



The Continuum of HIV Care Ryan White Clients – 2022



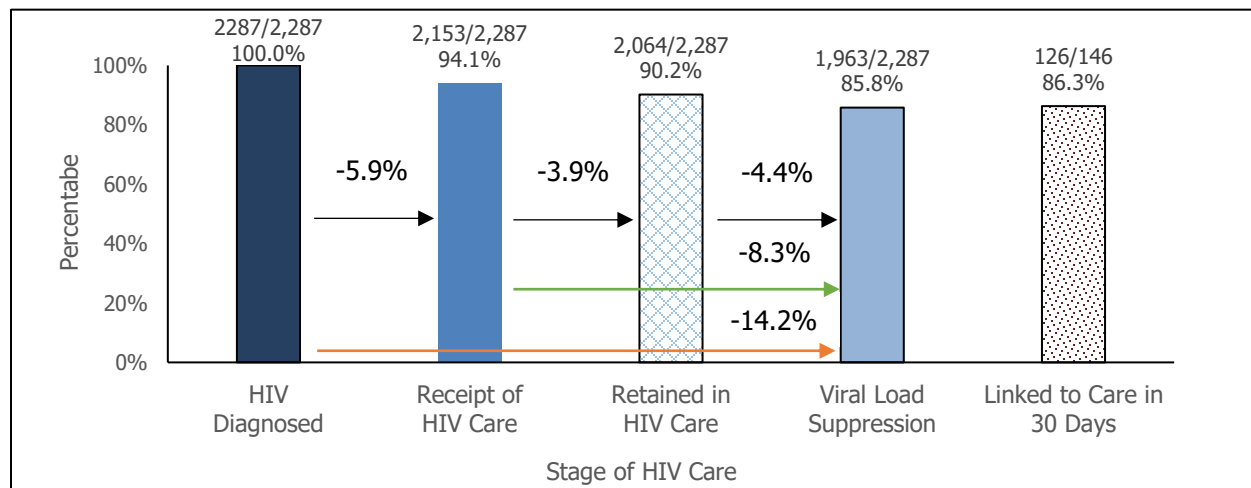
Introduction

A Centers for Disease Control and Prevention (CDC) analysis¹ indicates that only 64.6% of the 944,247 persons living with diagnosed HIV (aged 13 years and older) are virally suppressed. The Continuum of Care is diagnosis-based and provides a visual “cascade” of people living with HIV (PLWH) in accordance with current CDC² guidance. The HIV Care Continuum is based on the number of people age 13 years and older diagnosed with HIV. In Orange County, the Continuum of HIV care includes:

1. **Diagnosed with HIV:** This is the percent of the total number of people living with HIV age 13 years and over who are aware of their status;
2. **Receipt of HIV care:** This is the percent of persons age 13 years and over diagnosed with HIV who had at least one (1) medical care visit (as indicated by having at least one (1) viral load and/or CD4 count blood test) during 2022;
3. **Retained in HIV care:** This is the percent of persons age 13 years and over diagnosed with HIV, whose most current address was in Orange County as of December 31, 2022 and had at least two (2) CD4 or viral load results with at least three (3) months in-between the first and last result. For persons diagnosed prior to 2022, the two (2) results occurred in 2021 and/or 2022. For persons diagnosed in 2022, the results occurred between January 2022 and March 2023;
4. **HIV Viral Load Suppression:** This is the percent of persons age 13 years and over diagnosed with HIV with a viral load test result of less than 200 copies/mL at the most recent viral load test during 2022;
5. **Linked to Care:** This is the percent of persons age 13 years and over diagnosed with HIV in 2022 who had one (1) or more medical care visits (as indicated by having at least one (1) viral load and/or CD4 count blood test) within 30 days of their diagnosis.

The figures below provide an overview of the HIV Care Continuum specific to Ryan White Client data.

Figure 1: The Continuum of HIV Care: Ryan White Clients, 2022



(Continued on the next page)

¹Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020. *HIV Surveillance Supplemental Report 2022*;27(No. 3). Revised edition. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published August 2022.

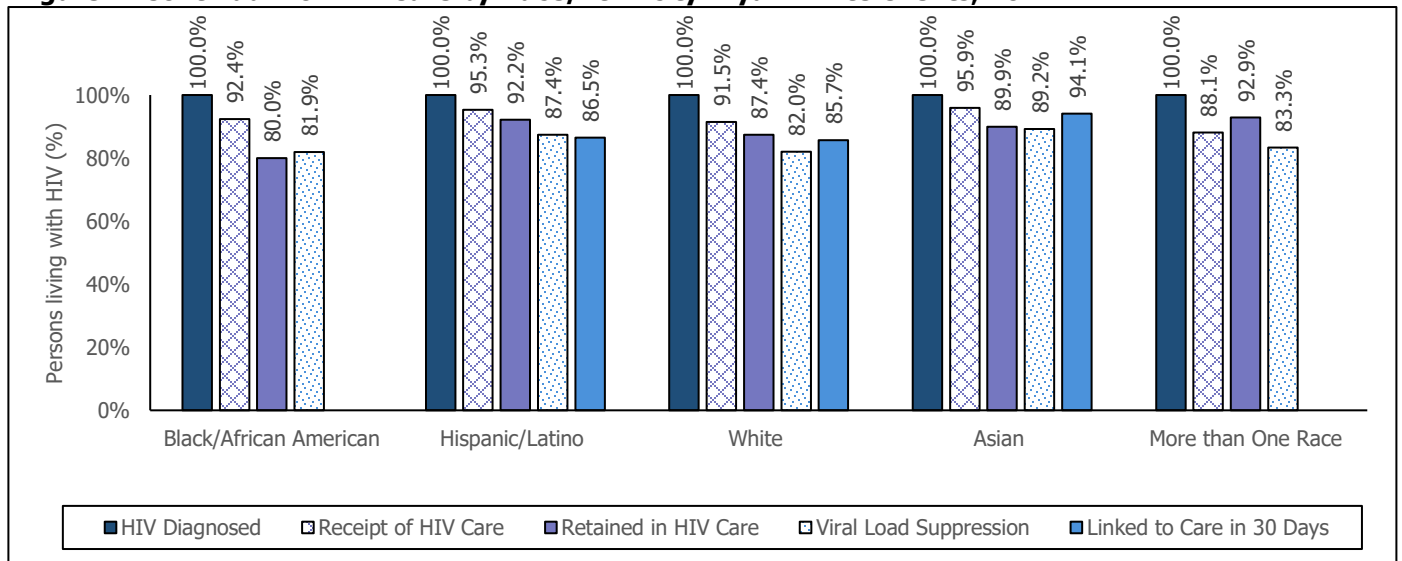
²Centers for Disease Control and Prevention (2019). *Understanding the HIV Care Continuum*. <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>.

2022 Highlights

- Of the 2,287 Ryan White clients age 13 years and over living with HIV, 94.1% received HIV care, 90.2% were retained in HIV care, and 85.8% achieved viral suppression (Figure 1).
- Of the 146 Ryan White clients newly diagnosed with HIV in Orange County in 2022, 86.3% were linked to care within 30 days of their diagnosis.
- More than One Race have the lowest percentage of receiving care (88.1%), while Blacks have the lowest percentages of being retained in care (80.0%) and being virally suppressed (81.9%). Newly diagnosed Whites have the lowest percentage of being linked to care in 30 days (85.7%).
- Persons age 36-45 years have the lowest percentage of receiving care (93.9%), while persons age 19-25 have the lowest percentages of being retained in care (80.2%) and being virally suppressed (77.9%). Newly diagnosed persons age 36-45 years have the lowest percentage of being linked to care in 30 days (72.7%).
- Transgender individuals have the lowest percentages of receiving care (90.4%), being retained in care (86.5%), and being virally suppressed (75.0%).
- Injection Drug Users have the lowest percentages of receiving care (90.0%), being retained in care (88.0%), and being virally suppressed (74.0%). Newly diagnosed heterosexuals have the lowest percentage of being linked to care in 30 days (82.8%).

The figures below provide an overview of Ryan White Client data.

Figure 2: Continuum of HIV Care by Race/Ethnicity: Ryan White Clients, 2022



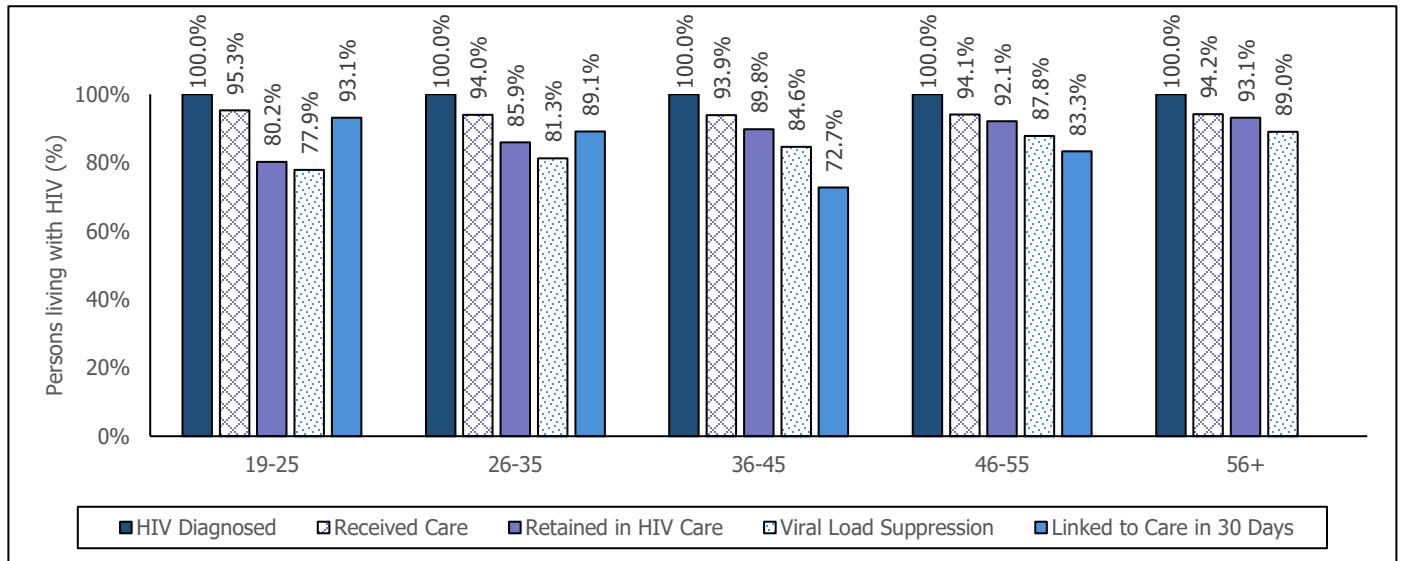
Pacific Islanders and American Indian/Alaskan Natives are not shown due to their small numbers. Additionally, there were fewer than 10 new cases of HIV diagnosed in 2022 among Ryan White clients that identify as Black or more than one race. Thus, Linkage to Care data for these ethnic groups are not included in the figure.

Race/Ethnicity

- More than One Race have the lowest percentage of receiving care (88.1%), while Blacks have the lowest percentages of being retained in care (80.0%) and being virally suppressed (81.9%). Newly diagnosed Whites have the lowest percentage of being linked to care in 30 days (85.7%).
- Asians have the highest percentages of receiving care (95.9%), being virally suppressed (89.2%), and being linked to care (newly diagnosed) in 30 days (94.1%). Persons of more than one race have the highest percentage of being retained in care (92.9%).

(Continued on the next page)

Figure 3: Continuum of HIV Care by Age Group – Ryan White Clients, 2022

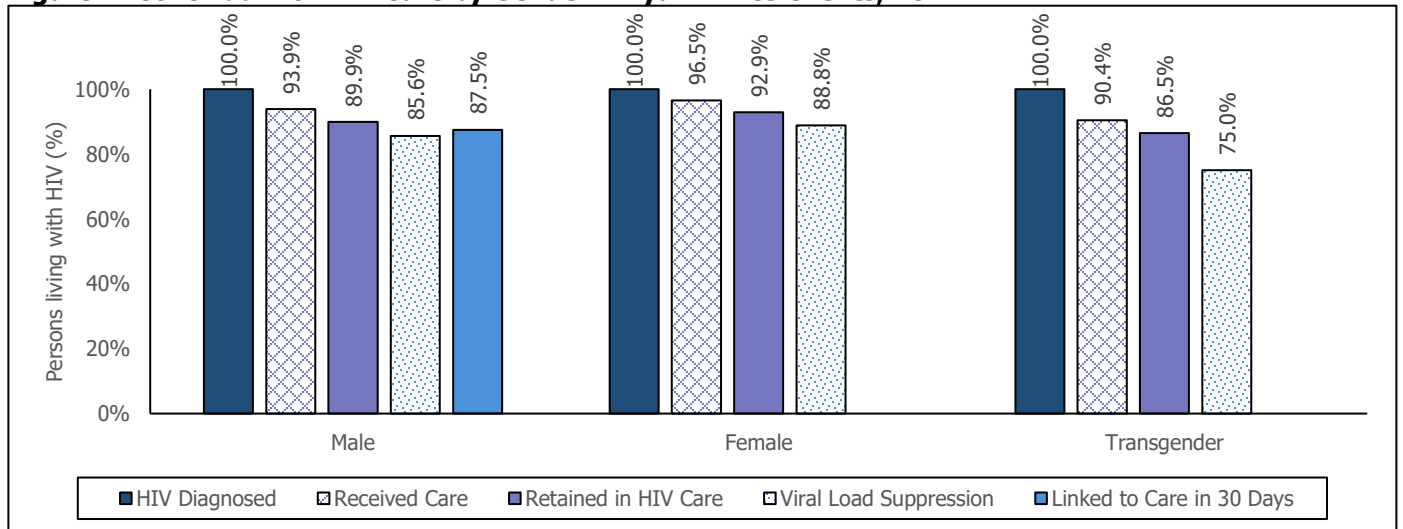


There were fewer than 10 Ryan White clients age 0-12 years and 13-18 years. Thus data for these age groups are not shown in the figure. Additionally, there were fewer than 10 new cases of HIV diagnosed in 2022 among Ryan White clients age 56 years and over. Thus, Linkage to Care data for this age group is not included in the figure.

Age Group

- Persons age 36-45 years have the lowest percentage of receiving care (93.9%), while persons age 19-25 have the lowest percentages of being retained in care (80.2%) and being virally suppressed (77.9%). Newly diagnosed persons age 36-45 years have the lowest percentage of being linked to care in 30 days (72.7%).
- Persons age 19-25 years have the highest percentages of receiving care (95.3%) and being linked to care (newly diagnosed) in 30 days (93.1%), while persons age 56 years and over have the highest percentages of being retained in care (93.1%) and being virally suppressed (89.0%).

Figure 4: Continuum of HIV Care by Gender – Ryan White Clients, 2022



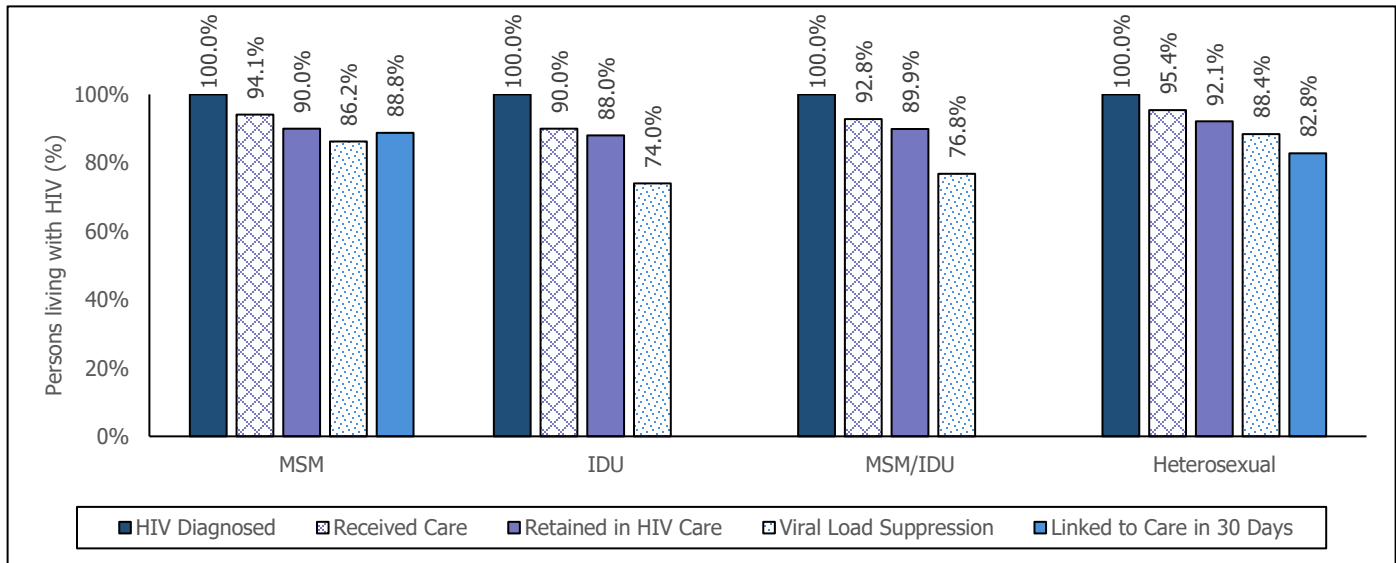
There were fewer than 10 new cases of HIV diagnosed among Ryan White clients that identify as female or transgender. Thus, Linkage to Care data for these gender groups are not included in the figure.

Gender

- Transgender individuals have the lowest percentages of receiving care (90.4%), being retained in care (86.5%), and being virally suppressed (75.0%).
- Females have the highest percentages of receiving care (96.5%), being retained in care (92.9%), and being virally suppressed (88.8%). Males are the only gender group with more than 10 new cases of HIV diagnosed in 2022 in which 87.5% were linked to care in 30 days.

(Continued on the next page)

Figure 5: Continuum of HIV Care by Mode of Exposure – Ryan White Clients, 2022



Note: MSM=men who have sex with men. IDU= injection drug users.

There were fewer than 10 new cases of HIV diagnosed in 2022 among Ryan White clients that have IDU or MSM/IDU as their mode of exposure. Does not include people infected as children, infected through a blood transfusion, are hemophiliacs, or are of unknown transmission source.

Mode of Exposure (Risk Group)

- Injection Drug Users have the lowest percentages of receiving care (90.0%), being retained in care (88.0%), and being virally suppressed (74.0%). Heterosexuals have the lowest percentage of being linked to care (newly diagnosed) in 30 days (82.8%).
- MSM have the highest percentages of receiving care (94.1%) and being linked to care (newly diagnosed) in 30 days (88.8%), while heterosexuals have the highest percentages of being retained in care (92.1%) and being virally suppressed (88.4%).

Closing the Gaps

HIV testing is critical to increasing knowledge of HIV status among Ryan White clients. It is estimated that 15.7% of persons living with HIV do not know their status. Pre-Exposure Prophylaxis (PrEP) is also key to HIV prevention for people at risk for HIV. Orange County has set goals to increase knowledge of HIV status to 90.0% and to increase PrEP coverage to 50.0% by 2025 in alignment with the National HIV/AIDS Strategy. To achieve these goals, Orange County has developed new programs and services through the Ending the HIV Epidemic (EHE) initiative to increase access to HIV testing and increase access and adherence of PrEP among populations at high risk for HIV through PrEP Navigation.

In addition, ensuring that people have access to care, stay in care, and remain on antiretroviral treatment will increase the percentage of people living with HIV who achieve and maintain viral suppression, which is important for improving health and preventing HIV transmission. Orange County's Ryan White HIV/AIDS Program provides a comprehensive system of care, including care and support services. EHE programs and services further support Orange County's efforts to increase rapid antiretroviral therapy (ART) initiation for newly diagnosed individuals within 0-5 days of diagnosis, linkage to care, retention in care, and ultimately viral load suppression.

To reduce the impact of HIV in Orange County, improvements are needed at each stage of the Continuum of HIV Care, with particular efforts aimed to reduce disparities by race, age, gender, and risk group.

(Continued on the next page)

Data Sources, Methods, and Additional Resources

Data Sources

- The data were extracted from the Orange County HIV Case Registry, reported as of January 2023.
- The estimated percentage of persons living with undiagnosed HIV is based on data obtained from the CDC HIV Surveillance Supplemental Report.³

Definitions

- Persons living and diagnosed with HIV were defined as current Orange County residents diagnosed with HIV by December 31, 2022, who had their case reported to the Orange County HIV/AIDS Surveillance and Monitoring Program by January 31, 2023.

Additional Resources

- California Department of Public Health, Office of AIDS. Ending the Epidemics. Addressing HIV, Hepatitis C, and STIs in California – Integrated Statewide Strategic Plan Overview, 2022-2026. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_AD_A.pdf. Published 2021.
- California Department of Public Health, Office of AIDS. California HIV Surveillance Report 2021. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report2021_ADA.pdf. Published May 2023.
- California Department of Public Health, Office of AIDS. Integrated HIV Surveillance, Prevention, and Care Plan, Laying a Foundation for Getting to Zero: California’s Integrated HIV Surveillance, Prevention, and Care Plan. <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/GTZ%20Baseline%20Report%20FINAL.pdf>. Published September 2016.
- National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.:<https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>. Published December 2021.
- Orange County’s Integrated HIV Prevention and Care Plan, 2022-2026. https://www.ochealthinfo.com/sites/healthcare/files/2023-02/2022-2026_Integrated_HIV_Prevention_and_Care_Plan_Compiled_2022-12-13_FINAL_0.pdf. Published December 2022.
- Orange County’s Ending the HIV Epidemic Plan Summary: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/EtHE_Summary_Orange_ADA.pdf. Published May 2021.

Acknowledgements

Accurate identification and timely reporting are integral parts of successful disease control, Orange County Health Care Agency would like to thank all Orange County service providers, laboratories and Public Health Investigators whose work made this report possible. The data included in the Ryan White Continuum of HIV Care supports community planning processes, including the work of the HIV Planning Council (Council), the federally mandated planning body responsible for identifying community HIV related needs and allocating Ryan White HIV/AIDS Program (Part A) funding to best meet those needs in Orange County. For more information about the Council and to learn more about how to get involved visit: <https://www.ochealthinfo.com/about-hca/public-health-services/health-promotion-community-planning/hiv-planning-and-4>

³Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. HIV Surveillance Supplemental Report 2021;26(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021.