Orange County Addresses the National HIV/AIDS Strategy
Goals and Objectives - 2025 Targets

The following is an update to the National HIV/AIDS Strategy (NHAS) 2025 targets (goals) for Orange County. The NHAS for 2022-2025 was released on December 6, 2021. The HIV Planning Council (Council) approved the 2025 NHAS Goals for Orange County on October 12, 2022. The 2025 NHAS Goals for Orange County are reviewed annually. The Integrated Plan Committee (IPC) reviewed the 2025 goals at the July 19, 2023 and September 20, 2023 meeting and by the Priority Setting, Allocations, and Planning (PSAP) Committee on September 27, 2023 and October 25, 2023 based on the most current data available. Executive Committee reviewed the proposed updates on November 1, 2023 and Council approved the 2025 NHAS goals for Orange County on November 8, 2023.

Goal 1: Prevent New HIV Infections

	Baseline (2020)	2021	2022	2025 Goal for Orange County Approved by Council on 10/12/22	2025 Proposed Goal Updates for Orange County	Goal Rationale
Objective 1.1: Increase Awareness of HIV						
Progress Indicator: Increase knowledge of status	84.3%	84.3%	84.2%[4]	90.0%[6]	90.0%	No change.
Objective 1.2: Increase Knowledge of HIV status						
Progress Indicator: Reduce new HIV infections (rate of new diagnosed and undiagnosed infections among persons aged ≥ 13 years) by 75%[1]	2.4	2.4	2.7 [1]	0.6 [7]	0.6	No change.
Progress Indicator: Reduce new HIV diagnoses (no. of persons ≥ 13 years with a confirmed HIV diagnosis) by 75%[2]	265	274	259	66 [8]	66	No change. Will continue to monitor and analyze data trends.
Objective 1.3: Expand and improve implementation of effective prevention interventions						
Progress Indicator: Increase PrEP coverage	21.2%[5]	19.0%	31.7 [5]	50%[9]	50.0%	No change.
Objective 1.4: Increase the capacity of health care delivery systems, public health, and the health workforce to prevent and diagnose HIV						
Process indicator: N/A[3]	N/A	N/A	N/A	N/A	N/A	N/A

Goal 2: Improve HIV-Related Health Outcomes of People Living with HIV

	Baseline (2020)	2021	2022	2025 Goal for Orange County Approved by Council on 10/12/22	2025 Proposed Goal Updates for Orange County	Goal Rationale
Objective 2.1: Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment						
Progress Indicator:[10] Increase Rapid antiretroviral therapy (ART) initiation for newly diagnosed within 0-5 days of diagnosis[11]	N/A	19.0% (52/274)	14.7%[10] (38/259)	33.0%	33.0%	No change.
Objective 2.2: Identify, engage, or reengage people with HIV who are not in care or not virally suppressed						
Progress Indicator: Increase linkage to care within 1 month of diagnosis	78.7%	79.6%	75.3%	85.0%	85.0%	No change.
Objective 2.3: Increase retention in care and adherence to HIV treatment to achieve and maintain long-term viral suppression						No change.
Progress Indicator: Increase viral suppression among people diagnosed with HIV	71.5%	70.4%	70.0%	80.0%	80.0%	
Progress Indicator: Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care[12]	77.3%	74.5%	73.8%	80.0%	80.0%	No change.
Objective 2.4: Increase the capacity of health care delivery systems, public health, and the health workforce to serve people with HIV						
Process indicator: N/A[13]	N/A	N/A	N/A	N/A	N/A	N/A

Goal 3: Reduce HIV-Related Health Disparities[14] and Health Inequities

	Baseline (2020)	2021	2022	2025 Goal for Orange County Approved by Council on 10/12/22	2025 Proposed Goal Updates for Orange County	Goal Rationale
Objective 3.1: Reduce HIV-related stigma and discrimination						
Progress Indicator: Decrease stigma among people with diagnosed HIV by 50% on the Medical Monitoring Project (MMP)10-item questionnaire.[15]	N/A	N/A	N/A	N/A	N/A	N/A
Objective 3.2: Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum						
Progress Indicator: Increase viral suppression among: 1. MSM diagnosed with HIV	1. 74.9% (3,577/4,777)	1. 73.1% (3,624/4,957)	1. 72.7% (3,681 /5,063)	1. 84.9%	79.9%	Individuals may have fallen out of care during the past few years due to COVID. Percent virally suppressed remained relatively unchanged from 2020-2022 so it may be difficult to achieve goal of 84.9% by 2025. Goal adjusted to reflect 5% above best outcome (74.9% in 2020).
2. Black MSM diagnosed with HIV	2. 66.7% (110/165)	2. 68.9% (131/190)	2. 66.8% (131/196)	2. 76.7%	73.9%	Individuals may have fallen out of care during the past few years due to COVID. Percent virally suppressed remained relatively unchanged from 2020-2022 so it may be difficult to achieve goal of 76.7% by 2025. Goal adjusted to reflect 5% above best outcome (68.9% in 2021).
3. Latino MSM diagnosed with HIV	3. 71.3% (1,696/2,379)	3. 69.1% (1,712/2,479)	3. 68.7% (1,769/2,576)	3. 81.3%	76.3%	Individuals may have fallen out of care during the past few years due to COVID. Percent virally suppressed remained relatively unchanged from 2020-2022 so it may be difficult to achieve goal of 81.3% by 2025. Goal adjusted to reflect 5% above best outcome (71.3% in 2020).
4. Transgender women in HIV medical care	4. 87.1% (61/70)	4. 54.1% (60/111)	4. 56.3%[19] (67/119)	4. 75.0%	65.0%	Discussed feasiblity of achieving goal of 75.0% by 2025 and the number of individuals that would need to reach viral suppression to reach the goal (approximately 22). Decrease of 10% to account for large fluctuations in outcomes over the years. Also discussed impact of data and reporting on measure.
5. People who inject drugs (PWID) diagnosed with HIV	5. 52.8% (201/381)	5. 55.1% (221/401)	5. 54.6% (215/394)	5. 62.8%	60.1%	Individuals may have fallen out of care during the past few years due to COVID. Percent virally suppressed remained relatively unchanged from 2020-2022 so it may be difficult to achieve goal of 62.8% by 2025. Goal adjusted to reflect 5% above best outcome (55.1% in 2021).

5. Youth aged 13-24[16] diagnosed with HIV	6. 71.1% (123/173)	6. 69.2% (126/182)	6. 71.1% (113/159)	6. 81.4%	76.1%	Individuals may have fallen out of care during the past few years due to COVID. Percent virally suppressed remained relatively unchanged from 2020-2022 so it may be difficult to achieve goal of 81.4% by 2025. Goal adjusted to reflect 5% above best outcomes (71.1% in 2020 and 2022).
Objective 3.3: Engage, employ, and provide public leadership opportunities at all levels for people with or at risk for HIV						
Progress Indicator: N/A[17]	N/A	N/A	N/A	N/A	N/A	N/A
Objective 3.4: Address social determinants of health and co-occurring conditions that exacerbate HIV related disparities						
Progress Indicator: Reduce the percentage of persons in Ryan White HIV medical care who are homeless[18]	4.7%	6.0%	8.1%	8.0%	7%	Expansion of housing assistance based on revisions to Housing Directives may have a positive impact on this indicator. Discussed increasing rates of homelessness. ARIES data (living situation) may not be current and may be an underestimate of those who are homeless. Proposed lowering goal to 7% (majority). Considered expansion of housing assistance that may help to reduce percentage of persons in Ryan White who are homeless. 7% is median percentage for past 3 years.

Footnotes

[1]The Reduce new HIV infections indicator is defined in the NHAS as follows: Incidence is the estimated number of new HIV infections among persons aged ≥13 years that occurred in the measurement year and includes diagnosed and undiagnosed infections. Additional information is available at the following link: https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf. The indicator is calculated as HIV transmission rate which is defined as the number of new HIV infections per 100 people estimated to be living with HIV (diagnosed and undiagnosed). For 2020, the rate was calculated using 2020 data. Numerator: estimated number of new HIV infections in 2020 (N=280), data source EHE AHEAD (America's HIV Epidemic Analysis) Dashboard available at: Orange County, CA | AHEAD (hiv.gov). Denominator: estimated prevalence, which includes persons diagnosed and undiagnosed in 2020 (N=8,400), data source CDC available at: https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-3/index.html. For 2022, the rate was calculated using 2021 data, which is the most current data available. Numerator: estimated number of new HIV infections in 2021 (N=230), data source EHE AHEAD (America's HIV Epidemic Analysis) Dashboard available at: Orange County, CA | AHEAD (hiv.gov). Denominator: estimated prevalence, which includes persons diagnosed and undiagnosed in 2021 (N=8,500), data source CDC available at: https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-3/index.html

[2]The Reduce new HIV diagnoses indicator is defined in the NHAS as follows: Number of persons ≥13 years who have received laboratory or clinical confirmation of HIV in a measurement year. Additional information is available at the following link: https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf.

[3]The NHAS did not establish any progress indicators for Objective 1.4.

[4] Data presented for knowledge of status is from 2021 and is the most current data available on the EHE AHEAD Dashboard which can be accessed at https://ahead.hiv.gov/. Knowledge of HIV status is estimated as the percentage of persons with HIV who have received an HIV diagnosis and is calculated by dividing the estimated number of persons living with diagnosed HIV infections by the estimated total HIV prevalence (diagnosed and undiagnosed cases) for each year. The estimated number of diagnoses and prevalence are derived from HIV surveillance data reported to CDC for persons aged ≥ 13 years. More information about how knowledge of status is calculated is available in the CDC's HIV Surveillance Report: https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-3/index.html.

[5]Orange County PrEP coverage data for 2020 and 2022 is preliminary data as of March 2023 and was obtained from the EHE AHEAD Dashboard. PrEP coverage is calculated as the number of persons aged ≥16 years classified as having been prescribed PrEP divided by the estimated number of persons who had indications for PrEP. Different data sources were used for the numerator and denominator; therefore, it is unknown whether all persons prescribed PrEP (numerator) are also contained in the estimate of the number of persons with indications for PrEP (denominator). Thus, caution should be used when interpreting PrEP coverage percentages. Additional information regarding data methods is available at https://ahead.hiv.gov/resources/data-methods/prep-coverage.

[6]Knowledge of status data for 2020 (83.6%) was not available when the 2025 goal was established. The 2025 goal was established based on data from 2019 (84.3%), which was the most current data available.

[7]The HIV transmission rate (number of new HIV infections per 100 people estimated to be living with HIV (diagnosed and undiagnosed)) for 2020 (3.3) was not availabe when the 2025 goal was established. The 2025 goal was established based on the HIV transmission rate from 2019 (2.4), which was the most current data available.

[8]The updated new HIV diagnoses for 2020 is 267, which is an increase in cases (from 265 to 267). The 2025 goal was established based on the original total of new HIV diagnoses from 2020 (265).

[9]The updated PrEP Coverage for 2020 is 20.8%, which is a decrease (from 21.2% to 20.8%). The 2025 goal was established based on the original percent of PrEP Coverage from 2020 (21.2%).

[10]A Rapid ART progress indicator was not included in the NHAS; this is an Orange County specific progress indicator. Same-day initiation or Rapid ART is listed as a strategy to achieve objective 2.1. The outcome for this progress indicator was calculated based on total number of newly diagnosed individuals who initiated ART within 0-5 days of diagnosis in Orange County. The data is not provider specific; it includes all data available.

[11]The California Department of Public Health, State Office of AIDS defines Rapid ART as ART initiation within 0-5 days of diagnosis.

[12]A Retention in Care indicator was not included in the NHAS; this is an Orange County specific progress indicator. Retained in HIV medical care is defined as the number of persons who had at least two (2) viral load or CD4 results within a two-year period with at least three (3) months in-between the first and last result.

[13]The NHAS did not establish any progress indicators for Objective 2.4.

[14]Disparities are based on a comparison to all people living with HIV.

[15]Data is not available for Orange County. The NHAS target for 2025 was established based on the Medical Monitoring Project (MMP) 10-item questionnaire which measures stigma among persons aged >18 years with diagnosed HIV infection living in the United States and Puerto Rico. The questionnaire is based on a stigma scale ranging from 0 (no stigma) to 100 (high stigma). Additional information regarding the questionnaire is available at https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-25-2.pdf

[16]Surveillance data available is for youth ages 14-25.

[17]The NHAS did not establish any progress indicators for Objective 3.3.

[18]Homelessness is defined as unstable housing and includes living situations of homeless from streets, homeless from emergency shelter, transitional housing, hospital or other medical facility, substance abuse treatment facility, and board care or assisted living.

[19]The decrease in percent of transgender women in HIV medical care who are virally suppressed from 2020 to 2022 is due to the increase in the number of transgender women from 70 in 2020 to 119 in 2022, but the total number of transgender women in care remained relatively unchanged (61 in 2020 and 67 in 2022). This may be a result of more individuals being reported as transgender women or more transgender women in Orange County accessing services.