



Update on HIV in Los Angeles County and the Los Angeles County HIV/AIDS Strategy

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Overview

- **HIV Landscape in Los Angeles County**
- **Los Angeles County HIV/AIDS Strategy Update**
- **DHSP and CHIPTS Partnership**



Role of the Division of HIV and STD Programs

- **Responsible for the HIV/STD jurisdictional response in LAC through**
 - HIV and STD surveillance activities
 - Epidemiologic studies, translational research, and program evaluation
 - Grants management, strategic planning, and program development
 - HIV/STD prevention and treatment service contracts

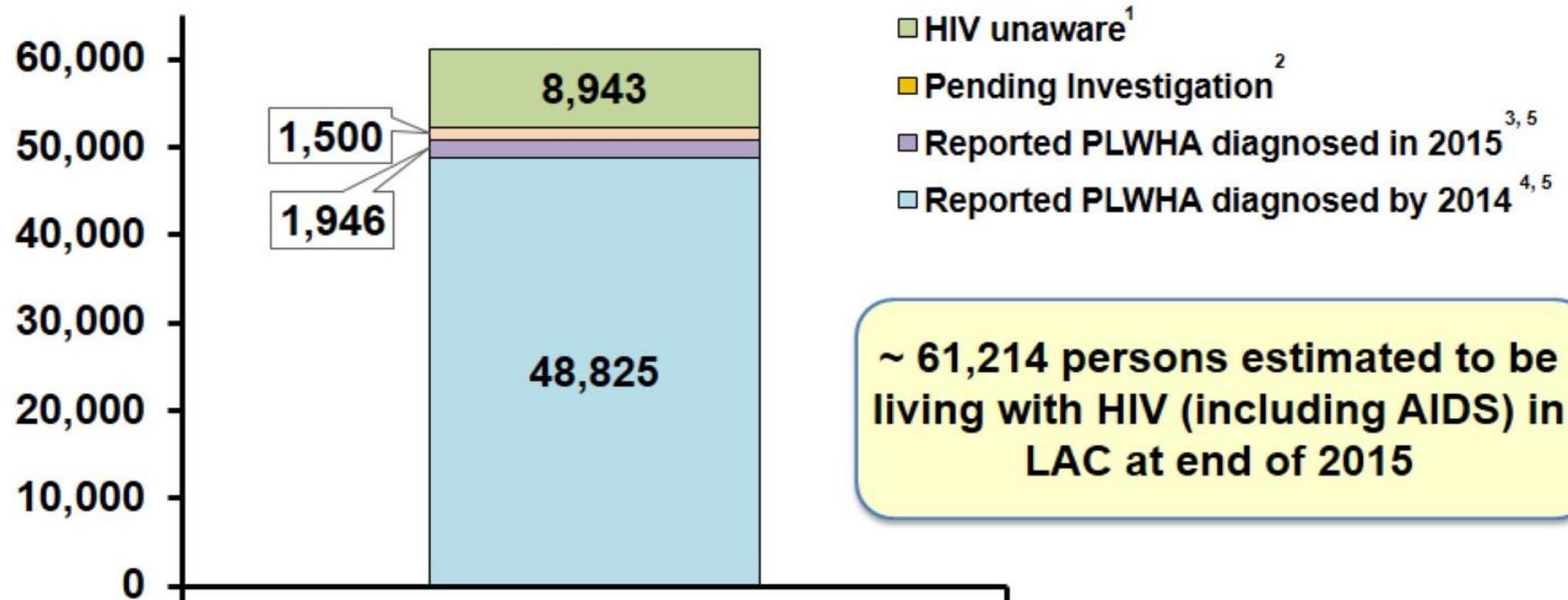


Impact of HIV in Los Angeles County

- Among US metropolitan statistical areas, Los Angeles County (LAC) was second only to New York City in the number of persons diagnosed with HIV infection in 2017
- Only 5 states (FL, CA, TX, NY, GA) reported more newly diagnosed HIV cases in 2017 than LAC
- LAC represented 4.5% of all diagnosed HIV cases in the US and 36% of diagnosed HIV cases in CA in 2017



Estimated Number of Persons Living with an HIV Infection in LAC at End of 2015



¹ It was estimated that 14.6% of PLWH were unaware of their infection in 2015. This was projected from 2014 estimate of 15.0% for California according to CDC's new methods using HIV case surveillance data and CD4 test results (see CROI Abstract #899: Johnson, AS; Song, R; Hall, HI. State-Level Estimates of HIV Incidence, Prevalence, and Undiagnosed Infections. Conference on Retroviruses and Opportunistic Infections (CROI); 2017 Feb 13-16; Seattle, WA)

² Total estimated 1,500 lab reports pending investigation likely to result in unduplicated cases.

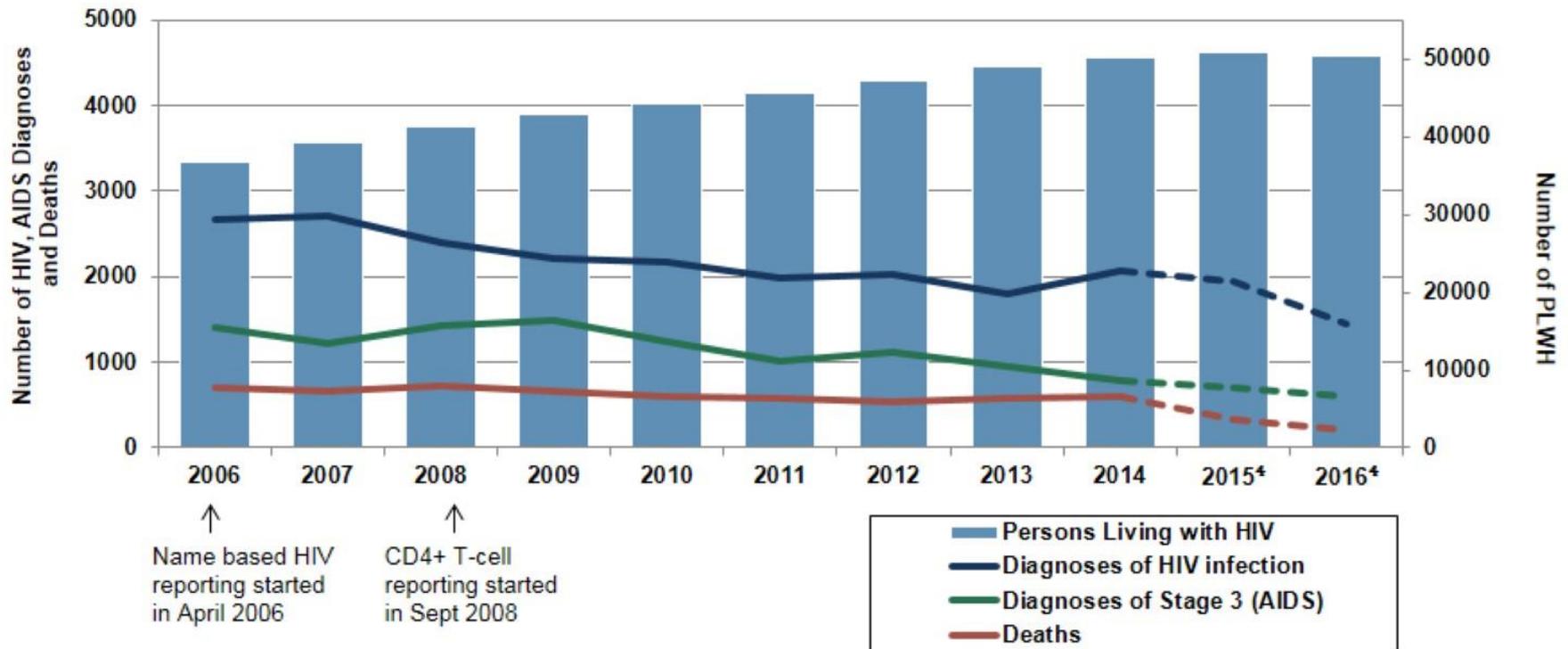
³ Includes persons diagnosed with HIV infection in 2015, living as of 12/31/2015, and reported through 12/31/2016.

⁴ Includes persons diagnosed with HIV infection by 12/31/2014 and living as of 12/31/2015.

⁵ Data are based on most recent known address at the end of 2015 in Los Angeles County.



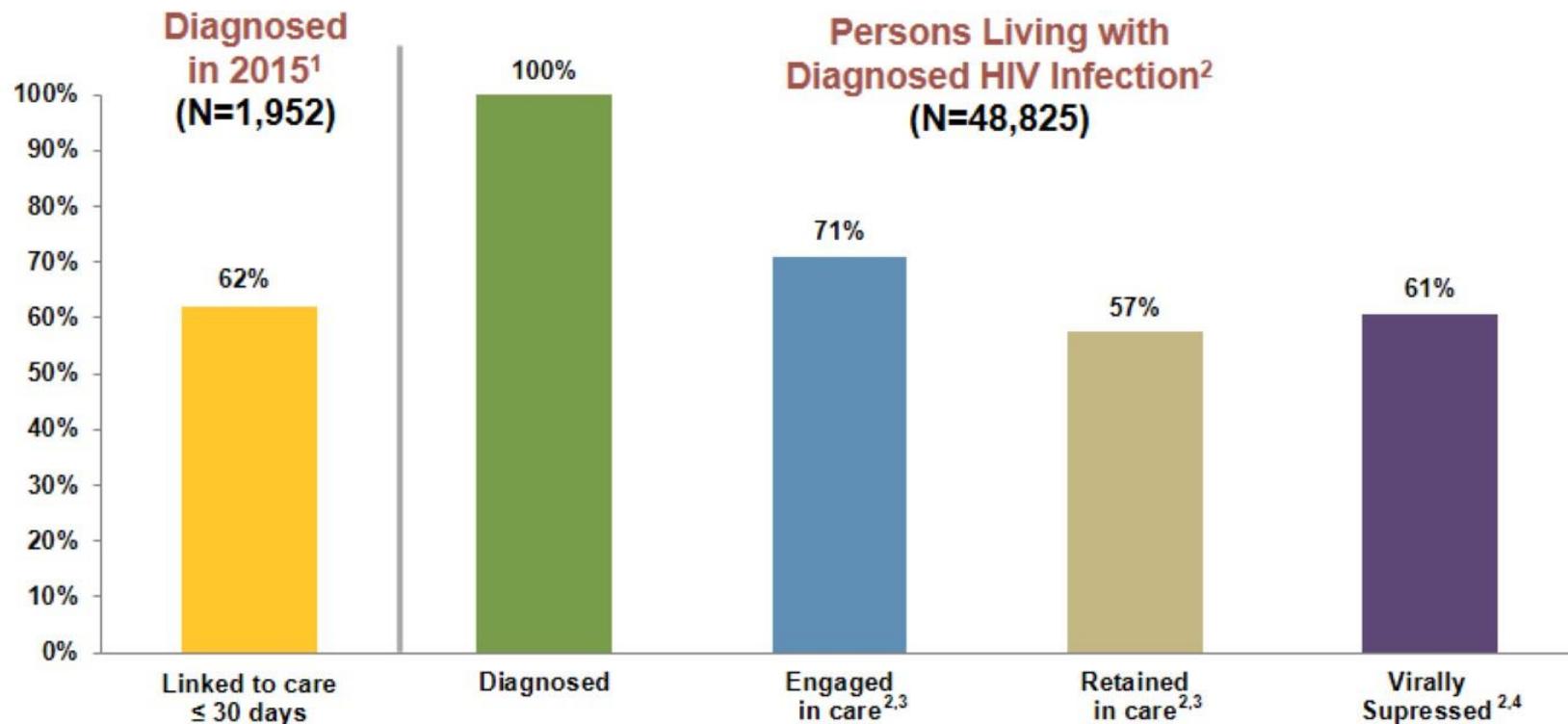
Annual Diagnoses of HIV Infection¹, Stage 3 HIV Infection (AIDS), Persons Living with HIV², and Deaths³ Among Persons with Diagnosed HIV Infection, Los Angeles County, 2006-2016



¹ Based on named reports for persons with a diagnosis of HIV infection regardless of the disease stage at time of diagnosis.
² Includes persons whose address at the end of each specified year was in Los Angeles County (LAC).
³ Includes persons whose residence at death was in LAC or whose most recent known address before death was in LAC, when residence at death is missing.
⁴ Data are provisional due to reporting delay (as indicated by the dashed lines).



HIV Care Continuum, Los Angeles County, 2015



¹ 2015 data are provisional due to reporting delay. Denominator includes persons who were diagnosed with HIV infection in 2015; numerator includes persons reported with diagnosed HIV infection in 2015 who linked to care within 30 days of HIV diagnosis.

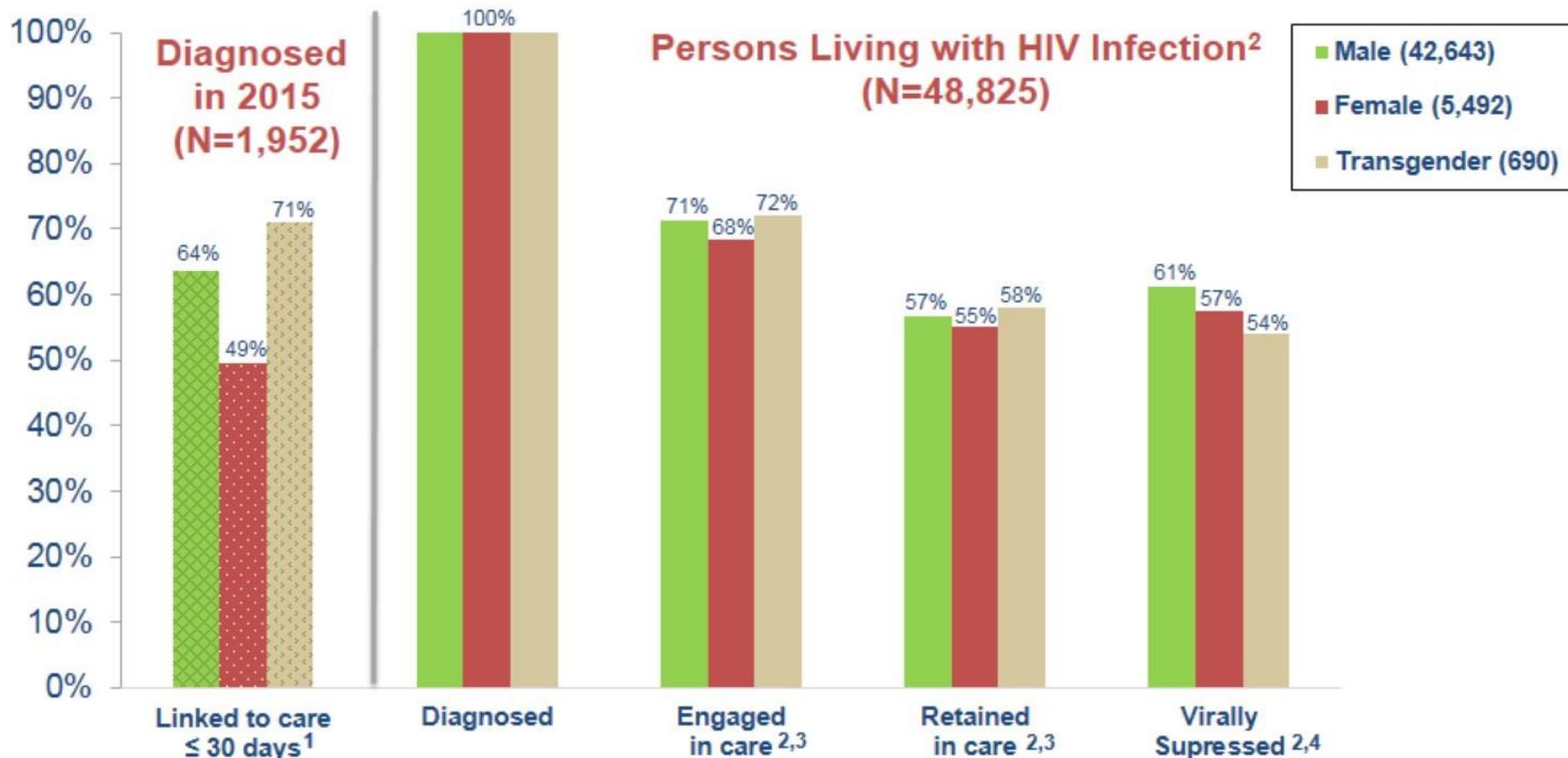
² Denominator includes persons with diagnosed HIV infection through 2014 and living with diagnosed HIV infection in LAC as of 12/31/2015 based on most recent residence; excludes persons who no longer live in LAC and includes persons who moved to LAC after their initial HIV diagnosis.

³ Engaged in care: \geq 1 CD4/VL/Geno tests in 2015; retained in care: \geq 2 CD4/VL/Geno tests at least 3 months apart in 2015.

⁴ Viral suppression is defined as VL < 200 copies/ml.



HIV Care Continuum by Gender, LAC 2015

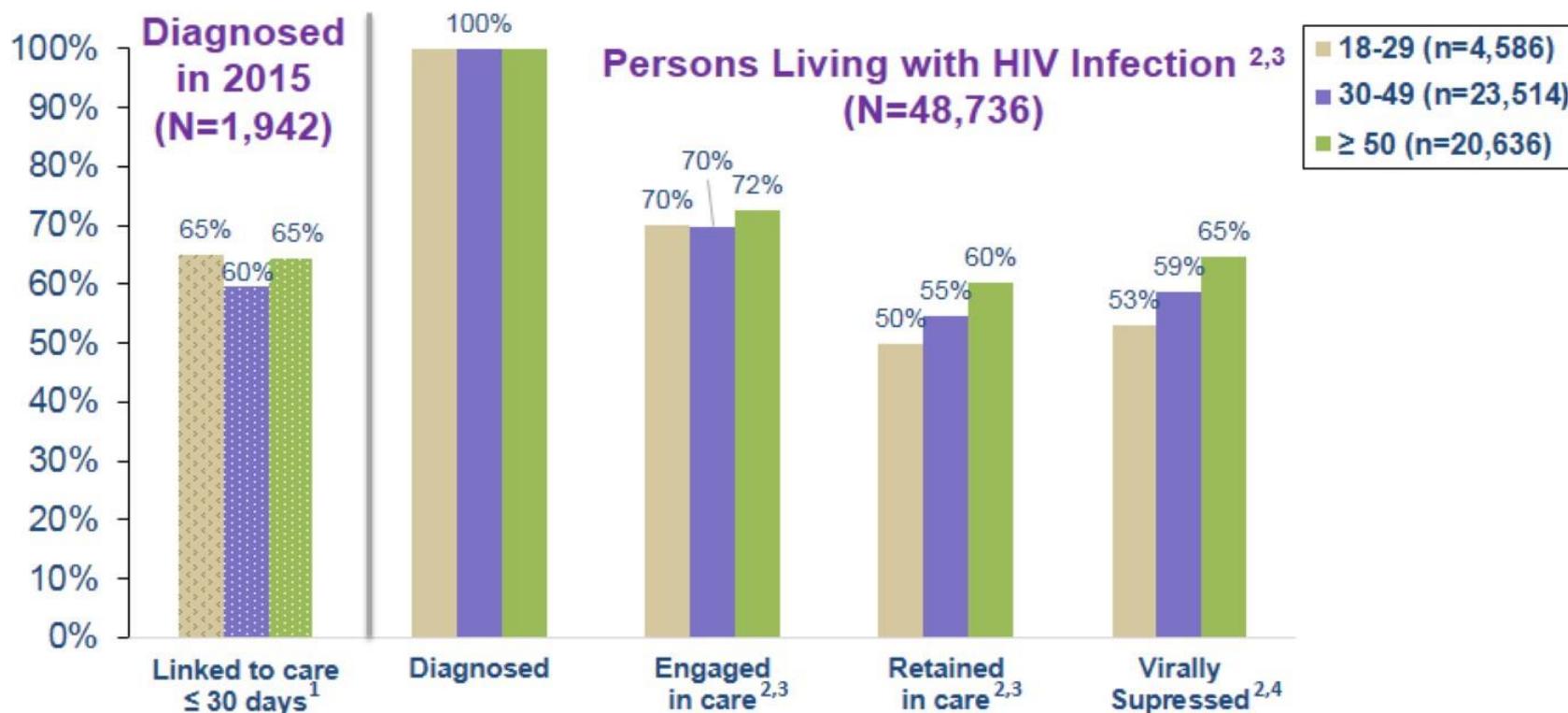


1. Denominator includes persons who were diagnosed with HIV infection in 2015; numerator includes persons reported with diagnosed HIV infection in 2015 who linked to care within 30 days of HIV diagnosis.
2. Denominator includes persons with diagnosed HIV infection through 2014 and living with HIV infection in LAC as of 12/31/2015 based on most recent residence; excludes persons who no longer live in LAC and includes persons who moved to LAC after their initial HIV diagnosis.
3. Engaged in care: ≥ 1 CD4/VL/Geno tests in 2015; retained in care: ≥ 2 CD4/VL/Geno tests at least 3 months apart in 2015.
4. Viral suppression defined as < 200 copies/ml.

2015 data are provisional due to reporting delay.



HIV Care Continuum by Age, LAC 2015

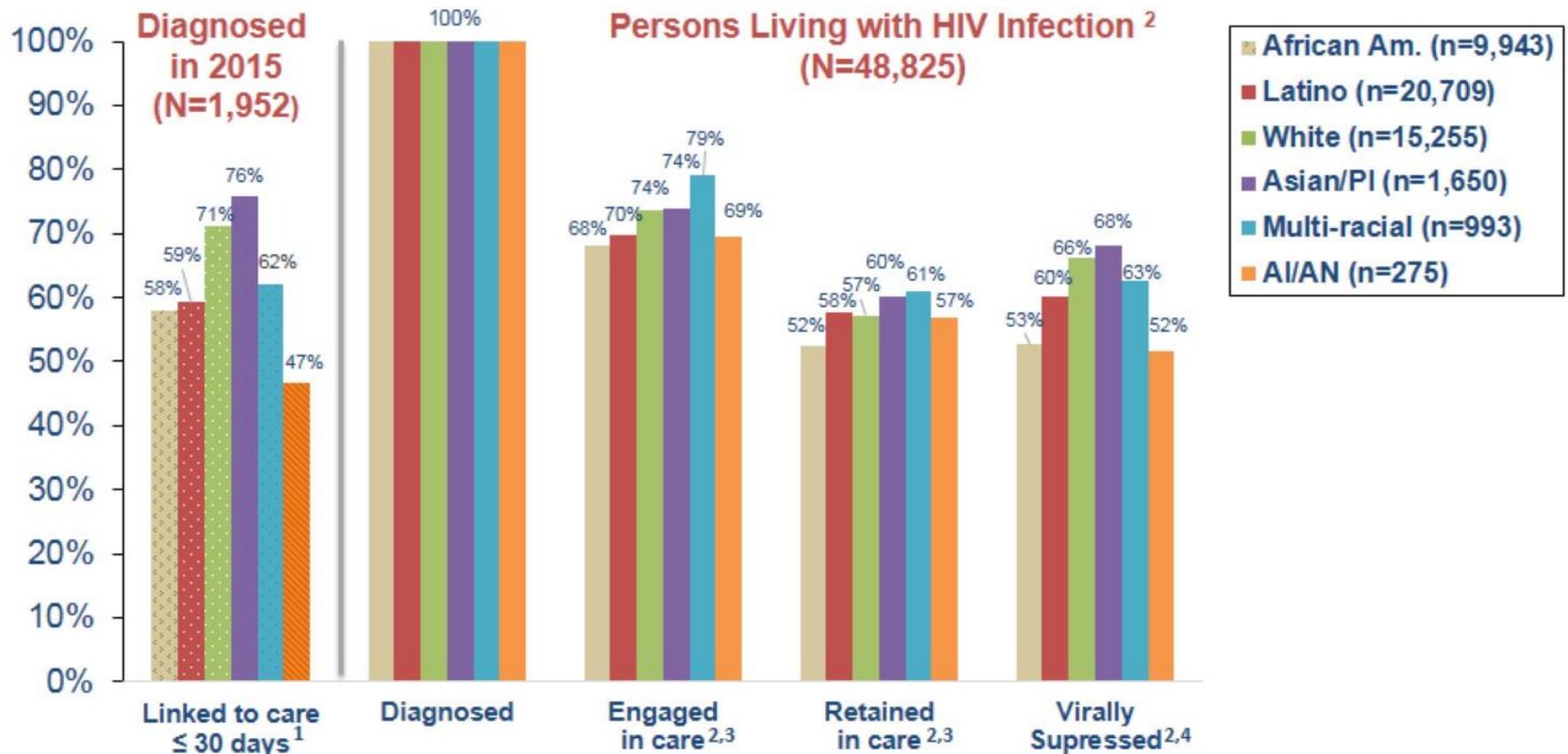


1. Denominator includes persons who were diagnosed with HIV infection in 2015; numerator includes persons reported with diagnosed HIV infection in 2015 who linked to care within 30 days of HIV diagnosis.
2. Denominator includes persons with diagnosed HIV infection through 2014 and living with HIV infection in LAC as of 12/31/2015 based on most recent residence; excludes persons who no longer live in LAC and includes persons who moved to LAC after their initial HIV diagnosis; excludes persons < 18 years of age (n=89) were not included due to unstable estimates.
3. Engaged in care: ≥ 1 CD4/VL/Geno tests in 2015; retained in care: ≥ 2 CD4/VL/Geno tests at least 3 months apart in 2015
4. Viral suppression defined as <200 copies/ml.

2015 data are provisional due to reporting delay.



HIV Care Continuum by Race/Ethnicity, LAC 2015



1. Denominator includes persons who were diagnosed with HIV infection in 2015; numerator includes persons reported with diagnosed HIV infection in 2015 who linked to care within 30 days of HIV diagnosis.
2. Denominator includes persons with diagnosed HIV infection through 2014 and living with diagnosed HIV infection in LAC as of 12/31/2015 based on most recent residence; excludes persons who no longer live in LAC and includes persons who moved to LAC after their initial HIV diagnosis
3. Engaged in care: ≥ 1 CD4/VL/Geno tests in 2015; retained in care: ≥ 2 CD4/VL/Geno tests at least 3 months apart in 2015.
4. Viral suppression defined as < 200 copies/ml.

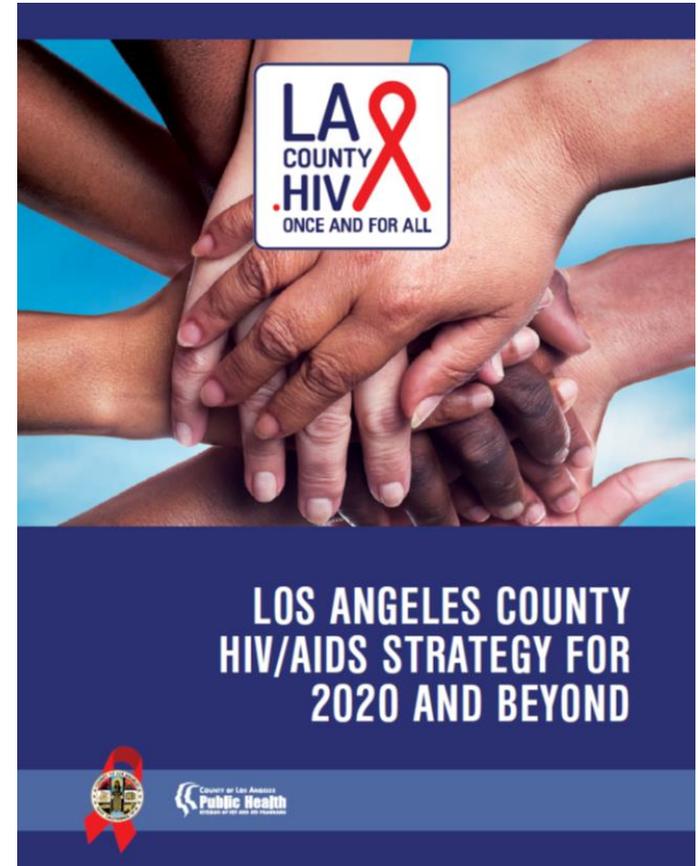
2015 data are provisional due to reporting delay.

Los Angeles County HIV/AIDS Strategy

Goals by 2022:

- Reduce the annual number of new HIV infections to 500
- Increase the proportion persons living with HIV (PLWH) who are diagnosed to $\geq 90\%$
- Increase the proportion of diagnosed PLWH who are virally suppressed to $\geq 90\%$

Details at lacounty.hiv



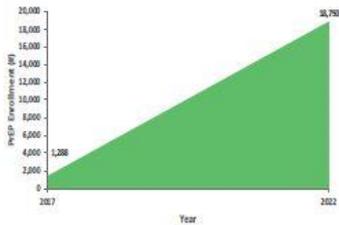
HOLLYWOOD-WILSHIRE HEALTH DISTRICT PROFILE

STRATEGY GOALS

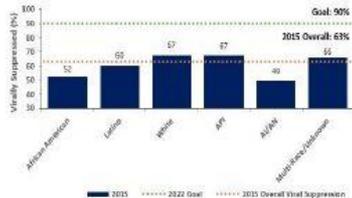
The Los Angeles County Department of Public Health's Division of HIV and STD Programs (DHSP) is undertaking an ambitious strategy to significantly reduce the number of HIV infections in LA County. The goals of the strategy are:

- Reduce annual new HIV infections to 500
- Increase proportion of Persons Living with HIV (PLWH) who are diagnosed to at least 90%
- Increase viral suppression of PLWH to at least 90%

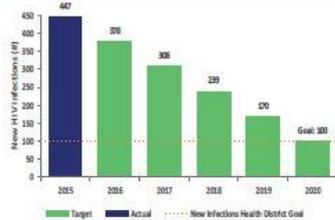
PrEP ENROLLMENT GOAL



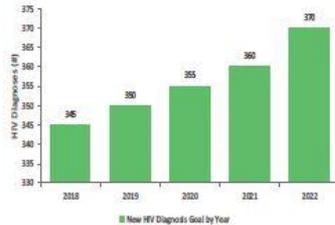
HIV VIRAL SUPPRESSION GOAL



HIV INFECTION REDUCTION GOAL



HIV DIAGNOSIS GOAL



KEY FOCUS AREAS

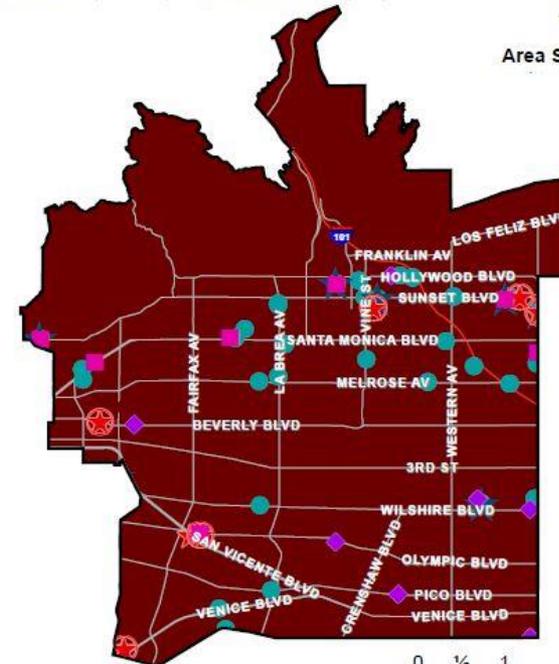
- Increase PrEP enrollment
- Increase targeted HIV testing
- Increase viral suppression rates among females and transgenders
- Increase viral suppression rates among 18-29 year olds
- Increase viral suppression rates among African-American, Latino, and American Indian persons

Estimated Number of PLWH Residing in the Hollywood-Wilshire Health District at the End of 2015

Area Size (% of LAC): 32 square miles (1%)
 Health District Population (% of LAC): 501,237 (5%)
 PLWH (% of LAC): 11,691 (19%)
 HIV Rate (Rank in LAC): 2,332/100,000 (1 of 26)



Area Shown at Left



Legend*

- | | | | | | |
|----------------|--------------------------|--|----------------------|--|---|
| | Estimated Number of PLWH | | HIV Testing Provider | | Hospital (in Statistically Impacted Area) |
| 712 - 1,065 | | | Ryan White Provider | | Hospital |
| 1,066 - 1,712 | | | PrEP Provider | | Federally Qualified Health Center |
| 1,713 - 3,798 | | | DHS Facility | | |
| 3,799 - 7,555 | | | DMH Facility | | |
| 7,556 - 11,691 | | | | | |

LACHAS 2018 – Community Engagement



- DHSP and the Los Angeles County Commission on HIV (COH) collaborated to **raise awareness of and support for LACHAS** as well as gather feedback
- Over **750** community stakeholders across **26** Health Districts were engaged through call to action meetings, presentations and outreach

LACHAS 2018 - Programmatic



- **Implemented new programs** to promote wellness and HIV/STD screening, prevention and treatment among African American and Latino young men who have sex with men and transgender persons
- **Expanded services** for such as prosthodontic services and dental case management, increased reimbursements for home-based case management, and expanded housing opportunities for PLWH
- **Released solicitations** for medical outpatient and medical care coordination services and for HIV/STD prevention services in Long Beach

LACHAS 2018 - Policy



Established LACHAS Policy Workgroup to engage state and local government and officials to:

- Implement and refine the California **PrEP Assistance Program**
- Establish mandatory **routine opt-out HIV testing** in identified hospitals and health clinics in LAC and California
- Facilitate **robust HIV data exchange** between health departments to improve reporting and data-to-care activities
- Require **health plans share de-identified HIV data** with the California State Office of AIDS and local health departments



2019 LACHAS Priorities

1. Engage non-traditional healthcare partners and systems, local and state elected officials, and community-based organizations and provider leadership
2. Develop medium to long-term PrEP financing strategies
3. Refine data and metrics to measure progress toward LACHAS goals
4. Continue to advance the LACHAS policy workgroup recommendations at local and state government levels



2018 DHSP - CHIPTS LACHAS Accomplishments

- To increase viral suppression among PLWH:
 - Compared viral suppression trajectories among HIV-positive patients before and after enrollment in the Medical Care Coordination (MCC) program.
- To reduce annual number of new HIV infections:
 - Granted award to replicate and expand Sood & Drabo model to estimate comparative cost and effectiveness of PrEP and TaSP among MSM in LAC and in each health district to inform resource allocation.



DHSP - CHIPTS 2019 LACHAS Priority Areas

- To reduce annual number of new HIV infections:
 - Evaluate changes in methamphetamine use among persons at increased risk for HIV and PLWH in the MCC program.
 - Calibrate and validate expanded Sood & Drabo model to analyze effects of implementing cost-effective prevention strategies on HIV-related health disparities among MSM
- To increase the proportion of PLWH who are diagnosed:
 - Convene Research-to-Practice Summit for YMSM of color



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Thank you!

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