

This newsletter is organized to align with the six Social Determinants of Health found in the [Ending the Epidemics Integrated Statewide Strategic Plan](#), addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

INSIDE:

- Awareness
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- Racial Equity

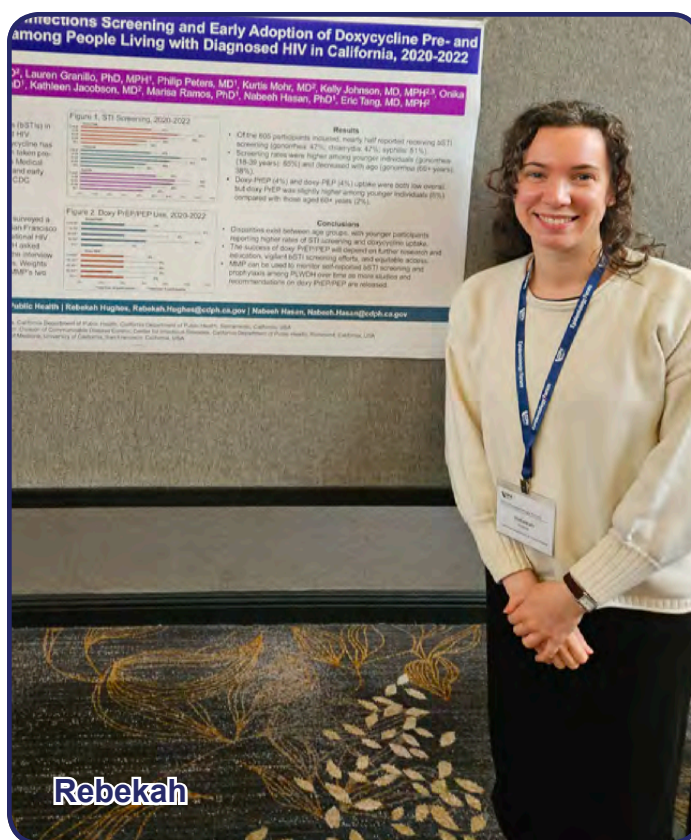
STAFF HIGHLIGHT

➤ OA Posters at the CDPH Epidemiology Forum

The CDPH Epidemiology Forum took place April 16–17 and was an opportunity for staff to collaborate with colleagues to learn more about how data is being used in different areas of CDPH. There were various sessions available, including a panel on the CDPH response efforts to bird flu, communicating public health data to external audiences, and understanding the data governance and stewardship efforts of CDPH. At the conclusion of the forum there was a poster session for staff to explore the different projects being done across CDPH programs.

Rebekah Hughes and **Stephanie Sanz**, both from the Surveillance and Prevention Evaluation and Reporting Branch, presented posters highlighting recent findings from their respective surveillance projects.

Rebekah presented a poster exploring bacterial STI screening and early adoption of doxycycline pre-exposure prophylaxis and post-exposure prophylaxis (doxy PrEP and doxy PEP) among people living with diagnosed HIV (PLWDH) who participated in the Medical Monitoring Project (MMP) for the 2020 through 2022 cycle years. This project is a collaboration between OA and STDCB using local supplementary questions at the conclusion of the MMP interview. Of the



605 individuals included in the project, nearly half reported receiving the recommended annual bacterial STI screening (gonorrhea: 47%; chlamydia: 47%; syphilis: 51%). Bacterial STI screening rates were higher among younger individuals (gonorrhea (18-39 years): 65%) and decreased with age (gonorrhea (60+ years): 38%). Doxycycline uptake was low overall (doxy PrEP: 4%; doxy PEP: 4%). Many people were encouraged at the prospect of doxycycline being used to prevent bacterial STIs among PLWDH and were interested in learning more about MMP.

HIV AWARENESS

May 18 is National HIV Vaccine Awareness Day (NHVAD). This day is observed to raise awareness about the need for an effective preventive HIV vaccine and to honor and recognize the scientists and researchers who are determined to develop a vaccine to prevent HIV. NHVAD also provides an opportunity to appreciate the health professionals, community members, and advocates who continuously educate and bring awareness to the importance of preventative HIV vaccine research. This collaborative work is essential to ending the HIV epidemic.

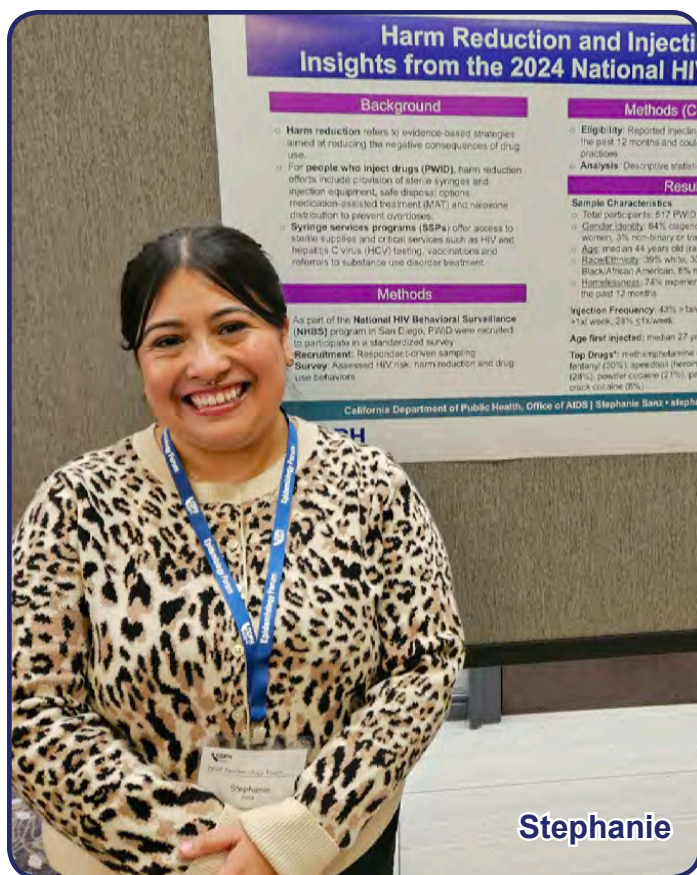
May 19 is National Asian & Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD). Asian and Pacific Islander communities face unique barriers to accessing HIV prevention, testing and care, due to the silence and shame surrounding HIV within their community. NAPIHAAD emphasizes the importance of encouraging conversations about HIV, testing and treatment options to combat the HIV/AIDS epidemic and end the silence and shame within the API communities.

GENERAL UPDATES

➤ Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

Digital assets continue to be available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.



Stephanie

Stephanie presented a poster summarizing findings from the 2024 National HIV Behavioral Surveillance (NHBS) survey among people who inject drugs (PWID) in San Diego. The poster focused on harm reduction practices and injection drug use behaviors, including most-used drugs, injection frequency, syringe access and disposal, overdose experiences, and treatment engagement. Among 517 PWID surveyed, more than half reported injecting some drug at least once per day, with methamphetamine (88%) being the most commonly injected substance. Syringe services programs (SSPs) were the primary source of sterile syringes (62%), though syringe disposal in the trash was still common (59%). Fourteen percent of participants reported experiencing an overdose in the past year. These findings underscore the ongoing need to expand harm reduction and treatment services for PWID and highlight the continued importance of using NHBS data to inform public health efforts.

➤ HIV/STI/HCV Integration

We continue to move forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey as new information comes in.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The **visual below** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

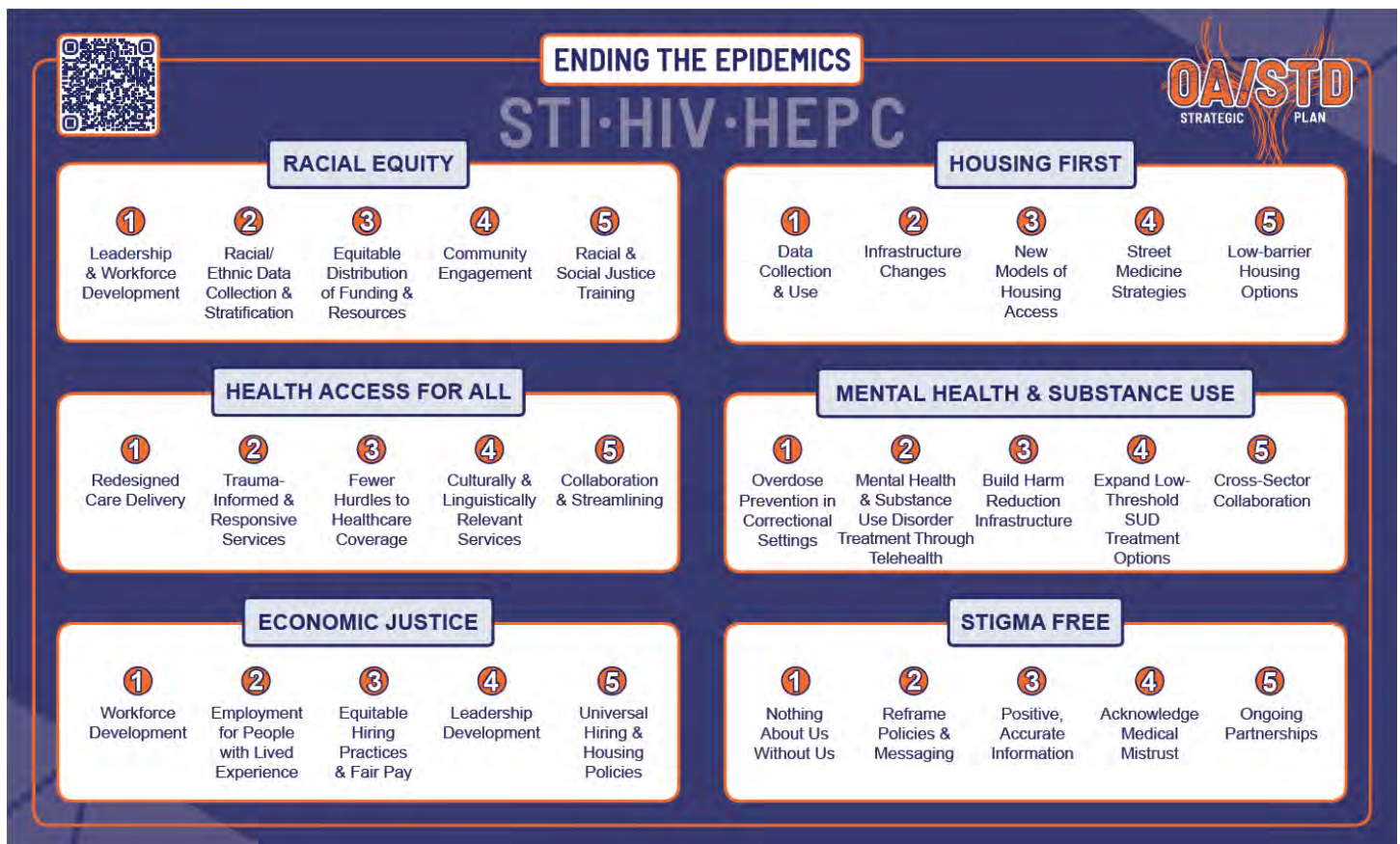
For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

HEALTH ACCESS FOR ALL

➤ Strategy 1: Redesigned Care Delivery

No-Cost Mpox Vaccination and Optional Rapid HIV/Syphilis/HCV Testing Available:

CDPH is offering a free, turnkey service for LHJs and CBOs to provide mpox vaccination for people who are uninsured, underinsured, experiencing homelessness, or facing other barriers to care. This service can also include on-site rapid testing for HIV, syphilis, and hepatitis C, with telehealth services available for select treatments, including syphilis treatment, HIV PrEP, and doxy PEP. To [request this resource](#), [complete this survey](#), and for any



[questions, please email mpoxadmin@cdph.ca.gov](mailto:mpoxadmin@cdph.ca.gov).

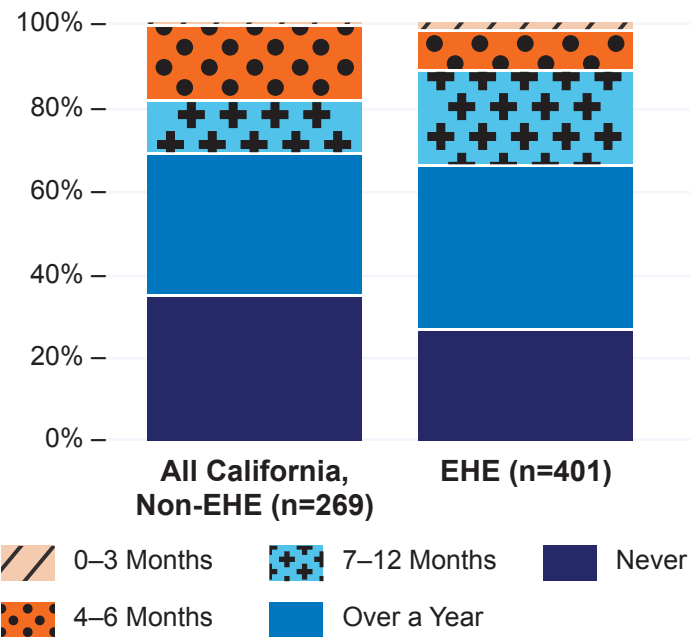
➤ **Strategy 1: Redesigned Care Delivery**

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



In March, 269 individuals in 36 counties ordered self-test kits, with 188 (69.9%) individuals ordering 2 tests. Additionally, OA’s existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program’s initiation in September 1, 2020, and March 31, 2025, 16,749 tests have been

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, March 2025



distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 107 (26.7%) of the 401 total tests distributed in EHE counties. Of those ordering rapid tests, 215 (73.1%) ordered 2 tests.

Since September 2020, 1,872 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 791 responses from the California expansion since January 2023.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	60.5%	49.0%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	33.8%	41.6%
Were 17-29 years old	41.7%	42.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.1%	40.1%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.6%	94.3%
Identify as a man who has sex with other men	48.3%	52.1%
Reported having been diagnosed with an STI in the past year	8.6%	10.1%

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of April 30, 2025, there are 281 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page six of this newsletter.

As of April 30, 2025, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are **shown in the table below**.

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

Update: Over the Counter Naloxone Made Available at Lower Cost

Although many community-based organizations like syringe services programs distribute naloxone to the public at no cost, not everyone in California is able to access these types of

programs. The need for naloxone in harm reduction deserts still exists, but with less resources available. To increase availability of the life-saving drug, last month [California announced that CalRx branded naloxone is available through the mail at a discounted price](#).

Californians can now purchase a twin pack of naloxone nasal spray for \$24, plus tax and shipping fees, by visiting the CalRx website. This initiative works to reach all areas of California, especially areas that have limited resources for harm reduction.

Fact Sheet: Vending Machines – A Tool for Distributing Harm Reduction Equipment

In recent years, harm reduction programs have started to use a novel approach to increasing distribution of harm reduction supplies – utilizing vending machines. Syringe services programs along with local health jurisdictions have set up harm reduction vending machines throughout California and the United States as a way to provide low barrier access to life-saving supplies. Supplies vary by machine, but many include naloxone, sterile syringes, safer smoking equipment, HIV tests, wound care supplies, and other supplies to help keep people who use drugs safe.

(continued on page 7)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	596	3.07%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,932	0.44%
Medicare Premium Payment Program (MPPP)	2,297	2.77%
Total	8,825	1.22%

Source: ADAP Enrollment System

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	313	10%	---	---	---	---	10	0%	323	10%
25 - 34	1,059	34%	---	---	---	---	135	4%	1,194	38%
35 - 44	764	25%	---	---	3	0%	126	4%	893	29%
45 - 64	437	14%	---	---	6	0%	88	3%	531	17%
65+	33	1%	---	---	136	4%	5	0%	174	6%
TOTAL	2,606	84%	0	0%	145	5%	364	12%	3,115	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	171	5%	2	0%	37	1%	18	1%	2	0%	44	1%	4	0%	45	1%	323	10%
25 - 34	652	21%	3	0%	111	4%	99	3%	6	0%	234	8%	9	0%	80	3%	1,194	38%
35 - 44	508	16%	4	0%	80	3%	52	2%	2	0%	189	6%	7	0%	51	2%	893	29%
45 - 64	292	9%	---	---	40	1%	13	0%	1	0%	131	4%	2	0%	52	2%	531	17%
65+	16	1%	---	---	4	0%	5	0%	---	---	138	4%	---	---	11	0%	174	6%
TOTAL	1,639	53%	9	0%	272	9%	187	6%	11	0%	736	24%	22	1%	239	8%	3,115	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	47	2%	---	---	4	0%	12	0%	2	0%	10	0%	---	---	13	0%	88	3%
Male	1,500	48%	8	0%	245	8%	170	5%	8	0%	703	23%	20	1%	207	7%	2,861	92%
Trans	78	3%	---	---	17	1%	4	0%	1	0%	11	0%	2	0%	4	0%	117	4%
Unknown	14	0%	1	0%	6	0%	1	0%	---	---	12	0%	---	---	15	0%	49	2%
TOTAL	1,639	53%	9	0%	272	9%	187	6%	11	0%	736	24%	22	1%	239	8%	3,115	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 04/30/2025 at 12:01:37 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

National Harm Reduction Coalition, in collaboration with RTI International and the North American Syringe Exchange Network, published a fact sheet last month on harm reduction vending machines. The fact sheet looks at lessons learned from 12 SSPs and looks at their planning, implementation, and stocking of the machines. The fact sheet also includes information about funding sources, challenges and opportunities, and advantages to this modality.

[View the fact sheet in English](#), or [view the fact sheet in Spanish](#).

RACIAL EQUITY

➤ Strategy 4: Community Engagement

California Planning Group (CPG) – Spring Meeting Announcement

The CPG and OA will be hosting the Spring In-Person CPG Meeting from May 28–30. The

meeting's theme is *Rooted in Resilience: Turning Challenges into Collective Action*.

On May 28, we will host a CPG Leadership Academy, which focuses on skills and capacity building for the current CPG members only. Attendance on May 29 and 30 will be invite-only.

The meeting will feature community-led and state-led presentations on long acting injectables, social media, mental health, as well as cluster response and detection.

[For more information, please visit the CPG webpage.](#)

For [questions regarding *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.