



VENTURA COUNTY
PUBLIC HEALTH

**THE VENTURA COUNTY HIV/AIDS SURVEILLANCE
REPORT FOR**

2021



**DATA PROVIDED BY THE
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR INFECTIOUS DISEASE, OFFICE OF AIDS**

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2021 Ventura County HIV/AIDS Surveillance Report

Each year the CDPH State Office of AIDS (SOA) enhances the reporting data for HIV in California. In 2021, the addition of *achieved viral suppression* has been included as a measure.

Viral suppression happens when the individual living with HIV has decreased the amount of HIV virus in their body, by Antiretroviral Therapy (ART) adherence, to a non-detectable level. By achieving a non-detectable viral load, the patient is less likely to become ill from an opportunistic infection and reduces the chance of HIV transmission to another individual significantly. When an individual is diagnosed with an opportunistic infection and/or their CD4 count falls below 200, they are then diagnosed as having AIDS.

The medications for HIV continue to improve outcomes for HIV-diagnosed individuals. There are fewer side effects, and most patients take one pill a day. However, it is very important to be adherent in taking this medication daily. Most patients who achieve viral suppression are living longer, healthier, active lives. New, for eligible patients, is Cabenuva, the monthly or bi-monthly injection treatment. There are specific conditions the patient must meet to be eligible. Appropriateness of this newer medication for a patient should be decided by each individual and their provider.

As mentioned in previous reports, “Ending the HIV Epidemic” (EHE) is still first and foremost on CDC and California SOA’s guidelines. These are guidelines each Local Health Jurisdiction (LHJ) is required to follow. Ventura County continues to be a recipient of the SOA and Ryan White grants. The purpose of the programs funded by these grants includes the provision of early intervention services geared toward low income, uninsured, and underserved people diagnosed with HIV. The services rendered focus on providing comprehensive primary health care and support services through counseling, clinical and diagnostic services, HIV care and treatment, and therapeutic measures to prevent immune system response deterioration and manage coexisting conditions.

The state’s [annual surveillance report](#) summarizes information about people diagnosed with HIV infection in California. Information is also presented for the 61 California local health jurisdictions, including 58 counties and the three city-level health jurisdictions of Berkeley, Long Beach, and Pasadena. There are three categories of data included in this report:

- Number (n) and rate of new diagnoses of HIV infection during 2017–2021.
- Number (n) and rate of all persons living with diagnosed HIV infection during 2017– 2021.
- Number (n) and rate of deaths among persons with diagnosed HIV during 2017–2021

The following table provides information on the prevalence of HIV throughout the United States, California, and Ventura County over recent years. Nonetheless, the CDC estimates that around thirteen percent (13%) of HIV-positive people in the United States are undiagnosed and unaware of their status.

Number of People Living with HIV

	2019	2020	2021
United States	1.2 million	1.1 million	-
California	137,785	139,703	141,001
Ventura County	1,157	1,216	1,265

*These numbers may be underestimated due to delays in reporting and/or the effects of the COVID-19 pandemic.

*Prevalence data from 2021 has yet to be released for the United States.

The table below provides a summary of demographic data pertaining to newly diagnosed HIV cases in Ventura County for 2021.

Ventura County Cases 2021

	HIV	AIDS	TOTAL
Total number	35	15	50
Male	32	13	45
Female	3	2	5
Age	Average Age 35 Yrs.	Average Age 40 Yrs.	
Mode of Transmission	*MSM	*MSM	
Race/Ethnicity	Primarily Latino/Hispanic	Primarily Latino/Hispanic	

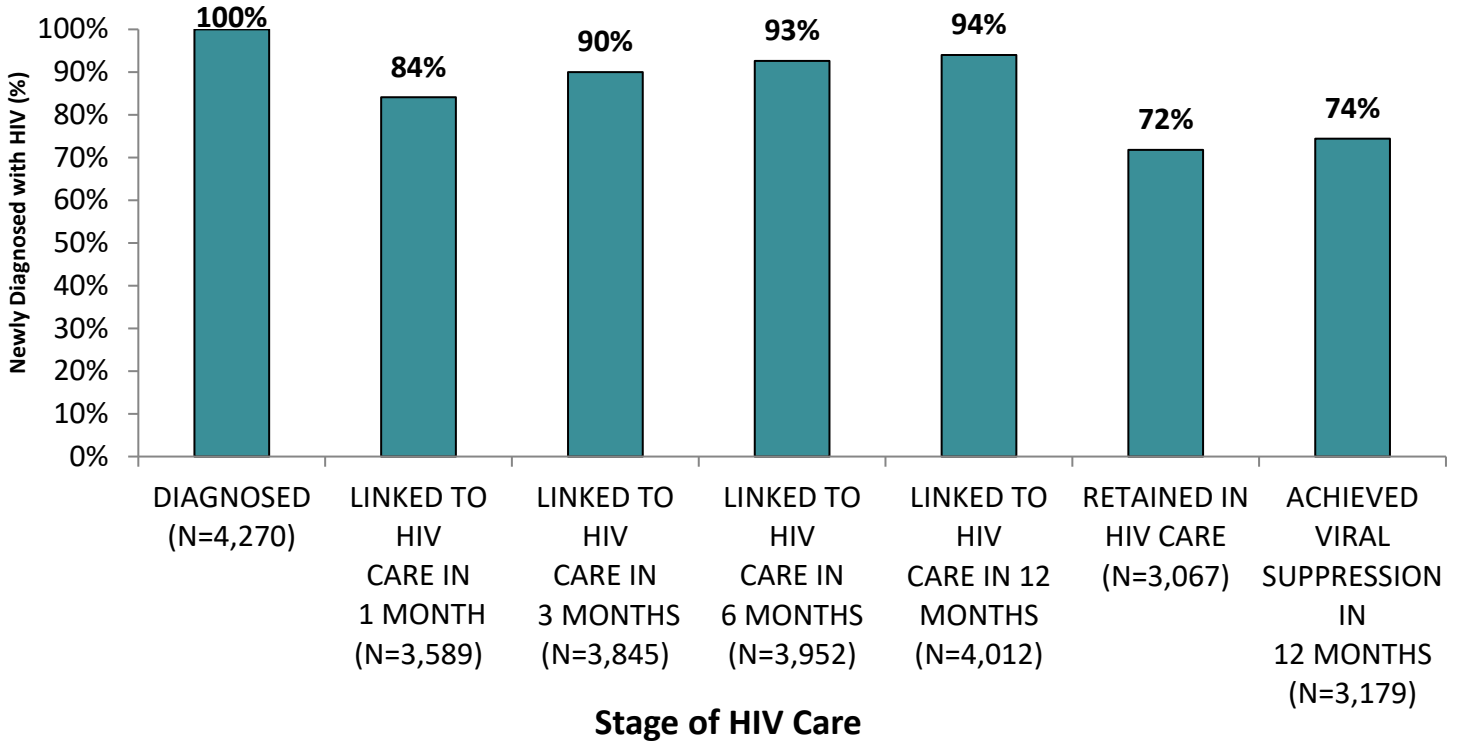
*Men who have sex with men

Summary for New HIV cases in 2021:

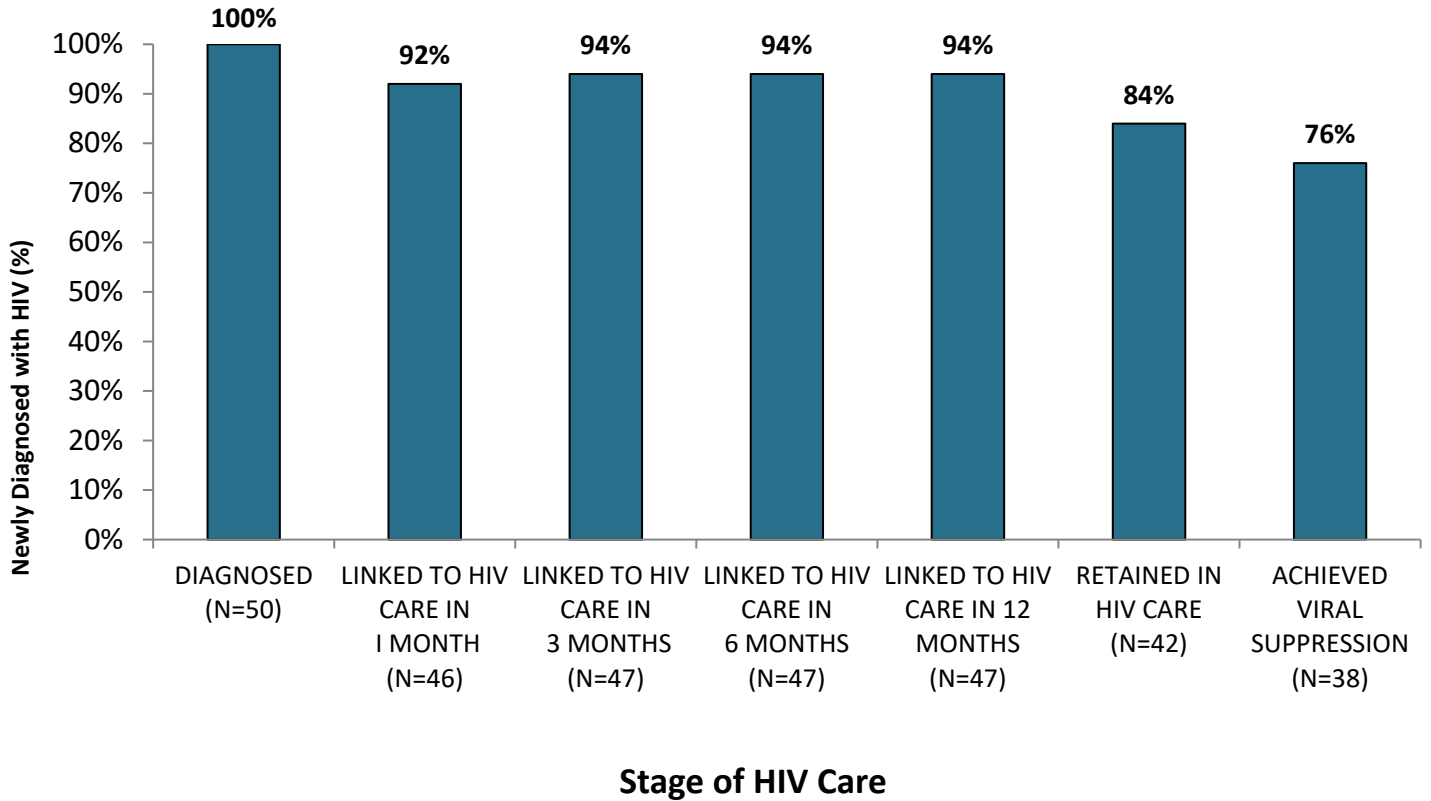
VARIABLES	CALIFORNIA	VENTURA COUNTY
Total number of new HIV cases	4,270	50
New cases linked to care within 1 month	84%	92%
 Within 3 months	90%	94%
 Within 6 months	92%	94%
Viral suppression at 12 months	74%	76%
 Cisgender male*	87%	94%
 Cisgender female*	12%	10%
 Latinx	51%	64%
 White	22%	31%
 Black/African American	17%	0%
 For all: Men who have Sex with Men (MSM)	55%	75%
 High-risk heterosexual contact (HRH)	15%	10%
 Injection Drug Use (IDU)	5%	6%
 Age at Diagnosis	25-34	20-24 30-39
Deaths Overall	2,224	26

***The term “cisgender” refers to a person whose gender identity corresponds with the sex registered for them at birth.**

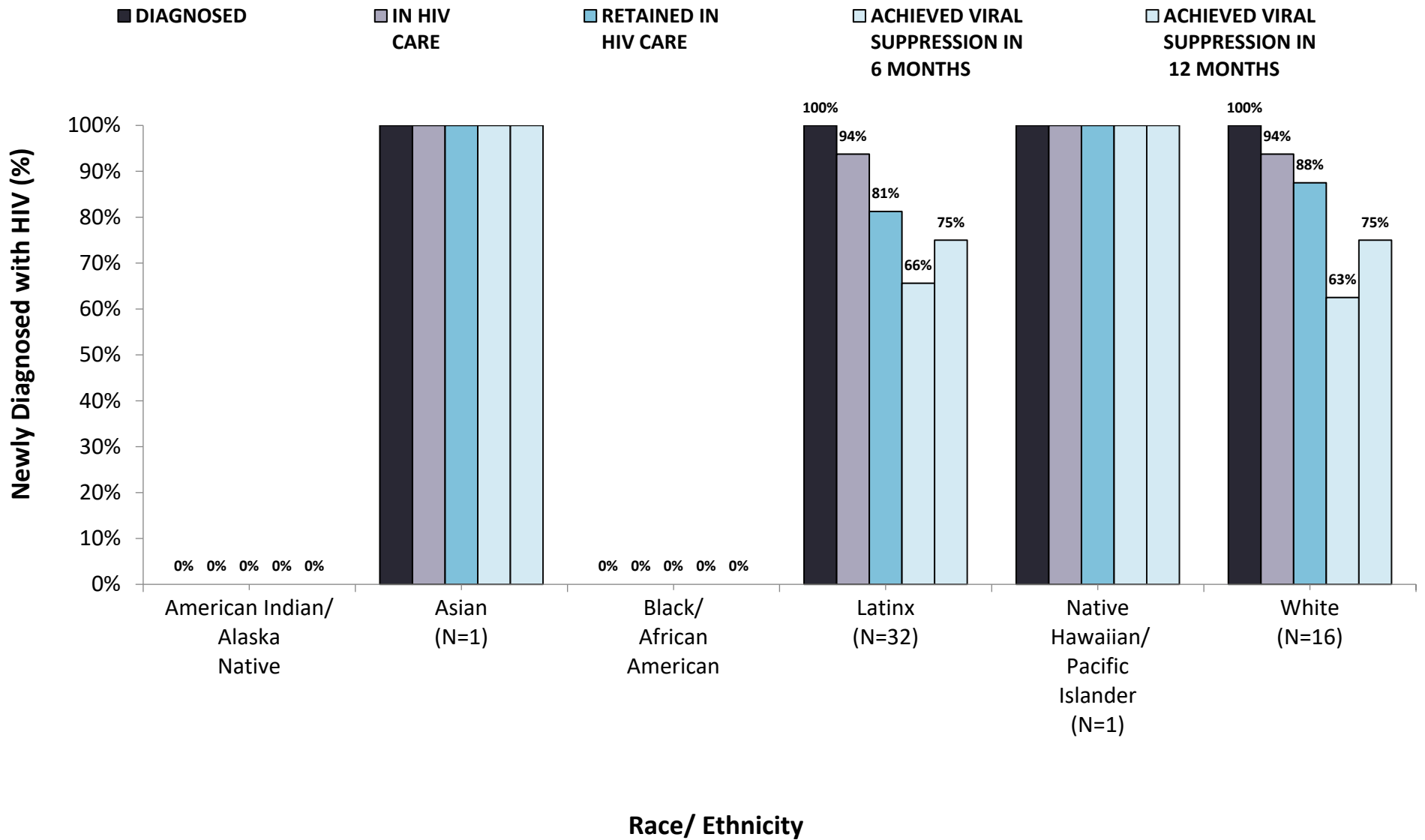
CALIFORNIA 2021 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”



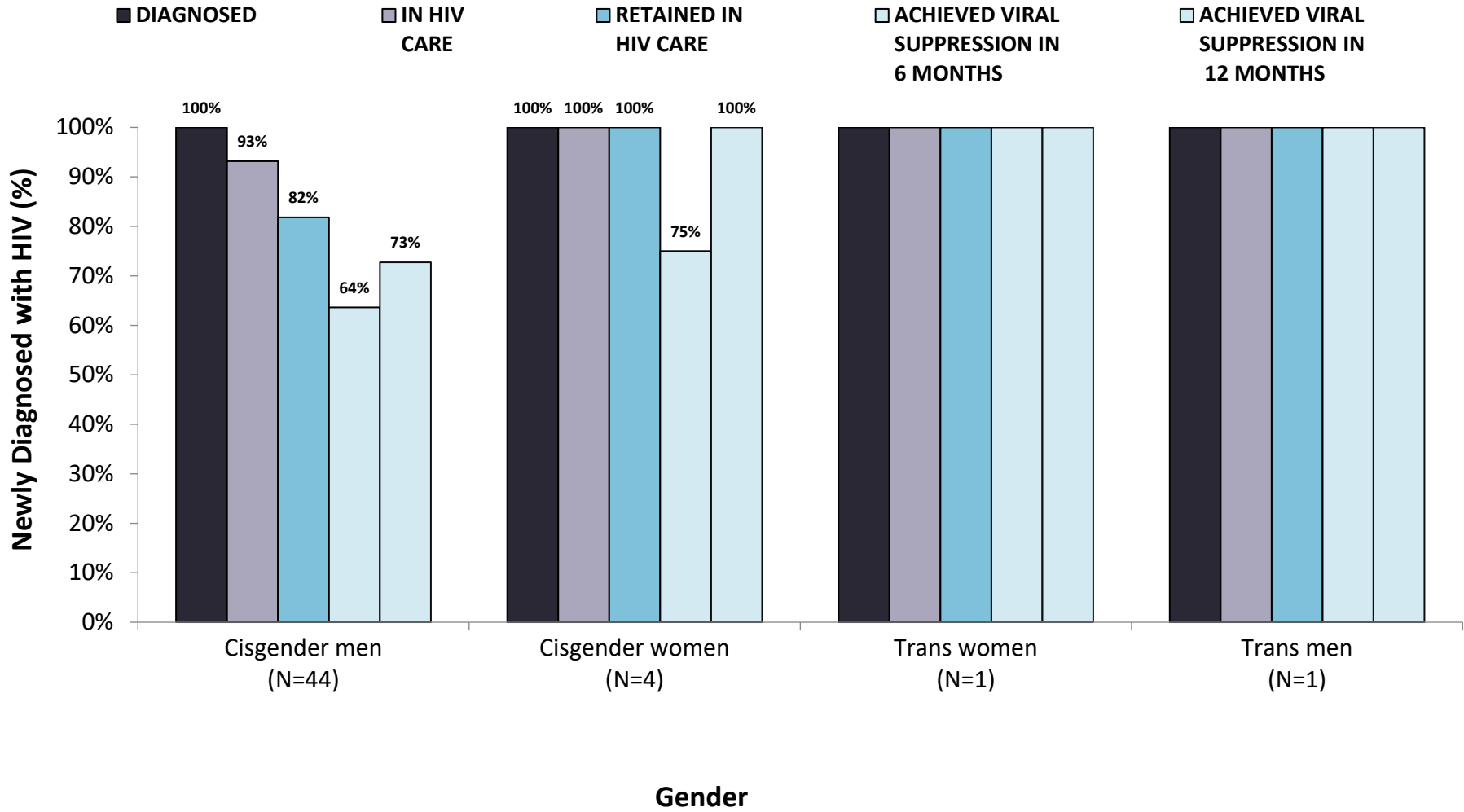
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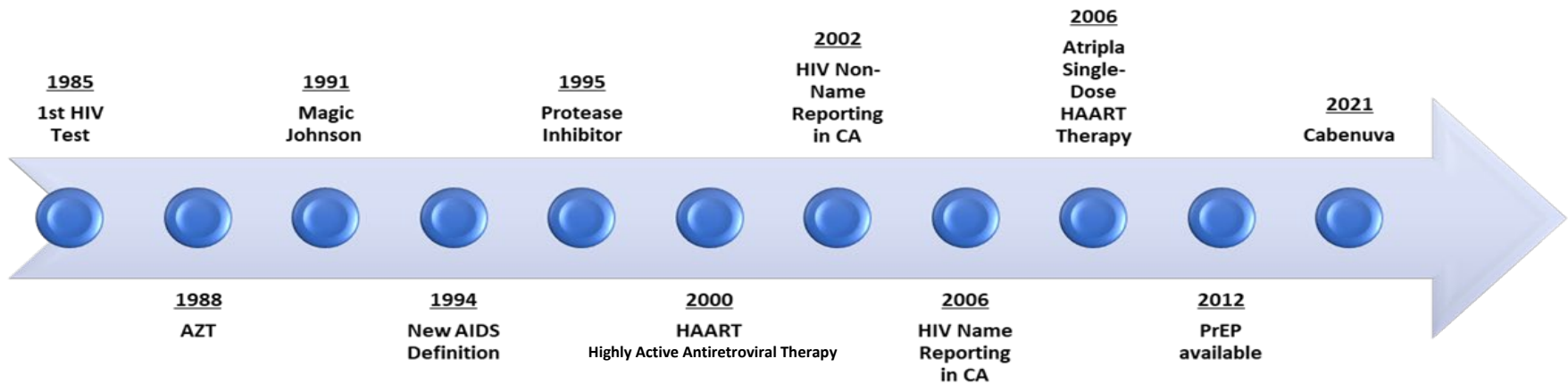
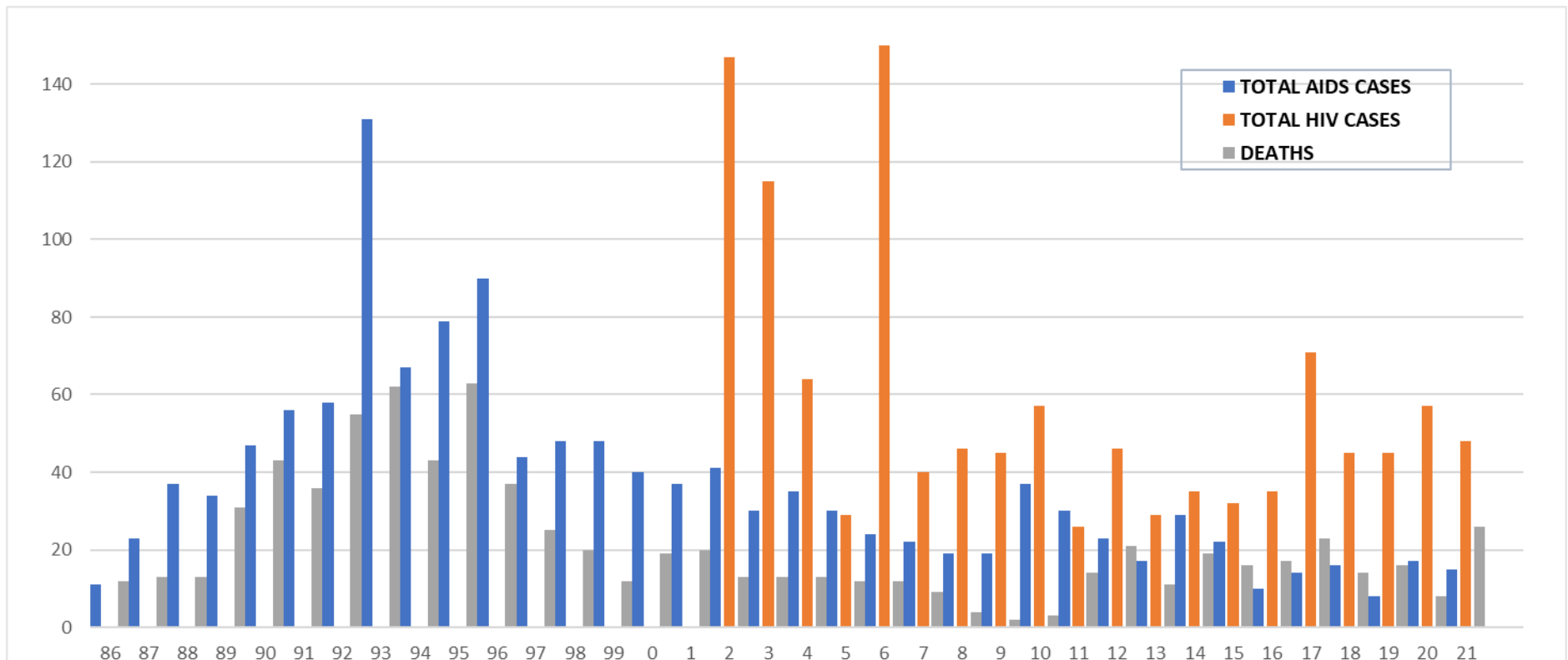
VENTURA COUNTY 2021 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”



VENTURA COUNTY 2021 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”



VENTURA COUNTY NEWLY DIAGNOSED HIV/AIDS TIMELINE AND HISTORY



VCPH HIV/AIDS Program

Office of Surveillance

Part of the process for EHE also includes the following measures to optimize patient care, return to care and reduce transmission:

Lost to Follow up (LTFU)- along with the State Office of AIDS (SOA) the Center staff attempt:

- To contact and locate patients who have dropped out of medical care (not been seen or had labs for > 12 months).
- Staff are unable to contact a patient after a new diagnosis.
- Patients who have dropped out of case management services.

Emergency Department (ED):

- Locate and disclose to patients who were diagnosed in the ED and link them to care and services.

Partner Notification (PCRS):

- Assist patients with diagnosed HIV in performing partner notification to their sex and/or needle-sharing partners, and for those partners to be educated and screened.

Routine Opt Out screening (ROOT):

- CDC guidelines state: “Routine HIV screening should be performed in healthcare settings for patients 13-64 yrs. of age.”
- Our goal is to educate providers and Emergency Departments (EDs) to perform Routine Opt Out screenings. CDC estimates there are approximately 15% of the population who are HIV positive and who are unaware of their status.

Report Summary

In tandem with Linkage-to-Care (LTC), reducing a patient’s HIV viral load is critically important to the health of the patient and to reduce transmission, hence, getting closer to EHE. Ventura County remains among the top counties successfully engaging individuals into care rapidly after diagnosis of HIV. Care includes but is not limited to getting them on medication and reducing the patient’s viral load.

Successfully engaging new patients quickly into care is attributable to an HIV Program staff member being present at disclosure of their HIV diagnosis with the patient and healthcare provider to expedite LTC. Effective reengagement of patients who have fallen out of care can be credited to the HIV Program LTFU program working closely with several other County programs and local Emergency Departments and providers. We continue to work towards and look forward to introducing and engaging the ‘Routine Opt Out Screening’ (ROOT) program with all Ventura County Hospital Emergency Departments (EDs) going forward.

There was a slight decrease in the number of new HIV positive patients and the number of newly diagnosed AIDS patients remains about the same. Not all HIV+ people living in Ventura County were diagnosed in the county. A few newly diagnosed individuals do not reside in Ventura County; however, their diagnosis and case reporting happened in Ventura County. There was a higher percentage of Latinx than white as seen in the table and the primary risk of transmission was MSM (men who have sex with men). The age at diagnosis was equally split in two groups 20-24 and 30-39 years of age.



Report Summary (cont'd)

From 2017 through 2021, both the annual number and rate of new HIV diagnoses declined in California. The number of new diagnoses declined by 9.4% — from 4,905 in 2017 to 4,444 in 2021, while the rate of new diagnoses per 100,000 population declined by 10.5%, from 12.4 to 11.1 during the same period.

In Ventura County, the number of newly diagnosed individuals has been flexing downward from 71 in 2017, to 50 in 2021.

Note: Rates shown in the table below are per 100,000 population in Ventura County.

2017			2018			2019			2020			2021		
N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
71	1.4%	8.4	54	1.1%	6.4	47	1.0%	5.6	57	1.4%	6.8	50	1.1%	5.9

From 2017 through 2021, the number of persons in California living with diagnosed HIV increased from approximately 135,468 to over 141,000. In 2021, the prevalence rate of diagnosed HIV infection was 352.9 per 100,000 population, compared to 343.1 in 2017— an increase of 2.9%.

In Ventura County the increased numbers of people living with diagnosed HIV are nominal, and the actual increase is 133 total individuals over the five-year period.

Note: Rates shown in the table below are per 100,000 population in Ventura County.

2017			2018			2019			2020			2021		
N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
1132	0.8%	133.4	1143	0.8%	134.8	1165	0.8%	138.0	1213	0.9%	144.2	1265	0.9%	148.8

Report Summary (cont'd)

Of the 141,001 people living in California diagnosed with HIV in 2021, 73.0% were in HIV care, and 64.4% achieved viral suppression. The goals for EHE in the U.S. are to increase linkage to care and viral suppression to 95% by 2025.

Ventura County in 2021:

Number of people diagnosed and living with HIV	In care		Virally Suppressed	
	Count	Percentage	Count	Percentage
1,265	938	74.2%	862	68.1%

From 2017 through 2021, the annual number of deaths of persons with diagnosed HIV infection in California increased from 1,840 to 2,224. In 2021, the crude death rate of persons with diagnosed HIV was 5.6 per 100,000 population — a 19.1% increase since 2017. Data on deaths of persons with diagnosed HIV infection represent all causes of death and may or may not be related to HIV infection.

In Ventura County, the death rate is trending up over the five-year period. Not all deaths of HIV+ individuals will be directly linked to HIV.

Note: Rates shown in the table below are per 100,000 population in Ventura County.

2017			2018			2019			2020			2021		
N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
15	0.8%	1.8	17	0.9%	2.0	18	1.0%	2.1	21	1.0%	2.5	23	1.0%	2.7