



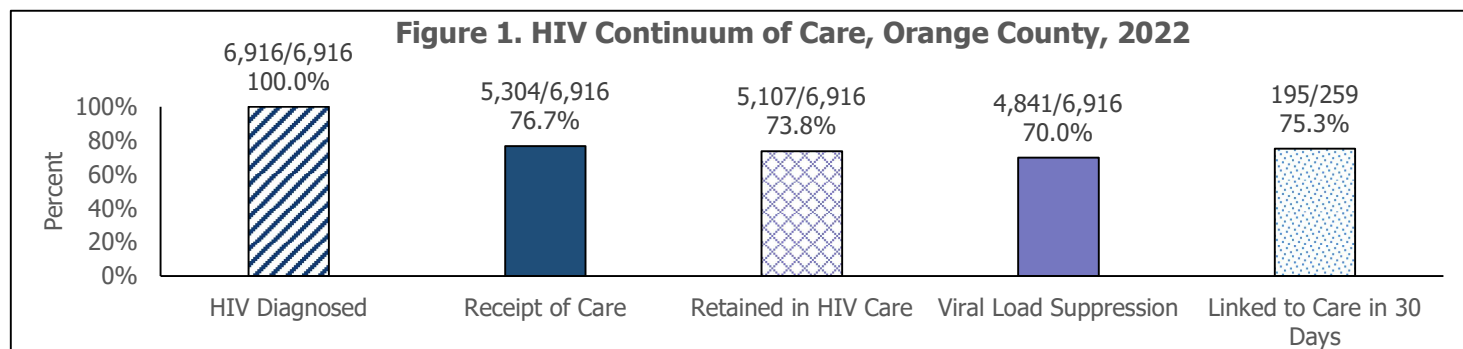
This document provides an overview of human immunodeficiency virus (HIV) cases (including AIDS) in Orange County<sup>1</sup>. Since reporting began in 1981, Orange County has received **14,365** reports of newly diagnosed HIV infections. In 2022, Orange County had the following reported:

- 259 persons were newly diagnosed with HIV.
- 57 persons were concurrently<sup>2</sup> diagnosed with AIDS indicating that the individual was living with HIV but unaware of their status for a significant amount of time.

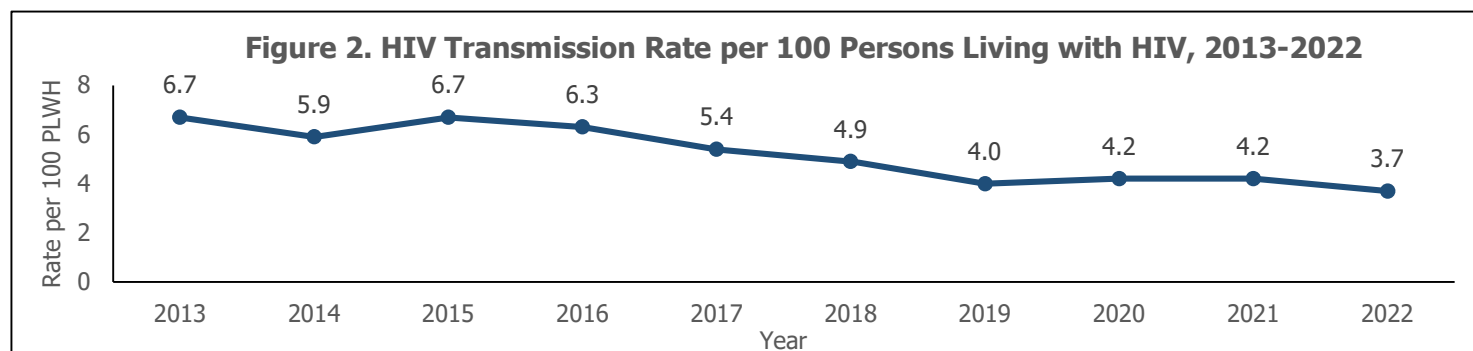
At the end of 2022, there were 6,916 persons living with HIV (PLWH) in Orange County<sup>3</sup> who are aware of their HIV status and an additional estimated 1,288 persons who are unaware of their HIV status. The Centers for Disease Control and Prevention (CDC) calculation methodology estimates that 84.3% of PLWH know their status. Therefore, the total estimated number of PLWH in Orange County is **8,204**.<sup>4</sup>

Viral load is an indicator of health and adherence to medication. A high viral load is indicative of illness. Viral load suppression (less than 200 copies/ml) is suggestive of improved health. In Orange County, of the 6,916 PLWH (aware of HIV status), 4,841 (70.0%) are known to have a suppressed viral load.

**Figure 1** displays the HIV Continuum of Care. Of the 6,916 individuals diagnosed<sup>5</sup>, 76.7% received HIV care<sup>6</sup>, 73.8% were retained in HIV care<sup>7</sup>, and 70.0% were virally suppressed the last time they were tested in 2022. Of the 259 individuals newly diagnosed in 2022, 195 or 75.3% were linked to care (as indicated by receiving HIV medication, or having a viral load or CD4 test) in 30 days.

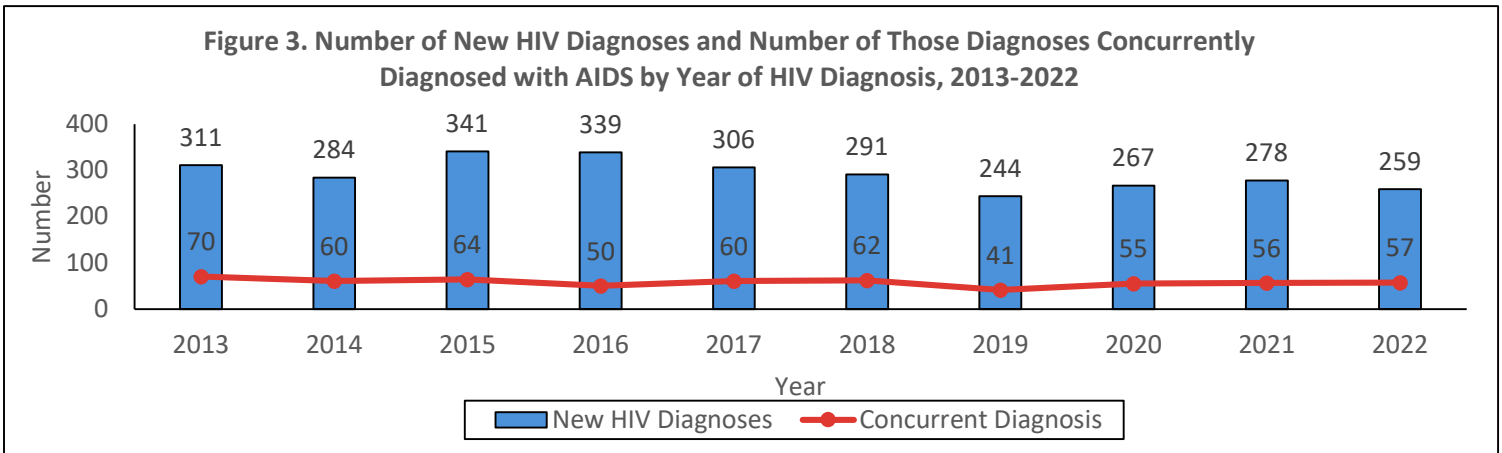


**Figure 2** shows the rate of HIV transmission per every 100 persons living with HIV. Since 2013, the transmission rate has decreased 44.8%, from 6.7 to 3.7. A decrease in the transmission rate indicates that the amount of new HIV infections is not increasing despite the increase in the number of PLWH.



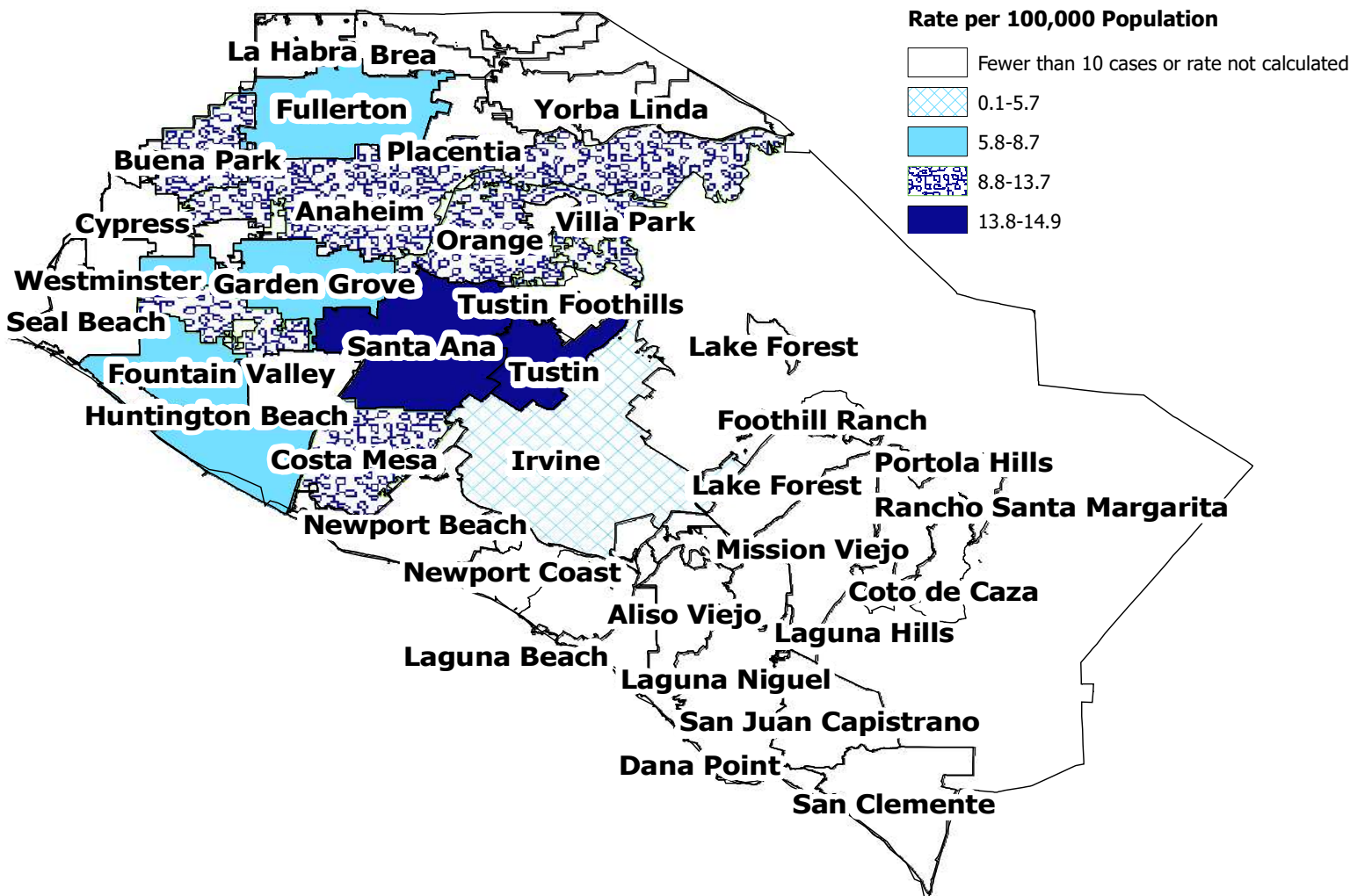
## 2022 HIV FACT SHEET

**Figure 3** shows the number of new HIV diagnoses each year among Orange County residents as a bar and the number of those diagnoses that were concurrently diagnosed with AIDS as a line. Concurrent diagnoses in 2022 represents a 18.6% decrease from 2013. This decrease may be a result of multiple strategies for early identification of HIV and linkage to care.



**Figure 4** displays the rate of persons newly diagnosed with HIV per 100,000 population by city of residence at the time of diagnosis. Of cities with ten or more cases, Santa Ana (46 cases) and Tustin (11 cases) have the highest rates at 14.9 and 13.8, respectively; whereas, Irvine has the lowest rate at 4.5 (14 cases). Rates are not calculated for cities where population estimates are unavailable or there were fewer than ten cases reported.

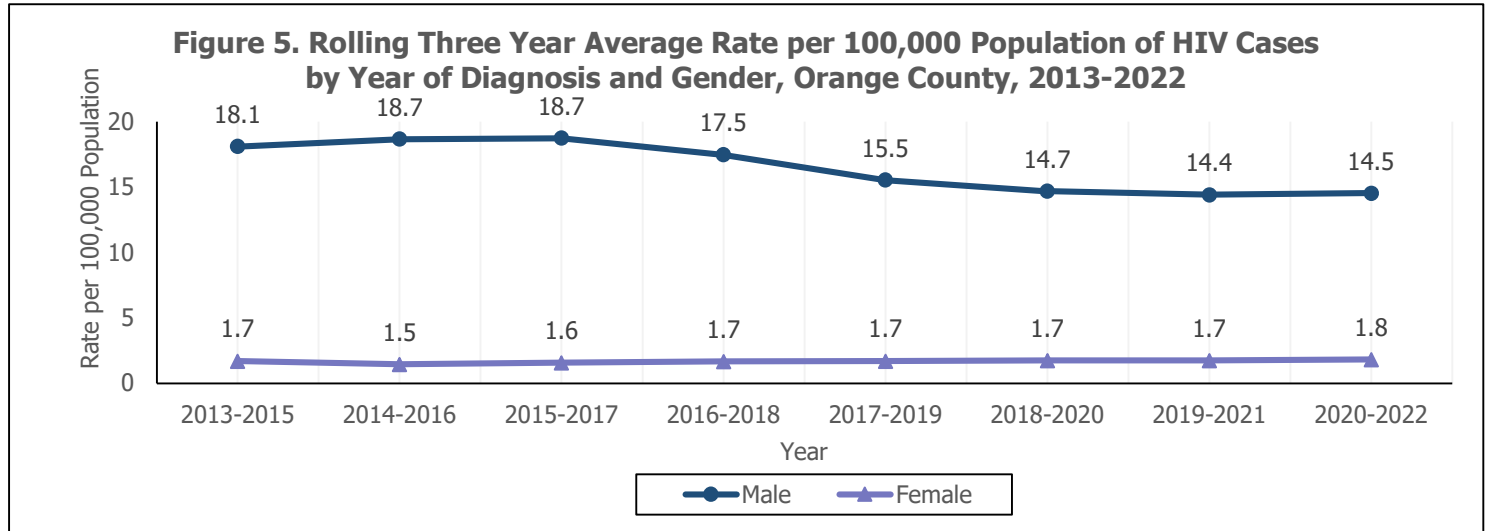
**Figure 4. Rate per 100,000 Population of New HIV Diagnoses by City of Residence at Time of Diagnosis, Orange County 2022**



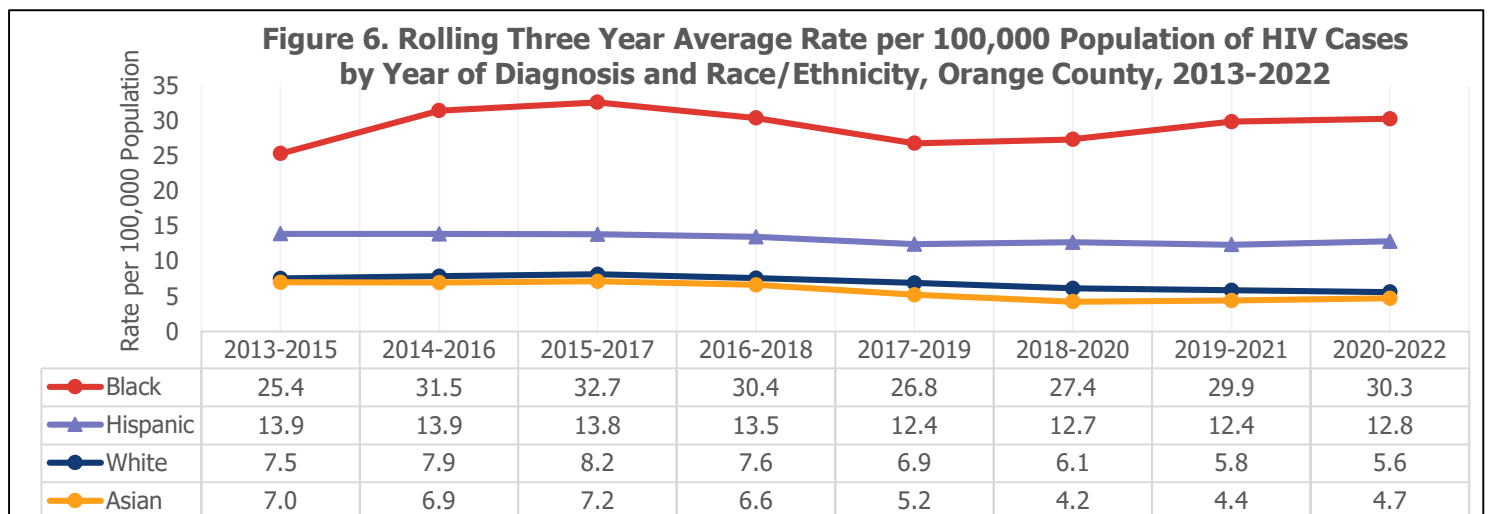
## 2022 HIV FACT SHEET

The following figures (5-7) display the three year rolling average rate of cases diagnosed in Orange County from 2013-2015 through 2020-2022. Using a three year average rate works to stabilize the data by removing variability caused by a small number of cases that tend to fluctuate from year to year. The rolling average allows for comparison between time periods from year to year, rather than comparing one three year time period to the next (i.e. 2019-2021 versus 2020-2022).

**Figure 5** displays the average rate of HIV cases by gender. While case rates have decreased, males continue to be disproportionately impacted by HIV compared to females (meaning unequal rate compared to total population). Rates are not calculated for the Transgender population because population estimates are unavailable and there were fewer than ten cases reported.

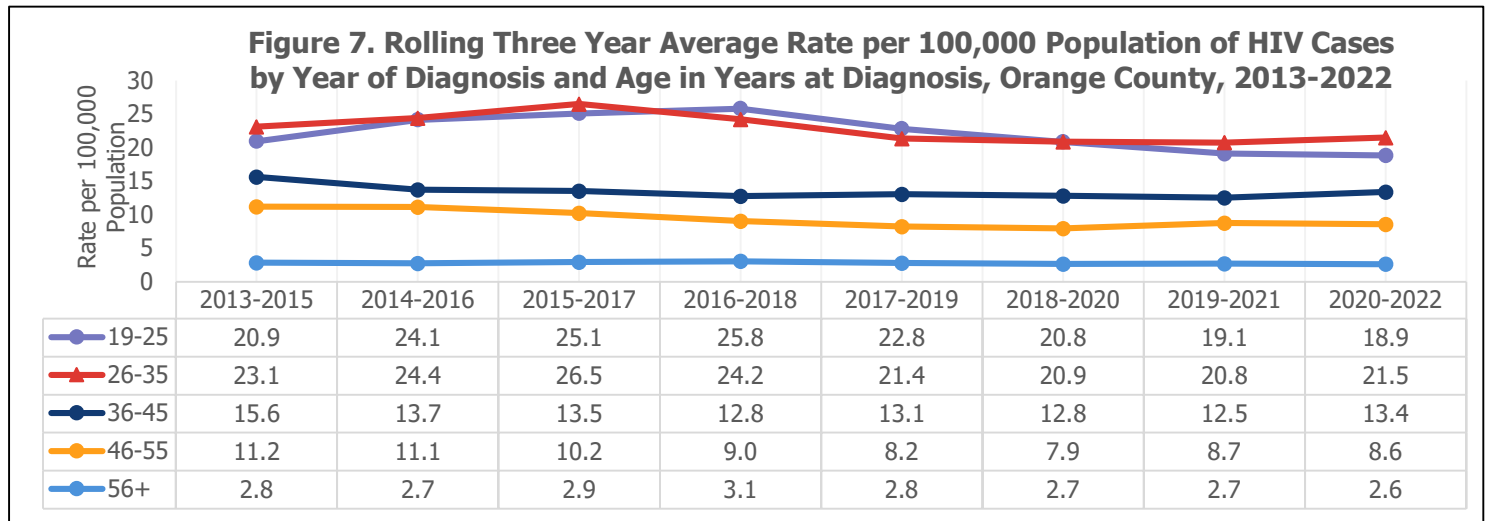


**Figure 6** displays the rolling three year average rate of HIV cases per 100,000 population by race/ethnicity. As shown, African Americans/Blacks<sup>8</sup> continue to have the highest case rate, followed by Hispanics, Whites, and Asians. Pacific Islanders, American Indian/Alaskan Natives, and Multiple Race categories are excluded due to their small numbers. While case rates have decreased since 2013-2015 for Hispanics, Whites, and Asians, the case rates for Blacks has increased since that time period. Furthermore, Blacks and Hispanics continue to be disproportionately impacted by HIV compared to other racial/ethnic groups.

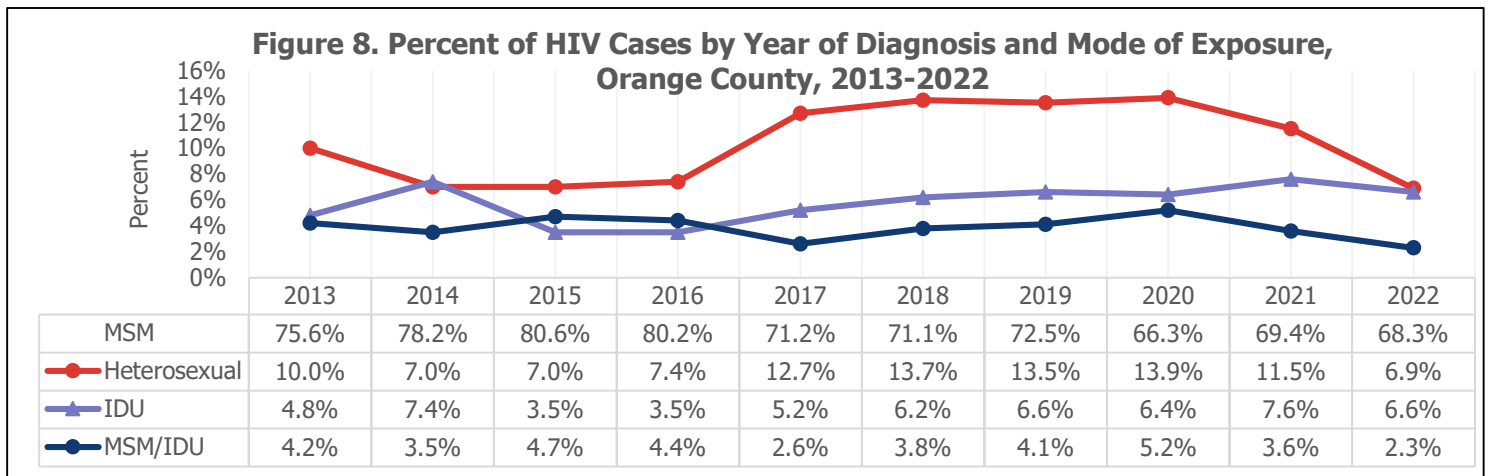


## 2022 HIV FACT SHEET

**Figure 7** displays the rolling three year average rate of HIV cases per 100,000 population by age at diagnosis. Since 2013, rates have decreased across all age groups. The case rate for the 0-18 age groups is not listed as there are fewer than 10 cases reported in most years.



**Figure 8** displays the percent<sup>9</sup> of total HIV cases by mode of exposure each year for 2013-2022. The percent of cases of men who have sex with men (MSM), heterosexual contact, and MSM who are also injection drug users (IDU) decreased while the percent of cases for IDU increased since 2013. The line for MSM is not displayed in order to highlight the differences and changes in the other modes of transmission.



## 2022 HIV FACT SHEET

**Table 1** displays the number of HIV cases diagnosed, percent of total cases diagnosed, and percent change in the number of cases diagnosed, 2013 versus 2022.


	2013		2022		Percent Change in the Number of Cases
	Number	Percent	Number	Percent	
<b>Total Number of HIV Cases</b>	<b>311</b>	<b>100.0%</b>	<b>259</b>	<b>100.0%</b>	
<b>Gender</b>					
Male	272	87.5%	221	85.3%	-18.8%
Female	34	10.9%	29	11.2%	-14.7%
Transgender Female	*	*	*	*	*
<b>Race/Ethnicity</b>					
African- American/Black	11	3.5%	16	6.2%	45.5%
Hispanic	158	50.8%	150	57.9%	-5.1%
White	91	29.3%	68	26.3%	-25.3%
Asian	42	13.5%	23	8.9%	-45.2%
Pacific Islander	*	*	*	*	*
Other/More than One Race	*	*	*	*	*
<b>Age at Diagnosis</b>					
0-18 Years	*	*	*	*	*
19-25 Years	61	19.6%	50	19.3%	-18.0%
26-35 Years	100	32.2%	96	37.1%	-4.0%
36-45 Years	74	23.8%	60	23.2%	-18.9%
46-55 Years	48	15.4%	31	12.0%	-35.4%
56 Years and Older	22	7.1%	17	6.6%	-22.7%
<b>Reported Mode of HIV Exposure</b>					
Men who have Sex With Men (MSM)	235	75.6%	177	68.3%	-24.7%
Heterosexual Contact	31	10.0%	18	6.9%	-41.9%
Injection Drug Use (IDU)	15	4.8%	17	6.6%	13.3%
MSM/IDU	*	*	*	*	*
Other/Unknown	17	5.5%	41	15.8%	141.2%

\*Fewer than ten cases.

Note: Other race/ethnicity includes Native American/Alaskan Native. Other Mode of Exposure includes recipients of transfusions or transplants, persons who received treatment for hemophilia, and all pediatric modes of transmission.

Data source for HIV data: Orange County HIV Case Registry, Data as of January 31, 2023.

Data source for population data: State of California, Department of Finance, Population Projections by Race/Ethnicity, Detailed Age, and Gender.

	Health Care Agency Public Health Services - HIV/AIDS Surveillance Unit 1725 West 17 <sup>th</sup> Street P.O. Box 6099, Building 50B Santa Ana, California 92706 Phone: (714) 834-7832 Fax: (714) 834-8526 Website: <a href="http://ochealthinfo.com/phs/about/dcepi/hiv/surveillance">http://ochealthinfo.com/phs/about/dcepi/hiv/surveillance</a>
--	--

<sup>1</sup> HIV surveillance is an ongoing process, and therefore, cases diagnosed in 2022 are considered preliminary due to reporting delays.

The number of cases diagnosed in each year may change due to removal of cases that are found as duplicates in other jurisdictions and therefore numbers on previous fact sheets should not be compared to this fact sheet.

<sup>2</sup> Concurrently diagnosed are persons who had an AIDS defining condition (CD4 count below 200 cells/ml and/or a diagnosis of a disease that is an indicator condition for AIDS) within one month (31 days) of their HIV diagnosis.

<sup>3</sup> This includes all individuals reported to be living in Orange County regardless of where they were living when they were diagnosed with HIV.

<sup>4</sup> The total number of persons estimated to be living with HIV is based on the Centers for Disease Control and Prevention calculation methodology updated in 2021. The calculation is the number of persons known to be living with HIV (6,916) divided by 0.843. The difference between this calculation (8,204) and 6,916 is the additional number of persons estimated to be living with HIV but are unaware of their diagnosis (1,288).

<sup>5</sup> The total number of individuals diagnosed presented in the HIV Fact Sheet differs from the Continuum of HIV Care document as the total diagnosed on the HIV Fact Sheet includes all persons diagnosed with HIV (all ages). The Continuum of HIV Care only includes individuals diagnosed age 13 years and older in accordance with current CDC guidance.

<sup>6</sup> Persons who had at least one viral load and/or CD4 count blood test during 2022.

<sup>7</sup> Persons who had at least two viral load or CD4 results with at least three months in-between the first and last result. For persons diagnosed prior to 2022, the two results occurred in 2021 and/or 2022. For persons diagnosed in 2022, the results occurred between January 1, 2022 and March 15, 2023.

<sup>8</sup> African American and Black used interchangeably throughout the HIV Fact Sheet.

<sup>9</sup> Rates cannot be calculated for mode of exposure due to the lack of a population estimate for each of the risk factors.