



**VENTURA COUNTY**  
**PUBLIC HEALTH**  
A Department of Ventura County Health Care Agency

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

# **2022**



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

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# 2022 Ventura County HIV/AIDS Surveillance Report

The CDPH State Office of AIDS (SOA) continues to facilitate reporting of HIV data in California on a yearly basis. These reports assist in understanding and contextualizing the burden of HIV/AIDS at the county level as compared to statewide metrics. The data presented within this report for Ventura County corresponds to that provided by the SOA.

In 2022, The Center continued to expand screening efforts through collaborations with other agencies and community partners in Ventura County. These services were also aimed toward reducing barriers to access and reaching underserved populations through initiatives such as Backpack Medicine serving unhoused or unstably housed community members. In addition, testing was also offered through platforms such as TakeMeHome.org, and other partnerships leading to an overall increase in screening throughout Ventura County. Despite this notable expansion and increase in testing, a corresponding significant increase in the number of new diagnoses reported was not observed. This can be attributed in part to ongoing efforts to provide education for community members, as well as the availability of PrEP and the expansion of services geared toward facilitating access to the product, processing referrals, and linking clients to care.

The COVID-19 pandemic and global outbreak of clade II mpox presented unique challenges affecting our community members throughout 2022. People living with HIV were overrepresented in the overall counts of mpox cases reported nationwide, and they also experienced increased risk of severe outcomes and death observed from mpox. Not only did the ongoing transmission and emergence of these diseases lead to increased health burdens and risks observed in people living with HIV, but they also contributed to additional barriers in accessing/maintaining care and resources, increased financial hardship, housing insecurity, and other competing challenges. The Center staff focused on maintaining routine client services, while expanding the ability to assist clients with securing access to basic needs and resources to combat these challenges.

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. Advances in therapeutics geared toward the prevention of HIV infection also continue to be observed. Following FDA approval in late 2021, a long-acting injectable known as Apretude, or cabotegravir for its generic name, became available to the public. Apretude is intended to act as pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection in susceptible adults and adolescents. This product consists of the first available medication providing long-acting pre-exposure prophylaxis. Apretude is administered via intramuscular injection every month for the first two months upon initiating the therapeutic, followed by a single dose administered every two months thereafter. The use of long-acting PrEP can increase adherence to the medication and reduce the burden of daily dosing.

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 2018–2022.
- Number (n) and rate of all persons living with diagnosed HIV infection during 2018– 2022.
- Number (n) and rate of deaths among persons with diagnosed HIV during 2018–2022.

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

Population	2020	2021	2022
United States	1.1 million	1.2 million	1.2 million
California	139,438	140,967	142,772
Ventura County	1,211	1,261	1,306

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

The table below provides a summary of demographic data pertaining to newly diagnosed HIV cases in Ventura County for 2022.

### Ventura County Cases, 2022

Category	HIV	AIDS	Total
Total Cases	47	8	55
Male	41	6	47
Female	6	2	8
Mode of Transmission	Predominantly MMSC <sup>1</sup>	Predominantly MMSC <sup>1</sup>	
Race/Ethnicity	Predominantly Hispanic/Latinx	Predominantly Hispanic/Latinx	

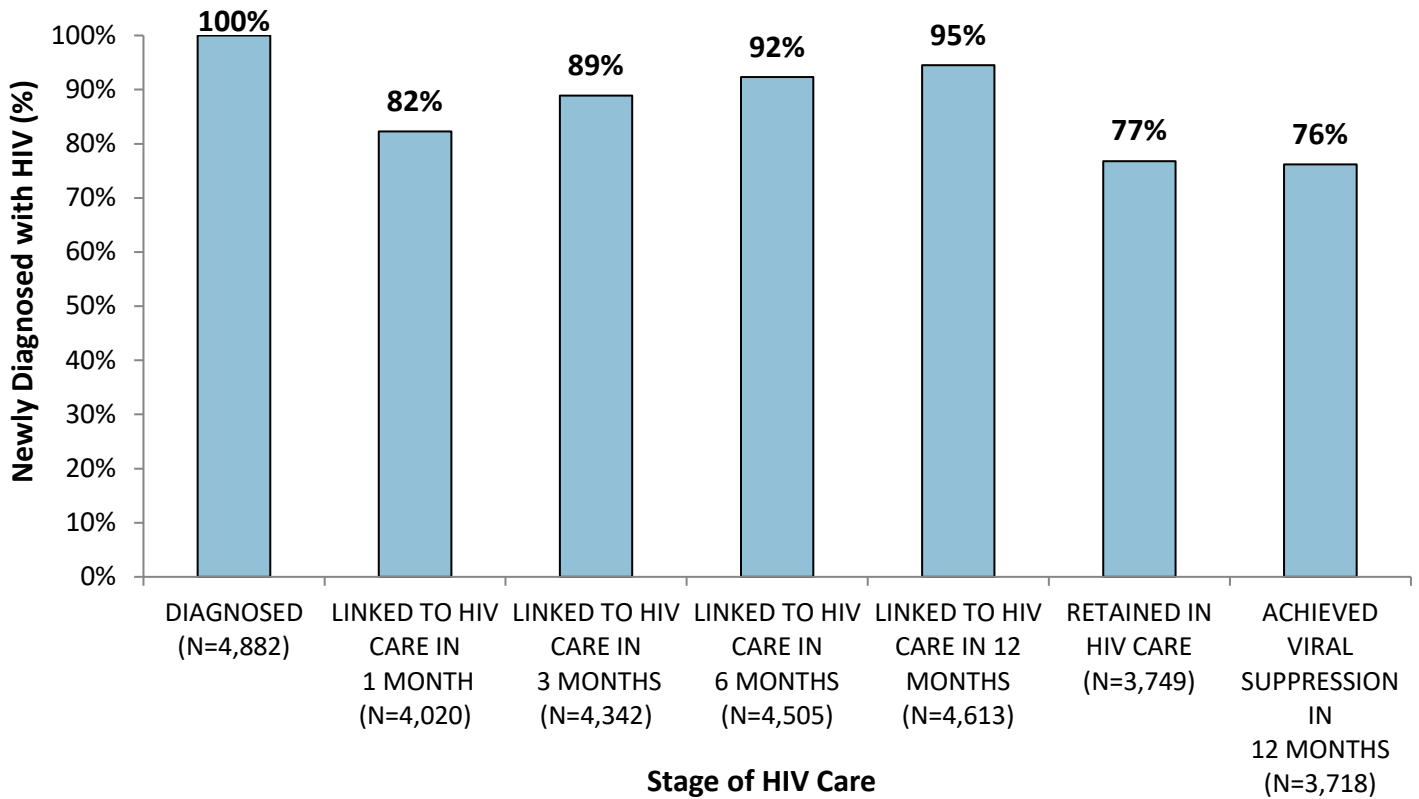
<sup>1</sup>Male-to-male sexual contact.

Summary for New HIV cases in 2022:

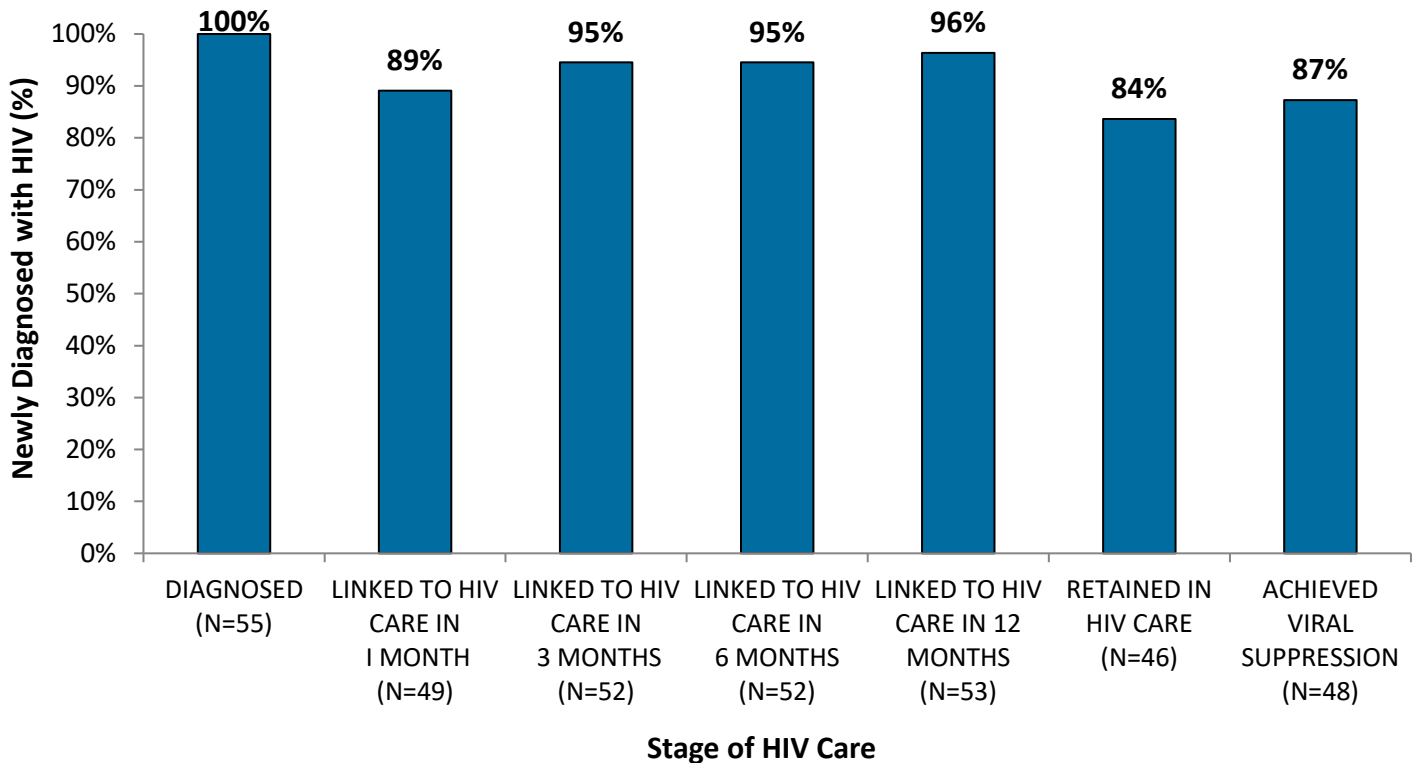
Category	California	Ventura
Total number of new HIV cases	4,882	55
New cases linked to care within 1 month	82%	89%
New cases linked to care within 3 months	89%	95%
New cases linked to care within 6 months	92%	95%
Viral suppression at 12 months	76%	87%
Cisgender male <sup>1</sup>	84%	85%
Cisgender female <sup>1</sup>	13%	15%
Latinx	57%	62%
White	21%	24%
Black/African American	15%	4%
Male-to-male sexual contact (MMSC)	55%	55%
High-risk heterosexual contact (HRH)	4%	5%
Injection Drug Use (IDU)	5%	4%
Age at Diagnosis (Overrepresented Age Groups)	25-34 33%	25-34 40%
Deaths Overall	2,169	17

<sup>1</sup>The term “cisgender” refers to a person whose gender identity corresponds with the sex registered for them at birth.

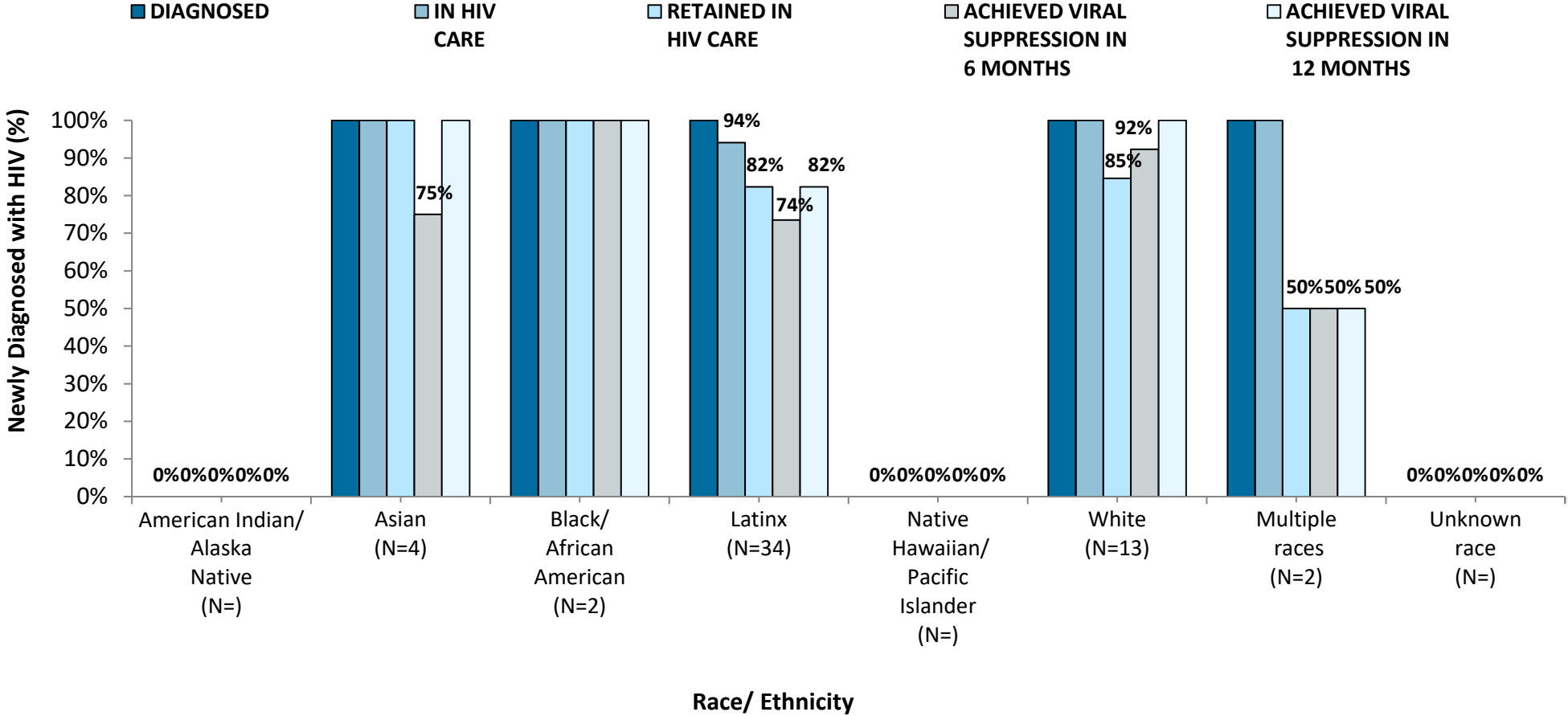
### CALIFORNIA 2022 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”



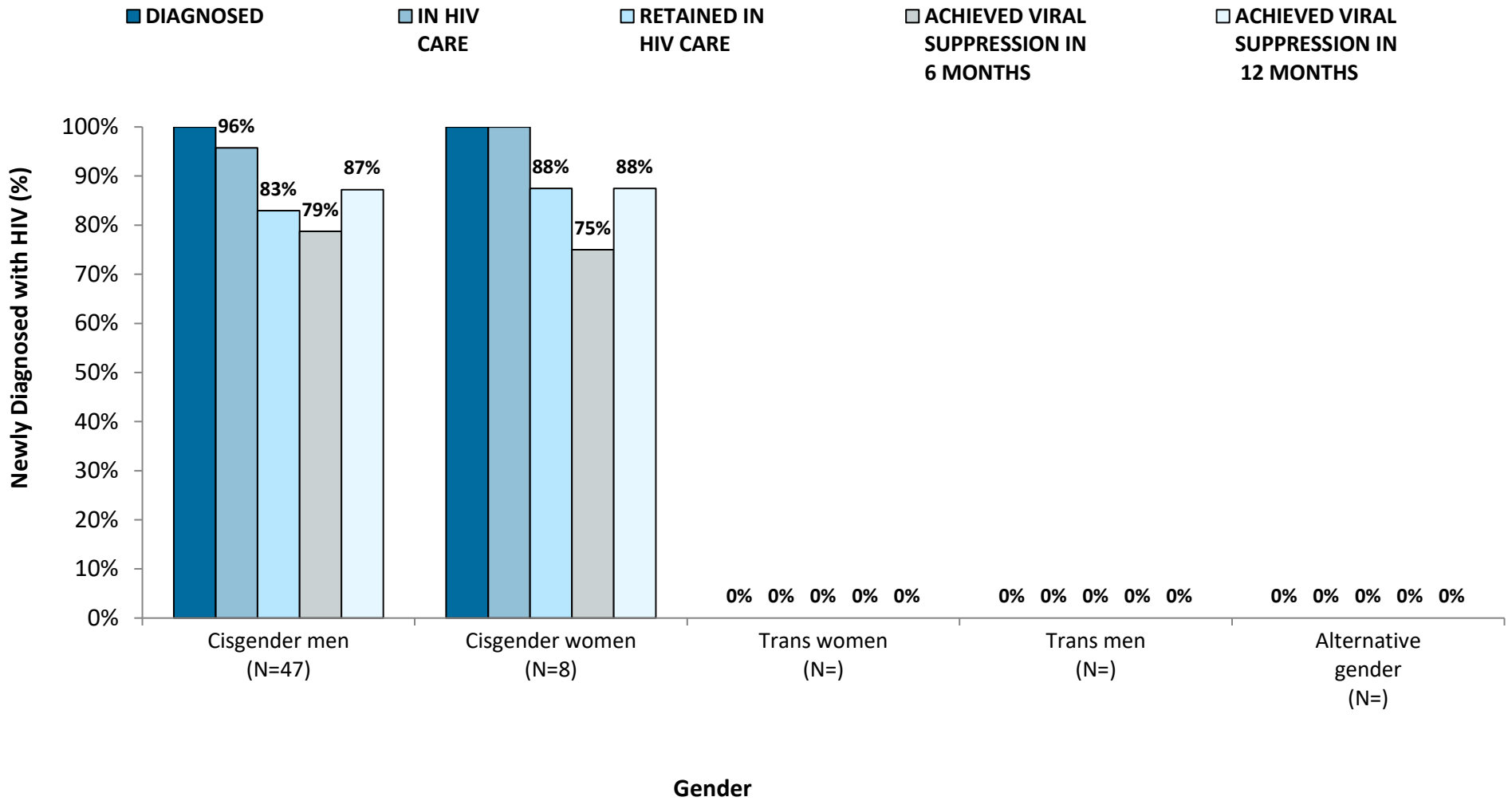
### VENTURA COUNTY 2022 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”



**VENTURA COUNTY 2022 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”**

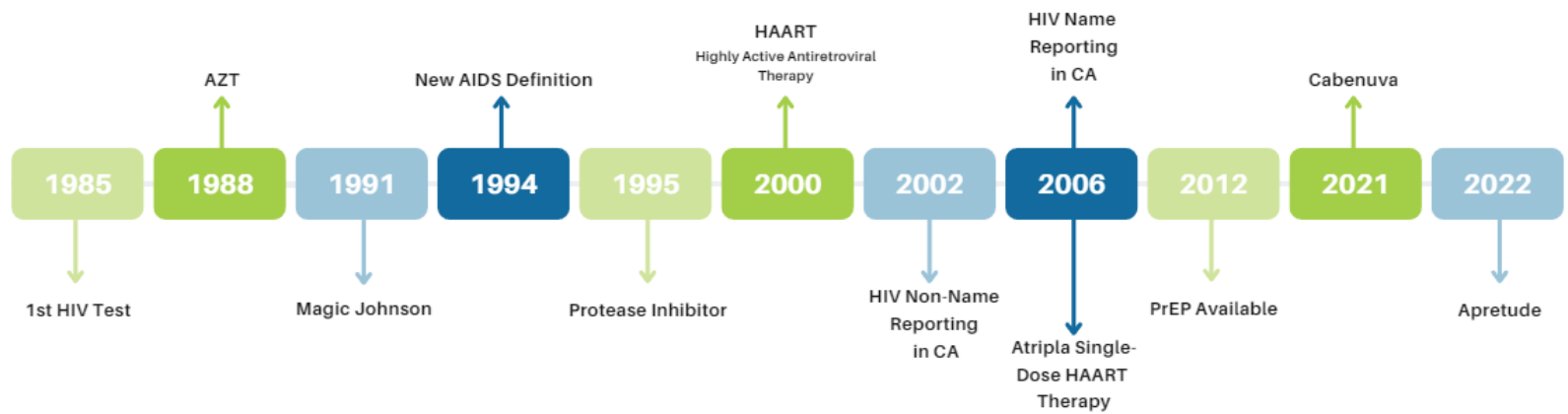
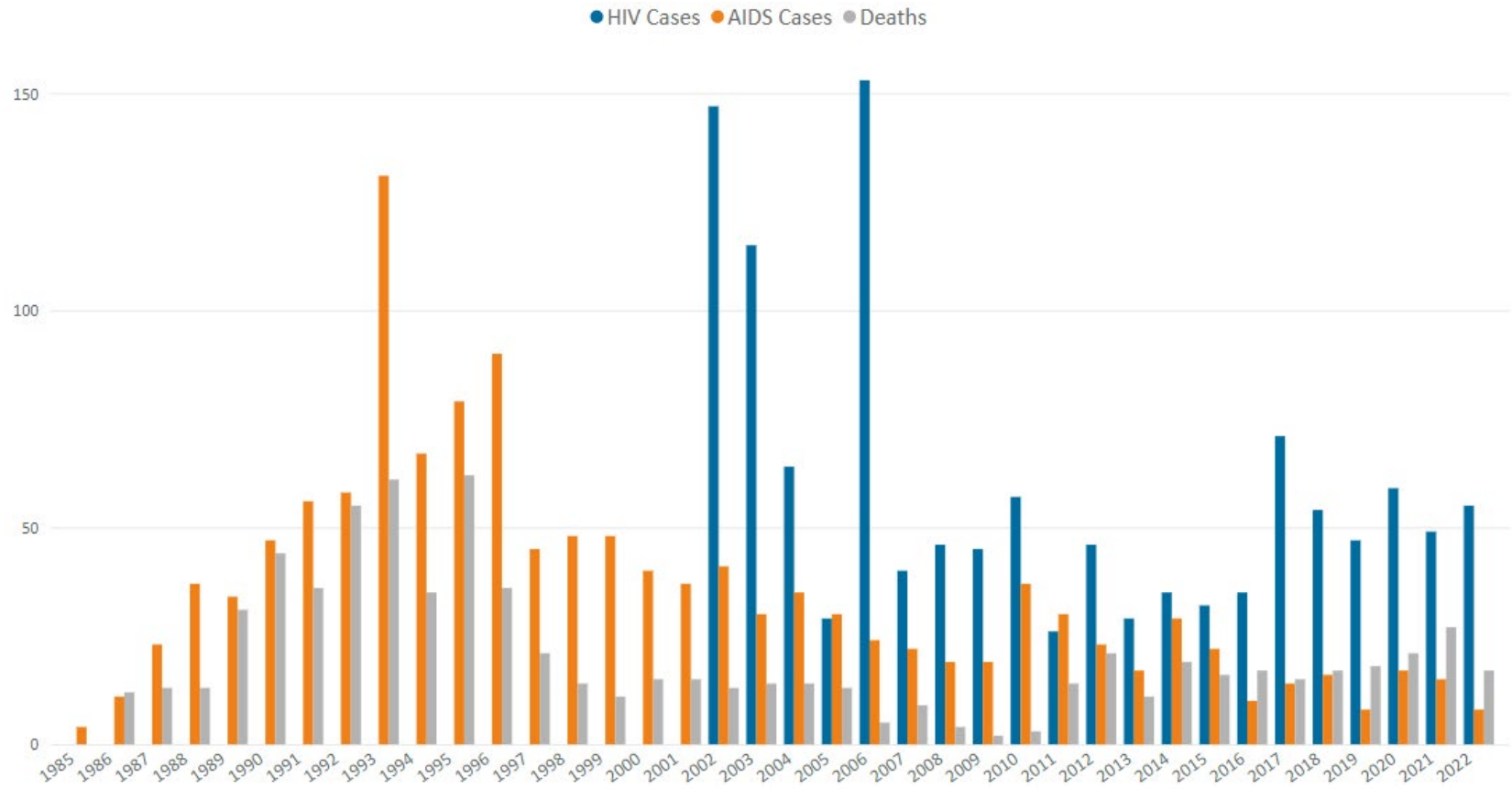


**VENTURA COUNTY 2022 NEWLY DIAGNOSED HIV “LINKAGE TO CARE”**



**VENTURA COUNTY NEWLY DIAGNOSED HIV/AIDS TIMELINE AND HISTORY**





# VCPH HIV/AIDS Program

## Office of Surveillance

Part of the continued process for “Ending the HIV Epidemic” (EHE) also includes conducting the following activities 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 clients who have dropped out of medical care (not been seen or had labs for > 12 months)

### **Emergency Department (ED):**

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

### **Partner Notification (PCRS):**

- Assist clients diagnosed with HIV in performing partner notifications to their sex and/or needle-sharing partners and recommend for those partners to be educated and screened.

### **Routine Opt Out screening (ROOT):**

- Our goal is to educate providers and Emergency Departments (EDs) to perform routine Opt Out screenings. CDC estimates that approximately 15% of the population who are HIV positive 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.

Provider notifications also play an important role in facilitating successful outcomes for clients. Provider notification to public health promptly upon disclosure can assist in ensuring timely outreach and engagement with clients. The ability to achieve linkage to care within 24-72 hours of disclosure has a significant positive impact on client outcomes.



In 2022, a roughly 12% overall increase in the number of new HIV diagnoses reported in Ventura County was observed as compared to 2021. In California, a 7% increase in the number of new HIV diagnoses was reported. Locally, this increase was largely attributed to enhanced efforts to improve and expand access to HIV screening throughout the community. On the other hand, the number of new AIDS diagnoses reported in Ventura County decreased by roughly 47% in 2022.

Most new HIV diagnoses in Ventura County were identified in cisgender males (85% of cases) and most individuals with new HIV diagnoses identified as Hispanic/Latinx (62% of cases). In California, most new HIV diagnoses were also reported in cisgender males (84% of cases) and in people identifying as Hispanic/Latinx (57% of cases). Most new HIV diagnoses in Ventura County for 2022, were attributed to transmission occurring through male-to-male sexual contact (55% of cases). Similar patterns were observed throughout California, where transmission was mostly attributed to male-to-male sexual contact as well. Other less predominant modes of transmission reported this year included injection drug use and both high-risk and non-high-risk heterosexual contact.

## Report Summary (cont'd)

From 2018 through 2022, both the annual number and rate of new HIV diagnoses remained stable in California. The number of new diagnoses declined by 0.4% — with 4,863 new diagnoses reported in 2018 and 4,882 new diagnoses reported in 2022—while the rate of new diagnoses declined from 12.3 to 12.2 diagnoses per 100,000 population. During this most recent 5-year period, an average of 11.6 new diagnoses per 100,000 population or a total of 4,616 new diagnoses were reported each year.

In Ventura County, the number of newly diagnosed individuals has also remained stable over the past 5 years with 54 new diagnoses reported in 2018 and 55 new diagnoses reported in 2022. The average number of new diagnoses reported annually over this 5-year period consisted of roughly 53 cases per year, whereas the average incidence rate consisted of 6.3 new diagnoses per 100,000 population per year. This period followed a significant decline observed from 2017, during which 71 total new diagnoses or 8.4 new diagnoses per 100,000 population had been reported.

2018			2019			2020			2021			2022		
N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
54	1.1%	6.4	47	1%	5.6	59	1.4%	7.0	49	1.1%	5.8	55	1.1%	6.5

<sup>1</sup> Rates presented within this table are calculated per 100,000 population in Ventura County.

<sup>2</sup> Percentages are relative to the total number of newly diagnosed individuals in California each year.

From 2018 through 2022, the annual number of persons in California living with diagnosed HIV increased from approximately 136,100 to 142,772. In 2022, the prevalence rate of diagnosed HIV infection consisted of 355.6 diagnosed HIV infections per 100,000 population, comprising an increase of 3.6% when compared to the 343.1 diagnosed HIV infections per 100,000 population reported in 2018. As incidence rates have remained stable throughout recent years and the availability and effectiveness of therapeutics continue to improve, similar increases in the prevalence rate of diagnosed HIV are expected each year.

In Ventura County the total number of people living with diagnosed HIV has increased modestly over the most recent 5-year period, with a net increase of 167 HIV diagnosed individuals observed over the duration of this period. An average annual prevalence rate of 143.5 diagnosed HIV infections per 100,000 population was observed throughout the past 5 years.

2018			2019			2020			2021			2022		
N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
1,139	0.8%	134.3	1,161	0.8%	137.5	1,211	0.9%	143.9	1,261	0.9%	148.3	1,306	0.9%	153.4

<sup>1</sup> Rates presented within this table are calculated per 100,000 population in Ventura County.

<sup>2</sup> Percentages are relative to the total number of people living with HIV in California each year.

## Report Summary (cont'd)

Of the 142,772 people living with diagnosed HIV in California in 2022, 74% were in HIV care, and 65% achieved viral suppression. The current goals for EHE in the United States consist of increasing the percentage of linkage to care and viral suppression to 95% by 2025.

### Ventura County in 2022:

Number of people diagnosed and living with HIV	In Care		Virally Suppressed	
	N	%	N	%
1,306	940	72%	851	65%

From 2018 through 2022, the annual number of deaths in persons with diagnosed HIV infection in California increased from 1,824 to 2,169. In 2022, the death rate of persons with diagnosed HIV consisted of 5.4 deaths per 100,000 population—observing a roughly 17% increase from that reported for 2018. Of note, data pertaining to deaths of persons with diagnosed HIV infection represent all causes of death and may or may not be attributed to HIV infection.

In Ventura County the death rate for people living with diagnosed HIV remained stable over the most recent five-year period. An average of 20 total deaths or 2.4 deaths per 100,000 population were reported each year.

2018			2019			2020			2021			2022		
N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate	N	%	Rate
17	0.9%	2	18	1%	2.1	21	1%	2.5	27	1.2%	3.2	17	0.8%	2

<sup>1</sup> Rates presented within this table are calculated per 100,000 population in Ventura County.

<sup>2</sup> Percentages are relative to the total number of deaths reported among persons diagnosed with HIV in California each year.