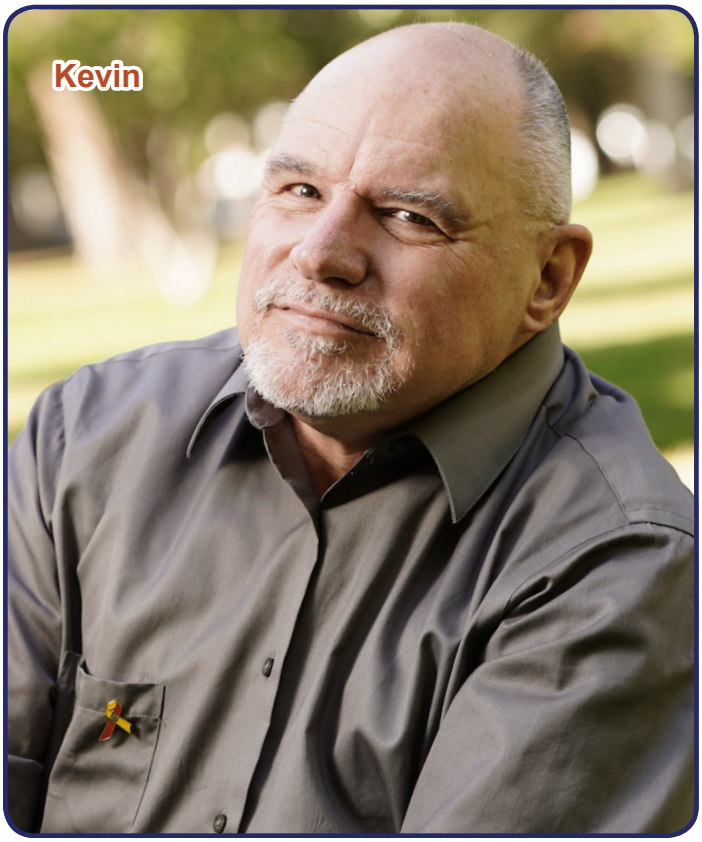
the OA Voice
CDPH California Department of Public Health
Issue: November 2025

INSIDE:

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.

STAFF HIGHLIGHT

A Letter From Kevin Sitter



To the OA Family – Staff, Contractors, Consumers, and Allies:

While I finished working full-time for OA in the Fall of 2022, I have had a part-time (8 hours/ week) retired annuitant role for the last few years at OA. This ended October 31, 2025, and I gain additional “me time” for retirement!

Although people tell me I still must learn what real retirement is – as my calendar seems to stay densely packed with work for the Minnesota HIV Planning Council, developing the Minnesota HIV and Aging Coalition, helping pass legislation giving protection to LGBTQ+ and PLWH in long-term care- and transitional-care facilities, and in-home and community-based services.

This is the trend of the future, as more of us age with HIV. Once again, we are building the plane as we fly it. There has never been such a large cohort of people over the age of 50 living with HIV. Death will become more common again, but this time it won’t be the young people who died of AIDS-related complications, but older people dying similar to their non-infected peers.

AIDS-related deaths have decreased significantly, replaced by complications of diabetes, cardiac events, kidney failure, and other non-AIDS related reasons. Sadly, a significant percentage continue to die from drug overdoses. It is critical we continue our harm reduction approaches to address the multiple needs of people who use drugs, including housing, emotional and mental health support, decreasing isolation, and increasing respect of those who use drugs.

Despite the current challenges faced by Federal Administration policies, it is critical we continue to collect data that captures comprehensive demographics of people living with HIV and

PrEP-eligible individuals. This should include housing status, incarceration history, and more refined racial and ethnic categorization. I suggest it is also time to monitor causes of death among people living with HIV in order to consider if more can be done to decrease premature deaths from causes other than AIDS, including lowering drug overdose rates among PLWH.

So, despite retiring a bit further from the front lines and OA, I will continue to advocate on behalf of our communities (and myself!) and make sure our policymakers know the experience of living of HIV in this 21st century.

I want to say thank you for all you do. ***It makes a difference***. In my opinion, the phrase, "I'm from the government, I am here to help," is not satirical but is the mantra of all the colleagues I have worked with throughout California. Your dedication provides people with HIV, people at risk of HIV, and people affected by HIV, assurance that they matter and that you do everything possible to help people obtain the services and resources needed to live healthy, dignity-filled lives free of stigma.

I admire you all and wish you the best in life.

Thank you!

Sincerely,

Kevin Sitter

HIV AWARENESS

We celebrate the **transgender and gender nonconforming communities throughout the month of November**. Communities host educational and advocacy activities to help raise awareness of transgender and gender nonconforming individuals and the growing issues they face including escalated violence and continuous legislative attacks. In this moment, it is imperative to support, empower, and unite with the transgender and gender nonconforming communities spotlighting the need for allyship, education, and empowerment to combat ongoing attacks on trans rights. To learn more about the Transgender community and ways to support the community, please view our OA Transgender Community Health in California website.

Transgender Awareness Week is celebrated the week of November 13th–19th. This week provides an opportunity for educators, students, and community members to learn about the experiences of transgender and gender nonconforming individuals and to honor and uplift them.

Transgender Day of Remembrance is observed on November 20th, to honor the memory of transgender individuals whose lives were lost due to acts of anti-transgender violence that year.

In addition, we celebrate **Native American Heritage Month** to honor culture, traditions, languages, and achievements of Native Americans, Alaska Natives, Native Hawaiians, and affiliated Island communities.

This month is celebrated to ensure histories, stories, and contributions are shared and passed-on with each generation. Check out the National Native American Heritage Month webpage to learn more.

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.

On October 29, 2025, CDPH held an LGTBQ+ community stakeholder listening session about mpox in California. Community-based organizations, local health departments, and community advocates were invited to participate.

The purpose of this webinar was to provide updates about the recent reports of community spread of clade I mpox in California, what CDPH is doing to address it, and what you need to know. CDPH would like to thank everyone who registered and attended the session.

If you were unable to attend, the recording of the listening session can be accessed utilizing the following passcode: **CD@+2MM1**

Mpox digital assets continue to be available for LHJs and CBOs on DCDC's Campaign Toolkits website.

Other Tools and Resources:

- Health Advisory: Community Spread of Clade I Mpox Within California (CDPH)
- Mpox Information: Basics, Current Situation in California, and Resources (CDPH)
- Mpox Vaccine Recommendations (CDPH)
- Mpox Vaccine Locator Map (Bavarian Nordic)
- Provider and Health System Access to Commercially Available JYNNEOS Vaccine in California (CDPH)

For questions, or to provide additional information about challenges accessing mpox vaccine, please contact mpoxadmin@cdph.ca.gov.

Also, please refer to the DCDC website to stay informed of mpox updates.

HIV/STI/HCV Integration

We're excited to share an update on the progress of our integration of CDPH HIV, STI, and HCV programs into a single new Division.

We've gotten all needed approvals for "Phase 1" and are ready to take our next big steps toward integration – the creation of a single new Division of HIV, HCV, and STIs and the new position to lead the Division.

On October 16, 2025, the position announcement for the new Chief of the Division of HIV, HCV, and STIs was released with a final closing date of November 15, 2025. This position can be based out of Sacramento or Contra Costa Counties (there is a posting for each location which are both for this single position). Both MDs and PhDs with relevant experience are encouraged to apply and the most qualified applicants will be interviewed.

We are taking a slow and steady approach, starting with the creation of this new Division, the hiring of the Division Chief, and moving both Office of AIDS and the STD Control Branch into the new Division but in their current organizational structures – what we're calling "Phase 1." The STD Control Branch name will ultimately change to the Office of STIs and Hepatitis C.

We anticipate you won't see many immediate changes or impacts to existing contracts/ grants or points of contacts from this first step and that more changes will unfold as planning continues.

As we begin planning for further integration, we will rely on the expertise of our teams to inform the direction and pace of our changes. We also see opportunities for our many partners to weigh in on the integration of our teams.

We will continue to keep you apprised on our journey as we move forward and more information develops. We are excited for the accomplishment of this huge milestone and are committed to

continuing to align our services in a coordinated syndemic manner to better serve individuals at risk of acquiring HIV, STIs, and HCV.

OA's Revamped HIV Laws Webpage

In an effort to improve awareness of important legislative information relating to HIV, OA has recently updated its HIV Laws webpage. This page contains organized links to state laws and regulations, as well as associated fact sheets and letters, all relating to OA's programs on HIV prevention, treatment, care, surveillance, and harm reduction. OA will continue to update this webpage with new links and resources in line with the passage of new legislative bills.

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.

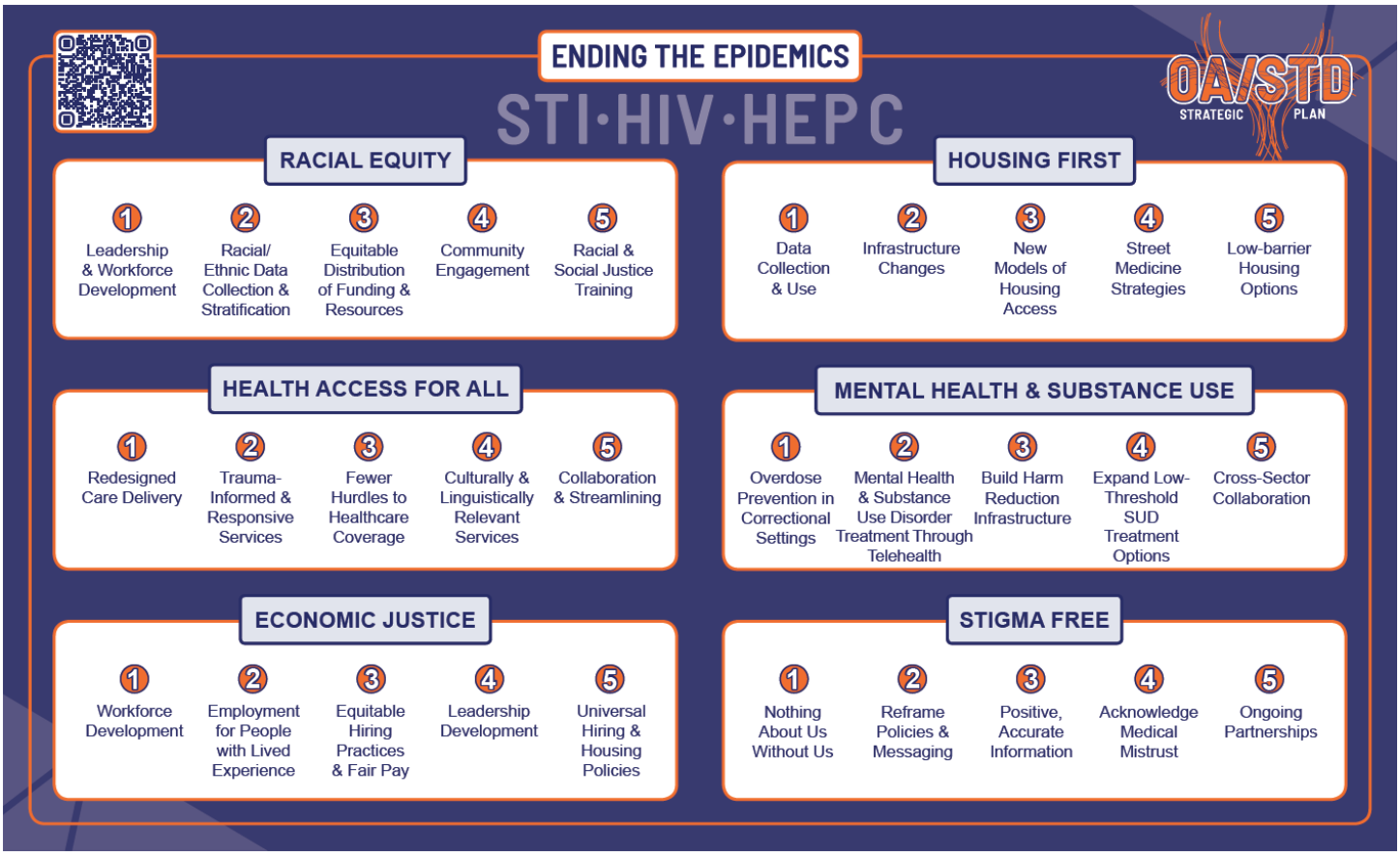
OA and STD Control Branch would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a Social Determinants of Health lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can vist Facente Consulting's webpage.

HEALTH ACCESS FOR ALL

Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing

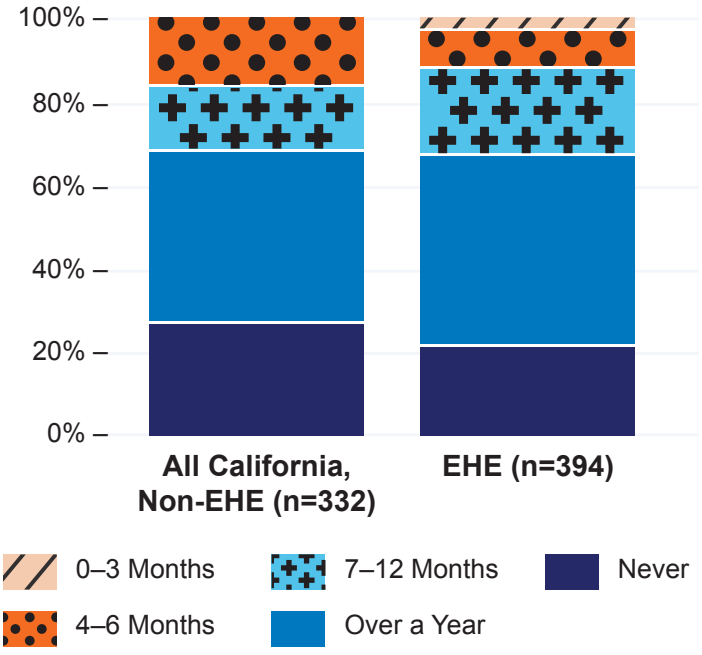


program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, TakeMeHome, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

TAKEMEHOME

In September, 332 individuals in 39 counties ordered self-test kits, with 233 (70.2%) 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 September 30, 2025, 19,324 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 175 (44.4%) of the 394 total tests distributed in EHE counties. Of those ordering rapid tests, 166 (75.8%) ordered 2 tests.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Sept. 2025



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	45.7%	48.2%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	39.2%	38.4%
Were 17-29 years old	42.6%	37.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	40.7%	39.6%

Since September 2020, 2,094 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 921 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	95.0%	94.6%
Identify as a man who has sex with other men	46.7%	51.0%
Reported having been diagnosed with an STI in the past year	8.3%	9.8%

HEALTH ACCESS FOR ALL

Strategy 3: Fewer Hurdles to Healthcare Coverage

As of October 31, 2025, there are 296 PrEP-AP enrollment sites and 232 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 the next page of this newsletter.

As of October 31, 2025, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the **table below**.

Strategy 3: Fewer Hurdles to Healthcare Coverage

PrEP-AP Adds Lenacapavir (Yeztugo) to Formulary for Select Clients

The PrEP-AP program is pleased to announce the release of Management Memorandum 2025–13: *Addition of Long-Acting Injectable Lenacapavir (Yeztugo) to the PrEP-AP Formulary for Certain Client Types.*

Effective October 20, 2025, Lenacapavir (Yeztugo) has been added to the PrEP-AP formulary (927 mg via two 1.5-mL subcutaneous injections) and (600 mg via two 300-mg tablets). This addition is specifically intended for PrEP-AP clients who face confidentiality concerns that prevent them from using insurance through a parent, guardian, spouse, or registered domestic partner; minors aged 12 to 17; and uninsured individuals whose income falls between 500–600% of the Federal Poverty Level (FPL) and who do not qualify for Pharmaceutical Assistance Programs (PAP).

We encourage all PrEP-AP Enrollment Workers and Clinical Providers to read the full memorandum for complete details. Thank you for your continued commitment to supporting our clients and expanding access to HIV prevention options.

(continued on page 8)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from September
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	579	-1.70%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,783	0.07%
Medicare Premium Payment Program (MPPP)	2,341	-0.30%
Total	**8,703**	**-0.15%**

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	308	12%	---	---	---	---	10	0%	318	12%
25 - 34	900	34%	---	---	---	---	132	5%	1,032	39%
35 - 44	669	25%	---	---	1	0%	105	4%	775	29%
45 - 64	357	13%	1	0%	4	0%	78	3%	440	16%
65+	26	1%	---	---	79	3%	7	0%	112	4%
TOTAL	**2,260**	**84%**	**1**	**0%**	**84**	**3%**	**332**	**12%**	**2,677**	**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	174	6%	1	0%	39	1%	24	1%	1	0%	50	2%	4	0%	25	1%	318	12%
25 - 34	576	22%	3	0%	90	3%	85	3%	3	0%	202	8%	5	0%	68	3%	1,032	39%
35 - 44	475	18%	4	0%	63	2%	44	2%	2	0%	145	5%	6	0%	36	1%	775	29%
45 - 64	249	9%	---	---	31	1%	14	1%	---	---	111	4%	1	0%	34	1%	440	16%
65+	13	0%	---	---	4	0%	4	0%	---	---	83	3%	---	---	8	0%	112	4%
TOTAL	**1,487**	**56%**	**8**	**0%**	**227**	**8%**	**171**	**6%**	**6**	**0%**	**591**	**22%**	**16**	**1%**	**171**	**6%**	**2,677**	**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	37	1%	---	---	3	0%	14	1%	1	0%	11	0%	---	---	7	0%	73	3%
Male	1,387	52%	7	0%	203	8%	155	6%	4	0%	560	21%	15	1%	140	5%	2,471	92%
Trans	57	2%	---	---	17	1%	1	0%	1	0%	8	0%	1	0%	3	0%	88	3%
Unknown	6	0%	1	0%	4	0%	1	0%	---	---	12	0%	---	---	21	1%	45	2%
TOTAL	**1,487**	**56%**	**8**	**0%**	**227**	**8%**	**171**	**6%**	**6**	**0%**	**591**	**22%**	**16**	**1%**	**171**	**6%**	**2,677**	**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: 10/31/2025 at 12:01:10 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

MENTAL HEALTH & SUBSTANCE USE

Strategy 3: Build Harm Reduction Infrastructure

Harm Reduction Supply Clearinghouse Impact – Poster

The Harm Reduction Supply Clearinghouse was created to provide a baseline level of supplies to all authorized California Syringe Services Programs (SSPs). Continued participation in the Clearinghouse is contingent on completing an annual renewal application/survey. The annual Clearinghouse survey is sent out every January and measures the successes and challenges of SSPs for the previous year.

In 2016, when the Clearinghouse began, the main goal was to bring supply stability to SSPs, which it did. Since the Clearinghouse reached its initial goal, the survey evolved to ask questions that helped the Harm Reduction Unit assess, support and sustain the growth of all programs.

A new poster developed by OA's Leslie Knight and Rachael Malone demonstrates the impact of COVID-19 on SSPs and their participants, the effects of the Naloxone Distribution Project, the impact of the CA Overdose Prevention and Harm Reduction Initiative (COPHRI), and the drastic change in modes of consumption when we added smoking supplies to the Clearinghouse catalog.

View the Harm Reduction Supply Clearinghouse poster on our webpage.

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

CDPH California Department of Public Health