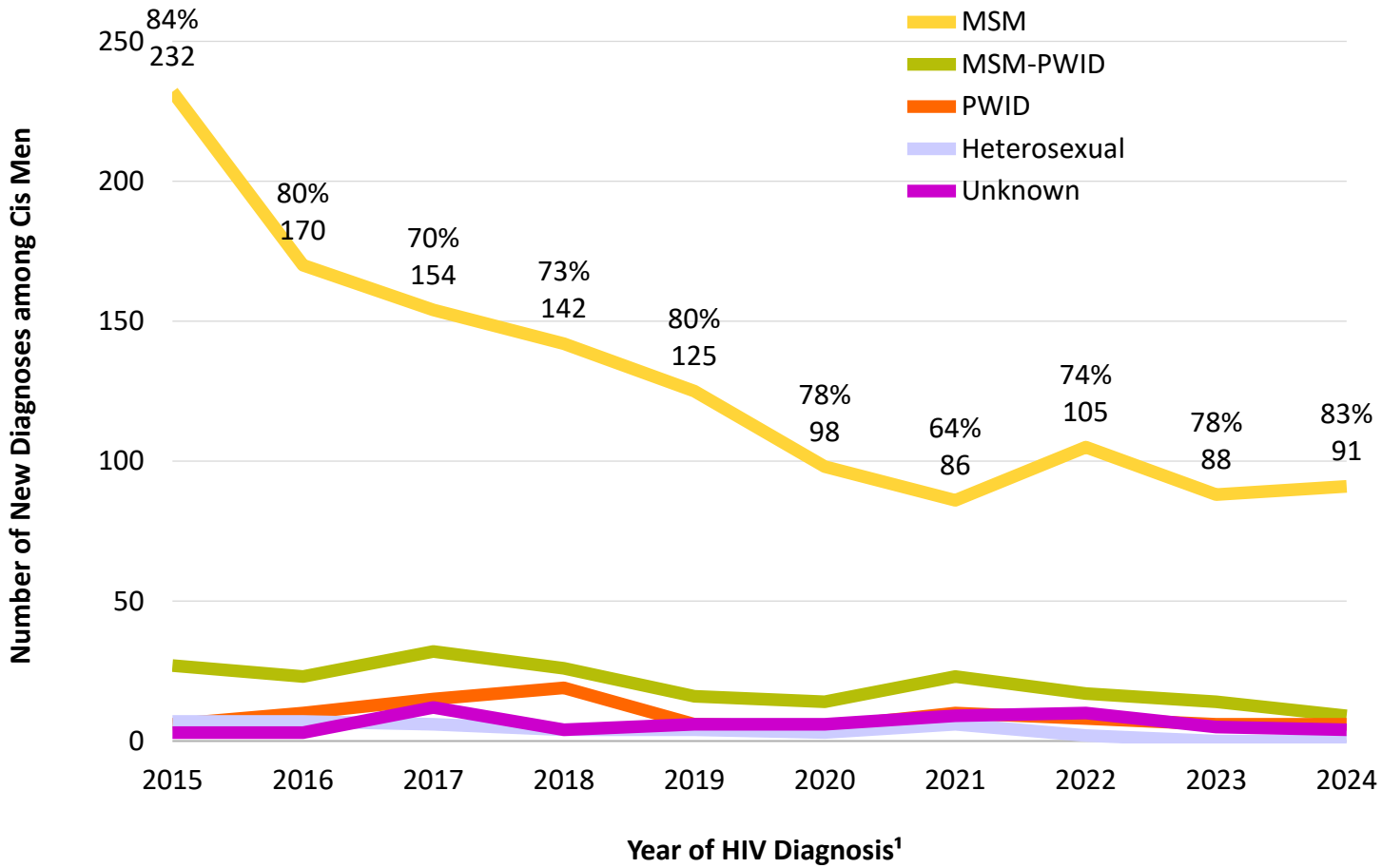
1 See Technical Notes "Date of Initial HIV Diagnosis."
2 Death reporting for 2024 is not complete. Source: San Francisco HIV surveillance registry, persons diagnosed as of 12/31/2024, reported as of 3/13/2025.

New diagnoses in men who have sex with men (MSM) remained stable over the past 5 years, accounting for 83% of all new diagnoses in 2024, San Francisco



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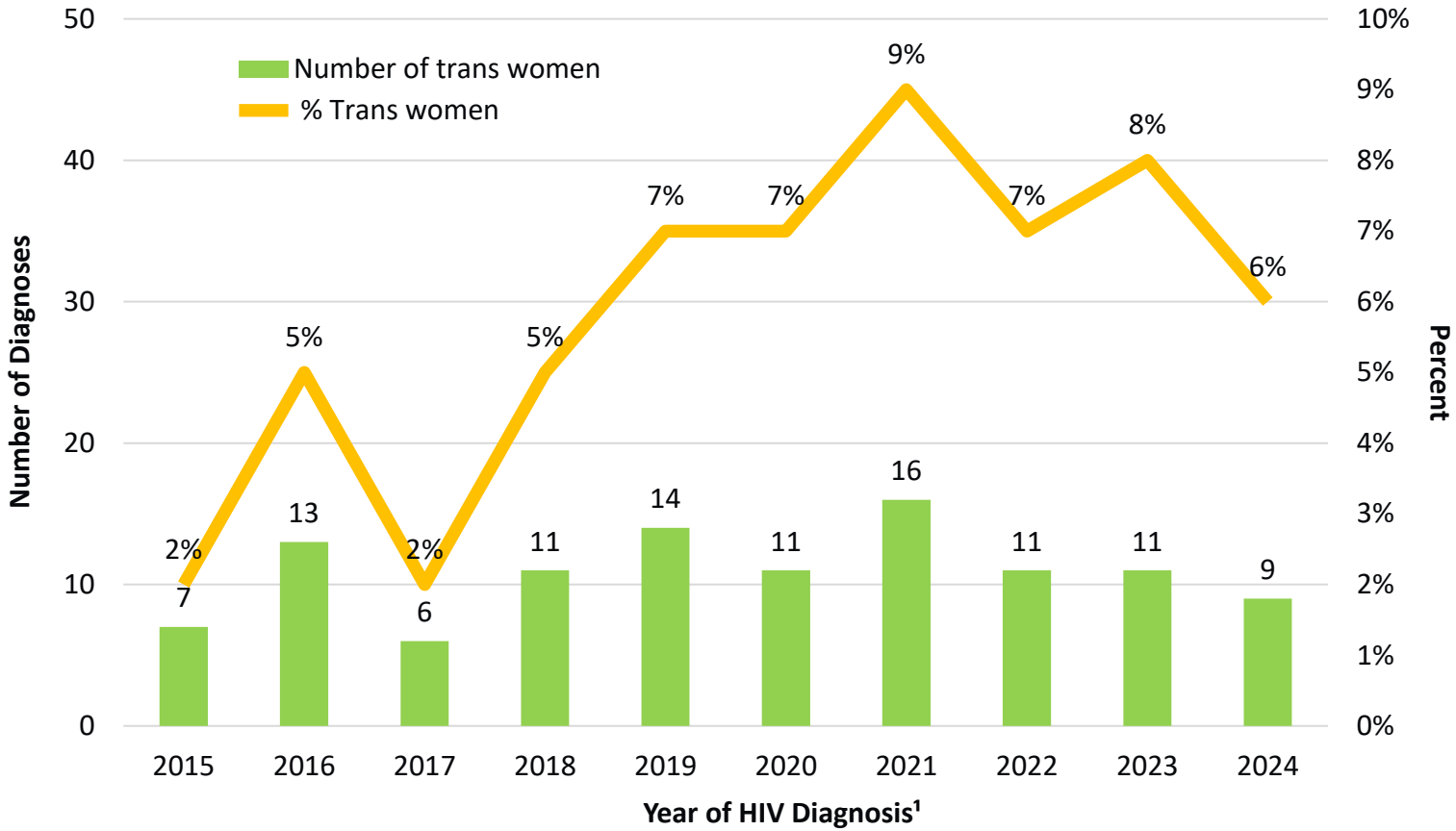
1 Includes cis men with HIV by year of their initial HIV diagnosis.

Trans women who have sex with men (TWSM) & people who inject drugs (PWID) accounted for 5% and 7% of new HIV diagnoses in 2024, San Francisco



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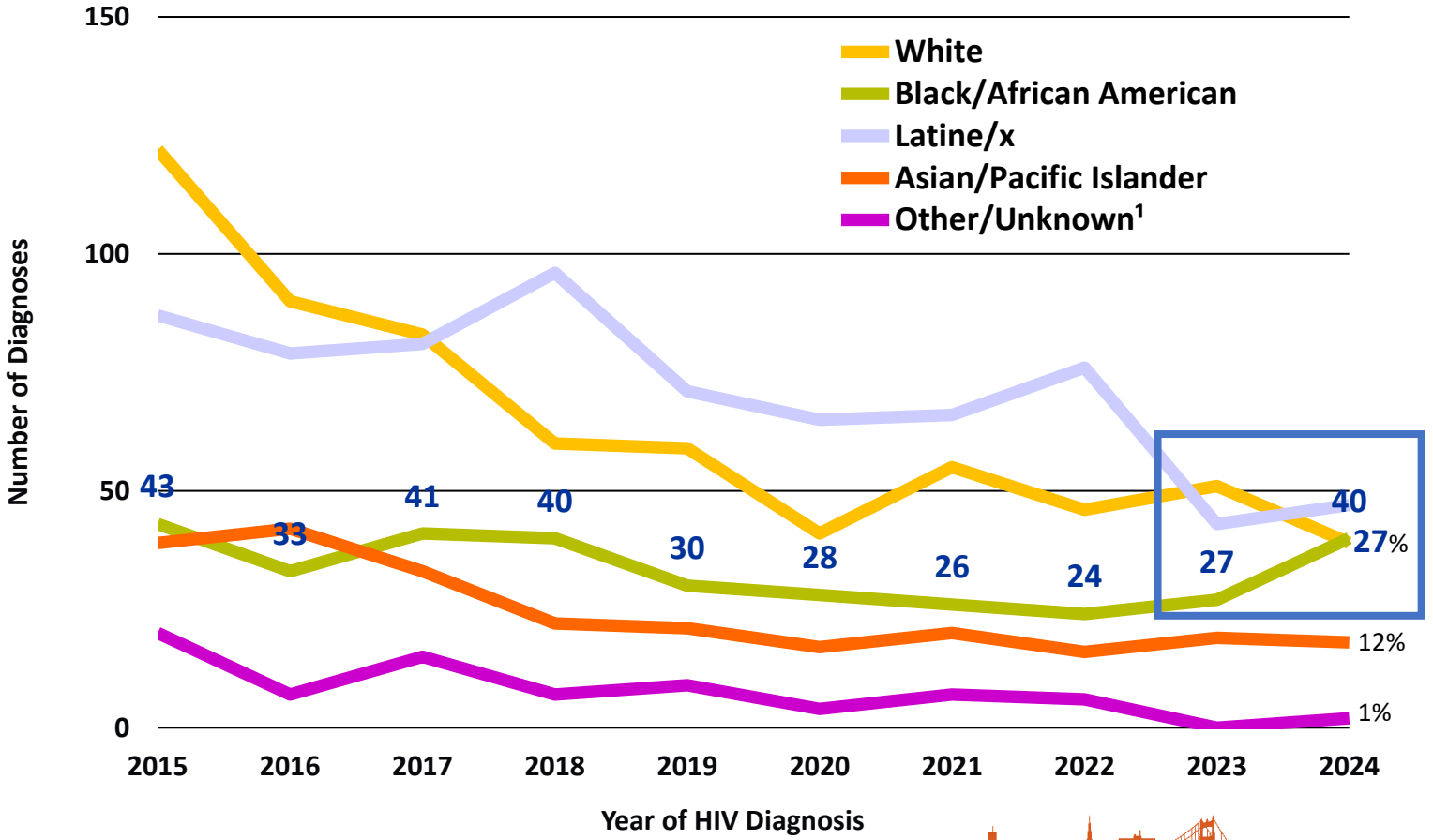
1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes “Date of Initial HIV Diagnosis.”.

New diagnoses increased in Black/African Americans by 48%: from 27 in 2023 to 40 in 2024, San Francisco



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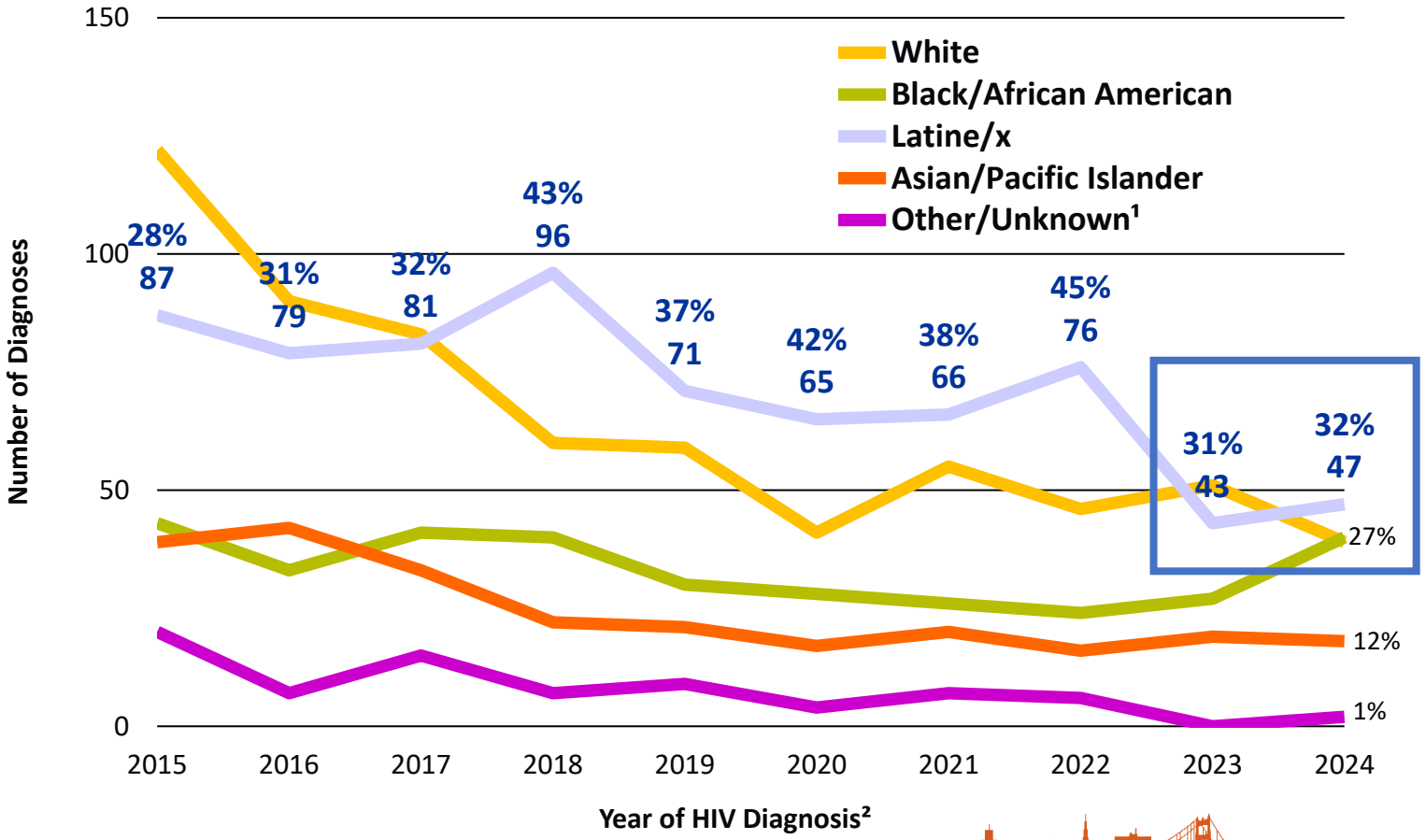
1 HIV diagnoses in the "Other/Unknown" racial/ethnic category include 20% Native Americans, 79% multi-race, and 1% unknown.

New HIV diagnoses disproportionally affect Latine/x populations in 2024, San Francisco



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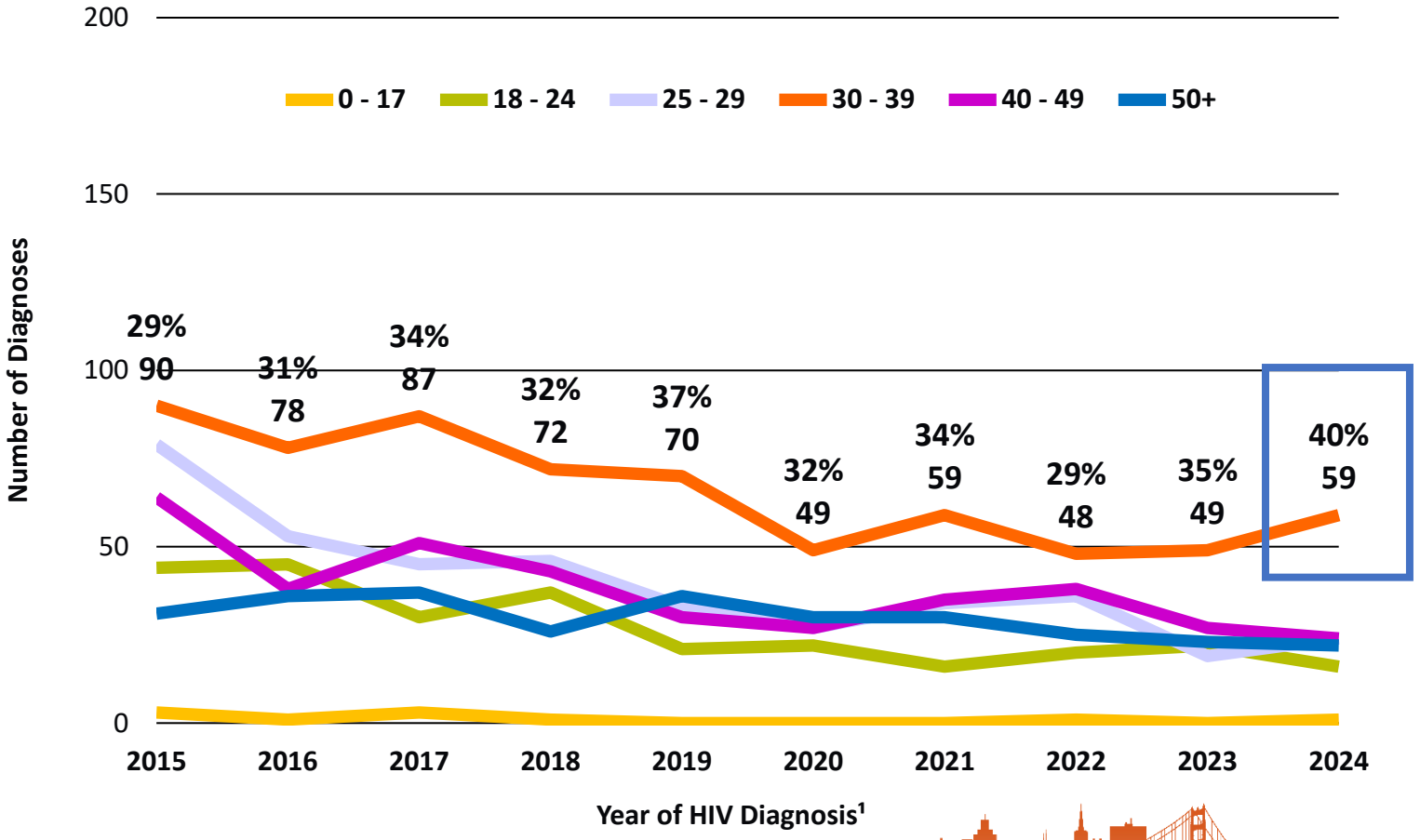
1 HIV diagnoses in the "Other/Unknown" racial/ethnic category include 20% Native Americans, 79% multi-race, and 1% unknown.

New HIV diagnoses increased among persons aged 30-39 years in 2024, San Francisco



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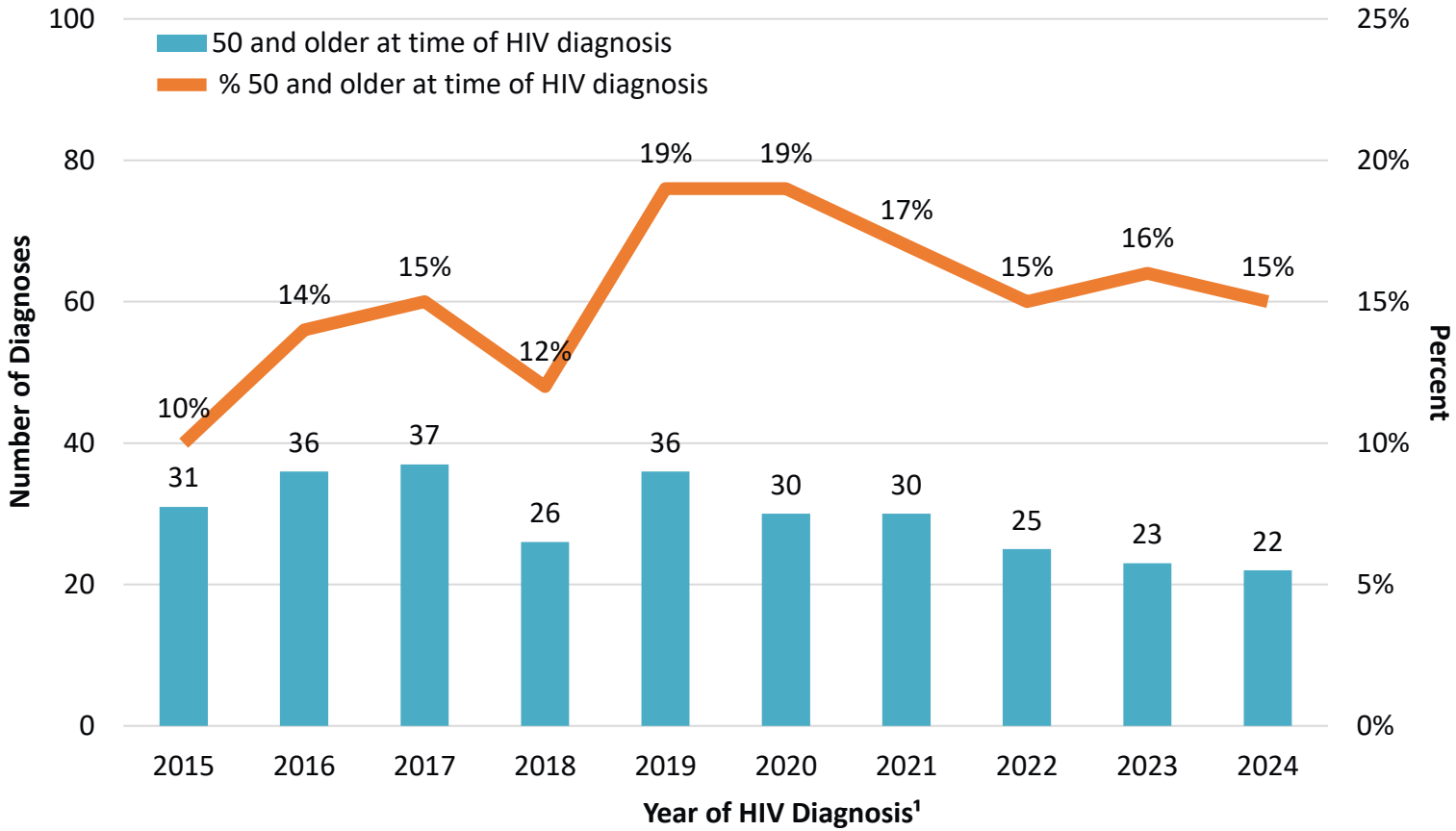
1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis.".

Proportion of newly diagnosed aged 50 years and older increased from 2015 to 2024, San Francisco



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1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes “Date of Initial HIV Diagnosis.”.

Housing status among newly diagnosed, San Francisco

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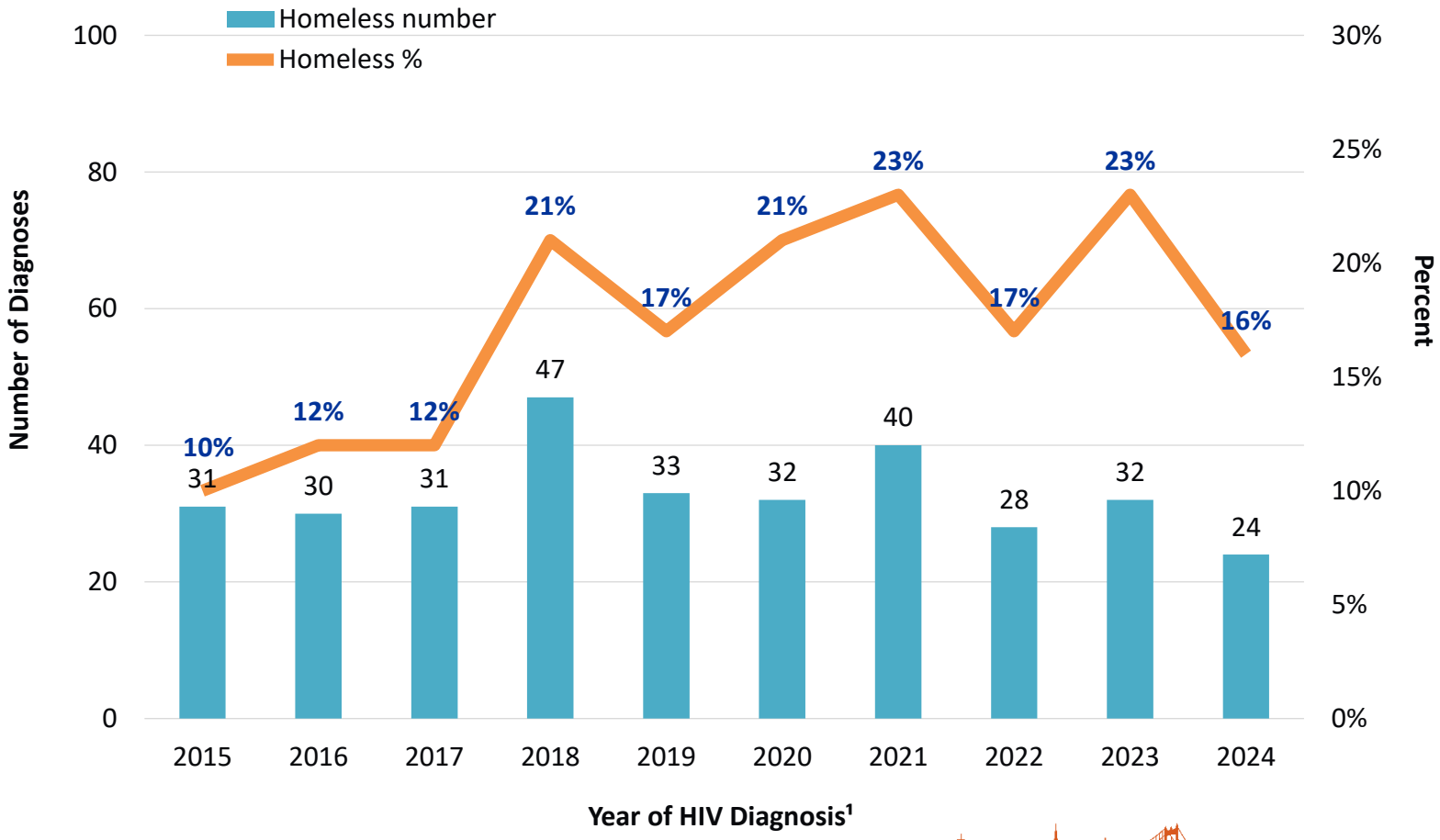
Proportion of new diagnoses among persons experiencing homelessness (PEH) increasing, 2015-2024, SF



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1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis.".

Newly Diagnosed cis women, persons who are Black/African American and White, persons who inject drugs (PWID) and PWID-MSM are more likely to experience homelessness, 2015-2024, San Francisco

		New HIV Diagnoses, 2015-2024	
		Homeless	Non-Homeless
		Number (%)	
	Total	328	1,685
Gender[1]	Cis Men	239 (73)	1,445 (86)
	Cis Women	65 (20)	145 (9)
	Trans Women	23 (7)	86 (5)
Race/Ethnicity	White	120 (37)	526 (31)
	Black/African American	73 (22)	259 (15)
	Latine/x	104 (32)	607 (36)
	Asian/Pacific Islander	14 (4)	233 (14)
	Other/Unknown	17 (5)	60 (4)
Transmission Category	MSM	112 (34)	1,179 (70)
	TWSM	13 (4)	68 (4)
	PWID	80 (24)	84 (5)
	MSM-PWID	59 (18)	142 (8)
	TWSM-PWID	9 (3)	18 (1)
	Heterosexual	43 (13)	137 (8)
	Other/Unidentified	12 (4)	57 (3)
Age at Diagnosis (Years)	0 - 24	36 (11)	247 (15)
	25 - 29	59 (18)	337 (20)
	30 - 39	114 (35)	547 (32)
	40 - 49	70 (21)	307 (18)
	50+	49 (15)	247 (15)

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1 Trans men data were not released separately due to small numbers. See Technical Notes "Gender Status."

New diagnoses among cis women, San Francisco

New diagnoses among cis women nearly doubled from 14 in 2023 to 26 in 2024 (86% increase), San Francisco

Table 1.5 Trends in people diagnosed with HIV by demographic and risk characteristics, 2015-2024, San Francisco

Gender	Year of Initial HIV Diagnosis[1]	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Cis Men	88%	85%	87%	87%	83%	81%	77%	85%	81%	75%
	Cis Women	9%	10%	11%	8%	9%	11%	13%	8%	10%	18%
	Trans Women	2%	5%	2%	5%	7%	7%	9%	7%	8%	6%
	Trans Men	0%	<1%	0%	<1%	1%	1%	1%	1%	1%	1%

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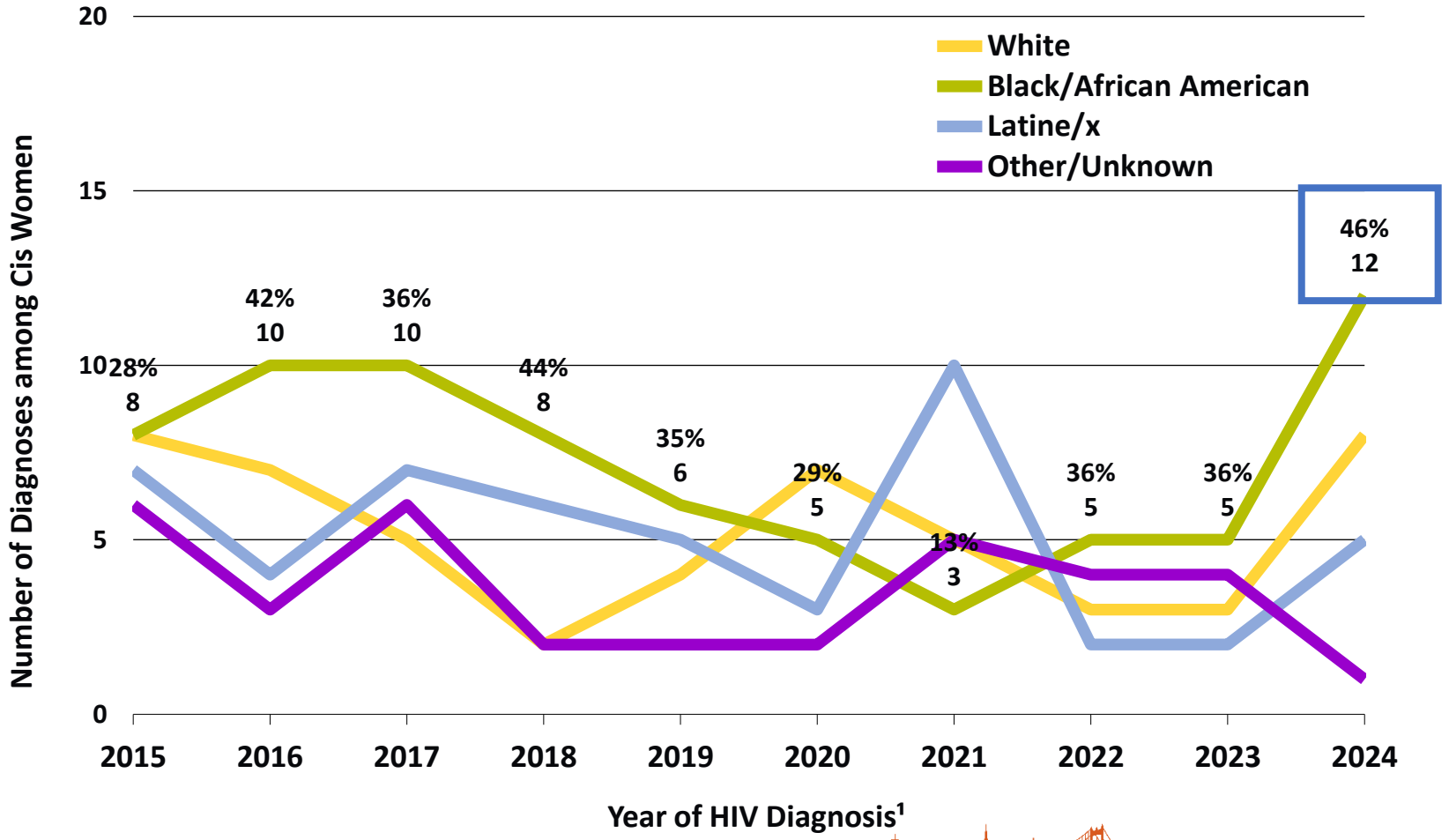
1 Includes people with HIV by year of their initial HIV diagnosis.

Nearly half of new diagnoses among cis-women were Black/African American in 2024, San Francisco



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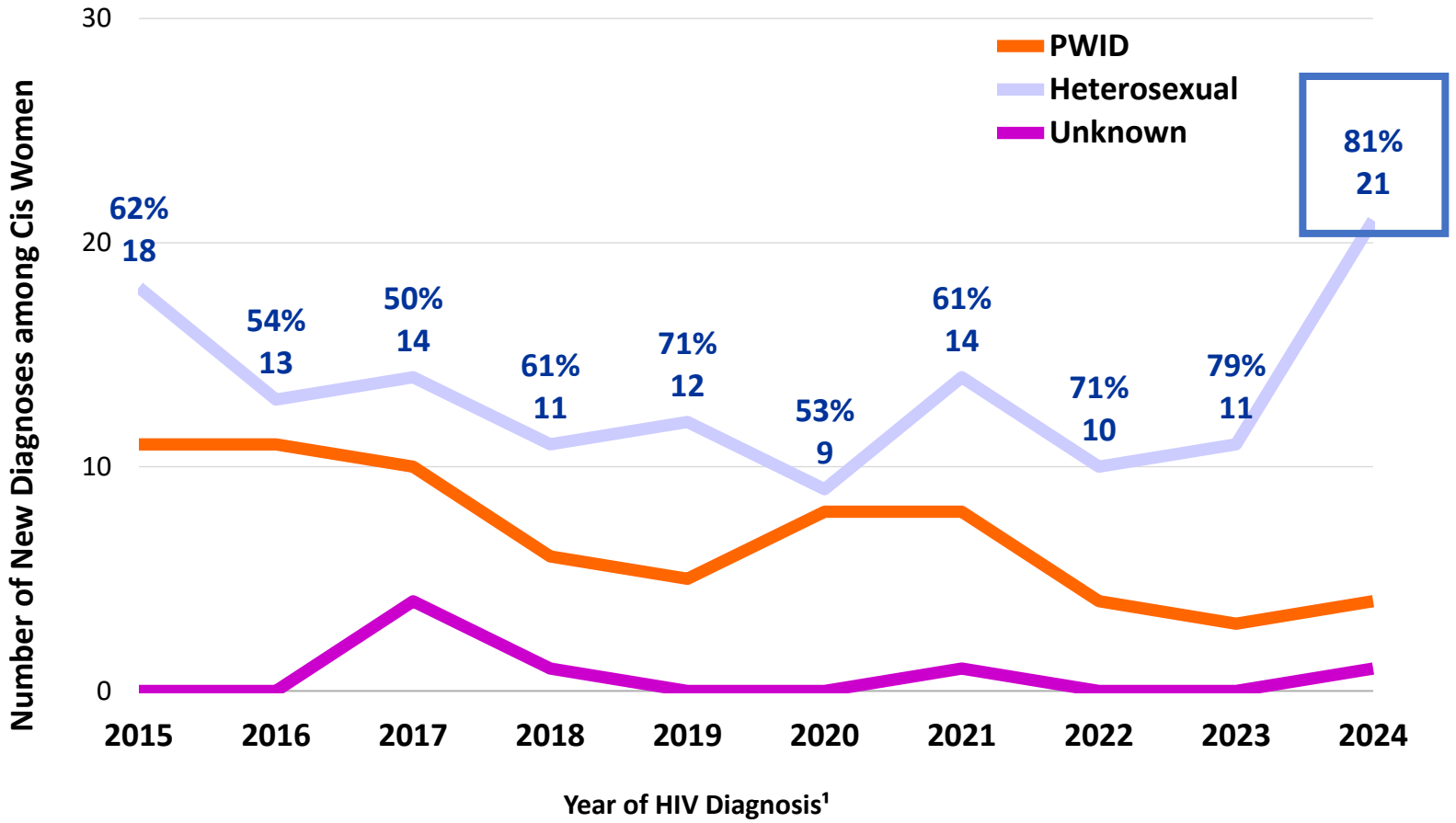
1 Includes cis women with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

Most new diagnoses among cis women were attributed to heterosexual contact (81%) in 2024, San Francisco



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1 Includes cis women with HIV by year of their initial HIV diagnosis.

Trends in HIV care & treatment

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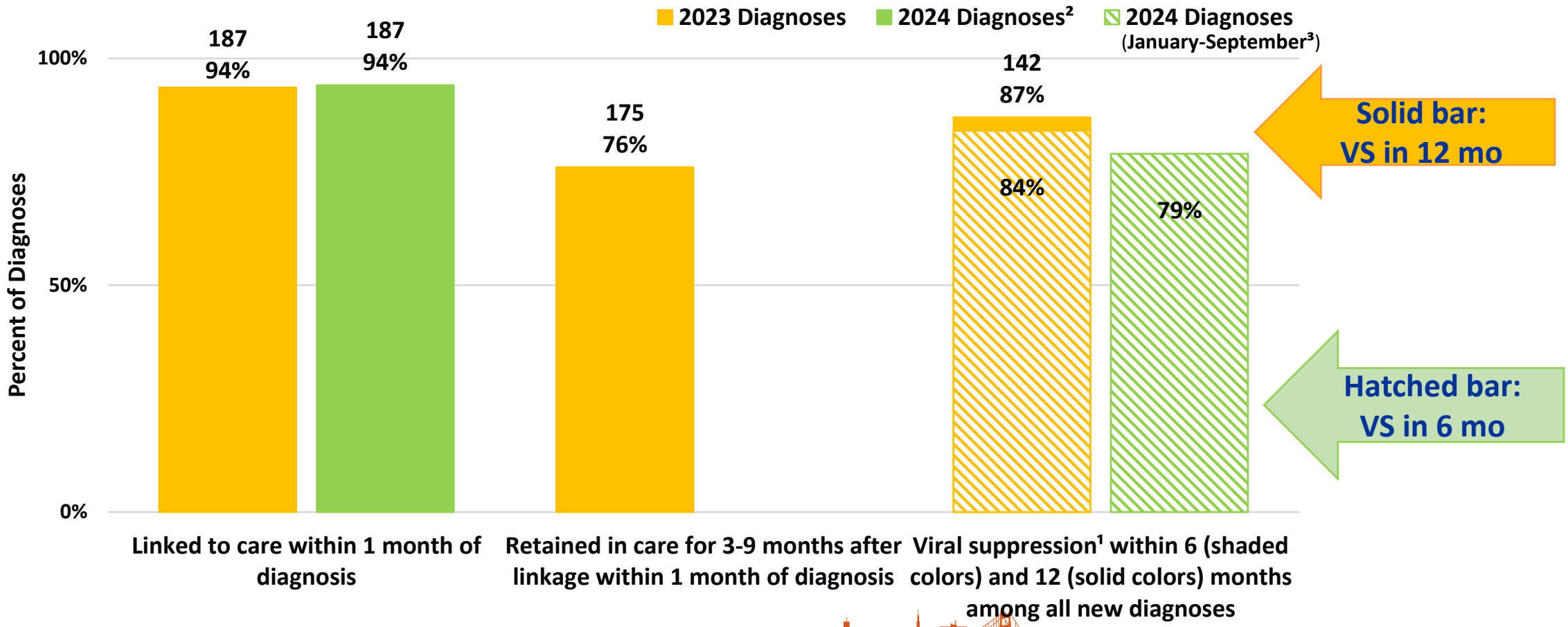
Continuum of HIV care

- HIV care continuum indicators
  - among persons newly diagnosed, the percentage of persons who were linked to HIV care within 1 month of diagnosis (defined as ≥ 1 CD4/VL/Genotype test reported within one month of HIV diagnosis); and
  - among all persons living with diagnosed HIV, the percentage of persons who
    a. received HIV care (defined as ≥ 1 CD4/VL/Genotype test per year)
    b. were retained in HIV care (defined as ≥ 2 CD4/VL/Genotype tests at least three months apart per year), and
    c. were virally suppressed (defined using most recent viral load in a 12-month period)

94% linked to care in 2023 & 2024. Viral suppression within 6 months in 2023 (84%) higher than 2024 (79%), San Francisco



1 Defined as the latest viral load test within 6 and 12 months of HIV diagnosis <200 copies/mL. See Technical Notes "HIV Care Outcomes and Definitions."
2 Retention in care and viral suppression data were not available yet for all of 2024.
3 People who were diagnosed between January and September 2024 (N=143) and virally suppressed within 6 months of their HIV diagnosis.

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Virally suppression (VS) within 12 months of diagnosis varied by demographic & risk characteristics in 2023, San Francisco

Table 3.2 Care indicators[1] among people with laboratory-confirmed HIV in 2023 by demographic and risk characteristics, San Francisco

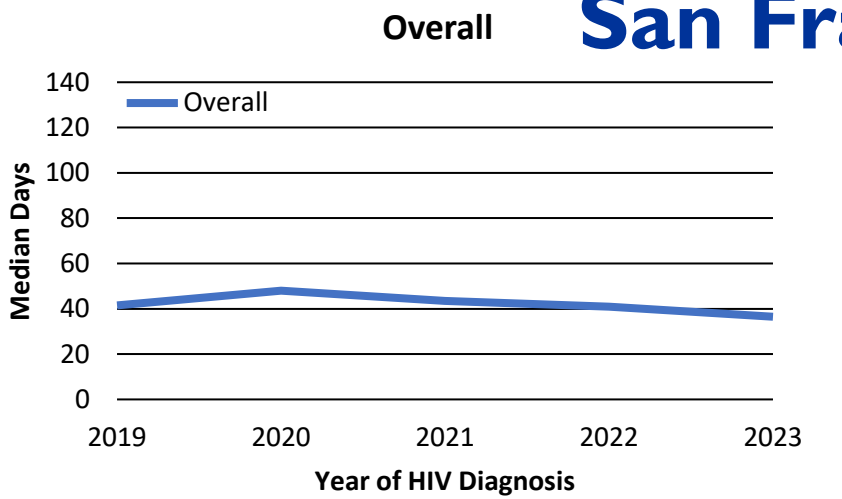
		Number of diagnoses[2]	% Linked to care within 1 month of diagnosis[3]	% Retained in care 3-9 months after linkage[3]	% Virally suppressed within 6 months of diagnosis[3]	% Virally suppressed within 12 months of diagnosis[3]
	Total	187	94%	76%	84%	87%
Gender[4]	Cis Men	157	93%	75%	84%	88%
	Cis Women	15	93%	87%	73%	67%
	Trans Women	13	100%	85%	92%	92%
Race/ Ethnicity	White	59	90%	61%	69%	75%
	Black/African American	27	93%	81%	96%	93%
	Latine/x	72	96%	85%	92%	94%
	Asian/Pacific Islander	29	97%	79%	83%	86%
Age at Diagnosis (Years)	13-24	22	86%	82%	77%	82%
	25-29	26	96%	92%	88%	96%
	30-39	80	94%	76%	89%	90%
	40-49	31	94%	65%	68%	71%
	50+	28	96%	68%	89%	89%
Transmission Category[5]	MSM	129	95%	76%	84%	89%
	PWID	9	78%	56%	56%	56%
	MSM-PWID	14	86%	79%	86%	86%
	Heterosexual	16	100%	88%	88%	81%
	Other/Unidentified	19	95%	74%	89%	89%
Housing Status at Diagnosis	Homeless	38	95%	74%	74%	68%
	Housed	149	93%	77%	87%	91%
Country of Birth	US	77	95%	75%	82%	84%
	Non-US	76	93%	79%	89%	91%
	Unknown	34	91%	71%	76%	82%

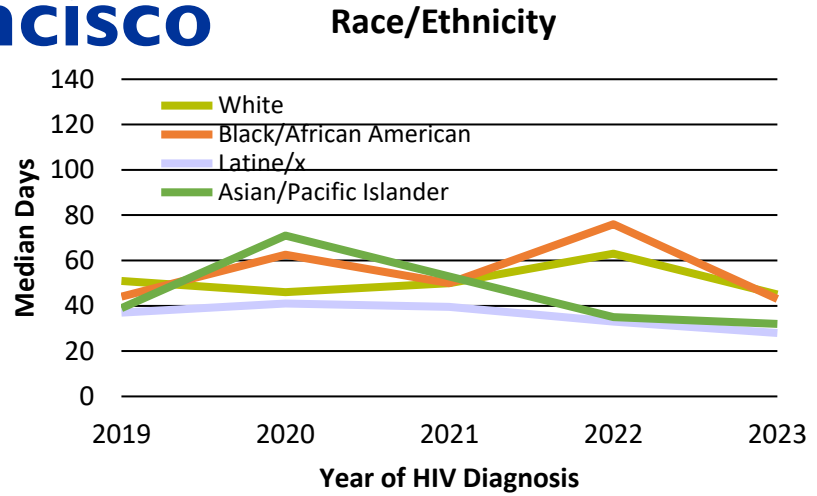
1 See Technical Notes "HIV Care Outcomes and Definitions."
2 Includes people diagnosed in 2023 based on a confirmed HIV test and does not take into account for self-report of HIV infection.
3 Percent of total diagnoses.
4 Data on trans men were not released separately due to small numbers. See Technical Notes "Gender Status."
5 Heterosexual included female presumed heterosexual. Other/Unidentified included TWSM, TWSM-PWID and people with no identified risk factor.

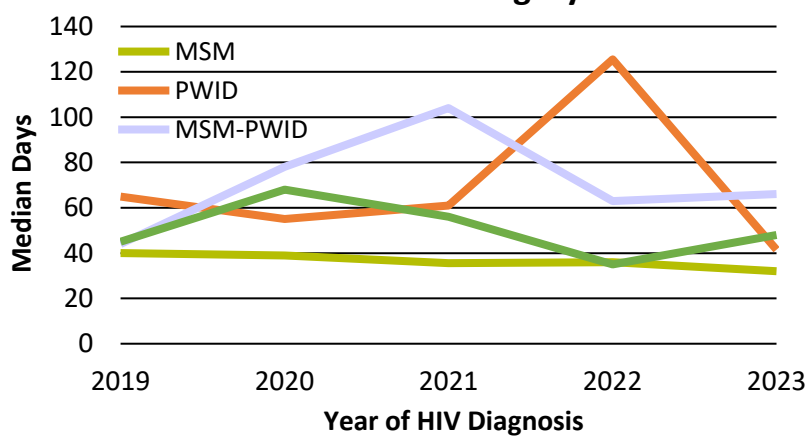
VS within 12 months of diagnosis

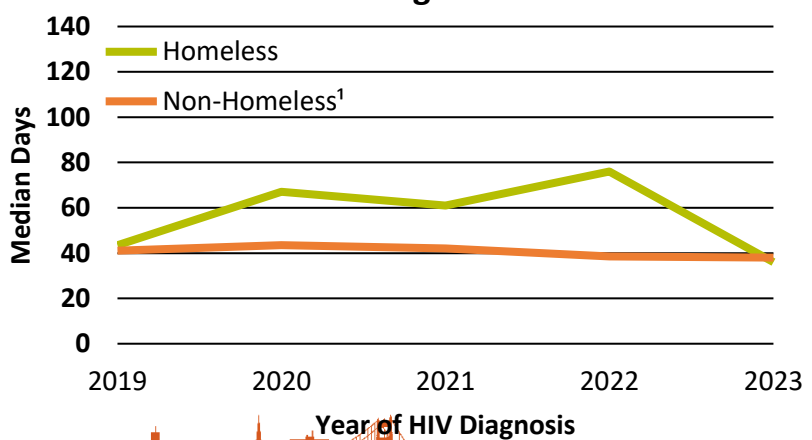
- PWID
- Cis women
- Whites
- People aged 40-49
- PEH

Median time (days) from diagnosis to viral suppression improved over time but varied by characteristics, 2019-2023, San Francisco









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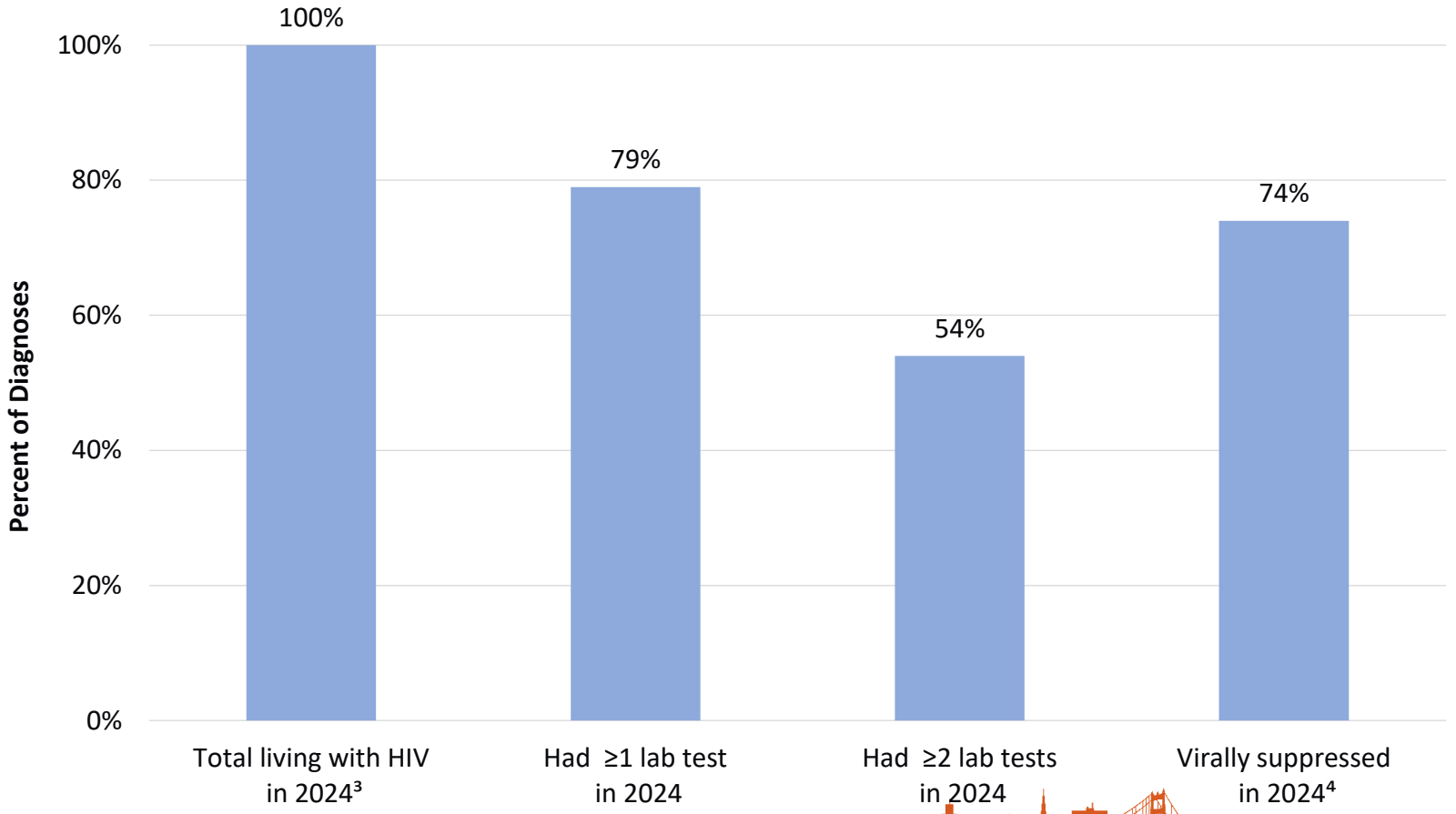
1 Includes people whose street address in San Francisco at HIV diagnosis was listed as "Unknown."

Nearly 3/4 of PWH were virally suppressed in 2024, San Francisco

PLWH who were last known to reside in San Francisco as of 12/31/2024 regardless of where they were diagnosed[2] (N=11,357)



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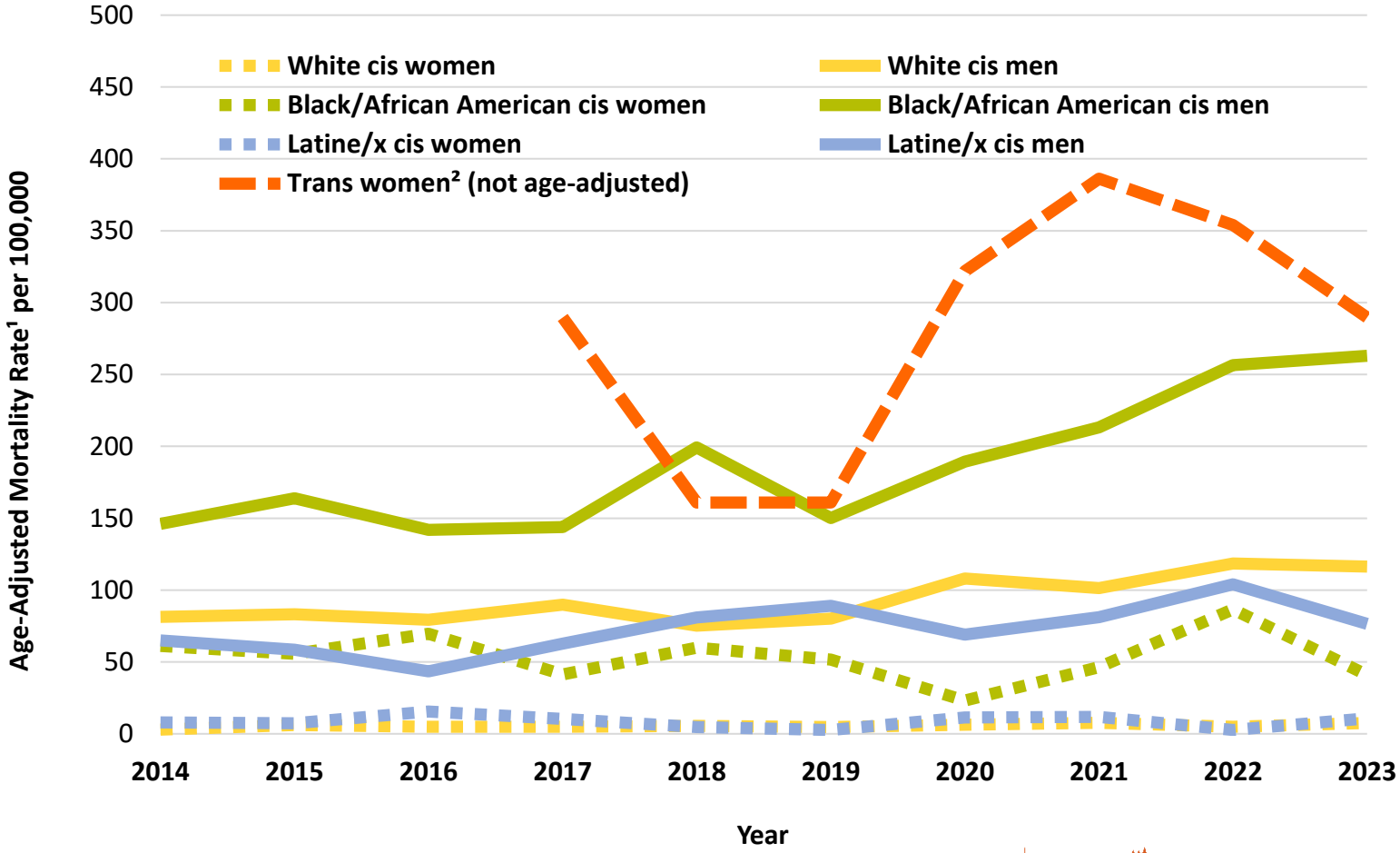
1 Excludes people who were not San Francisco residents at time of HIV diagnosis but were San Francisco residents at HIV stage 3 (AIDS) diagnosis.. 2 See Technical Notes "Residence and Receipt of Care for PLWH."3 Includes people living with HIV at the end of 2024 (≥ 13 years old) and diagnosed by the end of 2023. 4 Defined as the latest viral load in 2024 <200 copies/mL.

Mortality trends

Age-adjusted mortality rates among people aged 18+ with HIV per 100,000 were higher among Black/African American cis men, 2014-2023, San Francisco



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HIV, overdose & heart disease are top underlying causes of death[1,2],2012-2023, San Francisco

		Year of Death		
		2012-2015 N=969	2016-2019 N=977	2020-2023 N=1,165
		Number (%)		
Underlying Cause of Death[1]	HIV	389(40.1)	302(30.9)	276(23.7)
	Accidents	115(11.9)	144(14.7)	268(23.0)
	Drug overdose	99(10.2)	127(13.0)	231(19.8)
	Heart disease	85(8.8)	127(13.0)	180(15.5)
	Coronary heart disease	43(4.4)	69(7.1)	117(10.0)
	Cardiomyopathy	6(0.6)	7(0.7)	11(0.9)
	Non-AIDS cancer	133(13.7)	169(17.3)	149(12.8)
	Lung cancer	37(3.8)	29(3.0)	18(1.5)
	Anal/rectal cancer	10(1.0)	23(2.4)	20(1.7)
	Liver cancer	18(1.9)	17(1.7)	14(1.2)
	Chronic obstructive pulmonary disease	22(2.3)	27(2.8)	40(3.4)
	COVID-19[2]	0(0.0)	0(0.0)	26(2.2)
	Diabetes/metabolic disorder	15(1.5)	12(1.2)	31(2.7)
	Liver disease	23(2.4)	20(2.0)	20(1.7)
	Cerebrovascular disease	11(1.1)	20(2.0)	16(1.4)
	Suicide	34(3.5)	37(3.8)	13(1.1)

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[1]See Technical Notes "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 COVID19 in 2020.

Trends in persons living with HIV as of December 2024, San Francisco

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Populations of interest

- Groups at higher risk for experiencing HIV-related disparities
- Gay and bisexual men and other men who have sex with men (MSM)
- People experiencing homelessness (PEH)
- Black/African Americans
- Latine/x
- Transgender persons
- Older adults
- People who use drugs
- People who inject drugs (PWID)

Source: SFDPH, 2024. San Francisco's Integrated Ending the Epidemics Plan: 2024 – 2026 Strategies and Activities. Accessed at SF_Integrated_ETE_Plan_2024-2026_FINAL_1_0.pdf on September 4, 2025.

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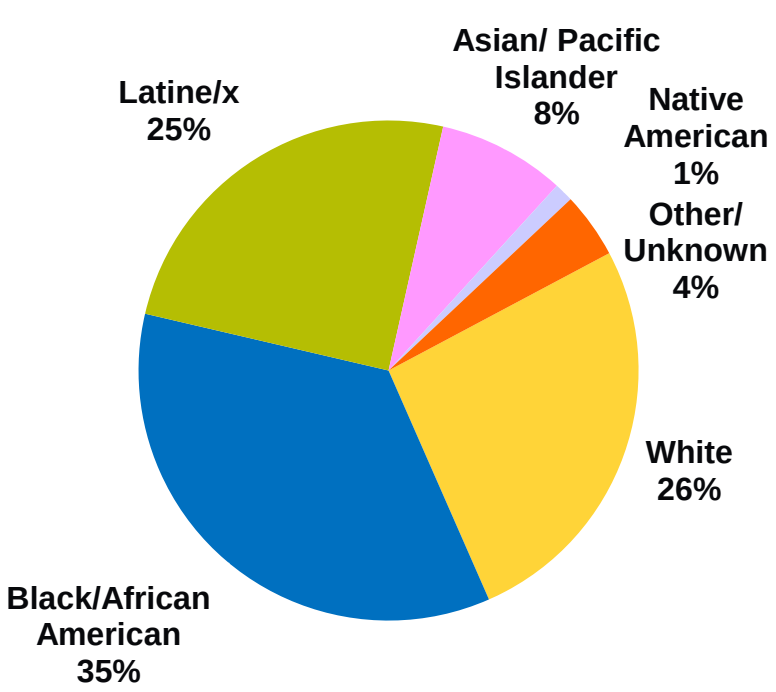
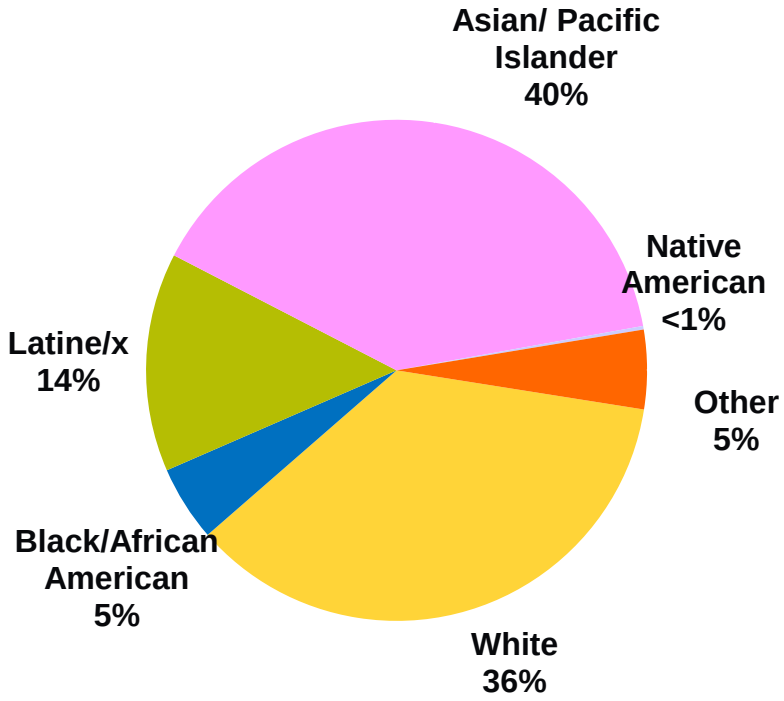
Over half of cis women living with HIV were Latine/x (25%) and Black/African American (35%) in 2024, San Francisco

Cis women living with HIV (N=897)



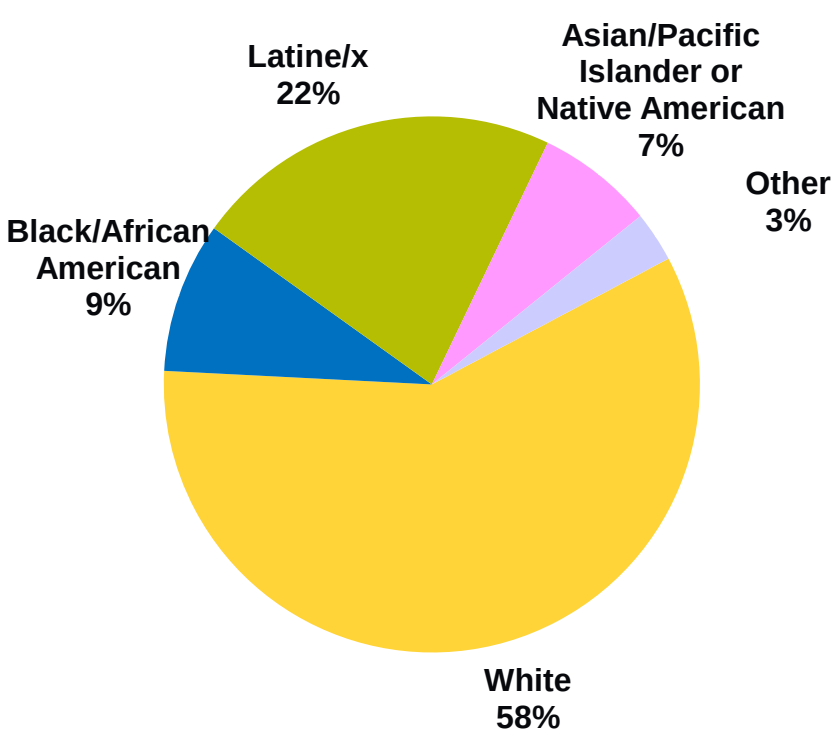
Female population of SF[1] (N=412,109)



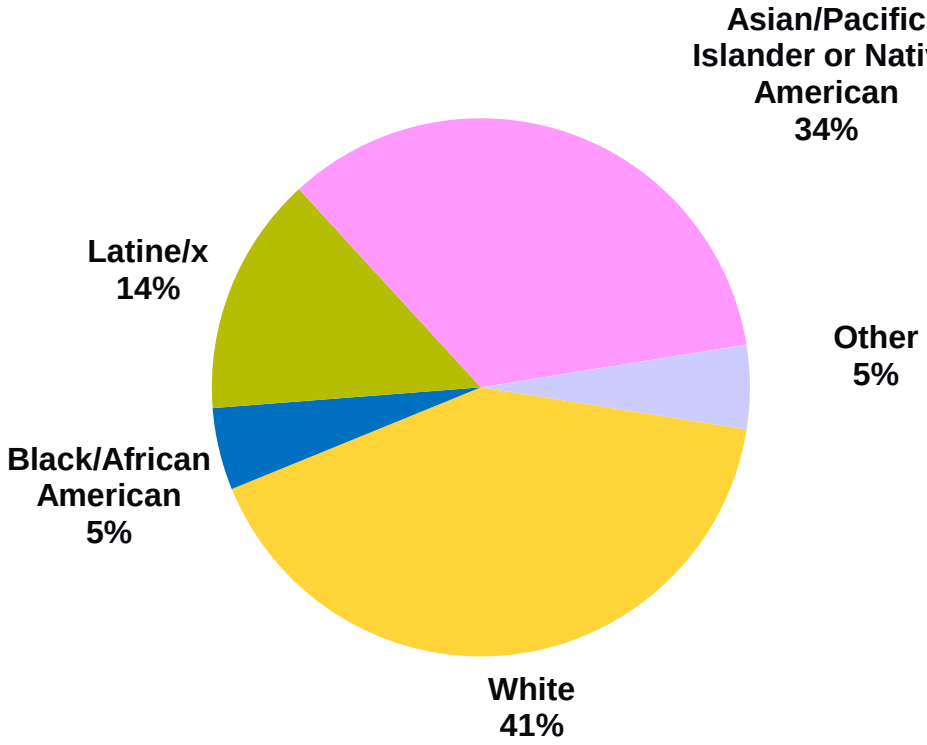
1 California Department of Finance estimates of San Francisco female population 2024. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release). Sacramento: California. April 2025.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

Nearly 25% of cis men living with HIV were Latine/x and 10% were Black/African Americans in 2024, San Francisco

Cis men living with HIV (N=14,042)

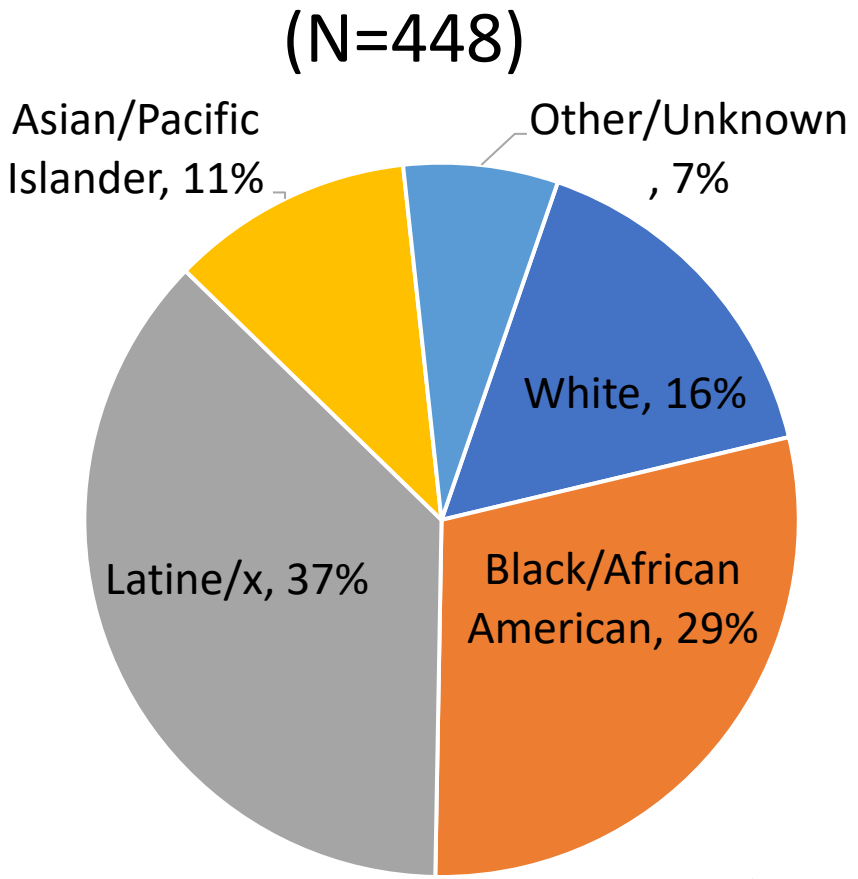


Male population of SF[1] (N=425,056)

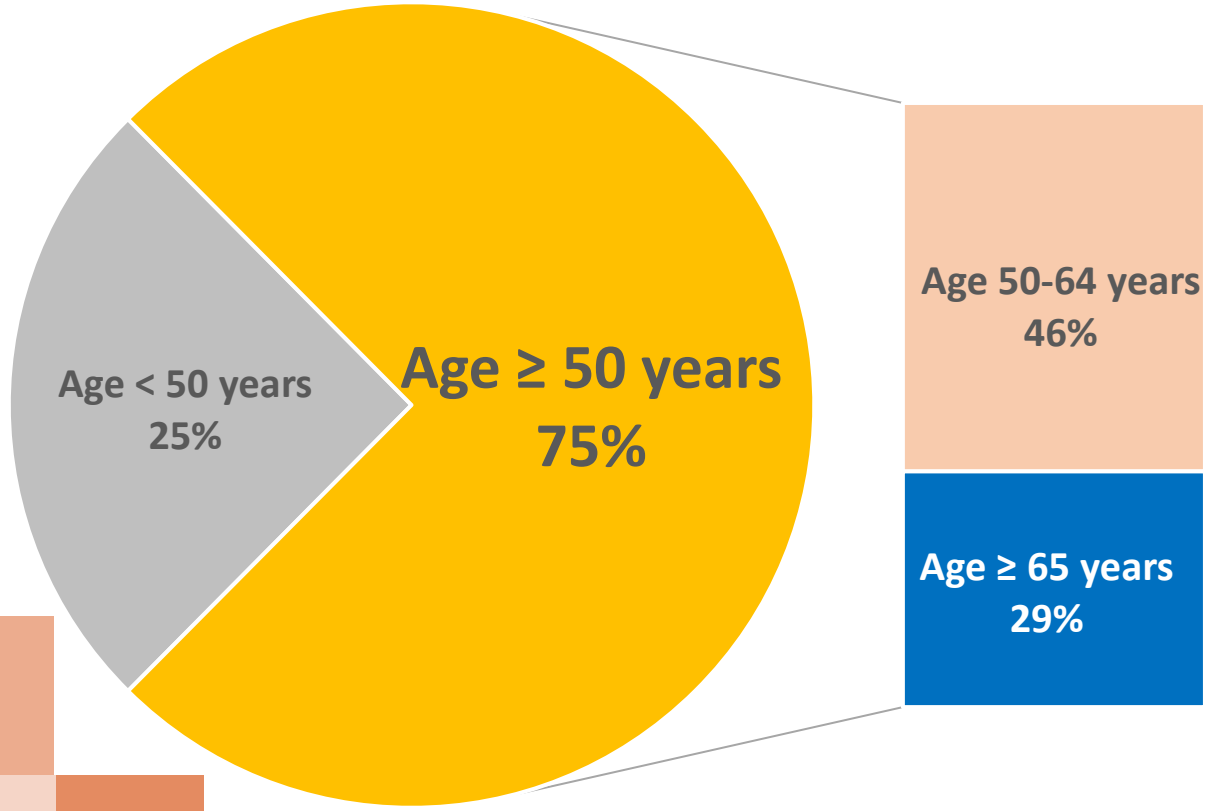


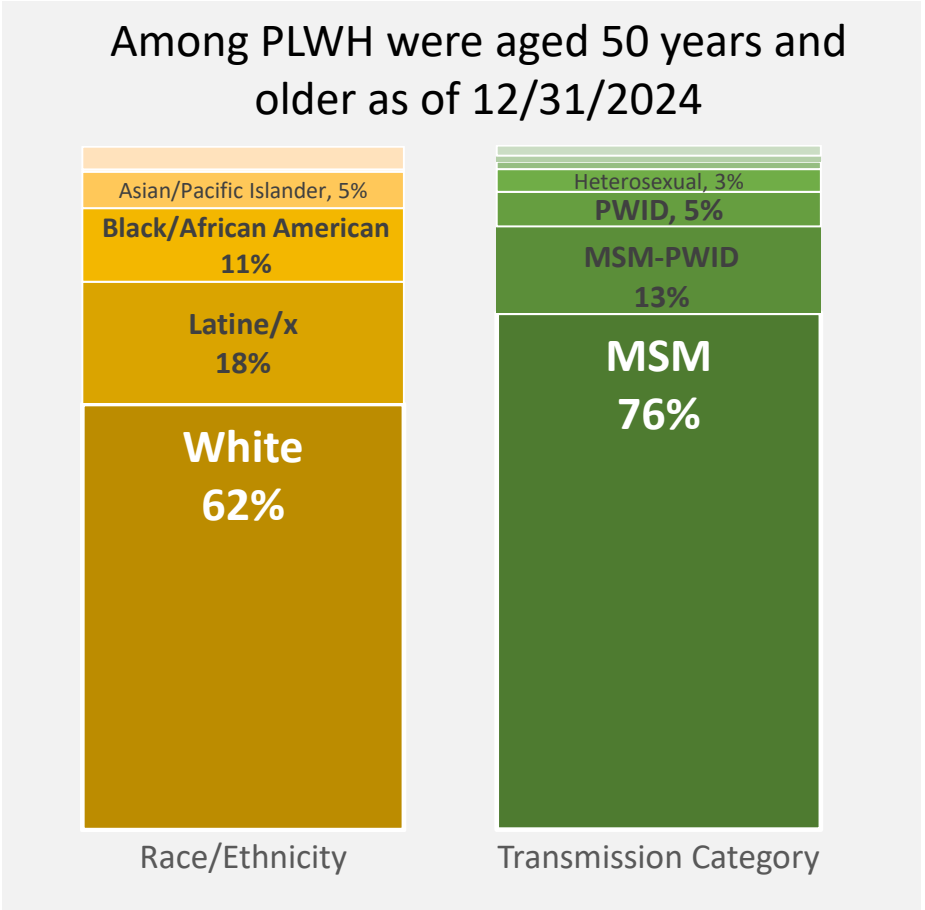
1 California Department of Finance estimates of San Francisco female population 2024. California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2025 Release). Sacramento: California. April 2025.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

Trans women with HIV are more likely to be Latine/x (37%) & Black/African American (29%) in 2024, San Francisco



An aging epidemic: Three-quarters of PWH are aged 50 years or older in 2024, San Francisco





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Section 3: Summary

Summary of trends

- Overall, significant and meaningful declines in number of new annual HIV diagnoses over the last 15 years, but progress slowed since the pandemic
- Significant increase in number of new diagnoses in Black/African Americans and cis women & slight increases in Latine/x and those aged 30-39 years
- Proportion and number of new diagnoses among 50+ years & PEH declined
- Increased linkages to care and viral suppression among PWH over time

2024 HIV Epidemiology **Annual Report** available at:

https://www.sf.gov/resource/2024/hiv-epidemiology-unit-reports

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Thank you

- HIV Unit Staff: Sharon Pipkin, Jennie Chin, Jackie Wong, Dharma Bhattia, Hermella Misiker, Nia Deot, Alexis Gallardo-Gonzales, Joey Sweazey, Annie Lui, Armando Vasquez, Viva Delgado, Patrick Norton, & Team
- ARCHES staff: Kyle Bernstein, Trang Nguyen, Melissa Sanchez and Team
- Colleagues in HIV/STI, CHEP, Bridge HIV, the Center for Public Health Research Branch, Community Health Equity and Promotion Branch, STI/HIV Prevention Branch, SF AIDS Foundation
- People with HIV, HIV health care providers, community groups, researchers, and members of the community

Acronyms & Abbreviations

- ETE Ending the Epidemic
- GTZ Getting to Zero
- MSM Men who have sex with Men
- PEH Persons experiencing homelessness
- PWID Persons/people who inject drugs
- SF San Francisco
- VS Viral suppression

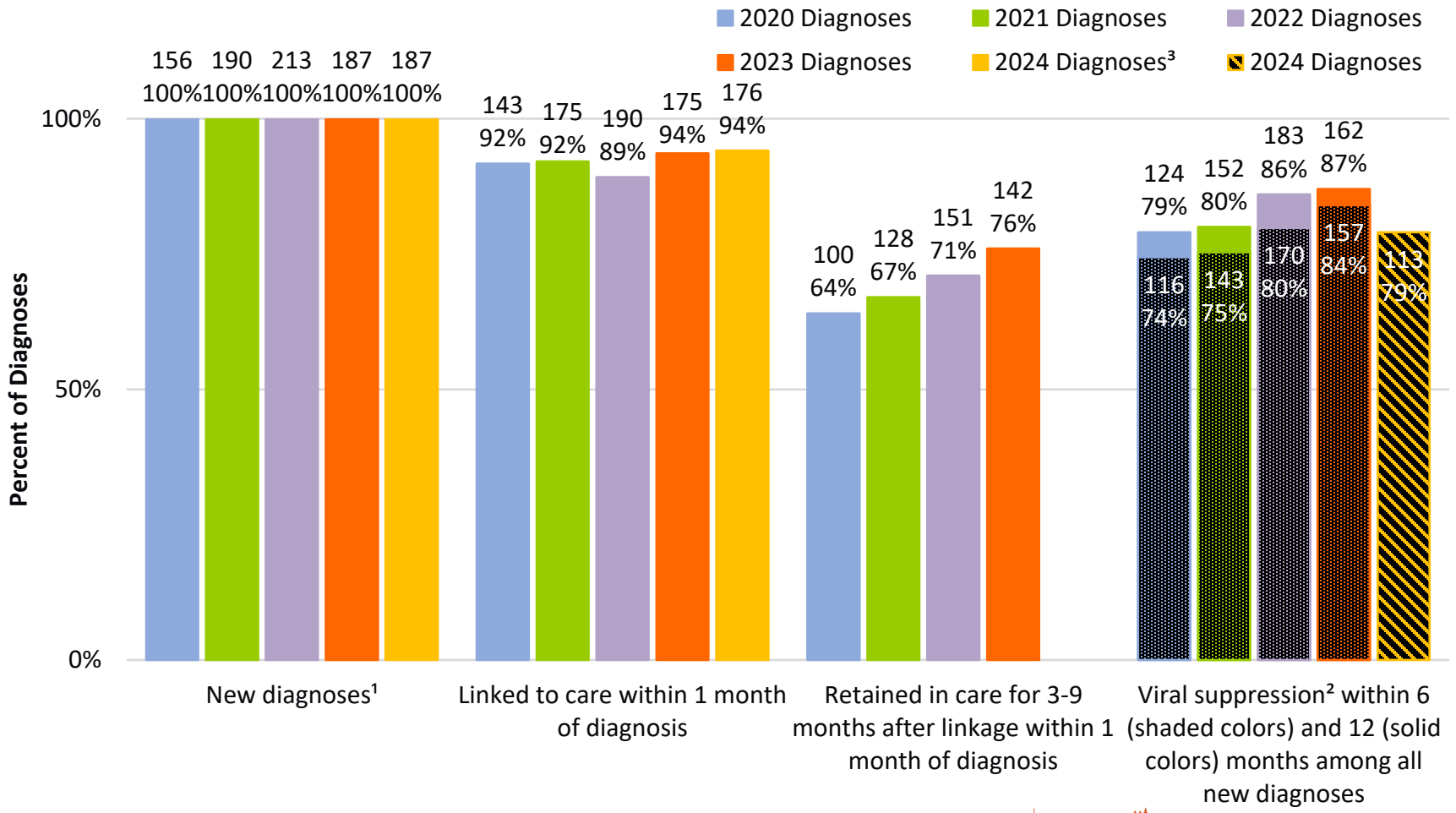
Extra

Scope of Work (4): Comply with laws & regulations

- Comply with federal, state, and city laws & regulations
- Follow CDPH Office of AIDS policies & procedures on data release, security and confidentiality
- Apply methods to suppress small cell sizes in reports & tables

Source: CDPH HIV Scope of Work. Accessed at HIV-Surveillance-Scope-of-Work-01-2024.cleaned.pdf on September 2, 2025.

HIV care & treatment outcomes by year of diagnosis from 2020 to 2024, San Francisco



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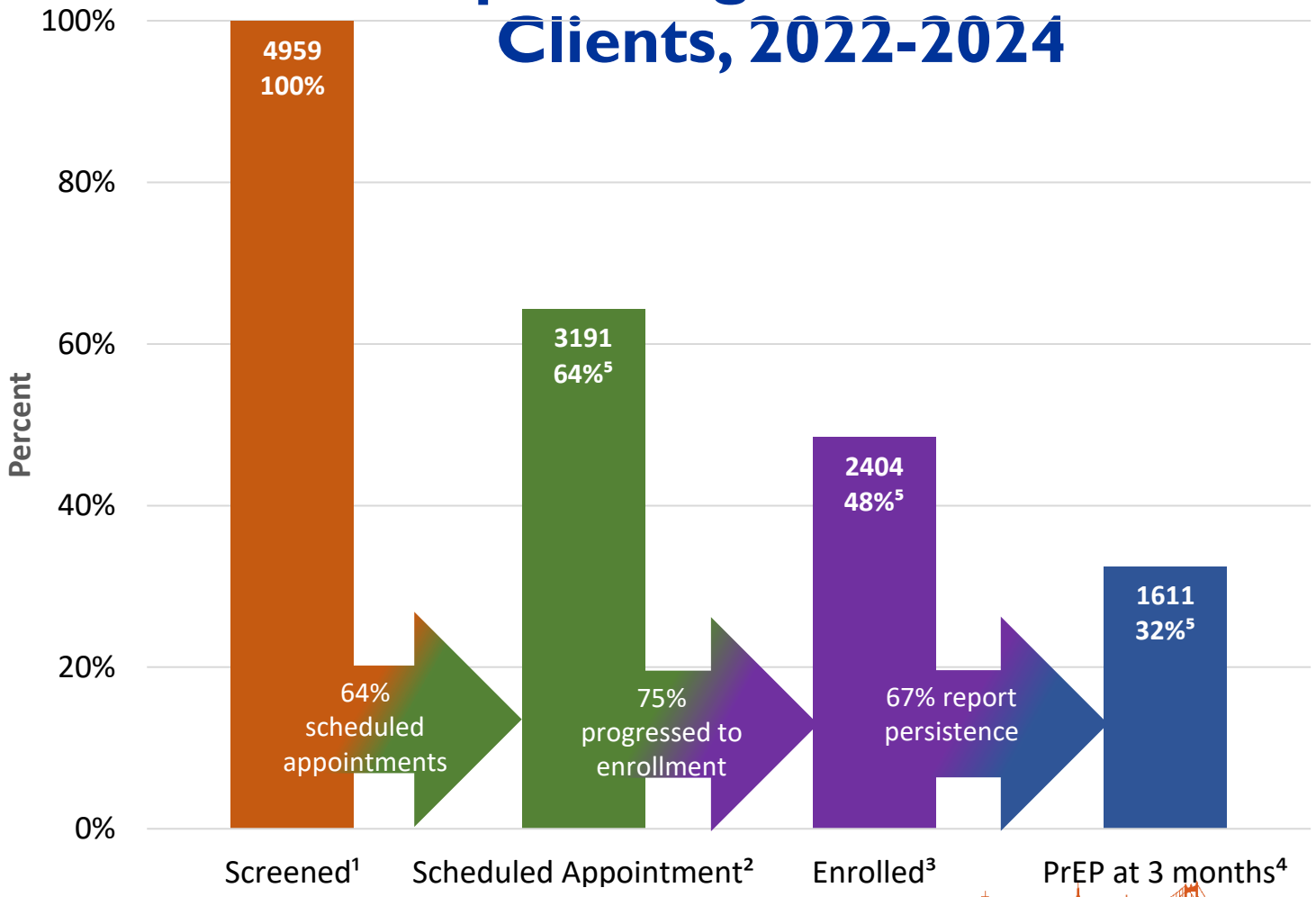
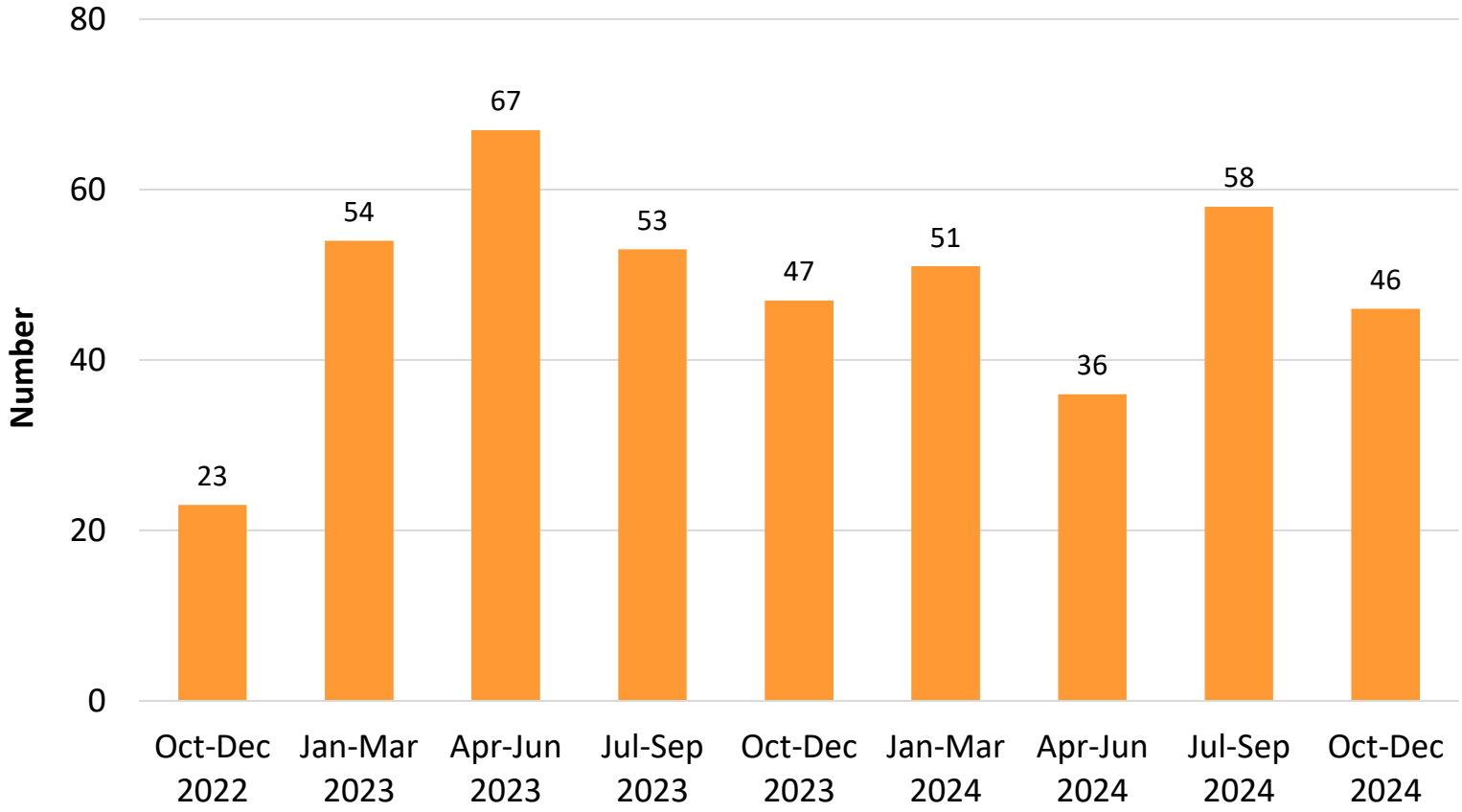
PrEP screening, appointments, enrollment, and PrEP use at three-month follow-up among San Francisco AIDS Foundation Clients, 2022-2024



1 PrEP screening was defined as all people who were seen for sexual health care at SFAF, were HIV-negative, and did not report current PrEP use on screening date.
2 Scheduled appointment for PrEP was defined as scheduling an appointment for PrEP enrollment.
3 Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.
4 PrEP at three months was defined as still being enrolled in the SFAF PrEP program at three-month follow-up with either a clinical visit or prescription refill.
5 Percentages were based on the number of people screened.

Number of New CAB-LA Prescriptions for HIV Prevention[1], New Product Initiative, October 2022 - December 2024, San Francisco



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1 Data from Magnet Sexual Health Clinic, San Francisco City Clinic, ZSFGH Ward 86, and Kaiser HMO San Francisco.